

24 Leverett Rd.





COMMONWEALTH OF MASSACHUSETTS

Board of Health, AMHERST, MA.

FEE 275
2588

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>RICHARD MCINTIRE</u>	Owner's Name <u>RICHARD MCINTIRE</u>
Map/Parcel# <u>24 LEVERETT RD</u>	Address <u>24 LEVERETT RD</u>
Lot# <u>AMHERST MASS</u>	Telephone# <u>AMHERST MASS</u>
Installer's Name	Designer's Name <u>WILLIAM J. SIERUTA</u>
Address	Address <u>46 PLANA RD</u>
Telephone#	Telephone# <u>HOLYOKE MASS 532-8525</u>

Type of Building RESIDENTIAL HOME Lot Size 4.119 ACRES sq. ft.
 Dwelling - No. of Bedrooms 5 BEDROOMS NO DISPOSAL Garbage grinder ()
 Other - Type of Building SINGLE FAMILY No. of persons 10 Showers () Cafeteria ()
 Other Fixtures FULL BMT
 Design Flow (min. required) 110 x 5 gpd Calculated design flow 550 Design flow provided 559 gpd
 Plan: Date 7/22/05 Number of sheets 1 Revision Date -
 Title SEPTIC SYSTEM DESIGN FOR RICHARD MCINTIRE
 Description of Soil(s) SEE ATTACHED
 Soil Evaluator Form No. 11 Name of Soil Evaluator WJ. SIERUTA PE Date of Evaluation 5/25/05
 DESCRIPTION OF REPAIRS OR ALTERATIONS complete SEPTIC SYSTEM upgrade TO 310 CMR 15.0

The undersigned agrees to install the above described Individual Sewage Disposal System in :
 further agrees to not to place the system in operation until a Certificate of Compliance has been issued.
 Signed X [Signature] Date 8-1-05

Inspections _____

11-
549-6320
W 532-3348

No. 05-12

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

FEE 275

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 24 Leverett Road

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. 05-12, dated _____, Approved Design Flow _____ (gpd)

Installer [Signature]
Designer: [Signature] Inspector: [Signature] Date: 9/30/05

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

No. 05-12

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

FEE 275

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 24 Leverett Road as described in the application for Disposal System Construction Permit No. 05-12, dated 7-22-05 Rec 8-2-05

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



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Handwritten text, possibly a list or notes, located in the middle right section. The text is arranged in several lines and is very faint.

Handwritten text on the left side of the page, possibly a date or a reference number. It is written vertically and is very faint.

Handwritten text in the lower left quadrant, possibly a signature or a note. It is very faint and difficult to decipher.

Small handwritten mark or signature, possibly a date or initials, located in the middle right area.

Handwritten text at the bottom right, possibly a footer or a concluding note. It is very faint.

NO: _____

5 Bedrooms
Removal G/C

POT# 1550
24. Lovett Rd. PST
P.D. CK # 2588
275

Commonwealth of Massachusetts
Town of _____

Soil Suitability Assessment : On-Site Sewage Disposal

Determination: Seasonal High Water Table

Performed By: Bill Scurti Date: _____
Witnessed By: David

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

Location Address of: Lot #	Owner's Name: <u>Richard McIntire</u> Address of: <u>24 Lovett</u> Telephone: <u>549-6520</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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

Office Review

Depth of Naturally Occurring Previous Material

Published Soil Survey Available? No Yes
Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

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

Surficial Geologic Report Available? No Yes
Year Published _____ Publication Scale _____
Geologic Material (map unit) _____
Landform _____

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

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

Certification

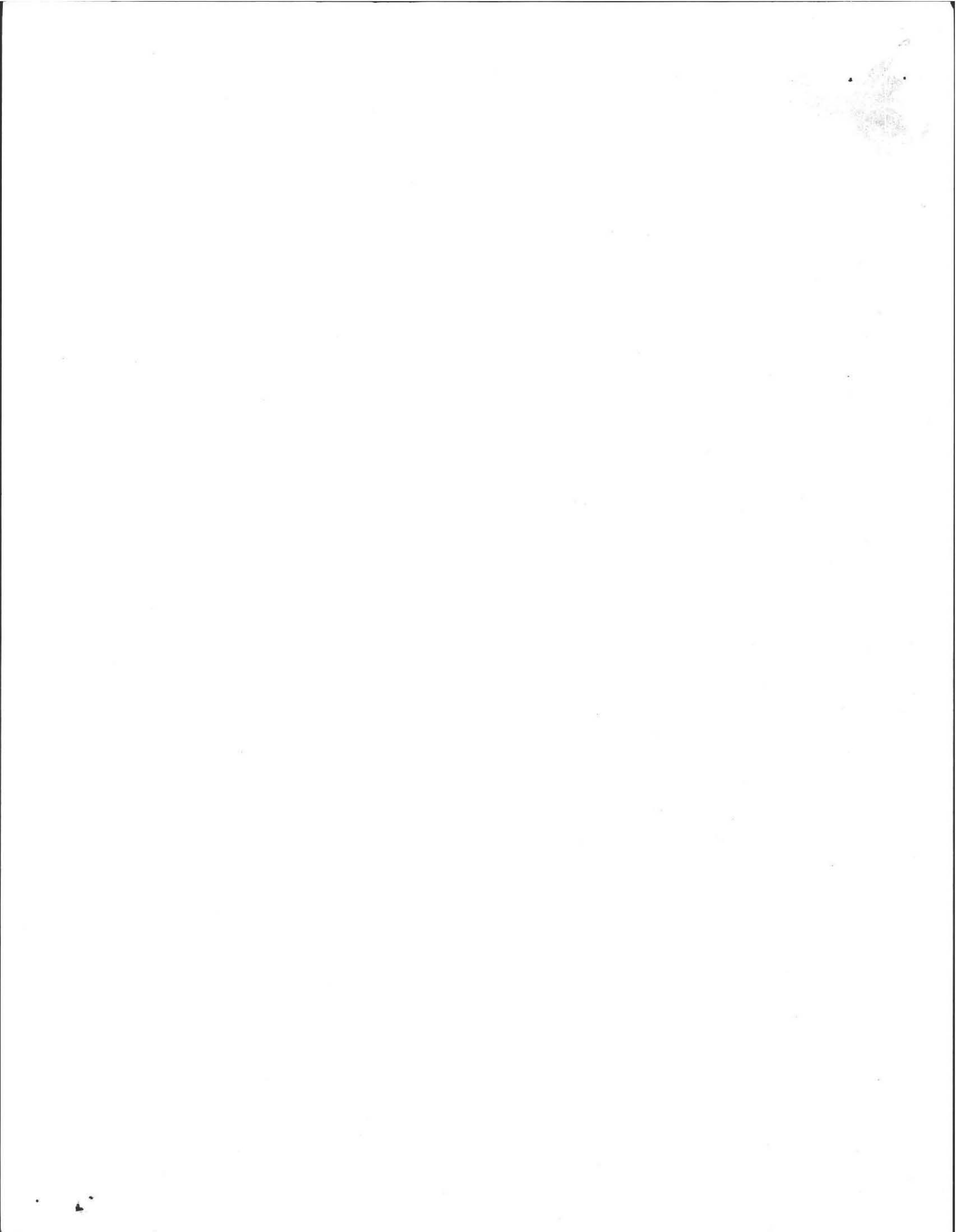
Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

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.

