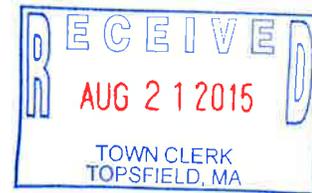


CMC HOME PROJECT
ENGINEERING AND SURVEY DIVISION
14 WOODSIDE ROAD • TOPSFIELD, MA • 01983

August 17, 2015

Topsfield Planning Board
Town of Topsfield
8 West Common St.
Topsfield, MA 01983



David Bond
Topsfield Highway Superintendent
DPW Facility
279 Boston Street
Topsfield, MA 01983

RE: Proposed Stormwater Management Plan, 5 Orchard Lane

Dear Planning Board Members:

I am writing to verify that the proposed stormwater management plan for 5 Orchard Lane is in accordance with stormwater quality and quantity standards. The proposed development of 5 Orchard Lane will result in the creation of 3,760 square feet of impervious area. The run-off generated by the single family home construction project is minor and mitigated through the erosion control measures depicted on the 5 Orchard Lane Stormwater Management Plan. The plan is in compliance with MassDEP Stormwater Management Standards.

The site is located on the southern end of Orchard Lane, which was built as part of the Bare Hill Farm II Definitive Subdivision. The following stormwater and erosion control measures are proposed for the development: (1) installation of a silt fence and haybale barrier to prevent sediment from entering the subdivision drainage system or adversely affecting the property of down-gradient abutters, (2) installation of silt bags in the two catch basins located adjacent to the site as a secondary protection measure for the subdivision drainage system, (3) creation of a gravel construction entrance, which will remove sediment from vehicle tires exiting the site, before the driveway is paved, (4) street sweeping as required to remove sediment not captured by the gravel construction entrance, and (5) recharge of roof run-off into the gravel drip edge surrounding the foundation. The proposed mitigation measures will adequately provide stormwater and erosion control protection for the development.

The Operation and Maintenance Plan for the proposed development shall include maintaining the gravel drip edge as shown on the plan and ensuring any barren or eroding lawn areas are immediately re-vegetated post-construction period.

Please feel free to call or email with any questions or concerns (617-646-9906, g.topping@verizon.net).

Sincerely,

Gerald J. Topping, P.E.

Enclosures (5): Stormwater Management Plan dated 8/17/15, Stormwater and Erosion Control Permit Application, Form A with fee check for \$130.46, Certified Abutters List, Property Deed

APPLICATION FORM
STORMWATER AND EROSION CONTROL PERMIT

To: The Topsfield Planning Board, Town Hall, Topsfield, MA 01983

The undersigned hereby applies for a Stormwater and Erosion Control Permit and herewith submits six (6) copies of a completed application package for a Stormwater Management Permit (SMP) and an electronic application in PDF format on a CD or DVD disc for approval.

The applicant certifies to the truth of the following facts as part of his application.

1. Name of Applicant: Gerald J. and Stephanie L. Topping

Address: 14 Woodside Road, Topsfield, Ma 01983

Telephone Number: 978-561-1962

E-mail Address: sltopping@hotmail.com

2. Name of Engineer or Surveyor Gerald J. Topping

Address 14 Woodside Road, Topsfield, Ma 01983

Telephone Number: 617-646-9906

E-mail Address: gtopping@alumni.tufts.edu

3. Deed to property is dated May 1, 2015 and is recorded in Essex South District Registry, Book 34023 Page 173.

4. Location of Property for which permit is requested:

Address 5 Orchard Lane, Topsfield, Ma 01983

Zoning District IRA

5. Attach hereto a copy of the deed.

6. The exact names in which title to the property is held and the present addresses of persons named are: (If married, give spouse's name.)

Gerald J. Topping and Stephanie Topping

14 Woodside Road, Topsfield, Ma 01983

7. A complete list of persons with their addresses known to have mortgages, attachments, encumbrances, or liens of any kind upon the property is as follows:

N/A

8. If the property is in the name of a trust, the complete and correct name of the trust, date of the trust declaration, book and page where it is recorded and names and addresses of all trustees are as follows:

N/A

9. If the property is in the name of a corporation, the complete and correct name of the corporation, the name and corporate capacity of all officers authorized to sign deeds and other instruments pertaining to real estate are as follows:

N/A

10. Description of the project for which a Stormwater and Erosion Control Permit is requested. Include total square footage of land to be altered/cleared.

Applicant wishes to build a single family home on the property.

The total square footage of the lot to be altered/cleared is 10,154 sf.

The total includes 3,760 sf of proposed impervious area (house and driveway).

Signature of Applicant *Donald Jopping* *Stephen L Jopping*

Date of Submission 8/17/15

Town Clerk Signature _____

Planning Board Application for Special Permit & Site Plan Review

Form A

Before you file this application, it is necessary that you be familiar with the requirements for filing plans and other materials in support of this application as specified in the Topsfield Zoning Bylaws, scenic road Bylaw, Stormwater & Erosion Control Bylaw and the respective Planning Board Rules and Procedures that are available from the Town Clerk and Community development Coordinator as well as the Town website at www.topsfield-ma.gov.

