

# TOWN OF NANTUCKET

## Board of Health

### Septic System Inspection Report / Certificate of Compliance

LOCATION OF PROPERTY: Map 12 Parcel 53 Date 3/21/07  
 Street Address 14 Plover LN  
 Present Owner L. ADAM AMES  
 Mailing Address 11 Lower Cross Rd. Saddle River, NJ. 07458  
 Name of Inspector Stephen J. Visco (Visco Pumping)  
 Mailing Address 3 Rachel Dr. Nantucket, MA 02554

ALL INSPECTIONS SHALL BE WITNESSED BY AN AUTHORIZED AGENT OF THE BOARD OF HEALTH\*, CERTIFIED IN MASSACHUSETTS AS A SYSTEM INSPECTOR (AND SOIL EVALUATOR). ALL SYSTEMS SHALL BE UNCOVERED FOR INSPECTION AND A TAPE SURVEY SKETCH WILL BE INCLUDED IN THE INSPECTION REPORT.

#### I. Description of the Property

##### RESIDENTIAL

1. Lot size 40,029 S.F.
2. No. of Bedrooms 0
3. Total No. of Rooms 1
4. No. of Appliances 1
  - Dishwasher ↓
  - Garbage Disposal ↓
  - Washing Machine ↓
  - Jacuzzi / Other ↓
5. Length of Present Ownership ↓
6. Year-round Residence? ↓  
 If seasonal, No. Weeks Use Per Season ↓

##### COMMERCIAL

1. Lot size
2. Type of Business
3. Number of Employees
4. Number of Toilets
5. Rooms with Bath
6. Other Grey Water Discharge Explain
7. Annual Water Usage (if metered)

Town Water                      Private Well ✓ If well, distance from septic system                      ft. (if less than 100', show location. (150 feet in Madaket)

#### II. Description of Sanitary System:

1. Date Installed 12/07/90
2. Cesspool                      Septic Tank ✓ Other                      Describe
3. Septic Tank Size 1000 gals.
4. Number of leaching pits, trenches or other: describe 1 pit dry (Not in use - Vacant Lot)

#### III. Result of Open Visual Inspection of Septic System (attach Title 5 Official Inspection Form Part C)

1. Standing water level (in tank, cesspool, or D box) Empty (Not in use)
2. Algal growth, lush growth, or odor: NO describe
3. Waste Water discharge slow? Yes                      No NO Describe

4. Distance from bottom of leaching facility to highest seasonal, including perched, ground water elevation as determined by a certified soil evaluator by direct test pit observation, from ground water monitoring observations provided to the Board of Health based on preapproved monitoring program and/or by qualifying under the provision under the mapping exception. Minimum requirements for a ground water monitoring program include data collection for a minimum of six months, placement of a minimum of three monitoring wells, collection of data during moon tidal cycle as appropriate, etc.

HWH water @ elev. 2.00, bottom level @ 9.15, a 7.15 separation.

\*Cost to be charged as a fee to the property owner

cc: Nantucket Board of Health - Pink  
 Property Owner - Yellow  
 System Inspector - White

Map 12 Parcel 53

CERTIFICATE OF COMPLIANCE

Address 14 Plover Ln

Forwarding Address \_\_\_\_\_

Buyer's Name (if known) \_\_\_\_\_

Current Address \_\_\_\_\_

**THIS IS TO CERTIFY THAT I HAVE INSPECTED THE SEWAGE DISPOSAL SYSTEM LOCATED ON THE ABOVE PROPERTY AND, AS OF 3/21/07 (date) FIND IT TO BE IN:**

**I. System Passes**

- ☒ I have not found any information based on visual and onsite inspection, pumping records, or other required onsite work which indicates that any of the failure criteria described in 310 CMR 15.303, 310 CMR 15.304, or the Town of Nantucket Health Code Regulations (50.0, 51.0, 61.0, 64.0, 66.0) exist.  
Comments: SYSTEM GOOD FOR 6 BEDROOMS (ON 16.00.10.07)

**II. System Fails \*\***

- ☐ Backup of sewage into facility or system component due to overload or clogged SAS or cesspool.(Hydraulic Failure)
- ☐ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- ☐ Static liquid depth in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- ☐ Liquid depth in septic tank six inches below invert or available volume of leaching facilities is less than 1/2 day flow.
- ☐ Required pumping more than two 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.
- ☐ System containing cesspool.
- ☐ Lack of five foot (5') protective zone between the bottom of the system and highest seasonal, including perched groundwater elevation, and/or soils mottling in non-Nitrogen Sensitive areas as defined in Nantucket BOH Regulation 50:00.
- ☐ Lack of five foot (5') protective zone between the bottom of the system and highest seasonal groundwater, including perched groundwater elevation, and/or soils mottling in a Nitrogen Sensitive area as defined in Nantucket BOH Regulations 50:00 with existing enhanced effluent treatment as previously approved by the Nantucket BOH.
- ☐ Lack of six foot (6') protective zone between the bottom of the system and highest seasonal groundwater, including perched groundwater elevation, and/or soils mottling in Nitrogen Sensitive areas as defined in Nantucket BOH Regulations 50:00.
- ☐ System leaching facilities not located, evaluated.
- ☐ Evidence of sewage flow to surface.
- ☐ Evidence of breakout or other overload of the system.
- ☐ System is in such disrepair that it cannot function as originally intended.

(Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303 and the Town of Nantucket Heath Code Regulations (50.0, 51.0, 61.0, 64.0, and 66.0).

**\*\* Only Systems with hydraulic failure or less than 5' separation to high groundwater must upgrade the existing septic**  
Other criteria of system failure will be evaluated for upgrade by 6/14/2009.

**Description of evidence of failure:**

Signed [Signature] Date 3/21/07  
System Inspector  
Signed N/A outside Harbor - shed Date \_\_\_\_\_  
Agent for the Board of Health

cc: Nantucket Board of Health – Pink  
Property Owner – Yellow  
System Inspector – White

**All Inspections shall be witnessed by an authorized agent of the Board of Health.**

f. eli

12 53

# Commonwealth of Massachusetts **Title 5 Official Inspection Form** Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Property Address **14 Plover Ln**

Owner's Name **Jonathan Ames**

**11 Lower Cross Rd**

City/Town **Saddle River**

State

Zip Code

Date of Inspection **3/21/07**

**NJ 07458**

Inspection results must be submitted on this form. Inspection forms may not be altered in any way.

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:

Name of Inspector **Stephen J Visco**

Company Name **Visco Pumping**

Company Address **3 Rachel Dr**

City/Town **Nantucket**

State **MA**

Zip Code **02554**

Telephone Number **508-228-2339**

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:

**Yes**

**( Passes)**

**System Good For 6  
Bedrooms**

**system on vacant lot**

Inspector's Signature

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.

## 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

ND Explain:

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  
obstruction is removed

---

## **B. Certification (cont.)**

### **B) System Conditionally Passes (cont.):**

distribution box is leveled or replaced

ND Explain:

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  
obstruction is removed

ND Explain:

### **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

**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.

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## **B. Certification (cont.)**

### **C) Further Evaluation is Required by the Board of Health (cont.):**

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:**

- no** Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_.
- no** Any portion of the SAS, cesspool or privy is below high ground water elevation.
- no** Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

## B. Certification (cont.)

### D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

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.

\*

## C. Checklist (system on vacant lot- not in use)

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

Yes No

- no** Pumping information was provided by the owner, occupant, or Board of Health
- no** Were any of the system components pumped out in the previous two weeks?
- no** Has the system received normal flows in the previous two week period?
- no** Have large volumes of water been introduced to the system recently or as part of this inspection?
- Were as built plans of the system obtained and examined? (If they were not available note as N/A)
- yes** Was the facility or dwelling inspected for signs of sewage back up?

