Nancy Gittleman
410 Old Montague Rd.

No. 03-01 Subject to Cons. Approval ck# 2742 - Plans + Final FEE 100.00 Pd

COMMONWEALTH OF MASSACHUSETTS

*Board of Health,* Amherst, *MA.*

# APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

COMMONWEALTH OF MASSACHUSETTS ALAN J. WEISS REG. 9033 REGISTERED SANITARIAN

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

| | | | |
|---|---|---|---|
| Location | Lot 38 Old Montague Road | Owner's Name | Nancy Gittelman |
| Map/Parcel# | 2A/38 | Address | 410 Old Montague Rd. |
| Lot# | #38 | Telephone# | 549-0190 |
| * Installer's Name | | Designer's Name | Alan Weiss |
| Address | | Address | Belchertown, MA. |
| Telephone# | | Telephone# | 413-323-5957 |

Type of Building Res- Lot Size 1.02 ~~sq. ft.~~ AC +/-

Dwelling - No. of Bedrooms 4 Garbage grinder N

Other - Type of Building _____ No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

Design Flow (min. required) ~~[illegible]~~ 440 gpd Calculated design flow 553 Design flow provided 553 gpd

Plan: Date 1/5/03 Number of sheets 4 Revision Date _____

Title Septic Design

Description of Soil(s) SAND: Class I!

Soil Evaluator Form No. _____ Name of Soil Evaluator A.E Weiss Date of Evaluation 12/10/02

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New SAS.

**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 Nancy Gittelman Date 1/8/03 *

Inspections _____

No. 03-01 FEE Pd

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 Lot 38 Map 2A/38 Old Montague Rd

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. 03-01, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. 03-01 FEE Pd

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 Lot 38 Map 2A/38 as described in the application for

Disposal System Construction Permit No. 03-01, dated 1/5/03

**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 1/8/03 Board of Health [signature]

Subject to Cons. Approval

ck # 2742

TOWN OF AMHERST
HEALTH PERMITS/~~INSPECTION SERVICES~~

No. 2115

Received of Nancy K. Gittelman (Name) of 410 Old Montague Rd (Address)

For Property Located at: Lot 38 2A|38 Old Montague Rd (Street Address) Nancy Gittelman (Owner)

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

TOTAL FEE: 100.00

Inspection Services/Health Department

01/08/03
Date

NANCY K. GITTELMAN
PH. 413-549-0190
410 OLD MONTAGUE RD
AMHERST, MA 01002-2001

2742
53-7168/2118

Date 1/8/03

Pay to the Order of Town of Amherst $ 100.00/fee

one hundred and 00/fee Dollars

Security features are included. Details on back.

©Clarke American

FLORENCE SAVINGS BANK
85 MAIN STREET, FLORENCE, MA 01062

For

Nancy Gittelman

⑆211871688⑆ 19 80 083538⑈ 2742

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

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

No. _____ Date: 12/10/02

Commonwealth of Massachusetts
Amherst, Massachusetts

## *Soil Suitability Assessment for On-site Sewage Disposal*

Performed By: A. Weiss Date: 12/10/02
Witnessed By: D. Zarozinsk.

| | |
|---|---|
| Location Address or Lot # LOT 38 (North) OLD MONTAGUE RD<br>New Construction ☑ Repair ☐ | Owner's Name, Address, and Telephone # NANCY GITLEMAN 410 OLD MONTAGUE RD Amherst, MA. 01002 |

Office Review 549-0190

Published Soil Survey Available: No ☐ Yes ☑
Year Published 1981 Publication Scale 1:13,480 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:

*SUBJECT TO NOI TO DEVELOP LOT

FORM 12 - PERCOLATION TEST

Location Address or Lot No. LOT #38, OLD MONTAGUE RD.

# COMMONWEALTH OF MASSACHUSETTS

AMHERST, Massachusetts

| Percolation Test* | | |
|---|---|---|
| Date: 12/10/02 | Time: | |
| Observation Hole # | SEE OLD PERCS 1994 | |
| Depth of Perc | 1994 | |
| Start Pre-soak | By Sentta | |
| End Pre-soak | | |
| Time at 12" | | |
| Time at 9" | | |
| Time at 6" | | |
| Time (9"-6") | | |
| Rate Min./Inch | <2 | <2 |

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

Site Passed ☑ Site Failed ☐

Performed By: A. Weiss (Sentta)

Witnessed By: D. Zakrzinski

Comments:

DEP APPROVED FORM - 12/07/95

(Across from)
Location Address or Lot No. # 410 OLD MONTAGUE RD

## *On-site Review*

Deep Hole Number TP 1A-2A Date: 12/10/02 Time: 9:30 AM Weather SUN 20°F
Location (identify on site plan)
Land Use Rural Res. Slope (%) 3 Surface Stones None
Vegetation Meadow
Landform Terraced
Position on landscape (sketch on the back)
Distances from:

Open Water Body 100'+ feet Drainage way 100'+ feet
Possible Wet Area 115+ 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) |
|---|---|---|---|---|---|---|
| P-1A | 0-6" | Ap | FSC | 10YR3/2 | | Friable |
| orth | 6-24" | Bw | SC | 2.5y 5/6 | Not obs | Friable |
| | 24"-132" | C1 | S | 2.5y 5/3 | | C SAND + GRAVEL, layered Loose |
| | | | | | | Friable |
| 2A | 0-6" | Ap | FSC | 10YR3/2 | Not Obs | friable |
| | 6-24" | Bw | SC | 2.5y 5/6 | | C SAND + Gravel, |
| orth | 24"-144" | C1 | S | 2.5y 5/3 | | layered, Loose |

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash DepthtoBedrock: 144"
Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not
Estimated Seasonal High Ground Water: 132"+

Location Address or Lot No. LOT 38 (North) OLD MONTAGUE 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 132"+ 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

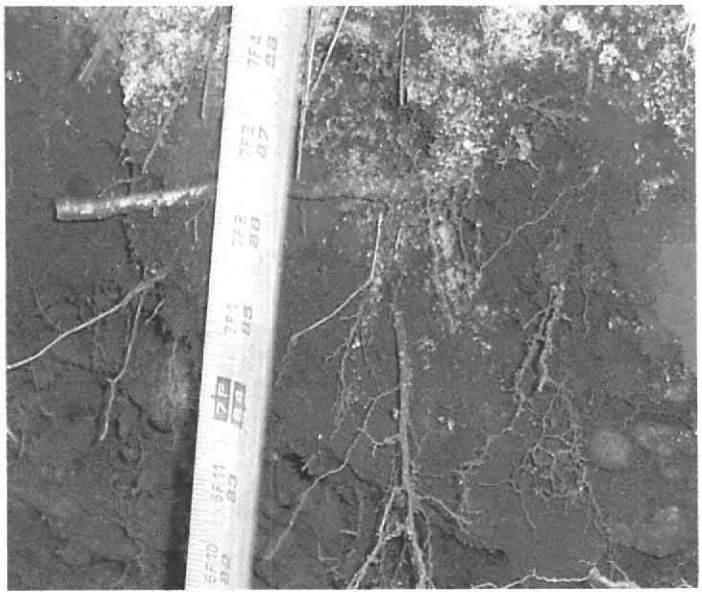
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

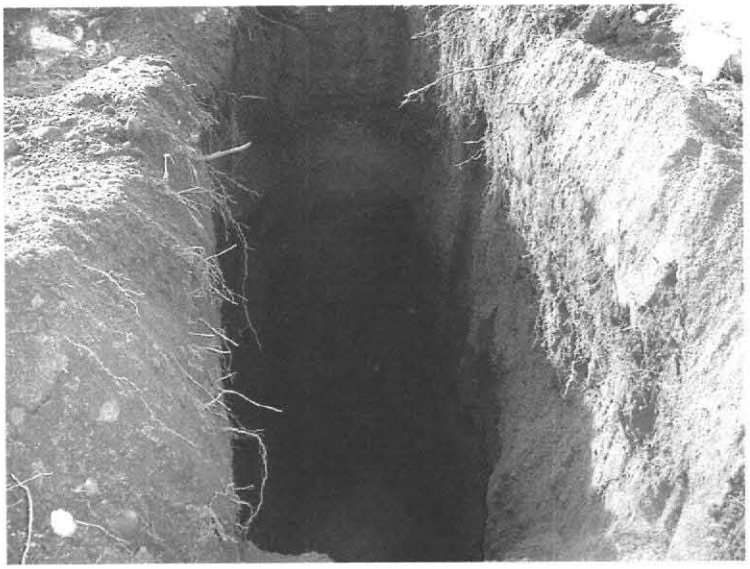
If not, what is the depth of naturally occurring pervious material? —

