

818 BAY ROAD

818 Bay Rd

Smith, Edmund

From: Smith, Edmund
Sent: Thursday, June 14, 2012 3:04 PM
To: 'Caroline Sabetti'
Subject: RE: Septic Visit

Hi Caroline

I've received a reply back from Jason Skeels, the town's engineer at DPW, and I'll quote this from his email:

"There are no near term plans for sewerage 818 Bay Rd. That area only rated a "minor need" for sewerage."

Need is based on a big picture prioritization of the areas of town that have poor soils for septic, predicted heavier growth, etc. I think when we talked at your property I may have mentioned that population density and difficulty of installing the sewer line are also factored in.

I believe I can write a letter in support if you are interested in requesting an extension to the variance time limit. Let me know if you want to do that; if you want to go ahead with the work let me know (if you accept an estimate from a licensed installer I before the variance time limit I believe that is acceptable).

I'll do some checking at this end for options to keep the plan alive.

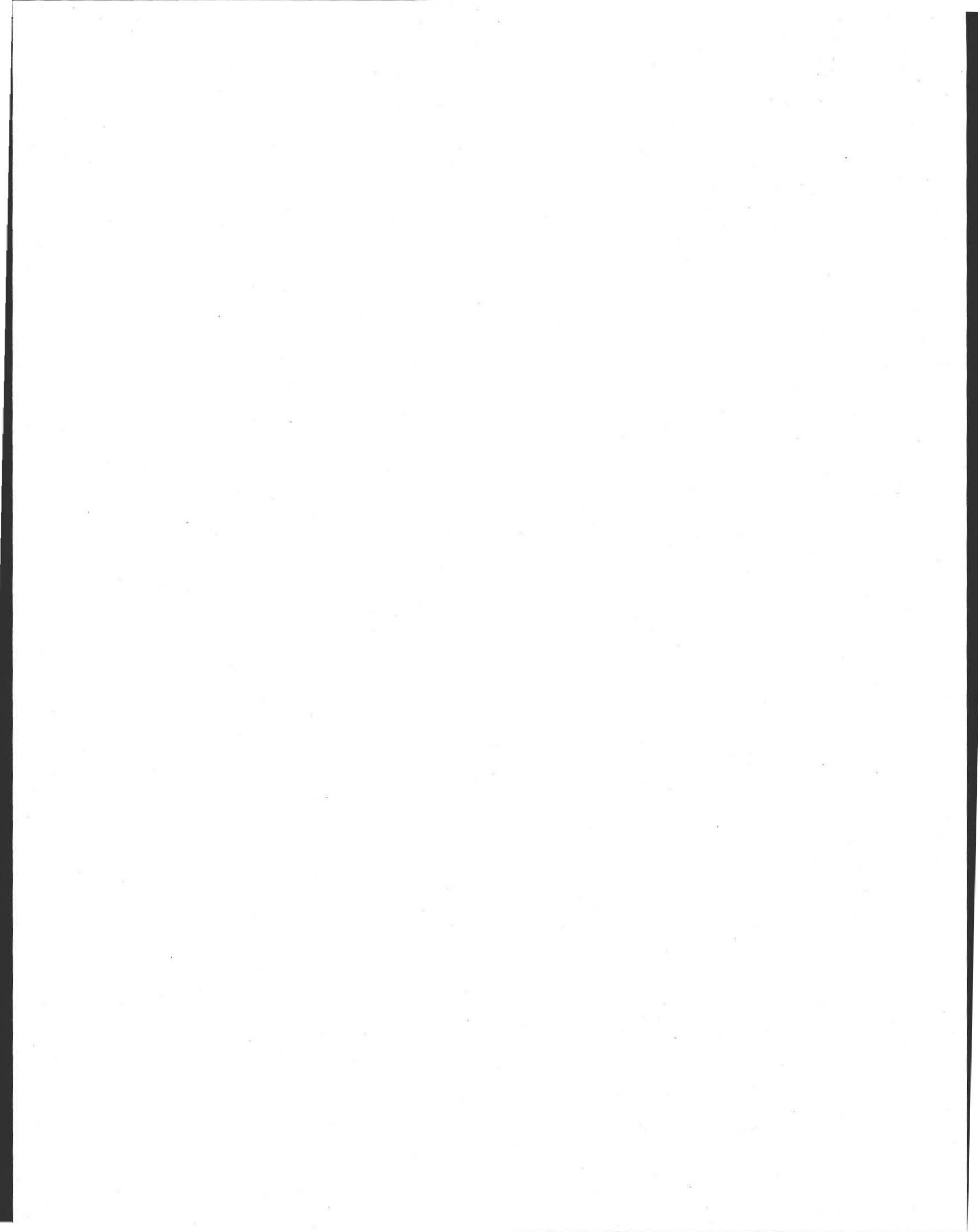
Ed

Edmund R. Smith
Health Inspector; (413)259-3153

my regular hours: Tuesdays 8-4:30; Thursdays 12:30-4:30; Fridays 8-4:30
Amherst Health Department
main phone #: (413)259-3077; fax (413)259-2404
Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

From: Caroline Sabetti [<mailto:storeypc@yahoo.com>]
Sent: Tuesday, June 05, 2012 4:40 PM
To: Smith, Edmund
Subject: Septic Visit

Ed,
Thank you very much for coming out so quickly. I'll wait to hear from you but please do let me know if there is anything you need us to do on our end.
Warmest Regards,
Caroline



818 BAY ROAD

6/5/2012 NOT AN EMERGENCY

Creek pumping records

Call EPN - sewer coming to this area

- no ponding; no staining at entrance to house,
toilet flushes easily

can variance extended / are plans still review

~~storey~~

storey ~~pe~~ pc@yahoo.com

2024 MAY 31

Account for this

2024 MAY 31

Account for this
Account for this
Account for this

Account for this

Account for this

PHONE CALL

CTPE W/ PINK DOOR

2ND ON RIGHT

FOR _____ DATE 6/1/12 TIME _____ A.M.
P.M.

M CAROLINE STOREY-SABAN

OF Anthony

PHONE 413 256 6959 CELL _____

MESSAGE WANTS TO EXTEND ZON

818 BAY ROAD

2 SUMMERS AGO

VARIANCE APPROVAL - 2 YEAR

TIME LIMIT -

SIGNED _____



TELEPHONED



RETURNED YOUR CALL



PLEASE CALL



WILL CALL AGAIN



CAME TO SEE YOU



WANTS TO SEE YOU

83 SE SICEE

SIGNED

MESSAGE

PHONE

OFF

TOP

CEL

DATE

TELEPHONED

RETURNED YOUR CALL

PLEASE CALL

WILL CALL AGAIN

CAME TO CELEBRATION

WANTS TO S. 2000

Plan:

1008

Designed by: Amherst Civil Engineer
CHECK LIST FOR SEPTIC PLANS

- ☒ Application page attached to plan
- ☒ PE or RS stamp, date, signature
- ☒ Variances to property line setback distances must have Surveyor Stamp 15220 (3)
- ☒ Legal boundaries noted
- ☒ Easements noted
- ☒ Dwellings and buildings existing or proposed noted
- ☒ Location of driveway or parking areas, other impervious areas
- ☒ Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4) (Repair)
- ☒ System design calculations
- ☒ Garbage grinder Y or N
- ☒ Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- ☒ North arrow CMR 15.200 (4) (g)
- ☒ Contours
- ☒ Deep hole location and data
- ☒ Perc hole location and data
- ☒ Elevations
- ☒ Names of approving authority and soil evaluator CMR 15.211 p. 49 (No)
- ☒ Location of every water supply, public and private CMR 15.220(k):
 - Within 400 feet of system in case of surface water and gravel packed public water supply
 - Within 250 feet of system in case of tubular public water supply
 - Within 150 feet of private supply wells 100' septic sys.; 5' tank
- ☒ Well statement if applicable N/A
- ☒ Location of any surface waters, rivers, vegetated wetlands
- ☒ Location of water lines and other subsurface utilities
- ☒ Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- ☒ Profile of system
- ☒ Locus plan to show location of facility, including nearest street
- ☒ Materials of construction and specs for system
- ☒ Gas Baffle 15.22.7.4
- ☒ Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- ☒ Double washed stone
- ☒ Schedule 40 PVC for trafficked areas, house to tank
- ☒ Distances noted from house to tank, etc.
- ☐ If dosing is proposed, design and specs of dosing system (N/A)
- ☐ When alternative technology is required, complete plan and specs, including hydraulic profile
- ☒ Trenches preferred over beds CMR 15.240 (6)
- ☒ Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56 (N/A)
- ☒ 3 to 1 slope outside of mound, toe ending 5 feet from property line
- ☒ Local upgrade requests on the plan — YES
- ☒ Local upgrade forms attached to application
- ☒ Note on plan listing all variances sought in conjunction with the plan

NOTES:

Bob Stravel → separation from 4' — 3' —

**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner
information is
required for
every page.

818 Bay Road

Property Address

Tom McCauley

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

7.11.2007

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.**Important:**
When filling out
forms on the
computer, use
only the tab key
to move your
cursor - do not
use the return
key.**A. General Information****1. Inspector:**

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

Telephone Number

License Number

B. Certification

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 the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

☒ Passes☐ Conditionally Passes☐ Fails☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

7.11.2007

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 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 DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.**



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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

A) System Passes:

- ☒ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

All levels were good at inspection, system is 23 years old. Tank pumped, (D. box, & S. tank had good levels and no indication of past high staining or ponding. (D. box & lid replaced due to cracking).

B) System Conditionally Passes:

- ☐ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y, N, ND) in the ☐ for the following statements. If "not determined," please explain.

- ☐ The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND Explain:

- ☐ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

☐ broken pipe(s) are replaced

☐ obstruction is removed



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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- ☐ distribution box is leveled or replaced

ND Explain:

D. box was replaced and reinspected.

- ☐ The system required pumping more than 4 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

ND Explain:

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 public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, 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 any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.



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B. Certification (cont.)

C) Further Evaluation is Required by the Board of Health (cont.):

- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: Measured

** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes No

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |



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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

- | | | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure. |

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



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C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

- | Yes | No | |
|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? |
|
 | | |
| The size and location of the Soil Absorption System (SAS) on the site has been determined based on: | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

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D. System Information**Residential Flow Conditions:**Number of bedrooms (design): ? Not Avail. Number of bedrooms (actual): 4DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440/880Number of current residents: 2Does residence have a garbage grinder? ☒ Yes ☐ NoIs laundry on a separate sewage system? [if **yes** separate inspection required] ☐ Yes ☒ NoLaundry system inspected? ☐ Yes ☒ NoSeasonal use? ☐ Yes ☒ NoWater meter readings, if available (last 2 years usage (gpd)): N/ASump pump? ☐ Yes ☒ NoLast date of occupancy: current
Date**Commercial/Industrial Flow Conditions:**Type of Establishment: N/ADesign flow (based on 310 CMR 15.203): N/A
Gallons per day (gpd)Basis of design flow (seats/persons/sq.ft., etc.): N/AGrease trap present? ☐ Yes ☒ NoIndustrial waste holding tank present? ☐ Yes ☒ NoNon-sanitary waste discharged to the Title 5 system? ☐ Yes ☒ NoWater meter readings, if available: N/ALast date of occupancy/use: N/A
DateOther (describe): N/A



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D. System Information (cont.)

General Information

Pumping Records:

Source of information:

Owner: (1 yr)

Was system pumped as part of the inspection?

☒ Yes ☐ No

If yes, volume pumped:

1500 g

gallons

How was quantity pumped determined?

pumper

Reason for pumping:

T-5

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)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

Approximate age of all components, date installed (if known) and source of information:

23+ Years

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No



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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade:

1.0+
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

10'
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Septic Tank (locate on site plan):

Depth below grade:

1.0'

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

☒ Yes ☐ No

Dimensions:

10.5'X5.5'X4.5'

Sludge depth:

1"

Distance from top of sludge to bottom of outlet tee or baffle

40"

Scum thickness

1"

Distance from top of scum to top of outlet tee or baffle

4"

Distance from bottom of scum to bottom of outlet tee or baffle

12"

How were dimensions determined?

Measured



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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tank levels good. Structural integrity appeared good at time of inspection. (baffles in place),

Grease Trap (locate on site plan):

Depth below grade:

N/A

feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

N/A

Scum thickness

N/A

Distance from top of scum to top of outlet tee or baffle

N/A

Distance from bottom of scum to bottom of outlet tee or baffle

N/A

Date of last pumping:

N/A

Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

N/A

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

N/A

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

N/A



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

☐ Yes ☐ No

Alarm level:

N/A

Alarm in working order:

☐ Yes

☐ No

Date of last pumping:

N/A

Date

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

N/A

* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes

☐ No

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

@ Inv. level good. 2 ft. down

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Box & Cover replaced, due to cracking, outlet levels good

Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes

☒ No

Alarms in working order:

☐ Yes

☒ No



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D. System Information (cont.)

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

- | | | | |
|-------------------------------------|-------------------------------|---------------------|---------------|
| <input type="checkbox"/> | leaching pits | number: | _____ |
| <input type="checkbox"/> | leaching chambers | number: | _____ |
| <input type="checkbox"/> | leaching galleries | number: | _____ |
| <input type="checkbox"/> | leaching trenches | number, length: | _____ |
| <input checked="" type="checkbox"/> | leaching fields | number, dimensions: | 18' x 30' +/- |
| <input type="checkbox"/> | overflow cesspool | number: | _____ |
| <input type="checkbox"/> | innovative/alternative system | | |

Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

No evidence of hydraulic failure, soil at top good no stone staining. (No standing liquid in stone)



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D. System Information (cont.)

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes

☐ No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

N/A



Commonwealth of Massachusetts

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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



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required for
every page.

