

26 582
9812
FOXGLOVE X101

CONTACT R.
MAORWITZ
DEHUMIDIFIER

Edmund, Smith

From: Richard M. Madowitz [rmm@hpmgnoho.com]
Sent: Thursday, May 26, 2011 9:31 AM
To: 'Alan Weiss'
Cc: Edmund, Smith
Subject: RE: Septic Inspectin, 26 Foxglove

Alan - Thank you for handling the Title 5 work at 26 Foxglove Lane. Look forward to working with you on a project in the near future.

Ed - I have forwarded the \$200 inspection fee to your office yesterday and would appreciate you forwarding an invoice for my records to Rich Madowitz, PO Box 686, Northampton, MA 01061 or via fax at 582-9973 Attn: Rich - thank you!

Regards,
Rich

From: Alan Weiss [mailto:aeweiss@charter.net]
Sent: Thursday, May 26, 2011 6:27 AM
To: rmm@hpmgnoho.com
Cc: 'Edmund, Smith'
Subject: Septic Inspectin, 26 Foxglove

Greetings Richard,

Here is the septic Report that you requested. Please note that the Dehumidifier was unplugged as it must be disconnected from the sewer and is not allowed to discharge into the septic pipe or laundry sink. You must also send the Board of Health the \$ 200.00 Town fee.

Thank You,

Alan
Cold Spring Environmental Consultants Inc.

www.coldspringenvironmental.com

Property	Account	Invoice	Description	Amount
fox	6385	05/11	26 Foxglove	200.00
				<hr/>
				200.00

Ed,
Thank you for your
assistance on Foxglove
Lane.

Resards,
Rick

could you please fax
an invoice over
to 582-9973
ATTN: Rick so I have
a record for tax
reporting purposes.
Thank you,
Rick

App. - 9399
Batch - 6087

June 2011 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: June 3, 2011

TO Richard Madowitz
64 Lindenridge Road
Amherst, MA 01002

RE: Invoice for Septic Title V witness for 26 Foxglove, Amherst, MA

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness	\$ 200.00	\$ 200.00
	Rec'd today your check #8042 for \$200.00		
	this invoice is paid in full/thank you		

SUBTOTAL	\$ 200.00
SALES TAX	
TOTAL	\$ 200.00

*For Deposit Only
Town of Amherst*



* * * Communication Result Report (Jun. 3. 2011 1:03PM) * * *

1) Amherst Public Health
2)

Date/Time: Jun. 3. 2011 1:02PM

File No.	Mode	Destination	Page(s)	Result	Page Not Sent
1161	Memory TX	914135829973	P. 2	OK	

Reason for error
 1) Hang up or line fall
 2) No answer
 3) Exceeded max. E-mail size

1) Busy
 2) No facsimile connection

FAX

Date: 06/03/11
 Number of pages including cover sheet:

TO	Richard Madovitz
Phone	413-267-3788
Fax Phone	413-267-3788

FROM	Edward Smith Amherst Health Department Budget Coordination Center 70 Ashwood Trail Amherst, MA 01001
Phone	(413) 268-3152
Fax Phone	(413) 268-3401
Email	ed@amherstma.gov

REMARKS: Urgent For your review Reply/Action Please Confirm!

There's an image for this Title V Report Inspection Within See Thank you- Ed

PERMITS/INSP PAYMENT RECPT#: 11115937
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 06/06/11 TIME: 11:50
CLERK: publichea DEPT:

PAID BY: Richard Matowitz
PAYMENT METH: CHECK 8042

REFERENCE: 9399

AMT TENDERED: 200.00
AMT APPLIED: 200.00
CHANGE: .00

SITE ADDRESS: 26 Foxglove Lane

FEES:
HEA058 200.00

TOTAL PAID: 200.00



Commonwealth of Massachusetts
Title 5 Official Inspection Form
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

26 Foxglove Lane
 Property Address
 Richard Madowitz (C/O Ellen Stutsman, Prudential Sawicki Real Estate, 35 Univ. Dr., Amherst, MA)
 Owner's Name
 Amherst MA 01002 03.14.2008
 City/Town State Zip Code Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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



A. General Information

1. Inspector:
 Alan E. Weiss
 Name of Inspector
 Cold Spring Environmental Consultants Inc.
 Company Name
 350 Old Enfield Road
 Company Address
 Belchertown MA 01007
 City/Town State Zip Code
 413.323.5957
 Telephone Number License Number

B. Certification

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 Fails
 Needs Further Evaluation by the Local Approving Authority


 Inspector's Signature 03.14.2008

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.

******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 or different conditions of use.**





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B. Certification (cont.)

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

A) System Passes:

- 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:

Septic Tank condition was ok, however deep. Leaching tank was full (standing liquid above top). Recommend perc test and newly designed septic system. Garbage Grinder is not Recommended.
 * (to be removed with Dehumidifier tubing)

B) System Conditionally Passes:

- 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



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03.14.2008

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B. Certification (cont.)

B) System Conditionally Passes (cont.):

- [] 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:

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

- [] 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.





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B. Certification (cont.)

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

- 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 indicates absent 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:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- Yes No Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow
Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped:
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.



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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

- | Yes | No | |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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 fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.] |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.



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C. Checklist

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

- | Yes | No | |
|---|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? |
| <p>The size and location of the Soil Absorption System (SAS) on the site has been determined based on:</p> | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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(5)] |



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D. System Information

Residential Flow Conditions:

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): 330

Number of current residents: 4

Does residence have a garbage grinder? to be removed Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required] Yes No

Laundry system inspected? Yes No

Seasonal use? Yes No

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump? Yes No

Last date of occupancy: current
Date

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): N/A
Gallons per day (gpd)

Basis of design flow (seats/persons/sq. ft., etc.): N/A

Grease trap present? Yes No

Industrial waste holding tank present? Yes No

Non-sanitary waste discharged to the Title 5 system? Yes No

Water meter readings, if available: N/A

Last date of occupancy/use: N/A
Date

Other (describe): N/A



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D. System Information (cont.)

General Information

Pumping Records:

Source of information: 3 years

Was system pumped as part of the inspection? Yes No

If yes, volume pumped: 1500
gallons

How was quantity pumped determined? meas.

Reason for pumping: T-5

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:

24+/- Years

Were sewage odors detected when arriving at the site? Yes No



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Owner's Name

Amherst MA 01002 03.14.2008
City/Town State Zip Code Date of Inspection

D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: 2.0+ feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line: 10' feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Septic Tank (locate on site plan):

Depth below grade: 1.0 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: 10.5'X4.5'X4.0'

Sludge depth: 2"

Distance from top of sludge to bottom of outlet tee or baffle 45"

Scum thickness 2"

Distance from top of scum to top of outlet tee or baffle 6"

Distance from bottom of scum to bottom of outlet tee or baffle 12"

How were dimensions determined? --(Meas.)