Current Water Resource Conditions (uses): month _____
Range: Above Normal Normal Below Normal

Signature _____
Date _____

Other Reference Reviewed:



24/10/2011 R1

On-Site Review

Deep Hole Number ① Date: 3/15 Time _____
Weather Cloudy Cool
Location (identify on site plan) _____
Land Use Residential Slope (%) 2
Surface Stone none
Vegetation: Lawn

Landform: Outwash Plain

Position on Landscape (sketch on back) _____

Distances from:
Open Water Body 100 feet Drainageway _____ feet
Possible Wet Area 100 feet Property Line _____ feet
Drinking Water Well _____ feet Other 4.5 AC

TOWN WATER

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
6	OTS	OTS (R)	5L	10YR 4/2	impstiae
16	Fill	Fill	5mL	10YR 4/3	fracture
22	Loam	LOAMA	consp	10YR 4/2	25% gravel
28		BW	5L	10YR 4/2	10% cobbles
88		C1	LS	10YR 5/4	10% stone
132			sand conc	2.5/4/3	

Parent Material (geologic) Outwash gravel
Depth to Bedrock 132
Depth to Groundwater:
Standing Water in the Hole 132
Weeping from Pit Face 132
Estimated Seasonal High Water 132

On-Site Review

Deep Hole Number ② Date: _____ Time _____
Weather Cloudy Cold
Location (identify on site plan) _____
Land Use Residential Slope (%) 2
Surface Stone none
Vegetation: Lawn

Landform: Outwash Plain

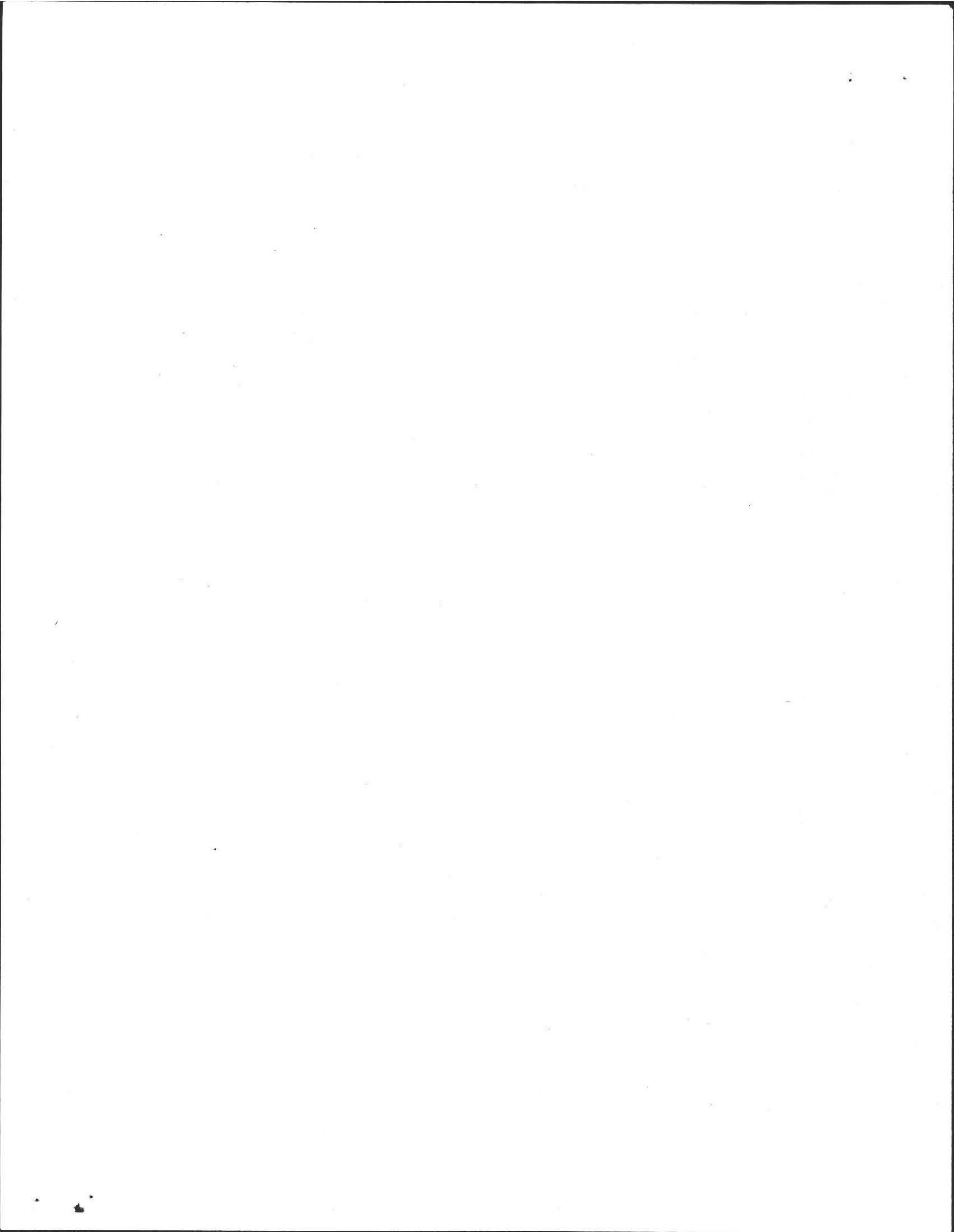
Position on Landscape (sketch on back) _____

Distances from:
Open Water Body 100 feet Drainageway _____ feet
Possible Wet Area 100 feet Property Line _____ feet
Drinking Water Well _____ feet Other 4.5 AC

TOWN WATER

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
10	A	5L	10YR 4/2		
19	Bw	5L	50" water		stone AS
120	C1	LS	2.5/4/3		A1

Parent Material (geologic) Outwash gravel
Depth to Bedrock 120
Depth to Groundwater:
Standing Water in the Hole 50
Weeping from Pit Face 50
Estimated Seasonal High Water 50



5 Bed rooms
Remove also

TOWN WATER



24 Leverett Rd

FORM 12: Percolation Test

Location Address or Lot #

24 Leverett Rd

Commonwealth of Massachusetts

Town of

Ambury

PERCOLATION TEST *		
	DATE: 5/25	TIME:
Observation Hole #	①	
Depth of Perc	58"	
Start Pre-soak	11:05	
End Pre-soak	11:20	
Time at 12"	11:20	
Time at 9"	11:29	
Time at 6"	11:39	
Time (9"-6")	10	
Rate Min./Inch	3.33	

