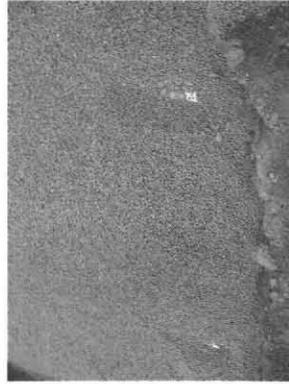
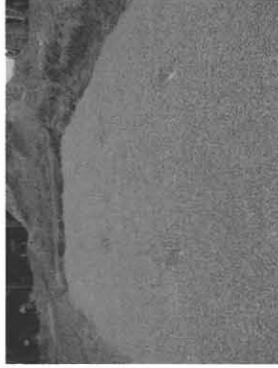
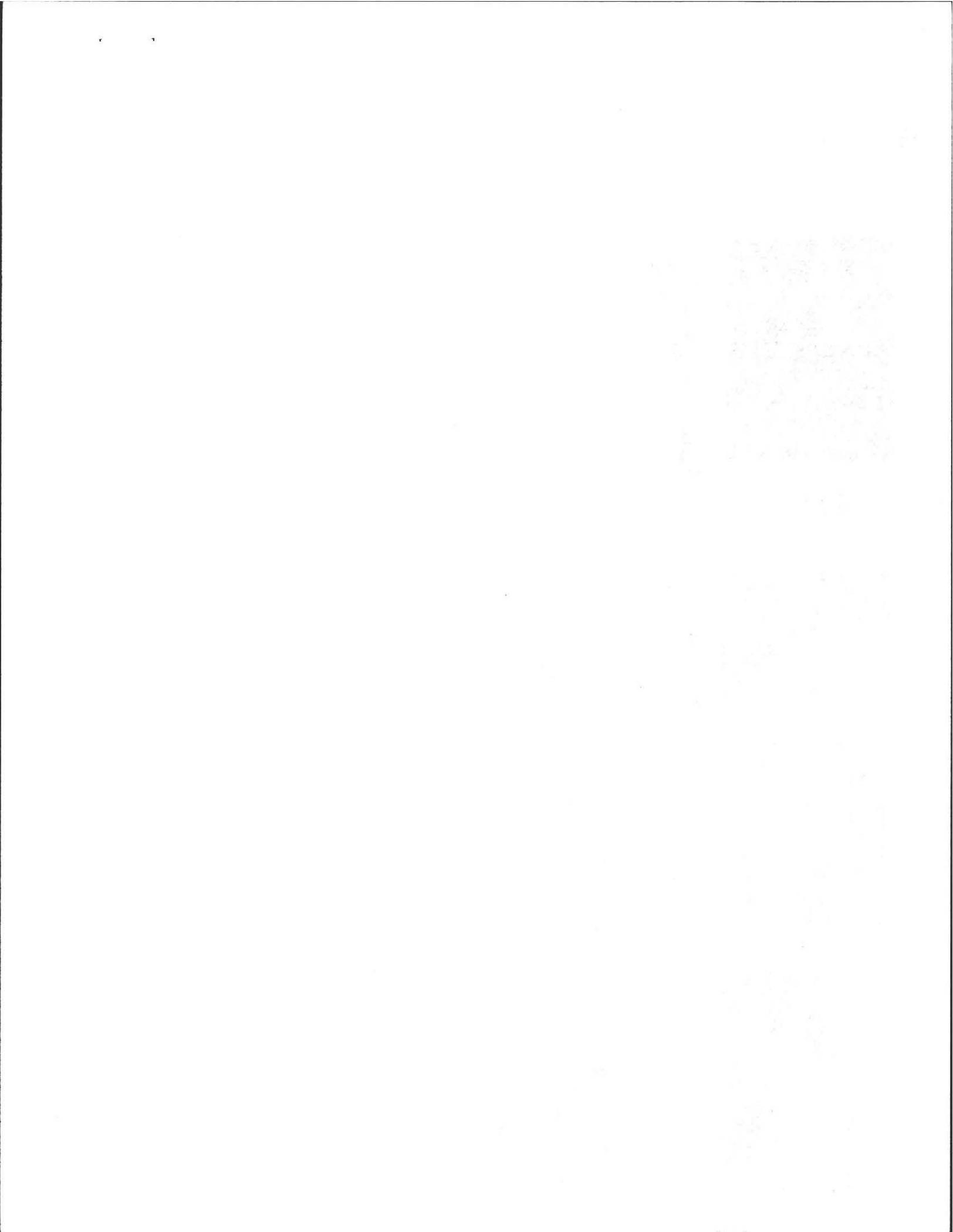


24 HULST ROAD.





24 Hulst Road 4/7/04
Brookfield Farm
Engineer: Alan Weiss
Installer: Karl's



**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

0982

Received of BROOKFIELD FARM of 24 HULST ROAD
Name Address

For Property Located at: 24 HULST RD. BROOKFIELD FARM
Street Address Owner

- | | | | |
|--|---------------------------|--|-------------------------|
| HEA009 Bakery R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers R6510 443511 | _____ |
| HEA001 Bed & Breakfast R6510 443516 | _____ | HEA017 Septic Tank Permit-Private R6510 443510 | <u>100⁰⁰</u> |
| HEA002 Catering License R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee R6510 432301 | _____ |
| HEA003 Food Handler R6510 443515 | _____ | HEA019 Sub-Division Review Fee R6510 432306 | _____ |
| HEA004 Frozen Deserts R6510 443501 | _____ | HEA012 Swimming Pool Permits R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp. R6510 432302 | _____ | HEA020 Tanning License R6510 443509 | _____ |
| HEA006 Massage Therapy License R6510 443504 | _____ | HEA034 Immunization Clinic R6510 432307 | _____ |
| HEA008 Motel License R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations R6510 443518 | _____ |
| HEA010 Removal of Offal R6510 443513 | _____ | HEA022 Tobacco License R6510 443505 | _____ |
| HEA021 Removal of Rubbish R6510 443520 | _____ | HEA042 Body Arts / Tatoo R6510 443521 | _____ |
| HEA011 Percolation Test Fees R6510 432300 | <u>0 175⁰⁰</u> | HEA043 Food Service Plan Review R6510 432308 | _____ |
| HEA013 Recreation Camp License R6510 443503 | _____ | HEA044 Porta Potties R6510 432309 | _____ |
| HEA014 Retail Store Permit R6510 443514 | _____ | HEA045 Ice Rinks R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets R6510 432305 | _____ | HEA046 Rental Registration R6510 432310 | _____ |
| | | HEA047 Fines R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: 275⁰⁰

2/25/04
Date

Paid by [Signature]
Amherst Health Department

OFFICE USE ONLY

| CHECK # | CASH | |
|----------------------|------|------------------|
| 101 | | T1146 |
| MISC CASH RECEIPTS | | |
| 101 / fine | | : 02/25/04 15:53 |
| Payment | | : \$175.00 |
| Receipt # | | : 63077 |
| Check/Credit Card #: | | : 0982/101 |

