

37 Bay Rd



BOH approved 8/14

ConCom

Revision approved 9/25 by BOH

Epstein's
256-0849

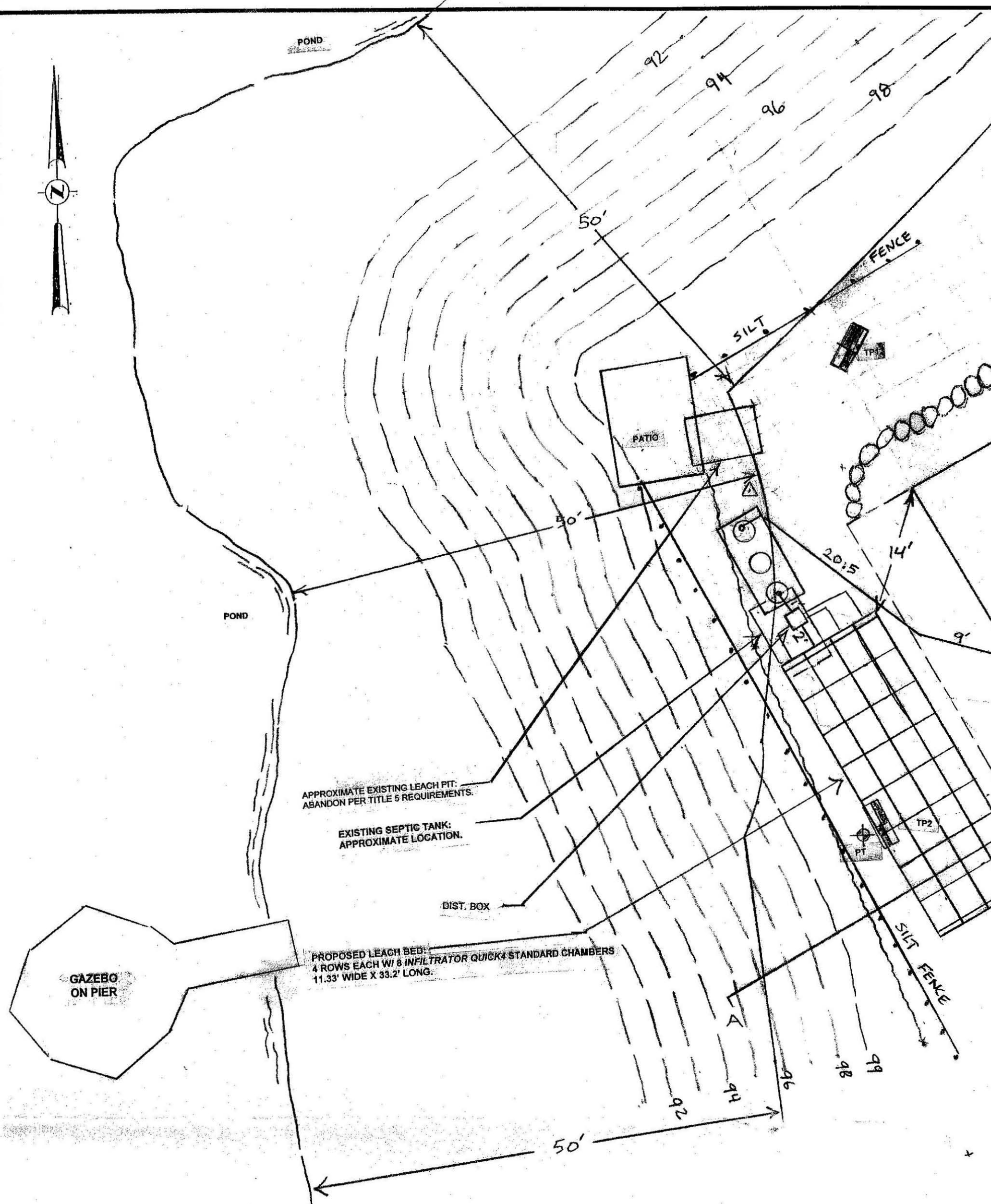
Bob Storer
256-3400

5-8-09 Called Mrs. Epstein back, she left message would like copy of plan + to finalize payment, she has not heard back from Bob. I will call + she will too.

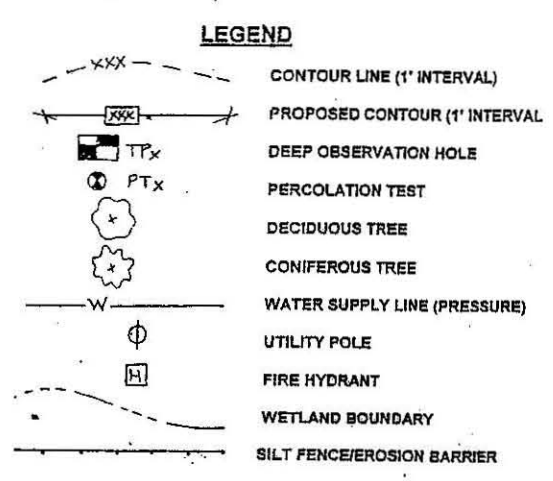
5-8-09 Left message for Bob Storer, need copy of As-built plan for BOH file and the Epstein's.

6-19-09 Spoke to Mrs. Epstein - she nor I have rec'd the As-Built, email to Bob Storer cc sepstein@psych.umass.edu

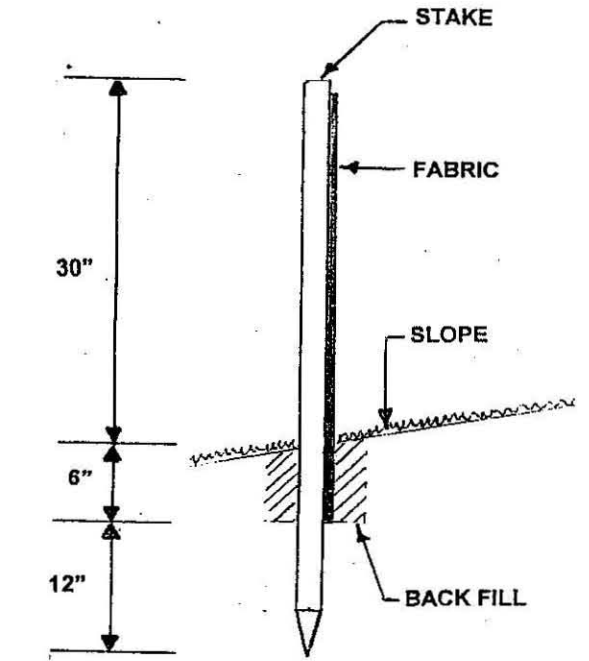
8/25/09 Signed off on As-Built's -



PLANVIEW
SCALE: 1" = 10'



- INSTALLATION OF FILTER FABRIC "SILT" FENCE**
1. Install filter fabric fence in the locations shown on the planview. Fabric shall consist of woven polypropylene, 20" in width and fastened to hardwood stakes with 3 one-inch (1") wide crown staples. Stakes shall be sound hardwood (48" long X 1" X 1") and shall be positioned vertically at a distance not to exceed 10' on center for the entire length of the silt fence. Stakes shall be driven a minimum 18" below natural grade.
 2. The fabric shall be anchored in a trench dug on the upslope side of the stakes. The trench shall be at least 6" deep. The fabric shall be laid in the trench, which shall then be backfilled and compacted. This shall allow 6" of the silt fence fabric to be buried below grade. If the silt fence is installed on a slope, the stakes shall be positioned on the downward side. If the silt fence is installed on a level site, the stakes shall be installed to the outside of the work area.
 3. Connection/joining of silt fences shall be completed by tightly overlapping the ends of the rolls a minimum of 12" or by overlapping the end stakes and securing the 2 stakes together tightly with plastic wire ties and/or steel baling wire.
 4. Fence maintenance: the filter fabric fences shall be inspected after every rainfall event and at least daily during prolonged rainfall. Any required repairs shall be made immediately. When sediment deposits reach approximately one-half the height of the fence, the sediment shall be removed and the fence restored.



SOIL EVALUATION

Soil Evaluator: Robert Stover
 Date of Evaluation: 8/17/08

Ground elevation at soil evaluation test #1: 99.09'.
 Est. Seasonal High Ground Water Elev.: 93.80'.
 Bedrock Elevation is deeper than 93.09'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 7"	A	FSL	10YR3/2	None	friable
7 - 21"	Bw	FS	10YR6/6	None	friable to loose fine gravel present
21 - 78"	C1	F to B sand gravelly	10YR6/3	7.5	loose, gravelly 7.5YR4/4
78 - 108"	C2	VFLS	2.5Y5/3		firm stratified

Parent Material (Geologic): outwash
 Standing Water in the Hole: none Weeping from P/F Face: none
 Estimated Seasonal High Ground Water: 80"

Ground elevation at soil evaluation test #2: 99.09'.
 Est. Seasonal High Ground Water Elev.: 93.80'.
 Bedrock Elevation is deeper than 93.09'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 4"	A	FSL	10YR3/2	None	friable
6 - 14"	Bw	FS	10YR6/4	None	friable to loose many stones & roots
14 - 72"	C1	FS	7.5YR6/4	7.5	loose with fine gravel 7.5YR4/4
72 - 120"	C2	VFLS	2.5Y5/3		firm fine strata

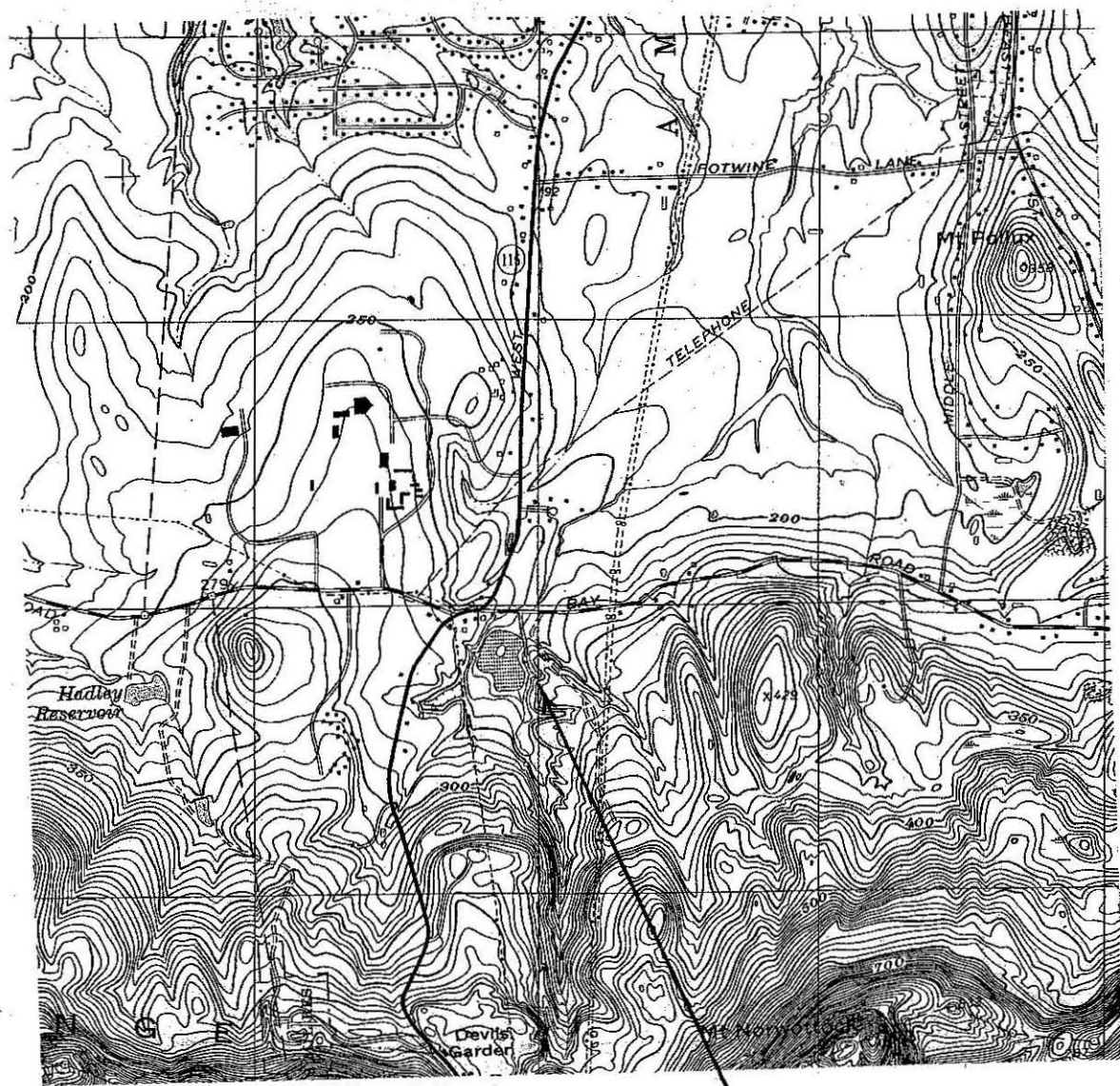
Parent Material (Geologic): outwash
 Standing Water in the Hole: none Weeping from P/F Face: none
 Estimated Seasonal High Ground Water: 72"

DESIGN CRITERIA
 Design flow is for a 4-bedroom house without a garbage grinder.

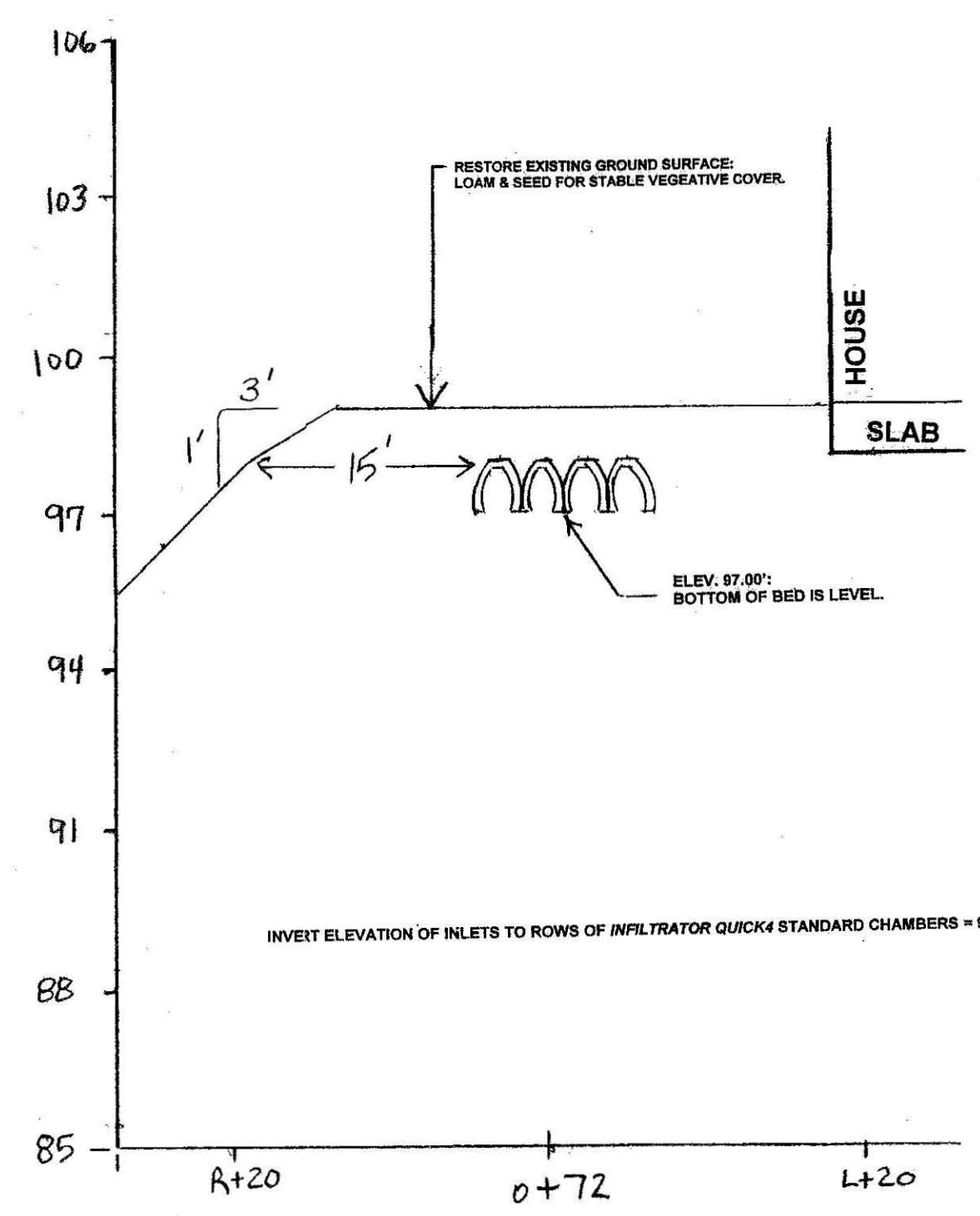
DESIGN CALCULATION
 Design flow: 4-bedrooms, no garbage grinder = 440 gpd.
 Retain Septic Tank: 1000 gallon precast two chamber septic tank.
 Effluent Loading Rate: Percolation Rate = 1 minute per inch Class I soils. Effluent loading rate = 0.74 gpd/ft.
 Proposed Soil Absorption System: one infiltrator leach bed: 11.33' wide X 33.2' long = 4.72 SF/ft. 22 chambers each 4.72 LF = 128.8 LF X 4.72 SF/ft. = 604.16 SF. Calculated Design Flow: 804.16 SF X 0.74 GPD/SF = 447 gpd. Total Required Design Flow = 447 gpd (100)

- GENERAL CONDITIONS**
1. This septic system repair plan is prepared in accordance with Title 6, 310 CMR 16.00. Construction shall conform to these regulations.
 2. The installer shall be certified by the manufacturer to install infiltrator chambers.
 3. The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
 4. All debris in the site area shall be removed and disposed of in accordance with the law.
 5. There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
 6. The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
 7. The septic tank shall be pumped and inspected as necessary and at least once every three years.
- CONSTRUCTION NOTES**
1. Any topsoil, subsoil, old fill, etc. shall be removed and disposed of in accordance with the law.
 2. The system shall be a clean, sanitary sand and gravel system conforming to the specifications of Title 6, 310 CMR 16.25(3).
 3. Pipes exiting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
 4. The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
 5. Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.

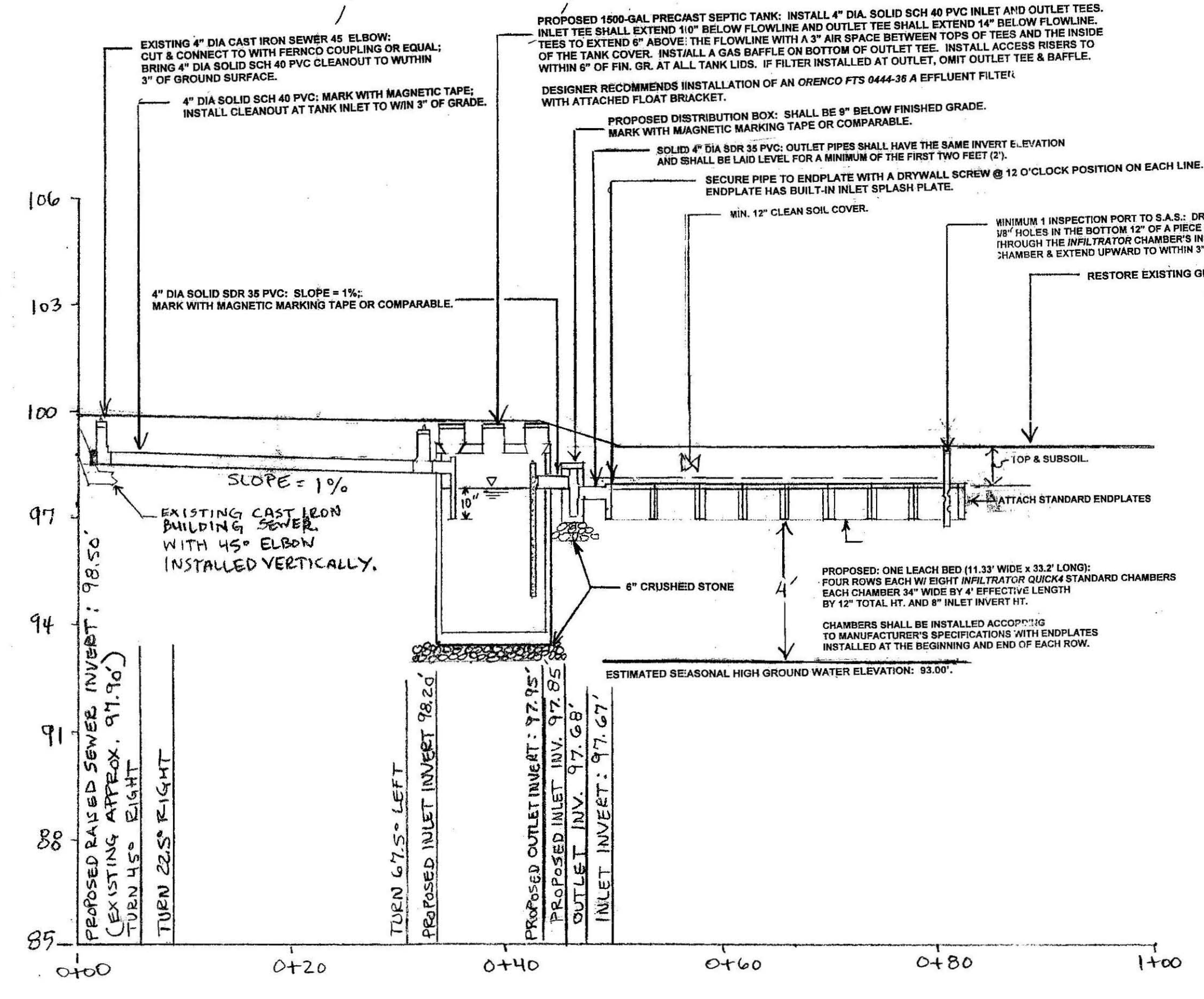
NOTE: THIS AREA IS SERVED BY TOWN WATER SUPPLY THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 200' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM LOCATION OR WETLANDS BORDERING SURFACE WATER SUPPLIES OR TRIBUTARIES TO SURFACE WATER SUPPLIES OR WETLANDS BORDERING SURFACE WATER SUPPLIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. WETLANDS OR WATER BODIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION ARE SHOWN ON THE PLANVIEW.



PROJECT LOCATION
USGS MT HOLYOKE, MASS. QUADRANGLE
SCALE: 1 : 25 000



SECTION OF LEACH BED
SCALE: H: 1" = 10' V: 1" = 3'



PROFILE OF SYSTEM
SCALE: H: 1" = 10' V: 1" = 3'

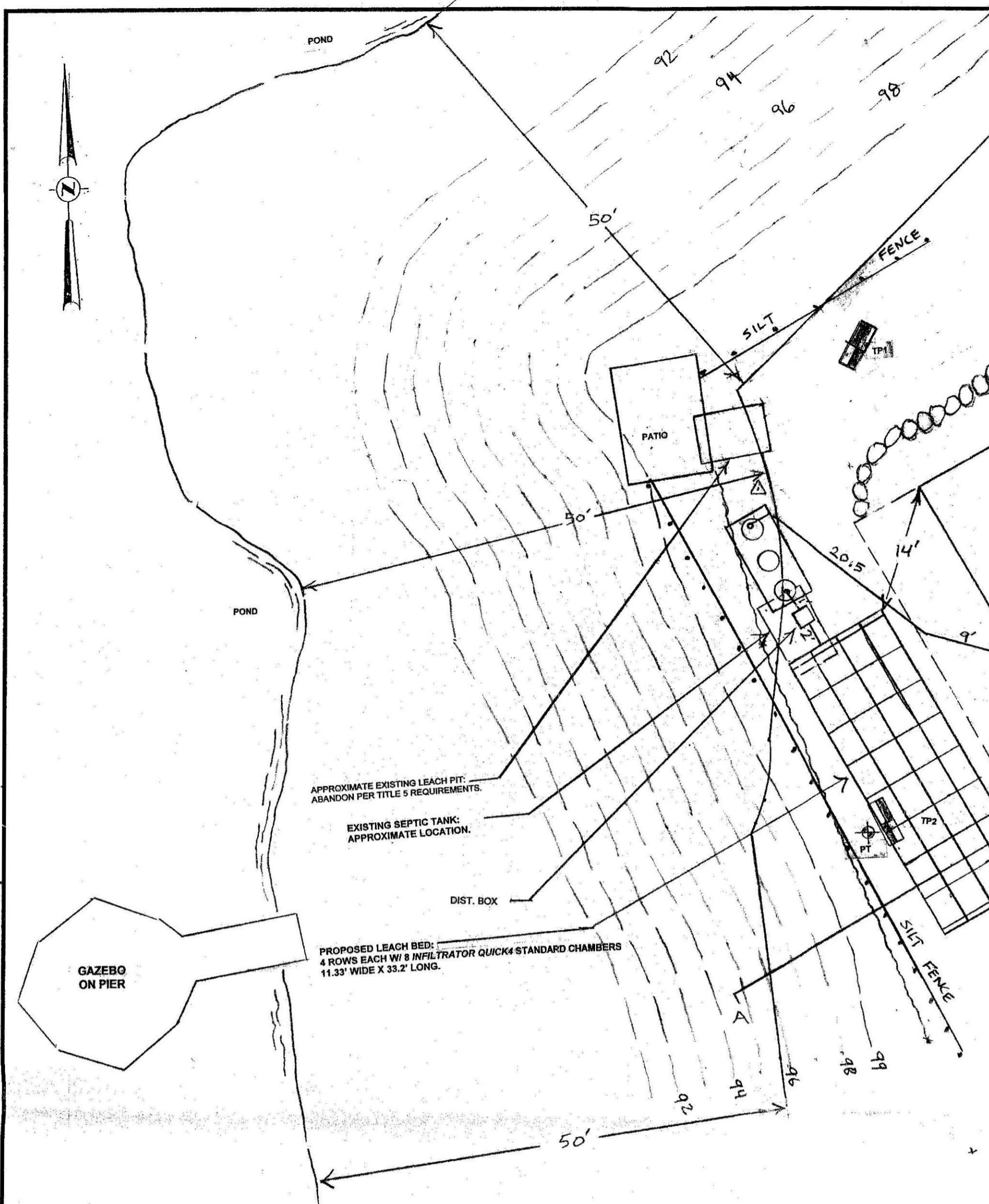


PLAN OF SEPTIC SYSTEM REPAIR
37 BAY ROAD, AMHERST, MA 01002

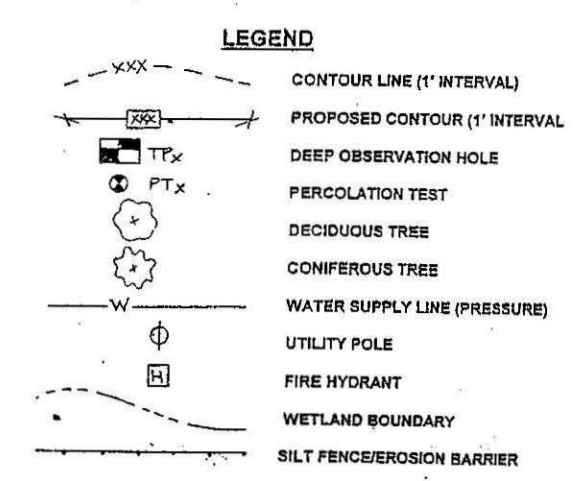
SEYMOUR AND ALICE EPSTEIN
37 BAY ROAD, AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY: R.M.S.
 DATE: 8/17/08 REVISED: 8/26/08

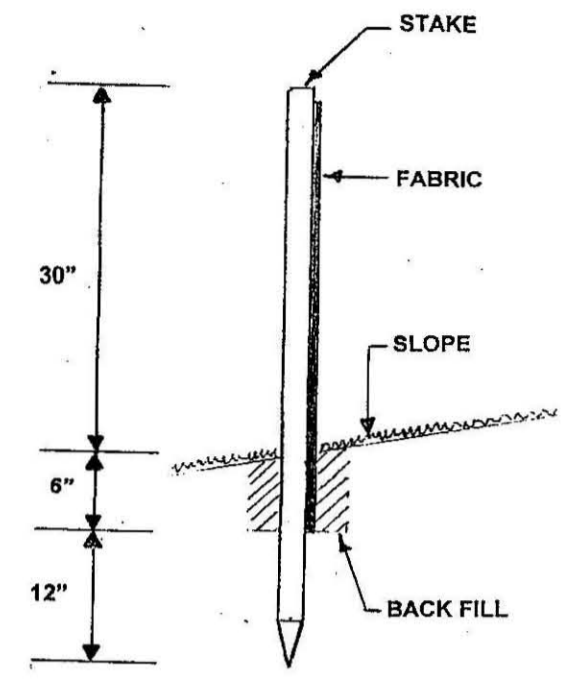
AMHERST CIVIL ENGINEERING
 RICHARD COSTA, P.E. / ROBERT STOVER
 P.O. BOX 3312, AMHERST, MA 01004-3312 DRAWING NUMBER
 (413)256-3400



