

176 FLAT HILLS RD.

10/10/10

)





**COLD SPRING ENVIRONMENTAL
CONSULTANTS, INC.**

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff

- Percolation Tests and Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste

May 7, 2001

Mr. David Zarozinski, Health Inspector
Amherst Board of Health
Town Hall
Amherst, MA. 01002

**RE: Septic System Residence Repair and Local Upgrade Approval
Shepp Residence, 176 Flat Hills Road, Amherst, MA**

Dear Mr. Zarozinski:

With the intent of full compliance with 310 CMR 15.000, (Sanitary Septic Code, Title V), and the understanding that maximum feasible upgrade should be achieved to maximize protection of public health and safety and the environment, a Local Upgrade Approval is requested for the repair of the system at the above mentioned property. It has been determined by the writer that strict enforcement of the code would be manifestly unjust (310 CMR 15.410). The following Local Upgrade Approval is noted:

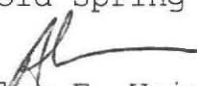
- lack of 4 feet of minimum groundwater separation to the bottom of the stone of the absorption system (310 CMR 15.405,I,2), 3' proposed.
(The situation requires this approval in order to minimize fill placement in order to not create problematic surface runoff patterns associated with excessively raising the ground next to the house).

It is understood that the system was sized using an appropriate percolation test and soil identification technique approved by the Massachusetts DEP that utilizes the most conservative/appropriate loading factor for that soil (Class II). It is also noted that the site is served by a well that is in excess of 100 feet from the SAS.

It is my opinion that given all the possible scenarios for a new disposal system, and due to spatial constraints, this plan best meets the intent on the Sanitary Code. It is understood that my client must provide you this letter. In addition a copy of the Local Upgrade Approval from your board and a Plan copy must be sent to Mass. DEP, 436 Dwight St., Springfield, 01103, prior to the start of construction.

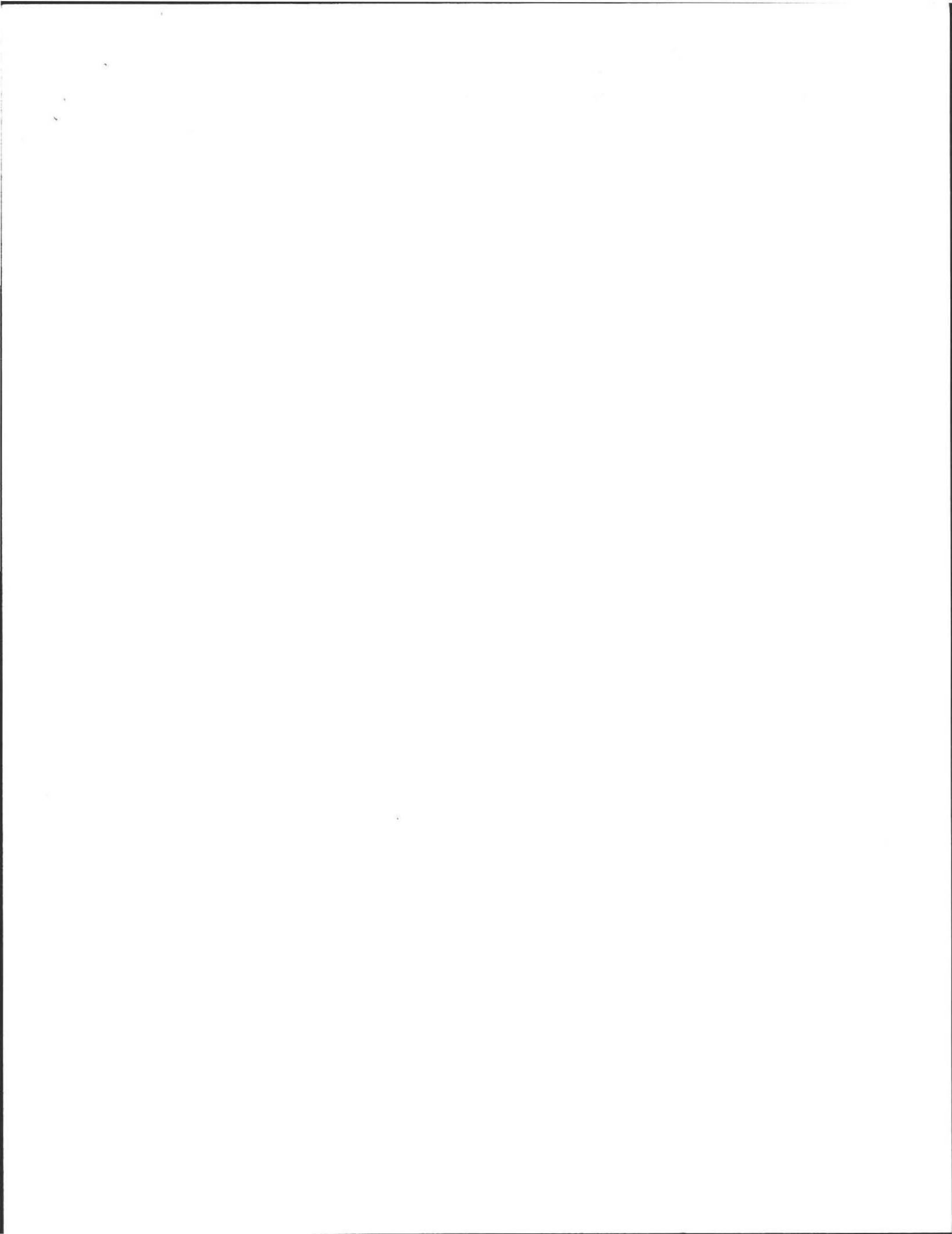
Please feel free to contact me should you have any questions.
Sincerely,

Cold Spring Environmental Consultants, Inc.


Alan E. Weiss, M.S., R.S.
President, Principal Hydrogeologist, Registered Sanitarian License #933



cc: Ms. Garth Shepp



File

Healthdoc

To: Board of Health
From: David Zarozinski, Sanitarian
Date: May 16, 2001
Re: Local upgrade approval for Ms Garth Shepp
at 176 Flat Hills Road, Amherst

Ms Garth Shepp of 176 Flat Hills Road, Amherst, MA would like to request a local upgrade approval of her septic system from the Board of Health.

Ms Shepp's request is to allow from Title Five provisions 310 CMR 158.405 (I)(2) a vertical leach separation distance from the required four feet (4') to three feet (3'),

As stated in Mr. Weiss's letter dated May 7., 2001 this approval would minimize the fill placement in order to not create problematic surface runoff patterns associated with excessively raising the ground next to the house.

The designs for this septic system have met all other D.E.P. regulations and therefore, I would grant the local upgrade. This design of the system will allow for both the best feasible upgrade within the borders of the lot, and have the least effect on public health, safety and the environment.



**COLD SPRING ENVIRONMENTAL
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- lack of 4 feet of minimum groundwater separation to the bottom of the stone of the absorption system (310 CMR 15.405,I,2), 3' proposed.
(The situation requires this approval in order to minimize fill placement in order to not create problematic surface runoff patterns associated with excessively raising the ground next to the house).

It is understood that the system was sized using an appropriate percolation test and soil identification technique approved by the Massachusetts DEP that utilizes the most conservative/appropriate loading factor for that soil (Class II). It is also noted that the site is served by a well that is in excess of 100 feet from the SAS.

It is my opinion that given all the possible scenarios for a new disposal system, and due to spatial constraints, this plan best meets the intent on the Sanitary Code. It is understood that my client must provide you this letter. In addition a copy of the Local Upgrade Approval from your board and a Plan copy must be sent to Mass. DEP, 436 Dwight St., Springfield, 01103, prior to the start of construction.

