#116

FORM 3A - CERTIFICATE OF COMPLIANCE

No. 00-02 Fee_____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, TOWN OF 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: D. M. O. CONST.

at: 116 MIDDLE STREET

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. 00-02

dated 4/25/00. Approved Design Flow _____ (gpd)

Installer D. M. O. CONS. Richard Mutch

Designer: Richard Scott 4-25-00 Inspector Carol Jayne

Date 4/25/00

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

DEP APPROVED FORM 5/96

FORM 2A - DSCP

No. 2000-02 Fee pd

COMMONWEALTH OF MASSACHUSETTS
Board of Health, TOWN OF AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 116 MIDDLE STREET as described in the application for Disposal System Construction Permit No. 2000-02, dated 4/25/2000.

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

Date 4/25/00 Board of Health David E. Pomeranz
for Assistant Health Agent

DEP APPROVED FORM 5/96

Town of

AMHERST Massachusetts

TOWN HALL
4 BOLTWOOD AVENUE
AMHERST, MA. 01002-2351

INSPECTION SERVICES DEPARTMENT
Fax (413) 256-4076
Phone (413) 256-4030

Date: March 3, 2000
To: Amherst Board of Health
From: David Zarozinski, Sanitarian
Re: Local Upgrade to Title V, 116 Middle Street

Mr. and Mrs. Francis Downie of 116 Middle Street, Amherst, MA., would like to request a variance from Title V provision 310 CMR 15.405 (1)(2). To allow a vertical separation distance of three (3) feet between the bottom of the proposed leach field and the high ground-water elevation (copy enclosed).

On February 1, 2000, a percolation test was conducted at 116 Middle St., Amherst, MA., by Mr. Richard Scott, Civil Engineer and witnessed by myself, David Zarozinski. The perc rate for this three bedroom home was eighteen (18) minutes an inch with soil mottels at fifty (50) inches.

I would recommend approval of this variance for the following reasons:

1. Town water is available
2. Garbage grinder will be removed
3. To meet the four (4) foot separation regulation , a pump would have to be installed which I believe would cause an economical hardship.

Finally, it is my opinion that with the new Title V regulation, a degree of environmental protection required under this code can be achieved without strict application of this particular provision.

Variance Passed
B+B. O. H.
3/8/00

Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

Dave Zarozinski
Health Department
Town Hall – Boltwood Avenue
Amherst, MA 01002-2351

February 28, 2000

Subject: Title 5 Septic System Repair Design for 116 Middle Street
(Property of Francis & Virginia Downie)

Dear Dave:

Enclosed is the Application for Permit and a copy of the supporting materials for the septic system repair, which is proposed for the subject property. I believe W.W. Clark Excavating will be doing the installation but the Downies may seek other quotes as well. The Downies will stop by to sign the permit application. Will you call them at the appropriate time? I think all the test and application fees were paid at the time of the soil testing.

This proposed design includes a raised leach field to achieve the required separation above groundwater but the slope in the rear yard does allow the repair to be completed without use of a pump. The large tree in the yard does not need to be removed but the owners may opt to do so in order to save some cost of fill. My notes on those two options are included on the plan sheets.

At the rear of the property, there is a surface drainage, which runs to the under-road drain. The separation from the leach field is more than 50 feet so I have not made any submission to or contact with the Conservation Commission.

To minimize the area required for the repair and to maximize the separation to the surface drainage, I have not proposed use of the 1.25 "Amherst Factor" for leach field area. The design presented here meets all the State requirements of 310 CMR 15.000 without variance. As we discussed at the site, I have designed for three-feet groundwater separation. Form 9A for Local Upgrade Approval is included.

If you have questions at any time when you review this package, please call me. If you have no further requirements, please call the Downies directly at 253-5758 so they can proceed with their installation cost estimates. Thanks, Dave.

Sincerely,

Richard Scott

Richard Scott, P.E.

cc: Francis & Virginia Downie, Owners
Sally Malsch, Realtor

FORM 1A - APPLICATION FOR DSCP

No. 00-02

Fee 160 PE

COMMONWEALTH OF MASSACHUSETTS

Board of Health, TOWN OF AMHERST, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to: Construct ( ) Repair (✓) Upgrade ( ) Abandon ( )

☑ Complete System ☐ Individual Components

Location 116 MIDDLE STREET	Owner's Name FRANCIS & VIRGINIA DOWNIE
Map/Parcel#	Address 116 MIDDLE ST. AMHERST, MA 01002
Lot#	Telephone# 413-253-5758
Installer's Name W.W. CLARK EXCAVATING	Designer's Name RICHARD SCOTT, P.E.
Address 23 PRATT CORNER RD. SHUTESBURY, MA 01072	Address 31 SHUTESBURY RD. PELHAM, MA 01002
Telephone# 413-259-1411	Telephone# 413-256-0647

Type of Building: RESIDENTIAL Lot Size _____ sq.ft.

Dwelling - No. of Bedrooms 3 Garbage grinder ( )

Other - Type of Building _____

No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

Richard Scott 2/23/00

COMMONWEALTH OF MASSACHUSETTS RICHARD M. SCOTT CIVIL No. 31199 REGISTERED PROFESSIONAL ENGINEER

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

Design flow provided 334 gpd

Plan: Date 2-23-00 Number of sheets 2 Revision Date _____

Title SEPTIC SYSTEM DESIGN AT 116 MIDDLE STREET

Description of Soil(s) UNDERLYING SOIL IS LOAMY SAND. SEE "SOIL SUITABILITY ASSESSMENT" REPORT.

Soil Evaluator Form No. 11 Name of Soil Evaluator RICHARD SCOTT

Date of Soil Evaluation 2-1-00

DESCRIPTION OF REPAIRS OR ALTERATIONS INSTALL NEW BUILDING SEWER, SEPTIC TANK AND LEACH FIELD.

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 Francis J. Downie Date 2-2-2000

Inspections _____

DEP APPROVED FORM 5/96

Commonwealth of Massachusetts
Town of 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 Francis & Virginia Downie
   Address 116 Middle St. Amherst, MA 01002
   Phone # 413-253-5758
   Address of facility 116 Middle St. Amherst.

