

TOWN OF LAKEVILLE MEETING POSTING & AGENDA



Notice of every meeting of a local public body must be filed and time-stamped with the Town Clerk's Office at least 48 hours prior to such meeting (excluding Saturdays, Sundays and legal holidays) and posted thereafter in accordance with the provisions of the Open Meeting Law, MGL 30A §18-22 (Ch. 28-2009). Such notice shall contain a listing of topics the Chair reasonably anticipates will be discussed at the meeting.

Name of Board or Committee:	BOARD OF HEALTH
Date & Time of Meeting:	Wednesday, October 19, 2022 @ 6:00p.m.
Location of Meeting:	Lakeville Police Station 323 Bedford Street, Lakeville, MA
Clerk/Board Member posting notice:	Fran Lawrence

Cancelled/Postponed to: _____ (circle one)

Clerk/Board Member Cancelling/Postponing: _____

A G E N D A

Please ask if anyone is recording the meeting and announce that LakeCAM is taping (if present)

1. 7 Azalea Street – Discussion of nitrogen loading with Zenith Consulting Engineers, LLC *to be continued on the next meeting, November 2, 2022*
2. 12 Fuller Shores Road – Meet with Zenith Consulting Engineers, LLC to discuss requested Variances and Local Upgrade Approvals
3. 4 Ash Street – Meet with Foresight Engineering Inc. to discuss Local Upgrade Requests

CORRESPONDENCE

Covid19 update

ANNOUNCEMENTS

2022 Yearly Animal Inspections

NEW BUSINESS

OLD BUSINESS

Any other business that may properly come before the Board of Health

Please be aware that this agenda is subject to change. Should other issues arise requiring immediate attention by the Board of Health after the posting of this Agenda, they may be addressed at this meeting.



3 Main Street Lakeville, MA 02347
(508) 947-4208 - www.zcellc.com

#2

- Civil Engineering
- Septic Design (Title 5)
- Septic Inspections (Title 5)
- Commercial and Industrial Site Plans
- Chapter 91 Permitting

September 27, 2022

RECEIVED

Town of Lakeville Board of Health
346 Bedford Street
Lakeville, MA 02347

SEP 27 2022

LAKEVILLE
BOARD OF HEALTH

RE: Variance and Local Upgrade Approval Requests
Subsurface Sewage Disposal System
12 Fuller Shores Road Lakeville, MA 02347

Dear Board Members:

On behalf of our client, Jan Gadde, Zenith Consulting Engineering, LLC, respectfully requests variances and local upgrade approvals from the following provisions of 310 CMR 15.00 Title V:

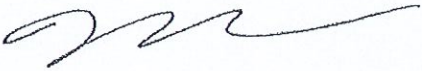
VARIANCE and LOCAL UPGRADE APPROVALS REQUESTED:

1. A local upgrade approval from section 310 CMR 15.102 (2) of title v which requires that a minimum of (2) two a deep observation holes be performed in the disposal area. A reduction from (2) two deep holes to (1) one deep hole is requested in accordance 310 CMR 15.405 (1)(k).
2. A variance from section 310 CMR 15.211 of title v which requires the soil absorption system to be at least 400' from a surface water supply or tributary thereto. A reduction from 400' to 100'+ is requested in accordance 310 CMR 15.00.
3. A variance from section 310 CMR 15.211 of title v which requires the septic tank to be at least 400' from a surface water supply or tributary thereto. A reduction from 400' to 60'+ is requested in accordance 310 CMR 15.00.
4. A variance from section 310 CMR 15.211 of title v which requires the pump chamber to be at least 400' from a surface water supply or tributary thereto. A reduction from 400' to 60'+ is requested in accordance 310 CMR 15.00.
5. A variance from section 310 CMR 15.211 of title v which requires the treatment unit to be at least 400' from a surface water supply or tributary thereto. A reduction from 400' to 60'+ is requested in accordance 310 CMR 15.00.
6. A variance from section 310 CMR 15.227(5) of title v which requires the septic tank inlet and outlet invert elevation shall be at least 12 inches above the high groundwater elevation. the following reduction is requested, from 12" above to below the eshw in accordance 310 CMR 15.00.
7. A variance from section 310 CMR 15.227(5) of title v which requires the pump chamber inlet and outlet invert elevation shall be at least 12 inches above the high groundwater elevation. The following reduction is requested, from 12" above to below the eshw in accordance 310 CMR 15.00.

