Commonwealth of Massachusetts
City/Town of
Percolation Test
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. 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 the local Board of Health to determine the form they use.

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

A. Site Information

Owner Name

267 GREAT ROAD
Street Address or Lot #

ACTON | MA | 01720
City/Town | State | Zip Code

Contact Person (if different from Owner) | Telephone Number

B. Test Results

	Date	Time	Date	Time
	3/27/12	9:30	3/27/12	
Observation Hole #	PT-2		PT-1	
Depth of Perc	48"		56"	
Start Pre-Soak	9:30		9:45	
End Pre-Soak	UTS		UTS	
Time at 12"				
Time at 9"				
Time at 6"				
Time (9"-6")				
Rate (Min./Inch)	<2 MPI		<2 MPI	
	Test Passed: ☒ Test Failed: ☐		Test Passed: ☒ Test Failed: ☐	

STAMSKI AND McNARY, INC (BENJAMIN EWING)
Test Performed By:

ACTON BOARD OF HEALTH (JUSTIN SNAIR
Witnessed By:

Comments:

Commonwealth of Massachusetts
City/Town of

Percolation Test

Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. 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 the local Board of Health to determine the form they use.

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

A. Site Information

Owner Name

267 GREAT ROAD
Street Address or Lot #

ACTON | MA | 01720
City/Town | State | Zip Code

Contact Person (if different from Owner) | Telephone Number

B. Test Results

Date	3/27/12	3/27/12
Time	10:00	10:15
Observation Hole #	PT-E	PT-F
Depth of Perc	52"	50"
Start Pre-Soak	10:00	10:15
End Pre-Soak	UTS	UTS
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate (Min./Inch)	< 2 MPI	< 2 MPI
Test Passed:	☒	☒
Test Failed:	☐	☐

STAMSKI AND MCNARY, INC (BENJAMIN EWING)
Test Performed By:

ACTON BOARD OF HEALTH (JUSTIN SNAIR)
Witnessed By:

Comments:

Commonwealth of Massachusetts
City/Town of
Percolation Test
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. 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 the local Board of Health to determine the form they use.

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

A. Site Information

Owner Name

267 GREAT ROAD
Street Address or Lot #

ACTON | MA | 01720
City/Town | State | Zip Code

Contact Person (if different from Owner) | Telephone Number

B. Test Results

	3/27/12 10:30 (Date / Time)	3/27/12 10:45 (Date / Time)
Observation Hole #	PT-6	PT-A
Depth of Perc	48"	46"
Start Pre-Soak	10:30	10:45
End Pre-Soak	UTS	UTS
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate (Min./Inch)	< 2 MPI	< 2 MPI
	Test Passed: ☒ Test Failed: ☐	Test Passed: ☒ Test Failed: ☐

Test Performed By: STAMSKI AND MCNARY, INC (BENJAMIN EWING)

Witnessed By: ACTON BOARD OF HEALTH (JUSTIN SNAIR)

Comments:

Commonwealth of Massachusetts
City/Town of
Percolation Test
Form 12

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

A. Site Information

Owner Name

267 GREAT ROAD
Street Address or Lot #

ACTON | MA | 01720
City/Town | State | Zip Code

Contact Person (if different from Owner) | Telephone Number

B. Test Results

	3/27/12 (Date)	11:00 (Time)	3/27/12 (Date)	11:15 (Time)
Observation Hole #	PT-I		PT-J	
Depth of Perc	42"		44"	
Start Pre-Soak	11:00		11:15	
End Pre-Soak	OTS		OTS	
Time at 12"				
Time at 9"				
Time at 6"				
Time (9"-6")				
Rate (Min./Inch)	< 2 MPI		< 2 MPI	
	Test Passed: ☒ Test Failed: ☐		Test Passed: ☐ Test Failed: ☐	

STAMSKI AND MCNARY, INC. (BENJAMIN EWING)
Test Performed By:

ACTON BOARD OF HEALTH (JUSTIN SNAIR)
Witnessed By:

Comments:

Commonwealth of Massachusetts
City/Town of

Percolation Test

Form 12

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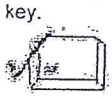


A. Site Information

Owner Name

267 GREAT Road
Street Address or Lot #

Acton | MA | 01720
City/Town | State | Zip Code

Contact Person (if different from Owner) | Telephone Number

B. Test Results

	3/27/12 11:45 Date / Time	3/27/12 12:00 Date / Time
Observation Hole #	PT-K	PT-L
Depth of Perc	44"	40"
Start Pre-Soak	11:45	12:00
End Pre-Soak	UTS	UTS
Time at 12"		
Time at 9"		
Time at 6"		
Time (9"-6")		
Rate (Min./Inch)	< 2 MPI	< 2 MPI
	Test Passed: ☒ Test Failed: ☐	Test Passed: ☒ Test Failed: ☐

STAMSKI AND MCNARY, INC. (BENJAMIN EWING)
Test Performed By:

ACTON BOARD OF HEALTH (JUSTIN SNAIM)
Witnessed By:

Comments:

Commonwealth of Massachusetts
City/Town of
Percolation Test
Form 12

Percolation test results must be submitted with the Soil Suitability Assessment for On-site Sewage Disposal. 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 the local Board of Health to determine the form they use.

