

93 HIGHPOINT

~~89~~ SOUTHEAST STREET



Commonwealth of Massachusetts
 City/Town of
Certificate of Compliance
 Form 3

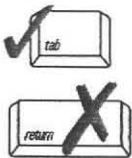
DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

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

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):



DSCP Number _____ DSCP Date _____
 Facility Owner GAYLE + PAUL METEVIA
 Street Address or Lot # 93 HIGH POINT
 City/Town AMHERST State MA Zip Code 01002

Designer Information:

Alan Weiss, RS, # 933 _____ Cold Spring Environmental, Inc.
 Name _____ Name of Company
 Signature [Signature] Date 7-25-13

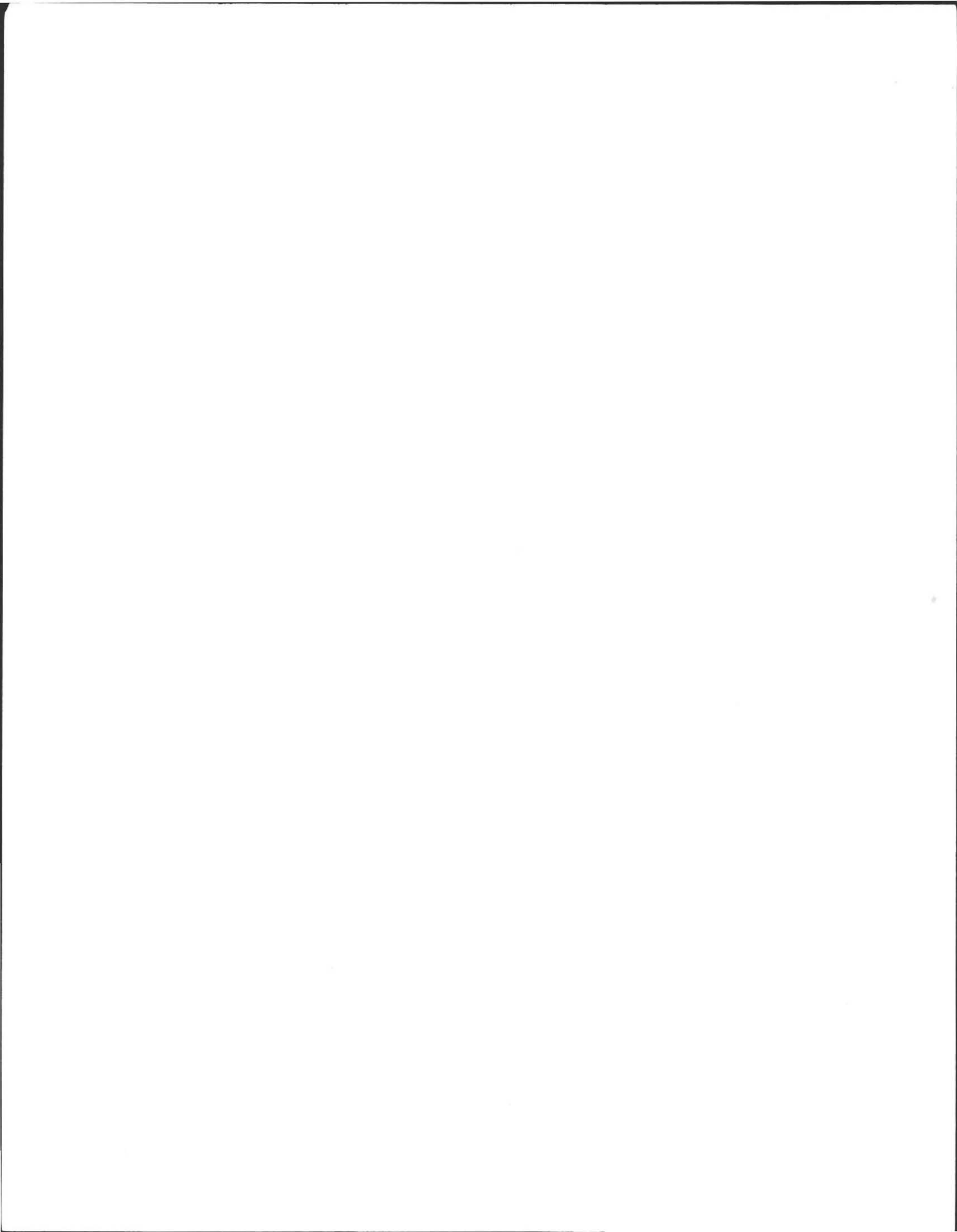
Installer Information:

Thomas Wawczek _____ River DR. EX.
 Name _____ Name of Company
 Signature [Signature] Date 7-25-13

Use of this system is conditioned on compliance with the provisions set forth below:

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

AMHERST HEALTH _____
 Approving Authority
 Signature [Signature] Date 7.25.2013



Aug. 16. 2013 1:59PM

No. 6040 P. 3



Commonwealth of Massachusetts City/Town of Certificate of Compliance Form 3

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- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number 14-1 DSCP Date 7/9/2013

Facility Owner Paul McAvia

Street Address or lot # 93 High Post

City/Town Amherst MA State 01007 Zip Code

Designer Information:

Alan Weiss, RS, # 933 Cold Spring Environmental, Inc.

Name [Signature] Name of Company

Signature [Signature] Date 8/16/2013

Installer Information:

Tom Wyzard Ruer Dair

Name [Signature] Name of Company

Signature [Signature] Date 8-16-13

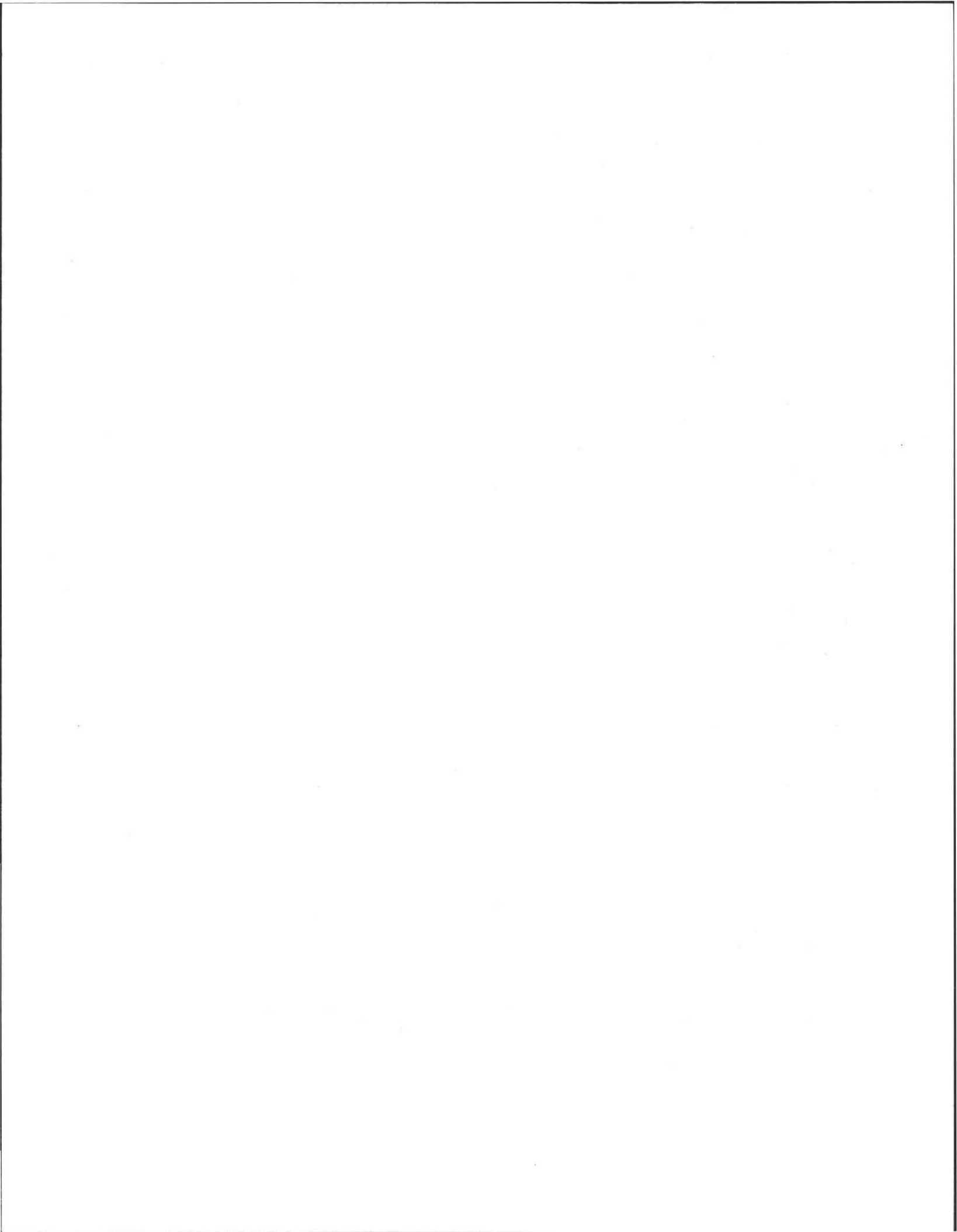
Use of this system is conditioned on compliance with the provisions set forth below:

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

AMHERST HEALTH DEPARTMENT

Approving Authority [Signature] Date 8/16/2013

Signature [Signature] Date





Commonwealth of Massachusetts
 City/Town of
Certificate of Compliance
 Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

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

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number 14-1 DSCP Date 7/7/2013
 Facility Owner Paul Metavia
 Street Address or Lot # 93 HighPoint
Amherst MA 01007
 City/Town State Zip Code

Designer Information:

Alan Weiss, RS, # 933 Cold Spring Environmental, Inc.
 Name Name of Company
 Signature [Signature] Date 8/16/2013

Installer Information:

Ron Wyzdek River Drive
 Name Name of Company
 Signature Date

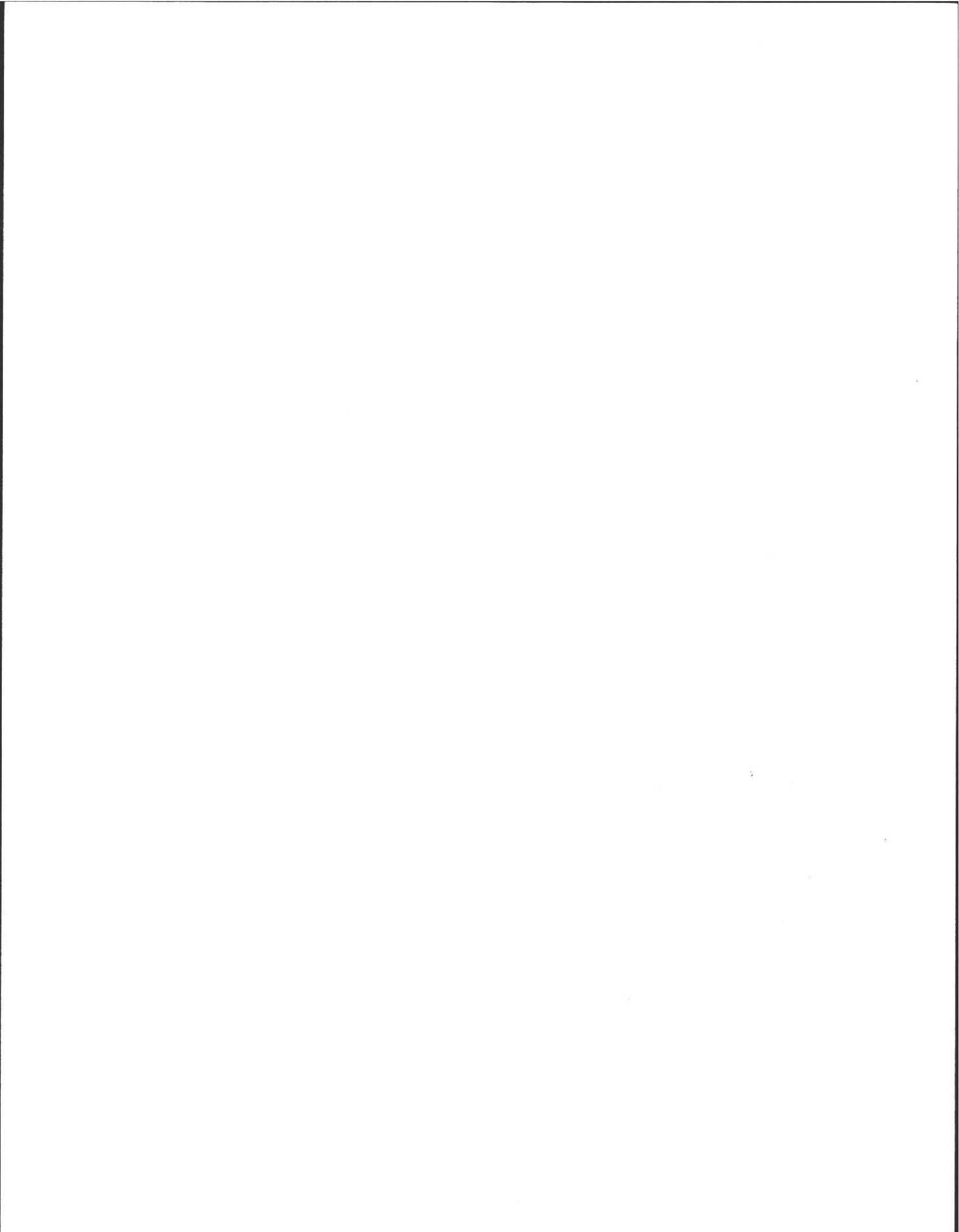
Use of this system is conditioned on compliance with the provisions set forth below:

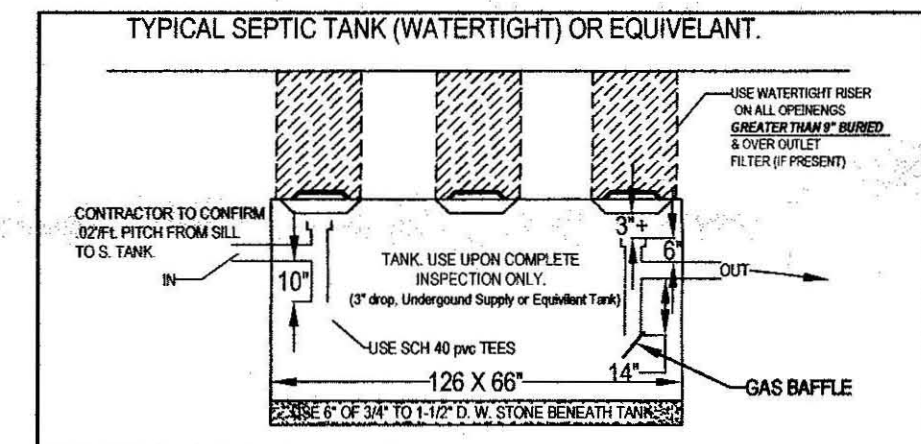
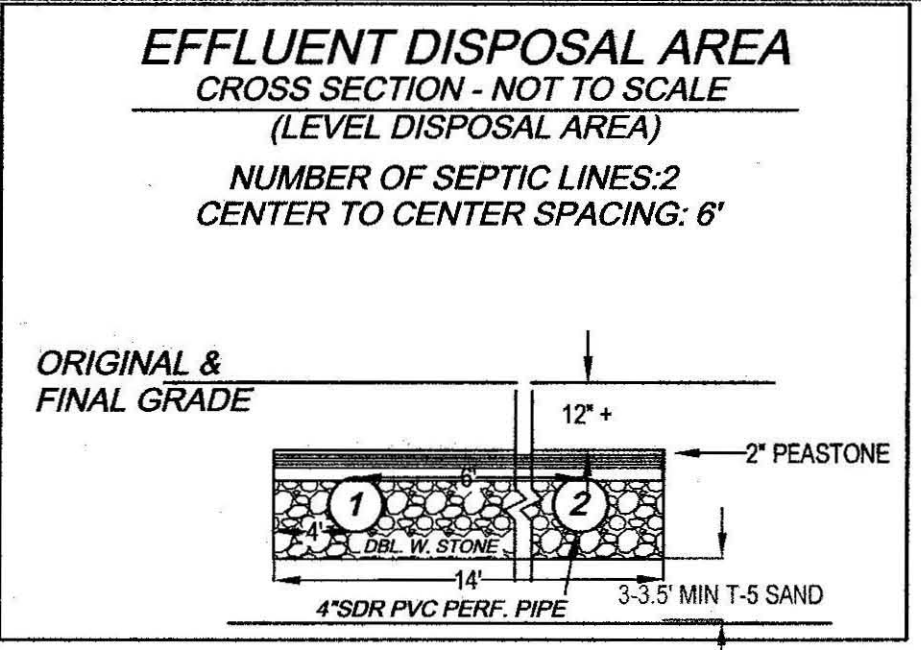
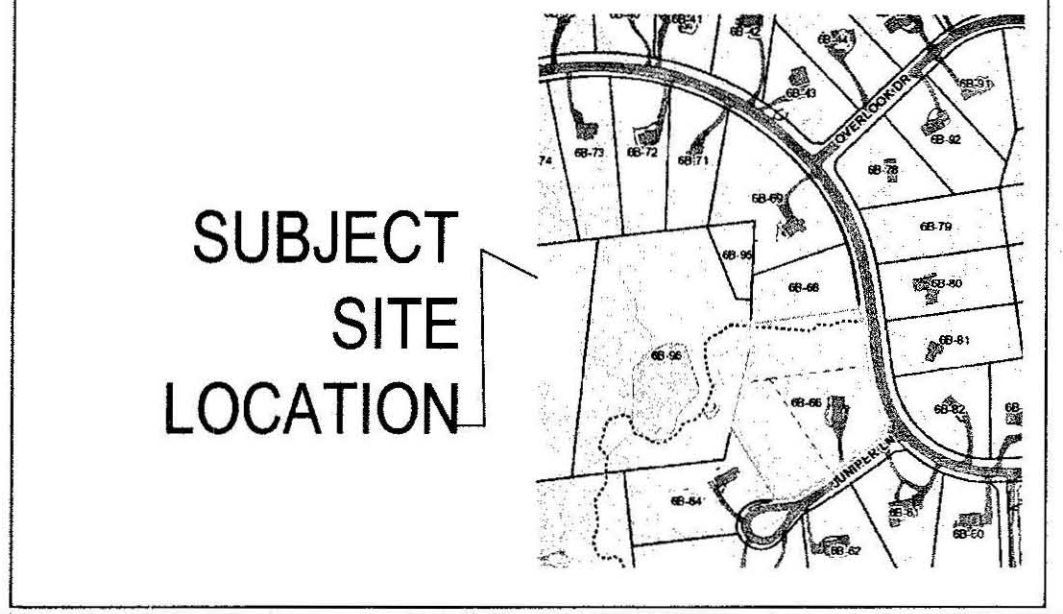
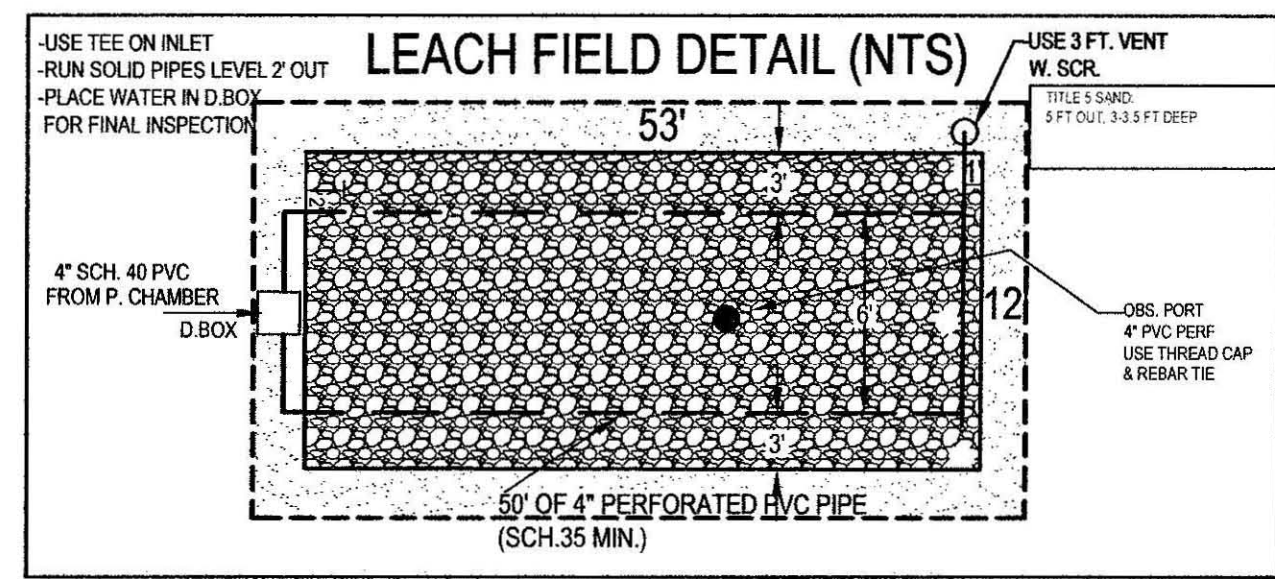
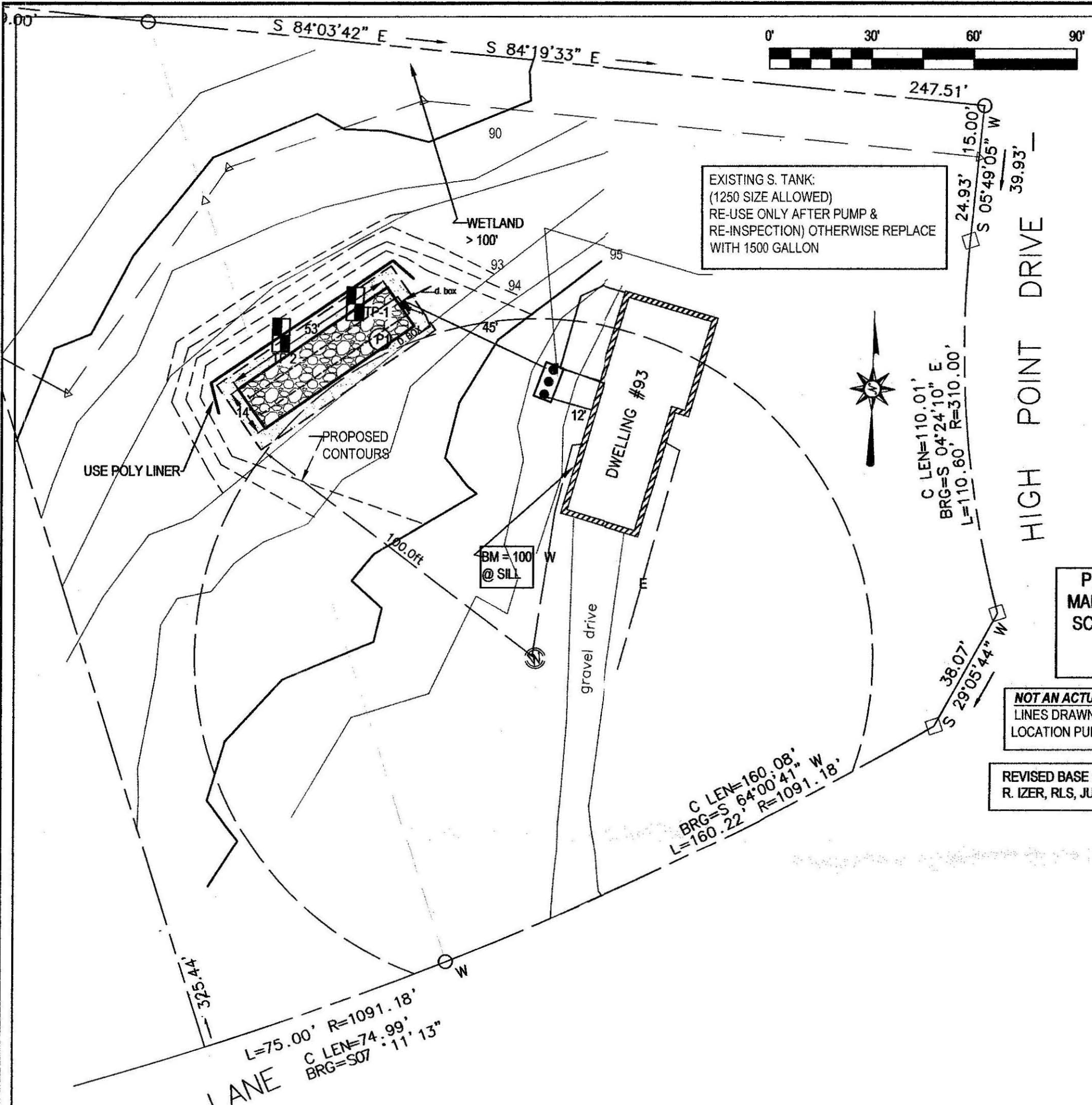
facep
8/16/2013

