No. 02-08 — ① Call Dig Safe chk 5911 ② Water Dept for location of water line — FEE 25

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	82 Larkspur Dr	Owner's Name	Josee Vachon + Francisco Ceballos
Map/Parcel#		Address	82 Larkspur Dr, POB 2235
Lot#	aka Lot #112	Telephone#	253-2315
Installer's Name	Clark / Chris	Designer's Name	Alan Weiss, RS
Address		Address	Belchertown.
Telephone#		Telephone#	

Type of Building Residence Lot Size 31,800 +/- sq. ft.

Dwelling - No. of Bedrooms 5 Garbage grinder ( ) N

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

Other Fixtures ____

Design Flow (min. required) 110 gpd Calculated design flow 550 Design flow provided 622 gpd

Plan: Date 6/29/02 Number of sheets 4 Revision Date ____

Title Septic System Repair DESIGN

Description of Soil(s) ____

Soil Evaluator Form No. ____ Name of Soil Evaluator A. Weiss D. Zarozinski Date of Evaluation 6/21/02

DESCRIPTION OF REPAIRS OR ALTERATIONS

New L.field; Paper Mill Removal.

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 7/1/02

Inspections ____

No. 02-08 FEE 25 cc

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 82 Larkspur Drive

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. 02-08, dated ____. Approved Design Flow ____(gpd)

Installer Thomas Lattie CHARLES EXC. Hadley

Designer: [signature] Inspector: Thomas Dion Date: 9/6/02

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

No. 02-08 → Call Dig Safe + Water Dept chk 5911 FEE 25 cc

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 82 Larkspur Drive as described in the application for Disposal System Construction Permit No. 2/1 02, dated 6/29/02

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

Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 7/1/02 Board of Health [signature]

