

Jim Wald
454 Old Montague Rd.

Jim Wald
Day/Work: 253-5272
Home: 549-0629

Is this
done Dave?



FORM 1-APPLICATION FOR DSCP

No 02-13

Fee 275⁰⁰ PL

Commonwealth of Massachusetts
AMHERST, Massachusetts

ch# 3255

Application for Disposal System Construction Permit

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

Location Address or Lot No. 454 OLD MONTAGUE ROAD	Owner's Name, Address and Tel. # JAMES WALD 454 OLD MONTAGUE ROAD AMHERST, MA 01002 549-0629
Installer's Name, Address, and Tel. #	Designer's Name, Address and Tel. # MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder NO
Other Type of Building _____ No. of Persons _____ Showers _____ Cafeteria _____
Other Fixtures _____

Design Flow 440 gallons per day. Calculated daily flow 444 gallons
Plan Date 08/27/02 Number of Sheets ONE Revision Date NONE
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR JAMES WALD,
454 OLD MONTAGUE ROAD.

Description of Soil SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS,
SEASONAL HIGH GROUNDWATER AT 99" PERC RATE 2 MIN./INCH, . WITNESSED BY DAVID
ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable) INSTALL SEPTIC TANK, D-BOX AND
LEACH FIELD

Date last inspected: _____

-*Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforementioned 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.

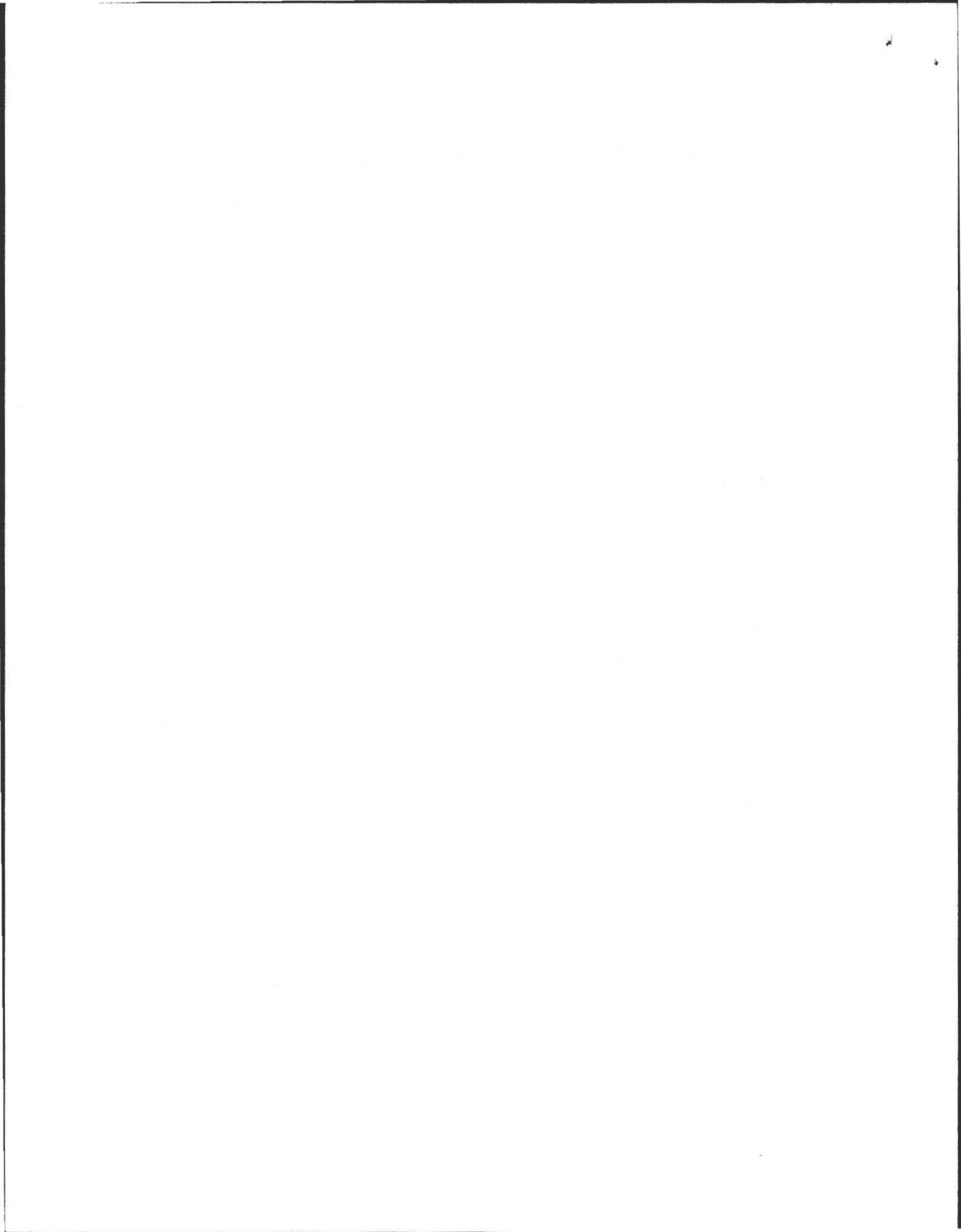
Signed James Wald Date 9/13/02

Application Approved by David Zarozinski Date 9/17/02

Application Disapproved for the following reasons (Revised)

