15 HIGHPOINT DRIVE

12.6.2017

- if a home kitchen is a commercial kitchen in the eyes of the state, is it a residential kitchen as far as Amherst is concerned.

INCOMING APPLICATION

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

15 Highpoint Drive
Property Address

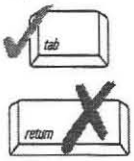
Marianne Wood
Owner's Name

Owner information is required for every page.

Amherst	MA	01002	November 11, 2011
City/Town	State	Zip Code	Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

Michael McDowell
Name of Inspector

The Building Inspector of America
Company Name

2 Brookside Circle
Company Address

Wilbraham	MA	01095
City/Town	State	Zip Code

1-800-626-4408	156
Telephone Number	License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

☐ Passes ☐ Conditionally Passes ☒ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Michael McDowell

Inspector's Signature Michael McDowell MM/mjl	November 11, 2011
	Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**

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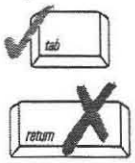

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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / ***always*** complete all of Section D

A) System Passes: N/A

☐ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B) System Conditionally Passes: N/A

☐ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

☐ Y ☐ N ☐ ND (Explain below):

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Amherst	MA	01002	November 11, 2011
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B. Certification (cont.)

B) System Conditionally Passes (cont.): N/A

☐ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

☐	broken pipe(s) are replaced	☐ Y	☐ N	☐ ND (Explain below):
☐	obstruction is removed	☐ Y	☐ N	☐ ND (Explain below):
☐	distribution box is leveled or replaced	☐ Y	☐ N	☐ ND (Explain below):

☐ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

☐	broken pipe(s) are replaced	☐ Y	☐ N	☐ ND (Explain below):
☐	obstruction is removed	☐ Y	☐ N	☐ ND (Explain below):

C) Further Evaluation is Required by the Board of Health: N/A

☐ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

☐ Cesspool or privy is within 50 feet of a surface water

☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment: N/A

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.
  Method used to determine distance: _____

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

_____

_____

_____

_____

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes	No	
☐	☒	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
☐	☒	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
☒	☐	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
☐	☐ N/A	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

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B. Certification (cont.)

Yes	No		
☐	☒		Required pumping more than 4 times in the last year ***NOT*** due to clogged or obstructed pipe(s). Number of times pumped: _____.
☒	☐		Any portion of the SAS, cesspool or privy is below high ground water elevation.
☐	☐	**N/A**	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
☐	☐	**N/A**	Any portion of a cesspool or privy is within a Zone 1 of a public well.
☐	☐	**N/A**	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐	☐	**N/A**	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**
☐	☒		The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☒	☐		**The system <u>fails</u>.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd. N/A

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes	No	
☐	☐	the system is within 400 feet of a surface drinking water supply
☐	☐	the system is within 200 feet of a tributary to a surface drinking water supply
☐	☐	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

Commonwealth of Massachusetts

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C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes	No	
☒	☐	Pumping information was provided by the owner, occupant, or Board of Health
☐	☒	Were any of the system components pumped out in the previous two weeks?
☐	☒	Has the system received normal flows in the previous two week period?
☐	☒	Have large volumes of water been introduced to the system recently or as part of this inspection?
☐	☐ N/A	Were as built plans of the system obtained and examined? (If they were not available note as N/A)
☒	☐	Was the facility or dwelling inspected for signs of sewage back up?
☒	☐	Was the site inspected for signs of break out?
☒	☐	Were all system components, excluding the SAS, located on site?
☒	☐	Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?
☒	☐	Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?
		The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:
☐	☒	Existing information. For example, a plan at the Board of Health.
☒	☐	Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440 gpd

Commonwealth of Massachusetts

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D. System Information

Description:

Number of current residents: 0

Does residence have a garbage grinder? ☒ Yes ☐ No

Is laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ No

Laundry system inspected? **N/A** ☐ Yes ☐ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): N/A, well water

Detail:

Sump pump? ☒ Yes ☐ No

Last date of occupancy: Unknown (Date)

Commercial/Industrial Flow Conditions: N/A

Type of Establishment:

Design flow (based on 310 CMR 15.203): (Gallons per day (gpd))

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present? ☐ Yes ☐ No

Industrial waste holding tank present? ☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☐ No

Water meter readings, if available:

Commonwealth of Massachusetts

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D. System Information (cont.)

Last date of occupancy/use: _____ Date

Other (describe below):

_____

_____

_____

General Information

Pumping Records:

Source of information: Last pumped October 27, 2011 per buyer.

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: _____ gallons

How was quantity pumped determined? _____

Reason for pumping: _____

Type of System:

- ☒ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

_____

Commonwealth of Massachusetts

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D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

Distribution box and SAS appear to be original with house (1978) based on materials used and their condition. Septic tank was replaced in 2002 per board of health records.

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade: 10 inches
feet

Material of construction:

☒ cast iron ☐ 40 PVC ☐ other (explain): _____

Distance from private water supply well or suction line: 7 feet
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Building sewer exits right side foundation wall 3 feet 4 inches in from right front corner.

Septic Tank (locate on site plan):

Depth below grade: 6 inches
feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: _____
years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: 10'Lx5'Wx5'D, Approx. 1500 gallons

Sludge depth: 0

Commonwealth of Massachusetts

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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle: **N/A**

Scum thickness: 0

Distance from top of scum to top of outlet tee or baffle: **N/A**

Distance from bottom of scum to bottom of outlet tee or baffle: **N/A**

How were dimensions determined? With a tape measure & pole.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Fluid level was not correct. Fluid was 16 inches below outlet invert. Therefore N/A ratings are given above. Normally I would suspect substantial exfiltration, however the septic tank was pumped October 27, 2011 and the house is unoccupied/vacant. Was unaware of recent pumping until I arrived onsite. There is a riser over main cover to grade. Outlet cover is cracked in half. Recommend its replacement. Pumping is recommended every 3 years.

Grease Trap (locate on site plan): **N/A**

Depth below grade: _____ feet

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain): _____

Dimensions: _____

Scum thickness _____

Distance from top of scum to top of outlet tee or baffle _____

Distance from bottom of scum to bottom of outlet tee or baffle _____

Date of last pumping: _____ Date

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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan): **N/A**

Depth below grade: _____

Material of construction:

☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain): _____

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

Alarm present: ☐ Yes ☐ No

Alarm level: _____ Alarm in working order: ☐ Yes ☐ No

Date of last pumping: _____ Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached? ☐ Yes ☐ No

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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert: 2 inches

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Fluid level was not correct; it was 2 inches above outlet inverts. This indicates a saturated SAS and system failure. Top of distribution box is 15 inches below grade. Recommend replacement of distribution box and SAS.

Pump Chamber (locate on site plan): **N/A**

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

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D. System Information (cont.)

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	1 @ approx. 20'x20'
☐	overflow cesspool	number:	
☐	innovative/alternative system		

Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

SAS is saturated due to backup into distribution box. Suspect bottom of SAS is in high groundwater. Recommend replacement of distribution box and SAS.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan): **N/A**

Number and configuration _____

Depth – top of liquid to inlet invert _____

Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow ☐ Yes ☐ No

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D. System Information (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Privy (locate on site plan): **N/A**

Materials of construction:

Dimensions

Depth of solids

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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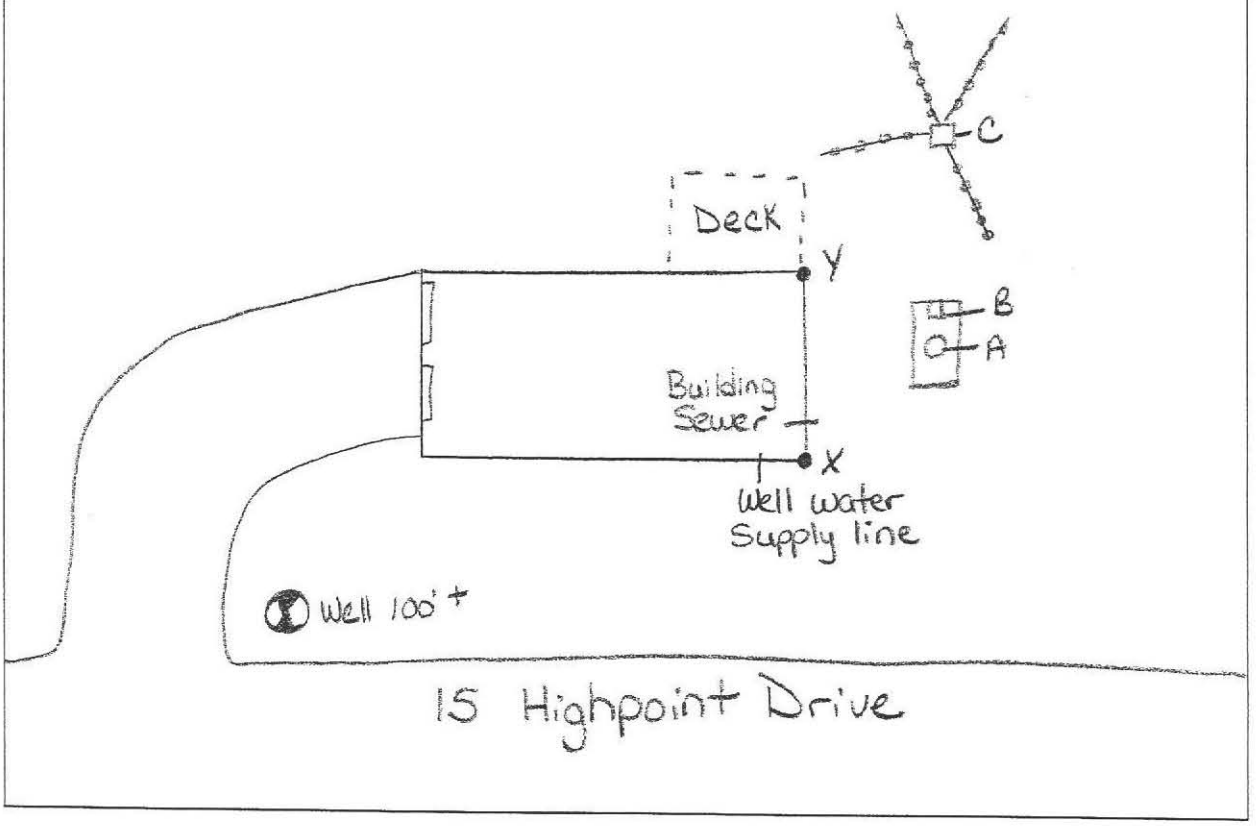
D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

☒ hand-sketch in the area below
☐ drawing attached separately

Sketch is not to Scale

A=Main cover on septic tank	XA=15'4"	YA=20'2"
B=Outlet cover on septic tank	XB=18'3"	YB=17'7"
C=Distribution box	XC=32'11"	YC=15'0"



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D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water: 4 feet (feet)

Please indicate all methods used to determine the high ground water elevation:

☐ Obtained from system design plans on record

If checked, date of design plan reviewed: _____ (Date)

☒ Observed site (abutting property/observation hole within 150 feet of SAS)

☐ Checked with local Board of Health - explain:

_____

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

_____

You **must** describe how you established the high ground water elevation:

Right side of house has a basement. Basement concrete slab floor is approximately 4 feet below grade. Basement has evidence of chronic water penetration and a sump pump. There was water in basement at time of inspection.

Before filing this Inspection Report, please see Report Completeness Checklist on next page.