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

A. Site Information

Owner Name

267 GREAT ROAD
Street Address or Lot #

ACTON | MA | 01720
City/Town | State | Zip Code

Contact Person (if different from Owner) | Telephone Number

B. Test Results

	Date	Time	Date	Time
	3/27/12	11:30		
Observation Hole #	PT-M			
Depth of Perc	36"			
Start Pre-Soak	11:30			
End Pre-Soak	UTS			
Time at 12"				
Time at 9"				
Time at 6"				
Time (9"-6")				
Rate (Min./Inch)	< 2 MPI			
Test Passed:	☒		Test Passed:	☐
Test Failed:	☐		Test Failed:	☐

STAMSKI AND McNARY, INC (BENJAMIN FEWING)
Test Performed By:

ACTON BOARD OF HEALTH (JUSTIN LOWRY)
Witnessed By:

Comments:

Commonwealth of Massachusetts
City/Town of Acton

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method Used:

☐ Depth observed standing water in observation hole	A. _____ inches	B. _____ inches
☐ Depth weeping from side of observation hole	A. _____ inches	B. _____ inches
☒ Depth to soil redoximorphic features (mottles)	A. See attached inches	B. soil logs inches
☐ Groundwater adjustment (USGS methodology)	A. _____ inches	B. _____ inches

2. _____ Index Well Number _____ Reading Date _____ Index Well Level

_____ Adjustment Factor _____ Adjusted Groundwater Level

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material
   a. Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system?
      ☒ Yes ☐ No
   b. If yes, at what depth was it observed? Upper boundary: See attached inches Lower boundary: soil logs inches

Commonwealth of Massachusetts
City/Town of Acton
Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

Signature of Soil Evaluator	3/27/2012 Date
Benjamin Ewing / SE2985 Typed or Printed Name of Soil Evaluator / License #	10/24/05 Date of Soil Evaluator Exam
Justin Snair Name of Board of Health Witness	Acton Board of Health

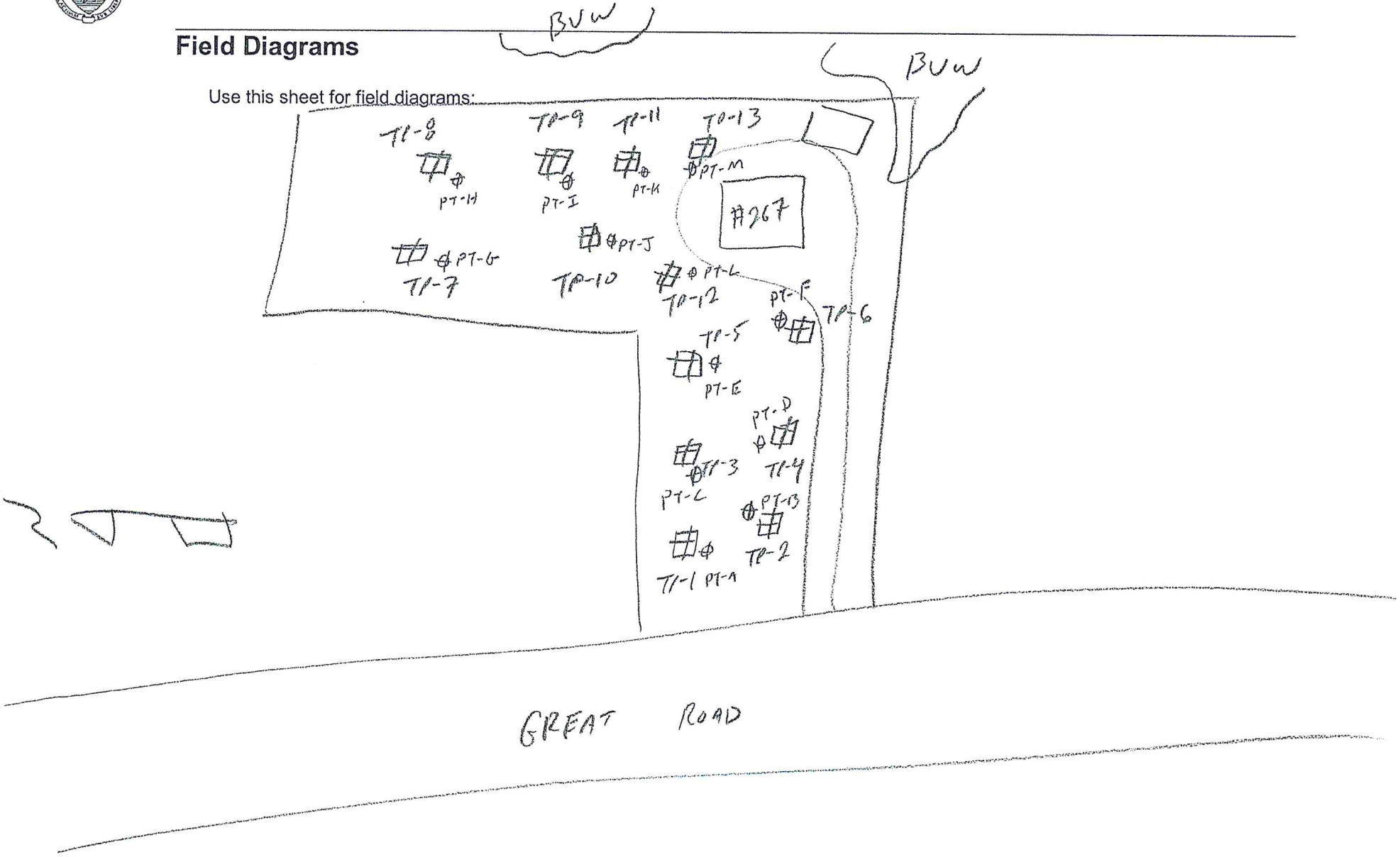
Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with Percolation Test Form 12.

