

Town of Washington Inland Wetlands Commission

PERMIT APPLICATION

Applicant's Name: CHRISTINE COWLES Date: 3-19-2021

Activity Address: 210 WEST SHORE ROAD

APPLICATION FOR:

Regulated activity: SEPTIC SYSTEM REPLACEMENT

Subdivision feasibility: # of lots _____

Correction of a violation: _____

Permits to correct violations will expire at the end of time the period specified by Commission for remedial action.

Exemption: see separate form - *Application for an Exemption*

Other -specify: _____

FOR OFFICE USE ONLY

Date Submitted: 3-19-2021 Received By: S. White Scanned

Application #: 1W-21-21 IWC Date of Receipt: 3-24-21 sw

Fee Paid: ~~XXXX~~ 85 Cash Check# 7737 Check date: 3-19-21 By: B. Neff 3-23-21

Date (14 Days from Receipt) 4-7-21 65 Days from Receipt: 5-27-21

Public Hearing Date: _____ Continued to: _____

Extension Request Date: _____ Date Extension Ends: _____

ACTION TAKEN:

Application Withdrawn Date: _____ Comment: _____

Denied Without Prejudice Denied Date: _____ Reason: _____

IWC Approval Date: _____ Agent Approval _____ Date: _____

Please complete the entire form as applicable. Attach supporting documentation. The applicant is responsible for providing all pertinent information and may be required to supply additional information and/or pay for expert consultation, beyond what is outlined on this form. To save time and avoid rejection of an application, read and use the *Inland Wetland and Watercourses Regulations*, Town of Washington and the *Applicant's Guide to Completing and Processing an Application for an Inland Wetlands Permit* before applying.

Applications must be complete* and submitted to the Land Use Office no later than 7 calendar days before the next regular scheduled meeting to allow sufficient time for administrative, public, and commissioner review. The application will be considered at the next regularly scheduled meeting. **Complete** applications submitted to the Land Use Office later than the specified deadline for that meeting, may be added to the agenda at the discretion of the Commission. Consideration of late applications will await preliminary review by the administrative staff as time permits. The schedule of meetings and times is posted at the Town Hall and at www.WashingtonCt.org.

*To be considered "complete," the application must include:

- Yellow Mandatory Land Use Pre-Application Form signed by the property owner and if applicable, a letter from conservation easement holder
- All required forms, attachments and authorizations;
- Live (ink) signature(s) of the property owner(s);
- The Statewide Inland Wetlands and Watercourses Activity Reporting Form (Section II completed);
- A check, payable to the Town of Washington, for the **Application Fee** of \$60.00, **plus any other applicable fees from the posted Fee Schedule**, plus the required **State Tax** of \$60.00; **Total fee: \$120.00.**

ALL PLANS AND DRAWINGS MUST BE FOLDED TO FIT IN LEGAL SIZE FOLDER – UNFOLDED PLANS WILL NOT BE ACCEPTED

Town of Washington Inland Wetlands Commission

SECTION I: CONTACT INFORMATION

- 1) Name of Owner: CHRISTINE COWLES
- 2) Mailing Address: 316 WOOD CREEK RD.
City: BETHLEHEM State: CT. Zip: 06751
- 3) Telephone Home: () Cell: ()
- 4) Email: _____
- 5) Authorized Agent (attach mandatory written authorization): BRIAN HEFF
- 6) Agent Address: 128 BACON RD. ROXBURY, CT. 06783
- 7) Agent's Home Telephone: () Business: (860) 354-2246
- 8) Agent's Email: BHEFFPE@GMAIL.COM
- 9) Name, Address, Title and Phone Number of any Professional(s) or Contractor(s) to be involved in the project:
BRIAN HEFF, ENGINEER, ROXBURY, CT. (860) 354-2246
ELWYN TANNER, SEPTIC INSTALLER, 172 LAKE RD. NEW PRESTON, CT. 06777
(860) 868-2226
- 10) All correspondence, notices, permits shall be sent to: Property Owner Agent

SECTION II: PROPERTY INFORMATION

- 1) Address of Property: 210 WEST SHORE ROAD
- 2) Assessor's Map, Lot Number(s): 12-4, LOT 14
- 3) Total Acreage: 0.67
- 4) Located in a Historic District? Yes No
- 5) Applicant's Interest in Property (circle one): Owner Developer Option Holder
Other (describe): _____

SECTION III: PROJECT/ACTIVITY INFORMATION

- 1) Project/Activity Name (e.g. pond dredging, etc.): SEPTIC SYSTEM REPLACEMENT
- 2) If the activity involves the installation or repair of a septic system(s):
Has the Health Official approved the plan? Yes No
- 3) Total Wetland Acres: 0 Disturbed Wetland Acres: 0
- 4) Total Review Acres*: 0.46 Disturbed Review Acres: 0.2
- * The review area is all land within 100 feet of all wetlands soils and watercourses/water bodies. Activities beyond the 100-foot review area, which have the potential to adversely affect wetlands and watercourses, are also subject to wetlands jurisdiction and permitting requirements.
- 5) Linear Feet of Watercourse: 200 Linear Feet of Watercourse disturbed: 0
- 6) Square feet of proposed impervious surfaces (roads, buildings, parking, etc.): 0
- 7) Does this project/activity comply with all applicable zoning regulations? Yes No

Town of Washington Inland Wetlands Commission

SECTION IV: PROJECT NARRATIVE

Attach separate sheet(s) if necessary

1) Proposed Activity (detailed description): THE PROPOSED ACTIVITY CONSISTS OF THE REPLACEMENT OF THE EXISTING FAILING SEPTIC SYSTEM.

2) The proposed activity will involve the following within wetlands, a watercourse, and/or a review area:

Check all that apply:

- Alteration Construction Pollution Deposition of Materials
 Removal of Materials Bridge or Culvert Discharge To Discharge From
 Other (describe) _____

2) Amount, type, and location of materials to be removed, deposited or stockpiled: REFER TO THE SEPTIC SYSTEM REPLACEMENT PLAN.

3) Description of proposed project, construction work sequence, machinery to be used, & duration of activities: REFER TO THE SEPTIC SYSTEM REPLACEMENT PLAN

4) Describe alternatives considered and why the proposal described herein was chosen: N/A

SECTION V: ADJOINING MUNICIPALITIES & NOTICE

1) Check whether any of the following circumstances apply **

- A portion of the property affected by the decision of the Commission is located within five hundred (500) feet of the boundary of an adjoining municipality.
- A portion of the sewer or water drainage from the project site will flow through and significantly impact the sewage system within the adjoining municipality.
- Water run-off from the improved site will impact streets or other municipal or private property within the adjoining municipality.