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

Site Passed

Site failed

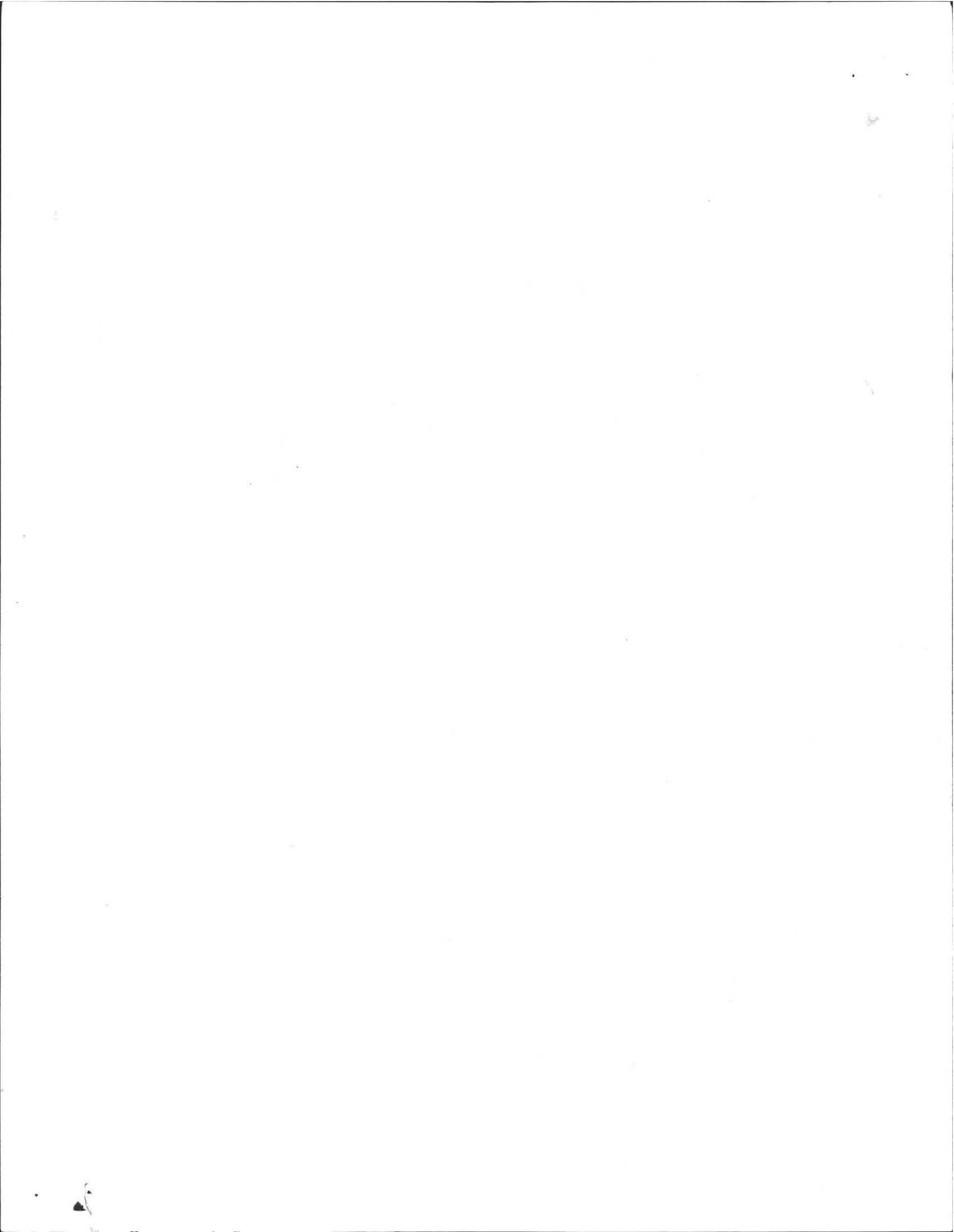
Performed by

Bill Stewart

Witnessed by

David Zamparelli

Comments:



RICHARD C. MC INTIRE
JULIENE C. MC INTIRE
24 LEVERETT ROAD 413-549-6520
AMHERST, MA 01002

53-7054/2113
368051490

2588

DATE 5/25/05

PAY TO THE
ORDER OF

Town of Amherst

\$ 275.00

Two Hundred and Seventy Five ^{no/100}

DOLLARS



Security Features
Included.
Details on Back.

and

 **Banknorth**
Massachusetts

370 Main Street
Worcester, MA 01608

MEMO

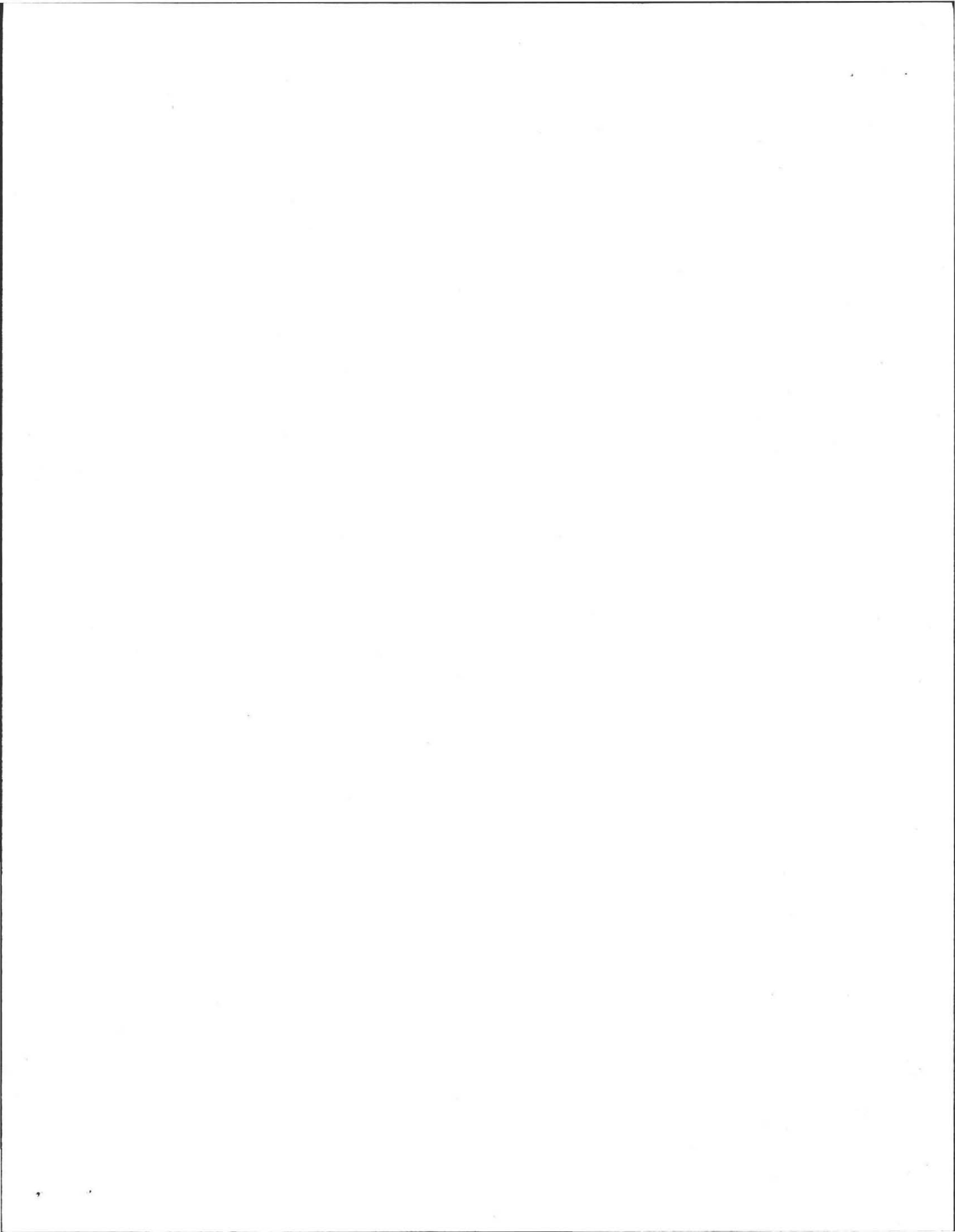
SEPTIC DESTINO

Richard C. McIntire

MP

⑆ 211370545⑆ 368051490⑆

2588



**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1550

Received of Richard McIntire of 24 Leveitt Rd.
Name Address

For Property Located at: 24 Leveitt Rd. White
Street Address Owner

- | | | | |
|--|---------------|--|---------------|
| HEA009 Bakery
R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>#100 -</u> |
| HEA002 Catering License
R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA003 Food Handler
R6510 443515 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA004 Frozen Deserts
R6510 443501 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA034 Immunization Clinic
R6510 432307 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | <u>#115 -</u> | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| | | HEA047 Fines
R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: #275 -

82V08XVS
 TOWN OF AMHERST
 MISC CASH RECEIPTS
 Date / Time : 05/27/05 09:54
 Payment : \$100.00
 Receipt # : 194946
 Check/Credit Card #: 2588

