

734 Bay Rd

No. 98-15

#734 (9")

Add clean out
OUTSIDE BUILDING
DROP PIPING

Permit 549-7919

FEE 160

THE COMMONWEALTH OF MASSACHUSETTS

AMHERST, MASSACHUSETTS

INTEGRITY Dev.
7 CONST.

Application for Disposal System Construction Permit

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

Location Address or Lot No. <u>REAR 734 BAY ROAD</u>	Owner's Name, Address and Tel. No. <u>CYNTHIA KRAUSE 734 BAY RD AMHERST MAE 256 3412</u>
Installer's Name, Address, and Tel.No. <u>attached</u>	Designer's Name, Address and Tel. No. <u>RF SHEEHAN ASSOC INC 146 TAYLOR ST GRANBY MA 4677228</u>

Type of Building:
 Dwelling No. of Bedrooms 2 Garbage Grinder ()
 Other Type of Building STUDIO No. per Persons 2 Showers () Cafeteria ()
 Other Fixtures None

Design Flow 220 gallons per day. **Calculated daily flow** 233.1 gallons.

Plan Date 5/29/98 Number of sheets 3 Revision Date —
 Title DWG 98143 PDN

Description of Soil SAND

Nature of Repairs or Alterations (Answer when applicable) clean out

Date last inspected: 5/28/98

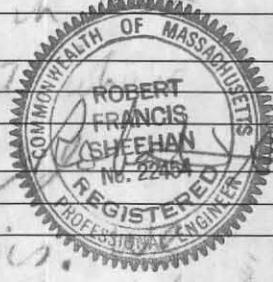
Agreement:
 The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board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

Signed Cynthia Krause by RF Sheehan Date 5/28/98

Application Approved by RF Sheehan Date 5/28/98

Application Disapproved for the following reasons —

Permit No. 98-15 Date Issued —



Oliver Walsh

THE COMMONWEALTH OF MASSACHUSETTS
AMHERST, MASSACHUSETTS

Certificate of Compliance

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed (X) or repaired/replaced () on REAR 734 BAY RD by — for — at REAR 734 BAY RD has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 98-15 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 9/9/98 DATE 9/9/98 Inspector Robert Sheehan

THE COMMONWEALTH OF MASSACHUSETTS
AMHERST, MASSACHUSETTS
No. 98-15 FEE 160

Disposal System Construction Permit

Permission is hereby granted to Cynthia Krause to construct (X) or repair () an On-site Sewage System located at REAR 734 BAY RD

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

All construction must be completed within three years of the date below.
DATE 6/4/98 Approved by Robert Sheehan

THE COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE ATTORNEY GENERAL
Application for a license to sell and dispense

John J. [Name] [Address] [City] [State] [Zip]
[Address] [City] [State] [Zip]
[Address] [City] [State] [Zip]

Residence [Address] [City] [State] [Zip]
[Address] [City] [State] [Zip]
[Address] [City] [State] [Zip]

[Address] [City] [State] [Zip]
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[Address] [City] [State] [Zip]
[Address] [City] [State] [Zip]
[Address] [City] [State] [Zip]

No. _____

Date: 5-13-98

NOT PAID

Commonwealth of Massachusetts
Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Bob Sheehan

Date: 5-13-98

Witnessed By: David Zoraw

Location Address or Lot # <u>CYNTHIA MRAUSE 734 BAY ROAD</u>	Owner's Name, Address, and Telephone # <u>CYNTHIA MRAUSE 734 BAY ROAD 256-3412</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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) _____