Permit No. 02-13

Date Issued 9/17/02



Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed (X)
or repaired/replaced () on _____ by

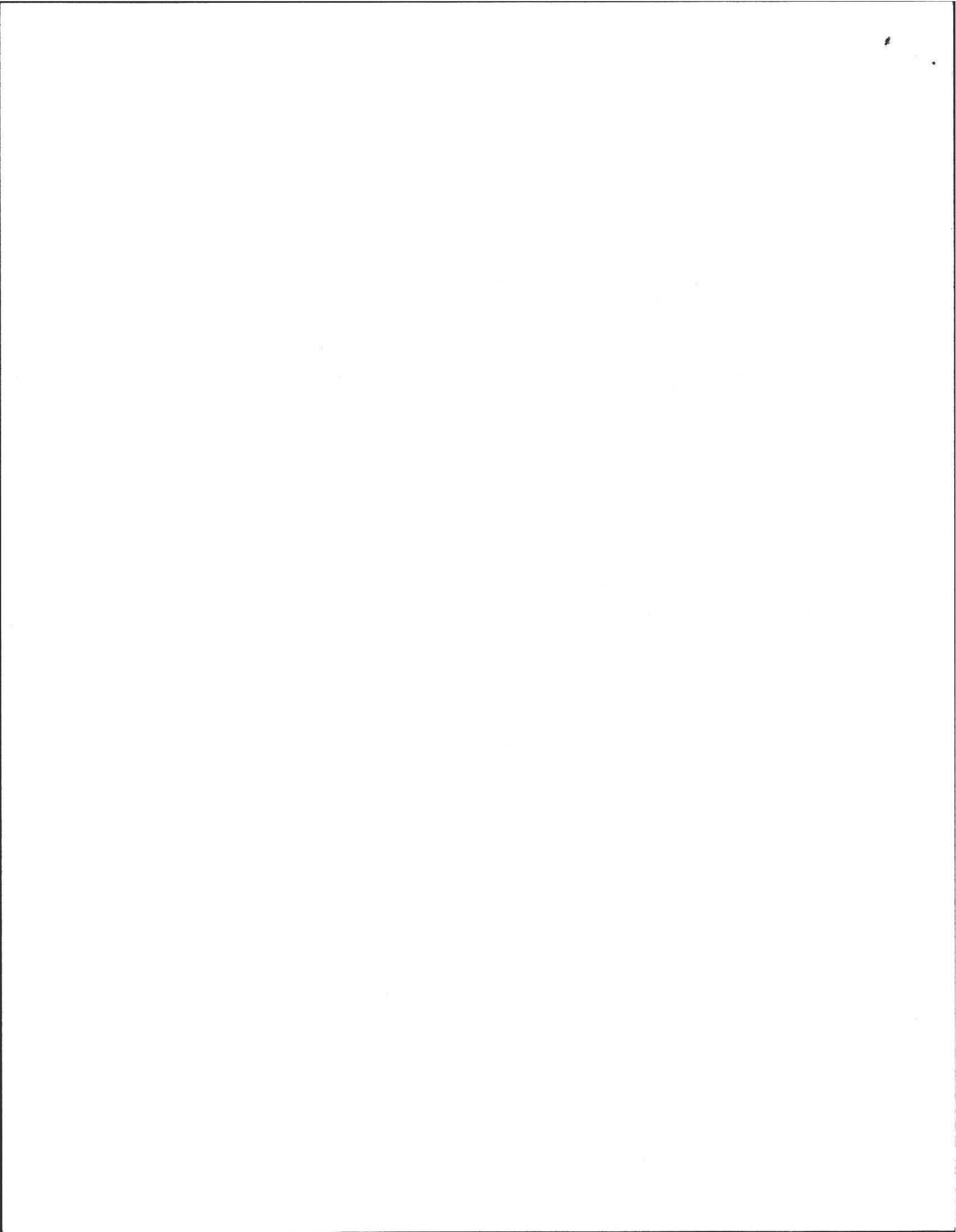
_____ for **JAMES WALD** at
454 OLD MONTAGUE ROAD

_____ has been constructed in accordance with the provisions of Title 5 and the for
Disposal System Construction Permit No. 02-13 dated 9/17/02
(Renewed) 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. The Certificate expires on

Date _____

Inspector _____



Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. 02-13

Permission is hereby granted to JAMES WALD to construct (X) or repair () an On-site Sewage System located at