Commonwealth of Massachusetts

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E. Report Completeness Checklist

☒ Inspection Summary: A, B, C, D, or E checked

☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed

☒ System Information – Estimated depth to high groundwater

☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

There is no evidence garbage grinder was designed into septic system. Recommend its removal.

William J. Sieruta, P.E.
18 Depot Road
Leverett, MA. 01054
413-627-7244
413-549-1817

Board of Health
70 Boltwood Walk
Amherst, MA. 01002

April 24, 2012

Subject: As built inspection
Eleanor Carroll and Gordon Fletcher
15 High Point Drive
Amherst, MA.

An as built inspection was completed for the subject septic system. This system is in compliance with 310 CMR 15.0 and local board of health regulations.

If you have any questions or need any additional information, please do not hesitate to contact me.

Very truly yours,

William J. Sieruta, P.E.

William J. Sieruta, P.E.
MBS
2cc: Eleanor Carroll and Gordon Fletcher

TEST PIT TP1-1

9	OTS LOAM TOP SOIL	A SANDY LOAM 10YR 3-4	0-9
9	SILTY SUB SOIL	BW SANDY LOAM 10YR 4-6	9-18
102	GRAVEL TILL WITH COBBLES & STONES	C SANDY LOAM 2.5Y 4-3 MASSIVE FRIABLE	18-130

195.6 — 191.76

WEEPING @ 60"
STANDING 60"
MOTTLING 10YR5-8 10YR6-1 @ 46" EHWT 46"

TEST PIT TP1-2

9	OTS LOAM TOP SOIL	A SANDY LOAM 10YR 3-4	0-9
9	SILTY SUB SOIL	BW SANDY LOAM 10YR 4-6	9-18
72	GRAVEL TILL WITH COBBLES & STONES	C SANDY LOAM 2.5Y 4-3 MASSIVE FRIABLE	18-70
	REFUSAL @ ROCK	R ROCK	

195.7 — 191.84

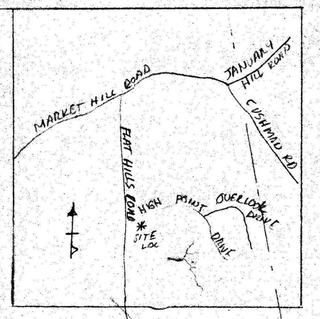
WEEPING @ 78"
STANDING 78"
MOTTLING 10YR 5&8 10YR6-1 @ 46" EHWT 46"

DATE: FEB. 16, 2012
ENGR: W. J. SIERUTA PE&LS
WITNESS: EDWARD SMITH BOH AGENT

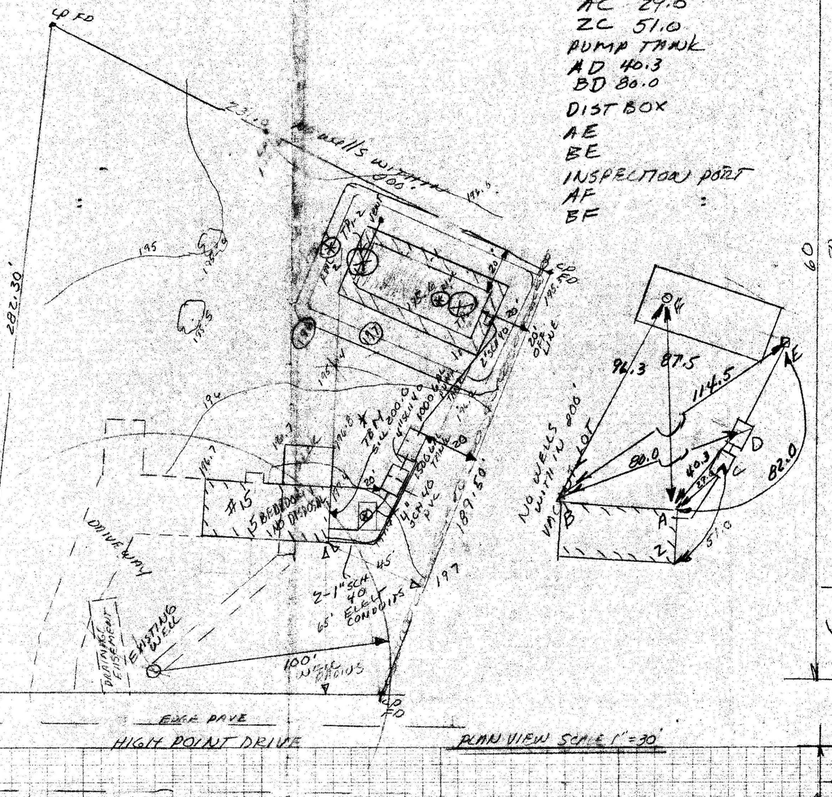
PERMEABILITY
PERC 1 @ TP1-1
DEPTH 42"
ACTUAL RATE 11.0 MIN/INCH
DESIGN RATE 15.0 MIN/INCH
CLASS II SOIL
48" SEPARATION REQD PER 310 CMR 15.212

PERMEABILITY
PERC 2 @ TP1-2
DEPTH 43"
ACTUAL RATE 12.33 MIN/INCH
DESIGN RATE 15 MIN/INCH
CLASS II SOIL

TBM SET SILL OF HOUSE SW CORN
ELEV 200.00 (BOTTOM OF SIDING)



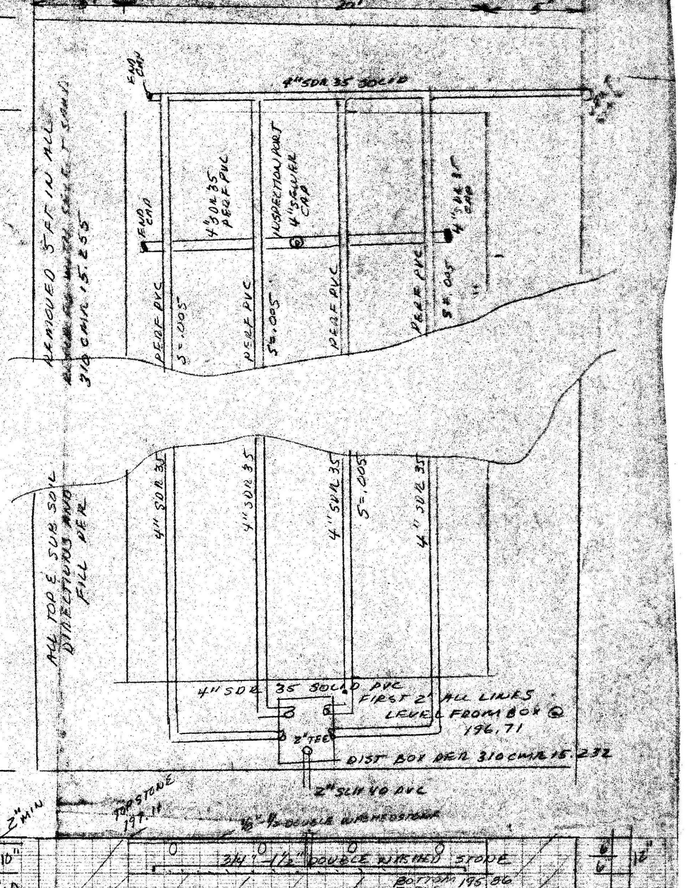
NTS
LOCUS PLAN



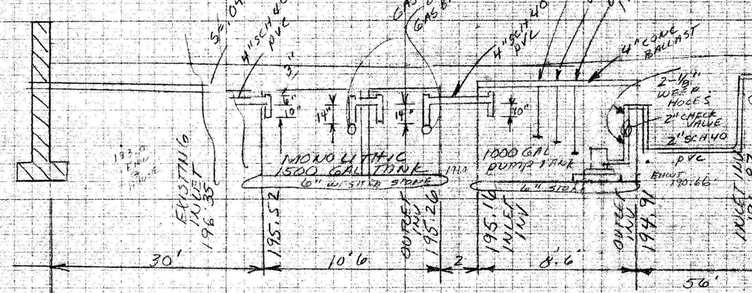
PLAN VIEW SCALE 1"=30'

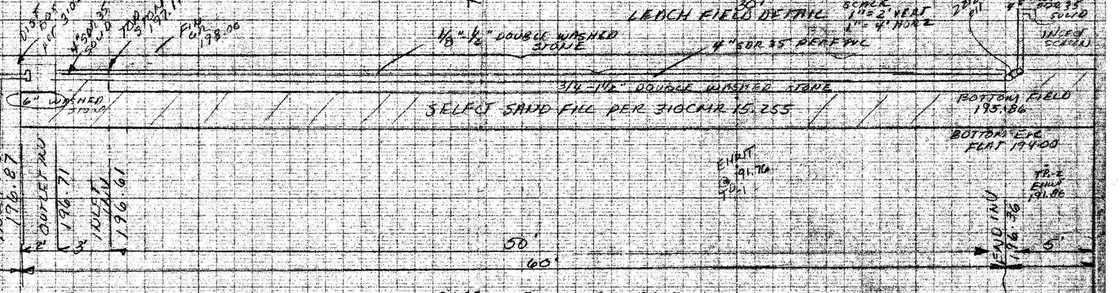
AS BUILT TIES TO SEPTIC SYSTEM

SEPTIC TANK
AC 29.0
ZC 51.0
PUMP TANK
AD 40.3
BD 80.0
DIST BOX
AE
BE
INSPECTION PORT
AF
BF



SEPTIC SYSTEM PROFILE SCALE 1"=4'





INSTALLATION NOTES

1. OLD TANK TO BE PUMPED CLEANED, CRUSHED & SAND FILLED
2. NEW 1500 GAL (MONOLITHIC) 2 COMPARTMENT TANK WITH INLET AND OUTLET TEES INACCORDANCE WITH 310 CMR 15.227 SECT 5
3. ALL STONE TO BE DOUBLE WASHED STONE FREE OF SILT AND FINES INACCORDANCE WITH 310 CMR 15.247
4. ALL PIPE JOINTS WITH TANKS AND DIST BOXES TO BE ASPHALT ROPE SEALED
5. SEPTIC TANK DIST BOX AND PUMP TANK TO BE SET LEVEL ON 6" DEED WASHED STONE FOUNDATION PAD
6. MAN INSPECTION PORT TO BE INSTALLED IN LEACHFIELD AS SHOWN ON DETAIL
7. ALL COMPONENTS OF SEPTIC SYSTEM TO BE MARKED WITH METALLIC MARKING TAPE.

