

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

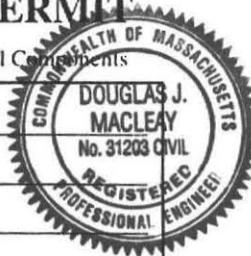
BOARD OF HEALTH

Town Amherst OF _____

#19

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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



19 Indian Pipe Lane <small>Location</small>	Barri & Chris Blauvelt <small>Owner's Name</small>
Lot #30 <small>Map/Parcel #</small>	175 Cherry Lane, Amherst, MA <small>Address</small>
 <small>Lot #</small>	549-9295 <small>Telephone #</small>
 <small>Installer's Name</small>	MacLeay Associates, Inc. <small>Designer's Name</small>
 <small>Address</small>	102 Bridge St, Shelburne Falls, MA <small>Address</small>
 <small>Telephone #</small>	413-625-9774 <small>Telephone #</small>

Type of Building: single family residence Lot Size 1.378 acres ~~Spot~~
 Dwelling — No. of Bedrooms six Garbage Grinder (no)
 Other — Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other fixtures _____

Design Flow (min. required) 660 gpd Calculated design flow 660 gpd Design flow provided 832 gpd
 Plan: Date Sept 12, 1997 Number of sheets one Revision Date none
 Title Subsurface Sewage Disposal Plan in Amherst, Mass for Barri & Chris Blauvelt

Description of Soil(s) Fine sand, coarse sand, medium sand. See plan for detailed soil logs.
 Soil Evaluator Form No. _____ Name of Soil Evaluator Doug MacLeay Date of Evaluation June 18, 1997

DESCRIPTION OF REPAIRS OR ALTERATIONS _____

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections _____

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

Amherst BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (X), Repaired (), Upgraded (), Abandoned ()
by: Barri & Chris Blauvelt

at 19 Indian Pipe Lane

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

Installer [Signature] D.M.O. Construction

Designer: DOUGLAS MACLEAY Inspector _____ Date 11/12/97

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

Amherst BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct (X) Repair () Upgrade () Abandon () an individual sewage disposal system at 19 Indian Pipe Lane as described

in the application for Disposal System Construction Permit No. _____, dated _____

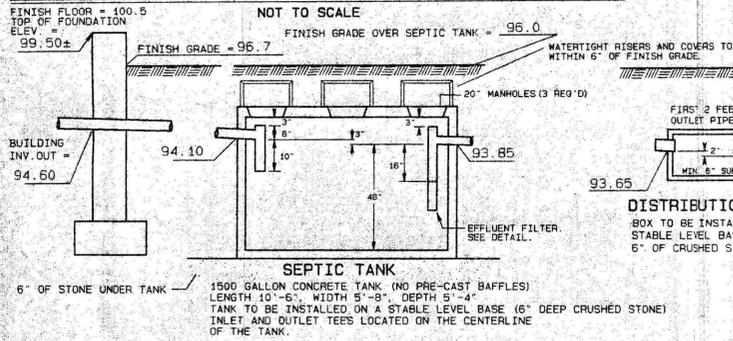
Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Board _____