9/18/02
12:00

Bruce
Stanforth –
New owner

Lawyer AL Atlanta
532-0636

Mailed Copy of
Complaint on
9/18/02

ARGEO PAUL CELLUCCI
GOVERNOR

WILLIAM D. O'LEARY
SECRETARY

HOWARD K. KOH, MD, MPH
COMMISSIONER

The Commo
Executive Off
Dep
Divisio
305 South Stre
(617) 9

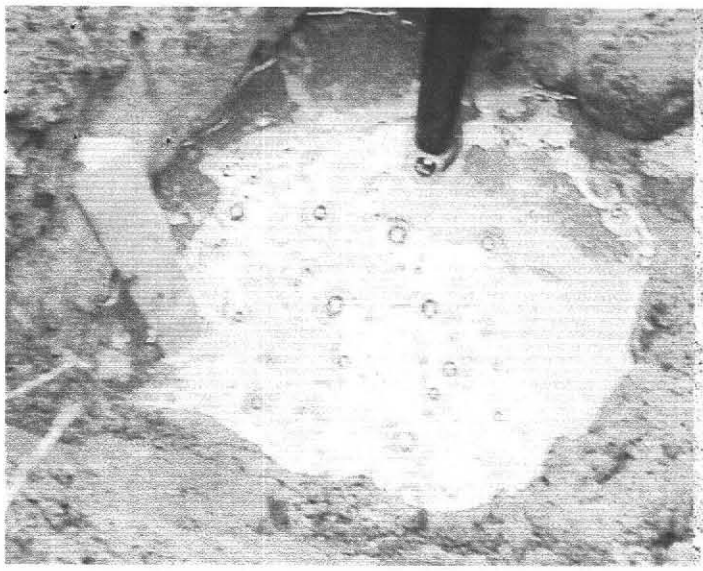
MEMOR

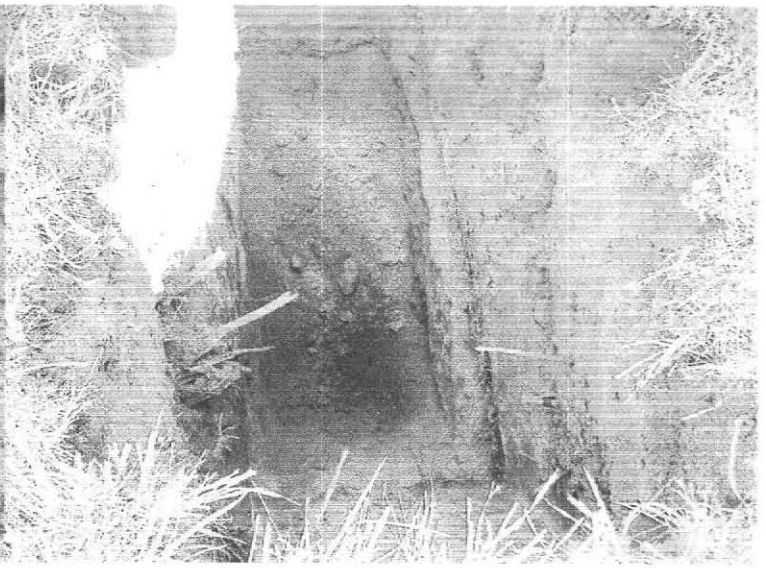
TO: Boards of Health

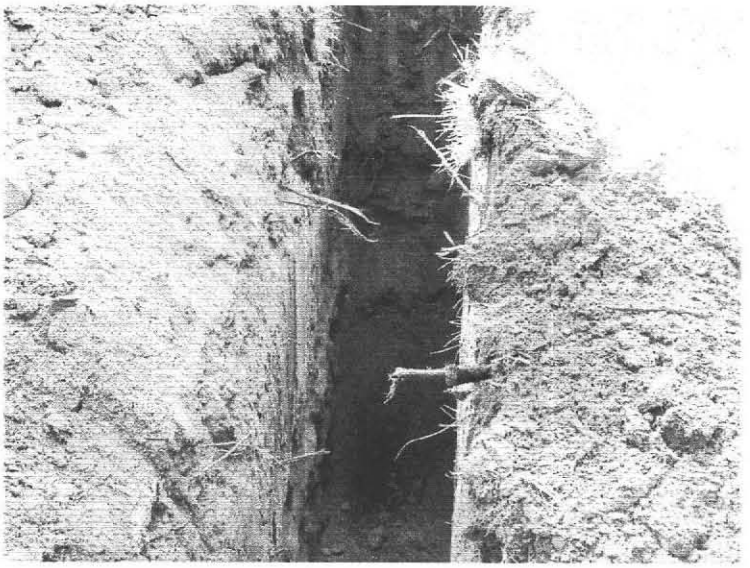
FROM: Howard S. We[illegible]y, M.S., C.H.
Director

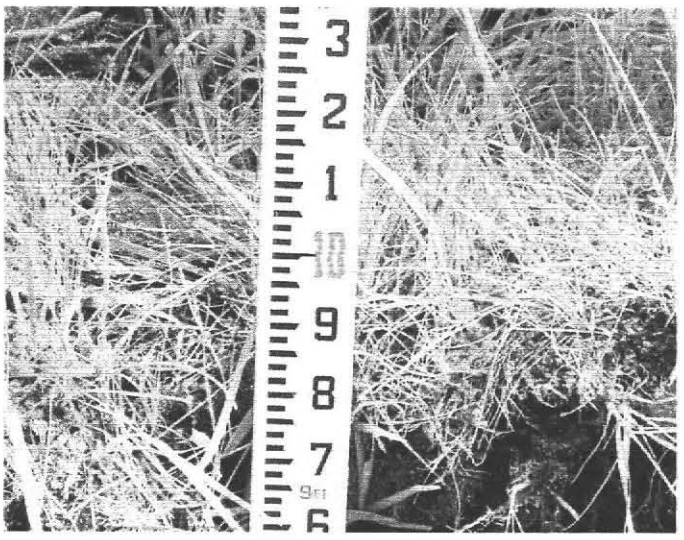
DATE: January 27, 1999

SUBJ: [illegible]









82 Larkspur Drive Perc Test Engineer: Alan Weiss

6/21/02

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

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

Date: 6/21/02

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: D. Zerozinski + Tom Dion
Date: 6/21/02

Location Address or Lot # 82 Larkspur DR.	Owner's Name, Address, and Telephone # Josee Vachon + Francisco Covallos 82 Larkspur DR, POB 2235 Amherst, MA 01004-2235 253-2315

New Construction ☐ Repair ☑

Office Review

Published Soil Survey Available: No ☐ Yes ☑

Year Published 1981 Publication Scale 1:25,840 Soil Map Unit 14A 41gB

Drainage Class RAPID Soil Limitations N/A

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. 82 LAKESIDE DR, Amherst

On-site Review

Deep Hole Number TP-1+2 Date: 6/21/02 Time: 8:30 Weather

Location (identify on site plan)

Land Use Slope (%) 1 Surface Stones Few

Vegetation grass

Landform

Position on landscape (sketch on the back)

Distances from:

Open Water Body 100'+ feet Drainage way feet

Possible Wet Area 100'+ feet Property Line 40' feet

Drinking Water Well 100'+ TOWN water 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)
TP-1 FRONT	0-12"	A_F	FSL	10YR3/2	No H. GW Mottles obs	friable loose
	12"-56"	BC (fill)	FSL	2.5Y4/2		Grey, massive, (fill) * Remove
	56→126	C_1	S	2.5Y 6/6		Med-coarse sand + gravel
TP-2 BACK	0-12"	A_p	FSL	10YR3/2	50"	
	12-26	Bw(mix)	FSL	10.5R 5/6		
	21-65	C_1	LS	10YR4/6		Red brown F-C. SANDY & TILL MOD. DENSE
	65"→78"	C_2	LS	2.5Y6/6		F-M SAND, loose, wet.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Outwash Depth to Bedrock: 126"+ (TP-1)

Depth to Groundwater: Standing Water in the Hole: Not obs in #1 48" in #2 Weeping from Pit Face: Not obs in #1 48" in TP-2

Estimated Seasonal High Ground Water: → (Design over TP-1 - 126"+ Est HGW)

FORM 12 - PERCOLATION TEST

Location Address or Lot No. 82 LARKSPUR DR.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: 6/21/02	Time:	
Observation Hole #	P_1	
Depth of Perc	70"	
Start Pre-soak	9:36	
End Pre-soak	9:38	
Time at 12"	CAN'T	
Time at 9"	HOLD	
Time at 6"	SOAK 9:40	
Time (9"-6")	9:42	
Rate Min./Inch	<2	

* 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: D. Zarozinsk.

Comments: Use TP-1 (Front) for Design, over Excav. Fill.

DEP APPROVED FORM - 12/07/95

Location Address or Lot No. 82 Corkspur Dr, Amherst

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 126"+ inches in TP-1 (eff. for design)
- ☐ 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

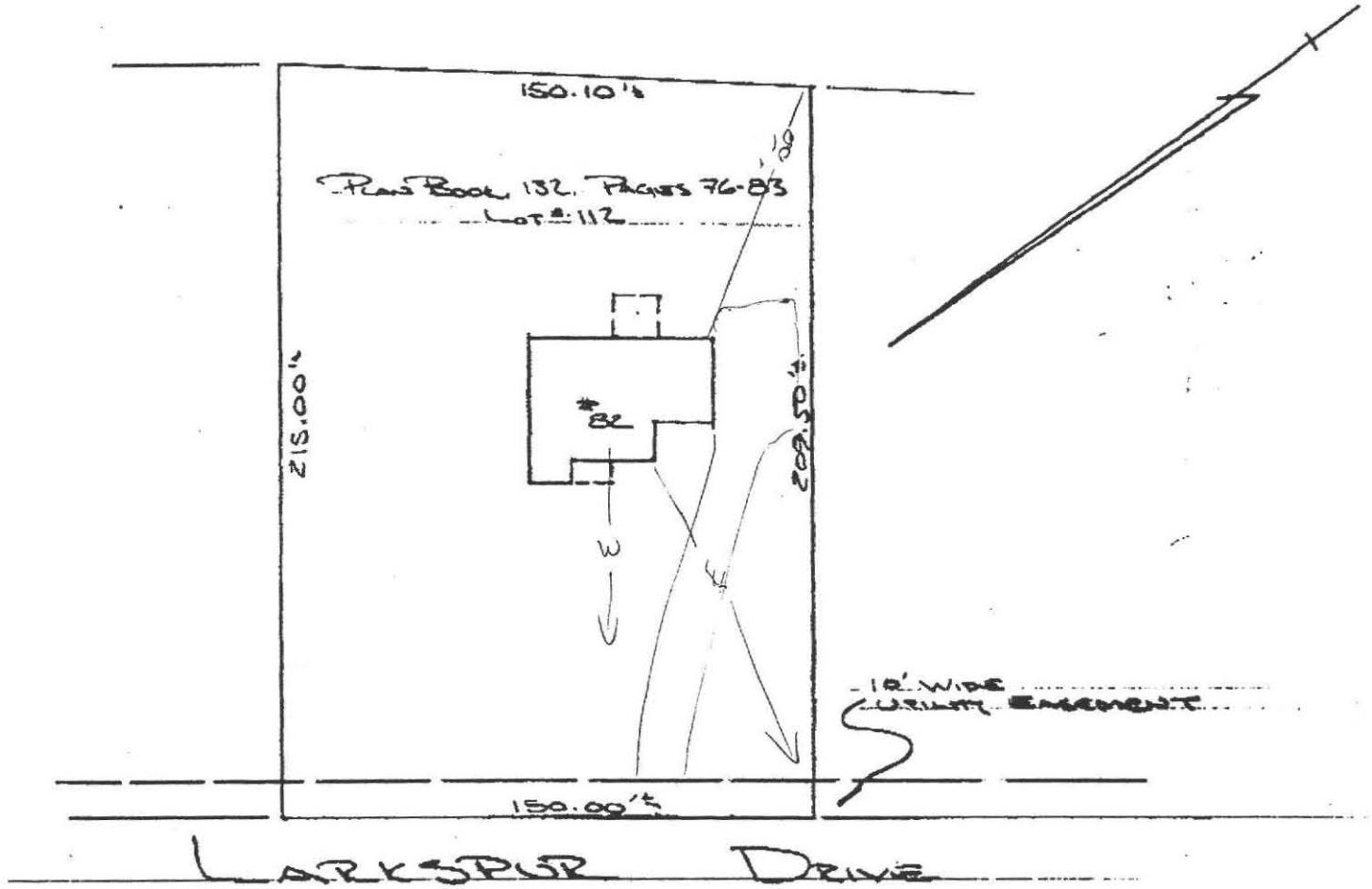
I certify that on June-95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature _____ Date 6/21/02

