



Need gas barometer # 494  
FEE 160 <sup>cc</sup> pd

THE COMMONWEALTH OF MASSACHUSETTS  
AMHERST, MASSACHUSETTS

Tim  
494

### Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct (✓) or Repair ( ) an On-site Sewage Disposal System at:

Location Address or Lot No. LOT-A MARKET HILL ROAD AMHERST MA	Owner's Name, Address and Tel. No. STEBBINS
Installer's Name, Address, and Tel. No. Brian Pollard & Sons Excavating 913 Highland Ave. Erving, MA 01344 508-544-6403	Designer's Name, Address and Tel. No. TIMOTHY E. MAGINNIS RS. 70 MONTAGUE RD WESTHAMPTON, MA 527-5291

Type of Building:  
 Dwelling No. of Bedrooms 4 Garbage Grinder ( )  
 Other Type of Building SING. FAMILY No. per Persons 8 Showers ( ) Cafeteria ( )  
 Other Fixtures \_\_\_\_\_

Design Flow 666 gallons per day. Calculated daily flow 440 gallons.

Plan Date 6-21-96 Number of sheets 1 Revision Date \_\_\_\_\_  
Title PLAN OF PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM

Description of Soil LOAMY SAND 10YR 3/3 LOAMY SAND 10YR 4/4  
SAND 10YR 4/4 SANDY LOAM 2.5Y 4/3

Nature of Repairs or Alterations (Answer when applicable): \_\_\_\_\_

Date last inspected: \_\_\_\_\_

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.

Signed John D. Maginnis Date 6/25/96  
Application Approved by David Jayne for Inspector Date 6-25-96  
Application Disapproved for the following reasons \_\_\_\_\_

Permit No. 96-5 Date Issued \_\_\_\_\_

Tim Maginnis

THE COMMONWEALTH OF MASSACHUSETTS  
AMHERST, MASSACHUSETTS

David Jayne

### Certificate of Compliance

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed (✓) or repaired/replaced ( ) on \_\_\_\_\_ by \_\_\_\_\_ for STEBBINS at MARKET HILL RD. LOT A. has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 96-5 dated 6-25-96. 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. This Certificate expires on \_\_\_\_\_

DATE 10-22-96 Inspector David Jayne

THE COMMONWEALTH OF MASSACHUSETTS  
AMHERST, MASSACHUSETTS

FEE 160

### Disposal System Construction Permit

Permission is hereby granted to MR STEBBINS to construct (✓) or repair ( ) an On-site Sewage System located at LOT A MARKET HILL ROAD

and as described in the above 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.

All construction must be completed within three years of the date below.  
DATE 6-25-96 Approved by David Jayne for Inspector  
John D. Maginnis



THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CONSTRUCTION

Application is hereby made for a Permit to Erect a Building in accordance with the provisions of Chapter 140A, Section 26B, of the General Laws of the Commonwealth.

Location of Building: MARKET HILL ROAD  
AMHERST, MA

Project Name: [Handwritten text]

Type of Building: Dwelling, No. of Bedrooms: 4  
Other: [Handwritten text]

Design Flow: [Handwritten text]

Plan No: [Handwritten text]

Description of Job: [Handwritten text]

Nature of Request in Application: [Handwritten text]

Date last inspected: [Handwritten text]

Agreement: [Handwritten text]

Application Approved by: [Handwritten signature]

Permit No: [Handwritten text]

Date of Issuance: [Handwritten text]

This is to certify that the [Handwritten text]

accordance with the provisions of [Handwritten text]

The issuance of this certificate shall be [Handwritten text]

Condition expires on [Handwritten text]

DATE [Handwritten text]

THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CONSTRUCTION

Permit No. [Handwritten text]

Location of Building [Handwritten text]

Date of Issuance [Handwritten text]

Boyce

FORM 11 - SOIL EVALUATOR FORM  
Page 2 of 3

Location Address or Lot No. Market Hill Rd

On-site Review

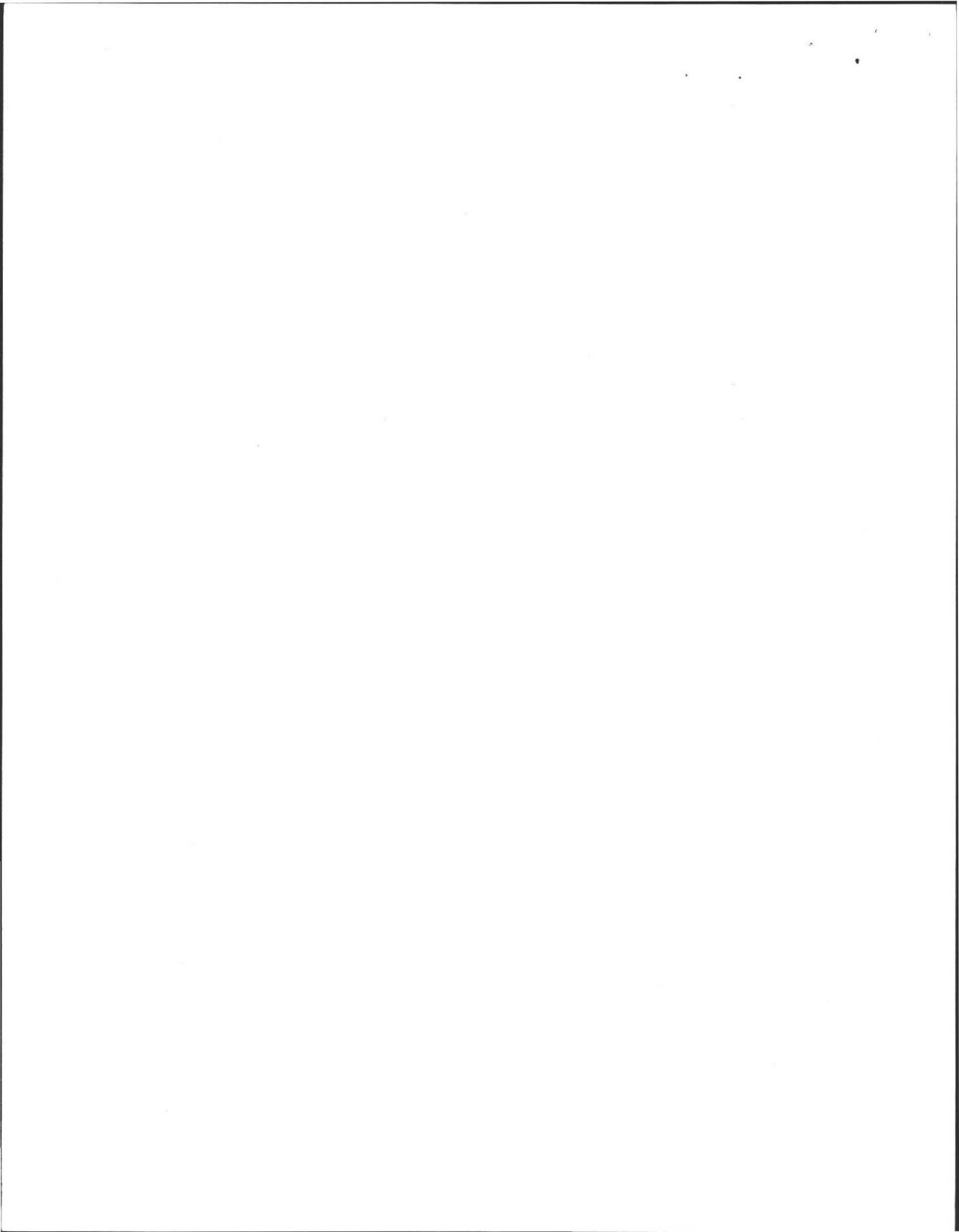
Deep Hole Number \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weather \_\_\_\_\_  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_ Surface Stones \_\_\_\_\_  
 Vegetation \_\_\_\_\_  
 Landform \_\_\_\_\_  
 Position on landscape (sketch on the back) \_\_\_\_\_  
 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)
4"	A	LOAMY SAND	10YR 3-3		
14"	B	FINE SAND + GRAVEL	10YR 4-4		
7'2"	C1	COURSE SAND + GRAVEL	10YR 4-4		
10'	C2	FINE SAND + T. IL SAND + LOAMY	2 1/2 YR 4-3 DRY		

