

#28

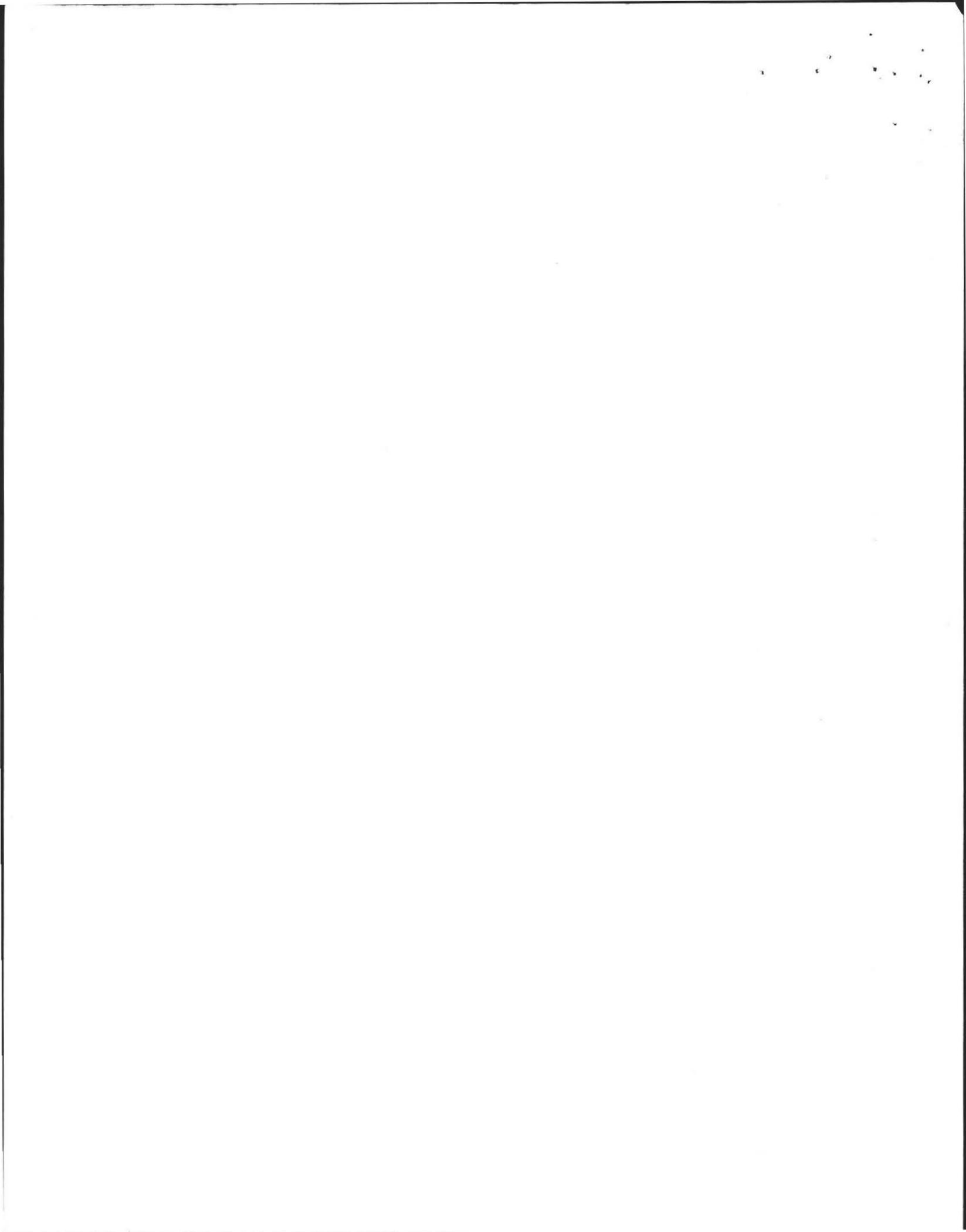
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 28 TRILLIUM WAY, AMHERST, MA 01002
Owner's name SCOTT & CAROL BULLIOTT
Date of Inspection 6/22/95

PART A
CHECKLIST

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 4 number of bedrooms
- 4 number of current residents
- yes garbage grinder, yes or no
- yes laundry connected to system, yes or no
- No seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available: NA 440 gpd

Occupied Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

Pumped 1 year ago 1994

yes System pumped as part of inspection, yes or no
if yes, volume pumped 1500 GAL

Reason for pumping:
Pumped by Karl's Excavating

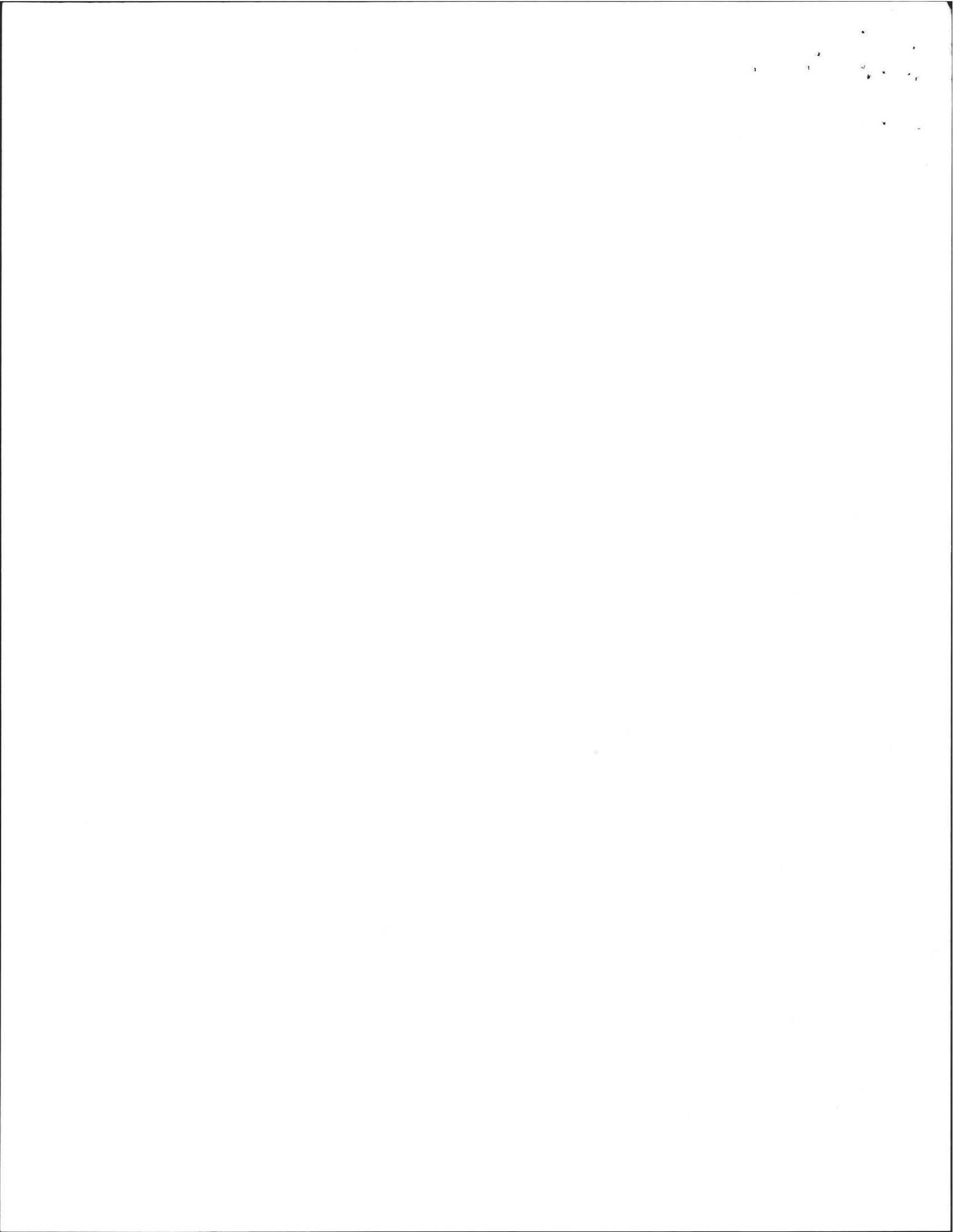
Type of system

- 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)
- Other (explain) _____

Approximate age of all components. Date installed, if known. Source of information:

6 years Installed Nov. 1989

NO Sewage odors detected when arriving at the site, yes or no



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: yes
(locate on site plan)

depth below grade: 1'2"

material of construction: concrete metal FRP other(explain)

dimensions: 10'6" x 5'8" x 5'4" 1500 GAL.

<u>3"-5"</u>	sludge depth	
<u>4'4"</u>	distance from top of sludge to bottom of outlet tee or baffle	<u>2'8"</u>
<u>1"-2"</u>	scum thickness	
<u>8"</u>	distance from top of scum to top of outlet tee or baffle	<u>15"</u>
<u>15"</u>	distance from bottom of scum to bottom of outlet tee or baffle	

Comments:
 (recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, recommendations for repairs, etc.)
Good condition, no leakage. Pump every year

DISTRIBUTION BOX: yes
(locate on site plan)

0" depth of liquid level above outlet invert

Comments:
 (note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)

PUMP CHAMBER: NONE
(locate on site plan)

 pumps in working order, yes or no

Comments:
 (note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): YES

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type

leaching pits and number

leaching chambers and number

leaching galleries and number

leaching trenches, number, length

leaching fields, number, dimensions

overflow cesspool, number

2 - 65 FT. LONG

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

SOIL, OK; NO SIGN OF HYDRAULIC FAILURE, NO PONDING

CESSPOOLS (locate on site plan): NONE

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 (cesspool must be pumped as part of inspection)

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

PRIVY: NONE

(locate on site plan)

