



FORM 1 - APPLICATION FOR DSCP

No. \_\_\_\_\_

Fee 160  
 2/11/97  
 5/16/97

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>505 Bay Rd.</u>	Owner's Name <u>Jerome &amp; Karen Muldowney</u>
Map/Parcel#	Address <u>505 Bay Rd., Amherst, MA 01002</u>
Lot# <u>3</u>	Telephone# <u>(413) 256-8407</u>
Installer's Name <u>DMO Construction</u>	Designer's Name <u>Amherst Civil Engineering Richard Costa, P.E./R. Stover</u>
Address	Address <u>P.O. Box 3312, Amherst, MA</u>
Telephone# <u>(413) 256-4273</u>	Telephone# <u>(413) 256-3400 01004-3312</u>

Type of Building: SFH Lot Size 32,645 sq. ft.  
 Dwelling - No. of Bedrooms 4 Garbage grinder ( ) NO  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 440 x 1.25 (Town safety factor) = 550 gpd  
 Calculated design flow 558 gpd Design flow provided 558 gpd  
 Plan: Date 3/25/97 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title On-Site Sewage Disposal System

Description of Soil(s) Attached  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator Robert Stover Date of Evaluation 1/2/97

DESCRIPTION OF REPAIRS OR ALTERATIONS Replace Leach Bed - retain existing septic tank (1250 Gal.) + pump and pump chamber - installed 1992 local upgrade approval requested to allow 3' separation from the water table.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Jerome Muldowney Date 25 March 97  
 Inspections \_\_\_\_\_

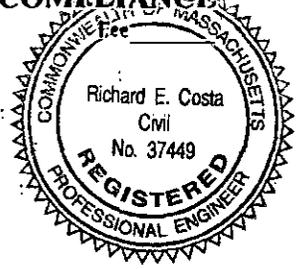
DEP APPROVED FORM 5/96

FORM 3 - CERTIFICATE OF COMPLIANCE

No. \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
 Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE



Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired  Upgraded ( ), Abandoned ( )  
 by: Jerome & Karen Muldowney 3/26/97

at 505 Bay Rd.  
 has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_ dated \_\_\_\_\_ Approved Design Flow 558 (gpd)

Installer Amherst Civil Engineering  
 Designer: Richard Costa, P.E. Inspector Robert Stover Date \_\_\_\_\_

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

DEP APPROVED FORM 5/96

FORM 2 - DSCP

No. \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS  
 Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

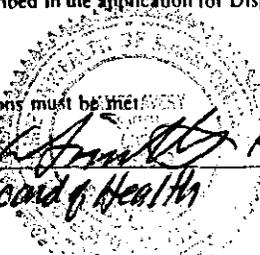
Richard Costa  
 D.M.O.  
 Cont.

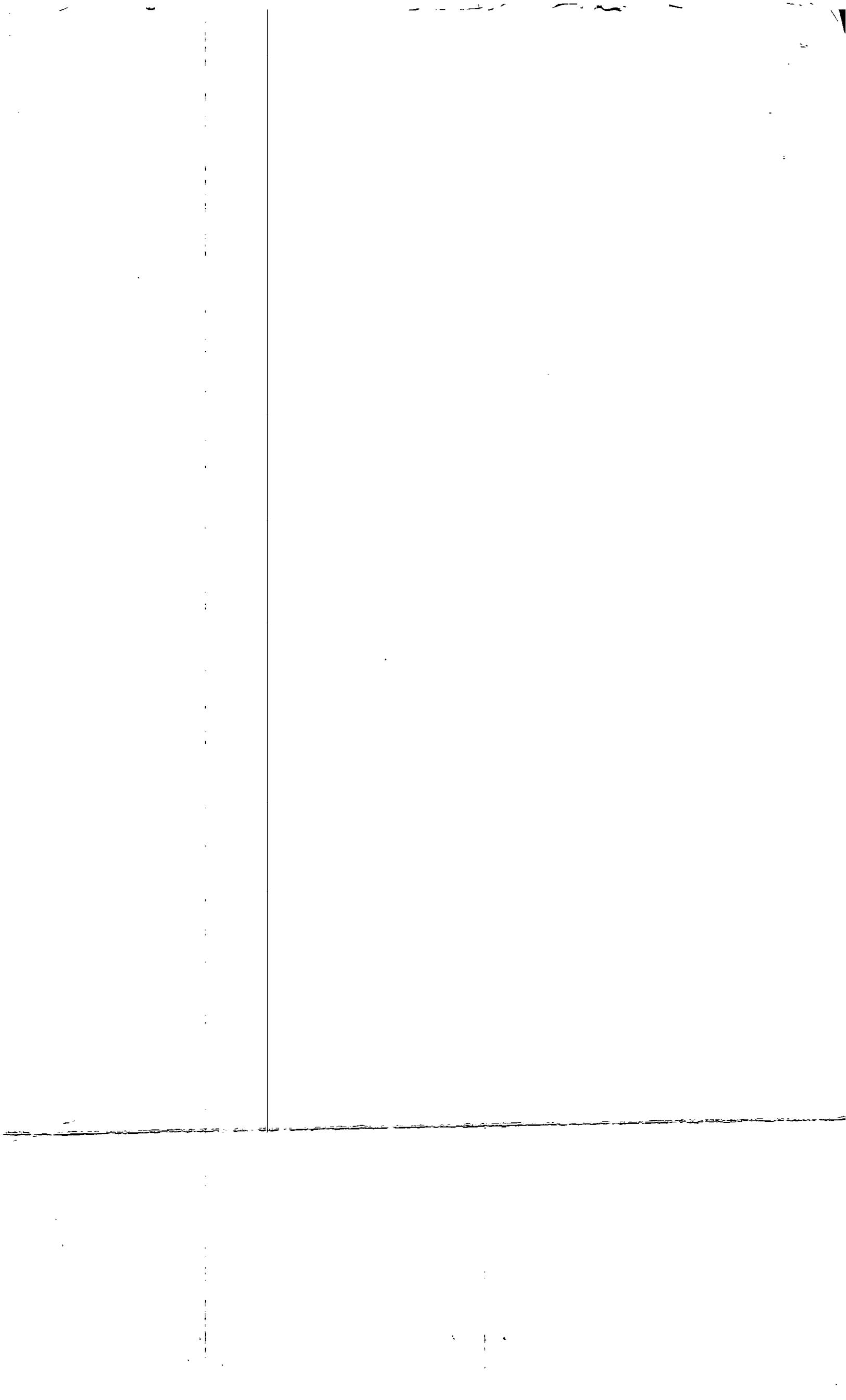
Permission is hereby granted to: Construct ( ) Repair  Upgrade ( ) Abandon ( ) an individual sewage disposal system at 505 Bay Road as described in the application for Disposal

System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

DEP APPROVED FORM 5/96 Date 4/3/97 Board of Health Jerome Muldowney PE  
 For The Board of Health





Town of

#505



AMHERST

Massachusetts

TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST, MA. 01002-2351

INSPECTION SERVICES DEPARTMENT  
Phone (413) 256-4030

April 2, 1997

To: Amherst Board of Health

From: David Zarozinski, Sanitarian

Re: Local Variance Request to Title V

Mr. & Mrs. Gerry Muldowney of 505 Bay Road, Amherst, would like to request a variance from Title V provision 310 CMR 15.405(1)(i) To allow a vertical separation distance of three feet (3') between the bottom of the proposed leach field and the high ground-water elevations (copy enclosed).

