Chatham Wadleigh

182440-A

182410

Request 15 Nov 1990

Homeowner

356-5436

portland glass

APPROVAL FOR CONSTRUCTION

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER SUPPLY & POLLUTION CONTROL DIVISION
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03301

THE PLANS AND SPECIFICATIONS FOR SEWAGE OR WASTE DISPOSAL SYSTEM SUBMITTED FOR:

OWNER:

SCOTT WADLEIGH
PO BOX 3178
NORTH CONWAY, NH 03860

APPROVAL NO. 182440

Lot Numbers: 2
Subd. Appvl. No.: 35043
Subd. Name: 35043

COPY OF PLAN & APPROVAL SENT TO:

BOARD OF SELECTMEN
HCR, BOX 233
CHATHAM, NH 03813

Type of System: 0000003BR
000450GPD

Town/City Location: CHATHAM

Street Location: SOUTH CHATHAM ROAD

BY APPLICANT: PERMIT NO. 000000209

THORNE SURVEYS
BROWNFIELD ROAD
CENTER CONWAY, NH, 03813

Subsurface waste disposal systems must be operated and maintained in a manner so as to prevent nuisance or health hazard due to system failure. (RSA 149-E:3-b)

It is unlawful to discharge any hazardous chemicals or substances into subsurface waste disposal systems. Included are paints, thinners, gasoline and chlorinated hydrocarbon solvents such as TCE, sometimes used to clean failed septic systems and auto parts. (WS 410.05)

ADVISE YOUR CONTRACTOR OF REQUIRED CHANGES IN PLANS AS INDICATED BELOW CONDITIONS

Approved this date: 07/13/90

By: Stephanie Larson
STEPHANIE LARSON
N.H. Water Supply & Polution Control Division Staff

REVISED 2/87

W0061660

(OVER)

NHDES, WSPCD FILE

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER SUPPLY & POLLUTION CONTROL DIVISION
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03301

THIS APPROVAL DOES NOT SUPERSEDE ANY EQUIVALENT OR MORE STRINGENT LOCAL ORDINANCES OR REGULATIONS, STATE STANDARDS ARE MINIMAL AND MUST BE MET STATEWIDE.

IN THE EVENT OF SYSTEM FAILURE, IT SHALL BE THE RESPONSIBILITY OF THE OWNER TO CORRECT ANY SUCH FAILURE.

NO LIABILITY IS INCURRED BY THE STATE by reason of any approval of subdivision plans or any approval to construct or use a sewage or waste disposal system. Approval by the Water Supply And Pollution Control Division of sewage and waste disposal systems and subdivisions is based on plans and specifications supplied by the applicant.

NO GUARANTEE IS INTENDED OR IMPLIED BY REASON OF ANY ADVICE GIVEN BY THE DIVISION OR ITS STAFF.

PLEASE POST IN A CONSPICUOUS PLACE DURING CONSTRUCTION

The system must be constructed in strict accordance with the approved plans and specifications.

The installed system must be left uncovered and cannot be used after construction until it is inspected and finally approved by an authorized agent of the Division. This is to make certain the system is built according to the approved plans and specifications.

CONTACT THIS OFFICE: 271-3501, OR OUR AUTHORIZED LOCAL AGENT, IF ANY, WHEN READY FOR INSPECTION!

This system must be installed by an installer holding out permit except an owner may install the system for his domicile/exemption.

Ws 1003.07 (a) ALL CONSTRUCTION APPROVALS ISSUED BY THE DIVISION SHALL EXPIRE 4 YEARS FROM THE DATE OF ISSUE, UNLESS AN OPERATIONAL APPROVAL HAS BEEN GRANTED OR IS IMMINENT FOR SUBJECT CONSTRUCTION.

APPROVAL FOR OPERATION

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER SUPPLY & POLLUTION CONTROL DIVISION
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03301

THE INDIVIDUAL SEWAGE OR WASTE DISPOSAL SYSTEM CONSTRUCTED FOR: Amended to show new location of house, well, septic tank, d-box & sewer lines

OWNER:

SCOTT WADLEIGH
PO BOX 3178
NORTH CONWAY, NH 03860

APPROVAL NO. 182440 A

Lot Numbers:
Subd. Appvl. No.: 2
Subd. Name: 35043
35043

COPT SENT TO:

BOARD OF SELECTMEN
HCR, BOX 233
CHATHAM, NH 03813

Type of System:
00000003BR
000450GPD

Town/City Location:

Street Location: CHATHAM
SOUTH CHATHAM ROAD

Installer _____ Permit No. _____

☒ Owner Installed For His Domicile

Was Inspected On (Date) 16 Nov 1990
Before Covering And Is Hereby Approved For Use.

Date Approved: 16 Nov 1990

By: Fredrick H. Train
Authorized Agent Of N.H. Water Supply And Pollution Control Division

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REVISED 2/87

(OVER)

W0061660

NHDES, WSPCD FILE

GOLD = Owner's YELLOW = Town's; BLUE = NHDES, WSPCD file

N.H. DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER SUPPLY & POLLUTION CONTROL DIVISION
P.O. BOX 95, 6 HAZEN DRIVE, CONCORD, NH 03301

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182440

( ) Data Input ( ) Expedite Construction Approval No. ____________

CONSTRUCTION APPROVAL CHECKLIST

Work No. 61660

TOWN: Chatham
SUBDIVISION NAME: Patch
Owner: Wadleigh
SIZE: 3 (BR) FLOW: 450 (GPD)
DESCRIPTION/TYPE OF SYSTEM: ____________

SUBDIVISION APPROVAL NO: 35043
LOT NUMBER/UNIT NUMBER: 2

TYPE

- ✓ 1. Single Family Residence (4 - bedroom max.)
- ___ 2. Apartment
- ___ 3. Condominium
- ___ 4. Mobile Home Park
- ___ 5. Camping/Tenting
- ___ 6. Commercial
- ___ 7. Industrial
- ___ 8. Public Food Handling
- ___ 9. Duplex
- ___ 10. Other

