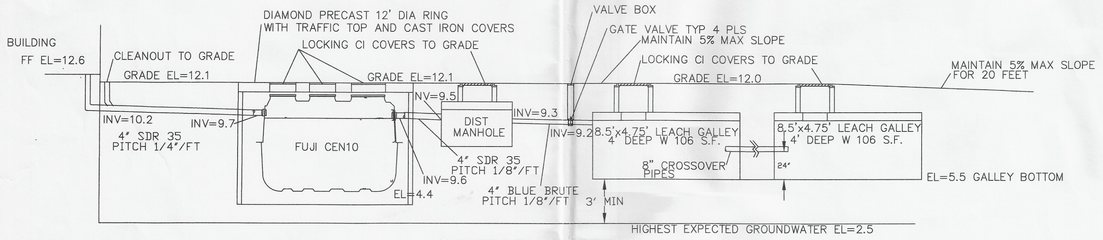
20-54

300-11-5-24



SANITARY INVERTS

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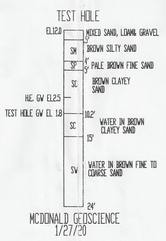

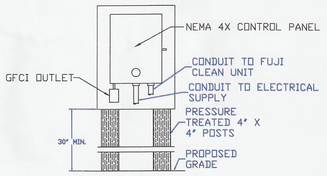

FUJI CLEAN CONTROL PANEL

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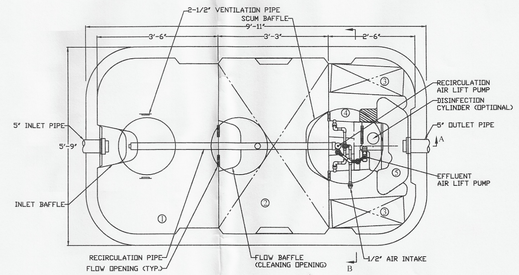
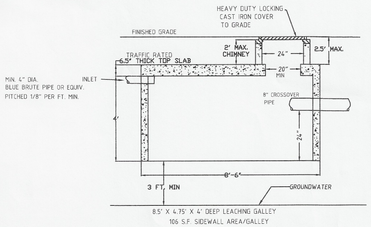


CHAMBER	Volume (gal)
① Sedimentation Chamber	558
② Anaerobic Filtration Chamber	556
③ Aerobic Contact Filtration Chamber	248
④ Storage Chamber	125
⑤ Disinfection Chamber	11
Total Volume	1,498

SPECIFICATIONS			
Anaerobic Media	PP / PE	Filling Rate	46%
Board Type Aerobic Media	PVC / PP / PE	Filling Rate	17%
Aerobic Media	PP / PE	Filling Rate	54%
Blower	3.0 cfm		
Tank	FRP		
Piping	PVC / PP / PE		
Access Covers	Plastic / Cast Iron		
Disinfectant (Optional)	Chlorine Tablets		

SANITARY NOTES

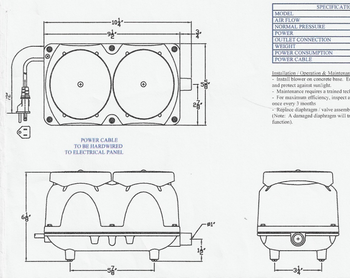
1. THE OWTS INSTALLER SHALL HOLD AN ENDORSEMENT FROM THE SUFFOLK COUNTY DEPARTMENT OF HEALTH.
2. AN EXECUTED OPERATION AND MAINTENANCE CONTRACT BETWEEN THE MAINTENENANCE PROVIDER AND THE SHALL BE PROVIDED TO THE SCDHS
3. THE OWTS SHALL BE INSTALLED WITH NO HOUSE TRAP INSIDE THE BUILDING TO ALLOW FOR SELF VENTING
4. ALL SANITARY COMPONENTS TO BE 10' FROM WATER LINES AND 5' FROM UTILITIES
5. FUJI CEN10 INSTALLED INSIDE DIAMOND PRECAST 12' DIAMETER RING WITH TRAFFIC TOP AND CAST IRON COVERS
6. THERE IS NO DRAINAGE ON SITE
7. VALVE BOX TO BE GENERAL FOUNDARIES 2 PIECE SCREW TYPE PRODUCT NUMBER 32563
8. USE MATCO-NORCA ON 4" MV MECHANICAL JOINT GATE VALVE ON SANITARY LINES FROM DISTRIBUTOIION MANHOLE TO EACH LEACHING GALLEY ROW
9. SANITARY PIPING TO BE BLUE BRUTE 4" C900 WHERE SPECIFIED
10. EXCAVATE TO A MINIMUM ELEVATION OF -9.0' TO REMOVE UNSUITABLE SOILS AND PROVIDE 6' MIN PENETRATION WITH A 3' COLLAR INTO VIRGIN STATA OF ACCEPTABLE SOILS