On January 2, 1997, a percolation test was conducted at 505 Bay Road, Amherst, MA. The perc rate for this four (4) bedroom home was eight (8) minutes an inch with soil mottels at 36 inches.

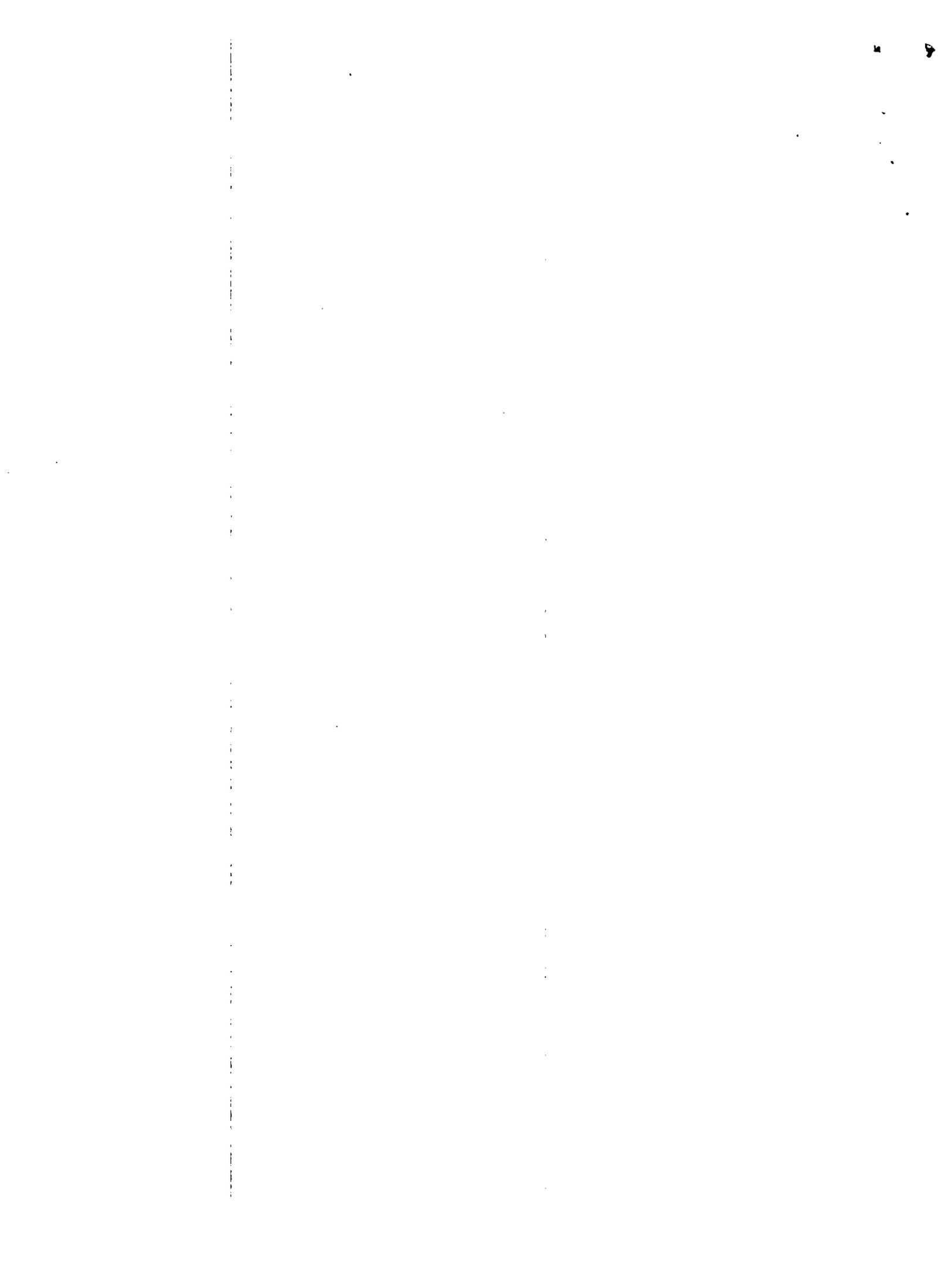
I would recommend approval of this variance for the following reasons:

1. System is designed with the extra twenty-five percent leaching capacity.
2. Town water is available.
3. Garbage grinder will be removed.
4. Gas baffle will be installed at the outlet.

enc.

WP/DZ/505BAY

4/3/97  
B. O. H. Meeting  
VARIANCE APPROVED  
3-0  
UPL - Sam Dno



15.405: continued

- (c) Placement of the leaching structure within an area where percolation rate is between 30 and 60 minutes per inch, in accordance with 310 CMR 15.242;
  - (d) Up to a 25% reduction in the required subsurface disposal area design requirements;
  - (e) Where upgrade is required pursuant to 310 CMR 15.303(1) because it is within Zone I of public well or within 100 feet of private well, relocation of the well. Any relocation of a public well shall be performed pursuant to 310 CMR 22.00 (water supply source approval);
  - (f) Reduction of system location setbacks from bordering vegetated wetlands;
  - (g) Reduction of system location setbacks from surface waters, salt marshes, inland and coastal banks, certified vernal pools in accordance with 310 CMR 15.211(1)[2], leaching catch basins, dry wells, or surface or subsurface drains other than those which discharge to surface water supplies or tributaries thereto;
  - (h) Reduction of system location setbacks from water supply lines, private water supply wells (but not within 50 feet of the well), tributaries to surface water supplies, surface water supplies, but not within 100 feet of the surface water supply or tributary thereto or open, surface or subsurface drains which discharge to surface water supplies or tributaries thereto.
  - (i) the local approving authority may reduce the required four foot separation (in soils with a recorded percolation rate of more than two minutes per inch) or the required five foot separation (in soils with a recorded percolation rate of two minutes or less per inch) between the bottom of the soil absorption system and the high groundwater elevation only if all of the following conditions are met:
    - 1. An approved Soil Evaluator who is a member or agent of the local approving authority determines the high groundwater elevation.
    - 2. A minimum three foot separation (in soils with a recorded percolation rate of more than two minutes per inch) or a minimum four foot separation (in soils with a recorded percolation rate of two minutes or less per inch) between the bottom of the soil absorption system and the high groundwater elevation is maintained.
    - 3. The system is a failed or non-conforming system serving an existing building with a design flow of less than 2,000 gpd
    - 4. No increase in design flow or square footage of the building is allowed.
    - 5. No reduction in required leaching field size or setbacks from public or private wells, bordering vegetated wetlands, surface waters, salt marshes, coastal banks, certified vernal pools, water supply lines, surface water supplies or tributaries to surface water supplies, or drains which discharge to surface water supplies or their tributaries, is allowed.
- (2) No application for an upgrade approval in which the setback from property lines or a private water supply well is reduced shall be complete until the applicant has notified all abutters whose property or well is affected by certified mail at his/her own expense at least ten days before the Board of Health meeting at which the upgrade approval will be on the agenda. The notification shall reference the standards set forth in 310 CMR 15.402 through 15.405 and indicate the date, time and place where the upgrade approval will be discussed.
- (3) If the nonconforming system cannot be upgraded in accordance with 310 CMR 15.404 and 15.405(1) the owner shall:
- (a) obtain a groundwater discharge permit pursuant to 314 CMR 5.00 and 6.00,
  - (b) apply to the Department to use a tight tank or modified tight tank in accordance with the provisions of 310 CMR 15.260 through 15.262,
  - (c) apply for a variance pursuant to 310 CMR 15.410 through 15.415, or
  - (d) abandon the system in compliance with 310 CMR 15.354.
- (4) Nothing in 310 CMR 15.405 shall authorize violation of M.G.L. c. 131, § 40 and 310 CMR 10.00, or any other applicable provision of law.