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

AMHERST HEALTH DEPARTMENT
 Approving Authority

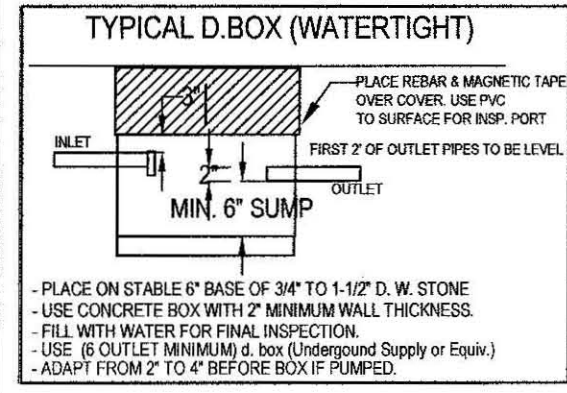
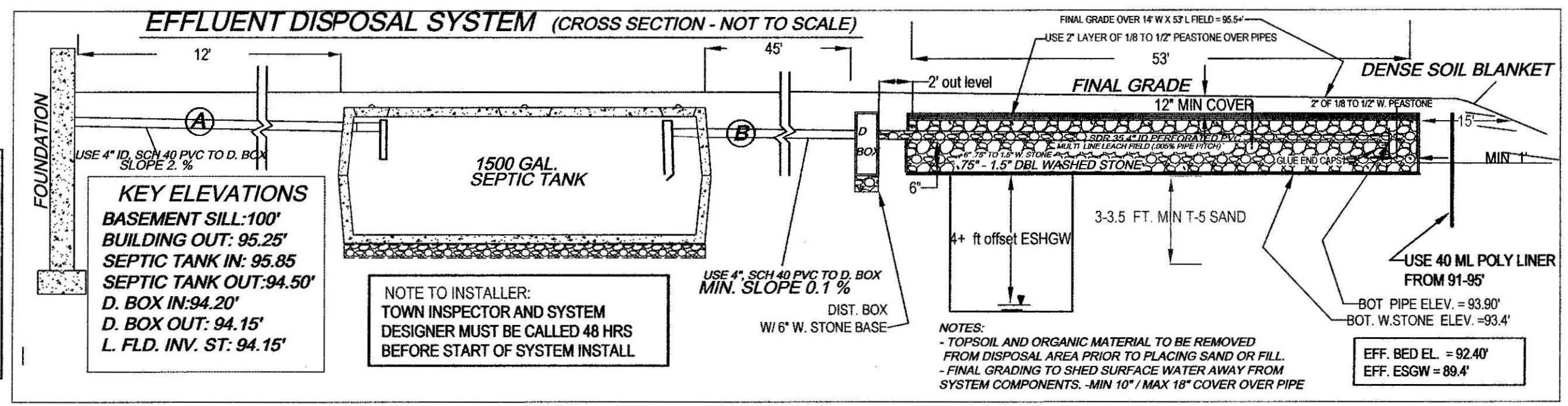
Signature _____ Date _____





USING EXISTING SEPTIC TANKS:
 AN EXISTING 1,200 or 1,500 GALLON TANK CAN BE USED IF UPON INSPECTION BY THE INSTALLING CONTRACTOR, IF THE TANK IS INSPECTED AND PUMPED AND FOUND TO BE STRUCTURALLY SOUND & WATERTIGHT AT THE TIME OF THE SUBGRADE INSPECTION. IF BAFFLES ARE NOT BUILT IN, THAN SCH 40 PVC TEES MUST BE ADDED. IF TANK IS NOT SOUND THAN, NOTIFY ENGINEER IMMEDIATELY IN ORDER TO ACCOMMODATE A NEW 1,500 GALLON (MIN) SEPTIC TANK.

- DESIGN NOTES AND CALCULATIONS:**
 1.) 4 (BEDROOM HOME) = 440 GPD MIN. REQUIRED, (440+ provided)
 - Use LEACHING FIELD 14' WIDE X 53' LONG WITH 6" OF 3/4" TO 1-1/2" DBL WASHED STONE BELOW INVERT :
 - BOTTOM AREA: L. FIELD (14' W X 53' L) = 742 SF.
 - TOTAL AREA: 742 SF X .60 GAL/SF = 445 GPD PROVIDED.
 3. GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
 4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
 5. NO WETLANDS WITHIN 100 FEET OF SAS.
 6. USE S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
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.
 7B ANY / ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
 8. - USE (.75"-1 1/2") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
 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 & ESHGW (310 CMR 15.240)
 14. USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO BASE OF RESTRICTIVE LAYER 26" MIN. AS NEEDED (INSPECTION REQUIRED).
 - 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. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 45"
 - PERC RATE = 102 MIN/IN, 10 MIN/INCA
 - CLASS 1, LS SOIL RATING
 16. NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
 17. ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
 18. BM=100.00 @ (SILL, 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..



KEY ELEVATIONS
 BASEMENT SILL: 100'
 BUILDING OUT: 95.25'
 SEPTIC TANK IN: 95.85
 SEPTIC TANK OUT: 94.50'
 D. BOX IN: 94.20'
 D. BOX OUT: 94.15'
 L. FLD. INV. ST: 94.15'

NOTE TO INSTALLER:
 TOWN INSPECTOR AND SYSTEM DESIGNER MUST BE CALLED 48 HRS BEFORE START OF SYSTEM INSTALL

TEST PIT LOG:				SOIL EVALUATOR:		DATE OF EVALUATION:	
TP 1: 92.5'				A. WEISS		06.19.2013	
DEPTH:	HORIZ:	TEXTURE (MUNSELL):	MATERIAL:	DEPTH:	HORIZ:	TEXTURE (MUNSELL):	MATERIAL:
0-8"	Ap	FSL	10 YR 3.2 FRIABLE	0-8"	A	FSL	10 YR 3.3 FRIABLE
8-25"	Bw	FSL	10 YR 5.6 FRIABLE F.S AND	8-25"	Bw	LS	10 YR 5.6 FRIABLE, F. SAND
25-102"	C1	LS	2.5 Y 5.3 F SANDY ABL. TILL	25-126"	C1	LS	2.5 Y 5.3 F SANDY ABL. TILL
			SLIGHTLY FIRM				SLIGHTLY FIRM
			10% STONES & BOULDERS				10% STONES & BOULDERS
OXIDES:	36"	7.5 YR 5.8		OXIDES:	36"	7.5 YR 5.8	
EHWT:	36"			EHWT:	36"		
STANDING H2O:	90"			STANDING H2O:	90"		
WEEPING:	50"			WEEPING:	50"		
BEDROCK:	102"+			BEDROCK:	126"+		

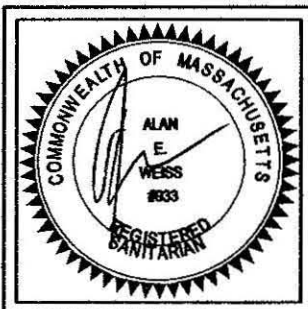
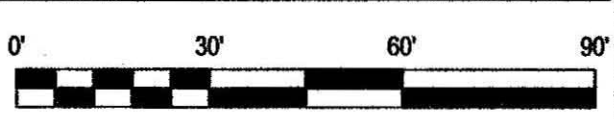
SEPTIC DESIGN PLAN FOR PAUL METEVIA
 93 HIGHPOINT DRIVE
 AMHERST, MA
Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007
 P.F.O. NO. (413) 323-5957
 F.A.C. (413) 323-4916
 DATE: 07.17.2013
 SCALE: 1"=30'
 DRAWN BY: ALAN WEISS
 REVISED:
 DRAWING NUMBER: 113-4104-0524
 e-Mail: AEWES@charter.net

GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.
 1.) HAVE TANK PUMPED EVERY 2 YEARS. 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER. 3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM. 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
 CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 41 - 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.



June 2013 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center
70 Boltwood Walk
Amherst, MA 01002

DATE: June 27, 2013

TO Gayle and Paul Metevia
93 High Point
Amherst, MA, 01002

RE: Invoice for Title 5 Inspection Witness, Soil Eval, Plan Review
93 Highpoint, Amherst

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

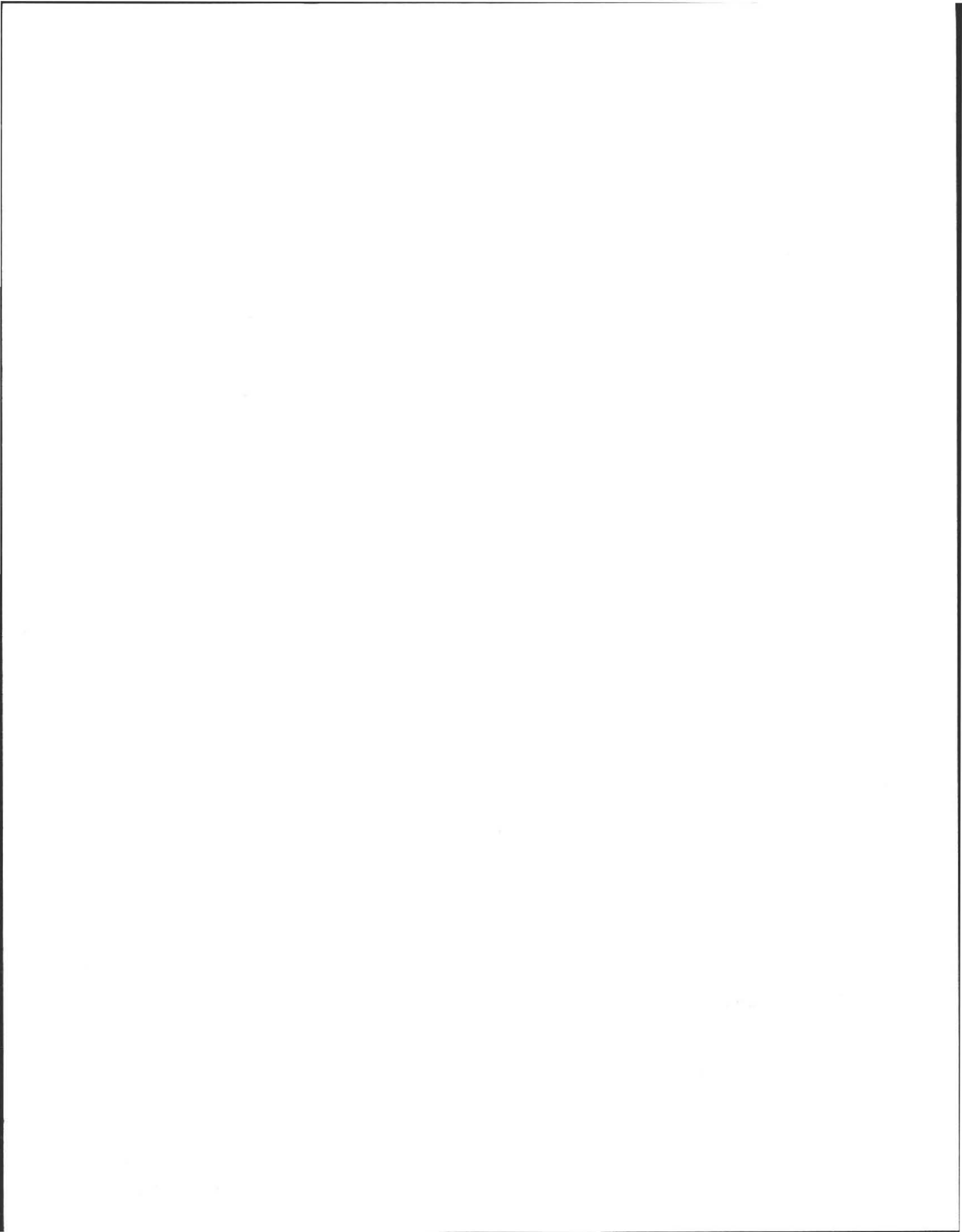
QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Title 5 Witness Fee (5/24/2013 - Failed)	\$ 200.00	\$ 200.00
1.00	Soil Evaluation (6/25/2013 - Repair[2 deep holes, 1 perc], + Marketability soil eval/perc [for lot next door](billed same as 1 new construction soil eval (4 deep holes/2 percs)	\$ 300.00	\$ 300.00
1.00	Plan Review (to be performed on repair plans due from A. Weiss)	150.00	\$ 150.00

SUBTOTAL	\$ 650.00
SALES TAX	
TOTAL	\$ 650.00

This invoice includes all anticipated fees for the Title 5, repairs, and required/requested soil evaluations.