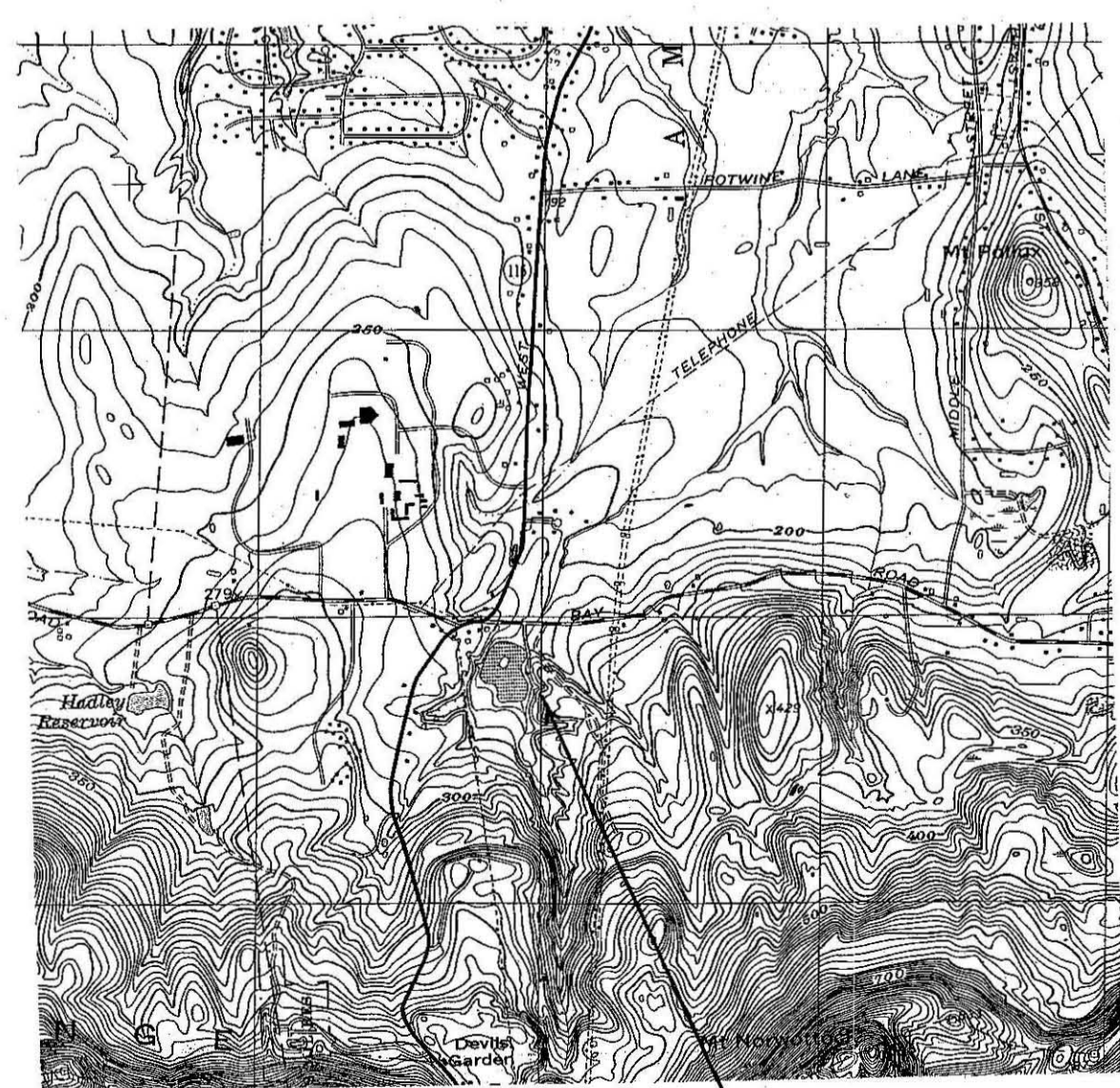
PLANVIEW
SCALE: 1" = 10'



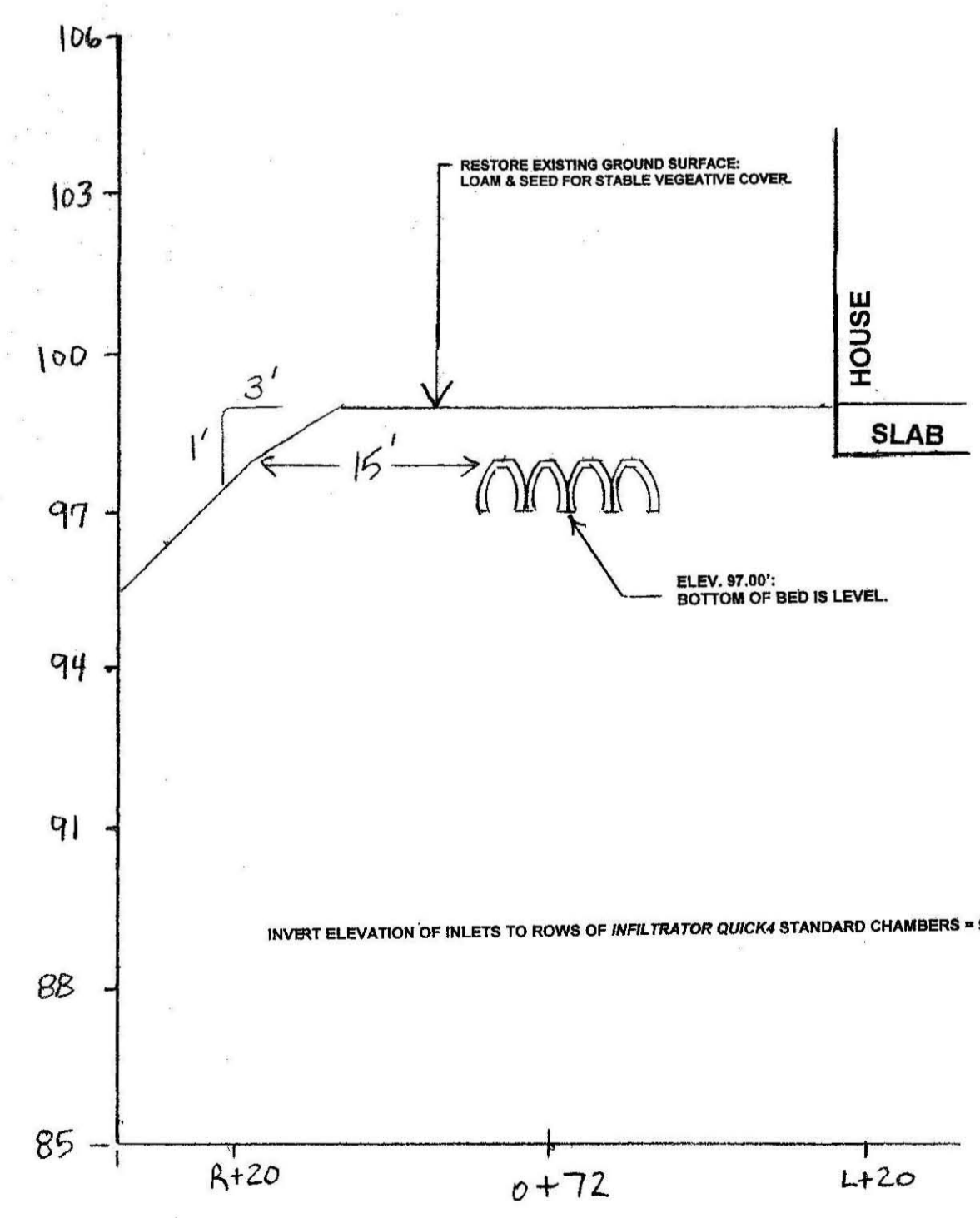
- INSTALLATION OF FILTER FABRIC 'SILT' FENCE**
1. Install filter fabric fence in the locations shown on the planview. Fabric shall consist of woven polypropylene, 36" in width and fastened to hardwood stakes with 2 one-inch (1") wide crown staples.
 2. Stakes shall be spaced hardwood (6" long x 1" x 1") and shall be positioned vertically at a distance not to exceed 10' on center for the entire length of the silt fence. Stakes shall be driven a minimum 18" below natural grade.
 3. The fabric shall be anchored in a trench dug on the upslope side of the stakes. The trench shall be at least 6" deep. The fabric shall be laid in the trench, which shall then be backfilled and compacted. This shall allow 6" of the silt fence fabric to be buried below grade. If the silt fence is installed on a slope, the stakes shall be positioned on the downward side. If the silt fence is installed on a level site, the stakes shall be installed to the outside of the work area.
 4. Connection/joining of silt fences shall be completed by tightly overlapping the ends of the rolls a minimum of 12" or by overlapping the end stakes and securing the 2 stakes together tightly with plastic wire and/or steel balling wire.
 5. Fence maintenance: The filter fabric fences shall be inspected after every rainfall event and at least daily during prolonged rainfall. Any required repairs shall be made immediately. When sediment deposits reach approximately one-half the height of the fence, the sediment shall be removed and the fence restored.



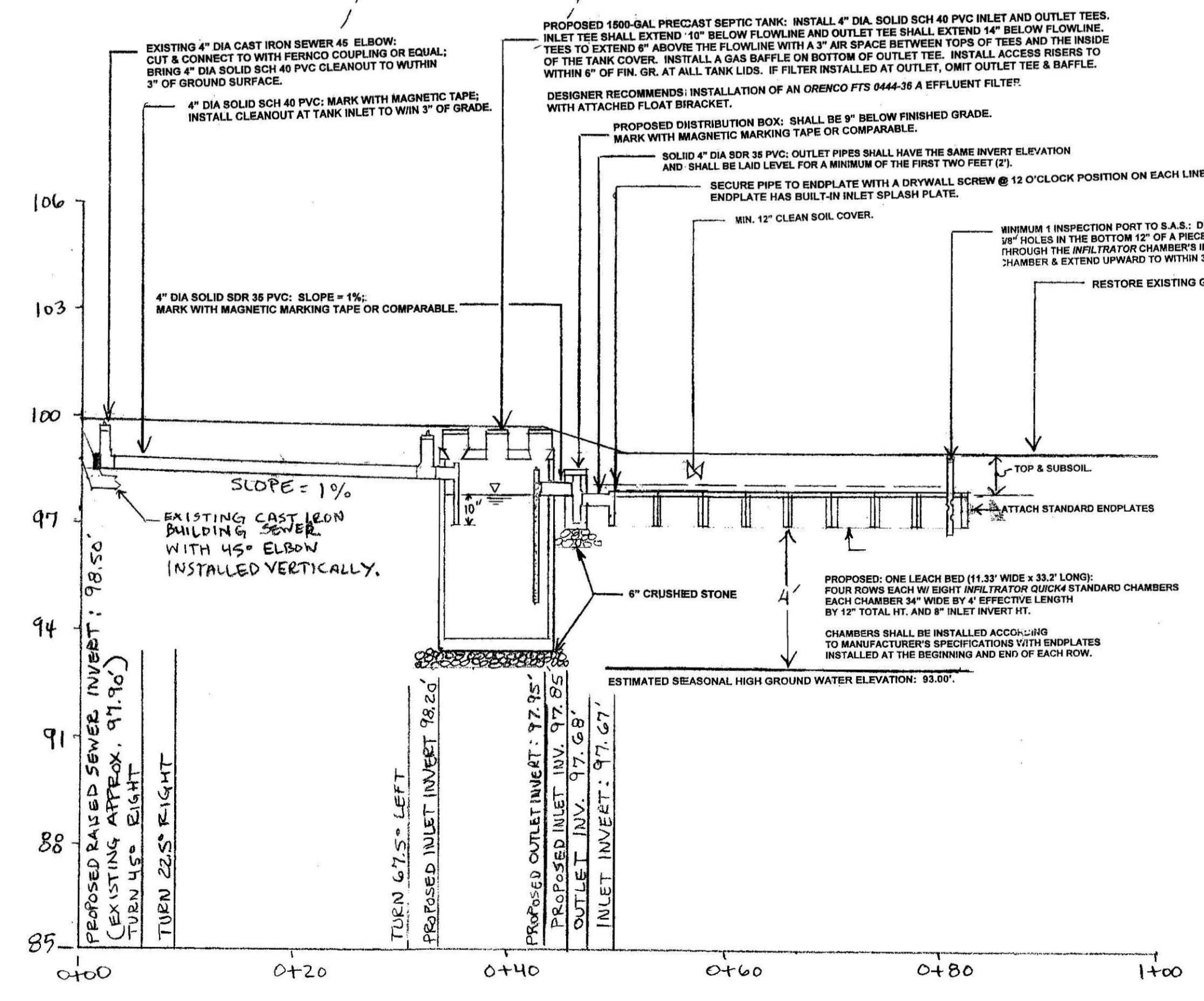
NOTE: THIS AREA IS SERVED BY TOWN WATER SUPPLY THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 150' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 300' OF THE PROPOSED SYSTEM OR WETLANDS BORDERING SURFACE WATER SUPPLIES OR TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. WETLANDS OR WATER BODIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION ARE SHOWN ON THE PLANVIEW.



USGS MT HOLYOKE, MASS. QUADRANGLE
SCALE: 1 : 25 000



SECTION OF LEACH BED
SCALE: H: 1" = 10' V: 1" = 3"



PROFILE OF SYSTEM
SCALE: H: 1" = 10' V: 1" = 3"

SOIL EVALUATION

Soil Evaluator: Robert Stover
SOH Representative: Ellen Bokins
Date of Evaluation: 8/18/08

Ground elevation at soil evaluation test pit #1: 99.09'
Est. Seasonal High Ground Water Elev.: 92.69'
Bedrock Elevation is deeper than 99.09'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 7"	A	FSL	10YR3/2	None	friable
7 - 21"	Bw	FS	10YR5/6	None	friable to loose fine gravel present
21 - 78"	C1	F to M sand	10YR6/3	@ 78" STR55	loose, gravelly fine gravel present
78 - 108"	C2	VFLS	2.5Y5/3		firm stratified

Parent Material (Geologic): outwash
Standing Water in the Hole: none Weeping from Pit Face: none
Estimated Seasonal High Ground Water: 90'

Ground elevation at soil evaluation test pit #2: 99.00'
Est. Seasonal High Ground Water Elev.: 93.60'
Bedrock Elevation is deeper than 99.00'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2	None	friable
6 - 14"	Bw	FS	10YR5/4	None	friable to loose many stones & roots
14 - 72"	C1	FS	7.5YR6/4	@ 72" STR55	loose with fine gravel
72 - 120"	C2	VFLS	2.5Y5/3		firm fine strata

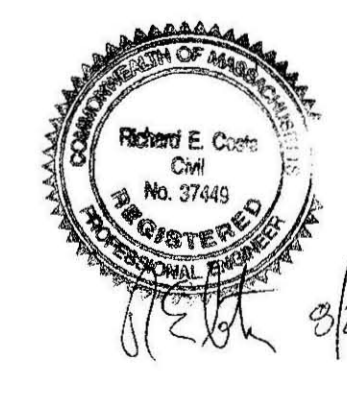
Parent Material (Geologic): outwash
Standing Water in the Hole: none Weeping from Pit Face: none
Estimated Seasonal High Ground Water: 72'

DESIGN CRITERIA
Design flow is for a 4-bedroom house without a garbage grinder.

DESIGN CALCULATION
Design flow: 4-bedroom, no garbage grinder = 440 gpd.
Retain Septic Tank: 1000 gallon precast two chamber septic tank.
Effluent Loading Rate: Percolation Rate = 1 minute per inch Class 1 soils.
Effluent loading rate = 0.74 gpd/ft.
Proposed Soil Absorption System: one infiltrator leach bed: 11.33' wide x 33.2' long
four rows each w/ eight infiltrator Quick4 standard chambers total of 32 chambers

Each standard chamber (bed configuration): = 4.72 SFL/F.
32 chambers each 4.0 LF: = 128.64 SFL.
128.64 LF x 4.72 SFL/F: = 604.16 SF.
Calculated Design Flow: 604.16 SF x 0.74 GPD/SF: = 447 gpd.
Total Required Design Flow: = 440 gpd (OK)

- GENERAL CONDITIONS**
1. This septic system repair plan is prepared in accordance with Title 8, 310 CMR 15.00. Construction shall conform to these regulations.
 2. Installer shall be certified by the manufacturer to install infiltrator chambers.
 3. The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
 4. All debris in the site area shall be removed and disposed of in accordance with the law.
 5. There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
 6. The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
 7. The septic tank shall be pumped and inspected as necessary and at least once every three years.
- CONSTRUCTION NOTES**
1. Any topsoil, subsoil, old fill, old leaching pit or other impervious materials encountered during excavation shall be removed from the site or placed in a designated area. Any fill placed on the site shall be compacted and approved by the designer.
 2. Pipe setting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
 3. The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
 4. Disturbed areas shall be reseeded and mulched until stable vegetation is established.



PLAN OF SEPTIC SYSTEM REPAIR
37 BAY ROAD, AMHERST, MA 01002

SEYMOUR AND ALICE EPSTEIN
37 BAY ROAD, AMHERST, MA 01002

SCALE: AS SHOWN
DATE: 8/17/08
APPROVED BY: [Signature]
DRAWN BY: R.N.S.
REVISION: 8/26/08

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER
P.O. BOX 3312, AMHERST, MA 01004-3312
(413)256-3400

AMHERST CIVIL ENGINEERING
PO Box 3312, Amherst, MA 01004-3312

(413) 256-3400

August 18, 2009

Amherst Health Department
Environmental Health Division
70 Boltwood Walk
Amherst, MA 01002

Re: Final Inspection of septic system installation at 37 Bay Road, Amherst, MA 01002.
Seymour and Alice Epstein, owners.

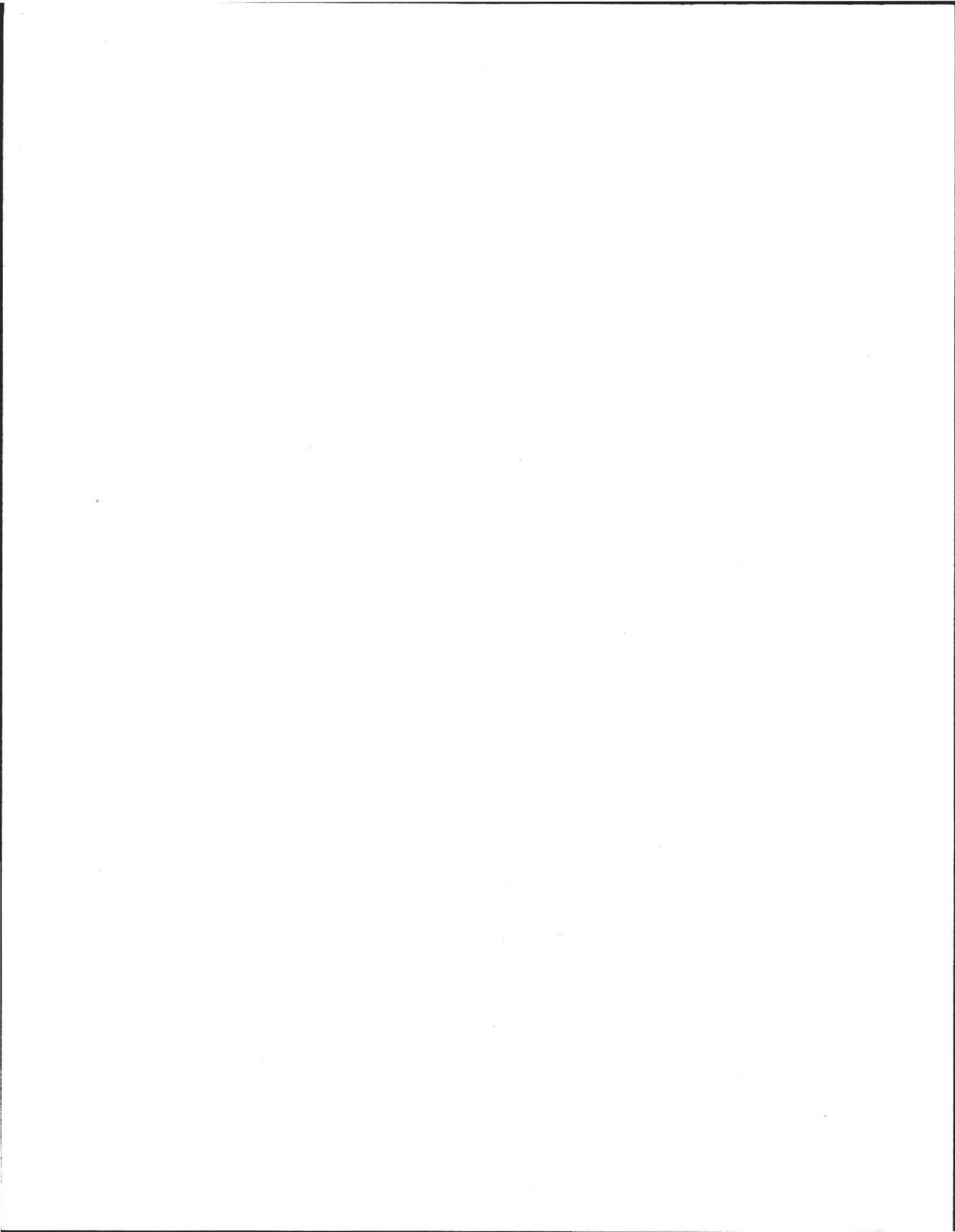
The subgrade for the septic system installation referenced above was inspected on November 10, 2008 and the final installation was inspected on November 12, 2008. The installation by Adair Construction, 89 Potwine Lane, Amherst, MA 01002, did conform to the requirements of Title 5, 310 CMR 15.00 and the plan prepared by this office and approved by the Amherst Health Department.

Thank you.

Very truly yours,



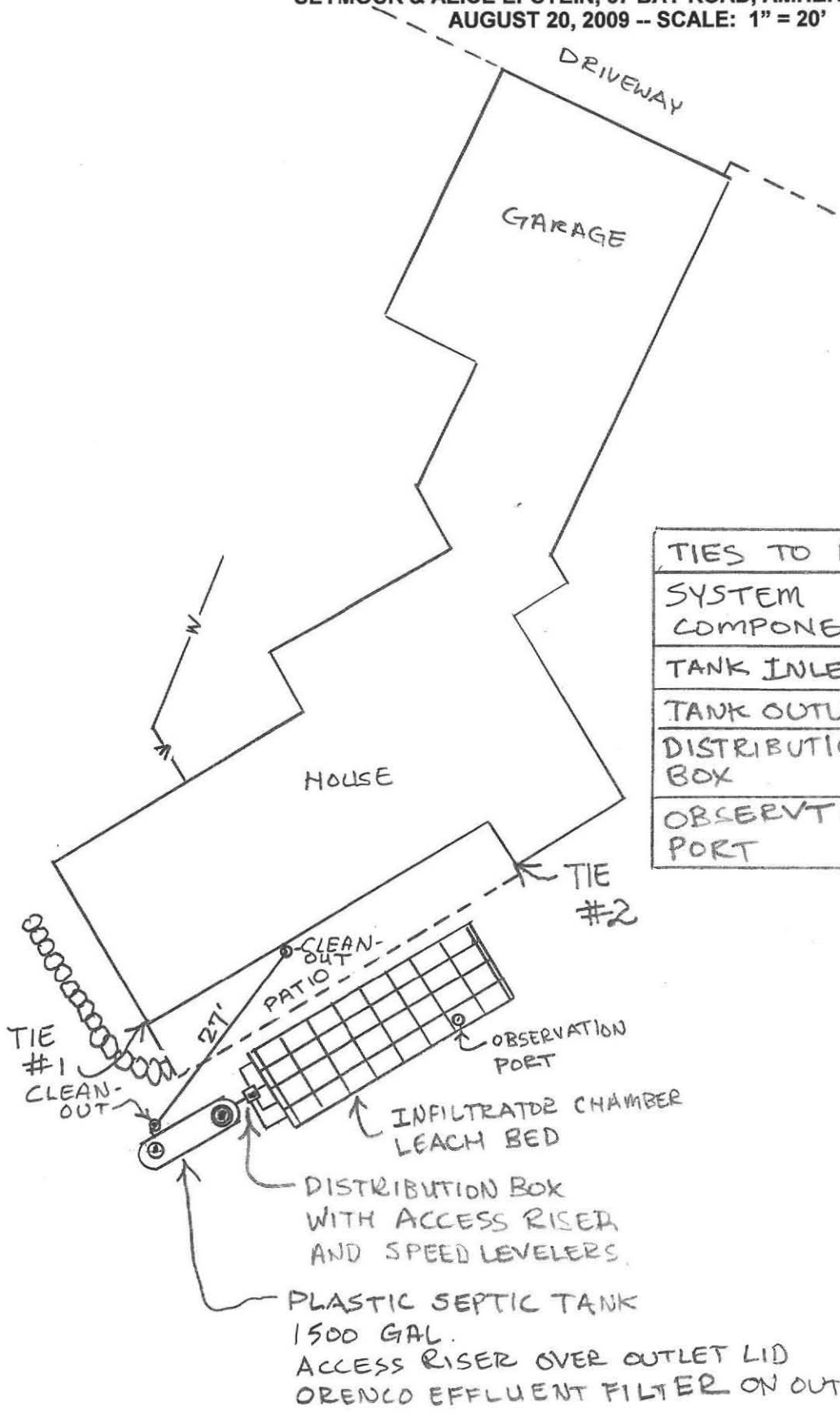
Richard E. Costa, P.E.
Robert Stover



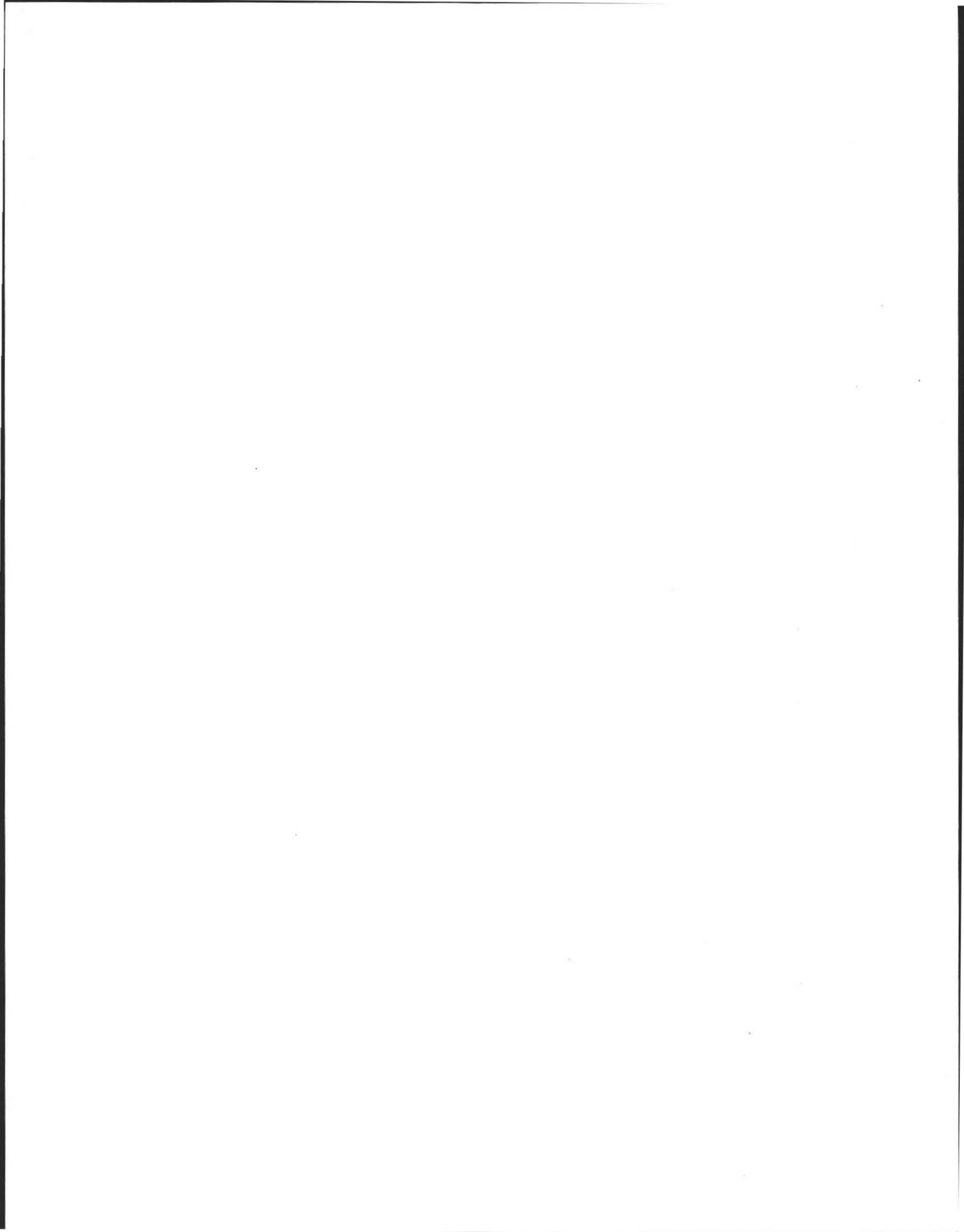
AS-BUILT SKETCH - SEPTIC SYSTEM LOCATION

SEYMOUR & ALICE EPSTEIN, 37 BAY ROAD, AMHERST, MA 01002

AUGUST 20, 2009 -- SCALE: 1" = 20'



TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENT	TIE # 1	TIE # 2
TANK INLET LID	16'0"	58'6"
TANK OUTLET LID	15'0"	49'0"
DISTRIBUTION BOX	16'4"	45'0"
OBSERVATION PORT	40'3"	22'4"





Commonwealth of Massachusetts
 City/Town of Amherst
Certificate of Compliance
 Form 3

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.