Must be Validated by the Collector's Office to be considered paid

WHITE - Applicant

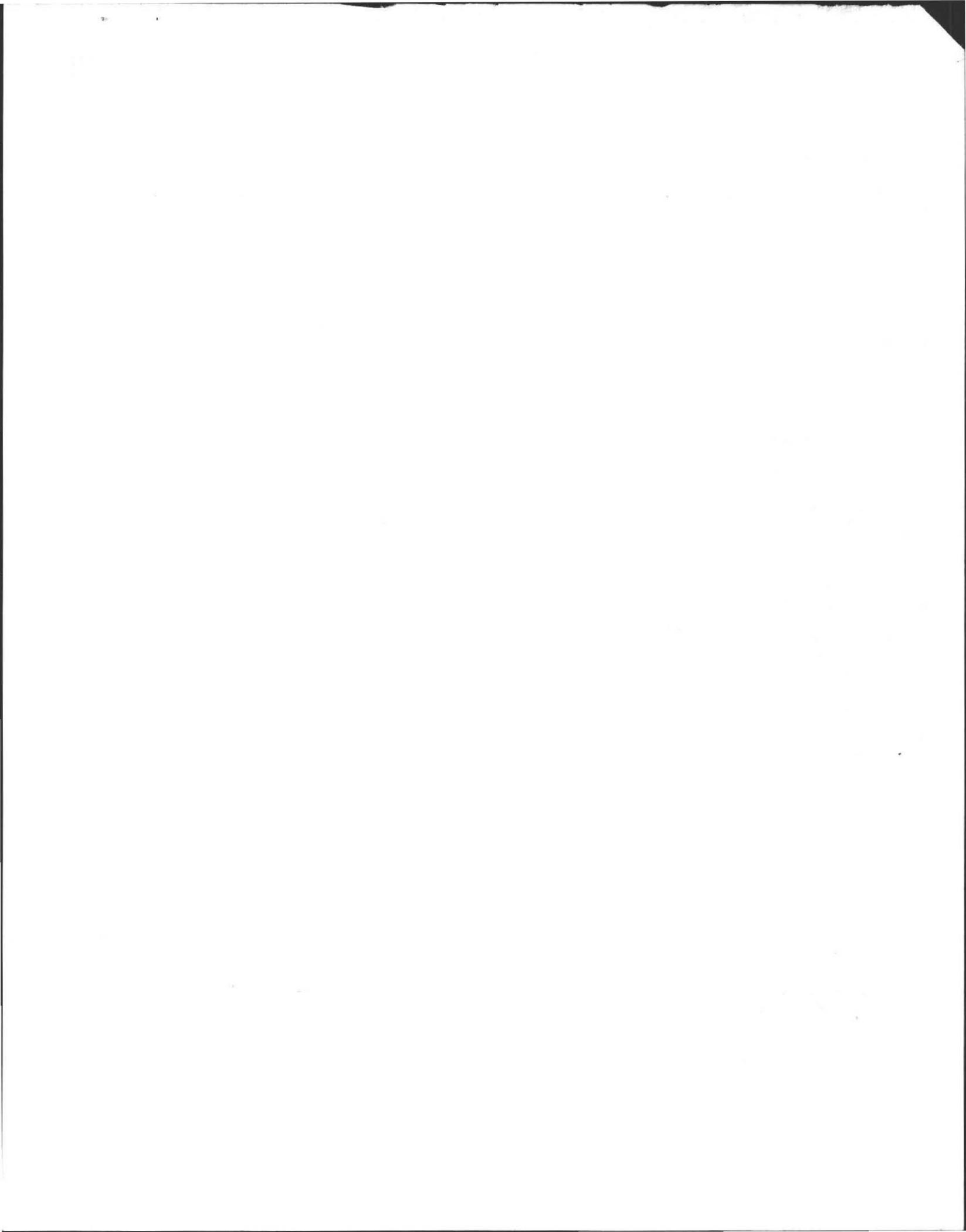
YELLOW - Collector

PINK - Accounting

GOLD - Health / Inspections

paid by : BROOKFIELD FARM

02/25/04 15:54
 MISC CASH RECEIPTS
 T1146
 BROOKFIELD FARM



No. 04-02

FEE 275
CH 101

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

| | | | |
|------------------|-------------------|-----------------|------------------------|
| Location | 24 HULST RD. | Owner's Name | BROOKFIELD FARM |
| Map/Parcel# | 27D / 1 | Address | 24 HULST RD. |
| Lot# | | Telephone# | 253-7991 |
| Installer's Name | KARL'S Excavating | Designer's Name | A. WEISS - WILD SPRING |
| Address | HADLEY, MA | Address | 25 Belchertown, MA |
| Telephone# | 549-5396 | Telephone# | 323-5957 |

Type of Building Board (Veget. Sales) Lot Size 64 Ac + 1 sq. ft.
 Dwelling - No. of Bedrooms _____ Garbage grinder
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 7 x 50 gpd Calculated design flow 350 Design flow provided 414 gpd
 Plan: Date 2/24/04 Number of sheets 1 Revision Date _____
 Title Septic System Design
 Description of Soil(s) CLASS I: SAND
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. WEISS Date of Evaluation 2/24/04

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New SPS.

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 2/24/04

Inspections _____

No. 04-02

FEE 275

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 (x), Repaired (), Upgraded (), Abandoned ()

by: Karl's
at 24 Hulst Road

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. 04-02, dated _____, Approved Design Flow _____ (gpd)

Installer [Signature] Karl's Excavating
Designer: [Signature] Inspector: [Signature] Date: 4/7/04

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

No. 04-02

FEE 275

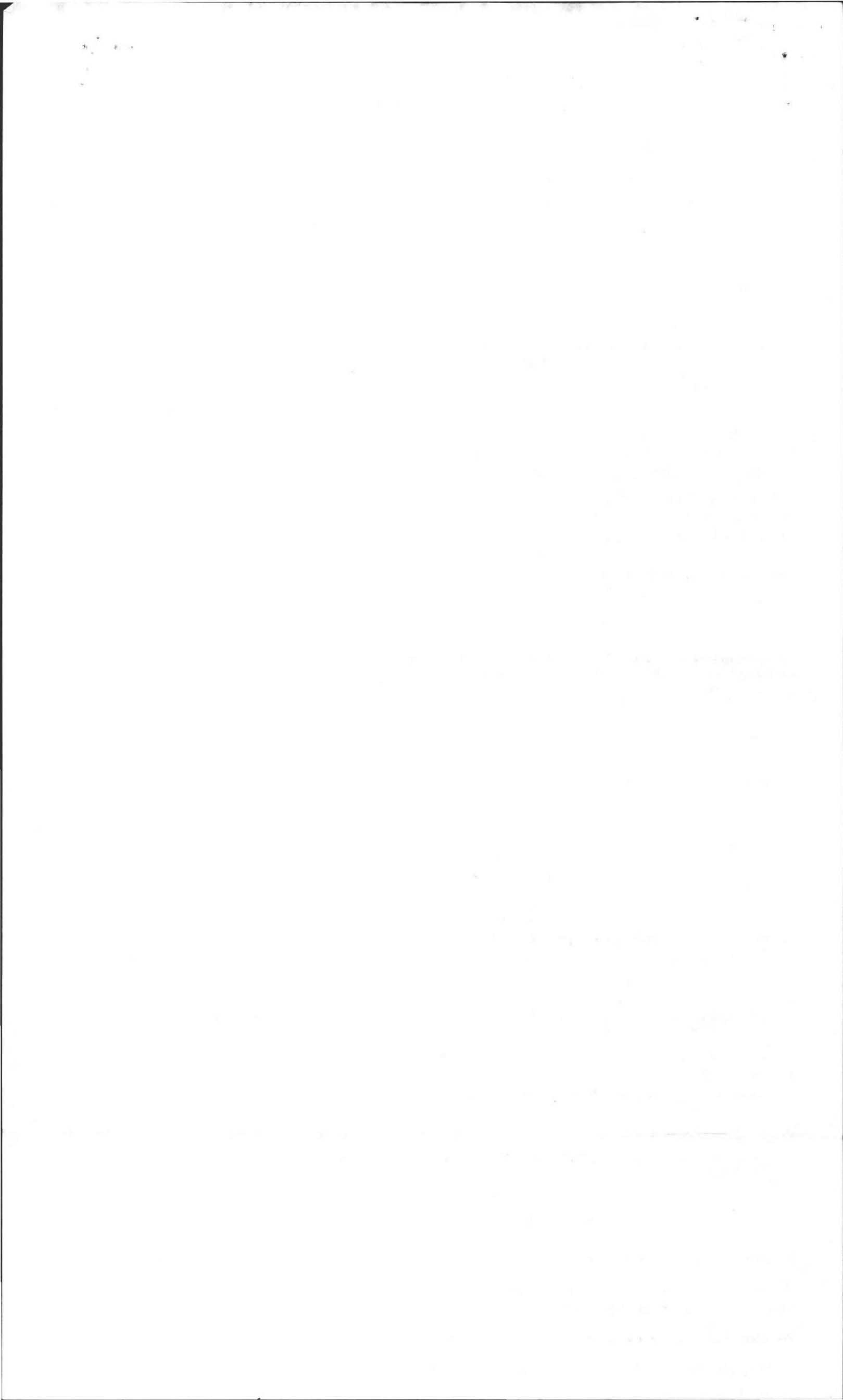
COMMONWEALTH OF MASSACHUSETTS

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 24 Hulst Road as described in the application for Disposal System Construction Permit No. 04-02, dated 2/24/04.

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





ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

Date: 2/24/04

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: D. Zarozinski

Date: 2/24/04

| | |
|--|--|
| <p>Location Address or Lot # <u>Agri. BARN w/BATHROOM</u> New Construction <input checked="" type="checkbox"/> Repair <input type="checkbox"/></p> | <p>Owner's Name, Address, and Telephone # <u>BROOKFIELD FARM</u> <u>24 HULST RD.</u></p> |
|--|--|

Office Review

Published Soil Survey Available: No Yes 253-7971
Year Published 1981 Publication Scale 1:25,000 Soil Map Unit HgB
Drainage Class RAPID 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)

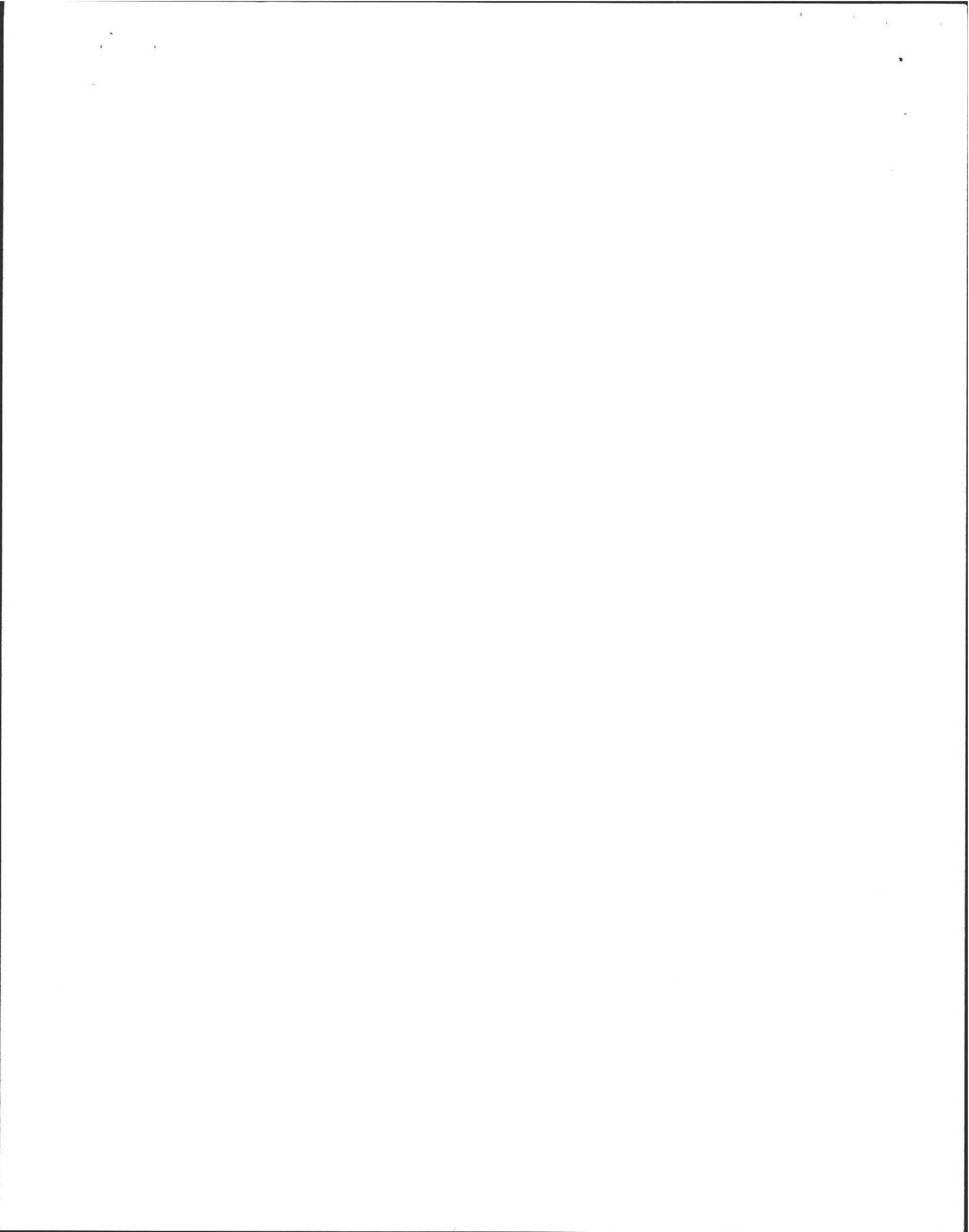
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 24 HOLST

