[redacted] 35 HIGH POINT DR.

[redacted]

35 High Point

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 253-7077

Bettye Anderson Frederic, Director

File w/ perc papers

October 13, 1988

Attorney John Ennis
5 E. Pleasant Street
Amherst, MA 01002

Dear Attorney Ennis:

With respect to our recent conversation regarding the suitability of Lot 44, Highpoint Drive for the installation of a subsurface sewage disposal system, please be advised that I have reviewed the application and design plan that have been forwarded to this office.

The design plan shows the location of a leaching system and reserve area fifty feet from a wetlands area. This situation is in violation of a Board of Health regulation which requires a minimum offset of 100 feet from the sewage disposal system and wetlands area.

A disposal works construction permit for the installation of a sewage disposal system cannot be issued for this property.

In addition, I also have a concern about the proposed relocation of the existing well on the adjacent lot. There is no indication on the distances between the proposed new well location and any existing sewage disposal system in the area.

Please feel free to contact me if you have any questions relative to this matter.

Sincerely,

Dennis A. Pinski

Dennis A. Pinski, C.H.O., R.S.
Sanitarian

TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

CK # 8515

Received of Bercume Builders (Name) of 25 Sylvia Heights (Address)

For Property Located at High Point Drive (Street Address) Ma Bercume (Owner)

	Bakery	01-0-501-4433-00	✓	Perc Test (1) 100.00	01-0-501-4344-00
	Bed & Breakfast	01-0-501-4474-01		Pool	01-0-501-4471-00
	Catering	01-0-501-4429-00		Rec. Camp	01-0-501-4424-00
	Food Handler	01-0-501-4474-00		Retail Permit	01-0-501-4473-00
	Frozen Desserts	01-0-501-4421-00		Sanitary Code Booklet	01-0-501-4380-00
	Housing Inspection	01-0-501-4348-00		Septic Installers Permit	01-0-501-4470-01
	Massage	01-0-501-4425-00	✓✓	Septic Private Applications (2)	01-0-501-4470-00 60.00 each
	Milk	01-0-501-4420-00		Septic - Reinspection	01-0-501-4345-00
	Motel License	01-0-501-4428-00		Sub-Division Rev.	01-0-501-4460-00
	Miscellaneous	01-0-501-_____		Tanning	01-0-501-4434-00
	Offal/Garbage	01-0-501-4472-00		Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE: 220.00

Norma J. Lynch — Treasurer/Collector

PAID MAY 15 1997 ✓ 8515 TOWN OF AMHERST TREASURER

Date

Sherrod Zarozinski Jr — Inspection Services

White - Applicant *Yellow - Collector* *Pink - Inspection Services*

No..... Fee.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK A. FILIOS, R.S. 688

Application is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:

High Point Drive (Location - Address) Lot 44 (or Lot No.)

Plourde Property (Owner) c/o Larry Miller agent (Address)

..... (Installer) ..... (Address)

Type of Building Size Lot 56,670 Sq. feet

Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )

Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 550 gallons.

Septic Tank — Liquid capacity 1200 gallons Length 10' Width 5' ~~Diameter~~ Depth 5' 4"

Disposal Trench — No. 4 Width 3' Total Length 192 Total leaching area 1056 sq. ft. sides + bottom

Seepage Pit No..... Diameter..... Depth below inlet..... Total leaching area..... sq. ft.

Other Distribution box (X) Dosing tank ( )

Percolation Test Results Performed by Filios Enterprises Date May 3, 1988

Test Pit No. 1 15 minutes per inch Depth of Test Pit 11' Depth to ground water Seepage at 8 ft

Test Pit No. 2 ..... minutes per inch Depth of Test Pit 9' Depth to ground water Seepage at 6 ft.

Description of Soil Attached

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed..... Date

Application Approved By..... Date

Application Disapproved *for the following reasons:* ..... Date

Permit No..... Issued..... Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired ( ) by..... (Installer)

at Lot 44 High Point Drive

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No..... dated.....

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE..... Inspector.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

No..... Fee.....

Disposal Works Construction Permit

Permission is hereby granted Plourde Property

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 44, High Point Drive (Street)

as shown on the application for Disposal Works Construction Permit No..... Dated.....

..... (Board of Health)

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No..... Fee.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

COMMONWEALTH OF MASSACHUSETTS FREDERICK A. FILIOS, R.S. 688

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:

High Point Drive — Location - Address; Lot 44 — or Lot No.

Pourde Property c/o Larry Miller agent — Owner; Address

Installer; Address

Type of Building — Size Lot 56,670 Sq. feet

Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( )

Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 550 gallons.

Septic Tank — Liquid capacity 1200 gallons Length 10' Width 5' ~~Diameter~~ Depth 5'4"

Disposal Trench — No. 4 Width 3' Total Length 192 Total leaching area 1056 sq. ft. sides + bottom

Seepage Pit No..... Diameter..... Depth below inlet..... Total leaching area..... sq. ft.

Other Distribution box (X) Dosing tank ( )

Percolation Test Results Performed by Filios Enterprises Date May 3, 1988

Test Pit No. 1 15 minutes per inch Depth of Test Pit 11' Depth to ground water Seepage at 8 ft

Test Pit No. 2 ..... minutes per inch Depth of Test Pit 9' Depth to ground water Seepage at 6 ft.

Description of Soil Attached

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed..... Date

Application Approved By..... Date

Application Disapproved *for the following reasons:* ..... Date

Permit No..... Issued..... Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired ( ) by..... Installer

at Lot 44 High Point Drive

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No..... dated.....

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE..... Inspector.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

No..... Fee.....

Disposal Works Construction Permit

Permission is hereby granted Pourde Property

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 44, High Point Drive — Street

as shown on the application for Disposal Works Construction Permit No..... Dated.....

..... Board of Health

DATE.....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

Town Amherst

X

High Point Drive Lot 44
Fourde Property Jo Larry Miller dept

$6,670

44

55

1200 3' 10' 5' 550 1656 5'4"
4.5" 142 sides +
bottom

X

15

Filios Enterprises
11'
9'

May 3 1988
Segment of 8ft
Segment of 6ft

Attached

Town Amherst

X

Lot 44 High Point Drive

Town Amherst

Fourde Property

Lot 44, High Point Drive

DEEP SOIL LOGS

OWNER Larry Miller

DATE May 3, 1988

LOCATION High Point Dr.
Amherst

OBSERVER Filios Enterprises Inc.

B of H Dennis Pinski

H1

0"- 8"	TOPSOIL
8"- 22"	SUBSOIL
22"- 5'	LOOSE TILL WITH GRAVEL SANDY
5'- 11'	FIRM TILL WITH FEW STONES

11'

GROUND WATER SEEPAGE 8'

GROUND WATER

H2

0"- 5"	TOPSOIL
5"- 24"	SUBSOIL
24"- 9'	FIRM TO COMPACT SANDY TILL FEW STONES

9'

GROUND WATER SEEPAGE 72' (6 ft.)

