514 Barnet

#518

No. 85-36

Fee $90

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 (X) or Repair ( ) an Individual Sewage Disposal System at:

518

BAY ROAD AMHERST — LOT #B
Location - Address — or Lot No.

CHARLES D. MEAKIM — 77 N. PROSPECT ST. AMHERST
Owner — Address

Roberts Builders Inc. — P.O. Box 678, Amherst, Mass. 01004
Installer — Address

Type of Building — Size Lot 30,000 Sq. feet

Dwelling - X No. of Bedrooms 2 Expansion Attic ( ) Garbage Grinder (X)

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 220 gallons.

Septic Tank - X Liquid capacity 1500 gallons Length 10'6" Width 5'8" Diameter ..... Depth 5'4"

Disposal Trench - X No. 1 Width ~~30~~ 12 Total Length ~~35~~ 35 Total leaching area ~~330~~ 420 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 ALMER HUNTLEY JR. & ASSOC. Date 4/11/74

Test Pit No. 1 1.3 minutes per inch Depth of Test Pit 7'0" Depth to ground water none

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil 9" ORGANIC TOP SOIL, 9" SILT, SAND
5'6" SAND & GRAVEL

Nature of Repairs or Alterations — Answer when applicable .....

COMMONWEALTH OF MASSACHUSETTS — WILLIAM D. PHARMER — REGISTERED PROFESSIONAL ENGINEER

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of Article XI of the State Sanitary Code — The undersigned further agrees not to put the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Roberts Builders Inc. by Wm Roberts 9/15/85

Application Approved By ..... 9/16/85 Date

Application Disapproved *for the following reasons:* .....

Permit No. 85-36 Issued 9/16/85 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

by ..... Installer

at .....

has been installed in accordance with the provisions of Article XI of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. ..... dated .....

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 85-36 Town OF Amherst Fee $90

Disposal Works Construction Permit

Permission is hereby granted ROBERTS CONST - CHAS MEAKIM

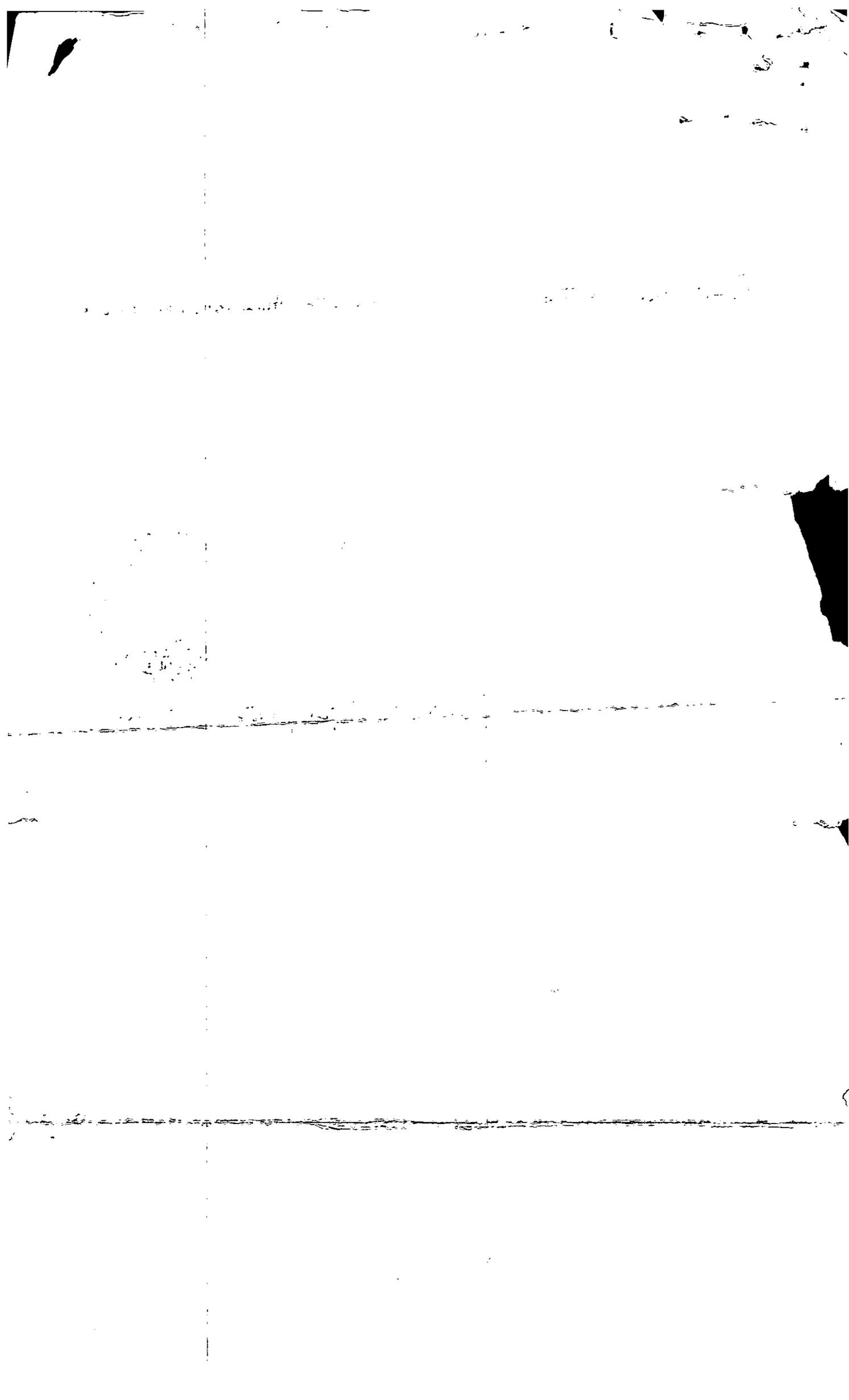
to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. LOT #B BAY RD. Street

as shown on the application for Disposal Works Construction Permit No. 85-36 Dated 9/16/85

Board of Health

DATE 9/16/85



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

BAY RD.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner CHARLES MEAKIN Address PROSPECT ST

Installer ROBERTS BROS Address WEST ST.

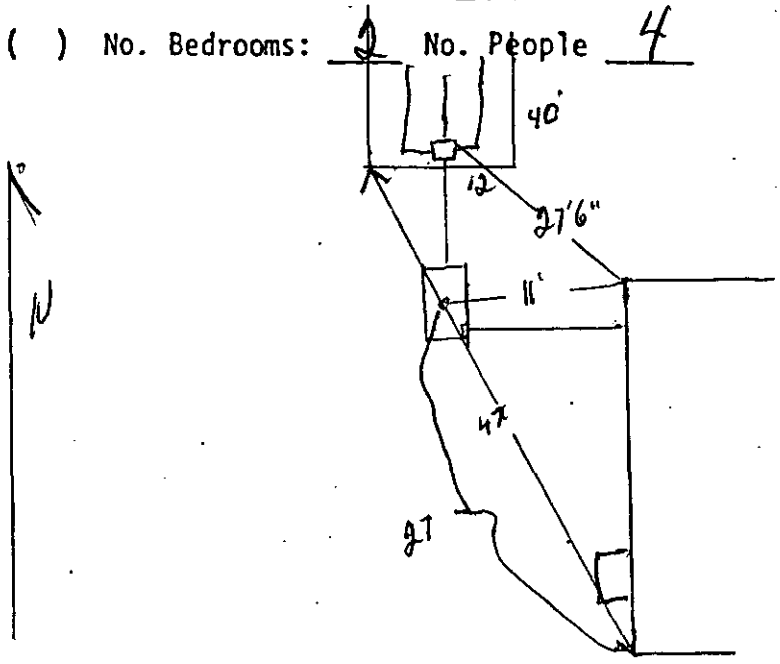
Date Installation Inspected and Approved 12-5-85

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed (:) Seepage Pit ( ) Square Feet: _____

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 2 No. People 4

AS - BUILT PLAN:



↓ BAY RD

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

MRS. Rouzier ⇒ 6/16/03

Town Sewer

AMHERST ZONING BOARD OF APPEALS

TRANSMITTAL

APPLICANT: Pierre Rouzier

LOCATION: 518 Bay Road

Application No. ZBA 2003-00046
Filing Date 5/23/03
Transmittal Date 6/13/03
Hearing Date 6/26/03

Distribution:

( ) Planning Board
( ) Town Planner
( ) Town Engineer
( ) Select Board
( ) Building Commissioner
( ) Conservation Commission
(✓) Board of Health
( ) Fire Chief
( ) Public Works
( ) Historical Commission

REPORT

Signed: _____

Date: _____

APPLICATION # ZBA 2003-00046

ZONING BOARD OF APPEALS
TOWN OF AMHERST

TOWN OF AMHERST, MA
HAMPSHIRE COUNTY
Received & Recorded
MAY 23 2003
AM 4:17 P.M.
Book 93A Page 46
Attest
Town Clerk

APPLICATION

Pierre Rouzier
NAME OF APPLICANT

518 Bay Rd
ADDRESS OF APPLICANT

Amherst MA 01002

413- 253- 9862
TELEPHONE # OF APPLICANT

TYPE OF APPLICATION

_____ SPECIAL PERMIT

✓ VARIANCE

_____ APPEAL FROM DECISION OF BUILDING COMMISSIONER

_____ COMPREHENSIVE PERMIT

PURSUANT TO THE PROVISIONS OF CHAPTER 40A OF THE GENERAL LAWS OF THE COMMONWEALTH OF MASSACHUSETTS AND THE AMHERST ZONING BYLAWS, APPLICATION IS HEREBY MADE TO THE AMHERST ZONING BOARD OF APPEALS TO DO THE FOLLOWING:

NATURE OF REQUEST: add a garage to our existing house. We are applying for a variance from the side yard setback. The garage will be 10 feet from our neighbors property line.

PROPERTY LOCATION 518 Bay Rd
Amherst MA. 01002

ZONING DISTRICT R-O/ARP

MAP & PARCEL # 26D 000008

OWNER: Pierre Rouzier (Signature)
518 Bay Rd
Amherst MA (Address) 01002
413- 253- 9862 (Telephone #)

TO BE FILLED OUT BY AMHERST BUILDING COMMISSIONER

Paul J. Ulm
DATE RECEIVED 5/23/03
AMHERST BUILDING COMMISSIONER

$40.00
AMOUNT OF FEE

✓ CERTIFIED LIST OF ABUTTERS

_____ SIX SETS OF PLANS

TO BE FILLED OUT BY AMHERST TOWN CLERK

May 23, 2003
DATE FILED

$40.00
FEE RECEIVED

Anna M. Maciaszek
AMHERST TOWN CLERK Acting

Variance Request
From
Pierre and Arlene Rouzier
518 Bay Road

We are applying for a variance to the zoning by-law for the side yard setback. We are proposing to build a garage with an office above attached to our house. The side yard setback requirement in our zone is 25 feet. We need to be able to build this garage/office within 10 feet of the side property line.

We have been told that there are 3 factors to be considered in order to qualify for a variance:

1. There must be special circumstances regarding the physical characteristics of the land.
2. There must be hardship involved.
3. The requested action must be consistent with intent of the by-law.

We believe that our request meets all 3 requirements.

1. There are special circumstances involving the land that make it impossible to add an attached garage in any other location. On the other side of the house there is a creek that, according to the Conservation Commission, is too close to the house to allow the addition of an attached garage on that side. The Conservation Commission approved the conservation site plan 6/13/01 to locate the attached garage on the side of the house where the driveway is currently located. (See attached plan.)

2. There are at least 2 types of hardships involved: medical and financial.

I have the following orthopedic problems that are exacerbated by the potential of slipping on ice while getting to my car:

-My left knee has had anterior cruciate ligament reconstruction as well as removal of torn cartilage and has early degenerative arthritis.

-My right knee has had torn cartilage removal.

-I have had right shoulder surgery and have pain when doing excessive snow shoveling.

- I have had a back injury that is aggravated by slipping, twisting, bending or excessive shoveling.

I am a physician at the University of Massachusetts University Health Services and take night call requiring me to leave my house at a moment's notice.

A garage would prevent further orthopedic problems and would allow me to be appropriately available as a physician on call.

The financial hardship has 2 aspects. First, new land and housing in Amherst is very expensive, making a move to another, more suitable house financially prohibitive. Secondly, staying in our present location without the ability to add a garage will diminish the value of our property in Amherst. (See item 3. below.)

3. The change we propose is consistent with the intent of the by-law in that it is harmonious with other properties in the neighborhood and is acceptable to the 3 adjoining neighbors. (See attached letters.) Almost all of the houses in the area have garages. Along Bay Road there are still a number of farms mixed in with the residences. Our attached garage will in no way interfere with the operation of the farm next door as evidenced by the letter of support form our neighbor who owns the farm.

In summary, this proposed addition conforms to all the criteria for the granting of a variance and we therefore, respectfully request that The Zoning Board of Appeals grant our application.