M 2 - DSCP DEP APPROVED FORM 5/9



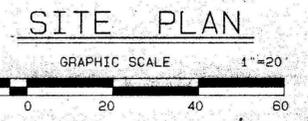
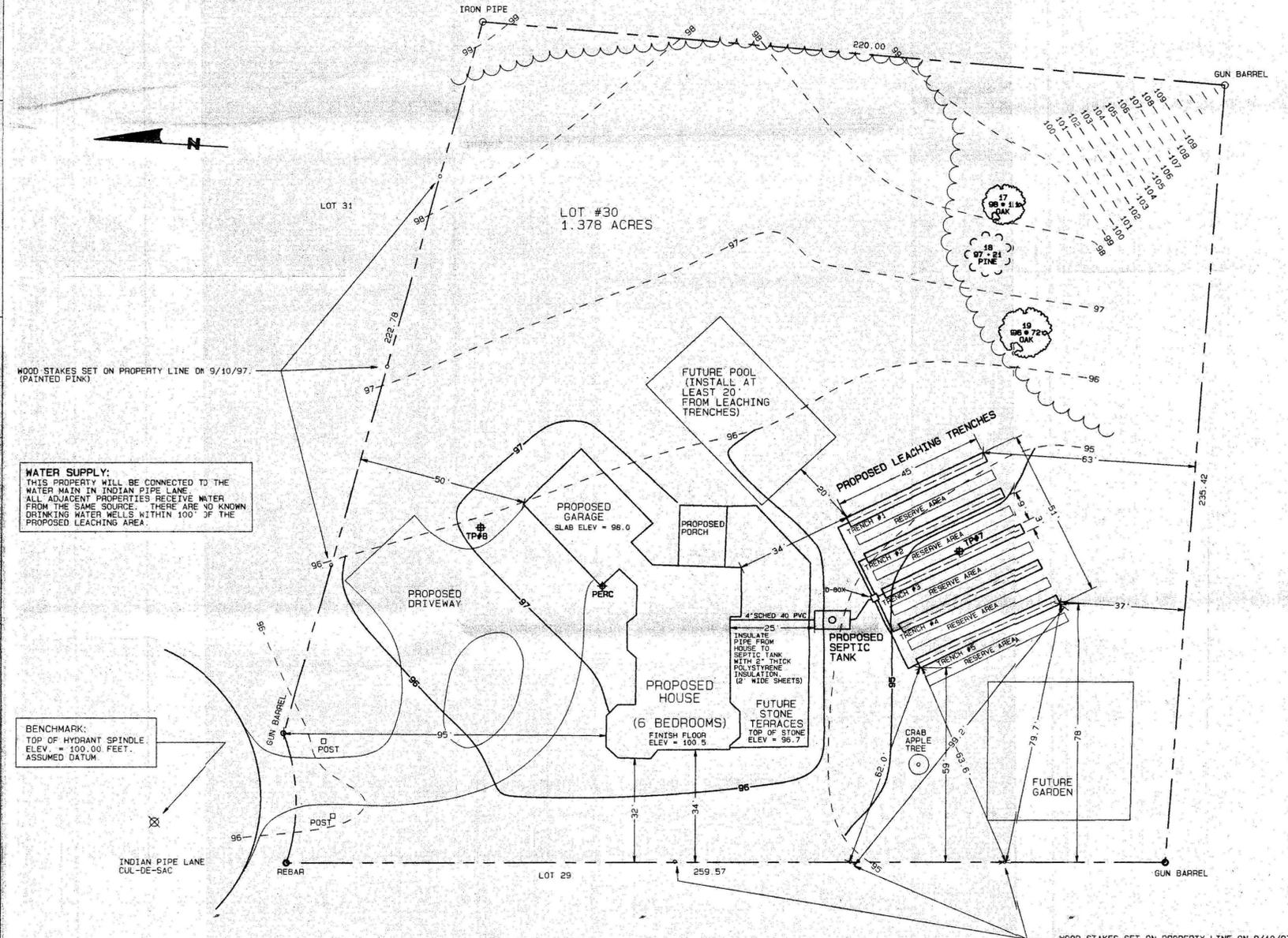
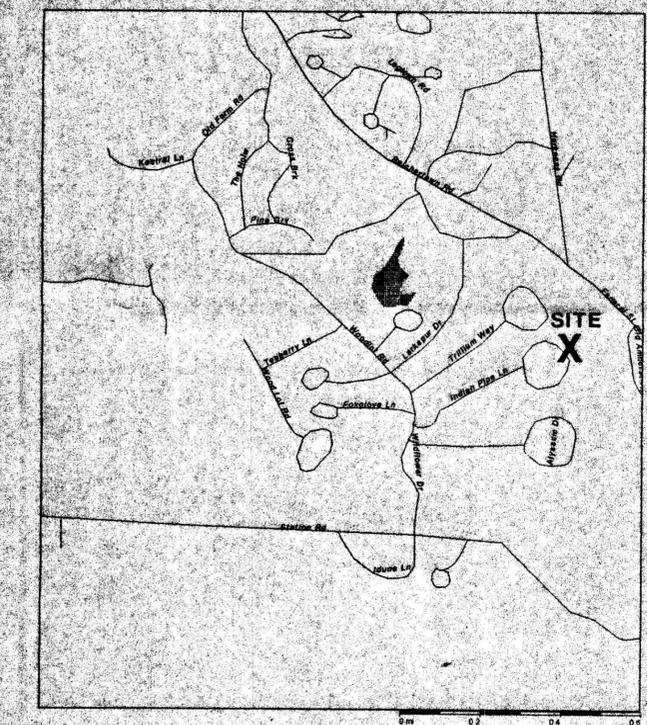
SANITARY SYSTEM PROFILE



NOTES:

- DISTRIBUTION LINES SHALL HAVE END CAPS INSTALLED.
- THE TITLE 5 REQUIRES OBSERVATION OF THE INSTALLED SYSTEM BY THE DESIGN ENGINEER AND A BOARD OF HEALTH MEMBER OR AGENT FOR THE BOARD OF HEALTH. THE SYSTEM MUST NOT BE BACKFILLED PRIOR TO OUR OBSERVATION. CONTACT OUR OFFICE AND THE BOARD OF HEALTH TWO BUSINESS DAYS BEFORE REQUESTED DATE FOR OBSERVATION.
- ALL DISTURBED AREAS SHOULD BE LOAMED, RAKED, FERTILIZED, SEEDED AND MULCHED AT THE COMPLETION OF CONSTRUCTION.

