

~~495~~ Lot 50, Overlook

✓ Perc test 9/72

**NORTHAMPTON BOARD OF HEALTH
212 MAIN ST., NORTHAMPTON, MA 01060
TEL; 413-587-1213**

Site Suitability for On-Site Sewage Disposal

Project Number:
Performed by:
Health Inspector:

Date:
Equipment Operator:

Site Address

Client Name & Address

New Construction π

Repair π

Office Review

Published Soil Survey Available: No π Yes π
 Year Published Publication Scale Soil Map Unit Drainage Class Soil Limitations
 Surficial Geologic Report Available: No π Yes π
 Year Published Publication Scale Geologic Material (Map Unit) Landform
 Flood Insurance Rate Map:
 Above 500 year flood boundary π Within 500 year flood boundary π Within 100 year flood boundary π
 Wetland Area:
 National Wetland Inventory Map (Map Unit) Wetlands Conservancy Program Map (Map Unit)
 Current Water Resource Conditions (USGS): Month
 Range: Above Normal π Normal π Below Normal π
 Other References Reviewed:

Percolation Test Results

	Time	Measurement		Time	Measurement
Begin Saturation	0-12		Begin Saturation		
End Saturation			End Saturation		
9" depth Measurement			9" depth Measurement		
6" depth Measurement			6" depth Measurement		
Elapsed Time 9" to 6"			Elapsed Time 9" to 6"		

Percolation Rate
Bottom of Percolation Test Hole:

Percolation Rate:
Bottom of Percolation Test Hole:

Determination for Seasonal High Water Table

Method Used

- Depth observed standing on observation hole _____ inches Depth weeping from side of observation hole _____ inches
 Depth to soil mottles _____ inches Ground water adjustment _____ inches.

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? _____

If yes, what is the depth of naturally occurring pervious material? TP# _____ : _____, TP# _____ : _____
 If not, what is the depth of naturally occurring pervious material? TP# _____ : _____, TP# _____ : _____

On-Site Review

LOT 50 Overlook T.P. # _____

Deep Hole Number: # 1 & 2 Date: _____ Time: _____ Weather: _____

Location (identify on site plan): _____

Land Use: _____

Vegetation: _____

Slope (%): _____

Landform: _____

Position of Landscape: _____

Surface Stones: _____

Distance from:

Open Water Body

Feet

Drainageway

Feet

Possible Wet Area

Feet

Property Line

Feet

Drinking Water Well

Feet

Other

Feet

93' / 60'

X 2

TP #1		DEEP OBSERVATION HOLE LOG			
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-9" 0-12	A	F.S.	10 YR 3	40" 40	Fine Sandy
9-28" 12-26	BW	L.S.	5 1/2 Y 6		
28-110" 36-120	C1	L.S.	5 1/2 Y 5.2		15% COBBLE MOD. LOOSE

Parent Material (geologic)

Depth to Groundwater:

Standing Water in the Hole:

Depth to Bedrock:

Estimated Seasonal High Ground Water:

Weeping from Pit Face:

TP		DEEP OBSERVATION HOLE LOG			
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
6"	8"				
25"	28"				
112"	114"				
38" -	GW	38" (GW)			
	S	SEEPS STANDING	102"	110"	

Parent Material (geologic)

Depth to Groundwater:

Standing Water in the Hole:

Depth to Bedrock:

Estimated Seasonal High Ground Water:

Weeping from Pit Face:

Certification: I certify that in _____, I 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. SE Certification # _____

Signature: _____

Date: _____



COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

FORM 11 - SOIL EVALUATOR FORM

Page 1 of 3

ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

received
9-22-09

Date: 9/22/09

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: C. Carlucci

Date: 9/22/09

Location Address or Lot # MAP 06B LOT 050 OVERLOOK, DR. Amherst.	Owner's Name, Address, and Telephone # Bill Zenon 18 Indian Lane Webster, MA. 508-461-9092
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	01570