Arlene Rouzzi

Pierre Rouzzi

Variance Letter of Support
Laura Price

I am the neighbor next door to Pierre and Arlene Rouzier at 544 Bay Road. They would like to add a garage on to their house. I am a physician who understands the need to have a garage for winter-time on call responsibilities. A garage is important for Pierre's professional commitments. I also feel that the garage would improve property values in the neighborhood and make their house consistent with their neighbors. I understand that they need a variance to proceed with their plans. I am in support of the Rouzier's proposal.

Laura M Price MD

Laura Price, M.D.

2/4/03

Variance Letter of Support
Jack and Sharon Fogarty
512 Bay Road
Amherst, MA 01002

We are the immediate next door neighbors of Pierre and Arlene Rouzier at 512 Bay Road. They are applying for a variance to allow them to put a garage on to their house. This garage would extend approximately 10 feet from our property line, while the zoning code requires a 25 foot setback. Our house, however, is approximately 200 feet from the property line. We do not feel there is any problem with the garage being built at the planned location and we are in support of the Rouzier's proposal.

Jack Fogarty — 3-1-03 Date

Sharon Fogarty — 3/1/03 Date

Variance Letter of Support

Daniel McBride, M.D.
Hampshire Orthopedics
Northampton, MA

I am an orthopedic surgeon who has performed several operations on Pierre Rouzier, including his right shoulder, right knee, and right hand. I have provided care for a torn right Achilles tendon, left knee arthritis secondary to a long-standing injury and surgery, and a back injury. He is hoping to add a garage on to his house. This would minimize the need to shovel snow in the winter and would be in the best interest of the health. I understand he needs a variance to proceed with his plans. I am in support of granting this variance.

MD

Dan McBride, M.D. Date 3/10/03

Variance Letter of Support
Tom and Kitty Dougherty
531 Bay Road
Amherst, MA 01002

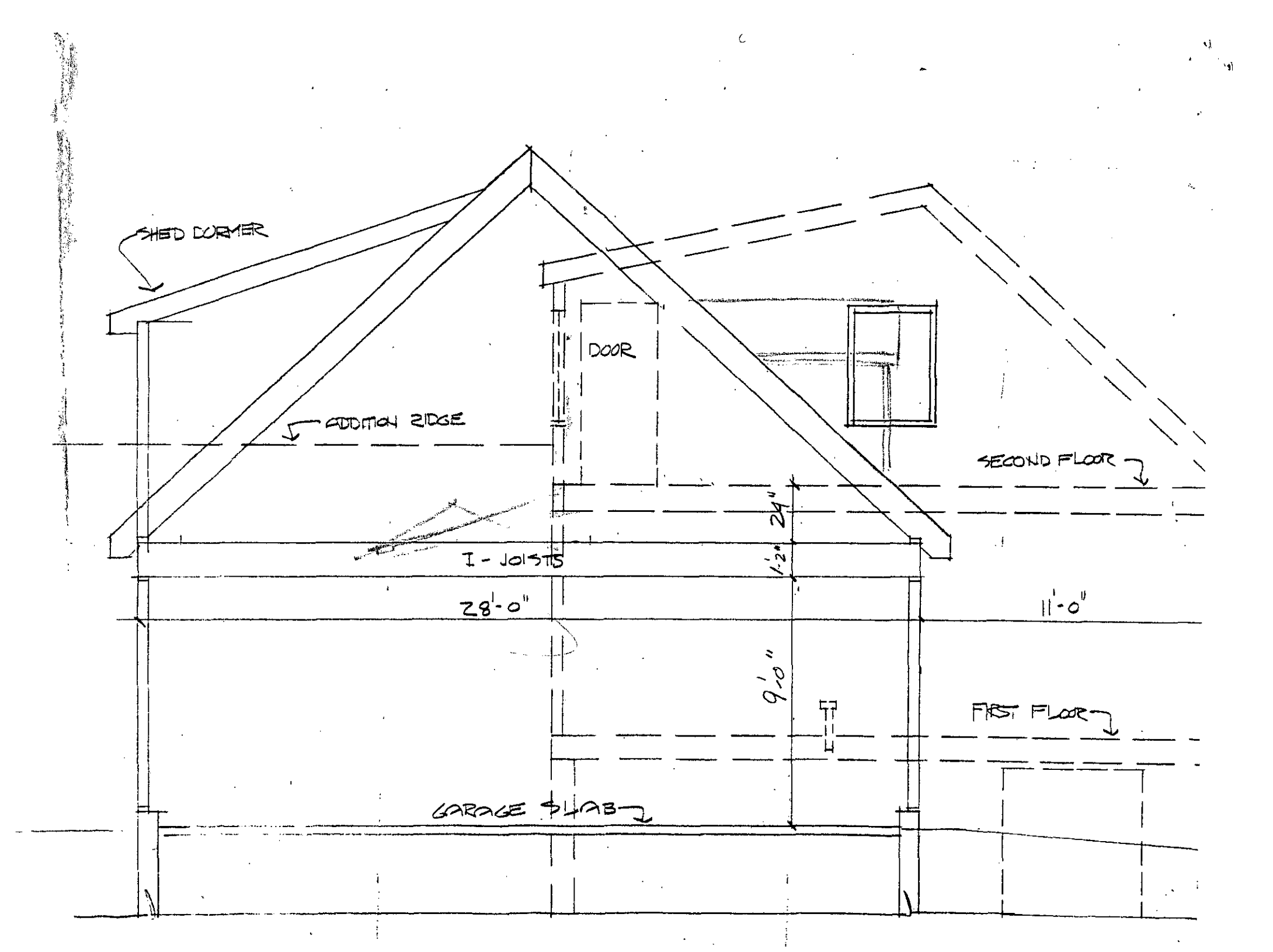
We are the neighbors across the street from Pierre and Arlene Rouzier at 512 Bay Road. They would like to add a garage on to their house. We feel that this garage would enhance the neighborhood and property values. We understand that they need a variance to proceed with their plans. We are in support of the Rouzier's proposal.

