

No. 00-19

OFFICE COPY
#72 BOH APPROVED VARIANCE 10
COMMONWEALTH OF MASSACHUSETTS

FEE 325.00

Board of Health, AMHERST, MA.

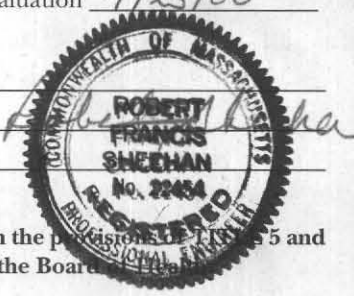
APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>72 MECHANIC ST</u>	Owner's Name <u>HOWARD WIARDA</u>
Map/Parcel#	Address <u>65 CHAPEL RD AMHERST MA</u>
Lot#	Telephone# <u>256 6056</u>
Installer's Name <u>RIVER DRIVE EXCAVATING</u>	Designer's Name <u>R. F. SHEEHAN ASSOC. INC.</u>
Address <u>146 RIVER DRIVE HADLEY MA</u>	Address <u>146 TAYLOR ST GRANBY MA</u>
Telephone# <u>584 1814</u>	Telephone# <u>413 467-7228</u>

Type of Building DWELLING Lot Size 32,250 sq. ft.
 Dwelling - No. of Bedrooms 4 Garbage grinder NO
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 462.5 gpd
 Plan: Date 9/26/00 Number of sheets 2 Revision Date _____
 Title DWG # 00159 PDR
 Description of Soil(s) SAND & GRAVEL
 Soil Evaluator Form No. _____ Name of Soil Evaluator R.F. SHEEHAN JR Date of Evaluation 9/25/00

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW LEACH BED FILL REQUIRED



The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of 310 CMR 15.00 (Title 5) and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Howard Wiarda Date 9/26/00

Inspections _____

No. 0019

COMMONWEALTH OF MASSACHUSETTS

FEE 325.00

Board of Health, AMHERST, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

by: RIVER DRIVE EXCAVATING
at 72 MECHANIC ST

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. _____, dated _____, Approved Design Flow _____ (gpd)

Installer Howard Wiarda
Designer: R.F. Sheehan Inc Inspector: David Zagnoni Date: 10/16/00

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

No. 00-19

COMMONWEALTH OF MASSACHUSETTS

FEE 325.00

Board of Health, AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at 72 MECHANIC ST as described in the application for

Disposal System Construction Permit No. 00-19, dated 10-5-00

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

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA Date 10-5-00 Board of Health David Zagnoni

Need Variance from B.O.H.



1875
No. 1000
The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting of the Executive Committee.

Mr. J. W. Smith
Mr. J. B. Jones
Mr. J. C. Brown
Mr. J. D. White
Mr. J. E. Green

Secretary

1875

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1875

9/25/00

CH# 337
PL 225^{cc}

FORM 11 - SOIL EVALUATOR FORM

Page 1 of 3

No. _____

Date: 9/25/00

Commonwealth of Massachusetts
Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Bob Sheehan Jr
Witnessed By: David Zarazian

Date: 9/25/00

Location Address or Lot # <u>72 Mechanic</u>	Owner's Name, Address, and Telephone # <u>Howard WIARDN 65 Mechanic St 252-6056</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) _____