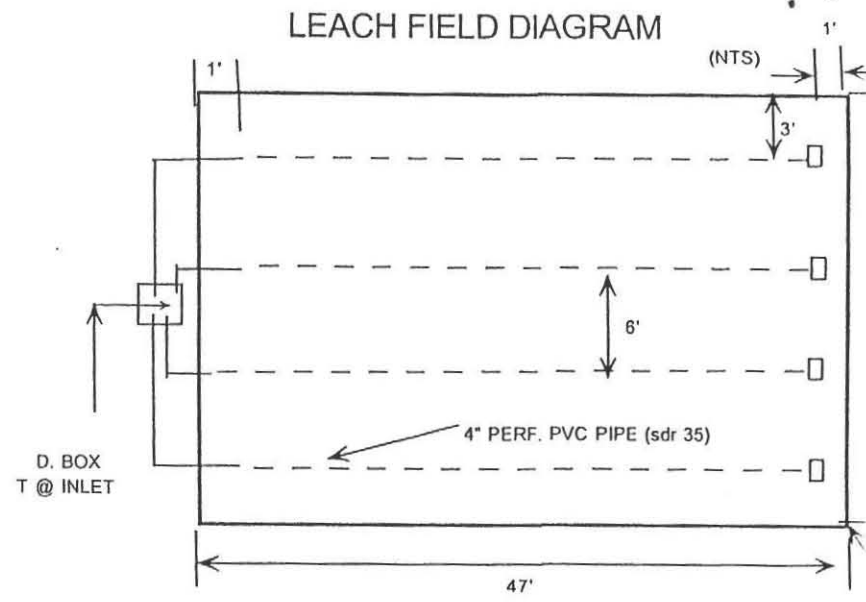
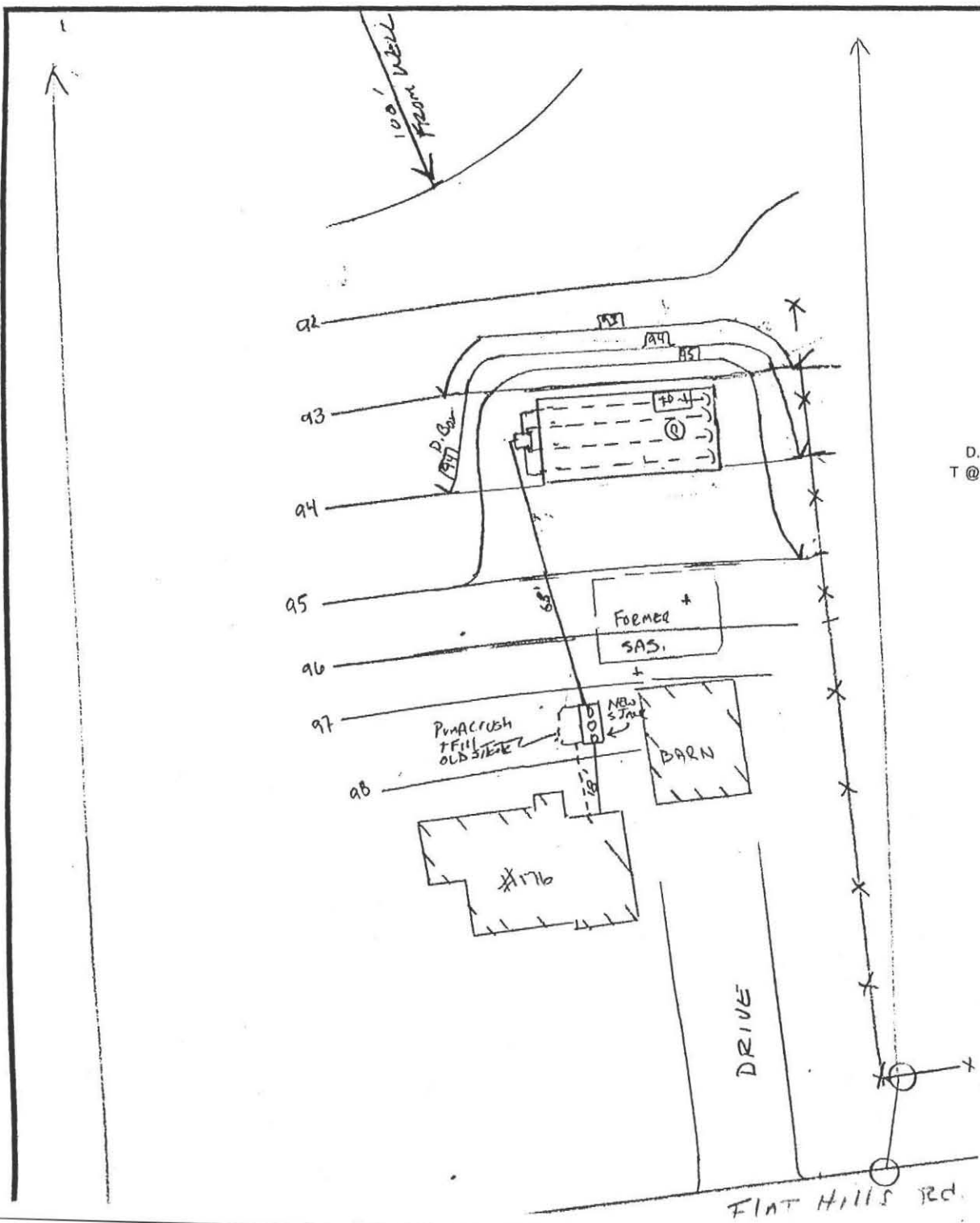
Please feel free to contact me should you have any questions.
Sincerely,

Cold Spring Environmental Consultants, Inc.

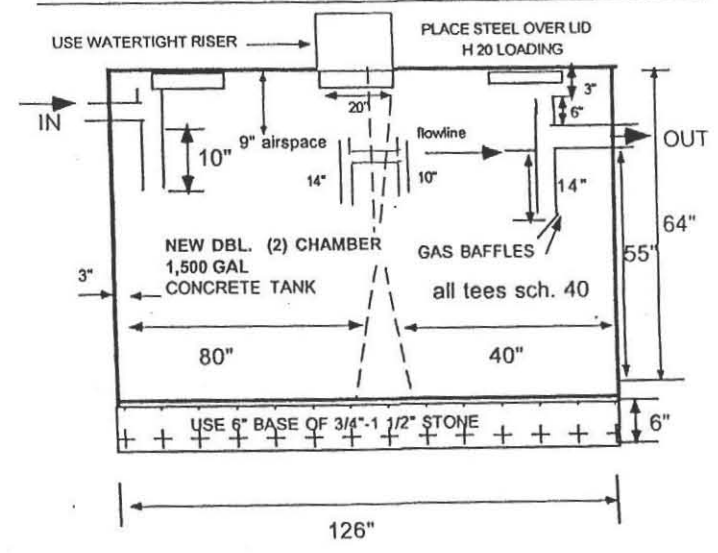

Alan E. Weiss, M.S., R.S.
President, Principal Hydrogeologist, Registered Sanitarian License #933



cc: Ms. Garth Shepp



TYPICAL NEW DBL. CHAMBER 1,500 GAL. S. TANK OR EQUIV. (WATE



Commonwealth of Massachusetts

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 Garth Shepp
Address 176 Flat Hills Road
Phone # 549-3700
Address of facility _____
176 Flat Hills Road, Amherst

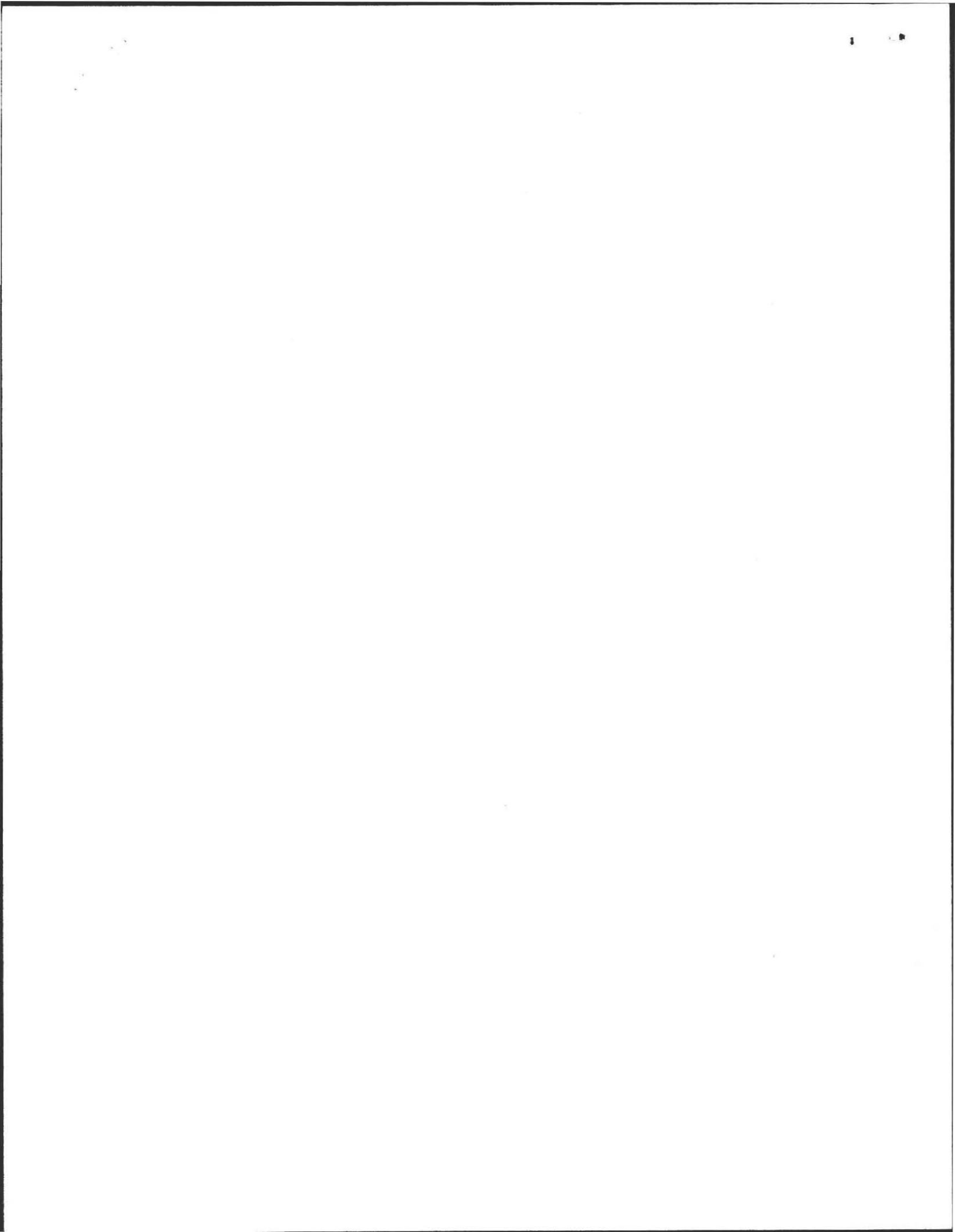
2) Applicant (if different from above)

Name _____
Address _____
Phone # _____

3) Type of facility

residential commercial school
 institutional
(Specify) _____





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

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

xxx ___ Reduction of required separation between bottom of SAS & high groundwater (specify proposed reduction & perc rate) 3 feet & 25 min/In.