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 References Reviewed: _____



Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033



MAKE SMOKING HISTORY

Location Address or Lot No. Lot 50, Outlook Dr.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>9/22/09</u>		Time:
Observation Hole #	<u>P1</u>	<u>P2</u>
Depth of Perc	<u>44"</u>	<u>39"</u>
Start Pre-soak	<u>9:15</u>	<u>9:32</u>
End Pre-soak	<u>9:30</u>	<u>9:47</u>
Time at 12"	<u>9:30</u>	<u>9:47</u>
Time at 9"	<u>9:36</u>	<u>10:00</u>
Time at 6"	<u>9:45</u>	<u>10:15</u>
Time (9"-6")	<u>9</u>	<u>15 min</u>
Rate Min./Inch	<u>3 $\frac{min}{IN}$</u>	<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: G. Costaride

Comments: _____



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MAKE SMOKING HISTORY

FORM 11 - SOIL EVALUATOR FORM

Location Address or Lot No. Lot 50 overlook Dr

On-site Review

Deep Hole Number 1-2Y Date: 9/22/09 Time: 9:00 Am Weather Clouds 60°F

Location (identify on site plan) _____

Land Use Wooded Slope (%) 1 Surface Stones yes

Vegetation _____

Landform eroded level

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 200' feet Drainage way 50' feet
 Possible Wet Area 100' feet Property Line 20' feet
 Drinking Water Well 100' feet Other _____

DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0-12" 12-26" 26-120"	A Bw C	FSL LS LS	10YR 3/3 2.5Y 5/6 2.5Y 5/2	40" 10YR 3/3	frable frable/Loose FS and Ablation till 15% cobbles + fine med loose
#2 0-9" 9-28" 28-40"	A Bw C	FSL LS LS	10YR 3/2 2.5Y 5/6 2.5Y 5/2	38" 10YR 6/8	↓ ↓
#3 0-6" 6-29" 29-112"	A B C	FSL LS LS	10YR 3/3 2.5Y 5/6 2.5Y 5/2	36" 10YR 6/8	- friable - friable, Loose FS and Ablation Till 15% cobbles, med Loose
#4 0-8" 8-22" 22-114"	A Bw C	FSL LS LS	10YR 3/3 2.5Y 5/6 2.5Y 5/2	38" 10YR 6/8	- friable - friable, Loose - Fine Sand, Ablation till, 15% cobbles + stone

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ablation Till Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: 110" Weeping from Pit Face: 102"

Estimated Seasonal High Ground Water: 38"



174 SF

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MAKE SMOKING HISTORY

Location Address or Lot No. Lot 50 Overlook DR.

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 38" 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 6/95 (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 9/22/09



DEP APPROVED FORM - 12/07/95



Town of



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MAKE SMOKING HISTORY



- Property Map**
- Property Line
 - Hydrographic Property Lin
 - Right of Way Line
 - Town Boundary
- Easements**
- Elevation
- Topography**
- Elevation Contour
 - Index Contour
 - Intermediate Contour
 - Depression - Index
 - Obscured - Intermediate
 - Obscured - Index
 - Obscured - Intermediate
 - Obscured Depression - Ind
 - Obscured Depression - Int
- Watershed Topography**
- Index Contour Line
 - Intermediate Contour Line
 - Depression - Index
 - Depression - Intermediate
 - Obscured - Index
 - Obscured - Intermediate
 - Obscured Depression - Ind
 - Obscured Depression - Int
- Basecamp**
- Trail
- Structures**
- Building
 - Foundation
 - Miscellaneous
 - Pier / Dock
 - Water Tank
 - Sketched Structure

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet

Planimetric base map features compiled at 1"=40' and 1"=100' scale from April, 1988 Aerial Photography, Aerial Photography, April, 2004, Parcels compiled to match the base map; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance.

