



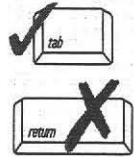
Commonwealth of Massachusetts  
 City/Town of Amherst  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

06-88  
 Number  
 \$ 375  
 Fee  
RCT# 1988  
CK# 1073

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

**A. Facility Information**

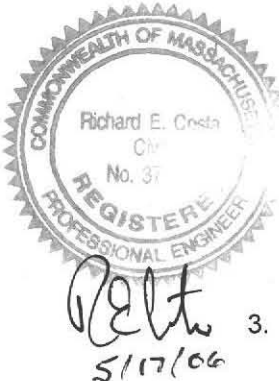
**Important:**  
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to:  Construct a new on-site sewage disposal system  
 Repair or replace an existing on-site sewage disposal system  
 Repair or replace an existing system component

1. Location of Facility:  
85 Leverett Rd.  
 Address or Lot #  
Amherst MA 01002  
 City/Town State Zip Code

2. Owner Information  
Paul J. Ricard  
 Name  
Same  
 Address (if different from above)  
 City/Town State Zip Code  
(413) 218-5924  
 Telephone Number



3. Installer Information  
 Name Name of Company  
 Address  
 City/Town State Zip Code  
 Telephone Number

4. Designer Information  
Richard E. Costa, PE. / Robert Stover Amherst Civil Engineering  
 Name Name of Company  
P.O. Box 3312  
 Address  
Amherst MA 01004-3312  
 City/Town State Zip Code  
(413) 256-3400  
 Telephone Number





Commonwealth of Massachusetts  
 City/Town of Amherst  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

06-08  
 Number  
 \$ 375<sup>00</sup>  
 Fee

**A. Facility Information** (continued)

5. Type of Building:

Dwelling

No  
 Garbage Grinder (check if present)

Other: Type of Building \_\_\_\_\_

Number of Persons Served \_\_\_\_\_

Showers

Number of showers \_\_\_\_\_

Cafeteria

Other fixtures

Specify other fixtures: \_\_\_\_\_

6. Design Flow:

550.0  
 Gallons per Day

Calculated Daily Flow:

581.5  
 Gallons

7. Plan:

5/17/06  
 Date of Original

Number of Sheets 1

Revision Date \_\_\_\_\_

"Plan of Septic System Repair"  
 Title of Plan

8. Description of Soil:

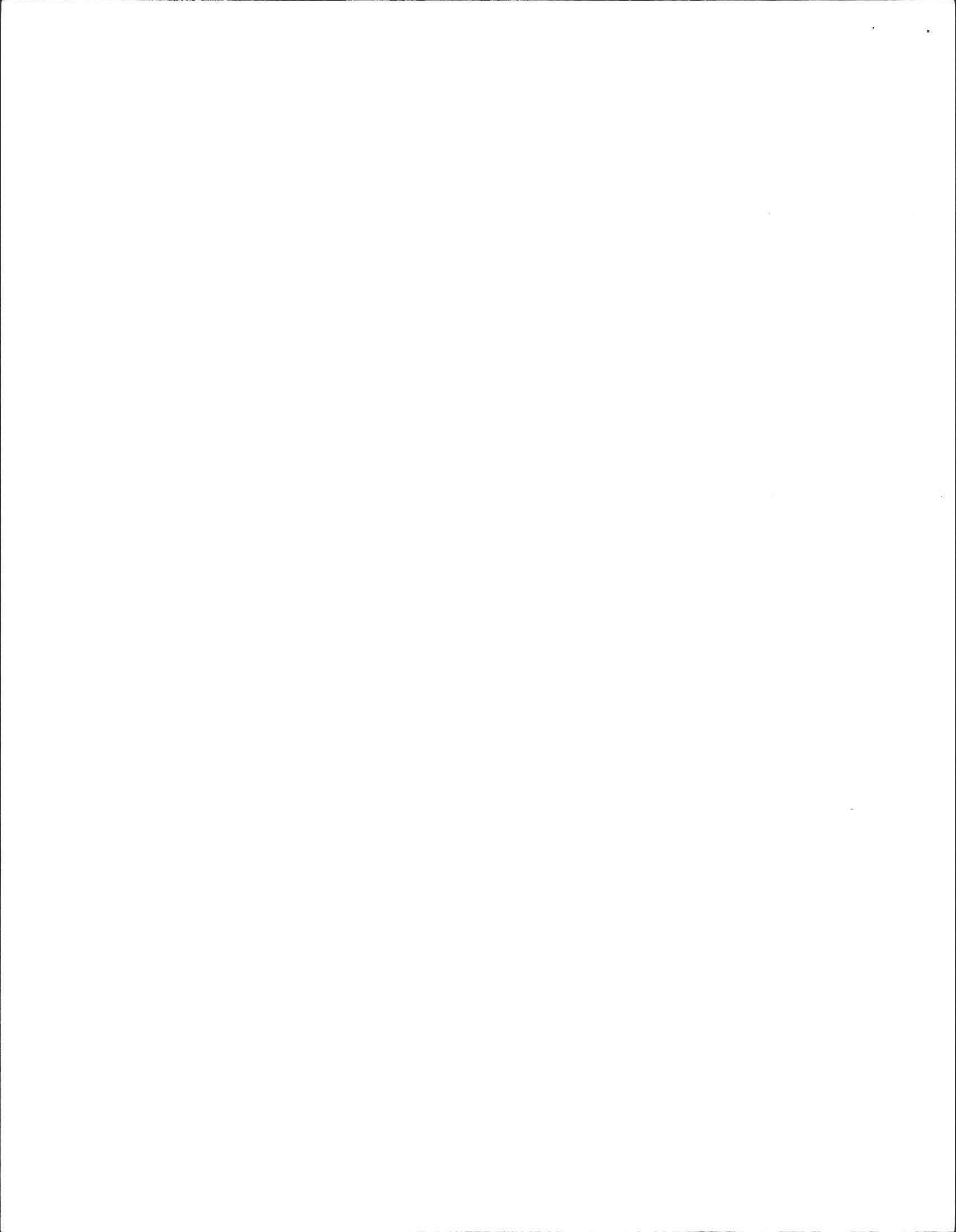
Attached

9. Nature of Repairs or Alterations (if applicable):

replace complete system

10. Date last inspected:

\_\_\_\_\_ Date





Commonwealth of Massachusetts  
 City/Town of *Amherst*  
**Application for Disposal System  
 Construction Permit**  
 Form 1A