LEACHING GALLEY

NOTES:
1. CONCRETE 4,000 PSI @ 28 DAYS
2. REBAR TO BE ASTM A-615 GRADE 60
3. WELDED WIRE FABRIC ASTM A-185
4. DESIGNED FOR AASHTO HS-20 LOADING
5. TOP SLAB AND WALL ARE MONOLITHIC

LEACHING GALLEY DETAIL

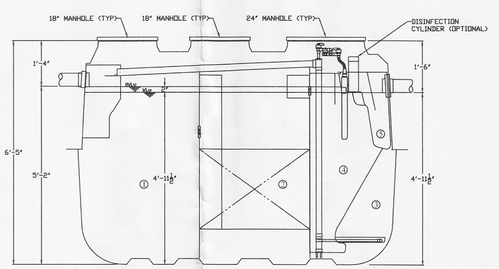


SPECIFICATIONS	
MODEL	MAC 150R
AIR FLOW	3.5 CFM
NORMAL PRESSURE	2.5 PSI
POWER	120V/1.2A/60Hz
OUTLET CONNECTION	1 INCH
WEIGHT	30 LBS
POWER CONSUMPTION	150 W
POWER CABLE	8 FEET

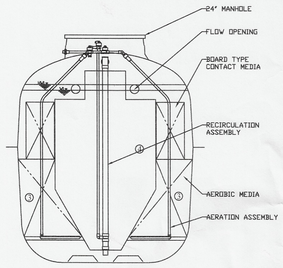
Installation / Operation & Maintenance Notes:
- Install blower on concrete base. Ensure adequate ventilation and protect against rain/splash.
- Maintenance requires a trained technician.
- For maximum efficiency, inspect and clean internal air filter once every 3 months.
- Replace diaphragm / valve assembly once every 12 months (Note: A damaged diaphragm will trigger the Automatic-Stop function).

