Swallow Farms Road (Sou. East St)

Dave N

253-9602

FORM 1-APPLICATION FOR DSCP

No 98-19 Fee 60 00 Plan only

Commonwealth of Massachusetts

AMHERST, Massachusetts

Application for Disposal System Construction Permit

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

Location Address or Lot No.	Owner's Name, Address and Tel. #
SWALLOW FARMS ROAD LOT 2	MIKE WILCOX 23 COUNTRY CORNERS RD. AMHERST, MA
Installer's Name, Address, and Tel. #	**Designer's Name, Address and Tel. #**
	MacLeay Associates, Inc. 102 Bridge Street Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling No. of Bedrooms FOUR Garbage Grinder : NO

Other Type of Building _____ No. of Persons _____ Showers__ Cafeteria_____
Other Fixtures _____

Design Flow 440 gallons per day. Calculated daily flow 550 gallons
Plan Date 7/30/98 Number of Sheets ONE Revision Date NONE
Title SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR ALI MOSHIRI, SWALLOW FARMS ROAD, LOT 2

Description of Soil SANDY LOAM/FINE SAND SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS, SEASONAL HIGH GROUNDWATER AT 120" PERC RATE 2 MIN./INCH, . WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable)INSTALL 1500 GALLON SEPTIC TANK., AND LEACHING TRENCHES.

Date last inspected: _____

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signed Michael F. Wilcox Date 8/4/98

Application Approved by David Zarozinski Date 8-19-98

Application Disapproved for the following reasons_____

Permit No. 98-19 Date Issued 8-18-98

FORM 1-APPLICATION FOR DSCP

No_____ Fee _____

Commonwealth of Massachusetts

AMHERST, Massachusetts

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Signed _____ Date _____.

Application Approved by _____ Date _____.

Application Disapproved for the following reasons_____

Permit No. _____ Date Issued _____.

Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed (X) or repaired/replaced ( ) on _____by _____for **MIKE WILCOX** _____at **SWALLOW FARMS ROAD** _____

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No._____dated _____ Use of this system is conditioned on compliance with the provisions set forth below:

_____

_____

_____

_____

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. The Certificate expires on

_____

Date _____ Inspector_____

Commonwealth of Massachusetts

AMHERST, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed (X) or repaired/replaced ( ) on _____by _____for **MIKE WILCOX** at **SWALLOW FARMS ROAD**

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No._____dated _____ Use of this system is conditioned on compliance with the provisions set forth below:

_____

_____

_____

_____

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. The Certificate expires on

_____

Date _____ Inspector_____

Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. _____

Permission is hereby granted to **MIKE WILCOX** to construct (X) or repair ( ) an On-site Sewage System located at

SWALLOW FARMS ROAD

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions.

All construction must be completed within two years of the date below.

Date _____

Approved by _____

Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

No. _____

Permission is hereby granted to **MIKE WILCOX** to construct (X) or repair ( ) an On-site Sewage System located at

SWALLOW FARMS ROAD

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions.

All construction must be completed within two years of the date below.

Date _____

Approved by _____

5/21/98

#1	A	Loamy Sand	10YR 4/4	Friable Single grain
0-10"	Bw	Loamy Sand	7.5YR 5/8	No Stones
10-18"	C_1	Fine Sand	10YR 5/4	
18-10'	C_2	Fine Sand	2.5YR 4/3	

9	A	Loamy Sand	10YR 4/4		Friable Single grain No Stones
22	Bw	Loamy Sand	7.5YR 5/8		
96	C_1	Fine Sand	10YR 5/4	To 96" 10%	Firm 10% SIC
120	C_2	Sand Loam	10YR 5/3	10YR 5/2 5YR 4/6	