THANK YOU Ed Smith

*BATCH 4057
7/19/2013*



PERMITS/INSP PAYMENT RECPT#: 14005674
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/19/13 TIME: 15:11
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 4185

REFERENCE:

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

SITE ADDRESS: 93 HIGH POINT DRIVE

FEEs:
HEA058 200.00

TOTAL PAID: 200.00



PERMITS/INSP PAYMENT RECPT#: 14005675
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/19/13 TIME: 15:13
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 4185

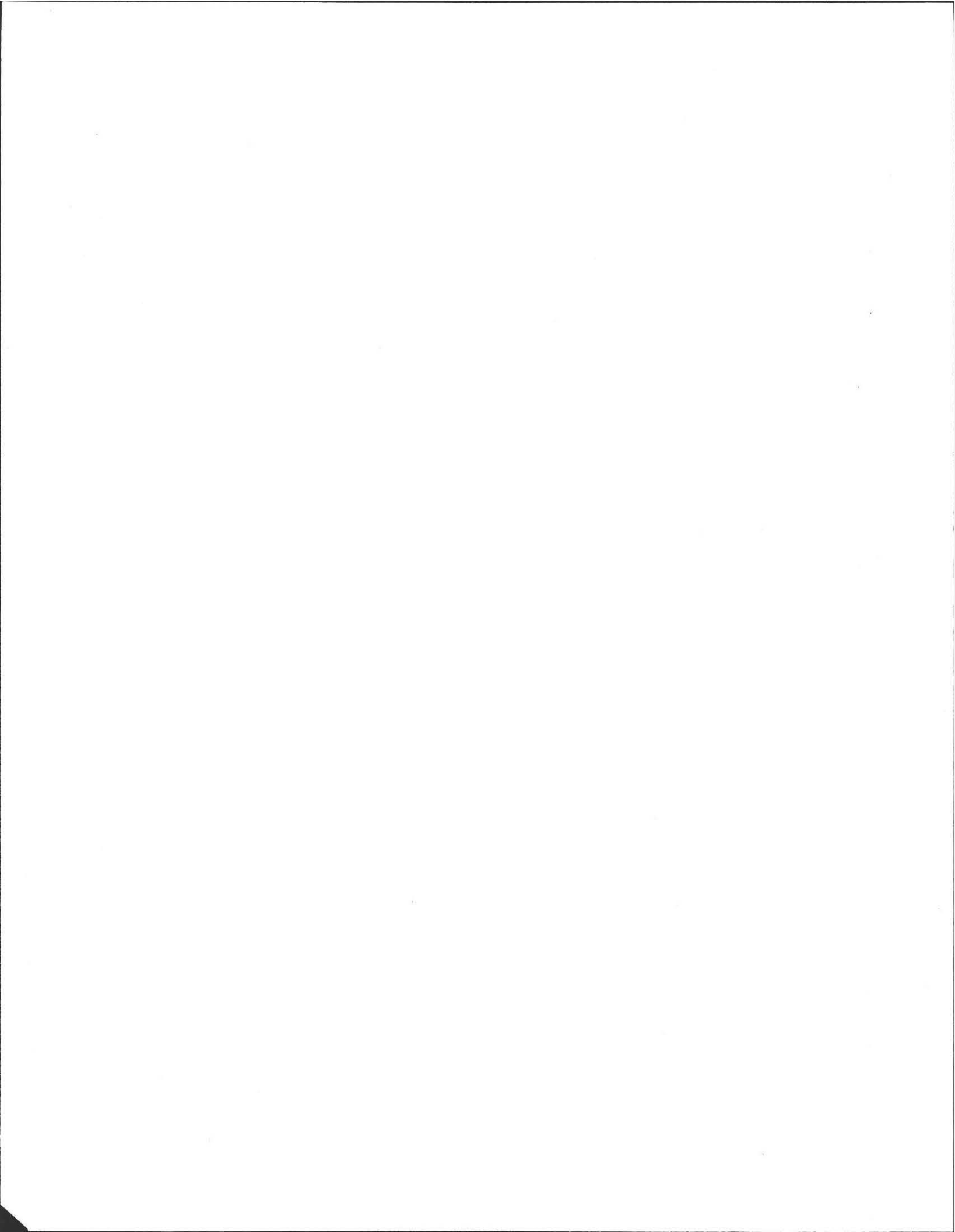
REFERENCE:

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

SITE ADDRESS: 93 HIGH POINT DRIVE

FEEs:
HEA011 300.00

TOTAL PAID: 300.00



PERMITS/INSP PAYMENT RECPT#: 14005677
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/19/13 TIME: 15:15
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 4185

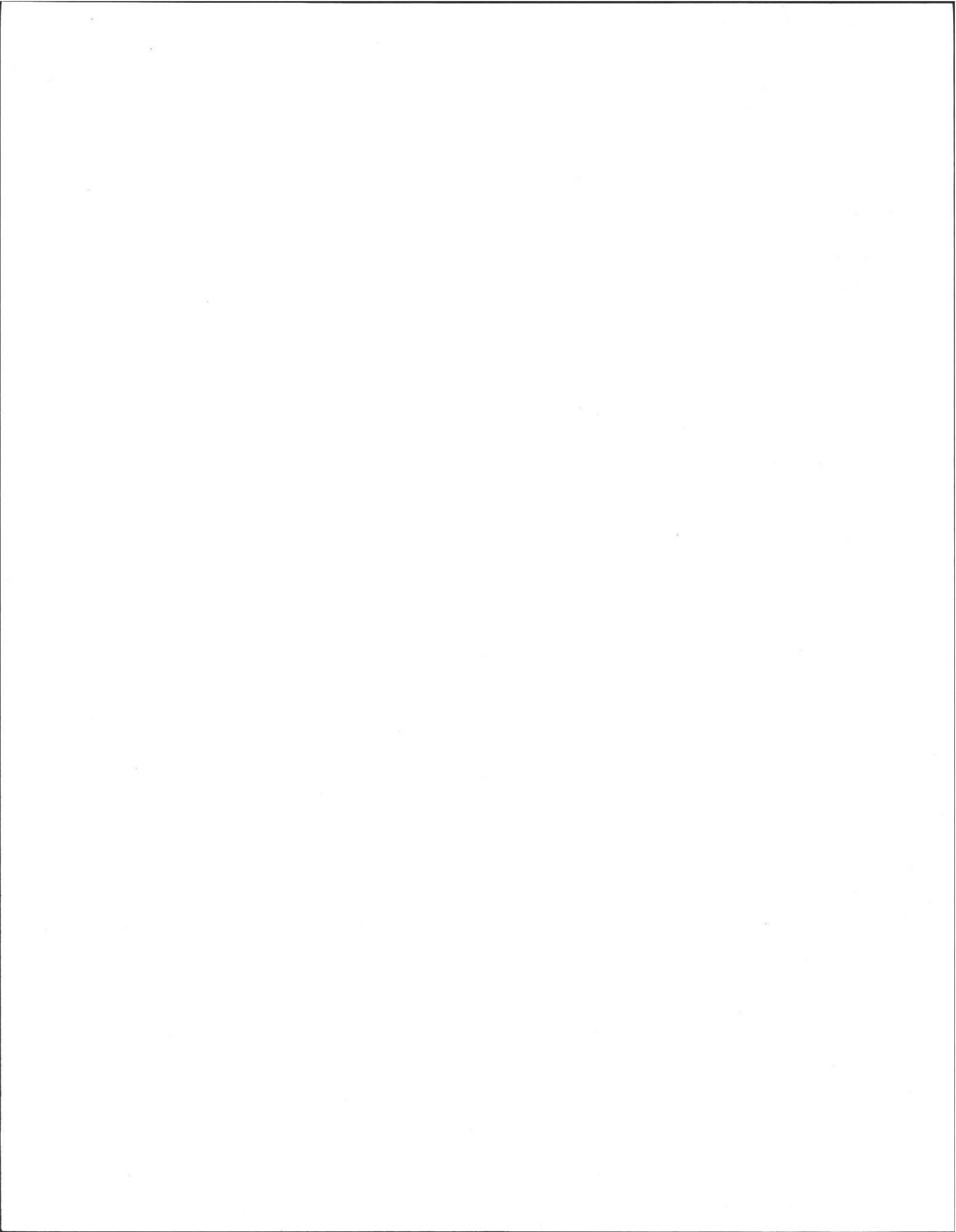
REFERENCE:

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: 93 HIGH POINT

FEE:
HEA017 150.00

TOTAL PAID: 150.00



True Copy
14-1
Number

\$- 150
Fee



Commonwealth of Massachusetts
City/Town of Amherst
**Application for Disposal System
Construction Permit**
Form 1A

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

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



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility:

93 Highpoint Dr
Address or Lot #
Amherst MA 01002
City/Town State Zip Code

2. Owner Information

Paul Metevia *PAUL METEVIA*
Name

Address (if different from above)
City/Town State Zip Code
MA 01002
413-253-3139
Telephone Number

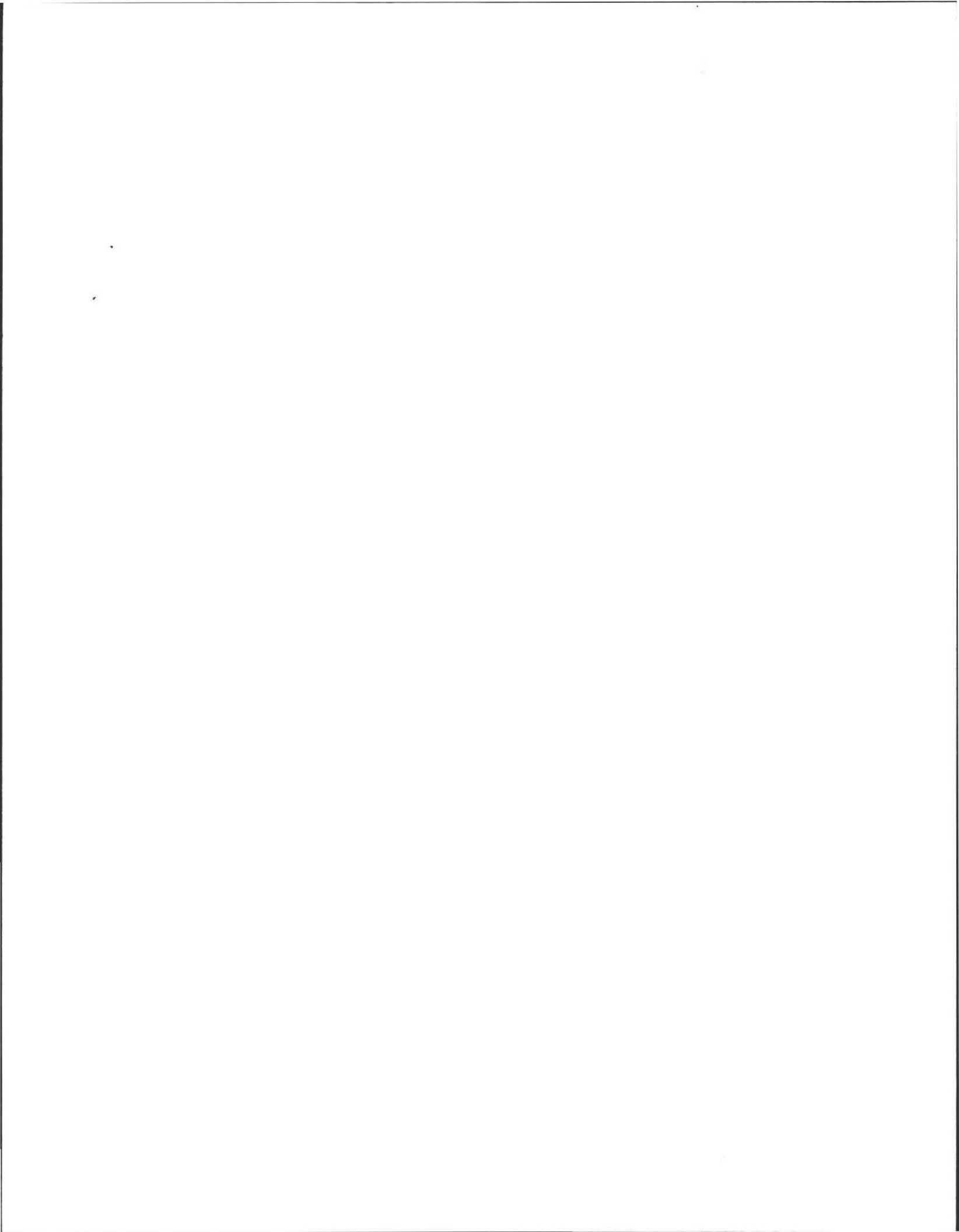
Installer Information

TBD
Name Name of Company
Address
City/Town State Zip Code
Telephone Number

4. Designer Information

Alan Weiss, RS Cold Spring Environmental Consultants Inc.
Name Name of Company
350 Old Enfield Road
Address
Belchertown MA 01007
City/Town State Zip Code
413-531-4015
Telephone Number







Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

14-1
 Number
 \$-- 150
 Fee

A. Facility Information (continued)

5. Type of Building:

Dwelling

Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

Showers

Number of showers _____

Cafeteria

Other fixtures

Specify other fixtures: _____

6. Design Flow:

4 bedroom = 440 min GPD.

Gallons per Day

Calculated Daily Flow:

445GPD

Gallons

7. Plan:

07.17.2013

Date of Original

1

Number of Sheets

Revision Date

Septic System Plan

Title of Plan

8. Description of Soil:

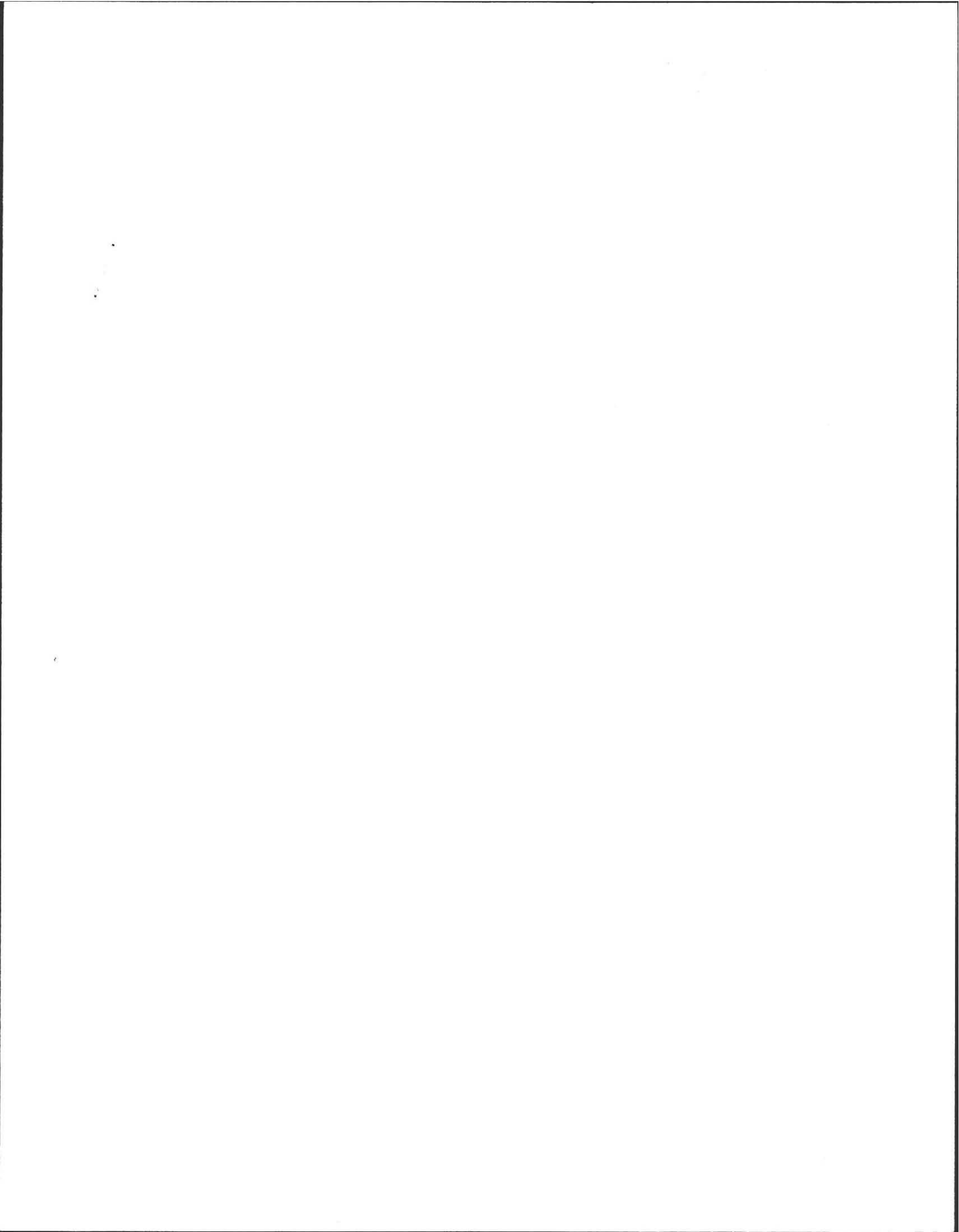
I. Sand.

9. Nature of Repairs or Alterations (if applicable):

Septic Repair

10. Date last inspected:

-
 Date





Commonwealth of Massachusetts
City/Town of Amherst
**Application for Disposal System
Construction Permit**
Form 1A

14-1
Number
\$-- 150
Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Joseph A. Metevra
Signature

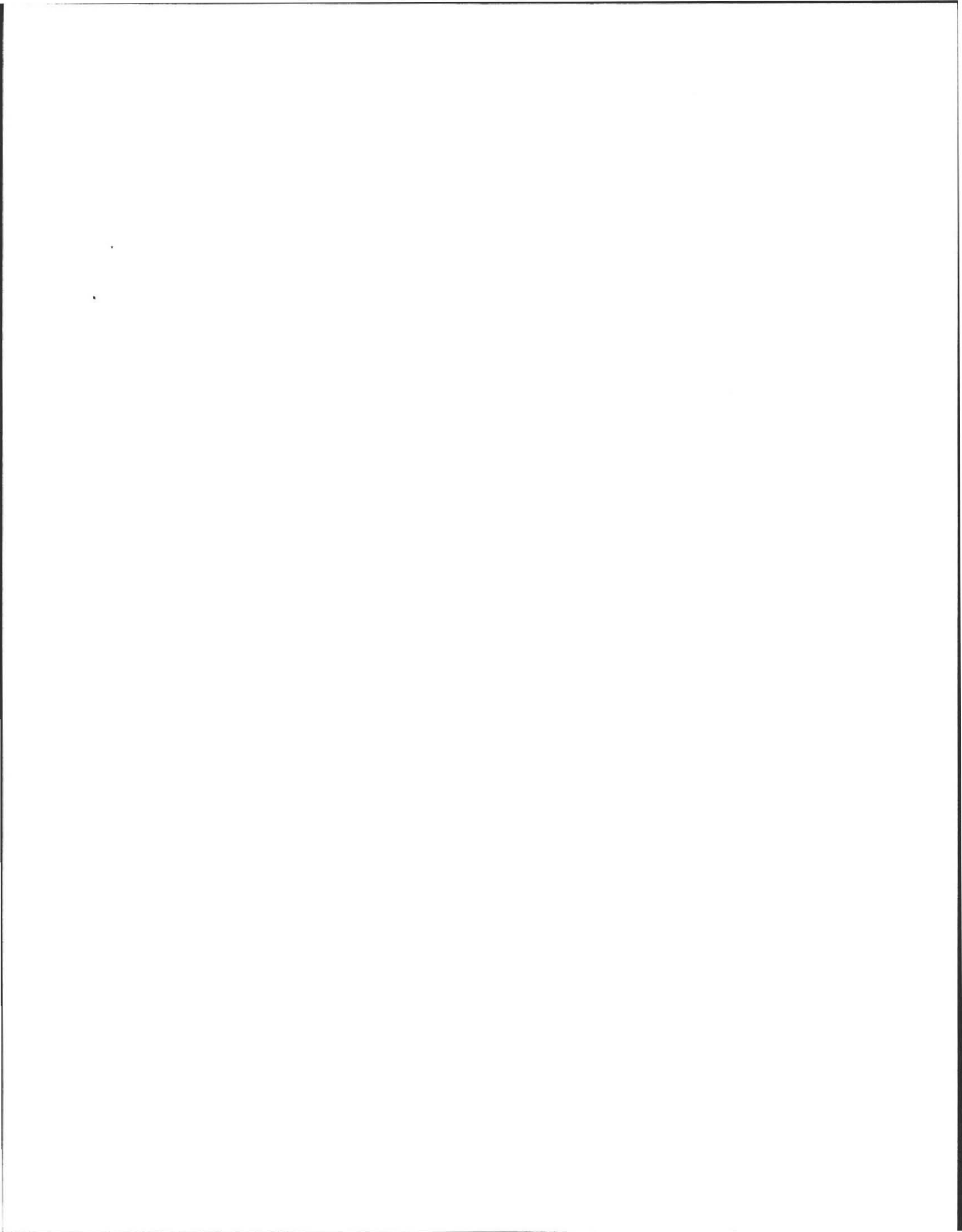
7/18/13
Date

Application Approved By:

Edward R. Smith
Name

7/18/13
Date

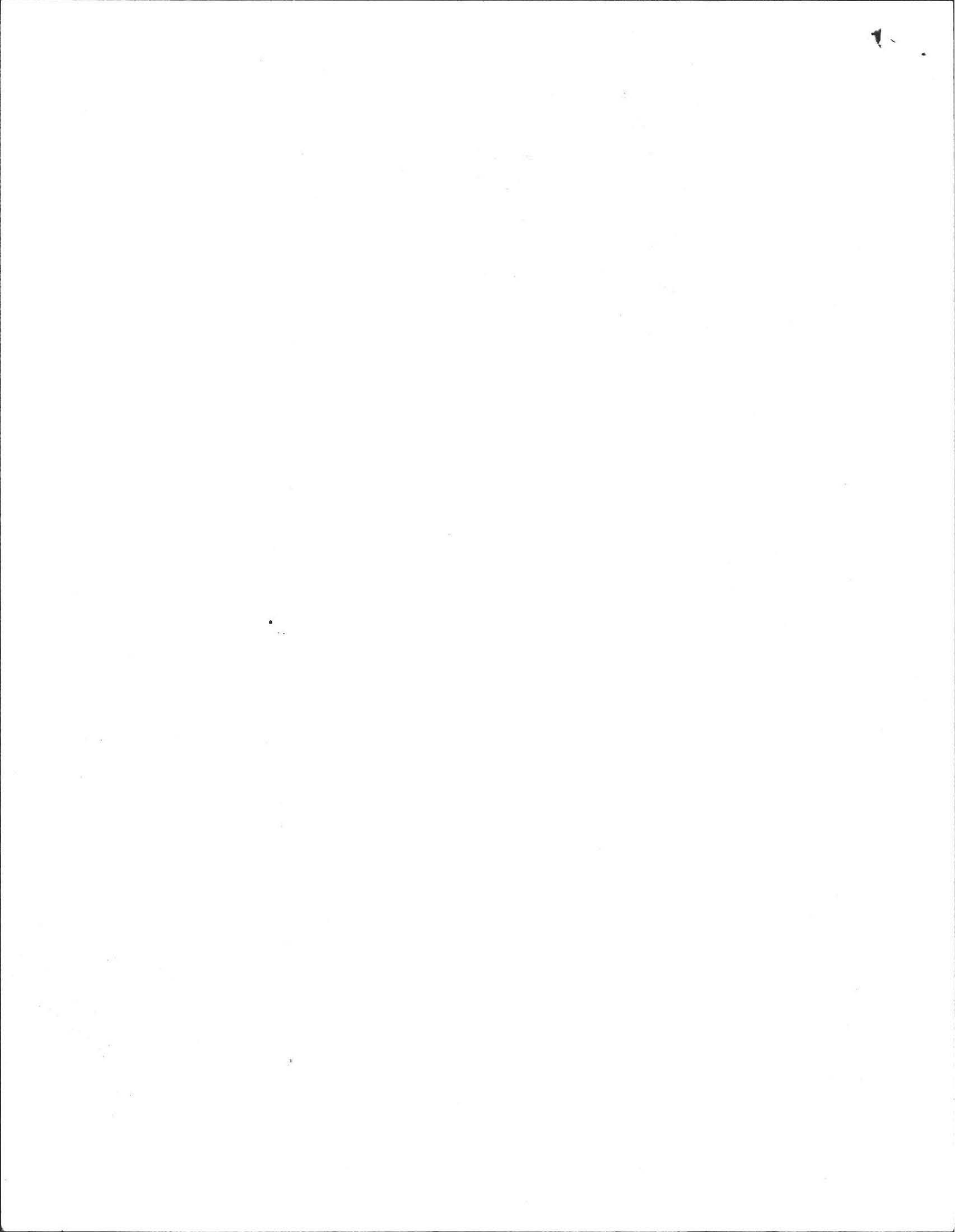
Application **Disapproved** for the following reasons:



PROJECT NO.: 14-1
 CITY/TOWN: AMHERST
 APPLICANT: GAYLE + PAUL METEJIA
 ADDRESS: 93 HIGHPOINT DRIVE
 DESIGN FLOW: 440 gpd
 REVIEWED BY: Ed Smith DATE: 7/18/2013
Edward Smith

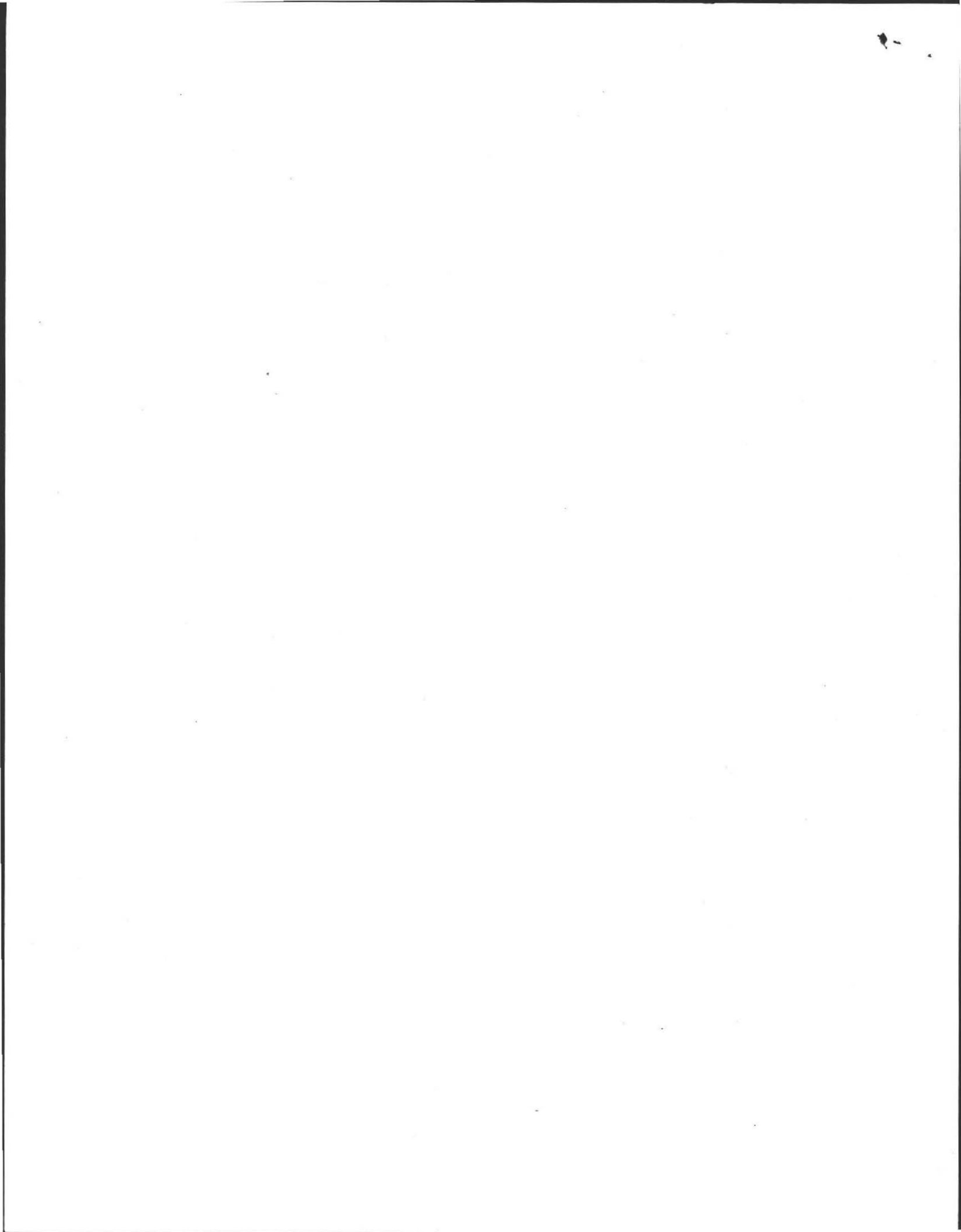
GENERAL	N/A	OK	NO
Legal boundaries denoted [310 CMR 15.220(4)(a)]		✓	
Street, Lot, tax parcel number and lot number noted on plan [310 CMR 15.220(4)(u)]		✓	
Locus Provided [310 CMR 15.220(4)(t)]		✓	
Plan proper scale? (1"=40' for plot plans, 1"= 20' or fewer for components) [310 CMR 15.220(4)]		✓	
Easements shown [310 CMR 15.220(4)(b)]		✓	
System located totally on lot served [310 CMR 15.405(1)(a) for upgrades]- if not, a variance is required [310 CMR 15.412 (4)]		✓	
Location of impervious surfaces (driveways, parking areas etc.) [310 CMR 15.220(4)(d)]		✓	
Location all buildings existing and proposed 310 CMR 15.220 (4)(c)]		✓	
Location and dimensions of system components and reserve areas. [310 CMR 15.220(4)(e)]		✓	REPAIR
System Calculations [310 CMR 15.220(4)(f)]		✓	
daily flow		✓	
septic tank capacity (required and provided)		✓	REUSE 1250 g.
soil absorption system (required and provided)		✓	
whether system designed for garbage grinder		✓	NO GRINDER
North arrow [310 CMR 15.220(4)(g)]		✓	
Existing and proposed contours [310 CMR 15.220(4)(g)]		✓	
Location and log of deep observation holes (existing grade el. on each test) [310 CMR 15.220(4)(h)]		✓	
Names of soil evaluator and BOH representative [310 CMR 15.220(4)(h) and (i)]		✓	
Location and date of percolation tests (performed at proper elevation?) [310 CMR 15.220(4)(i)]		✓	
Percolation test results match loading rate? [310 CMR 15.242]			X
Certification statement by Soil Evaluator [310 CMR 15.220(4) (j)]		✓	
Observed and Adjusted groundwater (method for adjustment given or indicated) [310 CMR 15.103(3) and 310 CMR 15.220(4)(n)]		✓	

REPAIR
 REUSE 1250 g.
 NO GRINDER
 PLAN SAYS CLASS I
 10" min (since
 calculations correct
 for sizing system)



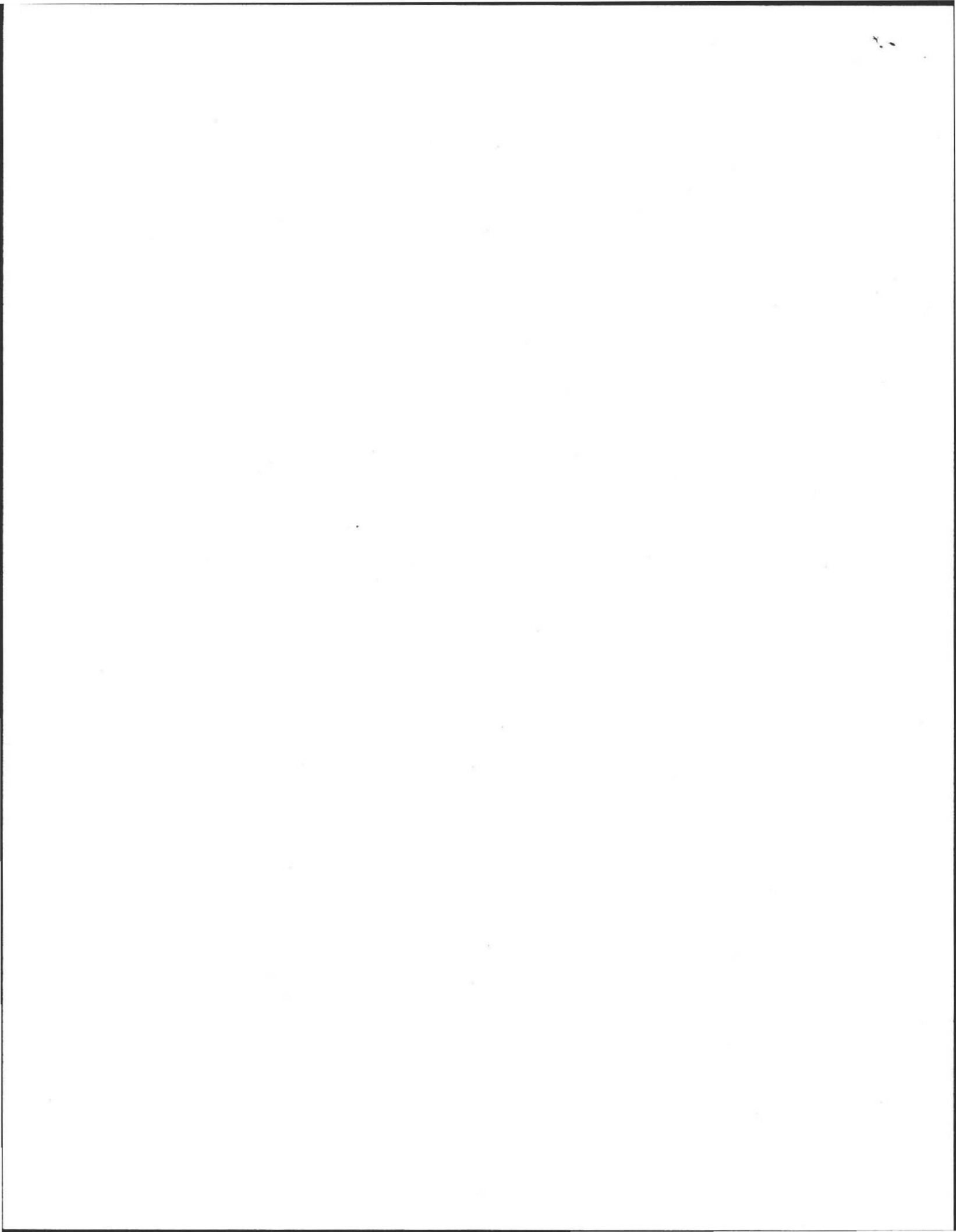
GENERAL cont.	N/A	OK	NO
Location of every water supply, public and private, [310 CMR 15.220(4)(k)]		✓	
within 400 feet of the proposed system location in the case of surface water supplies and gravel packed public water supply wells		✓	
within 250 feet of the proposed system location in the case of tubular public water supply wells		✓	
within 150 feet of the proposed system location in the case of private water supply wells		✓	
Location of all surface waters and wetlands located up to 100 ft. beyond setbacks listed in 310 CMR 15.211 and any catch basins located within 50 ft. [310 CMR 15.220(4)(l)]		✓	
Water lines and other subsurface utilities located [310 CMR 15.220(4)(m)] (if water line cross see 310 CMR 15.211(1)[1])		✓	
Profile of system showing invert elevations of all system components and the bottom of the SAS [310 CMR 15.220(4)(o)]		✓	
Stamp of designer [310 CMR 15.220(1) and 310 CMR 15.220(2)]		✓	
Stamp of Registered Land Surveyor (required if construction activities within 5 ft. of lot line) [310 CMR 15.220(3)]	✓		
Test Holes adequate (two in each of the primary and reserve unless trenches as permitted in 310 CMR 15.102(2) or as approved for an upgrade under LUA at 310 CMR 15.405(1)(k)]		✓	
Test hole adequate to demonstrate four feet of suitable material? [310 CMR 15.103(4)]		✓	
Test Holes adequate to confirm adequate groundwater separation? [310 CMR 15.103(3)]		✓	
Benchmark within 50-75' of system [310 CMR 15.220(4)(q)]		✓	
Materials specifications noted? [various sections of 310 CMR 15.000]		✓	
System components not > 36" deep (unless Local Upgrade Approval or LUA requested) [310 CMR 15.405(1)(b)]		✓	
All system components marked with magnetic tape 15.221(12)		✓	
SEPTIC TANK			
	N/A	OK	No
Size OK? [310 CMR 15.223(1)]		✓	
Inlet tee located ten inches below flow line [310 CMR 15.227(6)]		✓	
Outlet tee 14" or 14" + 5" per foot for increase ft depth [310 CMR 15.227(6)]		✓	
Outlet tee with gas baffle or approved filter [310 CMR 15.227(4)]		✓	
Note regarding installation on stable compacted base [310 CMR 15.228(1)]		✓	

REUSE 1250

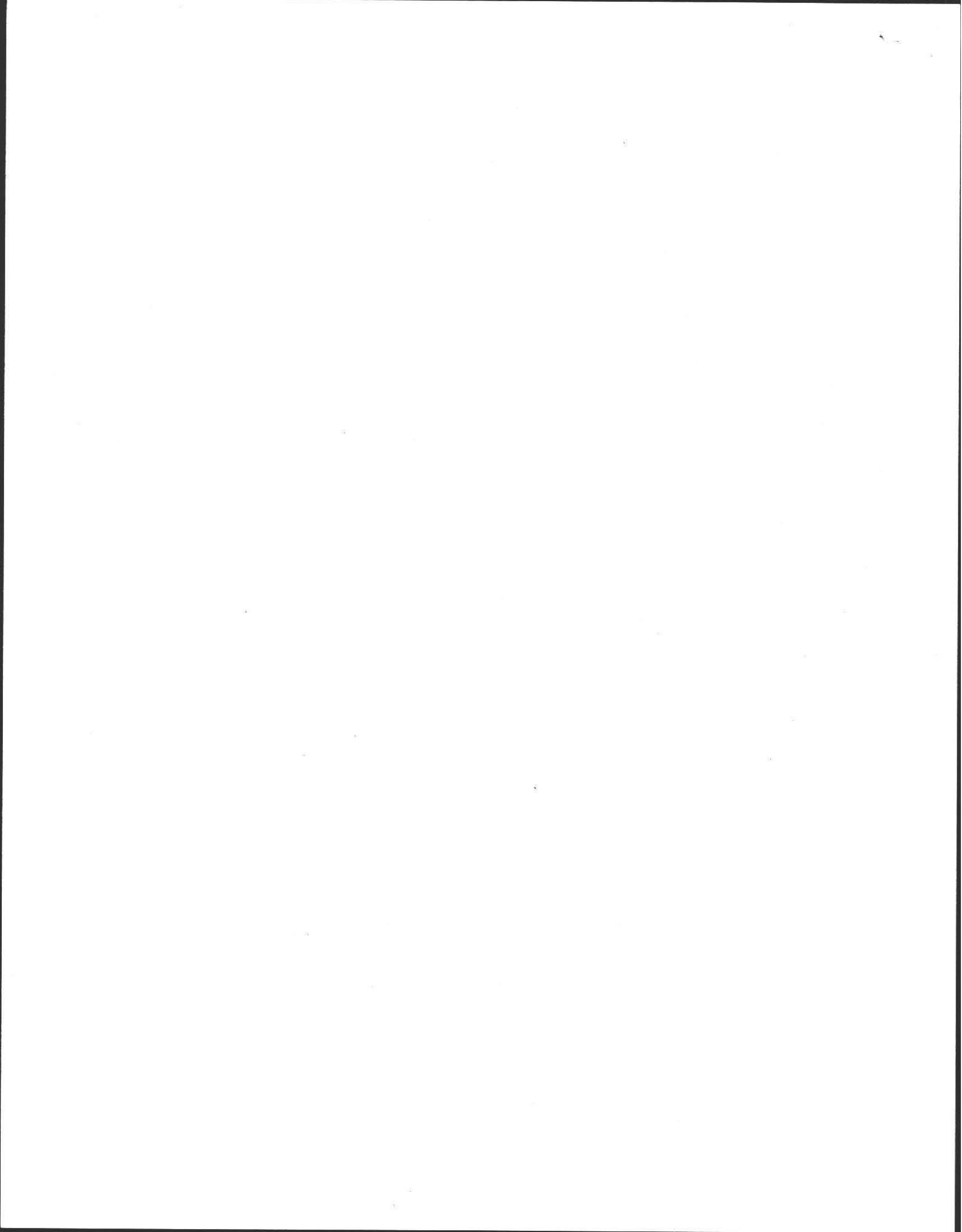


Separation between inlet and outlet tees (no less than liquid depth) [310 CMR 15.227(2)]		✓		
Inlet/Outlet elevations at least 12" above high groundwater (except as described 310 CMR 15.227(5)) or permitted for upgrades under LUA [310 CMR 15.405(1)(k)]		✓		
Minimum cover 9" (Tanks buried more than 9" must have risers on all openings and on the d-box) [310 CMR 15.2228(1) and 310 CMR 15.232(3)(f)]		✓		
Three access covers (inlet and outlet must be 20" or greater) - middle access at least 8" (by 7/07) [310 CMR 15.228(2)]		✓		
Access to within 6" of grade - one port for systems < 1000 gpd, two for systems > 1000 gpd [310 CMR 15.228(2)]		✓		
All at-grade covers secured to unauthorized access? [310 CMR 15.228(2)]		✓		
> 10 ft from building foundation [310 CMR 15.211(1)]	✓	✓		REUSE
Buoyancy calculation Required/Done [310 CMR 15.221(8)]	✓			
H-20 Where appropriate? [310 CMR 15.226(3)]	✓	✓		
Setbacks from resources [310 CMR 15.211]	-	✓		
Multi-Compartment Tanks				
Required when other than single-family dwelling or flow > 1000 gpd [310 CMR 15.223(1)(b)]	✓			
First compartment 200% daily flow; Second compartment 100% daily flow [310 CMR 15.224(2) and (3)]	✓			
"U" pipe through or over baffle, outlet of each compartment with gas baffle or approved filter [310 CMR 15.224(4)]	✓			
BUILDING SEWER AND OTHER PIPING				
	N/A	OK	No	
Located at least ten feet from any water line? [310 CMR 15.222(2)]		✓		
Disposal piping at least 18" below water line (when water and sewer cross, see 310 CMR 15.211(1)[1])	✓			
Cleanouts required/provided? [310 CMR 15.222(8)]	✓			
Thrust blocks specified in force mains? 310 CMR 15.221(6)(c)]	✓			
Slope of sewer line not less than 0.01 (1/8"/ft) 0.02 preferable [310 CMR 15.222(6)]	-	✓		
Proper pitch on all runs? (.005 within gravity-distributed trenches and beds) [310 CMR 15.251(9) and 310 CMR 15.252(2)(c)]	✓	✓		
Siphon problem/ (leachfield below pump chamber)	✓	✓		
Endcaps or vent manifold specified?		✓		
Size and orientation of discharge holes specified? (not smaller than 3/8" not larger than 5/8") [310 CMR 15.251(8) and 310 CMR 15.252(2)(h)]		✓		
Materials specified (310 CMR 15.251(5) specifies various pipe types allowed)		✓		
DISTRIBUTION BOX				

