89-5

42 South Orchard Drive - Pending

NOV 3, 1988

(1) DISTANCE OF WETLANDS TO SYSTEM (EXACTLY)

(2) LOCATION OF old SYSTEM

(3) WERE ~~THERE~~ ANY ALTERNATIVES TO PERC SITE?

(4) WHAT ABOUT USING A STEP DOWN SYSTEM?

(5) DESIGN FOR 30 RATE

Dave

I CALLED 11/14 I ~~THE BOX~~ OK

11/23 10:35

Dave,

I made all the changes.

Roger Baron

P.S. Thanks

James Johnson - STATION Road

88-37

Town of

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 256-4077

Bettye Anderson Frederic, Director

October 30, 1990

To: Bettye Anderson Frederic

From: David Zarozinski DZ

Re: Variances for failed septic system at 42 South Orchard Dr.

I have reviewed the plan for the failed septic system for Mr. Jon Machta at 42 South Orchard Drive, Amherst, MA. The engineer for Mr. Machta is James Gracia.

In order to repair this system, Mr. Machta will need variances to the Town of Amherst and Department of Environmental Protection (D.E.P.) Title V regulations.

The requests are as follows:

1) Depth to groundwater. Town requirement is six feet, Title V is four feet, actual clearance will be 4.25 feet.

2) Distance from wetland boundaries to leaching facility. Town requirement is 100 ft., Title V is fifty ft., actual distance will be 80 ft.

3) D.E.P. requires that setbacks to property line be a minimum of ten (10) feet [Reg. 15.03 (7) Distances (1)(2)]. The leaching trenches will be parallel to Blossom Lane and a three (3) foot setback from the property line.

It is my opinion that granting variances #1 and #2 will give the residents in this area the same degree of environmental protection as that required by Title V. I would also grant variance #3 for the following reasons:

1) If the system is moved to the required 10' setback from the property line the possibility of break-out is greater (elevations);
2) He would need a variance to cellar wall to system distance -- Title V requires 20';
3) There may be a need for a variance to the catch basin distance of 25';
4) The system would be closer to the wetlands.

Town of
AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 256-4077

Bettye Anderson Frederic, Director

November 19, 1990

Mr. Jonathan Machta
42 South Orchard Drive
Amherst, MA 01002

Dear Mr. Machta:

On November 14, 1990, at a Board of Health meeting, the members agreed by a majority vote to grant the variance to the Town regulations regarding the repairs to your septic system. They were also in favor of supporting the variance to Title V requirements.

The requested variances are:

1. Depth to groundwater below bottom of leach area to be less than 5 feet. Proposed clearance to be 4.25 feet.

2. Setback from wetland boundary to leach area to be less than 100 feet. Closest point of leach area to be approximately 80 feet from wetland boundary.

3. Setback to property line from leach area to be less than 10 feet. Leach trenches to be parallel to Blossom Lane and 3 feet setback from property line.

It was the Board's opinion that the same degree of environmental protection required can be acheived without the strict application of these particular provisions.

In conclusion, please be advised that repairs to this septic system can not begin until we have received approval from the Department of Environmental Protection or the 30 day grace period has elapsed.

Very truly yours,

David Zarozinski
Sanitarian

To: Amherst Board of Health

From: Jon Machta

Date: 11/13/90

Subject: Request for Variances

The existing septic system for #42 South Orchard Drive is in need of repair and as a result, the following variances to the Amherst Board of Health Regulations, concerning the Repair and Installation of Subsurface Sewage Disposal Systems, must be requested:

1. Depth to groundwater below bottom of leach area to be less than 5 feet. Proposed clearance to be 4.25 feet.

2. Setback from wetland boundary to leach area to be less than 100 feet. Closest point of leach area to be approximately 80 feet from wetland boundary.

3. Setback to property line from leach area to be less than 10 feet. Leach trenches to be parallel to Blossom Lane and 3 feet setback from property line.