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

-NOTE-

THIS PLAT IS COMPILED FROM DEEDS, PLANS AND OTHER SOURCES AND IS NOT TO BE CONSTRUED AS AN ACCURATE SURVEY AND IS NOT TO BE RECORDED.



TO: SOURCE ONE MORTGAGE SERVICES CORP. &
OLD REPUBLIC NATIONAL TITLE INSURANCE COMPANY

I HEREBY REPORT THAT I HAVE EXAMINED THE PREMISES AND BASED ON EXISTING MONUMENTATION ALL EASEMENTS, ENCROACHMENTS AND BUILDINGS ARE LOCATED ON THE GROUND AS SHOWN AND THAT THE BUILDINGS ARE ENTIRELY WITHIN THE LOT LINES, EXCEPT AS NOTED. I FURTHER REPORT THAT THE PROPERTY IS NOT LOCATED WITHIN A FLOOD PRONE AREA AS SHOWN ON FEDERAL FLOOD INSURANCE MAPS FOR COMMUNITY # 250156

SURVEYOR: Randall E. Izer

COMMONWEALTH OF MASSACHUSETTS
RANDALL E. IZER #38082
REGISTERED LAND SURVEYOR

Randall E. Izer

-NOTE-
THIS PLAT FOR MORTGAGE LOAN PURPOSES ONLY AND DOES NOT CONSTITUTE A PROPERTY SURVEY

-MORTGAGE LOAN INSPECTION PLAT-

AMHERST, MASSACHUSETTS
PREPARED FOR
COMPETITIVE REAL ESTATE, INC.

SCALE: 1"=50' SEPTEMBER 8, 1994

HAROLD L. EATON AND ASSOCIATES, INC.
REGISTERED PROFESSIONAL LAND SURVEYORS
235 RUSSELL STREET - HADLEY - MASSACHUSETTS

ck # 5911

No. 2609

TOWN OF AMHERST
HEALTH PERMITS/INSPECTION SERVICES

Received of Francisco Cevallos (Name) of 82 Larkspur Drive (Address)

For Property Located at: Same (Street Address) Same (Owner)

HEA009	Bakery R6510 443508		HEA015	Sanitary Code Booklets R6510 432305	
HEA001	Bed & Breakfast R6510 443516		HEA016	Septic Tank Permit-Installers R6510 443511	
HEA002	Catering License R6510 443507		HEA017	Septic Tank Permit-Private R6510 443510	100 00
HEA003	Food Handler R6510 443515		HEA018	Septic Tank Reinspection Fee R6510 432301	
HEA004	Frozen Deserts R6510 443501		HEA019	Sub-Division Review Fee R6510 432306	
HEA005	Health Dept. Housing Isp. R6510 432302		HEA012	Swimming Pool Permits R6510 443512	
HEA006	Massage Therapy License R6510 443504		HEA020	Tanning License R6510 443509	
HEA007	Milk & Cream License R6510 443500		HEA024	Funeral Director License R6510 443502	
HEA008	Motel License R6510 443506		HEA034	Immunization Clinic R6510 432307	
HEA010	Removal of Offal R6510 443513		HEA030	Car Seats 8407 258004	
HEA021	Removal of Rubbish R6510 443520		HEA026	Smoking & Tobacco Reg. Violations R6510 443518	
HEA011	Percolation Test Fees R6510 432300	175 00	HEA023	TB Clinic R6510 432303	
HEA013	Recreation Camp License R6510 443503		HEA022	Tobacco License R6510 443505	
HEA014	Retail Store Permit R6510 443514		HEA		
			HEA		