454 OLD MONTAGUE ROAD

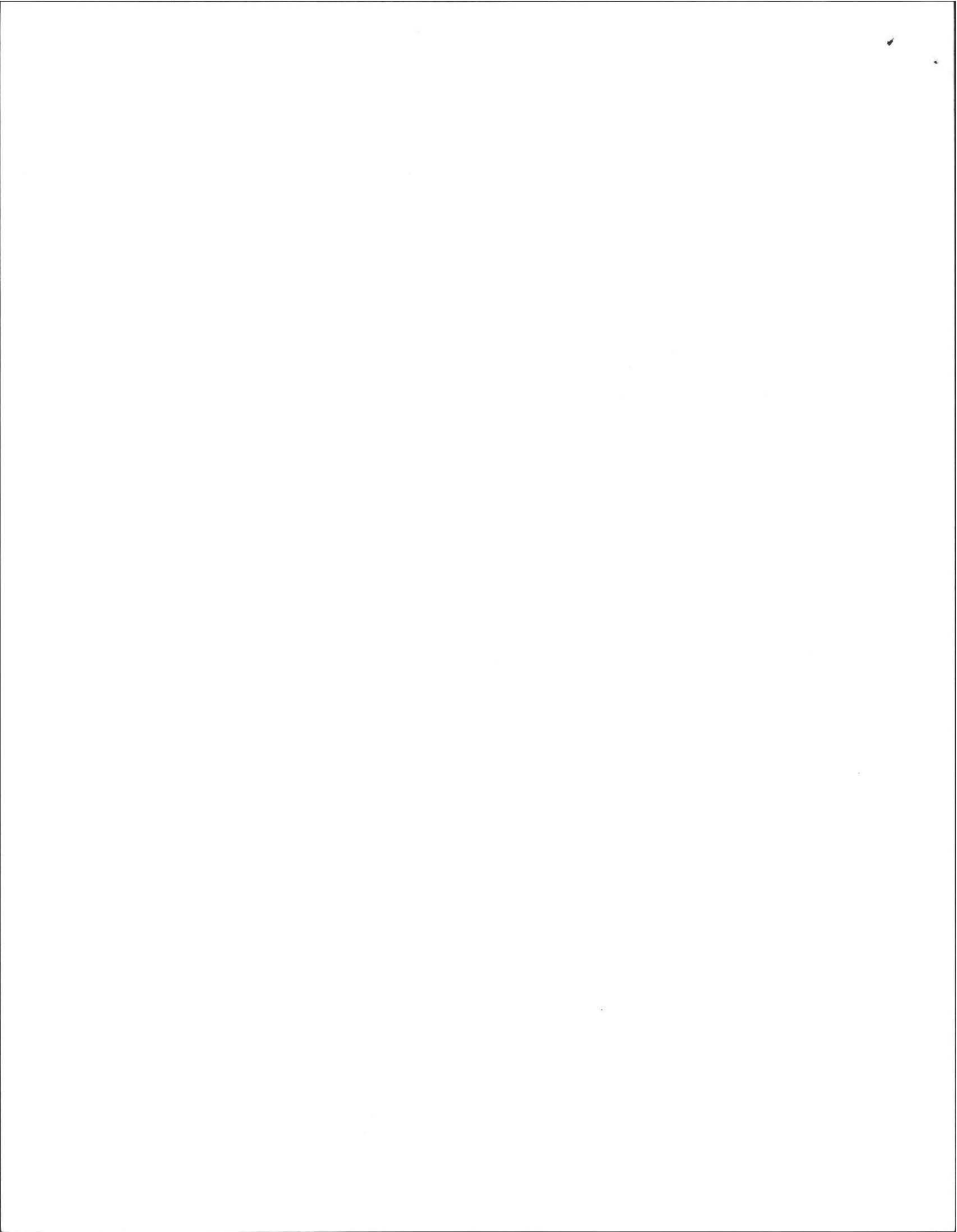
Plan has been Revised

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 two years of the date below.

Date 9/17/02

Approved by David J. Gagliardi for Amherst Health Dept -



FORM 1-APPLICATION FOR DSCP

No 02-13

Fee 275⁰⁰ PL
3255

Commonwealth of Massachusetts
AMHERST, Massachusetts

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Installer's Name, Address, and Tel. #	Designer's Name, Address and Tel. # MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder NO

Other Type of Building _____ No. of Persons _____ Showers _____ Cafeteria _____
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ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable) INSTALL SEPTIC TANK, D-BOX AND
LEACH FIELD

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.

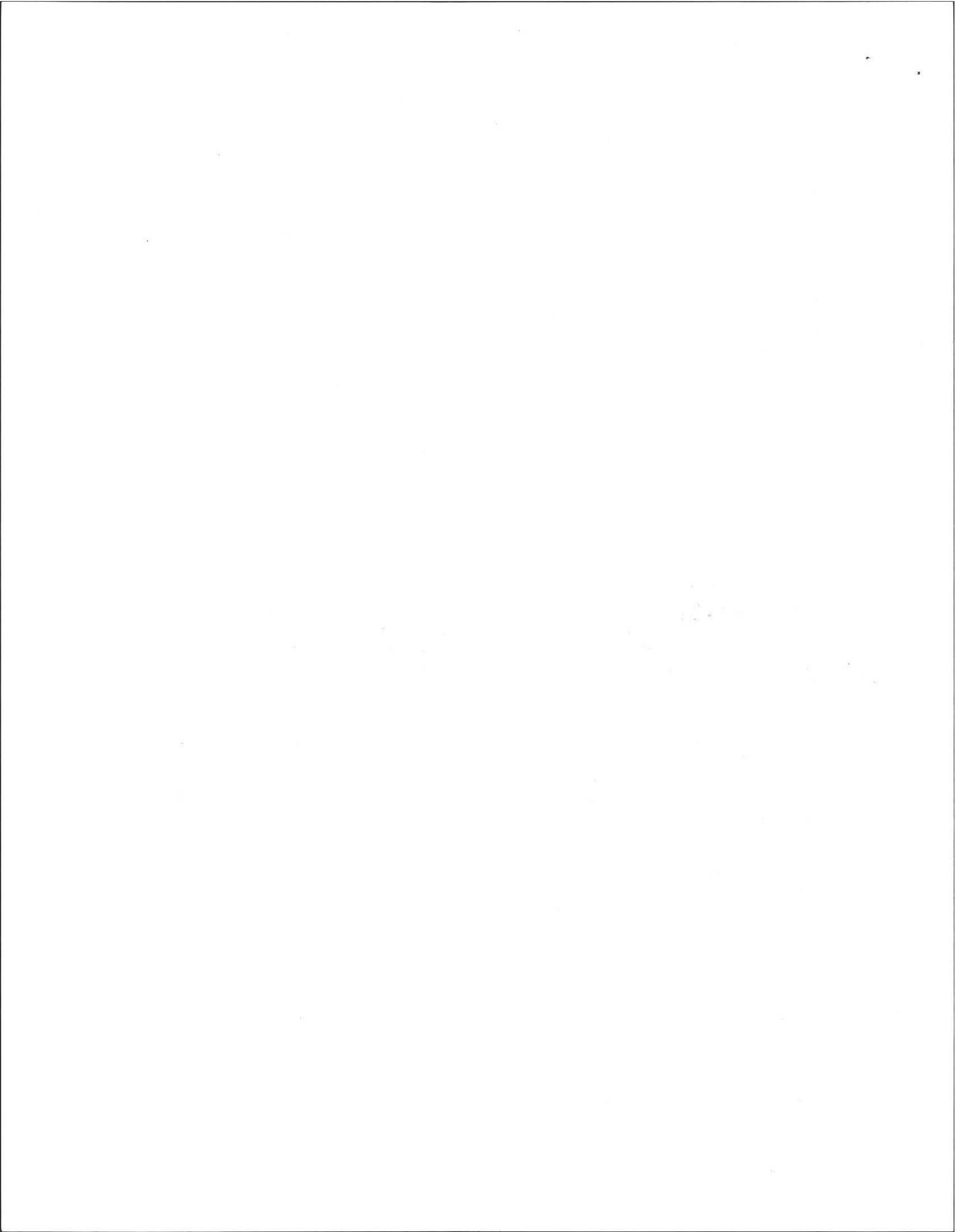
Signed James Wald Date 9/13/02

Application Approved by David Zagant Date 9/17/02

Application Disapproved for the following reasons (Revised)

Permit No. 02-13

Date Issued 9/19/02



Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. 02-13

Permission is hereby granted to JAMES WALD to construct (X) or repair () an On-site Sewage System located at

454 OLD MONTAGUE ROAD

Plan has been Revised

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 two years of the date below.

Date 9/17/92

Approved by

[Signature]
Health Dept.



Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed (X)
or repaired/replaced () on _____ by

_____ for **JAMES WALD** at
454 OLD MONTAGUE ROAD

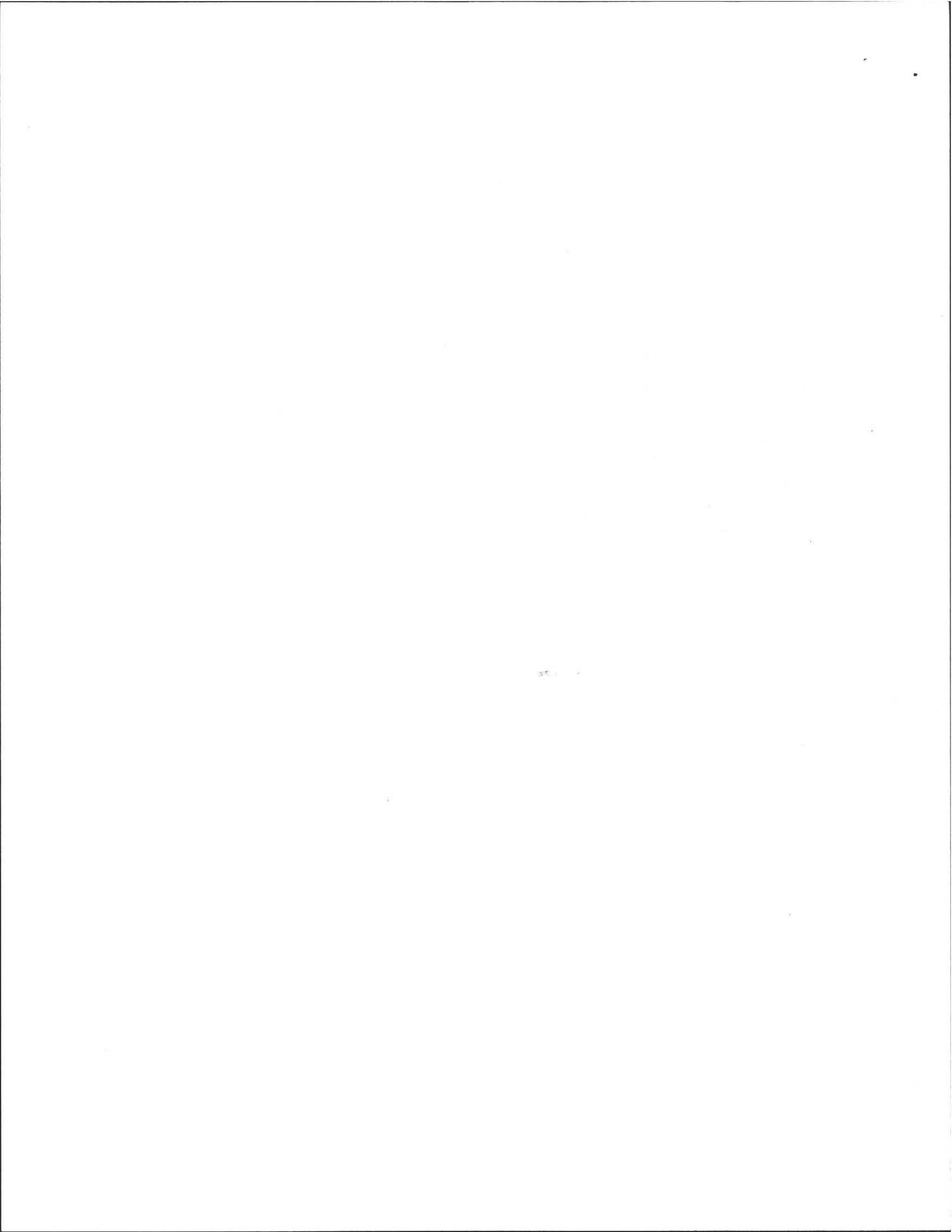
has been constructed in accordance with the provisions of Title 5 and the for
Disposal System Construction Permit No. 02-13 dated 9/17/02

(Revised) 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. The Certificate expires on

Date _____

Inspector _____



NO: 02-13

OH # 3233
PL
6/13/02

Commonwealth of Massachusetts
Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: Doug McClary Date: 8/26/02
Witnessed By: David Zarrucchi

Location Address of: Lot # _____	Owner's Name: <u>Jim Wald</u> Address of: <u>454 Old Montague Rd</u> Telephone: <u>549-0629</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:

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

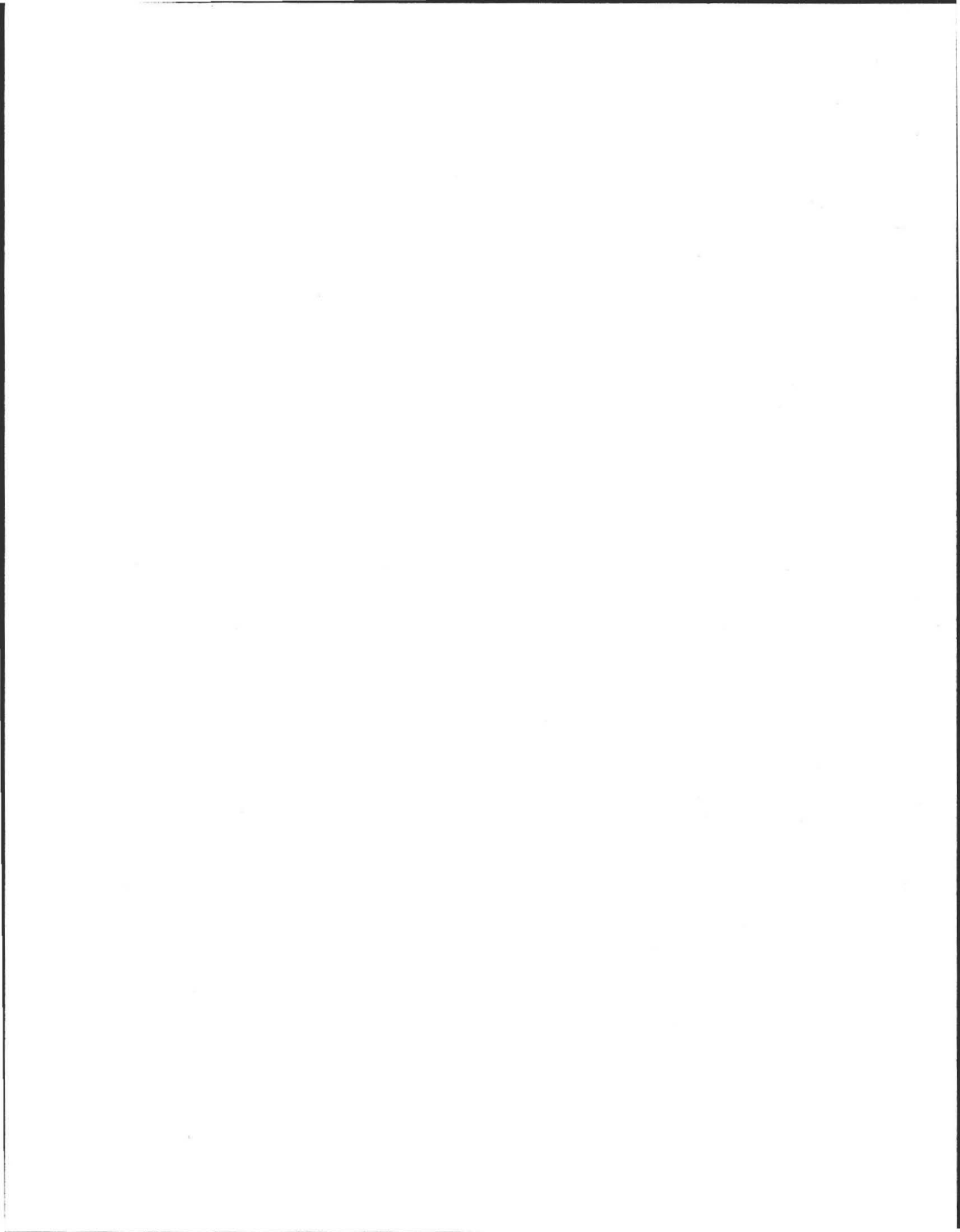
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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 _____