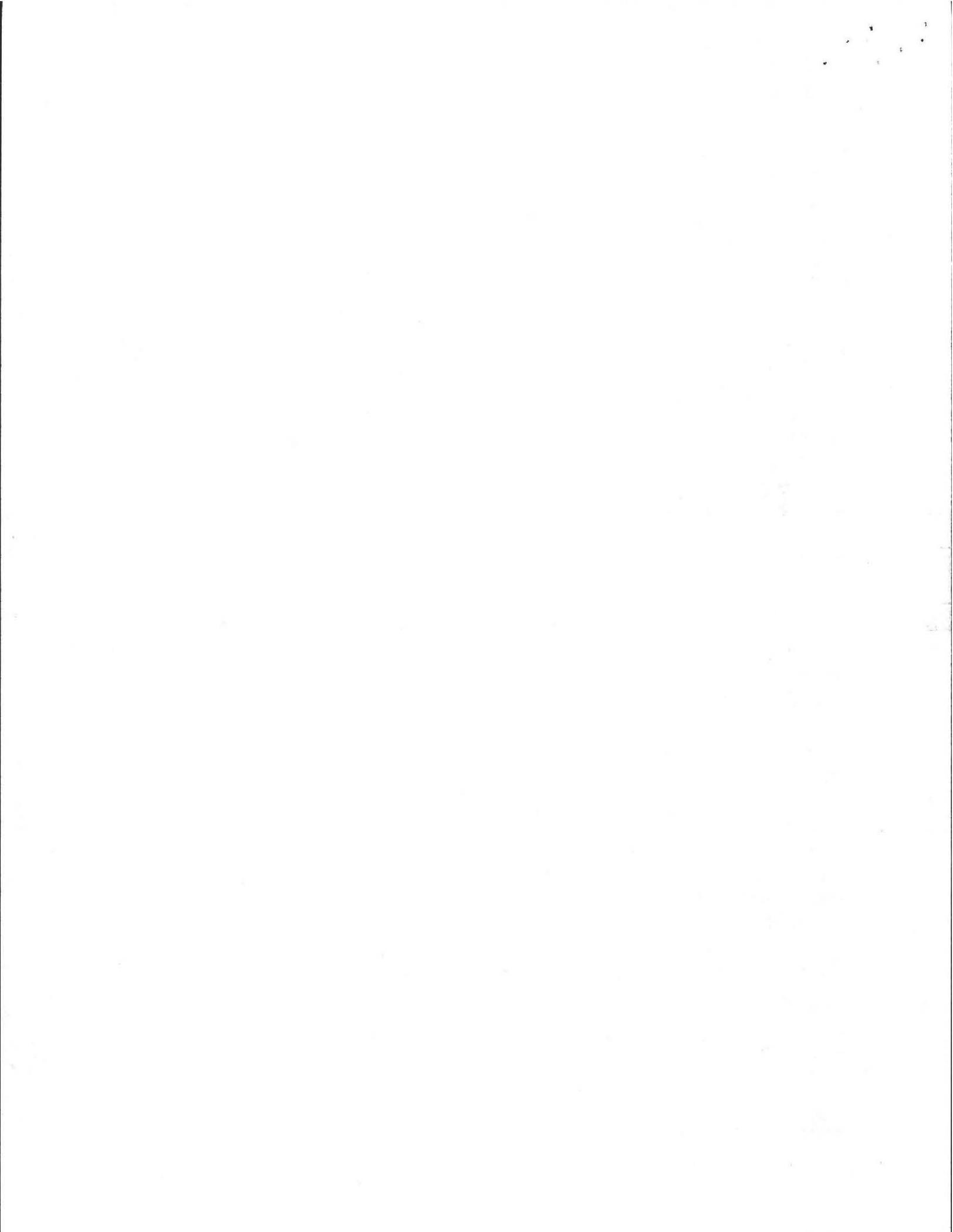
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 734 Bay Road

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 _____

①

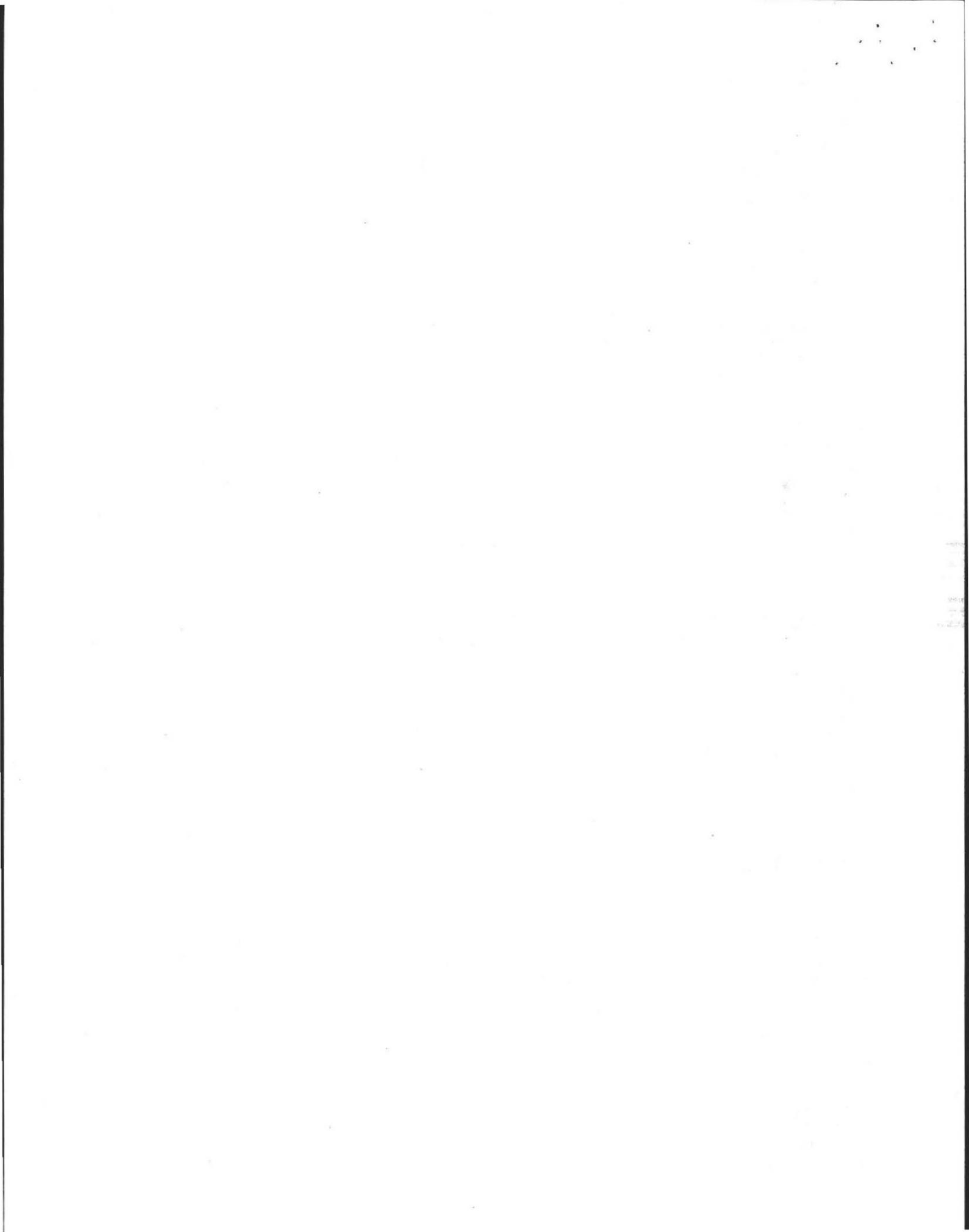
DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8	A	SL	10YR 3/3		
8-18	Bw	SL	10YR 3/6	flake	20% 30% part
18-142	C	CS/ground	10YR 3/4 10YR 5/6		loose stratified layers stone + coarse 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: _____