This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

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



DSCP Number		DSCP Date	
Alice and Seymour Epstein			
Facility Owner			
37 Bay Road			
Street Address or Lot #			
Amherst	MA	01002	
City/Town	State	Zip Code	

Designer Information:

Richard Costa PE/Robert Stover	Amherst Civil Engineering
Name	Name of Company
Signature	Date

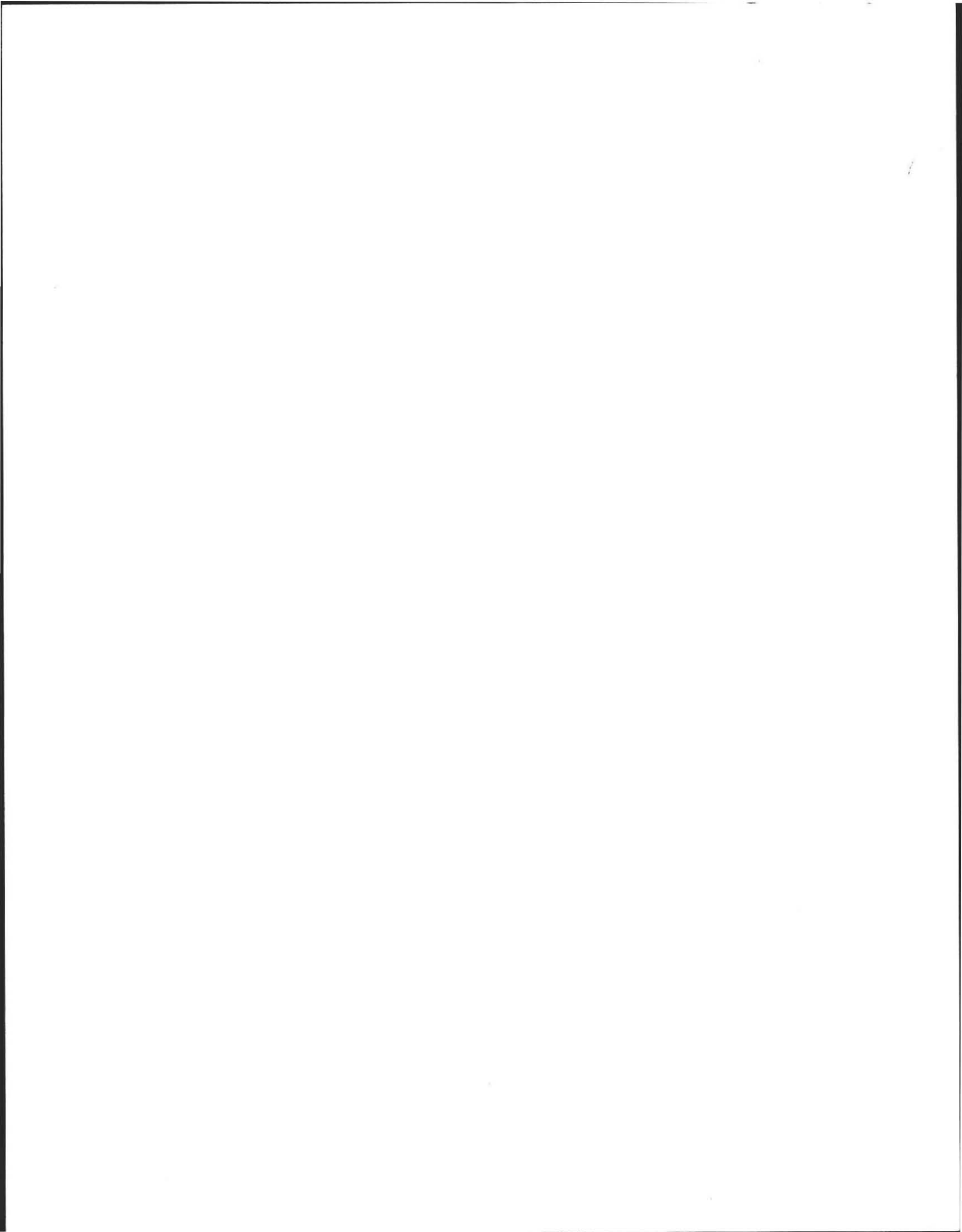
Installer Information:

Name	Name of Company
Signature	Date

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.

Amherst Board of Health
 Approving Authority
Ray Quitemanche
 Signature Date *8/28/09*





Commonwealth of Massachusetts
 City/Town of Amherst
Certificate of Compliance
 Form 3

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.

This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

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



DSCP Number _____ DSCP Date _____
 Alice and Seymour Epstein
 Facility Owner
 37 Bay Road
 Street Address or Lot #
 Amherst MA 01002
 City/Town State Zip Code

Designer Information:

Richard Costa PE/Robert Stover Amherst Civil Engineering
 Name Name of Company
 [Signature] [Signature] Date 8/25/09
 Signature Date

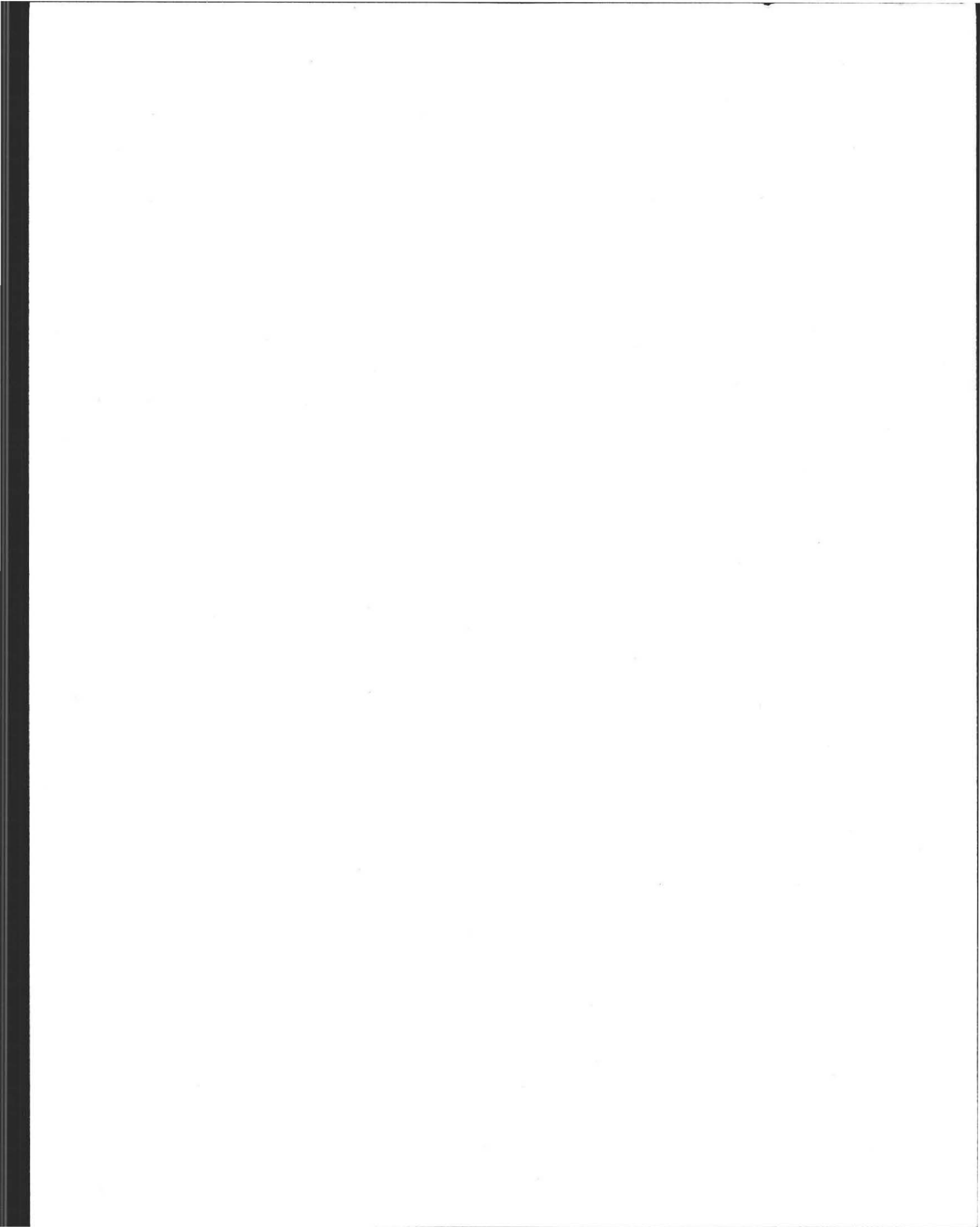
Installer Information:

Name _____ Name of Company _____
 Signature _____ Date _____

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.

[Signature] approving authority
 Amherst Board of Health
 Signature Date 8/28/09



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
www.amherstma.gov health@amherstma.gov

July 31, 2009

Richard Costa, PE/Robert Stover
Amherst Civil Engineering
PO Box 3312
Amherst, MA 01004-3312

RE: Septic System --37 Bay Road

Dear Mr. Costa and Mr. Stover:

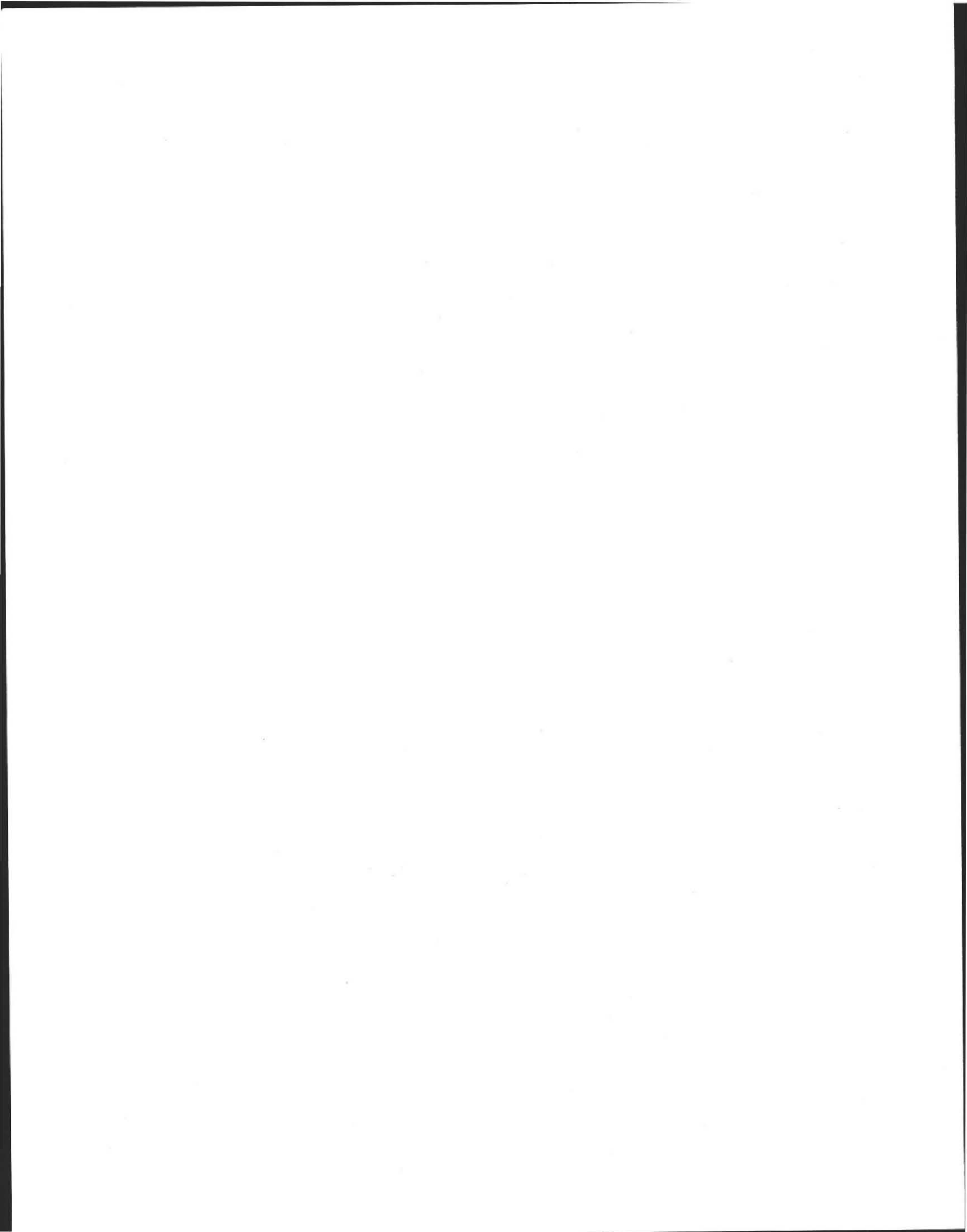
I have attempted emailing and phone calling without response. It is necessary that the Certificate of Compliance be signed by both the designer and installer for the above named property. The Amherst Board of Health is unable to release the COC without these signatures and the owners of the property should not be using the septic system until this document is complete.

The owners are anxious to receive the COC. If the revised plan dated 8-26-09 is accurate then please submit a letter stating that and this plan may be used for the "as-built."

Please contact me as soon as possible to complete the file so that this septic system meets Title V Code.

Sincerely,

Ellen Bokina
Sanitarian
Town of Amherst



Bokina, Ellen

From: Bokina, Ellen
Sent: Friday, June 19, 2009 3:06 PM
To: 'ROBERT STOVER'
Cc: 'sepstein@psych.umass.edu'
Subject: FW: 37 Bay Road

Ahhh!! Sorry, here it is for hopefully the last time.

Ellen Bokina
Sanitarian
Amherst Public Health Department
70 Boltwood Walk
Amherst, MA 01002

Direct: 413-259-3241
Fax: 413-259-2404
-----Original Message-----

From: Bokina, Ellen
Sent: Friday, June 19, 2009 3:02 PM
To: 'ROBERT STOVER'
Cc: 'sepstein@pshch.umass.edu'
Subject: FW: 37 Bay Road

Here it is again, sorry for the confusion.

Ellen Bokina
Sanitarian
Amherst Public Health Department
70 Boltwood Walk
Amherst, MA 01002

Direct: 413-259-3241
Fax: 413-259-2404
-----Original Message-----

From: Bokina, Ellen
Sent: Friday, June 19, 2009 2:59 PM
To: 'ROBERT STOVER'
Cc: 'sepstein@psychumass.edu'
Subject: 37 Bay Road

Dear Bob:

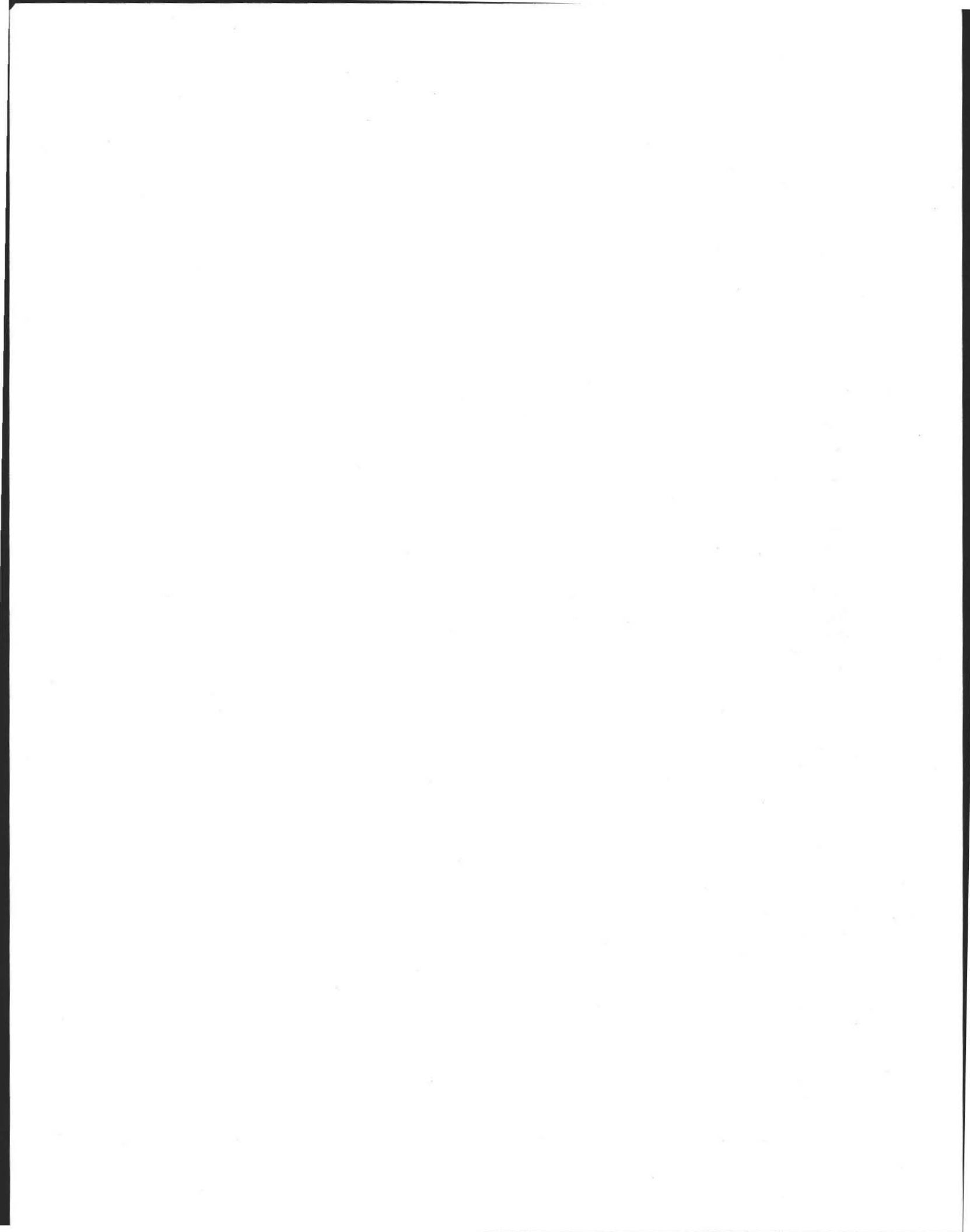
The Board of Health would like to complete this file. Please submit a copy of the As-Built for the above septic system.

Thank you,

Ellen Bokina
Sanitarian
Amherst Public Health Department
70 Boltwood Walk
Amherst, MA 01002

Direct: 413-259-3241
Fax: 413-259-2404

6/19/2009



PERMITS/INSP PAYMENT RECPT#: 9089490
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 05/13/09 TIME: 12:00
CLERK: mirj DEPT:

PAID BY:
PAYMENT METH: CHECK 1599

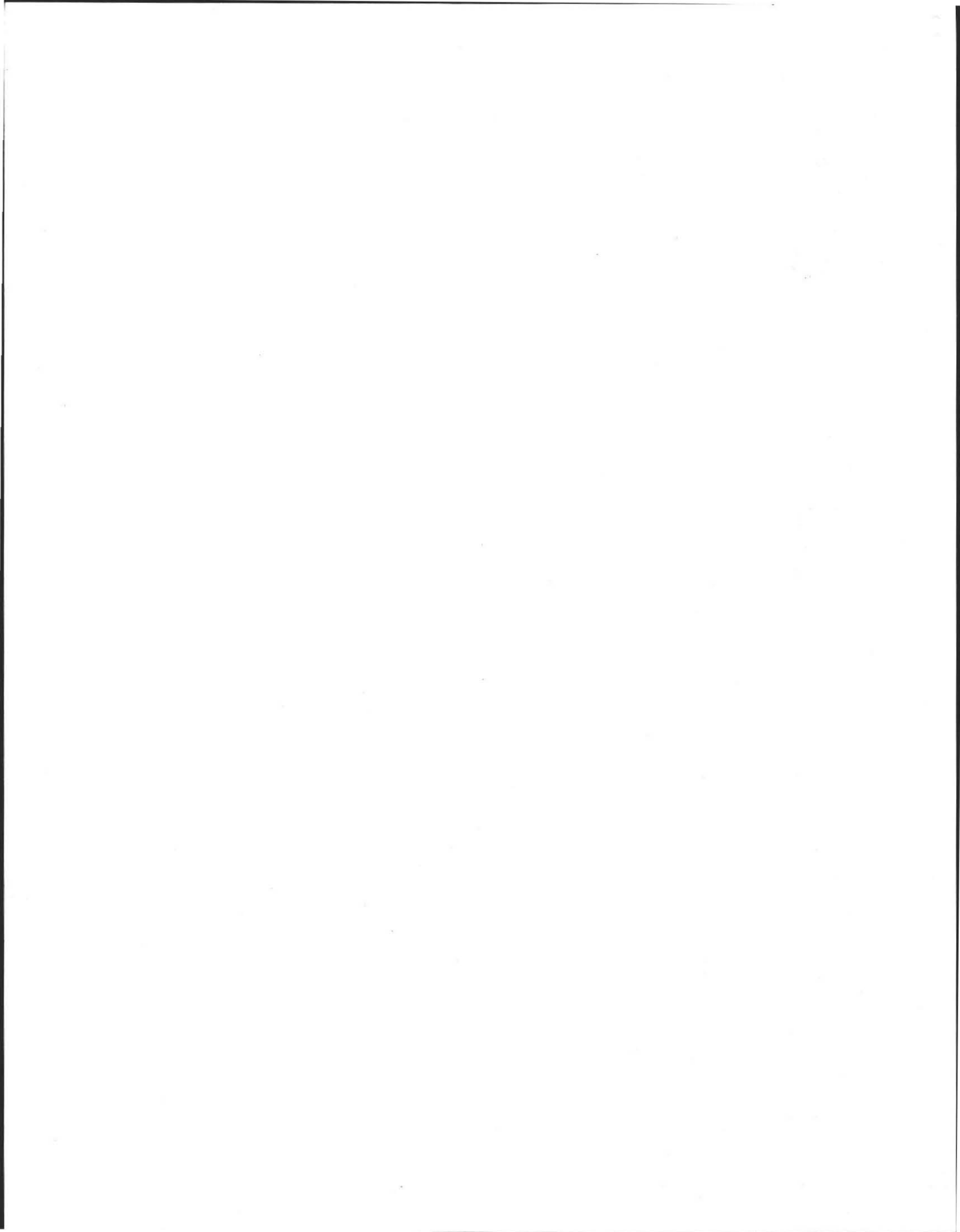
REFERENCE: A

AMT TENDERED: 125.00
AMT APPLIED: 125.00
CHANGE: .00

SITE ADDRESS: 37 BAY RD

FEES:
HEA043 PLAN REVIEW 125.00

TOTAL PAID: 125.00



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
www.amherstma.gov health@amherstma.gov

May 6, 2009

Mr. and Mrs. Seymour Epstein
37 Bay Road
Amherst, MA 01002

RE: 37 Bay Road Septic System Repair

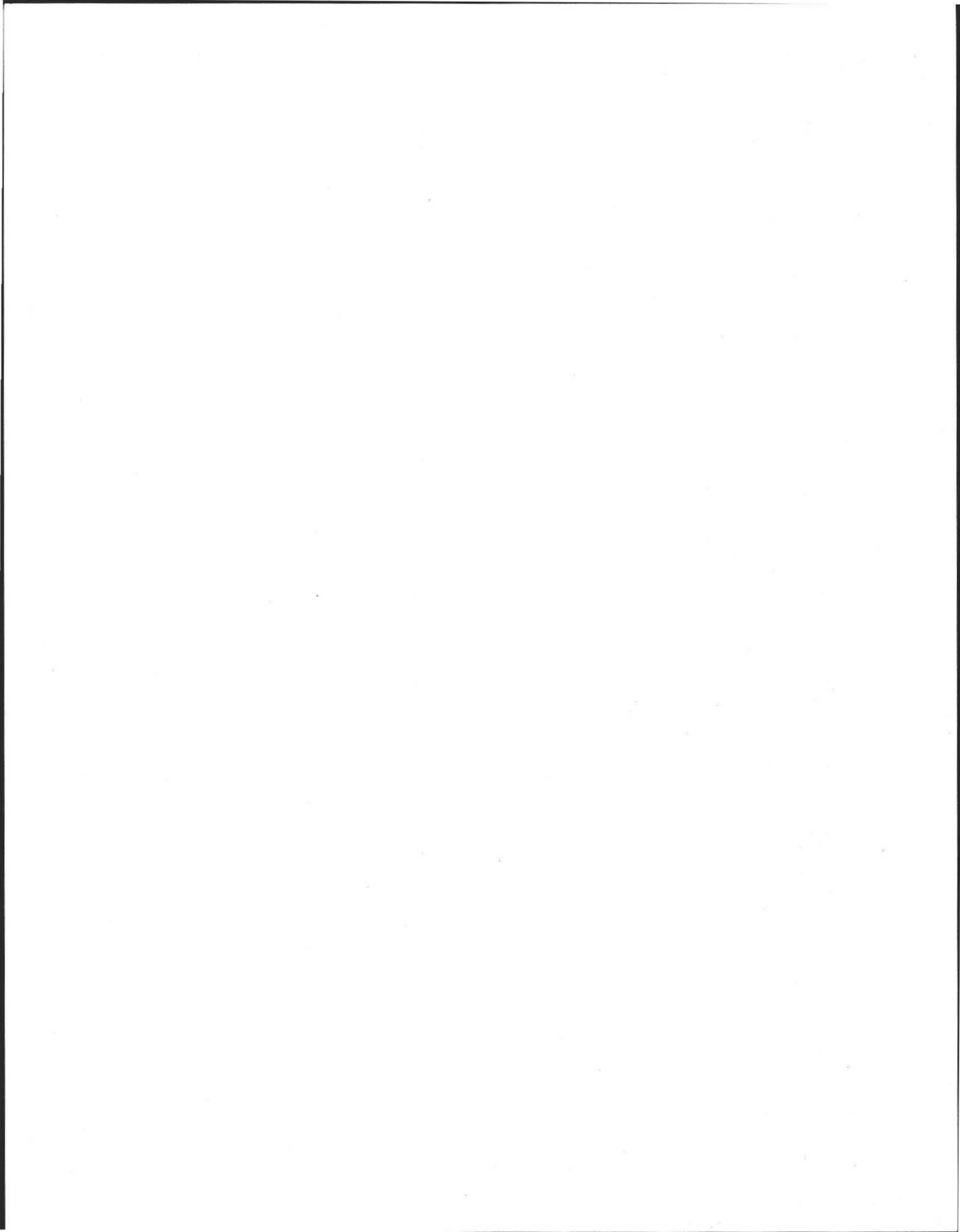
Dear Mr. and Mrs. Epstein:

A Subsequent Plan Review Fee of \$125.00 remains outstanding for this property for the repair and replacement of the existing septic system completed last year. Kindly submit this amount to the Amherst Health Department, Environmental Health Division to the address above so we may release the Certificate of Compliance to you.

Checks should be made out to the Town of Amherst.

Thank you,

Ellen Bokina
Environmental Health Coordinator
Town of Amherst





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

08-11
 Number

\$ 300.00
 Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

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.

Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component



1. Location of Facility:

37 Bay Rd.
 Address or Lot #
Amherst MA 01002
 City/Town State Zip Code

2. Owner Information

Seymour & Alice Epstein
 Name
37 Bay Rd.
 Address (if different from above)
Amherst MA 01002
 City/Town State Zip Code
(413) 253-2092
 Telephone Number



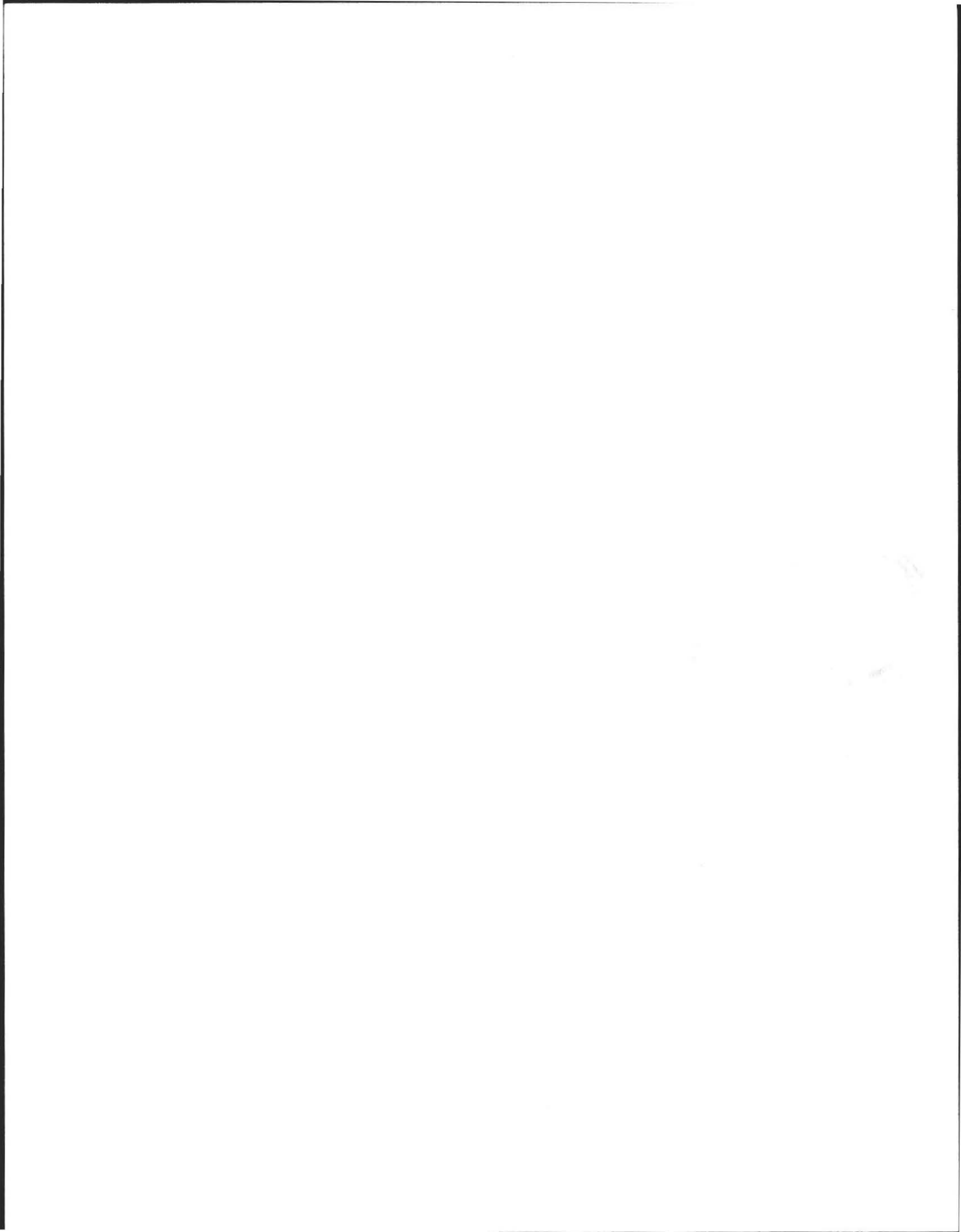
RE
 8/7/08

3. Installer Information

Name _____ Name of Company _____
 Address _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____

4. Designer Information

Richard E. Costa, P.E. / Robert Stover Amherst Civil Eng.
 Name Name of Company
P.O. Box 3312
 Address
Amherst MA 01004-3312
 City/Town State Zip Code
(413) 323-6843
 Telephone Number





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

08-11
 Number
 \$ 300.00
 Fee

A. Facility Information (continued)

5. Type of Building:

Dwelling

^{no} Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

Showers

Number of showers _____

Cafeteria

Other fixtures

Specify other fixtures: _____

6. Design Flow:

440
 Gallons per Day

Calculated Daily Flow:

447
 Gallons

7. Plan:

8/7/08
 Date of Original

one
 Number of Sheets

Revision Date

"Plan of Septic System Repair"
 Title of Plan

8. Description of Soil:

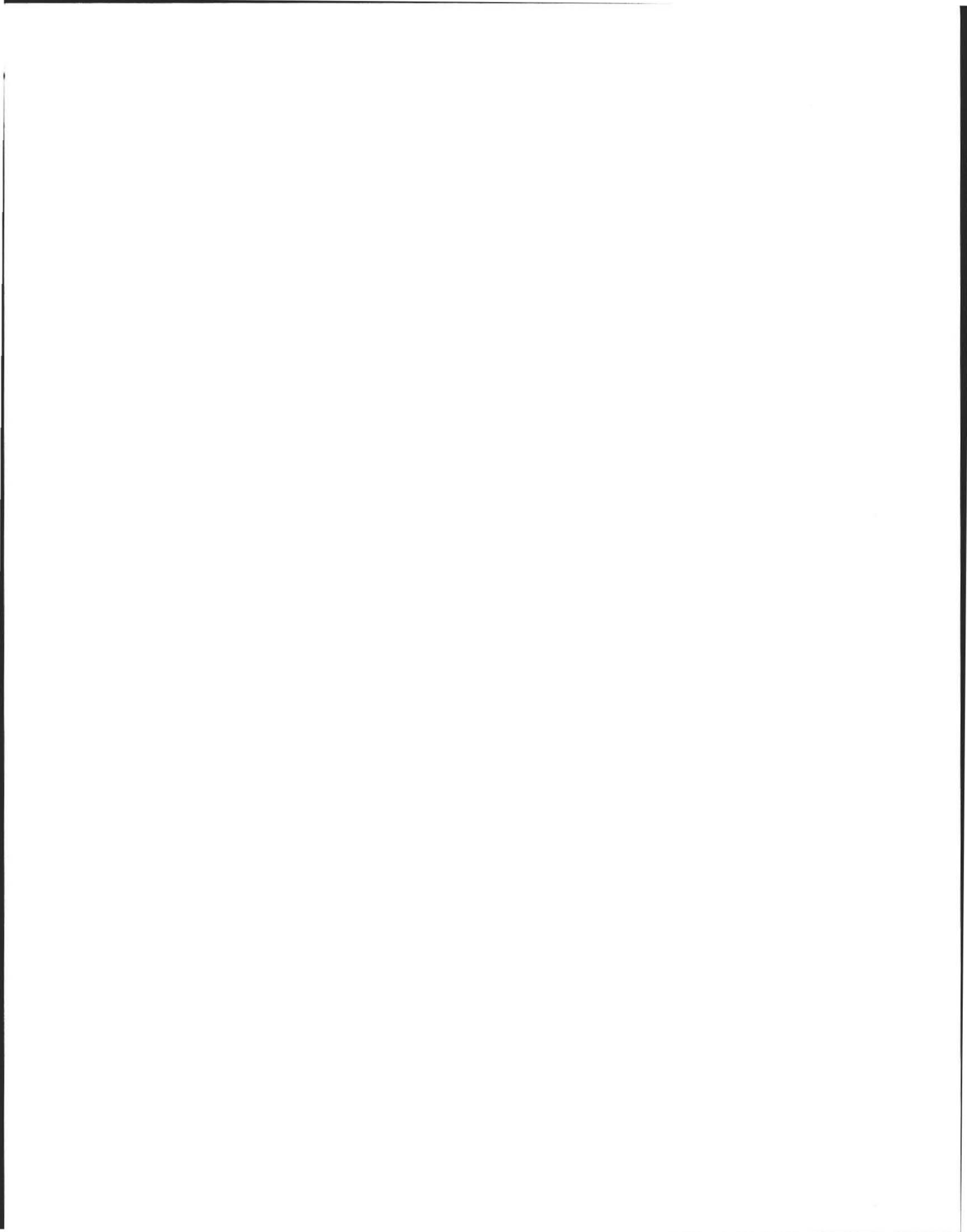
attached

9. Nature of Repairs or Alterations (if applicable):

install a leach bed of infiltrator "Quik-4"
standard chambers. Four rows of chambers; each row
33.2' long X 2.83' wide; 32 chambers in all.

10. Date last inspected:

not apply
 Date





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

08-11
 Number
 \$ 300.00
 Fee

B. Agreement

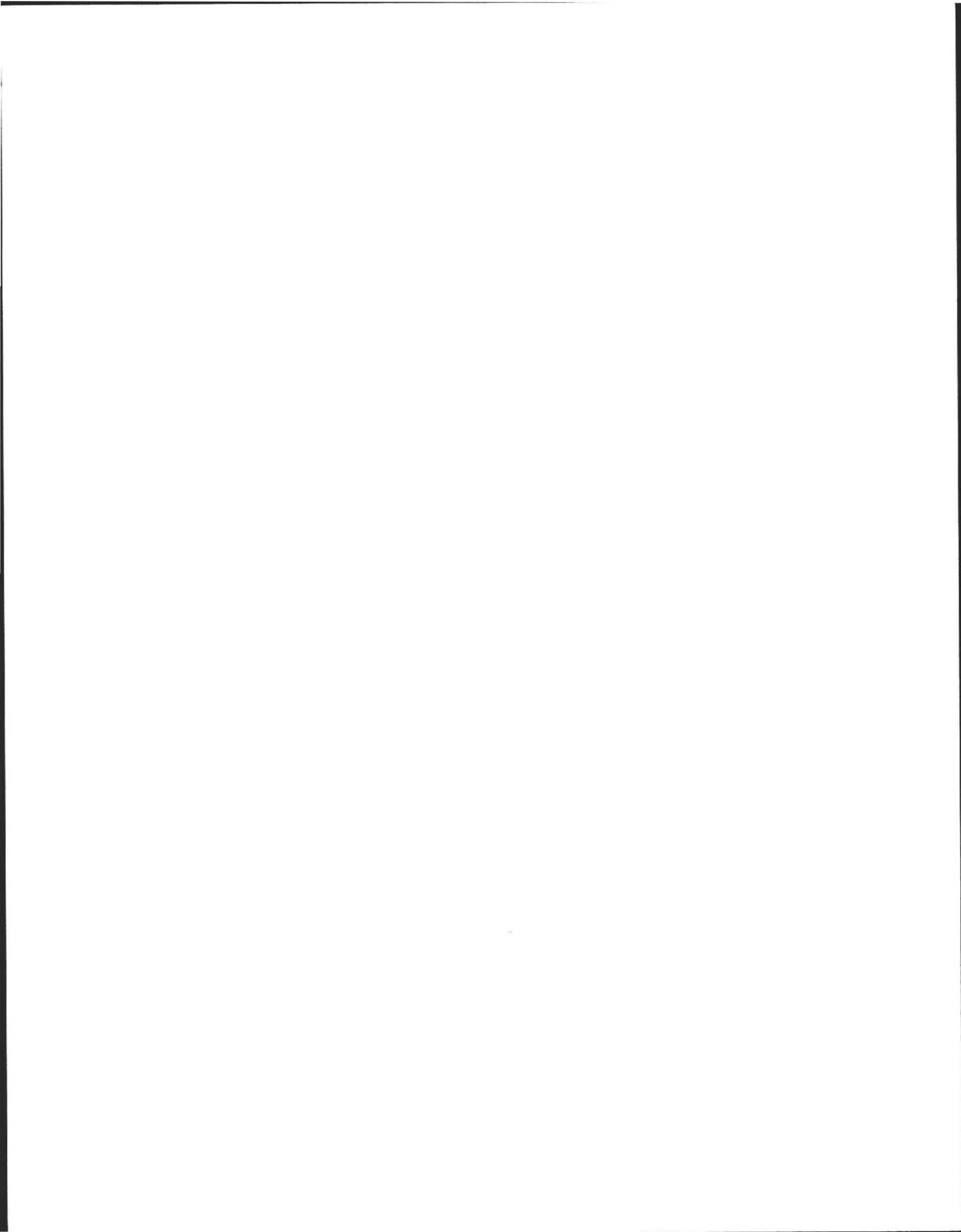
The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Sydney Epstein Signature 8/8/08 Date

Application Approved By:

Glynn Seligson DC, MPH, RS Name 08/15/08 Date

Application **Disapproved** for the following reasons:





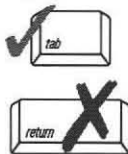
Commonwealth of Massachusetts
 City/Town of Amherst
Disposal System Construction Permit
Form 2A

08-11
 Number

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.

Permission is hereby granted to:

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



Alice and Seymour Epstein not apply
 Name Name of Company
 Bay Rd.
 Address
 Amherst MA 01002
 City/Town State Zip Code

to perform the following work on an on-site sewage disposal system:

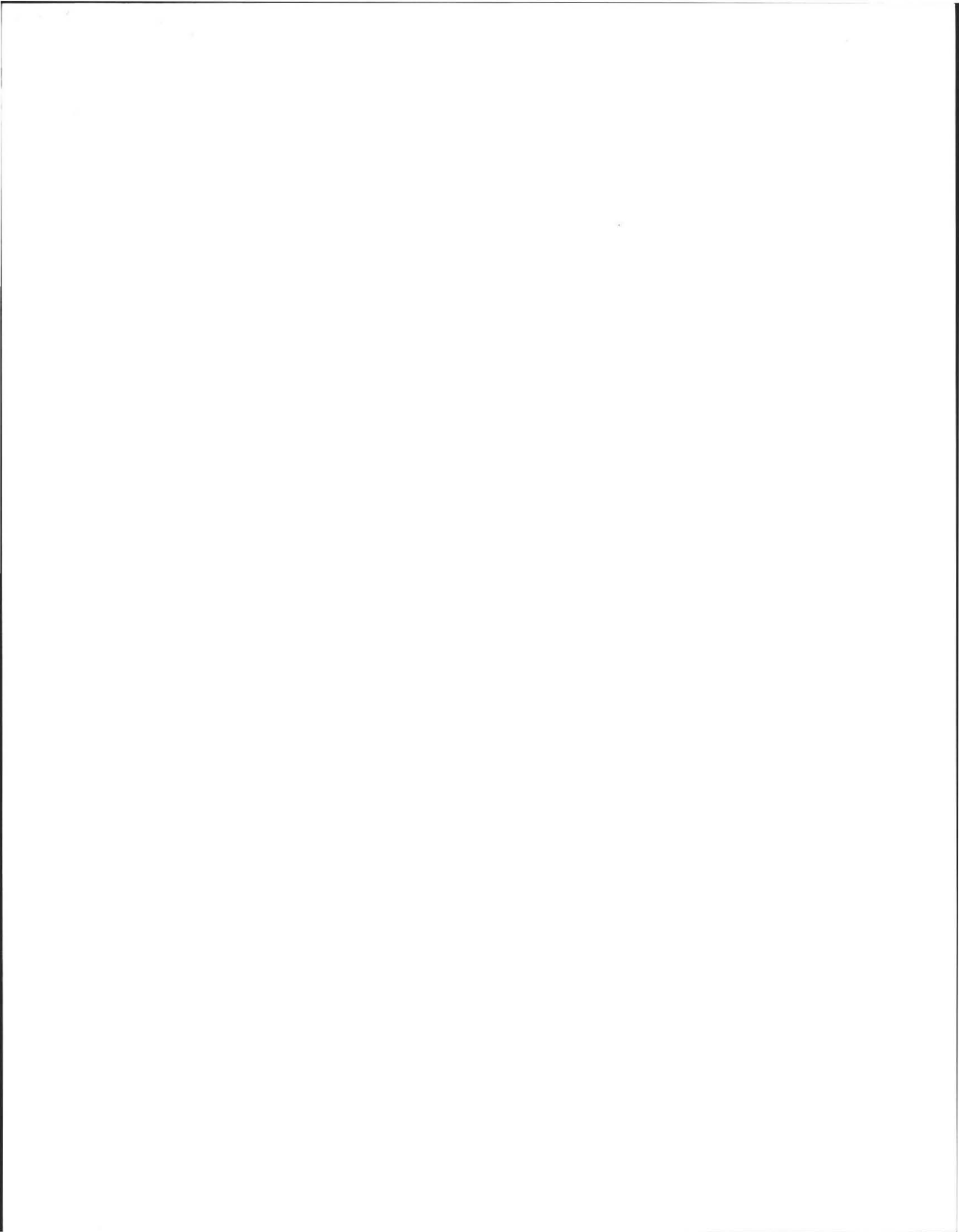
- Construction
- Repair or replacement
- Repair or replacement of system components

same
 Facility Address
 City/Town State Zip Code
 Alice and Seymour Epstein (413)253-2092
 Owner Telephone Number

The work to be performed is further described in the 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 three years of the date below.

Glen Sol DC, MPH, RS 08-11-08
 Approved by Date
Sanitarian
 Title





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
 & The Town of Amherst Wetlands Protection Bylaw

RFD08-1128

RECEIVED
 9/9/08

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



A. General Information

From:

Amherst
 Conservation Commission

To: Applicant

Seymour and Alice H. Epstein
 Name
37 Bay Road
 Mailing Address
Amherst MA 01002
 City/Town State Zip Code

Property Owner (if different from applicant):

 Name

 Mailing Address

 City/Town State Zip Code

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

<u>Plan of Septic System Repair 37 Bay Road, Amherst, MA 01002</u>	<u>Rev. 8/26/08</u>
Title	Date
_____	_____
Title	Date
_____	_____
Title	Date
_____	_____

2. Date Request Filed:

August 13, 2008

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 existing, failed septic system within 100 feet of a pond

Project Location:

37 Bay Road
 Street Address
25B
 Assessors Map/Plat Number

Amherst
 City/Town
19, 20 & 21
 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:

Exempt Activity (site applicable statutory/regulatory provisions)

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

September 4, 2008

Date

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:

[Handwritten signatures: John J. ...]

[Handwritten signature: Otto L. Stein]

August 27, 2008

Date



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).
1) The Wetlands Administrator shall be notified upon installation of the silt fence prior to work. 2) The silt fence may not be removed upon project completion until the Wetland Administrator has approved its removal upon final inspection.
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
DEP Regional Addresses
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Mail transmittal forms and DEP payments, payable to:

Commonwealth of Massachusetts
 Department of Environmental Protection
 Box 4062
 Boston, MA 02211

DEP Western Region

436 Dwight Street
 Suite 402
 Springfield, MA 01103
 Phone: 413-784-1100
 Fax: 413-784-1149

Adams	Colrain	Hampden	Monroe	Pittsfield	Tyringham
Agawam	Conway	Hancock	Montague	Plainfield	Wales
Alford	Cummington	Hatfield	Monterey	Richmond	Ware
Amherst	Dalton	Hawley	Montgomery	Rowe	Warwick
Ashfield	Deerfield	Heath	Monson	Russell	Washington
Becket	Easthampton	Hinsdale	Mount Washington	Sandisfield	Wendell
Belchertown	East Longmeadow	Holland	New Ashford	Savoy	Westfield
Bernardston	Egremont	Holyoke	New Marlborough	Sheffield	Westhampton
Blandford	Erving	Huntington	New Salem	Shelburne	West Springfield
Brimfield	Florida	Lanesborough	North Adams	Shutesbury	West Stockbridge
Buckland	Gill	Lee	Northampton	Southampton	Whately
Charlemont	Goshen	Lenox	Northfield	South Hadley	Wilbraham
Cheshire	Granby	Leverett	Orange	Southwick	Williamstown
Chester	Granville	Leyden	Oris	Springfield	Williamstown
Chesterfield	Great Barrington	Longmeadow	Palmer	Stockbridge	Windsor
Chicopee	Greenfield	Ludlow	Pelham	Sunderland	Worthington
Clarksburg	Hadley	Middlefield	Peru	Tolland	

DEP Central Region

627 Main Street
 Worcester, MA 01608
 Phone: 508-792-7650
 Fax: 508-792-7621
 TDD: 508-767-2788

Acton	Charlton	Hopkinton	Millbury	Rutland	Uxbridge
Ashburnham	Clinton	Hubbardston	Millville	Shirley	Warren
Ashby	Douglas	Hudson	New Braintree	Shrewsbury	Webster
Athol	Dudley	Holliston	Northborough	Southborough	Westborough
Auburn	Dunstable	Lancaster	Northbridge	Southbridge	West Boylston
Ayer	East Brookfield	Leicester	North Brookfield	Spencer	West Brookfield
Barre	Fitchburg	Leominster	Oakham	Sterling	Westford
Bellingham	Gardner	Littleton	Oxford	Stow	Westminster
Berlin	Grafton	Lunenburg	Paxton	Sturbridge	Winchendon
Blackstone	Groton	Marlborough	Pepperell	Sutton	Worcester
Bolton	Harvard	Maynard	Petersham	Templeton	
Boxborough	Hardwick	Medway	Phillipston	Townsend	
Boylston	Holden	Mendon	Princeton	Tyngsborough	
Brookfield	Hopedale	Milford	Royalston	Upton	

DEP Southeast Region

20 Riverside Drive
 Lakeville, MA 02347
 Phone: 508-946-2700
 Fax: 508-947-6557
 TDD: 508-946-2795

Abington	Dartmouth	Freetown	Mattapoisett	Provincetown	Tisbury
Acushnet	Dennis	Gay Head	Middleborough	Raynham	Truro
Attleboro	Dighton	Gosnold	Nantucket	Rehoboth	Wareham
Avon	Duxbury	Halifax	New Bedford	Rochester	Wellfleet
Barnstable	Eastham	Hanover	North Attleborough	Rockland	West Bridgewater
Berkley	East Bridgewater	Hanson	Norton	Sandwich	Westport
Bourne	Easton	Harwich	Norwell	Scituate	West Tisbury
Brewster	Edgartown	Kingston	Oak Bluffs	Seekonk	Whitman
Bridgewater	Fairhaven	Lakeville	Orleans	Sharon	Wrentham
Brockton	Fall River	Mansfield	Pembroke	Somerset	Yarmouth
Carver	Falmouth	Marion	Plainville	Stoughton	
Chatham	Foxborough	Marshfield	Plymouth	Swansea	
Chilmark	Franklin	Mashpee	Plympton	Taunton	

DEP Northeast Region

1 Winter Street
 Boston, MA 02108
 Phone: 617-654-6500
 Fax: 617-556-1049
 TDD: 617-574-6868

Amesbury	Chelmsford	Hingham	Merrimac	Quincy	Wakefield
Andover	Chelsea	Holbrook	Methuen	Randolph	Walpole
Arlington	Cohasset	Hull	Middleton	Reading	Waltham
Ashland	Concord	Ipswich	Millis	Revere	Watertown
Bedford	Danvers	Lawrence	Milton	Rockport	Wayland
Belmont	Dedham	Lexington	Nahant	Rowley	Wellesley
Beverly	Dover	Lincoln	Natick	Salem	Wenham
Billerica	Dracut	Lowell	Needham	Salisbury	West Newbury
Boston	Essex	Lynn	Newbury	Saugus	Weston
Boxford	Everett	Lynnfield	Newburyport	Sherborn	Westwood
Braintree	Framingham	Malden	Newton	Somerville	Weymouth
Brookline	Georgetown	Manchester-By-The-Sea	Norfolk	Stoneham	Wilmington
Burlington	Gloucester	Marblehead	North Andover	Sudbury	Winchester
Cambridge	Groveland	Medfield	North Reading	Swampscott	Winthrop
Canton	Hamilton	Medford	Norwood	Tewksbury	Woburn
Carlisle	Haverhill	Melrose	Peabody	Topsfield	



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.



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

Request for Departmental Action Fee Transmittal Form

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

B. Instructions (cont.)

2. On a separate sheet attached to this form, state clearly and concisely the objections to the Determination or Order which is being appealed. To the extent that the Determination or Order is based on a municipal bylaw, and not on the Massachusetts Wetlands Protection Act or regulations, the Department has no appellate jurisdiction.
3. Send a **copy** of this form and a **copy** of the check or money order with the Request for a Superseding Determination or Order by certified mail or hand delivery to the appropriate DEP Regional Office (see Attachment A).
4. 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.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands
Request for Departmental Action Fee Transmittal Form
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

A. Request 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. Person or party making request (if appropriate, name the citizen group's representative):

Name _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

Phone Number _____ Fax Number (if applicable) _____

Project Location _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

2. Applicant (as shown on Notice of Intent (Form 3), Abbreviated Notice of Resource Area Delineation (Form 4A); or Request for Determination of Applicability (Form 1)):

Name _____

Mailing Address _____

City/Town _____ State _____ Zip Code _____

Phone Number _____ Fax Number (if applicable) _____

3. DEP File Number:
- _____

B. Instructions

1. When the Departmental action request is for (check one):
- Superseding Order of Conditions (\$100 for individual single family homes with associated structures; \$200 for all other projects)
 - Superseding Determination of Applicability (\$100)
 - Superseding Order of Resource Area Delineation (\$100)

Send this form and check or money order for the appropriate amount, payable to the *Commonwealth of Massachusetts* to:

Department of Environmental Protection
 Box 4062
 Boston, MA 02211

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
www.amherstma.gov health@amherstma.gov

September 17, 2008

RE: 37 Bay Road Septic System Repair/Local Upgrade Approval/REVISION dated 08-26-08

Dear Amherst Board of Health:

I have reviewed the revised septic plan repair for 37 Bay Road, currently owned by Alice and Seymour Epstein. It is my opinion that the local upgrade approval for the proposed revised septic plan design as profiled to me by Mr. Bob Stover and Mr. Richard Costa, PE of Amherst Civil Engineering dated 08-26-08, meets the criteria set forth in Massachusetts Title 5 Regulations and actually offers a higher level of environmental protection.

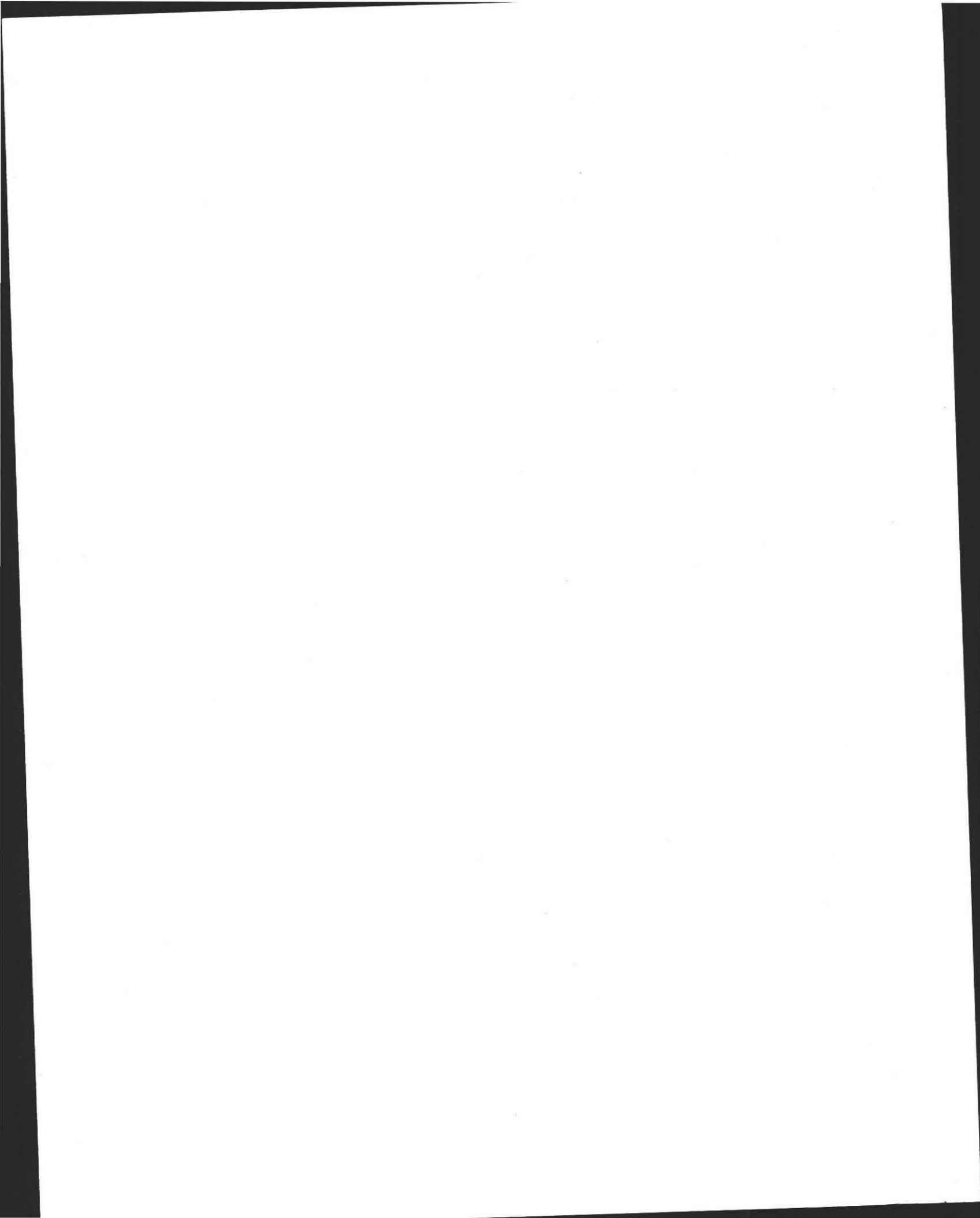
Please see Mr. Stover's letter to me dated 09-03-08 as it thoroughly outlines our review of the new plans and discussion of the proposed revision.

Mr. Stover will be in attendance at the 09-25-08 BOH meeting and will be available to discuss and give a review of the revised local upgrade approval as needed and to answer any concerns or questions you may have.

Please note: this revised plan was approved by the Amherst Conservation Commission at their August 27, 2008 meeting. Thank you.

Respectfully submitted by,

Ellen Bokina, DC, MPH, RS
Sanitarian/Environmental Health Coordinator
Town of Amherst





Commonwealth of Massachusetts
 City/Town of AMHERST
System Pumping Record
 Form 4

COPY

RECEIVED
 9-16-08

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. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

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. System Location:

37 BAY ROAD

Address

AMHERST

City/Town

MASS.

State

01002

Zip Code

2. System Owner:

ALICE EPSTIEN

Name

Address (if different from location)

City/Town

State

Zip Code

256 0849

Telephone Number

B. Pumping Record

1. Date of Pumping APRIL 29, 2008 2. Quantity Pumped: 1000
Date Gallons

3. Type of system: Cesspool(s) Septic Tank Tight Tank Grease Trap

Other (describe): _____

4. Effluent Tee Filter present? Yes No If yes, was it cleaned? Yes No

5. Condition of System: _____

6. System Pumped By:

DOM SR

Name

SILVER /YELLOW HAULER

Vehicle License Number

CLEAN SEPTICS

Company

7. Location where contents were disposed:

BONDI'S

Signature of Hauler

Date

Signature of Receiving Facility

Date

COPY



Commonwealth of Massachusetts
 City/Town of AMHERST
 System Pumping Record
 Form 4

COPY

RECEIVED
 9-16-08

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. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

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. System Location:
37 BAY ROAD
 Address
AMHERST MASS. 01002
 City/Town State Zip Code

2. System Owner:
ALICE EPSTIEN
 Name
 Address (if different from location)
 City/Town State Zip Code
256 0849
 Telephone Number

B. Pumping Record

1. Date of Pumping AUGUST 21, 2008 2. Quantity Pumped: 2500
 Date Gallons

3. Type of system: Cesspool(s) Septic Tank Tight Tank Grease Trap
 Other (describe): _____

4. Effluent Tee Filter present? Yes No If yes, was it cleaned? Yes No

5. Condition of System:
SYSTEM IS IN FAILURE PER DRIVER

6. System Pumped By:
FREDDIE SILVER /YELLOW HAULER
 Name Vehicle License Number
CLEAN SEPTICS
 Company

7. Location where contents were disposed:
BONDI'S

Signature of Hauler _____ Date _____
 Signature of Receiving Facility _____ Date _____

COPY



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands

Amherst
 City/Town

WPA Form 1- Request for Determination of Applicability

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

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:

Seymour and Alice H. Epstein
 Name

37 Bay Rd.
 Mailing Address

Amherst
 City/Town

(413)253-2092
 Phone Number

E-Mail Address

MA
 State

01002
 Zip Code

Fax Number (if applicable)

2. Representative (if any):

Amherst Civil Engineering
 Firm

Robert Stover
 Contact Name

P. O. Box 3312
 Mailing Address

Amherst
 City/Town

(413)323-6843
 Phone Number

bobstover1@verizon.net
 E-Mail Address

MA
 State

01004-3312
 Zip Code

by arrangement
 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.