TOTAL FEE: 275 00

Inspeciton Services/Health Department

Date

ck # 5911

FRANCISCO CEVALLOS
JOSEE VACHON
P.O. BOX 2235
AMHERST, MA. 01004
PH-413-253-2315

5911

Date June 21, 2001

53-8027/2118

Pay to the Order of Town of Amherst $ 275 00/hr

Two hundred and seventy five 00/hr Dollars

Security Features Detailed On Back

UMASSFIVE COLLEGE FEDERAL CREDIT UNION
P.O. Box 1060
Hadley, MA 01035-1060

Memo

Must be Validated by th

⑈211880271⑈ 058384587⑈5911

Perc Test 175.00
Plant Final 100.00
Total – 275.00

dh# 5911 –

FORM 11: Soil Evaluation Form NO: _____

Commonwealth of Massachusetts
Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL Weiss Date: 6/21/02
Witnessed By: David Zaroczynski

Location Address of:
Lot #

Owner's Name: FRANCISCO CEVALLOS
Address of: JOSEE LACHON
82 LARKSPUR DRIVE
Telephone: 253-2315

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 Reference Reviewed:

Determination: Seasonal High Water Table

Methods Used:

☐ Depth observed standing in observation hole _____ inches
☐ Depth weeping from side of observation hole _____ inches
☐ Depth to soil mottles _____ inches
☐ Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feed of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

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

Certification

I certify that on _____ (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 _____

82 Lakeside Drive

On-Site Review

Deep Hole Number (1) Date: 6/21/02 Time 9:00
Weather Sunny 70°
Location (identify on site plan) _____
Land Use Residential Slope (%) 1
Surface Stone _____
Vegetation:
Trees

Landform:
Terrace

Position on Landscape (sketch on back) _____
Distances from:
Open Water Body 100 feet Drainageway _____ feet
Possible Wet Ares 100 feet Property Line 37 feet
Drinking Water Well 100 feet Other To Rear

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
12	A F	fill?	10yr 3/2	—	Loose Friable
56	B C	Fine Sand + Silt	2.5Y 4/2	—	Massive Fill
	C1	med Sand Gravel	2.5Y 4/2	—	Coarse Sand & Gravel

Parent Material (geologic) Outwash
Depth to Bedrock 10'
Depth to Groundwater :
Standing Water in the Hole —
Weeping from Pit Face —
Estimated Seasonal High Water —

On-Site Review

Deep Hole Number _____ Date: _____ Time _____
Weather _____
Location (identify on site plan) _____
Land Use _____ Slope (%) _____
Surface Stone _____
Vegetation:

Landform:

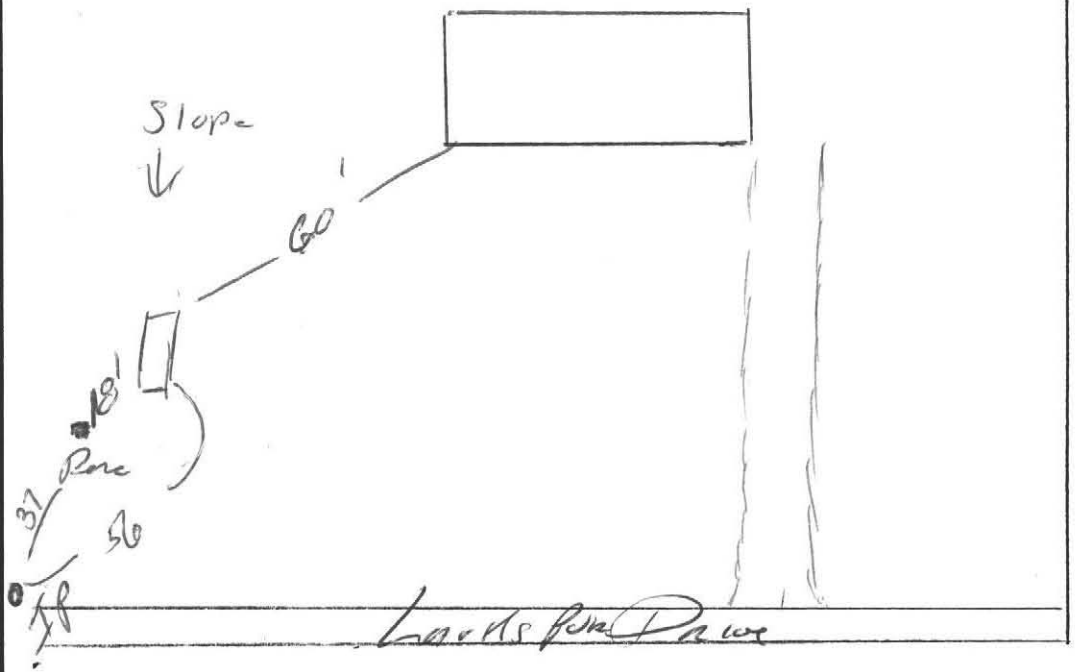
Position on Landscape (sketch on back) _____
Distances from:
Open Water Body _____ feet Drainageway _____ feet
Possible Wet Ares _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsel)	soil mottling	other (structure, stones, boulders) Consistency, % gravel

