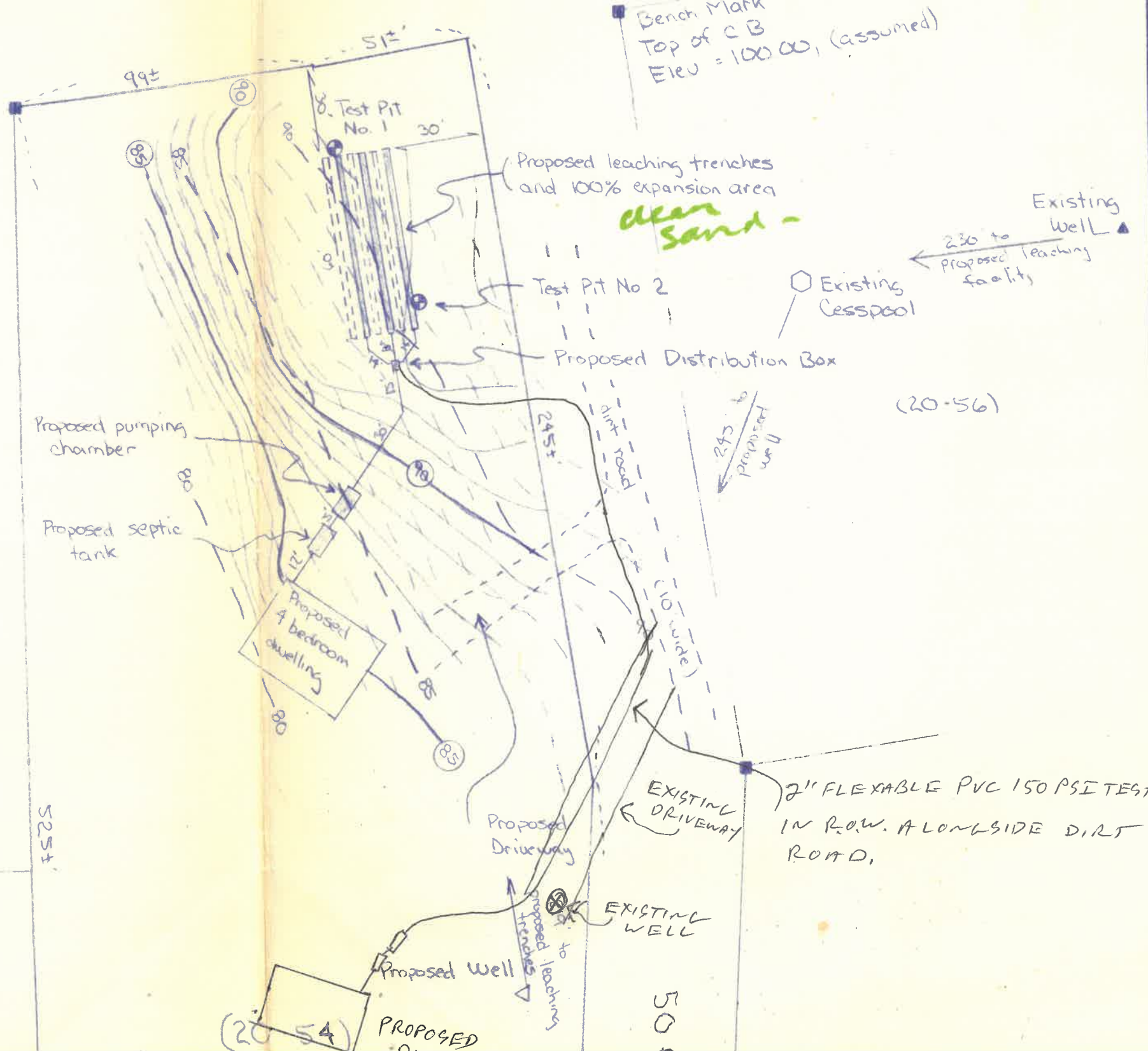


PLOT PLAN

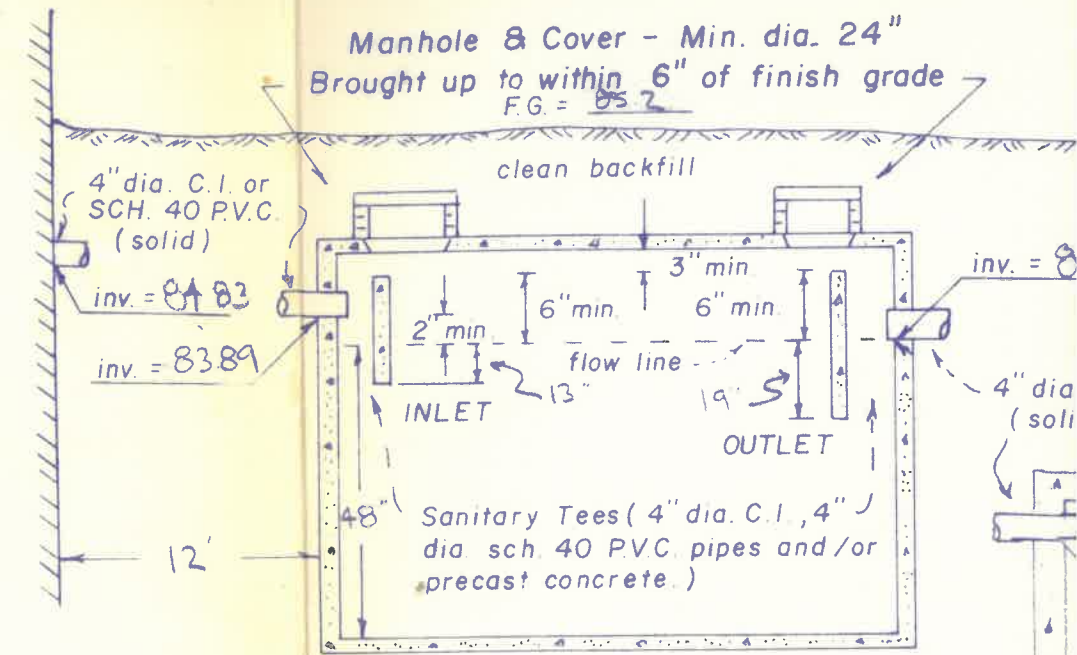
SCALE: 1" = 40'

DATUM: Assumed