GROUND WATER

PERCOLATION RATE AT 48":

15 min./inch

H1 PERC AT 48" 13 MIN./INCH
H2 PERC AT 48" 14 MIN/INCH

COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS, R.S.
688

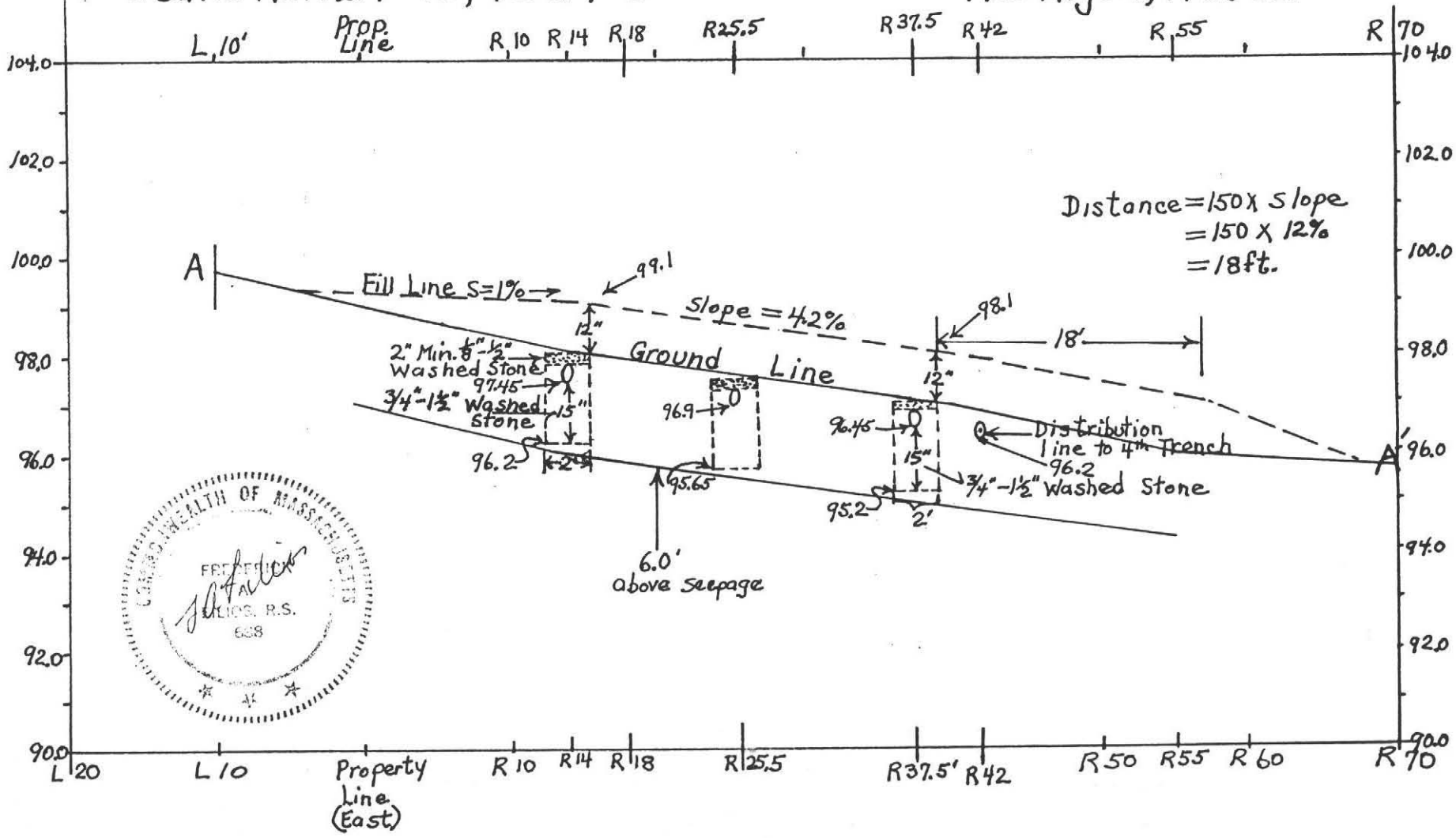
CROSS-SECTION OF LEACH TRENCHES AT A-A'

LARRY MILLER

SITE: LOT 44, HIGH POINT DRIVE, AMHERST, MASS.

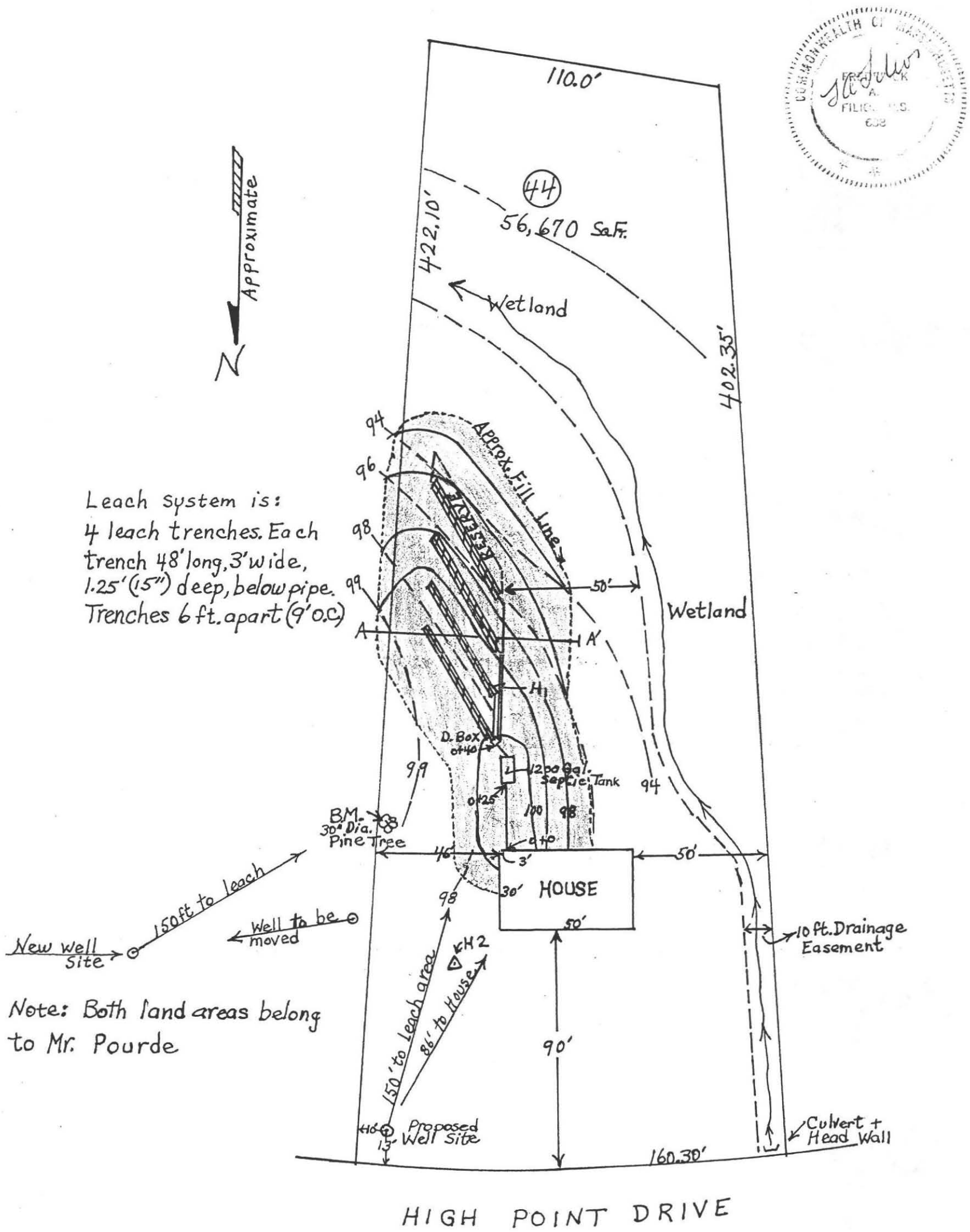
Prepared By: Filios Enterprises Inc., 69 Pelham Rd, Amherst, Mass. 01002

Scale: Horiz. 1"=10', Vert. 1"=3' Rev. Aug. 16, 1988 EK.



COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS, R.S.
638

PLAN OF SEWAGE DISPOSAL SYSTEM
LARRY MILLER
LOT 44, HIGH POINT DRIVE, AMHERST, MASS.
Prepared By: Filios Enterprises, 69 Pelham Rd., Amherst, Mass. 01002
Scale: 1" = 40' Rev. Aug. 16, 1988 E.K.



Note: Both land areas belong to Mr. Pourde

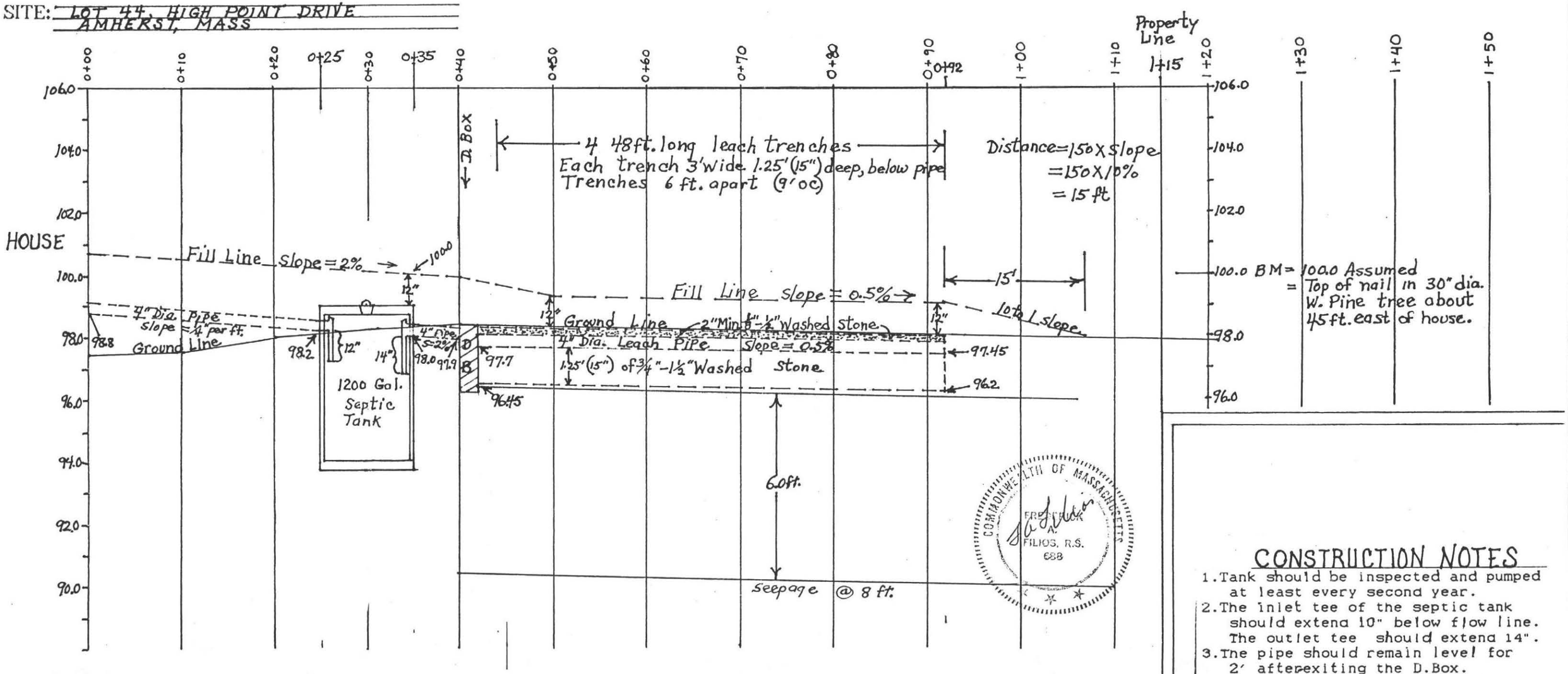
PROFILE OF SEPTIC SYSTEM

FOR: LARRY MILLER

SITE: LOT 44, HIGH POINT DRIVE
AMHERST, MASS

BY: FILIOS ENTERPRISES INC.
69 PELHAM RD.
AMHERST MA 01002

DATE: Rev. Aug. 16, 1988 E.K.
SCALE: Horizontal 1"=10'
Vertical 1"= 3'



SPECIFICATIONS

All materials and construction will be in accordance with Commonwealth of MA D. E. Q. E. State Environmental Code Title 5.

CALCULATIONS

4 Bedrooms @110=440 Gals X 1.25*=550 Gals Req'd
Perc. rate: 15 Minutes per inch
4 Leach trenches each 48ft. long 3ft. wide, 1.25ft. (15 inches) deep
Sides: Total 192 ft. length X 1.25' deep X 2 sides = 480 sq. ft.
480 sq. ft. X 0.66 Gals. per sq. ft. = 316.8 Gals.
Btm: 192' X 3' Wide = 576 sq. ft. X 0.43 Gals. per sq. ft. = 247.68 Gals.
316.8 + 247.68 Gals = 564.48 Gallons available
* Amherst Bd. of Health requirement

CONSTRUCTION NOTES

1. Tank should be inspected and pumped at least every second year.
2. The inlet tee of the septic tank should extend 10" below flow line. The outlet tee should extend 14".
3. The pipe should remain level for 2' after exiting the D.Box.
4. The topsoil should be removed to a distance of 10' around system where fill is to be used.

COMMONWEALTH OF MASSACHUSETTS
FRED A. FILIOS, R.S.
688

JAN 23 1989

No..... FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS FREDERICK FILIOS, R.S. 688

Application is hereby made for a Permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:

High Point Drive (Location - Address) Lot 44 (or Lot No.)

Ploude Property, Larry Miller (Agent) (Owner) Address

Installer Address

Type of Building Size Lot 56,670 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder ( )

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

~~Other fixtures~~ Required: 330 Gals. + 125 Amherst Bd of H. Regul.

Design Flow 55 gallons per person per day. Total daily flow = 412.5 gallons.

Septic Tank — Liquid capacity 1000 gallons Length 8½ Width 5' ~~Diameter~~ Depth 5' 4"

Disposal Trench — No. ..... Width ..... Total Length ..... Total leaching area ..... sq. ft.

~~Seepage Pit No.~~ Leach Field 42' x 24' Diameter ..... Depth below inlet 6" Total leaching area 1008 sq. ft.

Other Distribution box (X) Dosing tank ( ) Bd of Health Rep. D. Pinski

Percolation Test Results Performed by Filios Enterprises Inc. Date May 3, 1988

Test Pit No. 1 15 minutes per inch Depth of Test Pit 11 ft. Depth to ground water seepage at 8'

Test Pit No. 2 ..... minutes per inch Depth of Test Pit 9' Depth to ground water Seepage at 6'

Description of Soil Attached

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Carl Ploude 11/10/88 (Date)

Application Approved By ..... Date

Application Disapproved *for the following reasons:* ..... Date

Permit No. ..... Issued ..... (Date)

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired ( ) by ..... (Installer)

at Lot 44, High Point Drive

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. ..... dated .....

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. ..... FEE .....

