

279 Market Hill Rd



No. 02-21

FEE 275
Pd # 25

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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



Location <u>279 Market Hill</u>	Owner's Name <u>SID Myers</u>
Map/Parcel#	Address <u>279 Market Hill</u>
Lot#	Telephone# <u>549-3848</u>
Installer's Name <u>L + F Const.</u>	Designer's Name <u>Alan Weiss, RS</u>
Address	Address <u>Belchertown, MA.</u>
Telephone#	Telephone# <u>523-5957</u>

Type of Building Res Lot Size 1.16 AC +/- sq. ft.
 Dwelling - No. of Bedrooms 3 of (4 Design) Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 451 gpd
 Plan: Date 10/23/02 Number of sheets 4 Revision Date _____
 Title Septic System Design
 Description of Soil(s) Class 2, 3 - designed for class 2
 Soil Evaluator Form No. _____ Name of Soil Evaluator A Weiss, RS Date of Evaluation 10/20/02

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New S. Tank + 1 Field.

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 Sidney Myers Date Oct. 25, 2002

Inspections _____

No. 02-21

FEE 275
Pd ch# 2511
10/25/02

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 279 Market Hill 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. 02-21, dated _____, Approved Design Flow _____ (gpd)

Installer: _____ Designer: _____ Inspector: _____ Date: 5/31/03

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

No. 02-21

FEE 275

COMMONWEALTH OF MASSACHUSETTS

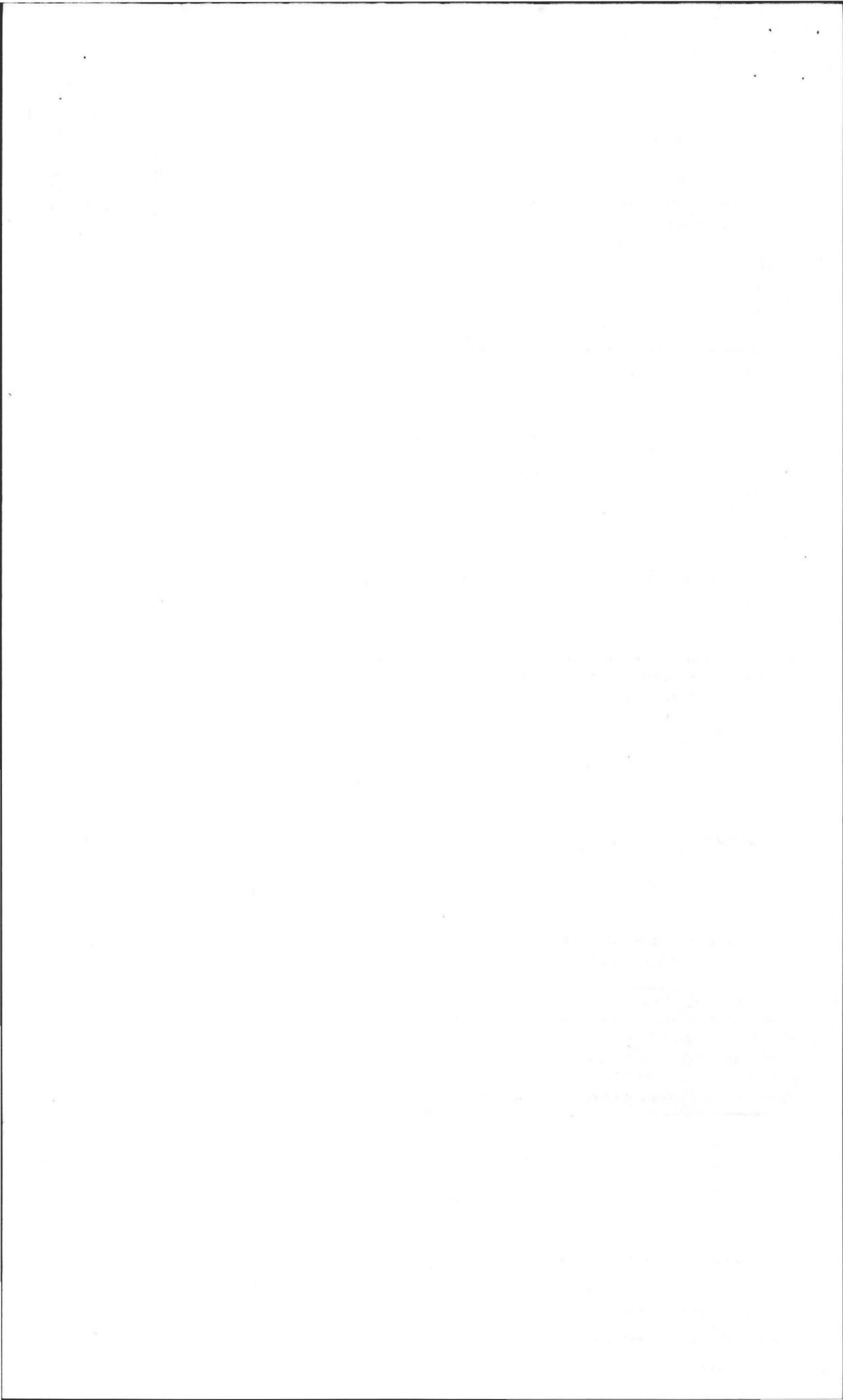
Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 279 Market Hill Road as described in the application for Disposal System Construction Permit No. 02-21, dated 10/29/02

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. Boston, MA Date 10/24/02 Board of Health _____



NO: _____

Commonwealth of Massachusetts
Town of Arkans

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL Weist Date: 10/10/02
Witnessed By: DAVID ZARONIA

Location Address of: Lot #	Owner's Name: <u>Sid Myers</u> Address of: <u>279 MARKET Hill</u> Telephone: <u>549-3848</u>
New Construction <input type="checkbox"/> Repair <input 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:

X10T Pd
Per TEST 175^{CO}
Plot + Fin 100^{cc}

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

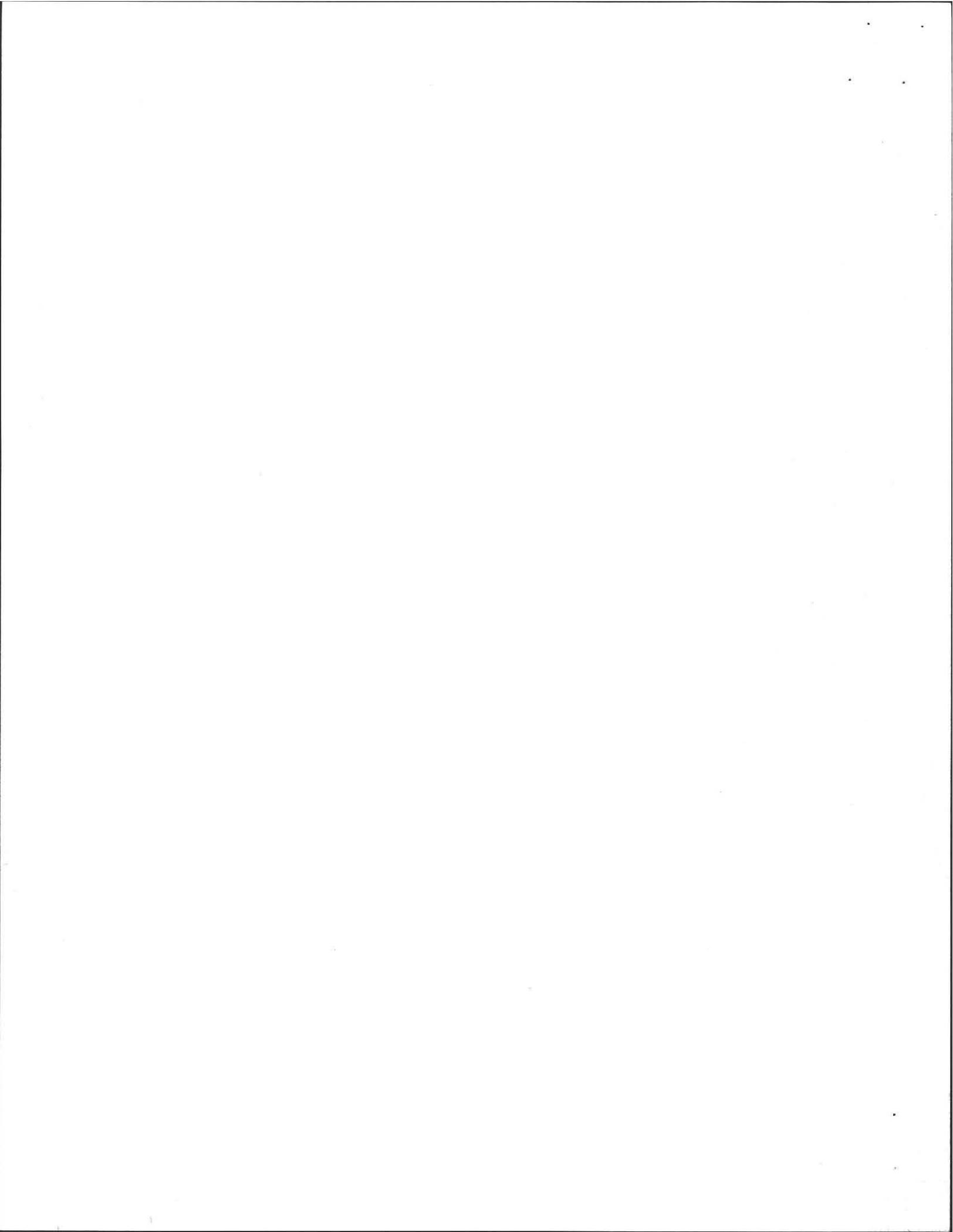
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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 _____