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

| Percolation Test* | | |
|----------------------|----------------------|----------------------|
| Date: <u>2/24/04</u> | | Time: .. |
| Observation Hole # | <u>P₁</u> | <u>P₂</u> |
| Depth of Perc | <u>46"</u> | |
| Start Pre-soak | <u>9:30</u> | |
| End Pre-soak | <u>9:35</u> | |
| Time at 12" | <u>9:37</u> | |
| Time at 9" | <u>9:39</u> | |
| Time at 6" | <u>9:41</u> | |
| Time (9"-6") | <u>< 2</u> | |
| Rate Min./Inch | <u>< 2</u> | |

Percolation Report

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

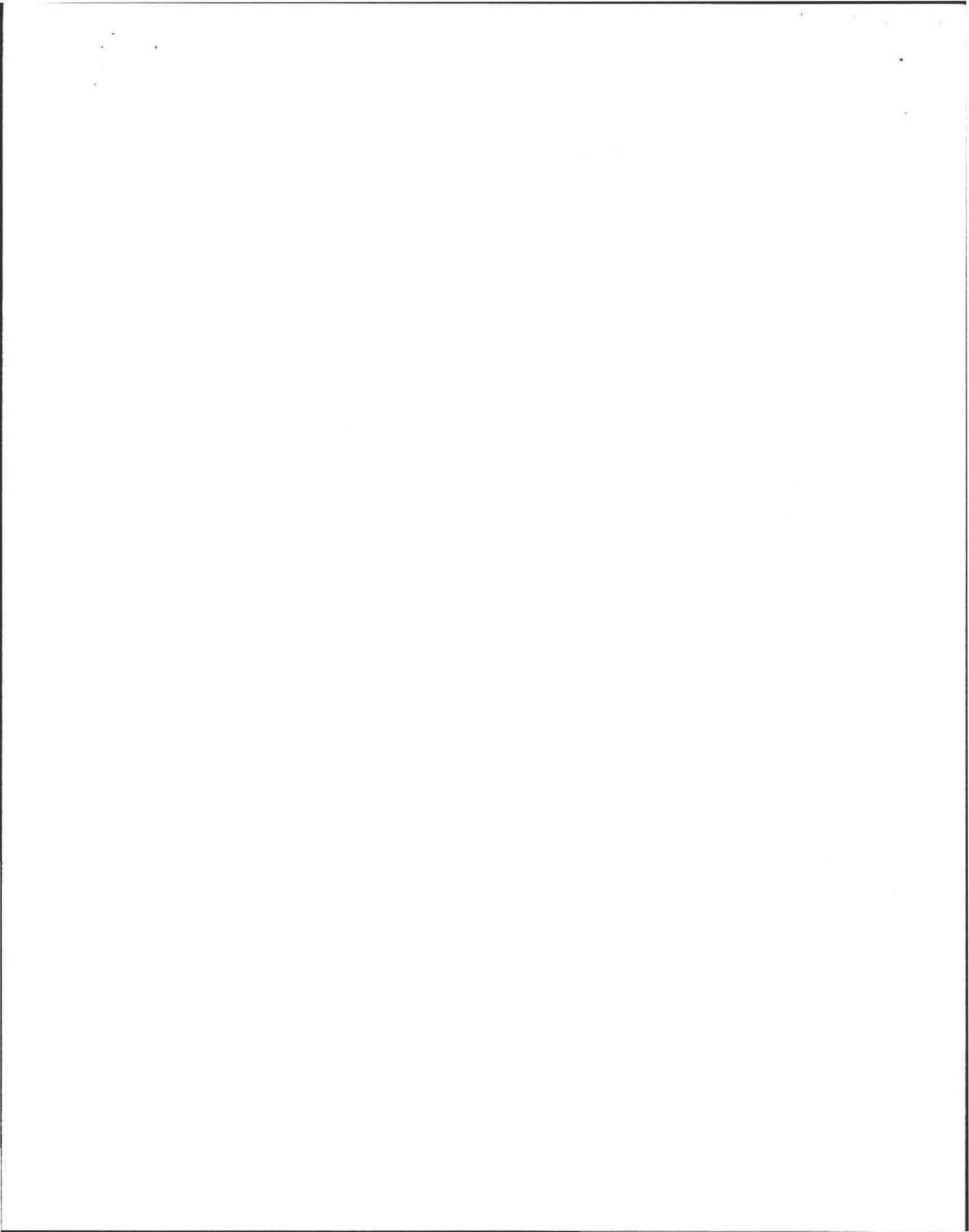
Site Passed Site Failed

Performed By: A. Weiss

Witnessed By: D. ZAROWSKI

Comments: 5' offset to 6W.





Location Address or Lot No. 24 HURST RD.

On-site Review

Deep Hole Number TP 172 Date: 2/24/04 Time: 9:00 Weather Sun 25°F

Location (identify on site plan) _____

Land Use FARM Slope (%) 2 Surface Stones _____

Vegetation GRASS

Landform Terraced / Field

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 200' feet Drainage way 52' feet
Possible Wet Area 200' feet Property Line 100' feet
Drinking Water Well 115' feet Other _____