Sincerely,

Jonathan Machta

JON MACHTA

No. 90-15

CH # 2612
FEE 100.00 Fee
CK #2807 60.00 Plans Pd.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

COMMONWEALTH OF MASSACHUSETTS JAMES ANTHONY GRACIA No. 29781 REGISTERED PROFESSIONAL ENGINEER

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct ( ) or Repair (XX) an Individual Sewage Disposal

42 So. Orchard Drive
Location Address

Jonathan Machta
Owner

Same
or Lot No.
Address

Installer

Address

Type of Building

Size Lot ..... Sq. feet

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 660 gallons.

Septic Tank — Liquid capacity 1500 gallons Length 10' Width 5' Diameter ..... Depth 4'

Disposal Trench — No. 4 Width 2' Total Length 240 lf Total leaching area 720 sq. ft.

Seepage Pit No. ..... Diameter ..... Depth below inlet ..... Total leaching area ..... sq. ft.

Other Distribution box (xx) Dosing tank ( )

Percolation Test Results Performed by James A. Gracia, PE Date 6-6-90

Test Pit No. 1 2 minutes per inch Depth of Test Pit 114" Depth to ground water 72"

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil Medium Sand over silt and Clay

Nature of Repairs or Alterations — Answer when applicable Replace existing leach area at approximate same location.

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary 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 Jonathan Machta 4/13/90
Date

Application Approved By .....
Date

Application Disapproved *for the following reasons:* .....

Date

Permit No. 90-15 Issued .....
Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired (✓)

by .....
Installer

at 42 So. Orchard Drive

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 90-15 dated .....

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

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 90-15 Town OF Amherst

CH. 2612
FEE 100.00
60.00
2807

Disposal Works Construction Permit

Permission is hereby granted .....

to Construct ( ) or Repair (✓) an Individual Sewage Disposal System

at No. 42 South Orchard Street
Street

as shown on the application for Disposal Works Construction Permit No. 90-15 Dated .....

DATE .....
Board of Health

FORM 1255 A. M. SULKIN, BOSTON

No. 90-15

FEE 100.00 Perc CH #2612 CH. #2807 60 PLANS Pd.

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 (XX) an Individual Sewage Disposal

42 So. Orchard Drive
Location Address

Jonathan Machta — Owner

Same — Address or Lot No.

Installer — Address

Type of Building — Size Lot ..... Sq. feet

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 660 gallons.

Septic Tank — Liquid capacity 1500 gallons Length 10' Width 5' Diameter ..... Depth 4'

Disposal Trench — No. 4 Width 2' Total Length 240 lf Total leaching area 720 sq. ft.

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Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary 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 Jonathan Machta 11/13/90 Date

Application Approved By ..... Date

Application Disapproved *for the following reasons:* ..... Date

Permit No. 90-15 Issued ..... Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( ) —

by ..... Installer

at 42 So. Orchard Drive

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 90-15 dated .....

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

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 90-15 FEE 60.00 CH 2612 100.00 2807

Disposal Works Construction Permit

Permission is hereby granted .....

to Construct ( ) or Repair ( ) an Individual Sewage Disposal System

at No. 42 South Orchard Street
Street

as shown on the application for Disposal Works Construction Permit No. 90-15 Dated .....

Board of Health

DATE .....

FORM 1255 A. M. SULKIN, BOSTON

AMHERST HEALTH DEPARTMENT

TITLE V FEES

Owner: Betsy Brooks, MD
Jonathan Machta

Site: 42 S Orchard St

Percolation Test: Per Lot

1 Date: 6/6/90
CK # 2612 Perc Test 100.00

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Disposal Works Construction Permit

Plan Review Date _____

Final Inspection Date _____

Subsequent Plan Review

Date _____

Date _____

Date _____

Reinspection of Installation

Date _____

Date _____

Date _____

To Bring Fill
To Landfill
115.00 Ton

AS OF June 1990

EH: 89 15 01

Repair

Pd. 100.00
ck 2612 6/4/90

TOWN OF AMHERST

PERC TEST DATA SHEET

DATE 6/6/90 LOCATION 42 S. ORCHARD DRIVE LOT SIZE _____

OWNER BETSY BROOKS, MD. JONATHAN MACHTA ADDRESS 42 South Orchard Dr TELE # 253-9456

P.E./RS Jim Gracia FIRM _____ OBSERVED BY David Zaremski

BACK HOE OPERATOR _____ BENCH MARK _____

PERC DEPTH ___ PRE SOAK TIME _____ PERC DEPTH ___ PRE SOAK TIME _____

TEST _____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

RATE _____ RATE _____

#1

TOP 15	TOP
SUB	SUB
Fill 24" SAND 60" / Clay	6' WATER
114"	

