

350 MONTAGUE ROAD

8/14/06  
Road AS-BU H  
From AL wear  
du  
9/13/06



August 10 2006

**Amherst Board of Health**

RE:Septic System Installation Inspection  
**350 Montague Road**

On this date, the writer inspected the installation of a Soil Absorption System (Septic tank and L. Trenches, septic system). The writer found the installation to be complete (except for completion of cover material and final fill) and in compliance with our plans and 310 CMR 15.000. The installer representative (**Karls Excav.**) & My inspection noted that the system was built properly, in accordance with the state regulations and our plans. The contractor was requested to have sufficient breakout soil on site and properly cover the system according to our plans and may backfill the system after review by local Health Department representatives.

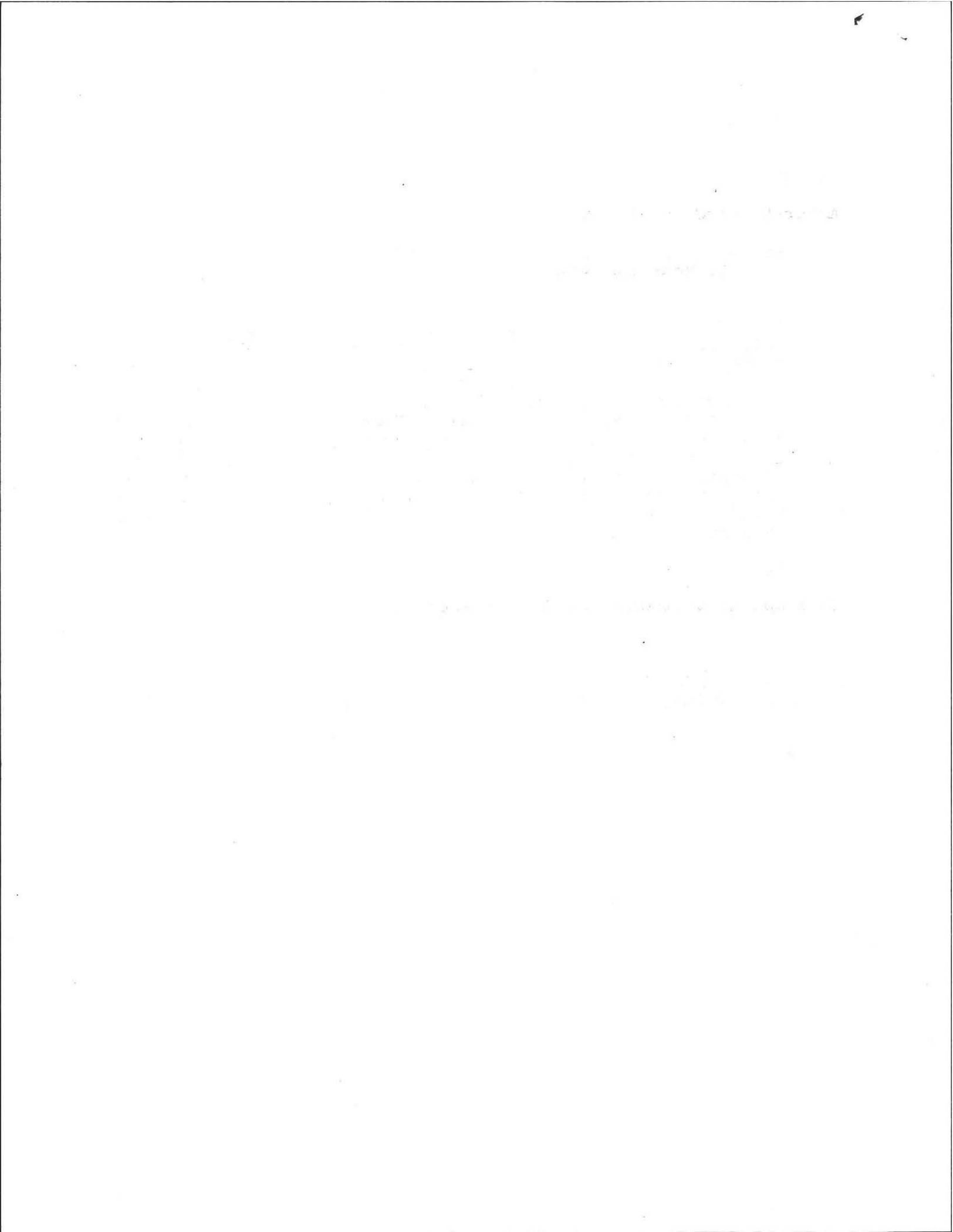
Sincerely,

**Cold Spring Environmental Consultants, Inc.**

Alan Weiss, RS, MS  
Principal Hydrogeologist

\*As Built Attached

AS BUILT





# AMHERST *Massachusetts*

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002  
(413) 256-4077

(413) 256-4033 ENVIRONMENTAL HEALTH SERVICES  
(413) 256-4053 (FAX)

## SUB-GRADE INSPECTION

Location: 350 Montague Road

Property Owner: Ludmilla / Gillhaw

I certify that I have inspected the excavation to sub-grade of the proposed septic system leaching area prior placement of any fill of stone, or construction of any portion of the system.

I further certify that:

1. All 'A' and 'B' horizon soils (topsoils and subsoils) were removed in the area of the system.
2. There was no evidence of ground water in the excavation.
3. There was no evidence of "mottles" that would be in conflict with the findings of the deep hole soil profile.
4. That the excavation was accomplished to the proper depth and in conformance with the approved plans.