Commonwealth of Massachusetts
City/Town of Acton

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Field Diagrams

Use this sheet for field diagrams:



Operation and Maintenance Manual

Schedule for Inspection and Maintenance:

Contech CDS2015-4 Proprietary BMP: (DMH-2, 3, and 5)
Inspection and maintenance of the CDS2015-4 can be performed form the surface, without entry into the unit. Perform maintenance a minimum of twice per year. The CDS2015-4 should be cleaned once the sediment has reached a depth of 75% of the sump in the chamber.

Perform frequent inspections during the first year of installation to accurately establish the maintenance schedule.

Remove oil and sediment through the manhole cover with the use of a vacuum truck.

Disposal from the CDS2015-4 is similar to that of any other best management practice (BMP). Consult local guidelines or your CDS2015-4 area marketing manager prior to disposing the separator contents.

Deep Sump and Hooded Catch Basins: (CB 1-5)
During construction, catch basin grates shall be wrapped with filter fabric. Catch basins shall be cleaned upon the completion of construction. After construction, the deep sumps for all catch basins and drain manholes shall be inspected four times a year and cleaned four times a year. Sediment removed shall be disposed of in accordance with applicable local, state, and federal guidelines and regulations. The depth of the sediment in a basin shall not exceed a depth of 18 inches as determined by probing with a stick. If the stick hits the bottom within 30 inches of the water level, more than 18 inches of sediment has accumulated and must be removed. Licensed persons should remove and dispose of the contents of the sump in accordance with applicable regulations.

Drain Manholes: (DMH 2 and 4)
The drain manholes shall be inspected four times a year. Any cause of or potential for clogging shall be addressed.

Subsurface Structures:
Inspect the chambers after every major storm for the first few months to ensure proper stabilization and function. Thereafter, inspect and clean at least twice per year. Any debris that may clog the system shall be removed. Water levels should be recorded over several days to check the drywell drainage. If chambers cannot be cleaned they may have to be re-installed.

Emergency Contacts:
In the event of a hazardous materials spill on the site the following parties shall be contacted:
Fire Department: ph: 978-264-9645

Records:
The responsible parties shall maintain an inspection log of all elements of the storm water management plan. The responsible parties shall maintain a maintenance log documenting the inspection and maintenance of the drainage structures under his control. A copy of the erosion control and storm water maintenance plan and inspection logs shall be kept onsite at all times.

Responsibility Party:
The current Owner shall be responsible for all inspection and maintenance of the items associated with the office building. The homeowner's association is responsible for all items associated with the single family dwellings.

