

No. _____

Date: 3/19/98

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: MARK THOMPSON Date: 3/19/98
Witnessed By: DAVID ZAROZINSKI MIKE LOMBARD

Location Address or Lot # <u>LOT TO NORTH OF 1731 South EAST Street Corner of Mechanic ST and South East Street</u>	Owner's Name, Address, and Telephone # <u>William De Growin 1731 Southeast Street Amherst, MA 01002 (413) 253-0737</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published 1981 Publication Scale 1:15840 Soil Map Unit MeB

Drainage Class Excessively Drained Soil Limitations POOR FILTER

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) _____

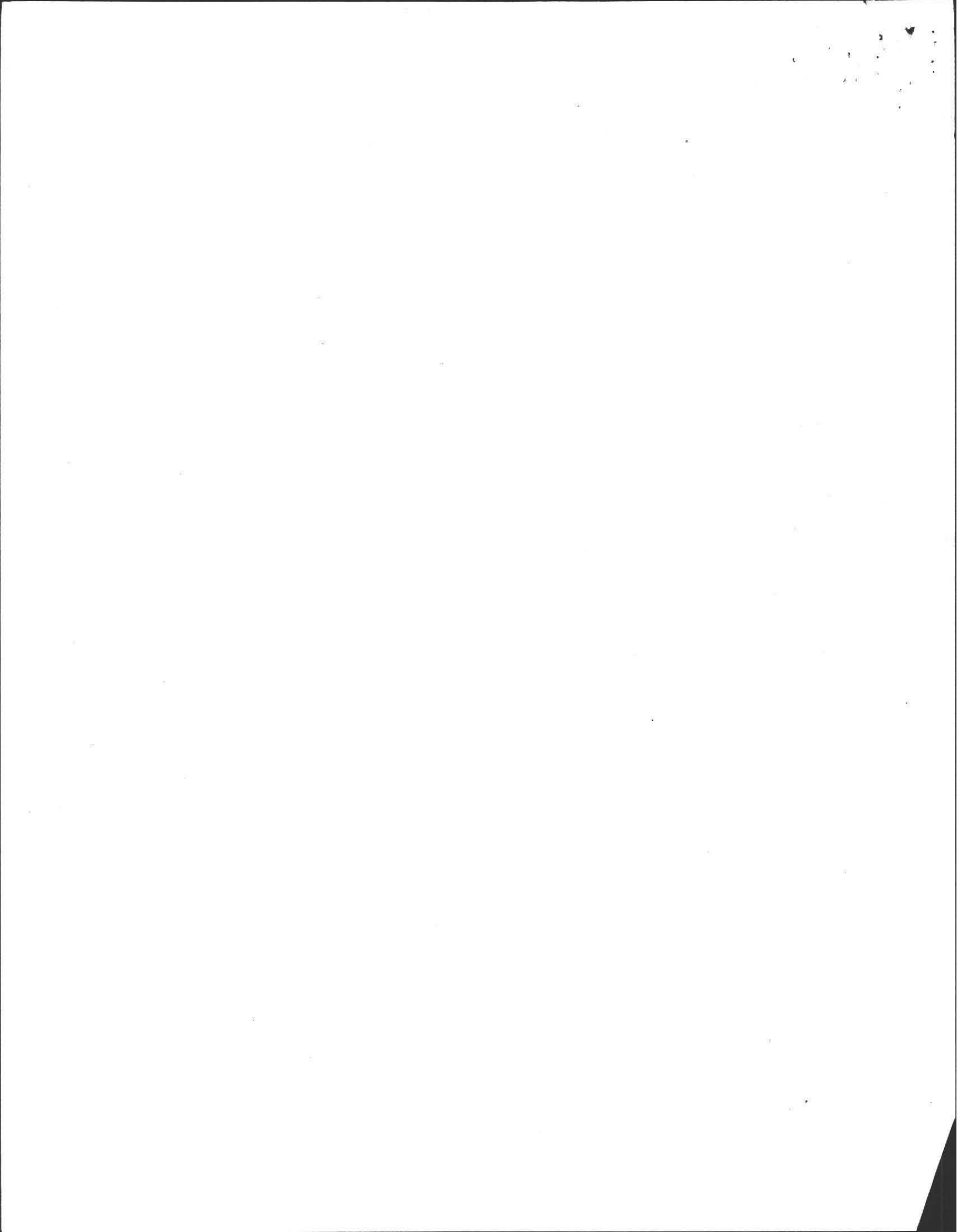
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month Feb 1998

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. LOT AT CORNER OF MECHANIC ST + Southeast ST.

On-site Review

Deep Hole Number 1 Date: 3/19/98 Time: 9:30 Weather RAIN 40 degrees

Location (identify on site plan)

Land Use FIELD Slope (%) 5 Surface Stones NONE VISIBLE

Vegetation GRASSES

Landform TERRACE

Position on landscape (sketch on the back)

Distances from:

Open Water Body - feet - Drainage way - feet
Possible Wet Area - feet - Property Line 40 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)
0-14"	Ap	FSL	7.5 YR 2.5/2	NONE	Friable, CRUMB, ABRUPT BOUNDARY
14-58"	C1	SAND	5YR 4/4	NONE	SINGLE GRAIN, VARIEGATED COARSE TO FINE SAND 15% GRAVEL
58-120"	C2	FIS	7.5 YR 4/3	NONE	FIRM, BLOCKY

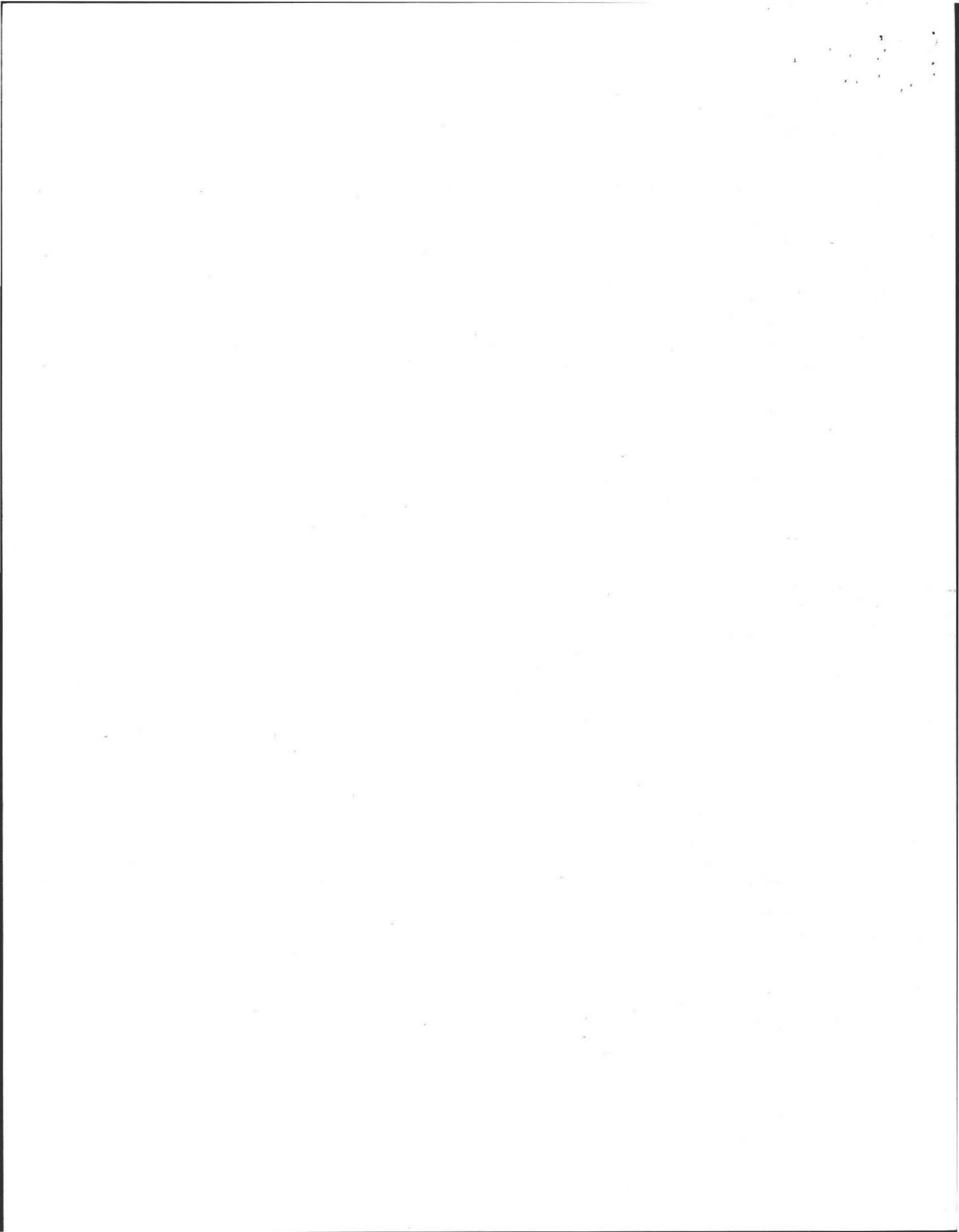
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) GLACIAL OUTWASH Depth to Bedrock: NONE

Depth to Groundwater: Standing Water in the Hole: NONE Weeping from Pit Face: NONE

Estimated Seasonal High Ground Water: > 120"





Location Address or Lot No. CORNER LOT @ MECHANIC ST + Southeast ST.

On-site Review

Deep Hole Number 2 Date: 3/19/98 Time: 9:45 Weather RAIN/COLD
 Location (identify on site plan) _____
 Land Use FIELD Slope (%) 5 Surface Stones NONE VISIBLE
 Vegetation GRASSES
 Landform TERRACE

Position on landscape (sketch on the back)

Distances from:

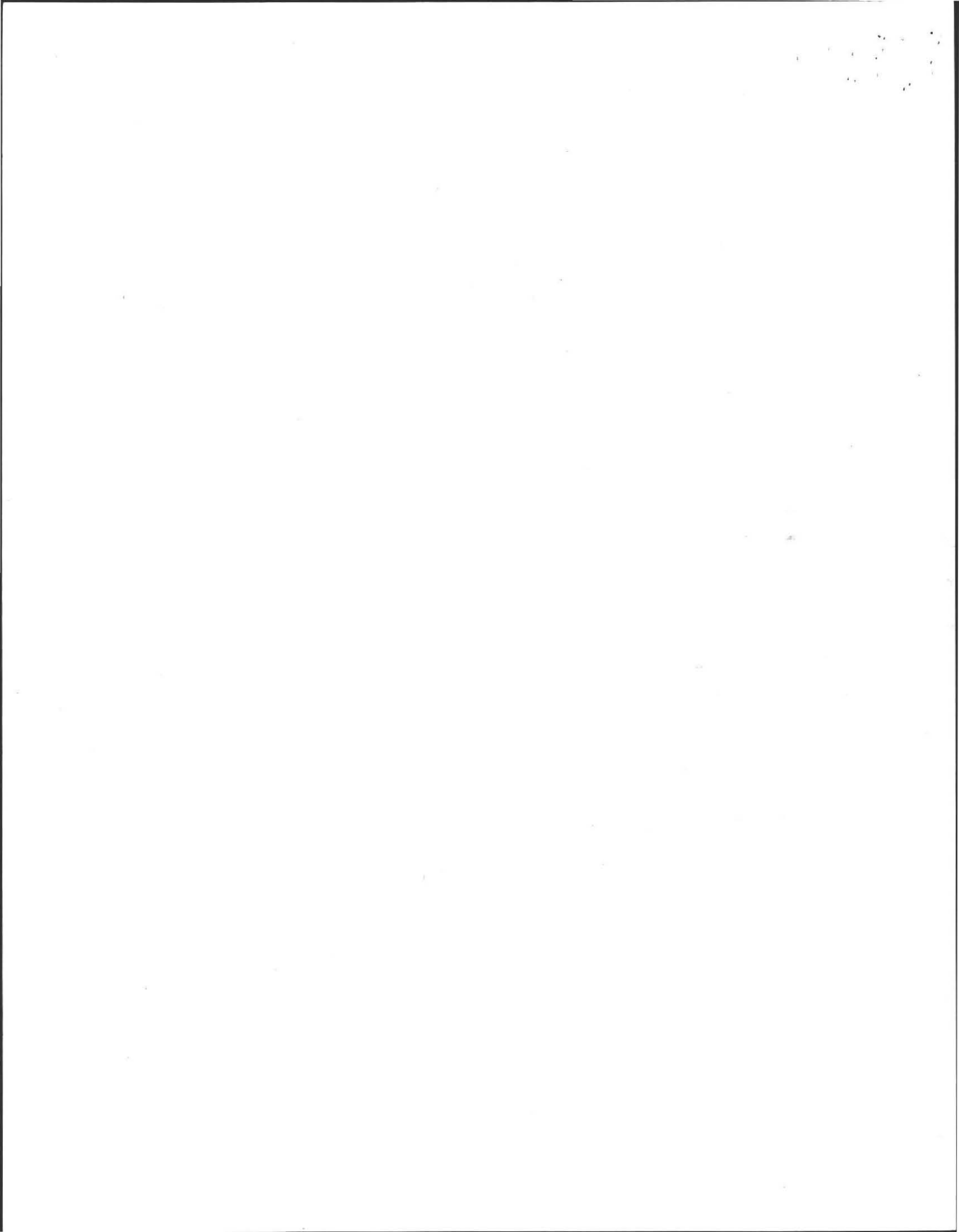
Open Water Body — feet Drainage way — feet
 Possible Wet Area — feet Property Line 65 feet
 Drinking Water Well — feet Other _____

