

~~1938~~ OVERLOOK DRIVE



No. 07-13

FEE \$450
Photo
COMMONWEALTH OF MASSACHUSETTS
ALAN WEISS
REG. #933
REGISTERED SANITARIAN

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>Overlook Dr.</u>	Owner's Name <u>Shiela Stevens</u>
Map/Parcel# <u>6B</u>	Address <u>8. Windsor LA, W. Windsor NJ</u>
Lot# <u>49 (#19)</u>	Telephone# <u>609-426-0510</u>
Installer's Name	Designer's Name <u>Alan Weiss</u>
Address	Address <u>Belchertown MA</u>
Telephone#	Telephone# <u>413-323-5957</u>

Type of Building Res. Lot Size 2.02 Ac sq-ft.
Dwelling - No. of Bedrooms 4BR. Garbage grinder ()
Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 516 gpd

Plan: Date 11-06-07 Number of sheets 1 Revision Date 01/04/08

Title Septic System Plan.

Description of Soil(s) Class I.LS

Soil Evaluator Form No. _____ Name of Soil Evaluator 10/04/07 ← Date of Evaluation A. Weiss
T. Dion

DESCRIPTION OF REPAIRS OR ALTERATIONS New CONST / System

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 Shiela J. Stevens Date 11-20-07

Inspections _____

No. 07-13

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: _____
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.

No. 07-13

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at #19 Overlook Dr. (Map 6B, Lot 49) as described in the application for Disposal System Construction Permit No. 07-13, dated 11/20/07.

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

Date 12/3/07 Board of Health Pety McQuinn RS MPH
For the Amherst Board of Health

The following table shows the results of the experiment conducted on the 15th of June 1954. The results are given in terms of the number of plants per square meter and the total dry weight of the plants per square meter.

Plot	Number of plants per square meter	Total dry weight of plants per square meter (g)
1	10	100
2	15	150
3	20	200
4	25	250
5	30	300
6	35	350
7	40	400
8	45	450
9	50	500
10	55	550
11	60	600
12	65	650
13	70	700
14	75	750
15	80	800

The results show that the number of plants per square meter increases linearly with the amount of fertilizer applied. The total dry weight of the plants per square meter also increases linearly with the amount of fertilizer applied.

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ALAN E. WEISS, M.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Subsurface Investigations
- 2IE Site Investigations
- Pollution Remediation
- Percolation Tests and Septic Designs

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

Date: 10/4/07

Commonwealth of Massachusetts
Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A Weiss
Witnessed By: T. Dixon

Date: 10/4/07

<p>Location Address or Lot # <u>LOT 19 OVERLOOK DR.</u></p> <p>New Construction <input type="checkbox"/> Repair <input type="checkbox"/></p>	<p>Owner's Name, Address, and Telephone # <u>Shiels Stevans</u> <u>8 Windflower LA.</u> <u>W. Windsor, NJ.</u> <u>609-426-0540</u></p>
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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) _____

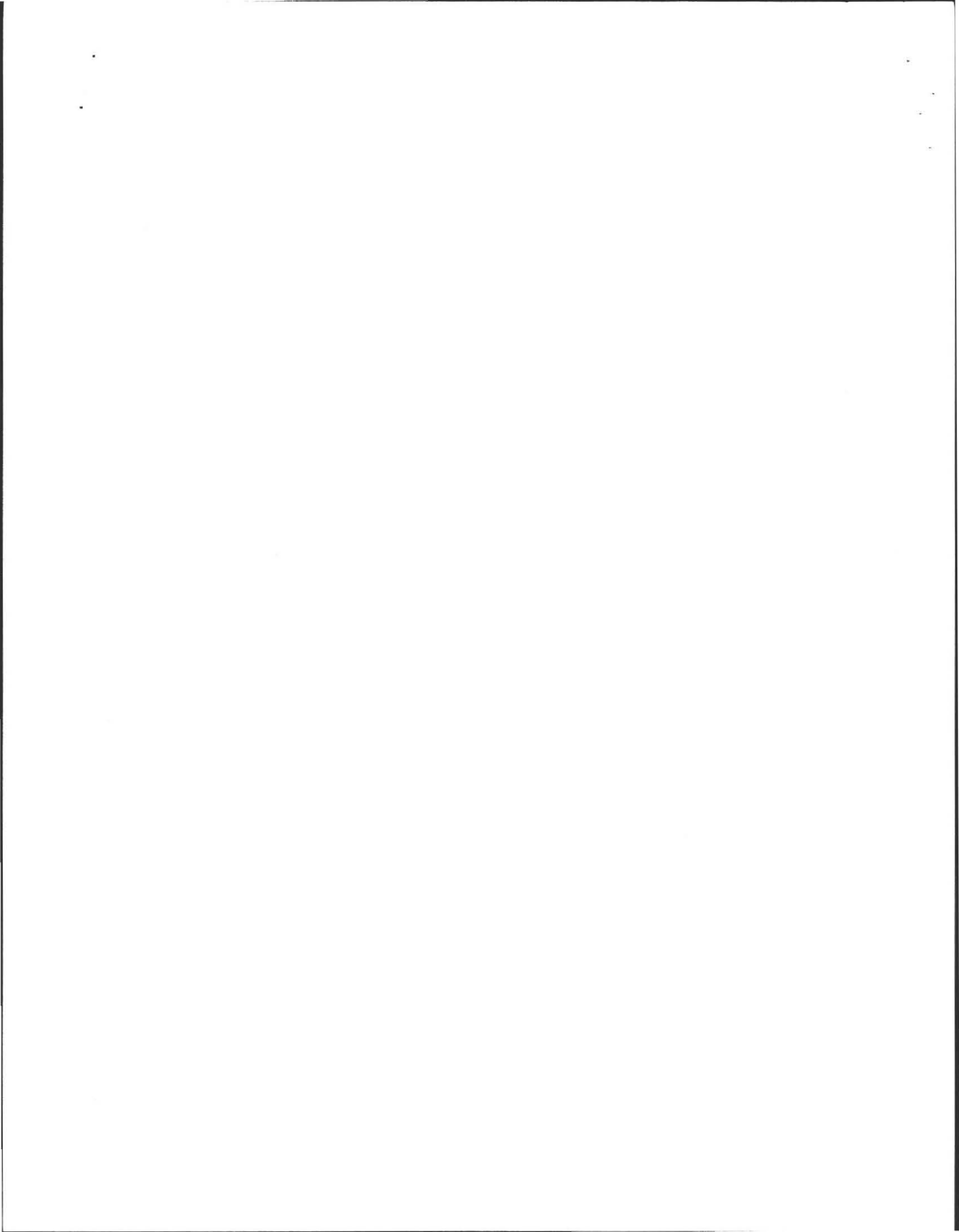
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 19 Overlook DR.