****If any of these situations apply (are checked), the applicant is required to give written notice of his/her application to the Inland Wetlands Agency of the adjoining municipality, on the same day that he/she submits this application. Notification must be by Certified Mail with Return Receipt Requested.**

Town of Washington Inland Wetlands Commission

SECTION VI: ATTACHMENTS

Please attach the following along with any other pertinent information:

1) An 8.5" x 11" photocopy of the pertinent section of the USGS topographic quadrangle with the property outlined or pinpointed. *Note: USGS Topographic Quadrangle Map is available in the Land Use Office.*

2) Scale drawings of the project and property that show the project in detail. They should include the following:

- a. Title block with project name, owner, date, total acres, address, and map drafter.
- b. North arrow
- c. Scale bar
- d. Legend
- e. Property lines
- f. Wetland boundaries
- g. Watercourses with direction of flow, water depth, & bottom characteristics (if applicable)
- h. Edge of review area/100' setback.
- i. Topographic contour lines
- j. Dimensions and exact locations of proposed activities including material and soil stockpiles, erosion and sedimentation controls, ingress and egress patterns
- k. Existing and proposed vegetation, including limit of disturbance line.

3) If a Soil Scientist is involved, his/her name, written report, and field sketch.

4) The Commission may, at its discretion, require an A-2 Survey showing wetland boundaries that have been flagged by a Certified Soil Scientist (CSS) and surveyed and plotted by a Licensed Surveyor.

SECTION VII: CONSENT AND SIGNATURE(S)

The undersigned, as owner(s) of the property, hereby consents to necessary and proper inspections of the above mentioned property by Commissioners and agents of the Inland Wetlands Commission, Town of Washington, at reasonable times, both before and after a final decision has been issued by the Commission. The undersigned hereby certifies that the information provided in this application, including its supporting documentation, is true and he/she is aware of the penalties provided in Section 22a-376 of the Connecticut General Statutes for knowingly providing false or misleading information.

CHRISTINE COXLES

Print Name of Property Owner



Signature of Property Owner (live ink)

3/17/2021

Date

Print Name of Property Owner

Signature of Property Owner (live ink)

Date

IN ORDER TO EXPEDITE THE PERMITTING PROCESS IT IS NECESSARY TO FILL OUT ALL SECTIONS OF THIS APPLICATION COMPLETELY.

*****INCOMPLETE APPLICATIONS CANNOT BE PROCESSED*****


*****ALL PLANS AND DRAWINGS MUST BE FOLDED TO FIT IN LEGAL SIZE FOLDER – UNFOLDED PLANS WILL NOT BE ACCEPTED*****

TO: Washington Land Use Commissions

FROM: Christine Cowles, Property Owner
210 West Shore Road
Washington, Connecticut

I hereby authorize Engineer Brian Neff to act as my authorized agent to apply for permits and provide technical representation at the commission meetings regarding the proposed septic system replacement on the 210 West Shore Road property.


Date


Signature

New Milford Health Department
10 Main Street – Town Hall
New Milford, CT 06776
telephone: (860) 355-6035

TO: Brian Neff, P.E.
FR: Suzanne Von Holt, Sanitarian, R.S.

Date: 1/12/2021
Signed: Suzanne Von Holt

RE: Review of Engineering Plan for Subsurface Sewage Disposal System located at:
210 West Shore Road - Washington

Engineer: Brian Neff, P.E.

Date Received: 12/11/2020

.....
REASON FOR SUBMISSION:

- | | |
|---|---|
| <input type="checkbox"/> Minimum percolation rate poorer than 30 minutes/inch | <input type="checkbox"/> New Construction |
| <input checked="" type="checkbox"/> High maximum ground water level | <input type="checkbox"/> Shallow ledge rock |
| <input checked="" type="checkbox"/> Other: <u>small lot</u> | <input checked="" type="checkbox"/> Repair |

DESIGN SPECIFICATIONS:

No. of bedrooms 6

Septic Tank 1500 gals.

Fill system 28" feet

Design percolation rate 20.1-30 minutes/inch

Leaching system Geomatrix GST6212=1440 sf

Curtain drain None

ACTION:

- Approval.
- Approval with provisions noted below.
- Conditional approval subject to provisions noted below.
- No action at this time. Design plan is acceptable. No approval can be issued until site conditions meet the requirements of the Connecticut Public Health Code.
- Approval denied. Site unsuitable for sewage disposal.
- Approval denied. Insufficient information on plan. Revise as noted and resubmit.
- Approval denied. Further site investigation required.

COMMENTS:

This system does not provide for water softener discharges OR kitchen garbage grinders.
1. Engineer to stake all components of the septic system prior to construction. 2. Engineer to approve quantity, quality and placement of select fill. 3. a percolation test is required in the fill package along with a submittal of the sieve analysis. 4. Engineer to submit an as-built to the Health Department.

TOWN OF WASHINGTON

MANDATORY LAND USE PRE-APPLICATION FORM

This form is required for all health, wetlands, zoning, planning, and building applications *except* for interior or exterior work on *existing* buildings, which *in no way* expands or alters the footprint.

No planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals application for a permit may be filed until the holder(s) of any conservation restriction or preservation restriction on the subject property has been notified. Please see the State legislation in its entirety, reprinted for your convenience on the reverse of this form, Public Act 05-124, Effective October 1, 2005.

Provide the legal name of the property owner(s) and the street address of the property for which one of the above applications will be submitted, then complete either section A or B below.

Property Owner(s) of Record CHRISTINE COWLES

Subject Property Address 210 WEST SHORE ROAD

A. I hereby certify that *there are no* conservation easements or restriction, nor any preservation restrictions on the above-referenced property.