PUMP EQUIPMENT

1 - MEYERS M50SA PUMP OR EQUAL
1 - 101 ALARM UNIT
1 - SIMPLEX CONTROLLER
1 - STAINLESS STEEL FLOAT BRACKET
1 - 2" CHECK VALVE
2 - 1" SCH 40 ELECTRICAL CONDUITS
2 - MECHANICAL FLOATS

ALL ELECTRICAL TO BE BY LIC ELECTRICIAN PER ELECTRICAL CODE

BOUYANCY CALC

SEPTIC TANK 11,800 lbs
UPLIFT 10'6" x 6' x 2.0 x 62.4 = 7862 ↑
OK NO CONC BALLAST NEEDED

PUMP TANK 7800 lbs
8.5' x 5' x 2.44 x 62.4 = 6470 ↑
USE 4" CONC TO INCREASE BALLAST

DOSE USE 250 GAL DOSE
1 FT

SELECT SAND FILL REQD
1.2 x 60' x 30' x 3.2' / 27 = 256 cu yds

COMMON FILL REQD FOR SLOPE OFFSET
1.2 x 15' x 220' x 2.4 / 2 / 27 = 176 cu yds

SLOPE OFFSET CALC
310 CMR 15.211
REQD FOR SLOPES OF 1:3 OR LESS 15'
AVAILABLE TO BREAKOVER ELEV 197.11 AFTER GRADING 15'

DESIGN INFORMATION

ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15.0 TITLE 5 AND ALL LOCAL BOARD OF HEALTH REGULATIONS

FINISH GRADING TO BE AS SHOWN ON PLAN WITH ALL DISTURBED AREAS TO BE LOAMED AND SEEDED

DESIGN CRITERIA

USE: EXISTING 5 BEDROOM JUNGLE FAMILY RESIDENTIAL HOME NO DISPOSAL (DRIVE UNDER GARAGE TO EAST)

DESIGN FLOW: 310 CMR 15.203
REQD 110 GALS/BEDROOM x 5 = 550 GALS/DAY
NO DISPOSAL UNIT

SEPTIC TANK: 310 CMR 15.223
REQD 550 GALS/DAY x 200% = 1100 GALS
MINIMUM SINGLE SIZE PERMITTED 1500 GAL
USE NEW 2 COMPARTMENT PRE CAST MONOLITHIC SEPTIC TANK 10'6" x 5' x 6' FLOW LINE 48" (WITH 4" CONC BALLAST ADDED) TO PUMP TANK.

LEACH SYSTEM: 310 CMR 15.252
DUE TO SOIL CONDITIONS A LEACHFIELD DESIGN IS TO BE USED PER 310 CMR 15.252
EFFECTIVE DEPTH 6" min
EFFECTIVE WIDTH 20'
EFFECTIVE LENGTH 50'
BOTTOM AREA
20' x 50' = 1000 FT²
TOTAL PERMEABILITY
1000 FT² x .56 = 560 GALS/DAY

PERMEABILITY
310 CMR 15.242
PERCOLATION RATES
ACTUAL RATES
11.0 MIN/INCH 12.33 MIN/INCH
DESIGN RATE
15.0 MIN/INCH
CLASS II SOIL
BOTTOM & SIDE WALL AREAS
.56 GALS/FT²
48" SEPARATION REQD PER 310 CMR 15.212

SEPTIC SYSTEM DESIGN
FOR
GORDON FLETCHER / ELEANOR CARROLL
45 HIGH POINT DRIVE
AMHERST MASS
ENGR: W. J. SIERUTA PE
DATE: FEB. 20, 2012

12-11

FEE $450.00 PERC + PLAN REVIEW

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct( ) Repair(X) Upgrade(X) Abandon( ) - (X) **Complete System** ☐ **Individual Components**

Location GORDON FLETCHER/E. CARROLL HOWELL	Owner's Name GORDON FLETCHER/E CARROLL HOWELL
Map/Parcel# 15 HIGH POINT DRIVE	Address 15 NO. 6 ROAD
Lot# AMHERST MASS	Telephone# LEVERETT MASS
Installer's Name	Designer's Name WILLIAM J SIERUTA
Address	Address 18 REPORT RD LEVERETT MA
Telephone#	Telephone# 4136277244 - 5491817

Type of Building RESIDENTIAL HOME Lot Size EXIST sq. ft.
Dwelling - No. of Bedrooms 5 BEDROOM NO DISPOSAL Garbage grinder (NO)
Other - Type of Building SINGLE FAMILY No. of persons 10 Showers (2), Cafeteria (NO)
Other Fixtures FULL BMT DRIVE UNDER GARAGE
Design Flow (min. required) 110 x 5 gpd Calculated design flow 550 Design flow provided 560 gpd
Plan: Date FEB 26 2012 Number of sheets 1 Revision Date –
Title SEPTIC SYSTEM DESIGN FOR GORDON FLECHER/E. CARROL
Description of Soil(s) SEE ATTACHED 15 HIGH POINT DRIVE
Soil Evaluator Form No. 11 Name of Soil Evaluator WJ SIERUTA PE Date of Evaluation 2/16/2012

DESCRIPTION OF REPAIRS OR ALTERATIONS complete septic system upgrade TO 310 CMR 15.0

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [signature] Date 3-26-12

Inspections

No. 12-11

FEE 450.00 PERC + PLAN REVIEW

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☐ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired (X), Upgraded ( ), Abandoned ( )
by: GORDON FLETCHER HOWELL/E CARROLL
at 15 HIGH POINT
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. [illegible], dated _____. Approved Design Flow _____(gpd)
Installer [signature]
Designer: See letter on file Inspector: [signature] Date: 6.22.12

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 12-11

FEE 450.00 PERC + PLAN REVIEW

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(X) Upgrade( ) Abandon( ) an individual sewage disposal system at 15 HIGH POINT DRIVE as described in the application for Disposal System Construction Permit No. 12-11, dated 2-27-2012.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA

Date 03/27/12 Board of Health [signature] Mun. Sanitarian

Commonwealth of Massachusetts
City/Town of

Septic System Installation Checklist

DEP has provided this form for use by local Boards of Health if they wish to do so.

A. Applicant Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Name

Address

City | State | Zip Code

Disposal System Construction Permit # | Map | Lot

Installer

Designer

Board of Health Representative

Inspection Dates:

Tank: Date | Leach Area: Date

Final: Date | Other: Date

B. Application Checklist

1. Pre-Construction Conference	Approved	N/A	Problem
Sieve analysis supplied for sand	☐	☐	☐
Current approved plans (3 copies)	☐	☐	☐
System staked prior to construction	☐	☐	☐
On-site check for tank water-tightness	☐	☐	☐
Abandonment of existing system (repairs)	☐	☐	☐
Plan revision(s)	☐	☐	☐
Conditions/Approvals	☐	☐	☐
O/M Plan on file	☐	☐	☐
DEP approval on file	☐	☐	☐

B. Application Checklist (cont.)

2. Construction Inspection

a) Building Sewer (310 CMR 15.222)		Approved	N/A	Problem
All waste pipes tied into building sewer	Basement check	☐	☐	☐
Schedule 40 PVC 4" or cast iron	Verify by reading pipe	☐	☐	☐
Minimum slope of 0.01-0.02	Visual	☐	☐	☐
Pipe laid in continuous straight line	Visual	☐	☐	☐
Pipe laid on compact, firm base	Visual	☐	☐	☐
Cleanouts precede all changes in alignment/grade	Verify by visual/tape	☐	☐	☐
Cleanout provided every 100 ft.	Verify by visual/tape	☐	☐	☐
Backfill material clean	Visual	☐	☐	☐

b) Septic Tank (310 CMR 15.223)		Approved	N/A	Problem
Tank is set level with 6" stone under (15.228)	Check with level	☐	☐	☐
Tank is required size/loading per plan	Verify with plan	☐	☐	☐
Inlet and outlet are at proper location (15.227)	Verify with plan	☐	☐	☐
Tank is water tight (15.226)	Test	☐	☐	☐
Outlet tees extend 6" above flow line	Verify by visual/tape	☐	☐	☐
Approved filter device placed at outlet	DEP list	☐	☐	☐
Gas baffle installed at outlet tee	Visual	☐	☐	☐
Inlet and outlet tees on center line	Visual	☐	☐	☐
Tank is backfilled with acceptable material	Visual	☐	☐	☐

Notes:

Commonwealth of Massachusetts
City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

c) Distribution Box (310 CMR 15.232)		Approved	N/A	Problem
All outlet pipes at same elevation	Check by adding water	☐	☐	☐
Number of outlets _____ per plan	Number of laterals _____ per plan			
Inlet tee min. 1" over outlet	Visual and w/tape	☐	☐	☐
D box set on level base	Visual	☐	☐	☐
Top of D box 36" max depth	Visual and w/tape	☐	☐	☐
D box is water-tight	Add water	☐	☐	☐
D box has a minimum of 2" thick wall and 12" inside dimension		☐	☐	☐

d) Pump Chamber (310 CMR 15.231)		Approved	N/A	Problem
Tank is set level	Visual and w/level	☐	☐	☐
Proper volume is provided	Check plan and tank	☐	☐	☐
Float elevations set per plan	Measure w/tape	☐	☐	☐
Min. 2" delivery line to D box	Visual	☐	☐	☐
Number of pumps:	_____	☐	☐	☐
Specified pump provided or designers approval for equal pump		☐	☐	☐
Correct pump sequence		☐	☐	☐
Covers set to grade		☐	☐	☐
Electrical permit provided		☐	☐	☐
6" of stone beneath chamber	Visual	☐	☐	☐
Chamber is water-tight	Test	☐	☐	☐
Min. 9" cover provided	Visual	☐	☐	☐
Correct loading provided per plan	Visual on tank	☐	☐	☐

Notes:

Commonwealth of Massachusetts
City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

e) Leaching Facility (310 CMR 15.240)		Approved	N/A	Problem
No frozen material used including back fill	Visual	☐	☐	☐
No clay, tailings or stones larger than 6" for cover material		☐	☐	☐
Soil at bottom/sides of excavation matches info on deep holes		☐	☐	☐
All impervious layers removed	Visual	☐	☐	☐
No remaining A/B horizons	Visual	☐	☐	☐
Groundwater conditions match plan and deep holes	Visual/check plan	☐	☐	☐
Vented if under impervious cover per plan (15.241)		☐	☐	☐
Vent is protected from precipitation and animal entry		☐	☐	☐
Cover of a minimum of 9" over leach area		☐	☐	☐
Pipe slope equal to 0.005	Check w/transit	☐	☐	☐
Leach area per design (15.241)		☐	☐	☐
Excavation is level and at required depth	Visual/check plan	☐	☐	☐
Removal of 5 ft material and replacement (if in fill)	Visual/check plan	☐	☐	☐
Back fill material is acceptable	Visual	☐	☐	☐
Final contours correct per plan	Check with plan	☐	☐	☐
Surface/subsurface drainage away from leach area		☐	☐	☐
Final grade and side slopes are stable		☐	☐	☐
Distribution lines are capped, vented, or connected together		☐	☐	☐
Impermeable barrier (15.255[2])		☐	☐	☐
Retaining wall inspected by PE		☐	☐	☐
Retaining wall is water-proofed		☐	☐	☐
Retaining wall/barrier is at correct depth/height		☐	☐	☐

Commonwealth of Massachusetts
City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

			Approved	N/A	Problem
f)	Leaching trenches (310 CMR 15.251)				
	Number of trenches:	_____	☐	☐	☐
	Depth of trenches:	_____	☐	☐	☐
	Width of trenches:	_____	☐	☐	☐
	Trench spacing per plan		☐	☐	☐
	Stone is double-washed [3/4" to 1½"] (15.247)		☐	☐	☐
g)	Leaching fields (310 CMR 15.242)				
	Length of field:	_____	☐	☐	☐
	Width of field:	_____	☐	☐	☐
	Min. of 2 distribution lines		☐	☐	☐
	Separation distance conforms to plan		☐	☐	☐
	Stone is double-washed [3/4" to 1½"] (15.247)		☐	☐	☐
h)	Leaching Pits (310 CMR 15.253)				
	Number of pits:	_____	☐	☐	☐
	Depth of pits:	_____	☐	☐	☐
	Stone is double-washed [3/4" to 1½"] (15.247)		☐	☐	☐
	Each pit has min. 1 20" access cover		☐	☐	☐
	Piping network and configuration of pits/chambers per plan		☐	☐	☐
i)	Tight Tank (310 CMR 15.260)				
	Tank is set level with 6" stone under	Visual and with level	☐	☐	☐
	Tank is proper size per plan	Visual with plan	☐	☐	☐
	Pumping contract has been provided		☐	☐	☐
	Covers to grade	Visual	☐	☐	☐
	A/V alarm set at 3/5 tank capacity	Check floats by raising	☐	☐	☐
	A/V alarm test on separate circuit	Set off alarm	☐	☐	☐

Commonwealth of Massachusetts
City/Town of
Septic System Installation Checklist

B. Application Checklist (cont.)

j) Certificate of Compliance (310 CMR 15.021)

As Built Plan Submitted _____ Date

Signed by Installer _____ Date

Signed by Designer _____ Date

Certificate of Compliance Issued _____ Date

Notes:

4/19/2012

15 HIGHPOINT

Inspected SAS, septic tank, and pump chamber.