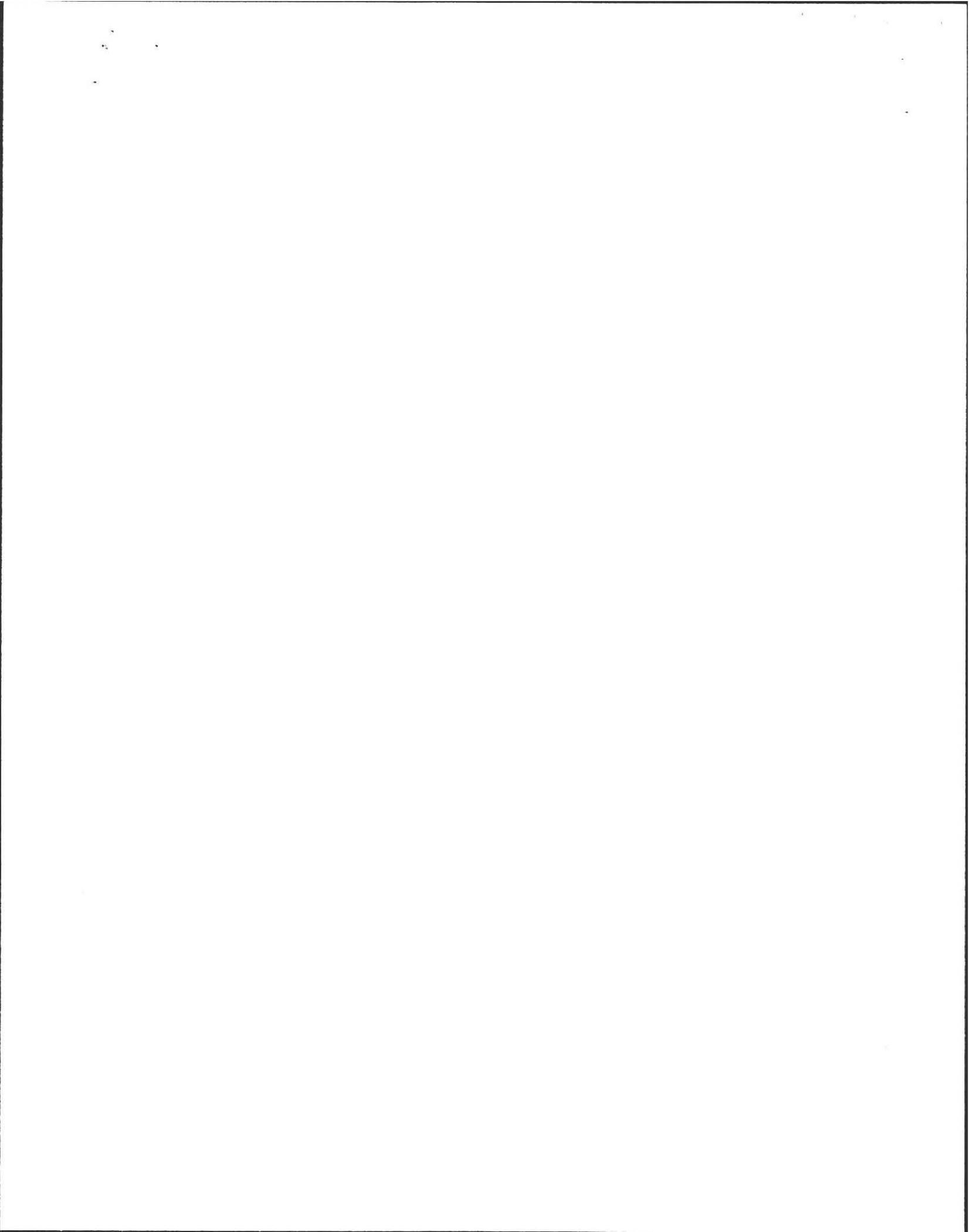
DEEP OBSERVATION HOLE LOG*

| Depth from Surface (Inches) | Soil Horizon | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
|-----------------------------|--------------------|---------------------|----------------------|-----------------|--|
| 0-24" | ATB _{mix} | FSL | 10YR3/2 | | Friable, loose |
| 24"-136" | C ₁ | S | | 10YR4/8 108" | Med-coarse sand, well sorted. |
| 0-26" | ATB _{mix} | FSL | 10YR3/2 | | Friable, loose |
| 26"-136" | C ₁ | S | | 10YR4/8 108" | Med-coarse sand, well sorted. |

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) DTWASH Depth to Bedrock: 136"
Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not
Estimated Seasonal High Ground Water: 108"





Location Address or Lot No. 24 Hulst Rd.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles 108 inches
- 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

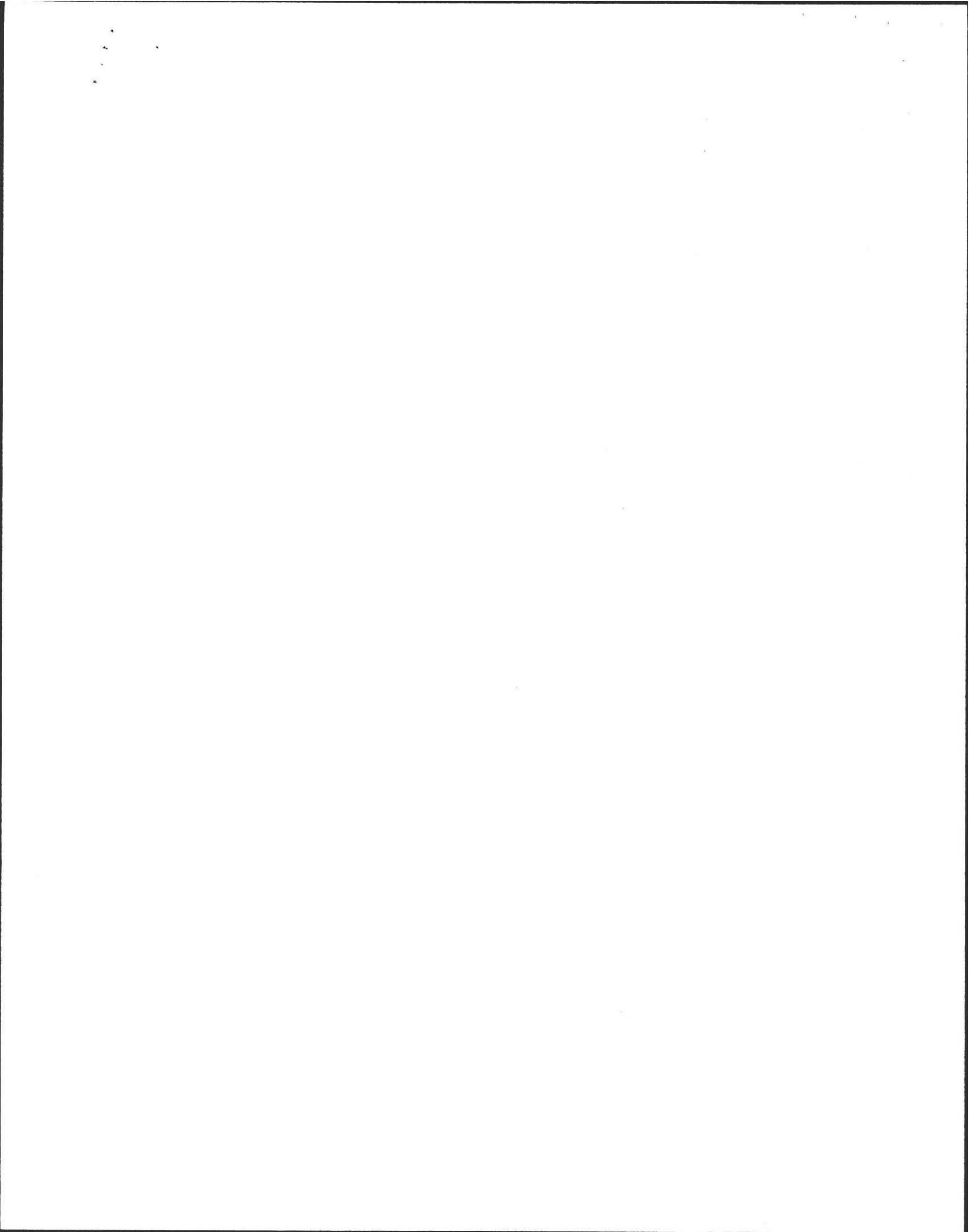
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on June 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 [Signature] Date 2/24/04





Commonwealth of Massachusetts

Town of: _____

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: Al Weiss Date: 2/24/04
 Witnessed By: David Larozilli

Location Address of:
 Lot #

Owner's Name: Brookfield Farm
 Address of:
 Telephone: c/o Dan Kaplan
253-7991

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:

24 Hulst Road

CM#
 101
 Pd. dv.
 275.

Determination: Seasonal High Water TableMethods 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

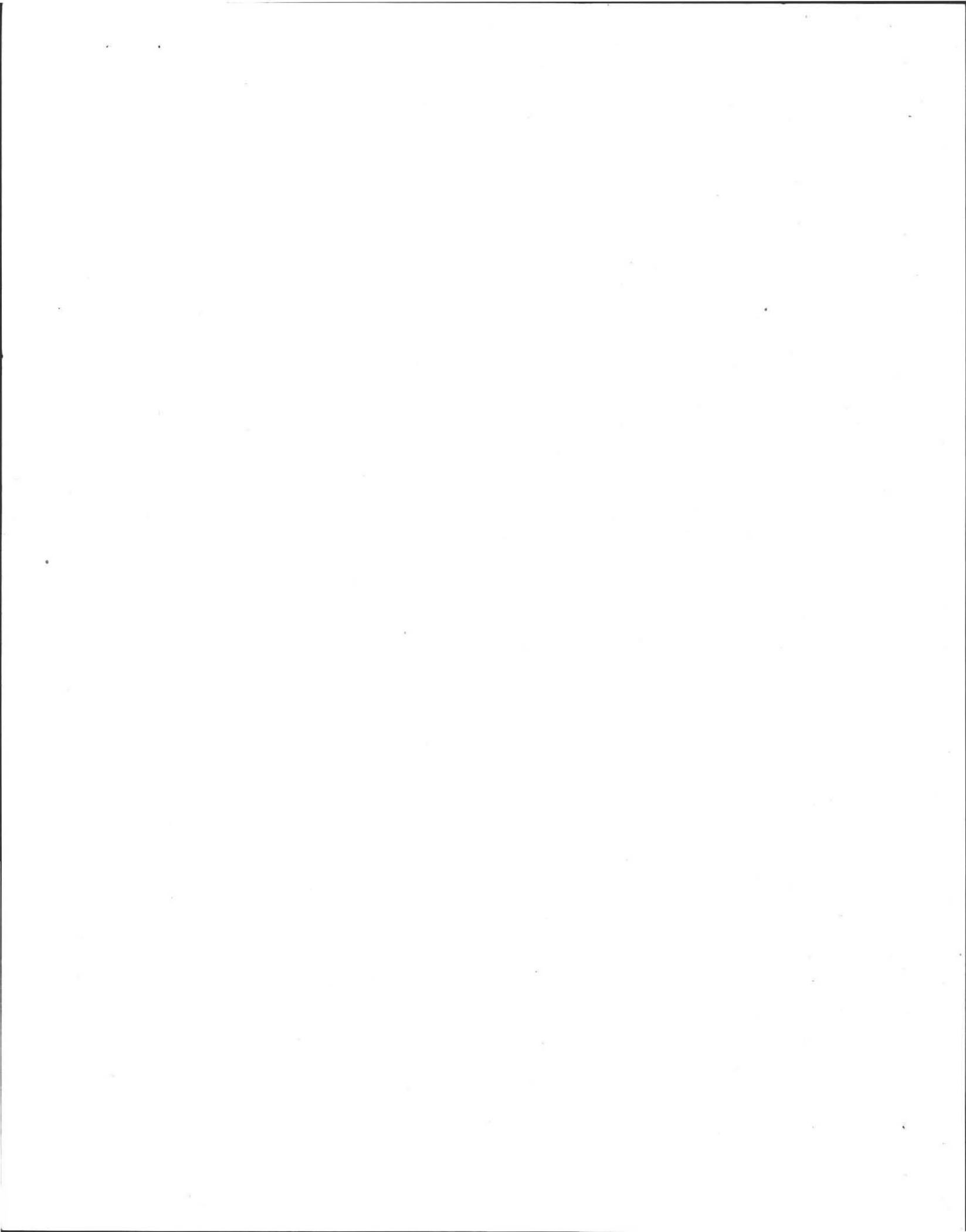
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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 _____