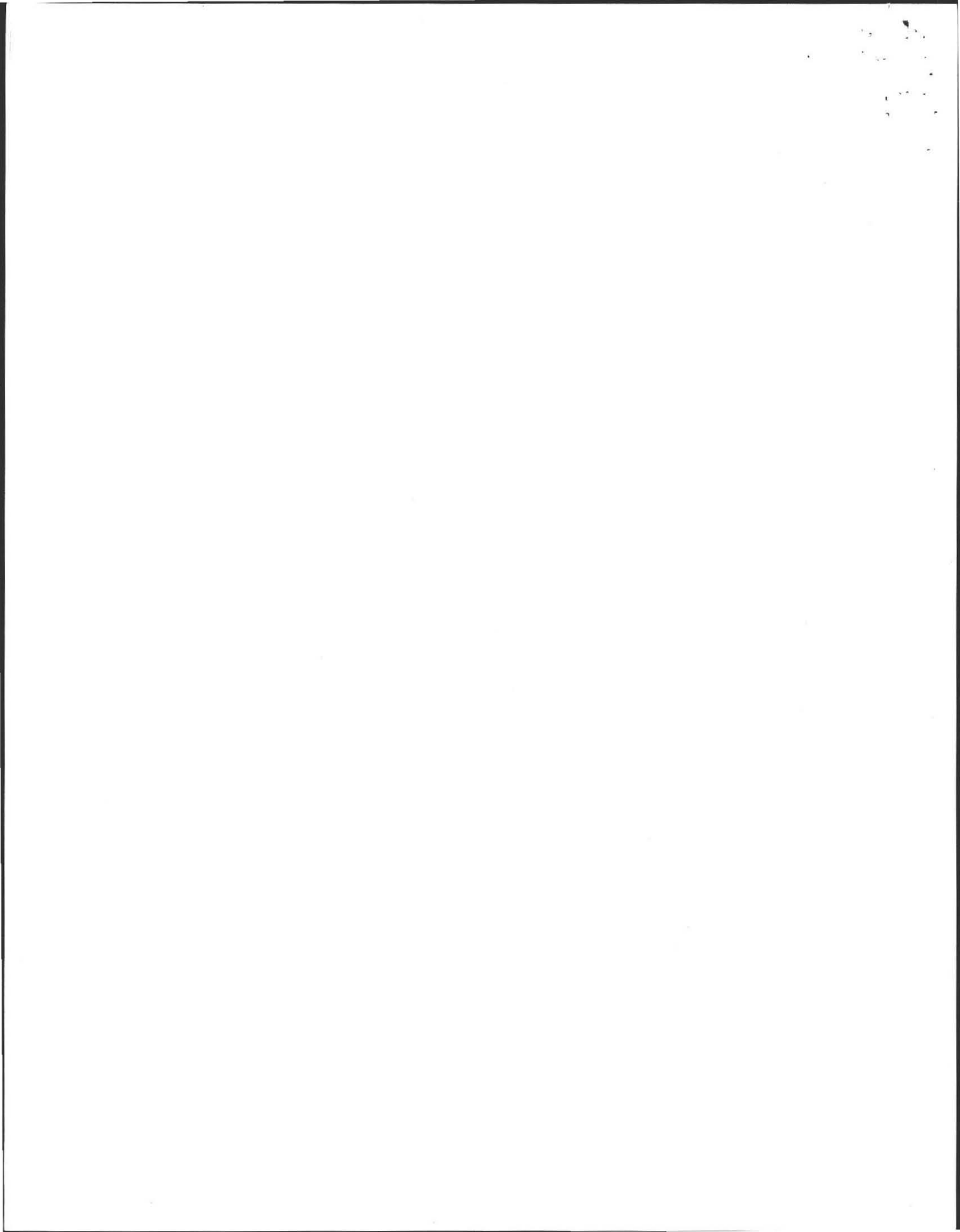
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 72 Mechanic St

On-site Review

Deep Hole Number (1) Date: 9/25/00 Time: _____ Weather: Sunny/Cool

Location (identify on site plan) _____

Land Use Residential 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)
<u>14</u>	<u>SL</u>	<u>10YR 3/3</u>			
<u>26</u>	<u>BW</u>	<u>LS</u>	<u>10YR 4/6</u>		
<u>46</u>	<u>C1</u>	<u>C Sand & silt</u>	<u>7.5YR 4/4</u>	<u>5/6</u>	
<u>132</u>	<u>C2</u>	<u>fine Sand</u>	<u>10YR 5/4</u>	<u>7.5YR 5/6</u>	
<u>HOLE 2</u>					

