

40 Bible Path Home

Dave Z

May 9 2006

Board of Health

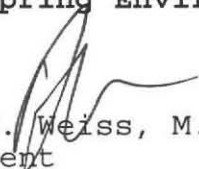
RE:Septic System Installation Inspection
40 Bridal Path (Stienhauser Res.)

On this date, we inspected the installation of a Soil Absorption System (S. Tank & L field) We found the installation to be complete (except for completion of cover material and final fill) and in compliance with our plans and 310 CMR 15.000.

The installer representative (River Drive Excav.) & our inspection noted that the system was built properly, in accordance with the state regulations and our plans. The contractor was requested to have sufficient breakout soil on site and properly cover the system according to our plans and may backfill the system after review by local Health Department representatives.

Sincerely,

Cold Spring Environmental Consultants, Inc.


Alan E. Weiss, M.S., L.S.P.
President
Principal Hydrogeologist
Licensed Site Professional #6442
Registered Sanitarian #933

Cold Spring Environmental
350 Old Enfield Road
Belchertown, Ma. 01007

413-323-5957, phone
413-323-4916, fax

As built attached.

 **COMPLETED**

AS BUILT

0011111111



81-12

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner AL. FISZER Address SOUTHAMPTON

Installer LA VALLEY & SONS Address FRODOUCE MA.

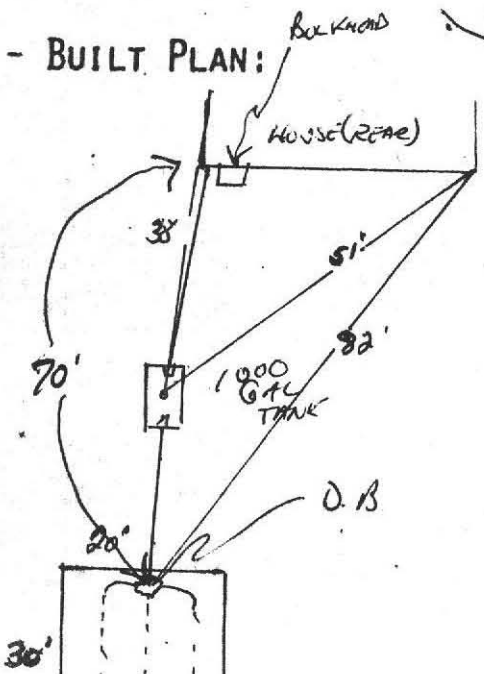
Date Installation Inspected and Approved 6-8-82

Description of System: Tank Capacity: 1000

Leach Field () Bed () Seepage Pit () Square Feet: 600

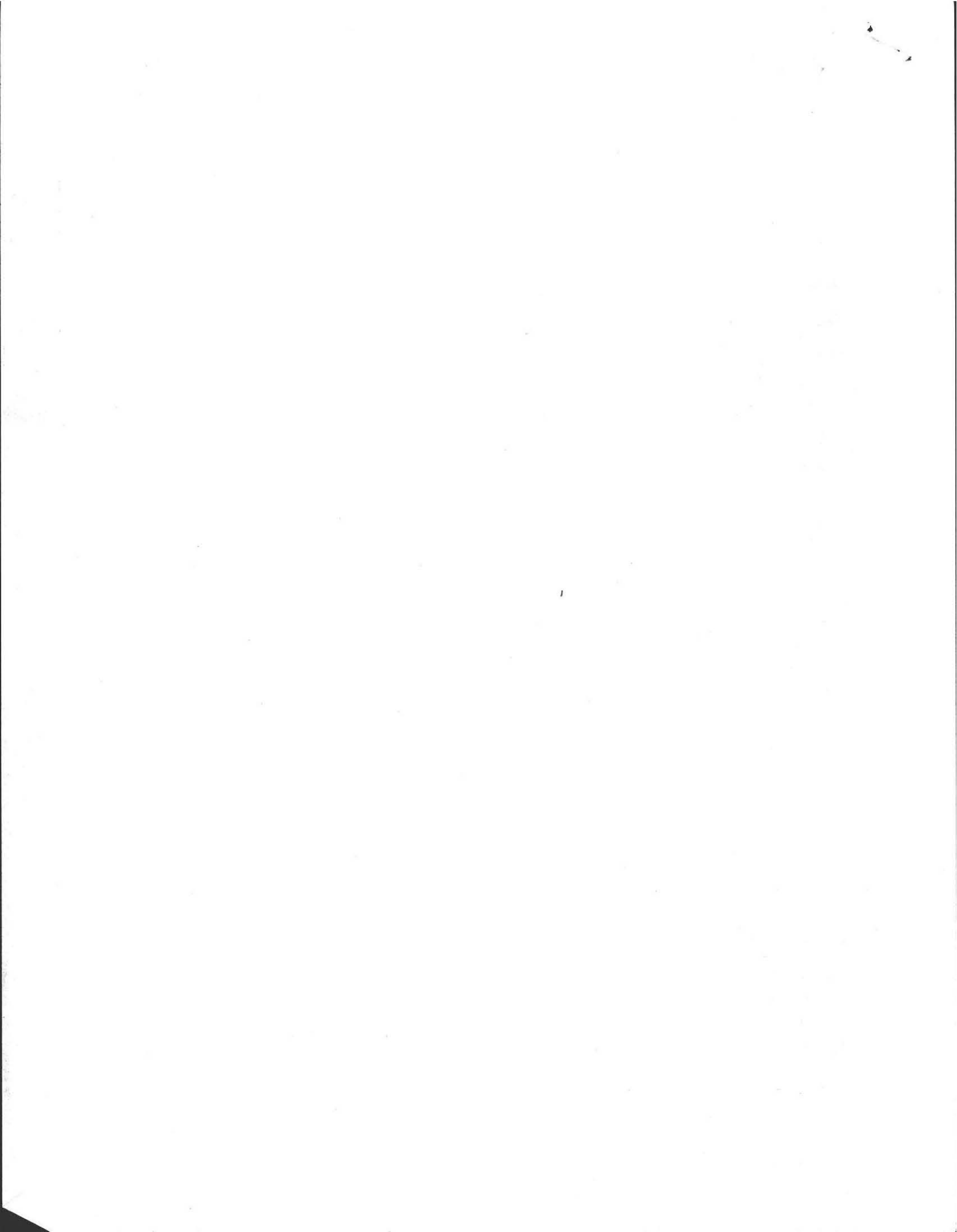
Garbage Grinder Yes () No () No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 81-12 Date Aug 13, 1981 Fee 70.00 Date Rec'd. Aug 13, 1981 By [Signature]

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:

Location—Address 40 Bridle Path or Lot No. 15D-144
 Owner Al Fisher Address Southampton Mass
 Contractor H.R. DITZ, EASTHAMPTON, MASS Address Southampton Mass 01073

Type of Building _____ Dimensions _____ Size Lot _____
 Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
 Other _____ No. of persons _____ Showers ()
 Other fixtures _____

Town Water? Yes Type of Well _____
 Design Flow 55 gallons per person per day. Total daily flow 330 gallons
 Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____
 Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
 Disposal Bed—No. 1 Diameter 24' X 17' Depth below inlet _____ Total leaching area 408 sq. ft.
 Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____
 Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by Frederick Filios Date Apr 26 1979
 Test Pit No. 1 3-6 minutes per inch at 28" Depth of Test Pit 8'
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil enclosed Depth to Ground Water seepage 4'
 Will disposal area be filled? _____ Cut down? _____
 (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] Albert Finger Owner or builder 8/13/81 date
 Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of _____ INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____ The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 81-12 Permission is hereby granted H.R. DITZ - EASTHAMPTON to construct () or repair () an Individual Sewage Disposal System at BRIDLE PATH as shown on the application for Disposal Works Construction Permit No. 81-12

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE Aug. 13, 1981 [Signature] Board of Health

Handwritten text at the top of the page, including a date and possibly a name or title.

A small handwritten mark or signature.

Handwritten text in the middle of the page, possibly a name or a short phrase.

Handwritten text on the right side of the page, possibly a name or a short phrase.

Handwritten text at the bottom of the page, possibly a signature or a date.