Disposal Works Construction Permit

Permission is hereby granted Larry Miller (Agent)

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 44 High Point Drive (Street)

as shown on the application for Disposal Works Construction Permit No. ..... Dated .....

..... Board of Health

DATE .....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

CHECK OR FILL IN WHERE APPLICABLE

Town Amherst

X

High Point Drive Lot 44

Plouda Property, Larry Miller (Apart)

11/10/86

DEEP SOIL LOGS

OWNER Larry Miller

DATE May 3, 1988

LOCATION High Point Dr. Amherst

OBSERVER FiLios Enterprises Inc.

B of H Dennis Pinski

H1

0"- 8"	TOPSOIL
8"- 22"	SUBSOIL
22"- 5'	LOOSE TILL WITH GRAVEL SANDY
5'- 11'	FIRM TILL WITH FEW STONES

11'

GROUND WATER SEEPAGE 8'

GROUND WATER _____

H2

0"- 5"	TOPSOIL
5"- 24"	SUBSOIL
24"- 9'	FIRM TO COMPACT SANDY TILL FEW STONES

9'

GROUND WATER SEEPAGE 72" (650)

GROUND WATER _____

PERCOLATION RATE AT 48":

15 min./inch

H1 PERC AT 48" 13 MIN./INCH
H2 PERC AT 48" 14 MIN/INCH

COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS, R.S.
688

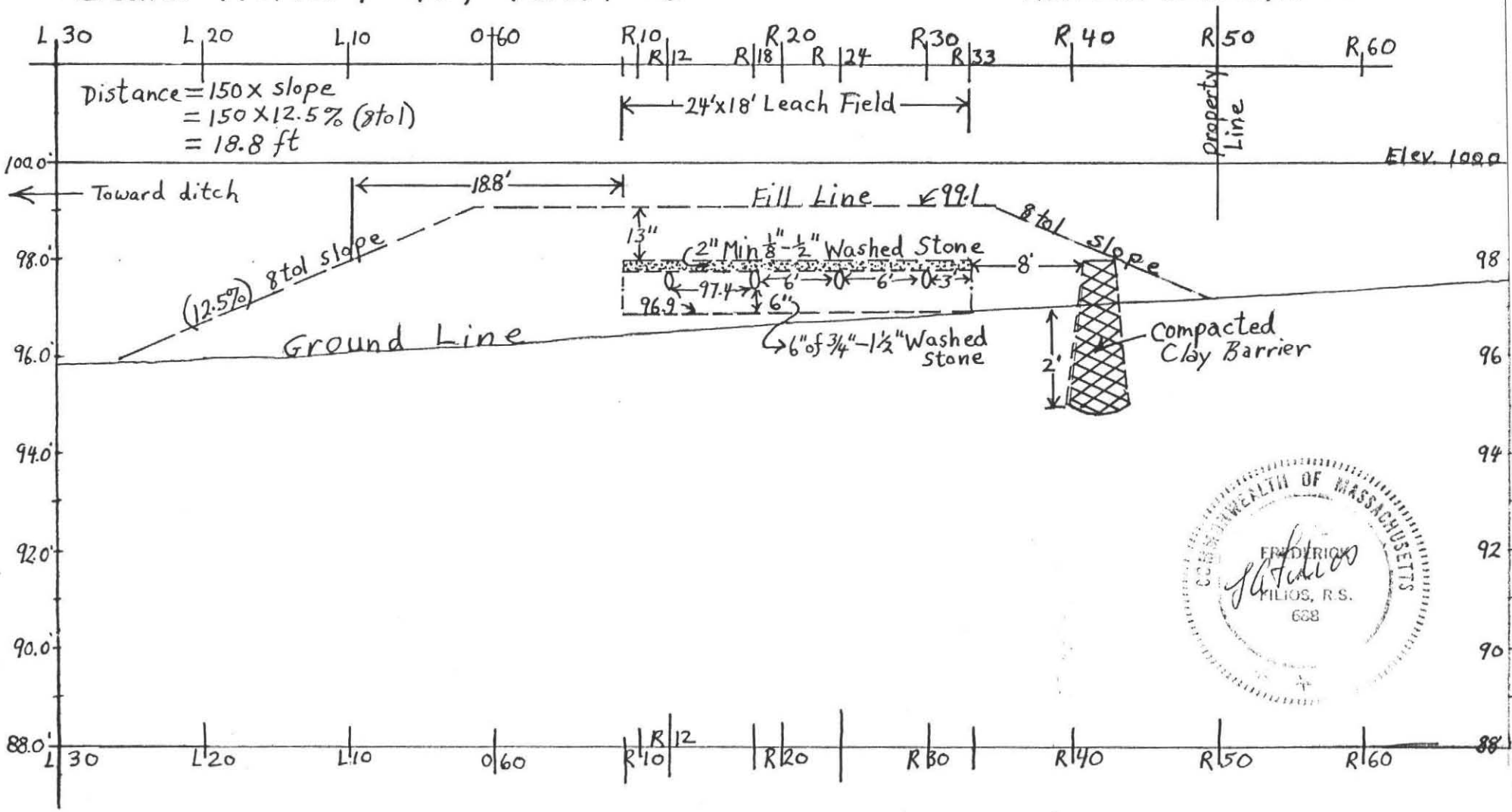
CROSS-SECTION AT STATION 0+60

LARRY MILLER

SITE: LOT 44, HIGH POINT DRIVE, AMHERST, MASS.

Prepared By: Filios Enterprises Inc., 69 Pelham Rd., Amherst, Mass. 01002

Scale: Horiz. 1"=10', Vert. 1"=3' Revised Oct. 31, 1988



COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS, R.S.
668

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 253-7077

Bettye Anderson Frederic, Director

October 13, 1988

In reference to Old Plans which we don't have. They were taken back & revised

Attorney John Ennis
5 E. Pleasant Street
Amherst, MA 01002

Dear Attorney Ennis:

With respect to our recent conversation regarding the suitability of Lot 44, Highpoint Drive for the installation of a subsurface sewage disposal system, please be advised that I have reviewed the application and design plan that have been forwarded to this office.

The design plan shows the location of a leaching system and reserve area fifty feet from a wetlands area. This situation is in violation of a Board of Health regulation which requires a minimum offset of 100 feet from the sewage disposal system and wetlands area.

A disposal works construction permit for the installation of a sewage disposal system cannot be issued for this property.

In addition, I also have a concern about the proposed relocation of the existing well on the adjacent lot. There is no indication on the distances between the proposed new well location and any existing sewage disposal system in the area.

Please feel free to contact me if you have any questions relative to this matter.

