

41 Chapel Road

Cape Cod Hot Dogs - mobile

out of business

Spencer's

FILE FOLDERS
LETTER SIZE—SP1111½
Mfg. for S.P. Richards Co.

No. 00-16

THE COMMONWEALTH OF MASSACHUSETTS

FEE 160⁰⁰

BOARD OF HEALTH

Town Amherst OF

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

<u>41 Chapel Rd</u> Location	<u>Kenneth W. & Barbara C. Denno</u> Owner's Name
Map/Parcel #	<u>41 Chapel Rd, Amherst, MA 01002</u> Address
Lot #	<u>(413) 256-8793</u> Telephone #
<u>Marl's</u> Installer's Name	<u>Richard Coste PE</u> Designer's Name
<u>327 River Dale</u> Address	<u>Amherst Civil Engineering</u> Address
<u>549-5396</u> Telephone #	<u>P.O. Box 3312, Amherst, MA 01004-3312</u> Address
	<u>(413) 256-3400</u> Telephone #

Type of Building: single family house Lot Size 61095.68 Sq. feet
 Dwelling — No. of Bedrooms 3 Garbage Grinder no - to be removed
 Other — Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow 455 gpd Design flow provided _____ gpd
 Plan: Date 6/29/00 Number of sheets 1 Revision Date _____
 Title "Sewage Disposal System Repair Plan"

Description of Soil(s) Attached
 Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Stover Date of Evaluation 1/12/00

DESCRIPTION OF REPAIRS OR ALTERATIONS Replace septic tank & S.A.S.

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

Signed Robert Stover (for Kenneth Denno) Date 6/29/00

Inspections _____

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. 00-16

THE COMMONWEALTH OF MASSACHUSETTS

FEE 160⁰⁰

Amherst BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: () Individual Component(s) (X) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (X), Upgraded (), Abandoned ()

by: Kenneth W. + Barbara C. Denno

at 41 Chapel Rd.

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 00-16 dated _____ Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector _____ Date _____

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. 00-16

THE COMMONWEALTH OF MASSACHUSETTS

FEE 160⁰⁰

Amherst BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct () Repair (X) Upgrade () Abandon () an individual sewage disposal system at 41 Chapel Rd. as described

in the application for Disposal System Construction Permit No. 00-16, dated _____

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

Date August 22, 2000 Board of Health [Signature]

FORM 2 - DSCP DEP APPROVED FORM 5/96

The first part of the report deals with the general situation of the country and the progress of the work during the year. It is followed by a detailed account of the various projects and the results achieved. The report concludes with a summary of the work done and the plans for the future.

The second part of the report deals with the financial statement of the organization. It shows the income and expenditure for the year and the balance sheet at the end of the year. The report also includes a statement of the assets and liabilities of the organization.

The third part of the report deals with the administrative and general matters of the organization. It includes a list of the members of the organization and a statement of the work done by the various committees and sub-committees. The report also includes a statement of the work done by the staff of the organization.

CK# 402
1-12-00
\$160⁰⁰

No. _____ Town Uxbridge Date: 1/12/00

Commonwealth of Massachusetts
Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover Date: 1/12/00
Witnessed By: David Zaczinski

Location Address or Lot # New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	Owner's Name, Address, and Telephone # <u>Ken Denny</u> <u>41 Chapel Rd</u> <u>256-8209</u>
--	--

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) _____

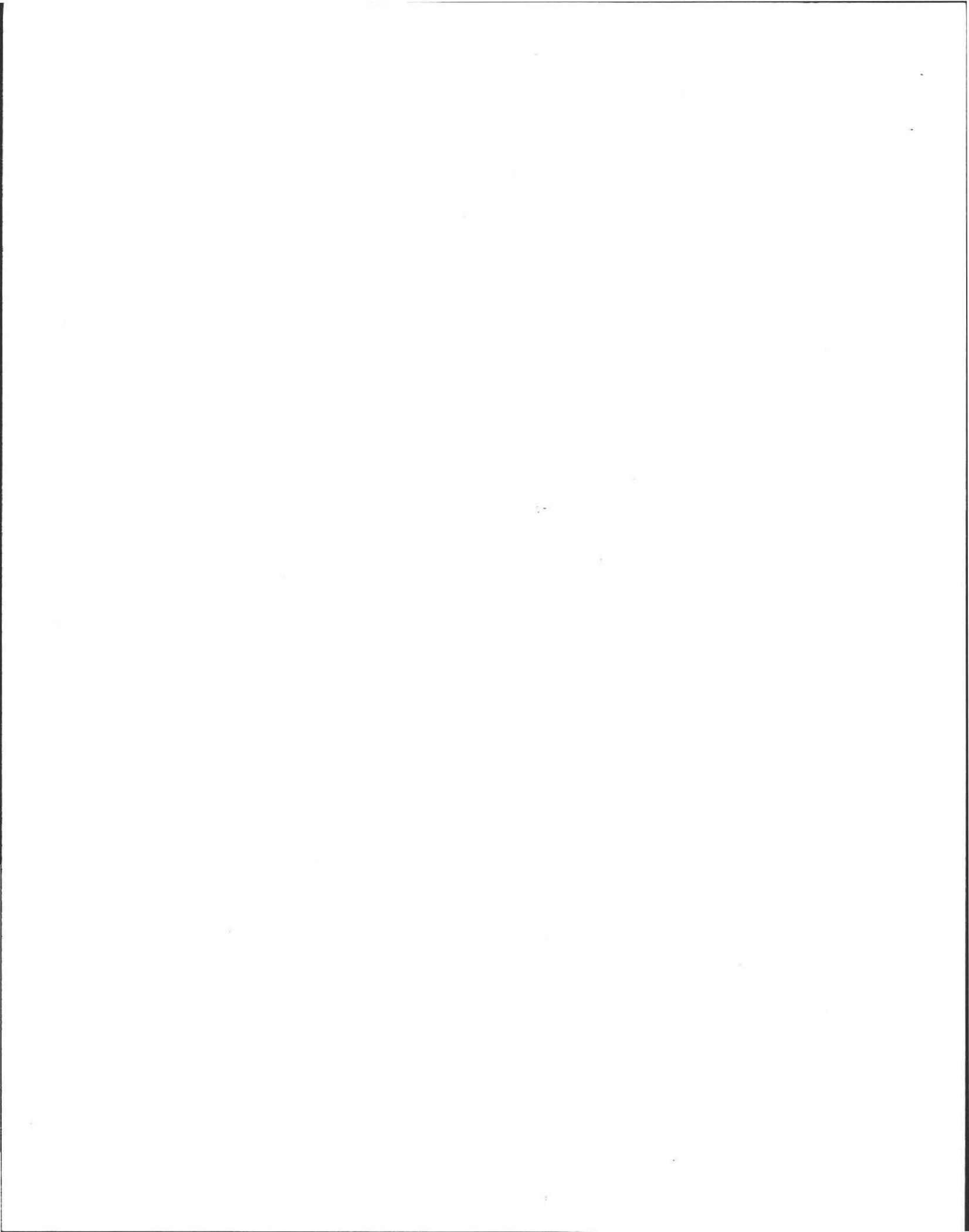
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 41 Chapel Road