Mike Wilcox
Ck #1657 Pd 800.00
5/14/90 For 8 Perks

TOWN OF AMHERST

PERC TEST DATA SHEET

DATE 5/14/90 LOCATION Southerso Street LOT SIZE LOT #2

OWNER Mike Wilcox ADDRESS 23 Country Corners Rd TELE # 253-9602

P.E./RS Doug MacLeay FIRM Same OBSERVED BY David Zavaglia

BACK HOE OPERATOR Larry Lechner BENCH MARK

PERC DEPTH 52" (D) PRE SOAK TIME _____ PERC DEPTH 29" (E) PRE SOAK TIME _____

TEST _____ _____

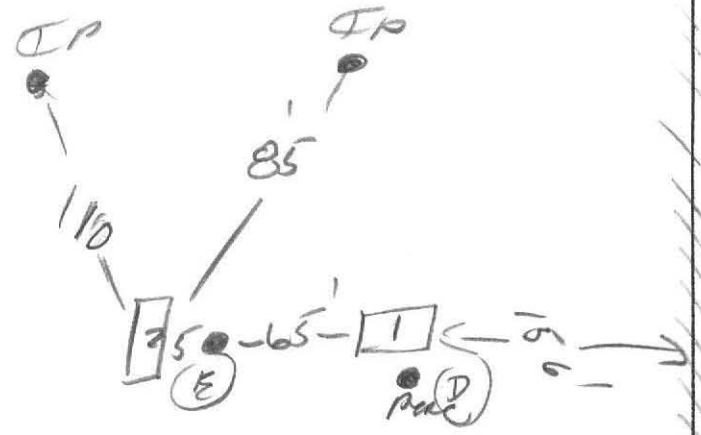
CAN'T HOLD CAN'T HOLD

RATE (2) RATE (2)

#1	#2
TOP 10	TOP 9
SUB 24	SUB 18
Med Sand Dry	med sand Dry
144"	150"

TOP	TOP
SUB	SUB

TOP	TOP
SUB	SUB



RECEIVED JUN 2 4 1998

FORM 11 - SOIL EVALUATOR FORM

OWNER'S NAME: _____

LOCATION ADDRESS: _____ LOT # 2

JOB NUMBER: 90-063 DATE: 5/21/98

COMMONWEALTH OF MASSACHUSETTS

_____, Massachusetts

Soil Suitability Assessment for On-Site Sewage Disposal

Performed By: Douglas MacLeay

Witnessed By: David Zarozinski

Location Address or Lot # 2 SWALLOW FARMS ROAD	Owner's Name, Address, and Telephone # Michael Wilcox 23 County Comers Rd Amherst MA 01002

New Construction [X] Repair [ ] Number of Bedrooms ?

Office Review

Published Soil Survey Available: No [ ] Yes [X]

Year Published 1981 Publication Scale: 1"=1320' Soil Map Unit Merrimac

Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No [X] Yes [ ]

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year Flood boundary NO [ ] YES [X]

Within 500 year Flood boundary NO [X] YES [ ]

Within 100 year Flood boundary NO [X] 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 [X] Below Normal [ ]

Other References Reviewed: _____

Mike Wilcox lot 2 Swallow Farms [illegible]

FORM 11 - SOIL EVALUATOR FORM

OWNER'S NAME: _____

LOCATION ADDRESS: _____ LOT # _____

JOB NUMBER: _____

On-Site Review

Deep Hole Number 1 Date: 5/ Time: _____ Weather: _____

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
Possible Wet Area _____ feet
Drinking Water Well _____ feet
Drainage way _____ feet
Property Line _____ feet
Other: _____

DEEP OBSERVATION HOLE LOG

Depth from Surface (inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0"-10"	A	Loamy Sand	10YR4/1	~~[illegible]~~ NONE	FRIABLE SINGLE GRAIN NO STONES
10"-18"	Bw	Loamy Sand	7.5YR5/8		↓
18"-79"	C1	Fine Sand	10YR 5/4		
79"-120"	C2	Fine Sand	2.5Y 6/3		

Parent Material (geologic) Outwash Depth to Bedrock: >120"

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

Estimated Seasonal High Ground Water: >120"

OWNER'S NAME: _____

LOCATION ADDRESS: _____ LOT # _____

JOB NUMBER: _____

On-Site Review

Deep Hole Number 2 Date: _____ Time: _____ Weather: _____

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
Possible Wet Area _____ feet
Drinking Water Well _____ feet
Drainage way _____ feet
Property Line _____ 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"-9"	Ap	LOAMY SAND	10YR 4/4		FRIABLE SINGLE GRAIN NO STONES
9"-22"	Bw	LOAMY SAND	7.5YR 5/8		
22"-96"	C1	FINE SAND	10YR 5/4	@ 96" 10% 10YR 5/2 5YR 4/6	
96"-120"	C2	SANDY LOAM	10YR 5/3		FIRM 10% S, C

Parent Material (geologic) OUTWASH Depth to Bedrock: ≥120"

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

Estimated Seasonal High Ground Water: 96"

