



Pelham
 City/Town

A. General Information

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



1. Applicant:
 Kathleen Holwell
 Name
 372 Amherst Road
 Mailing Address
 Pelham MA 01002
 City/Town State Zip Code
 413-658-4458 kholwell2@gmail.com
 Phone Number Fax Number (if applicable)

2. Representative (if any):
 Cold Spring Environmental
 Firm
 Alan Weiss
 Contact Name
 350 Old Enfield Road
 Mailing Address
 Belchertown MA 01007
 City/Town State Zip Code
 413-323-5957 413-323-4916
 Phone Number Fax Number (if applicable)

B. Determinations

1. I request the Pelham Conservation Commission make the following determination(s). Check any that apply:
- a. whether the area depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
 - b. whether the boundaries of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
 - c. whether the work depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
 - d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any municipal wetlands ordinance or bylaw of:
 Pelham
 Name of Municipality
 - e. whether the following scope of alternatives is adequate for work in the Riverfront Area as depicted on referenced plan(s).



Pelham
 City/Town

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):
 372 Amherst Pelham
 Street Address City/Town
 16 20
 Assessors Map/Plat Number Parcel/Lot Number

b. Area Description (use additional paper, if necessary):
 Septic System Repair Board of Health and Conservation application concurrent.

c. Plan and/or Map Reference(s):
 Site Plan 07.05.2021
 Title Date
 Title Date
 Title Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):
 Area of work for Septic Repair at existing Single Family dwelling. Siltation control noted, Limit of work/grading within 15 ft BVW Buffer) All of work is in buffer from noted resource area, regrading for septic into Buffer zone as noted with slope stabilization.



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands
WPA Form 1- Request for Determination of Applicability
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Pelham
 City/Town

C. Project Description (cont.)

b. Identify provisions of the Wetlands Protection Act or regulations which may exempt the applicant from having to file a Notice of Intent for all or part of the described work (use additional paper, if necessary).

3. a. If this application is a Request for Determination of Scope of Alternatives for work in the Riverfront Area, indicate the one classification below that best describes the project.

- Single family house on a lot recorded on or before 8/1/96
- Single family house on a lot recorded after 8/1/96
- Expansion of an existing structure on a lot recorded after 8/1/96
- Project, other than a single family house or public project, where the applicant owned the lot before 8/7/96
- New agriculture or aquaculture project
- Public project where funds were appropriated prior to 8/7/96
- Project on a lot shown on an approved, definitive subdivision plan where there is a recorded deed restriction limiting total alteration of the Riverfront Area for the entire subdivision
- Residential subdivision; institutional, industrial, or commercial project
- Municipal project
- District, county, state, or federal government project
- Project required to evaluate off-site alternatives in more than one municipality in an Environmental Impact Report under MEPA or in an alternatives analysis pursuant to an application for a 404 permit from the U.S. Army Corps of Engineers or 401 Water Quality Certification from the Department of Environmental Protection.

b. Provide evidence (e.g., record of date subdivision lot was recorded) supporting the classification above (use additional paper and/or attach appropriate documents, if necessary.)



Massachusetts Department of Environmental Protection
 Bureau of Resource Protection - Wetlands
WPA Form 1- Request for Determination of Applicability
 Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

Pelham
 City/Town

D. Signatures and Submittal Requirements

I hereby certify under the penalties of perjury that the foregoing Request for Determination of Applicability and accompanying plans, documents, and supporting data are true and complete to the best of my knowledge.

I further certify that the property owner, if different from the applicant, and the appropriate DEP Regional Office were sent a complete copy of this Request (including all appropriate documentation) simultaneously with the submittal of this Request to the Conservation Commission.

Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

Name and address of the property owner:

Kathleen Holwell
 Name
 372 Amherst Road
 Mailing Address
 Pelham
 City/Town
 MA 01002
 State Zip Code

Signatures:

I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant _____ Date _____
 Signature of Representative (if any) *A. Holwell* _____ Date 07.06.2021



Cold Spring Environmental Consultants, Inc.
 350 Old Capital Road
 Ditchford, MA 01007
<http://www.coldspringenvironmental.com>