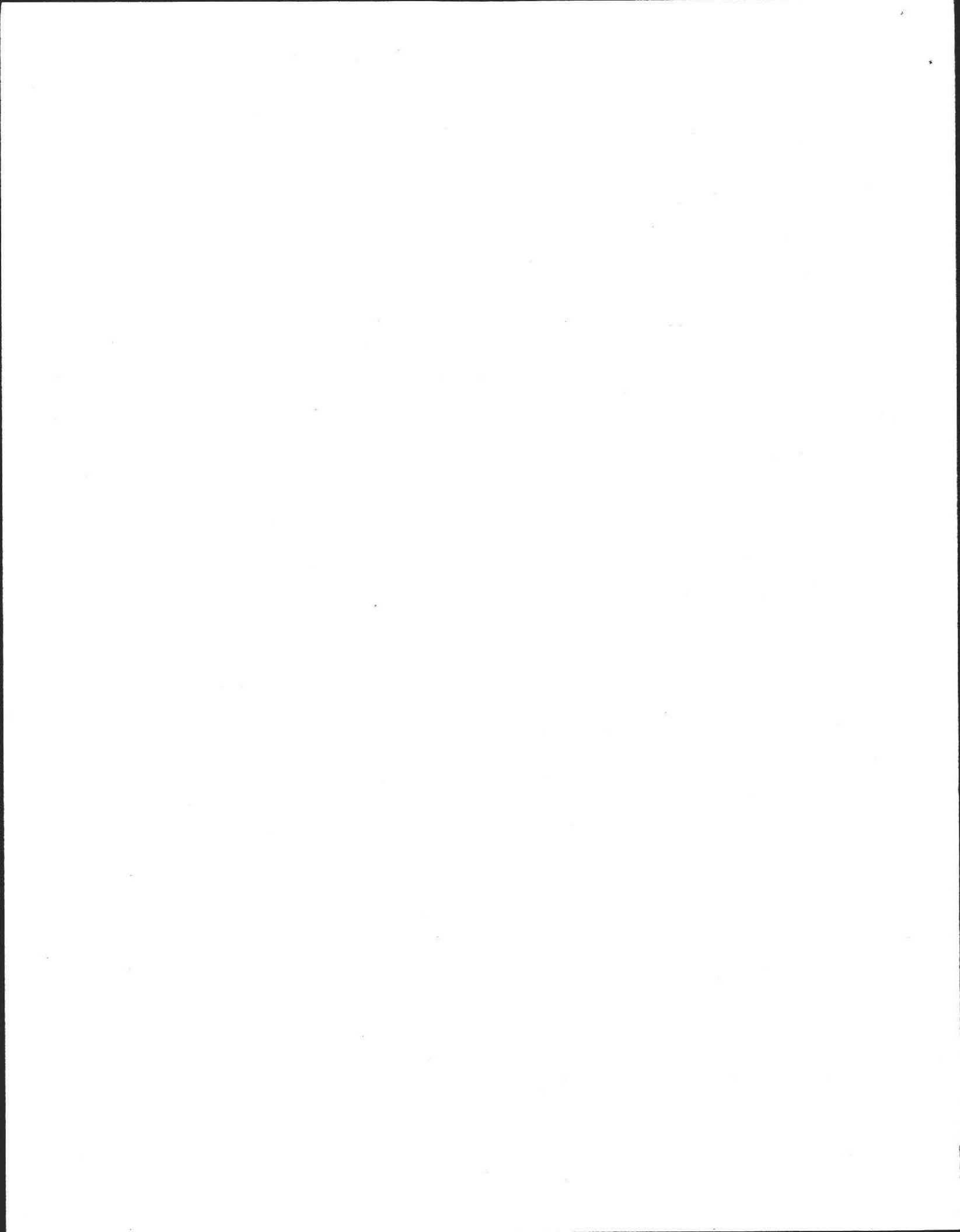
c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.

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:

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).

not apply - repair of existing septic system





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):

37 Bay Rd.

Street Address

Amherst

City/Town

25B

Assessors Map/Plat Number

19, 20, 21

Parcel/Lot Number

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

replace a failing S. A. S. within 100 ft. of a pond

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

"Plan of Septic System Repair"

Title

8/07/08

Date

Title

Date

Title

Date

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

the replacement S.A.S. will be an Infiltrator leach bed with 32 "Quik-4" chambers in a four rows each 33.2 ft. long by 2.83 ft. wide.



WPA Form 1- Request for Determination of Applicability

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

C. Project Description (cont.)

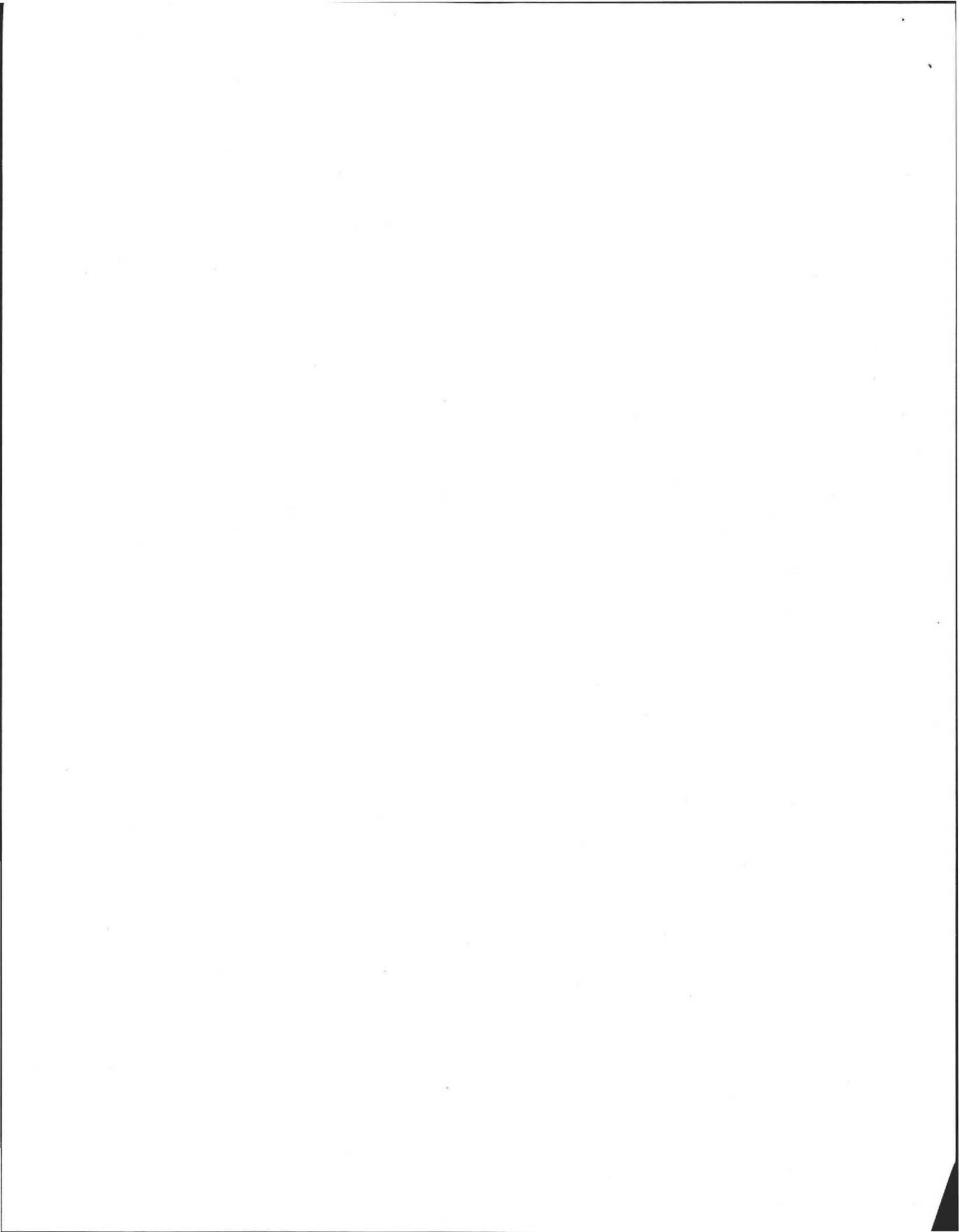
b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

As a septic system repair, if the proposed work conforms to the requirements of Title 5 it's presumed to be environmentally safe.

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.)





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:

Alice and Seymour Epstein

Name

37 Bay Road

Mailing Address

Amherst

City/Town

MA

State

01002

Zip Code

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

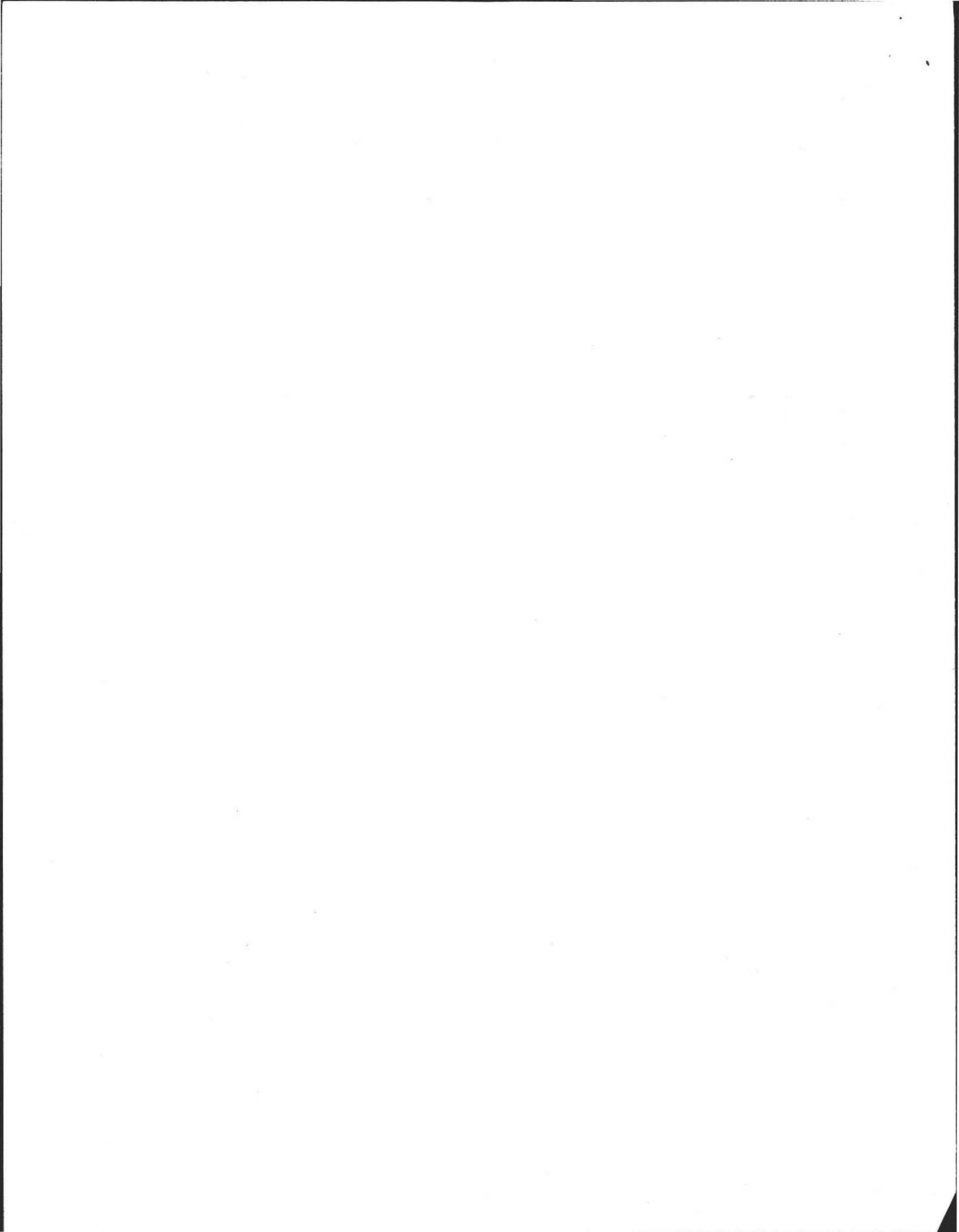
August 8, 2008

Date


Signature of Representative (if any)

August 8, 2008

Date



Plan:

37 Bay Rd
08-11

Designed by: Bob Storey / Richard Costa, PE
CHECK LIST FOR SEPTIC PLANS

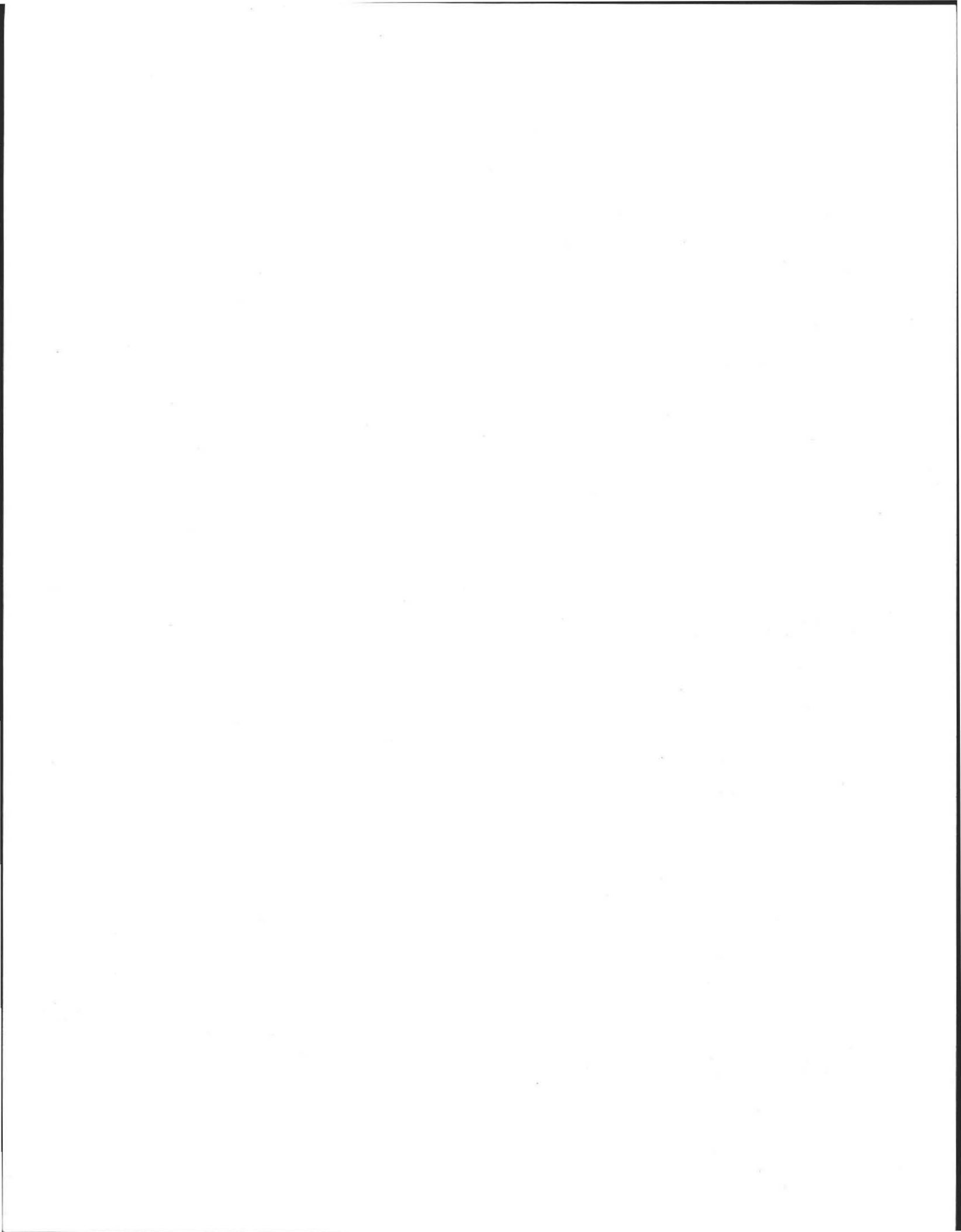
08-11-08

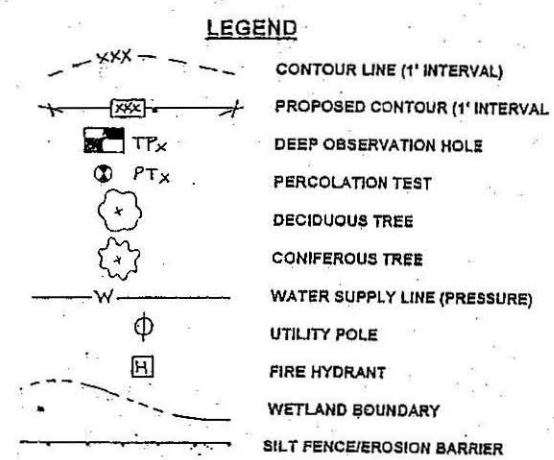
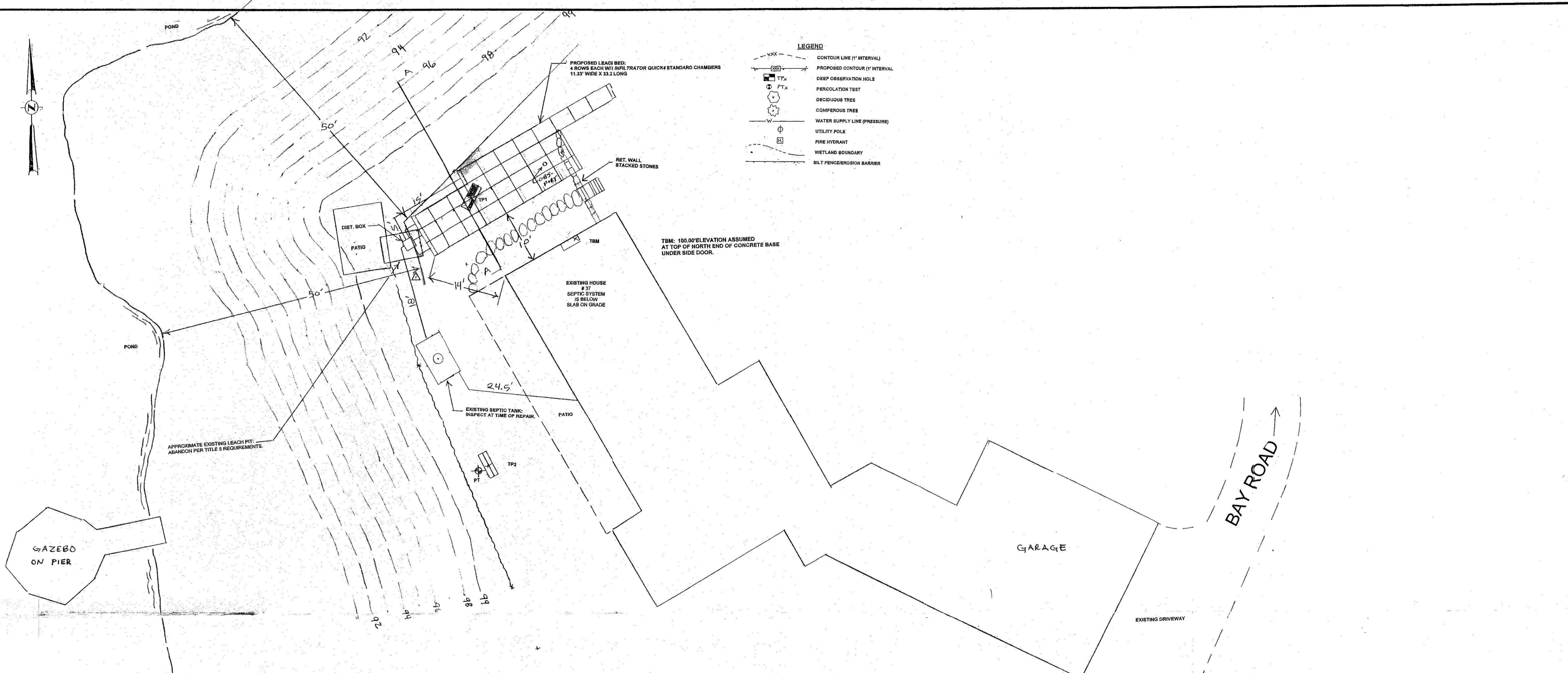
✓ RB

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp 15270 (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)
- 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**
- Location of any surface waters, rivers, vegetated wetlands
- 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
- 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
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan → 5' ft to 4' ft water table separation
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

NOTES:

ConCom must approve d/t wetlands, mtg is end of August. BOH approved Thur 8/14/08.





SOIL EVALUATION

Soil Evaluator: Robert Stover
 SOH Representative: Ellen Bokina
 Date of Evaluation: 5/10/08

Ground elevation at soil evaluation test pit #1: 99.00'.
 Est. Seasonal High Ground Water Elev.: 92.84'.
 Bedrock Elevation is deeper than 99.00'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 7"	A	FSL	10YR3/2	None	frable
7 - 21"	Bw	FS	10YR5/6	None	frable to loose fine gravel present
21 - 78"	C1	F to M sand gravelly	10YR6/3	@ 72"	loose, gravelly EYR6 7.5YR4/2
78 - 108"	C2	VFLS	2.5Y5/3		firm stratified

Parent Material (Geologic): outwash
 Standing Water in the Hole: none Weeping from Pit Face: none
 Estimated Seasonal High Ground Water: 90'

Ground elevation at soil evaluation test pit #2: 99.00'.
 Est. Seasonal High Ground Water Elev.: 93.00'.
 Bedrock Elevation is deeper than 99.00'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2	None	frable
6 - 14"	Bw	FS	10YR5/4	None	frable to loose many stones & roots
14 - 72"	C1	FS well graded gravelly	7.5YR6/4	@ 72"	loose with fine gravel EYR6 7.5YR4/4
72 - 120"	C2	VFLS	2.5Y5/3		firm fine strata

Parent Material (Geologic): outwash
 Standing Water in the Hole: none Weeping from Pit Face: none
 Estimated Seasonal High Ground Water: 72'

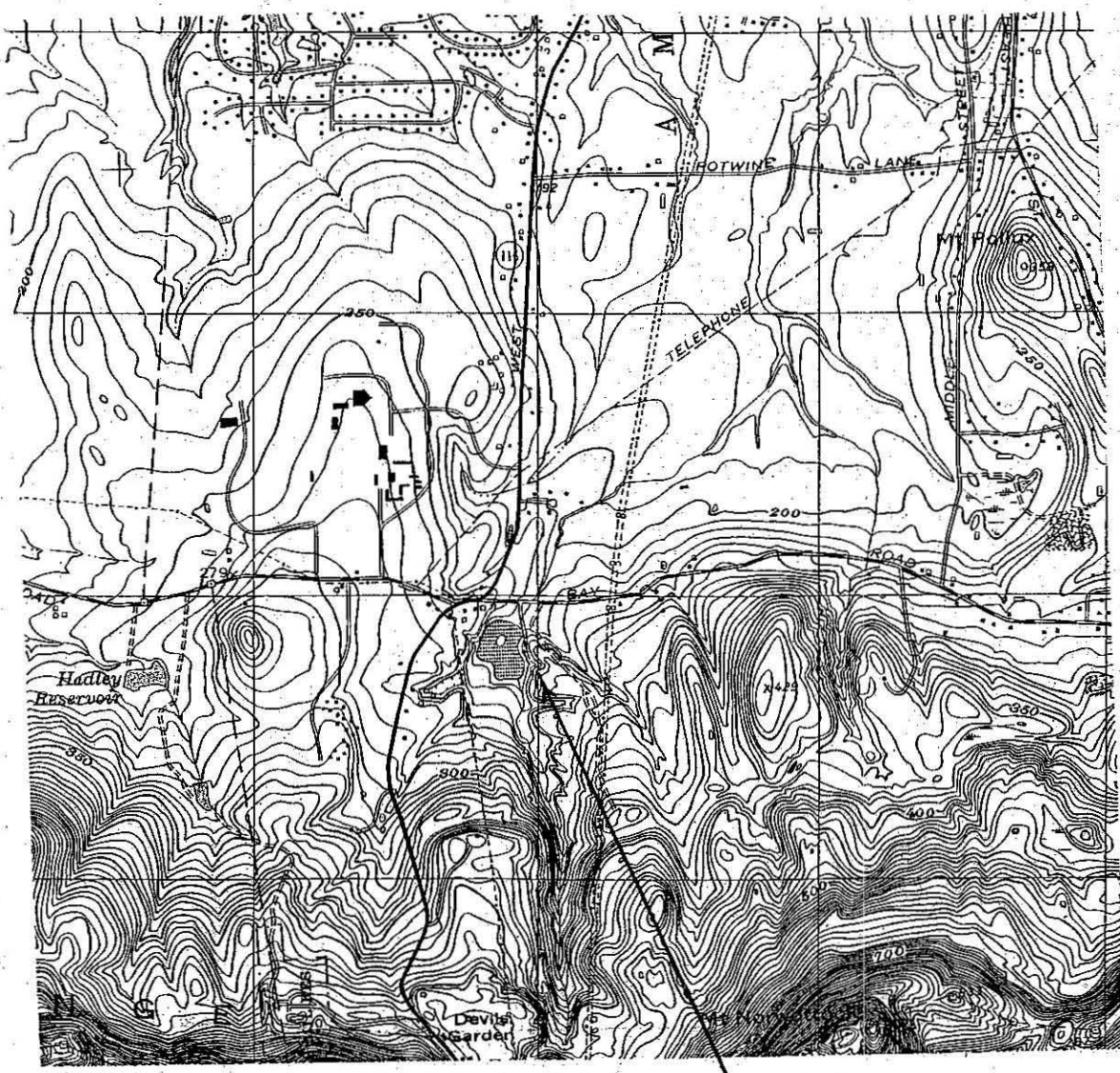
DESIGN CRITERIA
 Design flow is for a 4-bedroom house without a garbage grinder.

DESIGN CALCULATION
 Design flow: 4 bedrooms, no garbage grinder = 440 gpd.
 Retain Septic Tank: 1000 gallon precast two chamber septic tank.
 Effluent Loading Rate: Percolation Rate = 1 minute per inch Class 1 soils.
 Effluent loading rate = 0.74 gpd/ft.
 Proposed Soil Absorption System: one infiltrator leach bed:
 11.33' wide x 33.2' long
 four rows each w/ eight Infiltrator Quick4 standard chambers
 total of 32 chambers

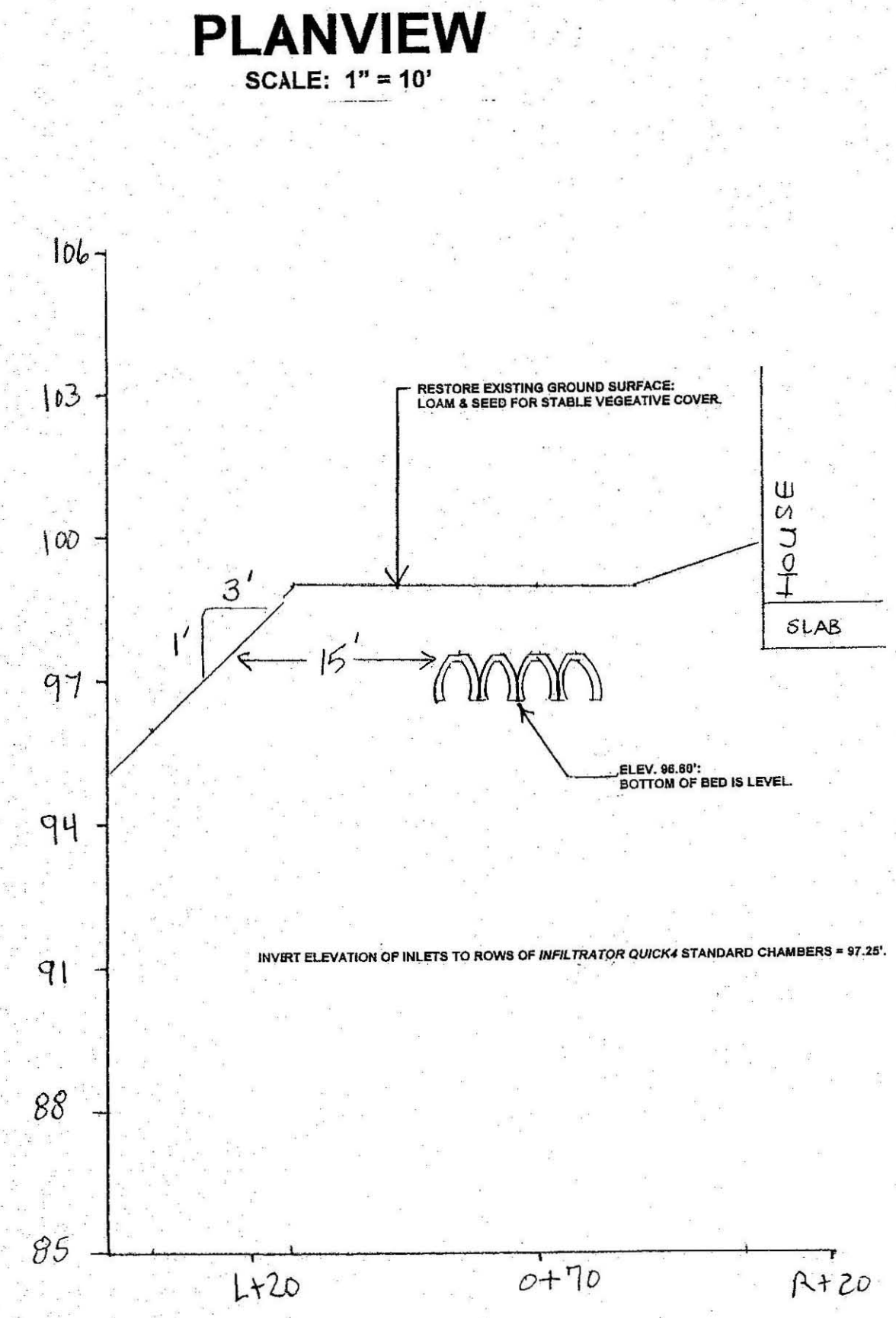
Each standard chamber (bed configuration): = 4.72 SF/LF.
 32 chambers each 4.8 LF: = 128.1 LF.
 128.1 LF x 4.72 SF/LF: = 604.16 SF.
 Calculated Design Flow: 604.16 SF x 0.74 GPD/SF: = 447 gpd.
 Total Required Design Flow = 440 gpd (OK)

- GENERAL CONDITIONS**
- This septic system repair plan is prepared in accordance with Title 8, 310 CMR 16.00. Construction shall conform to these regulations.
 - Installer shall be certified by the manufacturer to install infiltrator chambers.
 - The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
 - All debris in the site area shall be removed and disposed of in accordance with the law.
 - There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
 - The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
 - The septic tank shall be pumped and inspected as necessary and at least once every three years.
- CONSTRUCTION NOTES**
- All excavated material and any other non-ferrous materials encountered during excavation shall be removed from the area of the soil absorption system, from five feet around the soil absorption system and from wherever fill is to be placed. Any fill placed under or adjacent to the soil absorption system shall be a clean, granular sand and conform to the specifications of Title 8, 310 CMR 16.25(3).
 - Pipes exiting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
 - The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
 - Disturbed areas shall be leveled, seeded and mulched until stable vegetation is established.

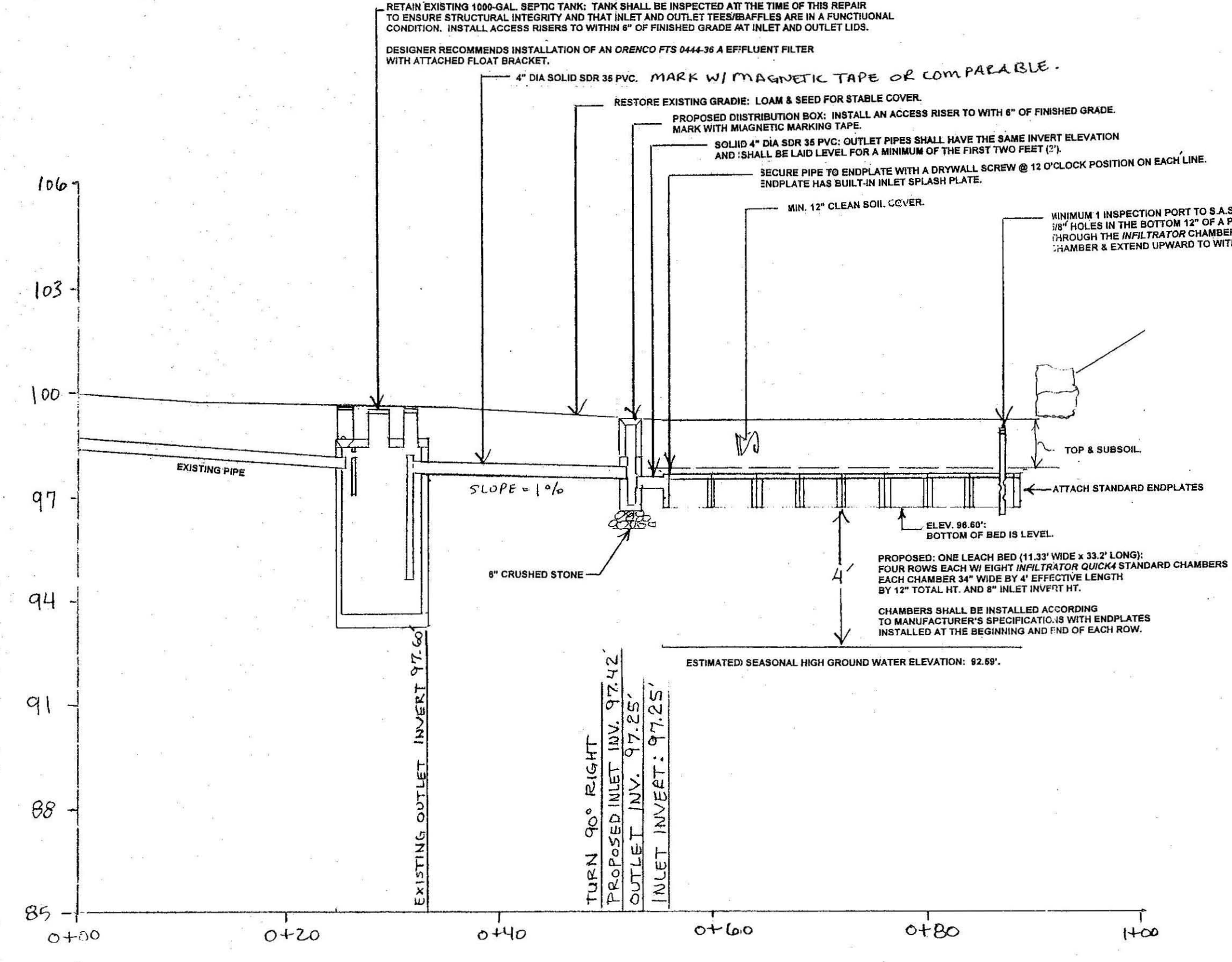
NOTE: THIS AREA IS SERVED BY TOWN WATER SUPPLY. THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM LOCATION. OR WETLAND BOUNDING SURFACE WATER SUPPLIES OR TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. WETLANDS OR WATER BODIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION ARE SHOWN ON THE PLANVIEW.



USGS MT HOLYOKE, MASS. QUADRANGLE
 SCALE: 1 : 25 000



SECTION OF LEACH BED
 SCALE: H: 1" = 10' V: 1" = 3'



PROFILE OF SYSTEM
 SCALE: H: 1" = 10' V: 1" = 3'

PLAN OF SEPTIC SYSTEM REPAIR
 37 BAY ROAD, AMHERST, MA 01002

SEYMOUR AND ALICE EPSTEIN
 37 BAY ROAD, AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY: DRAWN BY: RNS
 DATE: 8/7/08 REVISIONS:
 AMHERST CIVIL ENGINEERING
 RICHARD COSTA, P.E. / ROBERT STOVER
 P.O. BOX 3312, AMHERST, MA 01004-3312 DRAWING NUMBER
 (413)256-3400

Bokina, Ellen

From: Bokina, Ellen
Sent: Friday, September 05, 2008 10:01 AM
To: 'ROBERT STOVER'
Subject: RE: EpsteinBOHLet9-3-08

Hi Bob:

Given that this revision must go before the BOH again you will need to discuss waiving the fee for the Subsequent Plan Review of \$125.00 with the BOH at the 9/25 meeting. Any questions please call or email.

Ellen

-----Original Message-----

From: ROBERT STOVER [mailto:bobstover1@verizon.net]
Sent: Wednesday, September 03, 2008 3:59 PM
To: Bokina, Ellen
Subject: EpsteinBOHLet9-3-08

AMHERST CIVIL ENGINEERING
PO Box 3312, Amherst, MA 01004-3312

(413) 256-3400

Ellen Bokina
Health Department
70 Boltwood Walk
Amherst, MA 01002

September 3, 2008

Re: Septic system repair plan for 37 Bay Rd., Seymour & Alice Epstein, owners.

We have revised the plan referenced above. We re-located the leach bed so that it will be directly behind the house rather than off to the side of the house. We changed the system location when, in preparation for the Conservation Commission's site visit, we staked out the original location and saw that the very end of the outer row of *Infiltrator* chambers extended into an area with steeper topography and mature trees.

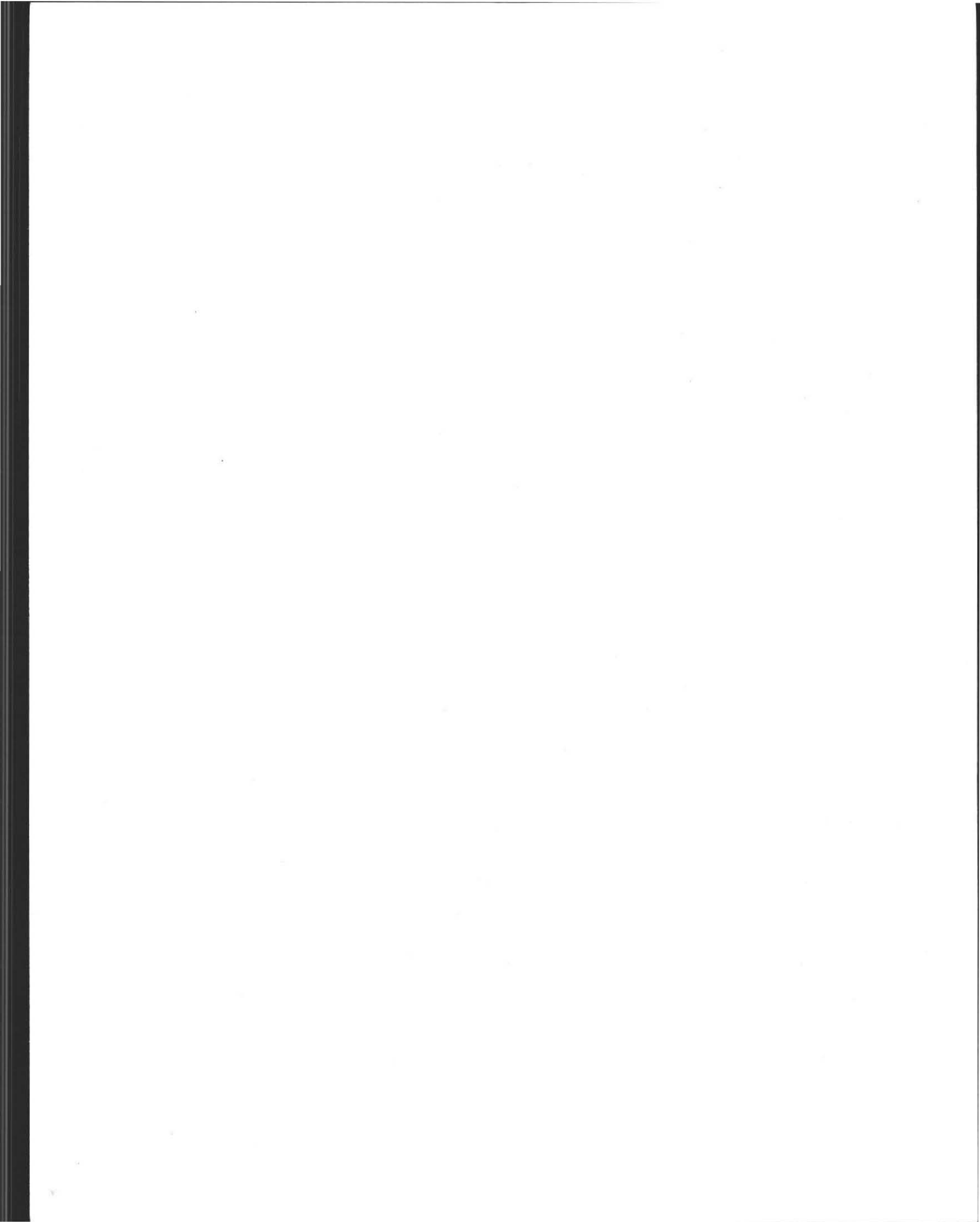
To make the new location work we had to raise the elevation of the leach bed about five-inches to maintain a four-foot water table separation. To achieve this we had to propose that a new 1500-gallon septic tank be installed at an elevation higher than that of the existing 1000-gallon tank.

To verify that a tank and the pipe to the house can be installed higher in the ground we dug up the pipe at the house to ascertain its elevation. The elevation of this pipe allows the tank and pipe to the house to be installed at the elevation proposed in the revised plan but no higher.

Despite the higher leach bed we can provide the required cover above the leach bed without the need for fill to raise the finished grade.

Since the proposed leach bed is only ten-feet from the house's slab foundation and since this area is flat, installation of a pump system and a mound to achieve the fifth foot of water table separation would cause surface runoff to flow to the house. Therefore, the plan still requires a Local Upgrade Approval to allow a four-foot rather than a five-foot separation from the estimated seasonally high ground water elevation.

In order to provide a higher level of environmental protection, an Orenco filter will be installed at the septic tank



outlet.

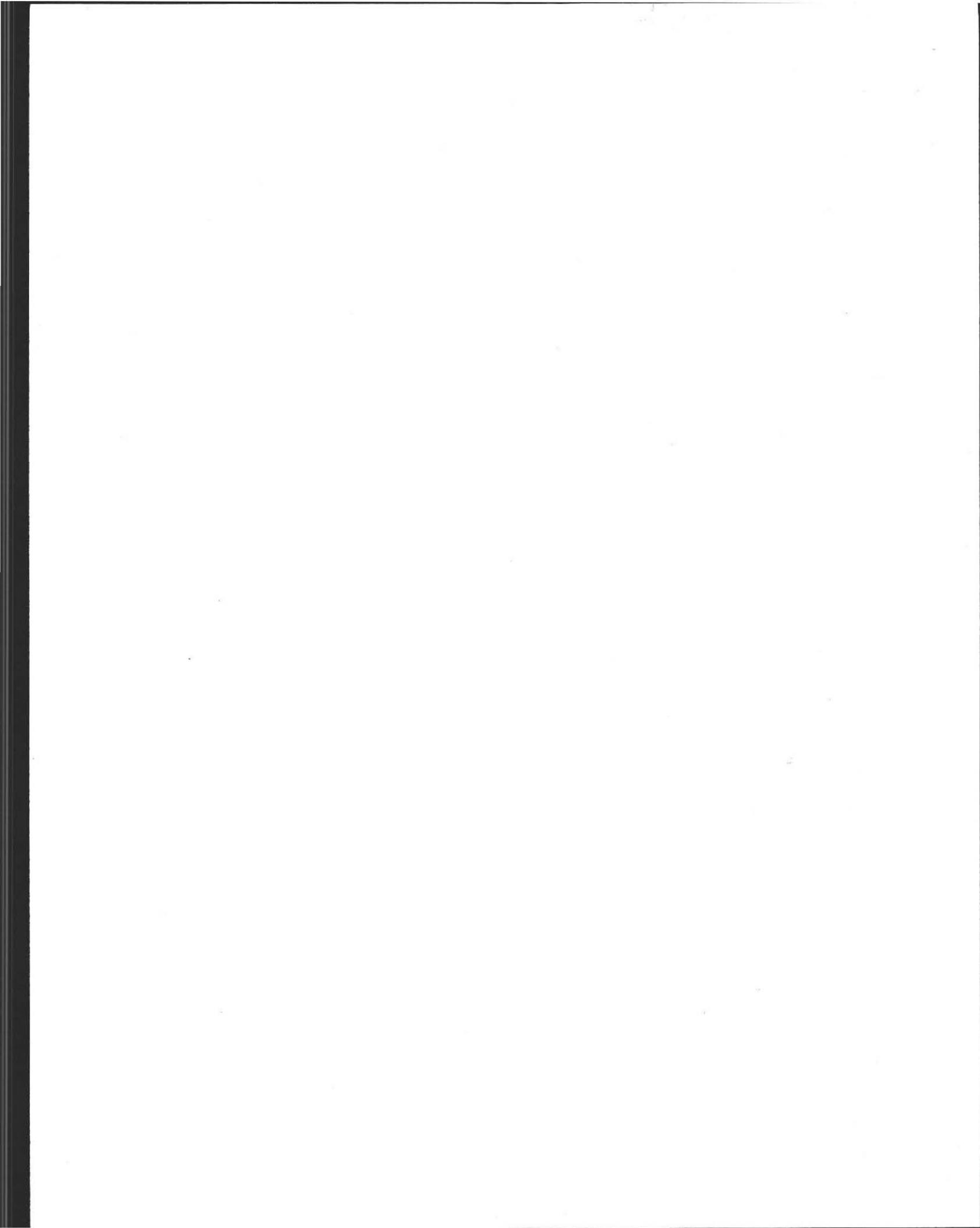
We submitted the revised plan to the Conservation Commission in time for them to review it at both their visit to the Epsteins' property and at their hearing. The Commissioners measured the distance between the proposed leach bed and the pond and determined that there is a fifty-four-foot setback from the pond at the nearest point. At the hearing the Commission voted to approve the proposed repair.

This system is still failing and the Epsteins had to have both the tank and the leach pit pumped last month despite having been out of town for most of June and July. They still are unable to do laundry at home.

Thank you.

Very truly yours,

Robert Stover



AMHERST CIVIL ENGINEERING
PO Box 3312, Amherst, MA 01004-3312

(413) 256-3400

August 5, 2008

Ellen Bokina
Health Department
70 Boltwood Walk
Amherst, MA 01002

Re: Application for a Local Upgrade Approval to replace the soil absorption system serving 37 Bay Road; Seymour and Alice Epstein, owners.

I hereby request that the Amherst Board of Health grant a local upgrade approval to allow the replacement of the soil absorption system (SAS) serving the address referenced above. This system has failed several times over the last few months and the owners are presently unable to do laundry at home without causing the septic tank to flood.

This local upgrade approval would reduce the required water table separation from five feet (5') to four feet (4'). Strict adherence to the 5 ft. requirement would put the elevation of the bottom of the SAS at the same elevation as the septic tank outlet invert. The sewer pipe from house to the tank comes out from under the slab floor of the walkout lowest level of the house so there is no opportunity to raise the elevation of the tank or sewer pipe.

To enhance the environmental protection provided by this system the applicant will install an Orenco filter at the tank outlet.

Because the existing leach pit extends into or just above this occasional water table installation of this replacement system will provide an immediate environmental improvement.

Thank you for your consideration of this request.

Very truly yours,



Robert Stover



Commonwealth of Massachusetts

City/Town of Amherst

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:

Seymour and Alice Epstein

Name

37 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

Zip Code

(413)253-2092

Telephone Number

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

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

4. Describe Facility:

The facility is a single-family house with four bedrooms and no garbage disposal.

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):

The existing S.A.S. is a leaching pit approximately 5 ft. by 5 ft. by 3-4 ft. below inlet.



Commonwealth of Massachusetts

City/Town of Amherst

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:	not known
	gpd
Design flow of proposed upgraded system	447
	gpd
Design flow of facility:	440
	gpd

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:

To upgrade the system a new S.A.S. is proposed consisting of a leaching bed of Infiltrator "Quik-4" standard chambers. 32 chambers to be installed in a bed configuration of four rows of chambers; each row will be 33.2 ft. long by 2.83 ft. wide.

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

Reduction in setback(s) – describe reductions:

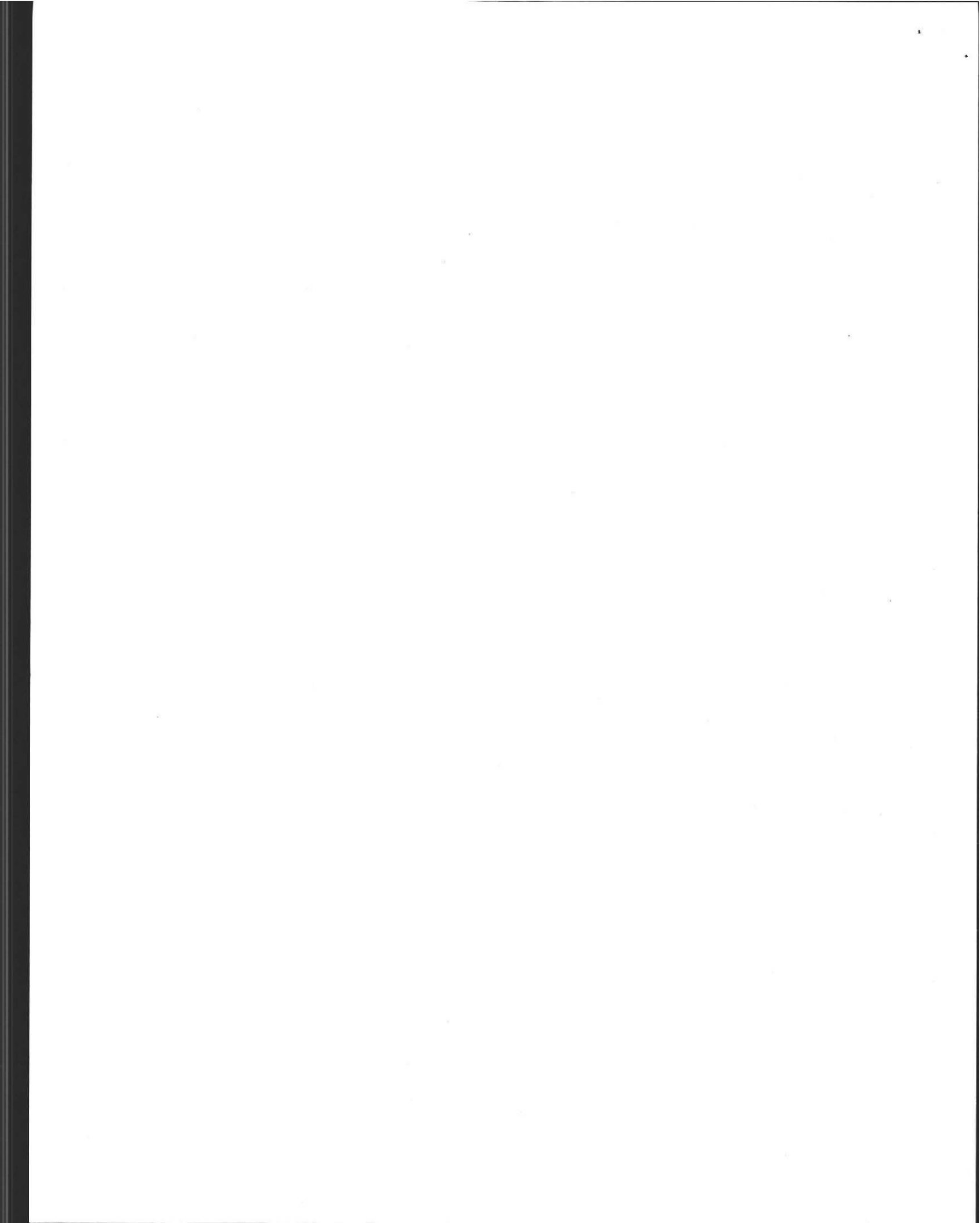
Reduction in SAS area of up to 25%: SAS size, sq. ft. % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction from 5 ft. to 4 ft. ft.

Percolation rate less than 2 min./inch

Depth to groundwater 78 inches ft.





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):

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:

Ellen Bokina
Evaluator's Name (type or print)

Signature

May 8, 2008
Date of evaluation

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:

A gravity system would not be possible with strict compliance with a 5 ft. water table separation.

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

An Orenco effluent filter is proposed at the septic tank outlet to enhance environmental protection. A more elaborate 'alternative' system would not be appropriate for this facility.





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.

C. Explanation (continued)

3. A shared system is not feasible:

This system is very distant from any other facilities that are served by on-site sewage disposal. Furthermore, no abutting property is know to require a new system or system upgrade at this time.

4. Connection to a public sewer is not feasible:

This street is not served by public sewer.

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

- Application for Disposal System Construction Permit
- Complete plans and specifications
- Site evaluation forms
- 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).
- 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."

Alice Epstein
Seymour Epstein

Facility Owner's Signature

Seymour and Alice Epstein

Print Name

Robert Stover

Name of Preparer

Amherst Civil Engineering, P. O. Box 3312

Preparer's address

MA 01004-3312

State/ZIP Code

August 8, 2008

Date

August 8, 2008

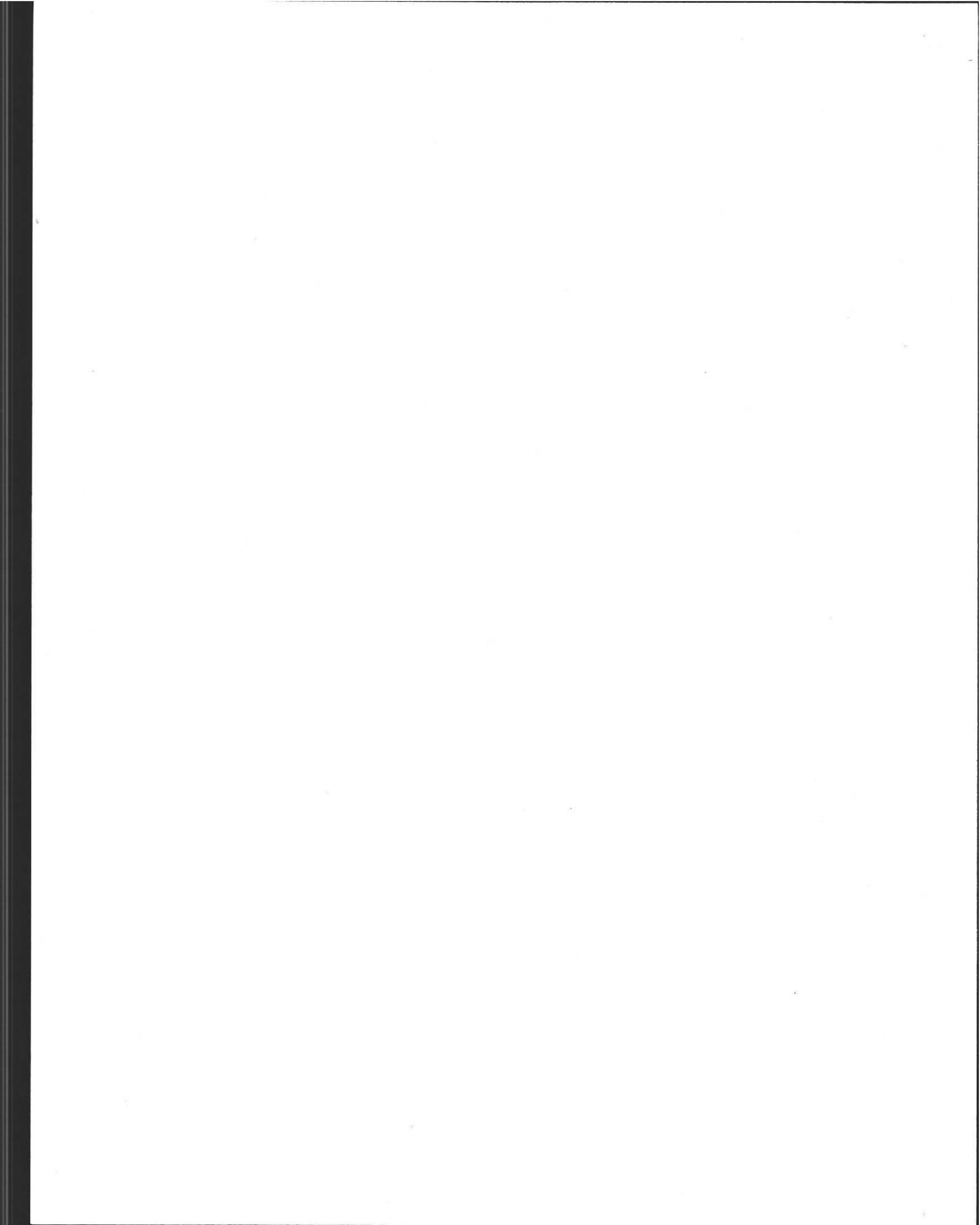
Date

Amherst

City/Town

(413)323-6843

Telephone





Commonwealth of Massachusetts
 City/Town of Amherst
Local Upgrade Approval
 Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

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

Seymour and Alice Epstein

Name

37 Bay Rd.

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

Zip Code

(413)253-2092

Telephone Number

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

- Residential Institutional Commercial School

4. Design flow per 310 CMR 15.203:

440

gpd

5. System Designer:

R. E. Costa P.E./Robert Stover

Name

- PE RS

Amherst Civil Eng, POB 3312

Address

Amherst

City/Town

01004-3312

State, ZIP

B. Approval

1. Local Upgrade Approval is granted for:

- Reduction in setback(s) – specify:

- Reduction in SAS area of up to 25%:

 SAS size, sq. ft.

 % reduction





Commonwealth of Massachusetts
 City/Town of Amherst
Local Upgrade Approval
 Form 9B

B. Approval (continued)

Reduction in separation between the SAS and high groundwater:

Separation reduction	from 5 to 4
	ft.
Percolation rate	less than 2
	min./inch
Depth to groundwater	78"
	ft.