06-08  
 Number  
 \$ 375<sup>00</sup>  
 Fee

**B. Agreement**

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

*[Signature]*  
 Signature

6/1/06  
 Date

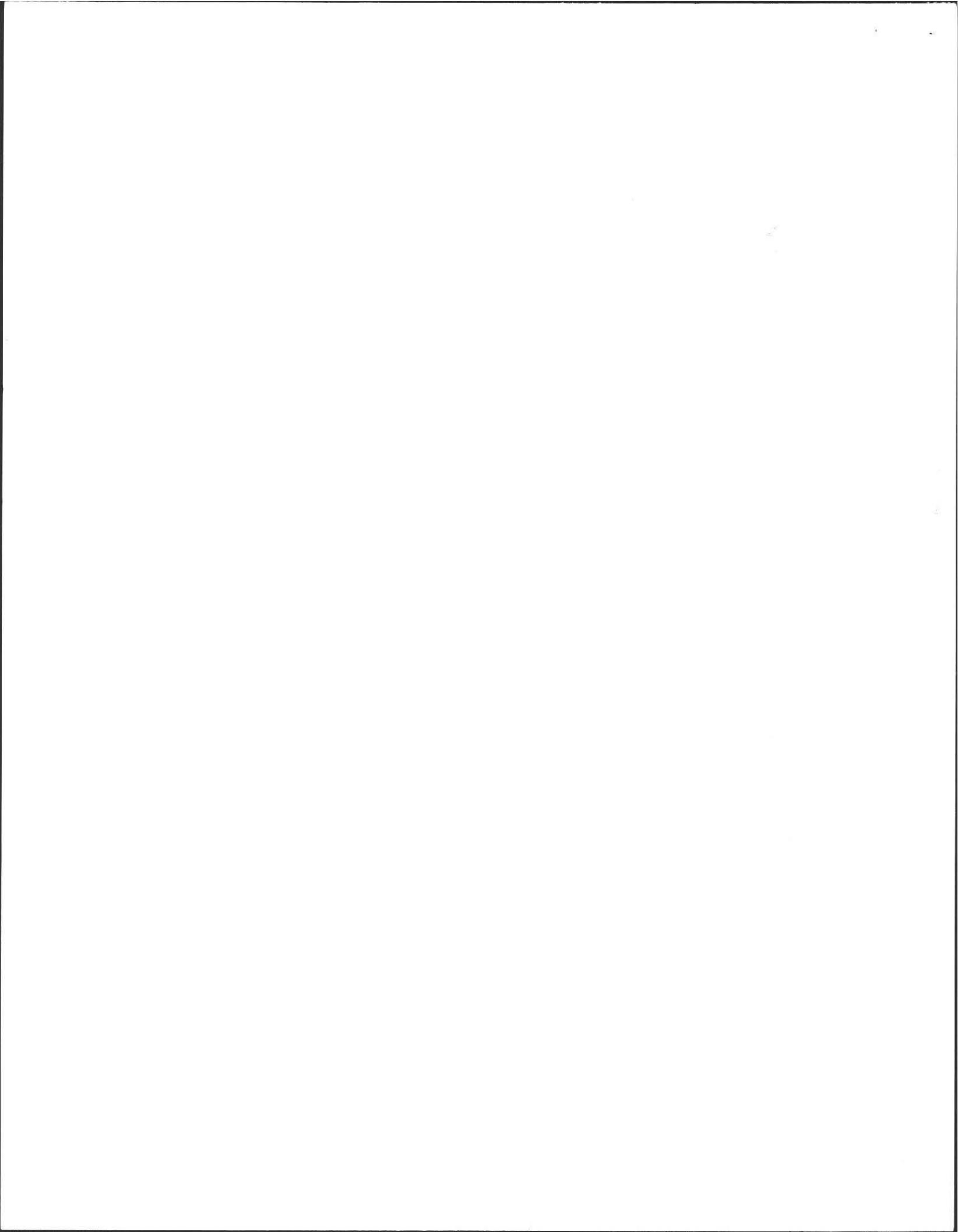
Application Approved By:

*[Signature]*  
 Name

6/1/06  
 Date

Application **Disapproved** for the following reasons:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_





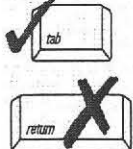
Commonwealth of Massachusetts  
 City/Town of Amherst  
**Disposal System Construction Permit**  
**Form 2A**

06-08  
 Number

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.

**Permission is hereby granted to:**

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



Paul J. Ricard Name  
 Name of Company  
85 Leverett Rd. Address  
Amherst City/Town MA State 01002 Zip Code

to perform the following work on an on-site sewage disposal system:

- Construction
- Repair or replacement
- Repair or replacement of system components

85 Leverett Rd. Facility Address  
Amherst City/Town State Zip Code  
 Owner Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

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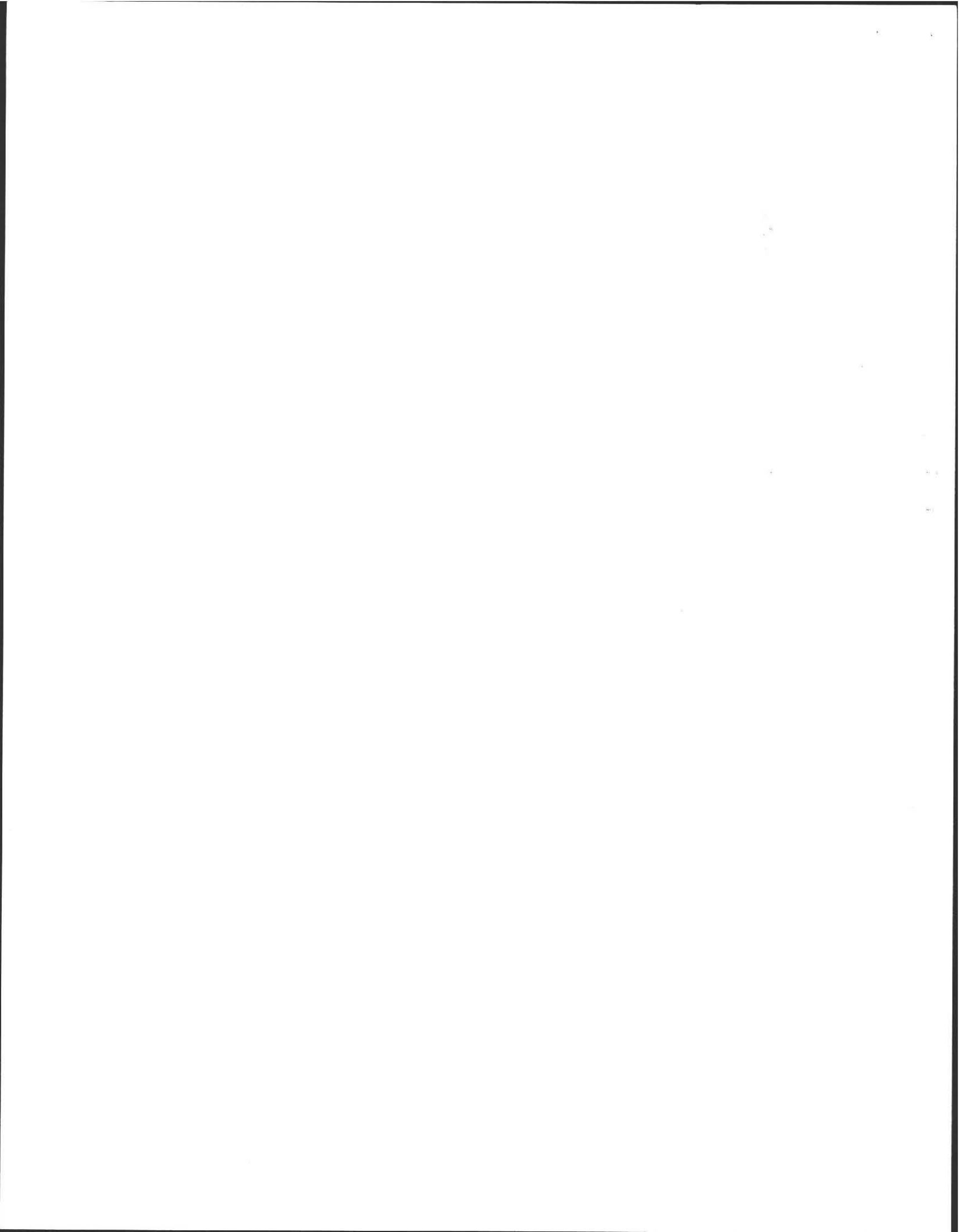
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**All construction must be completed within three years of the date below.**

David Zaccaro Approved by Date 6/1/06  
Sanitarian Title







Commonwealth of Massachusetts  
 City/Town of Amherst  
**Certificate of Compliance**  
 Form 3

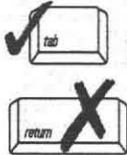
DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

**This is to Certify** that the following work on an On-Site Sewage Disposal System

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

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):



DSCP Number \_\_\_\_\_ DSCP Date \_\_\_\_\_  
Paul J. Ricard  
 Facility Owner  
85 Leverett Ad.  
 Street Address or Lot #  
Amherst MA 01002  
 City/Town State Zip Code

**Designer Information:**

Richard E. Costa P.E., Robert Stover Amherst Civil Engineering  
 Name Name of Company  
Robert W. Stover 4/12/07  
 Signature Date