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

Parent Material (geologic) \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_  
 Depth to Groundwater: Standing Water in the Hole: \_\_\_\_\_ Weeping from Pit Face: \_\_\_\_\_  
 Estimated Seasonal High Ground Water: 7' 6"





Cowls  
c/o Gordon Boyer

FORM 12 - PERCOLATION TEST

Location Address or Lot No. LOT A MARKET HILL ROAD

COMMONWEALTH OF MASSACHUSETTS  
, Massachusetts

Percolation Test*		
Date: <u>5-10-95</u>		Time: _____
Observation Hole #	<u>2</u>	
Depth of Perc	<u>36"</u>	
Start Pre-soak	<u>12:15</u>	
End Pre-soak	<u>12:30</u>	
Time at 12"	<u>12:30</u>	
Time at 9"	<u>12:33</u>	
Time at 6"	<u>12:39</u>	
Time (9"-6")	<u>6 min</u>	
Rate Min./Inch	<u>(2)</u>	

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

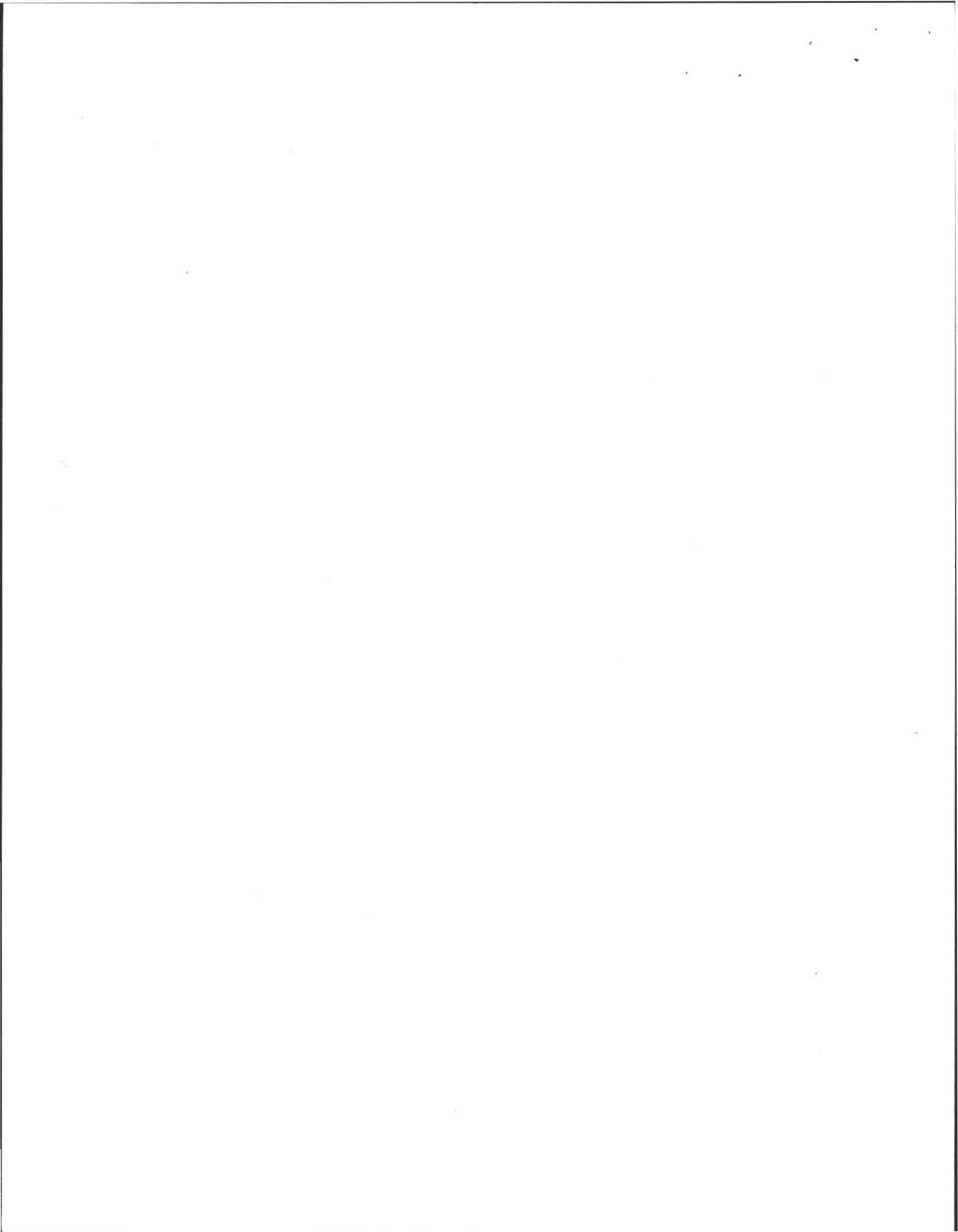
Site Passed  Site Failed

Performed By: AL WEISS Cold Spring Env.