On-site Review

Deep Hole Number 1 → 4 Date: 10/4/09 Time: 12:30 Weather Sun 80

Location (identify on site plan) _____

Land Use Wooded Slope (%) 2 Surface Stones MANY

Vegetation Mixed Woods

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100' feet Drainage way 100' feet
 *Possible Wet Area 100' feet Property Line 70' 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)
<u>TP-1</u> 0-6" 6"-22" 22"-120"	<u>Ap</u> <u>Bw</u> <u>C1</u>	<u>FSC</u> <u>LS</u> <u>LS</u>	<u>10YR 5/2</u> <u>10YR 4/6</u> <u>2.5Y 4/2</u>	<u>2.5Y 4/1</u> <u>30"</u> <u>10YR 6/8</u>	<u>Frable</u> <u>fract Loos</u> <u>F-L SANDY fill. 15% stones</u> <u>massive</u>
<u>TP-2</u> 0-7" 7"-25" 25"-126"	<u>Ap</u> <u>Bw</u> <u>C1</u>	<u>FSC</u> <u>LS</u> <u>LS</u>	<u>10Y 5/2</u> <u>10YR 4/6</u> <u>2.5Y 4/2</u>	<u>2.5Y 4/2</u> <u>32"</u> <u>10YR 6/8</u>	<u>same as #1</u>
<u>TP-3</u> 0-8" 8"-26" 26"-110"	<u>Ap</u> <u>Bw</u> <u>C1</u>	<u>FSC</u> <u>LS</u> <u>LS</u>	<u>10YR 3/2</u> <u>10YR 4/6</u> <u>2.5Y 4/5</u>	<u>2.5Y 4/1</u> <u>30"</u> <u>10YR 6/8</u>	<u>same as #1</u>
<u>TP-4</u> 0-8" 8"-28" 28"-120"	<u>Ap</u> <u>Bw</u> <u>C1</u>	<u>FSC</u> <u>LS</u> <u>LS</u>	<u>10YR 3/2</u> <u>10YR 4/6</u> <u>2.5Y 4/5</u>	<u>2.5Y 4/1</u> <u>30"</u> <u>10YR 6/8</u>	<u>same as #1</u>

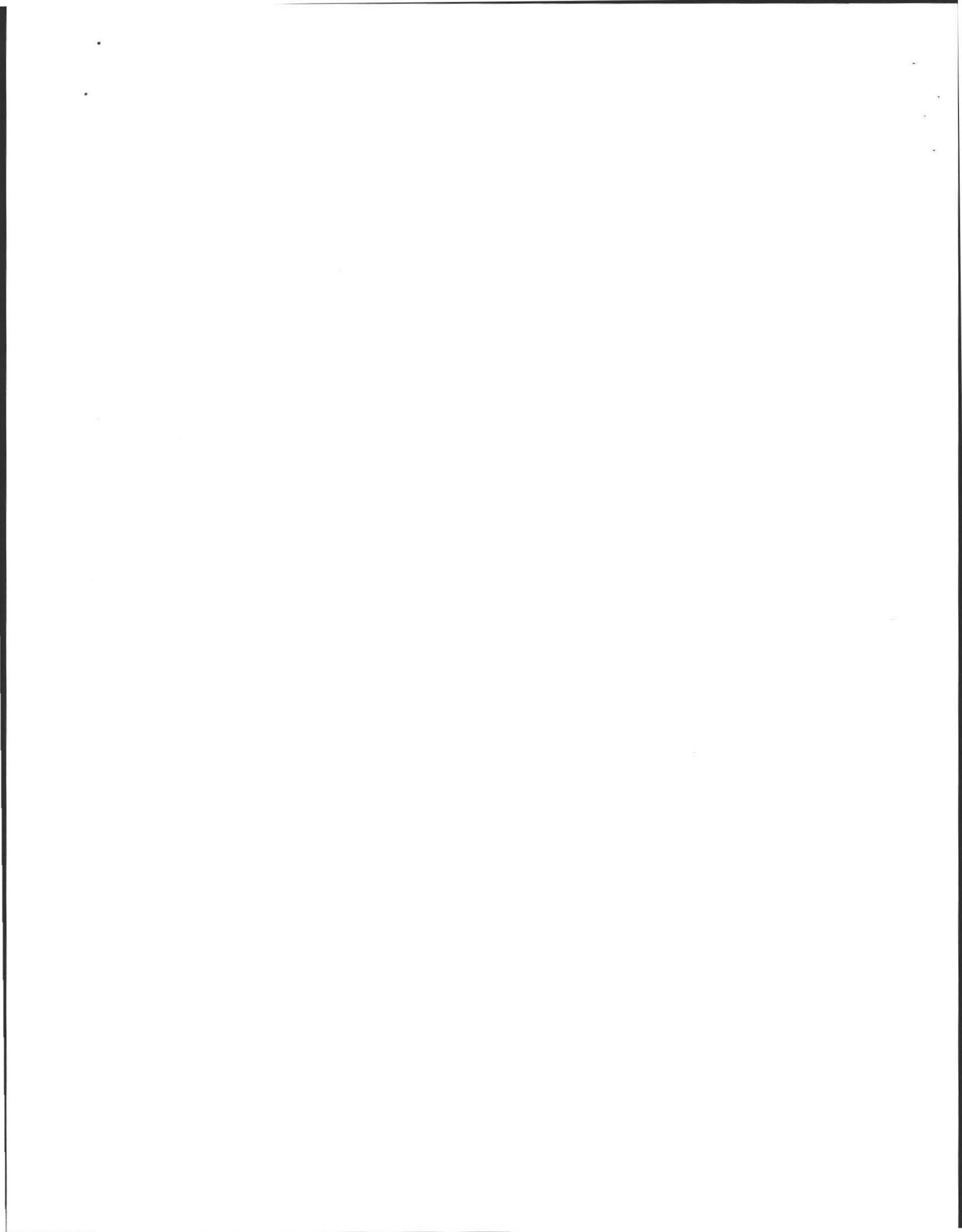
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ablation fill Depth to Bedrock: 126'

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

Estimated Seasonal High Ground Water: 30"





Location Address or Lot No. Lot 19 Overlook Dr

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>10/4/07</u>	Time: <u>1:00</u>
Observation Hole #	<u>P₁</u>	<u>P₂</u>
Depth of Perc	<u>40"</u>	<u>39"</u>
Start Pre-soak	<u>12:35</u>	<u>1:00</u>
End Pre-soak	<u>12:50</u>	<u>1:15</u>
Time at 12"	<u>12:50</u>	<u>1:15</u>
Time at 9"	<u>12:55</u>	<u>1:20</u>
Time at 6"	<u>1:02</u>	<u>1:29</u>
Time (9"-6")	<u>7 MIN</u>	<u>9 MIN</u>
Rate Min./Inch	<u>3 ^{MIN}/_{IN}</u>	<u>3 ^{MIN}/_{IN}</u>

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

Site Passed Site Failed

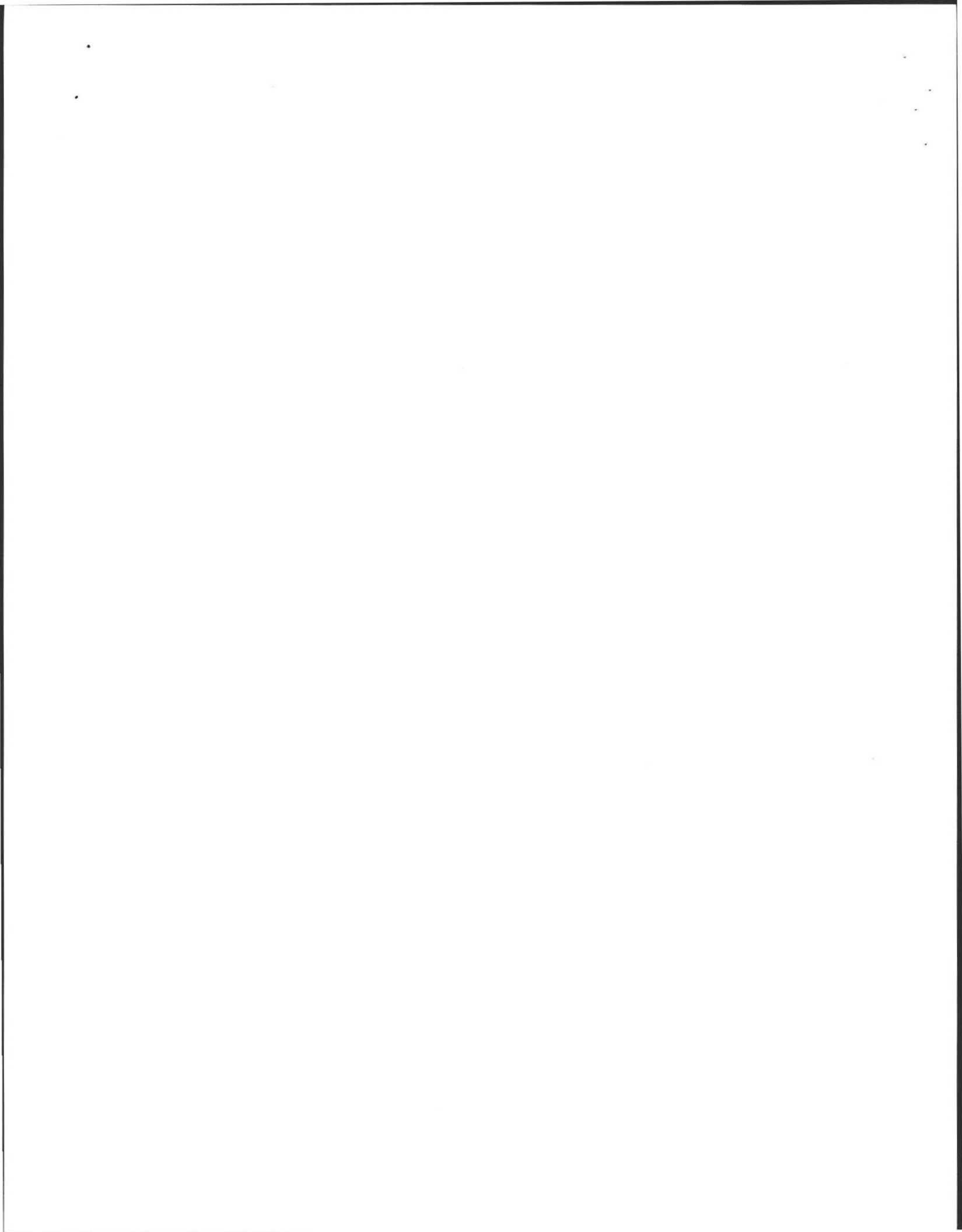
Performed By: A. W. B.

Witnessed By: T. D. U.

Comments: _____

* Files (5) MPI, 1985.





Location Address or Lot No. Lot 19 Overlook Dr.

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 30 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

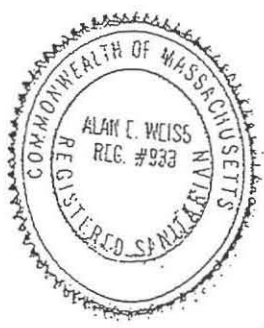
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

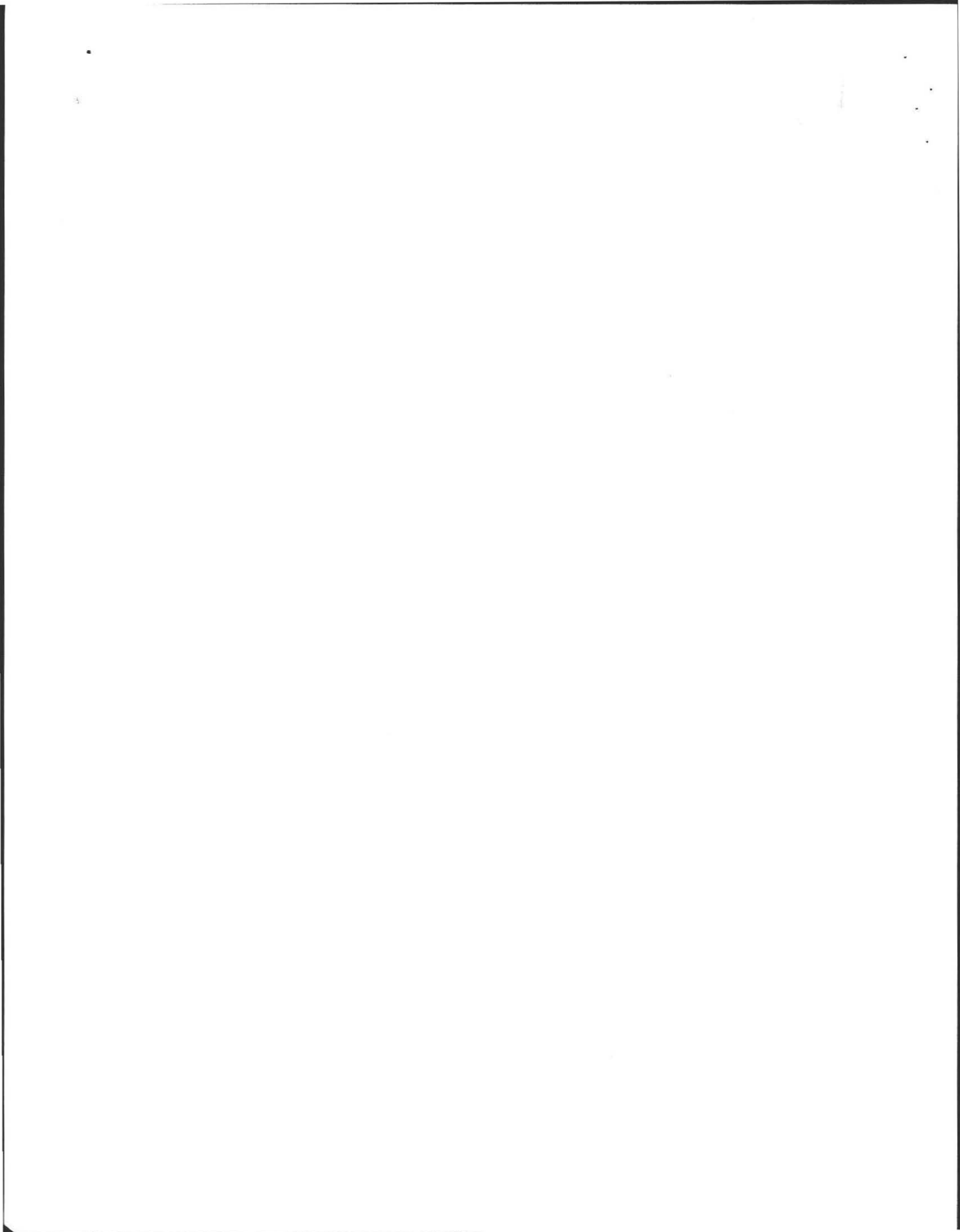
If not, what is the depth of naturally occurring pervious material? _____


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 Al Date 10/4/07







Search Home


PUBLIC GIS VIEWER

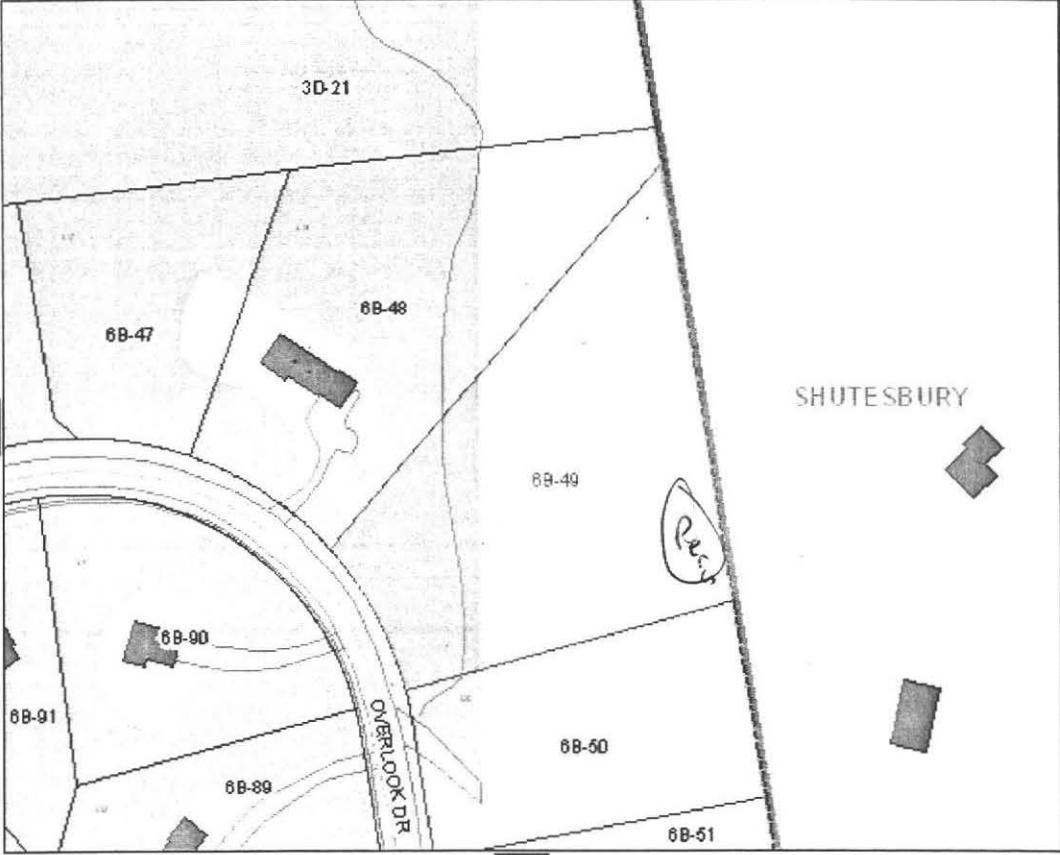
Amherst
Massachusetts



Parcels
Aerial`04
Topo
Zoning
Voting
Size

Zoom Out In
Help
Scale 1" = ft





v2.2.0

Selection

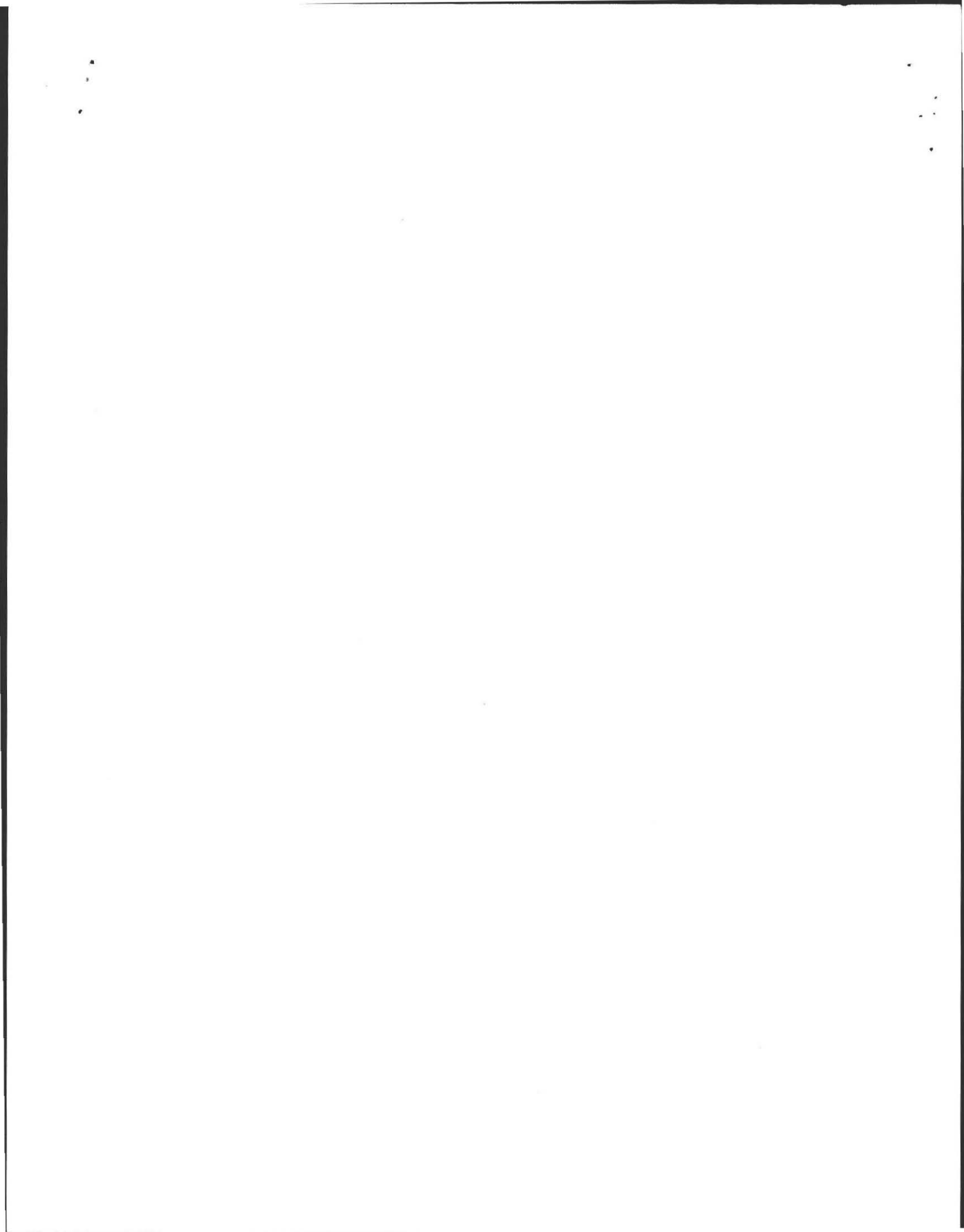
Select

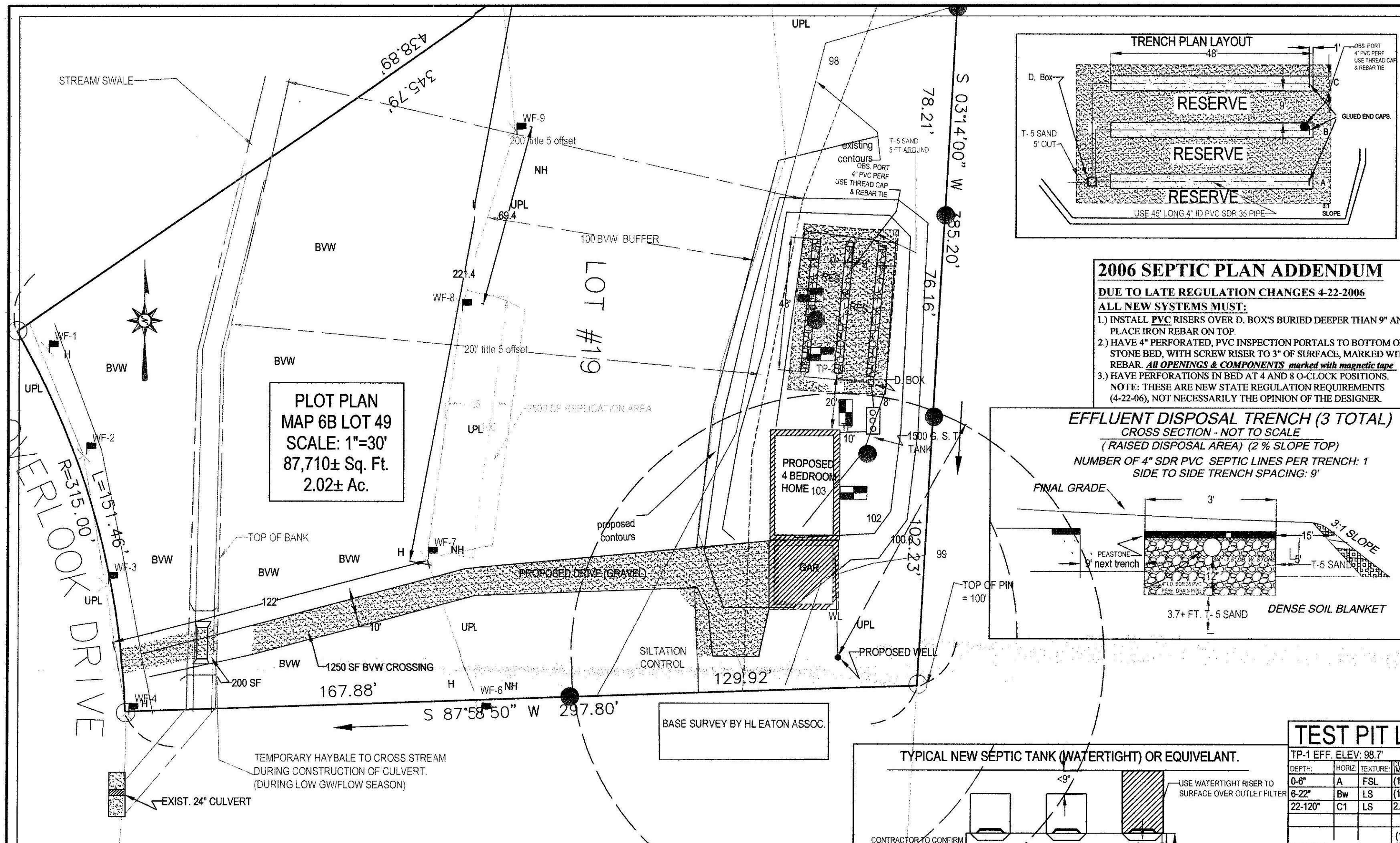
(show all)

Parcel	Address
6B-49	OVERL

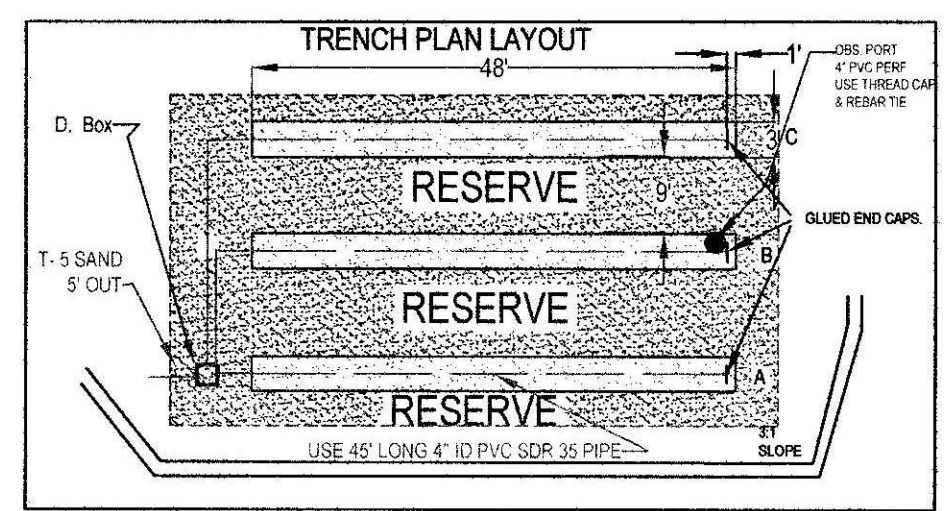
1 selected

Property	Status
6B-49 / OVERL	C
Property	F
Property	Lai
Neighbor	Assess





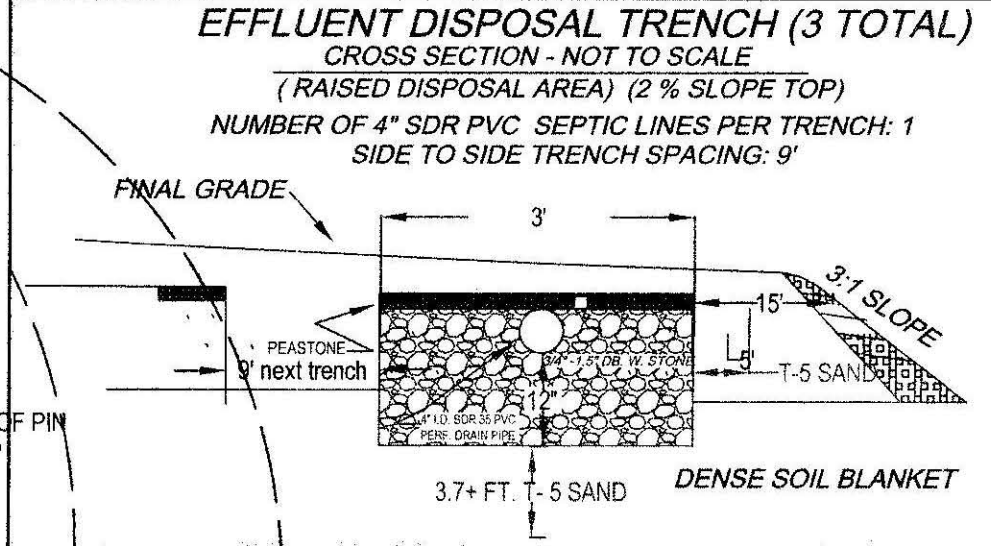
**PLOT PLAN
MAP 6B LOT 49
SCALE: 1"=30'
87,710± Sq. Ft.
2.02± Ac.**



2006 SEPTIC PLAN ADDENDUM

**DUE TO LATE REGULATION CHANGES 4-22-2006
ALL NEW SYSTEMS MUST:**

- 1.) INSTALL PVC RISERS OVER D. BOX'S BURIED DEEPER THAN 9" AND PLACE IRON REBAR ON TOP.
- 2.) HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH SCREW RISER TO 3" OF SURFACE, MARKED WITH REBAR. ALL OPENINGS & COMPONENTS marked with magnetic tape.
- 3.) HAVE PERFORATIONS IN BED AT 4 AND 8 O-CLOCK POSITIONS. NOTE: THESE ARE NEW STATE REGULATION REQUIREMENTS (4-22-06), NOT NECESSARILY THE OPINION OF THE DESIGNER.



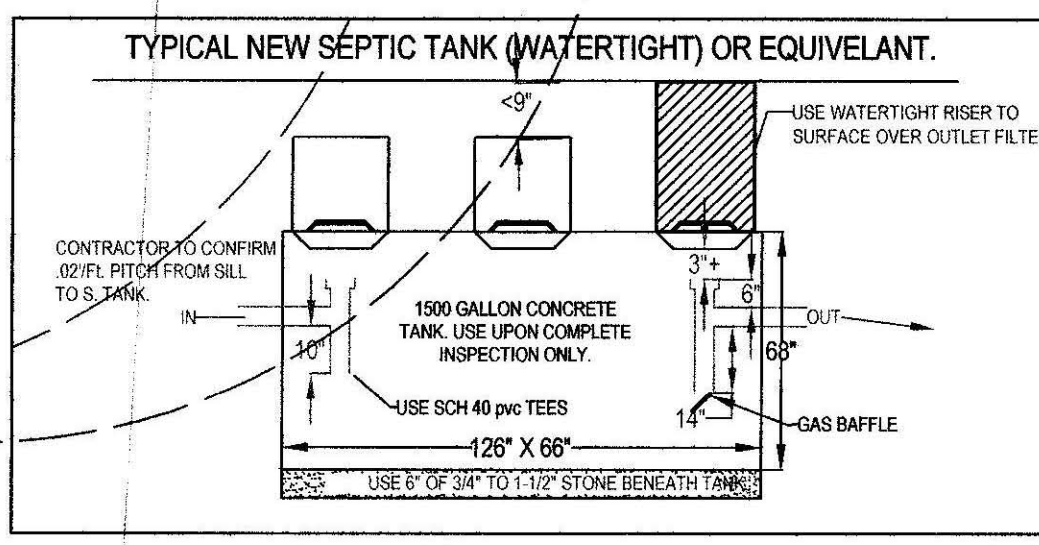
DESIGN NOTES AND CALCULATIONS:

- 1.) 4 BR X 110 GPD / BR = 440 GPD
- USE THREE TRENCHES: 3' WIDE X 48' LONG WITH 12" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT
- BOTTOM AREA: 3' W X 48' L X 3 TRENCHES = 432 SF.
- SIDE AREA: 1.0' H X 48' L X 2 SIDES X 3 TRENCHES = 288 SF.
- END AREA: 3' W X 1.0' H X 2 CAPS X 3 TRENCHES = 18 SF.
- TOTAL AREA: 738 SF X 0.70 GAL/SF = 516 GPD
3. GARBAGE DISPOSAL NOT ALLOWED
4. NO PRIVATE WELLS WITHIN 150 FEET OF SAS.
5. NO OTHER WETLANDS WITHIN 100 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. REQD.
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 & SCARIFY PRIOR TO TITLE V SAND PLACEMENT (if needed).
- EXCAVATE EXISTING SYSTEM AND REMOVE.
15. SOIL EVALUATION BY A. WEISS 10/04/07 (T. DION BOH AGENT).
- DEPTH OF PERC. 40 & 30"
- PERC RATE = 3 & 3 MIN / IN
- CLASS I SOIL RATING (L. 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 @ PIN 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 LEACHFIELD AS NOTED.
20. INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

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.) CLEAN TANK OUTLET FILTER ANNUALLY IF PRESENT

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.

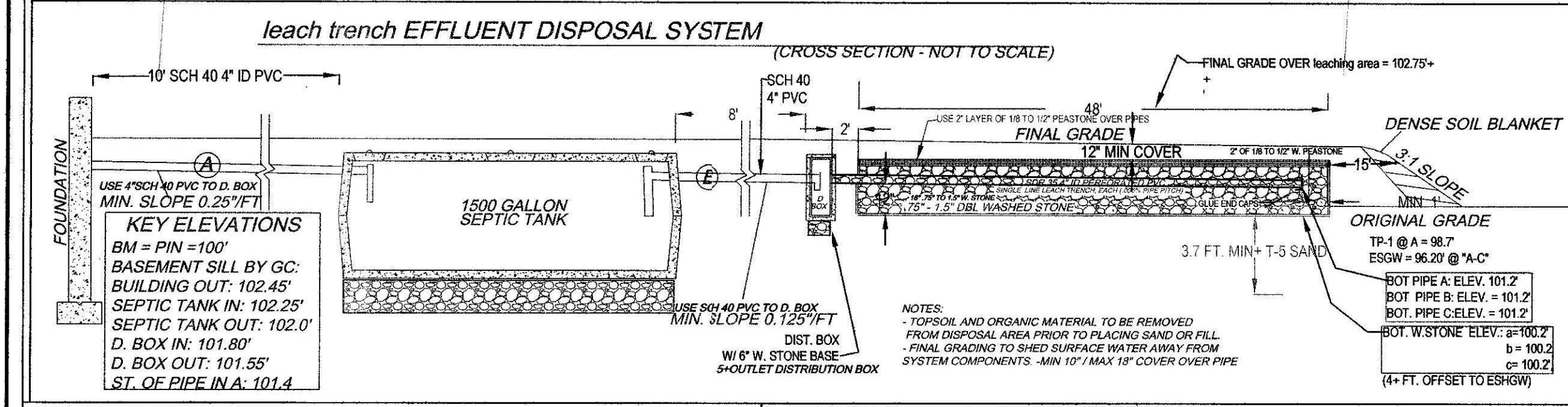


TEST PIT LOG:

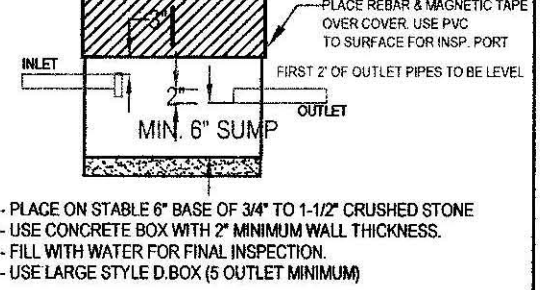
TP-1 EFF. ELEV: 98.7				TP-2 EFF. ELEV: 98.7					
DEPTH	HORIZ	TEXTURE	COLOR (MUNSELL)	MATERIAL	DEPTH	HORIZ	TEXTURE	COLOR (MUNSELL)	MATERIAL
0-8"	A	FSL	(10 YR 3.2)	FRIABLE	0-7"	A	FSL	(10 YR 3.2)	FRIABLE
8-22"	Bw	LS	(10 YR 4/6)	FRIABLE LOOSE	7-25"	Bw	LS	(10 YR 4/6)	FRIABLE LOOSE
22-120"	C1	LS	2.5 Y 4.2	F-C SANDY G. TILL	25-126"	C1	LS	2.5 Y 4.2	F-C SANDY G. TILL
				15% BOULDERS, MOD. MASSIVE					15% BOULDERS, MOD. MASSIVE
OXIDES: (10 YR 6/8) OBSERVED @ 30"				OXIDES: (10 YR 6/8) OBSERVED @ 32"					
EHWT: 30" = 96.2'				EHWT: 30" = 96.2'					
STANDING H2O: NOT				STANDING H2O: NOT OBSERVED					
WEEPING: NOT				WEEPING: NOT OBSERVED					
BEDROCK: 120" +				BEDROCK: 126" +					

TEST PIT LOG:

TP-3 EFF. ELEV: 98.7				TP-4 EFF. ELEV:					
DEPTH	HORIZ	TEXTURE	COLOR (MUNSELL)	MATERIAL	DEPTH	HORIZ	TEXTURE	COLOR (MUNSELL)	MATERIAL
0-8"	A	FSL	(10 YR 3.2)	FRIABLE	0-8"	A	FSL	(10 YR 3.2)	FRIABLE
8-26"	Bw	LS	(10 YR 4/6)	FRIABLE LOOSE	8-28"	Bw	LS	(10 YR 4/6)	FRIABLE LOOSE
26-110"	C1	LS	2.5 Y 4.2	F-C SANDY G. TILL	28-120"	C1	LS	2.5 Y 4.2	F-C SANDY G. TILL
				15% BOULDERS, MOD. MASSIVE					15% BOULDERS, MOD. MASSIVE
OXIDES: (10 YR 6/8) OBSERVED @ 30"				OXIDES: (10 YR 6/8) OBSERVED @ 30"					
EHWT: 30" = 96.2'				EHWT: 30" = 96.2'					
STANDING H2O: NOT				STANDING H2O: NOT OBSERVED					
WEEPING: NOT				WEEPING: NOT OBSERVED					
BEDROCK: 110" +				BEDROCK: 120" +					

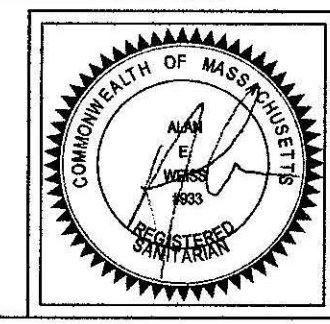


TYPICAL D.BOX (WATERTIGHT)



ATTENTION INSTALLER!!
CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 41 - 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.



**SEPTIC SYSTEM DESIGN PLAN AND NOTICE OF INTENT FOR SHIELA STEVENS
MAP 6B LOT 49 OVERLOOK DRIVE
AMHERST, MA**

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

PROJ. NO. (413) 323-5957
DATE: 11.06.2007
SCALE: 1"=30'

DATE: (413) 323-4916
DRAWN BY: ALAN WEISS
REVISION: 10/12/2008
DRAWING NUMBER: 107-2868-0917

e-Mail: ALWEISS@ColdSpringEng.com

ES 10/04/08 Rensel