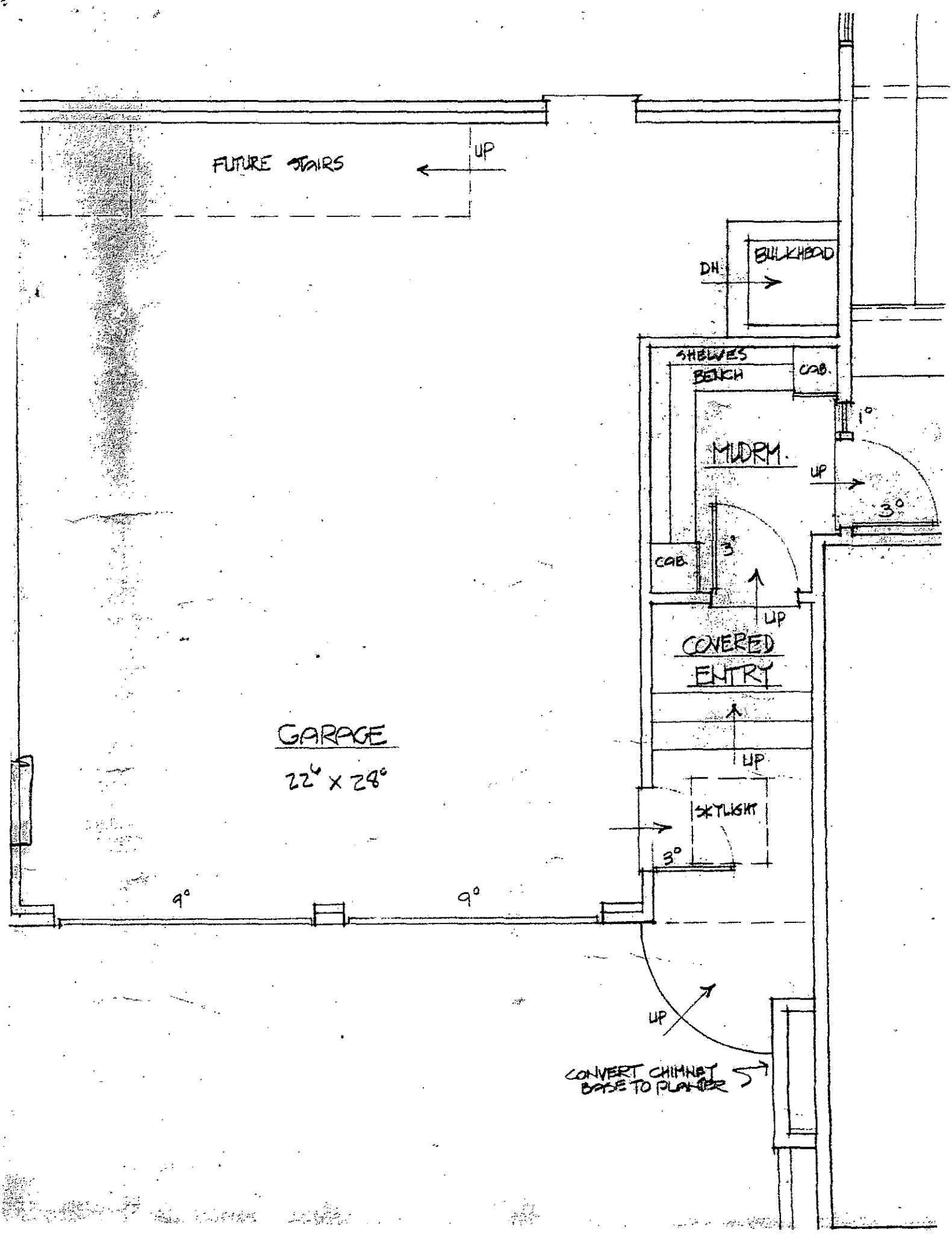
Thomas Dougherty
Tom Dougherty

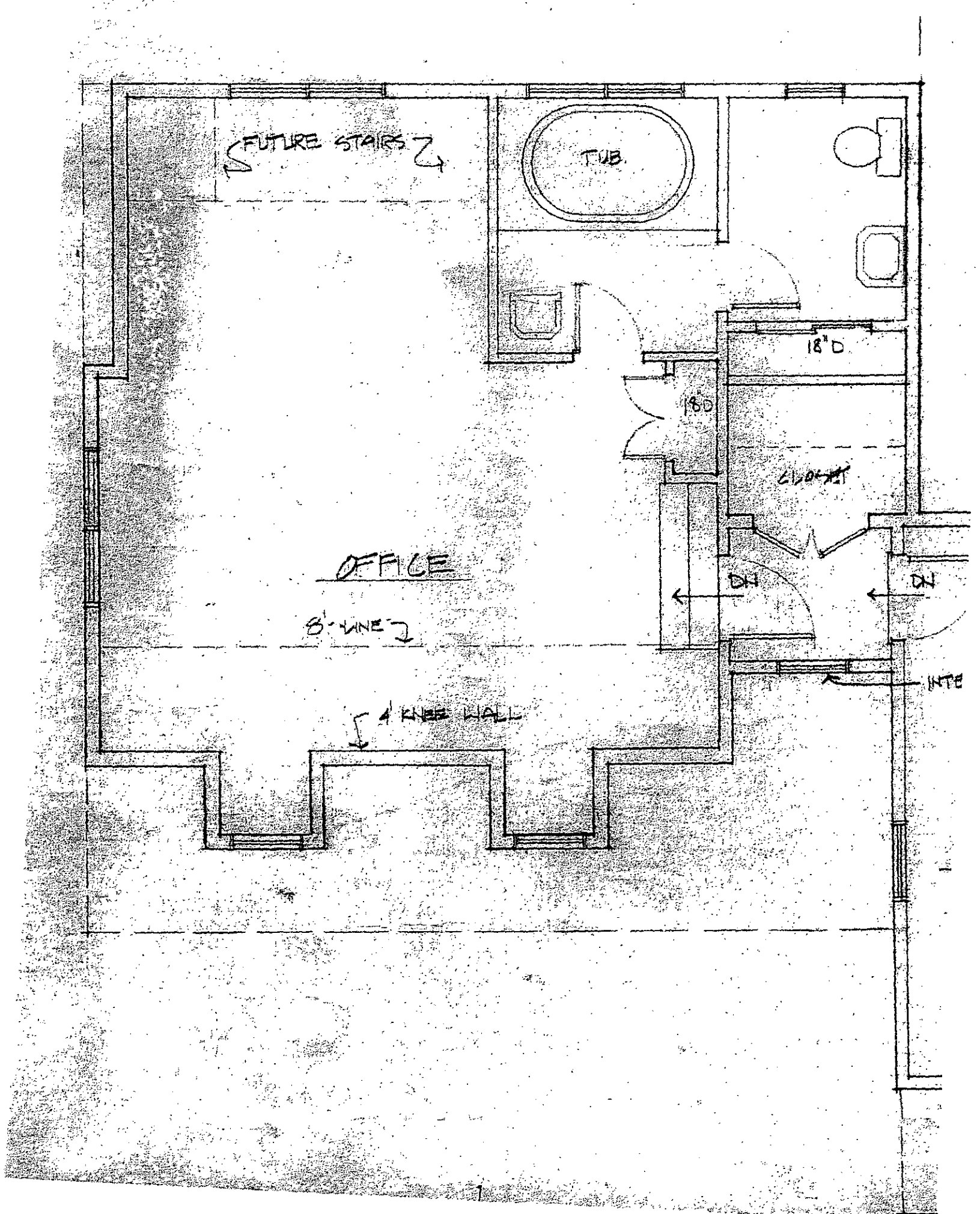
4/1/03
Date

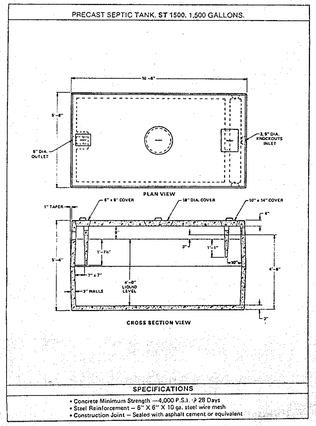
Kitty Dougherty
Kitty Dougherty

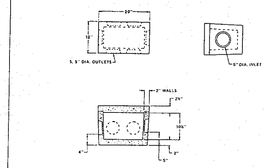
4/1/03
Date

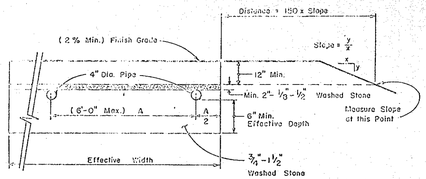

SHED DORMER
DOOR
ADDITION RIDGE
SECOND FLOOR
24"
I - JOISTS
1'-2"
28'-0"
11'-0"
9'-0"
FIRST FLOOR
GARAGE SLAB


FUTURE STAIRS
UP
DH
BULKHEAD
SHELVES
BENCH
CAB.
1°
MUDRM.
UP
3°
CAB.
3°
UP
COVERED
ENTRY
UP
SKYLIGHT
3°
GARAGE
22' x 28°
9°
9°
UP
CONVERT CHIMNEY
BASE TO PLANTER


FUTURE STAIRS
TUB
18" D
18D
CLOSET
DN
DN
OFFICE
8'-4" LINE
4' KNEE WALL

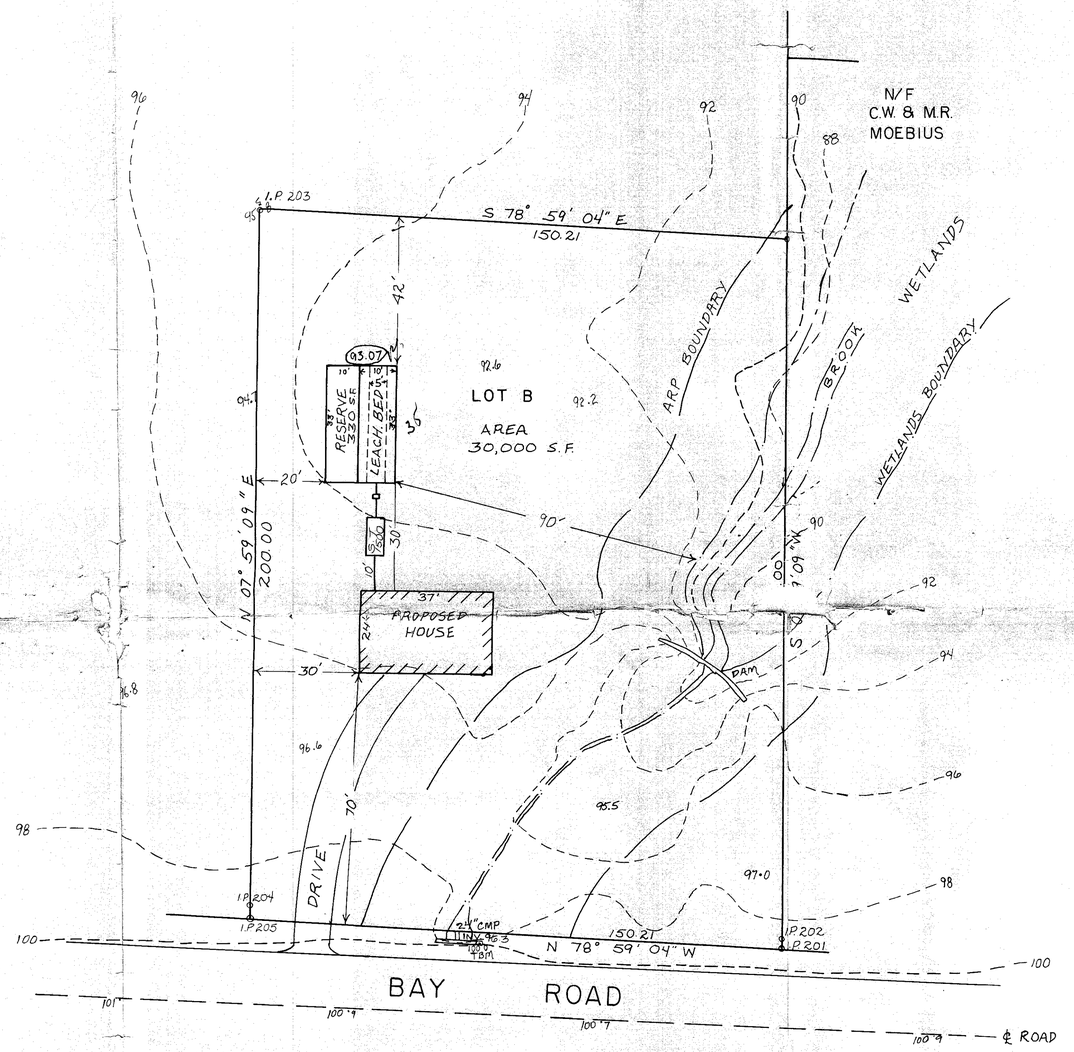


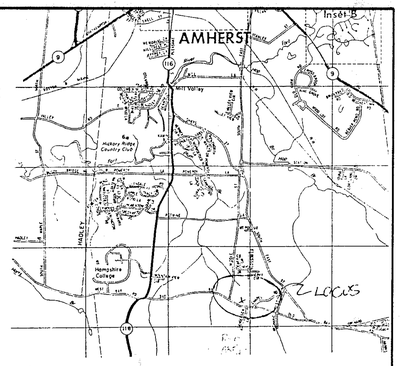


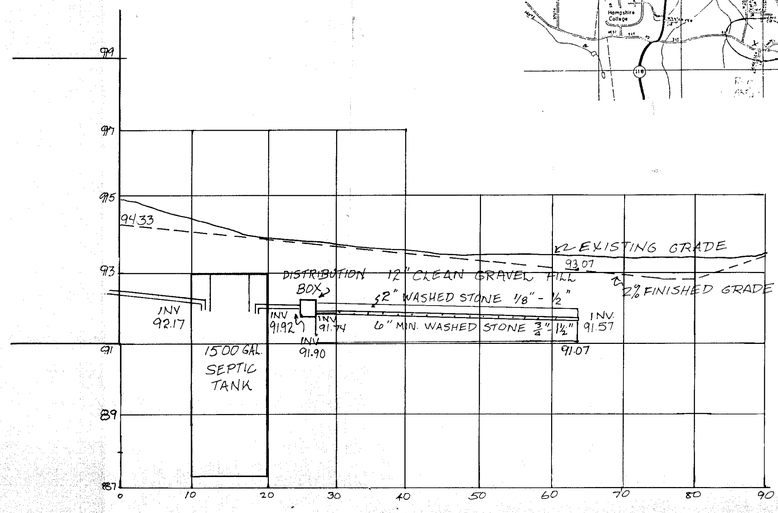


LEACHING FIELDS

No Scale







PROFILE

1" = 10' H

1" = 2' V

SOIL LOG

(N.T.S.)

9" DTS	7'0"
9" SILT SAND	
SAND GRAVEL	

PERC. RATE: 1.3 min./IN.

NO GROUND WATER FOUND

NOTE: SOIL LOG PERFORMED BY ALMER HUNTLEY, JR. & ASSOCIATES, INC. (DATED 4/11/74).

BENCHMARK: N.E. CORNER HEADWALL ASSUMED ELEV. 100.0'

FT. 0 10 20 40 60 80

METERS 5M 10M 15M 20M 25M

SEPTIC TANK DESIGN

DAILY FLOW	220 GAL./DAY
SEPTIC TANK SIZE	1500 GAL
PERCOLATION RATE	1.3 MIN./INCH
LEACHING BED	~~33'x 10'~~ 35' X 12'
GARBAGE GRINDER USED	
TOTAL BOTTOM AREA S.F.	~~330~~ S.F. 420 ☒ MIN
TOTAL GALLONS TO BOTTOM	330
TOTAL GALLONS SUPPLIED	330
TOTAL GALLONS PER TITLE 5	330
RESERVE AREA REQUIRED	330 S.F.
RESERVE AREA PROVIDED	330 S.F.
FILL - CLEAN GRAVEL	~34 Cu YD.
PIPE - SCHEDULE #40 PVC 4" DIA	
PROPOSED GRADE	(93.07)

NOTE FOR LOT B SEE PLAN BOOK 129 pg. 88.

No.	Description	Date
REVISIONS		

AMHERST, MASS.

LEACH FIELD DESIGN FOR

CHARLES D. MEAKIM

Scale 1" = 20'

Job No. 1929 Book No. 454,515

Comp. Code

Date SEPT. 11, 1985

Drawing No. AM - L - 4569

PHARMER ENGINEERING CORPORATION

HOLYOKE MASSACHUSETTS

COMMONWEALTH OF MASSACHUSETTS WILLIAM No. 19446 REGISTERED PROFESSIONAL ENGINEER

BOH

Commonwealth of Massachusetts
Executive Office of Environmental Affairs
Department of Environmental Protection

William F. Weld
Governor
Argeo Paul Cellucci
Lt. Governor

Trudy Coxe
Secretary
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 518 BAY RD AMHERST
Date of Inspection: 5/5/97
Name of Inspector: JOHN ALVES
Company Name, Address and Telephone Number: CLEAN SEPTIC 540 CENTER ST. LUDLOW 01056
Address of Owner: (If different) 583-2138

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

___ Passes
___ Conditionally Passes
___ Needs Further Evaluation By the Local Approving Authority
✓ Fails

Inspector's Signature: John Alves **Date:** 5/5/97

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection.
The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

INSPECTION SUMMARY:

Check A, B, C, or (D):

A] SYSTEM PASSES:

_____ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B] SYSTEM CONDITIONALLY PASSES:

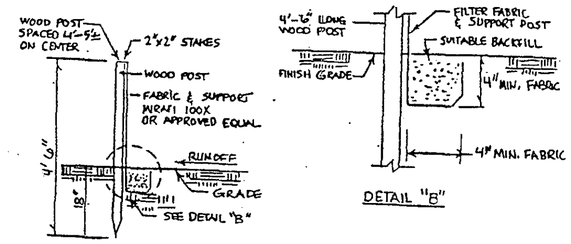
_____ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