DESIGN

- ___ n. In-ground
- ✓ o. Above-ground/Mounded
- ___ p. Ledge Lot
- ___ q. Chambers
- ___ r. Pressure Distribution
- ___ s. Dry Well
- ___ t. Trenches
- ___ u. Modified Dry Well
- ___ v. Holding Tank
- ___ z. Other

Waiver Granted (yes/no): ____________

Previous Construction Approval # ____________

Status: 1. New (circled) 2. Replacement 3. Amended 4. Revised 5. Other

RETURN DATE: 6/8/90 BY: 82

RETURN REASON:

RESUBMITTAL DATE:

APPLICATION DATE: May 31 1990

SITE INSPECTION DATE: July 10 1990 Peter Hammer

PROJECT COORDINATOR: ____________

APPROVALS REQUIRED: D&F ______ 149:8a ______ WS ______ (UIC)GWP ______ Other ______

SOILS GROUP: 3 TYPE: BkC Becket LOT SIZE: ~~609~~ 60636.8 ft

PERC. RATE: 6 m/i AMEND: ____________ APPROVAL DATE: July 13, 1990

CONDITIONS: ____________

APPROVED BY: Stephanie Larson

(LIMITED - 2 CONDITIONS - 62 CHARACTERS EACH (OVER) 10/86

NOTE: (✓) Gravity System ( ) Other

Bed bottom to be set:

( ) no deeper than _____" below the original ground.

( ) no less than _____" above the original ground.

( ) no lower than the original ground at high contour.

( ) Fill spec. OK.

to maintain:

(✓) 4 ' min. above the reported/any S.H.W.T.

( ) 8 ' min. above the reported/any ledge depth.

( ) 0 ' min. above the reported/any impermeable soil.

1. DESIGNER'S SEAL
2. TOWN APPROVAL (stamp and/or signature required)
3. P.E. STAMP (systems greater than 2500 GPD, ledge lots - same person as designer)
4. TWO (preferably 3) COPIES
5. SCALE 1" = 20' Plan
6. SIZE - fold to 8 1/2 x 11", location plan and title showing.
7. LOT PLAN - with dimensions and area shown.
8. BUILDINGS - existing and proposed shown.
9. WELL - location & radius (keep radius within lot lines if possible).
10. WATER PIPES - proposed & existing from well or main line.
11. DISPOSAL SYSTEM SCALE PLAN - all proposed components & piping.
12. SEPTIC TANK - location, size, volume, material.
13. SECTION THRU SYSTEM - show original grade profile.
14. KEY ELEVATIONS & INVERTS
15. PIPE SLOPES & SIZE - recommend Sch 40 or Cast Iron thru foundation to tank.
16. MANUFACTURE, SPECIFICATIONS & MATERIALS - all key components; include tanks, D-Box, pumps & piping.
17. TOPO - 2 foot contours, 75' all directions from proposed system, including detail beyond property line.
18. LEACHING PIPE - statement pipes are to be level.
19. SEPTIC STONE - indicate specifications.
20. CHAMBER DETAILS - vents, wire mesh, flow distribution (40% reduction private dwellings only).
21. PRESSURE DISTRIBUTION -calculations, waiver form, basal area delineation.
22. LOCATION PLAN -with detailed directions to site, include mileages from intersections, poles (show number) and landmarks.
23. CLAY BARRIER or Heavy Soil Blanket - shown for raised system.
24. SEALANTS —specify for pipe penetrations & tank joints (not roof tar).
25. SURFACE WATER - nearest location, include seasonal wet areas & channels - state if none within 75'.
26. LEDGE - outcrops or boulders greater than three foot diameter, within 75 feet of system.
27. FOUNDATION DRAINS & OUTLET LOCATION - if none, **so state.**
28. BENCH MARK - permanent, close to & within sight of system.
29. TIES TO FIELD - at least two to permanent or semi-permanent control points.
30. USE - indicate if residential or commercial and type of facility, within flow calculations, i.e. condo, apartment, restaurant, office, etc.
31. FLOW CALCULATIONS (or bedroon count for residential).
32. TEST PIT - location & depth to ledge, impervious & S.H.W.T. mark with stakes and numbers in field.
33. SOILS LOG - descriptions of types & properties including color, texture, structure, consistancy and depth to mottling.
34. SOILS CLASSIFICATION - SCS survey data & copy of mapping with locus. Clearly show number or abbreviation.
35. PERCOLATION TEST - location, depth & rate.
36. PUMP SYSTEM - specs., detail, dose volume, pump size, wiring spec. valves & piping, controls & control elevations, alarm, capacity and heads of pumps.
37. REPLACEMENT SYSTEM - location or narrative to indicate failure or reason for new design.
38. HOLDING TANKS -waiver form, 2000 gallons minimum, alarm, water tight.
39. RECEIVILNG AREA/LAYER - adequate (75 feet).
40. MINIMUM - system 300 GPD system design (500 GPD commercial).