454 Old Montague Rd.

On-Site Review

Deep Hole Number ① Date: 8/26/02 Time 8:30
 Weather Sunny clear
 Location (identify on site plan) _____
 Land Use Residential Slope (%) 2
 Surface Stone None
 Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____

Distances from:

Open Water Body 0 feet Drainageway 0 feet
 Possible Wet Ares 0 feet Property Line 15 feet
 Drinking Water Well 0 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
8	A	Loamy Sand	2.5Y4/3		FK Single grain
17	Bw	↓	2.5Y5/6		FK Single grain
41	C ₁	Coarse Sand	2.5Y5/4		12% Stones
74	C ₂	med sand	5Y4/3		FA Single grain
99	C ₃	fine soil	5Y5/6		same ↓

Parent Material (geologic) OUTWASH
 Depth to Bedrock 99"
 Depth to Groundwater :
 Standing Water in the Hole None
 Weeping from Pit Face about
 Estimated Seasonal High Water 99" +

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) _____

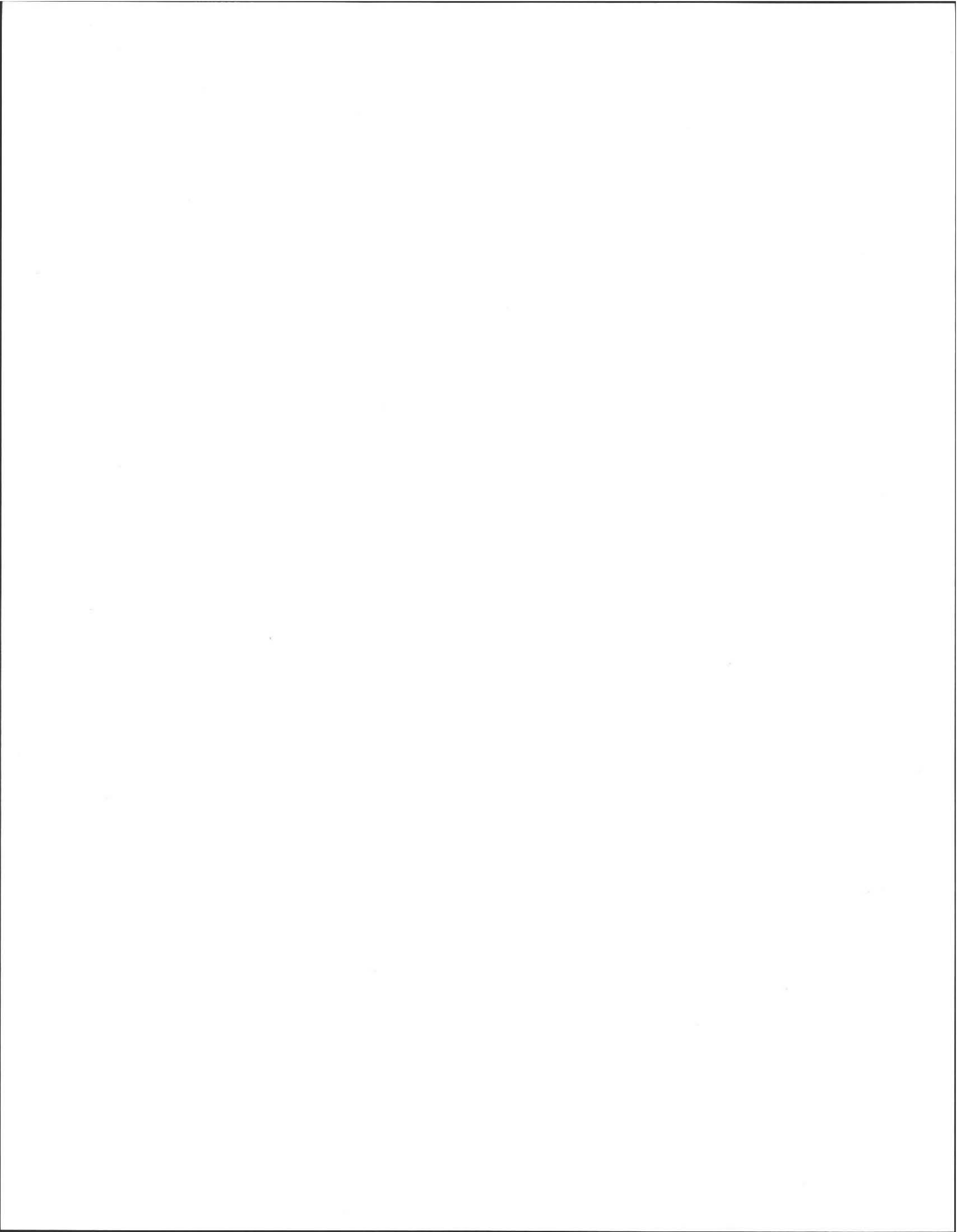
Distances from:

Open Water Body _____ feet Drainageway _____ feet
 Possible Wet Ares _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____

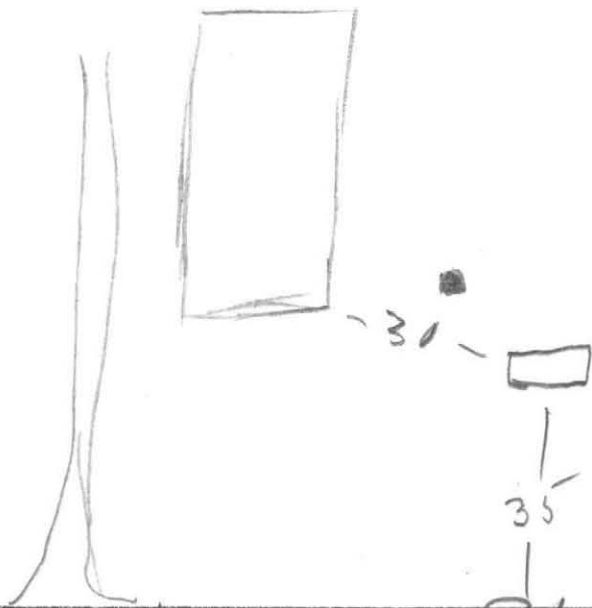
DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel

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



4 Bedrooms
No G/G.



FORM 12: Percolation Test
Location Address or Lot # 454 Old Montague Rd

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST *		
	DATE: <u>8/26/02</u>	TIME:
Observation Hole #	<u>①</u>	
Depth of Perc	<u>36'</u>	
Start Pre-soak		
End Pre-soak		
Time at 12"	<u>25-9:16</u>	
Time at 9"	<u>Less than</u>	
Time at 6"	<u>15 min</u>	
Time (9"-6")		
Rate Min./Inch	<u>-/2</u>	

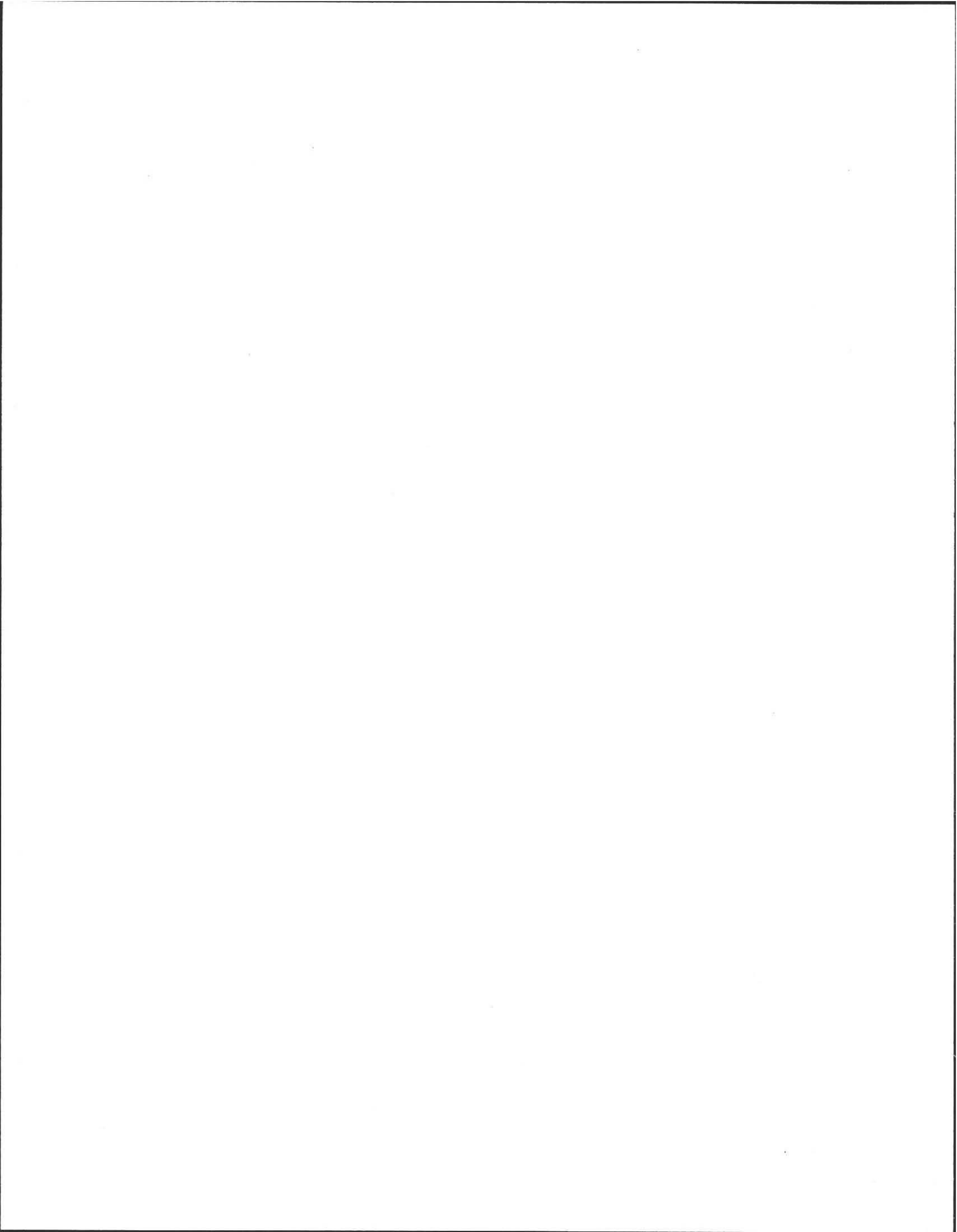
*Minimum of one percolation test must be performed in both the primary area and reserve area.