FORM 11 - SOIL EVALUATOR FORM

OWNER'S NAME: _____

LOCATION ADDRESS: _____ LOT # 2

JOB NUMBER: _____ DATE: _____

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 2-96" 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

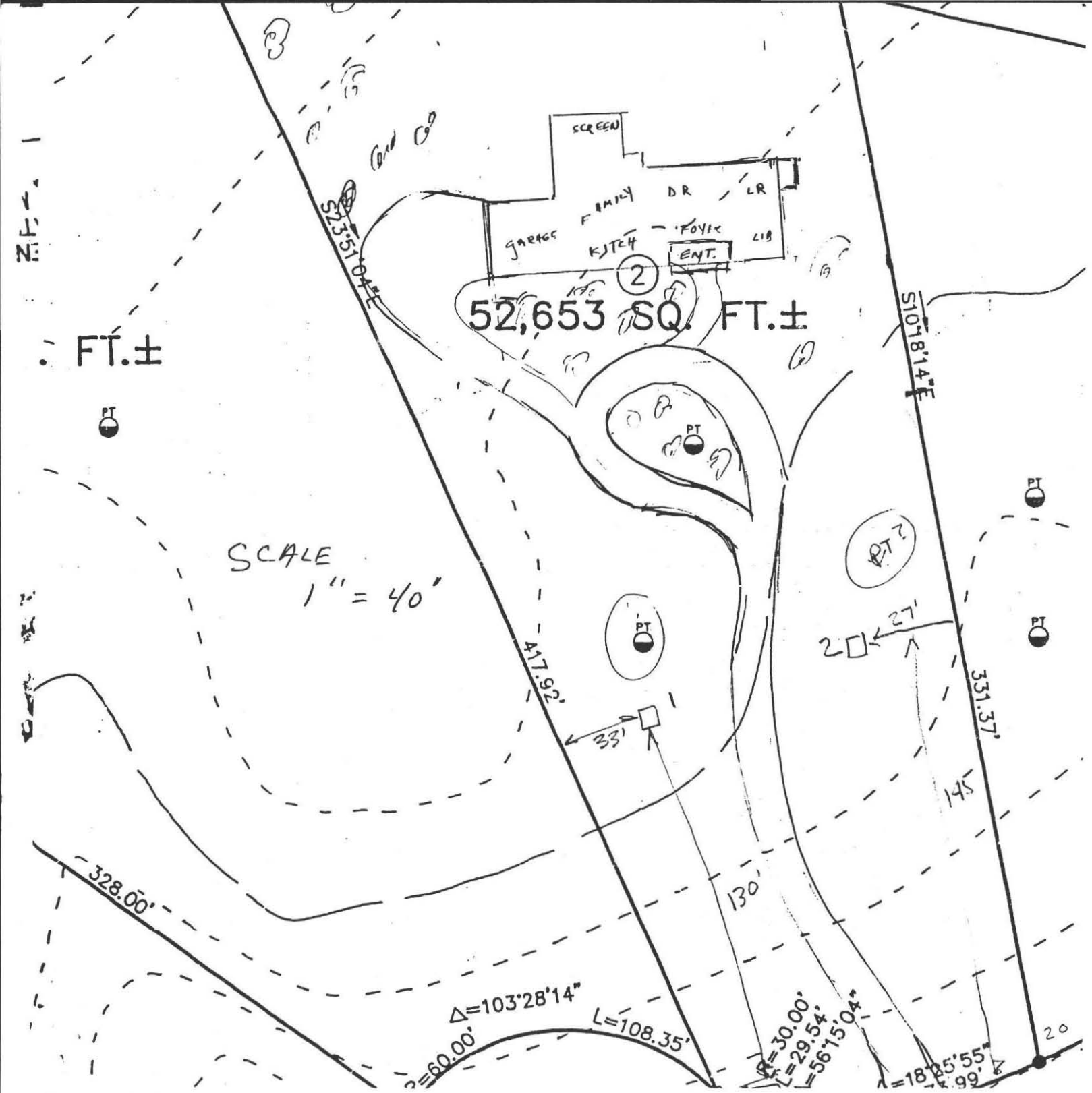
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorbtion system? YES

