

No. 99-17

THE COMMONWEALTH OF MASSACHUSETTS

FEE 160⁰⁰
125

BOARD OF HEALTH

Town Amherst OF

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>510 Middle St.</u>	Owner's Name <u>Lorraine Bogartz</u>
Map/Parcel # <u>2</u>	Address <u>510 Middle St, Amherst 01002</u>
Lot #	Telephone # <u>(413) 256-0226</u>
Installer's Name	Designer's Name <u>Richard E. Costa PE</u>
Address	Address <u>P.O. Box 3312, Amherst, MA 01004-3312</u>
Telephone #	Telephone # <u>(413) 256-3480</u>

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

Design Flow (min. required) 330 gpd Calculated design flow 370 gpd Design flow provided _____ gpd
 Plan: Date 8/3/99 Number of sheets 1 Revision Date _____
 Title Plan of Sewage Disposal System Replan

Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Staver Date of Evaluation 7/20/99

DESCRIPTION OF REPAIRS OR ALTERATIONS

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 Lorraine M. Bogartz Date 8/4/99
 Inspections _____

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

No. 99-17

THE COMMONWEALTH OF MASSACHUSETTS

FEE 160⁰⁰
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Amherst BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System: Constructed (), Repaired (), Upgrade

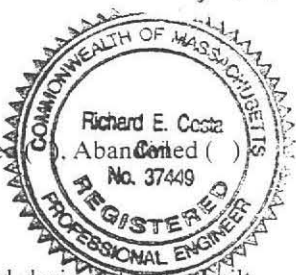
by: Lorraine Bogartz

at 510 Middle St.

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans built plans relating to application No. 99-17 dated _____ Approved Design Flow _____ (gpd)

Installer DESROSIERS & Son Inc - Amherst

Designer: _____ Inspector David Fitzgerald Date 8-6-99



8/3/99

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

Michael Lohman 8-6-99



No. 99-17

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

BOARD OF HEALTH

Town Amherst OF _____

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

<u>510 Middle St.</u> Location	<u>Lorraine Bogartz</u> Owner's Name
<u>2</u> Map/Parcel #	<u>510 Middle St, Amherst 01002</u> Address
<u>2</u> Lot #	<u>(413) 256-0226</u> Telephone #
<u>Richard E. Costa PE</u> Installer's Name	<u>Robert Staver</u> Designer's Name
<u>Amherst Civil Engineering</u> Address	<u>P.O. Box 3312, Amherst MA 01004-3312</u> Address
<u>(413) 256-3400</u> Telephone #	<u>3312</u> Telephone #

Type of Building: Single family house Lot Size _____ Sq. feet
 Dwelling — No. of Bedrooms _____ Garbage Grinder (N) - removed
 Other — Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow 370 gpd Design flow provided _____ gpd

Plan: Date 8/3/99 Number of sheets 1 Revision Date _____

Title Plan of Sewage Disposal System Repan

Description of Soil(s) _____

Soil Evaluator Form No. _____ Name of Soil Evaluator Robert Staver Date of Evaluation 7/20/99

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Signed _____ Date _____

Inspections _____

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

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

Amherst

BOARD OF HEALTH

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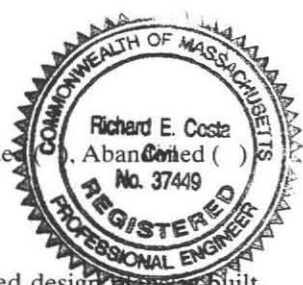
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at 510 Middle St.

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Installer DESROSIERS + Son Inc - David D.