2) Applicant (if different from above)
   Name _____
   Address _____
   Phone # _____

3) Type of facility
   ✓ residential ___ commercial ___ school
   ___ institutional
   (Specify) _____

4) Type of existing system

____privy ____cesspool(s) ✓ conventional system

____Other (describe)_____

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

18' x 35' LEACH FIELD

5) Design flow based on 310 CMR 15.203

a) Design flow of existing system ? gpd
Approved? ____yes approval date 1960's
____no why? _____

b) Design flow of proposed upgraded system 334 gpd
c) Design flow of facility 330 gpd

6) Proposed upgrade of existing system is

a) ✓ 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

RELOCATE BUILDING SEWER PIPE TO HIGHER ELEVATION, INSTALL NEW SEPTIC TANK AND LEACH FACILITY

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

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

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

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

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

_____

_____

_____

_____

_____

✓ Reduction of required separation between bottom of SAS & high groundwater (specify proposed reduction & perc rate) 3'-0" SEPARATION. PERCRATE=18

___ 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 RICHARD SCOTT, P.E.
Evaluator's signature Richard Scott
Date of evaluation FEB. 1, 2000

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_____ 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:
TO ACHIEVE 4' SEPARATION WOULD REQUIRE A PUMP. NOT ECONOMICALLY JUSTIFIED.

b) an alternative system approved pursuant to 310 CMR 15.283-15.288 is not feasible:
NOT ECONOMICALLY JUSTIFIED.

c) a shared system is not feasible:
NOT ECONOMICALLY FEASIBLE

d) connection to a sewer is not feasible:
SEWER IS > 1/2 MILE AWAY

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."

Facility owner's signature — Date

FRANCIS DOWNIE
Print Name

RICHARD SCOTT — 2-23-00
Name of preparer — Date

413-256-0647 31 SHUTESBURY ROAD, PELHAM, MA 01002
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.

FORM 9B - LOCAL UPGRADE APPROVAL

Commonwealth of Massachusetts
TOWN OF AMHERST, Massachusetts

LOCAL UPGRADE APPROVAL ISSUED PURSUANT TO 310 CMR 15.404 & 15.405

Facility/system owner: Name: FRANCIS DOWNIE Address: 116 MIDDLE ST. AMHERST, MA 01002
Address of facility 116 MIDDLE ST. AMHERST

Type of facility: residential ✓ institutional ___ commercial ___ school ___
design flow per 310 CMR 15.203 _____ gpd

System designer: Name RICHARD SCOTT, P.E. Address 31 SHUTESBURY RD. PELHAM, MA 01002 Phone No. 413-256-0647

Local Upgrade Approval granted for:

___ reduction in setback(s) (specify) _____

___ perc rate of 30-60 min./inch (specify rate) _____

___ reduction in SAS area of up to 25%
(specify % reduction & size of SAS) _____

✓ reduction in separation between SAS & high groundwater
(specify reduction & perc rate) 3' SEPARATION
PERC RATE = 18 MIN./IN

___ relocation of a well (explain) _____

List local variances granted (no DEP approval required per 310 CMR 15.412(4))

List variances granted requiring DEP approval

Board of Health Approval of proposed upgrade _____
Name & Title

_____
Signature City/town Date

THE SYSTEM OWNER OR OPERATOR SHALL PROVIDE A COPY OF THIS LOCAL UPGRADE APPROVAL TO THE APPROPRIATE REGIONAL OFFICE OF THE DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF WATER POLLUTION CONTROL UPON ISSUANCE BY THE LOCAL APPROVING AUTHORITY & BEFORE COMMENCEMENT OF CONSTRUCTION.

pd 2-2-2000
$160.00
CK#205

FORM 11 - SOIL EVALUATOR FORM

No. _____ **Date:** 2-1-00

Commonwealth of Massachusetts
, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Richard Scott **Date:** 2-1-00
Witnessed By: David Latczinski

Location Address or Lot # 116 Middle St.	Owner's Name, Address, and Telephone # FRANCIS J. DOWNIE JR. 116 Middle St 253-5758
New Construction ☐ Repair ☑	

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. 116 Middle St.

On-site Review

Deep Hole Number **Date:** 2/1/00 **Time:** 8:30 **Weather** Sunny / Cold
Location (identify on site plan)
Land Use **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)
A 4"	A	Fine Sand Loam	10YR 4/3		
B 18"	Bw	Sand Loam	10YR 4/4		Fine Sand Loam
C 66"	C1	Loamy S	10YR 7½	50%	that 10% gravel
126"	C2	Sandy Loam	7.5YR 4/4	5YR 5/6	

* 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. 116 Middle St.

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 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

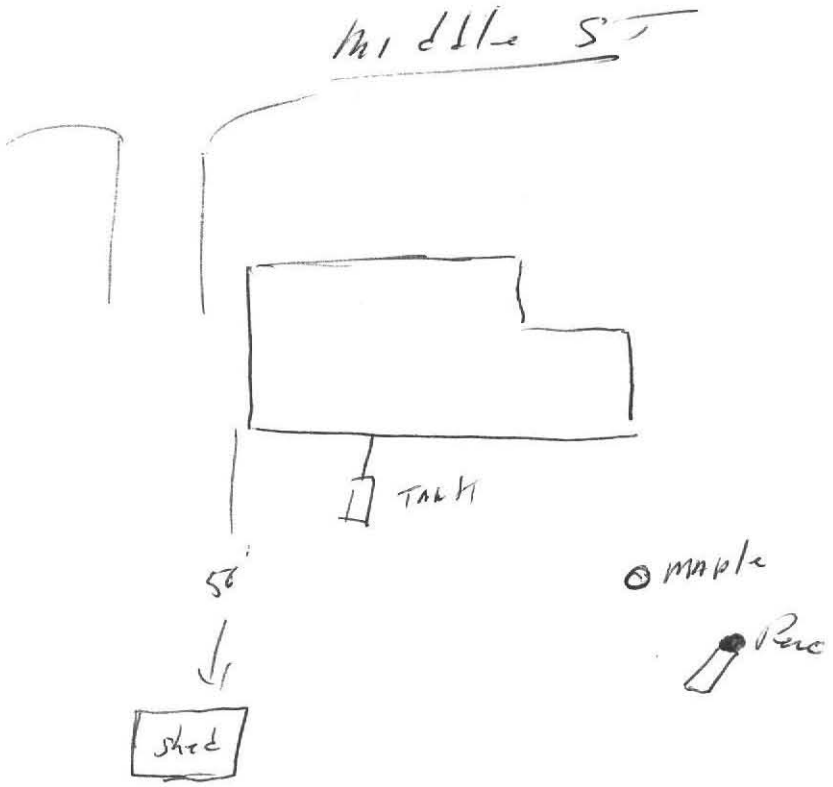
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? _____

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

Certification

I certify that on _____ (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 _____ Date _____


Middle St
TANK
50'
shed
maple
Pine

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 116 Middle St.

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: Feb 1, 00	Time:	
Observation Hole #	① 39"	
Depth of Perc	39"	
Start Pre-soak	9:00	
End Pre-soak	9:15	
Time at 12"	9:15	
Time at 9"	9:54	
Time at 6"	10:48	
Time (9"-6")	54	
Rate Min./Inch	18	18

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

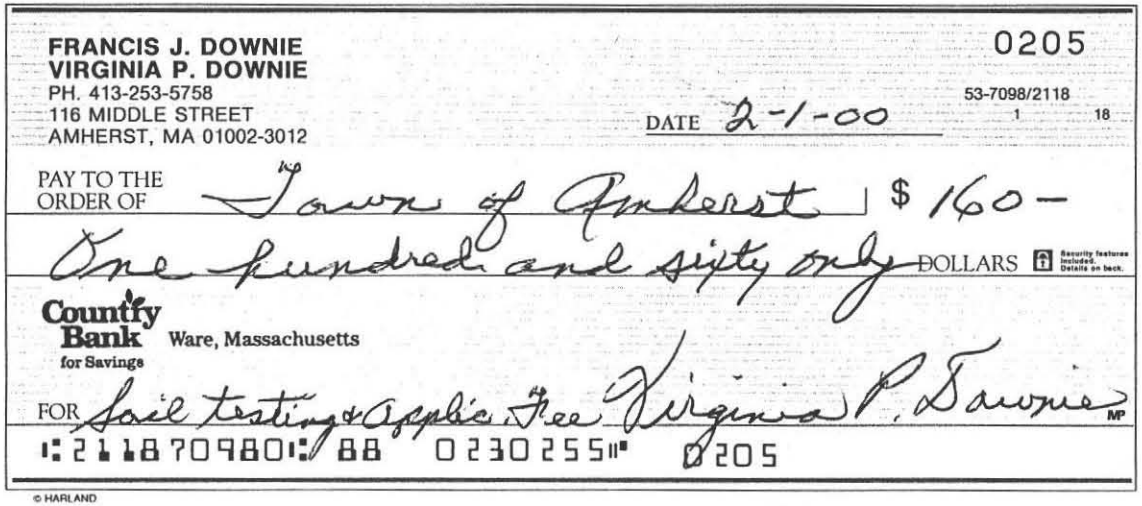
Site Passed ☐ Site Failed ☐

Performed By: Rick Scott

Witnessed By: David Jarozinski

Comments:

DEP APPROVED FORM - 12/07/95



FRANCIS J. DOWNIE
VIRGINIA P. DOWNIE
PH. 413-253-5758
116 MIDDLE STREET
AMHERST, MA 01002-3012

0205

53-7098/2118
1 18

DATE 2-1-00

PAY TO THE ORDER OF Town of Amherst | $ 160-

One hundred and sixty only DOLLARS

Security features included. Details on back.

Country Bank for Savings
Ware, Massachusetts

FOR Soil testing & applic. fee Virginia P. Downie MP

⑆211870980⑆ 88 0230255⑈ 0205

© HARLAND

RECEIVED FEB 2 2000

R#1105

Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

Dave Zarozinski
Health Department
Town Hall – Boltwood Avenue
Amherst, MA 01002-2351

February 28, 2000

Subject: Title 5 Septic System Repair Design for 116 Middle Street
(Property of Francis & Virginia Downie)

Dear Dave:

Enclosed is the Application for Permit and a copy of the supporting materials for the septic system repair, which is proposed for the subject property. I believe W.W. Clark Excavating will be doing the installation but the Downies may seek other quotes as well. The Downies will stop by to sign the permit application. Will you call them at the appropriate time? I think all the test and application fees were paid at the time of the soil testing.

This proposed design includes a raised leach field to achieve the required separation above groundwater but the slope in the rear yard does allow the repair to be completed without use of a pump. The large tree in the yard does not need to be removed but the owners may opt to do so in order to save some cost of fill. My notes on those two options are included on the plan sheets.

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If you have questions at any time when you review this package, please call me. If you have no further requirements, please call the Downies directly at 253-5758 so they can proceed with their installation cost estimates. Thanks, Dave.

Sincerely,

Richard Scott

Richard Scott, P.E.

cc: Francis & Virginia Downie, Owners
Sally Malsch, Realtor

FORM 1A - APPLICATION FOR DSCP

No. 00-02

Fee 160.00 pd
ck # 205

COMMONWEALTH OF MASSACHUSETTS
Board of Health, TOWN OF AMHERST, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to: Construct ( ) Repair (✓) Upgrade ( ) Abandon ( )

☑ Complete System ☐ Individual Components

Location 116 MIDDLE STREET	Owner's Name FRANCIS & VIRGINIA DOWNIE
Map/Parcel#	Address 116 MIDDLE ST. AMHERST, MA 01002
Lot#	Telephone# 413-253-5758
Installer's Name W.W. CLARK EXCAVATING	Designer's Name RICHARD SCOTT, P.E.
Address 23 PRATT CORNER RD. SHUTESBURY, MA 01072	Address 31 SHUTESBURY RD. PELHAM, MA 01002
Telephone# 413-259-1411	Telephone# 413-256-0647

Type of Building: RESIDENTIAL
Dwelling - No. of Bedrooms 3
Other - Type of Building
No. of persons ____ Showers ( ), Cafeteria ( )
Other Fixtures

Lot Size ____ sq.ft.
Garbage grinder ( )

Richard Scott 2/23/00

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No. 31199
REGISTERED PROFESSIONAL ENGINEER

Design Flow (min. required) 330 gpd Calculated design flow 330 gpd
Design flow provided 334 gpd

Plan: Date 2-23-00 Number of sheets 2 Revision Date
Title SEPTIC SYSTEM DESIGN AT 116 MIDDLE STREET

Description of Soil(s) UNDERLYING SOIL IS LOAMY SAND. SEE "SOIL SUITABILITY ASSESSMENT" REPORT.
Soil Evaluator Form No. 11 Name of Soil Evaluator RICHARD SCOTT
Date of Soil Evaluation 2-1-00

DESCRIPTION OF REPAIRS OR
ALTERATIONS INSTALL NEW BUILDING SEWER, SEPTIC TANK AND LEACH FIELD.

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 Francis J. Downie Date 2-2-2000

Inspections

DEP APPROVED FORM 5/96

FORM 2A - DSCP

No._____ Fee_____

COMMONWEALTH OF MASSACHUSETTS
Board of Health, TOWN OF AMHERST, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 116 MIDDLE STREET as described in the application for Disposal System Construction Permit No._____, dated_____.

