

621 Station Road

1) Board of Health Copy

2) Judy to Sign Page 3
A DATE

3) Need check for 3/15 PAID
Payable to Town of
Amherst
Date



Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

RCT# 2096 CK#468

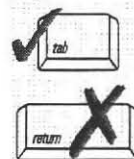
06-12
 Number
 \$ 375⁰⁰
 Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component



1. Location of Facility:
621 Station Rd.
 Address or Lot #
Amherst MA 01002
 City/Town State Zip Code

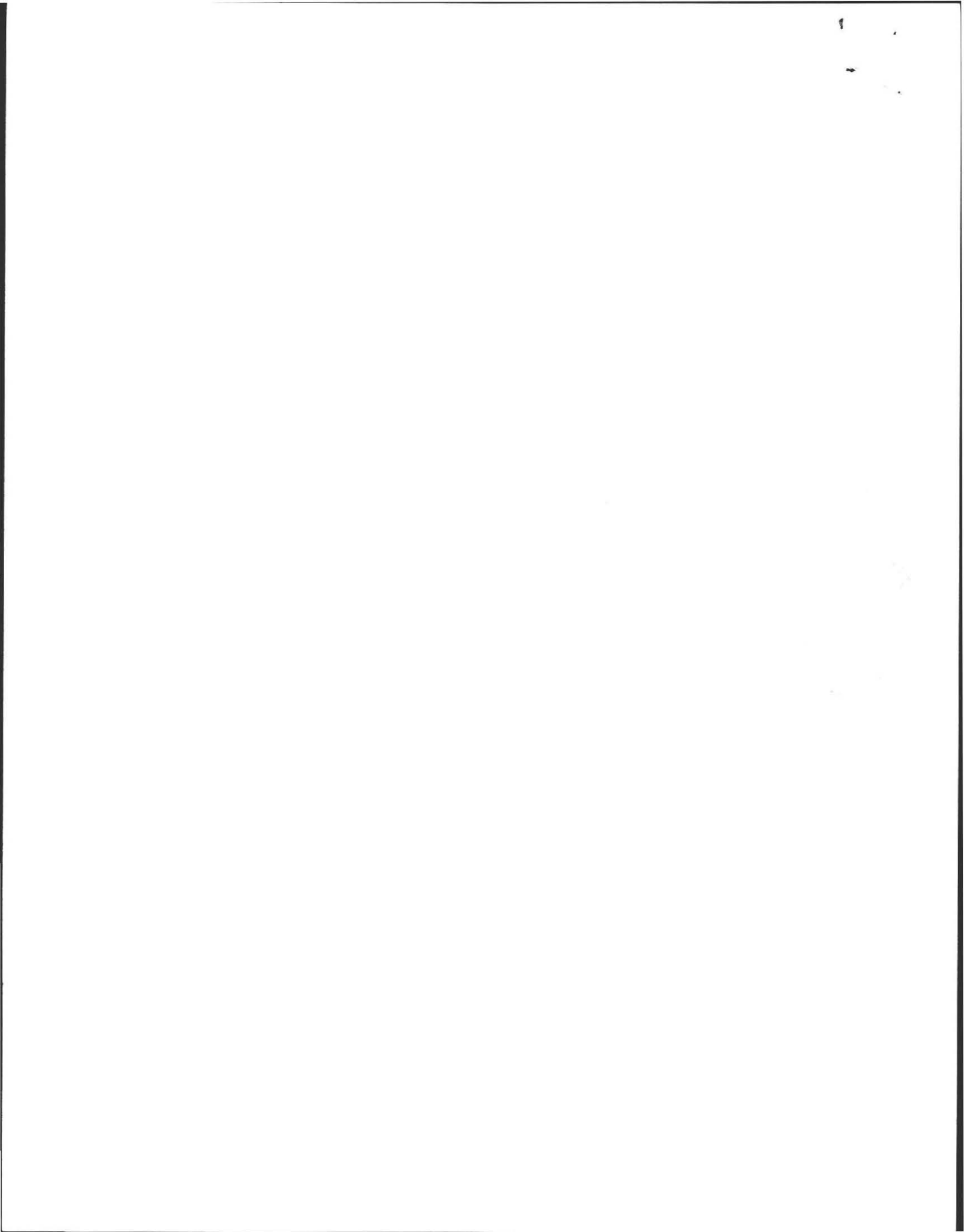
2. Owner Information
Judith Woodard
 Name
621 Station Rd.
 Address (if different from above)
Amherst MA 01002
 City/Town State Zip Code
(413) 256-1522
 Telephone Number



9/11/06

3. Installer Information
 Name _____ Name of Company _____
 Address _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____

4. Designer Information
Richard E. Costa, PE / Robert Stover Amherst Civil Engineering
 Name Name of Company
P.O. Box 3312
 Address
Amherst MA 01004-3312
 City/Town State Zip Code
(413) 256-3400
 Telephone Number





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

06-12
 Number
 \$ 325⁰⁰
 Fee

A. Facility Information (continued)

5. Type of Building:

Dwelling

no Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

Showers

Number of showers _____

Cafeteria

Other fixtures

Specify other fixtures: _____

6. Design Flow:

330
 Gallons per Day

Calculated Daily Flow:

448
 Gallons

7. Plan:

9/6/06
 Date of Original

one
 Number of Sheets

Revision Date

"Plan of Septic system Repair"
 Title of Plan

8. Description of Soil:

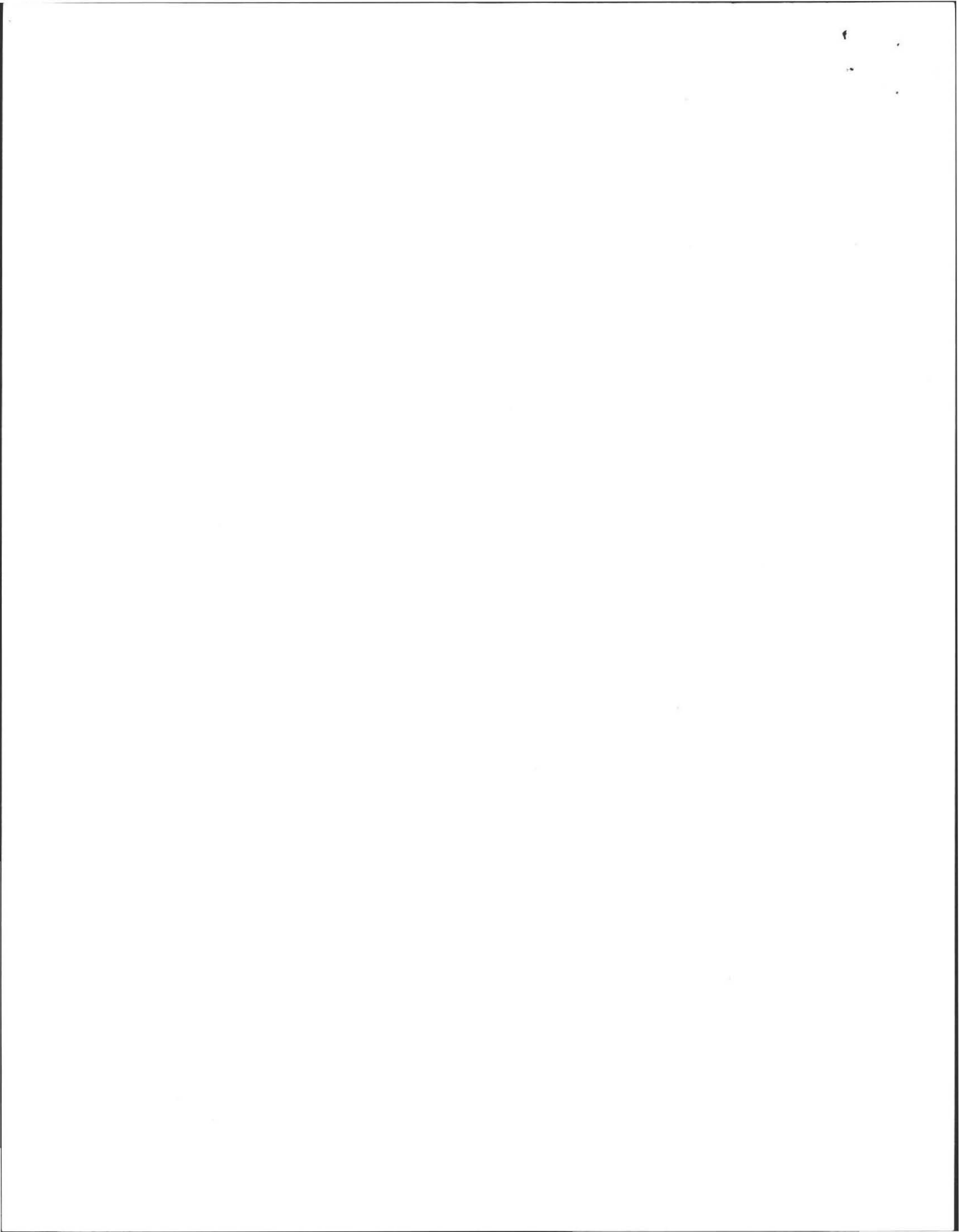
Attached

9. Nature of Repairs or Alterations (if applicable):

completely replace existing system.

10. Date last inspected:

9/13/06
 Date





Commonwealth of Massachusetts
 City/Town of *Amherst*
**Application for Disposal System
 Construction Permit**
 Form 1A

06-12
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B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Andie Woodard
 Signature