818 Bay Road

Property Address

Tom McCauley

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

7.11.2007

Date of Inspection

D. System Information (cont.)

Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to ground water:

5'+ (nearby records)
feet

Please indicate all methods used to determine the high ground water elevation:

☐ Obtained from system design plans on record

If checked, date of design plan reviewed: n/A
Date

☐ Observed site (abutting property/observation hole within 150 feet of SAS)

☐ Checked with local Board of Health - explain:

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

deep hole in back yard by box to 60"+

Property Location: 818 BAY RD

Vision ID: 3028

Account #244

MAP ID: 27C/13/11

Bldg #:

1 of 1

Sec #: 1 of

1 Card 1 of 1

Print Date: 12/28/2006 16:48

CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT				601 AMHERST, MA VISION								
Description		Code	Appraised Value	Assessed Value														
MCAULEY, THOMAS TRUSTEE		2	Public Water															
EMMA L MCAULEY REVOCABLE TRU		3	Public Sewer															
818 BAY RD																		
AMHERST, MA 01002		SUPPLEMENTAL DATA																
Additional Owners:		Other ID: 27C000037		Precinct														
		Calc Frontag 144.6		Units														
		Owner Occup																
		APR PARCELS																
GIS ID: 27C-37		ASSOC PID#																
RECORD OF OWNERSHIP		BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)										
MCAULEY, THOMAS TRUSTEE		DOC01P0116EP	05/02/2001	U	I	0	1A	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value					
MCAULEY, EMMA L		3987/ 238	07/02/1992	U	I	1	1A	2007	1010	236,900	2006	1010	236,900					
MCAULEY, THOMAS M & EMMA L, TRU		3044/ 237	08/26/1987			1		2007	1010	114,600	2006	1010	114,600					
MCAULEY, EMMA L		2350/ 105	05/20/1983			18,500												
PLANTATION VALLEY HOMES INC		2032/ 142	06/26/1978			45,500												
SLABY, PETER J ETAL		DOC #44116	04/30/1975			0												
Total:								351,500	Total:	351,500	Total:	351,500	Total:					
EXEMPTIONS		OTHER ASSESSMENTS																
Year	Type	Description	Amount	Code	Description	Number	Amount	Comm. Int.	This signature acknowledges a visit by a Data Collector or Assessor									
Total:																		
NBHD/ SUB		NBHD NAME		STREET INDEX NAME		TRACING		BATCH		APPRAISED VALUE SUMMARY								
DS/A										Appraised Bldg. Value (Card)								
										233,800								
										Appraised XF (B) Value (Bldg)								
										3,100								
										Appraised OB (L) Value (Bldg)								
										0								
										Appraised Land Value (Bldg)								
										114,600								
										Special Land Value								
										0								
										Total Appraised Parcel Value								
										351,500								
										Valuation Method:								
										C								
										Adjustment:								
										0								
										Net Total Appraised Parcel Value								
										351,500								
BUILDING PERMIT RECORD		VISIT/ CHANGE HISTORY																
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd.	Purpose/Result				
BLD07-0143	08/22/2006	RE	Remodel	6,500		0		RE-ROOF	10/18/2005			DK	15	DRIVE BY FIELD REVIE				
831375	12/31/1983			650		0			3/12/2003			LT	00	Measur+Listed				
831092	05/31/1983			60,000		0			7/1/1993			DC						
LAND LINE VALUATION SECTION																		
B #	Use Code	Use Description	Zone	D	Frontage	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	Adj. Unit Price	Land Value
1	1010	SINGLE FAM MDL-01	RO30				30,000	SF	3.80	1.00	3	1.0000	1.00	DS	1.00		3.80	114,000
1	1010	SINGLE FAM MDL-01	RO31				3,425	SF	0.18	1.00	0	1.0000	1.00	DS	1.00		0.18	600
Total Card Land Units:						0.77		AC		Parcel Total Land Area:		0.77		AC		Total Land Value:		114,600

CONSTRUCTION DETAIL				CONSTRUCTION DETAIL (CONTINUED)			
Element	Cd.	Ch.	Description	Element	Cd.	Ch.	Description
Style	04		Cape Cod	Foundation			
Model	01		Residential				
Grade	24		Grade = 120%				
Stories	1.5						
Occupancy	1			MIXED USE			
Exterior Wall 1	11		Clapboard	Code	Description		Percentage
Exterior Wall 2				1010	SINGLE FAM MDL-01		100
Roof Structure	03		Gable/Hip				
Roof Cover	03		Asph/F GlS/Cmp				
Interior Wall 1	05		Drywall/Sheet				
Interior Wall 2				COST/MARKET VALUATION			
Interior Flr 1	12		Hardwood	Adj. Base Rate:		101.26	
Interior Flr 2				Section. RCN:		265,696	
Heat Fuel	02		Oil	Net Other Adj:		0.00	
Heat Type	04		Forced Air-Duc	Replace Cost		265,696	
AC Type	01		None	AYB		1983	
Total Bedrooms	04		4 Bedrooms	Dep Code		AV	
Total Bthrms	2			Remodel Rating			
Total Half Baths	0			Year Remodeled			
Total Xtra Fixtrs				Dep %		12	
Total Rooms	7		7 Rooms	Functional ObsInc		0	
Bath Style	02		Average	External ObsInc		0	
Kitchen Style	02		Modern	Cost Trend Factor		1	
				Condition			
				% Complete			
				Overall % Cond		88	
				Apprais Val		233,800	
				Dep % Ovr		0	
				Dep Ovr Comment			
				Misc Imp Ovr		0	
				Misc Imp Ovr Comment			
				Cost to Cure Ovr		0	
				Cost to Cure Ovr Comment			

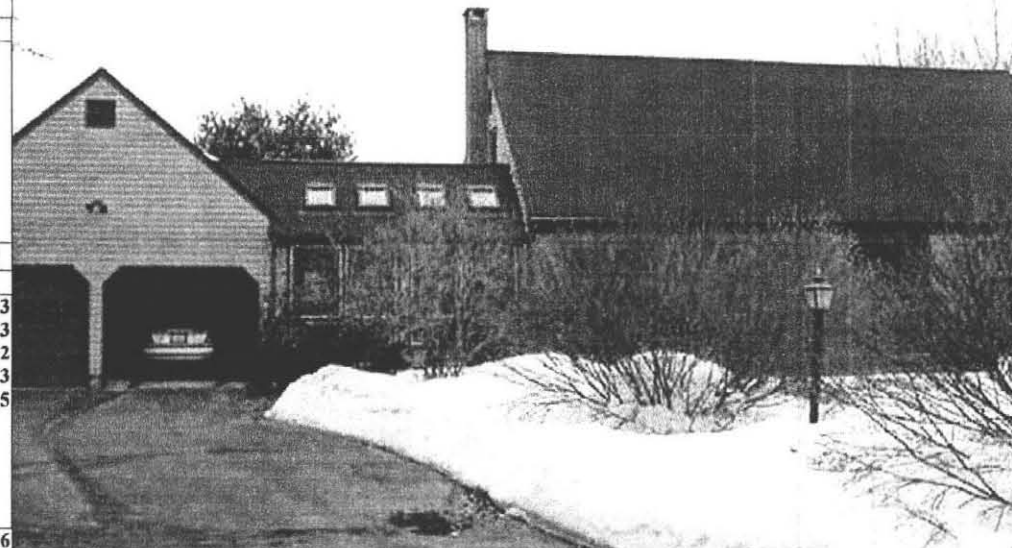
OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)

Code	Description	Sub	Sub Description	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
FPL2	FIREPLCE 1.5			B	1	3,500.00	1993		1		100	3,100

BUILDING SUB-AREA SUMMARY SECTION

Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value
BAS	First Floor	1,364	1,364	1,364	101.26	138,113
FEP	Porch, Enclosed, Finished	0	140	98	70.88	9,923
FHS	Half Story, Finished	750	1,364	750	55.68	75,942
UBM	Basement, Unfinished	0	1,364	273	20.27	27,643
UGR	Garage, Unfinished	0	462	139	30.46	14,075

Ttl. Gross Liv/Lease Area: 2,114 4,694 2,624 265,696



UGR

21 FEP

FHS
BAS
UBM

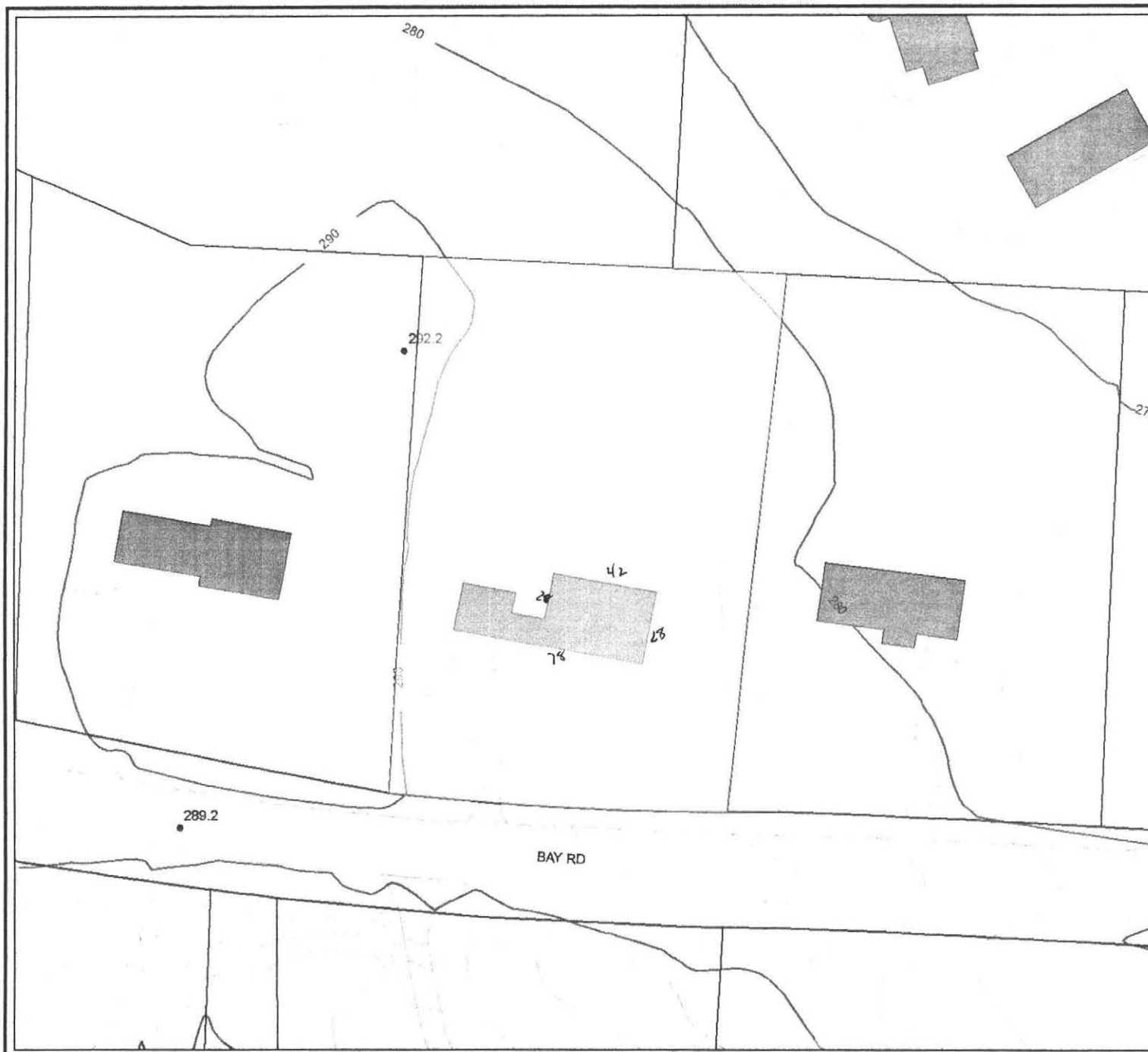
31

10

22

14

44



- Elevation Contours
 - Index Contour
 - Intermediate Contour
 - - - Depression - Index
 - - - Depression - Intermediate
 - - - Obscured - Index
 - - - Obscured - Intermediate
 - - - Obscured Depression - Index
 - - - Obscured Depression - Int
- Elevation Model
 - High : 1,258.99'
 - Low : 128.56'
 - Elevations
 - Rail Lines
 - - - Trails
 - Miscellaneous Lines
 - Transportation
 - Pavement
 - Unpaved Road
 - Tree Cover

Horizontal Datum: MA Stateplane Coordinate System,
Zone 4151, Datum NAD83, Feet

Planimetric basemap features compiled at 1"=40' and
1"=100' scale from April, 1998 Aerial Photography.
Aerial Photography: April, 2004. Parcels compiled through
a "best-fit" methodology to match the basemap; revisions
are ongoing.

The information depicted on this map is for planning
purposes only. It may not be adequate for legal boundary
definition, regulatory interpretation, or property
conveyance purposes.

THE TOWN OF AMHERST MAKES NO WARRANTIES,
EXPRESSED OR IMPLIED, CONCERNING THE
ACCURACY, COMPLETENESS, RELIABILITY, OR
SUITABILITY OF THESE DATA. THE TOWN OF
AMHERST DOES NOT ASSUME ANY LIABILITY
ASSOCIATED WITH THE USE OR MISUSE OF THIS
INFORMATION.

1" = 60 ft



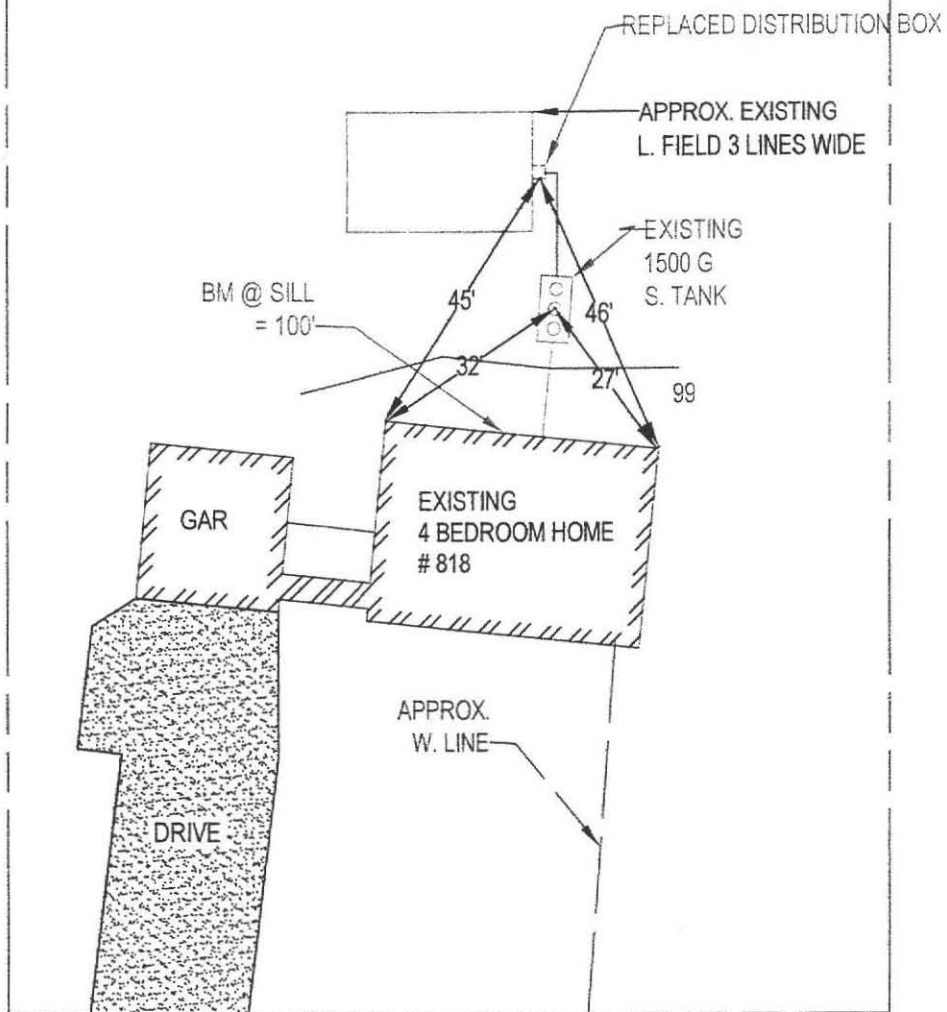
Amherst GIS Viewer

July 11, 2007



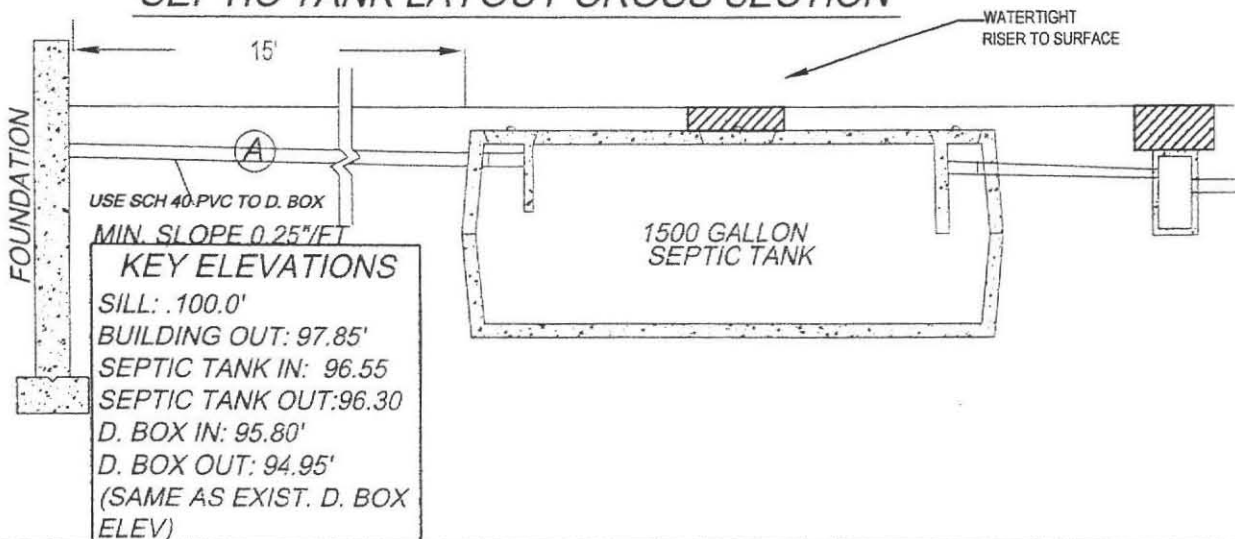
PLOT PLAN
1" = 30'
MAP 27C LOT 37
0.77 AC

NOT AN ACTUAL
SURVEY
FOR SEPTIC LOCATION
ONLY



BAY ROAD

SEPTIC TANK LAYOUT CROSS SECTION





NEW D.Box

7-12-07 (Aw)

Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

June 22, 2010

RE: 818 Bay Road -Request for a Local Upgrade Approval

Dear Amherst Board of Health:

I have reviewed the plan for installation of a new sewerage disposal system at 818 Bay Road, currently owned by Anthony and Phoebe Sabetti. In my opinion the proposed septic plan design will serve to protect the public health. The current system has failed and needs to be replaced.

The Local Upgrade Approval requests a reduction from 4 to 3 feet separation between the SAS and the Estimated High Ground Water.

Mr. Robert Stover P.E., Amherst Civil Engineering will attend the July 22, 2010 Board of Health meeting to discuss and review the new septic design, as well as answer any questions you may have.

Respectfully submitted

Gary Courtemanche
Assistant Sanitarian



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

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

A. Facility Information

Important:

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



1. Facility Name and Address:

Anthony J. and Caroline Storey Sabetti

Name

818 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

Zip Code

(413) 256-6959

Telephone Number

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

☒ Residential

☐ Institutional

☐ Commercial

☐ School

4. Describe Facility:

5 bedroom house, gabage grinder to be removed

5. Type of Existing System:

☐ Privy

☐ Cesspool(s)

☒ Conventional

☐ Other (describe below):

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

proposed: Infiltrator 'Quick-4' chamber lech bed

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	not known gpd
Design flow of proposed upgraded system	558.85 gpd
Design flow of facility:	550.00 gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

☒ Voluntary ☐ Required by order, letter, etc. (attach copy)

☐ Required following inspection pursuant to 310 CMR 15.301:

date of inspection

2. Describe the proposed upgrade to the system:

replace entire system as shown on the plan

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

☐ Reduction in setback(s) – describe reductions:

☐ Reduction in SAS area of up to 25%:

SAS size, sq. ft.

% reduction

☐ Reduction in separation between the SAS and high groundwater:

Separation reduction

from four to three
ft.

Percolation rate

$$\frac{\text{three}}{\text{min./inch}}$$

Depth to groundwater

four
ft.



Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

☐ Relocation of water supply well (explain):

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

☐ Use of only one deep hole in proposed disposal area

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

☐ Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). ***The soil evaluator must be a member or agent of the local approving authority.***

High groundwater evaluation determined by:

Gary Courtemanche, Al Weiss

Evaluator's Name (type or print)

Signature

4/15/2010

Date of evaluation

C. Explanation

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

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

A gravity system required issuance of this Local Upgrade Approval, installing a new septic tank higher in the ground and raising the sewer pipe at the basement wall.

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

An alternative system is not appropriate for this facility.



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

There is no one with whom to share a system.

4. Connection to a public sewer is not feasible:

Applicant has checked with the Amherst DPW and there is no public sewer in this area and nor is one contemplated.

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

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

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

[Signature]

Facility Owner's Signature

Anthony and Caroline Sabetti

Print Name

Robert Stover

Name of Preparer

Amherst Civil Engineering, P. O. Box 3312

Preparer's address

MA 01004-3312

State/ZIP Code

05/29/2010
5/29/2010

Date

5/27/10

Date

Amherst

City/Town

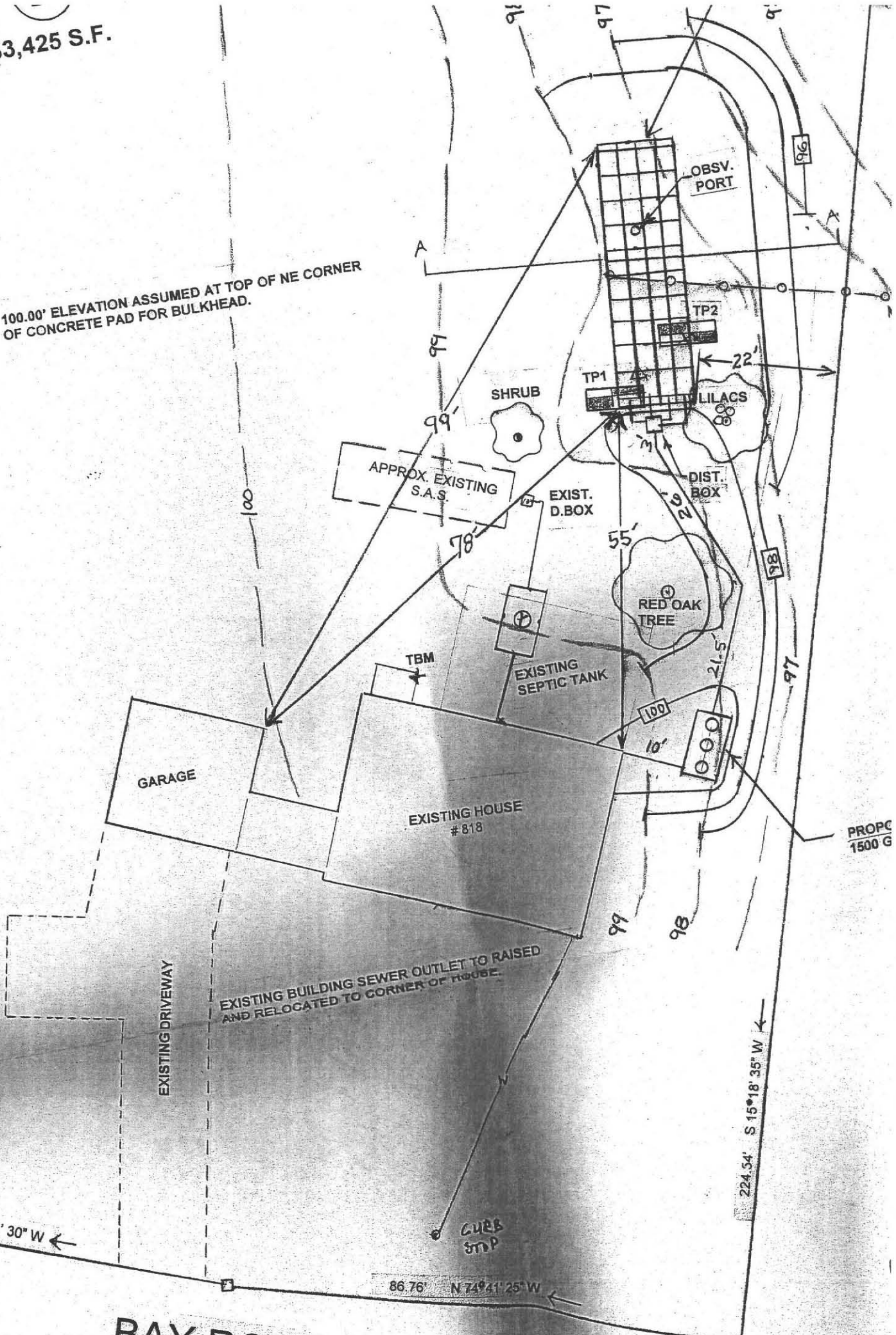
(413) 256-3400

Telephone

33,425 S.F.

TBM: 100.00' ELEVATION ASSUMED AT TOP OF NE CORNER OF CONCRETE PAD FOR BULKHEAD.

218.48' N 18° 35' E



RAY DO



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

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

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

A. Facility Information

Important:

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



1. Facility Name and Address

Anthony J. and Caroline Storey Sabetti

Name

818 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

(413) 256-6959

Telephone Number

Zip Code

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



Residential



Institutional



Commercial



School

4. Design flow per 310 CMR 15.203:

550.00

gpd

5. System Designer:

Richard Costa, PE; Robt Stover

Name

☒ PE

☐ RS

Amherst Civil Eng., Box 3312

Address

Amherst

City/Town

01004-3312

State, ZIP

B. Approval

1. Local Upgrade Approval is granted for:



Reduction in setback(s) - specify:



Reduction in SAS area of up to 25%:

SAS size, sq. ft.

% reduction



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

B. Approval (continued)

- ☒ Reduction in separation between the SAS and high groundwater:

Separation reduction

from four to three
ft.

Percolation rate

three
min./inch

Depth to groundwater

four
ft.

- ☐ Relocation of water supply well (explain):

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

- ☐ Use of only one deep hole in proposed disposal area

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

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

none

List variances granted requiring DEP approval:

none

Approving Authority

Print or Type Name and Title

Signature

Date



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

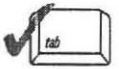
Number _____

\$ _____
Fee

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

A. Facility Information

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



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

1. Location of Facility:

818 Bay Road

Address or Lot #

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Information

Phoebe
Anthony J. Sabetti and Caroline Storey Sabetti

Name

same

Address (if different from above)

City/Town

State

Zip Code

(413) 256-6959

Telephone Number

3. Installer Information

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number

4. Designer Information

Richard E. Costa, PE / Robert Stover

Name

Amherst Civil Engineering

Name of Company

P. O. Box 3312

Address

Amherst

City/Town

MA

State

01004-3312

Zip Code

(413) 256-3400

Telephone Number



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

Number _____

\$ _____
Fee

A. Facility Information (continued)

5. Type of Building:

☒ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

☐ Showers

Number of showers _____

☐ Cafeteria

☐ Other fixtures

Specify other fixtures: _____

6. Design Flow:

550.00

Gallons per Day

Calculated Daily Flow:

558.85

Gallons

7. Plan:

5/27/10

Date of Original

"Plan of Septic System Repair"

Number of Sheets

Revision Date

one

Title of Plan

8. Description of Soil:

attached

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

replace entire system

10. Date last inspected:

Date



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

Number _____

\$ _____
Fee

B. Agreement

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

Signature

Date

05/29/2010
5/29/2010

Application Approved By:

Name

Date

Application **Disapproved** for the following reasons:



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

Number _____

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

Phoebe
Anthony J. and Caroline Storey Sabetti
Name _____ Name of Company _____
818 Bay Road
Address _____
Amherst MA 01002
City/Town _____ State _____ Zip Code _____

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

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

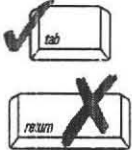
818 Bay Road
Facility Address _____
Amherst MA 01002
City/Town _____ State _____ Zip Code _____
Sabetti (413) 256-6959
Owner _____ Telephone Number _____

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

Approved by _____ Date _____
Title _____

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





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

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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

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

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

DSCP Number Phoebe DSCP Date _____
Anthony J. and Caroline Storey Sabetti
Facility Owner
818 Bay Road
Street Address or Lot #
Amherst MA 01002
City/Town State Zip Code

Designer Information:

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

Installer Information:

Name Name of Company
Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

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

Approving Authority
Signature Date

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





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

•Wetland Consults
•Soil and Water Testing
•21E Site Investigations
•Percolation Tests and
•Septic Designs
•Title 5 Inspections

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

aweiss@charter.net

Date: 4/15/2010

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: G. Court-Mache

Date: 4/15/2010

Location Address or Lot # # 818 Bay Rd	Owner's Name, Address, and Telephone # Pheobe Sabett 818 Bay Rd Amherst, MA
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. 818 Bay RDDetermination for Seasonal High Water TableMethod Used:

- ☐ Depth observed standing in observation hole inches
☐ Depth weeping from side of observation hole inches
☒ Depth to soil mottles 48" inches
☐ Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious MaterialDoes 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 6/95 (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 [Signature] Date _____

DEP APPROVED FORM - 12/07/95



Location Address or Lot No. 818 Bay RdOn-site ReviewDeep Hole Number 1+2 Date: 4/15/2010 Time: 7:45 Weather Sun

Location (identify on site plan) _____

Land Use Res. Slope (%) 2 Surface Stones NotVegetation grassLandform terrace

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 25' feetPossible Wet Area 100' feet Property Line 25' feetDrinking Water Well None feet Other _____

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0-6"	A	FSL	10YR 3/2		- F. clay
6"-24"	Bw	LS	10YR 4/6		- Loos. F. sandy
24"-80"	C1	S	10YR 5/6	48" 10YR 5/8	- SANDY (Fm), granular
80"-110"	C2	FSL	7.5Y 4/2	2.5Y 4/1	- massive F. sandy till.
#2 0-6"	A	FSL	same		
6"-24"	Bw	LS			
24"-80"	C1	S		48" 10YR 5/8	Same as #1
80"-96"	C2	FSL		2.5Y 4/1	