Witnessed By: Dave Zarrinski

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



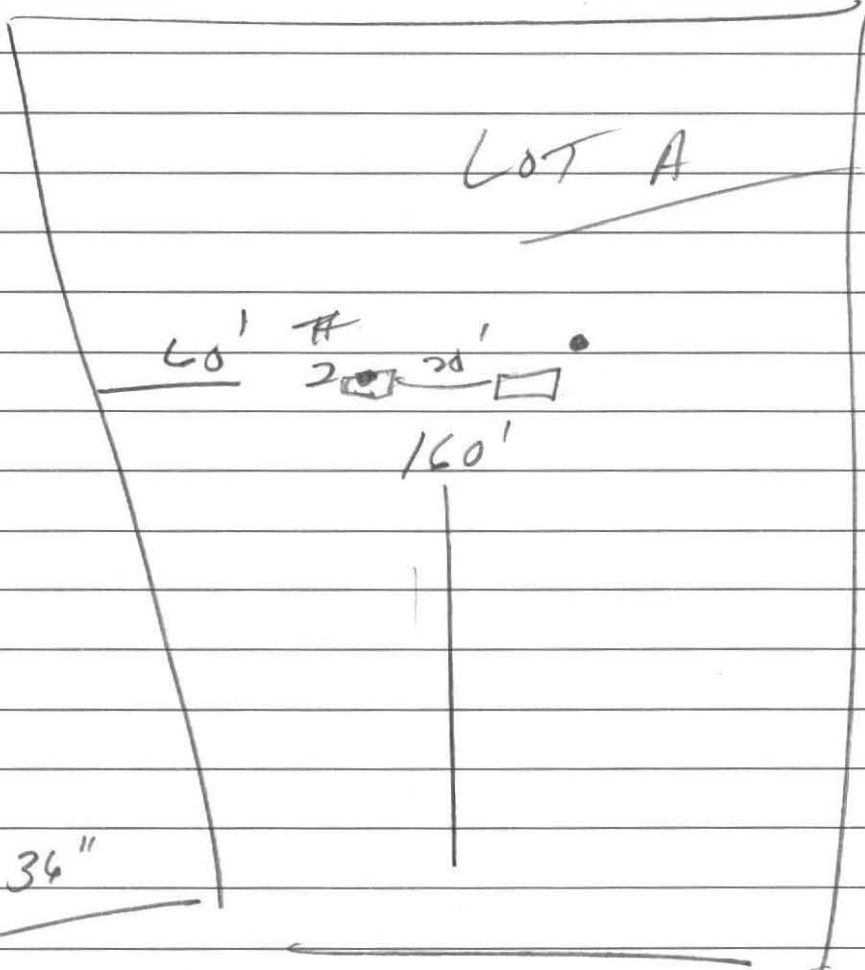




# University Conference Services

University of Massachusetts  
Amherst, MA 01003  
413-545-2591

Boyce



- 10 yr Leam
- A - 4" 3-3 Sand
  - B - 14" Knead Sand + gravel
  - C<sub>1</sub> 10' x 4-4 Coarse Sand 7'2" + gravel
  - C<sub>2</sub> Fine Sand fill Sand Leam 10'
  - ~~10' x 4-4~~ 2 1/2' 4-3 Dry
- EST 75 6"

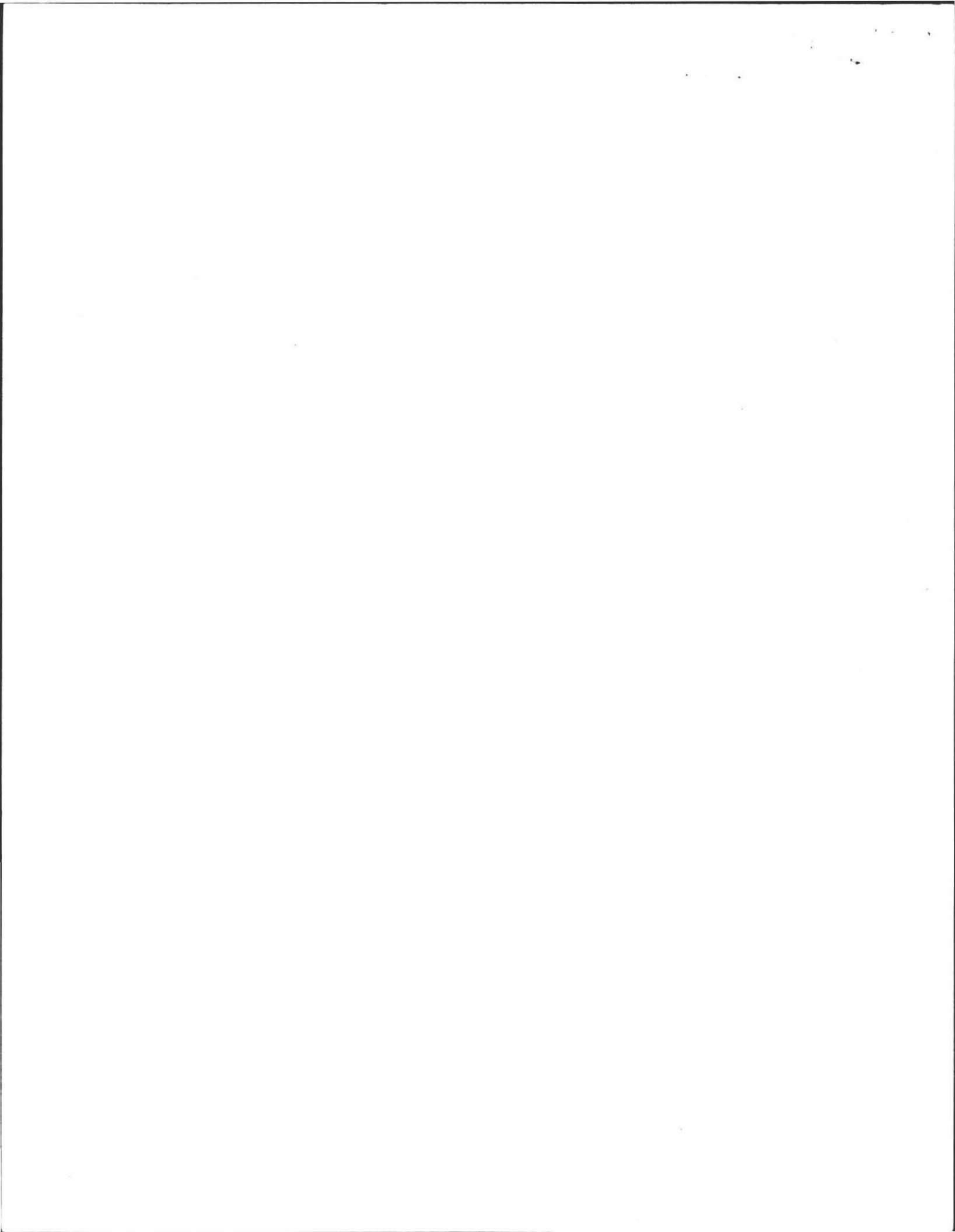
12" 12:15  
12" 12:30

86  
14  
72

9" 12:33  
6" 12:39

2







Brian Dollard & Sons Excavating  
93 Highland Ave  
Erving, Ma. 01344  
508-544-6403