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

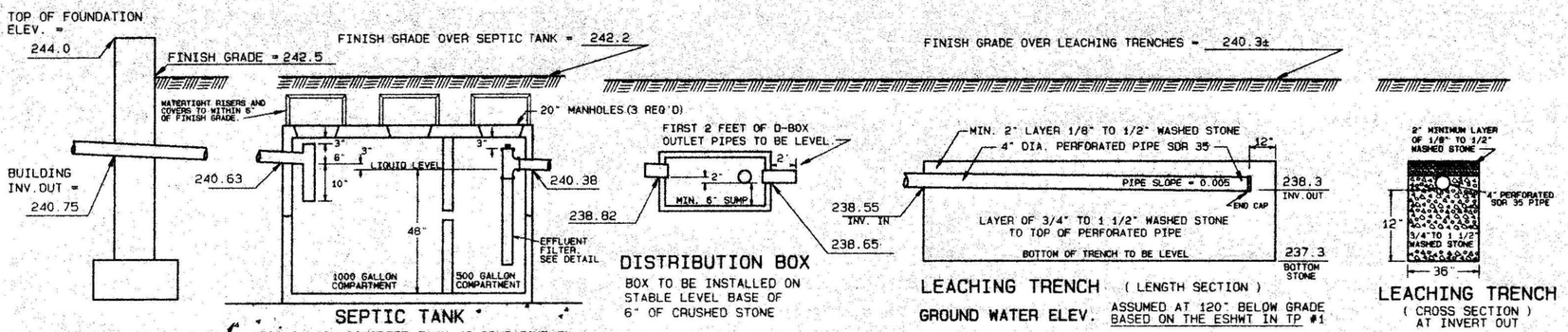
Certification

I certify that on 10/95 (date) I have passed the examination approved by the Department of Environmental Protection and that the above analysis was performed by me cosistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 5/21/98


SCREEN
FAMILY
DR
LR
GARAGE
KITCH
FOYER
LIB
ENT.
2
52,653 SQ. FT.±
FT.±
S23°51'04"E
S10°18'14"E
SCALE
1" = 40'
PT
PT?
417.92'
331.37'
33'
27'
145
130'
328.00'
Δ=103°28'14"
L=108.35'
R=60.00'
R=30.00'
L=29.54'
=56°15'04"
=18°25'55"
20

SANITARY SYSTEM PROFILE (NO SCALE)



SEPTIC TANK

1500 GALLON CONCRETE TANK (2 COMPARTMENT)
LENGTH 10'-8", WIDTH 5'-8", DEPTH 5'-4"
TANK TO BE INSTALLED ON A STABLE LEVEL BASE (6" DEEP CRUSHED STONE)
INLET AND OUTLET TEES LOCATED ON THE CENTERLINE OF THE TANK

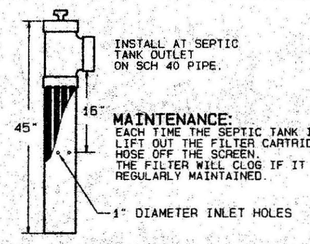
DISTRIBUTION BOX

BOX TO BE INSTALLED ON STABLE LEVEL BASE OF 6" OF CRUSHED STONE

LEACHING TRENCH (LENGTH SECTION)

GROUND WATER ELEV. ASSUMED AT 120" BELOW GRADE BASED ON THE ESHWT IN TP #1

LEACHING TRENCH (CROSS SECTION) AT INVERT OUT



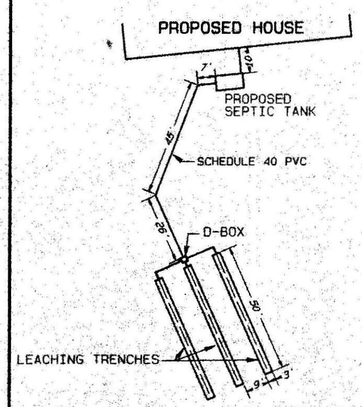
MAINTENANCE:
EACH TIME THE SEPTIC TANK IS PUMPED, LIFT OUT THE FILTER CARTRIDGE AND HOSE OFF THE SCREEN.
THE FILTER WILL CLOG IF IT IS NOT REGULARLY MAINTAINED.