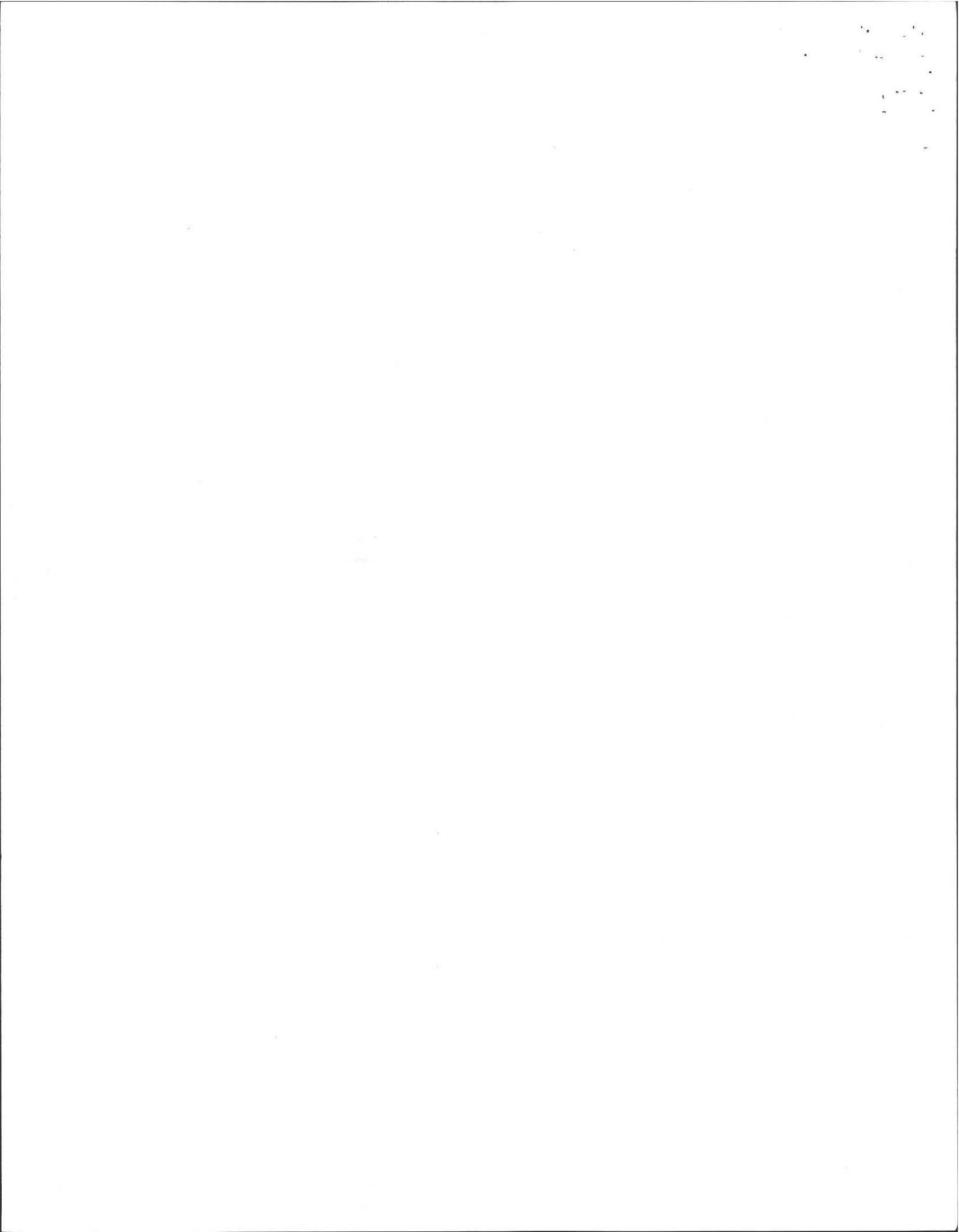
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) _____ Depth to Bedrock: _____

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

Estimated Seasonal High Ground Water: _____





Location Address or Lot No. 72 Mechanic St

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:	<u>9/25/00</u>	Time: <u>8:00 AM</u>
Observation Hole #	<u>(1)</u>	
Depth of Perc	<u>86</u>	
Start Pre-soak	<u>8:35</u>	
End Pre-soak	<u>8:50</u>	
Time at 12"	<u>8:50</u>	
Time at 9"	<u>8:56</u>	
Time at 6"	<u>9:04</u>	
Time (9"-6")	<u>8</u>	
Rate Min./Inch	<u>3</u>	