279 Market Hill

On-Site Review

Deep Hole Number ① Date: 10/10/02 Time _____
 Weather Cloudy
 Location (identify on site plan) _____
 Land Use Rural Res Slope (%) 3
 Surface Stone many
 Vegetation: Reedwals

Landform: _____

Terrace

Position on Landscape (sketch on back) _____

Distances from:

Open Water Body 100+ feet Drainageway 600+ feet
 Possible Wet Area 100 feet Property Line 40+ feet
 Drinking Water Well 100 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
A	7"	FSL	10YR 4/3		Fragmental Loam
B	25"	FSL	2.5Y 4/3	56"	Fragmental Loam
C ₁	84"	LS	10Y 5/8	2.5Y 4/2	med to coarse Sandy Till Dense
C ₂	120"	SL	2.5Y 6/6	7.5YR 4/6	Med to Dense 15% cob clgs Bullhorns

Parent Material (geologic) glacial Till
 Depth to Bedrock 120"
 Depth to Groundwater: _____
 Standing Water in the Hole _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water 1/2

On-Site Review

Deep Hole Number ② Date: 10/10/02 Time _____
 Weather _____
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____
 Surface Stone _____
 Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____

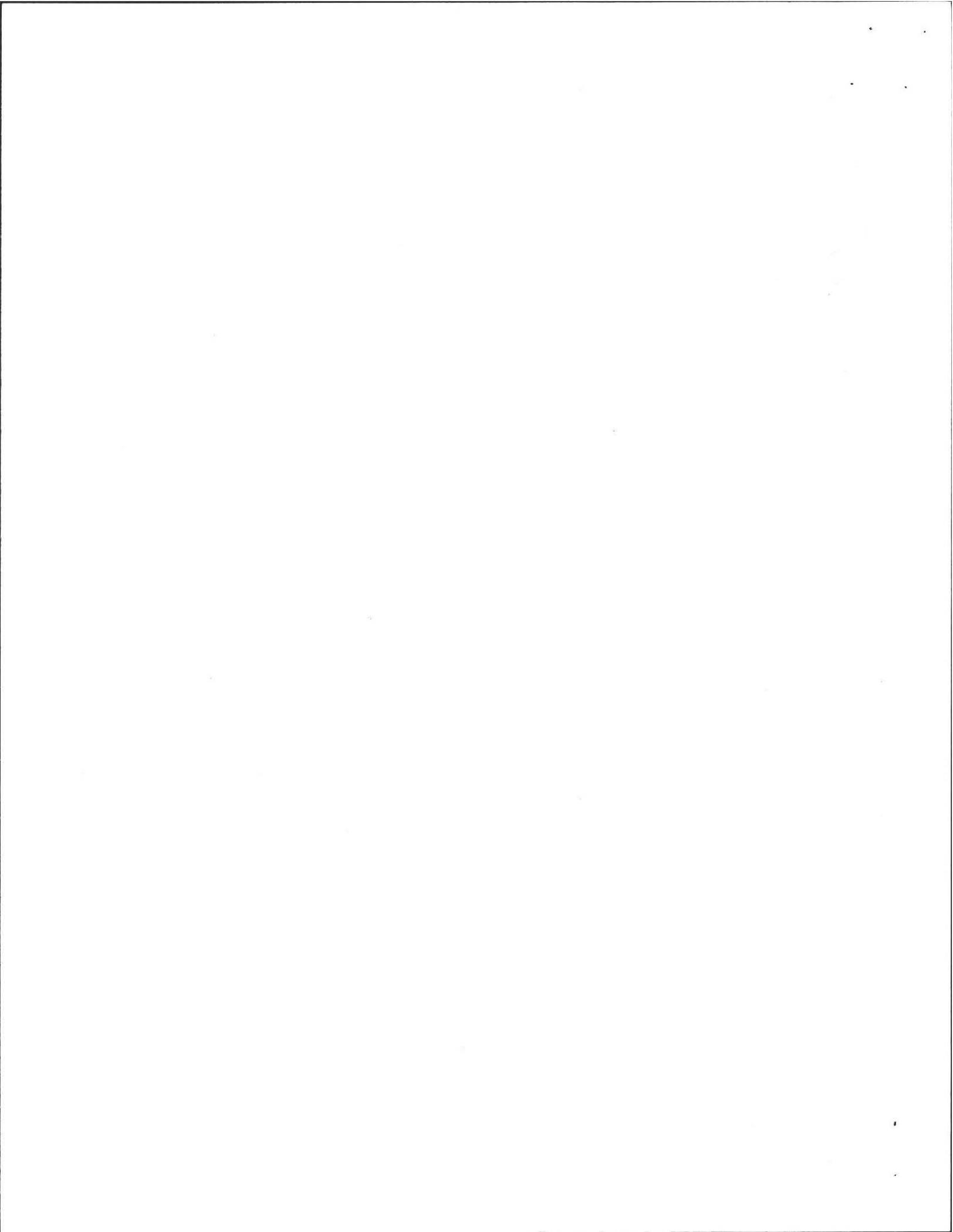
Distances from:

Open Water Body _____ feet 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
7	A	FSL	10YR 4/3		
24	B	FSL	2.5Y 6/6	30"	
74	C ₂	LS	2.5Y 4/4		

Parent Material (geologic) glacial Till
 Depth to Bedrock 74"
 Depth to Groundwater: _____
 Standing Water in the Hole _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water _____



FORM 12: Percolation Test
Location Address or Lot #

279 MARKET Hill

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST *		
DATE: 10/19/02		TIME:
Observation Hole #	(1)	(2)
Depth of Perc	47"	
Start Pre-soak	9:08	
End Pre-soak	9:23	
Time at 12"	9:23	
Time at 9"	9:31	
Time at 6"	9:45	
Time (9"-6")	14	
Rate Min./Inch	(5)	

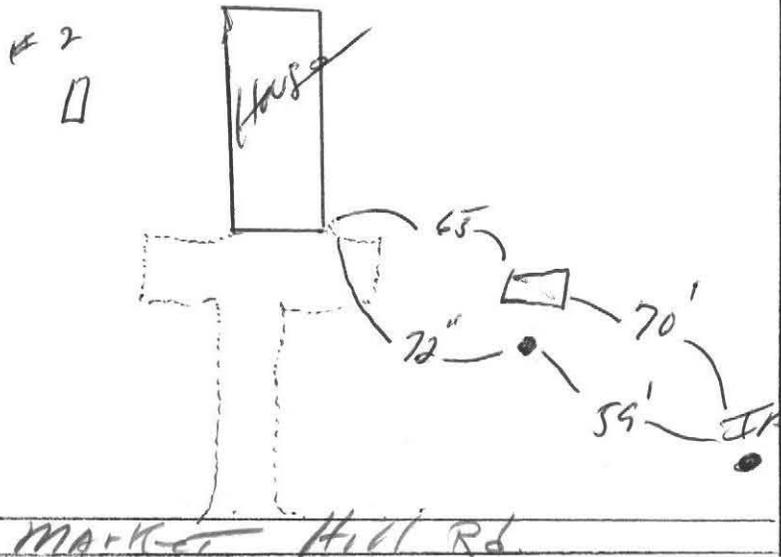
*Minimum of one percolation test must be performed in both the primary area and reserve area.