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-12"	AP	FSL	7.5 YR 2.5/2	NONE	FRIBLE, CRUMB, ABRUPT BOUNDARY
12-60"	C ₁	SAND	5YR 4/4	NONE	SINGLE GRAIN, VARIEGATED COARSE TO FINE SAND 15% GRAVEL
60-120"	C ₂	FIS	7.5 YR 4/3	NONE	FIRM, BLOCKY

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) GLACIAL OUTWASH Depth to Bedrock: NONE
 Depth to Groundwater: Standing Water in the Hole: NONE Weeping from Pit Face: NONE
 Estimated Seasonal High Ground Water: > 120"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. CORNER LOT @ MECHANIC ST + SouthenST ST.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>3-19-98</u>		Time: <u>9:30</u>
Observation Hole #	<u>P-1</u>	<u>P-2</u>
Depth of Perc	<u>55"</u>	<u>48"</u>
Start Pre-soak	<u>9:33</u>	<u>9:46</u>
End Pre-soak	<u>UNABLE TO SOAK</u>	<u>UNABLE TO SOAK</u>
Time at 12"	↓	↓
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate Min./Inch		

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

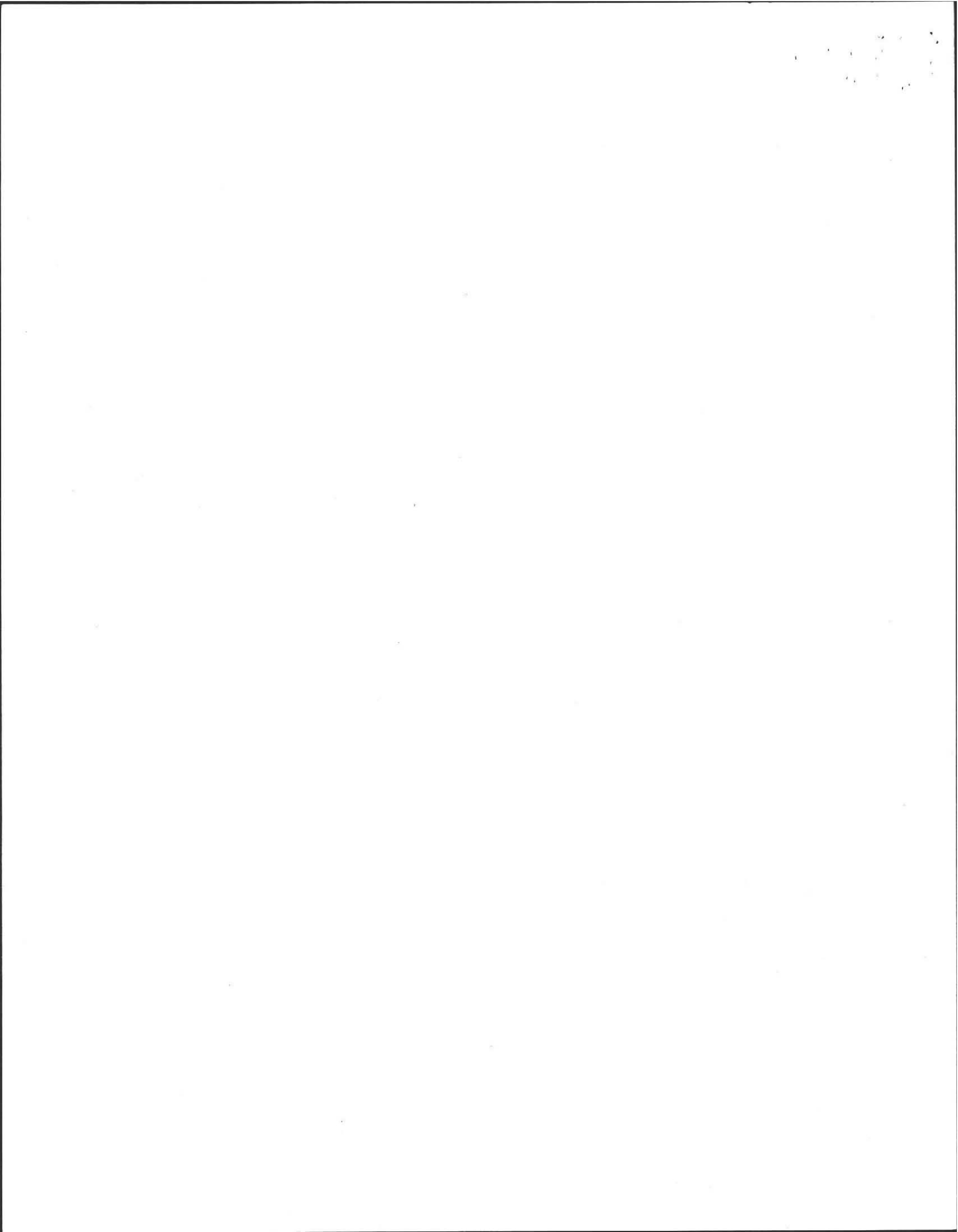
Site Passed Site Failed

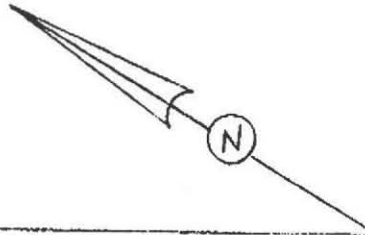
Performed By: MARK THOMPSON

Witnessed By: DAVID ZAROZINSKI MIKE LOMBARD

Comments: _____





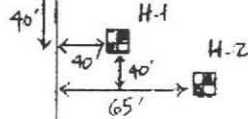


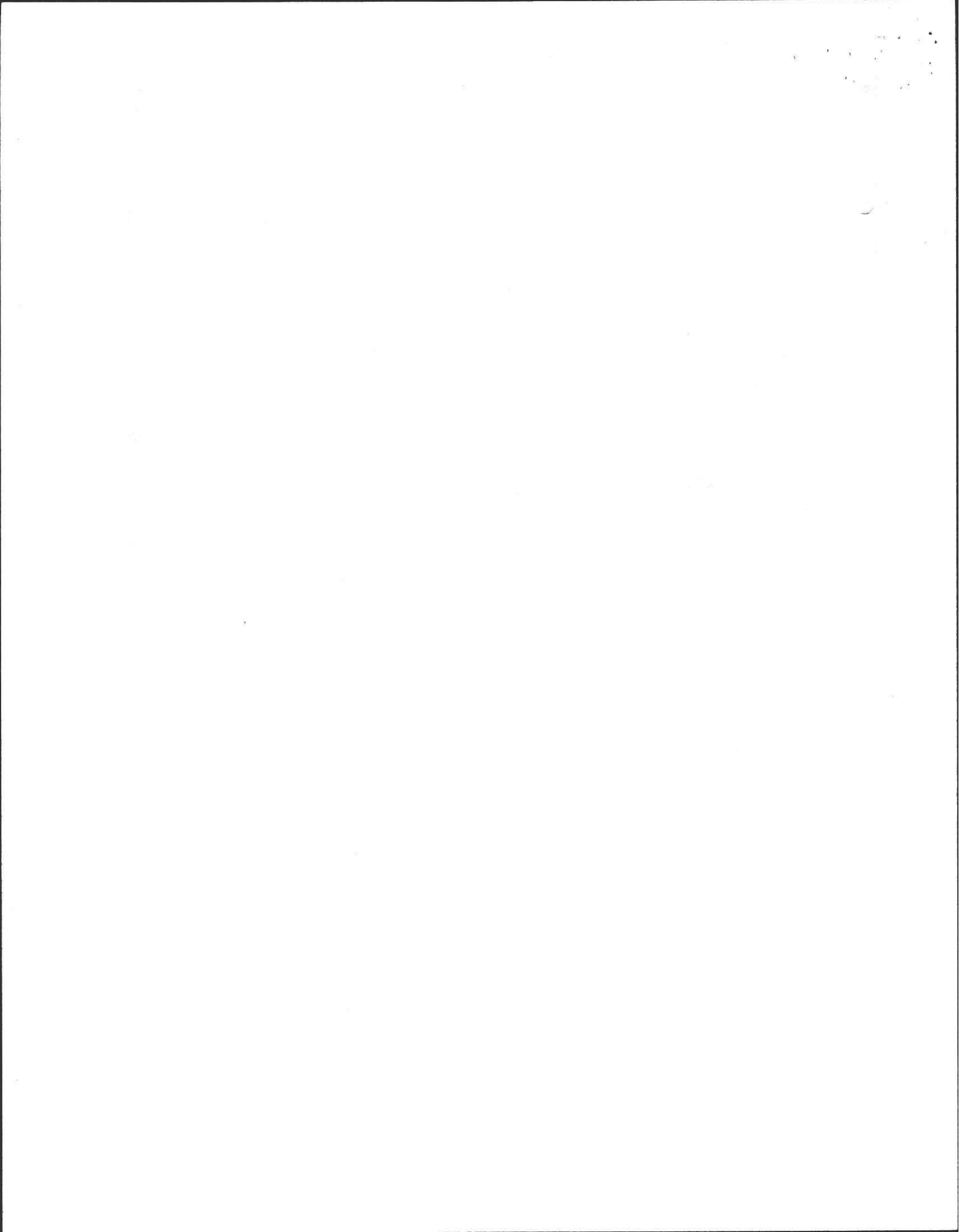
Southeast St.

