

Meadow Street - Completed

No. 1520

#253

FEE 160

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



Application is hereby made for a Permit to Construct () or Repair (✓) an Individual Sewage Disposal System at:

System at: 253 Meadow St. Location - Address Map 4-D, Lot 15
Richard Waskiewicz (w/ Dennis & Jos.) 199 Glendale Rd., Amherst, MA 01002
Owner (Waskiewicz) Address

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

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 10.5' Width 5.0' Diameter Depth 5.0'
Disposal Trench ✓ No. 3 Width 3.0' Total Length 105.0' Total leaching area 630.0 sq. ft.
Seepage Pit No. Diameter Depth below inlet 1.5' Total leaching area sq. ft.
Other Distribution box (✓) Dosing tank (✓) (Pump system)
Percolation Test Results Performed by Amherst Civil Engineering, R. Storer Date Aug. 19, 1995
Test Pit No. 1 < 2 minutes per inch Depth of Test Pit 120" Depth to ground water 60"
Test Pit No. 2 < 2 minutes per inch Depth of Test Pit 96" Depth to ground water 60"

Description of Soil See attached plan

Nature of Repairs or Alterations - Answer when applicable replace septic tank & soil absorption system with pump & pump chamber after septic tank

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

Signed [Signature] 9/14/95
Application Approved By [Signature] 9/25/95
Application Disapproved for the following reasons:

Permit No. 95-20 Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

Dale Parker
Karl Spear

Amherst Board of Health
11/27/95

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (✓) by [Signature] at 253 Meadow St. has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 95-20 dated

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

DATE 11/27/95 Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 95-20

FEE 160

Disposal Works Construction Permit

Permission is hereby granted Richard Waskiewicz to Construct () or Repair (✓) an Individual Sewage Disposal System at No. 253 Meadow St. as shown on the application for Disposal Works Construction Permit No. 95-20 Dated

DATE 11/27/95 [Signature] Board of Health

-9/15-95 - Frank - Son
9/22-95 - Val - Rachel
9/27-95 - Marisela

CHECK OR FILL IN WHERE APPLICABLE



STATE OF MASSACHUSETTS

DEPARTMENT OF HEALTH

Sanitary Code, Chapter 89A, Section 2.01

REGULATIONS CONCERNING THE

SAFETY OF FOODS

SECTION 2.01. GENERAL

(a) The purpose of this section is to

ensure the safety of the food

supply for the people of this

state.

(b) The provisions of this section

shall apply to all food

intended for human consumption.

(c) The provisions of this section

shall not apply to food

intended for use as animal

feed.