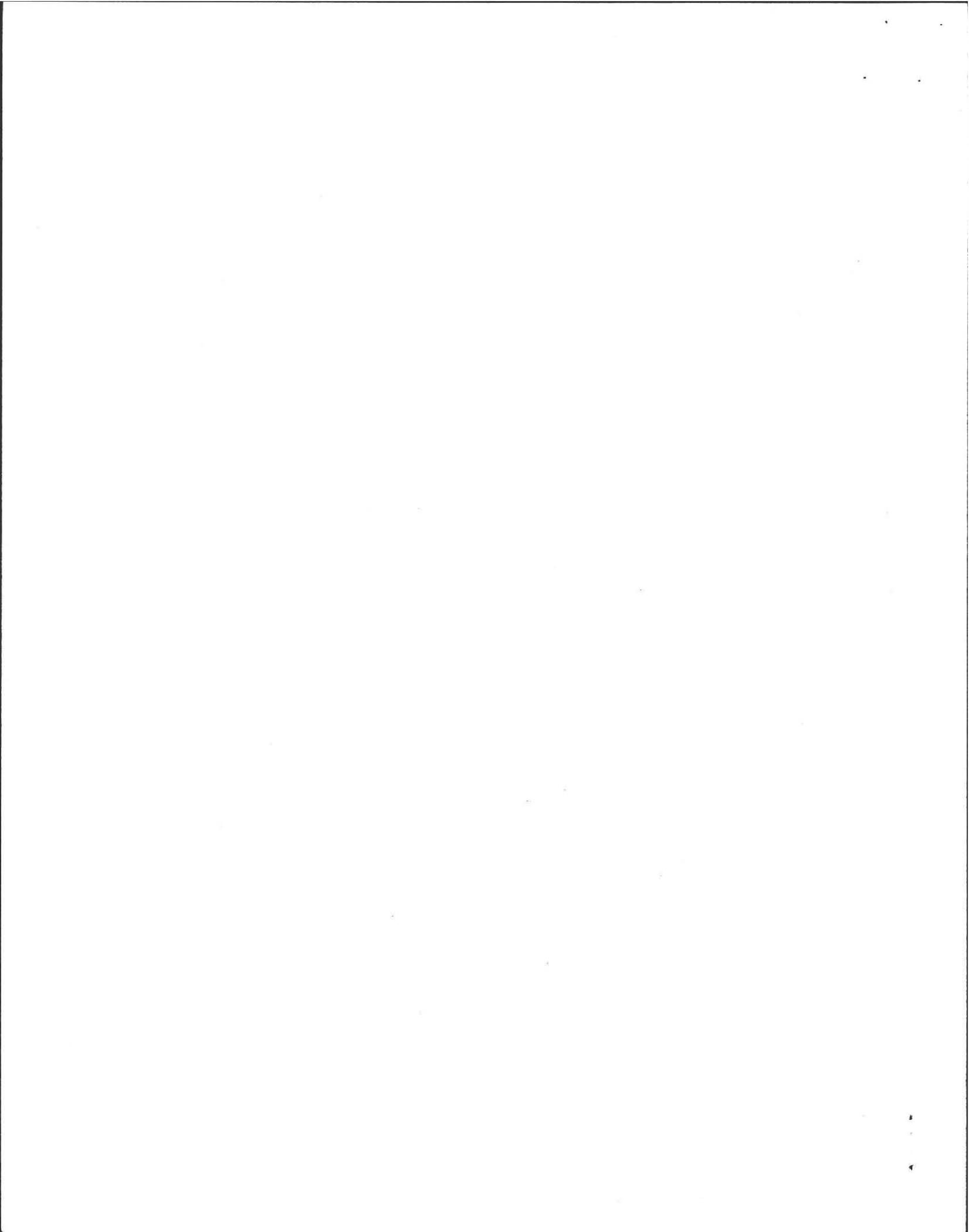
Site Passed Site failed

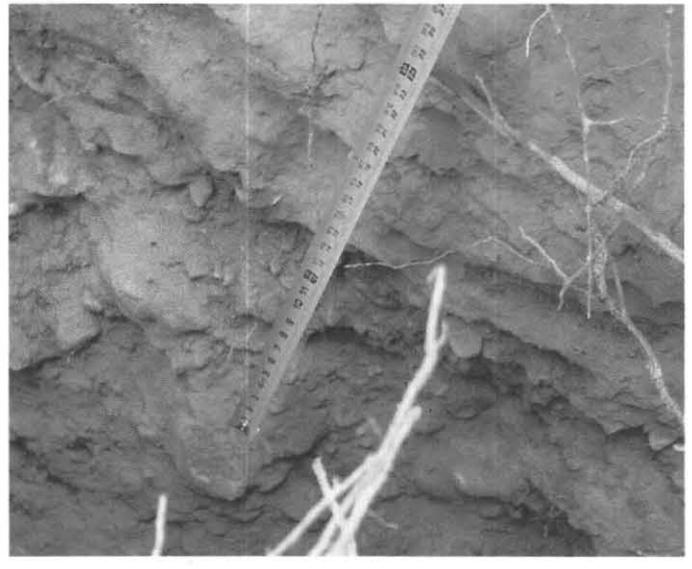
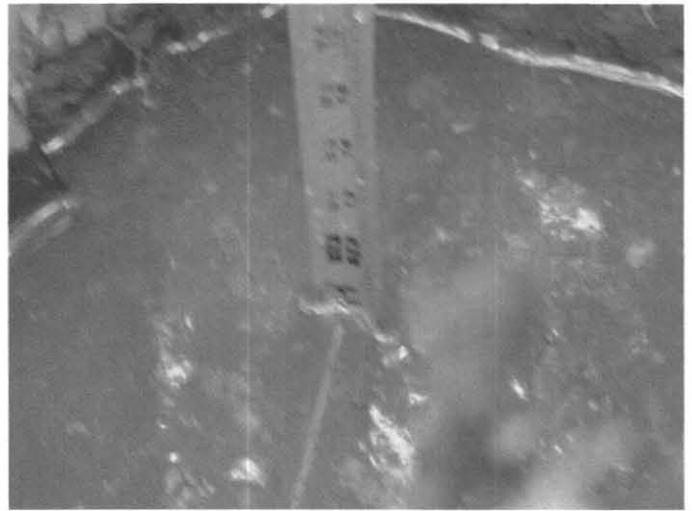
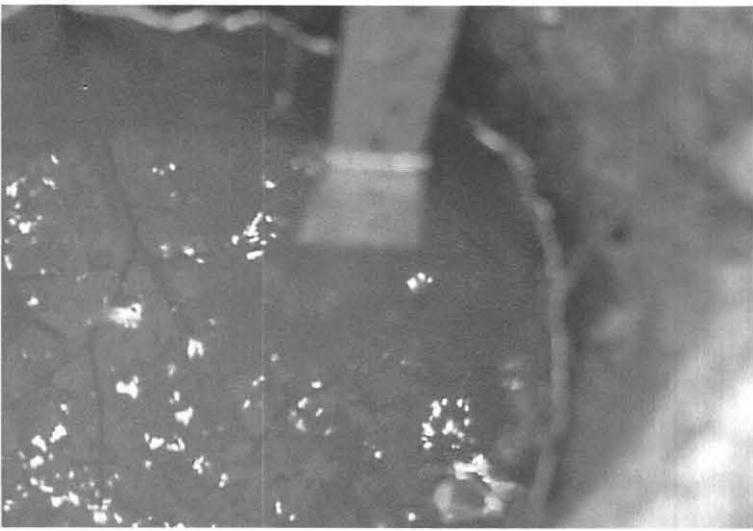
Performed by AL Weiss