Incomplete applications will not be considered unless waivers are previously obtained from the Planning Board.

SPECIAL PERMIT FEES:

Business Park Use Permits	\$200.00	
Elderly Housing Special Permits	\$1000.00	(New construction EHD see Site Plan Review fees listed below)
Common Drive	\$100.00	
Accessory Apartment	\$100.00	
Groundwater Protection District		
Wind Energy Conversion System – Small Scale	\$200.00	
Ground Mounted Solar Photovoltaic Installations	\$200.00	
Scenic Road		
Stonewall Removal	\$75.00	
Tree Removal	\$75.00	
Stormwater & Erosion Control	\$100.00 plus 4.0030 times the total square footage of the area to be altered by the project; see exemptions under regulations	

Fee Calculation: \$100.00 + (0.0030x10,154 SF) = \$130.46

SITE PLAN REVIEW:

1). Coverage Fee

\$100/5,000 sq. ft. or any portion thereof of new/altered lot disturbance (the total square footage of all new/altered building footprints, plus all paved surfaces, septic installations and stormwater management systems).

_____ sq. ft. ÷ 5,000 sq. ft. x \$100 = _____ area of new/altered coverage

2). Gross Floor Area Fee

\$200/5,000 square feet or any portion thereof of new/altered Gross Floor Area (gross floor area – the total square footage of all new floor area on all levels of all new or existing buildings).

_____ sq. ft. ÷ 5,000 sq. ft. x \$200 = _____ area of new/altered gross floor area

Coverage Fee	\$ _____
Gross Floor Area Fee	\$ _____
Total Site Plan Review Fee	\$ _____

NATURE OF APPLICATION:

- Petition for Special Permit pursuant to Article ____, Section ____ of the Zoning Bylaw.
- Petition for Finding pursuant to Article ____, Section ____ of the Bylaw.
- Petition for Site Plan Review pursuant to Article IX of the Zoning Bylaw (and the Guidelines and Performance Standards for Activities Subject to the Provisions of Article IX of the Topsfield Zoning Bylaw; and Supplement Form C for submitted requirements and formats).
- Petition for a Scenic Road Permit pursuant to Chapter LV.
- Petition for a Stormwater & Erosion Control Permit pursuant Chapter LI.

DESCRIPTION OF APPLICANT:

- a. Name Gerald J. and Stephanie L. Topping
- b. Address 14 Woodside Rd, Topsfield, MA 01983
- c. Phone Number 978-561-1962
- d. Interest in Premises (e.g., owner, tenant, prospective purchaser, etc.) Owner
(Attach copy of lease and/or letter of authorization from owner, if applicable)

DESCRIPTION OF PREMISES:

- a. Assessor's Map 24, Lot(s) 58, Zoning District IRA
- b. Location of Premises (number and street) 5 Orchard Ln, Topsfield, MA 01983
- c. Name and address of legal owner (if different from Applicant) _____
- d. Deed to the Premises recorded at (if known):
 Essex South District Registry of Deeds, Book 34023 Page 173
 Essex South Registry District of the Land Court, Certificate Number _____
- e. Prior zoning decisions affecting the Premises (if any):
Date of Decision _____ Name of Applicant _____
Nature of Decision _____
- f. Present use of the Premises Vacant Land
- g. Present structures conform to current Zoning Bylaw. Yes No. If no, in what respect does it not conform. N/A

PROPOSAL (attach additional sheets if necessary):

- a. General Description:
Applicant wishes to build a single family home on the property.

b. If proposal is for construction or alteration of an existing structure, please state:

	FRONT	REAR	SIDE(S)
1. Setbacks required per bylaw	_____	_____	_____
2. Existing setbacks	_____	_____	_____
3. Setbacks proposed	_____	_____	_____

	FRONTAGE	AREA
4. Frontage and area required by bylaw	_____	_____
5. Existing frontage (s) and area	_____	_____
6. Frontage (s) and area proposed	_____	_____

	FEET	STORIES
7. Existing Height	_____	_____
8. Height proposed	_____	_____

c. Other town, state or federal permits or licenses required, if any:

Septic plan approval from the Board of Health.

NECESSARY ACCOMPANYING DATA:

It is required that every application be accompanied by appropriate supporting data. Failure to submit appropriate and complete data could result in delay and/or denial of application for zoning relief. Place a check next to the applicable accompanying supporting data:

Variance of Special Permit Applications:

(See Planning Board Rules and Procedures Section III)

All required supporting data attached Yes No

Site Plan Review Applications:

(See Town of Topsfield Zoning Bylaw, Article IX, Section 9.05. See also Guidelines and Performance Standards for Activities Subject to the Provisions of Article IX of the Topsfield Zoning Bylaw)

All required supporting data attached Yes No

Comprehensive Permit Applications:

(See G.L.c. 40B, Sections 20-23)

All required supporting data attached Yes No

Appeals from decisions of Building Inspector or Others:

(See Planning Board Rules and Procedures, Section III (1) (e))

All required supporting data attached Yes No

If all required supporting data is not attached, why not:

8/17/15 _____
 Date Signature of Applicant

GERALD J TOPPING
STEPHANIE L TOPPING
14 WOODSIDE RD
TOPSFIELD, MA 01983

Date 8/17/15

258

30-7426/3140

Pay to the Order of TOWN OF TOPSFIELD \$ 130.46

One Hundred Thirty 46/100 Dollars

 Security features are included. Details on back.