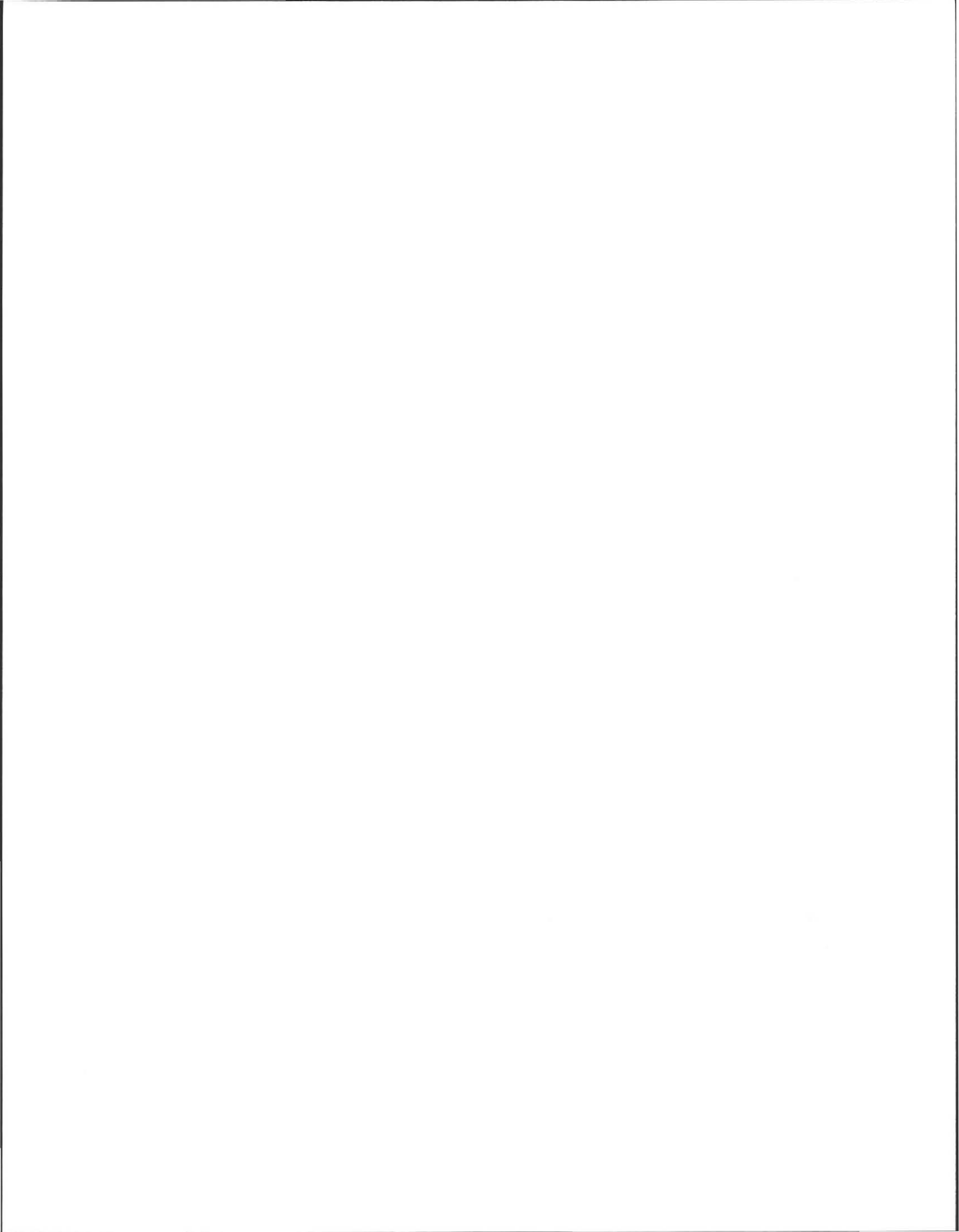
[Signature]
 Amherst Health Department

[Signature]
 Date

Must be Validated by the Collector's Office to be considered paid

OFFICE USE ONLY

CHECK #	CASH
TOWN OF AMHERST MISC CASH RECEIPTS	T1146
Date / Time	: 05/27/05 09:53
Payment	: \$175.00
Receipt #	: 194945
Check/Credit Card #:	2588
GOLD - Health / Inspections	



**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1550

Received of Richard McIntire of 24 Leavitt Rd.
Name Address

For Property Located at: 24 Leavitt Rd. White
Street Address Owner

- | | | | |
|--|--------------|--|--------------|
| HEA009 Bakery
R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>7100-</u> |
| HEA002 Catering License
R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA003 Food Handler
R6510 443515 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA004 Frozen Deserts
R6510 443501 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA034 Immunization Clinic
R6510 432307 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | <u>1115-</u> | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| | | HEA047 Fines
R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: 4275-

PAID BY: Richard McIntire
 Amherst Health Department
 Date: _____

Must be Validated by the Collector's Office to be considered paid

PAID BY: Richard McIntire
 DATE: 05/27/05
 AMOUNT: \$100.00
 RECEIPT #: 194946
 CHECK/CREDIT CARD #: 2588

OFFICE USE ONLY

CHECK #	CASH
TOWN OF AMHERST	T1146
MISC CASH RECEIPTS	
Date / Time	: 05/27/05 09:53
Payment	: \$175.00
Receipt #	: 194945
Check/Credit Card #	: 2588

PAID BY: MCINTIRE / 1550

WHITE - Applicant YELLOW - Collector PINK - Accounting

UNIVERSITY OF CALIFORNIA
LIBRARY

No. _____

Date: 5/25/05

Commonwealth of Massachusetts
Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: WILLIAM J SIENUTA Date: 5/25/05
Witnessed By: D. ZARBYN

Location Address or Lot # <u>RICHARD MCINTIRE 24 LEVENETT RD</u>	Client's Name, Address, and Telephone # <u>R. MCINTIRE 24 LEVENETT RD AMHERST MA</u>
New Construction <input checked="" type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes 549 6520

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) _____ 5 BEDROOM
Landform _____ NO DISPOSAL

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) _____

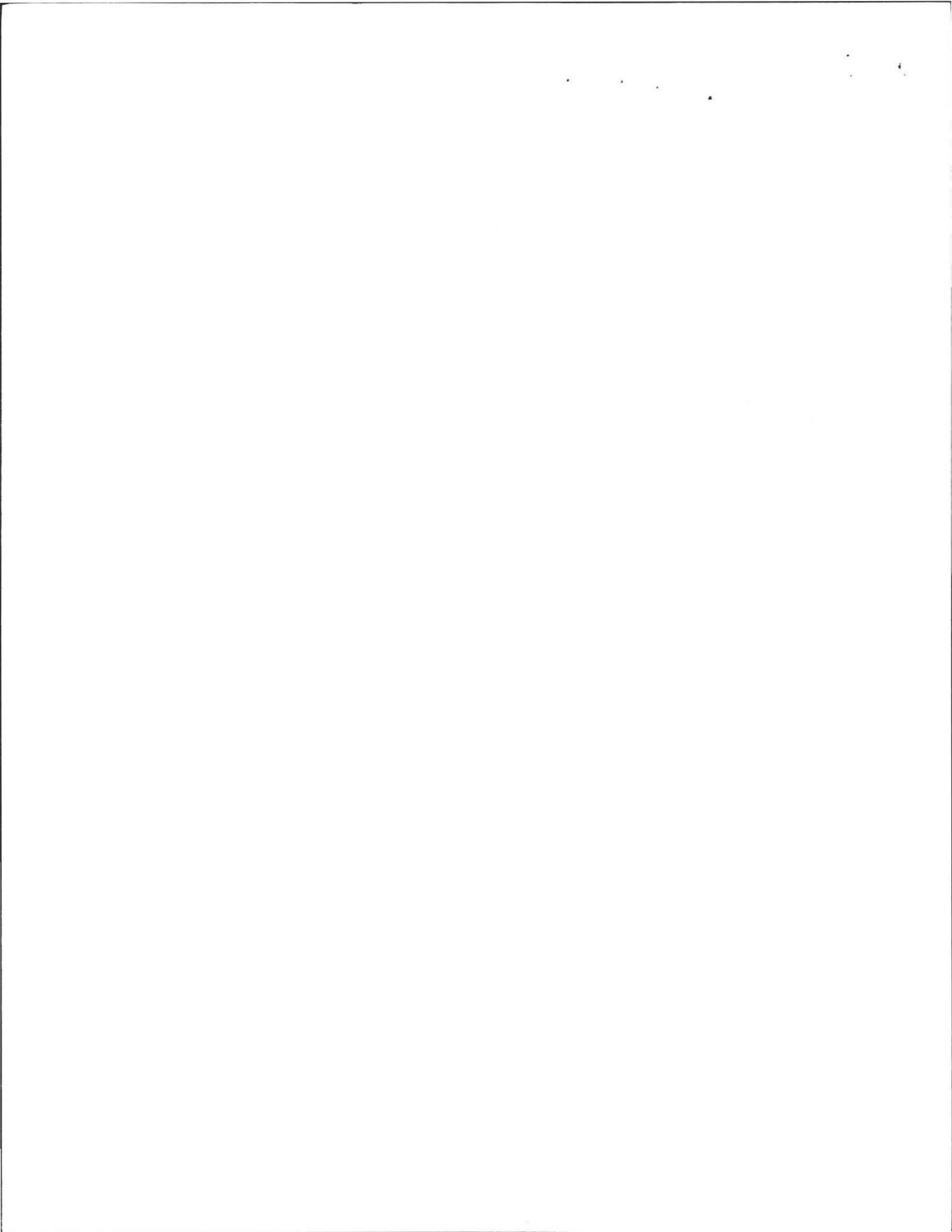
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Percolation Test