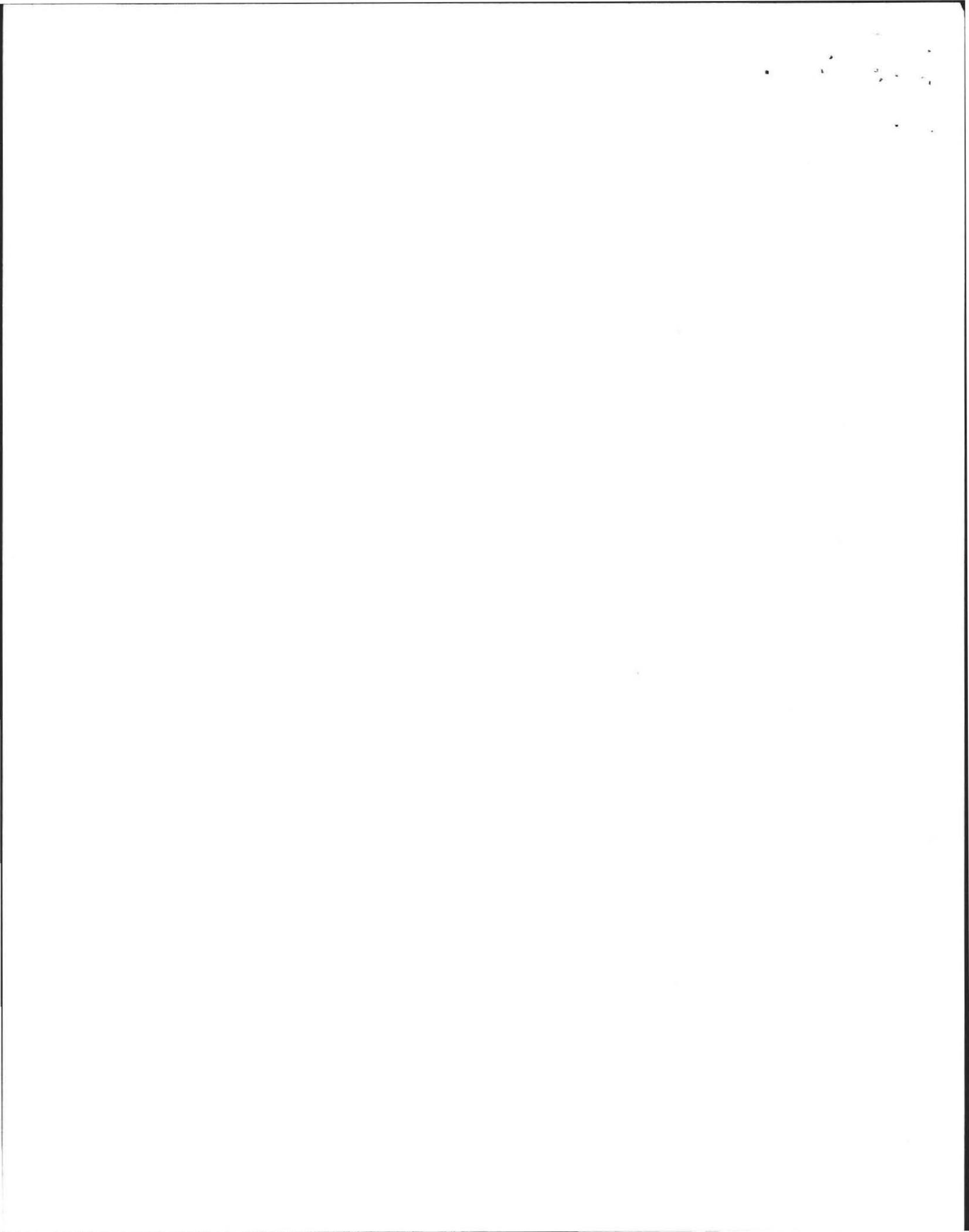
materials of construction

dimensions

depth of solids.

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100'

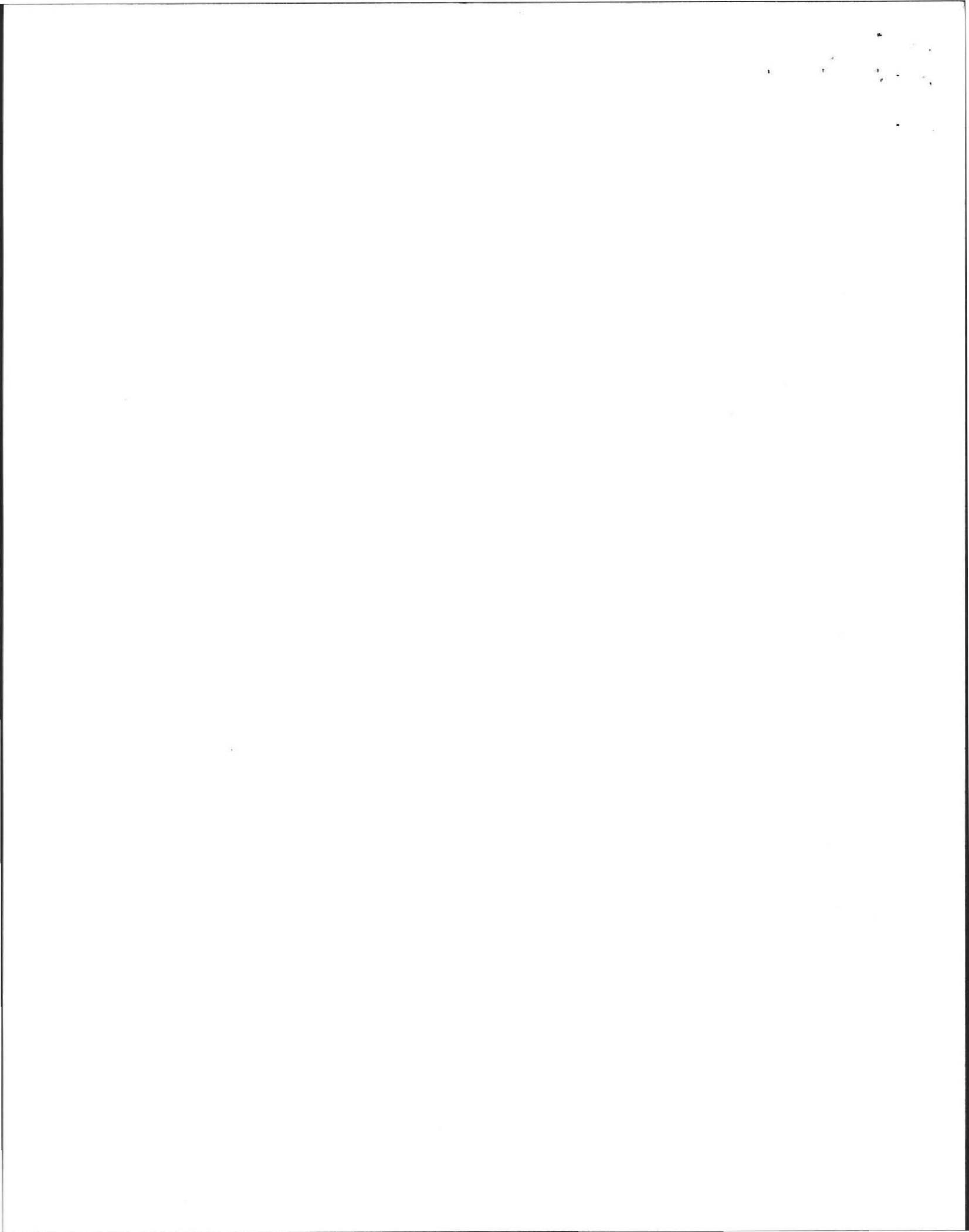
SEE ATTACHED PLAN.

DEPTH TO GROUNDWATER

> 144" depth to groundwater

method of determination or approximation:

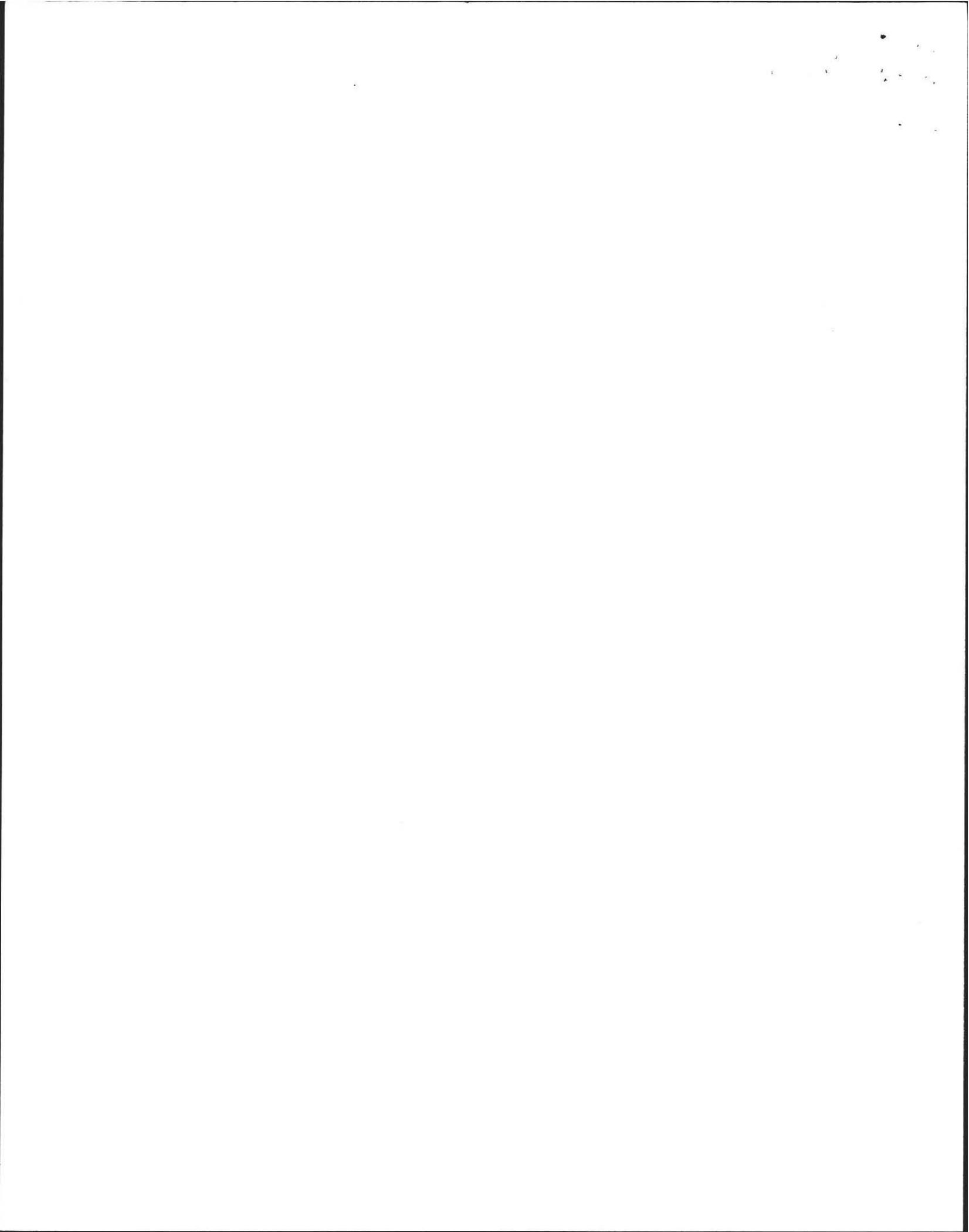
Test pits information from attached plan by D. MacLery



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

- N Backup of sewage into facility?
- N Discharge or ponding of effluent to the surface of the ground or surface waters?
- N Static liquid level in the distribution box above outlet invert?
- N Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?
- N Required pumping 4 times or more in the last year?
number of times pumped one
- N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?
- N Is any portion of the SAS, cesspool or privy:
below the high groundwater elevation?
- N within 50 feet of a surface water?
- N within 100 feet of a surface water supply or tributary to a surface water supply?
- N within a Zone I of a public well?
- N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?
- N within 50 feet of a private water supply well?
- N less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION

Name of Inspector HAROLD L. STILES, P.E.

Company Name SAME

Company Address 321 LINCOLN AVE.
AMHERST, MA 01002-1919

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the FAILURE CRITERIA section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the FAILURE CRITERIA section of this form.