ATTACH ADDITIONAL CONDITIONS, ETC. TO BE TYPED ON APPROVAL ("REMARKS" ON BOTTOM OF REVERSE SIDE - TYPED BY W. PROC. AS CONDITIONS ON APPROVAL)

Department of Environmental Services
Water Supply and Pollution Control Division
Subsurface Systems Bureau
P.O. Box 95 – Hazen Drive
Concord, New Hampshire 03301
271-3501/3502

2 G1660

RECEIVED MAY 31 1990

APPLICATION FOR INDIVIDUAL SEWAGE DISPOSAL SYSTEM APPROVAL

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

Fee Paid 80 Check No. 573 $80.00 per Lot
Date Received MAY 31 1990 Work No. _____ Failed System Replacement _____
Date Entered _____ By _____ Expedite _____
Waiver Request _____

1. System Location:
CITY/TOWN: Chatham CITY/TOWN APPROVAL OBTAINED: Chatham
STREET: South Chatham Road IF YES/DATE: _____ NO _____ NOT REQUIRED ✓
SUBDIVISION NAME: JEFF Patch, Province Falls 3 LOT SUBDIVISION LOT NO: _____ TAX MAP NO: _____
STATE APPROVAL NO. #35043

2. Water Supply:
MUNICIPAL WATER SUPPLY _____ COMMUNITY _____ WELL ON LOT ✓ OTHER _____

3. Lot OWNER'S Name: Scott Waldleigh STREET: P.O. Box 378
CITY/TOWN: No. Conway STATE: NH ZIP: 03860 TEL.NO: 356-5436

4. APPLICANT'S Name: Thorne Surveys STREET: Brownfield Road
CITY/TOWN: Center Conway STATE: NH ZIP: 03813 TEL.NO: 447-2254
Designer's Name: DAVE Doug/ASS Permit No: 209 P.E.: _____
(P.E. required if more than 2,500 GPD)

5. Amended Plan _____ Revised Plan _____ Previous Construction Approval No. _____

THE STATEMENT BELOW MUST BE SIGNED AND DATED BY THE APPLICANT AND OWNER(S)

Owner(s):

THE UNDERSIGNED CERTIFY THAT THEY ARE THE PRESENT OWNERS OF THE PROPERTY BEING APPLIED FOR AND THAT THEY HAVE SEEN THE PLANS AND THEY ARE IN ACCORDANCE WITH THEIR NEEDS AND DESIRES. THE UNDERSIGNED FULLY UNDERSTANDS THAT SHOULD THIS PLAN BE APPROVED, NO WAIVERS TO THE CONSTRUCTION APPROVAL WILL BE ALLOWED. ANY CHANGES WILL REQUIRE A NEW SUBMISSION (WITH FEE), REVIEW AND APPROVAL.

Date: 21 MAY 1990 Signed: Scott Waldleigh
Owner(s)

Applicant:

To the best of my knowledge, the data and information which I have submitted to obtain approval for construction from the New Hampshire Water Supply and Pollution Control Division is true and correct. I understand that an approval based upon incorrect data may be subject to revocation. I also understand that NO CONSTRUCTION OF ANY STRUCTURE SERVICED BY THE PROPOSED SYSTEM, NOR THE SYSTEM ITSELF, MAY COMMENCE WITHOUT PRIOR WRITTEN DIVISION APPROVAL. I HAVE COMPLIED WITH ALL LOCAL REGULATIONS OR ORDINANCES RELATIVE TO CONSTRUCTION OF SEWAGE DISPOSAL SYSTEMS AND HAVE OBTAINED ALL OTHER APPROVALS THAT MAY BE REQUIRED FOR OTHER WORK RELATED TO CONSTRUCTION OF THE SEWAGE DISPOSAL SYSTEM. The applicant herewith certifies, where applicable, that the approved off-site, municipal or community, water supply is available at the lot line.

Date: 21 MAY 1990 Signed: Scott Waldleigh 209
Applicant Permit No.

(Continued on Reverse Side)

YOU MUST SUBMIT THE FOLLOWING INFORMATION
(Put ALL information on plans)

Three (3) sets of scale plans (one inch = 20 feet) showing all lot dimensions and indicating the distance to and location of existing and proposed buildings, wells, and waste disposal systems. If the proposed system or well is closer than seventy-five (75) feet to a boundary, you will need to indicate what is on the adjoining lot. If the lot is so large that it cannot be scaled 1" = 20' on your drawing, two copies of a scale plan with a larger scale must also be submitted. The 1:20 scale plan must also contain pertinent elevation data and location of test pits and percolation test holes . All plans must be folded to 8 1/2 x 11". Show areas of exposed ledge or boulders greater than 3' in diameter within 75' of proposed system.

Specific directions so that inspector may easily drive to and find the site. Include mileages referenced from intersections or landmarks to this site.

Distance and location of nearest surface water in relation to disposal system (must be a minimum of 75 feet from all lakes, streams, ponds and swamps whether intermittent or year round).

a. Location of proposed and existing drinking water supply pipes. Soil Data (to be determined in leaching area for each system, indicate where and when tests were taken). Percolation test data including rate and depth of test.

b. Test Pit Log:
   * Show depth from original ground surface to the observed water table.
   * Show depth to seasonal high water table (springtime). This may be an estimate based on mottling, SCS data, etc., (water table must be four (4) feet below the bed during all seasons of the year).
   * Show depth from original ground surface to impermeable substratum (i.e. clay or ledge). Clay and hardpan will be considered impermeable unless proven otherwise. Bottom of leach bed, field or dry well must be eight (8) feet above any ledge or other impermeable substratum on lots with wells; and a minimum of 6 feet above ledge, etc., on lots with approved off-lot water supplies (municipal or community).
   * Where fill is required, filled area must extend a minimum of ten (10) feet in all direction beyond the edge of the bed at same elevation as top of the bed before tapering off at a 3:1 slope (3 horizontal to 1 vertical). A core or layer of impervious soil must be placed around the outside of bed to prevent lateral seepage of sewage. All topsoil, roots and organic matter under the leaching system must be removed before fill is placed. Show fill details and material specification on cross section.

c. Soil survey data for the lot. This information is available at the office of the Local Soil Conservation District Office. When taken from current soil map, a copy designating locus and site will be acceptable (state reference source).

Number of bedrooms or estimated sewage load in gallons per day.

Ground surface elevations for the lot showing the slope of the land at two foot contour intervals. Sufficient spot elevations are required to verify "level lots". Show original and proposed contours. Reference contours to a benchmark located near the proposed system. This topographical information must appear on the 1:20 scale plan .

Liquid capacity of septic tank, details and materials of construction.

