

50 Overlook Drive
JOHN DUBACH



No. 01-12

FEE 225.00

COMMONWEALTH OF MASSACHUSETTS

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>50 OVERLOOK DR</u>	Owner's Name <u>JOHN DUBACH</u>
Map/Parcel# <u>6B/51</u>	Address <u>50 OVERLOOK DR</u>
Lot#	Telephone# <u>413-253-5208</u>
Installer's Name	Designer's Name <u>Alan Weiss</u>
Address	Address <u>Belchertown, MA.</u>
Telephone#	Telephone# <u>413-323-5757.</u>

Type of Building Res Lot Size 47,580 sq. ft.
 Dwelling - No. of Bedrooms 3 Garbage grinder () No
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 330 gpd Calculated design flow 426 Design flow provided 426 gpd
 Plan: Date 7/31/01 Number of sheets 4 Revision Date _____
 Title SEPTIC SYSTEM REPAIR PLAN FOR J. DUBACH
 Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

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 to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 8/8/01

Inspections _____

No. 01-12

FEE 225.00

COMMONWEALTH OF MASSACHUSETTS

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: _____
 at 50 Overlook Drive
 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. 01-12, dated _____, Approved Design Flow _____ (gpd)
 Installer [Signature]
 Designer: _____ Inspector: [Signature] Date: _____
 The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 01-12

FEE 225.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct () Repair (✓) Upgrade () Abandon () an individual sewage disposal system
 at 50 Overlook Drive as described in the application for
 Disposal System Construction Permit No. 01-12, dated 8/13/01.

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 8/13/01 Board of Health [Signature]



1870
No. 10
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[Faint illegible text]

IMPORTANT MESSAGE

For _____

Day _____ Time _____ A.M.
P.M.

M William ZENNER

Of (508) 461-1944

Phone _____

FAX Area Code _____ Number _____ Extension _____

MOBILE Area Code _____ Number _____ Extension _____

Telephoned		Returned your call		RUSH	
Came to see you		Please call		Special attention	
Wants to see you		Will call again		Caller on hold	

Message _____

- positive pres 50 OVERLOOK DR.
- reg. to provide address
info.

Call BOB STOVER

William Z. has been trying reach
Bob Stover

Signed _____

John Dubach

New phone #

549 4440

26 Mount
Pleasant
(new address)

Dave: 10/11/01 2:33pm

Washere till 2:33pm

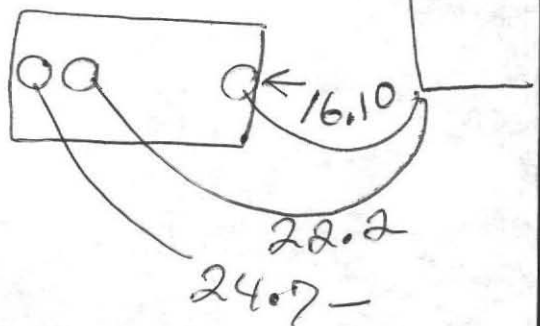
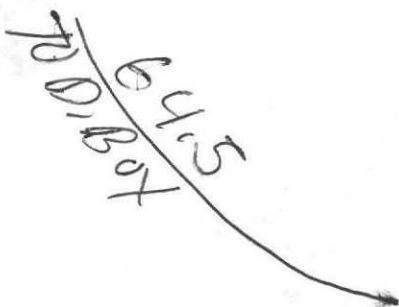
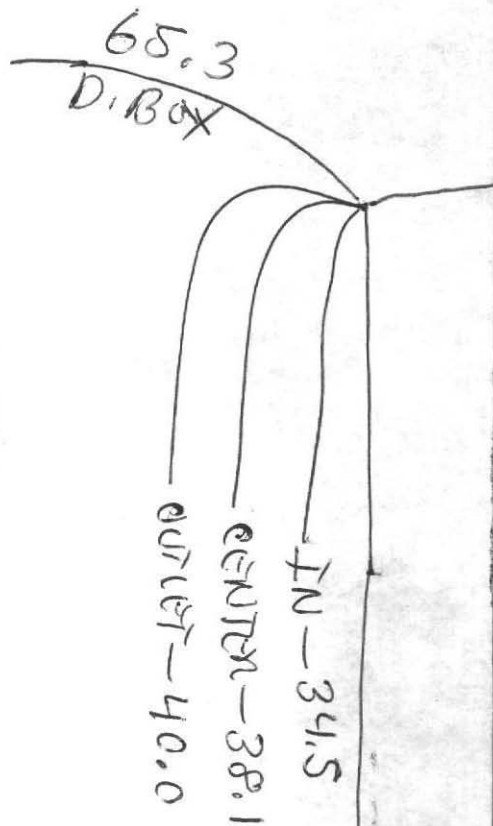
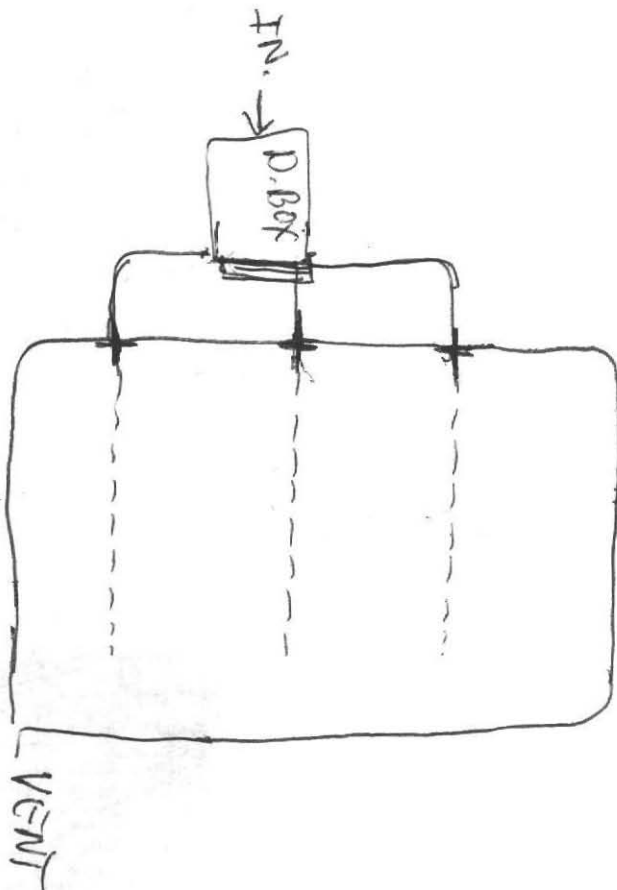
- Shot grades - OK.
- measured out OK.

Vent can stay if wanted.

Ala a weas

call to Sign Permit.

50 OVERLOOK DR,
AMHERST



CH # 4802 - 225⁰⁰

No. _____

Date: 7/10/01

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

Performed By: AL Weiss
Witnessed By: David Frazzini

Date: 7/10/01

Location Address or Lot # <u>50 Overlook Drive</u>	Owner's Name, Address and Telephone # <u>John Dubach</u> <u>50 Overlook Drive</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) _____