 **USAA FEDERAL SAVINGS BANK**
10750 McDERMOTT FWY
SAN ANTONIO, TEXAS 78288-0544
(210) 456-8000 1-800-832-3724

For 500 CHARD STORMWATER FEE

Gerald Jopping

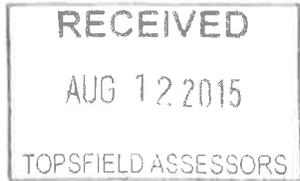
⑆314074269⑆

TRANSIT ROUTING NUMBER

⑆16886402⑆ 0258

ACCOUNT NUMBER

**TOWN OF TOPSFIELD, MA
PLANNING BOARD**



Application Supplement Form B

Attach to this form a copy of the Assessor's map (scale 1" equals 200') showing the property and all other properties and roadways within 300 feet of any portion of the property. Also, show the lot number and lot owner's name on each lot within the 300'.

List below the lot owner names and mailing addresses as shown in the Assessors' records, beginning with the property of the Applicant (locus).

Applicant's Name, Mailing Address: _____

Gerald and Stephanie Topping, 14 Woodside Rd, Topsfield, MA 01983

Telephone No. _____

Locus: 5 Orchard Lane, Topsfield; MA 01983, Map 24, Lot 58

<u>Map</u>	<u>Block</u>	<u>Location</u>	<u>Owner</u>	<u>(If different from location) Mailing Address</u>
------------	--------------	-----------------	--------------	---

SEE ATTACHED LIST

If needed, attach additional sheets.

Assessor's Certification

To the Topsfield Planning Board:

This is to certify that, at the time of the last assessment for taxation made by the Town of Topsfield, the names and mailing addresses of the parties assessed as owners of land within 300' of the parcel of land shown in the attached sketch were as listed.

