

34 STAGE Coach

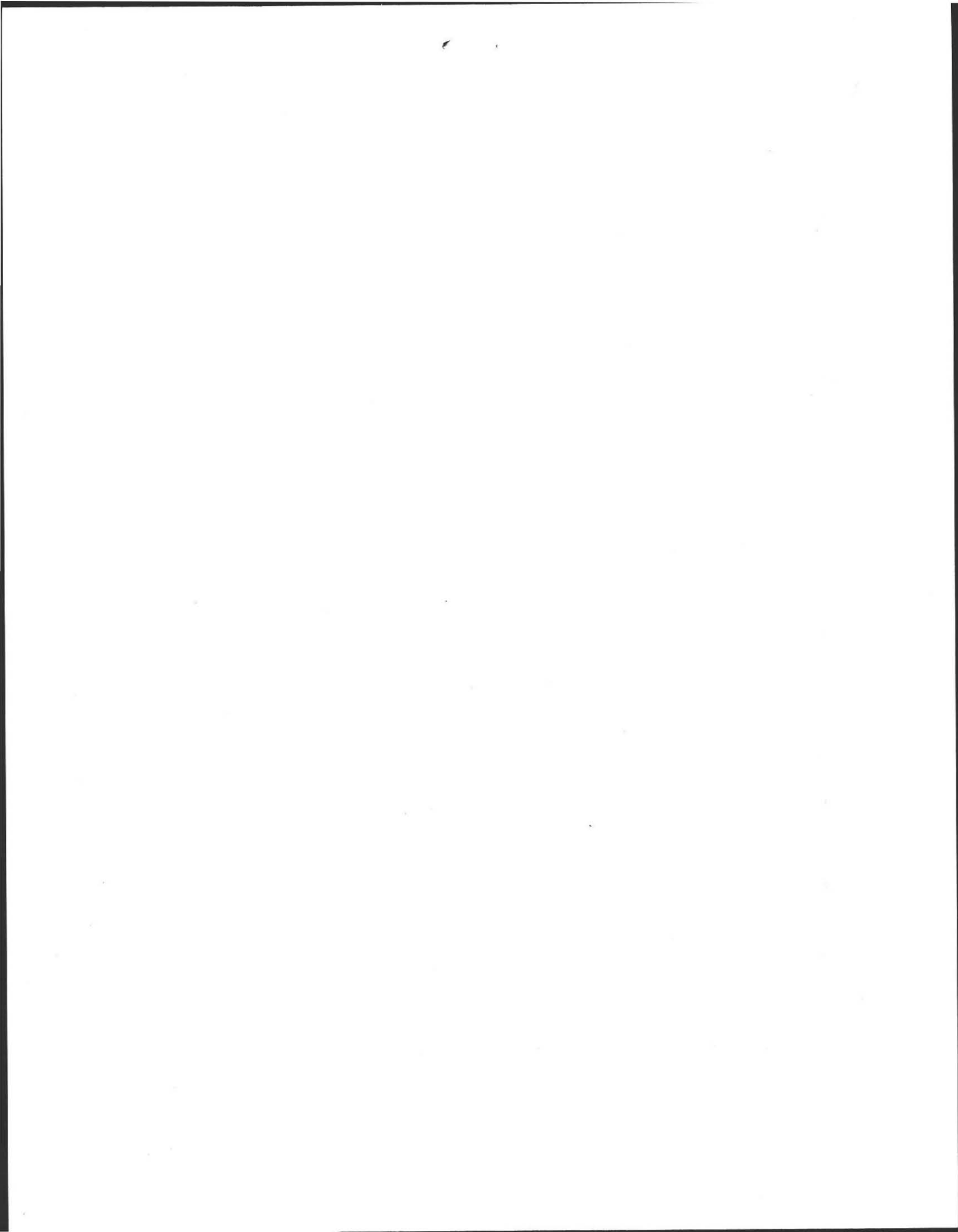


Plan: 1002

Designed by: Alan Wynn
CHECK LIST FOR SEPTIC PLANS

- Application page attached to plan
- PE or RS stamp, date, signature
- Variances to property line setback distances must have Surveyor Stamp 15220 (3)
- Legal boundaries noted
- Easements noted (NA)
- Dwellings and buildings existing or proposed noted
- Location of driveway or parking areas, other impervious areas
- Location and dimensions of reserve area (new) CMR 15.248(1), 15.104(4) (REPAIR-NA)
- System design calculations
- Garbage grinder Y or N
- Benchmark not disturbed during construction, within 75 feet of facility CMR 15.220 (4)(q)
- North arrow CMR 15.200 (4) (g)
- Contours
- Deep hole location and data
- Perc hole location and data
- Elevations
- Names of approving authority and soil evaluator CMR 15.211 p. 49
- Location of every water supply, public and private CMR 15.220(k):
 - Within 400 feet of system in case of surface water and gravel packed public water supply
 - Within 250 feet of system in case of tubular public water supply
 - Within 150 feet of private supply wells 100' septic sys. ; 50' tank
- Well statement if applicable (NA)
- Location of any surface waters, rivers, vegetated wetlands (NA)
- Location of water lines and other subsurface utilities
- Observed and adjusted ground water elevation in the vicinity of system 15.220 (4)(n)
- Profile of system
- Locus plan to show location of facility, including nearest street
- Materials of construction and specs for system
- Gas Baffle 15.227.4
- Pipe in center line of tank 310 CMR 15.227, 15.06(8)
- Double washed stone
- Schedule 40 PVC for trafficked areas, house to tank
- Distances noted from house to tank, etc.
- If dosing is proposed, design and specs of dosing system (NA)
- When alternative technology is required, complete plan and specs, including hydraulic profile (NA)
- Trenches preferred over beds CMR 15.240 (6)
- Buoyancy calculations for tanks or components partly below H2O table 15.221(8) p. 56 (NA)
- 3 to 1 slope outside of mound, toe ending 5 feet from property line
- Local upgrade requests on the plan (NA)
- Local upgrade forms attached to application (NA)
- Note on plan listing all variances sought in conjunction with the plan

NOTES: Approved by Sgt. Custermauche





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

34 STAGE COACH ROAD

Property Address

ROSSI

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

MARCH 9, 2010

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

NATHAN TORRETTI

Name of Inspector

CLEAN SEPTICS P O BOX 394

Company Name

252 WEST STREET

Company Address

LUDLOW

City/Town

413 583 2138

Telephone Number

MASS.

State

01056

Zip Code

SI4025

License Number

B. Certification

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, Conditionally Passes, Fails, Needs Further Evaluation by the Local Approving Authority

Nathan Torretta

Inspector's Signature

MAARCH 9, 2010

Date

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.

****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 or different conditions of use.

CALL

Clean Septic

page 6 - # 3

house is vacate

page 7

do have a garbage
grinder.



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B. Certification (cont.)

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

A) System Passes:

- 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:

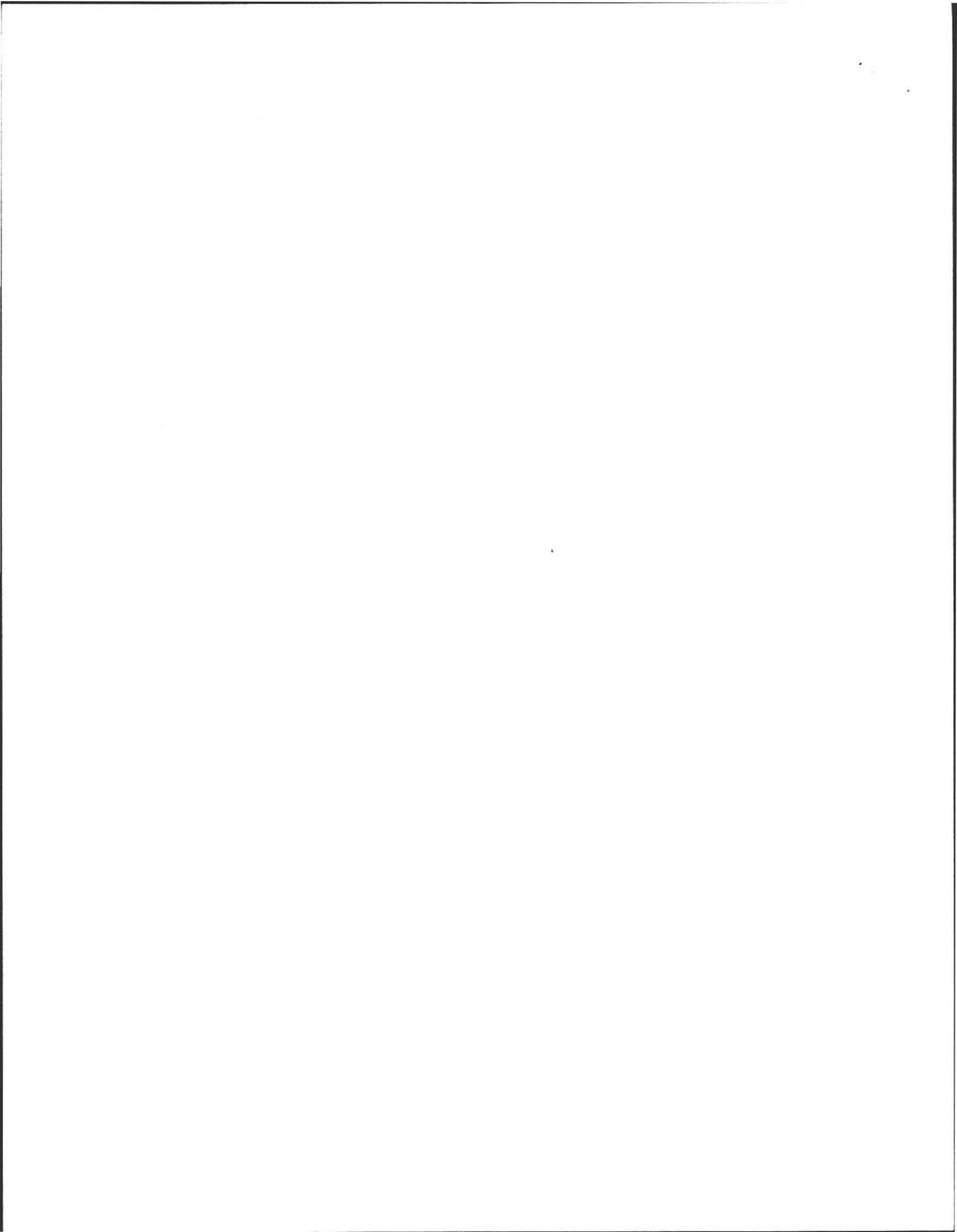
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) 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.

- Y N ND (Explain below):





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

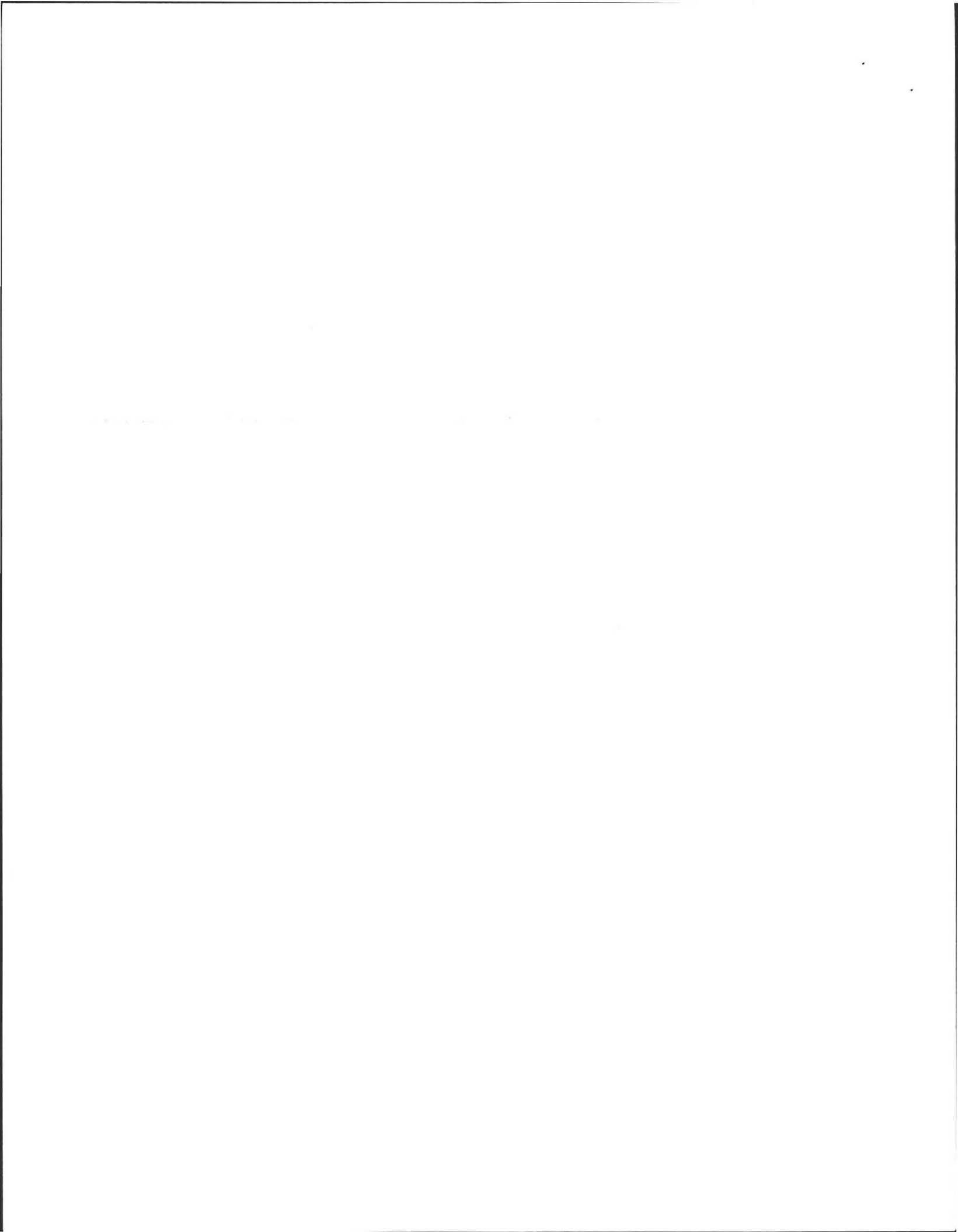
C) Further Evaluation is Required by the Board of Health:

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





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B. Certification (cont.)

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: _____

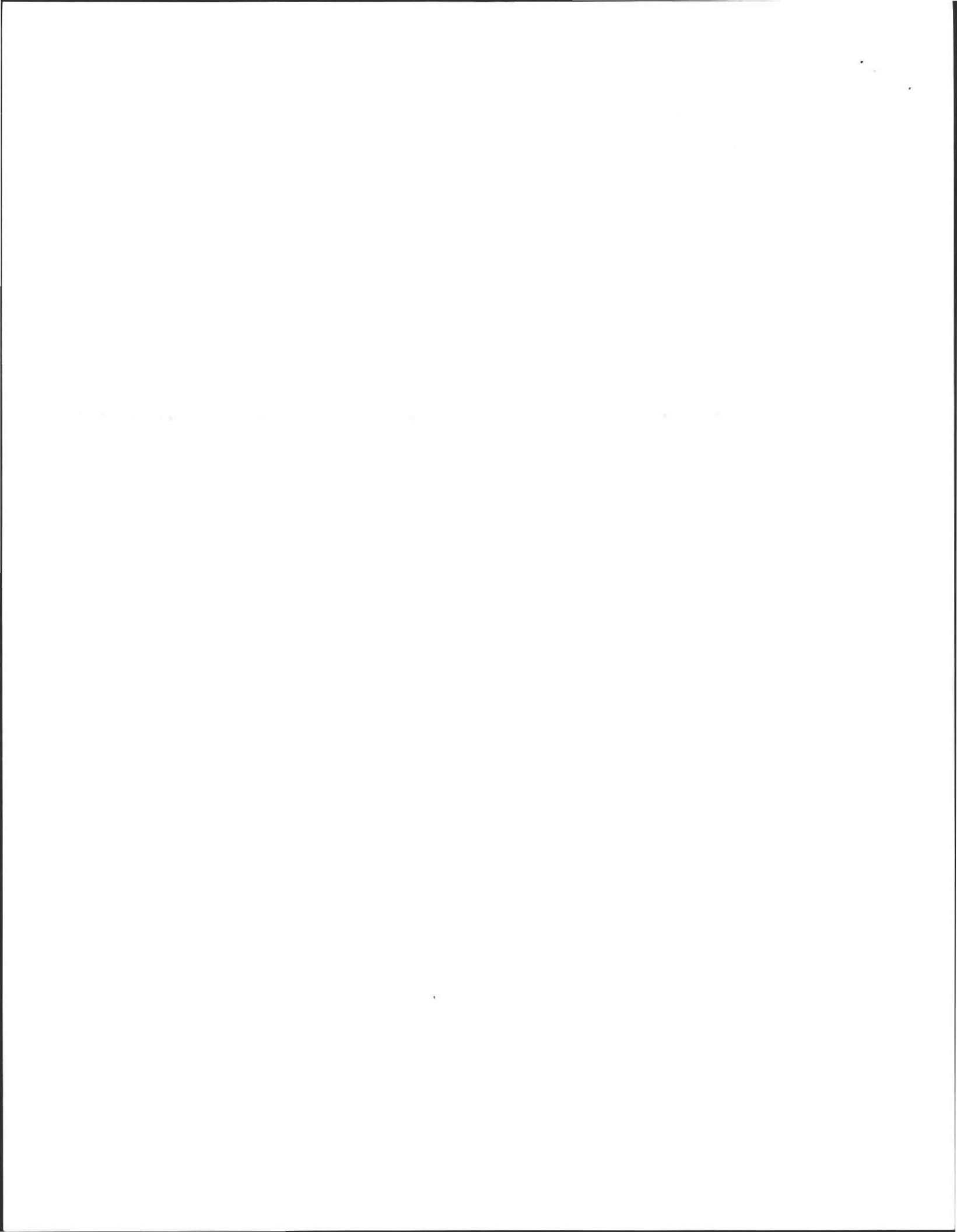
** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must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

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow |





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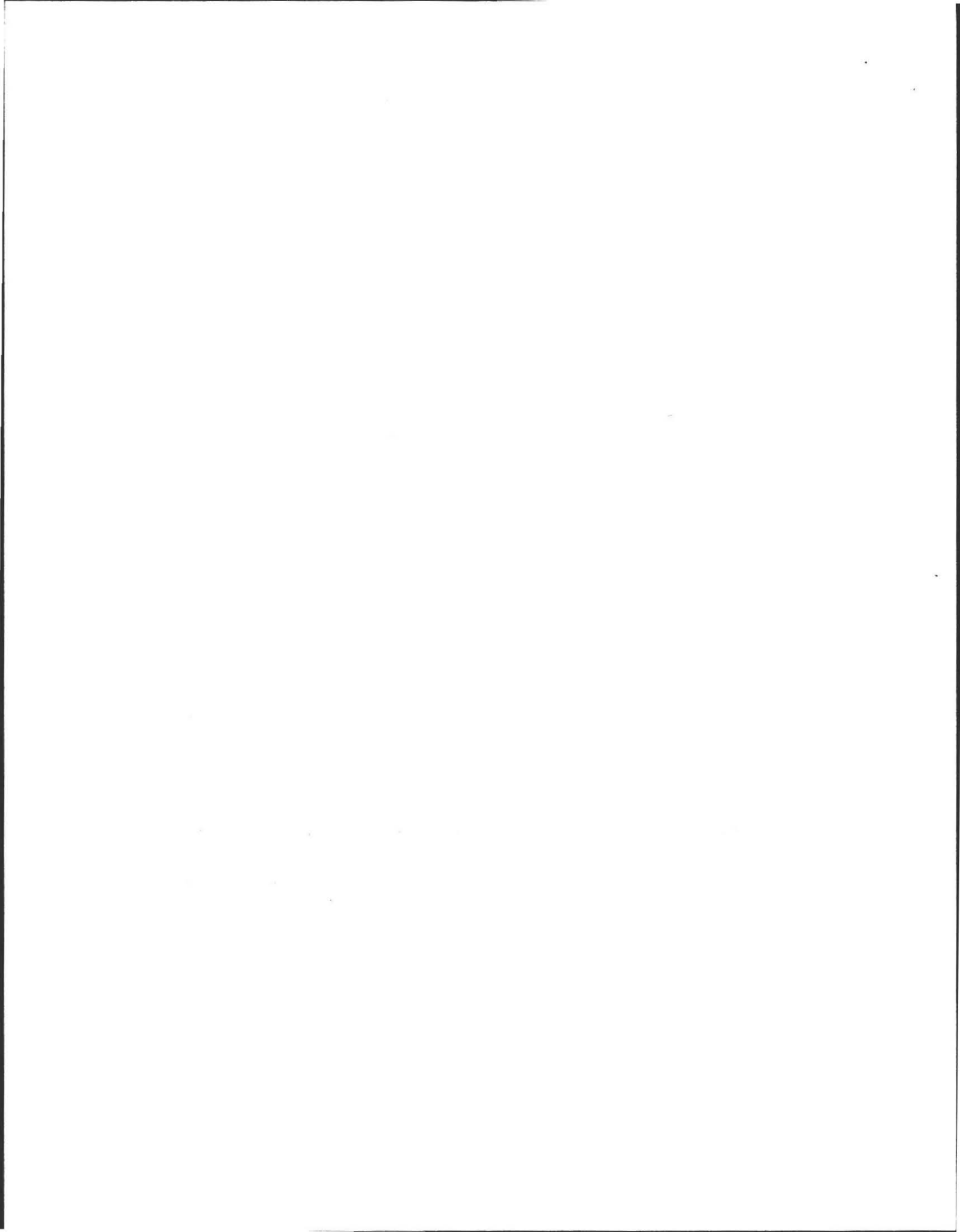
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____. Any portion of the SAS, cesspool or privy is below high ground water elevation. Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. Any portion of a cesspool or privy is within a Zone 1 of a public well. Any portion of a cesspool or privy is within 50 feet of a private water supply well. 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 fecal coliform bacteria indicates absent 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 and chain of custody must be attached to this form.] The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd. 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.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

- 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.





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C. Checklist

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

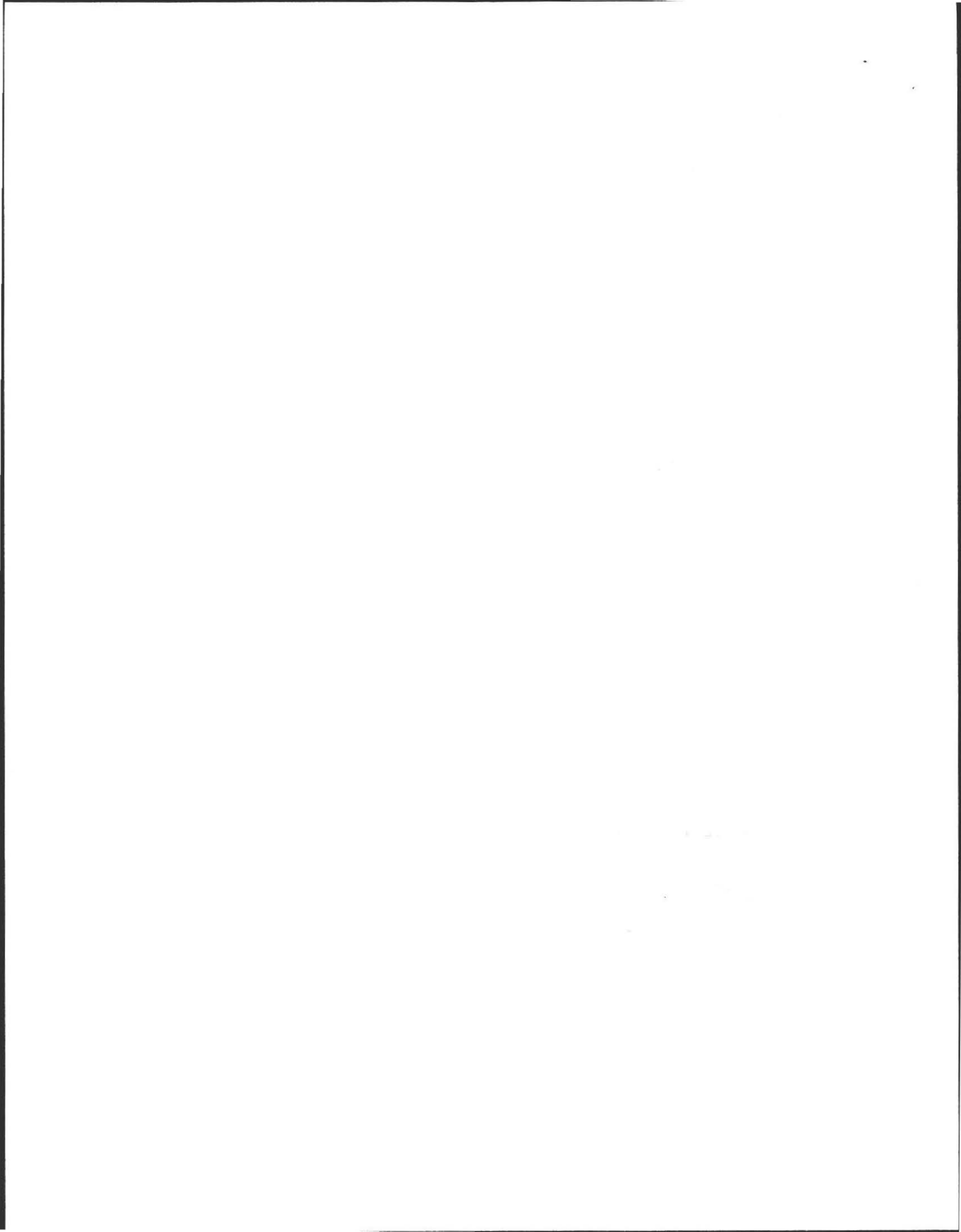
- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 3

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330 GPD





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D. System Information

Description:

Number of current residents:

3

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

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

WELL

Detail:

Sump pump?

Yes No

Last date of occupancy:

VACANT
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

Yes No

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:





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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

N / A

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

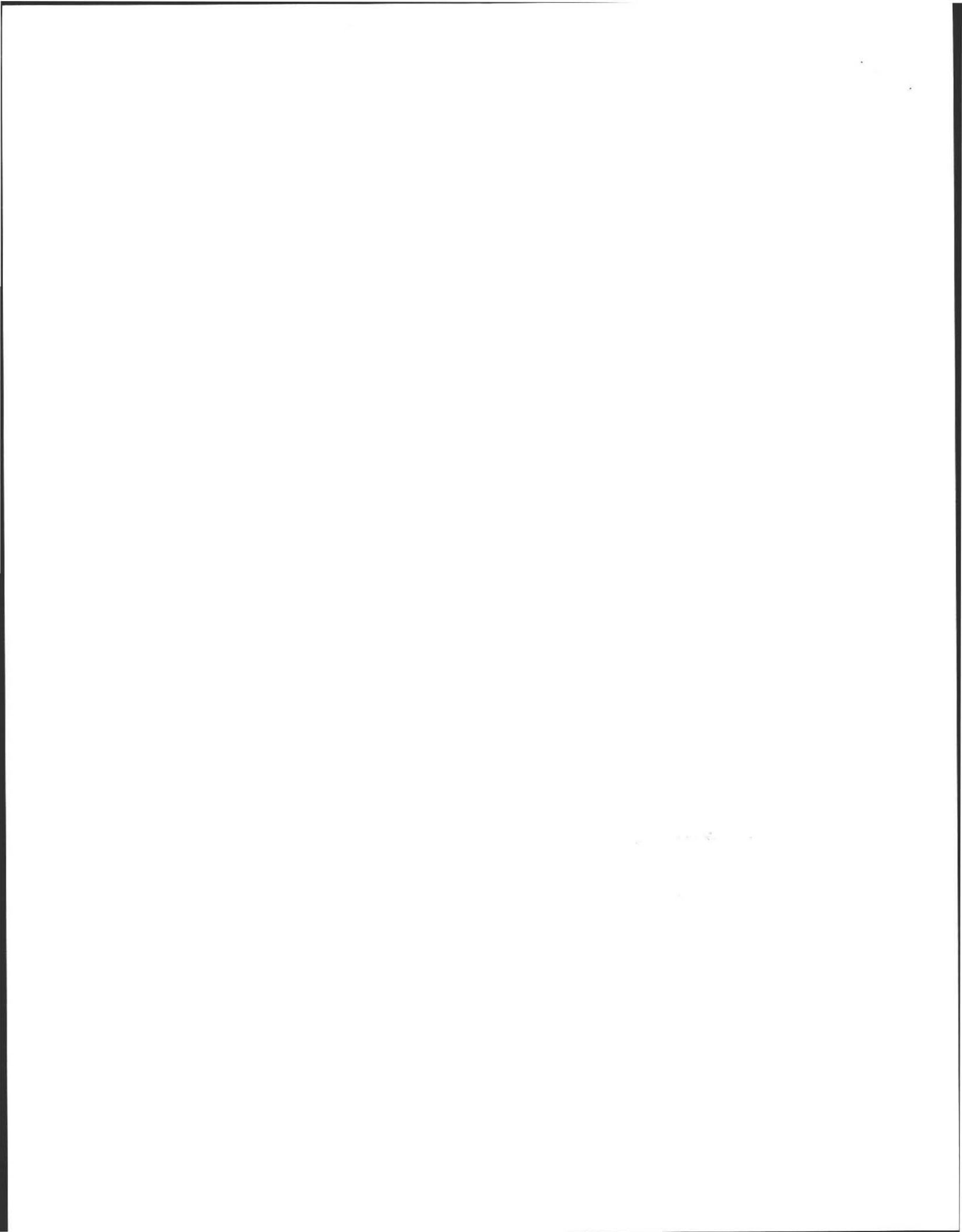
gallons

How was quantity pumped determined?

Reason for pumping:

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) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):





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D. System Information (cont.)

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

APPROXIMATELY THIRTY FIVE YEARS OLD, 1975

Were sewage odors detected when arriving at the site? Yes No

Building Sewer (locate on site plan):

Depth below grade:

6'
feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Septic Tank (locate on site plan):

Depth below grade:

6'
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

RECOMMEND REPLACING THE SEPTIC TANK WITH A NEW 1500 GALLON STRUCTURALLY SOUND SEPTIC TANK

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions:

L 8' 6" X W 5' X H 5'

Sludge depth:

6"





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle

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

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.):

RECOMMEND REPLACING SEPTIC TANK WITH A NEW STRUCTURALLY SOUND 1500 GALLON SEPTIC TANK

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

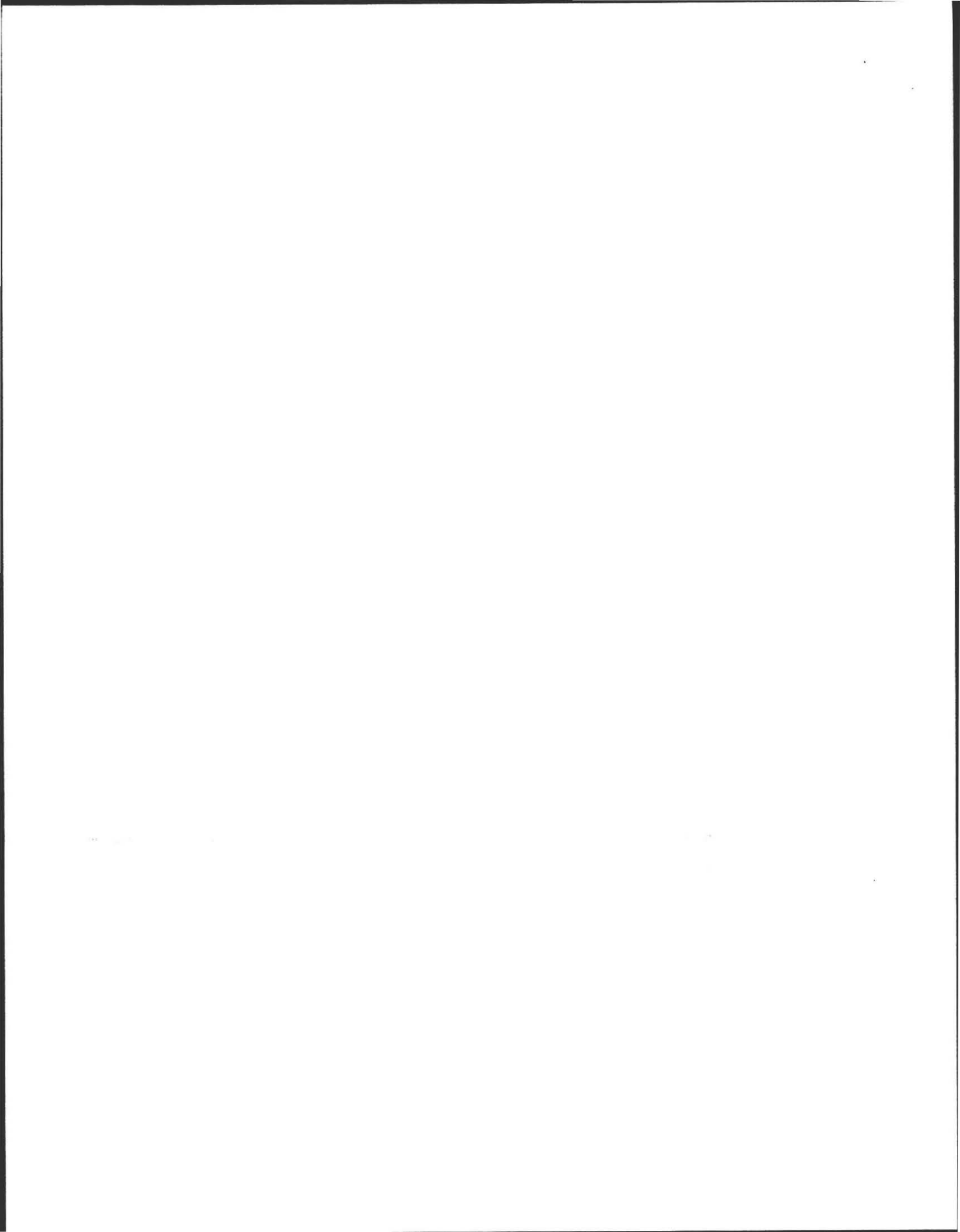
Scum thickness

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:

Date





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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (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 per day

Alarm present:

- Yes No

Alarm level: _____

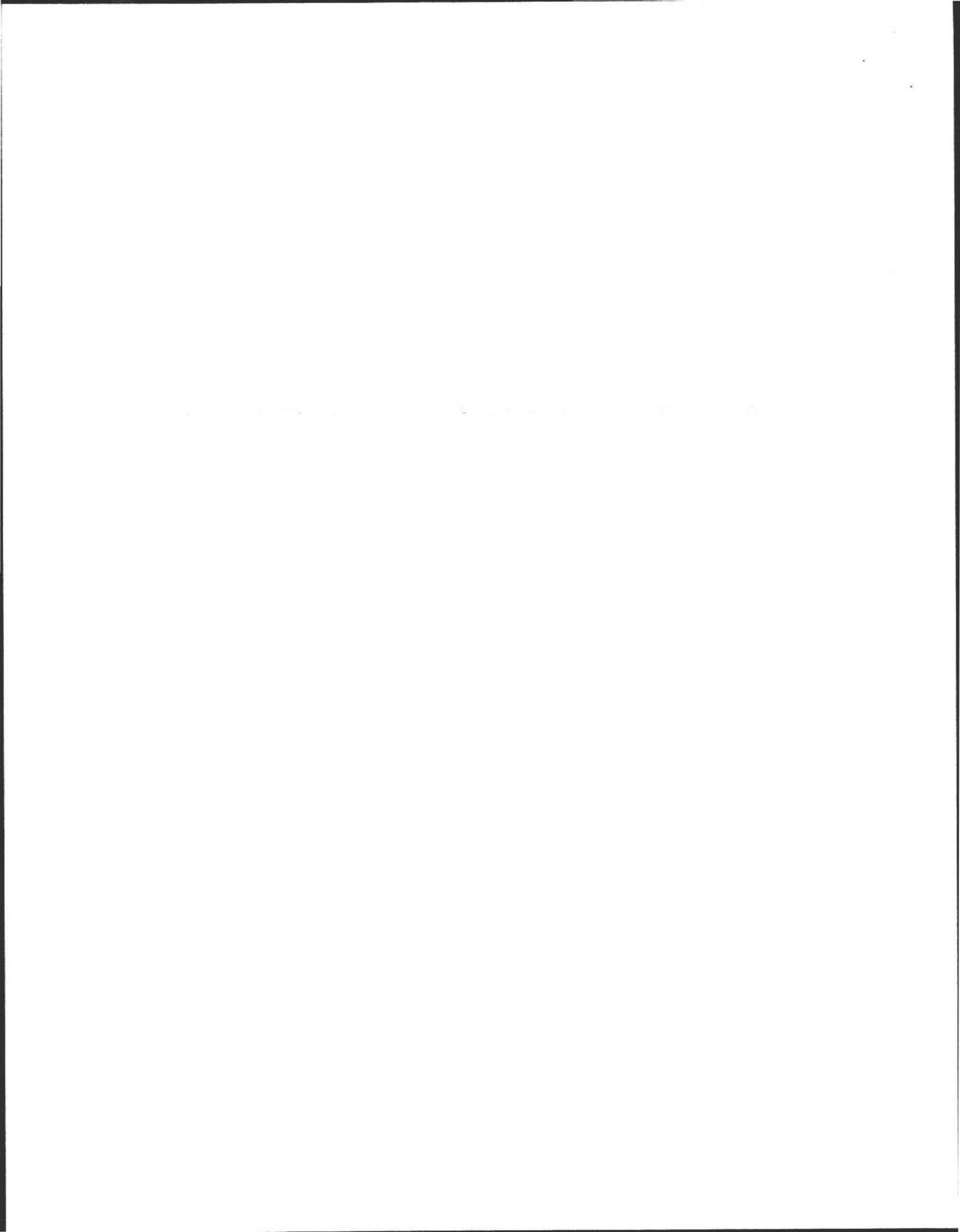
- Alarm in working order: Yes No

Date of last pumping: _____

Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached? Yes No





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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

0", D -BOX IS APPROXIMATELY 2' DEEP

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.):

D - BOX IS CORRODED AND LEAKING, REPLACE WITH NEW SEPTIC SYSTEM

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

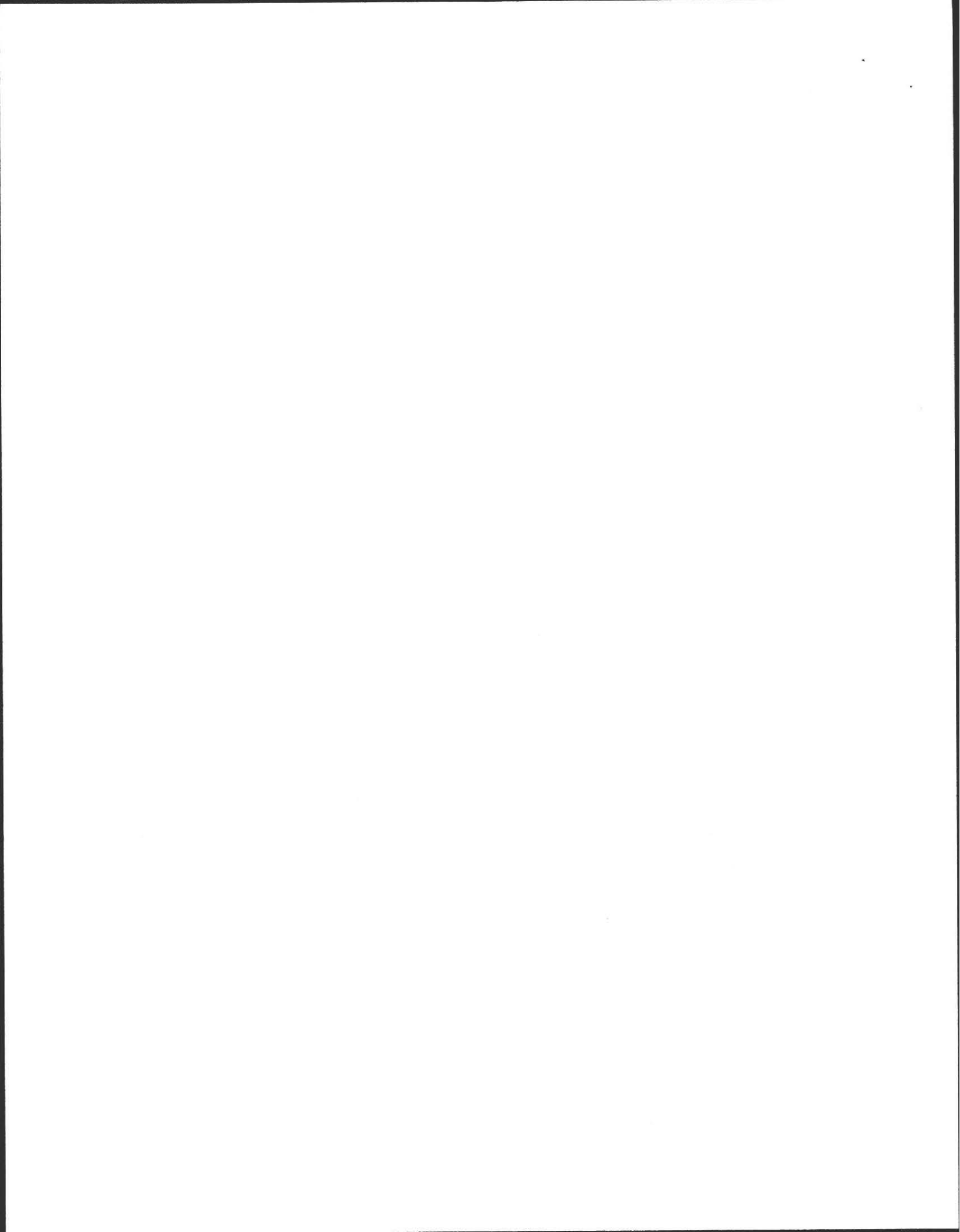
Alarms in working order:

Yes No

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:





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D. System Information (cont.)

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: 3 LINES
- 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.):

REPLACE SEPTIC SYSTEM INSTALL NEW S. A. S.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration _____

Depth – top of liquid to inlet invert _____

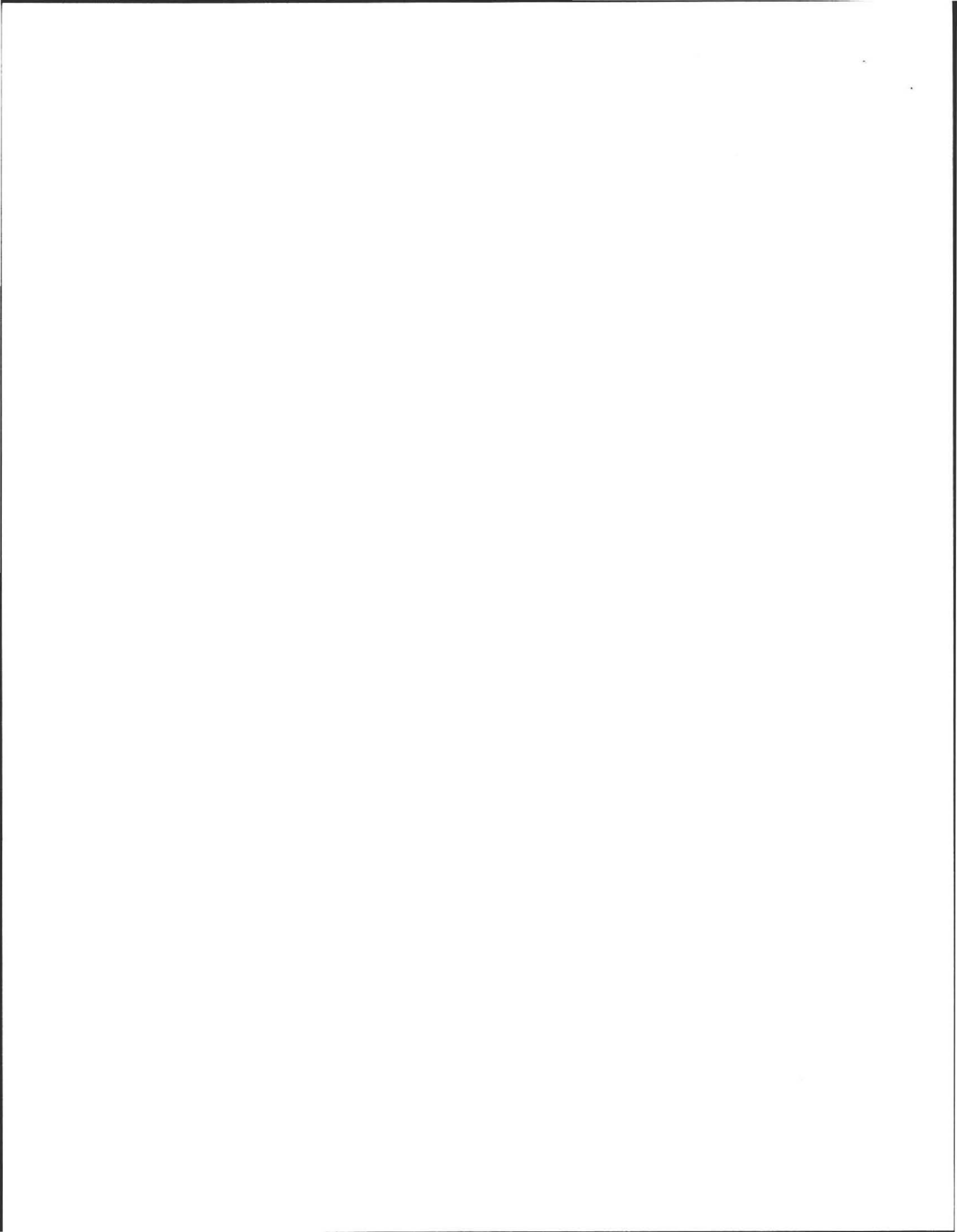
Depth of solids layer _____

Depth of scum layer _____

Dimensions of cesspool _____

Materials of construction _____

Indication of groundwater inflow Yes No





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D. System Information (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

S. A. S. IS IN HYDRAULIC FAILURE. REPLACE WITH NEW S. A. S.

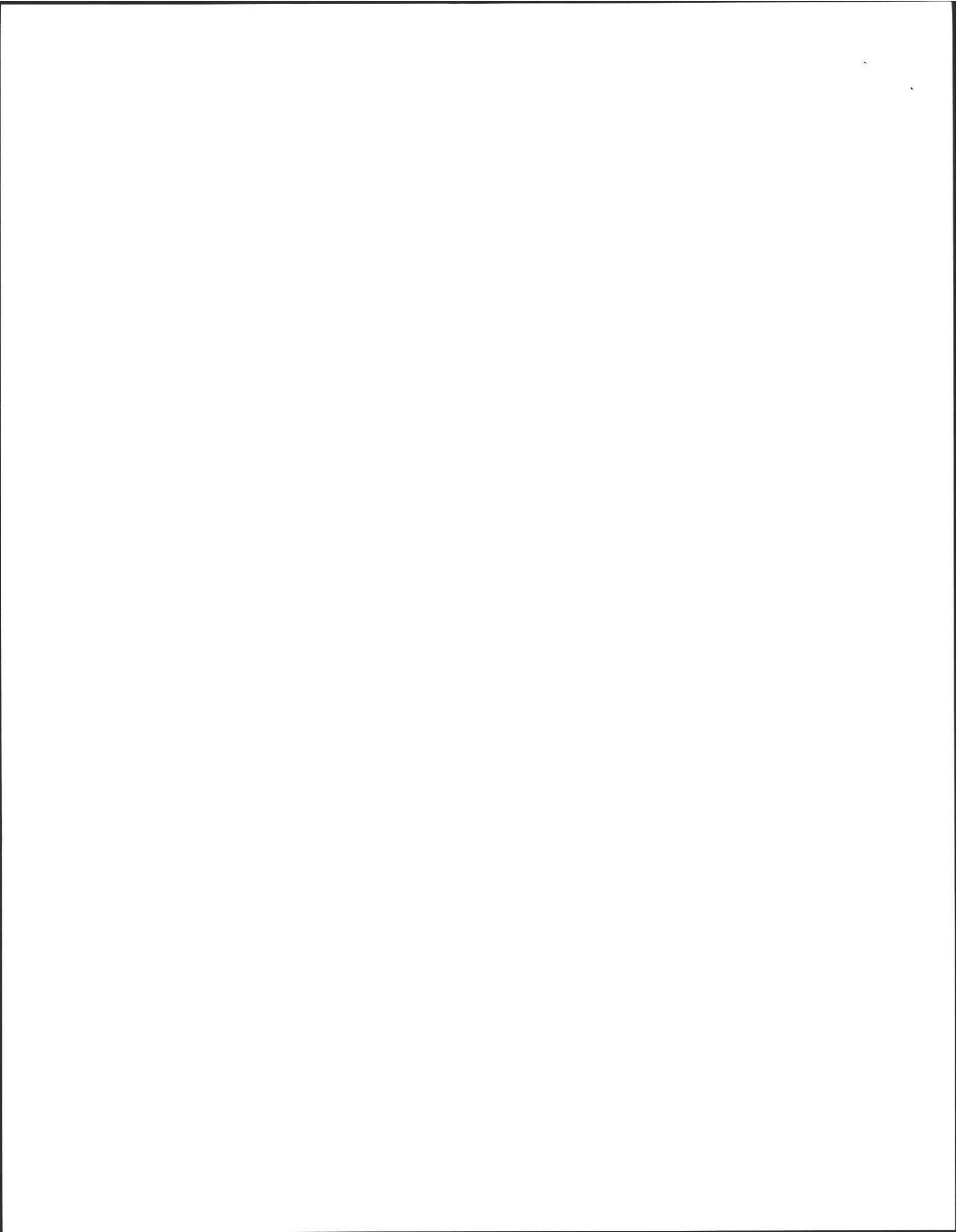
Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):





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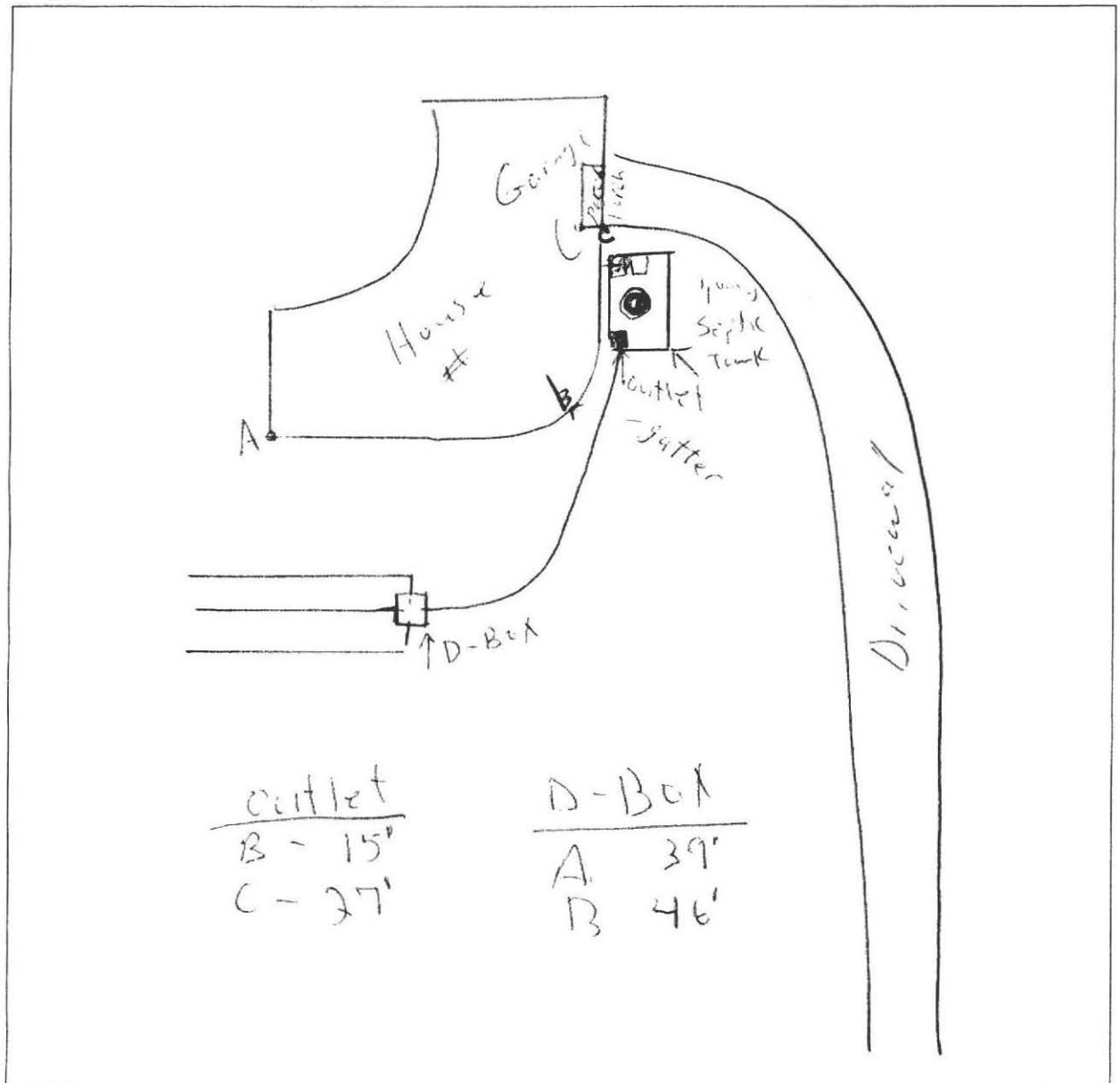
MARCH 9, 2010
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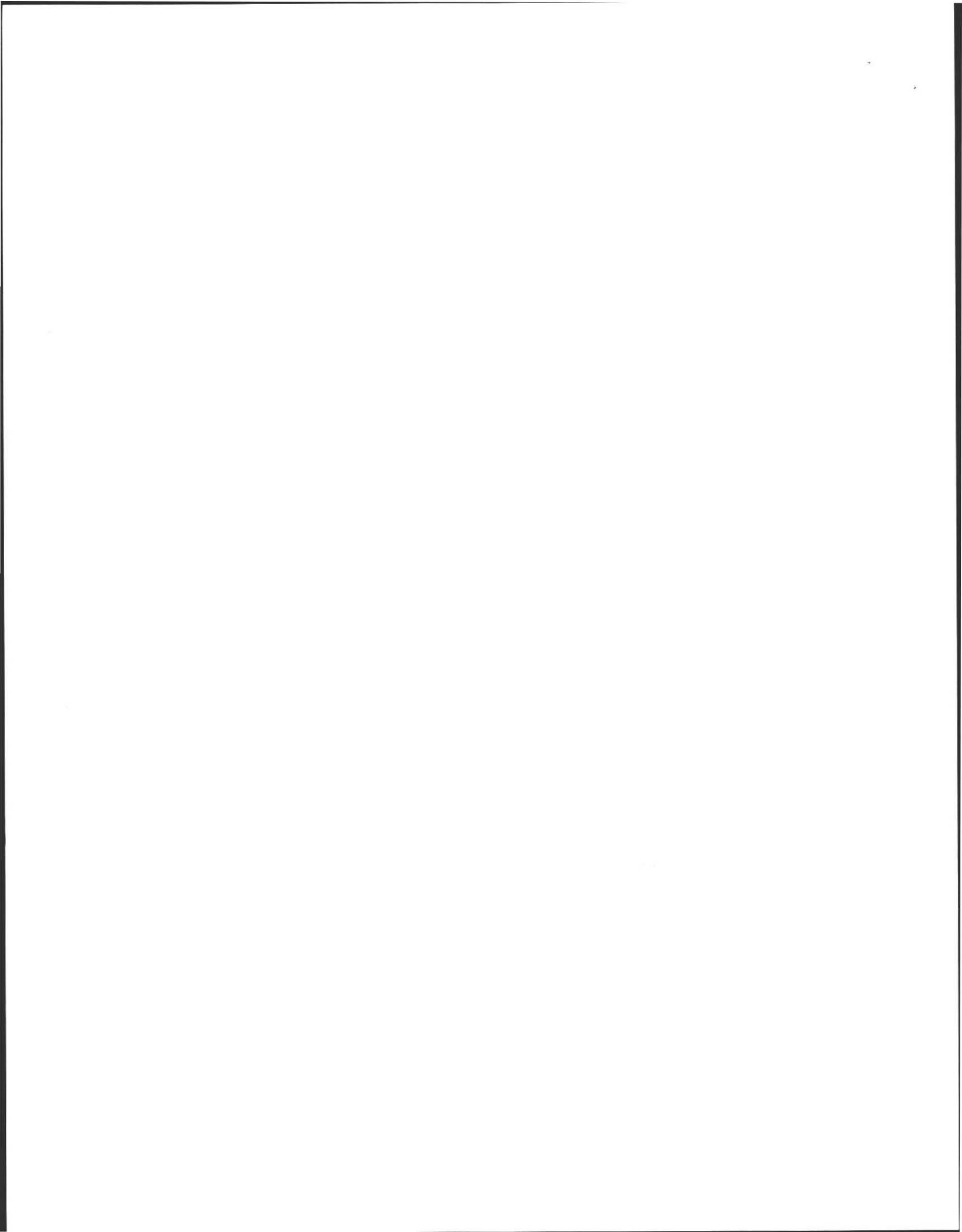
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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately







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D. System Information (cont.)

Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

_____ feet

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

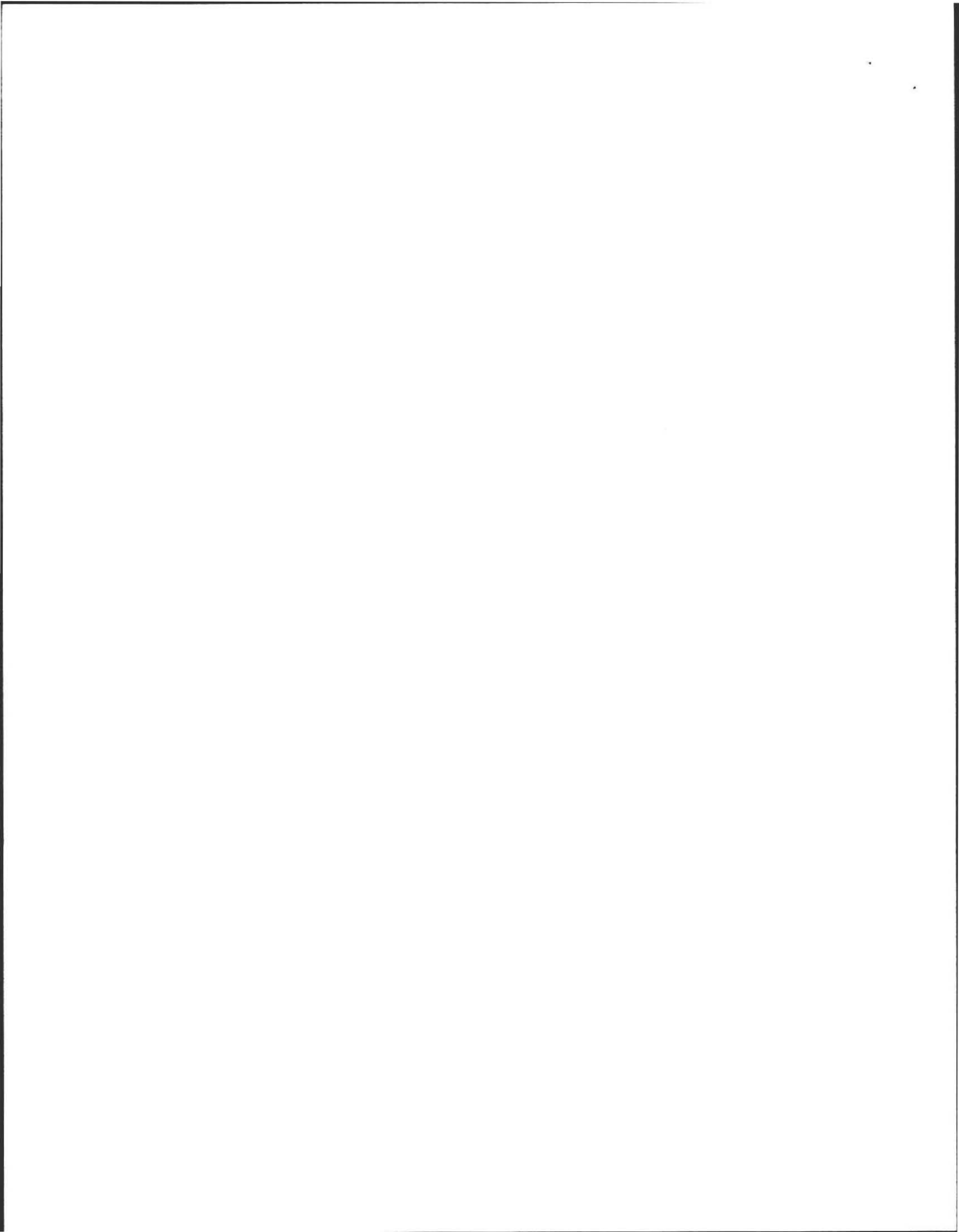
- Obtained from system design plans on record
 If checked, date of design plan reviewed: _____ Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:

- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

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

TO BE DETERMINED AT PERC TEST

Before filing this Inspection Report, please see Report Completeness Checklist on next page.





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

34 STAGE COACH ROAD

Property Address

ROSSI

Owner's Name

AMHERST

City/Town

MASS.

State

01002

Zip Code

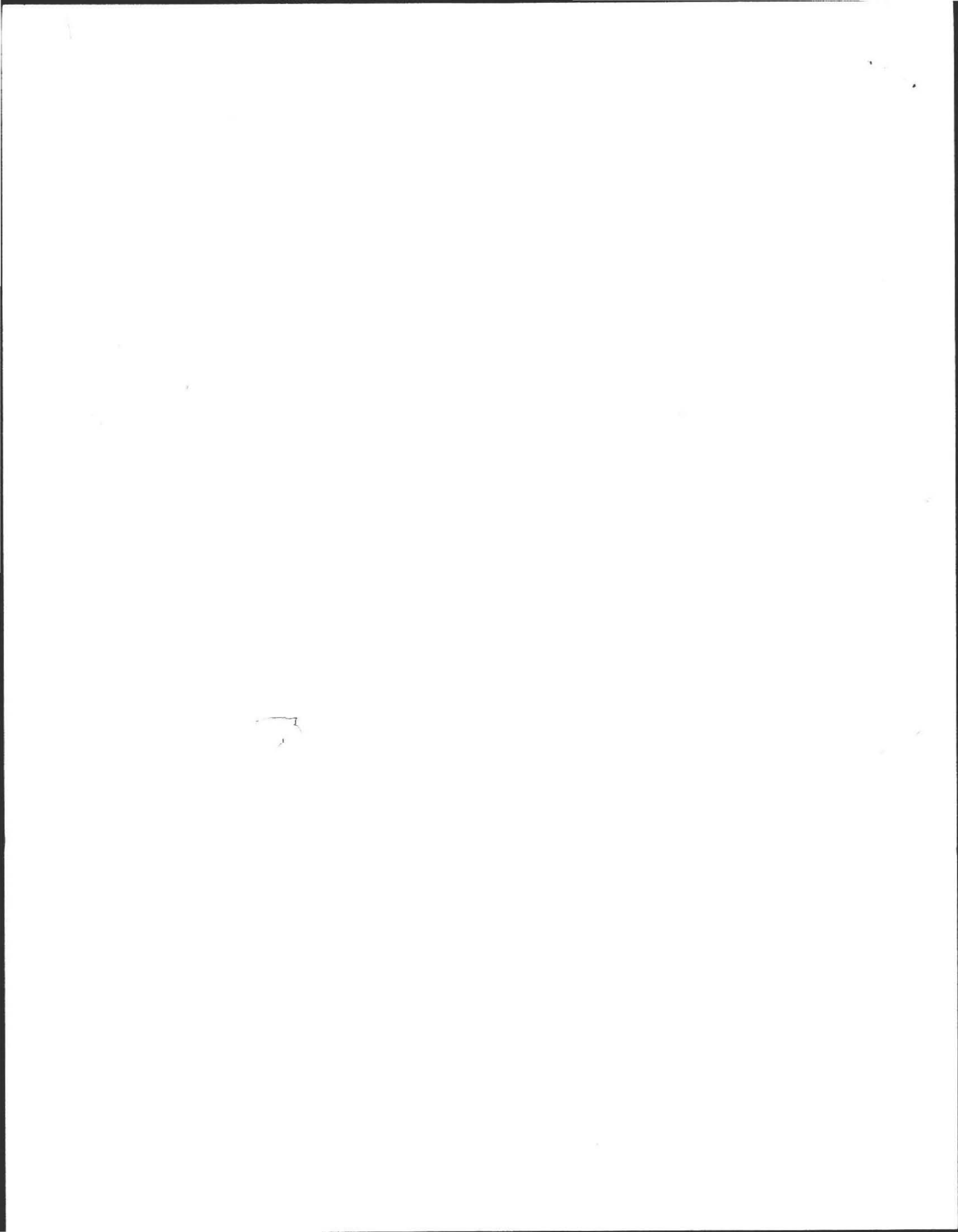
MARCH 9, 2010

Date of Inspection

Owner information is required for every page.

E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file





**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

April 22, 2010

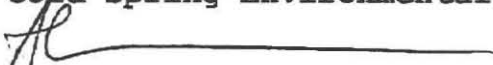
Amherst, Bd. Of Health

**RE: L. Field and S. Tank (Repair)
Installation Inspection
34 Stagecoach Road**

On this date, the writer inspected the installation of a new **(Septic System)**. 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 **(Karls Excav.)** 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.

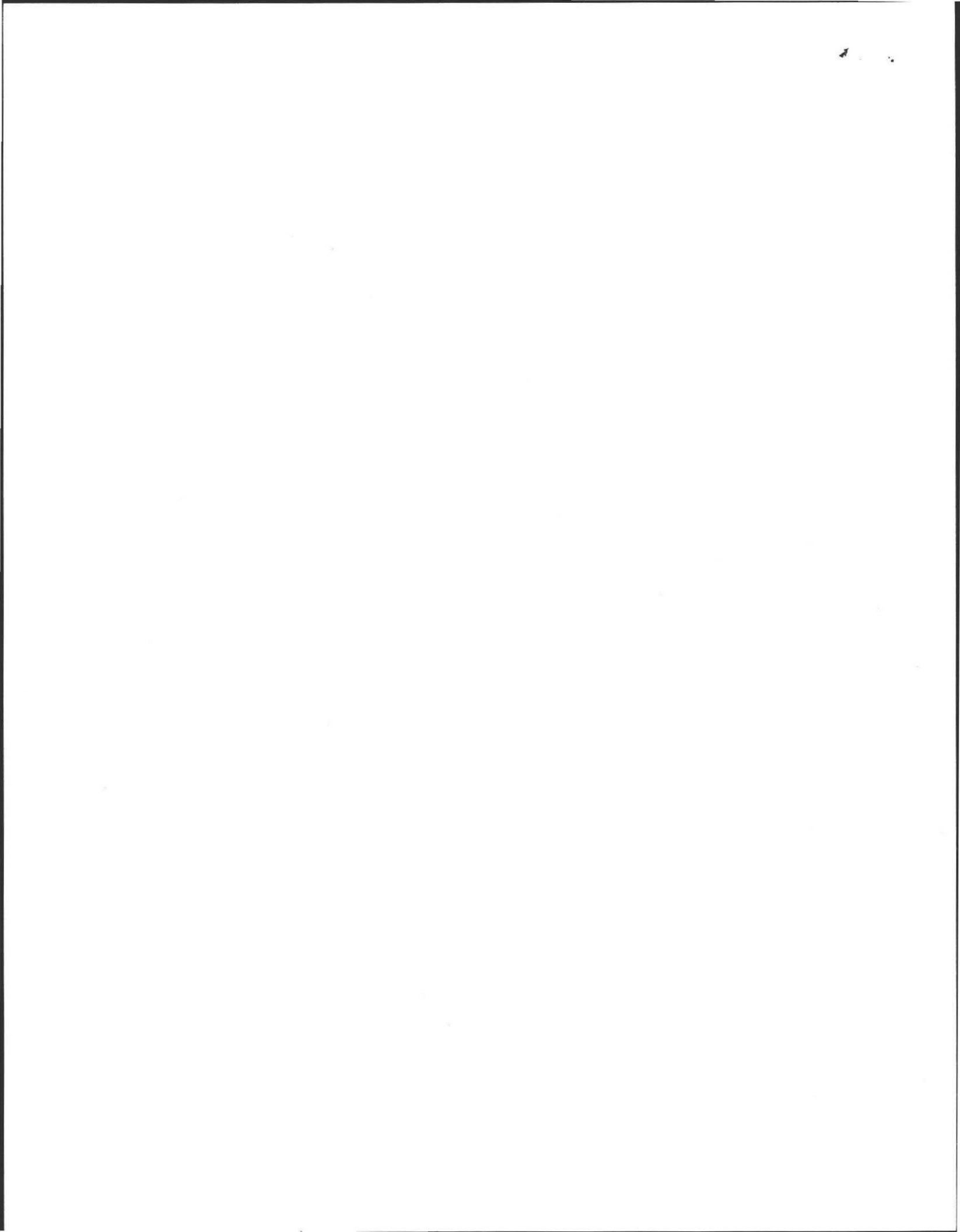
Sincerely,

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



STAGECOACH ROAD

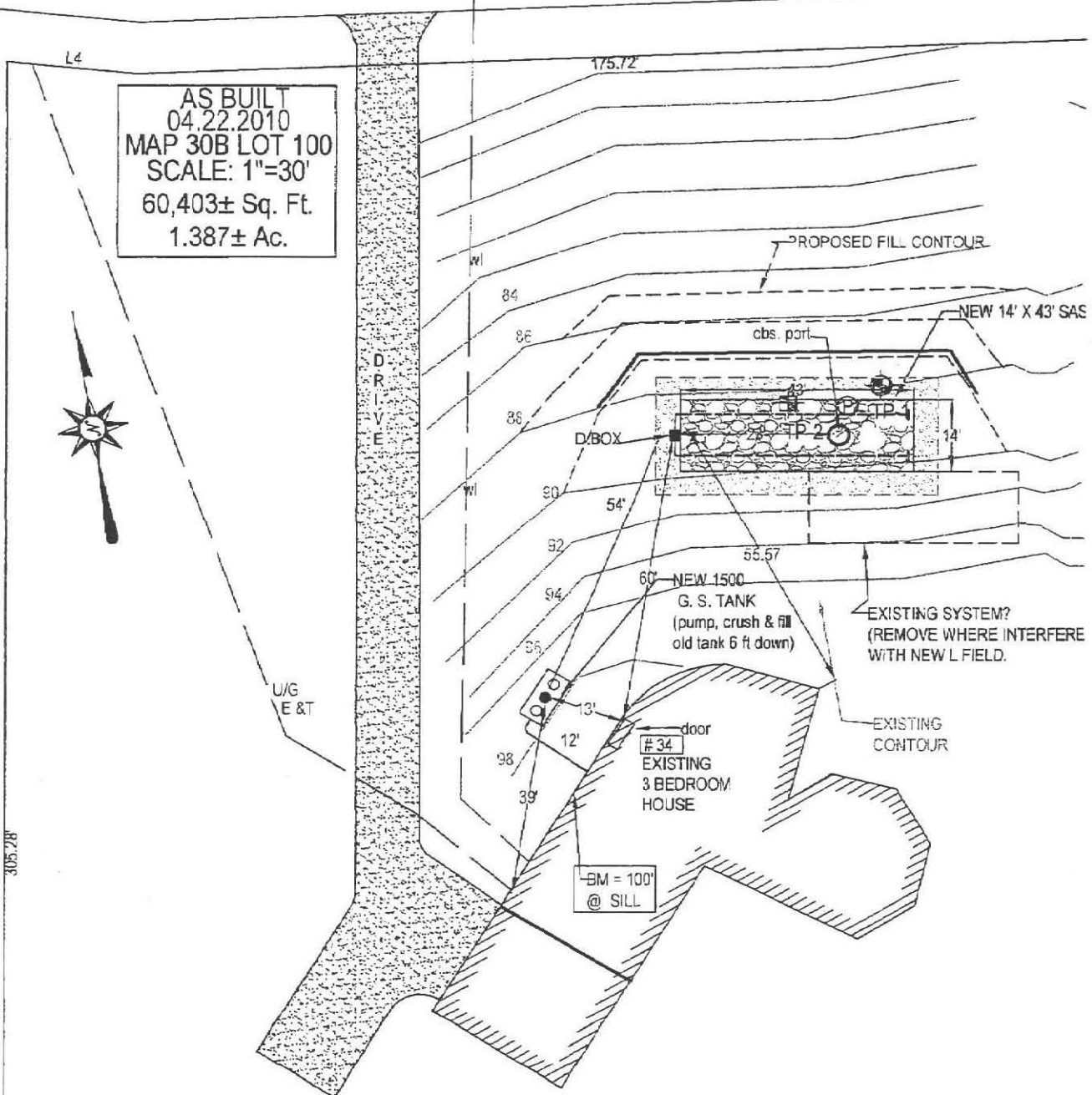
AS BUILT
 04.22.2010
 MAP 30B LOT 100
 SCALE: 1"=30'
 60,403± Sq. Ft.
 1.387± Ac.



D
R
I
V
E

U/G
E & T

305.28'



-BM = 100'
@ SILL

door
34
EXISTING
3 BEDROOM
HOUSE

60' NEW 1500
G. S. TANK
(pump, crush & fill
old tank 6 ft down)

EXISTING SYSTEM?
(REMOVE WHERE INTERFERE
WITH NEW L. FIELD.)

EXISTING
CONTOUR

D/BOX

NEW 14' X 43' SAS

cbs. port.

PROPOSED FILL CONTOUR

84

86

88

90

92

94

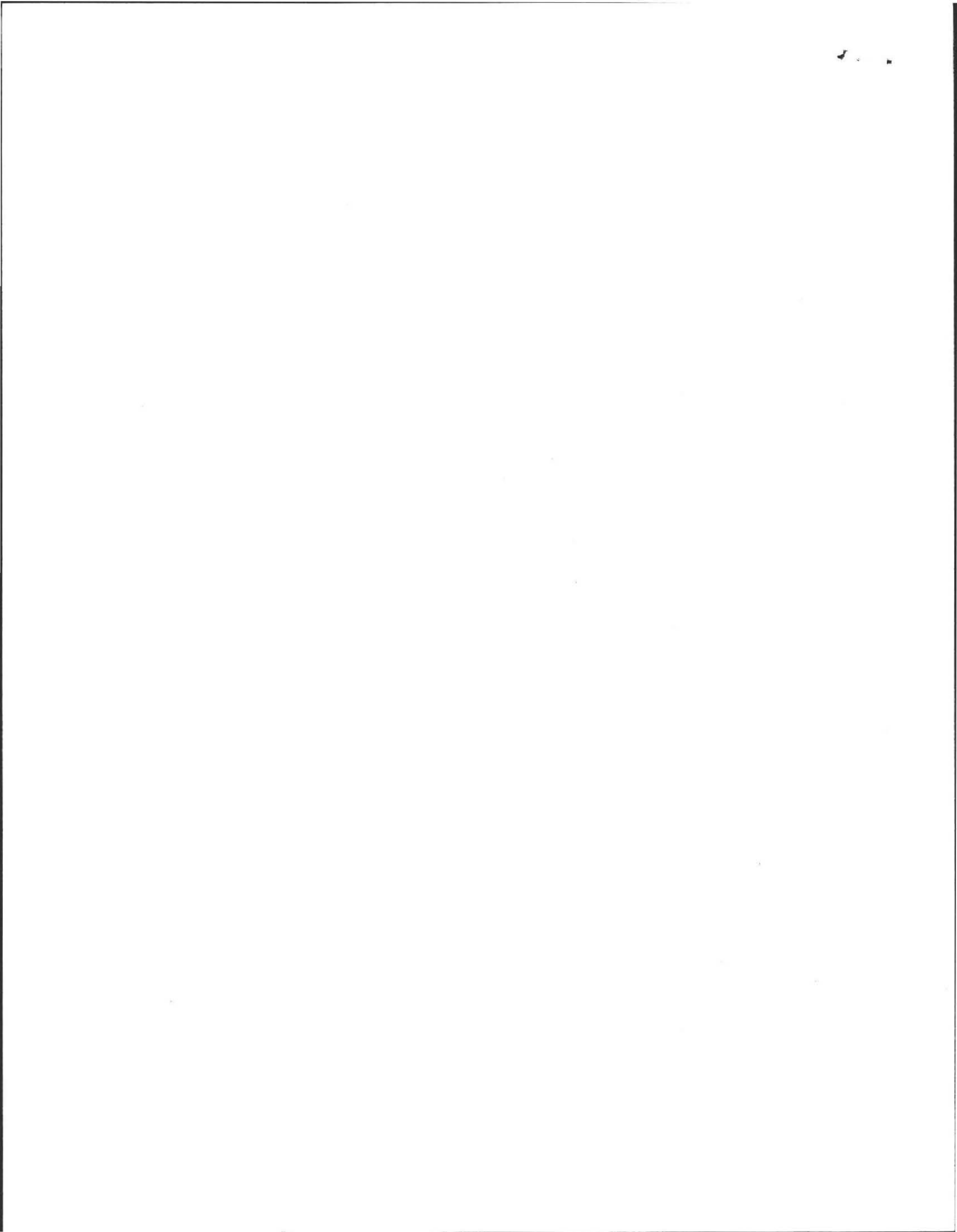
96

98

99

175.72'

L4



Date/Time: Apr. 26. 2010 2:14PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
0079	Memory TX	914133234549	P. 1	OK	

Reason for error
 1) Hang up or line fall
 2) No answer
 3) Exceeded max. E-mail size
 E. 2) Busy
 E. 4) No facsimile connection

No. 1000 FEE _____

COMMONWEALTH OF MASSACHUSETTS
 Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Components Complete System
 The undersigned hereby certify that the Sewage Disposal System: Constructed (), Required Upgraded (), Abandoned ()
 by: _____
 as
 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. 1000, dated 4/23/10. Approved Design Flow 400 (gpd)
 Installer: Karel's Septic Inspector: [Signature] Date: 4/22/10
 Designer: [Signature]
 The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

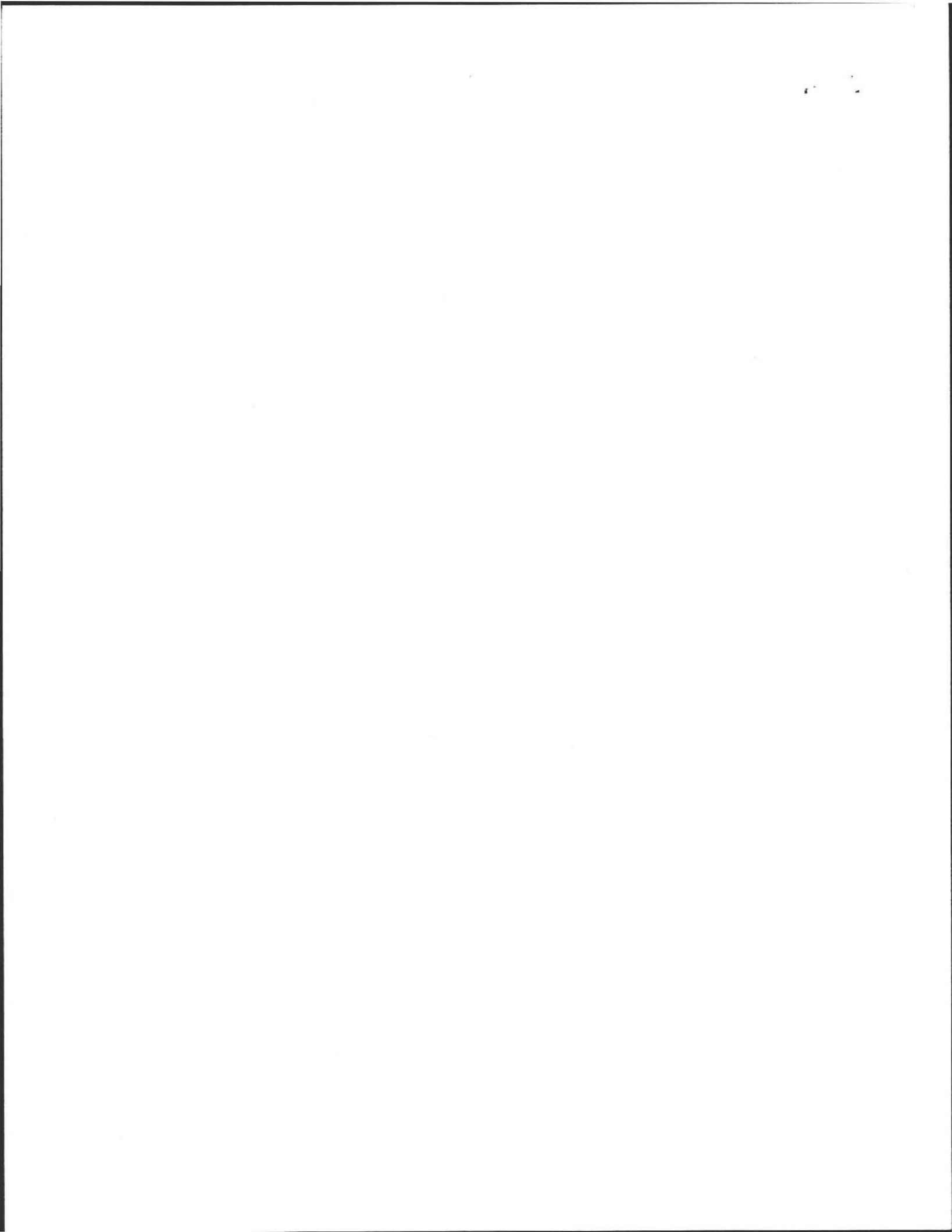
No. 1002 FEE 150.00 pd

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 54 STREET Coach as described in the application for
 Disposal System Construction Permit No. 1002, dated 3/25/10
 Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.
 Date 3/25/10 Board of Health [Signature]





No. 1002

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. 1002, dated 4/23/10. Approved Design Flow 443 (gpd)

Installer Karl's Septic

Designer: Aloussa Inspector: Chad R. Pemanche Date: 4/23/10

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

No. 1002

FEE 150⁰⁰/pd

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 34 STAGE COACH as described in the application for

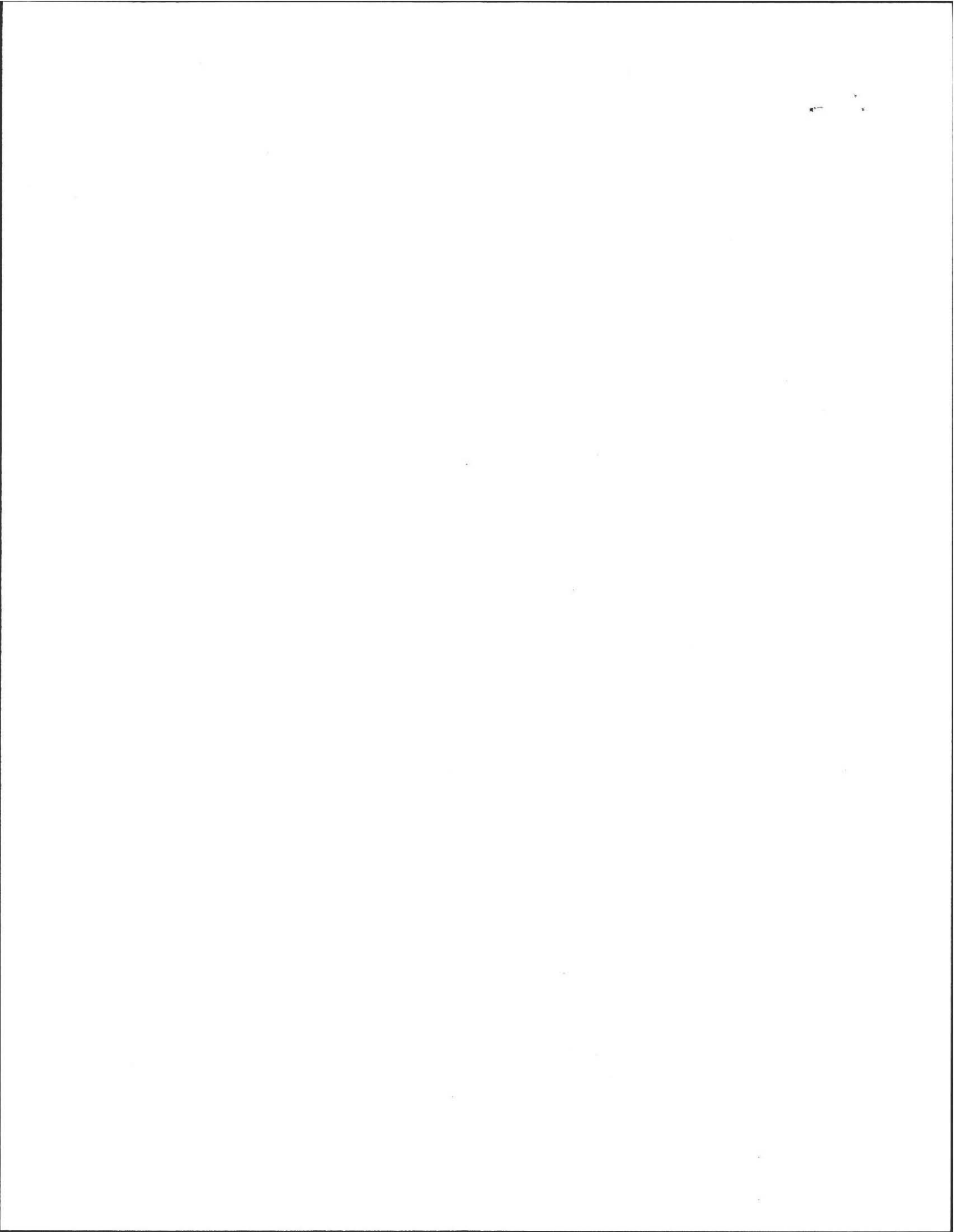
Disposal System Construction Permit No. 1002, dated 3/25/10.

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 3/25/10 Board of Health Chad R. Pemanche





#35

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-13 Date Apr. 10, 1973 Fee 3.00 Date Rec'd. Apr 10, 1973 By CEA

Application is hereby made for a permit to Construct (x) or Repair () an Individual Sewage Disposal System at:

Location—Address stagecoach Road or Lot No. 231

Owner Douglas Greenwood Address 71 Forest Glen Dr. Florence, MA

Contractor H.F. GREENE Address WARE RD BRICHERTON

Type of Building _____ Dimensions _____ Size Lot 9/10 Ac.

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (x)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 100 W _____ D _____ 300 CEA

Disposal Trench—No. 2 Width 3' Total Length 30 Total leaching area 300 sq. ft. CEA

Disposal Bed—No. 1 Diameter 10 Depth below inlet 40 Total leaching area 400 sq. ft. CEA

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ min

Other: Distribution box (x) No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Miles J. Huber PE Date 4-3-73

Test Pit No. 1 4 minutes per inch Depth of Test Pit 7 1/2'

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil sand Depth to Ground Water none

Will disposal area be filled? no Cut down? no

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] Ms. Douglas Greenwood 4-16-73
Owner or builder date
[Signature] 4/10/73
date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

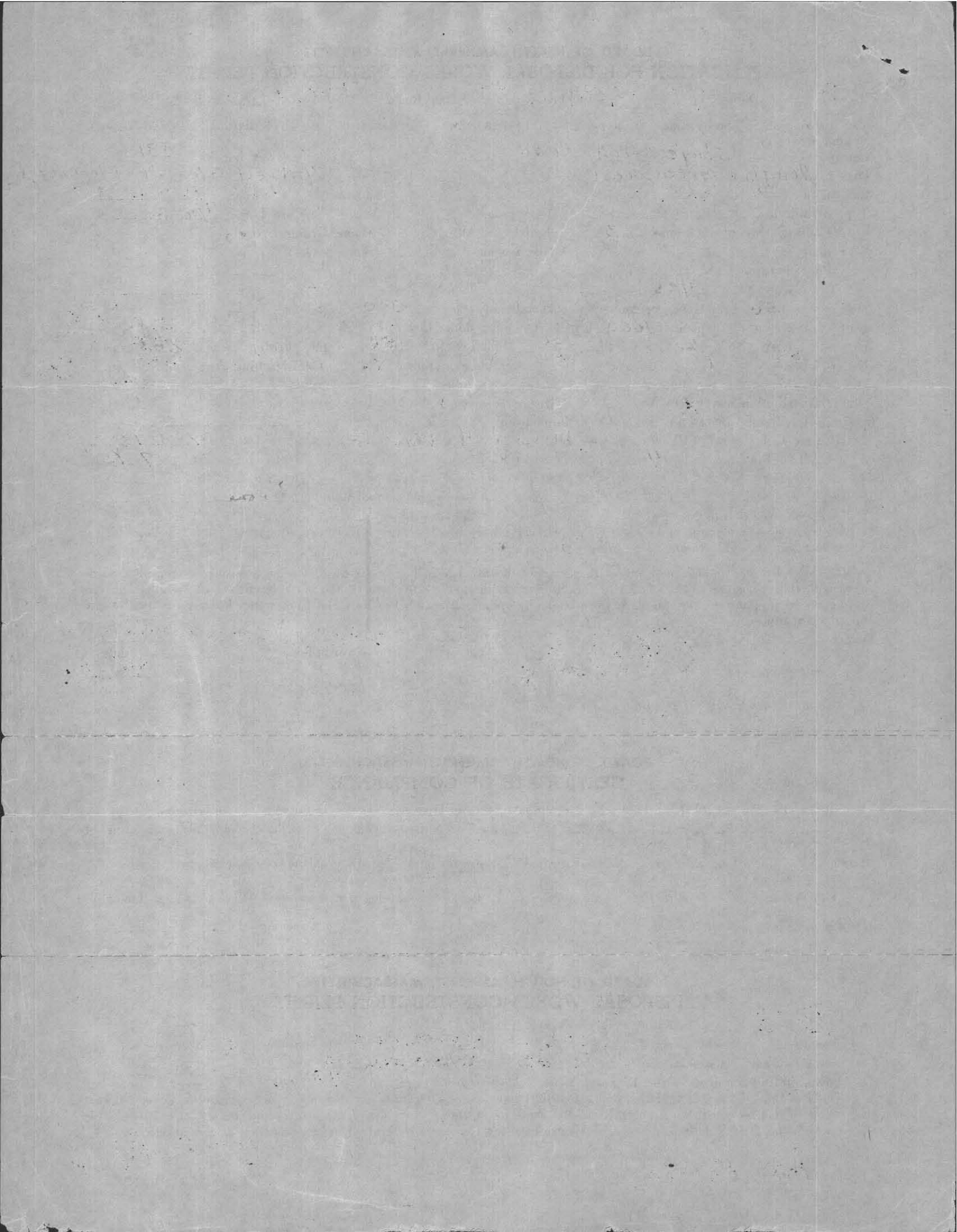
DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-13
Permission is hereby granted DOUGLAS GREENWOOD to construct (x) or repair () an Individual Sewage Disposal System at Lot 231 STAGECOACH RD. as shown on the application for Disposal Works Construction Permit No. 73-13

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE Apr 10, 1973 CEA
Board of Health

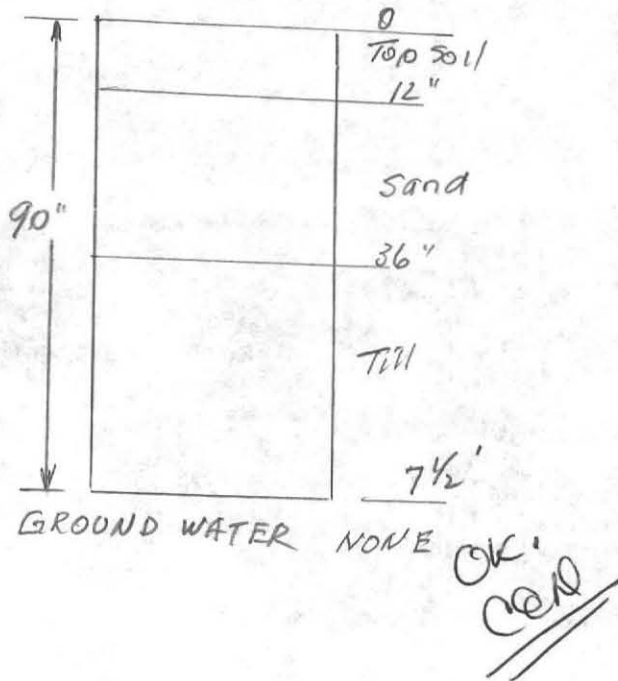


DEEP SOIL LOGS

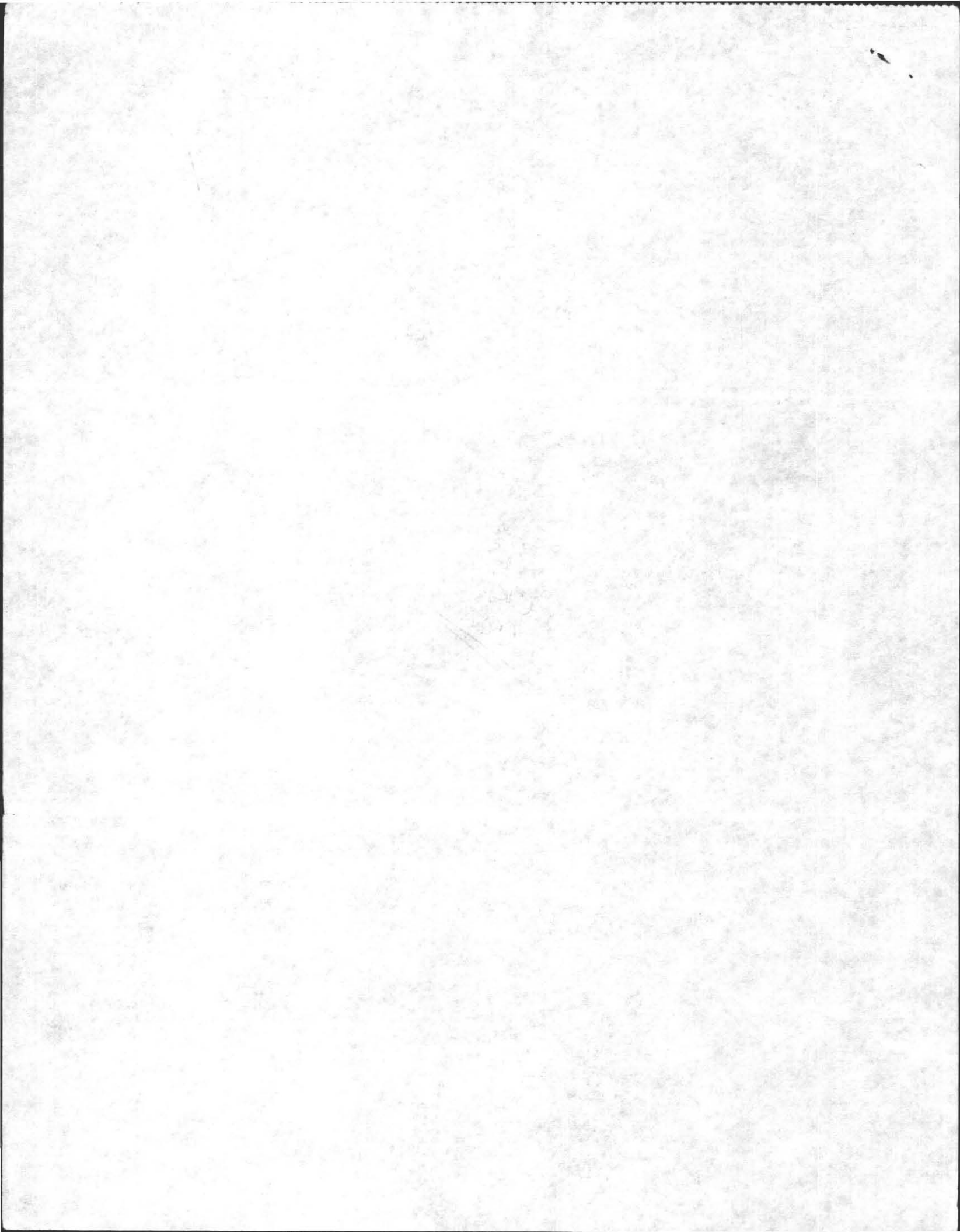
OWNER Douglas Greenwood

DATE 4-4-73

LOCATION Lot 231 Stagecoach Rd. OBSERVER M. J. Hubler

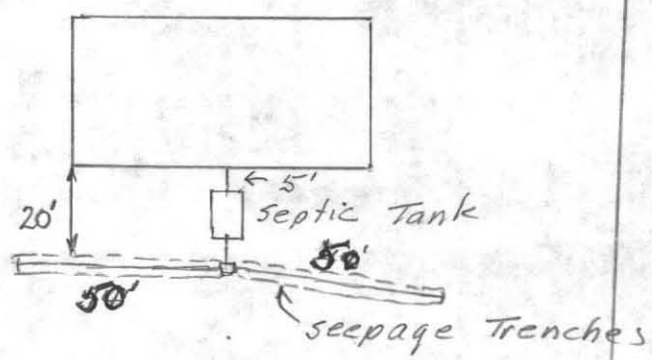


BOARD OF HEALTH
AMHERST, MASS.



To Orchard St →

stagecoach Road



OR \square
 400 BED

 SAME AREA

lot # 231

Note: See "THE STATE
 SANITARY CODE" Art. XI
 for seepage trench specs.
 Bottom of trenches are level.

Plan showing
 Sanitary Sewage Disposal
 for Lot 231
 Stagecoach Road
 Amherst MA
 1"=40' 4-4-73
 M.J. Hubler



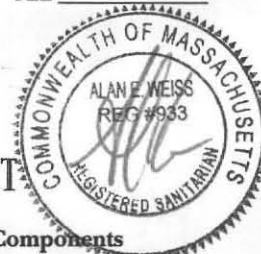
[Faint handwritten notes, possibly including '10', '20', and '50']

No. 10.02

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

9/0 Chris Bloom

Location <u>34 Stagecoach Rd</u>	Owner's Name <u>Estate of Alice Rossi</u>
Map/Parcel# <u>30B/100</u>	Address <u>34 Stagecoach Rd</u>
Lot# <u>100</u>	Telephone#
Installer's Name	Designer's Name <u>Alan E. Weiss RS.</u>
Address	Address <u>Belchertown</u>
Telephone#	Telephone# <u>413.323.5957</u>

Type of Building Residence Lot Size 60,403 sq. ft.
 Dwelling - No. of Bedrooms 3 Bed rooms Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 445 gpd
 Plan: Date 3/18/10 Number of sheets _____ Revision Date _____
 Title Septic System Repair Plan
 Description of Soil(s) Class I
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 3/17/10

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New Septic 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 [Signature] Date 3/18/10

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.

No. 1002

FEE 150.00/pd

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

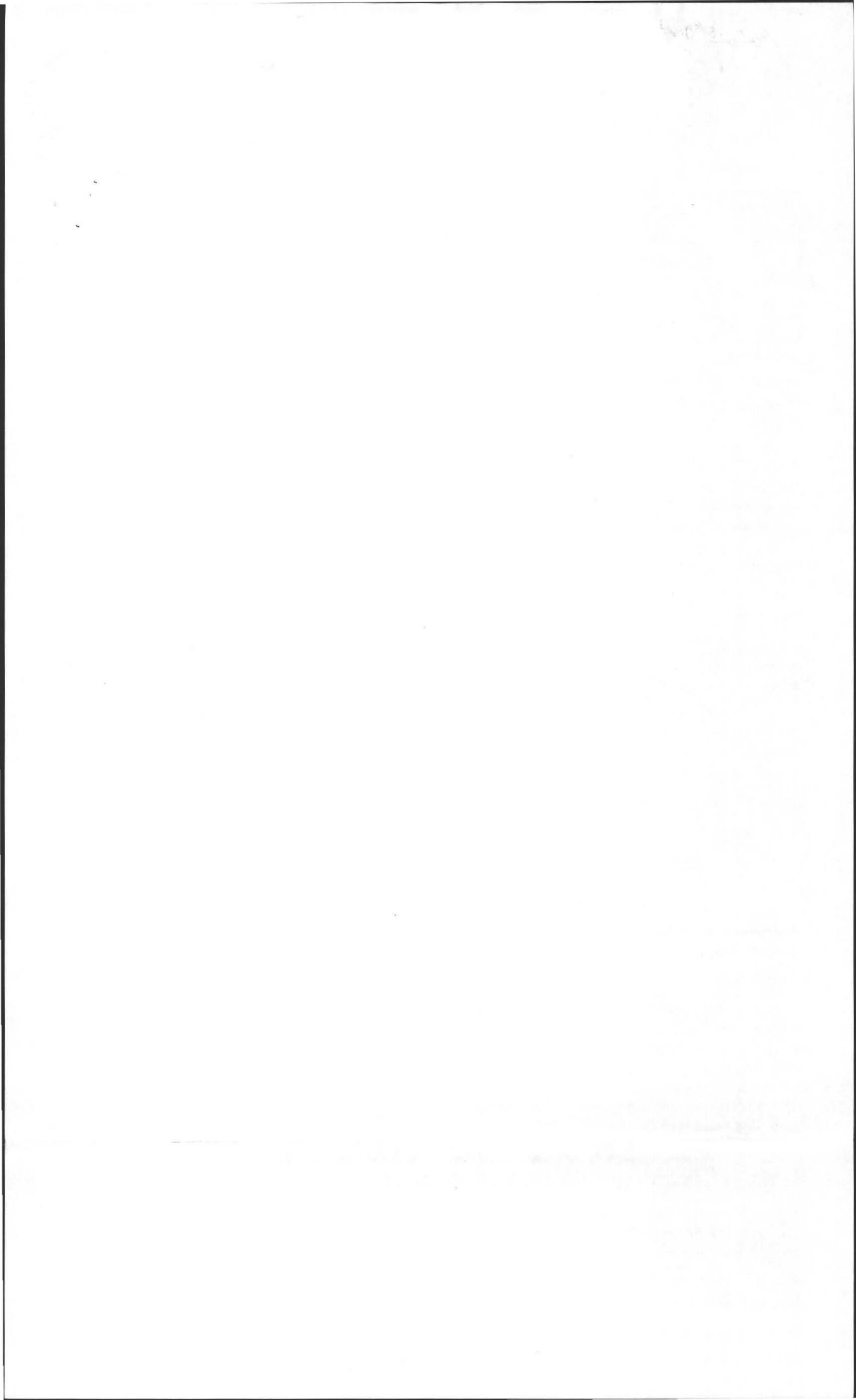
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (x) Upgrade () Abandon () an individual sewage disposal system at 34 STAGE COACH as described in the application for

Disposal System Construction Permit No. 1002, dated 3/25/10.

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 3/25/10 Board of Health [Signature]





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: 3/17/2010

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: G. Courtemanche

Date: 3/17/2010

c/o Mrs Bloom

Location Address or Lot # <p style="text-align: center;"><u># 34 Stage Coach RD</u></p> New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	Owner's Name, Address, and Telephone # <p><u>Estate of Alice Rossi</u> <u>34 Stage Coach RD</u> <u>Amherst, MA 01002</u></p>
---	---

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) _____

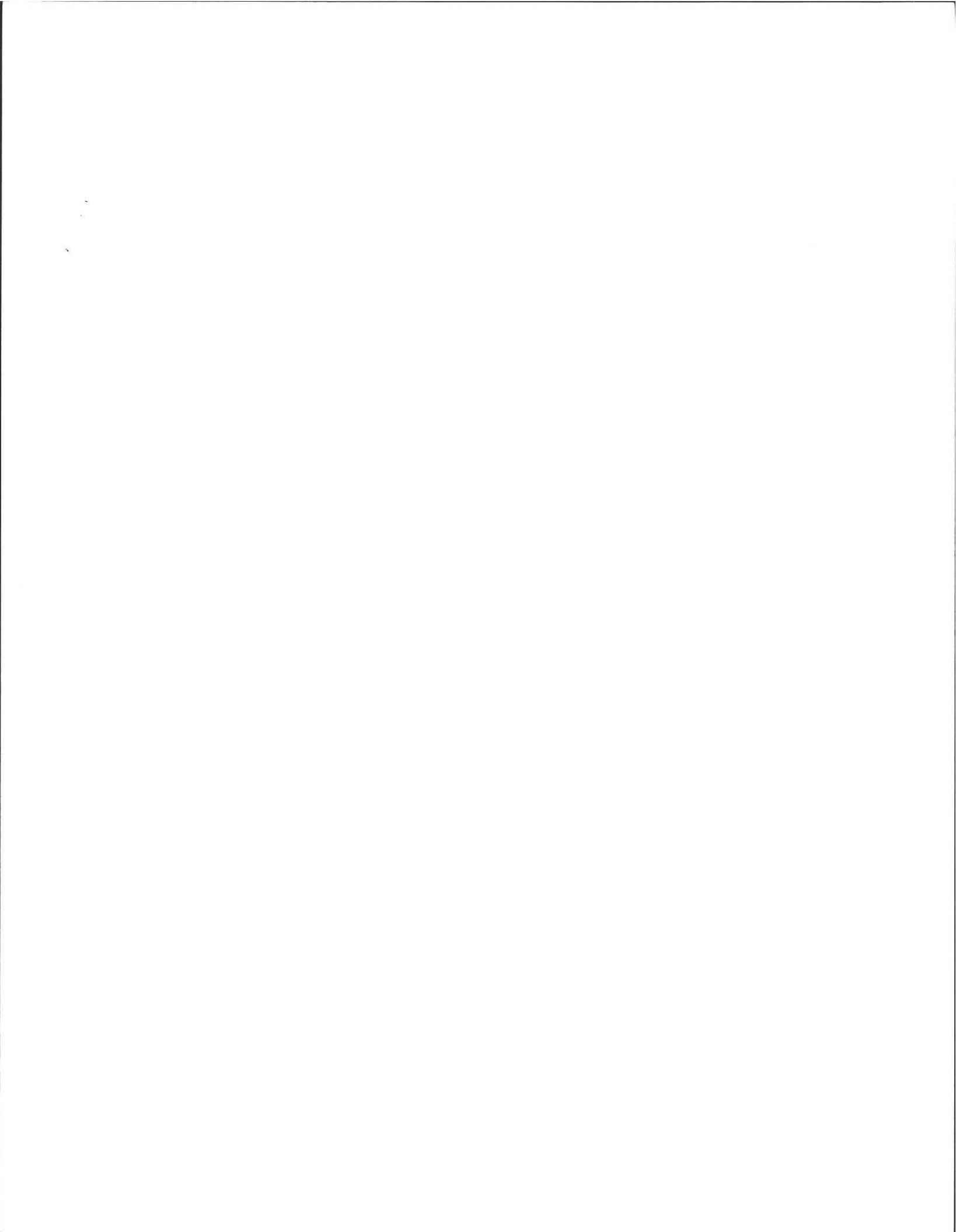
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____

Range :Above Normal Normal Below Normal

Other References Reviewed: _____





Location Address or Lot No. 34 Stage road RD.

On-site Review

Deep Hole Number 172 Date: 3/17/2010 Time: 1:30 Weather SW 60°

Location (identify on site plan) _____

Land Use Res. Slope (%) 2-3 Surface Stones yes

Vegetation _____

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100+ feet Drainage way 50+ feet

Possible Wet Area 50+ feet Property Line 25.4 feet

Drinking Water Well None 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)
#1 0-16" 16"-20" 20"→108"	A	FSL	10YR 3/3	2.5y 4/2 48"	-friable
	Bw	SL	10YR 5/6		-friable Loose.
	C ₁	LS	2.5y 4/3		F-C. Sand, 10% Gravels.
#2 0-16" 16"-20" 20"-84"	A	FSL	10YR 3/3	2.5y 4/2 48"	-friable
	Bw	SL	10YR 5/6		-friable
	C ₁	LS	2.5y 4/3		-F-C. Sand, 10% Gravels.

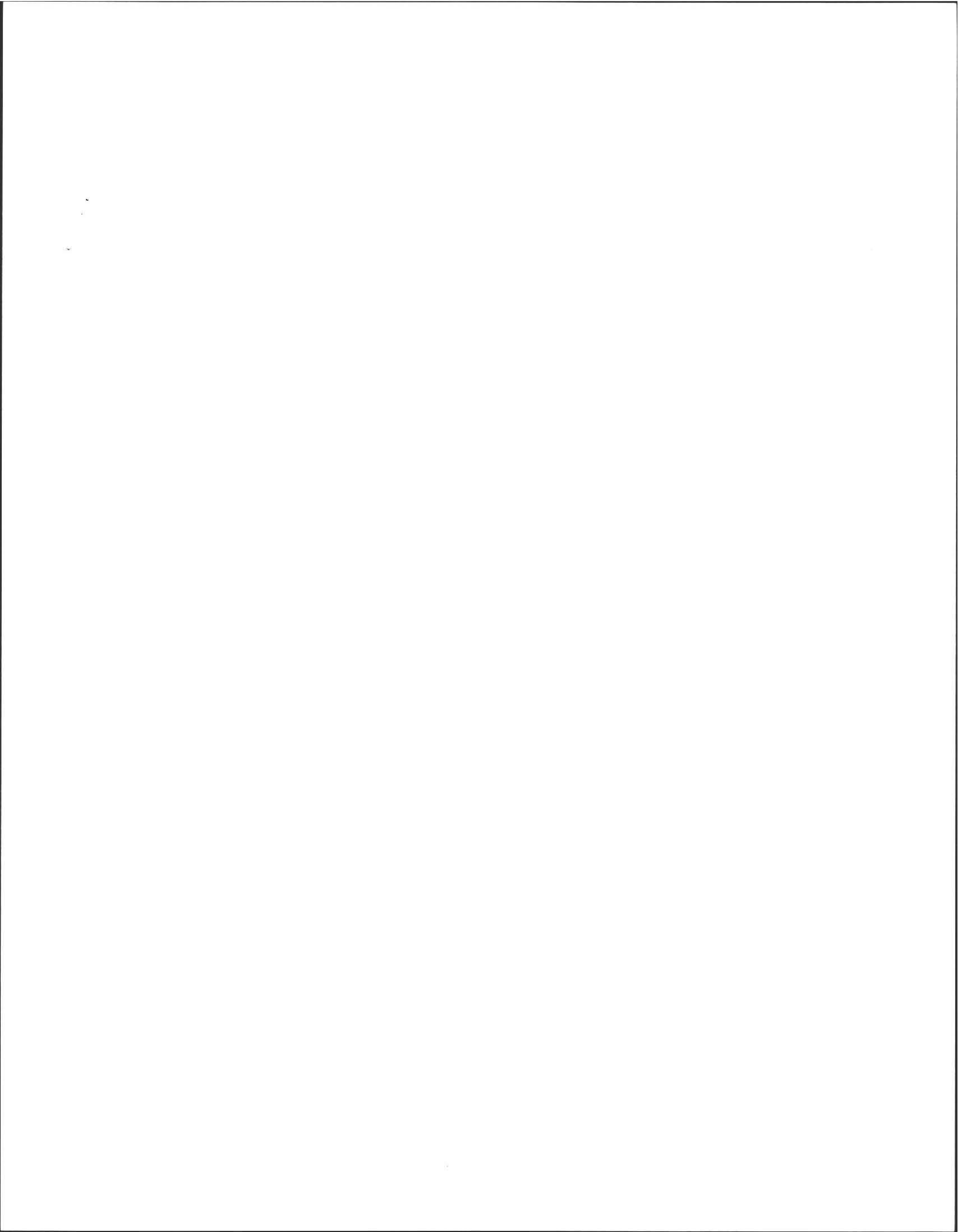
* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Audacious till. Depth to Bedrock: 108"

Depth to Groundwater: Standing Water in the Hole: 96" Weeping from Pit Face: 50"

Estimated Seasonal High Ground Water: 48"





Location Address or Lot No. _____

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: 3/17/2010		Time: 1:30 1:30
Observation Hole #	P ₁	
Depth of Perc	40"	
Start Pre-soak	1:10	Repair
End Pre-soak	1:25	
Time at 12"	1:25	
Time at 9"	1:30	
Time at 6"	1:40	
Time (9"-6")	9	
Rate Min./Inch	3 $\frac{min}{in}$	✓

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

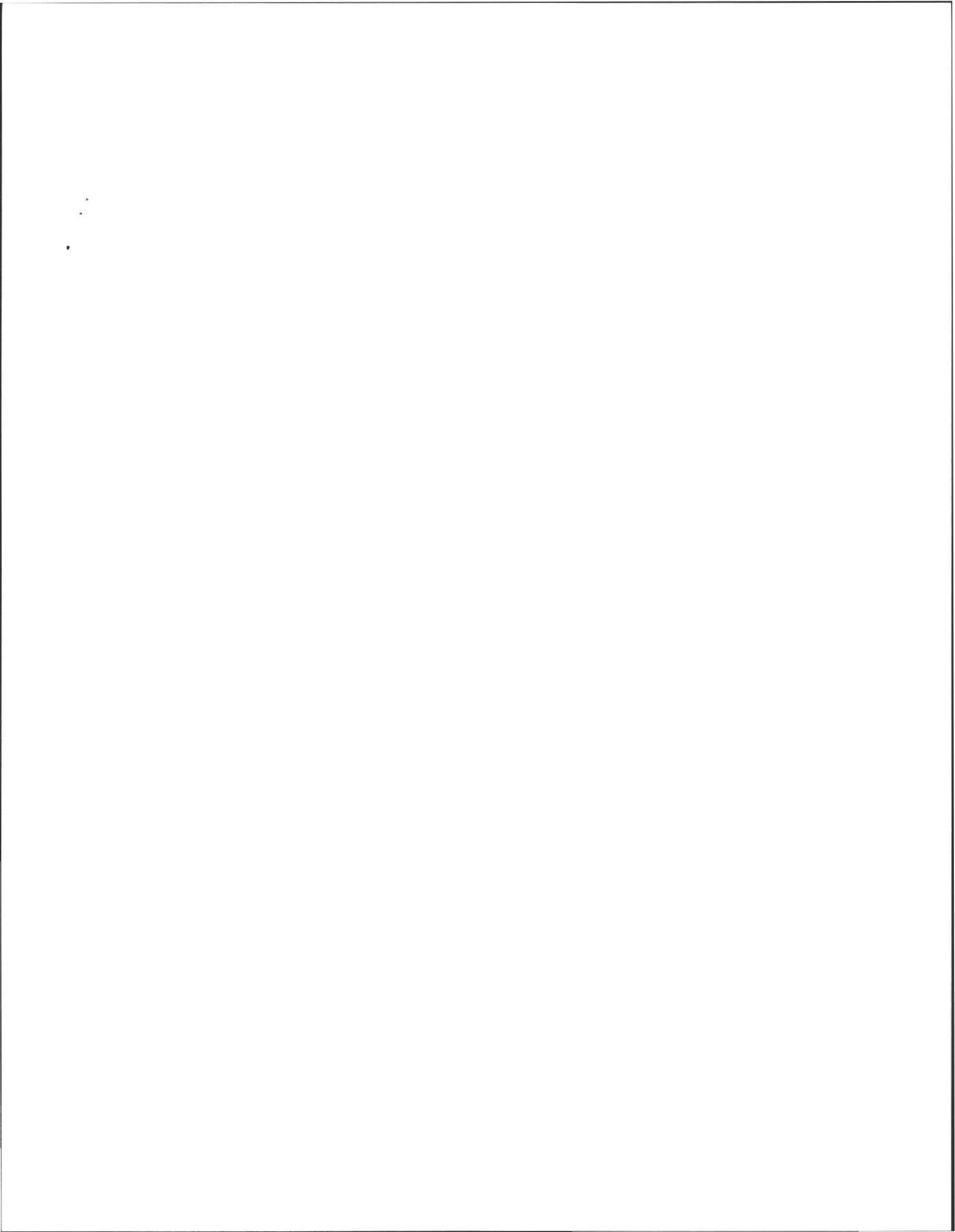
Site Passed Site Failed

Performed By: A. Weiss

Witnessed By: G. Courtois

Comments: _____





Location Address or Lot No. 34 Stage Coach 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 48" 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

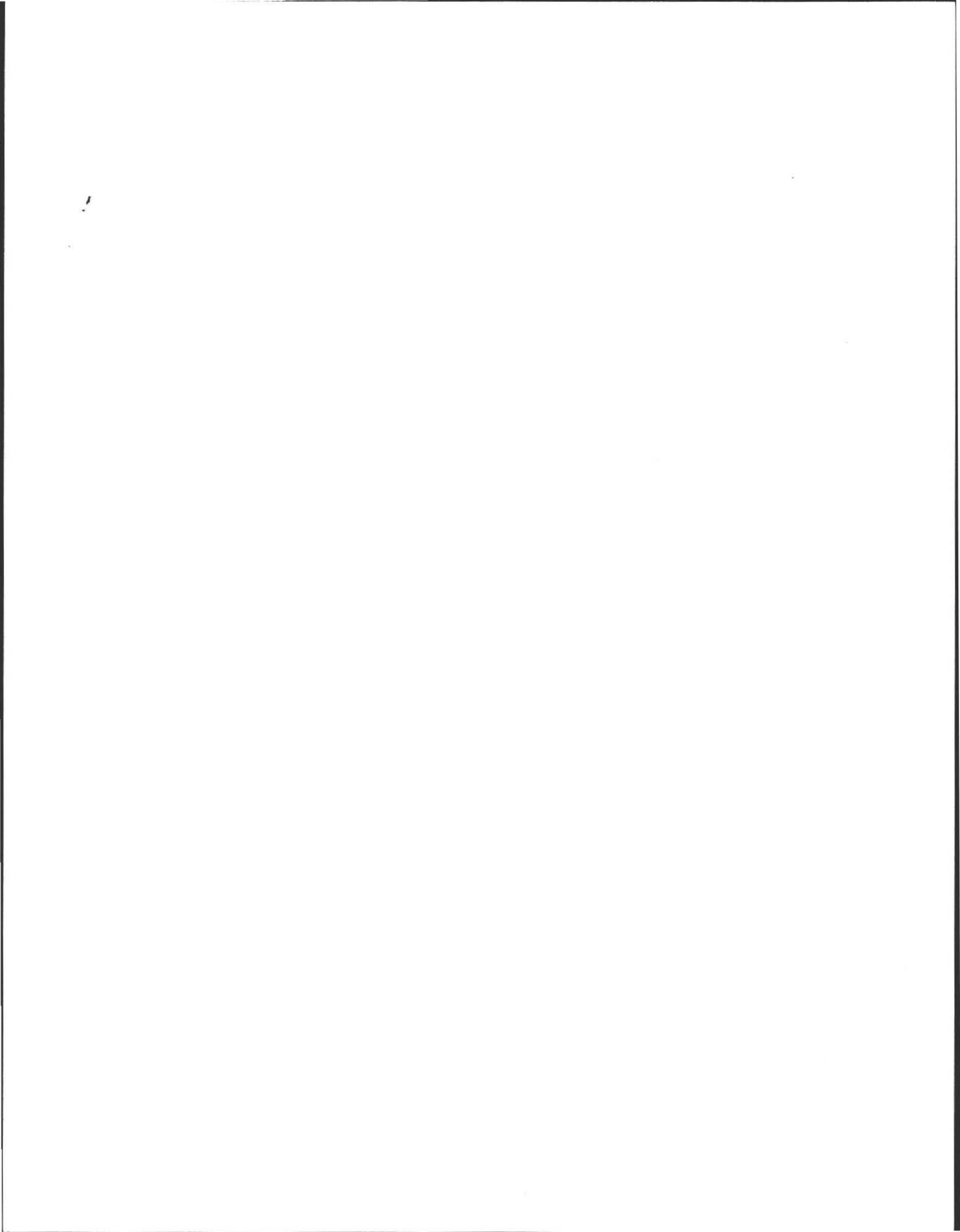
If not, what is the depth of naturally occurring pervious material? —

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.