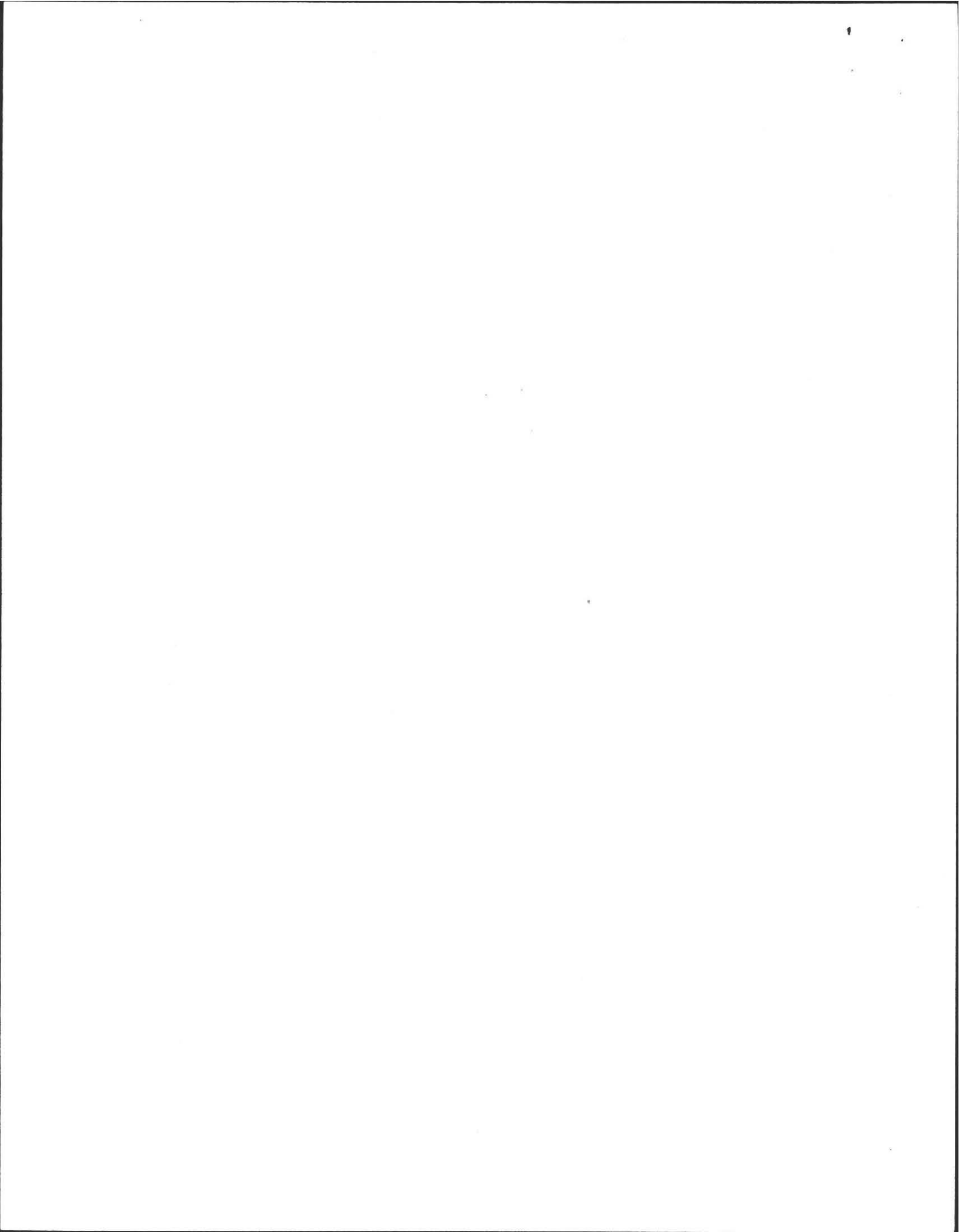
9-22-06
 Date

Application Approved By:

David Ziegler
 Name

9/13/06
 Date

Application **Disapproved** for the following reasons:





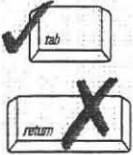
Commonwealth of Massachusetts
 City/Town of Amherst
Disposal System Construction Permit
Form 2A

Number 06-12

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

Important:
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Judith Woodard Name
 Name of Company
621 Station Rd. Address
Amherst City/Town MA State 01002 Zip Code

to perform the following work on an on-site sewage disposal system:

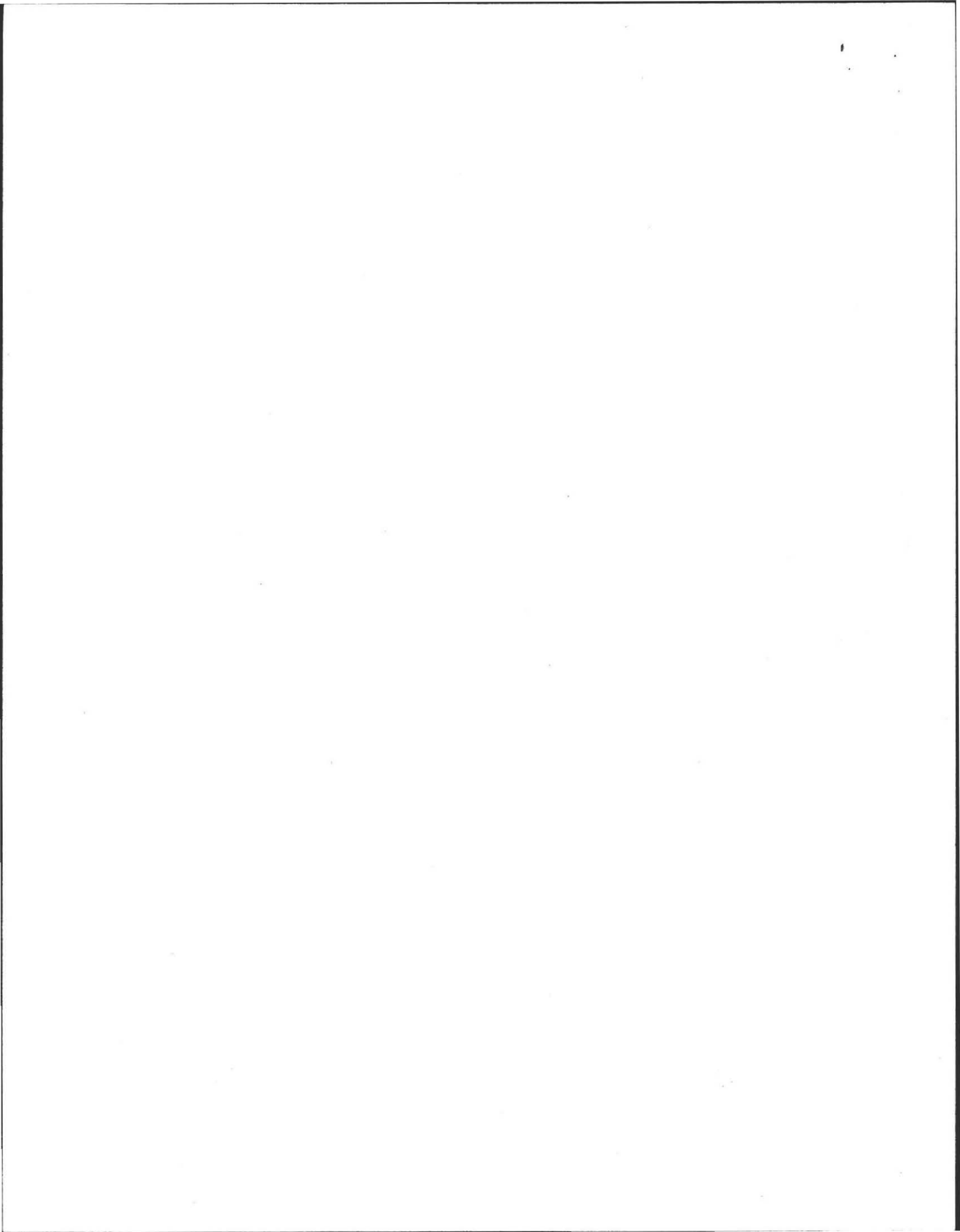
- Construction
- Repair or replacement
- Repair or replacement of system components

621 Station Rd Facility Address
Amherst City/Town MA State 01002 Zip Code
Judith Woodard Owner (413) 256-1522 Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

[Signature] Approved by 9/13/06 Date
[Signature] Title





Commonwealth of Massachusetts
 City/Town of Amherst
Certificate of Compliance
 Form 3