NORTH COUNTY ROAD (public, 50' wide)

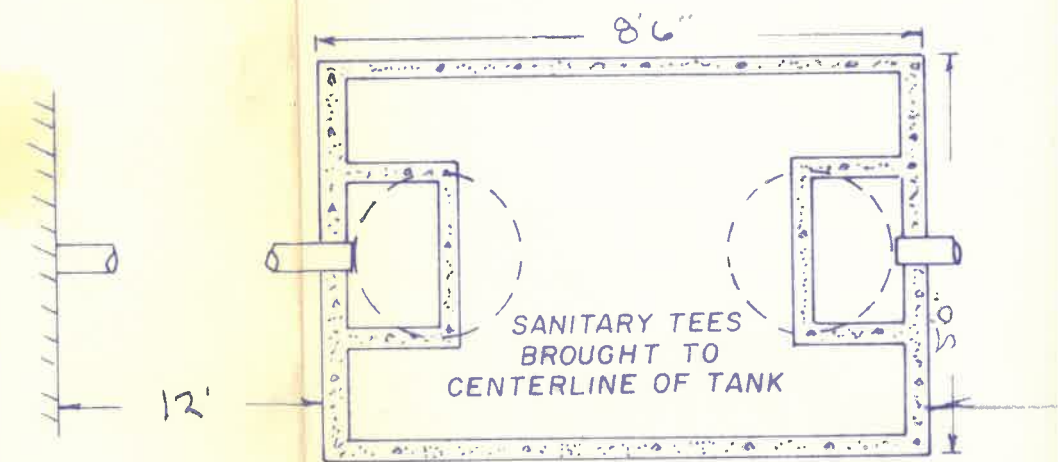


PROFILE OF SYSTEM (not to scale)