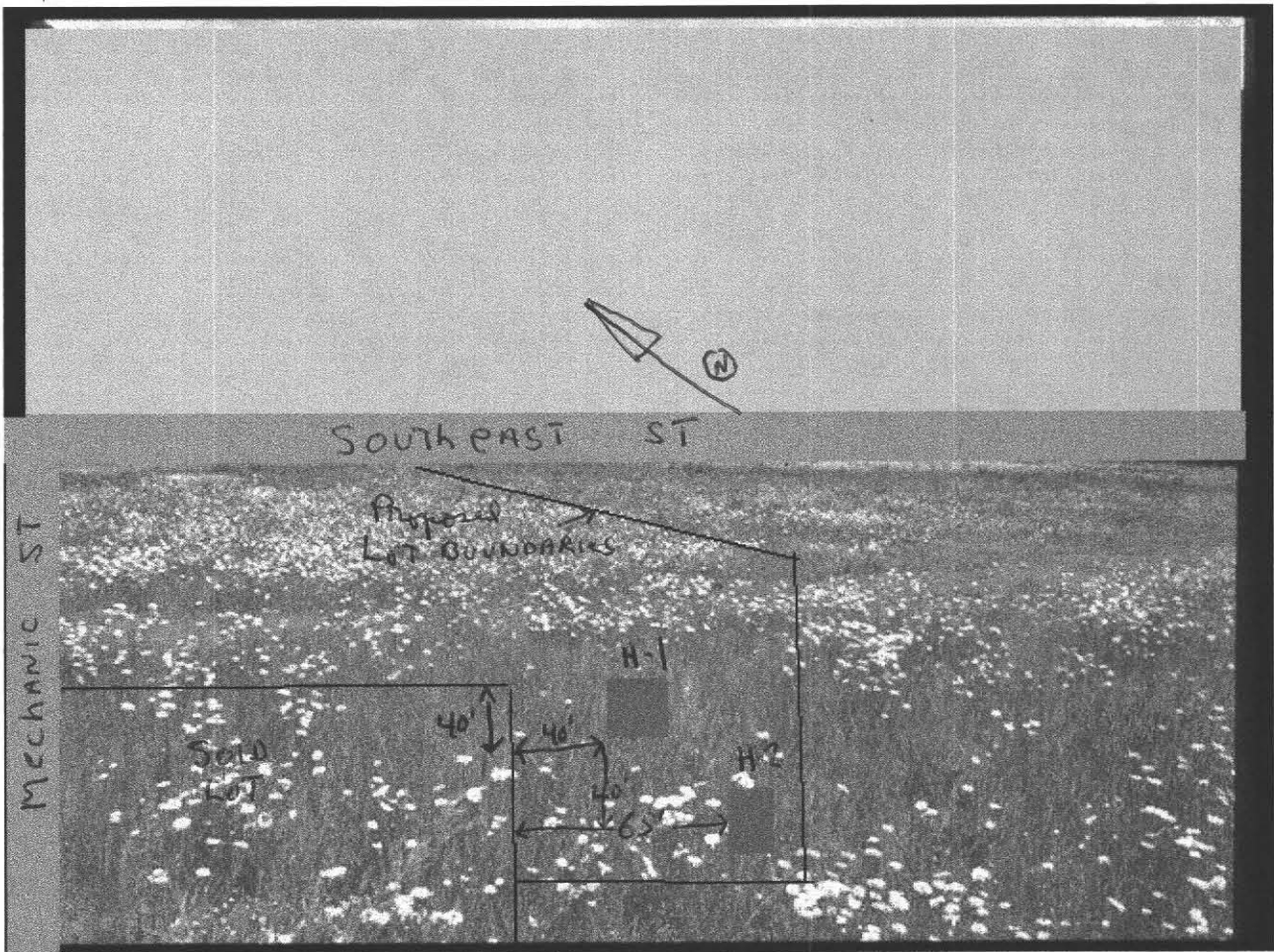
#1731

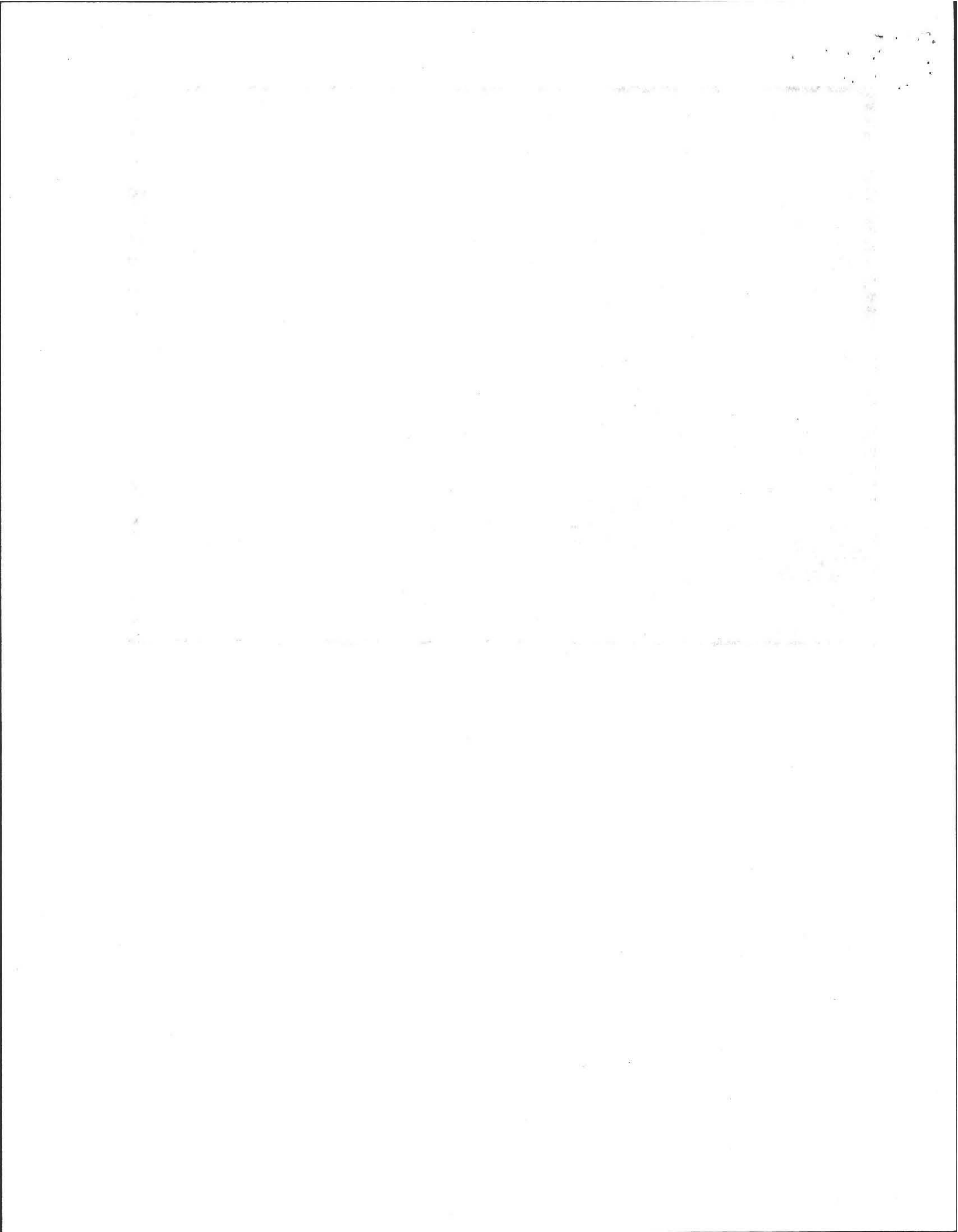
Proposed
Lot Boundaries

Mechanic St.