68"



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 _____

②

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
6	A	SL	10-1 ^{1/2} 3/3		
17	Bw	SL	10-1 ^{1/2} 4/6		Sike
137	C	CS T 9moel	10-1 ^{1/2} 5/4		

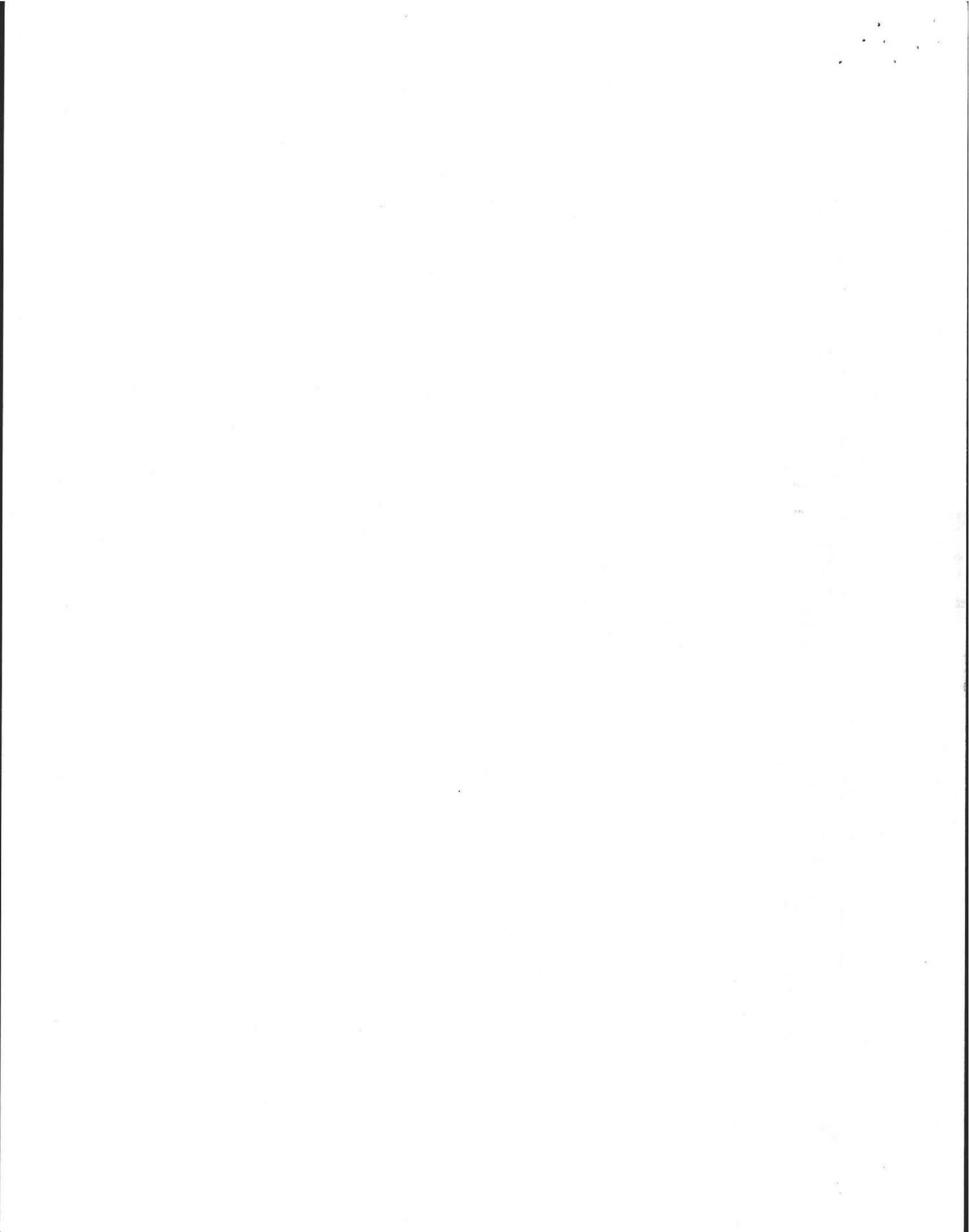
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