___ 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.

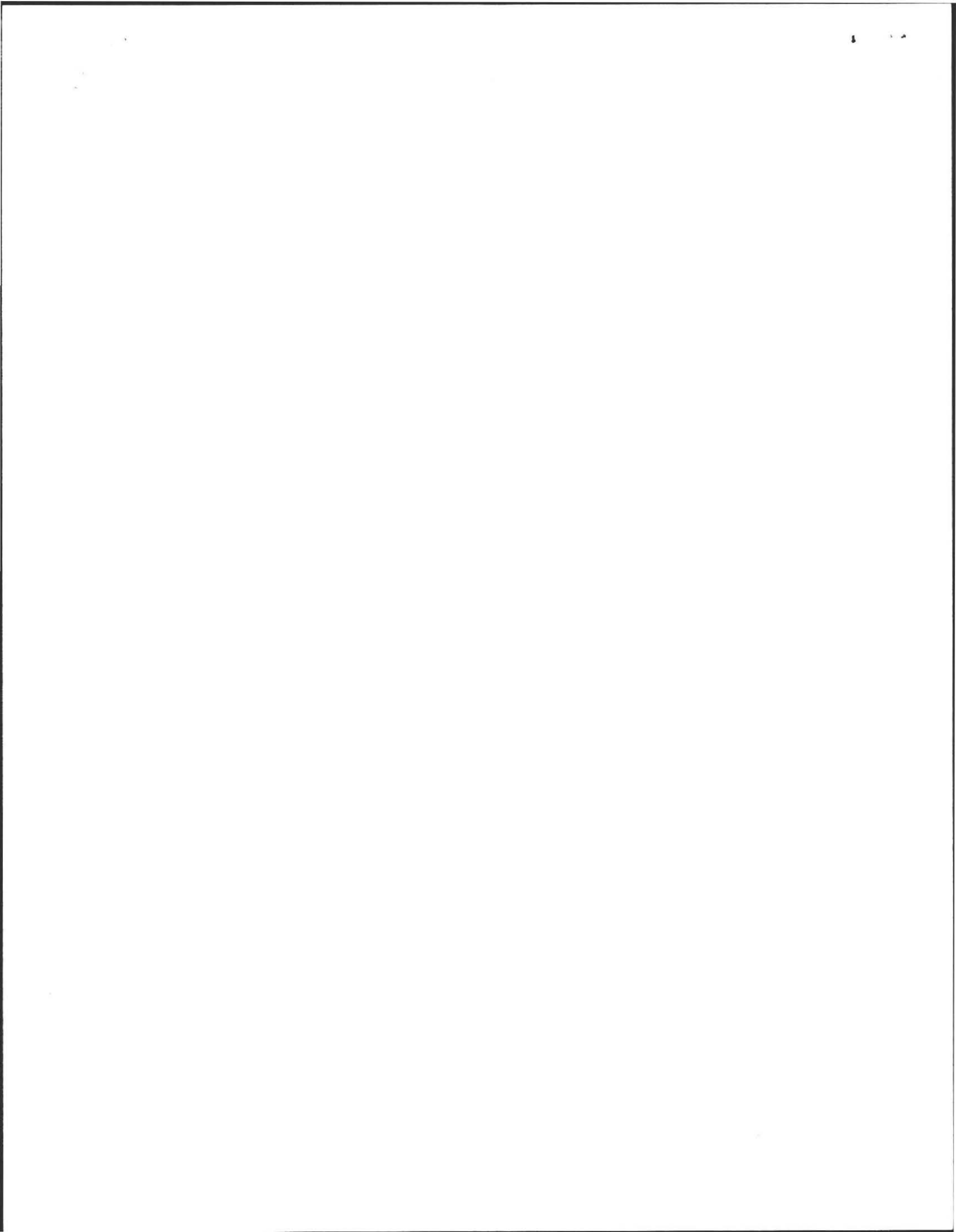
- 7) If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high ground water elevation pursuant to 310 CMR 15.405(1)(i)(1). The evaluator must be a member or agent of the local approving authority:

Distance from soil absorption system to high groundwater
3 feet

As determined by:

Evaluator's name Alan Weiss And David Zarazinski
Evaluator's signature _____
Date of evaluation 9/28/00







c) a shared system is not feasible:

d) connection to a sewer is not feasible: N/A

10) An application for a disposal system construction ^{N/A} permit, including all required attachments (e.g. plans & specifications, site evaluation forms), must accompany this application. Is the DSCP application attached? xx 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."

* Garth Shepp
Facility owner's signature

11 May 2001
Date

Garth Shepp

Print Name

Alan Weiss, RS

5/7/01

Name of preparer

Date

350 Old Enfield Rd. Belchertown, MA 01007 413-323-5957
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.





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

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

Date: 9/28/00

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 9/28/00

Witnessed By: D. ZAROZINSKI

Location Address or Lot # <u>176 Flat Hills Rd.</u>	Owner's Name, Address, and Telephone # <u>Garth Shepp 176 Flat Hills Rd. 549-3700 (w)</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published 1981 Publication Scale 1:15,840

Soil Map Unit GxB

Drainage Class RAP11 Soil Limitations N/A

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) _____

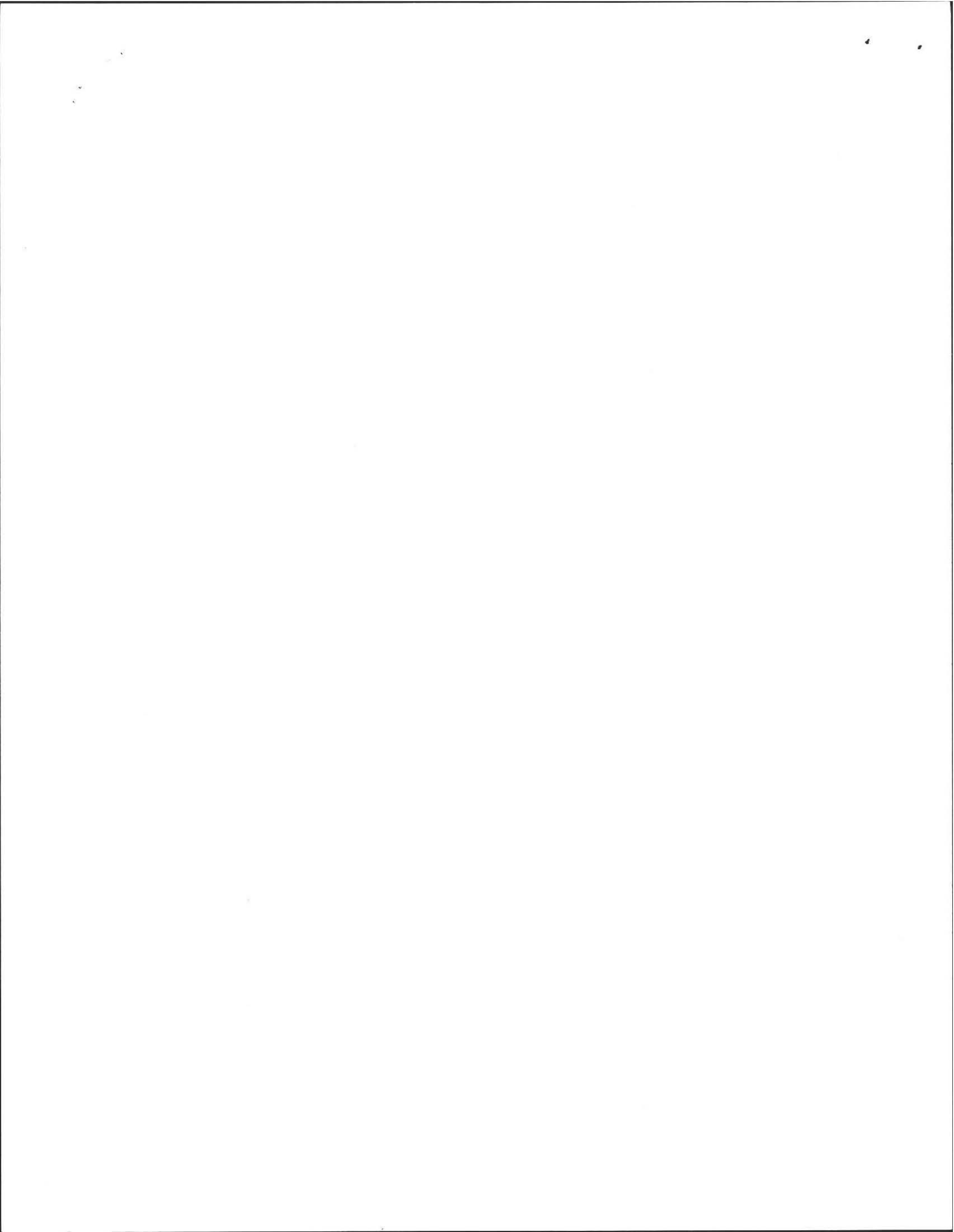
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 176 Flat

On-site Review

Deep Hole Number TP-1 Date: 9/28/00 Time: 8:00 Weather SW 50°

Location (identify on site plan) _____

Land Use Rural Res. Slope (%) 2 Surface Stones Several

Vegetation _____

Landform Terrace on dune

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100+ feet Drainage way 100+ feet
 Possible Wet Area 100+ feet Property Line 90+ feet
 Drinking Water Well 100+ feet Other _____

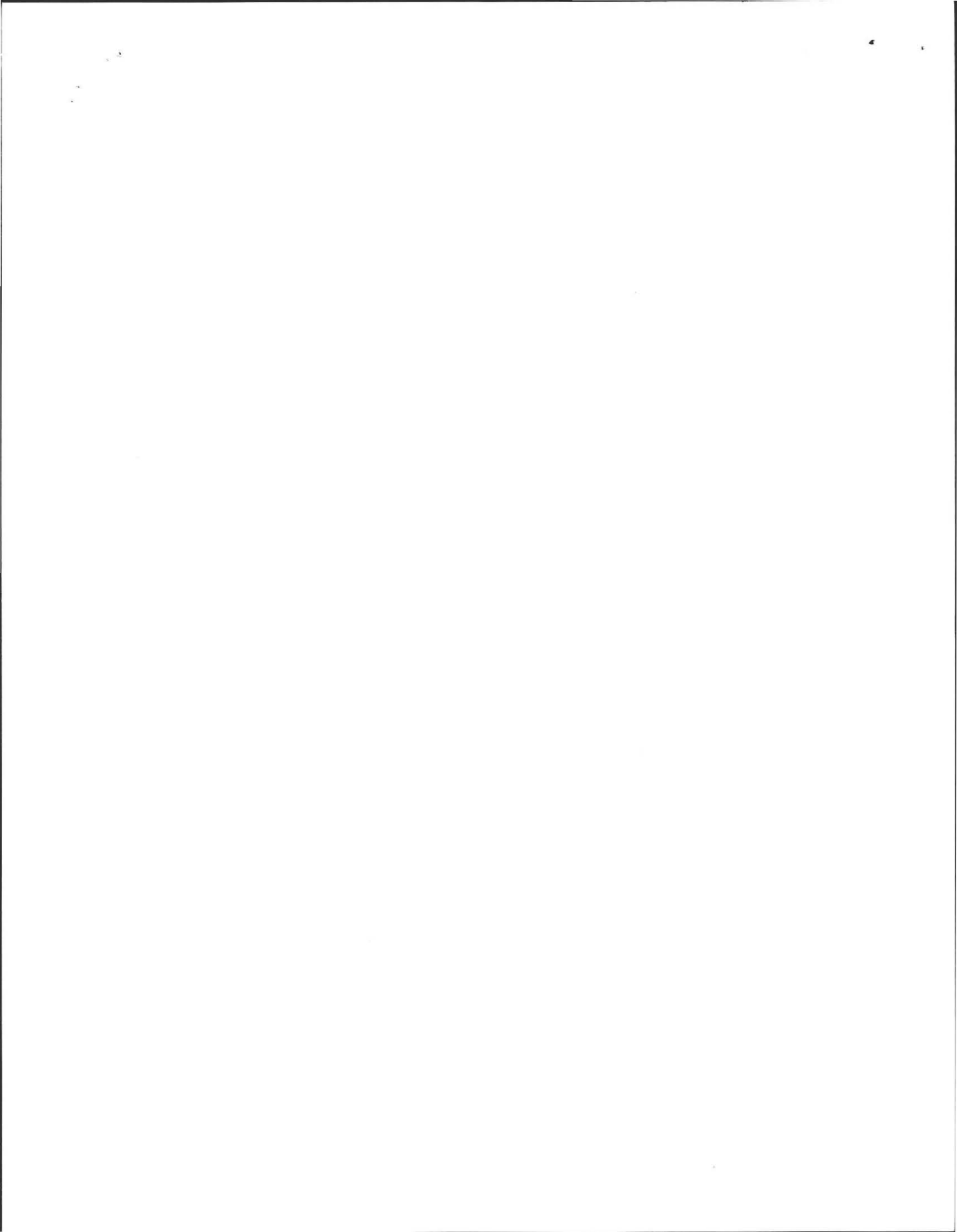
DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-8"	A	FSL	10YR3/2		Friable
8-22"	Bw	FSL	2.5Y4/6		Friable
22" → 108"	C	SL	2.5Y4/2	2.5Y4/6 4+32" prominent	Dense F-m sandy glacial till, 20% boulders, cobbles + stones.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Glacial till Depth to Bedrock: 108" +
 Depth to Groundwater: Standing Water in the Hole: Not obs. Weeping from Pit Face: Not obs.
 Estimated Seasonal High Ground Water: 32"