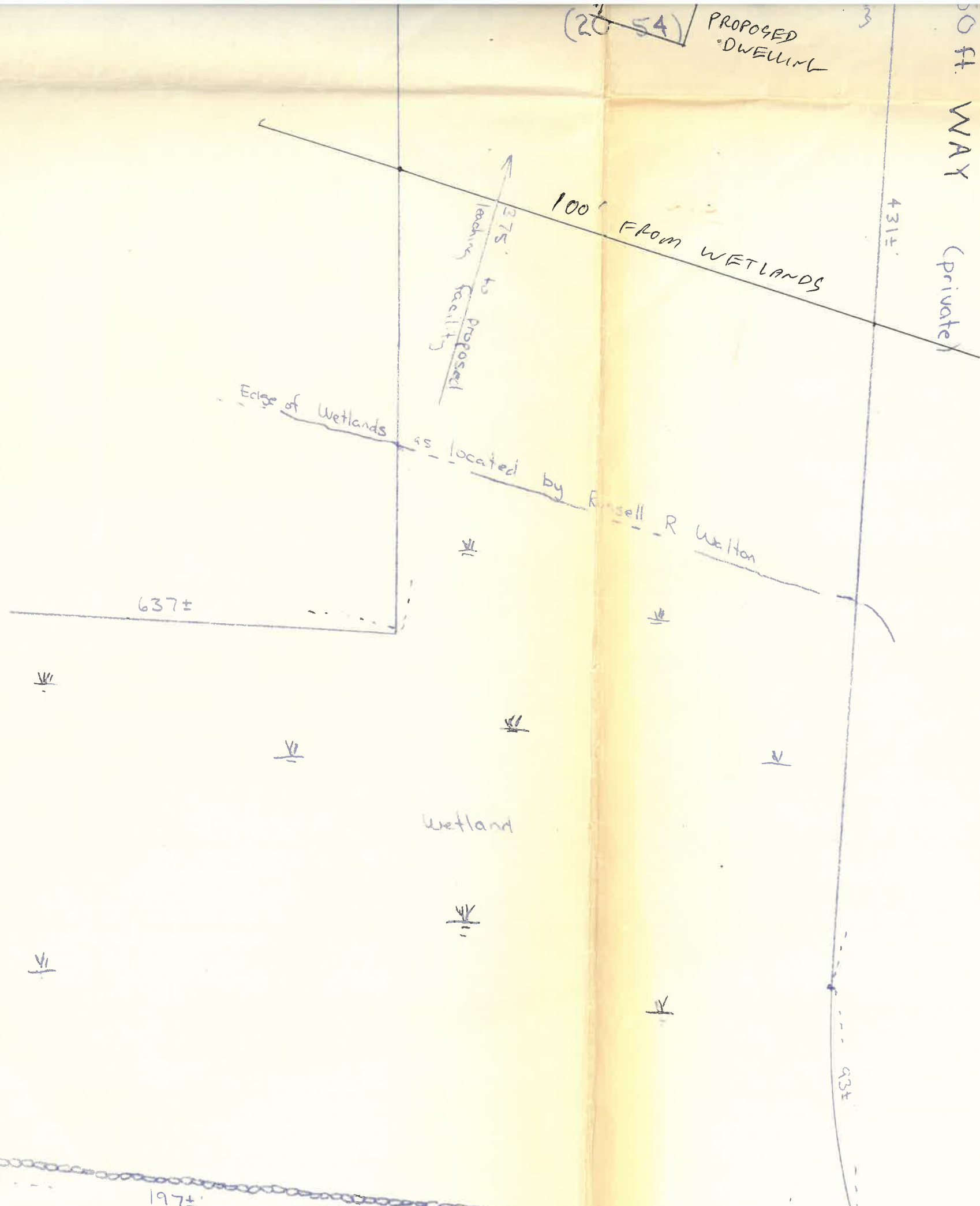


SEPTIC TANK
 PRECAST REINFORCED CONCRETE
 CAPACITY 1000 GALLONS

PLAN VIEW OF SYSTEM (not to scale)



