

389-391 STATE ST
BARRY ROBERTS -



Plan:

10-06

Designed by:

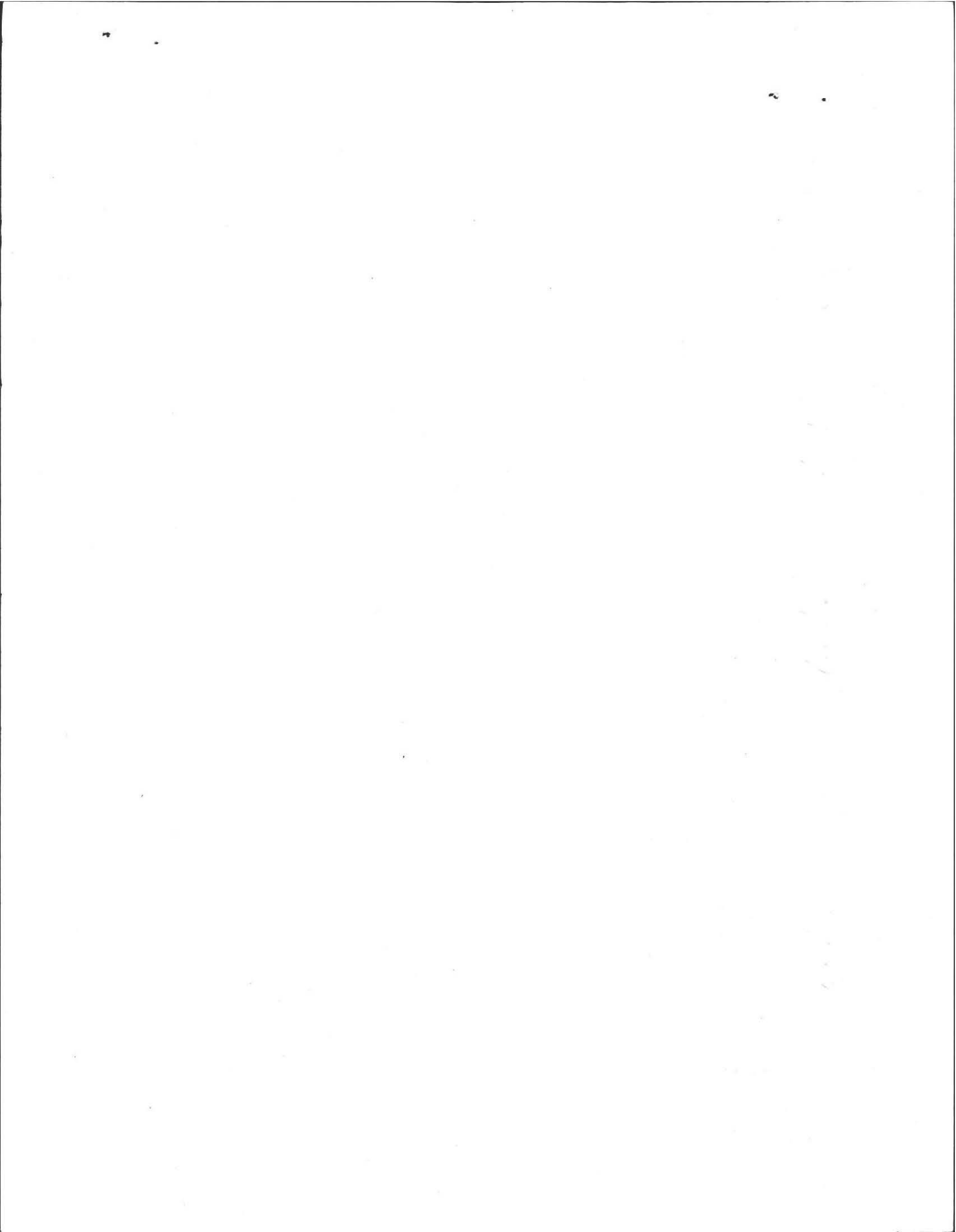
WJ SIERUTA P.E.

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp 15070 (3)
- Legal boundaries noted
- Easements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4) Repair →
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private CMR 15.220(k):
 - Within 400 feet of system in case of surface water and gravel packed public water supply
 - Within 250 feet of system in case of tubular public water supply
 - Within 150 feet of private supply wells 100' septic sys.; 50' tank
- Well statement if applicable N/A
- Location of any surface waters, rivers, vegetated wetlands (River)
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 15.227.4 EXISTING Tank -
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system (NA)
- When alternative technology is required, complete plan and specs, including hydraulic profile (NA)
- Trenches preferred over beds CMR 15.240 (6) Leach Field → 15.252
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56 (NA)
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

NOTES:

Pending BOH approval on LUA



Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

April 16, 2010

RE: 389-391 State Street-Request for a Local Upgrade Approval

Dear Amherst Board of Health:

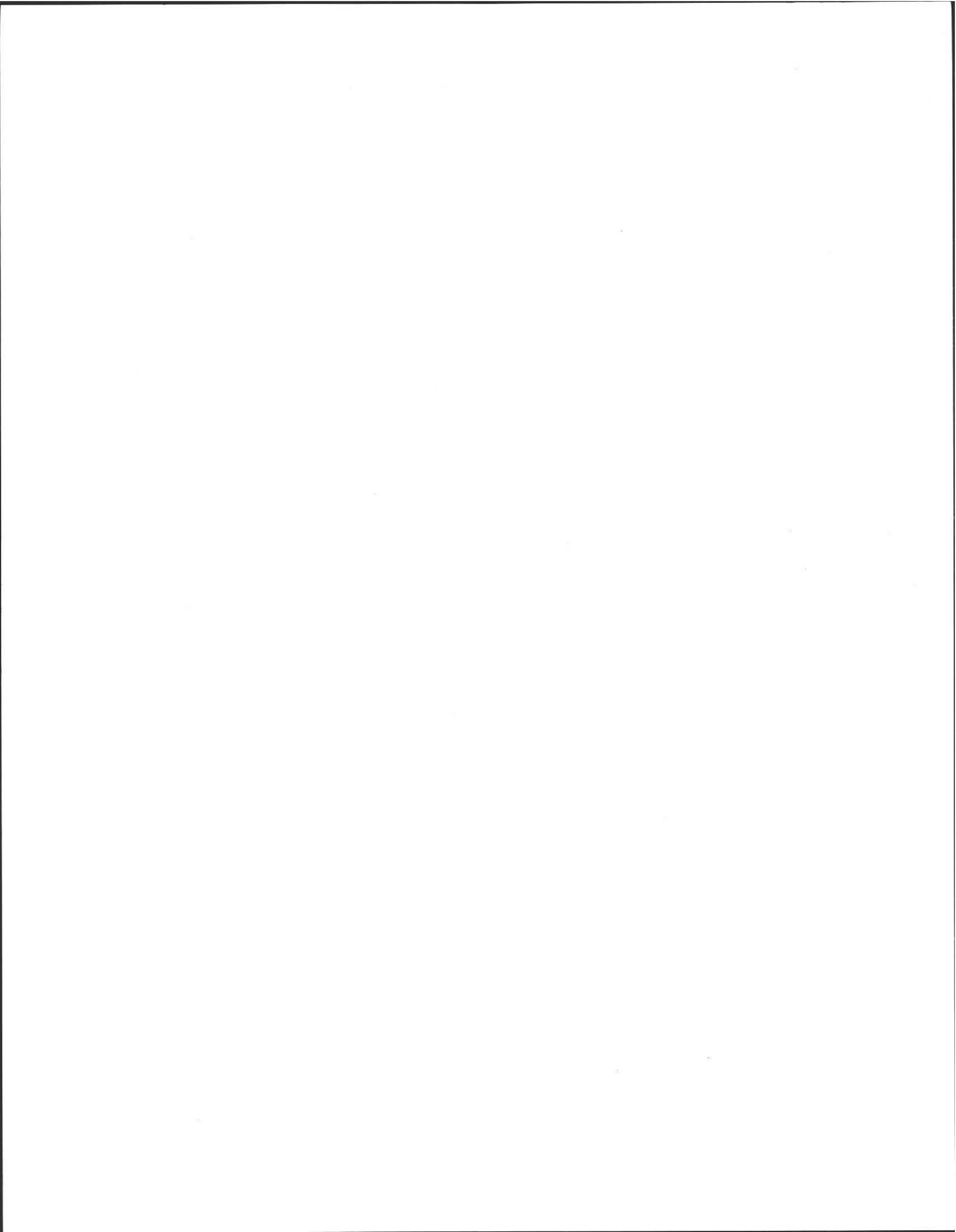
I have reviewed the plan for installation of a new sewerage disposal system at 389-391 State Street, currently owned by Barry Roberts. In my opinion the proposed septic plan design will serve to protect the public health. The current system has failed and needs to be replaced.

The Local Upgrade Approval requests a reduction from 4 to 3 feet separation between the SAS and the Estimated High Ground Water.

Mr. William Sieruta P.E. will attend the 04/29/2010 Board of Health meeting to discuss and review the new septic design, as well as answer any questions you may have.

Respectfully submitted

Gary Courtemanche
Assistant Sanitarian





City/Town of

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address:

Name BARRY ROBERTS

Street Address 389 - 391 STATE ST

City/Town AMHERST State MASS Zip Code 01002

2. Owner Name and Address (if different from above):

Name BARRY ROBERTS Street Address PO BOX 678

City/Town AMHERST State MASS

Zip Code 01002 Telephone Number 253 - 8195

3. Type of Facility (check all that apply):

Residential Institutional Commercial School

4. Describe Facility:

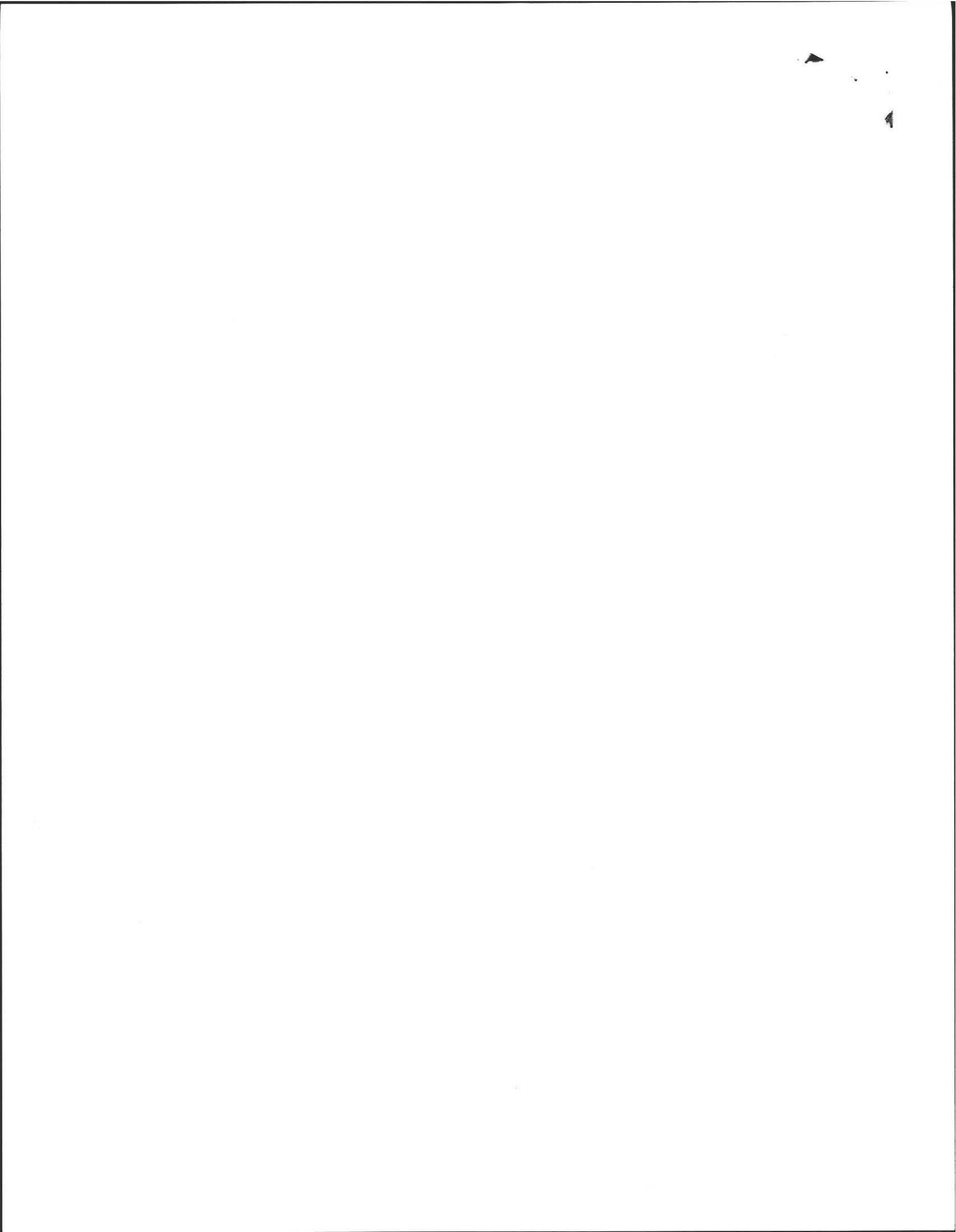
DUPLEX UNIT (2 - 2 BEDROOM UNITS)
4 BEDROOM TOTAL
NO DISPOSALS

5. Type of Existing System:

Privy Cesspool(s) Conventional Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

TRENCHES PER A WITNESS REPORT
9/11/99 12/9-99





Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	gpd	<u>440 GALS/DAY</u>
Design flow of proposed upgraded system	gpd	<u>440 GALS/DAY</u>
Design flow of facility:	gpd	<u>440 GALS 110 X 4 BOORUY</u> <u>DAY</u>

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301: _____ date of inspection

2. Describe the proposed upgrade to the system:

REPLACE FAIL LEACH SYSTEM WITH
24 X 31 LEACH FIELD

3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions: _____

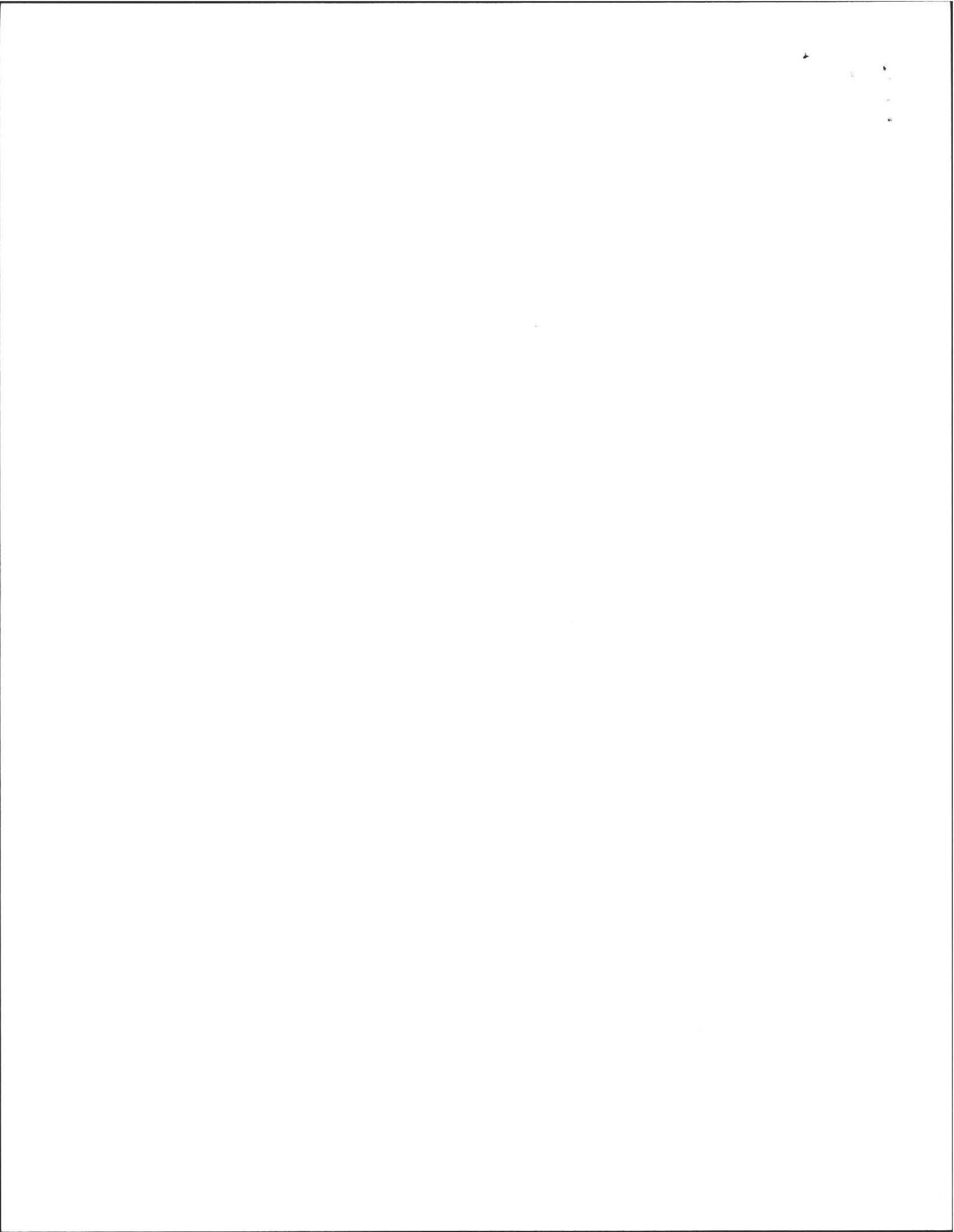
Reduction in SAS area of up to 25%: _____ SAS size, sq. ft. % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction FROM 48" TO 36"
ft.

Percolation rate 10 MIN/INCH
min./inch

Depth to groundwater REQUEST
ft. 36"





Commonwealth of Massachusetts

City/Town of

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

Three horizontal lines for text entry.

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

Three horizontal lines for text entry.

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). The soil evaluator must be a member or agent of the local approving authority.

High groundwater evaluation determined by:

G. COURTEMANCHE [Signature] 4/13/10
Evaluator's Name (type or print) Signature Date of evaluation

WILLIAM J SIERUTA PE [Signature] 4/13/10

C. Explanation

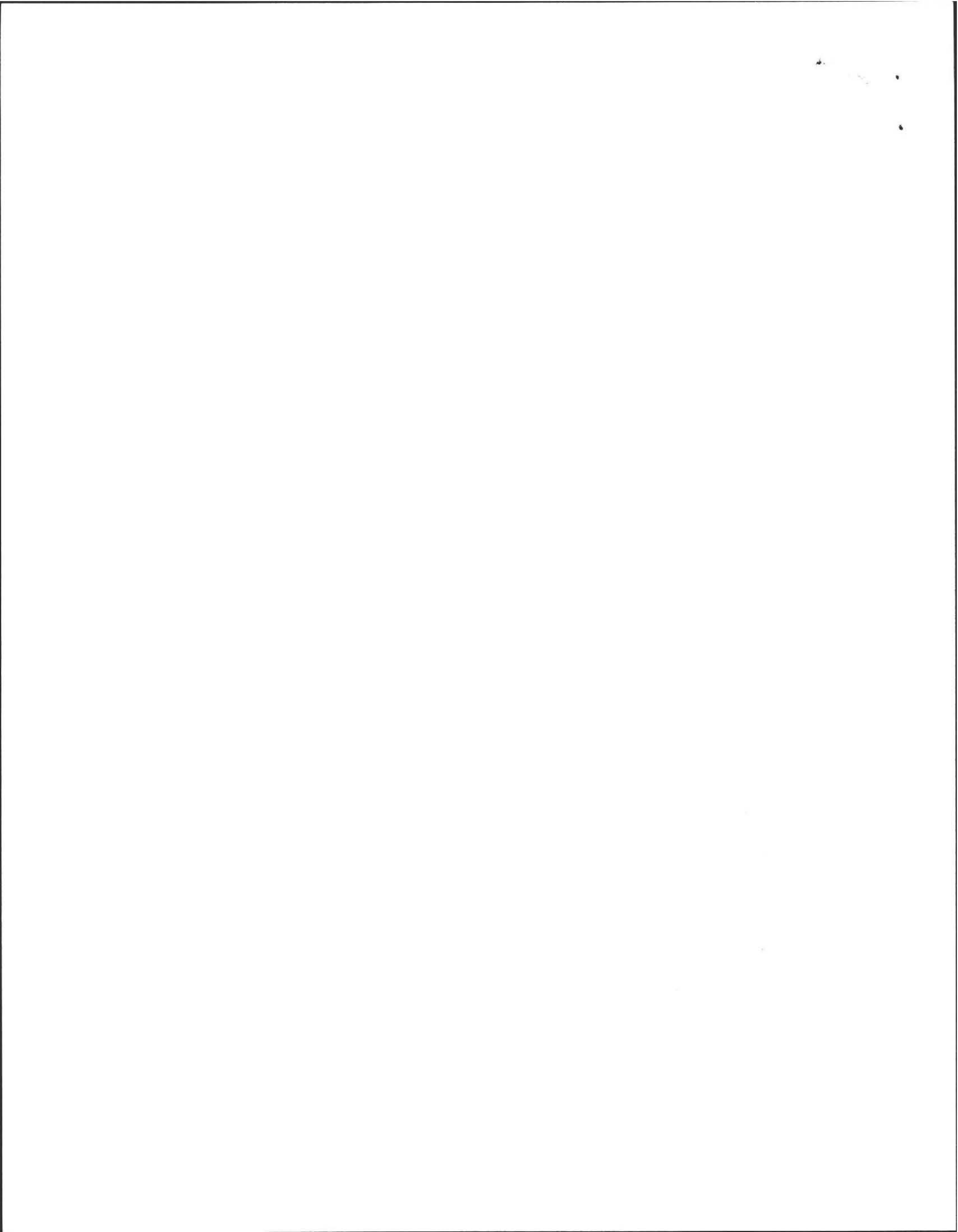
Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

NO AVAILABLE SPACE ON PROPERTY, GRADING
E SLOPE OFFSET COULD NOT BE MET

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

DNA





Commonwealth of Massachusetts

City/Town of

Form 9A – Application for Local Upgrade Approval

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C. Explanation (continued)

3. A shared system is not feasible:

DNA

4. Connection to a public sewer is not feasible:

NOT AVAILABLE

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

[X] Application for Disposal System Construction Permit

[X] Complete plans and specifications

[X] Site evaluation forms

DNA [] A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

DNA [] Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Facility Owner's Signature