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

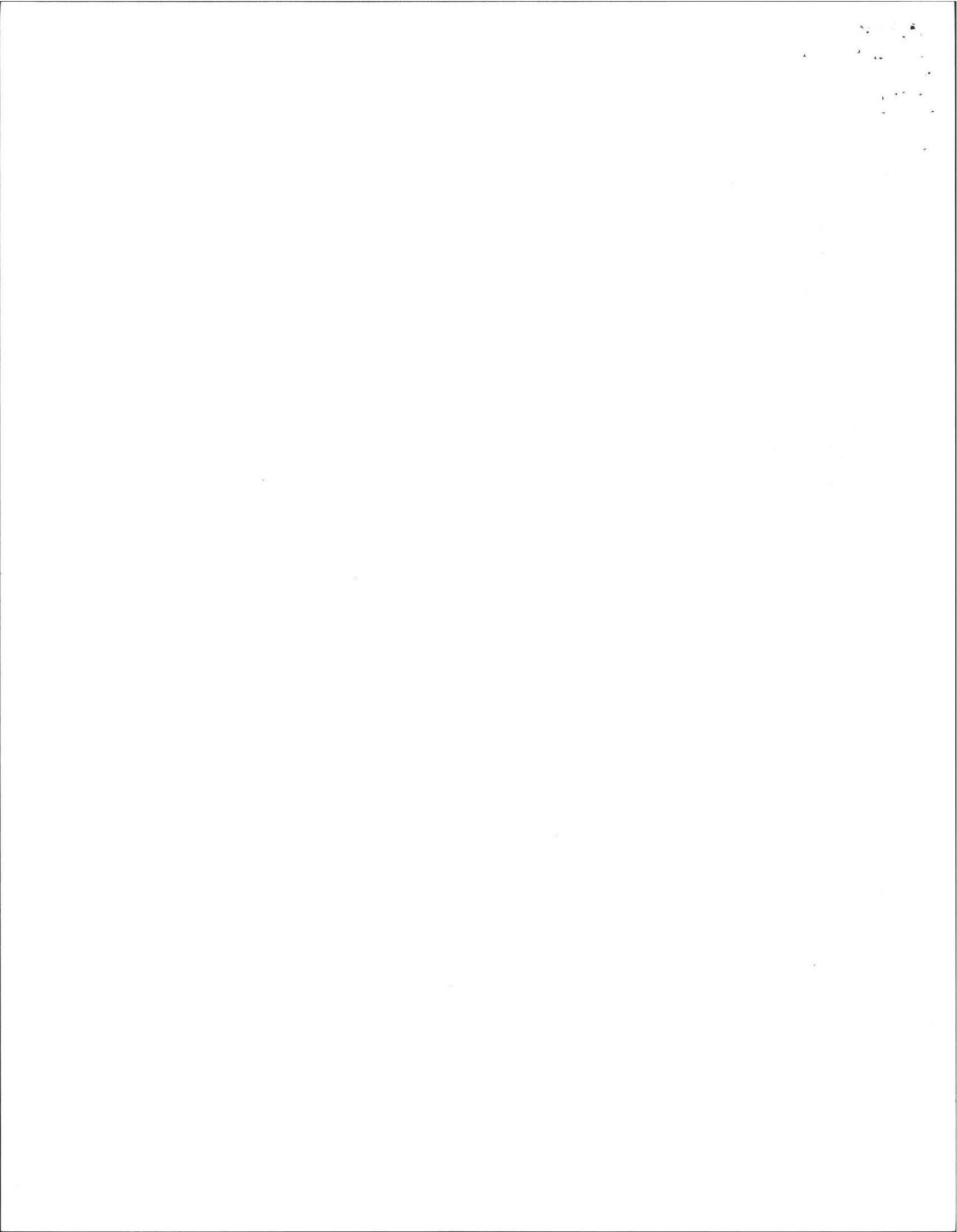
Site Passed Site Failed

Performed By: Bob Sheehan Jr

Witnessed By: David Zoraz 1454

Comments: _____





Town of




AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 256-4077 (VOICE OR TDD)

(413) 256-4033 ENVIRONMENTAL HEALTH SERVICES
(413) 256-4053 (FAX)

Date: October 5, 2000
To: Board of Health
From: David Zarozinski, Sanitarian 
Re: Variance request for 72 Mechanic Street