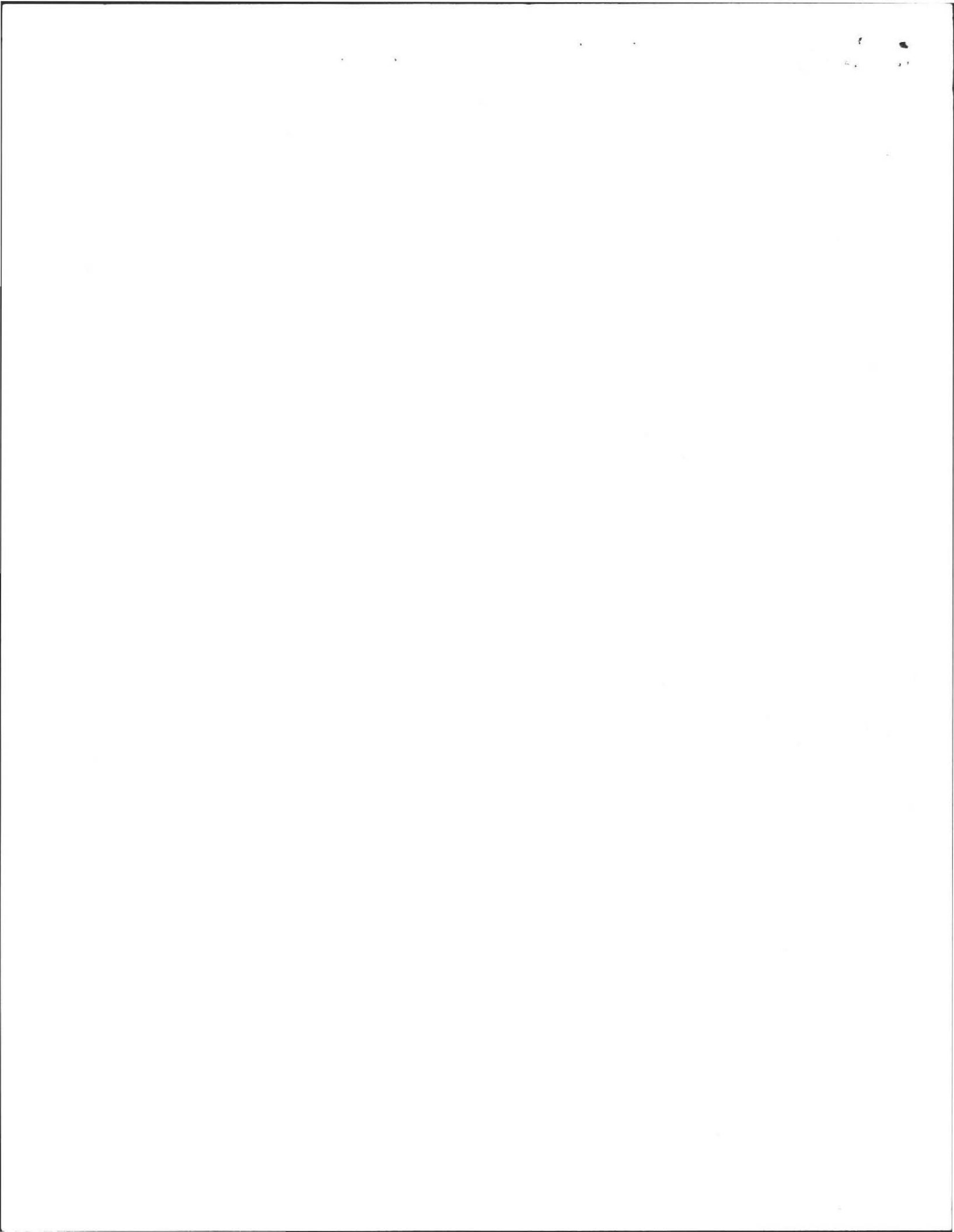
Designer: _____ Inspector _____ Date 8/3/99



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FORM 3 - CERTIFICATE OF COMPLIANCE

DEP APPROVED FORM 5/96



No. _____

Date: 7/20/99

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover
Witnessed By: David Zarozinski

Date: 7/20/99

Location Address or Lot # <u>510 Middle St Subdiv. Lot 2</u>	Owner's Name, Address, and Telephone # <u>Lorraine Bogartz 510 Middle St. Amherst, MA 01002</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes
Year Published 12/1981 Publication Scale 1:15840 Soil Map Unit MeB

Drainage Class A Soil Limitations poor filter

Surficial Geologic Report Available: No Yes

Year Published _____ Publication Scale _____

Geologic Material (Map Unit) _____
Landform Karne Terrace

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. 510 Middle St. Amherst
(Lorraine Bogartz)

On-site Review

Deep Hole Number 1 Date: 7/20/99 Time: 11:00 Weather clear 85°

Location (identify on site plan) see plan

Land Use lawn Slope (%) 3-10 Surface Stones none

Vegetation grass

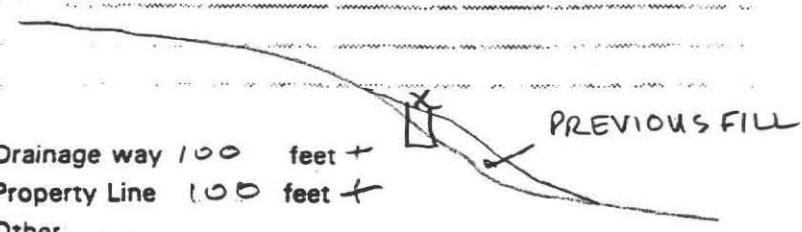
Landform Kame terrace

Position on landscape (sketch on the back)

Distances from:

Open Water Body	<u>150 feet ±</u>	Drainage way	<u>100 feet ±</u>
Possible Wet Area	<u>100 feet ±</u>	Property Line	<u>100 feet ±</u>
Drinking Water Well	<u>200 feet ±</u>	Other	

Town Water



DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-18	Fill Loam	Loamy	10YR5/4	none	Friable
18-34	Fill	VFSL	10YR6/6	2.5Y5/2 10YR5/8	mottles due to fill not wetness.
34-40	Ab	FSL	10YR3/3	none	
40-54	Bwb	FLS	10YR4/6	none	Friable
54"-8'	C1	FLS	10YR4/4	@ 84 5YR4/6	Firm
8-10'	C2	VFSL	2.5Y4/2	10YR4/6	Firm

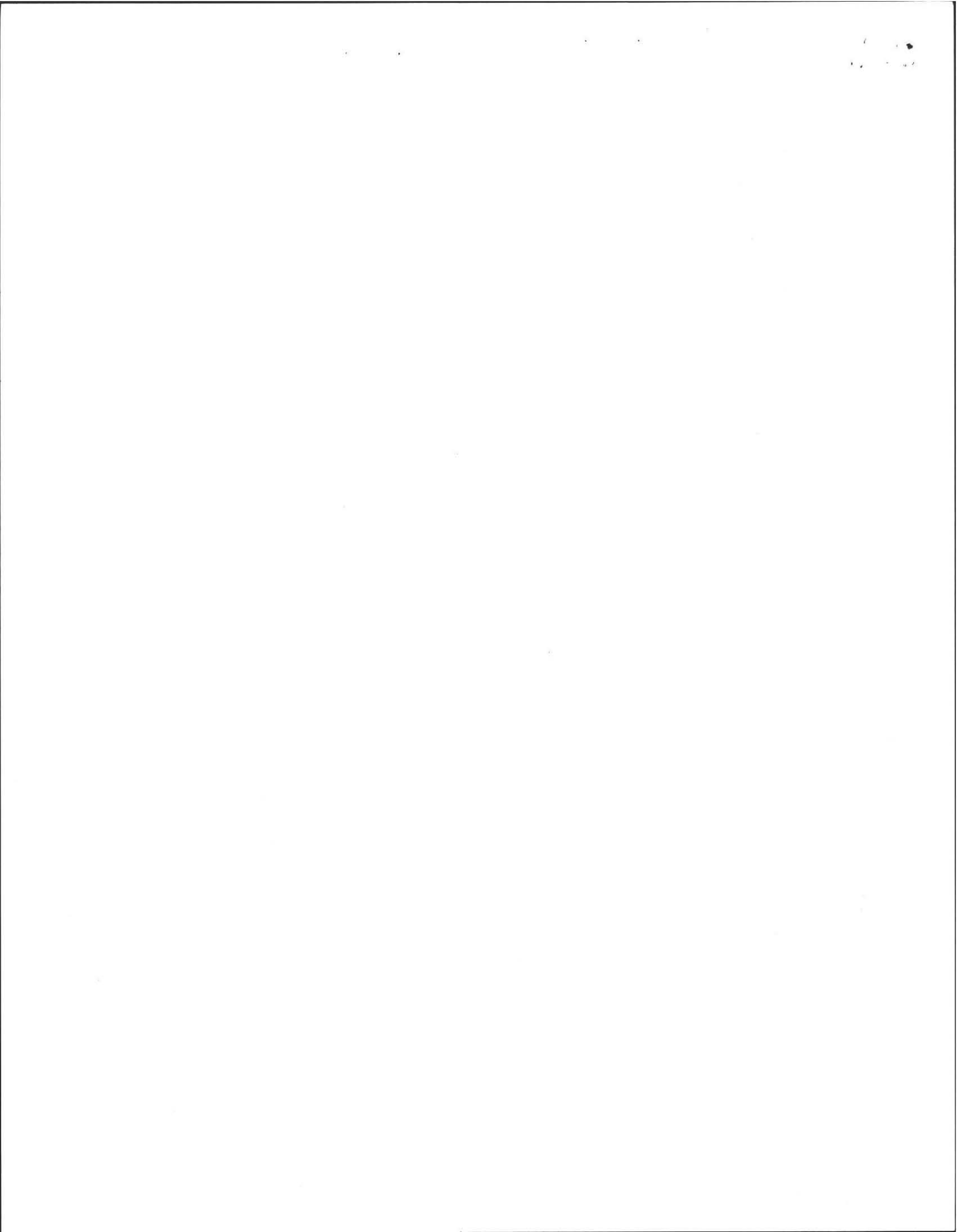
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Depth to Bedrock: >10'

Depth to Groundwater: Standing Water in the Hole: none Weeping from Pit Face: none