Location Address or Lot No. 176 Flat Hills Rd.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>9/28/00</u>	Time: <u>8:00</u>
Observation Hole #	<u>P1</u>	<u>WAIVED</u>
Depth of Perc	<u>37"</u>	<u>by</u>
Start Pre-soak	<u>8:40</u>	<u>Inspector</u>
End Pre-soak	<u>8:55</u>	<u>For</u>
Time at 12"	<u>8:55</u>	<u>Repair</u>
Time at 9"	<u>9:45</u>	↓
Time at 6"	<u>11:00</u>	
Time (9"-6")	<u>1:15 (75 min)</u>	
Rate Min./Inch	<u>25</u>	↓

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

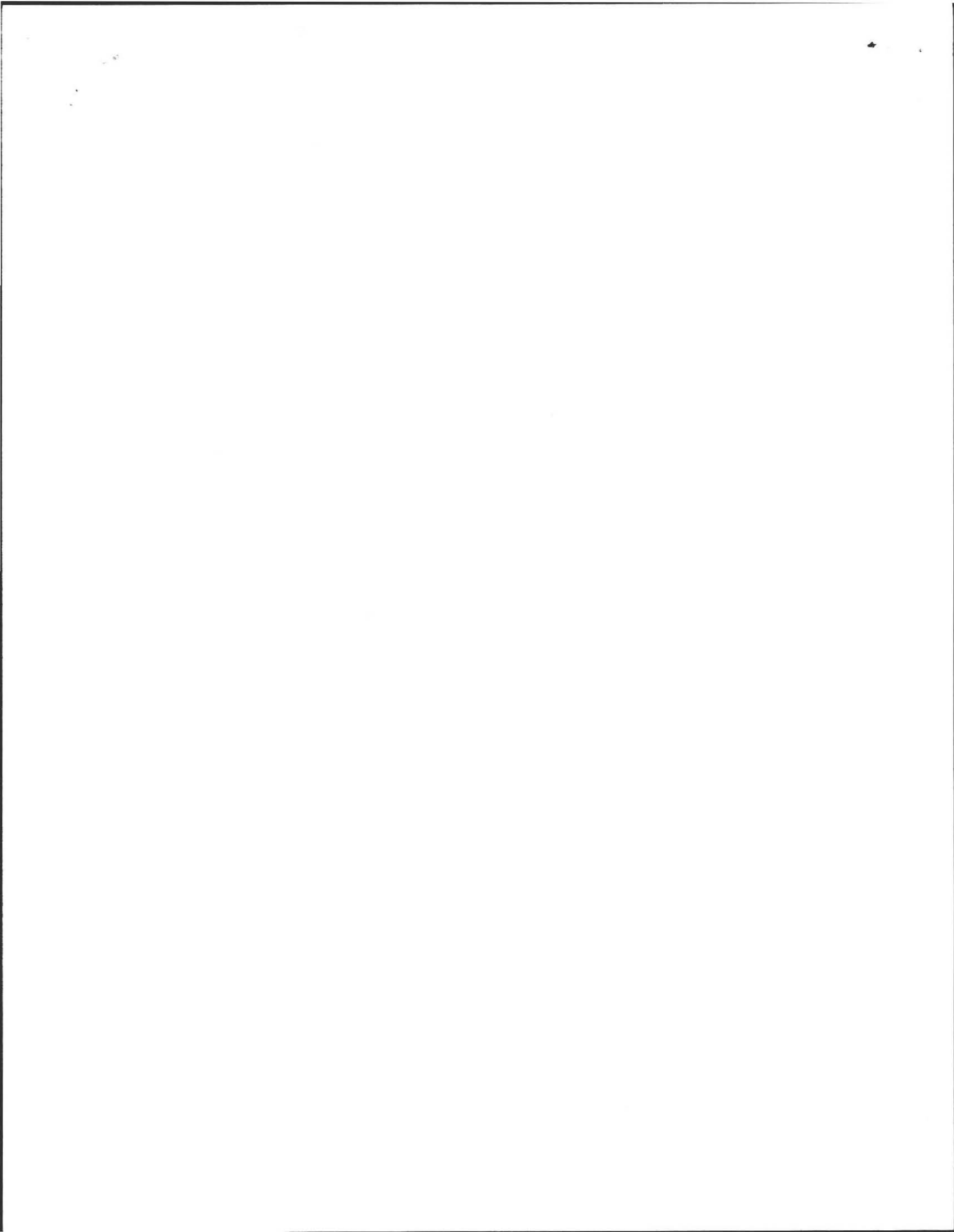
Site Passed Site Failed

Performed By: A Weiss

Witnessed By: D. ZAROZINSKI

Comments: _____





Location Address or Lot No. 176 Flat Hills Rd.

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 32 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

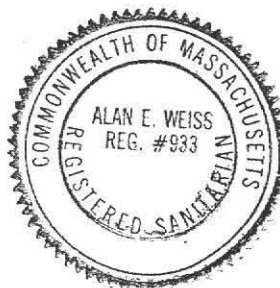
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

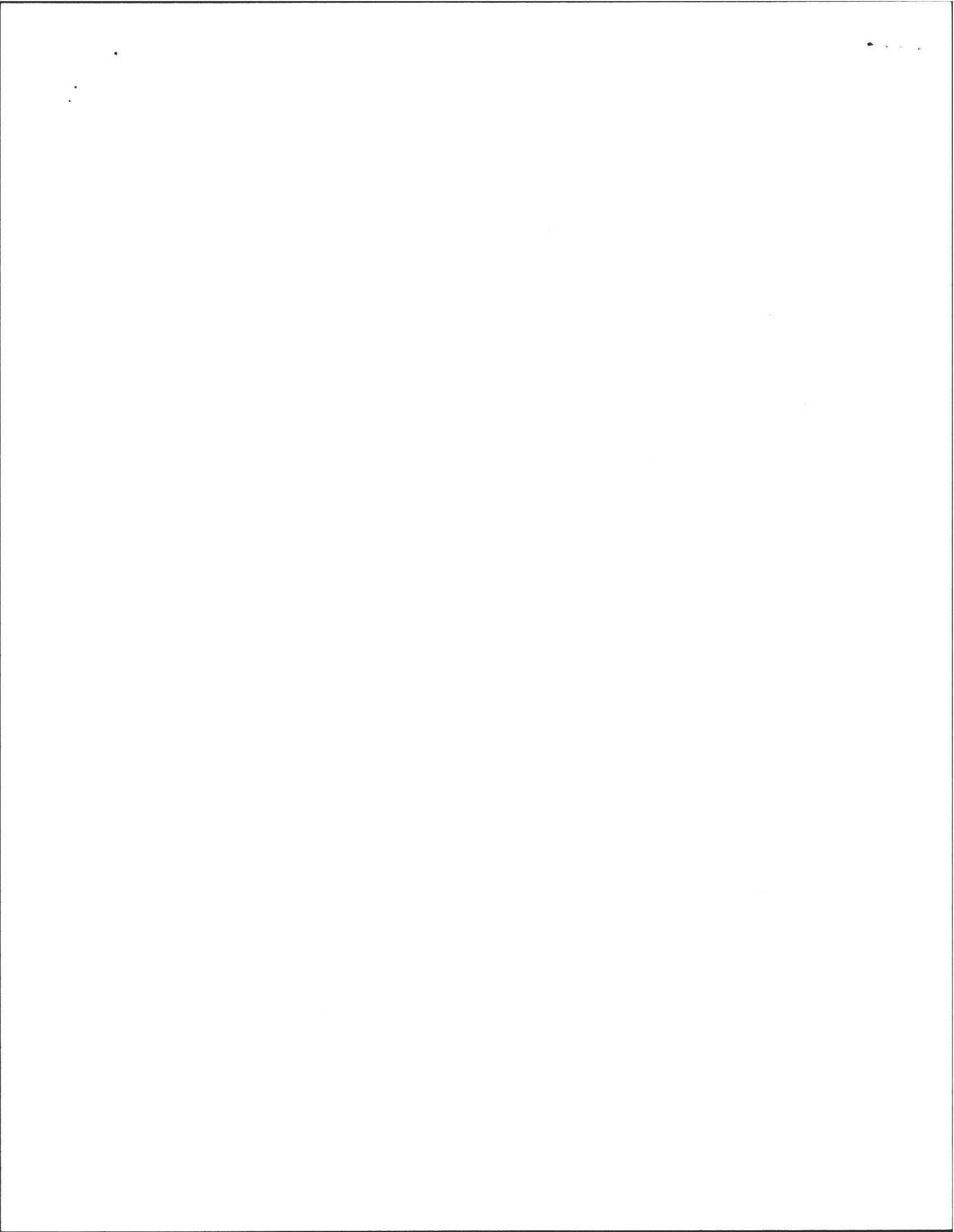
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on June 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 Weiss Date 9/28/00