Parent Material (geologic) _____
Depth to Bedrock _____
Depth to Groundwater :
Standing Water in the Hole _____
Weeping from Pit Face _____
Estimated Seasonal High Water _____

5 Bedrooms



FORM 12: Percolation Test
Location Adrress or Lot # 82 Locust Ridge Drive

Commonwealth of Massachusetts
Town of Amherst

PERCOLATION TEST * DATE: 6/21/02 TIME:		
Observation Hole #	(C)	
Depth of Perc	70"	
Start Pre-soak	9:36	
End Pre-soak		Hole
Time at 12"	CAVE	
Time at 9"	9:40	WATER
Time at 6"	9:42	
Time (9"-6")		
Rate Min./Inch		

**Minimum of one percolation test must be performed in both the primary area and reserve area.*

Site Passed ☑ Site failed ☐

Performed by AC Weiss

Witnessed by David Zaremski

Comments:

FRANCISCO CEVALLOS
JOSEE VACHON
P.O. BOX 2235
AMHERST, MA. 01004
PH-413-253-2315

5911

Date June 21, 2001

53-8027/2118

Pay to the Order of TOWN of Amherst $ 275^00/hr

Two hundred and seventy five 00/hr Dollars

Security Features Detailed On Back

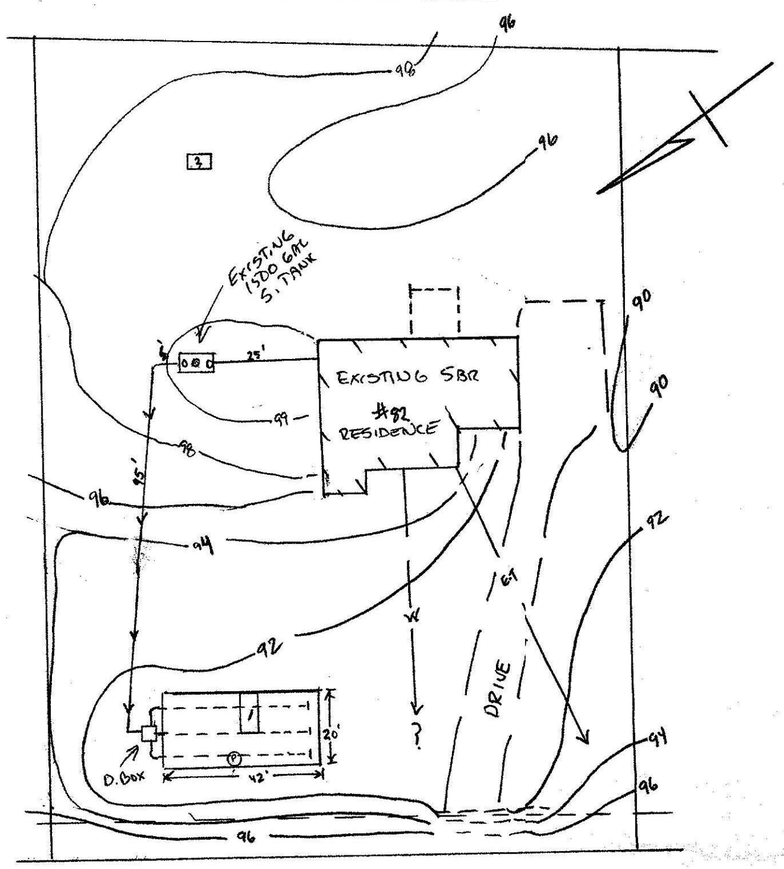
UMassFIVE COLLEGE FEDERAL CREDIT UNION
P.O. Box 1060
Hadley, MA 01035-1060

Memo

MP

⑆211880271⑆ 058384587⑈5911

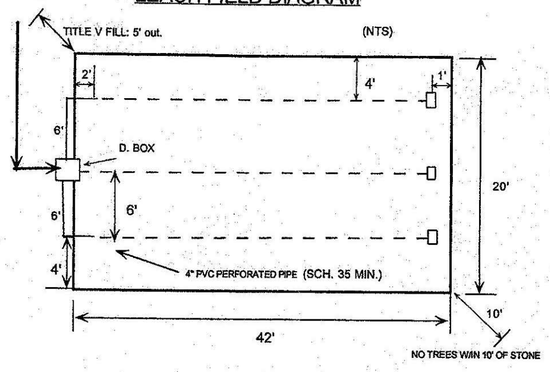
PLOT PLAN (1" = 30')