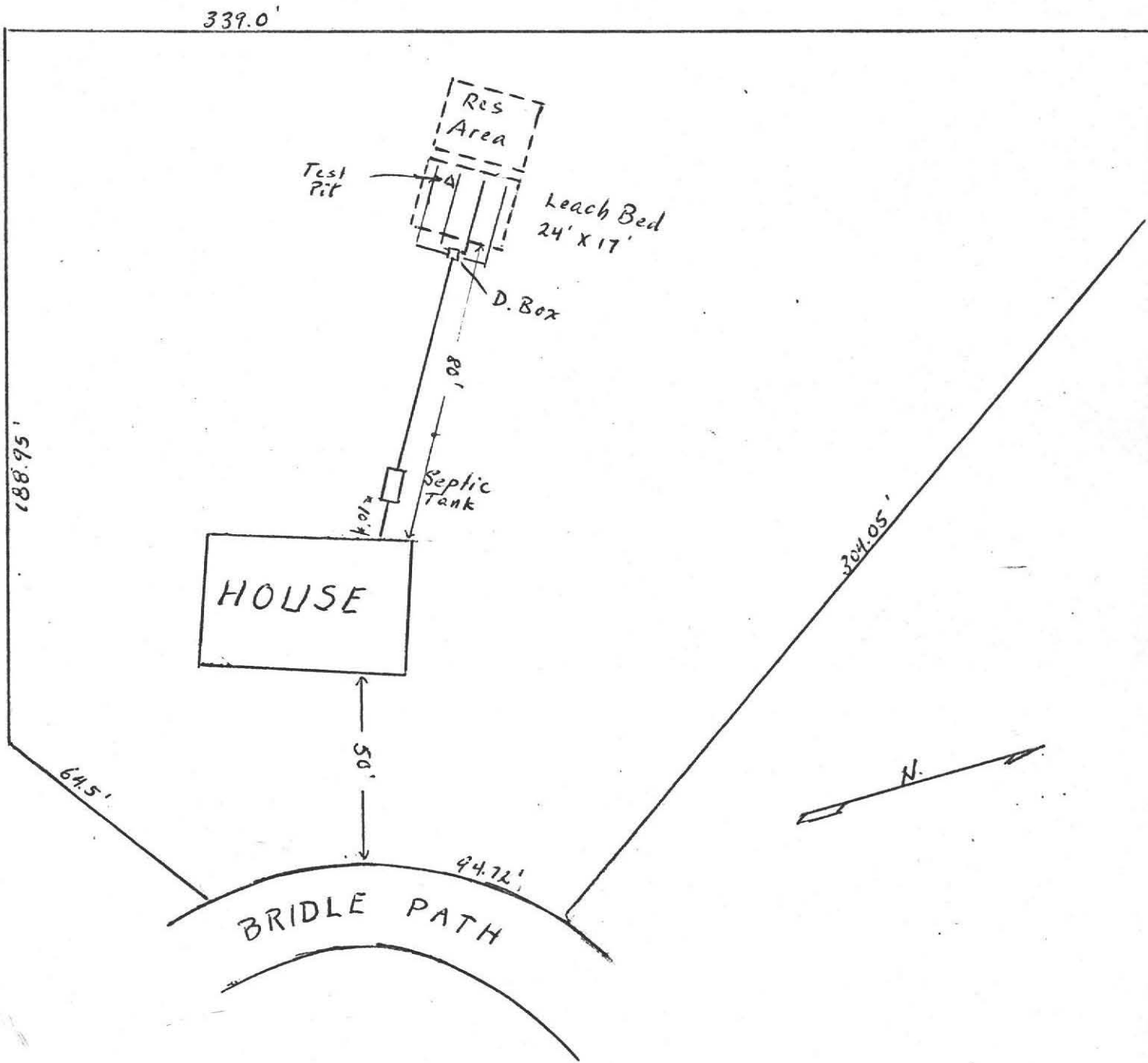
PLAN SHOWING SEWAGE DISPOSAL

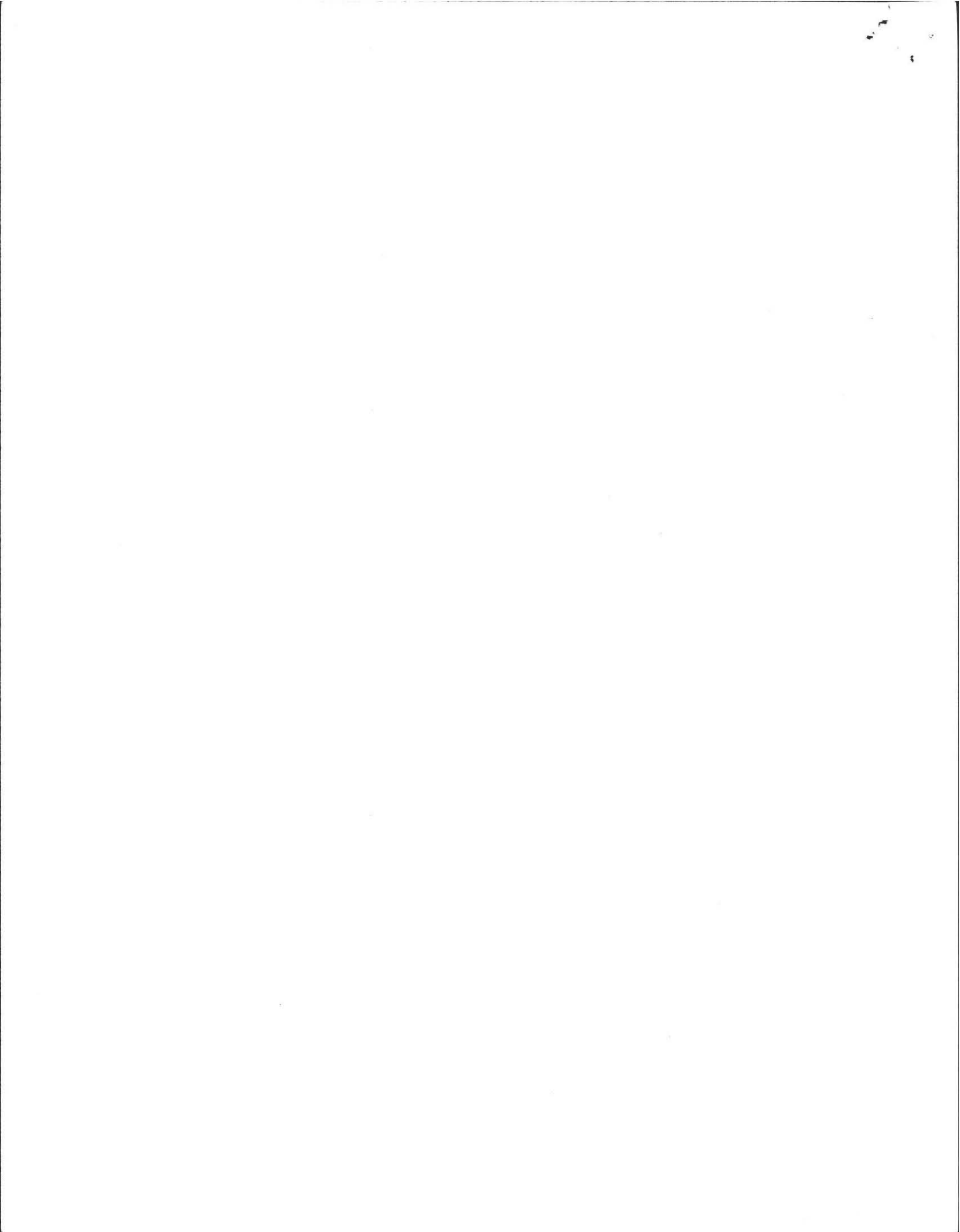
For: Al Fisher
Southampton Mass

July 1981

Scale: 1" = 40'