BARRY ROBERTS

Print Name

WILLIAM J SIERUTA PE

Name of Preparer

453 FEDERAL ST

Preparer's address

MASS 01351

State/ZIP Code

Date

4/15/10

Date

4/15/10

City/Town

MONTAGUE MA

Telephone

367 2409

413 627 7244

1870

1871

1872

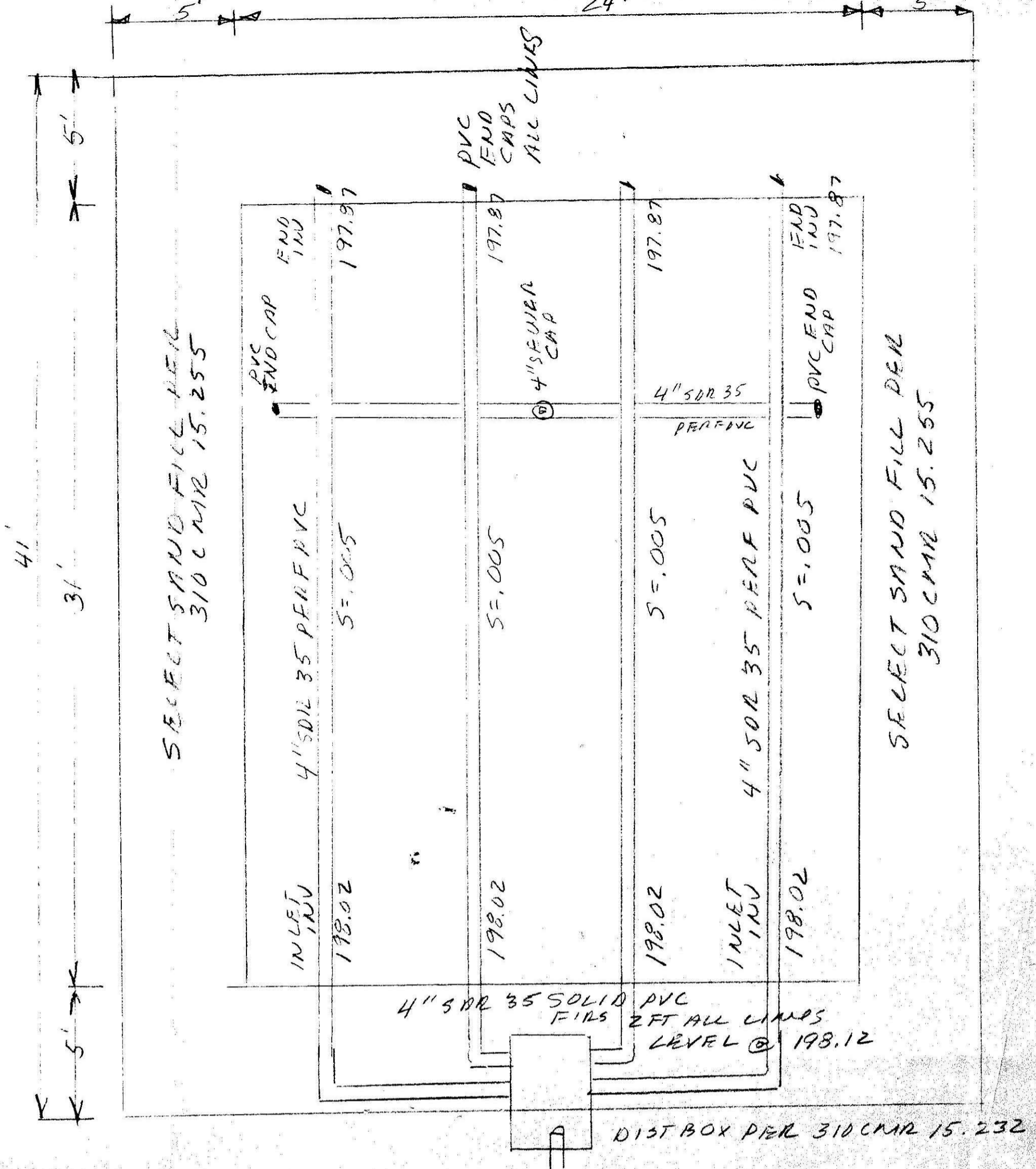
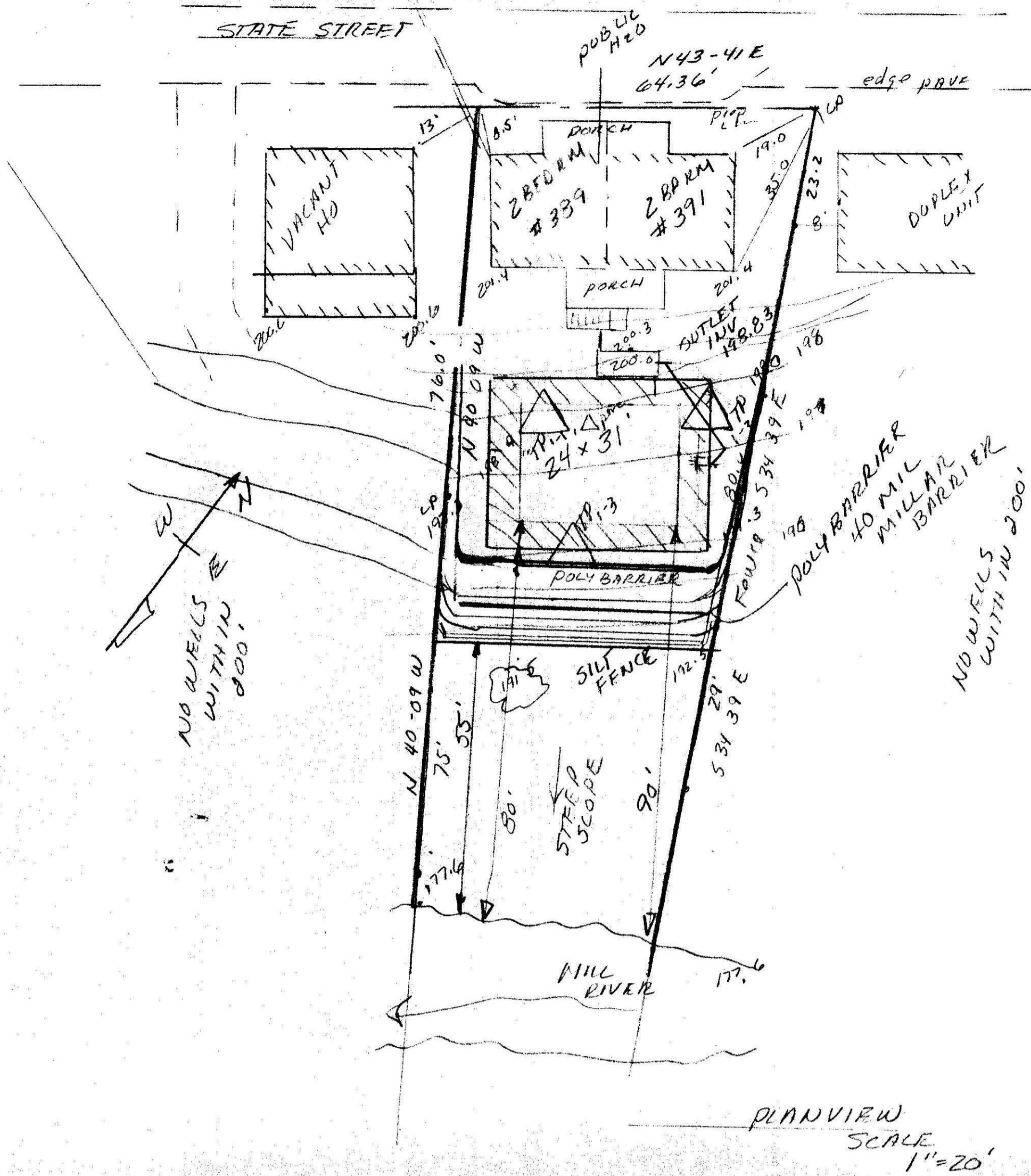
1873

PERCOLATION TEST INFORMATION

TEST PIT TPI-1			TEST PIT TPI-2		
6	OTS LOAM TOP SOIL	0-6	6	OTS LOAM TOP SOIL	0-6
4	SILTY SAND SUB SOIL	6-10	8	SILTY SAND SUB SOIL	6-14
34	GRAVEL TILL WITH FRAGMENTS STONE	10-44	32	GRAVEL TILL WITH FRAGMENTS ROCK	14-44
-	R FRACTURE LEDGE	44	-	R FRACTURE ROCK	46

DRY NO WEeping MOTTLING 104R5-8 39" EHWT 38" 194.33

DRY NO WEeping MOTTLING 104R5-8 39" EHWT 38"



DATE: APRIL 13 2010
ENGR: W.J. STERUTA P.E.E.U.M.
WITNESS: GARY COURTEMANCHE B.S.H.
PERMEABILITY TEST PERCI @ TPI-1 DEPTH 36" ACTUAL RATE 9.66 MIN/INCH DESIGN RATE 10.0 MIN/INCH CLASS II SOIL 48" SEPARATION REQD PER 310 CMR 15.212

DESIGN INFORMATION
ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15.0 TITLES AND ALL LOCAL BOARD OF HEALTH REGULATIONS
FINISH GRADING TO BE AS SHOWN ON PLANVIEW
ALL DISTURBED AREAS TO BE LOAMED AND SEEDED

DESIGN CRITERIA
USE: EXISTING RESIDENTIAL HOME
DUPLEX UNIT 2 - 2 BEDROOM UNITS
4 BEDROOM TOTAL NO DISPOSAL UNIT
WALK OUT BAAT TO REAR

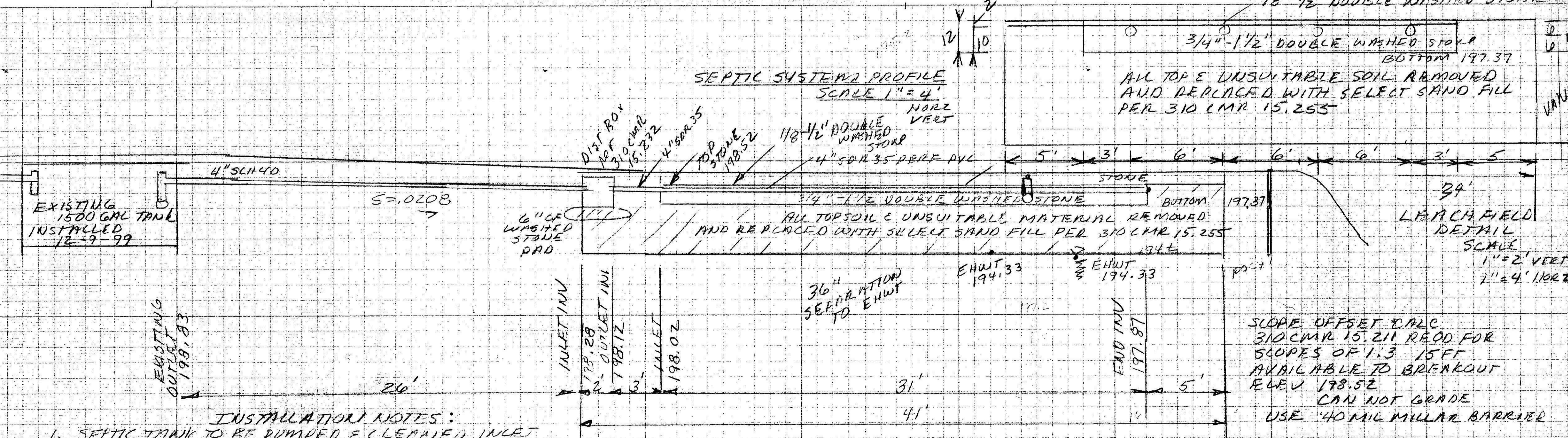
DESIGN FLOW: 310 CMR 15.203
REQD 110 GALS/BEDROOM x 4 = 440 GALS
NO DISPOSAL UNITS

SEPTIC TANK: 310 CMR 15.223
REQD 440 GALS/DAY x 200% = 880 GALS
NEW 1500 GAL TANK INSTALLED 12-9-99
USE EXISTING TANK

LEACH SYSTEM: DUE TO SOIL CONDITIONS A LEACH FIELD DESIGN IS TO BE USED PER 310 CMR 15.252

EFFECTIVE DEPTH 6" MIN
EFFECTIVE WIDTH 24"
EFFECTIVE LENGTH 31'
BOTTOM AREA 24' x 31' = 744 FT²
TOTAL PERMEABILITY 744 FT² x .6 = 446 GALS DRY
TBM SET AT TOP OF EXISTING TANK NOT TO BE REPLACED ELEV 200.00

PERMEABILITY 310 CMR 15.242
PERCOLATION RATE ACTUAL 9.66 MIN/INCH DESIGN RATE 10.0 MIN/INCH
CLASS II SOIL BOTTOM SIDEWALL AREAS .60 GALS/FT²
48" SEPARATION REQD PER 310 CMR 15.212



- INSTALLATION NOTES:**
- SEPTIC TANK TO BE RUMPED & CLEANED INLET AND OUTLET TESTS TO BE INSPECTED
 - ALL STONE TO BE DOUBLE WASHED STONE FREE OF ALL SILT AND FINES.
 - DIST. BOX TO BE SET ON A 6" DEEP PAD OF WASHED STONE
 - ALL UNSATISFACTORY TOP SOIL & MATERIAL TO BE EXCAVATED 5 FT IN ALL DIRECTIONS OF LEACH FIELD AND REPLACED WITH SELECT SAND FILL
 - AN INSPECTION PORT TO BE INSTALLED IN LEACH FIELD AS SHOWN ON DETAIL
 - ALL COMPONENTS OF SYSTEM TO BE MARKED WITH METALLIC MARKING TAPE
 - 40 MIL MILLAR POLY BARRIER TO BE INSTALL TO PROVIDE BREAK OUT PROTECTION.
 - CONSERVATION COMMISSION APPROVAL TO BE OBTAINED PRIOR TO ANY WORK BEING STARTED
 - A VARIANCE LOCAL UPGRADE APPROVAL FOR SEPARATION REDUCTION FROM 48" TO 36" NEEDS TO BE OBTAINED

SELECT SAND FILL REQD ESTIMATE
1.2 x 4' x 34' x 4' = 247 cu yds
27

SEPTIC SYSTEM DESIGN FOR
BARRY ROBERTS
389 - 391 STATE ST
AMHERST, MASS
ENGR: W.J. STERUTA PE
DATE: APRIL 15 2010

PERMITS/INSP PAYMENT RECPT#: 10100118
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/16/10 TIME: 13:54
CLERK: courtman DEPT:

PAID BY:
PAYMENT METH: CHECK 2199

REFERENCE: A

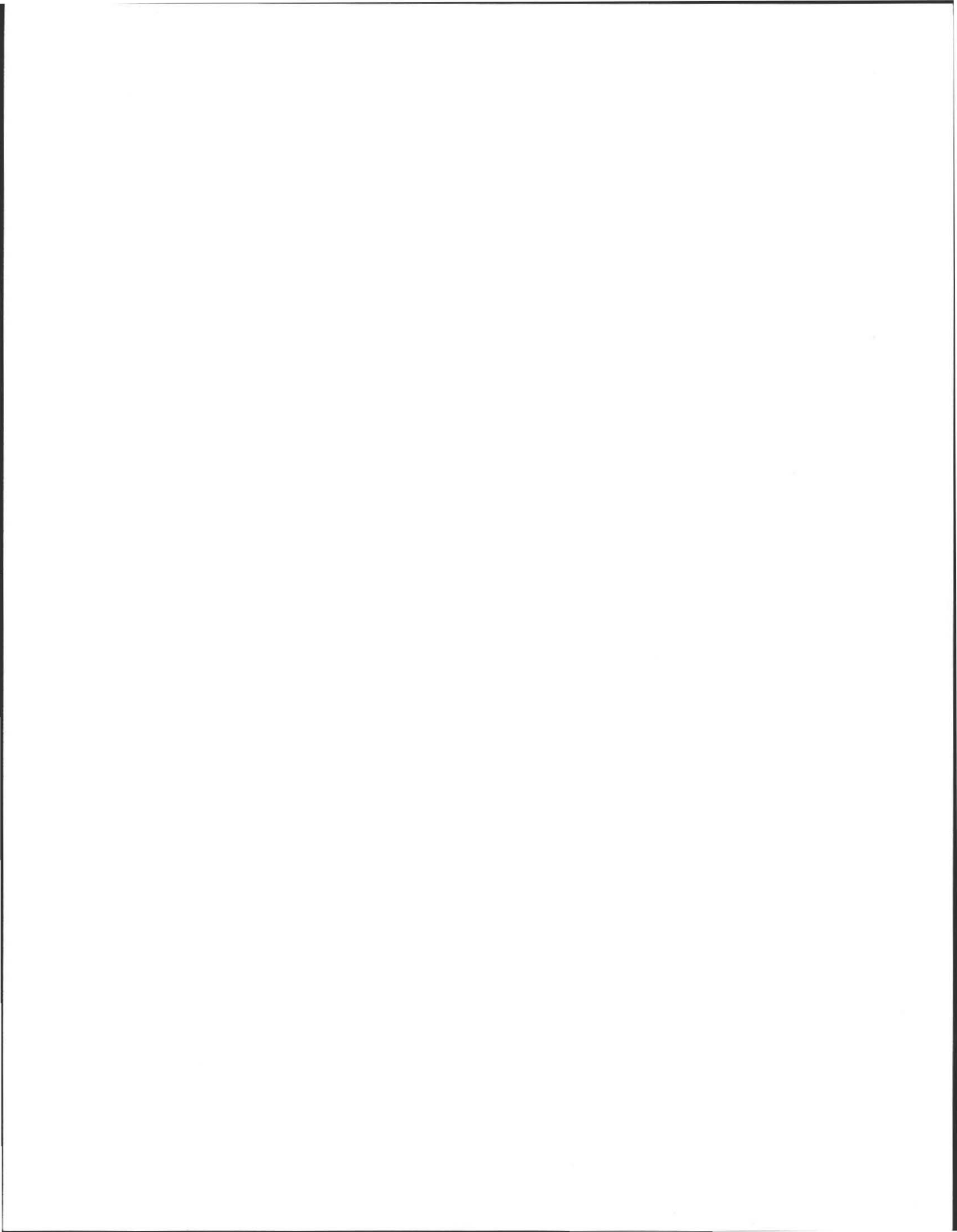
AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: BARRY ROBERTS

FEES:
HEA017 SEPTIC TAN 150.00

TOTAL PAID: 150.00

Plan
Reviewed



PERMITS/INSP PAYMENT RECPT#: 10098803
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/13/10 TIME: 14:55
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 2192

REFERENCE: A

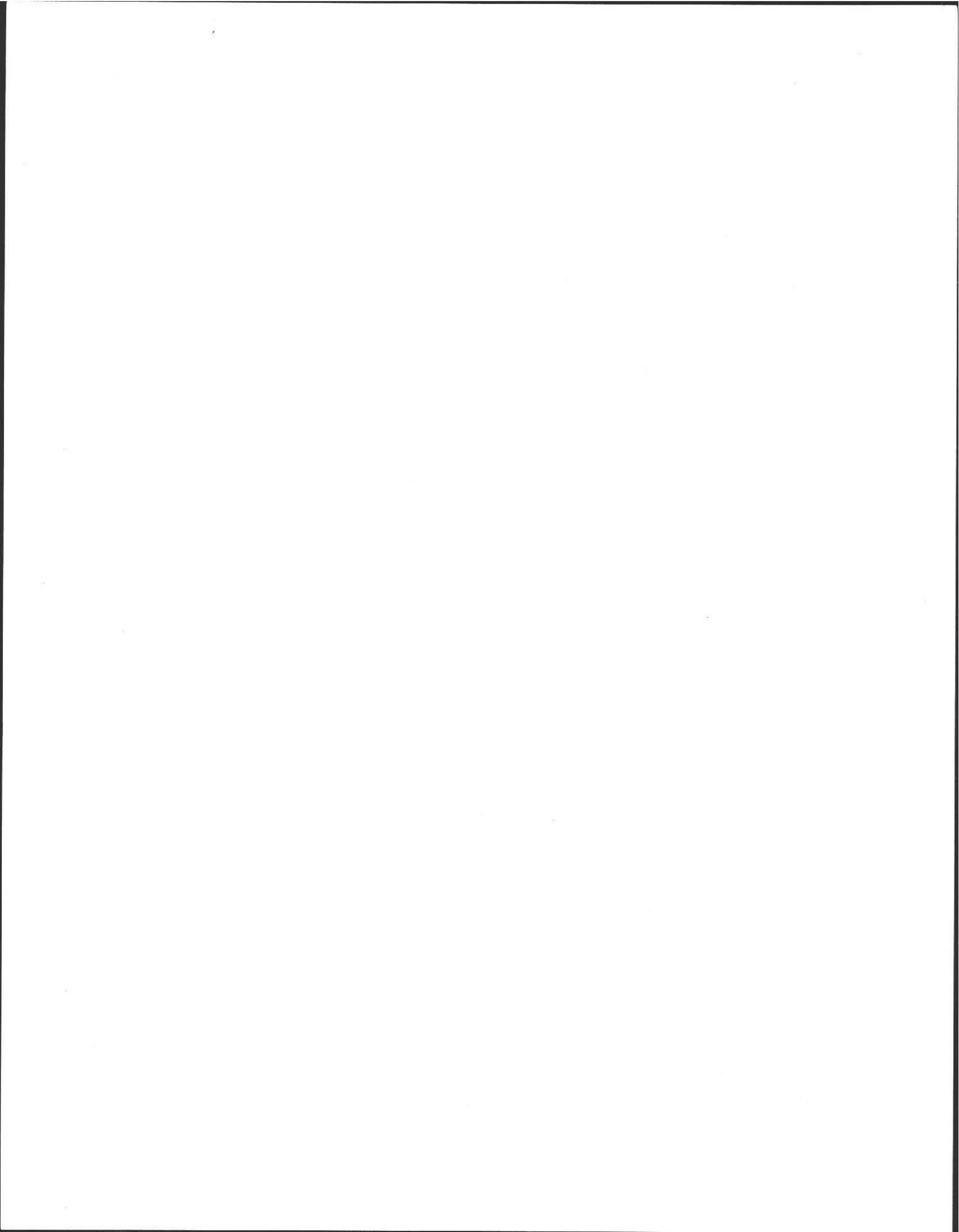
AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS: 391 STATION RD

FEES:
HEA011 PERCOLATIO 300.00

TOTAL PAID: 300.00

*Benny
Percol
test*





Commonwealth of Massachusetts

City/Town of

Form 9A - Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

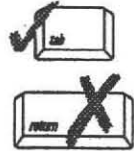
Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address:

Name: BARRY ROBERTS
Street Address: 389 - 391 STATE ST
City/Town: AMHERST State: MASS Zip Code: 01002

2. Owner Name and Address (if different from above):

Name: BARRY ROBERTS Street Address: PO BOX 678
City/Town: AMHERST State: MASS Zip Code: 01002 Telephone Number: 253-8195

3. Type of Facility (check all that apply):

[X] Residential [] Institutional [] Commercial [] School

4. Describe Facility:

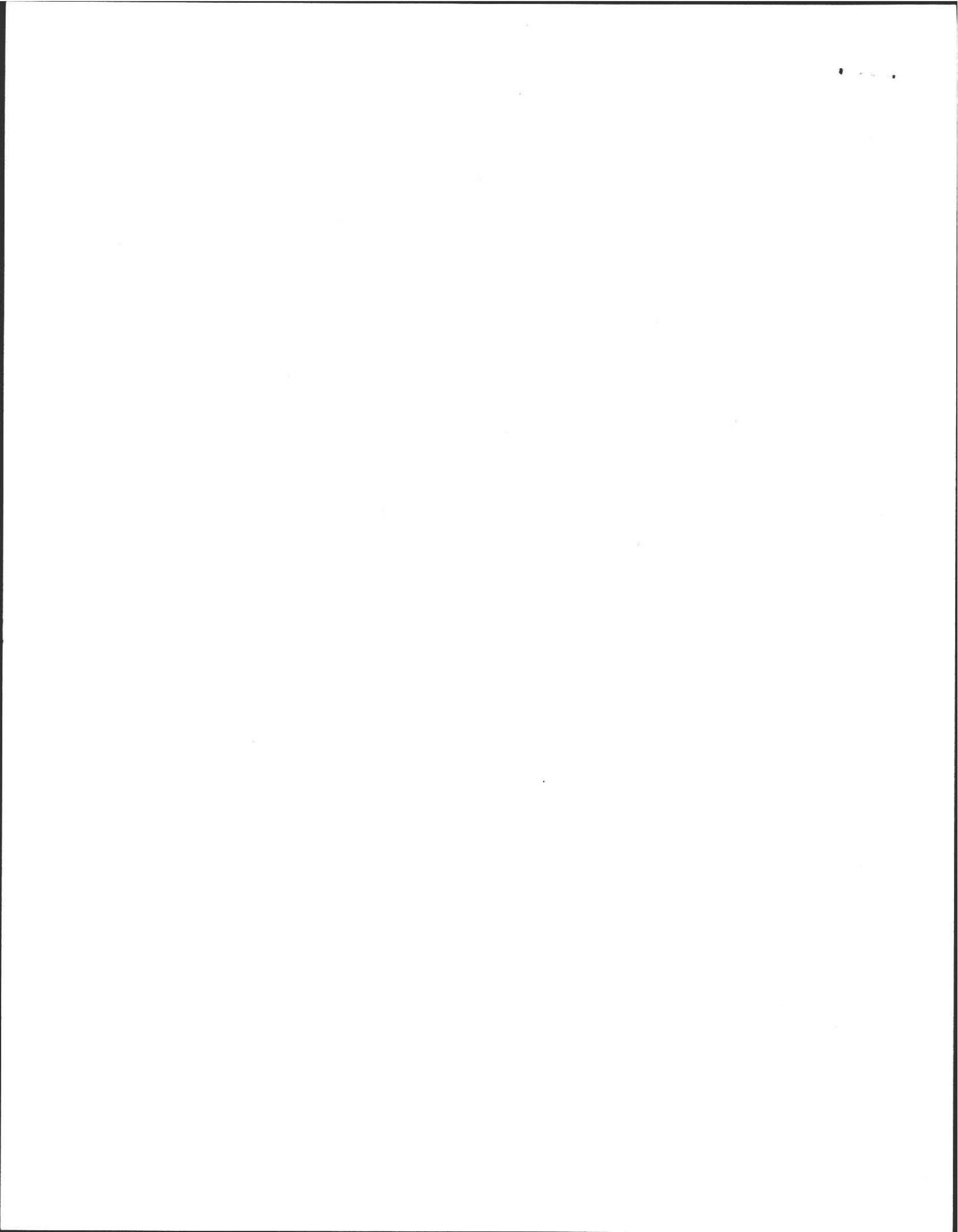
DUPLEX UNIT (2-2 BEDROOM UNITS)
4 BEDROOM TOTAL
NO DISPOSALS

5. Type of Existing System:

[] Privy [] Cesspool(s) [X] Conventional [] Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

TRENCHES PER A WITNESS REPORT
9/1/99 12/9-99





Commonwealth of Massachusetts

City/Town of

Form 9A – Application for Local Upgrade Approval

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A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	gpd	440 GALS/DAY
Design flow of proposed upgraded system	gpd	440 GALS/DAY
Design flow of facility:	gpd	440 GALS 110 x 4 BOARD FT DAY

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301: _____ date of inspection

2. Describe the proposed upgrade to the system:

REPLACE FAIL LEACH SYSTEM WITH
24 x 31 LEACH FIELD

3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions:

Reduction in SAS area of up to 25%: _____ SAS size, sq. ft. _____ % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction _____ ft. FROM 48" TO 36"

Percolation rate _____ min./inch 10 MIN/INCH

Depth to groundwater _____ ft. REQUEST 36"



Form 9A – Application for Local Upgrade Approval

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B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). **The soil evaluator must be a member or agent of the local approving authority.**

High groundwater evaluation determined by:

<u>G. COURTEMANCHE</u>	<u>[Signature]</u>	<u>4/13/10</u>
Evaluator's Name (type or print)	Signature	Date of evaluation
<u>WILLIAM J SIEWIUTA PE</u>	<u>[Signature]</u>	<u>4/13/10</u>

C. Explanation

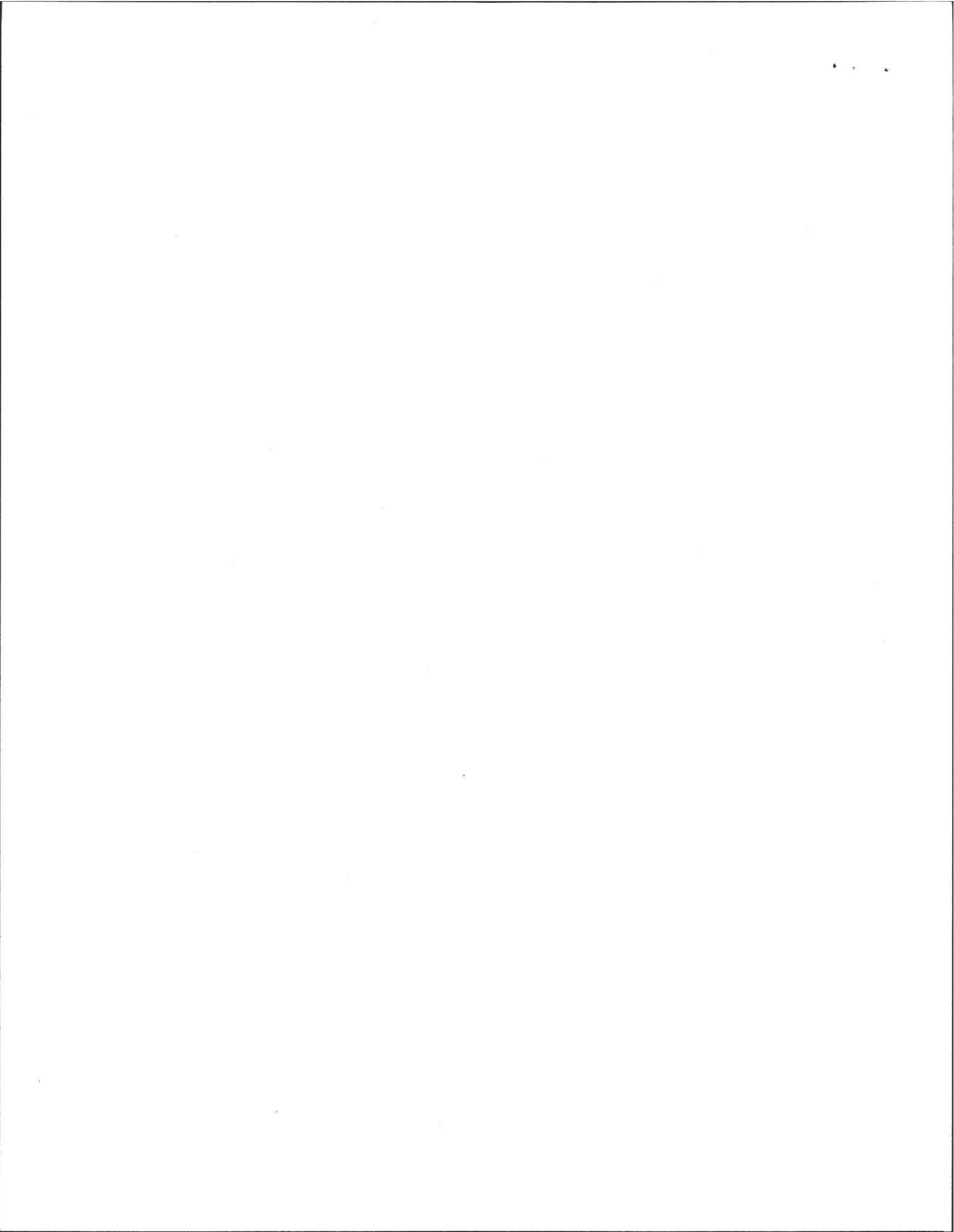
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1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

NO AVAILABLE SPACE ON PROPERTY, GRADING
E SLOPE OFFSET COULD NOT BE MET

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

DNA





Commonwealth of Massachusetts

City/Town of

Form 9A - Application for Local Upgrade Approval

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C. Explanation (continued)

3. A shared system is not feasible:

DNA

4. Connection to a public sewer is not feasible:

NOT AVAILABLE

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

[X] Application for Disposal System Construction Permit

[X] Complete plans and specifications

[X] Site evaluation forms

DNA

[] A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

DNA

[] Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Facility Owner's Signature

BARRY ROBERTS

Date

4/15/10

Print Name

WILLIAM J SIERUTA PE

Date

4/15/10

Name of Preparer

453 FEDERAL ST

City/Town

MONTAGUE MA

Preparer's address

MASS 01351

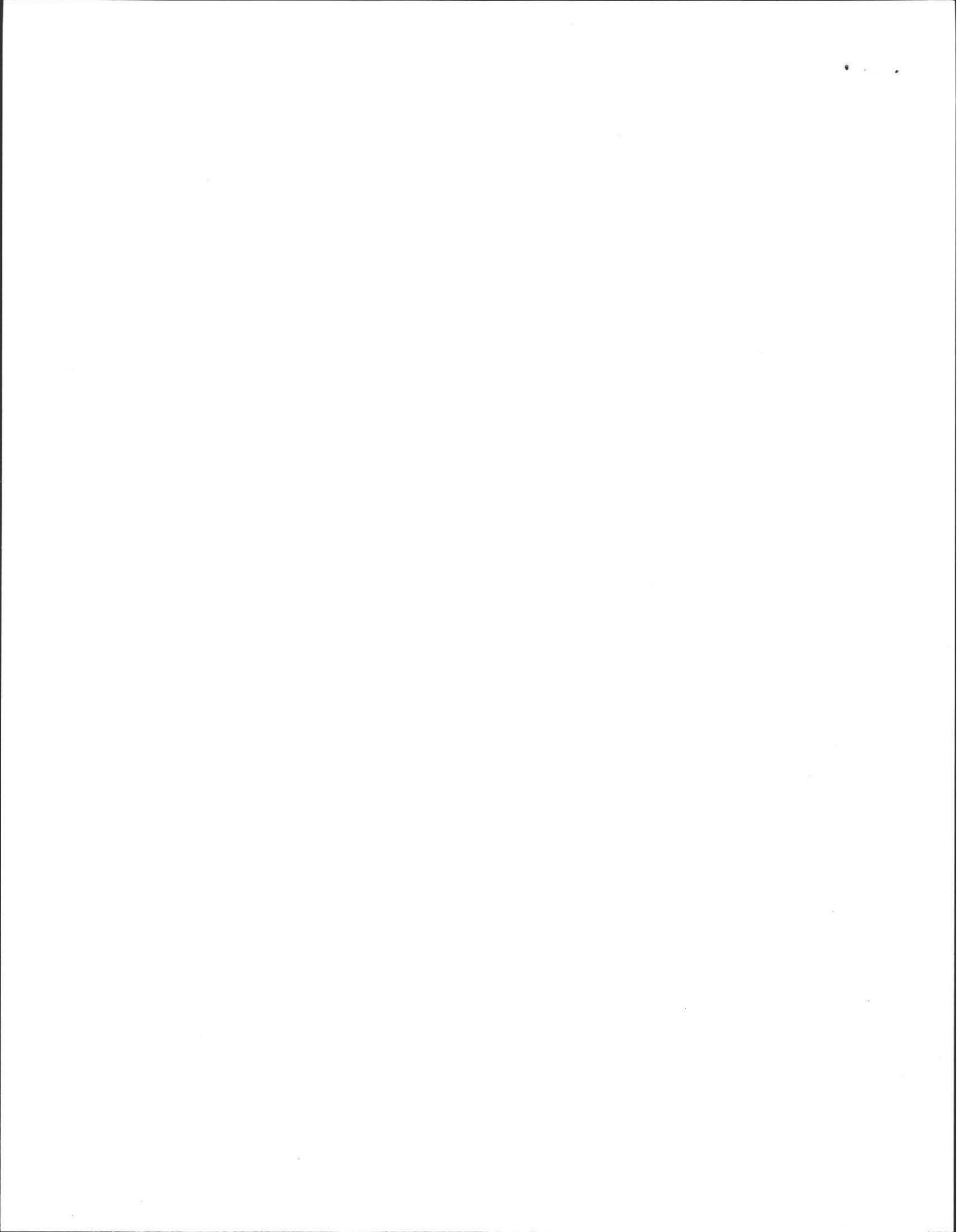
City/Town

367 2409

State/ZIP Code

Telephone

413 627 7244





WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

385-391 State St.
Street Address

Amherst
City/Town

Assessors Map/Plat Number

61A-003
Parcel/Lot Number

- b. Area Description (use additional paper, if necessary):

adjacent to Mill River

- c. Plan and/or Map Reference(s):

Title

Date

Title

Date

Title

Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

repair existing septic system - see plan provided



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands
WPA Form 1- Request for Determination
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Julie Federman
Health

A. General Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Applicant:

Name Pine Street Associates E-Mail Address draftz@a.dicor

Mailing Address P.O. Box 678

City/Town Amherst State MA Zip Code 01004

Phone Number 413-537-4737 Fax Number (if applicable) _____

2. Representative (if any):

Firm Barry L Roberts

Contact Name _____ E-Mail Address _____

Mailing Address Same as above

City/Town _____ State _____ Zip Code _____

Phone Number _____ Fax Number (if applicable) _____

B. Determinations

1. I request the Amherst Conservation Commission make the following determination(s). Check any that apply:

- a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance or bylaw** of:

Town of Amherst
 Name of Municipality

- e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

City/Town _____

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Name 491 Pine Street Associates
Mailing Address P.O. Box 678
City/Town Amherst
State Ma. Zip Code 01004

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant [Handwritten Signature] Date 5/10/10

Signature of Representative (if any) _____ Date _____



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

WPA Form 1- Request for Determination of Applicability

City/Town _____

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

Repair to existing Septic System in existence prior to Aug. 7, 1996. 310 cmr 10.58 (6)(c)

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- Single family house on a lot recorded on or before 8/1/96
- Single family house on a lot recorded after 8/1/96
- Expansion of an existing structure on a lot recorded after 8/1/96
- Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- New agriculture or aquaculture project
- Public project where funds were appropriated prior to 8/7/96
- Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- Residential subdivision; institutional, industrial, or commercial project
- Municipal project
- District, county, state, or federal government project
- Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)

<i>Parcel_ID</i>	<i>Parcel_Address</i>	<i>Owner1</i>	<i>Owner2</i>	<i>Address</i>	<i>CityStZip</i>
6A-97	STATE ST	TOWN OF AMHERST CONSERV COMM		TOWN HALL	AMHERST, MA 01002
6A-2	385 STATE ST	KOLASINSKI, MARGARET		385 STATE ST	AMHERST, MA 01002
6A-3	389 STATE ST	491 PINE ST ASSOCIATES		P.O. BOX 678	AMHERST, MA 01004
6A-71	390 STATE ST	MEROE, MASAO & BUTLER, JANET L	C/O EAGLE CREST MANAGEMENT	73 MAIN ST	AMHERST, MA 01002
6A-4	395 STATE ST	STEIN, RICHARD & JUDITH & ANNE M & FAITH		5 BERKSHIRE TERR	AMHERST, MA 01002
6A-72	404 STATE ST	WOLFSUN, MARIAN J	VARDATIRA, SHARON M	404 STATE ST	AMHERST, MA 01002
6A-73	418 STATE ST	STRECIWILK, CHARLES J.	STRECIWILK, MARGARET B.	418 STATE ST	AMHERST, MA 01002
6A-5	425 STATE ST	RYAN, CHRISTOPHER J	SKOWRON, CAROL F	425 STATE ST	AMHERST, MA 01002

Town of Amherst Abutter List

<u>Parcel_ID</u>	<u>Parcel_Address</u>	<u>Owner1</u>	<u>Owner2</u>	<u>Address</u>	<u>CityStZip</u>
6A-90	BRIDGE ST	TOWN OF AMHERST		TOWN HALL	AMHERST, MA 01002
6A-43	BRIDGE ST	TOWN OF AMHERST CONSERV COMM		TOWN HALL	AMHERST, MA 01002
6A-11	86-88 BRIDGE ST	KIMBALL, LEE L LIFE ESTATE		86-88 BRIDGE ST	AMHERST, MA 01002
6A-9	110 BRIDGE ST	PILE, CHRISTOPHER	LEAHY-PILE, ELLEN	110 BRIDGE ST	AMHERST, MA 01002
6A-8	116 BRIDGE ST	ANGELIDES, THERESA & OROURKE, JOSEPH		116 BRIDGE ST	AMHERST, MA 01002
6A-7	126 BRIDGE ST	ONESTA PROPERTIES LLC		6 UNIVERSITY DR SUITE 206- 215	AMHERST, MA 01002
6A-42	131 BRIDGE ST	MURPHY, JEAN C	C/O JEAN C WHITE	131 BRIDGE ST	AMHERST, MA 01002
6A-98	HENRY ST	TOWN OF AMHERST CONSERV COMM		TOWN HALL	AMHERST, MA 01002
3C-9	22-24 LEVERETT RD	MCINTIRE, RICHARD C & JULIENE C		24 LEVERETT RD	AMHERST, MA 01002
5B-34	MILL ST	TOWN OF AMHERST CONSERV COMM		TOWN HALL	AMHERST, MA 01002
6A-63	MILL ST	TOWN OF AMHERST CONSERV COMM		TOWN HALL	AMHERST, MA 01002
6A-64	MILL ST	TOWN OF AMHERST CONSERV COMM		TOWN HALL	AMHERST, MA 01002
5B-1-33	531 PULPIT HILL RD	BELL ATLANTIC MOBILE OF MASSACHUSETTS	D/B/A VERIZON WIRELESS	99 EAST RIVER DR	EAST HARTFORD, CT 06108
5B-33	531 PULPIT HILL RD	TOWN OF AMHERST (INHABITANTS)		4 BOLTWOOD WALK	AMHERST, MA 01002

NOTIFICATION TO ABUTTERS

Pursuant to the provisions of the Massachusetts Wetlands Protection Act, M.G. L. Chapter 131 Section 40, the accompanying regulations 310 CMR 10.00, The Town of Amherst Wetlands Protection Bylaw and the Town of Amherst Wetlands Protection Bylaw Regulations, notice is hereby given of the following wetland hearing:

Date: JUNE 9, 2010

Location: TOWN ROOM / TOWN HALL

Time: 7:30 PM

Pertaining to the following work located at 389-391 STATE ST (address of work location):

REPAIR EXISTING SEPTIC SYSTEM

The application may be reviewed in the Amherst Conservation Department office located on the second floor of the Amherst Town Hall Monday – Friday 9:00 AM – 4:00 PM.

PLEASE NOTE: Written comments regarding this project may be sent simultaneously to the Amherst Conservation Commission, 4 Boltwood Avenue, Amherst, MA 01002 and the Department of Environmental Protection, Western Region, 436 Dwight Street, Suite 402, Springfield, MA 01103.