FUJI MAC150R BLOWER UNIT

NTS

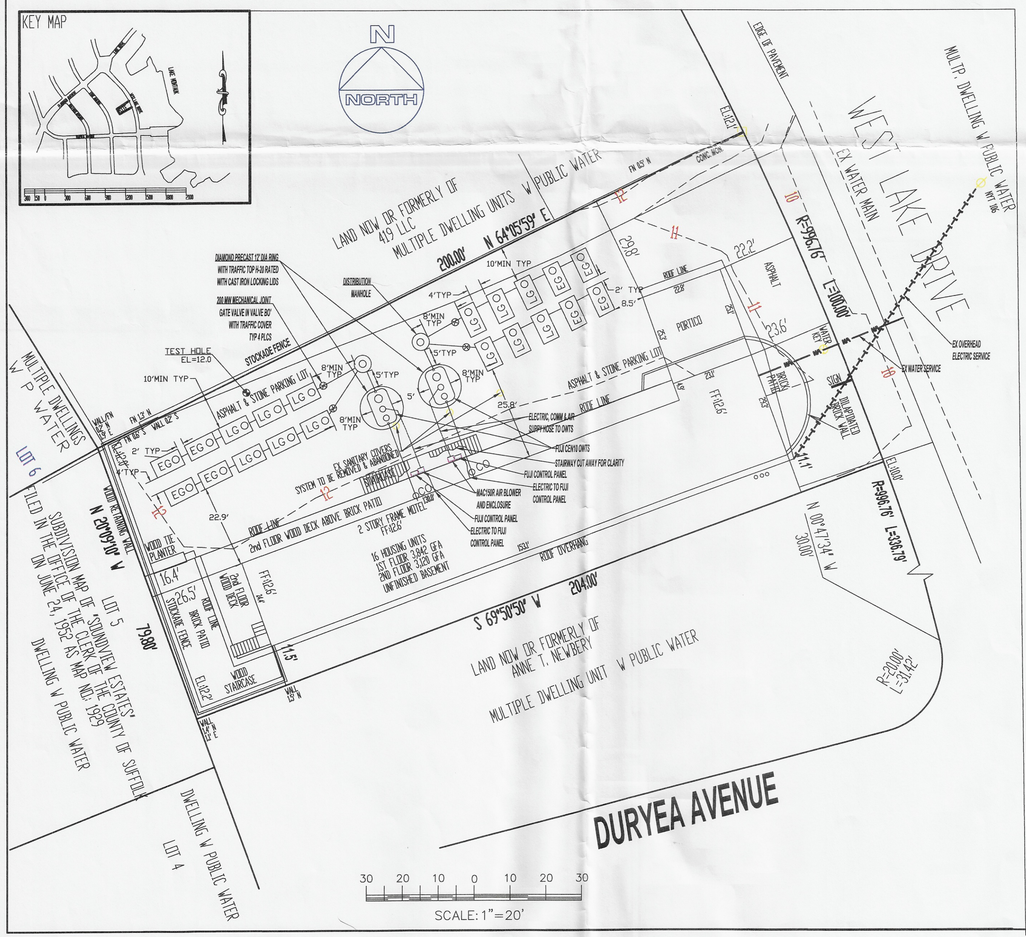


SECTION A-A VIEW



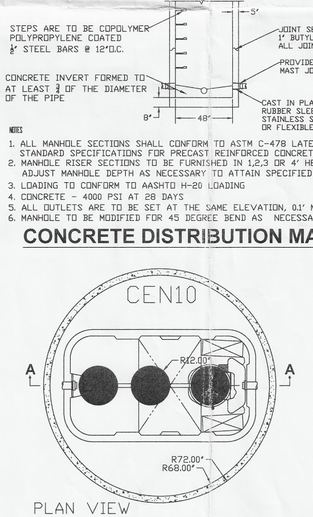
SECTION B-B VIEW

FUJI CEN10 OWTS



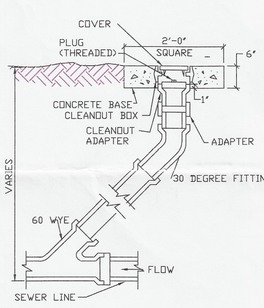
NOTES
1. ALL MANHOLE SECTIONS SHALL CONFORM TO ASTM C-478 LATEST REV STANDARD SPECIFICATIONS FOR PRECAST REINFORCED CONCRETE MH. SECTIONS
2. MANHOLE RISER SECTIONS TO BE FURNISHED IN 1,2,3 OR 4' HEIGHTS AS REQUIRED ADJUST MANHOLE DEPTH AS NECESSARY TO ATTAIN SPECIFIED INVERTS
3. LOADING TO CONFORM TO AASHTO H-20 LOADING
4. CONCRETE - 4000 PSI AT 28 DAYS
5. ALL OUTLETS ARE TO BE SET AT THE SAME ELEVATION, 0.1' MIN BELOW INLETS
6. MANHOLE TO BE MODIFIED FOR 45 DEGREE BEND AS NECESSARY

CONCRETE DISTRIBUTION MANHOLE



DIAMOND PRECAST PRODUCTS
12' DIA RING WITH FUJI CLEAN CEN10
24" H-20 CAST IRON LIDS AND RINGS

H-20 CONCRETE VAULT WITH CEN10



CLEANOUT DETAIL

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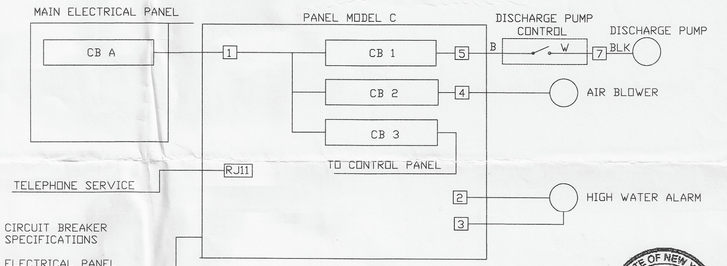

CIRCUIT BREAKER SPECIFICATIONS

ELECTRICAL PANEL

CB A - 30 AMPS

VERICOMM CONTROL PANEL
CB1 - 20 AMPS
CB2 - 15 AMPS
CB3 - 15 AMPS

WIRING DIAGRAM

SEWAGE DISPOSAL SYSTEM CALCULATIONS:

ALLOWABLE DENSITY:
GROUNDWATER MANAGEMENT ZONE IV
ALLOWABLE SANITARY FLOW FOR SITE 0.418 AC. x 600 G.P.D/AC. = 250.8 G.P.D.
LOT APPEARS AS SEPERATE AND SINGLE DN 1981 SCTM-300 GPD ALLOWED

EXISTING SANITARY FLOW CALCULATIONS:
8 HOUSING UNITS w KITCHENETTE (450 S.F.= 110 GPD/UNIT= 880 GPD
8 MOTEL UNITS (400 S.F.= 100 GPD/UNIT= 800 GPD
1 HOUSING UNITS (600 S.F.= 150 GPD/UNIT= 150 GPD
BASEMENT IS UNFINISHED (638 S.F.) AND FOR MECHANICAL EQUIPMENT ONLY
TOTAL EXISTING SANITARY FLOW = 1,830 G.P.D.