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11-3-96 160.00  
NOT PAID

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 505 Bay Road

COMMONWEALTH OF MASSACHUSETTS  
Massachusetts

Percolation Test*		
Date:	<u>1-3-97</u>	Time: <u>11:00</u>
Observation Hole #		
Depth of Perc	<u>37"</u>	
Start Pre-soak	<u>10:59</u>	
End Pre-soak	<u>11:15</u>	
Time at 12"	<u>11:15</u>	
Time at 9"	<u>11:24</u>	
Time at 6"	<u>1:46</u>	
Time (9"-6")	<u>min 22</u>	
Rate Min./Inch	<u>8</u>	

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

Site Passed  Site Failed

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments: \_\_\_\_\_



2

No. \_\_\_\_\_

Date: 1-3-97

Commonwealth of Massachusetts  
Massachusetts

**Soil Suitability Assessment for On-site Sewage Disposal**

Performed By: Robert Stover

Date: 1/3-97

Witnessed By: David Zarozinski

Location Address or Lot # <u>505 BAY ROAD</u> New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	Owner's Name, Address, and Telephone # <u>Gerry Muldowney</u> <u>505 BAY RD</u> <u>256-8407</u>
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**Office Review**

Published Soil Survey Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_ Soil Map Unit \_\_\_\_\_

Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform \_\_\_\_\_

**Flood Insurance Rate Map:**

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

**Wetland Area:**

National Wetland Inventory Map (map unit) \_\_\_\_\_

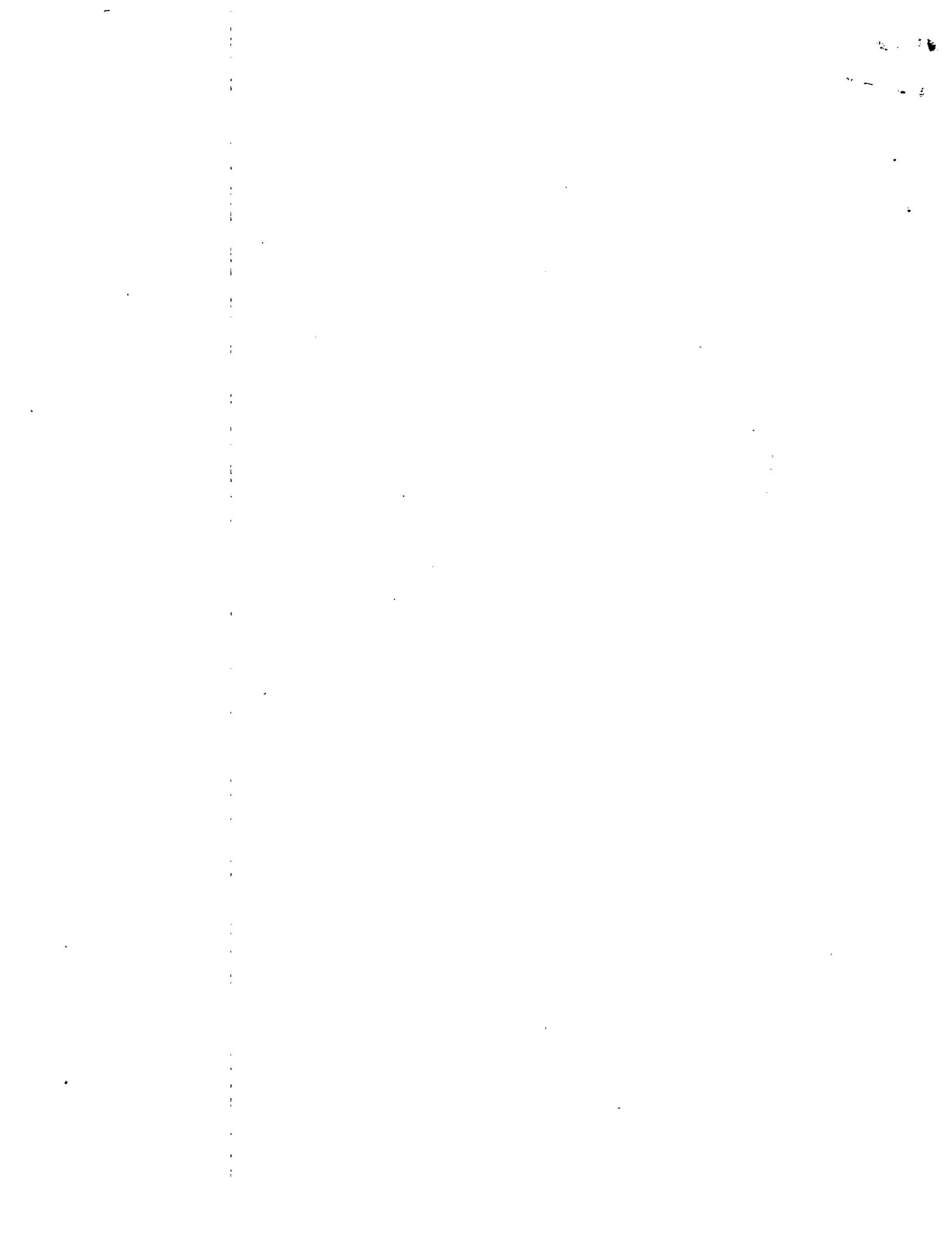
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. 305 Bay Rd