Electrician has not hooked up pump and floats.

Field can be covered, also tank

App - 13137
13138
Batch - 45-57

April 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: April 6, 2012

TO Melanie & Gordon Fletcher-Howell
15 Number 6 RD
Leverett, MA 01054

RE: Invoice for **15 High Point Drive, Amherst MA**

Services provided by **Edmund Smith & Javeria Mir**

PAYMENT TERMS: I PAID

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Perc Test/Soil Evaluation	$ 300.00	$ 300.00
1.00	Plan Review	150.00	$ 150.00
	this invoice is paid - your check #4729		
		SUBTOTAL	$ 450.00
		SALES TAX	
		TOTAL	$ 450.00

CUST NAME
4 BOLTWOOD AVENUE
04/09/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 07:46

CUST NAME

0
DEPT

DE HEA011 PERCOLATIO 300.

RECPT TOTAL

300.00

AMOUNT

MJ FLETCHE QUA CHECK 4729

CUST NAME
4 BOLTWOOD AVENUE
04/09/12
CITY, ST, ZIP

***TOWN OF A TOWN HAL
AMHERST M REFERENCE
DATE/TIME 07:48

CUST NAME

0
DEPT

DE HEA017 SEPTIC TAN 150.

RECPT TOTAL

150.00

AMOUNT

MJ FLETCHE QUA CHECK 4729

12-11

FEE $450.00
PERC + PLAN REVIEW

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct(X) Repair(X) Upgrade(X) Abandon( ) - (X) **Complete System** ☐ **Individual Components**

Location GORDON FLETCHER/E. CARROLL HOWELL	Owner's Name GORDON FLETCHER/E CARROLL HOWELL
Map/Parcel# 15 HIGH POINT DRIVE	Address 15 NO. 6 ROAD
Lot# AMHERST MASS	Telephone# LEVERETT MASS
Installer's Name	Designer's Name WILLIAM J SIERUTA
Address	Address 18 DEPOT RD LEVERETT MA
Telephone#	Telephone# 413627 7244 - 549 1817

Type of Building RESIDENTIAL HOME Lot Size EXIST sq. ft.
Dwelling - No. of Bedrooms 5 BEDROOM NO DISPOSAL Garbage grinder (NO)
Other - Type of Building SINGLE FAMILY No. of persons 10 Showers (2), Cafeteria (NO)
Other Fixtures FULL BMT DRIVE UNDER GARAGE
Design Flow (min. required) 110 x 5 gpd Calculated design flow 550 Design flow provided 560 gpd
Plan: Date FEB 26 2012 Number of sheets 1 Revision Date —
Title SEPTIC SYSTEM DESIGN FOR GORDON FLECHER/E. CARROL
Description of Soil(s) SEE ATTACHED 15 HIGH POINT DRIVE
Soil Evaluator Form No. 11 Name of Soil Evaluator WJ SIERUTA PE Date of Evaluation 2/16/2012
DESCRIPTION OF REPAIRS OR ALTERATIONS complete septic system upgrade TO 310 CMR 15.0

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed X _____ Date _____

Inspections _____

No. 12-11

FEE 450.00
PERC + PLAN REVIEW

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☐ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: _____

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

The issuance of this permit shall not be construed as a guarantee that the system will function as designed

No. 12-11

FEE 450.00
PERC + PLAN REVIEW

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ❑ **Individual Component(s)** ❑ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: _____

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 12-11

FEE 450.00
PERC + PLAN REVIEW

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(X) Upgrade( ) Abandon( ) an individual sewage disposal system at 15 HIGH POINT DRIVE as described in the application for Disposal System Construction Permit No. 12-11, dated 2-27-2012

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA

Date 03/27/12 Board of Health Jamie Min, Sanitarian

15 Highpoint drive

Plan: 12-11 Designed by: BILL SIERUTA

CHECK LIST FOR SEPTIC PLANS

- [x] Application page attached to plan
- [x] PE or RS stamp, date, signature
- [ ] Variances to property line setback distances must have Surveyor Stamp 15.020 (3)
- [x] Legal boundaries noted
- [ ] Easements noted
- [x] Dwellings and buildings existing or proposed noted
- [x] Location of driveway or parking areas, other impervious areas
- [ ] Location and dimensions of reserve area (new) CMR 15.248(1) ; 15.104(4)
- [x] System design calculations
- [ ] Garbage grinder Y or (N)
- [ ] Benchmark not disturbed during construction, within 75 feet of facility CMR15.220 (4)(q)
- [x] North arrow CMR 15.200 (4) (g)
- [x] Contours
- [ ] Deep hole location and data
- [x] Perc hole location and data
- [ ] Elevations
- [x] Names of approving authority and soil evaluator CMR 15.21E p. 49
- [x] Location of every water supply, public and private. CMR 15.220(k):
  - Within 400 feet of system in case of surface water and gravel packed public water supply
  - Within 250 feet of system in case of tubular public water supply
  - Within 150 feet of private supply wells - 100' septic sys., 50' tank
- [ ] **Well statement if applicable**
- [ ] Location of any surface waters, rivers, vegetated wetlands
- [ ] Location of water lines and other subsurface utilities
- [ ] Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- [x] Profile of system
- [x] Locus plan to show location of facility, including nearest street
- [ ] Materials of construction and specs for system
- [x] Gas Baffle 15.227.4
- [ ] Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- [x] Double washed stone
- [x] Schedule 40 PVC for trafficked areas, house to tank
- [ ] Distances noted from house to tank, etc.
- [N/A] If dosing is proposed, design and specs of dosing system N
- [N/A] When alternative technology is required, complete plan and specs, including hydraulic profile
- [ ] Trenches preferred over beds CMR 15.240 (6)
- [ ] Buoyancy calculations for tanks or components partly below H20 table 15.221(8) p. 56
- [ ] 3 to 1 slope outside of mound, toe ending 5 feet from property line
- [N/A] Local upgrade requests on the plan
- [ ] Local upgrade forms attached to application
- [ ] Note on plan listing all variances sought in conjunction with the plan

NOTES:

No. _____ Date: 2/16/2012

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: WILLIAM J SIERUTA PE LEU Date: 2/16/2012
Witnessed By: EDWARD SMITH BOH

Location Address of Lot #	Owner's Name, Address, and Telephone #
ELEANOR A. CARROLL 15 HIGH POINT DR AMHERST MASS	ELEANOR CARROLL 15 HIGH POINT DRIVE Amherst MA

New Construction ☐ Repair ☐

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published ..... Publication Scale ..... Soil Map Unit .....

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No ☐ Yes ☑ CONTACT: GORDON FLETCHER

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☑

Within 500 year flood boundary No ☑ Yes ☐

Within 100 year flood boundary No ☑ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) .....

Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal ☐ Normal ☐ Below Normal ☐

Other References Reviewed: _____

ELEANOR CARROLL

FORM 11 - SOIL EVALUATOR FORM

Page 2 of 3

#15 HIGH POINT DRIVE
AMHERST MASS

Location Address or Lot No.

On-site Review

TP1-1 Date: 2/16/2012 Time: 900 Weather: COOL 40° CLEAR

Deep Hole Number

Location (identify on site plan)

Land Use: RESIDENTIAL Slope (%): 0 Surface Stones: SOME NOTED

Vegetation: LAWN

Landform: DRUMLIN

Position on landscape (sketch on the back)

Distances from:

Open Water Body: DNA feet Drainage way: DNA feet

Possible Wet Area: DNA feet Property Line: 30' feet NEAR UNE

Drinking Water Well: 160'+ feet Other: 20FT WEST SIDE

DEEP OBSERVATION HOLE LOG

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-9	A	SL	10YR 3-4		
9-18	Bw	SL	10YR 4-6	10YR 5-8	5% gravel
18-120	C1	SL	2.5 Y 4-3	10YR 4-4 46"	FEW COBBLES & BOULDERS MASSIVE FIRM

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic): OUTWASH TILL Depth to Bedrock:

Depth to Groundwater: Standing Water in the Hole: 60" Weeping from Pit Face: 60

Estimated Seasonal High Ground Water:

ESHGW: 46

DEP APPROVED FORM - 12/07/95

#15 HIGH POINT DRIVE
AMHERST MASS

Page 2 o

Location Address or Lot No.

On-site Review

TP12 Date: 2/16/2012 Time: 900 Weather: COOL CLEAR

Deep Hole Number

Location (identify on site plan)

Land Use: RESIDENTIAL Slope (%): 0 Surface Stones: SOME NOTED

Vegetation: LAWN

Landform: DRUMLIN

Position on landscape (sketch on the back)

Distances from:

Open Water Body: DNA feet Drainage way: DNA feet

Possible Wet Area: DNA feet Property Line: 40 feet FT NEAR

Drinking Water Well: 160'+ feet Other: 70' SIDE & FWD (WEST)

DEEP OBSERVATION HOLE LOG

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-9	A	SL	10YR 3-4		
9-10	Bw	SL	10YR 4-6	10YR 5-8	5%
18-96	C1	SL	2.5 Y 4	10YR 6-1	10%
			4-3	46"	FEW BOULDER STONES MASSIVE FIRM
96	R	ROCK	—		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic): OUTWASH TILL Depth to Bedrock: 78

Depth to Groundwater: Standing Water in the Hole: 78 Weeping from Pit Face:

Estimated Seasonal High Ground Water:

ESHGW/ESHWT 46

DEP APPROVED FORM - 12/07/95

FORM 12 - PERCOLATION TEST

Location Address or Lot No. ELEANOR A CARROLL
15 HIGHPOINT DRIVE
Amherst MASS

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*

Date: 2/16/2012 Time: 900

Observation Hole #	TP1-1	TP1-2
Depth of Perc	42"	43"
Start Pre-soak	1025 - 1040	1030 - 1045
End Pre-soak	1040	1045
Time at 12"	1040	1045
Time at 9"	1102	1108
Time at 6"	1135	1145
Time (9"-6")	33/3 = 11.0	37/3 = 12.33
Rate Min./Inch	DESIGN Rate 15.0 MIN/INCH	15.0 MIN/INCH

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

CLASS II SOIL 48" Separation REQD per 310CMR 15.212

Site Passed ☑ Site Failed ☐

Performed By: WILLIAM J. SIEKUTA EVAL P.E.