Witnessed by David Zaroznick

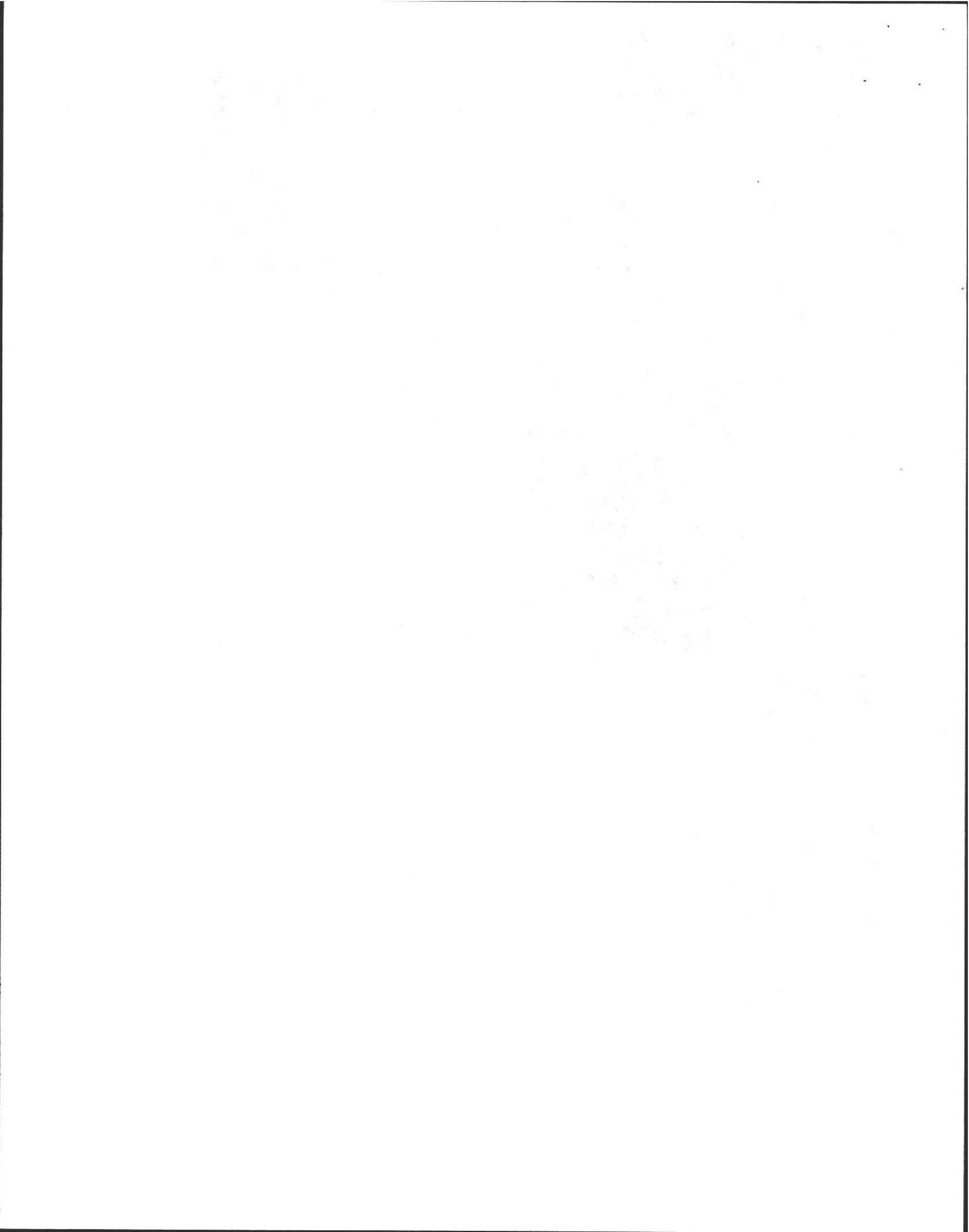
Comments:

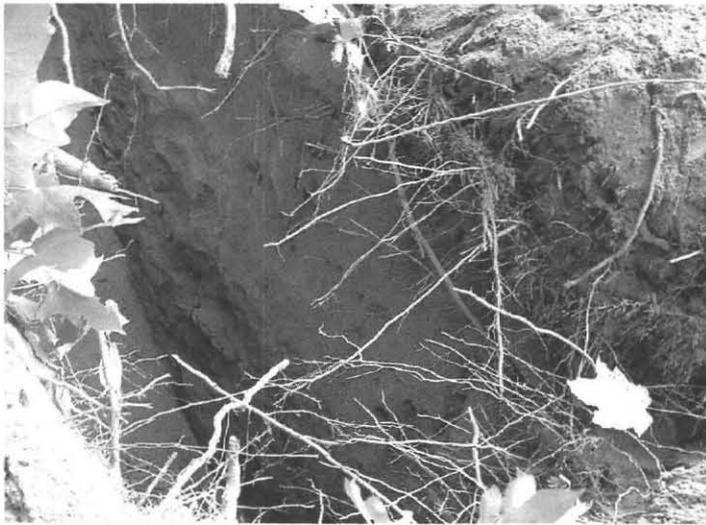




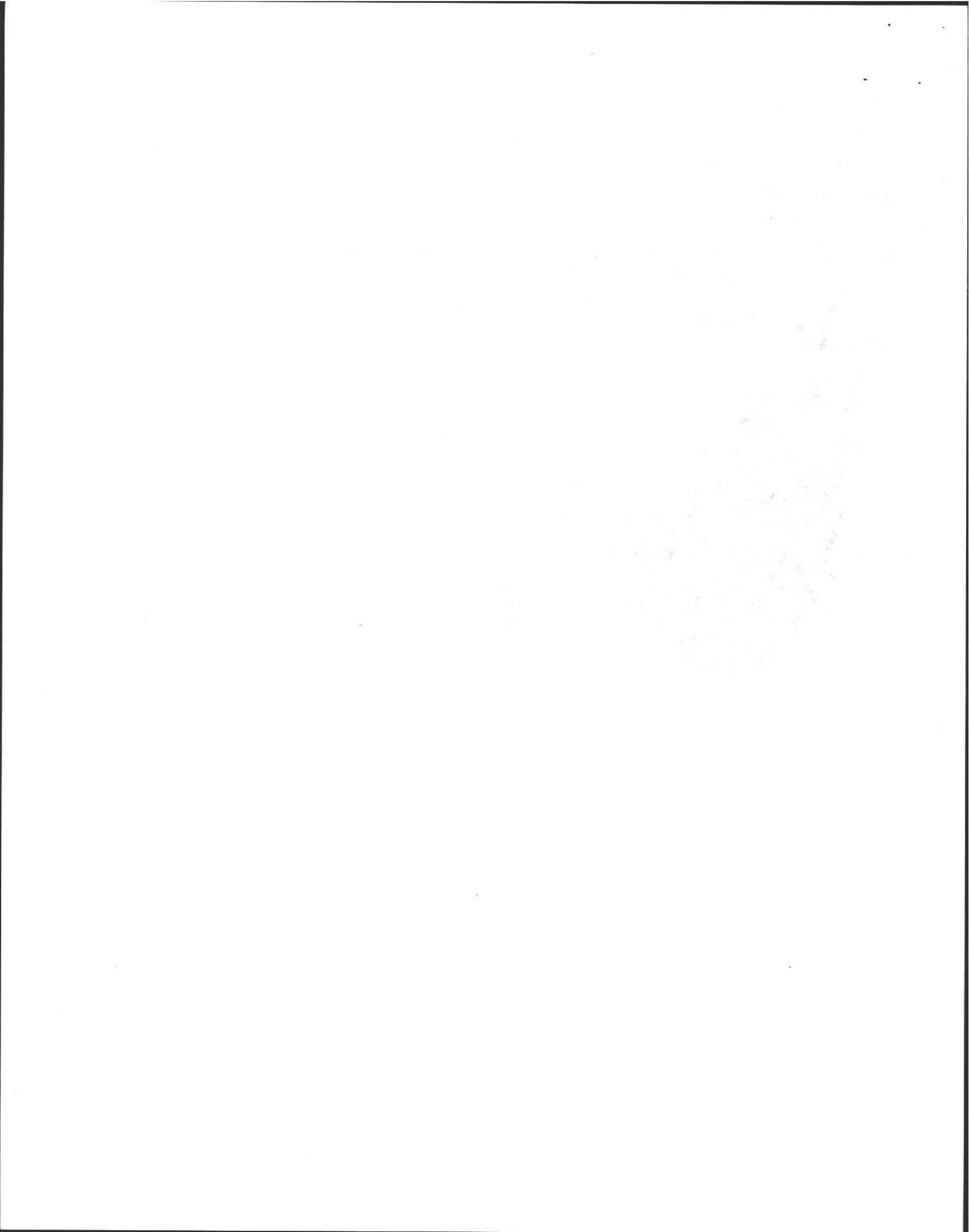


279 Market Hill
Perc test hole #1
10/10/02





279 Market Hill Road
Deep hole #2 10/10/02



No. _____

Date: 10/10/02

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 10/10/02

Witnessed By: Dave Zarowski, Tom Dion

Location Address or Lot # <u>279 Market Hill</u>	Owner's Name, Address, and Telephone # <u>Sid Myers</u> <u>279 Market Hill</u> <u>Amherst, MA.</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	<u>549-3848</u>