No. _____

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>176 FLAT HILLS RD.</u>	Owner's Name	<u>MS. GARTH SHEPP</u>
Map/Parcel#	<u>LOT #1</u>	Address	<u>176 FLAT HILLS RD.</u>
Lot#	<u># 176</u>	Telephone#	<u>549-3700 256-4535</u>
Installer's Name		Designer's Name	<u>Alan Weiss</u>
Address		Address	<u>Belchertown, MA.</u>
Telephone#		Telephone#	<u>413-323-5957</u>

Type of Building Res. Lot Size 5 AC -sq. ft.
 Dwelling - No. of Bedrooms 4 Garbage grinder
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 440 gpd Calculated design flow 452 Design flow provided 452 gpd
 Plan: Date 10/10/00 Number of sheets 4 Revision Date _____
 Title SEPTIC System Repair Plan
 Description of Soil(s) Class II - (SANDY LOAM)
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss, PE Date of Evaluation 9/28/00

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW S TANK + L Field.

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 to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.
Signed Garth Shepp Date 11 May 2001

Inspections _____

No. _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, 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 _____
 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.

No. _____

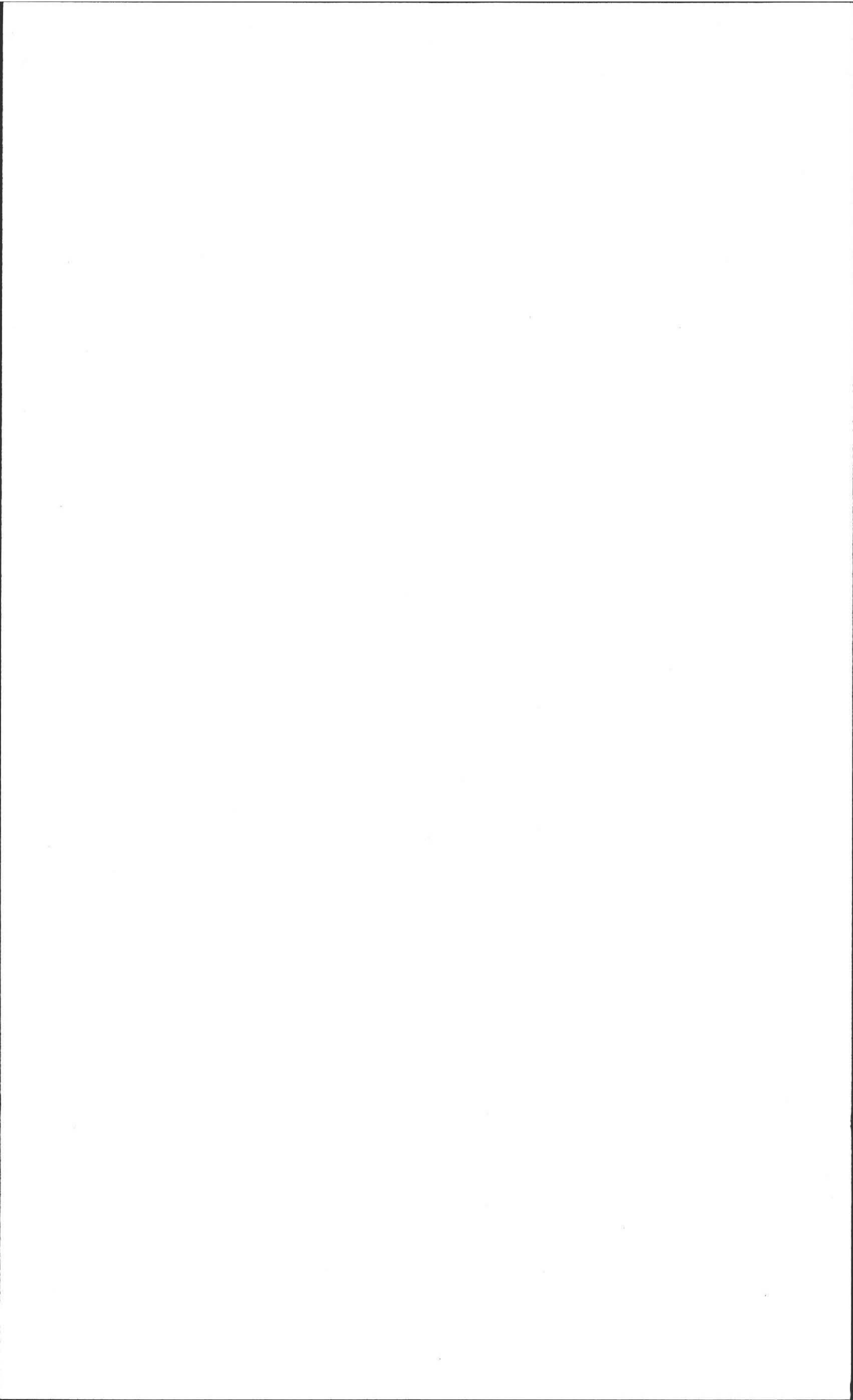
COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at _____ 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.



Pd 150.-

No. _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.



APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	<u>176 FLAT HILLS RD.</u>	Owner's Name	<u>MS. GARTH SHEPP</u>
Map/Parcel#	<u>LOT #1</u>	Address	<u>176 FLAT HILLS RD.</u>
Lot#	<u># 176</u>	Telephone#	<u>549-3700 256-4035</u>
Installer's Name		Designer's Name	<u>Alan Weiss</u>
Address		Address	<u>Belchertown, MA.</u>
Telephone#		Telephone#	<u>413-323-5957</u>

Type of Building Res. Lot Size 5 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) 440 gpd Calculated design flow 452 Design flow provided 452 gpd
 Plan: Date 10/10/00 Number of sheets 4 Revision Date _____
 Title SEPTIC SYSTEM Repair Plan
 Description of Soil(s) Class II. (SANDY LOAM)
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss, PE Date of Evaluation 9/20/00

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Inspections _____

No. _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

FEE _____

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 _____

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: _____

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COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

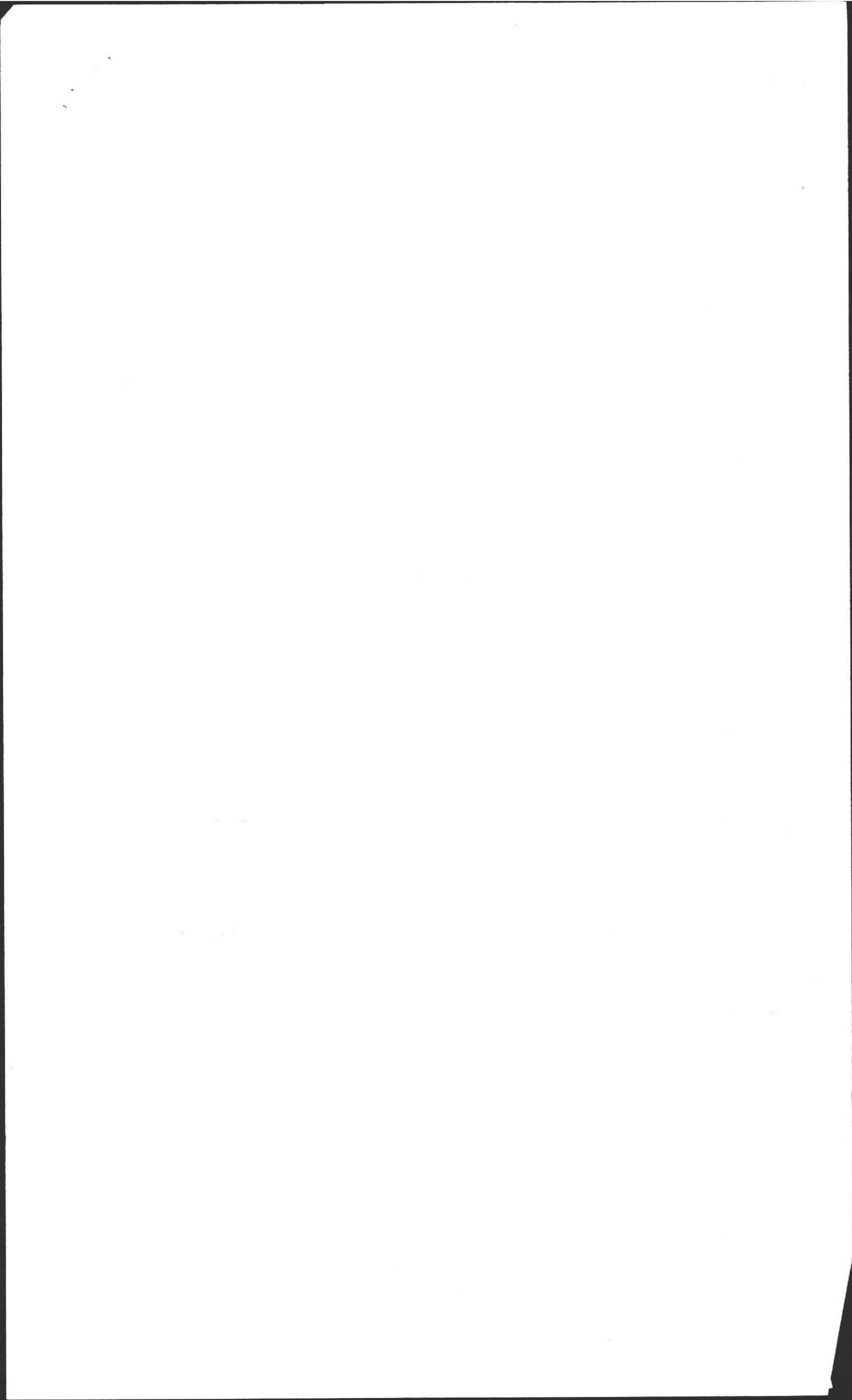
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Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.