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

Date_____ Board of Health_____

FORM 3A - CERTIFICATE OF COMPLIANCE

No._____ Fee_____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, TOWN OF 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: 116 MIDDLE STREET

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_____

Designer:_____ Inspector_____

Date_____

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

Commonwealth of Massachusetts
Town of 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 FRANCIS & VIRGINIA DOWNIE
   Address 116 MIDDLE ST. AMHERST, MA. 01002
   Phone # 413-253-5758
   Address of facility 116 MIDDLE ST. AMHERST.

2) Applicant (if different from above)
   Name _____
   Address _____
   Phone # _____

3) Type of facility
   ✓ residential ___ commercial ___ school
   ___ institutional
   (Specify) _____

4) Type of existing system

____privy ____cesspool(s) ✓ conventional system

____Other (describe)_____

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

18' x 35' LEACH FIELD

5) Design flow based on 310 CMR 15.203

a) Design flow of existing system ? gpd

Approved? ____yes approval date 1960's

____no why? _____

b) Design flow of proposed upgraded system 334 gpd

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6) Proposed upgrade of existing system is

a) ✓ 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

RELOCATE BUILDING SEWER PIPE TO HIGHER ELEVATION, INSTALL NEW SEPTIC TANK AND LEACH FACILITY

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

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

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

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

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

_____

_____

_____

_____

_____

✓ Reduction of required separation between bottom of SAS & high groundwater (specify proposed reduction & perc rate) 3'-0" SEPARATION. PERCRATE=18

___ 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 RICHARD SCOTT, P.E.
Evaluator's signature Richard Scott
Date of evaluation FEB. 1, 2000

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_____ 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:
TO ACHIEVE 4' SEPARATION WOULD REQUIRE A PUMP. NOT ECONOMICALLY JUSTIFIED

b) an alternative system approved pursuant to 310 CMR 15.283-15.288 is not feasible:
NOT ECONOMICALLY JUSTIFIED.

c) a shared system is not feasible:
NOT ECONOMICALLY FEASIBLE

d) connection to a sewer is not feasible:
SEWER IS > ½ MILE AWAY

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."

Facility owner's signature — Date

FRANCIS DOWNIE
Print Name

RICHARD SCOTT — 2-23-00
Name of preparer — Date

413-256-0647 31 SHUTESBURY ROAD, PELHAM, MA 01002
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.

FORM 9B - LOCAL UPGRADE APPROVAL

Commonwealth of Massachusetts
TOWN OF AMHERST, Massachusetts

LOCAL UPGRADE APPROVAL ISSUED PURSUANT TO 310 CMR 15.404 & 15.405

Facility/system owner: Name: FRANCIS DOWNIE Address: 116 MIDDLE ST. AMHERST, MA 01002
Address of facility 116 MIDDLE ST. AMHERST

Type of facility: residential ✓ institutional ___ commercial ___ school ___
design flow per 310 CMR 15.203 _____ gpd

System designer: Name RICHARD SCOTT, P.E. Address 31 SHUTESBURY RD. PELHAM, MA 01002 Phone No. 413-256-0647

Local Upgrade Approval granted for:

___ reduction in setback(s) (specify) _____

___ perc rate of 30-60 min./inch (specify rate) _____

___ reduction in SAS area of up to 25%
(specify % reduction & size of SAS) _____

✓ reduction in separation between SAS & high groundwater
(specify reduction & perc rate) 3' SEPARATION
PERC RATE = 18 MIN./IN

___ relocation of a well (explain) _____

List local variances granted (no DEP approval required per 310 CMR 15.412(4))

List variances granted requiring DEP approval

Board of Health Approval of proposed upgrade _____
Name & Title

_____
Signature City/town Date

THE SYSTEM OWNER OR OPERATOR SHALL PROVIDE A COPY OF THIS LOCAL UPGRADE APPROVAL TO THE APPROPRIATE REGIONAL OFFICE OF THE DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF WATER POLLUTION CONTROL UPON ISSUANCE BY THE LOCAL APPROVING AUTHORITY & BEFORE COMMENCEMENT OF CONSTRUCTION.

DEP APPROVED FORM - 12/07/95

RICHARD SCOTT, P.E.
REGISTERED CIVIL ENGINEER

SITE ENGINEERING
PERC TESTS SEPTIC SYSTEM DESIGN

31 SHUTESBURY ROAD
PELHAM, MA 01002

(413) 256-0647

FORM 11 - SOIL EVALUATOR FORM
Page 1

No.

Date 2-1-00

TOWN OF AMHERST, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: RICHARD SCOTT, P.E.

Witnessed By: DAVID ZAROZINSKI, HEALTH AGENT

Location Address or Lot # 116 MIDDLE STREET MAP PARCEL#	Owner's Name, Address, and Telephone # FRANCIS & VIRGINIA DOWNIE 116 MIDDLE ST. AMHERST, MA 01002 413 253-5758

New Construction ☐ - Repair ☑

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published 1981 Publication Scale 1:15,840 Soil Map Unit PuB Pollux

Drainage Class I Soil Limitations SlowPerc

CENTRAL HAMPSHIRE COUNTY - MAP 16
ALSO ADJACENT TO AMHERST SOIL AREA

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: NEIGHBORING SOIL TEST RESULTS TO NORTH AND SOUTH OF THIS LOCATION.

RICHARD SCOTT, P.E.
REGISTERED CIVIL ENGINEER

SITE ENGINEERING
PERC TESTS SEPTIC SYSTEM DESIGN

31 SHUTESBURY ROAD
PELHAM, MA 01002

(413) 256-0647

SOIL EVALUATOR FORM

On-site Review

Deep Hole Number DH, Date: 2-1-00 Time: 9:00 A.M. Weather CLEAR 25°
Location (identify on site plan)
Land Use RESIDENTIAL Slope (%) 0-3% Surface Stones FEW
Vegetation LAWN
Landform GLACIAL OUTWASH PLAIN
Position on landscape (sketch on the back)
Distances from:

Open Water Body 200+ feet Drainage way 50+ feet
Possible Wet Area 100+ feet Property Line 50+ feet
Drinking Water Well 200+ 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)
0-4	A	FINE SANDY LOAM	10YR 4/3		
4-18	B_W	SANDY LOAM	10YR 6/4		
18-66	C_1	LOAMY SAND	10YR 7/2	5YR 5/6 @ 50"	FINE LOAMY SAND <10% GRAVEL
66-126	C_2	SANDY LOAM	7.5YR 6/4		FIRM IN PLACE

Deep Hole DH,
FOUND SURFACE EL = 96.1
WATER EL = 91.9

Deep Hole

Parent Material (geologic) GLACIAL OUTWASH Depth to Bedrock: >126"

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

Estimated Seasonal High Ground Water: 50"