\*

## D. System Information

### Residential Flow Conditions:

Number of bedrooms (design): **6**

Number of bedrooms (actual): **0**

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

**660 GPD**

Number of current residents:

**0**

Does residence have a garbage grinder?

**0**

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

**0**

Laundry system inspected?

Yes No

Seasonal use?

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

**private well**

Sump pump?

**No**

Last date of occupancy:

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:

Last date of occupancy/use:

Date

Other (describe):

\*

## D. System Information (cont.)

### General Information

#### Pumping Records:

Source of information: **Visco Pumping**

Was system pumped as part of the inspection?

If yes, volume pumped:

How was quantity pumped determined?

Reason for pumping:

#### Type of System:

\*

**X**

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)

Tight tank. Attach a copy of the DEP approval.

Other (describe):

Approximate age of all components, date installed (if known) and source of information: **12/07/90 As-built Plan**

Were sewage odors detected when arriving at the site?

**No**

\*

## D. System Information (cont.)

**Building Sewer** (locate on site plan):

Depth below grade:

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:

2 feet

Material of construction:

concrete **X**                      metal                      fiberglass                      polyethylene                      other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

Yes      No

Dimensions: **5.0 x 5.0 x 9.0 (not in use)**

Sludge depth:

0

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

0

Scum thickness

0

Distance from top of scum to top of outlet tee or baffle

0

Distance from bottom of scum to bottom of outlet tee or baffle

0

How were dimensions determined?

\*

## 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.): **System should be pumped every year if lived in year - round, every other if seasonal. T's ok, no sign of leakage, risers installed**

**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

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):

---

## D. System Information (cont.)

### Tight or Holding Tank (cont.)

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

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

Depth of liquid level above outlet invert

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.): **, box Level, no leakage- new cover installed, &**

**Riser**

**Pump Chamber** (locate on site plan):

Pumps in working order:

Yes No

Alarms in working order:

Yes No

\*

---

## D. System Information (cont.)

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:

\*

Type:

**X**

leaching pits

number: **1**

leaching chambers

number:

leaching galleries

number:

leaching trenches

number, length:

leaching fields

number, dimensions:

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.): **soil dry, Vegetation normal, (Dry - not in use)**

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**D. System Information (cont.)**

**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

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

**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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**D. System Information (cont.)**

**Sketch Of Sewage Disposal System:** Provide a sketch 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.

**\***

**See As-Built Attached**

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## D. System Information (cont.)

### Site Exam:

Check Slope  
Surface water  
Check cellar  
Shallow wells

Estimated depth to ground water:

**14 feet**

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

**X**      Obtained from system design plans on record

**X**      If checked, date of design plan reviewed:      Date **12/07/90**

Observed site (abutting property/observation hole within 150 feet of SAS)

**X**      Checked with local Board of Health - explain:

Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

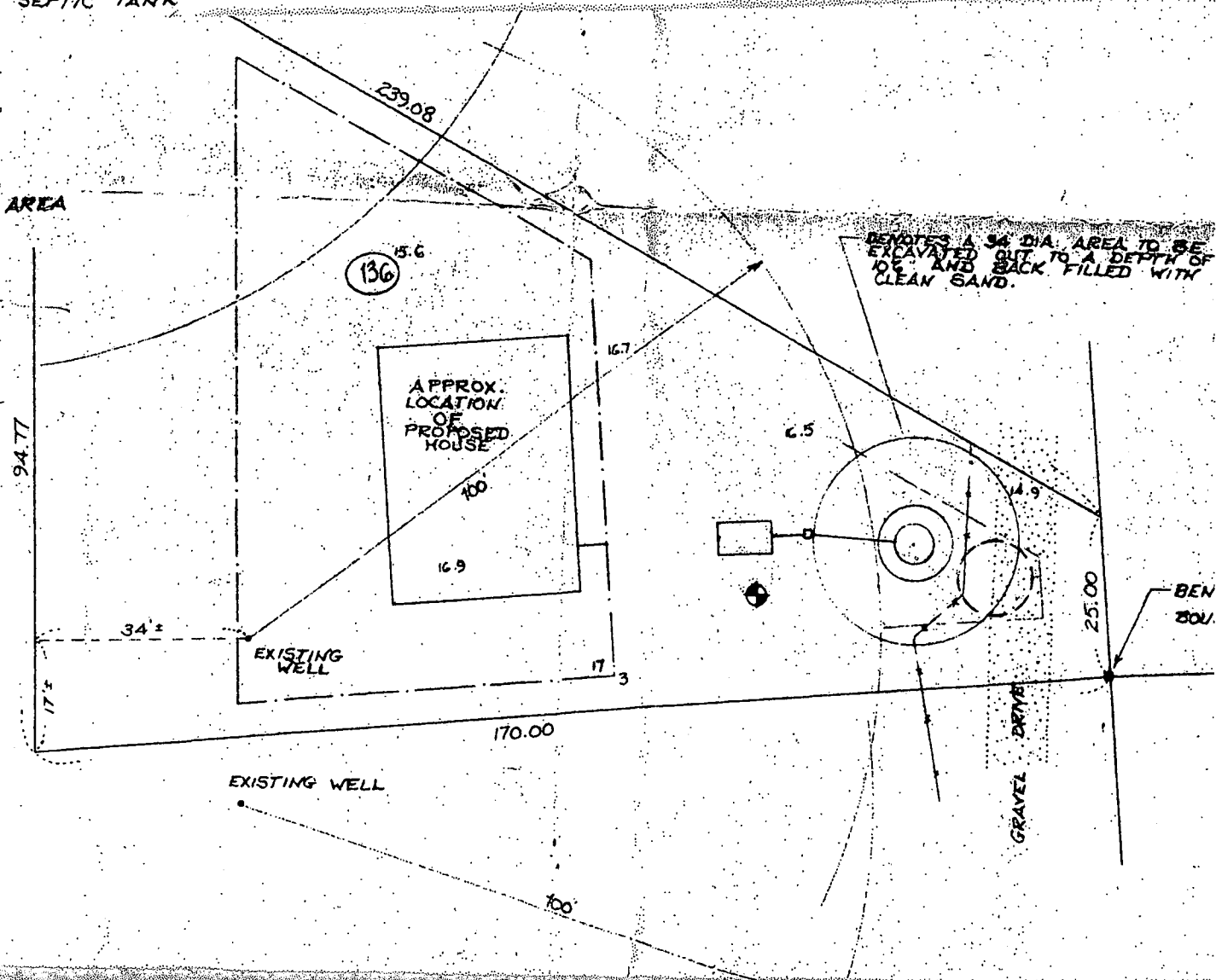
You must describe how you established the high ground water elevation: **Nantuckets watertable map. (HWH map # 2) hswater @ Elev. 2.00, Bottom of leach pit @ 9.15, A 7.15 Separation to water.**

□ DENOTES EXISTING 1000 GAL SEPTIC TANK

□ DENOTES EXISTING D-BOX

○ DENOTES EXISTING LEACH PIT

○ DENOTES PROPOSED RESERVE AREA



DENOTES A 34' DIA. AREA TO BE EXCAVATED OUT TO A DEPTH OF 10' AND BACK FILLED WITH CLEAN SAND.