Inspector's Signature Harold L. Stiles

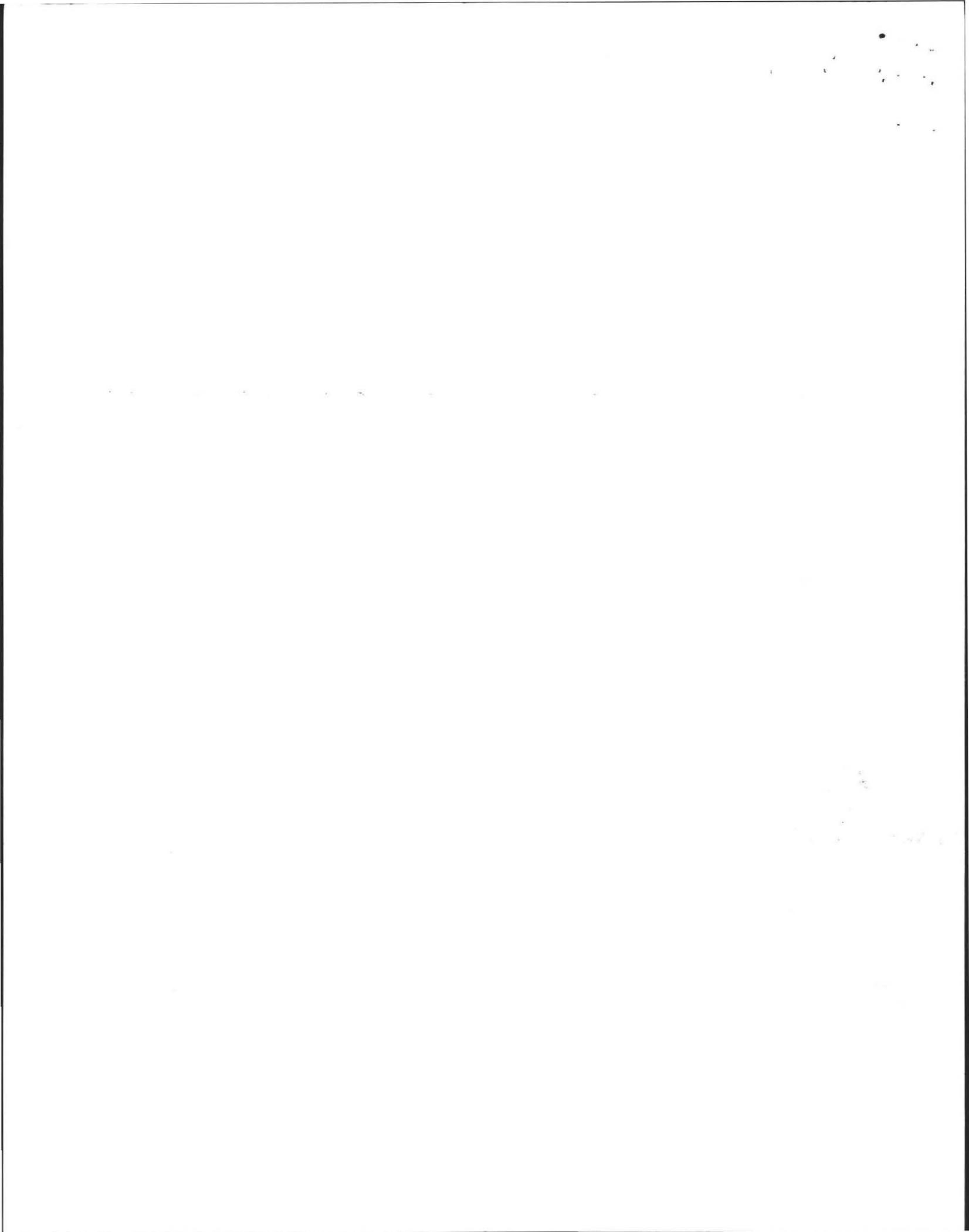
Date 6/22/95

Original to system owner: SCOTT & CAROL ELLIOT

Copies to: D H JONES

Buyer (if applicable)
Approving authority

DAVID ZAROZINSKI
AMHERST BOARD OF HEALTH
TOWN HALL
AMHERST, MA 01002



NOV - 7 1989

MacLEAY ASSOCIATES

DOUGLAS J. MacLEAY
REGISTERED PROFESSIONAL ENGINEER

102 BRIDGE STREET
SHELBURNE FALLS, MA 01370
(413) 625-9774

November 2, 1989

Mr. David Zarozinski
Amherst Board of Health
Boltwood Walk
Amherst, MA 01002

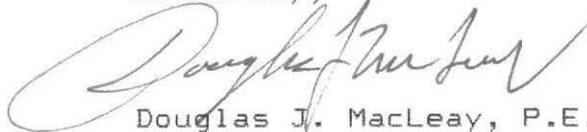
Dear Mr. Zarozinski:

On Wednesday October 25, 1989 an inspection was performed of the installation of a subsurface disposal system at 28 Trillium Way in Amherst.

This inspection indicates that the replacement system installed at the Elliot property is substantially in accordance with the plans and specifications provided, and in compliance with Title 5 and local supplements.

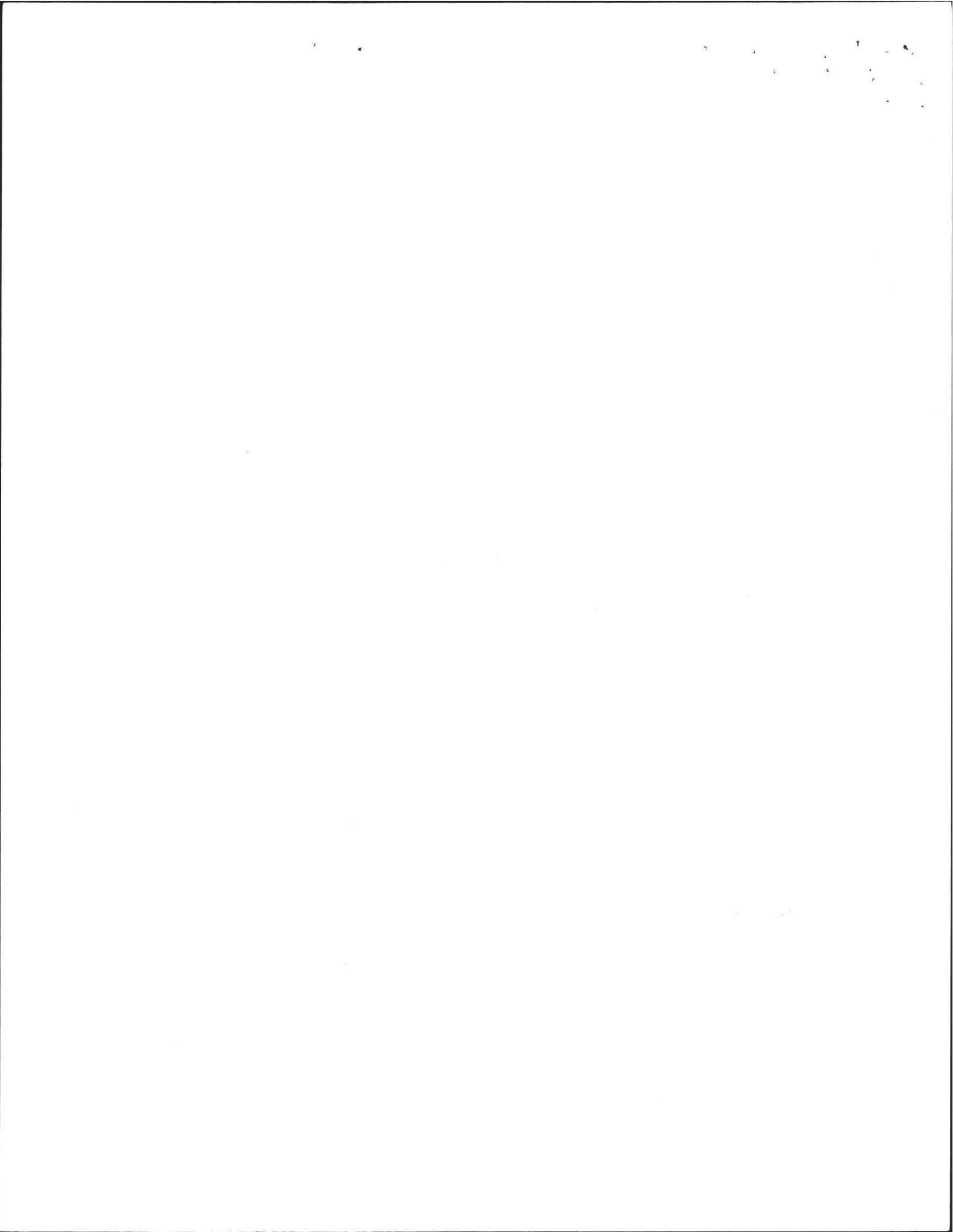
If you have any questions or need additional information please contact me.

Sincerely,



Douglas J. MacLeay, P.E.

Enclosure



OCT 16 1989

No. 89-16

10/13
Pd 60.00
CH 397-ELL
10/17/89
30.00 CH 1652
Macleay

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

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

28 Trillium Way Lot 67
Location - Address
Scott + Carol Elliott or Lot No.
Owner 28 Trillium Way Amherst
Address
W. W. Clark Installer Address Woods

Type of Building
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 110 gallons per person per day. Total daily flow 440 gallons.
Septic Tank - Liquid capacity 1000 gallons Length 9'-6" Width 4'-10" Diameter Depth 5'-4"
Disposal Trench - No. 2 Width 2'-5" Total Length 65' Total leaching area 845 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Macleay Assoc. Date Oct. 4, 89
Test Pit No. 1 8 minutes per inch Depth of Test Pit 144" Depth to ground water dry
Test Pit No. 2 8 minutes per inch Depth of Test Pit 144" Depth to ground water dry

Description of Soil TP-1) 0'-6" fill, 6'-13" top soil, 13"-32" subsoil, 32'-144" compact gravel fill; TP-2) 0'-6" fill, 6'-18" loam, 18'-24" subsoil, 24'-144" compact gravel fill.

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed [Signature] Date 10/19/89

Application Approved By [Signature] Date

Application Disapproved for the following reasons:

Permit No. 89-16 Issued Date

SYSTEM SUBSTANTIALLY IN COMPLIANCE WITH PLAN [Signature] Date 10/25/89

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY That the Individual Sewage Disposal System constructed () or Repaired (X) by W. W. Clark Installer

at 28 Trillium Way

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 89-16 dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE 10/23/89 Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 89-16

Disposal Works Construction Permit

CH 397 ELLIT
10/13/89
60.00
10/17/89-30.00
Macleay

Permission is hereby granted W. W. Clark to Construct () or Repair (X) an Individual Sewage Disposal System at No. 28 Trillium Way

as shown on the application for Disposal Works Construction Permit No. 89-16 Dated 10/10/89

DATE Board of Health

CHECK OR FILL IN WHERE APPLICABLE

Handwritten notes at the top left, possibly including a date or reference number.

Faint, illegible text in the upper middle section of the page.

Small handwritten mark or characters on the left side.

Handwritten text in the middle section, appearing to be a list or set of instructions.

Small handwritten mark or characters on the left side.

Handwritten text in the middle section, possibly a continuation of the list.

Large block of handwritten text at the bottom of the page, possibly a summary or conclusion.