PROPERTY LINE REFERENCE:
PROPERTY LINE INFORMATION IS TAKEN FROM A PLAN RECORDED IN THE HAMPSHIRE COUNTY REGISTRY OF DEEDS, PLAN BOOK 126, PAGE 81.



TEST PIT DATA

BOARD OF HEALTH WITNESS: DAVID ZAROZINSKI
DATE: JUNE 18, 1997
SOIL EVALUATOR: DOUGLAS J. MacLEAY, P.E.

TEST ID	PERC RATE (MIN/IN)	PERC DEPTH (IN)
A	2	48
PERC TEST 11/12/93		

TEST PIT #	ELEV. TOP	ESHWT	OBS. H2O	BOTTOM
7	94.8	95.8	NONE	84.8
8	95.9	85.9	NONE	85.9

HORIZON	SOIL TYPE	DEPTH (IN)
A	LOAMY SAND	10YR 4/4
B	LOAMY SAND	10YR 5/6
C1	FINE SAND	10YR 6/4
C2	COARSE SAND	10YR 5/4
C3	FINE SAND	10YR 6/3
E.S.H.W.T. 108" MOTTLING 7.5YR 5/8		

DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE (6 BEDROOMS)
DESIGN FLOW 110 GALLONS PER DAY PER BEDROOM
TOTAL DESIGN FLOW = 110 X 6 = 660 GALLONS PER DAY.
SEPTIC TANK
660 GALLONS X 200% = 1320 GALLONS DESIGN CAPACITY.
USE 1500 GALLON SEPTIC TANK.

LEACHING TRENCHES

SIDEWALL:
2 X 45" LENGTH X 1.0' DEPTH = 90 SQUARE FEET.
90 SQ. FT. X 0.74 GAL. PER SQ. FT. = 66.6 GAL. LEACHING.

BOTTOM:
45" LENGTH X 3.0' WIDTH = 135 SQUARE FEET.
135 SQ. FT. X 0.74 GAL. PER SQ. FT. = 99.9 GAL. LEACHING.

TOTAL NUMBER OF LEACHING TRENCHES = 5
TOTAL LEACHING AREA = 1125 SQUARE FEET.
TOTAL LEACHING CAPACITY = 832 GALLONS PER DAY.

NOTE: AMHERST B.O.H REGULATIONS REQUIRE LEACHING CAPACITY OF 1.25 TIMES TITLE 5 MINIMUM REQUIREMENT
660 gpd X 1.25 = 825 gpd MINIMUM REQUIRED BY AMHERST.
832 gpd IS PROVIDED BY THIS PLAN.

- ### GENERAL NOTES
- 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM EXCEPT WHERE OTHERWISE NOTED.
 - 4" SDR 35 PERFORATED PIPE TO BE USED IN LEACHING AREA.
 - 1500 GALLON REINFORCED CONCRETE SEPTIC TANK.
 - AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
 - ELEVATIONS BASED ON ASSUMED DATUM
 - UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY APPLICABLE LOCAL RULES.
 - ANY CHANGE TO THIS PLAN MUST BE APPROVED BY THE BOARD OF HEALTH AND THE DESIGN ENGINEER.
 - THIS SYSTEM IS NOT DESIGNED FOR A GARBAGE GRINDER.

LEGEND

---	100	EXISTING CONTOURS
---	100	PROPOSED CONTOURS
---	---	4" SDR 35 PERFORATED PIPE
---	---	4" SDR 35 OR SCH 40 SOLID PIPE
---	---	WATER LINE
---	---	TREE LINE
---	---	PROPERTY LINE
X	95.0	PROPOSED SPOT GRADE

SHEET NO. 1 OF 1.

SCALE AS SHOWN	APPROVED:	REV. DATE BY	DESCRIPTION	APPR.
DRN. BY D.P.	DOUGLAS J. MacLEAY REGISTERED CIVIL ENGINEER No. 21933 CIVIL EXPIRES 12/31/99		TITLE: SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASSACHUSETTS	
CHECKED D.M.		DATE: SEPTEMBER 12, 1997	FOR: BARRI & CHRIS BLAUVELT 19 INDIAN PIPE LANE	JOB NO. 93-118

MacLEAY ASSOCIATES, INC.
102 BRIDGE STREET, SHELburnE FALLS, MA 01370
FAX AND TELEPHONE: (413) 625-9774