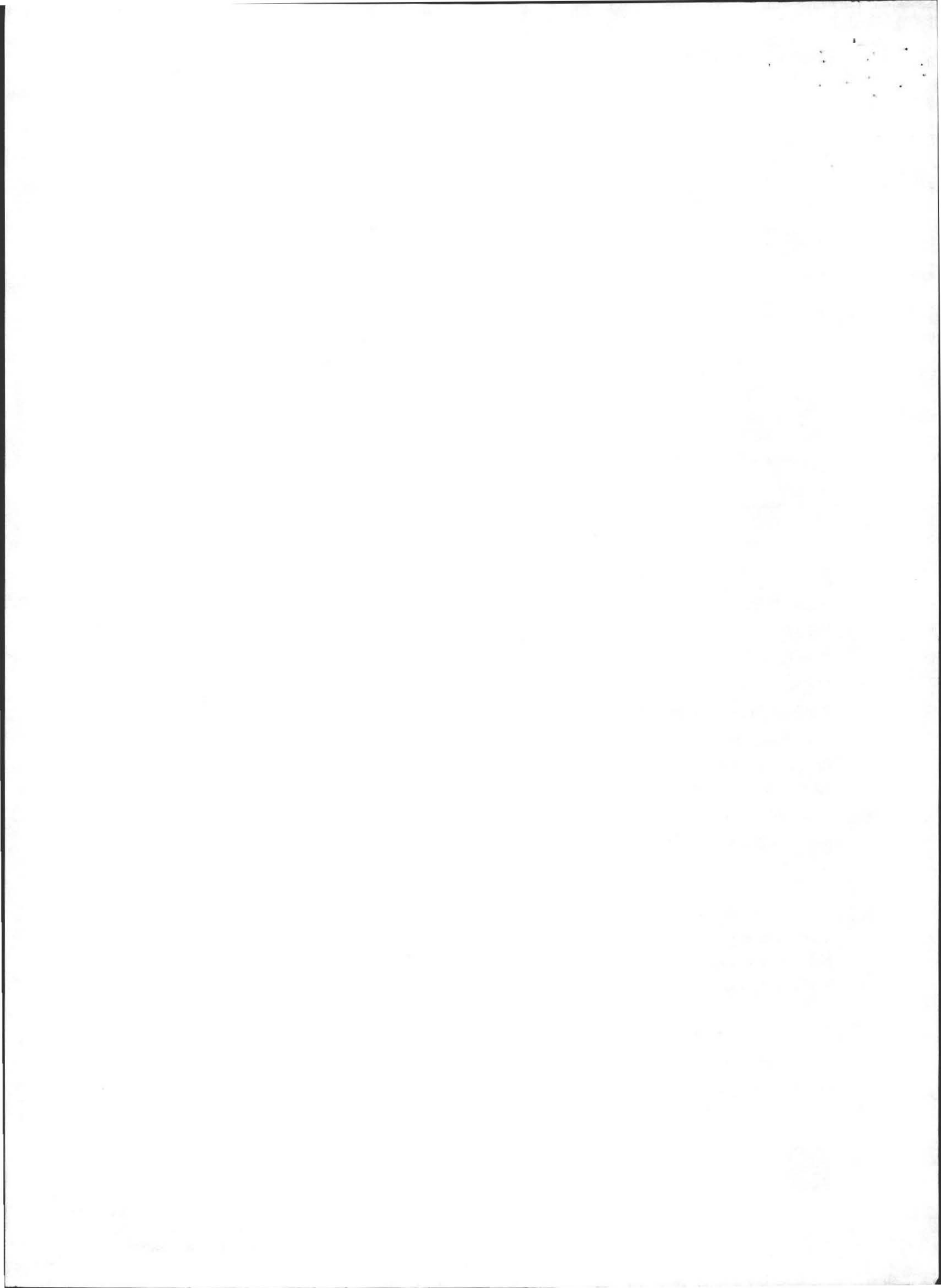


Date: _____

City of Amherst
Massachusetts
Wastewater Sewerage *Disposal*

Date: 3-17-78





Area

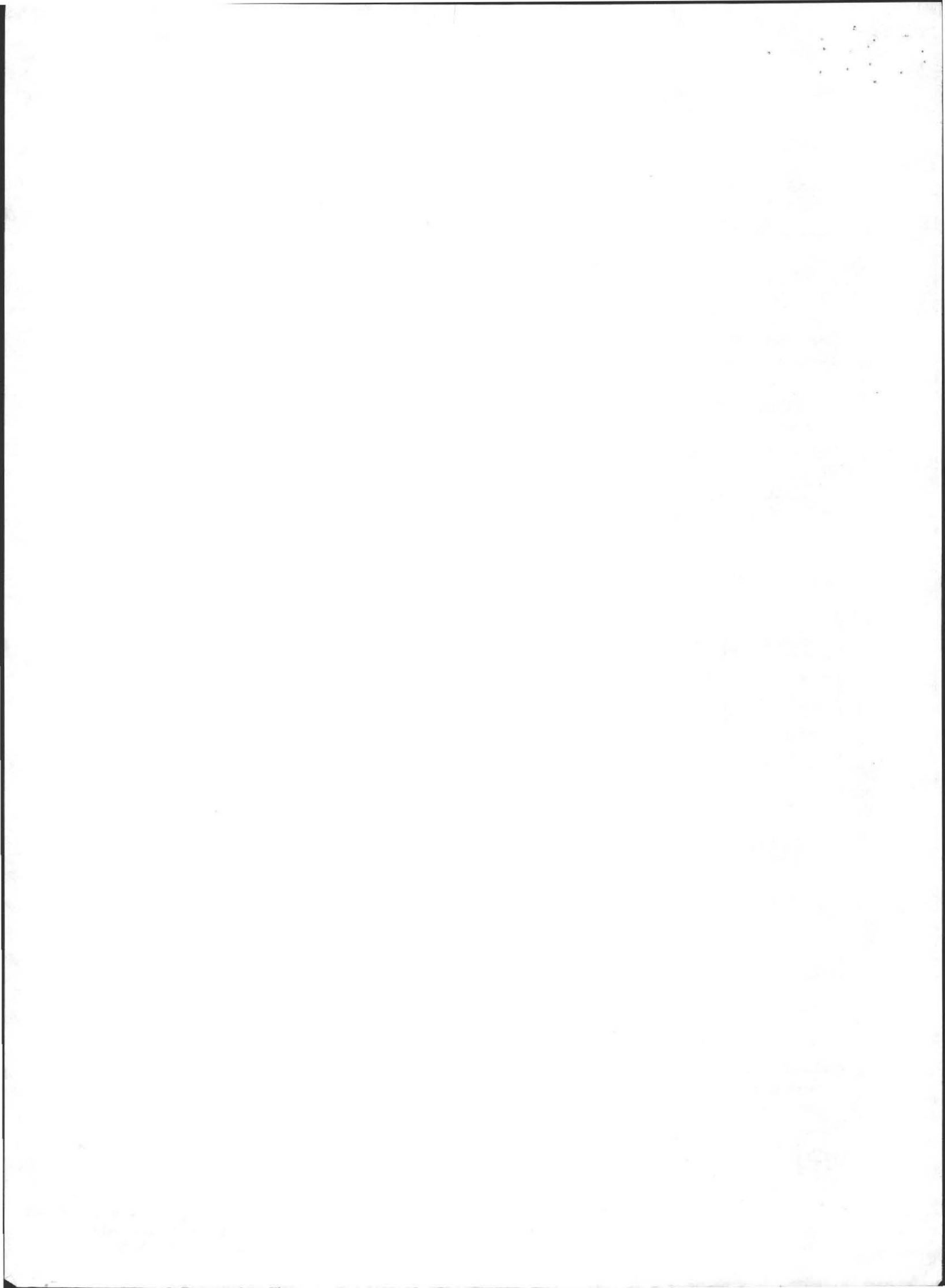
Area Code 40

Surface Stones None

DATA SHEET FOR WELLS LOG

Water
Structure Consistency %

Water Sample Brand



Soil Name: *Loam* Weather: *Loam*
Soil Color: *Light Gray* Soil Stones: *None*

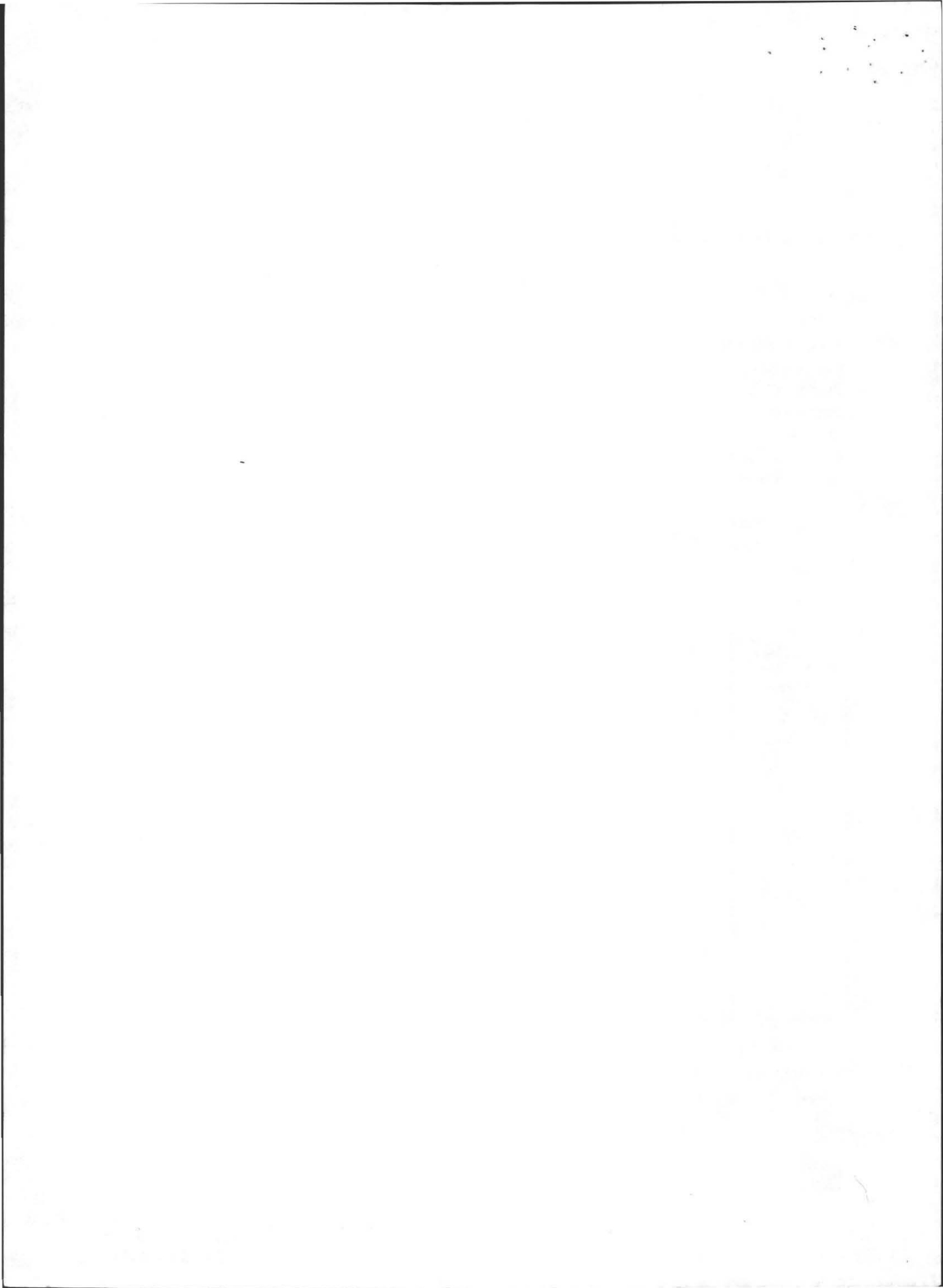
Soil Depth: *0-10 cm* Soil Type: *Loam* Soil Use: *Soil*

SOIL PROFILE IN HOLE LOG

Soil Depth (cm)	Soil Color	Soil Texture	Other (Stones, Boulders, Consistency, % Gravel)
0-10	Light Gray	Loam	None
10-20	Light Gray	Loam	None
20-30	Light Gray	Loam	None
30-40	Light Gray	Loam	None
40-50	Light Gray	Loam	None
50-60	Light Gray	Loam	None
60-70	Light Gray	Loam	None
70-80	Light Gray	Loam	None
80-90	Light Gray	Loam	None
90-100	Light Gray	Loam	None

strip boundary





Long Term Seasonal High Water Table

_____ inches

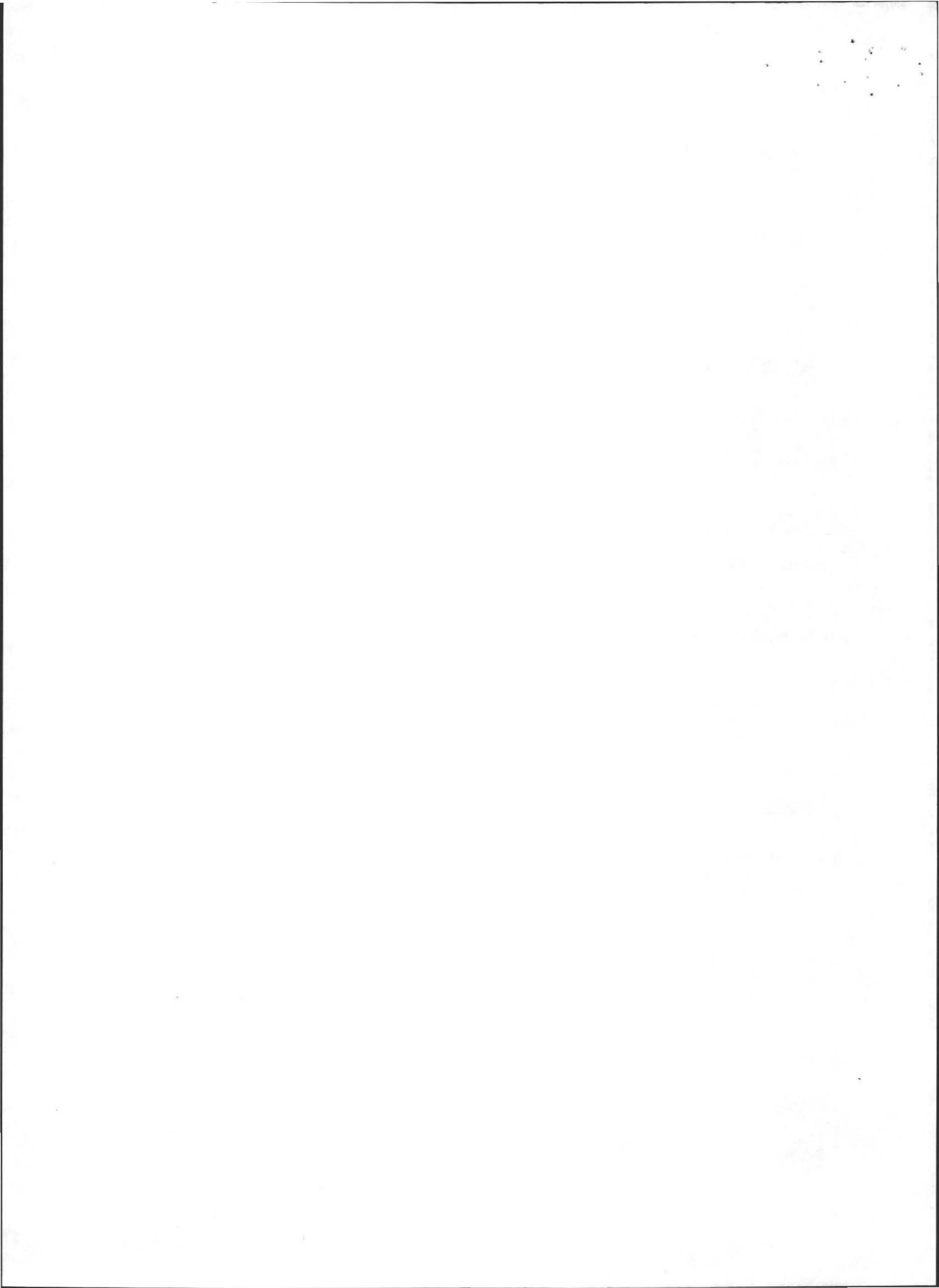
_____ inches

_____ feet level

Does any material exist in all areas of the system? Yes

Soil test based on...
Soil test based on...
Soil test based on...
Soil test based on...

_____ Date _____



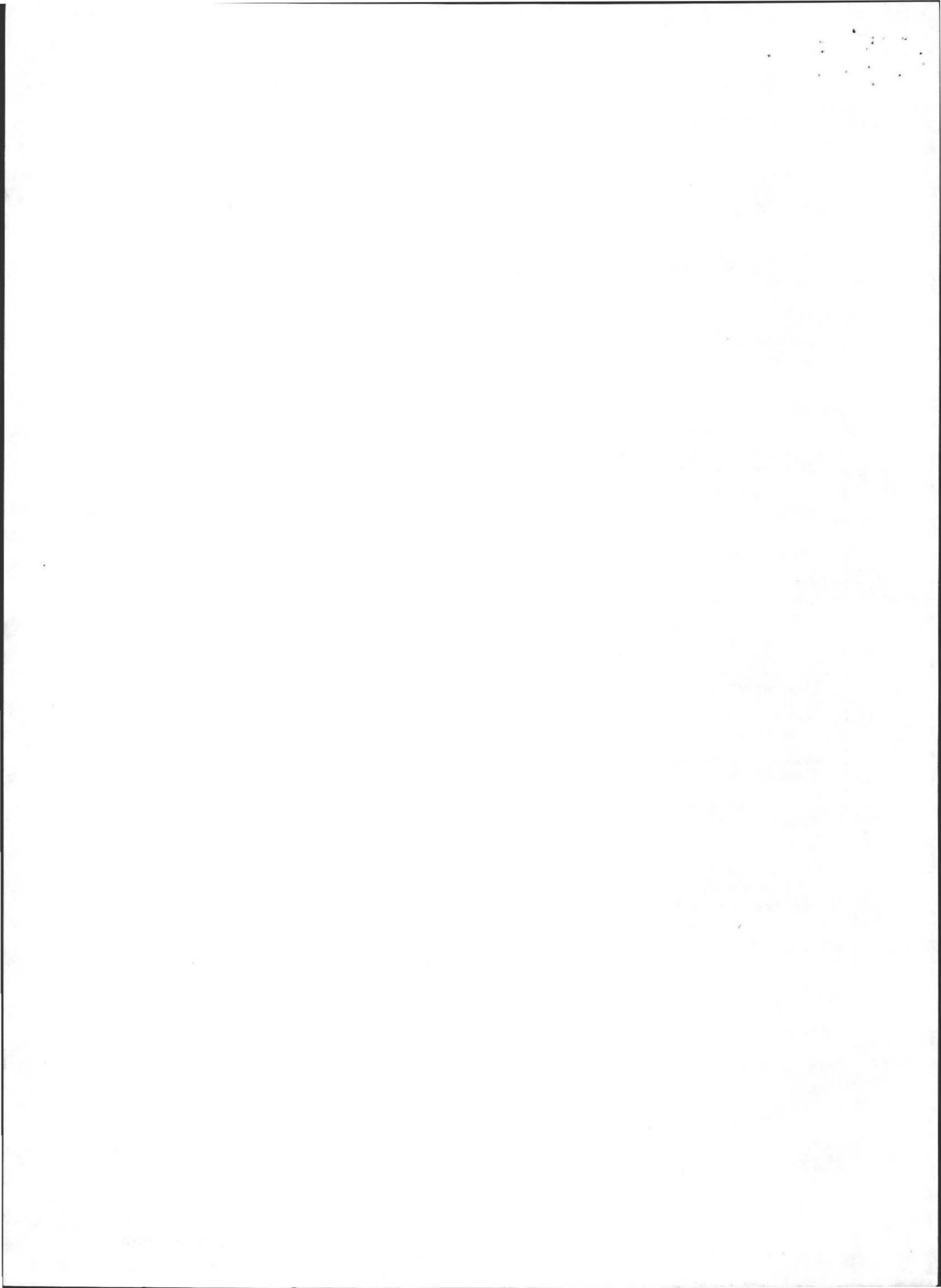
PERCOLATION TEST

TOWN OF MASSACHUSETTS

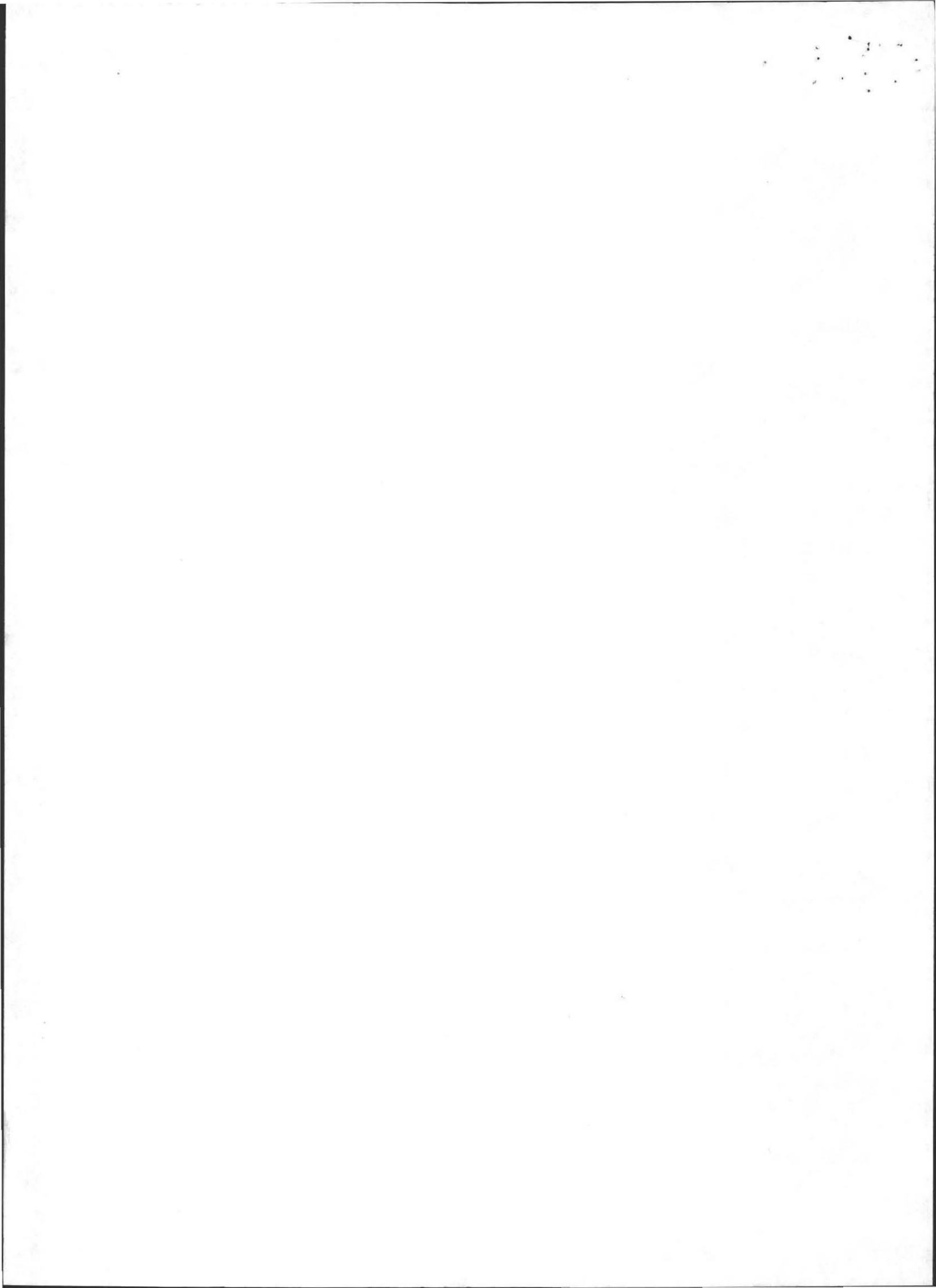
Percolation Test

This form of percolation test shall be performed in both the primary and secondary pipes.