Estimated Seasonal High Ground Water: 84"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 510 Middle St

COMMONWEALTH OF MASSACHUSETTS

Amherst , Massachusetts

Percolation Test*		
Date: <u>7/20/99</u>		Time: <u>9:00 AM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>75"</u>	
Start Pre-soak	<u>9:10</u>	
End Pre-soak	<u>9:25</u>	
Time at 12"	<u>9:25</u>	
Time at 9"	<u>9:28</u>	
Time at 6"	<u>9:34:45</u>	
Time (9"-6")	<u>6:45</u>	
Rate Min./Inch	<u>2:15</u>	

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

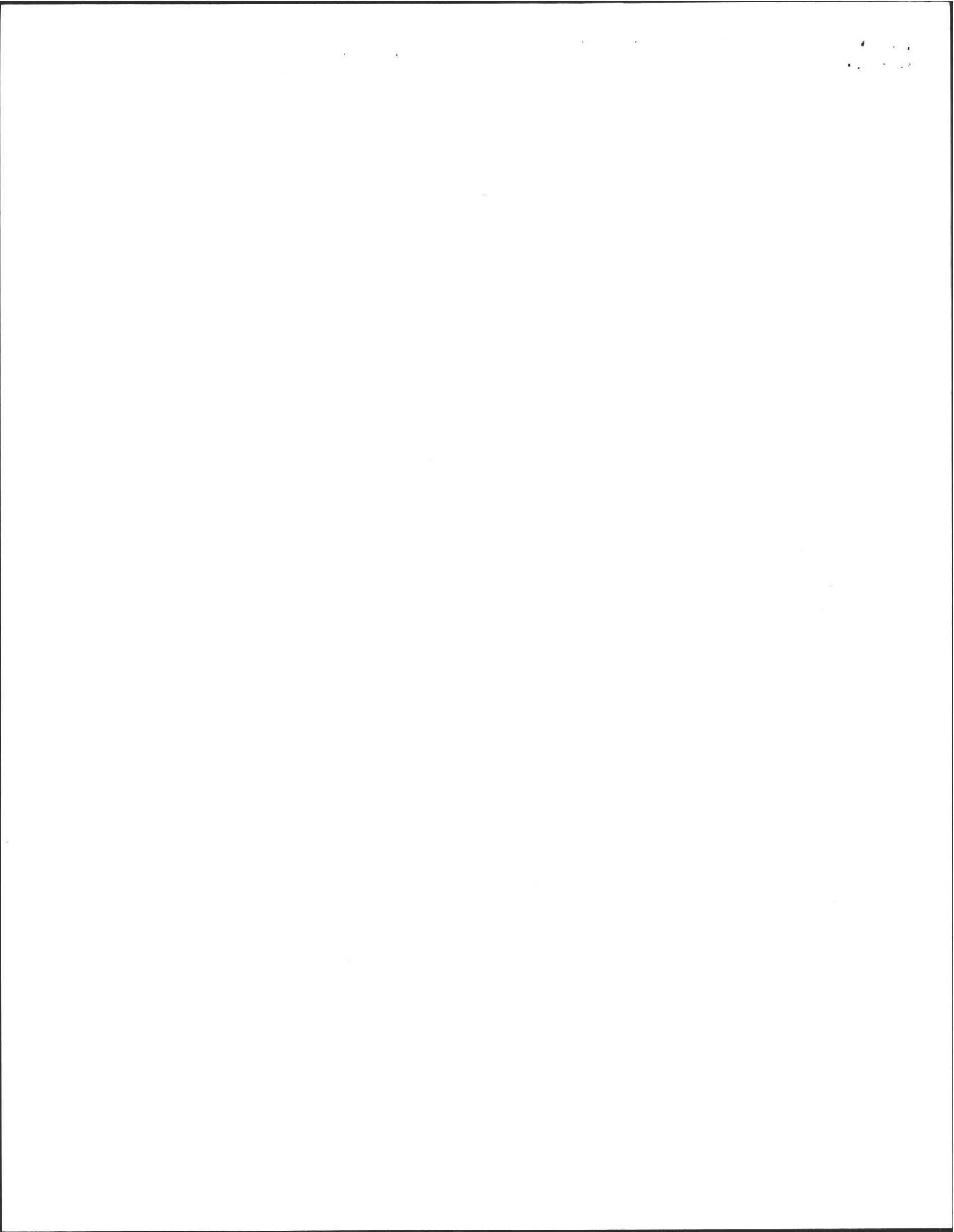
Site Passed Site Failed

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments: _____





Location Address or Lot No. 510 Middle St., Amherst
(Lorraine Bogartz)

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 84 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? 1

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 Stover Date 7/20/99