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

Estimated Seasonal High Ground Water: _____





FORM 12 - PERCOLATION TEST

Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS
 , Massachusetts

Percolation Test*		
Date: _____		Time: _____
Observation Hole #		
Depth of Perc	62"	# 2
Start Pre-soak	8:20	
End Pre-soak		Same
Time at 12"	24 90	
Time at 9"	8:24	
Time at 6"	1 21	
Time (9"-6")		
Rate Min./Inch	2	

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

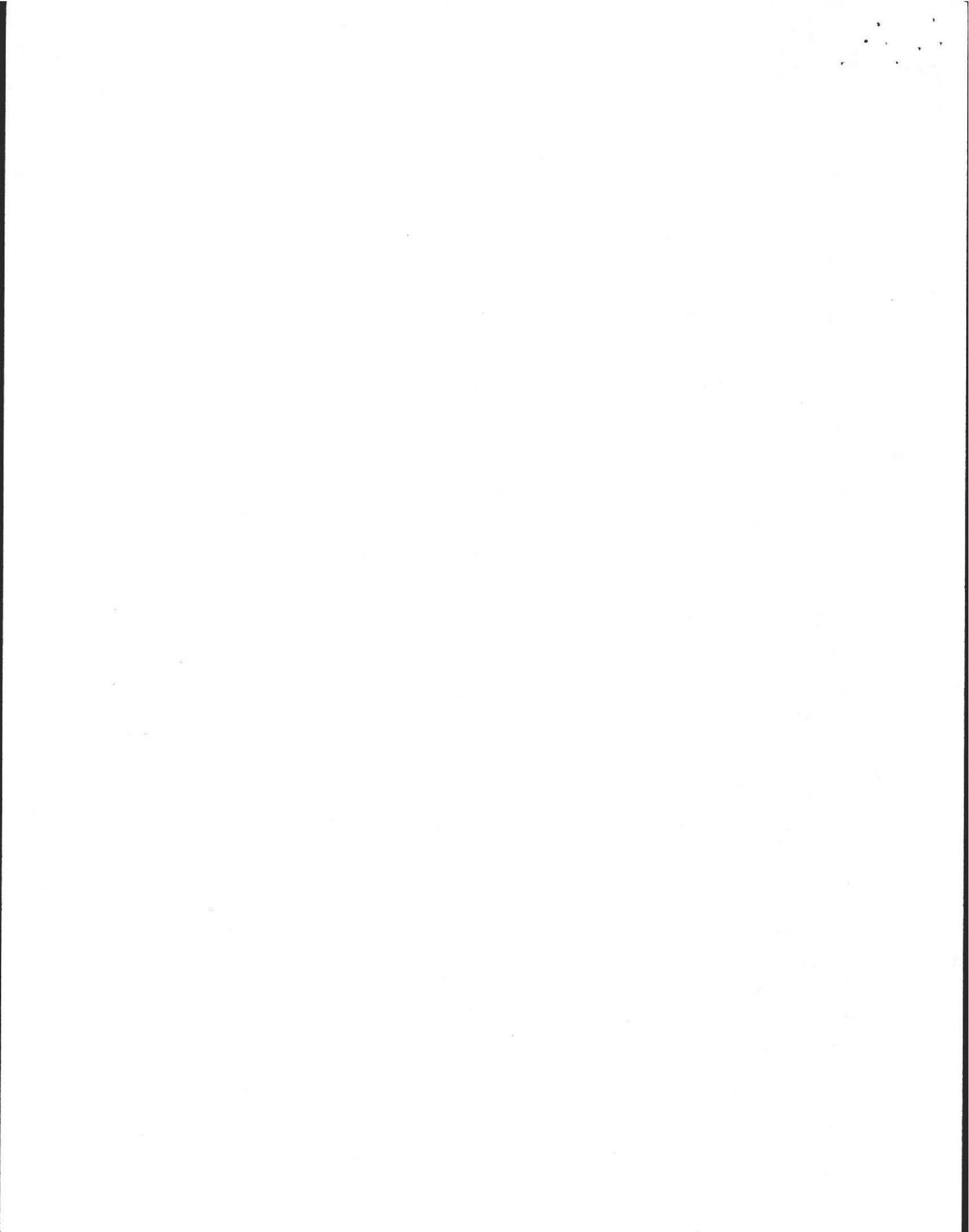
Site Passed Site Failed

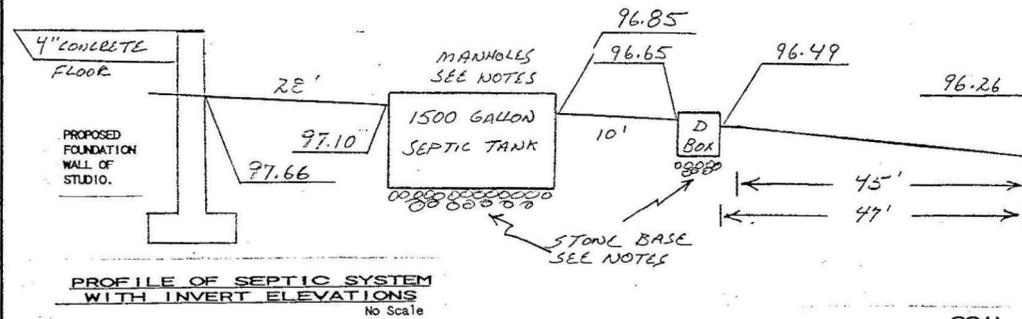
Performed By: _____

Witnessed By: _____

Comments: _____

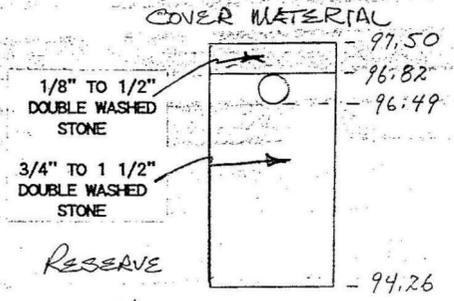






PROFILE OF SEPTIC SYSTEM WITH INVERT ELEVATIONS
No Scale

2% SLOPE MINIMUM FOR RUNOFF 99.0



CROSS SECTION OF LEACHING TRENCH WITH ELEVATIONS SHOWN AT D BOX
