

488 Montague Rd.

II LAYSLEPPER GIRALE

Received of
Jean Schaefer 8/22/01

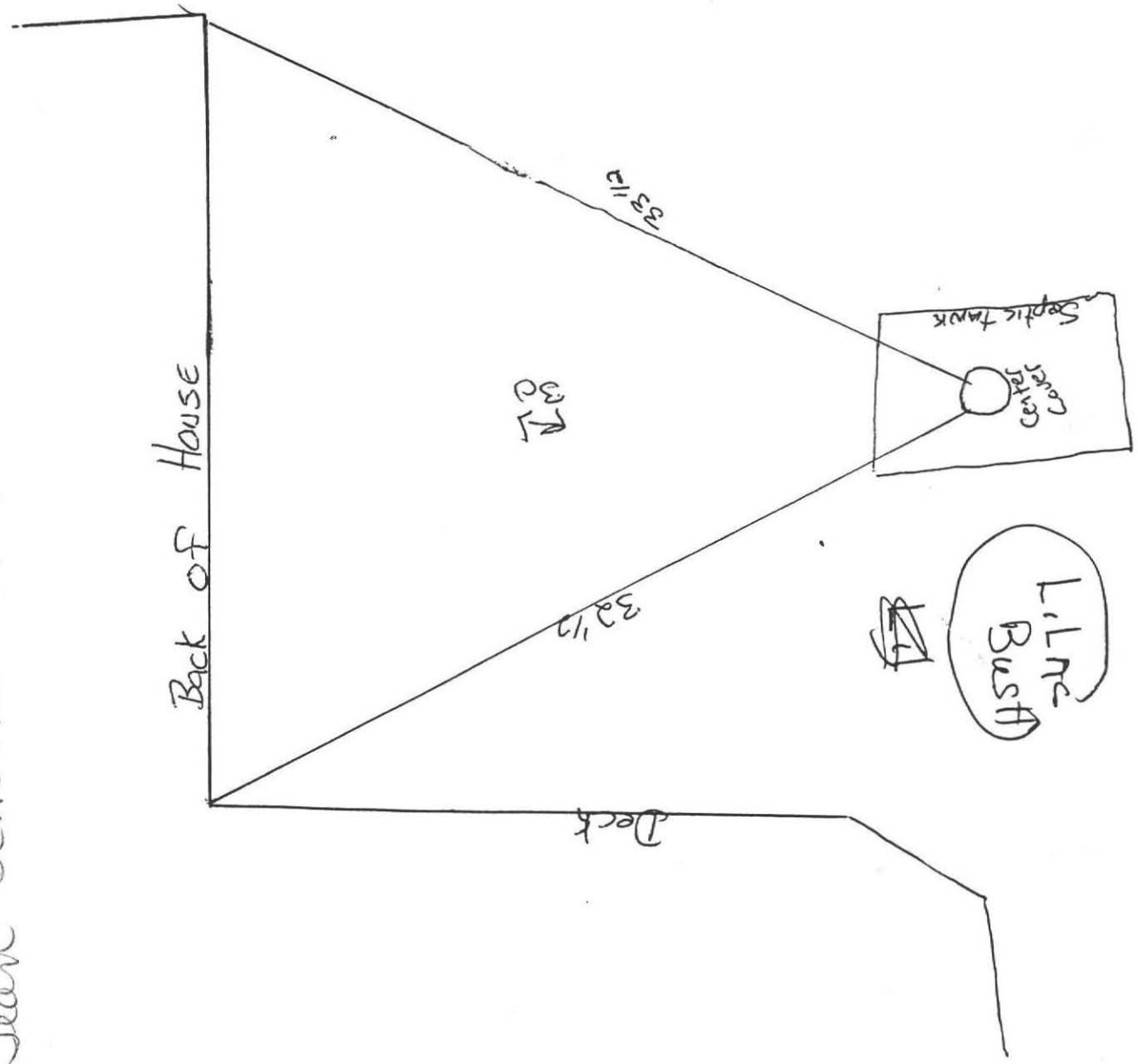
488 Montague Rd Amherst

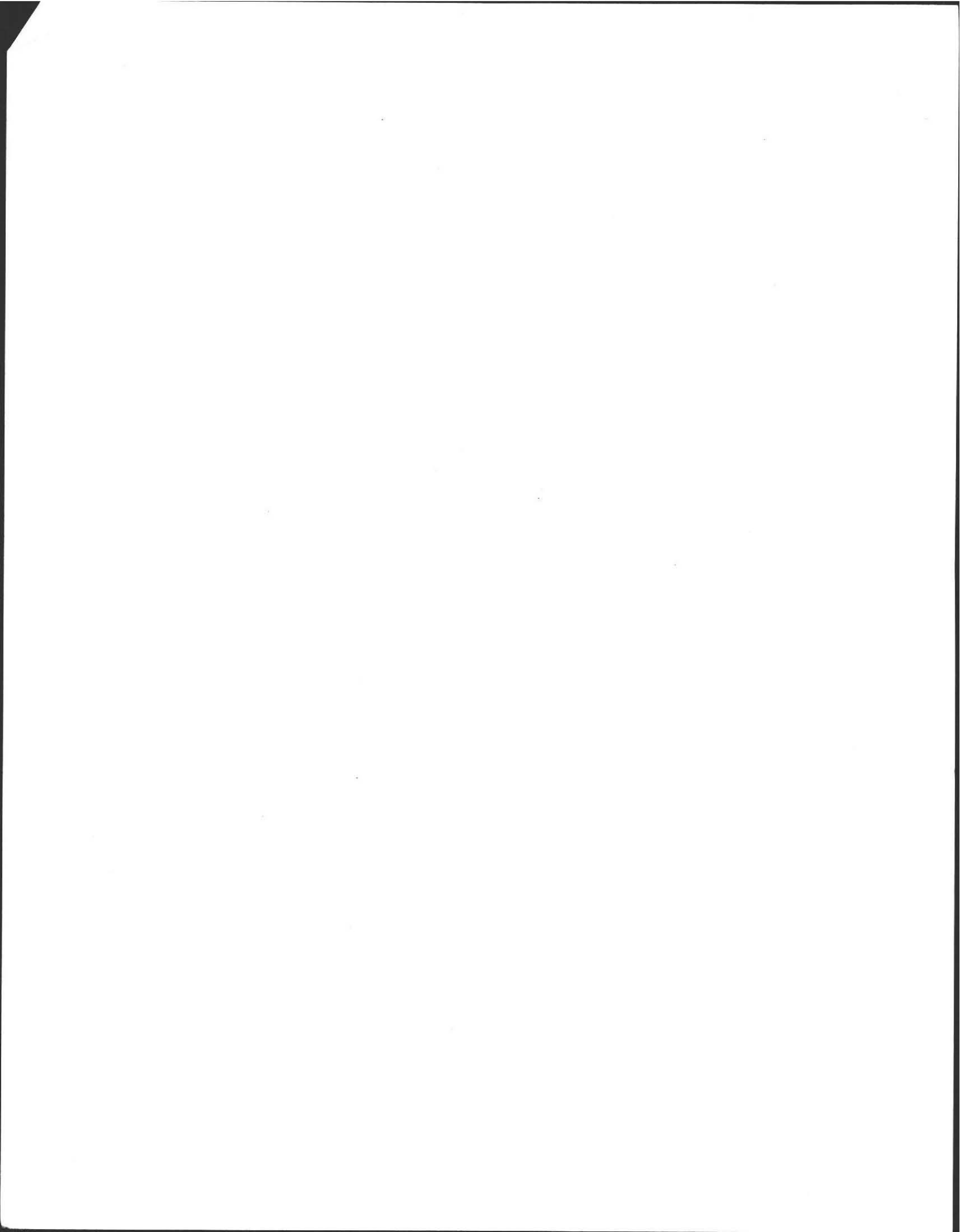
100 GAL Tank

Septic Tank

June 26
2001

Kerls







**COLD SPRING ENVIRONMENTAL
CONSULTANTS INC.**

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

October 21, 2008

Amherst Bd. Of Health


For
File

**RE: Septic System Repair
Installation Inspection
488 Montague Rd (Schoen)**

On this date, the writer inspected the installation of a new (L. Field & S. tank). The writer found the installation to be complete (except for completion of cover material) and in compliance with our plans and 310 CMR 15.000. The installer representative (Karl's Exc.) and our inspection noted that the system was built & installed properly, in accordance with the state/local regulations and our plans. The contractor was requested to have sufficient 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 E. Weiss, M.S., L.S.P.
President
Principal Hydrogeologist
Licensed Site Professional #6442
Registered Sanitarian #933

Cold Spring Environmental
350 Old Enfield Road
Belchertown, Ma. 01007

413-323-5957, phone
413-323-4916, fax

**As built Attached,*

350 Old Enfield Road = Belchertown, MA. 01007 = Phone: 413.323.5957 Fax 413.323.4916
email: acweiss@charter.net www.coldspringenvironmental.com

Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033



MAKE SMOKING HISTORY

No. 09-08

FEE

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	488 Montague RD	Owner's Name	Jean Schorn
Map/Parcel#	2A/20	Address	Same
Lot#	20	Telephone#	549-1771
Installer's Name	Kari's Excavating	Designer's Name	Alan Weiss
Address	Hartley, MA	Address	Delche Row, MA
Telephone#	549-5396	Telephone#	575-5452

Type of Building Residence Lot Size 0.75 AC flt
 Dwelling - No. of Bedrooms 2 / 3 Bedroom Garbage grinder No
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 270 (330) Design flow provided 302 gpd
 Plan: Date 8/19/09 Number of sheets _____ Revision Date _____

Title _____
 Description of Soil(s) Class. Soil
 Soil Evaluator Form No. _____ Name of Soil Evaluator Alan Weiss Date of Evaluation 8/14/09
E, Goxina

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New SAS

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 Jean Schorn Date Sept 29, 09

Inspections _____

Jean Schorn Sept 29, 09

No. 09-18

FEE

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 (X), Repaired (), Upgraded (), Abandoned ()

by: 458
at 488 Montague Rd, Amherst MA

has been installed in accordance with the provisions of 810 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 09-08, dated 10/21/09. Approved Design Flow 330 (gpd)

Installer: Kari's Excavating Designer: Alan Weiss Inspector: Alan Weiss Date: 10/21/09

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

No. _____

FEE

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 488 Montague Rd. as described in the application for

Disposal System Construction Permit No. 09-08, dated 10/21/09.

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. Sullivan Co. Charlton, MA

Date _____ Board of Health See above

Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

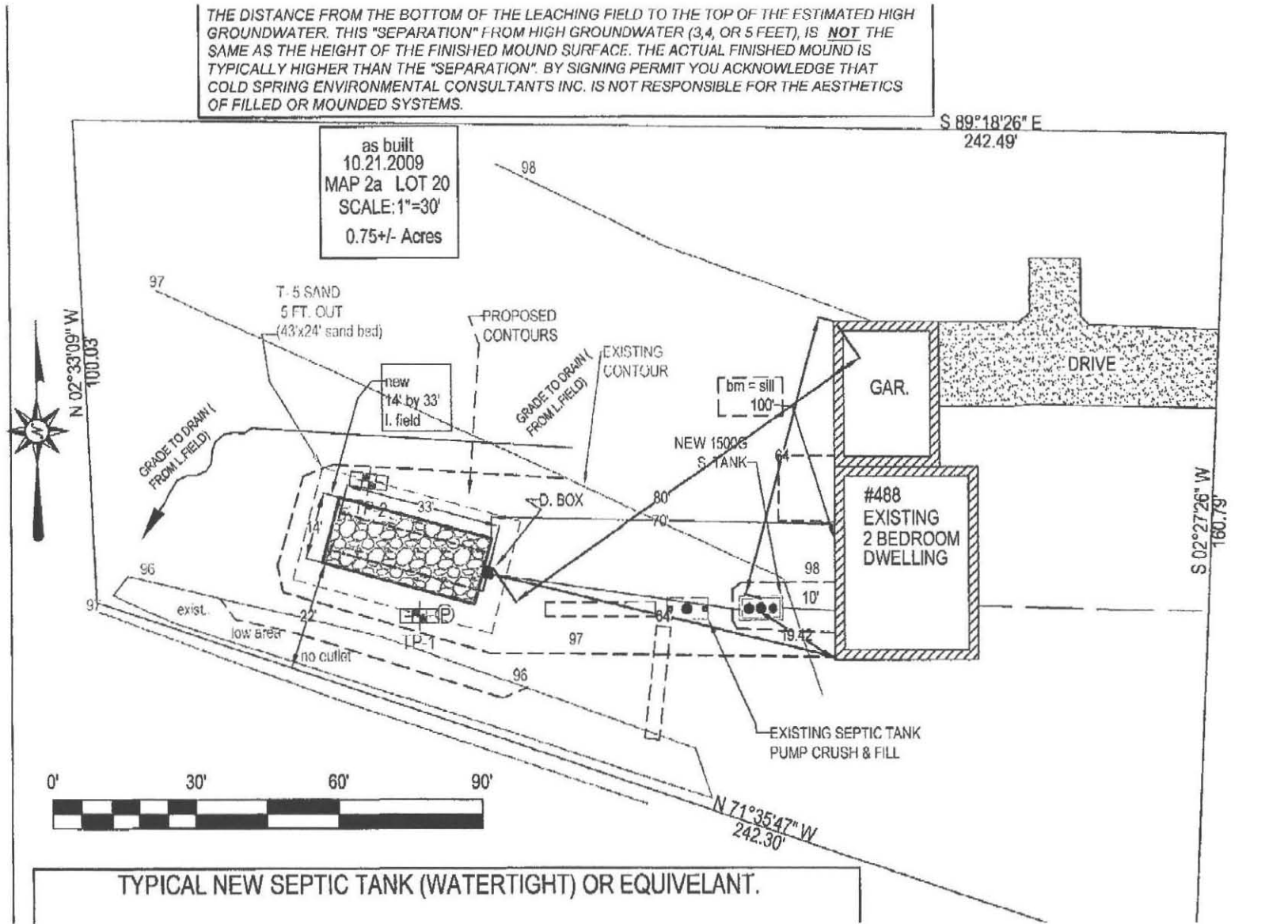
Environmental Health Services
(413) 256-4033



MAKE SMOKING HISTORY

THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (3,4, OR 5 FEET), IS **NOT** THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.

as built
10.21.2009
MAP 2a LOT 20
SCALE: 1"=30'
0.75+/- Acres



MONTAGUE ROAD



TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.

Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002

(413) 256-4077
FAX (413) 256-4053
www.amherstma.gov

Environmental Health Services
(413) 256-4033



MAKE SMOKING HISTORY

No. 09-08

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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



Location <u>488 Montague Rd</u>	Owner's Name <u>Jean Schoen</u>
Map/Parcel# <u>2A/20</u>	Address <u>Same</u>
Lot# <u>20</u>	Telephone# <u>549-1771</u>
Installer's Name <u>Kari's Excavating</u>	Designer's Name <u>Alan Weiss</u>
Address <u>Hadly, MA</u>	Address <u>Belche Row, MA</u>
Telephone# <u>549-5396</u>	Telephone# <u>323-5957</u>

Type of Building Residence Lot Size 0.75 AC flt
 Dwelling - No. of Bedrooms 2 / 3 Bedroom Garbage grinder No
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 220 (330) Design flow provided 342 gpd
 Plan: Date 8/19/09 Number of sheets _____ Revision Date _____
 Title _____
 Description of Soil(s) Class 1 Soil
 Soil Evaluator Form No. _____ Name of Soil Evaluator Alan Weiss Date of Evaluation 8/14/09
E. Goring

DESCRIPTION OF REPAIRS OR ALTERATIONS Complete New SAS

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 Jean Schoen Date Sept 22, 09

Inspections _____

No. 09-08

FEE _____

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: 488
at 488 Montague Rd, Amherst MA

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. 09-08, dated 10/21/09. Approved Design Flow 330 (gpd)

Installer Kari's Excavating
Designer: Alan Weiss Inspector: Steph Antonenche Date: 10/21/09

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

No. _____

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at _____ 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.

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

Date _____ Board of Health _____





COLD SPRING ENVIRONMENTAL CONSULTANTS INC.

- 21E Site Investigations
- Subsurface Investigations
- Pollution Remediation
- LSP on Staff
- Forensic Septic Investigations

- Percolation Tests
- Septic Designs
- Regulatory Compliance
- Recycling and Solid Waste
- Second Opinions

August 15, 2009

Amherst, Board of Health

**RE: Septic System Residence Repair
Local Upgrade Approval, (Schoen, # 488 Montague Road)**

With the intent of full compliance with 310 CMR 15.000, (Sanitary Septic Code, Title V), and the understanding that maximum feasible upgrade should be achieved to maximize protection of public health and safety and the environment, a Local Upgrade Approval is requested for the repair of the system at the above mentioned property. It is the opinion of the writer that strict enforcement of the code would be manifestly unjust (310 CMR 15.410) and equivalent protection is provided by the design. The following Local Upgrade Approval is noted:

-lack of 4' of minimum groundwater separation to the bottom of the Stone of the absorption system (310 CMR 15.405,H,1), **3' proposed.**

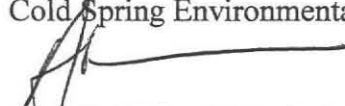
(The situation requires this approval in order to minimize fill Placement between the building (west), and existing downslope Toward driveway. System attempts not to create problematic surface runoff Patterns associated with excessively and unnecessarily raising the ground near the noted elevation.

It is understood that the system was sized using an appropriate percolation test and soil identification technique approved by the Massachusetts DEP that utilizes the most conservative/appropriate loading factor for that soil (**Class 1**) (**Perc= 4 Min/In**). It is also noted that the site is served by *town Water* and that there are no other wells noted within 100 feet of the SAS (See Plan). It is my opinion that, given all the possible scenarios for a new disposal system, and due to spatial constraints, this plan best meets the intent on the Sanitary Code and equivalent protection. It is understood that my client must provide you this letter. In addition, a copy of the Local Upgrade Approval from your board and a Plan copy must be sent to Mass. DEP, 436 Dwight St., Springfield, 01103, by the owner, after your approval and prior to the start of construction.

Please feel free to contact me should you have any questions.

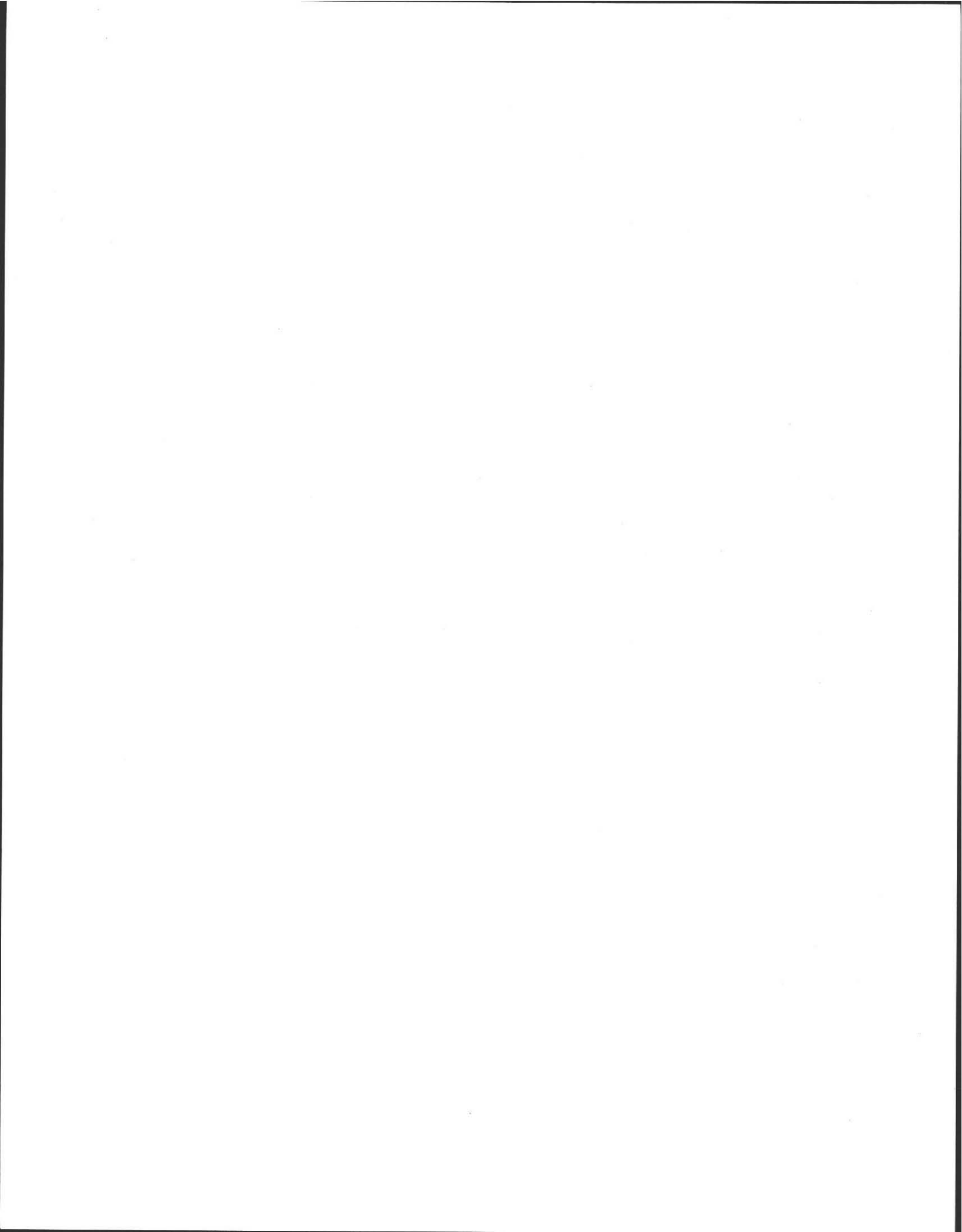
Sincerely,

Cold Spring Environmental Consultants, Inc.


Alan E. Weiss, M.S., R.S.

President, Principal

Hydrogeologist, Registered Sanitarian Lic. #933





Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

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 your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

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.



1. Facility Name and Address:

Jean Schoen

Name

488 Montague Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

2. Owner Name and Address (if different from above):

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

- Residential Institutional Commercial School

4. Describe Facility:

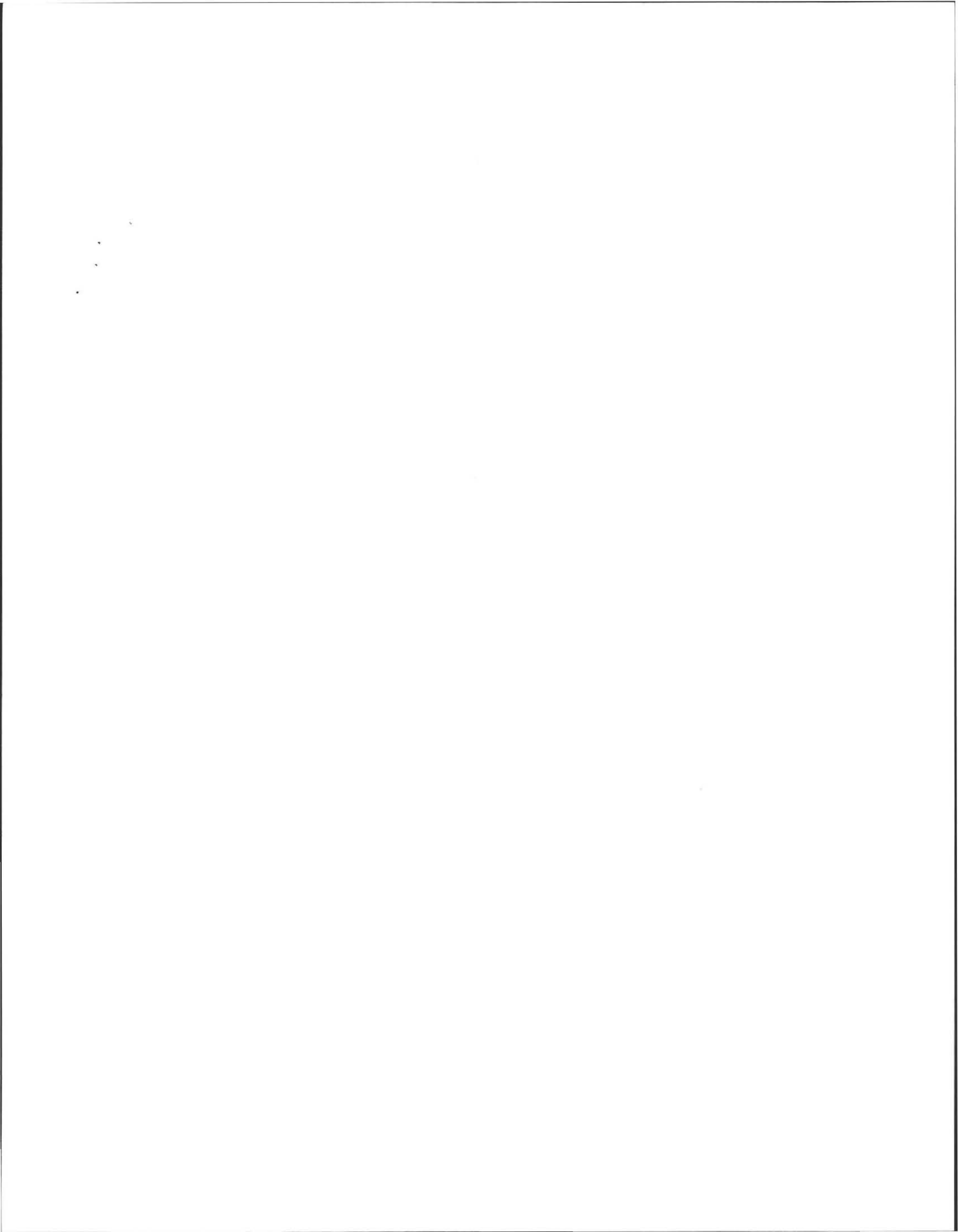
Single Family Res.

5. Type of Existing System:

- Privy Cesspool(s) Conventional Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

L field.





Form 9A – Application for Local Upgrade Approval

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 your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	<u>?</u> gpd
Design flow of proposed upgraded system	<u>330</u> gpd
Design flow of facility:	<u>342</u> gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301:

07.16.2009
date of inspection

2. Describe the proposed upgrade to the system:

New system with new I. Field, P. Chamber and S. tank

3. Local Upgrade Approval is requested for (check all that apply):

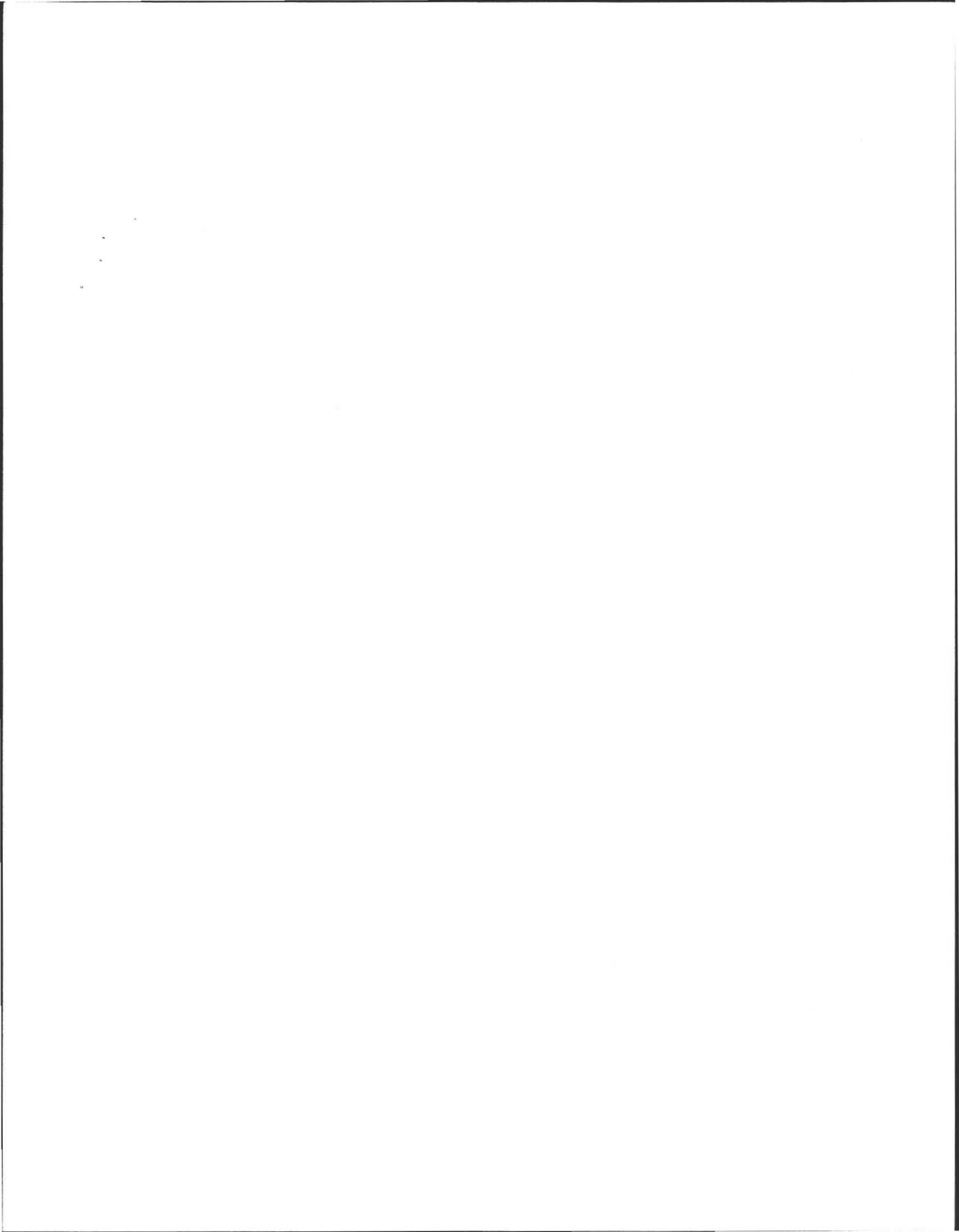
Reduction in setback(s) – describe reductions:

Reduction in SAS area of up to 25%:

SAS size, sq. ft. % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction	<u>4 to 3 ft.</u> ft.
Percolation rate	<u>4</u> min./inch
Depth to groundwater	<u>44"</u> ft.





Form 9A – Application for Local Upgrade Approval

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 your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). **The soil evaluator must be a member or agent of the local approving authority.**

High groundwater evaluation determined by:

Ellen Bokina
Evaluator's Name (type or print)

Signature

08.04.2009
Date of evaluation

C. Explanation

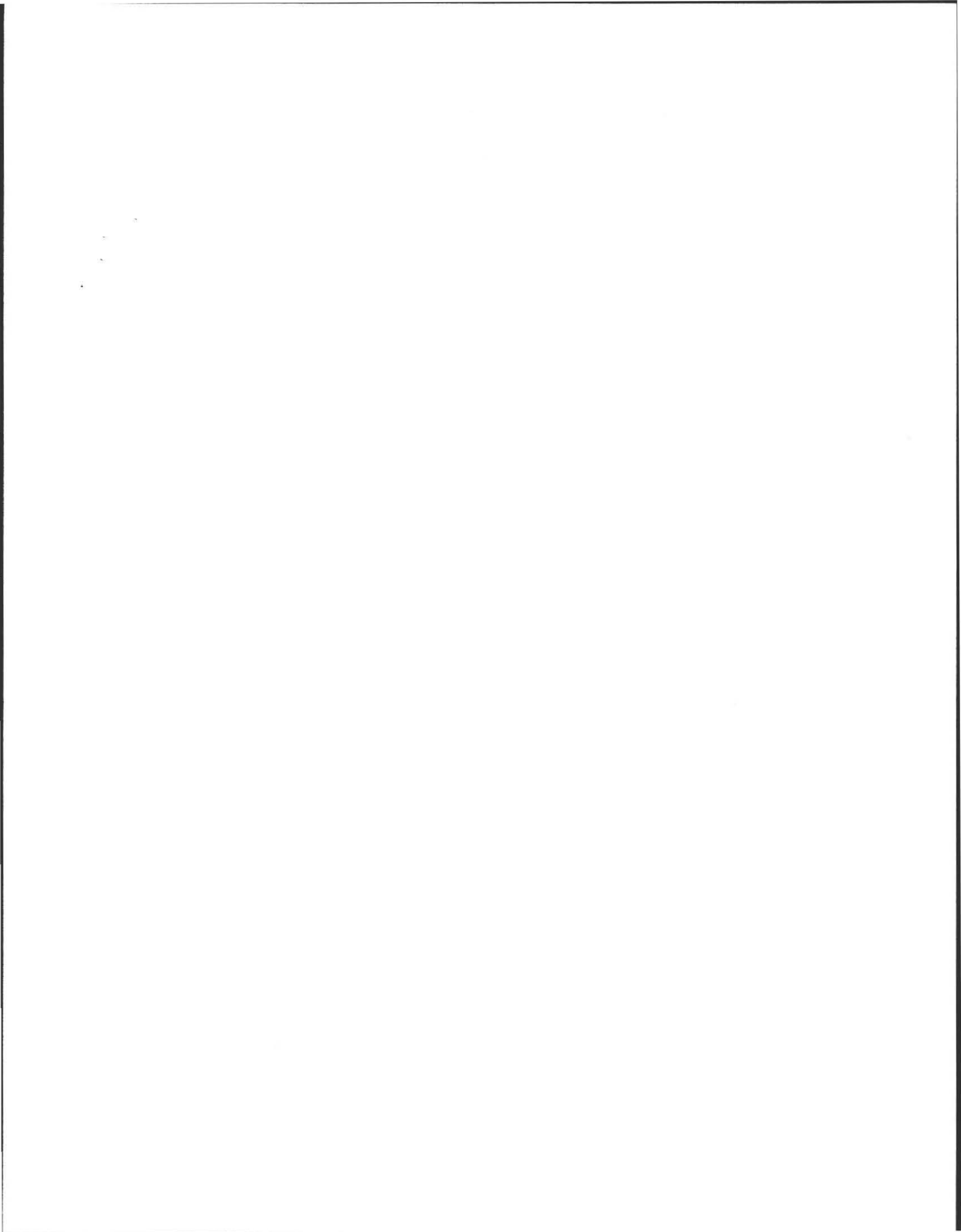
Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to grading back to house and limited space.

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Would not change request.





Commonwealth of Massachusetts

City/Town of Amherst

Form 9A – Application for Local Upgrade Approval

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 your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

No applicable

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

[X] Application for Disposal System Construction Permit

[X] Complete plans and specifications

[X] Site evaluation forms

[] A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

[X] Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Jean K Schoen
Facility Owner's Signature

Sept, 22, 09
Date

Jean Schoen
Print Name

Alan Weiss, RS
Name of Preparer

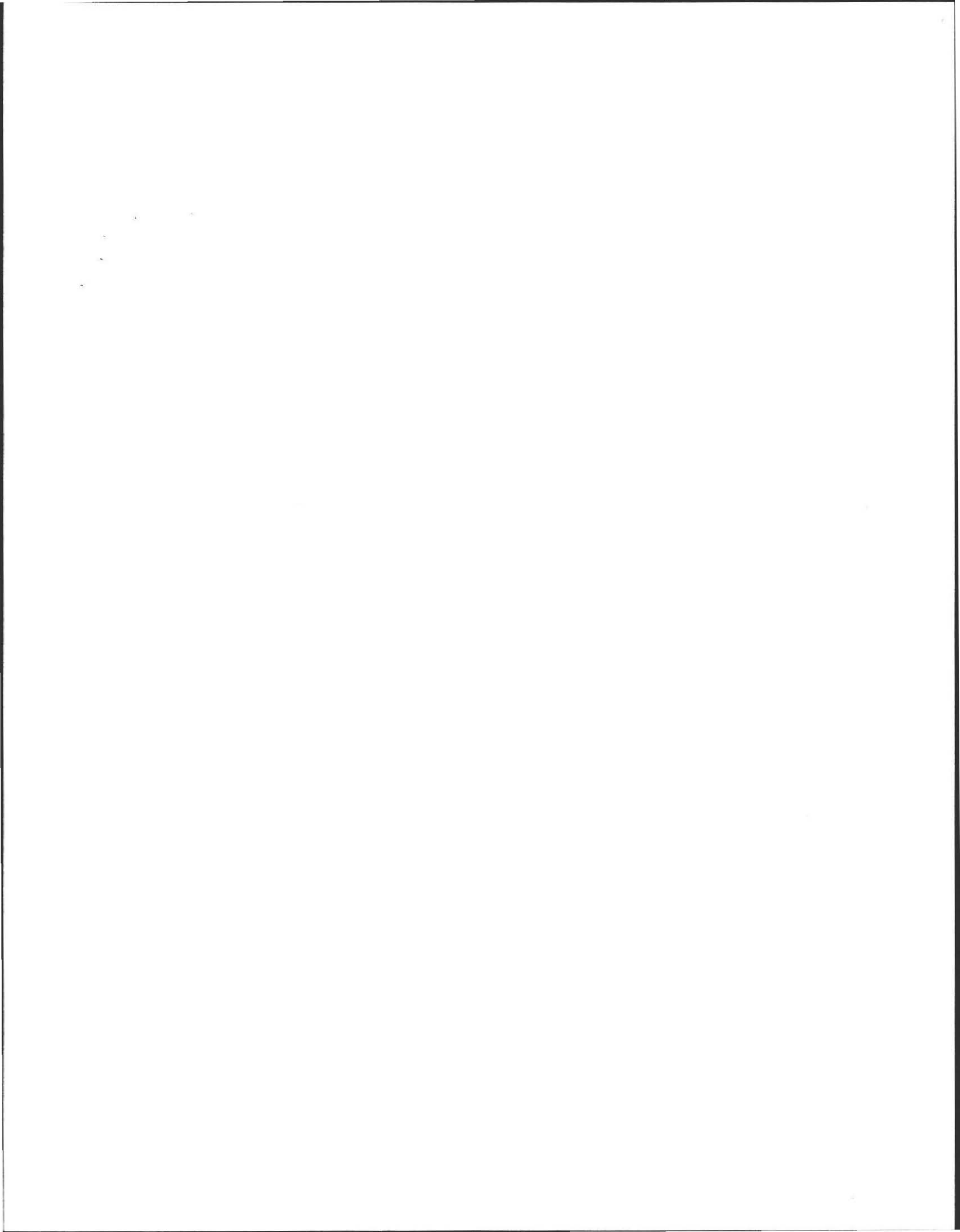
08.15.2009
Date

350 Old Enfield Road,
Preparer's address

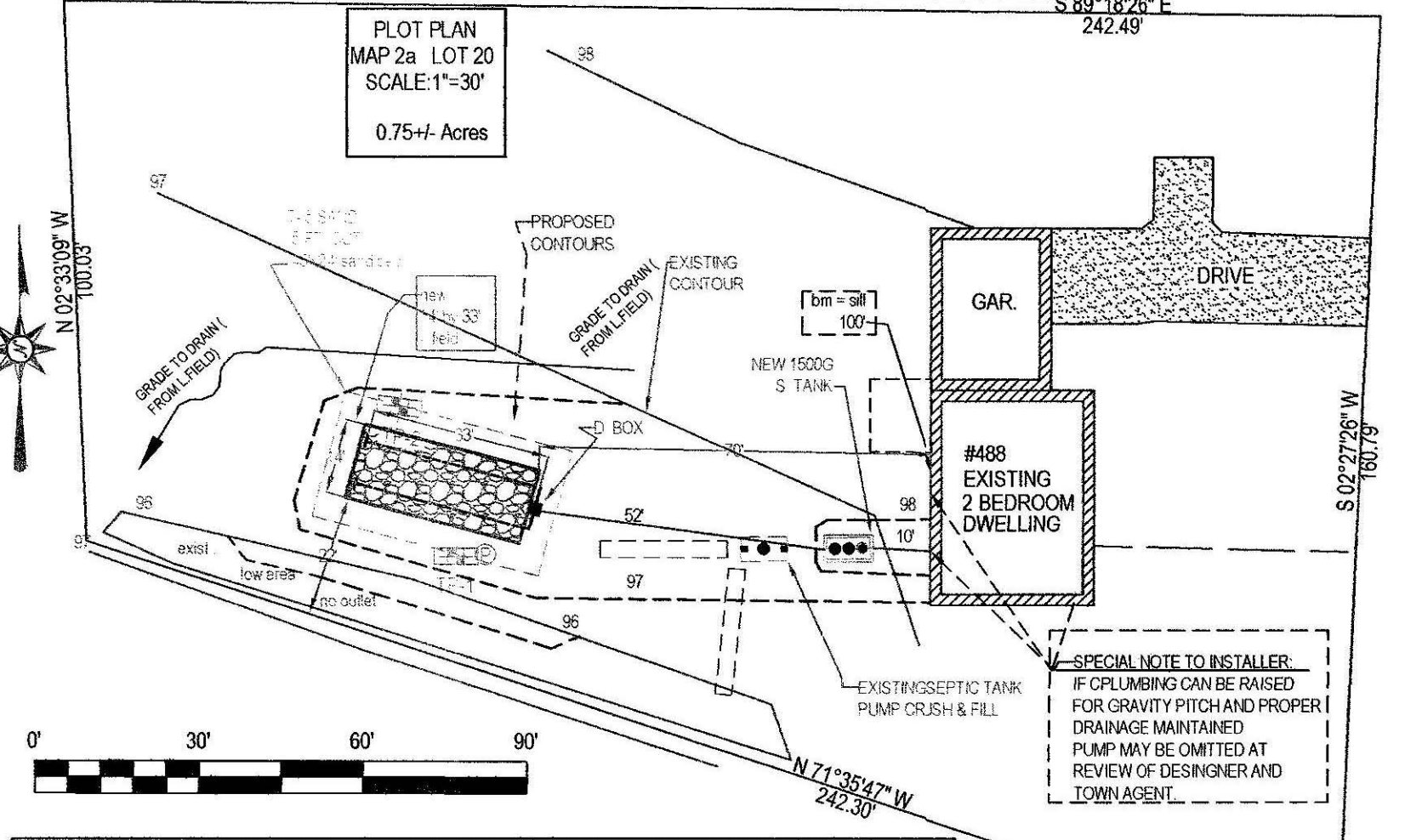
Belchertown
City/Town

MA 01007
State/ZIP Code

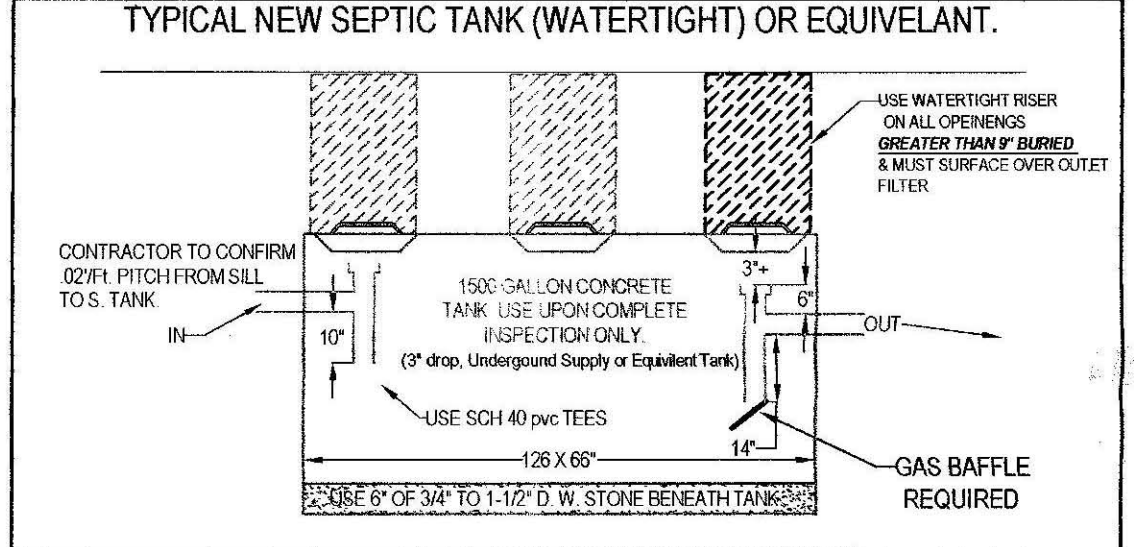
413.323.5957
Telephone



NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE FROM THE BOTTOM OF THE LEACHING FIELD TO THE TOP OF THE ESTIMATED HIGH GROUNDWATER. THIS "SEPARATION" FROM HIGH GROUNDWATER (3.4 OR 5 FEET), IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION". BY SIGNING PERMIT YOU ACKNOWLEDGE THAT COLD SPRING ENVIRONMENTAL CONSULTANTS INC. IS NOT RESPONSIBLE FOR THE AESTHETICS OF FILLED OR MOUNDED SYSTEMS.

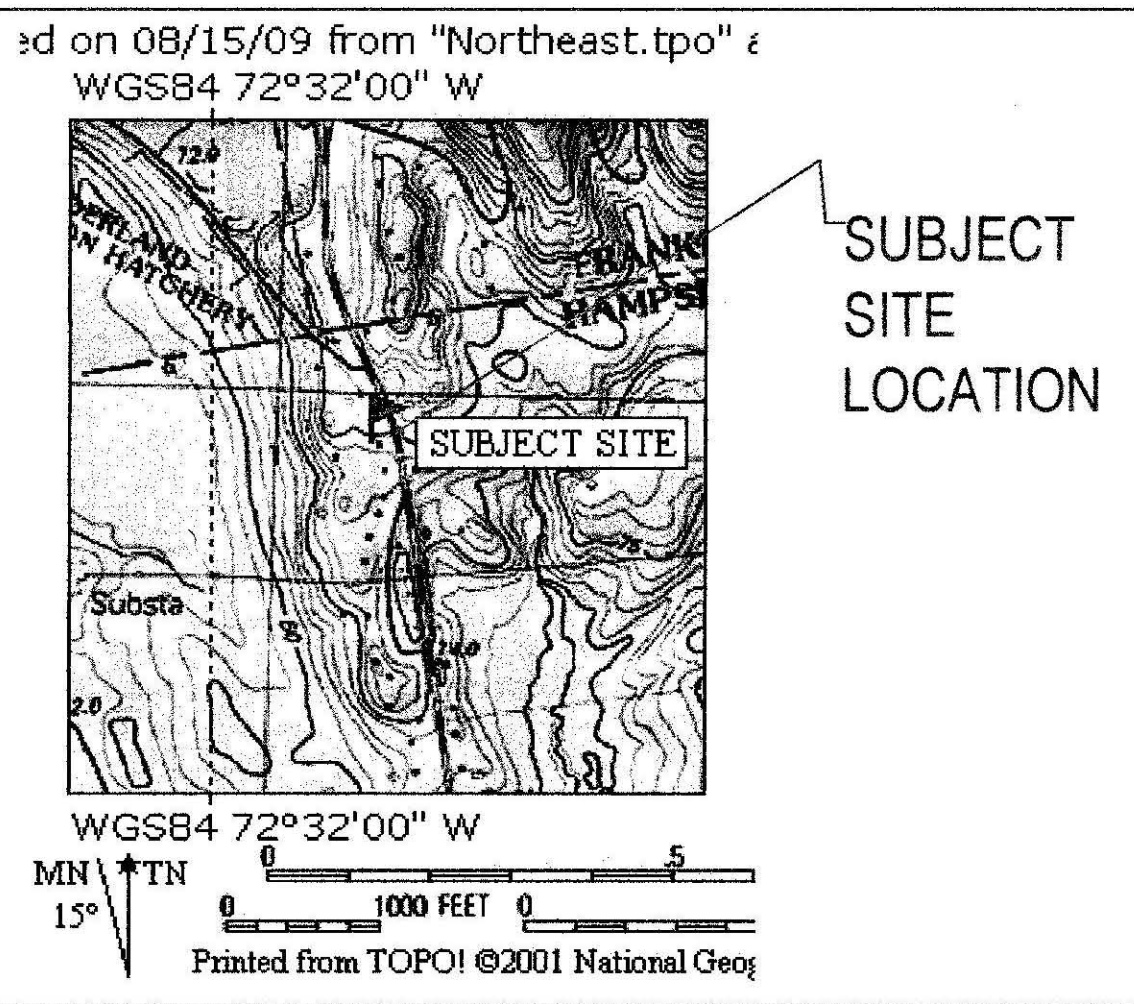


SPECIAL NOTE TO INSTALLER:
IF CULMING CAN BE RAISED FOR GRAVITY PITCH AND PROPER DRAINAGE MAINTAINED PUMP MAY BE OMITTED AT REVIEW OF DESIGNER AND TOWN AGENT.



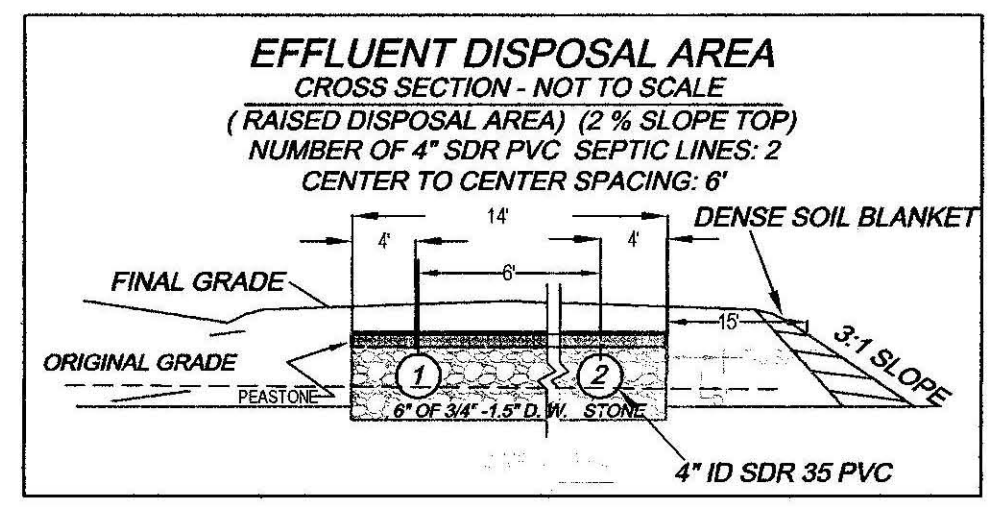
NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!

NOTE TO INSTALLER: A PLUMBER MUST INSPECT INSIDE PLUMBING AND FIX ANY LEAKING FAUCETS OR TOILETS IF FOUND TO BE LEAKING OR FLOWING IMPROPERLY INTO SEPTIC SYSTEM PRIOR TO FINAL INSPECTION.



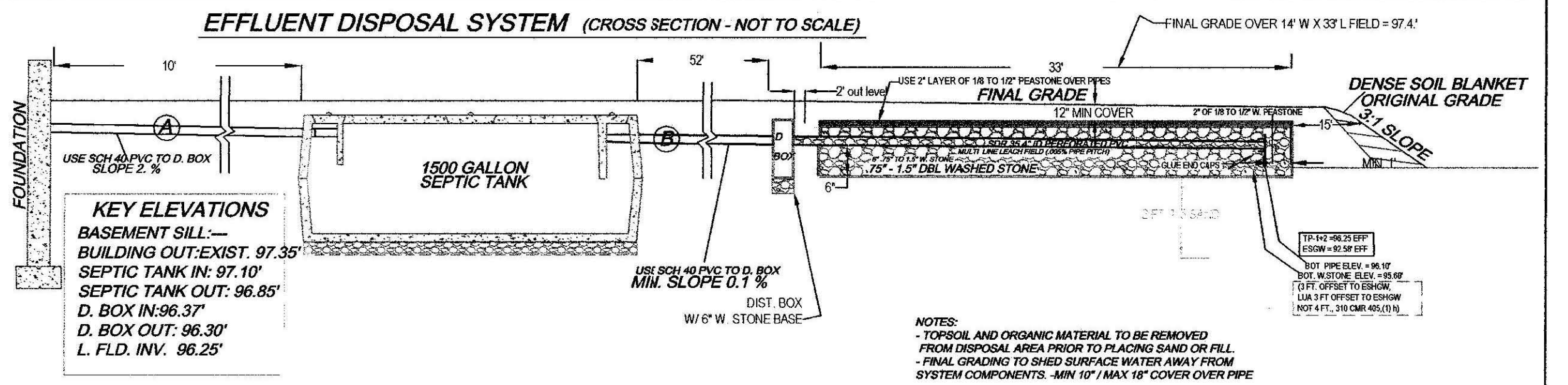
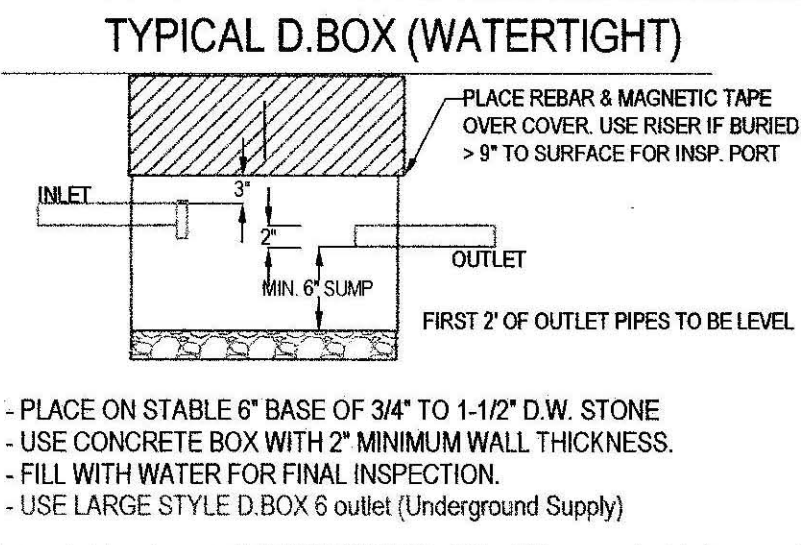
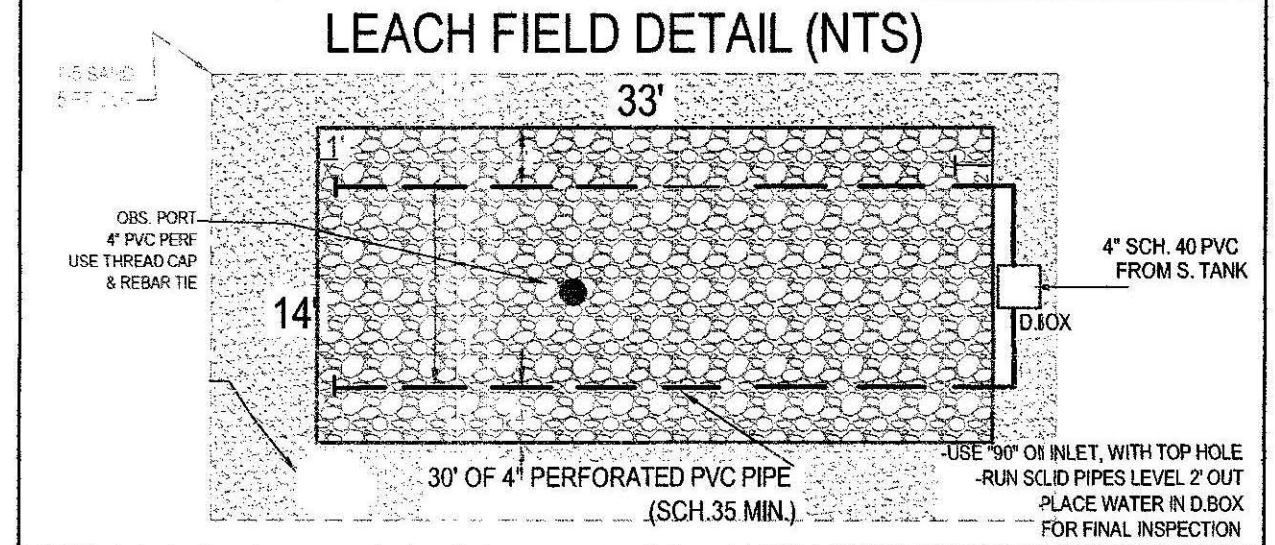
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- 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.
- 5.) WIPE ALL OIL AND GREASE FROM COOKWARE AND DISPOSE IN TRASH NOT SEPTIC.
- 6) All Toilets and Faucets must be confirmed to not be leaking, because one leaking fixture can fail a septic system in ONE DAY



DESIGN NOTES AND CALCULATIONS:

- 1.) 2 (BEDROOM HOME) (3 BR MIN DESIGN) X 110 GPD /BR = 330 GPD. REQUIRED (by maximum feasible compliance with 310 cmr 15.000.
-Use ONE FIELD: 14' WIDE X 33' LONG WITH 6" OF 3/4" TO 1-1/2" DBL WASHED STONE BELOW INWERT
- BOTTOM AREA: 14' W X 33' L = 462 SF.
- SIDE AREA: 0 SF.
- TOTAL AREA: 462 SF X .74 GAL/SF = 342 GPD
3. GARBAGE DISPOSAL NOT ALLOWED, ...
4. NO OTHER PRIVATE WELLS WITHIN 150 FEET (town water) OF SAS.
5. NO OTHER WETLANDS WITHIN 150 FEET OF SAS
6. USE NEW 1,500 GAL. SS. TANK AS NOTED & MAINTAIN DRAINAGE AS NOTED.
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.
8. USE APPROVED (.75"-1 1/2") DBL. WASHED STONE UNDER TANK & D. BOX FOR 6".
-CONFIRM STONE PROPERLY DOUBLE WASHED PRIOR TO PLACEMENT.
9. USE PROPER SCH. 40 PVC TEES AS SHOWN.
10. PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE (not required for repairs).
11. SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQD.
13. USE FIELD 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 SIB TO 30" MIN. AS NEEDED (INSPECTION REQUIRED).
- CLEAR PAST BASE OF B (MIN. 30") & SCARIFY 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. (ELLEN BOKINA & BOH AGENT).
- DEPTH OF PERC. 47"
- PERC RATE = 4 MIN / IN,
- CLASS 1 SOIL RATING,
16. NO TREES WITHIN 110 FT. OF NEW LEACH FIELD.
17. ENGINEER & TOWN (IF REQUIRED) 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.



TEST PIT LOG:

SOIL EVALUATOR: A. WEISS, RS				DATE OF EVALUATION: 08.04.2009			
TP-1 EFF. ELEV. 96.25' EFF.				TP-2 EFF. ELEV. 96.5			
DEPTH	HORIZ.	TEXTURE (UNSAT.)	MATERIAL	DEPTH	HORIZ.	TEXTURE (UNSAT.)	MATERIAL
0-8"	A	FSL	110 YR 3.3	0-8"	A	FSL	10 YR 3.3
8-18"	Bw	LS	10YR4.6	8-18"	Bw	LS	10YR4.6
18-44"	C1	S	10YR 5.8	18-46"	C1	S	10YR 5.8
44-120"	C2	VFS	10YR 5.8	46-96"	C2	VFS	10YR 5.8
OXIDES: 44" 2.5Y4.2				OXIDES: 44" 2.5Y4.1			
EHWT: 44" = 92.58'				EHWT: 44"			
STANDING H2O: NOT OBSERVED				STANDING H2O: NOT OBSERVED			
WEEPING: NOT OBSERVED				WEEPING: NOT OBSERVED			
BEDROCK: 120" -126+				BEDROCK: 120" -126+			

SEPTIC SYSTEM REPAIR PLAN FOR JEAN SCHOEN
488 MONTAGUE ROAD
AMHERST, MA

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

PROJ. NO.: (413) 323-5957
FAX: (413) 323-4916
DATE: 08.15.2009
SCALE: 1"=30'

SEAL: ALAN WEISS, REGISTERED PROFESSIONAL ENGINEER, MASSACHUSETTS

Drawn by: ALAN WEISS
Revised: 09.5.2009
Drawing Number: 109-3202-0716

e-Mail: AEWES@charter.net

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.

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.