On-site Review

Deep Hole Number _____ Date: 1-12-00 Time: 9:00 AM Weather SUNNY 40°
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____ Surface Stones _____
 Vegetation _____
 Landform _____
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body _____ feet Drainage way _____ feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0"	L ^A L ^A F	FSY	10YR 3/3	None	Fine to coarse
22"	B _w	FLS	10YR 6/6		Fine to coarse
60"	C ₁	M.S	2.5Y 5/6		
108"	C ₂	VFSL	10YR 3/3	None	
#2				Slight 10YR 5/5	

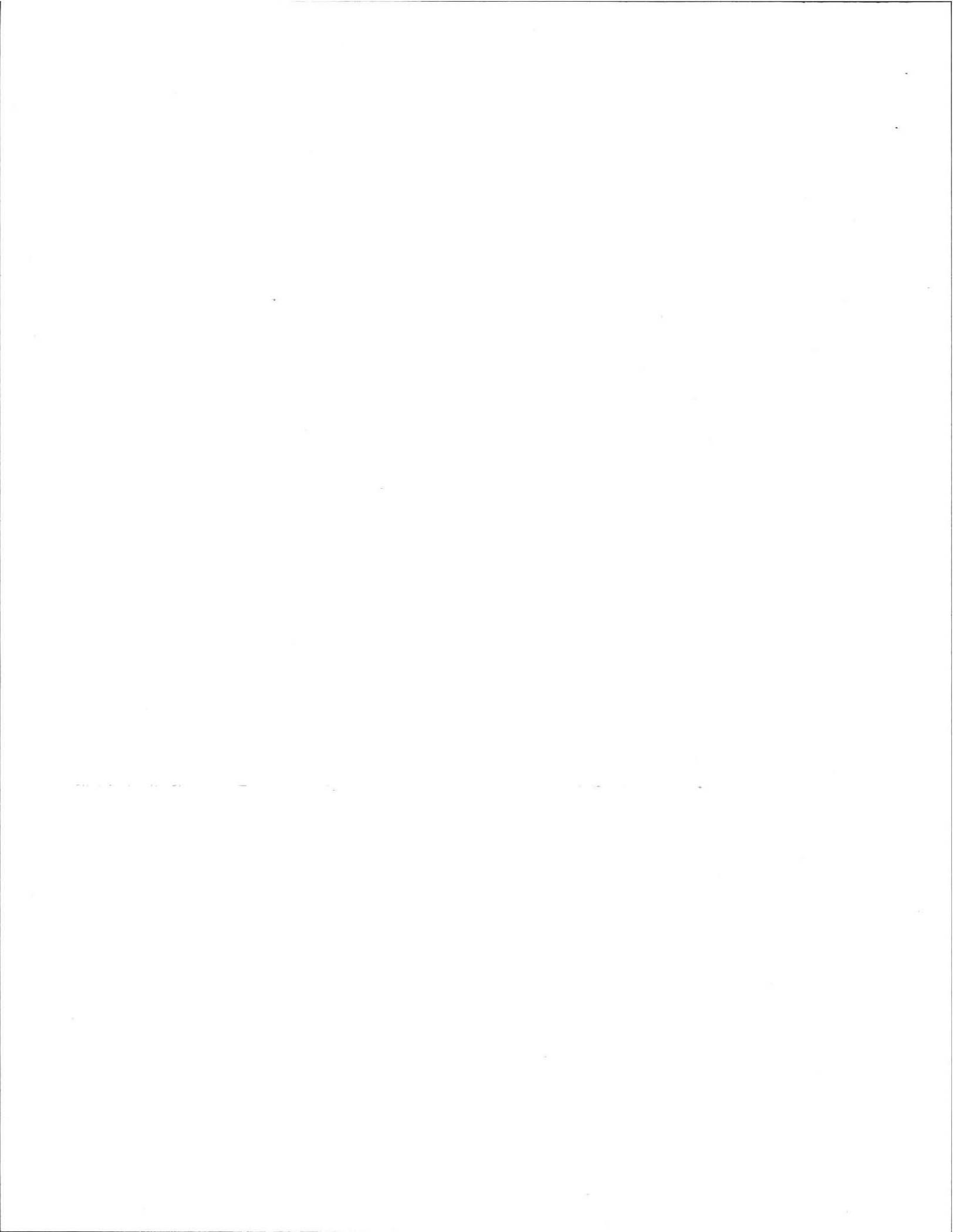
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

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

Estimated Seasonal High Ground Water: _____





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 41 CHAPEL ROAD

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: <u>11/21/00</u>		Time: <u>9:00 Am</u>
Observation Hole #		
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>9:35</u>	
End Pre-soak	<u>9:52</u>	
Time at 12"	<u>9:52</u>	
Time at 9"	<u>9:53</u>	
Time at 6"	<u>9:55</u>	
Time (9"-6")		
Rate Min./Inch	<u>2.8</u>	