Witnessed By: EDWARD SMITH BOH AGENT

Comments:

DEP APPROVED FORM - 12/07/95

Percolation Test

Test No. perc test 1 @ TP1-1

Reading	Time
Saturation (15 min)	1025 - 1040
12	1040
11	
10	
9	
8	1102
7	1115
6	1126
	1135

33/3 = 11.0

Design rate 15 Min/inch

Perc Rate 42
Ground Elev.
Depth of Hole

Test No. perc 2 @ TP1-2

Reading	Time
Saturation (15 min)	1030 - 1045
12	1045
11	
10	
9	
8	1108
7	1120
6	1133
	1145

37/3 = 12.33

Design rate .15 Min/inch

Perc. Rate 43
Ground Elev.
Depth of Hole

Test Pit TP1-1

Depth	Soil Description
0-9	OTS LOAM
9-18	SILTY SUB SOIL
18-120	SILTY GRAVEL fill

Groundwater Depth 60" Elev.
Bedrock Depth Elev.
Ground Elev. 46" MOTTLING

Deep Test Pit/s Test Pit TP1-2

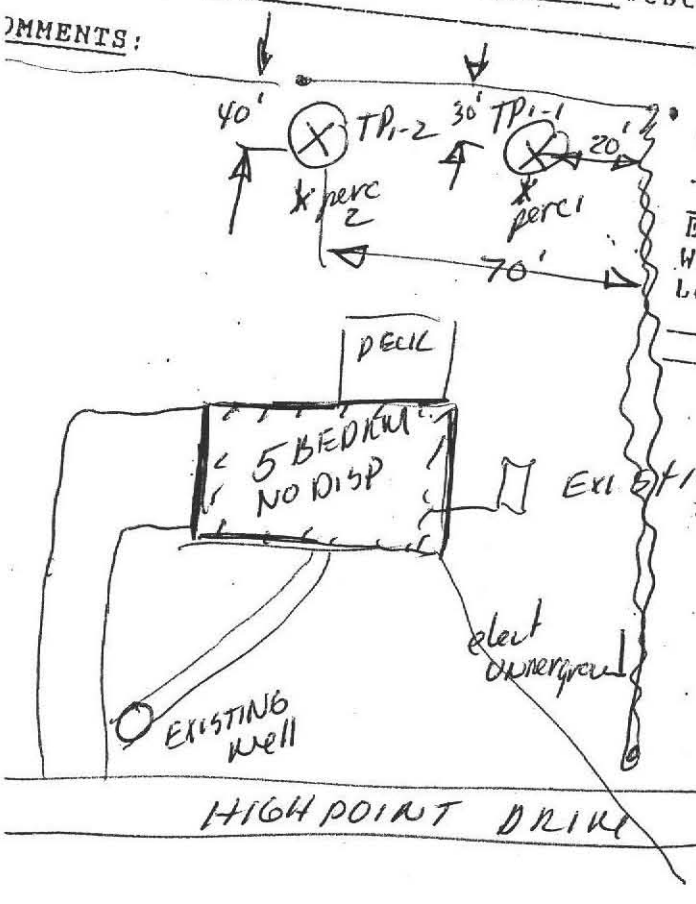
Depth	Soil Description
0-9	OTS LOAM TOP SOIL
9-18	SILTY SUB SOIL
18-90	SILTY GRAVEL fill
90	REFUSAL

Groundwater Depth Elev.
Bedrock Depth Elev.
Ground Elev.

S.C.S. Soil Description TILL Seasonal High Water Table? AS NOTED

Bench Mark: Elev. Description

COMMENTS:



Date: 2/16/2012
Client: ELEANOR A CARROLL
15 HIGH POINT DRIVE
Amherst MASS
Engineer: WJ SIERUTA PE EEVAC
Witness: EDWARD SMITH BOH
Location of Perc:
15 HIGH POINT DRIVE
AMHERST MA

CONTACT
GORDON FLETCHER
549 6457
260 LEVERETT ROAD
Amherst MASS

ELEANOR A CARROLL
15 HIGHPOINT DRIVE
Location Address or Lot No. AMHERST MASS

CONTACT G. FLETCHER

Determination for Seasonal High Water Table

Method Used:

	TP1-1	TP1-2
☑ Depth observed standing in observation hole _____ inches	60"	60"
☑ Depth weeping from side of observation hole _____ inches	60"	60"
☑ Depth to soil mottles _____ inches _____	MOTTLING 46"	46"
☐ Ground water adjustment _____ feet		

Index Well Number _____ Reading Date _____ Index well level _____

Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

If not, what is the depth of naturally occurring pervious material? _____

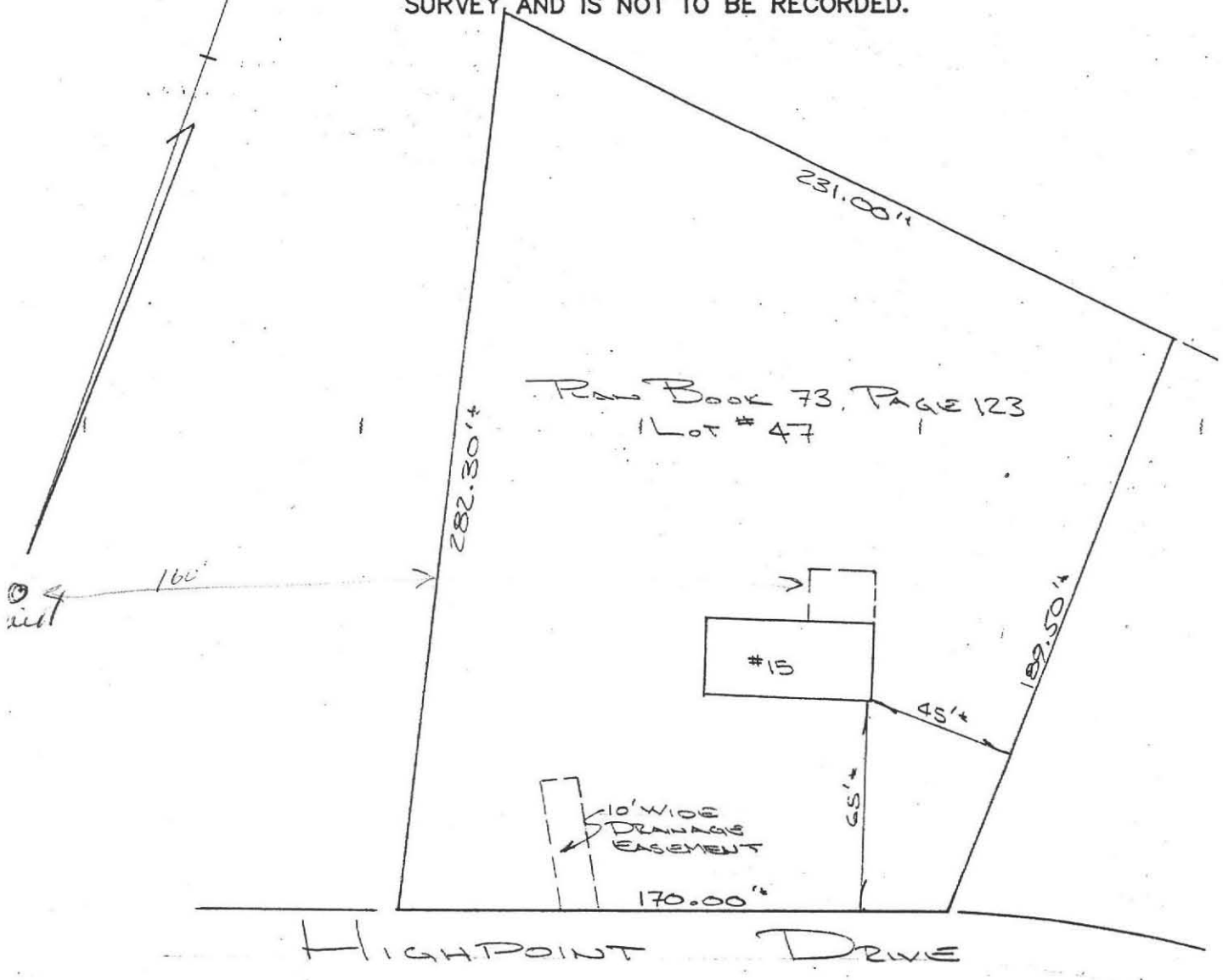
Certification

I certify that on 5/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 2/16/2012

-NOTE-

THIS PLAT IS COMPILED FROM DEEDS, PLANS AND OTHER SOURCES AND IS NOT TO BE CONSTRUED AS AN ACCURATE SURVEY AND IS NOT TO BE RECORDED.



TO: SOURCE ONE MORTGAGE SERVICES CORP. &
COMMONWEALTH LAND TITLE INSURANCE COMPANY

I HEREBY REPORT THAT I HAVE EXAMINED THE PREMISES AND BASED ON EXISTING MONUMENTATION ALL EASEMENTS, ENCROACHMENTS AND BUILDINGS ARE LOCATED ON THE GROUND AS SHOWN AND THAT THE BUILDINGS ARE ENTIRELY WITHIN THE LOT LINES, EXCEPT AS NOTED. I FURTHER REPORT THAT THE PROPERTY IS NOT LOCATED WITHIN A FLOOD PRONE AREA AS SHOWN ON FEDERAL FLOOD INSURANCE MAPS FOR COMMUNITY # 250156

SURVEYOR: Randall E. Izer

COMMONWEALTH OF MASSACHUSETTS
RANDALL E. IZER #35032
PROFESSIONAL LAND SURVEYOR

Randall E. Izer

-NOTE-
THIS PLAT FOR MORTGAGE LOAN PURPOSES ONLY AND DOES NOT CONSTITUTE A PROPERTY SURVEY

-MORTGAGE LOAN INSPECTION PLAT-

AMHERST, MASSACHUSETTS
PREPARED FOR
ELEANOR A. CARROLL

SCALE: 1"=50' JANUARY 17, 1995

HAROLD L. EATON AND ASSOCIATES, INC.
REGISTERED PROFESSIONAL LAND SURVEYORS
235 RUSSELL STREET - HADLEY - MASSACHUSETTS

Gordon Fletcher - scheduled Perk Test 2/17/12 - father of girl buying house

William Sierota-
549-1817

what time?

15 High Pointe Drive

- tentative 10:00 a.m. by 8:00 the weather we'll know emailed Ed 2-15-12 9:30 a.m.

2-14-12 msg. to Bill to schedule Perk test time

2-15-12 and msg. to Bill to schedule perk test time

Welcome Back Ed!