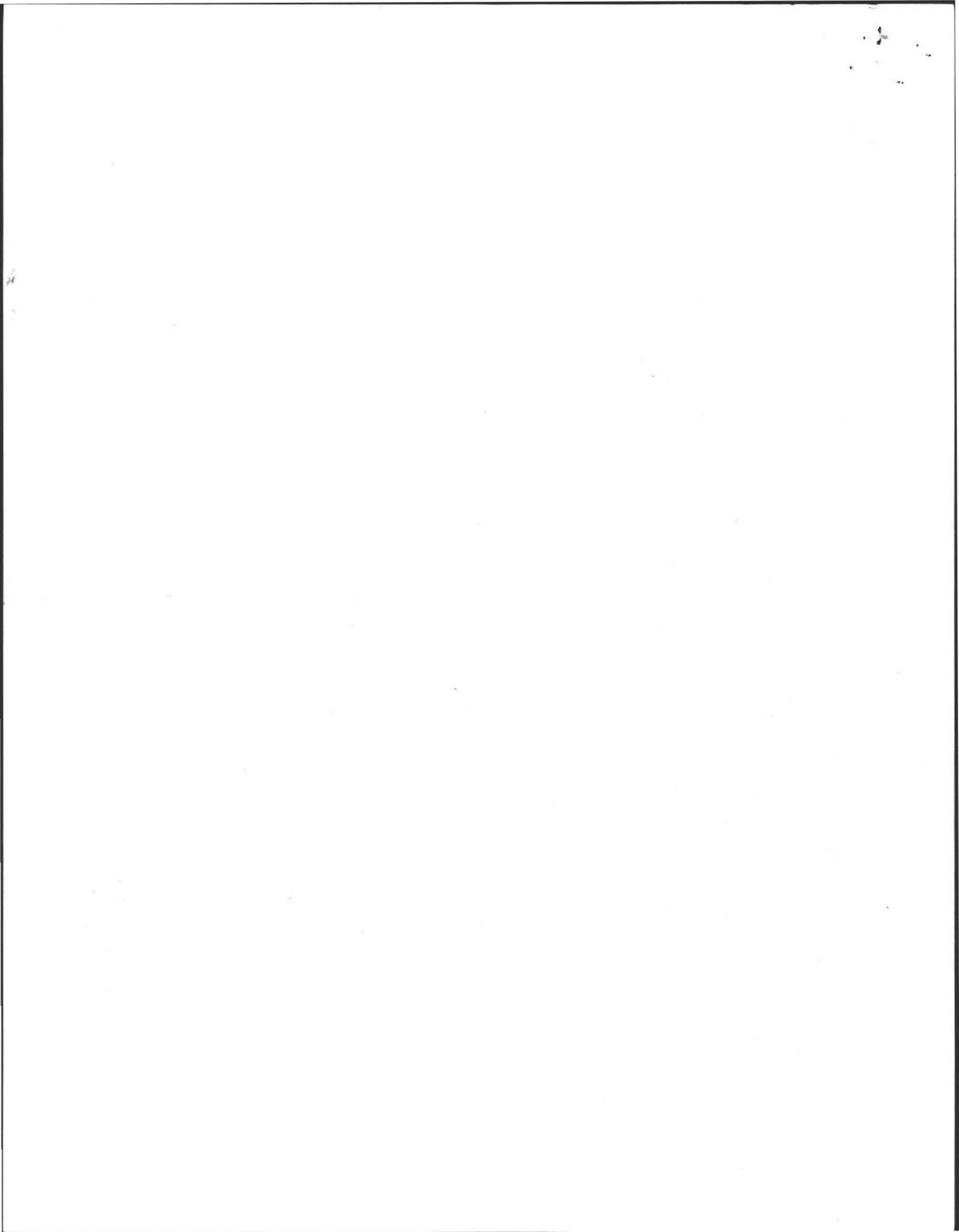
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 50 Overlook Drive

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date:	<u>7/10/01</u>	Time: <u>8 AM</u>
Observation Hole #	<u>①</u>	
Depth of Perc	<u>36</u>	
Start Pre-soak	<u>8:45</u>	
End Pre-soak	<u>9:00</u>	
Time at 12"	<u>9:00</u>	
Time at 9"	<u>9:05</u>	
Time at 6"	<u>9:20</u>	
Time (9"-6")	<u>15</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: AL Weiss Cold Spring Expo

Witnessed By: David Zarzeczka

Comments: _____





Location Address or Lot No. 50 Overlook Drive

On-site Review

Deep Hole Number _____ Date: 7/10/01 Time: _____ Weather: Sunny 80°

Location (identify on site plan) _____

Land Use Residential Slope (%) 2 Surface Stones Some

Vegetation White Pine Red Oak Maple

Landform Terrace down land

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100+ feet Drainage way 50+ feet
 Possible Wet Area 100+ feet Property Line 20 feet
 Drinking Water Well 100+ 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)
HOLE 1 10"	A	FSL	10YR 3/2		
24"	Bw	FSL	10YR 4/6	54" 2.5 4/2	Fine to med sand 15% cobbles Boulders
90"	C	LS	10YR 5/6		
HOLE 2					

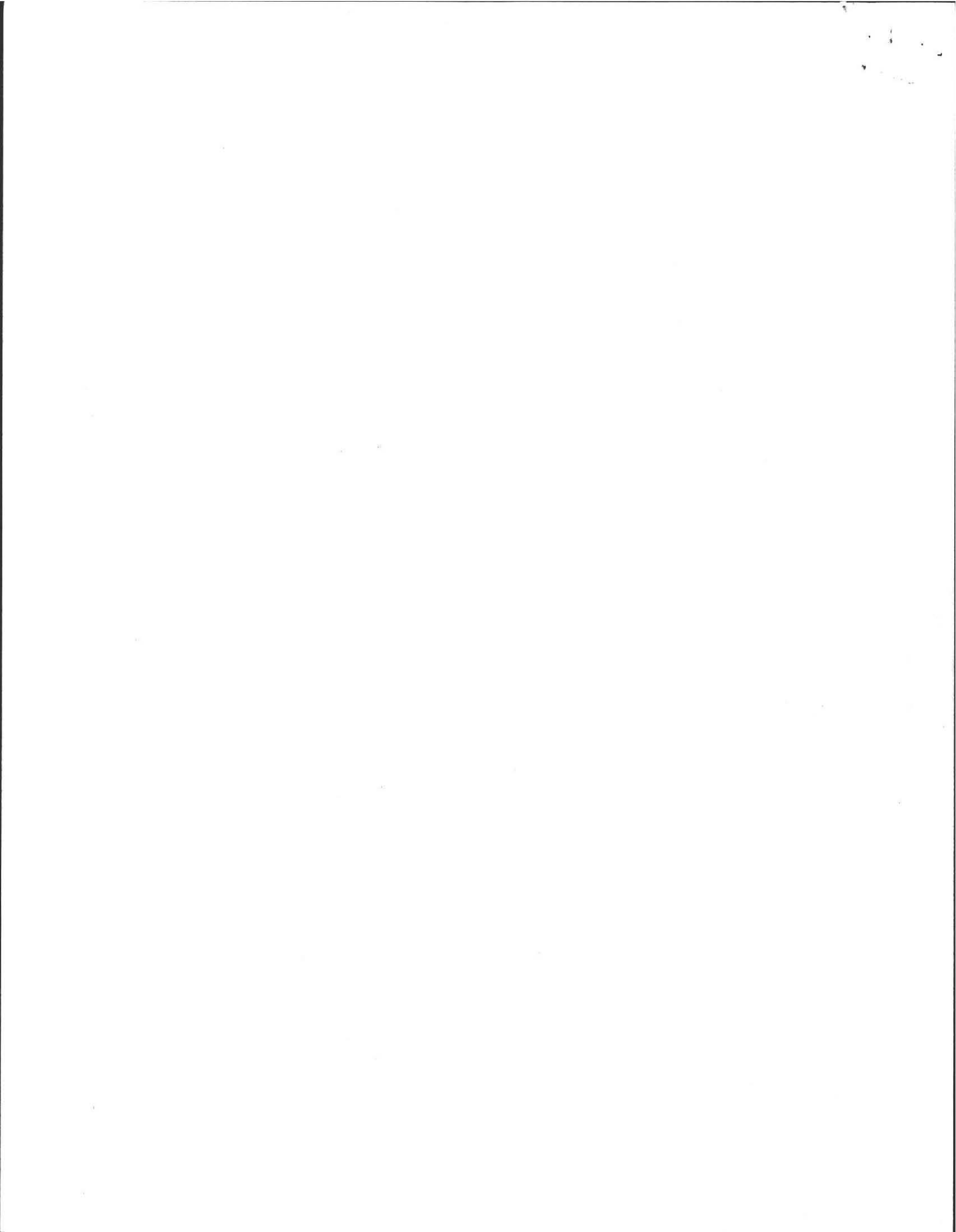
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) glacial till Depth to Bedrock: 90

Depth to Groundwater: Standing Water in the Hole: 90" Weeping from Pit Face: 58"

Estimated Seasonal High Ground Water: 54"





TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

No. 1755

Received of John Dubach of 50 Overlook Dr. Amherst
Name Address

For Property Located at: _____
Street Address Owner

HEA009 Bakery R6510 443508	_____	HEA015 Sanitary Code Booklets R6510 432305	_____
HEA001 Bed & Breakfast R6510 443516	_____	HEA016 Septic Tank Permit-Installers R6510 443511	_____
HEA002 Catering License R6510 443507	_____	HEA017 Septic Tank Permit-Private R6510 443510	_____
HEA003 Food Handler R6510 443515	_____	HEA018 Septic Tank Reinspection Fee R6510 432301	_____
HEA004 Frozen Deserts R6510 443501	_____	HEA019 Sub-Division Review Fee R6510 432306	_____
HEA005 Health Dept. Housing Isp. R6510 432302	_____	HEA012 Swimming Pool Permits R6510 443512	_____
HEA006 Massage Therapy License R6510 443504	_____	HEA020 Tanning License R6510 443509	_____
HEA007 Milk & Cream License R6510 443500	_____	HEA024 Funeral Director License R6510 443502	_____
HEA008 Motel License R6510 443506	_____	HEA034 Immunization Clinic R6510 432307	_____
HEA010 Removal of Offal R6510 443513	_____	HEA030 Car Seats 8407 258004	_____
HEA021 Removal of Rubbish R6510 443520	_____	HEA026 Smoking & Tobacco Reg. Violations R6510 443518	_____
HEA011 Percolation Test Fees <u>225.⁰⁰</u> R6510 432300	_____	HEA023 TB Clinic R6510 432303	_____
HEA013 Recreation Camp License R6510 443503	_____	HEA022 Tobacco License R6510 443505	_____
HEA014 Retail Store Permit R6510 443514	_____	HEA	_____
		HEA	_____

TOTAL FEE: 225.⁰⁰ CK #4802
Date 7/10/01
Inspector Services Health Department

JOHN F. DUBACH
50 OVERLOOK DR.
AMHERST, MA 01002

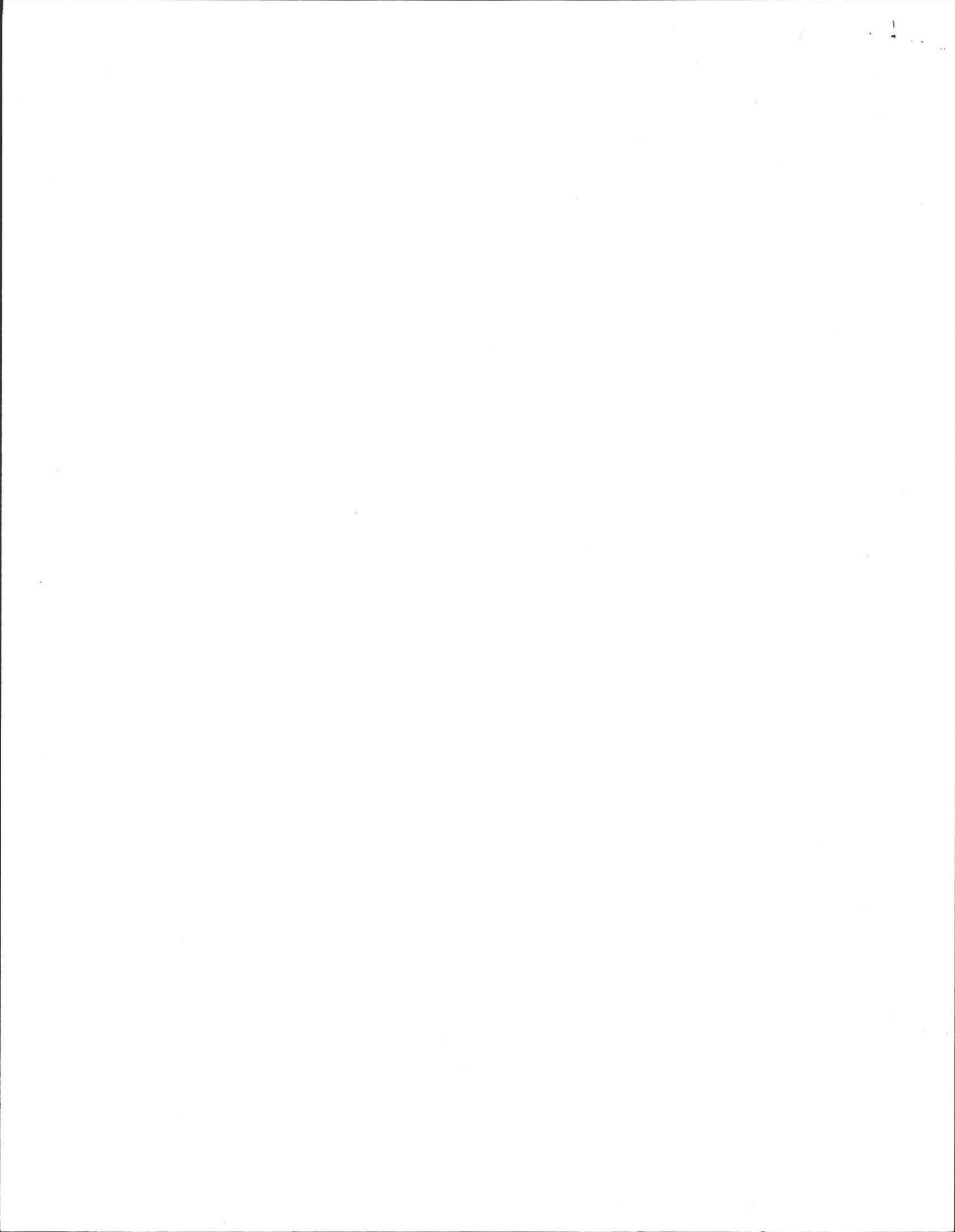
5-13/110 No. 4802
0363022534
DATE July 10, 2001

Pay to the order of Town of Amherst \$ 225.00
TWO HUNDRED TWENTY-FIVE ⁰⁰/₁₀₀

Fleet
www.fleet.com
43303 Amherst Office
Amherst, Massachusetts 01002

[Signature] MP

⑆011000138⑆ 03630 22534⑈ 4802 1755



TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

No. 1755

Received of John Dubach of 50 Overlook Dr. Amherst
Name Address

For Property Located at: _____
Street Address Owner

HEA009 Bakery R6510 443508	_____	HEA015 Sanitary Code Booklets R6510 432305	_____
HEA001 Bed & Breakfast R6510 443516	_____	HEA016 Septic Tank Permit-Installers R6510 443511	_____
HEA002 Catering License R6510 443507	_____	HEA017 Septic Tank Permit-Private R6510 443510	_____
HEA003 Food Handler R6510 443513	_____	HEA018 Septic Tank Reinspection Fee R6510 432301	_____
HEA004 Frozen Deserts R6510 443501	_____	HEA019 Sub-Division Review Fee R6510 432306	_____
HEA005 Health Dept. Housing Isp. R6510 432302	_____	HEA012 Swimming Pool Permits R6510 443512	_____
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HEA007 Milk & Cream License R6510 443500	_____	HEA024 Funeral Director License R6510 443502	_____
HEA008 Motel License R6510 443506	_____	HEA034 Immunization Clinic R6510 432307	_____
HEA010 Removal of Offal R6510 443513	_____	HEA030 Car Seats 8407 258004	_____
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HEA011 Percolation Test Fees <u>225.00</u>	_____	HEA023 TB Clinic R6510 432303	_____
HEA013 Recreation Camp License R6510 443503	_____	HEA022 Tobacco License R6510 443505	_____
HEA014 Retail Store Permit R6510 443514	_____	HEA _____	_____
		HEA _____	_____

TOTAL FEE: 225.00 CK #4802
D. Carignan 7/10/01
Inspection Services/Health Department Date

JOHN F. DUBACH
50 OVERLOOK DR.
AMHERST, MA 01002

5-13/110 No. 4802
0363022534

DATE July 10, 2001

Pay to the order of Town of Amherst \$ 225.00
TWO HUNDRED TWENTY-FIVE & 00/100 DOLLARS