SEPTIC TANK
 PRECAST REINFORCED CONCRETE

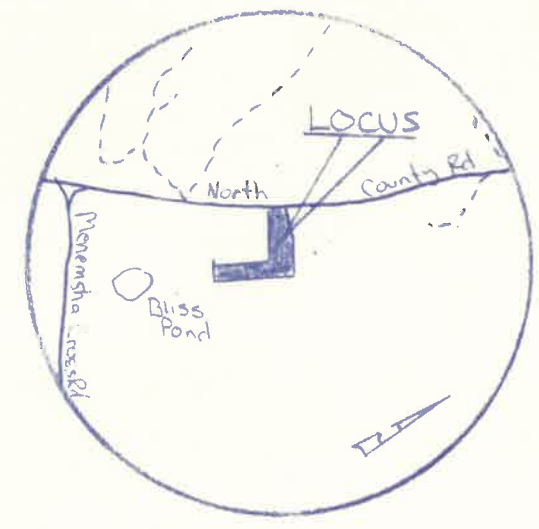


(20-54)

SCHEDULE OF DISTANCES:

- WELL TO SEPTIC: 190'
- WELL TO EXISTING CESSPOOL 220'
- WELL TO LOT LINE 17'
- HOUSE TO WETLAND 175'
- HOUSE TO N. ROAD 290'
- HOUSE TO SIDELINES 70'

LOCUS MAP



Scale: 1" = 2000'

1. Elevations Bench Mar
2. Finish gra
3. Heavy mac after cons
4. No perman
5. All constru Board of H
6. The Board engineer o in writing permit and
7. Soil tests
8. For proper
9. All crushe finer than and T-27
10. All topsoil, the leachin facility. Ex occurring material f percolation or less.
11. The design or other un
12. The design unless cons by the des
13. This plot p only. Sur Bylaws of
14. That porti subject to wheel lo
15. No wells
16. No Septic
17. The prop the State

DEEP OBS

Surface elev _____
Depth _____

- 0-10"
- 10"-8'6"
- 8'6"-13'

plot plan elevation 100.00
 in accordance with plot plan and schedule of elevations.
 not be permitted to pass over the leaching facility during or
 may be constructed over the 100% expansion area.
 conform to Title 5 Mass. State Environmental Code and local
 ordinances.
 all require inspection of all construction by the design
 of the Board of Health, and require such person to certify
 has been completed in accordance with the terms of the
 plans.
 in accordance with Title 5 Mass. State Environmental Code.
 the septic tank should be inspected and cleaned at least annually.
 leaching facility must have less than 0.2 percent material
 passing a 20 sieve as determined by A.A.S.H.O. test methods T-11
 (sand equivalent test).
 deleterious material, if any, must be removed from below
 and for a distance of 16 feet from all sides of the leaching
 depth of 6 inches below the surface of the naturally
 occurring soil. Backfill as required with a clean gravel or sand
 free of silt, clay, organic matter, and large boulders, having a
 permeability of not less than 100 percent of the original location
 and after placement of 2 minutes per inch.
 does not warrant the location of pipes, underground utilities,
 or structures.
 will not be responsible for the performance of this system
 as shown. Any alterations must be approved in writing.
 used for design and installation of sewage disposal system
 as shown do not necessarily comply with the Zoning
 Ordinance of Chilmark.
 proposed septic system to be constructed under areas
 where heavy traffic shall be capable of withstanding H₂O
 within 150 ft of the proposed leaching facility
 shall be found within 150 ft of the proposed well.
 shall comply with Title V, Section 15.09 of
 the State Sanitary Code.