**On-site Review**

Deep Hole Number 1 Date: 1-3-97 Time: 11:00 Weather Cloudy

Location (identify on site plan) \_\_\_\_\_

Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_ Surface Stones \_\_\_\_\_

Vegetation \_\_\_\_\_

Landform \_\_\_\_\_

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

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

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-13	F <sub>11</sub>	Fine loam sand	10YR 4/4		
0-18	A	Fine sandy loam	10YR 3/3	9% 20YR 4-6	
18-16	(B <sub>w1</sub> )	(Same)	10YR 4/6	52"	
16-21	B <sub>w2</sub>		7.5YR 4-6	9-2Y 30% 6	
21-78	C	Fine - coarse sand gravelly	7.5YR 4-6		
		Fine - med sand			

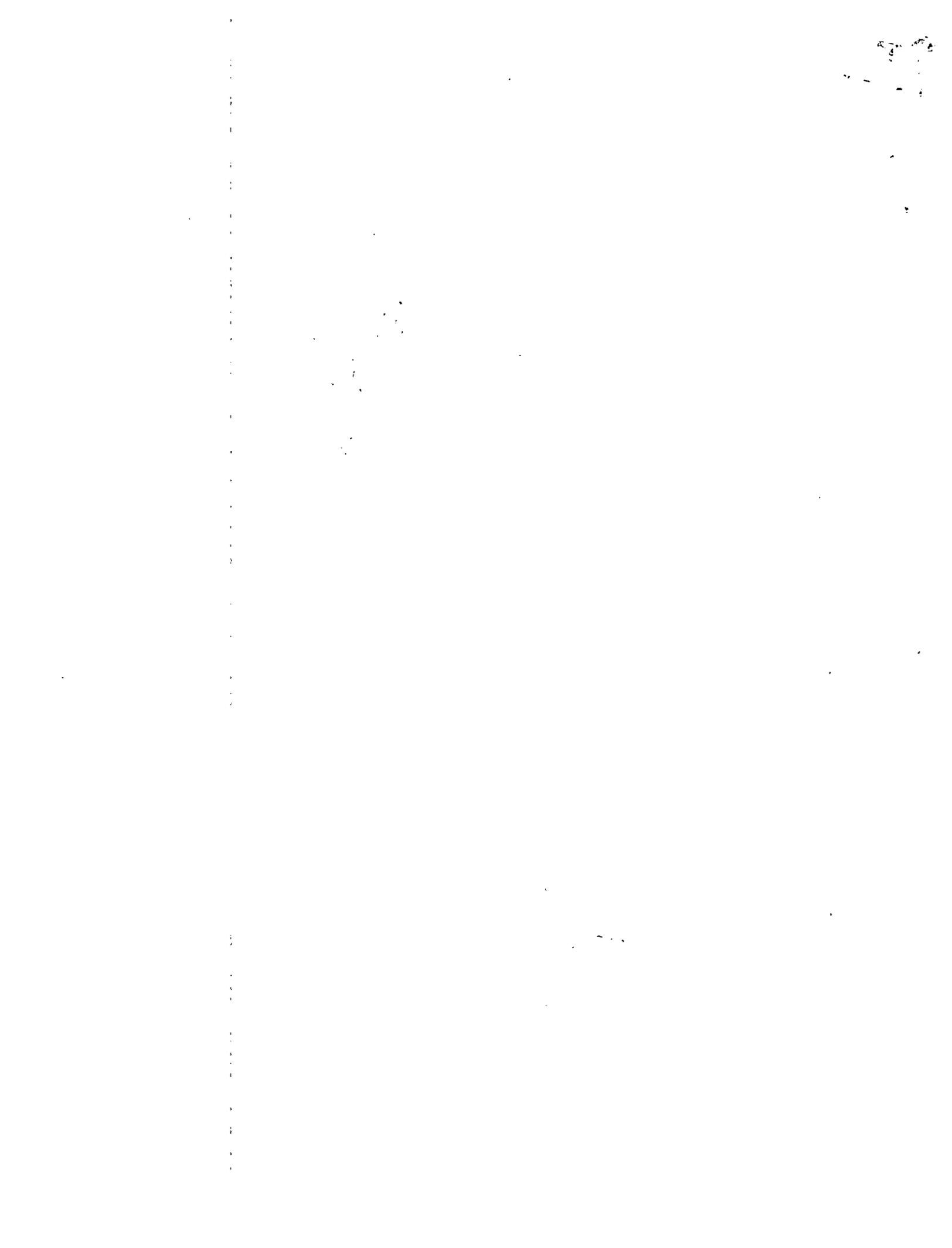
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_

Depth to Groundwater: \_\_\_\_\_ Standing Water in the Hole: \_\_\_\_\_ Weeping from Pit Face: \_\_\_\_\_

Estimated Seasonal High Ground Water: \_\_\_\_\_





Location Address or Lot No. SOS Bay Rd., Amherst, MA

# bedrooms?   
 Remove GG

**On-site Review**

Deep Hole Number 1 Date: 1/2/97 Time: 10:10 AM Weather overcast, 40°

Location (Identify on site plan) \_\_\_\_\_

Land Use lawn Slope (%) \_\_\_\_\_ Surface Stones none

Vegetation grass

Landform outwash terrace

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body — feet      Drainage way 30 feet  
Possible Wet Area 60 feet      Property Line 15 feet  
Drinking Water Well 200 feet+      Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
13±0	Fill	FLS	10YR4/4	none	
0-10	A	FSL	10YR3/3	20% 10YR4/6	Friable
10-16	Bw1	FSL	10YR4/6		very Friable
16-21	Bw2	Fine to coarse sand gravelly	7.5YR4/6		Firm 20% coarse
21-78"	C	Fine & Medium Sand to coarse	7.5YR4/6	52" mottles 5YR4/2 30%	Firm stratified

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash      Depth to Bedrock: \_\_\_\_\_

Depth to Groundwater: Standing Water in the Hole: 36"      Weeping from Pit Face: 36"

Estimated Seasonal High Ground Water: 36"



No. \_\_\_\_\_

Date: 1/3/97

Commonwealth of Massachusetts  
, Massachusetts

**Soil Suitability Assessment for On-site Sewage Disposal**

Performed By: Robert W. Stover  
Witnessed By: David Zarozinski

Date: 1/3/97

Location Address or Lot # <u>505 Bay Road Amherst, MA</u>	Owner's Name, Address, and Telephone # <u>Gerry &amp; Karen Muldowney 505 Bay Road Amherst, MA 01002 (413) 256-</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

**Office Review**

Published Soil Survey Available: No  Yes

Year Published 1981 Publication Scale 1:15,840 Soil Map Unit HgB

Drainage Class A Soil Limitations poor filter

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform \_\_\_\_\_

**Flood Insurance Rate Map:**

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

**Wetland Area:**

National Wetland Inventory Map (map unit) \_\_\_\_\_

Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_



FORM 12 - PERCOLATION TEST

Location Address or Lot No. 505 Bay Rd, Amherst, MA

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>1/2/97</u>		Time: <u>11:00 AM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>37"</u>	
Start Pre-soak	<u>10:59</u>	
End Pre-soak	<u>11:15</u>	
Time at 12"	<u>11:15</u>	
Time at 9"	<u>11:24</u>	
Time at 6"	<u>11:46</u>	
Time (9"-6")	<u>22</u>	
Rate Min./Inch	<u>8</u>	

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

Site Passed  Site Failed

Performed By: Robert W. Stover

Witnessed By: David Zarozinski

Comments: \_\_\_\_\_



Location Address or Lot No. 505 Bay Rd., Amherst, MA

**Determination for Seasonal High Water Table**

**Method Used:**

- Depth observed standing in observation hole 36 inches
- Depth weeping from side of observation hole 36 inches
- Depth to soil mottles 36 inches
- Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level .....