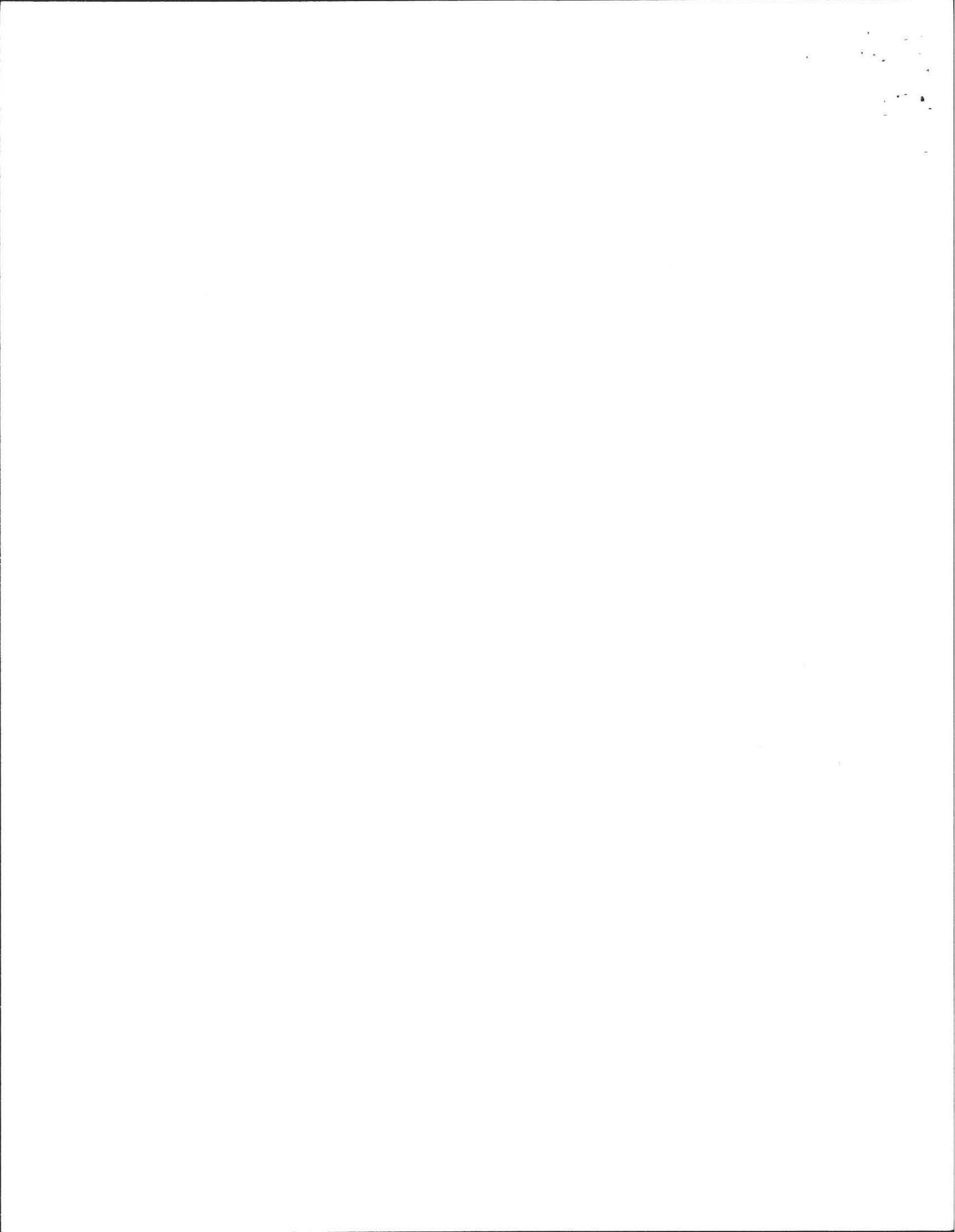
Mr. Howard Wiarda of 72 Mechanic Street, Amherst, would like to request a variance from Title Five provision 310 CMR 15.405 (1)(i) to allow a vertical leach separation distance from the required four feet (4') to the three feet (3'). The estimated high ground water (mottling) was observed at seventy-three inches (73") and the percolation rate was three (3) minutes an inch.

As stated in Mr. Sheehan's letter there are several reasons why this variance should be allowed, for example, raising the plumbing in the house, removing the old septic tank, installation of a new tank and with the other mentioned items this could cost an additional four thousand dollars(\$4,000).

With these issues in mind, I would grant the variance because the system is designed to allow for both the best feasible upgrade within the borders of the lot, and have the least effect on public health, safety and the environment.



IT'S TIME WE MADE SMOKING HISTORY



**R. F. SHEEHAN ASSOCIATES, INC.
146 TAYLOR STREET
PARISH HILL
GRANBY, MA 01033
TEL & FAX 413 467-7228**

OCTOBER 3, 2000

Board of Health
Town Hall
Amherst, MA 01002

Dear Board Members:

I am writing on behalf of our client Mr. Howard Wiarda who is voluntarily up grading his septic system at 72 Mechanic St. Amherst, MA. This septic system was evaluated by R. F. Sheehan Assoc. Inc. and was determined to have failed, per MGL 310 CMR. 15.000.