SEWER DIVISION
150 NORTH PLAZA STREET, 2ND FLR
AMHERST, MA 01002
(413) 256-8008







...AL SERVICES
...VILLE, AR
... 01002
... 256 8008
... 1350

... THIS COVER SHEET

10

No. _____

Date: _____

Commonwealth of Massachusetts
Amherst, Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Howard Environmental Services
Witnessed By: David Zanzuck

Date: 3-1-00

Location Address: <u>170 North Pleasant Street, Rear</u> <u>Amherst, Massachusetts 01002</u>	Owner Name: <u>Howard Environmental Services</u> Address: <u>170 North Pleasant Street</u> City: <u>Amherst, MA 01002</u>
New Construction: <input type="checkbox"/> Repair: <input type="checkbox"/>	

Utility Review

Published Soil Survey Available: No Yes
Year Published: 1981 Publication Scale: 1:60,000 Soil Map Unit: Me B
Drainage Class: Excessively Permeable Soil Limitations For: Other

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 (magnitudis)

Wetlands Conservancy Program Map (map state)

Current Water Resource Condition (USGS) Month: Feb 1998

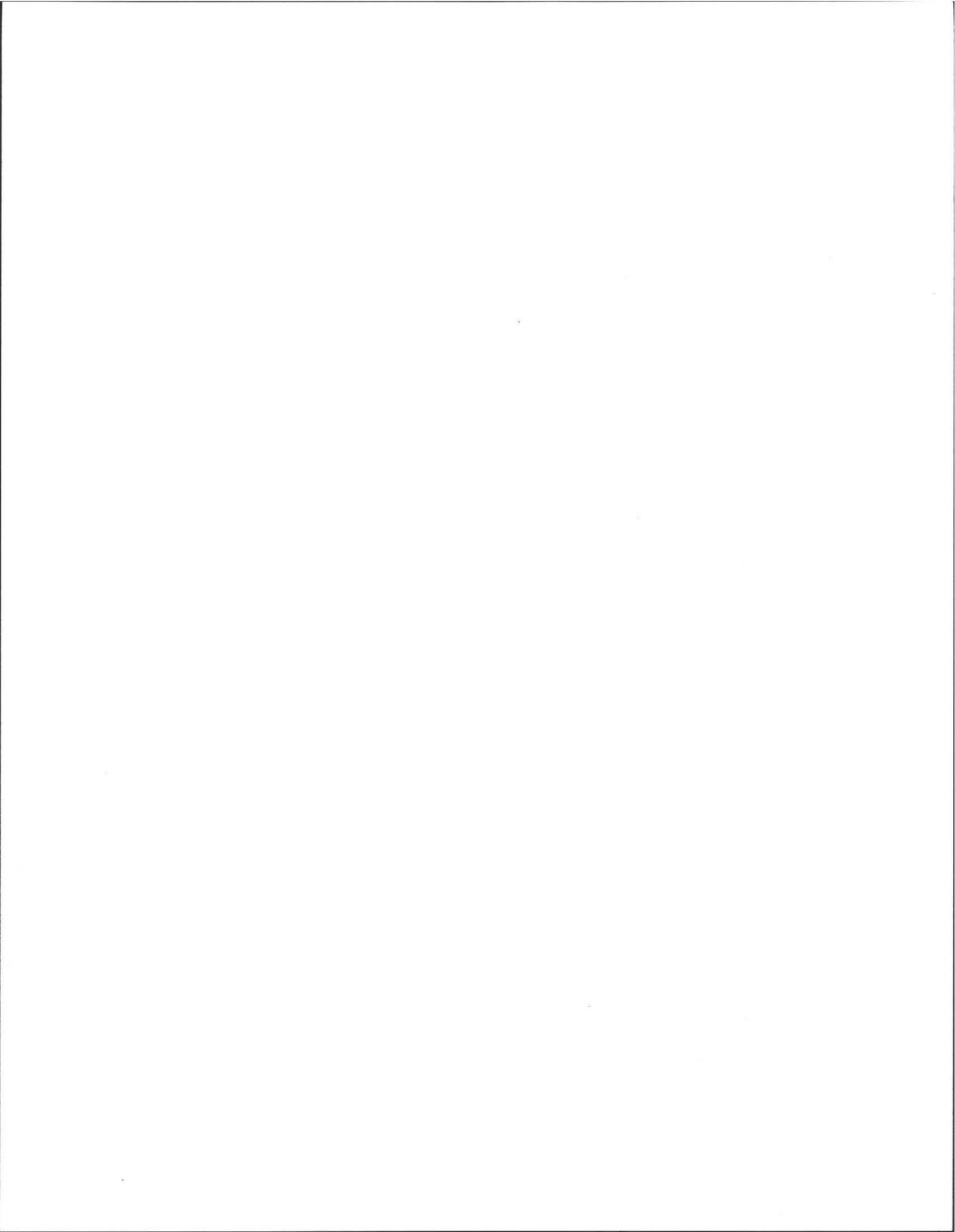
Range: Above Normal Normal Below Normal

Other References Reviewed: _____



DEP APPROVED PLAN NUMBER: _____

HOWARD ENVIRONMENTAL SERVICES
170 NORTH PLEASANT STREET, REAR
AMHERST, MA 01002
(413) 256 - 8008



Location Address or Lot No. Lot at Cannonville Meadows 154 1/2 Southeast Street

On-site Review

Deep Hole Number _____ Date: 1-17-88 Time: 9:30 Weather: partly cloudy

Location (identify on site plan) _____

Land Use: Field Slope (%): 5 Surface Stones: None Visible

Vegetation: Grasses

Landform: Terrace

Position on landscape (sketch on the back)

Distances from

Open Water Body _____ feet Drainage way _____ feet

Possible Wet Area _____ feet Property Line 50 feet

Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

Depth from Surface (feet)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Structure, Stones, Boulders, Gravel	Consistency, %
<u>0-14</u>	<u>A₁</u>	<u>FSL</u>	<u>7.5YR 2.5/2</u>	<u>moist</u>	<u>Fine, uniform, sandy</u>	<u>loose</u>
<u>14-58</u>	<u>C₁</u>	<u>Sand</u>	<u>5.0YR 4/5</u>	<u>None</u>	<u>Single grain, unconsolidated Course to fine sand B₁ in gravel</u>	
<u>58-120</u>	<u>C₂</u>	<u>FLS</u>	<u>1.5YR 4/3</u>	<u>None</u>	<u>Fine, blocky</u>	

MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geology): granite Durham District: None

Depth to Groundwater: Standing Water in the hole: None Measuring from the Pipe: None

Estimated Seasonal High Ground Water: 2-100



DEP APPROVED FORM 11-11-87

HOWARD ENVIRONMENTAL SERVICE
 750 NORTH PLEASANT STREET, KEAM
 AMHERST, MA 01002
 (413) 256 - 8008



Location Address or Lot No. Carter Lot 8 Mainland St & Southeast St

On-site Review

Deep Hole Number 2 Date 2/19/98 Time 9:40 Weather Ray

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 60 feet
 Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other: (Structure, Stones, Boulder, Consistency, % Gravel)
0-12	A ₁	FSL	7.5YR 2.5/1.0	None	Fine to medium, abrupt boundary
12-60	C ₁	Sand	5.0YR/4	None	Single grain, unconsolidated Coarse to fine sand 15% gravel
60-120	C ₂	FSL	7.5YR/4	None	Fine to med

*MINIMUM OF 2 HOLES REQUIRED FOR EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic): Quartzite

Depth to bedrock: None

Depth to Groundwater: Standing Water in the Hole None

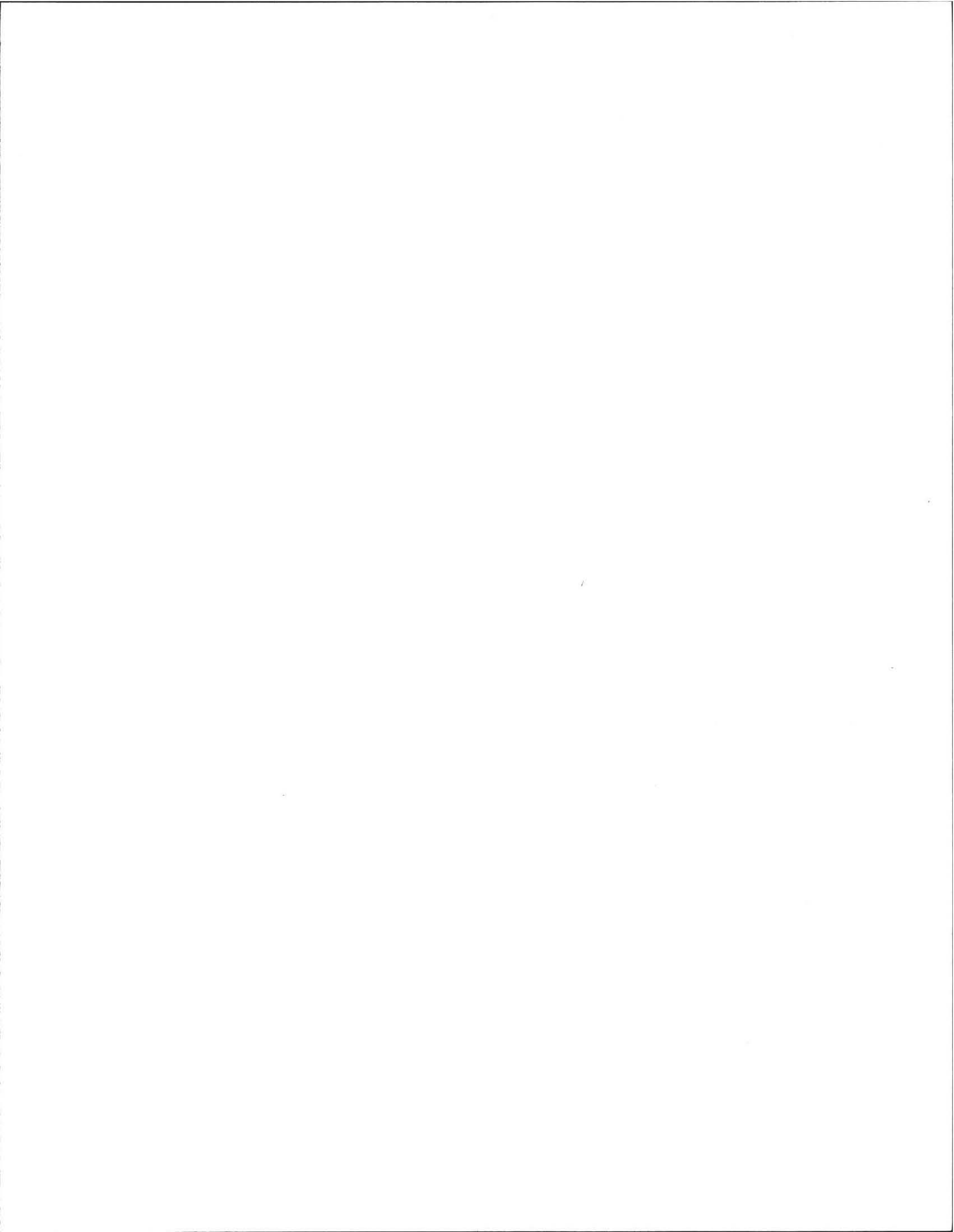
Watering from PF face: None

Estimated Seasonal High Ground Water: 2100'



SEE APPROVED FIELD REPORT

HOWARD ENVIRONMENTAL SERVICE
 750 NORTH PLEASANT STREET, REAL
 AMHERST, MA 01002
 (413) 256-8008



Location Address or Lot No. Council Lot #14, Mechanics St. & South St.