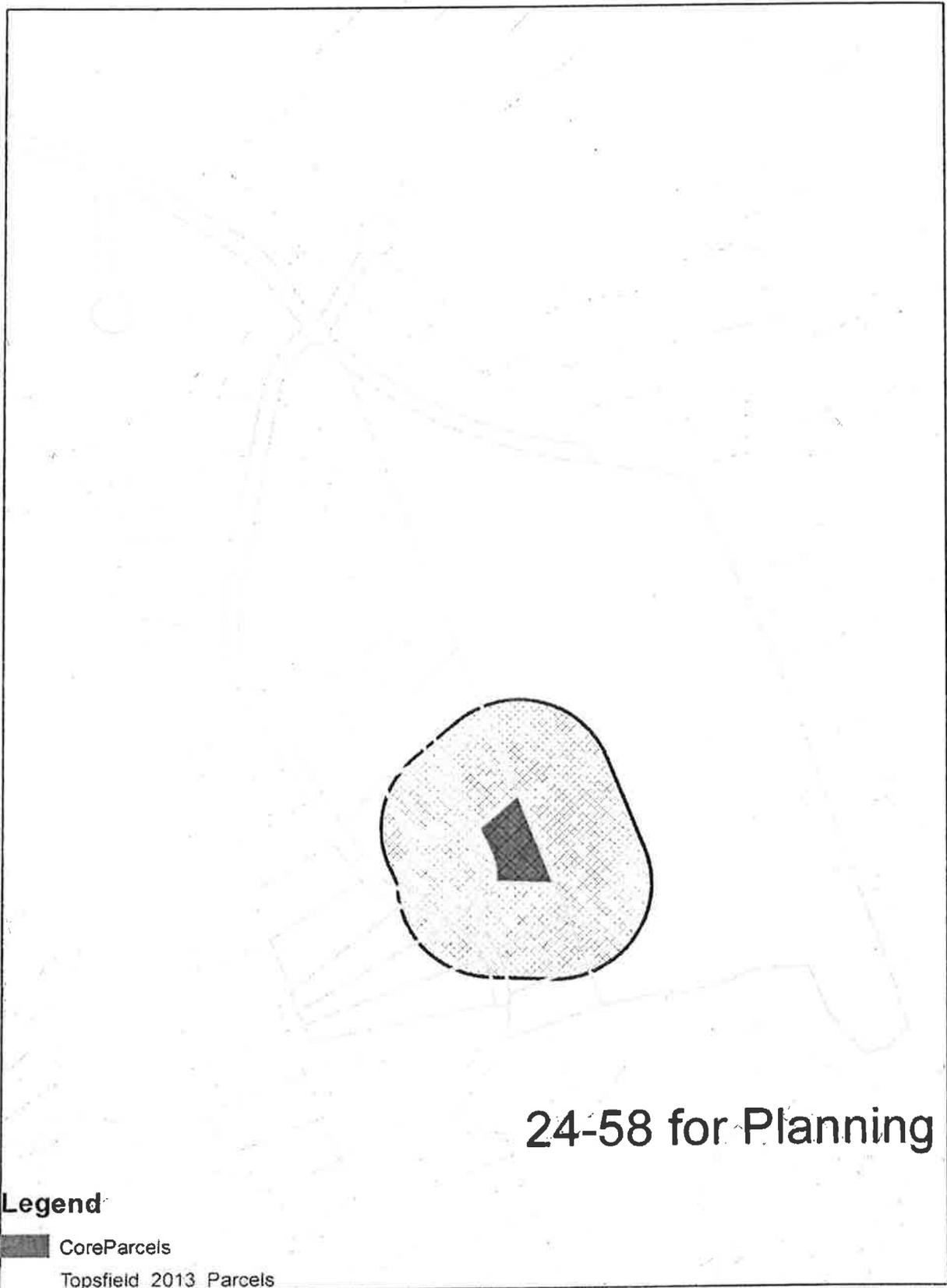
Authorized Signature
Assessors' Office

Katherine Jackson

Date of Verification

8/12/15

5 Orchard Ln



24-58 for Planning

Legend

■ CoreParcels

▨ Topsfield 2013 Parcels



Patriot Properties

08/12/2015

9:51:39AM

Town of Topsfield

GIS - Abutters by Parcel ID

Filter Used:

DataProperty.AccountNumber in (416,430,427,431,426,424,432,425,329,433,328,434,327,326,435)

Parcel ID - Map/Block/Lot	Location	Owner/Mailing Address
24-38	52 PARSONAGE LN	DALY MATTHEW N / DALY KIMBERLY L 52 PARSONAGE LN TOPSFIELD MA 01983
24-39	56 PARSONAGE LN	TARDIFF GARY E / TARDIFF KELLY UPSON 56 PARSONAGE LN TOPSFIELD MA 01983
24-40	60 PARSONAGE LN	ARNOLD IAN S TR / ROSS ALICIA M TR 60 PARSONAGE LN TOPSFIELD MA 01983
24-41	62 PARSONAGE LN	MORRELL STUART B TR / THE STUART B MORRELL F 62 PARSONAGE LN TOPSFIELD MA 01983
24-50	63 PARSONAGE LN	CODY ROBERTA A 63 PARSONAGE LN TOPSFIELD MA 01983
24-51	6 ORCHARD LN	ROBERTS CARL M JR TR / ROBERTS CORINNE M TR 6 ORCHARD LN TOPSFIELD MA 01983
24-52	10 ORCHARD LN	PLUNKETT NANCY C TR / ORCHARD INVESTMENT T 10 ORCHARD LN TOPSFIELD MA 01983
24-53	16 ORCHARD LN	DESBOIS RONALD R / DESBOIS CARLA 16 ORCHARD LN TOPSFIELD MA 01983
24-56	15 ORCHARD LN	PACKARD MATTHEW / MICHAUD ERIN 15 ORCHARD LN TOPSFIELD MA 01983
24-57	11 ORCHARD LN	NOWAK GREGORY M TR / NOWAK FAMILY IRREV IN 11 ORCHARD LN TOPSFIELD MA 01983
24-58	5 ORCHARD LN	TOPPING GERALD J / TOPPING STEPHANIE 14 WOODSIDE RD TOPSFIELD MA 01983
24-59	1 ORCHARD LN	CAFFREY JAMES F / WALSHE HELEN 1 ORCHARD LN TOPSFIELD MA 01983
24-60	51 PARSONAGE LN	SACCO GEORGE P JR / SACCO JANET M 51 PARSONAGE LN TOPSFIELD MA 01983
24-61	49 PARSONAGE LN	MARKOS JOHN P TR / 49 PARSONAGE LN REALTY TR 49 PARSONAGE LN TOPSFIELD MA 01983
24-77	8 HAVERHILL RD	TOWN OF TOPSFIELD / TOWN HALL 8 WEST COMMON ST TOPSFIELD MA 01983

MASSACHUSETTS QUITCLAIM DEED

We, Martha Peabody, formerly known as Martha MacMonagle, an unmarried individual, of Gloucester, Massachusetts and Lorna Philley, married to George H. Philley, both of Melrose, Massachusetts, for consideration paid of \$140,000.00, grant to Gerald J. Topping and Stephanie Topping, husband and wife as tenants by the entirety, both of 14 Woodside Road, Topsfield, Massachusetts

with quitclaim covenants

A certain undeveloped parcel of land in Topsfield, Essex County, Massachusetts being shown as Lot 43 on a plan entitled "Definitive Plan, Bare Hill Farm - Sect. II, Topsfield, Massachusetts, Owner, Normandy Realty Trust; Engineer, Hayes Engineering, Inc.," recorded in Essex South District Registry of Deeds in Plan Book 109, Plan 83.

