8 FOXGLOVE LANE

No.....

Fee.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

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

Lot 48 Fox Glove Lane — Location - Address
Lot 48 — or Lot No.

George Spence — Owner
P.O. Box G. N. Amherst — Address

Karl's Excavating — Installer
Address

Type of Building — Size Lot 1.118± Acres ~~Sq. feet~~

Dwelling — No. of Bedrooms 3 — Expansion Attic ( ) — Garbage Grinder (✓)

Other — Type of Building ..... No. of persons..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 82.5 gallons per person per day. Total daily flow 495 x1.25 = 618.75 gallons.

Septic Tank — Liquid capacity 1500 gallons Length 10½' Width 5' Diameter..... Depth 5'

~~Disposal Trench — No. .....~~ Width 7' Total Length 25' Total leaching area 192 sq. ft. sides

Seepage Pit No. 1 ~~Diameter .....~~ Depth below inlet 3' Total leaching area 175 sq. ft. Bottom

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F.A. Filios Date June, 1984

Test Pit No. 1 2 minutes per inch Depth of Test Pit 11½' Depth to ground water NONE

Test Pit No. 2 .....minutes per inch Depth of Test Pit..... Depth to ground water.....

Description of Soil Enclosed

Nature of Repairs or Alterations — Answer when applicable

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed..... Date.....

Application Approved By..... Date.....

Application Disapproved *for the following reasons:*.....

..... Date.....

Permit No..... Issued..... Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired ( )

by.....
Installer

at Lot 48 Fox Glove Lane

has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE..... Inspector.....

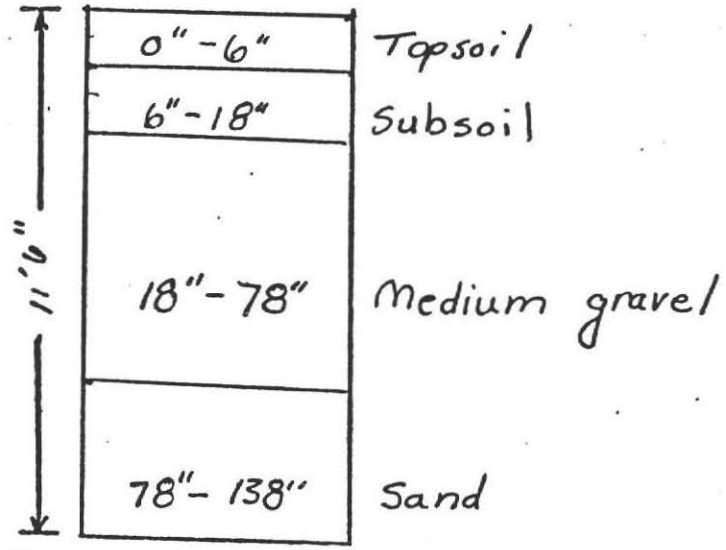
DEEP SOIL LOGS

OWNER Amherst Woods, Phase II

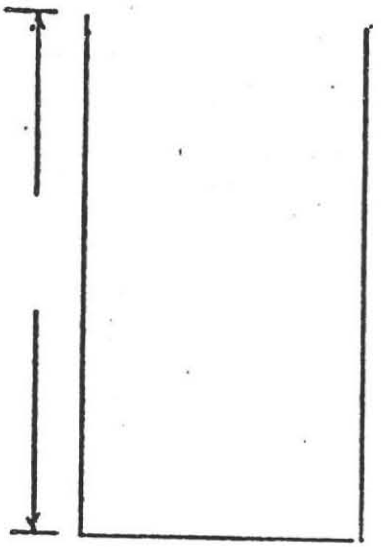
Date June 1984

LOCATION Fox Glove Lane, Lot #48

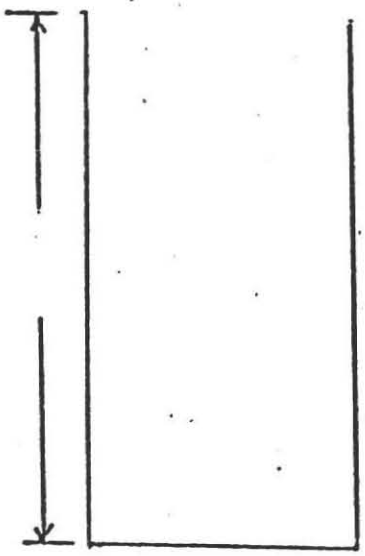
OBSERVER F.A. Filios



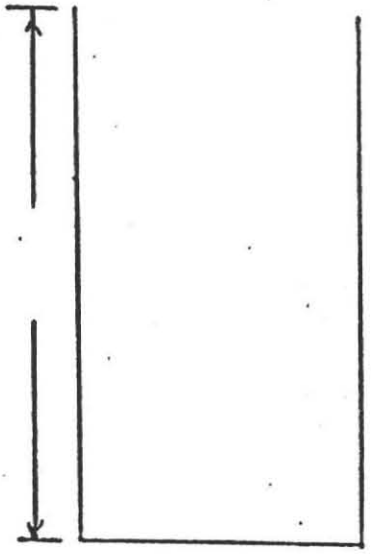
Ground Water none



Ground Water ____



Ground Water ____



Ground Water ____

Percolation Rate at

< 2 min/inch

PLAN SHOWING SEWAGE DISPOSAL SYSTEM

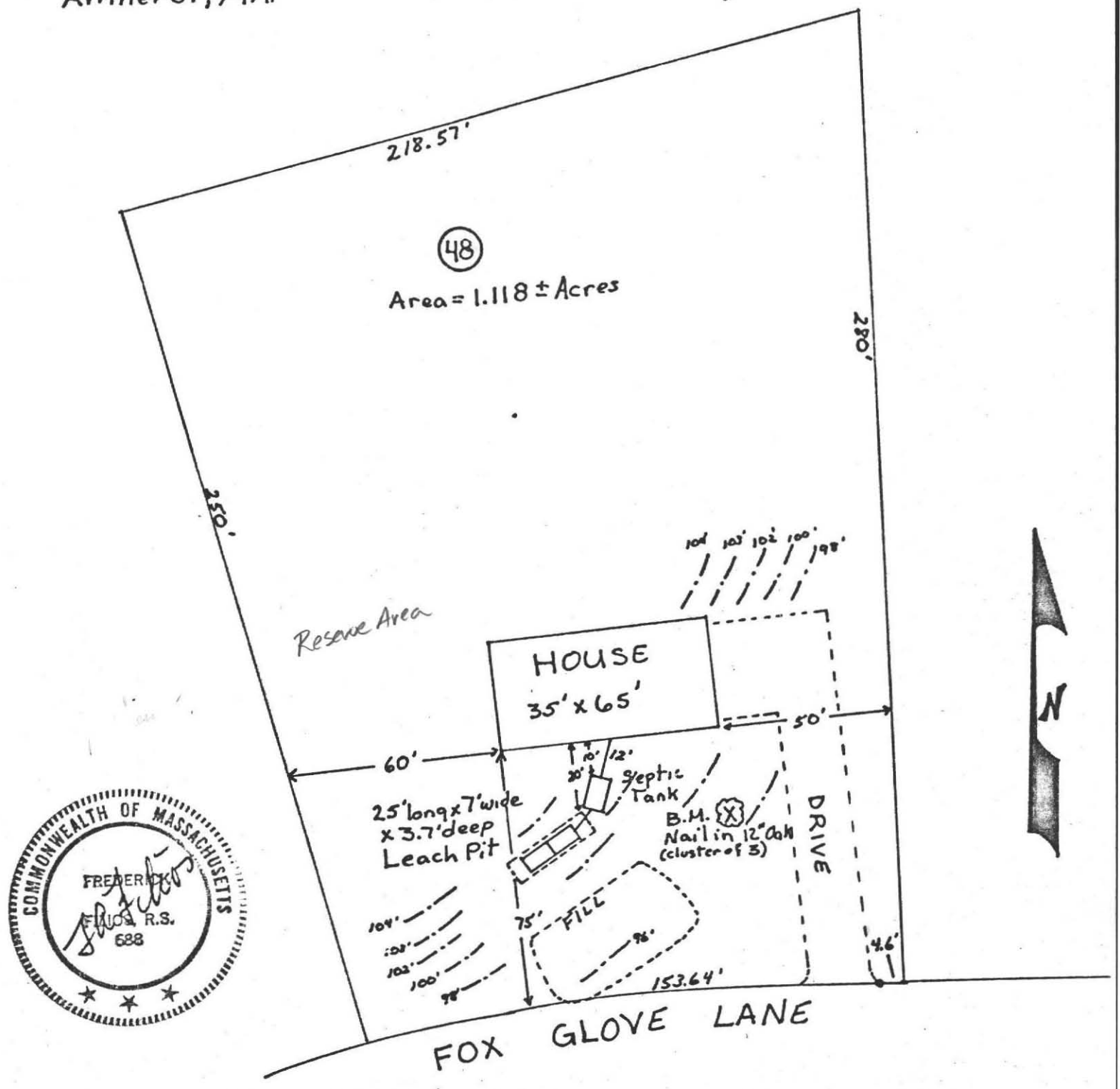
FOR: George Spence
P.O. Box G
N. Amherst, MA. 01059

BY: F.A. Filios
69 Pelham Road
Amherst, MA.