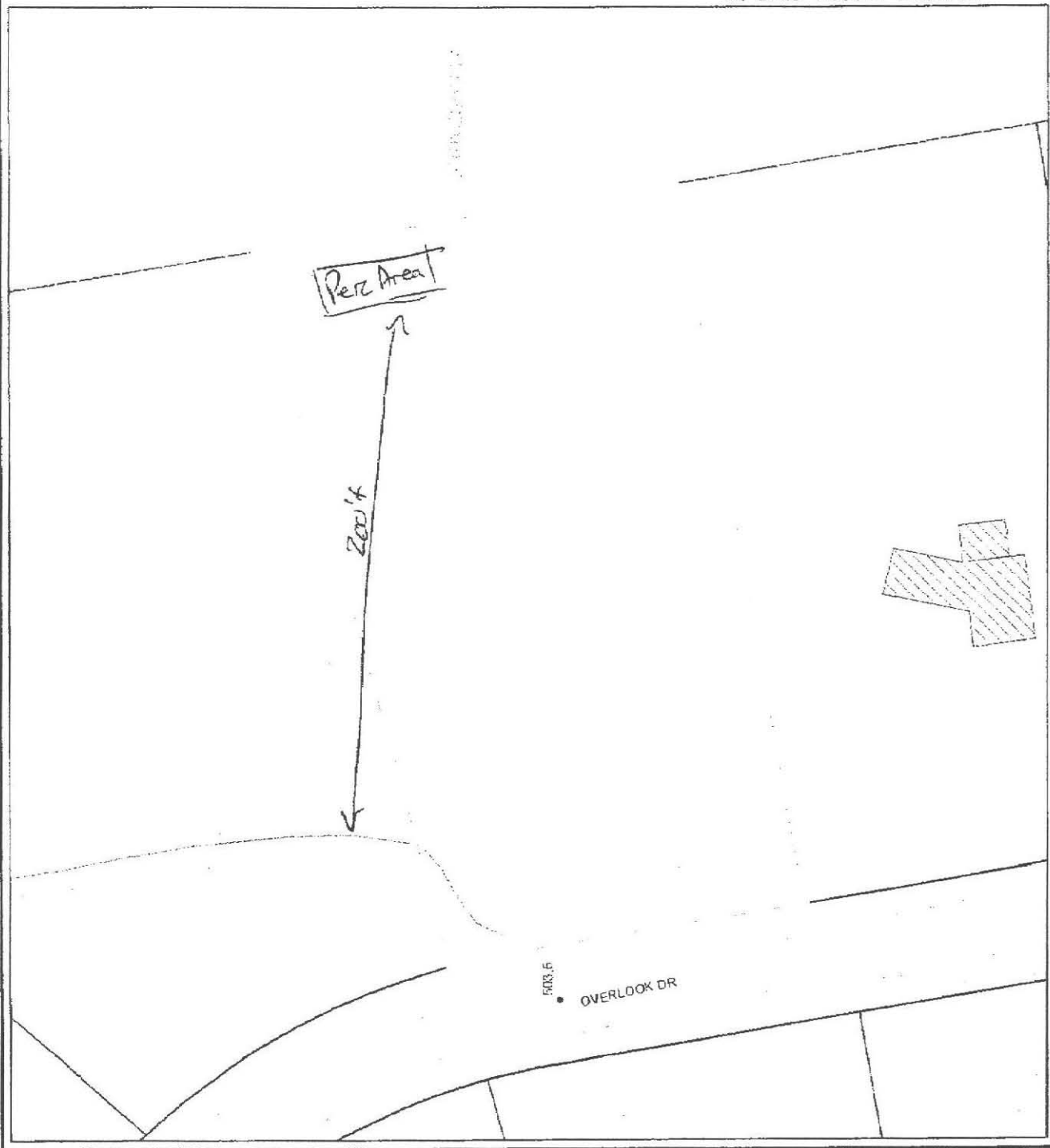
Utility structures and underground utility locations are approximate and require field verification.

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1" = 60 ft

Amherst GIS Views/September 22, 2009



Town of



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Massachusetts

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MAKE SMOKING HISTORY

PERMITS/INSP PAYMENT RECPT#: 10025425
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 09/23/09 TIME: 11:57
CLERK: courteman DEPT:

PAID BY:
PAYMENT METH: CHECK 1187

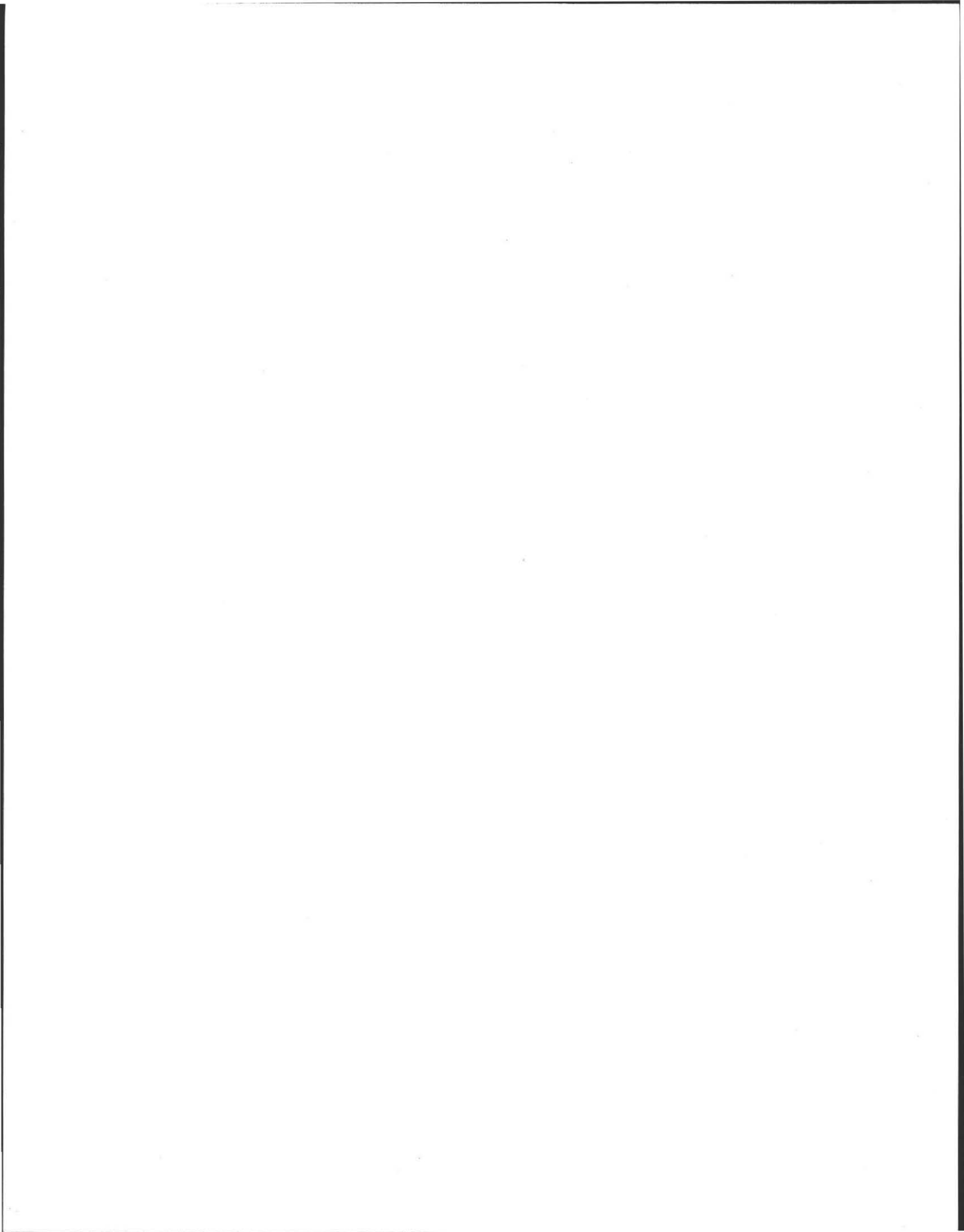
REFERENCE: A

AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS: overlook lot 50

FEEs:
HEA011 PERCOLATIONS TE 300.00

TOTAL PAID: 300.00



PERMITS/INSP PAYMENT RECPT#: 10025425
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