Fleet
43303 www.fleet.com
Amherst Office
Amherst, Massachusetts 01002

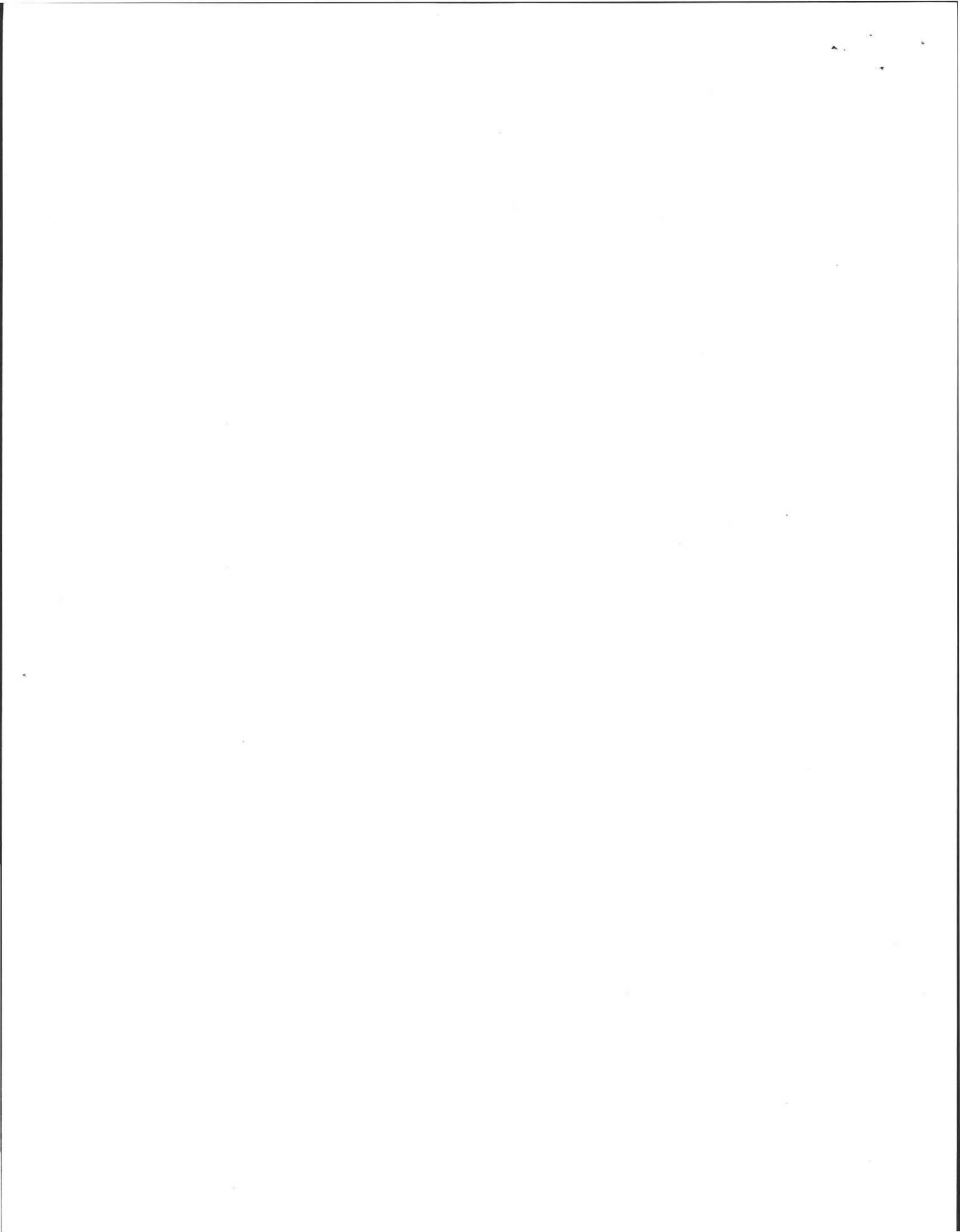
John F. Dubach MP

⑆011000138⑆ 03630 22534 4802 1755

06300051

Must be Validated by the Collector's Office to be considered paid

White - Applicant Yellow - Collector Pink - Accounting Gold - Health Inspections





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

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

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

Date: 7/10/01

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 7/10/01

Witnessed By: D. ZAFOWSKI

Location Address or Lot # <u>50 Overlook Dr. N. Amherst, near Shutes line MA 06B, LOT 51</u>	Owner's Name, Address, and Telephone # <u>John Dubach 50 Overlook Dr. Amherst, MA</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published 1981 Publication Scale 1:15,840 Soil Map Unit 6xB

Drainage Class RAPID Soil Limitations N/A

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) _____

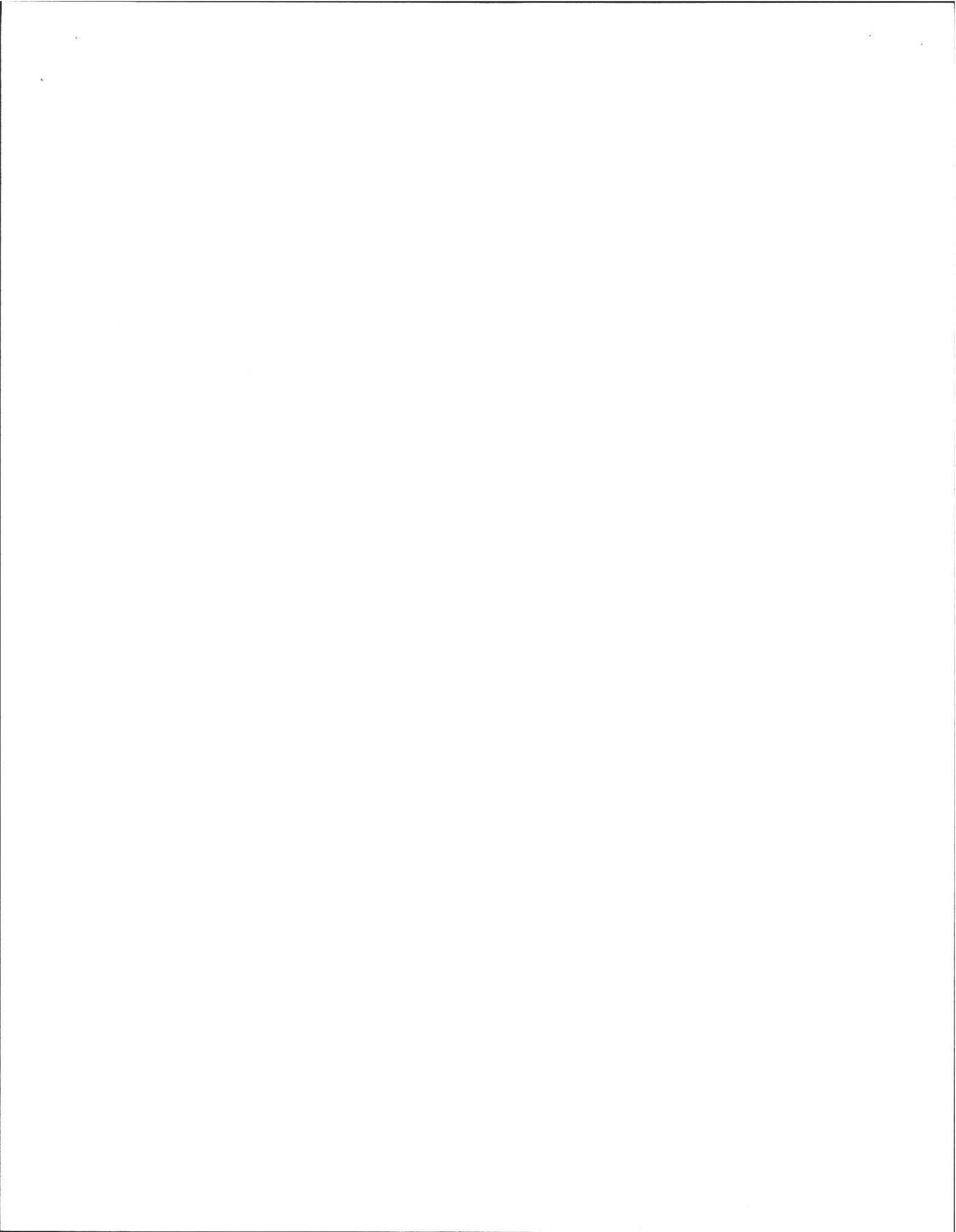
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 50 Overlook DR.

On-site Review

Deep Hole Number P-1 Date: 7/10/01 Time: 8:30 Weather 75°F Sun

Location (identify on site plan) _____

Land Use Rural Slope (%) 2 Surface Stones Some

Vegetation R. Maple, P. oak, W. P.O.

Landform terraced drumlin

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet

Drainage way 50' ^{catch basin} feet

Possible Wet Area 100' feet

Property Line 20' feet (front)

Drinking Water Well 100' 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)
P-1 0-10"	A	FSL	10YR 2 3/2		Frangible
10-24"	Bw	FSL	10YR 4/6		Frangible
24-90"	C	LS	10YR 5/6	5Y" mottling 2.5 4 1/2	FINE-MED SANDY L.S. 15% cobbles + boulders. MOD. LOOSE.
P-2 0-10"	A	FSL	10YR 2 3/2		Frangible
10-24"	Bw	FSL	10YR 4/6		Frangible
24"-70"	C	LS	10YR 5/6	5Y" mottling 2.5 4 1/2	Fine-med sandy LS. 15% cobbles + boulders MOD LOOSE.