Signature of Property Owner _____ Date _____

Signature of Property Owner Carl Cal Date 3/19/2021

B. *There are* conservation easements or restriction, or preservation restrictions on the above-referenced property.

The name of the easement or restriction holder is _____

The phone number of the easement or restriction holder is _____

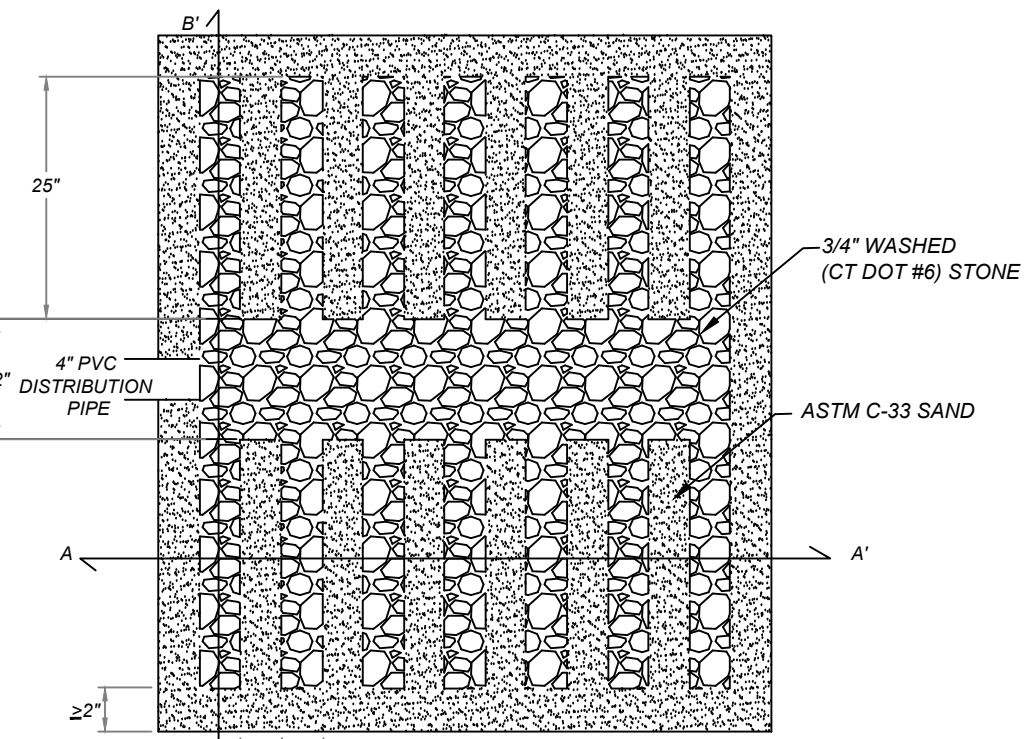
You must obtain and attach one of the following:

- (1) proof that the easement or restriction holder was notified not less than 60 days in advance of the application by certified mail, return receipt requested, of the property owner's intent to apply for a planning, zoning, inland wetlands and watercourses, or historic district commission; health department; building; or zoning board of appeals permit, *or*
- (2) a letter from the easement or restriction holder verifying that the application is in compliance with the terms of the easement or restriction.

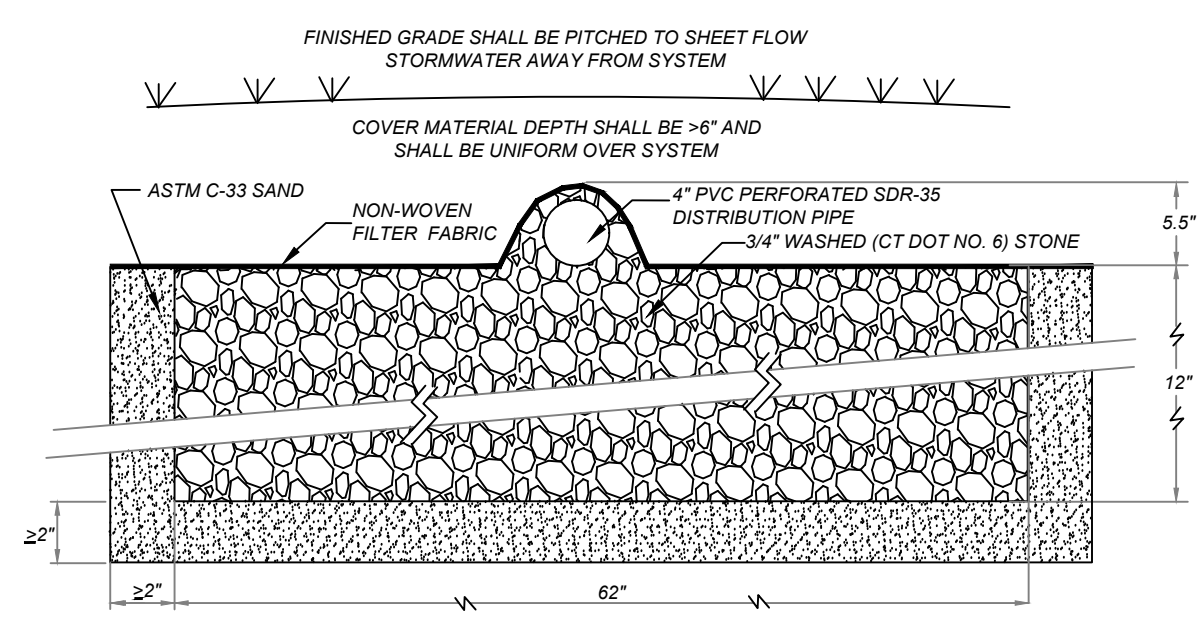
**GEOMATRIX GST 62 SERIES LEACHING SYSTEM
INSTALLATION INSTRUCTIONS**

THIS PROCEDURE SERVES AS A GENERAL OVERVIEW FOR THE INSTALLATION OF GEOMATRIX GST. THE SYSTEM DRAWINGS SHOULD BE STRICTLY ADHERED TO AND AN AUTHORIZED REPRESENTATIVE OF GEOMATRIX SYSTEMS, LLC MUST BE PRESENT UNLESS THE CONTRACTOR IS CERTIFIED BY GEOMATRIX SYSTEMS. CALL (860) 510-0730 TO SCHEDULE INSTALLATION.