AT: LOT 48
Fox Glove Lane
Amherst, MA.

SCALE: 1"=40'

DATE: May 14, 1987



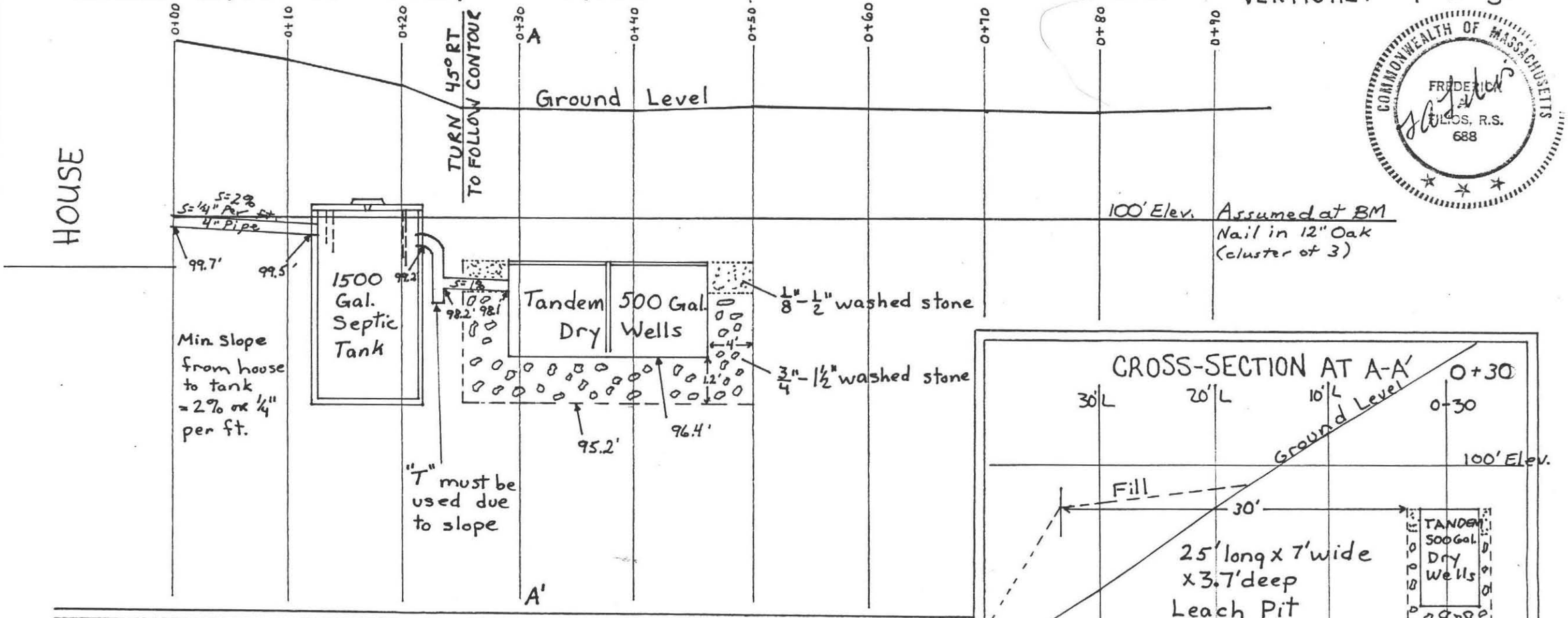
COMMONWEALTH OF MASSACHUSETTS
FREDERICK F. FILIOS R.S.
688

PROFILE OF SEPTIC SYSTEM

FOR: George Spence
P.O. Box G, Amherst, MA 01059
SITE: Lot 48, Fox Glove Lane, Amherst, MA.

BY: FREDERICK A. FILIOS W.T.
DATE: May 14, 1987
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S.
688



SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

3 Bdm x 110 = 330 + 50% for GG = 495 x 1.25 = 618.75 gallons
Perc Rate = 2 min/inch Sides = 2.5 gal/S.F. Bottom = 1.0 gal/S.F.
Leach Pit: 25' long x 7' wide x 3.7' deep
Sides: 25' x 3' x 2 = 150 S.F. x 2.5 gal./S.F. = 375 gallons
7' x 3' x 2 = 42 S.F. x 2.5 gal./S.F. = 105 gallons
Bottom: 25' x 7' = 175 S.F. x 1.0 gal/S.F. = 175 gallons
Proposed Total = 655 gallons

Distance = S x 150
= 5.9/30 x 150
= 29.59'

No. 87-15 FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

COMMONWEALTH OF MASSACHUSETTS — FREDERICK ELIOS, R.S. 688

Application for Disposal Works Construction Permit

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

Lot 48 7 Fox Glove Lane (Location - Address) — Lot 48 (or Lot No.)

George Spence (Owner) — P.O. Box G, N. Amherst (Address)

Karls Excavating (Installer) — River Dr. Hadley (Address)

Type of Building — Size Lot 1.118± Acres ~~Sq. feet~~

Dwelling — No. of Bedrooms 4 — Expansion Attic ( ) — Garbage Grinder (✓)

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 82.5 gallons per person per day. Total daily flow 495 x1.25 = 618.75 gallons.

Septic Tank — Liquid capacity 1500 gallons, Length 10½' Width 5' Diameter ..... Depth 5'

~~Disposal Trench — No. .....~~ Width 70' Total Length 25' Total leaching area 1750 sq. ft. sides

Seepage Pit No. 1 ~~Diameter .....~~ Depth below inlet 3' Total leaching area 375 sq. ft. Bottom 250 □

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by F.A. Filios Date June, 1984 OEQ

Test Pit No. 1 2 minutes per inch Depth of Test Pit 11½' Depth to ground water NONE

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil Enclosed

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

X Signed ..... 6-4-87 Date

Application Approved By ..... 6-4-87 Date

Application Disapproved *for the following reasons:* .....

Permit No. 87-15 Issued 6/4/87 Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Original Perk tests witnessed by Drake system ready for inspection before comments could be made on plans Subject to following

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (✓) or Repaired ( )

by Karls Excavating Installer (tank should be 25' from foundation)

at Lot 48 Fox Glove Lane (Finish grade to meet slope to be completed)

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 87-15 dated 6-4-87

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE 9-16-87 Inspector Peter J. Kolodzej

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 87-15 TOWN OF AMHERST FEE $0

Disposal Works Construction Permit

Permission is hereby granted George Spence

to Construct (✓) or Repair ( ) an Individual Sewage Disposal System

at No. Lot 48 Fox Glove Lane (Street) by Karls Exc.

as shown on the application for Disposal Works Construction Permit No. 87-15 Dated 6-4-87

Board of Health

DATE 6-4-87

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

THE COMMONWEALTH OF MASSACHUSETTS

84-42

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

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

Fox Glove Lane — Location - Address
Amh Woods 36 — or Lot No.
Mike Cunnors — Owner
58 No. East St. — Address
Installer — Address

Type of Building — Size Lot 30,186 Sq. feet
Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (✓)
Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )
Other fixtures .....
Design Flow 55 gallons per person per day. Total daily flow 330 (495) gallons.
Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth .....
Disposal Trench — No. ..... Width ..... Total Length ..... Total leaching area 200 ~~400~~ sq. ft.
Seepage Pit No. (2) ~~Diameter~~ 10½ x 7 Depth below inlet ~~8~~ 5 Total leaching area ~~210~~ 147 sq. ft. Sides Bottom
Other Distribution box (✓) Dosing tank ( )
Percolation Test Results Performed by Frederick Filios Date June 1984
Test Pit No. 1 3 minutes per inch Depth of Test Pit 108" Depth to ground water none
Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil Enclosed Use 1000 Gal Leach Tank
1 Soil Absorbs

Nature of Repairs or Alterations — Answer when applicable .....

CHECK OR FILL IN WHERE APPLICABLE

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed .....

Application Approved By [signature] — Date 11-30-84

Application Disapproved *for the following reasons:* ..... — Date .....

Permit No. ..... Issued ..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF .....

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )
by ..... Installer
at .....
has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE ..... Inspector .....