24 Holst Rd.

On-Site Review

Deep Hole Number ① Date: 2/24/04 Time _____
Weather SUN 55°
Location (identify on site plan) FENCE FIELD
Land Use FARM Slope (%) 2
Surface Stone _____
Vegetation: GRASS

Landform: _____

Position on Landscape (sketch on back) _____

Distances from:
Open Water Body 200 feet Drainageway 50 feet
Possible Wet Area 200 feet Property Line 100 feet
Drinking Water Well 115 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 |
| 24" | A1B mix | FSL | 10YR 3/2 | 10YR 6/8 | Friable Loose |
| 136" | C1 | S | | 10YR 4/6 | med. coarse sand well sorted |

Parent Material (geologic) OUTWASH
Depth to Bedrock 136
Depth to Groundwater: 126
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water 108

On-Site Review

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

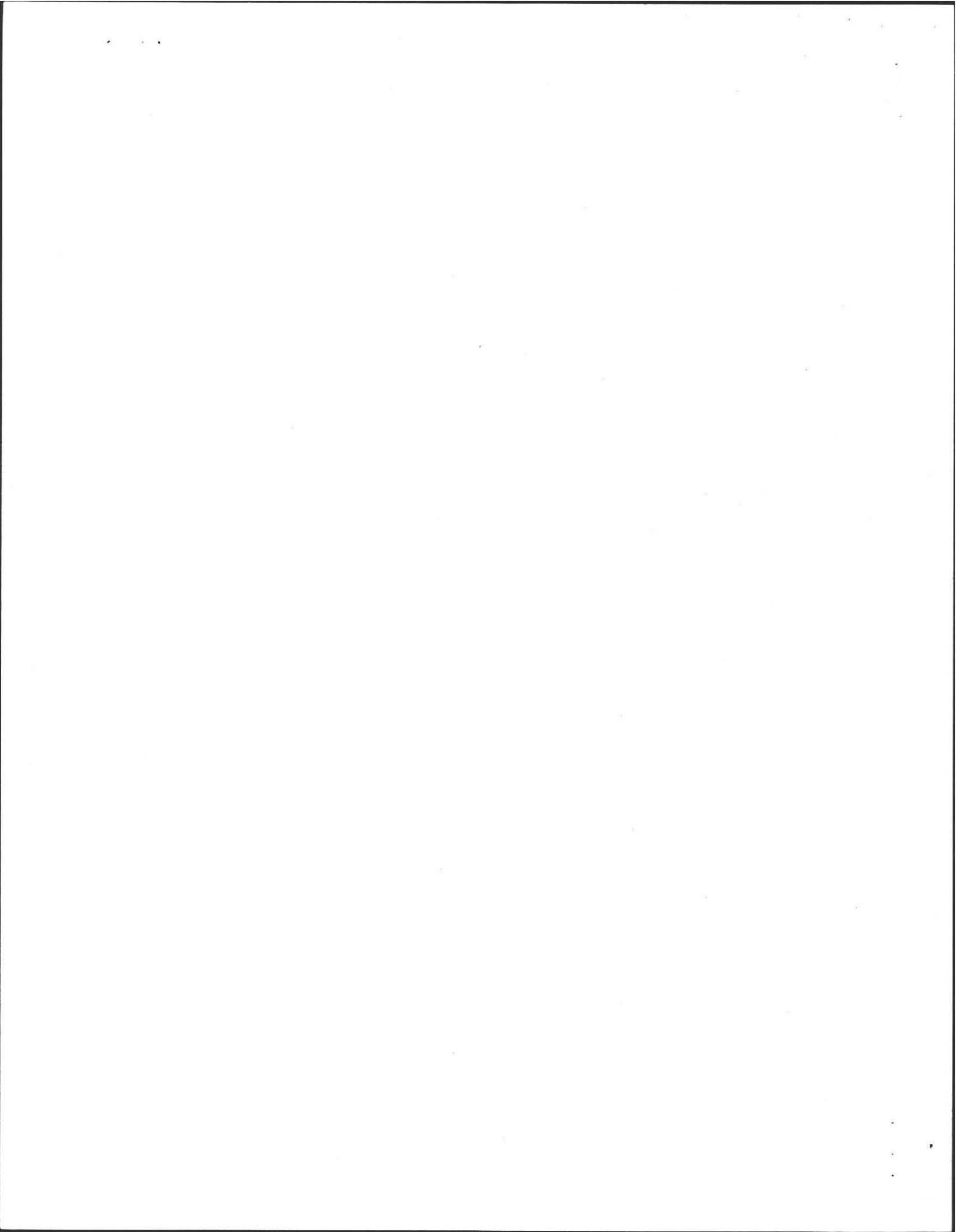
Landform: _____

Position on Landscape (sketch on back) _____

Distances from:
Open Water Body _____ feet Drainageway _____ 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 |
| 24" | A1B | FSL | 10YR 3/2 | 10YR 6/8 | Friable Loose |
| 130" | C1 | Sand | 10YR 4/6 | | med. coarse sand well sorted |

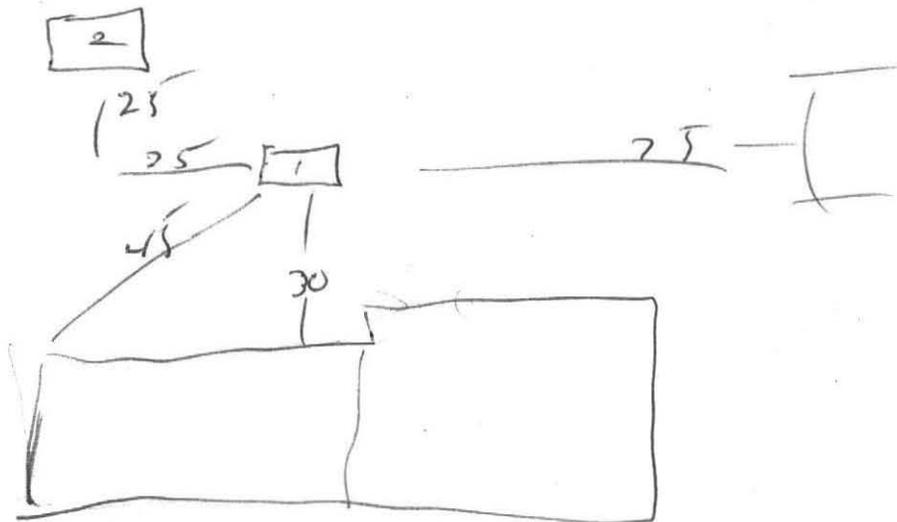
Parent Material (geologic) _____
Depth to Bedrock _____
Depth to Groundwater: _____
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water _____



FORM 12: Percolation Test
 Location Address or Lot #

29 Hulst Road

Commonwealth of Massachusetts
 Town of Amherst



Hulst Road

PERCOLATION TEST *

DATE: 2/24/04 TIME:

| | | |
|--------------------|-------------|----------|
| Observation Hole # | <u>1</u> | <u>2</u> |
| Depth of Perc | <u>Pi</u> | |
| Start Pre-soak | <u>46"</u> | |
| End Pre-soak | <u>9:30</u> | |
| Time at 12" | <u>9:35</u> | |
| Time at 9" | <u>9:39</u> | |
| Time at 6" | <u>9:41</u> | |
| Time (9"-6") | <u>C2</u> | |
| Rate Min./Inch | <u>C2</u> | |

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

Site Passed

Site failed

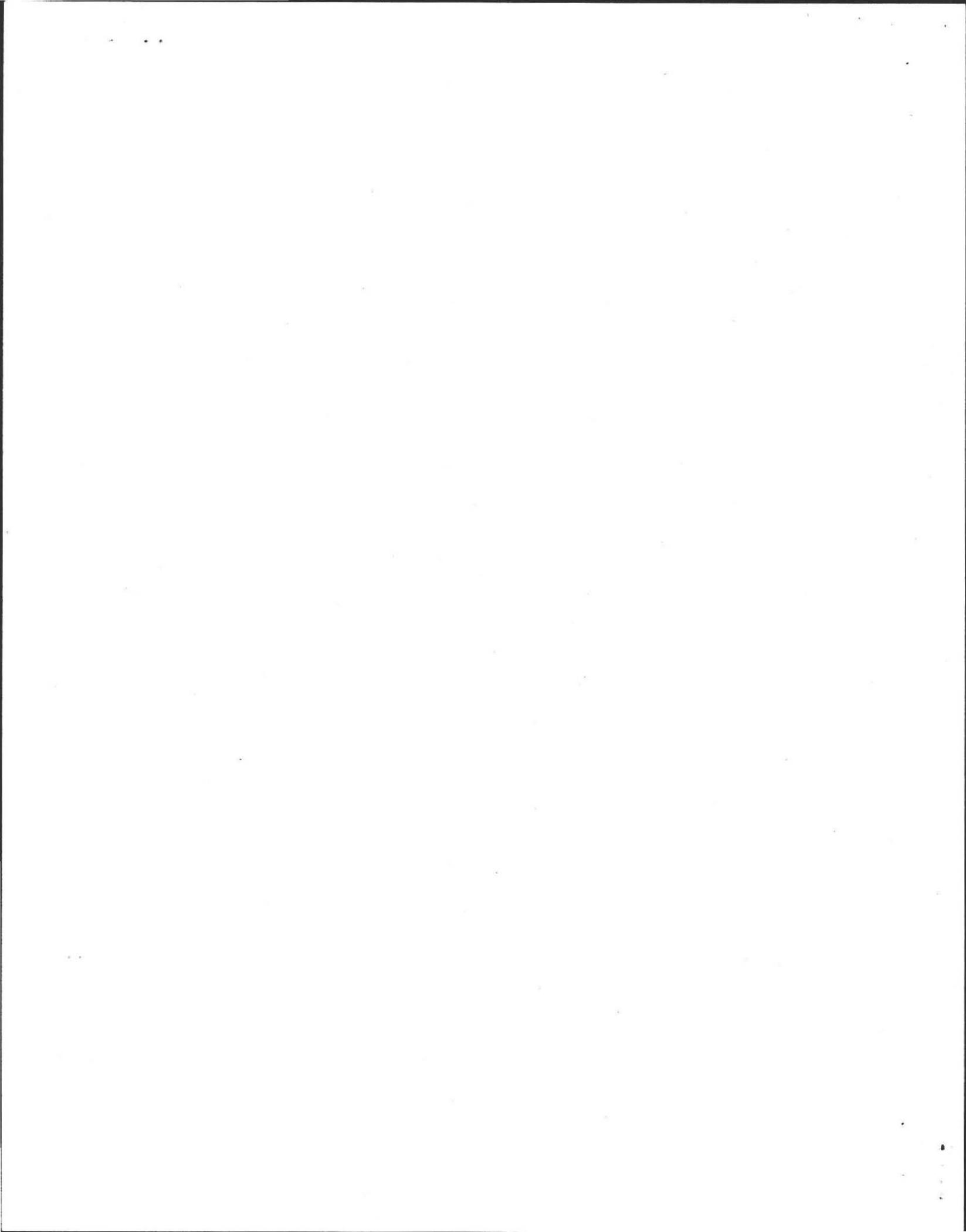
Performed by

AL Weiss

Witnessed by

Dave + Tom

Comments:



#1
Hulst



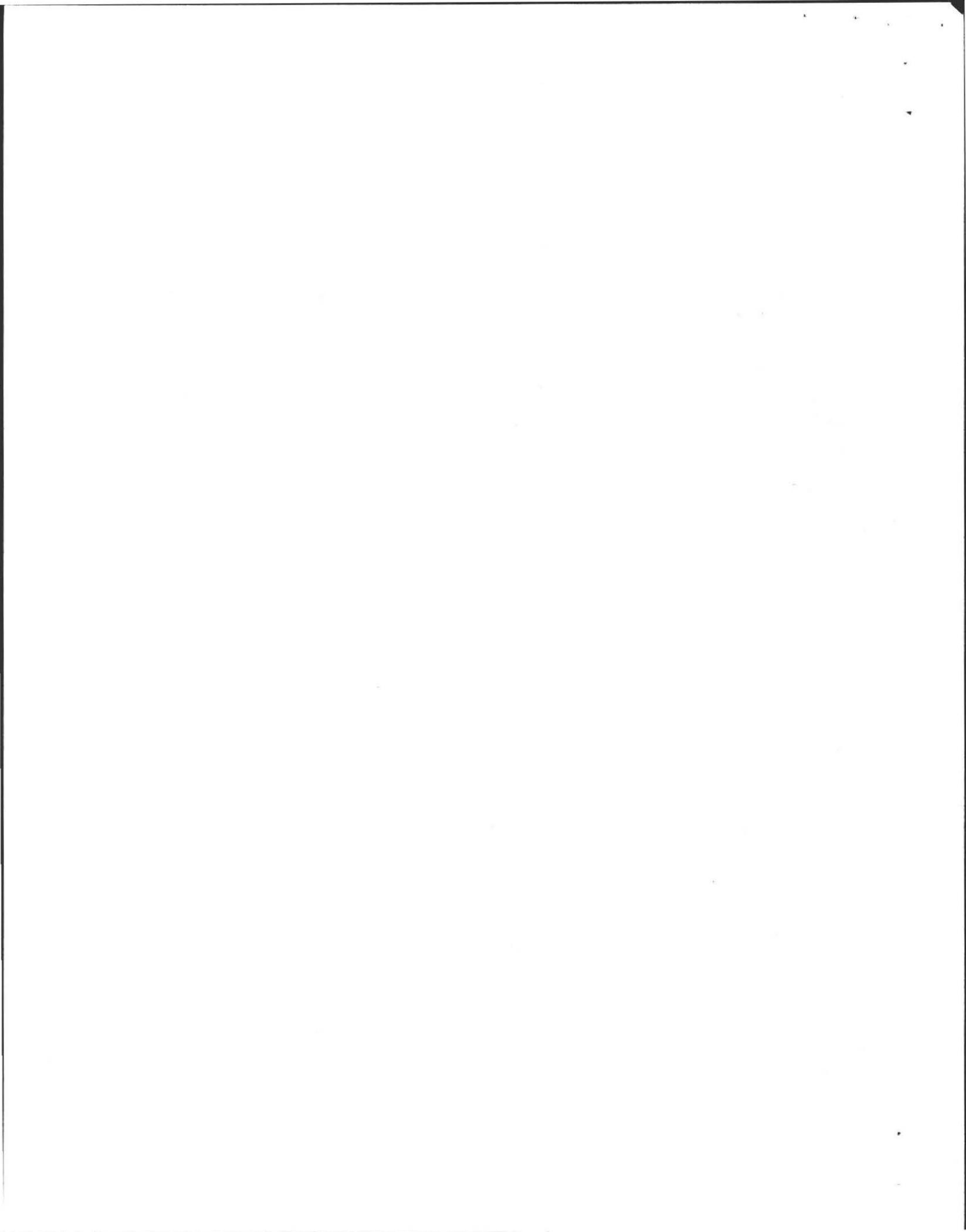
perc
Hulst
↓



24 Hulst Road Perc test Holes #1 and #2
2/24/04
Engineer: Alan Weiss

Hulst
#2





DAVE POMERANTZ
253-9871

grey system / Lead
septic tank

(1984)

BROOKFIELD FARM Renovations Amherst, Massachusetts

Metcalf Associates

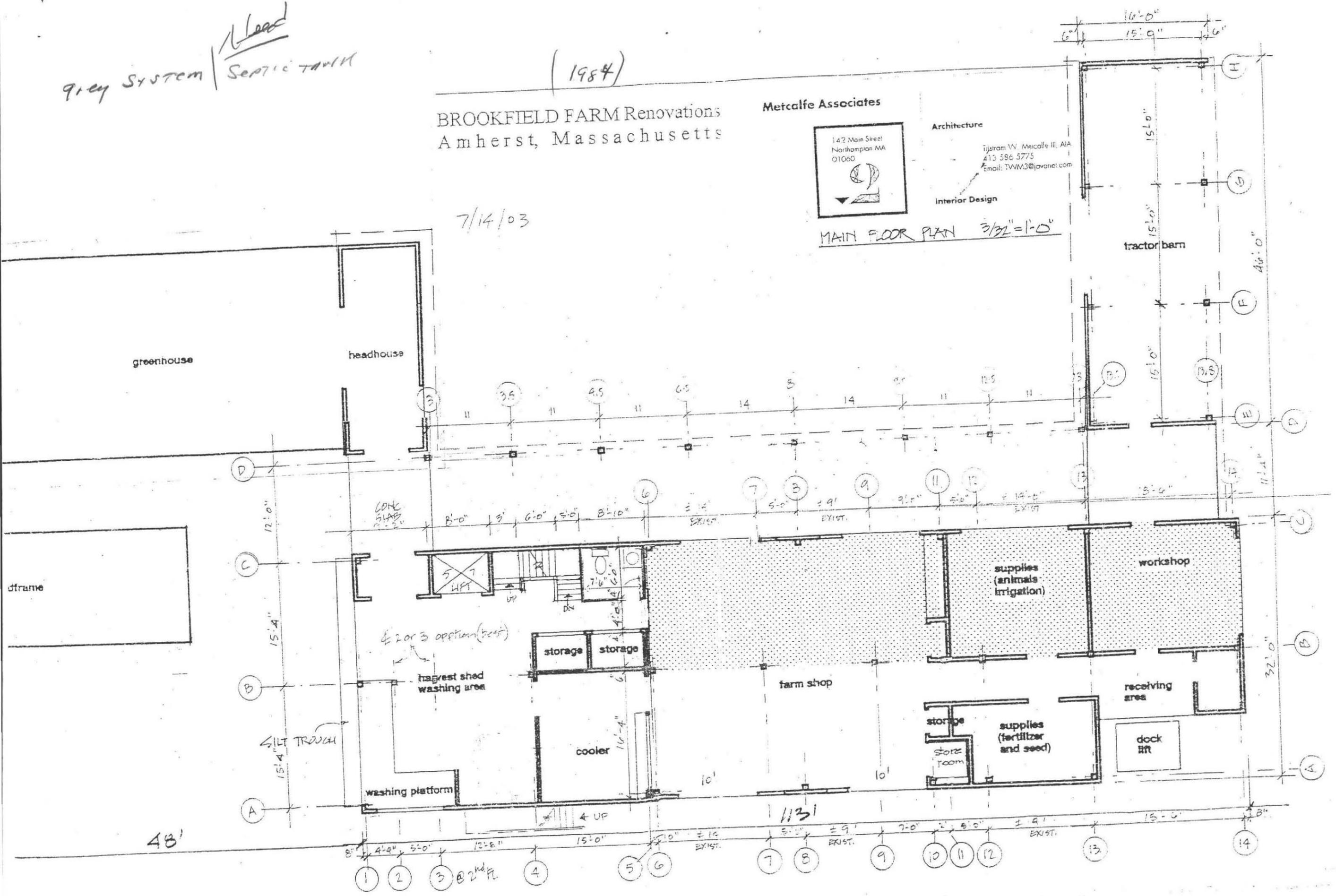


Architecture
Tijstrom W. Metcalf III, AIA
413 596 5775
Email: TWVW3@jovonet.com

Interior Design

MAIN FLOOR PLAN 3/32" = 1'-0"