AMHERST HEALTH DEPARTMENT

TITLE V FEES

Owner: SCOTT ELLIOT

Site: 28 TRILLIUM WAY

Percolation Test: (LOT 7) Per Lot

100.00 PD Date: OCT 4, 1989

CLARK CK. #
3786

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Disposal Works Construction Permit

ELLIOT CK 397

Plan Review 60⁰⁰

Date 10/13/89

Final Inspection

Date _____

Subsequent Plan Review

MACLEAY ASSOC.
CK. 1652 30⁰⁰

Date 10/17

Date _____

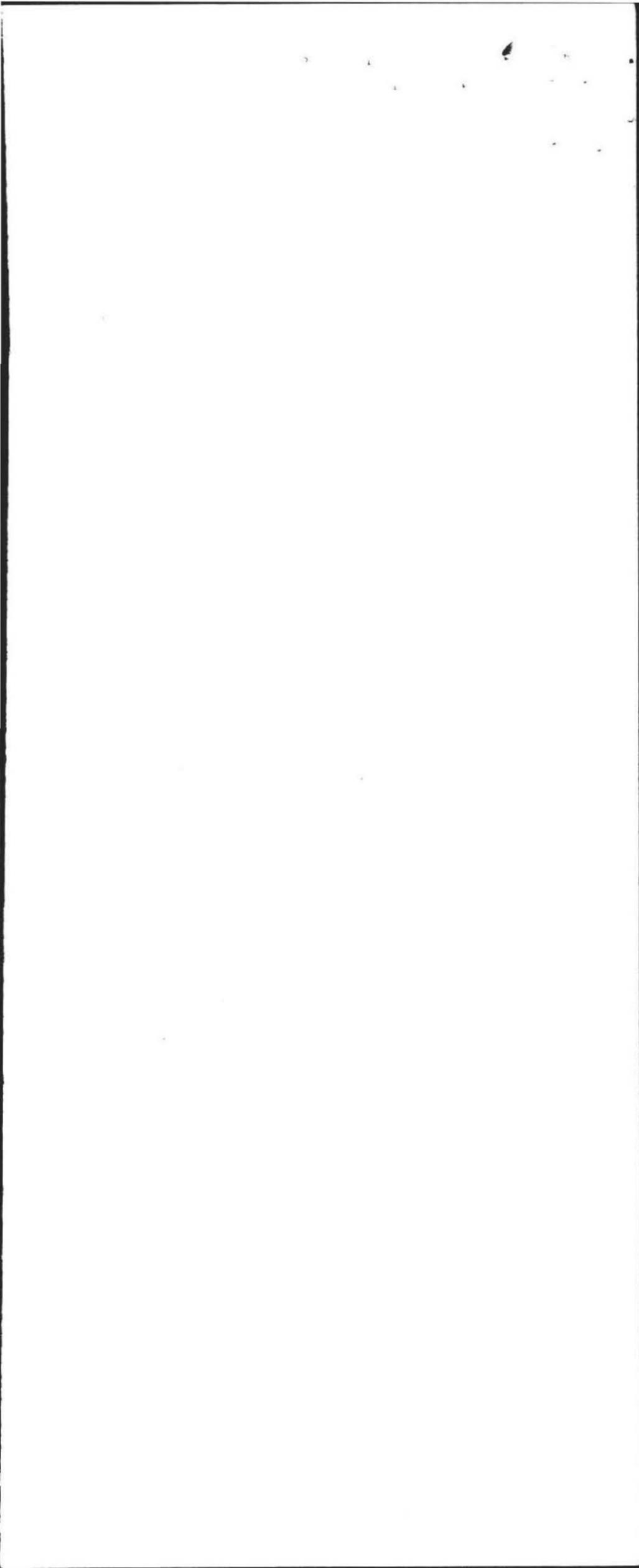
Date _____

Reinspection of Installation

Date _____

Date _____

Date _____



TOWN OF AMHERST

PERC TEST DATA SHEET

DATE 10/4/89 LOCATION 67 Trillium Way LOT SIZE _____

OWNER Scott Elliot ADDRESS 28 Trillium Way TELE # 256-1792

P.E./RS Doug McClay FIRM Same OBSERVED BY David Zarozinski

BACK HOE OPERATOR Clark BENCH MARK _____

PERC DEPTH 40 PRE SOAK TIME 10:03 PERC DEPTH _____ PRE SOAK TIME _____

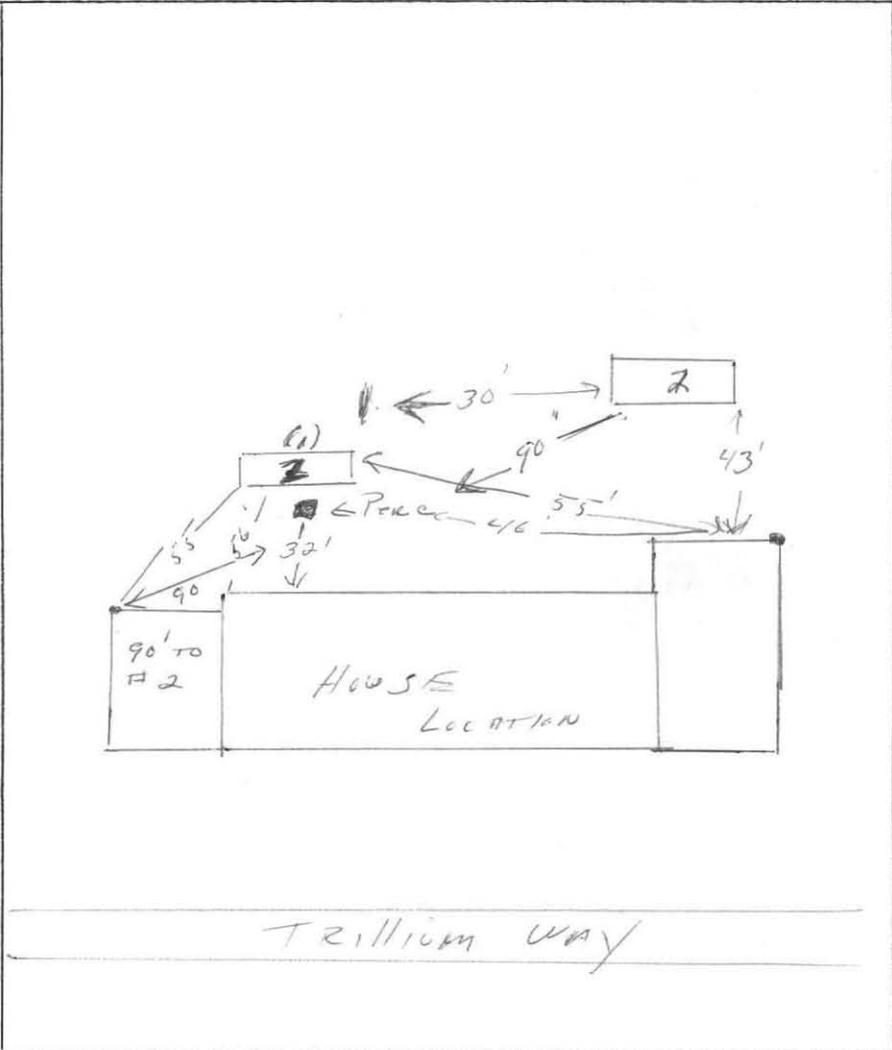
TEST	<u>10:18</u>	<u>12"</u>	<u>10:41</u>	<u>8"</u>	_____	_____
	<u>10:23</u>	<u>11"</u>	<u>10:48</u>	<u>7"</u>	_____	_____
	<u>10:27</u>	<u>10"</u>	<u>10:57</u>	<u>6"</u>	_____	_____
	<u>10:34</u>	<u>9"</u>	_____	_____	_____	_____

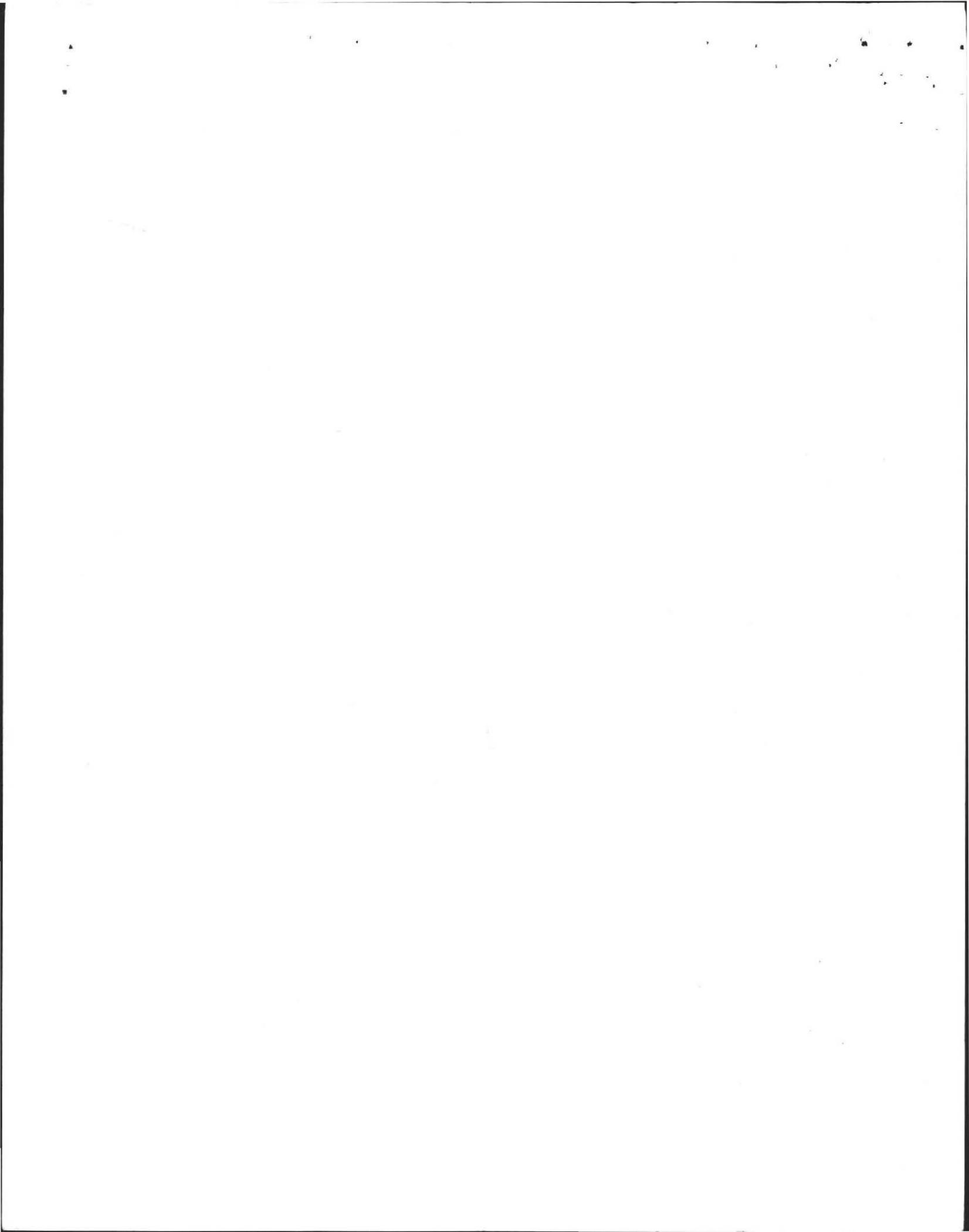
RATE 8 RATE _____

#2	#1
Fill 6"	TOP 6"
TOP 12"	TOP 13"
SUB 24"	SUB 26"
Compact Gravel Till 12'	SAME 12'

TOP	TOP
SUB	SUB

TOP	TOP
SUB	SUB





No. 85-26

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst



Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (✓) or Repair () an Individual Sewage Disposal

System at:

28 Amherst Woods
Carol Cahillane
W.W. Clark

#67
c/o Fern Paulding
3 Evergreen Lane
Amherst
FRATT CORNER RD SWITZERSON

Type of Building Dwelling — No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
Other — Type of Building No. of persons Showers () — Cafeteria ()
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 509.4 gallons.
Septic Tank — Liquid capacity 1500 gallons Length Width Diameter Depth
Disposal Trench — No. 2 Width 2' Total Length 90' Total leaching area 180 sq. ft. sides
Seepage Pit No. Diameter Depth below inlet Total leaching area 180 sq. ft. bottom
Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by F.A. Fillios Date May 1, 1985
Test Pit No. 1 4 minutes per inch Depth of Test Pit 10' Depth to ground water 7'
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Enclosed
Nature of Repairs or Alterations — Answer when applicable

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Fern Paulding
Application Approved By C. O'Day Date 7/12/85

Application Disapproved for the following reasons:

Permit No. 85-26 Issued 7-12-85 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by Installer

at has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 85-26

FEE \$500

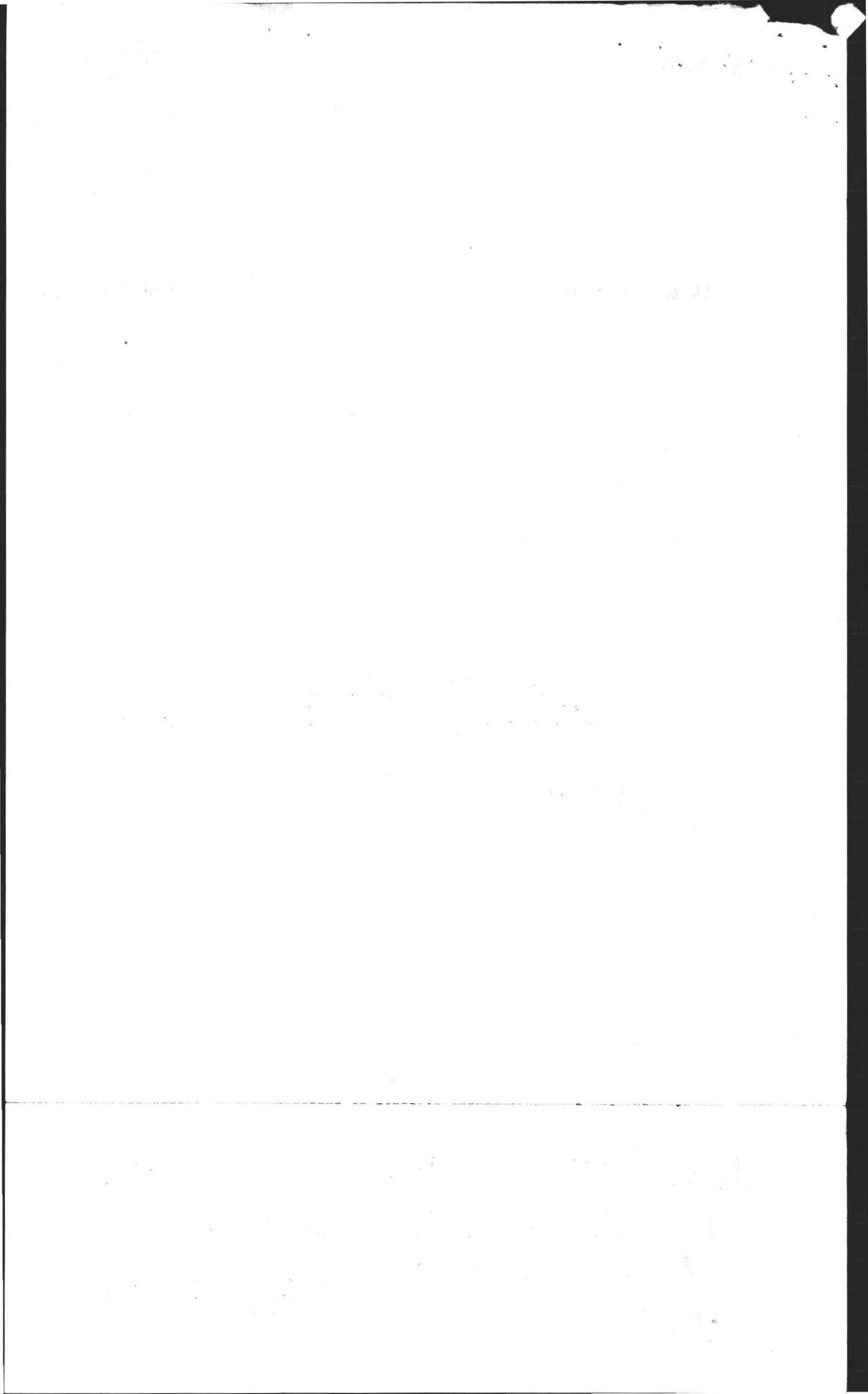
Disposal Works Construction Permit

Permission is hereby granted CAROL CAHILLANE - W.W. CLARK to Construct (X) or Repair () an Individual Sewage Disposal System

at No. 67 TRILLUM LANE Street as shown on the application for Disposal Works Construction Permit No. 85-26 Dated 7/12/85

DATE 7/12/85 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



No. 85-26



THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

Location, Address: Amherst Woods
Owner: Carol Cahillane
Installer: #67
Address: c/o Fran Paulding 3 Evergreen Lane, Amherst

Type of Building: Dwelling — No. of Bedrooms 3 Expansion Attic ()
Other — Type of Building _____ No. of persons _____
Other fixtures _____
Garbage Grinder (✓)
Showers () — Cafeteria ()

Design Flow: 55 gallons per person per day. Total daily flow 509.4 gallons.
Septic Tank — Liquid capacity 1500 gallons Length _____ Width _____ Diameter _____ Depth _____
Disposal Trench — No. 2 Width 2' Total Length 90' Total leaching area 180 sq. ft. sides
Seepage Pit No. _____ Diameter _____ Depth below inlet _____ Total leaching area 180 sq. ft. bottom

Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by F.A. Filios Date May 1, 1985
Test Pit No. 1 4 minutes per inch Depth of Test Pit 10' Depth to ground water 7'
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil: Enclosed

Nature of Repairs or Alterations — Answer when applicable _____

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed _____ Date _____
Application Approved By _____ Date _____
Application Disapproved for the following reasons: _____ Date _____
Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

OF _____

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____ Installer _____

at _____ has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE _____ Inspector _____

CHECK OR FILL IN WHERE APPLICABLE

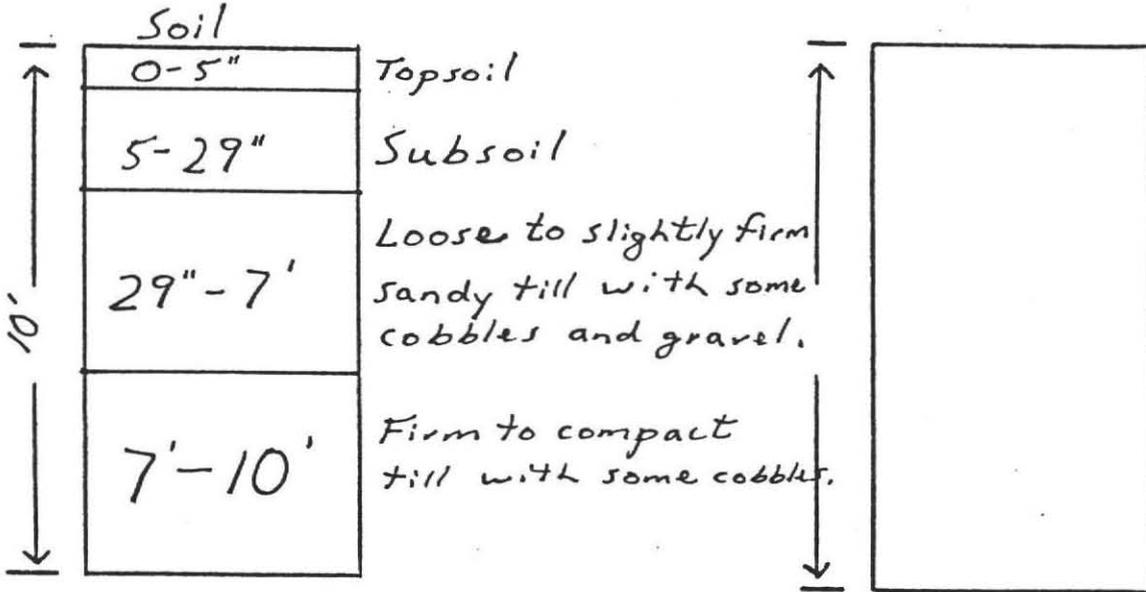
DEEP SOIL LOGS

OWNER Amherst Woods Inc

DATE May 1, 1985

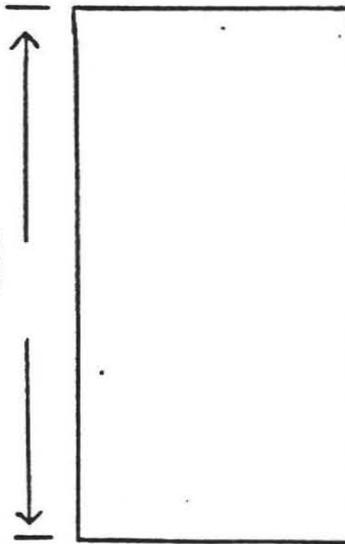
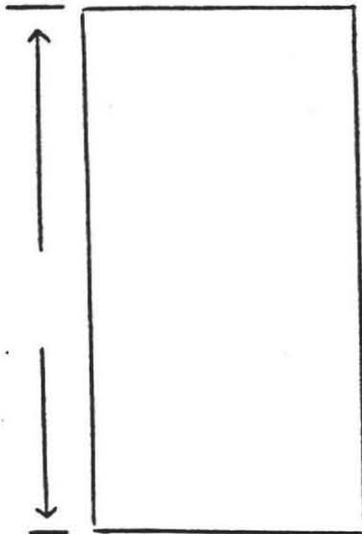
LOCATION Amherst Woods
Lot # 67

OBSERVER F.A. Filios



GROUND WATER Seepage at 7'

GROUND WATER _____

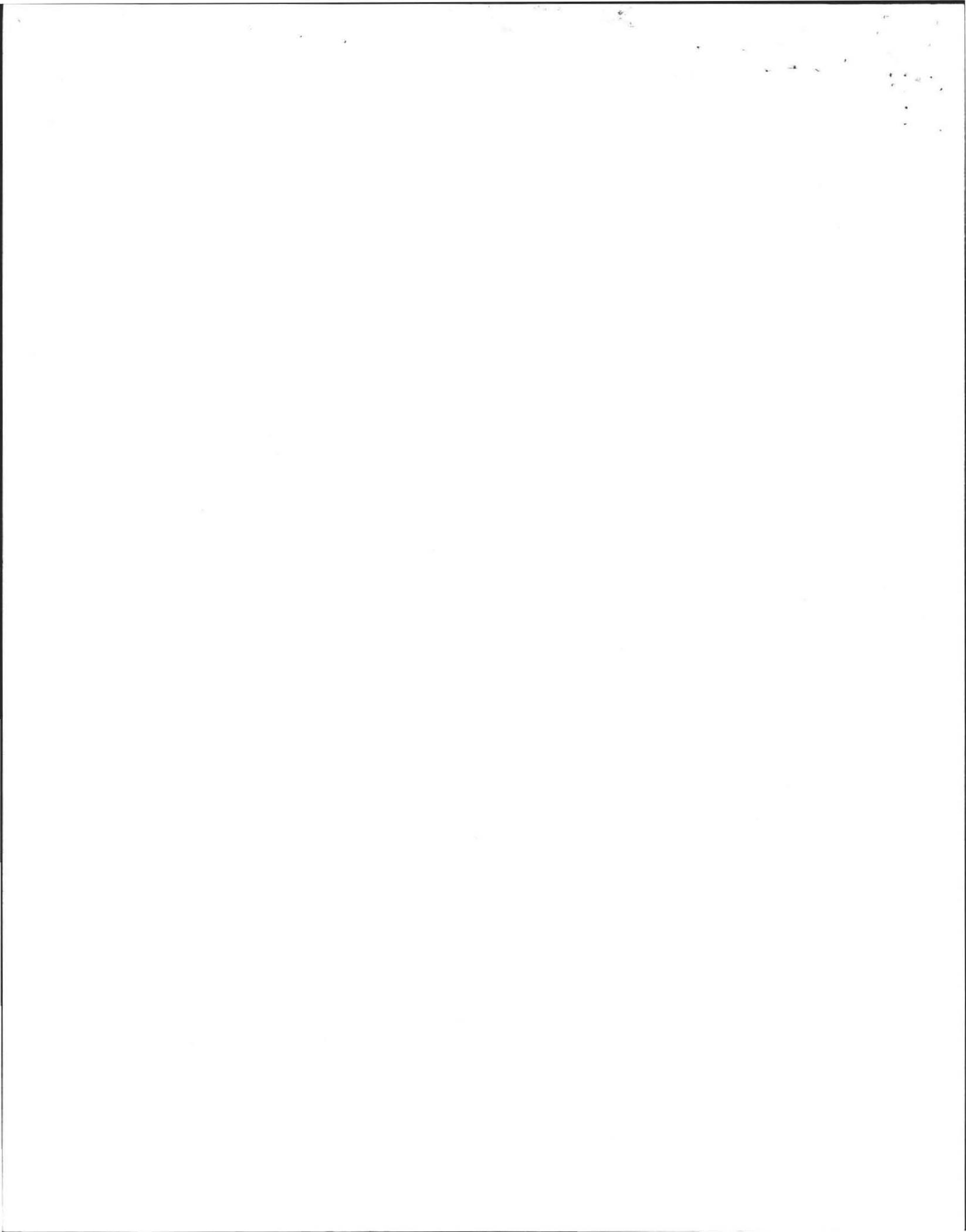


GROUND WATER _____

GROUND WATER _____

Percolation Rate at 34" :

4 min/inch



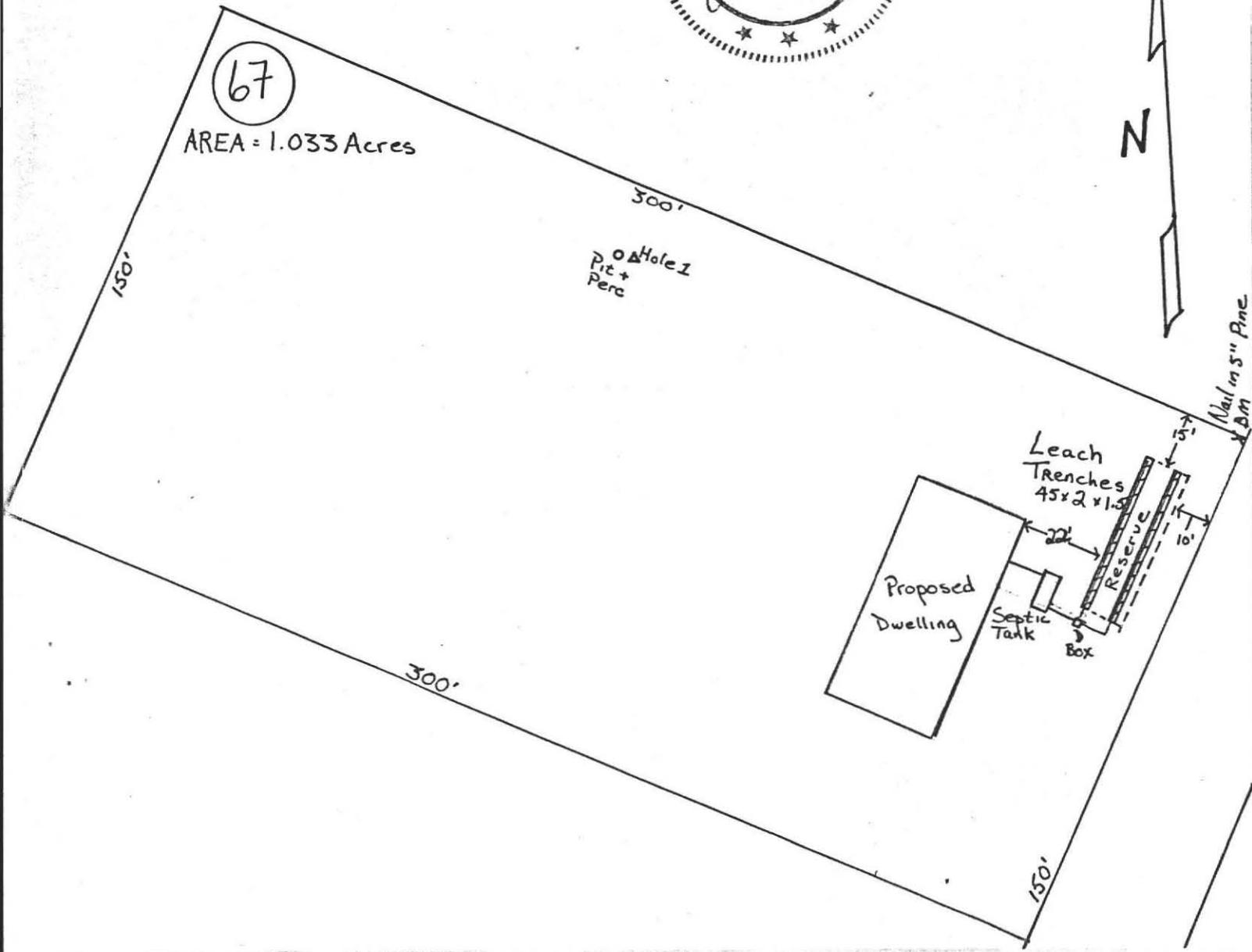
PLAN SHOWING SEWAGE DISPOSAL

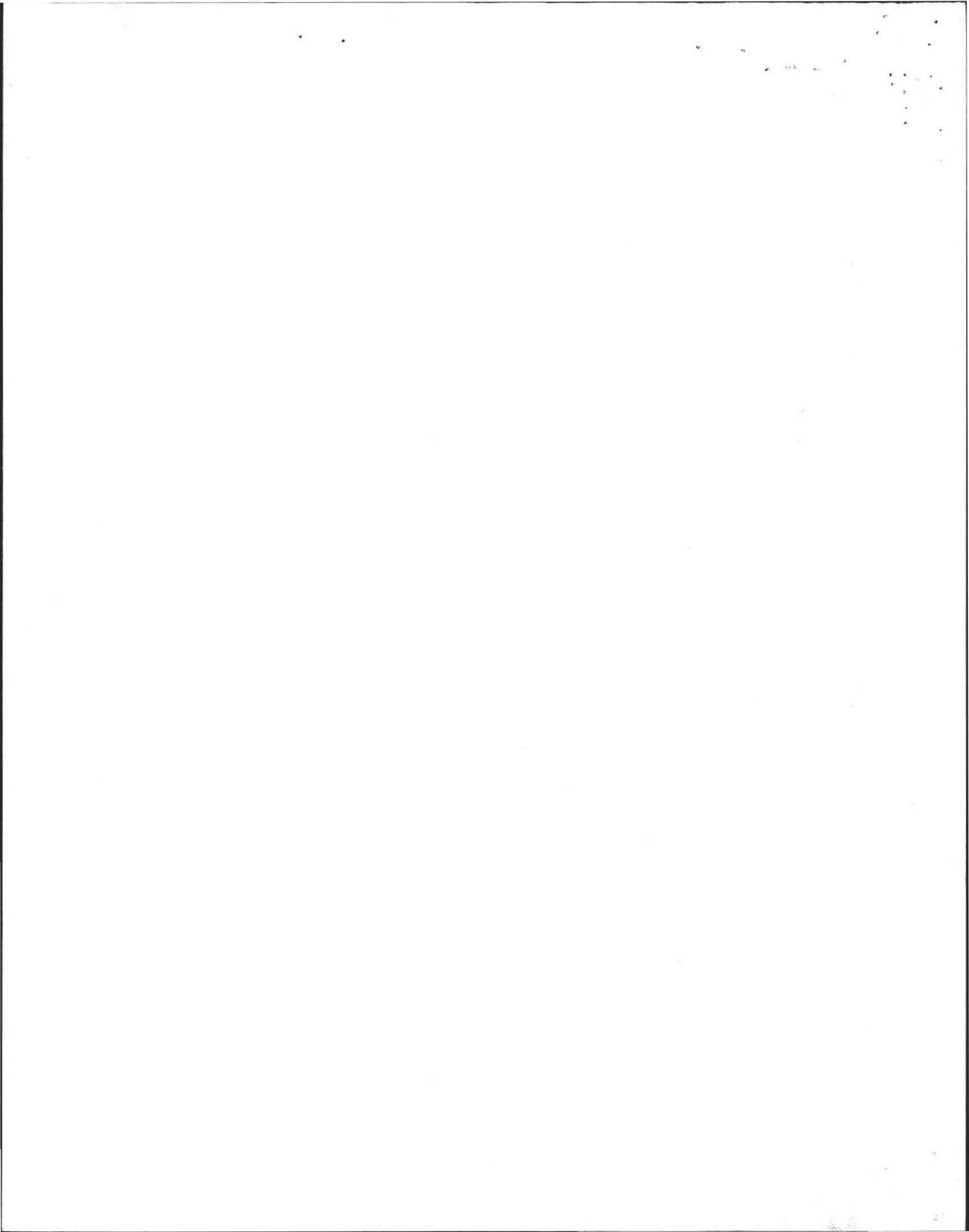
For: Carol Cahillane
C/O Fran Paulding
3 Evergreen Lane
Amherst, MA.
At: Lot # 67
Amherst Woods