THE COMMONWEALTH OF MASSACHUSETTS

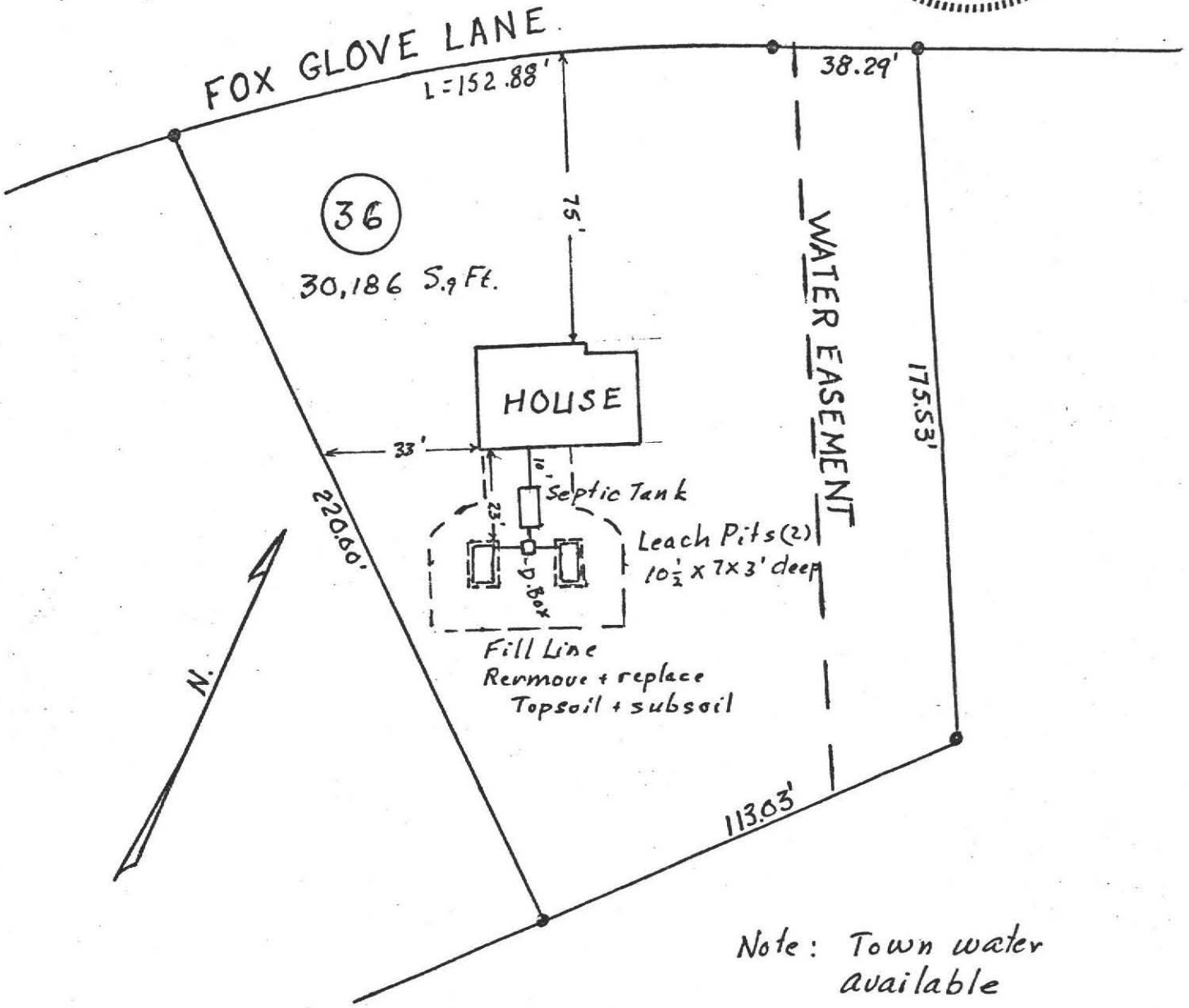
BOARD OF HEALTH

PLAN SHOWING SEWAGE DISPOSAL

Nov. 1984

For: Mike Connors
58 No East St.
Amherst Mass
At: Amherst Woods Lot 36
Scale: 1" = 40'
By: Frederick Filios

COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S. 688

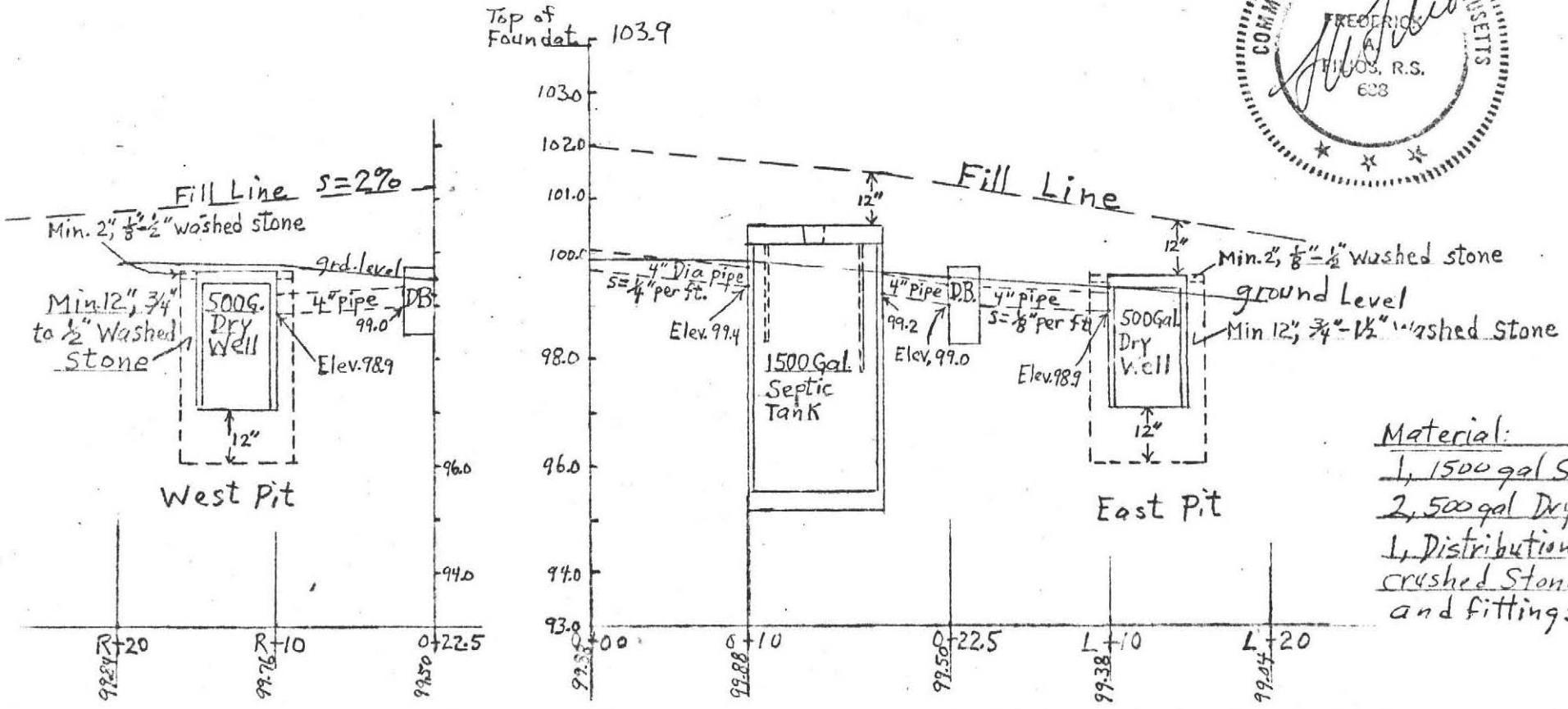


Note: Town water available

PROFILE OF SEPTIC SYSTEM

MICHAEL W. CONNORS

58 North East St, Amherst, Mass.
Site at Amherst Woods
By: Frederick Filios, Nov. 1984



Material:
1, 1500 gal Septic Tank
2, 500 gal Dry wells
1, Distribution Box
crushed Stone, pipe and fittings.

SPECIFICATIONS

All material and construction will be in accordance with Comm. of Mass. D.E.Q.E. State Environmental Code Title 5.