Scale plan of leaching system with construction details and dimensions. Show sill elevations, invert elevations at building exit, inlet and outlet from septic tank, inlet and outlet from distribution box, invert of leach lines and bottom elevation of leaching area. Inverts must be referenced to your benchmark. Inverts may be best indicated on your cross section or profile sections.

Make, type and capacity of sewage pump, pump well, discharge line, siphons, siphon chambers, etc. (when used).

Number of outlets and name of manufacturer of distribution box (all laterals must be directly connected to distribution box, i.e., no tees in the middle of the bed or field will be allowed).

Cross section of leaching trench, leaching bed, or dry well showing all construction details (in leach bed, lines should be uniformly spaced from 3 to 5 feet on center and half of that distance in from the edge of the bed: present requirements for dry wells are 6 inches minimum of stone around sides of dry well and 1 foot minimum of stone under dry well). Show all fill details on cross section.

Type and size of stone. Must be clean and meet "septic stone" specifications.

Type, size and manufacturer of leaching pipe.

Type of leaching pipe joints for perforated pipes. (Ends of leaching pipes must be tied together, sealed by caps or plugged.)

Statement that leaching pipes and bottom of leaching area will be level.

Show a suitable area for a replacement system where available or state that the system may have to be rebuilt in place, if failure occurs.

LIABILITY IS INCURRED BY THE STATE by reason of any approval for construction of individual sewage disposal system [illegible]. Approval by the Water Supply and Pollution Control Division of individual sewage disposal systems is based on [illegible] and specifications supplied by the applicant. NO GUARANTEE IS INTENDED OR IMPLIED BY REASON OF ANY ADVICE GIVEN [illegible]E DIVISION OR ITS STAFF.

State of New Hampshire
DEPARTMENT OF ENVIRONMENTAL SERVICES
WATER SUPPLY & POLLUTION CONTROL DIVISION
6 Hazen Drive, P.O. Box 95, Concord, NH 03302-0095
(603) 271-3501/3502

ROBERT W. VARNEY
COMMISSIONER
RUSSELL A. NYLANDER, P.E.
CHIEF ENGINEER

June 8, 1990

Thorne Surveys
Brownfield Road
Center Conway, NH 03813

Subject: Wadleigh, Chatham

Dear Mr. Douglas:

A review of the plans for the subject disposal system has been completed. We regret to inform you that your application must be denied at this time for the following reasons:

1. ✓ Each line into the bed must exit separately from the D-box, no tee's or ell's allowed.

2. Pending a site check to verify SHWT and site conditions.

3. ✓ Please show a major road on your locus map or provide written directions to South Chatham Road.

4 ✓ Lot number?

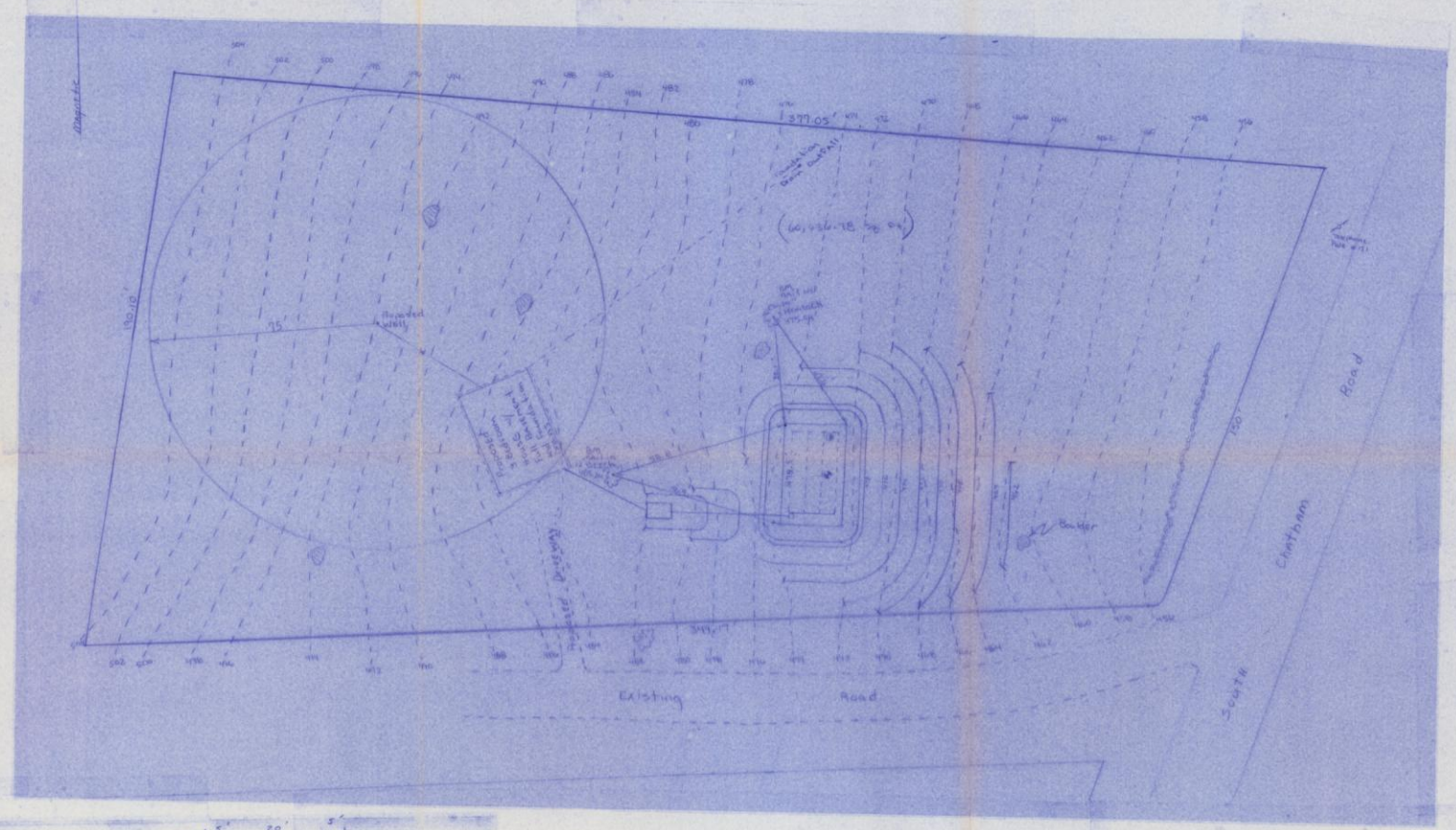
If you have any questions or comments regarding this response contact me at your convenience.