Adjustment factor ..... Adjusted ground water level .....

**Depth of Naturally Occurring Pervious Material**

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

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

**Certification**

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

Signature Robert W. Stoner Date 1/2/97



Pd. # 2191

# TOWN OF AMHERST

## INSPECTION SERVICES/HEALTH PERMITS

Tele # 256-8407

Received of D.J.C. Jerome Muldowney of 505 Bay Rd Amherst  
Name Address

For Property Located at Same Same  
Street Address Owner

<input type="checkbox"/>	Bakery	01-0-501-4433-00		<input checked="" type="checkbox"/>	Perc Test	100.00	01-0-501-4344-00
<input type="checkbox"/>	Bed & Breakfast	01-0-501-4474-01		<input type="checkbox"/>	Pool		01-0-501-4471-00
<input type="checkbox"/>	Catering	01-0-501-4429-00		<input type="checkbox"/>	Rec. Camp		01-0-501-4424-00
<input type="checkbox"/>	Food Handler	01-0-501-4474-00		<input type="checkbox"/>	Retail Permit		01-0-501-4473-00
<input type="checkbox"/>	Frozen Desserts	01-0-501-4421-00		<input type="checkbox"/>	Sanitary Code Booklet		01-0-501-4380-00
<input type="checkbox"/>	Housing Inspection	01-0-501-4348-00		<input type="checkbox"/>	Septic Installers Permit		01-0-501-4470-01
<input type="checkbox"/>	Massage	01-0-501-4425-00		<input checked="" type="checkbox"/>	Septic Private Applications	60.00	01-0-501-4470-00
<input type="checkbox"/>	Milk	01-0-501-4420-00		<input type="checkbox"/>	Septic - Reinspection		01-0-501-4345-00
<input type="checkbox"/>	Motel License	01-0-501-4428-00		<input type="checkbox"/>	Sub-Division Rev.		01-0-501-4460-00
<input type="checkbox"/>	Miscellaneous	01-0-501-		<input type="checkbox"/>	Tanning		01-0-501-4434-00
<input type="checkbox"/>	Offal/Garbage	01-0-501-4472-00		<input type="checkbox"/>	Twenty-one D Tickets		01-0-501-4879-00

[Signature]  
Treasurer/Collector Date

TOTAL FEE: 160.00  
[Signature] Inspection Services 5/1/97

White - Applicant      Yellow - Collector      Pink - Inspection Services

(

Q-8

No. 92-28

#505

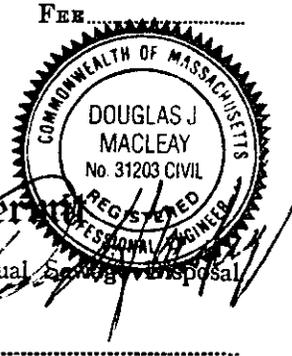
(Rec OCT 29 1992)

111692

pd 120  
10/13/92

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

TOWN OF AMHERST



Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct ( ) or Repair (X) an Individual Sewage Disposal System at:  
505 BAY ROAD LOT 3

Location - Address: 505 BAY ROAD  
Owner: LAWRENCE GIARD  
Installer: Robert Coak

or Lot No. 656  
Address: 656 HUCKLE HILL ROAD, BERNARDSTON, MA

Type of Building: Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (X)  
Other — Type of Building No. of persons Showers ( ) — Cafeteria ( )  
Other fixtures

Design Flow 440 55 gallons per person per day. Total daily flow 440 gallons.  
Septic Tank — Liquid capacity 1250 gallons Length 10' Width 5' Diameter Depth 5'-4"  
Disposal Trench — No. 3 Width 2' Total Length 120' Total leaching area 480 sq. ft.  
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (X) Dosing tank ( )  
Percolation Test Results Performed by MacLeay Associates Inc. Date 10/06/92  
Test Pit No. 1 minutes per inch Depth of Test Pit 10'-5" Depth to ground water 52"  
Test Pit No. 2 2 minutes per inch Depth of Test Pit 10' Depth to ground water 60"

Description of Soil: Fine to coarse sands see plan for complete logs

Nature of Repairs or Alterations — Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Lawrence Giard 10/28/92  
Application Approved By David Zozanski for 10/30/92  
Application Disapproved for the following reasons:

Permit No. 92-28 Issued Date

Mike Beaudoin installer

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH  
TOWN OF AMHERST  
Certificate of Compliance  
11/6/92

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired (X) by Robert Coak at 505 Bay Road has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 92-28 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.  
DATE 11/6/92 Inspector David Zozanski

CHECK OR FILL IN WHERE APPLICABLE

Garbage Grinder to be removed

1000

No. 92-28

FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit



Application is hereby made for a Permit to Construct ( ) or Repair (X) an Individual Sewage Disposal System at: 505 BAY ROAD LOT 3

Location - Address: LAWRENCE GIARD or Lot No. 170 HUCKLE HILL ROAD, BERNARDSTON, MA  
Owner: Robert Coch Address: 32645  
Installer: Robert Coch Address: 32645

Type of Building: Dwelling - No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder ( NB )  
Other - Type of Building: No. of persons: Showers ( ) - Cafeteria ( )  
Other fixtures:

Design Flow: 440 - 55 gallons per person per day. Total daily flow: 440 gallons.  
Septic Tank - Liquid capacity: 1250 gallons Length: 10' Width: 5' Diameter: Depth: 5'-4"  
Disposal Trench - No. 3 Width: 2' Total Length: 120' Total leaching area: 480 sq. ft.  
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.  
Other Distribution box (X) Dosing tank ( )  
Percolation Test Results Performed by: MacLeay Associates Inc. Date: 10/06/92  
Test Pit No. 1 minutes per inch Depth of Test Pit: 10'-5" Depth to ground water: 52"  
Test Pit No. 2 minutes per inch Depth of Test Pit: 10' Depth to ground water: 60"

Garbage Grinder to be removed

Description of Soil: Fine to coarse sands see plan for complete logs  
Nature of Repairs or Alterations - Answer when applicable:

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: Lawrence Giard 10/28/92  
Application Approved By: Dorel Zagorski for Robert Coch 10/30/92  
Application Disapproved for the following reasons:

Permit No. 92-28 Issued Date

White & ... installer

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired (X) by Robert Coch Installer at 505 Bay Road has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 92-28 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.  
DATE 11/6/92 Inspector ...