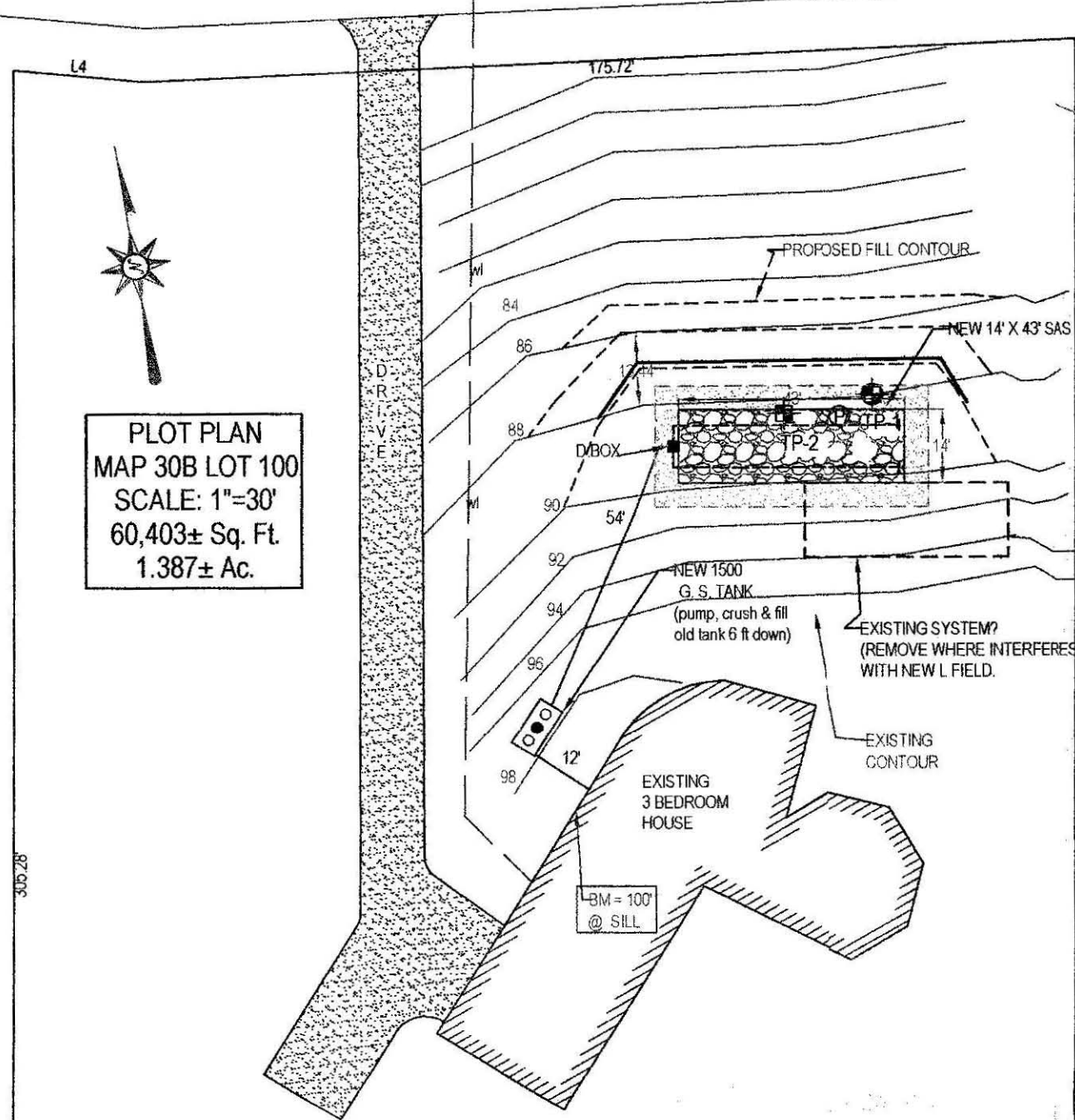
Signature [Signature] Date 3/17/12





STAGECOACH ROAD

PLOT PLAN
MAP 30B LOT 100
SCALE: 1"=30'
60,403± Sq. Ft.
1.387± Ac.

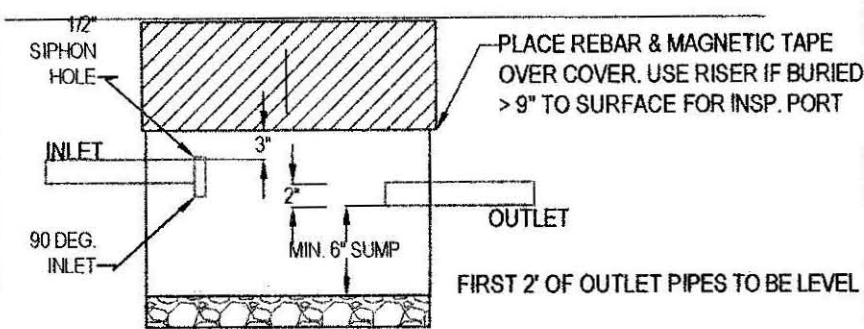


NOT AN ACTUAL SURVEY!!
LINES DRAWN FOR SEPTIC
LOCATION PURPOSES ONLY!

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.

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. LANDSCAPING IS RECOMMENDED WHERE WARRANTED.

TYPICAL D.BOX (WATERTIGHT)

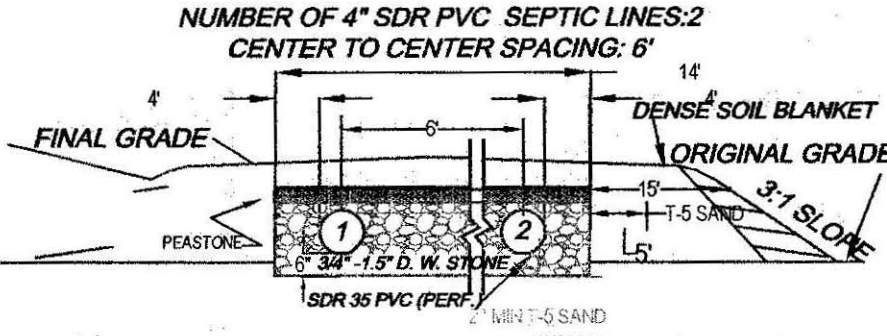


- PLACE ON STABLE 6" BASE OF 3/4" TO 1-1/2" D.W. STONE
- USE CONCRETE BOX WITH 2" MINIMUM WALL THICKNESS.
- FILL WITH WATER FOR FINAL INSPECTION.
- USE LARGE STYLE D.BOX 6 outlet (Underground Supply)

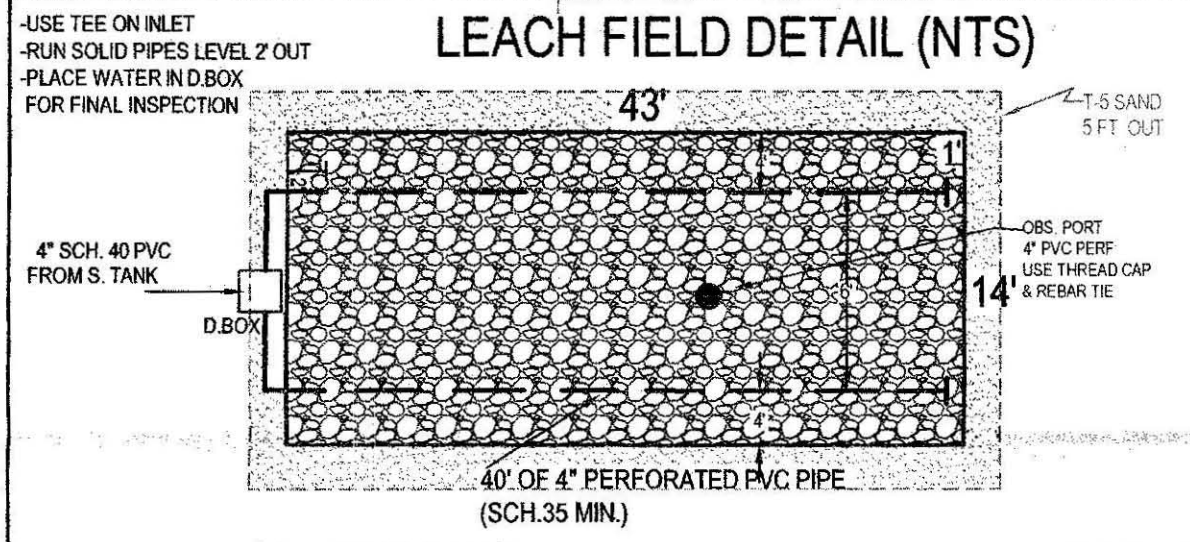
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- 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

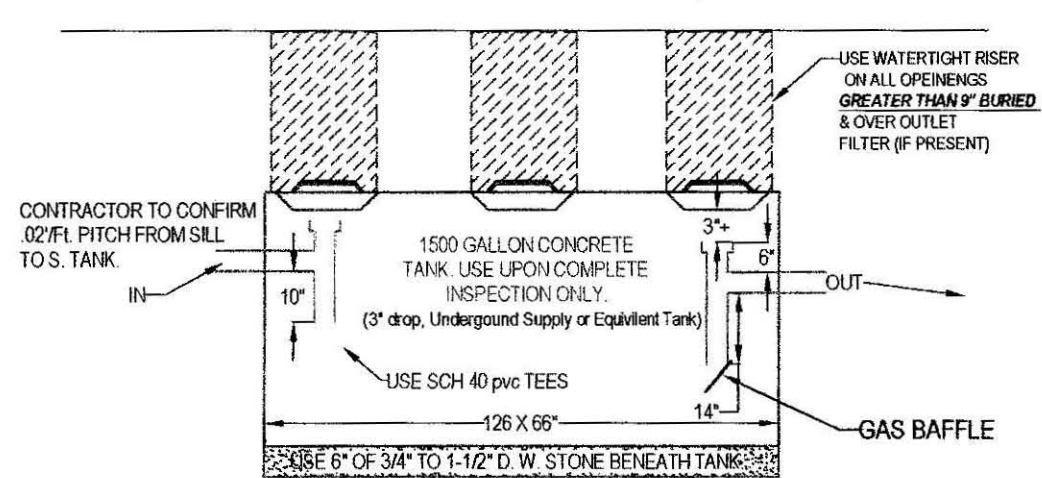
EFFLUENT DISPOSAL AREA CROSS SECTION - NOT TO SCALE (RAISED DISPOSAL AREA) (2% SLOPE TOP)



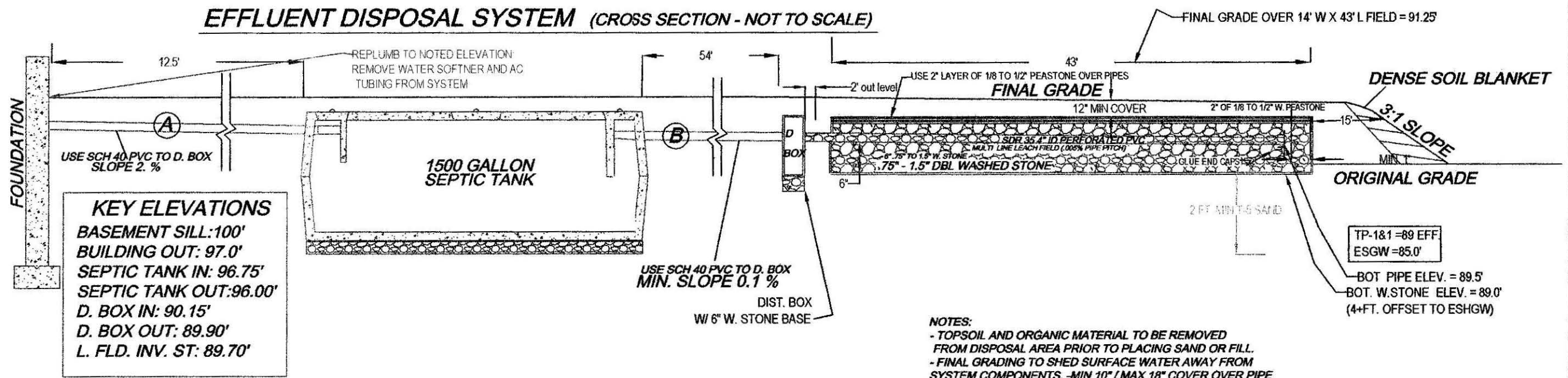
LEACH FIELD DETAIL (NTS)



TYPICAL NEW SEPTIC TANK (WATERTIGHT) OR EQUIVELANT.

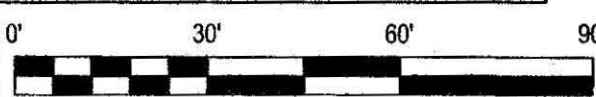


EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



KEY ELEVATIONS
BASEMENT SILL: 100'
BUILDING OUT: 97.0'
SEPTIC TANK IN: 96.75'
SEPTIC TANK OUT: 96.00'
D. BOX IN: 90.15'
D. BOX OUT: 89.90'
L. FLD. INV. ST: 89.70'

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.



SUBJECT SITE LOCATION

DESIGN NOTES AND CALCULATIONS:

- 1.) 3 BEDROOM HOME X: 110 GPD / BR = 330 GPD. REQUIRED.
- USE ONE FIELD: 14' WIDE X 43' LONG WITH 6" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT
- BOTTOM AREA: 14' W X 43' L = 602 SF.
- SIDE AREA: 0 SF.
- TOTAL AREA: 602 SF X 0.74 GAL/SF = 445.5 GPD
3. GARBAGE DISPOSAL NOT ALLOWED...
4. NO OTHER PRIVATE WELLS WITHIN 100 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:
- 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 AS NOTED (not required for repairs).
11. SLOPE CALCS (SEE CONTOURS), SUBGRADE INSP. REQ'D.
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 SUB TO .24" MIN. AS NEEDED (INSPECTION REQUIRED).
- CLEAR PAST BASE OF B (MIN. 24") & SCARIFY UNDER BED PRIOR TO TITLE V SANDSTONE PLACEMENT.
- EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
15. SOIL EVALUATION BY A. WEISS, RS. ON 3/17/10 (G. COURT MANCHE, BOH AGENT).
- DEPTH OF PERC. 40"
- PERC RATE = 3 MIN / IN.
- CLASS 1 SOIL RATING SAND
16. NO TREES WITHIN 10 FT. OF NEW LEACH FIELD.
17. ENGINEER & TOWN (IF REQUIRED) TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
18. BM-100.00 @ (as noted), CONFIRM PROPER PIPE SLOPES
19. USE INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
19. GRADE MULCH AND SEED COVER SAS AS NOTED
20. INSTALLATION IN LOW GROUNDWATER AS 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:

TP-1 EFF. ELEV: 88.5				TP-2 EFF. ELEV: 88.5			
DEPTH	HORIZ	TEXTURE	MATERIAL	DEPTH	HORIZ	TEXTURE	MATERIAL
0-16	A	FSL	10 YR 3/3	0-16	A	FSL	10 YR 3.3
16-20	Bw	SL	10 YR 5/6	16-20	Bw	LS	2.5 Y 5.6
20-108	C1	LS	2.5 Y 4/3	20-84	C1	S	2.5 Y 6.2
			F-C SAND, 10% GRAVEL				F-C SAND, 10% GRAVEL
OXIDES: 2.5 Y 4/2 OBSERVED @ 48"				OXIDES: 2.5 Y 4/2 OBSERVED @ 48"			
EHWT: 48"				EHWT: 48"			
STANDING H2O: 96"				STANDING H2O: 96"			
WEEPING: 56"				WEEPING: 56"			
BEDROCK: 108"+				BEDROCK: 84"+			

SEPTIC SYSTEM REPAIR PLAN FOR THE ESTATE OF ALICE ROSSI
34 STAGECOACH ROAD
AMHERST, MA.

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

PROJ. NO: (413) 323-5957
SCALE: (413) 323-4916
DATE: 3/18/10
SCALE: 1"=30'

DESIGNED BY: ARS
CHECKED BY: AEW

DATE OF EVALUATION: 03/17/10
REVISED:
DRAWING NUMBER: 110-3318-0317

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.