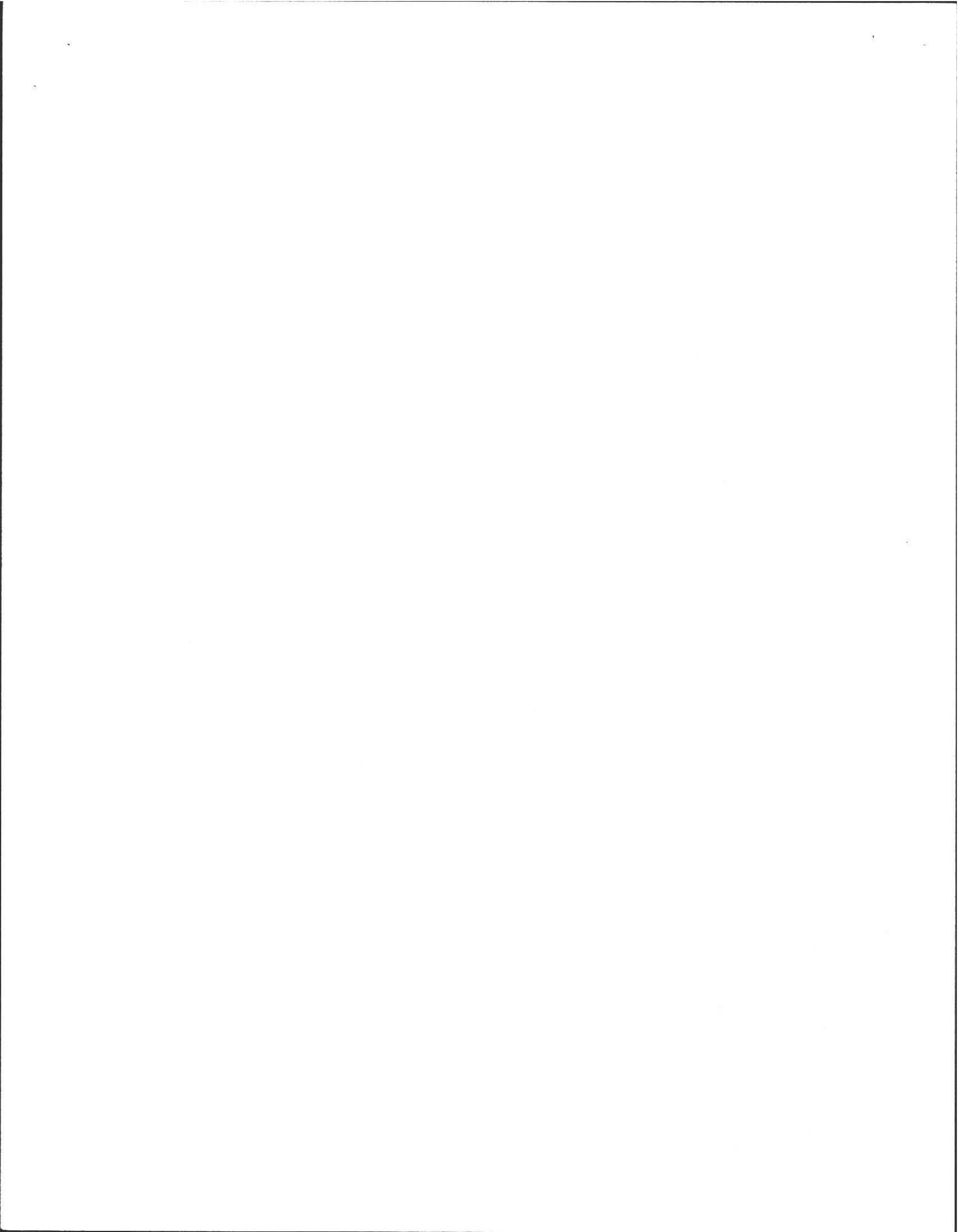
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) G. MATIL Depth to Bedrock: 90"

Depth to Groundwater: Standing Water in the Hole: 58"-60" Weeping from Pit Face: 58"-60"

Estimated Seasonal High Ground Water: 54"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 50 Overlook Dr

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>7/10/01</u>		Time: <u>8:30</u>
Observation Hole #	<u>P₁</u>	
Depth of Perc	<u>36"</u>	<u>Repair</u>
Start Pre-soak	<u>8:45</u>	<u>Washed</u>
End Pre-soak	<u>9:00</u>	<u>by BH</u>
Time at 12"	<u>9:00</u>	
Time at 9"	<u>9:05</u>	
Time at 6"	<u>9:20</u>	<u>—</u>
Time (9"-6")	<u>15 $\frac{MIN}{IN}$</u>	<u>—</u>
Rate Min./Inch	<u>5 $\frac{MIN}{IN}$</u>	<u>—</u>

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

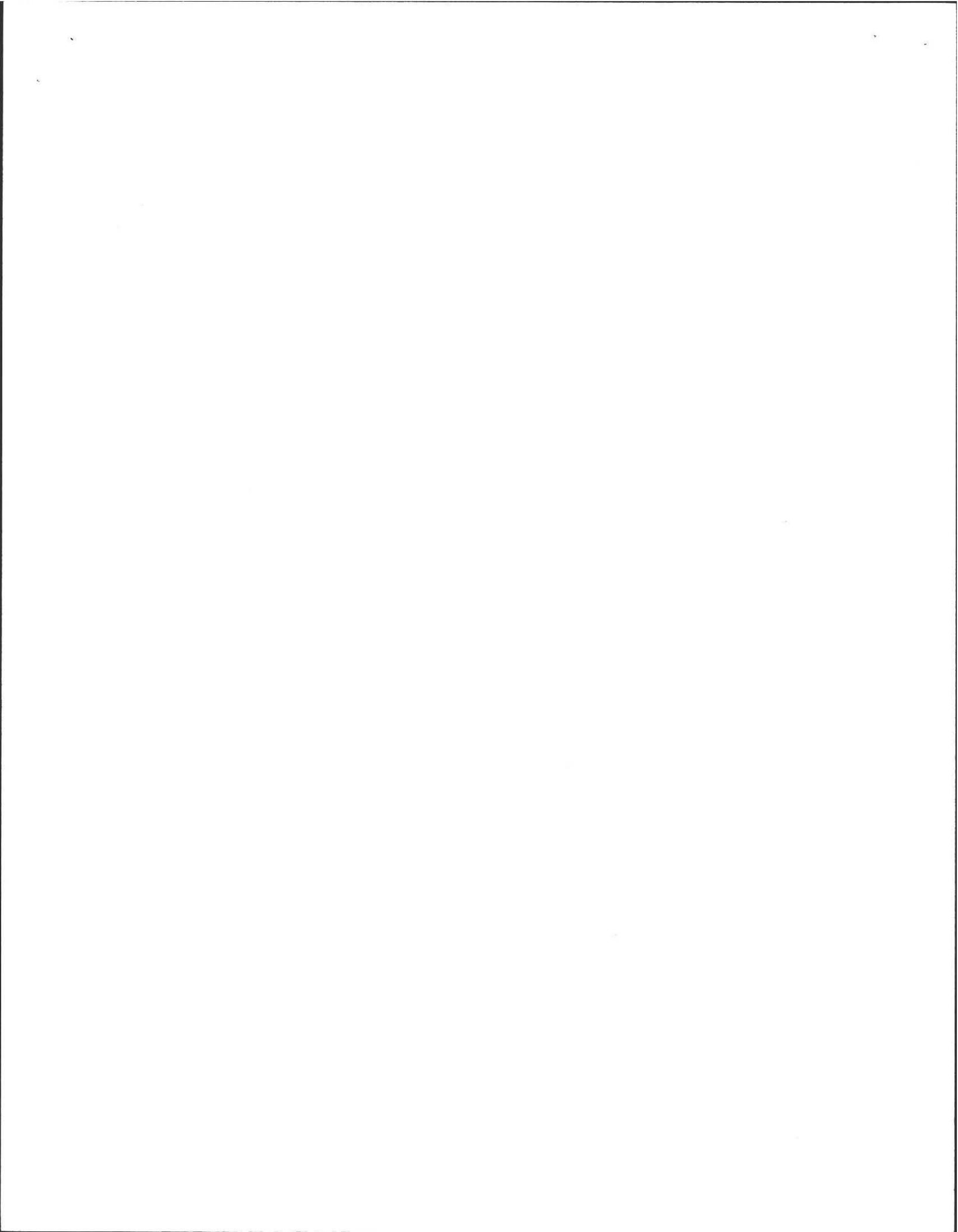
Site Passed Site Failed

Performed By: A. Wess

Witnessed By: D. Zarozinski

Comments: Note Catch Basin, 4' separation





Location Address or Lot No. 50 Overlook Dr.