(d) The provisions of this section

shall not apply to food

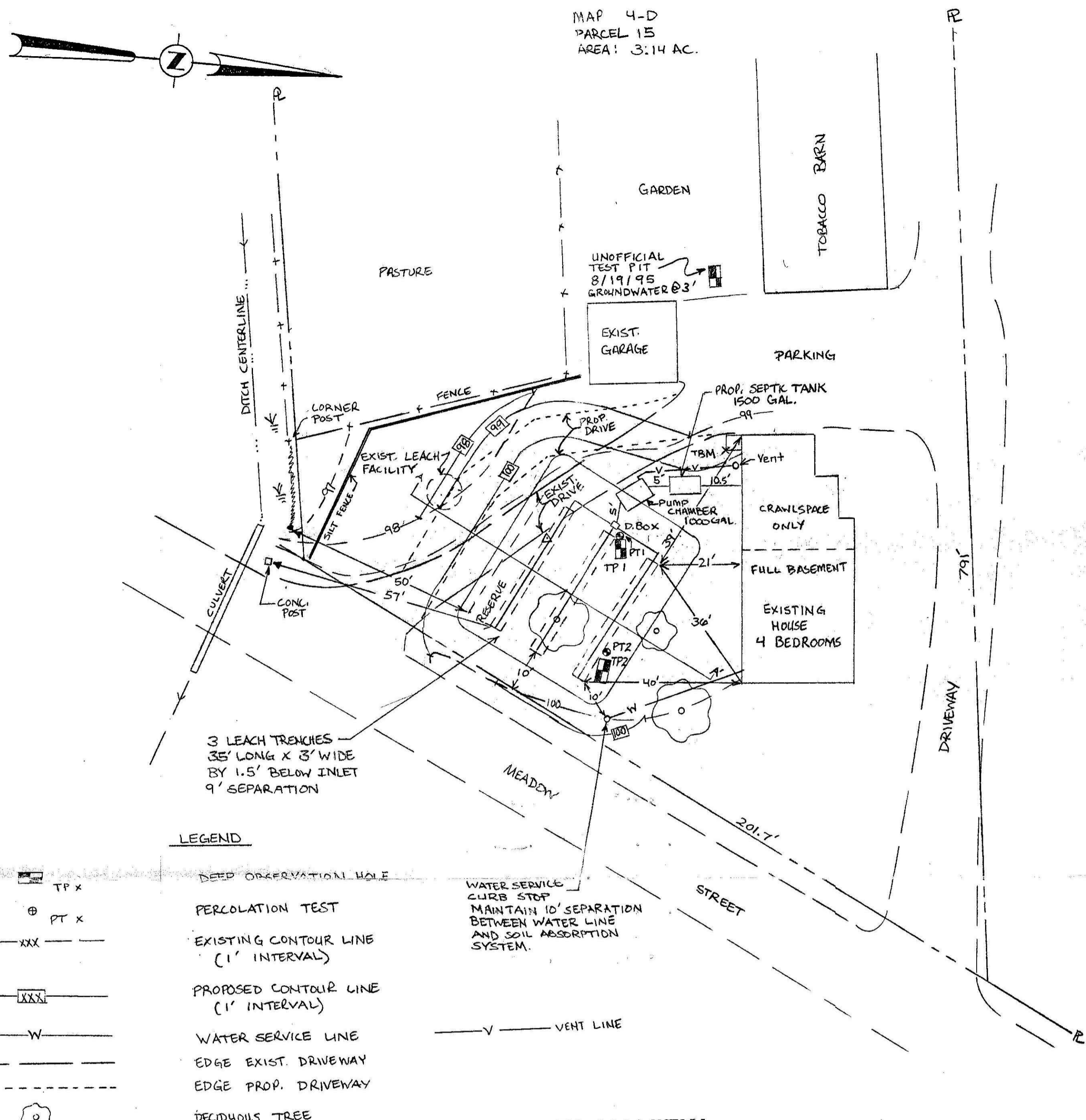
intended for use as a

component of a composite

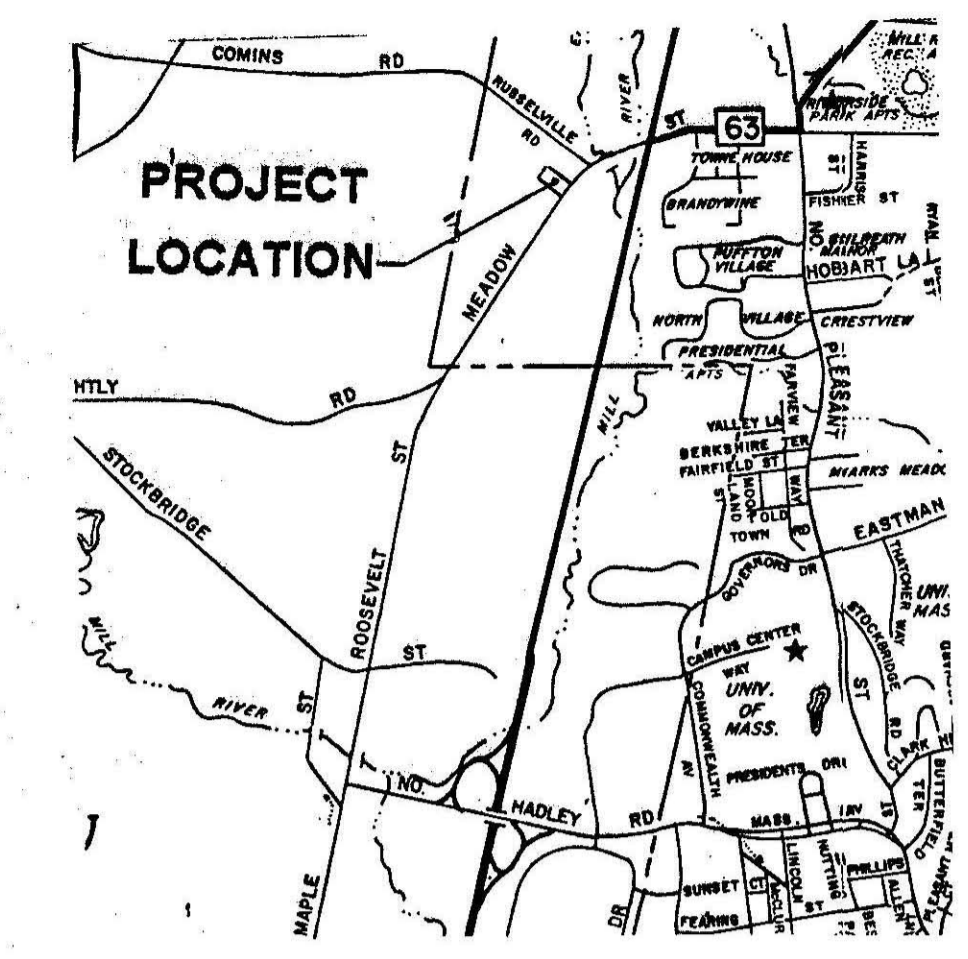
product.

(e) The provisions of this section

shall not apply to food



LOCUS MAP



SOIL INVESTIGATION

TEST PIT NO. 1	Elev. 99.40'	PERCOLATION TEST AT 93.90'
0" - 18"	Fill	Saturation Period: 15 Minutes
18" - 34"	Ap Fine Sand Loam	Percolation Rate: 2 Minutes/Inch
34" - 41"	Bw Fine Sand Loam 2.5Y5/6	
41" - 60"	C1 Very Fine Loamy Sand (slightly firm)	Matrix: 2.5Y8/4
60" - 120"	C2 Medium Sand (No Gravel or Stones) loose	Matrix: 2.5Y8/3 (Due to Wetness)
		40% Mottling (at 60") 7.5Y8/8

Groundwater Elevation: 94.4'
Bedrock Elevation: 89.40' or lower
These are Class 1 Soils

TEST PIT NO. 2	Elev 99.40'	PERCOLATION TEST NO.2
0" - 36"	Fill	Saturation Period: 15 Min
36" - 48"	Ap/Bw mix Fine Sand Loam	Percolation Rate: < 2 min/in
48" - 60"	C1 Fine Loamy Sand 2.5Y8/4	
60" - 84"	C2 Medium Sand (No Gravel or Stones) loose	Matrix: 2.5Y8/3 (Due to Wetness)
		40% Mottling (at 60") 7.5Y8/8
84" - 96"	C3 Very fine sand 2.5Y2 (moist)	

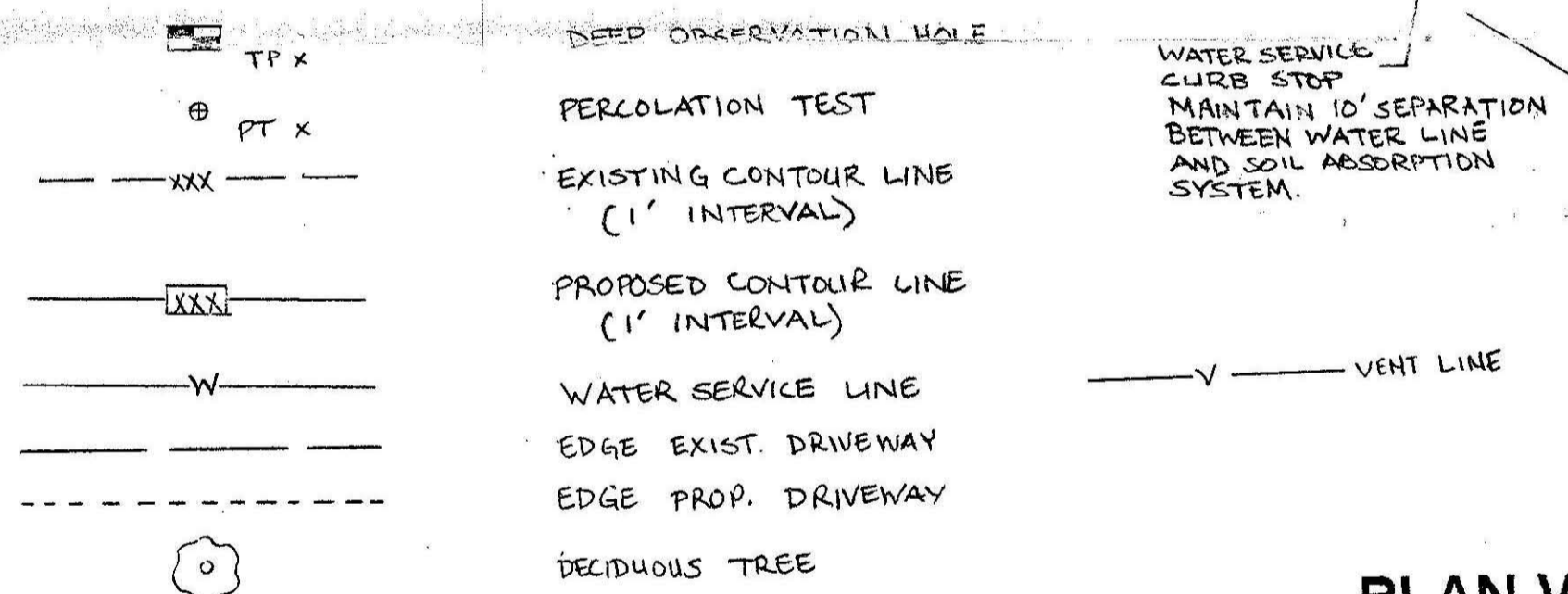
Groundwater Elevation: 94.40'
Bedrock Elevation: 89.40' or lower
These are Class 1 Soils

Wetlands within 200 ft of the Soil Absorption System as shown. Soils investigation and percolation testing performed by Robert Stover, Certified Soil Evaluator on August 18, 1995. Witnessed by Roger Bonsall.

CONSTRUCTION NOTES:

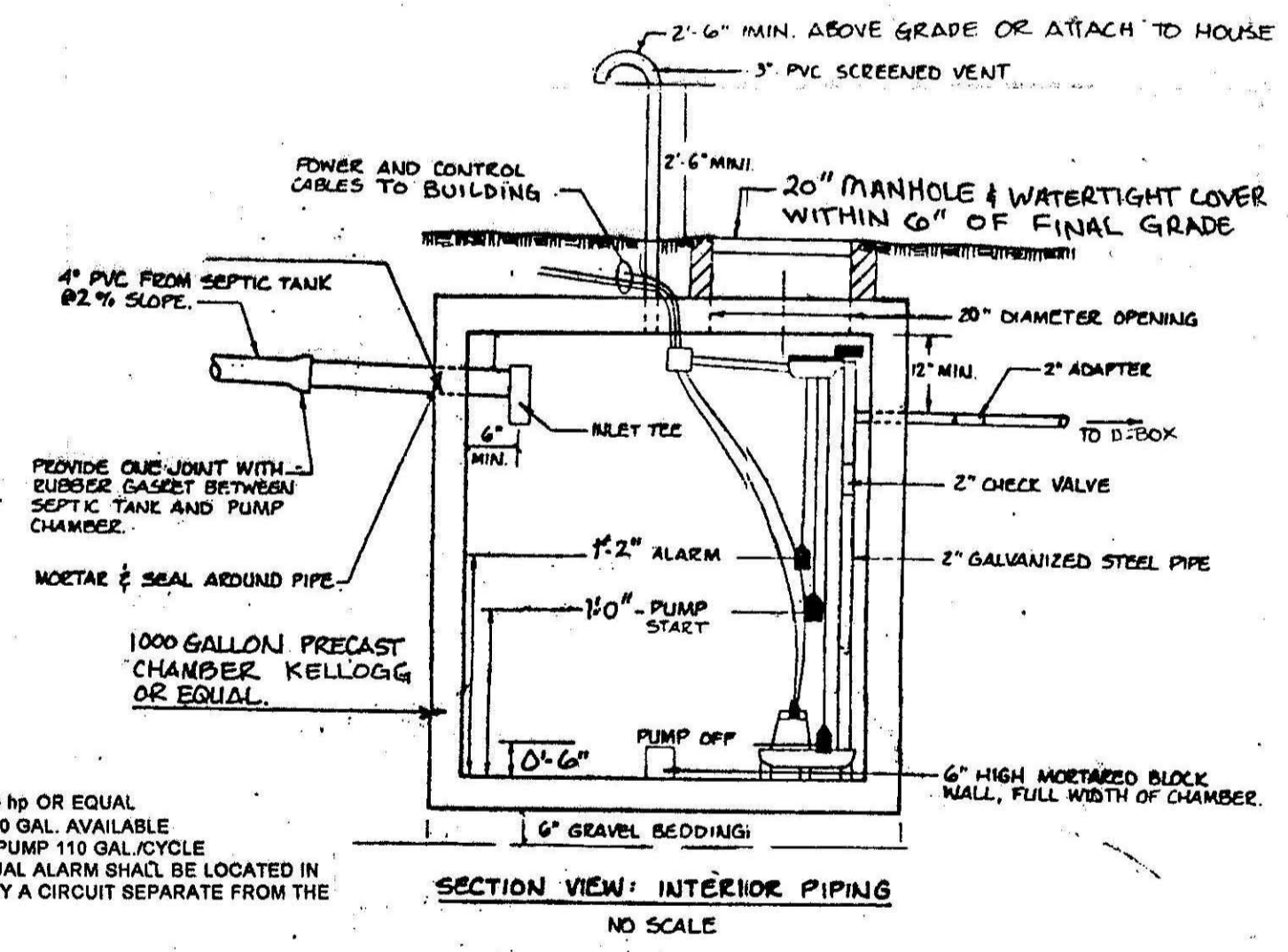
1. This area served by town water. No wells within 200 ft. of proposed leach facility at time of survey.
2. Septic tank shall be pumped and inspected as necessary and at least once every three years.
3. Pipes exiting Distribution Box shall have the same invert elevation and shall be level for at least the first two feet of length.
4. Fill topsoil and subsoil shall be removed for five feet around proposed leach area and where fill is to be placed. Fill shall be a clean granular sand and conform to the specifications of Title 5 310 CMR 15.255(3).
5. Removal and disposal of existing septic tank shall conform to all applicable regulations. Existing leach facility shall be pumped, crushed, filled and area loamed and seeded to match adjacent grade and grass.

LEGEND



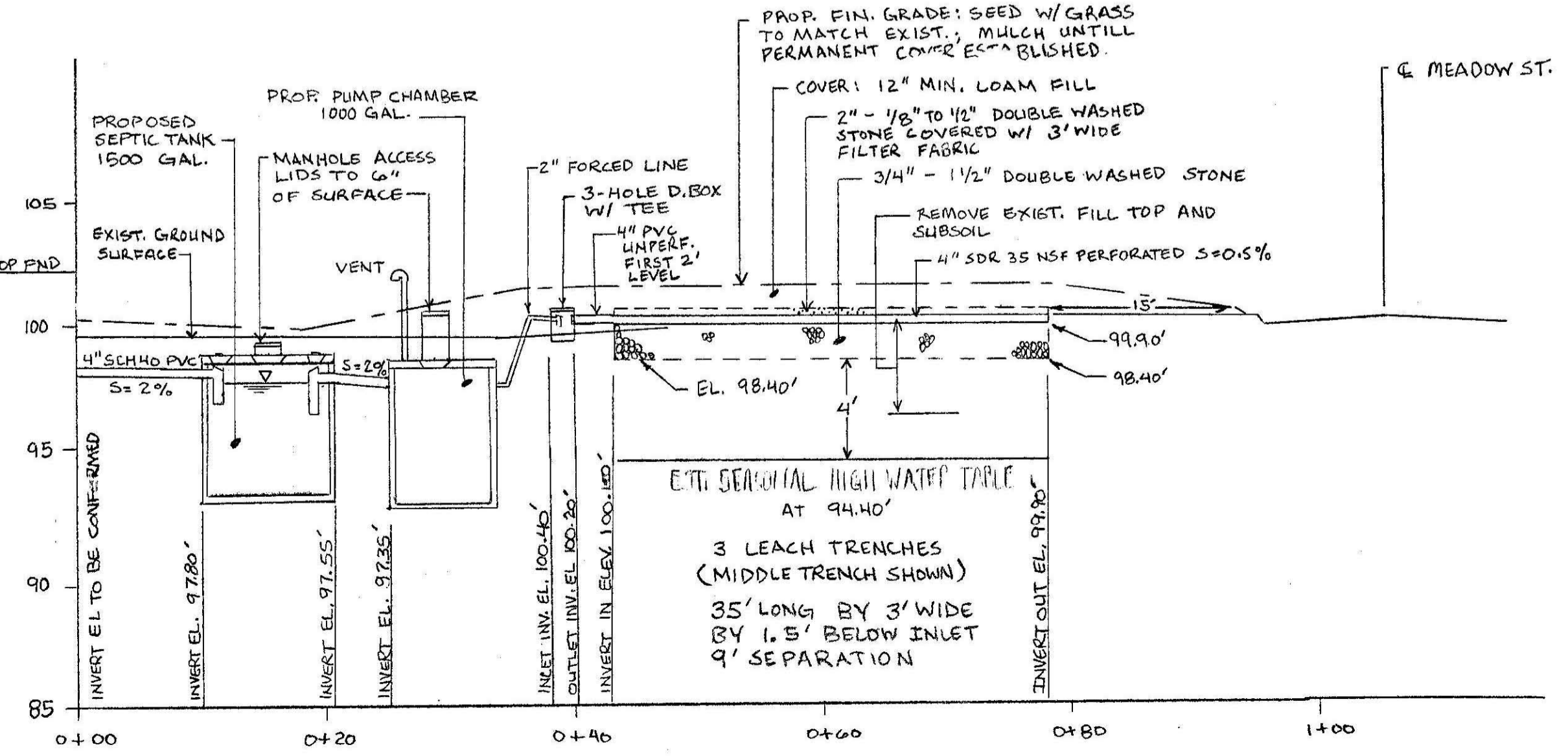
PLAN VIEW SCALE 1" = 20 FEET

BOUNDARY INFORMATION FROM TOWN OF AMHERST ASSESSORS' MAP NO. 4-D.