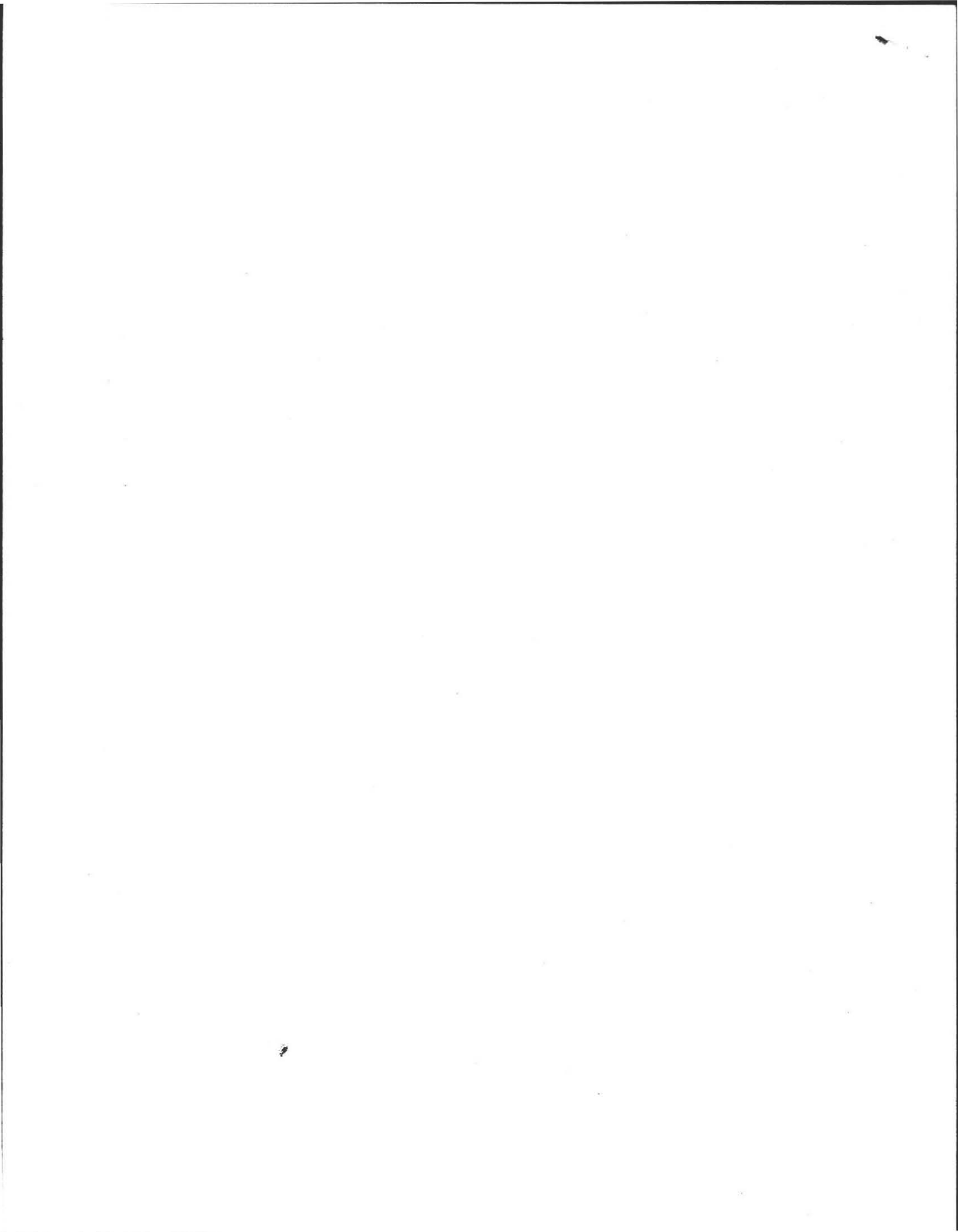
Stable compacted base [310 CMR 15.221(2) and 310 CMR 15.232(2)(a)]		✓		
Splash plate or baffle tee required on inlet/ provided? (when pressure sewer to d-box or steep pitch of gravity sewer) [310 CMR 15.323(3)(a)]	✓			
Riser if deeper than 9" [310 CMR 15.232(3)(f)]		✓		
Inside minimum dimension 12" [310 CMR 15.232(2)(b)]		✓	✓	NOT SPECIFIED
Minimum sump 6" [310 CMR 15.232(3)(e)]		✓		
Watertight cover if <2000gpd; waterproof manhole if >2000gpd [310 CMR 15.232(3)(d)]		✓		
PUMP CHAMBERS				
Capacity (emergency storage above working=design flow)? [310 CMR 231(2)]	✓			
Proper setbacks [310 CMR 15.211 (same as septic tanks)]				
Watertight 20-in minium access manhole at least 20" MUST BE TO GRADE [310 CMR 15.231(5)]				
Service components accessible (not too deep with piping, disconnects accessible)				
Alarm floats - alarm on circuit separate from pumps specified?				
Exceeds two units must have two pumps operating in lead-lag mode. [310 CMR 15.231(6) and (8)]				
Stable Compacted Base [310 CMR 15.221(2)]				
Buoyancy calculations needed ? Provided? [310 CMR 15.221 (8)]				
Dosing chamber capacity (required and provided), pump curves and specifications, number of dosing cycles and depth per cycle? [310 CMR 15.220(4)(r)]				
Effluent tee filter provided? [310 CMR 15.231(10)]				
SOIL ABSORPTION SYSTEMS (SAS) GENERAL				
	N/A	OK	No	
Calculations correct?		✓		
4 feet of naturally occurring material demonstrated? [310 CMR 15.240(1)]		✓		
Required separation to groundwater? [310 CMR 15.212)]		✓		
Aggregate specified as double washed [310 CMR 15.247(2)]		✓		
System Venting required/provided? (system under driveway or >36" deep) [310 CMR 15.241]	✓			
Inspection ports specified and within 3"final grade? [310 CMR 15.240(13)]		✓		
Breakout requirements met? (No violation of breakout elevation within 15 ft of SAS unless barrier) [310 CMR 15.211(1)[4] and Guidance Document]		✓		
GALLERIES,PITS,CHAMBERS 310 CMR 15.253				
Chambers and Gal. in trench configuration supplied with inlet every 20 ft. [310 CMR 15.253(6)]	✓			
Each structure with one inspection manhole (if >2000 gpd must be to grade) [310 CMR 15.253(2)]	✓			



Aggregate 1' minimum- 4' maximum. [310 CMR 15.253(1)(b)]	✓			
2' sidewall credit maximum [310 CMR 15.253(1)(a)]	✓			
In bed configuration, inlet every 40 sq. ft. [310 CMR 15.253(6)]	✓			
TRENCHES 310 CMR 15.251				
Width 2' minimum 3' maximum [310 CMR 15.251(1)(b)]	✓			
100 feet - maximum length [310 CMR 15.251(1)(a)]	✓			
Minimum separation 2x effective depth or width whichever greater (3x if reserve between trenches) [310 CMR 251(1)(d)]	✓			
Situated along contours [310 CMR 15.251(2)]	✓			
Breakout OK? [310 CMR 15.211(1)[4] and Guidance Document]	✓			
BED SAS (Maximum size of bed or field 5000 gpd)				
minimum 2 distribution lines [310 CMR 15.252(2)(a)]			✓	
Maximum separation between lines 6' [310 CM R15.252(2)(d)]			✓	
Maximum separation between lines and outside of bed 4' [310 CMR 15.252(2)(e)]			✓	
Aggregate depth below discharge pipes 6" minimum, 12" maximum. [310 CMR 15.252(2)(g)]			✓	
Separation between beds 10' minimum. [310 CMR 15.252(2)(f)]	✓		✓	
Bottom area used in calculations only [310 CMR 15.252(2)(i)]			✓	
DID THE PLAN INVOLVE				
	N/A	OK	No	
<i>Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)]</i>	✓			
<i>Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding.</i>	✓			
Pressure dosing required on all systems >2000gpd or alternative systems under remedial approval [310 CMR 15.254(2) and I/A Remedial Use Approvals]	✓			
If used in gravelless system - make sure jet is directed as not to scour soil interface [Guidance Document]	✓			
Inspections once per year (systems< 2000 gpd) or quarterly (>2000gpd) good to note on plan [310 CMR 15.254(2)(d)]	✓			
<i>Construction in fill - Did the plan specify that the fill shall meet the specification of 310 CMR 15.255(3)?</i>	✓			
Impervious barrier and/or retaining wall ? [Guidance Document]	✗	✓		YES
Impervious barrier installation must be supervised by designer [310 CMR 15.255(2)(b)]	✗	✓		YES
Retaining wall must be designed by Registered Professional Engineer [310 CMR 15.255(2)(a)]	✓			
Side slope not exceed 3:1 ? [310 CMR 15.255(2)]		✓		
Breakout requirements met? [310 CMR 15.252(2) and Guidance Document]		✓		
At least 5 ft. from impervious barrier to edge of SAS (10 ft. recommended) [310 CMR 15.255 (2)(e)]		✓		



Gravelless System [I/A Approval Letters]				
Check DEP Approval letters for credits and design conditions	✓			
If used with pressure dosing do not allow pressure discharge to scour soil interface	✓			
Alternative Septic System [I/A Approval Letters]				
Was DEP Approval Letter provided and/or have you reviewed the letter for conditions?	✓			
Is the technology being properly applied and does it meet all DEP Approval Conditions?	✓			
Is there a note on the plan regarding the requirement for perpetual maintenance agreement?	✓			
Any alarms involved on separate circuits	✓			
Did the applicant submit an operation and maintenance manual?	✓			
Has applicant submitted a copy of a maintenance agreement?	✓			
Variiances				
Are the variances listed on the plan ? [310 CMR 15.220 (4) (p)]	✓			
RLS Stamp necessary on plan if a component is within five feet of property line [310 CMR 15.412(4)]	✓			
New construction or increased flow proposed - [Refer to 310 CMR 15.414]	✓			
Nitrogen Sensitive Areas		N/A	OK	No
Is the system in a Designated Nitrogen Sensitive Area (Zone II for a public supply well)? [310 CMR 15.214, 310 CMR 15.215 and 310 CMR 15.216 - also refer to Policy regarding upgrades of such existing systems]	✓			
Is the system proposed on the same lot as served by private well ? [310 CMR 15.214(2)]	✓			
Are the nitrogen loads proposed in compliance? [310 CMR 15.216(1)]	✓			
Miscellaneous				
Pumping to septic tank ? [310 CMR 15.229]	✓			
Shared System [310 CMR 15.290]	✓			





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

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

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

aeweiss@charter.net

Date: 6/25/13

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss

Date: 6/25/13

Witnessed By: E. Smith
(Household)

Location Address or Lot # <u>Lot #35 Juniper Ln.</u> <u>93 Highpoint Dr, Amherst</u> New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	Owner's Name, Address, and Telephone # <u>Paul Metaxia</u> <u>93 Highpoint Dr</u> <u>Amherst, MA 01007</u>
--	---

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)

Ablative Till

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)

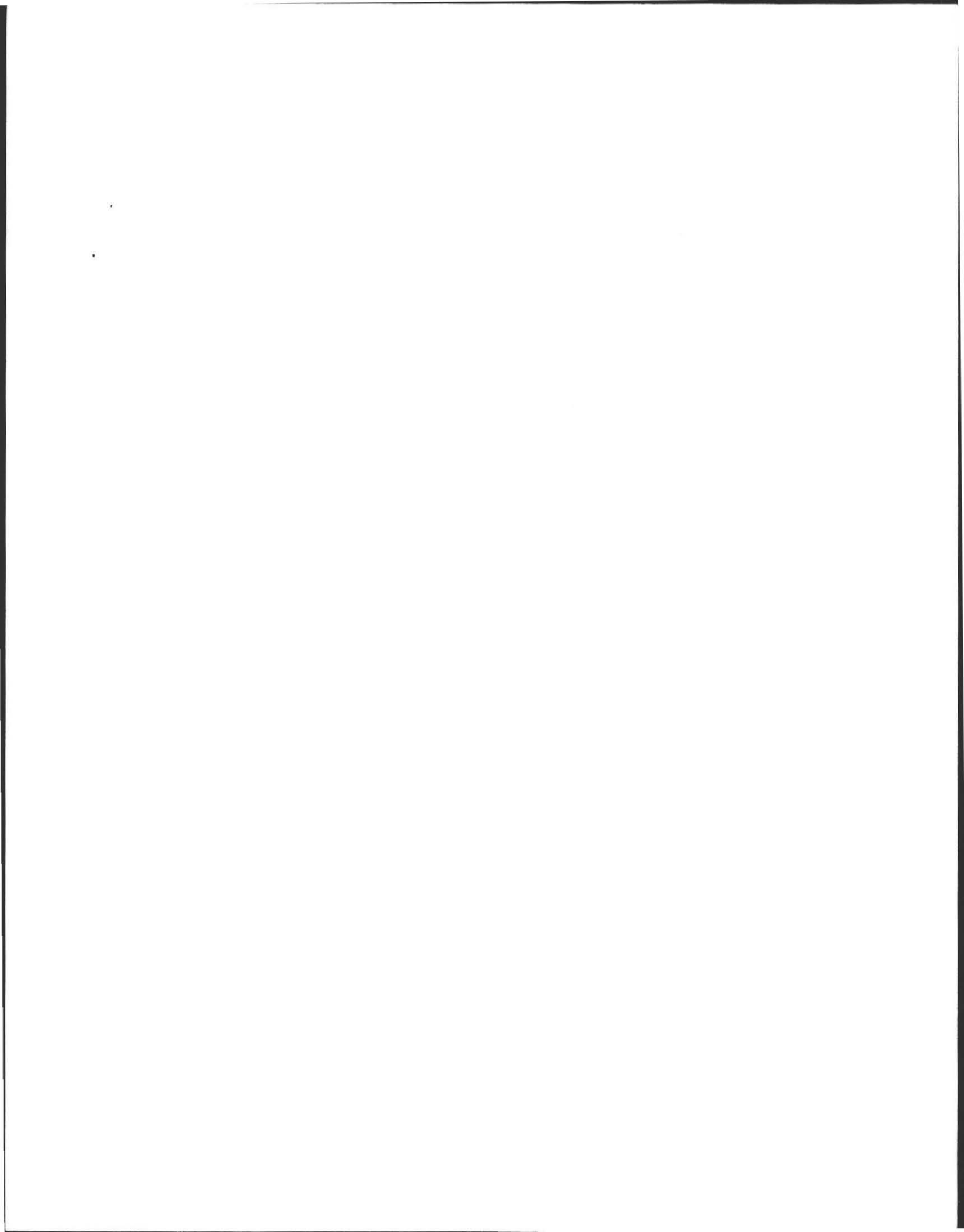
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 93. Highport Dr.