CALCULATION

3 Bdrms @ 110 + Garbage Grinder = 495 Gal.
Perc. @ 4 minutes per inch
2 Pits 10.5'X3'X2' sides = 126 sqft
2 pits 7'X3'X2 ends = 84 " "
@ 2 gals. per Sq. ft 210 X2 = 420
2 Btm areas: 10.5'x7'= 73.5X2=147 X .83= 122
Proposed Capacity 542

PERCOLATION TEST LOCATION

For: Amherst Woods Phase II

May 1984

Lot # 36

Scale: 1" = 40'

By: Frederick Filios

COMMONWEALTH OF MASSACHUSETTS
FREDERICK
FILIOS, R.S.
6838

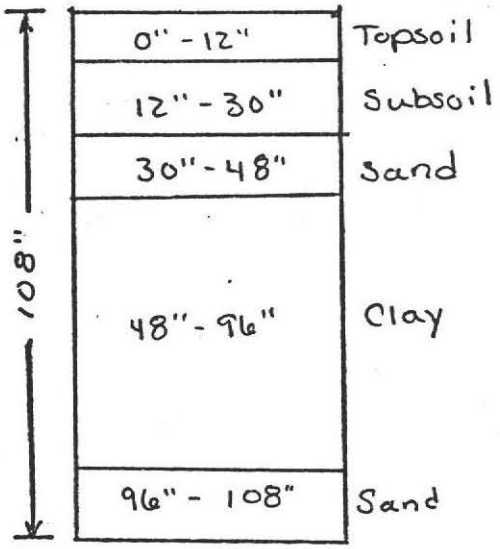
DEEP SOIL LOGS

OWNER Mike Connors
Amherst Woods, Phase II

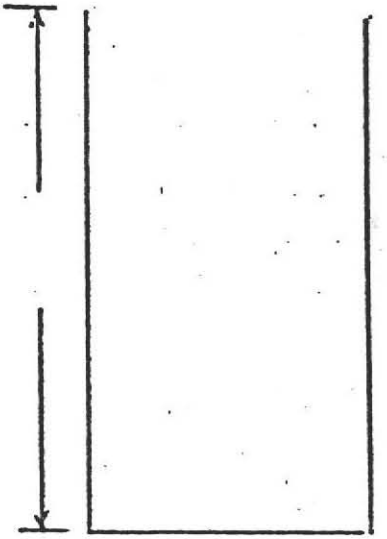
Date June 1984

LOCATION Fox Glove Lane
Lot # 36

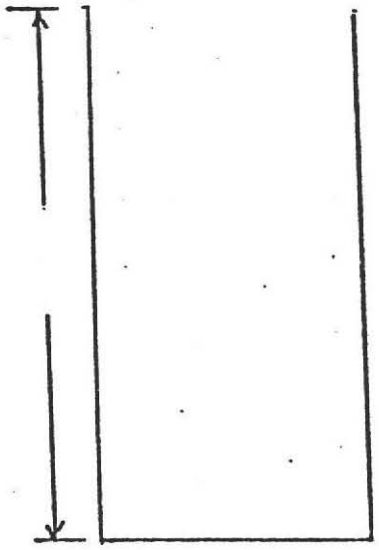
OBSERVER F.A. Filios



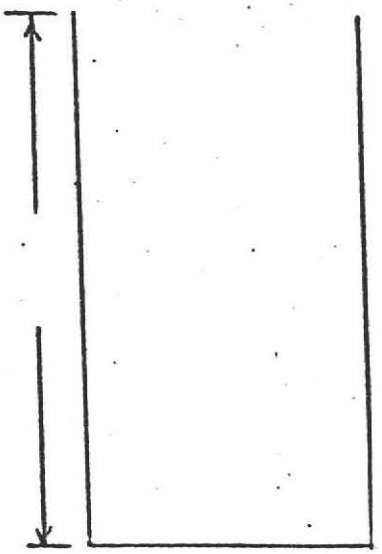
Ground Water none



Ground Water ____



Ground Water ____



Ground Water ____

Percolation Rate at
3 min/inch

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner MIKE CONNORS Address FOX GLOVE LA.

Installer KARNS ETC Address RIVER DR HADLEY

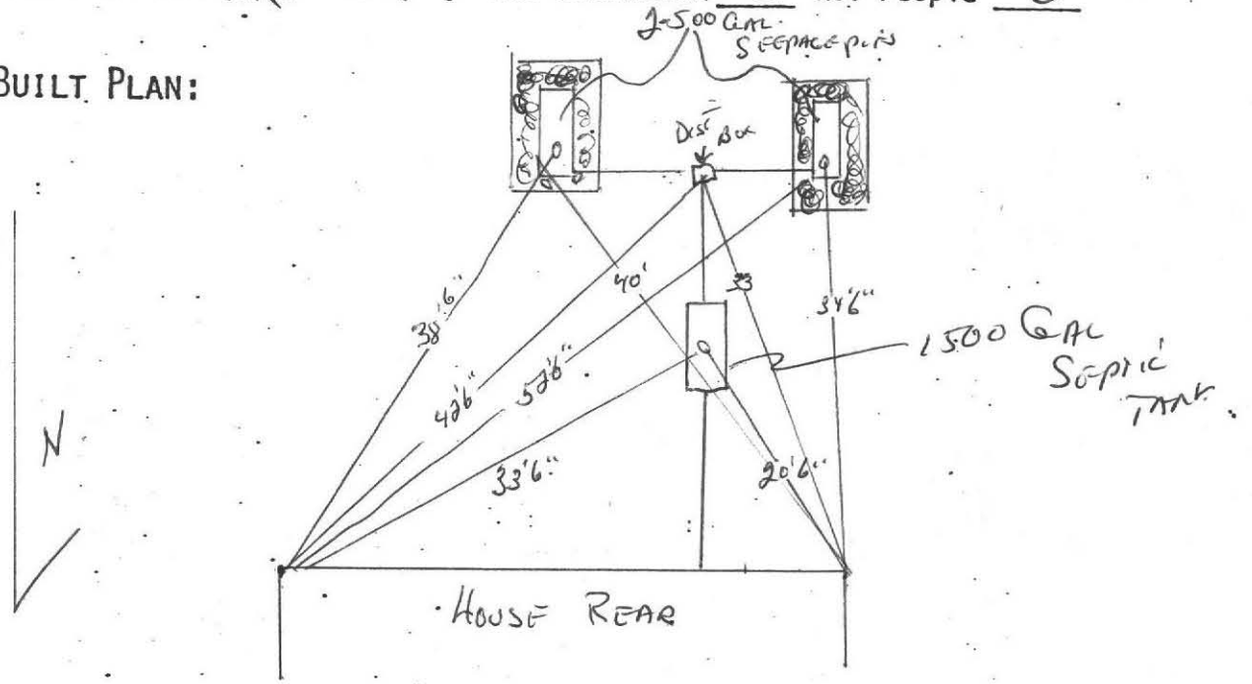
Date Installation Inspected and Approved NO DATE NOTED

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed ( ) Seepage Pits(X) Square Feet: 150 BOTTOM 240 SIDES

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 3 No. People 6

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.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 84-42 TOWN OF AMHERST FEE $90

Disposal Works Construction Permit

Permission is hereby granted Mike Conkens - by Karls Exc.
to Construct (X) or Repair ( ) an Individual Sewage Disposal System
at No. Lot 36 Foxglove Lane
Street
as shown on the application for Disposal Works Construction Permit No. 84-42 Dated 11-30-84

C E Drake
Board of Health

DATE 11-30-84

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

No. 84-42

FEE $90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

COMMONWEALTH OF MASSACHUSETTS — FREDERICK FILIOS, R.S. 688

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

8 Fox Glove Lane (Location - Address) — Amh Woods 36 (or Lot No.)

Mike Cunnors (Owner) — 58 No. East St. (Address)

KARL'S EXCAVATING (Installer) — River Dr No Hadley (Address)

Type of Building — Size Lot 30,186 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (✓)

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 330 (495) gallons.

Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth 4.10

Disposal Trench — No. ..... Width ..... Total Length 3 ~~5~~ Total leaching area ~~420~~ 210 sq. ft.

Seepage Pit No. 2 ~~Diameter~~ 10½ x 7 Depth below inlet ~~5~~ Total leaching area ~~240~~ 147 sq. ft. Sides Bottom

Other Distribution box (✓) Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date June 1984

Test Pit No. 1 3 minutes per inch Depth of Test Pit 108" Depth to ground water none

Test Pit No. 2 ..... minutes per inch Depth of Test Pit ..... Depth to ground water .....

Description of Soil Enclosed ~~USE 1000 GALLON TANK~~

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

X Signed Michael W Cunnors

Application Approved By C E Drake Jr. Date 11-30-84

Application Disapproved *for the following reasons:* .....

Permit No. 84-42 Issued 11-30-84 Date

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF .....

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed ( ) or Repaired ( )

by ..... (Installer)

at .....

has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE ..... Inspector .....

Zarozinski, David

From: Ciccarello, Stephanie
Sent: Wednesday, June 09, 2004 9:12 PM
To: Zarozinski, David
Cc: Westover, Peter
Subject: 8 foxglove

Dave –
The Conservation Commission closed the hearing for septic repair at 8 Foxglove Lane and issued a Negative Determination for the work. (A negative is a positive in this case...) Let me know if you need additional information. – Stephanie

Stephanie Ciccarello
Wetlands Administrator
Amherst Town Hall
4 Boltwood Avenue
Amherst, MA 01002
(413) 256-4045
ciccarello@town.amherst.ma.us

File

6/10/2004

- Title V Inspections
- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

May 17, 2004

Mr David Zarozinski
Amherst Board of Health
Town Hall
Belchertown, MA. 01007

RE: Septic System Residence Repair and Local Upgrade Approvals
8 Foxglove Lane, 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 properties. It is the opinion of 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), **3.0'** proposed.

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 1)(Perc of 4 Min/In)**. It is also noted that the site is served by town water (water line as shown) and that there are no wells noted within 150 feet of the proposed SAS's. The situation requires this approval in order to minimize fill placement, in a wetland buffer zone, and to not create problematic surface runoff patterns from altering the grade of the yard. It is also allows reuse of the current septic tank at its current elevation rather than replumbing from the basement and raising the septic tank.

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 copy must be sent to Mass. DEP, 436 Dwight St., Springfield, 01103, by the owner, after your approval and 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,

350 Old Enfield Road • Belchertown, MA 01007 • (413) 323-5957
Fax : 323-4916 • aweiss@supplyguys.net

- Title V Inspections
- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

May 17, 2004

Mr David Zarozinski
Amherst Board of Health
Town Hall
Belchertown, MA. 01007

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President
Principal Hydrogeologist,

350 Old Enfield Road • Belchertown, MA 01007 • (413) 323-5957
Fax : 323-4916 • aweiss@supplyguys.net

- Title V Inspections
- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

May 17, 2004

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Amherst Board of Health
Town Hall
Belchertown, MA. 01007

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8 Foxglove Lane, 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 properties. It is the opinion of 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), **3.0'** proposed.

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 1)(Perc of 4 Min/In)**. It is also noted that the site is served by town water (water line as shown) and that there are no wells noted within 150 feet of the proposed SAS's. The situation requires this approval in order to minimize fill placement, in a wetland buffer zone, and to not create problematic surface runoff patterns from altering the grade of the yard. It is also allows reuse of the current septic tank at its current elevation rather than replumbing from the basement and raising the septic tank.

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 copy must be sent to Mass. DEP, 436 Dwight St., Springfield, 01103, by the owner, after your approval and 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,

350 Old Enfield Road • Belchertown, MA 01007 • (413) 323-5957
Fax : 323-4916 • aweiss@supplyguys.net

- Title V Inspections
- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

May 17, 2004

Mr David Zarozinski
Amherst Board of Health
Town Hall
Belchertown, MA. 01007

RE: Septic System Residence Repair and Local Upgrade Approvals
8 Foxglove Lane, Amherst, MA

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TITLE 5
OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 8 Foxglove Lane Amherst MA

Owner's Name: Hilda Bustmante
Owner's Address: 8 Foxglove Lane
Amherst MA 01002
Date of Inspection: March 10, 2004

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

____ Passes
____ Conditionally Passes
____ Needs Further Evaluation by the Local Approving Authority
__XX__ **Fails**

Inspector's Signature: _____ **Date: March 10, 2004**

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments

The septic tank level was ok but evidence of failure (staining of liquid level) was noted on inside top. Of two leaching tanks: One had 4" of liquid and the other was found full of liquid (both: 4 ft. x 8 ft. (500 gallon). System in Partial hydraulic failure. The D. Box was degraded . Recommend perc test and re-engineered system. Dwelling connected to town water.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same different conditions of use.**

Files

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 8 FOX GLOVE

Owner: BUSTAMANTE
Date of Inspection: _____

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

No I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

_____

_____

B. System Conditionally Passes:

No One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the ____ for the following statements. If "not determined" please explain.

_____ The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

_____ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed
____ distribution box is leveled or replaced

ND explain:

_____ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 8 Fox Glove

Owner: BUSTAMANTE
Date of Inspection: 3/10/04

C. Further Evaluation is Required by the Board of Health:

No Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. **System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. **System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

___ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. **Other:**

_____
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 8 FOXGLOVE

Owner: PUSTAMANTE
Date of Inspection: 3/11/04

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes	No	
yes	___	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
___	No	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
yes	~~No~~	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool PAST EVIDENCE PRESENT
___	No	Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow
___	No	Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.
___	No	Any portion of the SAS, cesspool or privy is below high ground water elevation.
___	No	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
___	No	Any portion of a cesspool or privy is within a Zone 1 of a public well.
___	No	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
___	No	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

yes (Yes) No **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes	no	
___	___	the system is within 400 feet of a surface drinking water supply
___	___	the system is within 200 feet of a tributary to a surface drinking water supply
___	___	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 8 FOXGLOVE

Owner: BUSTAMANTE
Date of Inspection: 3/10/04

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes No

✓ ___ Pumping information was provided by the owner, occupant, or Board of Health

___ ✓ Were any of the system components pumped out in the previous two weeks ?

✓ ___ Has the system received normal flows in the previous two week period ?

___ ✓ Have large volumes of water been introduced to the system recently or as part of this inspection ?

✓ ___ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

✓ ___ Was the facility or dwelling inspected for signs of sewage back up ?

✓ ___ Was the site inspected for signs of break out ?

✓ ___ Were all system components, excluding the SAS, located on site ?

✓ ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

✓ ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

Yes no

✓ ___ Existing information. For example, a plan at the Board of Health.

✓ ___ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 8 FOX GLOVE

Owner: BUSTAMANTE
Date of Inspection: 3/10/04

FLOW CONDITIONS

RESIDENTIAL
Number of bedrooms (design): 3 Number of bedrooms (actual): 4 ?
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 495
Number of current residents: 4
Does residence have a garbage grinder (yes or no): yes. (NOT RECOMMENDED)
Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]
Laundry system inspected (yes or no): —
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): N/A
Sump pump (yes or no): NO
Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL
Type of establishment: N/A
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sqft,etc.): _____
Grease trap present (yes or no): ___
Industrial waste holding tank present (yes or no): ___
Non-sanitary waste discharged to the Title 5 system (yes or no): ___
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records
Source of information: _____
Was system pumped as part of the inspection (yes or no): yes
If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? _____
Reason for pumping: TIME

TYPE OF SYSTEM
✓ Septic tank, ~~distribution box~~, soil absorption system
___ Single cesspool
___ Overflow cesspool
___ Privy
___ Shared system (yes or no) (if yes, attach previous inspection records, if any)
___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)
___ Tight tank ___ Attach a copy of the DEP approval

___ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:
20 years.

Were sewage odors detected when arriving at the site (yes or no): No

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 8 FOX GLOSE

Owner: BUSTAMANTE
Date of Inspection: 3/11/04

BUILDING SEWER (locate on site plan)

Depth below grade: 12"
Materials of construction: ___cast iron ✓40 PVC ___other (explain): _____
Distance from private water supply well or suction line: _____
Comments (on condition of joints, venting, evidence of leakage, etc.):
_____

SEPTIC TANK: Yes (locate on site plan)

Depth below grade: 16" ✓
Material of construction: ✓concrete ___metal ___fiberglass ___polyethylene
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: 10.5' x 4.5'D x 5.5'W
Sludge depth: 5"
Distance from top of sludge to bottom of outlet tee or baffle: 35"
Scum thickness: 4"
Distance from top of scum to top of outlet tee or baffle: 4"
Distance from bottom of scum to bottom of outlet tee or baffle: 12"
How were dimensions determined: MEAS.
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
BAFFLES BUILT IN, OK. EVID. STAINING ON INNER LID -

GREASE TRAP: No (locate on site plan)

Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 8 Fox Glove

Owner: Bostamante
Date of Inspection: 3/11/05

TIGHT or HOLDING TANK: No (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: ____
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):
Dimensions: ____
Capacity: ____gallons
Design Flow: ____gallons/day
Alarm present (yes or no): ____
Alarm level: ____ Alarm in working order (yes or no): ____
Date of last pumping: ____
Comments (condition of alarm and float switches, etc.):

DISTRIBUTION BOX: ~~Yes~~ (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: 6 IN.
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):
D. Box Degraded, STAINING ON TOP.