- (XX)— Denotes proposed contour
- F.G. = XX.X Denotes proposed finished grade
- XX--- Denotes existing contour
- XX.X Denotes existing spot elevation
- ⊕ Denotes test pit location
- P.V.C. Denotes polyvinyl chloride pipe
- U — Denotes underground utilities
- Denotes concrete bound
- W — Denotes water line
- R — Denotes approximate property line
- OW — Denotes overhead wires
- D — Denotes storm drain pipe
- ⊞ Denotes catch basin
- C.I. Denotes extra heavy cast iron
- M.H.W. Denotes Mean High Water by observation
- (X-X) Denotes Assessors Parcel

Top of foundation	=	<u>86.5</u>	finish grade above structure
Basement floor	=	<u>NA</u>	
Invert of pipe at foundation	=	<u>84.83</u>	<u>85.8</u>
Invert at septic tank inlet	=	<u>83.89</u>	
Invert at septic tank outlet	=	<u>83.69</u>	<u>85.2</u>
Invert at pumping chamber inlet	=	<u>83.50</u>	<u>86.0</u>
Invert at distribution box outlet	=	<u>91.88</u>	<u>93.4</u>
Invert at leaching pit/trench (inlet)	=	<u>91.80</u>	<u>93.3</u>
Invert at leaching lines (end)	=	<u>91.50</u>	<u>93.0</u>
Elevation of trench/pit bottom	=	<u>90.5</u>	
Finished grade over leaching area - See Plot Plan			

DESIGN DATA

- DESIGN HYDRAULIC LOADING
4 bedrooms at 110 gals. per bedroom per day = 440 gals. per day
- SEPTIC TANK SIZE
 Average daily flow = $\frac{440}{1} \times 150\% = \underline{660}$ gallons
 Septic tank provided 1000 gallons
- DESIGN PERCOLATION RATE 10 m.p.i.
 Sidewall loading = $\frac{10}{1} \text{ sq. ft. per gal.}$
 Bottom loading = $\frac{1.8}{1} \text{ sq. ft. per gal.}$
- LEACHING AREA REQUIREMENTS
 Total sidewall area provided = $\underline{360.0} \text{ sq. ft.} \times \underline{1} \text{ gals. per sq. ft.} = \underline{360.0} \text{ gals.}$
 Total bottom area provided = $\underline{360.0} \text{ sq. ft.} \times \underline{0.56} \text{ gals. per sq. ft.} = \underline{200.0} \text{ gals.}$
 Maximum allowable loading (under Title 5) = 560.0 gallons
 Actual hydraulic loading = 440 gallons
 Minimum size leaching area allowed under the Town of Chilmark
 Board of Health requirements are the same as those set forth in Title V.
 A garbage disposal is not allowed with this design.

SOIL TEST DATA

DEEP OBSERVATION HOLE 2		PERCOLATION TEST DATA					
Date	Surface elev.	Date	Test Pit No.	Date	Depth	Elevation	Rate M.P.I.
9/2/87	<u>91.5</u>	9/2/87	1	9/2/87	3'0"	88.7	6
	Depth	Soil Description					
	0-8"	Vegetation					
	8"-6'0"	Sand with fines					
	6'0"-13'	kaoline					
	NO Ground water was found at a depth of <u>13'0"</u> Elevation <u>78.5</u>						