CHK # 2982

TOWN OF AMHERST  
Health Department

<input type="checkbox"/> Bakery	01-0-501-4433-00	<input type="checkbox"/> Offal/Garbage	01-0-501-4472-00
<input type="checkbox"/> Bed & Breakfast	01-0-501-4474-01	<input type="checkbox"/> Perc Test	01-0-501-4344-00
<input type="checkbox"/> Burial Permit	01-0-501-4475-00	<input type="checkbox"/> Retail Permit	01-0-501-4473-00
<input type="checkbox"/> Car Seat Rental	89-0-000-2557-00	<input type="checkbox"/> Sanitary Code Booklet	01-0-501-4380-00
<input type="checkbox"/> Catering	01-0-501-4429-00	<input checked="" type="checkbox"/> Septic Installers Permit	01-0-501-4470-01
<input type="checkbox"/> Food Handler	01-0-501-4474-00	<input type="checkbox"/> Septic Private Applications	01-0-501-4470-00
<input type="checkbox"/> Housing Inspection	01-0-501-4348-00	<input type="checkbox"/> Septic - Reinspection	01-0-501-4345-00
<input type="checkbox"/> Massage	01-0-501-4425-00	<input type="checkbox"/> Sub-Division Rev.	01-0-501-4460-00
<input type="checkbox"/> Motel License	01-0-501-4428-00	<input type="checkbox"/> T.B. Clinic	01-0-501-4379-00
<input type="checkbox"/> Miscellaneous	01-0-501-_____	<input type="checkbox"/> Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE \$5000

Bridget Dwyer for AHD 6/21/96

Treasurer/Collector \_\_\_\_\_ Date \_\_\_\_\_ Health Department \_\_\_\_\_ Date \_\_\_\_\_

**Must have Collector's "PAID STAMP" on receipt to be valid.**

White: Applicant      Yellow: Collector      Pink: Accountant      Gold: Health Dept.

Brian Dollard & Sons Excavating  
93 Highland Ave  
Erving, Ma. 01344  
508-544-6403

CHK # 2981

TOWN OF AMHERST  
Health Department

<input type="checkbox"/> Bakery	01-0-501-4433-00	<input type="checkbox"/> Offal/Garbage	01-0-501-4472-00
<input type="checkbox"/> Bed & Breakfast	01-0-501-4474-01	<input type="checkbox"/> Perc Test	01-0-501-4344-00
<input type="checkbox"/> Burial Permit	01-0-501-4475-00	<input type="checkbox"/> Retail Permit	01-0-501-4473-00
<input type="checkbox"/> Car Seat Rental	89-0-000-2557-00	<input type="checkbox"/> Sanitary Code Booklet	01-0-501-4380-00
<input type="checkbox"/> Catering	01-0-501-4429-00	<input checked="" type="checkbox"/> Septic Installers Permit	01-0-501-4470-01
<input type="checkbox"/> Food Handler	01-0-501-4474-00	<input checked="" type="checkbox"/> Septic Private Applications	01-0-501-4470-00
<input type="checkbox"/> Housing Inspection	01-0-501-4348-00	<input type="checkbox"/> Septic - Reinspection	01-0-501-4345-00
<input type="checkbox"/> Massage	01-0-501-4425-00	<input type="checkbox"/> Sub-Division Rev.	01-0-501-4460-00
<input type="checkbox"/> Motel License	01-0-501-4428-00	<input type="checkbox"/> T.B. Clinic	01-0-501-4379-00
<input type="checkbox"/> Miscellaneous	01-0-501-_____	<input type="checkbox"/> Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE \$6000

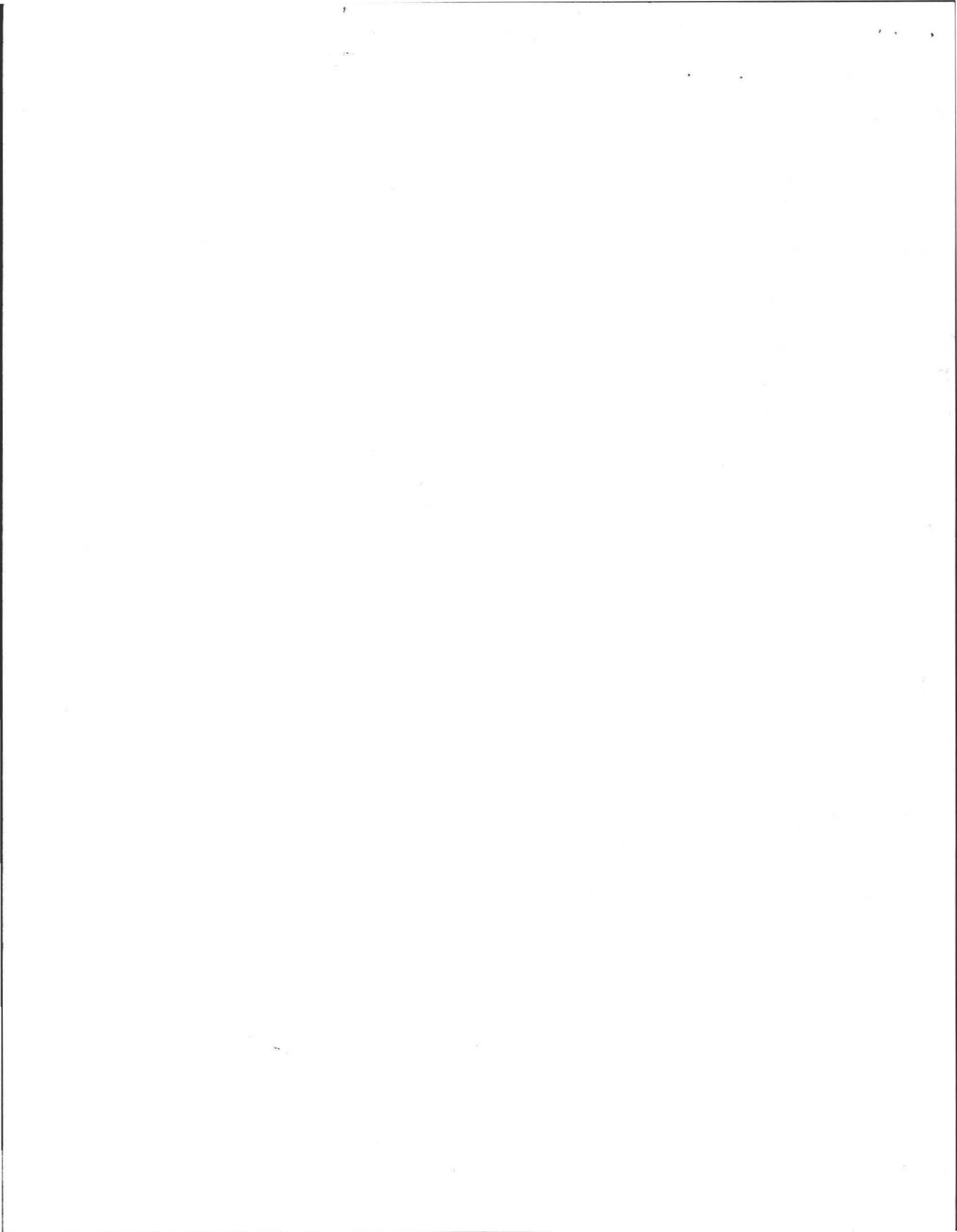
6/21/96

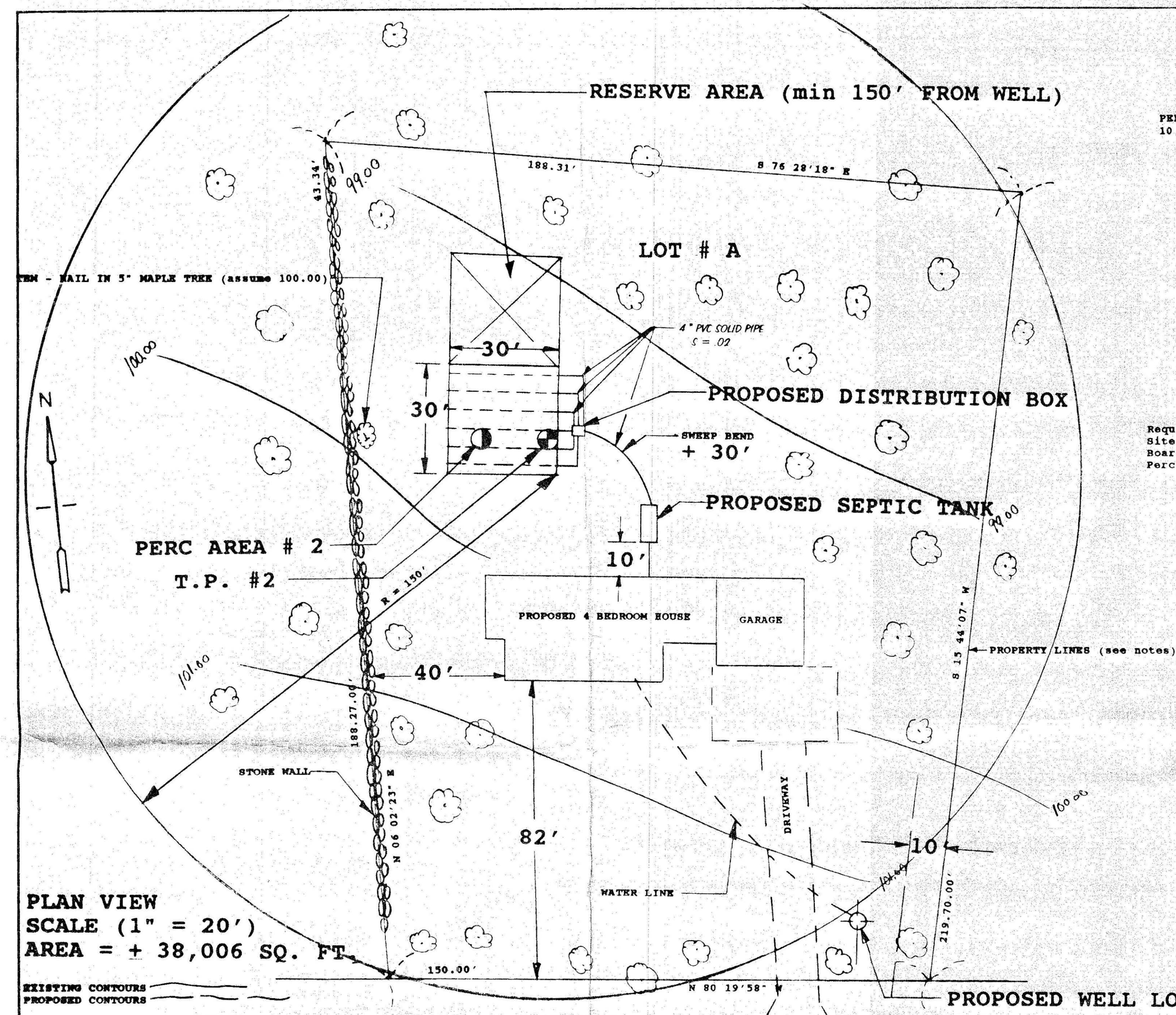
Bridget Dwyer for AHD 6/21/96

Treasurer/Collector \_\_\_\_\_ Date \_\_\_\_\_ Health Department \_\_\_\_\_ Date \_\_\_\_\_

**Must have Collector's "PAID STAMP" on receipt to be valid.**

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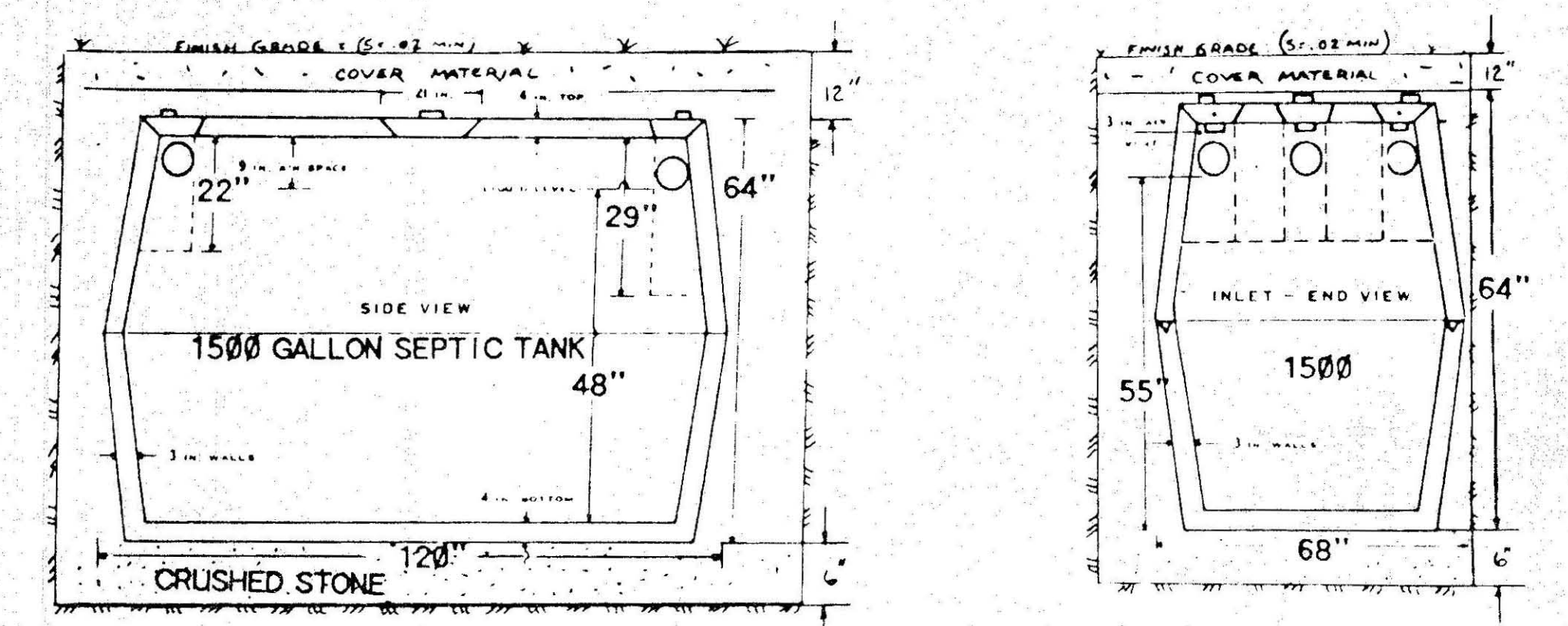
**TEST PIT DATA**

PERC TEST AND SOIL EVALUATION PERFORMED BY A. WEISS ON MAY 10, 1996. PREVIOUS PERC TEST BY FRED FILIOS IN 1986.