ORENCO BIOTUBE EFFLUENT FILTER
MODEL # FT0436
AVAILABLE FROM SANECO, INC., ESSEX, MASS.
PHONE (978) 768-3840

NOTES:

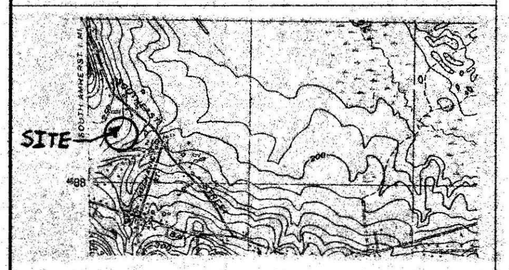
1. TITLE 5 REQUIRES OBSERVATION OF THE INSTALLED SYSTEM BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE SYSTEM MUST NOT BE BACKFILLED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.
2. ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.

PROPERTY LINE REFERENCE:
PROPERTY LINES AS SHOWN ARE BASED ON A CLUSTER SUBDIVISION DEFINITIVE PLAN IN AMHERST MASS. PREPARED FOR CONSTANCE LESLIE, PREPARED BY H.L. EATON AND ASSOC., DATED 10/17/91.

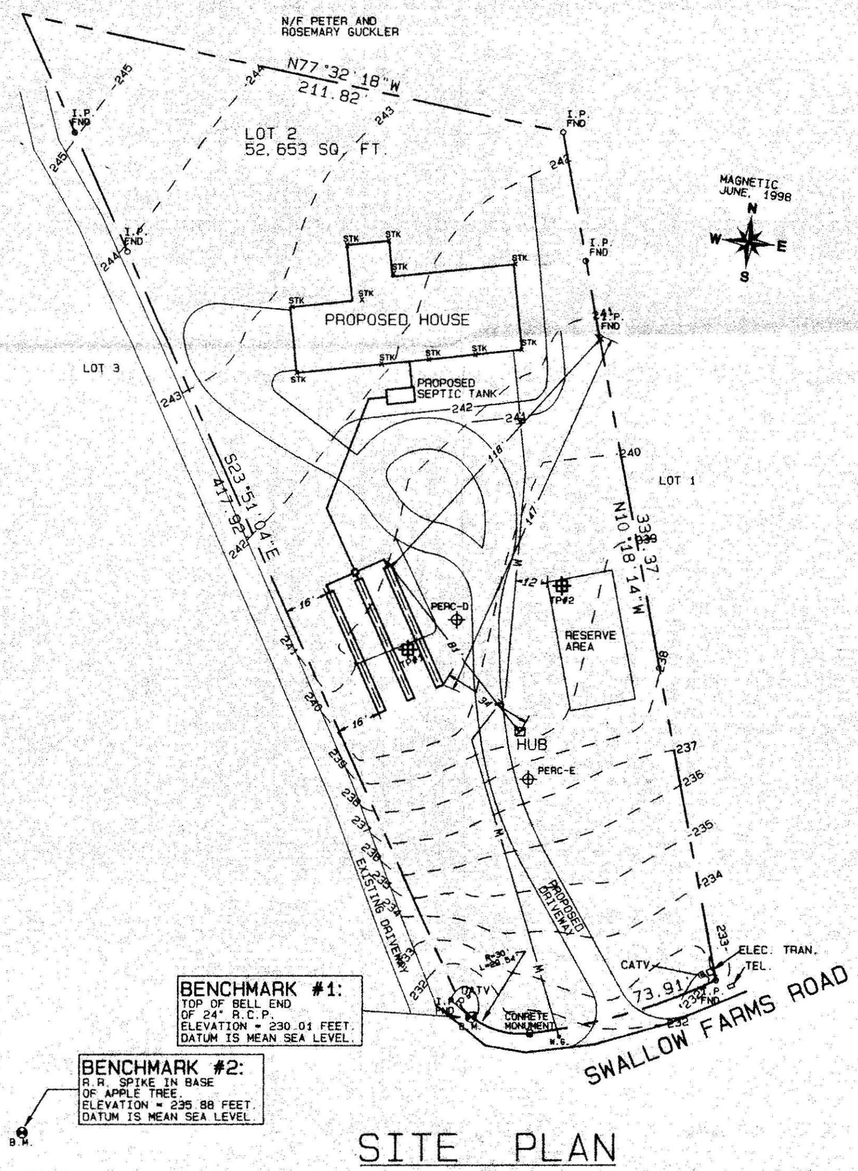


SYSTEM DIMENSIONS

SCALE: 1" = 40'



SITE LOCUS
SCALE: 1" = 2083'
(FROM USGS BELCHERTOWN QUADRANGLE)