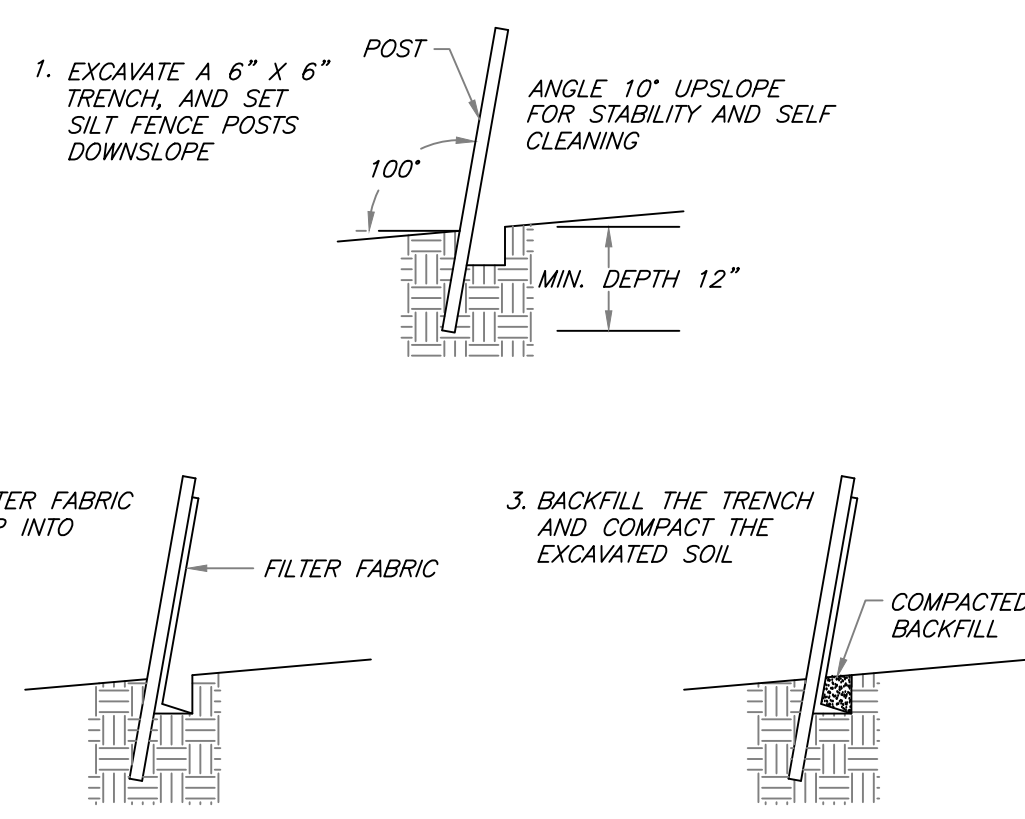
- LAYOUT SYSTEM.
- PREPARE SITE.
- EXCAVATE TRENCH TO A DEPTH THAT IS AT LEAST 2" BELOW THE BASE ELEVATION OF THE GST TO ACCOMMODATE A MINIMUM OF 2" OF SAND. TRENCH WIDTH SHOULD BE A MINIMUM OF 70" FOR GST 62 SERIES.
- RAKE/SCARIFY SIDEWALLS AND BOTTOM OF TRENCH TO ADDRESS ANY SMEARING OF FINES, AND THEN DO NOT WALK IN TRENCH BOTTOM.
- PLACE A MINIMUM OF 2" OF ASTM C-33 SAND IN THE BOTTOM OF THE EXCAVATION TO SERVE AS BASE FOR GST, RAKE AND LEVEL AND UNIFORMLY COMPACT. IF A 2" LIFT OF SAND IS PRESENT SIMPLY WALKING ON IT SHOULD PROVIDE SUFFICIENT COMPACTION.
- SET THE GST FORMS IN CENTER OF TRENCH.
- PLACE STONE OVER ENTIRE CENTER STONE CHANNEL AND ALTERNATING STONE FINGER COMPARTMENTS.
- PLACE SAND INTO VOID SPACE BETWEEN TRENCH SIDEWALL AND GST FORM. ALSO FILL THE SAND FINGER VOIDS IN THE FORMS AND UNIFORMLY COMPACT.
- REMOVE ALL COVERS FROM OVER ENTIRE CENTER STONE CHANNEL AND STONE FINGER COMPARTMENTS.
- PLACE CLEAN CT DOT #6 (3/4") STONE INTO THE INTERIOR OF THE GST FORM.
- PULL FIRST GST FORM AND "LEAF FROG" FORM AHEAD OF THE LAST GST FORM.
- REPEAT SEQUENCE UNTIL DESIRED TRENCH LENGTH IS INSTALLED.
- ENSURE THAT SAND AND BACKFILL MATERIALS ARE COMPACTED TO PREVENT SETTLEMENT.
- INSTALL APPROVED DISTRIBUTION PIPING ON TOP OF THE 12" CENTRAL STONE CHANNEL.
- PLACE STONE AROUND THE DISTRIBUTION PIPE.
- PUT APPROVED FILTER FABRIC OVER THE SYSTEM.
- BACKFILL SYSTEM TO ENSURE THAT UNIFORM COVER AND COMPACTION EXISTS OVER THE TOP OF THE SYSTEM (A MINIMUM OF 6" OF COVER IS REQUIRED).
- FINISH GRADE OVER THE SYSTEM SHOULD ENSURE THAT STORM WATER SHEET FLOW IS DIVERTED AWAY FROM THE LEACHING SYSTEM, TANK(S) AND PUMP TANK(S) IF PRESENT.
- SEED AND HAY DISTURBED AREA. THE USE OF WOOD CHIPS AS COVER MATERIAL IS NOT RECOMMENDED.
- MAINTAIN THE AREA TO PREVENT TREE ROOTS FROM IMPACTING THE SYSTEM.
- PROPERLY SERVICE THE SEPTIC TANK EVERY 3-5 YEARS, OR AS ADVISED BY THE REGULATORY AGENCY OR YOUR SERVICE PROVIDER.



GEOMATRIX GST LEACHING SYSTEM
PLAN VIEW
SCALE: NONE



GEOMATRIX GST LEACHING SYSTEM
B-8 CROSS SECTION
SCALE: NONE



SILT FENCE INSTALLATION DETAIL
SCALE: NONE

SEPTIC SYSTEM INSTALLATION REQUIREMENTS

THE SEPTIC SYSTEM SHALL BE INSTALLED IN ACCORDANCE WITH STATE AND LOCAL HEALTH CODE REGULATIONS.

KEEP ALL VEHICLE TRAFFIC OFF OF LEACHING FIELD AREA PRIOR TO SEPTIC SYSTEM INSTALLATION TO PREVENT OVER-COMPACTION OF NATURAL SOILS.