Specifically, we are requesting that the Board grant a variance from the water table separation to the bottom of the leach bed, from 4 feet down to 3 feet, per 310 CMR 15.405 (1) (I), 1,2,3,4,5. On September 25, 2000 a repair perc test and deep observation hole was conducted by R. F. Sheehan, Jr. who is a Certified Soil Evaluator, and witnessed by David Zarozinski, Amherst Health Agent, who is also a Certified Soil Evaluator. The estimated seasonal high ground water (mottling) was observed at 73 inches.

We request this variance for several reasons.

1. If the variance is not granted the plumbing in the dwelling will have to be raised approximately 12 inches to allow for the proper pitch to a new septic tank.
2. A new septic tank will have to be installed at a higher elevation. This would create a bump in the backyard approximately 12 - 15 inches higher than the existing grade. This dwelling is currently in the process of being sold and the new owner may terminate the sale if the elevations of the backyard have to change.
3. The existing septic tank would have to be removed and disposed of properly.
4. Cellar window wells would have to be purchased and installed to attempt to divert storm water runoff from entering the dwelling through the cellar windows.
5. The total estimated cost to achieve the above mentioned items, if the variance is not granted, is \$4000.00.

Your favorable reply will be appreciated.
Sincerely,

R. F. SHEEHAN ASSOCIATES, INC.



Robert F. Sheehan, Jr.

cc: Howard Wiarda, 65 Chapel Rd. Amherst, MA 01002

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Location Address or Lot No. 72 MECHANIC ST AMHERST

On-site Review

Deep Hole Number 1 Date: 9/25/00 Time: _____ Weather CLEAR

Location (identify on site plan) SEE PLAN

Land Use LAWN Slope (%) 0- Surface Stones NONE

Vegetation GRASS

Landform OUTWASH PLAIN

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100+ feet Drainage way 100+ feet
Possible Wet Area 100+ feet Property Line 40 feet
Drinking Water Well 100+ feet Other _____

DEEP OBSERVATION HOLE LOG*

DATE: SEPTEMBER 25, 2000

HOLE NUMBER	HORIZON	DEPTH FROM SURFACE INCHES	SOIL TEXTURE	SOIL COLOR MUNSELL	MOTTLING	OTHER
1	A	0-14	SL	10YR3/3		
	Bw	14-26	LS	10YR4/6		WAVY
	C 1	26-66	CS&G	7.5YR4/4		LOOSE SINGLE GRAIN, WELL DRAINED
	C 2	66-132	FS	10YR5/4	5%+@ 73" 7.5YR5/8	FRIABLE FINE SAND

ELEVATION AT GRADE: 101.10
ELEVATION OF BOTTOM OF H1: 90.10
WEEPING = 104"; ESTIMATED GROUND WATER 73", ELEVATION = 95.01
LEDGE => 132" NOT IN FLOOD PLAIN

Parent Material (geologic) SAND & GRAVEL Depth to Bedrock: > 132"
Depth to Groundwater: Standing Water in the Hole: 108" Weeping from Pit Face: 104"
Estimated Seasonal High Ground Water: 73"



PERL TEST FOR HOWARD WIARDA
72 MECHANIC ST AMHERST MA

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NO: _____

Commonwealth of Massachusetts

AMHERST

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: RF SKEEHAN ASSOC INC Date: 9/25/00
 Witnessed By: DAVID ZAROZINSKI

Location Address of: Lot # <u>72 MECHANIC ST</u> <u>AMHERST</u>	Owner's Name: <u>HOWARD WIARDA</u> Address of: <u>65 CHAPEL RD</u> Telephone: <u>AMHERST MA</u> <u>256 6056</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available? No Yes
 Year Published 1979 Publication Scale 1:25000 Soil Map Unit _____
 Drainage Class 1 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) N/A
 Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): month 9/00
 Range: Above Normal Normal Below Normal

Other Reference Reviewed:

Determination: Seasonal High Water Table**Methods Used:**

- Depth observed standing in observation hole 108 inches
 Depth weeping from side of observation hole 104 inches
 Depth to soil mottles 73 inches
 Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
 Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? YES