**Installer Information:**

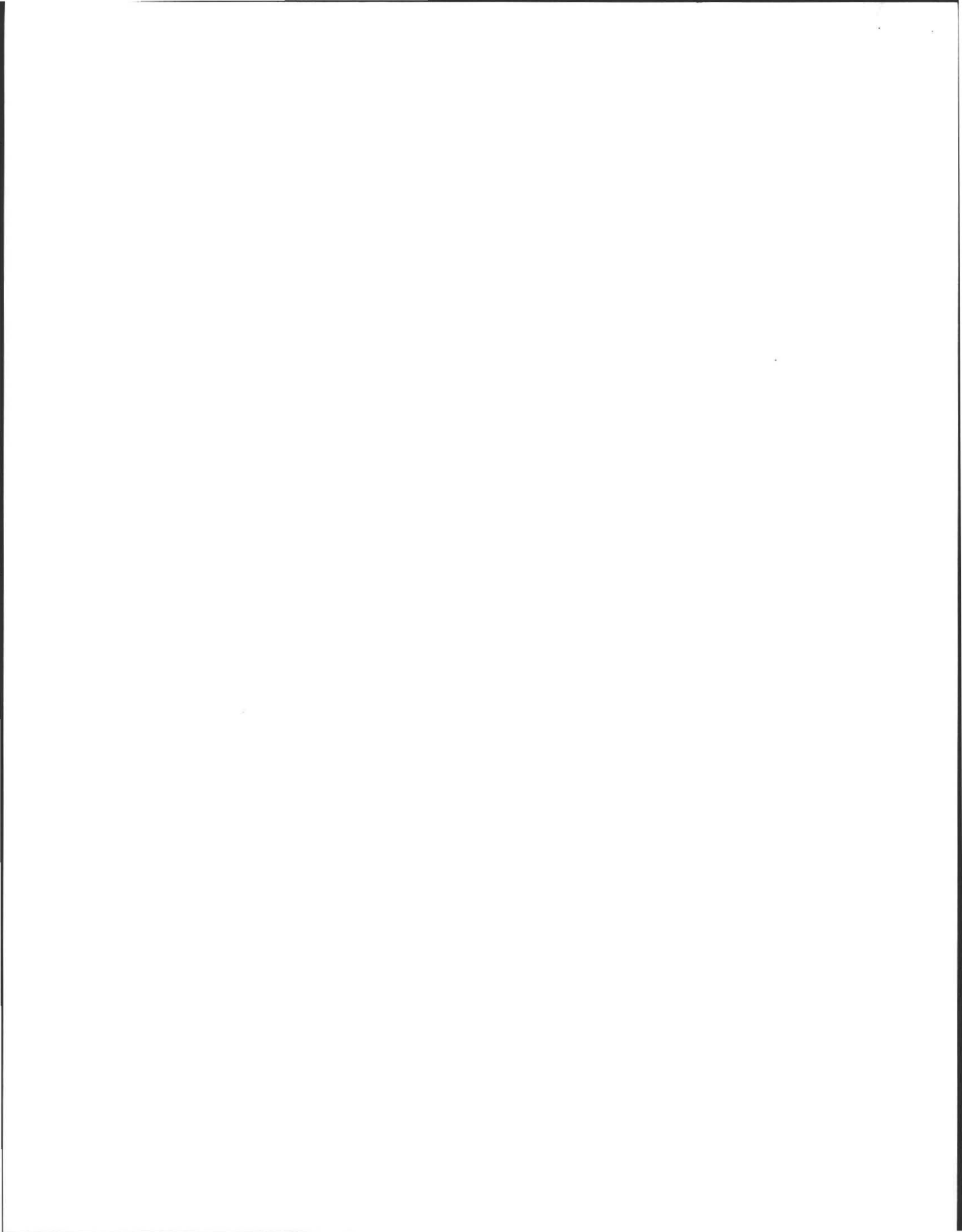
William W. Clark W. W. Clark  
 Name Name of Company  
William W. Clark 4/12/07  
 Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

David Zarozinski  
 Approving Authority  
[Signature] 4/12/07  
 Signature Date





Commonwealth of Massachusetts  
 City/Town of *Amherst*  
**Certificate of Compliance**  
 Form 3

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.

**This is to Certify** that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number \_\_\_\_\_ DSCP Date \_\_\_\_\_  
*Paul J. Ricard*  
 Facility Owner \_\_\_\_\_  
*85 Leverett Rd.*  
 Street Address or Lot # \_\_\_\_\_  
*Amherst* \_\_\_\_\_ *MA* \_\_\_\_\_ *01002*  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Designer Information:**

\_\_\_\_\_  
 Name \_\_\_\_\_ Name of Company \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

**Installer Information:**

\_\_\_\_\_  
 Name \_\_\_\_\_ Name of Company \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

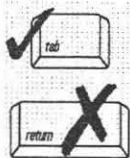
Use of this system is conditioned on compliance with the provisions set forth below:

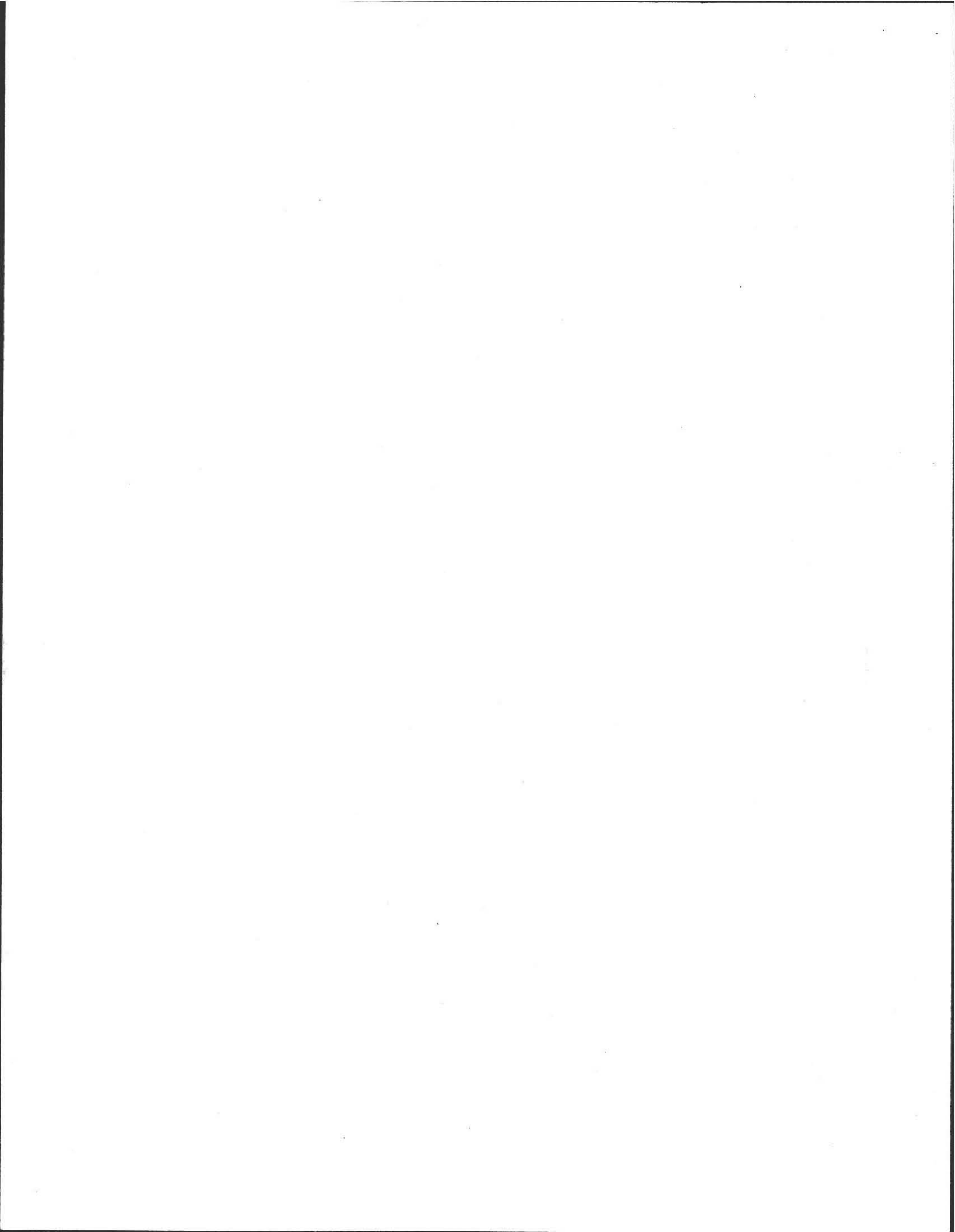
\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Approving Authority \_\_\_\_\_  
 \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