Certification

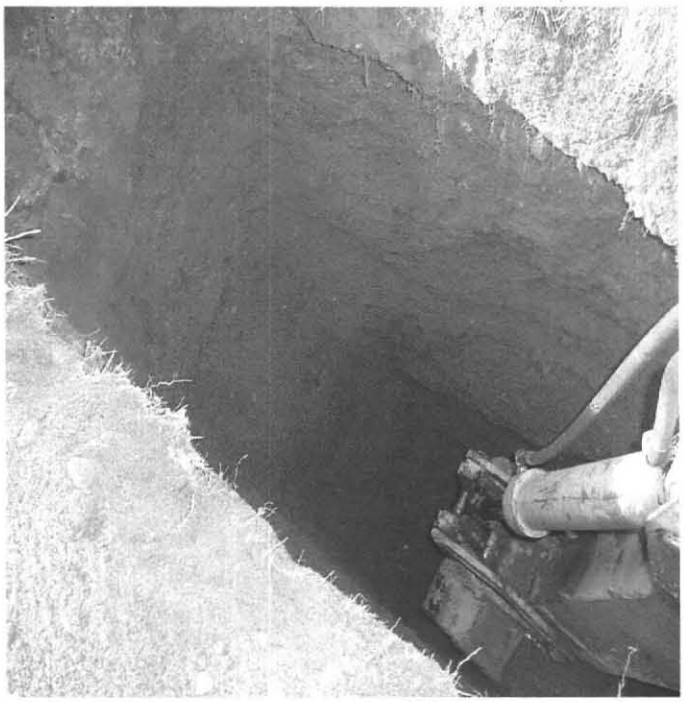
I certify that on June, 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

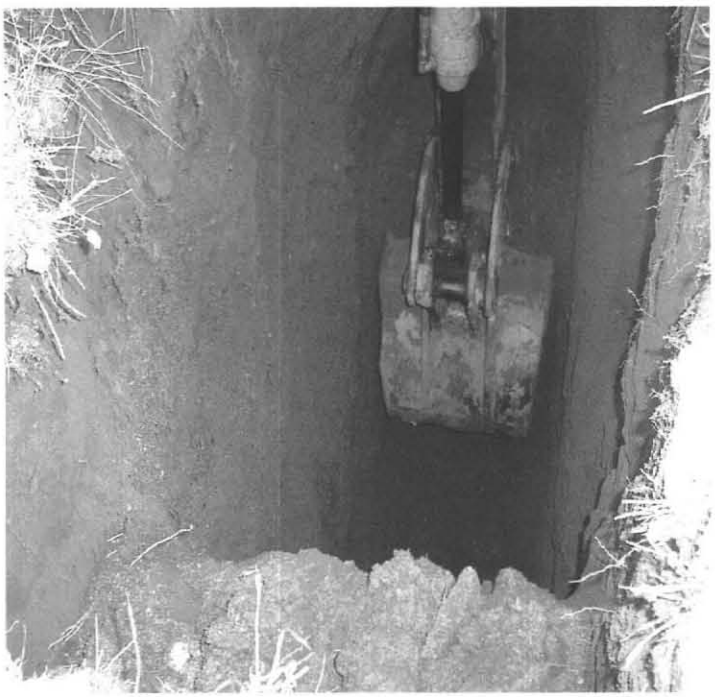
Signature _____ Date 12/10/02





410 Old Montague Rd 12/10/02
Engineer: Alan Weiss
Deep Hole # 1A





410 Old Montague Road
Engineer: Alan Weiss
Deep Hole #2A

Bill Sieurta Pd 4/6/94
100.00 Perc Test
ONLY
CK # 2383

TOWN OF AMHERST

PERC TEST DATA SHEET

DATE 4/6/94 LOCATION 0/6 Montague Road LOT SIZE

OWNER D. H. Jones ADDRESS 200 Triangle Street TELE # 549-3700

P.E./RS Bill Sieurta FIRM Sieurta OBSERVED BY David Zaranek

BACK HOE OPERATOR Sieurta BENCH MARK

PERC #1 DEPTH 16" PRE SOAK TIME 8:46-8:49 PERC #2 DEPTH 60" PRE SOAK TIME 8:55-8:57

TEST 8:49 3" 8:58-8:58 3"

8:50 3" 8:58-8:59 3"

8:51 Hole

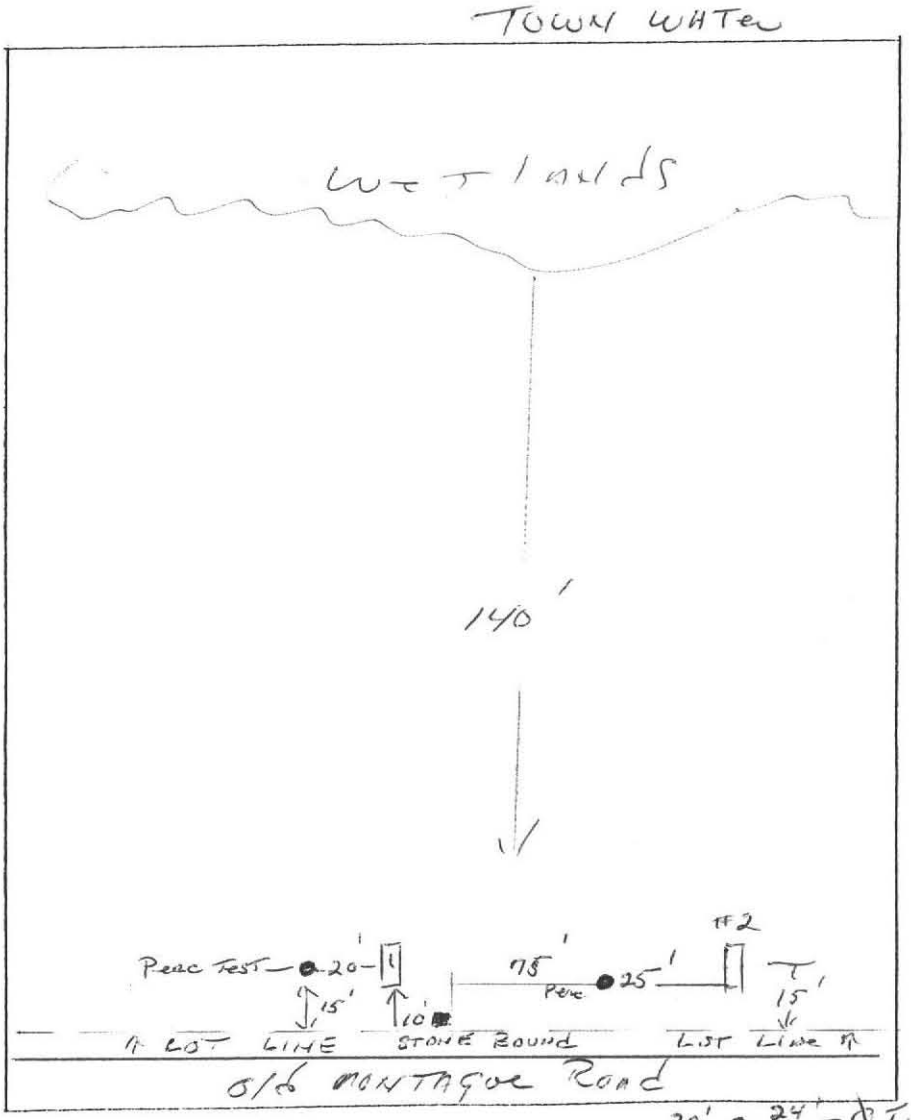
Comm Hole Comm Hole

RATE 2 RATE 2

| #1 | #2 |
|---|---|
| TOP 12 | TOP 12 |
| SUB 26 | SUB 24 |
| Fine gravel well graded DRY 13' | Fine gravel well graded DRY 13' |

| | |
|---|---|
| TOP | TOP |
| SUB | SUB |
| | |

| | |
|---|---|
| TOP | TOP |
| SUB | SUB |
| | |




*NOTE — From Stone Bound 20' TO 24' HYDRANT & T.P

EHI:PERCFORM

323- 4916

508- 263- 8929

On-site Soil and Groundwater Review

o/c mattaquacks Gilmanton

Deep Hole Number 1A 2A Date: 12-10-02 Time: 9:AM Weather Cold

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 | 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) |
|---|---|---|---|---|---|
| #1 A | | | | | |
| 6 | A | FSL | 10YR 3/2 | — | Friable |
| 24 | Bw | SL | 2.5Y 5/4 | — | Loose Sand |
| 132 | C | S | 2.5Y 5/3 | — | gravel |
| #2 A | | | | | |
| 6 | A | FSL | 10YR 3/2 | — | Friable |
| 24 | Bw | SL | 2.5Y 5/2 | — | Loose Sand |
| 144 | C | S | 2.5Y 5/3 | — | gravel |

Parent Material (geologic) Glf wash Depth to Bedrock: 144"