Being a portion of the premises described in a deed dated March 8, 1985 and recorded with said Deeds in Book 7799, Page 60. Said parcel is now known as and numbered 5 Orchard Lane, Topsfield, MA.

Grantors hereby release all rights of homestead in the above-described property and warrant that there are no other individuals entitled to rights of homestead therein.

Loc: 5 Orchard Lane, Topsfield

Witness my hand and seal this 30th day of April, 2015.

Martha Peabody
Martha Peabody f/k/a/Martha MacMonagle

COMMONWEALTH OF MASSACHUSETTS

Essex, ss.

April 30, 2015

On this 30th day of April, 2015, before me, the undersigned notary public, personally appeared Martha Peabody f/k/a Martha MacMonagle, who was/were personally known to me or proved to me through satisfactory evidence of identity, which was/were driver's license(s) / _____, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose.

Judith A. Clark
Notary Public
My Commission Expires: 6/3/16



Witness our hands and seals this 30th day of April, 2015.

Lorna Philley
Lorna Philley

George H. Philley
George H. Philley

COMMONWEALTH OF MASSACHUSETTS

Essex, ss. April 30, 2015

On this 30th day of April, 2015, before me, the undersigned notary public, personally appeared Lorna Philley, who was/were personally known to me or proved to me through satisfactory evidence of identity, which was/were driver's license(s) / _____, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that she signed it voluntarily for its stated purpose.

Judith A. Clark
Notary Public
My Commission Expires: 6/3/16

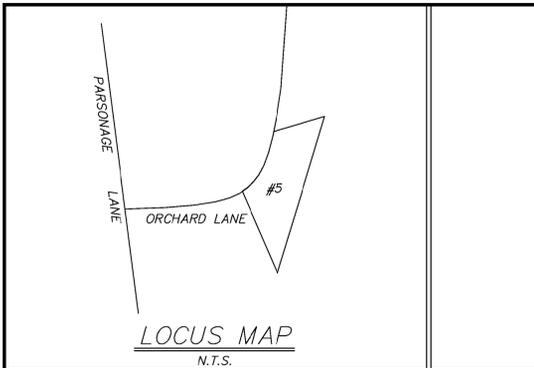
COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss. April 14, 2015

On this 14th day of April, 2015, before me, the undersigned notary public, personally appeared George Philley, who was/were personally known to me or proved to me through satisfactory evidence of identity, which was/were driver's license(s) / _____, to be the person(s) whose name(s) is/are signed on the preceding or attached document, and acknowledged to me that he signed it voluntarily for its stated purpose.