Name: _____

Signature: _____

Date: _____

267 Great Road

Operation and Maintenance Inspection Log

Year: _____

Street Sweeping	**Four times per year**
Catch Basins	**Four times per year**
Subsurface Drainage Structu	**Once per year**
CDS201504 (DMH-2, 3, 5)	**Two times per year**

CDS201504 (DMH-2, 3, 5)

Previous Inspection Date: _____
Inspection Date: _____
Inspector Name: _____
Comments:

Action Required:

Catch Basins: CB1-5 **CB** _____

Previous Inspection Date: _____
Inspection Date: _____
Inspector Name: _____
Sediment Depth: _____ (Remove if depth greater than 18")
Comments:

Action Required:

Subsurface Drainage Structure

Previous Inspection Date: _____
Inspection Date: _____
Inspector Name: _____
Comments:

Action Required:

Drainage Maps

3.7 WATER BALANCE CALCULATIONS
for
267 Great Road
Acton, MA

PREPARED FOR:

Acton Management, Inc.
69 Great Road
Acton, MA 01720

PREPARED BY:

Stamski and McNary, Inc.
1000 Main Street
Acton, MA 01720

Engineering-Planning-Surveying

Water Balance Calculations

SM-4860

Project: 267 Great Road | By: JTM | Date: 9/18/2015

Location: Acton MA | Checked: | Date:

Pre-Development Recharge

CN=	36.4	
From Figure 1, infiltration=	20	in/year
Drainage Area=	97,574	s.f.

Recharge= 97,574 x 20 /12 in/ft = 162,624 c.f./year

Pre-Development Sewage Flow

Leaching Area=	330	gpd
Total Design Flow=	330	gpd

330 gpd x 365 days/year x 0.134 s.f./gal = 16,101 c.f./year

Average(50%)= 8,050 c.f./year

Post-Development Recharge

CN=	59.5	
From Figure 1, infiltration=	19	in/year
Drainage area=	97,574	s.f.

Recharge= 97,574 x 19 /12 in/ft = 154,493 c.f./year

Post-Development Sewage Flow

Leaching Area=	2,030	gpd
Total Design Flow=	2,030	gpd

2,030 gpd x 365 days/year x 0.134 s.f./gal = 99,044 c.f./year

Average(50%)= 49,522 c.f./year

Post-Development Subsurface Infiltration

CN=	69.8	
From Figure 1, runoff=	3.8	in/year (directed to drywells)
Impervious Area	71,002	s.f.

Recharge= 71,002 x 3.8 /12 in/ft = 22,484 c.f./year

Post-Development	Vs.	Pre-Development
226,499 c.f./year	>	170,674 c.f./year

3.8 EARTH REMOVAL CALCULATIONS
for
267 Great Road
Acton, MA

PREPARED FOR:

Acton Management, Inc.
69 Great Road
Acton, MA 01720

PREPARED BY:

Stamski and McNary, Inc.
1000 Main Street
Acton, MA 01720

Engineering-Planning-Surveying

Cut/Fill Calculations

Location: 267 Great Road
Acton, MA
Job: 4860A

Calculated by: JTM
Date: 10/30/2015

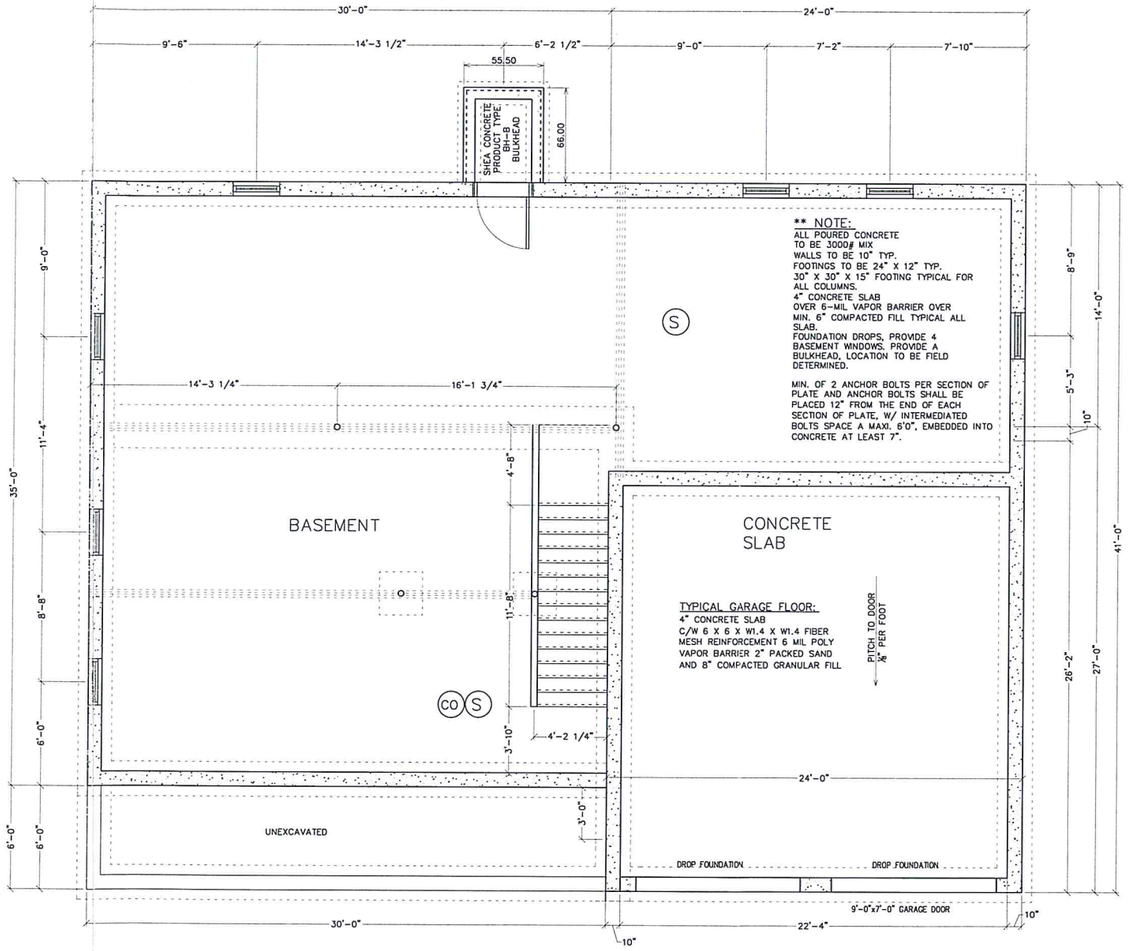
	Gross Fill (Cubic Yards)	Pavement (Square Yards)	Gravel (Cubic Yards)	Foundation Cut (Cubic Yards)	Adjusted Fill* (Cubic Yards)
	1179	312	104	1958	-909

3.9 PLANS

Attached plans include: Title Sheet, Existing Conditions Plan, Layout Plan, Grading plan, Drainage & Utilities Plan, Detail Sheet - By: Stamski & McNary, Inc.

Landscape Plan – By: Kim Ahern Landscape Architects

FLOOR PLANS



FIRST FLOOR WALL BRACING

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NO.	REVISIONS
1.	06-24-2013

CONCORD LUMBER CORPORATION
LOTTLETON LUMBER
ARCHITECTURAL DEPARTMENT
P.O. BOX 1525 • 2 OMEGA WAY • LITTLETON, MA. 01460
TEL: (978) 486-0781 FAX: (978) 486-0782