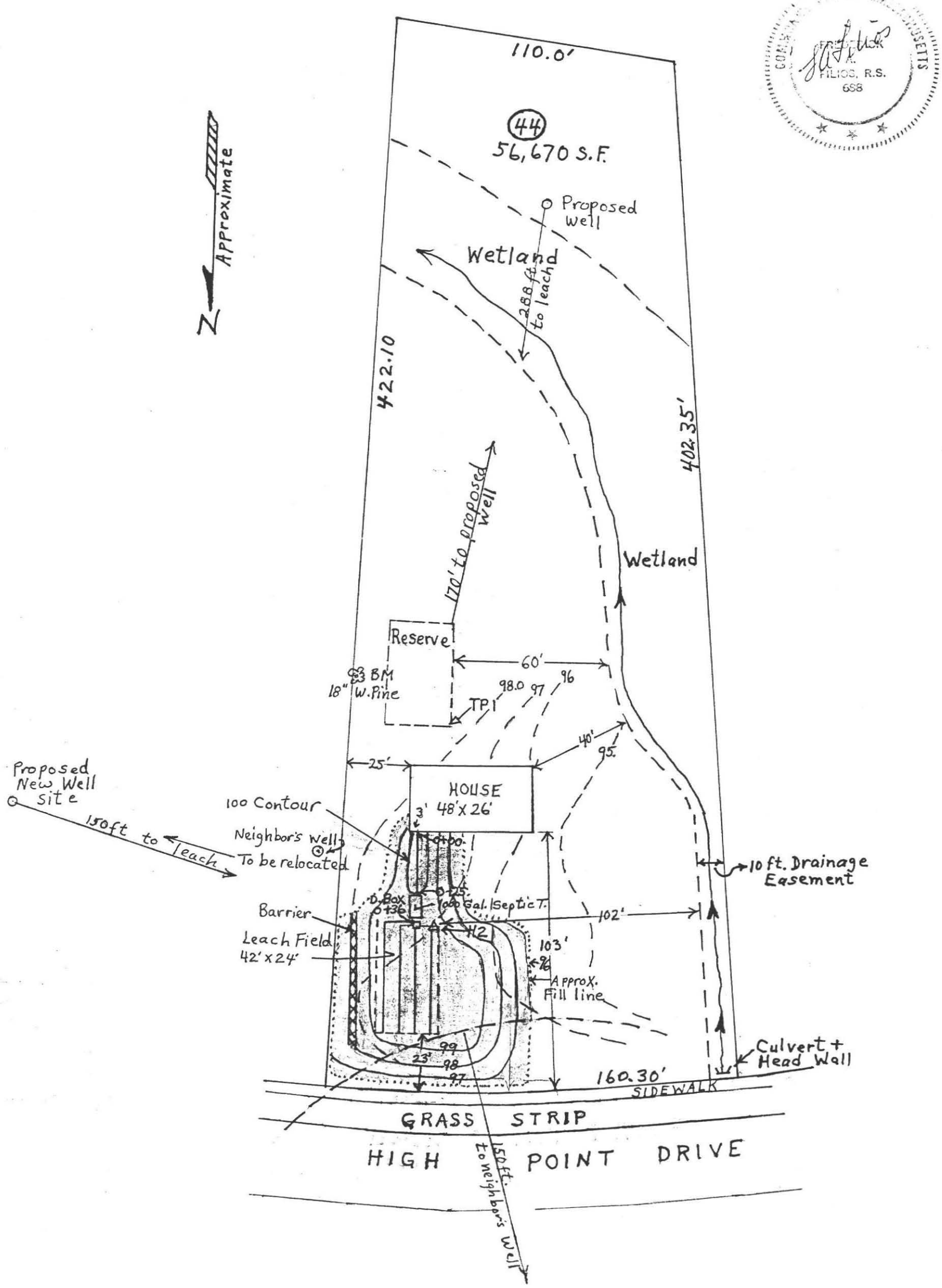
Sincerely,

Dennis A. Pinski

Dennis A. Pinski, C.H.O., R.S.
Sanitarian

PLAN OF SEWAGE DISPOSAL SYSTEM
LARRY MILLER
LOT 44, HIGH POINT DRIVE, AMHERST, MASS.
Prepared By: Filios Enterprises, 69 Pelham Rd., Amherst, Mass. 01002
Scale: 1" = 40'

Rev. Aug. 16, 1988
Oct. 31, 1988, Revision



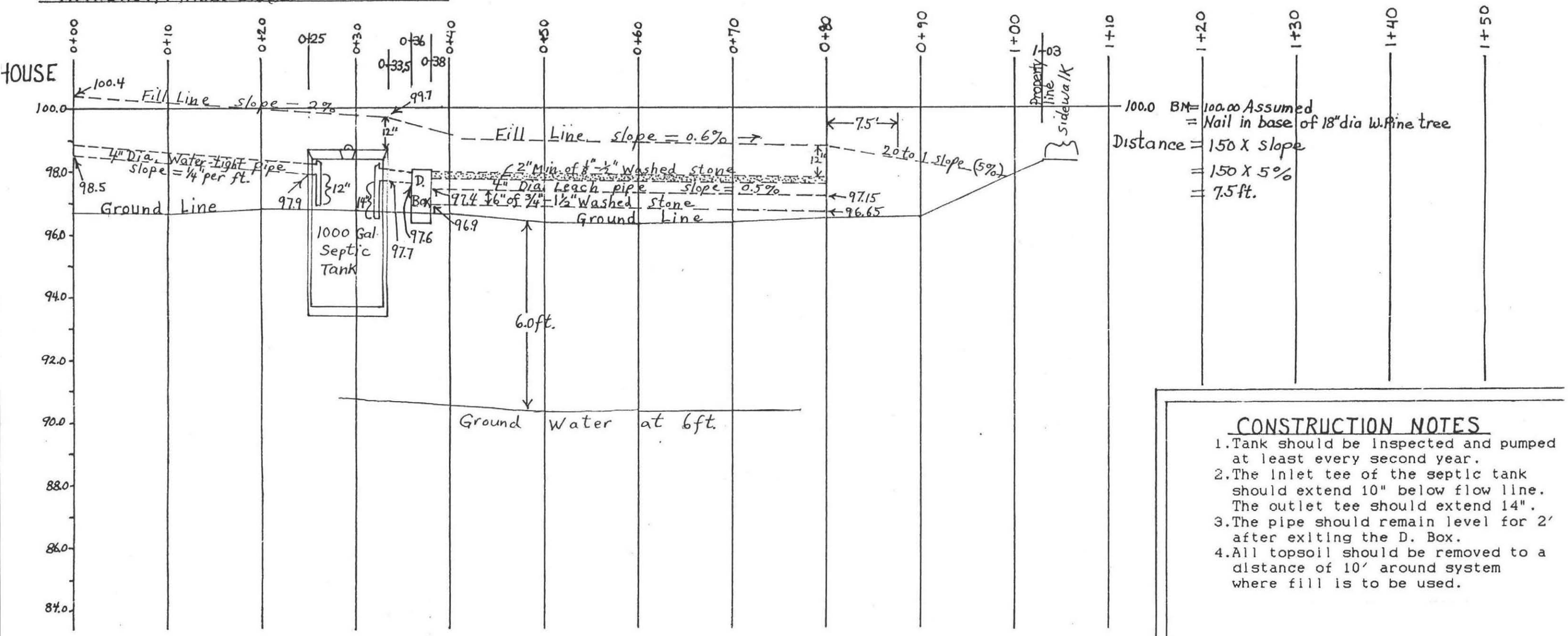
PROFILE OF SEPTIC SYSTEM

OR: LARRY MILLER

ITE: LOT 44 HIGH POINT DRIVE
AMHERST, MASS. 01002

BY: FILIOS ENTERPRISES INC.
69 PELHAM RD.
AMHERST MA 01002

DATE: Oct. 31, 1988
SCALE: Horizontal 1" = 10'
Vertical 1" = 3'
Oct. 31, 1988 Revision



CONSTRUCTION NOTES

1. Tank should be inspected and pumped at least every second year.
2. The inlet tee of the septic tank should extend 10" below flow line. The outlet tee should extend 14".
3. The pipe should remain level for 2' after exiting the D. Box.
4. All topsoil should be removed to a distance of 10' around system where fill is to be used.

SPECIFICATIONS

All materials and construction will be in accordance with Commonwealth of MA D. E. Q. E. State Environmental Code Title 5.