RICHARD SCOTT, P.E.
REGISTERED CIVIL ENGINEER

SITE ENGINEERING
PERC TESTS SEPTIC SYSTEM DESIGN

31 SHUTESBURY ROAD
PELHAM, MA 01002

(413) 256-0647

Determination for Seasonal High Water Table

Location 116 MIDDLE STREET
Method Used: Town AMHERST

- ☐ Depth observed standing in observation hole ..... inches
- ☐ Depth weeping from side of observation hole ..... inches
- ☑ Depth to soil mottles 50 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 16, 1995 (date) I have passed the 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 Richard Scott Date 2-2-00

RICHARD SCOTT, P.E.
REGISTERED CIVIL ENGINEER

SITE ENGINEERING
PERC TESTS SEPTIC SYSTEM DESIGN

31 SHUTESBURY ROAD
PELHAM, MA. 01002 (413) 256-0847

FORM 12 - PERCOLATION TEST

COMMONWEALTH OF MASSACHUSETTS

TOWN OF AMHERST, Massachusetts

Percolation Test

Date: 2-1-00 Time: 9:00 A.M.

Observation Hole #	P_1			
Depth of Perc Bottom	39"			
Start Pre-soak	9:00			
End Pre-soak	9:15			
Time at 12"	9:15			
Time at 9"	9:54			
Time at 6"	10:48			
Time (9"-6")	54			
Rate Min./Inch	18			

Site Passed ☑ Site Failed ☐

Performed By: RICHARD SCOTT, P.E., CERTIFIED SOIL EVALUATOR

Witnessed By: DAVE ZARDZINSKI, HEALTH AGENT, CERTIFIED SOIL EVALUATOR

Comments: 12" TO 9" = 39 MINUTES. THE INTERIM RESULT IS ACCEPTABLE TO HEALTH AGENT TO PROCEED WITH THE REST OF THE PERC TEST.

SYSTEM DESIGN CALCULATIONS

3 BEDROOM × 110 GPD PER BEDROOM = 330 GPD DESIGN FLOW

MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 2.0 × 330 = 660 GALLONS

SPECIFIED TANK VOLUME = 1500 GALLONS

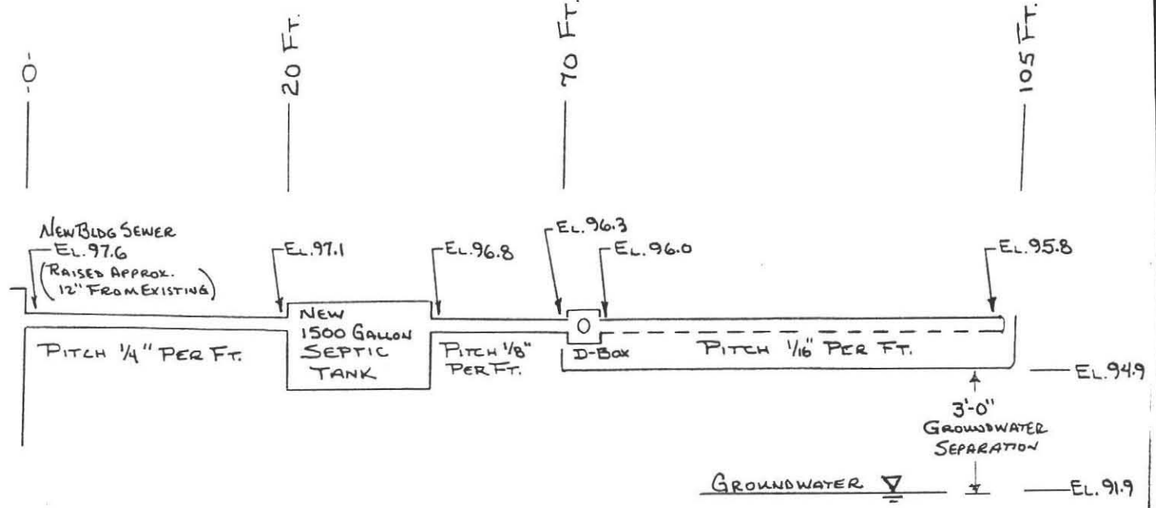
PERCOLATION RATE = 18 MINUTES PER INCH → DESIGN LOADING =

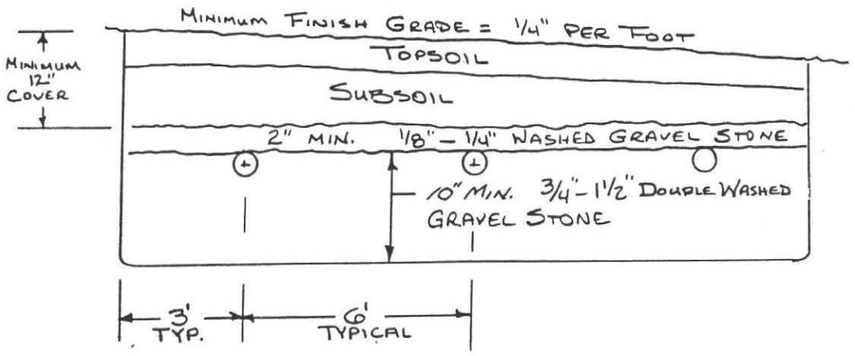
= 1.89 SQUARE FEET PER GALLON FOR BOTTOM LEACHING ONLY.

MINIMUM LEACH FIELD BOTTOM AREA = 1.89 × 330 = 624 SQ. FT.

LEACH FIELD SPECIFIED FOR THIS SITE = 18' × 35' = 630 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS 310 CMR (TITLE 5)





18' × 35' LEACHFIELD HEADER PIPES FROM DISTRIBUTION BOX TO BE 4" SCH 40 PVC OR SCH 35 SDR NON PERFORATED AND ARE TO BE LAID LEVEL. 105 LINEAL FEET OF 4" SCH 40 PVC OR SCH 35 SDR PERFORATED DISTRIBUTION PIPE TO BE LAID AT MINIMUM .005' PER FT. (1/16" PER FT.) ALL PIPE ENDS TO BE CAPPED.

Richard Scott 2/23/00

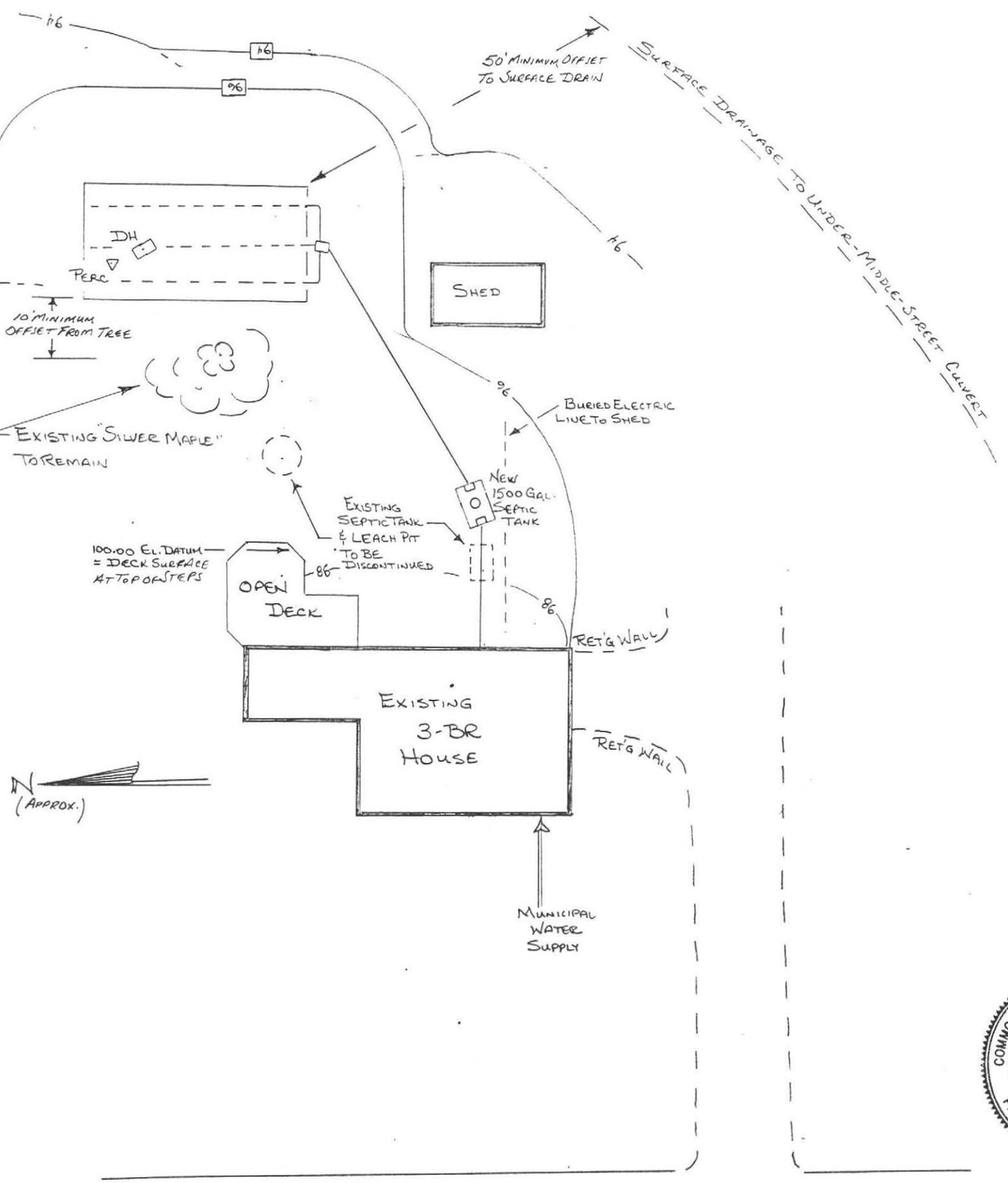
COMMONWEALTH OF MASSACHUSETTS — RICHARD M. SCOTT — No. 31798 — REGISTERED PROFESSIONAL ENGINEER

SEPTIC SYSTEM DESIGN
AT 116 MIDDLE STREET AMHERST

SCALE: N.T.S.	APPROVED BY:	DRAWN BY RMS
DATE: 2-23-00		REVISED

FOR FRANCIS & VIRGINIA DOWNIE
BY RICHARD SCOTT, P.E.

DRAWING NUMBER



CONSTRUCTION NOTES

THIS DESIGN HAS BEEN COMPLETED AND CONSTRUCTION IS TO BE CARRIED OUT IN ACCORDANCE WITH 310CMR-15.00 (TITLE 5) 12-27-96 REVISION.

BUILDING SEWER IS TO BE RE-LOCATED TO HIGHER ELEVATION AS SHOWN ON SHEET 1 OF 2 AND COUPLED WITH A LEAK-TIGHT COUPLING TO NEW PIPING TO THE NEW 1500 GALLON SEPTIC TANK.

EXISTING SEPTIC TANK IS TO BE PUMPED, CRUSHED, FILLED WITH SAND AND BURIED IN PLACE.

NEW SEPTIC TANK TO BE INSTALLED IS 1500 GALLONS WITH INLET AND OUTLET PIPE TEES AND GAS BAFFFLE PER 310CMR-15.223. SEPTIC TANK AND D-BOX TO BE SET ON LEVEL 6" BASE OF CRUSHED STONE.

THE DESIGN AS PRESENTED WILL PRESERVE THE EXISTING SILVER MAPLE TREE. IF THE PROPERTY OWNERS CHOOSE TO REMOVE THE TREE AS PART OF THIS CONSTRUCTION, THEN THE NEW LEACH FIELD MAY BE INSTALLED APPROXIMATELY 15 FEET WEST OF THE LOCATION SHOWN. ELEVATIONS OF THELEACH FIELD WOULD NOT CHANGE BUT THE REQUIRED VOLUME OF SAND FILL WOULD BE REDUCED.

ALL TOP & SUBSOIL IS TO BE REMOVED FROM THE AREA OF THE SOIL ABSORPTION SYSTEM + 5 FEET ON ALL SIDES. MACHINE-COMPACT SAND MEETING 15.255 REQUIREMNENTS TO ESTABLISH A CONSISTENT BASE ELEVATION AS SHOWN ON SHEET 1 OF 2.

96 = EXISTING ELEVATION CONTOURS.

96 =PROPOSED FINISH CONTOURS.

THE SOIL ABSORPTION SYSTEM IS RAISED PRIMARILY ON THE EAST SIDE. HOLD ELEVATION 96.2 OUT 15 FEET THEN RETURN TO ORIGINAL GROUND AT 1:3 SLOPE.

THIS DESIGN DOES NOT INCLUDE CAPACITY FOR A GARBAGE GRINDER. EXISTING GARBAGE GRINDER IS TO BE REMOVED. RE-INSTALLATION OF A GARBAGE GRINDER IS NOT ALLOWED.