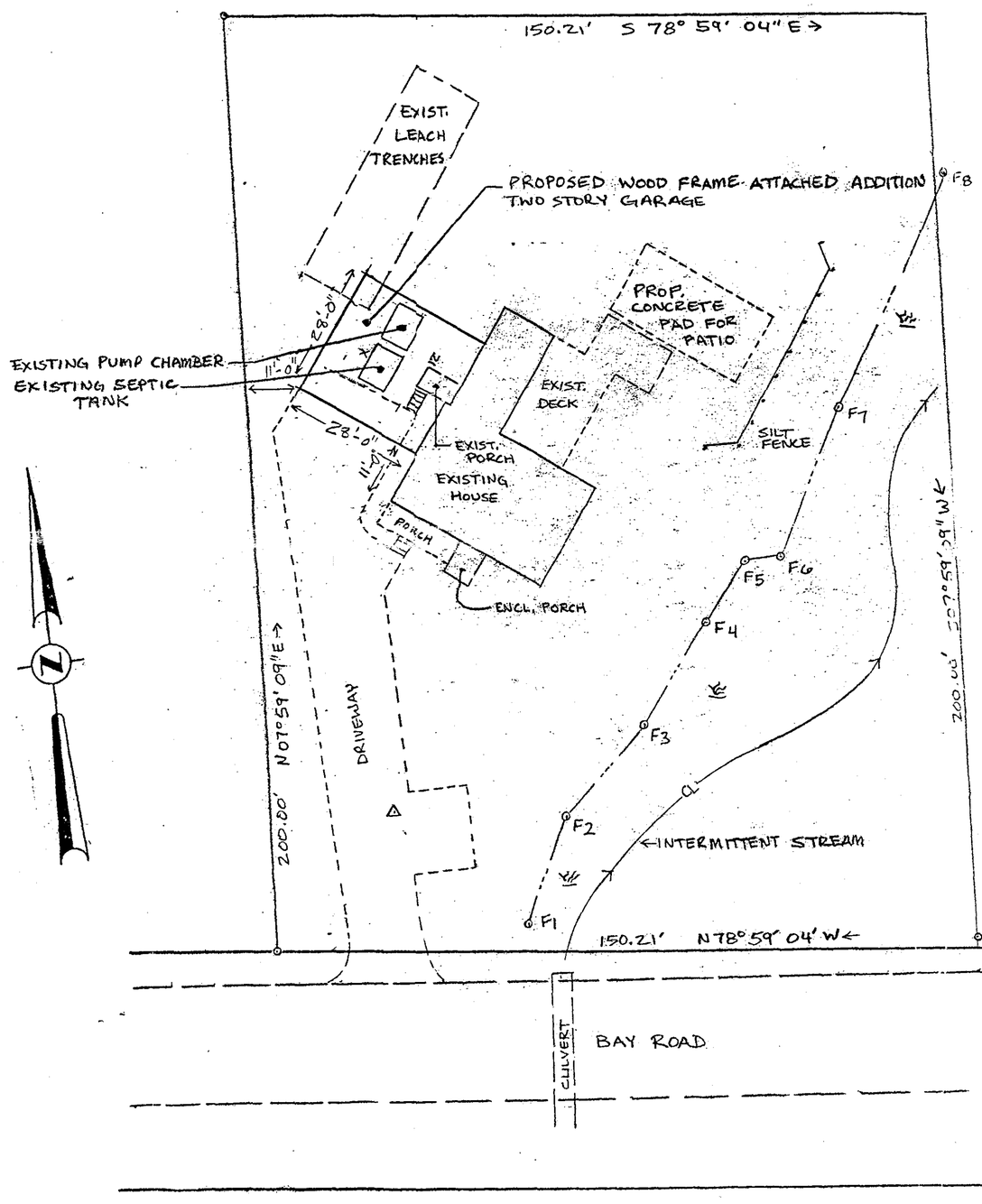
___ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

One Winter Street • Boston, Massachusetts 02108 • FAX (617) 556-1049 • Telephone (617) 292-5500

5/8/97



INSTALLATION OF SILT FENCE



CONSERVATION SITE PLAN

518 BAY ROAD, AMHERST, MASS

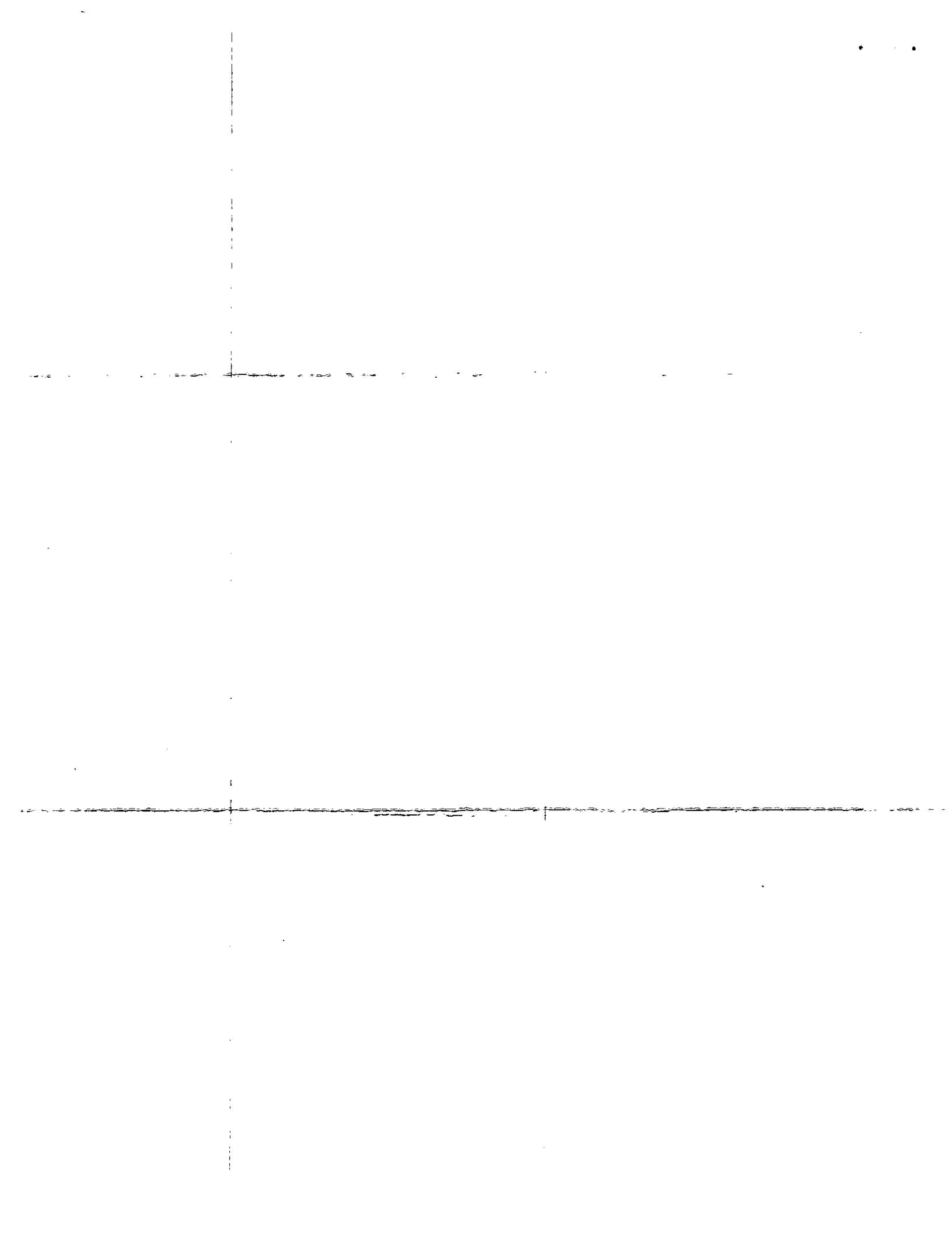
ARLENE AND PIERRE ROUZIER
518 BAY ROAD, AMHERST, MA 01002

SCALE: 1" = 20'	APPROVED BY	DRAWN BY RWS
DATE: 5/31/2001	6/25/01	REV. BY RWS

ROBERT STOVER
ENVIRONMENTAL CONSULTANT
P.O. BOX 3312, AMHERST, MA 01004-3312
(413)256-3400

DRAWING NUMBER

REVISED



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 518 BATH RD.
Owner: ILA/LLEY
Date of Inspection: 5/5/97

B] SYSTEM CONDITIONALLY PASSES (continued)

___ Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is levelled or replaced

___ The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

_____ broken pipe(s) are replaced
_____ obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

_____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) **SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

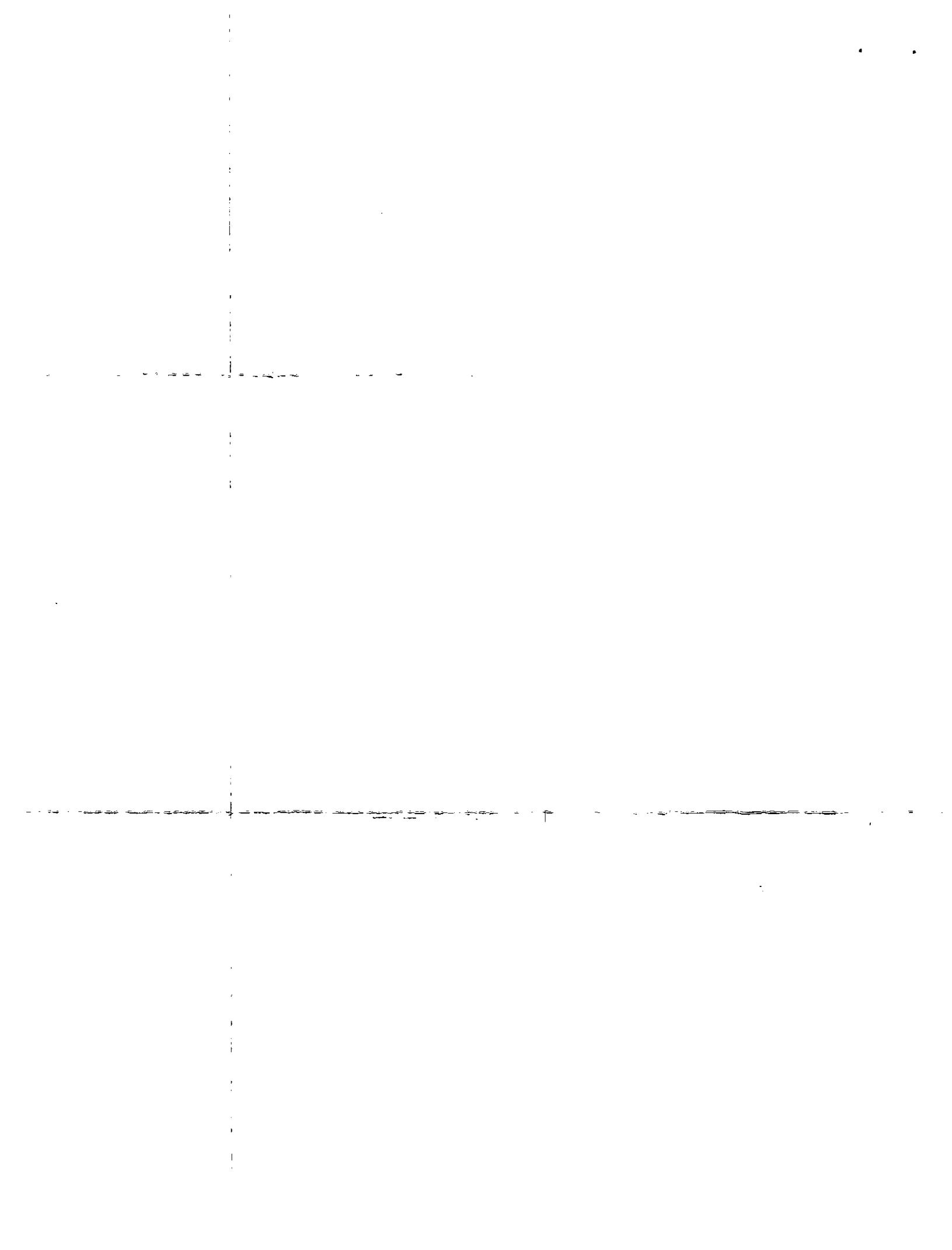
___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) **SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:**

___ The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
___ The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
___ The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
___ The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

3) **OTHER**

___ _____
_____



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 518 BAY RD.
Owner: KELLEY
Date of Inspection: 5/15/97

D] SYSTEM FAILS:

✓ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

✓ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.

___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.

✓ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.

___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.

___ Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped ____

___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.

___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ Any portion of a cesspool or privy is within a Zone I of a public well.

___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E] LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

_____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

___ the system is within 400 feet of a surface drinking water supply

___ the system is within 200 feet of a tributary to a surface drinking water supply

___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 518 BAY RD.
Owner: KLAICLEY
Date of Inspection: 5/5/97

Check if the following have been done:

- ✓ Pumping information was requested of the owner, occupant, and Board of Health.
- ✓ None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- ✓ As built plans have been obtained and examined. Note if they are not available with N/A.
- ✓ The facility or dwelling was inspected for signs of sewage back-up.
- ✓ The system does not receive non-sanitary or industrial waste flow
- ✓ The site was inspected for signs of breakout.
- ✓ All system components, excluding the Soil Absorption System, have been located on the site.
- ✓ The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- ✓ The size and location of the Soil Absorption System on the site has been determined based on existing information or approximated by non-intrusive methods.
- ✓ The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 518 BAY RD.
Owner: KAKLEY
Date of Inspection: 5/5/97

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 220 gallons
Number of bedrooms: 3
Number of current residents: 3
Garbage grinder (yes or no): YES TO BE REMOVED BY OWNER
Laundry connected to system (yes or no): YES
Seasonal use (yes or no): NO
Water meter readings, if available: N/A

Last date of occupancy: PRESENT.