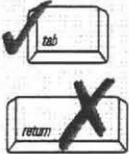
DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DSCP Number Judith Woodard DSCP Date _____
 Facility Owner _____
621 Station Rd.
 Street Address or Lot # _____
Amherst State MA Zip Code 01002
 City/Town _____

Designer Information:

Richard Costa / Robert Stover Amherst Civil Engineering
 Name _____ Name of Company _____
Robert Stover Date 11/7/06
 Signature _____

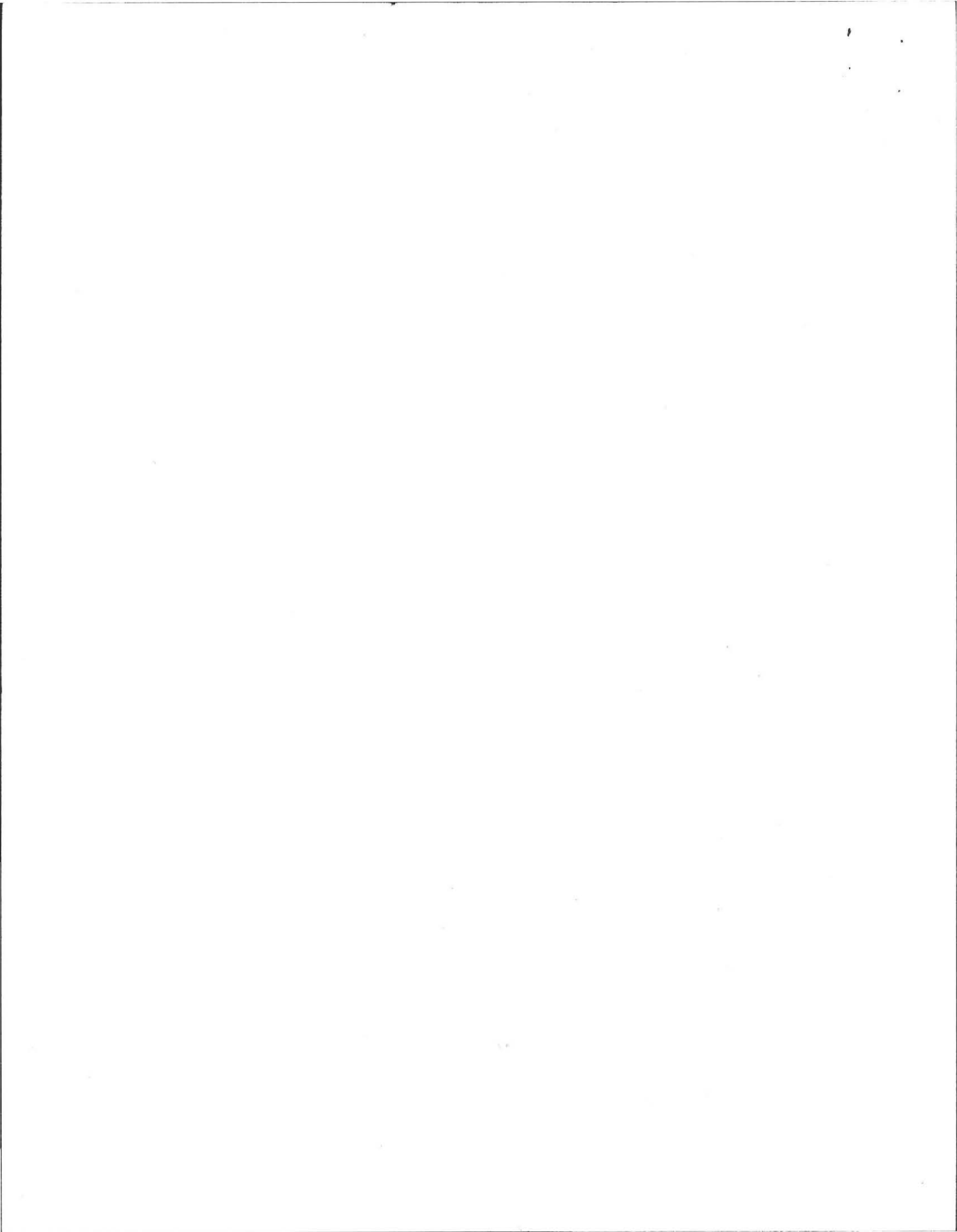
Installer Information:

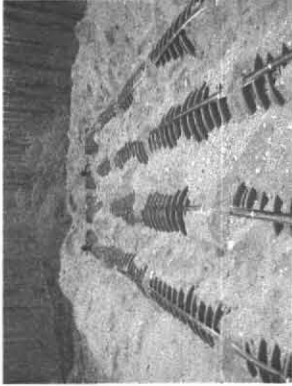
R. Adair Adair Construction
 Name _____ Name of Company _____
Robert Adair Jr. Date 11/7/06
 Signature _____

Use of this system is conditioned on compliance with the provisions set forth below:

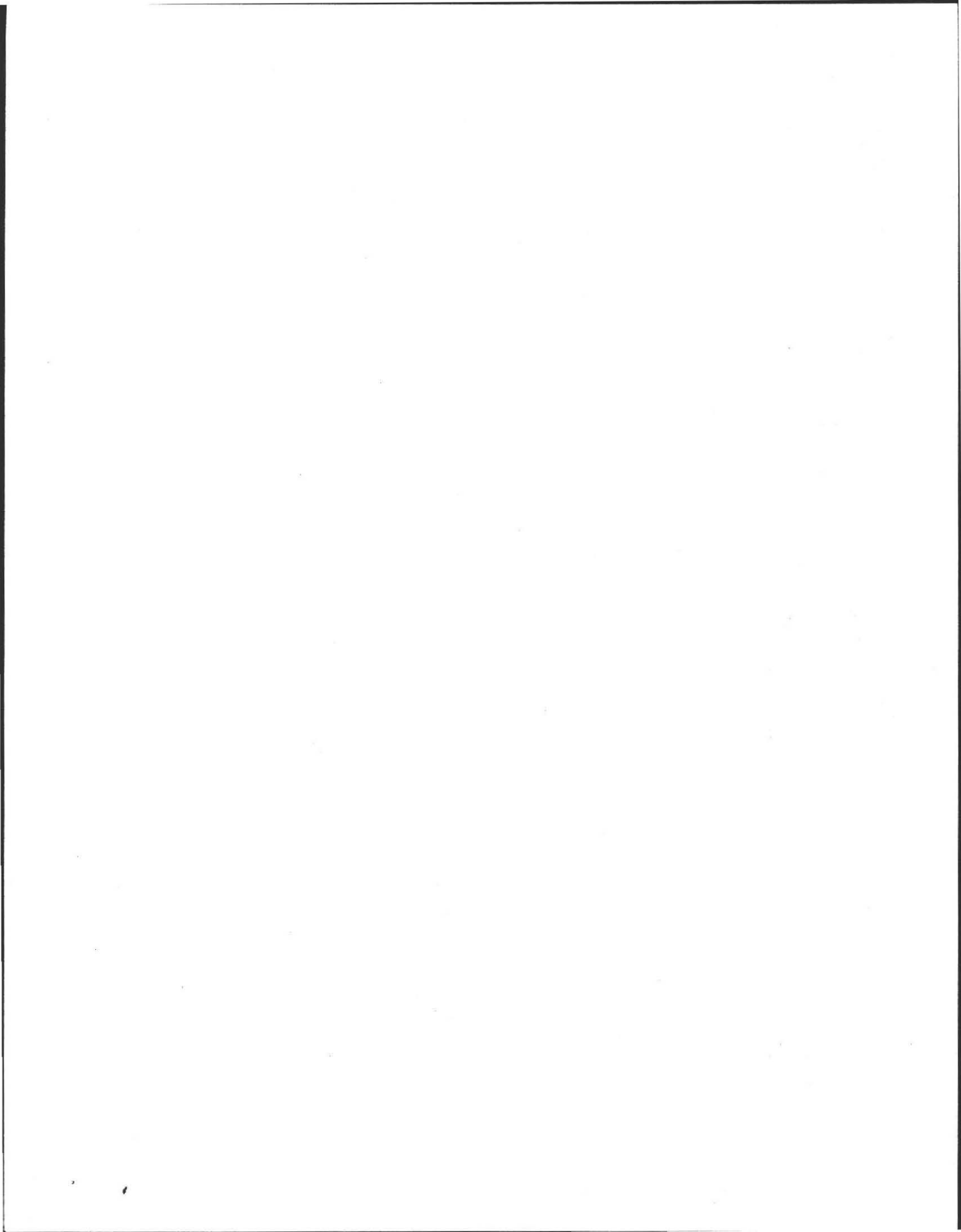
The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

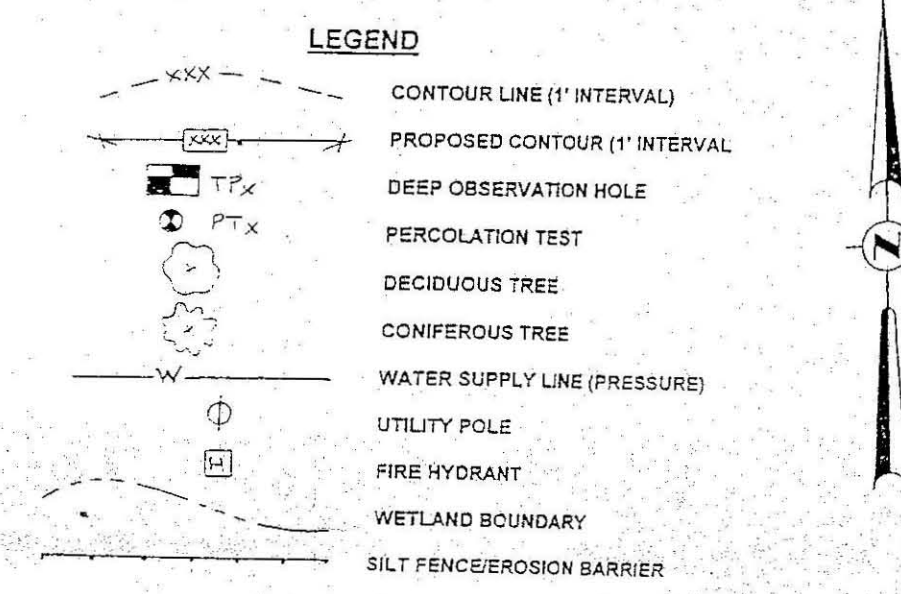
David ZareZinski
 Approving Authority _____
David ZareZinski Date 11/8/06
 Signature _____