PUMP CHAMBER: No (locate on site plan)

Pumps in working order (yes or no): ____
Alarms in working order (yes or no): ____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 8 Fox Glove

Owner: _____
Date of Inspection: 3/4/04

SOIL ABSORPTION SYSTEM (SAS): Yes **(locate on site plan, excavation not required)**

If SAS not located explain why:

Type
2 leaching pits, number: 500 GAL (4x8x2)
____ leaching chambers, number: ____
____ leaching galleries, number: ____
____ leaching trenches, number, length: _____
____ leaching fields, number, dimensions: _____
____ overflow cesspool, number: ____
____ innovative/alternative system Type/name of technology: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
ONE LT (#1) WAS FULL (FAILED), ONE (#2) WAS FINE w/ 4" OF LIQUID.

CESSPOOLS: No (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: _____
Depth – top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: No (locate on site plan)

Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

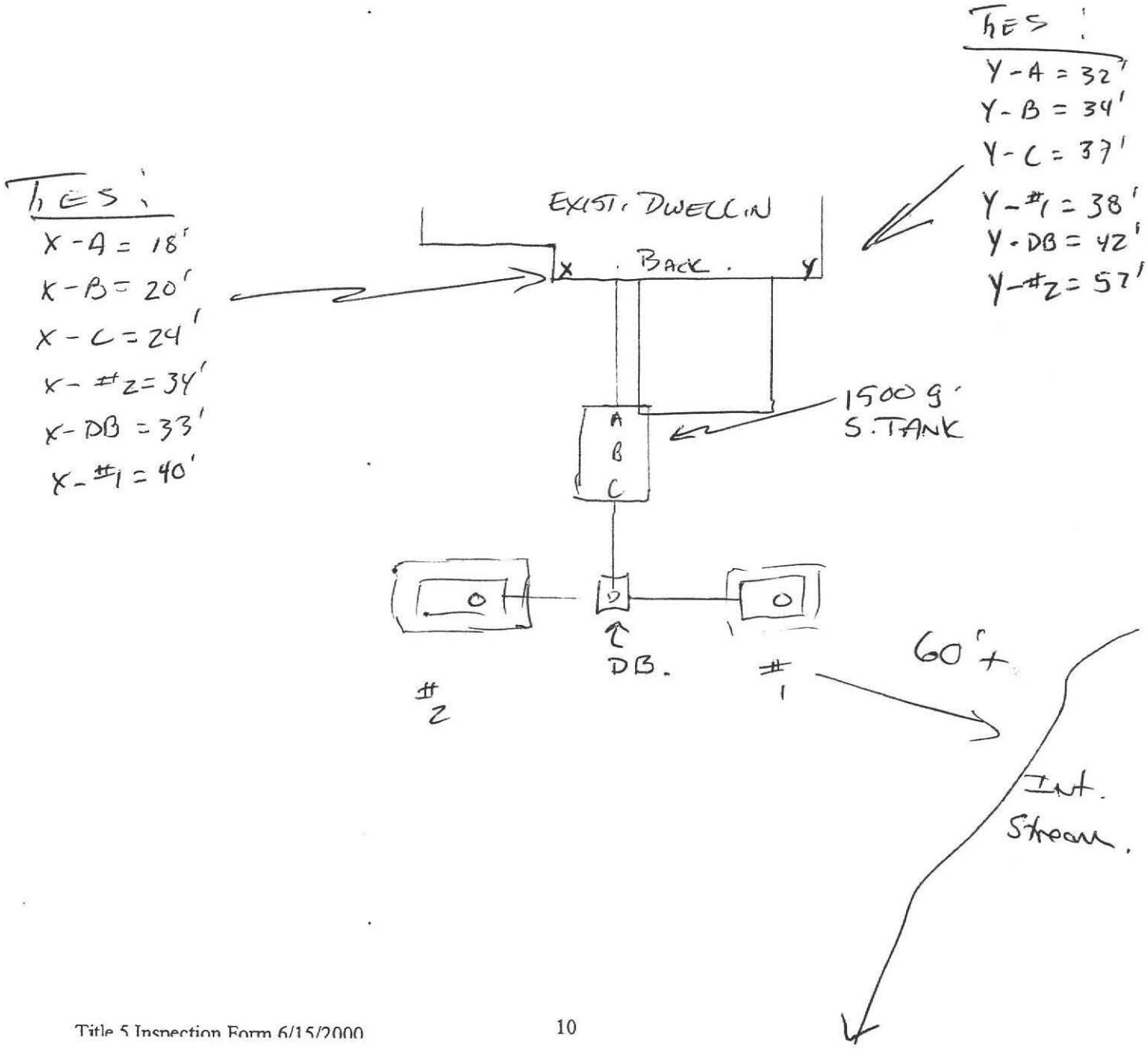
Property Address: 8 Foxglove

Owner:

Date of Inspection: 3/6/04

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 6 Foxglove

Owner: _____

Date of Inspection: 3/11/04

SITE EXAM

Slope
Surface water
Check cellar
Shallow wells

Estimated depth to ground water 6+ feet

Please indicate (check) all methods used to determine the high ground water elevation:

- ✓ Obtained from system design plans on record - If checked, date of design plan reviewed: _____
- ____ Observed site (abutting property/observation hole within 150 feet of SAS)
- ____ Checked with local Board of Health-explain: _____
- ____ Checked with local excavators, installers- (attach documentation)
- ____ Accessed USGS database-explain: _____

You **must** describe how you established the **high ground water elevation**:

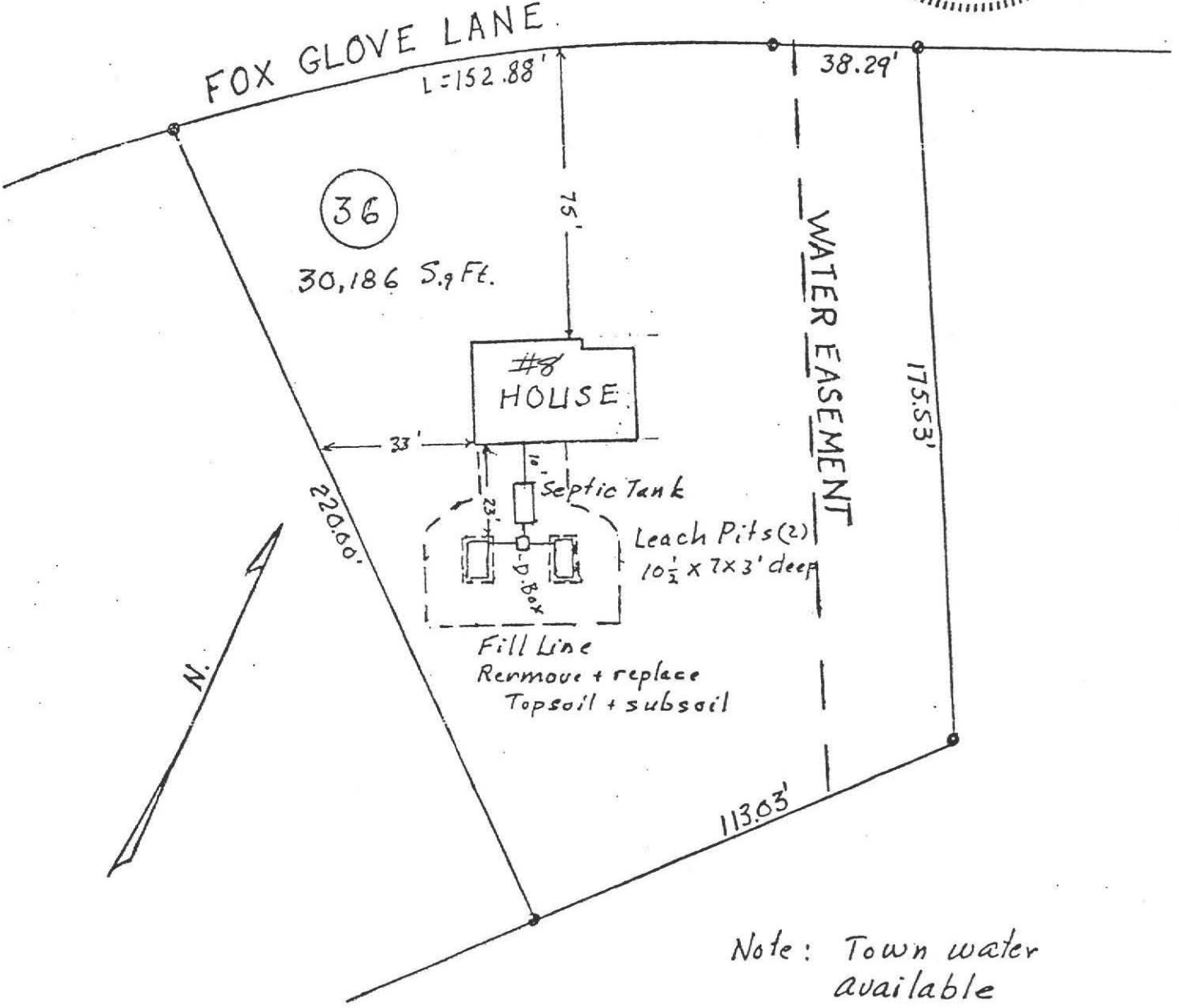
1984 records Fellos

PLAN SHOWING SEWAGE DISPOSAL

Nov. 1984

For: Mike Connors
58 No East St.
Amherst Mass
At: Amherst Woods Lot 36
Scale: 1" = 40'
By: Frederick Filios