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





No. \_\_\_\_\_

Date: 1/25/06

**Commonwealth of Massachusetts**  
**Amherst, Massachusetts**  
**Soil Suitability Assessment for On-site Sewage Disposal**

Performed By: Robert Stover  
 Witnessed By: David Zarozinski

Date: 1/25/06

Location Address or Lot # <u>85 Leverett Rd Amherst, Mass</u>	Owner's Name, Address, and Telephone # <u>Rick Ricard 85 Leverett Rd. Amherst, MA 01002 (413) 230-3053</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

**Office Review**

Published Soil Survey Available: No  Yes

Year Published 1981 Publication Scale 15 840 Soil Map Unit TP<sub>1</sub> GFC

Drainage Class TP<sub>1</sub>=A / TP<sub>2</sub>=C Soil Limitations MoB - slow perc high water table  
GFC - poor filter

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) \_\_\_\_\_

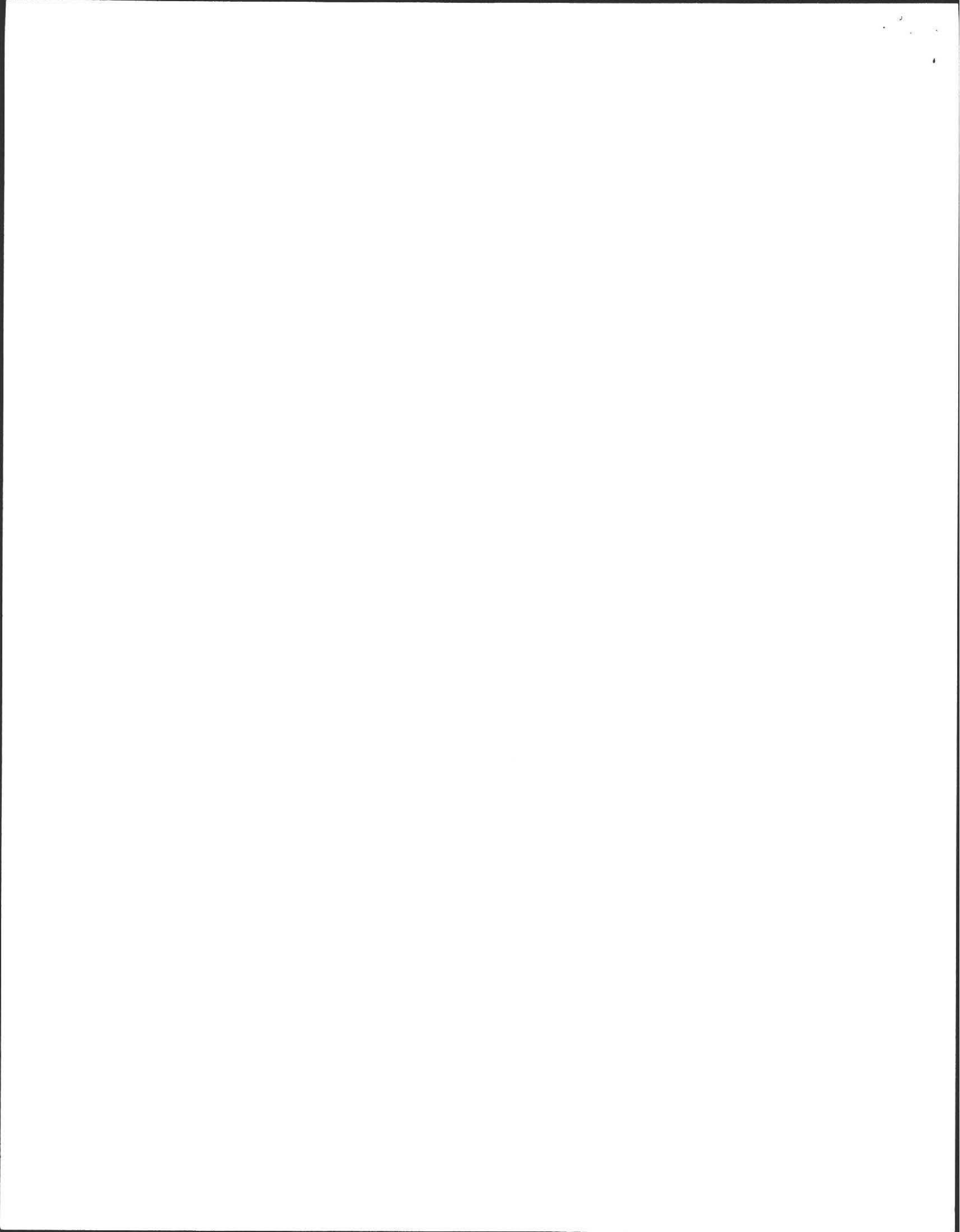
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. Repair  
85 Leverett Rd., Amherst

**On-site Review**

Deep Hole Number 1 Date: 1/25/06 Time: 9:30 Weather Sunny 40°±

Location (identify on site plan) see sketch

Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_ Surface Stones none but yard

Vegetation sugar maple, red pine boulders between yard +

Landform Till Hill

Position on landscape (sketch on the back)

Distances from:

Open Water Body 200 feet + Drainage way 75 feet ± road catch basin  
 Possible Wet Area 100 feet + Property Line 20 feet ± left sideline  
 Drinking Water Well town feet Other \_\_\_\_\_ and front line also  
water