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

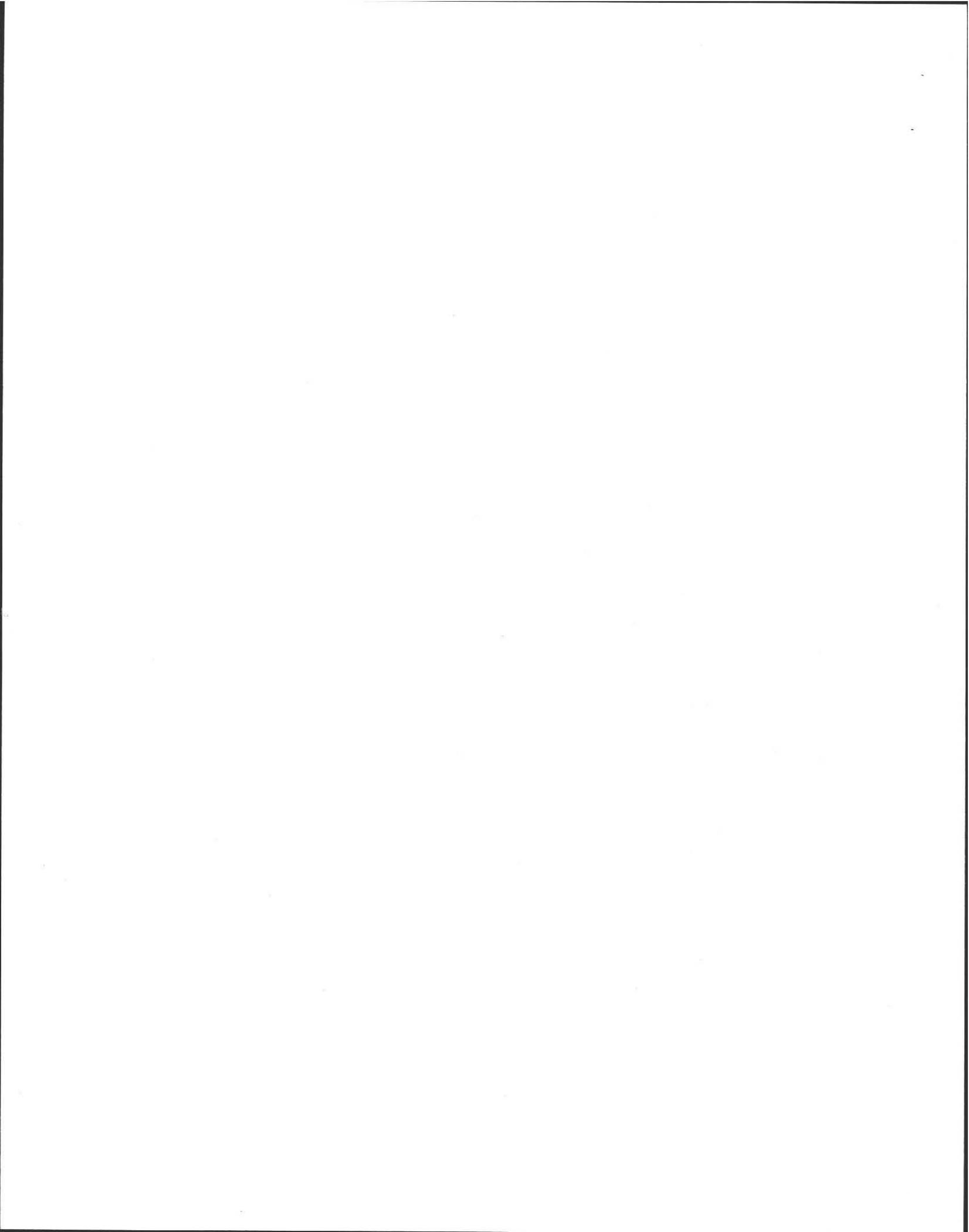
Site Passed Site Failed

Performed By: ROBERT STOVER

Witnessed By: DAVID ZAROZINSKI FOR AMHERST INSPECTION SERVICE

Comments: _____





Commonwealth of Massachusetts
AMHERST, Massachusetts

RECEIVED JAN 04 2000

System Pumping Record

System Owner <i>K. Denno</i> 256-8209	System Location <i>41 Chapel Rd</i>
---	--

Date of Pumping: *12-22-99*

Quantity Pumped: *2000* gallons

Type: Emergency Routine

Cesspool: No Yes Septic Tank: No Yes

System Pumped by (Company): Karl's Site Work Inc Permit #: 99-06 (OF)

Contents transferred to:

Amherst WTP

Date *12-22-99* Pumper Signature *WBT*

Observations/Comments: *Have Failed System*

*" called Ken
on 1-4-99*

RECEIVED

1911

1911

1911

Location Address or Lot No. _____

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 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? _____

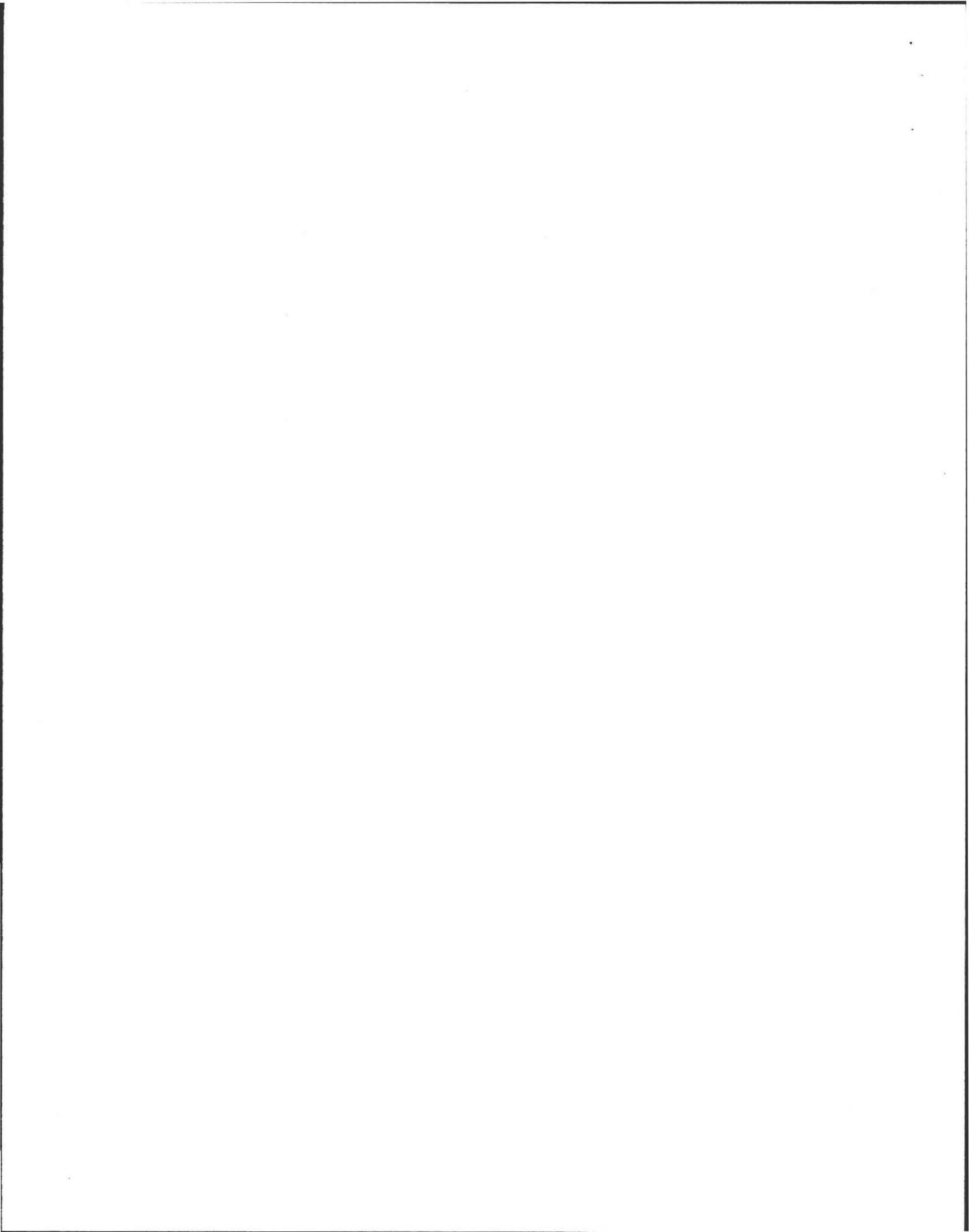
If not, what is the depth of naturally occurring pervious material? _____