Test No. perc 1 1105-1120

Reading	Time
12	11-20
11	11-23
10	11-26
9	11-29
8	11-32
7	11-36
6	11-39

24 gals
9/3 = 3
10/3 = 3.33

Perc Rate _____ Min/inch
Ground Elev. _____
Depth of Hole _____

Test No. perc 2

Reading	Time

Perc. Rate _____ Min/inch
Ground Elev. _____
Depth of Hole _____

Test Pit TP1-1

Depth	Soil Description
0-10	OS LOMM
10-16	GRAVEL FILL
16-22	OS LOMM
22-28	SILTY GRAVEL SUB
28-32	GRAVEL COARSE

Groundwater Depth 32 Elev. _____
Bedrock Depth _____ Elev. _____
Ground Elev. _____ ELEV 132

Deep Test Pit/s TP1-2

Depth	Soil Description
0-10	OS LOMM
10-19	SILTY GRAVEL SUB
19-20	COARSE GRAVEL

Groundwater Depth 50 Elev. _____
Bedrock Depth _____ Elev. _____
Ground Elev. _____ 50

S.C.S. Soil Description _____ Seasonal High Water Table? AS NOTED

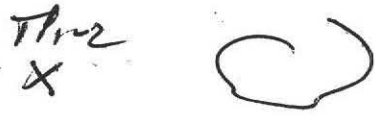
Bench Mark: Elev. _____ Description _____

COMMENTS:

Date: 5/05/05
Client: RICHARD McINTIRE
24 LEVERETT RD
AMHERST
Engineer: WJ SIERUTA
Witness: D. ZARAZINSKI
Location of Perc: 24 LEVERETT RD
AMHERST MA

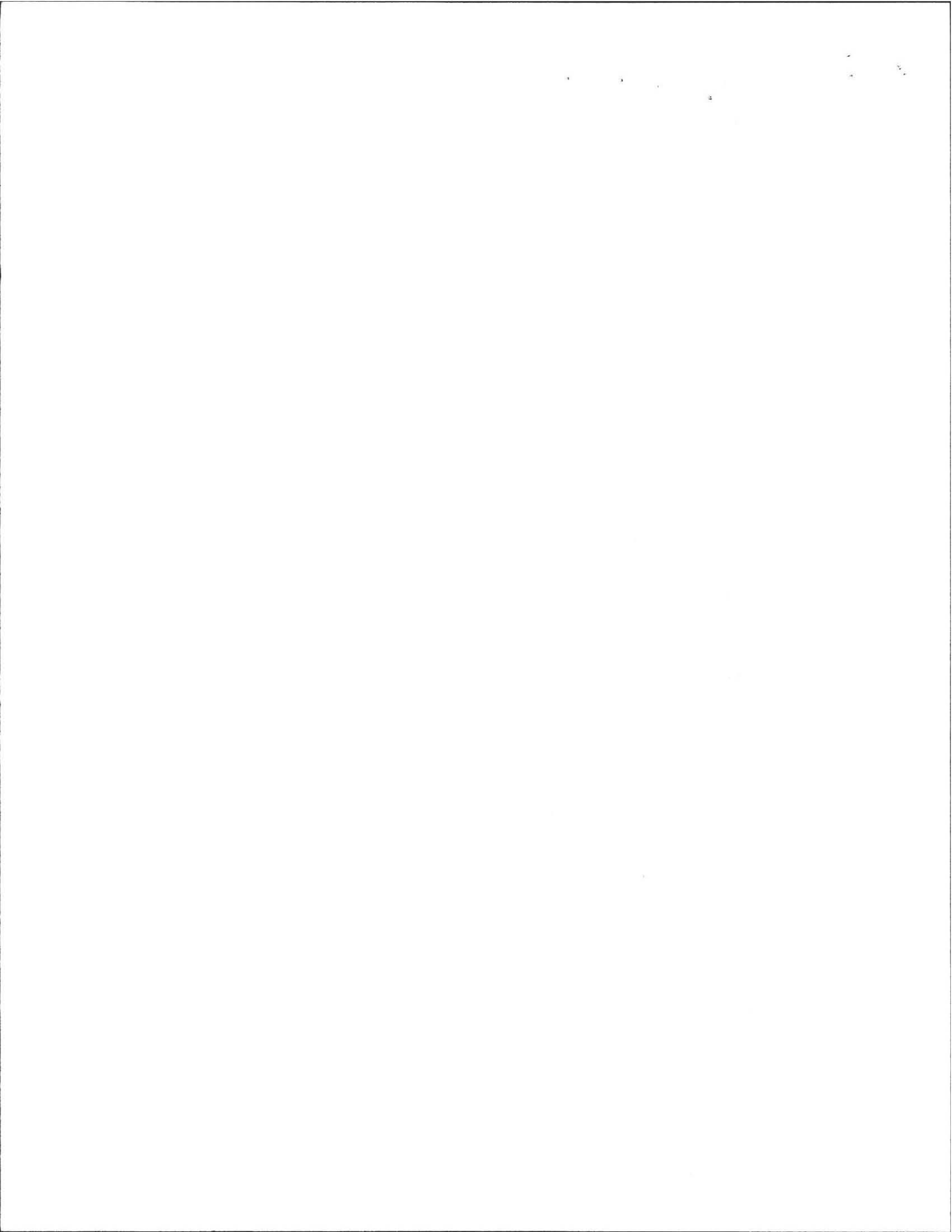


IUV -
46" DOWN



perc
* X TP1-1

8
90



Location Address or Lot No. 24 Levene Rd
Amherst
On-site Review
 Deep Hole Number TH-1 Date 5/25/05 Time 11:00 Weather SUNNY COOL
 Location (Identify on site plan) _____
 Land Use Residential Slope (%) 2 Surface Stones None
 Vegetation LAWN
 Landform OUTWASH plain
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body _____ feet Drainage way DNA feet
 Possible Wet Area _____ feet Property Line _____ feet
 Drinking Water Well _____ feet Other _____
public well

DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-6	A	s/l	10YR 4-2		
6-14	B1L	SAND con	10YR 10-3		
16-22	A	s/l	10YR 4-2		massive ER malle
22-28	BW	4s	10YR 5-4		25% gravel 10 cobbles
28-132	C1	SAND coarse	2.5Y 4-3		10 stone

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA
 Parent Material (geologic) OUTWASH GR Depth to Bedrock: DNA
 Depth to Groundwater: Standing Water in the Hole: 132 Weeping from Pit Face: 132
 Estimated Seasonal High Ground Water: ERWT 132