8. A variance from section 310 CMR 15.227(5) of title v which requires the treatment unit inlet and outlet invert elevation shall be at least 12 inches above the high groundwater elevation. the following reduction is requested, from 12" above to below the eshw in accordance 310 CMR 15.00.

Should you have any questions regarding these requests, please do not hesitate to contact the office at 508-947-4208 or email nyles@zcellc.com.

Sincerely,
Zenith Consulting Engineers, LLC

A handwritten signature in black ink, appearing to read 'Nyles Zager', with a stylized, flowing script.

Nyles Zager, PE
Manager/Senior Engineer



3 Main Street Lakeville, MA 02347
(508) 947-4208 - www.zcellc.com

- Civil Engineering
- Septic Design (Title 5)
- Septic Inspections (Title 5)
- Commercial and Industrial Site Plans
- Chapter 91 Permitting

RECEIVED

September 27, 2022

RE: Variance and Local Upgrade Approval Requests
Subsurface Sewage Disposal System
12 Fuller Shores Road Lakeville, MA 02347

SEP 27 2022

LAKEVILLE
BOARD OF HEALTH

Dear Abutter:

The owner of 12 Fuller Shores Road, Lakeville, MA, has requested Variances and Local Upgrades Approvals from certain provisions of 310 CMR 15.00 (Title V). In accordance with 310 CMR 15.411(1) (b), as an abutter to the property, you are required to be notified of the specific provisions of 310 CMR 15.000 from which a variance is sought and the date, time and place where the application will be discussed.

VARIANCE and LOCAL UPGRADE APPROVALS REQUESTED:

1. A local upgrade approval from section 310 CMR 15.102 (2) of title v which requires that a minimum of (2) two a deep observation holes be performed in the disposal area. A reduction from (2) two deep holes to (1) one deep hole is requested in accordance 310 CMR 15.405 (1)(k).
2. A variance from section 310 CMR 15.211 of title v which requires the soil absorption system to be at least 400' from a surface water supply or tributary thereto. A reduction from 400' to 100'+ is requested in accordance 310 CMR 15.00.
3. A variance from section 310 CMR 15.211 of title v which requires the septic tank to be at least 400' from a surface water supply or tributary thereto. A reduction from 400' to 60'+ is requested in accordance 310 CMR 15.00.
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8. A variance from section 310 CMR 15.227(5) of title v which requires the treatment unit inlet and outlet invert elevation shall be at least 12 inches above the high groundwater elevation. the following reduction is requested, from 12" above to below the eshw in accordance 310 CMR 15.00.

The Meeting will be held at the Lakeville Police Station Meeting room, 323 Bedford Street on Wednesday October 19th at 6:00pm. Please contact the Lakeville Board of Health for additional information at 508-946-8805. If you have any questions or require additional information, please do not hesitate to contact our office at 508-947-4208 or email nyles@zcellc.com.

Sincerely,
Zenith Consulting Engineers, LLC



Nyles Zager, PE
Manager/Senior Engineer

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CROSBY WALTER R
10 FULLER SHORES RD
LAKEVILLE, MA 02347



9590 9402 7407 2055 7346 77

2. Article Number (Transfer from service label)

7022 0410 0001 9797 6441

PS Form 3811, July 2020 PSN 7530-02-000-9053 *BDH 12 Fuller Shore* Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Walter Crosby Agent Addressee

B. Received by (Printed Name) *W Crosby* C. Date of Delivery *9/29/22*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

CORREIA MICHAEL R &
15 FULLER SHORES RD
LAKEVILLE, MA 02347



9590 9402 7407 2055 7346 84

2. Article Number (Transfer from service label)

7022 0410 0001 9797 2672

PS Form 3811, July 2020 PSN 7530-02-000-9053 *BDH 12 Fuller Shore* Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Michael Correia Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *9/29/22*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

GREENE RONALD & SANDRA
16 FULLER SHORES RD
LAKEVILLE, MA 02347



9590 9402 7407 2055 7346 60

2. Article Number (Transfer from service label)

7022 0410 0001 9797 6458

PS Form 3811, July 2020 PSN 7530-02-000-9053 *BDH-12 Fuller Shore* Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Ronald Greene Agent Addressee

B. Received by (Printed Name) *Greene* C. Date of Delivery *9/29/22*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

12 Fuller shores Rd

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TAUNTON CITY OF- WATER DE
90 INGELL ST
TAUNTON, MA 02780



9590 9402 7407 2055 7346 53

2. Article Number (Transfer from service label)

7022 0410 0001 9797 6465

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

James Barrett

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

3d Mail
3d Mail Restricted Delivery
(over \$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

BDH 12 Puller Shure

Domestic Return Receipt

7022 0410 0001 9797 6441

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 CROSBY WALTER R
 10 FULLER SHORES RD
 LAKEVILLE, MA 02847

Street and
 City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 0410 0001 9797 2672

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 CORREIA MICHAEL R &
 15 FULLER SHORES RD
 LAKEVILLE, MA 02547

Street and
 City, State, Z.