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH OVER TILL Depth to Bedrock: 110'Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: NotEstimated Seasonal High Ground Water: 48"

Location Address or Lot No. 414 May Rd

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>4/15/2010</u>		Time: ..
Observation Hole #	<u>P.</u>	
Depth of Perc	<u>42"</u>	
Start Pre-soak	<u>9:45</u>	
End Pre-soak	<u>10:00</u>	
Time at 12"	<u>10:00</u>	
Time at 9"	<u>10:05</u>	
Time at 6"	<u>10:14</u>	
Time (9"-6")	<u>9</u>	
Rate Min./Inch	<u>3 ^{MIN} / IN</u>	

Repair Perc

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

Site Passed ☒ Site Failed ☐

Performed By: A. Weiss

Witnessed By: G. Courtemanche

Comments: Courtemanche



PERMITS/INSP PAYMENT RECPT#: 10122166
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 06/11/10 TIME: 11:20
CLERK: courteman DEPT:

PAID BY:
PAYMENT METH: CHECK 1459

REFERENCE: A

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: SABETTI

FEES:
HEA017 SEPTIC TAN 150.00

TOTAL PAID: 150.00



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

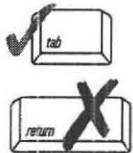
Number _____

\$ _____
Fee

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

A. Facility Information

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



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

1. Location of Facility:

818 Bay Road

Address or Lot #

Amherst

City/Town

MA
State

01002
Zip Code

2. Owner Information

Anthony J. Sabetti and *Phoebe* Caroline Storey Sabetti

Name

same

Address (if different from above)

City/Town

State
(413) 256-6959
Telephone Number

Zip Code

3. Installer Information

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number

4. Designer Information

Richard E. Costa, PE / Robert Stover

Name

Amherst Civil Engineering
Name of Company

P. O. Box 3312

Address

Amherst

City/Town

MA
State
(413) 256-3400
Telephone Number

01004-3312
Zip Code





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

Number

\$

Fee

A. Facility Information (continued)

5. Type of Building:

☒ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building

Number of Persons Served

☐ Showers

Number of showers

☐ Cafeteria

☐ Other fixtures

Specify other fixtures:

6. Design Flow:

550.00

Gallons per Day

Calculated Daily Flow:

558.85

Gallons

7. Plan:

5/27/10

Date of Original

"Plan of Septic System Repair"

Number of Sheets

Revision Date

one

Title of Plan

8. Description of Soil:

attached

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

replace entire system

10. Date last inspected:

Date



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

Number _____

\$ _____
Fee

B. Agreement

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

Signature

[Handwritten Signature]
Application Approved By:

Date

05/29/2010
5/29/2010

Name _____

Date _____

Application **Disapproved** for the following reasons:



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

Number _____

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

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



Phoebe
Anthony J. and Caroline Storey Sabetti

Name

Name of Company

818 Bay Road

Address

Amherst

MA

01002

City/Town

State

Zip Code

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

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

818 Bay Road

Facility Address

Amherst

MA

01002

City/Town

State

Zip Code

Sabetti

(413) 256-6959

Owner

Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

Approved by _____

Date _____

Title _____



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

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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

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



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

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

DSCP Number Phoebe DSCP Date _____
Anthony J. and Caroline Storey Sabetti
Facility Owner
818 Bay Road
Street Address or Lot #
Amherst MA 01002
City/Town State Zip Code

Designer Information:

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

Installer Information:

Name Name of Company
Signature _____ Date _____

Use of this system is conditioned on compliance with the provisions set forth below:

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

Approving Authority
Signature _____ Date _____



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

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

A. Facility Information

Important:

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



1. Facility Name and Address:

Anthony J. and Caroline Storey Sabetti

Name

818 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

Zip Code

(413) 256-6959

Telephone Number

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



Residential



Institutional



Commercial



School

4. Describe Facility:

5 bedroom house, gabage grinder to be removed

5. Type of Existing System:



Privy



Cesspool(s)



Conventional



Other (describe below):

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

proposed: Infiltrator 'Quick-4' chamber lech bed



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:

not known

gpd

Design flow of proposed upgraded system

558.85

gpd

Design flow of facility:

550.00

gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

☒ Voluntary

☐ Required by order, letter, etc. (attach copy)

☐ Required following inspection pursuant to 310 CMR 15.301:

date of inspection

2. Describe the proposed upgrade to the system:

replace entire system as shown on the plan

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

☐ Reduction in setback(s) – describe reductions:

☐ Reduction in SAS area of up to 25%:

SAS size, sq. ft.

% reduction

☐ Reduction in separation between the SAS and high groundwater:

Separation reduction

from four to three
ft.

Percolation rate

three
min./inch

Depth to groundwater

four
ft.



Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

- ☐ Relocation of water supply well (explain):

- ☐ Reduction of 12-inch separation between inlet and outlet tees and high groundwater
- ☐ Use of only one deep hole in proposed disposal area
- ☐ Use of a sieve analysis as a substitute for a perc test
- ☐ Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). ***The soil evaluator must be a member or agent of the local approving authority.***

High groundwater evaluation determined by:

Gary Courtemanche, Al Weiss

Evaluator's Name (type or print)

Signature

4/15/2010

Date of evaluation

C. Explanation

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

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

A gravity system required issuance of this Local Upgrade Approval, installing a new septic tank higher in the ground and raising the sewer pipe at the basement wall.

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

An alternative system is not appropriate for this facility.



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

There is no one with whom to share a system.

4. Connection to a public sewer is not feasible:

Applicant has checked with the Amherst DPW and there is no public sewer in this area and nor is one contemplated.

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

☒ Application for Disposal System Construction Permit

☒ Complete plans and specifications

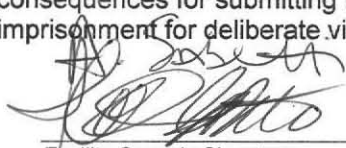
☒ Site evaluation forms

☐ A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

☐ Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."


Facility Owner's Signature

Anthony and Caroline Sabetti

Print Name

Robert Stover

Name of Preparer

Amherst Civil Engineering, P. O. Box 3312

Preparer's address

MA 01004-3312

State/ZIP Code

05/29/2010
5/29/2010
Date

5/27/10

Date

Amherst

City/Town

(413) 256-3400

Telephone



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

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

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

A. Facility Information

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



1. Facility Name and Address

Anthony J. and Caroline Storey Sabetti

Name

818 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

(413) 256-6959

Telephone Number

Zip Code

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

☒ Residential

☐ Institutional

☐ Commercial

☐ School

4. Design flow per 310 CMR 15.203:

550.00

gpd

5. System Designer:

Richard Costa, PE; Robt Stover

Name

☒ PE

☐ RS

Amherst Civil Eng., Box 3312

Address

Amherst

City/Town

01004-3312

State, ZIP

B. Approval

1. Local Upgrade Approval is granted for:

☐ Reduction in setback(s) – specify:

☐ Reduction in SAS area of up to 25%:

SAS size, sq. ft.

% reduction



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

B. Approval (continued)

- ☒ Reduction in separation between the SAS and high groundwater:

Separation reduction	from four to three ft.
Percolation rate	three min./inch
Depth to groundwater	four ft.

- ☐ Relocation of water supply well (explain):

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

- ☐ Use of only one deep hole in proposed disposal area

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

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

none

List variances granted requiring DEP approval:

none

Approving Authority

Print or Type Name and Title

Signature

Date



ALAN E. WEISS, M.S., R.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)
aeweiss@charter.net

Date: 4/15/2010

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: G. Carthman

Date: 4/15/2010

Location Address or Lot # <u># 818 Bay Rd</u>	Owner's Name, Address, and Telephone # <u>Phoebe Sabeth</u> <u>818 Bay Rd</u> <u>Amherst, MA</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. 818 Bay RD

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole inches
☐ Depth weeping from side of observation hole inches
☒ Depth to soil mottles 48" 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? _____

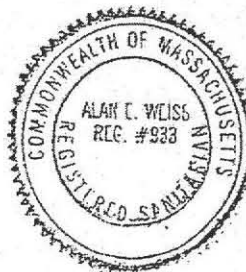
Certification

I certify that on 6/95 (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 [Signature] Date _____



DEP APPROVED FORM - 12/07/95



Location Address or Lot No. 818 Bay RdOn-site ReviewDeep Hole Number 1+2 Date: 4/15/2010 Time: 7:45 Weather Sun

Location (identify on site plan) _____

Land Use Res. Slope (%) 2 Surface Stones NotVegetation grassLandform TC road

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 25' feetPossible Wet Area 100' feet Property Line 25' feetDrinking Water Well 700' 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)
#1 0-6" 6'-24" 24"-80" 80"-110"	A Bw C ₁ C ₂	FSL LS S FSL	10YR 3/2 10YR 4/2 10YR 5/6 7.5Y 4/2	48" 10YR 5/6 2.5Y 4/1	- fine - Loos. F. Sand - SANDY (F.M.), granular - med. F. Sand till.
#2 0-6" 6"-24" 24"-80" 80"-96"	A Bw C ₁ C ₂	FSL LS S FSL	Same ↓	48" 10YR 5/6 2.5Y 4/1	Same as #1

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH OVER T.II Depth to Bedrock: 110'Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: NotEstimated Seasonal High Ground Water: 48"

Location Address or Lot No. 8018 Bay Rd

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>4/15/2010</u>		Time: ..
Observation Hole #	<u>P.</u>	
Depth of Perc	<u>42"</u>	
Start Pre-soak	<u>9:45</u>	
End Pre-soak	<u>10:00</u>	
Time at 12"	<u>10:00</u>	
Time at 9"	<u>10:05</u>	
Time at 6"	<u>10:14</u>	
Time (9"-6")	<u>9</u>	
Rate Min./Inch	<u>3 $\frac{1}{2}$ in</u>	

Repair Arc

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

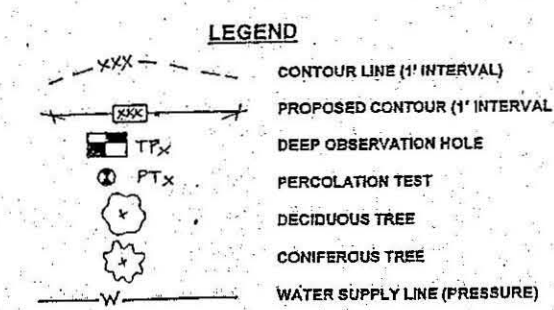
Site Passed ☒ Site Failed ☐

Performed By: A. Weiss

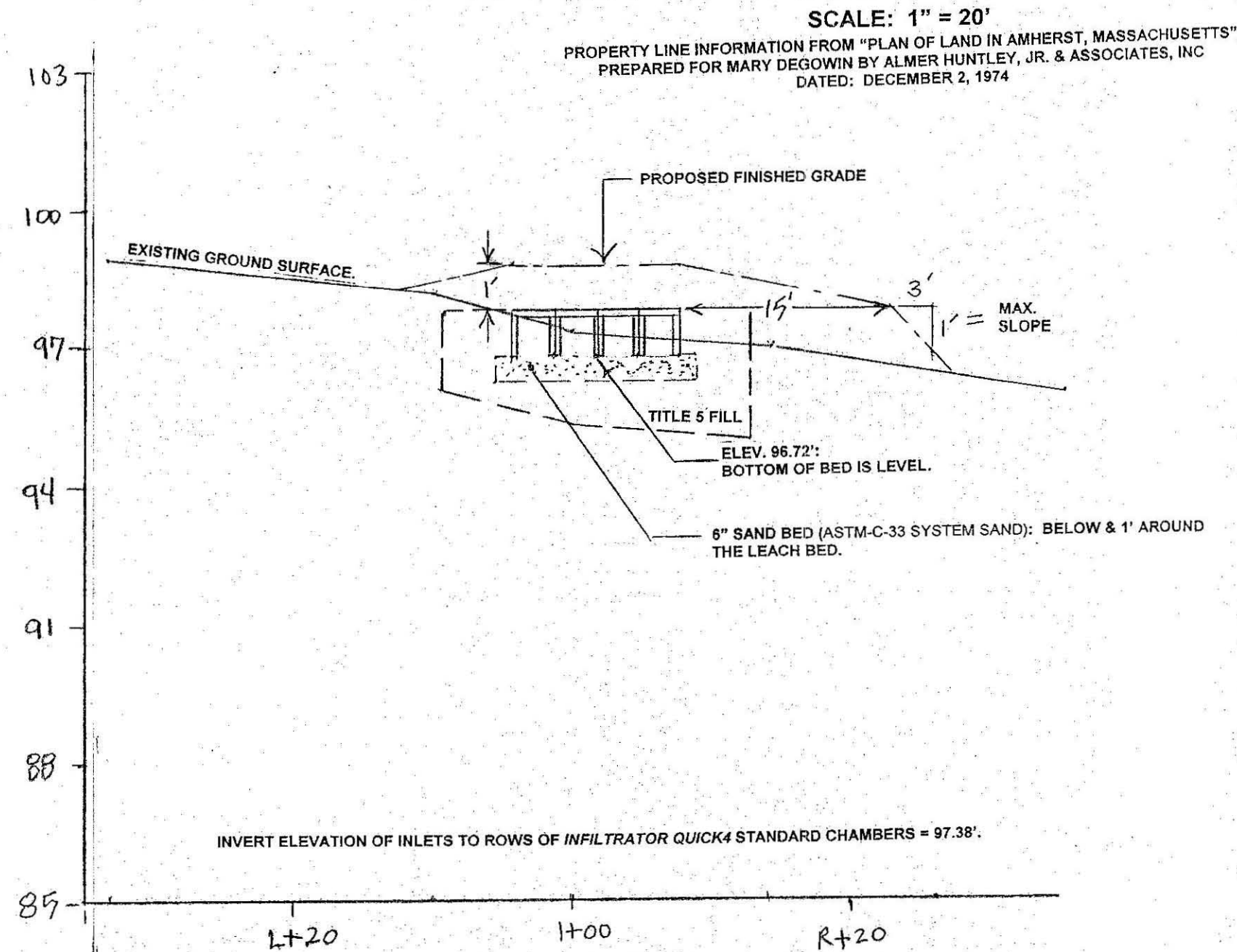
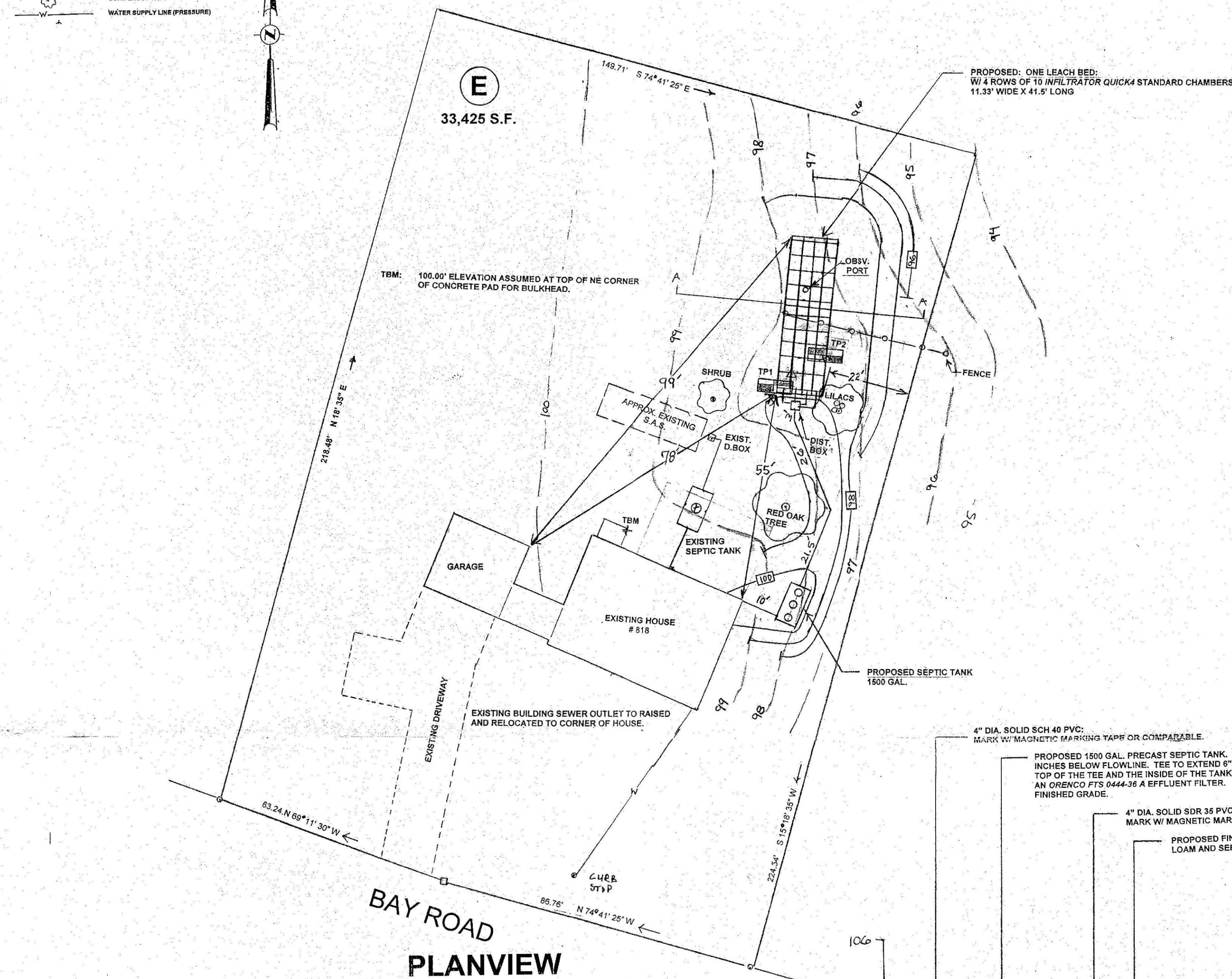
Witnessed By: G. Courtemanche