THE COMMONWEALTH OF MASSACHUSETTS

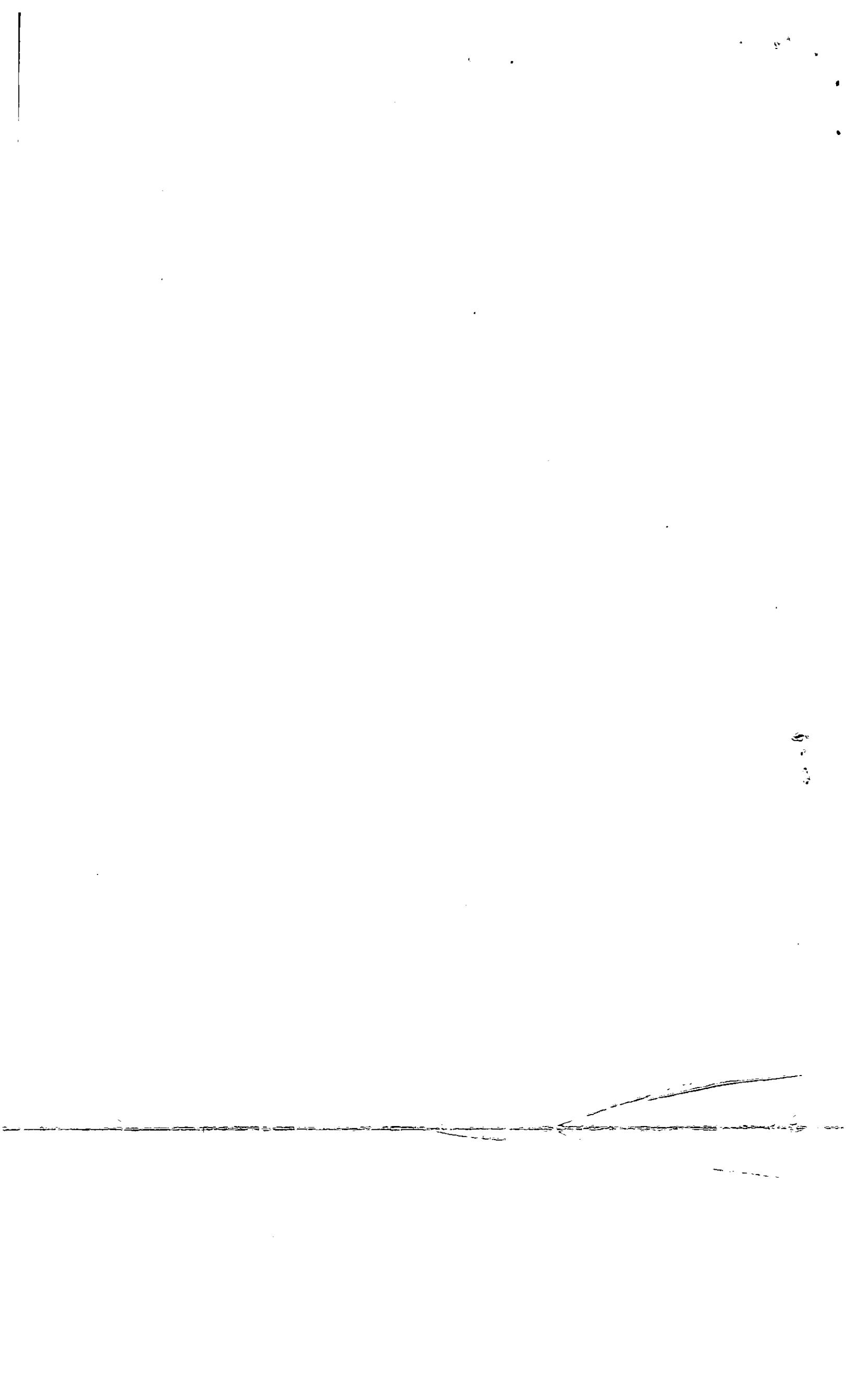
BOARD OF HEALTH

TOWN OF AMHERST

Disposal Works Construction Permit

Permission is hereby granted Lawrence Giard to Construct ( ) or Repair (X) an Individual Sewage Disposal System at No. 505 Bay Road

as shown on the application for Disposal Works Construction Permit No. 92-28 Dated 10/30/92  
DATE 10/30/92 Board of Health Dorel Zagorski for Robert Coch