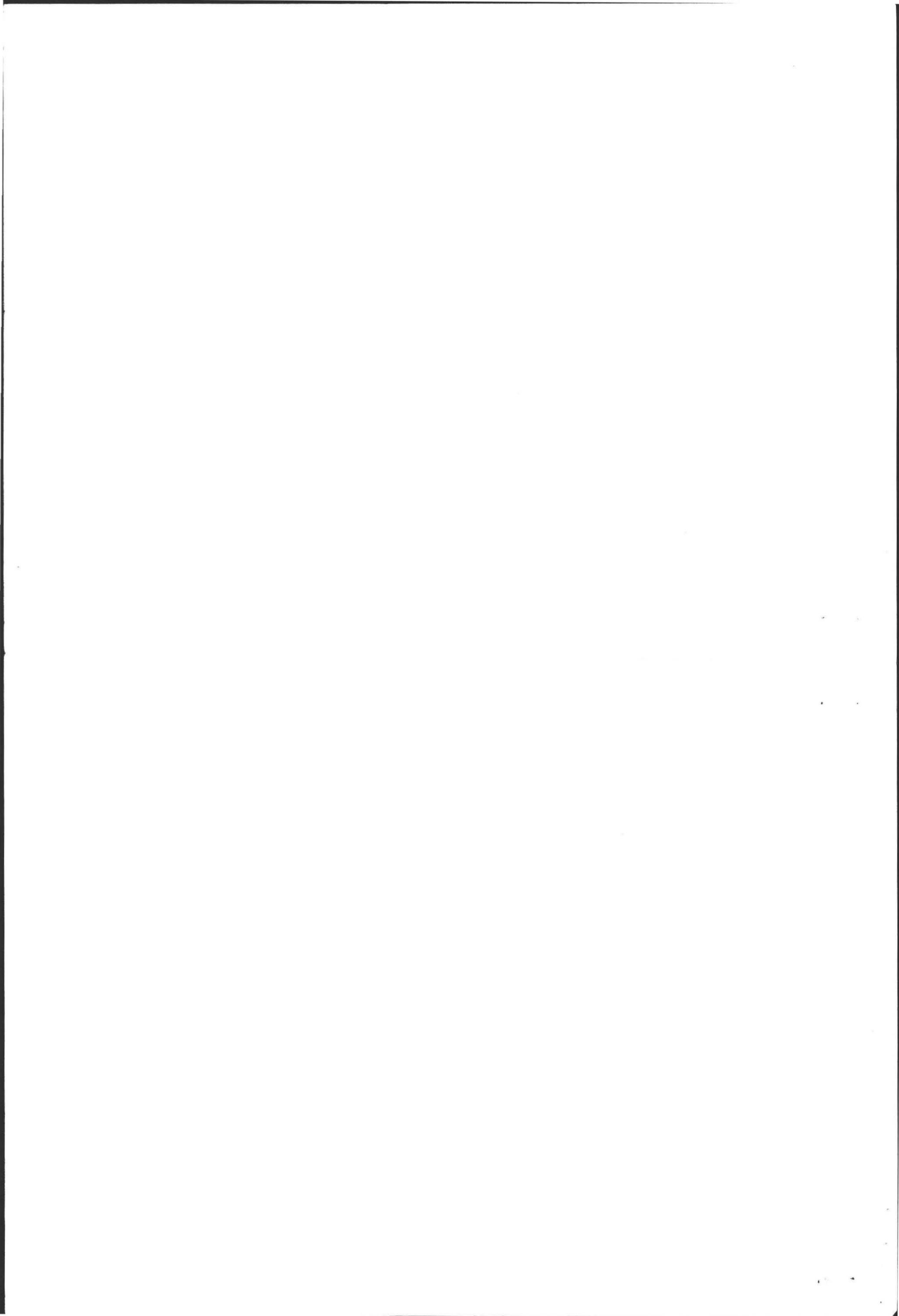
7/14/03



48'

1 2 3 @ 2nd fl. 4

1131



**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

0982

Received of BROOKFIELD FARM of 24 Huls - Road
Name Address
 For Property Located at: 24 Huls - Rd. Brookfield Farm
Street Address Owner

- | | | | |
|--|--------------------|--|-------------------|
| HEA009 Bakery R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers R6510 443511 | _____ |
| HEA001 Bed & Breakfast R6510 443516 | _____ | HEA017 Septic Tank Permit-Private R6510 443510 | 100 ⁰⁰ |
| HEA002 Catering License R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee R6510 432301 | _____ |
| HEA003 Food Handler R6510 443515 | _____ | HEA019 Sub-Division Review Fee R6510 432306 | _____ |
| HEA004 Frozen Deserts R6510 443501 | _____ | HEA012 Swimming Pool Permits R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp. R6510 432302 | _____ | HEA020 Tanning License R6510 443509 | _____ |
| HEA006 Massage Therapy License R6510 443504 | _____ | HEA034 Immunization Clinic R6510 432307 | _____ |
| HEA008 Motel License R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations R6510 443518 | _____ |
| HEA010 Removal of Offal R6510 443513 | _____ | HEA022 Tobacco License R6510 443505 | _____ |
| HEA021 Removal of Rubbish R6510 443520 | _____ | HEA042 Body Arts / Tatoo R6510 443521 | _____ |
| HEA011 Percolation Test Fees R6510 432300 | 0175 ⁰⁰ | HEA043 Food Service Plan Review R6510 432308 | _____ |
| HEA013 Recreation Camp License R6510 443503 | _____ | HEA044 Porta Potties R6510 432309 | _____ |
| HEA014 Retail Store Permit R6510 443514 | _____ | HEA045 Ice Rinks R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets R6510 432305 | _____ | HEA046 Rental Registration R6510 432310 | _____ |
| | | HEA047 Fines R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: 275⁰⁰

2/25/04
Date

Paid by [Signature]
 Amherst Health Department
 &XVDRZVS
 TOWN OF AMHERST
 MISC CASH RECEIPTS
 Date / Time : 02/25/04 15:54
 Payment : \$100.00
 Receipt # : 63078
 Check/Credit Card #: 0982/104
 T1146

Must be Validated by the Collector's Office to be considered paid

WHITE - Applicant YELLOW - Collector PINK - Accounting

| OFFICE USE ONLY | |
|-----------------|------|
| CHECK # | CASH |
| <u>11</u> | |

&XVDRZVS
 TOWN OF AMHERST
 MISC CASH RECEIPTS
 Date / Time : 02/25/04 15:54
 Payment : \$175.00
 Receipt # : 63078
 Check/Credit Card #: 0982/104
 T1146

AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS

Received of _____

Address _____

For Property located at _____

Owner _____

| | | | |
|--------|-----------------------------------|-------|-------|
| HEA016 | Barber Shop License | _____ | _____ |
| HEA017 | Barber Shop License | _____ | _____ |
| HEA018 | Barber Shop License | _____ | _____ |
| HEA019 | Sub-Division Review Fee | _____ | _____ |
| HEA020 | Swimming Pool Permits | _____ | _____ |
| HEA021 | Tanning License | _____ | _____ |
| HEA022 | Transmission Clinic | _____ | _____ |
| HEA023 | Smoking & Tobacco Reg. Violations | _____ | _____ |
| HEA024 | Tobacco License | _____ | _____ |
| HEA025 | Body Art License | _____ | _____ |
| HEA026 | Food Service Plan Review | _____ | _____ |
| HEA027 | Food Permits | _____ | _____ |
| HEA028 | Ice Mills | _____ | _____ |
| HEA029 | Retail Refrigeration | _____ | _____ |
| HEA030 | Fire | _____ | _____ |
| HEA | | _____ | _____ |
| HEA | | _____ | _____ |

TOTAL FEE: _____

Amherst Health Department

Date _____

OFFICE USE ONLY

| | |
|---------|------|
| CHECK # | CASH |
| | |

This fee is validated by the Collector's Office to be recorded and

April 7, 2004

Amherst Board of Health

**RE:Septic System Installation Inspection
24 Hulst Road, Brookfield Farm**

On this date, the writer inspected the installation of a Soil Absorption System (septic system). The writer found the installation to be complete (except for completion of cover material and final fill) and in compliance with our plans and 310 CMR 15.000. The installer representative (**Karls Excavation**) & My inspection noted that the system was built properly, in accordance with the state regulations and our plans. The contractor was requested to have sufficient breakout soil on site and properly cover the system according to our plans and may backfill the system after review by local Health Department representatives.