Scale: 1"=40'
By: F.A. Filios

July 1985

Note: Town Water





PROFILE OF SEPTIC SYSTEM

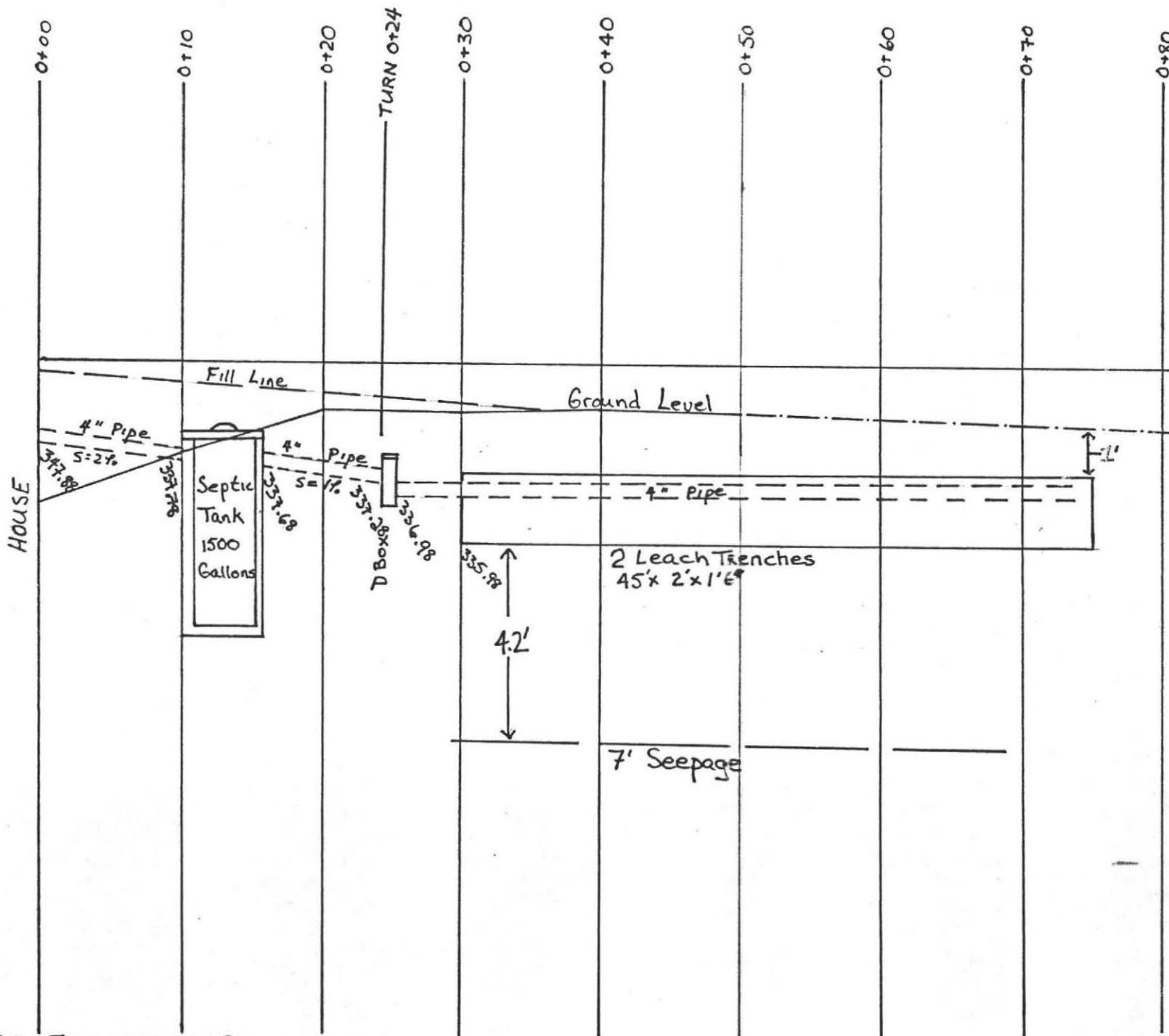
FOR: Carol Cahillane, % Fran Paulding

BY: Frederick A. Filios
69 Pelham Road
Amherst, MA

DATE: July 9, 1985

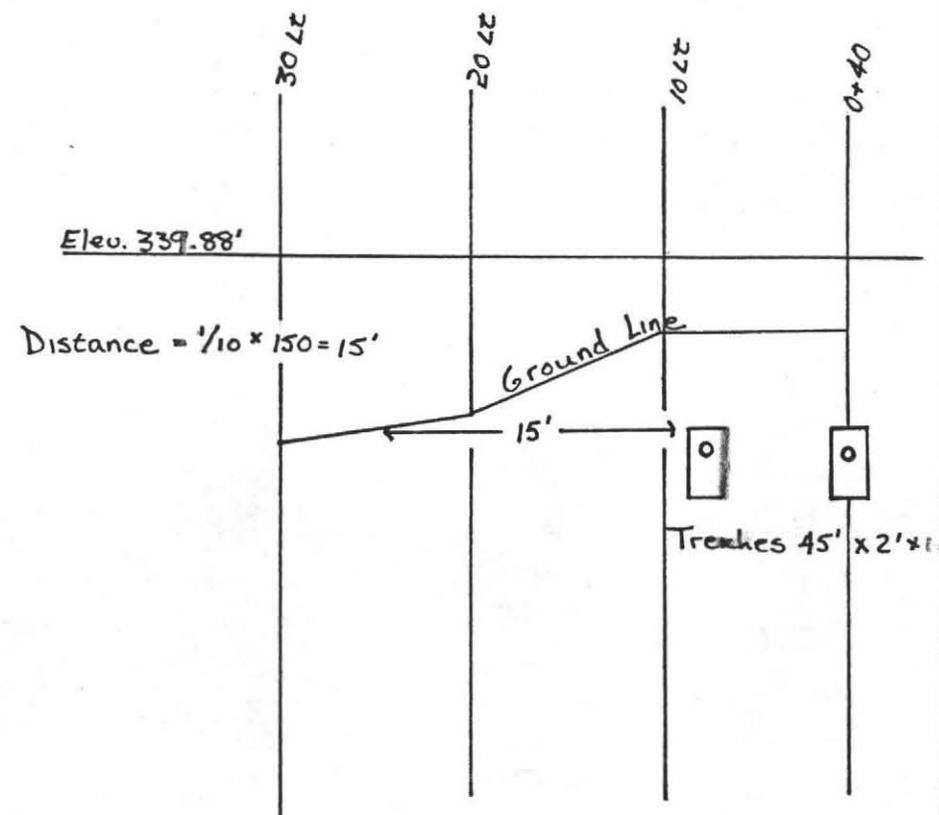
SITE: Amherst Woods, Phase III
Lot 67, Amherst, MA

SCALE: Horizontal 1" = 10'
Vertical 1" = 3'



TRUE ELEVATION
339.88'
BM nail in 5" Pine

CROSS SECTION



SPECIFICATIONS:

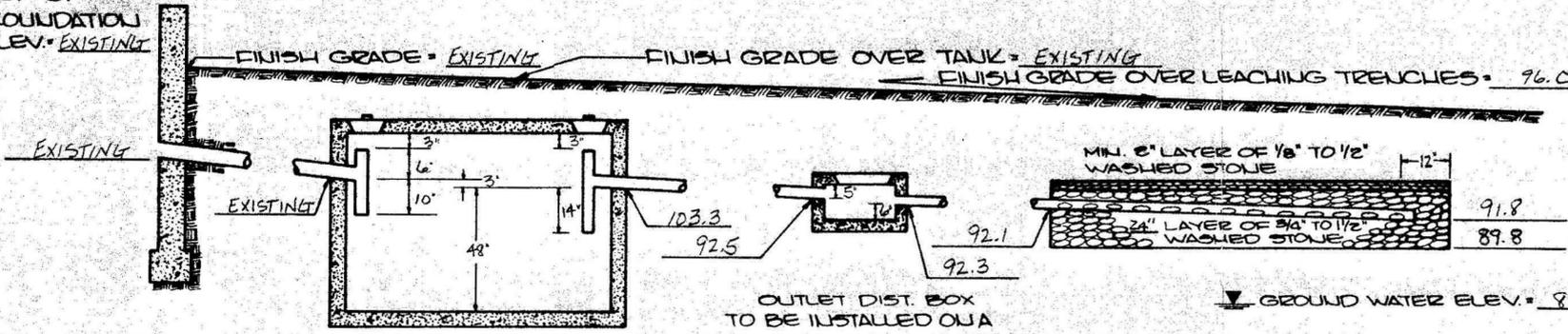
All materials and construction are to be in accordance with the Commonwealth of Massachusetts D.E.Q.E. State Environmental Code, Title 5.

CALCULATIONS: 3 Bdrms @ 110 gal = 330
+ 195 (grinder) = 495 Gallons Required
Sides 2.0 gal./sq. ft.; Bottom 0.83 gal./sq. ft.
90' x 1' x 2 sides = 180 x 2.0 = 360,
90' x 2' = 180 x 0.83 = 149.4
360 + 149.4 = 509.4 Gallons Available

252 1792

TOP OF FOUNDATION ELEV. = EXISTING

FINISH GRADE = EXISTING
 FINISH GRADE OVER TANK = EXISTING
 FINISH GRADE OVER LEACHING TRENCHES = 96.0

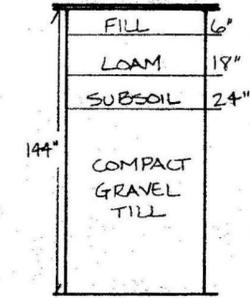
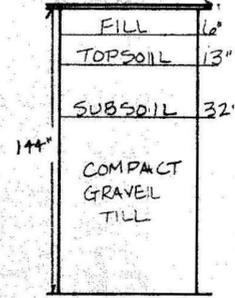


TEST PIT DATA

INSPECTOR DAVID ZARZINSKI
 DATE OCTOBER 4, 1989

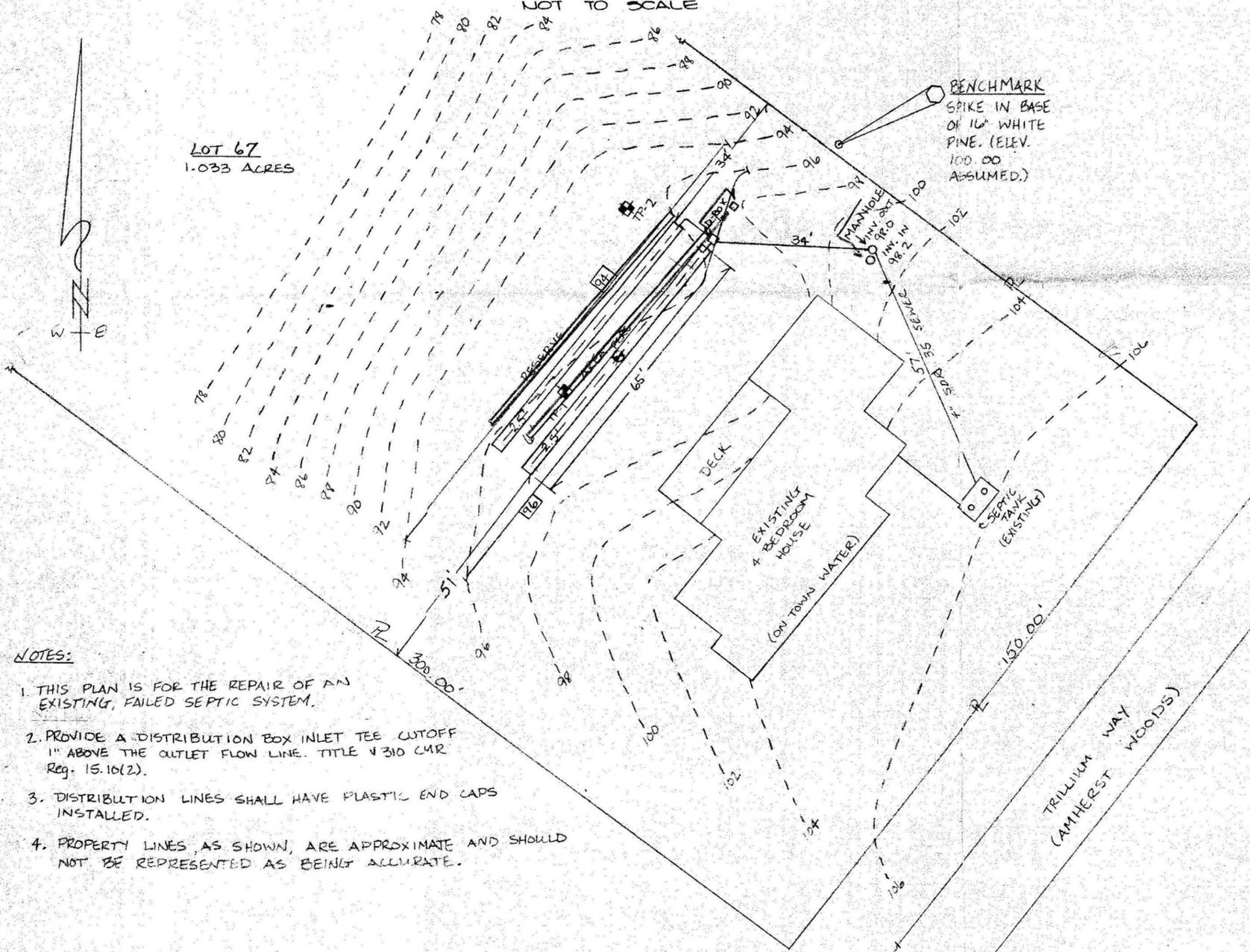
TEST PIT #1
 ELEV. TOP = 96.30
 ELEV. H₂O = DRY
 PERC. RATE = 2 MIN./INCH

TEST PIT #2
 ELEV. TOP = 95.13
 ELEV. H₂O = DRY
 PERC. RATE = 2 MIN./INCH



TYPICAL SYSTEM PROFILE

NOT TO SCALE



DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE
 DESIGN FLOW 110 GAL/DAY/BDRM.
 TOTAL DESIGN FLOW 440 GAL/DAY.
SEPTIC TANK
 440 GALS. x 150% = 660 GALS. DESIGN CAPACITY.
 USE 1000 GALLON SEPTIC TANK
LEACHING TRENCHES
 SIDEWALL:
 2 x 6.5 LENGTH x 2.0 DEPTH = 260.0 SQ. FT.
 260.0 SQ. FT. x 1.25 GAL/SQ. FT. = 325.0 GAL LEACHING.
 BOTTOM:
 6.5 LENGTH x 2.5 WIDTH = 162.5 SQ. FT.
 162.5 SQ. FT. x 0.63 GAL/SQ. FT. = 102.4 GAL LEACHING
 TOTAL NO. OF LEACHING TRENCHES = 2
 TOTAL LEACHING AREA = 845.0 SQ. FT.
 TOTAL LEACHING CAPACITY = 854.7 GAL/DAY.