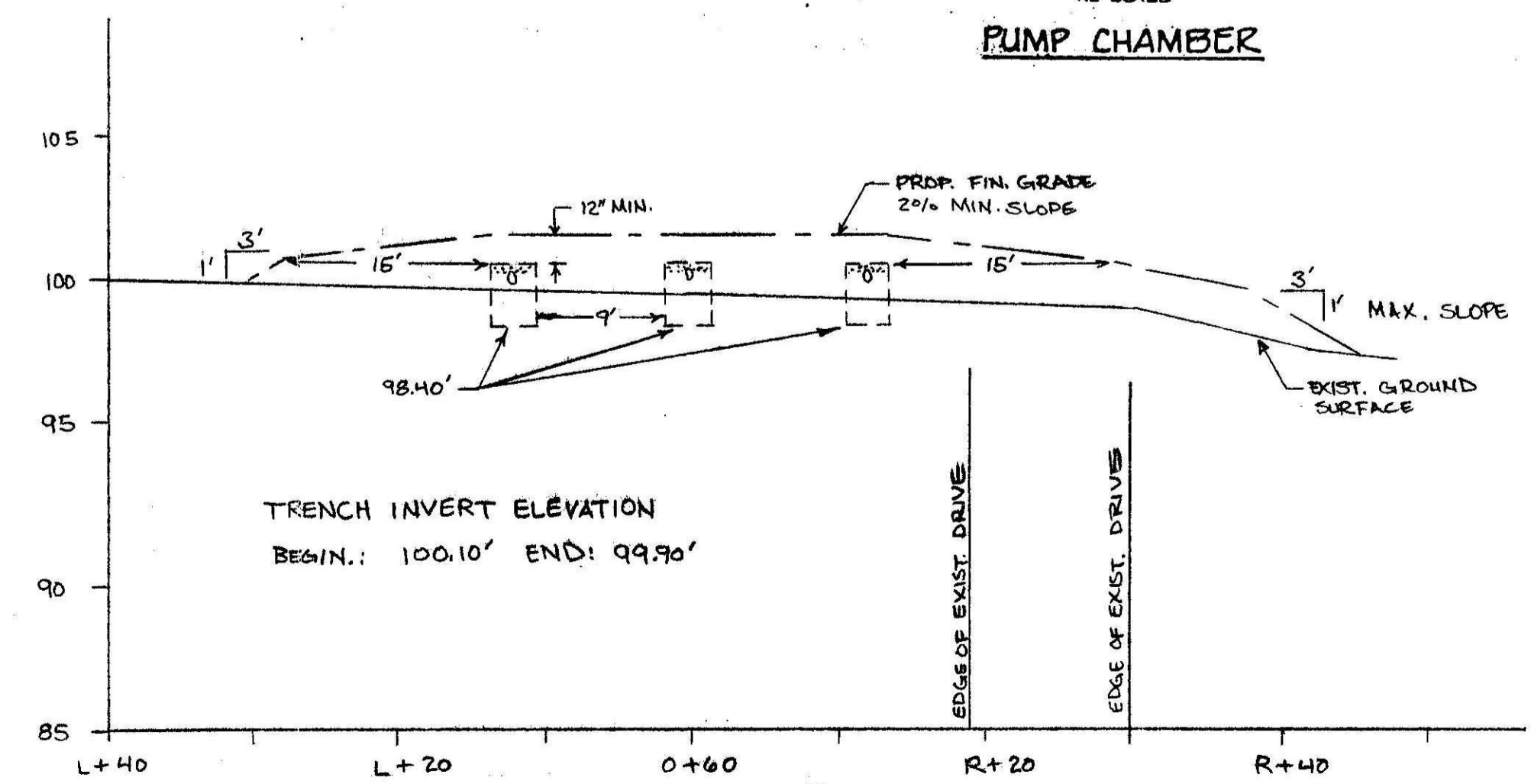


PUMP SYSTEM
PUMP: MYERS SRM-4 4/10 HP OR EQUAL
EMERGENCY STORAGE: 500 GAL. AVAILABLE
DOSE: SET SWITCHES TO PUMP 110 GAL/CYCLE
ALARM: AUDIBLE AND VISUAL ALARM SHALL BE LOCATED IN BUILDING AND POWERED BY A CIRCUIT SEPARATE FROM THE CIRCUIT TO THE PUMP.

PUMP CHAMBER NO SCALE



SYSTEM PROFILE (MIDDLE TRENCH SHOWN)
SCALE: H: 1" = 10' V: 1" = 5'



LEACHING TRENCHES SECTION "A" - "A"
H: 1" = 10' V: 1" = 5'

DESIGN CRITERIA

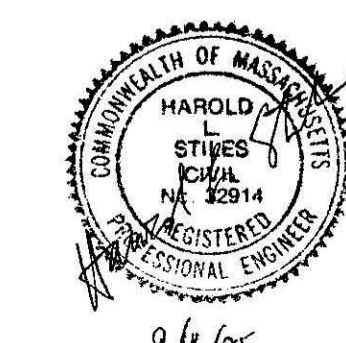
Four bedroom single family house.
No garbage disposal shall be installed.
Utilize leaching trench system.
Proposed septic tank: 1500 gal. tank
System requires pumping