Location Address or Lot No. _____

On-site Review

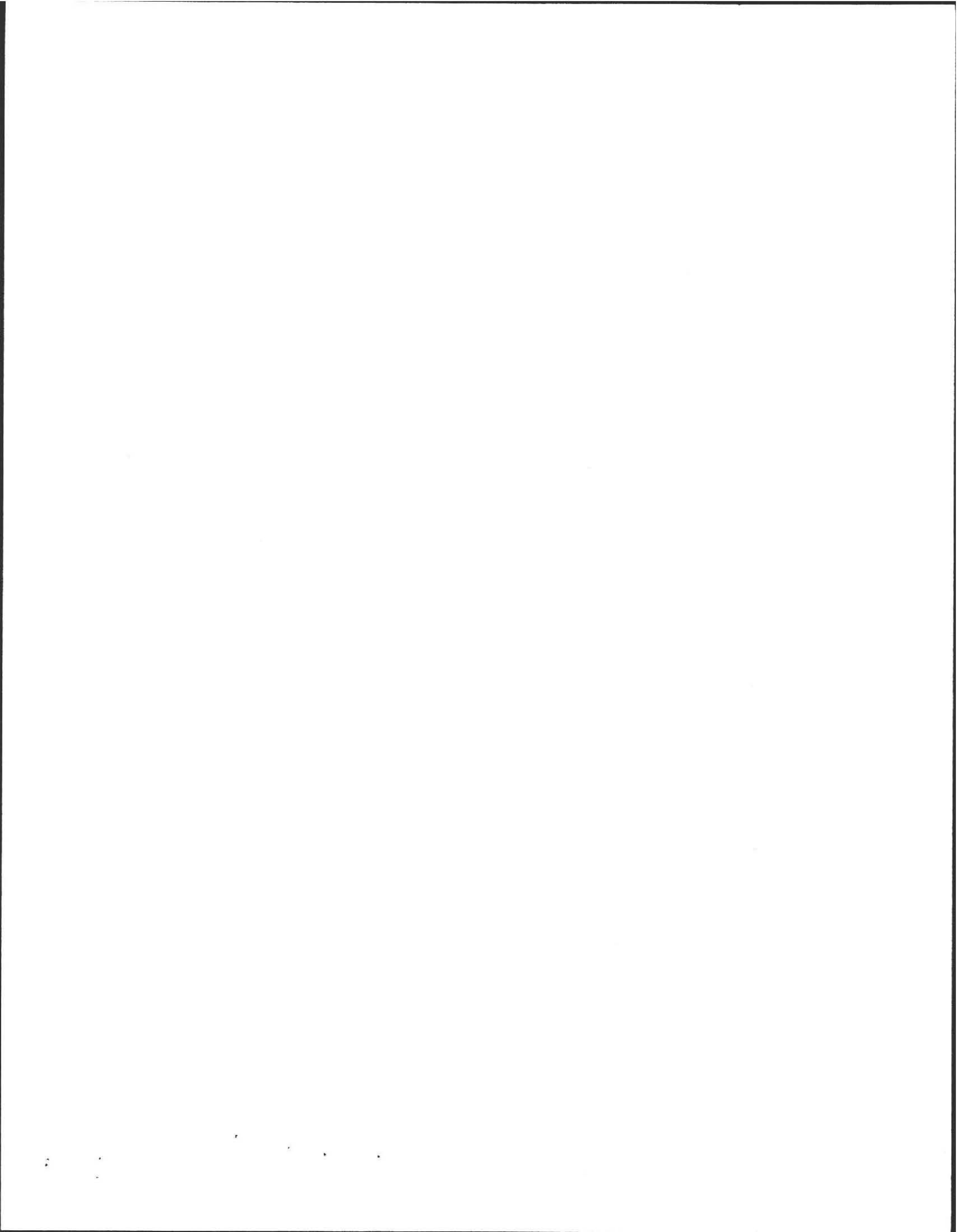
Deep Hole Number TH-2 Date 5/25/05 Time 11:00 Weather SUNNY COOL
 Location (Identify on site plan) _____
 Land Use Residential Slope (%) 0 Surface Stones many stones
 Vegetation LAWN
 Landform OUTWASH plain
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body DNA feet Drainage way DNA feet
 Possible Wet Area DNA feet Property Line see plan feet
 Drinking Water Well _____ feet Other _____
public well

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	AP	s/l	10YR 4-2		
10-19	BW	s/l	10YR 5-4		
19-120	C1	SAND coarse	2.5Y 4-3	10YR 5-8 band weeping 50"	25% gravel 10% cobbles 10% stone massive FR. ABCR

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA
 Parent Material (geologic) OUTWASH GR Depth to Bedrock: DNA
 Depth to Groundwater: Standing Water in the Hole: 50 Weeping from Pit Face: 50
 Estimated Seasonal High Ground Water: ERWT 50"





Location Address or Lot No. 24 LANEY RD
Amherst MAS

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test		
Date: _____		Time: _____
Observation Hole #	<u>TP1-1</u>	<u>TP1-2</u>
Depth of Perc	<u>58</u>	
Start Pre-soak	<u>11 05 - 11 20</u> <u>24 gals</u>	<u>waived</u>
End Pre-soak	<u>11 20</u>	
Time at 12"	<u>11 20</u>	
Time at 9"	<u>11 29</u>	
Time at 6"	<u>11 39</u>	
Time (9"-6")	<u>10/3 = 3.33</u>	
Rate Min./Inch	<u>5.0</u>	

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

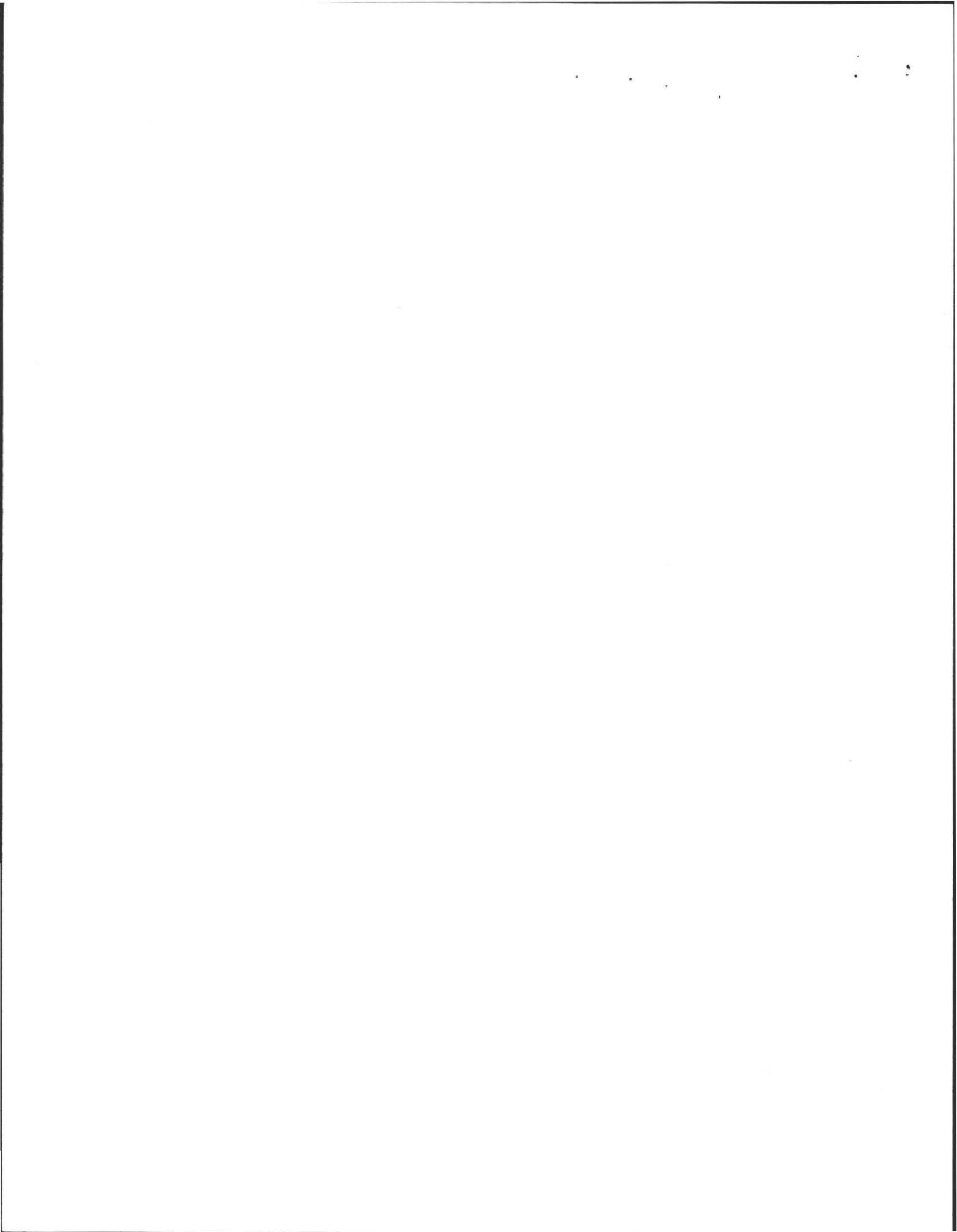
Site Passed Site Failed

Performed By: Walter Szymura Preval

Witnessed By: DAVID ZARAZENSKI

Comments: _____





Location Address or Lot No. _____

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole _____ inches TP1-1 DRY 50"
- Depth weeping from side of observation hole _____ inches TP1-2 DRY 50"
- Depth to soil mottles _____ inches _____ EHWI below 132
- Ground water adjustment _____ feet EHWI 50"