Judith A. Clark
Notary Public
My Commission Expires: 6/3/16



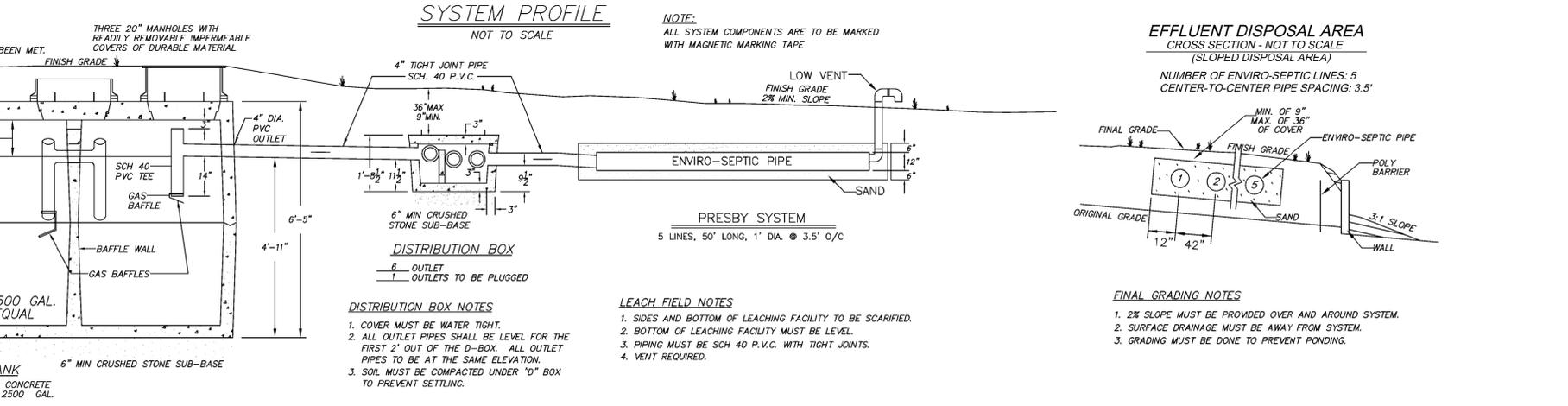
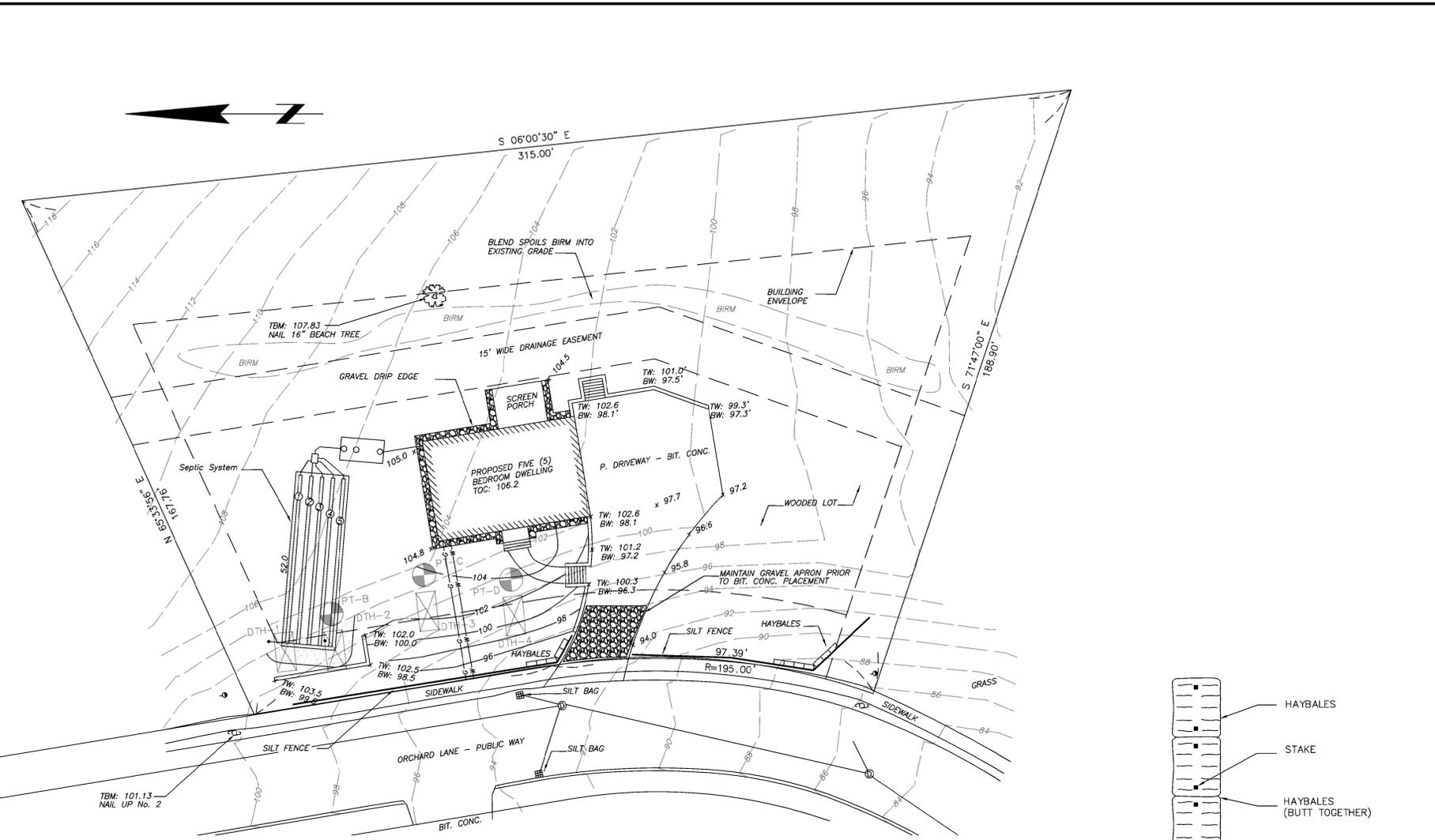
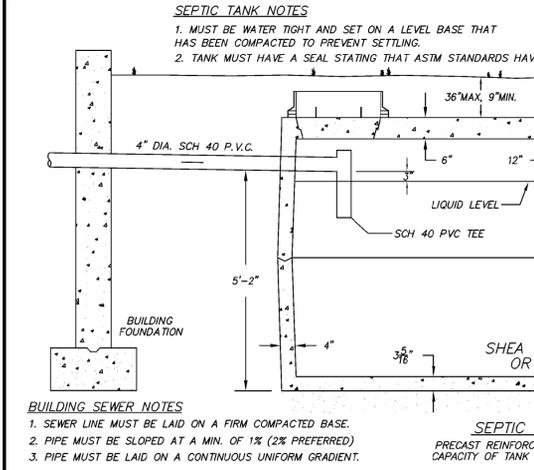
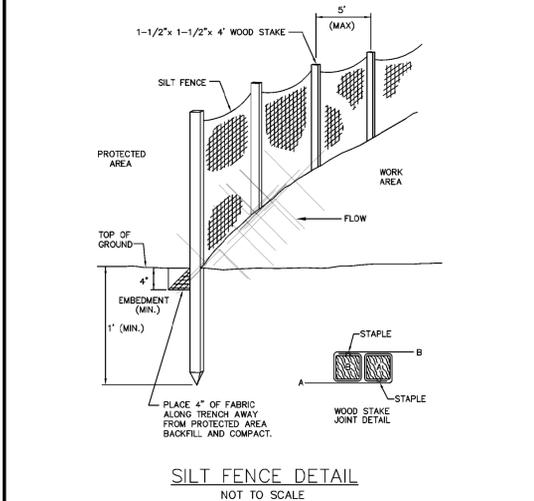