By: Frederick Filios



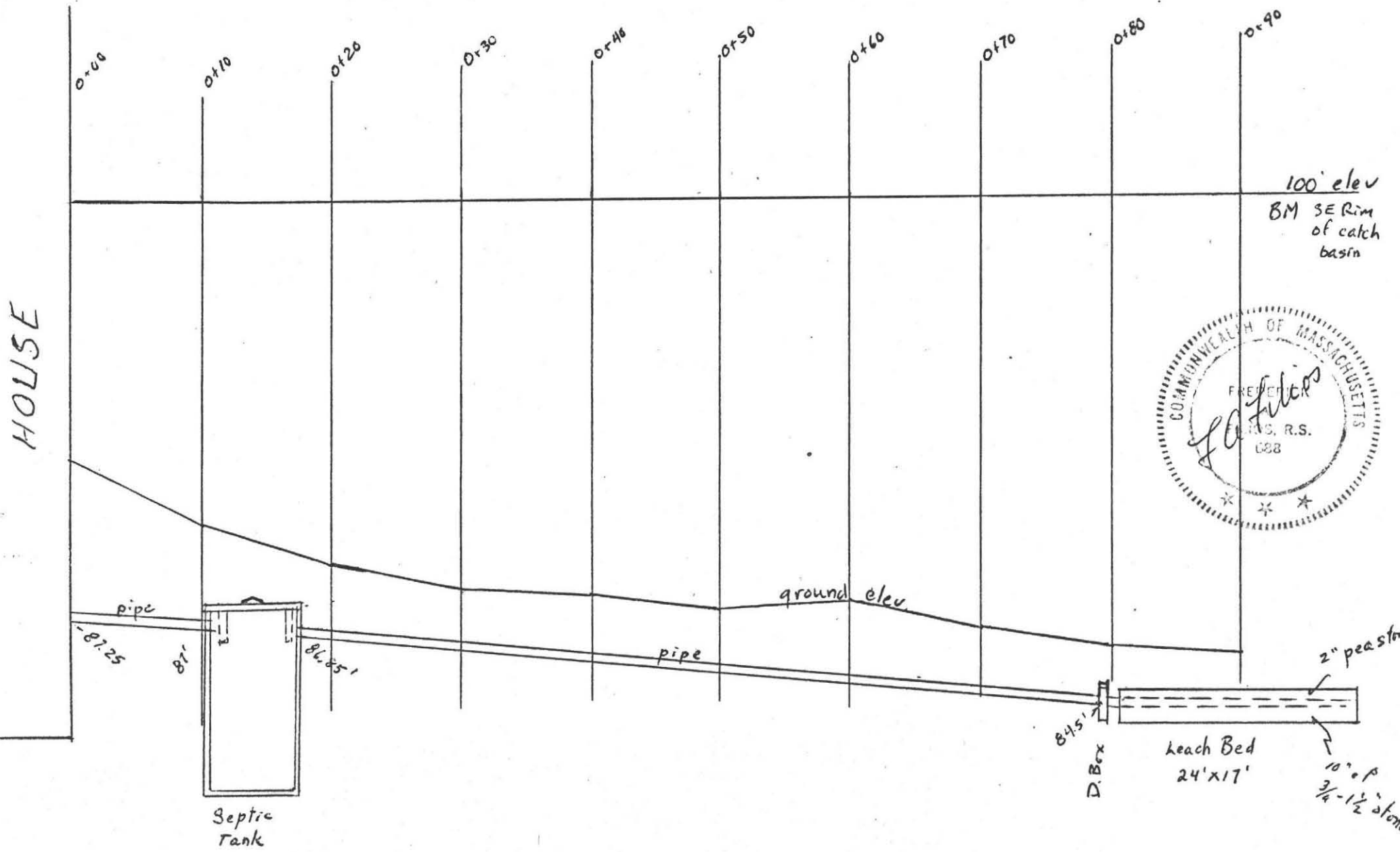


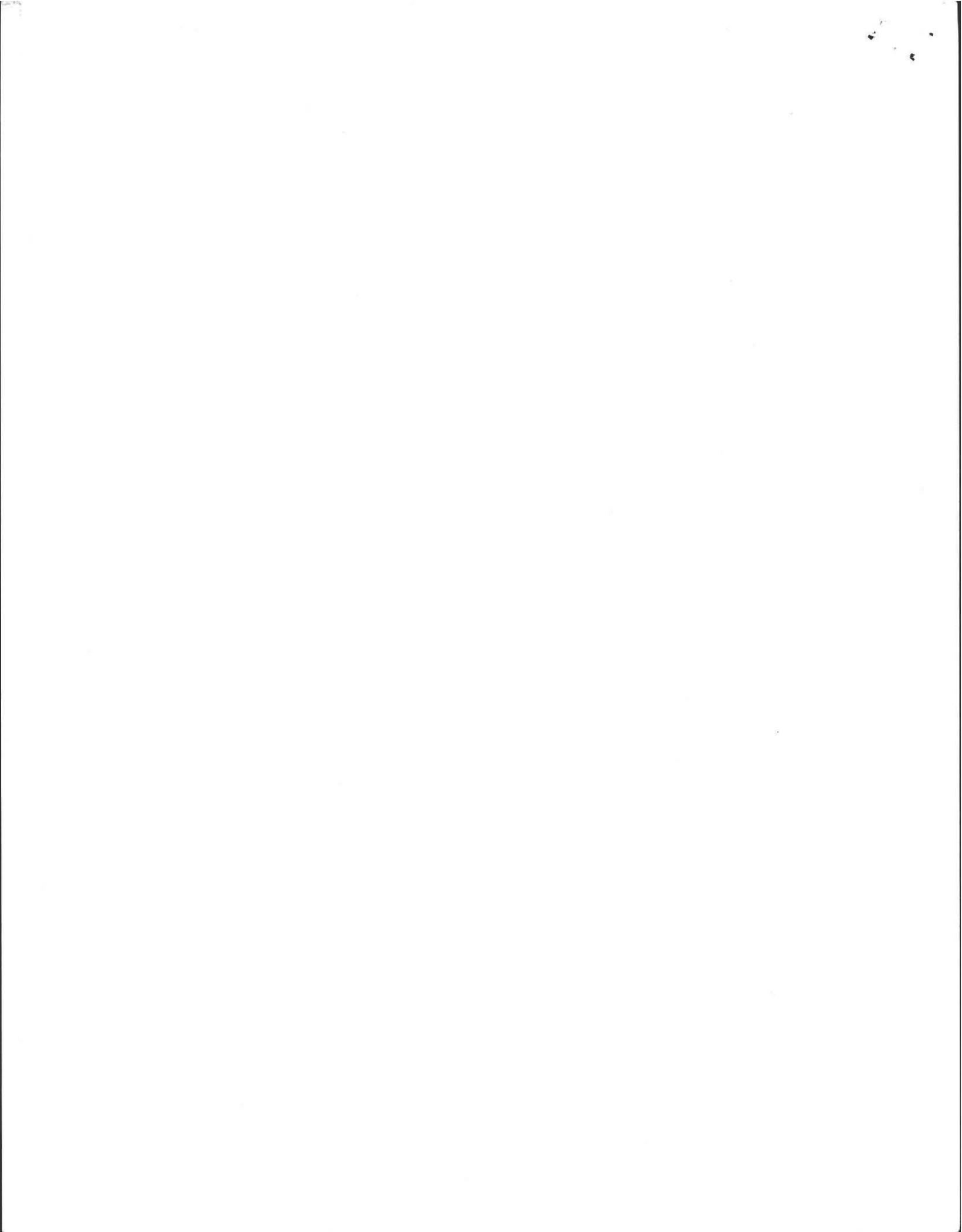
PROFILE OF SEPTIC SYSTEM

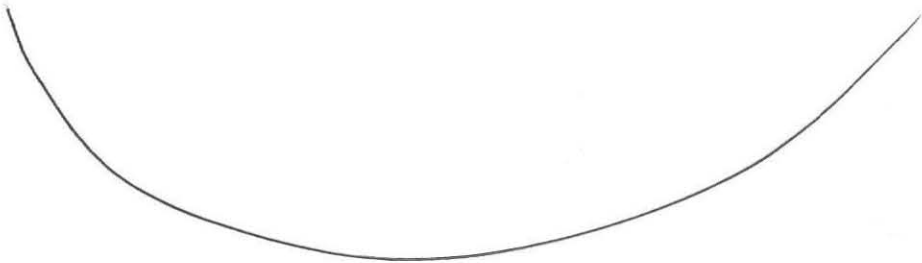
For: Al Fisher
Southampton Mass

Scale: Horizontal 1"=10'
Vertical 1"=4'
By: Frederick Filios

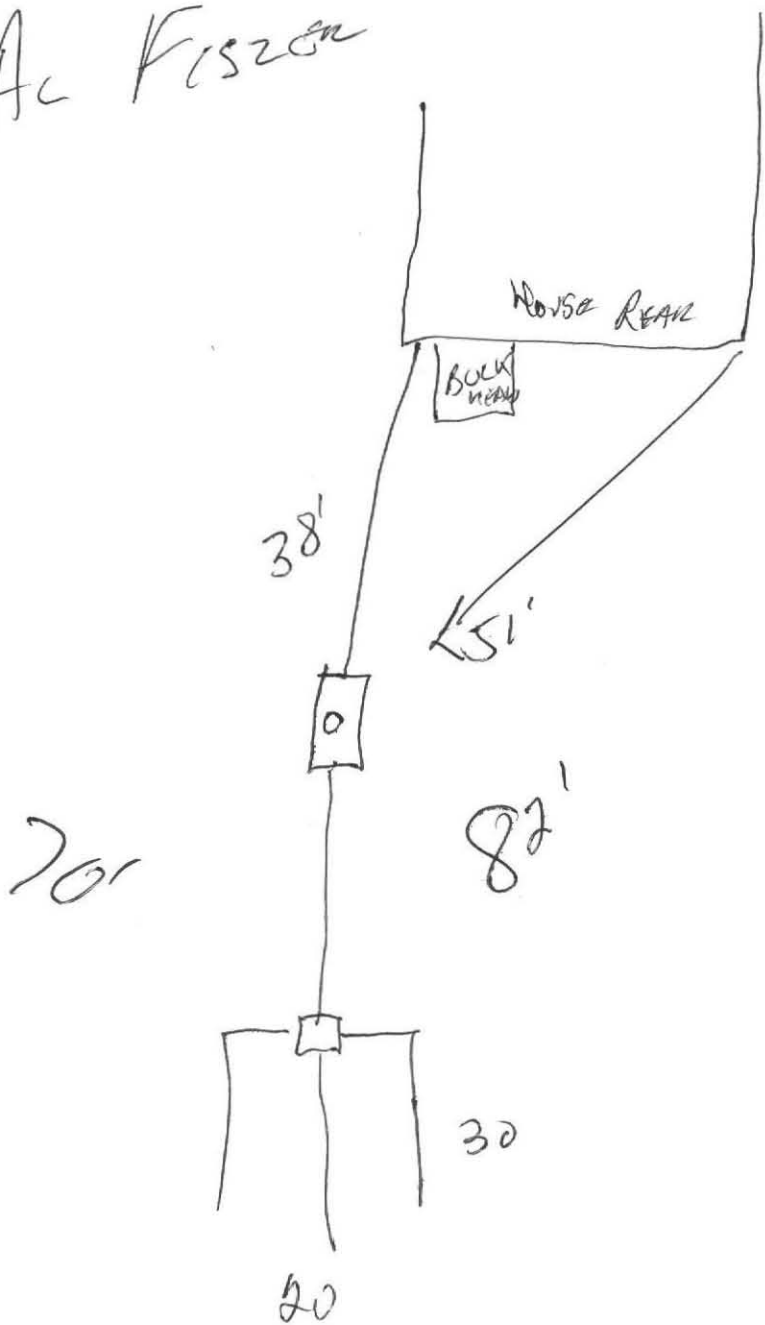
July 1981







Ac Fisson



DEEP SOIL LOGS

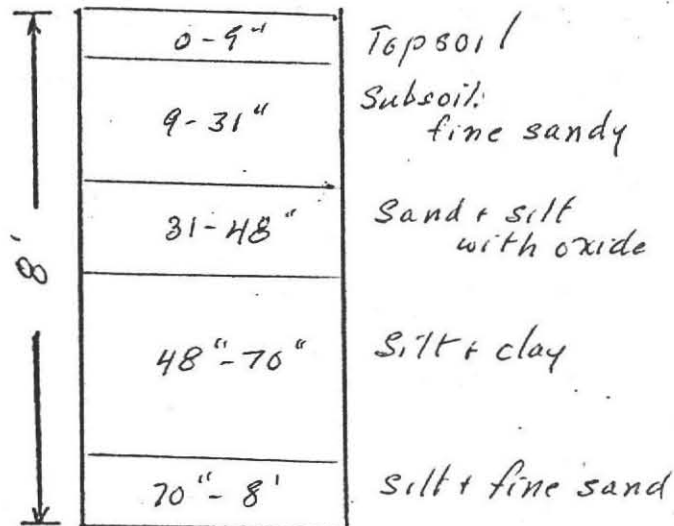
OWNER Henry S. Matusko

Date Apr 26 1979

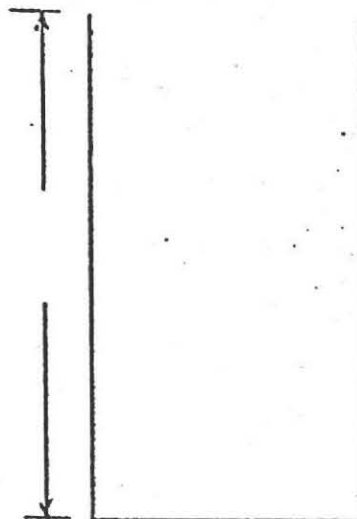
LOCATION Bridle Path

OBSERVER FA. Filios

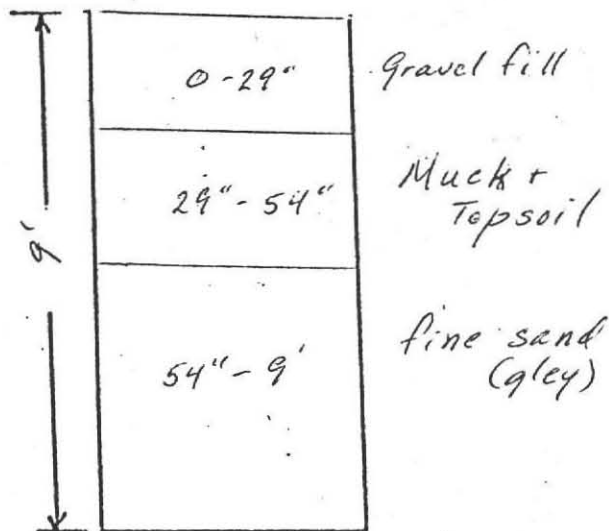
Test Pit



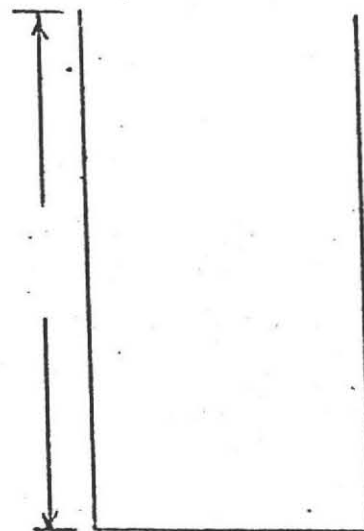
Ground Water seepage slight 4'
Alt. pit



Ground Water _____



Ground Water 9'

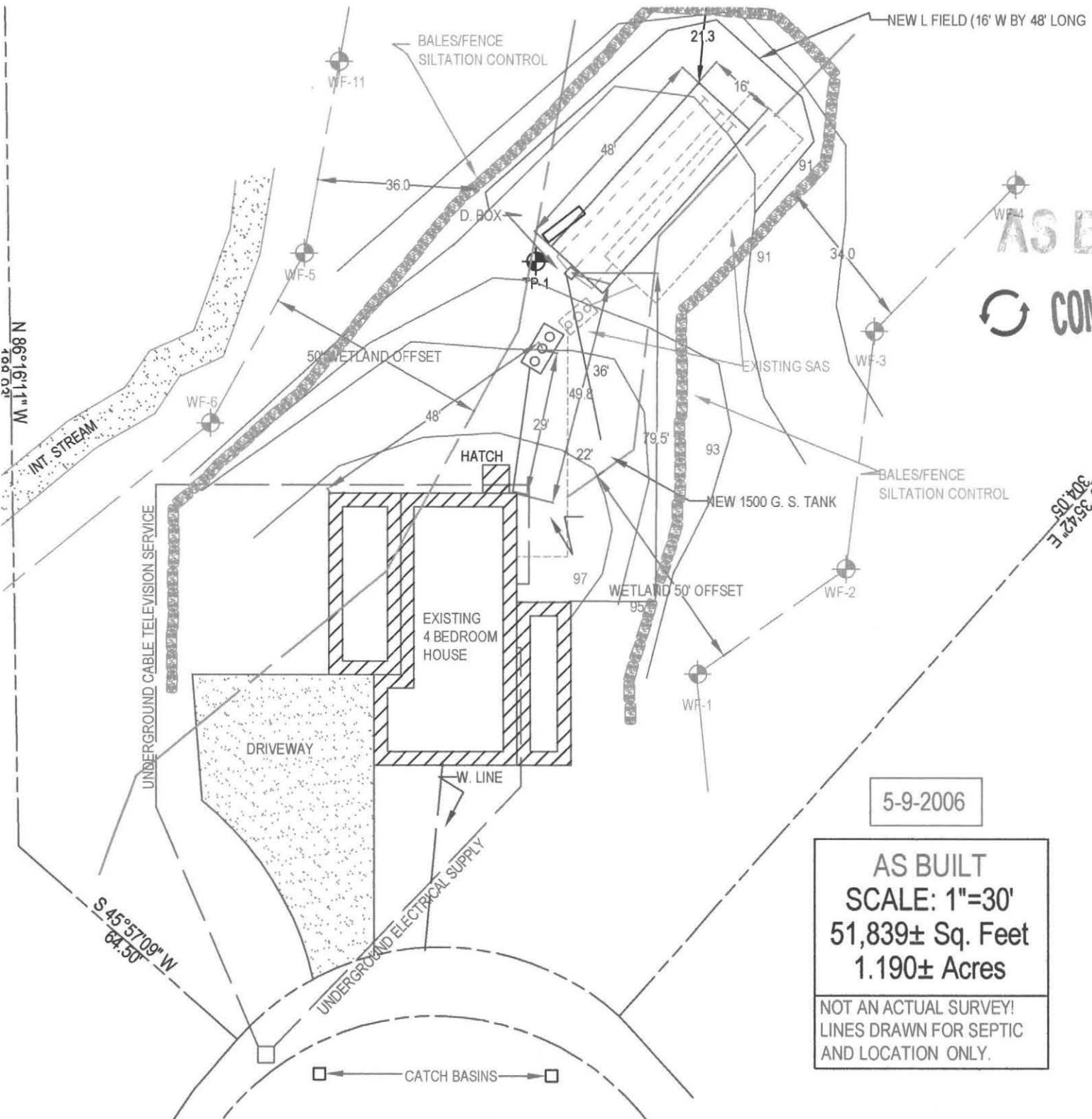


Ground Water _____

Rate of Percolation

3.6 minutes/inch





AS BUILT
COMPLETED

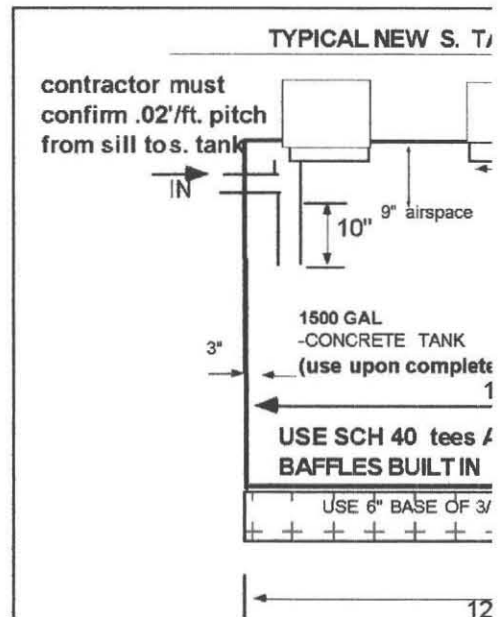
N 86°16'11" W
100.00'

S 45°57'09" W
67.50'

S 43°35'42" E
304.00'

5-9-2006

AS BUILT
SCALE: 1"=30'
51,839± Sq. Feet
1.190± Acres
 NOT AN ACTUAL SURVEY!
 LINES DRAWN FOR SEPTIC
 AND LOCATION ONLY.



© 1997



AMHERST

Massachusetts

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

(413) 256-4033 ENVIRONMENTAL HEALTH SERVICES
(413) 256-4053 (FAX)

SUB-GRADE INSPECTION

Location: 40 Bondal Path.

Property Owner: Stienhauer

I certify that I have inspected the excavation to sub-grade of the proposed septic system leaching area prior placement of any fill of stone, or construction of any portion of the system.

I further certify that:

1. All 'A' and 'B' horizon soils (topsoils and subsoils) were removed in the area of the system.
2. There was no evidence of ground water in the excavation.
3. There was no evidence of "mottles" that would be in conflict with the findings of the deep hole soil profile.
4. That the excavation was accomplished to the proper depth and in conformance with the approved plans.