COMMERCIAL/INDUSTRIAL:
Type of establishment: _____
Design flow: _____ gallons/day
Grease trap present: (yes or no) ___
Industrial Waste Holding Tank present: (yes or no) ___
Non-sanitary waste discharged to the Title 5 system: (yes or no) ___
Water meter readings, if available: _____

Last date of occupancy: _____

OTHER: (Describe) _____
Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information: GNC FEB UBR 3 YRAS & LAST 10 YR TR

System pumped as part of inspection: (yes or no) NO
If yes, volume pumped: _____ gallons
Reason for pumping: _____

TYPE OF SYSTEM
- ✓ Septic tank/distribution box/soil absorption system
- _____ Single cesspool
- _____ Overflow cesspool
- _____ Privy
- _____ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- _____ Other (explain) _____

APPROXIMATE AGE of all components, date installed (if known) and source of information: 10 YEARS TOWN RECORDS

Sewage odors detected when arriving at the site: (yes or no) NO

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 518 BAY RD.
Owner: KAKLEY
Date of Inspection: 5/15/97

SEPTIC TANK:__
(locate on site plan)

Depth below grade: 1'
Material of construction: ✓concrete __metal __FRP __other(explain)
Dimensions: 1500 gall 10.6'L 5'8"W 5'4"D.
Sludge depth: 4"
Distance from top of sludge to bottom of outlet tee or baffle: 36"
Scum thickness: 2"
Distance from top of scum to top of outlet tee or baffle: 8"
Distance from bottom of scum to bottom of outlet tee or baffle: 10"

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) NO PUMP, BAFFLES OK, LEVEL OK TANK OK, NO LEAKS

GREASE TRAP:__
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other(explain)
Dimensions:_____
Scum thickness:_____
Distance from top of scum to top of outlet tee or baffle:_____
Distance from bottom of scum to bottom of outlet tee or baffle:_____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 518 BAY RD.
Owner: KAKLEY
Date of Inspection: 5/5/97

TIGHT OR HOLDING TANK:__
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __FRP __other(explain)

Dimensions:_____
Capacity:_____gallons
Design flow:_____gallons/day
Alarm level:_____

Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX:__
(locate on site plan)

Depth of liquid level above outlet invert:__6"__

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)
LEVEL, NO DISTRIBUTION SOME CARRYOVER
NO LEAKS
WATER OVER D-BOX 2 DURR.

PUMP CHAMBER:___
(locate on site plan)

Pumps in working order:(yes or no)_____

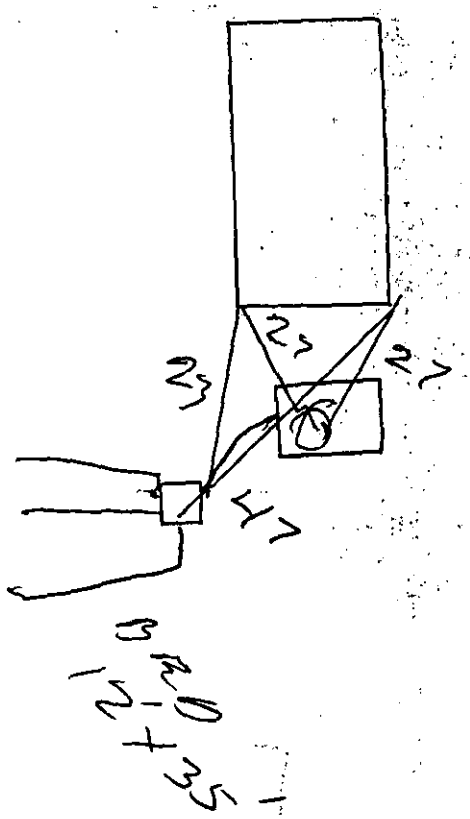
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 518 BAY RD.
Owner: KAKLEY
Date of Inspection: 5/15/97

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'



DEPTH TO GROUNDWATER

Depth to groundwater:_____feet
method of determination or approximation: NONE AT 7'
PERC TEST

#518

No. 97-9

FEE 60 pd

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Application for Disposal System Construction Permit

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

Location Address or Lot No.	Owner's Name, Address and Tel. No.
518 Bay Rd	Frank Lomanno 256-8210 518 Bay Rd Amherst, MA
Installer's Name, Address, and Tel.No.	**Designer's Name, Address and Tel. No.**
Ginny Brook Farm Belchertown (Mon Hishp)	Lewis & Cook Surveyors, Inc 323-7124 Robert F. Sheehan, PE Belchertown, MA

Type of Building:

Dwelling No. of Bedrooms 3 Garbage Grinder (NO

Other Type of Building _____ No. per Persons _____ Showers ( ) Cafeteria ( )

Other Fixtures _____

Design Flow 330 gallons per day. **Calculated** daily flow 370 gallons.

Plan Date June 16, 1997 Number of sheets _____ Revision Date _____

Title _____

Description of Soil See Attached Sheets

Nature of Repairs or Alterations (Answer when applicable)

Variance Requested for 4' water separation

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS SHEEHAN No. 22454 REGISTERED PROFESSIONAL ENGINEER

6/17/97

Date last inspected: _____

Agreement: Insp. Dave Zarozmski

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

Signed Frank Lomanno Date 6/25/97

Application Approved by _____ Date _____

Application Disapproved for the following reasons _____

Permit No. 97-9 Date Issued 7-1-97

Town of

AMHERST Massachusetts

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

INSPECTION SERVICES DEPARTMENT
Phone (413) 256-4030

June 25, 1997

To: Amherst Board of Health

From: David Zarozinski, Sanitarian

Re: Local Variance Request to Title V - 518 Bay Road

Mr. & Mrs. Frank Lomanno, owners of 518 Bay Road, Amherst, MA. would like to request a variance from Title V Regulation 310 CMR 15.212 requiring a five (5) foot separation from groundwater.

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

1. System is designed to allow for both the best feasible upgrade within the borders of the lot, and have the least effect on public health, safety and the environment. This system is designed with a separation of four feet.
2. Town water is available.
3. Garbage grinder will be removed.
4. Gas baffle will be installed at the outlet.

enc.

WP/DZ/518BayRd

Variance Approved by Board Members (Telephone)

TOWN OF AMHERST

INSPECTION SERVICES/HEALTH PERMITS

CK 3993

Received of Susan Whitley (Name) of 518 Bay Road (Address)

For Property Located at 518 Bay Road (Street Address) Susan Whitley (Owner)

____	Bakery	01-0-501-4433-00	____	Perc Test 100 cc	01-0-501-4344-00
____	Bed & Breakfast	01-0-501-4474-01	____	Pool	01-0-501-4471-00
____	Catering	01-0-501-4429-00	____	Rec. Camp	01-0-501-4424-00
____	Food Handler	01-0-501-4474-00	____	Retail Permit	01-0-501-4473-00
____	Frozen Desserts	01-0-501-4421-00	____	Sanitary Code Booklet	01-0-501-4380-00
____	Housing Inspection	01-0-501-4348-00	____	Septic Installers Permit	01-0-501-4470-01
____	Massage	01-0-501-4425-00	____	Septic Private Applications 60 cc	01-0-501-4470-00
____	Milk	01-0-501-4420-00	____	Septic - Reinspection	01-0-501-4345-00
____	Motel License	01-0-501-4428-00	____	Sub-Division Rev.	01-0-501-4460-00
____	Miscellaneous	01-0-501-____	____	Tanning	01-0-501-4434-00
____	Offal/Garbage	01-0-501-4472-00	____	Twenty-one D Tickets	01-0-501-4879-00

RECEIVED MAY 14 1997 TOWN OF AMHERST TREASURER

TOTAL FEE: 160 cc

NJ Lynch — Treasurer/Collector

5-14-97 KML — Date

Inspection Services

White - Applicant *Yellow - Collector* *Pink - Inspection Services*

TOWN WATER

Location Address or Lot No. 518 Bay Road

On-site Review

Deep Hole Number 1 **Date:** 5-30-97 **Time:** 9:00 **Weather** cloudy
Location (identify on site plan)
Land Use Lawn **Slope (%)** 1 **Surface Stones** None
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)
9"	10 YR 3/3	Sandy Loam			
25"	10 YR 4/4	Sandy Loam			
			None		
	7.5 YR 5/6	Coarse Sand			
96"					

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash **Depth to Bedrock:** 96"
Depth to Groundwater: **Standing Water in the Hole:** **Weeping from Pit Face:** 72" 66
Estimated Seasonal High Ground Water: 72"

FORM 12 - PERCOLATION TEST

Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:		Time:
Observation Hole #		
Depth of Perc	52"	
Start Pre-soak	9:10	
End Pre-soak	9:25	
Time at 12"	9:25	
Time at 9"	9:28	
Time at 6"	9:31	
Time (9"-6")		
Rate Min./Inch	(2)	

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

Site Passed ☑ Site Failed ☐

Performed By: Richard Lewis

Witnessed By: David Zaccardi

Comments: _____

DEP

DEP APPROVED FORM - 12/07/95

No. _____ FEE _____

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Application for Disposal System Construction Permit

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

Location Address or Lot No.	Owner's Name, Address and Tel. No.
518 Bay Rd	Frank Lomanno 256-8210 518 Bay Rd Amherst, MA
Installer's Name, Address, and Tel.No.	Designer's Name, Address and Tel. No. Lewis & Cook Surveyors, Inc 323-7124 Robert F. Sheehan, PE Belchertown, MA

Type of Building:

Dwelling No. of Bedrooms 3 Garbage Grinder (NO

Other Type of Building _____ No. per Persons _____ Showers ( ) Cafeteria ( )

Other Fixtures _____

Design Flow 330 gallons per day. **Calculated** daily flow 370 gallons.

Plan Date June 16, 1997 Number of sheets _____ Revision Date _____

Title _____

Description of Soil See Attached Sheets

Nature of Repairs or Alterations (Answer when applicable)

Variance requested for 4' water separation

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS SHEEHAN REGISTERED PROFESSIONAL ENGINEER

6/17/97

Date last inspected: _____

Agreement: Insp. Dave Zarozynski

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

Signed _____ Date _____

Application Approved by _____ Date _____

Application Disapproved for the following reasons _____

Permit No. _____ Date Issued _____

THE COMMONWEALTH OF MASSACHUSETTS

Amherst, MASSACHUSETTS

Certificate of Compliance

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed ( ) or repaired/replaced ( ) on _____ by _____ for _____ at 518 Bay Rd has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. _____ dated _____. Use of this system is conditioned on compliance with the provisions set forth below:

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

DATE _____ Inspector _____

Location Address or Lot No. 518 Bay Rd

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole 77" inches
- ☐ Depth weeping from side of observation hole 66 inches
- ☐ Depth to soil mottles N/A 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 Nov, 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature R A Lewis Date 5/30/97

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 518 Bay Rd

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: 5/30/97	Time: 9:07 AM	
Observation Hole #	1	
Depth of Perc	56	
Start Pre-soak	9:10	
End Pre-soak	9:25	
Time at 12"	9:25	
Time at 9"	9:28	
Time at 6"	9:31	
Time (9"-6")	3mn=1.5/mn/in	
Rate Min./Inch	>2	

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

Site Passed ☒ Site Failed ☐

Performed By: RA Lewis

Witnessed By: Dave Zarogmoski

Comments: request variance to 4'

DEP APPROVED FORM - 12/07/93

Location Address or Lot No. 578 Bay Rd Repair

On-site Review

Deep Hole Number 1 Date: 5/30/97 Time: 9:00AM Weather cloudy

Location (identify on site plan)

Land Use lawn Slope (%) 1 Surface Stones none

Vegetation grass

Landform

Position on landscape (sketch on the back)

Distances from:

Open Water Body	NO feet	Drainage way	feet
Possible Wet Area	NO feet	Property Line	45' feet
Drinking Water Well	N/A 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)
9	A	SL	10YR 3/2		
25	Bw	SL	10YR 4/4	none obs.	
96	C	Sand	7.5YR 5/6		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) out wash Depth to Bedrock: > 96

Depth to Groundwater: Standing Water in the Hole: 84 Weeping from Pit Face: 72

Estimated Seasonal High Ground Water: 66"

DEP APPROVED FORM - 12/07/95

FORM 11 - SOIL EVALUATOR FORM
Page 2 of 3

Location Address or Lot No.