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 0410 0001 9797 6465

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 TAUNTON CITY OF WATER DE
 90 INGELL ST
 TAUNTON, MA 02780

Street and
 City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7022 0410 0001 9797 6458

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 GREENE RONALD & SANDRA
 16 FULLER SHORES RD
 LAKEVILLE, MA 02347

Street and
 City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7021 0350 0001 9803 7011

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee
 \$ _____

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ _____
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage
 \$ _____

Total Postage
 \$ _____

Sent To
 New Bedford Water Dept.
 1 Negus Way
 E. Freetown, MA 02717

Street and
 City, State

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

12 Fuller shores Rd

3



Commonwealth of Massachusetts
City/Town of Lakeville

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

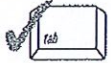
Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



1. Facility Name and Address:

Louis Vermette

Name

4 Ash St

Street Address

Lakeville

City/Town

MA

State

02347

Zip Code

2. Owner Name and Address (if different from above):

Name

Street Address

City/Town

State

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

Residential Institutional Commercial School

4. Describe Facility:

Single Family 4 bedroom dwelling

5. Type of Existing System:

Privy Cesspool(s) Conventional Other (describe below):

Singlair with pressure dose leach field

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):



Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	<u>335</u>
	gpd
Design flow of proposed upgraded system	<u>456</u>
	gpd
Design flow of facility:	<u>440</u>
	gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301:

date of inspection _____

2. Describe the proposed upgrade to the system:

New 20'x38' pipe and stone leach field

3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions:

Tanks to SWS-400' to 385', Leach field to SWS-400' to 380'

Reduction in SAS area of up to 25%:

SAS size, sq. ft. _____

% reduction _____

Reduction in separation between the SAS and high groundwater:

Separation reduction

ft. _____

Percolation rate

min./inch _____

Depth to groundwater

ft. _____



Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

B. Proposed Upgrade of System (continued)

Relocation of water supply well (explain):

Reduction of 12-inch separation between inlet and outlet tees and high groundwater

Use of only one deep hole in proposed disposal area

Use of a sieve analysis as a substitute for a perc test

Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). *The soil evaluator must be a member or agent of the local approving authority.*

High groundwater evaluation determined by:

Evaluator's Name (type or print)

Signature

Date of evaluation

C. Explanation

Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to site limitations

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

In place



Commonwealth of Massachusetts

City/Town of Lakeville

Form 9A – Application for Local Upgrade Approval

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use.

C. Explanation (continued)

3. A shared system is not feasible:

Not available

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

[X] Application for Disposal System Construction Permit

[X] Complete plans and specifications

[X] Site evaluation forms

[] A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

[] Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

Facility Owner's Signature

Darren Michaelis- Rep

Print Name

Foresight Engineering Inc.