Town of



AMHERST

Massachusetts

COPY

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

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

To: Board of Health
From: David Zarozinski, Sanitarian
Date: May 16, 2001
Re: Local upgrade approval for Ms Garth Shepp
at 176 Flat Hills Road, Amherst

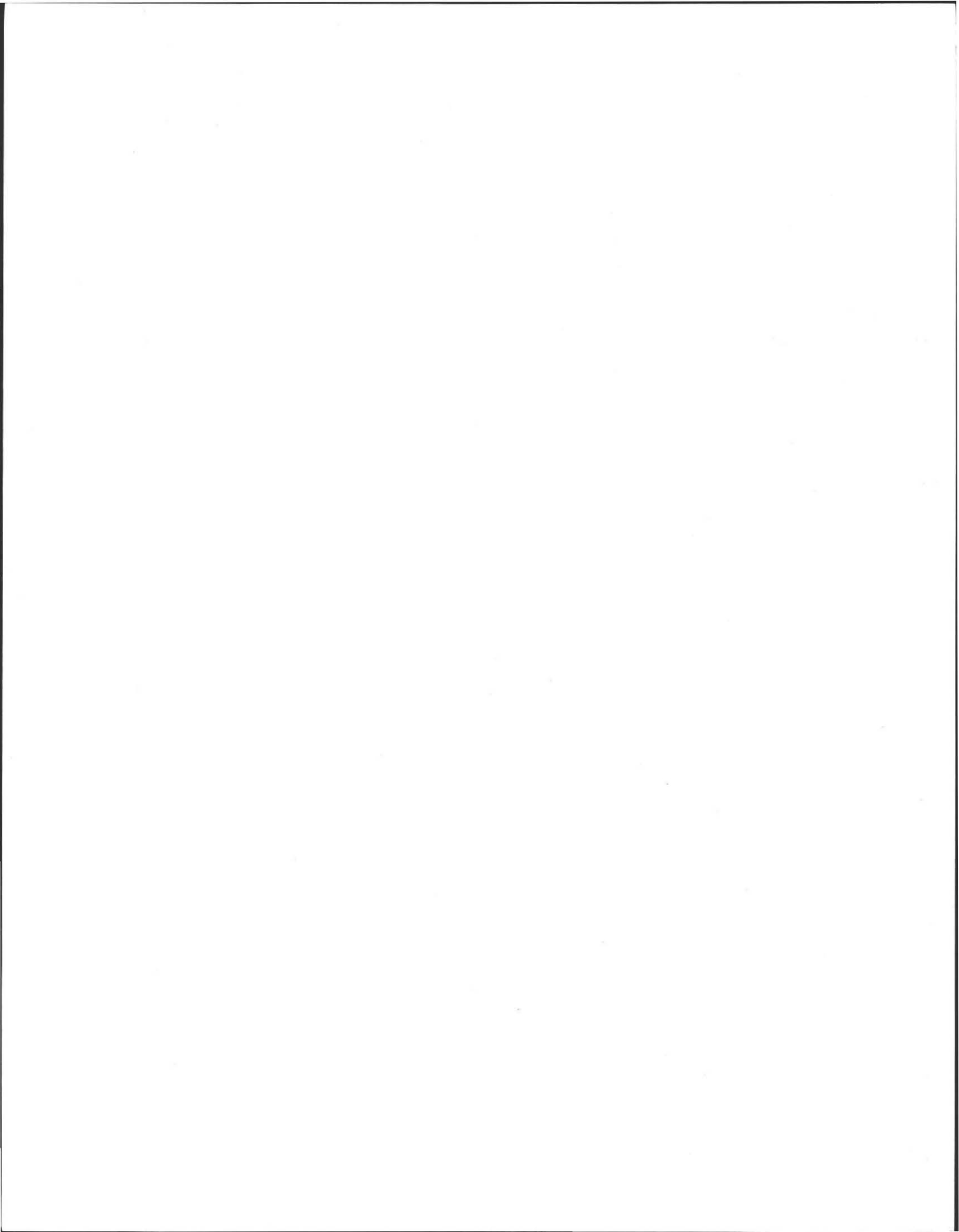
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Ms Shepp's request is to allow from Title Five provisions 310 CMR 158.405 (1)(2) a vertical leach separation distance from the required four feet (4') to three feet (3'),

As stated in Mr. Weiss's letter dated May 7, 2001 this approval would minimize the fill placement in order to not create problematic surface runoff patterns associated with excessively raising the ground next to the house.

The designs for this septic system have met all other D.E.P. regulations and therefore, I would grant the local upgrade. This design of the system will allow for both the best feasible upgrade within the borders of the lot, and have the least effect on public health, safety and the environment.





4) Type of existing system
 privy cesspool(s) conventional system
 Other (describe) _____

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

Leach field

5) Design flow based on 310 CMR 15.203
a) Design flow of existing system 440 gpd
Approved? yes approval date 1961
 no why? _____

b) Design flow of proposed upgraded system _____ gpd
c) Design flow of facility _____ gpd

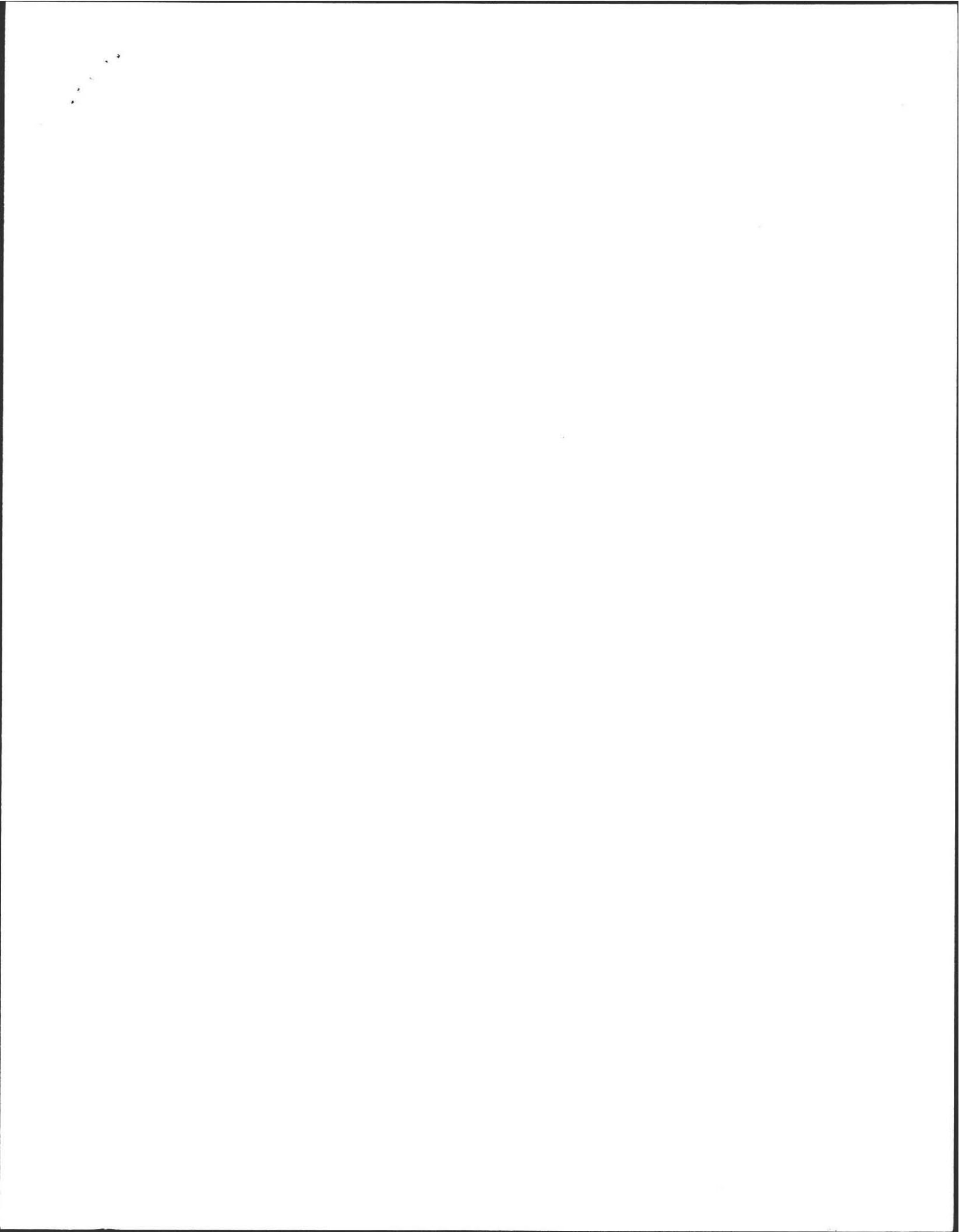
6) Proposed upgrade of existing system is
a) Voluntary
 Required by order, letter, etc. (attach copy)
 Required following inspection required by 310 CMR 15.301 (provide date -
inspection form was submitted to the approving authority) _____ (date)

b) Describe the proposed upgrade to the system
New Septic tank and Leach Field

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)





c) a shared system is not feasible:

Not appropriate

d) connection to a sewer is not feasible:

Not available

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

* _____
Print Name

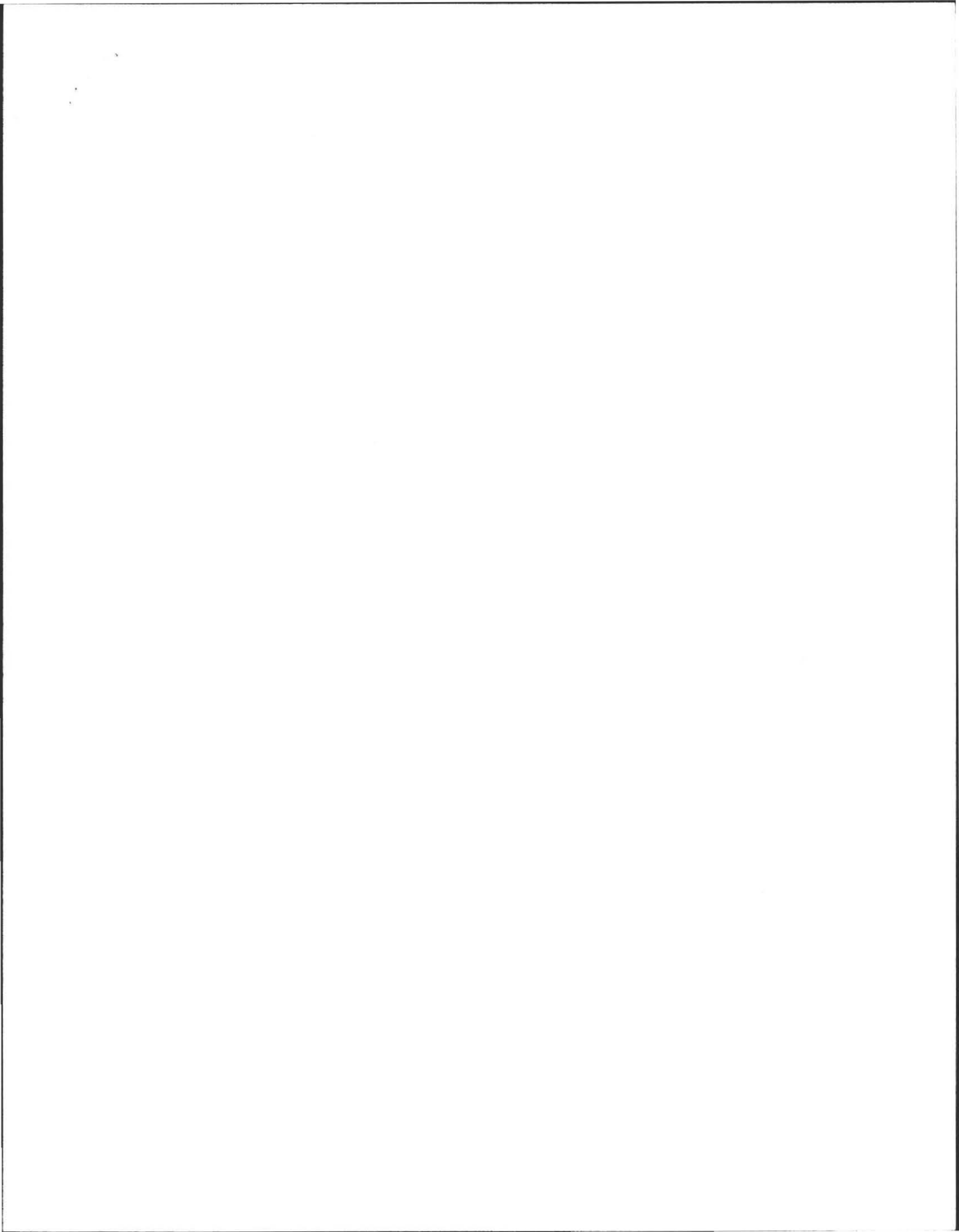
Alan E. WEISS 10/10/00
Name of preparer Date

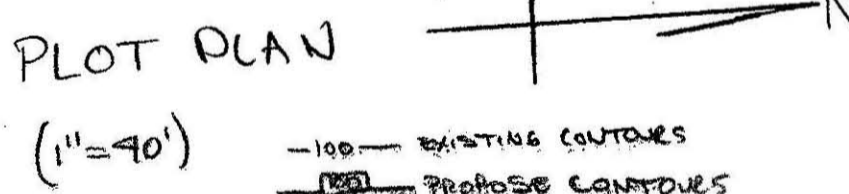
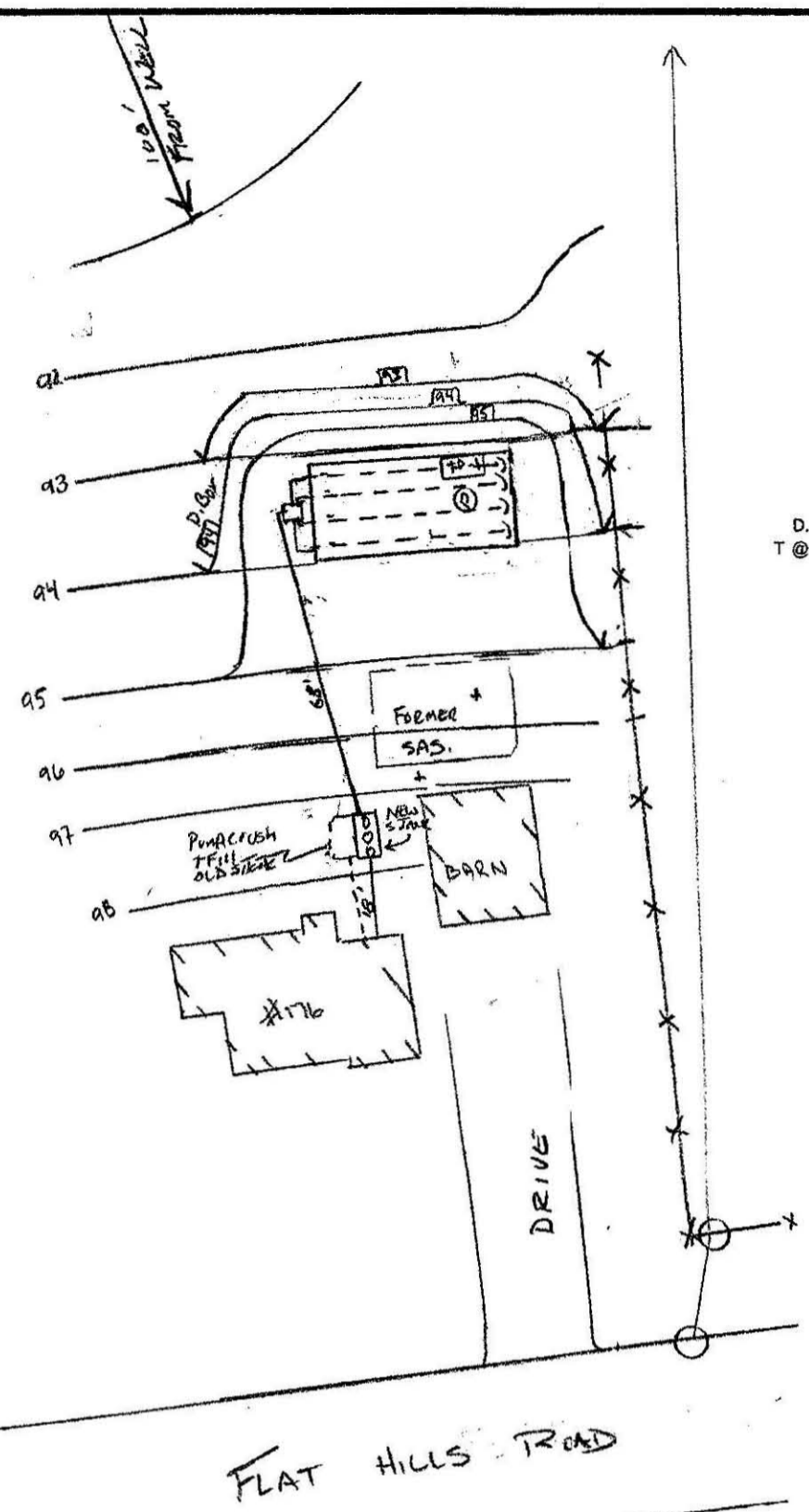
COLD SPRING Environmental, INC.
350 OLD ENFIELD ROAD BELCHERTOWN, MA 01007
Telephone # & address of preparer

413-323-5757

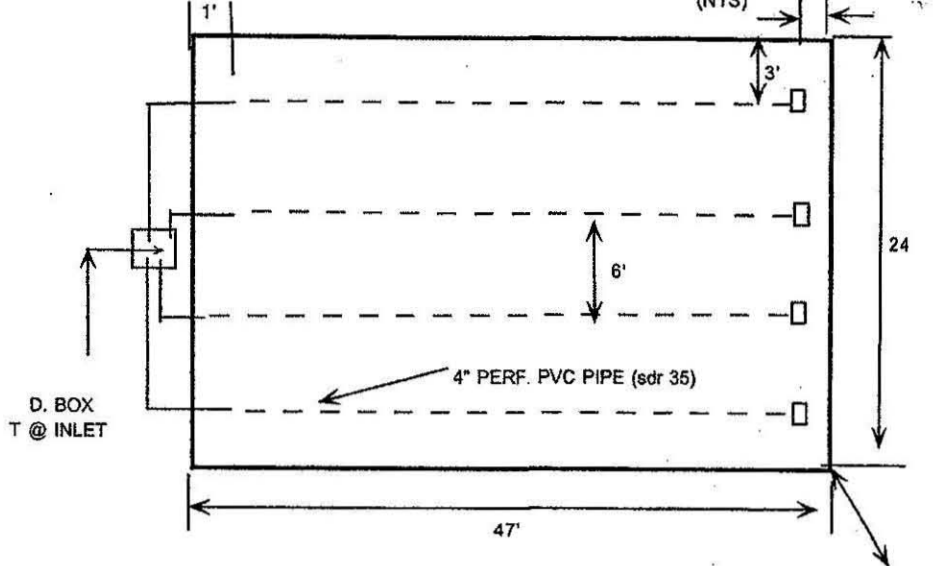
NOTE: Title 5, 310 CMR 15.403(4), requires the system owner or operator to submit to the Department a copy of the local upgrade approval upon issuance by the Board of Health and prior to commencement of construction.