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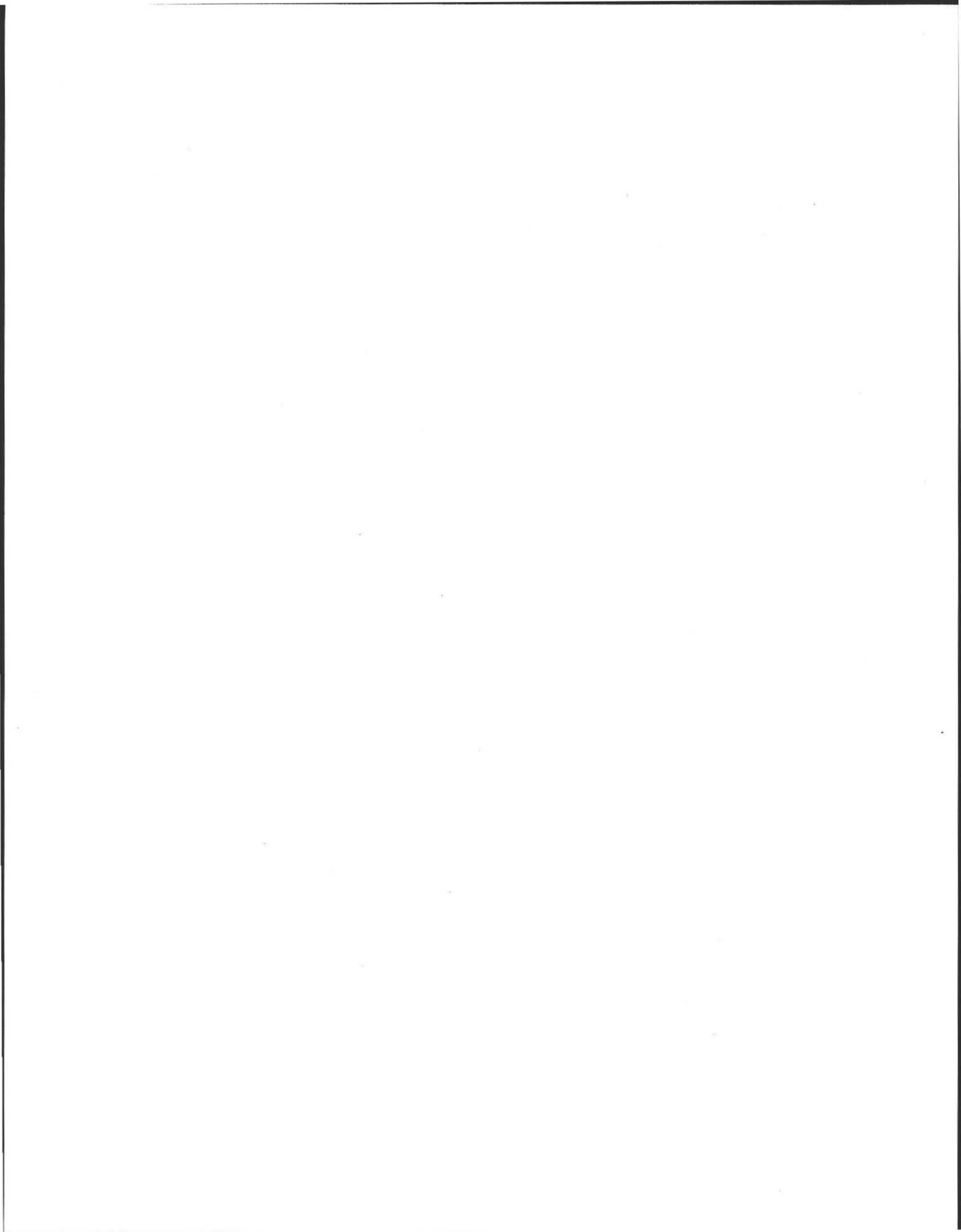
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CHANGE: .00

SITE ADDRESS: overlook lot 50

FEE:
HEA011 PERCOLATIONS TE 300.00

TOTAL PAID: 300.00



3368
5228



- Property Map**
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- Building
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 - Pier / Dock
 - Water Tank
 - Sketched Structure

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet

Planimetric basemap features compiled at 1"=40' and 1"=100' scale from April, 1999 Aerial Photography. Aerial Photography: April, 2004. Parcels compiled to match the basemap; revisions are ongoing.

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1" = 60 ft