On-site Review

Deep Hole Number Date: Time: Weather

Location (identify on site plan)

Land Use Slope (%) Surface Stones

Vegetation

Landform

Position on landscape (sketch on the back)

Distances from:

Open Water Body	feet	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)

* 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:

DEP APPROVED FORM - 12/07/95

No. _____ Date: _____

Commonwealth of Massachusetts
Amherst, **Massachusetts**

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: RA Lewis Date: 5/30/97
Witnessed By: Dave Zarozinski

Location Address or Lot #	Owner's Name, Address, and Telephone #
518 Bay Rd Amherst	Frank Lomagno 518 Bay Rd 256-8210
New Construction ☐ Repair ☒	

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:

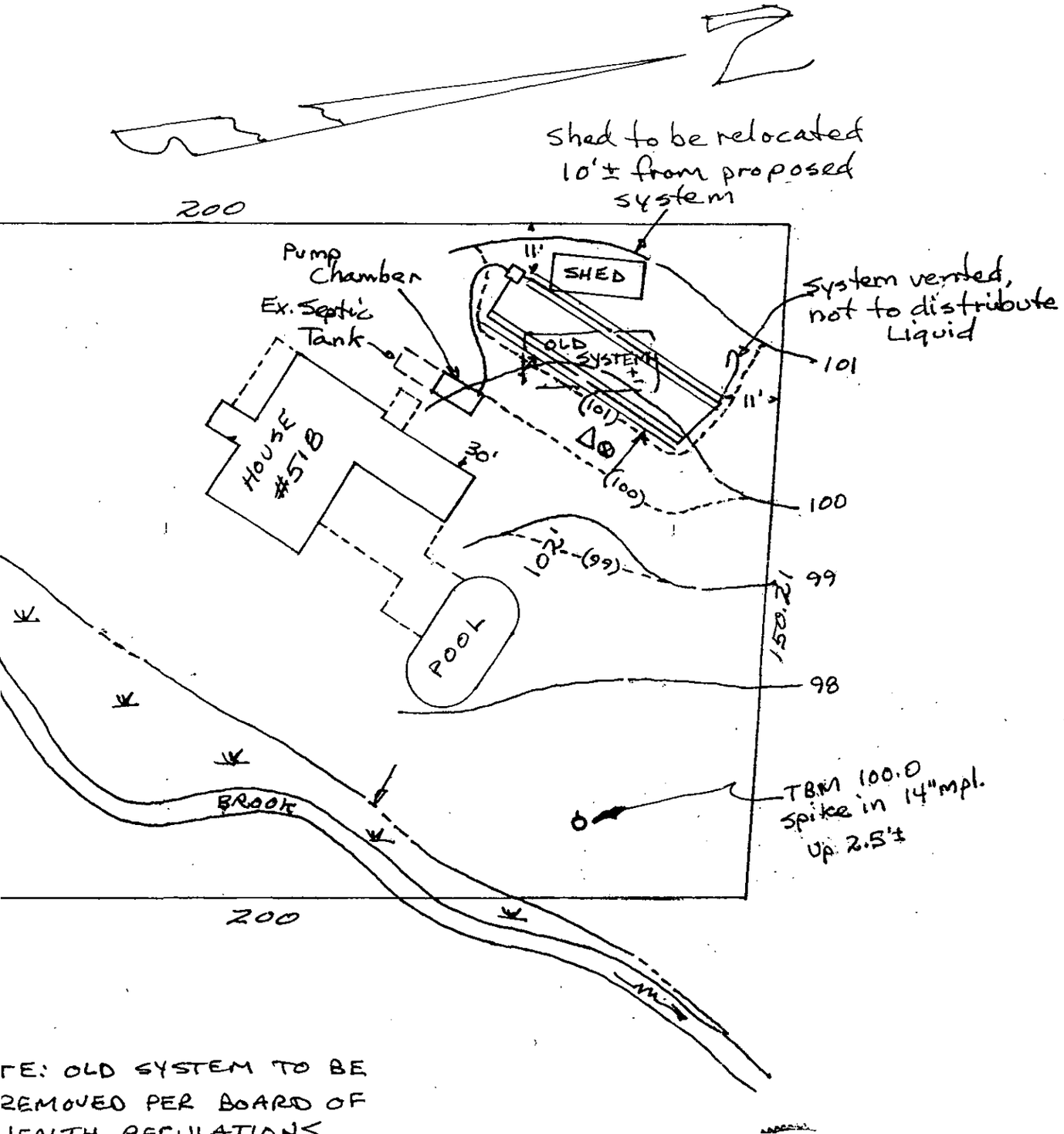
National Wetland Inventory Map (map unit) .....

Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month .....

Range :Above Normal ☐ Normal ☐ Below Normal ☐

Other References Reviewed: _____



TE: OLD SYSTEM TO BE REMOVED PER BOARD OF HEALTH REGULATIONS

LEGEND

- △ - Deep Hole
- ⊗ - Perc Test
- □ - 'D' Box
- ▭ - 1000 GAL. Septic Tank (Existing)
- 000 ——— Existing Contours
- (000) - - - - Proposed Contours

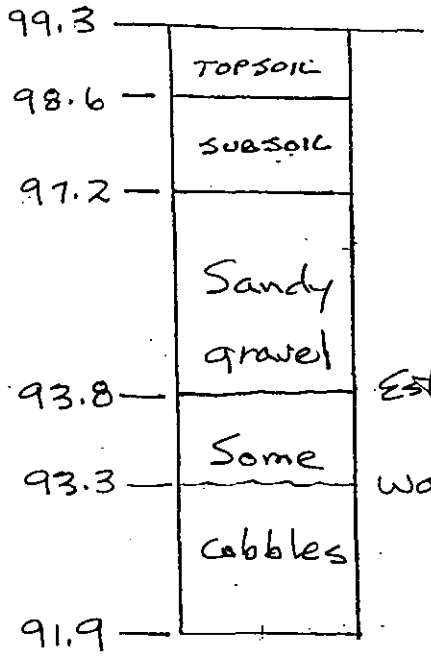
1. NO OTHER WELLS OR WETLANDS OBSERVED WITHIN 200' OF SEPTIC SYSTEM.
2. ALL LOAM, SUBSOIL & TREES TO BE REMOVED WITHIN 5' OF SEPTIC SYSTEM AND AREA OF FILL.
3. TOWN WATER

SEPTIC SYSTEM REPAIR PERMIT PLAN OF
518 BAY ROAD AMHERST, MA
PREPARED FOR
FRANK LOMANNO

DEEP TEST HOLES

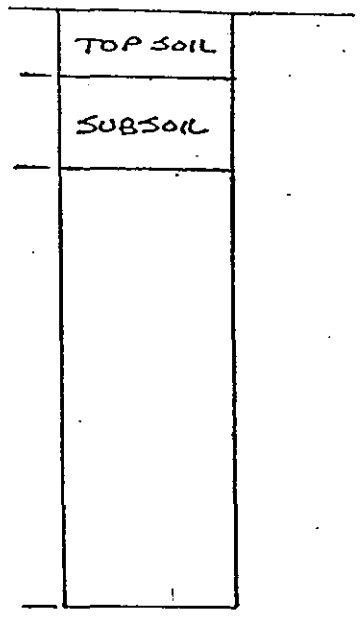
LOT B Pg. 3
518 Bay Rd

#1



Repair

#2



CALCULATIONS

SOIL CLASS I

72.0 min./in = 0.74 gal./sq.ft.

BOTTOM AREA

50' x 3' x 2 lines = 300 sq.ft.

SIDEWALL AREA (NOT ALLOWED IN LEACHING FIELDS)

50' x 1' x 2 sides x 2 lines = 200 sq.ft.

500 sq.ft. x 0.74 gal./sq.ft. = 370 GAL.

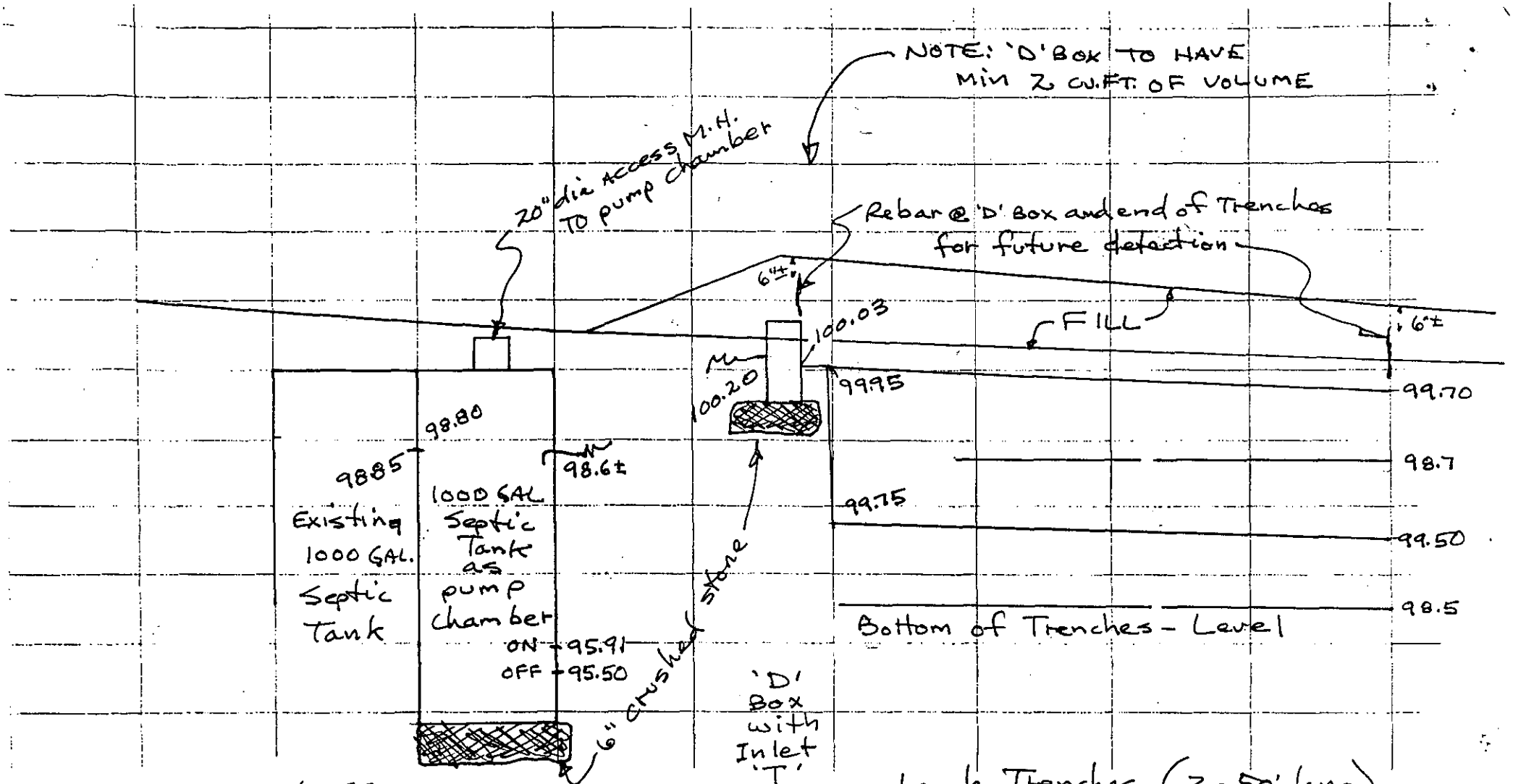
✓ AVAILABLE

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHEEHAN
No. 22001
REGISTERED PROFESSIONAL ENGINEER

330 GAL. REQUIRED

6/17/97

3 Bedroom House
NO Garbage grinder



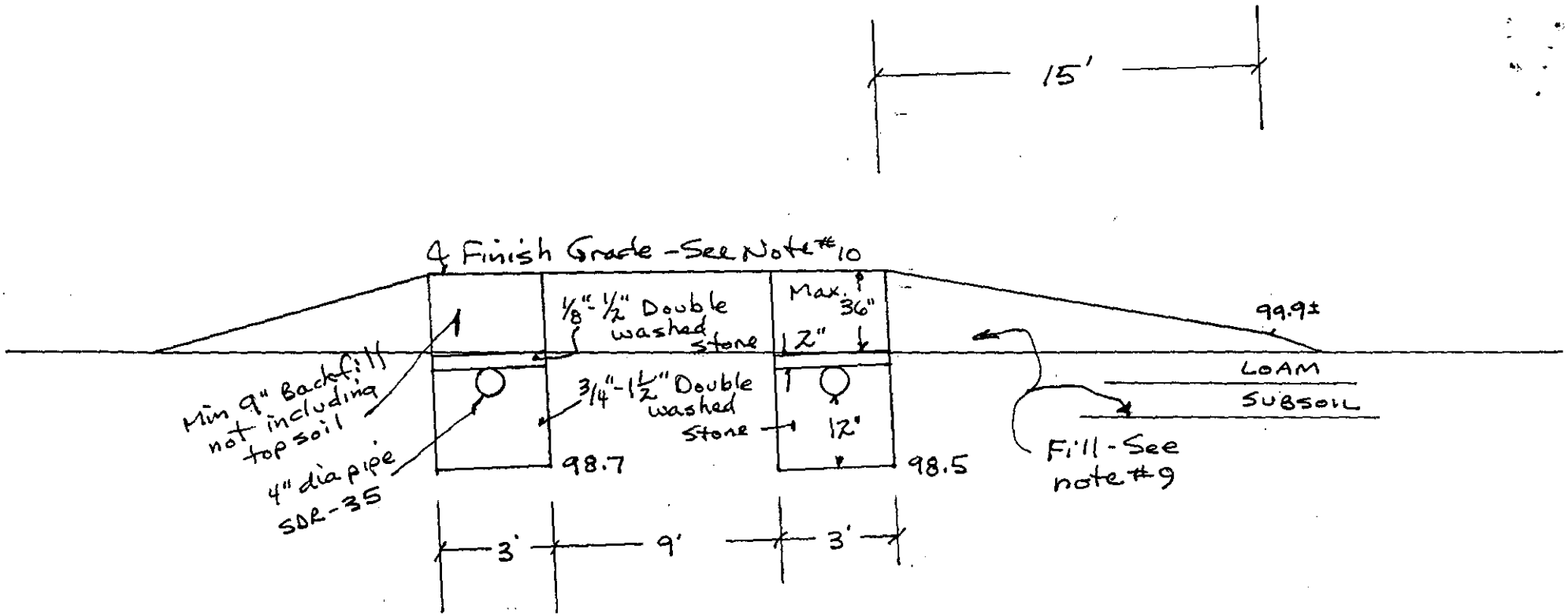
NOTES:

1. SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES.
2. OUTLET TEE SHALL HAVE A GAS BAFFLE
3. D-BOX SHALL HAVE MINIMUM 12" INSIDE WIDTH AND 6" SUMP BELOW OUTLET INVERT.
4. ACCESS M.H.'S TO SEPTIC TANK SHALL BE WITHIN 6" TO FINISHED GRADE
5. D-BOX OUTLET PIPES SHALL BE LEVEL MIN. 2 ft.
6. END CAPS ON PIPES
7. ELEVATIONS ARE TO INVERTS UNLESS NOTED
8. SEPTIC TANKS SHOULD BE INSPECTED ANNUALLY

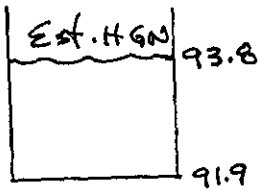
PROFILE OF SYSTEM SCALE HORZ. 1" = 10'
VERT. 1" = 2'

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHERMAN
No. 22451
REGISTERED PROFESSIONAL ENGINEER
8/17/07

Lot 8
518 Bay Rd.