CALL 1-800-922-4455 "CALL BEFORE YOU DIG" TO LOCATE ALL UNDERGROUND UTILITIES IN THE SEPTIC SYSTEM AREA.

NOTIFY THE ENGINEER AND THE HEALTH DEPARTMENT AT LEAST 24 HOURS PRIOR TO STARTING CONSTRUCTION.

STRIP OFF ORGANIC MATERIAL AND TOPSOIL FROM LEACHING FIELD AREA AND SCARIFY THE GROUND SURFACE PARALLEL TO CONTOURS WITH BACKHOE BUCKET TEETH PRIOR TO SPREADING SEPTIC FILL.

SEPTIC FILL MUST BE BANK-RUN SAND AND GRAVEL WHICH CONFORMS TO THE FOLLOWING SPECIFICATIONS REQUIRED BY STATE HEALTH CODE:

- THE FILL SHALL NOT CONTAIN ANY MATERIAL LARGER THAN THREE (3) INCHES.
- UP TO 45% OF THE DRY WEIGHT OF THE REPRESENTATIVE SAMPLE MAY BE RETAINED ON THE #4 SIEVE (THIS IS THE GRAVEL PORTION OF THE SAMPLE).
- THE MATERIAL THAT PASSES THE #4 SIEVE IS THEN REWEIGHED AND THE SIEVE ANALYSIS STARTED.
- THE REMAINING SAMPLE SHALL MEET THE FOLLOWING GRADATION CRITERIA:

SIEVE SIZE	PERCENT PASSING	
	WET SIEVE	DRY SIEVE
#4	100%	100%
#10	70% - 100%	70% - 100%
#40	10% - 50%*	10% - 75%
#100	0% - 20%	0% - 5%
#200	0% - 5%	0% - 2.5%

*NOTE: PERCENT PASSING THE #40 SIEVE CAN BE INCREASED TO NO GREATER THAN 75% IF THE PERCENT PASSING THE #100 SIEVE DOES NOT EXCEED 10% AND THE #200 SIEVE DOES NOT EXCEED 5%.

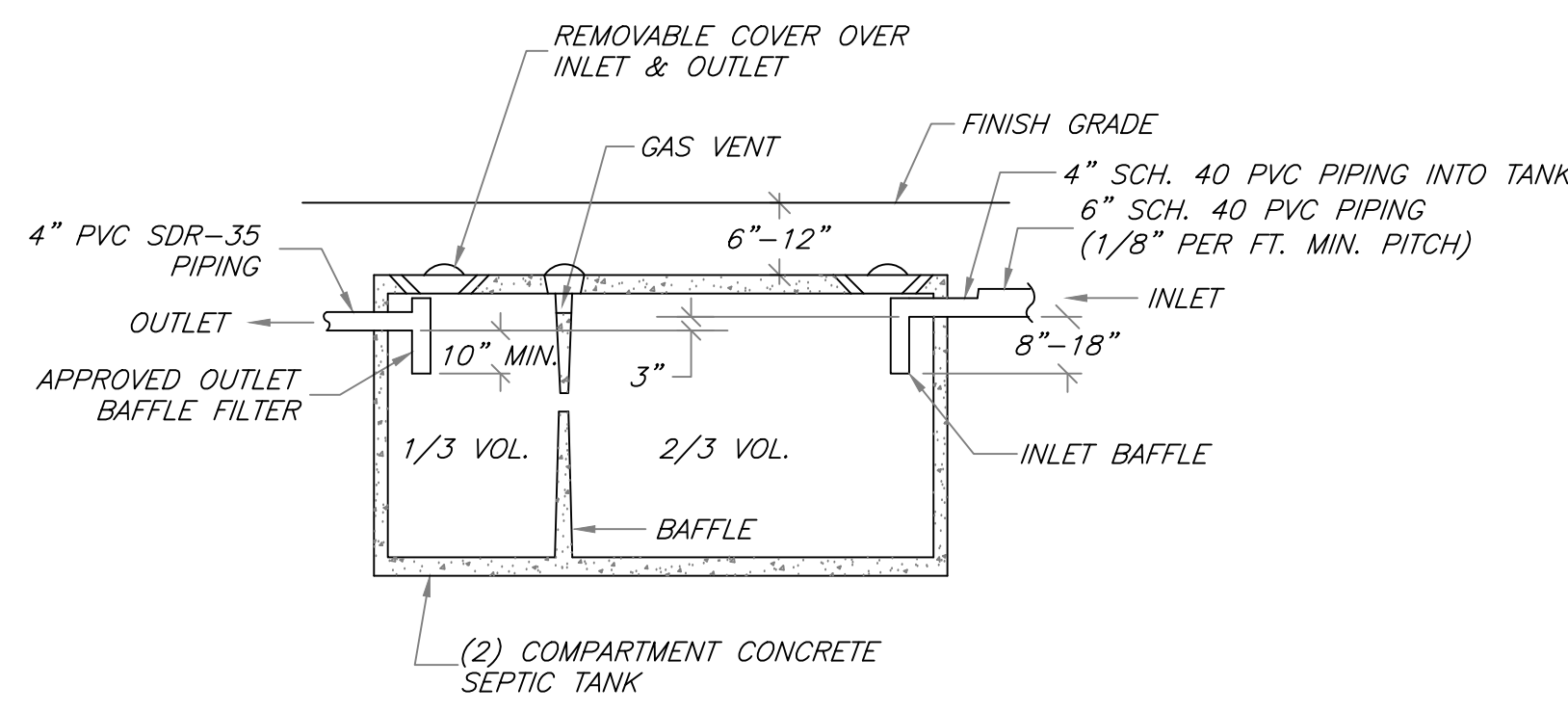
THE CONTRACTOR SHALL PROVIDE A CERTIFIED TESTING LAB SIEVE ANALYSIS OF THE SEPTIC FILL TO THE ENGINEER AND HEALTH DEPARTMENT.

PLACE SEPTIC FILL AT THE PERIMETER OF THE LEACHING FIELD AREA. SPREAD SEPTIC FILL IN 6" - 8" LIFTS WITH TRACKED EQUIPMENT.