12-7-90  
AS-BUILT SCHEDULE OF ELEVATIONS  
SEPTIC TANK OUTLET : 15.96  
D-BOX INLET : 15.94  
D-BOX OUTLET : 15.78  
LEACH PIT INLET : 15.15

12-53

WAWINET RD



Department of Environmental Management, Division of Water Resources

## WATER WELL COMPLETION REPORT

MAP 12

Panel 53

<b>WELL LOCATION</b> Address <u>Crow Nest Rd</u> City/Town <u>Nantucket</u> G.S. Quadrangle Map <u>Sinscawet</u> Grid Location <u>416.25 4575.0</u> Owner <u>Stephen Lindsay</u> Address <u>Box 1280 Nantucket</u>																	
<b>WELL USE</b> Domestic <input checked="" type="checkbox"/> Public <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____ Method Drilled <u>Rotary + mud</u> Date Drilled <u>4/10/89</u>	<b>CONSOLIDATED WELL</b> Type of Water-bearing Rock _____ Water-bearing Zones 1) From _____ To _____ 2) From _____ To _____ 3) From _____ To _____ 4) From _____ To _____ Depth to Bedrock _____																
<b>CASING</b> Length <u>42</u> Diameter <u>4</u> Type <u>sch 40 PVC</u>	<b>UNCONSOLIDATED WELL</b> Water-bearing Materials Sand: fine <input checked="" type="checkbox"/> medium <input type="checkbox"/> coarse <input type="checkbox"/> Gravel: fine <input type="checkbox"/> medium <input checked="" type="checkbox"/> coarse <input type="checkbox"/> Screen: Slot # <u>15</u> length <u>3</u> from <u>36</u> to <u>39</u> Split Screen for 2nd screen) Slot # <u>15</u> length <u>3</u> from <u>39</u> to <u>42</u> Depth To Bedrock _____																
<b>STATIC WATER LEVEL</b> Feet below land surface <u>12</u> Date measured <u>4/10/89</u>																	
<b>GRAVEL PACK WELL</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>																	
<b>WATER QUALITY TESTS MADE</b> Chemical <input type="checkbox"/> Biological <input type="checkbox"/>																	
<b>PUMP TEST</b> Drawdown _____ feet after pumping _____ days _____ hours at <u>25</u> GPM. How measured <u>Est air lift</u> Recovery _____ feet after _____ hours.																	
<b>LOG of FORMATIONS</b> <table border="1"> <thead> <tr> <th>Materials</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>C</td> <td>0</td> <td>13</td> </tr> <tr> <td>ESFG</td> <td>13</td> <td>25</td> </tr> <tr> <td>ESFG</td> <td>25</td> <td>33</td> </tr> <tr> <td>ESFGMG</td> <td>33</td> <td>42</td> </tr> </tbody> </table>	Materials	From	To	C	0	13	ESFG	13	25	ESFG	25	33	ESFGMG	33	42	<b>COMMENTS: (On well or water)</b> Driller <u>J.M. RAMOS INC</u> Firm <u>J.M. RAMOS INC</u> Address <u>PO Box 2005</u> City <u>Nantucket MA</u> Registration No. <u>71</u> Operator's Signature <u>E.A. Ramos</u>	
Materials	From	To															
C	0	13															
ESFG	13	25															
ESFG	25	33															
ESFGMG	33	42															



Department of Environmental Management/Division of Water Resources

## WATER WELL COMPLETION REPORT

<b>WELL LOCATION</b> Address <u>Crow Nest Rd</u> City/Town <u>Nantucket</u> Well owner <u>Steve Lindsay</u> Address <u>Crow Nest Rd</u>		<b>GEOGRAPHIC DESCRIPTION</b> <u>500</u> N S E W of (feet) (circle) <u>Squam Rd</u> (road) <u>1/10</u> N S E W of (feet) (circle) intersect. w/ <u>Wharves Rd</u> (road)													
Board of Health permit: yes <input type="checkbox"/> no <input type="checkbox"/>		<b>WELL DATA</b> Total well depth <u>43</u> ft. Depth to bedrock _____ ft. Water-bearing rock/unconsolidated material: Description _____ Water-bearing zones: 1) From _____ To _____ 2) From _____ To _____ 3) From _____ To _____ Gravel pack well: dia. _____ Screen: Slot # <u>15</u> length <u>3</u> from <u>40</u> to <u>43</u>													
<b>WELL USE</b> Domestic <input checked="" type="checkbox"/> Public <input type="checkbox"/> Industrial <input type="checkbox"/> Monitoring <input type="checkbox"/> Other _____ Method drilled <u>Rotary + mud</u> Date drilled <u>7/5/89</u>		<b>CASING</b> Type <u>sch 40 PVC</u> Length <u>43</u> ft. Dia (I.D.) <u>4</u> in. Length into bedrock _____ ft. Protective well seal: Grout <input type="checkbox"/> Other <u>Gravel pack</u>													
<b>PUMP TEST</b> Static water level below land surface <u>12</u> ft. Date <u>7/5/89</u> Drawdown _____ ft. after pumping _____ hr. _____ min. at <u>20</u> gpm. How measured <u>Est air lift</u> Recovery _____ ft. after _____ hr. _____ min.															
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Materials	From	To													
C	0	10													
CESFG	10	33													
ESFGMG	33	43													

Please print clearly

14 PLOVER LN

COPY: BOARD OF HEALTH

THE COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**

TOWN OF NANTUCKET

No. 391-90.....

**Disposal Works Construction Permit**

Permission is hereby granted Island Excavation, Inc......  
to Construct (+) or Repair ( ) an Individual Sewage Disposal System

at No. Map 12 Pond 53 Wamsnet Rd.....  
Street

as shown on the application for Disposal Works Construction Permit No. 391-90..... Dated .....

..... Richard F. Ry.....  
Board of Health

DATE ..... 11-23-90.....

**Valid for one year from date of issue.**

COPY OWNER

No. <sup>391-90</sup> ~~B25~~ .....

THE COMMONWEALTH OF MASSACHUSETTS  
**BOARD OF HEALTH**  
TOWN OF NANTUCKET

**Certificate of Compliance**

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

by Island Excavating - Steve Lindsay .....

at map 12 parcel 53 Installer ~~Katherine~~ Wauwunt Rd. .....

has been installed in accordance with the provisions of Article XI of The State Sanitary Code as described in the application for

Disposal Works Construction Permit No. 391-90 ..... dated 11/23/90 .....

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

DATE 3/27/91 .....

Inspector Richard Zieg .....

## THE COMMONWEALTH OF MASSACHUSETTS

No. 391-90

## BOARD OF HEALTH

TOWN OF NANTUCKET

Fee \_\_\_\_\_

## APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

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

Wauwinet Rd.

Location - Address

12-53

Assessors map and parcel no.

Steve Lindsay

Owner

Katherine Ln. Nantucket

Address

Island Excavating

Installer

Miacomet Rd. Nantucket

Address

Type of Building

Dwelling ✓

No. of Bedrooms 6

Expansion Attic ( )

Size Lot 40029

Sq. feet

Garbage Grinder ( ) NO

Other \_\_\_\_\_

Type of Building \_\_\_\_\_

No. of persons \_\_\_\_\_

Showers ( ) — Cafeteria ( )

Other fixtures \_\_\_\_\_

Design Flow 55 gallons per person per day. Total daily flow 660 gallons.Septic Tank ✓ Liquid capacity 1000 gallons Length 8'6" Width 4'0" Diameter — Depth 5'4"

Disposal Trench No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total Leaching area \_\_\_\_\_ sq. ft.

Seepage Pit No. 1 Diameter 12'0" Depth below inlet 6'0" Total Leaching area 678 gal.

