December 7, 2021

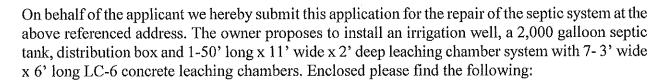
Duxbury Board of Health 878 Tremont Street Duxbury, MA 02332

RE:

#28 Hornbeam Road – Septic System Repair

Applicant: Christopher Turner





BOARD OF HEALTH DUXBURY, MA 02332

- 1. 8 sets of the Septic Repair Plan dated December 7, 2021.
- 2. 4 sets of the Proposed Irrigation Well Plan dated December 7, 2021.
- 3. Copy of Soil Evaluation Report dated November 10, 2021.
- 4. Application for Disposal System Construction Permit
- 5. Application for Well Construction Permit.
- 6. Check for \$230 for Disposal System Construction Permit application fee
- 7. Check for \$108 for Well Construction Permit application fee.
- 8. Check for \$32 for Duxbury Supplementary Rules and Regulations variance request fee.

<u>Variance Request From Town of Duxbury Supplemental Rules and Regulations to the State Environmental Code Title 5</u>

1.10(1) - Reduction in system (Soil Absorption System) location setbacks to a wetland from the required 150 feet to 132 feet.

1.20(1) - Variances shall be granted only when the Board of Health finds that the applicant has established that enforcement of the provision of Town of Duxbury Supplementary Rules & Regulations from which a variance is sought would be manifestly unjust, considering all the relevant facts and circumstances of the individual case and the applicant has established that a level of environmental protection that is at least equivalent to that provided by Town of Duxbury Supplementary Rules & Regulations can be achieved without strict application of the provision of Town of Duxbury Supplementary Rules & Regulations from which a variance is sought.

Due to the location of the existing plumbing and septic system it is necessary to locate the proposed system behind the existing dwelling. The leaching system is proposed as far from the boarding vegetated wetlands as feasible (132'). The system setback is complaint with Title 5 regulations

We believe this request can be approved without compromising the degree of environmental protection since the proposed system is a substantial improvement of the existing system.

If you have any questions please do not hesitate to call.

Sincerely,

GRADY CONSULTING, L.L.C.

Kevin Grady

Project Engineer

Enc.

Cc: Christopher Turner

10 Commerce Boulevard Middleboro, MA 02346

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No THE COMMONWEALTH	OF MASSACHUSETTS FEE
	F HEALTH
Town of Duxb	
	STEM CONSTRUCTION PERMIT
Application for a Permit to Construct () Repair () Upgrade (Abandon () - Complete System Distribution
28 Hambean Rand, Duxbury, MA 02332	//
110-025 Location	Christopher Wener Owner's Name
Map/Parcel #	No Commerce Blud., Misheboro, MA 02346
Lot#	508-962-2404 Address Telephone #
Installer's Name	Grady Cons. Hing LLC Designer's Name
Address	71 Evergreen Street, Kingston, MA 02369
Telephone #	781-585-2300 Address Telephone #
Type of Building: Single Family Dwelling Dwelling—No. of Bedrooms Other—Type of Building No. of Other fixtures	Lot Size 59,677 ± Sq. feet Garbage Grinder () persons Showers (), Cafeteria ()
Design Flow (min. required) 550 gpd Calculated de Plan: Date 12/7/24 Number of sheets	esign flow 794 gpd Design flow provided 794 gpd 1 Revision Date
Soil Evaluator Form No. Name of Soil Evaluate	or Kenn Grady Date of Evaluation 11/10/21
DESCRIPTION OF REPAIRS OR ALTERATIONS In and 1-50 long x 11 wide x 2 deep lea 6 wide LC-6 Conjecte leaching Chamber	tall irragation well, Septic tank distribution box
The undersigned agrees to install the above described individ TITLE 5 and further agrees not to place the system in operation until	ual Sewage Disposal System in accordance with the previsions of a Certificate of Compliance has been issued by the Board of Health.
Signed	te KEVIN S.
Inspections	GRADY THE
	No. 46264
FORM 1 - APPLICATION FOR DSCP DEP APP	PROVED FORM 5/96
No THE COMMONWEALTH	OF MASSACHUSETTS FRE
	OARD OF HEALTH

	ВС	DARD OF HEALTH	
Description of Work:	CERTIFICATE OF		
The undersigned hereby co		Constructed (), Repaired (), Upgraded (), Abandone	ed ()
by:		(), 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ч()
at	•	•	
has been installed in acc	cordance with the provisions of 310 C	CMR 15.00 (Title 5) and the approved design plans/a Approved Design Flow	s-built (gpd)
Installer			-(OF 47
		Date	
The issuance of this co	ertificate shall not be construed as a gua	arantee that the system will function as designed.	