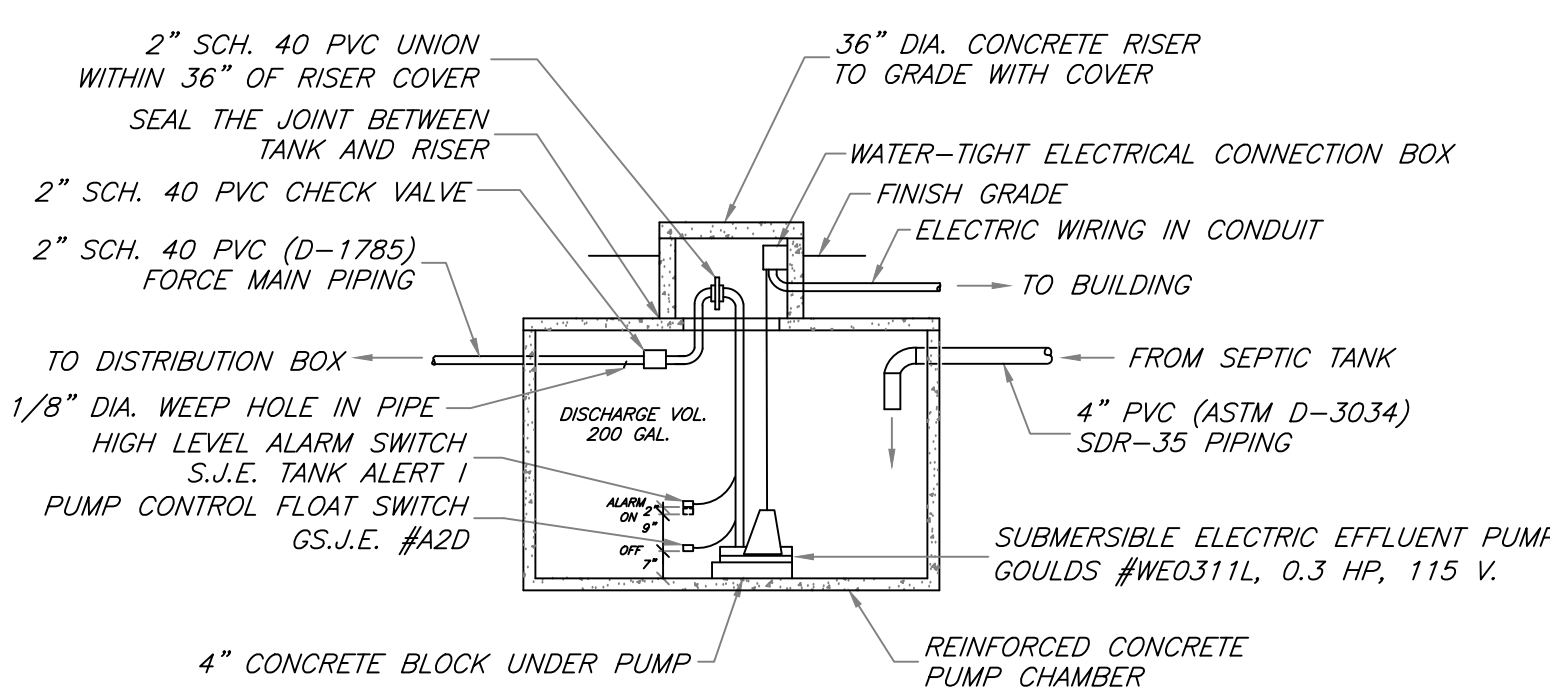
NOTIFY THE ENGINEER AND HEALTH DEPARTMENT 48 HOURS PRIOR TO THE FINAL SYSTEM INSPECTION (PRIOR TO BACKFILLING).

THE ENGINEER WILL PREPARE THE SEPTIC SYSTEM "AS-BUILT" PLAN.

SEED AND HAY-MULCH THE LEACHING FIELD AREA AFTER FINAL GRADING.



SEPTIC TANK SECTION
NOT TO SCALE



PUMP CHAMBER SECTION
SCALE: NONE

NOTE: 24 HR. DESIGN SEWAGE FLOW RESERVE HOLDING CAPACITY IS TO BE MAINTAINED ABOVE THE HIGH LEVEL ALARM SETTING.

- LEGEND**
- STONEWALL
 - EXISTING ELEVATION CONTOURS
 - PROPOSED ELEVATION CONTOURS
 - SILT FENCE EROSION BARRIER
 - PROPOSED LIMIT OF DISTURBANCE
 - UTILITY POLE
 - PERCOLATION TEST HOLE
 - SOIL INSPECTION PIT

SOIL INSPECTION & PERCOLATION TEST RESULTS

Existing house
210 West Shore Road
Washington, Connecticut

Testing Conducted By: Brian E. Neff, P.E.
Test Date: November 20, 2020

SOIL INSPECTION PIT: NO. 1

- 0" - 12" Dark brown topsoil
- 12" - 20" Brown fine sandy loam
- 20" - 72" Gray fine sandy loam (moderately compact)

No ledge observed
Mottling observed at 20"
No groundwater seepage observed
Roots observed to 32"

SOIL INSPECTION PIT: NO. 2

- 0" - 12" Dark brown topsoil
- 12" - 22" Brown fine sandy loam
- 22" - 50" Gray fine sandy loam (moderately compact)