Ph: 413.323.5957
 Fax: 413.323.4916
 email: cscei11a@charter.net

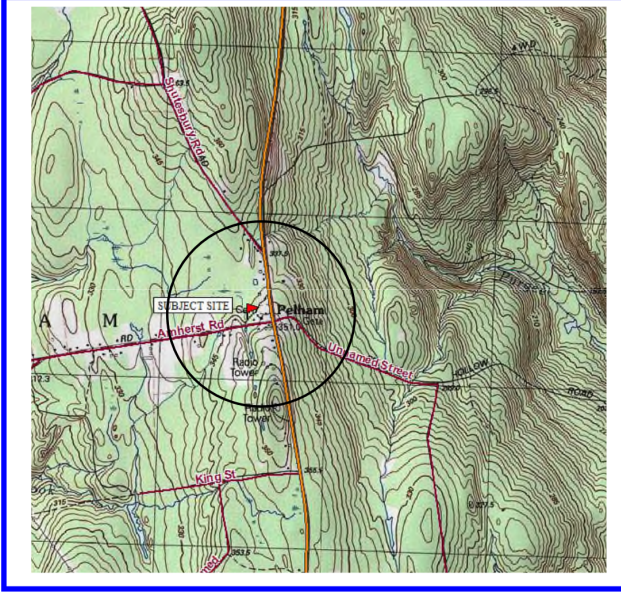
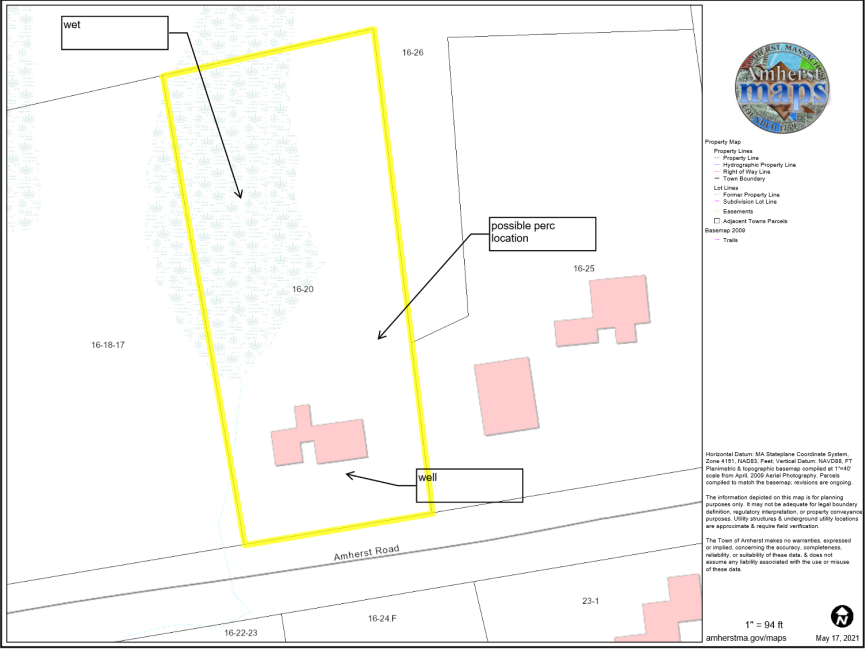
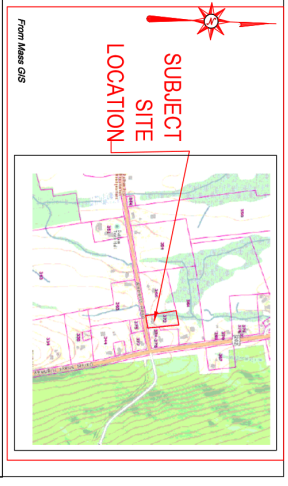
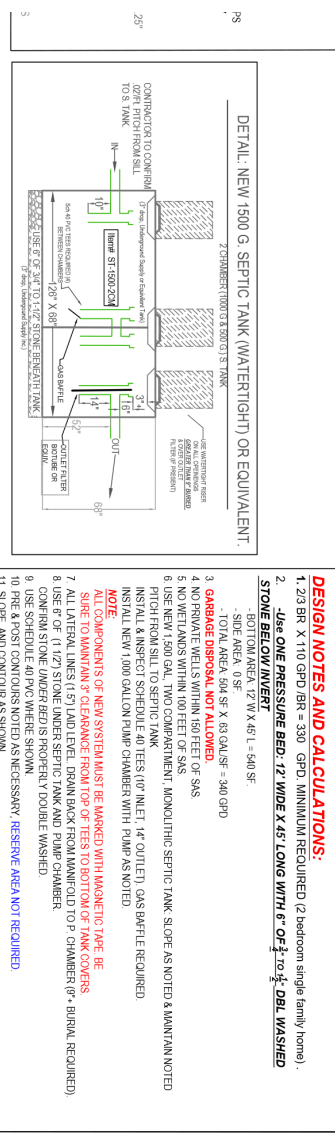
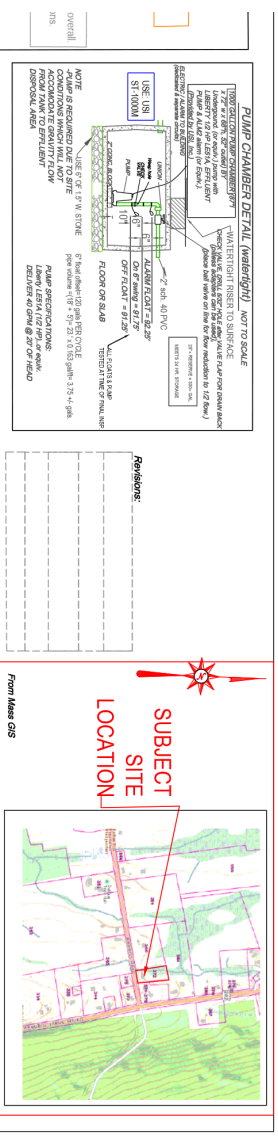