Site Passed Site failed

Performed by Doug MacClary

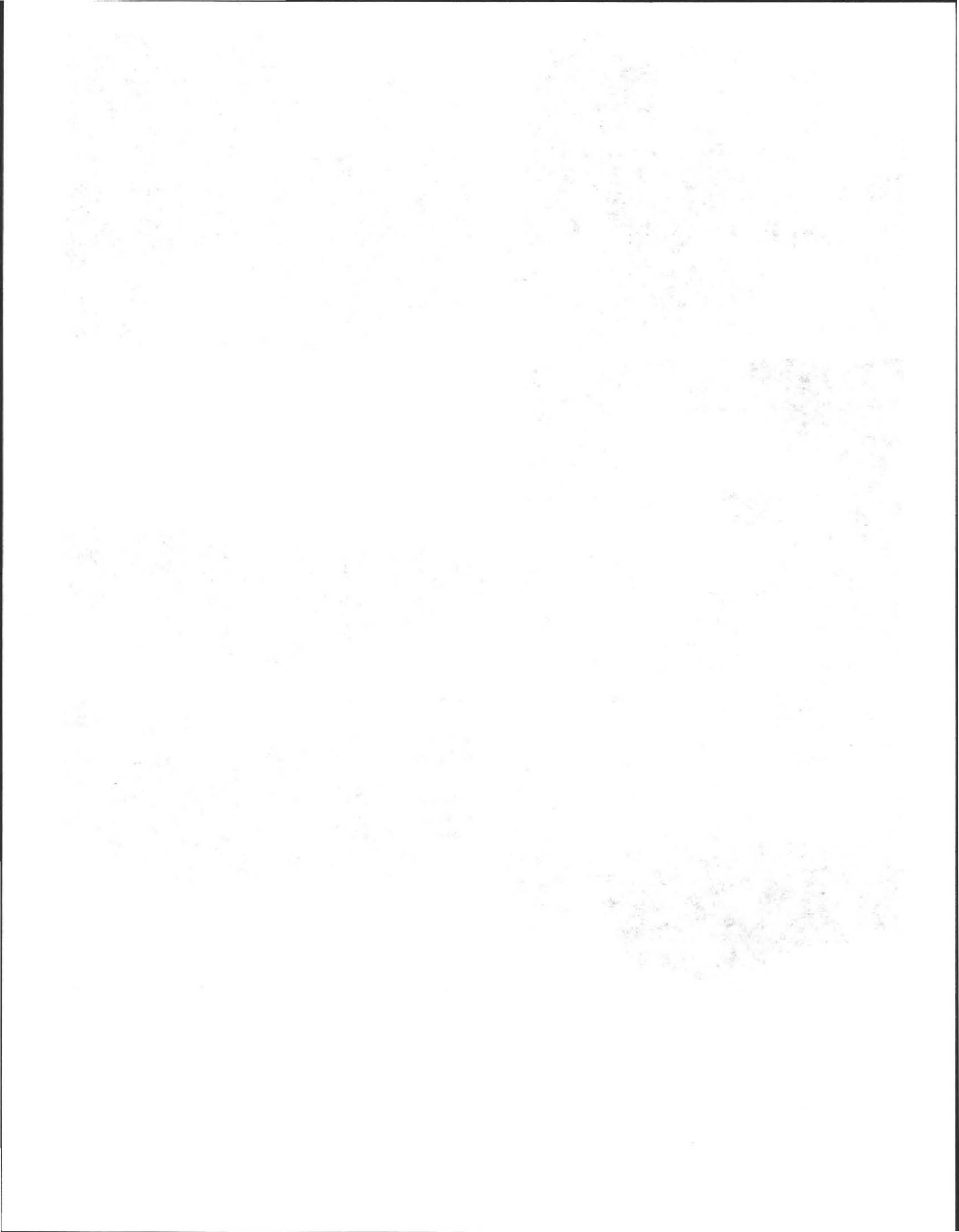
Witnessed by David Zarnowski

Comments:





454 OLD MONTAGUE RD
OWNER: JIM WALD





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