SCHEDULE OF ELEVATIONS

TOP OF FOUNDATION T.C. =	106.2
BOTTOM OF FND WALL & TOP OF FOOTING =	97.2
BOTTOM OF FOOTING =	96.2
GARAGE FINISHED FLOOR =	98.2
UTILITY ROOM FINISHED FLOOR =	98.78
TOP OF 6" CURB @ GARAGE DOORS =	98.7
INVERT OF PIPE AT FOUNDATION =	104.1
INVERT AT SEPTIC TANK INLET =	103.9
INVERT AT SEPTIC TANK OUTLET =	103.65
INVERT AT DISTRIBUTION BOX INLET =	103.5
INVERT AT DISTRIBUTION BOX OUTLET =	103.33

	L-1	L-2	L-3	L-4	L-5
ELEV. TOP OF PRESBY PIPE =	103.19	102.84	102.49	102.14	101.79
ELEV. BOT. OF PRESBY PIPE =	102.19	101.84	101.49	101.14	100.79
ELEV. BOT. OF SAND BED =	101.69	101.34	100.99	100.64	100.29
MIN. FINISH GRADE OVER SAS =	104.1	103.7	103.3	103.0	102.6
ELEV. TOP. OF POLY BARRIER =	103.2	102.9	102.5	102.2	101.8
ELEV. BOT. OF POLY BARRIER =	100.7	100.3	100.0	99.6	99.30

- DESIGN CRITERIA**
- ESTIMATED FLOW = 5 BDRMS X 110 GPD/BR=550 GPD
 - DESIGN PERCOLATION RATE = 27 MPI
 - LEACHING AREA CALCULATION = TITLE 5 REQUIRED LEACH AREA = 1375 S.F. (550 GAL./0.40 GAL/SF) = 1375 S.F. PRESBY REQUIRED LEACH AREA (60% OF 1375) = 826 S.F. BOTTOM AREA PROVIDED = 16'x52' = 832 S.F.



- GENERAL NOTES:**
- Contractor shall call Digsafe at (888) 344-7233 a minimum of 72 hours prior to commencing any construction activities on site.
 - Inspections by Design Engineer and Board of Health are as required by the Board of Health.
 - This plan was prepared for the design of the subsurface sewage disposal system only and is based on the subsurface explorations and percolation tests listed below.
 - System was designed only to accommodate sanitary sewage associated with normal domestic usage, consisting of water carried putrescible waste, and for flows indicated in the design criteria.
 - The system must be vented through the buildings plumbing in accordance with the state building code.
 - Owner shall verify effective zoning regulations prior to construction.
 - Plans show only features that were visually apparent on the date of the topographic survey, and the absence of subsurface structures, utilities, etc. is not guaranteed.
 - Contractor to determine if site conditions are suitable for construction of proposed system, and must promptly notify the Design Engineer and Owner in writing, of any plan deficiencies, unforeseen subsurface conditions, or required changes.
 - There are no wells located within 200 feet of the proposed leaching area or within 150 feet of the proposed septic tank (except as shown).
 - The subject property is not located within a Zone II of a public drinking water supply well.
 - All construction is to conform to the requirements of the Massachusetts Environmental Code, Title V, and the town of TOPSFIELD Board of Health regulations.
 - There are no bordering vegetated wetlands, inland banks, or surface waters within 100' of the proposed system.
 - There are no surface or subsurface drains which are used to lower the ground water.
 - All elevations refer to TBM 10=106.2.
 - For proper performance, septic tank should be pumped annually.
 - System cannot be backfilled or concealed until design firm and board of health have inspected the system and permission to backfill has been given.
 - Design firm must prepare and submit "As-Built" plan to Board of Health. This plan must certify that the system was installed in accordance with state and local regulations and that it complies with the proposed plan.
 - Property lines are approximate and are not to be used for boundary survey purposes. Surface features and topography outside of work area are approximate.
 - System is designed to accommodate a garbage grinder.