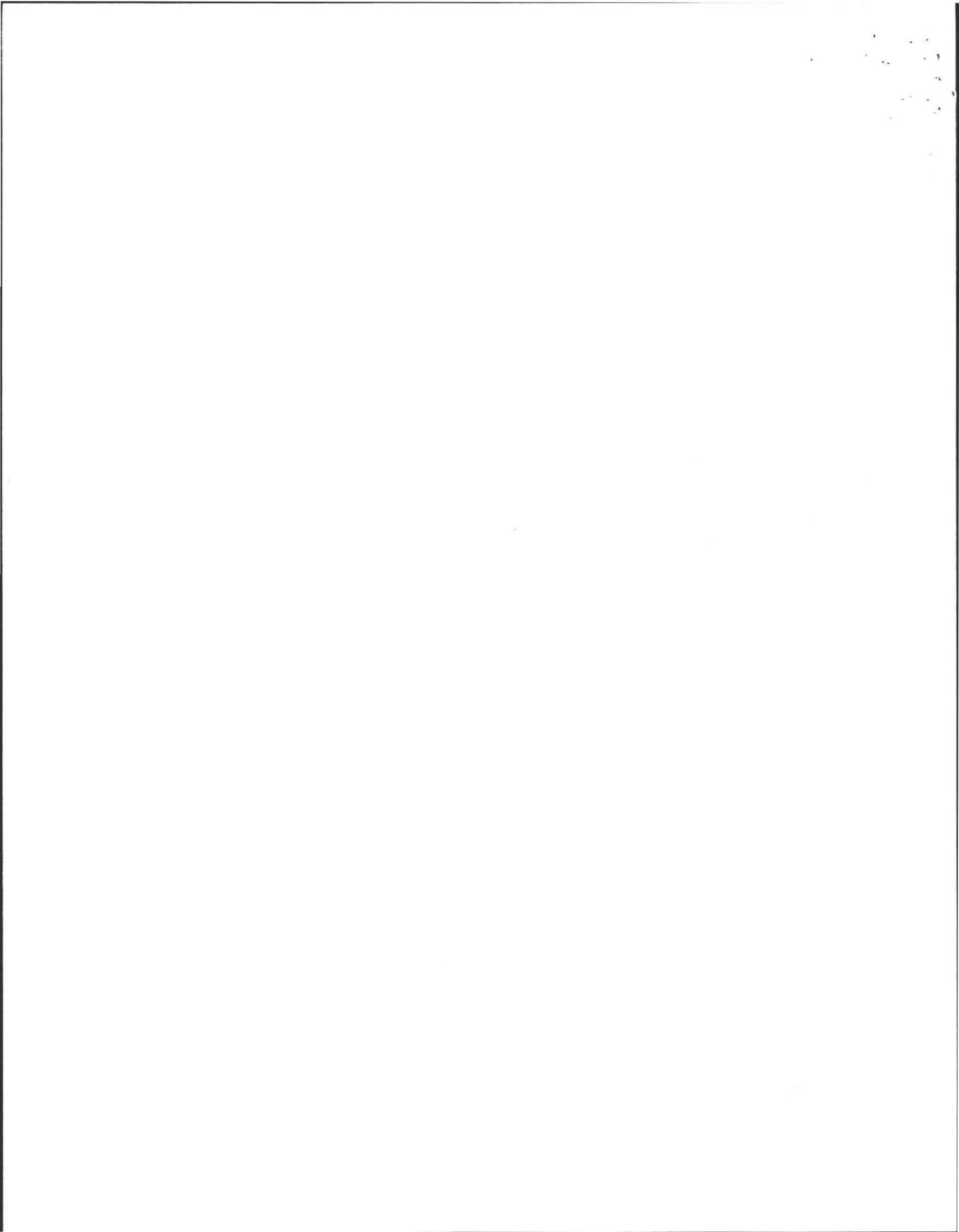
If not, what is the depth of naturally occurring previous material?

Certification

I certify that on JULY 1999 (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 F. [Signature]
 Date 9/25/00

REPAIR PERC TEST FOR HOWARD
 WIARDA 72 MECHANIC ST
 AMHERST MA



FORM 12: Percolation Test

Location Address or Lot # 72 MECHANIC ST

Commonwealth of Massachusetts

AMHERST

SEE PLAN

PERCOLATION TEST *		
DATE: <u>9/25/00</u>		TIME:
Observation Hole #	<u>1</u>	<u>NOT</u>
Depth of Perc	<u>86"</u>	<u>USED</u>
Start Pre-soak	<u>835</u>	}
End Pre-soak	<u>850</u>	
Time at 12"	<u>850</u>	
Time at 9"	<u>856</u>	
Time at 6"	<u>904</u>	
Time (9"-6")	<u>8</u>	
Rate Min./Inch	<u>3 min/INCH</u>	

*Minimum of one percolation test must be performed in both the primary area and reserve area.