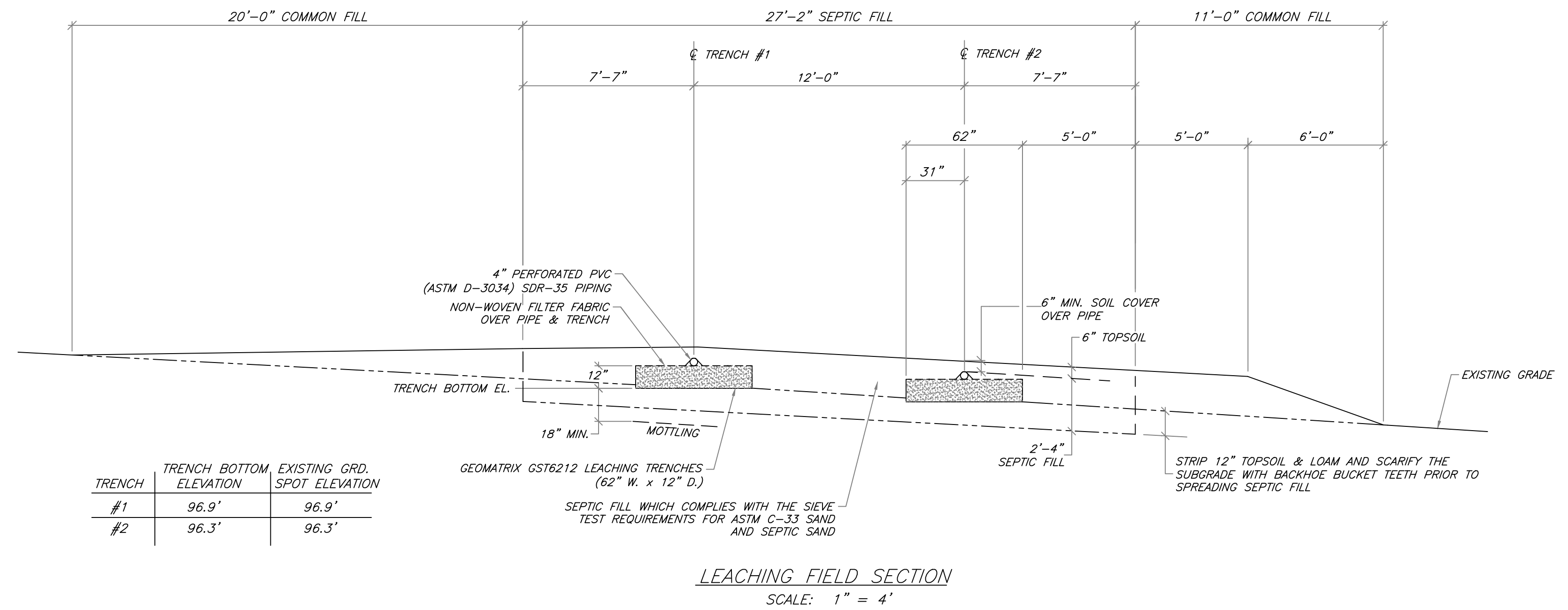
Boulders observed at 50"
No ledge observed
Mottling observed at 22"
No groundwater seepage observed
Roots observed to 36"

PERCOLATION TEST HOLE: A

Hole depth: 20" Presoak = 2 hours

DEPTH	TIME	T/D
6.25"	11:45	refill
7.375"	12:00	13.3
8.0"	12:15	24.0
8.5"	12:30	30.0
9.0"	12:45	30.0

Percolation rate: 30.0 minutes per inch



LEACHING FIELD SECTION
SCALE: 1" = 4"

PROJECT DESCRIPTION

THE PROJECT CONSISTS OF THE REPLACEMENT OF THE FAILING SEPTIC SYSTEM AT 210 WEST SHORE ROAD IN WASHINGTON, CONNECTICUT WITH A NEW SEPTIC TANK, PUMP CHAMBER AND LEACHING FIELD.

LAKE WARAMAUG IS LOCATED ON THE NORTH SIDE OF THE 0.67± ACRE PROPERTY, AND THE SITE IS WITHIN THE 100 FT. UPLAND AREA REGULATED BY THE WASHINGTON INLAND WETLANDS COMMISSION.

CONSTRUCTION AND EXCAVATION WORK IS TO BE DONE WITH A SMALL TRACKED EXCAVATOR. THERE IS A TEMPORARY SOIL STOCKPILE AREA NEAR THE EXISTING DRIVEWAY.

WORK IS TO BE DONE DURING DRY CONDITIONS. SILT FENCE EROSION BARRIER IS TO BE INSTALLED, INSPECTED AND MAINTAINED BETWEEN THE WORK AREA AND THE LAKE.

NO ADVERSE DISTURBANCE OF THE LAKE IS PROPOSED.

THE PROPOSED START OF CONSTRUCTION IS DURING THE WINTER OF 2020 WITH ESTIMATED COMPLETION WITHIN ONE WEEK.

THE RECOMMENDED MAINTENANCE PROGRAM FOR EROSION CONTROLS CONSISTS OF INSPECTIONS ON A WEEKLY BASIS OR AFTER HEAVY RAINFALL FOR DAMAGE AND CLOGGING. ALL DAMAGE AND CLOGGING SHALL BE REPAIRED IMMEDIATELY. THE PROPERTY OWNER'S CONTRACTOR SHALL BE RESPONSIBLE FOR INSPECTION AND MAINTENANCE OF THE EROSION AND SEDIMENT CONTROL PLAN.

PROPOSED SEQUENCE OF CONSTRUCTION

CALL 1-800-922-4455 "CALL BEFORE YOU DIG" TO LOCATE ALL UNDERGROUND UTILITIES.

INSTALL SILT FENCE BARRIER AROUND DOWN-GRADE SIDE OF CONSTRUCTION AREAS AND TEMPORARY MATERIAL STOCKPILE AREA.

NOTIFY THE WASHINGTON INLAND WETLANDS COMMISSION OFFICE PRIOR TO THE START OF WORK. SUBMIT "START CARD" TO THE COMMISSION OFFICE. WORK MAY BEGIN AFTER WETLAND ENFORCEMENT OFFICER INSPECTION AND APPROVAL.

REMOVE EXISTING 24" MAPLE TREE FROM THE SOUTHEAST CORNER OF THE SEPTIC SYSTEM AREA.

PUMP OUT EXISTING SEPTIC TANK, CRUSH TANK AND REMOVE DEBRIS FROM SITE. EXCAVATE FOR NEW SEPTIC TANK AND PUMP CHAMBER AND STOCKPILE SOIL.

INSTALL SEPTIC TANK, PUMP CHAMBER AND PIPING/CONDUIT AND BACKFILL WITH STOCKPILED SOIL AFTER INSPECTION AND APPROVAL.

STRIP TOPSOIL FROM THE LEACHING FIELD AREA AND STOCKPILE.

SPREAD SEPTIC SAND FILL IN THE LEACHING FIELD AREA AFTER SCARIFYING SUBGRADE.