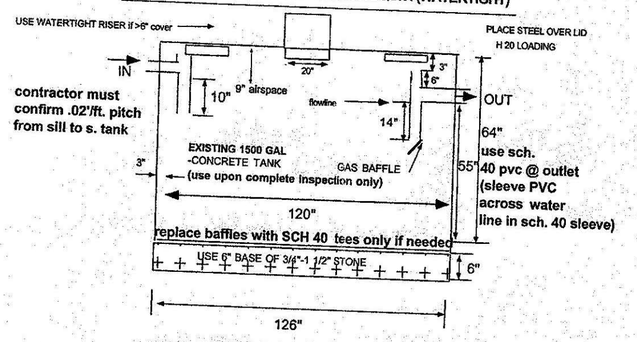
LARKSPUR DRIVE

FROM SEPTIC TANK:
-use FLOW LEVELERS @ D.BOX OUTLET
-run pipes level 2' out

LEACH FIELD DIAGRAM

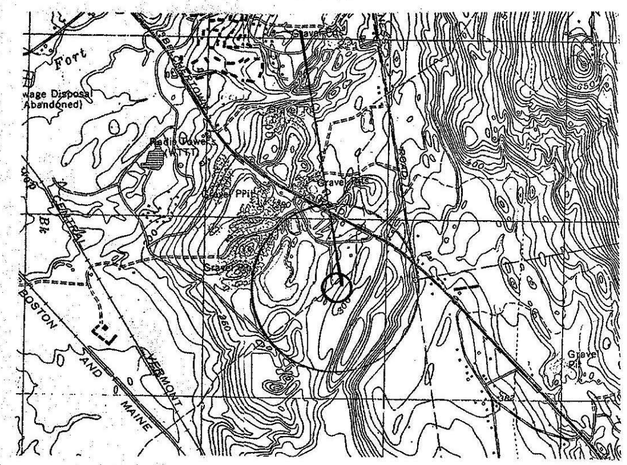


TYPICAL EXISTING S. TANK OR EQUIV. (WATERTIGHT)



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

SITE LOCUS



COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG #833
REGISTERED SANITARIAN

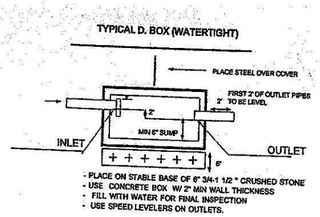
GRAVITY SLOPPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:

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

USINGEXISTING SEPTIC TANKS:

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

TYPICAL D. BOX (WATERTIGHT)