CALCULATIONS

3 Bedrooms @ 110 gals. = 330 gals
1.25% Amherst Bd. of Health Reg. = 412.5 gal. Required
Perc rate: 15 minutes per inch
Leach Field: 42' X 24' = 1008 Sq ft
1008 Sq. ft. X 0.43 gals per Sq. ft = 433.4 gals.
Available: 433.4 gallons.

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
688

Recitation of Facts and Rational Underlying Soil Evaluation

In accordance with 310 CMR15.018 (2) please let the following serve as recitation and rationalization for Lot 35 Highpoint Drive, Amherst (lot located between #6 and #24 Highpoint Drive.) Property is owned by David Faytell of #24 Highpoint Dr. Work was commissioned by Joe Fabozzi of #6 Highpoint Drive. The purpose of the work was to assess the viability of the lot for residential development as it pertains to the State Sanitary Code. Assessment was positive. Perc rate was set at 5 minutes per inch with the Seasonal High Ground Water at 24 inches. Work was witnessed by Gary Courtemanche, agent for Amherst Board of Health. Excavation by done by Ricky Roberts. Also present was Joe Fabozzi. All Deep Holes and Perc Test locations were marked with wooden stakes and labeled. **Given the configuration of this parcel and proximity of three wells to the test sites I highly recommend that the Deep Holes and Perc Test locations and the well locations at # 6 Highpoint Drive, #24 Highpoint Drive and # 443 Flat Hills Rd. all be placed on a surveyed plan. This surveyed plan should be sent to the Amherst Board of Health to be included with the following Soil Evaluation and Perc Test Data.**

Statement of Certification

I certify that I, Tom Martin, am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluation and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify the the results of my soil evaluation, as indicated on the attached soil evaluation form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signed TPMartin date 11/23/09

Tom Martin (413-527-5311)
Turkey Hill Field Services
140 Easthampton Rd.
Westhampton, Ma. 01027
tompmartin@yahoo.com
Soil Evaluators License # SE1493

cc: Amherst Board of Health
Joe Fabozzi

Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

DEP has provided this form for use by on-site professionals and local Boards of Health. Other forms may be used, but the information must be substantially the same as provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information

1. Facility Information LOT 35 HIGH POINT DRIVE, AMHERST (LOT BETWEEN # 6 AND #24 HIGH POINT DRIVE)

Owner Name DAVID FAYTELL (24 HIGH POINT DRIVE, AMHERST)

Map/Lot

Street Address AMHERST MA 01002

City/Town State Zip Code

B. Site Information

1. (Check one) New Construction ☒ Upgrade ☐ Repair ☐

2. Published Soil Survey available? Yes ☒ No ☐ If yes: Year Published Publication Scale Soil Map Unit

GLOUCESTER SOMEWHAT EXCESSIVELY DRAINED

Soil Name Soil limitations

3. Surficial Geological Report available? Yes ☐ No ☐ If yes: Year Published Publication Scale Map Unit

Geologic Material Landform

4. Flood Rate Insurance Map:

Above the 500 year flood boundary? Yes ☐ No ☐ Within the 100 year flood boundary? Yes ☐ No ☐

Within the 500 year flood boundary? Yes ☐ No ☐ Within a Velocity Zone? Yes ☐ No ☐

5. Wetland Area: National Wetland Inventory Map Map Unit Name

Wetlands Conservancy Program Map Map Unit Name

Commonwealth of Massachusetts
City/Town of
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

6. Current Water Resource Conditions (USGS) _____ (Month/Year) Range: Above Normal ☐ Normal ☐ Below Normal ☐

7. Other references reviewed: _____

C. On-Site Review *(minimum of two holes required at every proposed disposal area)*

Deep Observation Hole Number: 1A/1B AND 2A/2B (Date: 11/23/09) (Time: AM) (Weather: OVERCAST AND 50)

1. Location

   Ground Elevation at Surface of Hole _____

   Location (Identify on Plan) EDGE OF MOWED AREA/ SUBURBAN STREET

2. Land Use: (e.g. woodland, agricultural field, vacant lot, etc.) STONE WALLS (Surface Stones) 0-1% (Slope (%))

   Vegetation: WHITE PINE AND RED OAK
   Landform: TILL RIDGE
   Position on landscape (attach sheet): _____

3. Distances from: Open Water Body _na_____ feet Drainage Way _na_____ feet Possible Wet Area _na_____ feet

   Property Line_15_____ feet Drinking Water Well TOWN WATER_____ feet Other _____

4. Parent Material: ABLATION TILL Unsuitable Materials Present: Yes ☐ No ☒

   If Yes: Disturbed Soil☐ Fill Material☐ Impervious Layer(s) ☐ Weathered/Fractured Rock☐ Bedrock☐

5. Groundwater Observed: Yes ☒ No ☐

   If Yes: Depth Weeping from Pit _ 48"_____ Depth Standing Water in Hole YES_____

   Estimated Depth to High Groundwater: 24"_____ _____

Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

inches elevation

Deep Observation Hole Number: 1A_____

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-8	A	10YR 3/2		NONE		LOAMY SAND			SINGLE GRAIN	LOOSE	
8-28	B	10YR 5/6		NONE		LOAMY SAND	10%	10%	SINGLE GRAIN	LOOSE	
28-128	C1	10YR 6/2	28"	10 R 4/4 5YR 5/8	15%	LOAMY SAND	20%	10%	SINGLE GRAIN	LOOSE	CLEAVING

Additional Notes TEST SITE MARKED WITH WOODEN STAKE. IF NOT BUILDING IMMEDIATELY RECOMMEND PLACING SITE LOCATION ON A SURVEYED PLAN

Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

inches elevation

Deep Observation Hole Number: 1B_____

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-8	A	10YR 3/2		NONE		LOAMY SAND			SINGLE GRAIN	LOOSE	
8-24	B	10YR 5/6		NONE		LOAMY SAND	10%	10%	SINGLE GRAIN	LOOSE	
24-107	C1	10YR 6/2	24"	10 R 4/4 5YR 5/8	15%	LOAMY SAND	20%	10%	SINGLE GRAIN	LOOSE	CLEAVING

Additional Notes TEST SITE MARKED WITH WOODEN STAKE. IF NOT BUILDING IMMEDIATELY RECOMMEND PLACING SITE LOCATION ON A SURVEYED PLAN

Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

inches elevation

Deep Observation Hole Number: 2A

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-6	A	10YR 3/2		NONE		LOAMY SAND			SINGLE GRAIN	LOOSE	
6-24	B	10YR 5/6		NONE		LOAMY SAND	10%	10%	SINGLE GRAIN	LOOSE	
24-111	C1	10YR 6/2	24"	10 R 4/4 5YR 5/8	15%	LOAMY SAND	20%	5%	SINGLE GRAIN	LOOSE	CLEAVING

Additional Notes TEST SITE MARKED WITH WOODEN STAKE. IF NOT BUILDING IMMEDIATELY RECOMMEND PLACING SITE LOCATION ON A SURVEYED PLAN

Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

inches elevation

Deep Observation Hole Number: 2B

Depth (In.)	Soil Horizon/ Layer	Soil Matrix: Color-Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
0-8	A	10YR 3/2		NONE		LOAMY SAND			SINGLE GRAIN	LOOSE	
8-24	B	10YR 5/6		NONE		LOAMY SAND	10%	10%	SINGLE GRAIN	LOOSE	
24-108	C1	10YR 6/2	24"	10 R 4/4 5YR 5/8	15%	LOAMY SAND	20%	20%	SINGLE GRAIN	LOOSE	CLEAVING

Additional Notes TEST SITE MARKED WITH WOODEN STAKE. IF NOT BUILDING IMMEDIATELY RECOMMEND PLACING SITE LOCATION ON A SURVEYED PLAN

Commonwealth of Massachusetts
City/Town of
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method used:
   - ☐ Depth observed standing water in observation hole A. _____ inches B. _____ inches
   - ☒ Depth weeping from side of observation hole A. __48_____ inches B. _____ inches
   - ☒ Depth to soil redoximorphic features (mottles) A. ___24____ inches B. _____ inches
   - ☐ Groundwater adjustment (USGS methodology) A. ____.____ inches B. _____ inches

2. Index Well Number _____ Reading Date _____ Index Well Level _____

   Adjustment Factor _____ Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

   a. 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 ☒ No ☐

   b. If yes, at what depth was it observed? Upper boundary: _6_____ inches Lower boundary: _128_____ inches

F. Certification

I certify that 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.