PROPOSED SANITARY FLOW CALCULATIONS:
16 HOUSING UNITS (450 S.F.= 110 GPD/UNIT= 1,760 GPD
1 EX HOUSING UNIT (600 S.F CONVERTED TO OFFICE/STORAGE W KITCHEN REMOVED
BASEMENT IS UNFINISHED (638 S.F.) AND FOR MECHANICAL EQUIPMENT ONLY
TOTAL EXISTING SANITARY FLOW = 1,760 G.P.D.

SANITARY DESIGN CALCULATIONS:
TOTAL PROPOSED SANITARY FLOW = 1,760 G.P.D
SYSTEM SHALL BE SPLIT IN 2 SYSTEMS OF 880 G.P.D.
REQUIRED IA SYSTEM 880 G.P.D/BUILDING HALF.
PROPOSED DWTS SYSTEM 2 EACH FUJI CEN-10 RATED 1,000 G.P.D.=2,000 G.P.D.

LEACHING POOL:
880 G.P.D. / 1.50 GAL/S.F./DAY = 587 S.F.
USE 4' DEEP LEACHING GALLIES WITH 106 S.F./UNIT
880/106 = 5.5 UNITS.
USE (6) LEACHING GALLIES PER SYSTEM = 636 S.F.
PROVIDE ROOM FOR 50% EXPANSION
REQUIRED (3) LEACHING GALLIES PER SYSTEM = 318 S.F.
PROVIDED (4) LEACHING GALLIES PER SYSTEM = 424 S.F.

EXCAVATION INSPECTION REQUIRED
FOR SANITARY SYSTEM
BY HEALTH DEPARTMENT

ENGINEER'S CERTIFICATION REQUIRED
SUBMIT P.E. OR R.A. CERTIFICATION
FOR INSTALLATION AND CONSTRUCTION
OF WA OWTS & all related components
FOR FINAL APPROVAL. USE FORM WWM-073.

SITE INFORMATION:
ADDRESS: 411 WEST LAKE DRIVE, MONTAUK, N.Y.
SCTM# 300-11-5-24
SITE PLAN BASED ON SURVEY FROM HANDS ON SURVEYING , DATED 12/5/2011
SITE AREA 18,204 S.F. OR 0.418 ACRES
ALL ELEVATION REFERENCED TO NAVD '88 DATUM
NO SURFACE WATER WITHIN 300' OF SITE
NO WELLS WITHIN 150' FROM ALL PROPERTY LINES
NO UNDERGROUND FUEL TANKS
THERE IS NO DRAINAGE ON SITE
THE BUILDING HAS BEEN IN CONTINUOUS USE AS IS AND HAS NOT BEEN VACANT

NOV 25 REC'D

STATE OF NEW YORK
MICHAEL D. MAPES
LICENSED PROFESSIONAL ENGINEER
072501

Page 1 of 1

Suffolk County Department of Health Services
Approval for Construction - Other Than Single Family

Reference No. C-20-0190 Design Flow 1760gpd

Use(s) 16 Housing Units < 451sqft*

These plans have been reviewed for general conformance with Suffolk County Department of Health Services standards, relating to water supply and sewage disposal. Regardless of any omissions, inconsistencies or lack of detail, construction is required to be in accordance with the attached permit conditions and applicable standards, unless specifically waived by the Department. This approval expires 3 years from the approval date, unless extended or renewed.

Nov/23/2020
Approval Date

*Existing "living space" to be converted into office

SCDHS APPROVAL

Michael Mapes,P.E.
163 PENINSULA PATH
RIVERHEAD, N.Y 11901
PHONE 631-369-2170

WEST LAKE INN
411 WEST LAKE DRIVE
PROPOSED SANITARY PLAN

SIZE	DRAWING NUMBER	REV.
D	300-11-5-24SP	D

DATE 11-19-2020 | SCALE: 1"=20' | SHEET 1 OF 1