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

Commonwealth of Massachusetts Nassachusetts

Soll Suitability Assessment for On-site Sewage Disposal

Performed by:	Kevin Grady GRADY CONSUL 71 Evergreen S Kingston, MA 0 Phone: (781) 5	Street, Suite 1 2364	:: (781) 585-2378	Date: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Witnessed by:	Tracy	MAYD		
Location Address or Location Address or Location Address or Location Address or Location Address or Location Address or Location	ot#)eqW(*Owner's Name *Address & *Telephone #	chris Turner 10 commerce Booleung Middleboro MA 02346 508-962-2404
Office Review Published Soil Surve Year Published: Drainage Class:	y Available: No Publicatio Soil Limita	Yes n Scale: ations:	Soil Ma	ap Unit:
Surficial Geology Re Year Published: Geologic Material (Ma Landform: Flood Insurance Rate Above 500 year flood I Within 500 year flood I Within 100 year flood I	Publication o Unit):	n Scale:	This series	
Wetland Area: National Wetland Invel Wetlands Conservanc Current Water Resou Range: Above No	ntory Map (map u / Program Map (n rce Conditions (nit): nap unit): USGS):	•	(Mb-CY Below Normal
Other References Re	viewed:			
area proposed	our feet of natura for the soil absor	lly occurring pe ption system?	tes	st in all areas observed throughout the
If not, what is t	he depth of natura	ally occurring p	ervious material?	

Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated on the attached soil evaluation form, are accurate and in accordance with CMR 15.100 through 15.107.

TITLE 5 ON-SITE REVIEW Weather Cloudy S Time Deep Hole # Location (identify on Site Plan)_ Slope(%) 5 Surface Stones NONC KECIONAMUI Land Use Vegetation WOORD 5 Landform Distances from: Open Water Body____ft. Possible Wet Area____ft. Drinking Water Well ft. Drainageway____ft. Propertyline_\50_ft Other_____ DEEP OBSERVATION HOLE LOG Depth From Surface Soil Horizon Soil Texture Soil Color Soil Mottling Other: Structures, Stones, (Inches) (USDA (Munsell) Boulders, Consistency, %Gravel Logm none Parent Material (geologic) _ Depth to Bedrock____ Standing Water in Hole: Non1 Weeping from Pit Face Non Depth to Groundwater: Estimated Seasonal High Groundwater _____ **DETERMINATION FOR SEASONAL HIGH WATER TABLE** Method Used: _____Depth observed standing in observation hole: ____inches _____Depth to soil mottles: ____inches _____Depth to weeping from side of observation hole: ___inches ____ Groundwater adjustment ___ft Index Well # Reading Date Index well level Adj.factor Adj.Groundwater level PERCOLATION TEST Date Time _____ Observation Hole # _____ Time at 9" Depth of Perc _____ Time at 6" Start Presoak _____ Time (9"-6") Rate Min/Inch _____ End Presoak Site Suitability Assessment: Site Passed____ Site Failed___ Additional Testing Needed: Keuin (Trail+ Performed By Certification #____ Witnessed By___

Comments:

TITLE 5 ON-SITE RE					
Deep Hole # Location(identify on Land UseC\$\(\cdot\)\(\cdot\) VegetationC\(\cdot\)	Date Site Plan) へたな)	, 1)\10\2\ , Slope(%)_2-	Time 9 00) Weather_ C\00 tones_ h ⊙ n €	ud 550
				tt. Drinking Water W	/ell ~ ft
		_ft. Propertyline\			•
6-24		(Munsell) Logum Logum Sand	10-123/3	<u>Soil Mottling</u> Other: S <u>Boulders, C</u>	Structures, Stones, Consistency,%Gravel
24-96		Medium Sand	25/1/3	none loose	no gravel
Parent Material (geol Depth to Groundwate	er: Stand	∪-∱ ding Water in Hole: nated Seasonal Hig	Wee	pth to Bedrock_ ping from Pit Face_he	2ne
Depth to weeping	standing in obs	observation hole:	_inches	VATER TABLE Depth to soil mottles: Groundwater adjustn tor Adj.Groundw	sout #
PERCOLATIO	N TEST	Date		Time	
Observation Hole # Depth of Perc Start Presoak End Presoak	24-42 9-27 9-31	T T	ime at 9" _ ime at 6" _ ime (9"-6") _ ate Min/Inch _	< 2 Min/in	
Site Sultability Asses	a. 1	A 1		iditional Testing Need	
	<u> </u>	(64)	С	ertification #	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Annuesed BA	1-2 ()	₹₩ <u>₹</u> "			

Comments: