21 HIGH POINT

Plan: 1005 Designed by: Alan Weiss

CHECK LIST FOR SEPTIC PLANS

- [x] Application page attached to plan
- [x] PE or RS stamp, date, signature
- [ ] Variances to property line setback distances must have Surveyor Stamp 15020 (3)
- [x] Legal boundaries noted
- [x] Easements noted
- [x] Dwellings and buildings existing or proposed noted
- [x] Location of driveway or parking areas, other impervious areas
- [ ] Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4) (Require)
- [x] System design calculations
- [ ] Garbage grinder Y or N
- [x] Benchmark not disturbed during construction, within 75 feet of facility CMR15.220 (4)(q)
- [x] North arrow CMR 15.200 (4) (g)
- [x] Contours
- [x] Deep hole location and data
- [x] Perc hole location and data
- [x] Elevations
- [x] Names of approving authority and soil evaluator CMR 15.211 p. 49
- [ ] Location of every water supply, public and private CMR 15.220(k):
  - Within 400 feet of system in case of surface water and gravel packed public water supply
  - Within 250 feet of system in case of tubular public water supply
  - Within 150 feet of private supply wells 100' septic sys. ; 50' tank
- [x] **Well statement if applicable** (INSTALL NEW WELL IN BACK OF HOUSE)
- [x] Location of any surface waters, rivers, vegetated wetlands (NOTED – ConCon approval
- [x] Location of water lines and other subsurface utilities
- [x] Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- [x] Profile of system
- [x] Locus plan to show location of facility, including nearest street
- [x] Materials of construction and specs for system
- [x] Gas Baffle 15.227.4
- [x] Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- [x] Double washed stone
- [x] Schedule 40 PVC for trafficked areas, house to tank
- [x] Distances noted from house to tank, etc.
- [x] If dosing is proposed, design and specs of dosing system Pump chamber
- [ ] When alternative technology is required, complete plan and specs, including hydraulic profile
- [x] Trenches preferred over beds CMR 15.240 (6)
- [ ] Buoyancy calculations for tanks or components partly below H20 table 15.221(8) p. 56 N/A
- [x] 3 to 1 slope outside of mound, toe ending 5 feet from property line
- [ ] Local upgrade requests on the plan NA
- [ ] Local upgrade forms attached to application NA – well only
- [x] Note on plan listing all variances sought in conjunction with the plan

NOTES: approved on 4/15/10

8994 = SP 8363

Quabbin Analytical Laboratory

Attn: Tavera M.
from Alan W.

Box 1192 Stadler Street, Belchertown, MA 01007

(413)-323-7134

Name:	Peterfreund Associates	Sample Date:	6-15-10
Address:	30 Boltwood Walk	Report Date:	6-21-10
	Amherst, MA 01002	Collected By:	Mt. Springs Pump
Sample Location:		Type Supply:	Well
	21 High Point Dr.	Sample No.:	QAL-8994 with SP-8363
	Amherst, MA 01002	Lab ID#:	M-02454 & M-MA 138

TESTED FOR	RESULTS	MAX. RECOMMENDED LEVELS
Total Coliform Bacteria	*Present	Present or Absent
Fecal Coliform Bacteria	Absent	Present or Absent
Nitrite	0	1.0 mg/l
Nitrate	0.3	10.0 mg/l
PH	7.40	6.5-8.5
Alkalinity	76.0	No Limit
Iron	.04	.30 mg/l
Manganese	*.24	.05 mg/l
Copper	0	1.3 mg/l
Sulfate	21.0	250 mg/l
Chloride	58.2	250 mg/l
Hardness	160.0	No Limit
Conductivity	385.0	No Limit
Total Dissolved Solids	254.1	500 mg/l
Turbidity	*14.3	5 NTU
Chlorine	0	No Limit
Sodium	10.3	No Limit

Results are only for those items listed above and on the above collected date. Except for the following *Total Coliform Bacteria, Manganese & Turbidity, the sample was found to be within acceptable levels for D.E.P. Drinking Water Standards. If there are any questions on this report, please do not hesitate to call this office.

David Fredenburgh, Director

QAL # 8994 Continued TESTED FOR	RESULTS	Page 2 MAX. RECOMMENDED LEVELS
Potassium	3.4	**No Limit**
Magnesium	5.9	**No Limit**
Calcium	57.6	**No Limit**
Ammonia	0	**No Limit**
Sediment	Neg	**Pos or Neg**
Color	1.0	**15 cu**
Odor	0	**3 ton**
Arsenic	0.0070	0.01 mg/l
Lead	0	0.015 mg/l

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

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

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

April 15, 2010

Mr. Gary Courtemanche, Inspector
Amherst Board of Health
Bangs Center
Amherst, MA 01002

RE: Request for New Private well at Existing Residence at 21 Highpoint Drive,

Dear Mr. Courtemanche,

In accordance with your Regulations for Private wells Please note the following.

1. A plan detailing the location of the proposed well is attached.
2. All potential sources of contamination (septics underground tanks are noted within 200 feet.
3. The current land uses include residential and agricultural past and present.
4. Notification of all abutters within 150 by Certified Return Receipt Mail is completed concurrently.

Feel free to contact me with any questions.

Alan Weiss, RS
Principal Hydrogeologist

Cold Spring Environmental, Inc

Cc: Applicant, C/O Alan Peterfreund

350 Old Enfield Road ▪ Belchertown, MA. 01007 ▪ Phone: 413.323.5957 Fax 413.323.4916
email: aeweiss@charter.net www.coldspringenvironmental.com

Town of AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

APPLICATION FOR A WELL CONTRUCTION PERMIT

I hereby petition the Board of Health of the Town of Amherst for a Well Construction Permit (WCP) to install a private well in the Town of Amherst.

ATTACHED IS A PLAN SHOWING THE PROPOSED LOCATION OF THE WELL (WITH ORIGINAL DATE, STAMP AND SIGNATURE OF AN ENGINEER REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) MEETING ALL THE REQUIREMENTS OF AMHERST RULES AND REGULATIONS FOR PRIVATE WELLS.

1. Address of Property: 21 High Point Dr
2. Assessor of Parcel Number: 6B / 76
3. Name of Owner: Alan Peterfreund Telephone Number: 256-6165

   Address of Owner: 30 Boltwood Walk.
4. Name of Well Driller: _____
   (Must be registered with Massachusetts Water Resources Commission)
5. Purpose of Well: *Drinking (X) Agricultural Only ( ) * Replacement

The undersigned acknowledges that he must, before commencing construction or use of the system which is the matter of this application, secure any and all other permits which may be required by the laws of the Town of Amherst and the Commonwealth of Massachusetts, and agree to abide by all regulations of the Town of Amherst and the Commonwealth of Massachusetts concerning private wells.

- The undersigned also understands that if a private well is to be used for drinking purposes, a **BUILDING PERMIT** affecting the structure the well is to serves **WILL NOT BE ISSUED UNTIL A** Water Supply Certificate has been granted by the Amherst Board of Health.

Name of Applicant: Alan R Peterfreund **Fee: $100.00**

Signature: Alan R Peterfreund **Date:** 4.15.10

WELL PERMIT # _____

MAKE SMOKING HISTORY

No. 1005

FEE

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

COMMONWEALTH OF MASSACHUSETTS ALAN E. WEISS REG#933 REGISTERED SANITARIAN

Application for a Permit to Construct( ) Repair(✓) Upgrade( ) Abandon( ) - ☒ **Complete System** ☐ **Individual Components**

Location 21 High Point Drive	Owner's Name Alan Peterfreund
Map/Parcel# 6B/78	Address 21 High Point Dr
Lot# 78	Telephone#
* Installer's Name	Designer's Name Alan E. Weiss R.S.
Address	Address Belchertown
Telephone#	Telephone# 413.323.5957

Type of Building Residence Lot Size 47,611± sq. ft.

Dwelling - No. of Bedrooms 3 Bedrooms Garbage grinder (✓)

Other - Type of Building ______ No. of persons ______ Showers ( ), Cafeteria ( )

Other Fixtures ______

Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd

Plan: Date 4/10/10 Number of sheets ______ Revision Date ______

Title Septic System Repair Plan

Description of Soil(s) (Ab. Till) Class I

Soil Evaluator Form No. ______ Name of Soil Evaluator A. Weiss Date of Evaluation 4/8/10

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New Septic System and well

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 [signature] Date 4.15.10

Inspections ______

No. 1005

FEE —

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☒ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired (✓), Upgraded ( ), Abandoned ( )

by: ______

at ______

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 1005, dated 4/15/10. Approved Design Flow 445 (gpd)

Installer W.W. Clark [signature]

Designer: [signature] Inspector: [signature] Date: 7/13/10

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

No. 1005

FEE 150.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 21 High Point as described in the application for Disposal System Construction Permit No. 1005, dated 4/15/10.

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

Date 4/15/10 Board of Health [signature]

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

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

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

Date: 4/8/2010

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss Date: 4/8/2010
Witnessed By: G. Courtmanche

Location Address or Lot #	Owner's Name, Address, and Telephone #
21 High Point DR.	Alan Petrifreund
New Construction ☐ Repair ☒	21 High Point DR. Amherst, MA 01002

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. 21 Highpoint Dr

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*

Date: 4/8/2010	Time: 12:00	
Observation Hole #	P1	
Depth of Perc	34"	Repair
Start Pre-soak	12:25	
End Pre-soak	12:40	
Time at 12"	12:40	
Time at 9"	12:52	
Time at 6"	13:07	
Time (9"-6")	15 min	
Rate Min./Inch	5 min/in.	

* 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: G. Courtemanche.

Comments:

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. 21 HighPoint DR.

On-site Review

Deep Hole Number #2 Date: _____ Time: 12:00 Weather Sun 80°F
Location (identify on site plan) _____
Land Use _____ Slope (%) 2 Surface Stones yes
Vegetation _____
Landform Terraced.
Position on landscape (sketch on the back) _____
Distances from:

Open Water Body 100' feet — Drainage way _____ feet
Possible Wet Area 100'± feet — Property Line _____ feet
Bedrock Drinking Water Well 100' feet — Other _____
Existing Well 50'+/-

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0-10"	A	10yr3/3	FSL		- Friable
10"-21"	Bw	10yr4/6	LS	28" 2.5y4/1	- Friable Loose
21'-94"	C1	2.5y4/3	LS		- F.M. Sandy Ablation till 10% Stone, mod Loose to granular.
#2 0-10"	A	10yr3/3	FSL		- Friable
10-24"	Bw	10yr4/6	LS		- Friable Loose
24-84"	C1	2.5y4/3	LS	30"	- F.M. Sandy, Ablation till, 10% mod. Loose.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ab — Depth to Bedrock: _____
Depth to Groundwater: Standing Water in the Hole: NOT (2) 94" — Weeping from Pit Face: _____
Estimated Seasonal High Ground Water: _____

Location Address or Lot No. 21 Highpoint Dr.

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 28-30 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 _____ Date 4/8/2010

COMMONWEALTH OF MASSACHUSETTS
ALAN C. WEISS
REG. #933
REGISTERED SANITARIAN

No. 1005

FEE

COMMONWEALTH OF MASSACHUSETTS REGISTERED SANITARIAN ALAN E. WEISS

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 21 High Point Drive	Owner's Name Alan Peterfreund
Map/Parcel# 6B / 78	Address 21 High Point Dr
Lot# 78	Telephone# 519-7567
* Installer's Name	Designer's Name Alan E. Weiss RS.
Address	Address Belchertown
Telephone#	Telephone# 413.323.5957

Type of Building Residence Lot Size 47,611± sq. ft.

Dwelling - No. of Bedrooms 3 Bedrooms Garbage grinder (N)

Other - Type of Building ______ No. of persons ______ Showers ( ), Cafeteria ( )

Other Fixtures ______

Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd

Plan: Date 4/10/10 Number of sheets ______ Revision Date ______

Title Septic System Repair Plan

Description of Soil(s) (Ab. Till) Class I

Soil Evaluator Form No. ______ Name of Soil Evaluator A. Weiss Date of Evaluation 4/8/10

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New Septic System and well.

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 [signature] Date 4.15.10 **Sign Here**

Inspections ______

No. ______ FEE ______

COMMONWEALTH OF MASSACHUSETTS

Board of Health, ______, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: ❑ **Individual Component(s)** ❑ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: ______

at ______

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. ______, dated ______. Approved Design Flow ______(gpd)

Installer ______

Designer: ______ Inspector: ______ Date: ______

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

No. 1005 FEE 150.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 21 HIGH POINT as described in the application for Disposal System Construction Permit No. 1005, dated 4/15/10

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. Charlestown, MA

Date 4/15/10 Board of Health [signature] signing for the Board of Health

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

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

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

Date: 4/8/2010

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss Date: 4/8/2010
Witnessed By: G. Courtmanche

Location Address or Lot #	Owner's Name, Address, and Telephone #
21 High Point DR.	Alan Petrifreund 21 High Point DR. Amherst, MA 01002
New Construction ☐ Repair ☒	

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. 21 Highpoint Dr

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*

Date: 4/8/2010 Time: 12:00

Observation Hole #	P1	
Depth of Perc	34"	Repair
Start Pre-soak	12:25	
End Pre-soak	12:40	
Time at 12"	12:40	
Time at 9"	12:52	
Time at 6"	13:07	
Time (9"-6")	15 min	
Rate Min./Inch	5 min/in.	

* 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: G. Courtemanche.

Comments:

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. 21 HighPoint DR.

On-site Review

Deep Hole Number 1+2 Date: _____ Time: 12:00 Weather Sun 80°F

Location (identify on site plan) _____

Land Use _____ Slope (%) 2 Surface Stones yes

Vegetation _____

Landform Terraced.

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way _____ feet

Possible Wet Area 100'± feet Property Line _____ feet

Bedrock Drinking Water Well 100' feet Other _____

Existing Well 50'+/-

DEEP OBSERVATION HOLE LOG*

	Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1	0-10"	A	10yR3/3	FSL		- Friable - friable Loose
	10"-21"	Bw	10yR4/6	LS	28" 2.5y4/1	- F.M. Sandy Ablation till 10% Stone, mod Loose to granular.
	21'-94"	C1	2.5y4/3	LS		
#2	0-10"	A	10yR3/3	FSL		- Friable - Friable Loose
	10-24"	Bw	10yR4/4	LS	30"	- F.M. Sandy, Ablation till, 10% mod. Loose.
	24-84"	C1	2.5y4/3	LS		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ab Depth to Bedrock: _____

Depth to Groundwater: Standing Water in the Hole: NOT (2) 94" Weeping from Pit Face: _____

Estimated Seasonal High Ground Water: _____

Location Address or Lot No. 21 Highpoint Dr.

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 28-30 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 _____ Date 4/8/2010

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

No. 1005

FEE

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 21 High Point Drive	Owner's Name Alan Peterfreund
Map/Parcel# 6B / 178	Address 21 High Point Dr
Lot# 78	Telephone#
* Installer's Name	Designer's Name Alan E. Weiss RS.
Address	Address Belchertown
Telephone#	Telephone# 413.323.5957

Type of Building Residence Lot Size 47,611± sq. ft.

Dwelling - No. of Bedrooms 3 Bedrooms Garbage grinder (N)

Other - Type of Building _____ No. of persons _____ Showers ( ), Cafeteria ( )

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd

Plan: Date 4/10/10 Number of sheets _____ Revision Date _____

Title Septic System Repair Plan

Description of Soil(s) (Ab. Till) Class I

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 4/8/10

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New Septic System and well.

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 4.15.10

Sign Here

Inspections _____

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, *MA.*

CERTIFICATE OF COMPLIANCE

Description of Work: ☐ **Individual Component(s)** ☐ **Complete System**

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: _____

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____. Approved Design Flow _____(gpd)

Installer _____

Designer: _____ Inspector: _____ Date: _____

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

No. 1005 FEE 150

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, *MA.*

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct( ) Repair(✓) Upgrade( ) Abandon( ) an individual sewage disposal system at 31 High Point as described in the application for Disposal System Construction Permit No. 1005, dated 4/15/10.

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. Charlestown, MA

Date 4/15/10 Board of Health [signature] agent for Board of Health

COLD SPRING ENVIRONMENTAL CONSULTANTS, INC.

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

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

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

Date: 4/8/2010

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss Date: 4/8/2010
Witnessed By: G. Courtmanche

Location Address or Lot #	Owner's Name, Address, and Telephone #
21 High Point DR.	Alan Petrifreund 21 High Point DR. Amherst, MA 01002
New Construction ☐ Repair ☒	

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. 21 Highpoint Dr

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*

Date: 4/8/2010 Time: 12:00

Observation Hole #	P1	
Depth of Perc	34"	Repair
Start Pre-soak	12:25	
End Pre-soak	12:40	
Time at 12"	12:40	
Time at 9"	12:52	
Time at 6"	13:07	
Time (9"-6")	15 min	
Rate Min./Inch	5 min/in.	

* 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: G. Courtemanche.

Comments:

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. 21 HighPoint DR.

On-site Review

Deep Hole Number 1+2 Date: _____ Time: 12:00 Weather Sun 80°F
Location (identify on site plan) _____
Land Use _____ Slope (%) 2 Surface Stones yes
Vegetation _____
Landform Terraced.
Position on landscape (sketch on the back) _____
Distances from:

Open Water Body 100' feet — Drainage way _____ feet
Possible Wet Area 100'± feet — Property Line _____ feet
Bedrock Drinking Water Well 100' feet — Other _____
Existing Well 50'+/-

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0-10"	A	10yr3/3	FSL		- Friable
10"-21"	Bw	10yr4/6	LS	28" 2.5y4/1	- Friable Loose
21'-94"	C1	2.5y4/3	LS		- F.M. Sandy Ablation till 10% Stone, mod Loose to granular.
#2 0-10"	A	10yr3/3	FSL		- Friable
10-24"	Bw	10yr4/4	LS		- Friable Loose
24-84"	C1	2.5y4/3	LS	30"	- F-M. Sandy, Ablation till, 10% mod. Loose.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ab Depth to Bedrock: _____
Depth to Groundwater: Standing Water in the Hole: NOT (2) 94" Weeping from Pit Face: _____
Estimated Seasonal High Ground Water: _____

Location Address or Lot No. 21 Highpoint Dr.

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 28-30 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 _____ Date 4/8/2010

COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG. #933
REGISTERED SANITARIAN

Location Address or Lot No. 51 High Point.

On-site Review

Deep Hole Number P-1+2 Date: Time: 12:00 Weather Sun 80°F
Location (identify on site plan)
Land Use Slope (%) 2 Surface Stones YES
Vegetation
Landform Terraced
Position on landscape (sketch on the back)
Distances from:

Open Water Body	100 feet	Drainage way	feet
Possible Wet Area	100 feet	Property Line	feet
Drinking Water Well (EXISTING & TO BE DRILLED)	90± 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"	A	10yr 3/3			FSL
10-21"	B	10½ 4/6		28"	LS
21-94"	C	2½ 4/3			LS
0-10	A	10YR 3/3	FSL		
10-24	B	10YR 4/6	LS	30"	
24-84	C	2½ 4/3	LS		

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ablation Till Depth to Bedrock: 84"
Depth to Groundwater: Standing Water in the Hole: Weeping from Pit Face: 48"
Estimated Seasonal High Ground Water:
Moderately Loose.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 69-9

Permission is hereby granted Roy industries to construct (X) or repair ( ) an Individual Sewage Disposal System at Lot #6 High point hill 21 High Point as shown on the application for Disposal Works Construction Permit No. 69-9

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

DATE 9/24/69

Board of Health

FORM 12 - PERCOLATION TEST

Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS

, Massachusetts

Percolation Test*		
Date: 4/8/10	Time: 12:00	
Observation Hole #	P1	
Depth of Perc	34"	
Start Pre-soak	12:25	
End Pre-soak	12:40	Repair
Time at 12"	12:40	
Time at 9"	12:52	
Time at 6"	1307	
Time (9"-6")	15	
Rate Min./Inch	5 min	

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

Site Passed ☑ Site Failed ☐

Performed By: [signature]

Witnessed By: [signature]

Comments: Mounded System - 30" Water.

DEP

DEP APPROVED FORM - 12/07/95

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

21 Highpoint Drive, Amherst, MA 01002
Property Address

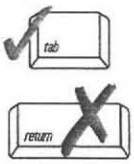
Alan Peterfreund
Owner's Name

Owner information is required for every page. ✓

Amherst	MA	01002	03.24.2010
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

	03.24.2010
Inspector's Signature	Date

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.**

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

21 Highpoint Drive, Amherst, MA 01002
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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:

System serves a 4 BR Residence. System has a older 1200 S. Tank. liquidgetting to corroded dist. box (System is 40+/- yrs. old) . Dist. box is weak with orangeburg pipe, box is in corroded/weakened conditon falling apart when touched. Sys back up noted in s. tank (stained inside cover). L. stone appears to be in seasonal groundwater, stone saturated 6" down. * Well Test required if well is used in new design.

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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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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Owner's Name

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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: Measured of GIS Map. Test well if used with new Engineered System.

X ** 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:

System is only in use by 1 person.

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 ½ 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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Owner's Name

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B. Certification (cont.)

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

Yes	No	
☐	☒	Any portion of a cesspool or privy is within a Zone 1 of a public well.
☐	☒	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
☐	☒	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.]**
☐	☒	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
☒	☐	**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	
☐	☐	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.

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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	
☒	☐	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:
☒	☐	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(5)]

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

21 Highpoint Drive, Amherst, MA 01002
Property Address

Alan Peterfreund
Owner's Name

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D. System Information

Residential Flow Conditions:

Number of bedrooms (design): ? Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ?

Number of current residents: 1

Does residence have a garbage grinder? ☐ 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)):

Sump pump? ☐ Yes ☒ No

Last date of occupancy: Current (Date)

Commercial/Industrial Flow Conditions:

Type of Establishment:

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

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

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: Owner: (4 yr)

Was system pumped as part of the inspection? ☐ Yes ☒ No

If yes, volume pumped: - gallons

How was quantity pumped determined?

Reason for pumping: Deferred to repair

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:

40 + Years

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

Commonwealth of Massachusetts

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D. System Information (cont.)

Building Sewer (locate on site plan):

Depth below grade: 1.'+ feet

Material of construction:

☐ cast iron ☐ 40 PVC ☒ other (explain): Orangeburg

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: .75'

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: 8.5'X4.5'X4.'

Sludge depth: 4"

Distance from top of sludge to bottom of outlet tee or baffle: 40"

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: 10"

How were dimensions determined? Measured

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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 at invert poured in place baffles corroded and weak (built in).

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

21 Highpoint Drive, Amherst, MA 01002
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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 Weak, corroded & cracked walls.

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.):

Box has liquid level an inch higher thank invert, some carry over noted, concrete is corroded.

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No

Alarms in working order: ☐ Yes ☐ No

Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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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:

System found and was detiorated with partial evidence of past back-up where, pipe very weak and breaks upon contact. in places. (4 lines out of Dist. Box).

Type:

☐	leaching pits	number:	
☐	leaching chambers	number:	
☐	leaching galleries	number:	
☐	leaching trenches	number, length:	
☒	leaching fields	number, dimensions:	20 x 25' +/-
☐	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.):

S. tank has high staining, Dist box weak, Orangeburg pipe degraded. Bottom of l. stone interpreted to be in seasonal estimated high groundwater at 24". Recommend engineered new system.

Commonwealth of Massachusetts

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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

Commonwealth of Massachusetts

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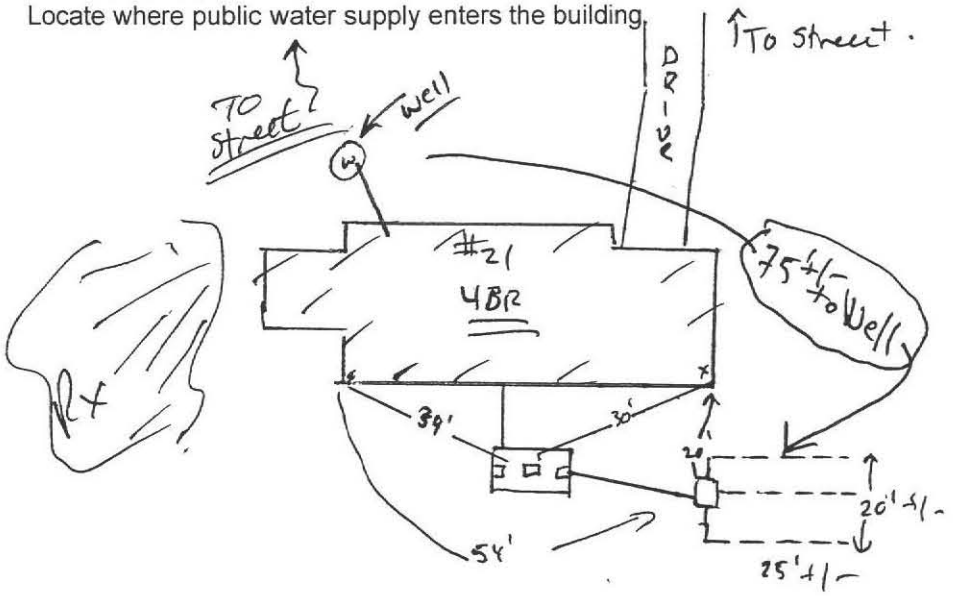
D. System Information (cont.)

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.



wet.

Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

Site Exam:

☒ Check Slope

☐ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to ground water: 2'+ 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: _____ 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:

Based existing records.

21 High Point

#21 High Point

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 69-9 Date Sept. 24 1969 Fee $ 3 Date Rec'd. Sept. 24, 1969 By Ced

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

Location—Address Lot 46 21 High Point Hill or Lot No. _____

Owner Roy Industries Address Amherst Rd. Shutesbury

Contractor Same Address _____

Type of Building _____ Dimensions _____ Size Lot 1 acre

Dwelling—No. of Bedrooms 4 Expansion Attic (np Garbage Grinder (yes

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? no Type of Well Artesian

Design Flow 50 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter 10x45 Depth below inlet _____ Total leaching area 450 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date 9/24/69

Test Pit No. 1 7 minutes per inch Depth of Test Pit 36"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil fine sandy clay Depth to Ground Water not found

Will *disposal area* be filled? _____ Cut down? 0

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

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

Topsoil removed reserved x _____ Owner or builder date

Application Approved by C.E. Drake with Backhoe. date 9/24/69

Application Disapproved *for the following reasons:*

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired ( ) by W.W. Clark (INSTALLER) at Lot 46 High Pt Dr has been constructed in accordance with the provisions of Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 69-9 dated 9-24-69

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

DATE Apr. 1970 Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

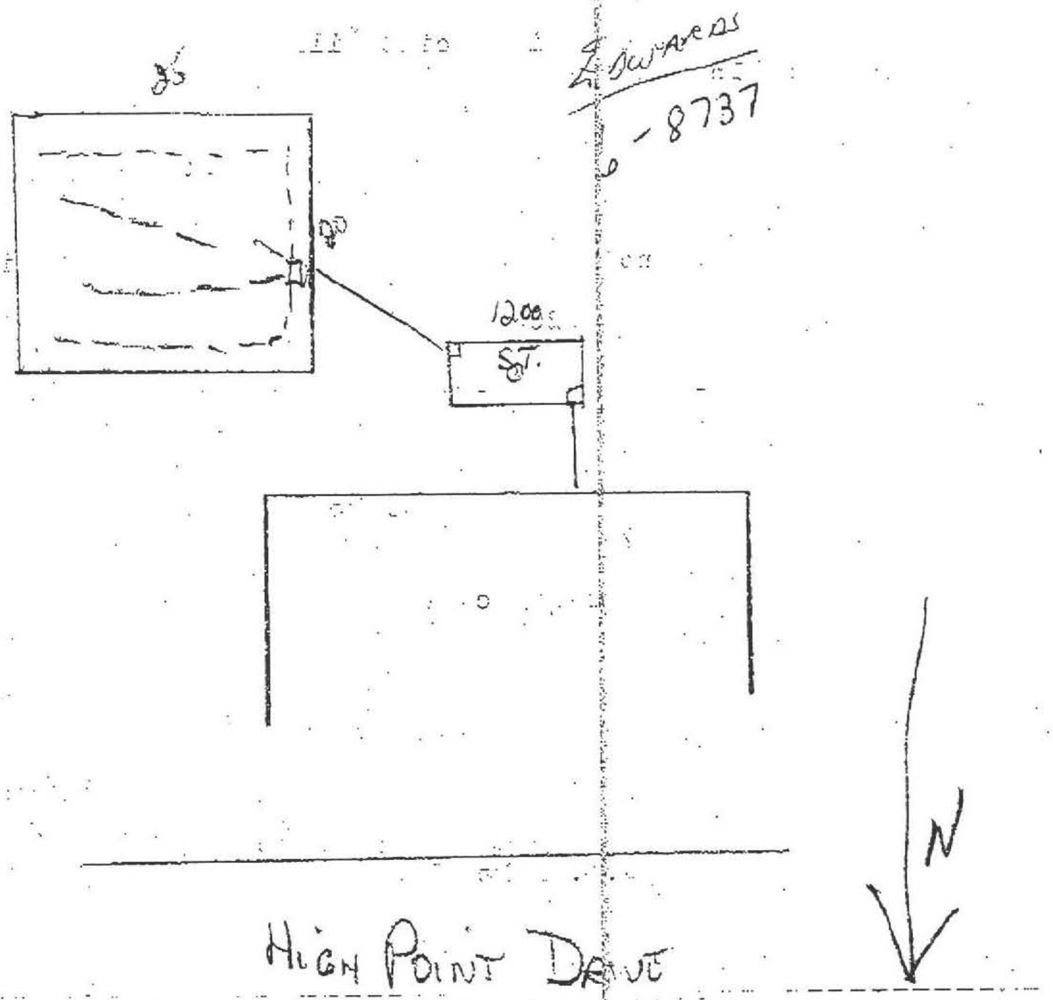
No. 69-9

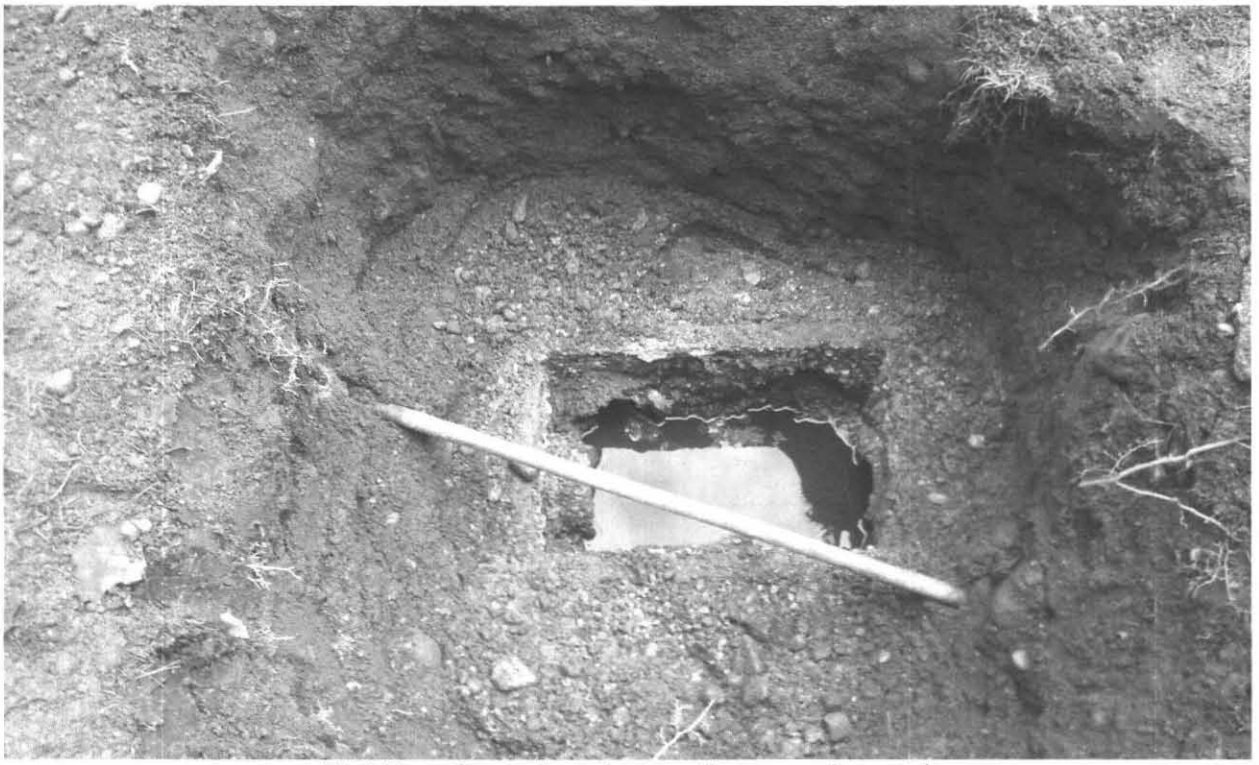
Permission is hereby granted Roy industries to construct (X) or repair ( ) an Individual Sewage Disposal System at Lot 46 High point hill 21 High Point as shown on the application for Disposal Works Construction Permit No. 69-9

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

DATE 9/24/69

Board of Health


-8737
ST.
HIGH POINT DRIVE
N



Dist Box Corroded, (saturation over inverts)
21 Highpoint Drive
Amherst, MA
03.24.2010

S. Tank Cover, (Inside staining, past)
21 Highpoint Drive
Amherst, MA
03.24.2010

S. Tank outlet Baffle Cover,
21 Highpoint Drive
Amherst, MA
03.24.2010

PERMITS/INSP PAYMENT RECPT#: 10097321
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/08/10 TIME: 14:18
CLERK: courteman DEPT:

PAID BY:
PAYMENT METH: CHECK 2500

REFERENCE: A

AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS: PETERFREUND

FEES:
HEA011 PERCOLATIO 300.00

TOTAL PAID: 300.00

PERMITS/INSP PAYMENT RECPT#: 10097321
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SITE ADDRESS: PETERFREUND

FEES:
HEA011 PERCOLATIO 300.00

TOTAL PAID: 300.00

Massachusetts Department of Conservation and Recreation
Office of Water Resources

Well Completion Report

TYPE OR PRINT ONLY

161606

1. WELL LOCATION

GPS (Required) North 42° 24.879 West 72° 29.823

Address at Well Location: 21 Highpoint Dr Property Owner/Client: Alan Peterfreund
Subdivision Name: High Point Mailing Address: 30 Boltwood Walk
City/Town: Amherst, MA 01002 City/Town: Amherst
Assessors Map ______ Assessors Lot #: ______ NOTE: Assessors Map and Lot # mandatory if no street address available
Board of Health permit obtained: Yes ☑ Not Required ☐ Permit Number ______ Date Issued ______

2. WORK PERFORMED	3. WELL TYPE	4. DRILLING METHOD Overburden	4. DRILLING METHOD Bedrock
D C	D M S T	– –	– –

5. WELL LOG – OVERBURDEN LITHOLOGY

From (ft)	To (ft)	Code	Color	Comment	Water Bearing Zone	Loss or Addition of Fluid	Drop in Drill Stem	Extra Fast or Slow Drill Rate
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S

6. CASING

From (ft)	To (ft)	Type	Thickness	Diameter
		☐☐☐		
		☐☐☐		
		☐☐☐		

7. SCREEN

From (ft)	To (ft)	Type	Slot Size	Diameter
		☐☐☐	. ___	
		☐☐☐	. ___	
		☐☐☐	. ___	

8. ANNULAR SEAL/FILTER PACK/ABANDONMENT MTL.

From (ft)	To (ft)	Material Description	Purpose
285	0	B G	A S
		☐☐	☐☐
		☐☐	☐☐
		☐☐	☐☐

WELL LOG – BEDROCK LITHOLOGY

From (ft)	To (ft)	Code	Comment	Water Bearing Zone	Drop in Drill Stem	Extra Large Chips	Extra Fast or Slow Drill Rate	Visible Rust Staining	Loss or Addition of Fluid	# of Fractures per foot
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	

9. SITE SKETCH

10. WELL TEST DATA (ALL SECTIONS MANDATORY FOR PRODUCTION WELLS)

Date	Method	Yield (GPM)	Time Pumped (hrs & min)	Pumping Level (Ft. BGS)	Time to Recover (hrs & min)	Recovery (Ft. BGS)
			___:__		___:__	

11. STATIC WATER LEVEL (ALL WELLS)

Date Measured	Depth Below Ground Surface (ft)

12. PERMANENT PUMP (IF AVAILABLE)

Pump Description ______ ☐☐☐☐ Horsepower ______
Pump Intake Depth ______ (ft) Nominal Pump Capacity ______ (gpm)

13. ADDITIONAL WELL INFORMATION

Developed Y / (N) Fracture Enhancement Y / (N)
Disinfected Y / (N) Surface Seal Type ☐ B G
Total Well Depth 285 Depth to Bedrock U/K

14. COMMENTS

Decommission Well

15. WELL DRILLER'S STATEMENT

This well was drilled, altered, and/or abandoned under my supervision, according to applicable rules and regulations, and this report is complete and correct to the best of my knowledge.

Driler: Shawn Beal Supervising Driller Signature: [signature] Registration #: 558
Firm: L. G. CUSHING & SONS, INC. Date Complete: 7/19/10 Rig Permit #: 061

NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.

Well Completion Report Codes

Section 2

Work Performed	Work Performed Code
Decommission	DC
Deepen	DP
Hydrofracture	HF
New Well	NW
Repair	RP
Replacement	RE

Section 3

Well Type	Well Type Code
Cathodic Protection	CTPR
Domestic	DMST
Geoconstruction	GCON
Geothermal Closed Loop	GTCL
Geothermal Open Loop	GTOL
Industrial	INDS
Injection	INJC
Irrigation	IRRG
Monitoring	MONT
Public Water Supply	PBWS
Recovery	RCVR
Test Wells	TSTW

Section 4

Drilling Method	Drilling Method Code
Air Hammer	AH
Air Rotary	AR
Auger	AG
Cable Tool	CT
Casing Advancement	CA
Core	CR
Direct Push	DP
Drive and Wash	DW
Dug	DG
Mud Rotary	MR
Reverse Rotary	RR
Sonic	SN

Section 5

Overburden Lithology Name	Overburden (OB) Code	Overburden Color	Overburden Color Code	Bedrock Name	Bedrock (BR Code)
Artificial Fill	AF	Black	BL	Amphibolite	AM
Boulders	B	Bluish Gray	BG	Basalt	BS
Clay	CL	Brown	BR	Conglomerate/Breccia	CG/BR
Coarse Sand	CS	Dark Gray	DG	Diorite	DI
Cobbles	C	Greenish Gray	GG	Gabbro	GB
Fine Sand	FS	Light Gray	LG	Gneiss	GN
Fine to Coarse Sand	FCS	Reddish Brown	RB	Granite	GR
Gravel	G	Yellowish Brown	YB	Limestone	LS
Medium Sand	MS			Marble	MA
Organics	O			Quartzite	QZ
Sand & Gravel	SG			Rhyolite	RH
Silt	SI			Sandstone	SS
Silty Clay	SICL			Schist	SC
Silty Sand	SIS			Shale	SH
Silty Sand & Gravel	SISG			Slate/Phyllite	SL/PH
Till	T			Pegmatite	PM

Section 6

Casing Type	Casing Type Code	Thickness	Thickness (NO CODE)
Certa-Lok	CTL	Schedule 5	
Fiberglass	FBG	Schedule 10	
Galvanized Pipe	GLP	Schedule 40	
HDPE	HDP	Schedule 80	
NSF Coated Steel	NCS	Schedule 160	
PVC	PVC	SDR 13.5	
Stainless Steel	SST	SDR 17	
Steel	STL	SDR 21	
		SDR 26	
		SDR 32.5	
		SDR 40	
		17#	
		19#	

Section 7

Screen Type	Screen Code
Carbon Steel	CST
Continuous Wire PVC	CWP
Galvanized Wire Wrapped	GWW
Perforated Pipe	PFP
Pre-pack PVC	PPP
Pre-pack Stainless	PPS
Slotted PVC	SLP
Stainless Steel Vee Wire	SSV
Stainless Steel Well Point	SSP

Section 8

Annular Seal/Filter Pack/Abandonment	Annular Seal/Filter Pack/Abandonment Material Code	Purpose	Purpose Code
Bentonite Chips/Pellets	BC	Fill	FL
Bentonite Grout	BG	Filter	FT
Cement/Bentonite Grout	CB	Seal	AS
Concrete	CT		
Sand	SD		
Native Material	NM		

Section 10

Method	Method Code
Air Blow with Drill Stem	AB
Air Lift	AL
Bailing	BL
Constant Rate Pump	CR
Variable Rate Pump	VR
Slug	SG

Section 12

Pump Description	Pump Description Code	Horsepower	
3 Wire Variable Speed Submersible	3WVS	1/2	20
2 Wire Variable Speed Submersible	2WVS	3/4	25
2 Wire Constant Speed Submersible	2WSS	1	30
3 Wire Constant Speed Submersible	3WSS	1 1/2	40
Constant Speed Submersible Turbine	CSST	2	50
Variable Speed Submersible Turbine	VSST	3	60
Jet	JET	5	75
Line Shaft Turbine	LST	7 1/2	100
Centrifical	CENT	10	125

Section 13

Surface Seal Type	Well Seal Type Code
Cement	CM
Cement/Bentonite	CB
Concrete	CT
None	NO

Massachusetts Department of Conservation and Recreation
Office of Water Resources

159931

TYPE OR PRINT ONLY

Well Completion Report

1. WELL LOCATION GPS (Required) North ___ ___ ° ___ ___ . ___ ___ ___ West ___ ___ ° ___ ___ . ___ ___ ___

Address at Well Location: 21 High Point DR
Property Owner/Client: Alan Peterfreund
Subdivision Name: ___
Mailing Address: 30 Baltwood Walk
City/Town: Amherst, MA 01002
City/Town: Amherst, MA 01002
Assessors Map ___ Assessors Lot #: ___
NOTE: Assessors Map and Lot # mandatory if no street address available
Board of Health permit obtained: Yes ☑ Not Required ☐ Permit Number ___ Date Issued ___

2. WORK PERFORMED N W

3. WELL TYPE D M S T

4. DRILLING METHOD

Overburden	Bedrock
A	A

6. CASING

From (ft)	To (ft)	Type	Thickness	Diameter
+2	61	S	15#	6"

5. WELL LOG — OVERBURDEN LITHOLOGY

From (ft)	To (ft)	Code	Color	Comment	Water Bearing Zone	Loss or Addition of Fluid	Drop in Drill Stem	Extra Fast or Slow Drill Rate
0	7	SG	BR			Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S
						Y / N	Y / N	F / S

7. SCREEN

From (ft)	To (ft)	Type	Slot Size	Diameter
			.	
			.	
			.	

8. ANNULAR SEAL/FILTER PACK/ABANDONMENT MTL.

From (ft)	To (ft)	Material Description	Purpose
5	60	B E	A S

WELL LOG — BEDROCK LITHOLOGY

From (ft)	To (ft)	Code	Comment	Water Bearing Zone	Drop in Drill Stem	Extra Large Chips	Extra Fast or Slow Drill Rate	Visible Rust Staining	Loss or Addition of Fluid	# of Fractures per foot
7	30	SH	weathered		Y / N	Y / N	F / S	Y / N	Y / N	
30	100	SH			Y / N	Y / N	F / S	Y / N	Y / N	
100	200	SH			Y / N	Y / N	F / S	Y / N	Y / N	
200	300	SC			Y / N	Y / N	F / S	Y / N	Y / N	
300	400	SC			Y / N	Y / N	F / S	Y / N	Y / N	
400	500	SC			Y / N	Y / N	F / S	Y / N	Y / N	
500	600	SC			Y / N	Y / N	F / S	Y / N	Y / N	
600	700	SC			Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	
					Y / N	Y / N	F / S	Y / N	Y / N	

9. SITE SKETCH

10. WELL TEST DATA (ALL SECTIONS MANDATORY FOR PRODUCTION WELLS)

Date	Method	Yield (GPM)	Time Pumped (hrs & min)	Pumping Level (Ft. BGS)	Time to Recover (hrs & min)	Recovery (Ft. BGS)
6/4/10	Air	1½	2:00	700'	12:00	200'

11. STATIC WATER LEVEL (ALL WELLS)

Date Measured	Depth Below Ground Surface (ft)
6/4/10	60'

12. PERMANENT PUMP (IF AVAILABLE)

Pump Description ☐☐☐☐ Horsepower ___
Pump Intake Depth ___ (ft) Nominal Pump Capacity ___ (gpm)

13. ADDITIONAL WELL INFORMATION

Developed Y / N Fracture Enhancement Y / N
Disinfected Y / N Surface Seal Type ☐ N U
Total Well Depth 700 Depth to Bedrock 7

14. COMMENTS Pump by others

15. WELL DRILLER'S STATEMENT

This well was drilled, altered, and/or abandoned under my supervision, according to applicable rules and regulations, and this report is complete and correct to the best of my knowledge.

Driller: Mo LeClair Supervising Driller Signature: [signature] Registration #: 5501
Firm: L. G. CUSHING & SONS, INC. Date Complete: 6/13/10 Rig Permit #: 0161

NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.

BOARD OF HEALTH COPY

Well Completion Report Codes

Section 2

Work Performed	Work Performed Code
Decommission	DC
Deepen	DP
Hydrofracture	HF
New Well	NW
Repair	RP
Replacement	RE

Section 3

Well Type	Well Type Code
Cathodic Protection	CTPR
Domestic	DMST
Geoconstruction	GCON
Geothermal Closed Loop	GTCL
Geothermal Open Loop	GTOL
Industrial	INDS
Injection	INJC
Irrigation	IRRG
Monitoring	MONT
Public Water Supply	PBWS
Recovery	RCVR
Test Wells	TSTW

Section 4

Drilling Method	Drilling Method Code
Air Hammer	AH
Air Rotary	AR
Auger	AG
Cable Tool	CT
Casing Advancement	CA
Core	CR
Direct Push	DP
Drive and Wash	DW
Dug	DG
Mud Rotary	MR
Reverse Rotary	RR
Sonic	SN

Section 5

Overburden Lithology Name	Overburden (OB) Code	Overburden Color	Overburden Color Code	Bedrock Name	Bedrock (BR Code)
Artificial Fill	AF	Black	BL	Amphibolite	AM
Boulders	B	Bluish Gray	BG	Basalt	BS
Clay	CL	Brown	BR	Conglomerate/Breccia	CG/BR
Coarse Sand	CS	Dark Gray	DG	Diorite	DI
Cobbles	C	Greenish Gray	GG	Gabbro	GB
Fine Sand	FS	Light Gray	LG	Gneiss	GN
Fine to Coarse Sand	FCS	Reddish Brown	RB	Granite	GR
Gravel	G	Yellowish Brown	YB	Limestone	LS
Medium Sand	MS			Marble	MA
Organics	O			Quartzite	QZ
Sand & Gravel	SG			Rhyolite	RH
Silt	SI			Sandstone	SS
Silty Clay	SICL			Schist	SC
Silty Sand	SIS			Shale	SH
Silty Sand & Gravel	SISG			Slate/Phyllite	SL/PH
Till	T			Pegmatite	PM

Section 6

Casing Type	Casing Type Code	Thickness	Thickness (NO CODE)
Certa-Lok	CTL	Schedule 5	
Fiberglass	FBG	Schedule 10	
Galvanized Pipe	GLP	Schedule 40	
HDPE	HDP	Schedule 80	
NSF Coated Steel	NCS	Schedule 160	
PVC	PVC	SDR 13.5	
Stainless Steel	SST	SDR 17	
Steel	STL	SDR 21	
		SDR 26	
		SDR 32.5	
		SDR 40	
		17#	
		19#	

Section 7

Screen Type	Screen Code
Carbon Steel	CST
Continuous Wire PVC	CWP
Galvanized Wire Wrapped	GWW
Perforated Pipe	PFP
Pre-pack PVC	PPP
Pre-pack Stainless	PPS
Slotted PVC	SLP
Stainless Steel Vee Wire	SSV
Stainless Steel Well Point	SSP

Section 8

Annular Seal/Filter Pack/Abandonment	Annular Seal/Filter Pack/Abandonment Material Code	Purpose	Purpose Code
Bentonite Chips/Pellets	BC	Fill	FL
Bentonite Grout	BG	Filter	FT
Cement/Bentonite Grout	CB	Seal	AS
Concrete	CT		
Sand	SD		
Native Material	NM		

Section 10

Method	Method Code
Air Blow with Drill Stem	AB
Air Lift	AL
Bailing	BL
Constant Rate Pump	CR
Variable Rate Pump	VR
Slug	SG

Section 12

Pump Description	Pump Description Code	Horsepower	
3 Wire Variable Speed Submersible	3WVS	1/2	20
2 Wire Variable Speed Submersible	2WVS	3/4	25
2 Wire Constant Speed Submersible	2WSS	1	30
3 Wire Constant Speed Submersible	3WSS	1 1/2	40
Constant Speed Submersible Turbine	CSST	2	50
Variable Speed Submersible Turbine	VSST	3	60
Jet	JET	5	75
Line Shaft Turbine	LST	7 1/2	100
Centrifical	CENT	10	125
		15	150
			200

Section 13

Surface Seal Type	Well Seal Type Code
Cement	CM
Cement/Bentonite	CB
Concrete	CT
None	NO

COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

JULIE FEDERMAN
HEALTH

received
4-26-10

April 15, 2010

Amherst Conservation Commission
Town Hall
Amherst, Massachusetts 01002

RE (Petefreund Lot Septic System Repair & new well)
21 Highpoint Drive, Amherst, MA
Determination of Applicability,
CSEC Proj,. No. 110-3323-0324

Enclosed please find the ***Septic Repair & well Plan*** for the subsurface Disposal System for the above mentioned property. The existing system will be disconnected. **The no work line of 70 feet** is to be delineated using properly buried (6"), staked silt fence with bale backing. All above noted locations are referenced on the Figure 1: Site Locus Map and Figure 2: Site Construction Plan, attached.

The Board of Health been contacted for proper septic/well permits. Wetland delineation was based on our own observation of typical hydrophytic species, topography and hydrology observed in the field on April **2010**. 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 (7**0**') as well as follow-up mulching and seeding of wetland buffer & backyard margins. The leachfield exceeds the Title V (310 CMR 15.00) setback of 50 feet (100+ 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.

Should you have any questions, please contact me.

Sincerely,
Cold Spring Environmental Consultants, Inc.

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

350 Old Enfield Road ▪ Belchertown, MA. 01007 ▪ Phone: 413.323.5957 Fax 413.323.4916
email: aeweiss@charter.net www.coldspringenvironmental.com

Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

Amherst
City/Town

WPA Form 1- Request for Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

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:

Alan Peterfreund
Name — E-Mail Address (if applicable)

30 Boltwood walk
Mailing Address

Amherst | MA | 01002
City/Town | State | Zip Code

413-256-6169
Phone Number — Fax Number (if applicable)

2. Representative (if any):

Cold Spring Environmental, Inc.
Firm

Alan E. Weiss, M.S. | aeweiss@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

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):

21 Highpoint Drive	Amherst
Street Address	City/Town
Map 6b,	78
Assessors Map/Plat Number	Parcel/Lot Number

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

The area consists of work conducted for the replacment of a leachfield and a new well at an existing dwelling. All work on the leach area is beyond 100 foot of the wetland & (Meets required Title 5 setbacks >100 ft.). (Silt fence will be installed as shown (70 ft. No work line) due to access were the septic tank and pump chamber are located, all work will be perfomed upgradient of the silt fence. No other significant area within the Buffer zone will be disturbed. This plan follows the attached plan also submitted to the Board of Health.The total area of Buffer to be disturbed <500 SF.

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

Septic Repair Plan, (Attachment I)	4/10/10
Title	Date

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

Work will include the proper placement of siltation fencing prior to the start of work. Only minimal regrading is required between the leachfield on the edge of the Buffer area. Work areas will be completed with seeding and mulching. The limit of work/silt fence is noted as 70 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.

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

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:

Alan Peterfreund
Name

30 Boltwood walk
Mailing Address

Amherst
City/Town

MA — State
01002 — Zip Code

Signatures:

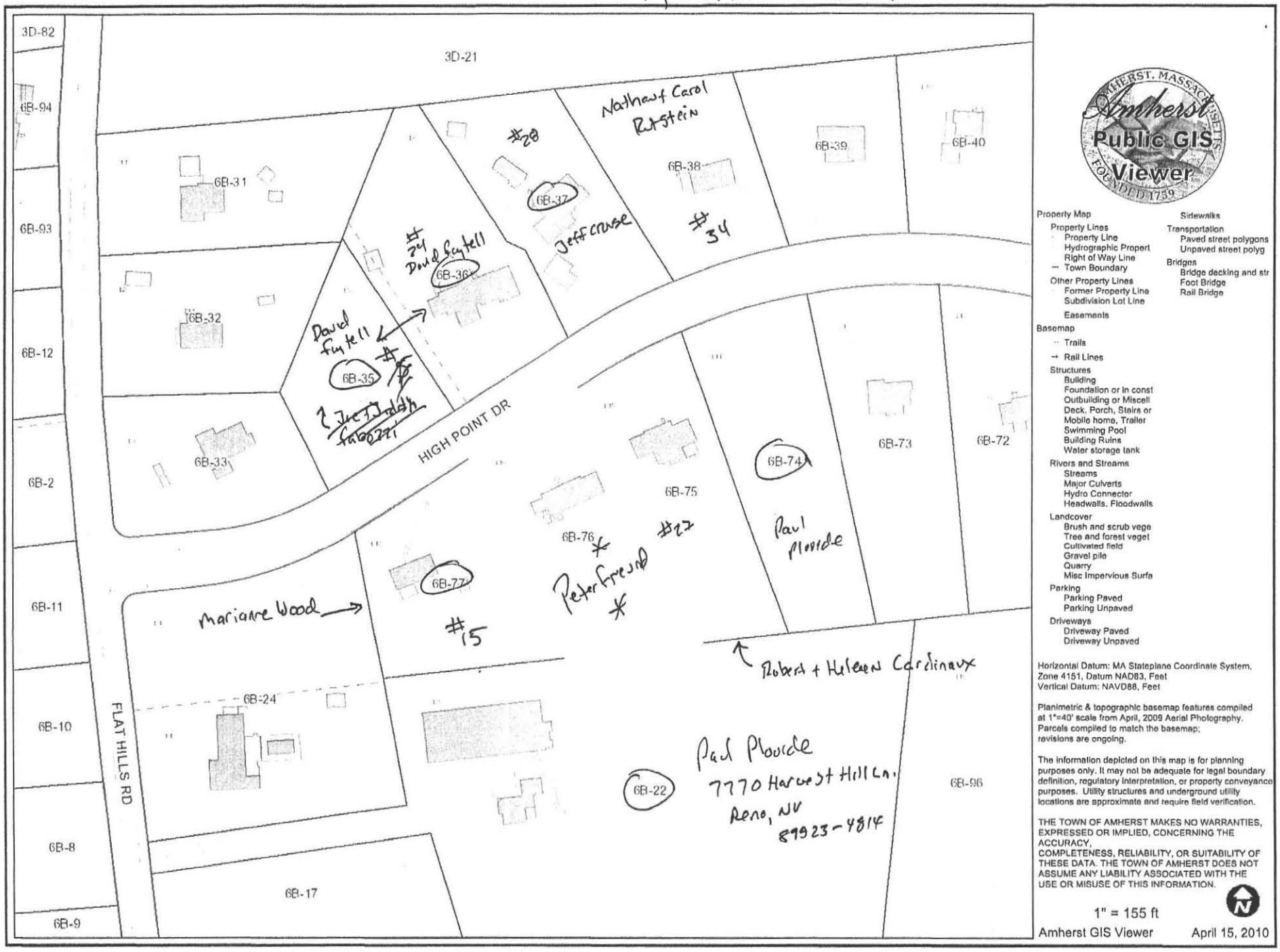
I also understand that notification of this Request will be placed in a local newspaper at my expense in accordance with Section 10.05(3)(b)(1) of the Wetlands Protection Act regulations.

Signature of Applicant — Date: 4/ /2010

Signature of Representative (if any) — Date: 4/ /2010

TOPO! map printed on 04/15/10 from "Northeast.tpo" and "Untitled.tpg"

Abutters List



AMHERST, MASSACHUSETTS
Amherst Public GIS Viewer
FOUNDED 1759

Property Map
- Property Lines
  - Property Line
  - Hydrographic Propert
  - Right of Way Line
  - Town Boundary
- Other Property Lines
  - Former Property Line
  - Subdivision Lot Line
- Easements

Basemap
- Trails
- Rail Lines
- Structures
  - Building
  - Foundation or in const
  - Outbuilding or Miscell
  - Deck, Porch, Stairs or
  - Mobile home, Trailer
  - Swimming Pool
  - Building Ruins
  - Water storage tank
- Rivers and Streams
  - Streams
  - Major Culverts
  - Hydro Connector
  - Headwalls, Floodwalls
- Landcover
  - Brush and scrub vege
  - Tree and forest veget
  - Cultivated field
  - Gravel pile
  - Quarry
  - Misc Impervious Surfa
- Parking
  - Parking Paved
  - Parking Unpaved
- Driveways
  - Driveway Paved
  - Driveway Unpaved
- Sidewalks
- Transportation
  - Paved street polygons
  - Unpaved street polyg
- Bridges
  - Bridge decking and str
  - Foot Bridge
  - Rail Bridge

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
Vertical Datum: NAVD88, Feet

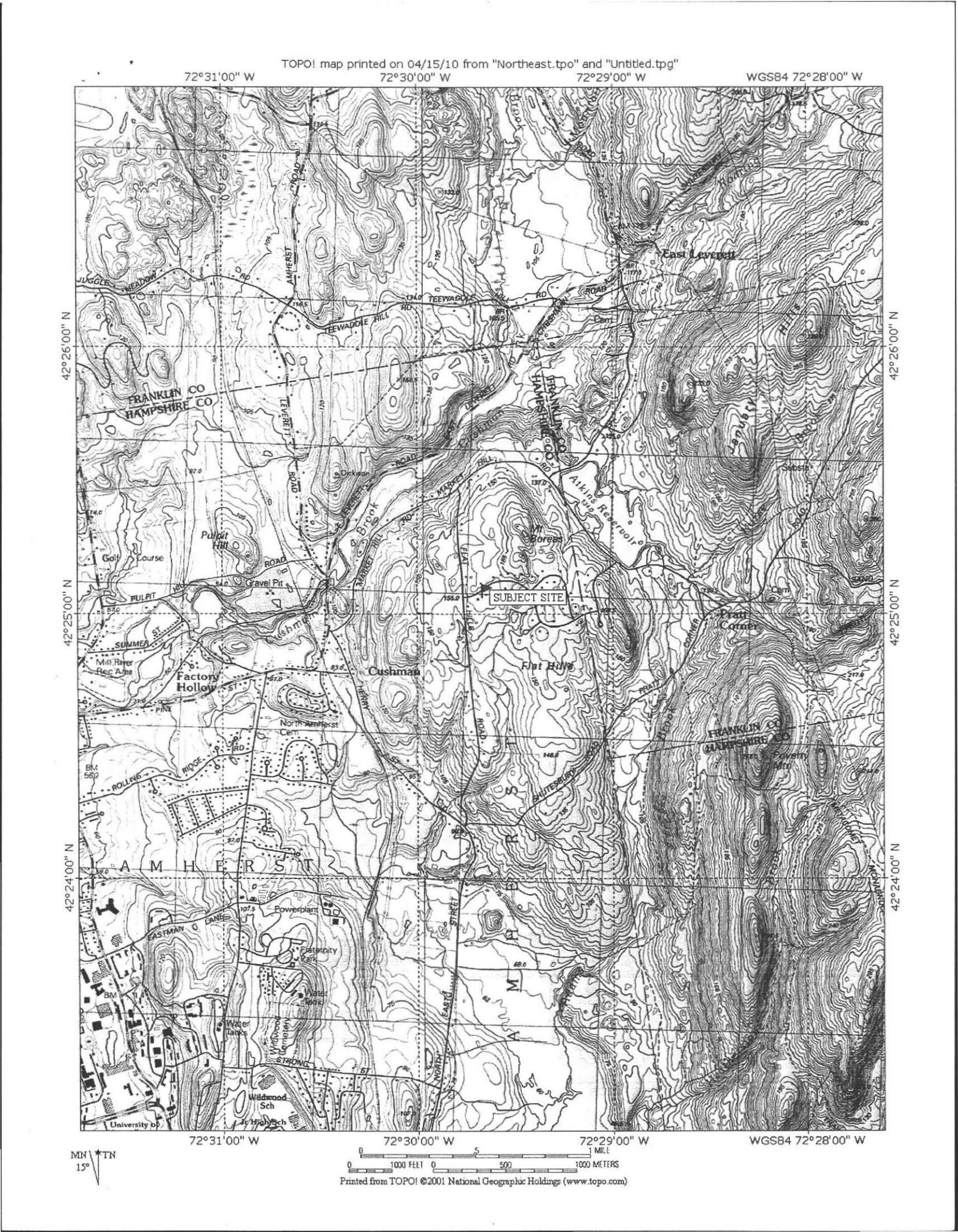
Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

1" = 155 ft

Amherst GIS Viewer April 15, 2010


TOPO! map printed on 04/15/10 from "Northeast.tpo" and "Untitled.tpg"
72°31'00" W
72°30'00" W
72°29'00" W
WGS84 72°28'00" W
42°26'00" N
42°25'00" N
42°24'00" N
SUBJECT SITE
East Leverett
Cushman
Flat Hills
Pratt Corner
Pulpit Hill
Golf Course
Gravel Pit
Factory Hollow
North Amherst Cem
Powerplant
Fraternity Park
Water Tanks
Wildwood Sch
Atkins Reservoir
Mt Boreas
FRANKLIN CO
HAMPSHIRE CO
AMHERST
MN 15°
TN
1 MILE
1000 FEET
1000 METERS
Printed from TOPO! ©2001 National Geographic Holdings (www.topo.com)

Town of AMHERST, MASSACHUSETTS FOUNDED 1759 AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

April 15, 2010

RE: 21 High Point Drive: Request for permit to install a Drinking Well.

Dear Amherst Board of Health:

I have reviewed the plan for installation of a drinking well at 21 High Point Drive, currently owned by Alan Peterfreund. In my opinion the proposed well plan design meets the requirements of the Amherst Board of Health Regulations for Private Wells as adopted on October 30, 2008.

The current drinking well location does not meet the separation requirements from the new septic disposal area, moving the well to the proposed location will satisfy this requirement.

Mr. Alan Weiss of Cold Spring Environmental Consultants will attend the 04/29/2010 Board of Health meeting to discuss and review the drinking well site in relation to the new septic design, as well as answer any questions you may have.

Respectfully submitted

Gary Courtemanche
Assistant Sanitarian

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

April 15, 2010

Mr. Gary Courtemanche, Inspector
Amherst Board of Health
Bangs Center
Amherst, MA 01002

RE: Request for New Private well at Existing Residence at 21 Highpoint Drive,

Dear Mr. Courtemanche,

In accordance with your Regulations for Private wells Please note the following.

1. A plan detailing the location of the proposed well is attached.
2. All potential sources of contamination (septics underground tanks are noted within 200 feet.
3. The current land uses include residential and agricultural past and present.
4. Notification of all abutters within 150 by Certified Return Receipt Mail is completed concurrently.

Feel free to contact me with any questions.

Alan Weiss, RS
Principal Hydrogeologist

Cold Spring Environmental, Inc

Cc: Applicant, C/O Alan Peterfreund

350 Old Enfield Road ▪ Belchertown, MA. 01007 ▪ Phone: 413.323.5957 Fax 413.323.4916
email: aeweiss@charter.net www.coldspringenvironmental.com

Town of AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

APPLICATION FOR A WELL CONTRUCTION PERMIT

I hereby petition the Board of Health of the Town of Amherst for a Well Construction Permit (WCP) to install a private well in the Town of Amherst.

ATTACHED IS A PLAN SHOWING THE PROPOSED LOCATION OF THE WELL (WITH ORIGINAL DATE, STAMP AND SIGNATURE OF AN ENGINEER REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) MEETING ALL THE REQUIREMENTS OF AMHERST RULES AND REGULATIONS FOR PRIVATE WELLS.

1. Address of Property: 21 High Point Dr
2. Assessor of Parcel Number: 6B / 76
3. Name of Owner: Alan Peterfreund Telephone Number: 256-6165

   Address of Owner: 30 Boltwood Walk.
4. Name of Well Driller: _____
   (Must be registered with Massachusetts Water Resources Commission)
5. Purpose of Well: *Drinking (X) Agricultural Only ( ) * Replacement

The undersigned acknowledges that he must, before commencing construction or use of the system which is the matter of this application, secure any and all other permits which may be required by the laws of the Town of Amherst and the Commonwealth of Massachusetts, and agree to abide by all regulations of the Town of Amherst and the Commonwealth of Massachusetts concerning private wells.

- The undersigned also understands that if a private well is to be used for drinking purposes, a **BUILDING PERMIT** affecting the structure the well is to serves **WILL NOT BE ISSUED UNTIL A** Water Supply Certificate has been granted by the Amherst Board of Health.

Name of Applicant: Alan R Peterfreund **Fee: $100.00** ✓

Signature: Alan R P **Date:** 4.15.10

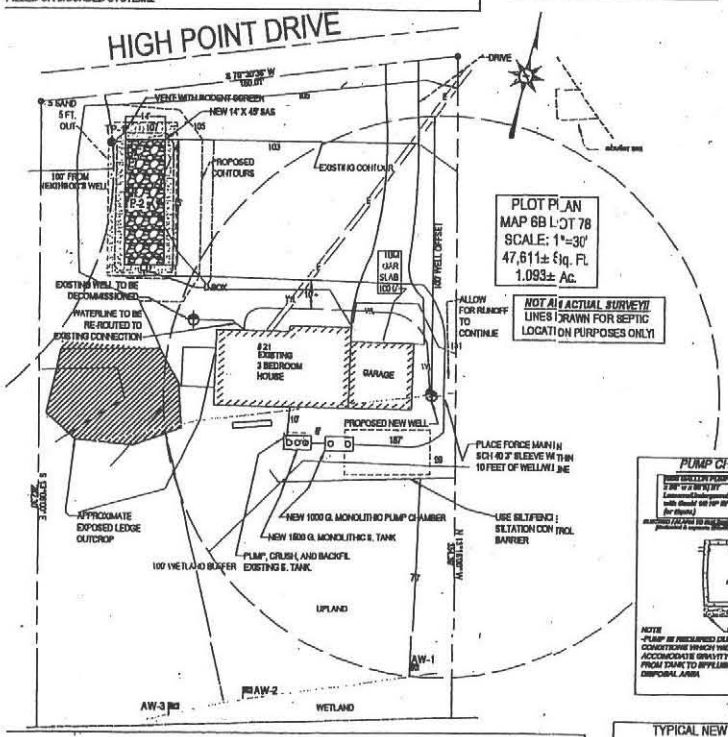
WELL PERMIT # _____

MAKE SMOKING HISTORY

NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (6.0, 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". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.

NOTE TO INSTALLER: A PLUMBER MUST INSPECT INSIDE PLUMBING AND FIX ANY LEAKING FAUCETS OR TOILETS IF FOUND TO BE LEAKING OR FLOWING IMPROPERLY INTO SEPTIC SYSTEM PRIOR TO FINAL INSPECTION

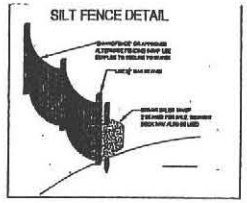
HIGH POINT DRIVE



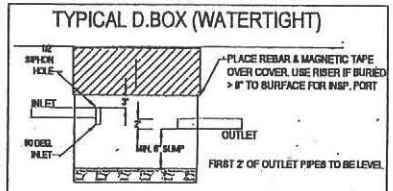
PLOT PLAN
MAP 6B LOT 78
SCALE: 1"=30'
47,611± Sq. Ft.
1.093± Ac.

NOT AN ACTUAL SURVEY!! LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!

SILT FENCE DETAIL



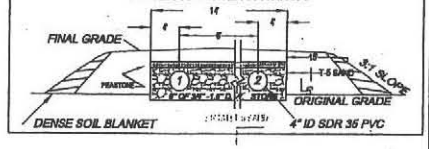
TYPICAL D.BOX (WATERTIGHT)



- PLACE ON STABLE 6" BASE OF 3/4" TO 1-1/2" D.W. STONE
- USE CONCRETE BOX WITH 2" MINIMUM WALL THICKNESS.
- FILL WITH WATER FOR FINAL INSPECTION.
- USE LARGE STYLE D.BOX 6 outlet (Underground Supply)
- ADAPT FROM 2" TO 4" BEFORE BOX IF PUMPED.

EFFLUENT DISPOSAL AREA

CROSS SECTION - NOT TO SCALE
(RAISED DISPOSAL AREA) (2 % SLOPE TOP)
NUMBER OF 4" SDR PVC SEPTIC LINES: 2
CENTER TO CENTER SPACING: 6'



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.*

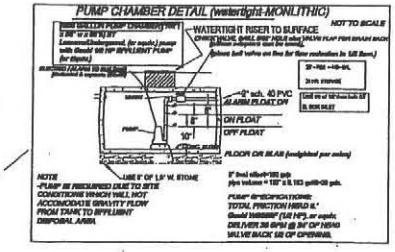
1. NO ALTERATION OF SEDIMENT, STOCKPILING, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE).
2. SEDIMENTATION BARRIER TO BE ERECTED IN A STABLE AND LASTING MANOR AS SHOWN ON THE PLAN.
3. NOTIFY CONSERVATION ADMINISTRATOR AT LEAST 72 HOURS (IF REQ'D.) PRIOR 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.

PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES

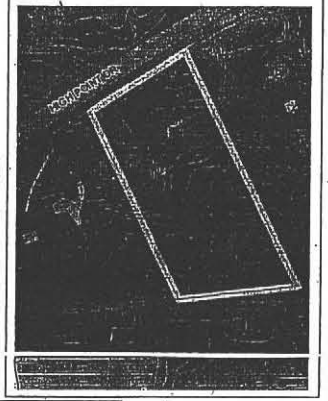
FOR HOMEOWNER:

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. **HAVE PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED (BY PRESIDENT) ANNUALLY
3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
7. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
8. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

PUMP CHAMBER DETAIL (watertight-MONLITHIC)



SUBJECT SITE



DESIGN NOTES AND CALCULATIONS:

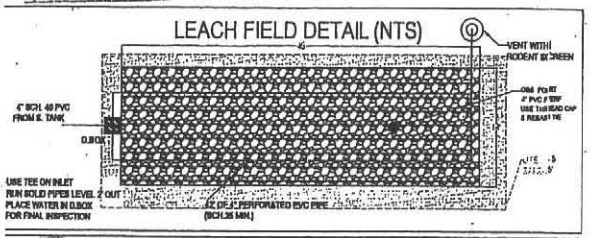
1.) 4 BEDROOM HOME (Assessors) X 110 GPD /BR = 440 GPD. REQUIRED

-Use ONE FIELD: 14' WIDE X 45' LONG WITH 6" OF 3/4 TO 1-1/2" DBL. WASHED STONE BELOW INVERT

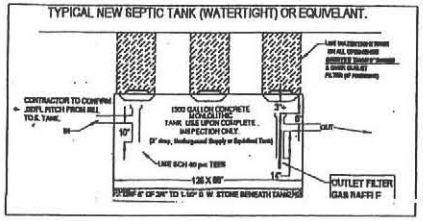
- BOTTOM AREA: 14' W X 45' L =630 SF.
- SIDE AREA: 0 SF.
- TOTAL AREA: 630 SF X 0.74 GAL/SF = 445 GPD

3. GARBAGE DISPOSAL NOT ALLOWED.
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS
6. USE NEW 1,000 GALLON MONOLITHIC S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
   - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET)
   6A USE NEW 1000 GALLON MONOLITHIC PUMP CHAMBER
   NOTE:
   - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
7. USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
   7A. ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS
   NOTE:
   - D. BOXES WITH MORE THAN 8" OF COVER SOIL MUST HAVE RISERS TO 8" OF SURFACE.
8. USE APPROVED (.75"-1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
   -CONFIRM STONE PROPERLY DOUBLE WASHED PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PIPE & POST CHECKERS NOTED AS NECESSARY, RESERVE AS NOTED *(not required for repairs)*.
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
12. USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
13. USE 2% MIN. SLOPE OVER SAS
    - CLEAR TOP AND SLIB TO 24" MIN. AS NEEDED (INSPECTION REQUIRED).
    - CLEAR PAST BASE OF 8 (MIN. 24") & SCARIFY UNDER BED PRIOR TO TITLE V SANDSTONE PLACEMENT.
    - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
14. SOIL EVALUATION BY A. WEISS, RS. ON 4/9/10 (D. COURTMANCHE, BOH AGENT).
    - DEPTH OF PERC: 24"
    - PERC RATE = 5 MIN / IN.
    - CLASS I SOIL RATING
15. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD.
16. ENGINEER & TOWN (IF REQUIRED) TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
17. BM=100.00 @ (GAR SLAB, as noted), CONFIRM PROPER PIPE SLOPES
    - USE/INSPECT SCH.-40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
18. GRADE MULCH AND SEED OVER SAS AS NOTED.
19. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
20. USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.
21. NEW WELL AS REQUIRED BY LOCAL BYLAWS AS SHOWN.

LEACH FIELD DETAIL (NTS)



TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.

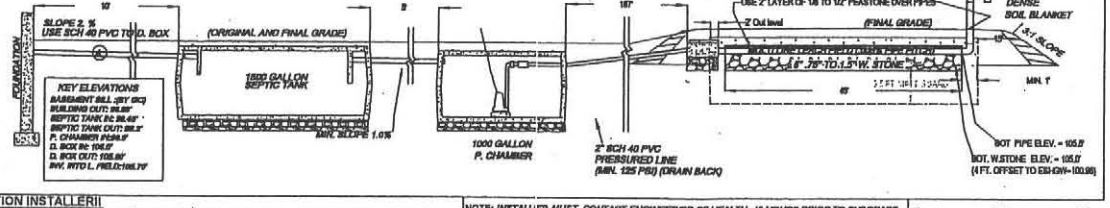


TEST PIT LOG:

	TP-1					TP-2				
SOIL EVALUATOR:	A. WEISS, RS									
DATE OF EVALUATION:	04.06.2010									
EFF. ELEV:	103.3' eff.					103.3'				
DEPTH	HORIZ.	TEXTURE	MOTTLES	MATERIAL		DEPTH	HORIZ.	TEXTURE	MOTTLES	MATERIAL
0-10	A	FSL	10 YR 3/3	FRIABLE		0-10	A	FSL	10 YR 3/3	FRIABLE
10-21	Bw	LS	10 YR 4/6	FRIABLE, LOOSE		10-24	Bw	LS	10 YR 4/6	FRIABLE, LOOSE
21-84	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL		24-84	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL
				10% STONE, MOD LOOSE						10% STONE, MOD LOOSE
				TO GRANULAR						TO GRANULAR
OXIDES:			2.5 Y 4/1	OBSERVED @ 28"		OXIDES:			2.5 Y 4/1	OBSERVED @ 30"
EHWT:			28" =100.96'			EHWT:			30"	
STANDING H2O:			94"			STANDING H2O:			NOT OBSERVED	
WEEPING:			NOT OBSERVED			WEEPING:			NOT OBSERVED	
BEDROCK:			94"+			BEDROCK:			84"+	

EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)

NOTES:
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.
- FINAL GRADING TO SHED SURFACE WATER AWAY FROM SYSTEM COMPONENTS.
- MIN 10" / MAX 18" COVER OVER SEPTIC PIPE



TENTION INSTALLER!!
LL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE AT 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 AND 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

0' 30' 60' 90'

SEPTIC SYSTEM REPAIR & REPLACEMENT WELL PLAN FOR ALAN PETERFREUND
21 HIGH POINT DRIVE
AMHERST, MA.

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007
P./F.N.C. (413) 323-6957
Fax: (413) 323-9976
e-Mail: ACWCSS@charter.net

DATE:	DRAWN BY:	REVISED:
4/10/10	ARS	
SCALE:	CHECKED BY:	DRAWING NUMBER:

Pieced together from large submittal map. -P.F-S

E TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE TANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH OUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (2.5' OR 3 FEET), IS NOT THE ME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS YCALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD NG ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF LED OR MOUNDED SYSTEMS.

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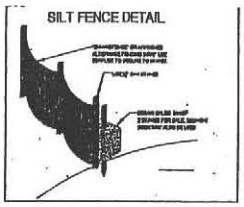
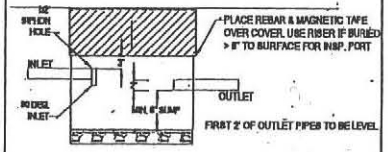
SILT FENCE DETAIL



TYPICAL D.BOX (WATERTIGHT)



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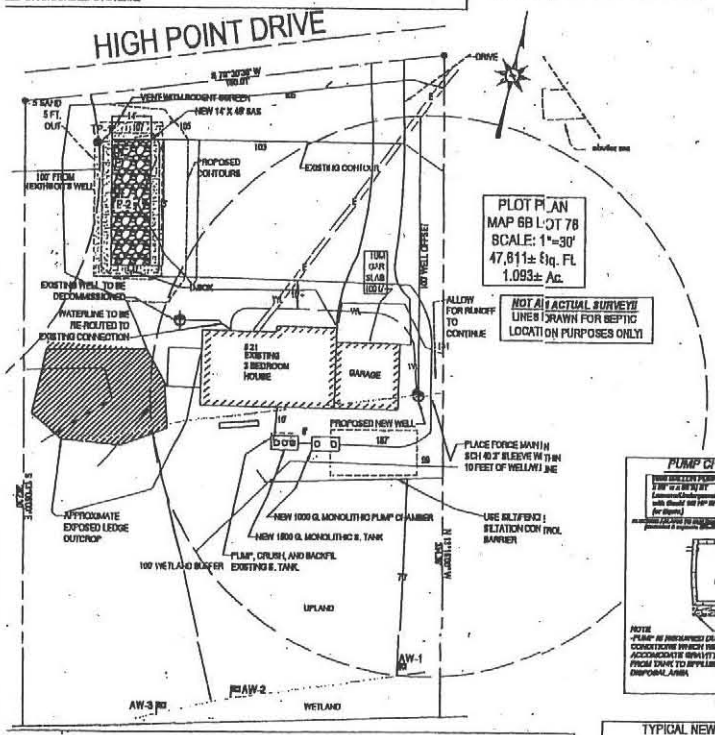
4. AS SOON AS IS POSSIBLE WORK AREA SHALL BE SEEDED, REVEGETATED WITH GRASS OR SIMILAR GROUNDCOVER AND MULCHED UPON COMPLETION OF SITE WORK.
5. SILT FENCE TO REMAIN STANDING UNTIL REGROWTH IS SUFFICIENT TO CONTROL FUGITIVE SEDIMENT RUNOFF.
6. REGRADE WORK AREA AS NOTED TO PREVENT CHANGE IN SLOPE OR RUNOFF PATTERNS.

PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. "HAVE PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED (IF PRESENT) ANNUALLY
3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACH FIELD.
6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
7. CONSERVE WATER WHENEVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
8. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

HIGH POINT DRIVE



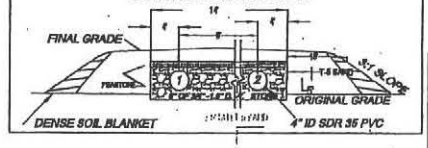
PLOT PLAN

MAP 6B LOT 78
SCALE: 1"=30'
47,811± Sq. Ft.
1.093± Ac.

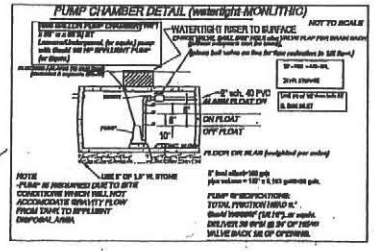
NOT AN ACTUAL SURVEY!! LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!

EFFLUENT DISPOSAL AREA

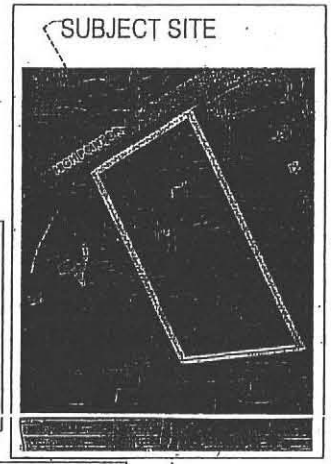
CROSS SECTION - NOT TO SCALE
(RAISED DISPOSAL AREA) (2 % SLOPE TOP)
NUMBER OF 4" SDR PVC SEPTIC LINES: 2
CENTER TO CENTER SPACING: 6'



PUMP CHAMBER DETAIL (watertight MONLITHIC)



SUBJECT SITE



DESIGN NOTES AND CALCULATIONS:

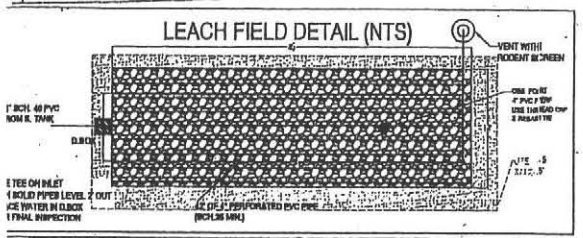
1.) 4 BEDROOM HOME (Assessors) X 110 GPD /BR = 440 GPD. REQUIRED

-Use ONE FIELD: 14' WIDE X 48' LONG WITH 6" OF ¾" TO 1½" DIA. WASHED STONE BELOW INVERT

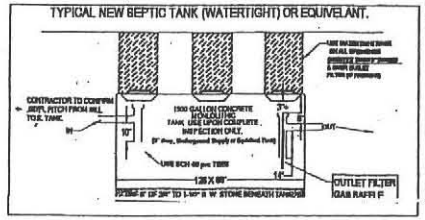
- BOTTOM AREA: 14' W X 48' L =672 SF.
- SIDE AREA: 0 SF.
- TOTAL AREA: 672 SF X 0.74 GAL/SF = 445 GPD

3. GARBAGE DISPOSAL NOT ALLOWED.
4. NO OTHER PRIVATE WELLS WITHIN 100 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS
6. USE 1 NEW 1,000 GALLON MONOLITHIC S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM BILL TO S. TANK
   - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET)
   8A USE NEW 1000 GALLON MONOLITHIC PUMP CHAMBER
   NOTE:
   - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
7. USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
   7A. ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2" + CONC. WALLS
   NOTE:
   - D. BOXES WITH MORE THAN 8" OF COVER SOIL MUST HAVE RISERS TO 8" OF SURFACE.
8. USE APPROVED (.75"-1 1/2") DIA., WASHED STONE UNDER TANK & D. BOX FOR 6".
   -CONFIRM STONE PROPERLY DOUBLE WASHED PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PIPE & POINT CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED *(not needed for repairs)*.
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
12. USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
13. USE 2% MIN. SLOPE OVER SAS
   - CLEAR TOP AND BLDR TO 24" MIN. AS NEEDED (INSPECTION REQUIRED).
   - CLEAR PAST BASE OF S (MIN. 24') & SCARIFY UNDER BED PRIOR TO TITLEV SANDSTONE PLACEMENT.
   - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
14. BOIL EVALUATION BY A. WEISS, RS, ON 4/8/10 (S. COURTMANCHE, BOH AGENT).
   - DEPTH OF PERC: 24"
   - PERC RATE = 8 MIN/IN.
   - CLASS I SOIL RATING
15. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD.
16. ENGINEER & TOWN (IF REQUIRED) TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
17. INV=100.00 @ (NEAR SLAB, as noted), CONFIRM PROPER PIPE SLOPES
   - UNDERINSPECT SCH. 40 PVC FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
18. GRADE MULCH AND SEED OVER SAS AS NOTED.
19. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
20. USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 6" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH PIN BAR.
22. NEW WELL AS REQUIRED BY LOCAL BYLAWS AS SHOWN

LEACH FIELD DETAIL (NTS)



TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.



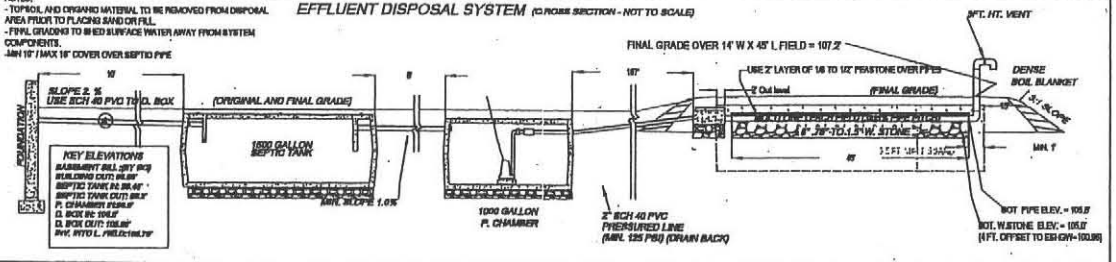
TEST PIT LOG:

BOIL EVALUATOR: A. WEISS, RS
DATE OF EVALUATION: 04.08.2010

TP-1 EFF. ELEV: 103.3' eff.					TP-2 EFF. ELEV: 103.3'				
DEPTH	HORIZ.	TEXTURE	MUNSELL COLOR	MATERIAL	DEPTH	HORIZ.	TEXTURE	MUNSELL COLOR	MATERIAL
0-10	A	FSL	10 YR 3/3	FRIABLE	0-10	A	FSL	10 YR 3/3	FRIABLE
10-21	Bw	LS	10 YR 4/6	FRIABLE, LOOSE	10-24	Bw	LS	10 YR 4/6	FRIABLE, LOOSE
21-84	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL	24-84	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL
				10% STONE, MOD LOOSE					10% STONE, MOD LOOSE
				TO GRANULAR					TO GRANULAR
OXIDES:			2.5 Y 4/1	OBSERVED @ 28"	OXIDES:			2.5 Y 4/1	OBSERVED @ 30"
EWT:			28" =100.96'		EWT:			30"	
STANDING H2O:			84"		STANDING H2O:			NOT OBSERVED	
WEEPING:			NOT OBSERVED		WEEPING:			NOT OBSERVED	
BEDROCK:			84"+		BEDROCK:			84"+	

EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)

NOTES:
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.
- FINAL GRADING TO BE SLOPED SURFACE WATER AWAY FROM SYSTEM COMPONENTS.
- MIN 10" / MAX 16" COVER OVER SEPTIC PIPE



SEPTIC SYSTEM REPAIR & REPLACEMENT WELL PLAN FOR ALAN PETERFREUND

21 HIGH POINT DRIVE
AMHERST, MA.

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007
PHO.NO. (413) 323-6987
FAX. (413) 323-9976
e-Mail: ACWCS@charter.net

DATE:	DRAWN BY:	REVISED:
4/10/10	ARS	
SCALE:	CHECKED BY:	DRAWING NUMBER:

ENTION INSTALLER!!

DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A [illegible] HOURS PRIOR TO DIGGING BREAK FOR ANY EXCAVATION

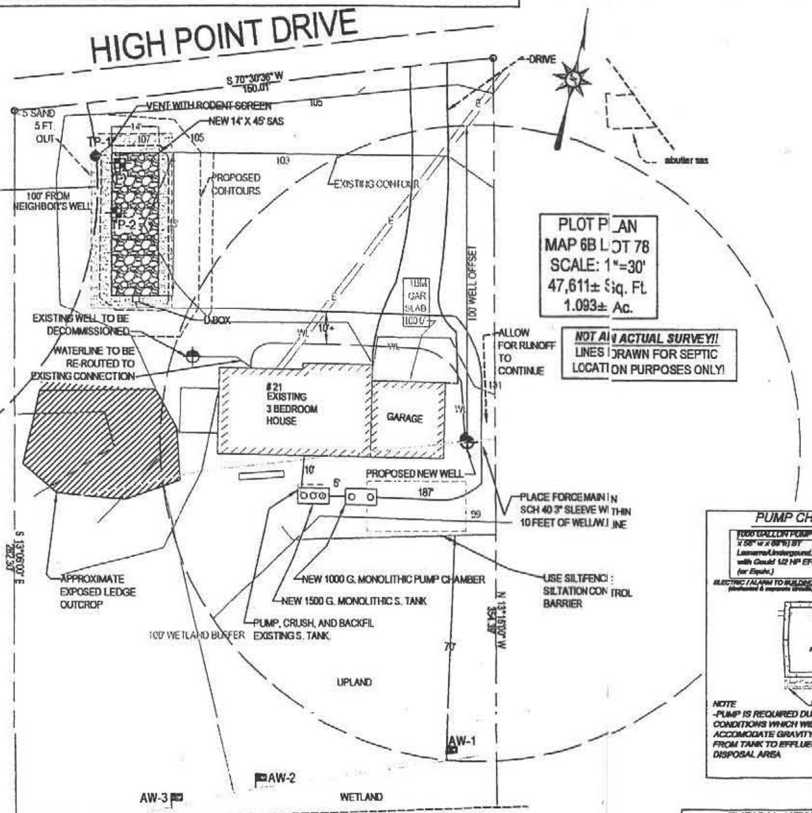
NOTE: INSTALLER MUST CONTACT ENGINEER AND OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL

0' 30' 60' 90'

NOTE TO HOMEOWNER: *MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM 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". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.*

NOTE TO INSTALLER: A PLUMBER MUST INSPECT INSIDE PLUMBING AND FIX ANY LEAKING FAUCETS OR TOILETS IF FOUND TO BE LEAKING OR FLOWING IMPROPERLY INTO SEPTIC SYSTEM PRIOR TO FINAL INSPECTION

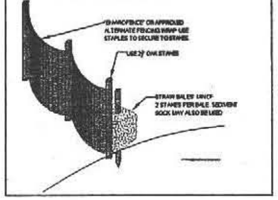
HIGH POINT DRIVE



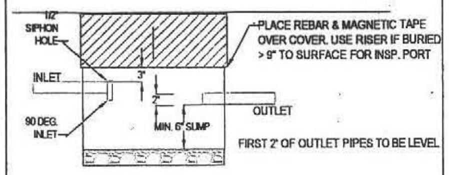
PLOT PLAN
MAP 6B LOT 78
SCALE: 1"=30'
47,611± Sq. Ft
1.093± Ac.

NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!

SILT FENCE DETAIL



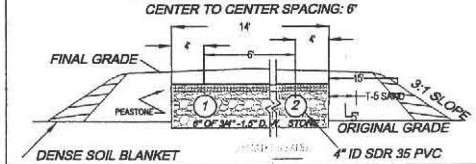
TYPICAL D.BOX (WATERTIGHT)



- PLACE ON STABLE 6" BASE OF 3/4" TO 1-1/2" D.W. STONE
- USE CONCRETE BOX WITH 2" MINIMUM WALL THICKNESS.
- FILL WITH WATER FOR FINAL INSPECTION.
- USE LARGE STYLE D.BOX 6 outlet (Underground Supply)
- ADAPT FROM 2" TO 4" BEFORE BOX IF PUMPED.

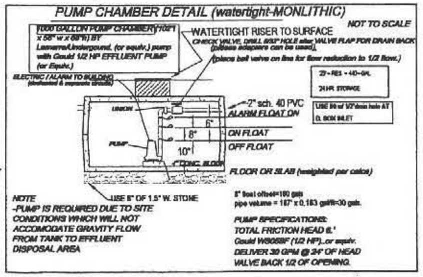
EFFLUENT DISPOSAL AREA

CROSS SECTION - NOT TO SCALE
(RAISED DISPOSAL AREA) (2 % SLOPE TOP)
NUMBER OF 4" SDR PVC SEPTIC LINES: 2
CENTER TO CENTER SPACING: 6'



PUMP CHAMBER DETAIL (watertight-MONLITHIC)

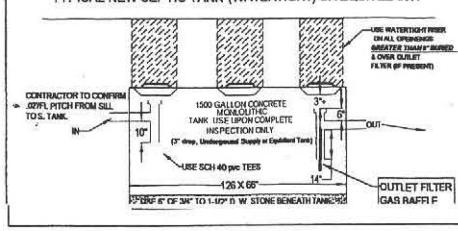
NOT TO SCALE



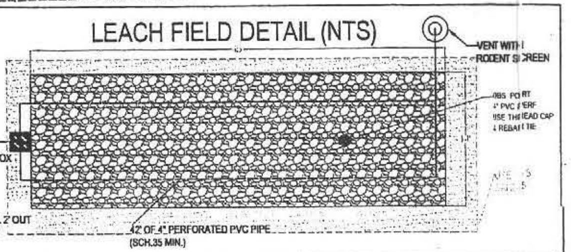
NOTE
-PUMP IS REQUIRED DUE TO SITE CONDITIONS WHICH WILL NOT ACCOMODATE GRAVITY FLOW FROM TANK TO EFFLUENT DISPOSAL AREA

PUMP SPECIFICATIONS:
TOTAL FRICTION HEAD 8.'
Gould WS05BF (1/2 HP)..or equiv.
DELIVER 30 GPM @ 34' OF HEAD
VALVE BACK 1/2 OF OPENING.

TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.

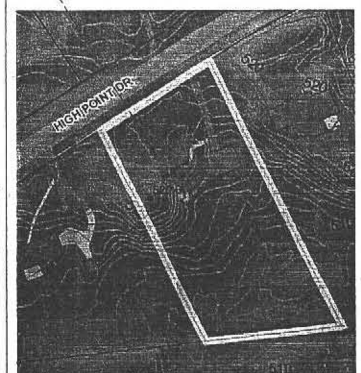


LEACH FIELD DETAIL (NTS)



- USE TEE ON INLET
- RUN SOLID PIPES LEVEL 2' OUT
- PLACE WATER IN D.BOX FOR FINAL INSPECTION

SUBJECT SITE



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, STOCKPILING, 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.

PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. **HAVE PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED (IF PRESENT) ANNUALLY
3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
7. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
8. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

DESIGN NOTES AND CALCULATIONS:

1.) 4 BEDROOM HOME (Assessors) X 110 GPD /BR = 440 GPD. REQUIRED
-Use ONE FIELD: 14' WIDE X 45' LONG WITH 6" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT
- BOTTOM AREA: 14' W X 45' L =630 SF.
- SIDE AREA: 0 SF.
- TOTAL AREA: 630 SF X 0.74 GAL/SF = 445 GPD
3. GARBAGE DISPOSAL NOT ALLOWED...
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS
6. USE NEW 1,500 GALLON MONOLITHIC S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
- INSTALL & INSPECT SCH. 40 TEES /BAFFLES (10" INLET, 14" OUTLET)
6A USE NEW 1000 GALLON MONOLITHIC PUMP CHAMBER
NOTE:
- ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
7. USE LARGE STYLE (6 OUTLET) D.BOX ONLY.
7A ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS
NOTE:
- D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
8. USE APPROVED (.75"-1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
-CONFIRM STONE PROPERLY DOUBLE WASHED PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED *(not required for repairs)*.
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
13. USE FIELD 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 TO 24" MIN. AS NEEDED (INSPECTION REQUIRED).
- CLEAR PAST BASE OF B (MIN. 24") & SCARIFY UNDER BED PRIOR TO TITLE V SAND/STONE PLACEMENT.
- EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
15. SOIL EVALUATION BY A. WEISS, RS. ON 4/8/10 (G. COURTMANCHE, BOH AGENT).
- DEPTH OF PERC. 34"
- PERC RATE = 5 MIN / IN.
- CLASS I SOIL RATING
16. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD.
17. ENGINEER & TOWN (IF REQUIRED) TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
18. BM=100.00 @ (GAR SLAB, as noted), CONFIRM PROPER PIPE SLOPES
- USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER SAS AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
21. USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.
22. NEW WELL AS REQUIRED BY LOCAL BYLAWS AS SHOWN.

TEST PIT LOG:

SOIL EVALUATOR: A. WEISS, RS
DATE OF EVALUATION: 04.08.2010

TP-1 EFF. ELEV: 103.3' eff.

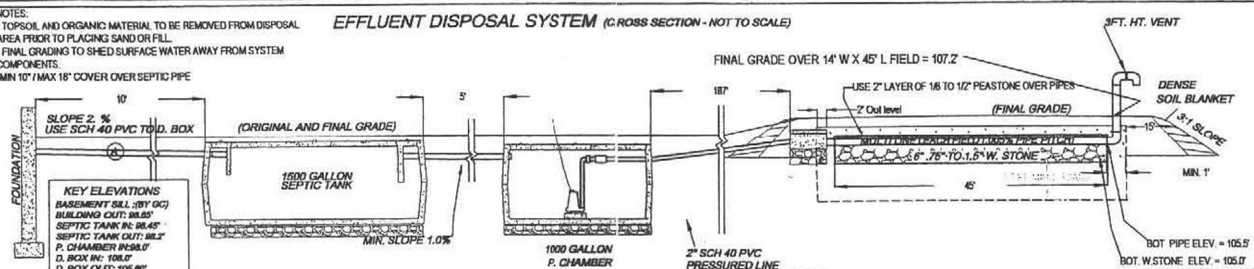
DEPTH	HORIZ	TEXTURE	COLOR MUNSELL	MATERIAL
0-10	A	FSL	10 YR 3/3	FRIABLE
10-21	Bw	LS	10 YR 4/6	FRIABLE, LOOSE
21-94	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL 10% STONE, MOD LOOSE TO GRANULAR
OXIDES:			2.5 Y 4/1	OBSERVED @ 28"
EHWT:			28" =100.95'	
STANDING H2O:			94"	
WEEPING:			NOT OBSERVED	
BEDROCK:			94"+	

TP-2 EFF. ELEV: 103.3'

DEPTH	HORIZ	TEXTURE	COLOR MUNSELL	MATERIAL
0-10	A	FSL	10 YR 3/3	FRIABLE
10-24	Bw	LS	10 YR 4/6	FRIABLE, LOOSE
24-84	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL 10% STONE, MOD LOOSE TO GRANULAR
OXIDES:			2.5 Y 4/1	OBSERVED @ 30"
EHWT:			30"	
STANDING H2O:			NOT OBSERVED	
WEEPING:			NOT OBSERVED	
BEDROCK:			84"+	

NOTES:
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.
- FINAL GRADING TO SHED SURFACE WATER AWAY FROM SYSTEM COMPONENTS.
- MIN 10" / MAX 18" COVER OVER SEPTIC PIPE

EFFLUENT DISPOSAL SYSTEM *(CROSS SECTION - NOT TO SCALE)*



KEY ELEVATIONS
BASEMENT SILL :(BY GC)
BUILDING OUT: 98.65'
SEPTIC TANK IN: 98.45'
SEPTIC TANK OUT: 98.2'
P. CHAMBER IN:98.0'
D. BOX IN: 106.0'
D. BOX OUT: 105.80'
INV. INTO L. FIELD:105.70'

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.

0' 30' 60' 90'

SEPTIC SYSTEM REPAIR & REPLACEMENT WELL PLAN FOR ALAN PETERFREUND
21 HIGH POINT DRIVE
AMHERST, MA.

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007
PHONE: (413) 323-5957
FAX: (413) 323-4976
e-Mail: AEWEISS@charter.net

DATE: 4/10/10	DRAWN BY: ARS	REVISED:
SCALE: 1"=30'	CHECKED BY: AEW	DRAWING NUMBER: 110-3323-0324

PERMITS/INSP PAYMENT RECPT#: 10099847
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 04/16/10 TIME: 08:27
CLERK: courteman DEPT:

PAID BY:
PAYMENT METH: CHECK 2517

REFERENCE: A

AMT TENDERED: 100.00
AMT APPLIED: 100.00
CHANGE: .00

SITE ADDRESS: PETERFREUND

FEES:
HEA059 WELL PERMI 100.00

TOTAL PAID: 100.00

copy of receipt
for application for a
well permit

Town of AMHERST, MASSACHUSETTS FOUNDED 1759

AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

April 15, 2010

RE: 21 High Point Drive: Request for permit to install a Drinking Well.

Dear Amherst Board of Health:

I have reviewed the plan for installation of a drinking well at 21 High Point Drive, currently owned by Alan Peterfreund. In my opinion the proposed well plan design meets the requirements of the Amherst Board of Health Regulations for Private Wells as adopted on October 30, 2008.

The current drinking well location does not meet the separation requirements from the new septic disposal area, moving the well to the proposed location will satisfy this requirement.

Mr. Alan Weiss of Cold Spring Environmental Consultants will attend the 04/29/2010 Board of Health meeting to discuss and review the drinking well site in relation to the new septic design, as well as answer any questions you may have.

Respectfully submitted

Gary Courtemanche
Assistant Sanitarian

21 High Point

#21 High Point

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 69-9 Date Sept. 24 1969 Fee $ 3 Date Rec'd. Sept. 24, 1969 By Ced

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

Location—Address Lot ~~46~~ 21 High Point Hill or Lot No. ____

Owner Roy Industries Address Amherst Rd. Shutesbury

Contractor Same Address ____

Type of Building ____ Dimensions ____ Size Lot acre

Dwelling—No. of Bedrooms 4 Expansion Attic (no Garbage Grinder (yes

Other ____ No. of persons ____ Showers ( )

Other fixtures ____

Town Water? no Type of Well Artesian

Design Flow 50 gallons per person per day. Total daily flow ____ gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L ____ W ____ D ____

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

Disposal Bed—No. 1 Diameter 10x45 Depth below inlet ____ Total leaching area 450 sq. ft.

Dry Well—No. ____ Diameter ____ Depth below inlet ____ Dimensions: ____ x ____ x ____

Other: Distribution box (x No. ____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation ____)

Percolation Test Results Performed by Drake Date 9/24/69

Test Pit No. 1 7 minutes per inch Depth of Test Pit 36"

Test Pit No. 2 ____ minutes per inch Depth of Test Pit ____

Description of Soil fine sandy clay Depth to Ground Water not found

Will *disposal area* be filled? ____ Cut down? ____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

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

Topsoil Removed Replaced with Bank Run.

x Roy Industries by William Moody [signature] Owner or builder date 9/24/69

Application Approved by C.E.Drake date

Application Disapproved *for the following reasons:*

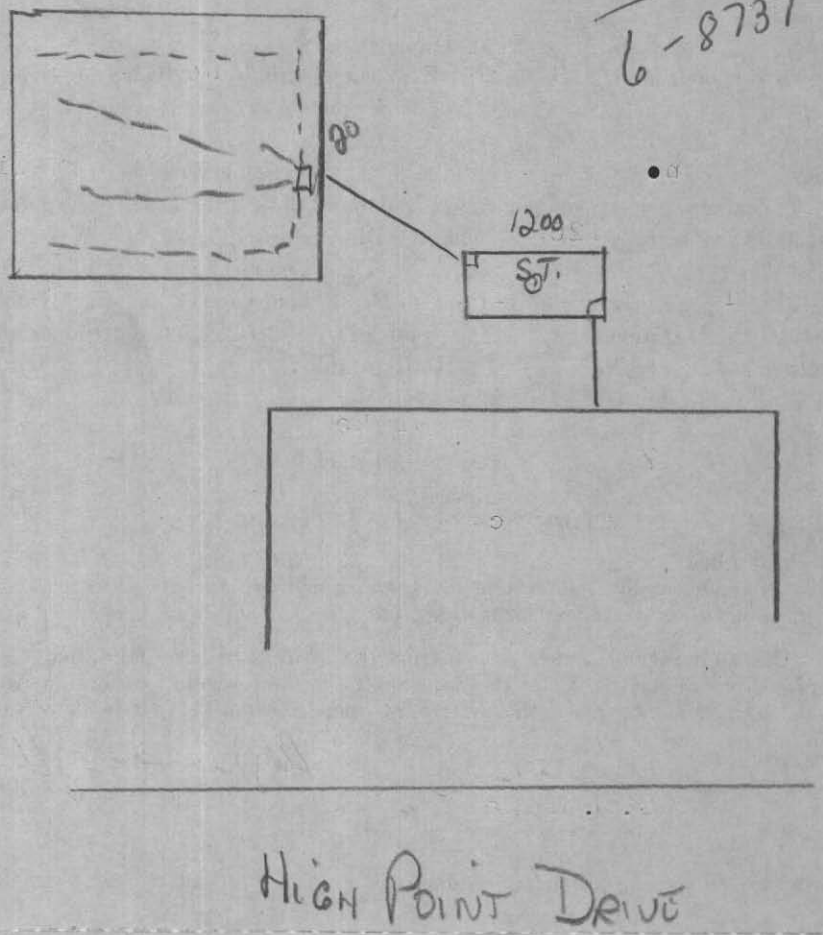
BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired ( ) by W.W. Clark (INSTALLER) at Lot 46 High Pt Dr has been constructed in accordance with the provisions of Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 69-9 dated 9-24-69

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

DATE Apr. 1970 Inspector [signature]



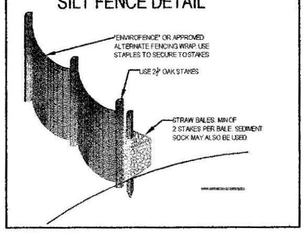
EDWARDS

6-8737

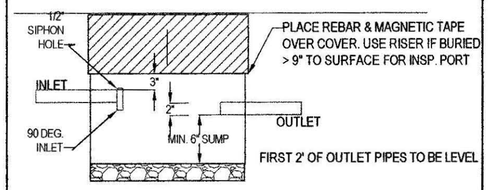
NOTE TO HOMEOWNER: *MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (3,4, OR 5 FEET), IS* ***NOT*** *THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.*

NOTE TO INSTALLER: A PLUMBER MUST INSPECT INSIDE PLUMBING AND FIX ANY LEAKING FAUCETS OR TOILETS IF FOUND TO BE LEAKING OR FLOWING IMPROPERLY INTO SEPTIC SYSTEM PRIOR TO FINAL INSPECTION.

SILT FENCE DETAIL



TYPICAL D.BOX (WATERTIGHT)



- PLACE ON STABLE 6" BASE OF 3/4" TO 1-1/2" D.W. STONE
- USE CONCRETE BOX WITH 2" MINIMUM WALL THICKNESS.
- FILL WITH WATER FOR FINAL INSPECTION.
- USE LARGE STYLE D.BOX 6 outlet (Underground Supply)
- ADAPT FROM 2" TO 4" BEFORE BOX IF PUMPED.

WETLAND DEILINEATION AND SEDIMENT CONTROL NOTES:

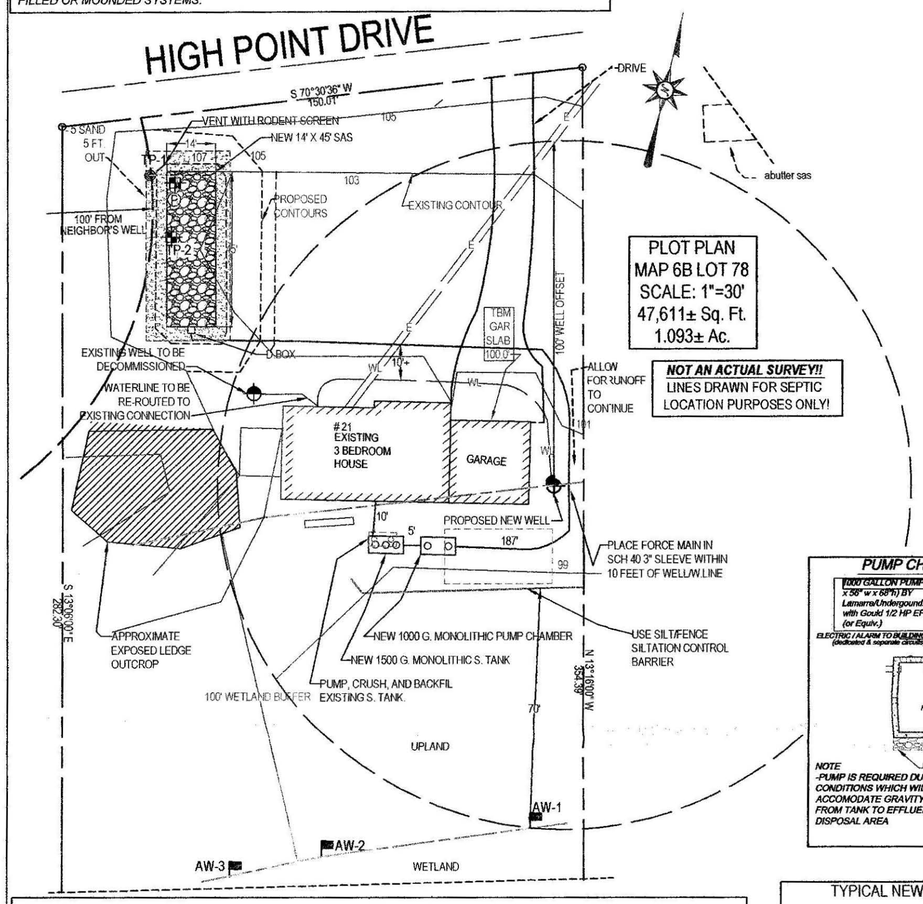
NOTE: ***All fabric silt fence to be backed with Double Staked Virgin Straw Bales (free of seeds) in order to prevent fugitive re-seeding in Resource Area.***

1. NO ALTERATION OF SEDIMENT, STOCKPILING, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE).
2. SEDIMENTATION BARRIER 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.

PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

1. HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
2. **HAVE PUMP, AND PUMP CHAMBER & OUTLET FILTER INSPECTED (IF PRESENT) ANNUALLY
3. MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
4. MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
5. DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
6. USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
7. CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING DEVICES AND FIXTURES ONLY.
8. KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

HIGH POINT DRIVE



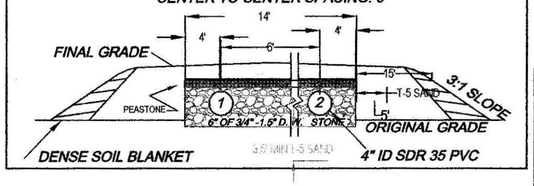
PLOT PLAN

MAP 6B LOT 78
SCALE: 1"=30'
47,611± Sq. Ft.
1.093± Ac.

NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!

EFFLUENT DISPOSAL AREA

CROSS SECTION - NOT TO SCALE
(RAISED DISPOSAL AREA) (2 % SLOPE TOP)
NUMBER OF 4" SDR PVC SEPTIC LINES: 2
CENTER TO CENTER SPACING: 6'



PUMP CHAMBER DETAIL (watertight-MONLITHIC)

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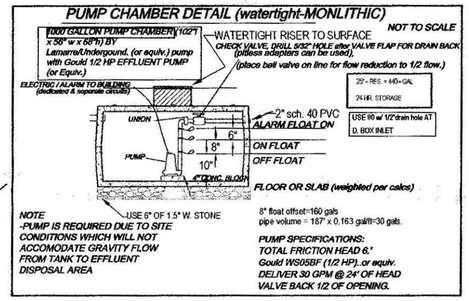
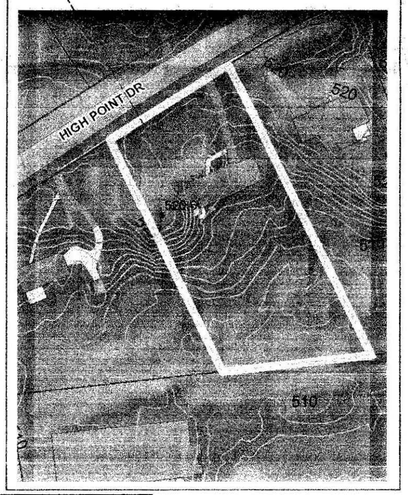


NOTE
-PUMP IS REQUIRED DUE TO SITE CONDITIONS WHICH WILL NOT ACCOMODATE GRAVITY FLOW FROM TANK TO EFFLUENT DISPOSAL AREA

PUMP SPECIFICATIONS:
TOTAL FRICTION HEAD 6.'
Gould WS05BF (1/2 HP)..or equiv.
DELIVER 30 GPM @ 24' OF HEAD
VALVE BACK 1/2 OF OPENING.

SUBJECT SITE



DESIGN NOTES AND CALCULATIONS:

1.) 4 BEDROOM HOME (Assessors) X 110 GPD /BR = 440 GPD. REQUIRED

-Use ONE FIELD: 14' WIDE X 45' LONG WITH 6" OF 3/4" TO 1-1/2" DBL WASHED STONE BELOW INVERT

- BOTTOM AREA: 14' W X 45' L =630 SF.
- SIDE AREA: 0 SF.
- TOTAL AREA: 630 SF X 0.74 GAL/SF = 445 GPD

3. **GARBAGE DISPOSAL NOT ALLOWED.**
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 100 FEET OF SAS
6. USE NEW 1,500 GALLON **MONOLITHIC** S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
   - INSTALL & INSPECT SCH - 40 TEES / BAFFLES (10" INLET, 14" OUTLET)

6A USE NEW 1000 GALLON **MONOLITHIC** PUMP CHAMBER

NOTE:
- ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.

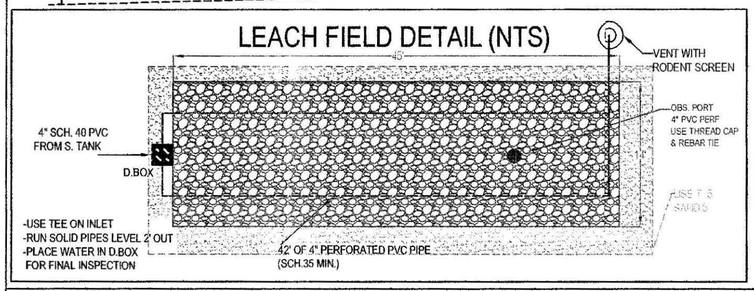
7. USE LARGE STYLE (6 OUTLET) D.BOX ONLY.

7A ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS

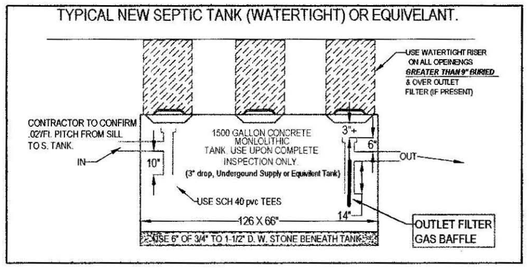
NOTE:
- D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.

8. USE APPROVED (.75"-1 1/2"") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
   -CONFIRM STONE PROPERLY DOUBLE WASHED PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED ***(not required for repairs)***.
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
13. USE FIELD 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 TO 24" MIN. AS NEEDED (INSPECTION REQUIRED)
    - CLEAR PAST BASE OF B1 (MIN. 24") & SCARIFY UNDER BED PRIOR TO TITLE V SAND/STONE PLACEMENT.
    - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
15. SOIL EVALUATION BY A. WEISS, RS. ON 4/8/10 (G. COURTMANCHE, BOH AGENT).
    - DEPTH OF PERC. 34"
    - PERC RATE = 5 MIN / INI,
    - CLASS I SOIL RATING
16. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD.
17. ENGINEER & TOWN (IF REQUIRED) TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
18. BM=100.00 @ (GAR SLAB, as noted), CONFIRM PROPER PIPE SLOPES
    - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER SAS AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
21. USE OBSERVATION PORT/ NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.
22. NEW WELL AS REQUIRED BY LOCAL BYLAWS AS SHOWN.

LEACH FIELD DETAIL (NTS)

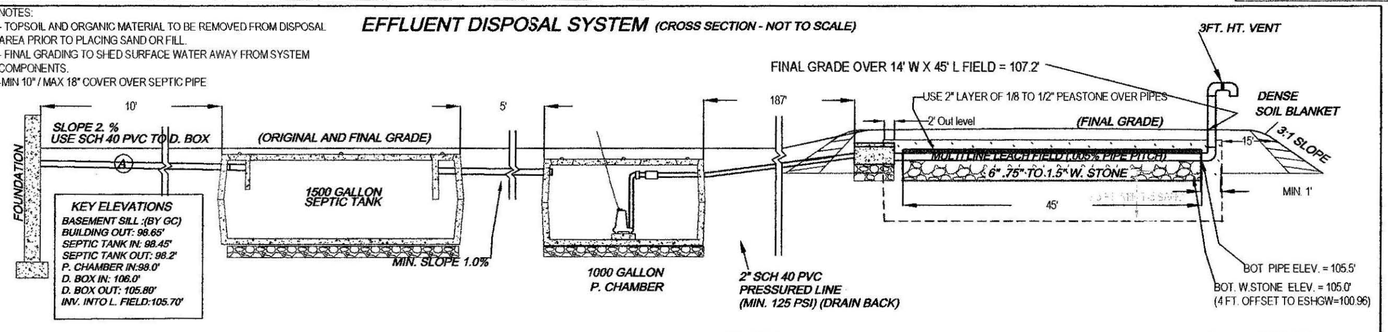


TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.



EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)

NOTES:
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.
- FINAL GRADING TO SHED SURFACE WATER AWAY FROM SYSTEM COMPONENTS.
-MIN 10" / MAX 18" COVER OVER SEPTIC PIPE



TEST PIT LOG:

SOIL EVALUATOR: A. WEISS, RS					DATE OF EVALUATION: 04.08.2010					
TP-1 EFF. ELEV: 103.3' effl.					TP-2 EFF. ELEV: 103.3'					
DEPTH:	HORIZ.	TEXTURE:	COLOR (MUNSELL):	MATERIAL:	DEPTH:	HORIZ.	TEXTURE:	COLOR (MUNSELL):	MATERIAL:	
0-10	A	FSL	10 YR 3/3	FRIABLE	0-10	A	FSL	10 YR 3/3	FRIABLE	
10-21	Bw	LS	10 YR 4/6	FRIABLE, LOOSE	10-24	Bw	LS	10 YR 4/6	FRIABLE, LOOSE	
21-94	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL	24-84	C1	LS	2.5 Y 4/3	FM SANDY ABLATION TILL	
				10% STONE, MOD LOOSE					10% STONE, MOD LOOSE	
				TO GRANULAR					TO GRANULAR	
OXIDES:			2.5 Y 4/1	OBSERVED @ 28"	OXIDES:			2.5 Y 4/1	OBSERVED @ 30"	
EHWT:			28" =100.96'		EHWT:			30"		
STANDING H2O:			94"		STANDING H2O:			NOT OBSERVED		
WEEPING:			NOT OBSERVED		WEEPING:			NOT OBSERVED		
BEDROCK:			94"+		BEDROCK:			84"+		

SEPTIC SYSTEM REPAIR & REPLACEMENT WELL PLAN FOR ALAN PETERFREUND
21 HIGH POINT DRIVE
AMHERST, MA.

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007
PHONE: (413) 323-5957
FAX: (413) 323-4916
e-Mail: AEWEISS@charter.net

DATE:	DRAWN BY:	REVISED:
4/10/10	ARS	
SCALE: 1"=30'	CHECKED BY: AEW	DRAWING NUMBER: 110-3323-0324

COMMONWEALTH OF MASSACHUSETTS — ALAN E. WEISS #9533 — REGISTERED SANITARIAN

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.*

0' 30' 60' 90'

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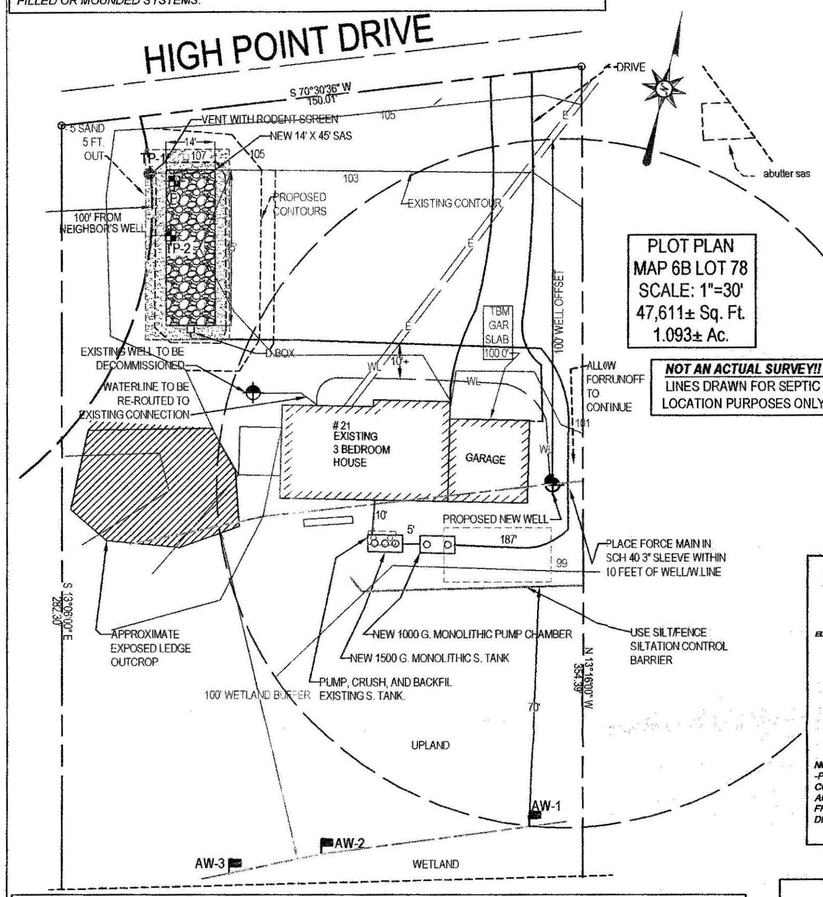

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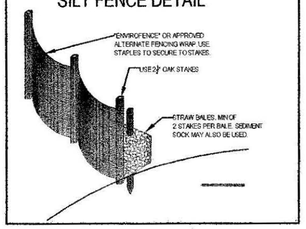

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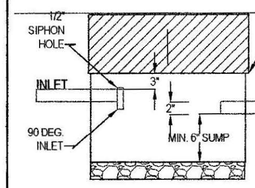

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EFFLUENT DISPOSAL AREA

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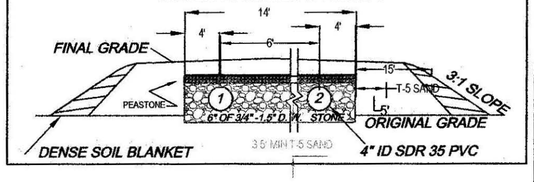

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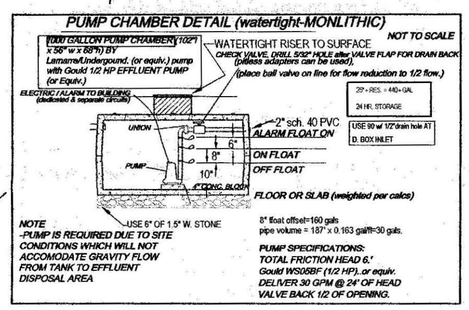

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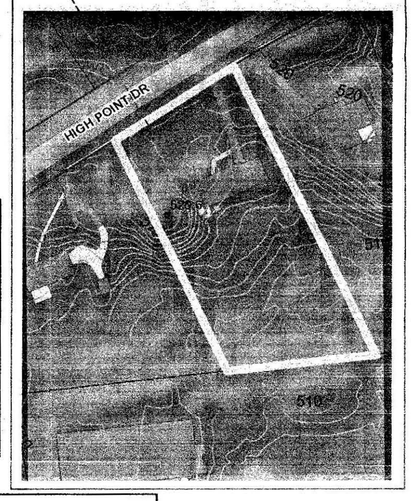

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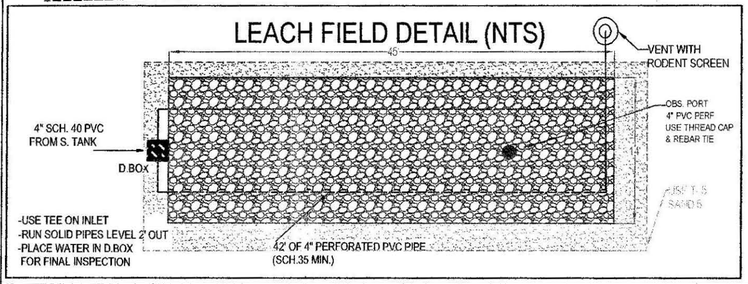
17. ENGINEER & TOWN (IF REQUIRED) TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
18. BM=100.00 @ (GAR SLAB, as noted), CONFIRM PROPER PIPE SLOPES
    - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER SAS AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
21. USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.
22. NEW WELL AS REQUIRED BY LOCAL BYLAWS AS SHOWN.

TEST PIT LOG:

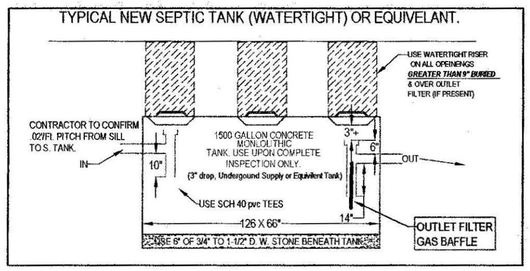
SOIL EVALUATOR: A. WEISS, RS — DATE OF EVALUATION: 04.08.2010

TP-1 EFF. ELEV: 103.3' eff.					TP-2 EFF. ELEV: 103.3'				
DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):	MATERIAL:	DEPTH	HORIZ:	TEXTURE:	COLOR (MUNSELL):	MATERIAL:
0-10	A	FSL	10 YR 3/3	FRIABLE	0-10	A	FSL	10 YR 3/3	FRIABLE
10-21	Bw	LS	10 YR 4/6	FRIABLE, LOOSE	10-24	Bw	LS	10 YR 4/6	FRIABLE, LOOSE
21-94	C1	LS	2.5 Y 4/3	F-M SANDY ABLATION TILL	24-84	C1	LS	2.5 Y 4/3	F-M SANDY ABLATION TILL
				10% STONE, MOD LOOSE					10% STONE, MOD LOOSE
				TO GRANULAR					TO GRANULAR
OXIDES:			2.5 Y 4/1	OBSERVED @ 28"	OXIDES:			2.5 Y 4/1	OBSERVED @ 30"
EHWT:			28" =100.96'		EHWT:			30"	
STANDING H2O:			94"*		STANDING H2O:			NOT OBSERVED	
WEEPING:			NOT OBSERVED		WEEPING:			NOT OBSERVED	
BEDROCK:			94"+		BEDROCK:			84"+	

LEACH FIELD DETAIL (NTS)

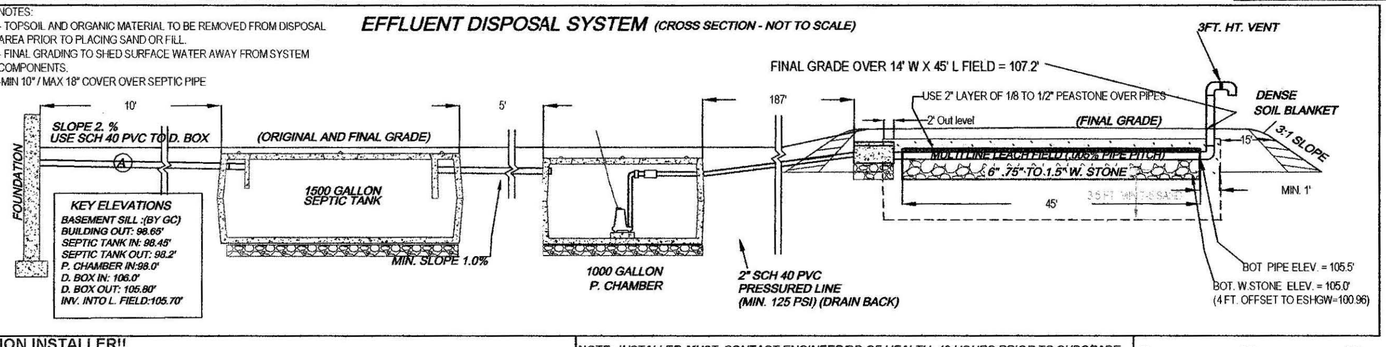


TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.



EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)

NOTES:
- TOPSOIL AND ORGANIC MATERIAL TO BE REMOVED FROM DISPOSAL AREA PRIOR TO PLACING SAND OR FILL.
- FINAL GRADING TO SHED SURFACE WATER AWAY FROM SYSTEM COMPONENTS.
-MIN 10" / MAX 18" COVER OVER SEPTIC PIPE



SEPTIC SYSTEM REPAIR & REPLACEMENT WELL PLAN FOR ALAN PETERFREUND
21 HIGH POINT DRIVE
AMHERST, MA.

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007
PHONE: (413) 323-5957
FAX: (413) 323-4916
e-Mail: AEWEISS@charter.net

DATE:	DRAWN BY:	REVISED:
4/10/10	ARS	
SCALE: 1"=30'	CHECKED BY: AEW	DRAWING NUMBER: 110-3323-0324

COMMONWEALTH OF MASSACHUSETTS — ALAN E. WEISS 4618 — REGISTERED SANITARIAN

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.*

0' 30' 60' 90'