On-site Review

Deep Hole Number 1+2 Date: 6/25/13 Time: 8:30 Weather Sun 80°

Location (identify on site plan) _____

Land Use Residential Slope (%) 2 Surface Stones YES

Vegetation grass/deciduous

Landform down the flank

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 50' feet
Possible Wet Area 100' feet Property Line 25' feet
Drinking Water Well 100' feet Other _____

DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
<u>0-8"</u>	<u>Ap</u>	<u>fsc</u>	<u>10YR 3/2</u>		<u>- friable</u>
<u>8-25"</u>	<u>Bw</u>	<u>fsc</u>	<u>10YR 5/6</u>	<u>stony 36"</u>	<u>- friable loose, f sand</u>
<u>25"-102"</u>	<u>C₁</u>	<u>LS</u>	<u>2.5Y 5/3</u>	<u>7.5YR 7/8</u>	<u>- f.s. only Abolota till, slightly firm (10% stony + boulders)</u>
<u>0-8"</u>	<u>Ap</u>	<u>fsc</u>	<u>10YR 3/2</u>		} Same as #1
<u>8-25"</u>	<u>Bw</u>	<u>fsc</u>	<u>10YR 5/6</u>	<u>36"</u>	
<u>25"-126"</u>	<u>C₁</u>	<u>LS</u>	<u>2.5Y 5/3</u>	<u>7.5YR 7/8</u>	

#1

#2

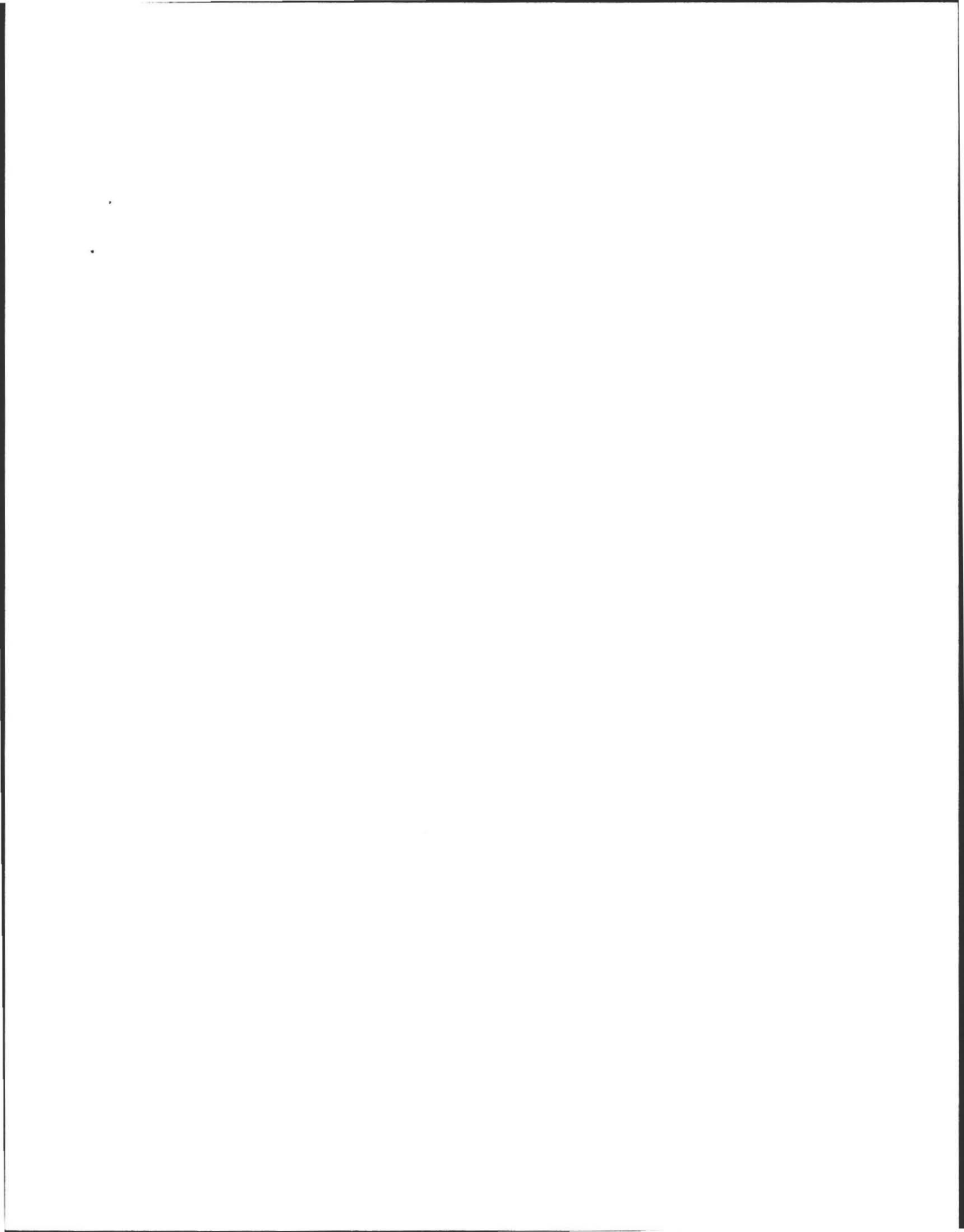
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Abolota till Depth to Bedrock: 126"

Depth to Groundwater: Standing Water in the Hole: 90" Weeping from Pit Face: 50"

Estimated Seasonal High Ground Water: 36"





Location Address or Lot No. 93 Highland 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 36" inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

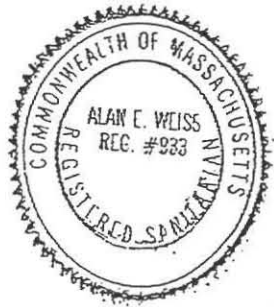
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes

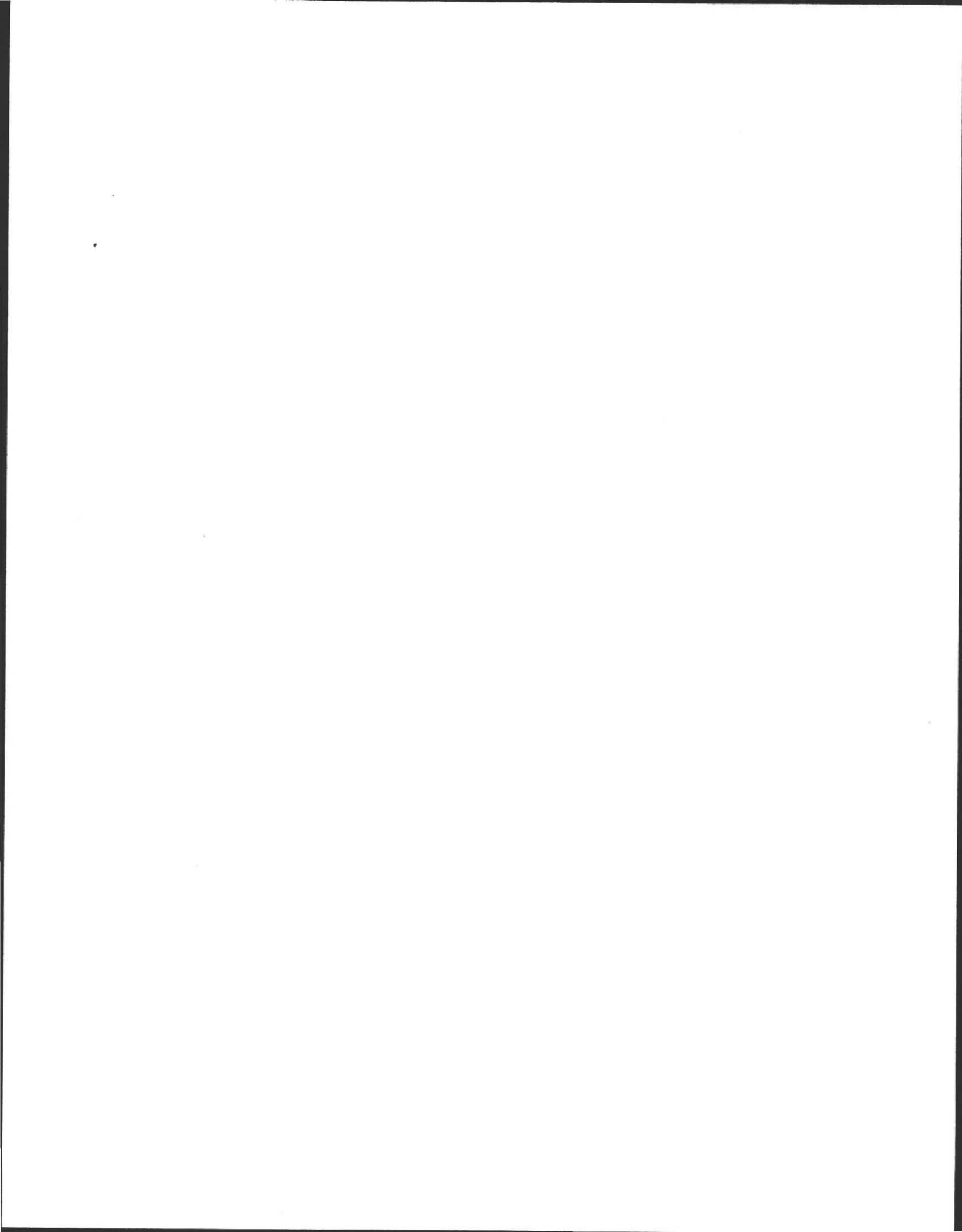
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 6/25/13





Location Address or Lot No. 93 Highland Dr.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>6/25/13</u>	Time: <u>8:30 AM</u>
Observation Hole #	<u>P1</u>	<i>Pass</i>
Depth of Perc	<u>45"</u>	
Start Pre-soak	<u>9:03</u>	
End Pre-soak	<u>9:18</u>	
Time at 12"	<u>9:18</u>	
Time at 9"	<u>9:38</u>	
Time at 6"	<u>10:06</u>	
Time (9"-6")	<u>28 min.</u>	
Rate Min./Inch	<u>10 $\frac{min}{in}$</u>	

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

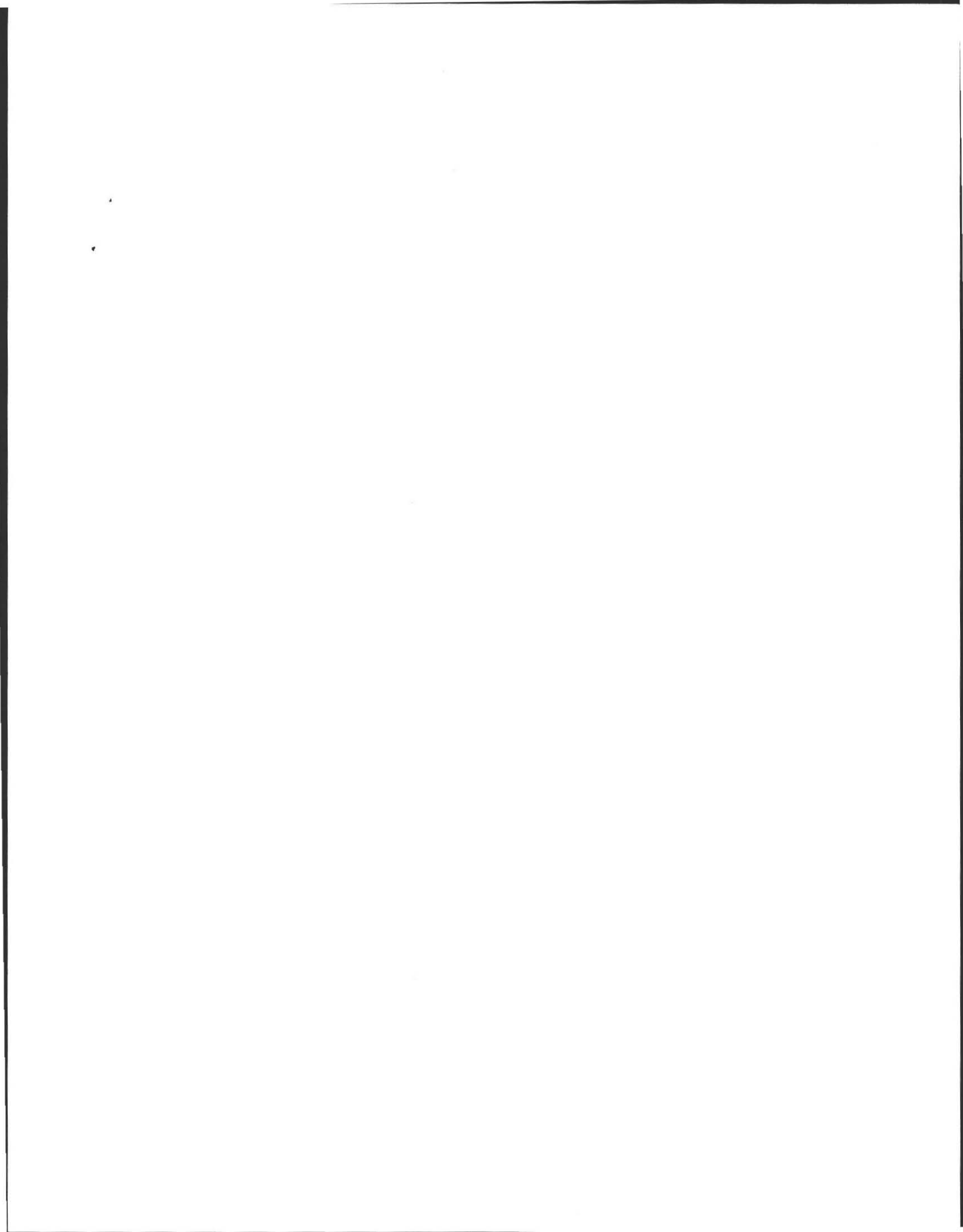
Site Passed Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed Smith, Both

Comments: _____







Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____

\$- _____
 Fee

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

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



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility:

93 Highpoint Dr

Address or Lot #

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Information

Paul Metevia

Name

Gayle A. Metevia

Address (if different from above)

City/Town

MA

State

01002

Zip Code

413-253-3139

Telephone Number

Installer Information

TBD

Name

Name of Company

Address

City/Town

State

Zip Code

Telephone Number

4. Designer Information

Alan Weiss, RS

Name

Cold Spring Environmental Consultants Inc.

Name of Company

350 Old Enfield Road

Address

Belchertown

City/Town

MA

State

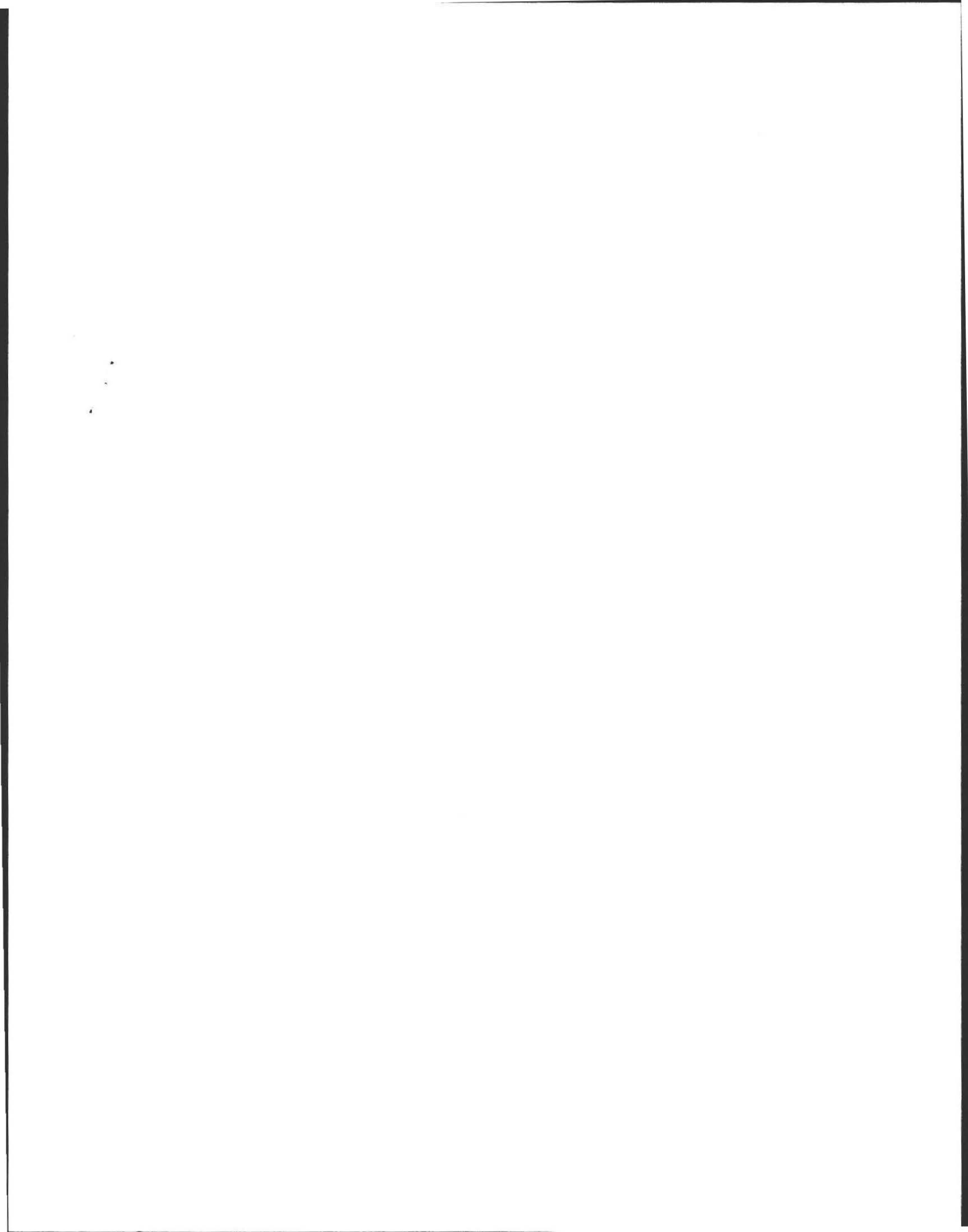
01007

Zip Code

413-531-4015

Telephone Number







Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$- _____
 Fee _____

A. Facility Information (continued)

5. Type of Building:

- Dwelling Garbage Grinder (check if present)

Other: Type of Building _____ - _____
Number of Persons Served

- Showers Number of showers Cafeteria Other fixtures

Specify other fixtures: _____

6. Design Flow:

4 bedroom = 440 min GPD.
 Gallons per Day
 445GPD
 Gallons

Calculated Daily Flow:

7. Plan:

07.17.2013
 Date of Original

 Revision Date

1
 Number of Sheets
 Septic System Plan
 Title of Plan

8. Description of Soil:

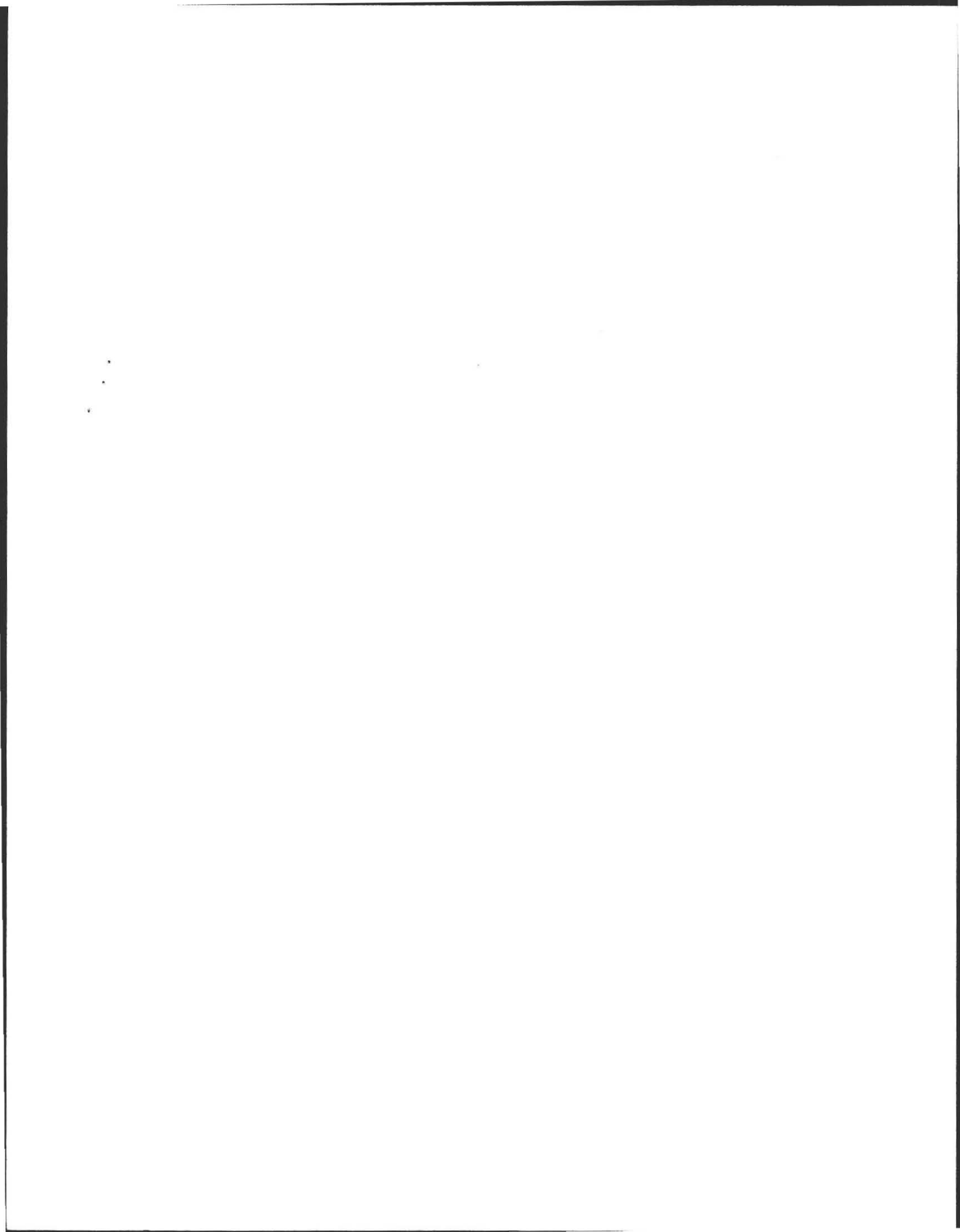
I. Sand.