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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tank level and structure ok, baffles built in. Pumped by Karis

Grease Trap (locate on site plan):

Depth below grade:

N/A
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

N/A

Scum thickness

N/A

Distance from top of scum to top of outlet tee or baffle

N/A

Distance from bottom of scum to bottom of outlet tee or baffle

N/A

Date of last pumping:

N/A
Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

N/A

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

N/A

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

N/A



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D. System Information (cont.)

Tight or Holding Tank (cont.)

Dimensions:

N/A

Capacity:

N/A

gallons

Design Flow:

N/A

gallons per day

Alarm present:

Yes No

Alarm level:

N/A

Alarm in working order:

Yes No

Date of last pumping:

N/A

Date

Comments (condition of alarm and float switches, etc.):

N/A

* Attach copy of current pumping contract (required). Is copy attached?

Yes No

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

N/A

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.):

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No



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D. System Information (cont.)

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: 1 @ 5'w x 10'l x 60" d
- 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.):

Tank over Full of standing liquid in stone in Chamber)





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D. System Information (cont.)

Cesspools (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 No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

N/A

PLAN SHOWING SEWAGE DISPOSAL

For: Tim Tomlinson (Contractor)

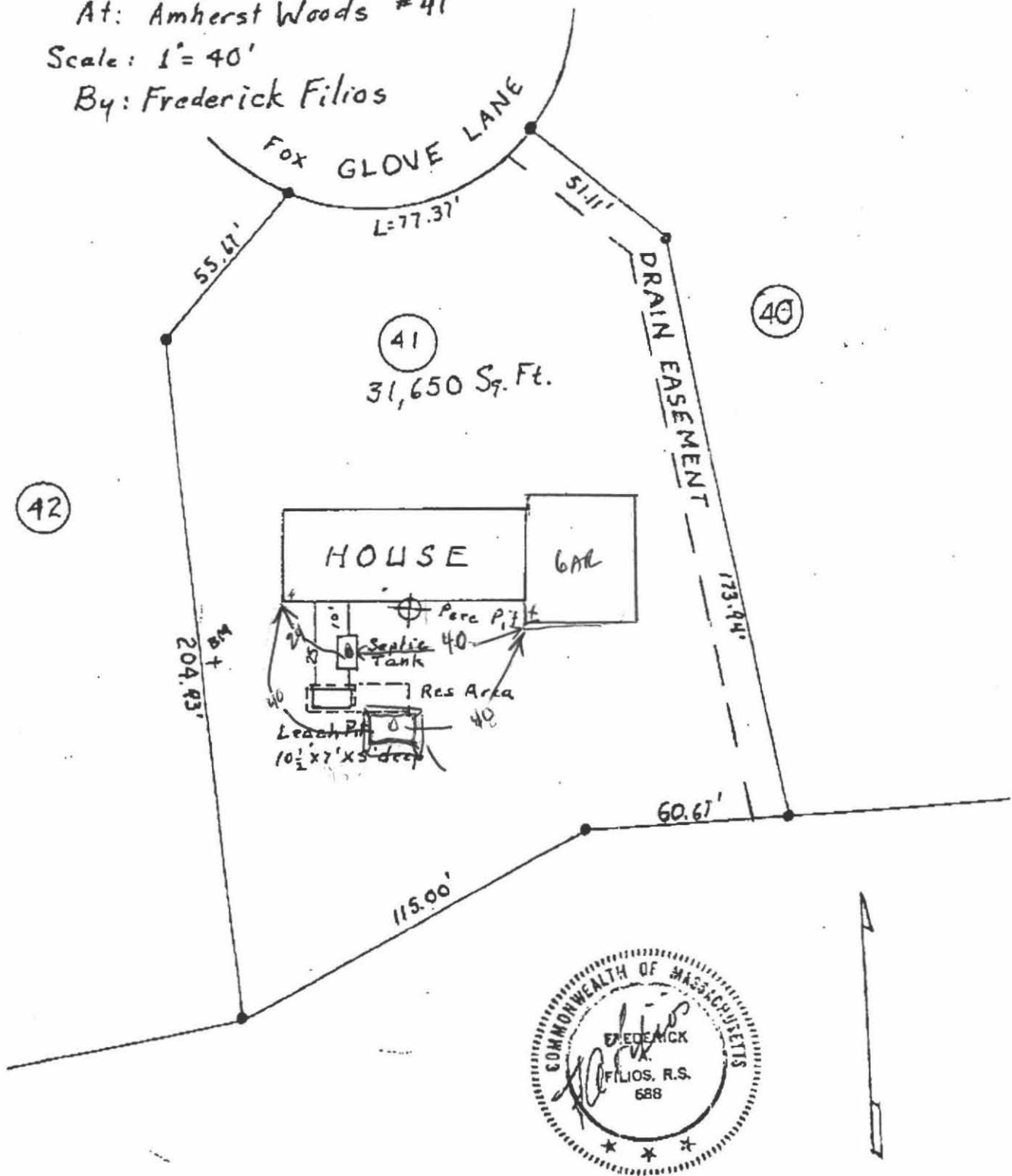
Shay St. Amherst Ma.

At: Amherst Woods #41

Scale: 1" = 40'

By: Frederick Filios

Nov. 1984

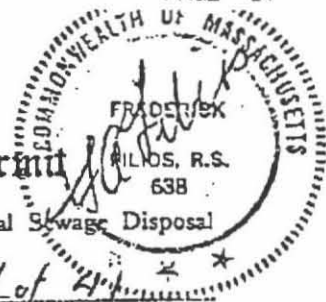


THE COMMONWEALTH OF MASSACHUSETTS

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:

Fox Glave Lane

Amherst Woods Lot 41

Tim Tomlinson
Location: Address
Owner

Shay St Amherst Mass
Address

Installer

Address
Size Lot 31,650 Sq. feet

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

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

Other fixtures
Sign Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity/000 gallons Length Width Diameter Depth

Disposal Trench — No. Width Total Length Total leaching area 175 sq. ft.

epage Pit No. 1 Diameter 10.5 X 7 Depth below inlet 5 Total leaching area 75.5 sq. ft.

er Distribution box (→) Dosing tank ()

colation Test Results Performed by Frederick Filios Date June 1984

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10.8" Depth to ground water none

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

Sides Bottom

Description of Soil Enclosed

Structure of Repairs or Alterations — Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with 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 _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

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

Installer

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.

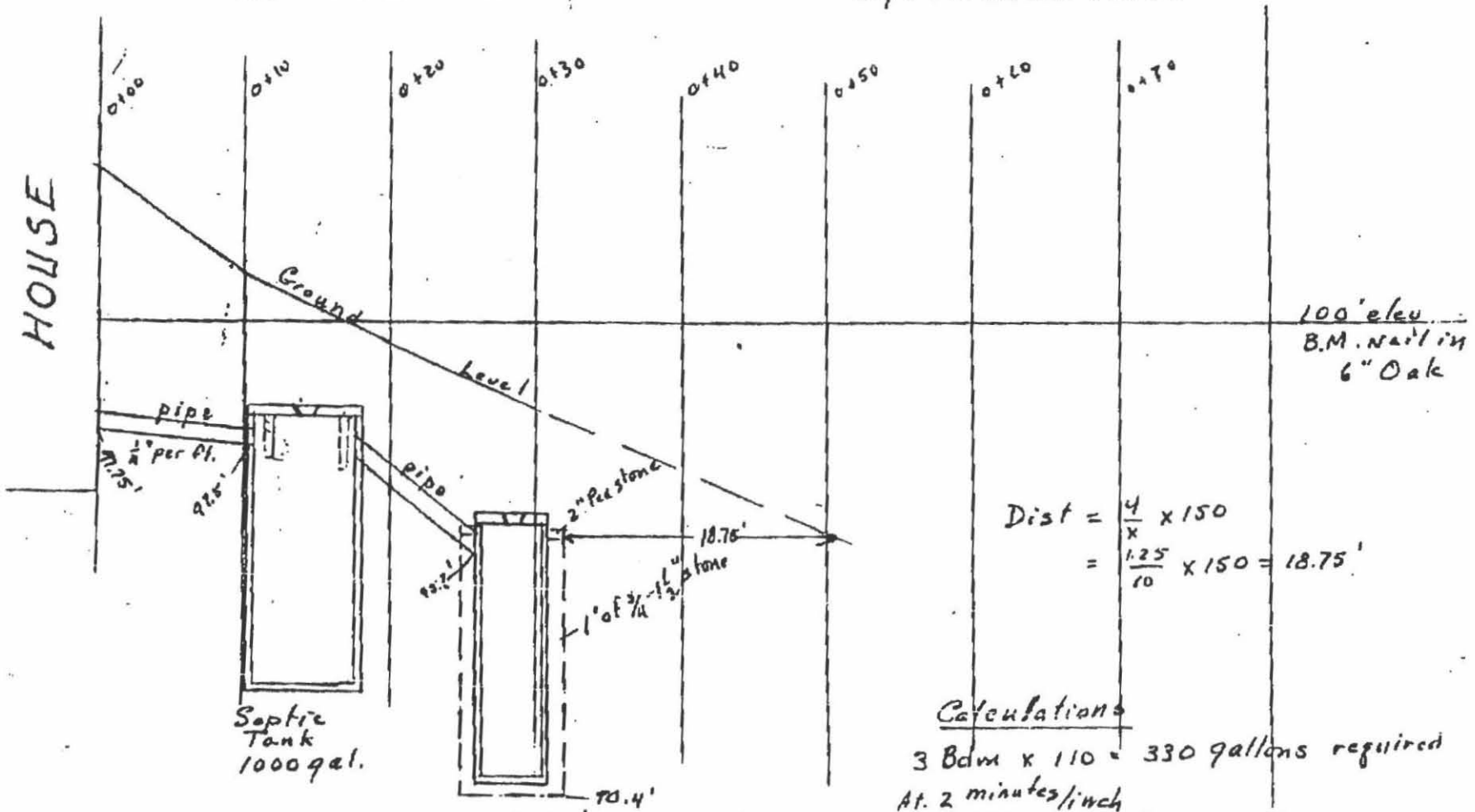
DATE _____ Inspector _____

THE COMMONWEALTH OF MASSACHUSETTS

PROFILE OF SEPTIC SYSTEM

For: Tim Tomlinson
 Shay St Amh. Mass.
 AT: Amherst Woods Lot #41

Scale: Horizontal; 1"=10'
 Vertical; 1"=3'
 By: Frederick Filios



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 gallons required
 At 2 minutes/inch
 Sides 2.5 gal. per sq. ft.
 Bottom 1.0 " " " "
 Actual sides: $10.5 \times 5 \times 2 = 105 \text{ Sq. Ft.}$
 $7 \times 5 \times 2 = 70 \text{ " "}$
 $\frac{175}{175} \times 2.5 = 437.5 \text{ gallons}$
 Bottom: $10.5 \times 7 = 73.5 \times 1.0 = 73.5 \text{ "}$
 Total 511.0 gallons



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

26 Foxglove Lane

Property Address

Richard Madowitz (C/O Ellen Stutsman, Prudential Sawicki Real Estate, 35 Univ. Dr., Amherst, MA)

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.14.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

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.



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

26 Foxglove Lane

Property Address

Richard Madowitz (C/O Ellen Stutsman, Prudential Sawicki Real Estate, 35 Univ. Dr., Amherst, MA)

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

03.14.2008

Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water:

8'+ Work in area
feet

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

Obtained from system design plans on record

If checked, date of design plan reviewed:

N/A per town records and topo
Date

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:

Interpreted from depth of L. chamber and adjacent topo and records in immediate area of SAS. To be confirmed at re-evaluation (stone of bottom of I. Gallery is 4+ feet below grade).



L. Tank
26 Foxglove Lane, Amherst
03.14.2008

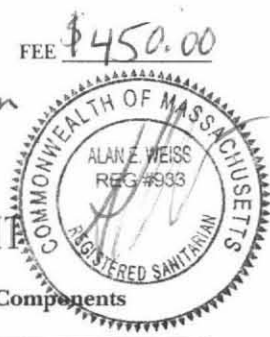
No. _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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



Location	<u>26 Foxglove Ln</u>	Owner's Name	<u>Karen Helfer</u>
Map/Parcel#	<u>210/48</u>	Address	<u>26 Foxglove Ln</u>
Lot#	<u>48</u>	Telephone#	<u>256-3472</u>
* Installer's Name		Designer's Name	<u>Alan Weiss RS.</u>
Address		Address	<u>Belchertown</u>
Telephone#		Telephone#	<u>413-323-5957</u>

Type of Building Residence Lot Size 31,694 ± sq. ft.
 Dwelling - No. of Bedrooms 4 Bedrooms Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 517 gpd
 Plan: Date 3/21/08 Number of sheets _____ Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class I (C.Sand)
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 3/20/08

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New Leach Tank System. Re-use existing S. Tank if sound.

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 _____ Date 3/31/08

Inspections _____

No. 08-05

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 (x), Upgraded (), Abandoned ()

by: _____ at 26 FOXGLOVE LANE

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. 08-05, dated 05-30-08. Approved Design Flow 440 (gpd)

Installer RIVERDRIVE EXCAVATING SIMON, GWANNE
Designer: ALAN WEISS Inspector: Ellen Boland Date: 05-30-08

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

No. 08-05

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (x) Upgrade () Abandon () an individual sewage disposal system at 26 Foxglove Lane as described in the application for Disposal System Construction Permit No. 08-05, dated 3-21-08.

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

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA Date 04-22-08 Board of Health Ellen Boland Sanitarian DC, MPH, RS Town of Amherst

ALAN E. WEISS, M.S., R.S., L.S.P.
Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

50 Old Enfield Rd.
Belchertown, MA 01007
413) 323-5957 & 323-4916 (FAX)
aweiss@charter.net

Date: 3-20-08

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: E. Bolink + T. Dron

Date: 3-20-08

Location Address or Lot # <u>26 Foxglove</u>	Owner's Name, Address, and Telephone # <u>Karen Helfer 26 Foxglove Amherst MA.</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 References Reviewed: _____



Location Address or Lot No. 26 Fox glade

On-site Review

Deep Hole Number 172 Date: 12/3/ Time: 9:00 Weather CLOUDS 40

Location (identify on site plan) _____

Land Use Rural Res Slope (%) 2 Surface Stones Not obs

Vegetation grass

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100+ feet Drainage way 25+ feet
 Possible Wet Area 100+ feet Property Line 20' 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)
0-10" 10"-22" 22"-144"	A Bw C ₁	FSC LS S+G	10YR 3/3 10YR 4/6 10YR 5/4	Not obs	frable frable, LOOSE Coarse Sand + gravel, LOOSE
0-9" 9"-24" 24"-144"	A Bw C ₁	FSC LS S+G	10YR 3/3 10YR 4/6 10YR 5/4	Not obs.	frable frable Coarse Sand + gravel LOOSE,

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash Sand Depth to Bedrock: 144"
 Depth to Groundwater: Standing Water in the Hole: Not Weeping from Pit Face: Not
 Estimated Seasonal High Ground Water: 144'+



Location Address or Lot No. 26 Fox glave

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

Percolation Test*		
Date: <u>3/20/08</u>		Time: <u>9:00</u>
Observation Hole #	<u>P1 @ DH #2</u>	
Depth of Perc	<u>43'</u>	
Start Pre-soak	<u>9:10</u>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="text-align: center; margin-right: 10px;">↓</div> <div style="text-align: center; margin-right: 10px;">↓</div> <div style="text-align: center; margin-right: 10px;">↓</div> <div style="text-align: center; margin-right: 10px;">↓</div> <div style="text-align: center; margin-right: 10px;">↓</div> <div style="text-align: center; margin-right: 10px;">↓</div> <div style="text-align: center; margin-right: 10px;">↓</div> <div style="text-align: center; margin-right: 10px;">↓</div> </div> <div style="text-align: center; font-size: 2em; font-weight: bold;">Repair</div>
End Pre-soak	<u>9:18</u>	
Time at 12"	<u>9:18</u>	
Time at 9"	<u>9:19</u>	
Time at 6"	<u>9:20</u>	
Time (9"-6")	<u><2</u>	
Rate Min./Inch	<u><2</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: Elled Bokina + Tom

Comments: _____



Location Address or Lot No. 26 Foxglove

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 144" 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

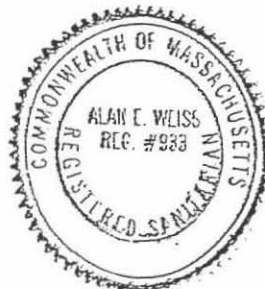
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes

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 [Signature] Date 3/20/05





**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

- 2IE Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

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

March 26, 2008

Amherst Conservation Commission
Town Hall
Amherst, Massachusetts 01002

COPY

**RE:(Map 21D , Lot 48) 26 Foxglove Lane
Request for Determination, CSEC Proj., No. 2933-0314**

Dear Sir/Madam

Enclosed please find the **Septic Repair Plan** for the *Repair of the subsurface Disposal System* for the above mentioned property. The existing system is to be replaced. **The no work line (80 feet)** is to be delineated using properly buried (6"), staked silt fence with straw bale backing (Or equivalent). All above noted locations are referenced on the Figure 1: Site Locus Map and Figure 2: Site Construction Plan, attached.

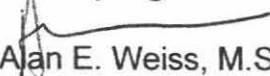
The Health Department has been contacted for proper septic permits. Wetland delineation was based on our own observation of typical hydrophytic species, topography and hydrology observed in the field and in the presence of the agent for the Board of Health. The plan intention is to utilize the best part of the property with the least disturbance of the resource area.

Mitigative measures include a silt fence that establishes a no work zone (80') as well as follow-up mulching and seeding of wetland buffer & frontyard margins. The leachfield meets the minimum (310 CMR 15.00) setback of **>50 feet (90+ feet noted)**. The work area in the buffer zone would be limited to less than **500 square feet**. Only fill and regrading and resultant covering, seeding and mulching will occur in the buffer zone as noted.

Please note that because of the "limited impact" near this area, our experience with most similar situations is that this type of repair work can be properly completed as shown with the noted mitigative measures followed as contingencies. The attached plan and form has been filed with the WRO-DEP. Please notify us at your earliest convenience of your next hearing date and time with sufficient time for abutter notices and a legal add as needed.

Sincerely,

Cold Spring Environmental Consultants, Inc.


Alan E. Weiss, M.S.
Principal Hydrogeologist
Registered Sanitarian Lic. #933



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

COPY

A. General Information

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



1. Applicant:

Karen Helfer		
Name	E-Mail Address (if applicable)	
26 Foxglove Lane		
Mailing Address		
Amherst	MA	01002
City/Town	State	Zip Code
413.256.3472		
Phone Number	Fax Number (if applicable)	

2. Representative (if any):

Cold Spring Environmental, Inc.		
Firm		
Alan E. Weiss, M.S.	aweiss@charter.net	
Contact Name	E-Mail Address (if applicable)	
350 Old Enfield Road		
Mailing Address		
Belchertown	MA	01007
City/Town	State	Zip Code
413-323-5957	413-323-4916	
Phone Number	Fax Number (if applicable)	

B. Determinations

1. I request the Amherst Conservation Commission make the following determination(s). Check any that apply:

- a. whether the **area** depicted on plan(s) and/or map(s) referenced below is an area subject to jurisdiction of the Wetlands Protection Act.
- b. whether the **boundaries** of resource area(s) depicted on plan(s) and/or map(s) referenced below are accurately delineated.
- c. whether the **work** depicted on plan(s) referenced below is subject to the Wetlands Protection Act.
- d. whether the area and/or work depicted on plan(s) referenced below is subject to the jurisdiction of any **municipal wetlands ordinance** or **bylaw** of:

Amherst
Name of Municipality

- e. whether the following **scope of alternatives** is adequate for work in the Riverfront Area as depicted on referenced plan(s).

N/A (Septic Repair)



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

C. Project Description

1. a. Project Location (use maps and plans to identify the location of the area subject to this request):

26 Foxglove Lane	AMHERST
Street Address	City/Town
21 D	Lot 48
Assessors Map/Plat Number	Parcel/Lot Number

b. Area Description (use additional paper, if necessary):

The area consists of work conducted for the repair of a septic system Almost All work is beyond 100 foot, but 1/2 is slightly within the 100 foot buffer zone of the Intermittent Stream). The total area is <500 SF, The plan follows the attached plan also submitted to the Board of Health.

c. Plan and/or Map Reference(s):

Septic System Repair Plan.	3/21/08
Title	Date

2. a. Work Description (use additional paper and/or provide plan(s) of work, if necessary):

Minimal regrading or change in elevation is required as noted. No other changes in the Buffer zone. No tree cutting is required for the work area. Work areas will be completed with seeding and mulching. The limit of work/silt fence is noted as 80+ foot at its closest.

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

See above.



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

C. Project Description (cont.)

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

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

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

N/A



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

D. Signatures and Submittal Requirements

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

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


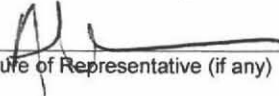
Failure by the applicant to send copies in a timely manner may result in dismissal of the Request for Determination of Applicability.

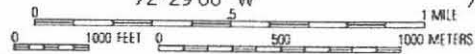
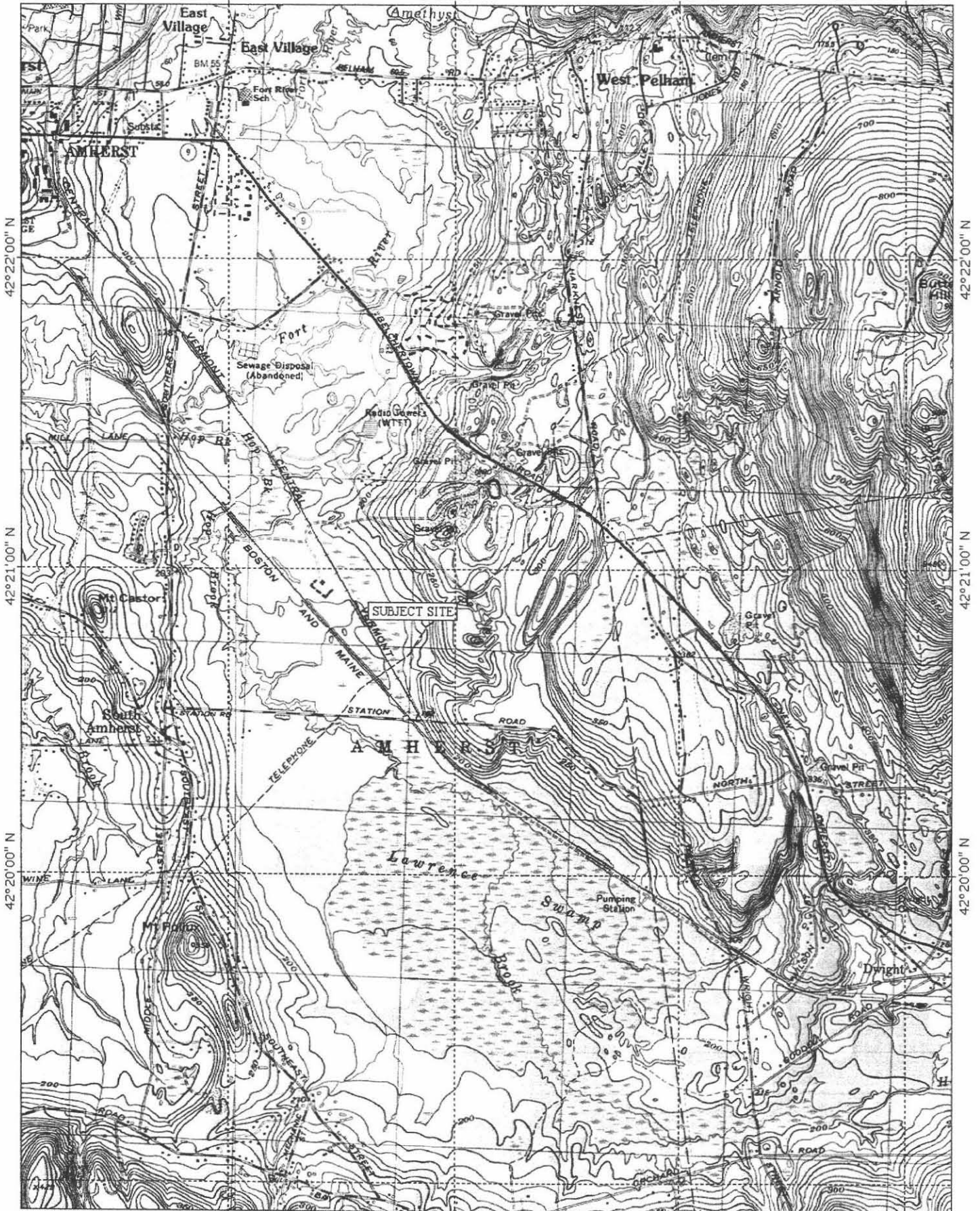
Name and address of the property owner:

Karen Helfer
Name
26 Foxglove Lane
Mailing Address
Amherst
City/Town
MA 01002
State Zip Code