Site Passed Site failed

Performed by R.F. SHEEHAN ASSOC INC

Witnessed by DAVID ZAROZINSKI

Comments: 4' SEPERATION TO GROUND WATER REQUIRED
FILE FOR VARMANCE TO 3'
FILL REQUIRED, LOT LINES MUST BE ESTABLISHED

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Commonwealth of Massachusetts
AMHERST , Massachusetts

Application for Local Upgrade Approval
Title 5, 310 CMR 15.000
DEP Approved form required by 310 CMR 15.403(1)

To be submitted to Local Approving Authority/Board of Health: For the upgrade of a failed or nonconforming system with a design flow of <10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

To be submitted to DEP: For the upgrade of a failed or nonconforming system with a design flow of 10,000 up to 15,000 gpd and/or for upgrade of a state or federal facility, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

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

1) Facility/system owner

Name HOWARD WIARNA
Address 65 CHAPEL RD AMHERST MA
Phone # 256 6056
Address of facility 72 MECHANIC ST AMHERST

2) Applicant (if different from above)

Name R F SHEEHAN ASSOC. INC.
Address 146 TAYLOR ST GRANBY MA 01033
Phone # 467-7228

3) Type of facility

residential ___ commercial ___ school
___ institutional
(Specify) _____



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4) Type of existing system

 privy cesspool(s) X conventional system
 Other (describe) _____

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

 1000 GALLON SEPTIC TANK & 2 LEACH TRENCHES 40' LONG X 2' WIDE

5) Design flow based on 310 CMR 15.203

a) Design flow of existing system 560 gpd PER 1989 DESIGN
Approved? X yes approval date 4/89
 no why? _____

b) Design flow of proposed upgraded system 462.5 gpd

c) Design flow of facility 440 gpd

6) Proposed upgrade of existing system is

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

b) Describe the proposed upgrade to the system

 EXISTING SAS FAILED NEW LEACH BED TO BE INSTALLED

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

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

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



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

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

X Reduction of required separation between bottom of SAS & high groundwater (specify proposed reduction & perc rate) 4' DOWN TO 3' 3 MIN/INCH

NA Other requirements of 310 CMR 15.000 that cannot be met (specify sections of the Code)

System upgrades that cannot be performed in accordance with 310 CMR 15.404 & 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410-15.417.

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

Distance from soil absorption system to high groundwater
3 feet

As determined by:

Evaluator's name _____
Evaluator's signature _____
Date of evaluation _____



Handwritten scribbles and marks in the top right corner.

8) Notice to Abutters

No application for upgrade approval in which the setback from property lines or a private water supply well is reduced shall be complete until the applicant has notified all abutters whose property or well is affected by certified mail at least ten days before the Board of Health meeting at which the upgrade approval will be on the agenda. Such notice shall include the date, time and place where the upgrade approval will be discussed.

If the Department is the approving authority, then such notice to abutters must be completed prior to the date of submission of the application to the Department.

The notices to abutters shall include a copy of the completed application form and shall reference the standards set forth in 310 CMR 15.402 through 15.405.

List of affected Abutters:

Abutter Name	<u>NA</u>	Date notified	_____
Address	_____		
Abutter Name	_____	Date notified	_____
Address	_____		
Abutter Name	_____	Date notified	_____
Address	_____		
Abutter Name	_____	Date notified	_____
Address	_____		

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

- a) an upgraded system in full compliance with 310 CMR 15.000 is not feasible:
NEW SEPTIC TANK WILL HAVE TO BE INSTALLED, PLUMBING RAISED, FILL REQUIRED, RE GRADING BACKYARD, COST PROHIBITIVE
- b) an alternative system approved pursuant to 310 CMR 15.283-15.288 is not feasible:
NOT FEASIBLE





c) a shared system is not feasible:
NOT FEASIBLE

d) connection to a sewer is not feasible: SEWERS NOT AVAILABLE

10) An application for a disposal system construction permit, including all required attachments (e.g. plans & specifications, site evaluation forms), must accompany this application. Is the DSCP application attached? yes ___ no

11) Certification

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

Howard Wanda BY RFS IR 10/3/00
Facility owner's signature AGENT Date

HOWARD WANDA
Print Name

R.F. SHEEHAN ASSOC INC 10/3/00
Name of preparer Date

413 467-7228 146 TAYLOR ST GRANBY MA 01033
Telephone # & address of preparer

NOTE: Title 5, 310 CMR 15.403(4), requires the system owner or operator to submit to the Department a copy of the local upgrade approval upon issuance by the Board of Health and prior to commencement of construction.