No Scale

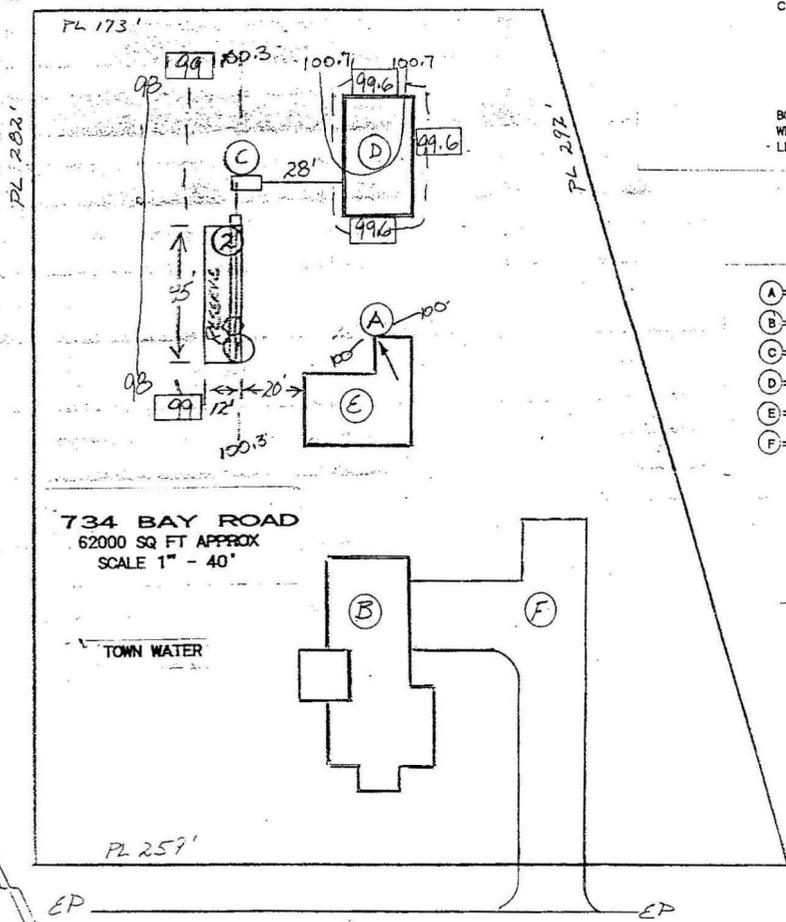
SOIL LOGS

HOLE NUMBER	HORIZON	DEPTH FROM SURFACE INCHES	SOIL TEXTURE	SOIL COLOR MUNSSELL	MOTTLING	OTHER
MAY 13, 1998						
1 ELEVATION: 100.17	A	0-8	SL	10YR3/3		
	Bw	8-18	SL	10YR4/6		
	C	18-142	CS&G	10YR5/4	NONE OBSERVED	LOOSE SINGLE GRAIN STRATIFIED LAYERS, STONES GRAVEL, COARSE SAND, 20% STONES
BOTTOM OF H1 ELEVATION = 88.33 WEEPING = NONE; ESTIMATED GROUND WATER = >142", LEDGE = > 142" NOT IN FLOOD PLANE						
MAY 13, 1998						
2 ELEVATION: 100.43	A	0-6	SL	10YR3/3		
	Bw	6-17	SL	10YR4/6		
	C	17-137	CS&G	10YR5/4	NONE OBSERVED	LOOSE SINGLE GRAIN STRATIFIED LAYERS, STONES GRAVEL, COARSE SAND, 20% STONES
BOTTOM OF H2 ELEVATION = 89.01 WEEPING = NONE; ESTIMATED GROUND WATER = >137", LEDGE = > 137" NOT IN FLOOD PLANE						