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

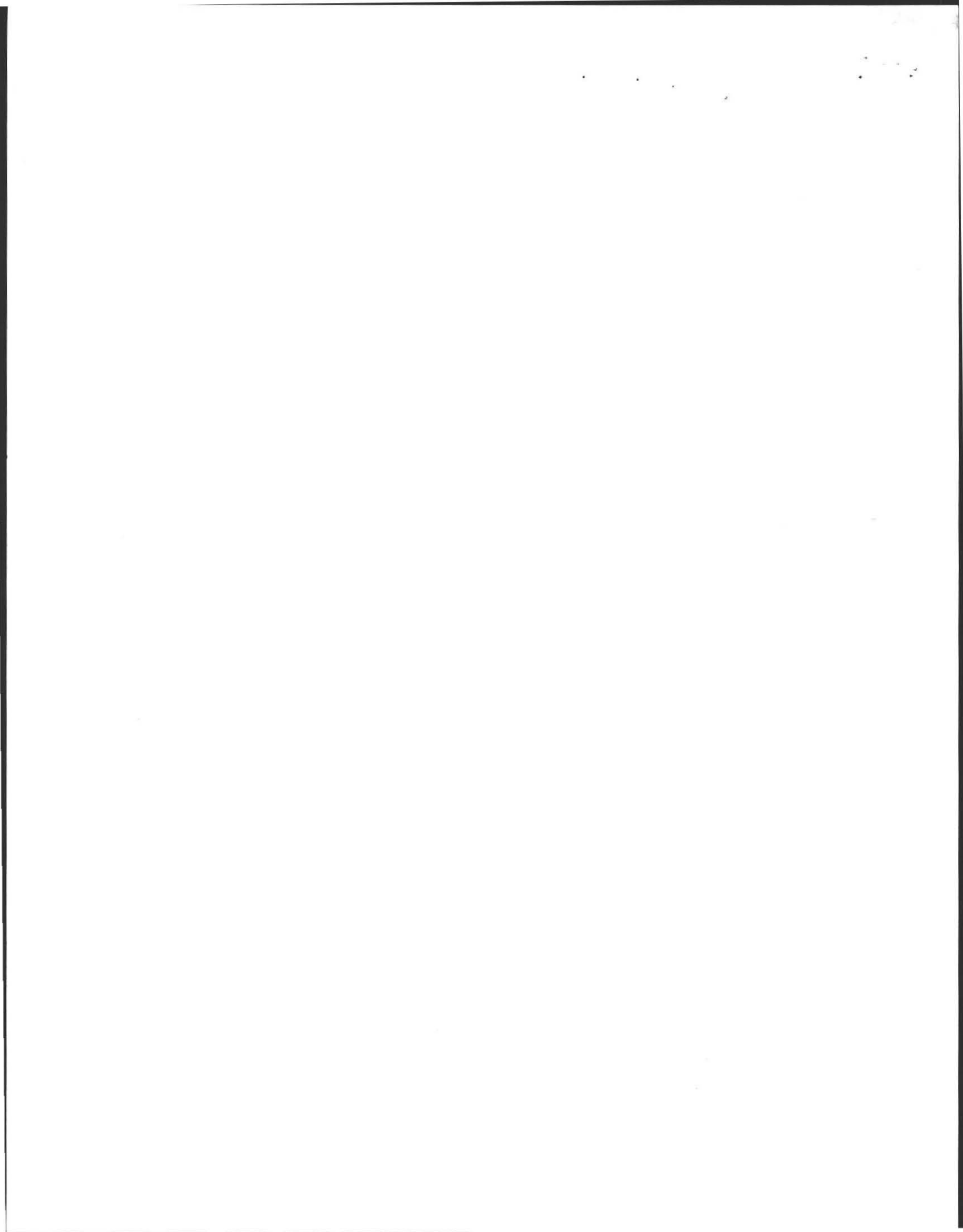
If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on 5/95 (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 5/25/05





INFORMATION

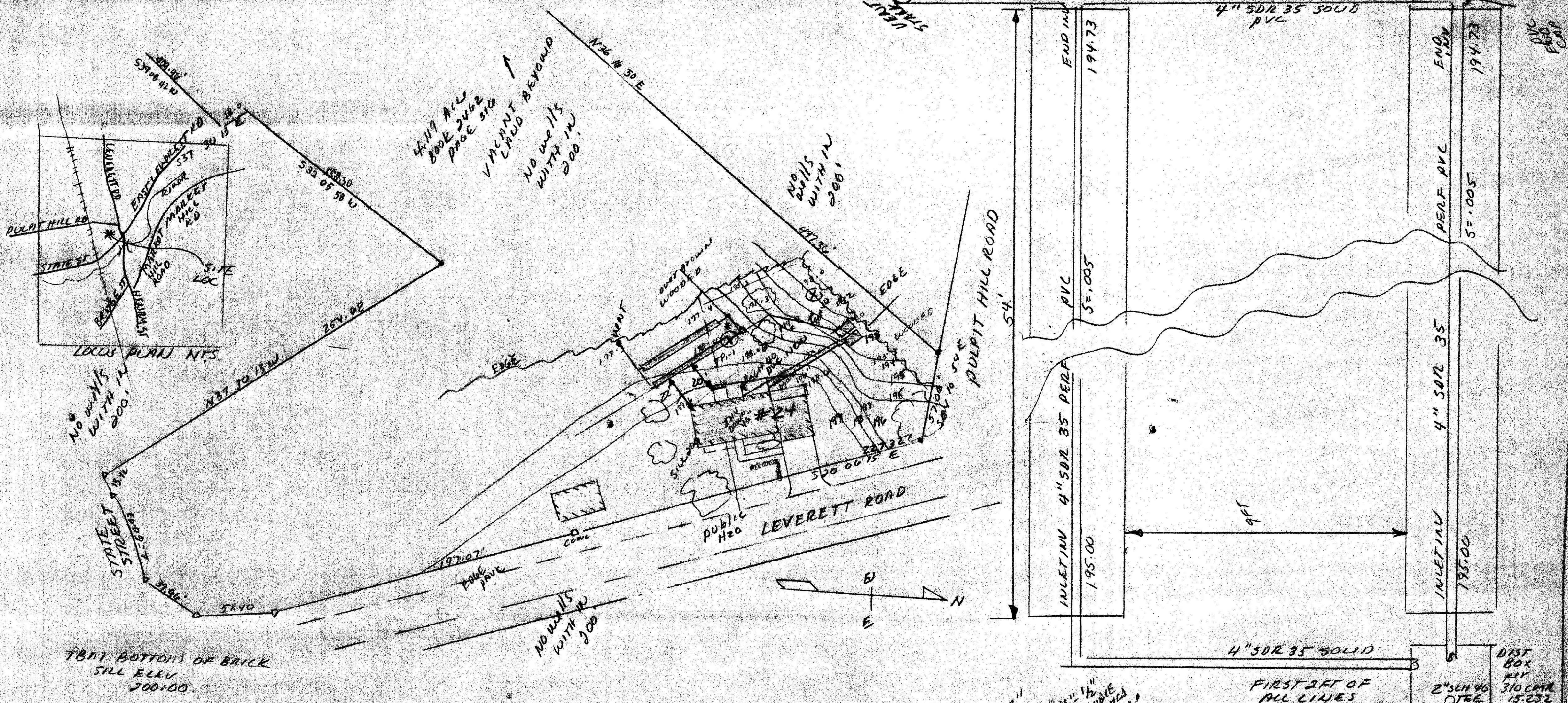
TEST PIT TPI-1		TEST PIT TPI-2	
OTS LOAM	AP 1048-2 5/LOAM	OTS LOAM	AP 1048-2 SANDY LOAM
GRAVEL FILL	FILL 1048 SANDY SLOTTED	GRAVEL SUB SOIL	BW 1048 SANDY LOAM
OTS LOAM	AP 1018-2 SANDY LOAM	WELL GRADED COARSE GRAVEL	C1 COARSE SAND
SUB SOIL	AP 1018-2 SANDY LOAM	WELL GRADED COARSE GRAVEL	2.54 4-3
WELL GRADED COARSE GRAVEL	C1 SANDY COARSE 2.54 4-3	WELL GRADED COARSE GRAVEL	25% GRAVEL 10% COARSE 10% SAND MASSIVE FINE
6"	0-6"	10"	0-10"
10"	6-16"	9"	10-17"
6"	16-22"	6"	17-23"
6"	22-28"	6"	23-29"
104"	29-132"	101"	19-120"