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 5Y^v 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

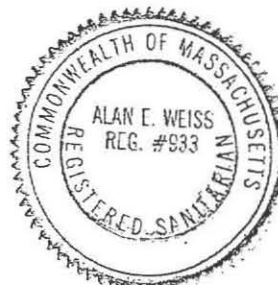
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

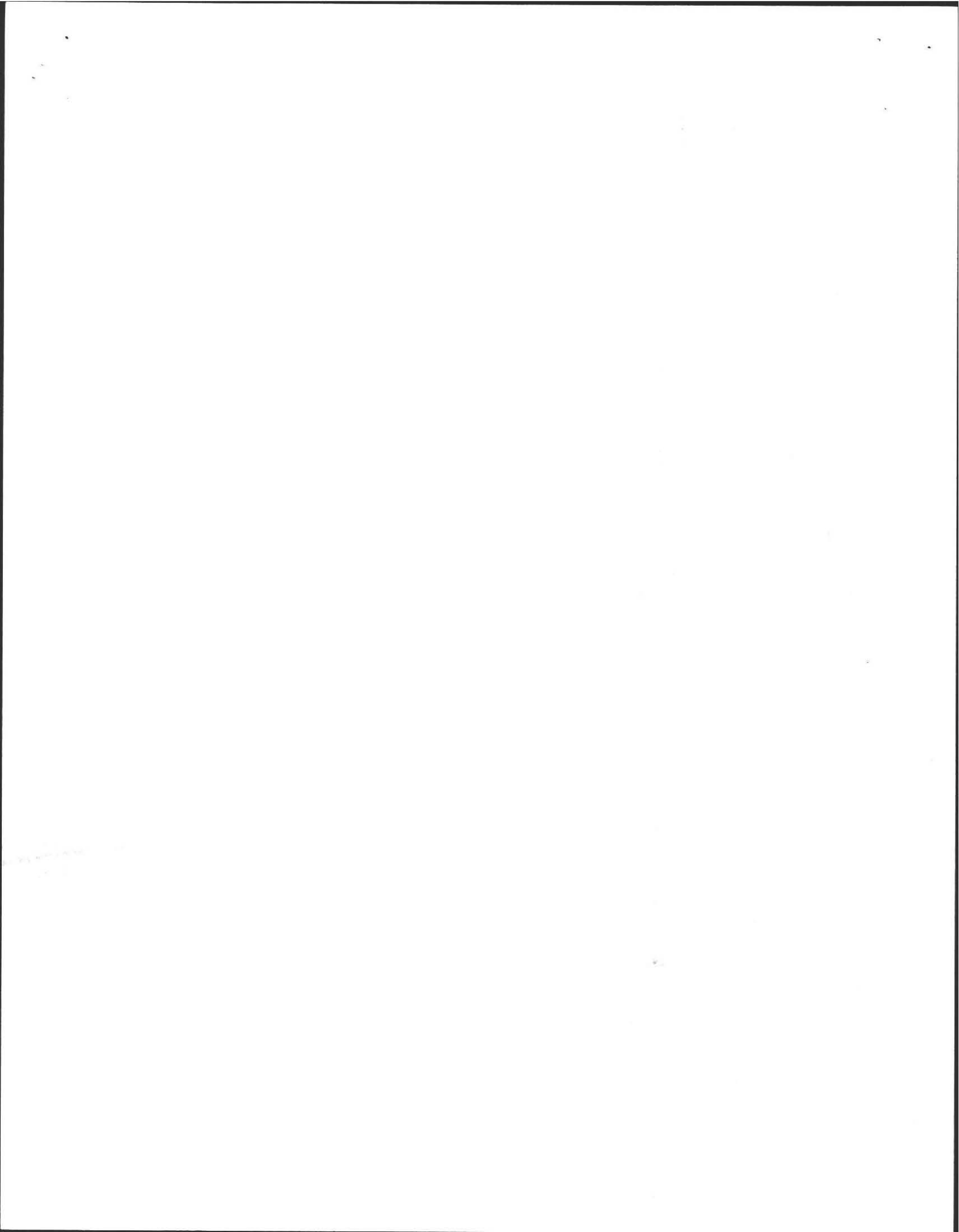
If not, what is the depth of naturally occurring pervious material? _____