FIGURE 1—SITE LOCUS
372 AMHERST ROAD
PELHAM, MA

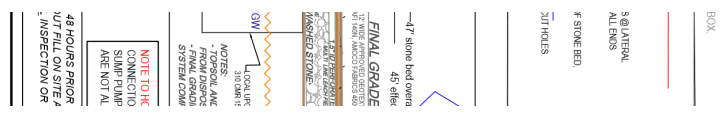
JUNE 2021

FROM USGS





- DESIGN NOTES AND CALCULATIONS:**
1. 2.3 BRK X 110 GPD (BR = 330 GPD) MINIMUM REQUIRED (2 bedroom single family home).
 2. **USE ONE PRESSURE BED: 12" WIDE X 45' LONG WITH 6" OF 3/4" TO 1" DBL WASHED STONE BELOW INVERT**
 3. **BARREGE DISPOSAL NOT ALLOWED**
 4. NO PRIVATE WELLS WITHIN 150 FEET OF SAS
 5. NO WETLANDS WITHIN 100 FEET OF SAS
 6. USE NEW 1,500 GAL. TWO COMPARTMENT, MONOLITHIC SEPTIC TANK. SLOPE AS NOTED & MAINTAIN NOTED PITCH FROM SILL TO SEPTIC TANK
 7. ALL LATERAL LINES (1.5' LAND LEVEL, DRAIN BACK FROM MANHOLE TO P. CHAMBER IF) - BURIAL REQUIRED)
 8. USE 6" OF (1 1/2") STONE UNDER SEPTIC TANK AND PUMP CHAMBER
 9. CONFIRM STONE UNDER BED IS PROPERLY DOUBLE WASHED)
 10. USE SCHEDULE 40 WVC WHERE SHOWN
 11. RISE & FELL CONDUIT SHALL BE NECESSARY. RESERVE AREA NOT REQUIRED
 12. USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 OMR 15,240)
 13. USE 2% MINIMUM SLOPE OVER LEACHING BED AREA



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

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

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:
 372 AMHERST ROAD
 Address or Lot #
 PELHAM MA 01002
 City/Town State Zip Code

2. Owner Information
 KATHLEEN HOLWELL
 Name
 Address (if different from above)
 City/Town State Zip Code
 413-658-4458
 Telephone Number

3. Installer Information
 WW Clark, Dennis Clark
 Name
 Address
 City/Town State Zip Code
 549-1411
 Telephone Number

4. Designer Information
 Alan Weiss
 Name
 350 Old Enfield Road
 Address
 Belchertown MA 01007
 City/Town State Zip Code
 413-323-5957
 Telephone Number

Application for Disposal System Construction Permit • Page 1 of 3

SENT
 N
 ORTALS
 2
 TO
 TITONE

15form1a.docx 06/03

guc
 Central Home



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

Number _____
 \$ _____
 Fee _____

A. Facility Information (continued)

5. Type of Building:

Dwelling Garbage Grinder (check if present)

Other: Type of Building 2-3 Bedroom Number of Persons Served _____

Showers Cafeteria Other fixtures

Number of showers _____

Specify other fixtures: _____

6. Design Flow: 330+
Gallons per Day

Calculated Daily Flow: 340
Gallons

7. Plan: 07.05.21
Date of Original

1
Number of Sheets
Septic Repair Plan
Title of Plan

Revision Date _____

8. Description of Soil:
F. Sandy G. Till

9. Nature of Repairs or Alterations (if applicable):
New 1500 gallon Septic Tank, 1,000 GAL. PUMP CHAMBER AND A 12' x 47 Pressure Bed
 leachfield

10. Date last inspected: _____
 Date



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

Number _____
 \$ _____
 Fee _____

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforedescribed 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.

Signature _____ Date _____

Application Approved By: _____

Name _____ Date _____

Application **Disapproved** for the following reasons:

