410 Old Montague Rd.

TITLE 5
OFFICIAL INSPECTION FOR - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 410 Old Montague ROad .
Owner's Name: Nancy Gittleman
Address: 410 Old Montague Road
Amherst MA 01002

Date of Inspection: March 11, 2004

Name of Inspector: *Alan E. Weiss, R.S # 933*
Company Name: *Cold Spring Environmental Inc.*
Mailing Address: *350 Old Enfield Road*
Belchertown, Massachusetts 01007
Telephone Number: (413) 323-5957 fax: 413-323-4916

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. **I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000).** The system:

___ Passes
XX Conditionally Passes
___ Needs Further Evaluation by the Local Approving Authority
___ Fails

Inspector's Signature: _____ **Date: April 08, 2004**

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments:

System appears to be functional All Stains & levels were ok at tank, stone and D. Box. SAS is 15+/- years old and had no standing liquid. Septic tank was pumped Tees are in and ok. Two old (larger outet pipes)are non funtional and should be capped. They go to older non funtioning system. D. box has soft sidewalls and should be replaced. Permit required by town healt agent. Field is 20' x 40'+/-.

******This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same different conditions of use.**

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 410 MONTAGUE RD.

Owner: Gottleman

Date of Inspection: 3/24/04 + 4/8/04

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

N/A I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

B. System Conditionally Passes:

YES One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the ____ for the following statements. If "not determined" please explain.

_____ The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.
*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

YES Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed
YES distribution box is leveled or replaced

ND explain:

_____ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

____ broken pipe(s) are replaced
____ obstruction is removed

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 410 MONTAGUE RD.

Owner: G. TILGMAN
Date of Inspection: 3/24/04

C. Further Evaluation is Required by the Board of Health:

YES Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. **System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:**

___ Cesspool or privy is within 50 feet of a surface water
___ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. **System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

___ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

___ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

___ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

___ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance _____

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. **Other:**
- LEVELS IN S.TANK OK. 3 OUTLET PIPES AT DIST BOX. ONE TOOK EFFLUENT OK. TWO PIPES MORE SLUGGISH, FLOWED BACK 3-4 MINS UPON PUMPING.
- ONE GOOD PIPE CONNECTED TO FUNCTIONAL L.FIELD. RECOMMEND OTHER PIPES BE CAPPED.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 410 MONTAGUE RD

Owner: GITTLEMAN

Date of Inspection: 3/24/04 +4/8/04

D. System Failure Criteria applicable to all systems:
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

Yes No

SEE NOTE Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

___ No Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool

(No) SEE Note Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool

___ No Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

___ No Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped ____.

___ No Any portion of the SAS, cesspool or privy is below high ground water elevation.

___ No Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

___ No Any portion of a cesspool or privy is within a Zone 1 of a public well.

___ No Any portion of a cesspool or privy is within 50 feet of a private water supply well.

___ No Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.]**

No (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either "yes" or "no" to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

yes no

___ ___ the system is within 400 feet of a surface drinking water supply

___ ___ the system is within 200 feet of a tributary to a surface drinking water supply

___ ___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 410 MONTAGUE RD.

Owner: GITTLEMAN

Date of Inspection: 3/24/04 + 4/8/04

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

Yes No

yes ___ Pumping information was provided by the owner, occupant, or Board of Health

___ No Were any of the system components pumped out in the previous two weeks ?

yes ___ Has the system received normal flows in the previous two week period ?

___ No Have large volumes of water been introduced to the system recently or as part of this inspection ?

PARTIAL SKETCH. Were as built plans of the system obtained and examined? (If they were not available note as N/A)

yes ___ Was the facility or dwelling inspected for signs of sewage back up ?

yes ___ Was the site inspected for signs of break out ?

yes ___ Were all system components, excluding the SAS, located on site ?

yes ___ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?

yes ___ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The **size and location of the Soil Absorption System (SAS)** on the site has been determined based on:

Yes no

✓ ___ Existing information. For example, a plan at the Board of Health.

✓ ___ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 410 MONTAGUE RD.

Owner: Gilfoman

Date of Inspection: 3/24/04

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): ? Number of bedrooms (actual): 16-18?

White house = 7 BR

Brick House = 10 or 11 BR

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): ?

Number of current residents: 10-14

Does residence have a garbage grinder (yes or (no)): No

Is laundry on a separate sewage system (yes or (no)): — [if yes separate inspection required]

Laundry system inspected (yes or no): —

Seasonal use: (yes or no): No

Water meter readings, if available (last 2 years usage (gpd)): —

Sump pump (yes or no): No

Last date of occupancy: Current.

COMMERCIAL/INDUSTRIAL

Type of establishment: _____

Design flow (based on 310 CMR 15.203): _____ gpd

Basis of design flow (seats/persons/sqft,etc.): _____

Grease trap present (yes or no): ___

Industrial waste holding tank present (yes or no): ___

Non-sanitary waste discharged to the Title 5 system (yes or no): ___

Water meter readings, if available: _____

Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: Last year.

Was system pumped as part of the inspection (yes) or no): ___

TWO TANKS (SERIES)

If yes, volume pumped: 2500 gallons -- How was quantity pumped determined? MEAS.

Reason for pumping: Inspection.

TYPE OF SYSTEM

✓ Septic tank, distribution box, soil absorption system

___ Single cesspool

___ Overflow cesspool

___ Privy

___ Shared system (yes or no) (if yes, attach previous inspection records, if any)

___ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

___ Tight tank ___ Attach a copy of the DEP approval

___ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:

25 years.

Were sewage odors detected when arriving at the site (yes or (no)): No

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 410 MONTAGUE RD

Owner: Griffeon.
Date of Inspection: 3/24/04

BUILDING SEWER (locate on site plan)

Depth below grade: 14"
Materials of construction: ✓cast iron ✓40 PVC ___other (explain): _____
Distance from private water supply well or suction line: 10'+
Comments (on condition of joints, venting, evidence of leakage, etc.):
OK.

SEPTIC TANK: 4 (locate on site plan) TWO TANKS IN SERIES

Depth below grade: 24"
Material of construction: ✓concrete ___metal ___fiberglass ___polyethylene 3K Followed by 500 gal.
___other(explain)_____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: 12'L x 6.5'W x 7.0'D.
Sludge depth: 4-6"
Distance from top of sludge to bottom of outlet tee or baffle: —
Scum thickness: 6"
Distance from top of scum to top of outlet tee or baffle: —
Distance from bottom of scum to bottom of outlet tee or baffle: _____
How were dimensions determined: MEASURED.
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
BAFFLE ARC STYLE TANK. 3K. TANK FOLLOWED BY 500gal TANK.
TEES IN PLACE; LEVEL GOOD.

GREASE TRAP: No (locate on site plan)

Depth below grade: ___
Material of construction: ___concrete ___metal ___fiberglass ___polyethylene ___other (explain):_____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 410 OLD MONTAGUE RD

Owner: GITTLEMAN

Date of Inspection: 4/8/04

TIGHT or HOLDING TANK: NO (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: _____
Material of construction: ____concrete ____metal ____fiberglass ____polyethylene ____other(explain):
_____
Dimensions: _____
Capacity: _____gallons
Design Flow: _____gallons/day
Alarm present (yes or no): _____
Alarm level: _____ Alarm in working order (yes or no): ____
Date of last pumping: _____
Comments (condition of alarm and float switches, etc.):
_____
_____

DISTRIBUTION BOX: YES (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: at inv.
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):
Levels Good, No Sign of Failure, Soft walls, recommend Replacement.

PUMP CHAMBER: No (locate on site plan)

Pumps in working order (yes or no): ____
Alarms in working order (yes or no): ____
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):
_____
_____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 410 OLD MONTAGUE RD

Owner: GITTLEMAN
Date of Inspection: 4/8/04

SOIL ABSORPTION SYSTEM (SAS): YES **(locate on site plan, excavation not required)**

If SAS not located explain why:

Type

____ leaching pits, number: ___
____ leaching chambers, number: ____
____ leaching galleries, number: ____
___ leaching trenches, number, length: _____
(1) leaching fields, number, dimensions: _____
____ overflow cesspool, number: ____
____ innovative/alternative system Type/name of technology: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
(DISCONNECT/CAP OLD CRAY PIPES) WORKING SYSTEM IS 20'+/- BY 40'+/- L.FIELD. NO SIGN OF FAILURE NOTED.

CESSPOOLS: NO (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: _____
Depth – top of liquid to inlet invert: _____
Depth of solids layer: _____
Depth of scum layer: _____
Dimensions of cesspool: _____
Materials of construction: _____
Indication of groundwater inflow (yes or no): ____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: NO (locate on site plan)

Materials of construction: _____
Dimensions: _____
Depth of solids: _____
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

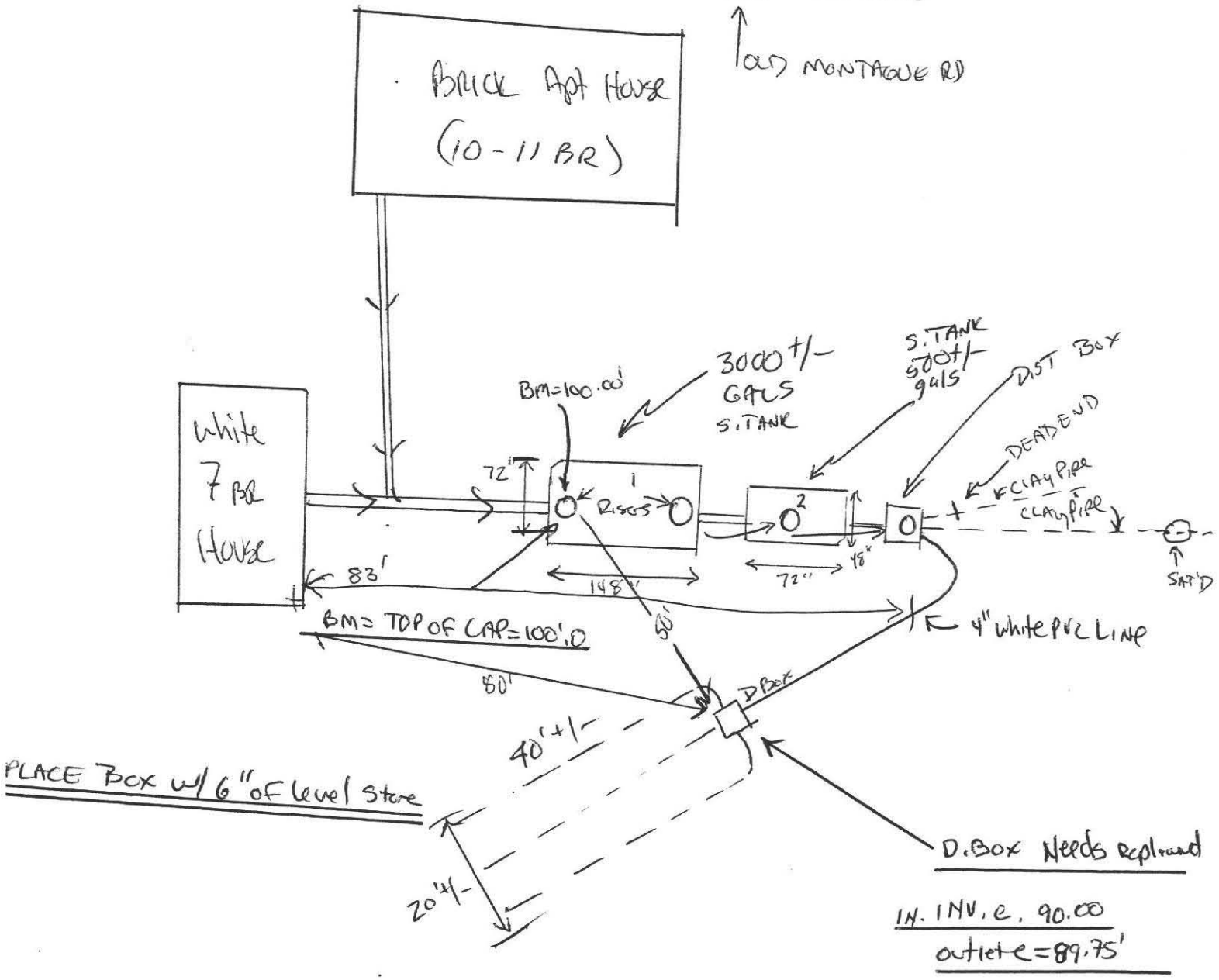
Property Address: 410 OLD MONTAGUE RD

Owner: LITTLEMAN

Date of Inspection: 4/5/04

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 410 Old Montague Rd

Owner: Gilfeman

Date of Inspection: 4/8/04

SITE EXAM

✓ Slope
Surface water
✓ Check cellar
Shallow wells

Estimated depth to ground water 5+ feet

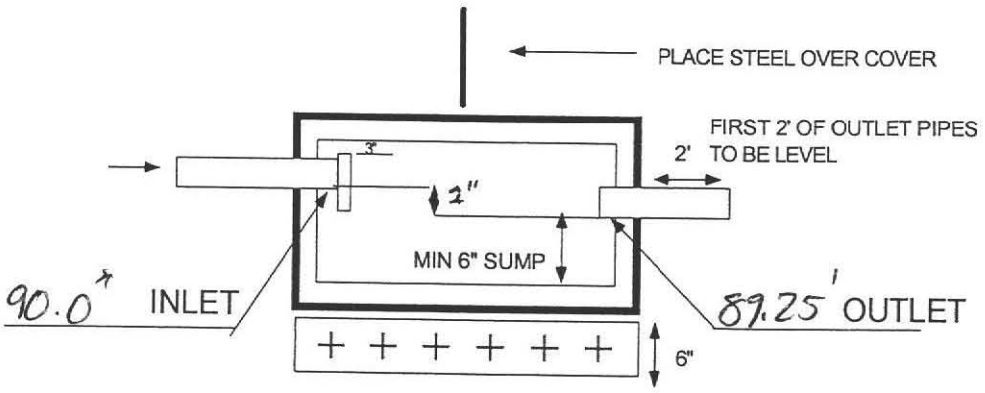
Please indicate (check) all methods used to determine the high ground water elevation:

____ Obtained from system design plans on record - If checked, date of design plan reviewed: _____
____ Observed site (abutting property/observation hole within 150 feet of SAS)
____ Checked with local Board of Health-explain: _____
____ Checked with local excavators, installers- (attach documentation)
____ Accessed USGS database-explain: _____

You **must** describe how you established the **high ground water elevation:**

Test pit 20' from D.Box

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.

BM = TANK #1 Rise-TOP = 100.00

No. _____ 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	410 Old Montague Rd	Owner's Name	Nancy Gittelman
Map/Parcel#		Address	410 Old Montague Road
Lot#	410	Telephone#	413-549-0190
Installer's Name	KARL'S Excavating	Designer's Name	A. Weiss, RS
Address	Hadley.	Address	Belchertown, MA
Telephone#	549-5396	Telephone#	413-323-5957

Type of Building Apts. Lot Size — sq. ft.

Dwelling - No. of Bedrooms 7 + 10 = 17 Garbage grinder (No)

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

Other Fixtures _____

Design Flow (min. required) — gpd Calculated design flow — Design flow provided _____ gpd

Plan: Date _____ Number of sheets _____ Revision Date _____

Title D. Box Layout / (Title 5)

Description of Soil(s) _____

Soil Evaluator Form No. — Name of Soil Evaluator — Date of Evaluation —

DESCRIPTION OF REPAIRS OR ALTERATIONS New D. Box only, use Baffle type.

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 _____ Date _____ *

Inspections _____

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, *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: _____

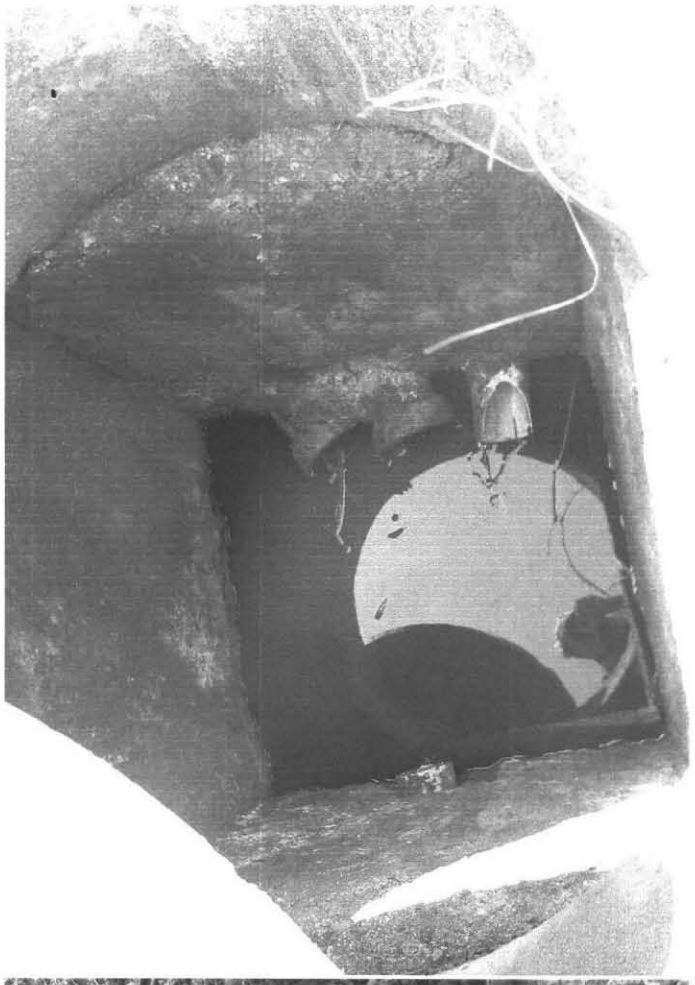
at _____

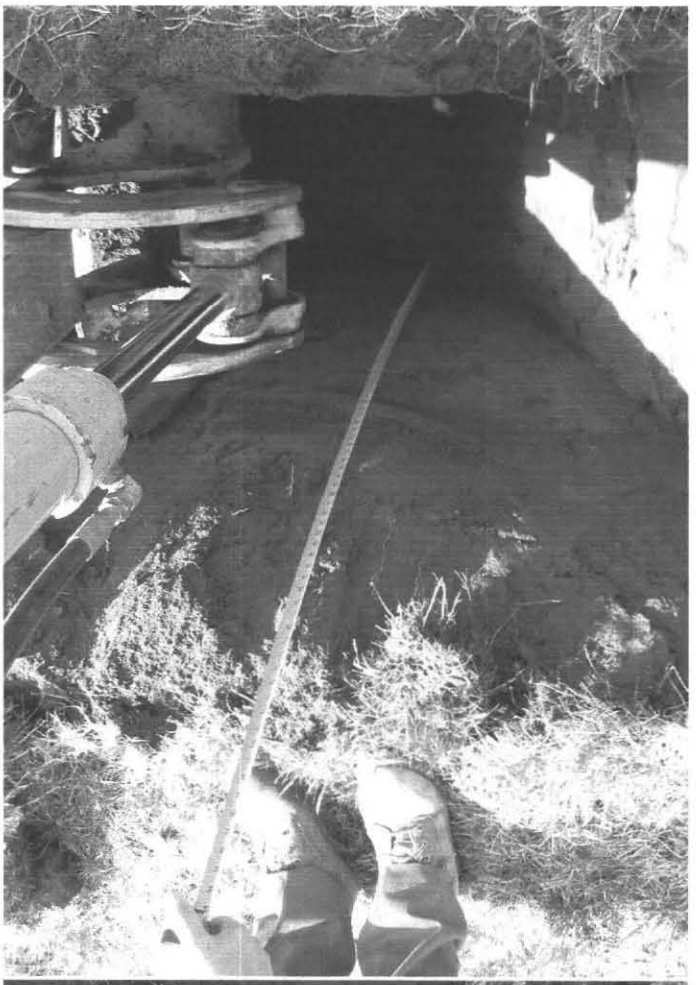
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated _____. Approved Design Flow _____(gpd)

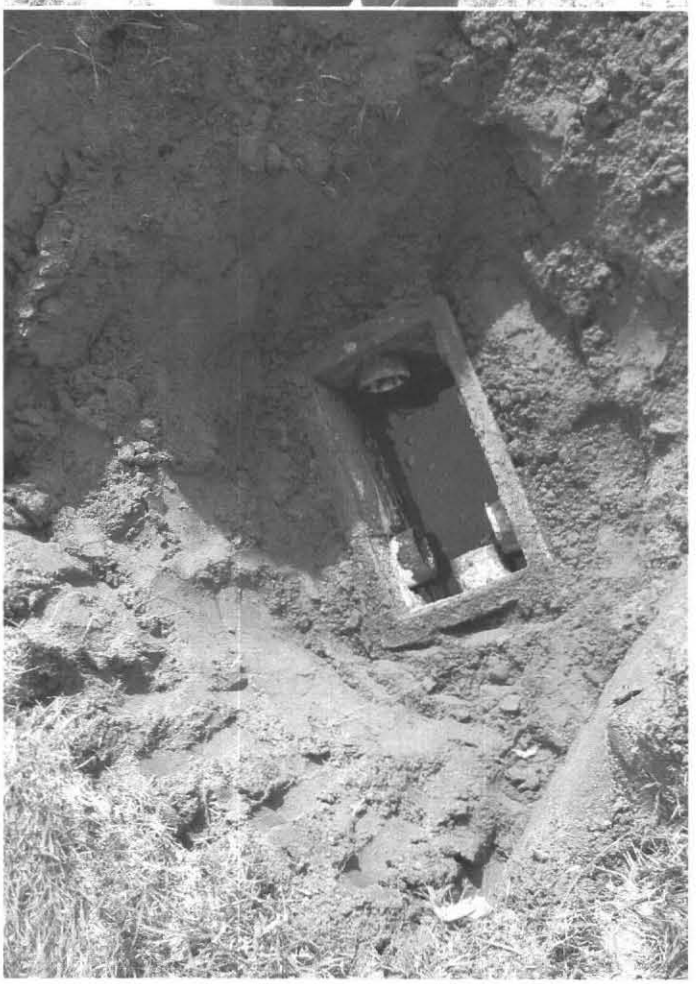
Installer _____

Designer: _____ Inspector: _____ Date: _____

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







PERCOLATION TEST

INFORMATION

TEST PIT TP1-1

OTS LOAM	AP 10YR 3/3 SANDY LOAM	0-10	12
SILTY SAND SUB SOIL	BW SANDY LOAM 10YR 5/3	10-34	18
FINE SAND	BC LOAMY SAND 10YR 5/4	34-77	19
COARSE SAND FINE GRAVEL	C1 SANDY LOAM 10YR 5/4	77-110	19
GRAVEL	C2 SANDY LOAM 10YR 5/4	110-141	19

189.30

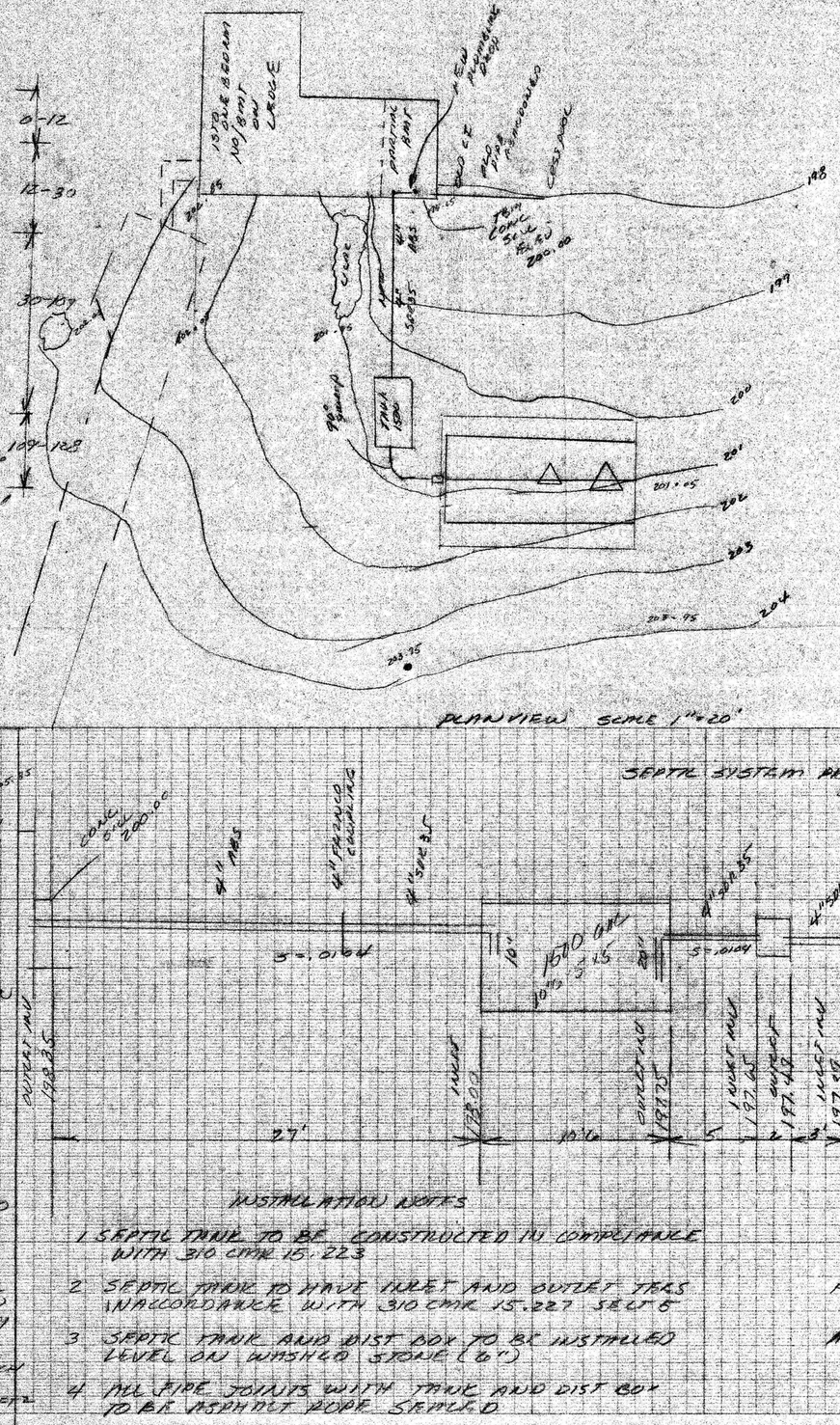
EH#T 141
DRY 190LBS PP
ORDERS OR APPROVAL

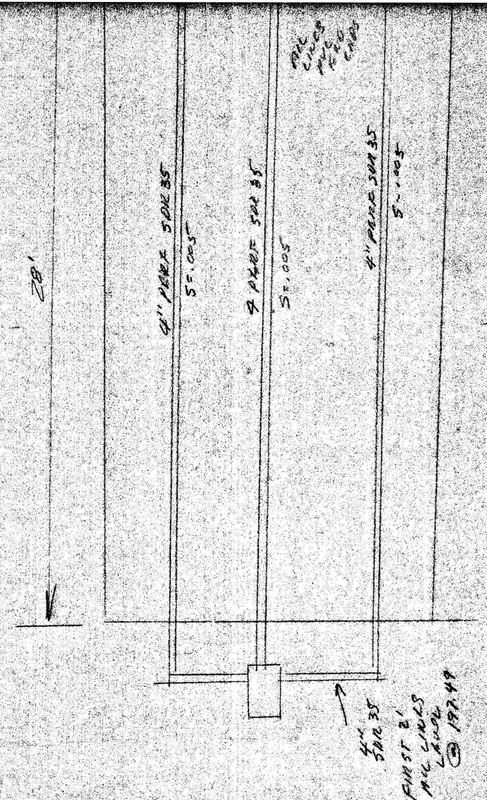
TEST PIT TP1-2

OTS LOAM	AP SANDY LOAM 10YR 4/3	0-12	12
SILTY SAND SUB SOIL	BW SANDY LOAM 10YR 5/3	12-30	18
FINE SAND	LOAMY SAND C1 10YR 5/4	30-109	79
COARSE SAND GRAVEL	C2 LOAMY SAND 30% STONE 10YR 5/4	109-128	19