SITE PLAN

GRAPHIC SCALE 1"=40'
0 40 80 120

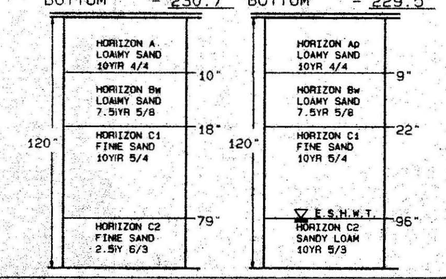
TEST PIT DATA

BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI
DATE: MAY 21, 1998
SOIL EVALUATOR: DOUGLAS J. MacLEAY, P.E.

PERC TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
D	<2	51
E	<2	79

PERCOLATION TESTS PERFORMED MAY 14, 1998 BY DOUGLAS MacLEAY. WITNESSED BY DAVID ZAROZINSKI.

TEST PIT # 1		TEST PIT # 2	
ELEV. TOP	= 240.7	ELEV. TOP	= 239.5
ESHWT	= <230.7	ESHWT	= 231.5
OBS. H20	= NONE	OBS. H20	= NONE
BOTTOM	= 230.7	BOTTOM	= 229.5



DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE (4 BEDROOM)
DESIGN FLOW 110 GALLON PER DAY PER BEDROOM
TOTAL DESIGN FLOW 440 GALLON PER DAY.

SEPTIC TANK
440 GALLONS X 200% = 880 GALLONS DESIGN CAPACITY.
USE 1500 GALLON 2 COMPARTMENT SEPTIC TANK.

LEACHING TRENCHES

THE TOWN OF AMHERST REQUIRES 1.25 TIMES MINIMUM TITLE 5 LEACHING AREA. 440 GPD / 0.74 GSF X 1.25 = 743 SQ.FT. MINIMUM PER TOWN OF AMHERST REGULATION.

SIDEWALL:
2 X 50' LENGTH X 1.0' DEPTH = 100 SQUARE FEET.
100 SQ. FT. X 0.74 GAL. PER SQ.FT. = 74 GAL. LEACHING.

BOTTOM:
50' LENGTH X 3.0' WIDTH = 150 SQUARE FEET.
150 SQ. FT. X 0.74 GAL. PER SQ.FT. = 111 GAL. LEACHING.

TOTAL NUMBER OF LEACHING TRENCHES 3
TOTAL LEACHING AREA = 750 SQUARE FEET.
TOTAL LEACHING CAPACITY = 555 GALLONS PER DAY.

GENERAL NOTES

1. 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM EXCEPT WHERE OTHERWISE NOTED.
2. 4" SDR 35 PERFORATED PIPE TO BE USED IN LEACHING AREA.
3. 1500 GALLON 2 COMPARTMENT REINFORCED CONCRETE SEPTIC TANK.
4. AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
5. ELEVATIONS BASED ON ASSUMED DATUM
6. UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY APPLICABLE LOCAL RULES.
7. ANY CHANGE TO THIS PLAN MUST BE APPROVED BY THE BOARD OF HEALTH AND THE DESIGN ENGINEER.
8. THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.

LEGEND

- 100 — EXISTING CONTOURS
- 100 — PROPOSED CONTOURS
- 4" SDR 35 PERFORATED PIPE
- 4" SDR 35 SOLID PIPE
- W — WATER LINE
- X — FENCE
- EDGE OF WETLAND
- CENTERLINE STREAM
- PROPERTY LINE
- STONEWALL

SHEET NO. 1 OF 1.

REV.	DATE	BY	DESCRIPTION	APPR.
1	8/12/98	S.K.	WATERLINE LOCATION/RESERVE AREA	D.M.

SCALE: AS SHOWN
DRN. BY: D.P.
CHECKED: D.M.
APPROVED: COMMONWEALTH OF MASSACHUSETTS — DOUGLAS J. MACLEAY No. 31203 CIVIL — REGISTERED PROFESSIONAL ENGINEER

TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASSACHUSETTS

FOR: ALI MOSHIRI
SWALLOW FARMS ROAD - LOT 2

DATE: JULY 31, 1998
JOB NO. 90-063-2

MacLEAY ASSOCIATES, INC.
102 BRIDGE STREET, SHELBURNE FALLS, MA 01370
TELEPHONE: (413) 625-9774 FAX: (413) 625-9704