Note: Variance required to put system 4' above water table.



Deep Hole #1

NOTES:

9. ALL LOAM, SUBSOIL AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 5 Ft. OF LEACHING FACILITY AND FILL WITHIN 5 Ft. OF LEACHING FACILITY SHALL MEET SPECIFICATIONS OF TITLE 5 15.255(3)
10. FINISH GRADE ABOVE AND ADJACENT TO SYSTEM SHALL SLOPE AT LEAST 2% TO PREVENT ACCUMULATION OF SURFACE WATER

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS [illegible] REGISTERED PROFESSIONAL ENGINEER

6/17/97

CROSSECTION OF SYSTEM
NO SCALE

Lot B
518 Bay Rd
Pg. 5

LOT B
578 Bay Rd.

PUMP CALCULATIONS

Class I Soil = 4 DOSE/DAY = 82.5 GAL./DOSE

Pump Chamber to be 1000 GAL. Septic Tank

Pump must move 83 ± GAL./cycle

* 1000 GAL. Tank holds 21.5 GAL./vertical inch

$\frac{83}{21.5}$ = 3.8"± or 4" ± Liquid Level to drop in 1000 GAL. Tank

Also 16" ± of storage must be available above the on switch

Pump is to be Goulds 3886 or equivalant

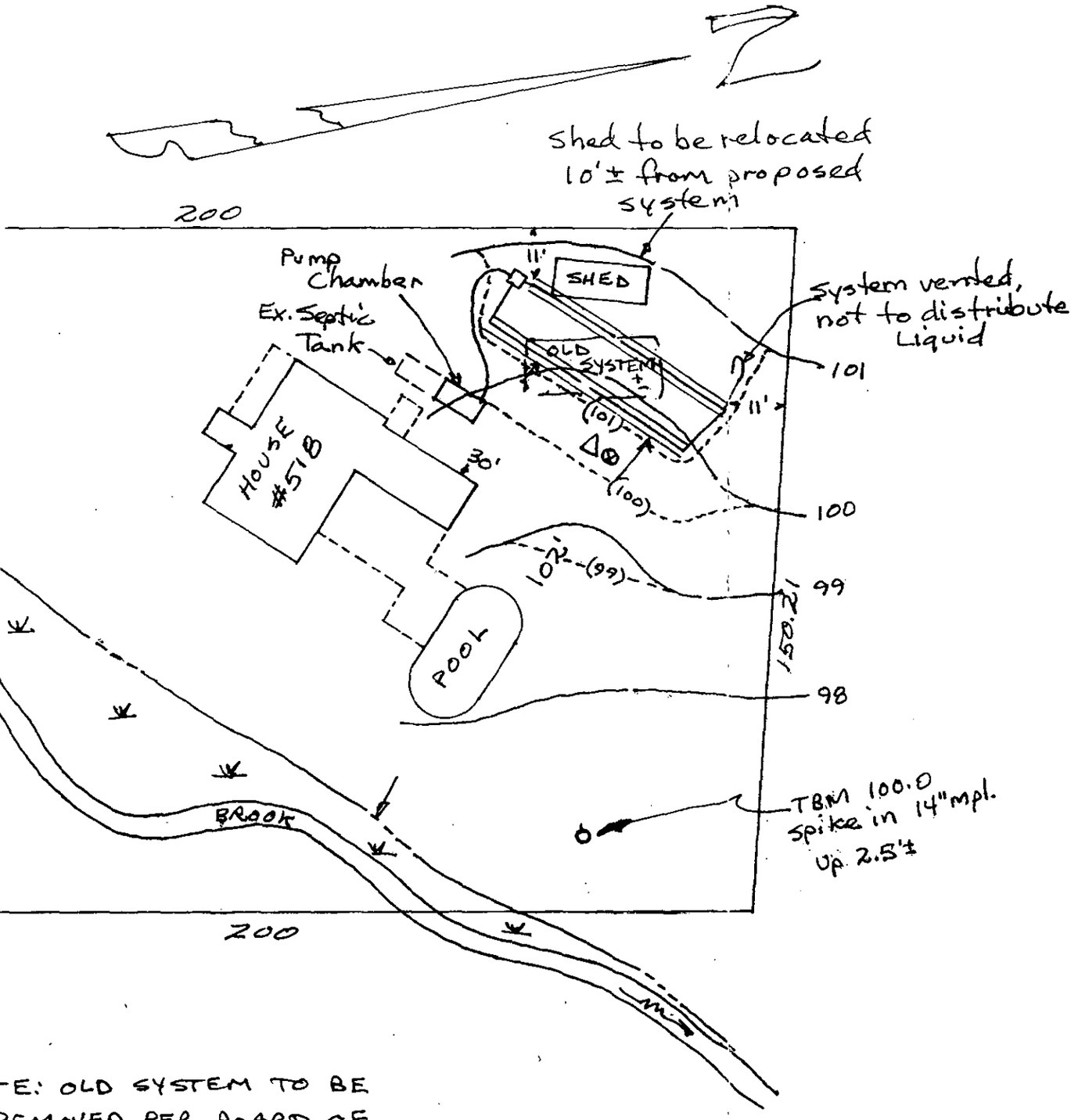
2" Pipe from pump chamber to 'D' Box must be set to drain to prevent freezing

* 1000 GAL. Septic Tank

$8.0 \times 4.33 \times \frac{0.083'}{in} \times 7.48\ GAL./FT^3 = 21.5\ GAL./inch$

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHEEHAN
No. 22458
REGISTERED PROFESSIONAL ENGINEER

6/19/97



LEGEND

△ - Deep Hole

⊗ - Perc Test

□ - 'D' Box

▭ - 1000 GAL. Septic Tank (Existing)

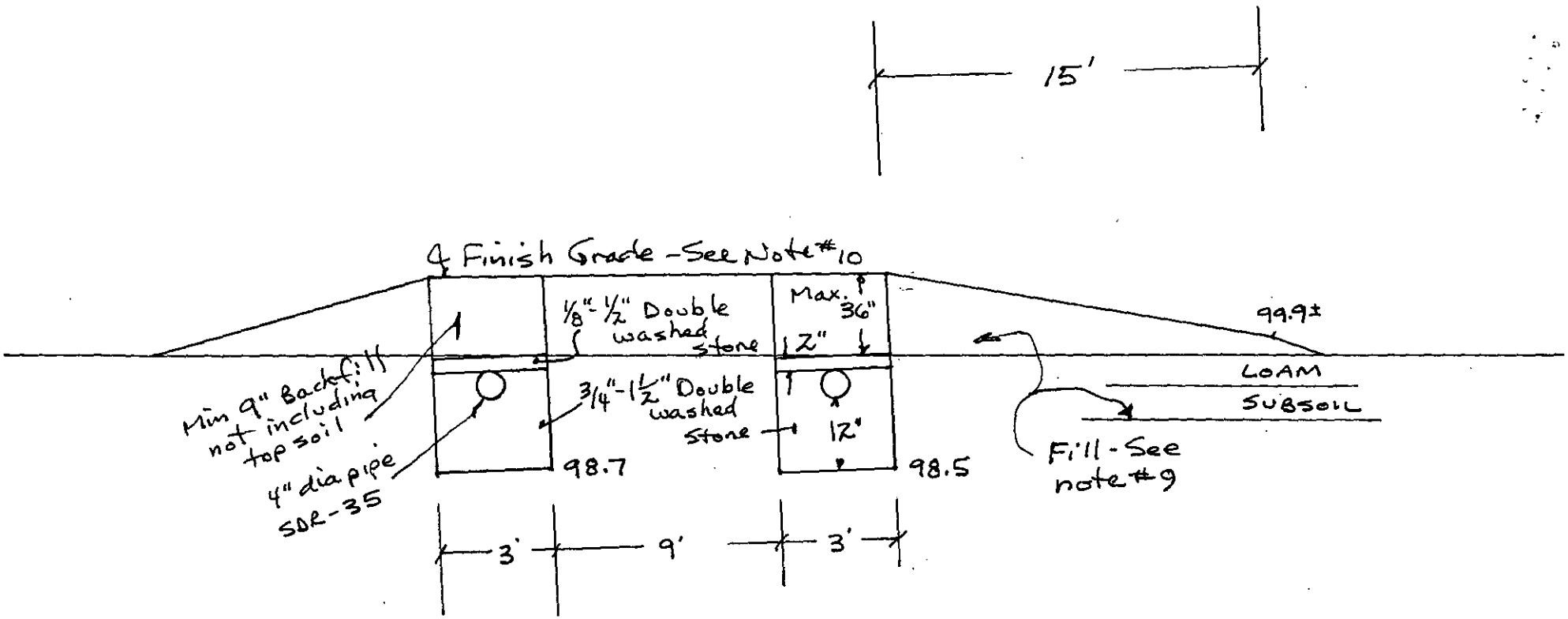
000 — Existing Contours

(000) - - - Proposed Contours

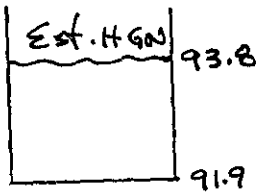
1. NO OTHER WELLS OR WETLANDS OBSERVED WITHIN 200' OF SEPTIC SYSTEM.
2. ALL LOAM, SUBSOIL & TREES TO BE REMOVED WITHIN 5' OF SEPTIC SYSTEM AND AREA OF FILL.
3. TOWN WATER

E: OLD SYSTEM TO BE REMOVED PER BOARD OF

SEPTIC SYSTEM REPAIR PERMIT PLAN OF
518 BAY ROAD AMHERST, MA
PREPARED FOR
FRANK LOMANNO



Note: Variance required to put system 4' above water table.