APPROVAL

EH#T 128
DRY 190LBS
ORDERS OR APPROVAL





E SEPT 25 1995
OR W.V. STRUTH PE & SOIL EVALUATOR
TNESS D. ZARCO ZINSKI BOH
MEABILITY TEST
DEPTH 69"
TING RATE 1.66 MIN/INCH DESIGN RATE 5.0 MIN/INCH

DESIGN INFORMATION

CONSTRUCTION TO BE IN ACCORDANCE WITH
0 CMR 15.0 TITLE 5 AND ALL LOCAL BOH
EGULATIONS

ISH GRADING TO BE AS SHOWN ON PLAN VIEW
DISTURBED AREAS TO BE LOAMED AND
EEDED

DESIGN CRITERIA

EXISTING SINGLE FAMILY RESIDENTIAL STRUCTURE
ONE BEDROOM, NO DISPOSAL
PARTIAL BMT. AREA ONLY

GN FLOW: 310 CMR 15.203 MIN 3 BED DESIGN
110 GAL/BEDROOM x 3 = 330 GALS/DAY
NO DISPOSAL UNIT
AMHERST REGULATION
125% OVER DESIGN
WAIVED BY BOH PER D. ZARCOZINSKI
REPAIR SYSTEM

TAL TANK 310 CMR 15.223
330 GALS/DAY x 200% = 660 GALS

MINIMUM TANK SIZE PERMITTED
1000 GALS
USE PRECAST CONC TANK 10'0" x 5' = 5'
TYPICAL TANK 36" FROM BASE TO INLET INV.

CHING SYSTEM
DUE TO SOIL CONDITIONS 4 LEACH FIELD
DESIGN IS TO BE USED
ECTIVE WIDTH 18'
ECTIVE LENGTH 28'
ECTIVE DEPTH 6"

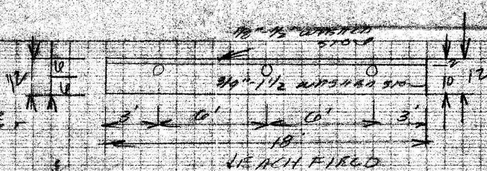
BOTTOM AREA
18' x 28' = 504 FT²

TOTAL PERMEABILITY
504 FT² x .74 = 373 GALS/DAY
EXCEEDS CODE REQD FLOW
USE 3 LINES 6 FT OC. DIST

SOIL CLASS I SOIL
310 CMR 15.210
PERMEABILITY TEST
DESIGN RATE
5.0 MIN/INCH
BOTTOM AREA
.74 GAL/FT²
SIDE WALLS
.74 GAL/FT²
1420 SQUARATION
REQ
60 LINEAR FEET
PER
310 CMR 15.212

PLAN VIEW SCALE 1"=20'

SEPTIC SYSTEM PROFILE
SCALE 1"=4' VERT
1"=8' HORZ



INSTALLATION NOTES

1 SEPTIC TANK TO BE CONSTRUCTED IN COMPLIANCE WITH 310 CMR 15.223

2 SEPTIC TANK TO HAVE INLET AND OUTLET TEES IN ACCORDANCE WITH 310 CMR 15.227 SECT 5

3 SEPTIC TANK AND DIST BOX TO BE INSTALLED LEVEL ON WASHED STONE (6")

4 ALL PIPE JOINTS WITH TANK AND DIST BOX TO BE ASPHALT ROPE SEALED

SLOPE OFFSET
310 CMR 15.210
REQD SLOPE OFFSET
FOR SLOPES OF 1:3
REQD 15'
AVAILABLE TO BEGIN OUTLET
197.90
32 FT
RECORDS CODE

SEPTIC SYSTEM DESIGN
FOR
D.H. JONES
REAR 410 OLD MONTAGUE ROAD
AMHERST, MASS
ENGR W.V. STRUTH PE
DATE SEPT 25, 1995