GENERAL NOTES:

- 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM, EXCEPT WHERE OTHERWISE NOTED.
- 4" PERFORATED PIPE TO BE USED IN LEACHING TRENCHES.
- 1500 GAL REINFORCED CONCRETE SEPTIC TANK AND CONCRETE DISTRIBUTION BOX.
- AMHERST BOARD OF HEALTH MUST BE NOTIFIED WHEN SYSTEM IS NEARLY COMPLETE AND PRIOR TO BACKFILLING.
- ELEVATIONS BASED ON ASSUMED DATUM
- UNLESS OTHERWISE NOTED, ALL SYSTEM COMPONENTS SHALL BE INSTALLED IN ACCORDANCE WITH TITLE 5 OF THE STATE SANITARY CODE AND ANY APPLICABLE LOCAL RULES.
- ANY CHANGE TO THIS PLAN MUST BE APPROVED BY THE BOARD OF HEALTH AND THE ENGINEER.
- THIS SYSTEM (IS NOT) DESIGNED FOR A GARBAGE GRINDER.

LEGEND

- EXISTING CONTOURS
- PROPOSED CONTOURS
- WATER LINE
- WELL
- TEST PIT LOCATION
- SEPTIC TANK
- DISTRIBUTION BOX
- 4" PERFORATED PIPE
- 4" PIPE TIGHT JOINTS (PVC)
- 4" CAST IRON PIPE

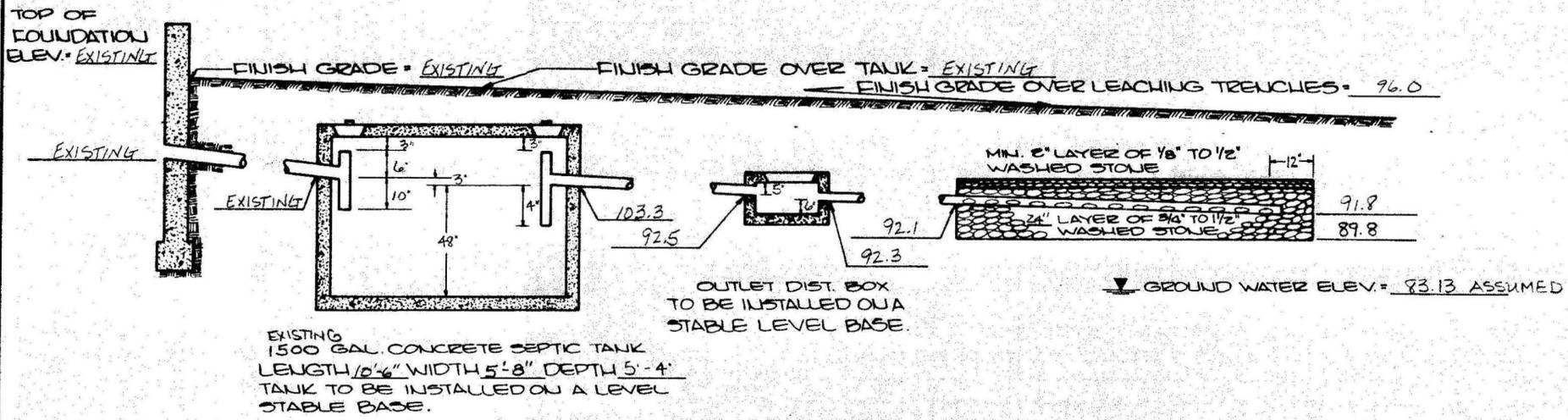
NOTES:

- THIS PLAN IS FOR THE REPAIR OF AN EXISTING, FAILED SEPTIC SYSTEM.
- PROVIDE A DISTRIBUTION BOX INLET TEE CUTOFF 1" ABOVE THE OUTLET FLOW LINE. TITLE V 310 CMR Reg. 15.10(2).
- DISTRIBUTION LINES SHALL HAVE PLASTIC END CAPS INSTALLED.
- PROPERTY LINES, AS SHOWN, ARE APPROXIMATE AND SHOULD NOT BE REPRESENTED AS BEING ACCURATE.

SITE PLAN
 SCALE: 1" = 20'

SCALE: AS SHOWN	APPROVED: <i>[Signature]</i>	REV. DATE BY DESCRIPTION APPD
DESIGN BY: KD		SEWAGE SYSTEM DESIGN IN AMHERST, MA
CHECKED BY: DV		FOR: SCOTT & CAROL ELLIOT
		DATE: OCTOBER 10, 1989 JOB NO. 89-1160

MACLEAY ASSOCIATES
 P.O. BOX 32, COLRAIN, MA 01340
 OFFICE: 102 BRIDGE ST., SHELburnE FALLS, MA 01370



EXISTING 1500 GAL. CONCRETE SEPTIC TANK
 LENGTH 10'-6" WIDTH 5'-8" DEPTH 5'-4"
 TANK TO BE INSTALLED ON A LEVEL STABLE BASE.

TYPICAL SYSTEM PROFILE

NOT TO SCALE

TEST PIT DATA
 INSPECTOR DAVID ZARZINSKI
 DATE OCTOBER 4, 1989

TEST PIT #1	TEST PIT #2
ELEV. TOP = 96.30	ELEV. TOP = 95.13
ELEV. H ₂ O = DRY	ELEV. H ₂ O = DRY
PERC. RATE = 2 MIN./INCH	PERC. RATE = 2 MIN./INCH

TEST PIT #1	TEST PIT #2
FILL 6"	FILL 6"
TOPSOIL 13"	LOAM 18"
SUBSOIL 32"	SUBSOIL 24"
144" COMPACT GRAVEL TILL	144" COMPACT GRAVEL TILL

DESIGN DATA

DESIGN BASED ON SINGLE FAMILY RESIDENCE
 DESIGN FLOW 110 GAL./DAY/BDRM.
 TOTAL DESIGN FLOW 440 GAL./DAY.
SEPTIC TANK
 440 GALS. x 150% = 660 GALS. DESIGN CAPACITY.
 USE 1000 GALLON SEPTIC TANK
LEACHING TRENCHES
 SIDEWALL: 2 x 6.5 LENGTH x 2.0 DEPTH = 260.0 SQ. FT.
 260.0 SQ. FT. x 1.25 GAL./SQ. FT. = 325.0 GAL. LEACHING
 BOTTOM: 65 LENGTH x 2.5 WIDTH = 162.5 SQ. FT.
 162.5 SQ. FT. x 0.63 GAL./SQ. FT. = 102.4 GAL. LEACHING
 TOTAL NO. OF LEACHING TRENCHES = 2
 TOTAL LEACHING AREA = 845.0 SQ. FT.
 TOTAL LEACHING CAPACITY = 854.7 GAL./DAY.

GENERAL NOTES:

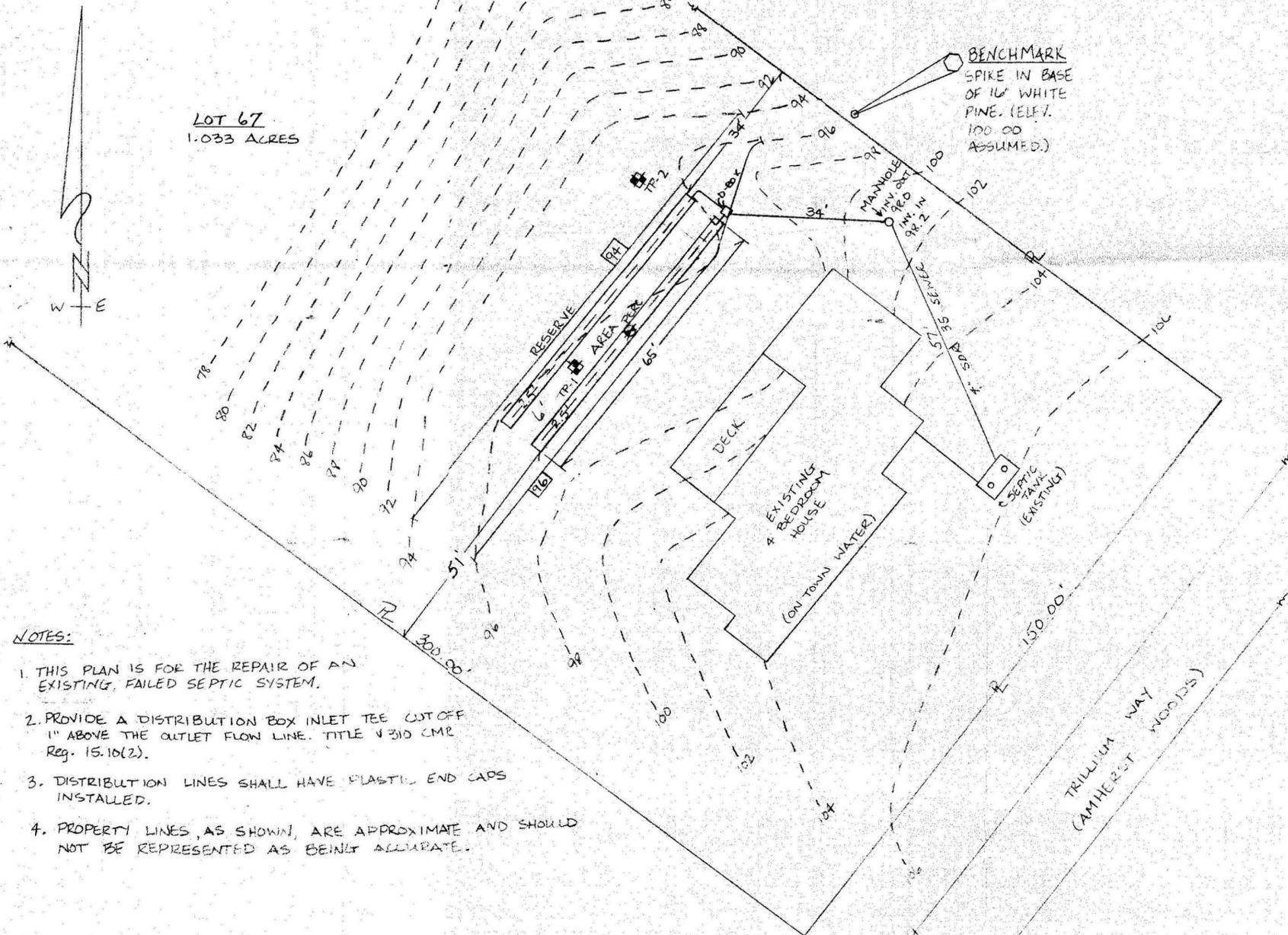
- 4" PIPE WITH TIGHT JOINTS TO BE USED IN DISPOSAL SYSTEM, EXCEPT WHERE OTHERWISE NOTED.
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LEGEND

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- PROPOSED CONTOURS
- WATER LINE
- WELL
- ⊕ TEST PIT LOCATION
- SEPTIC TANK
- DISTRIBUTION BOX
- 4" PERFORATED PIPE
- 4" PIPE TIGHT JOINTS (P.V.C.)
- 4" CAST IRON PIPE

NOTES:

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SITE PLAN
 SCALE: 1" = 20'

SCALE: AS SHOWN	APPROVED: <i>[Signature]</i>	REV. DATE BY DESCRIPTION APPD
DESIGN BY: KD		SEWAGE SYSTEM DESIGN IN AMHERST, MA
CHECKED: DV		FOR: SCOTT & CAROL ELLIOT
		DATE: OCTOBER 15, 1989 JOB NO. 89-100
OFFICE: MACLEAY ASSOCIATES P.O. BOX 32, COLRAIN, MA 01340 102 BRIDGE ST., COLRAIN, MA 01370		