Other Distribution box (✓) Dosing tank ( )

Percolation Test Results

Performed by

Hart-Blackwell Assoc., Inc.

Date

12-20-86Test Pit No. 1 2 minutes per inchDepth of Test Pit 36"Depth to ground water None @ 14'

Test Pit No. 2 \_\_\_\_\_ minutes per inch

Depth of Test Pit \_\_\_\_\_

Depth to ground water \_\_\_\_\_

Description of Soil 0-0.5' Sandy Loam, 0.5'-6.0' Fine White Sand w/ Silt Deposits, 6.0'-10.0' Sandy Silt, 10.0'-14.0' Med. Sand

Nature of Repairs or Alterations — Answer when applicable \_\_\_\_\_

## Agreement:

- (1) The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of Title 5 of the State Sanitary Code.
- (2) A representative of the Nantucket Board of Health shall be present at all percolation tests whenever possible. The undersigned agrees to notify a representative of the Nantucket Board of Health no less than 24 hours prior to performing the percolation test.
- (3) A representative of the Nantucket Board of Health shall inspect the Individual Sewage Disposal System prior to covering. The undersigned agrees to notify a representative of the Nantucket Board of Health no less than 24 hours prior to covering the system.
- (4) 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

Donald E. Viro

Date

Application Approved By

Richard F. Rg11-2390

Date

Application Disapproved for the following reasons:

subdivision plan required  
Richard F. Rg

NOTES:

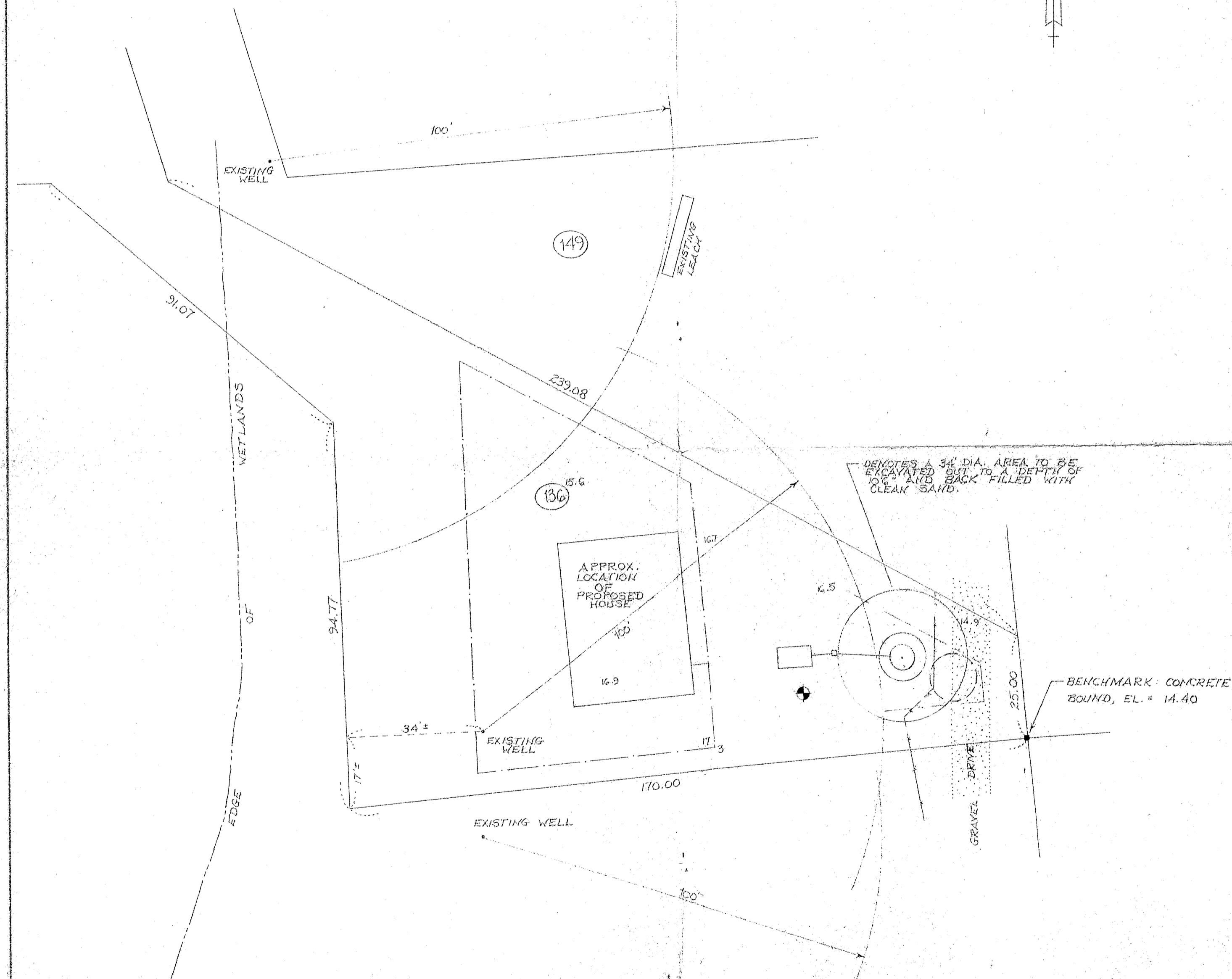
Issued

11-23-90

Date

PLOT PLAN  
SCALE: 1"=20'  
LOT AREA= 40029 ± 5.6.

- DENOTES PROPOSED 1000 GAL. SEPTIC TANK  
○ DENOTES PROPOSED D-BOX  
○ DENOTES PROPOSED LEACH PIT  
○ DENOTES RESERVE AREA