Certification

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

Signature _____ Date _____





RECEIVED JAN 12 2000

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT(S)		KEN DENNO PLUMBING & HEATING PH 413-256-8793 41 CHAPEL RD. AMHERST, MA 01002	402
1/12/2000	166.00		
TOTALS OF INVOICES		PAY TO THE ORDER OF <u>TOWN OF AMHERST</u>	DATE <u>Jan.12,2000</u>
LESS % DISCOUNT			
LESS			
TOTAL DEDUCTIONS			
AMOUNT OF CHECK			\$ <u>160.00</u>
		One hundred sixty dollars and no/100 ----- DOLLARS	

53-7233/2118

Security features included. Details on back.

NORTHAMPTON COOPERATIVE BANK NORTHAMPTON, MA 01060

FOR Peric Teatr PLANS

Burns W. Burns

MP

⑈000402⑈ ⑆211872331⑆ 02 20 060632⑈

R#1093

1875

No. _____

Date: _____

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover

Date: 1/12/00

Witnessed By: David Zarozinski

Location Address or Lot # <u>41 Chapel Rd.</u>	Owner's Name, Address, and Telephone # <u>Ken Denno 41 Chapel Rd. Amherst, MA 01002</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

(413) 256-8793

Published Soil Survey Available: No Yes

Year Published 12/1981 Publication Scale 1:15840 Soil Map Unit HqB

Drainage Class A Soil Limitations poor filter

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit) _____

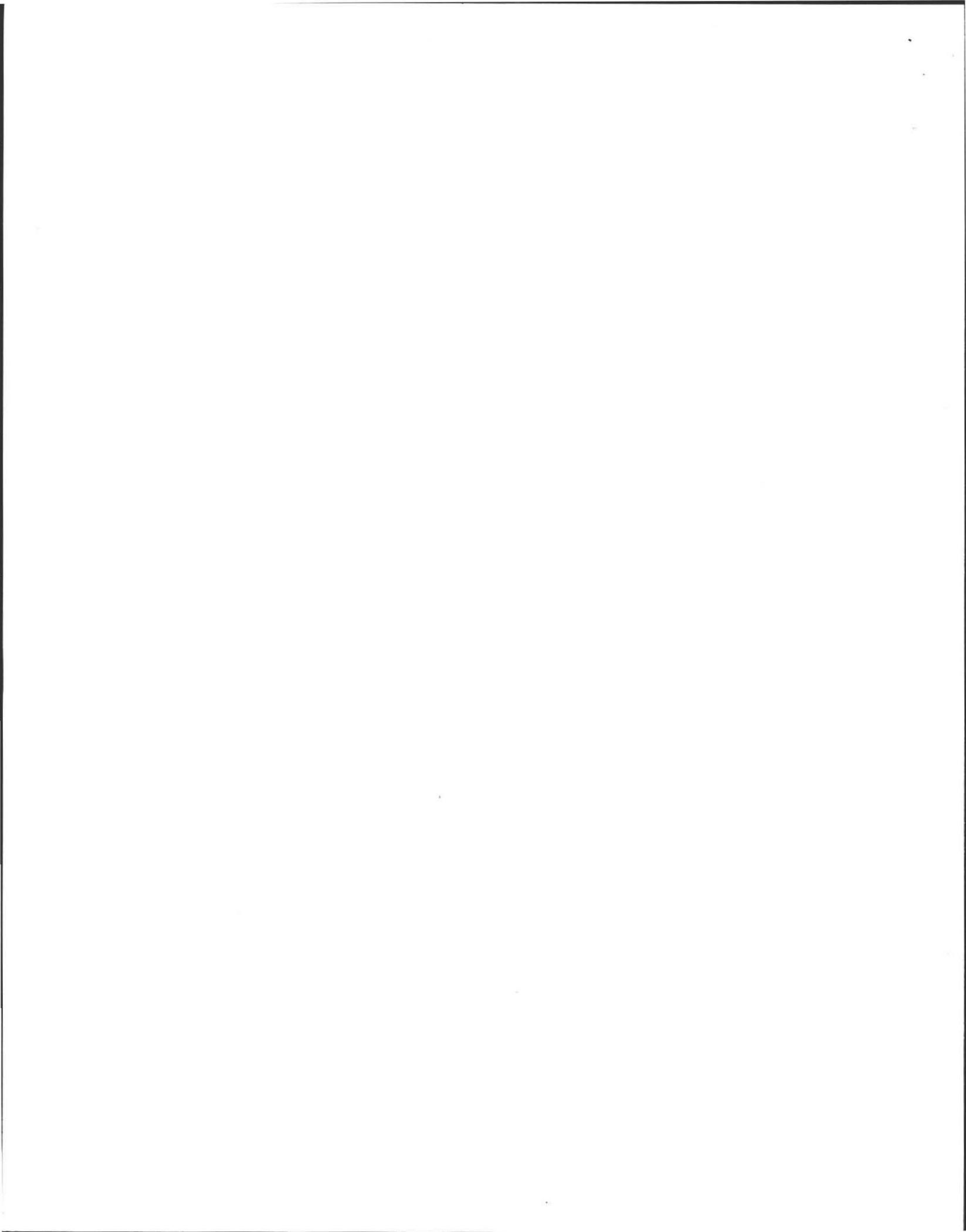
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 41 Chapel Rd, Amherst