Neighborhoods

of Events
13

July	August	September	October	November	December

Action Items

ration? anguage e ew ental)			

PERCOLATION TEST INFORMATION

TEST PIT TP1-1

9	OTS LOAM TOP SOIL	A SANDY LOAM 10YR 3-4	0-9
9	SILTY SUB SOIL	BW SANDY LOAM 10YR 4-6	9-18
102	GRAVEL TILL WITH COBBLES & STONES	C SANDY LOAM 2.5Y 4-3 MASSIVE FRIABLE	18-120

195.6 — 194.1 — 191.76

WEEPING @ 60"
STANDING 60"
MOTTLING 10YR5-8
10YR6-1 @ 46"
EHWT 46"

TEST PIT TP1-2

9	OTS LOAM TOP SOIL	A SANDY LOAM 10YR 3-4	0-9
9	SILTY SUB SOIL	BW SANDY LOAM 10YR 4-6	9-18
72	GRAVEL TILL WITH COBBLES & STONES	C SANDY LOAM 2.5Y 4-3 MASSIVE FRIABLE	18-90
	REFUSAL ROCK	R Rock	

195.7 — 193.7

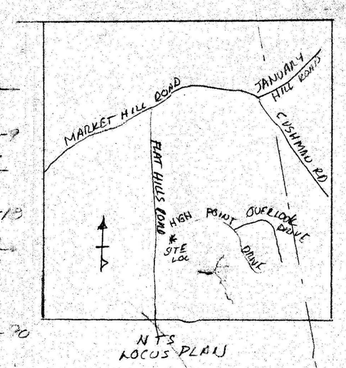
WEEPING @ 78"
STANDING 78"
MOTTLING 10YR 5-8
10YR6-1 @ 46"
EHWT 46"

DATE: FEB. 16 2012
ENGR: W. J. SIERUTA PE/LS
WITNESS: EDWARD SMITH BOH AGENT

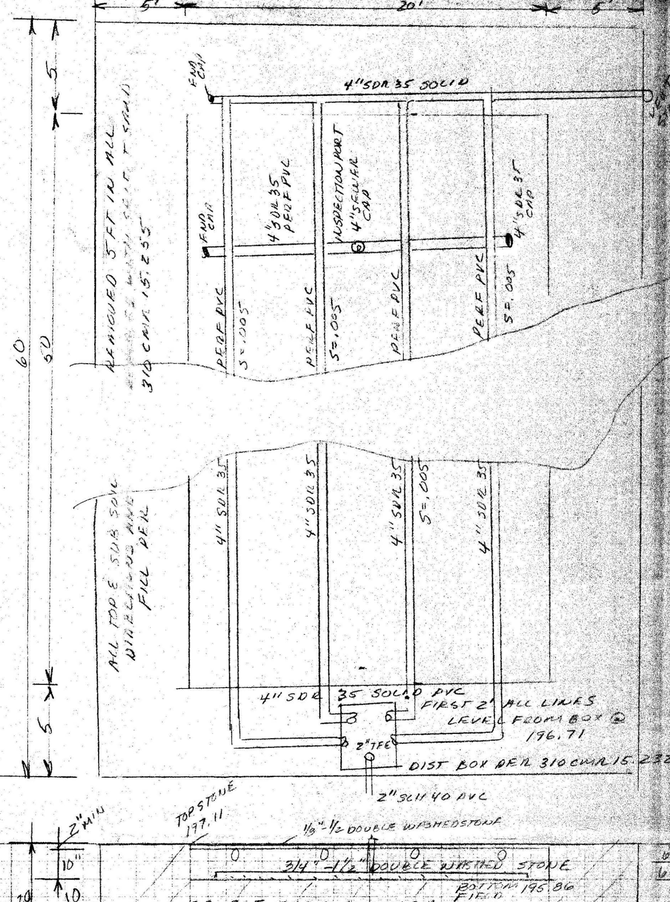
PERMEABILITY
PERC 1 @ TP1-1
DEPTH 42"
ACTUAL RATE 11.0 MIN/INCH
DESIGN RATE 15.0 MIN/INCH
CLASS II SOIL
48" SEPARATION REQD PER 310 CMR 15.212

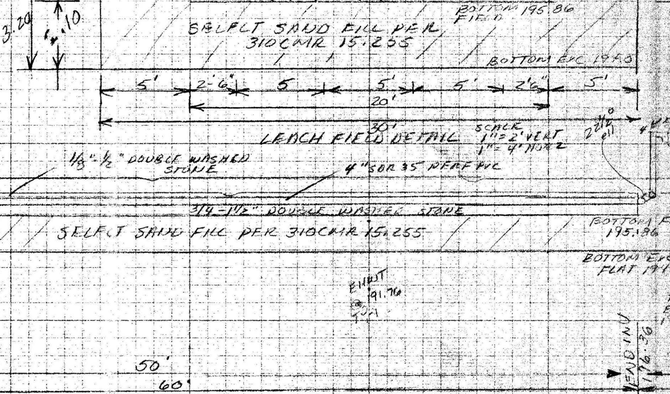
PERMEABILITY
PERC 2 @ TP1-2
DEPTH 43"
ACTUAL RATE 12.33 MIN/INCH
DESIGN RATE 15 MIN/INCH
CLASS II SOIL

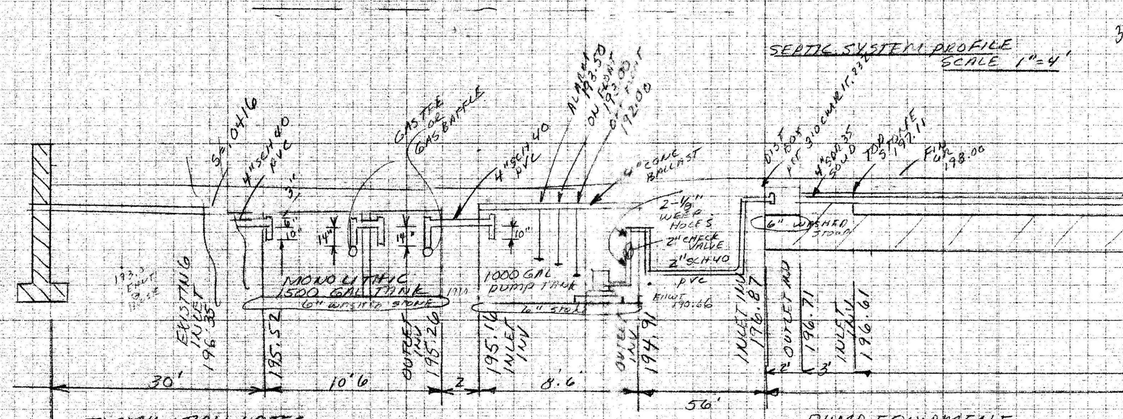
TBM SET SILL OF HOUSE SW CORN
ELEV 200.00 (BOTTOM OF SIDING)



PLAN VIEW SCALE 1" = 30'







DESIGN INFORMATION

ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15.0 TITLE 5 AND ALL LOCAL BOARD OF HEALTH REGULATIONS

FINISH GRADING TO BE AS SHOWN ON PLAN VIEW
ALL DISTURBED AREAS TO BE LOAMED AND SEEDED

DESIGN CRITERIA

USE: EXISTING 5 BEDROOM SINGLE FAMILY RESIDENTIAL HOME NO DISPOSAL (DRIVE UNDER GARAGE TO EAST)

DESIGN FLOW: 310 CMR 15.203
REQD 110 GALS/BEDROOM x 5 = 550 GALS/DAY
NO DISPOSAL UNIT

SEPTIC TANK: 310 CMR 15.223
REQD 550 GALS/DAY x 200% = 1100 GALS
MINIMUM TANK SIZE PERMITTED 1500 GAL
USE NEW 2 COMPARTMENT MONOLITHIC SEPTIC TANK 12'6" x 5' x 10' FLOW LINE 48" (WITH 4" CONC BALLAST ADDED) * 70 PUMP TANK.

LEACH SYSTEM: 310 CMR 15.252
DUE TO SOIL CONDITIONS A LEACHFIELD DESIGN IS TO BE USED PER 310 CMR 15.252

EFFECTIVE DEPTH 6' MIN
EFFECTIVE WIDTH 20'
EFFECTIVE LENGTH 50'
BOTTOM AREA 20' x 50' = 1000 FT²
TOTAL PERMEABILITY 1000 FT² x .56 = 560 GALS/DAY

PERMEABILITY 310 CMR 15.242
PERCOLATION RATES ACTUAL RATES 11.0 MIN/INCH 12.33 MIN/INCH
DESIGN RATE 15.0 MIN/INCH
CLASS II SOIL
BOTTOM & SIDEWALL AREAS .56 GALS/FT²
45" SEPARATION REQD PER 310 CMR 15.212

INSTALLATION NOTES

1. OLD TANK TO BE PUMPED CLEANED, CRUSHED & SAND FILLED
2. NEW 1500 GAL (MONOLITHIC) 2 COMPARTMENT TANK WITH INLET AND OUTLET TEES IN ACCORDANCE WITH 310 CMR 15.227 SECT 5
3. ALL STONE TO BE DOUBLE WASHED STONE FREE OF SILT AND FINES IN ACCORDANCE WITH 310 CMR 15.247
4. ALL PIPE JOINTS WITH TANKS AND DIST BOXES TO BE ASPHALT ROPE SEALED
5. SEPTIC TANK DIST BOX AND PUMP TANK TO BE SET LEVEL ON 6" DEEP WASHED STONE FOUNDATION PAD
6. NN INSPECTION PORT TO BE INSTALLED IN LEACHFIELD AS SHOWN ON DETAIL
7. ALL COMPONENTS OF SEPTIC SYSTEM TO BE MARKED WITH METALLIC MARKING TAPE.

PUMP EQUIPMENT

1 - MEYERS MODEL PUMP OR EQUAL
1 - 101 MARK A UNIT
1 - SIMPLEX CONTROLLER
1 - STAINLESS STEEL FLOAT BRACKET
1 - 2" CHECK VALVE
2 - 1" SCH 40 ELECTRICAL CONDUITS
2 - MECHANICAL FLOATS

ALL ELECTRICAL TO BE BY LIC ELECTRIAN PER ELECTRICAL CODE

BOUYANCY CALC

SEPTIC TANK 11,800 LBS ↓
UPLIFT 10'6" x 6' x 2.0 x 62.4 = 7862 ↑
OK NO CONC BALLAST NEEDED

PUMP TANK 7800 LBS
8.5' x 5' x 2.44 x 62.4 = 6470 ↑
USE 4" CONC TO INCREASE BALLAST

DOSE USE 250 GAL DOSE
1 FT

SELECT SAND FILL REQD
1.2 x 60' x 30' x 3.2' = 256 CU YDS
27

COMMON FILL REQD FOR SLOPE OFF SET
1.2 x 15' x 220 x 2.4 / 2 = 176 CU YDS
27

SLOPE OFFSET CALC
310 CMR 15.211
REQD FOR SLOPES OF 1:3 OR LESS 15'
AVAILABLE TO BE FILLED ELEV 197.11 AFTER GRADING 15'.

SEPTIC SYSTEM DESIGN FOR
GORDON FLETCHER / HOWELL / ELEANOR CARROLL
15 HIGH POINT DRIVE
AMHERST MASS
ENGR: W. J. SIERUTA PE
DATE: FEB. 26, 2012

2012

ISSUED: 3/27/2012

EXPIRES: 12/31/2012

The Commonwealth of Massachusetts

Town of Amherst

Amherst Health Department - 70 Boltwood Walk, Amherst 01002

LICENSE TO OPERATE A

SEPTIC TANK INSTALLER

IN AMHERST, MA

In accordance with any and all Statues and Ordinances relating thereto, a license is hereby granted to:

R H ROBERTS EXCAVATING

Whose Place Of Business Is At:

31 HEMENWAY RD
LEVERETT, MA 01054

Board of Health
David Ahlfeld, Chairman
Jennifer Brown
Maria Bulzacchelli
Nancy Gilbert
Ilana Schmitt, MD

Julie Federman
Health Director

LICENSE: 2012 - 427

FEE:$ 175.00

Account I...
Batch: 4259

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002
Environmental Health Division (413) 259-3078
Main Office (413) 259-3077 Fax (413) 259-2404
www.amherstma.gov

APPLICATION FOR SEPTIC INSTALLERS LICENSE

March 19, 2012 **ANNUAL FEE $175.00**

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:
SEPTIC INSTALLERS LICENSE

Richard H Roberts, JR dba RH Roberts Excavating
31 Hemenway Rd, Leverett, MA 01054
(Full **name** and **address of person**, firm or corporation **making application**)

State clearly purpose for which license is requested install septic systems

Give business location by street and number 31 Hemenway Rd, Leverett, MA 01054

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Business Phone Number 413 367-2378 Home Phone Number 413 367-2378

Federal I. D. Number 04-2718661 Social Security Number _____

Signature of Applicant Richard H Roberts

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, Richard H Roberts, JR do hereby certify that:

1. [T] I am an employer providing the following workers compensation coverage for my employees:
General Casualty # CWC 0394659 (policy # / insurance company)

2. [ ] I am not required to have workers' compensation insurance under M.G.L. C. 152, Sect. 25 (c) (6)

***Any applicant who checks #1 above must also complete and submit the Worker's Compensation Affidavit.**

Please Note The Following Late Fees Will Be Enforced
First 30 Days Overdue $50.00..... 60 Days & Each Month Thereafter $100.