Office Review

Published Soil Survey Available: No Yes

Year Published 1980 Publication Scale 1:15,840 Soil Map Unit GHC

Drainage Class Med. Soil Limitations N/A

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) _____

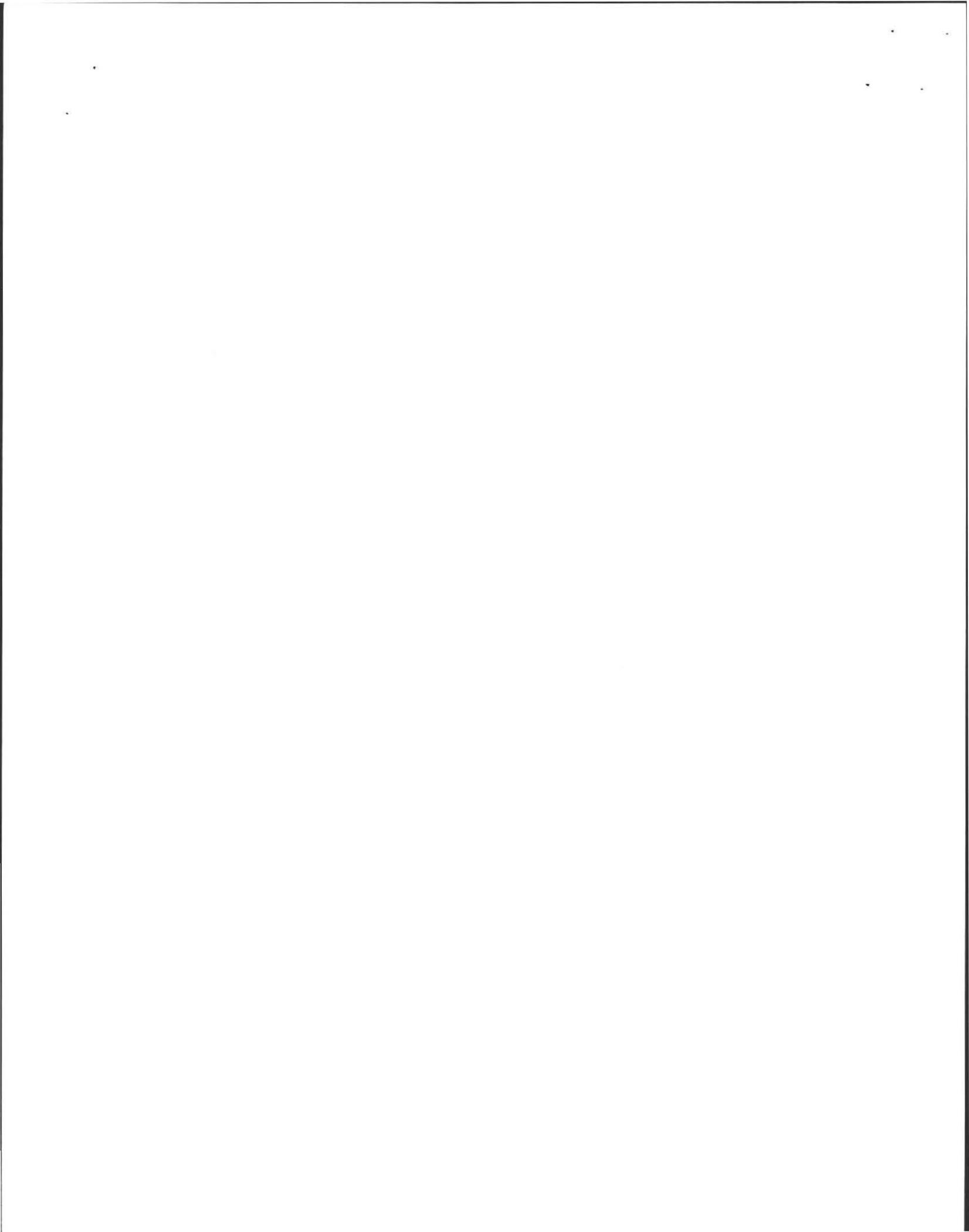
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





FORM 12 - PERCOLATION TEST

Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*			
Date: <u>10/10/02</u>		Time: <u>9:00</u>	
Observation Hole #	<u>P₁</u>	↙	
Depth of Perc	<u>47"</u>		
Start Pre-soak	<u>9:08</u>		<u>Repair</u>
End Pre-soak	<u>9:23</u>		
Time at 12"	<u>9:23</u>		
Time at 9"	<u>9:31</u>		
Time at 6"	<u>9:45</u>		
Time (9"-6")	<u>14</u>		
Rate Min./Inch	<u>5 $\frac{MIN}{IN}$</u>	↓	

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

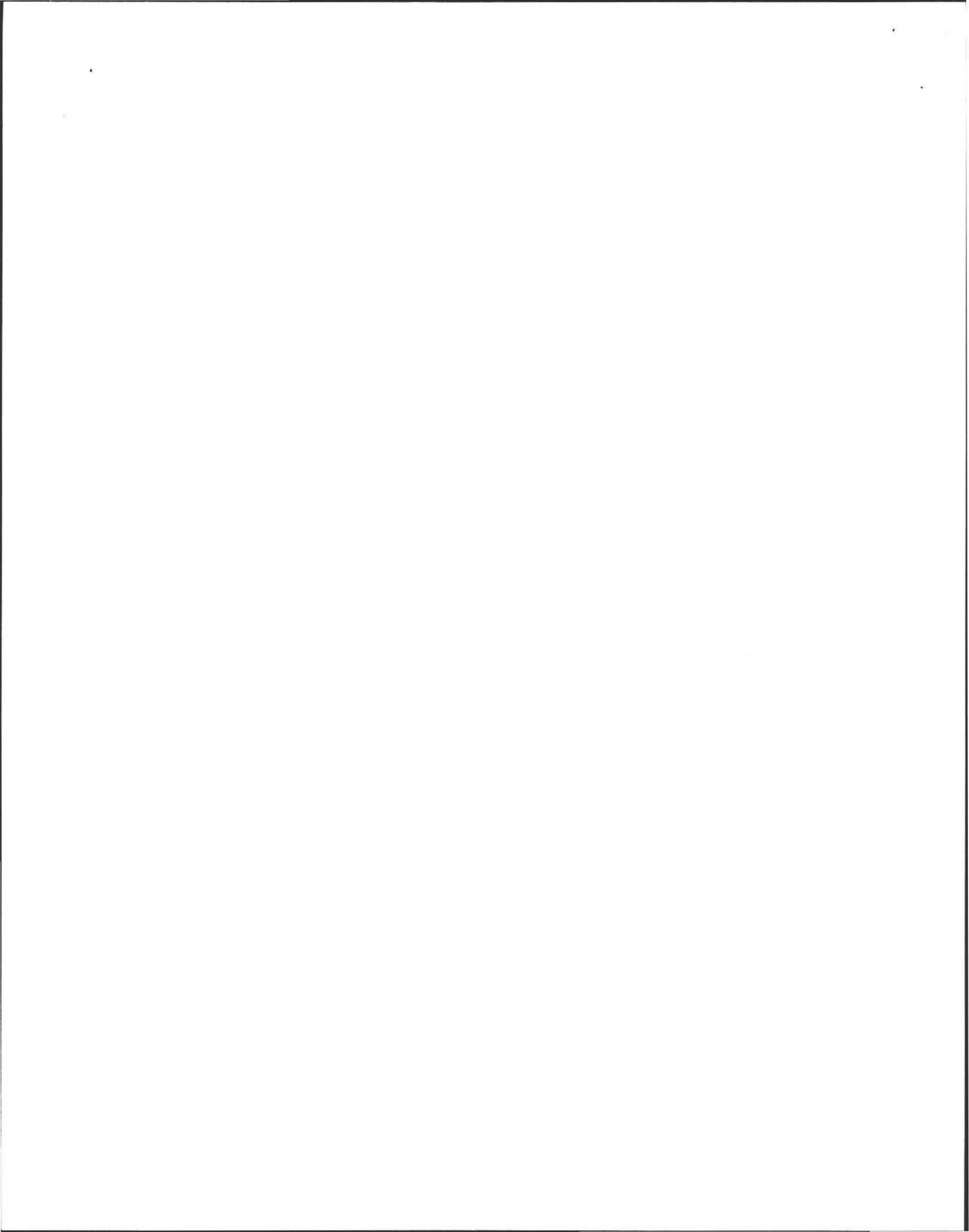
Site Passed Site Failed

Performed By: A. Weiss

Witnessed By: D. Kozinski

Comments: _____





Location Address or Lot No. 279 Market Hill 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 56" 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.