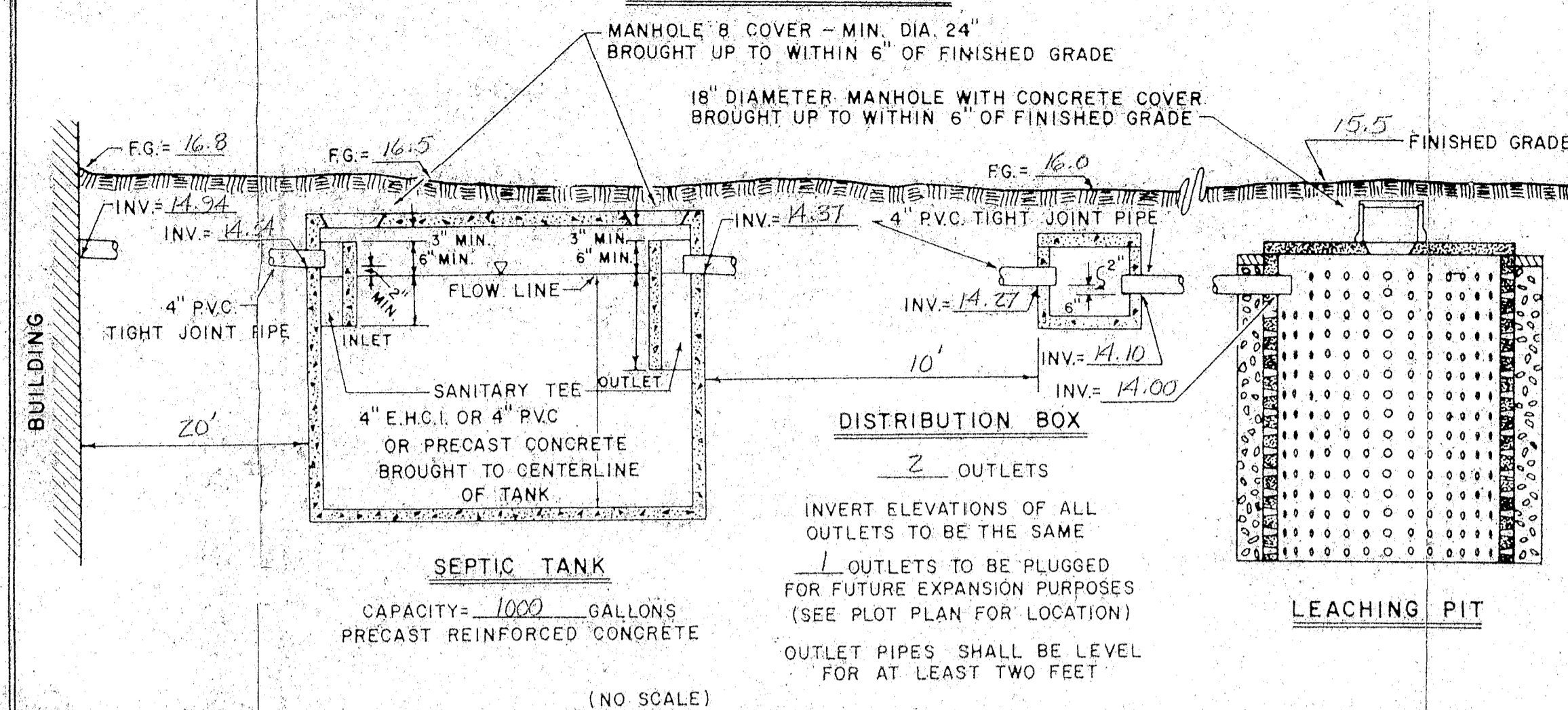


THE CONTRACTOR SHALL BE RESPONSIBLE FOR HAVING THE EXISTING UNDERGROUND UTILITIES MARKED OUT PRIOR TO EXCAVATION.

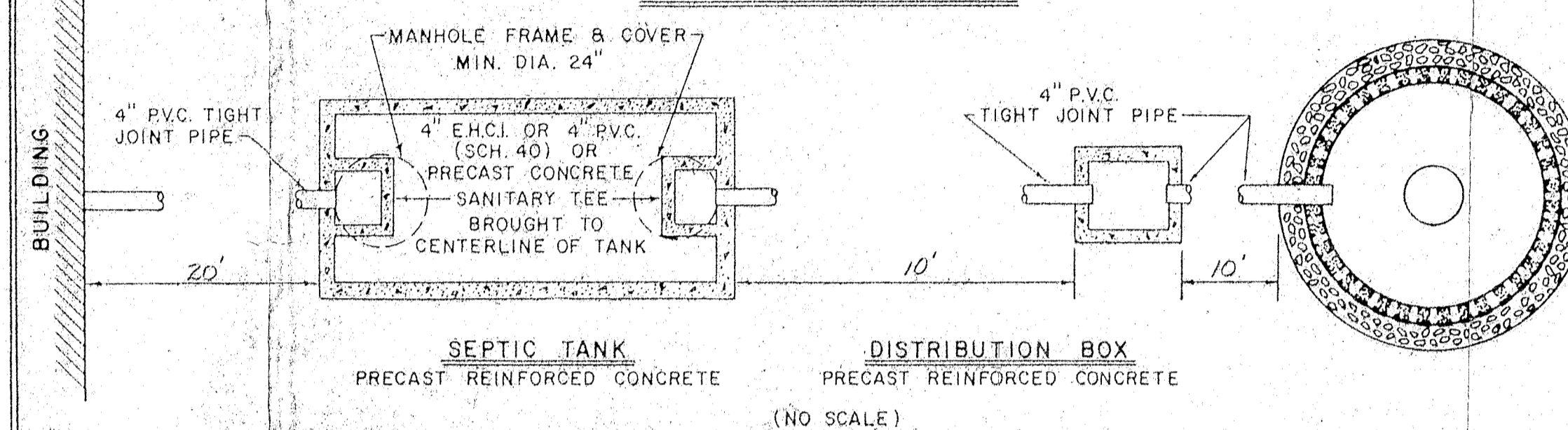
- DENOTES EXISTING 1000 GAL. SEPTIC TANK  
○ DENOTES EXISTING D-BOX  
○ DENOTES EXISTING LEACH PIT  
○ DENOTES PROPOSED RESERVE AREA

12-7-90  
AS-BUILT SCHEDULE OF ELEVATIONS  
SEPTIC TANK OUTLET : 15.96  
D-BOX INLET : 15.94  
D-BOX OUTLET : 15.78  
LEACH PIT INLET : 15.15

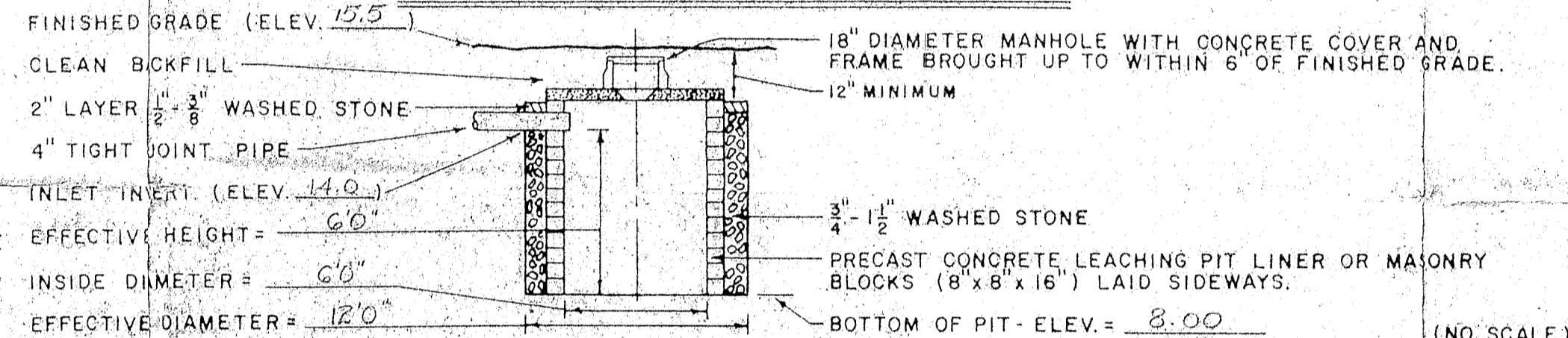
### PROFILE OF SYSTEM



### PLAN VIEW OF SYSTEM



### TYPICAL LEACHING PIT CROSS-SECTION



### SCHEDULE OF ELEVATIONS

	FINISHED GRADE ABOVE STRUCTURE	FINISHED GRADE ABOVE STRUCTURE
Top of foundation	= 17.5	
Basement floor	= 16.8	
Invert of pipe at foundation	= 14.34	
Invert at septic tank inlet	= 14.54	
Invert at septic tank outlet	= 14.37	
Invert at distribution box inlet	= 14.27	
Invert at distribution box outlet	= 14.10	
Invert at leach pit inlet	= 14.00	
Elevation of leach pit bottom	= 8.0	
Finished grade over leach pit		See Plot Plan