DESIGN CALCULATION

Design flow: 4 bdrm @ 110gpd/bdrm = 440 gpd
Leaching Trenches: Percolation rate = 2min/in
Bottom area: 0.74 GPD/SF
Sidewall area: 0.74 GPD/SF
Use 3 trenches 35 ft. long x 3.0 ft wide x 1.5 ft. deep (below flow line)
Bottom area: (35 x 3) x 3 x 0.74 = 233.1 GPD
Sidewall area: (35 x 2.0) x 1.5 x 3 x 0.74 = 233.1 GPD
TOTAL LEACHING CAPACITY = 466.20 GPD
TOTAL REQUIRED = 440 GPD OK

GENERAL CONDITIONS

1. This system repair is designed in accordance with 310 CMR 15.00 (Title 5) except for the requirement for 5 foot separation to groundwater. There will be a variance request for this requirement. Construction shall conform to the approved plan.
2. Contractor shall notify engineer of any unusual conditions and shall not modify the plan without the written consent of the engineer. Any debris in the site area shall be removed and disposed of in accordance with the law.
3. There is no guarantee express or implied to any user of a system installed pursuant to this plan.
4. Inspections of excavation and installation: the contractor shall notify the Engineer when the excavation is complete and prior to installation of stone and pipe to verify elevations. The contractor shall notify the Engineer and the Amherst Health Dept. when system installation is complete and prior to placement of cover material for final inspection. Notifications shall be 48 hours prior to the time of inspection.



RICHARD WASKIEWICZ
199 GLENDALE ROAD
AMHERST, MASSACHUSETTS
ON-SITE SEWAGE DISPOSAL SYSTEM
253 MEADOW STREET
AMHERST, MASSACHUSETTS

SCALE: AS SHOWN APPROVED BY: [Signature]
DATE: SEPT 12, 1995 DRAWN BY: RMS

BY: HAROLD L. STILES, P.E.
AMHERST CIVIL ENGINEERING (413) 256-3400
DRAWING NUMBER

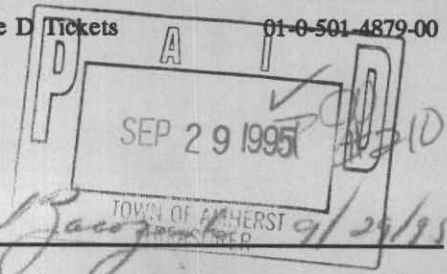
Richard Washburn
199 Glendale Rd
Amherst - MA
01002

Checks = 210

TOWN OF AMHERST Health Department

_____ Bakery	01-0-501-4433-00	_____ Offal/Garbage	01-0-501-4472-00
_____ Bed & Breakfast	01-0-501-4474-01	✓ Perc Test 100	01-0-501-4344-00
_____ Burial Permit	01-0-501-4475-00	_____ Retail Permit	01-0-501-4473-00
_____ Car Seat Rental	89-0-000-2557-00	_____ Sanitary Code Booklet	01-0-501-4380-00
_____ Catering	01-0-501-4429-00	_____ Septic Installers Permit	01-0-501-4470-01
_____ Food Handler	01-0-501-4474-00	✓ Septic Private Applications 60	01-0-501-4470-00
_____ Housing Inspection	01-0-501-4348-00	_____ Septic - Reinspection	01-0-501-4345-00
_____ Massage	01-0-501-4425-00	_____ Sub-Division Rev.	01-0-501-4460-00
_____ Motel License	01-0-501-4428-00	_____ T.B. Clinic	01-0-501-4379-00
_____ Miscellaneous	01-0-501-_____	_____ Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE 160.00



Norma J. Lynch (TPO) 9/29/95
Treasurer/Collector Date

David J. [Signature]
Health Department Date

Must have Collector's "PAID STAMP" on receipt to be valid.

White: Applicant

Yellow: Collector

Pink: Accountant

Gold: Health Dept.

TO THE HONORABLE
MEMBERS OF THE HOUSE OF REPRESENTATIVES

Very respectfully,
[Faint, illegible text follows, likely a list of names or titles.]