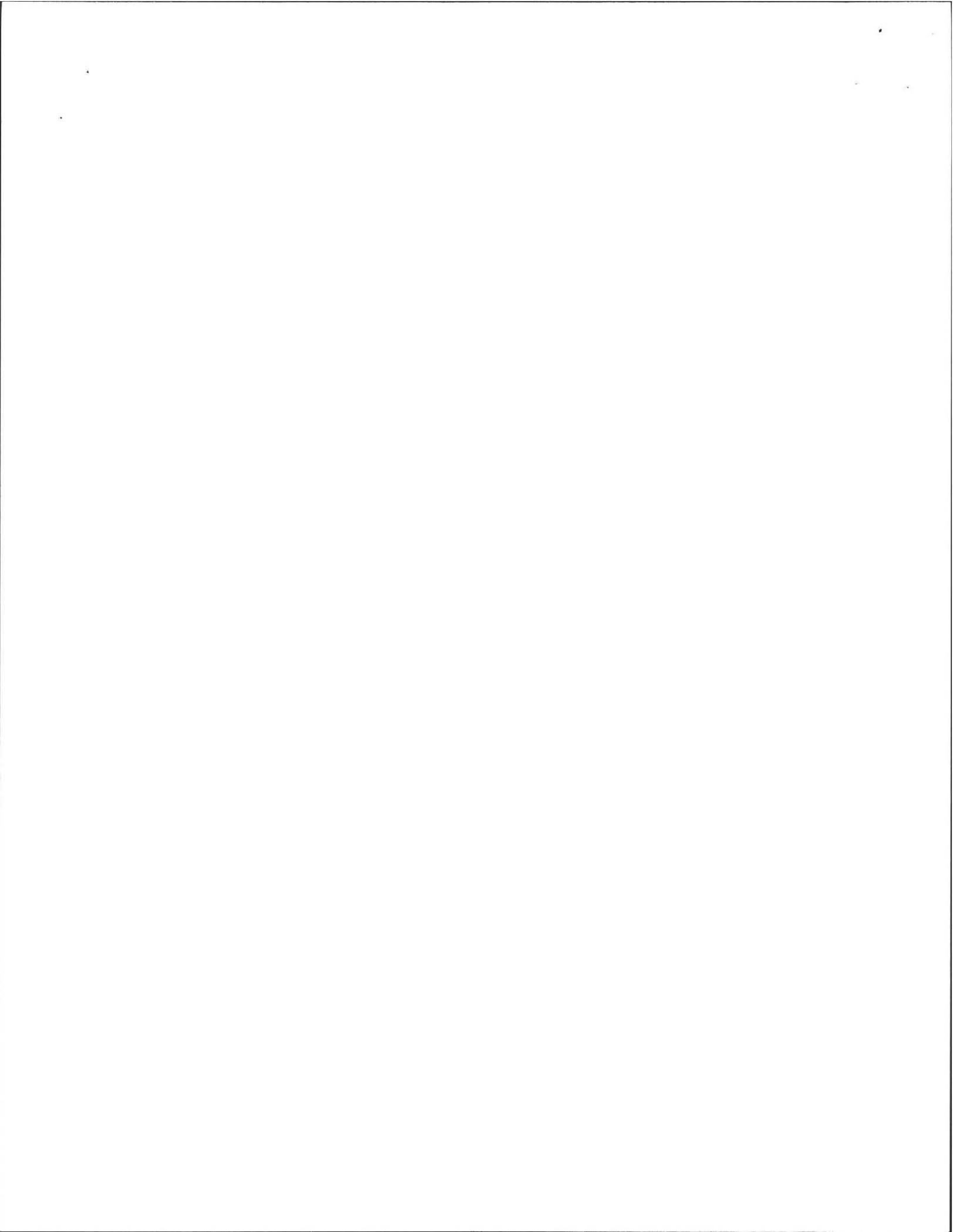
Signature

Al

Date

10/10/02





TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

ck. 2511
No. 3133

Received of Sidney Myers of 279 Market Hill Rd.
Name Address

For Property Located at: same same
Street Address Owner

HEA009	Bakery R6510 443508	_____	HEA015	Sanitary Code Booklets R6510 432305	_____
HEA001	Bed & Breakfast R6510 443516	_____	HEA016	Septic Tank Permit-Installers R6510 443511	① 100.00
HEA002	Catering License R6510 443507	_____	HEA017	Septic Tank Permit-Private R6510 443510	_____
HEA003	Food Handler R6510 443515	_____	HEA018	Septic Tank Reinspection Fee R6510 432301	_____
HEA004	Frozen Deserts R6510 443501	_____	HEA019	Sub-Division Review Fee R6510 432306	_____
HEA005	Health Dept. Housing Isp. R6510 432302	_____	HEA012	Swimming Pool Permits R6510 443512	_____
HEA006	Massage Therapy License R6510 443504	_____	HEA020	Tanning License R6510 443509	_____
HEA007	Milk & Cream License R6510 443500	_____	HEA024	Funeral Director License R6510 443502	_____
HEA008	Motel License R6510 443506	_____	HEA034	Immunization Clinic R6510 432307	_____
HEA010	Removal of Offal R6510 443513	_____	HEA030	Car Seats 8407 258004	_____
HEA021	Removal of Rubbish R6510 443520	_____	HEA026	Smoking & Tobacco Reg. Violations R6510 443518	_____
HEA011	Percolation Test Fees R6510 432300	① 175.00	HEA023	TB Clinic R6510 432303	_____
HEA013	Recreation Camp License R6510 443503	_____	HEA022	Tobacco License R6510 443505	_____
HEA014	Retail Store Permit R6510 443514	_____	HEA		_____
			HEA		_____

TOTAL FEE: \$ 275.00

Kelli Kydd
Inspection Services/Health Department

10/25/02
Date

5-13/110 2511
0360847660

SIDNEY MYERS
ATTORNEY AT LAW
279 MARKET HILL RD.
AMHERST, MA 01002-1241

DATE Oct. 25, 2002

PAY TO THE ORDER OF Town of Amherst \$ 275.00

Two Hundred Seventy Five no DOLLARS Security Features Included. Details on Back.

100

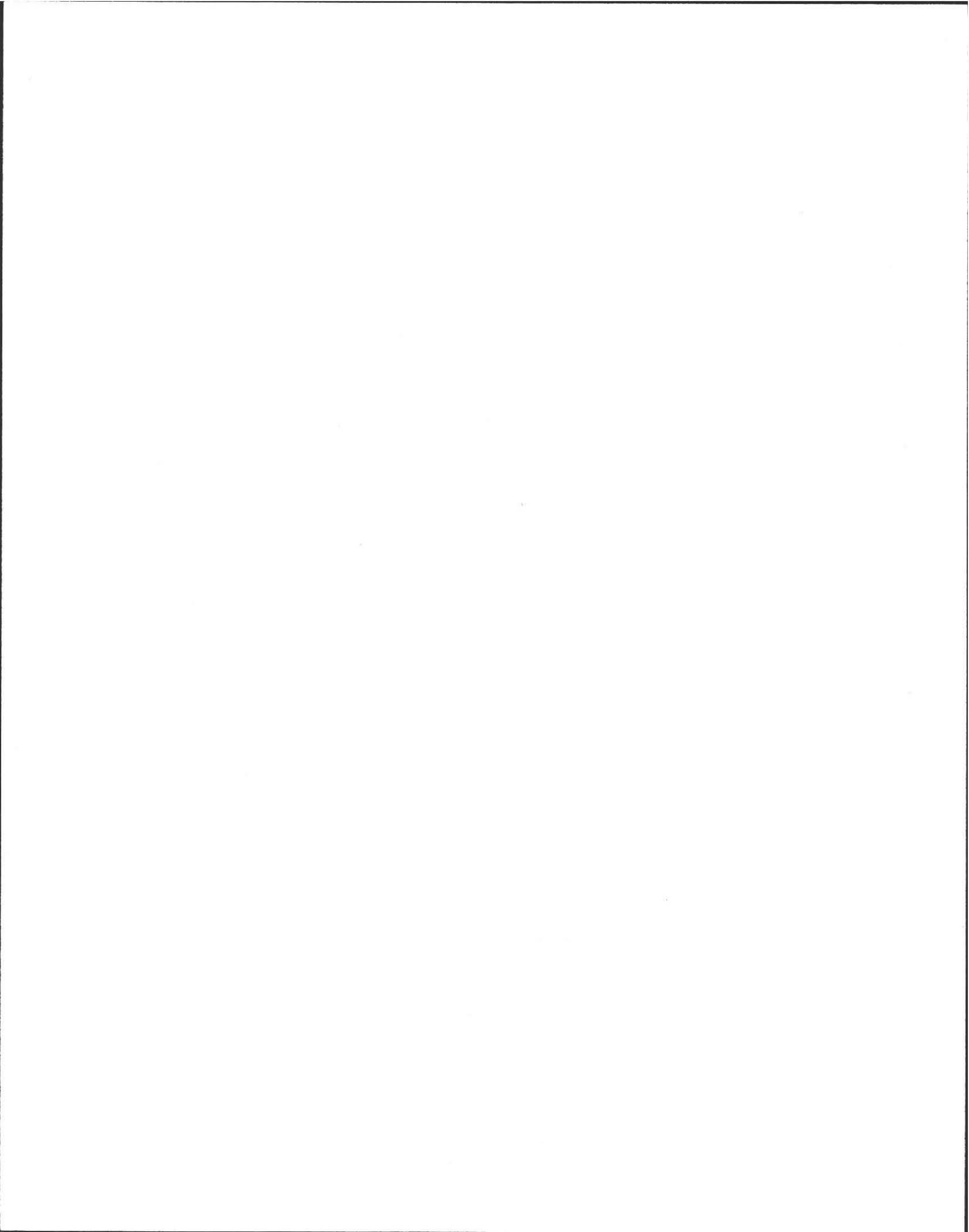
 Fleet
43303 www.fleet.com
Amherst Office
Amherst, Massachusetts 01002

MEMO (T.I.) Sidney Myers MP

⑆011000138⑆ 03608 47660⑈ 2511⑆

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

White - Applicant Yellow - Collector Pink - Accounting Gold - Health/Inspections



Location Address or Lot No. 279 Market Hill Road

On-site Review

Deep Hole Number TP1+2 Date: 10/10/02 Time: 9:00 Weather CLOUDS

Location (identify on site plan) _____

Land Use Rural Res Slope (%) 3 Surface Stones Many

Vegetation Deciduous

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100'+ feet Drainage way 100'+ feet
 Possible Wet Area 100'+ feet Property Line 40' feet
 Drinking Water Well Taw water feet Other _____
100'+