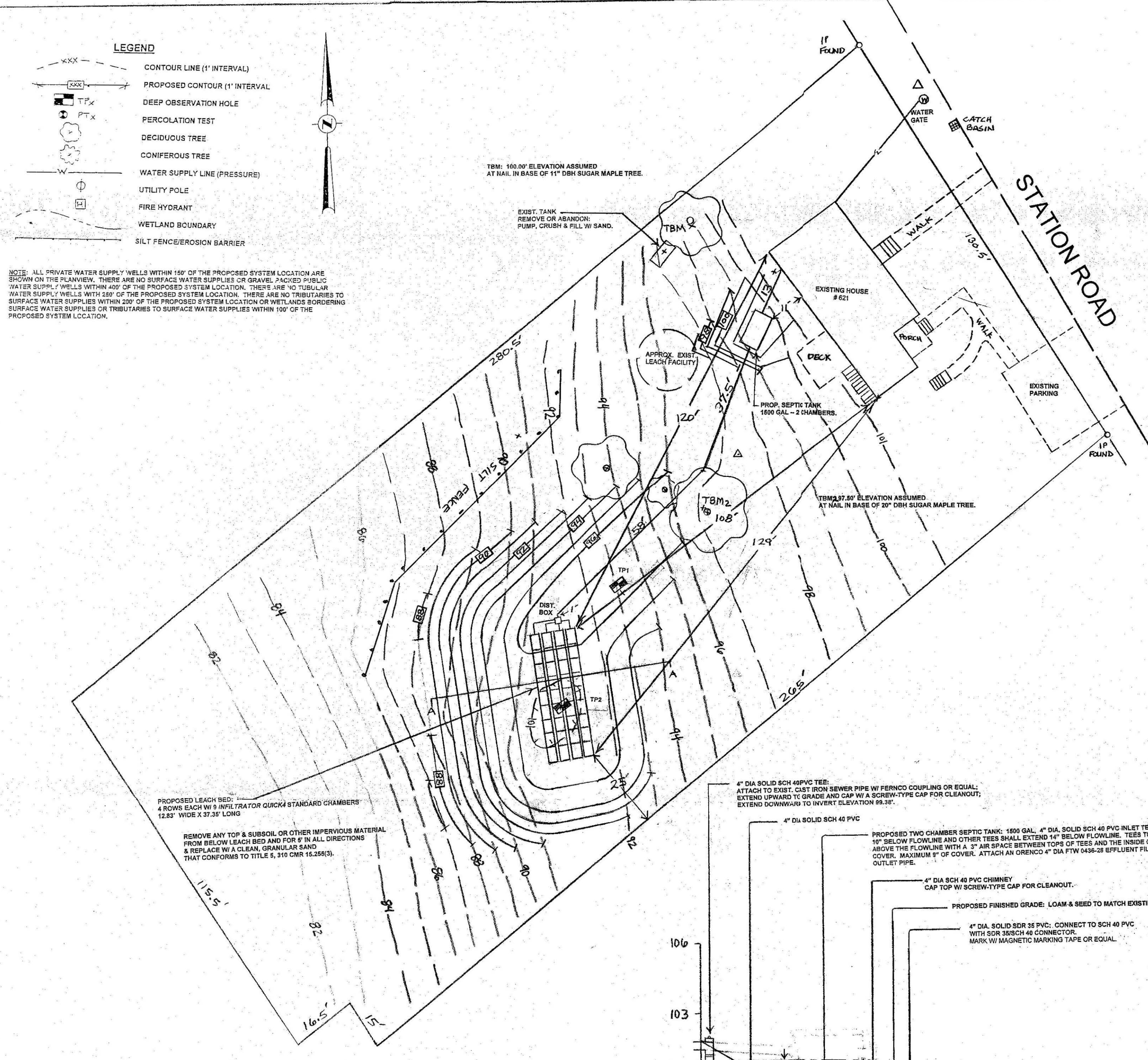


621 Station Road final 11/7/06
Installer: Rob Adair
Engineer: Bob Stover

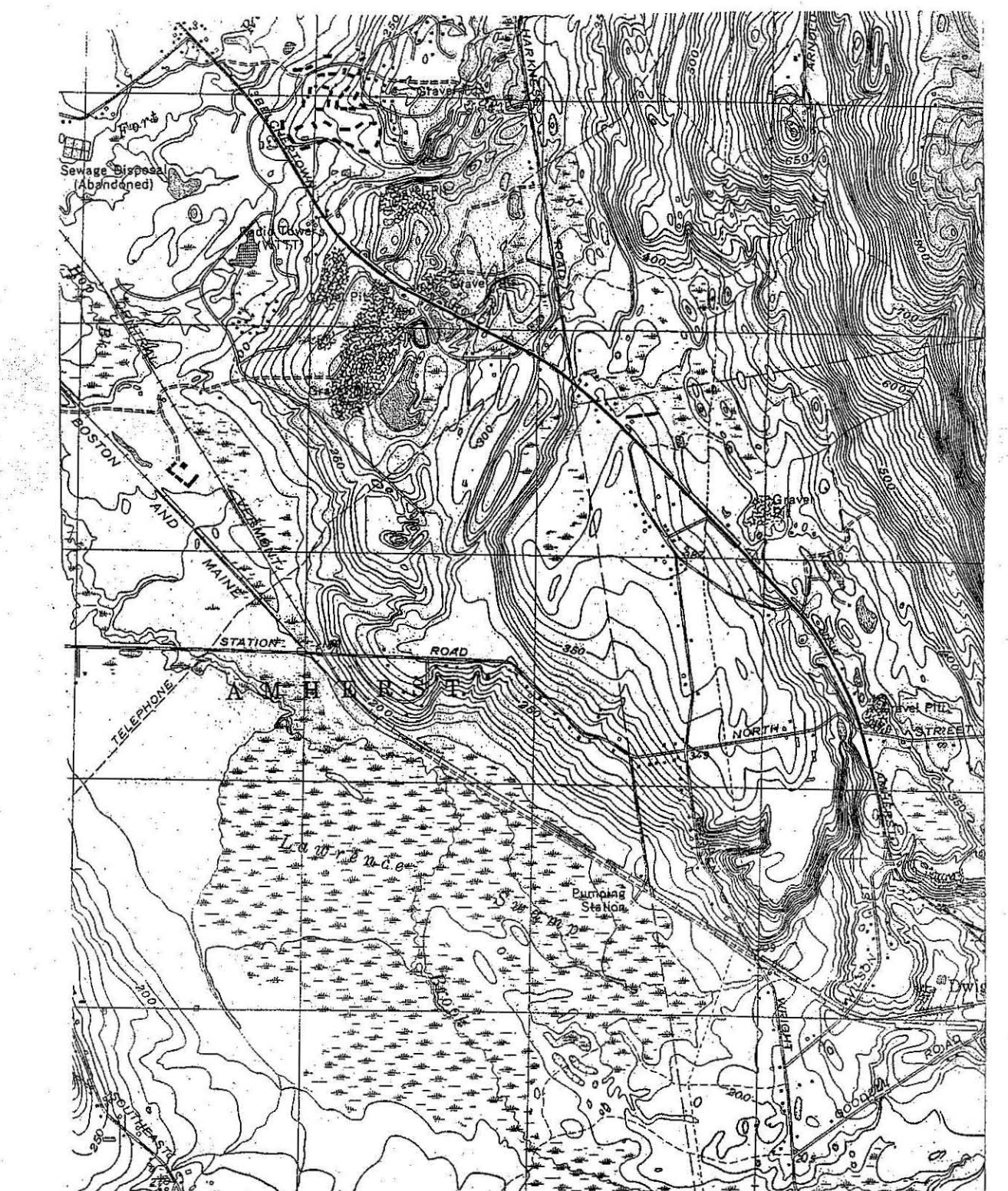
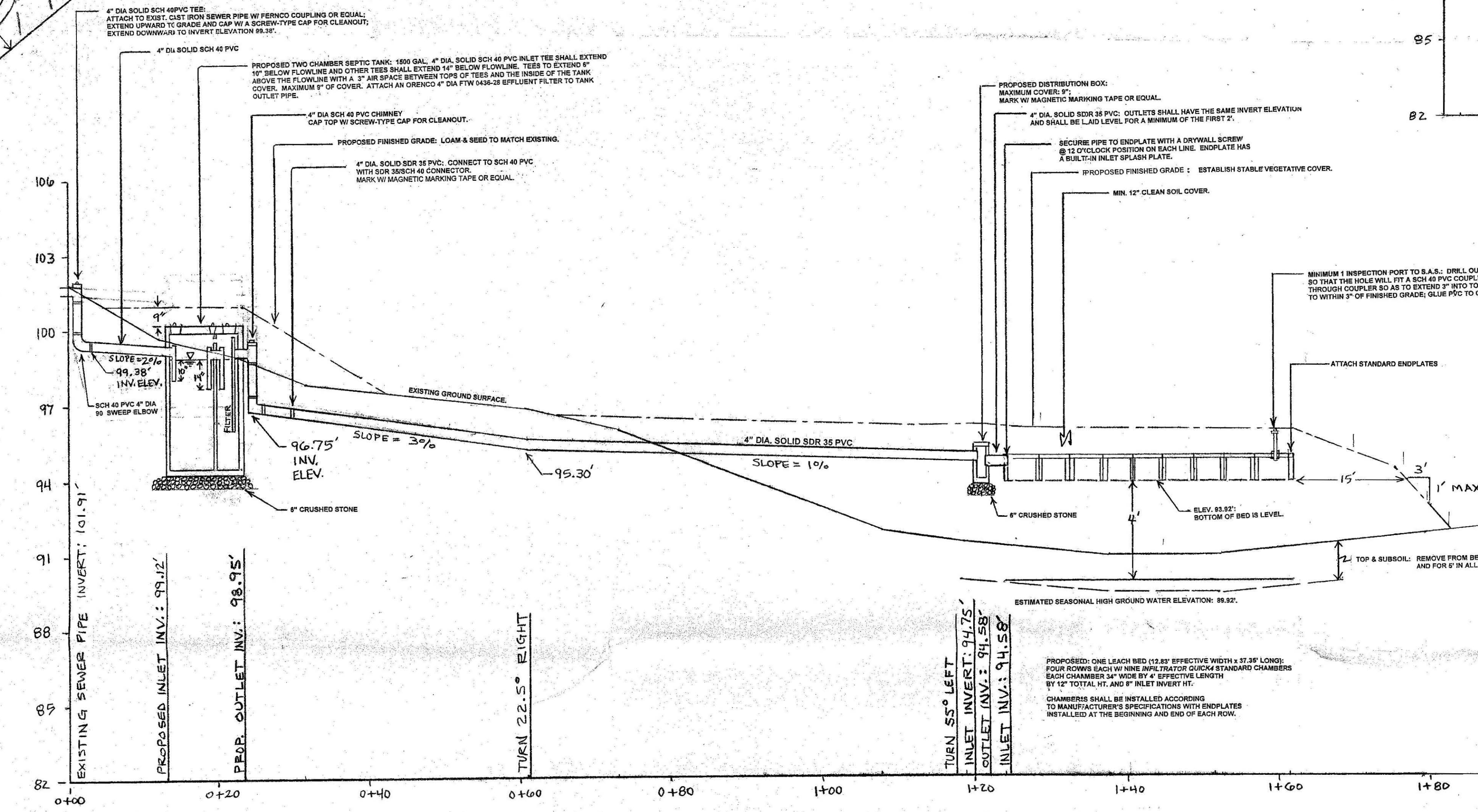




NOTE: ALL PRIVATE WATER SUPPLY WELLS WITHIN 100' OF THE PROPOSED SYSTEM LOCATION ARE SHOWN ON THE PLANVIEW. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM LOCATION OR WETLANDS BORDERING SURFACE WATER SUPPLIES OR TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION.



- GENERAL CONDITIONS**
- This septic system repair plan is prepared in accordance with Title 8, 310 CMR 15.00. Construction shall conform to these regulations.
 - Installer shall be certified by the manufacturer to install infiltrator chambers.
 - The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
 - All debris in the site area shall be removed and disposed of in accordance with the law.
 - There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
 - The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
 - The septic tank shall be pumped and inspected as necessary and at least once every three years.
- CONSTRUCTION NOTES**
- Any topsoil, subsoil, old fill, old leaching bed, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system. From the feet around the soil absorption system and from wherever fill is to be placed. Any fill placed under or adjacent to the soil absorption system shall be a clean, granular sand and conform to the specifications of Title 8, 310 CMR 15.25(3).
 - Pipes exiting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
 - The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
 - Disturbed areas shall be formed, seeded and mulched until stable vegetation is established.
 - Existing septic tank shall be removed of pumped, crushed and backfilled with sand.



SOIL EVALUATION

Soil Evaluator: Robert Stover
SDC Representative: David Zaretski
Date of Evaluation: 8/4/08

Ground elevation at soil evaluation test pit #1: 93.00'.
Est. Seasonal High Ground Water Elev.: 90.92'.
Bedrock Elevation is deeper than 85.00'.