92.28  
 CK - 766  
 Pd 160<sup>02</sup>  
 10/13/92

TOWN OF AMHERST  
 PERC TEST DATA SHEET

DATE 10/6/92 LOCATION 505 BAY Road LOT SIZE \_\_\_\_\_

OWNER HARRY GIARD ADDRESS 505 BAY Road TELE # \_\_\_\_\_

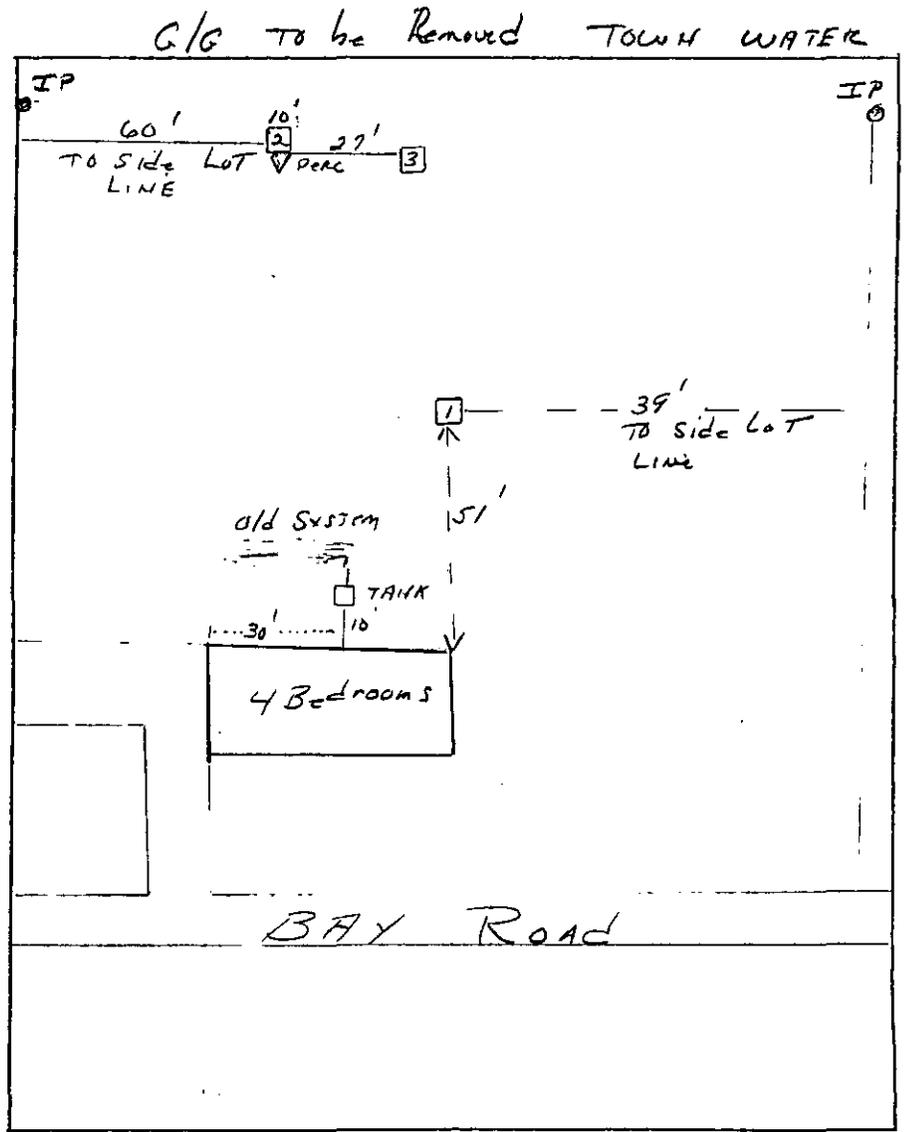
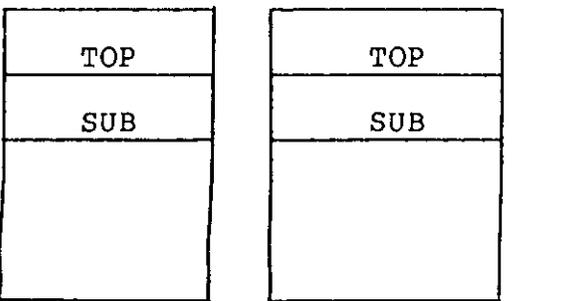
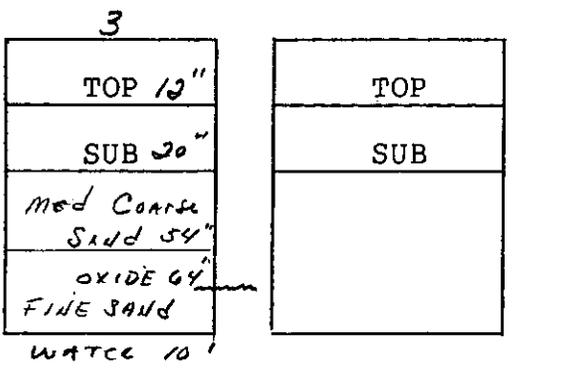
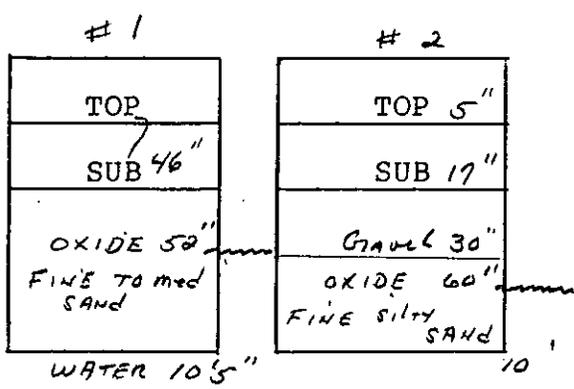
P.E./RS Douglas J Macheay FIRM Macheay Assoc. OBSERVED BY DAVID ZAROZIMY  
 625-9774

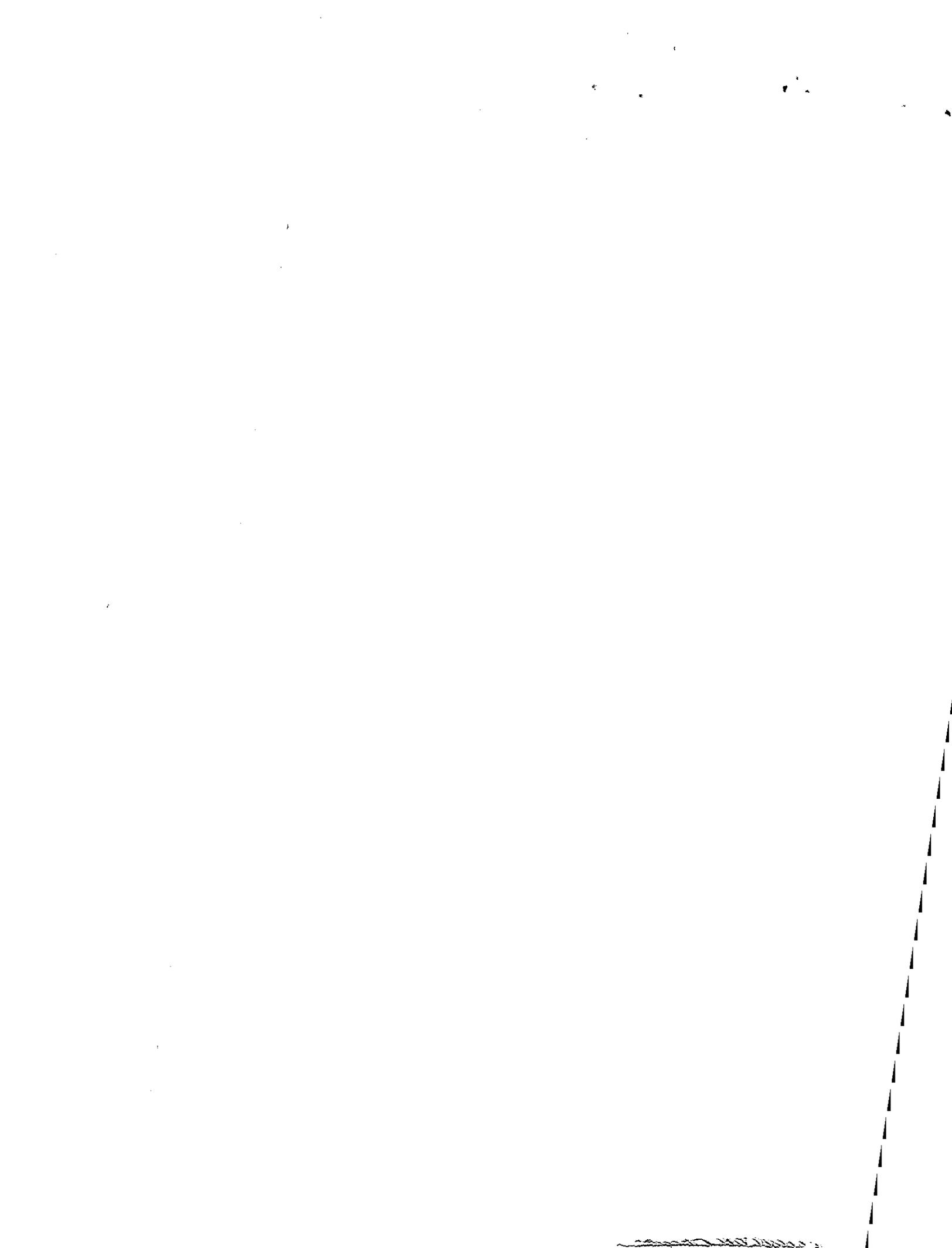
BACK HOE OPERATOR KARL'S BENCH MARK \_\_\_\_\_