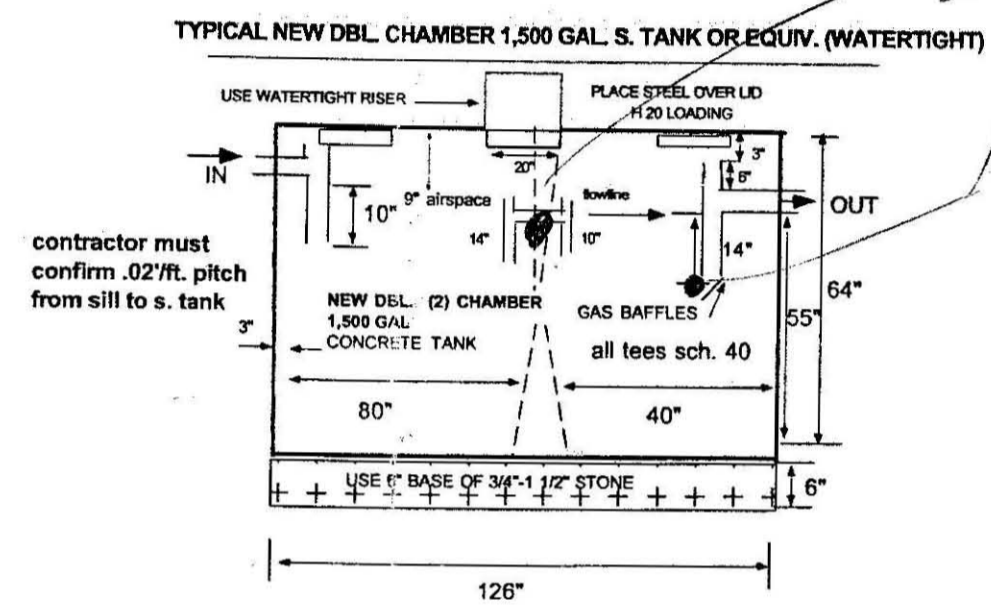
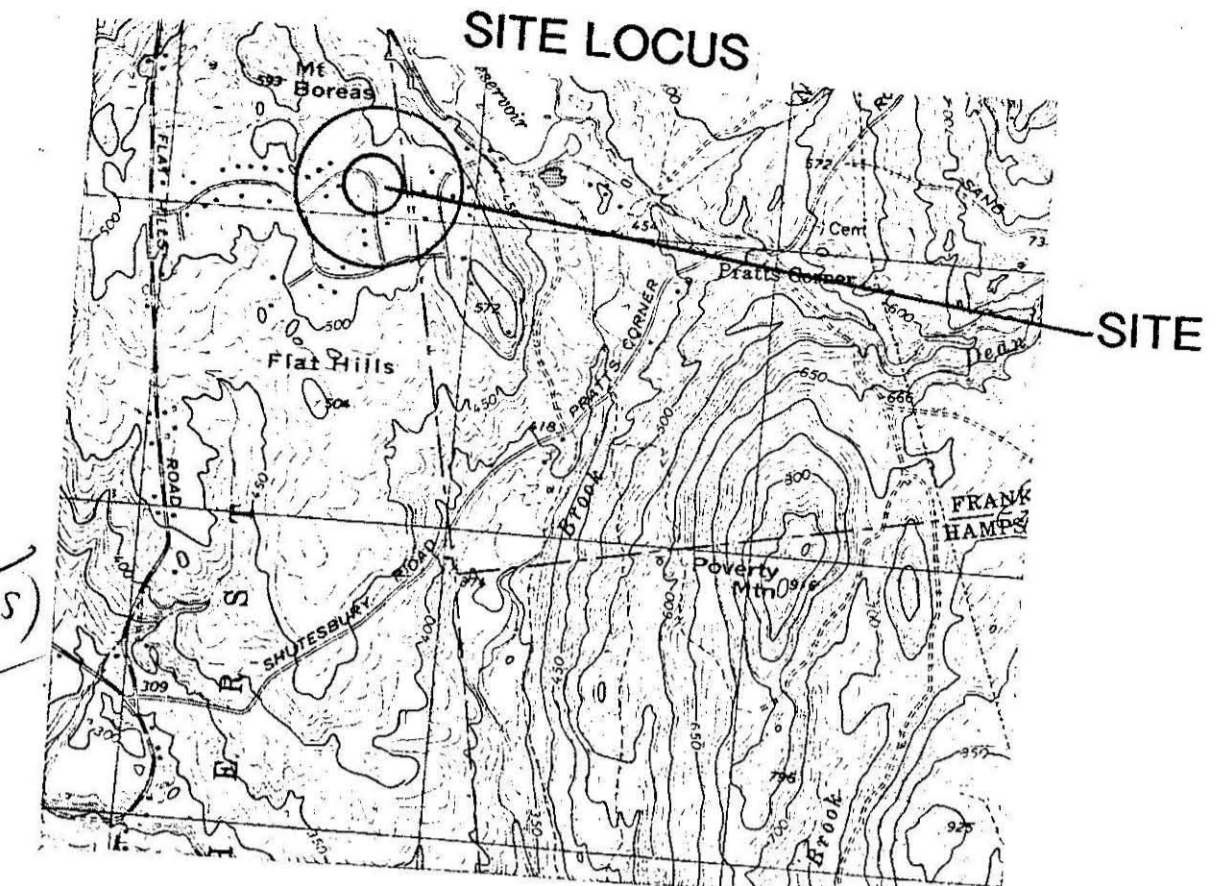
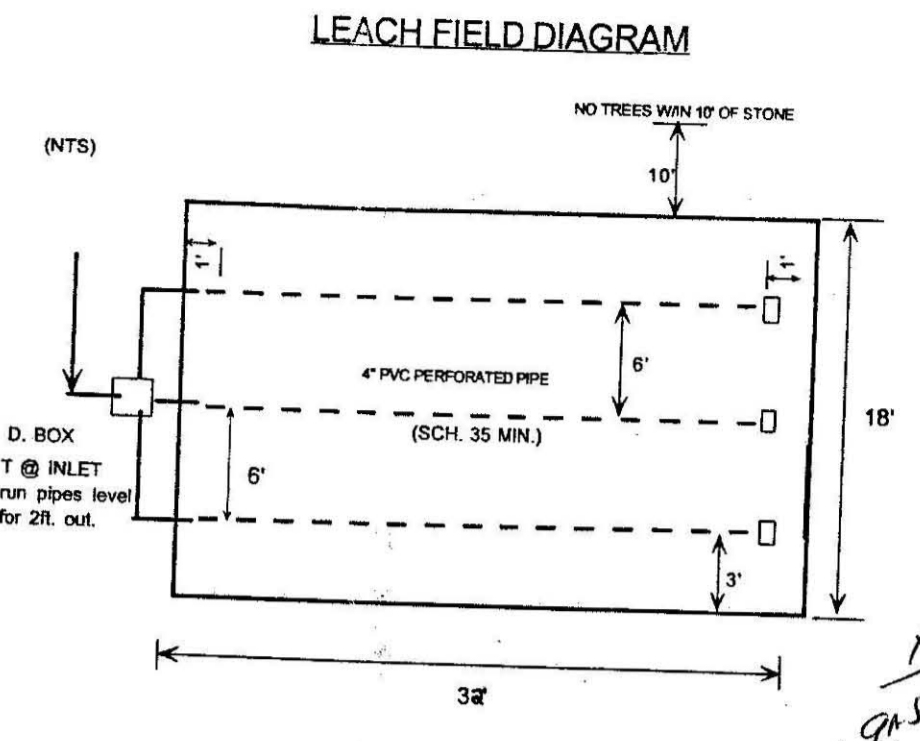
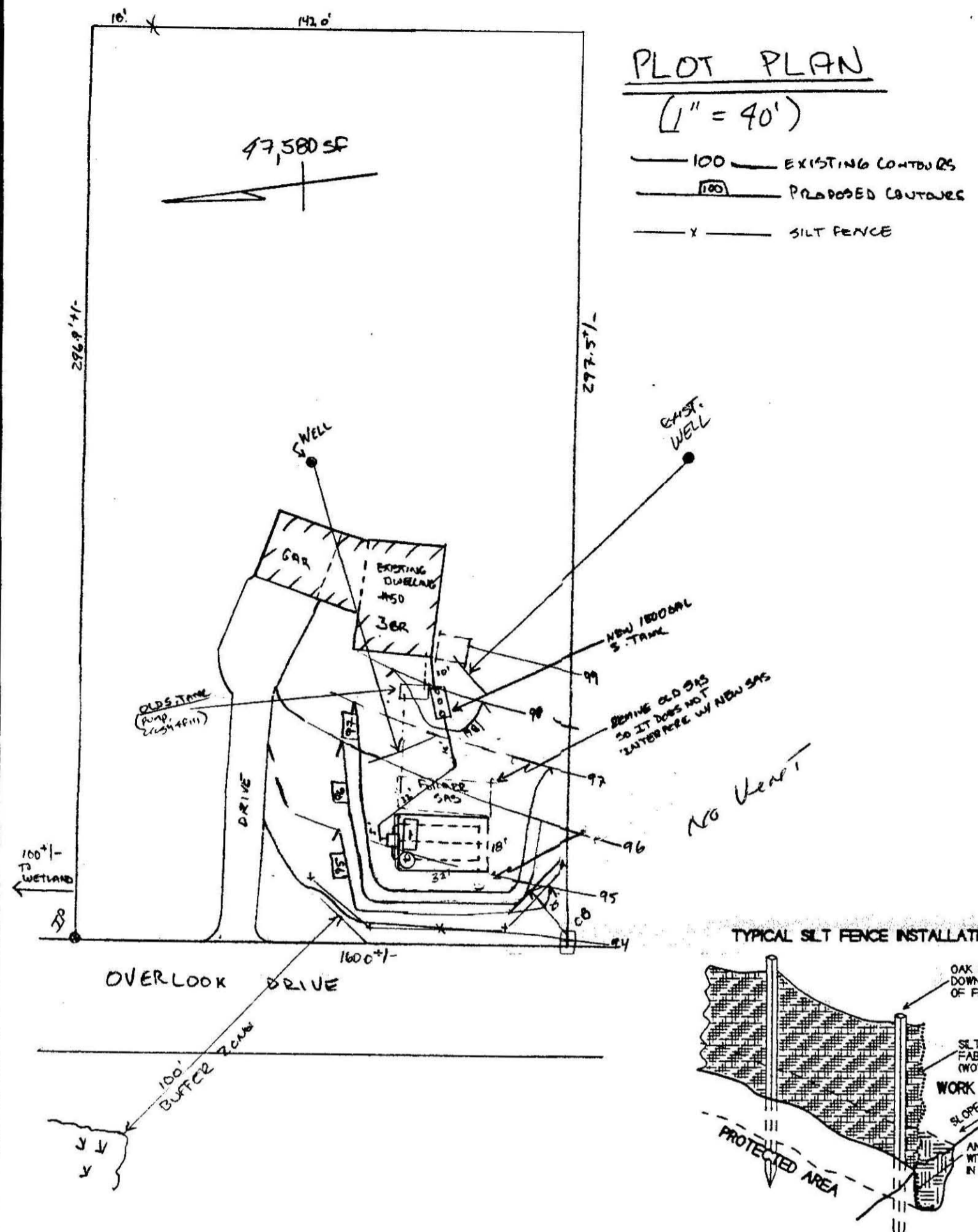
Certification

I certify that on June, 05 (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 AL _____ Date 7/10/01