### SOIL TEST DATA

SOIL TEST PERFORMED BY: HART - BLACKWELL & ASSOC., INC.		SOIL TEST DATA						
DEEP TEST PIT 1 (SURFACE ELEVATION 17.0)		DEEP TEST PIT 2 (SURFACE ELEVATION )		PERCOLATION TEST DATA				
DATE OF TEST 12-21-86		DATE OF TEST		TEST PIT NO.	DATE	TOP OF 12" OF WATER		RATE: MINUTES PER INCH
DEPTH	SOIL DESCRIPTION	DEPTH	SOIL DESCRIPTION			DEPTH FROM TOP OF PIT	ELEVATION	
0'-0.5'	SANDY CLAY			1	12-20-86	36"	14.0	2
0.5'-6.0'	FINE WHITE SAND (SILT DEPOSITS)							
6.0'-10.0'	SANDY SILT							
10.0'-14.0'	MED. SAND							
NO GROUND WATER WAS ENCOUNTERED AT A DEPTH OF 14.0' (ELEVATION 12.0)		GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )						
DEEP TEST PIT 3 (SURFACE ELEVATION )		DEEP TEST PIT 4 (SURFACE ELEVATION )		DEEP TEST PIT 5 (SURFACE ELEVATION )				
DATE OF TEST		DATE OF TEST		DATE OF TEST				
DEPTH	SOIL DESCRIPTION	DEPTH	SOIL DESCRIPTION	DEPTH	SOIL DESCRIPTION			
GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )		GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )		GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )				

### GENERAL NOTES

- Elevations refer to KALE TIDE DATUM. See Bench Mark on Plot Plan located AS SHOWN.
- Finished grading to be done in accordance with plot plan.
- Percolation tests performed in accordance with the Instructions in Title 5 of the Massachusetts State Environmental Code.
- All construction to conform to Title 5 of the Massachusetts State Environmental Code, and the Board of Health requirements for the Town of Nantucket.
- All topsoil, subsoil and deleterious material, if any, must be excavated and removed below the leaching field and to a distance of 10' feet from all sides of the leaching field. Excavate down to 6" 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 trenches in this material.
- 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).
- Tight joint piping to consist of Polyvinyl Chloride Pipe (P.V.C.), Schedule 40, unless otherwise noted.
- In cases where ledge or boulders are present, EPPL & ASSOC., Inc. will not be responsible for assuring the amount of rock to be encountered.
- EPPL & ASSOC., Inc. will not be responsible for the performance of this system unless constructed as shown. Any alterations must be approved in writing by Eppl & Assoc.
- Heavy machinery shall not be permitted to pass over the leaching field.
- 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.
- No permanent structure may be constructed over the 100% expansion area.
- For proper performance, septic tank should be inspected at least once a year and when the total depth of scum and solids exceeds 1/2 the liquid depth of the tank, the tank should be pumped.
- As-built plans and measurements are required by the Nantucket Board of Health.

### DESIGN DATA

- Estimated Hydraulic Loading  
Bedrooms at 110 gallons per day per bedroom = 660 G.P.D.  
Garbage disposal is NOT allowed with this design.
- Septic Tank Size  
Average daily flow = 660 x 150 % = 990 gallons (minimum)  
Septic tank provided = 1000 gallons
- Design percolation rate = 2 M.P.I.  
Sidewall loading = 2.5 gallons / S.F.  
Bottom loading = 6.0 gallons / S.F.
- Leaching Area  
Total sidewall area provided = 226 S.F. x 2.5 gal./S.F. = 565 gal.  
Total bottom area provided = 113 S.F. x 1.0 gal./S.F. = 113 gal.  
Maximum allowable loading (under Title 5) = 678 gallons  
Actual hydraulic loading = 660 gallons  
Minimum size leaching area allowed under the Town of Nantucket, Board of Health requirements is same as Title V.

### LEGEND

- XX— Denotes proposed contour  
FG = XX.X Denotes proposed finished grade  
--XX-- Denotes existing contour  
XX.X Denotes existing spot elevation  
S 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  
—R— Denotes approximate property line  
—O.W.— Denotes overhead wires  
—D— Denotes storm drain pipe  
■ Denotes catch basin

### PROPOSED SEWAGE DISPOSAL SYSTEM

TO SERVE A PROPOSED 6 B.R. HOUSE

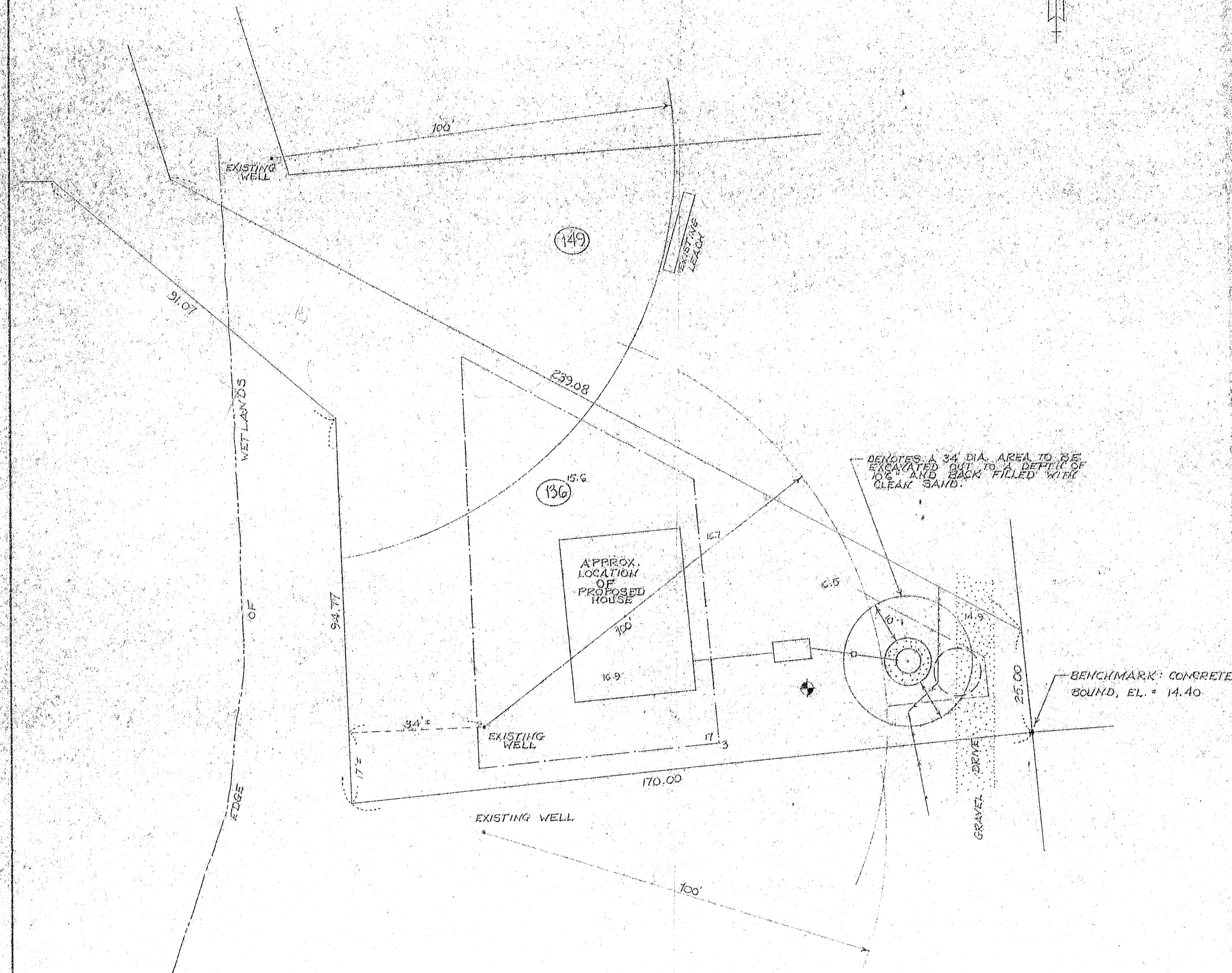
APPLICANT: STEPHEN LINDSAY, JR.  
WANTHAM REALTY TRUST  
KATHERINE LN. NANTUCKET