NO H₂O
NO WEARING
DRY
NO MOTTLING
ENHUT 132"

H₂O @ 58"
WEARING
MOTTLING 58"
ENHUT 50"

DATE: 5-25-05
ENGR: W. J. SIERUTA PE E E V L
WITNESS: D. ZARAZINSKI BOH
PERMEABILITY
PERC 1 @ TPI-1
DEPTH 58"
ACTUAL RATE 3.33 MIN/INCH
DESIGN RATE 5.0 MIN/INCH
CLASS I SOIL
48" SEPARATION REQD TO
ENHUT PER 310CMR 15.212

PERMEABILITY
TEST
PERC 2
WAIVED BY BOH
REPAIR PERC
CLASS I SOIL



PLANVIEW SCALE 1"=40'

DESIGN INFORMATION
ALL CONSTRUCTION TO BE IN ACCORDANCE WITH 310CMR 15.0 TITLES AND ALL LOCAL BOARD OF HEALTH REG.
FINISH GRADING TO BE AS SHOWN ON PLANVIEW. ALL DISTURBED AREAS TO BE LOAMED AND SEED.

DESIGN CRITERIA
USE: EXISTING 3 BEDROOM SINGLE FAMILY RESIDENTIAL HOME FULL BMT FINISHED

DESIGN FLOW: 310 CMR 15.203
REQD 10 GALS/BEDROOM x 5 = 550 GALS/DAY
NO DISPOSAL UNIT

SEPTIC TANK: 310CMR 15.223
REQD 550 GALS/DAY x 200% = 1100 GALS
MINIMUM TANK SIZE PERMITTED 1500 GALS
USE A TWO COMPARTMENT 1500 GAL TANK
10'6" x 5' x 16"

LEACHING SYSTEM: DUE TO SOIL CONDITIONS A LEACH TRENCH DESIGN IS TO BE USED PER 310CMR 15.251

EFFECTIVE DEPTH 24 INCH MIN
EFFECTIVE WIDTH 36 INCH
EFFECTIVE LENGTH 108 FT

USE TWO TRENCHES 54' LONG
9 FT BETWEEN TRENCHES

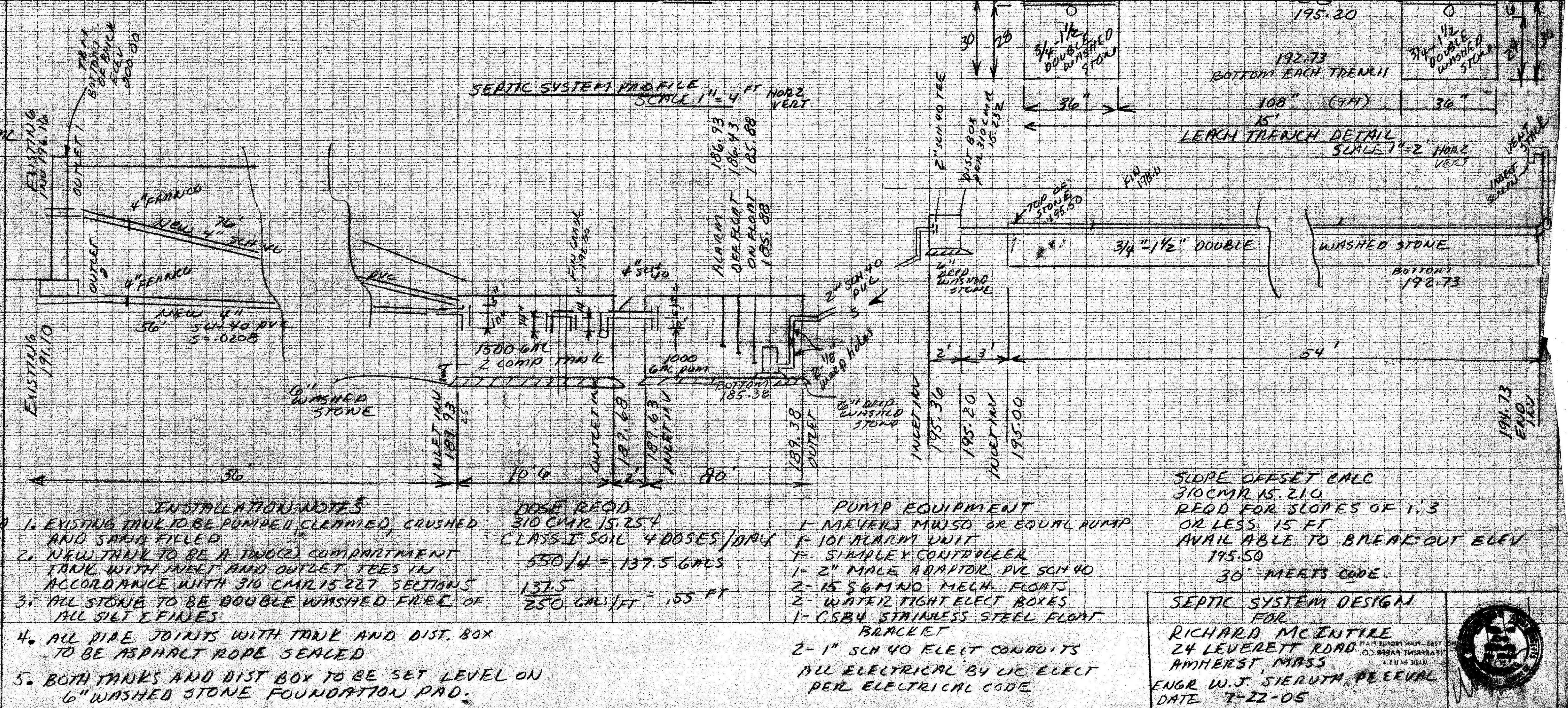
BOTTOM AREA
3' x 108' = 324 FT²

SIDEWALL AREA
2' x 2' x 108' = 432 FT²

TOTAL PERMEABILITY
324 x 432 = 756 FT²

756 FT² x .74 GALS/FT² = 559 GALS/DAY

TBM SET AT EXISTING SILL ELEVATION 200.00



- INSTALLATION NOTES**
- EXISTING TANK TO BE PUMPED, CLEANNED, CRUSHED AND SAND FILLED.
 - NEW TANK TO BE A TWO (2) COMPARTMENT TANK WITH INLET AND OUTLET TEES IN ACCORDANCE WITH 310 CMR 15.227 SECTIONS.
 - ALL STONE TO BE DOUBLE WASHED FREE OF ALL SILT & FINES.
 - ALL PIPE JOINTS WITH TANK AND DIST. BOX TO BE ASPHALT ROPE SEALED.
 - BOTH TANKS AND DIST BOX TO BE SET LEVEL ON 6" WASHED STONE FOUNDATION PAD.

DOSE REQD
310 CMR 15.254
CLASS I SOIL 4 DOSES/DRY
550/4 = 137.5 GALS
137.5
250 GALS/FT = .55 FT

PUMP EQUIPMENT

- 1- MEYER'S M150 OR EQUAL PUMP
- 1- 101 ALARM UNIT
- 1- SIMPLEX CONTROLLER
- 1- 2" MALE ADAPTOR PVC SCH 40
- 2- 15' 5/8" MNO MELCH. FLOATS
- 2- WATER TIGHT ELECT. BOXES
- 1- CSB4 STAINLESS STEEL FLOAT BRACKET
- 2- 1" SCH 40 ELET. CONDUITS

ALL ELECTRICAL BY LIC. ELECT PER ELECTRICAL CODE

SLOPE OFFSET CALC
310CMR 15.210
REQD FOR SLOPES OF 1:3
OR LESS: 15 FT
AVAIL. TO BREAK-OUT ELEV 195.50
30" MEETS CODE.

SEPTIC SYSTEM DESIGN FOR
RICHARD MCINTIRE
24 LEVERETT ROAD
AMHERST, MASS
ENGR W. J. SIERUTA PE E E V L
DATE 7-22-05