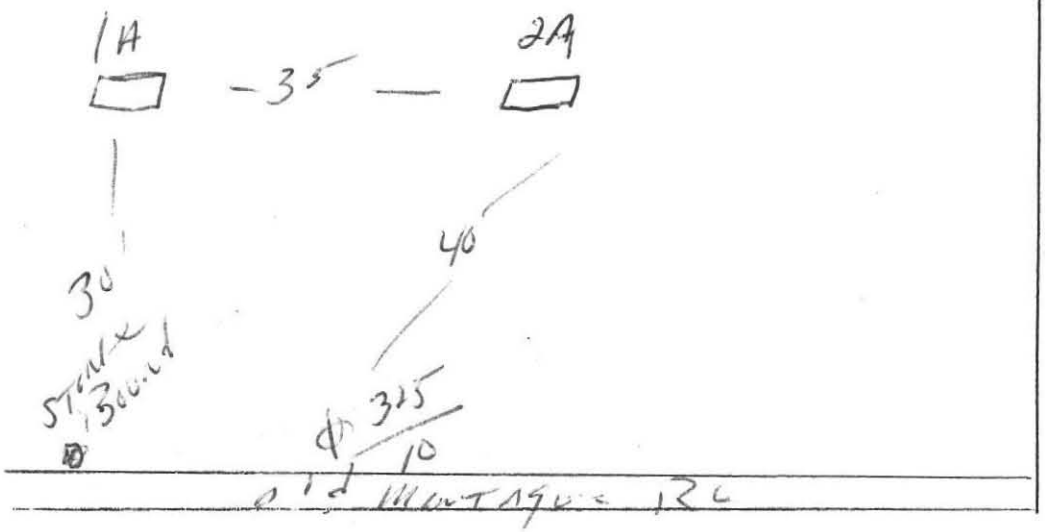
Depth to Groundwater: Standing Water in the Hole: — Weeping from Pit Face: —

Estimated Seasonal High Ground Water: 132+/144+

12/10/02

Logging Deep holes only

LOCATION




FORM 12: Percolation Test
Location Address or Lot # Gill Lemon

Commonwealth of Massachusetts
Town of

| PERCOLATION TEST * | | |
|---|---|---|
| DATE: | | TIME: |
| Observation Hole # | | |
| Depth of Perc | | |
| Start Pre-soak | | |
| End Pre-soak | | |
| Time at 12" | | |
| Time at 9" | | |
| Time at 6" | | |
| Time (9"-6") | | |
| Rate Min./Inch | | |

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

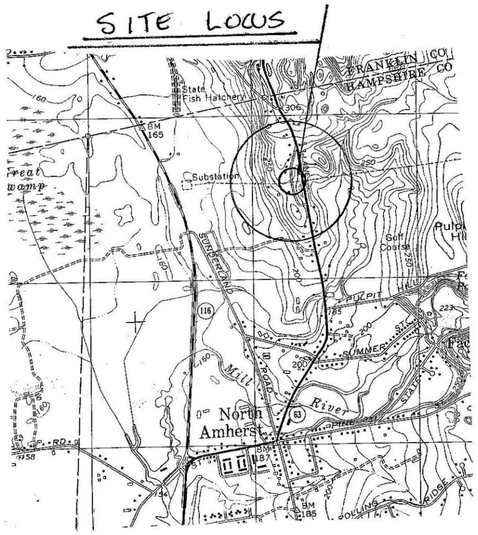
Site Passed ☐ Site failed ☐

Performed by AL WEISS

Witnessed by

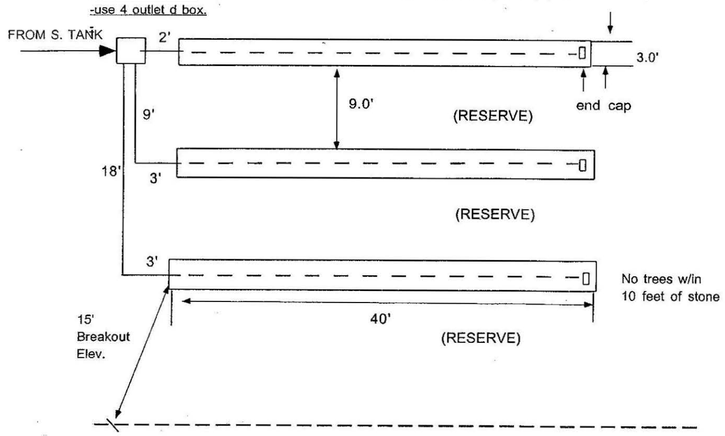
Comments: TOM + DAVE

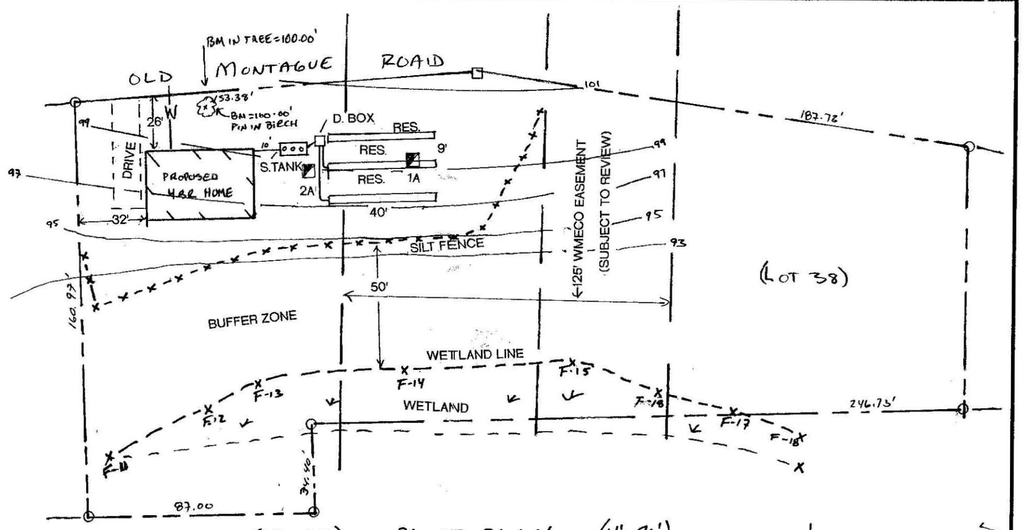
## SITE LOCUS




## LEACH TRENCH LAYOUT (1" approx. 10ft.)

D. BOX
-pipes level 2' out
-use 4 outlet d box.

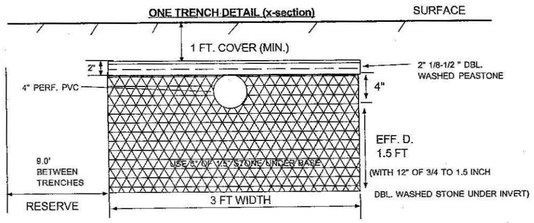


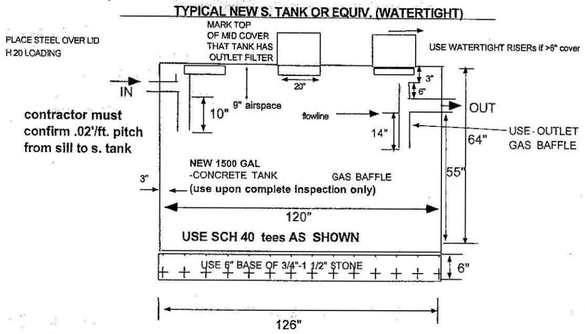

PLOT PLAN (1"=90')

BASE MAP FROM EATON ASSOC. (R. IZER, RLS, 12/02)

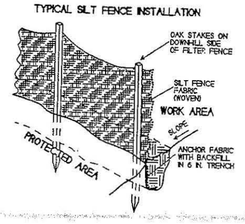
### ONE TRENCH DETAIL (x-section)




### TYPICAL NEW S. TANK OR EQUIV. (WATERTIGHT)



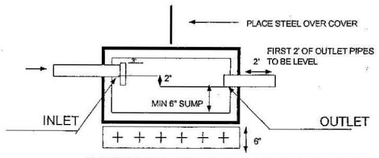

### TYPICAL SILT FENCE INSTALLATION




### WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:

1. NO ALTERATION OF SEDIMENT, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE).
2. SEDIMENTATION BARIER TO BE ERECTED IN A STABLE AND LASTING MANOR AS SHOWN ON THE PLAN.
3. NOTIFY CONSERVATION ADMINISTRATOR AT LEAST 72 HOURS PRIOR TO START OF ON-SITE WORK, AFTER COMPLETE ON SILT FENCE INSTALLATION.
4. AS SOON AS IS POSSIBLE WORK AREA SHALL BE SEEDED, REVEGETATED WITH GRASS OR SIMILAR GROUNDCOVER AND MULCHED UPON COMPLETION OF SITE WORK.
5. SILT FENCE TO REMAIN STANDING UNTIL REGROWTH IS SUFFICIENT TO CONTROL FUGITIVE SEDIMENT RUNOFF.

### TYPICAL D. BOX (WATERTIGHT)




- PLACE ON STABLE BASE OF 6" 3/4-1 1/2 " CRUSHED STONE
- USE CONCRETE BOX W/ 2" MIN WALL THICKNESS
- FILL WITH WATER FOR FINAL INSPECTION
- USE SPEED LEVELERS ON OUTLETS.

### TEST PIT LOGS

| TP-1a EFF ELEV. 99.65' EFF FOR DESIGN OF "B " | | | TP-2A 99.00' |
|---|---|---|---|
| 0-6" | "Ap" FINE SANDY LOAM | 10 YR 3/2 | 0-6" |
| 6-24" " | Bw" SANDY LOAM FRIABLE LOOSE | 2.5 Y 5/6 | 6-24" |
| 24-132" | "C1" COARSE SAND AND GRAVEL, LOOSE | (2.5 Y 5/3) | 24-144" |

NO OXIDES OBSERVED (144" ASSUMED AT "B:")
ESHGW @ 132", USED IN TP-1A FOR DESIGN @ "B"TRENCH" =88.65'
SEEPS AND STATIC= NOT OBS.".
BEDROCK @ NOT OBS. (>144+")

### GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

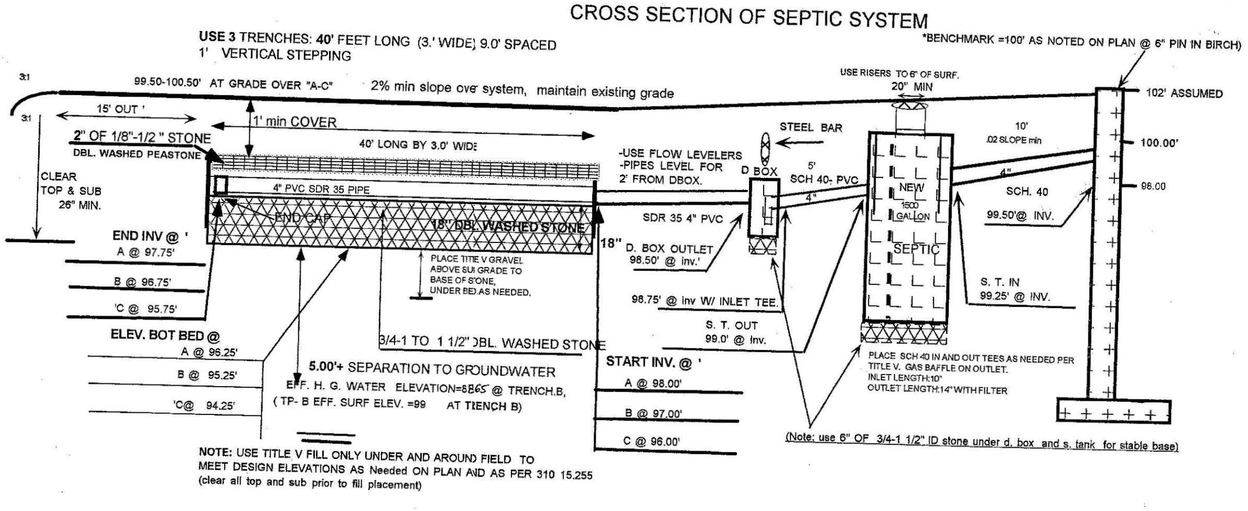
1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
3. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF LEACHFIELD.
4. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
5. CONSERVE WATER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

### DESIGN NOTES:

1. 4 BR. x 110 gal/day/ x =440 gal/day (4 bedroom design)
2. Use THREE Leach Trenches: 40' long x 3.0' wide x 18" stone below invert.
   Bot. Area: 3.0' wide x 40' long x 3= 360 sf.
   Side Area: 1.50'D x 40' L x 2 SIDES x3= 360 sf.
   Side Area 1.50'D x 3.0' W x 2 SIDES x 3= 27 sf
   Tot. Area: 747 sf x 0.74 gal.sf. = 553 gal./day.
3. NO GARBAGE DISPOSAL ALLOWED
4. ALL D. BOX OUTLET PIPES LEVEL FOR 2'; TEE AT D. BOX. INLET
5. NO WELLS WITHINI 100 FEET OF SYSTEM.
6. NO WETLANDS WITHIN 50 FEET OF SEPTIC SYSTEM, Wetland NOI Filing Required. SETBACK OF 65- 70 FEET NOTED AS DELINEATED.
7. PRE & POST CONTOURS NOTED AS NECESSARY.
8. RESERVE AREA (BEWEEN TRENCHES).
9. SLOPE CALCS APIPLIC, REGRADE OVER TRENCHES AS NOTED.
9A SUBGRADE INSPECTION REQUIRED
10. NO CHANGE IN GRADE required,
11. SOIL EVALUATION TP- 1A & 2A BY AE. WEISS, 12/10/02 ,D. ZAROZINSKI, & T. DIONS, INSP.

12. 2. 2% MIN. SLOPE OVER SAS UPON FINAL.
    PERCS by SIRUTA (1994) RATE= <2 MIN./IN. "SAND"
13. INSTALL OUTLET GAS BAFFLE AT S. TANK OUTLETS AS NOTED
14. INSTALL/INSPECT TEES SCH. 40, (10" INLET, 14" OUTLET) ON 1,500 GAL. S. TANK
15. USE APPROVED ((1.5") ID DbI WASHED STONE UNDER PIPE & D. BOX CONTRACTOR TO CONFIRM STONE PROPERLY WASHED (WITH BUCKET /H2O TEST) PRIOR TO PLACEMENT.
16. NO TREES WITHIN 10 FT. OF NEW LEACHING TRENCH STONE.
17 NO FILL WITHIN 10 FEET OF PROPERTY LINE .
18. **T.B.M1. =100.00'= PIN IN 6" BIRCH TREE, AS NOTED ON PLAN**
19. BREAK OUT SLOPE MET TO 15 FT. OUT, USE SILTATION CONTROL AS NEEDED.

### CROSS SECTION OF SEPTIC SYSTEM




| SITE LOCUS SEPTIC DESIGN AND WETLAND DELINEATION FOR NANCY GITTELMAN LOT 38 OLD MONTAGUE ROAD, AMHERST, MA | | |
|---|---|---|
| SCALE: NOTED | APPROVED BY: | DRAWN BY AW |
| DATE: 1/5/03 | | REVISED |
| COLD SPRING ENVIRONMENTAL, INC. | | DRAWING NUMBER 102-1668-1209 |

# INVOICE

**Environmental Health Division**
**70 Boltwood Walk**
**Bangs Community Center, 2nd Fl**
**Amherst, MA 01002**

| | |
|---|---|
| Date: | September 26, 2007 |
| Name of person or establishment: | William Pearson<br>PO Box 9610, N. Amherst, MA 01059 |
| Location: | Montague Road, Parcel 2A-29 |
| Description: | Septic Plan Review |
| Amount Due: | $150.00 |
| Comments: | **Please make check payable to: Town of Amherst** |

**Mail to: Environmental Health Division**
**70 Boltwood Walk**
**Amherst, MA 01002**

**If you should have any questions please do not hesitate to call us at 413-259-3078, office hours are Monday through Friday 8am-4:30pm**

05-19-08
525 Montague Rd
As built to follow.

**Peter J. McErlain, R.S., MPH**
**16 Coed Drive**
**Easthampton, MA 01027**
**Tel: (413) 527-8204**

# *MEMO*

***TO:*** ***Amherst Board of Health***

***DATE:*** ***September 19, 2007***

***RE:*** ***Review of a Plan for New Soil Absorption System at Lot 2A-29 Montague Rd., Amherst, MA***

---

**Property Owner:** William Pearson
P.O. Box 9610, No.
Amherst, MA 01059

**System Designer:** William Seiruta, P.E.

**System Description:** The proposed Soil Absorption System (SAS) is a conventional Septic tank /Leach field SAS, w/ a 1500 Gal. septic tank and a 18' X 34'leach field w/ a 5' separation to ground water. The system design is based on a perc rate of 5 min./in. and an estimated seasonal high groundwater at 14"

**Conclusion:** As a result of a review of the system design plans I have concluded that the design for the proposed SAS complies with all requirements of Title 5, 310 CMR 15.000 and I hereby recommend approval.

Please feel free to contact me with any questions concerning this review and/or if you require my signature on the disposal system septic permit

Thank you.

Peter J. McErlain

Date 9/20/07

**Peter J. McErlain, R.S., MPH**
**16 Coed Drive**
**Easthampton, MA 01027**
**Tel: (413) 527-8204**

# *MEMO*

***TO:*** *Amherst Board of Health*

***DATE:*** *September 19, 2007*

***RE:*** *Review of a Plan for New Soil Absorption System at Lot 2A-29 Montague Rd., Amherst, MA*

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**Conclusion:** As a result of a review of the system design plans I have concluded that the design for the proposed SAS complies with all requirements of Title 5, 310 CMR 15.000 and I hereby recommend approval.

Please feel free to contact me with any questions concerning this review and/or if you require my signature on the disposal system septic permit

Thank you.

Peter J. McErlain

Date 9/20/07

No. 07-10 FEE $300 PERC $150 PLAN

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA. 9/7/07

# APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for Permit to Construct(X) Repair( ) Upgrade( ) Abandon( ) - ☒ Complete System ☐ Individual Components

| | | | |
|---|---|---|---|
| Location | WILLIAM PEARSON | Owner's Name | WILLIAM PEARSON |
| Map/Parcel# | LOT 2A-29 | Address | PO BOX 9610 |
| Lot# | MONTAGUE RD (RTE 63) AMHERST MASS | Telephone# | N. AMHERST MASS 367-0356 ~~636-2079~~ |
| Installer's Name | | Designer's Name | WILLIAM SIERUTA |
| Address | | Address | 453 FEDERAL ST MONTAGUE MA |
| Telephone# | | Telephone# | 413 367 2409 413 627 7244 |

Type of Building RESIDENTIAL HOME Lot Size 40 900 sq. ft.

Dwelling - No. of Bedrooms 4 BEDROOM NO DISPOSAL Garbage grinder NO

Other - Type of Building SINGLE FAMILY No. of persons 8 Showers 2 Cafeteria NO

Other Fixtures FULL BMT

Design Flow (min. required) 110 x 4 gpd Calculated design flow 440 Design flow provided 452 gpd

Plan: Date AUG 25 2007 Number of sheets 1 Revision Date —

Title SEPTIC SYSTEM DESIGN FOR WM. PEARSON MONTAGUE RD

Description of Soil(s) SEE ATTACHED

Soil Evaluator Form No. 11 Name of Soil Evaluator WJ SIERUTA PE Date of Evaluation 8/30/06

DESCRIPTION OF REPAIRS OR ALTERATIONS complete septic system for New Residential Home

**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 X [signature] Date 5-19-08

Inspections

[signature] Installer

No. 07-10 FEE $450

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: RH Roberts

at 525 Montague Rd

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. 07-10, dated 09-07-07. Approved Design Flow 440 (gpd)

Installer Richard Roberts [signature]

Designer: [signature] Inspector: Tom Dion / Ellen Bokina Date: 05-19-08

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

No. 07-10 FEE $450 -

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

# DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct(X) Repair( ) Upgrade( ) Abandon( ) an individual sewage disposal system at LOT 2A-29 Montague Rd Amherst as described in the application for Disposal System Construction Permit No. 07-10, dated 9/7/07.

**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 9/20/07 Board of Health [signature] for the Board of Health

No. _____ FEE _____

# COMMONWEALTH OF MASSACHUSETTS

*Board of Health,* AMHERST, *MA.*

Rec 9/7/07 D

COMMONWEALTH OF MASSACHUSETTS William John Sieruta No. 30148 REGISTERED PROFESSIONAL ENGINEER

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for Permit to Construct(X) Repair( ) Upgrade( ) Abandon( ) - ☒ **Complete System** ☐ **Individual Components**

| | |
|---|---|
| Location WILLIAM PEARSON | Owner's Name WILLIAM PEARSON |
| Map/Parcel# LOT 2A-29 | Address PO BOX 9610 |
| Lot# MONTAGUE RD (RTE 63) AMHERST MASS | Telephone# N. AMHERST MASS 367-0356 ~~636-8079~~ |
| Installer's Name | Designer's Name WILLIAM SIERUTA |
| Address | Address 453 Federal ST MONTAGUE MA |
| Telephone# | Telephone# 413 367 2409 413 627 7244 |

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Plan: Date AUG 25 2007 Number of sheets 1 Revision Date —

Title SEPTIC SYSTEM DESIGN FOR WM. PEARSON MONTAGUE RD

Description of Soil(s) SEE ATTACHED

Soil Evaluator Form No. 11 Name of Soil Evaluator WJ SIERUTA PE Date of Evaluation 8/30/06

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Signed X _____ Date _____

Inspections _____

No. _____ FEE _____

# COMMONWEALTH OF MASSACHUSETTS

*Board of Health,* _____, *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 _____

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. _____, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. _____ FEE _____

# COMMONWEALTH OF MASSACHUSETTS

*Board of Health,* _____, *MA.*

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair( ) Upgrade( ) Abandon( ) an individual sewage disposal system at _____ as described in the application for Disposal System Construction Permit No. _____, dated _____.

**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 _____ Board of Health _____

No. _____ Date: 8/30/06

**Commonwealth of Massachusetts**
**, Massachusetts**

***Soil Suitability Assessment for On-site Sewage Disposal***

Performed By: WILLIAM SIERWITH PE EVAL Date: 8/30/06
Witnessed By: DAVID ZARAZINSKI BOH
Z 561

| | |
|---|---|
| Location Address or Lot # LOT 2A-29 MONTAGUE RD AMHERST MASS<br>New Construction ☐ Repair ☐ | Owner's Name, Address, and Telephone # WILLIAM PEARSON ~~846 EAST PLEASANT S~~ AMHERST MA PO BOX 9610 N. AMHERST 01059 |

**Office Review**

Published Soil Survey Available: No ☐ Yes ☑ ~~549 1059~~ 367-0356 ~~549 6096~~

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 References Reviewed: _____

# Percolation Test

@ TP1-1 TP1-2

Test No. perc1 — 24 gals
Reading — Time 921 - 926
Saturation (15 min)

| | |
|---|---|
| 12 | 926 |
| 11 | |
| 10 | |
| 9 | 929 |
| 8 | |
| 7 | |
| 6 | 932 |

3/3 = 1.0

Perc Rate — 5.0 Min/inch (Design Rate)
Ground Elev. — -
Depth of Hole — 49

TP1-3 TP1-4

Test No. perc 2 — 24
Reading — Time 944 - 955
Saturation (15 min)

| | |
|---|---|
| 12 | 955 |
| 11 | |
| 10 | |
| 9 | 959 |
| 8 | |
| 7 | |
| 6 | 1014 |

4/3 = 1.33
15/3 5.0

Perc. Rate — 5.0 Min/inch (Design rate)
Ground Elev.
Depth of Hole — 49

CLASS I

Deep Test Pit/s — TP1-1 (TP-2)

Test Pit

| Depth | Soil Description |
|---|---|
| 0-10 | OFS |
| 10-22 | SILTY SAND SUB |
| 22-104 | COARSE SAND |
| 104 | Rock |

Groundwater Depth 100 Elev. ____
Bedrock Depth - Elev. ____
Ground Elev. - 14

Deep Test Pit/s — TP1-3 (TP1-4) 60" Sep

Test Pit

| Depth | Soil Description |
|---|---|
| 0-10 | OFS LOAM |
| 10-21 | SILTY SAND SUB |
| 21-116 | SAND COARSE |
| 116 | Rock |

Groundwater Depth 0 Elev. ____
Bedrock Depth ____ Elev. ____
Ground Elev. EPWT 16

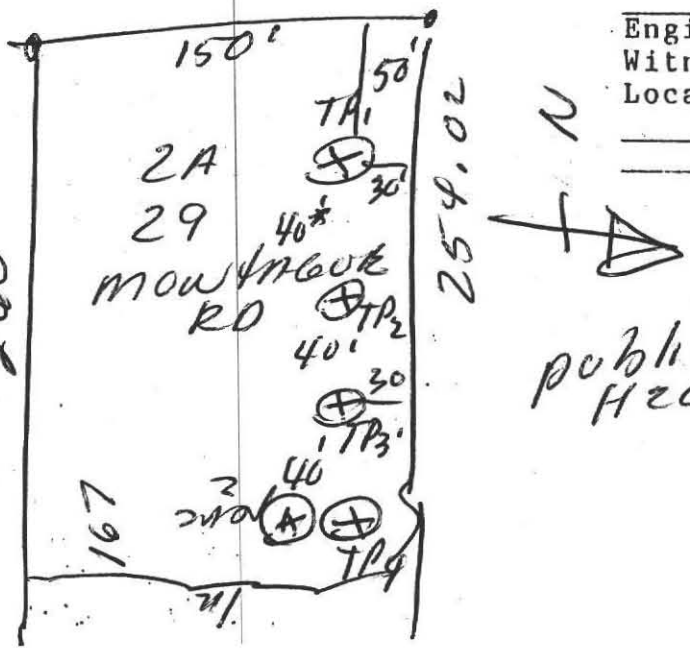
S.C.S. Soil Description SANDE gravel — Seasonal High Water Table? As Noted

Bench Mark: Elev. - Description ____

COMMENTS: RTE

Date: 8/30/06
Client: William Pierson
PO Box 9610
North Amherst 01059
Engineer: WJ Sikkema
Witness: D Vanacinski Boh
Location of Perc:
561 Montague Rd
North Amherst

MMS



Location Address or Lot No. 2A-29
MONTAGUE ROAD Amherst

## On-site Review

Deep Hole Number TP-1 Date: 8/30/06 Time: 900 Weather PARTLY SUNNY

Location (identify on site plan)

Land Use RESIDENTIAL Slope (%) 0 Surface Stones

Vegetation FIELD

Landform TERRACE

Position on landscape (sketch on the back)

Distances from:

Open Water Body DNA feet Drainage way DNA feet

Possible Wet Area DNA feet Property Line 30' feet

Drinking Water Well public H2O 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) |
|---|---|---|---|---|---|
| 0-10 | AP | S/L | 10YR 3-2 | | |
| 10-22 | Bw | S/L | 10YR 6-1 | 10YR 5-8 | 5% gravel |
| 22 104 | C1 | SAND MED | 10YR 5-6 | 10YR 6-1 | Few Cobbles MASSIVE |
| 104 | R2 | ROCK | — | 14" | |

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock: 104"

Depth to Groundwater: Standing Water in the Hole: DRY Weeping from Pit Face: 100'

Estimated Seasonal High Ground Water: EHWT 14"

Location Address or Lot No. 2A 29 MOUNTAGUE RD
AMHERST MA

## On-site Review

Deep Hole Number TP1-2 2 Date: 8/30/06 Time: — Weather cloudy
Location (identify on site plan)
Land Use Residential Slope (%) 0 Surface Stones some
Vegetation FIELD
Landform TERRACE
Position on landscape (sketch on the back)
Distances from:
Open Water Body DNA feet Drainage way DNA feet
Possible Wet Area DNA feet Property Line 30' feet
Drinking Water Well feet Other
NO public H2O

### DEEP OBSERVATION HOLE LOG*

| Depth from Surface (Inches) | Soil Horizon | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
|---|---|---|---|---|---|
| 0-10 | AP | 10YR 3-2 | S/L | | |
| 10-21 | Bw | 10YR 6-1 | S/L | 16" | 10% gravel |
| 21-116 | C1 | 10YR 4-6 | SAND COARSE | 10YR 5/8 | Few cobbles |
| 116 | R1 | — | | 10YR 6/1 | massive FRIABLE structure |

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH Depth to Bedrock:
Depth to Groundwater: Standing Water in the Hole: DRY Weeping from Pit Face: DRY
Estimated Seasonal High Ground Water: EHWT 16"

FORM 11 - SOIL EVALUATOR FORM



561 LOT 2A-29

Location Address or Lot No. MONTAGUE RD

## On-site Review

Deep Hole Number TP1-3 Date: 8/30 Time: 900 Weather Cloudy

Location (identify on site plan)

Land Use Residential Slope (%) 0 Surface Stones None

Vegetation FIELD

Landform OUTWASH KAME TERRACE

Position on landscape (sketch on the back)

Distances from:

Open Water Body 0 feet Drainage way DWA feet

Possible Wet Area 0 feet Property Line 30 feet Site line

Drinking Water Well feet Other

public H2O

### DEEP OBSERVATION HOLE LOG

| Depth from Surface (inches) | Soil Horizon | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
|---|---|---|---|---|---|
| 0-10 | AP | S/L | 10YR 3-2 | | |
| 10 21 | BW | L/S | 10YR 6-4 | 10YR 5-8 | |
| 21 | C1 | SAND | 10YR 4-6 | 24 | 5% gravel |
| 112 | R1 | Rock | - | - | few cobbles massive friable structure |

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH gravel Depth to Bedrock:

Depth to Groundwater: Standing Water in the Hole: DRY Weeping from Pit Face: DRY

Estimated Seasonal High Ground Water: 24 -

Terrace

DEP APPROVED FORM - 12/07/95



LOT 2A-29

Location Address or Lot No. MONTAGUE MA

## On-site Review

Deep Hole Number TP1-4 Date: 8/30 Time: 900 Weather Cloudy

Location (identify on site plan)

Land Use Residential Slope (%) 0 Surface Stones some rocks

Vegetation FIELD

Landform OUTWASH KAME terrace

Position on landscape (sketch on the back)

Distances from:

Open Water Body — feet Drainage way DWA feet

Possible Wet Area — feet Property Line 30 feet site line

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) |
|---|---|---|---|---|---|
| 0-10 | AP | S/L | 10YR 3-2 | | |
| 10-22 | BW | L/S | 10YR 6-2 | 10YR 5-8 | |
| 22-108 | C1 | SAND gravel | 10YR 5-6 | BRWD 26" | 10% gravel few cobbles massive friable structure |
| 108 | R1 | Rock | - | | |

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH KAME Depth to Bedrock:

Depth to Groundwater: Standing Water in the Hole: DRY Weeping from Pit Face: DRY

Estimated Seasonal High Ground Water: 26

terrace

DEP APPROVED FORM - 12/07/95

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 2A-29 MONTAGUE RD
Amherst

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

## Percolation Test*

Date: Time:

| | | |
|---|---|---|
| Observation Hole # | 921 - 926 | 944 - 955 |
| Depth of Perc | 49 | 49 |
| Start Pre-soak | 921 - 926 | 944 - 955 |
| End Pre-soak | 926 | 955 |
| Time at 12" | 926 | 955 |
| Time at 9" | 929 | 954 |
| Time at 6" | 932 | 1014 |
| Time (9"-6") | 3/3 = 1.0 | 15/3 5.0 |
| Rate Min./Inch | 5.0 min/in | 5.0 min/inch |

60" separation REQD

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

Site Passed ☒ Site Failed ☐

Performed By: WILLIAM SIRKUTA PE RUAL

Witnessed By: DAVID ZARAZINSKI BOH

Comments:

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. _____

## *Determination for Seasonal High Water Table*

| | TP1-1 | TP1-2 | TP1-3 | TP1-4 |
|---|---|---|---|---|
| | 100 | DRY | DRY | DRY |
| | 100 | DRY | DRY | DRY |
| EHWT | 24" | 26" | 14" | 16" |

Method Used:

- [x] Depth observed standing in observation hole _____ inches
- [x] Depth weeping from side of observation hole _____ inches
- [x] Depth to soil mottles _____ 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

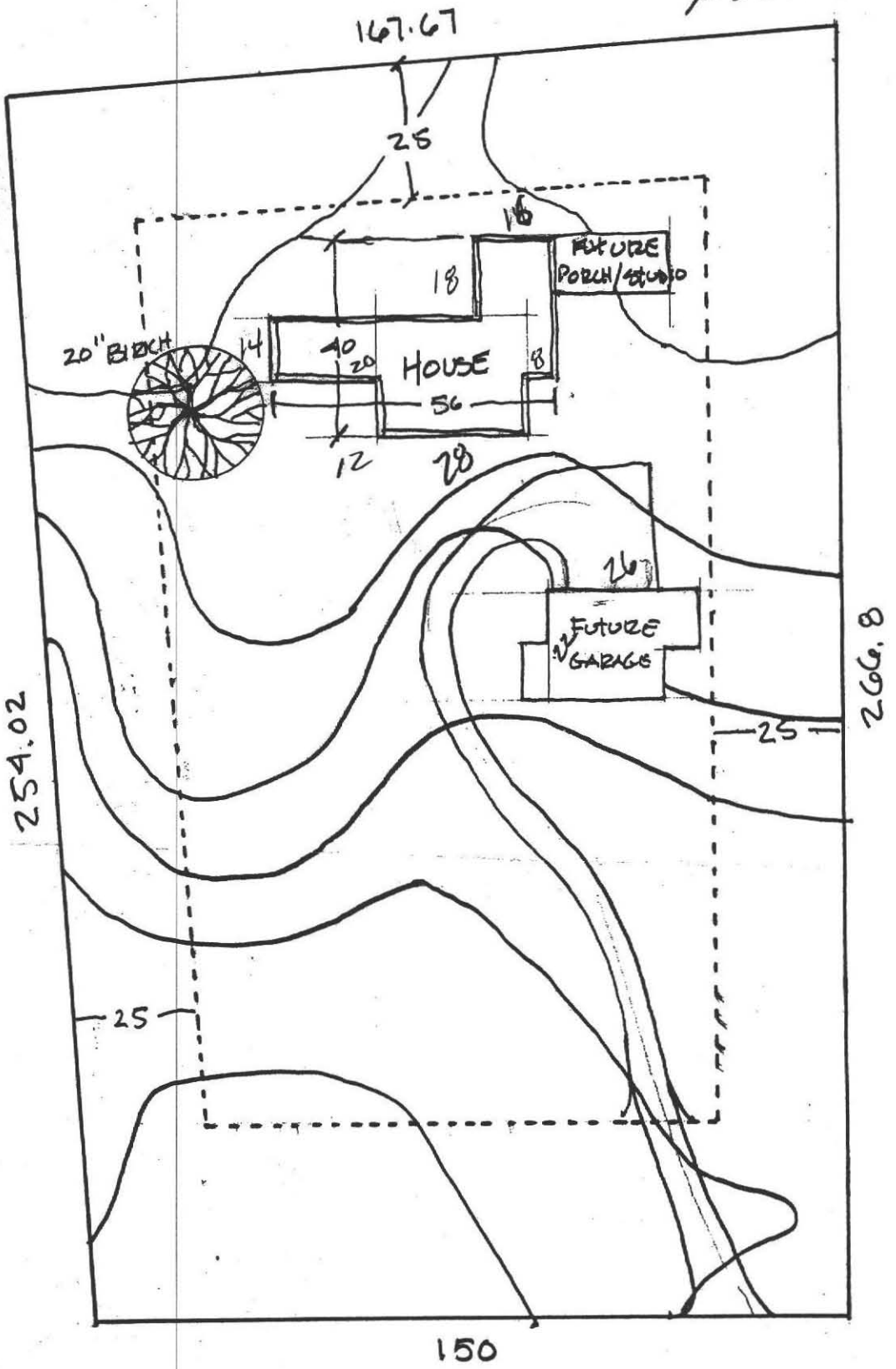
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on 5/95 (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 _____ Date 8/30/06