ALAN WEISS  
Designers Name

[Signature]  
Designers Signature

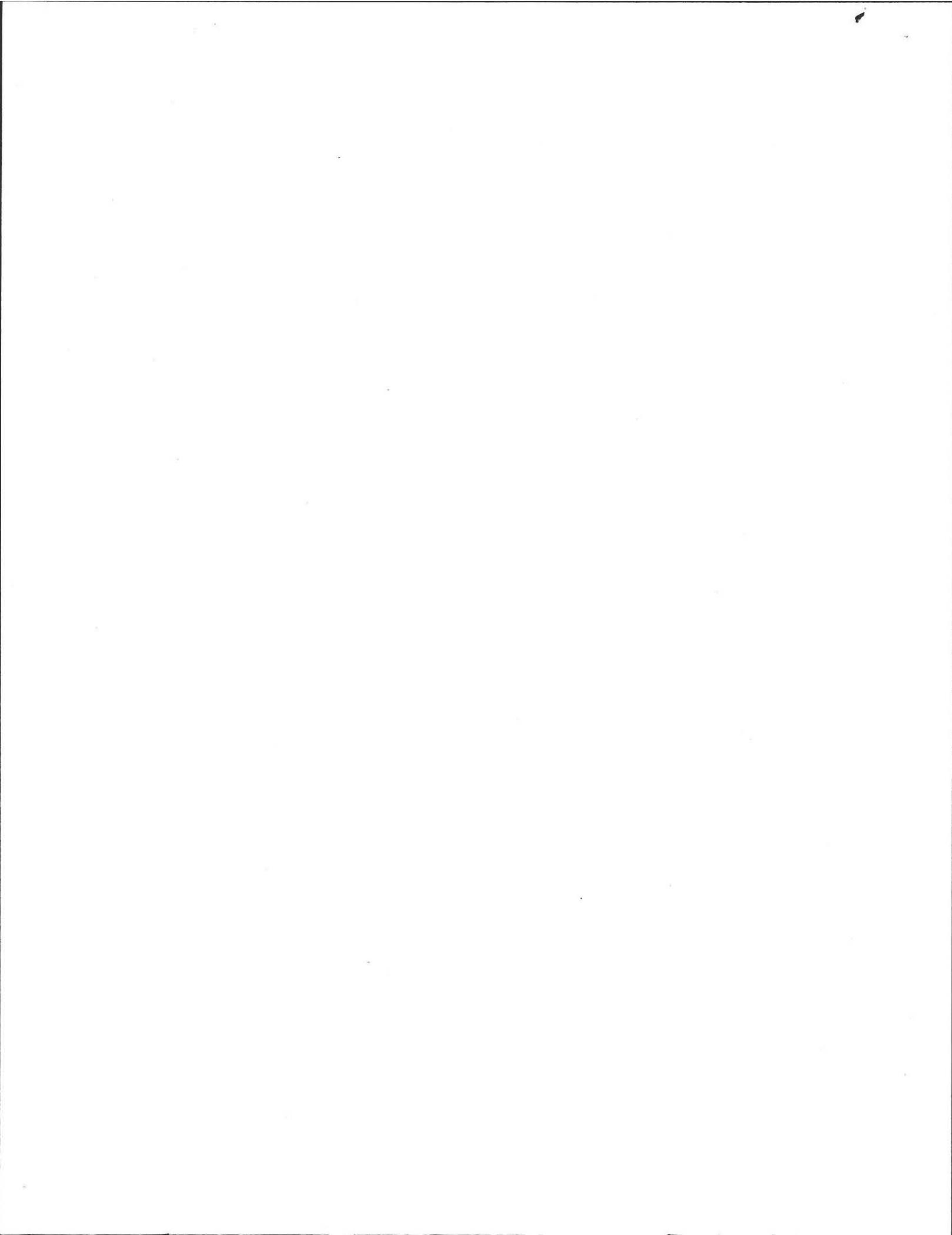


COLD SPRING ENVIRONMENTAL, INC.  
Street Address 350 OLD ENFIELD RD.  
BELCHERTOWN, MA 01007

Town, State, Zip Code

413-323-5957  
Telephone Number







NOT AN ACTUAL SURVEY  
FOR SEPTIC LOCATION  
ONLY

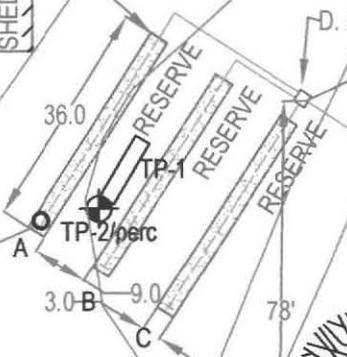
AS BUILT  
SCALE: 1"=30'  
31,425.5± Sq. Ft.  
8-10-2006

AS BUILT



EXIST. CONTOURS

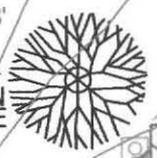
NEW 3' X 2' X 36' LEACH TRENCH SYSTEM



APPROX. L. TANK  
PUMP, CRUSH & FILL

PUMP, CRUSH, AND BACK-  
FILL EXISTING S. TANK

APPROX. LOCATION  
OF 4' DIA SYCAMORE



NEW 1500 G. S. TANK

DRIVEWAY

EXISTING  
4 BEDROOM  
HOUSE

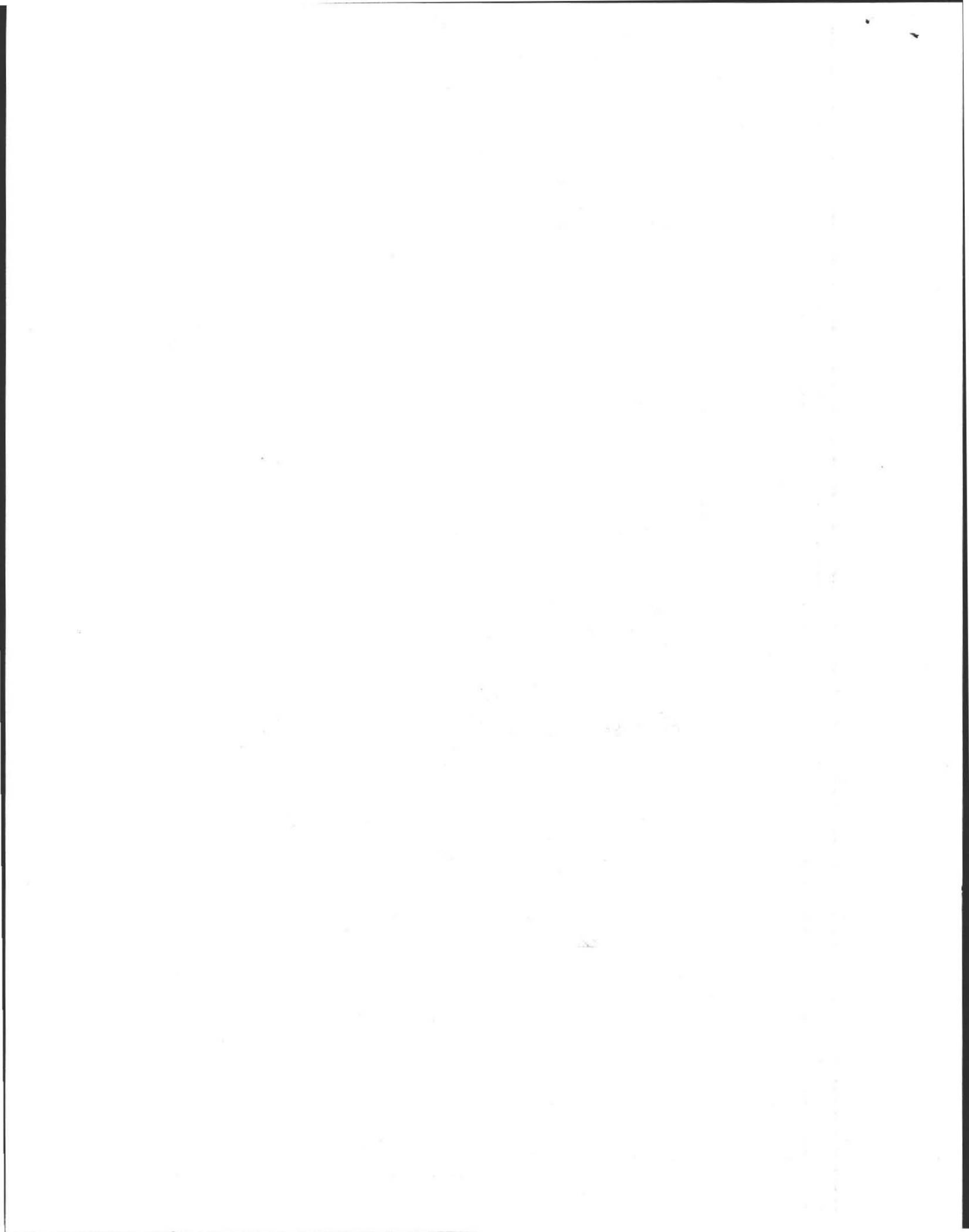
BM @ SILL  
= 100.0'

APPROX. WATER LINE

WL  
WL

c  
c  
fi

MONTAGUE ROAD



No. 06-05

644469 FEE 375<sup>00</sup> <sup>pd</sup>



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>350 Montague Rd</u>	Owner's Name <u>David + Ludmilla Gillham - Paulova</u>
Map/Parcel#	Address <u>350 Montague Rd</u>
Lot#	Telephone# <u>413.549.9110</u>
* Installer's Name	Designer's Name <u>Alan Weiss RS.</u>
Address	Address <u>Belchertown</u>
Telephone#	Telephone# <u>413.323.5957</u>

Type of Building Residence Lot Size 31,425 ± sq. ft.  
 Dwelling - No. of Bedrooms 4 Bedrooms Garbage grinder (M)  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 586 gpd  
 Plan: Date 4/10/06 Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_ <sup>-Paulova</sup>  
 Title Septic System Repair Plan  
 Description of Soil(s) Class I  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. Weiss Date of Evaluation 4/10/06

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New S.A.S.

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 5/01/06

Inspections \_\_\_\_\_

No. 06-05

FEE 375<sup>00</sup>

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 350 Montague 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. 06-05, dated 4/10/06. Approved Design Flow \_\_\_\_\_ (gpd)