Sincerely,

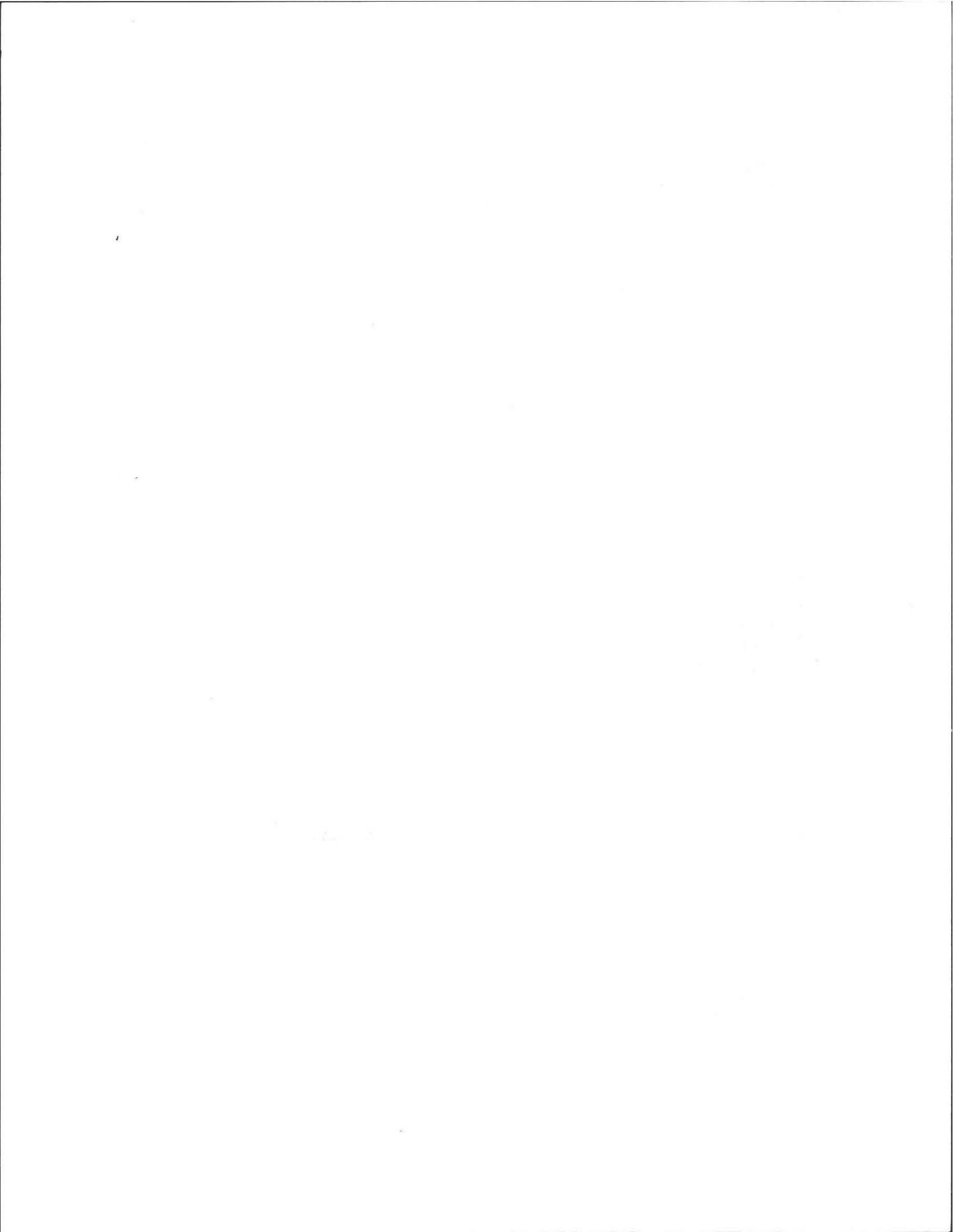
Cold Spring Environmental Consultants, Inc.



Alan E. Weiss, M.S., L.S.P.
President
Principal Hydrogeologist
Licensed Site Professional #6442
Registered Sanitarian #933

Cold Spring Environmental
350 Old Enfield Road
Belchertown, Ma. 01007

413-323-5957, phone
413-323-4916, fax



100' N 21' V, 2011

24 HULST ROAD, AMHERST

AS BUILT

N



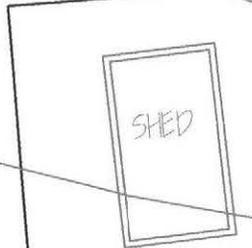
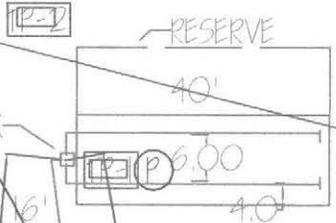
4/7/04

IRRIGATION WELL

100'



D. BOX



100

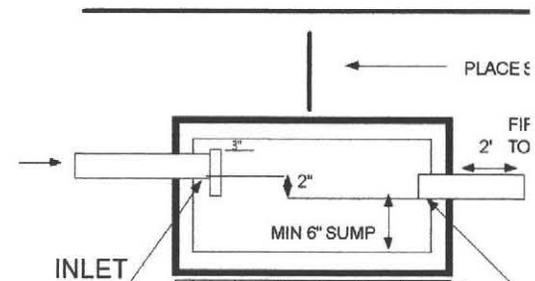
PARKING

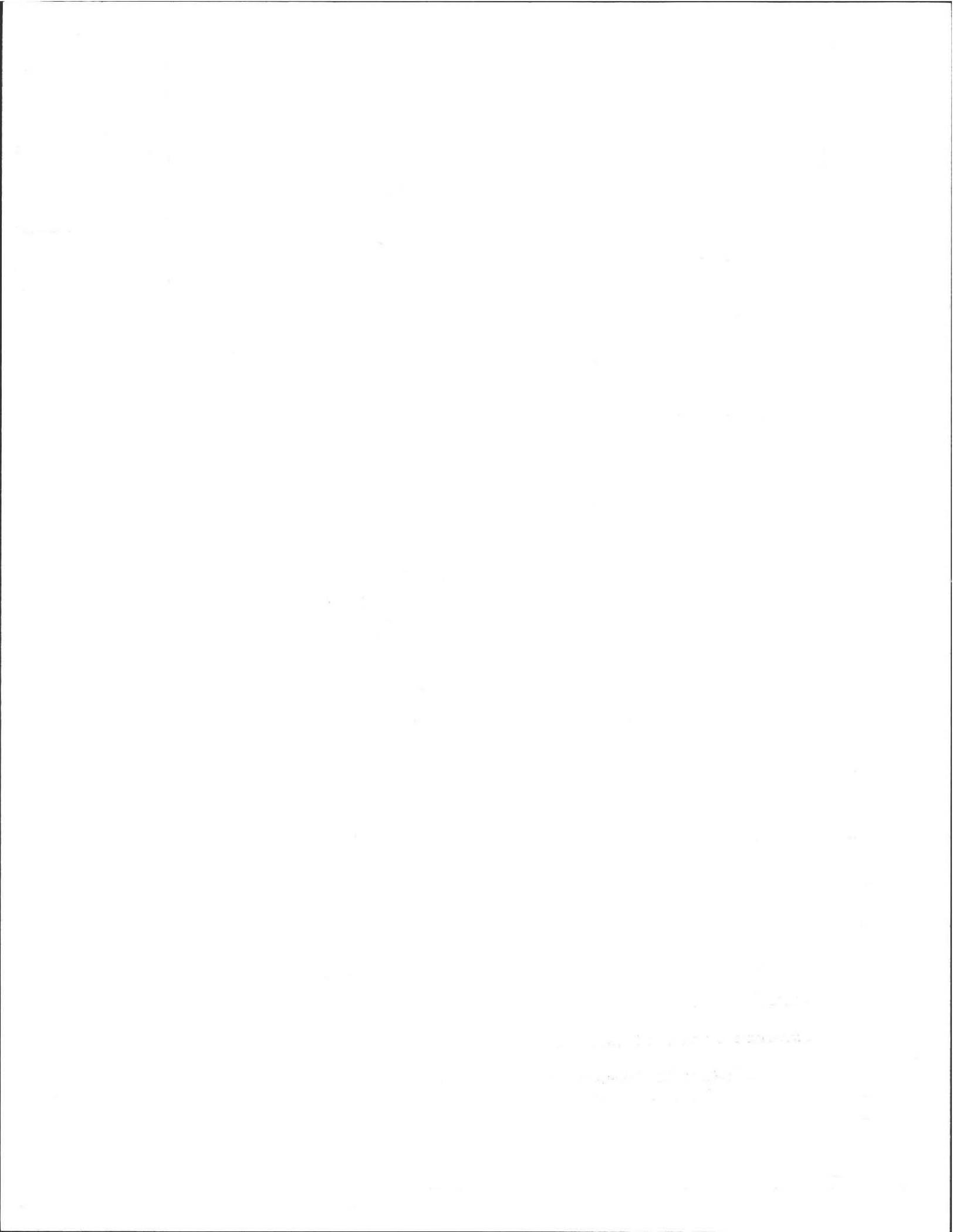
DRIVEWAY

N 75°50'00" E
335.00'

HULST ROAD

TYPICAL D. BOX (WATERTIGHT)







AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 256-4077

(413) 256-4033 ENVIRONMENTAL HEALTH SERVICES
(413) 256-4053 (FAX)

SUB-GRADE INSPECTION

Location: 24 HOLST RD.

Property Owner: BROOKFIELD FARM

I certify that I have inspected the excavation to sub-grade of the proposed septic system leaching area prior placement of any fill of stone, or construction of any portion of the system.

I further certify that:

1. All 'A' and 'B' horizon soils (topsoils and subsoils) were removed in the area of the system.
2. There was no evidence of ground water in the excavation.
3. There was no evidence of "mottles" that would be in conflict with the findings of the deep hole soil profile.
4. That the excavation was accomplished to the proper depth and in conformance with the approved plans.

ALAN WEISS
Designers Name

ALAN WEISS
Designers Signature



Street Address

Town, State, Zip Code

413-323-4916
Telephone Number