Deep Hole #1

NOTES:

9. ALL LOAM, SUBSOIL AND OTHER IMPERVIOUS MATERIAL SHALL BE REMOVED WITHIN 5 FT. OF LEACHING FACILITY AND FILL WITHIN 5 FT. OF LEACHING FACILITY SHALL MEET SPECIFICATIONS OF TITLE 5 15.255 (3)
10. FINISH GRADE ABOVE AND ADJACENT TO SYSTEM SHALL SLOPE AT LEAST 2% TO PREVENT ACCUMULATION OF SURFACE WATER

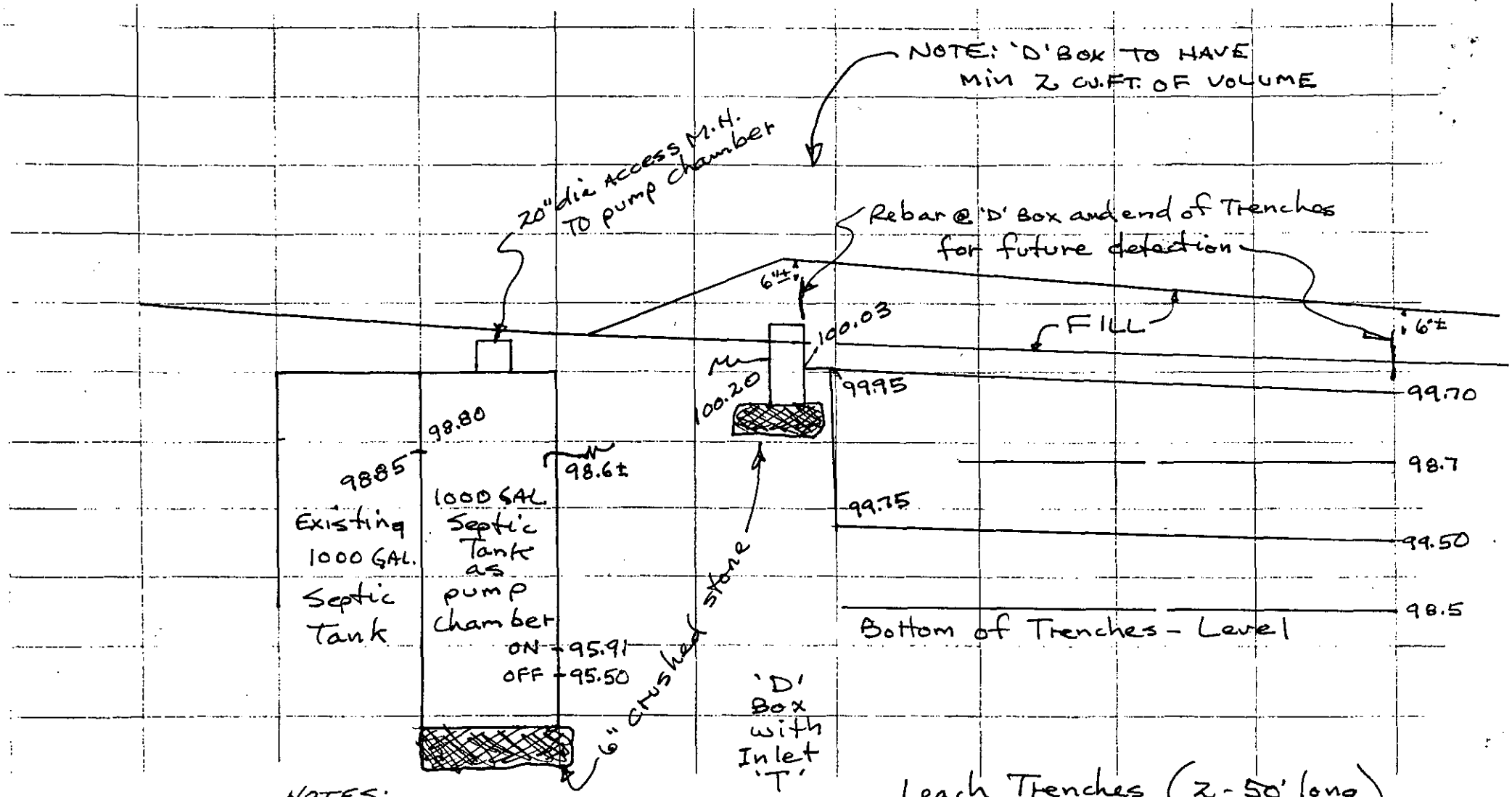
COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS SWEENEY REGISTERED PROFESSIONAL ENGINEER

6/17/97

CROSSECTION OF SYSTEM
NO SCALE

LOT B
518 Bay Rd

pg. 5



NOTES:

1. SEPTIC TANK SHALL HAVE INLET AND OUTLET TEES.
2. OUTLET TEE SHALL HAVE A GAS BAFFLE
3. D-BOX SHALL HAVE MINIMUM 12" INSIDE WIDTH AND 6" SUMP BELOW OUTLET INVERT.
4. ACCESS M.H.'S TO SEPTIC TANK SHALL BE WITHIN 6" TO FINISHED GRADE
5. D-BOX OUTLET PIPES SHALL BE LEVEL MIN. 2 ft.
6. END CAPS ON PIPES
7. ELEVATIONS ARE TO INVERTS UNLESS NOTED
8. SEPTIC TANKS SHOULD BE INSPECTED ANNUALLY

PROFILE OF SYSTEM SCALE HORZ. 1"=10'
VERT 1"=2'

COMMONWEALTH OF MASSACHUSETTS ROBERT FRANCIS CHESLEY No. 22454 REGISTERED PROFESSIONAL ENGINEER

8/17/97

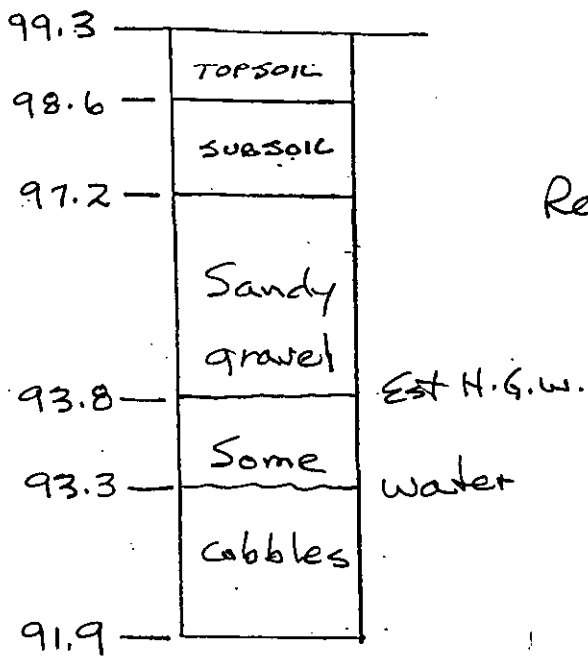
Lot B
518 Bay Rd.

Pg. 4

DEEP TEST HOLES

LOT B Pg. 3
518 Bay Rd

#1



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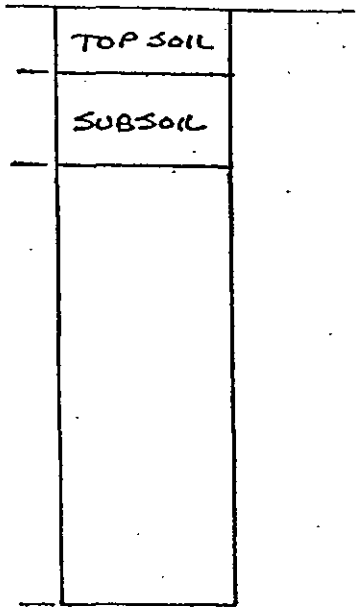


Repair

CALCULATIONS

SOIL CLASS I

72.0 min./in = 0.74 gal./sq.ft.

BOTTOM AREA

50' x 3' x 2 lines = 300 sq.ft.

SIDEWALL AREA (NOT ALLOWED IN LEACHING FIELDS)

50' x 1' x 2 sides x 2 lines = 200 sq.ft.

500 sq.ft. x 0.74 gal./sq.ft. = 370 GAL.

AVAILABLE

330 GAL. REQUIRED

3 Bedroom House
NO Garbage grinder

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SWEENEY No. 27871
REGISTERED PROFESSIONAL ENGINEER

6/17/97

LOT B
518 Bay Rd.

PUMP CALCULATIONS

Class I Soil = 4 Dose/Day = 82.5 GAL./Dose

Pump Chamber to be 1000 GAL. Septic Tank

Pump must move 83± GAL./cycle

* 1000 GAL. Tank holds 21.5 GAL./vertical inch

$\frac{83}{21.5}$ = 3.8"± or 4" ± Liquid Level to drop in 1000 GAL. Tank

Also 16" ± of storage must be available above the on switch

Pump is to be Goulds 3886 or equivalant

2" Pipe from pump chamber to 'D' Box must be set to drain to prevent freezing

* 1000 GAL. Septic Tank

$8.0 \times 4.33 \times \frac{0.083'}{in} \times 7.48\ GAL./FT^3 = 21.5\ GAL./inch$

COMMONWEALTH OF MASSACHUSETTS
ROBERT FRANCIS SHEEHAN No. 22454 REGISTERED PROFESSIONAL ENGINEER

6/19/97

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 Frank Lomanno
   Address 518 Bay Rd
   Phone # 256-8210
   Address of facility 518 Bay Rd

2) Applicant (if different from above)
   Name _____
   Address _____
   Phone # _____

3) Type of facility
   X residential ___ commercial ___ school
   ___ institutional
   (Specify) _____

4) Type of existing system

_____privy _____cesspool(s) X conventional system
_____Other (describe)_____

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

5) Design flow based on 310 CMR 15.203

a) Design flow of existing system _____ gpd
Approved? X yes approval date 1986±
____no why? _____

b) Design flow of proposed upgraded system 370 gpd
c) Design flow of facility_____ gpd

6) Proposed upgrade of existing system is

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

b) Describe the proposed upgrade to the system
Be 4 ft. above estimated high ground water

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

___ Reduction of setback(s) (list setbacks to be reduced with proposed setback distances)

___ Percolation rate of 30-60 minutes per inch (state actual perc rate)

___ Up to 25% reduction in subsurface disposal area design requirements (state required & proposed size)_____

___ Relocation of water supply well (identify well, describe relocation)

_____

_____

_____

_____

_____

X Reduction of required separation between bottom of SAS & high groundwater (specify proposed reduction & perc rate) 5' to 4' perc rate less than 2.0 m/in

___ 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
4 feet

As determined by:

Evaluator's name Richard A. Lewis
Evaluator's signature Richard A. Lewis
Date of evaluation May 30, 1997

8) Notice to Abutters

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:
financial hardship (fill), unable to place within right area with added fill

b) an alternative system approved pursuant to 310 CMR 15.283-15.288 is not feasible:
financial hardship

c) a shared system is not feasible: Neighbors unwilling to.

d) connection to a sewer is not feasible: Sewer not near by

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."

Facility owner's signature Date

Print Name

Richard A. Lewis June 18, 1997

Name of preparer Date

413 3237124 PO Box 1196 Belchertown, MA

Telephone # & address of preparer

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.

Location Address or Lot No. 578 Bay Rd Repair

On-site Review

Deep Hole Number 1 Date: 5/30/97 Time: 9:00AM Weather cloudy
Location (identify on site plan)
Land Use lawn Slope (%) 1 Surface Stones none
Vegetation grass
Landform
Position on landscape (sketch on the back)
Distances from:
Open Water Body NO feet Drainage way feet
Possible Wet Area NO feet Property Line 45± feet
Drinking Water Well N/A 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)
9	A	SL	10YR 3/2		
25	Bw	SL	10YR 4/4	none obs.	
96	C	Sand	7.5YR 5/6		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Depth to Bedrock: > 96
Depth to Groundwater: Standing Water in the Hole: 84 Weeping from Pit Face: 72
Estimated Seasonal High Ground Water: 66"

FORM 11 - SOIL EVALUATOR FORM
Page 2 of 3

Location Address or Lot No.

On-site Review

Deep Hole Number Date: Time: Weather
Location (identify on site plan)
Land Use Slope (%) Surface Stones
Vegetation
Landform
Position on landscape (sketch on the back)
Distances from:
Open Water Body feet 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)

* 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:

DEP APPROVED FORM - 12/07/95

No. _____ Date: _____

Commonwealth of Massachusetts
Amherst, **Massachusetts**

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: RA Lewis Date: 5/30/97
Witnessed By: Dave Zarozinski

Location Address or Lot #	Owner's Name, Address, and Telephone #
518 Bay Rd Amherst	Frank Lomagno 518 Bay Rd 256-8210
New Construction ☐ Repair ☒	

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. 518 Bay Rd

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole 77" inches
- ☐ Depth weeping from side of observation hole 66 inches
- ☐ Depth to soil mottles N/A 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 Nov, 95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature R.D. Lewis Date 5/30/97

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 578 Bay Rd

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: 5/30/97	Time: 9:07 AM	
Observation Hole #	1	
Depth of Perc	56	
Start Pre-soak	9:10	
End Pre-soak	9:25	
Time at 12"	9:25	
Time at 9"	9:28	
Time at 6"	9:31	
Time (9"-6")	3mn = 1.5/mn/in	
Rate Min./Inch	> 2	

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

Site Passed ☒ Site Failed ☐

Performed By: RA Lewis

Witnessed By: Dave Zarogwski

Comments: request variance to 4'

DEP APPROVED FORM - 12/97/95

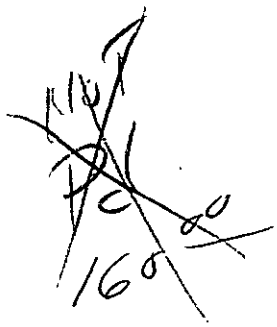
Town of

#531

AMHERST Massachusetts

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

INSPECTION SERVICES DEPARTMENT
Phone (413) 256-4030



August 11, 1997

To: Amherst Board of Health

From: David Zarozinski, Sanitarian

Re: Local Variance Request to Title V - 531 Bay Road

Mr. & Mrs. Thomas E. Dougherty, owners of 531 Bay Road, Amherst, MA. would like to request a variance from Title V Regulation 310 CMR 15.405(i)(1). Their request is to allow a vertical separation distance of three feet (3') between the bottom of the proposed soil absorption system and the high ground water elevation. (copy enclosed).

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

1. System is designed to allow for both the best feasible upgrade within the borders of the lot, and have the least effect on public health, safety and the environment.

2. Town water is available.

3. Garbage grinder will be removed.

4. Gas baffle will be installed at outlet.

Enc.
531BayRd