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"	Ap	FSL	10YR 4/3		Friable, loose
7-25"	Bw	FSL	10YR 5/8	56"	Friable, loose
25"-84"	C1	LS	2.5Y 6/6	2.5Y 4/2	Med. Coarse Sandy fill ^{Slightly dense}
84-120"	C2	SL	2.5Y 4/4	7.5Y 4/6	Med. Dense G. till. (F. Sandy) 15% cobbles
0-4"	A	FSL	10YR 4/3		Friable, loose
7-24"	Bw	FSL	10YR 5/8		Friable, loose
24-74"	C2	SL	2.5Y 4/4	30" 2.5Y	Med Dense G. till 10-15% cobbles

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

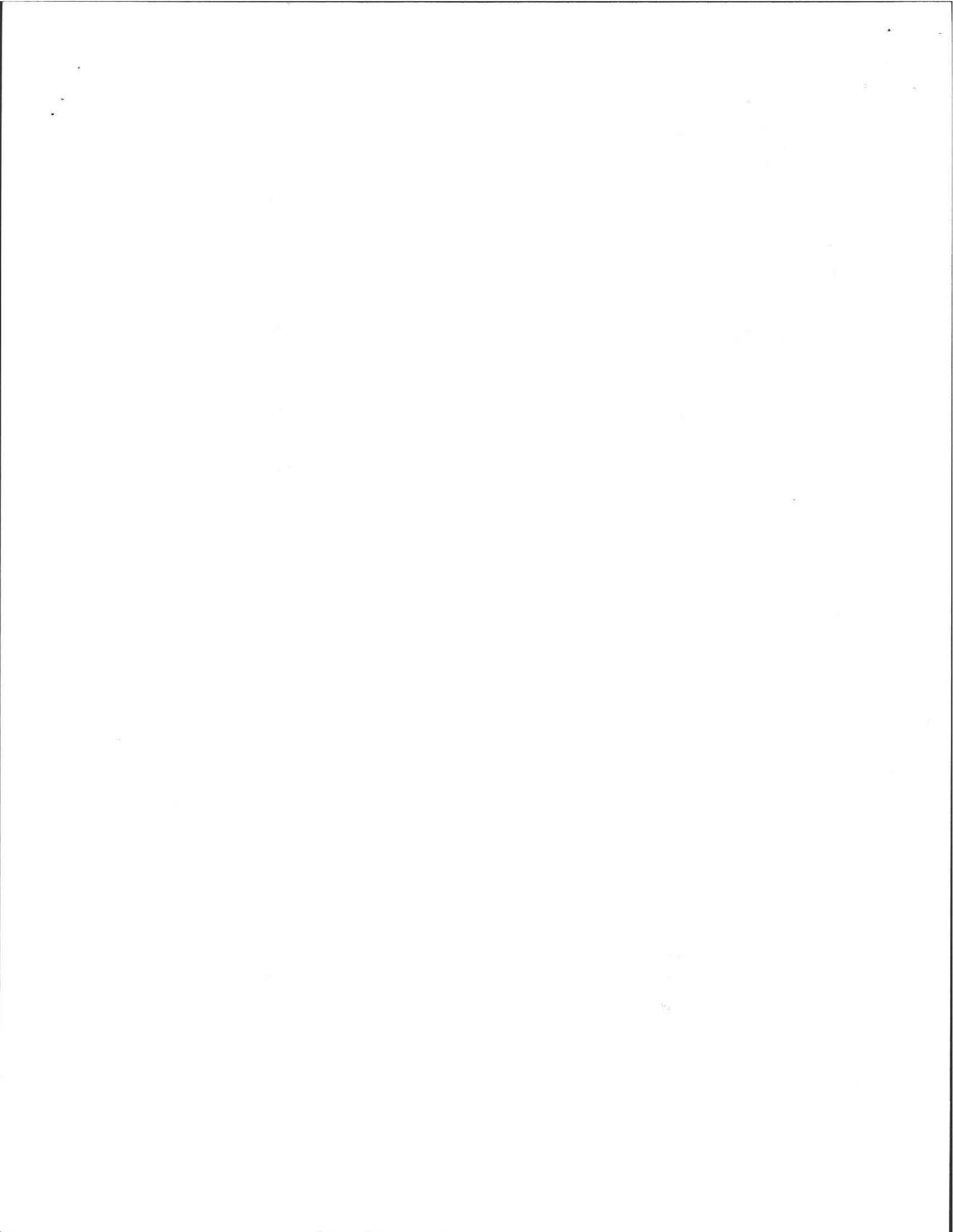
Parent Material (geologic) G. till. Depth to Bedrock: 120"

Depth to Groundwater: Standing Water in the Hole: NOT Weeping from Pit Face: NOT

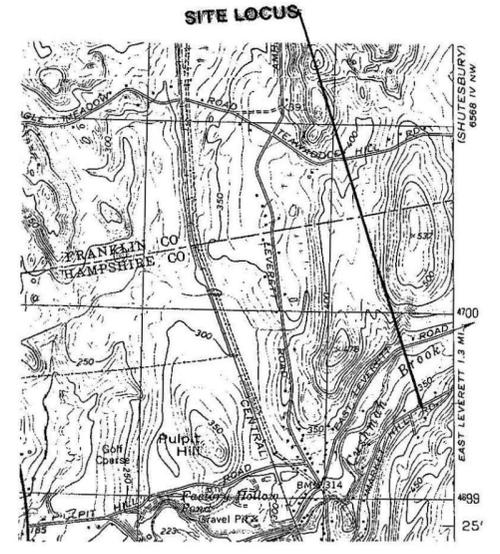
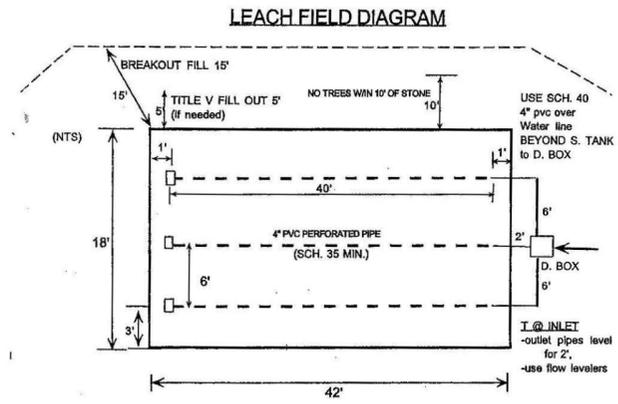
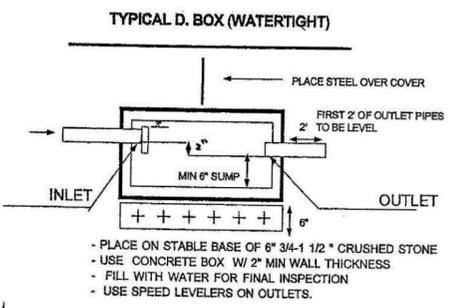
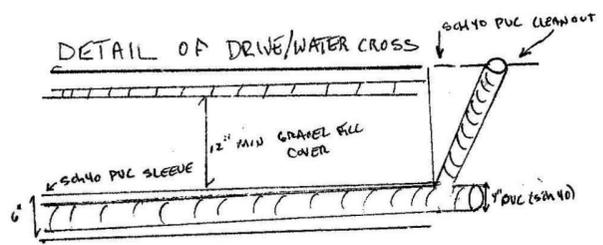
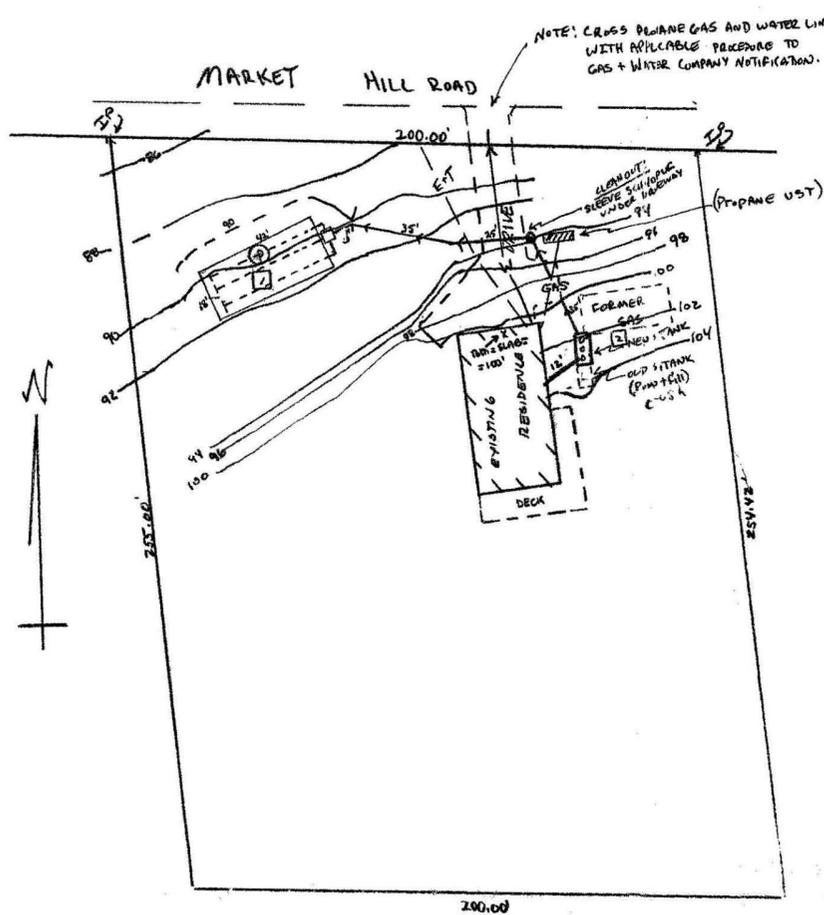
Estimated Seasonal High Ground Water: 56"