Comments: Courtemanche

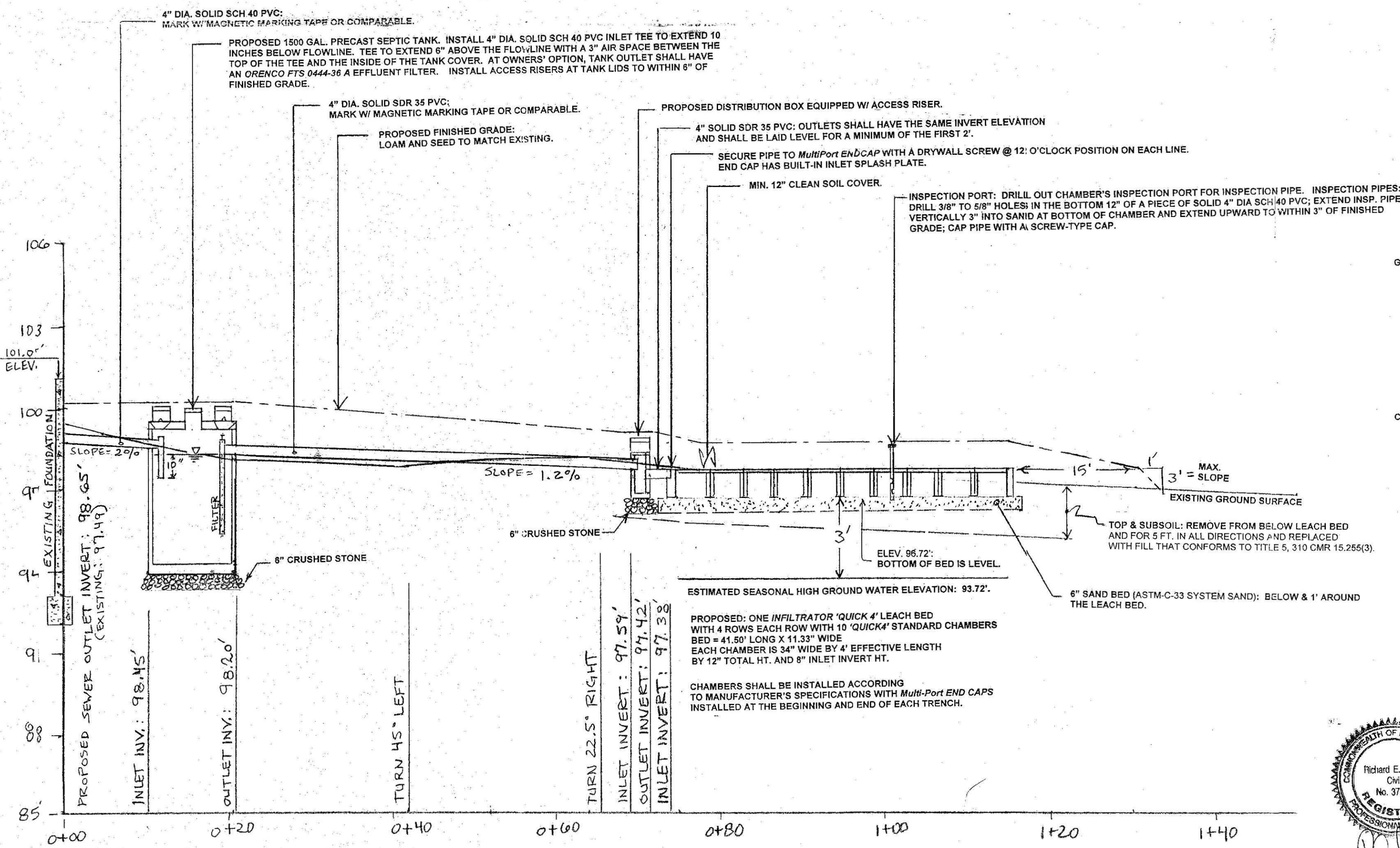




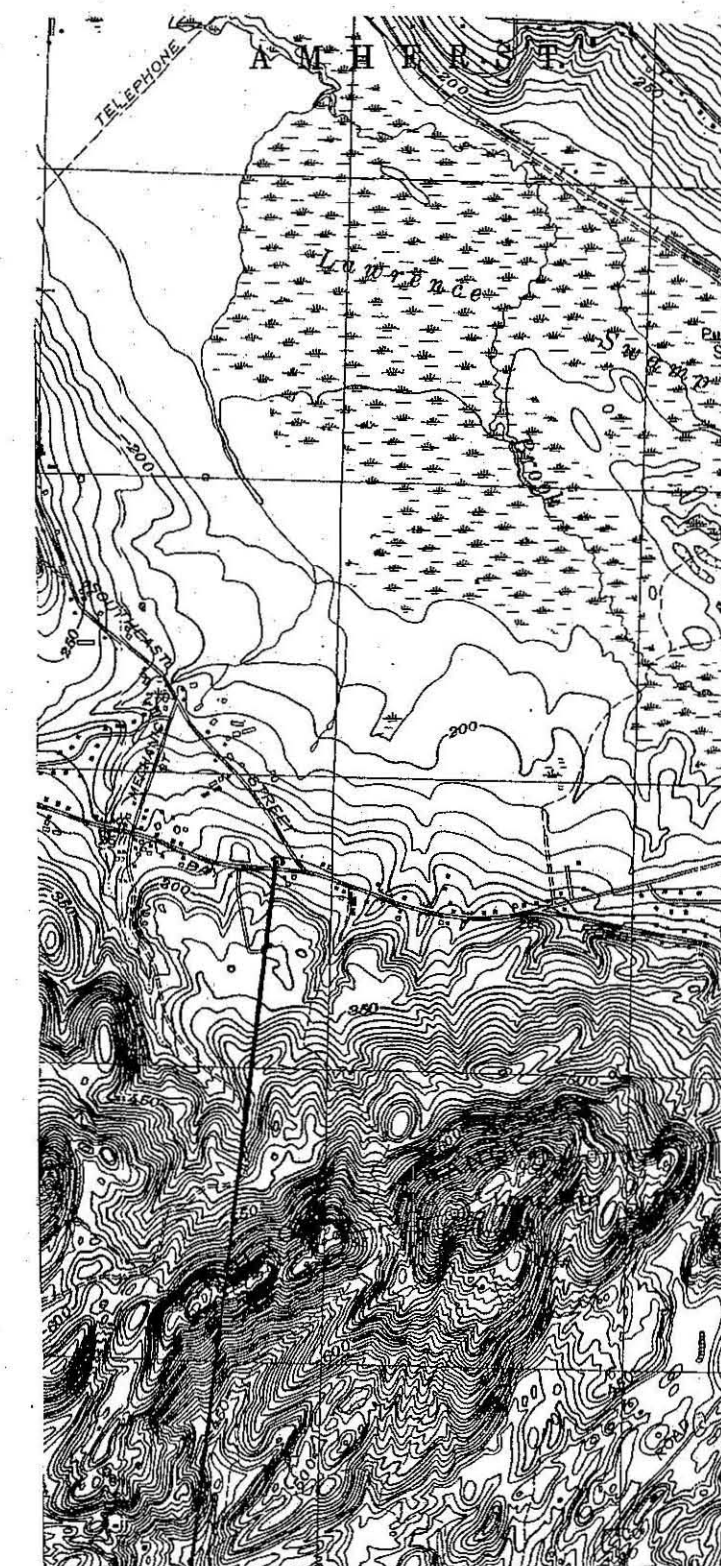
NOTE: THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 150' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM.



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



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



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

SOIL EVALUATION

Soil Evaluator: Alan Weiss
BOH Representative: Gary Courtemanche
Date of Evaluation: 4/15/10

Ground elevation at soil evaluation test pit #1: 97.72'.
Est. Seasonal High Ground Water Elev.: 93.72'.
Bedrock Elevation is deeper than 88.55'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2		friable
6 - 24"	Bw	LS	10YR5/6		loose, sandy
24 - 80"	C1	S			sandy (F, M) granular
80 - 110"	C2	FLS	5Y5/2	@48" 2.5Y4/1 10YR5/6	massive, F sandy till

Parent Material (Geologic): outwash over till
Standing Water in the Hole: none
Estimated Seasonal High Ground Water: 48"

Depth to bedrock: 110"+
Weeping from Pit Face: none

Ground elevation at soil evaluation test pit #2: 97.48'.
Est. Seasonal High Ground Water Elev.: 93.48'.
Bedrock Elevation is deeper than 88.48'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2		friable
6 - 24"	Bw	LS	10YR5/6		loose, sandy
24 - 80"	C1	S			sandy (F, M) granular
80 - 96"	C2	FLS	5Y5/2	@48" 2.5Y4/1 10YR5/6	massive, F sandy till

Parent Material (Geologic): outwash over till
Standing Water in the Hole: none
Estimated Seasonal High Ground Water: 48"

Depth to bedrock: 96"+
Weeping from Pit Face: none

DESIGN CRITERIA

Design flow is for a 5-bedroom house the garbage grinder to be removed.

DESIGN CALCULATION

Design flow: 5-bedrooms, no garbage grinder = 550 gpd.

Proposed Septic Tank: 1500 gallon precast.

Effluent Loading Rate: Percolation Rate = 3 minute per inch

Class I soils
Effluent loading rate = 0.74 gpd/lf.

Proposed Soil Absorption System: one Infiltrator leach bed:
11.33' wide X 41.5' long
with 4 rows of Infiltrator Quick4 standard chambers
each row with 10 chambers end-to-end
each chamber has an effective length of 4'; total of 40 chambers

Each standard chamber (bed configuration): = 4.72 SF/LF.
40 chambers each 4.0 LF: = 160.0 LF.
160.0 LF X 4.72 SF/LF: = 755.2 SF.

Calculated Design Flow: 755.2 SF X 0.74 GPD/SF: = 558.85 gpd.
Total Required Design Flow = 550.00 gpd (OK)

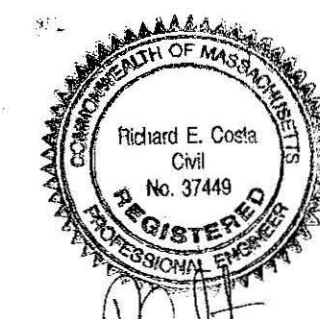
GENERAL CONDITIONS

- This septic system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
- Installer shall be certified by the manufacturer to install Infiltrator chambers.
- The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
- All debris in the site area shall be removed and disposed of in accordance with the law.
- There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
- The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
- The septic tank shall be pumped and inspected as necessary and at least once every three years.

CONSTRUCTION NOTES

- Any topsoil, subsoil, old fill, old leaching trench, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system, from five feet around the soil absorption system and from wherever fill is to be placed. The first 6 inches of fill placed directly below the Infiltrator chambers shall be a clean processed sand and conform to ASTM C-33. Below the ASTM C-33 sand fill and for 5 feet in all directions of the leach bed shall be a clean, granular sand fill that conforms to the specifications of Title 5, 310 CMR 15.25(3).
- Pipes exiting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
- The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
- Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.
- Existing septic tank shall be inspected at the time of this repair to ensure structural integrity and that the inlet and outlet tees/joints are in a functional condition.
- All system components shall be marked with magnetic marking tape or a comparable means in order to locate them once buried.
- Existing septic tank shall be pumped, crushed in place and backfilled with sandy fill. Loam and seed to match existing.

THE APPLICANT REQUESTS THAT THE AMHERST BOARD OF HEALTH GRANT A LOCAL UPGRADE APPROVAL TO REDUCE THE REQUIRED WATER TABLE SEPARATION FROM FOUR FEET TO THREE FEET.