COMMONWEALTH OF MASSACHUSETTS
FREDERICK J. FILIOS
REG. R.S.
688



Note: Town water available

PROFILE OF SEPTIC SYSTEM

MICHAEL W. CONNORS

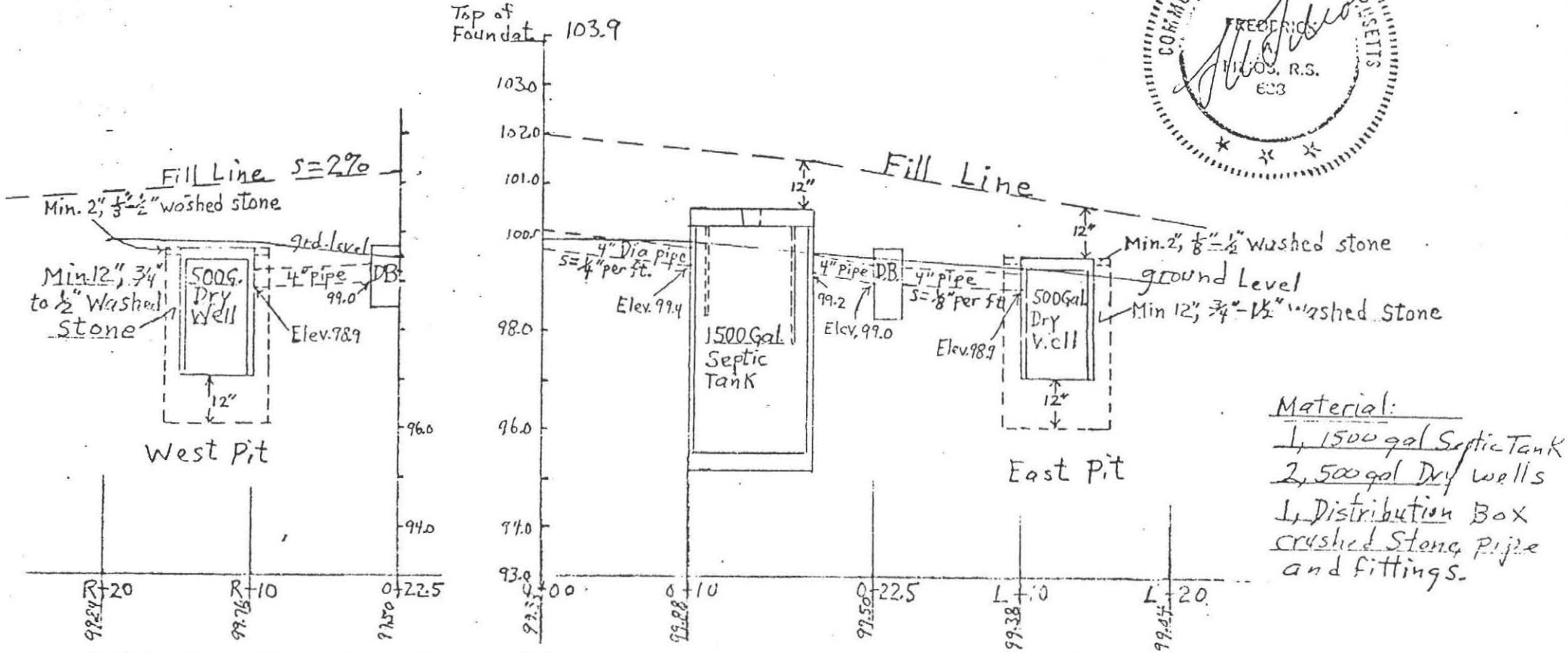
8 Fox Glove

~~58 North East~~ St, Amherst, Mass.

Site at Amherst Woods

BY: Frederick Filios, Nov. 1984

COMMONWEALTH OF MASSACHUSETTS
FREDERICK FILIOS
FILIOS, R.S.
6033



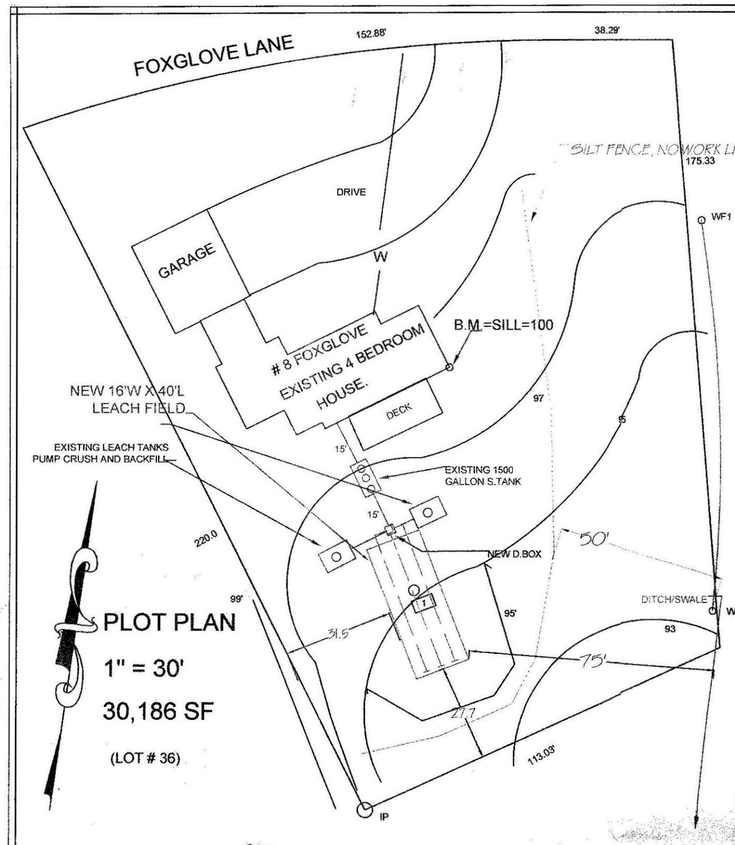
Material:
1, 1500 gal Septic Tank
2, 500 gal Dry wells
1, Distribution Box
crushed Stone, pipe and fittings.

SPECIFICATIONS

All material and construction will be in accordance with Comm. of Mass. D.E.Q.E. State Environmental Code Title 5.

CALCULATION

3 Bdrms @ 110 + Garbage Grinder = 495 Gal.
Perc. @ 4 minutes per inch
2 Pits 10.5'X3'X2' sides = 126 sq ft
2 pits 7'X3'X2 ends = 84 " "
@ 2 gals. per Sq. ft 210 X 2 = 420
2 Btm areas: 10.5'x7' = 73.5X2=147 X .85 = 127



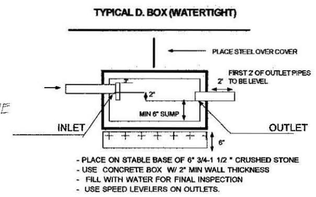
PLOT PLAN

1" = 30'

30,186 SF

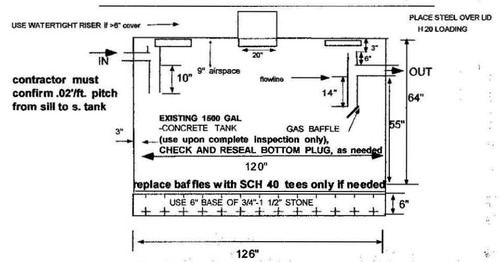
(LOT # 36)

TYPICAL D. BOX (WATERTIGHT)



- PLACE ON STABLE BASE OF 6" 3/4-1 1/2 " CRUSHED STONE
- USE CONCRETE BOX W/ 2" MIN WALL THICKNESS
- FILL WITH WATER FOR FINAL INSPECTION
- USE SPEED LEVELERS ON OUTLETS.