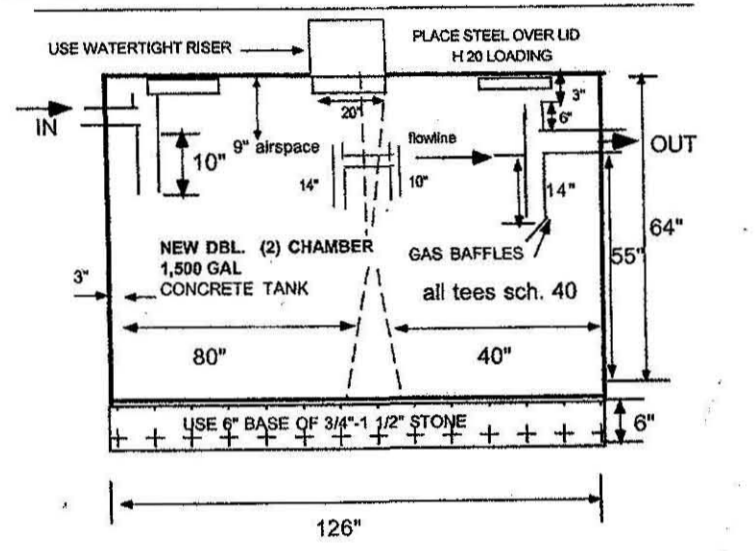




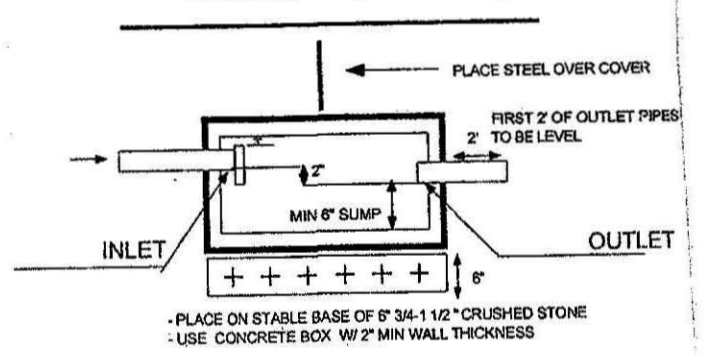
LEACH FIELD DIAGRAM



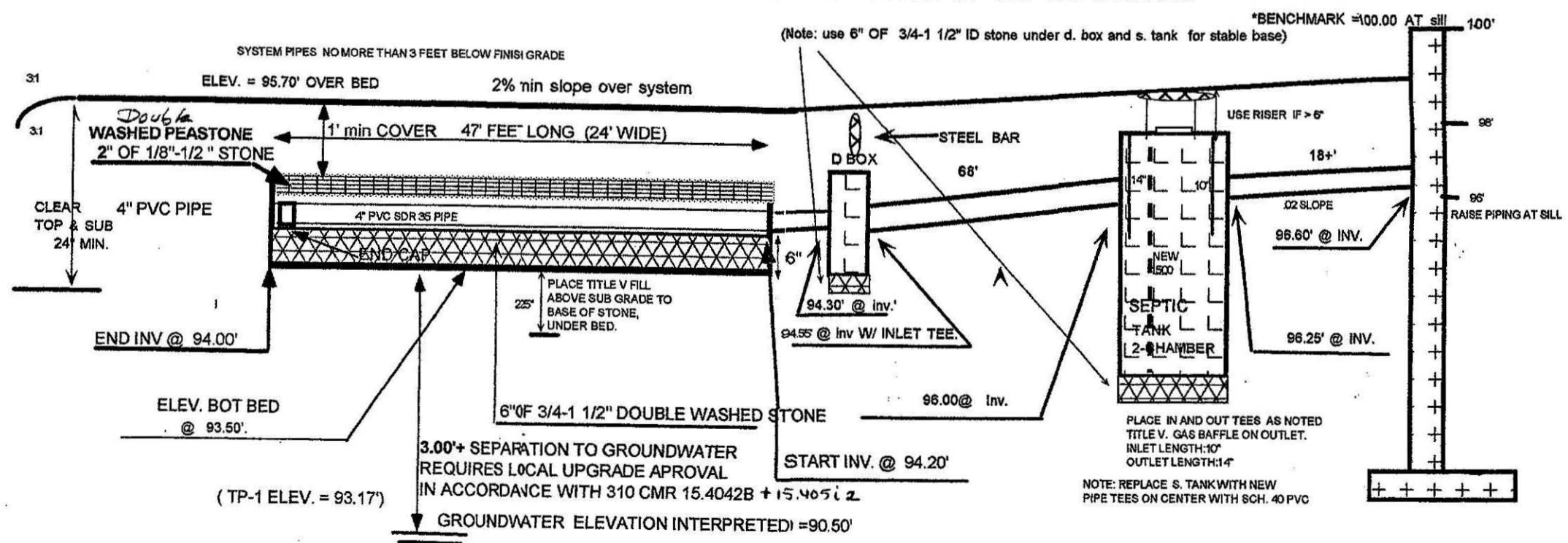
TYPICAL NEW DBL. CHAMBER 1,500 GAL. S. TANK OR EQUIV. (WATERTIGHT)



TYPICAL D. BOX (WATERTIGHT)



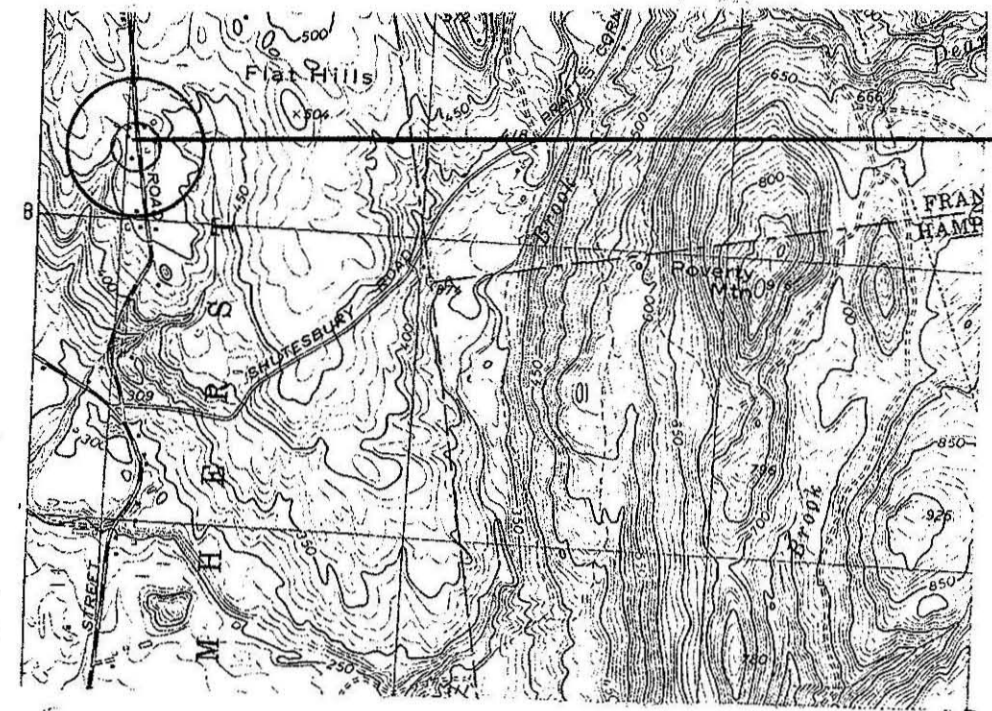
CROSS SECTION OF SEPTIC SYSTEM



NOTE: USE TITLE V FILL ONLY UNDEF AND AROUND FIELD TO MEET DESIGN ELEVATIONS AS NOTED ON PLAN AND AS PER 310 15.255 (clear all top and sub prior to fill placement) (EXCAVATE TO STONE ELEVATION) NOTE: REGRADING AS SHOWN

NOTE: REMOVE OLD L. FIELD SO AS TO NOT INTERFERE WITH NEW S. TANK AND L. FIELD. NOTE: REGRADE AREA OF FIELD AS NOTED OLD S. TANK MUST BE PUMPED CRUSHED AND FILLED

SITE LOCUS



TEST PIT LOG

TP-1 EFF. EL. 93.17' (9/28/2000)

0-8"	A FINE SANDY LOAM, FRIABLE-LOOSE (10 YR 3/2)
8-22"	B FINE SANDY LOAM, FRIABLE (2.5 Y 6/6)
22-108"	C1 DENSE FINE TO MEDIUM SANDY GLACIAL TILL 20% BOULDERS, COBBLES AND STONES (2.5 Y 4/2)

OXIDES @ PROMINENT & EFFECTIVE @ 32"
ESHWT: 32"

NOT OBS. STANDING H2O
NOT OBS. WEEPING FROM FACE (108'+) BEDROCK

DESIGN NOTES:

- 4 BR X 110 GAL/PERSONS/DAY = 440 GAL/DAY
- Use ONE Leachfield 24' wide x 47' LONG W/6" of .5' of DBL washed stone below invert.
Bot. Area: 24' wide x 47' long = 1128sf.
Side Area: N.A.
Tot. Area: 1128 sf x 0.40 gal.sf. = 451 GAL./day.
- GARBAGE DISPOSAL NOT ALLOWED
- ALL D. BOX OUTLET PIPES LEVEL FOR 2'
- NO PRIVATE WELLS WITHIN 150 FEET OF SAS
- NO WETLANDS WITHIN 150 FEET OF SAS.
- PRE & POST CONTOURS NOTICED AS NECESSARY.
- RESERVE AREA NOT required. (REMOVE/REPLACE OLD SEPTIC TANK)
- SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
- 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 24" MIN. AS NEEDED.
CLEAR TO BASE OF B (MIN. 24") UNDER BED.
- SOIL EVALUATION BY A. WEISS, RS. 9/28/2000.
- DEPTH OF PERC. 37" & BY A. Weiss 9/28/2000 & BY A. WEISS IN 9/28/2000
- PERC RATE = 25MIN/IN, CLASS II SOIL RATING (SANDY LOAM)
- INSTALL/INSPECT TEES (10" INLET, 14" OUTLET) ON NEW 1,500 GAL. S. TANK
- REMOVE/REPLACE CURRENT S. TANK, UNCOVER & CHECK BAFFLES/TEES IN PLACE.
- 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.
- ENGINEER TO INSPECT SUBGRADE.
- T.B.M. 100.00 AT SILL



SEPTIC SYSTEM REPAIR PLAN FOR GARTH SHEPP		
176 FLAT HILLS ROAD AMHERST, MA		
SCALE: NOTED	APPROVED BY:	DRAWN BY aw
DATE: 10/10/00		REVISIONS <i>10/10/00</i> <i>05107101</i>
COLD SPRING ENVIRONMENTAL, INC.		DRAWING NUMBER 100-1231-0928