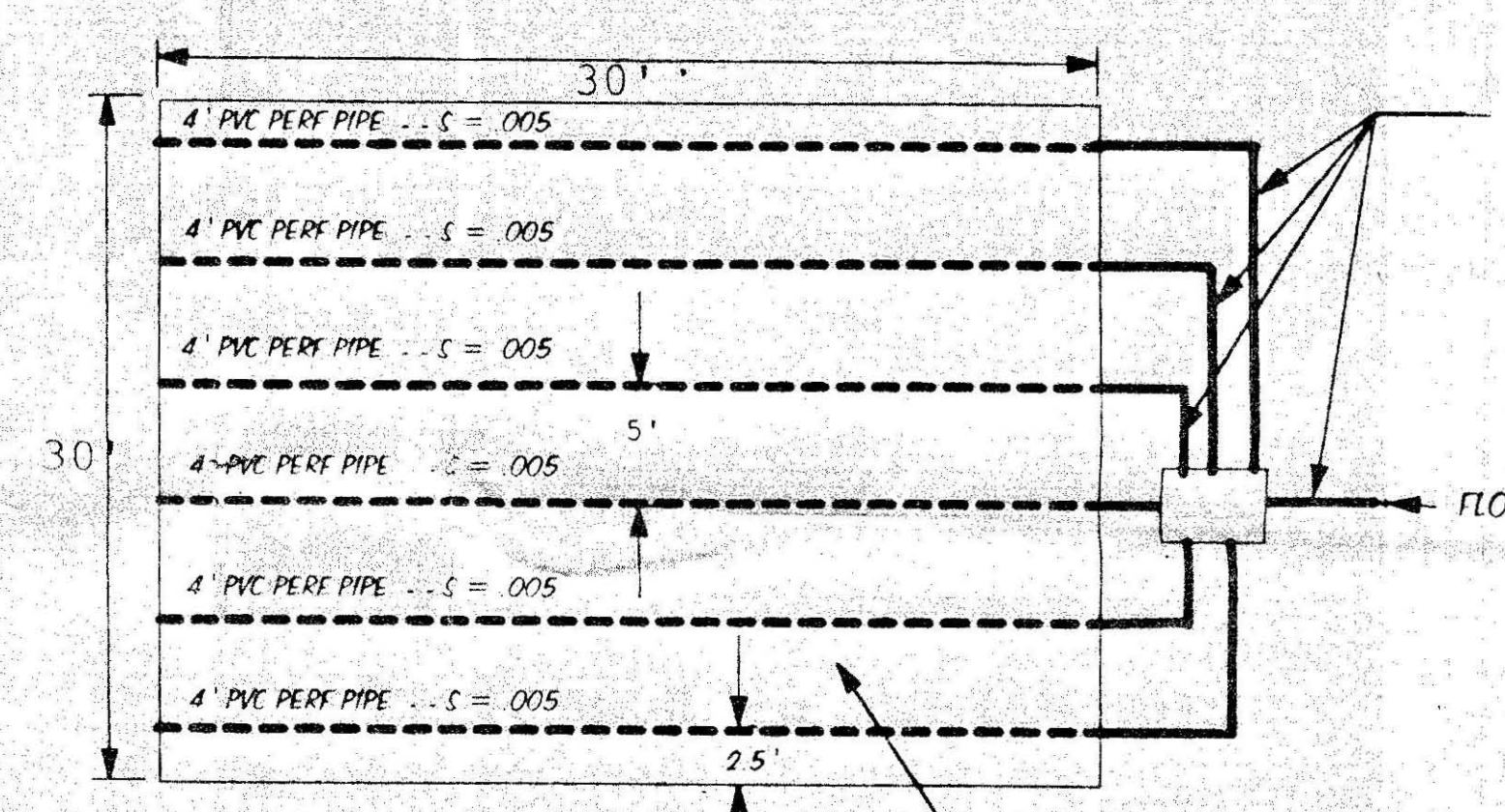
Test Pit # 1		Test Pit # 2	
A	LOAMY SAND 10TR 3/3 (topsoil) 0' - 4'	A	LOAMY SAND 10TR 4/4 (topsoil) 0' - 12'
B	LOAMY SAND 10TR 4/4 (subsoil) 4' - 14'	B	LOAMY SAND 10TR 3/4 12' - 26'
C1	SAND 10TR 4/4 14' - 82'	C	SAND 10TR 4/4 26' - 63'
C2	SANDY LOAM 2.5T 4/3 82' - 120'	C2	LOAMY SAND 2.5T 4/3 63' - 78'
		C3	SAND 10TR 4/4 78' - 85'
Groundwater: N/A		Groundwater: N/A	
Permeability: 7.5		Permeability: 7.5	
Percolation: 2 MPI		Percolation: 2 MPI	

Requested by: W.D. COWLS Date performed: MAY 10, 1996  
 Site Location: LOT # A - MARKET HILL ROAD - AMHERST, MA.  
 Board of Health: D. KAROLINSKI - AMHERST, MA.  
 Perc Rate: 2 minutes per inch