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

List local variances granted not requiring DEP approval per 310 CMR 15.412(4):

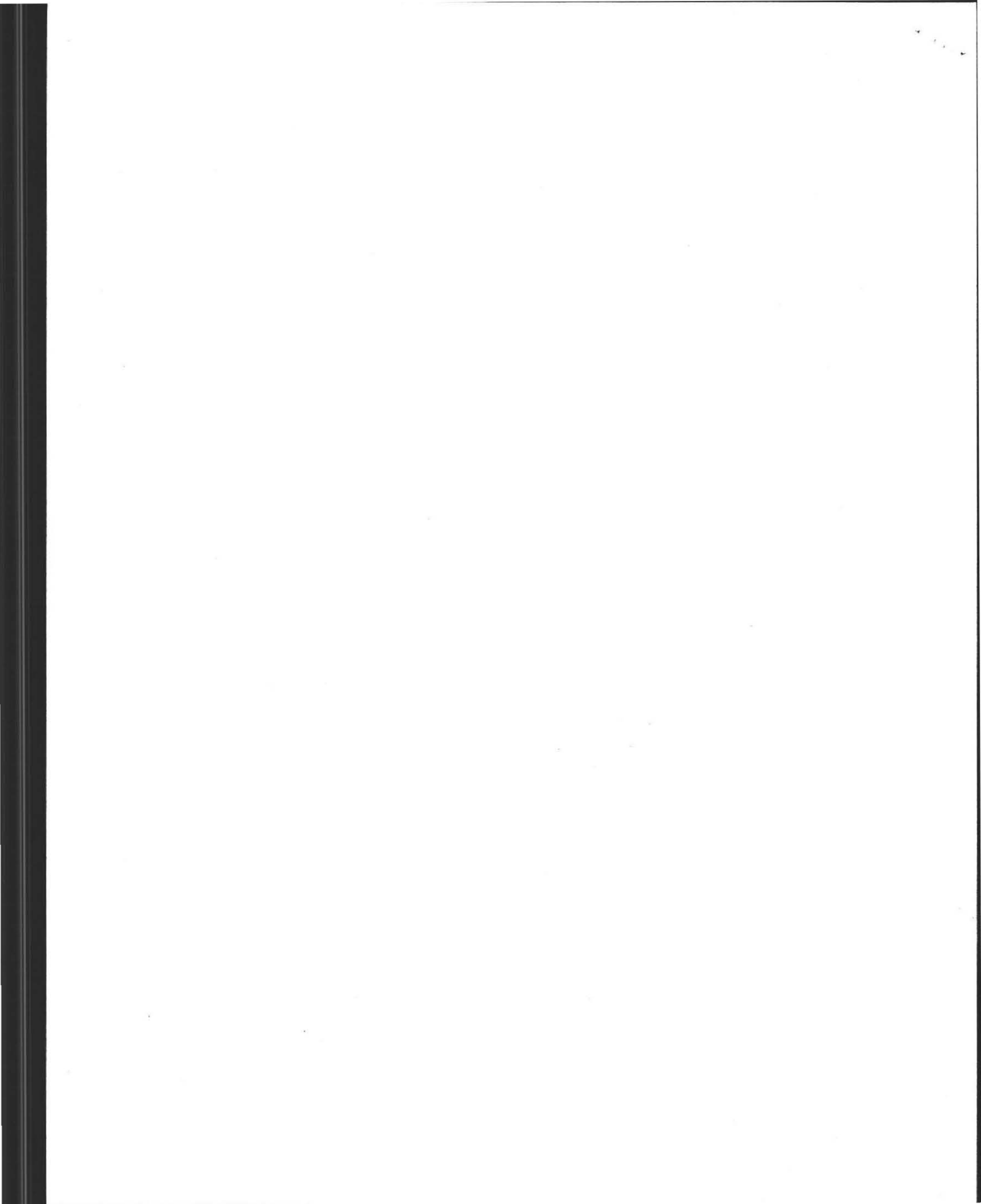
List variances granted requiring DEP approval:

Epi Buri
 Approving Authority

Print or Type Name and Title

Signature

Date





Commonwealth of Massachusetts

City/Town of Amherst

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:

Seymour and Alice Epstein

Name

37 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

(413)253-2092

Telephone Number

Zip Code

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

- Residential, Institutional, Commercial, School

4. Describe Facility:

The facility is a single-family house with four bedrooms and no garbage disposal.

5. Type of Existing System:

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

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

The existing S.A.S. is a leaching pit approximately 5 ft. by 5 ft. by 3-4 ft. below inlet.





Commonwealth of Massachusetts

City/Town of Amherst

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:

Table with 2 columns: Description and Value. Rows include Design flow of existing system (not known gpd), Design flow of proposed upgraded system (447 gpd), and Design flow of facility (440 gpd).

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

[X] 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:

To upgrade the system a new S.A.S. is proposed consisting of a leaching bed of Infiltrator "Quik-4" standard chambers. 32 chambers to be installed in a bed configuration of four rows of chambers; each row will be 33.2 ft. long by 2.83 ft. wide.

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

[] Reduction in setback(s) – describe reductions:

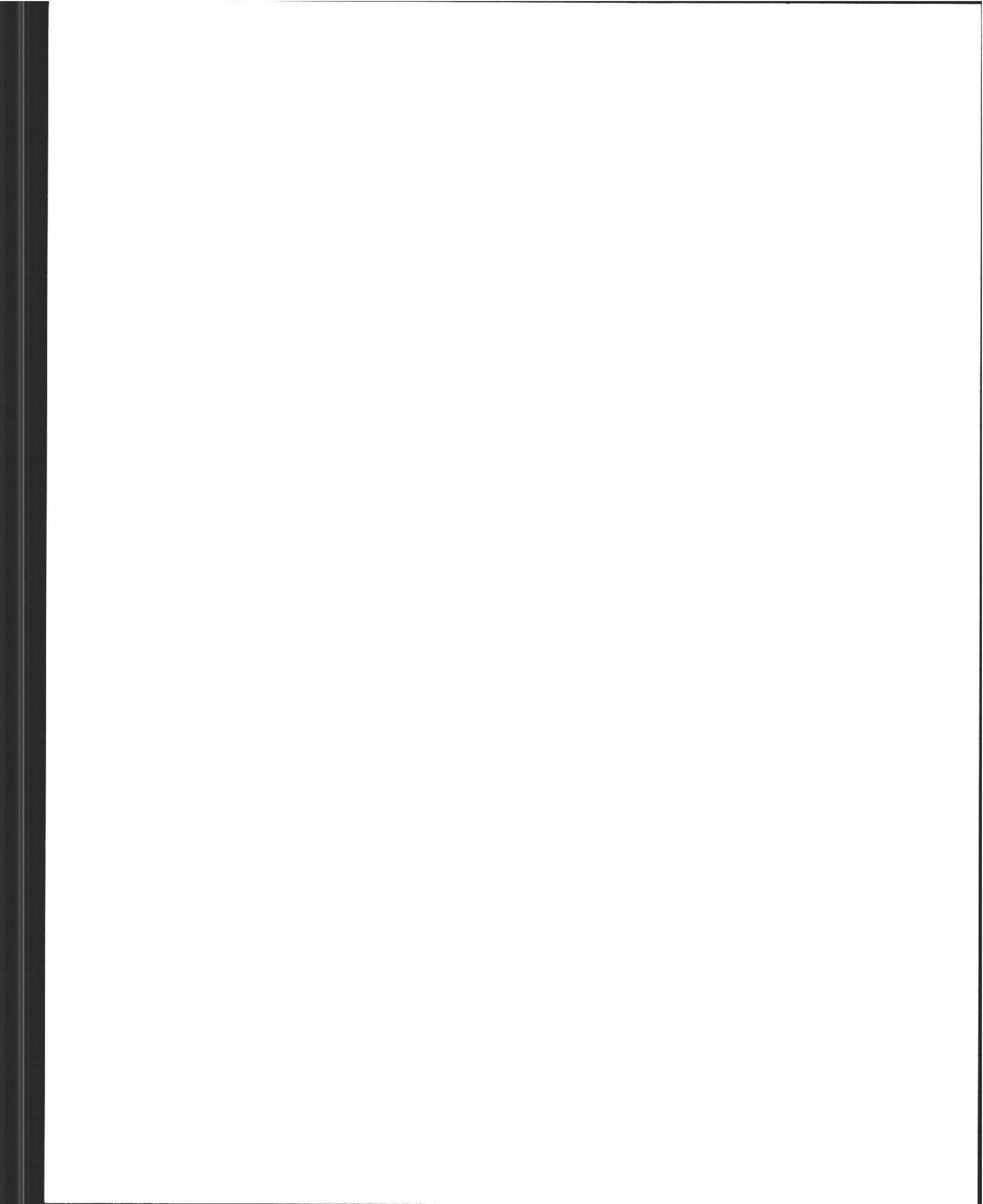
[] Reduction in SAS area of up to 25%: SAS size, sq. ft. % reduction

[] Reduction in separation between the SAS and high groundwater:

Separation reduction from 5 ft. to 4 ft. ft.

Percolation rate less than 2 min./inch

Depth to groundwater 78 inches ft.





Commonwealth of Massachusetts

City/Town of Amherst

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:

Ellen Bokina
Evaluator's Name (type or print)

Signature

May 8, 2008
Date of evaluation

C. Explanation

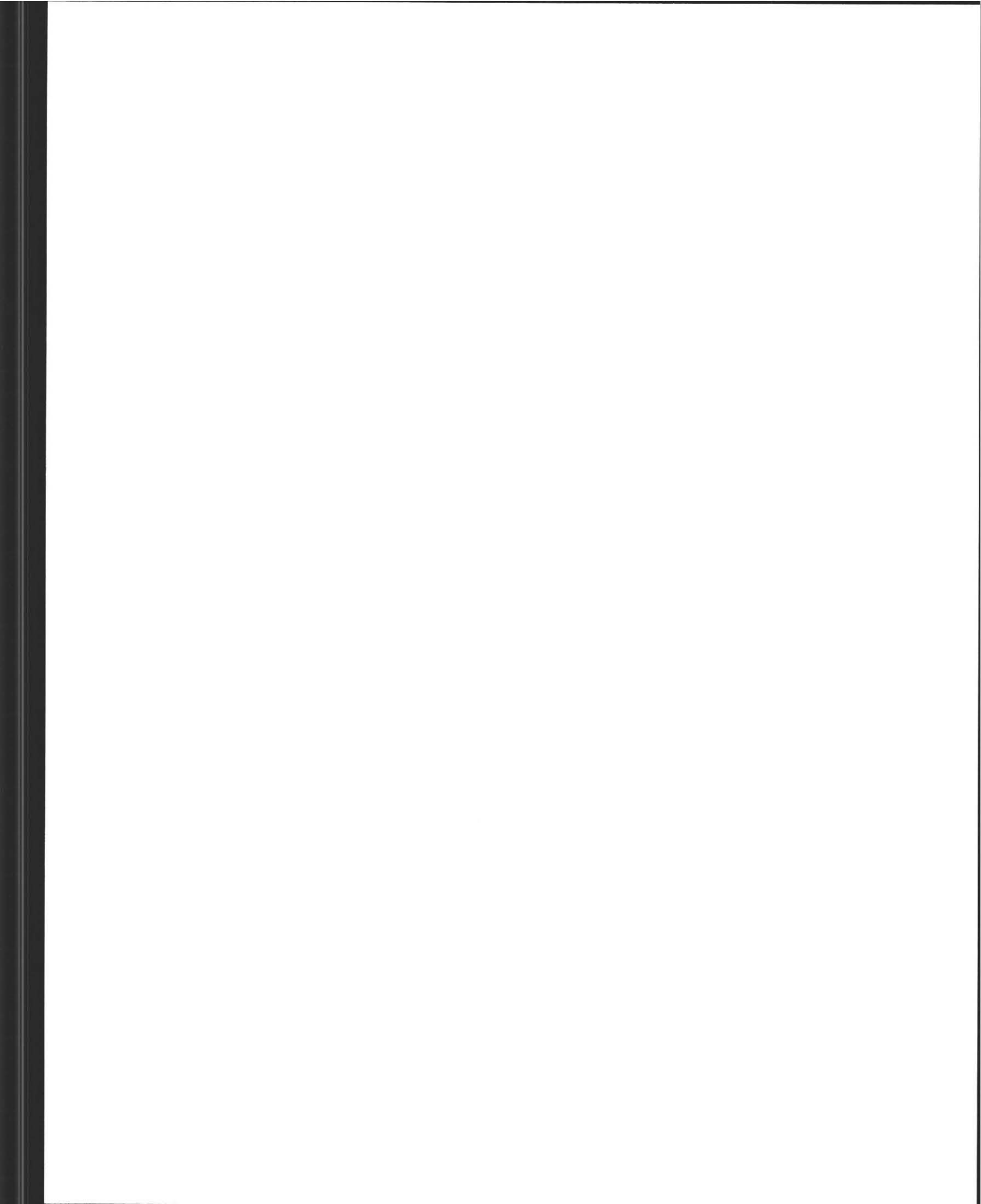
Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

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

A gravity system would not be possible with strict compliance with a 5 ft. water table separation.

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

An Orenco effluent filter is proposed at the septic tank outlet to enhance environmental protection. A more elaborate 'alternative' system would not be appropriate for this facility.





Commonwealth of Massachusetts

City/Town of Amherst

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.

C. Explanation (continued)

3. A shared system is not feasible:

This system is very distant from any other facilities that are served by on-site sewage disposal. Furthermore, no abutting property is know to require a new system or system upgrade at this time.

4. Connection to a public sewer is not feasible:

This street is not served by public sewer.

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

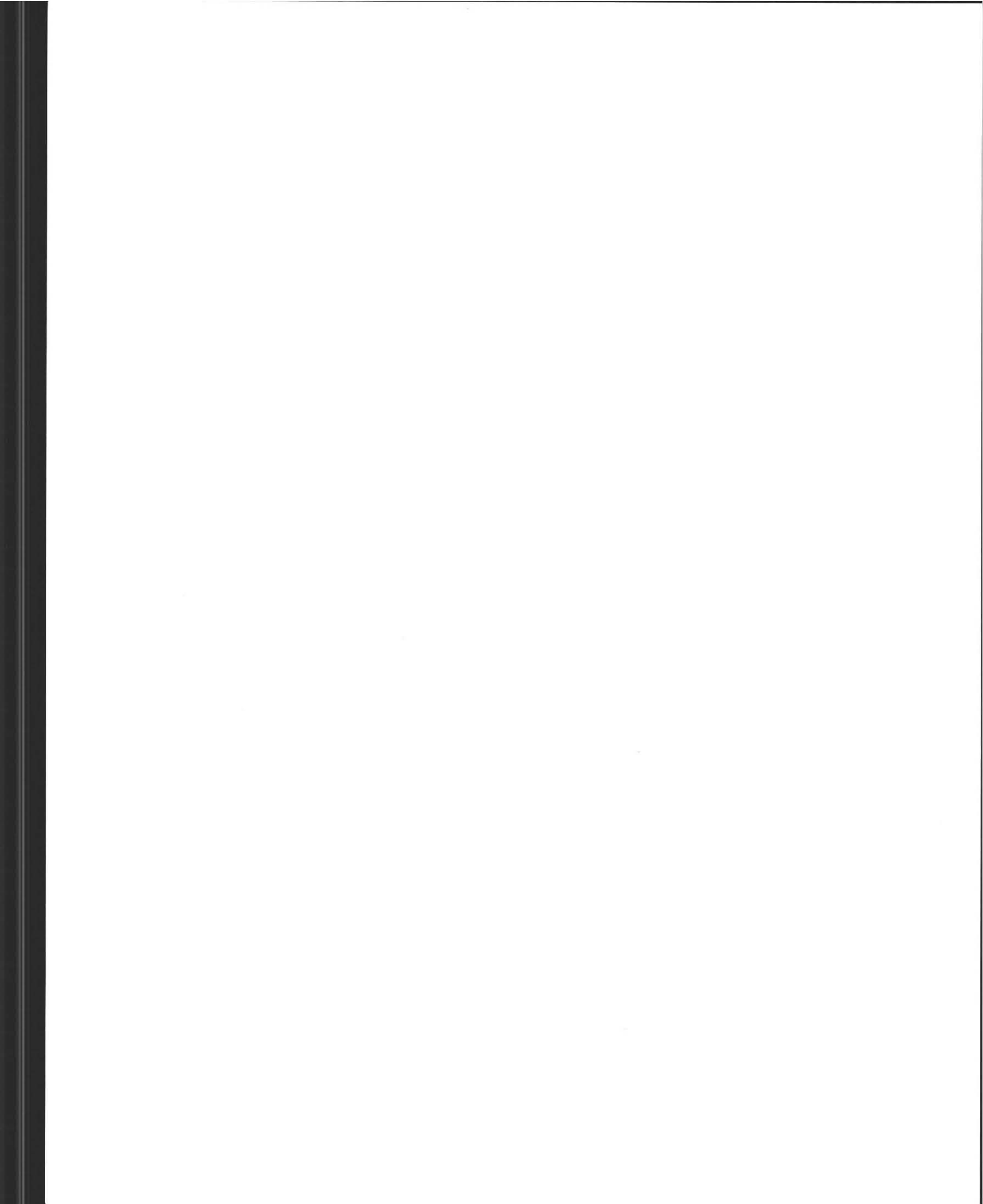
- Application for Disposal System Construction Permit
Complete plans and specifications
Site evaluation forms
A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).
Other (List):

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: Seymour and Alice Epstein
Print Name: Seymour and Alice Epstein
Name of Preparer: Robert Stover
Preparer's address: Amherst Civil Engineering, P. O. Box 3312
State/ZIP Code: MA 01004-3312

Date: August 8, 2008
Date: August 8, 2008
City/Town: Amherst
Telephone: (413)323-6843





Commonwealth of Massachusetts
 City/Town of Amherst
Local Upgrade Approval
Form 9B

DEP has provided this form for use by local Boards of Health if they choose to do so.

The Local Upgrade Approval is to be completed by the local Board of Health and a signed copy provided to the system owner.

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

Seymour and Alice Epstein

Name

37 Bay Rd.

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

(413)253-2092

Telephone Number

Zip Code

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

Residential Institutional Commercial School

4. Design flow per 310 CMR 15.203:

440

gpd

5. System Designer:

R. E. Costa P.E./Robert Stover

Name

PE

RS

Amherst Civil Eng, POB 3312

Address

Amherst

City/Town

01004-3312

State, ZIP

B. Approval

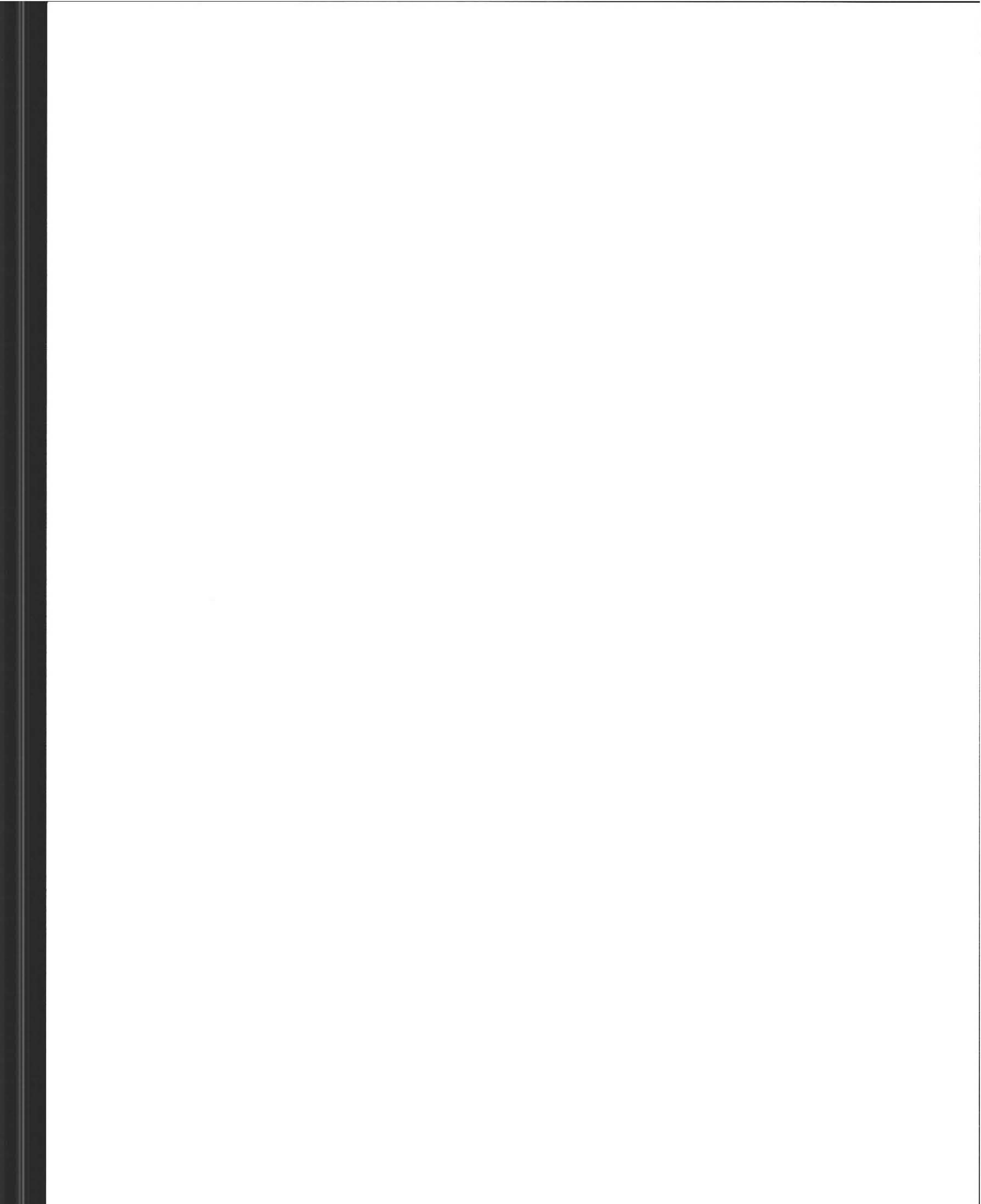
1. Local Upgrade Approval is granted for:

Reduction in setback(s) – specify:

Reduction in SAS area of up to 25%:

_____ SAS size, sq. ft.

_____ % reduction





Commonwealth of Massachusetts
 City/Town of Amherst
Local Upgrade Approval
Form 9B

B. Approval (continued)

Reduction in separation between the SAS and high groundwater:

Separation reduction	from 5 to 4 ft.
Percolation rate	less than 2 min./inch
Depth to groundwater	78" ft.

Relocation of water supply well (explain):

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

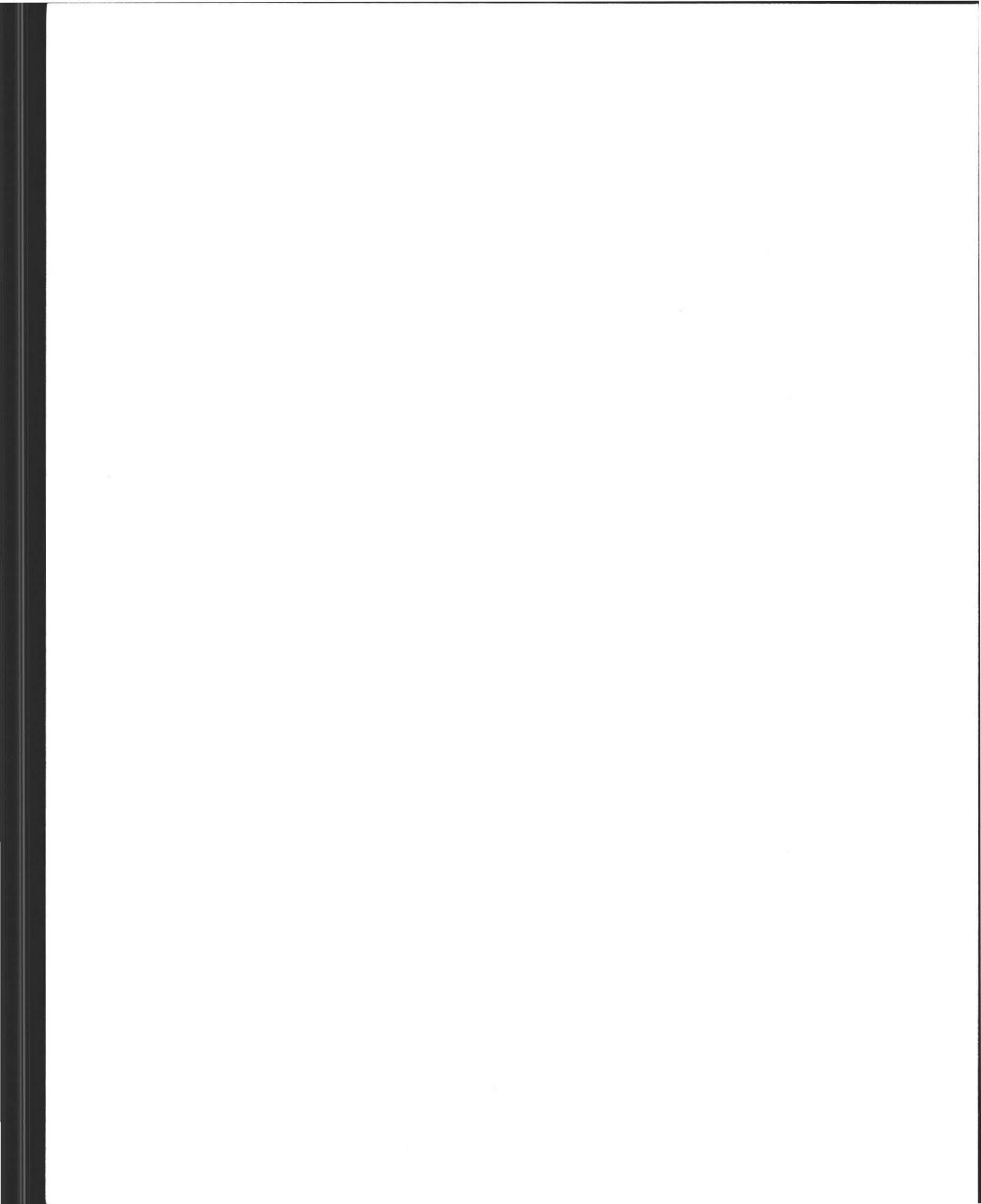
Use of only one deep hole in proposed disposal area

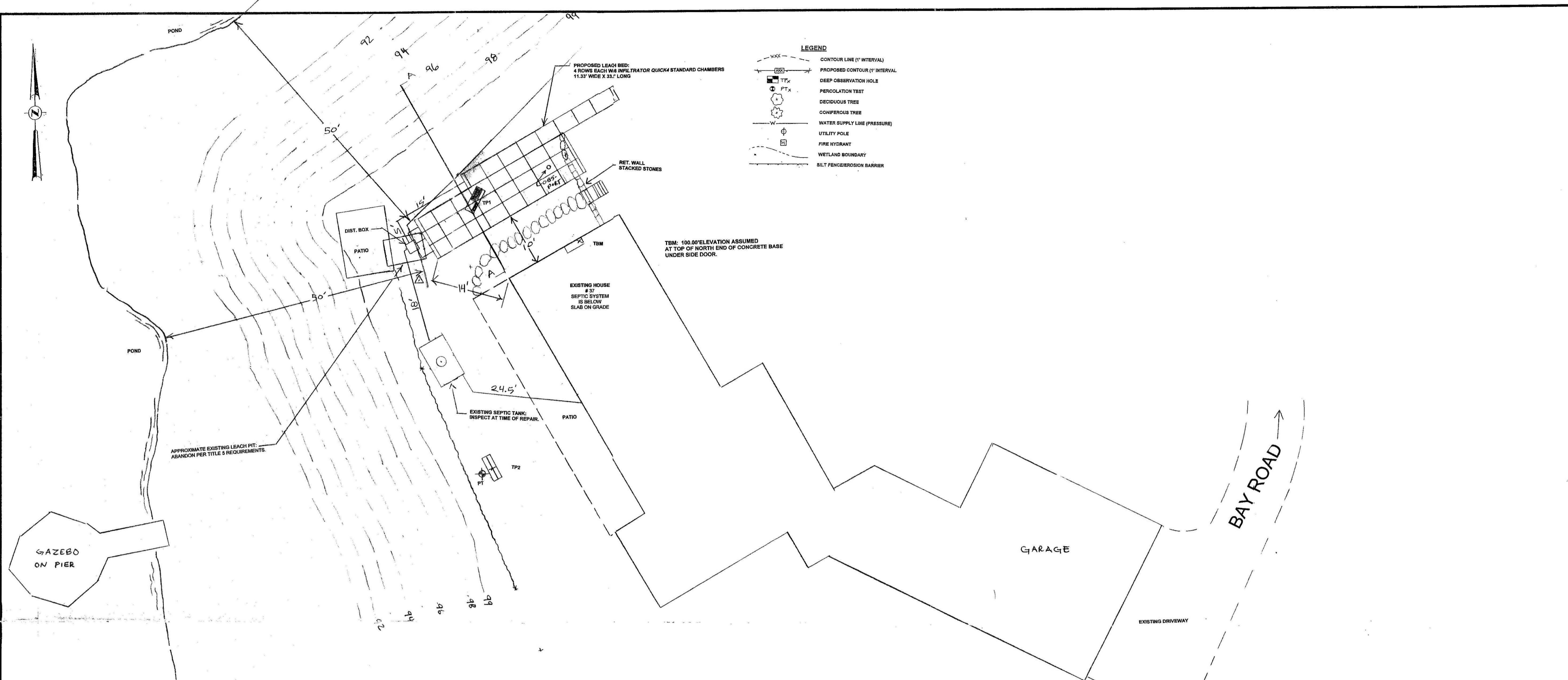
Use of a sieve analysis as a substitute for a perc test

List local variances granted not requiring DEP approval per 310 CMR 15.412(4):

List variances granted requiring DEP approval:

<i>Ellen Bokina, DE MPH, RS</i>	<i>Amherst BOH</i>
Approving Authority	
<i>Ellen Bokina, Sanitarian</i>	<i>Ellen Bokina</i>
Print or Type Name and Title	Signature
	<i>08-11-08</i>
	Date