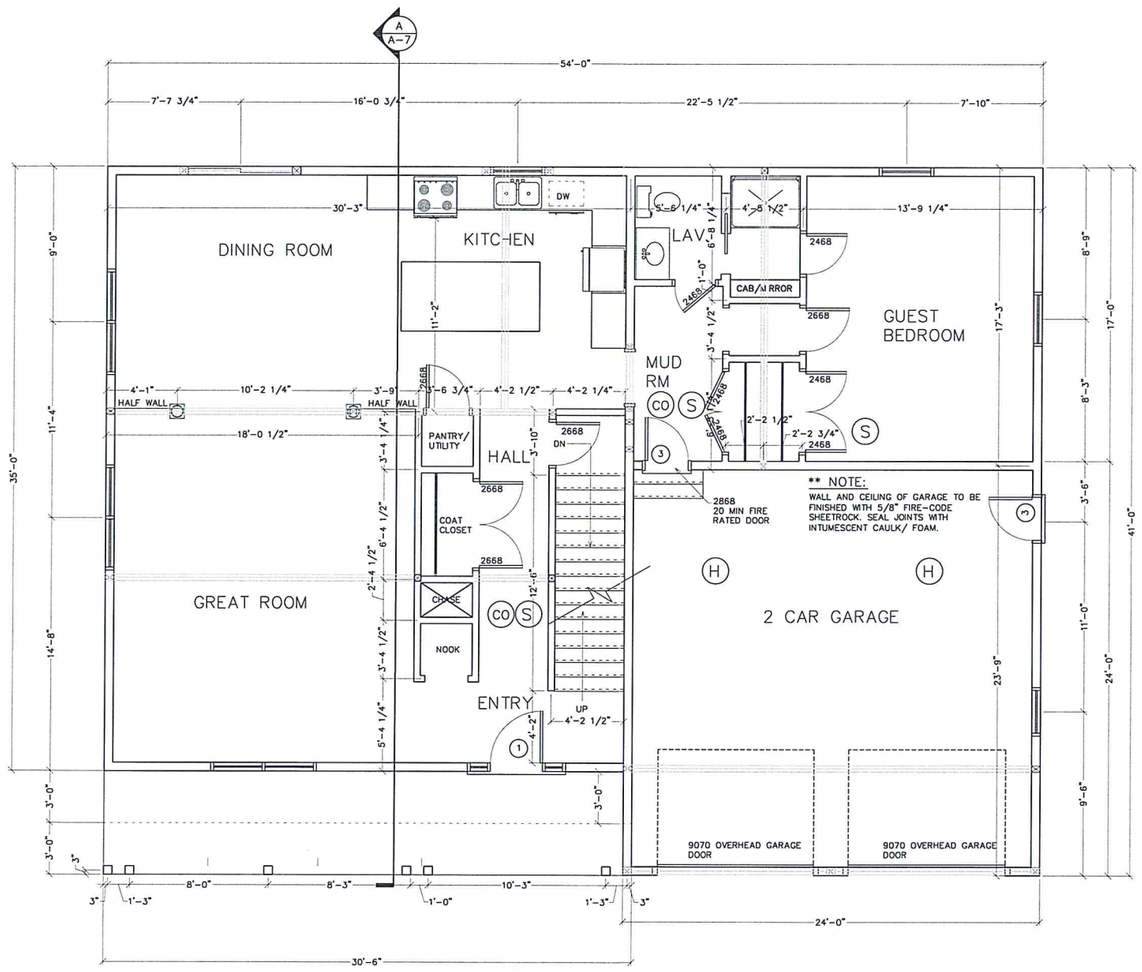
STAMP:

ACTON MANAGEMENT - THE MEADOWS AT ACTON
COLONIAL ALTERNATE #1 - 263 GREAT ROAD, ACTON, MA

FOUNDATION PLAN & WALL BRACING

DRAWN :	CHECKED :
PJB	JCG
DATE :	12-21-2012
SCALE :	1/4" = 1'-0"
JOB NO. :	1203-27
CONSTRUCTION DRAWING	

A-3



FIRST FLOOR PLAN AND WALL BRACING

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Tel: 978• 486• 0761 FAX: 978• 486• 0762

STAMP:

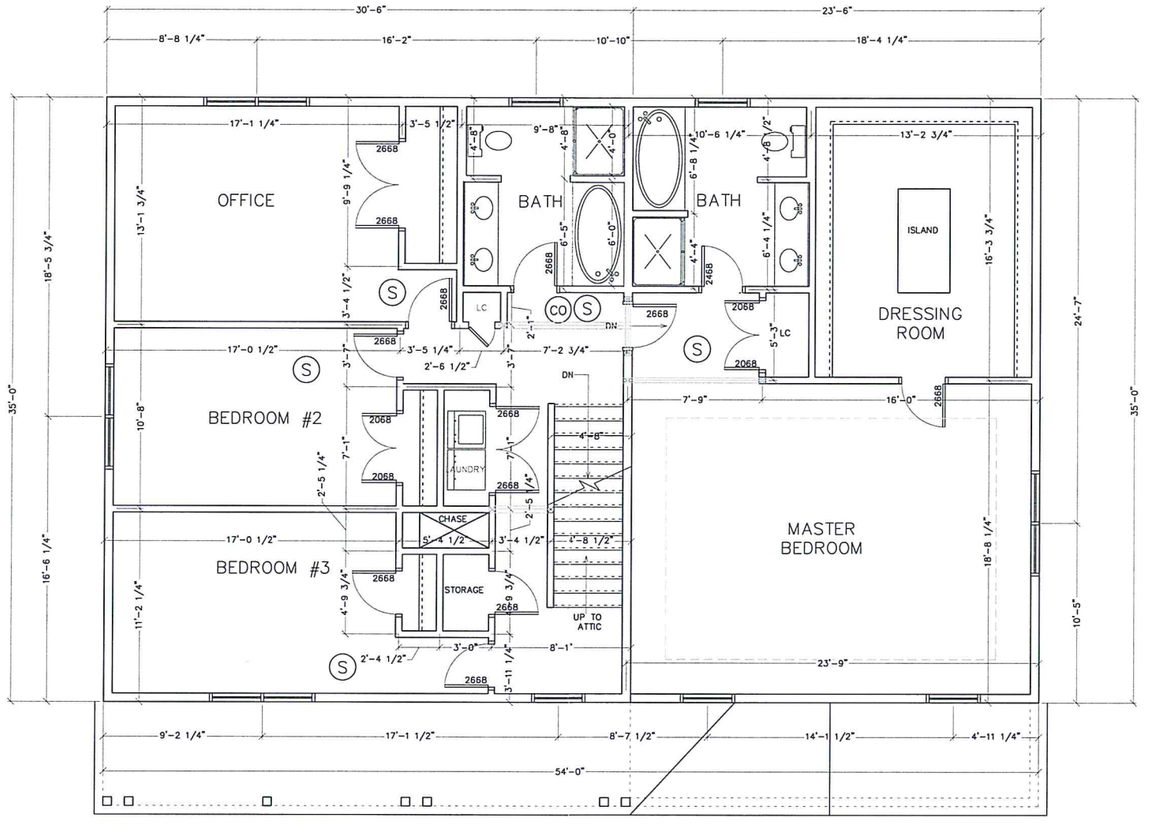
ACTON MANAGEMENT - THE MEADOWS AT ACTON
COLONIAL ALTERNATE #1 - 263 GREAT ROAD, ACTON, MA

FIRST FLOOR PLAN & WALL BRACING

DRAWN :	CHECKED :
PJB	JCG

DATE : 12-21-2012
SCALE : 1/4" = 1'-0"
JOB NO. : 1203-27
CONSTRUCTION DRAWING

A-4



SECOND FLOOR PLAN AND WALL BRACING

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ARCHITECTURE DEPARTMENT
P.O. BOX 1305 • 2 OMEGA WAY • LITTLETON, MA. 01460
TEL: 97858 4068 0781 FAX: 97858 4068 0782

STAMP:

ACTON MANAGEMENT - THE MEADOWS AT ACTON
COLONIAL ALTERNATE #1 - 263 GREAT ROAD, ACTON, MA

SECOND FLOOR PLAN & WALL BRACING

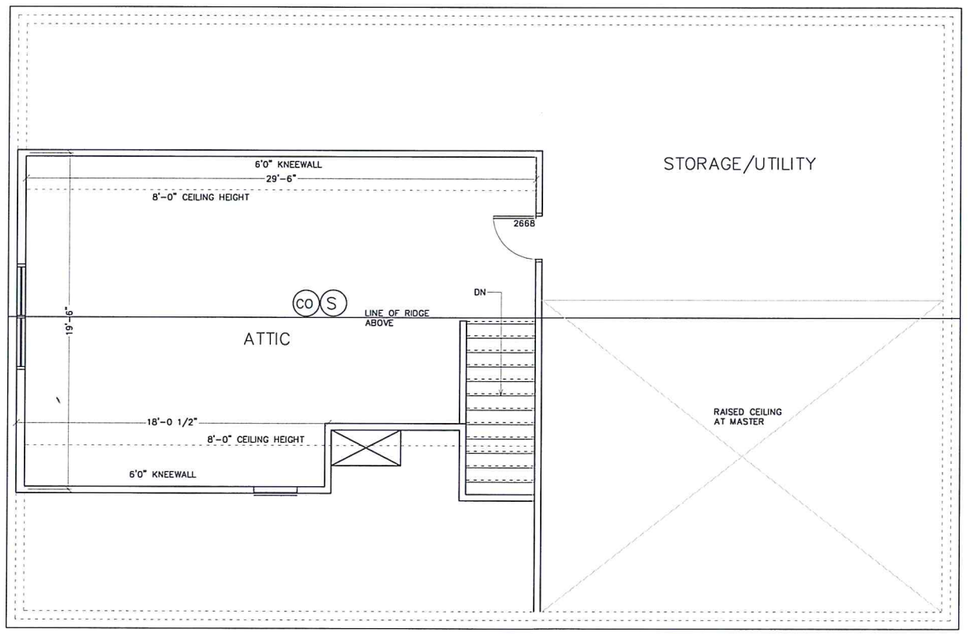
DRAWN :	CHECKED :
PJB	JCG
DATE :	12-21-2012
SCALE :	1/4" = 1'-0"
JOB NO. :	1203-27
CONSTRUCTION DRAWING	