Alan Weiss
Designers Name

[Signature]
Designers Signature

**COLD SPRING
ENVIRONMENTAL, INC.**
350 Old Enfield Rd.
BELCHERTOWN, MA 01007

Town, State, Zip Code

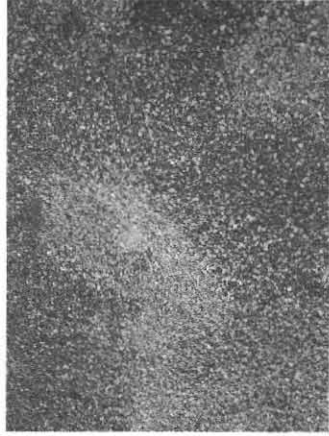
413-323-5957
Telephone Number



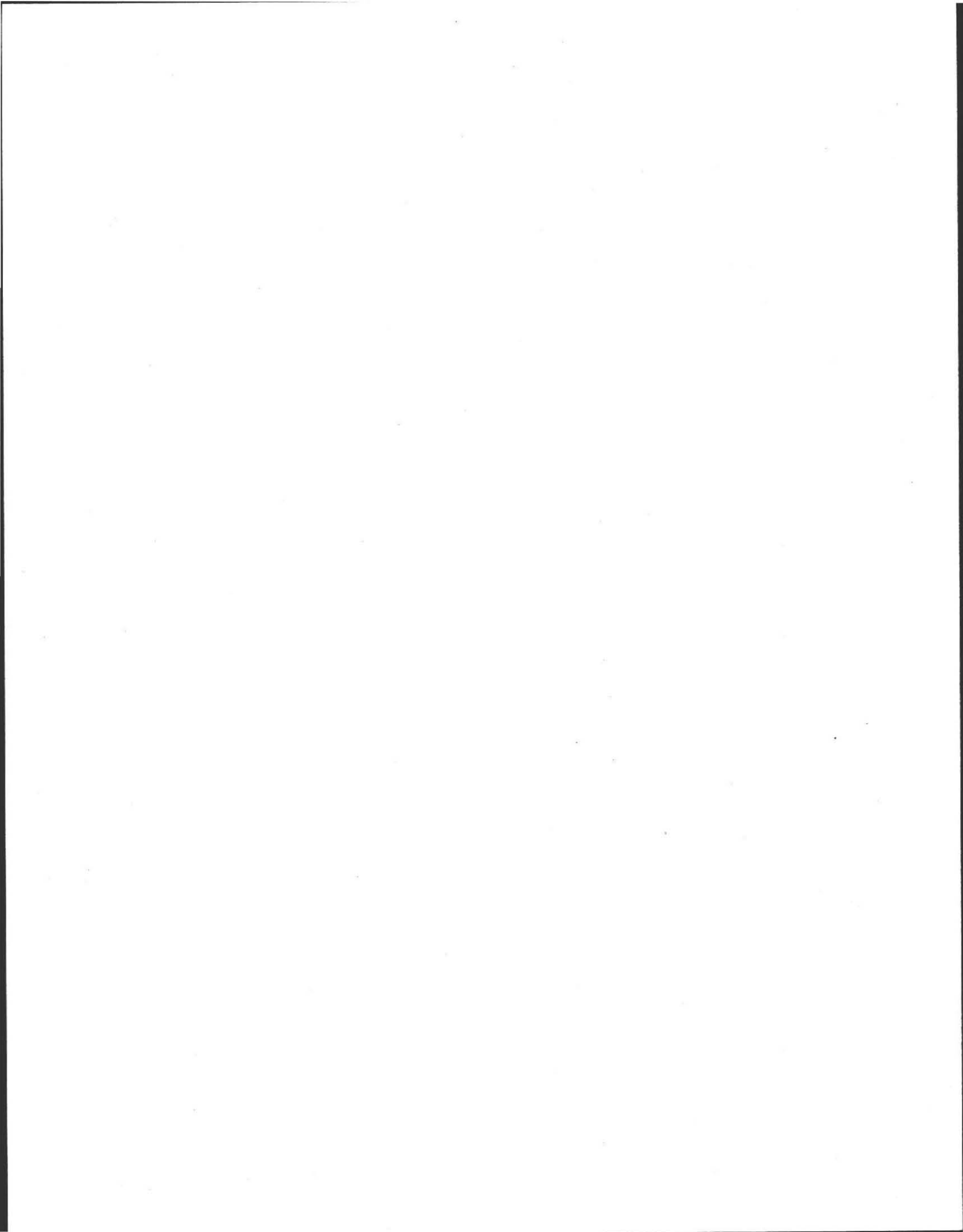
IT'S TIME WE MADE SMOKING HISTORY

1912
1913

1914



40 Bridal Path
Engineer: Alan Weiss
Installer: Riverdrive



No. 05-16

check 1083 - pd 125⁰⁰ plan review
need 250 for
Per Test (1084 ch)



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair Upgrade () Abandon () - Complete System Individual Component

Location <u>40 Bridal Path</u>	Owner's Name <u>Larry + Ann Stienhauer</u>
Map/Parcel# <u>15D / 144</u>	Address <u>40 Bridal Path.</u>
Lot# <u>#144 River Drive</u>	Telephone# <u>253-2368</u>
Installer's Name <u>1643 [unclear]</u>	Designer's Name <u>Alan Weiss, R.S.</u>
Address <u>Hadley, MA.</u>	Address <u>Belchertown</u>
Telephone# <u>544-5396584-1814</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence. (4 Bedroom). Lot Size 1.2 AC. +/- sq. ft.
 Dwelling - No. of Bedrooms 4 Garbage grinder (N)
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 461 gpd
 Plan: Date 8/26/05 Number of sheets 1 Revision Date _____
 Title Septic System Repair Plan.
 Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 7/21/05

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete new SAS w/ Field + sit tank.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 9/2/05

Inspections _____

No. 05-16

COMMONWEALTH OF MASSACHUSETTS

Board of Health, 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: River Drive
at 40 BRIDLE PATH

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. 05-16, dated _____, Approved Design Flow _____ (gpd)

Installer [Signature]
Designer: [Signature] Inspector: [Signature] Date: 5/9/06

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

No. 05-16

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair Upgrade () Abandon () an individual sewage disposal system at 40 BRIDLE PATH as described in the application for Disposal System Construction Permit No. 05-16, dated 9-6-05 Revised

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

Date 9/9/05 Board of Health [Signature]
Health Dept

check 1083 - FEE 125⁰⁰ Plan Review
need 250 for
Per Test



London

18th Nov 1914

Dear Mother
I received your letter of the 11th and was
glad to hear from you and to hear that
you were all well. I am well at present
and hope these few lines will find you
all the same.

I have not much news to write at present
as I have been very busy with my work.
I am still in the same office and
hope to stay there for some time.
I have not much news to write at present
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ALAN E. WEISS, M.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Subsurface Investigations
- 21E Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

50 Old Enfield Rd.
Cheltenham, MA 01007
(13) 323-5957 & 323-4916 (FAX)

Date: 7/21/05

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: D. Zaczinski

Date: 7/21/05

Location Address or Lot # <u>40 Bridal Path</u>	Owner's Name, Address, and Telephone # <u>Larry + Ann Stienhouser</u> <u>40 Bridal Path</u> <u>Amherst, MA 01002</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review YBR, have DISPOSED

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)

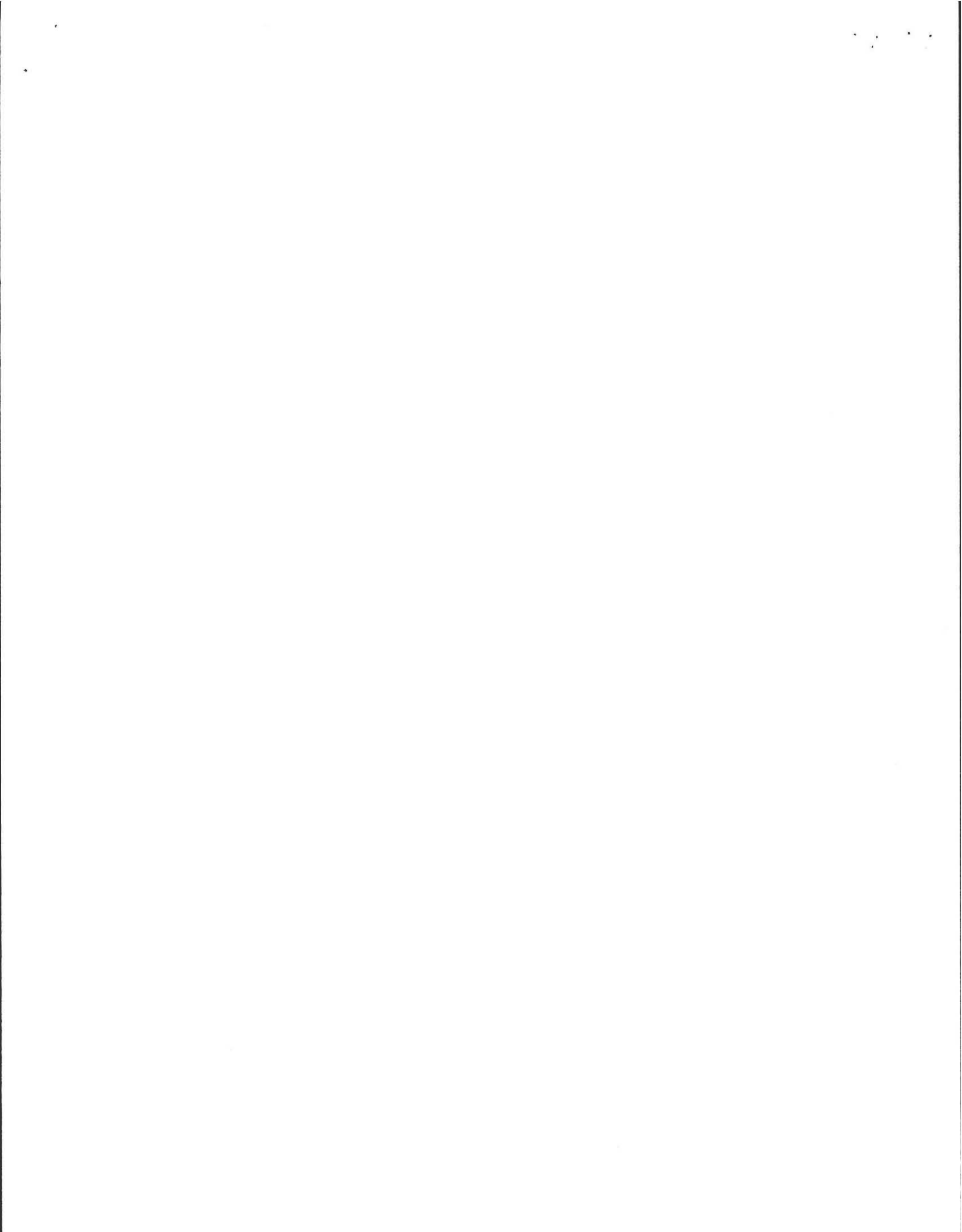
Wetlands Conseravancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 40 Bridal Path, Amherst.

On-site Review

Deep Hole Number 1+2 Date: 7/21/05 Time: 8:30 Weather SUN 80°F

Location (identify on site plan) _____

Land Use Rural Res Slope (%) 2 Surface Stones _____

Vegetation GRASS

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 50' feet Drainage way — feet
 Possible Wet Area 50' feet Property Line 50' feet
 Drinking Water Well — feet Other _____

DEEP OBSERVATION HOLE LOG*

P-1

2.2

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A	FSL	10YR 3/3		Frable, Loosp
8-26"	Bw	SL	2.5Y 5/6	62"	frable.
26"-120"	C,	LS	2.5Y 5/3	2.5Y 4/2 10YR 6/8	F. sand, Laminated Little Silt.
0-8"	A	FSL	10YR 3/3		
8"-24"	Bw	SL	2.5Y 5/6		
24"-78"	C,	LS			Mixed fill + f sand

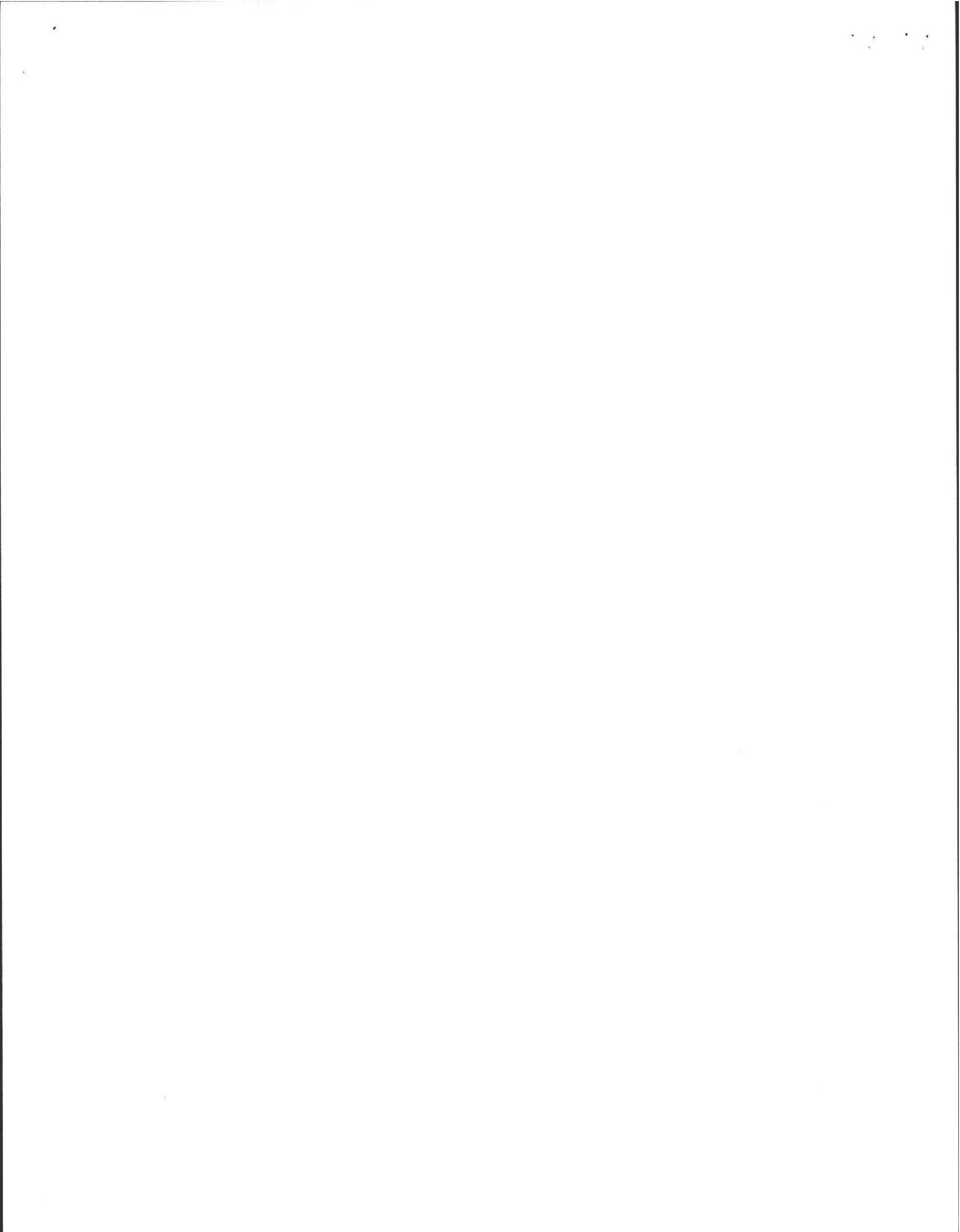
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Kent Tonalite Depth to Bedrock: 120+

Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not

Estimated Seasonal High Ground Water: 62"





Location Address or Lot No. 40 Bridal Path

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

Percolation Test*		
Date:	<u>7/21/05</u>	Time: <u>8:30 8:30</u>
Observation Hole #	<u>P₁</u>	Repair ↓
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>8:55</u>	
End Pre-soak	<u>9:10</u>	
Time at 12"	<u>9:10</u>	
Time at 9"	<u>9:37</u>	
Time at 6"	<u>10:06</u>	
Time (9"-6")	<u>29</u>	
Rate Min./Inch	<u>10</u>	

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

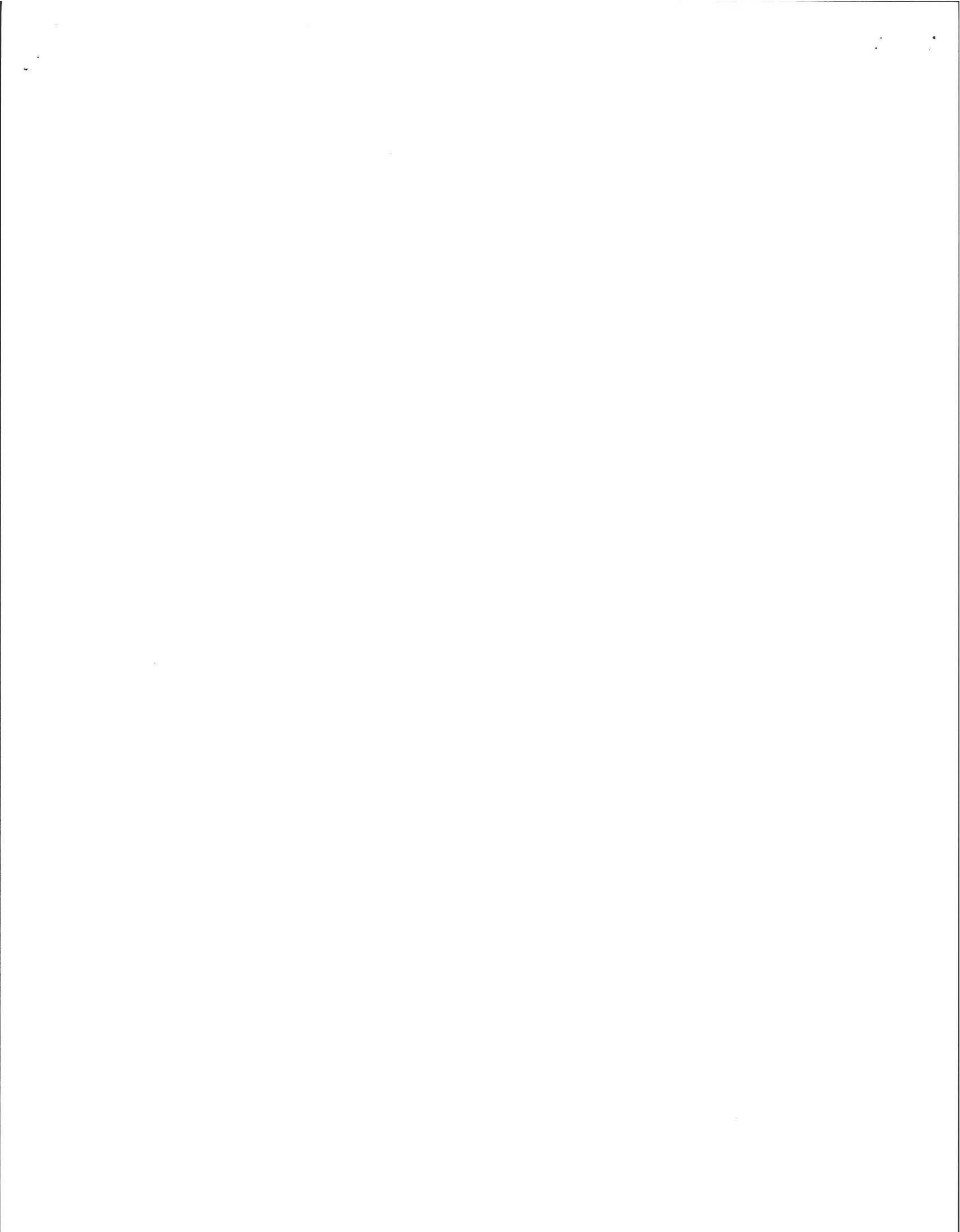
Site Passed Site Failed

Performed By: A. WEISS

Witnessed By: D. ZAROZINSKI

Comments: _____





Location Address or Lot No. 40 Bridal Path, Amherst.

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 62" 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

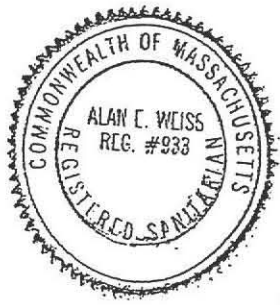
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

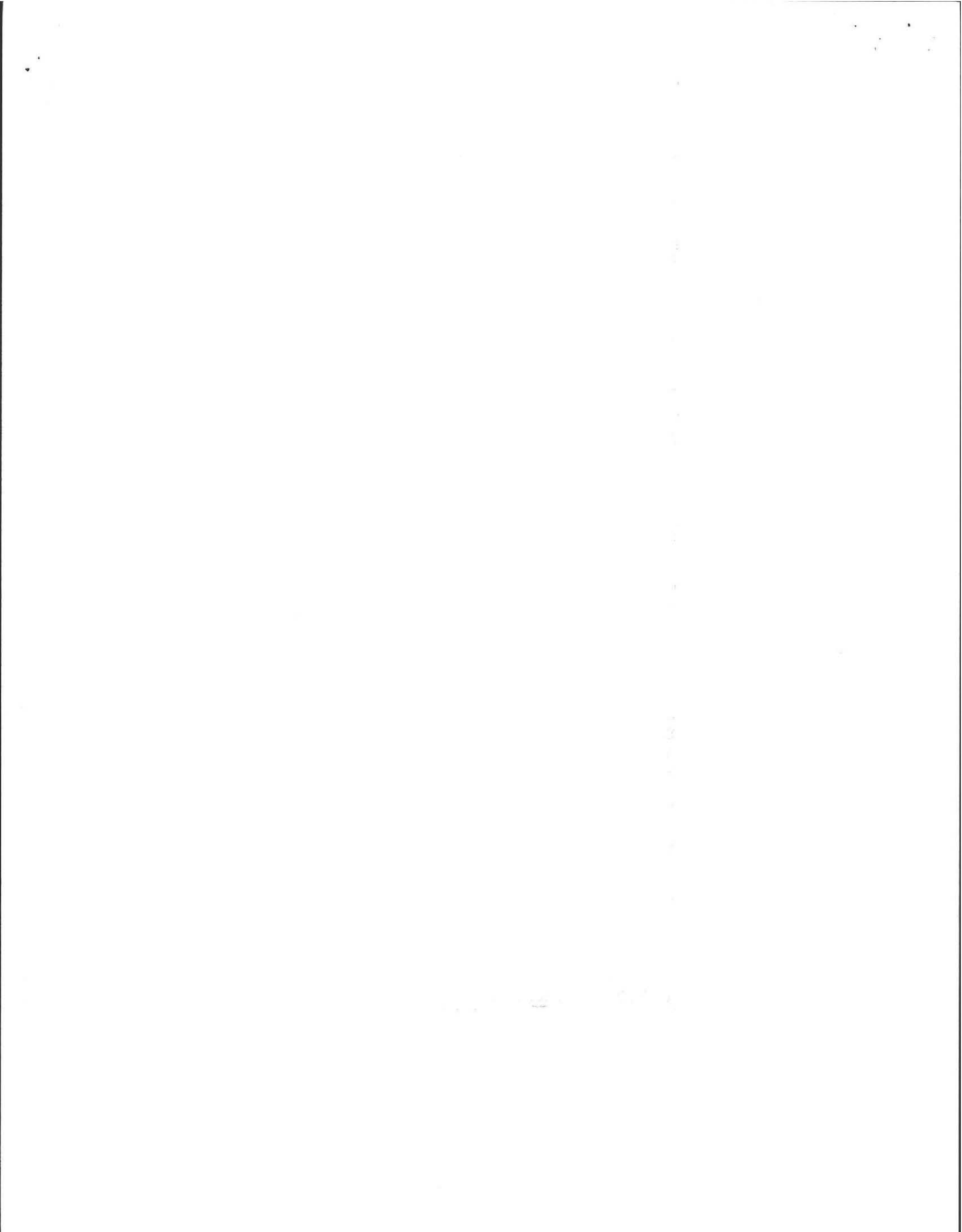
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on 6/95 (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 *Alan E. Weiss* Date 7/21/05





Pure Test 250.00
Plan Review 125.00 (Per # 166)
375.00 (CK # 1083)

Commonwealth of Massachusetts
Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL Weiss Date: 7/21/05
Witnessed By: David Zaroznik

Location Address of: Lot # _____	Owner's Name: <u>Larry Stinhausen</u> Address of: <u>40 Bridle Path</u> Telephone: <u>253-2368</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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 Reference Reviewed:

Determination: Seasonal High Water Table

Methods 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 No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

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

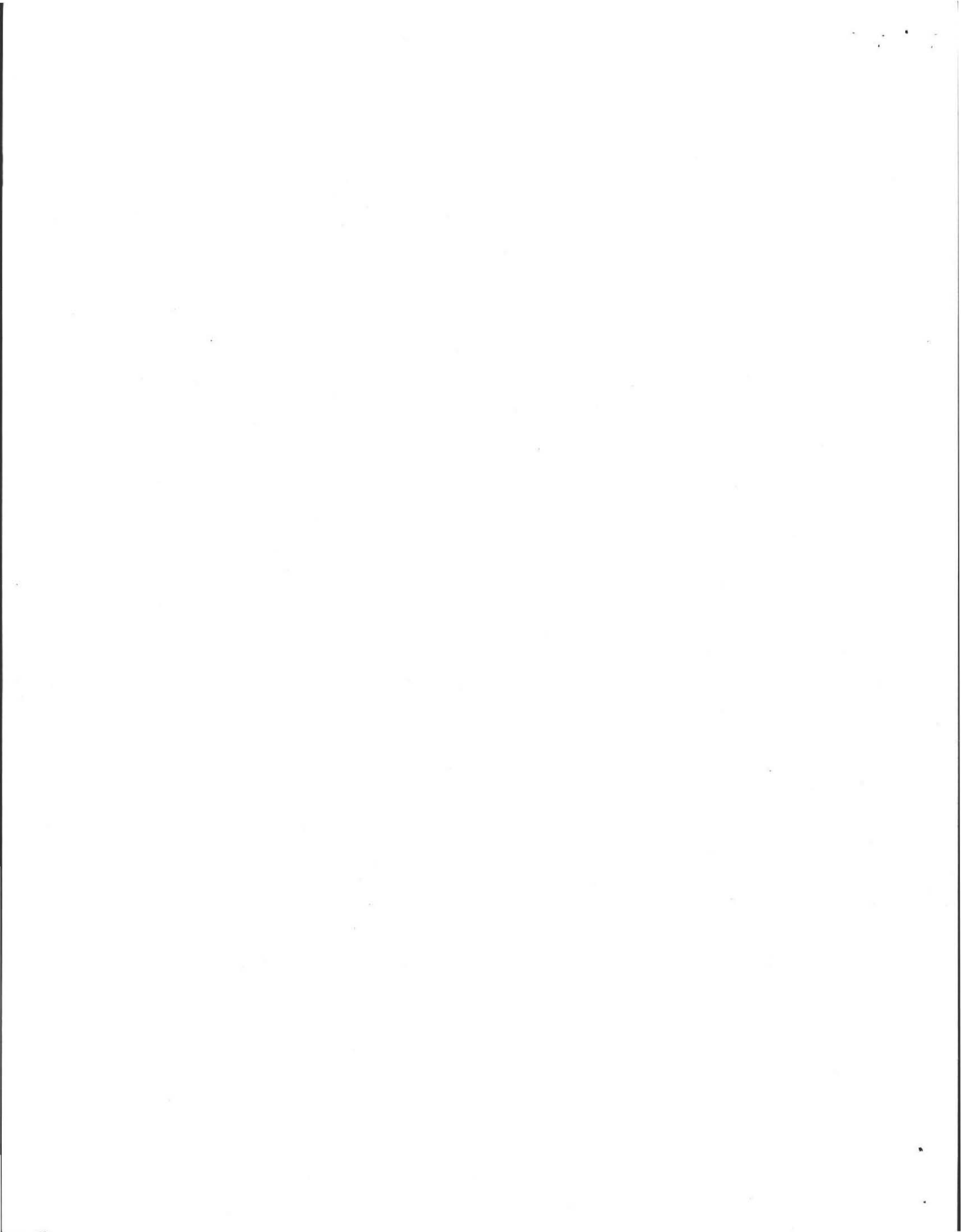
If not, what is the depth of naturally occurring previous material?