PER AMHERST REGULATION, IN-PROCESS INSPECTION AND FINAL AS-BUILT INSPECTIONS ARE REQUIRED. FOR INSPECTIONS CONTACT:

DESIGNER: (413) 256-0647
HEALTH AGENT: (413) 256-4030

COMMONWEALTH OF MASSACHUSETTS
RICHARD M. SCOTT
CIVIL
No 31199
REGISTERED PROFESSIONAL ENGINEER

Richard Scott 2/23/00

SHEET 2 OF 2

SEPTIC SYSTEM DESIGN
AT 116 MIDDLE STREET AMHERST

SCALE: 1" = 20'	APPROVED BY:	DRAWN BY RMS
DATE: 2-23-00		REVISED

FOR FRANCIS & VIRGINIA DOWNIE
BY RICHARD SCOTT, P.E.

DRAWING NUMBER

RECEIVED MAY 0 9 2000

Richard Scott, P.E.
31 Shutesbury Road
Pelham, MA 01002
(413) 256-0647

Dave Zarozinski, Health Agent
Town Hall – 4 Boltwood Avenue
Amherst, MA 01002-2351

May 3, 2000

Subject: Septic System Repair at- 116 Midle Street (Property of Francis & Virginia Downie)
Documentation of In-Process and Final As-Built Inspections

Dear Dave:

On March 19, 2000 I completed the in-process inspection for this septic system repair installation at the subject property. Per Amherst regulations, this first inspection was to check the removal of unsuitable soils from beneath the soil absorption system and check those "subgrade" elevations. The excavation had been completed and I was able to confirm that the unsuitable soils were removed. The subgrade elevations vary from approximately 94.1 to 94.9 so the fill material below the system will be 12" or less.

On March 25, 2000 I completed the final as-built inspection with you. The as-built dimensions triangulated from the house and the as-built elevations are documented on the enclosed plan copies. The locations of the installed components are per the approved plan and the elevations are within a tenth of a foot. As a whole, the installation has been very well done despite somewhat difficult access from the road and the need to remove a very large tree.

The only remaining item for Rich Misterka to complete was to add a short riser on the inlet cover of the septic tank. This is to assure an adequate air space over the inlet tee. Rich said he would do this later in the day on March 25 and would then proceed with backfill , seeding and mulching of the ground surface.

Thanks, Dave for your help in getting this project completed. Please call me if there is anything else I need to do.

Sincerely,

Richard Scott

Richard Scott, P.E.

cc: Francis & Virginia Downie, Owners
Sally Malsch, Realtor
Rich Misterka, DMO Construction, Installer

SYSTEM DESIGN CALCULATIONS

3 BEDROOM x 110 GPD PER BEDROOM = 330 GPD DESIGN FLOW

MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 2.0 x 330 = 660 GALLONS

SPECIFIED TANK VOLUME = 1500 GALLONS

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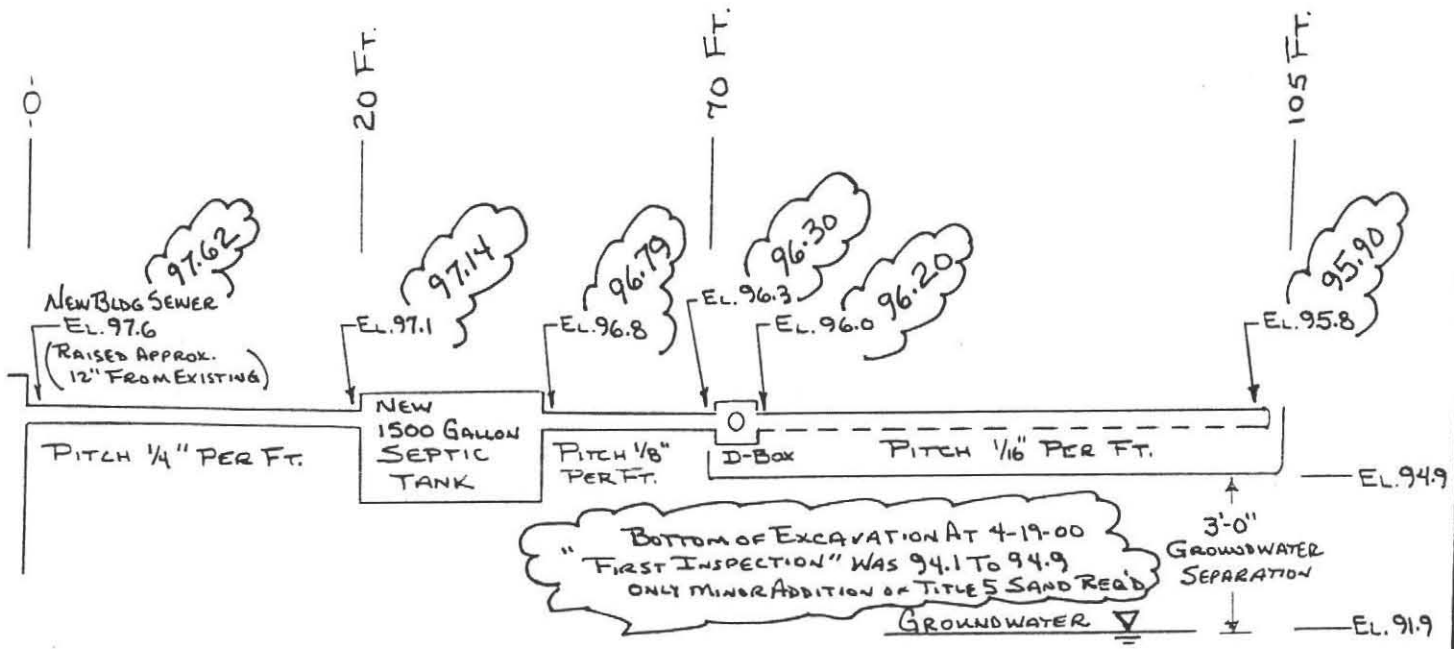
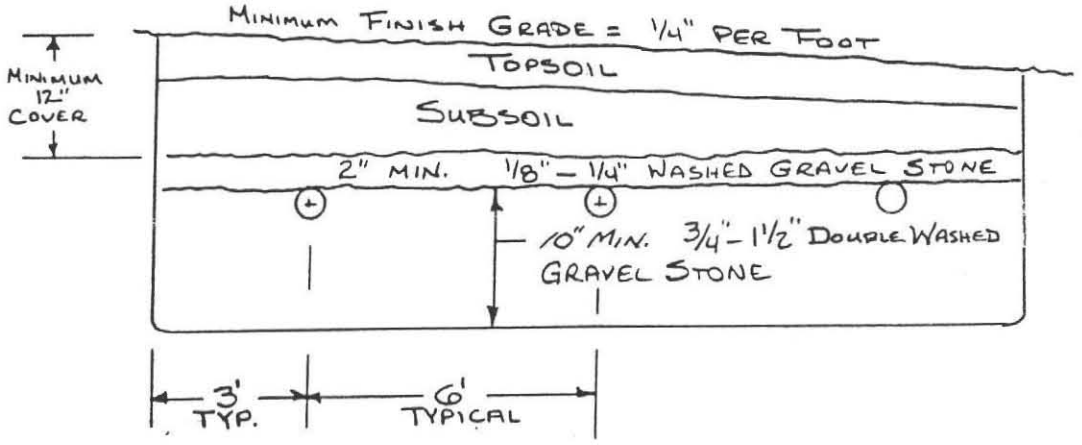
LEACH FIELD SPECIFIED FOR THIS SITE = 18' x 35' = 630 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS 310 CMR (TITLE 5)