Determination for Seasonal High Water Table

Method Used

- Depth observed standing in observation hole 7' 125" inches
- Depth weeping from side of observation hole 7' 125" inches
- Depth to soil moities 7' 125" 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? _____

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

Certification

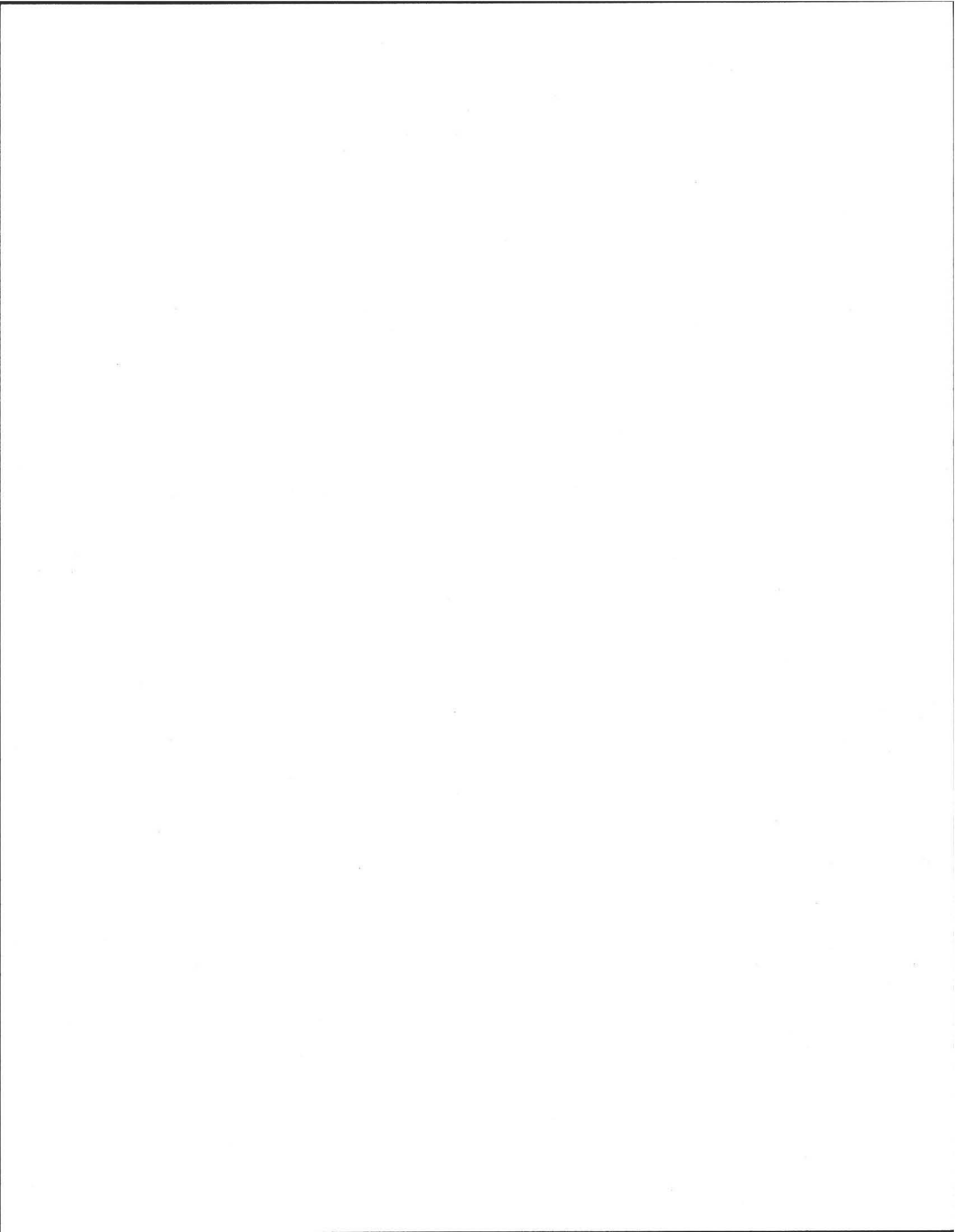
I certify that on 3/25/97 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Mark Theriault Date 3/25/97



OFF APPROVED FORM 12/91/95

HOWARD ENVIRONMENTAL SERVICES
 730 NORTH PLEASANT STREET, REAR
 AMHERST, MA 01002
 (413) 256 - 8008



Location Address or Lot No. Green Ln 2, McLean St & Summit St

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test

Date	<u>5-15-85</u>	Time	<u>9:30</u>
Observation Hole #	<u>H-1</u>	<u>H-2</u>	
Depth of Perc	<u>35</u>	<u>40"</u>	
Start Pre-soak	<u>8:53</u>	<u>9:40</u>	
End Pre-soak	<u>made to soak</u>	<u>made to soak</u>	
Time at 12"			
Time at 9"			
Time at 6"			
Time (9"-5")			
Rate Min/Inch	<u>< 2 min/in</u>	<u>< 2 min/in</u>	

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

Site Passed Site Failed

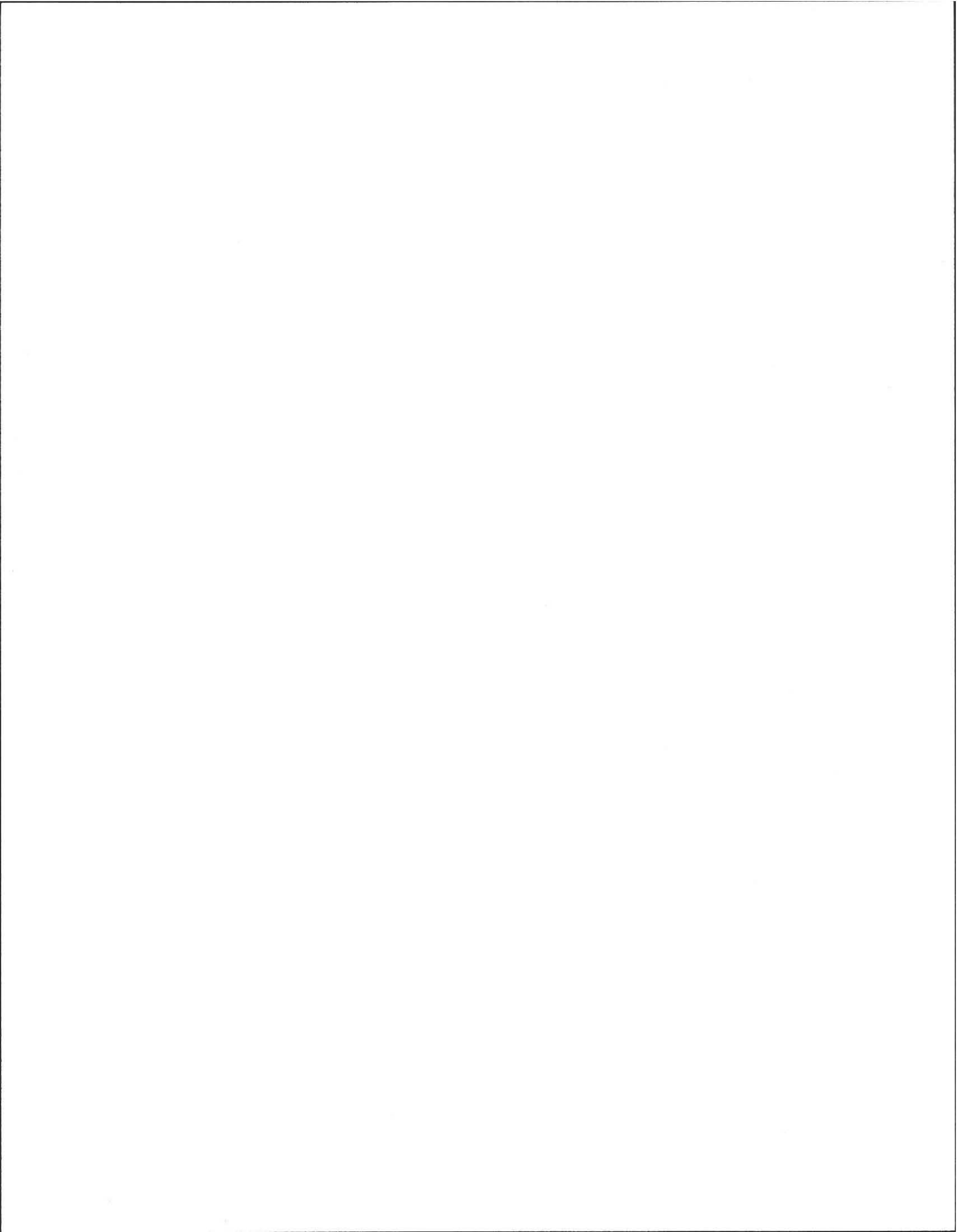
Performed By: Mark Thompson

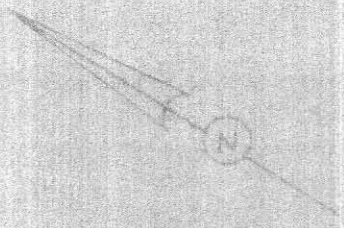
Witnessed By: David Zaroginski

Comments:



SEP APPROVED FOR USE



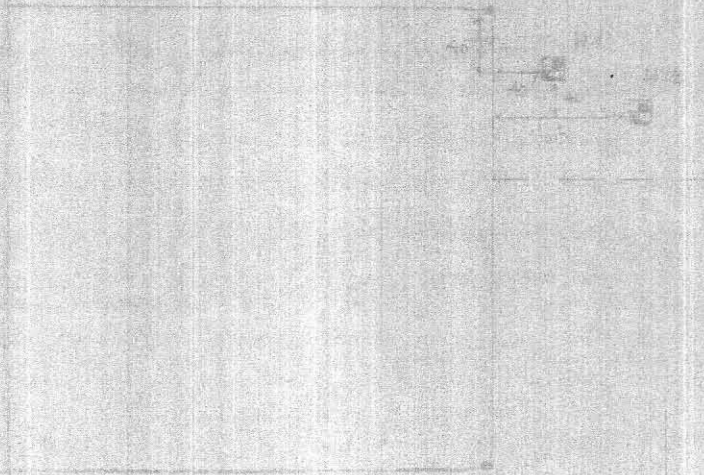


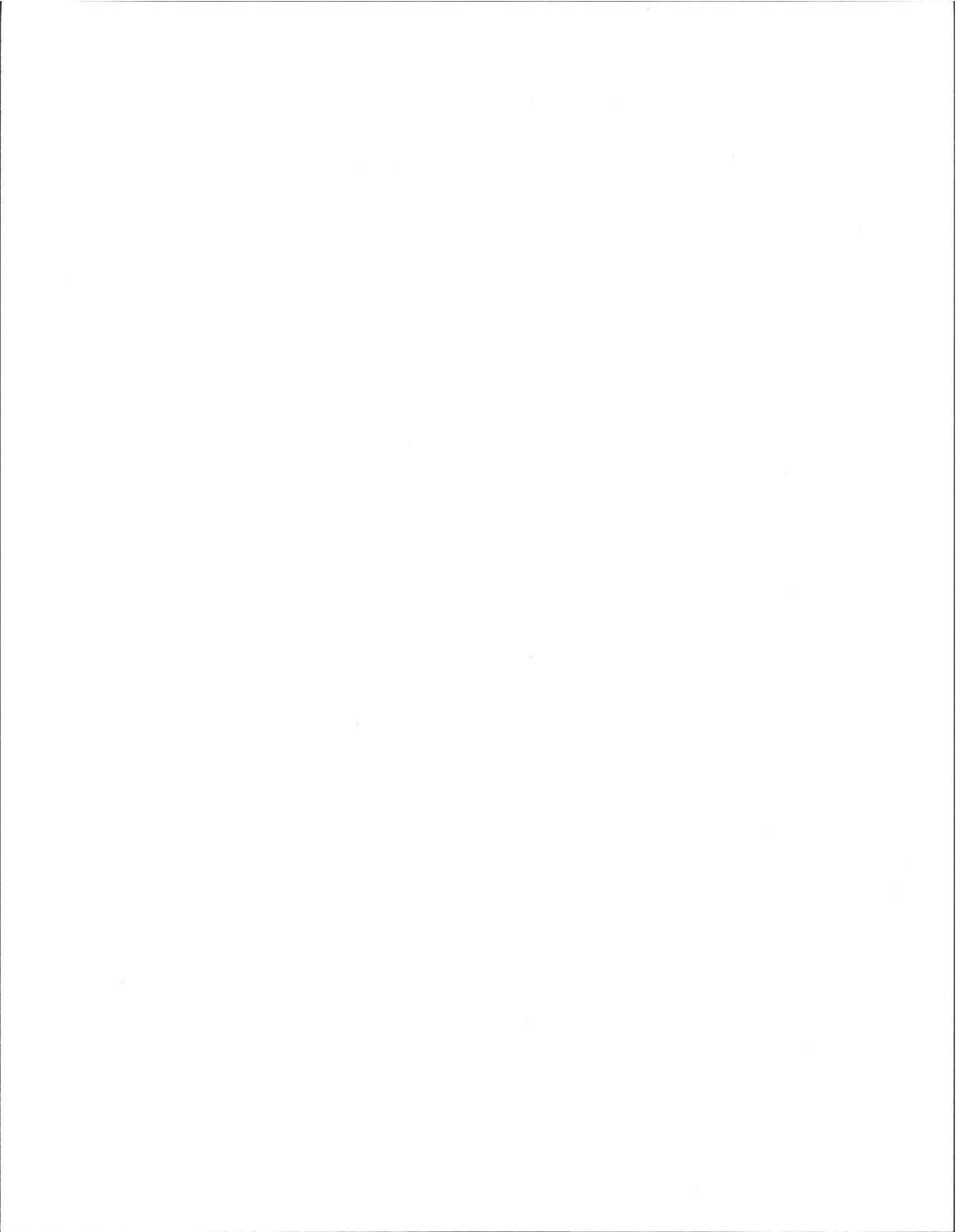
So. Area 3

Approximate
Lot Boundaries



Mission 154





HOWARD ENVIRONMENTAL SERVICES
750 NORTH PLEASANT STREET, REAR
AMHERST, MA 01002
PHONE: (413) 256-3008
FAX: (413) 549-1850