Sincerely,

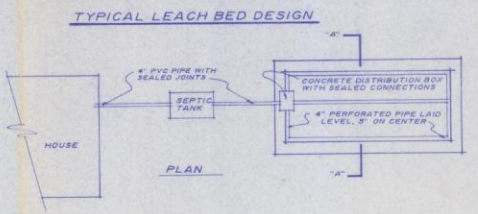
Stephanie Larson

Stephanie Larson
Sanitarian
Subsurface Systems Bureau

SL/jl
cc: Designer File 209



TYPICAL LEACH BED DESIGN



SECTION "A"

*NOT TO SCALE

SEPTIC SYSTEM SPECIFICATIONS

SEPTIC TANK TO BE 1,000 GALLONS, AS MANUFACTURED BY SUPERIOR, OR APPROVED EQUAL.

DISTRIBUTION BOX TO HAVE 4 OUTLETS, AS MANUFACTURED BY SUPERIOR, OR APPROVED EQUAL.

LEACH FIELD DIMENSIONS: LENGTH 33.75 WIDTH 20 AREA 675 sf

NUMBER OF LEACH LINES 4

DRAIN PIPE TO BE 4" PVC WITH SEALED JOINTS. DRAIN TILE TO BE 4" PVC WITH COLLAR JOINTS OR APPROVED EQUAL.

THE BOTTOM OF LEACH AREA SHALL BE 2.5' ABOVE ORIGIONAL GRADE ON UPHILL SIDE.

LEACH LINES SHALL BE SEALED INTO D-BOX & SEPTIC TANK WITH HYDRAULIC CEMENT.

THERE IS NO SURFACE WATER, OR NEIGHBORING WELLS, WITHIN 75 FEET OF PROPOSED SYSTEM.

REPLACEMENT AREA:

☐ AS SHOWN

☒ LEACH BED TO BE DUG UP AND REPLACED IN SAME LOCATION IN THE EVENT OF FAILURE.

SOIL TEST DATA

TEST PIT LOG

0"-10" Dark/Black Topsoil 7.5 YR 2/0

10"-16" Dark/Brown Fine Sandy Loam - Friable, moist 10/YR 3/4

16"-30" Coarse loamy Sand heavily mottled firm grey with fine sandy layers. 2.5 YR 5/4

30"-36" Compact Notation Till Grey, Many Angular Fragments.

24" Water observed 8" E.H.W.T., Wo ledge

PERC RATE 4/min/inch

DEPTH OF PIT 36"

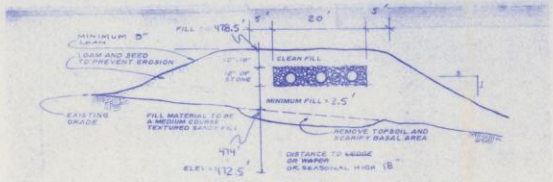
DATE OF TEST 5/1/90

SOIL TYPES III

Graph

VOID

LOCATION SKETCH



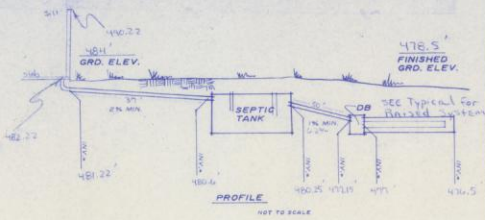
TYPICAL RAISED SYSTEM

NOT TO SCALE

THIS SEPTIC SYSTEM DESIGN IS BASED ON SOIL TESTS CONDUCTED ON 5/1/90 IF SOIL CONDITIONS ARE FOUND TO BE DIFFERENT AT THE TIME OF CONSTRUCTION, NOTIFY T. THORNE SURVEYS PRIOR TO PROCEEDING WITH CONSTRUCTION.

notes: 1. A 3 bedroom house creates 450 GPD which at a 6 min. perc rate requires 675 ft Leaching Area.

ORIGIONAL GRADE 474
E.S.H.W.T. 472.5
BED BOTTOM 476.5
FINISH GRADE 478.5
LEDGE None



NOTE: THIS PLAN DOES NOT REPRESENT A BOUNDARY SURVEY.

LOT OWNER

NAME Scott Wadleigh

ADDRESS P.O. Box 3178 North Conway, NH 03860

SUBDIVISION NAME Jeff Patch, Province Falls Chatham, NH

SUBDIVISION APPROVAL NUMBER #35643 LOT NUMBER #2

STREET South Chatham Board

CITY or TOWN Chatham

STATE

NEW HAMPSHIRE Designer of Subsurface Disposal Systems D. David Douglass No. 209

SURVEYED GH : MG 1990 DRAFTED TDA 5/14/90

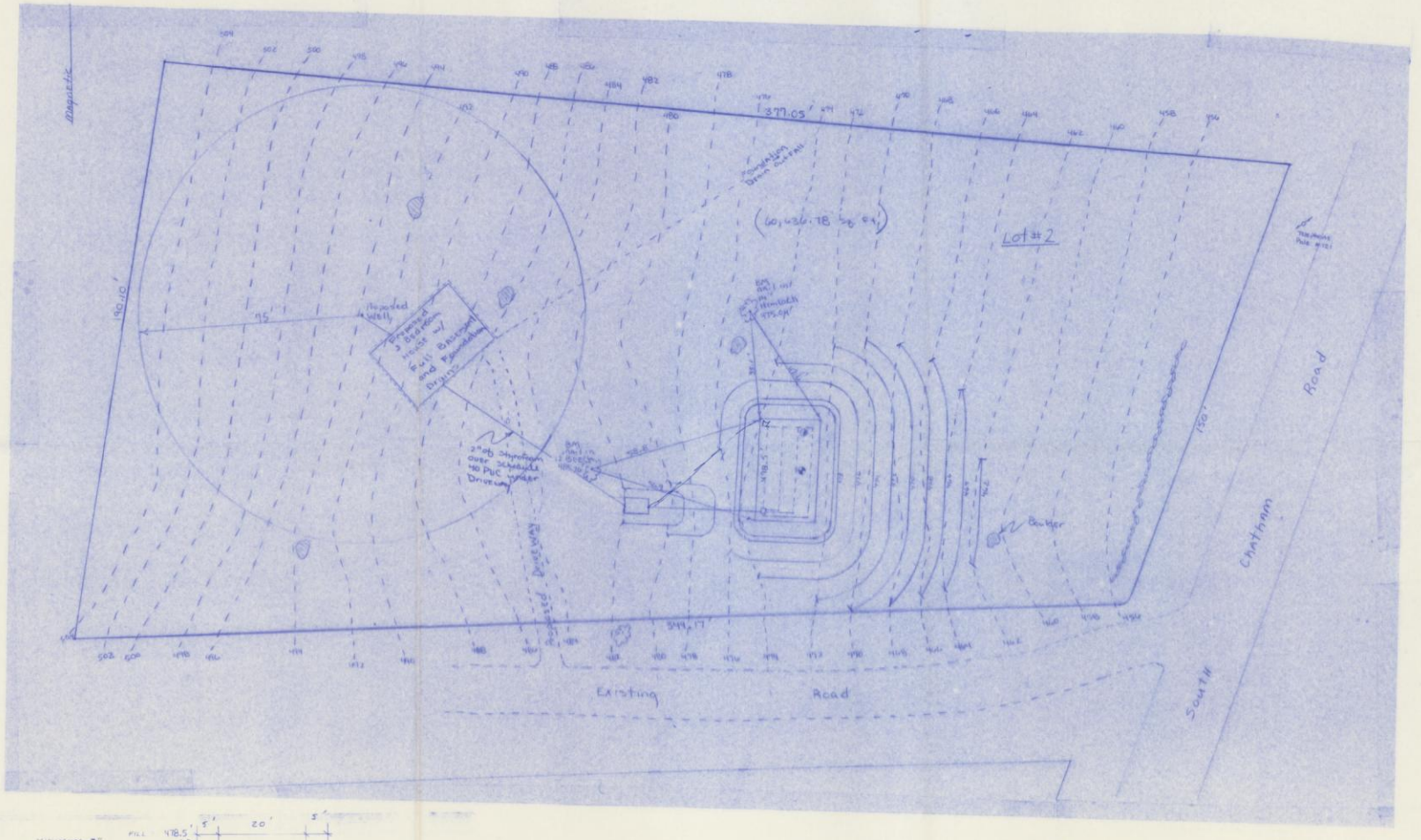
REVISIONS

SCALE AS NOTED

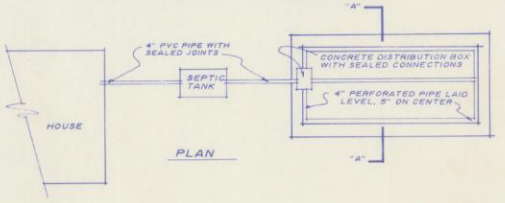
THADDEUS THORNE-SURVEYS, INC.

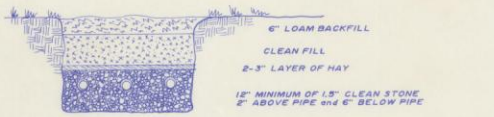
CENTER CONWAY, NEW HAMPSHIRE 03813

32 of 32



TYPICAL LEACH BED DESIGN





SECTION "A"

*NOT TO SCALE

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DISTRIBUTION BOX TO HAVE 4 OUTLETS, AS MANUFACTURED BY SUPERIOR, OR APPROVED EQUAL.

LEACH FIELD DIMENSIONS: LENGTH 33.75 WIDTH 20 AREA 675 ft²

NUMBER OF LEACH LINES 4

DRAIN PIPE TO BE 4" PVC WITH SEALED JOINTS. DRAIN TILE TO BE 4" PVC WITH COLLAR JOINTS OR APPROVED EQUAL.

THE BOTTOM OF LEACH AREA SHALL BE 6.5 ABOVE ORIGIONAL GRADE ON UPHILL SIDE.

LEACH LINES SHALL BE SEALED INTO D-BOX & SEPTIC TANK WITH HYDRAULIC CEMENT.

THERE IS NO SURFACE WATER, OR NEIGHBORING WELLS, WITHIN 75 FEET OF PROPOSED SYSTEM.

REPLACEMENT AREA:

☐ AS SHOWN

☑ LEACH BED TO BE DUG UP AND REPLACED IN SAME LOCATION IN THE EVENT OF FAILURE.

SOIL TEST DATA

TEST PIT LOG

0-10" Dark/Black Topsoil 7.5 YR 2/0

10"-16" Dark/Brown Fine Sandy loam - friable, moist 10 YR 3/4

16"-36" Coarse loamy sand heavily mottled firm gravel with fine sandy layers 2.5 YR 5/4

36"+ Compact Moraine Till Grey, Many Angular fragments

24" Water observed 18" CoMT No ledge

PERC. RATE 6 min/inch

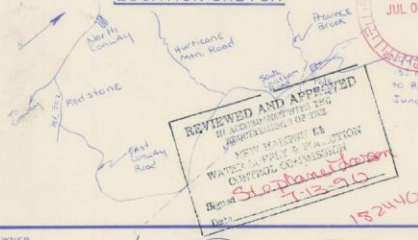
DEPTH OF PERC. 14"

DATE OF TESTS 5/16/90

SOIL TYPES BRL

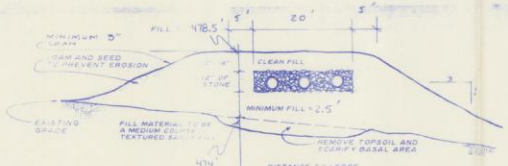
RECEIVED JUL 06 1990

LOCATION SKETCH



REVIEWED AND APPROVED
BY NEW HAMPSHIRE DEPT OF
ENVIRONMENTAL SERVICES
WATER SUPPLY & POLLUTION
CONTROL COMMISSION
Signed Stephanie Larson
Date 7-13-90

152440



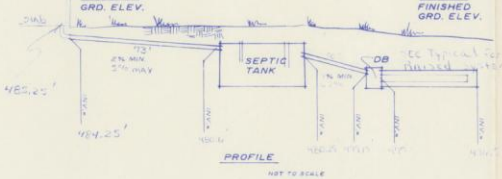
TYPICAL RAISED SYSTEM

NOT TO SCALE

THIS SEPTIC SYSTEM DESIGN IS BASED ON SOIL TESTS CONDUCTED ON 5/16/90 IF SOIL CONDITIONS ARE FOUND TO BE DIFFERENT AT THE TIME OF CONSTRUCTION, NOTIFY T. THORNE SURVEYS PRIOR TO PROCEEDING WITH CONSTRUCTION.

notes: A 3 bedroom house creates 450 GPD which at a 6 min perc rate requires 675 ft² Leaching Area.

ORIGIONAL GRADE 474
E.S.H.W.T. 472.5
BED BOTTOM 470.5
FINISH GRADE 478.5
LEDGE NONE



NOT TO SCALE

NOTE: THIS PLAN DOES NOT REPRESENT A BOUNDARY SURVEY.

LOT OWNER:

NAME Scott Woodworth

ADDRESS P.O. Box 118 North Conway NH 03860

SUBDIVISION NAME Pequaw Brook Estates

SUBDIVISION APPROVAL NUMBER [illegible] LOT NUMBER 2

STREET South Chatham Road

CITY or TOWN Chatham

VOID

STATE

NEW HAMPSHIRE Designer of Subsurface Disposal Systems D. David Douglass No. 209

Water Supply & Pollution Control

SURVEYED 5-14-90 DRAFTED TJA 5/14/90

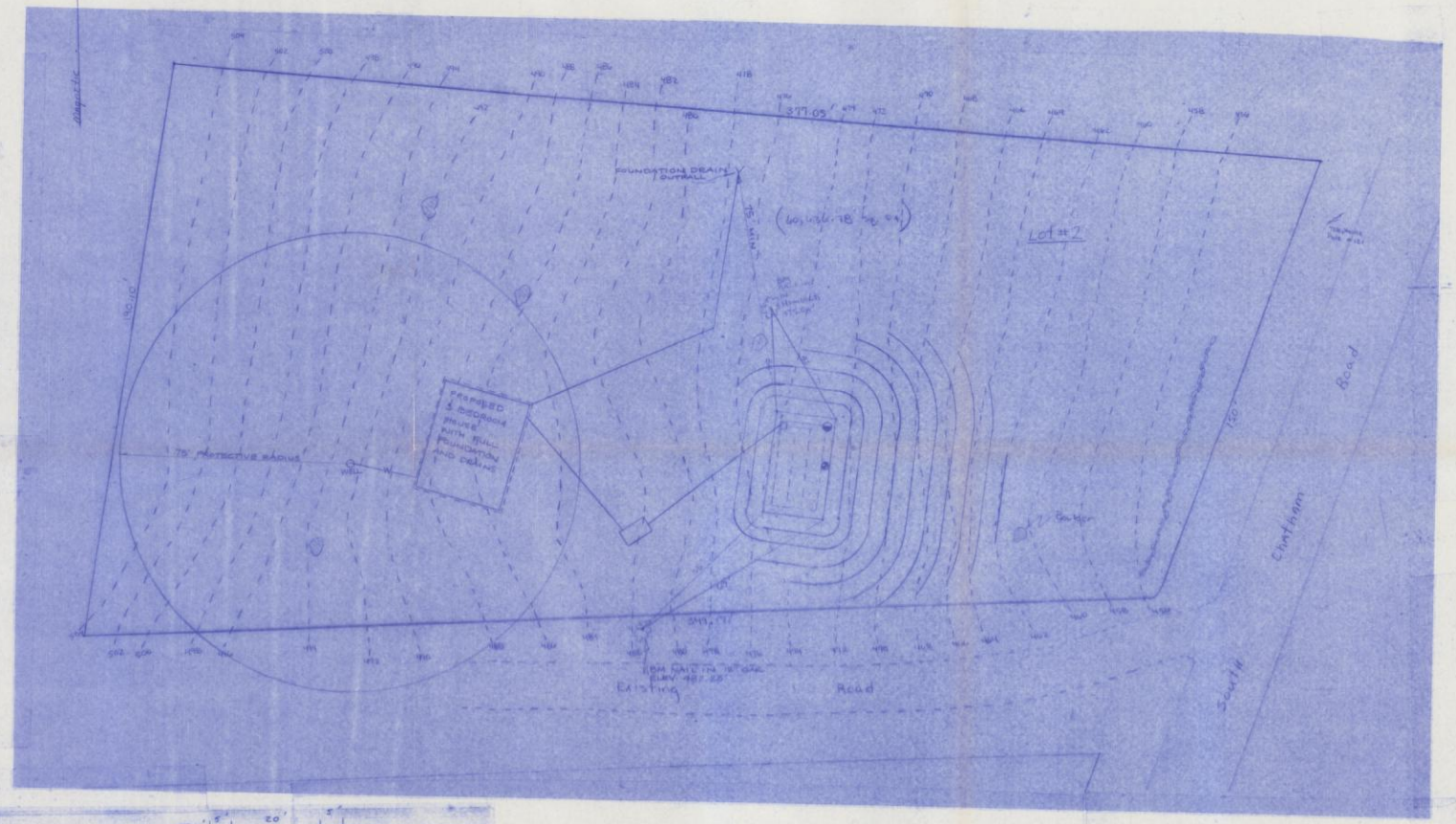
REVISIONS

SCALE AS NOTED

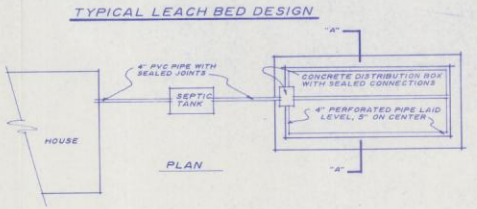
THADDEUS THORNE-SURVEYS, INC.

CENTER CONWAY, NEW HAMPSHIRE 03813

DWG NO. 32



TYPICAL LEACH BED DESIGN



SECTION "A"

*NOT TO SCALE

SEPTIC SYSTEM SPECIFICATIONS

SEPTIC TANK TO BE 1,000 GALLONS, AS MANUFACTURED BY SUPERIOR, OR APPROVED EQUAL.

DISTRIBUTION BOX TO HAVE 4 OUTLETS, AS MANUFACTURED BY SUPERIOR, OR APPROVED EQUAL.

LEACH FIELD DIMENSIONS: LENGTH 53.75 WIDTH 20 AREA 675 ft²

NUMBER OF LEACH LINES 4

DRAIN PIPE TO BE 4" PVC WITH SEALED JOINTS. DRAIN TILE TO BE 4" PVC WITH COLLAR JOINTS OR APPROVED EQUAL.

THE BOTTOM OF LEACH AREA SHALL BE 2.5' ABOVE ORIGIONAL GRADE ON UPHILL SIDE.

LEACH LINES SHALL BE SEALED INTO D-BOX & SEPTIC TANK WITH HYDRAULIC CEMENT.

THERE IS NO SURFACE WATER, OR NEIGHBORING WELLS, WITHIN 75 FEET OF PROPOSED SYSTEM.

REPLACEMENT AREA:

☐ AS SHOWN

☒ LEACH BED TO BE DUG UP AND REPLACED IN SAME LOCATION IN THE EVENT OF FAILURE.

SOIL TEST DATA

TEST PIT LOG

0"-10" Dark/Black Topsoil 7/5 YR 2/0

10"-16" Dark/Brown Fine Sandy loam - Friable, moist 10/yr. 3/4

16"-36" Coarse loamy sand heavily mottled firm gravel with fine sandy layers 2.5 YR 5/4

36"-⅝" Compact Moltation Till Grey, Many Angular Fragments.

24" Water observed 18" ESHWT, No ledge

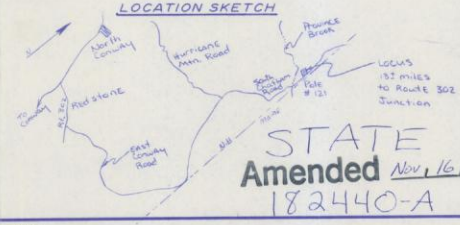
PERC. RATE 6/min/inch

DEPTH OF PERC 14"

DATE OF TESTS 5/16/90

SOIL TYPES BhC

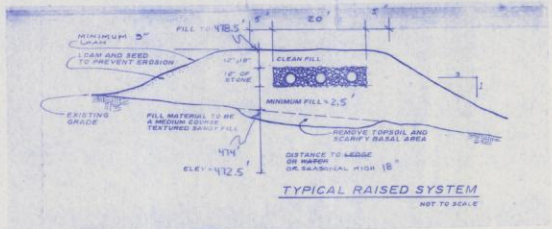
LOCATION SKETCH



STATE

Amended Nov. 16, 1990 FHT

18440-A



TYPICAL RAISED SYSTEM

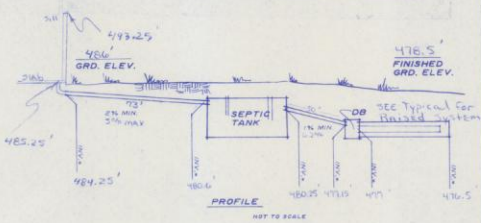
NOT TO SCALE

notes: 1. A 3 bedroom house creates 450 GPD which at a 6 min perc rate requires 675 ft Leaching Area.

THIS SEPTIC SYSTEM DESIGN IS BASED ON SOIL TESTS CONDUCTED ON 5/16/90 IF SOIL CONDITIONS ARE FOUND TO BE DIFFERENT AT THE TIME OF CONSTRUCTION, NOTIFY T. THORNE SURVEYS PRIOR TO PROCEEDING WITH CONSTRUCTION.

SCALE: 1" = 20'

ORIGINAL GRADE 474
E.S.H.W.T. 472.5
BED BOTTOM 476.5
FINISH GRADE 478.5
LEDGE None



NOT TO SCALE

NOTE: THIS PLAN DOES NOT REPRESENT A BOUNDARY SURVEY.

LOT OWNER:

NAME Scott Wadleigh

ADDRESS P.O. Box 3178 North Conway, NH 03860

SUBDIVISION NAME Jeff Patch, Province Falls - Chatham, NH

SUBDIVISION APPROVAL NUMBER #35643 LOT NUMBER #2

STREET South Chatham Road

CITY or TOWN Chatham

SURVEYED GH : MG 1990 DRAFTED TDA 5/14/90

REVISIONS

AS BUILT 11/14/90

SCALE AS NOTED

THADDEUS THORNE-SURVEYS, INC.

CENTER CONWAY, NEW HAMPSHIRE 03813

90-32

DMG