DATE: 11-6-90 SCALE: AS NOTED

DESIGNED BY: JLB  
DRAWN BY: JLB  
CHECKED BY: RFE

EPPL & ASSOCIATES, INC. P.E.  
KITE HILL LANE NANTUCKET, MA

 DENOTES PROPOSED 1000 GAL. SEPTIC TANK  
 DENOTES PROPOSED D BOX  
 DENOTES PROPOSED LEACH PIT  
 DENOTES RESERVE AREA



 DENOTES PROPOSED 1000 GAL. SEPTIC TANK  
 DENOTES PROPOSED D-BOX  
 DENOTES PROPOSED LEACH PIT  
 DENOTES PROPOSED RESERVE AREA

MANHOLE #8 COVER - MIN. DIA. 24"  
BROUGHT UP TO WITHIN 6" OF FINISHED GRADE

18" DIAMETER MANHOLE WITH CONCRETE COVER  
BROUGHT UP TO WITHIN 6" OF FINISHED GRADE

FG = 16.8  
INV = 14.24  
4" P.V.C. TIGHT JOINT PIPE  
TIGHT JOINT PIPE  
INLET  
3" MIN.  
6" MIN.  
FLOW LINE  
SANITARY TEE  
4" E.H.C. OR 4" P.V.C.  
OR PRECAST CONCRETE  
BROUGHT TO CENTERLINE  
OF TANK  
OUTLET  
INV = 14.37  
4" P.V.C. TIGHT JOINT PIPE  
INV = 14.27  
6"  
INV = 14.10  
INV = 14.00  
10'  
DISTRIBUTION BOX  
2 OUTLETS  
INVERT ELEVATIONS OF ALL  
OUTLETS TO BE THE SAME  
OUTLETS TO BE PLUGGED  
FOR FUTURE EXPANSION PURPOSES  
(SEE PLOT PLAN FOR LOCATION)  
OUTLET PIPES SHALL BE LEVEL  
FOR AT LEAST TWO FEET

FINISHED GRADE

LEACHING PIT

SEPTIC TANK  
CAPACITY: 1000 GALLONS  
PRECAST REINFORCED CONCRETE

(NO SCALE)

		FINISHED GRADE ABOVE STRUCTURE		FINISHED GRADE ABOVE STRUCTURE	
Top of foundation	=	<u>17.5</u>		Invert at distribution box inlet	= <u>14.27</u>
Basement floor	=			Invert at distribution box outlet	= <u>14.10</u> <u>16.0</u>
Invert of pipe at foundation	=	<u>14.94</u>	<u>16.8</u>	Invert at leaching pit inlet	= <u>14.00</u> <u>15.5</u>
				Elevation of leaching pit bottom	= <u>8.0</u>
Invert at septic tank inlet	=	<u>14.54</u>			
Invert at septic tank outlet	=	<u>14.37</u>	<u>16.5</u>	Finished grade over leaching pit -	See Plot Plan

SOIL TEST PERFORMED BY: KART - BLACKWELL & ASSOC., INC.		SOIL TEST DATA						
DEEP TEST PIT 1 (SURFACE ELEVATION 17.0)		DEEP TEST PIT 2 (SURFACE ELEVATION )		PERCOLATION TEST DATA				
DATE OF TEST 12-20-86		DATE OF TEST		TEST PIT NO.	DATE	TOP OF 12" OF WATER DEPTH FROM TOP OF PIT	ELEVATION	RATE MINUT PER
DEPTH	SOIL DESCRIPTION	DEPTH	SOIL DESCRIPTION					
0'-0.5'	SANDY LOAM.			1	12-20-86	36"	14.0'	2
0.5' - 6.0'	FINE WHITE SAND & SILT DEPOSITS							
6.0' - 10.0'	SANDY SILT.							
10.0' - 14.0'	MED. SAND							
NO GROUND WATER WAS ENCOUNTERED AT A DEPTH OF 14.0' (ELEVATION 3.0')		NO GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )						
DEEP TEST PIT 3 (SURFACE ELEVATION )		DEEP TEST PIT 4 (SURFACE ELEVATION )		DEEP TEST PIT 5 (SURFACE ELEVATION )				
DATE OF TEST		DATE OF TEST		DATE OF TEST				
DEPTH	SOIL DESCRIPTION	DEPTH	SOIL DESCRIPTION	DEPTH	SOIL DESCRIPTION			
NO GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )		NO GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )		NO GROUND WATER WAS ENCOUNTERED AT A DEPTH OF (ELEVATION )				

1. Elevations refer to NAHE TIDE DATUM.  
See Bench Mark on Plot Plan located AS SHOWN.
2. Final 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 Nantucket.
5. All topsoil, subsoil and deleterious material, if any, must be excavated and removed below the leaching field and to a distance of 10 feet from all sides of the leaching field.  
Excavate down to 6 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 trenches 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, EPPL & ASSOC., Inc., will not be responsible for assuring the amount of rock to be encountered.
9. EPPL & ASSOC., Inc., will not be responsible for the performance of this system unless constructed as shown. Any alterations must be approved in writing by Eppl & Assoc.
10. Heavy machinery shall not be permitted to pass over the leaching field.
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 1/4 the liquid depth of the tank, the tank should be pumped.
14. As-built plans and measurements are required by the Nantucket Board of Health.

1. Estimated Hydraulic Loading  

$$\frac{660}{\text{S.F.}} \text{ Bedrooms at 110 gallons per day per bedroom} = 660 \text{ G.P.D.}$$
Garbage disposal is NOT allowed with this design.

2. Septic Tank Size  
Average daily flow =  $\frac{660}{\text{S.F.}} \times \frac{150}{\text{S.F.}} \% = 990 \text{ gallons (minimum)}$   
Septic tank provided =  $\frac{1000}{\text{S.F.}}$  gallons

3. Design percolation rate =  $\frac{2}{\text{S.F.}}$  M.P.I.  
Sidewall loading =  $\frac{2.5}{\text{S.F.}}$  gallons / S.F.  
Bottom loading =  $\frac{1.0}{\text{S.F.}}$  gallons / S.F.

4. Leaching Area  
Total sidewall area provided =  $\frac{226}{\text{S.F.}} \times \frac{2.5}{\text{S.F.}} \text{ gal./S.F.} = 565 \text{ gal./S.F.}$   
Total bottom area provided =  $\frac{113}{\text{S.F.}} \times \frac{1.0}{\text{S.F.}} \text{ gal./S.F.} = 113 \text{ gal./S.F.}$   
Maximum allowable loading (under Title 5) =  $\frac{678}{\text{S.F.}}$  gallons  
Actual hydraulic loading =  $\frac{660}{\text{S.F.}}$  gallons  
Minimum size leaching area allowed under the Town of Nantucket, Board of Health requirements is same as Title V.

—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
—R—	Denotes	approximate property line
—O.W.—	Denotes	overhead wires
—D—	Denotes	storm drain pipe
■	Denotes	catch basin

TO SERVE A PROPOSED 6 B.R. HOUSE

APPLICANT: STEPHEN LINDSAY, JR. WAUQUAM REALTY TRUST KATHERINE LN. NANTUCKET	TEL. NO.
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DATE: 10-6-90	SCALE: AS NOTED
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DESIGNED BY: *JLB* DRAWN BY: *JLB* CHECKED BY: *REE*

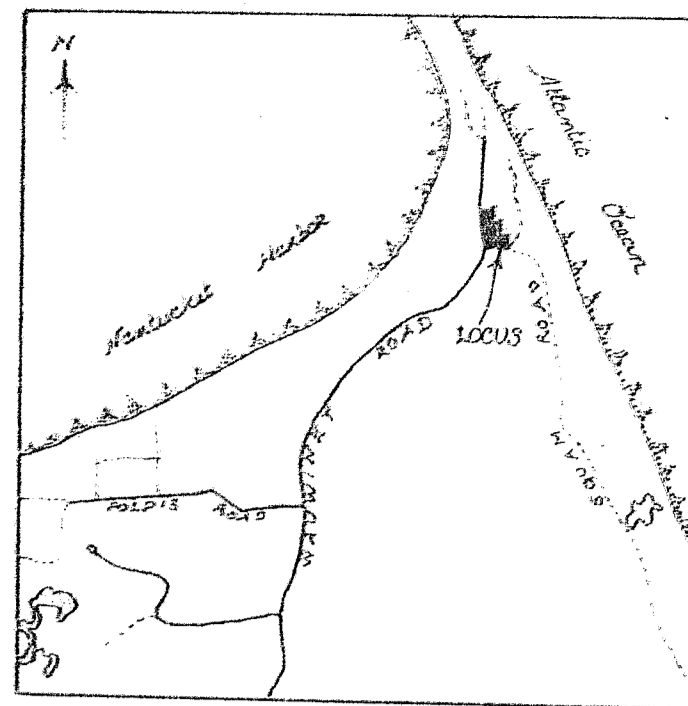
**APPLE & ASSOCIATES, INC. P.E.**  
KITE HILL LANE NANTUCKET MA

JOB NO. 1058

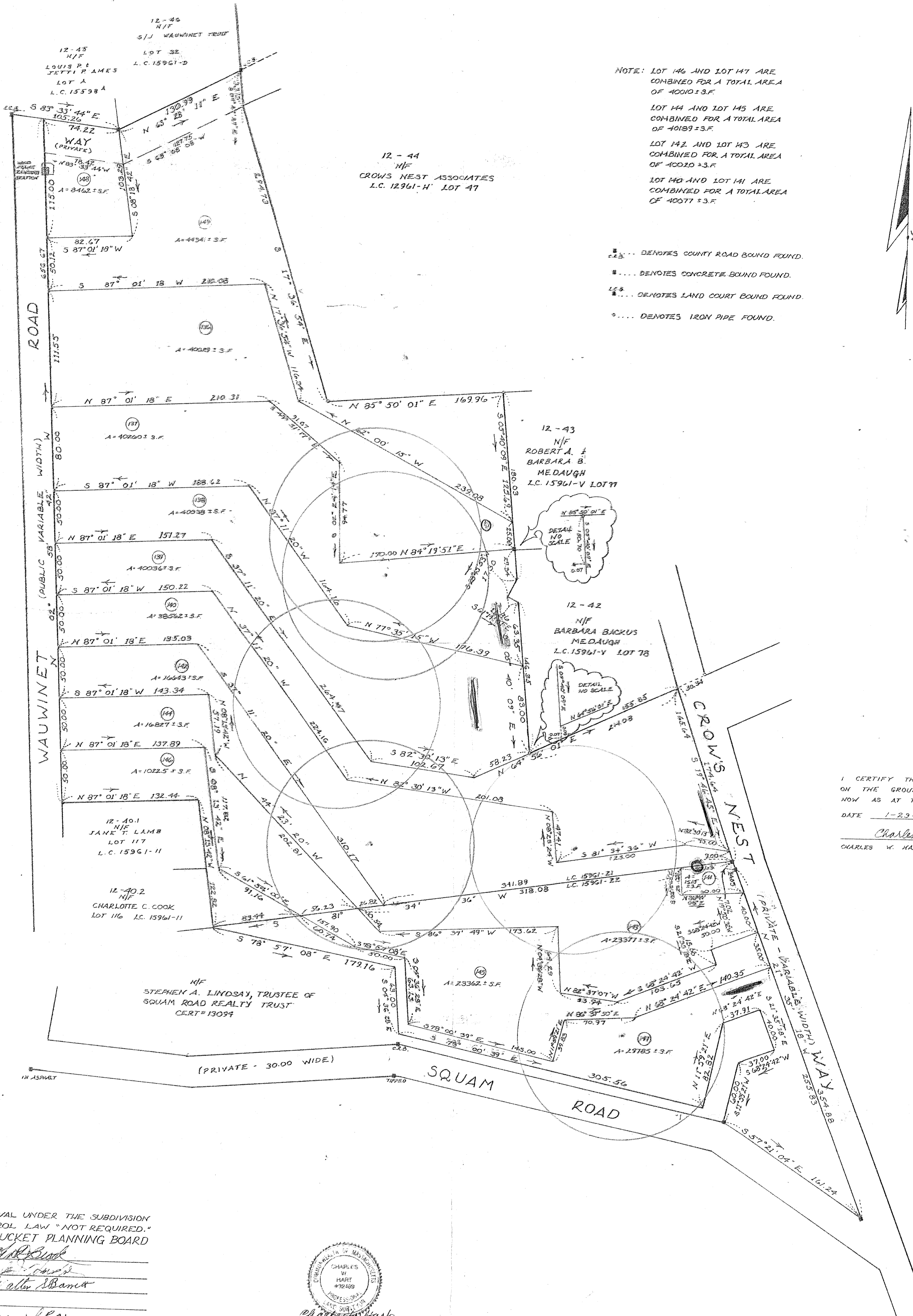
I CERTIFY THAT THIS ACTUAL SURVEY  
WAS MADE ON THE GROUND IN ACCORDANCE  
WITH THE LAND COURT INSTRUCTIONS OF  
1971 BETWEEN APRIL 9, 1986 AND  
JULY 27, 1987.  
DATE 7-27-87  
Charles W. Hart  
CHARLES W. HART, P.L.S.

ZONING: RESIDENTIAL - 1

MIN. LOT SIZE : 5000 S.F.  
MIN. FRONTAGE : 50 FT.  
FRONT YARD SETBACK : 10 FT.  
GROUND COVER RATIO : 30 %  
SIDE OR REAR SETBACK : 5 FT.

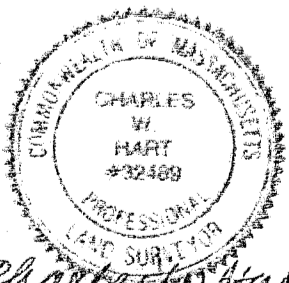


LOCUS MAP SCALE: 1" = 3000'



APPROVAL UNDER THE SUBDIVISION  
CONTROL LAW "NOT REQUIRED."  
NANTUCKET PLANNING BOARD

Charles W. Hart  
DATE 7-27-87  
FILE NO. 3200



Charles W. Hart

NOTE: BEING A SUBDIVISION OF LOT 131  
SHOWN ON LAND COURT PLAN 15961-21.  
BEING A SUBDIVISION OF LOT 132  
SHOWN ON LAND COURT PLAN 15961-22

SUBDIVISION PLAN  
OF LAND IN  
NANTUCKET, MA.

SCALE: 1" = 50' JULY 27, 1987  
HART-BLACKWELL & ASSOC., INC.  
6 YOUNG'S WAY  
NANTUCKET, MA.

PREPARED FOR: ROBERT C. CALDWELL  
TRUSTEE OF WAWINET RD.  
REALTY TRUST