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 4"	A	FSL	10YR3/3	None	Frable
4 - 18"	Bw	FSL	10YR4/6	None	Frable
18 - 70"	C1	FS & MS	10YR6/3	6P 2P	Frms 1-2 % 1-2 % Med Gravel
70 - 97"	C2	LS	10YR5/4 (WEI)	10YR2/2 10YR2/2	5-10% gravel 7.5YR5/8 & stones Fm

Parent Material (Geologic): Outwash
Standing Water in the Hole: 5P
Weeping from Pit Face: 2P
Estimated Seasonal High Ground Water: 2P

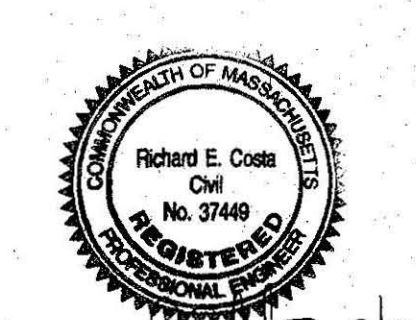
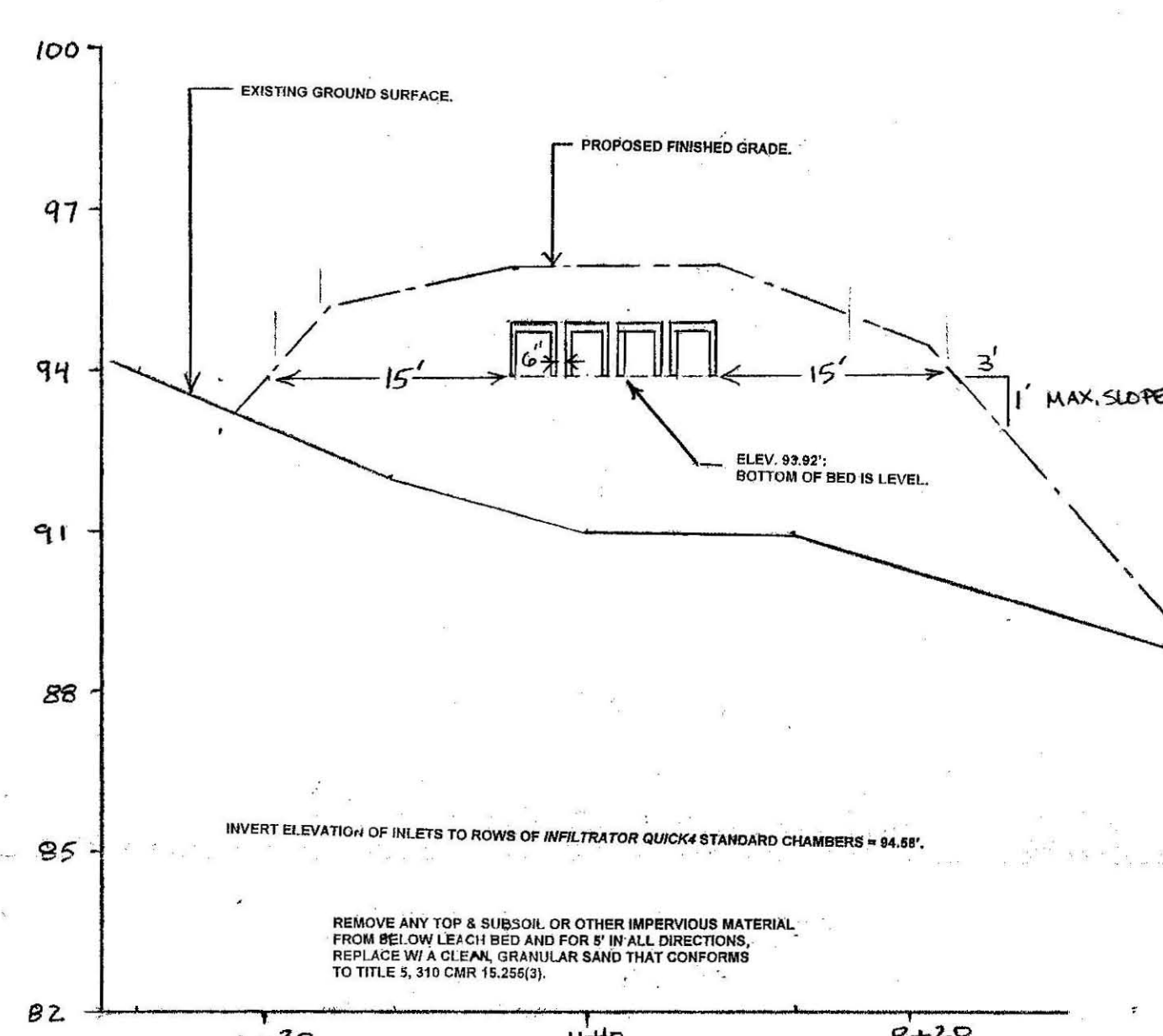
DESIGN CRITERIA
Design flow is for a 3-bedroom house; without a garbage grinder.

DESIGN CALCULATION

Design flow: 3-bedrooms no garbage grinder = 250 gpd.
1500 gallon, two chamber septic tank.
Percolation Rate = 8 minutes per inch
Class 1 septic.
Effluent loading rate = 0.88 gpd/sf.

Proposed Soil Absorption System: one infiltrator leach bed:
12.83' wide X 37.35' long
Four rows each w/ nine infiltrator Quick4 standard chambers
total of 36 chambers

Each standard chamber (bed configuration):
36 chambers each 4.0 LF = 144.0 LF X 4.72 SF/LF = 679.68 SF.
144.0 LF X 4.72 SF/LF = 679.68 SF.
Calculated Design Flow: 679.68 SF X 0.66 GPD/SF = 448.68 gpd.
Total Required Design Flow = 330 gpd (OK)



PLAN OF SEPTIC SYSTEM REPAIR
621 STATION ROAD, AMHERST, MA 01002

JUDY WOODARD
621 STATION ROAD, AMHERST, MA 01002

SCALE: AS SHOWN
DATE: 9/6/08
DRAWN BY: RWS

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER
P.O. BOX 3312, AMHERST, MA 01004-3312
(413)256-3400