Name of Preparer

518 County Road (Wishbone Way)

Preparer's address

MA/02576

State/ZIP Code

9/20/22

Date

9/20/22

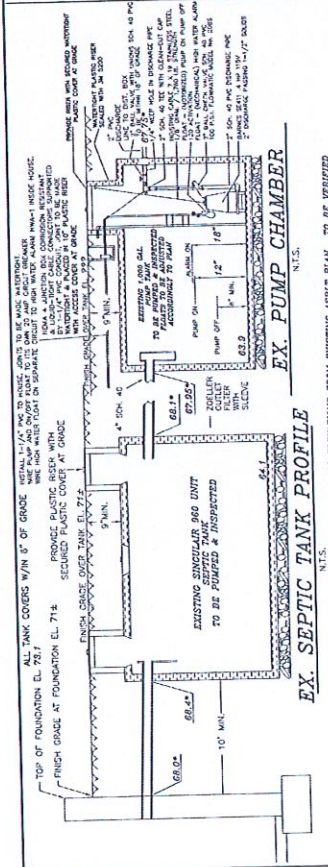
Date

West Wareham

City/Town

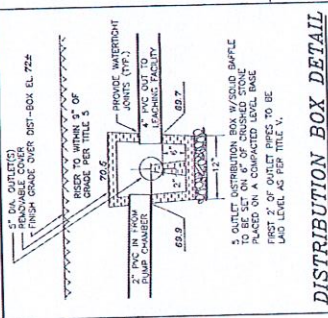
508-245-2148

Telephone

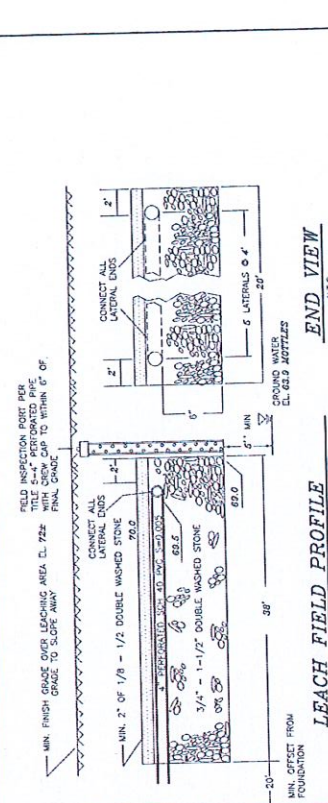


EX. SEPTIC TANK PROFILE
N.T.S.

ALL ELEVATIONS FROM EXISTING ASHLEY TANK. TO BE VERIFIED BY CONTRACTOR PRIOR TO CONSTRUCTION.



DISTRIBUTION BOX DETAIL
N.T.S.



LEACH FIELD PROFILE
N.T.S.

SOIL DATA
INSPECTOR: LAWRENCE PERRY, DPH
DATE: 3/9/05
PERFORMED BY: DANIEL HOWLAND

TEST PIT # 11
CL. TOP = 72.9
CL. WATER = 63.9
CL. WATER = 63.9
DEPTH OF PITS = 30' DEPTH OF PITS = 32'

TEST PIT # 12
CL. TOP = 71.4
CL. WATER = 63.9
CL. WATER = 63.9
DEPTH OF PITS = 30' DEPTH OF PITS = 32'

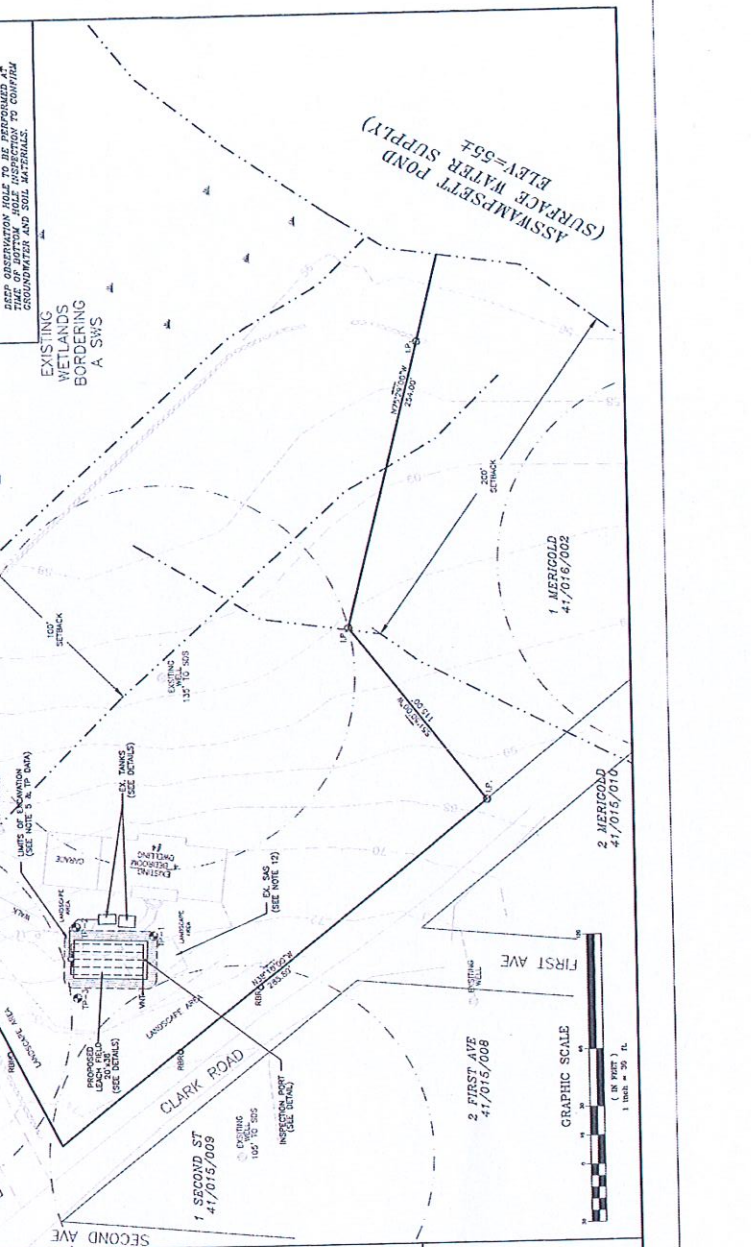
TEST PIT # 13
CL. TOP = 72.9
CL. WATER = 63.9
CL. WATER = 63.9
DEPTH OF PITS = 30' DEPTH OF PITS = 32'