Within ten business days of the issuance of a wetland permit, any group of ten persons, any aggrieved person, or any governmental body or private organization with a mandate to protect the environment who submits written comments may appeal the Commission's decision. Failure to submit written comments before the end of the ten day appeal period may result in the waiver of any right to an adjudicatory hearing.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF PHYSICS
5308 S. UNIVERSITY AVENUE
CHICAGO, ILLINOIS 60637

No. _____

Date: 4/13/10

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: WILLIAM J SIEROTH PE Date: 4/13/10
Witnessed By: GARY COURTEMANCHE BOH

Location Address or Lot # <u>BARRY ROBERTS</u> <u>389-391 STATE ST</u> <u>AMHERST MASS</u>	Owner's Name, Address, and Telephone # <u>BARRY ROBERTS</u> <u>PO BOX 678</u> <u>AMHERST, MASS</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review 253 8195

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) _____

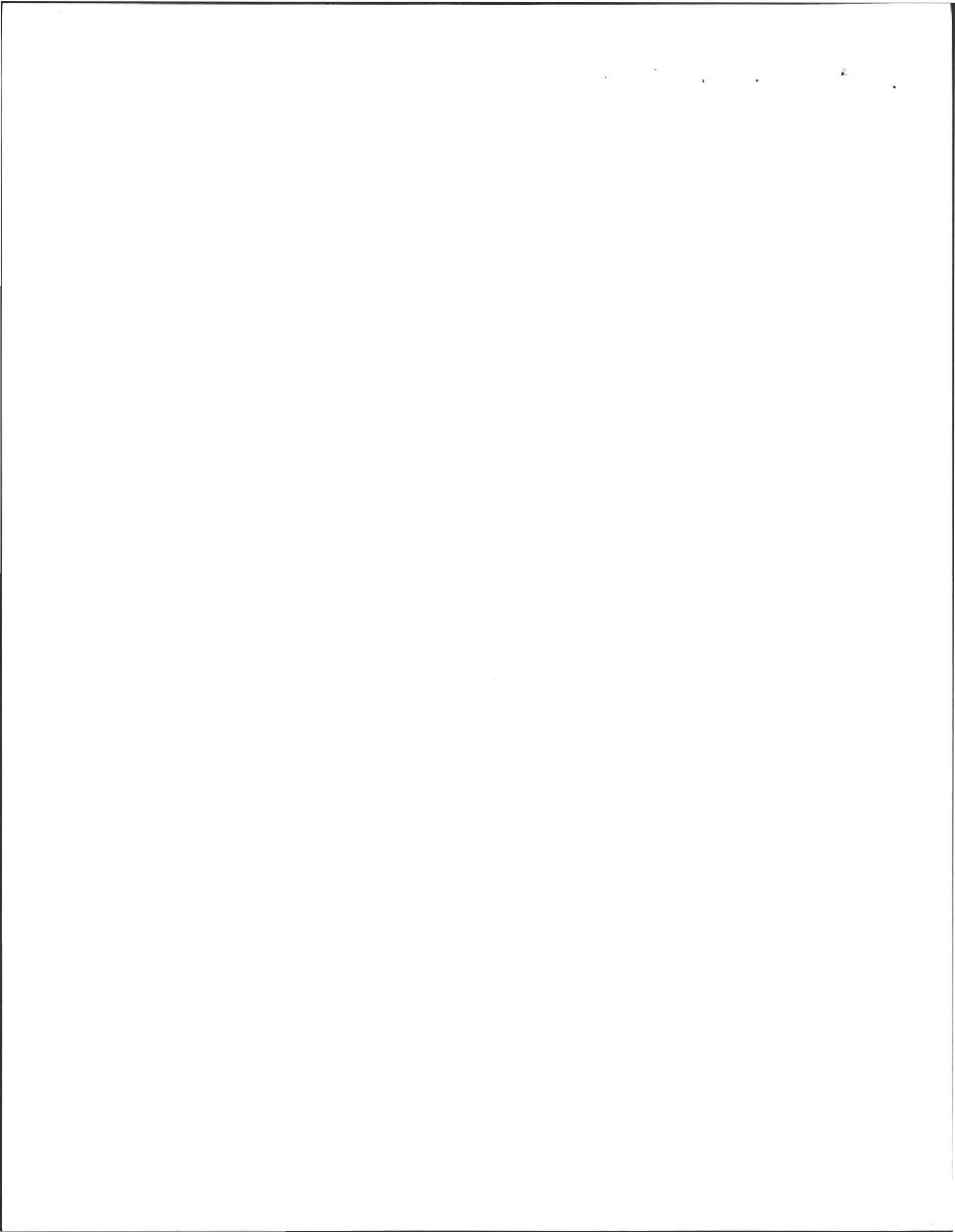
Wetlands Conservancy Program Map (map-unit) _____

Current Water Resource Conditions (USGS): Month _____

Range: Above Normal Normal Below Normal

Other References Reviewed: _____





389-391 STATE ST

Amherst MA

On-site Review

Deep Hole Number TP-1 Date: 4/13/10 Time: 9:00 Weather: sunny

Location (Identify on site plan): Residential Slope (%) 2 Surface Stones: some rock

Land Use: Lawn Landform: TERRACE

Position on landscape (sketch on the back)

Distances from:
 Open Water Body: 150 feet
 Possible Wet Area: 150 feet
 Drinking Water Well: public well

DEEP OBSERVATION HOLE LOG

Depth from Surface (feet)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Boulders, Stones, Gravel)	Other (Other)
0-6	A	loamy clay	5/2	104N 4-2		
6-10	Bw	loamy sand	5/2	104N 5-6		MASSIVE
10-44	C1	clay fill	5/2	104R 5-4		20% FRACTURED Rock Cobbles Stone
44	R1	fractured	Rock	moisture 30"		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic): CUTWASH T-11 Depth to Bedrock: 44"
 Depth to Groundwater: Standing Water in the Hole: DRY Weeping from Pit Face: DRY
 Estimated Seasonal High Ground Water: 38" EHWOT



DET APPROVED FORM - 12/1/10

Location Address or Lot No. 389-391

On-site Review

Deep Hole Number TP-2 Date: 4/13/10 Time: 9:00 Weather: sunny

Location (Identify on site plan): Residential Slope (%) 1 Surface Stones: some rock

Land Use: Lawn Landform: TERRACE

Position on landscape (sketch on the back)

Distances from:
 Open Water Body: 100 feet
 Possible Wet Area: 100 feet
 Drinking Water Well: 201 feet
 Other: SIDE LIND

DEEP OBSERVATION HOLE LOG

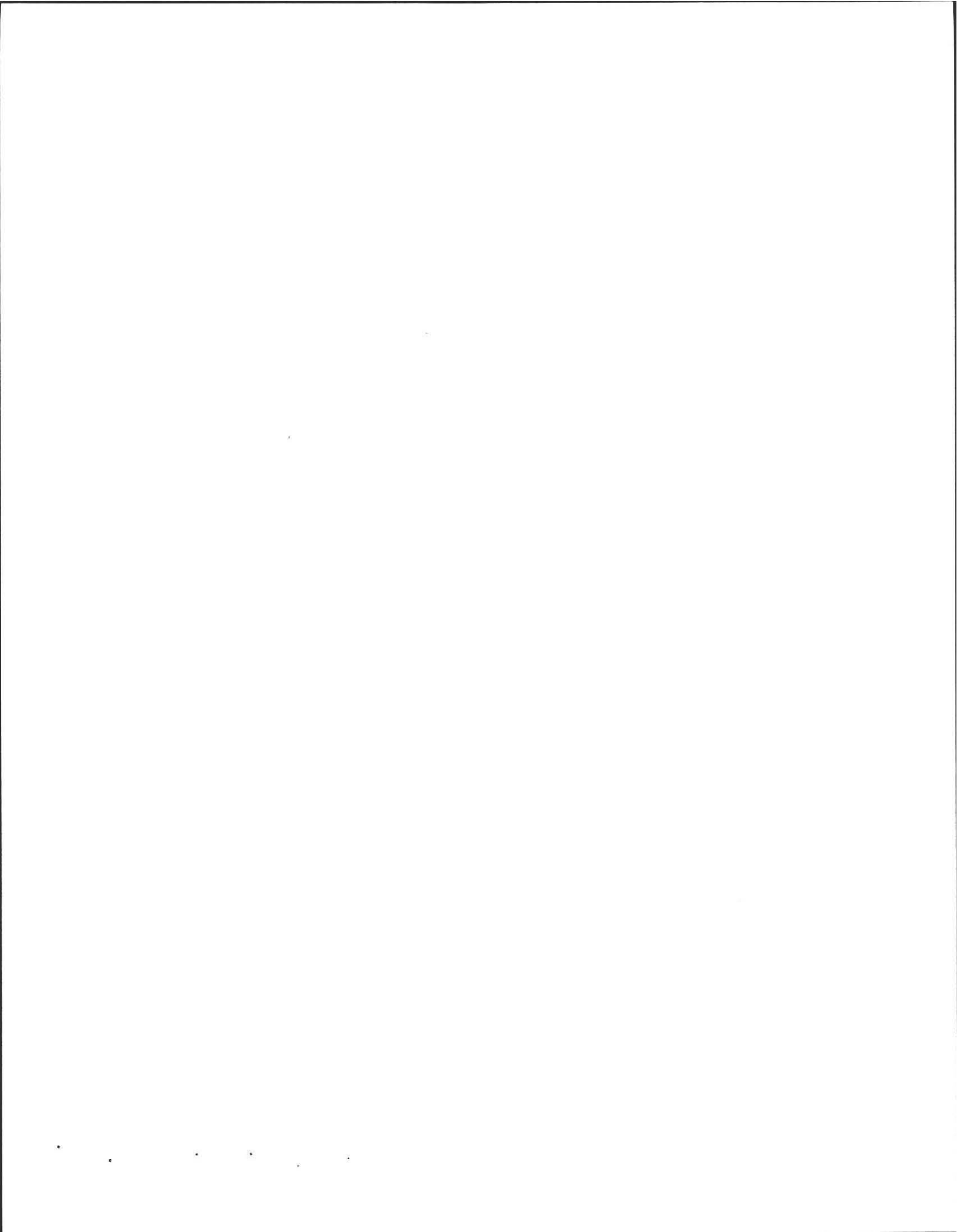
Depth from Surface (feet)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Boulders, Stones, Gravel)	Other (Other)
0-10	AP	s/c	104N 4-2			
10-14	Bw	s/c	104R 5-6			MASSIVE
14-46	C	s/c	104R 5-4			38% 25% FRACTURED Rock Cobbles Stone
46	R1	Rock	Fractured			

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic): Depth to Groundwater: Standing Water in the Hole: DRY Weeping from Pit Face: DRY
 Estimated Seasonal High Ground Water: 38" EHWOT



DET APPROVED FORM - 12/1/10



FORM 12 - PERCOLATION TEST

Location Address or Lot No. 389-391 STATE ST
AMHERST MASS

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

Percolation Test*		
Date:	<u>4/13/10</u>	Time: <u>900</u>
Observation Hole #	<u>TP1-1</u>	<u>TP1-2</u>
Depth of Perc	<u>36</u>	<u>32</u>
Start Pre-soak	<u>15 MIN</u>	
End Pre-soak	<u>920 935</u>	<u>925-940</u>
Time at 12"	<u>935</u>	<u>940</u>
Time at 9"	<u>25/3 - 8.33</u> <u>10:00</u>	
Time at 6"	<u>29/3</u> <u>10:29</u>	<u>WAIVED BY BOH</u>
Time (9"-6")	<u>29/3 = 9.66</u>	<u>VERY LIMITED</u>
Rate Min./Inch	<u>10.0 MIN/IN</u>	<u>AREA</u>

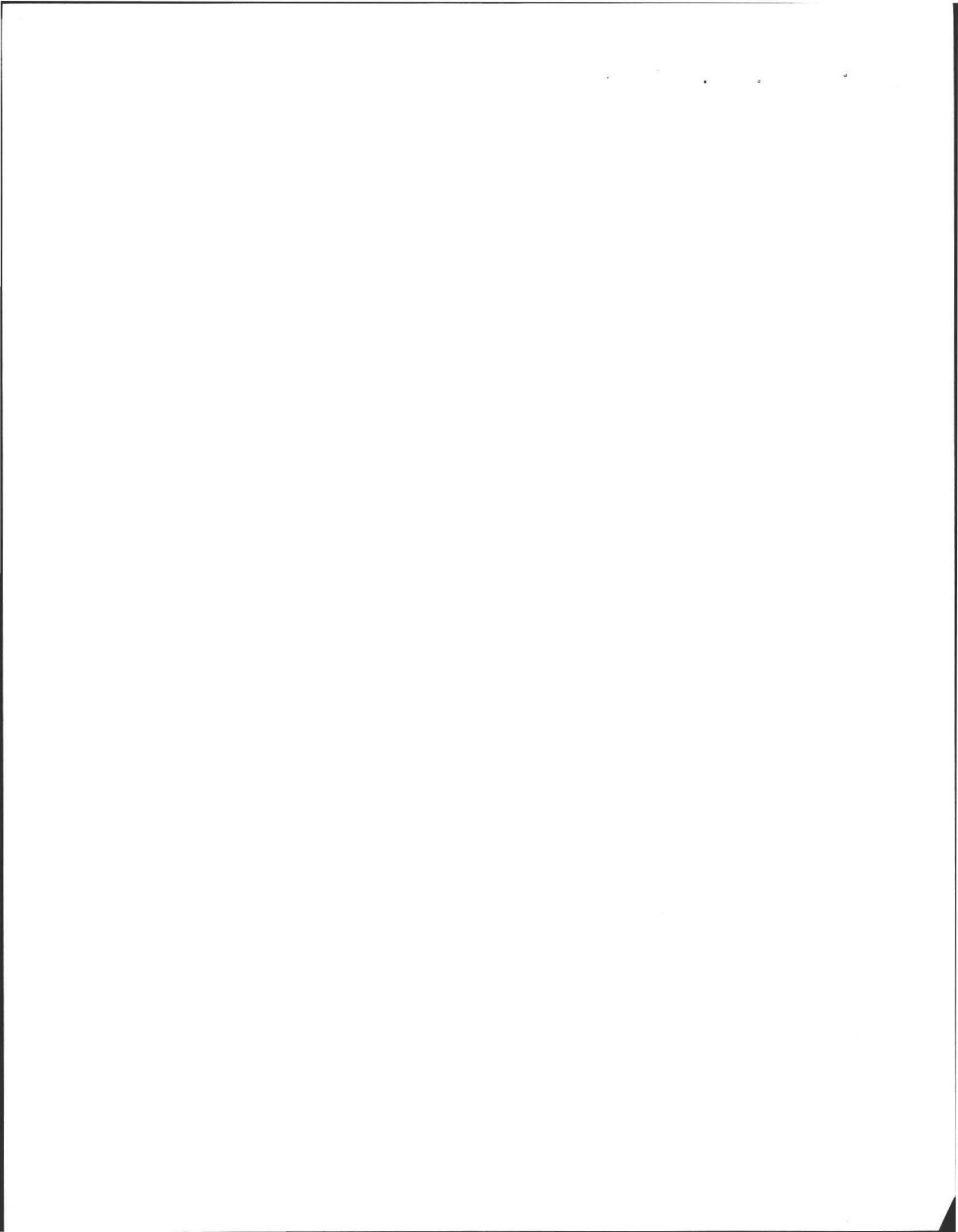
CLASS II SOIL 48" separate per 310CMR 15.212
* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

REQUEST VARIANCE TO 36"

Site Passed Site Failed

Performed By: WILLIAM J STEWART PRE EVAL
Witnessed By: GARY COURTENMANCHE BOH AGENT
Comments: _____





Percolation Test

Test No. _____ Time _____
 Reading _____
 Saturation (15 min) _____

Test No. _____ Time _____
 Reading _____
 Saturation (15 min) _____

Perc Rate _____ Min/Inch _____
 Ground Elev. _____
 Depth of Hole _____

Perc. Rate _____ Min/Inch _____
 Ground Elev. _____
 Depth of Hole _____

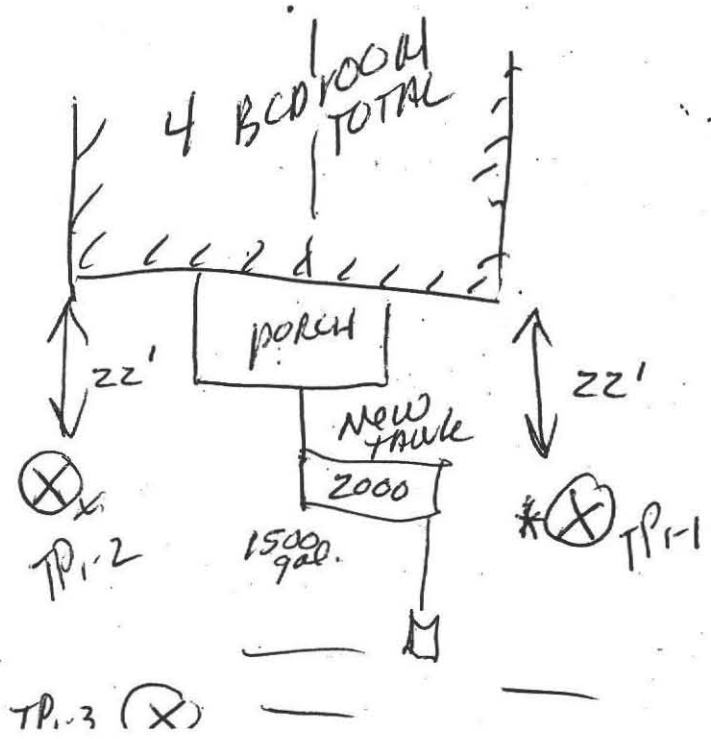
Test Pit TP1-1
 Depth Soil Description
0-6 OTS LOAM
6-10 SILTY SAND SUB SOIL
10-44 GRAVEL fill WITH
44 FRACTURED ROCK
 Groundwater Depth DRY Elev. _____
 Bedrock Depth _____ Elev. _____
 Ground Elev. ELEV 38"

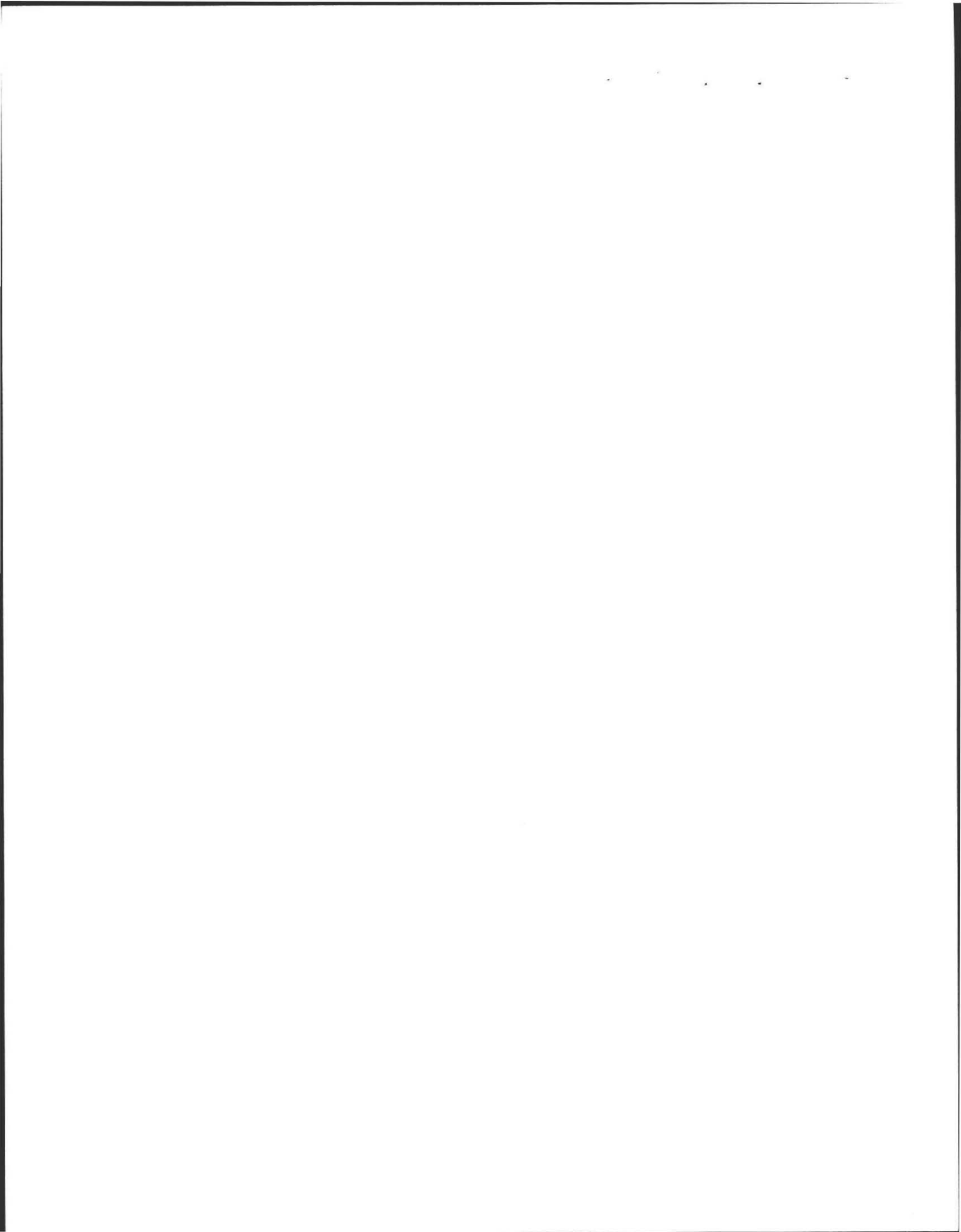
Deep Test Pit/s TP1-2
 Test Pit TP1-2
 Depth Soil Description
0-6 OTS LOAM
6-14 SILTY SAND SUB
14-46 GRAVEL fill WITH SLOW
46 FRACTURED ROCK
 Groundwater Depth _____ Elev. _____
 Bedrock Depth _____ Elev. _____
 Ground Elev. _____

S.C.S. Soil Description TILL Seasonal High Water Table? AS NOTED
 Bench Mark: Elev. _____ Description _____

COMMENTS:

Date: 4/13/10
 Client: BARRY ROBERTS
PO BOX 678
AMHERST MASS
 Engineer: WJ SIERUYA DR
 Witness: GARY COURTEMANCHE
 Location of Perc: _____
389 391 STATE ST
AMHERST MASS





Location Address or Lot No. 389-391 STATE ST
Amherst, MASS

Determination for Seasonal High Water Table

Method Used:

<input checked="" type="checkbox"/>	Depth observed standing in observation hole	..... inches	TP1-1	TP1-2
<input checked="" type="checkbox"/>	Depth weeping from side of observation hole	..... inches	DRY	DRY
<input checked="" type="checkbox"/>	Depth to soil mottles	..... inches	DRY	DRY
<input type="checkbox"/>	Ground water adjustment	..... feet	MOTTLING 38"	38"

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? NO

If not, what is the depth of naturally occurring pervious material? 38" ~~40"~~

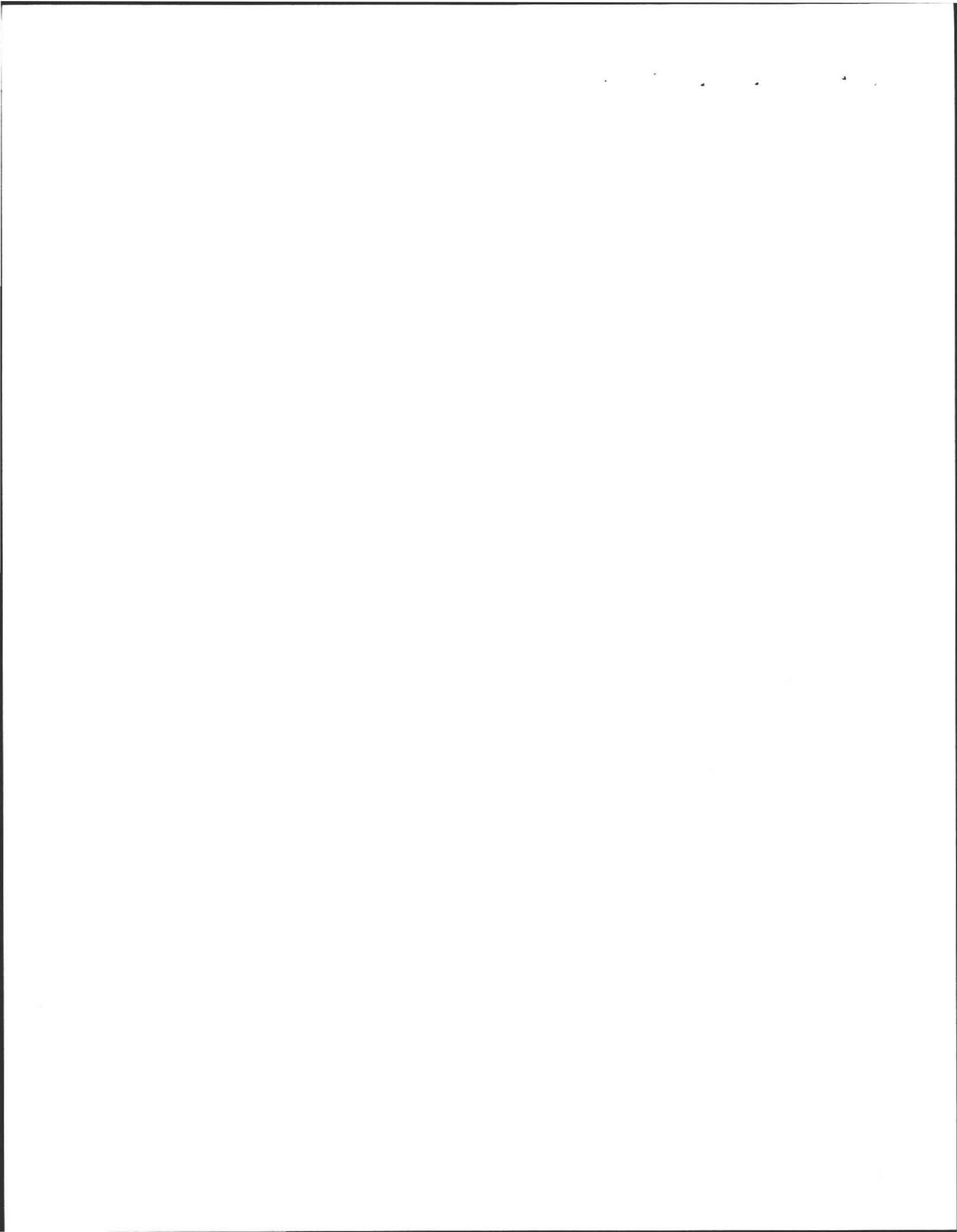
BW + C₁
FRACTURED
ROCK BELOW

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 [Signature] Date 4/13/10

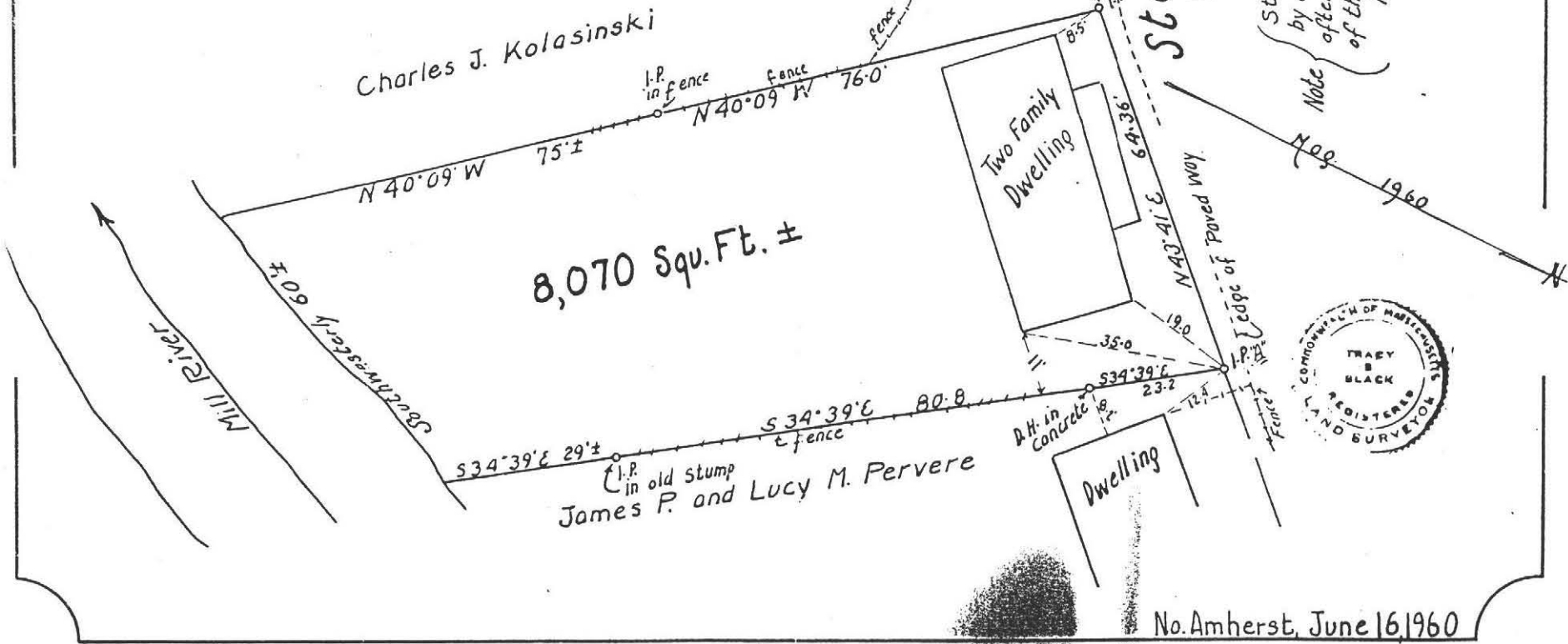




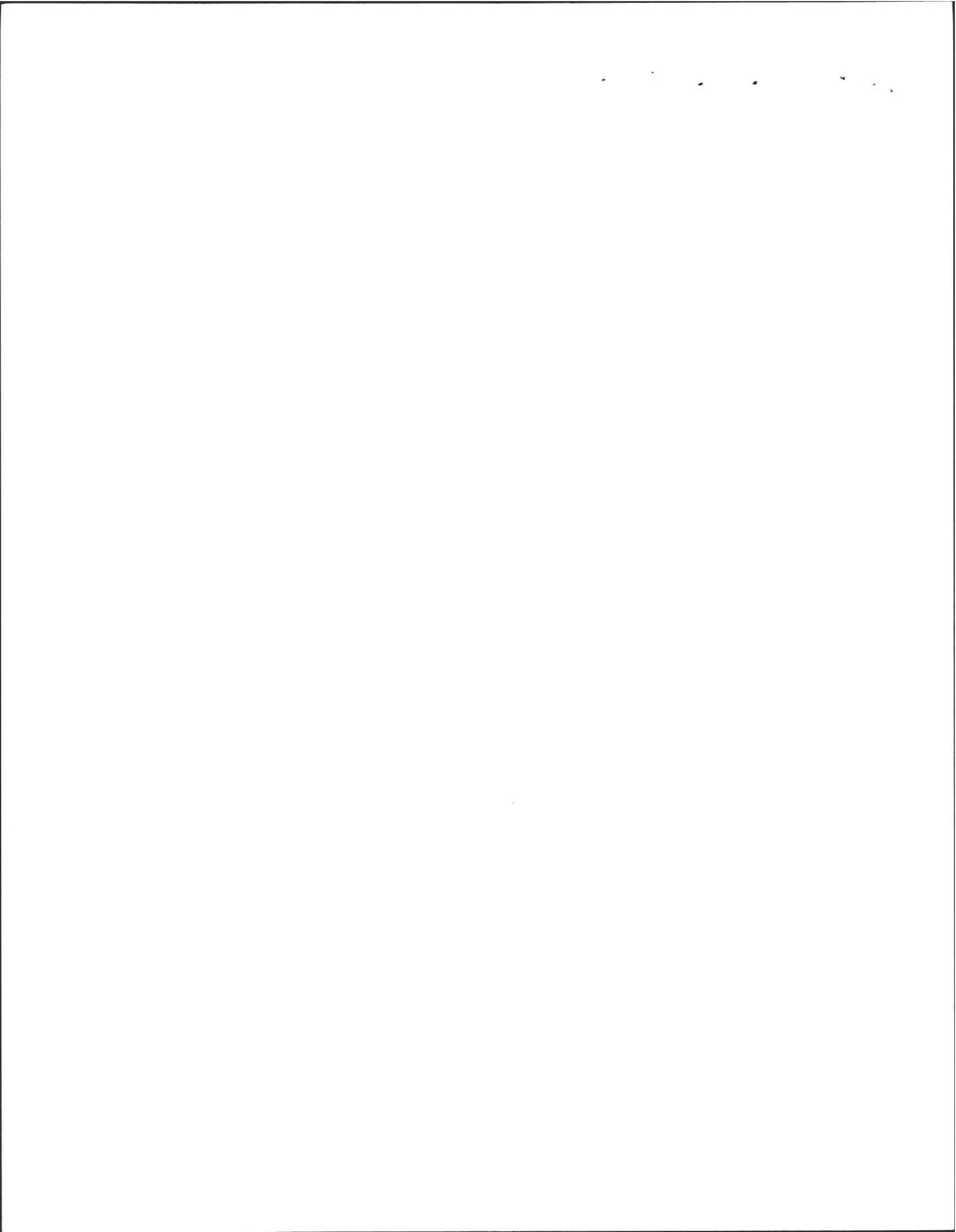
Plan of
8,070 of Land and Dwelling
 State Street, Cushman, Amherst, Mass.,
 Surveyed June 1960 by Tracy Black
 For The First National Bank of Amherst, Mass.,
 Conservator of the property of Henri D. Haskins

to be conveyed to
Charles J. Kolasinski

Scale: 1"::20'



57/98





Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Determination (cont.)

The following Determination(s) is/are applicable to the proposed site and/or project relative to the Wetlands Protection Act and regulations:

Positive Determination

Note: No work within the jurisdiction of the Wetlands Protection Act may proceed until a final Order of Conditions (issued following submittal of a Notice of Intent or Abbreviated Notice of Intent) or Order of Resource Area Delineation (issued following submittal of Simplified Review ANRAD) has been received from the issuing authority (i.e., Conservation Commission or the Department of Environmental Protection).

1. The area described on the referenced plan(s) is an area subject to protection under the Act. Removing, filling, dredging, or altering of the area requires the filing of a Notice of Intent.

2a. The boundary delineations of the following resource areas described on the referenced plan(s) are confirmed as accurate. Therefore, the resource area boundaries confirmed in this Determination are binding as to all decisions rendered pursuant to the Wetlands Protection Act and its regulations regarding such boundaries for as long as this Determination is valid.

2b. The boundaries of resource areas listed below are not confirmed by this Determination, regardless of whether such boundaries are contained on the plans attached to this Determination or to the Request for Determination.

3. The work described on referenced plan(s) and document(s) is within an area subject to protection under the Act and will remove, fill, dredge, or alter that area. Therefore, said work requires the filing of a Notice of Intent.

4. The work described on referenced plan(s) and document(s) is within the Buffer Zone and will alter an Area subject to protection under the Act. Therefore, said work requires the filing of a Notice of Intent or ANRAD Simplified Review (if work is limited to the Buffer Zone).

5. The area and/or work described on referenced plan(s) and document(s) is subject to review and approval by:

Name of Municipality

Pursuant to the following municipal wetland ordinance or bylaw:

Name

Ordinance or Bylaw Citation



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

RFD10-1192

~~_____ & The Town of Amherst Wetlands Protection Bylaw~~

A. General Information

HEALTH DEPT

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



From:

Amherst
Conservation Commission

To: Applicant

Pine Street Associates c/o Barry Roberts
Name
P.O. Box 678
Mailing Address

Property Owner (if different from applicant):

Name

Mailing Address

Amherst MA 01004
City/Town State Zip Code

City/Town State Zip Code

1. Title and Date (or Revised Date if applicable) of Final Plans and Other Documents:

Septic System Design for Barry Roberts April 15, 2010
Title Date

Title Date

Title Date

2. Date Request Filed:

May 18, 2010

B. Determination

Pursuant to the authority of M.G.L. c. 131, § 40, the Conservation Commission considered your Request for Determination of Applicability, with its supporting documentation, and made the following Determination.

Project Description (if applicable):

Repair of a failed septic system in the riverfront resource area

Project Location:

389-391 State Street
Street Address
6A
Assessors Map/Plat Number

Amherst
City/Town
3
Parcel/Lot Number



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Determination (cont.)

5. The area described in the Request is subject to protection under the Act. Since the work described therein meets the requirements for the following exemption, as specified in the Act and the regulations, no Notice of Intent is required:

Repair to an existing septic system prior to August 7, 1996
Exempt Activity (site applicable statutory/regulatory provisions)
310 CMR 10.58 (6) (c)

6. The area and/or work described in the Request is not subject to review and approval by:

Name of Municipality _____
Pursuant to a municipal wetlands ordinance or bylaw.
Name _____ Ordinance or Bylaw Citation _____

C. Authorization

This Determination is issued to the applicant and delivered as follows:

by hand delivery on _____ by certified mail, return receipt requested on _____
Date _____ Date June 15, 2010

This Determination is valid for **three years** from the date of issuance (except Determinations for Vegetation Management Plans which are valid for the duration of the Plan). This Determination does not relieve the applicant from complying with all other applicable federal, state, or local statutes, ordinances, bylaws, or regulations.

This Determination must be signed by a majority of the Conservation Commission. A copy must be sent to the appropriate DEP Regional Office (see Attachment) and the property owner (if different from the applicant).

Signatures:

Brian Agos
John L. Stein
Christopher He

Harvey D. Allen
Robert V. Walsh
John He

June 9, 2010
Date



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Determination (cont.)

6. The following area and/or work, if any, is subject to a municipal ordinance or bylaw but not subject to the Massachusetts Wetlands Protection Act:
-

7. If a Notice of Intent is filed for the work in the Riverfront Area described on referenced plan(s) and document(s), which includes all or part of the work described in the Request, the applicant must consider the following alternatives. (Refer to the wetland regulations at 10.58(4)c. for more information about the scope of alternatives requirements):

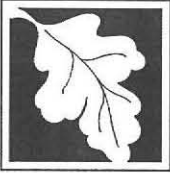
- Alternatives limited to the lot on which the project is located.
- Alternatives limited to the lot on which the project is located, the subdivided lots, and any adjacent lots formerly or presently owned by the same owner.
- Alternatives limited to the original parcel on which the project is located, the subdivided parcels, any adjacent parcels, and any other land which can reasonably be obtained within the municipality.
- Alternatives extend to any sites which can reasonably be obtained within the appropriate region of the state.

Negative Determination

Note: No further action under the Wetlands Protection Act is required by the applicant. However, if the Department is requested to issue a Superseding Determination of Applicability, work may not proceed on this project unless the Department fails to act on such request within 35 days of the date the request is post-marked for certified mail or hand delivered to the Department. Work may then proceed at the owner's risk only upon notice to the Department and to the Conservation Commission. Requirements for requests for Superseding Determinations are listed at the end of this document.

1. The area described in the Request is not an area subject to protection under the Act or the Buffer Zone.
2. The work described in the Request is within an area subject to protection under the Act, but will not remove, fill, dredge, or alter that area. Therefore, said work does not require the filing of a Notice of Intent.
3. The work described in the Request is within the Buffer Zone, as defined in the regulations, but will not alter an Area subject to protection under the Act. Therefore, said work does not require the filing of a Notice of Intent, subject to the following conditions (if any).
-

4. The work described in the Request is not within an Area subject to protection under the Act (including the Buffer Zone). Therefore, said work does not require the filing of a Notice of Intent, unless and until said work alters an Area subject to protection under the Act.



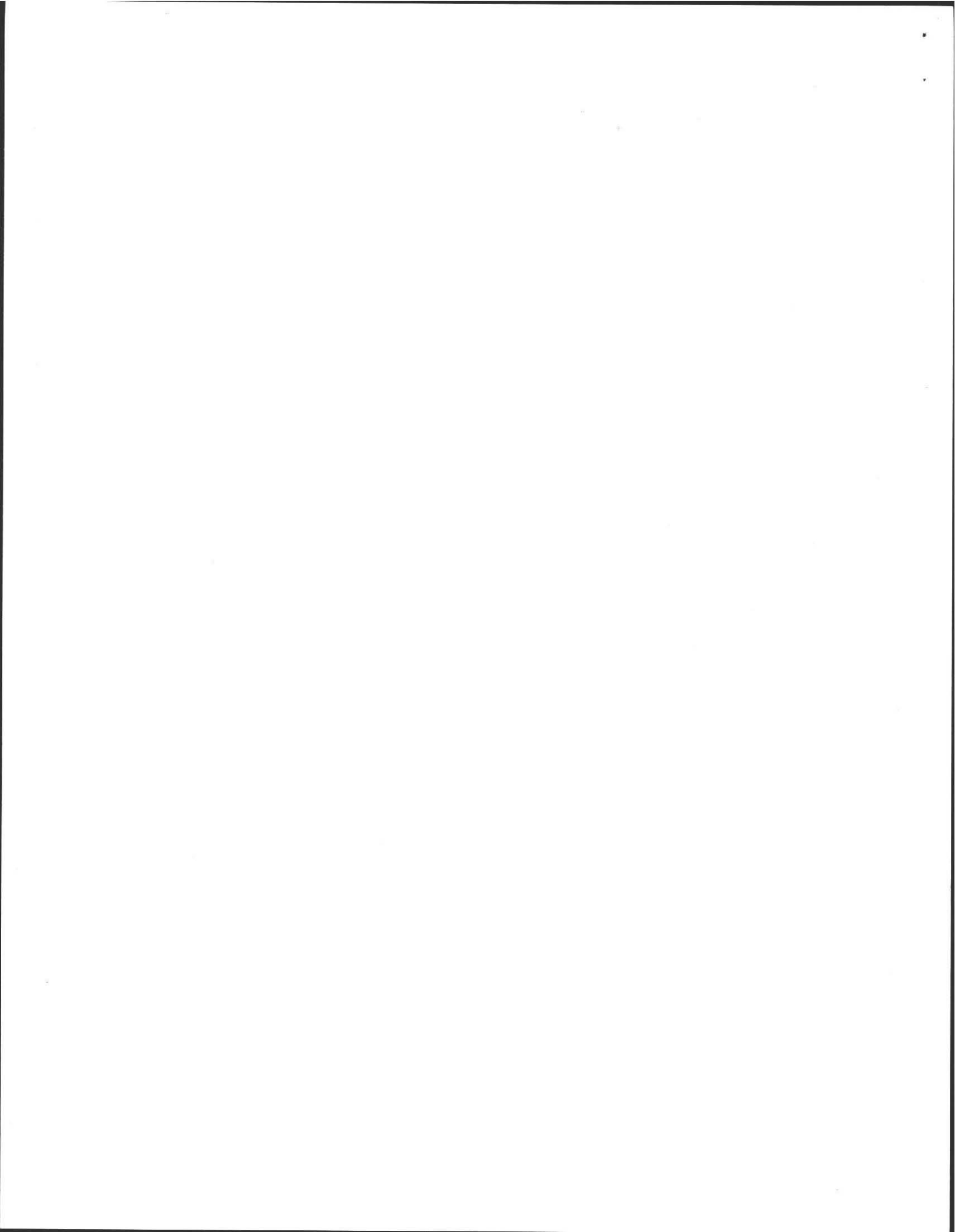
Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

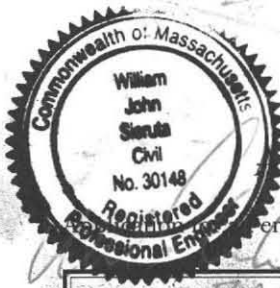
D. Appeals

The applicant, owner, any person aggrieved by this Determination, any owner of land abutting the land upon which the proposed work is to be done, or any ten residents of the city or town in which such land is located, are hereby notified of their right to request the appropriate Department of Environmental Protection Regional Office (see Attachment) to issue a Superseding Determination of Applicability. The request must be made by certified mail or hand delivery to the Department, with the appropriate filing fee and Fee Transmittal Form (see Request for Departmental Action Fee Transmittal Form) as provided in 310 CMR 10.03(7) within ten business days from the date of issuance of this Determination. A copy of the request shall at the same time be sent by certified mail or hand delivery to the Conservation Commission and to the applicant if he/she is not the appellant. The request shall state clearly and concisely the objections to the Determination which is being appealed. To the extent that the Determination is based on a municipal ordinance or bylaw and not on the Massachusetts Wetlands Protection Act or regulations, the Department of Environmental Protection has no appellate jurisdiction.



COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.



APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permit to Construct () Repair () Upgrade () Abandon () - Complete System Individual Components

Location <u>BARRY ROBERTS</u>	Owner's Name <u>BARRY ROBERTS</u>
Map/Parcel# <u>389-391 STATE ST</u>	Address <u>PO BOX 678</u>
Lot# <u>AMHERST MASS</u>	Telephone# <u>Amherst MA 253-8195</u>
Installer's Name <u>ROBERTS CONST CO</u>	Designer's Name <u>WILLIAM SIERUTA</u>
Address <u>PO BOX 678 Amherst</u>	Address <u>453 FEDERAL ST</u>
Telephone# <u>253-8195</u>	Telephone# <u>MONTAGUE MA 413-367-2409</u>

Type of Building RESIDENTIAL DUPLEX Lot Size EXIST sq. ft.
 Dwelling - No. of Bedrooms 2-2 BEDROOM UNITS 4 BEDRM Garbage grinder (NO)
 Other - Type of Building DUPLEX No. of persons TOTAL Showers (0), Cafeteria (NO)
 Other Fixtures FULL WALK OUT BMT
 Design Flow (min. required) 110 x 4 gpd Calculated design flow 440 Design flow provided 446 gpd
 Plan: Date APRIL 15 2010 Number of sheets 1 Revision Date -
 Title SEPTIC SYSTEM DESIGN FOR BARRY ROBERTS STATE ST
 Description of Soil(s) SEE ATTACHED
 Soil Evaluator Form No. 11 Name of Soil Evaluator WJ SIERUTA PE Date of Evaluation 4/13/10

DESCRIPTION OF REPAIRS OR ALTERATIONS LOCAL UPGRADE APPROVAL REQUESTED FOR SEPARATION REDUCTION TO EWT FROM 48" TO 36" [Signature]

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 [Signature] Date 4/15/10

Inspections _____

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: ROBERTS CONSTRUCTION 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 446 (gpd)

Installer _____

Designer: William Sieruta Inspector: [Signature] Date: 8/10/10

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

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

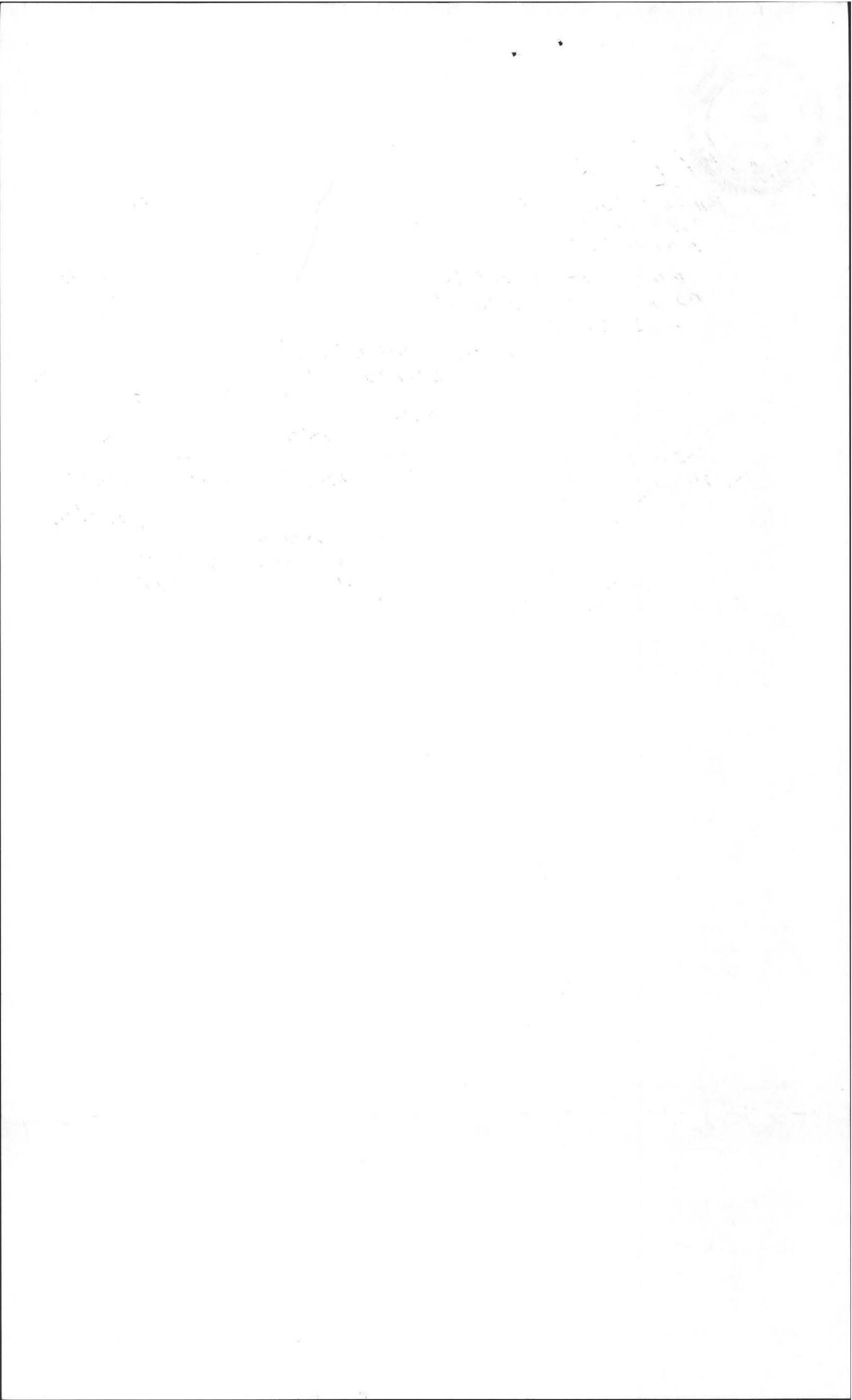
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 389-391 STATE ST as described in the application for

Disposal System Construction Permit No. 10-06, dated 4/16/10

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., Charlestown, MA Date 4/16/10 Board of Health [Signature]



No. _____

Date: 4/13/10

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: WILLIAM J SIERUTH P/E Date: 4/13/10
Witnessed By: GARY COURTEMANCHE BOH

Location Address or Lot # <u>BARRY ROBERTS</u> <u>389-391 STATE ST</u> <u>AMHERST MASS</u>	Owner's Name, Address, and Telephone # <u>BARRY ROBERTS</u> <u>PO BOX 678</u> <u>AMHERST, MASS</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review 253 8195

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) _____

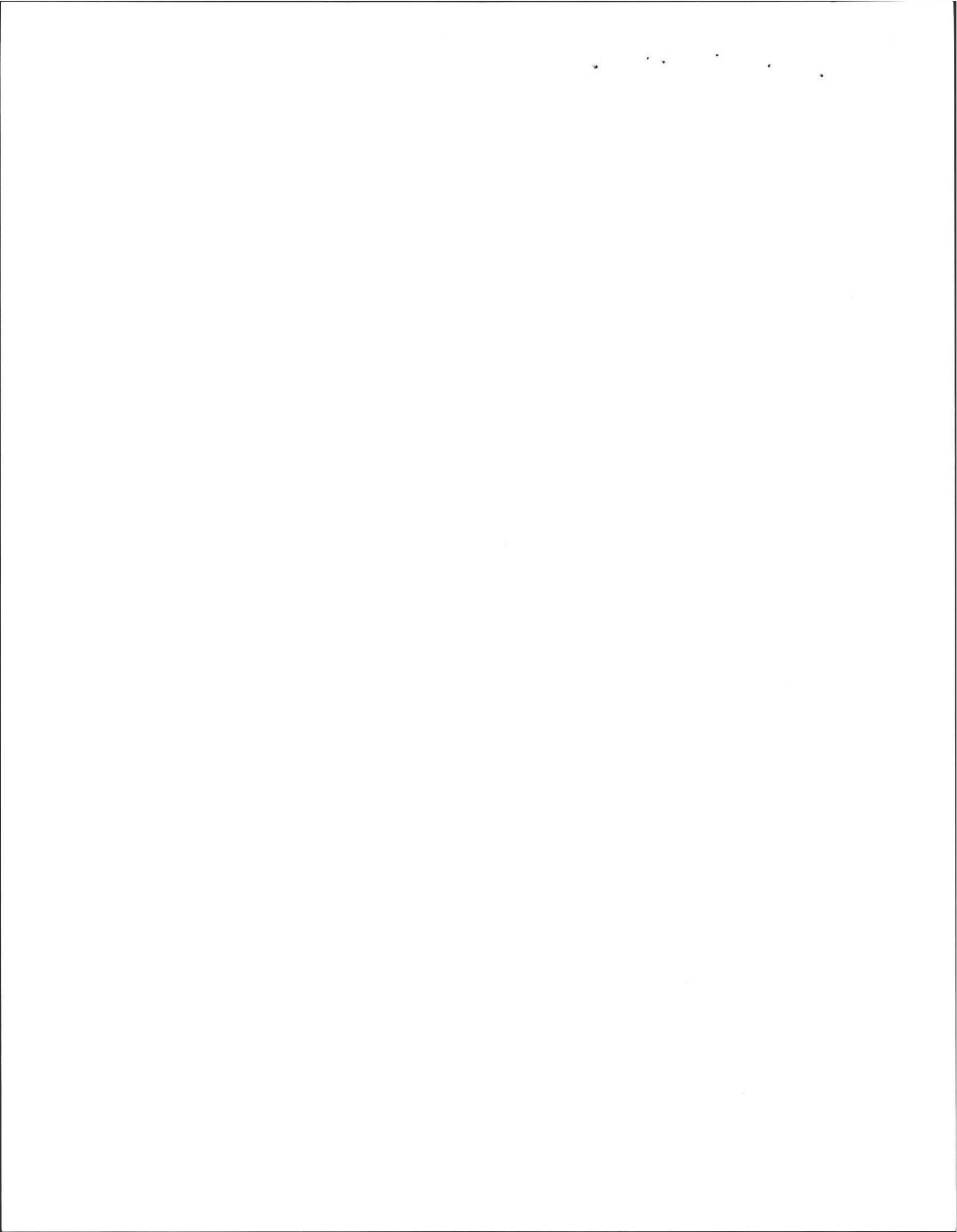
Wetlands Conservancy Program Map (map-unit) _____

Current Water Resource Conditions (USGS): Month

Range: Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 389 - 391 STATE ST

Amherst MA

Deep Hole Number TP-1 Date: 4/13/10 Time: 9:00 Weather: sunny cool

Location (Identify on site plan) and Use Residential Lawn Slope (%) 2 Surface Stones: some nodal Vegetation LAWN Landform TRAP ROCK

Position on landscape (sketch on the back)

Distances from:
 Open Water Body 150 feet
 Possible Wet Area 50 feet
 Drinking Water Well public H2O feet

DEEP OBSERVATION HOLE LOG

Depth from Surface (feet)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-6	A	loamy sand	5/2	10YR 4-2	MASSIVE
6-10	Bw	loamy sand	5/2	10YR 5-6	20% FRACTURED ROCK
10-44	C1	loam	5/2	10YR 5-4	cobbles stone
44	R ₁	Rock	Fractured	38"	

MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA
 Parent Material (geologic): CUTWASH T. T Depth to Bedrock: 44"
 Depth to Groundwater: dry Standing Water in the Hole: dry Weeping from Pit Foot: dry
 Estimated Seasonal High Ground Water: 38"



DET APPROVED FORM - 12/19/05

Location Address or Lot No. 389 - 391

On-site Review

Deep Hole Number TP-2 Date: 4/13/10 Time: 9:00 Weather: sunny cool

Location (Identify on site plan) and Use Residential Lawn Slope (%) 1 Surface Stones: some nodal Vegetation LAWN Landform TRAP ROCK

Position on landscape (sketch on the back)

Distances from:
 Open Water Body 100 feet
 Possible Wet Area 10 feet
 Drinking Water Well dry feet

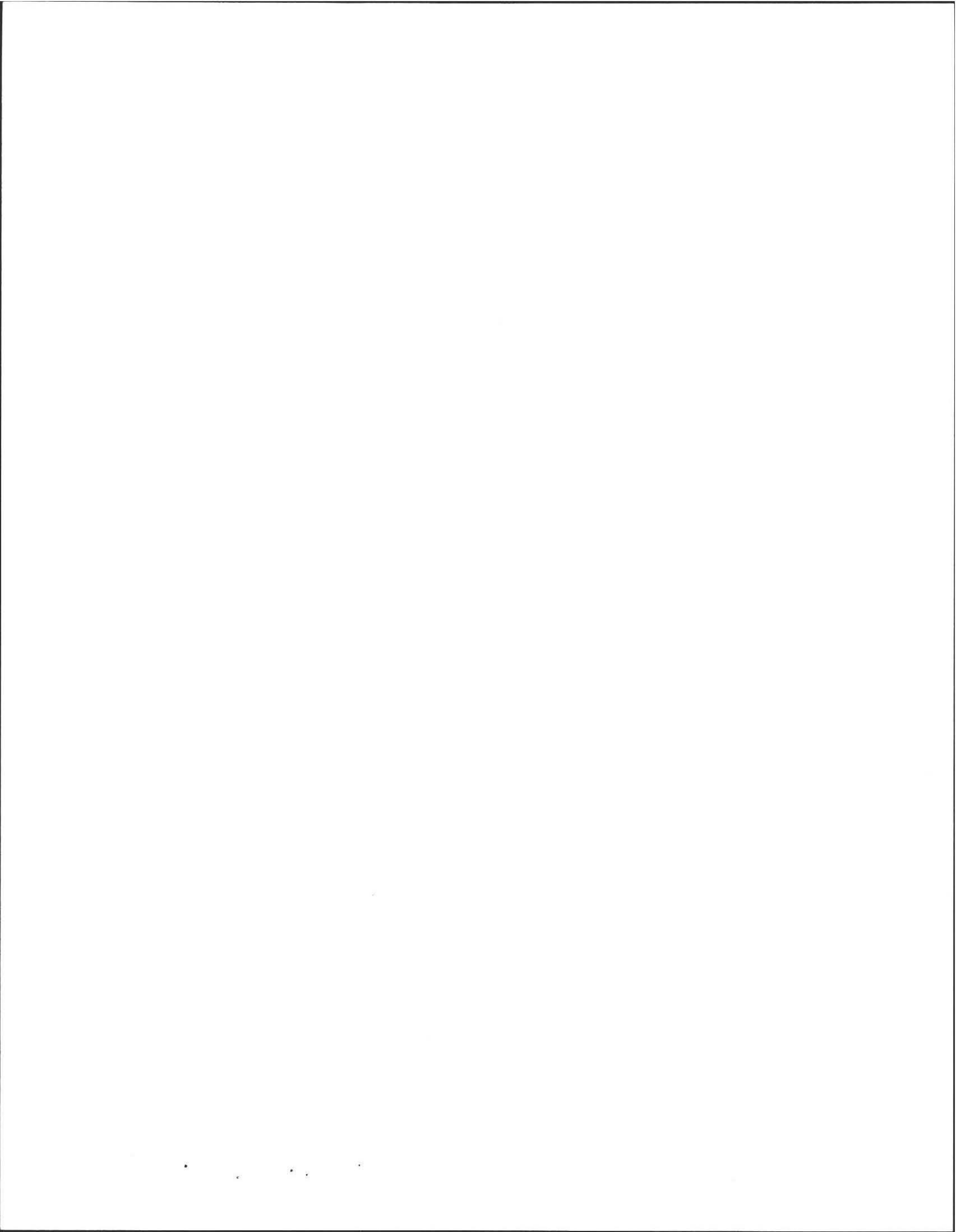
DEER OBSERVATION HOLE LOG

Depth from Surface (feet)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-10	AP	s/c	10YR 4-2	10YR 5-6	MASSIVE
10-14	Bw	s/c	10YR 5-4	10YR 5-4	38% FRACTURED ROCK
14-46	C	s/c	10YR 5-4	10YR 5-4	cobbles stone
46	R ₁	Rock	Fractured		

MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA
 Parent Material (geologic): dry Depth to Bedrock: dry
 Depth to Groundwater: dry Standing Water in the Hole: dry Weeping from Pit Foot: dry
 Estimated Seasonal High Ground Water: 38"



DET APPROVED FORM - 12/19/05



FORM 12 - PERCOLATION TEST

Location Address or Lot No.

389-391 STATE ST
AMHERST MASS

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	4/13/10	Time: 900
Observation Hole #	TP1-2	TP1-2.
Depth of Perc	36	32
Start Pre-soak	15 MIN	
End Pre-soak	920 935	925-940
Time at 12"	935	940
Time at 9"	25/3 - 8.33 10:00	
Time at 6"	29/3 10 29	WAIVED BY BOH
Time (9"-6")	29/3 = 9.66	Very Limited
Rate Min./Inch	10.0 MIN/IN	AREA.

CLASS II SOIL 48" separation per 310CMR 15.212

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

REQUEST VARIANCE TO 36"

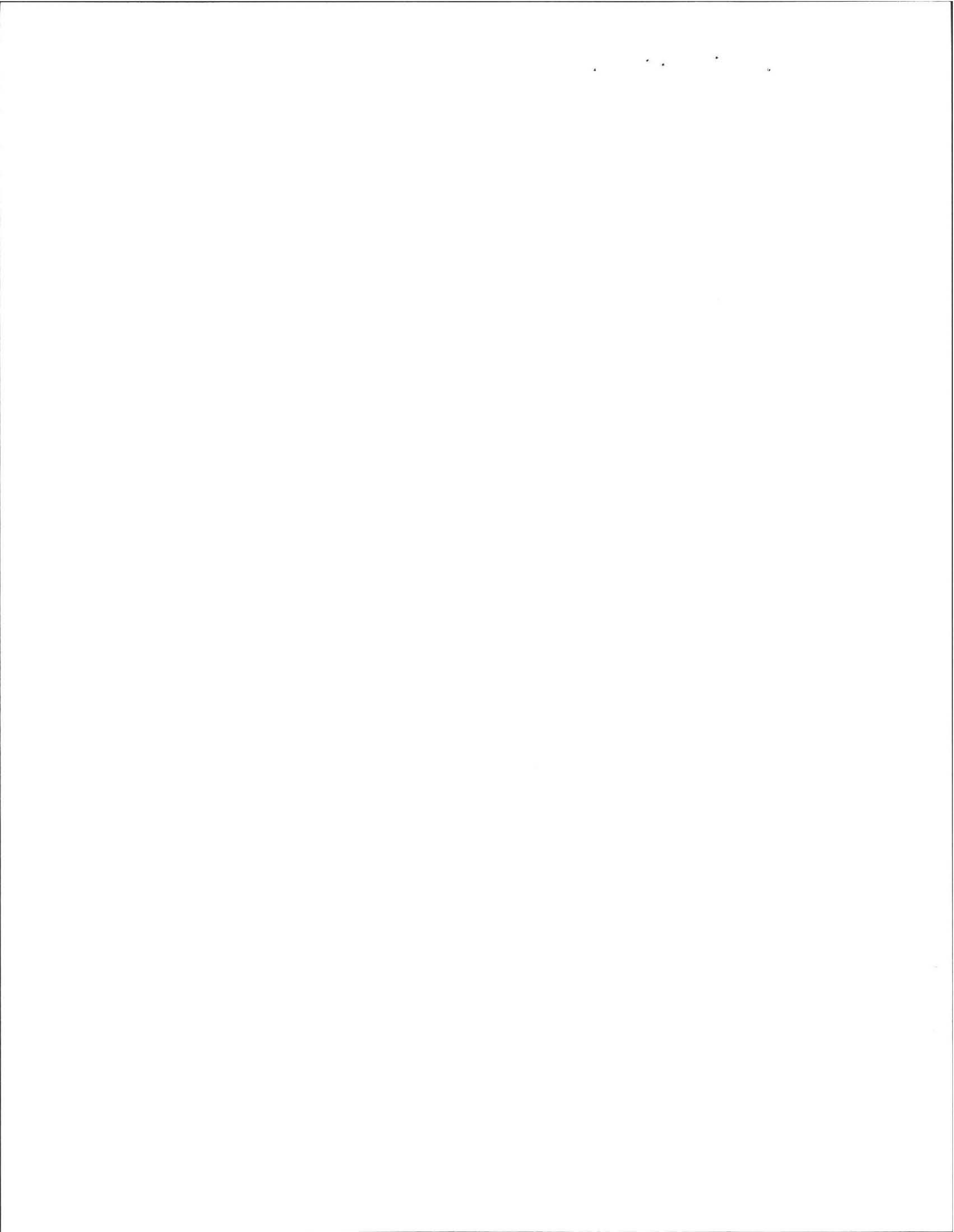
Site Passed Site Failed

Performed By: WILLIAM J. SIEKUTA PE EVAL

Witnessed By: GARY COURTENMANCHE BOH AGENT

Comments:





Percolation Test

Test No. _____
 Reading _____ Time _____
 Saturation (15 min) _____

Test No. _____
 Reading _____ Time _____
 Saturation (15 min) _____

Perc Rate _____ Min/inch
 Ground Elev. _____
 Depth of Hole _____

Perc. Rate _____ Min/inch
 Ground Elev. _____
 Depth of Hole _____

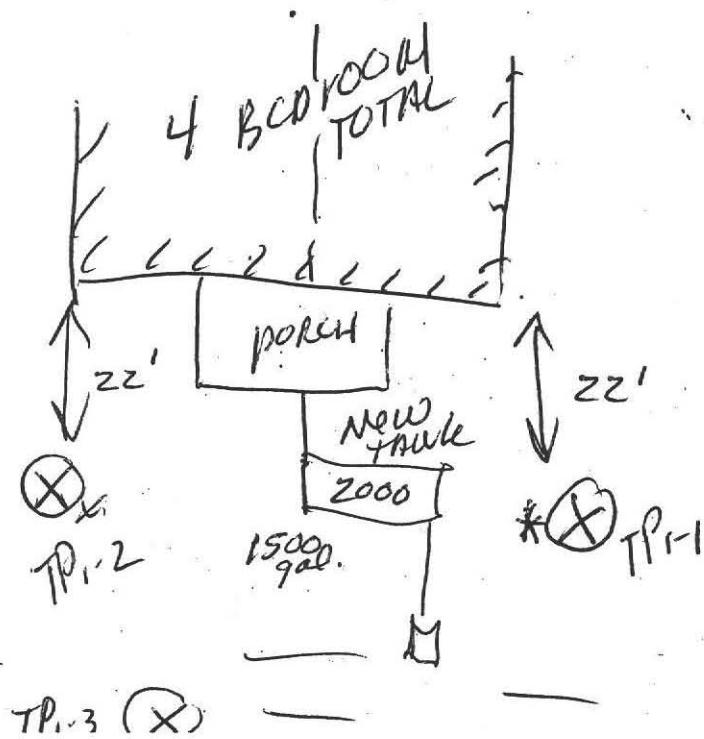
Test Pit TP1-1
 Depth Soil Description
0-6 OTS LOAM
6-10 SILTY SAND SUB SOIL
10-44 GRAVEL FILL WITH
44 FRACTURED ROCK
 Groundwater Depth DRY Elev. _____
 Bedrock Depth _____ Elev. _____
 Ground Elev. _____ FINISH 38"

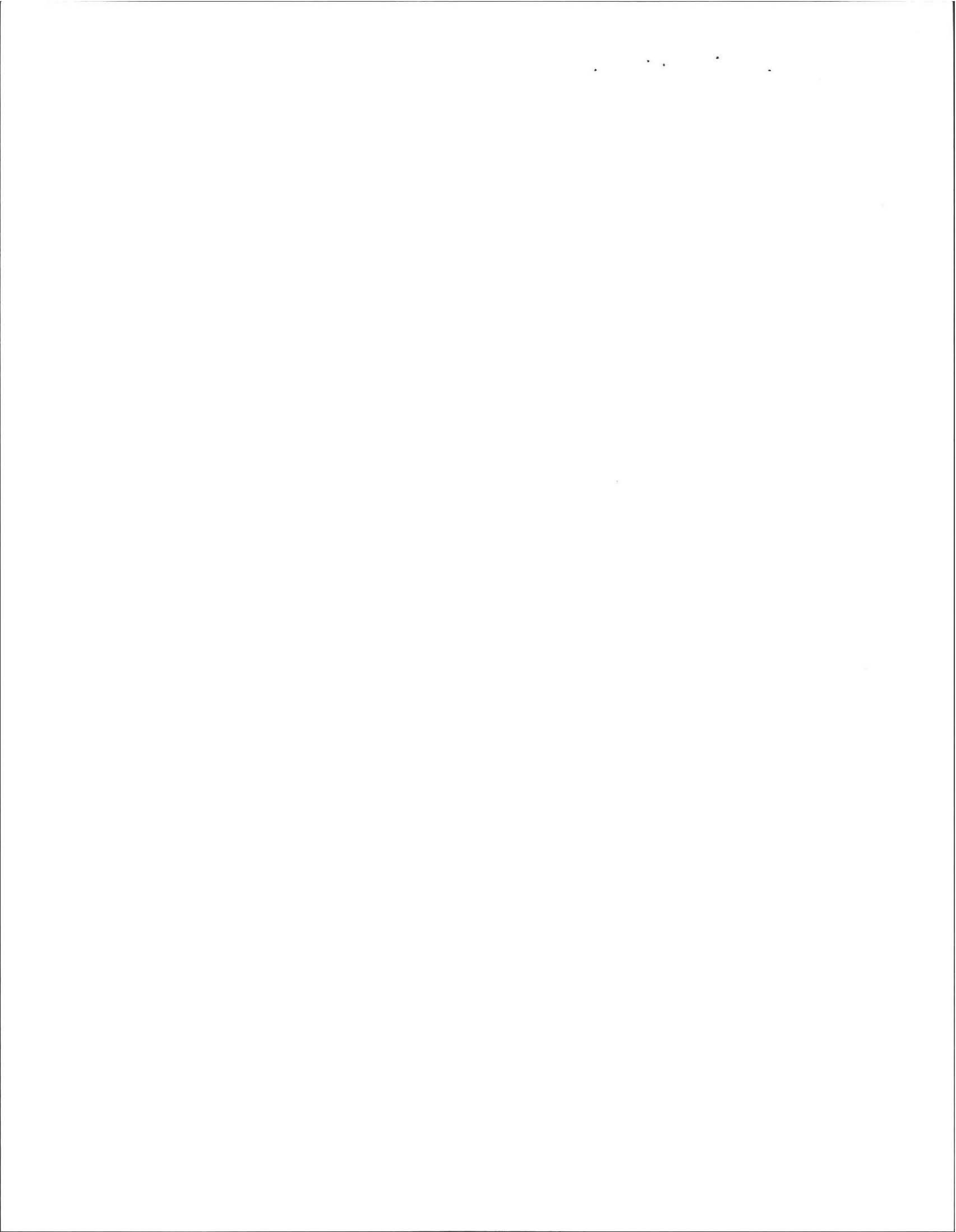
Deep Test Pit/s TP1-2
 Test Pit
 Depth Soil Description
0-6 OTS LOAM
6-14 SILTY SAND SUB
14-46 GRAVEL FILL WITH SLOW
46 FRACTURED ROCK
 Groundwater Depth _____ Elev. _____
 Bedrock Depth _____ Elev. _____
 Ground Elev. _____

S.C.S. Soil Description TTC Seasonal High Water Table? AS NOTED
 Bench Mark: Elev. _____ Description _____

COMMENTS:

Date: 4/13/10
 Client: BARRY ROBERTS
PO BOX 678
AMHERST MASS
 Engineer: WJ SIERUWA DR
 Witness: GARY COURTEMARCHE
 Location of Perc: 389 391 STATE ST
AMHERST MASS





Location Address or Lot No. 389-391 STATE ST
Amherst, MASS

Determination for Seasonal High Water Table

Method Used:

<input checked="" type="checkbox"/>	Depth observed standing in observation hole	inches	TP1-1 DRY	TP1-2 DRY
<input checked="" type="checkbox"/>	Depth weeping from side of observation hole	inches	DRY	DRY
<input checked="" type="checkbox"/>	Depth to soil mottles	inches		
<input type="checkbox"/>	Ground water adjustment	feet	MOTTLING 38"	38"

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? NO

If not, what is the depth of naturally occurring pervious material? 38" ~~40~~ "40"

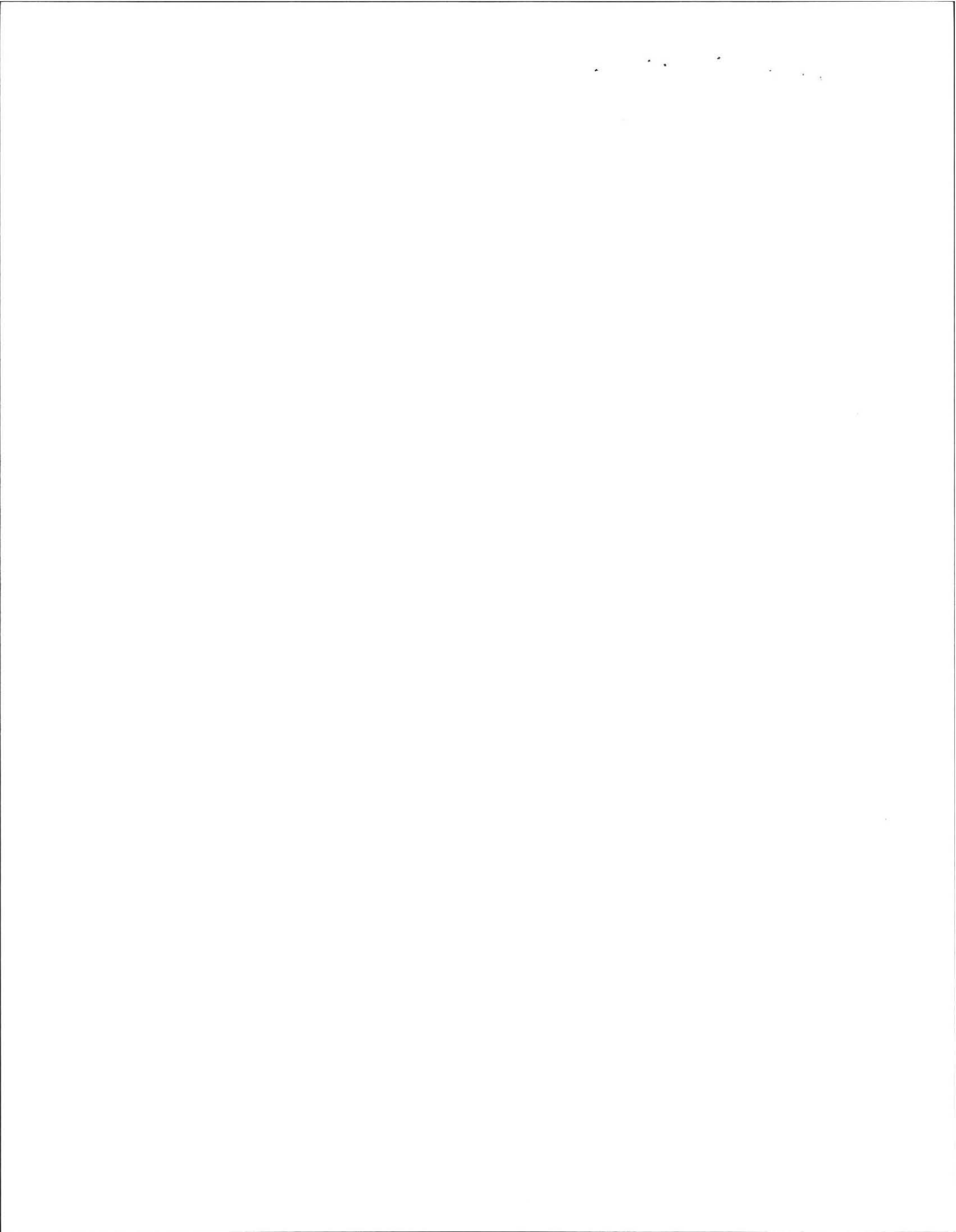
BW + C₁
FRACTURED
ROCK BELOW

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 [Signature] Date 4/13/10





Plan of

8,070[±] of Land and Dwelling

State Street, Cushman, Amherst, Mass.,

Surveyed June 1960 by Tracy Black

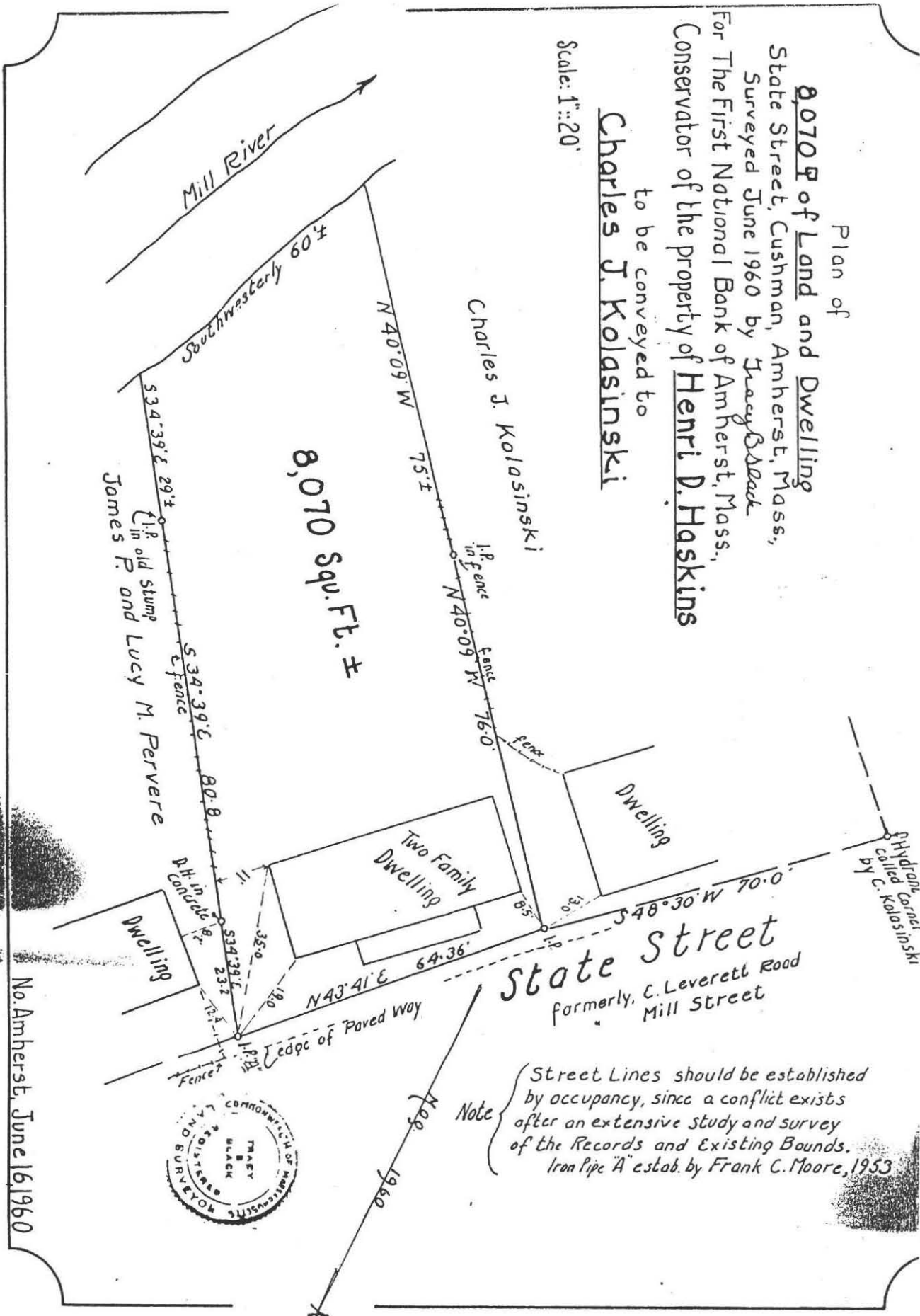
For The First National Bank of Amherst, Mass.,

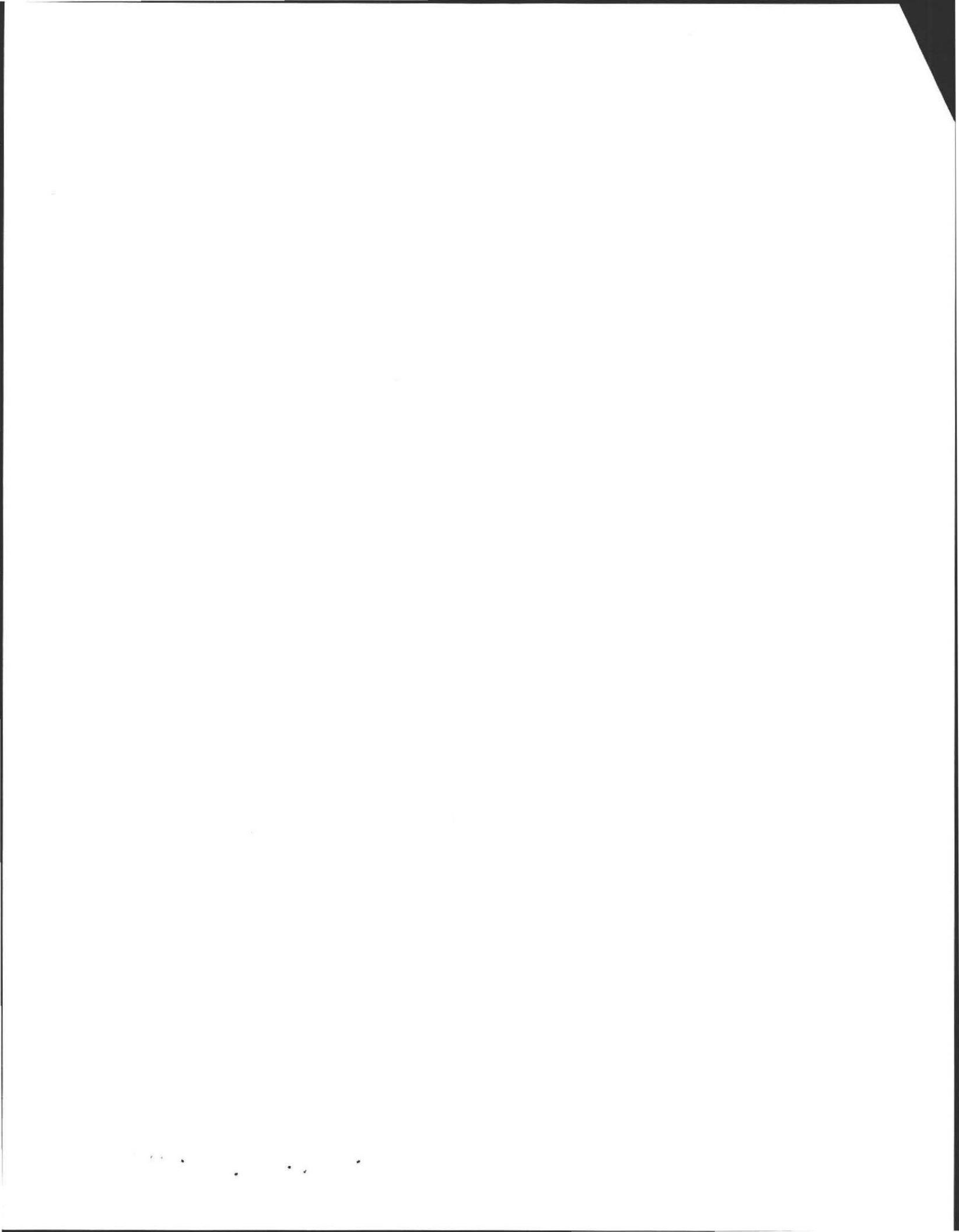
Conservator of the property of Henri D. Haskins

to be conveyed to

Charles J. Kolasinski

Scale: 1"::20'



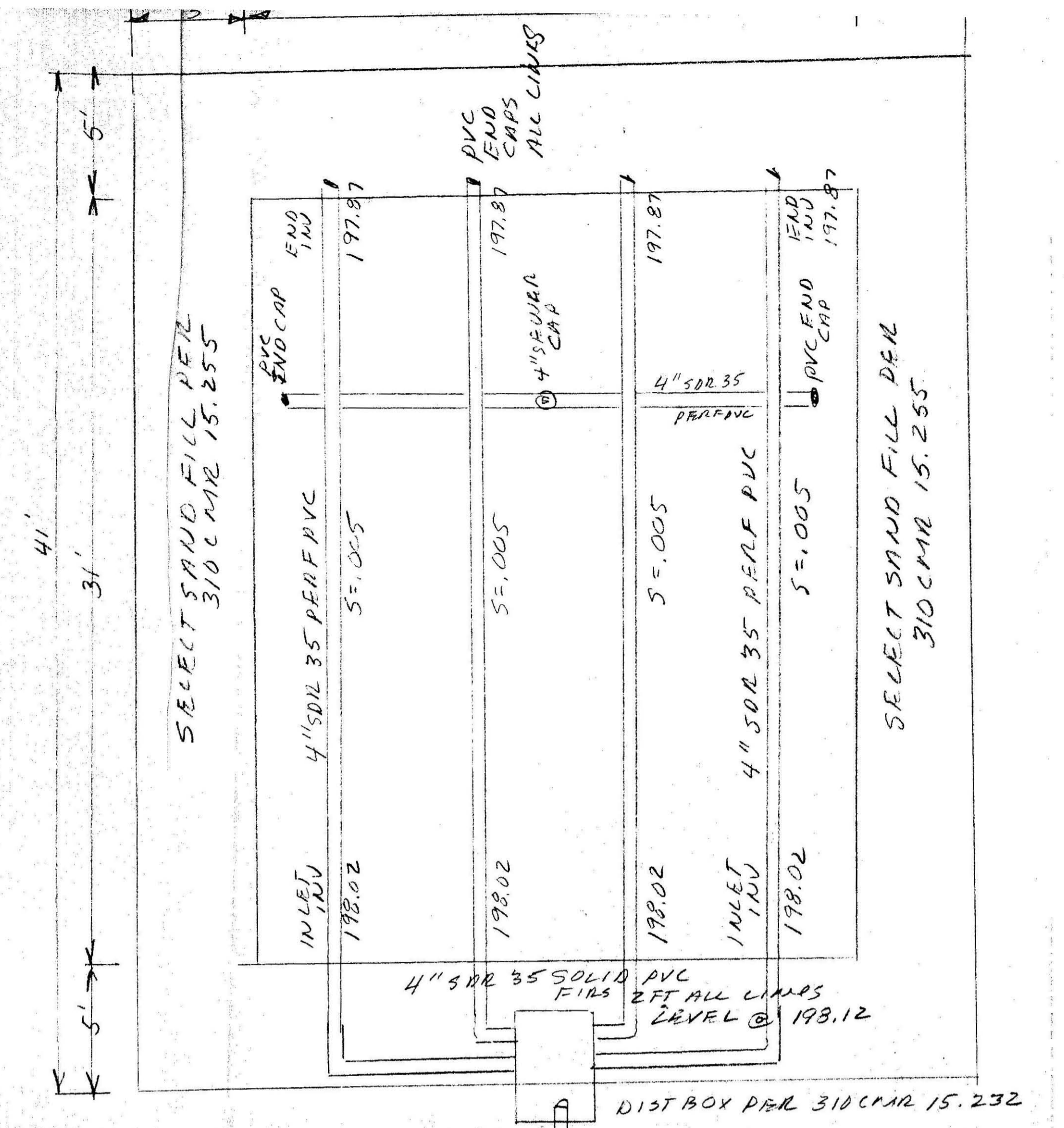
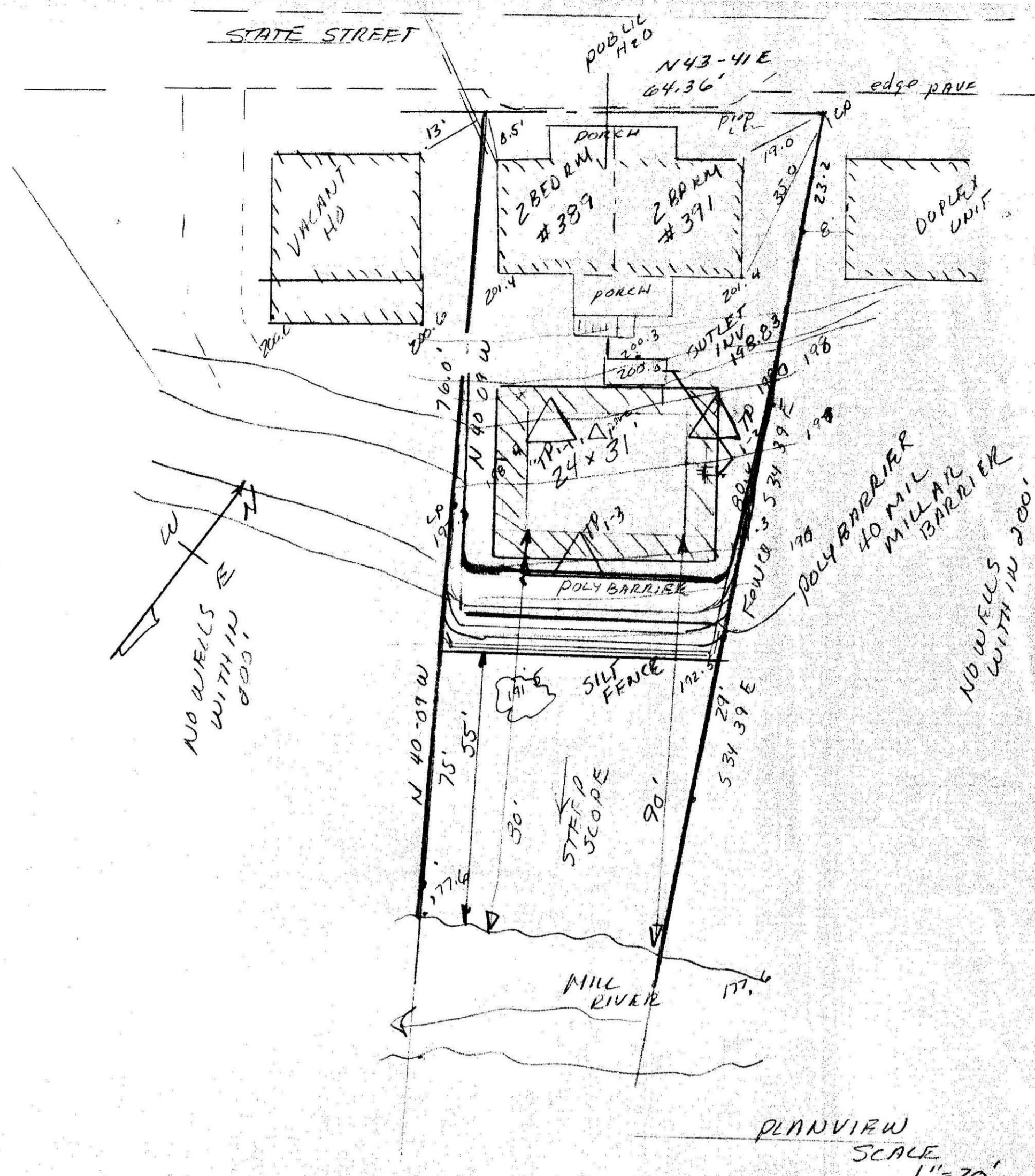