FULL BMT




OLD FARM HOUSE

Rt 63

6316
8079

No. 07-10 FEE _____

# COMMONWEALTH OF MASSACHUSETTS

*Board of Health,* AMHERST, *MA.*

R 9/7/07 D

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for Permit to Construct(X) Repair( ) Upgrade( ) Abandon( ) - ☒ **Complete System** ☐ **Individual Components**

COMMONWEALTH OF MASSACHUSETTS William John Sieruta No. 30149 REGISTERED PROFESSIONAL ENGINEER

| | | | |
|---|---|---|---|
| Location | WILLIAM PEARSON | Owner's Name | WILLIAM PEARSON |
| Map/Parcel# | LOT 2A-29 | Address | PO BOX 9610 |
| Lot# | MONTAGUE RD (REF 63) AMHERST MASS | Telephone# | N. AMHERST MASS 367-0356 ~~636-8079~~ |
| Installer's Name | | Designer's Name | WILLIAM SIERUTA |
| Address | | Address | 453 FEDERAL ST MONTAGUE MA |
| Telephone# | | Telephone# | 413 367 2409 413 627 7244 |

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Plan: Date AUG 25 2007 Number of sheets 1 Revision Date —

Title SEPTIC SYSTEM DESIGN FOR WM. PEARSON MONTAGUE RD

Description of Soil(s) SEE ATTACHED

Soil Evaluator Form No. 11 Name of Soil Evaluator WJ SIERUTA PE Date of Evaluation 8/30/06

DESCRIPTION OF REPAIRS OR ALTERATIONS complete septic system for New Residential Home

**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 X _____ Date _____

Inspections _____

No. 07-10 FEE _____

# COMMONWEALTH OF MASSACHUSETTS

*Board of Health,* _____, *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 _____

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. _____, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. 07-10 FEE _____

# COMMONWEALTH OF MASSACHUSETTS

*Board of Health,* Amherst, *MA.*

## DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct(X) Repair( ) Upgrade( ) Abandon( ) an individual sewage disposal system at LOT 2A-29 Montague Rd Amherst as described in the application for Disposal System Construction Permit No. _____, dated 9/7/07.

**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 9/20/07 Board of Health Peter J. McElwain

# PERCOLATION INFORMATION

**TP 1-1**

| | | | |
|---|---|---|---|
| 10 | OTS TOPSOIL LOAM | Ap 10YR 3-2 SANDY LOAM | 0-10 |
| 12 | SANDY LOAM SUBSOIL | Bw 10YR 6-1 SANDY LOAM | 10-22 |
| 82 | SAND MEDIUM TO COARSE GRAIN 5% GRAVEL | C, 10YR 5-6 SAND MEDIUM | 22-104 |
| | ROCK | R, | |

NO $H_2O$
WEEPING @ 100'
MOTTLING 5-8
6-1 @ 19"
EHWT @ 14"

**TP 1-2**

| | | | |
|---|---|---|---|
| 10 | OTS TOPSOIL LOAM | Ap 10YR 3-2 SANDY LOAM | 0-10 |
| 11 | SANDY LOAM SUBSOIL | Bw 10YR 6-1 SANDY LOAM | 10-21 |
| 95 | SAND MEDIUM TO COARSE GRAIN 5% GRAVEL | C, 10YR 5-6 SAND MEDIUM | 21-116 |
| | ROCK | R, | |

NO $H_2O$
NO WEEPING
MOTTLING 10YR 5-8
10YR 6-1 @ 16"
EHWT @ 16"

**TP 1-3**

| | | | |
|---|---|---|---|
| 10 | OTS TOPSOIL LOAM | Ap 10YR 3-2 SANDY LOAM | 0-10 |
| 11 | SANDY LOAM SUBSOIL | Bw 10YR 6-1 SANDY LOAM | 10-21 |
| 91 | SAND MEDIUM TO COARSE GRAIN 5% GRAVEL | C, 10YR 5-6 SAND MEDIUM | 21-112 |
| | ROCK | R, | |

DRY HOLES
EHWT 24" MOTTLING 10YR5-8 24" BAND

**TP 1-4**

| | | | |
|---|---|---|---|
| 10 | OTS TOPSOIL LOAM | Ap 10YR 3-2 SANDY LOAM | 0-10 |
| 12 | SANDY LOAM SUBSOIL | Bw 10YR 6-1 SANDY LOAM | 10-22 |
| 89 | SAND MEDIUM TO COARSE GRAIN 5% GRAVEL | C, 10YR 5-6 SAND MEDIUM | 22-109 |
| | ROCK | R, | |

EHWT 26"
DRY NO $H_2O$
MOTTLING 10YR5-8 26" BAND

DATE: 8-30-06
ENGR: W.J. SIERUTA PE EVIL
WITNESS: DAVID ZARZINSKI BOH
PERC TEST 1 @ TP1-1
DEPTH 49"
ACTUAL RATE 1.0 DESIGN RATE 5.0
CLASS I SOIL 60" SEPARATION REQD PER 310 CMR 15.212

PERC TEST 2
@ TP1-3
DEPTH 49"
ACTUAL RATE 5.0
DESIGN RATE 5.0

198.03

## DESIGN INFORMATION

ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15.0 TITLE 5 AND ALL LOCAL BOARD OF HEALTH REGULATIONS

FINISH GRADING TO BE IN ACCORDANCE WITH PLANVIEW
ALL DISTRIBUTED AREAS TO BE LOAMED AND SEEDED

## DESIGN CRITERIA

USE: SINGLE FAMILY RESIDENTIAL HOME
FULL BSMT NO DISPOSAL UNIT

DESIGN FLOW: 310 CMR 15.203
REQD 110 GAL / BEDROOM 4 BEDROOM = 440 GALS/DAY
NO DISPOSAL UNIT

SEPTIC TANK: 310 CMR 15.223
REQD 440 GALS/DAY × 200% = 880 GALS
MINIMUM TANK SIZE PERMITTED 1500 GALS
USE A TWO (2) COMPARTMENT PRECAST 1500 GAL TANK
48" FLOW LINE
TYPICAL TANK 56" FROM BASE TO INLET INV.

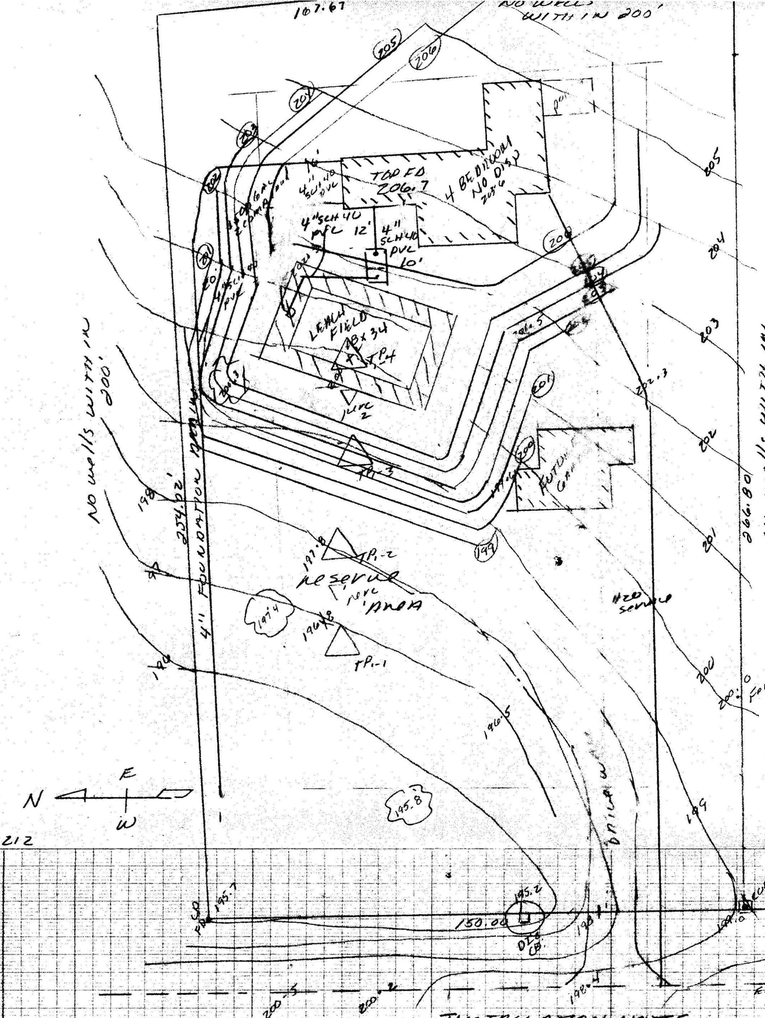
LEACHING SYSTEM: 310 CMR 15.252
DUE TO SOIL CONDITIONS A LEACHFIELD DESIGN IS TO BE USED

EFFECTIVE DEPTH 6" MIN
EFFECTIVE WIDTH 18'
EFFECTIVE LENGTH 34'

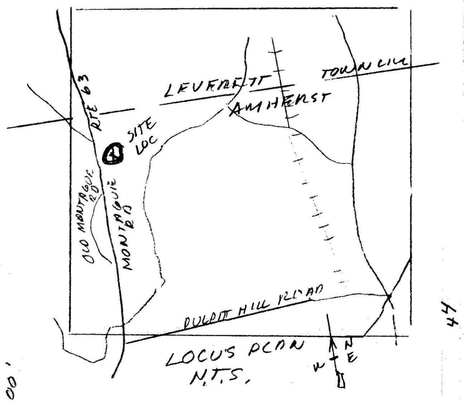
BOTTOM AREA
18' × 34' = 612 FT²
TOTAL PERMEABILITY
612 FT² × .74 = 452 GALS/DAY

PERMEABILITY
310 CMR 15.242
PERC OCATION RATES
ACTUAL RATES
1.0 MINIMUM
5.0 MAXIMUM
DESIGN RATE
5.0 MINIMUM
CLASS I SOIL
60" SEPARATION REQD PER 5.0 CMR 15.212
BOTTOM & SIDE WALL AREA
.74 GALS/FT²

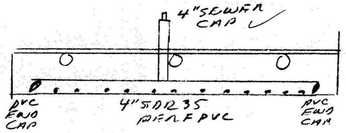
TBM SET TOP OF CONC BOUND S.W. CORNER OF PROPERTY
200.00



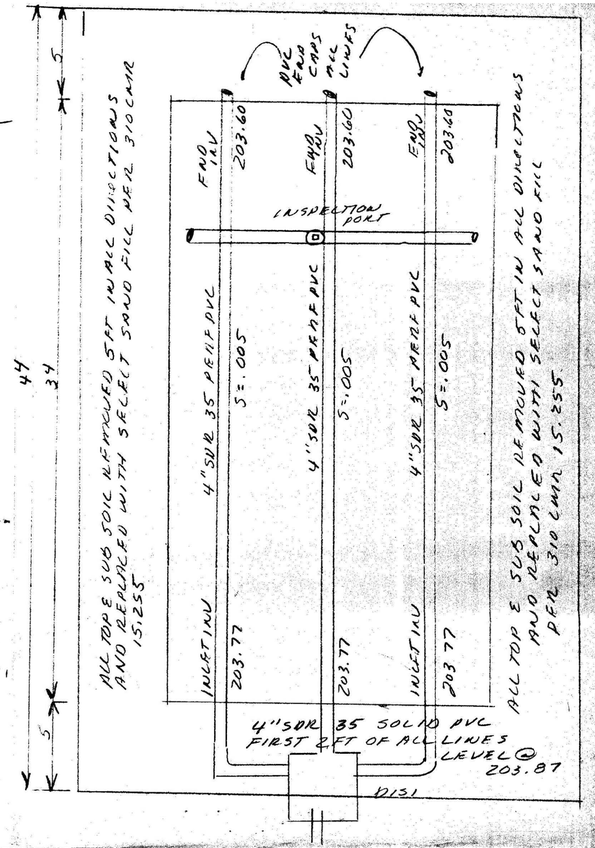

PLANVIEW
SCALE 1" = 20'




LOCUS PLAN
N.T.S.

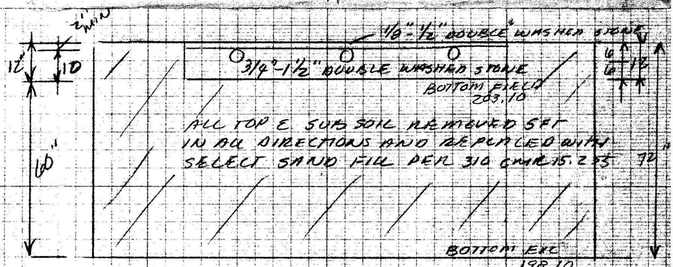



INSPECTION PORT DETAIL
1" = 4 FT



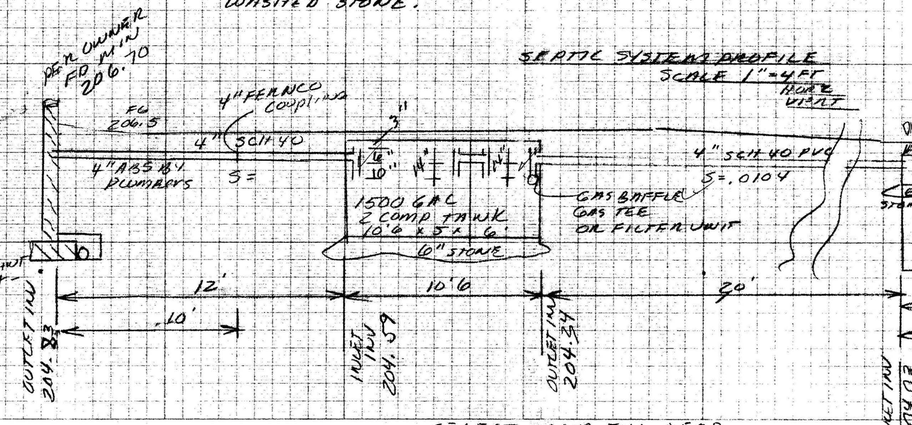

## INSTALLATION NOTES

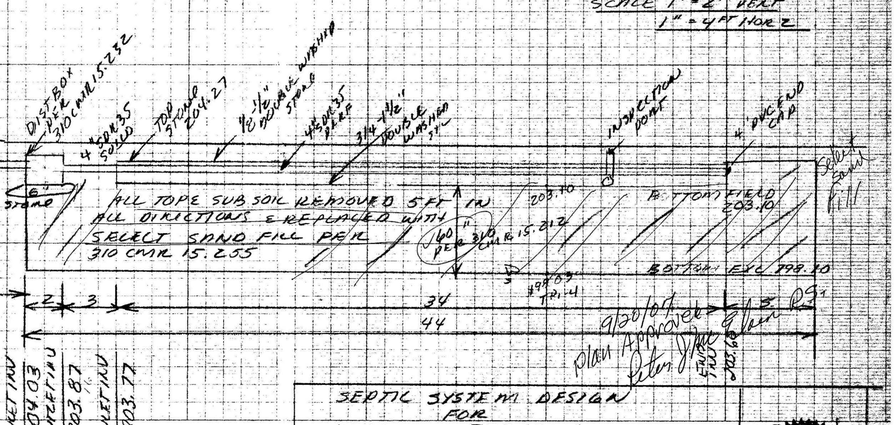
1. SEPTIC TANK TO HAVE INLET & OUTLET TEES IN ACCORDANCE WITH 310 CMR 15.227 SECTIONS
2. ALL STONE TO BE DOUBLE WASHED STONE FREE OF ALL SILT & FINES
3. ALL PIPE JOINTS WITH TANK & D BOX TO BE ASPHALT ROPE SEALED
4. AN INSPECTION PORT TO BE INSTALLED IN LEACHFIELD AS SHOWN
5. ALL COMPONENTS OF SEPTIC TO BE MARKED WITH METALLIC TAPE
6. SEPTIC TANK & D BOX TO BE SET LEVEL ON 6" DEEP FOUNDATION OF WASHED STONE.




LEACHFIELD DETAIL
SCALE 1" = 2 FT VERT
1" = 4 FT HORZ

SEPTIC SYSTEM PROFILE
SCALE 1" = 4 FT
HORZ
VERT




SELECT SAND FILL REQD
$1.2 \times 44 \times \frac{28'}{27} \times 6 = 328$ cu yds

COMMON FILL FOR SEPTIC ONLY
$1.2 \times \frac{30}{27} \times 150 \times 5/2 = 500$ cu yds

SCORE OFFSET CALC 310 CMR 15.211
REQD FOR SLOPES OF 1:3 OR LESS 15 FT
AVAILABLE AFTER GRADING TO BREAK OUT ELEV 204.27
17' MEETS CODE

9/20/07 Plan Approved
Peter Phillips
Engr

SEPTIC SYSTEM DESIGN
FOR
WILLIAM PEARSON
LOT 2A-29
MONTAGUE ROAD (REG 3)
AMHERST MASS
ENGR: W.J. SIERUTA PE
DATE: 8/25/07

William John Sieruta
No. 16594
Commonwealth of Massachusetts
Professional Engineer