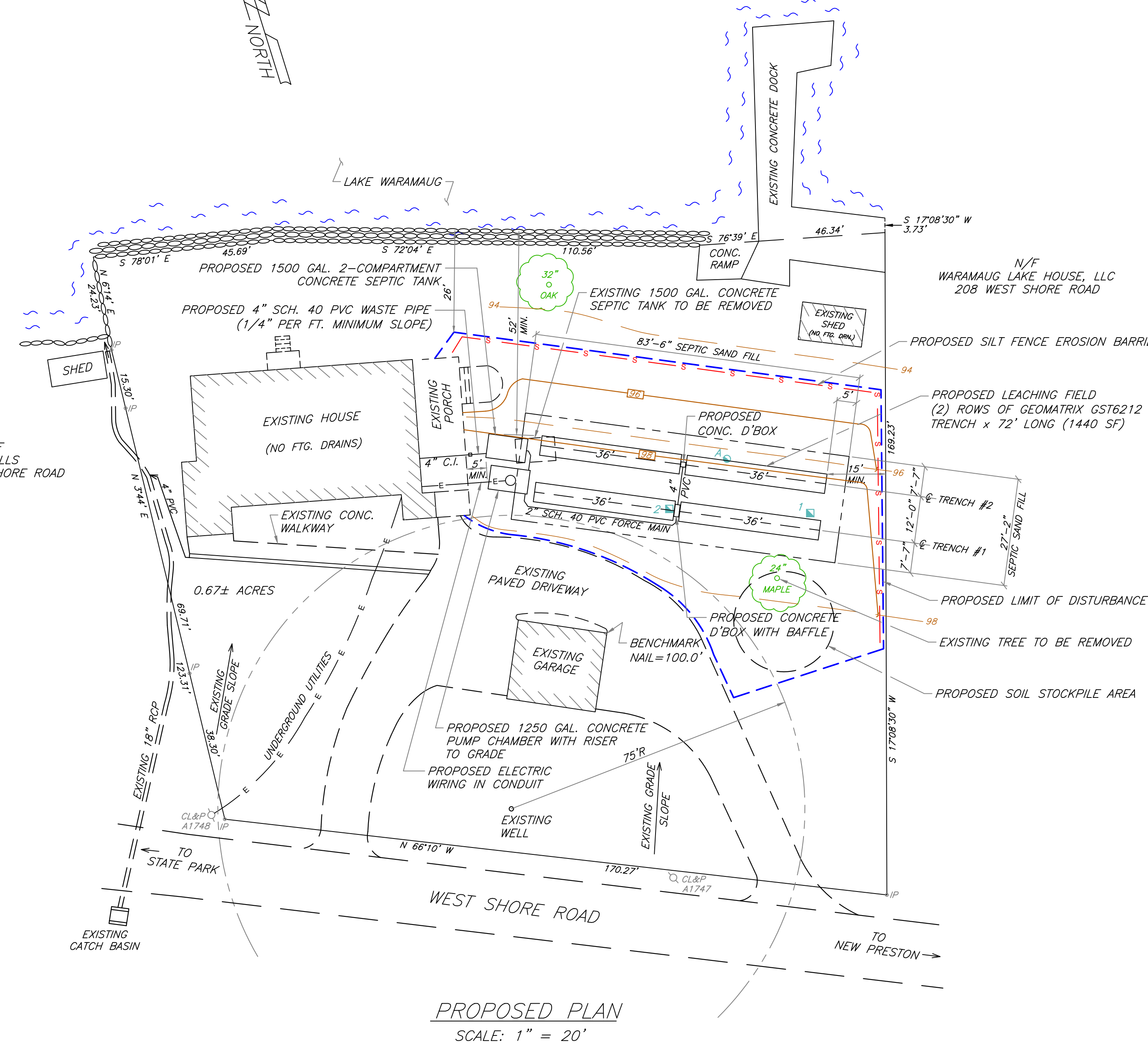
INSTALL LEACHING TRENCHES AND PIPING.

BACKFILL SEPTIC SYSTEM AFTER INSPECTION AND APPROVAL. REMOVE EXCESS SOIL FROM THE SITE.

TOPSOIL, RAKE, SEED AND HAY MULCH THE DISTURBED SOIL AREAS IN ACCORDANCE WITH THE "CONNECTICUT GUIDELINES FOR SOIL EROSION AND SEDIMENT CONTROL".

REMOVE SILT FENCE AFTER SITE IS VEGETATED AND STABILIZED.

SUBMIT "FINISH CARD" TO THE WASHINGTON INLAND WETLANDS COMMISSION. THE SITE MUST BE FULLY STABILIZED PRIOR TO EROSION BARRIER REMOVAL.



PROPOSED PLAN
SCALE: 1" = 20'

SURVEY DATA IS FROM SURVEY PREPARED BY L.W. MARSH
EXISTING SEPTIC SYSTEM DATA IS FROM AS-BUILT SKETCH BY HOMER UNDERWOOD (7-22-71)

SEPTIC SYSTEM DESIGN DATA

- DWELLING DESIGN SIZE: (6) BEDROOMS
- NO 100 GALLON CAPACITY OR LARGER BATHTUBS
- NO KITCHEN SINK GARBAGE GRINDER
- HEALTH CODE REQUIRED MINIMUM EFFECTIVE LEACHING (BASED UPON 20.1-30.0 MINUTES PER INCH PERCOLATION RATE) AREA = 1125 SQ. FT.
- PROPOSED LEACHING FIELD CONSISTS OF (2) ROWS OF 12" DEEP x 62" WIDE GEOMATRIX GST6212 TRENCH (RATED 10.0 SF/LF) BY 72 FT. LONG, TOTALLING 1440 SQ. FT. OF EFFECTIVE LEACHING AREA
- MINIMUM LEACHING SYSTEM SPREAD
HF = 42 (MOTTLING AT 20', 4.1-6.0% GRADIENT)
FF = 2.25 (6 BEDROOMS)
PF = 1.5 (10.1-20.0 MIN./IN. PERC.)
MLSS = 42 x 2.25 x 1.5 = 141.75' > 72' (50.1% UTILIZATION)
- THERE ARE NO WELLS OR SEPTIC SYSTEMS ON ADJACENT PROPERTY WHICH AFFECT THIS PLAN
- TAX ASSESSOR MAP 12, BLOCK 4, LOT 14
- LOT SIZE: 0.67± ACRES
- OWNER OF RECORD: CHRISTINE COWLES

HEALTH CODE VARIANCES REQUIRED:
1) LEACHING SYSTEM SPREAD = 72' (CODE REQ'D MLSS = 141.75')

SEPTIC SYSTEM REPLACEMENT PLAN		
EXISTING HOUSE		
210 WEST SHORE ROAD WASHINGTON, CONNECTICUT		
DATE: 12-1-2020	BRIAN E. NEFF LICENSED ENGINEER 128 BACON ROAD ROXBURY, CT 06783 (860) 334-2246	DRAWN BY: B.E. NEFF
REVISED:		DRAWING NUMBER: SHEET 1 OF 1