* USE TP-1



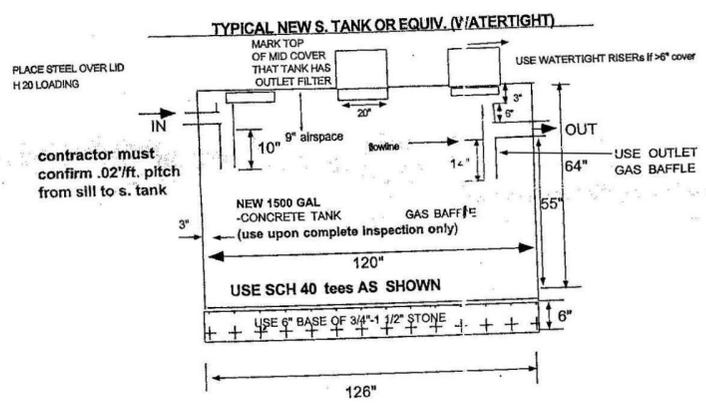


PLOT PLAN (1"=40')



TEST PIT LOG

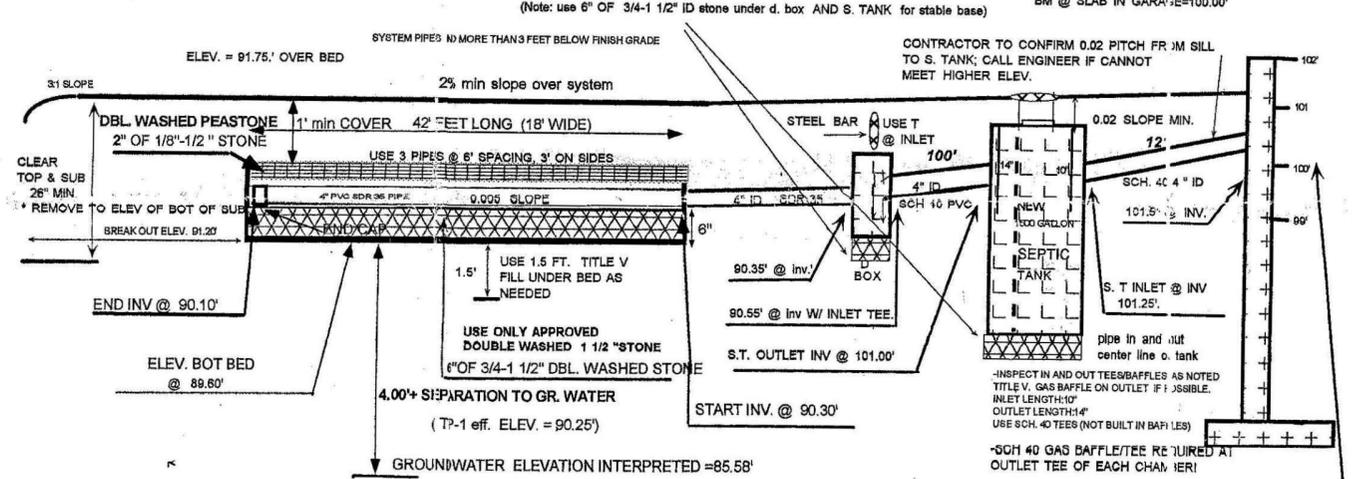
TP-1 EFF. EL. 90.25' (10/10/2002) (EFF. FOR DESIGN)	TP-2 102.7'
0-7" AP FINE SANDY LOAM, FRIABLE-LOOSE (10 YR 4/3)	0-7"
7-25" BW FINE SANDY LOAM, FRIABLE-LOOSE (10 YR 5/8)	7-24"
25-84" C1 MOD. LOOSE MED. TO COARSE SANDY ABLATION TILL 15% COBBLES & BOULDERS (2.5 Y 6/6)	
84-120" C2 MOD. DENSE G. TILL, FINE SAND 10-15% COBBLES	24-74"
OXIDES NOT OBSERVED ASSUMED 78"	NOT OBSERVED
ESHW: 56" @ TP-1 ASSUMED FOR DESIGN! (2.5 Y 4/2 & 7.5 YR 4/6) = 85.58"	
NOT OBSERVED	STANDING H2O WEeping FROM FACE BEDROCK
NOT OBSERVED (120"+)	NOT OBSERVED



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

- HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
- MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF LEACHFIELD.
- USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
- CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM.
- KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

CROSS SECTION OF SEPTIC SYSTEM



NOTE: USE TITLE V FILL ONLY UNDER AND AROUND FIELD AS NEEDED TO MEET DESIGN ELEVATIONS AS NOTED ON PLAN AND AS PER 310 15.255 (clear all top and sub prior to fill placement)

NOTE: PUMP TO REPIPE FROM SILL, & MANIFOLD ALL (GREY H2O) PIPING AT HIGH ENOUGH ELEVATION & PITCH IF NEEDED.

DESIGN NOTES

- (4 BEDROOMS); USE 4 BR DESIGN X 110 GAL/PERSONS/DAY = 440 GAL/DAY
-Use ONE Leachfield 18' wide x 42' LONG W/6" of .5" of DBL washed stone below invert.
Bot. Area: 18' wide x 42' long = 756sf.
Side Area: N.A.
Tot. Area: 756 sf x 0.60 gal/sf. = 454 GAL./day.
- GARBAGE DISPOSAL NOT ALLOWED (MUST BE REMOVED).
- ALL D. BOX OUTLET PIPES LEVEL FOR 2'.
- NO PRIVATE WELLS WITHIN 100 FEET (TOWN WATER NOTED)
- no WETLANDS NOTED WITHIN 100 FEET OF FIELD.
- PRE & POST CONTOURS NOTED AS NECESSARY.
- RESERVE AREA NOT required. (PUMP CRUSH AND FILL OLD SEPTIC TANK)
- SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
- 2% MIN. SLOPE OVER SAS; CLEAR TOP AND SUB TO 28" MIN. AS NEEDED.
CLEAR TO BASE OF B or to base of old system (28" +/-) UNDER BED. subgrade insp. required.
- SOIL EVALUATION BY A. WEISS, RS. 10/10/02.
- DEPTH OF PERC. 47" & BY A. Weiss 10/10/2002
- PERC RATE = 5 MIN/IN, CLASS 2 SOIL RATING (SANDY LOAM), 4" SEPARATION
- INSTALL/INSPECT SCH. 40 TEES (10" INLET, 14" OUTLET) ON NEW 1,500 GAL. S. TANK
- PUMP, CRUSH AND FILL CURRENT S. TANK.
- USE APPROVED (1/2") DBL WASHED STONE UNDER RED & D. BOX FOR 6".
CONFIRM STONE PROPERLY WASHED (WITH BUCKET /H2O TEST) PRIOR TO PLACEMENT.
- NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. TITLE V FILL ON LOW SIDE AS NEEDED.
- T.B.M. AT SLAB AT GARAGE AS NOTED = 100.00', REPIPE FROM SILL/SLAB TO NEW S. TANK.
- COVER SAS WITH MIN. 12" TOPSOIL, MULCH AND SEED TO STABILIZE IN YARD AND FIELD.
- USE LEACHING BED INSTEAD OF TRENCHES DUE TO TOPOGRAPHY OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)

SEPTIC SYSTEM REPAIR FOR SID MYERS		
279 MARKET HILL RD., AMHERST, MA		
SCALE: NOTED	APPROVED BY:	DRAWN BY AW
DATE: 10/23/02		REVISED
COLD SPRING ENVIRONMENTAL, INC.		DRAWING NUMBER 102-1634-0925