On-site Review

Deep Hole Number 1 Date: 1/12/00 Time: 9:30 Weather clear 35°

Location (identify on site plan) _____

Land Use _____ Slope (%) _____ Surface Stones _____

Vegetation _____

Landform _____

Position on landscape (sketch on the back) _____

Distances from:

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

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-10	Loamy Fill	FSL	10YR3/3	none	Friable
10-22	remnant Bw	FLS	10YR5/6	none	Friable, Massive
22-60	C1	med + Co Sand.	2.5Y5/6	none	loose
60-108	C2	vFSL	10YR4/3	slight 10YR5/5	Firm - platy

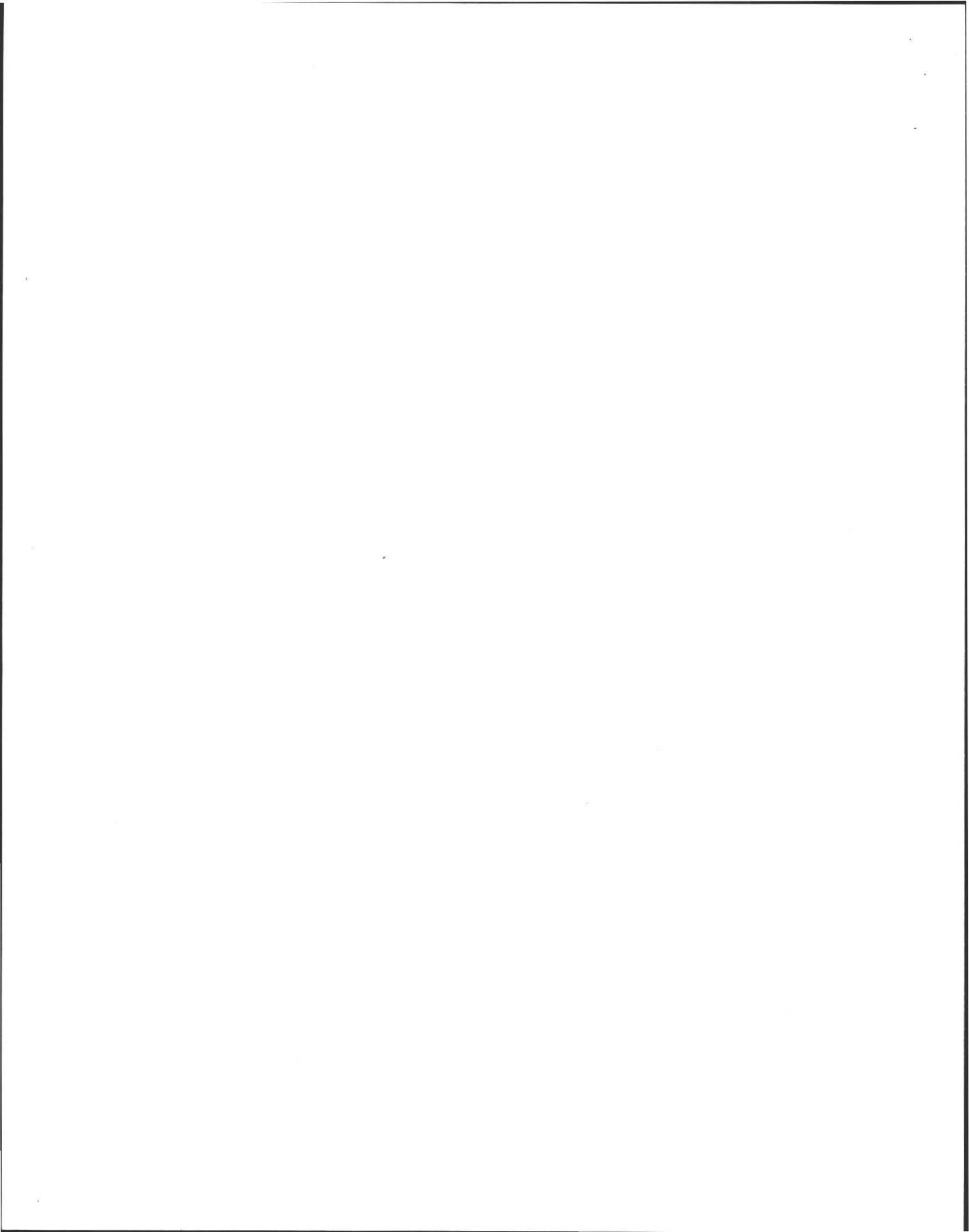
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic): _____ Depth to Bedrock: _____

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

Estimated Seasonal High Ground Water: 108"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 41 Chapel Rd.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>1/12/00</u>		Time: <u>9:30 AM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>9:35</u>	
End Pre-soak	<u>9:52</u>	
Time at 12"	<u>9:52</u>	
Time at 9"	<u>9:53</u>	
Time at 6"	<u>9:55</u>	
Time (9"-6")	<u>2 min</u>	
Rate Min./Inch	<u>< 2</u>	

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

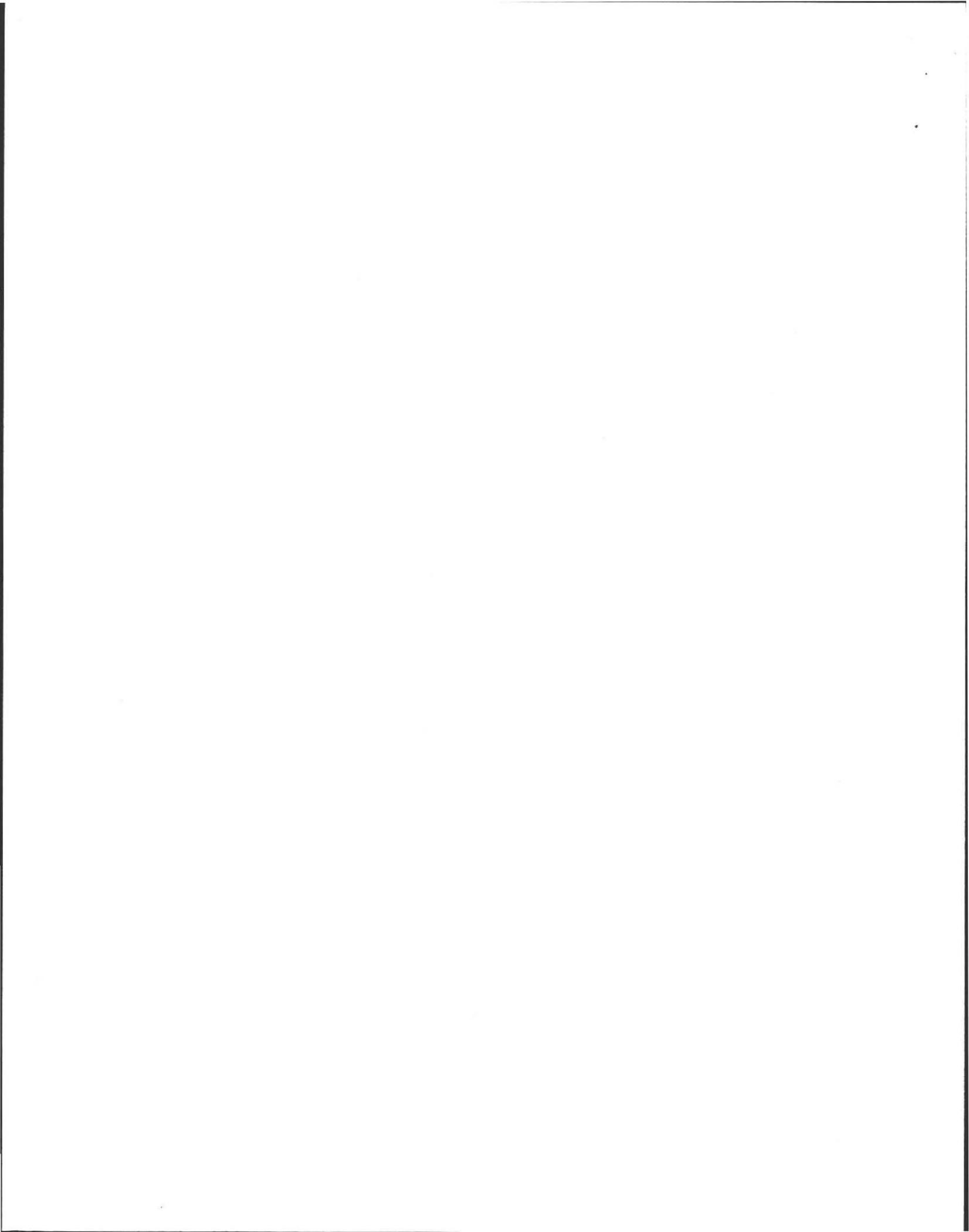
Site Passed Site Failed

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments: _____





Location Address or Lot No. 41 Chapel Rd., Amherst

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole >108 inches
- Depth weeping from side of observation hole >108 inches
- Depth to soil mottles >108 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

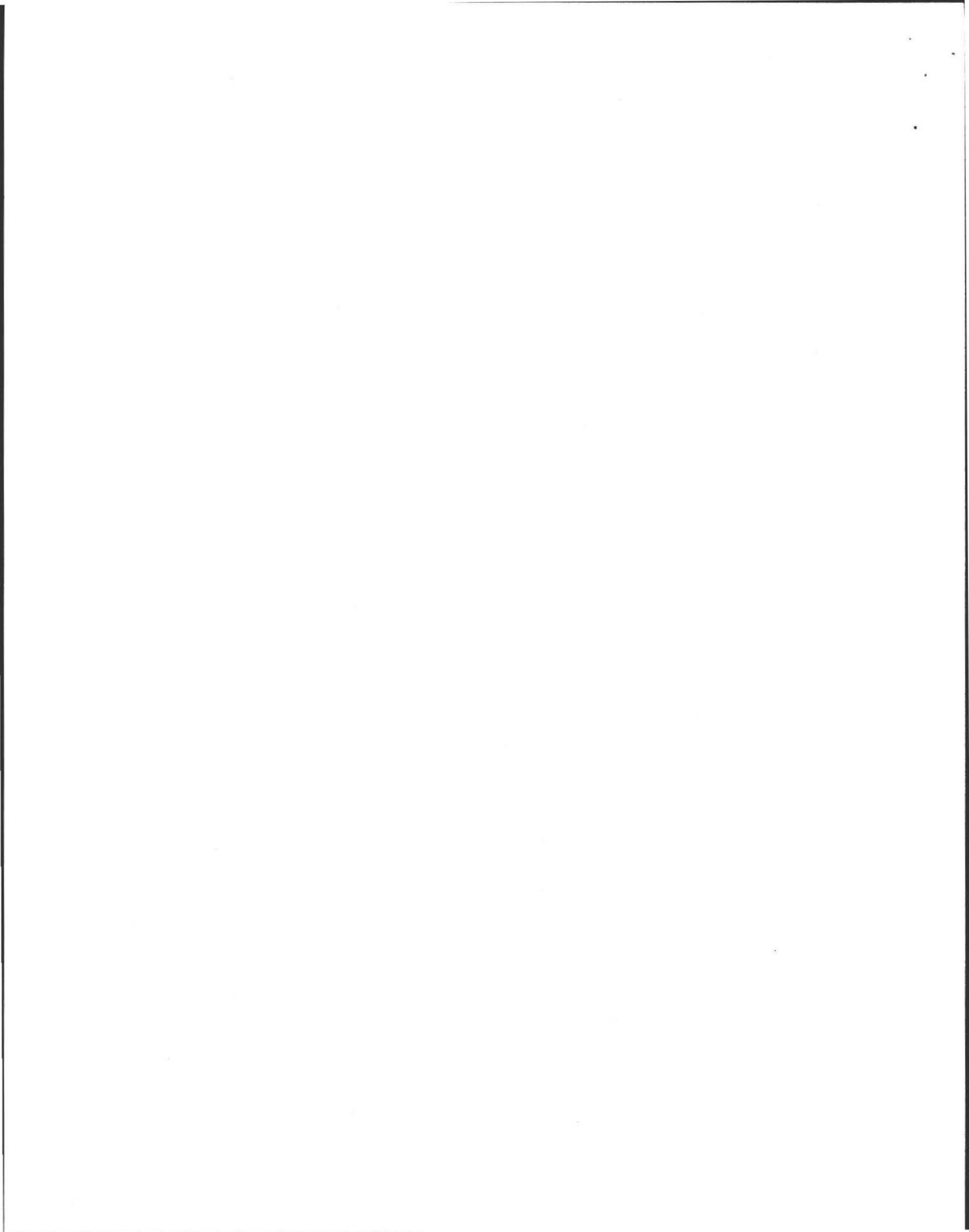
If not, what is the depth of naturally occurring pervious material? —