Return to: Environmental Health Services
Attn: License Application
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002

Make Check Payable to: **Town of Amherst**

TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

A/R RECEIPT 12088401
DATE/TIME 03/27/12 11:13

INVOICE 556

CUST: 176938 R H ROBERTS EXCAVATING

01 SEPTIC TANK INSTALLER 175.00

PREV BALANCE	175.00
AMOUNT PAID	175.00
ADJUSTMENTS	.00
NEW BALANCE	.00

PMT TYPE	QTY	REF	AMOUNT
CHECK	1	2410	

FORM 11: Soil Evaluation Form NO: _____

Commonwealth of Massachusetts
Town of

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: BILL SERCUTTA Date: 2/16/2012
Witnessed By: ED SMITH AMHERST HEALTH

Location Address of: 15 HIGHPOINT Owner's Name:
Lot # Address of:
Telephone:

New Construction ☐ Repair ☒

Office Review

Published Soil Survey Available? No ☐ Yes ☐
Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available? No ☐ Yes ☐
Year Published _____ Publication Scale _____
Geologic Material (map unit) _____
Landform _____

Flood Insurance Rate Map:
Above 500 year flood boundary? No ☐ Yes ☐
Within 500 year flood boundary? No ☐ Yes ☐
Within 100 year flood boundary? No ☐ Yes ☐

Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): month _____
Range: Above Normal ☐ Normal ☐ Below Normal ☐

Other Reference Reviewed:

Determination: Seasonal High Water Table

Methods Used:

☐ Depth observed standing in observation hole _____ inches
☐ Depth weeping from side of observation hole _____ inches
☐ Depth to soil mottles _____ inches
☐ Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feed of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

If not, what is the depth of naturally occurring previous material?
_____

Certification

I certify that on _____ (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.

Signature _____
Date _____

0-9 A SANDY LOAM 46" EST. BY MOTTLES
9-18 B " 48 H_2O STANDING 5% GRAVEL MASSIVE FIRM
18-90 " 10% COBBLES
ROCK

On-Site Review

Deep Hole Number 1 Date: 2/14 Time 10 AM - 12 NOON
Weather Partly Cloudy
Location (identify on site plan) _____
Land Use 2nd growth wooded yard Slope (%) 0 - 2%
Surface Stone Some - lots of stone walls
Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____
Distances from:
Open Water Body _____ feet Drainageway _____ feet
Possible Wet Ares _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
0-9	A	SL			
9-18	Bw	SL	10YR 5-8	5% GRAVEL	
18-120	C,	SL	10 YR 4-4	FEW COBBLES MASSIVE FIRM	
well is in front yard				100'+ away	

Parent Material (geologic) _____
Depth to Bedrock _____
Depth to Groundwater :
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water _____

EHWT 46 ↑

11" / min

design 15 min / inch

On-Site Review

Deep Hole Number 2 Date: Same Time _____
Weather _____
Location (identify on site plan) _____
Land Use _____ Slope (%) 0 - 2%
Surface Stone _____
Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____
Distances from:
Open Water Body _____ feet Drainageway _____ feet
Possible Wet Ares _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
0-9	A	SL	10YR 3/4		
9-18	Bw	SL	~~10YR 3/4~~ 10YR 4/6	5%	
18-90	C,	SL		10%	
90	R	ROCK	2.5Y 4/3	FEW BOULDERS STONE MASSIVE FIRM	

Parent Material (geologic) _____
Depth to Bedrock _____
Depth to Groundwater :
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water _____

11:45

FORM 12: Percolation Test

Location Adrress or Lot # _____

Commonwealth of Massachusetts
Town of

PERCOLATION TEST *		
DATE:		TIME:
Observation Hole #		
Depth of Perc		
Start Pre-soak		
End Pre-soak		
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch		

**Minimum of one percolation test must be performed in both the primary area and reserve area.*

Site Passed ☐ Site failed ☐

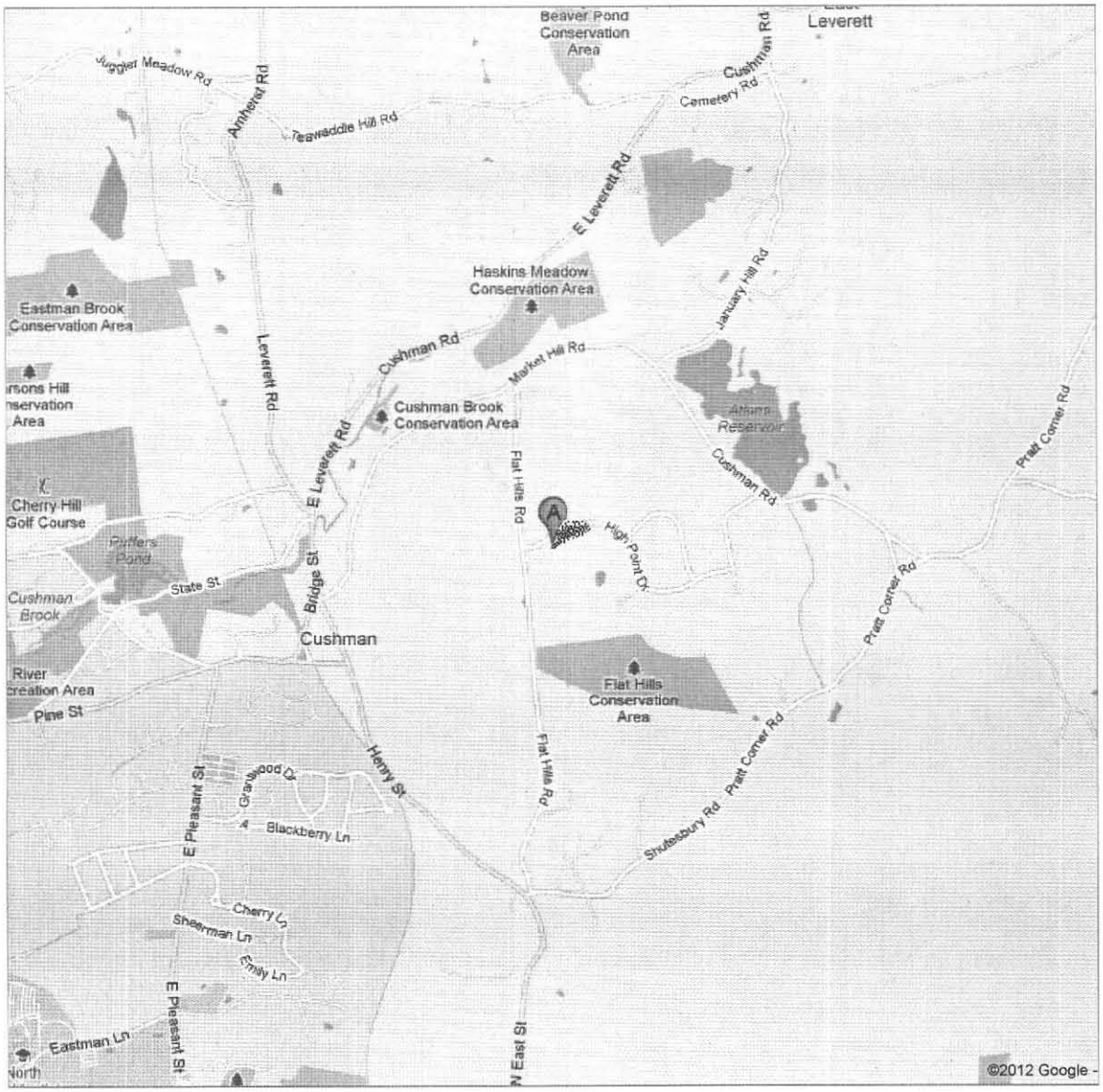
Performed by _____

Witnessed by _____

Comments:

Google

Address **15 High Point Dr**
Amherst, MA 01002



No. _____ Date: 2/16/2012

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: WILLIAM J SIEROTA PE LEO Date: 2/16/2012
Witnessed By: EDWARD SMITH BOH

Location Address of Lot #	Owner's Name, Address, and Telephone #
ELEANOR A. CARROLL 15 HIGH POINT DR AMHERST MASS	ELEANOR CARROLL 15 HIGH POINT DRIVE Amherst MA

New Construction ☐ Repair ☐

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published ..... Publication Scale ..... Soil Map Unit ..

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No ☐ Yes ☑ CONTACT: GORDON FLETCHER

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No ☐ Yes ☑

Within 500 year flood boundary No ☑ Yes ☐

Within 100 year flood boundary No ☑ Yes ☐

Wetland Area:

National Wetland Inventory Map (map unit) .....

Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal ☐ Normal ☐ Below Normal ☐

Other References Reviewed: _____

ELEANOR CARROLL

FORM 11 - SOIL EVALUATOR FORM

Page 2 of 3

#15 HIGH POINT DRIVE
AMHERST MASS

Location Address or Lot No.

On-site Review

TP1-1

Deep Hole Number ____ Date: 2/16/2012 Time: 900 Weather COOL 40° Clear

Location (identify on site plan) ____

Land Use RESIDENTIAL Slope (%) 0 Surface Stones SOME NOTE

Vegetation LAWN

Landform DRUMLIN

Position on landscape (sketch on the back) ____

Distances from:

Open Water Body DNA feet Drainage way DNA feet

Possible Wet Area DNA feet Property Line 30' feet NEAR UNE

Drinking Water Well 160'+ feet Other 20FT WEST SIDE

DEEP OBSERVATION HOLE LOG

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-9	A	S/L	10YR 3-4		
9-18	Bw	S/L	10YR 4-6	10YR 5-8	5% gravel
18-120	C1	S/L	10YR 2.5 4 4-3	10YR 4-4 46"	Few cobbles & boulders MASSIVE FIRM

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH TILL Depth to Bedrock: ____

Depth to Groundwater: Standing Water in the Hole: 60" Weeping from Pit Face: 60

Estimated Seasonal High Ground Water: ____

ELLWT. 46

DEP APPROVED FORM - 12/07/95

#15 HIGH POINT DRIVE
AMHERST MASS

Page 2 o

Location Address or Lot No.