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 _____

g/elo left message on voicemail, has balance of \$250.00



40 Bridle Path

On-Site Review

Deep Hole Number 0 Date: 7/21/08 Time _____
Weather Sun 80°
Location (identify on site plan) _____
Land Use Residential Slope (%) 2
Surface Stone Some
Vegetation: Grass

Landform: Terraced

Position on Landscape (sketch on back) _____
Distances from:

Open Water Body 50 feet Drainageway _____ feet
Possible Wet Area 50 feet Property Line 60 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
8	A	FSL	10YR 3/3		Frangible
24	Bw	SL	2.5Y 5/6	62"	Loose
120	C ₁	LS	2.5Y 5/3	2.5Y 4/2	F. Sand Little silt

Parent Material (geologic) OUTCASH
Depth to Bedrock 120
Depth to Groundwater: _____
Standing Water in the Hole: _____
Weeping from Pit Face _____
Estimated Seasonal High Water 62"

On-Site Review

Deep Hole Number _____ Date: _____ Time _____
Weather _____
Location (identify on site plan) _____
Land Use _____ Slope (%) _____
Surface Stone _____
Vegetation: _____

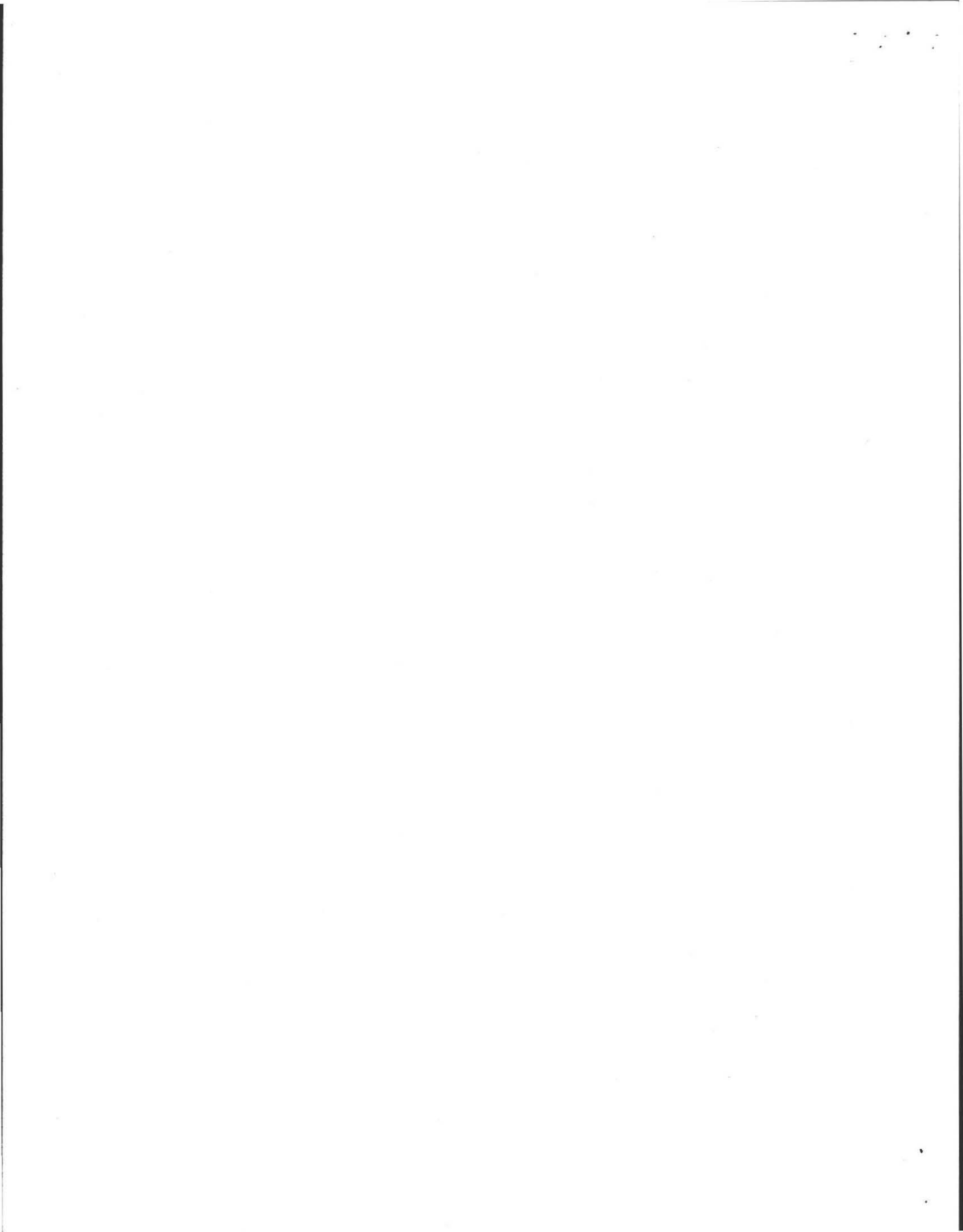
Landform: _____

Position on Landscape (sketch on back) _____
Distances from:

Open Water Body _____ feet Drainageway _____ 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
8	A	FSL	10YR 3/3		
24	Bw	SL	2.5Y 5/6		
78	C ₁	LS	5/6		Mixed Fill + Sand

Parent Material (geologic) _____
Depth to Bedrock _____
Depth to Groundwater: SMO
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water _____



FORM 12: Percolation Test
Location Address or Lot #

40 Bridle Path

Commonwealth of Massachusetts

Town of Amherst

PERCOLATION TEST *

DATE: 7/21/05

TIME:

Observation Hole #	(C)	
Depth of Perc	46"	
Start Pre-soak	8:55	
End Pre-soak	9:10	
Time at 12"	9:10	
Time at 9"	9:37	
Time at 6"	10:04	
Time (9"-6")	27	
Rate Min./Inch	(10)	

*Minimum of one percolation test must be performed in both the primary area and reserve area.

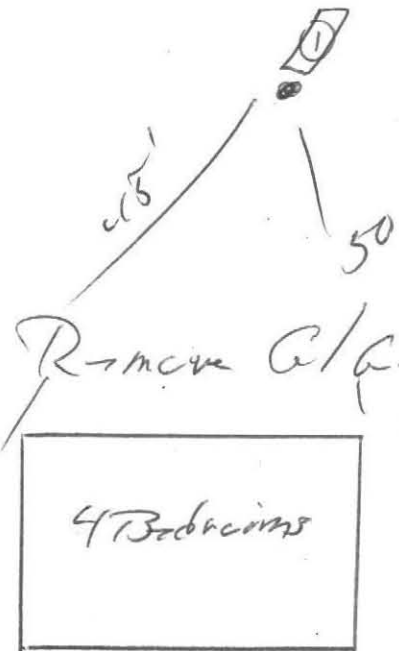
Site Passed

Site failed

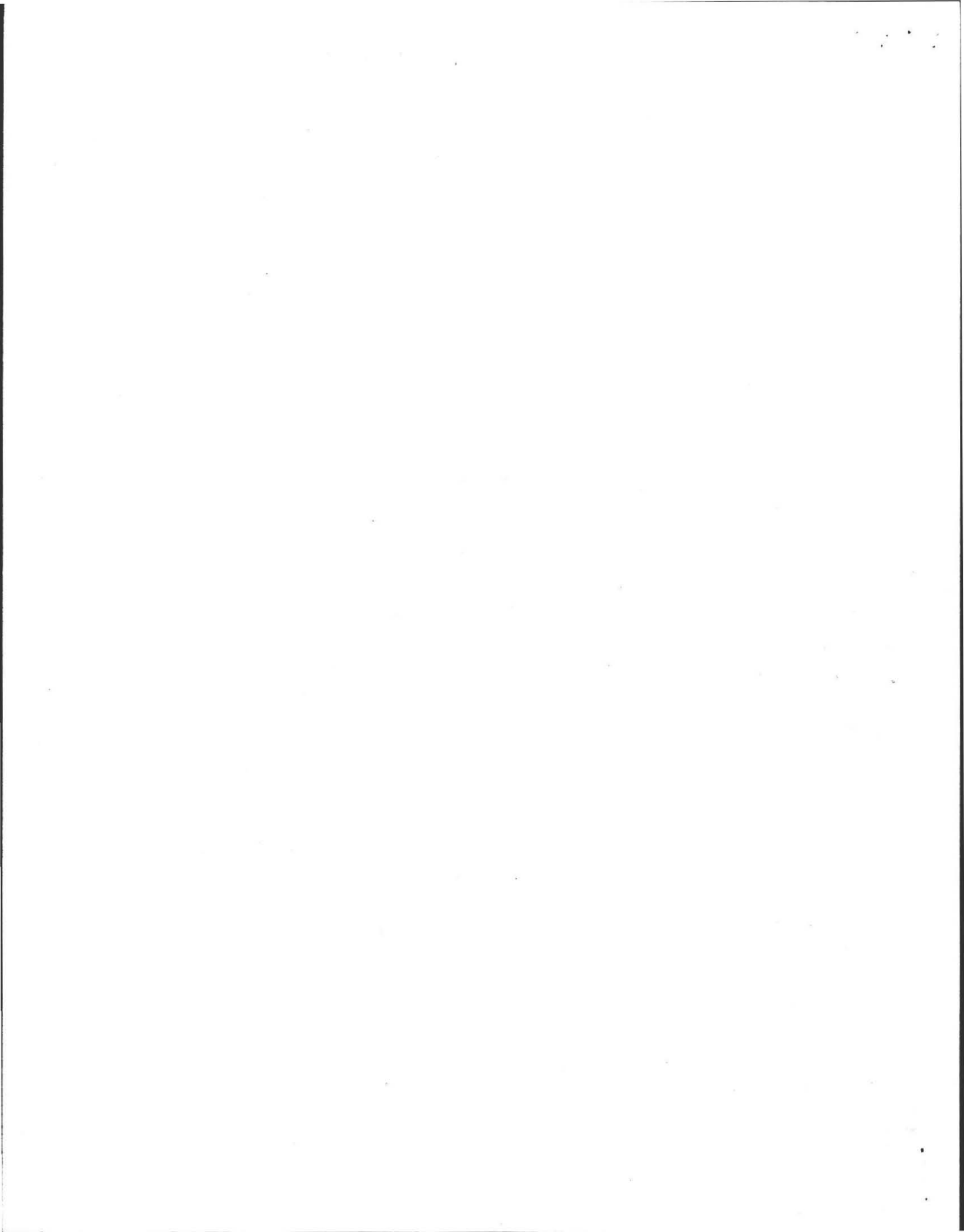
Performed by AL Woods

Witnessed by David Zimczak

Comments:



40 Bridle Path RL.



Town of Amherst Board of Health
Septic Supplemental Sheet

40 Bridle Path

1. Septic System (Please circle):

- A.) Alternative
- B.) Cesspool with overflow
- C.) Conventional gravity w/d box
- D.) Large (710,000 GPD)
- E.) Modified Tight Tank
- F.) Shared System
- G.) Single Cesspool
- H.) Pit System
- I.) Conventional w/Pump chamber
- J.) Pressure dosing system
- K.) Other: _____

2. Soil Absorption System (Please Circle):

- A.) Alternative Bed
- B.) Leach Field
- C.) Trenches
- D.) Pit Gallery
- E.) Other: _____