NOTES:

FIRST 2 FEET OUT OF D BOX TO BE LEVEL. END OF DISTRIBUTION LINE TO BE CAPPED. BOTTOM OF TRENCH TO BE LEVEL. ALL STONE IS TO BE DOUBLE WASHED. SEWER PIPE FROM STUDIO TO SEPTIC TANK MUST HAVE A SLOPE OF 0.02 AND MUST BE 4 INCH SOLID WALL PVC. PIPE BETWEEN SEPTIC TANK AND DISTRIBUTION BOX IS TO BE 4 INCH SOLID WALL PVC, SLOPE 0.02. DISTRIBUTION LINE IN TRENCH IS TO BE 4 INCH DIAMETER PERFORATED PVC PIPE, SLOPE 0.005. SEPTIC TANK AND DISTRIBUTION BOX MUST BE SET, LEVEL AND TRUE TO GRADE, ON A LEVEL STABLE BASE OF STONE 6 INCHES THICK, WHICH HAS BEEN MECHANICALLY COMPACTED. IF TOP OF SEPTIC TANK IS MORE THAN 12 INCHES BELOW GRADE THE SEPTIC TANK MUST HAVE 3 ACCESS MANHOLES WITH A MINIMUM DIAMETER OF 20 INCHES AND BE FLUSH WITH GRADE. ONE MANHOLE EACH OVER INLET BAFFLE, OUTLET BAFFLE AND CENTER MANHOLE OF TANK. THE TOP OF ALL SYSTEM COMPONENTS SHALL BE NO MORE THAN 36 INCHES BELOW FINISHED GRADE. INLET AND OUTLET TEES SHALL BE CAST IRON, SCHEDULE 40 PVC OR CAST IN PLACE CONCRETE AND BE ON THE CENTER LINE OF THE SEPTIC TANK. CROSS SECTIONAL FLOW BAFFLES SHALL NOT BE USED AS SUBSTITUTES PER 15.227 (1). INLET AND OUTLET TEES MUST BE LOCATED AT CENTER OF TANK, EVEN IF ENTRY IS THRU THE SIDE OF THE TANK. SEPTIC TANK OUTLET TEE MUST BE EQUIPPED WITH GAS BAFFLE. GAS BAFFLE SHALL BE INSTALLED SO THAT BOTTOM IS 17" BELOW LIQUID LINE AND HAVE 90 DEGREE ELBOW GLUED IN PLACE, POINTING TOWARD CENTER OF SEPTIC TANK. DO NOT USE ANY SEPTIC TANK IF IT HAS A HOLE IN THE BOTTOM. DISTRIBUTION BOX MUST HAVE MINIMUM INSIDE DIMENSION OF 12 INCHES WITH A 6 INCH SUMP. DISTRIBUTION LINES FOR TRENCHES SHALL BE SCHEDULE 40. IF NO VEHICULAR TRAFFIC IS ANTICIPATED SDR 35 MAY BE USED. 15.251 (5). ALL SEPTIC TANKS AND DISTRIBUTION BOXES MUST BE WATERTIGHT.

EXCAVATOR MUST PROVIDE A SMALL 5 FEET WIDE AROUND SAS TO PREVENT SURFACE WATER RUNOFF FROM DRAINING ON NEIGHBORING PROPERTY. IF LEDGE IS ENCOUNTERED HIGHER THAN ANTICIPATED OR HIGHER THAN OBSERVED DURING EVALUATION OF DEEP OBSERVATION HOLES, FILL MUST BE ADDED TO RAISE THE BOTTOM OF THE LEACHING SYSTEM AT LEAST 4 FEET ABOVE THE HIGHEST ELEVATION OF LEDGE FOUND. ANY PART OF THE SEPTIC SYSTEM THAT WILL BE SUBJECT TO VEHICULAR TRAFFIC MUST HAVE AN H 20 WHEEL LOAD RATING. NO WELLS OBSERVED WITHIN 150 FEET OF PROPOSED LEACHING SYSTEM, OTHER THAN SHOWN. PROPERTY OWNER IS RESPONSIBLE FOR COMPLIANCE WITH ALL LOCAL ZONING REGULATIONS, CONSERVATION COMMISSION REGULATIONS AND MASSACHUSETTS WETLAND PROTECTION ACT. PROPERTY LINES MUST BE ESTABLISHED BY A REGISTERED LAND SURVEYOR IN ORDER TO MAINTAIN PROPER SETBACK. NO DRIVEWAY, PARKING AREA OR OTHER IMPERVIOUS SURFACE SHALL BE LOCATED ABOVE THE LEACHING SYSTEM EXCEPT WHERE IT IS UNAVOIDABLE. IN SUCH CASES VENTING MUST BE PRESENT. ANY WORK DONE BY PROPERTY OWNER LESS THAN 100 FEET FROM A WETLAND WILL REQUIRE THAT HE FILE A NOTICE OF INTENT WITH THE LOCAL CONSERVATION COMMISSION. NO SEPTIC SYSTEM ADDITIVES MAY BE PLACED IN A SEPTIC TANK. NO PART OF LEACHING SYSTEM CAN BE LOCATED LESS THAN 100 FEET FROM ANY WELL OR EDGE OF A WETLAND OR LESS THAN 10 FEET FROM ANY PROPERTY LINE. PROPERTY OWNER IS RESPONSIBLE FOR FINISH GRADING AND SEEDING. EXCAVATOR IS RESPONSIBLE FOR BACKFILLING AND ROUGH GRADING UNLESS OTHERWISE NEGOTIATED WITH PROPERTY OWNER. THIS SEPTIC SYSTEM DESIGN IS NOT INTENDED TO BE A SITE PLAN. EXCAVATING CONTRACTOR MUST CALL DIG SAFE FOR CLEARANCE BEFORE STARTING WORK. TEL: 1 800 322-4844 DO NOT SCALE DRAWING.