On-site Review

TP1C

Deep Hole Number ____ Date: 2/16/2012 Time: 900 Weather COOL Clear

Location (identify on site plan) ____

Land Use RESIDENTIAL Slope (%) 0 Surface Stones SOME NOTED

Vegetation LAWN

Landform DRUMLIN

Position on landscape (sketch on the back) ____

Distances from:

Open Water Body DNA feet Drainage way DNA feet

Possible Wet Area DNA feet Property Line 40 feet FT REAR

Drinking Water Well 160'+ feet Other 70' SIDE (WEST) 4TH

DEEP OBSERVATION HOLE LOG

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-9	A	S/L	10YR 3-4		
9-10	Bw	S/L	10YR 4-6	10YR 5-8	5%
18-96	C1	S/L	2.5 4 4-3	10YR 6-1 46"	10% Few boulders MASSIVE FIRM
96	R	ROCK	—		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH TILL Depth to Bedrock: 96

Depth to Groundwater: Standing Water in the Hole: 72 Weeping from Pit Face: ____

Estimated Seasonal High Ground Water: ____

ELWT ELWT 46

DEP APPROVED FORM - 12/07/95

FORM 12 - PERCOLATION TEST

Location Address or Lot No. ELEANOR A CARROLL
15 HIGHPOINT DRIVE
Amherst MASS

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*

Date: 2/16/2012 Time: 900

Observation Hole #	TP1-1	TP1-2
Depth of Perc	42"	43"
Start Pre-soak	1025 - 1040	1030 - 1045
End Pre-soak	1040	1045
Time at 12"	1040	1045
Time at 9"	1102	1108
Time at 6"	1135	1145
Time (9"-6")	33/3 = 11.0	37/3 = 12.33
Rate Min./Inch	DESIGN Rate 15.0 MIN/INCH	15.0 MIN/INCH

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

CLASS II SOIL 48" separation REQD per 310CMR 15.212

Site Passed ☑ Site Failed ☐

Performed By: WILLIAM J. SIEKUTA EVAL P.E.

Witnessed By: EDWARD SMITH BOH AGENT

Comments:

DEP APPROVED FORM - 12/07/95

Percolation Test

Test No. perc test 1 @ TP1-1

Reading	Time
Saturation (15 min)	1025 - 1040
12	1040
11	
10	
9	
8	1102
7	1115
6	1126
	1135

33/3 = 11.0

Design rate

15 Min/inch

Perc Rate 42

Ground Elev.

Depth of Hole

Test No. perc 2 @ TP1-2

Reading	Time
Saturation (15 min)	1030 - 1045
12	1045
11	
10	
9	1108
8	1120
7	1133
6	1145

37/3 = 12.33

Design rate

.15 Min/inch

Perc. Rate 43

Ground Elev.

Depth of Hole

Test Pit TP1-1

Depth	Soil Description
0-9	OTS LOAM
9-18	SILTY SUB SOIL
18-120	SILTY GRAVEL fill

Groundwater Depth 60 Elev.

Bedrock Depth Elev.

Ground Elev. 46" MOTTLING

S.C.S. Soil Description TILL

Deep Test Pit/s Test Pit TP1-2

Depth	Soil Description
0-9	OTS LOAM TOP SOIL
9-18	SILTY SUB SOIL
18-90	SILTY GRAVEL fill
90	REFUSAL

Groundwater Depth Elev.

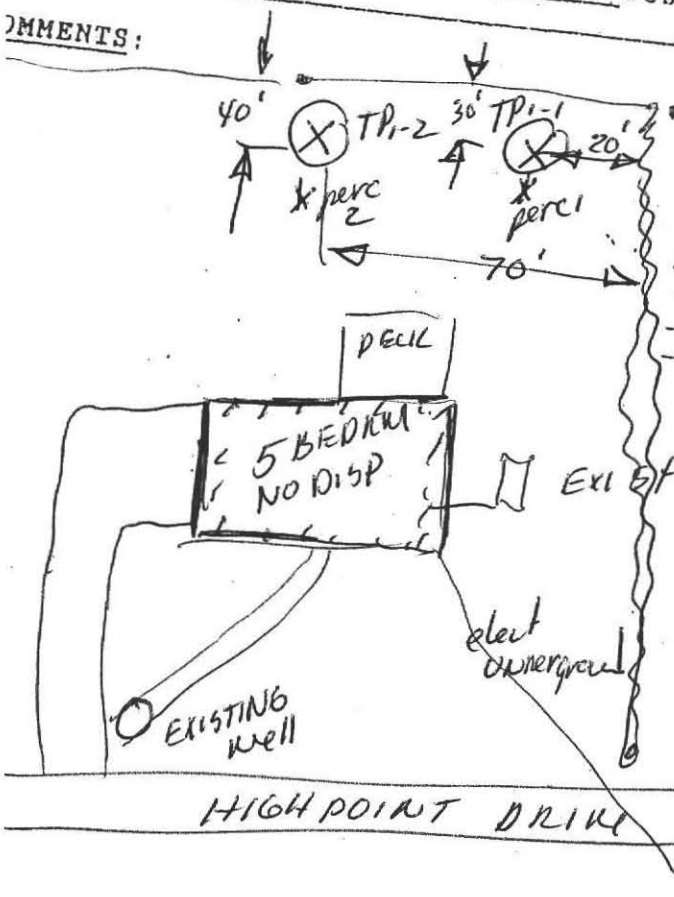
Bedrock Depth Elev.

Ground Elev.

Seasonal High Water Table? AS NOTED

Bench Mark: Elev. Description

COMMENTS:



Date: 2/16/2012

Client: ELEANOR A CARROLL
15 HIGH POINT DRIVE
Amherst MASS

Engineer: WJ SIERUTA PE EEVRC

Witness: EDWARD SMITH BOH

Location of Perc: 15 HIGH POINT DRIVE
~~Amherst MA~~

CONTACT
GORDON FLETCHER-HOWELL
549 6457
~~260 LEVERETT ROAD~~ 15 No. 6 Rd.
~~Amherst MASS~~
LEVERETT, MASS

ELEANOR A CARROLL
15 HIGHPOINT DRIVE
Location Address or Lot No. AMHERST MASS

CONTACT G. FLOKITER

Determination for Seasonal High Water Table

Method Used:

	TP1-1	TP1-2
☑ Depth observed standing in observation hole _____ inches	60"	60"
☑ Depth weeping from side of observation hole _____ inches	60"	60"
☑ Depth to soil mottles _____ inches _____	MOTTLING 46"	46"
☐ Ground water adjustment _____ feet		

Index Well Number _____ Reading Date _____ Index well level _____

Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

If not, what is the depth of naturally occurring pervious material? _____

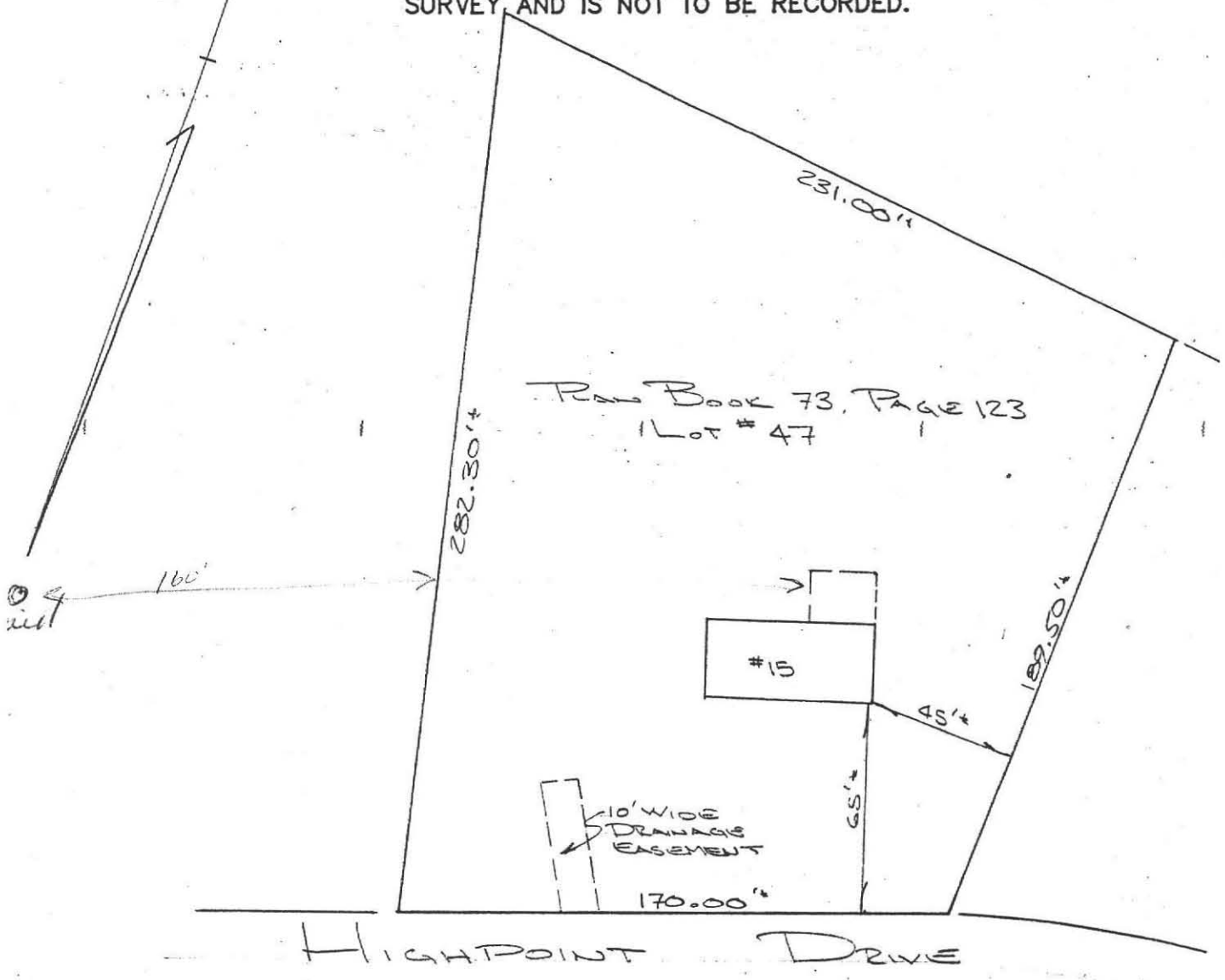
Certification

I certify that on 5/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 2/16/2012

-NOTE-

THIS PLAT IS COMPILED FROM DEEDS, PLANS AND OTHER SOURCES AND IS NOT TO BE CONSTRUED AS AN ACCURATE SURVEY AND IS NOT TO BE RECORDED.



TO: SOURCE ONE MORTGAGE SERVICES CORP. &
COMMONWEALTH LAND TITLE INSURANCE COMPANY

I HEREBY REPORT THAT I HAVE EXAMINED THE PREMISES AND BASED ON EXISTING MONUMENTATION ALL EASEMENTS, ENCROACHMENTS AND BUILDINGS ARE LOCATED ON THE GROUND AS SHOWN AND THAT THE BUILDINGS ARE ENTIRELY WITHIN THE LOT LINES, EXCEPT AS NOTED. I FURTHER REPORT THAT THE PROPERTY IS NOT LOCATED WITHIN A FLOOD PRONE AREA AS SHOWN ON FEDERAL FLOOD INSURANCE MAPS FOR COMMUNITY # 250156

SURVEYOR: Randall E. Izer

COMMONWEALTH OF MASSACHUSETTS
RANDALL E. IZER #35032
PROFESSIONAL LAND SURVEYOR

Randall E. Izer

-NOTE-
THIS PLAT FOR MORTGAGE LOAN PURPOSES ONLY AND DOES NOT CONSTITUTE A PROPERTY SURVEY

-MORTGAGE LOAN INSPECTION PLAT-

AMHERST, MASSACHUSETTS
PREPARED FOR
ELEANOR A. CARROLL

SCALE: 1"=50' JANUARY 17, 1995

HAROLD L. EATON AND ASSOCIATES, INC.
REGISTERED PROFESSIONAL LAND SURVEYORS
235 RUSSELL STREET - HADLEY - MASSACHUSETTS