PERCOLATION TEST INFORMATION

TEST PIT TPI-1			TEST PIT TPI-2		
6	OTS LOAM TOP SOIL	0-6	6	OTS LOAM TOP SOIL	0-6
4	SILTY SAND SUB SOIL	6-10	8	SILTY SAND SUB SOIL	6-14
34	GRAVEL TILL WITH FRACTURED STONE	10-44	32	GRAVEL TILL WITH FRACTURED ROCK	14-46
-	R FRACTURED LEADGE	44	-	R FRACTURED ROCK	46
DRY NO WEEPING MOTTLING 104R5-8 38" EHW 38"			DRY NO WEEPING MOTTLING 104R5-8 @ 38" EHW 38"		

DATE: APRIL 13 2010
 ENGR: W.J. SIERUTA PE/EVAL
 WITNESS: GARY COURTEMACHE BOH

PERMEABILITY TEST
 PERCI @ TPI-1
 DEPTH 36"
 ACTUAL RATE 9.66 MIN/INCH
 DESIGN RATE 10.0 MIN/INCH
 CLASS II SOIL
 48" SEPARATION REQD PER 310 CMR 15.212



DESIGN INFORMATION
 ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15.0 TITLES AND ALL LOCAL BOARD OF HEALTH REGULATIONS
 FINISH GRADING TO BE AS SHOWN ON PLANVIEW
 ALL DISTURBED AREAS TO BE LOANED AND SEEDED

DESIGN CRITERIA
 USE: EXISTING RESIDENTIAL HOME
 DUPLEX UNIT 2 - 2 BEDROOM UNITS
 4 BEDROOM TOTAL NO DISPOSAL UNIT
 WALK OUT BMT TO REAR

DESIGN FLOW: 310 CMR 15.203
 REQD 110 GALS/BEDROOM x 4 = 440 GALS
 NO DISPOSAL UNITS

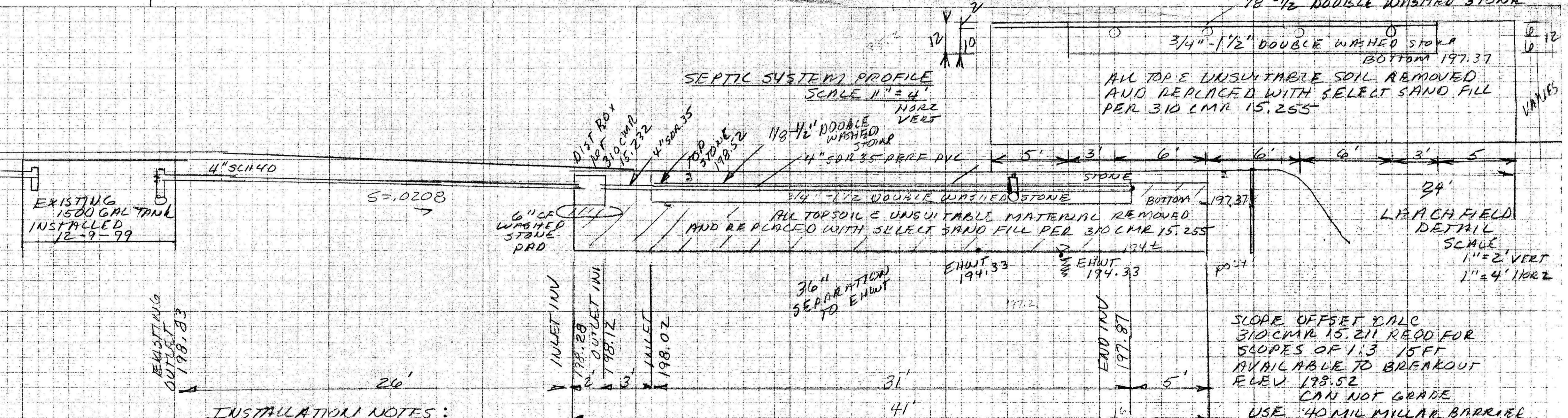
SEPTIC TANK: 310 CMR 15.223
 REQD 440 GALS/DAY x 200% = 880 GALS
 NEW 1500 GAL TANK INSTALLED 12-9-99
 USE EXISTING TANK

LEACH SYSTEM: DUE TO SOIL CONDITIONS A LEACH FIELD DESIGN IS TO BE USED PER 310 CMR 15.252

EFFECTIVE DEPTH 6" MIN
 EFFECTIVE WIDTH 24"
 EFFECTIVE LENGTH 31'

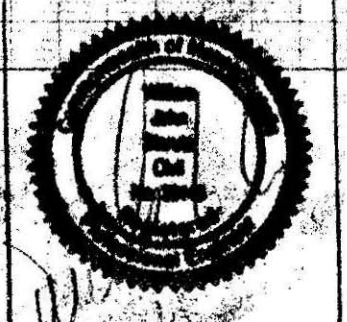
BOTTOM AREA 24' x 31' = 744 FT²
 TOTAL PERMEABILITY 744 FT² x .6 = 446 GALS/DAY
 TBM SET AT TOP OF EXISTING TANK NOT TO BE REPLACED ELEV 200.00

PERMEABILITY 310 CMR 15.242
 PERCOLATION RATE ACTUAL 9.66 MIN/INCH
 DESIGN RATE 10.0 MIN/INCH
 CLASS II SOIL BOTTOM SIDEWALL AREAS .60 GALS/FT²
 48" SEPARATION REQD PER 310 CMR 15.212



- INSTALLATION NOTES:**
- SEPTIC TANK TO BE PUMPED & CLEANED. INLET AND OUTLET TESTS TO BE INSPECTED
 - ALL STONE TO BE DOUBLE WASHED STONE FREE OF ALL SILT AND FINES.
 - DIST. BOX TO BE SET ON A 6" DEEP PAD OF WASHED STONE
 - ALL UNSATISFACTORY TOP SOIL & MATERIAL TO BE EXCAVATED 5 FT IN ALL DIRECTIONS OF LEACH FIELD AND REPLACED WITH SELECT SAND FILL
 - AN INSPECTION PORT TO BE INSTALLED IN LEACH FIELD AS SHOWN ON DETAIL
 - ALL COMPONENTS OF SYSTEM TO BE MARKED WITH METALLIC MARKING TAPE.
 - 40 MIL MILLAR POLYBARRIER TO BE INSTALLED TO PROVIDE BREAK OUT PROTECTION.
 - CONSERVATION COMMISSION APPROVAL TO BE OBTAINED PRIOR TO ANY WORK BEING STARTED
 - A VARIANCE LOCAL UPGRADE APPROVAL FOR SEPARATION REDUCTION FROM 48" TO 36" NEEDS TO BE OBTAINED

SEPTIC SYSTEM DESIGN FOR
 BARRY ROBERTS
 389-391 STATE ST
 AMHERST, MASS
 ENGR: W.J. SIERUTA PE
 DATE: APRIL 15 2010



PERCOLATION TEST INFORMATION

TEST PIT TPI-1		TEST PIT TPI-2	
0-6	AP 104R 4-2 SANDY LOAM	0-6	AP 104R 4-2 SANDY LOAM
6-10	BW 104R 5-4 SILTY SAND SUB SOIL	6-14	BW 104R 5-4 SANDY LOAM
10-44	C1 104R 5-4 GRAVEL TILL WITH FRACTURED STONE SANDY LOAM 20% STONE	14-40	C1 104R 5-4 GRAVEL TILL WITH FRACTURED ROCK SANDY LOAM 20% STONE
44	R1 FLATTOED ROCK	46	R1 ROCK FRACTURED ROCK

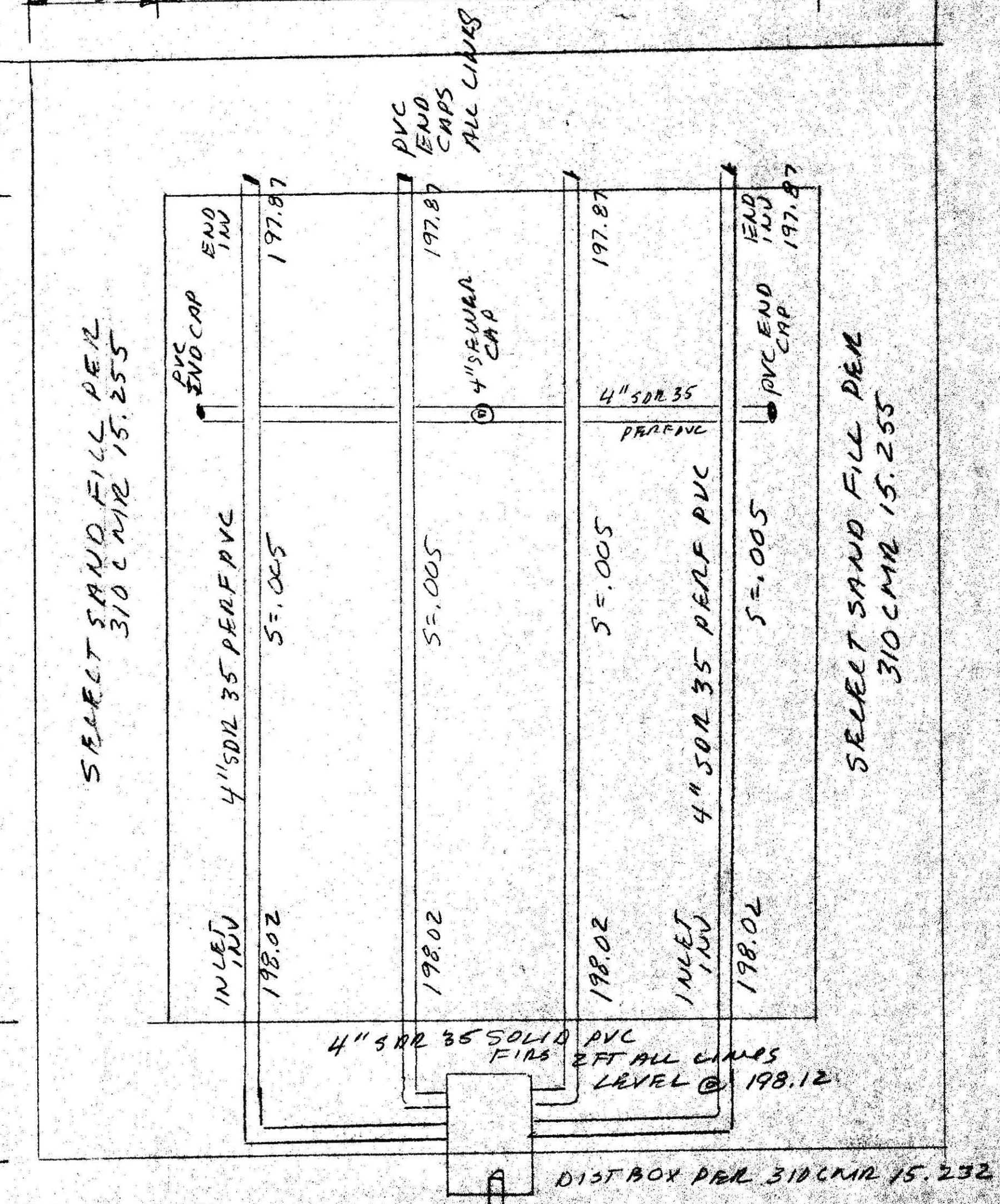
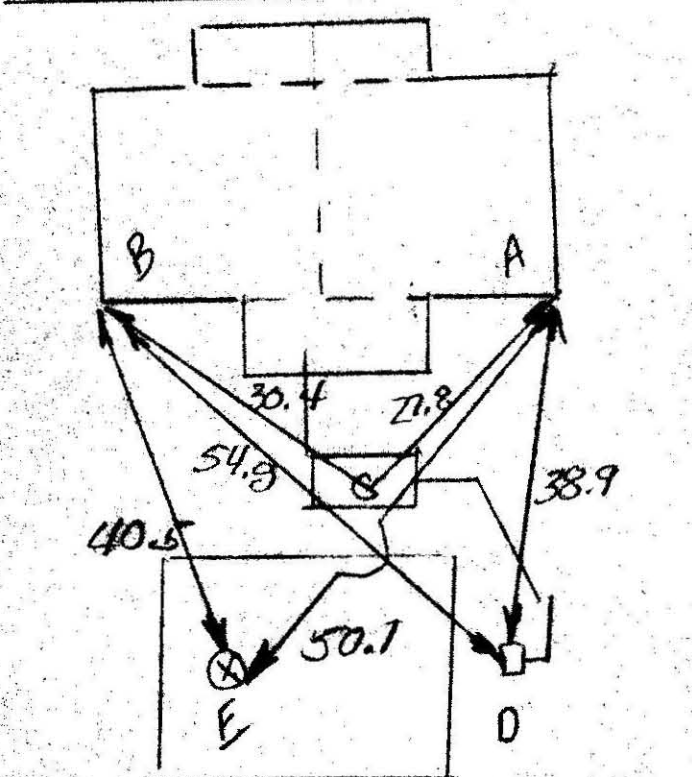
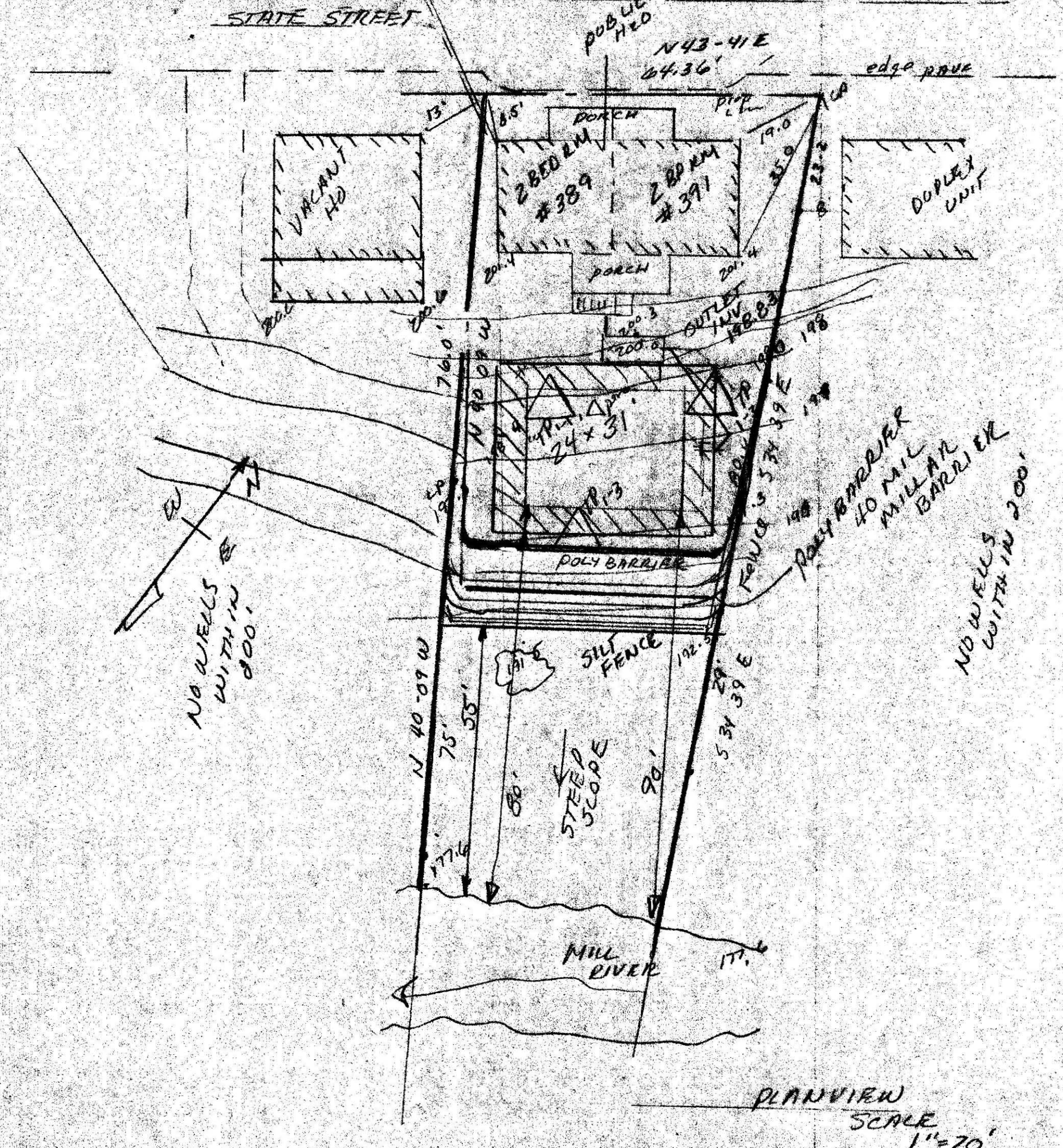
DRY NO WEEPING
MOTTLING 104R5-8
EHWT 38"

DRY NO WEEPING
MOTTLING 104R5-8
EHWT 38"

DATE: APRIL 13 2010
ENGR: W.J. SIERUTA P.E.
WITNESS: GARY COURTEMANCHE BOH

PERMEABILITY TEST
PERCI @ TPI-1
DEPTH 36"
ACTUAL RATE 9.66 MIN/INCH
DESIGN RATE 10.0 MIN/INCH
CLASS II SOIL
48" SEPARATION REQD PER 310 CMR 15.212

PERCI @ TPI-2
DEPTH 36"
ACTUAL RATE 9.66 MIN/INCH
DESIGN RATE 10.0 MIN/INCH
CLASS II SOIL
48" SEPARATION REQD PER 310 CMR 15.212



DESIGN INFORMATION
ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310 CMR 15.0 TILES AND ALL LOCAL BOARD OF HEALTH REGULATIONS

FINISH GRADING TO BE AS SHOWN ON PLANVIEW
ALL DISTURBED AREAS TO BE LOAMED AND SEED

DESIGN CRITERIA

USE: EXISTING RESIDENTIAL HOME
DURLEY UNIT 2-BEDROOM UNITS
4 BEDROOM TOTAL NO DISPOSAL UNIT
WALK OUT BAIT TO REAR

DESIGN FLOW: 310 CMR 15.203
REQD 110 GALS (BEDROOM) x 4 = 440 GALS
NO DISPOSAL UNITS

SEPTIC TANK: 310 CMR 15.223
REQD 440 GALS @ 200% = 880 GALS
NEW 1500 GAC TANK INSTALLED 12-9-99
USE EXISTING TANK

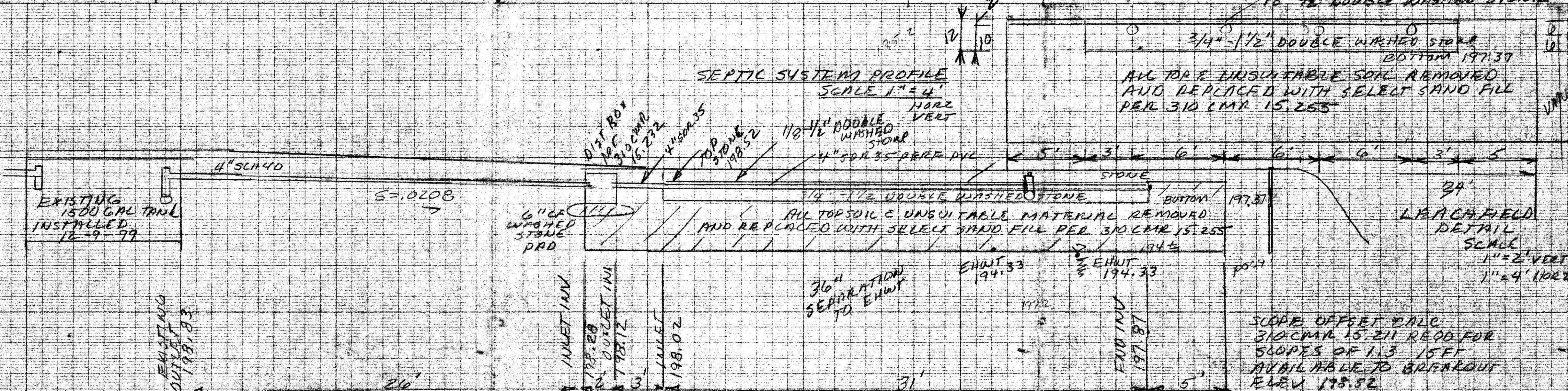
LEACH SYSTEM: DUE TO SOIL CONDITIONS A LEACH FIELD DESIGN IS TO BE USED PER 310 CMR 15.252

EFFECTIVE DEPTH 6" MIN
EFFECTIVE WIDTH 24"
EFFECTIVE LENGTH 31'

BOTTOM AREA
24' x 31' = 744 FT²
TOTAL PERMEABILITY
744 FT² x .6 = 446 GALS DRY

TBM SET AT TOP OF EXISTING TANK
NOT TO BE REPLACED
ELEV 200.00

PERMEABILITY
310 CMR 15.242
PERCOLATION RATE
ACTUAL 9.66 MIN/INCH
DESIGN RATE 10.0 MIN/INCH
CLASS II SOIL
BOTTOM & SIDEWALL AREAS
160 GALS/FT²
48" SEPARATION REQD PER 310 CMR 15.212



- INSTALLATION NOTES:**
1. SEPTIC TANK TO BE RUMMED & CLEANED. INLET AND OUTLET TIES TO BE INSPECTED
 2. ALL STONE TO BE DOUBLE WASHED STONE PVC OF ALL OIL AND FINE
 3. DIST. BOX TO BE SET ON A 6" DEEP PAD OF WASHED STONE
 4. ALL UNSATISFACTORY TOP SOIL & MATERIAL TO BE EXCAVATED 5 FT IN ALL DIRECTIONS OF LEACH FIELD AND REPLACED WITH SELECT SAND FILL
 5. AN INSPECTION PORT TO BE INSTALLED IN LEACH FIELD AS SHOWN ON DETAIL
 6. ALL COMPONENTS OF SYSTEM TO BE MARKED WITH METALLIC MARKING TAPE
 7. 40 MIL MILLAR POLYBARRIER TO BE INSTALL TO PROVIDE BREAKOUT PROTECTION.
 8. CONSERVATION COMMISSION APPROVAL TO BE OBTAINED PRIOR TO ANY WORK BEING STARTED
 9. A VARIANCE LOCAL UPGRADE APPROVAL FOR SEPARATION REDUCTION FROM 48" TO 36" NEEDS TO BE OBTAINED

SELECT SAND FILL REQD ESTIMATE
1.2 x 41 x 34 x 4 = 247 cu yds
27

SEPTIC SYSTEM DESIGN FOR
BARRY ROBERTS
389-391 STATE ST
AMHERST, MASS
ENGR: W.J. SIERUTA P.E.
DATE: APRIL 15 2010