- (A) = BENCHMARK: ON GRADE AT CORNER OF BARN. RELATIVE ELEVATION = 100.00
- (B) = EXISTING HOUSE.
- (C) = 1500 GALLON SEPTIC TANK.
- (D) = PROPOSED STUDIO.
- (E) = EXISTING BARN.
- (F) = DRIVEWAY.

- LEGEND:
- LOCATION OF DEEP OBSERVATION HOLE
 - LOCATION OF PERC TEST WELL
 - POSSIBLE WETLAND
 - 104 EXISTING CONTOUR
 - 104 FINISHED CONTOUR
 - EP EDGE OF PAVEMENT
 - PL APPROXIMATE PROPERTY LINE

SITUATION:

2000 SQ FT, 2 FLOORS, (1000 SQ FT / FLOOR) STUDIO BUILDING, NO GARBAGE GRINDER, PERC RATE AT HOLE 1 OF 2 MINUTES PER INCH, DOP 62 INCHES, PERC RATE AT HOLE 2 OF 2 MINUTES PER INCH DOP 66 INCHES. DEP WESTERN REGIONAL OFFICE RECOMMENDS ESTIMATED AVERAGE DAILY FLOW OF AT LEAST 150 G/D OR 75 G/ M SQ FT. BOH AMHERST RECOMMENDS 220 GPD ESTIMATED AVERAGE DAILY FLOW. PERC TEST DATE: MAY 4, 1998, BOARD OF HEALTH WITNESS: ERIC WELSH. SOIL EVALUATOR: ROBERT F. SHEEHAN, CERTIFIED NOVEMBER 1994. 220 GALS PER DAY = ESTIMATED DAILY FLOW.

DESIGN CALCULATIONS:

SIDE = (2) (2.00') (45') (1) = 180. SQ FT X 0.74 G / SQ FT = 133.2 GALS
 BOTTOM = (1) (45') (3') = 135. SQ FT X 0.74 G / SQ FT = 99.9 GALS
 TOTALS 315. SQ FT 233.1 GALS CAPACITY
 1995 TITLE 5 LOADING FACTORS USED FOR CALCULATIONS

THE DESIGN ENGINEER MUST INSPECT ALL COMPONENTS OF THE SUBSURFACE ABSORPTION SYSTEM PRIOR TO BACKFILLING;
TEL: 413 467-7228 15.021 (3)



STUDIO, REAR OF 734 BAY ROAD AMHERST, MA	
Approved by: BOARD OF HEALTH 5/29/98	SHEET 1 OF 1
SEPTIC SYSTEM DESIGN FOR CYNTHIA KRAUSE, AMHERST, MA	
R. F. SHEEHAN ASSOCIATES INC., GRANBY, MASS.	Drawing Number 98143 PDN

INTEGRITY DEVELOPMENT
& CONSTRUCTION, INC.
110 PULPIT HILL ROAD
AMHERST, MA 01002
(413) 549-7919

First Massachusetts Bank

53-293/113

2648

May 27, 1998

PAY TO THE
ORDER OF

Town of Amherst

\$ 160.00

One hundred and sixty

DOLLARS

MEMO:

Krause septic (perk test & plans)

[Signature]

⑈002648⑈ ⑆011302933⑆ 14067227⑈

SECURITY FEATURES: MICRO PRINT TOP & BOTTOM BORDERS - COLORED PATTERN - ARTIFICIAL WATERMARK ON REVERSE SIDE - MISSING FEATURE INDICATES A COPY