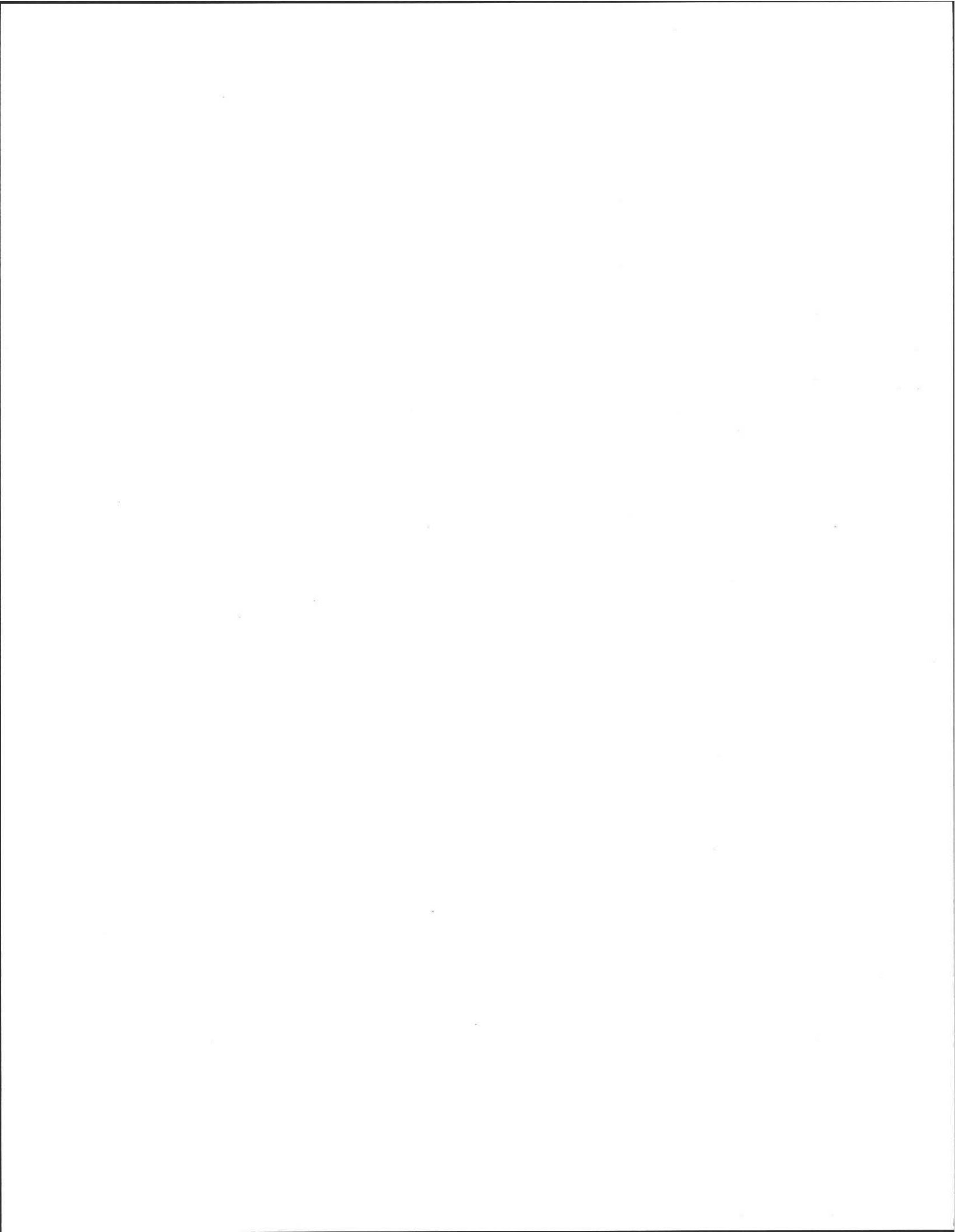
DATE: 5-17-77

TO: David Zaremski

FROM: Mark Thompson

SUBJECT: Final Test Results for lot adjacent to
131 Southwood St

THIS FAX HAS 7 PAGES INCLUDING THIS COVER SHEET



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

No 0302

Received of ZAVUEN DeGOWIN of 1731 South East ST
Name Address

For Property Located at: Same
Street Address Owner

- | | | | |
|--|-----------------|---|--------------|
| HEA009 Bakery
R6510 443508 | _____ | HEA014 Retail Store Permit
R6510 443514 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA015 Sanitary Code Booklets
R6510 432305 | _____ |
| HEA025 Burial Permits
R6510 443517 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA002 Catering License
R6510 443507 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>60.00</u> |
| HEA003 Food Handler
R6510 443515 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA004 Frozen Desserts
R6510 443501 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA024 Funeral Director License
R6510 443502 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA005 Health Dept. Housing Insp.
R6510 432302 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA023 TB Clinic
R6510 432303 | _____ |
| HEA007 Milk & Cream License
R6510 443500 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | <u>\$100.00</u> | HEA | _____ |
| HEA013 Recreation Camp License.
R6510 443503 | _____ | | |

TOTAL FEE: \$160.00

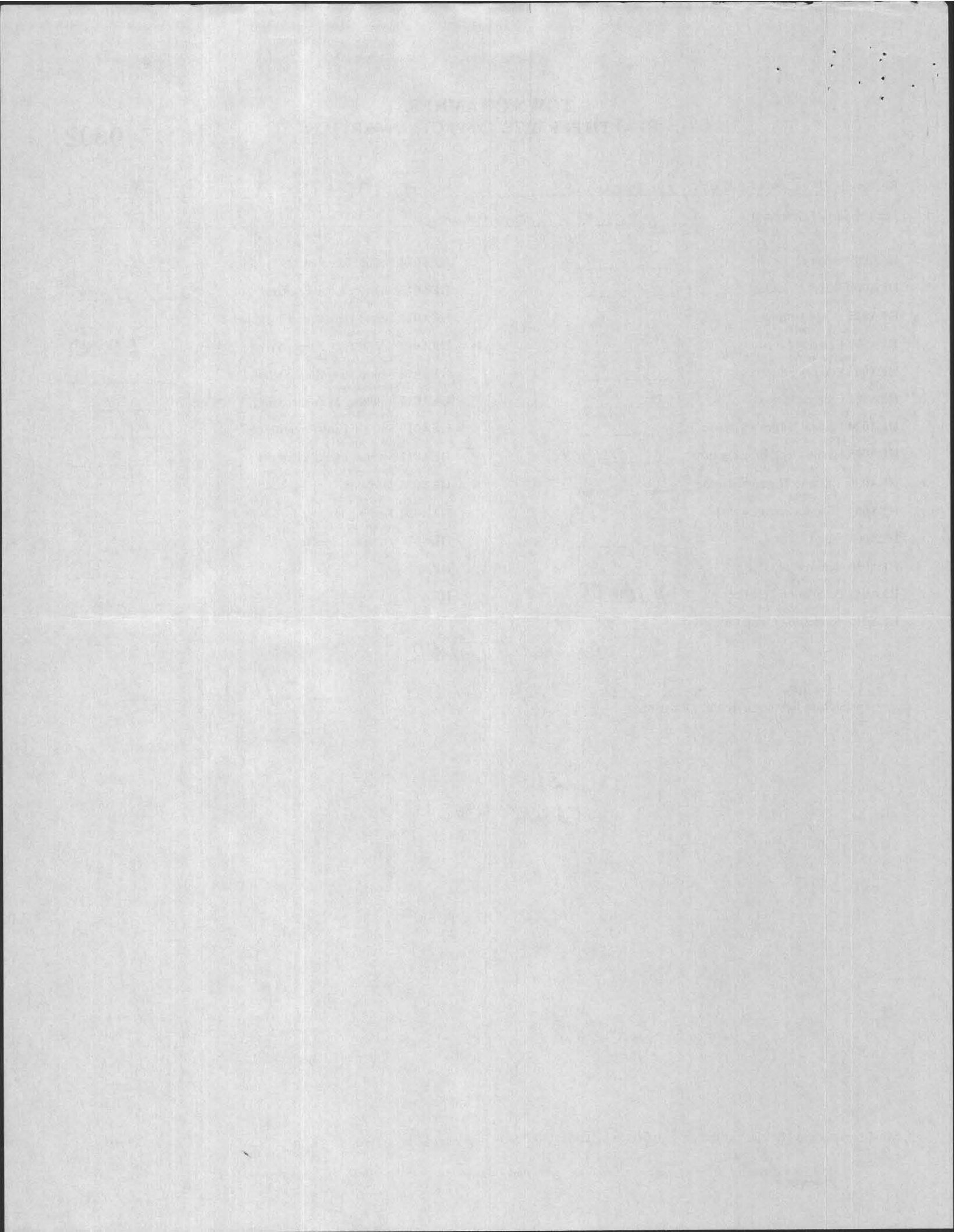
Michael Lombard
 Inspection Services/Health Department

3/19/98
 Date

3/19/98
Check # 211

TOWN OF AMHERST
 WISC CASH RECEIPTS
 Date / Time : 03/19/98 12:09:59
 Payment : 160.00
 Receipt # : 47122
 Check/Credit Card #: 211
 Clerk : mastosi
 Paid by : Z GEGOWIN

Must be validated by the Collector's Office to be considered paid.



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

#1731

No. 79-10 Date 6/6/79 Fee \$15 Date Rec'd. 6/6/79 By CEA

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:

Location—Address So. East St. or Lot No. _____
 Owner Wm DeGowin Address E4 Lantern Court Sunderland
 Contractor KARL'S ETC Address _____
 Type of Building _____ Dimensions _____ Size Lot 30,000 Sqft
 Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (No)
 Other _____ No. of persons _____ Showers ()
 Other fixtures _____

Town Water? Yes Type of Well _____
 Design Flow 55 gallons per person per day. Total daily flow 330 gallons
 Septic Tank—Liquid capacity 1000. gallons Dimensions: L. 73 W. _____ D. _____
 Disposal Trench—No. 3 Width 2' Total Length 93' Total leaching area 93 Sides + 86 Bottom sq. ft.
 Disposal Bed—No. 1 Diameter 20 Depth below inlet 30 Total leaching area 600 sq. ft. min.
 Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____
 Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by Frederick Filios Date Apr 27 1978
 Test Pit No. 1 2.33 minutes per inch Depth of Test Pit _____
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil enclosed Depth to Ground Water 9'
 Will disposal area be filled? _____ Cut down? _____
 (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] William C. DeGowin 06-01-79
 Owner or builder 6-6-79
 date _____
 date _____

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of _____ INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____ The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 79-10
 Permission is hereby granted Wm. DeGowin to construct () or repair () an Individual Sewage Disposal System at Lot "I" So East St as shown on the application for Disposal Works Construction Permit No. 79-10
 This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 6/6/79 [Signature]
 Board of Health

7/11/77

1000

1000

1000

1000

1000

1000

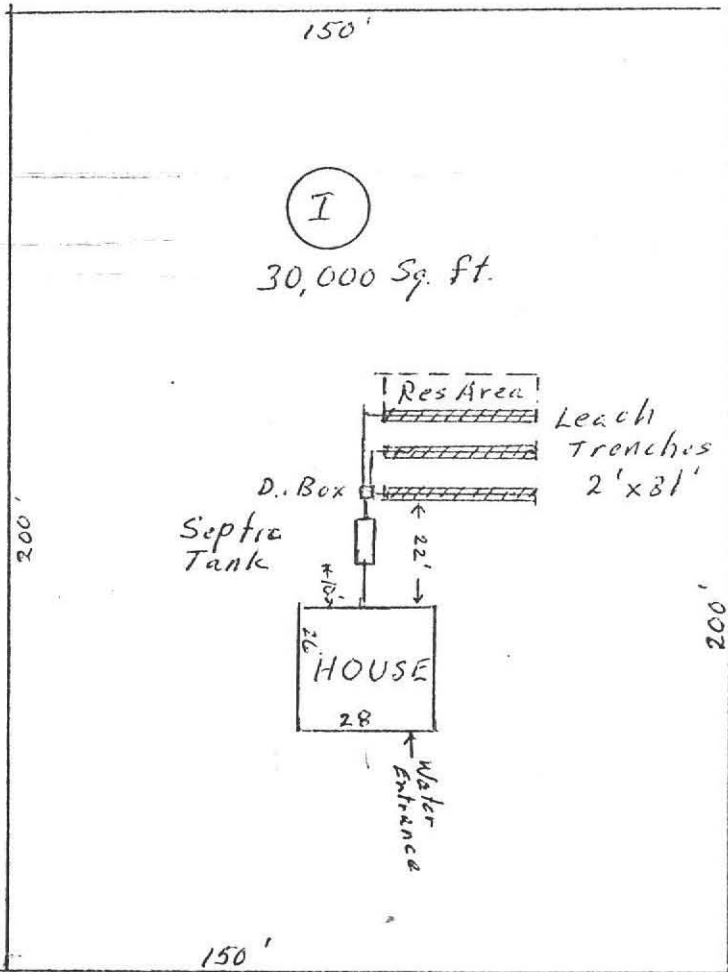
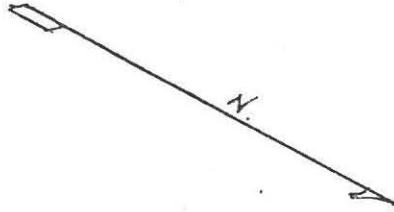
PLAN SHOWING SEWAGE DISPOSAL

For: Wm De Gowin
E 4 Lantern Court
Sunderland Mass.