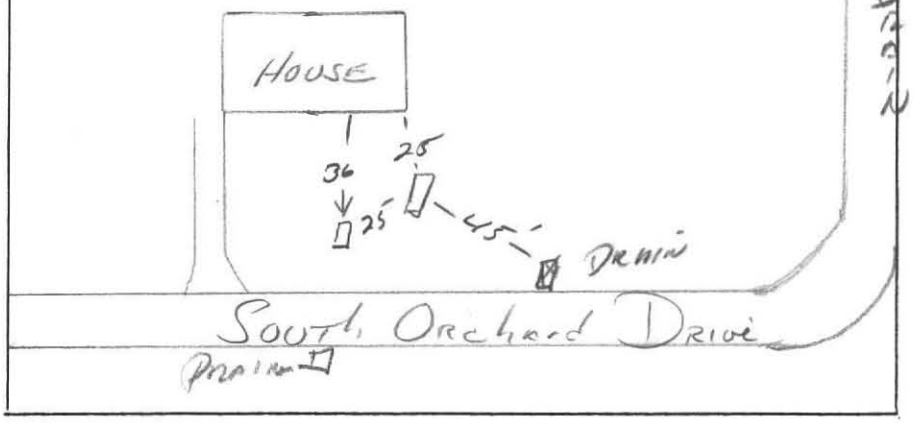
TOP	TOP
SUB	SUB

TOP	TOP
SUB	SUB

TOWN WATER

No Test - gravel Fill Between 24" - 60" catch Basins, wetlands, ETC Eng will design As Large As Possible to meet All Regs Title V Plus town

NOTE: Soil would Perc at a 2 min per inch - system will be designed for a much larger rate



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: M Kutchem
4. Article Number: P 385 125 084
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X M. [illegible]
6. Signature – Agent: X
7. Date of Delivery: 10-31-90
8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Apr. 1989 ★U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

Fold at line over top of envelope to the right

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: R Poppletone
4. Article Number: P 385 125 086
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X
6. Signature – Agent: X Kristin Morrison
7. Date of Delivery: 11-2-90
8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, [illegible] MESTIC RETURN RECEIPT

Fold at line over top of envelope to the right of the return address

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: V. Tyhan
4. Article Number: P 385 125 090
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X
6. Signature – Agent: X Charlotte A. Moran
7. Date of Delivery: 10/31/90
8. Addressee's Address *(ONLY if requested and fee paid)*

Fold at line over top of envelope to the right of the return address

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: J. Morgan
4. Article Number: P 385 125 087
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X Michelle C. Morgan
6. Signature – Agent: X
7. Date of Delivery: 11-1-90
8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Apr. 1989 ★U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

Fold at line over top of envelope to the right of the return address

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: E. Weaver
4. Article Number: P 385 125 089
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X E E W
6. Signature – Agent: X
7. Date of Delivery: 11-1-90
8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form 3811, Apr. 1989 ★U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIP

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
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1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: S Strasser
4. Article Number: P 381 125 083
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X S Strasser
6. Signature – Agent: X
7. Date of Delivery
8. Addressee's Address *(ONLY if requested and fee paid)* STT NOV 1 90

PS Form 381[illegible] DOMESTIC RETURN RECEIPT

SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.
Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.
1. ☐ Show to whom delivered, date, and addressee's address. *(Extra charge)* 2. ☐ Restricted Delivery *(Extra charge)*

3. Article Addressed to: D Smith
4. Article Number: P 385 125 088
Type of Service: ☐ Registered ☐ Insured ☒ Certified ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
Always obtain signature of addressee or agent and DATE DELIVERED.
5. Signature – Addressee: X D Smith
6. Signature – Agent: X
7. Date of Delivery: 10-31-90
8. Addressee's Address *(ONLY if requested and fee paid)*

PS Form [illegible] DOMESTIC RETURN RECEIPT

Fold at line over top of envelope to the right of the return address