9. Nature of Repairs or Alterations (if applicable):

Septic Repair

10. Date last inspected:

-
 Date





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$— _____
 Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Gayle A. Nozema
 Signature

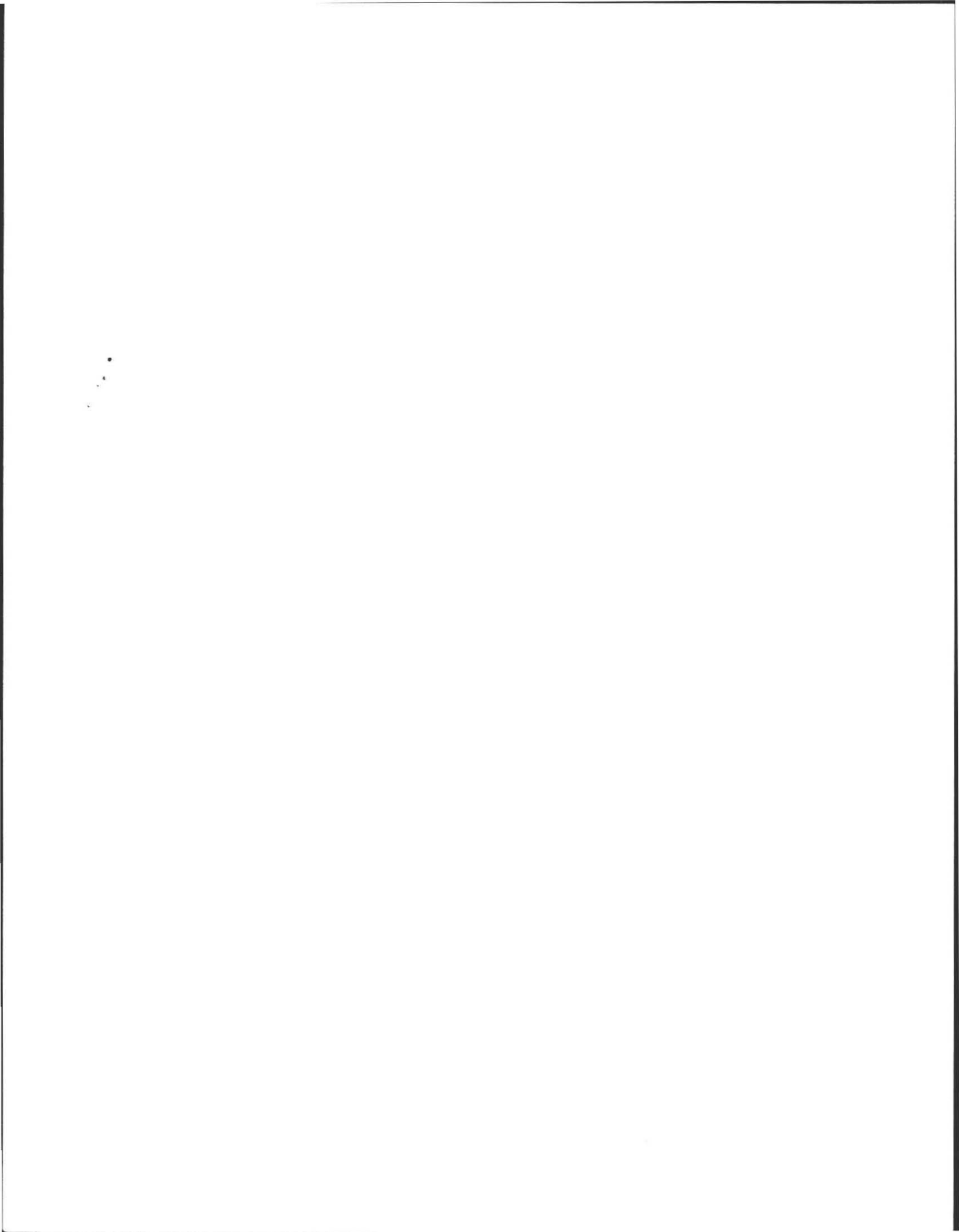
7/18/13
 Date

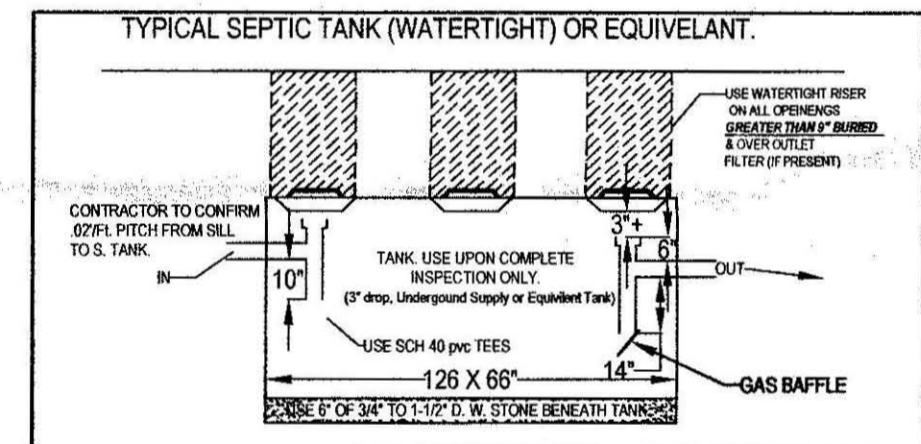
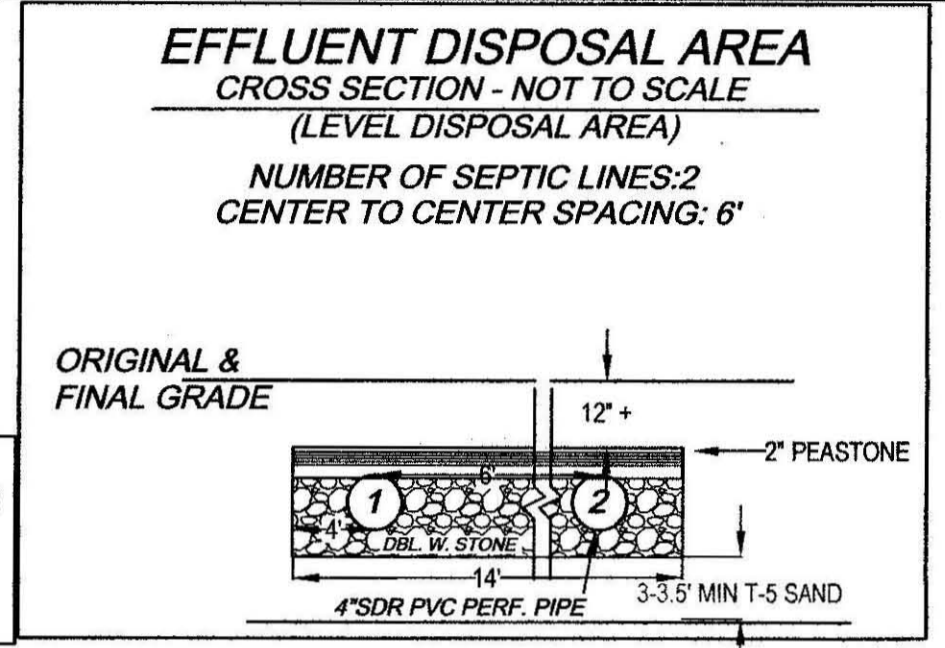
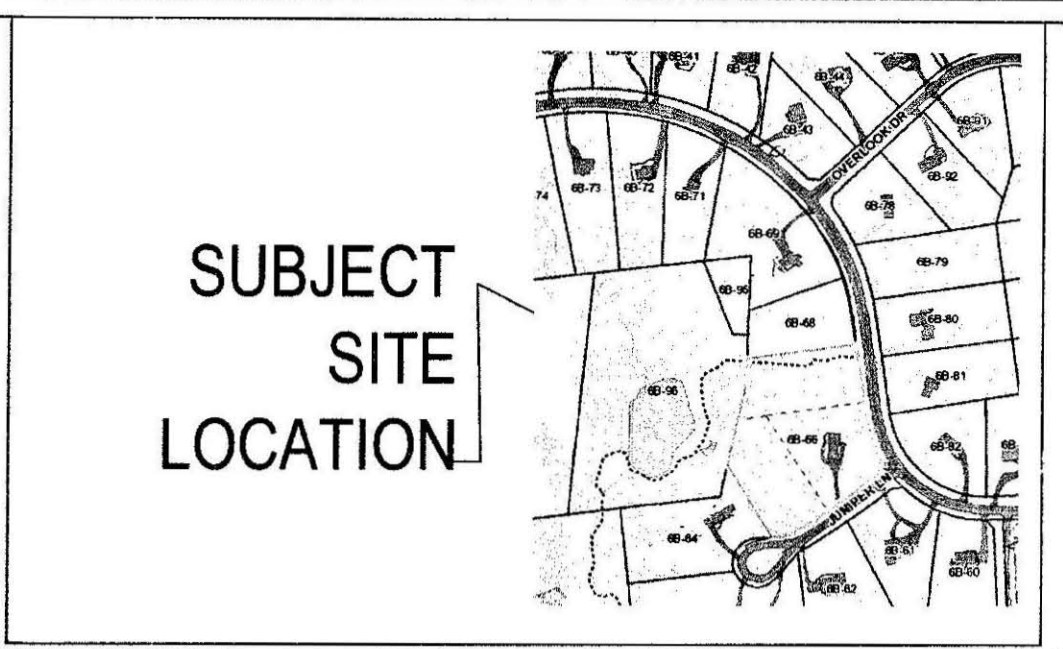
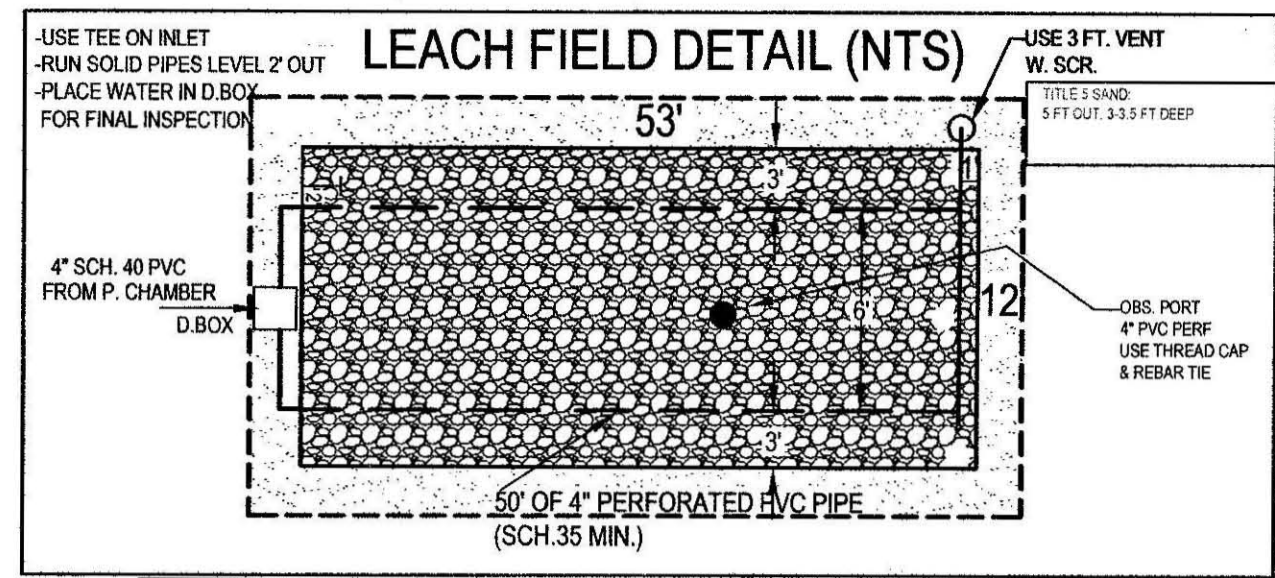
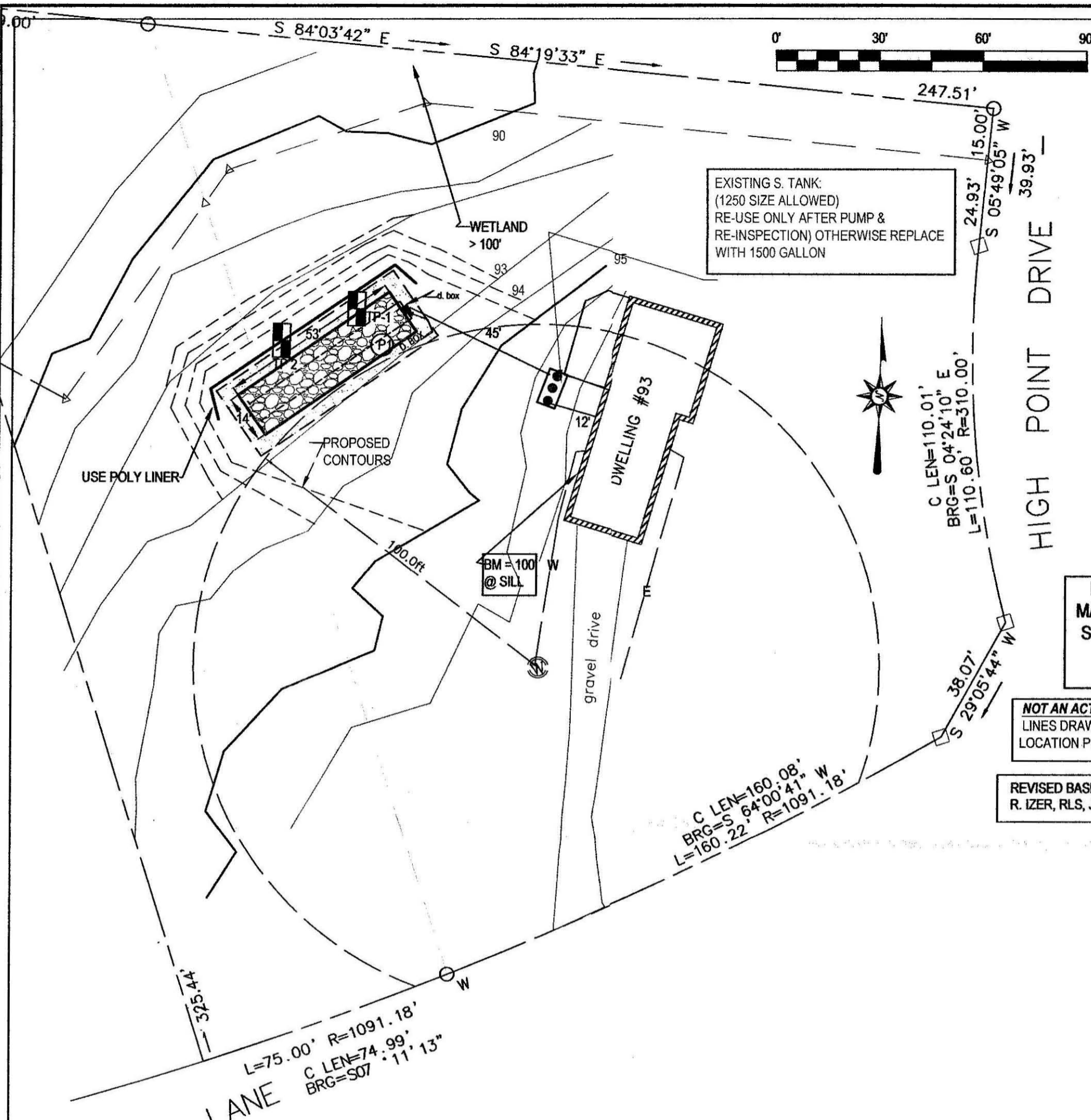
Application Approved By:

 Name

 Date

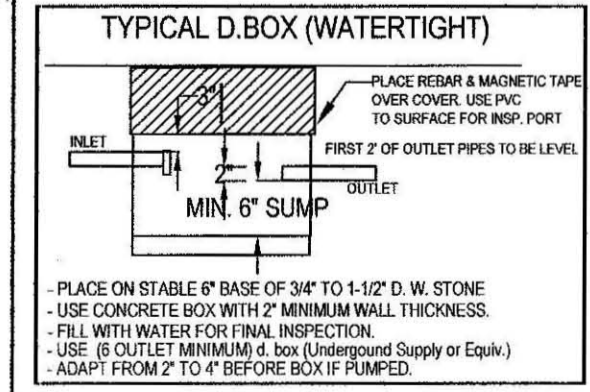
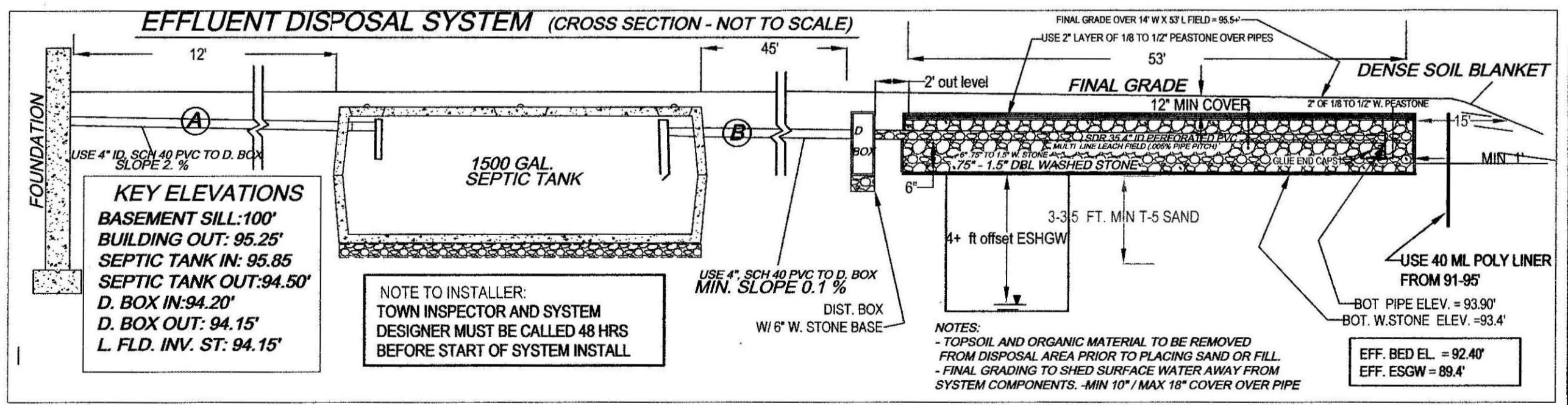
Application **Disapproved** for the following reasons:





USING EXISTING SEPTIC TANKS:
 AN EXISTING 1,200 OR 1,500 GALLON TANK CAN BE USED IF UPON INSPECTION BY THE INSTALLING CONTRACTOR, IF THE TANK IS INSPECTED AND PUMPED AND FOUND TO BE STRUCTURALLY SOUND & WATERTIGHT AT THE TIME OF THE SUBGRADE INSPECTION. IF BAFFLES ARE NOT BUILT IN, THAN SCH 40 PVC TEES MUST BE ADDED. IF TANK IS NOT SOUND THAN, NOTIFY ENGINEER IMMEDIATELY IN ORDER TO ACCOMMODATE A NEW 1,500 GALLON (MIN) SEPTIC TANK.