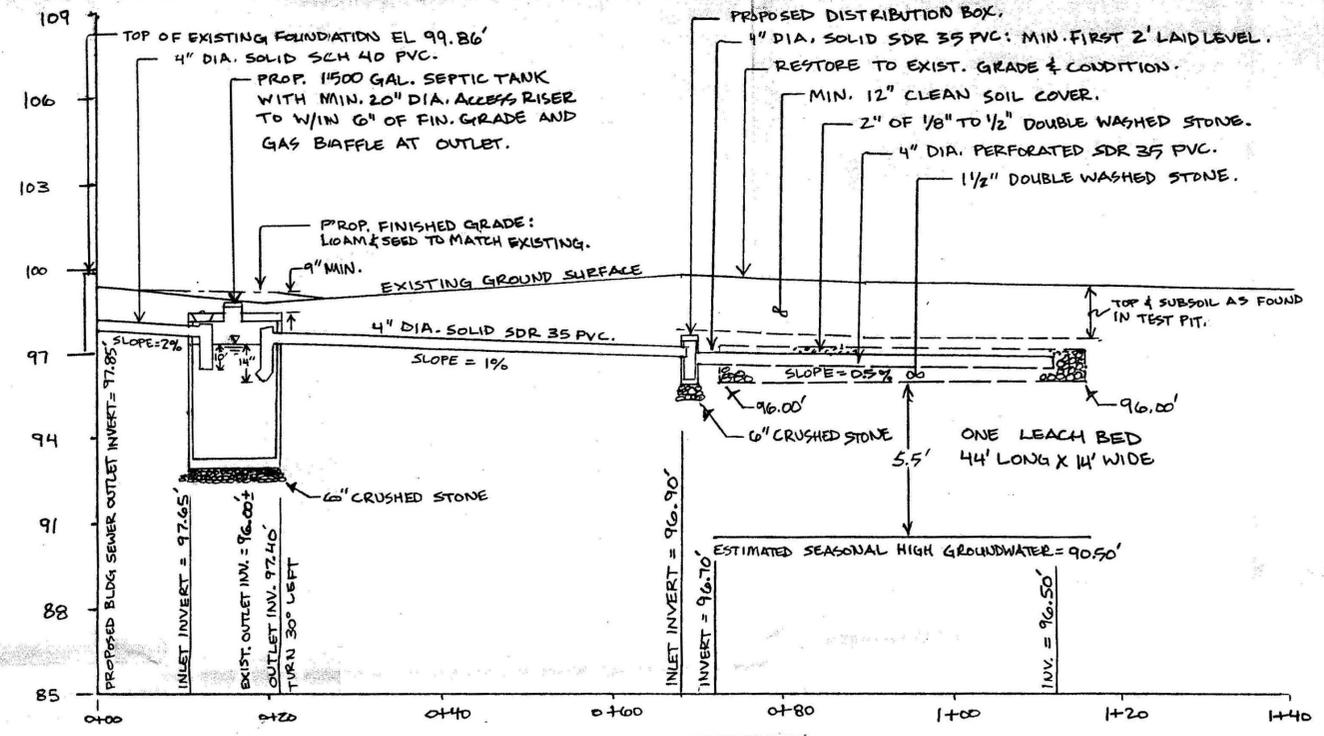
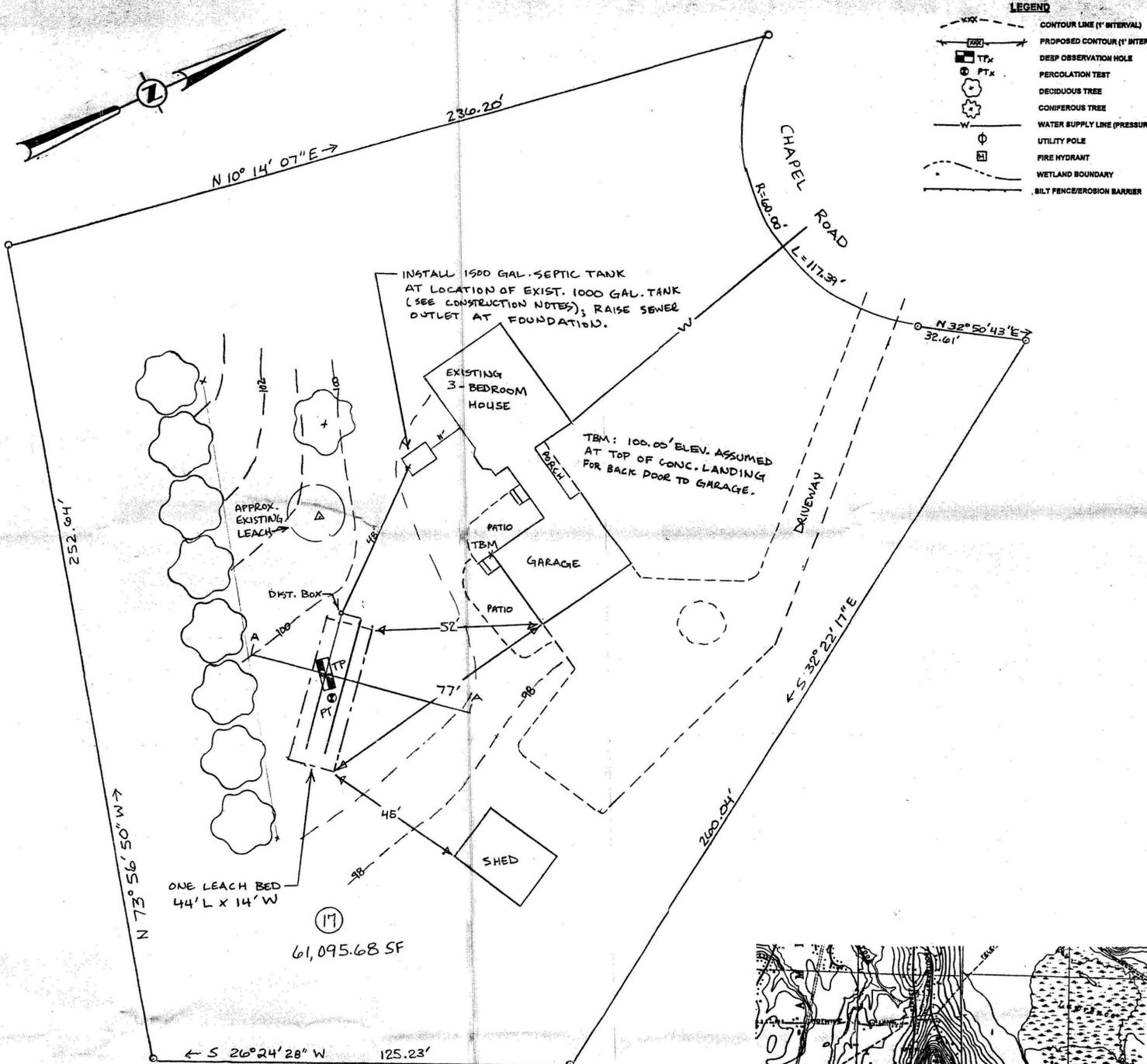
Certification