PERC DEPTH 62" PRE SOAK TIME 10:35 PERC DEPTH \_\_\_\_\_ PRE SOAK TIME \_\_\_\_\_

TEST	<u>10:50</u>	<u>12"</u>	<u>10:54</u>	<u>8"</u>	_____	_____
	<u>10:51</u>	<u>11"</u>	<u>10:55</u>	<u>7"</u>	_____	_____
	<u>10:52</u>	<u>10"</u>	<u>10:56</u>	<u>6"</u>	_____	_____
	<u>10:53</u>	<u>9"</u>	_____	_____	_____	_____

RATE (2) RATE \_\_\_\_\_





4) Type of existing system  
       privy        cesspool(s)  conventional system  
       Other (describe) \_\_\_\_\_  
\_\_\_\_\_

Type of soil absorption system (trenches, chambers, pits, etc.)

Leach bed: 47' L  
\_\_\_\_\_

5) Design flow based on 310 CMR 15.203

a) Design flow of existing system 660 gpd

Approved?  yes approval date 10/1992  
       no why? \_\_\_\_\_

b) Design flow of proposed upgraded system 558 gpd

c) Design flow of facility 550 gpd Garbage Grinder to be removed.  
4 bdrm x 110 gpd = 440 gpd

6) Proposed upgrade of existing system is

a)  Voluntary  
       Required by order, letter, etc. (attach copy)  
       Required following inspection required by 310 CMR 15.301 (provide date  
inspection form was submitted to the approving authority) \_\_\_\_\_ (date)

440 gpd x 1.25 (Town Safety factor) = 550 gpd

b) Describe the proposed upgrade to the system

Replace failed SAS w/ leach bed (47' x 18'). Retain septic  
tank and pump and pump chamber installed in 1992.  
\_\_\_\_\_  
\_\_\_\_\_

c) Which of the following are applicable to the proposed upgrade?

NO Reduction of setback(s) (list setbacks to be reduced with proposed setback distances)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO Percolation rate of 30-60 minutes per inch (state actual perc rate)

\_\_\_\_\_



*Commonwealth of Massachusetts*  
*Amherst* , Massachusetts

**Application for Local Upgrade Approval**  
**Title 5, 310 CMR 15.000**  
**DEP Approved form required by 310 CMR 15.403(1)**

To be submitted to Local Approving Authority/Board of Health: For the upgrade of a failed or nonconforming system with a design flow of <10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

To be submitted to DEP: For the upgrade of a failed or nonconforming system with a design flow of 10,000 up to 15,000 gpd and/or for upgrade of a state or federal facility, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

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

1) Facility/system owner

Name Jerome & Karen Muldowney  
Address 505 Bay Rd., Amherst, MA 01002  
Phone # (413) 256-4273  
Address of facility Same

2) Applicant (if different from above)

Name Same  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_

3) Type of facility

residential \_\_\_ commercial \_\_\_ school  
\_\_\_ institutional  
(Specify) 4 bdrm house w/ garbage grinder



- 8) Notice to Abutters *N/A*

No application for upgrade approval in which the setback from property lines or a private water supply well is reduced shall be complete until the applicant has notified all abutters whose property or well is affected by certified mail at least ten days before the Board of Health meeting at which the upgrade approval will be on the agenda. Such notice shall include the date, time and place where the upgrade approval will be discussed.

If the Department is the approving authority, then such notice to abutters must be completed prior to the date of submission of the application to the Department.

The notices to abutters shall include a copy of the completed application form and shall reference the standards set forth in 310 CMR 15.402 through 15.405.

List of affected Abutters:

Abutter Name _____	Date notified _____
Address _____	
Abutter Name _____	Date notified _____
Address _____	
Abutter Name _____	Date notified _____
Address _____	
Abutter Name _____	Date notified _____
Address _____	

- 9) Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible (each section must be completed):

- a) an upgraded system in full compliance with 310 CMR 15.000 is not feasible:  
*Available space, site topography make 4' groundwater separation infeasible.*
- b) an alternative system approved pursuant to 310 CMR 15.283-15.288 is not feasible:  
*Alternative systems not appropriate for facility.*



NO Up to 25% reduction in subsurface disposal area design requirements (state required & proposed size) \_\_\_\_\_

NO Relocation of water supply well (identify well, describe relocation)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES Reduction of required separation between bottom of SAS & high groundwater (specify proposed reduction & perc rate) from 4' to 37.5" rate = 8 min./inch

NO Other requirements of 310 CMR 15.000 that cannot be met (specify sections of the Code)  
\_\_\_\_\_  
\_\_\_\_\_

System upgrades that cannot be performed in accordance with 310 CMR 15.404 & 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410-15.417.

7) 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 ground water elevation pursuant to 310 CMR 15.405(1)(i)(1). The evaluator must be a member or agent of the local approving authority:

Distance from soil absorption system to high groundwater  
37 1/2" ~~40"~~

As determined by:

Evaluator's name David Zarozinski  
Evaluator's signature \_\_\_\_\_  
Date of evaluation 1/2/97

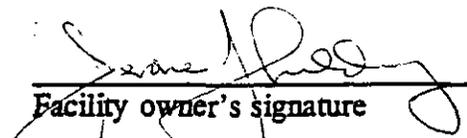


FORM 9A - APPLICATION FOR LOCAL UPGRADE APPROVAL  
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- c) a shared system is not feasible:  
adjacent houses served by functioning systems.
  - d) connection to a sewer is not feasible:  
this area not served by public sewer system.
- 10) An application for a disposal system construction permit, including all required attachments (e.g. plans & specifications, site evaluation forms), must accompany this application. Is the DSCP application attached?  yes  no

11) 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 knowing violations."

	25 March 97
Facility owner's signature	Date
<hr/>	
Jerome T. Mulbourn	
Print Name	
<hr/>	
Robert W. Stover	3/25/97
Name of preparer	Date
<hr/>	
Amherst Civil Engineering, P.O. Box 3312, Amherst, MA	
Telephone # & address of preparer	01004-3312 (413) 256-3400

NOTE: Title 5, 310 CMR 15.403(4), requires the system owner or operator to submit to the Department a copy of the local upgrade approval upon issuance by the Board of Health and prior to commencement of construction.