TYPICAL EXISTING 1500 GAL S. TANK OR EQUIV. (WATERTIGHT)



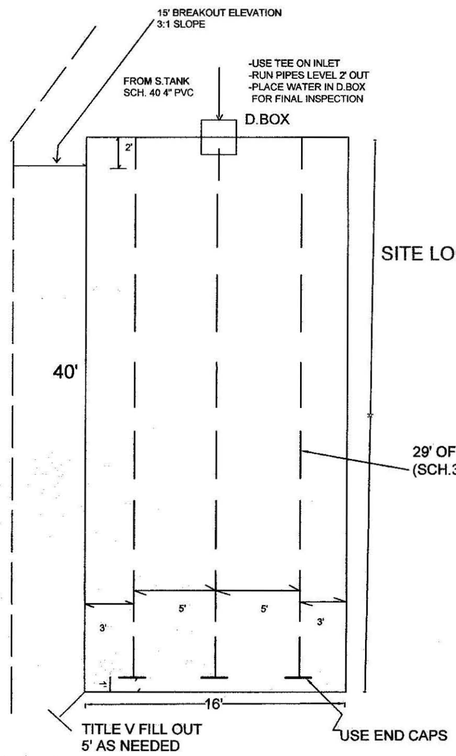
contractor must confirm .02'/ft. pitch from sill to s. tank

NOTE: - REPLACE SEPTIC TANK ONLY IF NEEDED.
- COMPLETELY UNCOVER TEE OPENINGS TO INSPECT TEES/BAFFLES AND INTEGRITY AT TIME OF SUBGRADE INSPECTION.

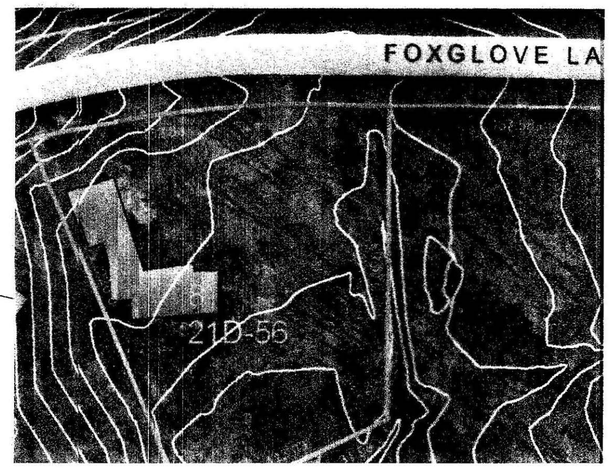
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
3. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 5 FEET OF LEACHFIELD.
4. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
5. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM.
6. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

LEACH FIELD DETAIL (NTS)



SITE LOCUS



29' OF 4" PREFORATED PVC PIPE
(SCH.35 MIN.)

DESIGN NOTES:

1. 4 BR X 110 GAL/PERSONS/DAY =440 GAL/DAY (4 bedroom design)
   -Use ONE Leachfield 16' wide x 40' LONG W/6" of .5 ' of DBL washed stone below invert.
   Bot. Area: 16' wide x 40' long =640SF.
   Side Area: N.A.
   Tot. Area: 640 sf x 0.74 gal/sf. = 474 GAL./DAY.
3. GARBAGE DISPOSAL NOT ALLOWED (must be removed if present)
4. ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2' ,
5. NO PRIVATE WELLS WITHIN 100 FEET OF SAS. (TOWN WATER NOTED, CONFIRMED LINE 10' AWAY)
6 NO **WETLANDS WITHIN 50 FEET OF SAS (SEE SWALE DELINEATION)**
7. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AREA NOT REQUIRED.
8. PUMP AND INSPECT **EXISTING 1500** GAL S. TANK (@ SUBGRADE INSP) USE TANK, ONLY IF COMPETENT
8A REPLACE W/ 1500 GAL S. TANK ONLY IF NEEDED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
9 . SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
10. 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 24" MIN. AS NEEDED.
    CLEAR TO BASE OF B (MIN. 24") UNDER BED PRIOR TO TITLE V SAND PLACEMENT (if needed).
11. SOIL EVALUATION BY A. WEISS , RS. 4/07/2004, (D. ZAROZINSKI, HEALTH AGENT).
12. DEPTH OF PERC. 40" BY A. Weiss 4/07/2004, D. ZAROZINSKI, HEALTH AGENT
13. PERC RATE = 4 MIN/IN, CLASS I SOIL RATING (L. SAND)
14. INSTALL/INSPECT SCH. 40 TEES/BAFFLES (10" INLET, 14" OUTLET), AS NEEDED IF EXISTING NOT GOOD.
15. PLACE SCH 40 TEES UNDER OPENINGS OF S. TANK W/ PROPER GAS BAFFLES IF NEEDED/POSS.
16. 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.
17. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
18 ENGINEER TO INSPECT SUBGRADE, PUMP CRUSH AND FILL OLD L. TANKS.
19. T.B.M1. 100.00 AT SILL, CONFIRM PROPER PIPE SLOPES
    USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
20. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
21. USE LEACHING BED INSTEAD OF TRENCHES DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
22. INSTALLER MUST CALL DIGSAFE AND WATER DEPT (IF APPLIC.) IN ACCORDANCE WITH REGULATIONS

TEST PIT LOG

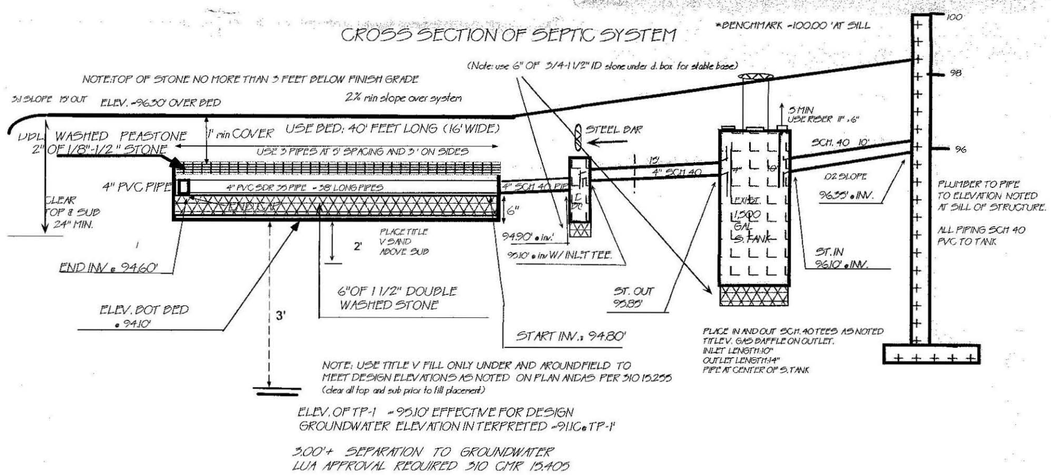
TP-1 (EFF. EL/ 95.10')

0-18"	A + Bw Mix: FRIABLE LOOSE FSL (10 YR 4/3)	"
18-60"	C1: FINE TO MED. SAND, MOD. LOOSE (2.5 Y 4/3)	"
60-126""	C2 : FINE SANDY LOAM (SOME SILT) MOD FIRM (2.5 Y 4/2)	"

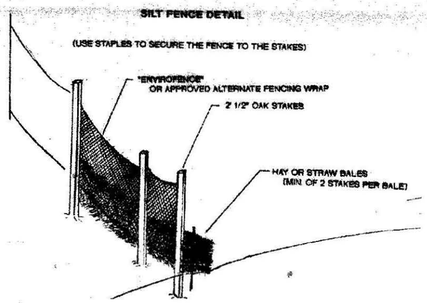
OXIDES : @ 48" (2.5 Y 4/1)
ESHWT: ASSUMED @ 48"+ IN TP-1 . FOR DESIGN, 8'+ SEPARATION PROVIDED) =91.10'= ESHWT

NOT OIBS"	STANDING H20
NOT OIBS"	WEEPING FROM FACE
126"+	BEDROCK

CROSS SECTION OF SEPTIC SYSTEM



SILT FENCE DETAIL



WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:

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

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

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

NOTE FOR HOMEOWNER: MOUNDS where used ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE OF EFFLUENT FILTRATION FROM THE BOTTOM OF THE FIELD TO THE ESTIMATED HIGH\ GROUNDWATER THE "SEPARATION" FROM BOTTOM OF FIELD TO HIGH GROUNDWATER (3,4 OR 5 FEET) IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION".

ATTENTION INSTALLER!!

CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE, AND CABLE TV UTILITY LINES BE MADE *MINIMUM* OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.
BELCHERTOWN, MA
(PH: 413-323-5957) (EMAIL: AEWEISS@CHARTER.NET)

SEPTIC SYSTEM DESIGN FOR HILDA BUSTAMANTE
8 FOXGLOVE LANE
AMHERST, MA.

DATE: 4/12/04	DRAWN BY: A.E. WEISS	REVISED:
SCALE: 1" = 30'		DRAWING NUMBER: 104-1905-0310

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG #6631
REGISTERED SANITARIAN