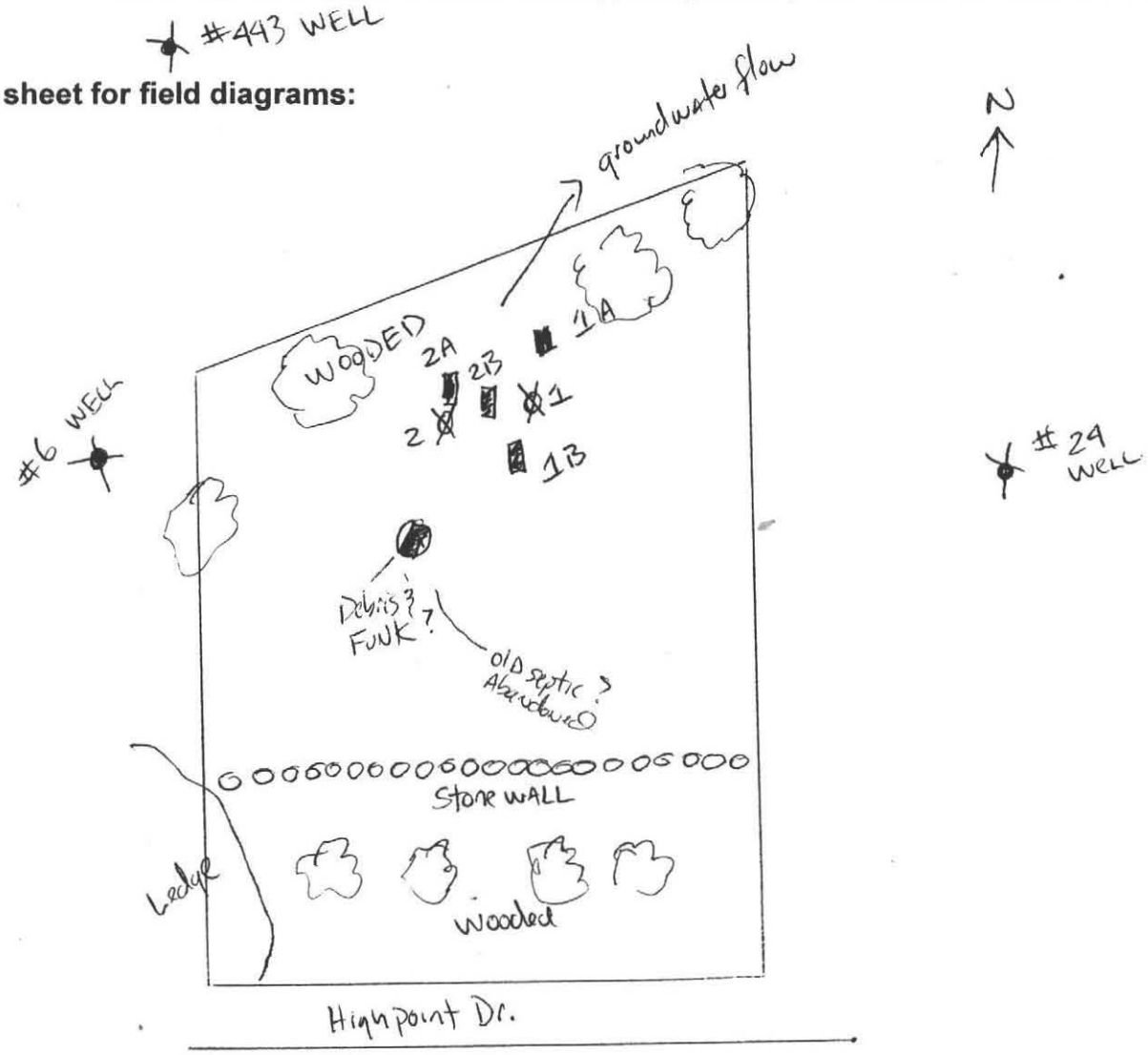
TPMartin	11/23/09
Signature of Soil Evaluator TOM MARTIN (LISC # SE1493)	EXAM DATE 5/2000 Date
Typed or Printed Name of Soil Evaluator GARY COURTEMANCHE	*Date of Soil Evaluator Exam FOR AMHERST BOARD OF HEALTH
Name of Board of Health Witness	Board of Health

Commonwealth of Massachusetts
City/Town of

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Note: This form must be submitted to the approving authority with Percolation Test Form 12

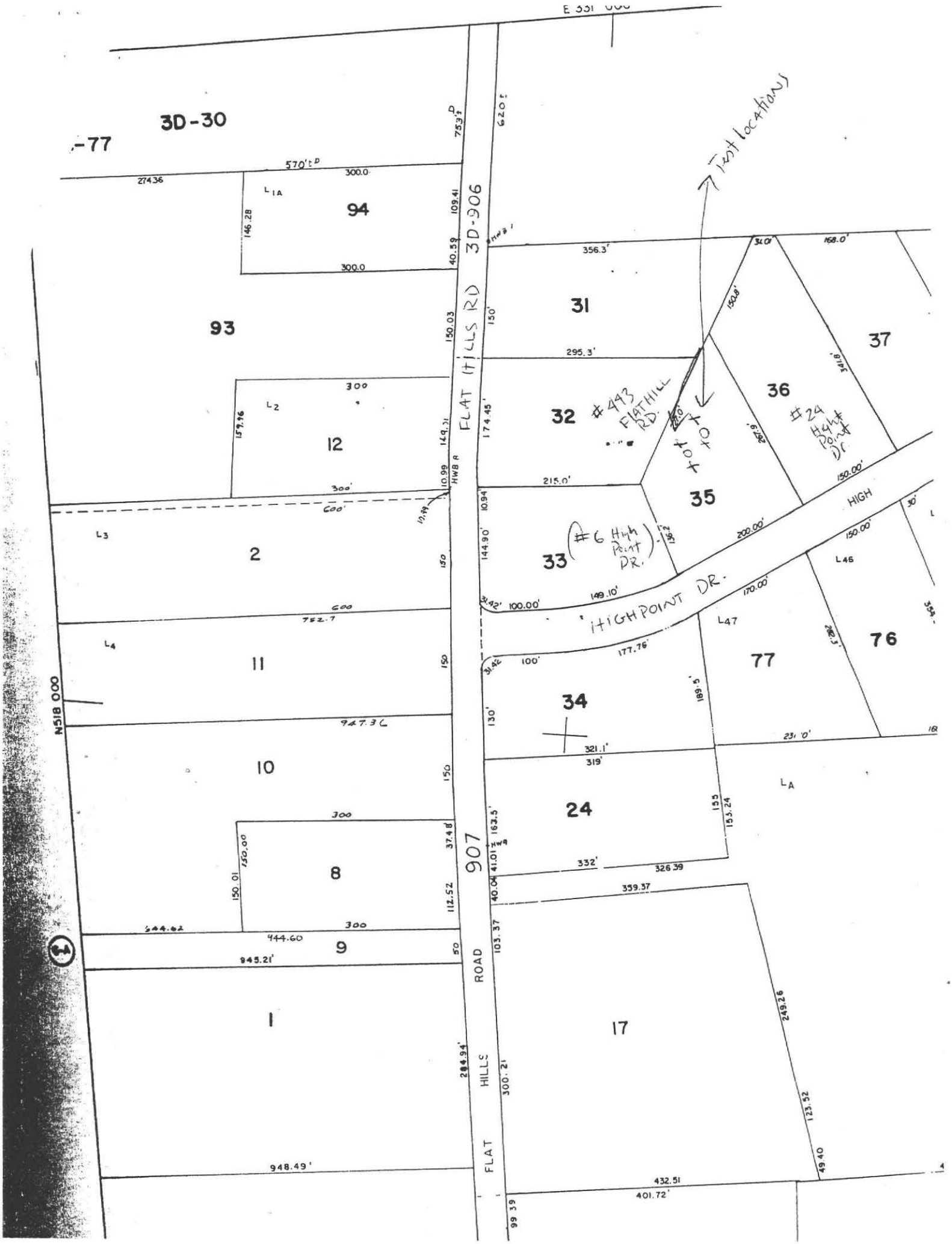
Use this sheet for field diagrams:



NOT TO SCALE
(see Attached Assessors map)

Recommend all Deep Holes, Perc Test Location, AND WELLS (#6 Highpoint, #29 Hight point, #443 FLAT HILL RD) BE PLACED ON SURVEYED PLAN

= Deep HoLES
= Perc TesTS
WELLS


3D-30
-77
570'±D
753'±D
620'±
27436
300.0
L1A
94
146.28
109.41
40.59
300.0
93
150.03
FLAT HILLS RD 3D-906
356.3'
31
150'
295.3'
37
168.0'
150.8'
341.8'
36
#24 High Point Dr
32
#493 FLATHILL RD.
174.45'
149.21
300
L2
157.96
12
300'
110.99
HWB R
215.0'
35
150.00'
HIGH
600'
L3
2
144.90'
10.94
33
(#6 High Point DR.)
136.2
200.00'
150.00'
L46
30'
149.10'
100.00'
HIGHPOINT DR.
170.00'
L47
76
77
L4
11
752.7
177.76'
100'
34
189.5'
130'
321.1'
319'
231.0'
947.36
10
L4
24
163.5'
155
153.24
332'
326.39
300
150.00
150.01
8
37.48
112.52
907
359.37
544.62
444.60
9
945.21'
103.37
ROAD
1
17
249.26
284.94'
FLAT HILLS
300.21'
123.52
49.40
948.49'
432.51
401.72'
99.39
N518 000
E 331 000
Test locations

Commonwealth of Massachusetts
City/Town of

Percolation Test

Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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

A. Site Information

DAVID FAYTELL (24 HIGHPOINT DRIVE, AMHERST)
Owner Name

LOT 35 HIGHPOINT DRIVE
Street Address or Lot #

AMHERST	Ma	01002
City/Town	State	Zip Code

JOE FABOZZI	253-7240
Contact Person (if different from Owner)	Telephone Number

B. Test Results

	11/23/09 Date / AM Time	11/23/09 Date / AM Time
Observation Hole #	1	2
Depth of Perc	45"	44"
Start Pre-Soak	9:27	9:40
End Pre-Soak	9:44	9:55
Time at 12"	9:44	9:55
Time at 9"	9:55	9:59
Time at 6"	10:10	10:08
Time (9"-6")	15 minutes	9 minutes
Rate (Min./Inch)	5 minutes per inch	3 minutes per inch
	Test Passed: ☒ Test Failed: ☐	Test Passed: ☒ Test Failed: ☐

TOM MARTIN (TURKEY HILL FIELD SERVICES 413-527-5311)
Test Performed By:

GARY COURTEMANCHE FOR AMHERST BOARD OF HEALTH
Witnessed By:

Comments:

Test sites marked with wooden stakes. If not building in the near future recommend placing test sites on a surveyed plan.

Location Address or Lot No. #35 Flatt hills—

On-site Review

Deep Hole Number ..... Date: ..... Time: ..... Weather .....
Location (identify on site plan) .....
Land Use ..... Slope (%) ..... Surface Stones .....
Vegetation .....
Landform .....
Position on landscape (sketch on the back) .....
Distances from:

Open Water Body ..... feet Drainage way ..... feet
Possible Wet Area ..... feet Property Line ..... feet
Drinking Water Well ..... feet Other .....

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
1A 0-8 8-28 28-178 W 70" EHGW 28"	A Bb C	LS LS LS	10YR 3/2 10YR 5/6 10YR 6/2	10R 4/4 5/R 5/8	Single grain
1B 0-8 8-24 24-107" W 60" EHGW 24	A Bb C				2B 0-8 8-24 24-108 W 70" EHGW 24"
48" W 24 EHGW 3 A 0-6 6-24 24-110	A Bb C				

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

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

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 35 Highpointe Dr

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*

Date: ..... Time: .....

Observation Hole #	1	2
Depth of Perc	45'	44
Start Pre-soak	9:27	940
End Pre-soak	944	955
Time at 12"	944	955
Time at 9"	955	959
Time at 6"	10:10	1008
Time (9"-6")	15	9
Rate Min./Inch	5 IN	3 IN

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

Site Passed ☑ Site Failed ☐

Performed By: Tom Martin

Witnessed By: Gary C

Comments:

DEP APPROVED FORM - 12/07/95

OK. CD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-36 Date 5/9/73 Fee 3.- Date Rec'd. 5/9/73 By DGF

Application is hereby made for a permit to Construct (✓) or Repair ( ) an Individual Sewage Disposal System at:

Location—Address 35 HIGH POINT DRIVE or Lot No. 44

Owner ROY INDUSTRIES INC. Address CUSHMAN ROAD SHUTESBURY.

Contractor C.W. CLARK Address SHUTESBURY.

Type of Building RESIDENCE. Dimensions _____ Size Lot 1.28 A.

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (✓)

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? NO. Type of Well ART.

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L 10'-0" W 5'4" D 4'-10"

Disposal ~~Trench~~ BED.—No. 1 Width 20' Total Length 40' Total leaching area 800 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by HUNTLEY ENGINEERING Date 4/17-19/73

PCC Test Pit No. 1 12 minutes per inch Depth of Test Pit 3' 4"

OBCR. Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil ALLUVIAL TILL Depth to Ground Water 5'6"

* Will *disposal area* be filled? See note Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

* System must be 4' above H_2O

ROY INDUSTRIES INC BY. — Owner or builder — 5/9/73 date

Application Approved by C.E. Dole — Will 2 May. — MAY 14 1973 date

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by _____ at _____ has been constructed in accordance with the provisions of
INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-36

Permission is hereby granted Roy Industries Inc to construct (✓) or repair ( ) an Individual Sewage Disposal System at Lot 44 High Point 35 High Point as shown on the application for Disposal Works Construction Permit No. 73-36

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE MAY 14 1973

C.E. Dole — Board of Health