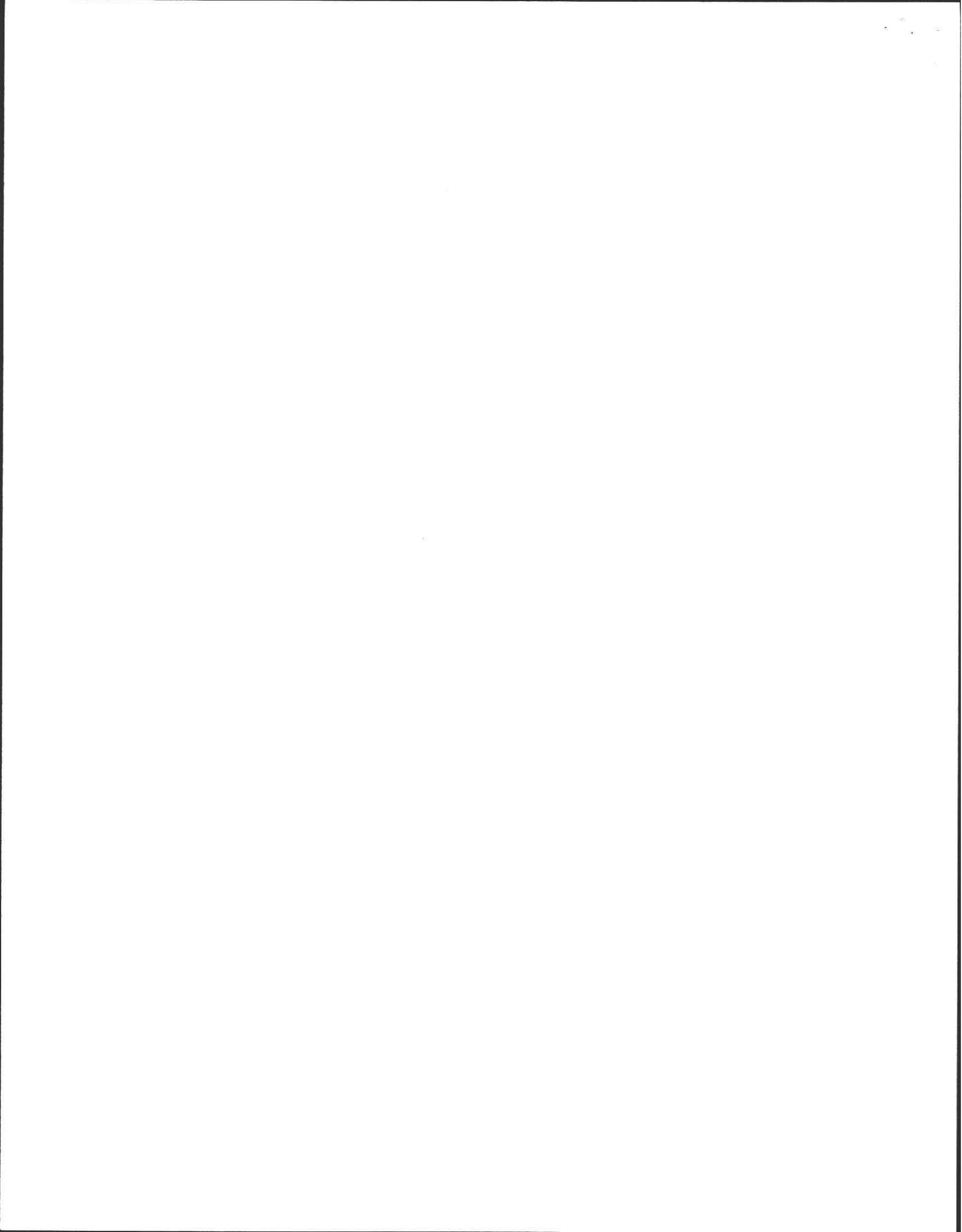
**DEEP OBSERVATION HOLE LOG\***

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-7	A	FSL	10YR3/4	none	friable
7-33	Bw	FSL	10YR5/6	none	friable, structureless 3-5% gravel
33"-129"	C	FSL	2.5Y5/6	@ 84" 10YR2 3/6	Firm 10-5% gravel + stones

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ablation Till Depth to Bedrock: > 129"  
 Depth to Groundwater: Standing Water in the Hole: 9.5" Weeping from Pit Face: 84"  
 Estimated Seasonal High Ground Water: 84"







Ricard

Location Address or Lot No. 85 Leverett Rd  
Amherst

On-site Review

Deep Hole Number 2 Date: 1/25/06 Time: 11:00 Weather: 40°±  
Location (identify on site plan) see plan  
Land Use back yard Slope (%) 2-4 Surface Stones none - lawn  
Vegetation grass  
Landform fill hill  
Position on landscape (sketch on the back)

Distances from:

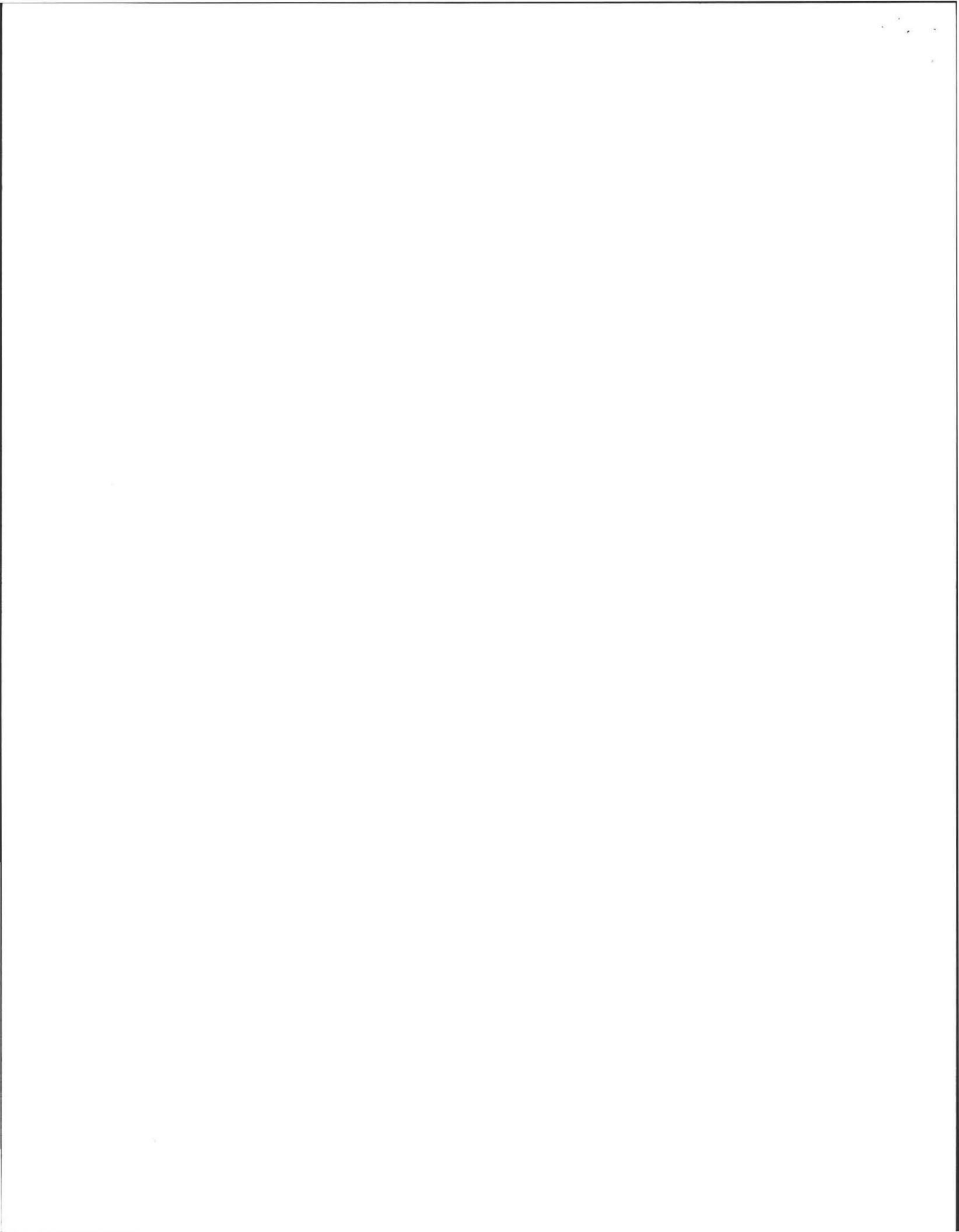
Open Water Body 200 feet + Drainage way 100 feet +  
Possible Wet Area 100 feet + Property Line 40 feet +  
Drinking Water Well 200 feet + Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
<u>0-7"</u>	<u>A</u>	<u>FSL</u>	<u>10YR3/4</u>	<u>non</u>	<u>friable</u>
<u>7-30"</u>	<u>Bw</u>	<u>FSL</u>	<u>10YR5/6</u>	<u>none</u>	<u>friable, structureless</u> <u>2-5% gravel</u>
<u>30"-84"</u>	<u>C</u>	<u>FSL</u>	<u>2.5Y5/6</u>	<u>@24"</u> <u>10YR3/6</u>	<u>Firm to Compact</u> <u>5% gravel + stones</u>

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Till Depth to Bedrock: >84"  
Depth to Groundwater: Standing Water in the Hole: 60" Weeping from Pit Face: 24"  
Estimated Seasonal High Ground Water: 24"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 85 Leverett Rd.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>1/29/04</u>		Time: <u>10:29</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>48"</u>	
Start Pre-soak	<u>10:29</u>	
End Pre-soak	<u>10:46</u>	
Time at 12"	<u>10:46</u>	
Time at 9"	<u>11:11</u>	
Time at 6"	<u>11:49</u>	
Time (9"-6")	<u>38</u>	
Rate Min./Inch	<u>12.66</u>	

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

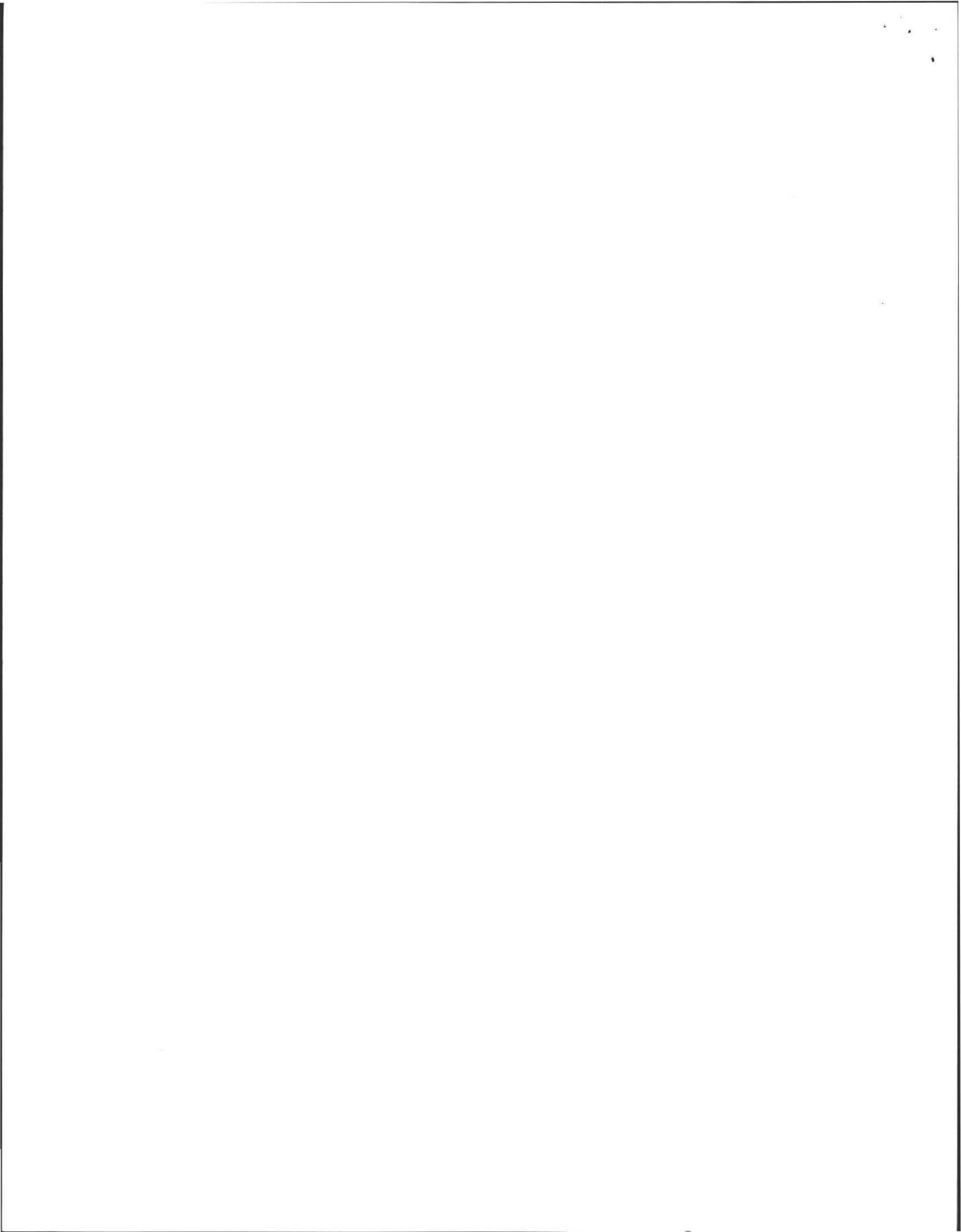
Site Passed  Site Failed

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments: \_\_\_\_\_





Location Address or Lot No. Ricard  
85 Leverett Rd.  
Amhurst

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole 84" inches TP<sub>2</sub> = 24"
- Depth to soil mottles 84 inches TP<sub>2</sub> = 24"
- 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

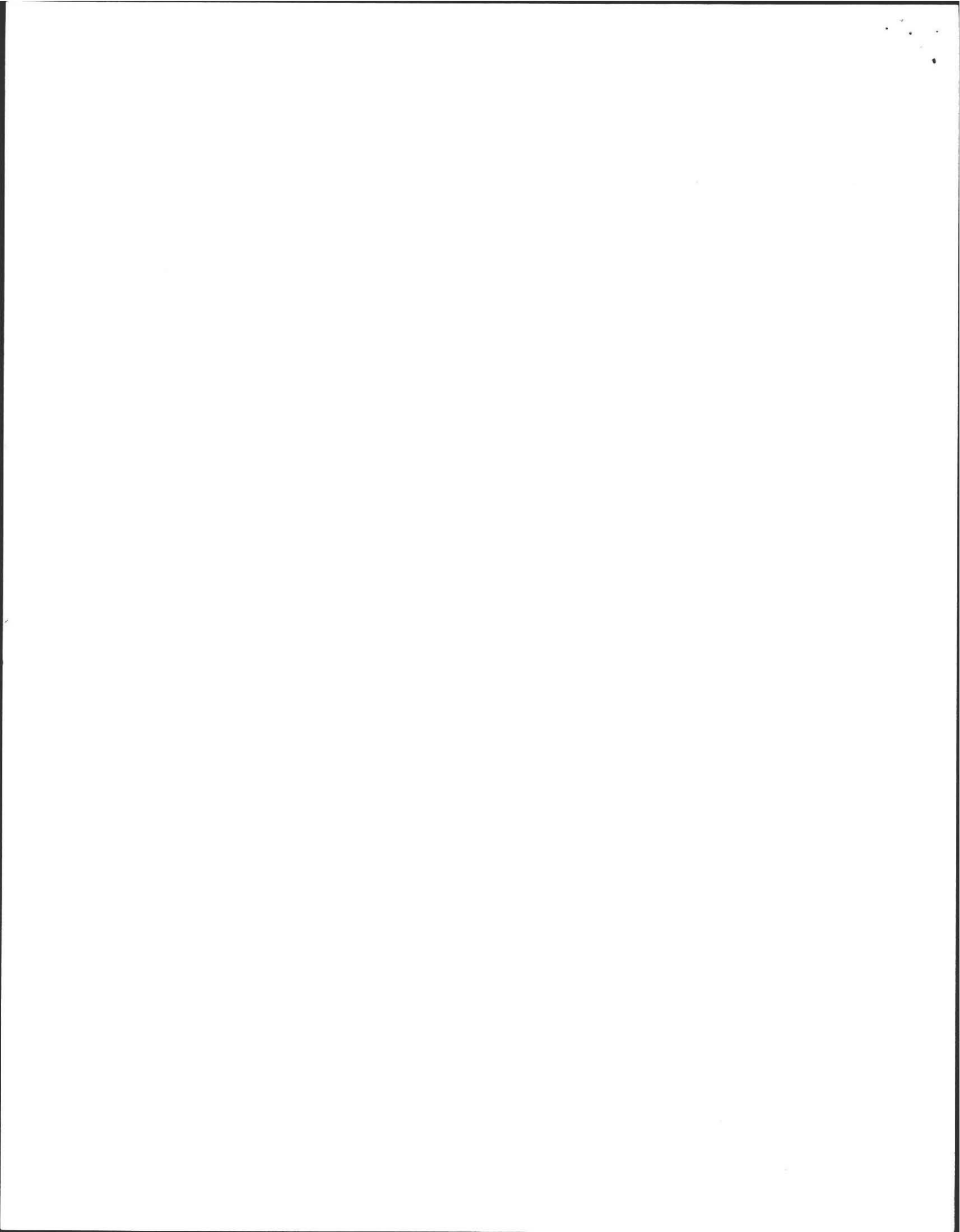
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

Certification

I certify that on 6/1993 (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 Robert W. Storer Date 1/25/06





**Town of Amherst Board of Health**  
**Septic Supplemental Sheet**

**1. Septic System (Please circle):**

- |   |                                 |
|---|---------------------------------|
| A.) Alternative   | G.) Single Cesspool             |
| B.) Cesspool with overflow  | H.) Pit System                  |
| <input checked="" type="radio"/> C.) Conventional gravity w/d box | I.) Conventional w/Pump chamber |
| D.) Large (710,000 GPD)   | J.) Pressure dosing system      |
| E.) Modified Tight Tank   | K.) Other: _____                |
| F.) Shared System   |                                 |

**2. Soil Absorption System (Please Circle):**

- |  |                  |
|--|------------------|
| A.) Alternative Bed                              | D.) Pit Gallery  |
| <input checked="" type="radio"/> B.) Leach Field | E.) Other: _____ |
| C.) Trenches                                     |                  |

**3. Compartment Tank (Please Circle):** Yes or No

**4. Tank Gallon:** 1# 1000 #2 \_\_\_\_\_

**5. Design Flow (GPD):** 557.3

**6. Tank Construction (Please Circle):**

- |   |                  |
|---|------------------|
| <input checked="" type="radio"/> A.) Concrete | C.) Steel        |
| B.) Fiberglas                                 | D.) Other: _____ |

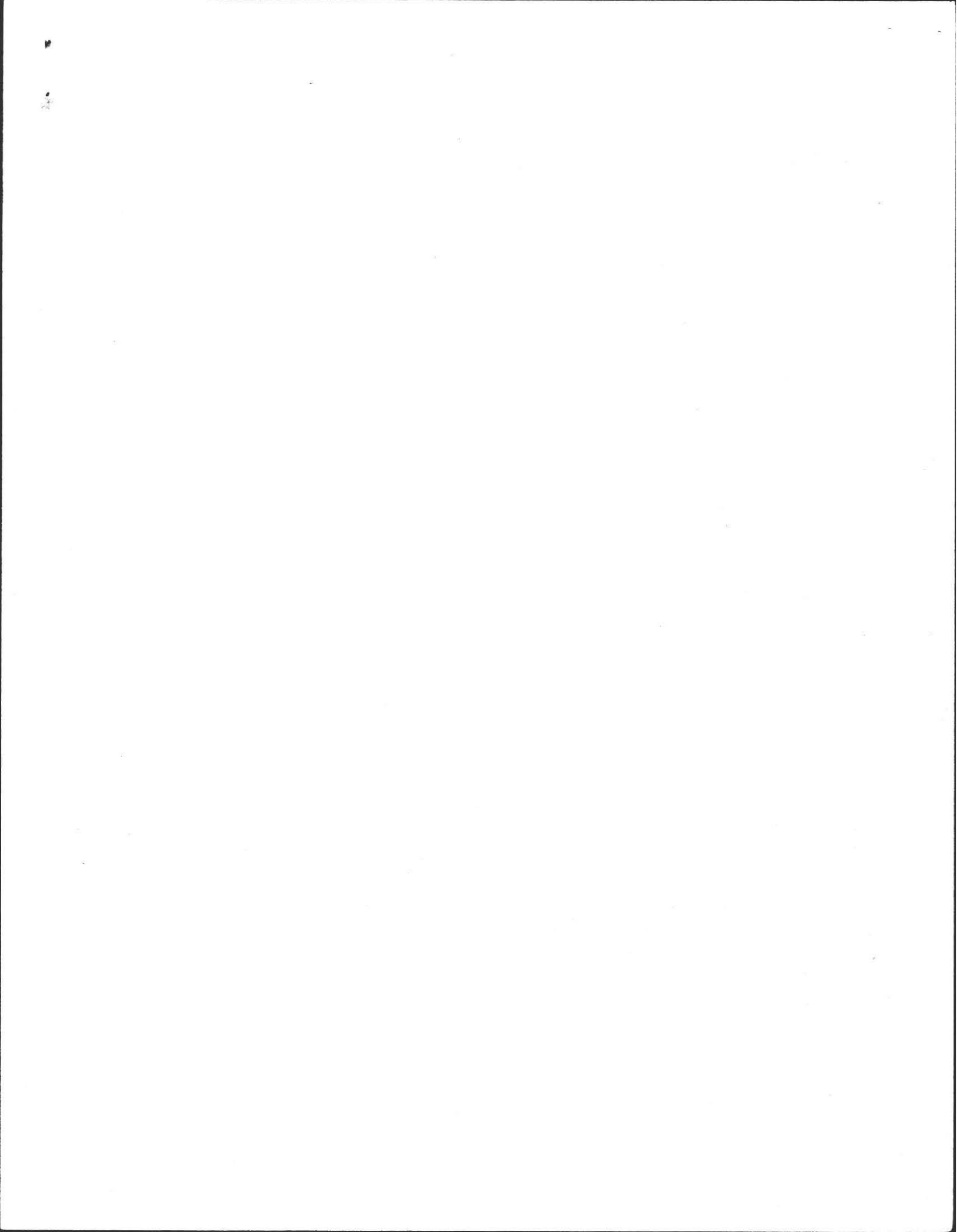
**7. Elevated (Please Circle):** Yes or  No

**8. Groundwater Separation:** 4'

**9. Title V (Please Circle):**

- |                        |                           |
|------------------------|---------------------------|
| A.) C-Conditional Pass | C.) P- Pass               |
| B.) F- Fail            | D.) V- Further Evaluation |

**10. Date of Title V Inspection:** \_\_\_\_\_





Commonwealth of Massachusetts  
Town of Amherst

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: Bob Stover Date: 11/25/06  
Witnessed By: David Zaccaro

Location Address of: Lot #	Owner's Name: <u>Paul Ricard</u> Address of: <u>85 Levent Rd</u> Telephone: <u>549-0075</u> <u>cell 218-5924</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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:

*✓*

*Plan Review - Final 125<sup>00</sup>  
375<sup>00</sup>*

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

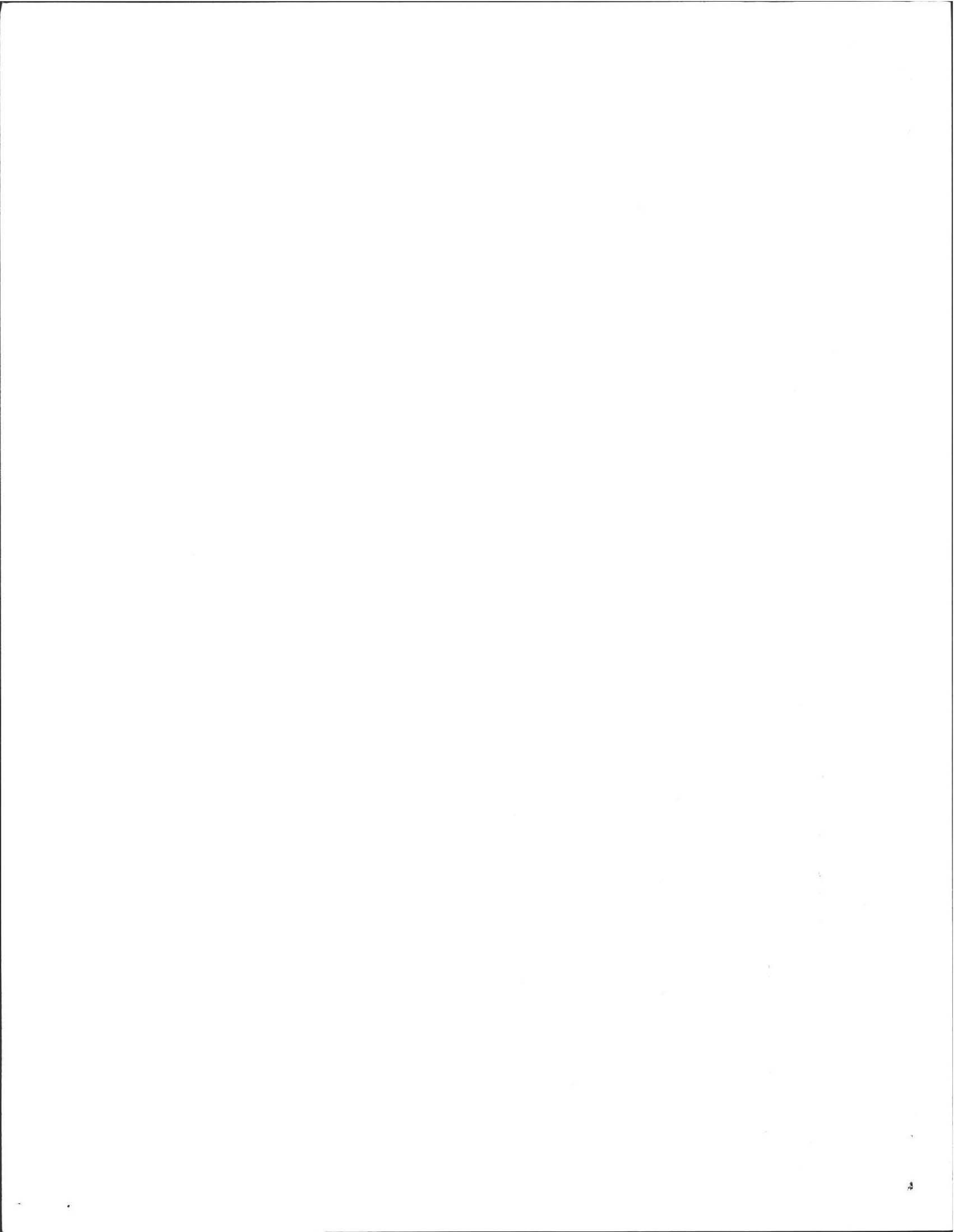
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? \_\_\_\_\_

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 \_\_\_\_\_



On-Site Review

Deep Hole Number ① Date: 1/25/06 Time 10  
Weather: P.T. Cloudy  
Location (identify on site plan) \_\_\_\_\_  
Land Use Residential Slope (%) 1  
Surface Stone lime  
Vegetation: hawn Red Pine

Landform: Till Hill

Position on Landscape (sketch on back) \_\_\_\_\_

Distances from:

Open Water Body 100 feet  
Possible Wet Ares 100 feet  
Drinking Water Well N/A feet  
Drainageway 75' feet  
Property Line 20' 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
7	A	FSL	10YR 3/4	—	Friable
33	Bw	FSL	10YR 5/6	—	Friable structureless
129	C	FSL	2.5Y 5/6	84" 10YR 3/6	5-10% gravel Firm

Parent Material (geologic) T.11  
Depth to Bedrock 129  
Depth to Groundwater :  
Standing Water in the Hole 9 1/2  
Weeping from Pit Face —  
Estimated Seasonal High Water 84"

On-Site Review

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

Landform: \_\_\_\_\_

Position on Landscape (sketch on back) \_\_\_\_\_

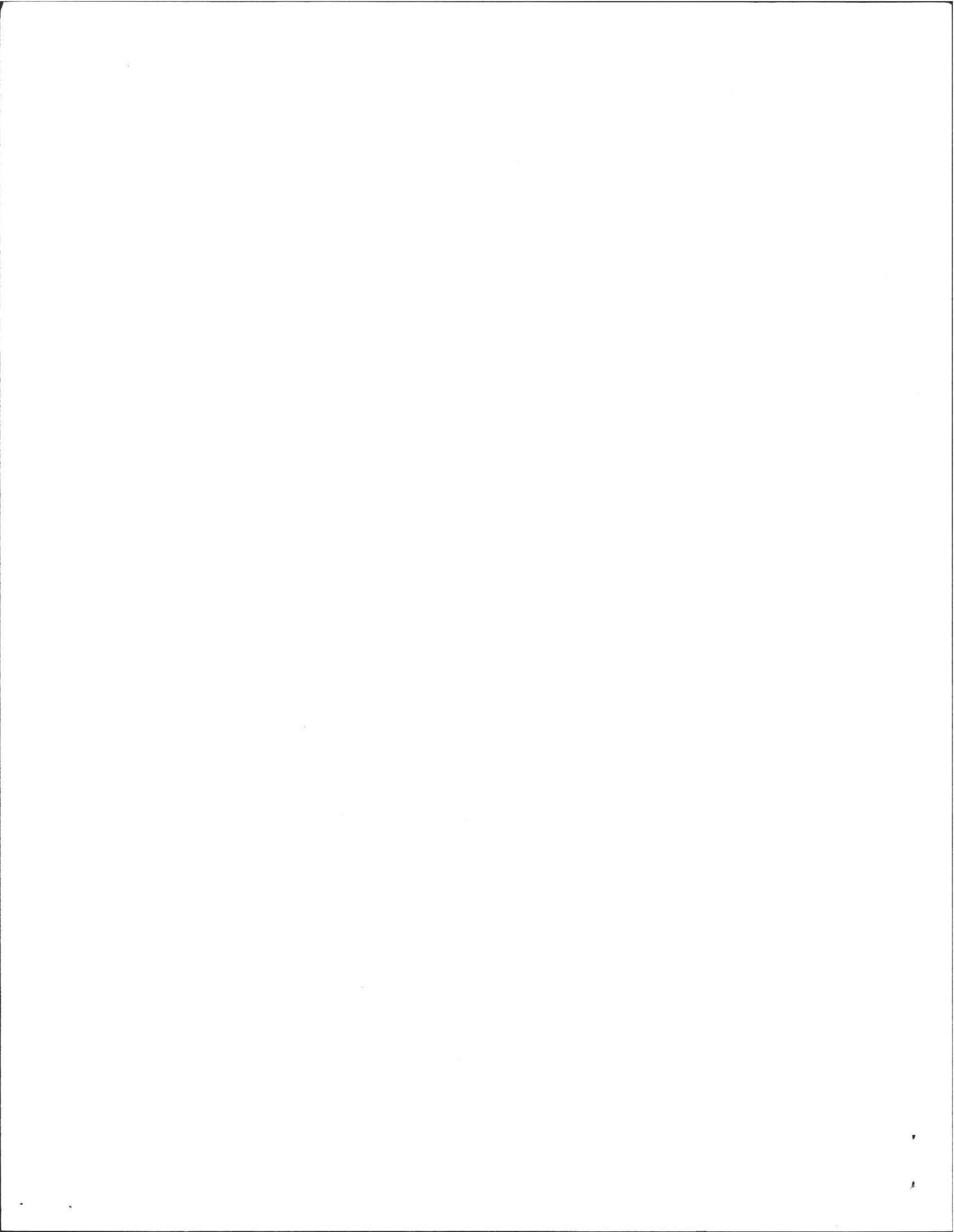
Distances from:

Open Water Body \_\_\_\_\_ feet  
Possible Wet Ares \_\_\_\_\_ feet  
Drinking Water Well \_\_\_\_\_ feet  
Drainageway \_\_\_\_\_ feet  
Property Line \_\_\_\_\_ 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

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 #

85 Leverett Road

Commonwealth of Massachusetts

Town of AMHERST

PERCOLATION TEST \*

DATE: 1/26/06

TIME:

Observation Hole #	<u>0</u>	
Depth of Perc	<u>48</u>	
Start Pre-soak	<u>10:29</u>	
End Pre-soak	<u>10:46</u>	
Time at 12"	<u>10:46</u>	
Time at 9"	<u>11:11</u>	
Time at 6"	<u>11:49</u>	
Time (9"-6")	<u>38</u>	
Rate Min./Inch	<u>12.66</u>	

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

Site Passed

Site failed

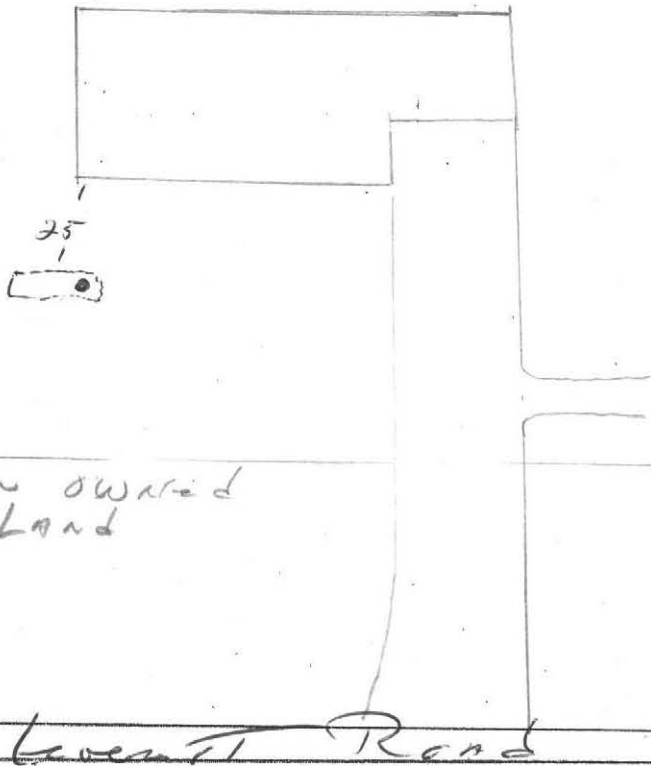
Performed by

Bob Stover

Witnessed by

DAVID ZARZIN SM

Comments:



Town owned  
Land

