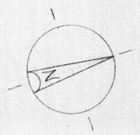
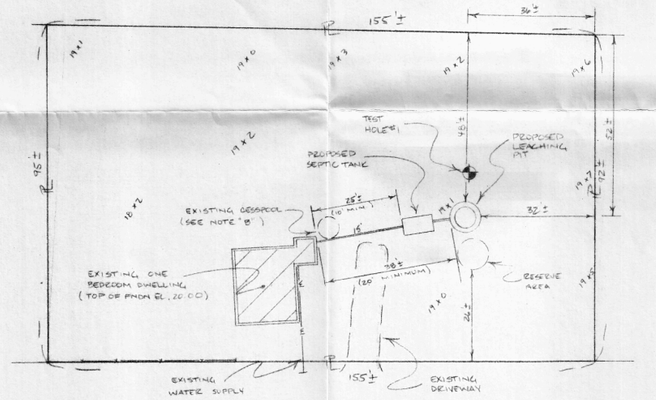
JOB NO. _____

PLOT PLAN

SCALE: 1"=20'

LOT AREA= 14,500'± SF





WINTHROP AVENUE

BENCH MARK
TOP OF CONCRETE BOUND
ELEV. = 20.00

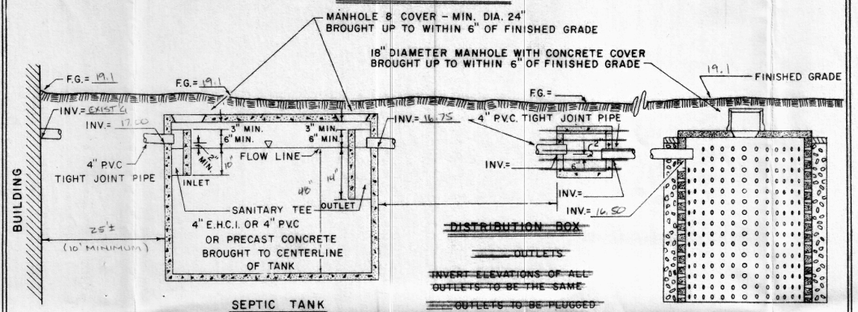
NOTES

A) NO WELLS WERE FOUND WITHIN 100' OF THE PROPOSED LEACHING PIT.

B) EXISTING CESSPOOL TO BE ABANDONED, PUMPED AND FILLED WITH CLEAN SAND.

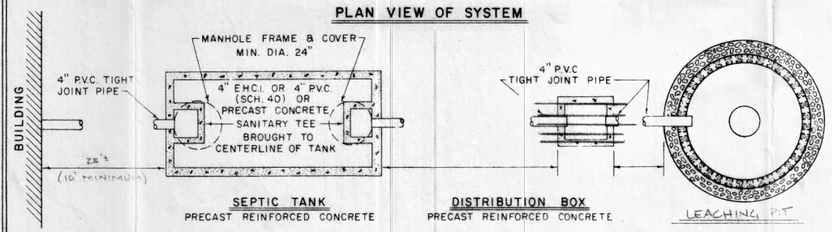
C) INSTALLER SHALL ASCERTAIN LOCATIONS OF EXISTING UNDERGROUND UTILITIES PRIOR TO EXCAVATION

PROFILE OF SYSTEM



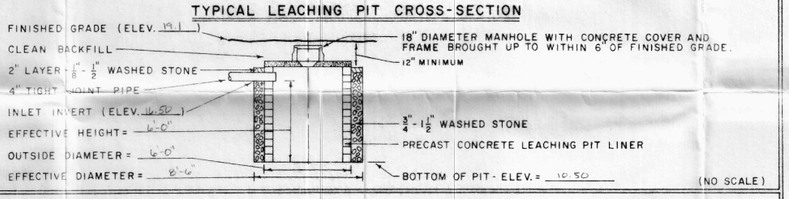
(NO SCALE)

PLAN VIEW OF SYSTEM



(NO SCALE)

TYPICAL LEACHING PIT CROSS-SECTION



(NO SCALE)

SCHEDULE OF ELEVATIONS

		FINISHED GRADE ABOVE STRUCTURE			FINISHED GRADE ABOVE STRUCTURE
Top of foundation	= 20.00		Invert at distribution box inlet	= N/A	
Basement floor	= N/A		Invert at distribution box outlet	= N/A	N/A
Invert of pipe at foundation	= EXISTING	19.1	Invert at leaching pit inlet	= 16.50	19.1
			Elevation of leaching pit bottom	= 10.50	
Invert at septic tank inlet	= 17.00				
Invert at septic tank outlet	= 16.75	19.1	Finished grade over leaching pit - See Plot Plan		

NOTE

NO GROUNDWATER WAS ENCOUNTERED AT EL. = 4.6 ON SEPTEMBER 30, 1991.

SOIL TEST DATA

DEEP TEST PIT 1 (SURFACE ELEVATION 19.1)
DATE OF TEST SEPTEMBER 30, 1991

DEPTH	SOIL DESCRIPTION
0 - 8"	TOPSOIL
8" - 24"	SILTY SAND SUBSOIL
24" - 72"	COARSE SAND
72" - 174"	MEDIUM SAND

NO GROUND WATER WAS ENCOUNTERED AT A DEPTH OF 14'6" (ELEVATION 4.6)

DEEP TEST PIT 2 (SURFACE ELEVATION _____)
DATE OF TEST

DEPTH	SOIL DESCRIPTION

___ GROUND WATER WAS ENCOUNTERED AT A DEPTH OF _____ (ELEVATION _____)

PERCOLATION TEST DATA

TEST PIT NO	DATE	TOP OF 12" OF WATER: DEPTH FROM TOP OF PIT	TOP OF 12" OF WATER: ELEVATION	RATE: MINUTES PER INCH
#1	9/30/91	48"	15'	2

DEEP TEST PIT 3 (SURFACE ELEVATION _____)
DATE OF TEST

DEPTH	SOIL DESCRIPTION

___ GROUND WATER WAS ENCOUNTERED AT A DEPTH OF _____ (ELEVATION _____)

DEEP TEST PIT 4 (SURFACE ELEVATION _____)
DATE OF TEST

DEPTH	SOIL DESCRIPTION

___ GROUND WATER WAS ENCOUNTERED AT A DEPTH OF _____ (ELEVATION _____)

DEEP TEST PIT 5 (SURFACE ELEVATION _____)
DATE OF TEST

DEPTH	SOIL DESCRIPTION

___ GROUND WATER WAS ENCOUNTERED AT A DEPTH OF _____ (ELEVATION _____)

GENERAL NOTES

1. Elevations refer to APPROXIMATE MEAN SEA LEVEL DATUM. See Bench Mark on Plot Plan located ON TOP OF CONCRETE BOUND
2. Finished grading to be done in accordance with plot plan.
3. Percolation tests performed in accordance with the instructions in Title 5 of the Massachusetts State Environmental Code.
4. All construction to conform to Title 5 of the Massachusetts State Environmental Code, and the Board of Health requirements for the Town of OAK BLUFFS
5. All topsoil, subsoil and deleterious material, if any, must be excavated and removed below the leaching pit and to a distance of N/A feet from all sides of the leaching pit. Excavate down to N/A inches below the surface of the natural permeable soil. Backfill as required with a clean gravel or sandfill material, free from fines, clay, organic matter, and large boulders, having a percolation rate in its original location and after placement of 2 minutes per inch or faster. Construct pit in this material.
6. All washed stone in the leaching field must have less than 0.2 percent material finer than a number 200 sieve as determined by the A.A.S.H.O. Test Methods T-11 and T-27 (latest edition).
7. Tight joint piping to consist of Polyvinyl Chloride Pipe (P.V.C.), Schedule 40, unless otherwise noted.
8. In cases where ledge or boulders are present, Schofield Brothers OF NJ will not be responsible for assuring the amount of rock to be encountered.
9. Schofield Brothers OF NJ will not be responsible for the performance of this system unless constructed as shown. Any alterations must be approved in writing by Schofield Brothers OF NJ
10. Heavy machinery shall not be permitted to pass over the leaching pit.
11. The Board of Health shall require inspection of all construction by the design engineer or by an agent of the Board of Health, and require such person to certify in writing that all work has been completed in accordance with the terms of the permit and the approved plans.
12. No permanent structure may be constructed over the 100 % expansion area.
13. For proper performance, septic tank should be inspected at least once a year and when the total depth of scum and solids exceeds 1/3 the liquid depth of the tank, the tank should be pumped.

DESIGN DATA

1. Estimated Hydraulic Loading
   ONE Bedrooms at 110 gallons per day per bedroom = 110 G.P.D.
   Garbage disposal is NOT allowed with this design.
2. Septic Tank Size
   Average daily flow = 110 X 150 % = 165 gallons (minimum)
   Septic tank provided = 1000 GALLON
3. Design percolation rate = 2 M.P.I.
   Sidewall loading = 2.50 gallons / S.F.
   Bottom loading = 1.00 gallons / S.F.
4. Leaching Area
   Total sidewall area provided = 160 S.F. X 2.50 gal. / S.F. = 400 gal.
   Total bottom area provided = 56 S.F. X 1.00 gal. / S.F. = 56 gal.
   Maximum allowable loading (under Title 5) = 456 gallons
   Actual hydraulic loading = 110 gallons
   Minimum size leaching area allowed under the Town of OAK BLUFFS Board of Health requirements IS 25% IN EXCESS OF TITLE 5 FOR PARCELS OUTSIDE THE WATERCOURSE DISTRICT.

LEGEND

——XX——	Denotes proposed contour
F.G. = XX.X	Denotes proposed finished grade
- - -XX- - -	Denotes existing contour
XX.X	Denotes existing spot elevation
●	Denotes test hole location
P.V.C.	Denotes polyvinyl chloride pipe (see Note # 7 above)
V.C.B. & S.	Denotes vitrified clay bell and spigot
E.H.C.I.	Denotes extra heavy cast iron
——W——	Denotes water service
——P——	Denotes approximate property line
——O.W.——	Denotes overhead wires
——D——	Denotes storm drain pipe
■	Denotes catch basin

PROPOSED SEWAGE DISPOSAL SYSTEM

TO REPLACE A FAILED SYSTEM SERVING AN EXISTING ONE BEDROOM DWELLING
WINTHROP AVENUE
ASSR. PCL. 17-1C
OAK BLUFFS, MASS.

APPLICANT: BETTY SYLVIA
C/O CAROL DEBETTENCOURT
P.O. BOX 3226
OAK BLUFFS, MA. 02557
TEL. NO. 693-1739

DATE: OCTOBER 4, 1991 | SCALE: AS NOTED

DESIGNED BY: DJH | DRAWN BY: DJH | CHECKED BY: ZTB

SCHOFIELD BARBINI & HOENIG, INC.
P.O. BOX 339 VINEYARD HAVEN, MA. 02568

JOB NO. _____

MAKEPEACE