- DESIGN NOTES AND CALCULATIONS:**
- 4 (BEDROOM HOME) = 440 GPD MIN. REQUIRED, (440+ provided)
 - Use LEACHING FIELD 14' WIDE X 53' LONG WITH 6" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT
 - BOTTOM AREA: L. FIELD (14' W X 53' L) = 742 SF.
 - TOTAL AREA: 742 SF X .60 GAL/SF = 445 GPD PROVIDED.
 - GARBAGE DISPOSAL NOT PERMITTED. (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
 - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
 - NO WETLANDS WITHIN 100 FEET OF SAS.
 - USE S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
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.
 - 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.
 7B ANY / ALL PLASTIC RISERS MUST BE SECURED WITH STAINLESS STEEL SCREWS.
 - USE (.75"-1 1/2") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
 - USE PROPER SCH. 40 PVC TEES AS SHOWN.
 - PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
 - SLOPE CALCS (SSEE CONTOURS). SUBGRADE INSP. REQD.
 - USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
 - USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO BASE OF RESTRICTIVE LAYER 26" MIN. AS NEEDED (INSPECTION REQUIRED).
 - UNDER BED, PRIOR TO TITLE V SAND/STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
 - SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 45"
 - PERC RATE = 102 MIN / IN,
 - CLASS 1, LS SOIL RATING
 - NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
 - ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL
 - BM=100.00 @ (SILL... as noted), CONFIRM PROPER PIPE SLOPES
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
 - GRADE MULCH / AND SEED OVER SAS AS NOTED.
 - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
 - 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..



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.
 1.) HAVE TANK PUMPED EVERY 2 YEARS. 2.) MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER. 3.) DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM. 4.) USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
 CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED. SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 46 - 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.

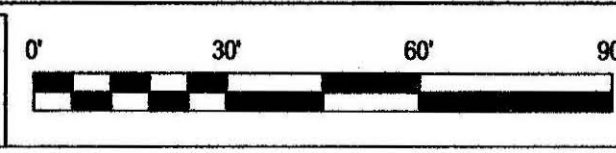
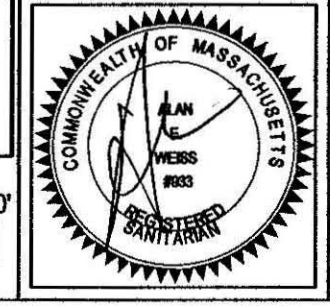
TEST PIT LOG:				SOIL EVALUATOR:	DATE OF EVALUATION:
TP 1 : 92.5'				A. WEISS	06.19.2013
DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):	DEPTH:	HORIZ:
0-8"	Ap	FSL	10 YR 3.2	0-8"	A
8-25"	Bw	FSL	10 YR 5.6	8-25"	Bw
25-102"	C1	LS	2.5 Y 5.3	25-126"	C1
OXIDES: 36"				OXIDES: 36"	
EHWT: 316"				EHWT: 36"	
STANDING H2O: 90"				STANDING H2O: 90"	
WEEPING: 50"				WEEPING: 50"	
BEDROCK: 102'+				BEDROCK: 126'+	

SEPTIC DESIGN PLAN FOR PAUL METEVIA
 93 HIGHPOINT DRIVE
 AMHERST, MA

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

PHD NO: (413) 323-5957
 FAX: (413) 323-4916
 DATE: 07.17.2013
 SCALE: 1"=30'

e-Mail: ACWES@charter.net
 DRAWN BY: ALAN WEISS
 REVISED:
 DRAWING NUMBER: 113-4104-0524



SEPTIC NOTES

METEJIA

TAUL + GAYLE

6/25/2013 - 93 HIGHPOINT DRIVE

① Repair tank + soil eval for existing house

①	0-8" A	ELS 10YR 3/4	FRITANE	need @ 50" FRITANE
	8-25" B	ELS 10YR 5/6	FINE SANDY FRITANE	
			muffle at 36" → 4 1/2 yr 5/8	
	25-102" C	ELS 2.5Y 5/3	perc 9:03-9:18	90' from E of hole to garage
			9:38	
			10:06	finished (28/3 wide, 10/wide)

②

126" bottom

② market value perc for lot next door - to be bought by neighbor
L35

CORNERS TO HOUSE (WESTWARD EDGE)



US Fish + Wildlife app - wetland map.

perc rate for ② 15 mpi

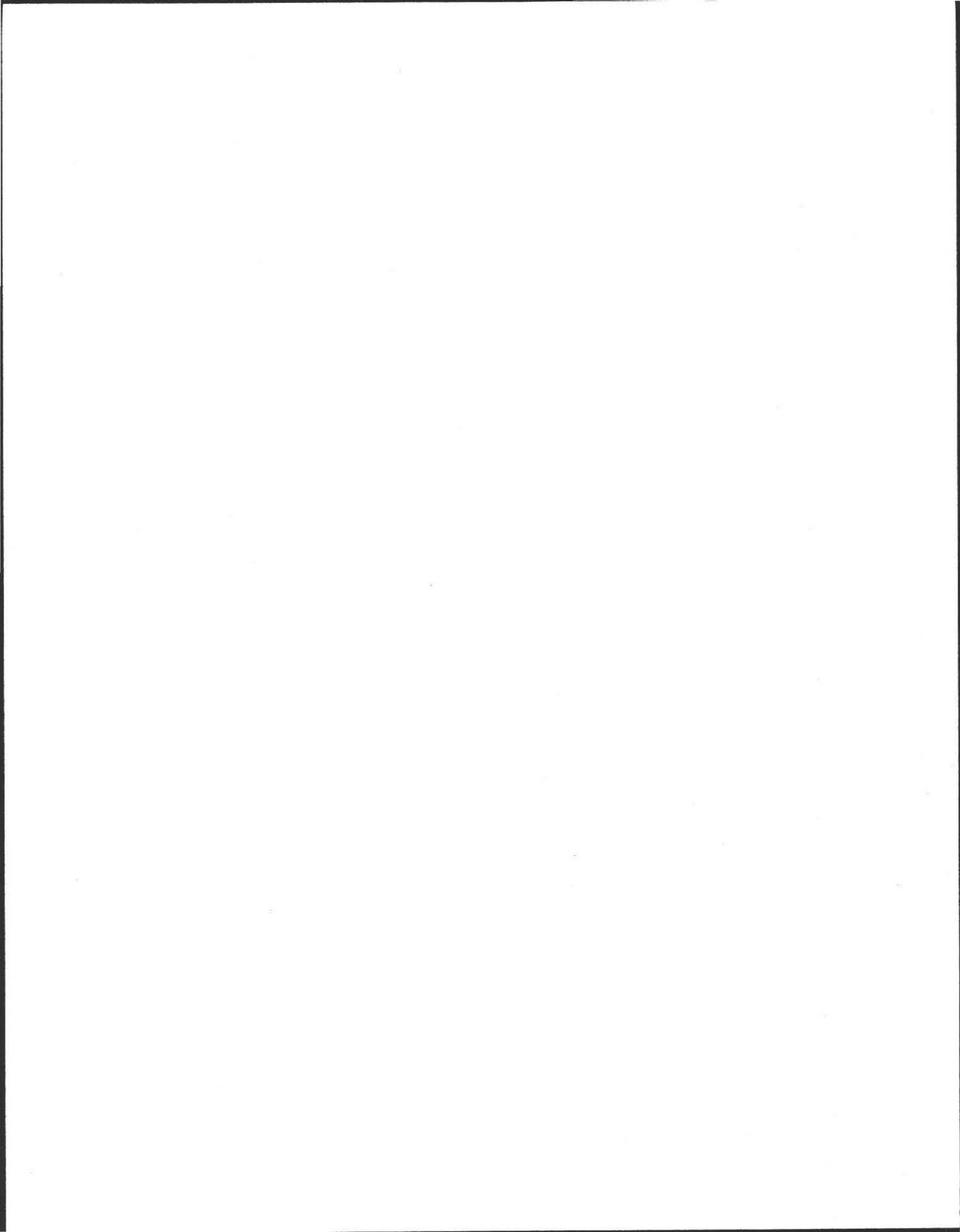
Plan:

Designed by:

CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property-line setback distances must have Surveyor Stamp 15270 (3)
- Legal boundaries noted
- Easements noted
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4)
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- 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. ; 5' tank
- Well statement if applicable
- Location of any surface waters, rivers, vegetated wetlands
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 1527.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system
- When alternative technology is required, complete plan and specs, including hydraulic profile
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan
- Local upgrade forms attached to application
- Note on plan listing all variances sought in conjunction with the plan

NOTES:



5/24/2013 Q3 HIGH POINT

grends to go
condensate in septic line → send out sill +
into gravel

D-Box flooded

check old prices L-35, 36, 37

No Payment yet -
plans coming

100	HIGH POINT
148	JUN. PER
3	JUN. PER
9	JUN. PER



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address

Owner's Name

Owner information is required for every page.

City/Town

State

Zip Code

Date of Inspection

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file

#93

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

No. 70-24 Date 9/3/70 Fee \$3.00 Date Rec'd. 9/3/70 By Cod

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

Location-Address 93 High Point Hill or Lot No. 36

Owner Roy Industries Address Shutesbury

Contractor Bill Clarke Address "

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling-No. of Bedrooms 4 Expansion Attic (n) Garbage Grinder (y) es

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 400 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 15X45 Depth below inlet _____ Total leaching area 675 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 9/3/70

Test Pit No. 1 20 minutes per inch Depth of Test Pit 30

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

Description of Soil clay Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

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

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

W. L. May
Owner or builder

9/4/70
date
9/3/70
date

Application Approved by Drake

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____

Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 70-24

Permission is hereby granted Roy Industries to construct (x) or repair () an Individual Sewage Disposal System at Lot 36 93 High Point as shown on the application for Disposal Works Construction Permit No. 70-24

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 9/3/70

C. E. Moore
Board of Health

BOARD OF SUPERVISORS
COUNTY OF SAN FRANCISCO

1911

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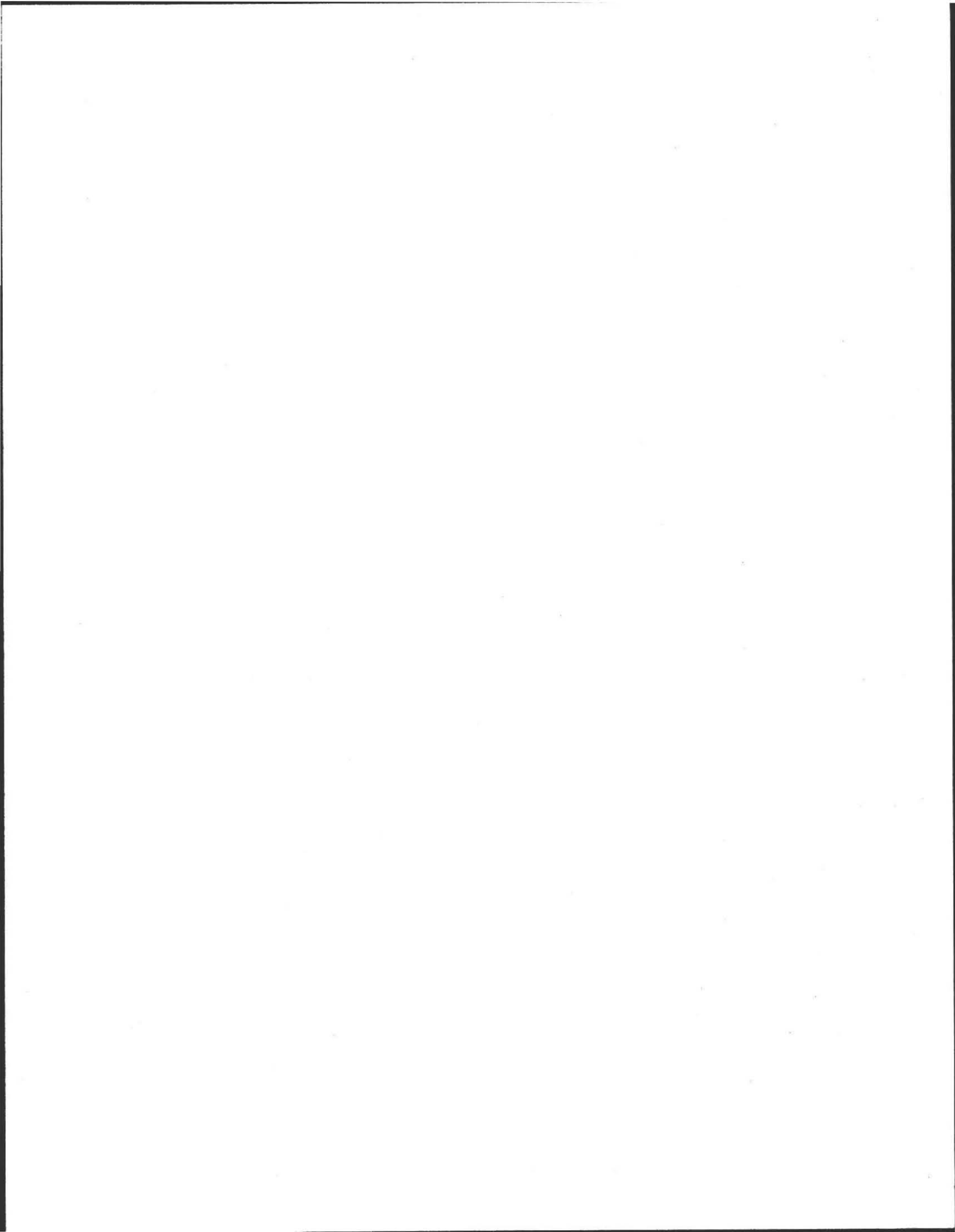
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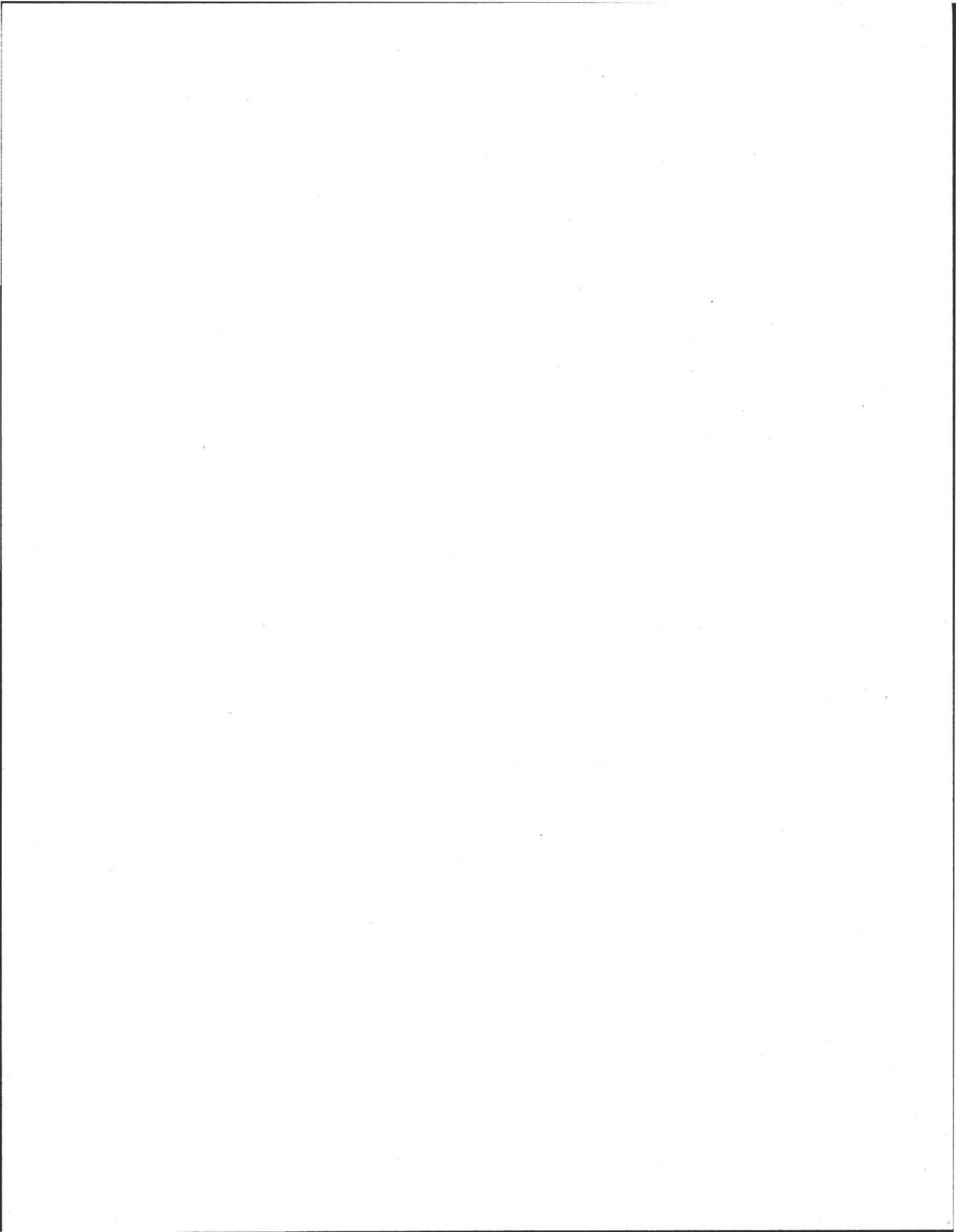
Permit Record Detail	
Case #	SPT2002-00189
Project #	SPT2002-00189
Master #	SPT2002-00189
Address	93 HIGH POINT DR
Applicant	METEVIA, GAYLE A
Parcel (Map It!)	06B000066
Project Name	SEPTIC
Description	\$3.00 PAID FOR PERMIT TO CONSTRUCT
Document	
Status	FNL
Issued	
Finalled	09/03/1970
Expiration	
Received by	KAK
Received	03/28/2002

Description	Date	Notes
Application Entered	03/28/2002	
Issue Certif. of Compliance	03/28/2002	

Date	Company	Reason	Quantity	Transfer	Permit	Notes
07/01/2010	GREG'S	ROUTINE	1250	ERVING WWTP	SPT2002-00189	
08/04/2005	GREG'S	ROUTINE	1250	ERVING WWTP	SPT2002-00189	
10/13/2000	GREG'S	ROUTINE	1250		SPT2002-00189	
08/09/1995	GREG'S	ROUTINE	1250		SPT2002-00189	



Septic System Detail	
year	2002
caseno	00189
CSM_CASENO	SPT2002-00189
SPT_INSTALLER	BILL CLARK
SPT_CASETYPE	NEW
SPT_TWOCOMP	
SPT_BEDRMS	4
SPT_SYSTEM	ONSITE
SPT_TANK1	
SPT_TITLE5_DATE	
SPT_TANK2	
SPT_SEPDATE	
SPT_DESIGNER	
SPT_SEPSYSTEM	
SPT_SOILABS	
SPT_ONFILE	N
SPT_DESIGNFL	400
SPT_REV_DATE	
SPT_ASBUILT	N
SPT_TANKCONS	
SPT_SEPRMT	
SPT_ELEVATE	
SPT_GRDWATER	
SPT_WTR	WEL
SPT_SEWAGE	



SPT_GRINDER	Y
SPT_LOCALVAR	
SPT_LOCALVAR_COMM	
SPT_TITLES	
SPT_TITLES_COMM	
SPT_NOTES	
SPT_WASTE	
SPT_INSTL_DATE	9/3/1970 12:00:00 AM