0'-4"	SAND/LOAM	100% 3/72
4"-8"	LOAMY SANDS	100% 3/72
8"-12"	SAND/LOAM	100% 3/72
12"-16"	LOAMY SANDS	100% 3/72
16"-20"	SAND/LOAM	100% 3/72
20"-24"	LOAMY SANDS	100% 3/72
24"-28"	SAND/LOAM	100% 3/72
28"-32"	LOAMY SANDS	100% 3/72
32"-36"	SAND/LOAM	100% 3/72
36"-40"	LOAMY SANDS	100% 3/72
40"-44"	SAND/LOAM	100% 3/72
44"-48"	LOAMY SANDS	100% 3/72
48"-52"	SAND/LOAM	100% 3/72
52"-56"	LOAMY SANDS	100% 3/72
56"-60"	SAND/LOAM	100% 3/72
60"-64"	LOAMY SANDS	100% 3/72
64"-68"	SAND/LOAM	100% 3/72
68"-72"	LOAMY SANDS	100% 3/72
72"-76"	SAND/LOAM	100% 3/72
76"-80"	LOAMY SANDS	100% 3/72
80"-84"	SAND/LOAM	100% 3/72
84"-88"	LOAMY SANDS	100% 3/72
88"-92"	SAND/LOAM	100% 3/72
92"-96"	LOAMY SANDS	100% 3/72
96"-100"	SAND/LOAM	100% 3/72
100"-104"	LOAMY SANDS	100% 3/72
104"-108"	SAND/LOAM	100% 3/72
108"-112"	LOAMY SANDS	100% 3/72
112"-116"	SAND/LOAM	100% 3/72
116"-120"	LOAMY SANDS	100% 3/72

REMOVE & REPLACE 24\"/>

REMOVES & REPLACES 24\"/>

DEEP OBSERVATION HOLE TO BE PERFORMED TO DETERMINE GROUNDWATER AND SOIL MATERIALS.



GENERAL NOTES

- 1) THE SEWAGE DISPOSAL SYSTEM SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REGULATIONS OF THE LOCAL BOARD OF HEALTH.
- 2) THE LOCAL BOARD OF HEALTH AND THE FIRM ARE TO BE NOTIFIED PRIOR TO BEGINNING CONSTRUCTION IN THE DISPOSITION OF THE SEWAGE DISPOSAL SYSTEM.
- 3) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 4) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 5) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 6) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 7) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 8) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 9) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 10) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 11) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.
- 12) THE FIRM SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL BOARD OF HEALTH AND THE FIRM.

DESIGN CAPACITY REQUIRED
4.000 GPD/110 GAL/DAY/STORM = 440 GPD/STORM
SEPTIC TANK VOLUME
440 GALS X 200\"/>

LEGEND

- EXISTING CONTOUR
- PROPOSED CONTOUR
- TEST PIT
- SEPTIC TANK
- DIST. BOX
- WELL
- LIMIT OF WETLAND
- WATER LINE
- OVERHEAD WIRES

PROPERTY INFORMATION
DEED BOOK/PAGE: 3073/277
ASSESSORS MAP/LOT: 41/015/001

SEWAGE DISPOSAL SYSTEM UPGRADE DESIGN

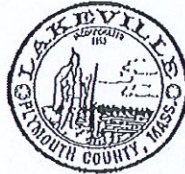
PREPARED FOR:
LOUIS VENNETTE
4 ASH STREET
LAKEVILLE, MA 02847

LOCATED AT:
4 ASH STREET
LAKEVILLE, MASSACHUSETTS

DATE: 9/29/23
SCALE: 1\"/>



ANNOUNCEMENT



PRESS RELEASE

The Town of Lakeville Board of Health would like to inform Town Residents that the "Yearly Animal Inspections" will be proceeding and will be conducted by the Lakeville Animal Inspector from now until the end of the year.

Thank you,
For the Board of Health

Jared Darling
Animal Inspector