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AS-BUILT DATA IN "CLOUDS" IS PER 4-19-00 AND 4-25-00 INSPECTIONS RMS 4-25-00

Richard Scott 2/23/00

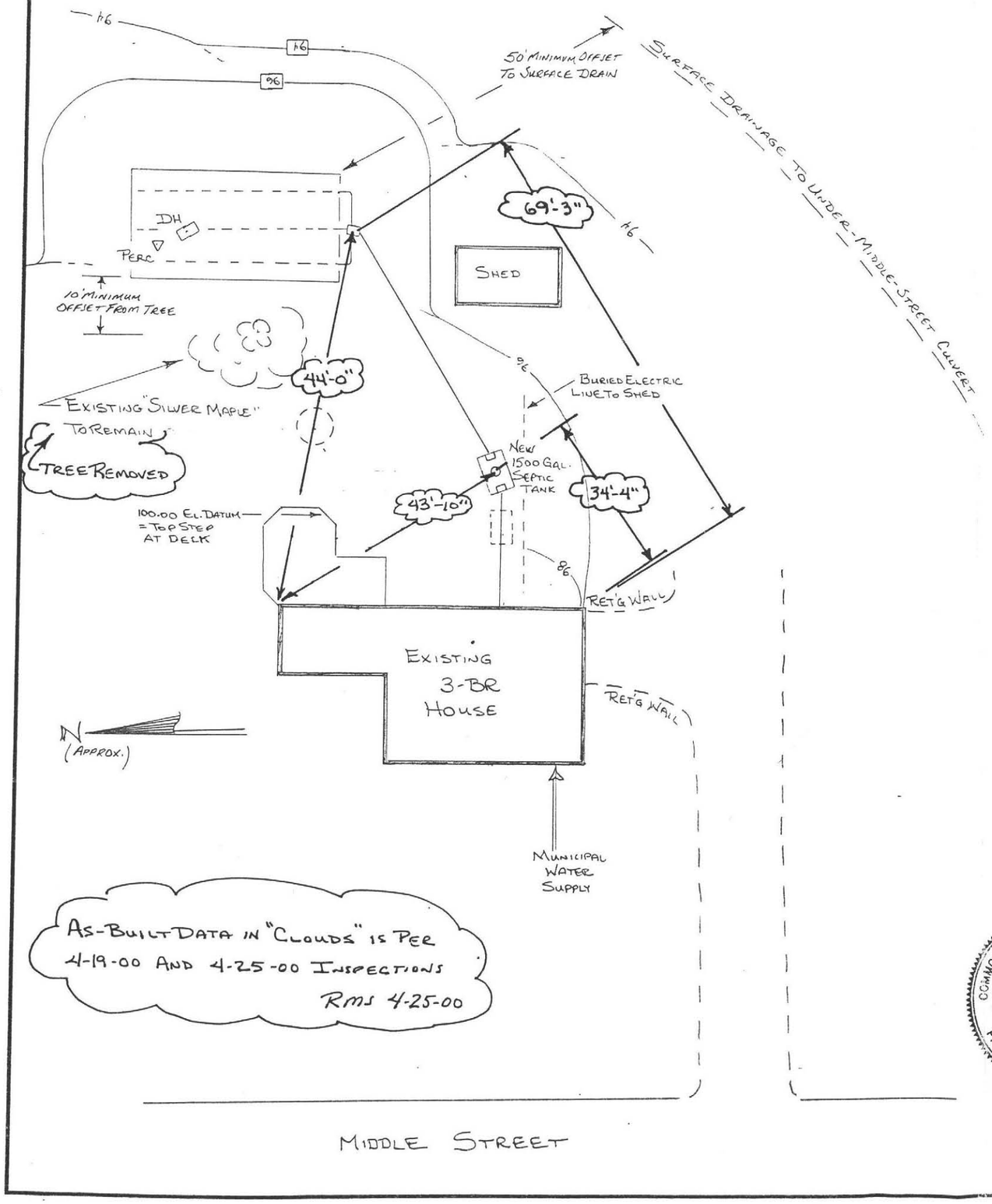
REGISTERED PROFESSIONAL ENGINEER CIVIL No. 31198

SEPTIC SYSTEM DESIGN
AT 116 MIDDLE STREET AMHERST

SCALE: N.T.S.	APPROVED BY:	DRAWN BY RMS
DATE: 2-23-00		REVISED 4-25-00 TO ADD AS-BUILT DATA

FOR FRANCIS & VIRGINIA DOWNIE
BY RICHARD SCOTT, P.E.

DRAWING NUMBER



CONSTRUCTION NOTES

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HEALTH AGENT: (413) 256-4030

COMMONWEALTH OF MASSACHUSETTS
RICHARD M SCOTT
CIVIL
No 31199
REGISTERED PROFESSIONAL ENGINEER

Richard Scott 2/23/00

SHEET 2 OF 2

SEPTIC SYSTEM DESIGN
AT 116 MIDDLE STREET AMHERST

SCALE: 1" = 20'	APPROVED BY:	DRAWN BY RMS
DATE: 2-23-00		REVISED 4-25-00 TO ADD AS-BUILT DATA

FOR FRANCIS & VIRGINIA DOWNIE
BY RICHARD SCOTT, P.E.

DRAWING NUMBER

P 746 225 294

Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

Sent to Virginia & Fran Dorune	
Street & No. 116 Middle Street	
P.O., State & ZIP Code Amherst, Ma. 01002	
Postage	$ 29
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	$ 129
Postmark or Date	

PS Form **3800**, June 1990

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE, CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).

2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.

3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.

4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.

5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.

6. Save this receipt and present it if you make inquiry.

☆U.S.G.P.O. 1990-270-153

PS Form **3800**, June 1990 *(Reverse)*