**PROPOSED SEPTIC TANK DETAIL(nts)**

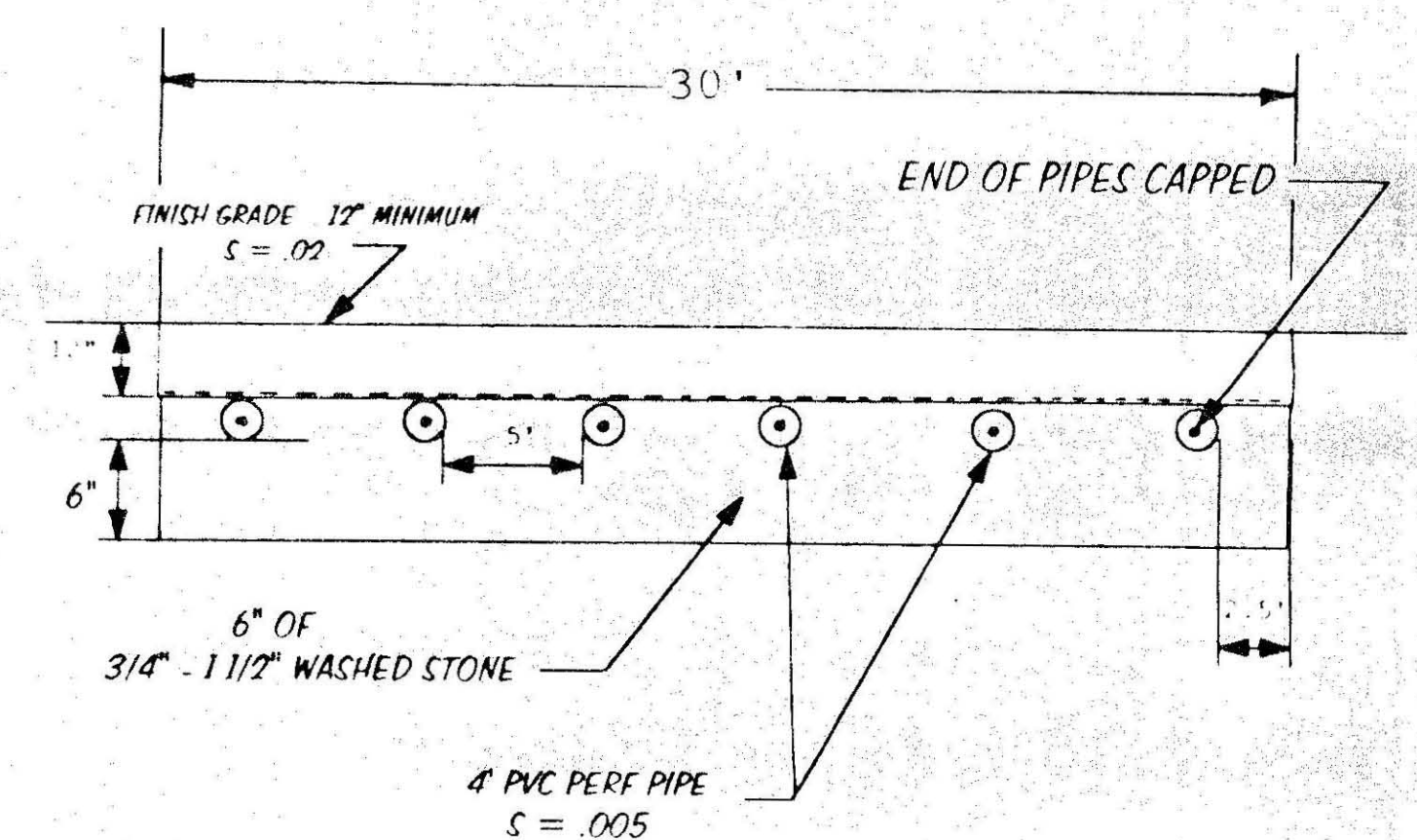


REMOVABLE COVERS - Baffles Poured in Place  
 ASPHALT SEALED JOISTS - W/REINFORCING IR SIDES  
 4,000 LBS. P.S.I. MINIMUM STRUCTURAL LOADING



TOP VIEW NTS

LEACHING BED DETAIL (NTS)