Installer [Signature] Designer: [Signature] Inspector: [Signature] Date: 8/14/06

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

No. 06-05

FEE 375<sup>00</sup>

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

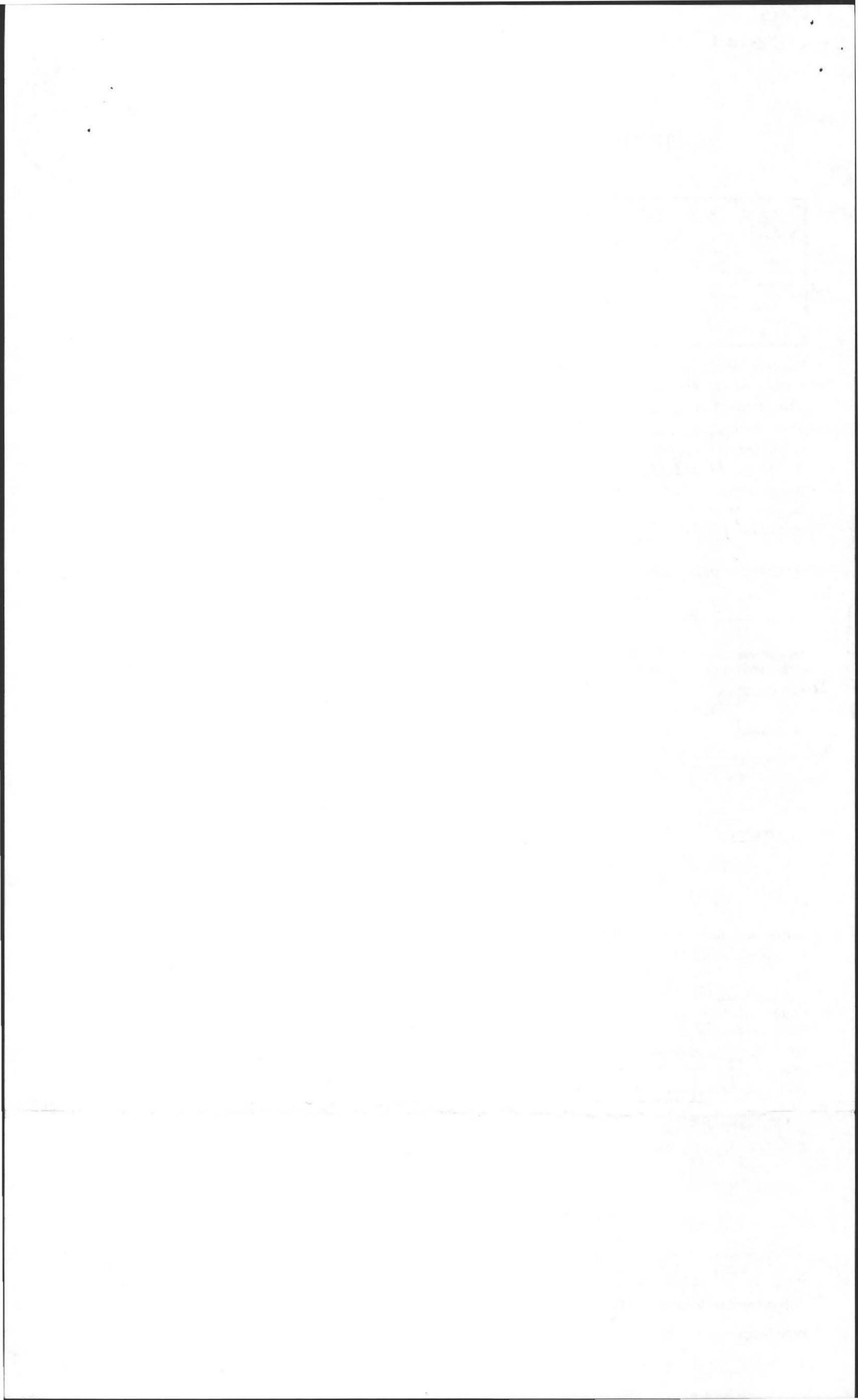
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair (x) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 350 MONTAGUE ROAD as described in the application for

Disposal System Construction Permit No. 06-05, dated 4/10/06. Rec. MAY 1, 2006 Revised MAY 2, 2006

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 MAY 2, 06 Board of Health [Signature]



NO: \_\_\_\_\_

Commonwealth of Massachusetts

Town of: Amherst

Soil Suitability Assessment: On-Site Sewage Disposal

Performed By: AL Weiss Date: 4.5.10  
Witnessed By: David Taromali

Location Address of: Lot #	Owner's Name: <u>DAVID + LUCILLE GILLHAM 350 MONTAGUE RD 549-9110</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

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 (uses): month \_\_\_\_\_  
Range: Above Normal  Normal  Below Normal

Other Reference Reviewed:

POT#1914  
PC 06/4469  
Per Test 250 a  
Food 125 a  
375

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

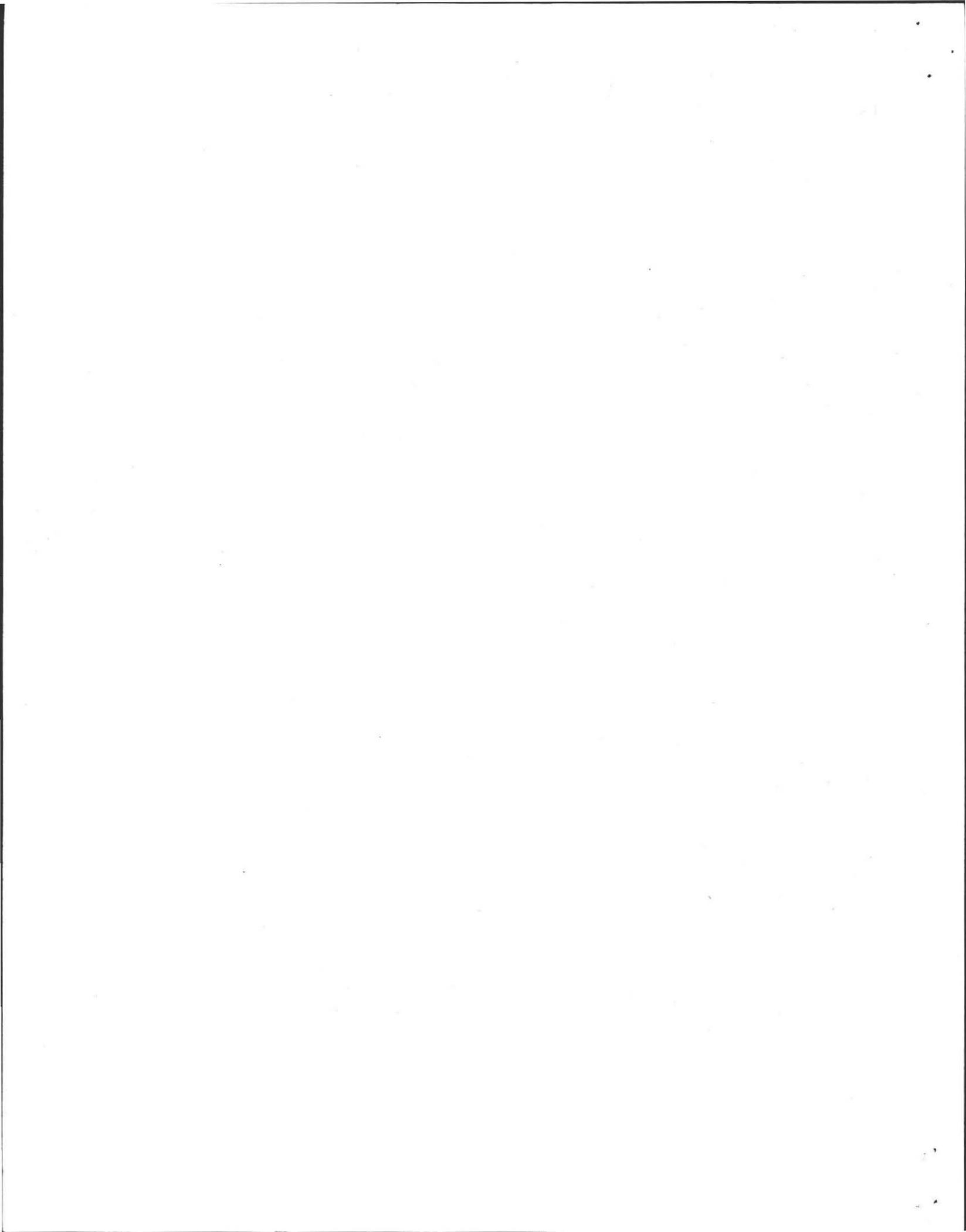
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? \_\_\_\_\_

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 \_\_\_\_\_



On-Site Review

Deep Hole Number 1 Date: 4/15/16 Time: 9:30  
 Weather: Cloudy Light Snow  
 Location (Identify on-site plan): \_\_\_\_\_  
 Land Use: Road Slope (%) 2  
 Surface Stone: None  
 Vegetation: \_\_\_\_\_

Landform: \_\_\_\_\_

Position on Landscape (sketch on back) \_\_\_\_\_

Distances from:  
 Open Water Body 100 feet Drainageway \_\_\_\_\_ feet  
 Possible Wet Area 700 feet Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_ feet

TOWN DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
8	A	FSL	10YR 3/3		FRAGILE
28	Bw	SL	10YR 4/6		FRAGILE
108	C1	S	10YR 4/4		F to C cons - 10% gravel
136	C2	SL	5B 1 4/2	108	S, H and Very Fine Sand MASSIVE

Parent Material (geologic) OUTCROP 14  
 Depth to Bedrock 136  
 Depth to Groundwater: \_\_\_\_\_  
 Standing Water in the Hole \_\_\_\_\_  
 Weeping from Pit Face \_\_\_\_\_  
 Estimated Seasonal High Water 80'

On-Site Review

Deep Hole Number \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Weather: \_\_\_\_\_  
 Location (Identify on-site plan): \_\_\_\_\_  
 Land Use: \_\_\_\_\_ Slope (%) \_\_\_\_\_  
 Surface Stone: \_\_\_\_\_  
 Vegetation: \_\_\_\_\_

Landform: \_\_\_\_\_

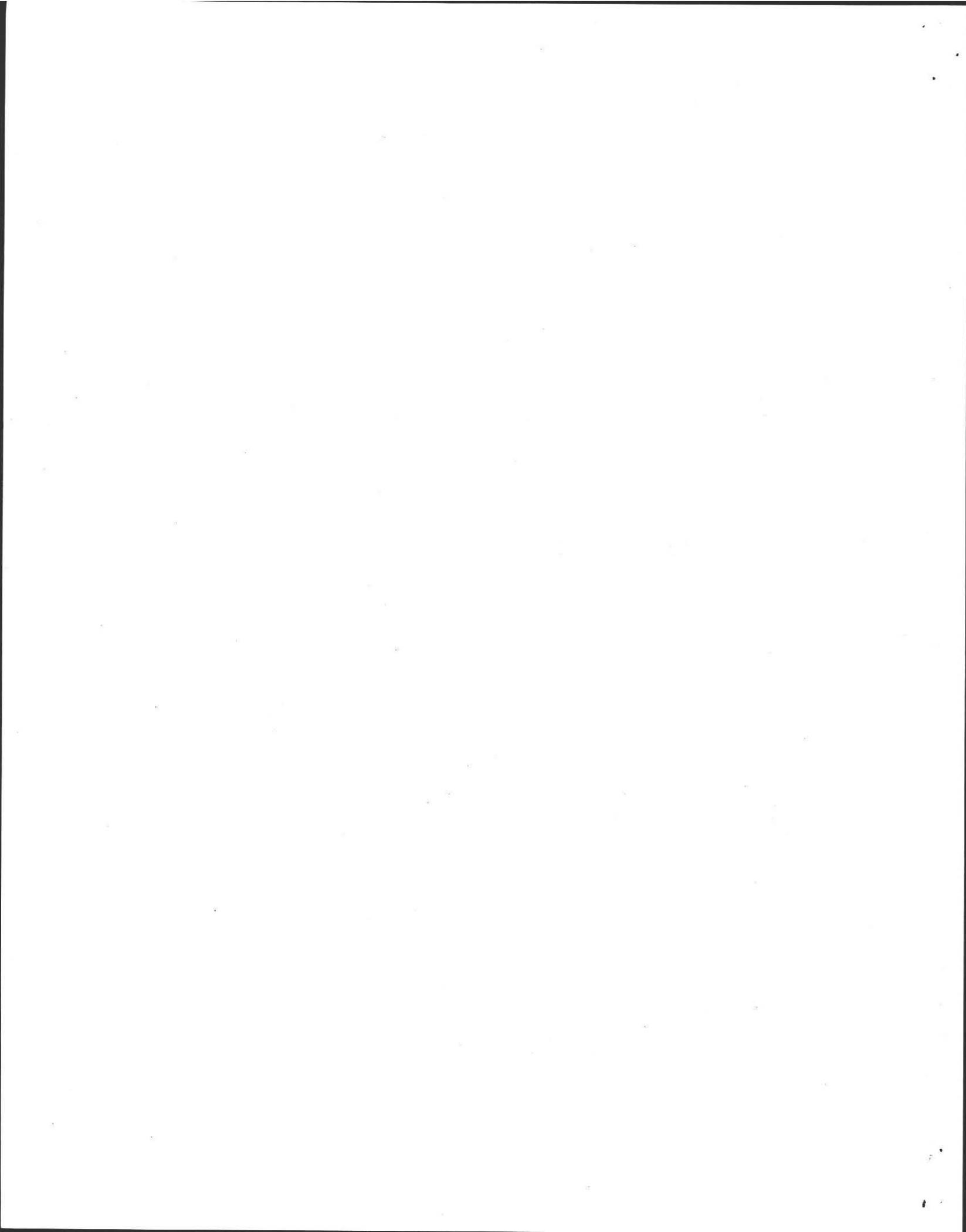
Position on Landscape (sketch on back) \_\_\_\_\_

Distances from:  
 Open Water Body \_\_\_\_\_ feet Drainageway \_\_\_\_\_ feet  
 Possible Wet Area \_\_\_\_\_ feet Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_ feet

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	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 \_\_\_\_\_



FORM 12: Percolation Test

Location Address or Lot # 350 Montague Road

Commonwealth of Massachusetts  
Town of

PERCOLATION TEST *		
DATE:	<u>4/5/06</u>	TIME: <u>9 AM</u>
Observation Hole #	<u>①</u>	
Depth of Perc	<u>46</u>	
Start Pre-soak	<u>9:02</u>	
End Pre-soak	<u>9:17</u>	
Time at 12"	<u>9:17</u>	
Time at 9"	<u>9:23</u>	
Time at 6"	<u>9:28</u>	
Time (9"-6")	<u>5</u>	
Rate Min./Inch	<u>2</u>	

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

Site Passed  Site failed

Performed by AL Weiss

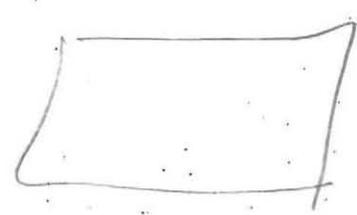
Witnessed by David Farnsworth

Comments:

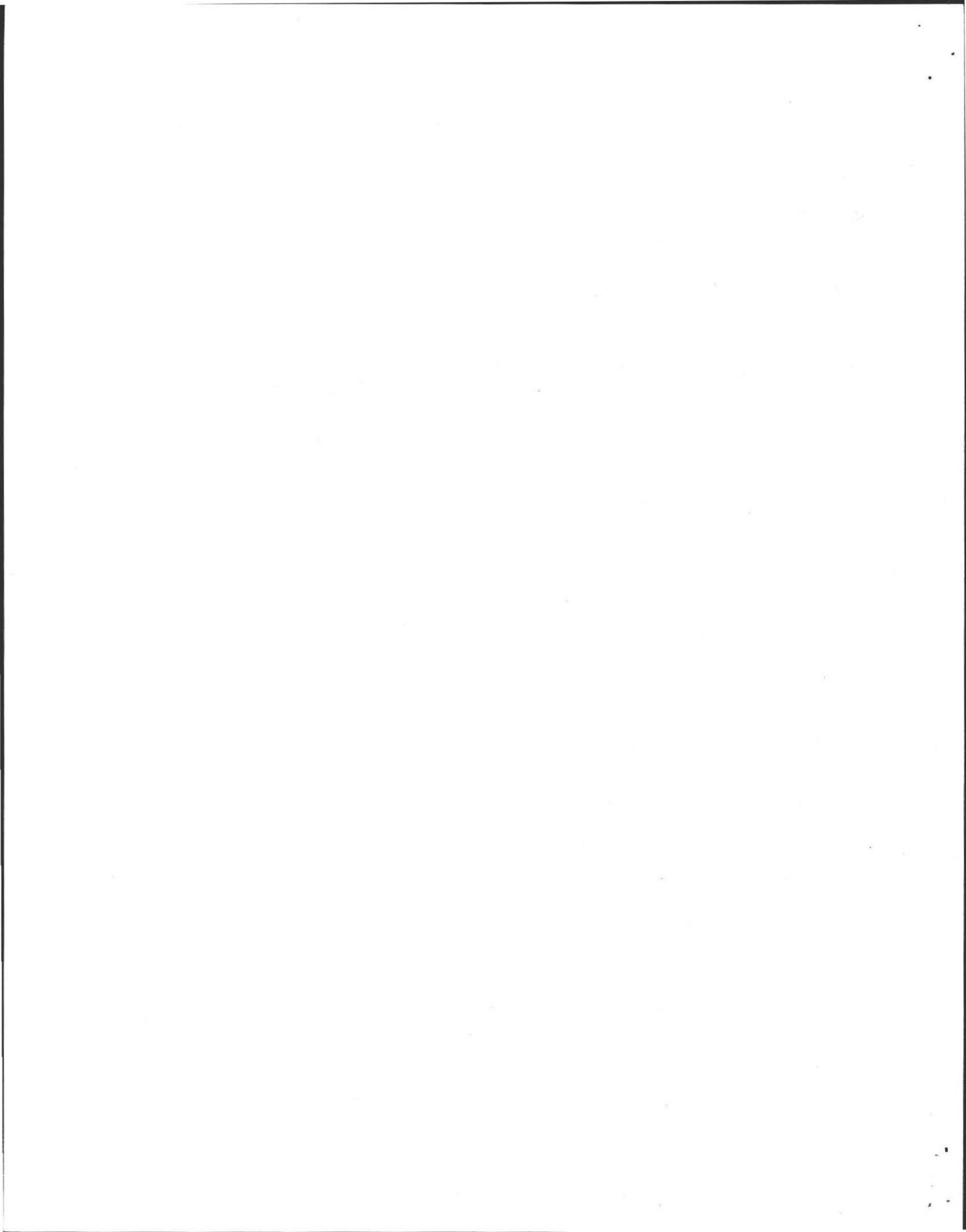
Asked

□

70



Montague Road



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: 4/5/06

Commonwealth of Massachusetts  
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss  
Witnessed By: D. Zarowski

Date: ~~4/5/06~~ 4/5/06

Location Address or Lot #	Owner's Name, Address, and Telephone #
	<u>David Ludmilla Paulova</u> <u>350 Montague Rd.</u> <u>Amherst,</u>
New Construction <input type="checkbox"/> Repair <input type="checkbox"/>	<u>549-9110</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)

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)

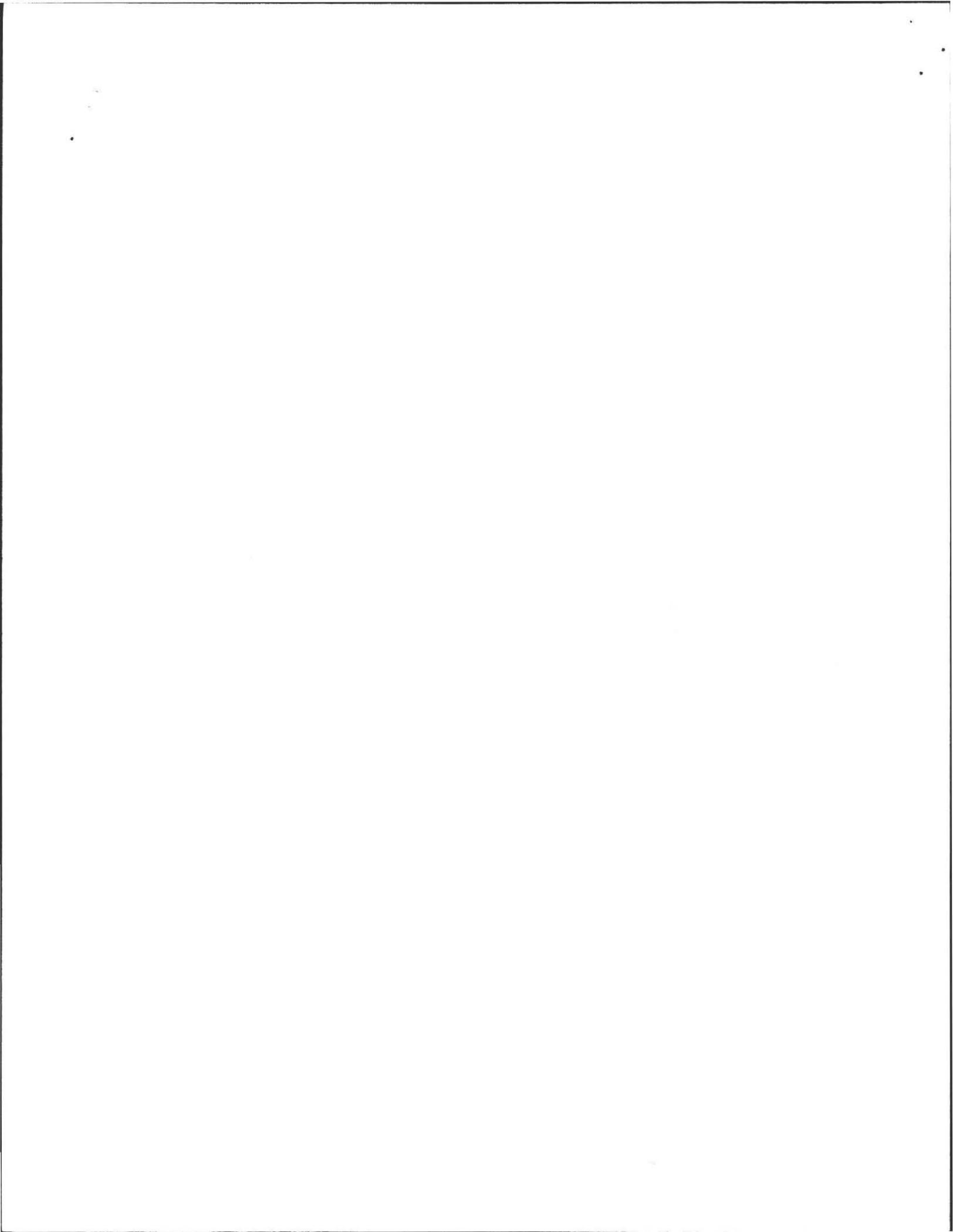
Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_





Location Address or Lot No. 350 Montague Rd.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test\*

Date: 4/5/06

Time: 9:30

Observation Hole #	<u>P1</u>	
Depth of Perc	<u>46"</u>	<u>repair</u>
Start Pre-soak	<u>9:02</u>	
End Pre-soak	<u>9:17</u>	
Time at 12"	<u>9:17</u>	
Time at 9"	<u>9:23</u>	
Time at 6"	<u>9:28</u>	
Time (9"-6")	<u>5 MIN</u>	
Rate Min./Inch	<u>&lt;2 <math>\frac{MIN}{IN}</math></u>	

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

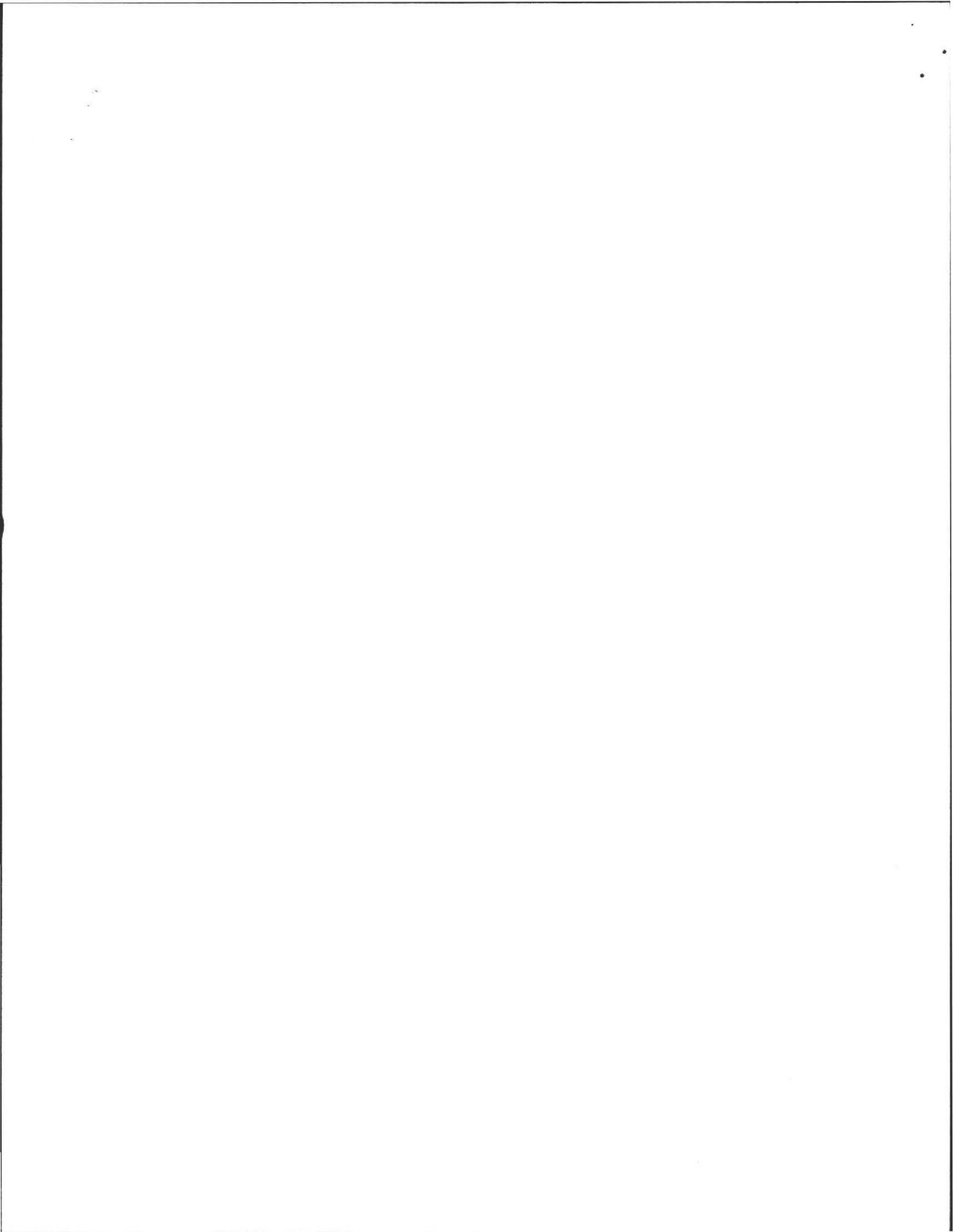
Site Passed  Site Failed

Performed By: A. W. [Signature]

Witnessed By: D. Z. [Signature]

Comments: \_\_\_\_\_





Location Address or Lot No. 370 Montague Rd.

On-site Review

Deep Hole Number 142 Date: 4/5/06 Time: 9:30 Weather CLOUD, L. Snow 30°F

Location (identify on site plan) \_\_\_\_\_

Land Use PS Slope (%) 2 Surface Stones \_\_\_\_\_

Vegetation grass + Deadwds

Landform terrace

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body 100' feet      Drainage way \_\_\_\_\_ feet  
 Possible Wet Area 100' feet      Property Line \_\_\_\_\_ feet  
 Drinking Water Well 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)
0-8"	A	FSC			Frable
8"-28"	Bw	SL	10YR7/6		Frable.
28"-108"	C <sub>1</sub>	S	10YR4/4	108" strong	F- to coarse sand + gravel Loose
108"-136"	C <sub>2</sub>	SL	2.5Y4/2		S.H and V Fine Sand, Massive
0-8"	A	FSC			Same Lithology e #1
8-24"	Bw	SL			
24"-96"	C <sub>1</sub>	S			

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) ash      Depth to Bedrock: 130'

Depth to Groundwater: Standing Water in the Hole: Not      Weeping from Pit Face: Not

Estimated Seasonal High Ground Water: 108"



Handwritten text, possibly a signature or date, located in the lower right quadrant of the page.

Location Address or Lot No. 350 Montague rd

### 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 108" 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

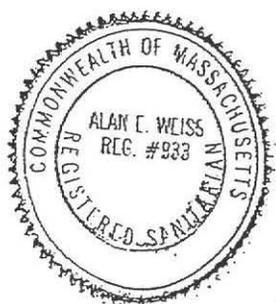
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

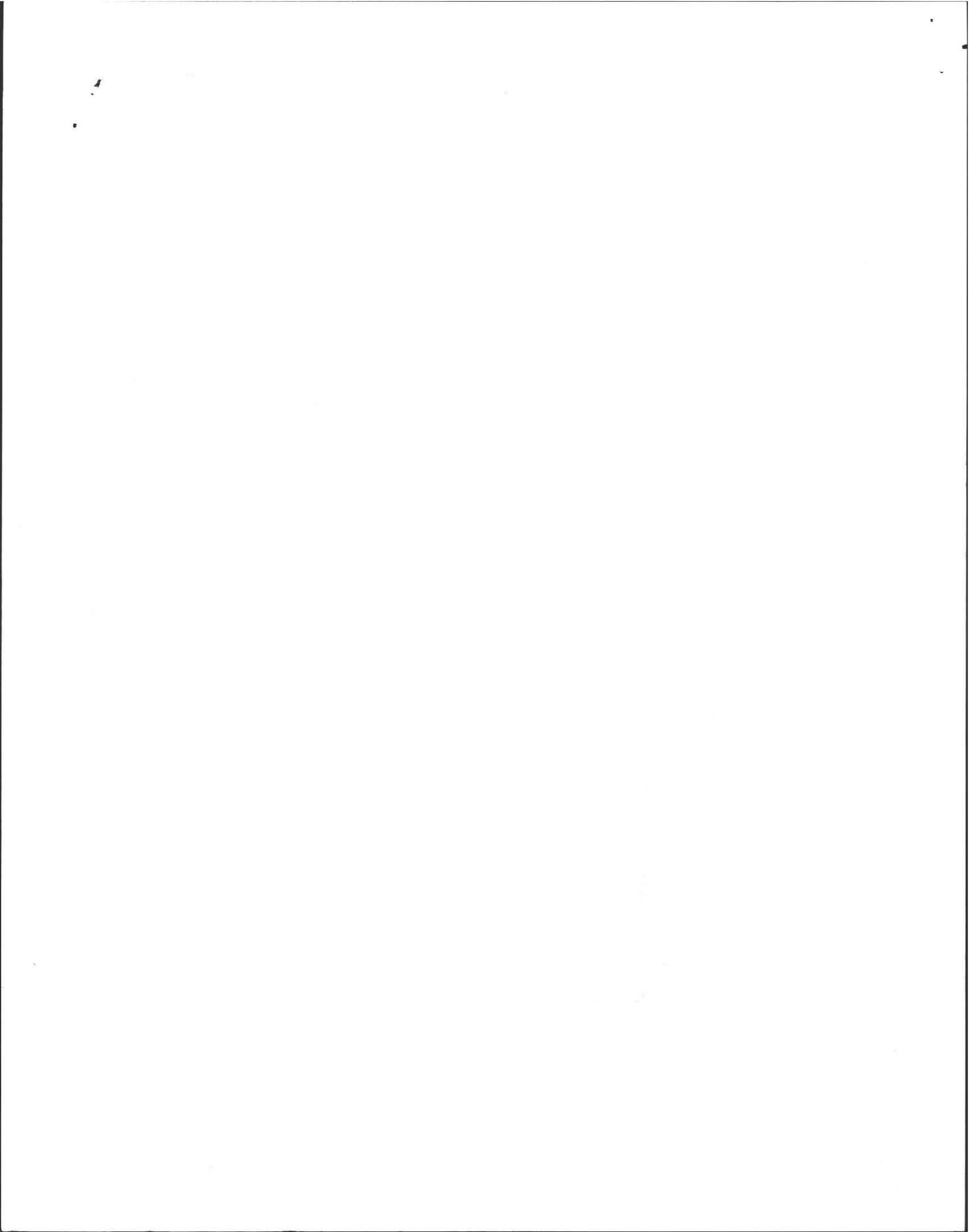
If not, what is the depth of naturally occurring pervious material? \_\_\_\_\_

### 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 Alan Weiss Date 4/5/06





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

1914

Received of C.D. Paulova-Gillham of 350 Montagu Rd., Amherst, MA  
Name Address

For Property Located at: same same  
Street Address Owner

- |  |              |  |              |
|--|--------------|--|--------------|
| HEA009 Bakery<br>R6510 443509                    | _____        | HEA016 Septic Tank Permit-Installers<br>R6510 443511     | _____        |
| HEA001 Bed & Breakfast<br>R6510 443516           | _____        | HEA017 Septic Tank Permit-Private<br>R6510 443510        | <u>#125-</u> |
| HEA002 Catering License<br>R6510 443507          | _____        | HEA018 Septic Tank Reinspection Fee<br>R6510 432301      | _____        |
| HEA003 Food Handler<br>R6510 443515              | _____        | HEA019 Sub-Division Review Fee<br>R6510 432306           | _____        |
| HEA004 Frozen Deserts<br>R6510 443501            | _____        | HEA012 Swimming Pool Permits<br>R6510 443512             | _____        |
| HEA005 Health Dept. Housing Isp.<br>R6510 432302 | _____        | HEA020 Tanning License<br>R6510 443509                   | _____        |
| HEA006 Massage Therapy License<br>R6510 443504   | _____        | HEA034 Immunization Clinic<br>R6510 432307               | _____        |
| HEA008 Motel License<br>R6510 443506             | _____        | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518 | _____        |
| HEA010 Removal of Offal<br>R6510 443513          | _____        | HEA022 Tobacco License<br>R6510 443505                   | _____        |
| HEA021 Removal of Rubbish<br>R6510 443520        | _____        | HEA042 Body Arts / Tatoo<br>R6510 443521                 | _____        |
| HEA011 Percolation Test Fees<br>R6510 432300     | <u>#250-</u> | HEA043 Food Service Plan Review<br>R6510 432308          | _____        |
| HEA013 Recreation Camp License<br>R6510 443503   | _____        | HEA044 Porta Potties<br>R6510 432309                     | _____        |
| HEA014 Retail Store Permit<br>R6510 443514       | _____        | HEA045 Ice Rinks<br>R6510 443522                         | _____        |
| HEA015 Sanitary Code Booklets<br>R6510 432305    | _____        | HEA046 Rental Registration<br>R6510 432310               | _____        |
|  |              | HEA047 Fines<br>R6510 48200                              | _____        |
|  |              | HEA  | _____        |
|  |              | HEA  | _____        |

**TOTAL FEE:** #375-

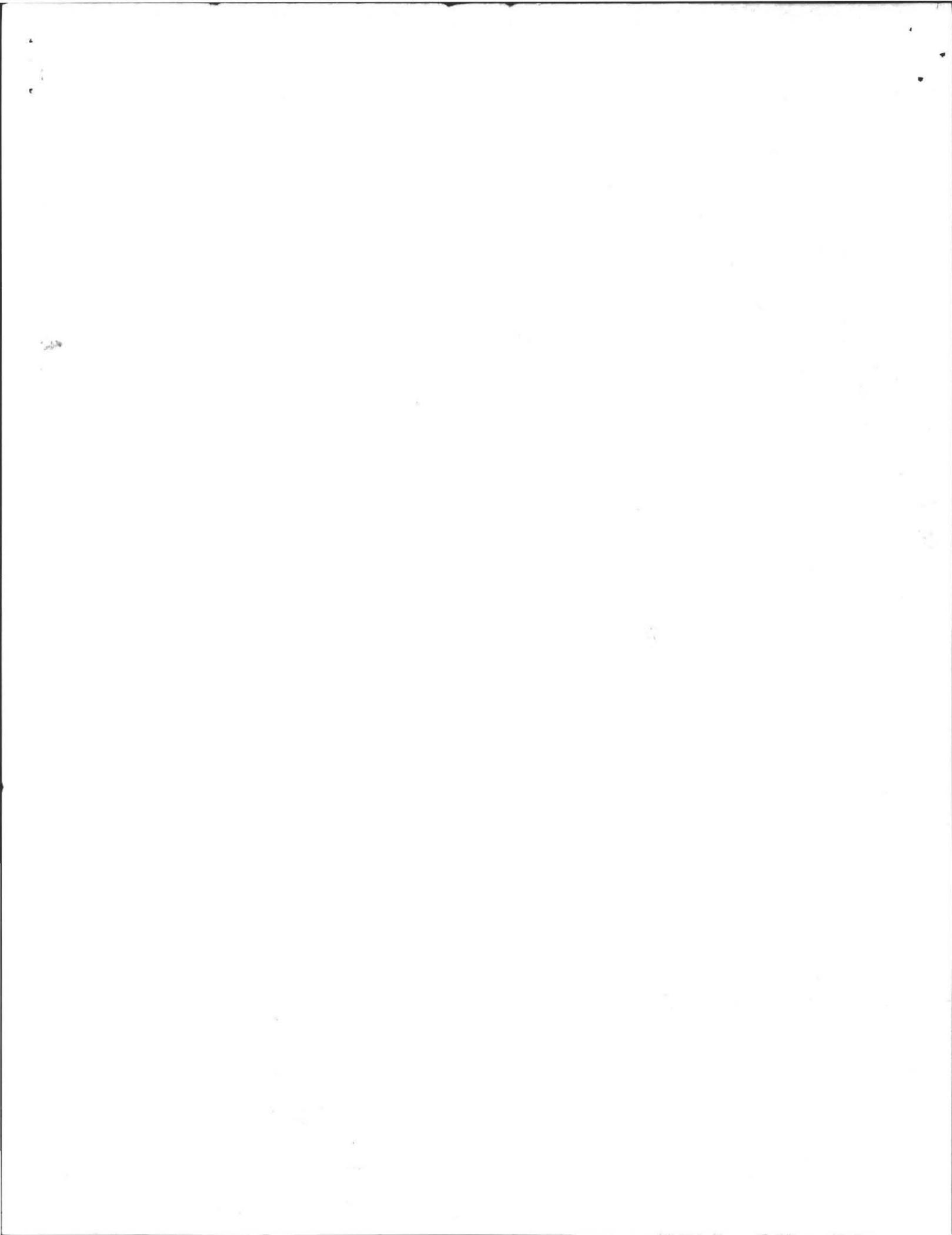
*Patricia Paylor*  
 Amherst Health Department

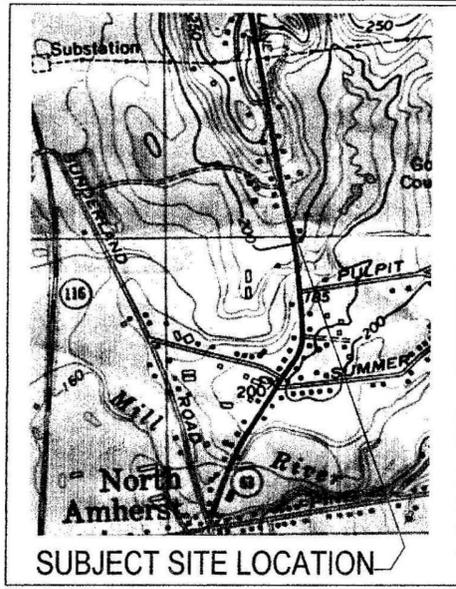
4/5/06  
 Date

OFFICE USE ONLY

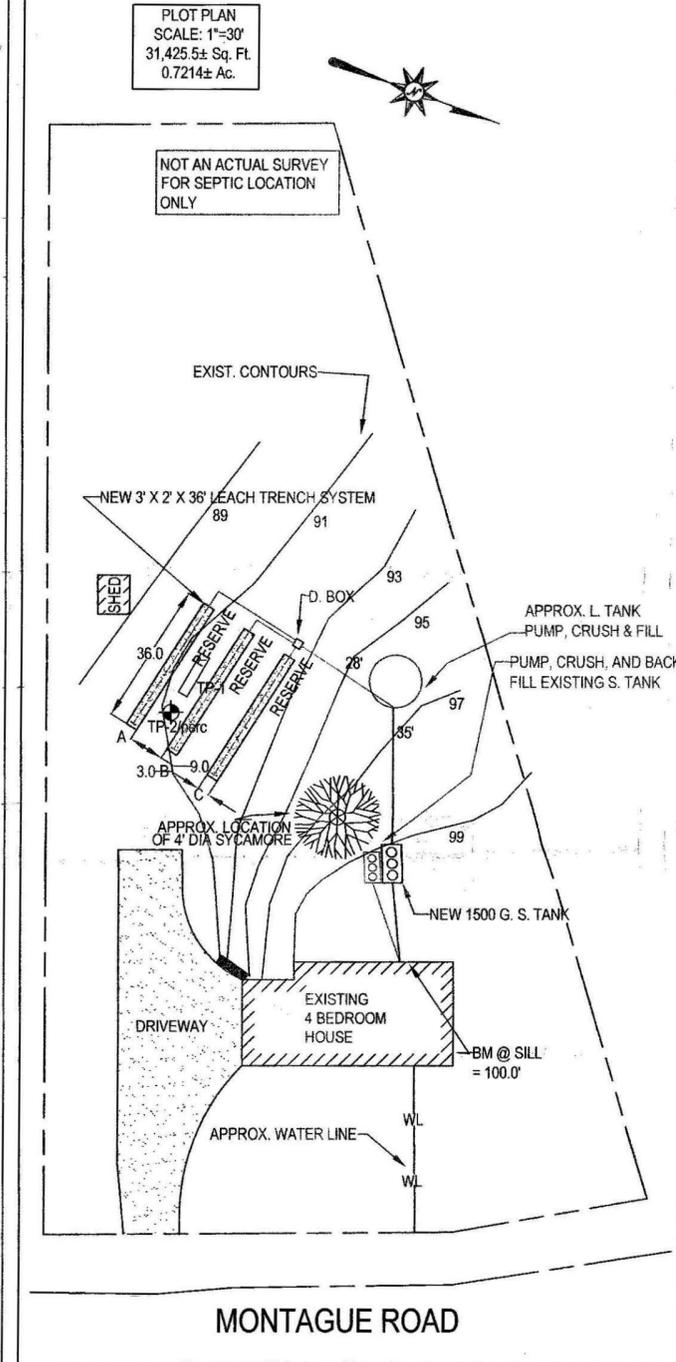
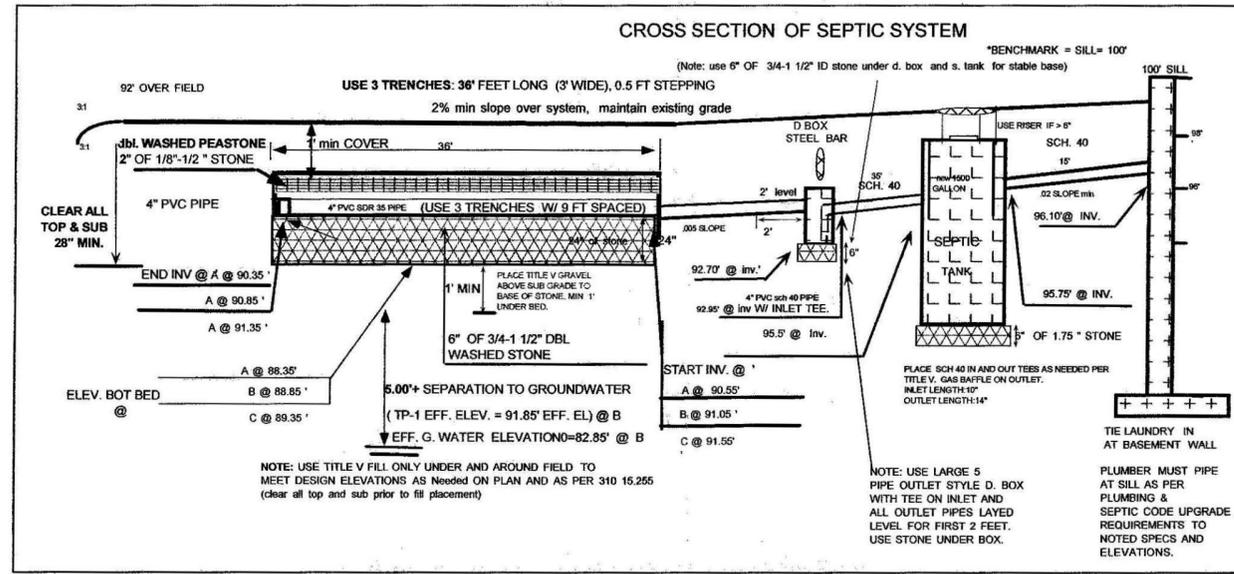
CHECK #	CASH
4469	Ø

Must be Validated by the Collector's Office to be considered paid APR 06 2006

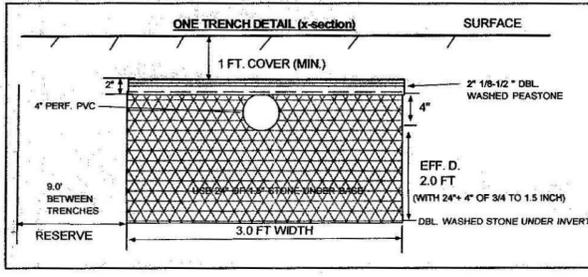
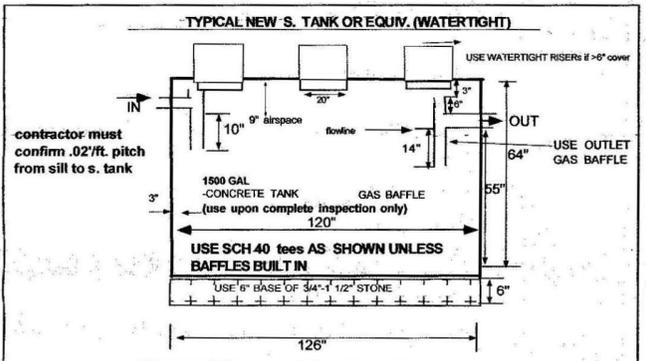




**SUBJECT SITE LOCATION**

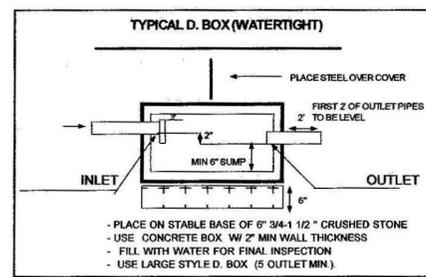
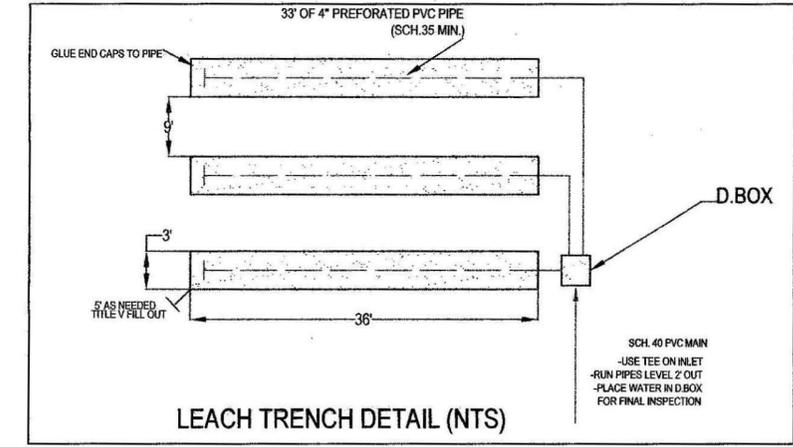


**ATTENTION INSTALLER!!**  
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 40 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A **MINIMUM** OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.



**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.



**DESIGN NOTES AND CALCULATIONS:**

- 1.) 4 BR X 110 GPD /BR = 440 GPD  
 - Use **THREE TRENCHES: 3' WIDE X 36' LONG X 2' TALL, WITH 6" OF 2" TO 1 1/2" DBL WASHED STONE BELOW INVERT**  
 - BOTTOM AREA: 3' W X 36' L X 3 TRENCHES = 324 SF.  
 - SIDE AREA: 2' H X 36' L X 2 WALLS/TRENCH X 3 TRENCHES = 432 SF.  
 - END CAPS: 2' H X 3' W X 2 CAPS/TRENCH X 3 TRENCHES = 36 SF  
 - TOTAL AREA: 792 SF X 0.74 GAL/SF = 586 GPD
3. GARBAGE DISPOSAL NOT ALLOWED
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS (TOWN WATER).
5. NO OTHER WETLANDS WITHIN 150 FEET OF SAS
6. USE NEW 1,500 GAL. S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK  
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),  
**NOTE:**  
 - SEPTIC TANKS AND PUMP CHAMBERS WITH RECEEDING COVERS ARE NOT ALLOWED. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS.
7. USE LARGE STYLE D.BOX ONLY.
- 7A. ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'  
**NOTE:**  
 - D. BOXES WITH COVERS AND WALLS LESS THAN 2" THICK ARE NOT ALLOWED PER DESIGN.
8. USE APPROVED (1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".  
 - CONFIRM STONE PROPERLY WASHED (WITH BUCKET / H2O TEST) PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AREA NOTED REQUIRED.
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
13. USE TRENCHES DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
14. USE 2% MIN. SLOPE OVER SAS  
 - CLEAR TOP AND SUB TO 28" MIN. AS NEEDED (INSPECTION REQUIRED).  
 - CLEAR TO BASE OF B (MIN. 28") UNDER BED PRIOR TO TITLE V SAND PLACEMENT (if needed).  
 - EXCAVATE EXISTING SYSTEM AND REMOVE.
15. SOIL EVALUATION BY A. WEISS, RS. 04/05/06 (D. ZAROZINSKI, BOH AGENT).  
 - DEPTH OF PERC. 46"  
 - PERC RATE = <2 IMIN / IN  
 - CLASS I SOIL RATING (F-C SAND)
16. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
17. ENGINEER TO INSPECT SUBGRADE, AND FINAL.
18. BM=100.00 @ SILL. (CONFIRM PROPER PIPE SLOPES)  
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

**TEST PIT LOG:**

TP-1 EFF. EL. 91.85 EFF. I.ELEV.  
 0-8" A: F. SANDY LOAM  
 8-28" B: SANDY LOAM (10 YR 4R)  
 28-108" C1: F. SAND, LAMINATED (10 Y 4/4)  
 108-136" C2: SAND AND GRAVEL (2.5 Y 4/2)

OXIDES: OBSERVED @ 108 (STRONG)  
 ESHWT: ASSUMED @ 108" = 82.85'  
 NOT: STANDING H2O  
 NOT: WEEPING FROM FACE  
 136"+ BEDROCK

*Handwritten notes:*  
 \* use 1 1/2" riser Part A  
 \* Add Riser over D Box A  
 TP-2 @ PERC.  
 0-8" 8"-24"  
 24"-96"  
 15.232 F

SEPTIC SYSTEM REPAIR PLAN FOR DAVID AND LUDMILLA GILLHAM-PAVLOVA  
 350 MONTAGUE ROAD  
 AMHERST, MA.

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

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DATE: 4/10/06  
 SCALE: 1"=30'

DRAWN BY: ALAN WEISS  
 REVISIONS: [Blank]

DRAWING NUMBER: 106-2439-0405



**NOTE: INSTALLER MUST CONTACT ENGINEER 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.**