May 1971

Scale: 1" = 40'

By: Frederick Filios



SO. EAST STREET

100

PROFILE OF SEPTIC SYSTEM

For: Wm De Gowin

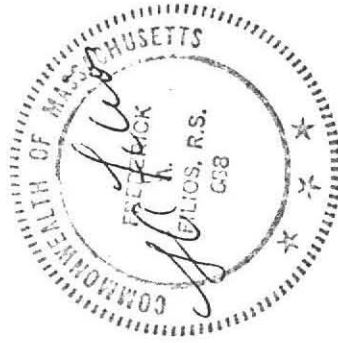
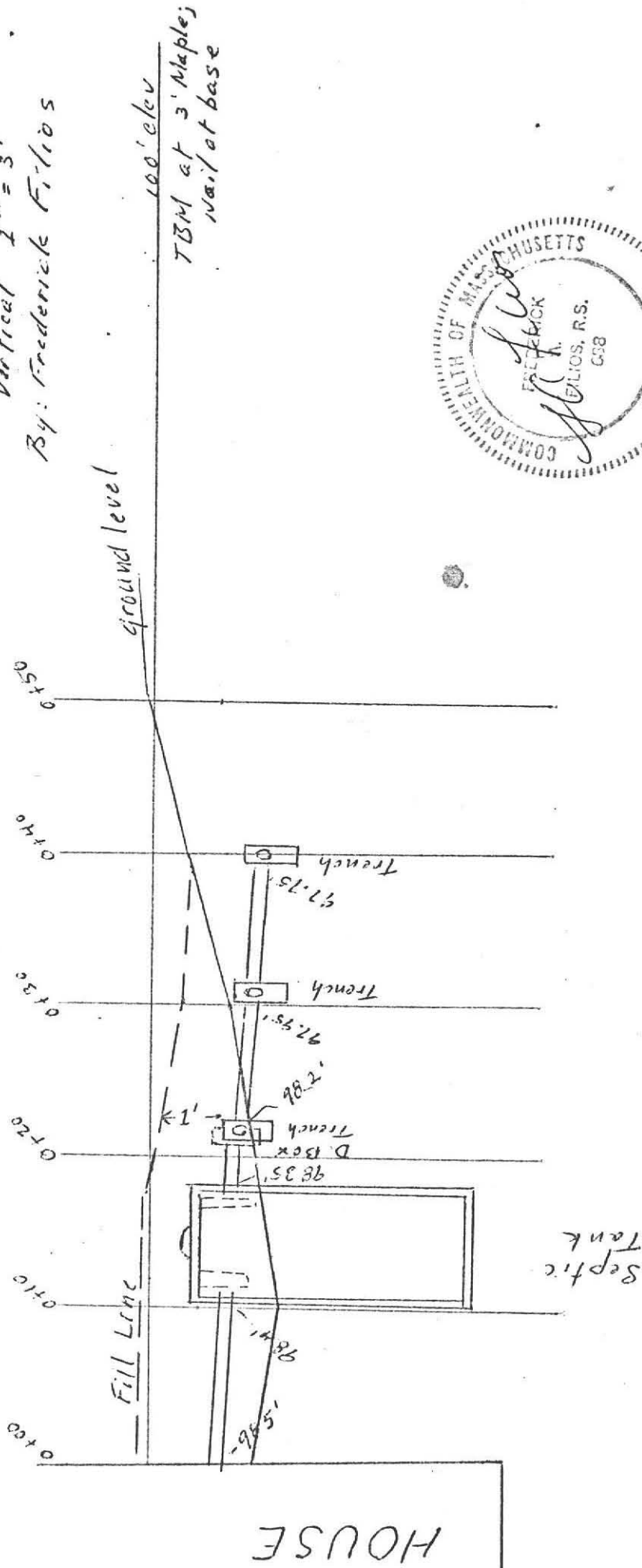
E 4 Lantern Court Sunderland Mass

May 1979

Scale: Horizontal 1" = 10'

Vertical 1" = 3'

By: Frederick Filios



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DEEP SOIL LOGS

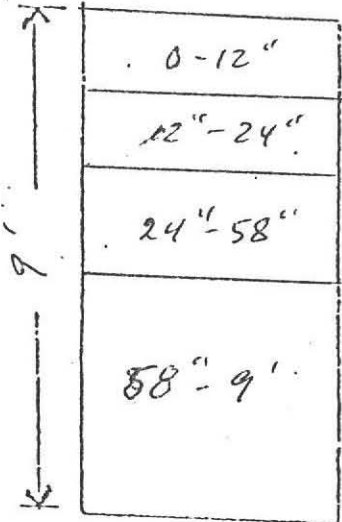
OWNER William De Gowin

DATE Apr 27 1978

LOCATION So East St.

OBSERVER F.A. Filios

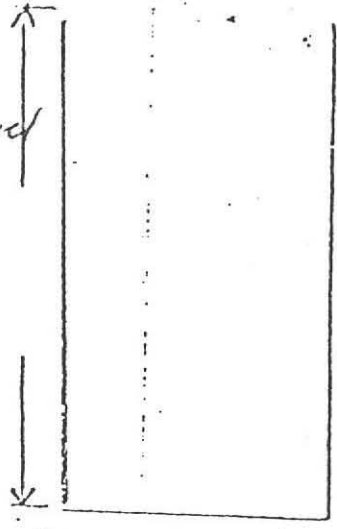
Lot I



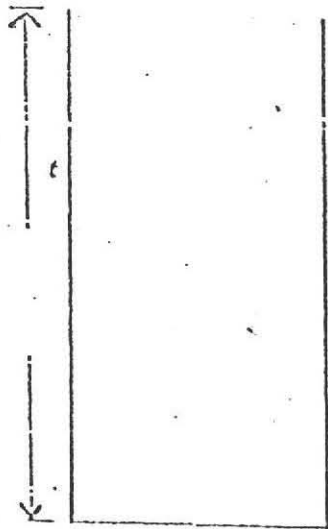
Topsoil
Subsoil: Medium + coarse sand with gravel
sand with silt very little gravel
Silt + Clay

GROUND WATER 9'

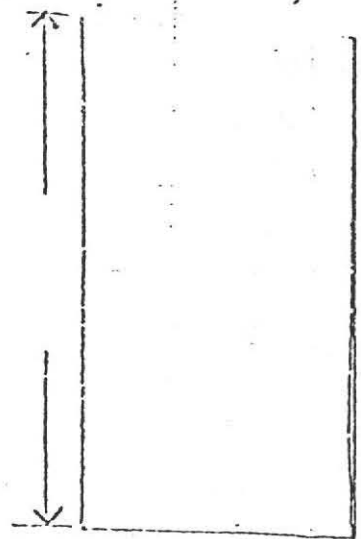
Rate
2.33 minutes/inch



GROUND WATER

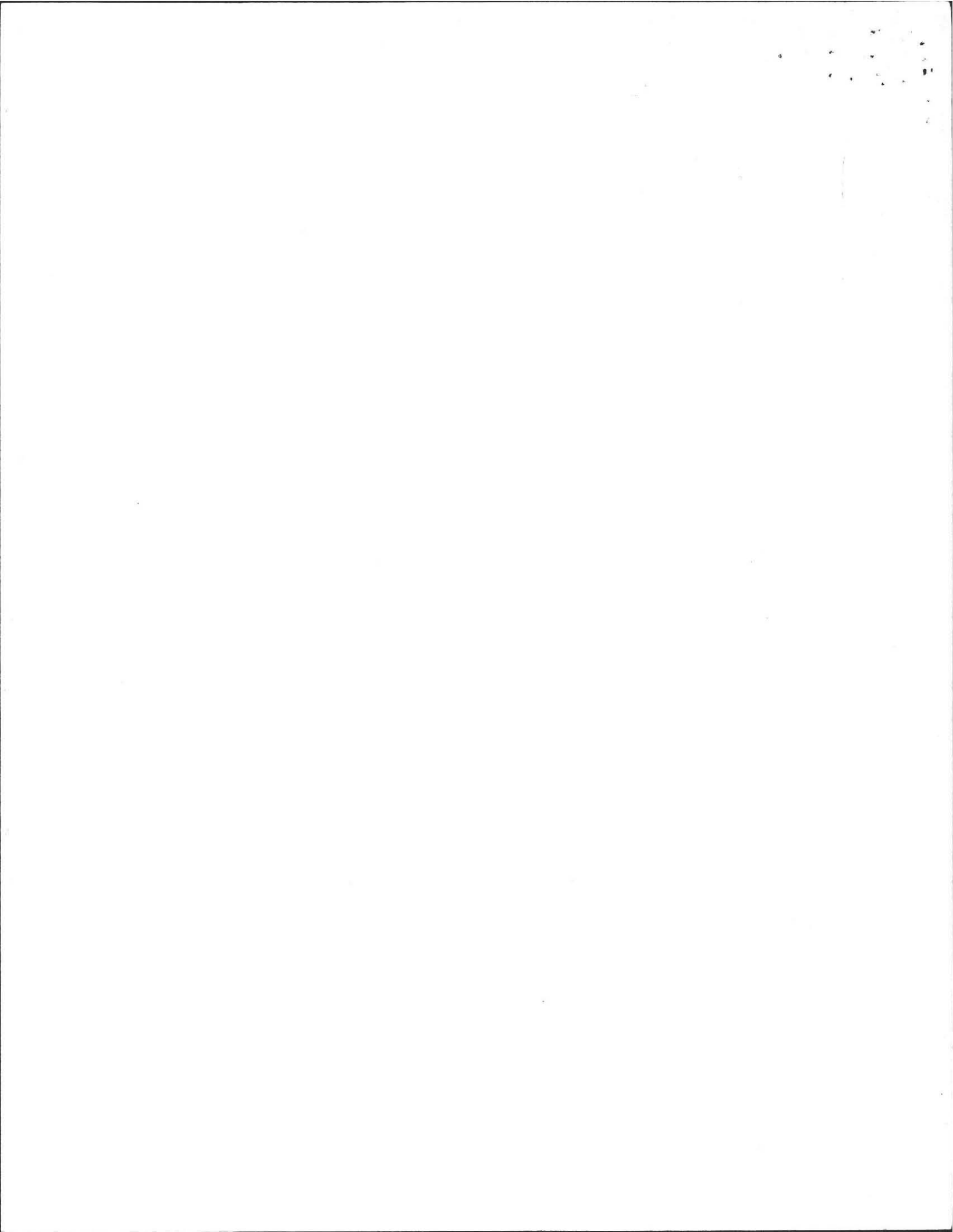


GROUND WATER



GROUND WATER





BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

SOUTH EAST ST

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Wm. DeGowan

Address E. 4. LANTERN CT. - SUNDOWN

Installer KARL'S E.X.C.

Address RIVER DR. N. HAOLEY

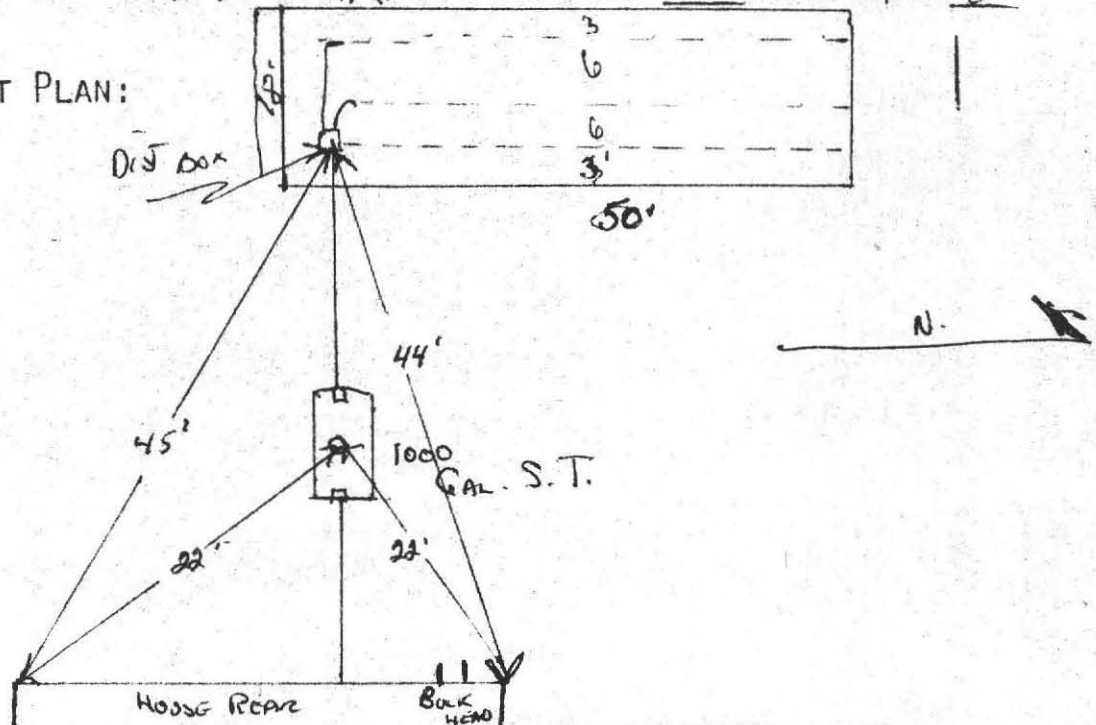
Date Installation Inspected and Approved JUL. 20, 1979

Description of System: Tank Capacity: 1000

Leach Field () Bed (x) Seepage Pit () Square Feet: 900

Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