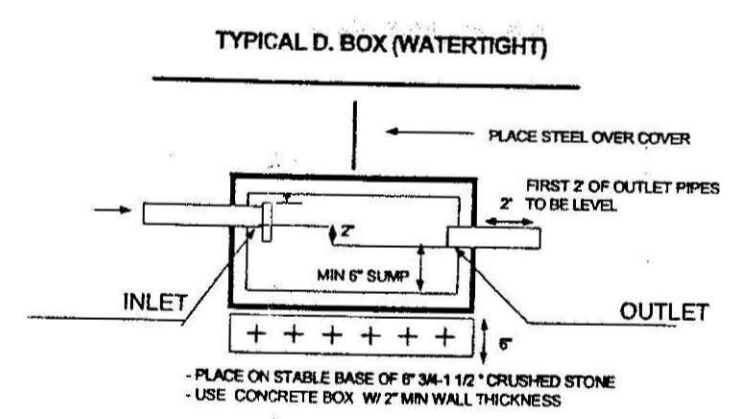
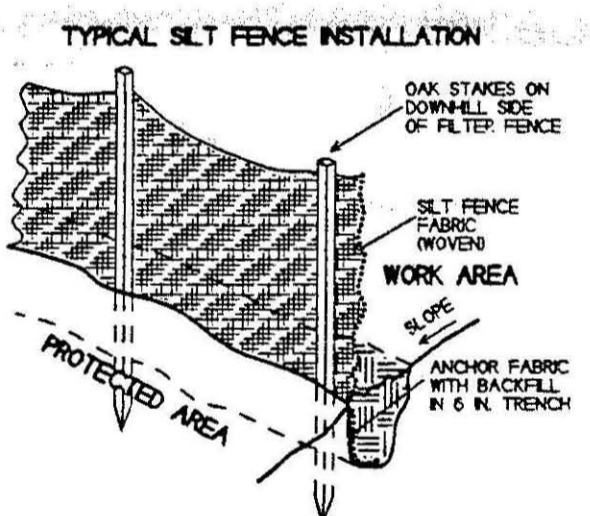




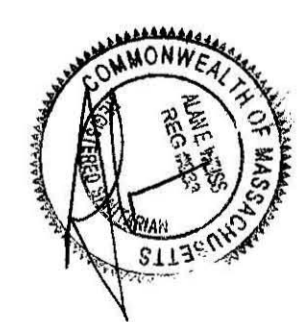
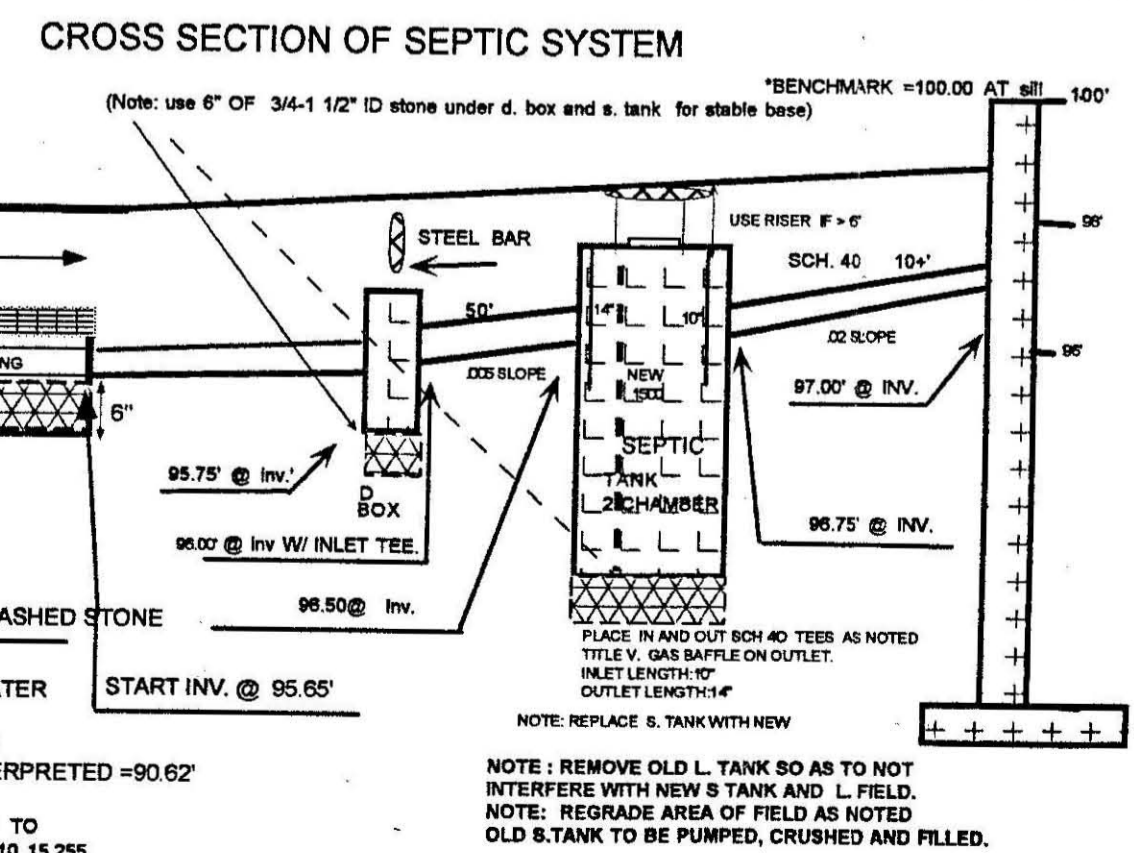


TEST PIT LOG

TP-1 EFF. EL. 95.12'		TP-2 el. 94.90'
0-10"	A: FINE SANDY LOAM, FRIABLE-LOOSE (10 YR 3/2)	0-10
10-24"	BW: SANDY loam, FRIABLE-LOOSE (10 YR 4/6)	6-10"
10-90"	C1 FINE TO MED SAND MOD. LOOSE (10 YR 5/6)	10-70"
OXIDES: 54" 2.15 V 4.2		
ESHWT: 54" IN TP-1 EFF. FOR DESIGN @ 90.62' (4' SEPARATION PROVIDED)		
60"	STANDING H ₂ O	58-60"
60"	WEEPING FROM FACE	58-60"
90" +	BEDROCK	70" +



- ### DESIGN NOTES:
- 3 BR X 110 GAL/PERSONS/DAY = 330 GAL/DAY
 -Use ONE Leachfield 18' wide x 32' LONG W/6" of .5" of DBL washed stone below invert. 18x32
 Bot. Area: 18' wide x 32' long = 576sf.
 Side Area: N.A.
 Tot. Area: 576 sf x 0.74 gal.sf. = 426 GAL./day.
 - GARBAGE DISPOSAL NOT ALLOWED (remove if STILL present)
 - ALL D. BOX OUTLET PIPES LEVEL FOR 2'
 - NO PRIVATE WELLS WITHIN 100 FEET OF SAS
 - NO WETLANDS WITHIN 100 FEET OF SAS (see plan).
 - PRE & POST CONTOURS NOTED AS NECESSARY.
 - RESERVE AREA NOT REQUIRED. (PUMP CRUSH & REPLACE OLD SEPTIC TANK & PIT)
 (NEW 1,500 gal. 2 chamber S. TANK MAINTAIN 0.02 PITCH FROM SILL TO S. TANK, CLEAR TO BASE UNDER BED PRIOR TO TITLE V SAND PLACEMENT.
 - SOIL EVALUATION BY A. WEISS, RS. 07/10/2001.
 - DEPTH OF PERC. 43" BY A. Weiss 07/10/2001
 - PERC RATE = 5 MIN/IN, CLASS I SOIL RATING (LOAMY SAND)
 - INSTALL/INSPECT TEES (10" INLET, 14" OUTLET) ON 1,500 GAL. S. TANK AS NEEDED.
 - USE APPROVED (1 1/2") DBL. WASHED STONE UNDER BED & D. BOX FOR 6".
 CONFIRM STONE PROPERLY WASHED (WITH BUCKET H₂O TEST) PRIOR TO PLACEMENT.
 - NO TREES WITHIN 10' OF NEW LEACH FIELD.
 - ENGINEER TO INSPECT SUBGRADE, remove old system IF interferes with new SAS.
 - T.B.M. 100.00 AT SILL, PITCH PIPE 0.02 TO S. TANK
 - GRADE MULCH AND SEED OVER LEACHFIELD/SAS.



SEPTIC SYSTEM REPAIR PLAN FOR JOHN DUBACH 50 OVERLOOK DR. AMHERST, MA		
SCALE:	APPROVED BY:	DRAWN BY AW
DATE: 7/31/01		REVISED
COLD SPRING ENVIRONMENTAL, INC.		DRAWING NUMBER 101-1359-0710