4804800

K02862

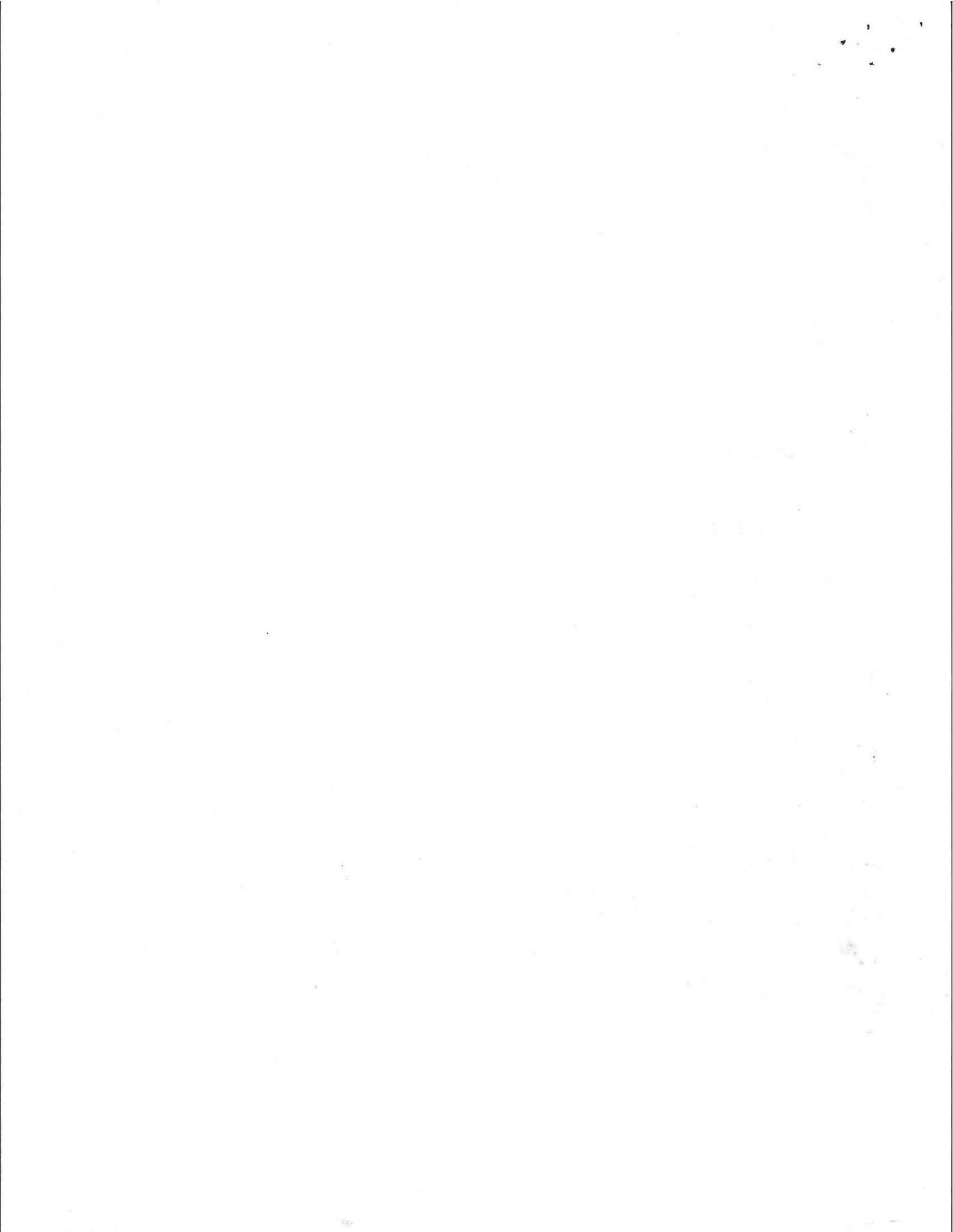
LTM103

1977077

CM

McBee

CALL 1 800 862-2331



**TOWN OF AMHERST
HEALTH PERMITS/ INSPECTION SERVICES**

NO 0371

Received of INTEGRITY Development of 110 Pulpit Hill Rd
Name Address
 For Property Located at: 734 BAY ROAD CYNTHIA KRAUSE
Street Address Owner

- | | | | |
|---|-------|---|----------------|
| HEA009 Bakery
R6510 443508 | _____ | HEA014 Retail Store Permit
R6510 443514 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA015 Sanitary Code Booklets
R6510 432305 | _____ |
| HEA025 Burial Permits
R6510 443517 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA002 Catering License
R6510 443507 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>\$60.00</u> |
| HEA003 Food Handler
R6510 443515 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA004 Frozen Desserts
R6510 443501 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA024 Funeral Director License
R6510 443502 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA005 Health Dept. Housing Insp.
R6510 432302 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA023 TB Clinic
R6510 432303 | _____ |
| HEA007 Milk & Cream License
R6510 443500 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA | _____ |
| HEA011 Percolation Test Fees <u>\$100.00</u>
R6510 432300 | _____ | HEA | _____ |
| HEA013 Recreation Camp License.
R6510 443503 | _____ | | |

TOTAL FEE: \$160.00

Michael Sweeney
 Inspection Services/Health Department

5/29/98
 Date

check # 2648
Janice Gray

 TOWN OF AMHERST
 MISC CIVIL RECEIPTS
 Date / Time : 05/02/98 09:07:07
 Payment : \$60.00
 Receipt # : 71579
 Check/Credit Card #: 85407 771
 Clerk : mrsloeki
 Paid by : INTEGRITY DEV

TOWN OF AMHERST
 MISC CIVIL RECEIPTS
 Date / Time : 05/02/98 09:07:07
 Payment : \$100.00
 Receipt # : 71578
 Check/Credit Card #: 2648/ 771
 Clerk : mrsloeki
 Paid by : INTEGRITY DEV

Must be validated by the Collector's Office to be considered paid.

White - Applicant

Yellow - Collector

Pink - Accounting

Gold - Health/Inspections