LEGEND

- CONTOUR LINE (1' INTERVAL)
- DEEP OBSERVATION HOLE
- PERCOLATION TEST
- DECIDUOUS TREE
- CONIFEROUS TREE
- WATER SUPPLY LINE (PRESSURE)
- UTILITY POLE
- FIRE HYDRANT
- WETLAND BOUNDARY
- SILT FENCE/EROSION BARRIER

SOIL EVALUATION

Soil Evaluator: Robert Stover
 BOH Representative: Ellen Bokina
 Date of Evaluation: 8/8/08

Ground elevation at soil evaluation test pit #1: 99.00'.
 Est. Seasonal High Ground Water Elev.: 92.50'.
 Bedrock Elevation is deeper than 85.00'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0-7"	A	FSL	10YR3/2	None	stable
7-21"	Bw	FS	10YR5/6	None	stable to loose fine gravel present
21-78"	C1	F to M sand	10YR6/3	@ 7"	loose, gravelly 5YR5/8 7.5YR4/2
78-108"	C2	VFLS	2.5Y5/3		firm stratified

Parent Material (Geologic): outwash
 Standing Water in the Hole: none Weeping from Pit Face: none
 Estimated Seasonal High Ground Water: 92'

Ground elevation at soil evaluation test pit #2: 99.00'.
 Est. Seasonal High Ground Water Elev.: 93.00'.
 Bedrock Elevation is deeper than 85.00'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0-8"	A	FSL	10YR3/2	None	stable
8-14"	Bw	FS	10YR5/4	None	stable to loose many stones & roots
14-72"	C1	FS well graded	7.5YR6/4	@ 7"	loose with fine gravel 5YR5/8 7.5YR4/2
72-120"	C2	VFLS	2.5Y5/3		firm fine strata

Parent Material (Geologic): outwash
 Standing Water in the Hole: none Weeping from Pit Face: none
 Estimated Seasonal High Ground Water: 72'

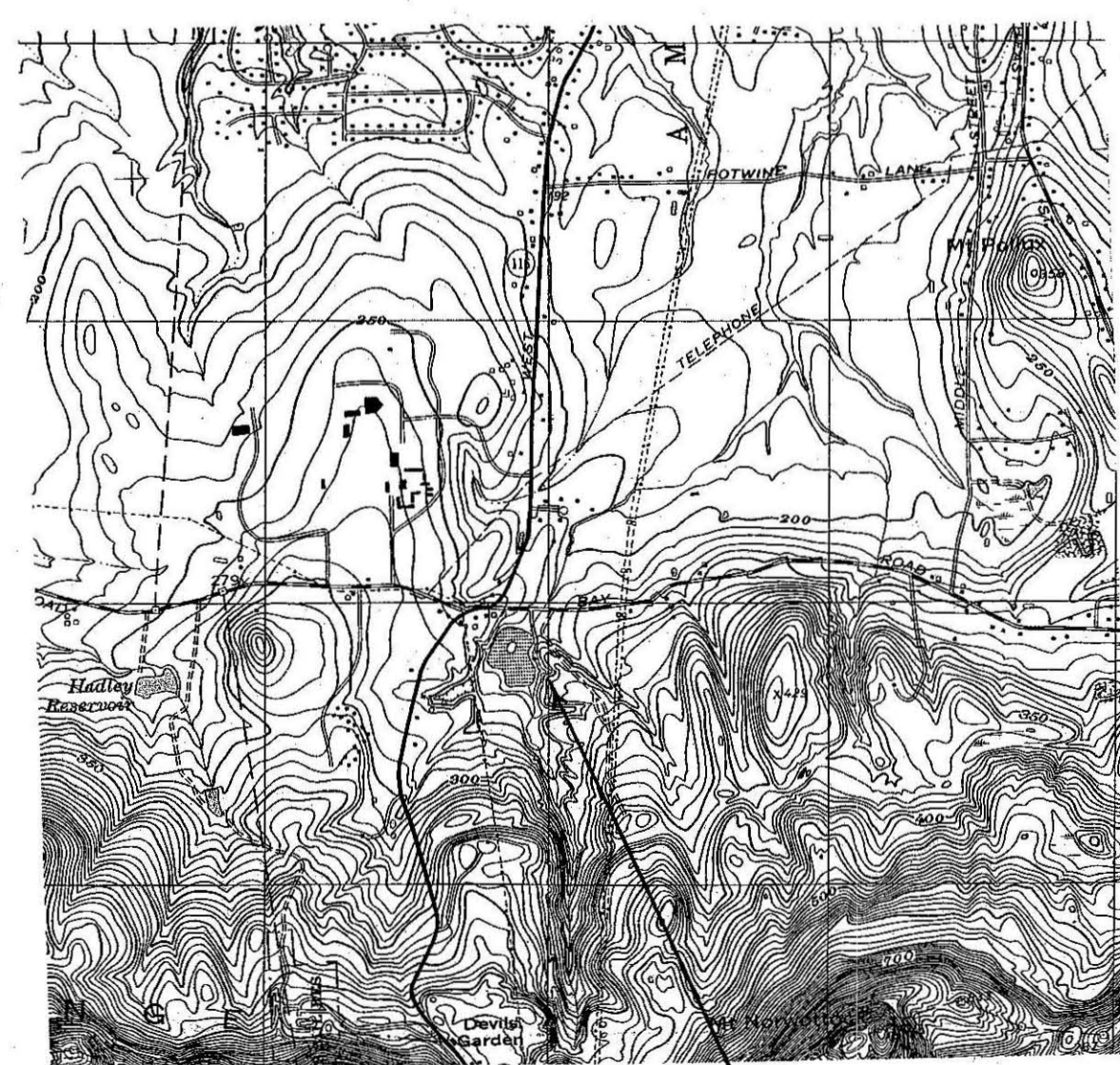
DESIGN CRITERIA
 Design flow is for a 4-bedroom house without a garbage grinder.

DESIGN CALCULATION
 Design flow: 4-bedrooms, no garbage grinder = 440 gpd.
 Retain Septic Tank: 1000 gallon precast two chamber septic tank.
 Class 1 soils.
 Percolation Rate = 1 minute per inch
 Effluent Loading Rate = 0.74 gpd/in.
 Proposed Soil Absorption System: one infiltrator leach bed:
 11.33' wide x 33.2' long
 four rows each w/ eight Infiltrator Quick4 standard chambers
 total of 32 chambers

Each standard chamber (bed configuration): = 4.72 SF LF.
 32 chambers each 4.5 LF: = 128.0 LF.
 128.0 LF X 4.72 SF/LF: = 604.16 SF.
 Calculated Design Flow: 804.16 SF X 0.74 GPD/SF: = 447 gpd.
 Total Required Design Flow = 440 gpd (OK)

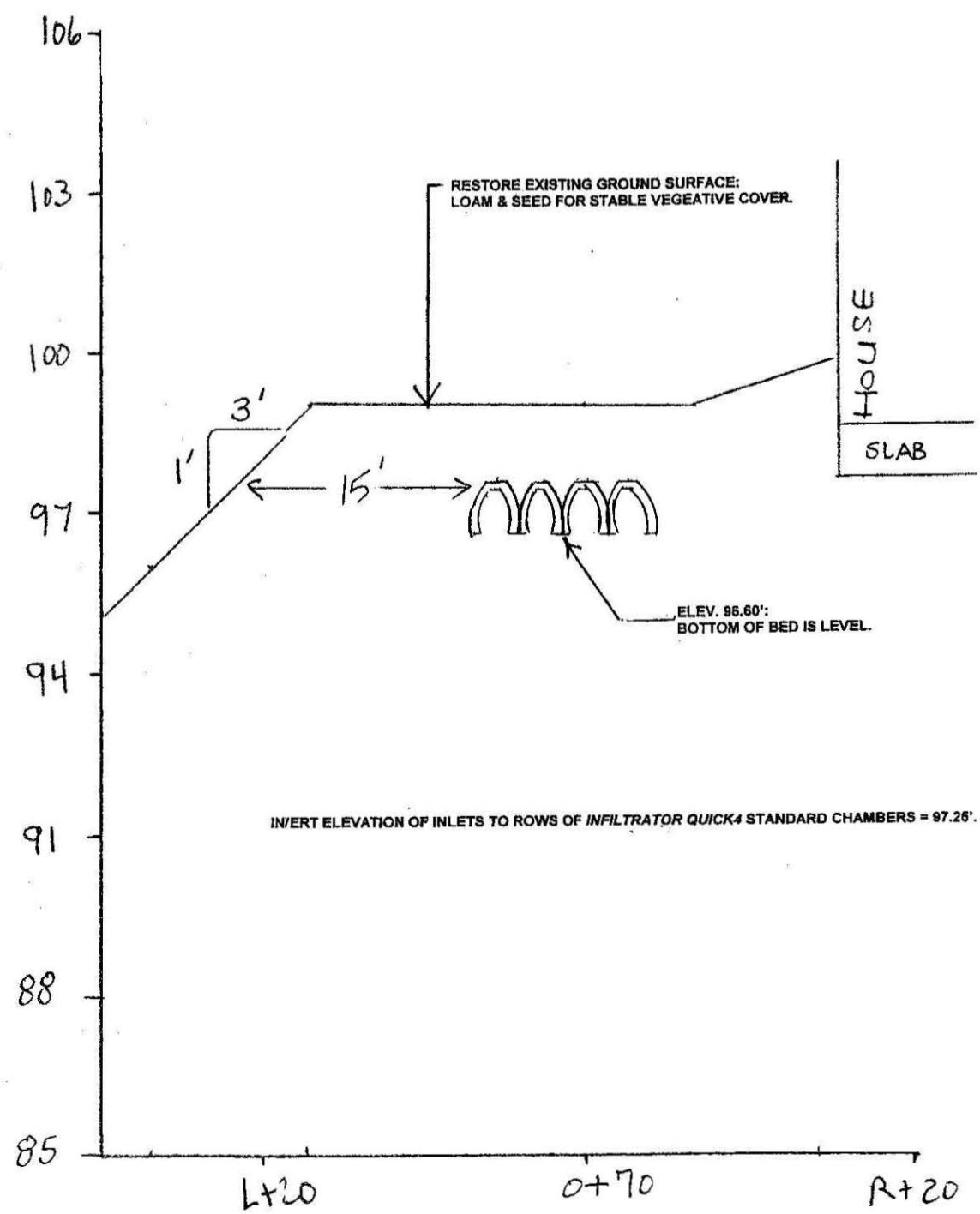
- GENERAL CONDITIONS**
- This septic system repair plan is prepared in accordance with Title 8, 310 CMR 16.00. Construction shall conform to these regulations.
 - Installer shall be certified by the manufacturer to install Infiltrator chambers.
 - The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
 - All debris in the site area shall be removed and disposed of in accordance with the law.
 - There is no guarantee expressed or implied by any user of a system installed pursuant to this plan.
 - The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
 - The septic tank shall be pumped and inspected as necessary and at least once every three years.
- CONSTRUCTION NOTES**
- Any topsoil, subsoil, old fill, old leaching pit or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system, from the bed around the soil absorption system and from wherever fill is to be placed. Any fill placed under or adjacent to the soil absorption system shall be compacted to meet the minimum requirements of Title 8, 310 CMR 16.20(5).
 - Pipes setting the distribution box shall have the same invert elevation and be laid level for a minimum one foot bed.
 - The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
 - Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.

NOTE: THIS AREA IS SERVED BY TOWN WATER SUPPLY THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 200' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM LOCATION OR WETLANDS BOUNDARIES SURFACE WATER SUPPLIES OR TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. WETLANDS OR WATER BODIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION ARE SHOWN ON THE PLANVIEW.

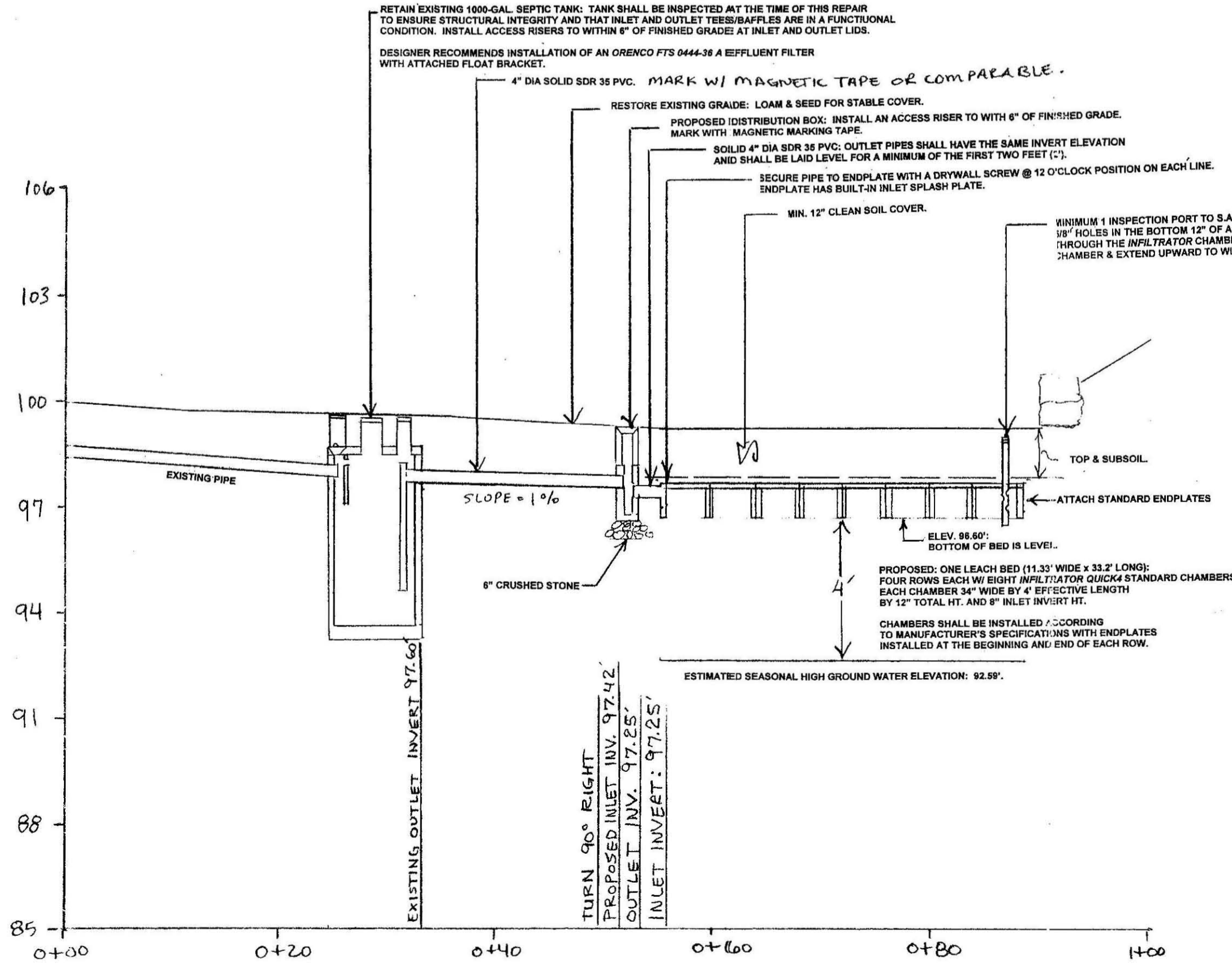


USGS MT HOLYOKE, MASS. QUADRANGLE.
 SCALE: 1 : 25 000

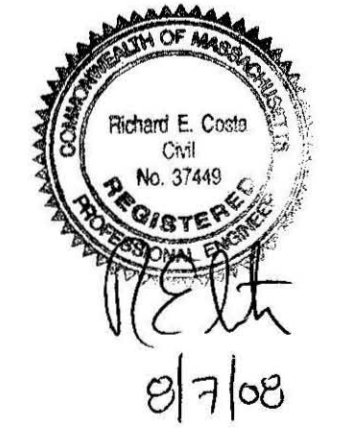
PLANVIEW
 SCALE: 1" = 10'



SECTION OF LEACH BED
 SCALE: H: 1" = 10' V: 1" = 3'



PROFILE OF SYSTEM
 SCALE: H: 1" = 10' V: 1" = 3'



PLAN OF SEPTIC SYSTEM REPAIR
 37 BAY ROAD, AMHERST, MA 01002

SEYMOUR AND ALICE EPSTEIN
 37 BAY ROAD, AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY: DRAWN BY: RWS
 DATE: 8/7/08 REVISIONS:
 AMHERST CIVIL ENGINEERING
 RICHARD COSTA, P.E. / ROBERT STOVER
 P.O. BOX 3312, AMHERST, MA 01004-3312 DRAWING NUMBER
 (413)256-3400

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
www.amherstma.gov health@amherstma.gov

August 13, 2008

RE: 37 Bay Road Septic System Repair/Local Upgrade Approval

Dear Amherst Board of Health:

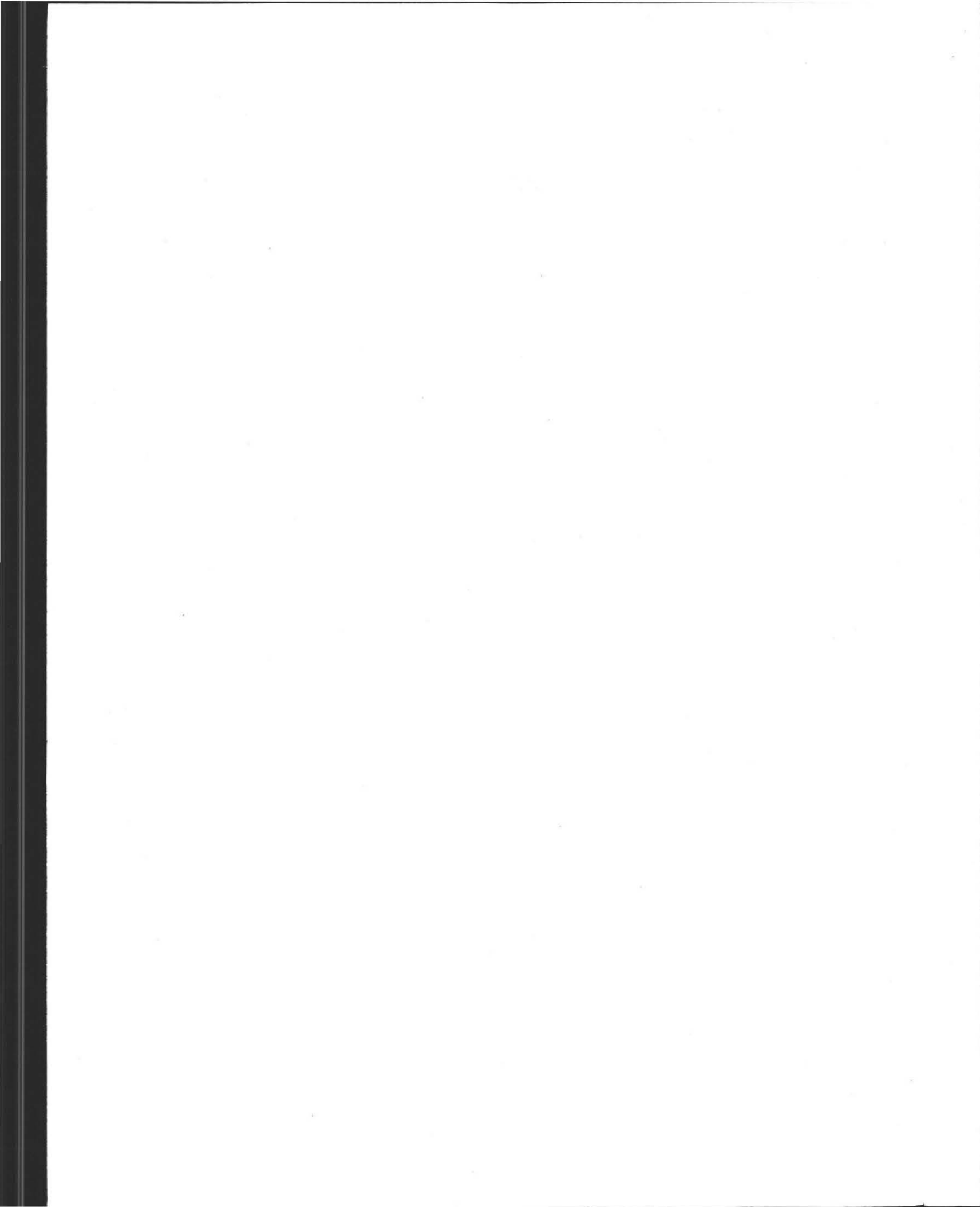
I have reviewed the septic plan repair for 37 Bay Road, currently owned by Alice and Seymour Epstein. It is my opinion that the local upgrade approval for the proposed septic plan design as profiled to me by Mr. Bob Stover and Mr. Richard Costa, PE of Amherst Civil Engineering dated 08-07-08, meets the criteria set forth in Massachusetts Title 5 Regulations.

Mr. Stover will be in attendance at the 08-14-08 BOH meeting and will be available to discuss and give a report of the local upgrade approval as needed and to answer any concerns or questions you may have.

Please note: that this plan must also be approved by the Amherst Conservation Commission due to the large pond and wetlands. As long as this plan meets all Title 5 requirements then it must be approved by the Conservation Commission. They will meet on August 27, 2008 to complete this process. Thank you.

Respectfully submitted by,

Ellen Bokina, DC, MPH, RS
Sanitarian/Environmental Health Coordinator
Town of Amherst



August 5, 2008

Ellen Bokina
Health Department
70 Boltwood Walk
Amherst, MA 01002

Re: Application for a Local Upgrade Approval to replace the soil absorption system serving 37 Bay Road; Seymour and Alice Epstein, owners.

I hereby request that the Amherst Board of Health grant a local upgrade approval to allow the replacement of the soil absorption system (SAS) serving the address referenced above. This system has failed several times over the last few months and the owners are presently unable to do laundry at home without causing the septic tank to flood.

This local upgrade approval would reduce the required water table separation from five feet (5') to four feet (4'). Strict adherence to the 5 ft. requirement would put the elevation of the bottom of the SAS at the same elevation as the septic tank outlet invert. The sewer pipe from house to the tank comes out from under the slab floor of the walkout lowest level of the house so there is no opportunity to raise the elevation of the tank or sewer pipe.

To enhance the environmental protection provided by this system the applicant will install an Orenco filter at the tank outlet.

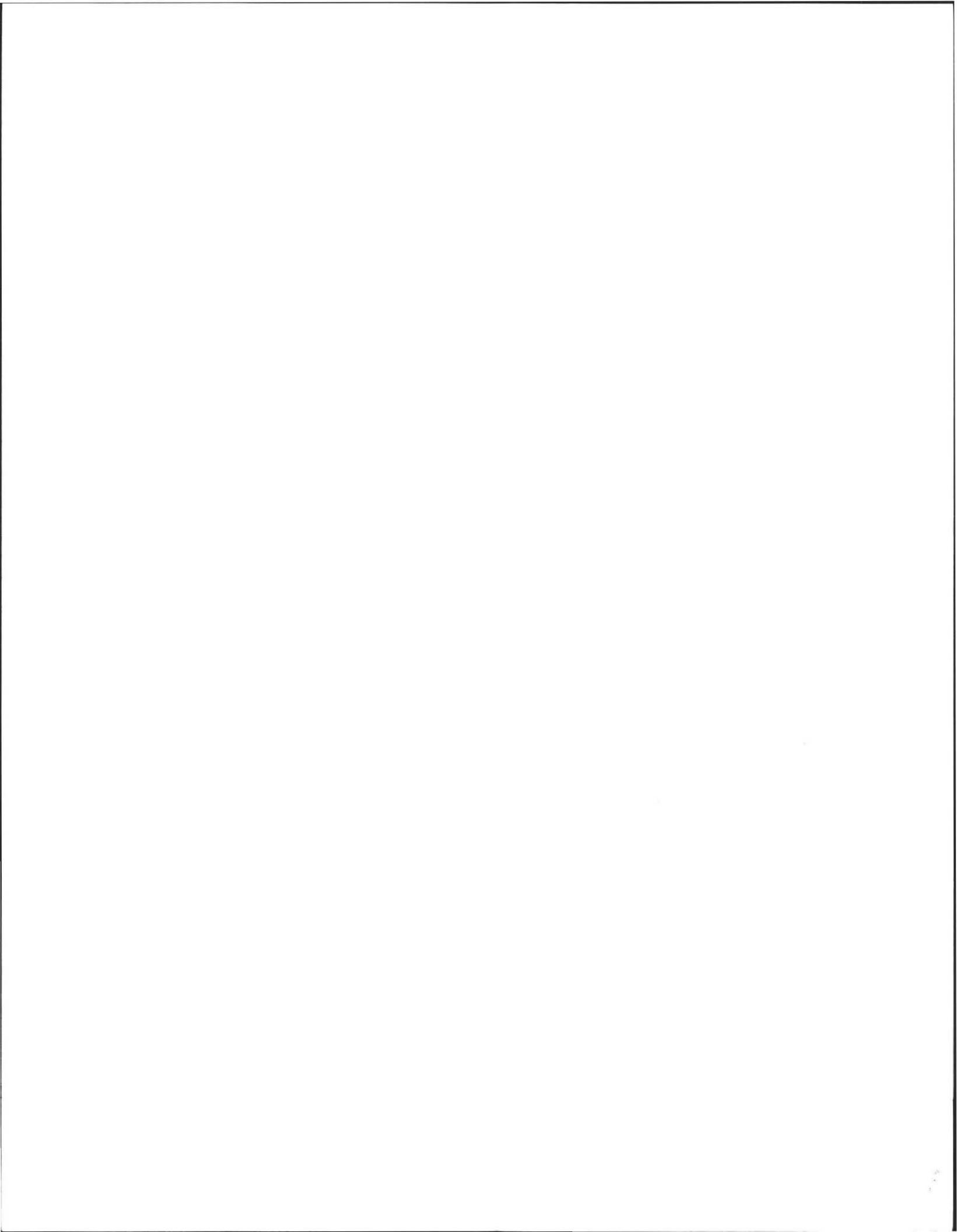
Because the existing leach pit extends into or just above this occasional water table, installation of this replacement system will provide an immediate environmental improvement.

Thank you for your consideration of this request.

Very truly yours,



Robert Stover



TOWN OF AMHERST
 AMHERST HEALTH DEPARTMENT
 ENVIRONMENTAL HEALTH DIVISION

08-402

Name on payment: Alice & Seymour Epstein Address on payment: 37 Bay Rd
 ph# 2531-2092
 Business/Property location: same Address same Owner

HEA009 Bakery R6510 443508 _____ HEA013 Recreation Camp R6510 443503 _____
 HEA001 Bed & Breakfast R6510 443516 _____ HEA010 Removal of Offal R6510 443513 _____

HEA042 Bo R651 _____

HEA002 Ca R651 _____

HEA047 Fir R651 _____

HEA003 Fo R651 _____

HEA004 Fr R651 _____

HEA005 He R651 _____

HEA045 Ice R651 _____

HEA034 Immunization Clinic R6510 432307 _____ HEA026 Smoking & Tobacco Fines R6510 443518 _____

HEA006 Massage Therapy R6510 443504 _____ HEA019 Sub-Division Review Fee R6510 432306 _____

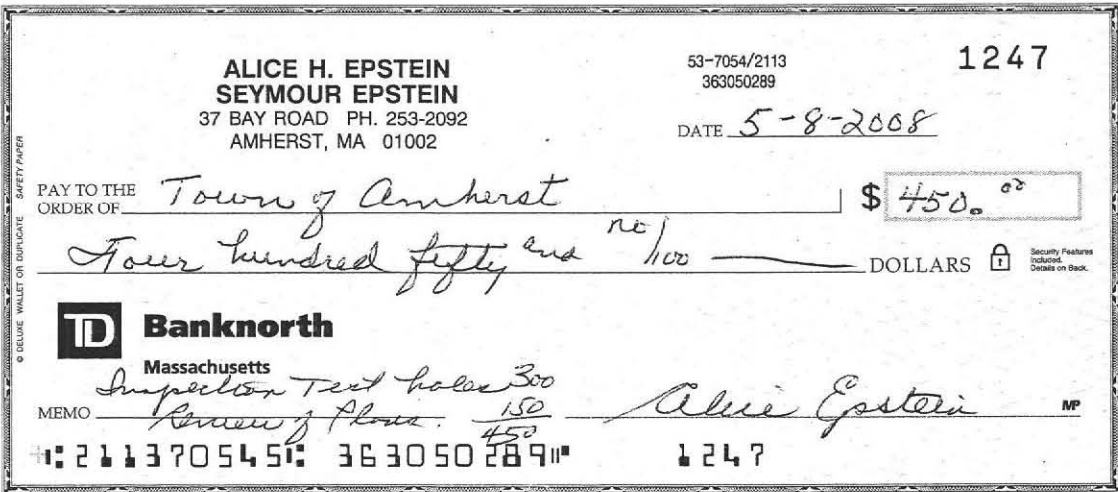
HEA008 Motel R6510 443506 _____ HEA012 Swimming Pool Permits R6510 443512 _____

HEA011 Percolation Test R6510 432300 \$ 300.00 HEA020 Tanning Services R6510 443509 _____

HEA043 Plan Review R6510 432308 \$ 150.00 HEA022 Tobacco Permits R6510 443505 _____

HEA044 Porta Pottie R6510 432309 _____ HEA _____ R6510 _____

HEA _____ R6510 _____



TOTAL FEE: \$ 450.00

DATE: 05-13-08

OFFICE USE ONLY

CHECK#	CASH
1247	

Ellen Bol
 AMHERST HEALTH DEPARTMENT SIGNATURE

PAID
 MAY 13 2008
 Town of Amherst

Must Be Validated By The Collector's Office To Be Considered Paid