A-5

**NOTE:
WINDOW SCHEDULE IS BASED ON SILVERLINE WINDOWS

WINDOW SCHEDULE						
LABEL	SERIES	SIZE	QUANTITY	R.O.	TYPE	REMARK
A	3002	2/10X5/2-2		72 X 65 1/4	TWN DOUBLE HUNG	
B	3001	2/10X4/6		36 1/4 X 57 1/4	DOUBLE HUNG	
C	3002	2/10X4/6-2		72 X 57 1/4	TWN DOUBLE HUNG	
D	3001	2/4X4/6		30 1/4 X 57 1/4	DOUBLE HUNG	
E	3001	2/4X3/10		30 1/4 X 49 1/4	DOUBLE HUNG	
F	3001	2/10X3/10		36 1/4 X 49 1/4	DOUBLE HUNG	
G	3001	2/10X3/2		36 1/4 X 41 1/4	DOUBLE HUNG	
H	3001	2/8X3/10		34 1/4 X 49 1/4	DOUBLE HUNG	
J	3001	2/10X5/2		36 1/4 X 65 1/4	DOUBLE HUNG	
K		4/0X5/2		48 1/4 X 65 1/4	PICTURE	
L	3002	2/10X3/10-2		72 X 49 1/4	TWN DOUBLE HUNG	

DOOR SCHEDULE					
LABEL	LOCATION	TYPE	MFR & NO.	R.O.	REMARKS
1	FRONT ENTRANCE	SIDELITE,LH INSWING,SIDELITE	1280-3680-1280	65 1/2 X 82 1/2	UNIT DIM. W/ 1-$\frac{1}{8}$" X 3-$\frac{1}{2}$" FLAT CASING
2	REAR ENTRANCE	4 LITE OUTSWING DOOR	THERMA-TRU	34 1/2 X 81 1/2	
3	GARAGE	INSWING STEEL DOOR	THERMA-TRU	34 1/2 X 82 1/2	20 MIN RATED STEEL DOOR
	INTERIOR DOORS	ROMAN ARCH MASONITE DOOR	DIVINE DOOR	SIZE AS SHOWN ON PLAN	



THIRD FLOOR PLAN

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P.O. BOX 1628 • 2 OMEGA WAY • LITTLETON, MA. 01460
Tel: 9769 4559 0761 FAX: 9769 4559 0762

STAMP:

ACTON MANAGEMENT - THE MEADOWS AT ACTON
COLONIAL ALTERNATE #1 - 263 GREAT ROAD, ACTON, MA

THIRD / ATTIC FLOOR PLAN

DRAWN :	CHECKED :
PJB	JCG
DATE :	12-21-2012
SCALE :	1/4" = 1'-0"
JOB NO. :	1203-27
CONSTRUCTION DRAWING	

A-6

REDUCED PLANS

3.9.10
Lighting Plan

Lighting Plan

The proposed lamp wattage does not exceed the values outlined in section 10.6 of the Zoning Bylaw, therefore, no lighting plan is required.

3.10
Traffic Study

Traffic Study

The proposed development will produce a maximum of 9.44 trips during a peak hour and 77.79 trips during a weekday. Since the proposed development will produce less than 30 trips in a peak hour and less than 400 trips on a weekday, this project is not subject to a traffic impact study.

STAMSKI AND McNARY, INC.
1000 Main Street
ACTON, MASSACHUSETTS 01720
TEL (978) 263-8585
FAX (978) 263-9883

JOB 4860A
SHEET NO. _____ OF _____
CALCULATED BY JTM DATE 9/23/15
CHECKED BY _____ DATE _____
SCALE _____

TRAFFIC STUDY

WEEKDAY

AVERAGE / DWELLING = 9.52
4 DWELLINGS X 9.52 TRIPS / DWELLING = 38.08 TRIPS

AVERAGE TRIPS / 1000 S.F. = 11.03
3605/1000 = 3.6
3.6 x 11.03 = 39.71 TRIPS

TOTAL TRIPS = 38.08 + 39.71 = 77.79 TRIPS

A.M. PEAK HOUR

AVERAGE / DWELLING = 0.77
4 DWELLINGS X 0.77 TRIPS / DWELLING = 3.08

AVERAGE TRIP / 1000 S.F. = 1.56
3605 / 1000 = 3.6
3.6 x 1.56 = 5.62 TRIPS

TOTAL TRIPS = 3.08 + 5.62 = 8.70 TRIPS

P.M. PEAK HOUR

AVERAGE / DWELLING = 1.02 TRIPS
4 DWELLINGS x 1.02 TRIPS / DWELLING = 4.08 TRIPS

AVERAGE TRIPS / 1000 S.F. = 1.49
3605 / 1000 S.F. = 3.6
3.6 x 1.49 = 5.36 TRIPS
TOTAL TRIPS = 4.08 + 5.36 = 9.44 TRIPS

* AVERAGE RATES FROM INSTITUTE OF TRANSPORTATION ENGINEERS, TRIPS GENERATION 9TH EDITION VOLUMES 2 AND 3