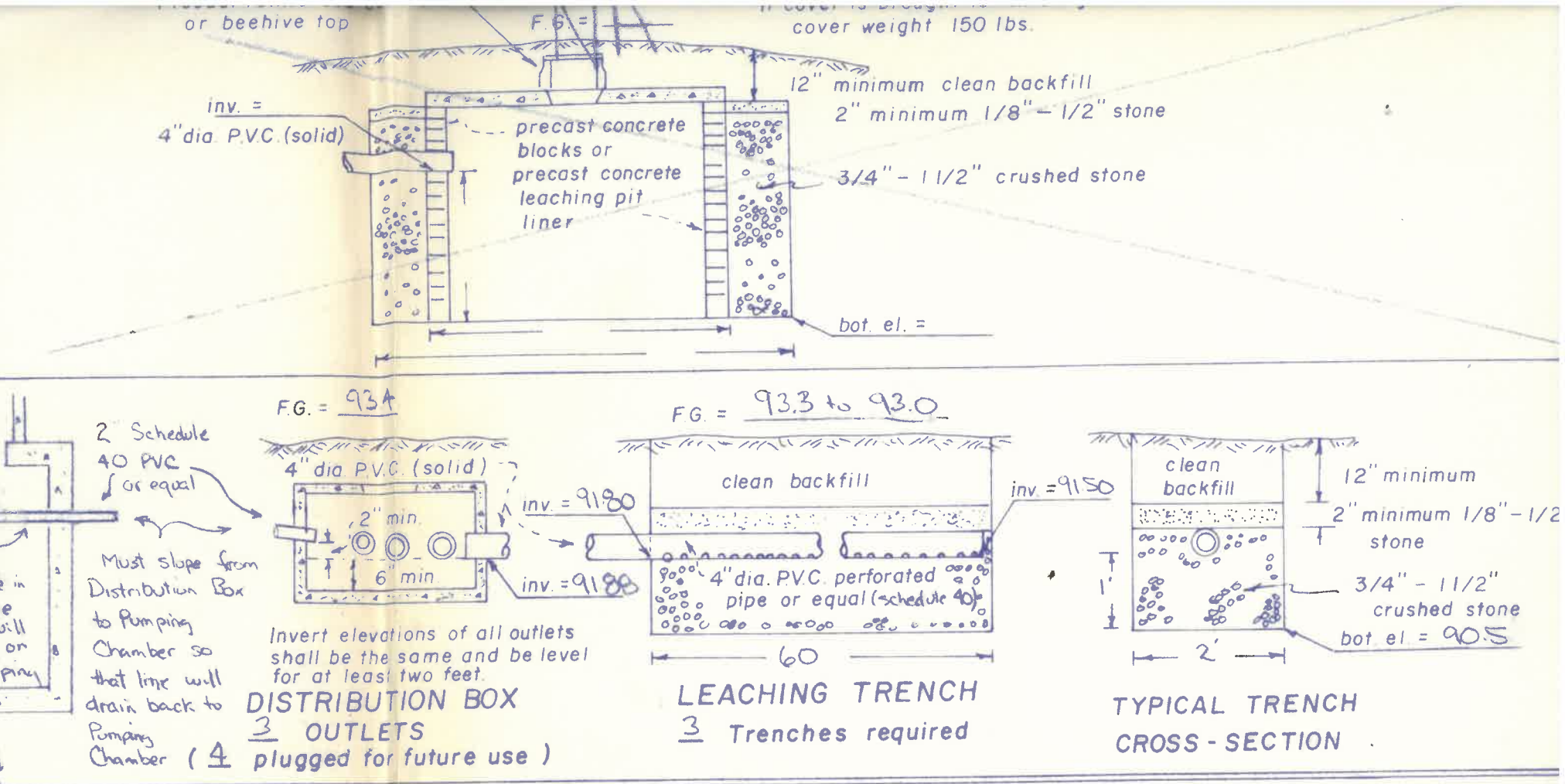
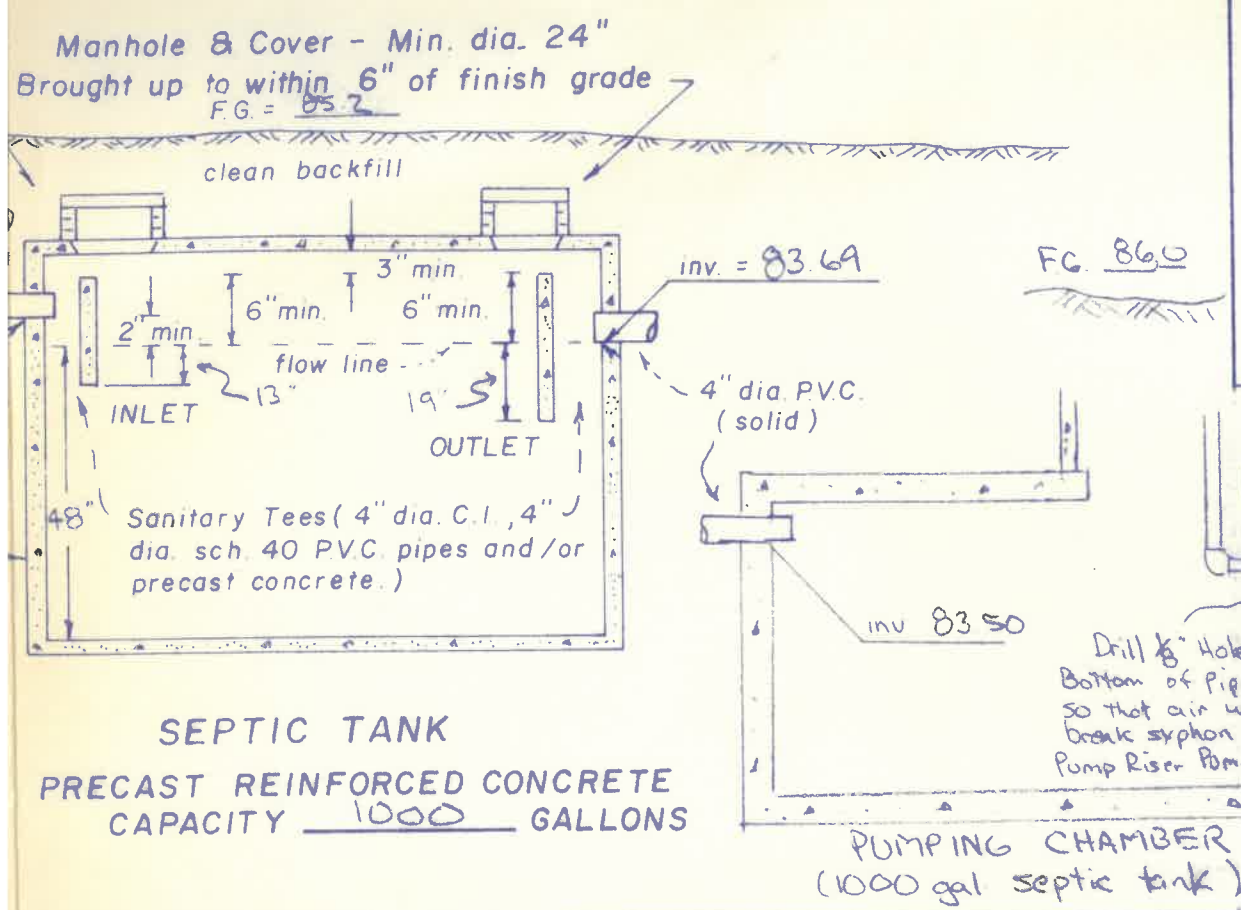
PROPOSED SEWAGE DISPOSAL SYSTEM designed for a Proposed 4 bedroom dwelling Assessors Parcel 20-54 Chilmark, Mass.	DESIGNED FOR Travis Tuck P.O. Box 1832 Vineyard Haven Mass 02568
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Date Oct 30, 1987 Scale: as noted