I certify that on 6/1993 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Robert Stoner Date 1/12/00







SOIL INVESTIGATION

Test Pit EL. 99.50'
 Estimated Seasonal High Ground Water EL. 90.50'
 Bedrock EL. 290.50'
 Class 1 soils.

Water supply wells within 200 feet and wetland resource areas within 100 feet of the proposed soil absorption system are as shown on the planview. Deep observation hole log and percolation test results are in attached Soil Suitability Report. Soil investigation and percolation testing by Robert Stover, Certified Soil Evaluator, and witnessed for the Board of Health by David Zaczinski on 11/2/00.

DESIGN CRITERIA

Design flow is for a 3 bedroom house without a garbage grinder.
 Proposed septic tank: 1500 gallons.
 Garbage grinder to be removed.

DESIGN CALCULATION

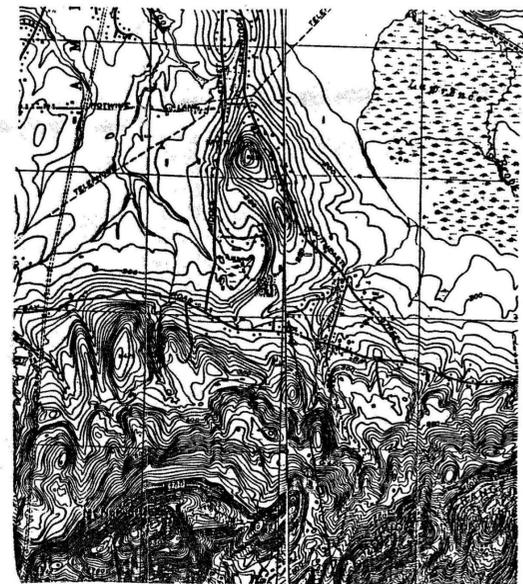
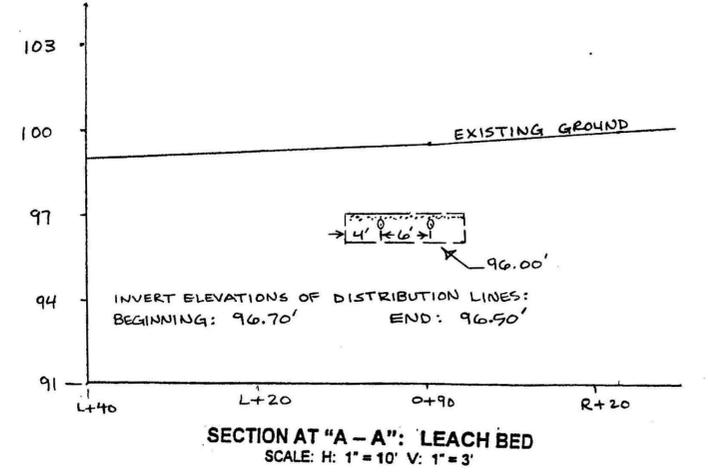
Required Flow: 110 gpd per bedroom.
 Total required flow = 330 gpd.

Effluent Loading Rate: Percolation Rate = < 2 minutes per inch.
 Class 1 soils.
 Effluent Loading Rate = 0.74 gpd/sf.

Proposed soil absorption system: one leach bed:
 44' long x 14' wide

Bottom Area: 44' x 14' = 616 sf
 Sidewall Area: not allowed = 0 sf
 Total Leaching Area: 616 sf

616 sf x 0.74 gpd/sf = 455 gpd
 Total Required Capacity = 330 gpd (0%)



CONSTRUCTION NOTES

- Any topsoil, subsoil, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the leaching trenches, from five feet around the trenches and from wherever fill is to be placed. Any fill placed in or adjacent to the trenches shall be a clean granular sand & conform to the specifications of Title 5, 310 CMR 15.255(3).
- 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.
- The pipes exiting the distribution box shall have the same invert elevation and shall be level for a minimum of the first two feet.
- Existing septic tank shall be pumped, crushed, and filled with sand.
- Any part of existing soil absorption system encountered during excavation shall be disposed of in accordance with the requirements of the Board of Health.

GENERAL CONDITIONS

- This system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
- The installer shall notify 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 when the system excavation is ready for inspection and the designer and the Board of Health when the system installation is complete and prior to placement of the cover material for final inspection. Notification shall be 48 hours prior to the time of inspection.
- The on-site sewage disposal system shall be pumped and inspected as necessary and at least once every 3 years.



Richard E. Costa
 6/29/00

SEWAGE DISPOSAL SYSTEM REPAIR PLAN
 41 CHAPEL ROAD, AMHERST, MA

KENNETH W. & BARBARA C. DENNO
 41 CHAPEL RD., AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY: DRAWN BY:
 DATE: 6/29/00

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