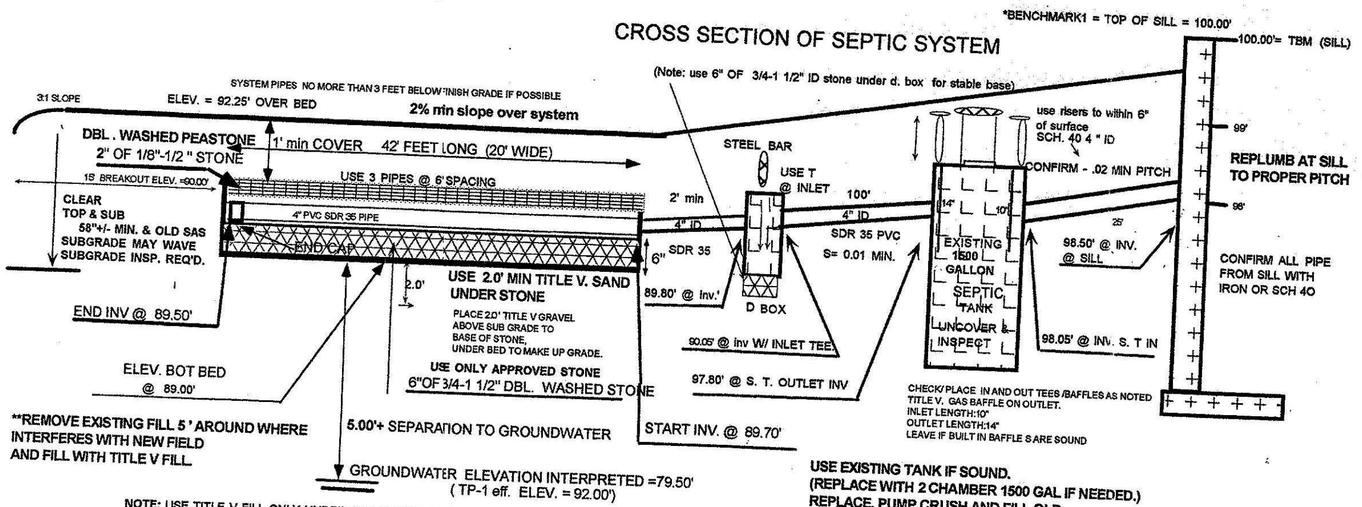


- PLACE ON STABLE BASE OF 6" 3/4-1 1/2 " CRUSHED STONE
- USE CONCRETE BOX W/ 2" MIN WALL THICKNESS
- FILL WITH WATER FOR FINAL INSPECTION
- USE SPEED LEVELERS ON OUTLETS.

DESIGN NOTES:

1. 5 BR X 110 GAL/PERSONS/DAY =550 GAL/DAY (5 bedroom design)
   -Use ONE Leachfield 20' wide x 42' LONG W/6" of .5 ' of DBL washed stone below invert.
   Bot. Area: 20' wide x 42' long =840SF.
   Side Area: N.A.
   Tot. Area: 840 sf x 0.74 gal.sf. = 6212 GAL./DAY.
3. GARBAGE DISPOSAL NOT ALLOWED (to be removed)
4. ALL D. BOX OUTLET PIPES LEVEL FOR 2' , USE SPEED LEVELERS,
5. NO PRIVATE WELLS WITHIN 100 FEET OF SAS. (TOWN WATER NOTED, CONFIRM LINE 10' AWAY)
6. NO WETLAND WITHIN 150 FEET OF SAS:
7. PRE & POST CONTOURS NOTED AS NIECESSARY, RESERVE AREA NOT REQUIRED.
8. PUMP AND INSPECT EXISTING 1500 GAL S. TANK (@ SUBGRADE INSP) USE TANK, ONLY IF COMPETENT
8A REPLACE W/ 1500 GAL S. TANK ONLY' IF NEEDED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
9 . SLOPE CALCS (SEE CONTOURS). SUBIGRADE INSP. REQ'D.
10. 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB TO 30" MIN. AS NEEDED.
    CLEAR TO BASE OF B (MIN. 58") UNDER BED PRIOR TO TITLE V SAND PLACEMENT (if needed).
11. SOIL EVALUATION BY A. WEISS , RS.. 5/07/2002.
12. DEPTH OF PERC. 70" BY A. Weiss 6/21/2002, D. SAROZINSKI, HEALTH AGENT
13. PERC RATE = <2 MIN/IN, CLASS I SOIIL RATING (SAND)
14. INSTALL/INSPECT SCH. 40 TEES/BAFFILES (10" INLET, 14" OUTLET) AS NEEDED.
15. PLACE SCH 40 TEES UNDER OPENINGS OF S. TANK W/ PROPER GAS BAFFLES IF NEEDED/POSS.
16. USE APPROVED (1 1/2") DBL. WASHED STONE UNDER BED & D. BOX FOR 6".
    CONFIRM STONE PROPERLY WASHED (WITH BUCKET /H2O TEST) PRIOR TO PLACEMENT.
17. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
18 ENGINEER TO INSPECT SUBGRADE, *REMOVE/FILL OLD FILL WHERE INTERFERES WITH NEW SAS.*
19. T.B.M1. 100.00 AT TOP OF HOUSE SILL, CONFIRM PROPER PIPE SLOPES
    USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
20. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
21. USE LEACHING BED INSTEAD OFF TRENCHES DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
22. INSTALLER MUST CALL DIGSAFE AND WATER DEPT. IN ACCORDANCE WITH REGULATIONS

CROSS SECTION OF SEPTIC SYSTEM



NOTE: USE TITLE V FILL ONLY UNDER AND 5' AROUNDFIELD AS NEEDED TO MEET DESIGN ELEVATIONS AS NOTED ON PLAN AND AS PER 310 15.255 (clear all top and sub prior to fill placement), .

USE EXISTING TANK IF SOUND.
(REPLACE WITH 2 CHAMBER 1500 GAL IF NEEDED.)
REPLACE, PUMP CRUSH AND FILL OLD SEPTIC TANK ONLY IF NOT SOUND.

SEPTIC REPAIR DESIGN FOR J. VACHON & F. CEVALLOS
82 LARKSPUR DR., AMHERST, MA

SCALE: NOTED	APPROVED BY	DRAWN BY AW
DATE: 6/29/02		

COLD SPRING ENVIRONMENTAL, INC

DRAWING NUMBER 102-1564-0610