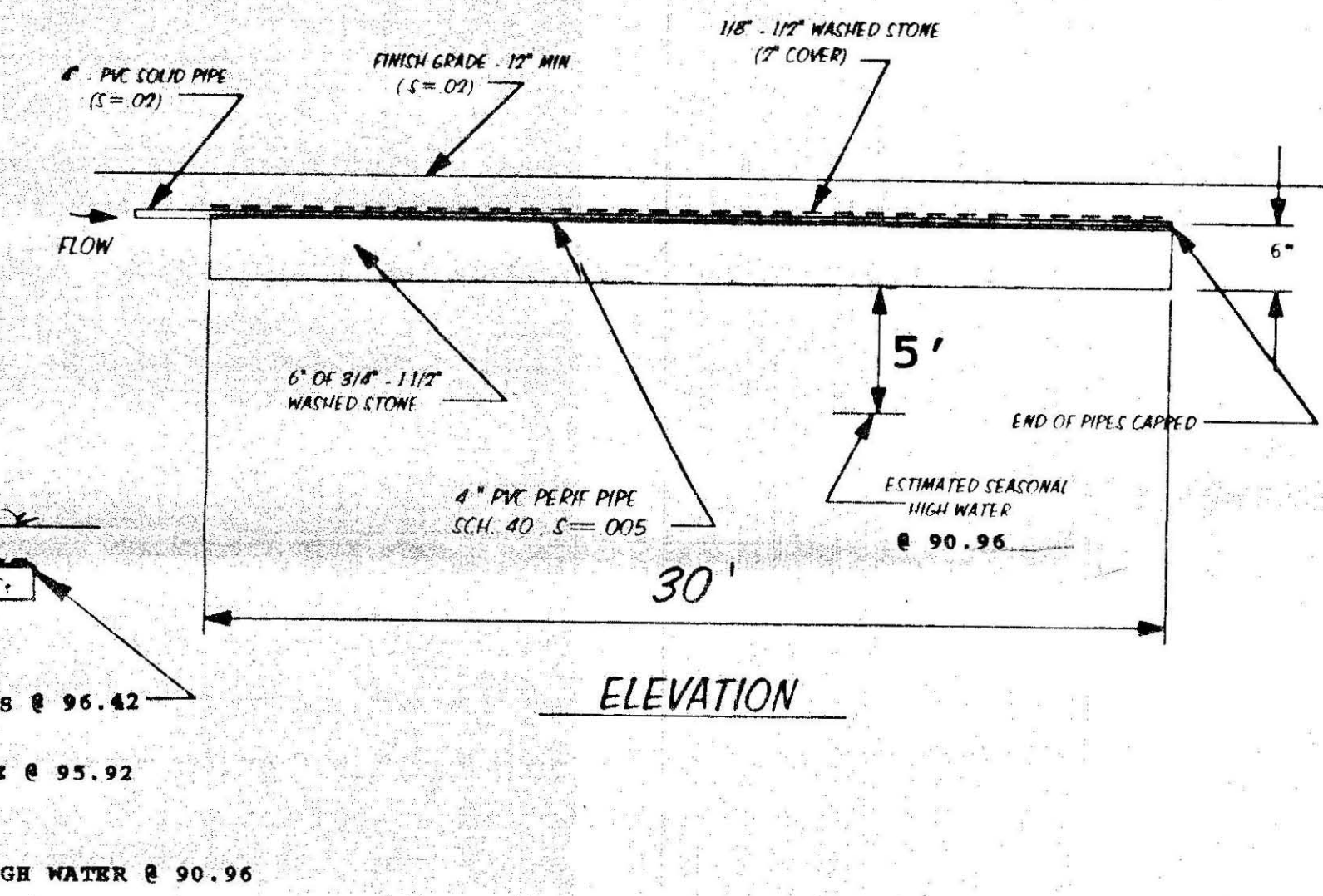


SECTION A-A' NTS

**NOTES**

- SEPTIC TANK AND DISTRIBUTION BOX TO BE INSTALLED LEVEL AND TRUE TO GRADE ON A STABLE LEVEL BASE THAT HAS BEEN MECHANICALLY COMPACTED AND ONTO WHICH 6" OF CRUSHED STONE HAS BEEN PLACED TO MINIMIZE SETTLING. SEPTIC TANK AND DISTRIBUTION BOX TO BE WATER TIGHT.
- PIPES: SEPTIC TANK AND DISTRIBUTION BOX TO BE 4" NON PERF. PVC. SCH. 40 PIPE
- DISTRIBUTION BOX OUTLET PIPES TO BE LAID LEVEL FOR AT LEAST TWO FEET.
- TIES: INLET AND OUTLET TIES OF SEPTIC TANK TO BE INSTALLED.
- SEPTIC TANK SHOULD BE INSPECTED AND CLEANED AT LEAST ANNUALLY. SEPTIC TANK TO BE INSTALLED ON A STABLE LEVEL BASE THAT WILL NOT SETTLE.
- ALL SET BACK REQUIREMENTS OF THE LEACHING FACILITY MEET THE REQUIREMENTS OF THE STATE SANITARY CODE TITLE-V.
- PROPERTY LINES ARE APPROXIMATE AND NOT THE RESULT OF A FIELD SURVEY. \*\*\* NOT FOR CONVEYANCE \*\*\*
- LOCATION AND CONFIGURATION OF HOUSE IS SHOWN FOR REFERENCE ONLY. ACTUAL SIZE, CONFIGURATION, AND LOCATION MAY VARY.
- THIS SYSTEM DESIGNED TO THE STATE SANITARY CODE TITLE-5. WHEREAS THE DESIGNER CANNOT GUARANTEE THE INSTALLATION OR USE OF THIS SYSTEM, THE DESIGNER CANNOT GUARANTEE AGAINST FAILURE OF THE SYSTEM.
- THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE DISPOSAL. THEREFORE, A GARBAGE DISPOSAL IS NOT ALLOWED.
- ALL WORK TO BE DONE IN ACCORDANCE WITH THE STATE SANITARY CODE TITLE-5.

**PLAN OF PROPOSED SUBSURFACE SEWAGE DISPOSAL SYSTEM - LOT A MARKET HILL ROAD - AMHERST, MA.**



PROFILE (nts)

**DESIGN CALCULATIONS**

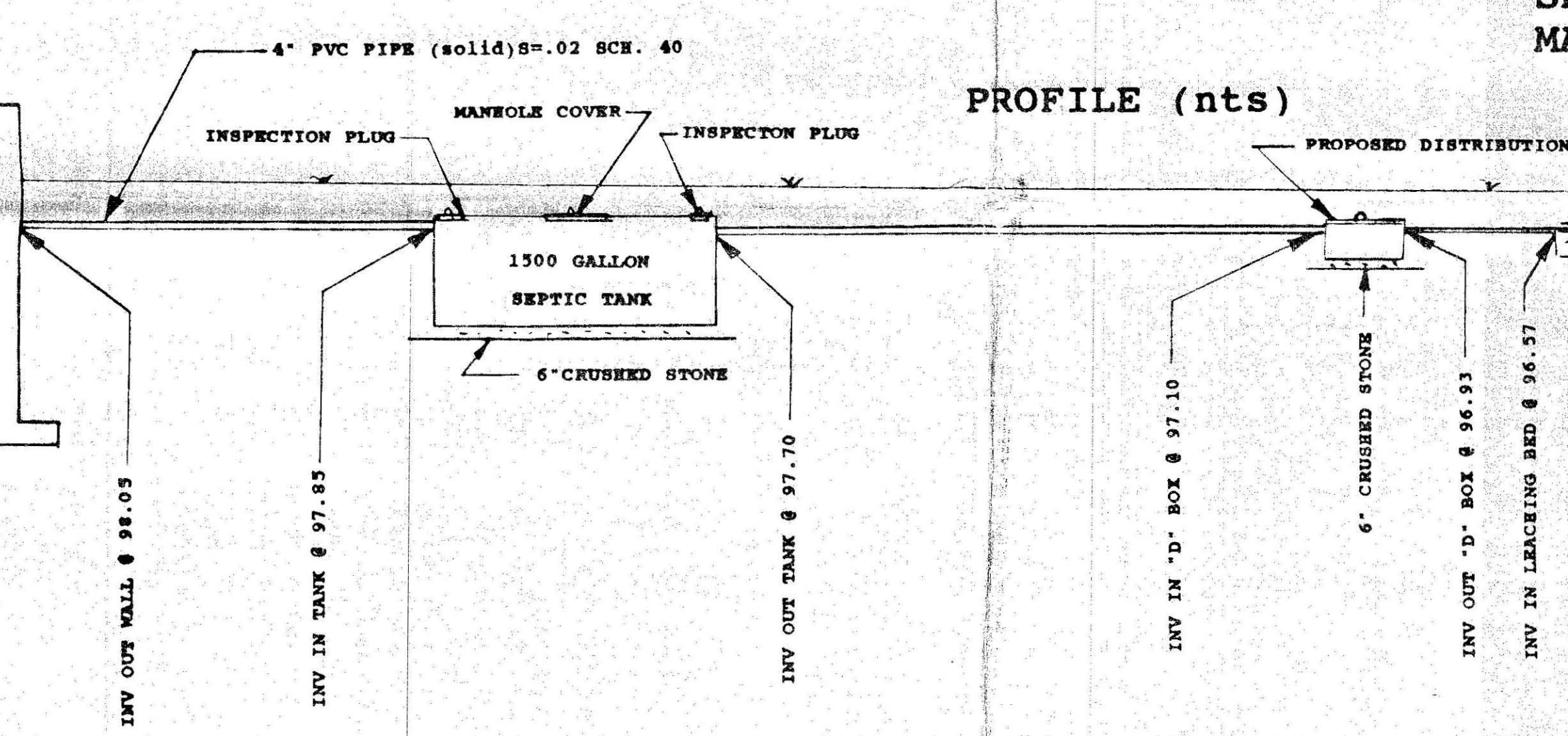
4 BEDROOM HOUSE @ 110 GALLONS PER BEDROOM = 440 GALLONS  
 PERC RATE = 2 MINUTES PER INCH  
 DESIGN RATE = 5 MINUTES PER INCH  
 EFFLUENT LOADING RATE = CLASS I SOILS = 0.74 GPD/SQ. FT.  
 BOTTOM AREA ONLY 30' L X 30' W = 900 SQ. FT.  
 900 SQ. FT. X 0.74 GPD/SQ. FT. = 666 GPD = DESIGN FLOW

DESIGN FLOW = 440 GALS  
 CALCULATED DAILY FLOW = 666 GALS

**PERC TEST DATA**

PERC #	SOAK	TIME
2	BEGIN SOAK:	12:15 PM
	END SOAK:	12:30 PM
		12:30 PM
		12:33 PM
		12:39 PM
		12:39 PM
PERC RATE = 2 MPI @ 36"		

**INVERT ELEVATIONS**



PROPOSED INDIVIDUAL SUBSURFACE SEWAGE DISPOSAL SYSTEM  
 LOT # A - MARKET HILL ROAD - AMHERST, MA.



TOLERANCES UNLESS NOTED	REVISIONS	FOR: JOHN MAZUR - NORTEAMPTON, MA.
DECIMAL	NO. DATE BY	BY: TIMOTHY E. MAGINNIS RS 70 MONTAGUE ROAD, WESTAMPTON, MA
FRACTIONAL		DRAWN BY: TEM
ANGULAR		CHECKED BY: DATE: 6/21/96
		DATE: 6/21/96

TIMOTHY E. MAGINNIS R.S.  
 (413) 527-5291