3. Compartment Tank (Please Circle): Yes or No

4. Tank Gallon: 1# 1000 #2 _____

5. Design Flow (GPD): _____

6. Tank Construction (Please Circle):

- A.) Concrete
- B.) Fiberglas
- C.) Steel
- D.) Other: _____

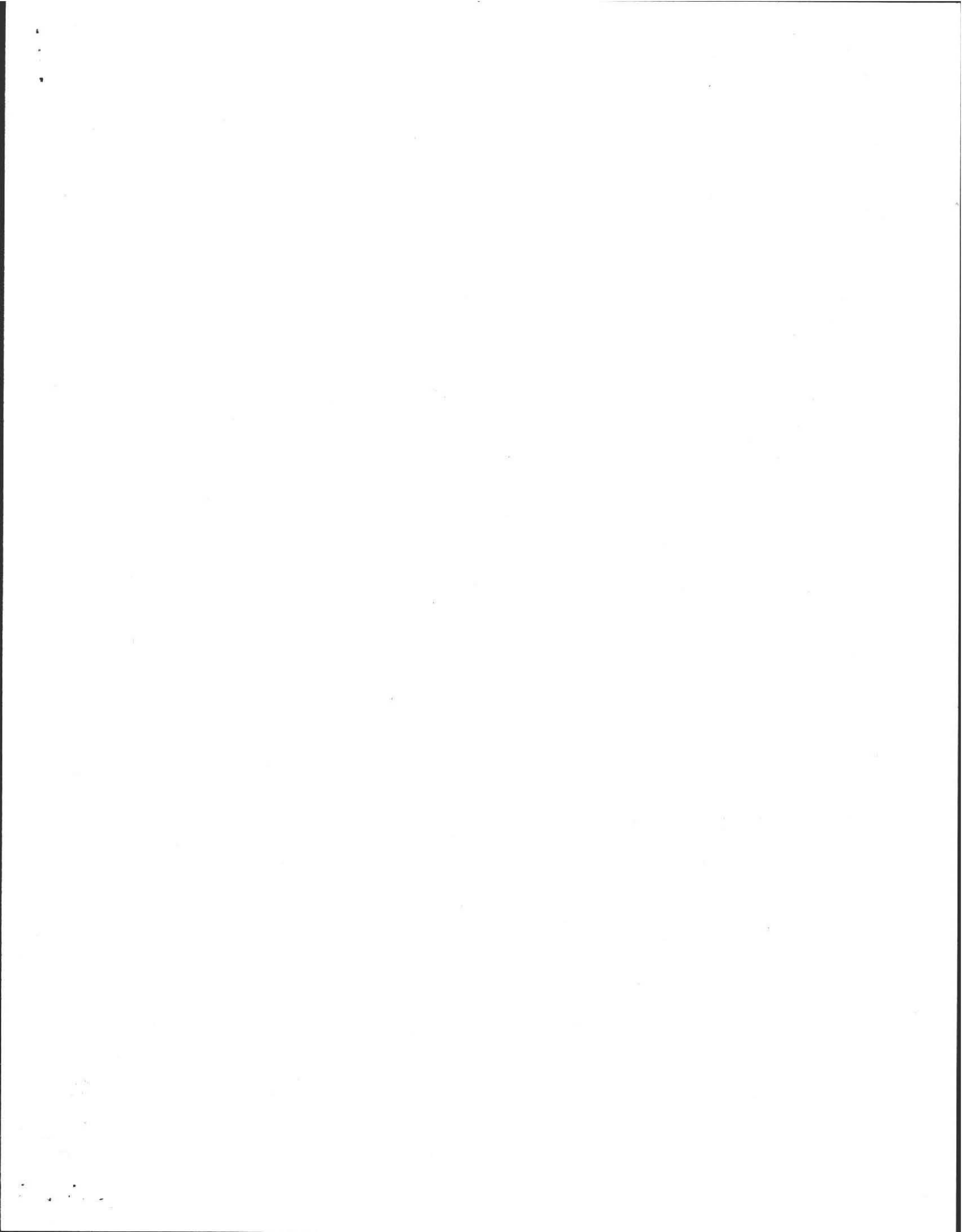
7. Elevated (Please Circle): Yes or No

8. Groundwater Separation: 4'

9. Title V (Please Circle):

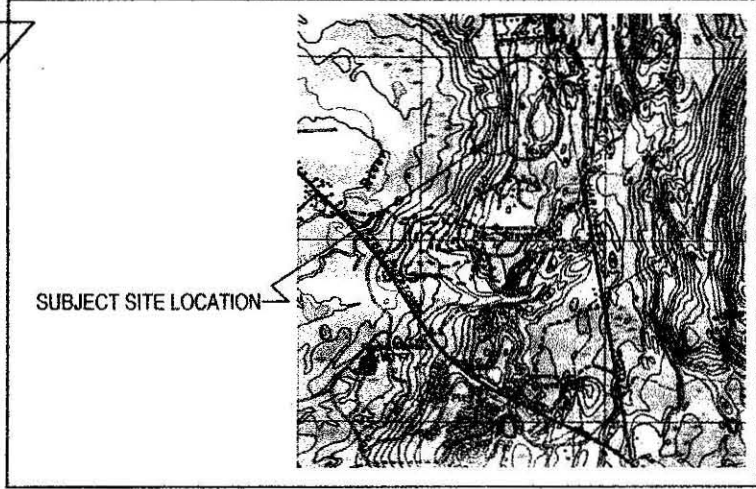
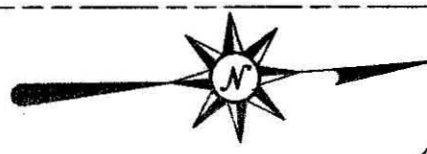
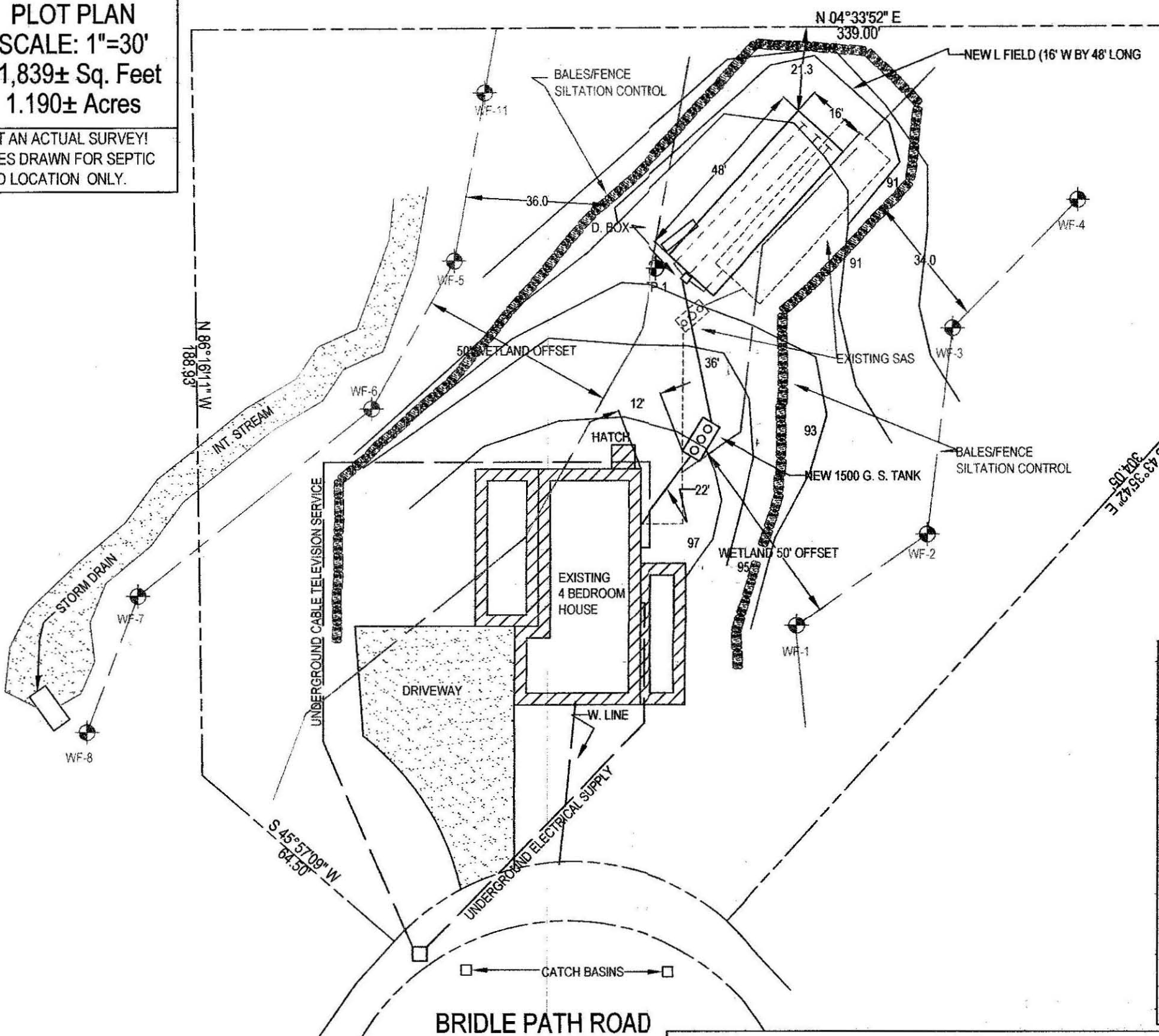
- A.) C-Conditional Pass
- B.) F-Fail
- C.) P- Pass
- D.) V- Further Evaluation

10. Date of Title V Inspection: N/A



PLOT PLAN
SCALE: 1"=30'
51,839± Sq. Feet
1.190± Acres

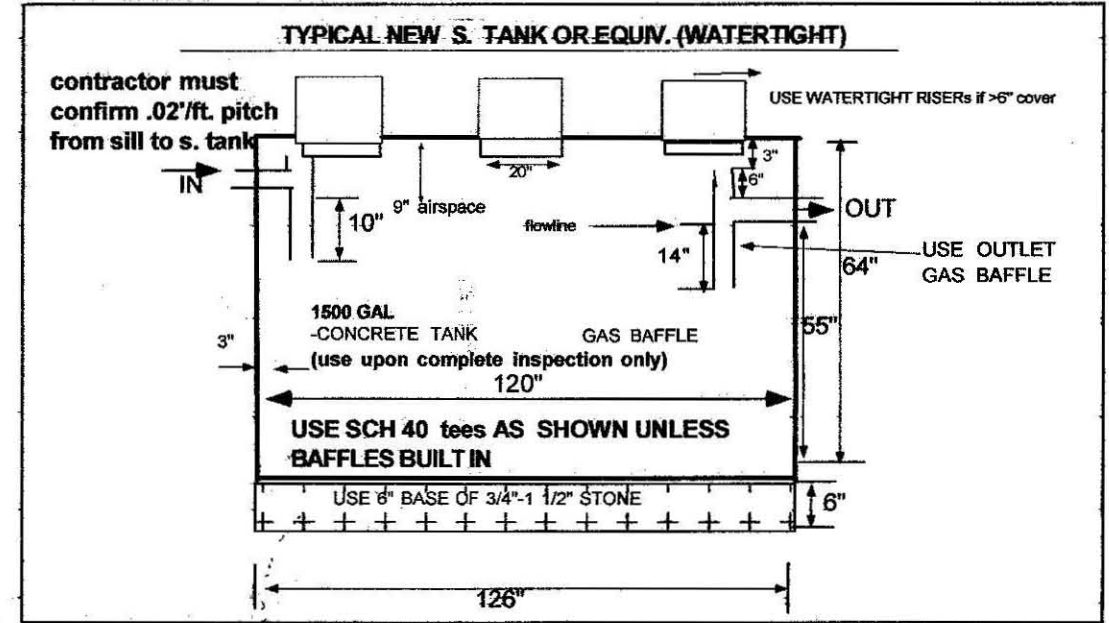
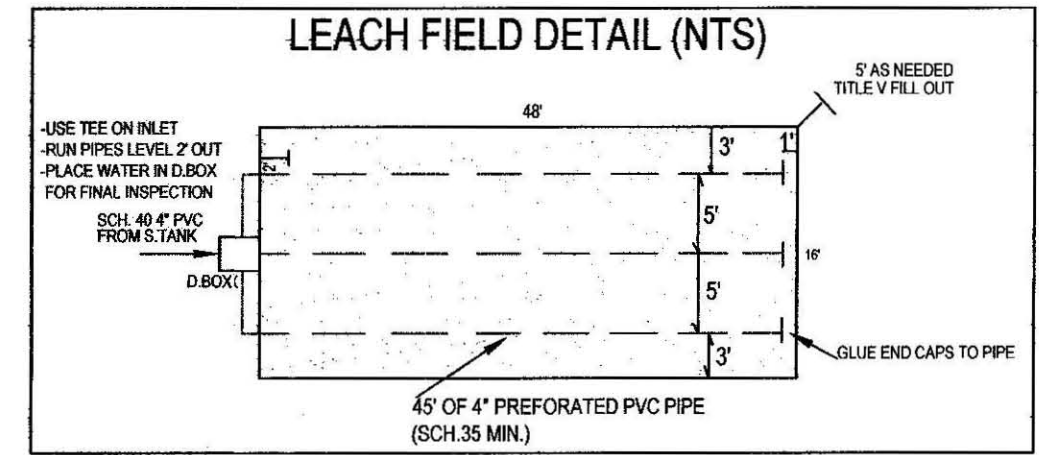
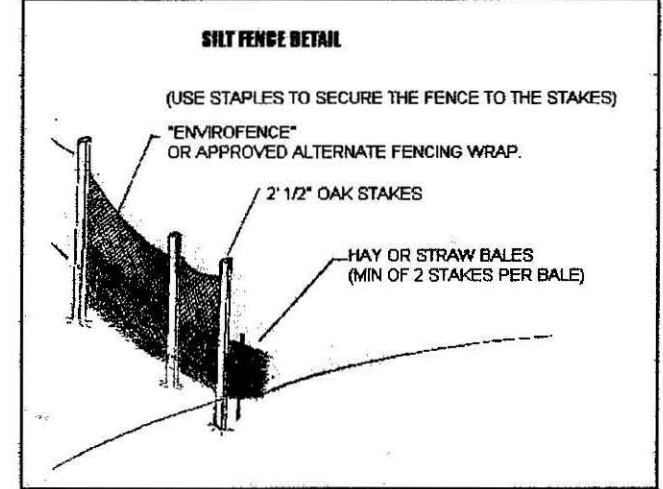
NOT AN ACTUAL SURVEY!
 LINES DRAWN FOR SEPTIC
 AND LOCATION ONLY.



WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:

NOTE: All fabric: silt fence to be backed with Double Staked Straw/Hay Bales (preferred free of seeds) in order to prevent fugitive re-seeding in Resource Area.

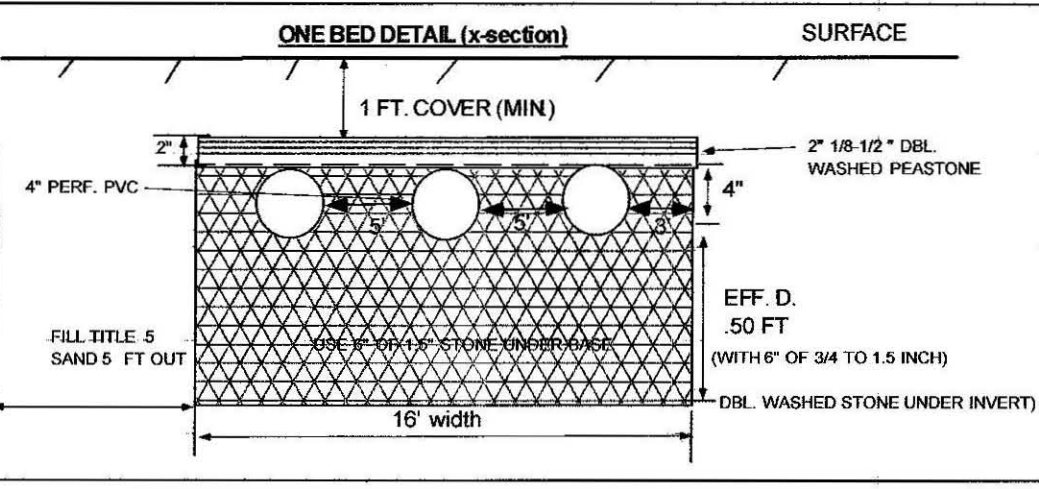
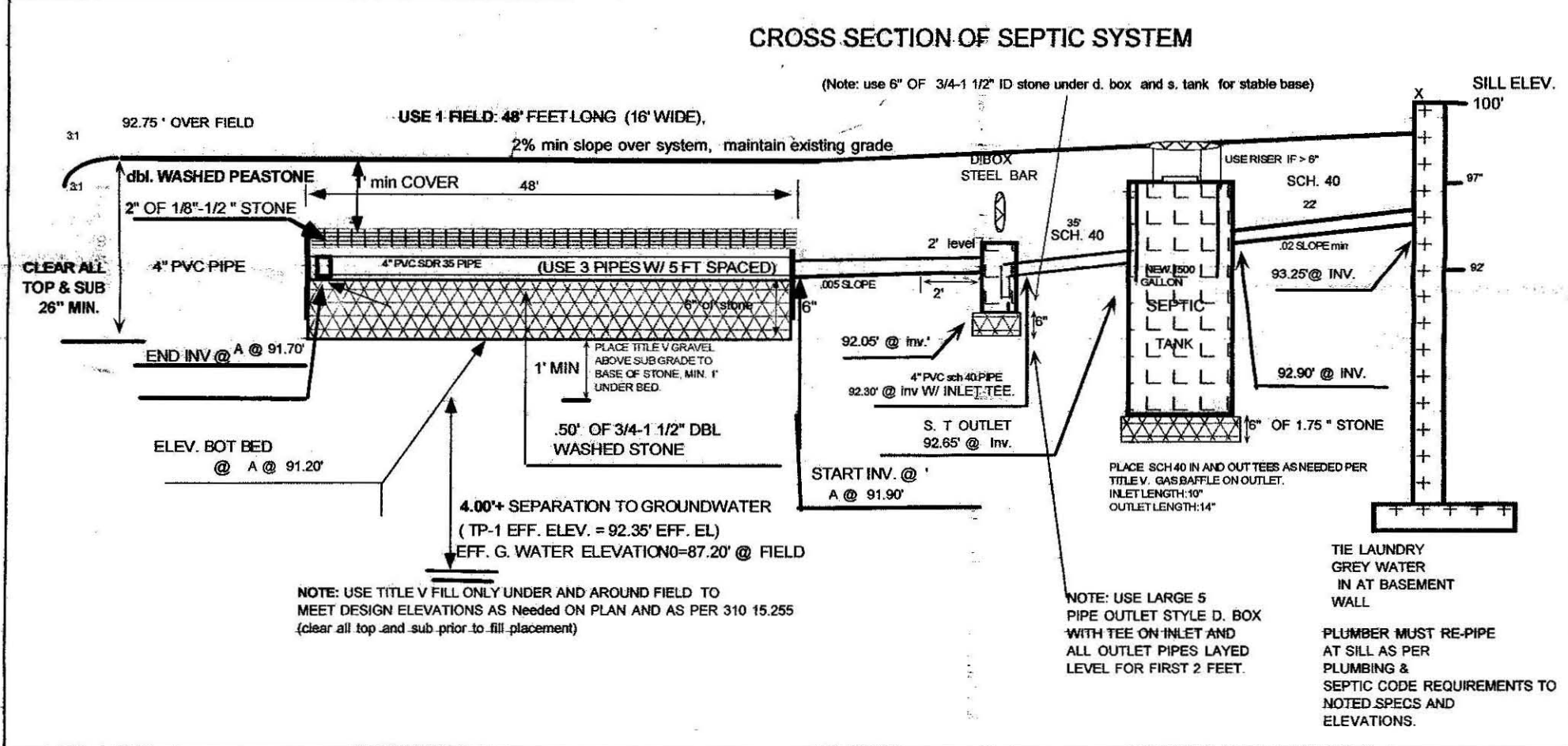
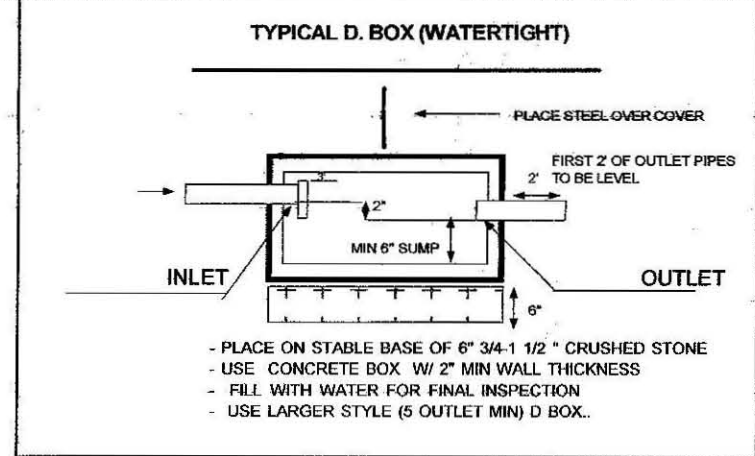
- NO ALTERATION OF SEDIMENT, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE).
- SEDIMENTATION BARRIER TO BE ERRECTED IN A STABLE AND LASTING MANNER AS SHOWN ON THE PLAN.
- NOTIFY CONSERVATION ADMINISTRATOR AT LEAST 72 HOURS (IF REQ'D.) PRIOR TO START OF ON-SITE WORK, AFTER COMPLETE ON SILT FENCE INSTALLATION.
- AS SOON AS IS POSSIBLE WORK AREA SHALL BE SEEDED, REVEGETATED WITH GRASS OR SIMILAR GROUND COVER AND MULCHED UPON COMPLETION OF SITE WORK.
- SILT FENCE: TO REMAIN STANDING UNTIL REGROWTH IS SUFFICIENT TO CONTROL FUGITIVE SEDIMENT RUNOFF.
- REGRADE WORK AREA AS NOTED TO PREVENT CHANGE IN SLOPE OR RUNOFF PATTERNS.



DESIGN NOTES:

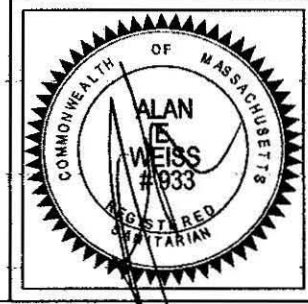
- 4 BR X 110 GAL/PERSONS/DAY = 440 GAL/DAY (DESIGNED FOR 4 BEDROOMS)
- USE ONE FIELD 16' wide x 48' LONG W/6" OF 0.5' of DBL washed stone below invert.
 Bot. Area: 16' wide x 48' long = 768 SF.
 Side Area: SF
 Tot. Area: 768 SF x 0.60 gal/st. = 461 GAL/DAY
- GARBAGE DISPOSAL NOT ALLOWED
- ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'
- NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS (TOWN WATER)
- NO SAS WITHIN 150 FEET OF WETLAND, WORK/FILL AS NOTED. (FILE NOI WITH CONSV. COMM.)
- PRE & POST CONTOURS NOTED AS NECESSARY.
- WELL, SUBGRADE & FINAL INSPECTION REQUIRED (Note local rules).
- 8A USE NEW 1500 G. S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
- SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
- 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 26" MIN. AS NEEDED.
 CLEAR TO BASE OF B (MIN. 26") & SCARIFY SOIL UNDER BED PRIOR TO TITLE V SAND PLACEMENT (if needed).
- SOIL EVALUATION BY A. WEISS 7/21/2005 (D. ZAROZINSKI, BOH AGENT).
- DEPTH OF PERC: 46" BY A. WEISS 7/21/2005, D. ZAROZINSKI, HEALTH AGENT
- PERC RATE = 10" MIN/IN, CLASS I SOIL RATING (L. SAND)
- INSTALL/INSPECT SCH. 40 TEES/BAFFLES (10" INLET, 14" OUTLET).
- USE APPROVED (1 1/2") DBL. WASHED STONE UNDER BED & D. BOX FOR 6".
 CONFIRM STONE: PROPERLY WASHED (WITH BUCKET /H2O TEST) PRIOR TO PLACEMENT.
- NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
- ENGINEER TO INSPECT SUBGRADE, STUMPS AND BOULDERS WHERE INTERFERES WITH NEW SAS.
- T.B.M. 1=100.00 @ SILL (AS NOTED), CONFIRM PROPER PITCH
 USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO TANK.
- GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
- USE LEACHING; FIELD DUE TO TOPOGRAPHY, ESHGW. AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
- INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
- DESIGN CALLS FOR RAISE INV. AT BASEMENT, IF UNABLE TO PLUMB TO NOTED DESIGN ELEVATION, CONTACT ENGINEER FOR INSTALLATION OF ADDITIONAL PUMP AND CHAMBER.

NOTE: INSTALLER MUST CONTACT ENGINEER 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS IN WASHERS.
- INSPECT/CLEAN OUTLET FILTER EVERY 6 MONTHS.



ATTENTION INSTALLER!!
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 4J - 40E REQUIRE THAT REMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

TEST PIT LOG:

TP-1 EFF. EL. 92.35 EFF. ELEV.	TP-2 @ PERC:
0-8" A: F. SANDY LOAM (10 YR 3/3)	0-8"
8-26 B: SANDY LOAM (2.5 Y 5/6)	8-24"
26-120" C: F. SAND, LAMIN. (2.5 Y 5/3)	24-78"

OXIDES: OBSERVED @ 62" (2.5 YR & 10 YR)
 ESHWT: ASSUMED @ 62"
 NOT: STANDING H2O
 NOT: WEEPING FROM FACE
 120" + BEDROCK

SEPTIC SYSTEM REPAIR PLAN FOR LARRY AND ANN STIENHAUSER
 40 BRIDLE PATH
 AMHERST, MA

REVISED
 9-6-05

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA 01007

P./F.O. NO.: (413) 323-5957
 F.A.X.: (413) 323-4916
 e-Mail: ACWES@charter.net

DATE: 8/26/05
 DRAWN BY: ALAN WEISS
 REVISION: 1

SCALE: 1"=30'
 DRAWING NUMBER: 105-2310-0721

**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1660

Received of Larry Steinhauser of 40 Bridal Path
Name Address

For Property Located at: same same
Street Address Owner

- | | | | |
|--|-------|--|--------------------|
| HEA009 Bakery
R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | _____ <u>#125-</u> |
| HEA002 Catering License
R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA003 Food Handler
R6510 443515 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA004 Frozen Deserts
R6510 443501 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA034 Immunization Clinic
R6510 432307 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | _____ | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| | | HEA047 Fines
R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: #125-

[Signature]
 Amherst Health Department

9/2/05
 Date

Must be Validated by the Collector's Office to be considered paid

OFFICE USE ONLY

CHECK #	CASH
#TOWN OF AMHERST## MISC CASH RECEIPTS <u>8</u>	
Date / Time	: 09/08/05 11:06
Payment	: \$125.00
Receipt #	: 19712
Check/Credit Card #	: 1083
Paid by	: STEINHAUSER/1660

T1146

WHITE - Applicant YELLOW - Collector PINK - Accounting

COMMISSIONERS OF THE GENERAL LAND OFFICE

Section 1. The land described in the following table, to-wit:

Section	Block	County	Acres
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
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10	10
11	11
12	12
13	13
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100	100

SECTION 1. The land described in the following table, to-wit:

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