PLAN OF SEPTIC SYSTEM REPAIR

818 BAY ROAD, AMHERST, MA 01002
ASSESSORS MAP 27C, LOT 37

ANTHONY J. SABETTI & PHOEBE CAROLINE SABETTI
818 BAY ROAD, AMHERST, MA 01002

SCALE: AS SHOWN
DATE: 5/27/10
DRAWN BY: RWS

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER

P. O. BOX 3312, AMHERST, MA 01004-3312
(413) 256-3400



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

Number _____

\$ _____
Fee

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

A. Facility Information

Important:

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



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

1. Location of Facility:

818 Bay Road

Address or Lot #

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Information

Anthony J. Sabetti and *Phoebe* Caroline Storey Sabetti

Name

same

Address (if different from above)

City/Town

State

Zip Code

(413) 256-6959

Telephone Number

3. Installer Information

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number

4. Designer Information

Richard E. Costa, PE / Robert Stover

Name

Amherst Civil Engineering

Name of Company

P. O. Box 3312

Address

Amherst

City/Town

MA

State

01004-3312

Zip Code

(413) 256-3400

Telephone Number



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

Number _____
\$ _____
Fee _____

A. Facility Information (continued)

5. Type of Building:

☒ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

☐ Showers

Number of showers _____

☐ Cafeteria

☐ Other fixtures

Specify other fixtures: _____

6. Design Flow:

550.00

Gallons per Day

Calculated Daily Flow:

558.85

Gallons

7. Plan:

5/27/10

Date of Original

"Plan of Septic System Repair"

Number of Sheets

Revision Date

one

Title of Plan

8. Description of Soil:

attached

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

replace entire system

10. Date last inspected:

Date



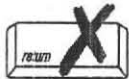
Commonwealth of Massachusetts
City/Town of Amherst
Disposal System Construction Permit
Form 2A

Number _____

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

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



Phoebe
Anthony J. and Caroline Storey Sabetti
Name
818 Bay Road
Address
Amherst
City/Town
MA
State
01002
Zip Code

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

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

818 Bay Road
Facility Address
Amherst
City/Town
Sabetti
Owner
MA
State
(413) 256-6959
Telephone Number
01002
Zip Code

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

Approved by _____ Date _____
Title _____



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

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

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

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

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

DSCP Number 17026 DSCP Date _____
Anthony J. and Caroline Storey Sabetti
Facility Owner
818 Bay Road
Street Address or Lot #
Amherst MA 01002
City/Town State Zip Code

Designer Information:

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

Installer Information:

Name Name of Company
Signature _____ Date _____

Use of this system is conditioned on compliance with the provisions set forth below:

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

Approving Authority
Signature _____ Date _____

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





Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

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

A. Facility Information

Important:

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



1. Facility Name and Address:

Anthony J. and Caroline Storey Sabetti

Name

818 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

Zip Code

(413) 256-6959

Telephone Number

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

☒ Residential

☐ Institutional

☐ Commercial

☐ School

4. Describe Facility:

5 bedroom house, gabage grinder to be removed

5. Type of Existing System:

☐ Privy

☐ Cesspool(s)

☒ Conventional

☐ Other (describe below):

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

proposed: Infiltrator 'Quick-4' chamber lech bed

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	not known gpd
Design flow of proposed upgraded system	558.85 gpd
Design flow of facility:	550.00 gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

☒ Voluntary ☐ Required by order, letter, etc. (attach copy)

☐ Required following inspection pursuant to 310 CMR 15.301:

date of inspection

2. Describe the proposed upgrade to the system:

replace entire system as shown on the plan

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

☐ Reduction in setback(s) – describe reductions:

☐ Reduction in SAS area of up to 25%:

SAS size, sq. ft.

% reduction

☐ Reduction in separation between the SAS and high groundwater:

Separation reduction

from four to three
ft.

Percolation rate

three
min./inch

Depth to groundwater

four
ft.



Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

☐ Relocation of water supply well (explain):

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

☐ Use of only one deep hole in proposed disposal area

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

☐ Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). ***The soil evaluator must be a member or agent of the local approving authority.***

High groundwater evaluation determined by:

Gary Courtemanche, Al Weiss

Evaluator's Name (type or print)

Signature

4/15/2010

Date of evaluation

C. Explanation

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

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

A gravity system required issuance of this Local Upgrade Approval, installing a new septic tank higher in the ground and raising the sewer pipe at the basement wall.

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

An alternative system is not appropriate for this facility.



Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

There is no one with whom to share a system.

4. Connection to a public sewer is not feasible:

Applicant has checked with the Amherst DPW and there is no public sewer in this area and nor is one contemplated.

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

☒ Application for Disposal System Construction Permit

☒ Complete plans and specifications

☒ Site evaluation forms

☐ A list of abutters affected by reduced setbacks to private water supply wells or property lines.
Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

☐ Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."



Facility Owner's Signature

Anthony and Caroline Sabetti

Print Name

Robert Stover

Name of Preparer

Amherst Civil Engineering, P. O. Box 3312

Preparer's address

MA 01004-3312

State/ZIP Code

05/29/2010
5/29/2010

Date

5/27/10

Date

Amherst

City/Town

(413) 256-3400

Telephone



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

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

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

A. Facility Information

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



1. Facility Name and Address

Anthony J. and Caroline Storey Sabetti

Name

818 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

same

Name

Street Address

City/Town

State

(413) 256-6959

Telephone Number

Zip Code

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

☒ Residential

☐ Institutional

☐ Commercial

☐ School

4. Design flow per 310 CMR 15.203:

550.00

gpd

5. System Designer:

Richard Costa, PE; Robt Stover

Name

☒ PE

☐ RS

Amherst Civil Eng., Box 3312

Address

Amherst

City/Town

01004-3312

State, ZIP

B. Approval

1. Local Upgrade Approval is granted for:

☐ Reduction in setback(s) - specify:

☐ Reduction in SAS area of up to 25%:

SAS size, sq. ft.

% reduction



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

B. Approval (continued)

- ☒ Reduction in separation between the SAS and high groundwater:

Separation reduction	from four to three ft.
Percolation rate	three min./inch
Depth to groundwater	four ft.

- ☐ Relocation of water supply well (explain):

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

- ☐ Use of only one deep hole in proposed disposal area

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

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

none

List variances granted requiring DEP approval:

none

Approving Authority

Print or Type Name and Title

Signature

Date



ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

•Wetland Consults
•Soil and Water Testing
•21E Site Investigations
•Percolation Tests and
•Septic Designs
•Title 5 Inspections

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

aeuweiss@charter.net

Date: 4/15/2010

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 4/15/2010

Witnessed By: G. Court-Marche

Location Address or Lot # <u># 818 Bay RD</u>	Owner's Name, Address, and Telephone # <u>Phoebe Sabeth 818 Bay RD Amherst, MA.</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. 818 Bay RD

Determination for Seasonal High Water Table

Method Used:

- ☐ Depth observed standing in observation hole inches
☐ Depth weeping from side of observation hole inches
☒ Depth to soil mottles 48" 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? _____

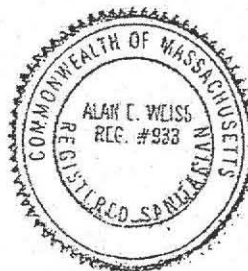
Certification

I certify that on 6/95 (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 [Signature] Date _____



DEP APPROVED FORM - 12/07/95



Location Address or Lot No. 818 Bay RdOn-site ReviewDeep Hole Number 1+2 Date: 4/15/2000 Time: 7:45 Weather Sun

Location (identify on site plan) _____

Land Use Res. Slope (%) 2 Surface Stones NotVegetation grassLandform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 25' feetPossible Wet Area 100' feet Property Line 25' feetDrinking Water Well 700' feet Other _____

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0-6" 6'-24" 24"-80" 80"-110"	A Bw C ₁ C ₂	FSC LS S FSC	10YR 3/2 10YR 4/6 10YR 5/6 7.5YR 4/2	48" 10YR 5/6 2.5Y 4/1	- Fracture - Loos. F. Sandy - SANDY (F-m), granular - massive F. Sandy till.
#2 0-6" 6"-24" 24"-80" 80"-96"	A Bw C ₁ C ₂	FSC LS S FSC	Sand ↓	48" 10YR 5/6 2.5Y 4/1	Sand est #1

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) OUTWASH over T.11 Depth to Bedrock: 110'Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: NotEstimated Seasonal High Ground Water: 48"

Location Address or Lot No. 414 Bay St

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>4/15/2010</u>		Time: ..
Observation Hole #	<u>P.</u>	
Depth of Perc	<u>42"</u>	
Start Pre-soak	<u>9:45</u>	
End Pre-soak	<u>10:00</u>	
Time at 12"	<u>10:00</u>	
Time at 9"	<u>10:05</u>	
Time at 6"	<u>10:14</u>	
Time (9"-6")	<u>9</u>	
Rate Min./Inch	<u>3 $\frac{1}{2}$ in</u>	

Repair Arc

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

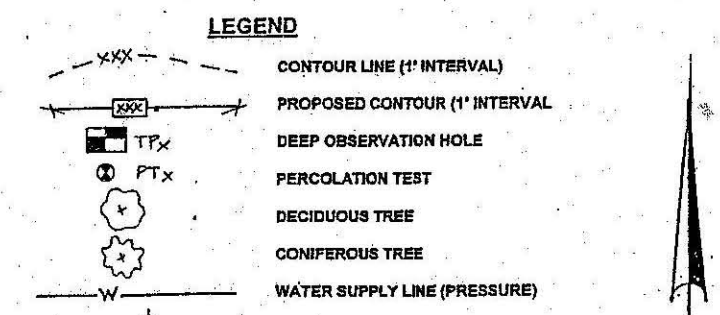
Site Passed ☒ Site Failed ☐

Performed By: A. Weiss

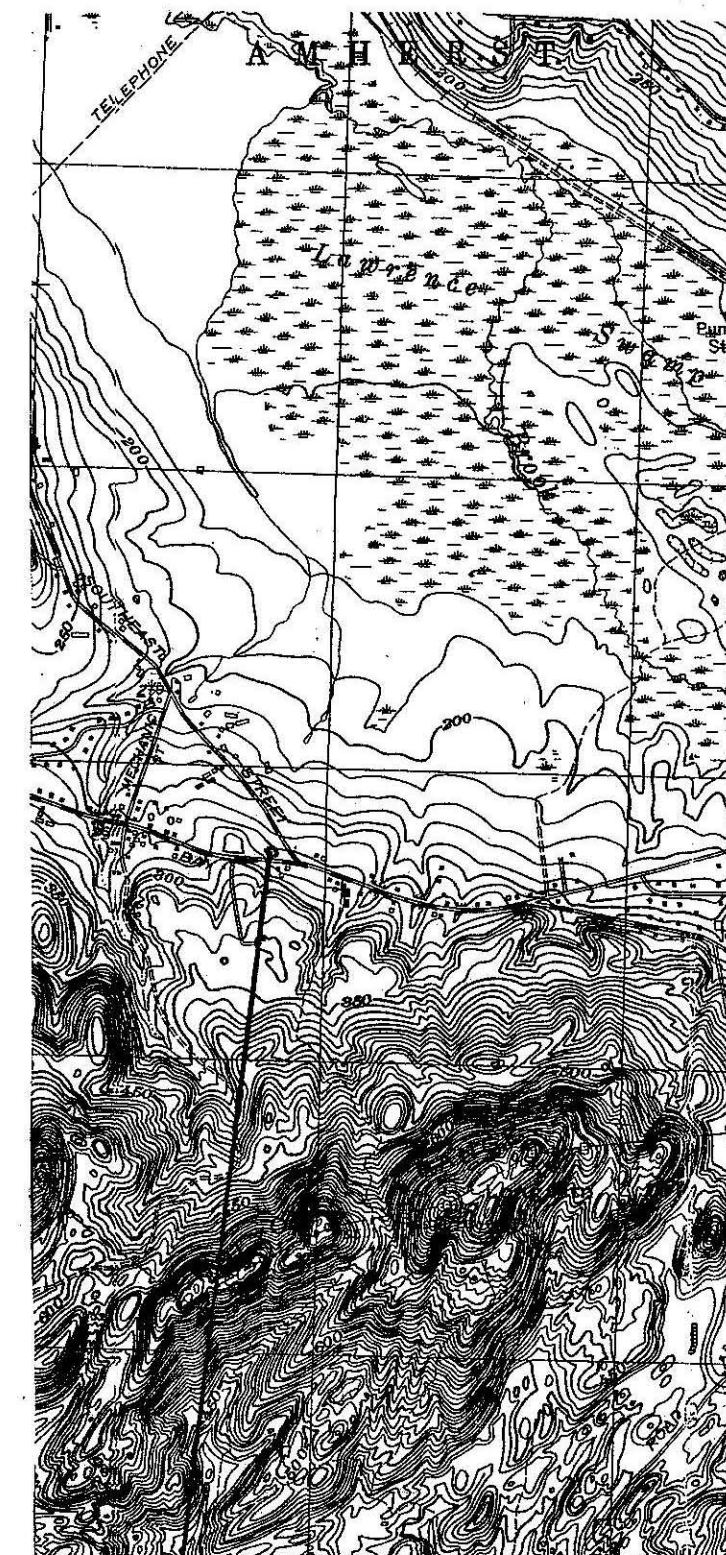
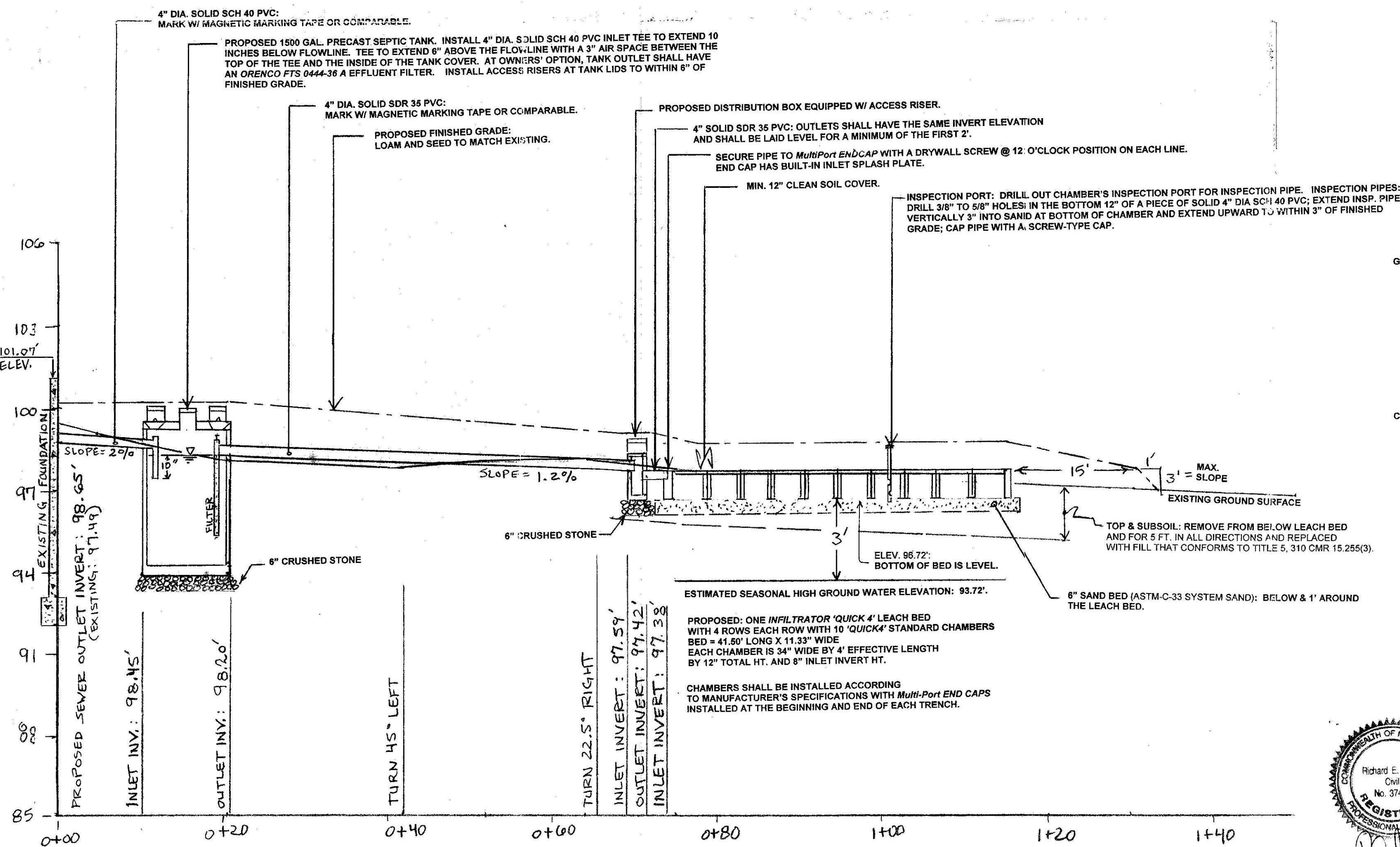
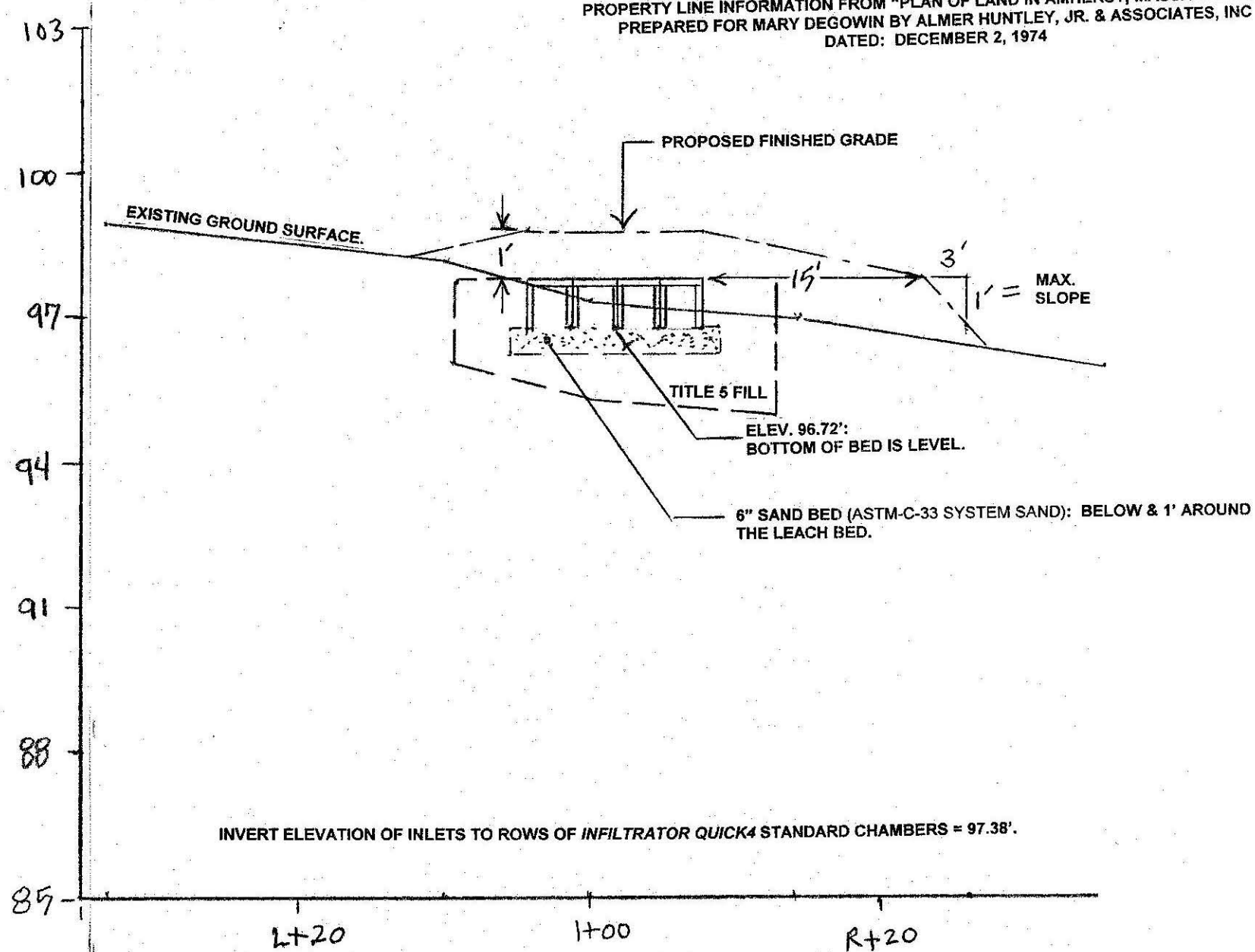
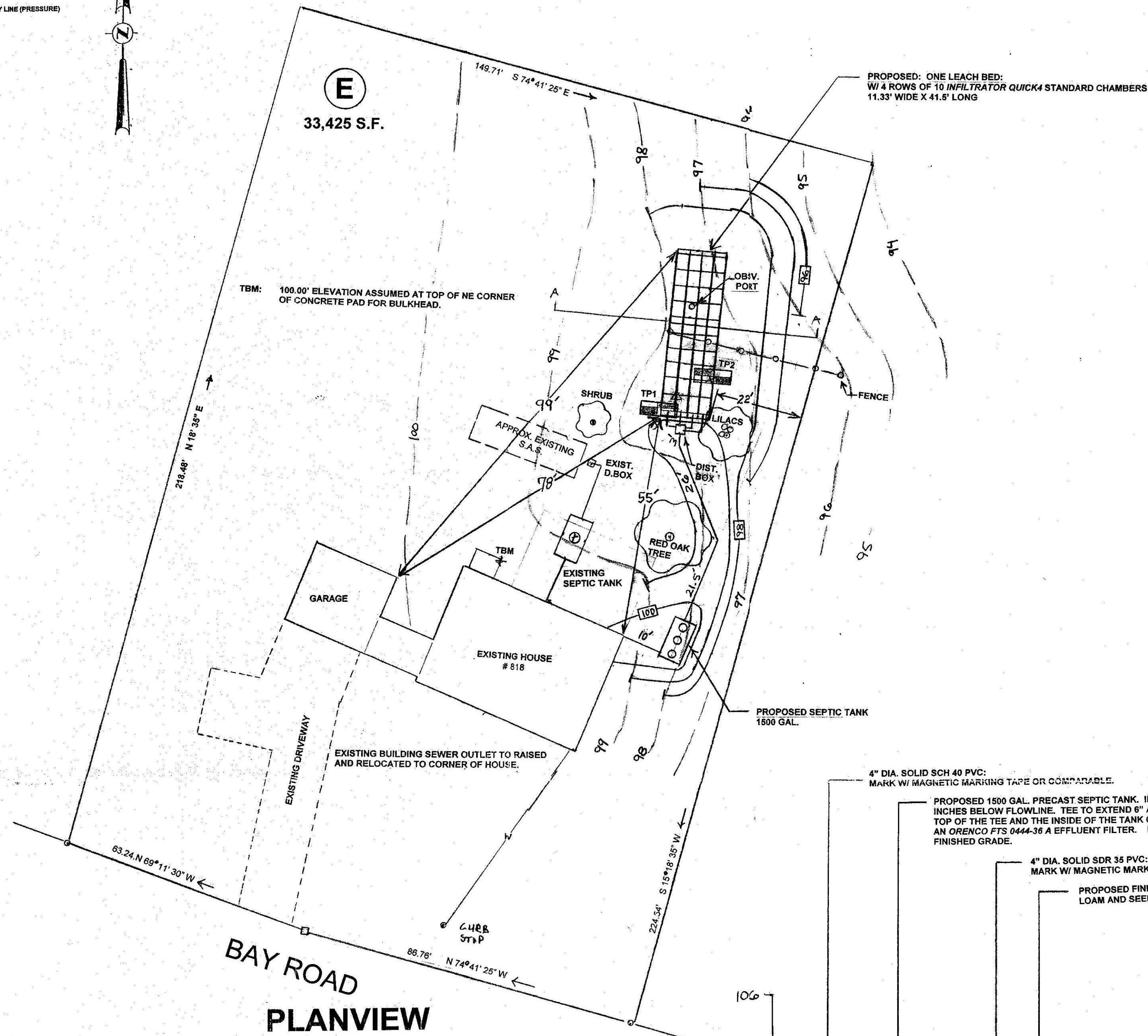
Witnessed By: G. Courtemanche

Comments: Courtemanche





NOTE: THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 150' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM.



SOIL EVALUATION

Soil Evaluator: Alan Weiss
BOH Representative: Gary Courtemanche
Date of Evaluation: 4/15/10

Ground elevation at soil evaluation test pit #1: 97.72'.
Est. Seasonal High Ground Water Elev.: 93.72'.
Bedrock Elevation is deeper than 88.55'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2		friable
6 - 24"	Bw	LS	10YR5/6		loose, sandy
24 - 80"	C1	S			sandy (F, M) granular
80 - 110"	C2	FLS	5Y5/2	@48" 2.5Y4/1 10YR5/6	massive, F sandy till

Parent Material (Geologic): outwash over till
Standing Water in the Hole: none
Estimated Seasonal High Ground Water: 48"

Ground elevation at soil evaluation test pit #2: 97.48'.
Est. Seasonal High Ground Water Elev.: 93.48'.
Bedrock Elevation is deeper than 89.48'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2		friable
6 - 24"	Bw	LS	10YR5/6		loose, sandy
24 - 80"	C1	S			sandy (F, M) granular
80 - 98"	C2	FLS	5Y5/2	@48" 2.5Y4/1 10YR5/6	massive, F sandy till

Parent Material (Geologic): outwash over till
Standing Water in the Hole: none
Estimated Seasonal High Ground Water: 48"

DESIGN CRITERIA

Design flow is for a 5-bedroom house the garbage grinder to be removed.

DESIGN CALCULATION

Design flow: 5-bedrooms, no garbage grinder = 550 gpd.

Proposed Septic Tank: 1500 gallon precast.

Percolation Rate = 3 minutes per inch
Class I soils
Effluent loading rate = 0.74 gpd/sf.

Proposed Soil Absorption System: one infiltrator leach bed:
11.33' wide X 41.5' long
with 4 rows of infiltrator Quick4 standard chambers
each row with 10 chambers end-to-end
each chamber has an effective length of 4'; total of 40 chambers

Each standard chamber (bed configuration): = 4.72 SF/LF;
40 chambers each 4.0 LF: = 160.0 LF;
160.0 LF X 4.72 SF/LF: = 755.2 SF.

Calculated Design Flow: 755.2 SF X 0.74 GPD/SF: = 558.85 gpd.
Total Required Design Flow = 550.00 gpd (OK)

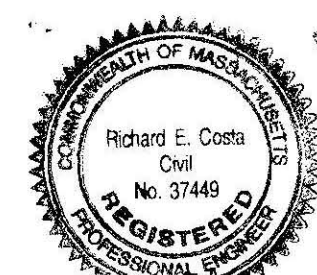
GENERAL CONDITIONS

- This septic system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
- Installer shall be certified by the manufacturer to install Infiltrator chambers.
- The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
- All debris in the site area shall be removed and disposed of in accordance with the law.
- There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
- The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
- The septic tank shall be pumped and inspected as necessary and at least once every three years.

CONSTRUCTION NOTES

- Any topsoil, subsoil, old fill, old leaching trench, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system, from five feet around the soil absorption system and from wherever fill is to be placed. The first 6 inches of fill placed directly below the infiltrator chambers shall be a clean processed sand and conform to ASTM C-33. Below the ASTM C-33 sand fill and for 5 feet in all directions of the leach bed shall be a clean, granular sand fill that conforms to the specifications of Title 5, 310 CMR 15.255(3).
- Pipes exiting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
- The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
- Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.
- Existing septic tank shall be inspected at the time of this repair to ensure structural integrity and that the inlet and outlet tee/baffles are in a functional condition.
- All system components shall be marked with magnetic marking tape or a comparable means in order to locate them once buried.
- Existing septic tank shall be pumped, crushed in place and backfilled with sandy fill. Loam and seed to match existing.

THE APPLICANT REQUESTS THAT THE AMHERST BOARD OF HEALTH GRANT A LOCAL UPGRADE APPROVAL TO REDUCE THE REQUIRED WATER TABLE SEPARATION FROM FOUR FEET TO THREE FEET.



PLAN OF SEPTIC SYSTEM REPAIR

818 BAY ROAD, AMHERST, MA 01002
ASSESSORS MAP 27C, LOT 37

ANTHONY J. SABETTI & PHOEBE CAROLINE SABETTI
818 BAY ROAD, AMHERST, MA 01002

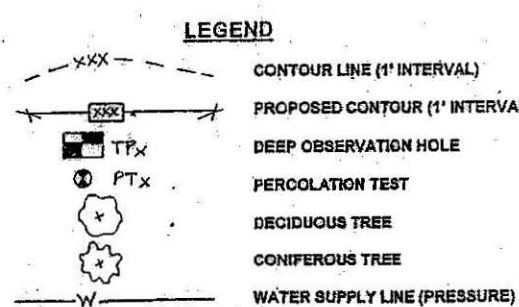
SCALE: AS SHOWN

DATE: 5/27/10

DRAWN BY: RWS

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER

P. O. BOX 3312, AMHERST, MA 01004-3312
(413) 266-3400



NOTE: THERE ARE NO PRIVATE WATER SUPPLY WELLS WITHIN 150' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM.

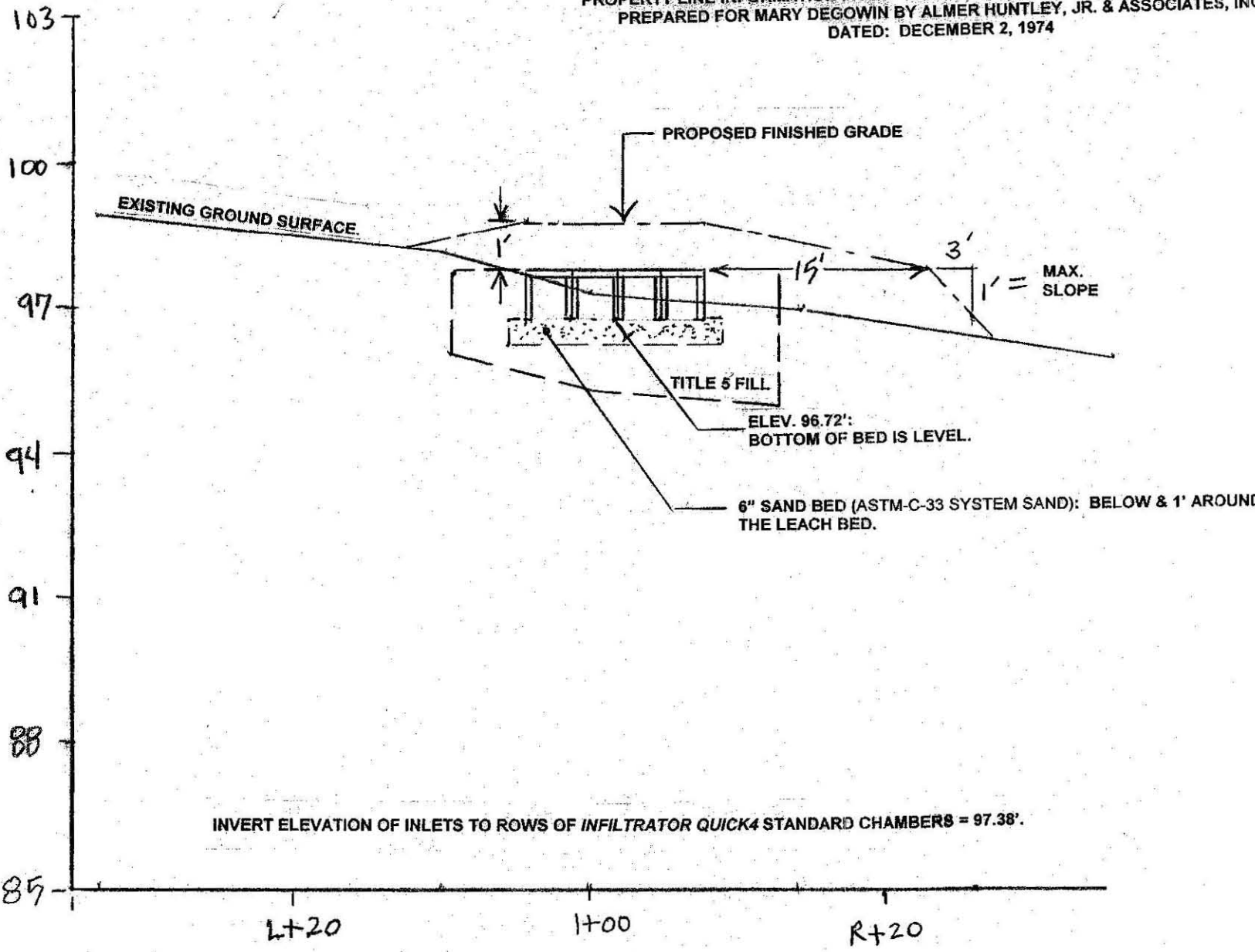
E
33,425 S.F.

TBM: 100.00' ELEVATION ASSUMED AT TOP OF NE CORNER OF CONCRETE PAD FOR BULKHEAD.

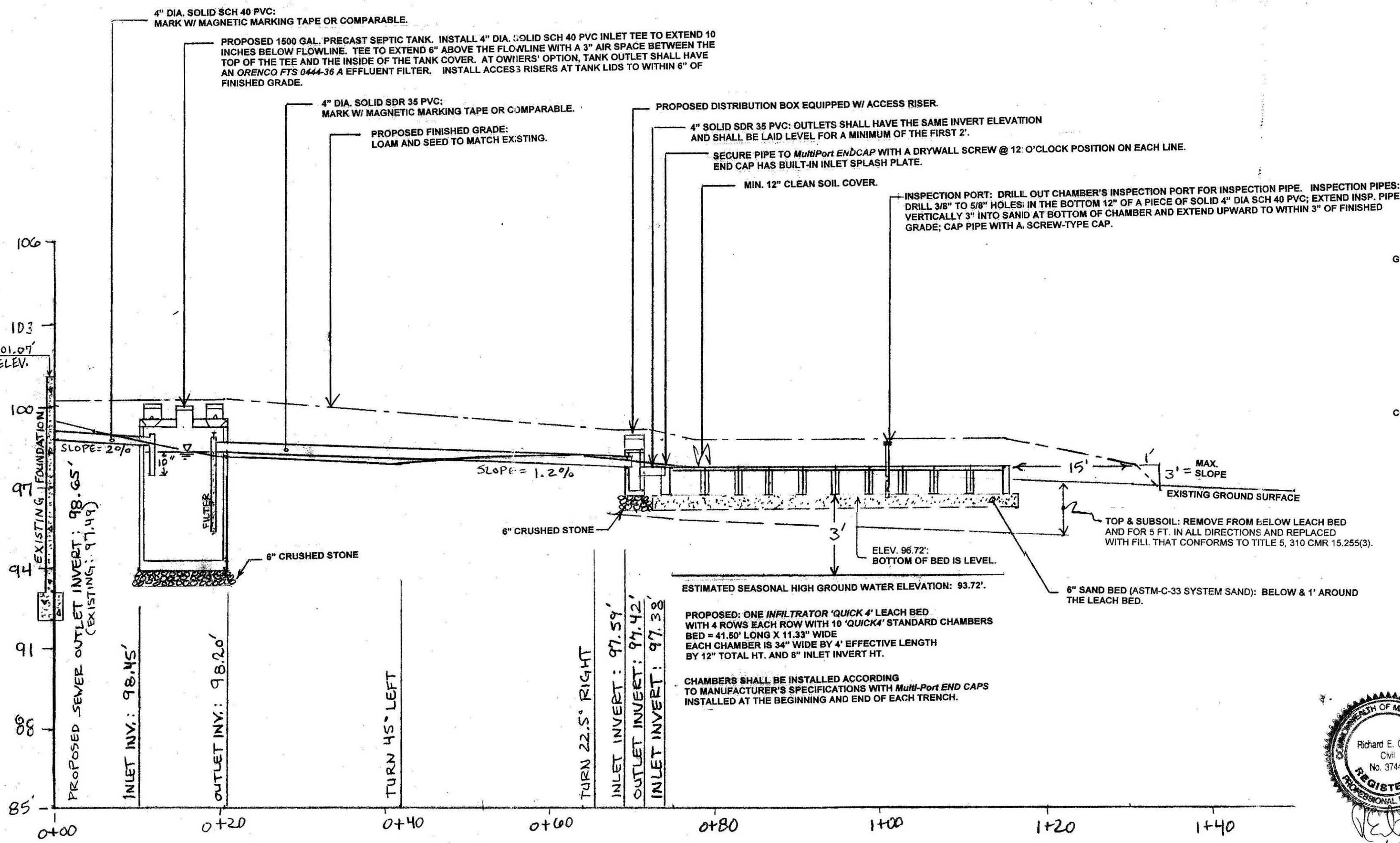
PROPOSED: ONE LEACH BED:
W/ 4 ROWS OF 10 INFILTRATOR QUICK4 STANDARD CHAMBERS
11.33' WIDE X 41.5' LONG

PLANVIEW
SCALE: 1" = 20'

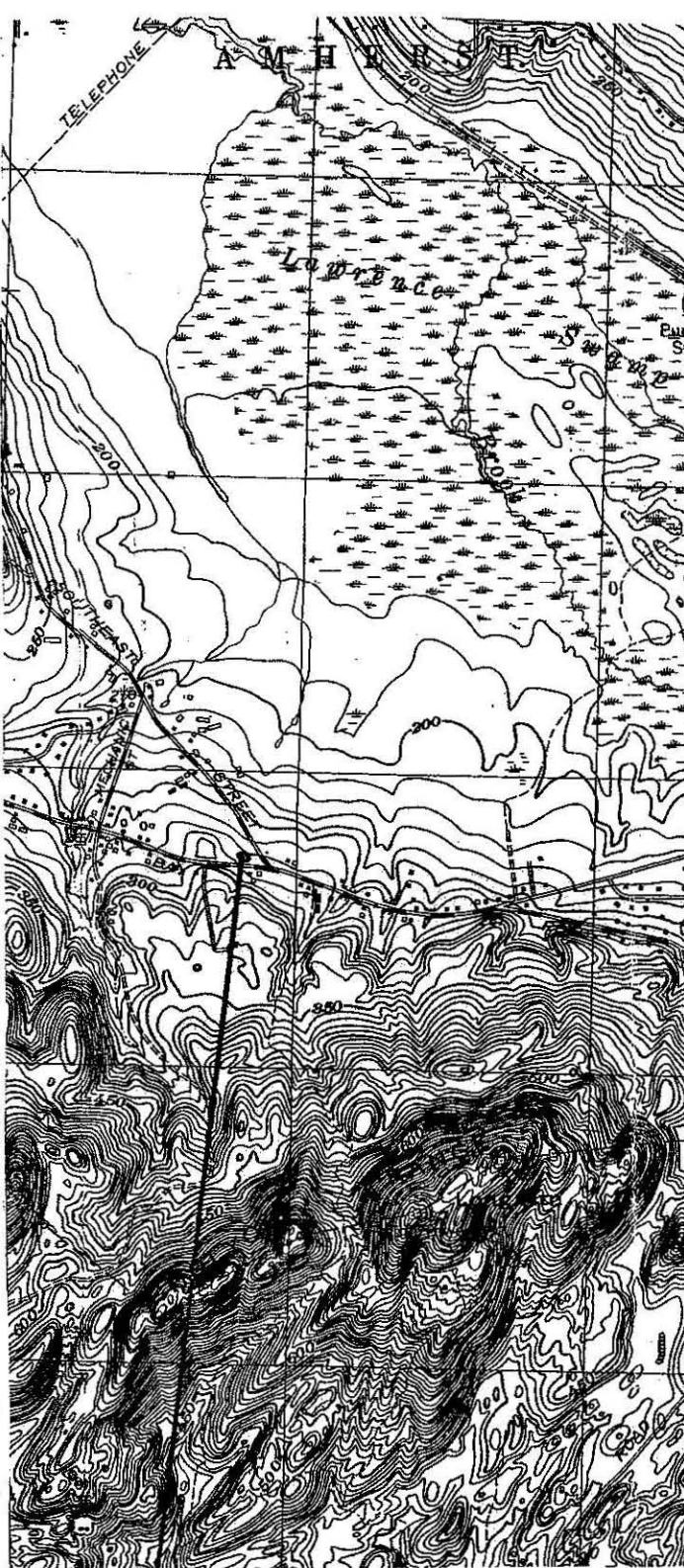
PROPERTY LINE INFORMATION FROM "PLAN OF LAND IN AMHERST, MASSACHUSETTS"
PREPARED FOR MARY DEGWIN BY ALMER HUNTLEY, JR. & ASSOCIATES, INC
DATED: DECEMBER 2, 1974



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



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



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

SOIL EVALUATION

Soil Evaluator: Alan Weiss
BOH Representative: Gary Courtemanche
Date of Evaluation: 4/15/10

Ground elevation at soil evaluation test pit #1: 97.72'.
Est. Seasonal High Ground Water Elev.: 93.72'.
Bedrock Elevation is deeper than 88.55'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2		friable
6 - 24"	Bw	LS	10YR5/6		loose, sandy
24 - 80"	C1	S			sandy (F, M) granular
80 - 110"	C2	FLS	5Y5/2	@48" 2.5Y4/1 10YR5/8	massive, F sandy till

Parent Material (Geologic): outwash over till
Standing Water in the Hole: none
Estimated Seasonal High Ground Water: 48"

Ground elevation at soil evaluation test pit #2: 97.48'.
Est. Seasonal High Ground Water Elev.: 93.48'.
Bedrock Elevation is deeper than 89.48'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 6"	A	FSL	10YR3/2		friable
6 - 24"	Bw	LS	10YR5/6		loose, sandy
24 - 80"	C1	S			sandy (F, M) granular
80 - 96"	C2	FLS	5Y5/2	@48" 2.5Y4/1 10YR5/8	massive, F sandy till

Parent Material (Geologic): outwash over till
Standing Water in the Hole: none
Estimated Seasonal High Ground Water: 48"

DESIGN CRITERIA

Design flow is for a 5-bedroom house the garbage grinder to be removed.

DESIGN CALCULATION

Design flow: 5-bedrooms, no garbage grinder = 550 gpd.

Proposed Septic Tank: 1500 gallon precast.

Effluent Loading Rate: Percolation Rate = 3 minutes per inch
Class 1 soils
Effluent loading rate = 0.74 gpd/sf.

Proposed Soil Absorption System: one infiltrator leach bed:
11.33' wide X 41.5' long
with 4 rows of Infiltrator Quick4 standard chambers
each row with 10 chambers and-to-end
each chamber has an effective length of 4'; total of 40 chambers

Each standard chamber (bed configuration): = 4.72 SF/LF.
40 chambers each 4.0 LF: = 160.0 LF.
160.0 LF X 4.72 SF/LF: = 755.2 SF.

Calculated Design Flow: 755.2 SF X 0.74 GPD/SF: = 558.85 gpd.
Total Required Design Flow = 550.00 gpd (OK)

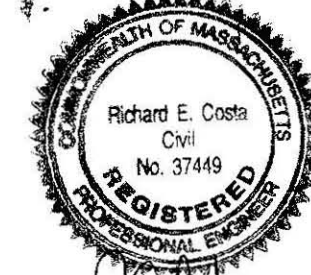
GENERAL CONDITIONS

- This septic system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
- Installer shall be certified by the manufacturer to install Infiltrator chambers.
- The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
- All debris in the site area shall be removed and disposed of in accordance with the law.
- There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
- The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
- The septic tank shall be pumped and inspected as necessary and at least once every three years.

CONSTRUCTION NOTES

- Any topsoil, subsoil, old fill, old leaching trench, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system, from five feet around the soil absorption system and from wherever fill is to be placed. The first 6 inches of fill placed directly below the Infiltrator chambers shall be a clean processed sand and conform to ASTM C-33. Below the ASTM C-33 sand fill and for 5 feet in all directions of the leach bed shall be a clean, granular sand fill that conforms to the specifications of Title 5, 310 CMR 15.25(3).
- Pipes exiting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
- The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
- Disturbed areas shall be leveled, seeded and mulched until stable vegetation is established.
- Existing septic tank shall be inspected at the time of this repair to ensure structural integrity and that the inlet and outlet tees/baffles are in a functional condition.
- All system components shall be marked with magnetic marking tape or a comparable means in order to locate them once buried.
- Existing septic tank shall be pumped, crushed in place and backfilled with sandy fill. Loam and seed to match existing.

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