DEAN R. SWIFT REG'D. LAND SURVEYOR
 POST OFFICE BOX 1982
 VINEYARD HAVEN, MASSACHUSETTS 02568
 Tel. 617/693-0994 693-0995

PROFILE OF SYSTEM (not to scale)



NOTES

LEGEND

SCHEDULE OF ELEVATIONS

No. 23

FEE 80 paid

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town OF Chilmark

Application for Disposal Works Construction Permit

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

Assessors Parcel 20-54 off North County Road

Travis Tuck P.O. Box 1832, Vineyard Haven, MA

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 55 gallons per person per day. Total daily flow 440 gallons.
Septic Tank — Liquid capacity 1000 gallons Length 8'6" Width 5'0" Diameter _____ Depth 48"

Disposal Trench — No. 3 Width 2'0" Total Length 180' Total leaching area 720 sq. ft.
Seepage Pit No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Other Distribution box (X) Dosing tank () Pumping Chamber (X)
Percolation Test Results Performed by Donald L. DeSorcy, P.E. Date 9-2-87

Test Pit No. 1 6 minutes per inch Depth of Test Pit 3'0" Depth to ground water _____
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil see attached plan

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 M. J. [Signature] (Agent) 11/2/87
Application Approved By [Signature] 8/10/88

Application Disapproved for the following reasons: _____
Date _____

Permit No. _____ Issued _____
Date _____

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

OF _____

Certificate of Compliance

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

at Travis Tuck - North Road

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 4/27/89 Inspector [Signature]