- TECHNICAL NOTES:**
- Building sewer shall be in accordance with state plumbing code and have a minimum of 4" of cover in landscaped areas. A minimum of 12" of cover and/or appropriate sleeving shall be used in areas subject to vehicular traffic.
 - All tanks, including septic tanks, distribution boxes, dosing chambers, and grease traps shall be either watertight through manufacturer's specification and warranty, or made watertight by the manufacturer or other individual by means and persons as approved in 310 CMR 15.221. Septic tank shall be constructed and placed in accordance with 310 CMR 15.223 through 310 CMR 15.228.
 - Septic tanks shall have at least three (3) 20" manholes with at least one (1) of these manholes located no more than 6" below finish grade. (Systems over 1,000 gpd shall have access ports at both the inlet and outlet tees.)
 - Distribution box ("d-box") shall be of watertight construction, installed level on a firm base, and installed in accordance with 310 CMR 15.232.
 - Septic tank covers and d-box are to be brought within 6" and 12" of finish grade respectively by the use of riser sections.
 - When the soil absorption system (SAS) is to be dased or the slope of the inlet pipe exceeds 0.08 feet per foot, an inlet tee, baffle or splash plate extending to one inch above the outlet invert elevation shall be provided to dissipate velocity of the influent.
 - When the SAS is installed within the top and subsoil layers or above natural grade, all topsoil and subsoil shall be removed below and laterally a minimum of 5 feet surrounding the SAS. Removed material shall be replaced with clean granular material in accordance with 310 CMR 15.255(3).
 - All disturbed areas shall be loamed, seeded, and maintained so as to prevent erosion.
 - All native soil interfaces which will contact the SAS shall be scarified prior to placement of stone.

PERCOLATION TESTS

HOLE NO. & DATE	TOP ELEVATION	DEPTH (in.)	SATURATION (Min.)	12"-9" DROP (Min.)	9"-6" DROP (Min.)	PERC. RATE (Min./In.)
PT-A 10-10-14	100.6	42"	15 MIN	73 MIN	ABANDONED	NA
PT-B 10-10-14	99.96	38"	15 MIN	63 MIN	79 MIN	27 MIN/IN
PT-C 10-10-14	99.61	43"	15 MIN	59 MIN	80 MIN	27 MIN/IN
PT-D 10-10-14	99.01	38"	15 MIN	51 MIN	78 MIN	26 MIN/IN

DEEP OBSERVATION HOLE LOG

NO., DATE & ELEV.	DEPTH (in.)	SOIL HORIZON	TEXTURE (USDA)	COLOR (MUNSELL)	SOIL MOTTLING	OTHER
DTH-1 10-10-14	0-6"	Ap	SANDY LOAM	10YR3/2		
	6-29"	Bw	SANDY LOAM	10YR5/8		
	29-78"	Cd	SANDY LOAM	2.5Y 6/3	641* 7.5R5/8 & 10Y7/1	
PARENT MATERIAL: GLACIAL TILL DEPTH TO BEDROCK: - STANDING WATER: - WEEPING FROM PIT FACE: - ESHWT: 97.18						
DTH-2 10-10-14	0-6"	Ap	SANDY LOAM	10YR3/2		
	6-27"	Bw	SANDY LOAM	10YR5/8		
	27-75"	Cd	SANDY LOAM	2.5Y 6/3	644* 7.5R5/8 & 10Y7/1	
PARENT MATERIAL: GLACIAL TILL DEPTH TO BEDROCK: - STANDING WATER: - WEEPING FROM PIT FACE: - ESHWT: 96.29						
DTH-3 10-10-14	0-5"	Ap	SANDY LOAM	10YR3/2		
	5-26"	Bw	SANDY LOAM	10YR5/8		
	26-82"	Cd	SANDY LOAM	2.5Y 6/3	639* 7.5R5/8 & 10Y7/1	
PARENT MATERIAL: GLACIAL TILL DEPTH TO BEDROCK: - STANDING WATER: - WEEPING FROM PIT FACE: - ESHWT: 96.36						
DTH-4 10-10-14	0-4"	Ap	SANDY LOAM	10YR3/2		
	4-27"	Bw	SANDY LOAM	10YR5/8		
	27-76"	Cd	SANDY LOAM	2.5Y 6/3	641* 7.5R5/8 & 10Y7/1	
PARENT MATERIAL: GLACIAL TILL DEPTH TO BEDROCK: - STANDING WATER: - WEEPING FROM PIT FACE: - ESHWT: 95.59						

TESTS CONDUCTED BY: GERALD J. TOPPING
TESTS OBSERVED BY: JOHN COULON DATE: 10-14-14

I certify that I have passed the examination approved by the department of Environmental Protection and that the above analysis has been performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.018(2).

Certified: _____

APPLICANT STEPHANIE L. TOPPING & GERALD J. TOPPING		LOCATION 5 ORCHARD LANE TOPSFIELD, MA ASSESSORS MAP 24 & PARCEL 58	
NO.	DATE:	REVISION:	BY:
1.	8-17-15	ORIGINAL DESIGN	GJT

STORM WATER MANAGEMENT PLAN

CMC HOME PROJECT
ENGINEERING AND SURVEY DIVISION
14 WOODSIDE ROAD
TOPSFIELD, MASSACHUSETTS 01983
PHONE: 978-561-1962 CELL: 617-646-9906

DATE: 8/17/15 SHEET 1 OF 1