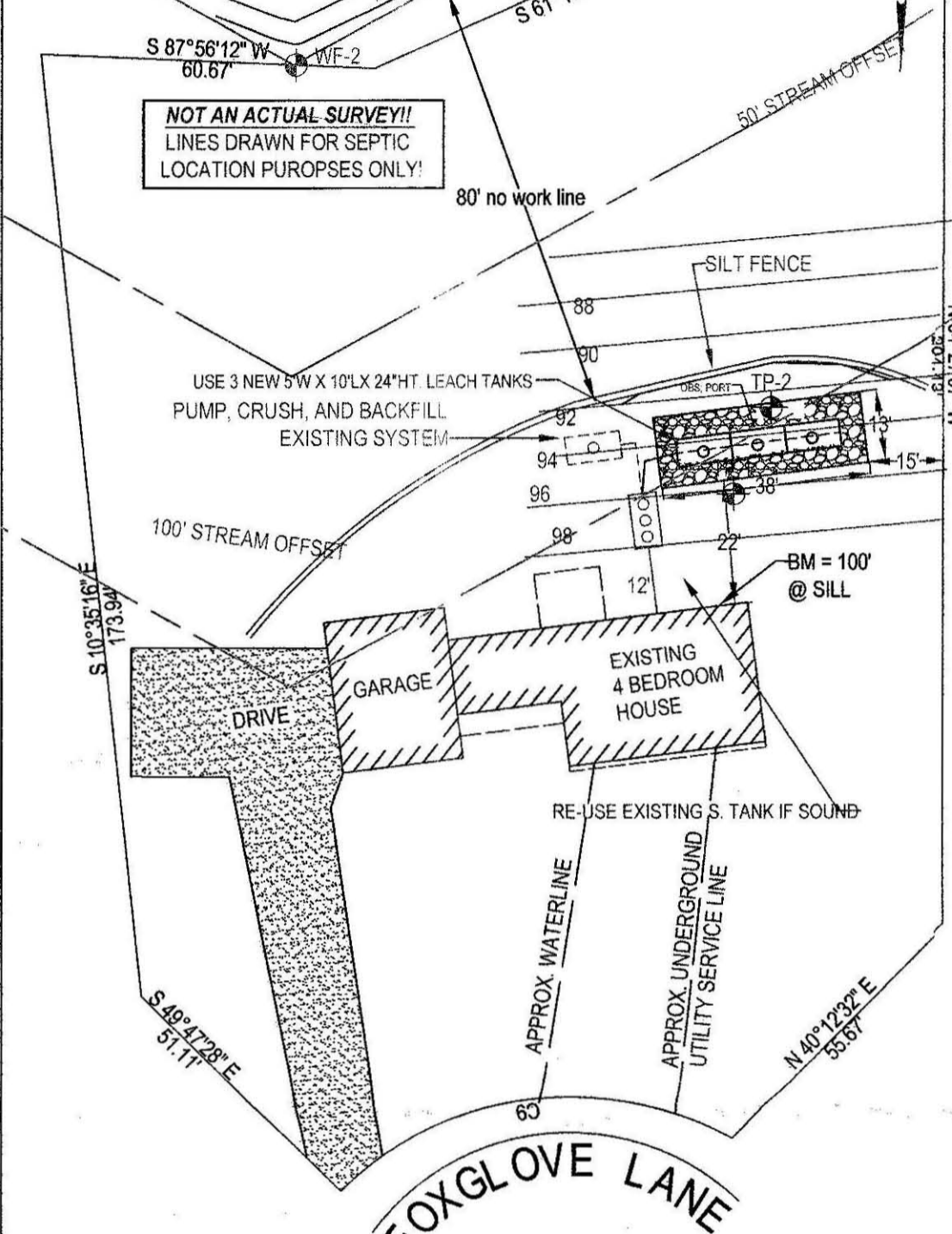
Signatures:

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


Signature of Applicant 3. 28 .2008
Date

Signature of Representative (if any) 3. .2008
Date

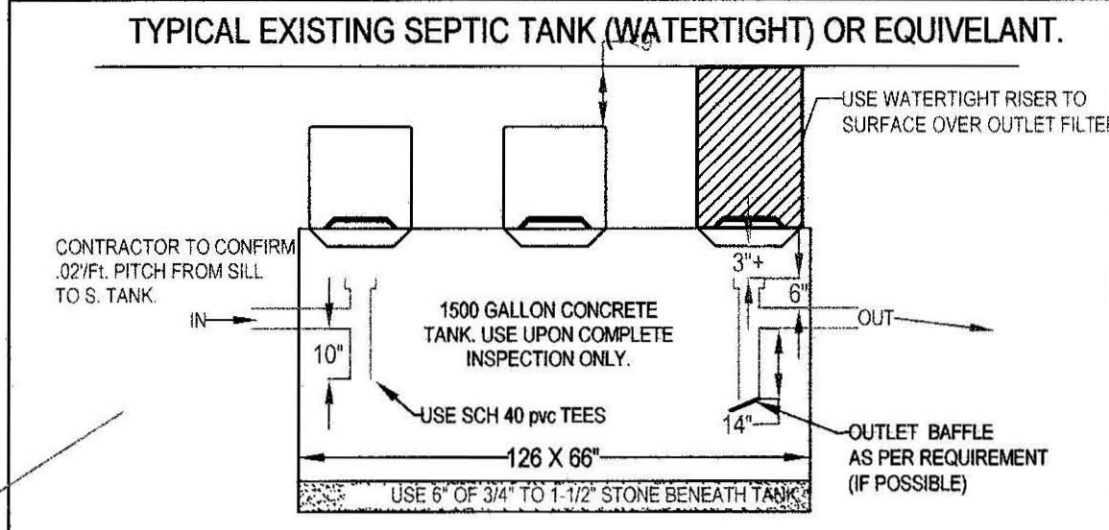


PLOT PLAN
MAP 21D LOT 48
SCALE: 1"=30'
31,694± Sq. Ft.
0.727± Ac.



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 T.V. UTILITY LINES BE MADE A **MINIMUM** OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 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.

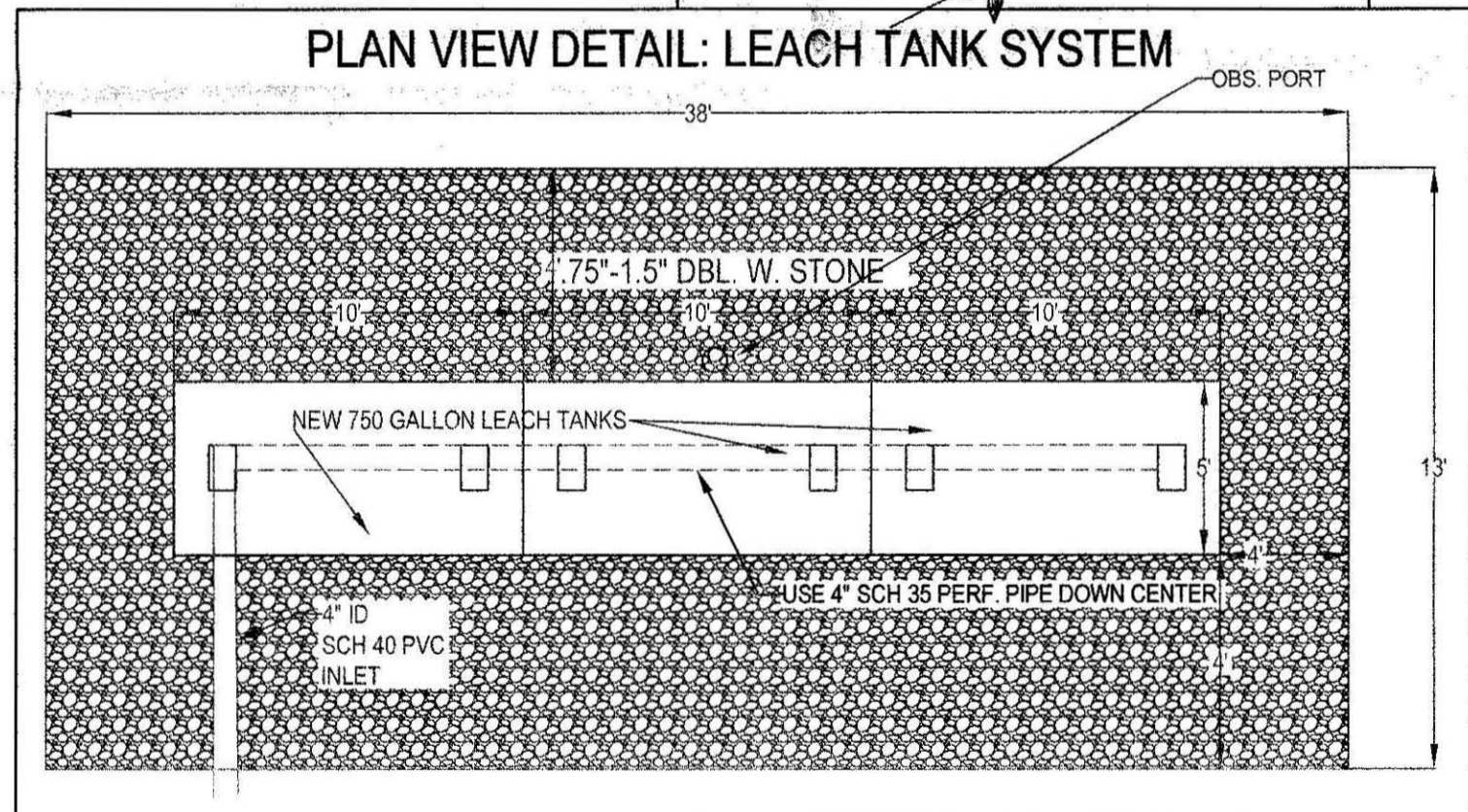
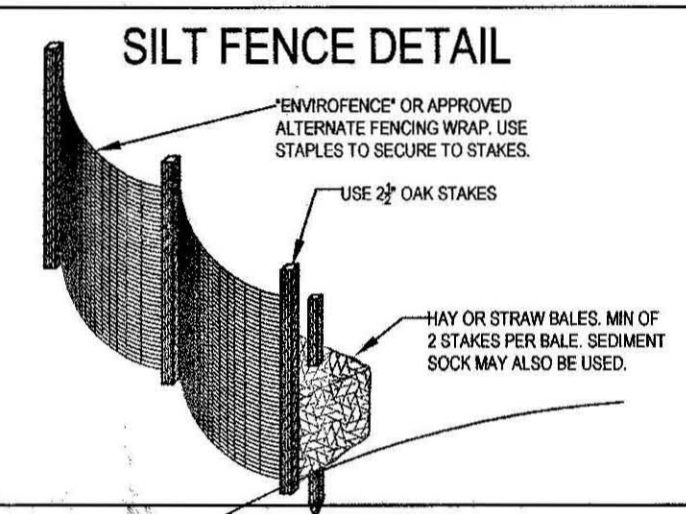
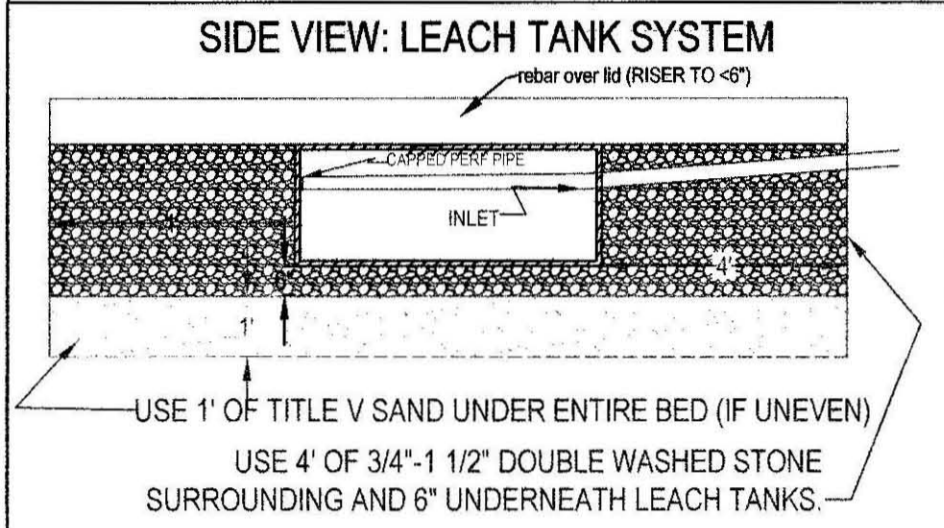


GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- 1.) HAVE TANK PUMPED EVERY 2 YEARS.
- 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- 3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.
- 5.) CLEAN TANK OUTLET FILTER ANNUALLY IF PRESENT

WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:
 NOTE: All fabric silt fence to be backed with Virgin Straw Bales 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 BARRIER TO BE ERRECTED IN A STABLE AND LASTING MANNER 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 GROUND COVER 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.



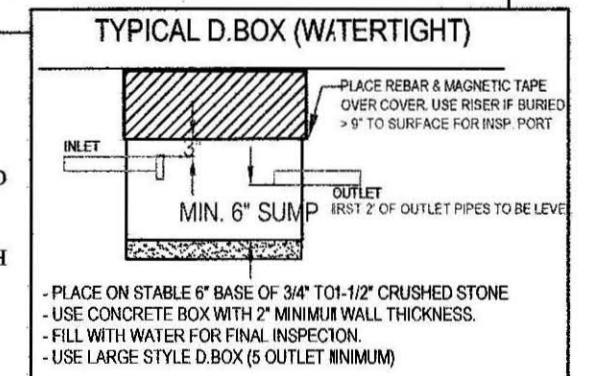
USING EXISTING SEPTIC TANKS:
 AN EXISTING 1,000 or 1,500 GALLON SEPTIC TANK CAN BE USED IF UPON INSPECTION BY THE INSTALLING CONTRACTOR, IF THE TANK IS INSPECTED AND PUMPED AND FOUND TO BE STRUCTURALLY SOUND AT THE TIME OF THE SUBGRADE INSPECTION. IF BAFFLES ARE NOT BUILT IN, THAN SCH 40 PVC TEES MUST BE ADDED. IF TANK IS NOT SOUND THAN, NOTIFY ENGINEER IMMEDIATELY IN ORDER TO ACCOMMODATE A NEW 1,500 GALLON (MIN.) SEPTIC TANK.

2006 SEPTIC PLAN ADDENDUM

DUE TO LATE REGULATION CHANGES 4-22-2006
ALL NEW SYSTEMS MUST:

- 1.) INSTALL PVC RISERS OVER D. BOX'S BURIED DEEPER THAN 9" AND PLACE IRON REBAR ON TOP.
- 2.) HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH SCREW RISER TO 3" OF SURFACE, MARKED WITH REBAR. **ALL OPENINGS & COMPONENTS marked with magnetic tape**
- 3.) HAVE PERFORATIONS IN BED AT 4 AND 8 O-CLOCK POSITIONS.

NOTE: THESE ARE NEW STATE REGULATION REQUIREMENTS (4-22-06), NOT NECESSARILY THE OPINION OF THE DESIGNER.



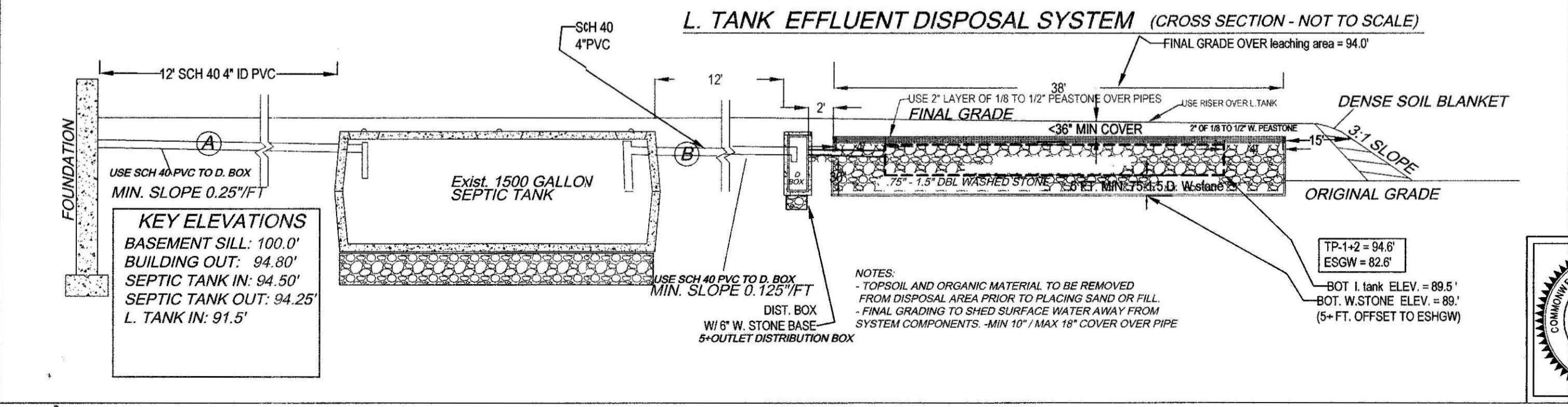
DESIGN NOTES AND CALCULATIONS:

- 1.) 4 BR X 110 GPD /BR = 440 GPD
- Use L. CHAMBER GALLEY: 13' WIDE X 38' LONG WITH 30" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT (24" EFF. HT.)
 - BOTTOM AREA: 13' W X 38' L = 494 SF.
 - SIDE AREA: 13' W X 2' H X 2 + 38' L X 2' H X 2 = 204 SF.
 - TOTAL AREA: 698 SF X 0.74 GAL/SF = 517 GPD
3. GARBAGE DISPOSAL NOT ALLOWED, to be removed.
4. NO OTHER PRIVATE WELLS WITHIN 100 FEET OF SAS (TOWN WATER).
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS, FILE REQUEST FOR DETERMINATION.
6. USE EXISTING 1,500 GAL S. TANK UPON COMPLETE INSPECTION ONLY
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET) IF NEEDED,
 NOTE:
 - NEW SEPTIC TANKS AND PUMP CHAMBERS WITH RECEDING COVERS ARE NOT ALLOWED. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS.
7. RUN 4" ID PERF PIPE (SDR 35 DOWN MIDDLE OF L. TANKS WITH GLUED END CAP.
 NOTE:
 - D. BOXES WITH COVERS AND WALLS LESS THAN 2" THICK ARE NOT ALLOWED PER DESIGN.
8. USE APPROVED (1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
 - CONFIRM STONE (PROPERLY WASHED (WITH BUCKET / H2O TEST) PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AREA NOT REQUIRED.
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQD.
13. USE CHAMBERS DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE. (310 CMR 15.240)
14. USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB & FILL TO 24" MIN. AS NEEDED (INSPECTION REQUIRED).
 - CLEAR TO BASE OF B (MIN. 24") UNDER BED & scarify PRIOR TO STONE/ PLACEMENT.
 - EXCAVATE EXISTING SYSTEM AND REMOVE.
15. SOIL EVALUATION BY A. WEISS, RS. 03/20/08 (E. BOKINA & T. DION, BOH AGENT).
 - DEPTH OF PERC. -43"
 - PERC RATE = <2 MIN / IN
 - CLASS I SOIL RATING (COARSE SAND)
16. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITL V FILL 5' OUT.
17. ENGINEER TO INSPECT SUBGRADE, AND FINAL.
18. BM=100.00 @ SILL, CONFIRM PROPER PIPE SLOPES
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

TEST PIT LOG:

TP-1 EFF. ELEV: 94.6'				SOIL EVALUATOR: A. WEISS, RS				DATE OF EVALUATION: 03.20.2008			
DEPTH:	HORIZ:	TEXTURE:	MATERIAL:	DEPTH:	HORIZ:	TEXTURE:	MATERIAL:				
0-10	A	FSL	10 YR 3/3 FRIABLE	0-9	A	FSL	10 YR 3/3 FRIABLE				
10-22	Bw	LS	10 YR 4/6 FRIABLE, LOOSE	9-24	Bw	LS	10 YR 4/6 FRIABLE, LOOSE				
22-144	C1	S&G	10 YR 5/4 C. SAND AND GRAVEL LOOSE	24-144	C1	S&G	10 YR 5/4 C. SAND AND GRAVEL LOOSE				

OXIDES:	NOT	OBSERVED	OXIDES:	NOT	OBSERVED
EHW:	144"±=82.6'		EHW:	144"±=80.0'	
STANDING H2O:	NOT OBSERVED		STANDING H2O:	NOT OBSERVED	
WEEPING:	NOT OBSERVED		WEEPING:	NOT OBSERVED	
BEDROCK:	144"±		BEDROCK:	144"±	



SEPTIC SYSTEM REPAIR PLAN FOR KAREN HEIFER
 26 FOXGLOVE LN.
 AMHERST, MA.

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

PH.FO.NE: (413) 323-5957
 FAX: (413) 323-4916
 DATE: 03/21/08
 SCALE: 1"=30'

DRAWN BY: ALAN WEISS
 REVISED: []
 DRAWING NUMBER: 108-2933-0314



04/22/08