

BAY RD

No. 83-24

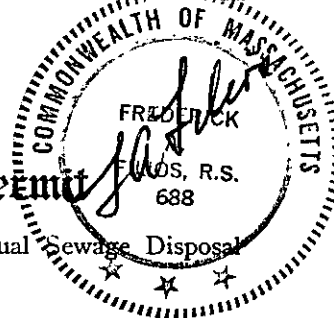
THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

FEE \$90



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

Location - Address: Bay Road, Lot B, James Warren, 89 Howard St, Belcher town Ma. Owner: Ernest Tidlund, Address: Shutesbury MA, Installer: Ernest Tidlund, Address: Shutesbury MA

Type of Building: Dwelling - No. of Bedrooms: 3, Expansion Attic (), Garbage Grinder (), Other - Type of Building: , No. of persons: , Showers () - Cafeteria (), Other fixtures:

Design Flow: 55 gallons per person per day, Total daily flow: 330 gallons. Septic Tank - Liquid capacity: 1000 gallons, Length: 18', Width: 18', Diameter: , Depth: . Disposal Tank - No.: 1, Width: 18', Total Length: 25', Total leaching area: 490 sq. ft. Seepage Pit No.: , Diameter: , Depth below inlet: , Total leaching area: sq. ft. Other Distribution box (✓), Dosing tank (). Percolation Test Results Performed by: Kendall E. Lund, Date: Apr. 16, 1975. Test Pit No. 1: 2 minutes per inch, Depth of Test Pit: 10', Depth to ground water: none. Test Pit No. 2: minutes per inch, Depth of Test Pit: , Depth to ground water: .

Description of Soil: Enclosed

Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Application Approved By: [Signature], Date: 11-2-83. Application Disapproved for the following reasons:

Permit No. 83-24, Issued 11-2-83, Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by [Installer] at [Address]

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. [Permit No.] dated [Date]

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

DATE [Date] Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

No. 83-24

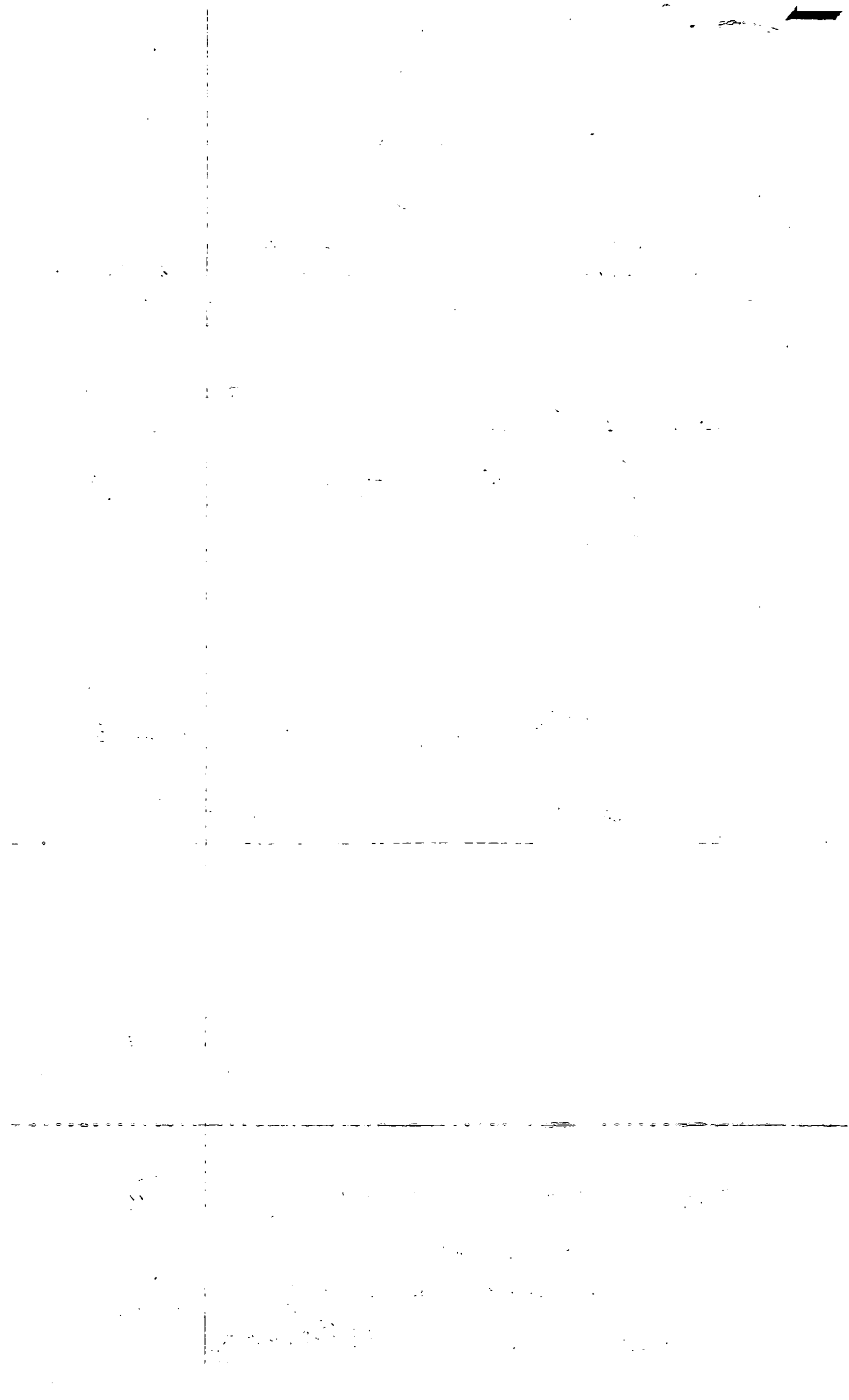
FEE \$90

Disposal Works Construction Permit

Permission is hereby granted James Warren to Construct (X) or Repair () an Individual Sewage Disposal System at No. Lot B Bay Rd Slady Plan as shown on the application for Disposal Works Construction Permit No. 83-24 Dated 11-2-83

DATE 11-2-83 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE



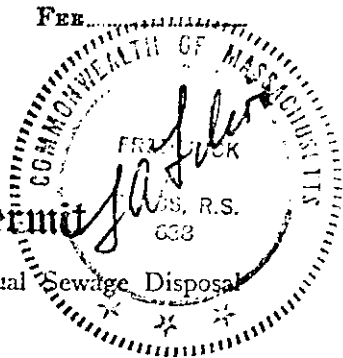
No.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Bay Road Location - Address Lot B
James Warren Owner 89 Howard St Belchertown Ma
Ernest Tidlund Installer Shutesbury MA

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank - Liquid capacity 1000 gallons Length Width Diameter Depth
Disposal Bed - No. 1 Width 18 Total Length 25 Total leaching area 420 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (✓) Dosing tank ()
Percolation Test Results Performed by Kendall G Lund Date Apr. 16 1975
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10 Depth to ground water none
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Enclosed

Nature of Repairs or Alterations - Answer when applicable.

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - 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 James Chanu 11-2-83 Date

Application Approved By

Application Disapproved for the following reasons:

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (✓) by Installer

at has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

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

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

No. FEE

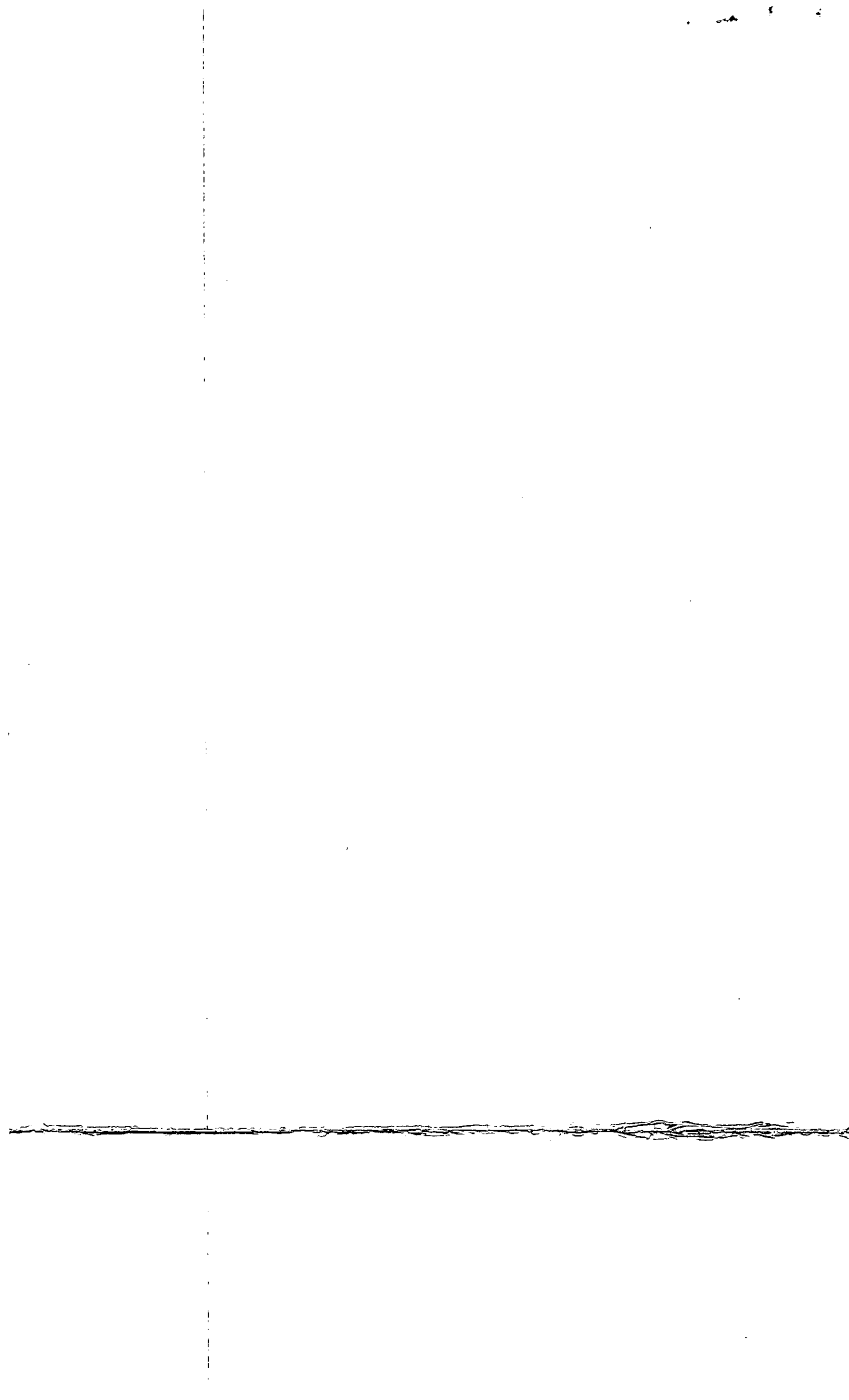
Disposal Works Construction Permit

Permission is hereby granted to Construct () or Repair () an Individual Sewage Disposal System at No. Street

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

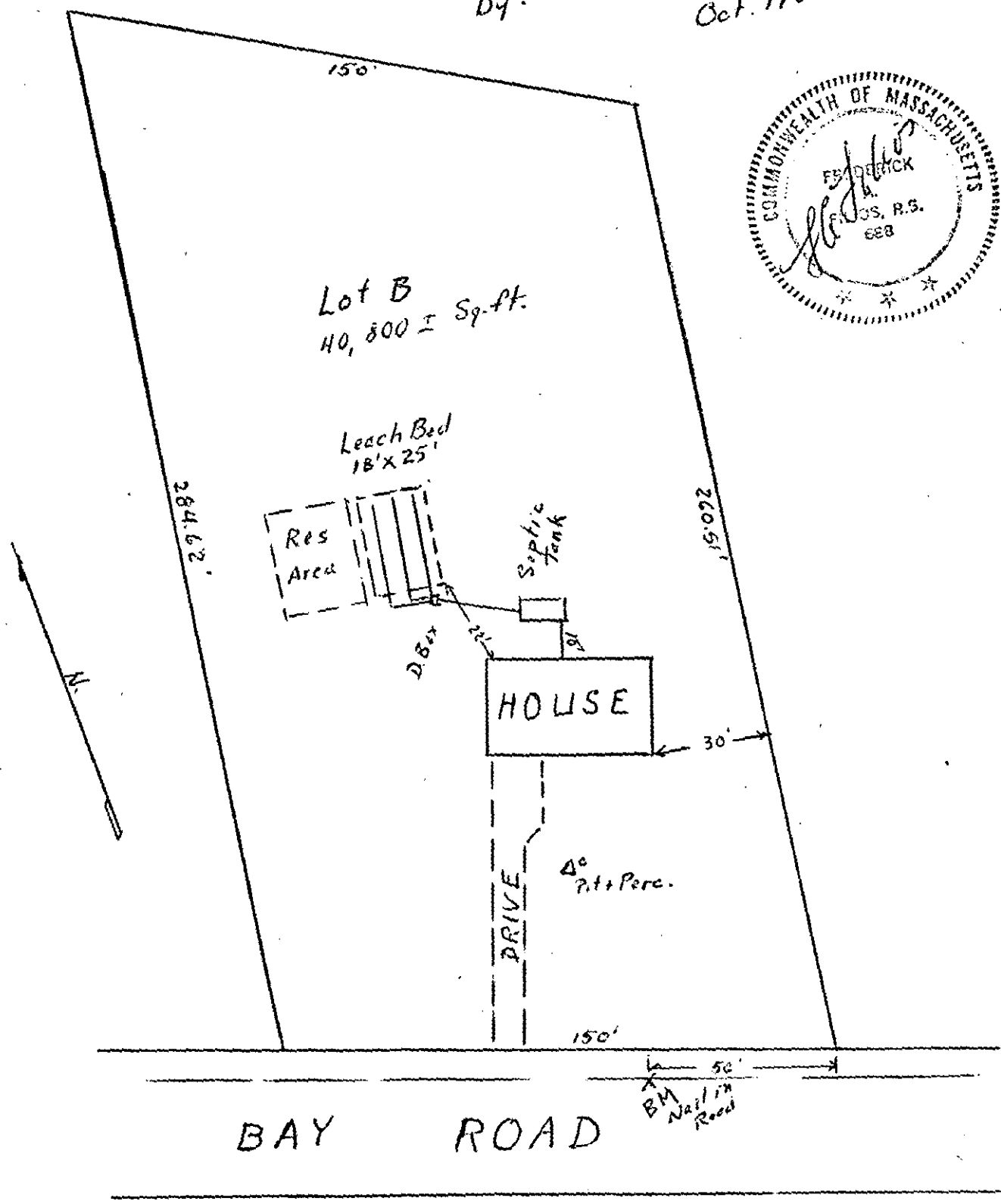
DATE Board of Health

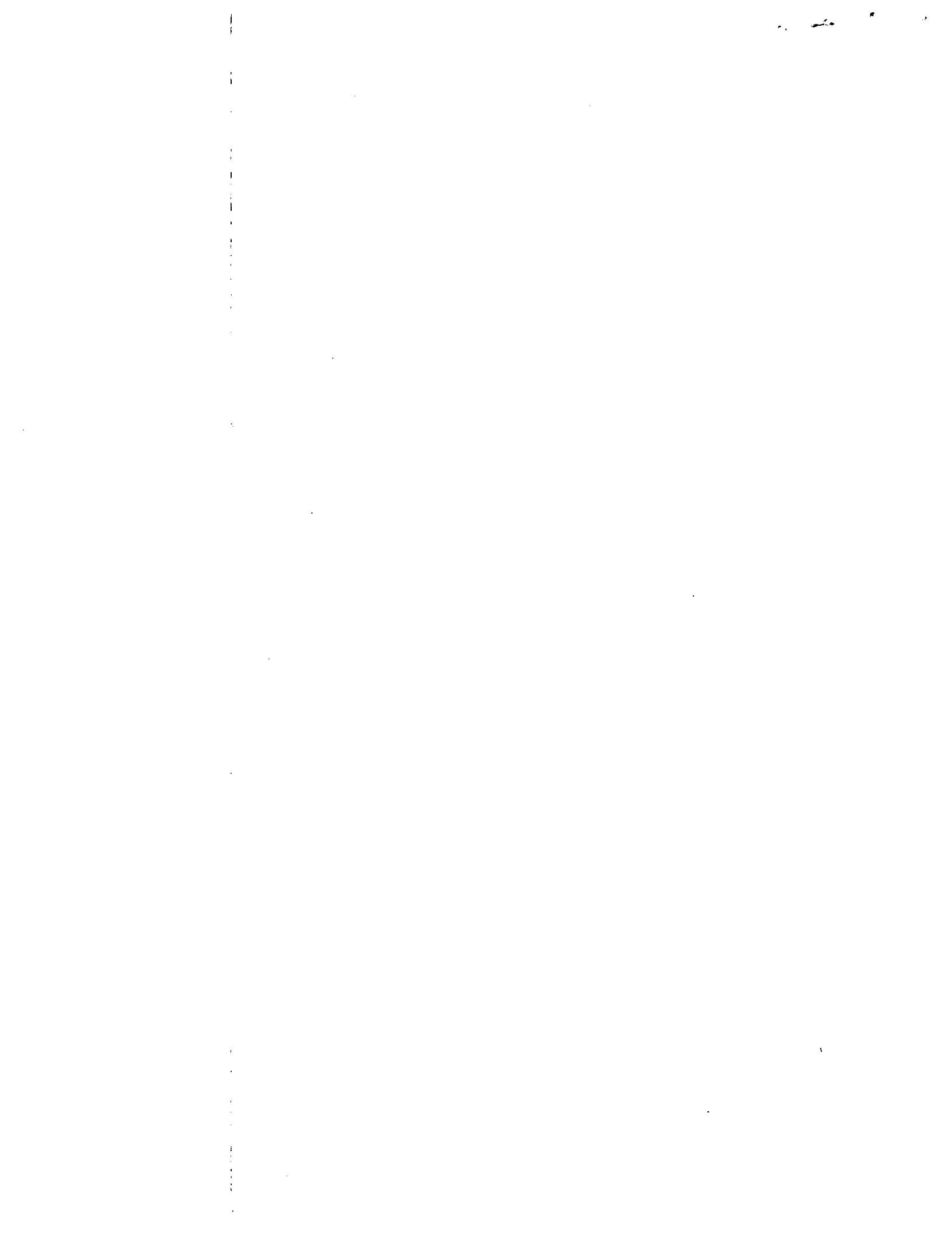
CHECK OR FILL IN WHERE APPLICABLE



PLAN SHOWING SEWAGE DISPOSAL

For: James Warren
89 Howard St.
Belchertown Mass
Scale: 1" = 40'
By: Frederick Filios
Oct. 1983



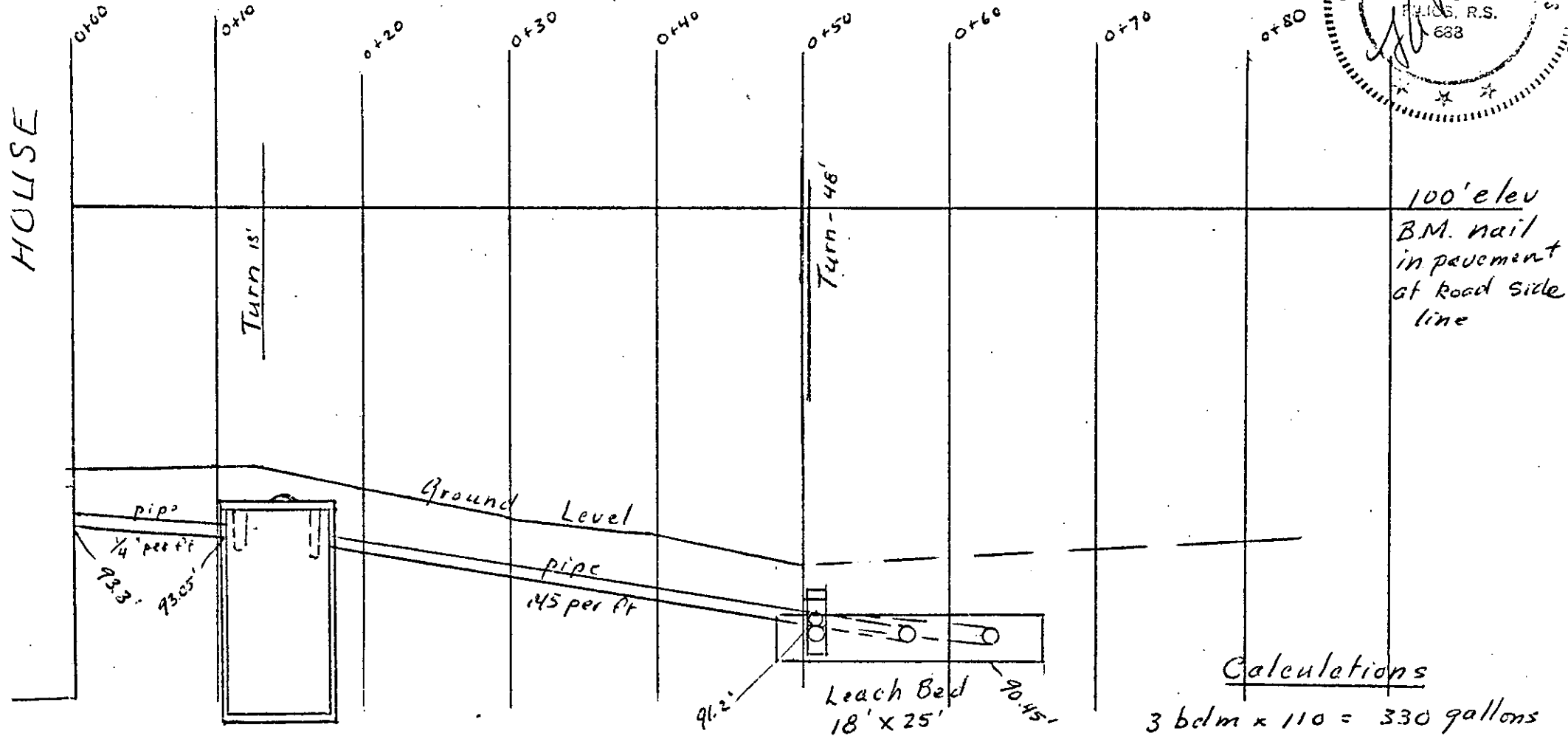
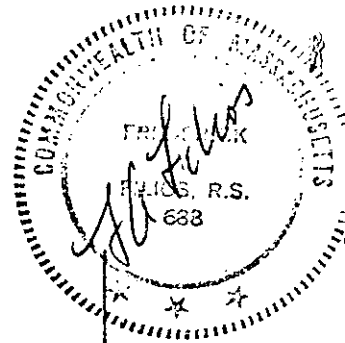


PROFILE OF SEPTIC SYSTEM

Oct 1983

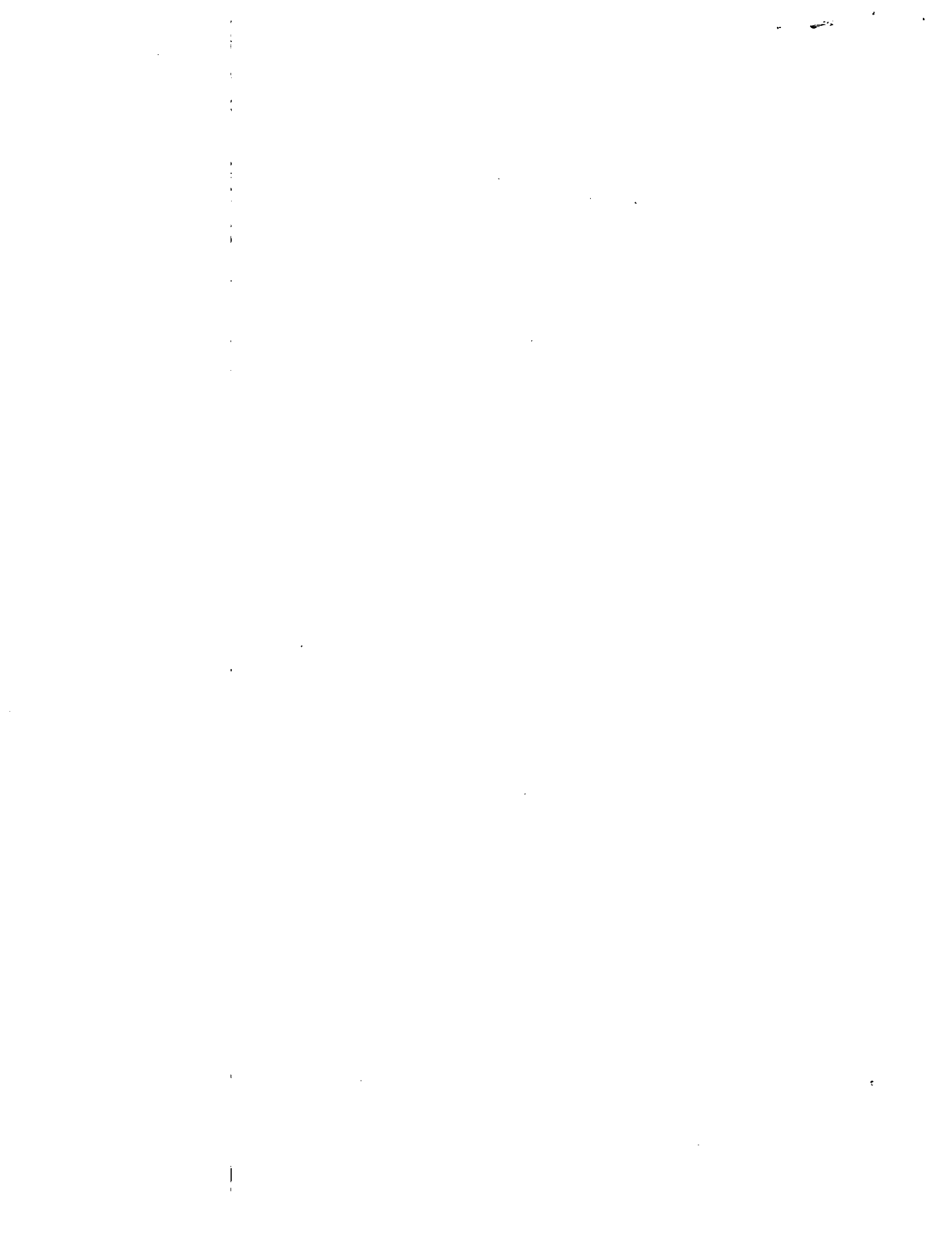
For: James Warren
89 Howard St.
Belchertown Mass
At: Bay Road

Scale: Horizontal; 1"=10'
Vertical; 1"=3'
By: Frederick Filios



Calculations

3 bdrm x 110 = 330 gallons
At 2 min/inch 1 sq. ft. per gallon
18' x 25' = 450 Sq. ft x 1 = 450 gallons
710/2500



STATE OF EDWARD J. SLABY

BAY ROAD

AMHERST, MA.

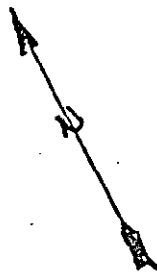
TEST AREA 2.

36dm

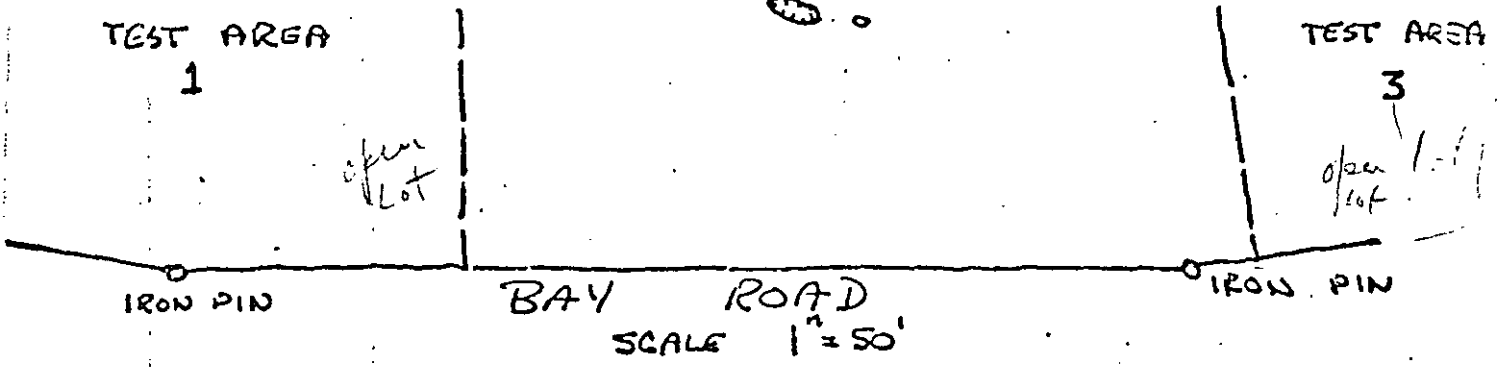
Four water

Lot B

84



TEST AREA 2.



LOG OF DEEP TEST PIT

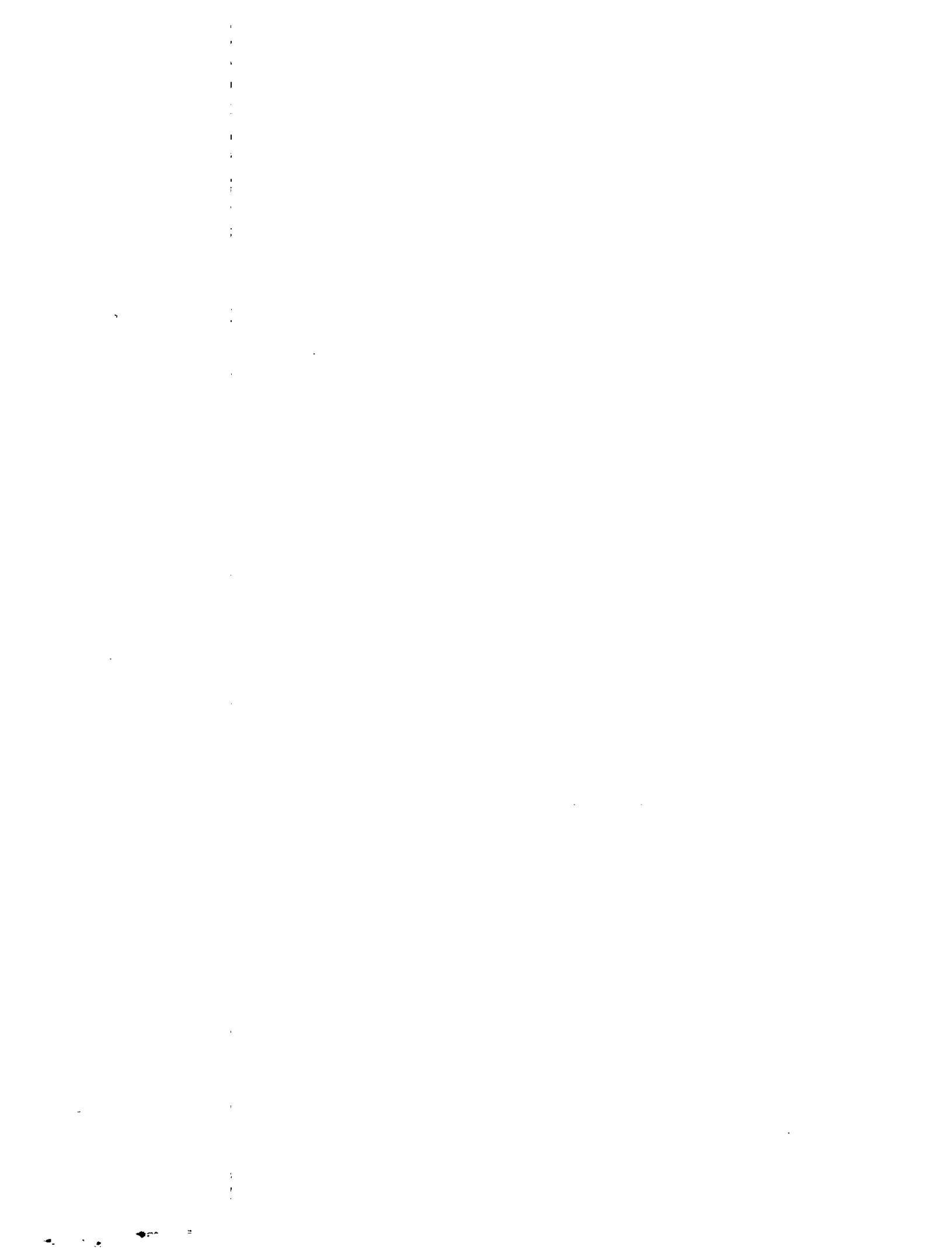
1.0	TOP SOIL
1.5	SUB SOIL
3.0	SAND F-C (SW)
4.0	SILT, SANDY & GRAVELLY (ML)
8.0	SAND, SILTY W/ SOME CLAY LAMINAE BELOW 7.5. (SM)
10.0	SAND, FINE TO MEDIUM, RED (SP) VARIGATED AT 9.5.
	NO WATER

PERCOLATION TEST RATE LESS THAN 2 MINUTES PER INCH

APRIL 16, 1975

perc test valid
 10-3-83
[Signature]

EDDALL G. LOUD GEOLOGIST
 AMHERST, MA.



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Lot B.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JAMES WARREN Address BAY RD

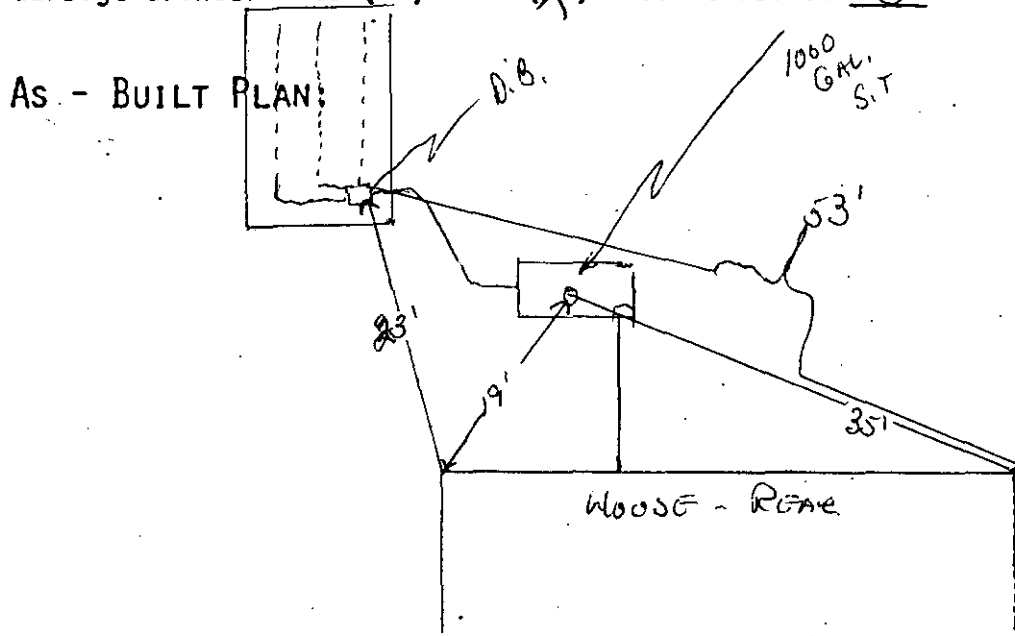
Installer KARL ETC. Address RIVER DR WADLEY

Date Installation Inspected and Approved DEC 1, 1983

Description of System: Tank Capacity: 1000

Leach Field () Bed (X) Seepage Pit () Square Feet: 500

Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6



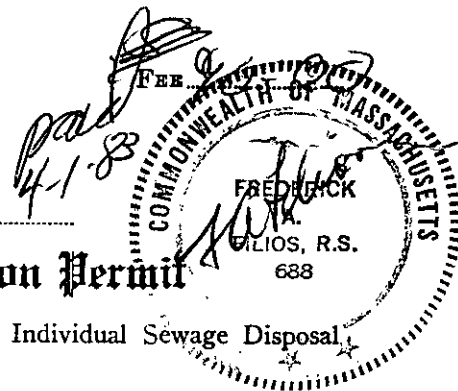
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

Handwritten marks or scribbles in the top right corner.

No. 83-4

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town of Amherst



Application for Disposal Works Construction Permit

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

Location - Address: Bay Rd. nme
Owner: Jonathan Souweine Lot No. 201 N. Valley Rd Pelham Ms
Installer: William Clark Address: Pratt Corner Rd Shutesbury, Ma

Type of Building: Dwelling — No. of Bedrooms: 4 Expansion Attic () Garbage Grinder ()
Other — Type of Building: Other fixtures: No. of persons: Showers () — Cafeteria ()

Design Flow: 55 gallons per person per day. Total daily flow: 140 + 50% gallons.
Septic Tank — Liquid capacity: 1500 gallons Length: Width: Diameter: Depth:
Disposal Trench — No. 4 Width: 2' Total Length: 1180 Total leaching area: 360 sq. ft. sides bottom
Seepage Pit No.: Diameter: Depth below inlet: Total leaching area: sq. ft.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by: Frederick Elios Date: May 16 1982
Test Pit No. 1: 2 minutes per inch Depth of Test Pit: 5 1/2' Depth to ground water: 5' 4"
Test Pit No. 2: minutes per inch Depth of Test Pit: 70" Depth to ground water: 4' 8"

Description of Soil: enclosed - see DETAIL

Nature of Repairs or Alterations — Answer when applicable:

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — 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: [Signature] Date: 4-1-83
Application Approved By: [Signature] Date: 4-1-83

Application Disapproved for the following reasons:

Permit No. 83-4 Issued: 4-1-83 Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
OF

Certificate of Compliance

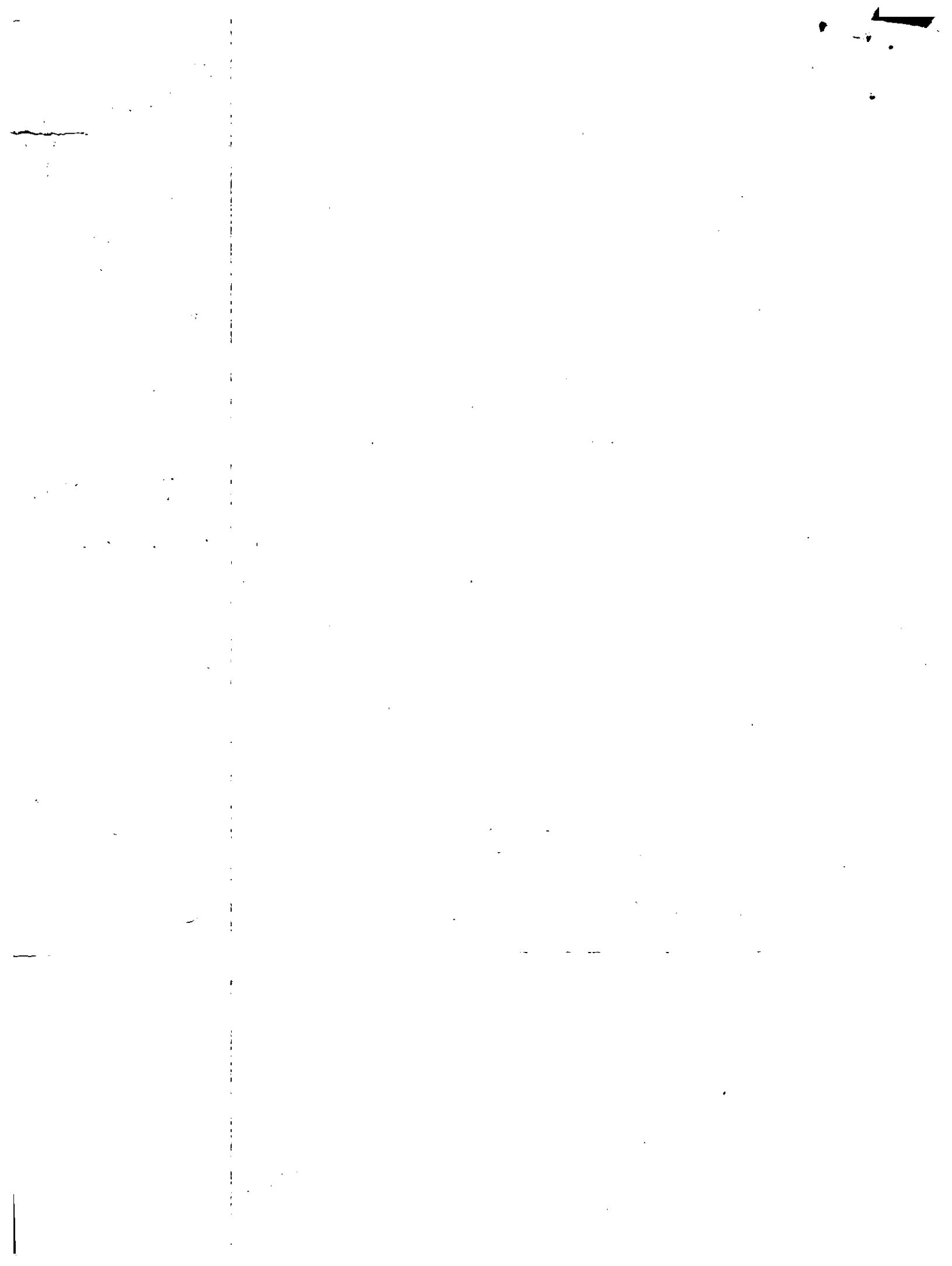
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by [Installer] at [Address]

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. [Permit No.] dated [Date]

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

DATE [Date] Inspector [Inspector Name]

CHECK OR FILL IN WHERE APPLICABLE

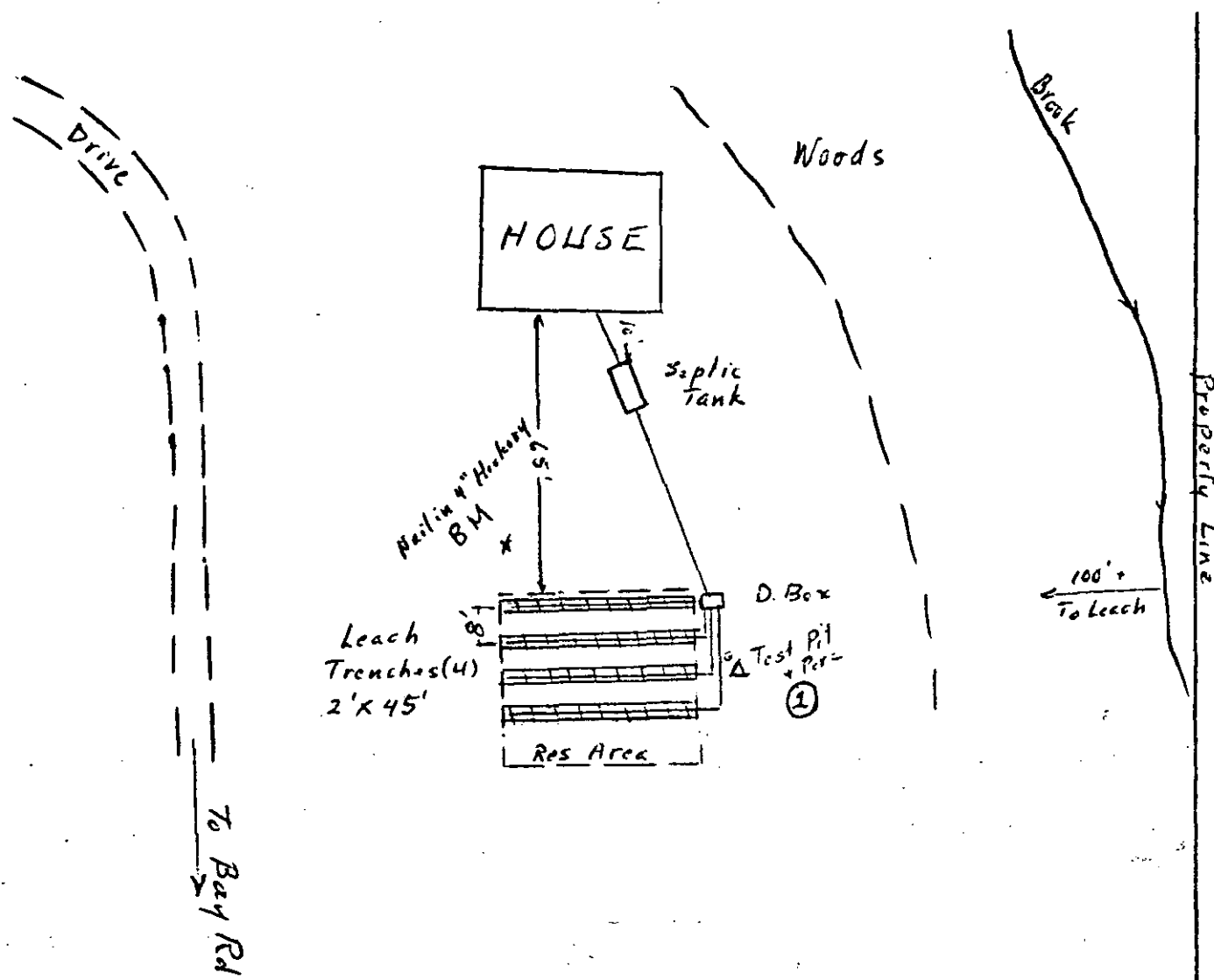


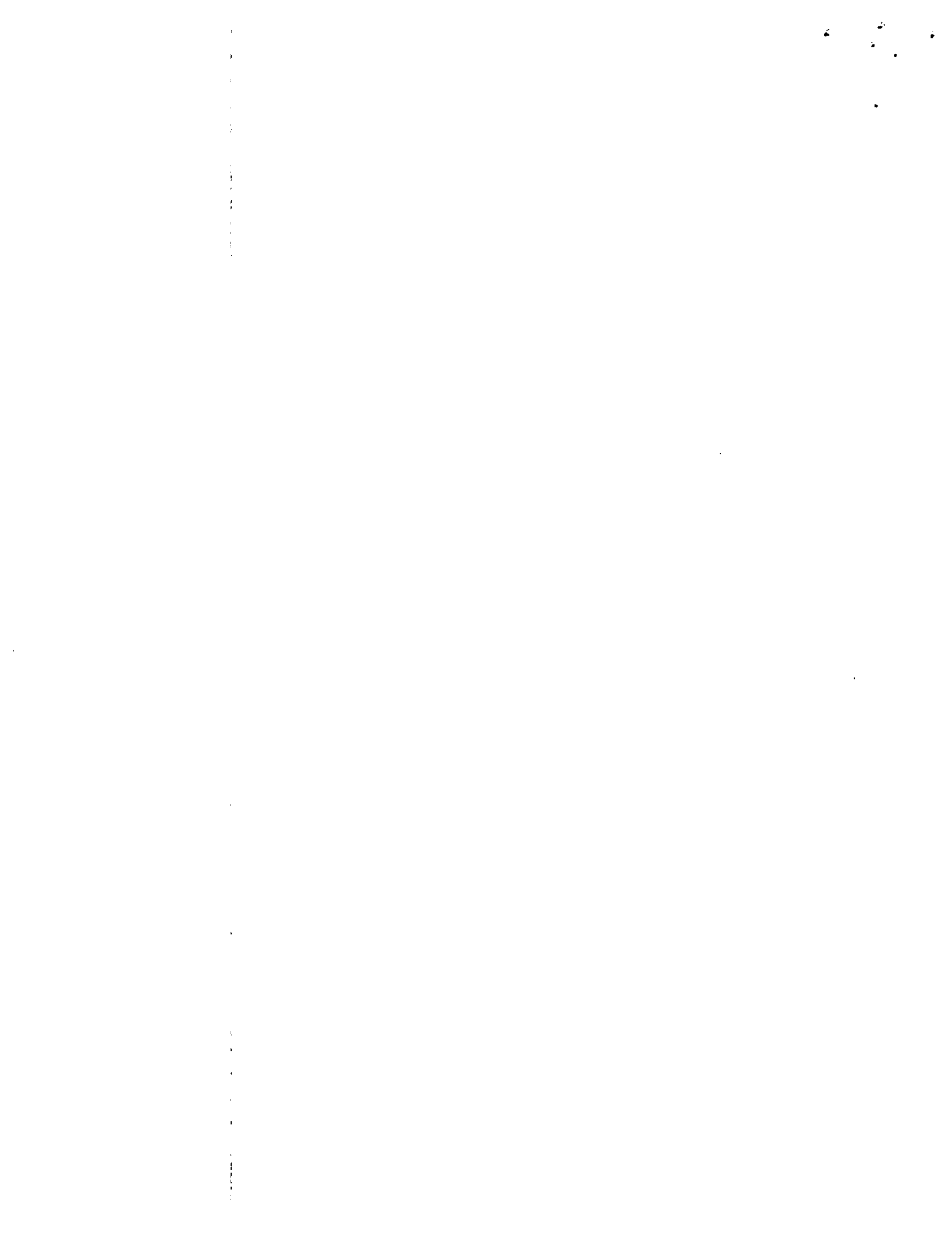
PLAN SHOWING SEWAGE DISPOSAL (DETAIL)

For: Johnathan Souweine
10 N. Valley Rd
Polham Ma.

Scale: 1" = 40'

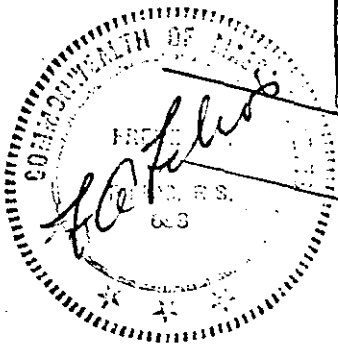
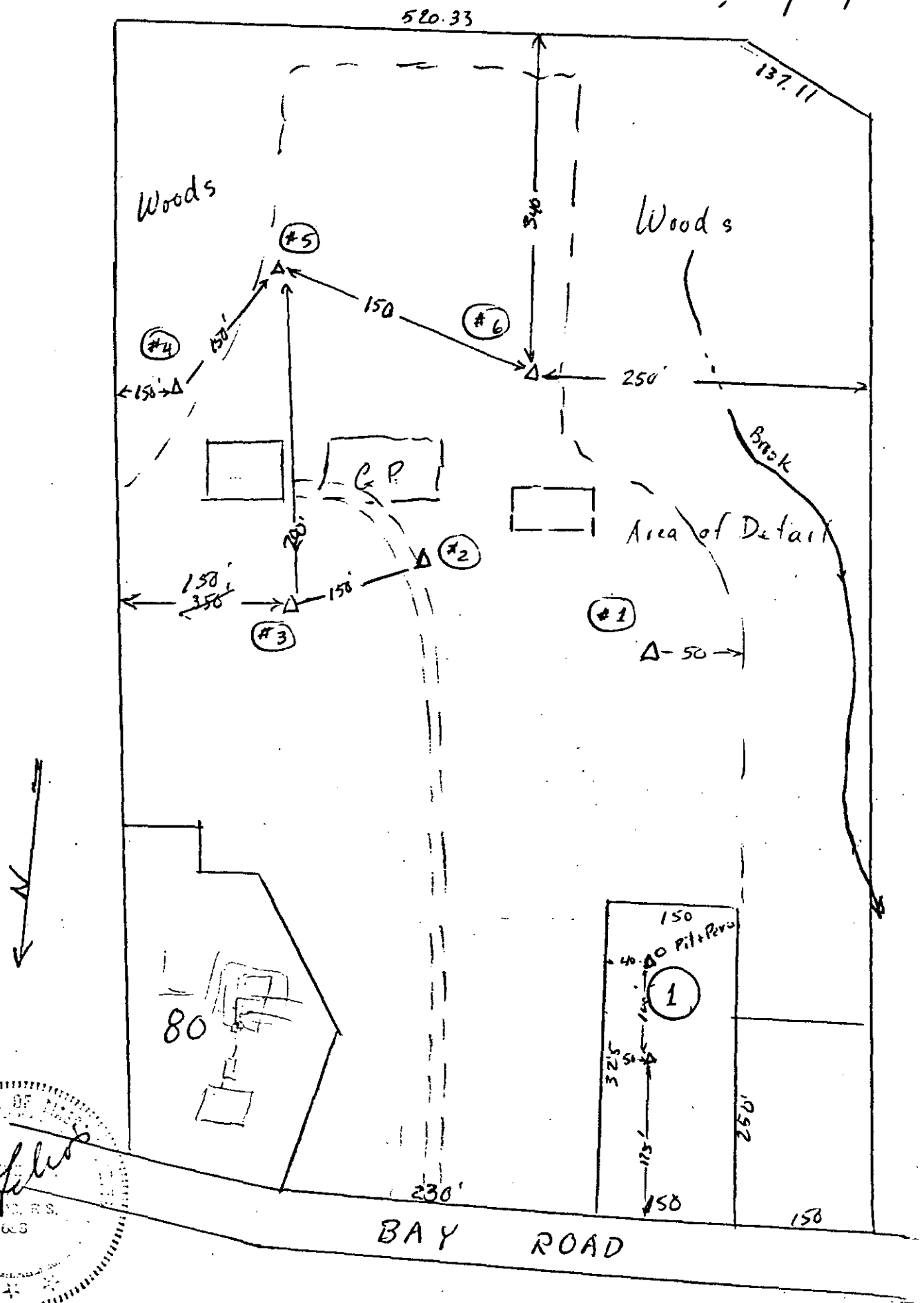
By: Frederick Filios





Sketch of Property - Percolation Test Locations

Gile, Property





DEEP SOIL LOGS

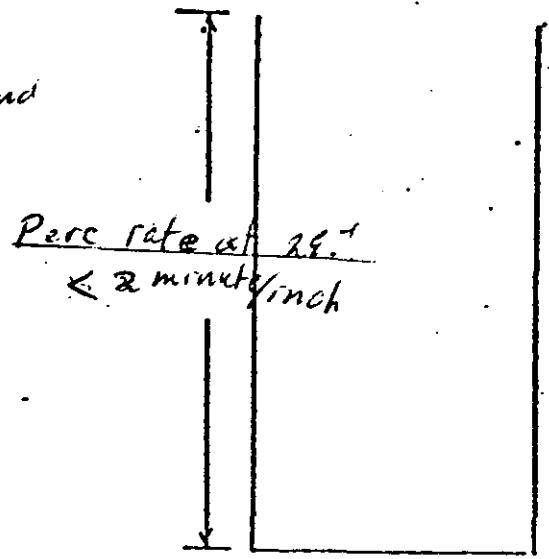
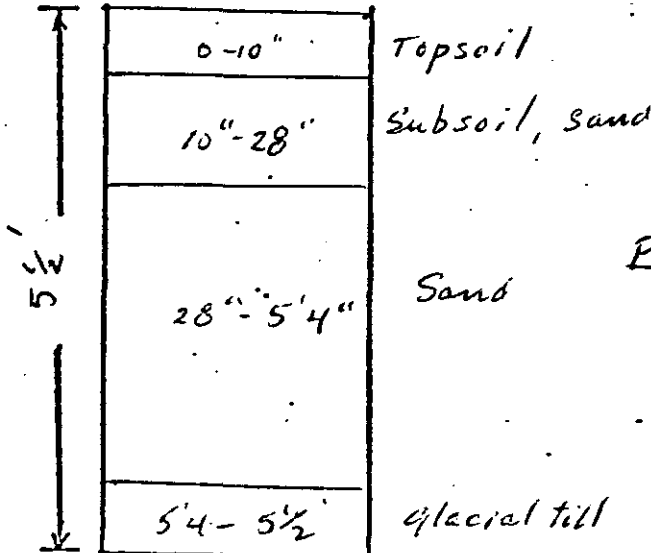
OWNER Ertes Waks
~~1st Park Chop~~

Date Apr 16 1982

LOCATION Bay Rd.

OBSERVER FA. Filios

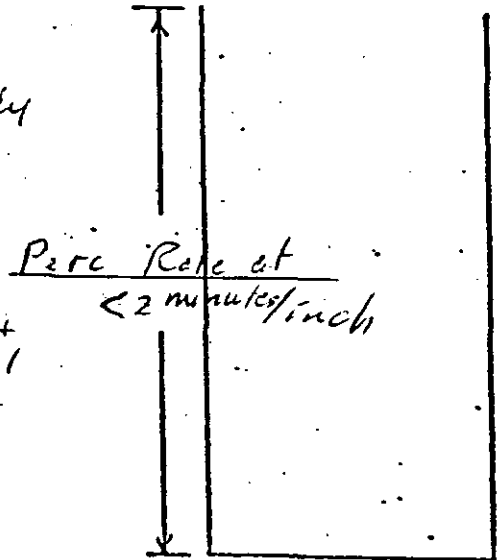
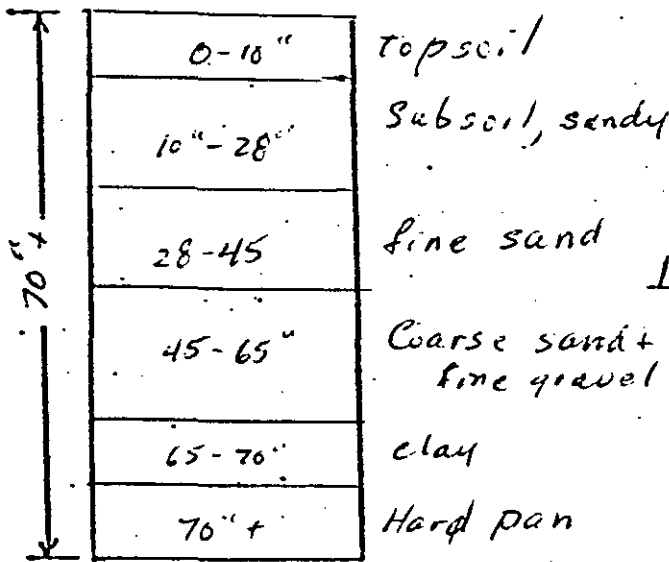
#1 Below ~~G.P.~~ 1st Park chop



Ground Water 5'4"

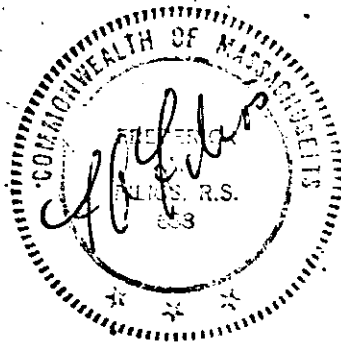
Ground Water

#2 Below G.P.



Ground Water 4' 9"

Ground Water





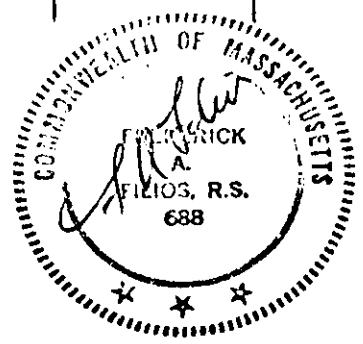
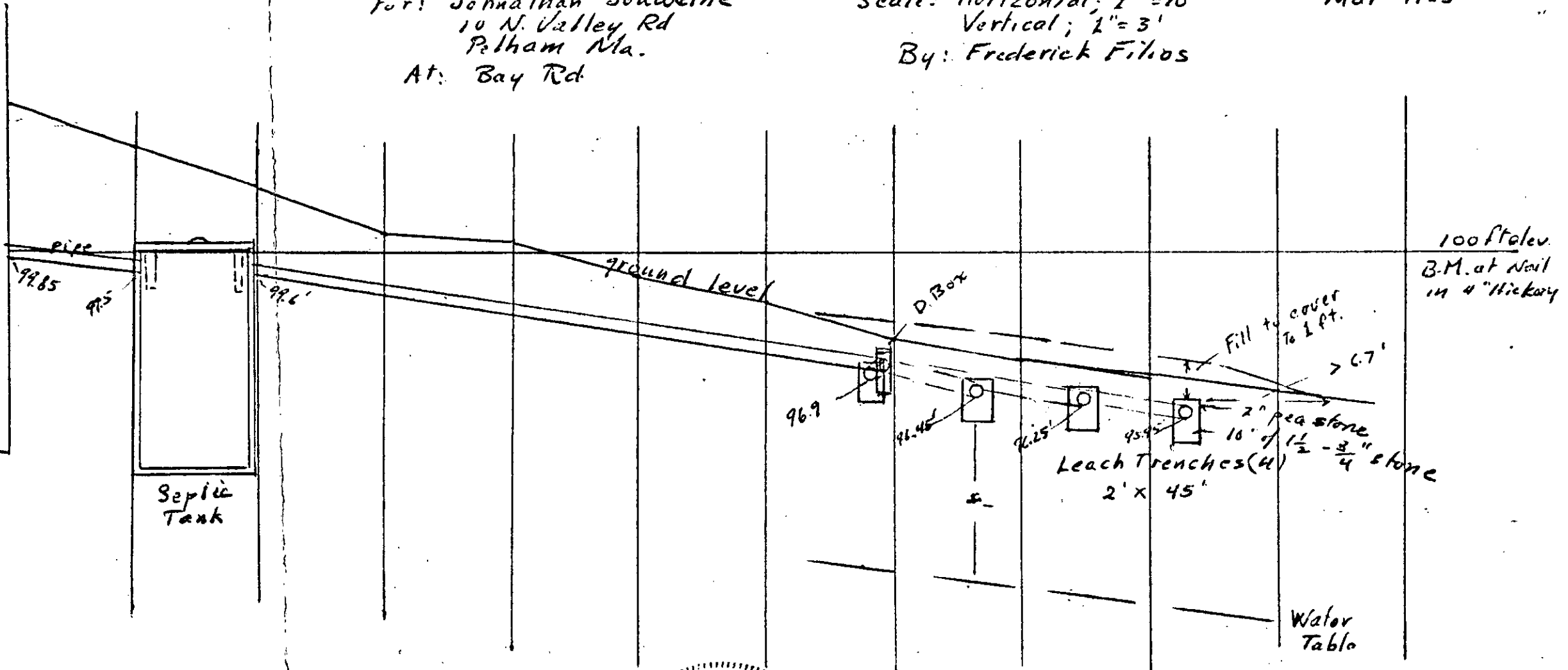
PROFILE OF SEPTIC SYSTEM

For: Johnathan Souweine
 10 N. Valley Rd
 Palham Ma.
 At: Bay Rd

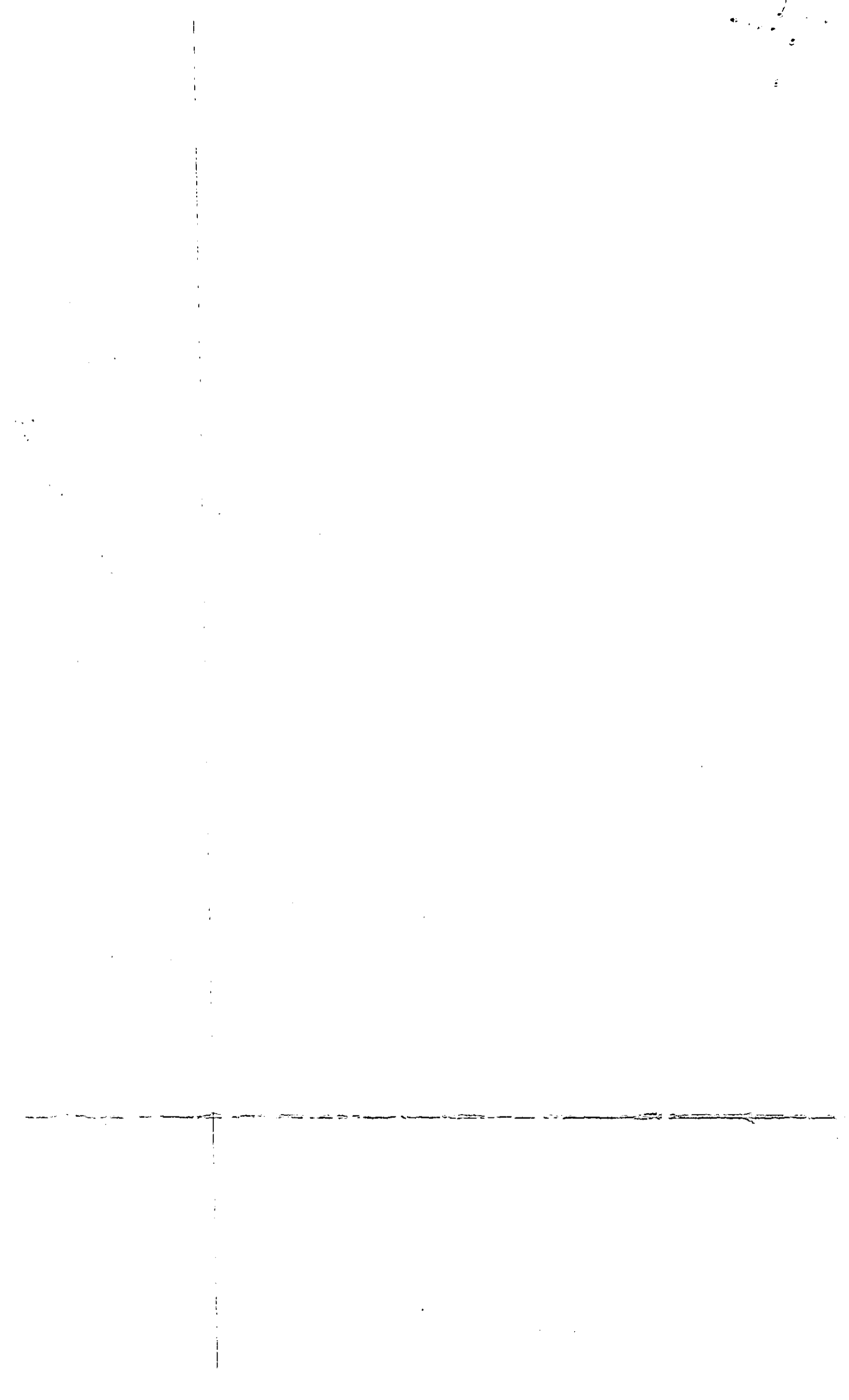
Scale: Horizontal: 1" = 10'
 Vertical: 1" = 3'
 By: Frederick Filios

Mar 1983

HOUSE



Calculations
 440 + 220 = 660 gallon flow required
 45 x 4 = 180 ft.
 45 (per ft) x 180 = 810 gallons proposed
 Dist = $\frac{4}{x} \times 150' = \frac{.45}{10} \times 150' = 6.7'$

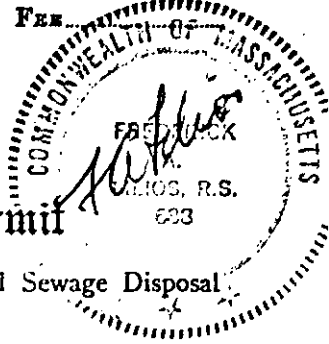


No. _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst



Application for Disposal Works Construction Permit

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

Location - Address: Bay Rd. Owner: Jehathan Souweine. Address: 10 N. Valley Rd. Pelham Mass. n.m.e.

Type of Building: Dwelling - No. of Bedrooms: 4. Expansion Attic (). Garbage Grinder (✓). Other - Type of Building: . No. of persons: . Showers () - Cafeteria (). Other fixtures: .

Design Flow: 55 gallons per person per day. Total daily flow: 440 + 30 = 470 gallons. Septic Tank - Liquid capacity: 1500 gallons. Length: . Width: . Diameter: . Depth: . Disposal Trench - No.: 4. Width: 2. Total Length: 1180. Total leaching area: 360 sq. ft. Seepage Pit No.: . Diameter: . Depth below inlet: . Total leaching area: . sq. ft. Other Distribution box (✓) Dosing tank (). Percolation Test Results Performed by: Frederick Filios Date: May 16 1982. Test Pit No. 1: 2 minutes per inch Depth of Test Pit: 5 1/2 Depth to ground water: 5' 4". Test Pit No. 2: . minutes per inch Depth of Test Pit: 20' Depth to ground water: 4' 9".

Description of Soil: enclosed. Nature of Repairs or Alterations - Answer when applicable: .

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - 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: [Signature] Date: 4-1-83

Application Approved By: _____ Date: _____

Application Disapproved for the following reasons: _____ Date: _____

Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF _____

Certificate of Compliance

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

at _____ has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF _____

No. _____ FEE _____

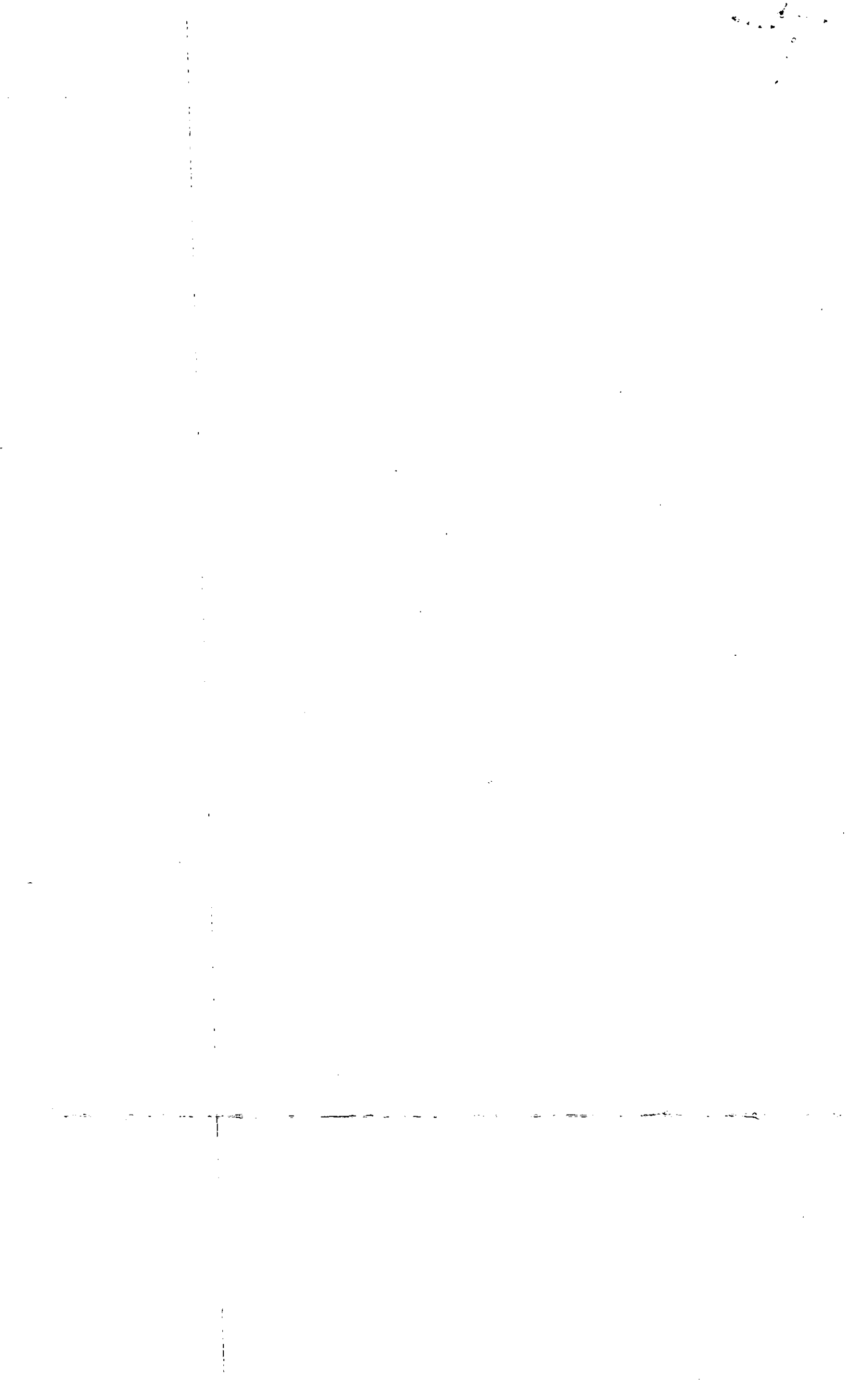
Disposal Works Construction Permit

Permission is hereby granted to Construct () or Repair () an Individual Sewage Disposal System at No. _____

as shown on the application for Disposal Works Construction Permit No. _____ Dated _____

DATE _____ Board of Health

CHECK OR FILL IN WHERE APPLICABLE



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

BAY ROAD.

Important Information Regarding Your Private Sewage Disposal System.

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

281 N. VALLEY RD PELHAM.

Owner JONATHAN SOWICHO Address BAY ROAD

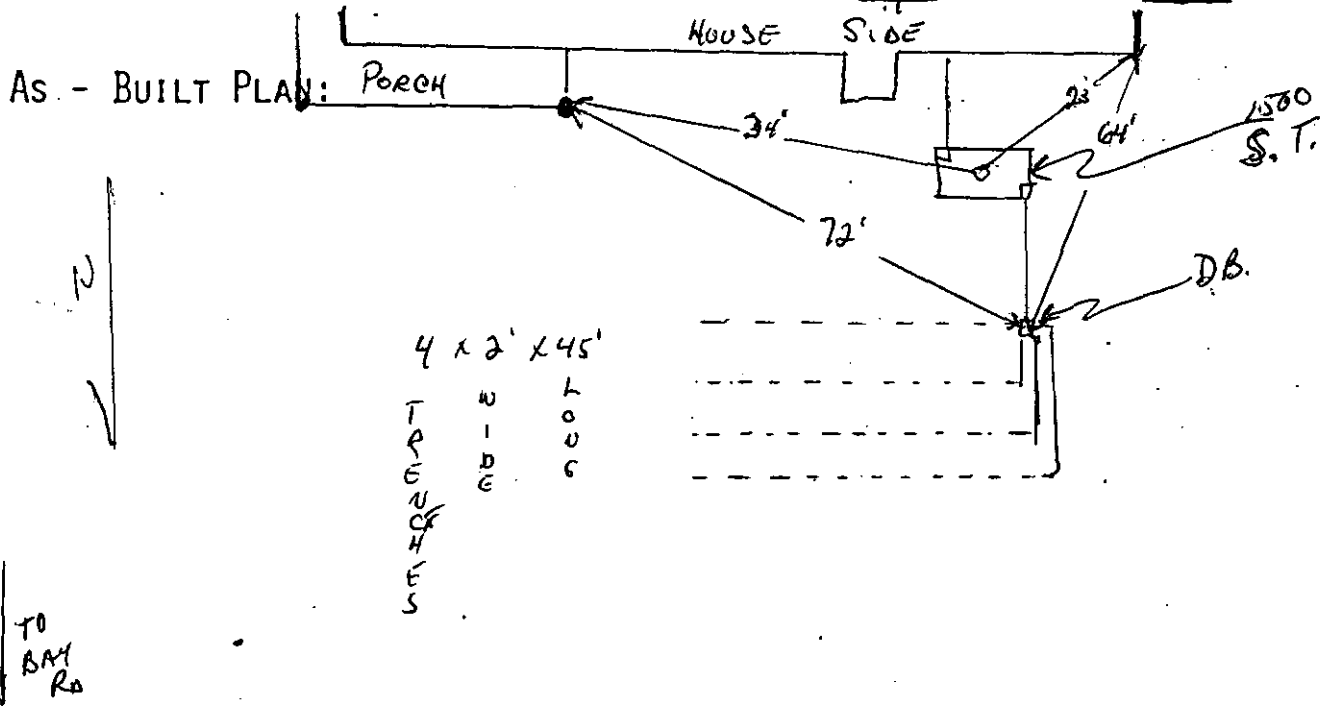
Installer W.W. CHARK Address PRATT CORNER RD - SHORESBURY

Date Installation Inspected and Approved ~~AUG 12~~ SEPT 1983

Description of System: Tank Capacity: 1500 ^{BT} BOTTOM

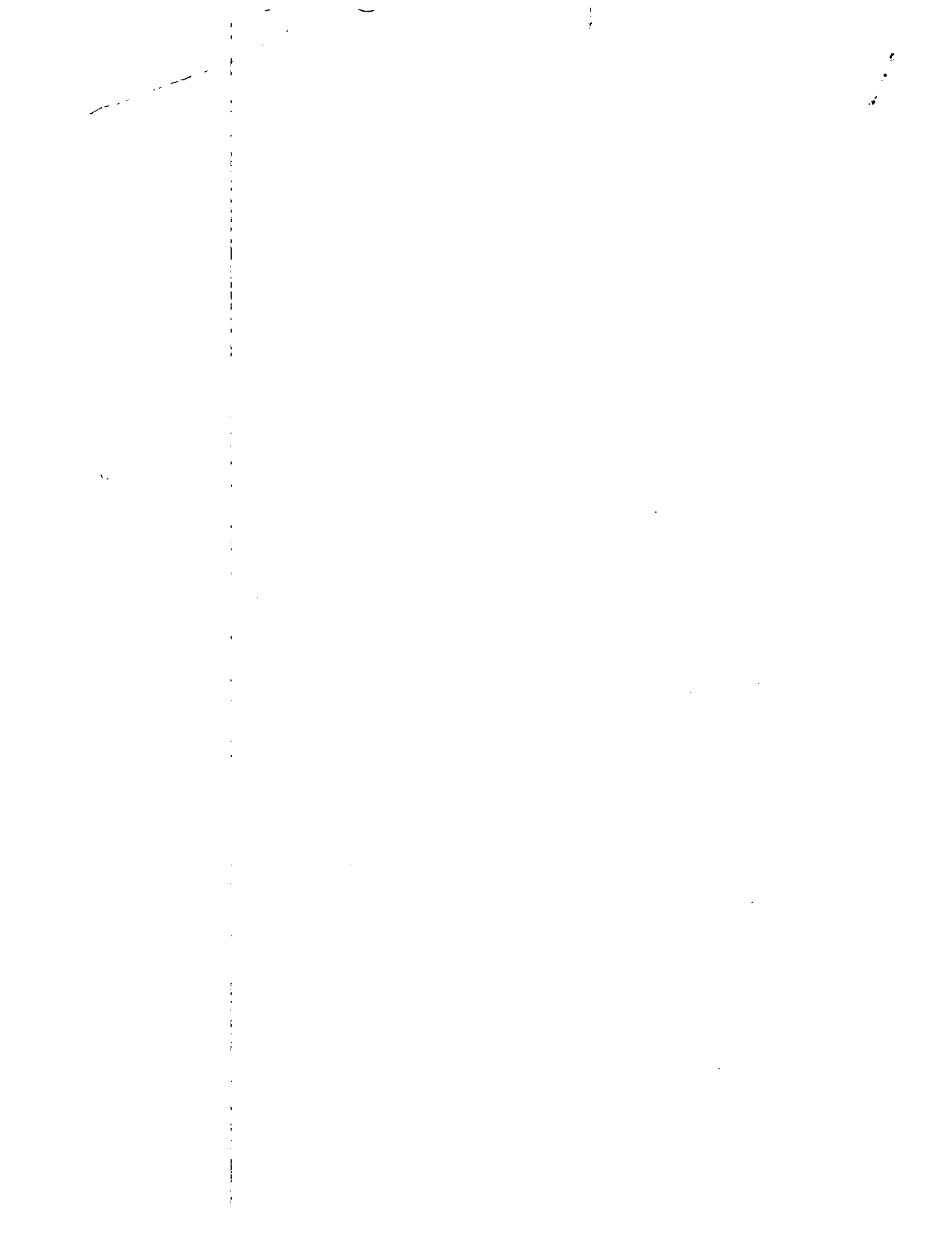
Leach Field (X) Bed () Seepage Pit () Square Feet: 360 ^{BT} SIDEWALK

Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8 ^{2x45x4 = 360}



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



No. 80-1

TO PENZA.

79-307
FEE \$15.00
paid 1-31-80

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF AMHERST

Application for Disposal Works Construction Permit

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

Bay Road, Amherst, Mass.

~~JEFF~~
~~Bruce Brown~~ Location - Address

Bay Road, Amherst, Mass. or Lot No.

~~Bob Adair~~ Owner
R. C. CLARK Installer

Switzerland Amherst, Mass. Address

Type of Building
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()
Other - Type of Building _____ No. of persons 8 Showers () - Cafeteria ()
Other fixtures _____

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.
Septic Tank - Liquid capacity 1500 gallons Length MDPW Width Std. Diameter _____ Depth _____
Disposal Trench - No. 1 Width 20.5 Total Length 30 Total leaching area 600 sq. ft. min.
Seepage Pit No. 1 Diameter 5.75' Depth below inlet 5.6' Total leaching area 235.5 sq. ft.

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Gordon E. Ainsworth & Assoc. Date 5/1/79
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water None
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil 10' gravel - no water

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of Article XI of the State Sanitary Code - 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 Bruce Brown

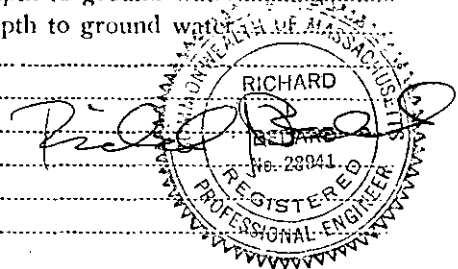
1-31-80
Date

Application Approved By _____ Date _____

Application Disapproved for the following reasons: _____
Date _____

Permit No. _____

Issued _____ Date _____



THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF AMHERST

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired () by Bob Adair Installer at Bay Road, Amherst, Mass.

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. _____ dated _____

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

DATE _____

Inspector _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF Amherst

No. 80-1

FEE \$15

Disposal Works Construction Permit

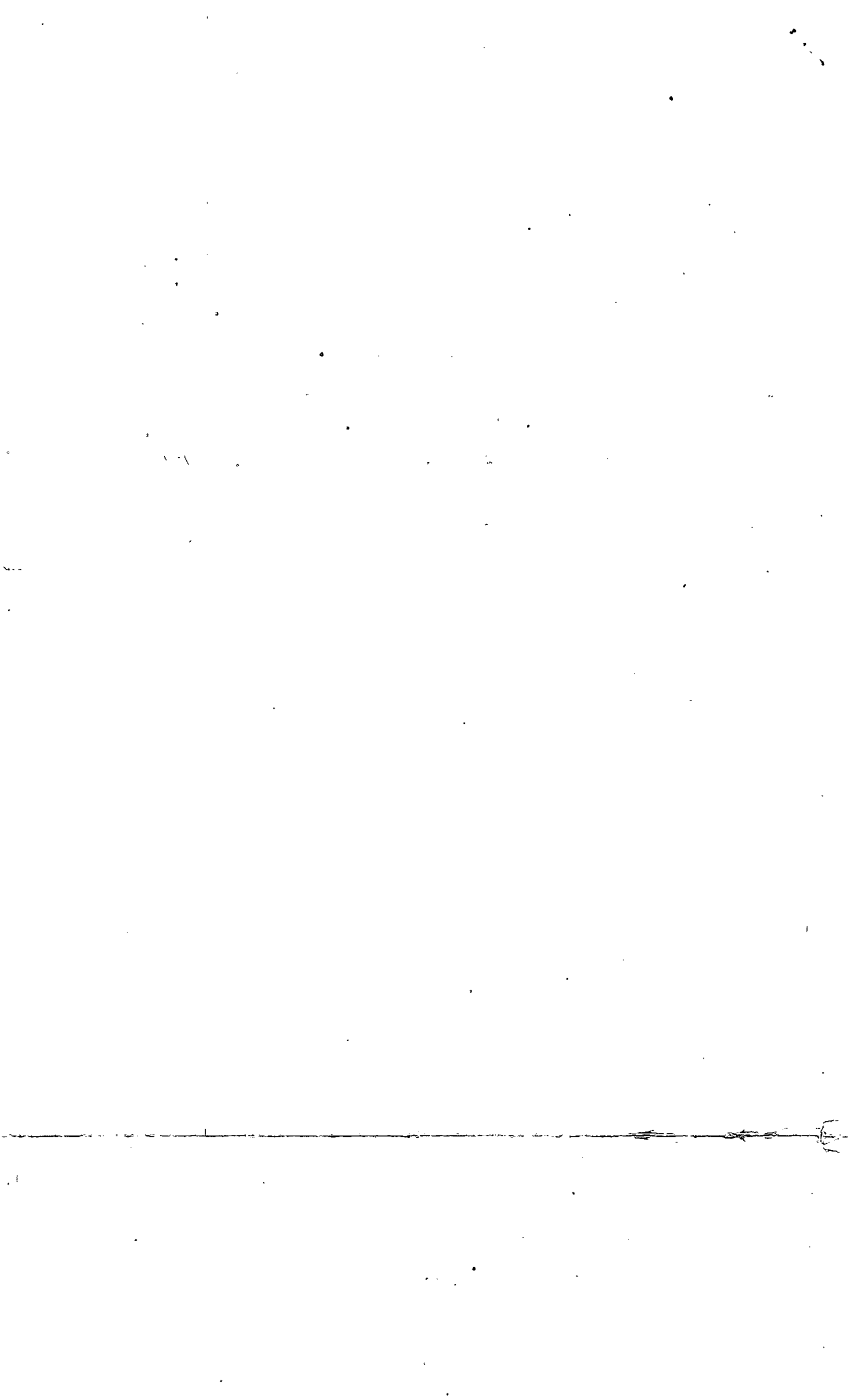
Permission is hereby granted Bruce Brown to Construct (X) or Repair () an Individual Sewage Disposal System at No. Bay Road, Amherst, Mass.

as shown on the application for Disposal Works Construction Permit No. 80-1 Dated 1-31-80

DATE 1-31-80

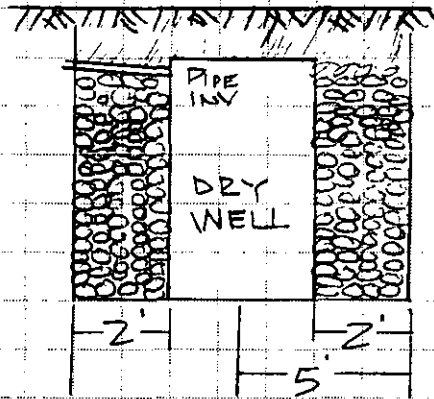
[Signature]
Board of Health

CHECK OR FILL IN WHERE APPLICABLE



4 BEDROOM HOUSE X 110 GPD. = 440 GAL/DAY

(1) DWG ROTONDO & SONS INC. OR EQUAL
 PRECAST DRY WELLS



SIDEWALL AREA

$$C = 2\pi R$$

$$C = 2(3.14)5$$

$$C = \underline{31.4}$$

$$A = C(\text{HEIGHT OF PERVIOUS SOIL})$$

$$A = 31.4(5) = \underline{157 \text{ SF}}$$

BOTTOM AREA

$$A = \pi R^2$$

$$A = 3.14(5)^2 = \underline{78.5 \text{ SF}}$$

ⓐ PERCOLATION RATE 2 MIN/IN ASSUMED
 DUE TO GRAVEL FOUND

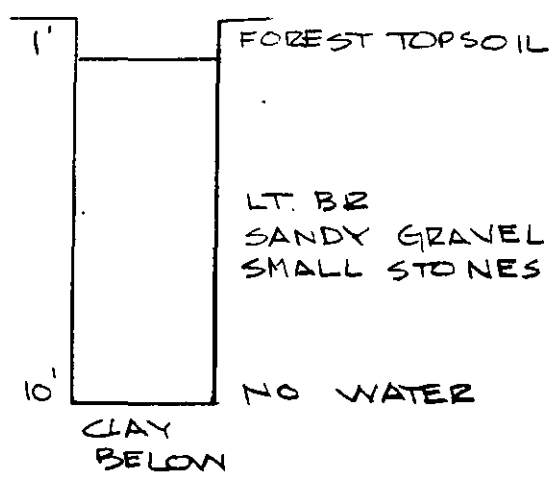
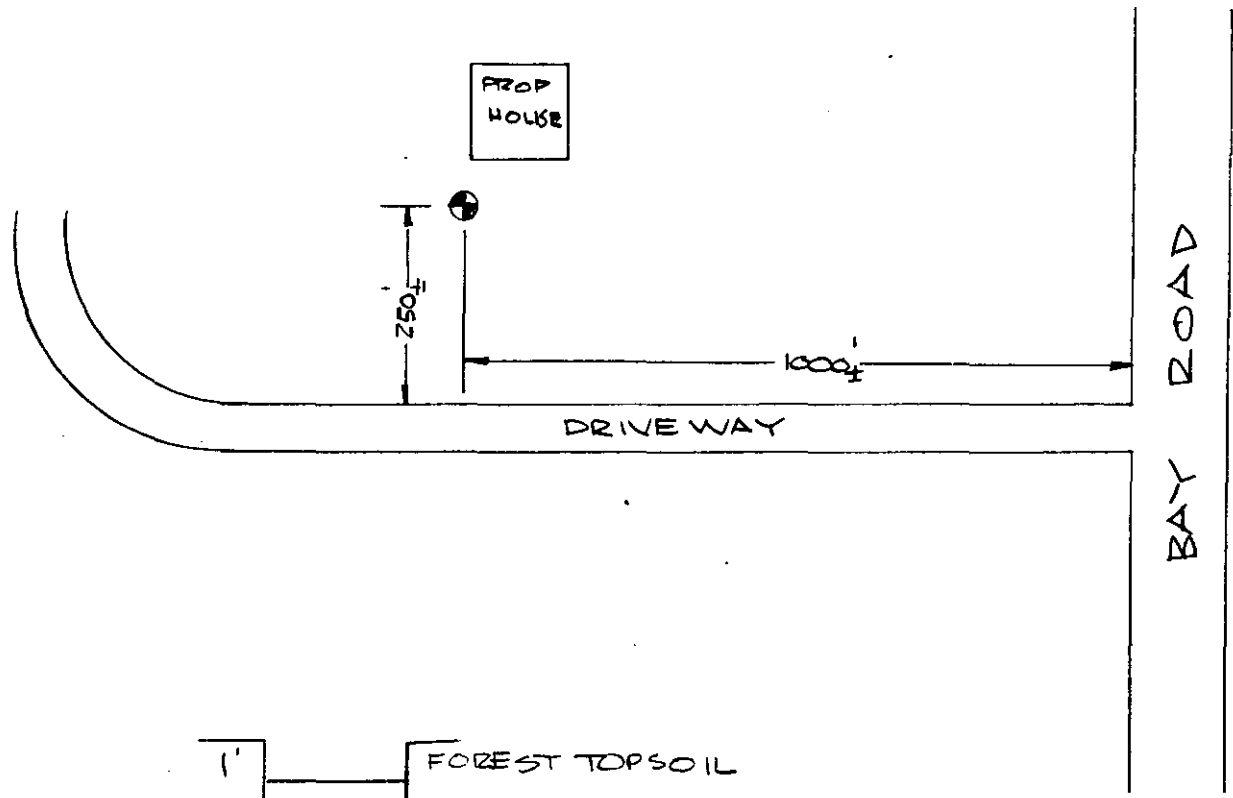
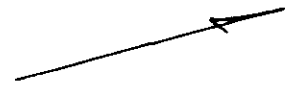
SIDE	2.5 GAL/SF (157 SF)	392.5 GAL
BOTTOM	1.0 GAL/SF (78.5 SF)	<u>78.5 GAL</u>
		471.0 GAL

471 > 440 REQ. OK ✓

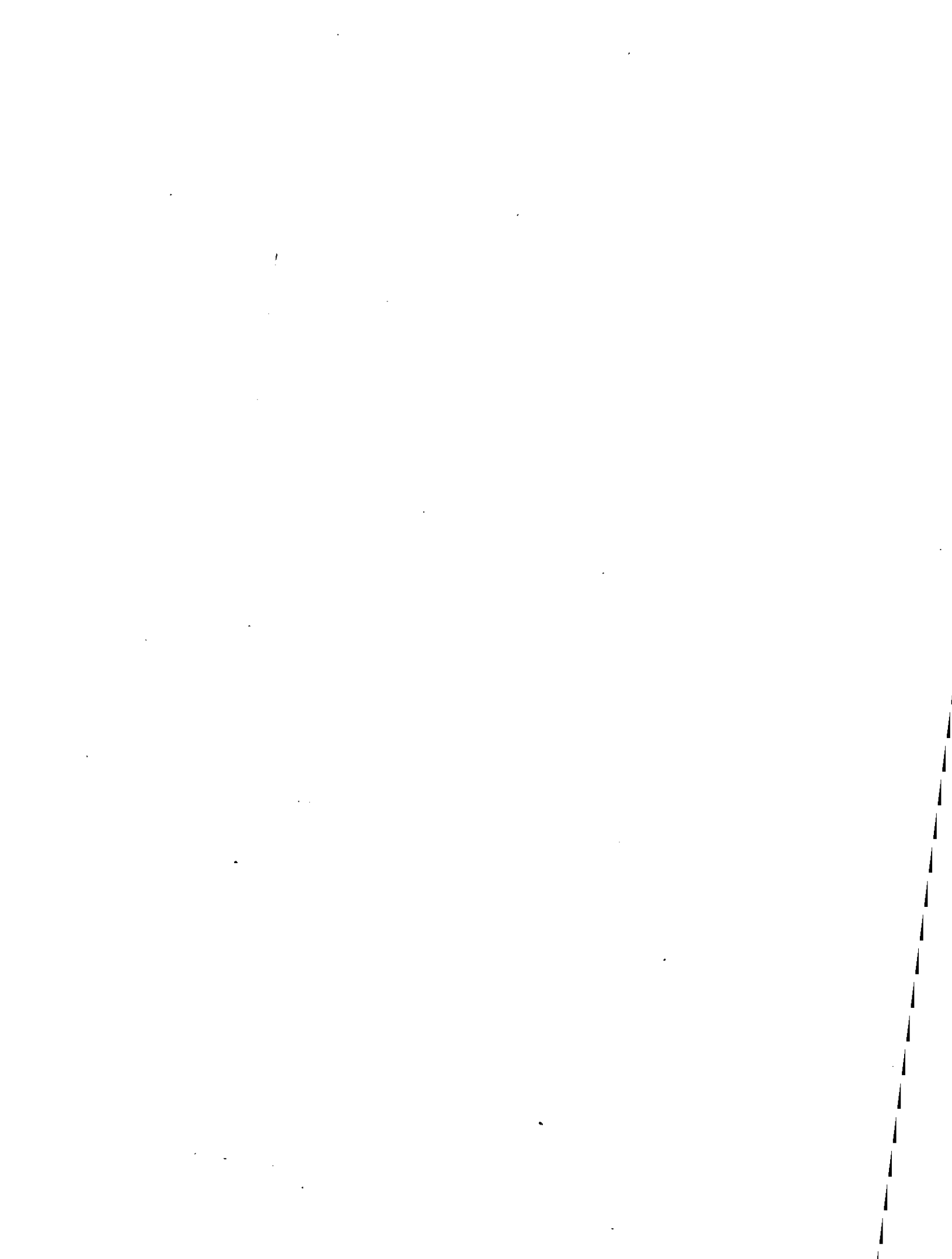


GORDON E AINSWORTHS & ASSOC. INC
20 SUGARLOAF ST
SO DEERFIELD MA

SUBSURFACE SEWER SYSTEM
FOR BRUCE BROWN
BAY ROAD AMHERST



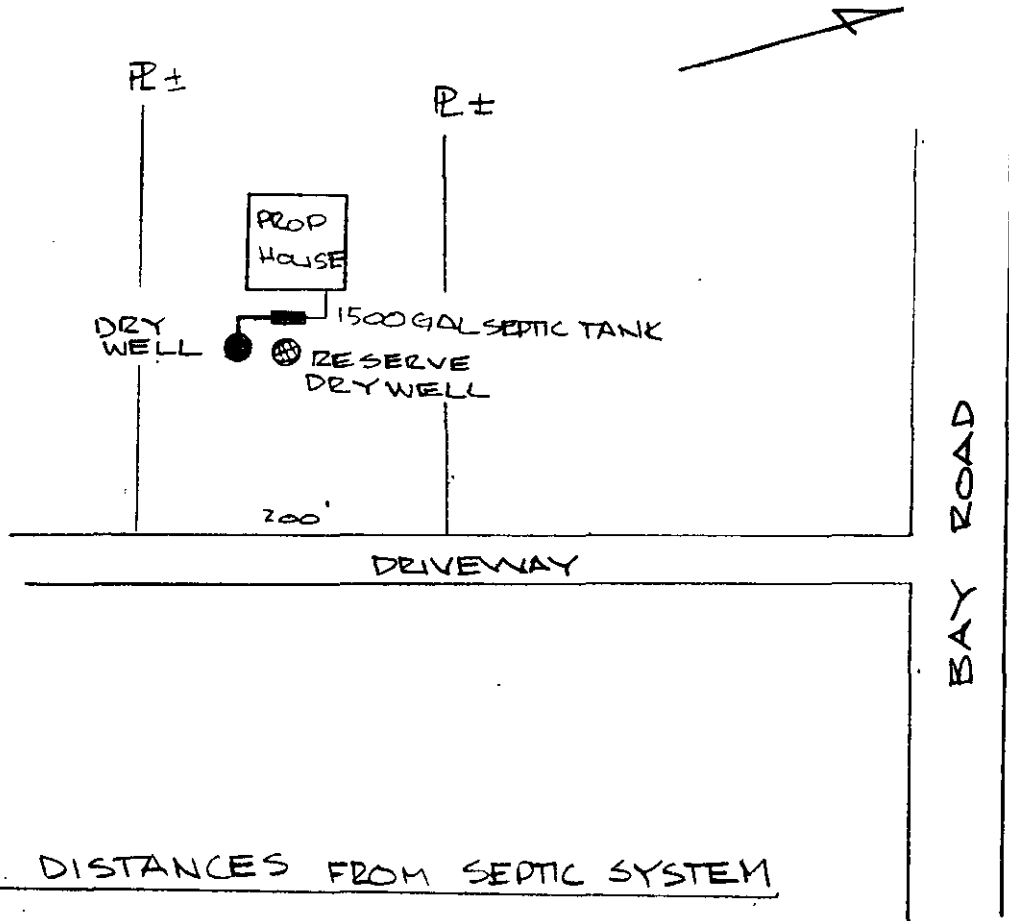
PERCOLATION RATE
2 MIN/IN ASSUMED



GORDON E AINSWORTH & ASSOC
20 SUGARLOAF ST
50 DEERFIELD MA.

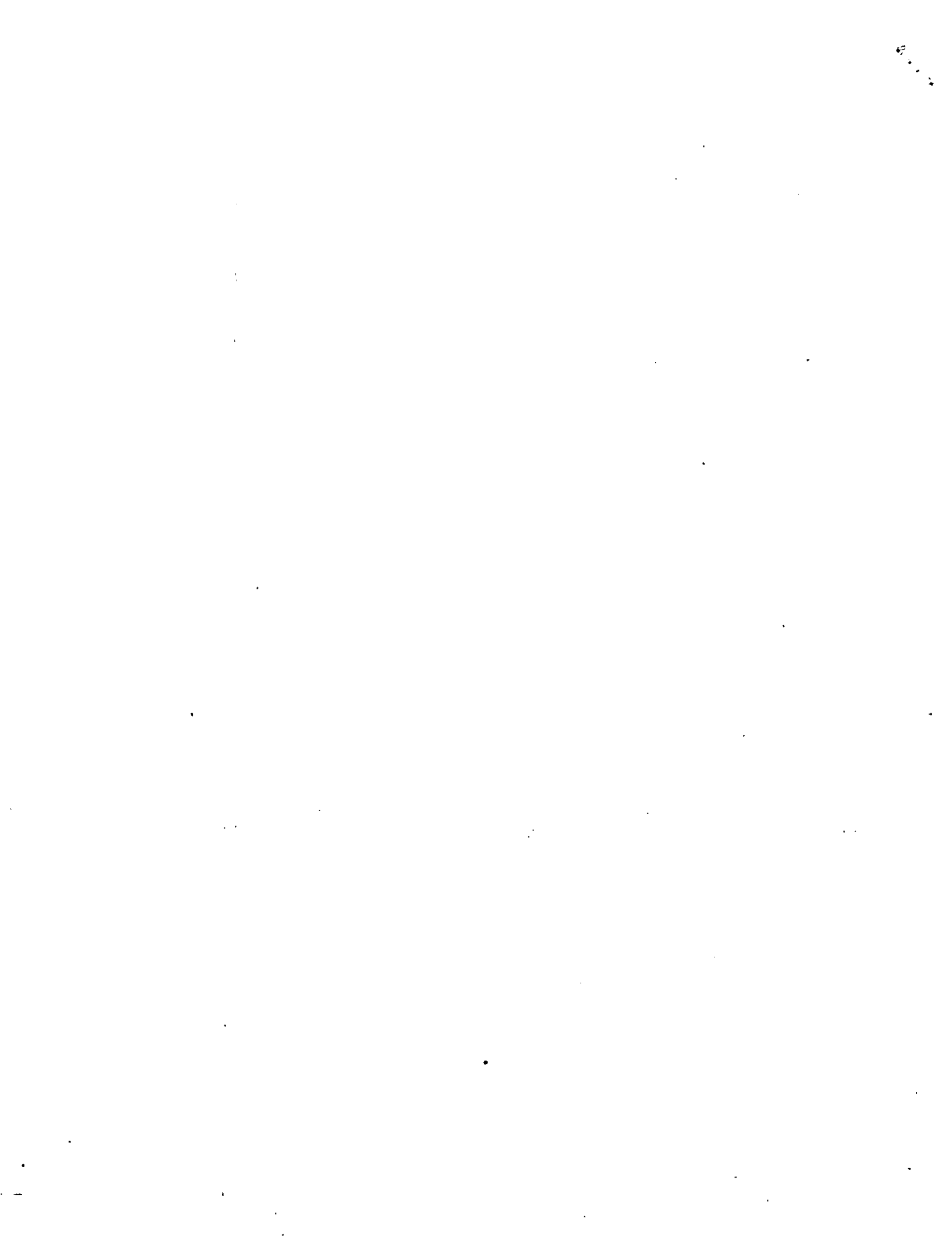
SUBSURFACE SEWER SYSTEM
FOR BRUCE BROWN
BAY ROAD ANHERST

SYSTEM PLAN



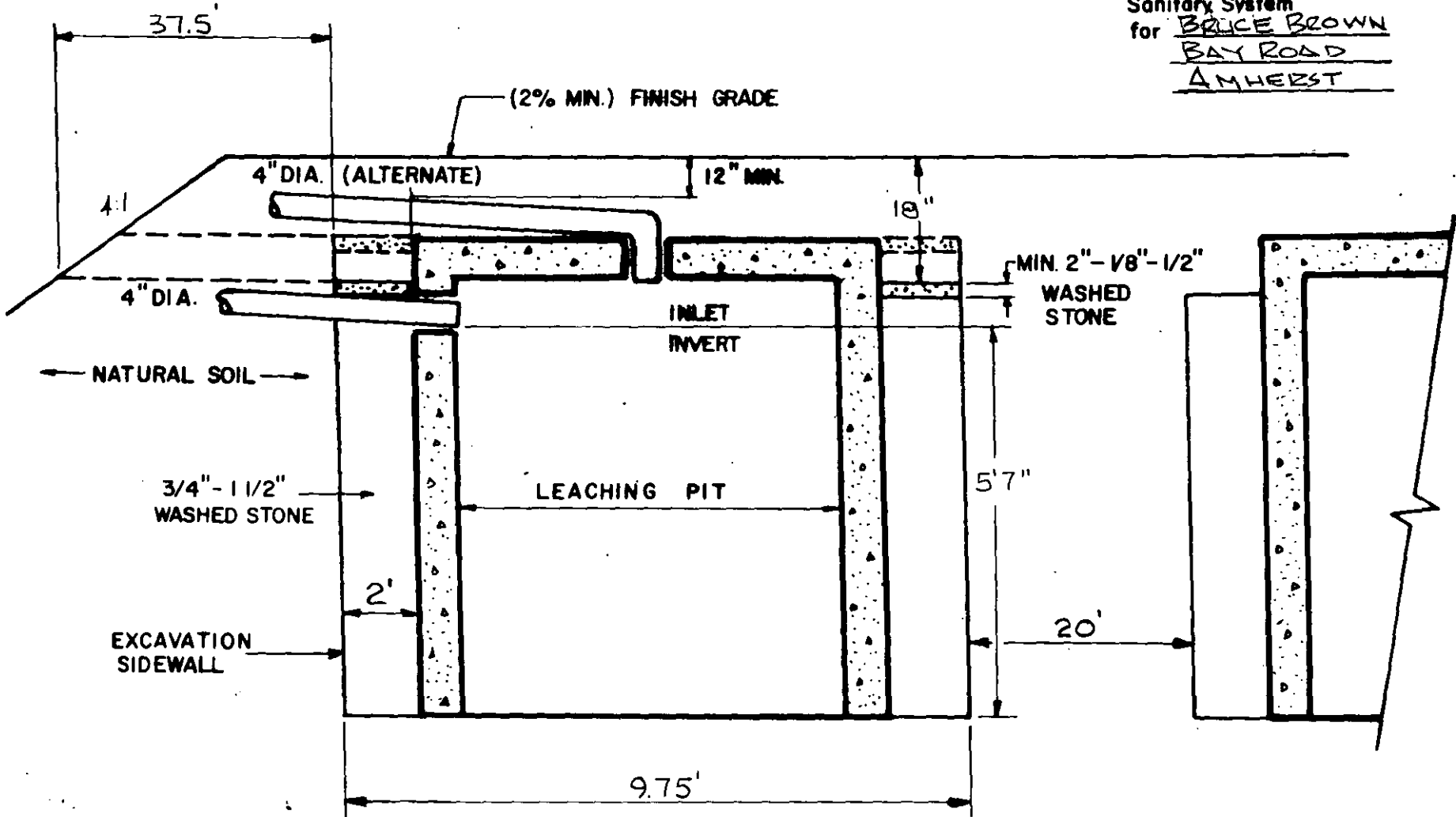
MIN. DISTANCES FROM SEPTIC SYSTEM

- 50' (WELL FROM SEPTIC TANK)
- 100' (WELL FROM DRY WELL)
- 10' (CELLAR WALL FROM SEPTIC TANK)
- 20' (CELLAR WALL FROM DRY WELL)



GORDON E. AINSWORTH & ASSOC. INC
20 Sugarloaf St.
So. Deerfield, Mass.

Subsurface
Sanitary System
for BRUCE BROWN
BAY ROAD
AMHERST



LEACHING PITS

NO SCALE



15.00
road
1-31-80

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF AMHERST

Application for Disposal Works Construction Permit

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

Bay Road, Amherst

Bruce Brown

Location - Address

Bay Road, Amherst, Mass.

or Lot No.

Bob Adair

Owner

Amherst, Mass.

Address

Installer

Type of Building

Address

Size Lot 2.5 AC - 36' x 36'

Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()

Other - Type of Building No. of persons 8 Showers () - Cafeteria ()

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.

Septic Tank Liquid capacity 1500 gallons Length MDPW Width Std. Diameter Depth

Disposal Tank No. 1 Width 20 Total Length 30 Total leaching area 600 sq. ft. ma

Seepage Pit No. 1 Diameter 5.75' Depth below inlet 5.6' Total leaching area 235.5 sq. ft.

Other Distribution box (X) Dosing tank ()

Percolation Test Results Performed by Gordon E. Ainsworth & Assoc. Inc. 5/1/79

Test Pit No. 1 2 assumed minutes per inch Depth of Test Pit 10' Depth to ground water None

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil 10' gravel - no water

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of Article XI of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

X Signed

[Signature]

1-31-80

Application Approved By

Date

Application Disapproved for the following reasons:

Date

Date

Permit No.

Issued

Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF AMHERST

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired () by Bob Adair

at Bay Road, Amherst, Mass. Installer

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. dated

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

DATE

Inspector

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
Town OF Amherst

No. 80-1

Town OF Amherst

FEE

15.00

Disposal Works Construction Permit

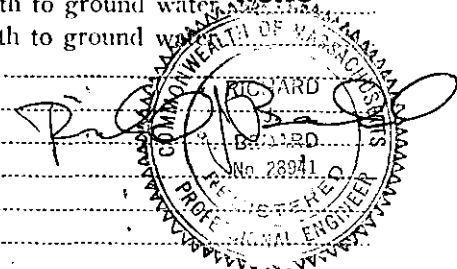
Permission is hereby granted Bruce Brown to Construct (X) or Repair () an Individual Sewage Disposal System at No. Bay Road, Amherst, Mass.

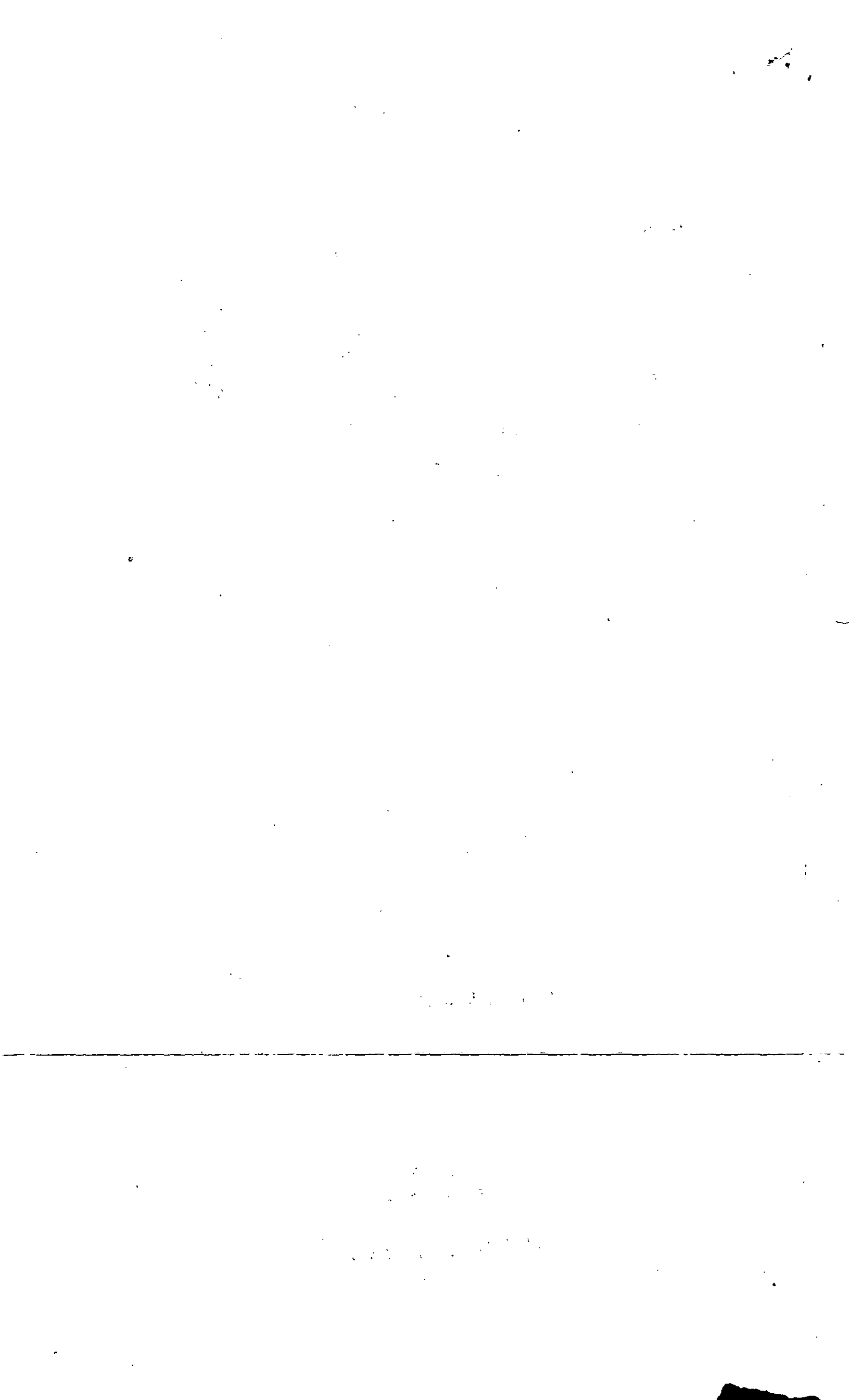
as shown on the application for Disposal Works Construction Permit No. 80-1 Dated 1-31-80

DATE 1-31-80

Board of Health

CHECK OR FILL IN WHERE APPLICABLE





G. E. Ainsworth Associates

20 Sugarloaf Street
S. DEERFIELD, MA 01373
Phone 665-2161

JOB SURFACE SEWER SYSTEM

SHEET NO. _____ OF _____

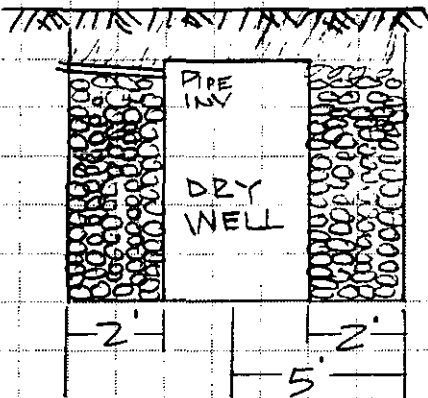
CALCULATED BY B. HUNTER DATE 5/1/79

CHECKED BY _____ DATE _____

SCALE BRUCE BROWN

4 BEDROOM HOUSE X 110 GPD. = 440 GAL/DAY

(1) DWG ROTONDO & SONS INC. OR EQUAL
PRECAST DRY WELLS



SIDEWALL AREA

$$C = 2\pi R$$

$$C = 2(3.14)5$$

$$C = \underline{31.4}$$

$$A = C(\text{HEIGHT OF PVIOUS SOIL})$$

$$A = 31.4(5) = \underline{157 \text{ SF}}$$

BOTTOM AREA

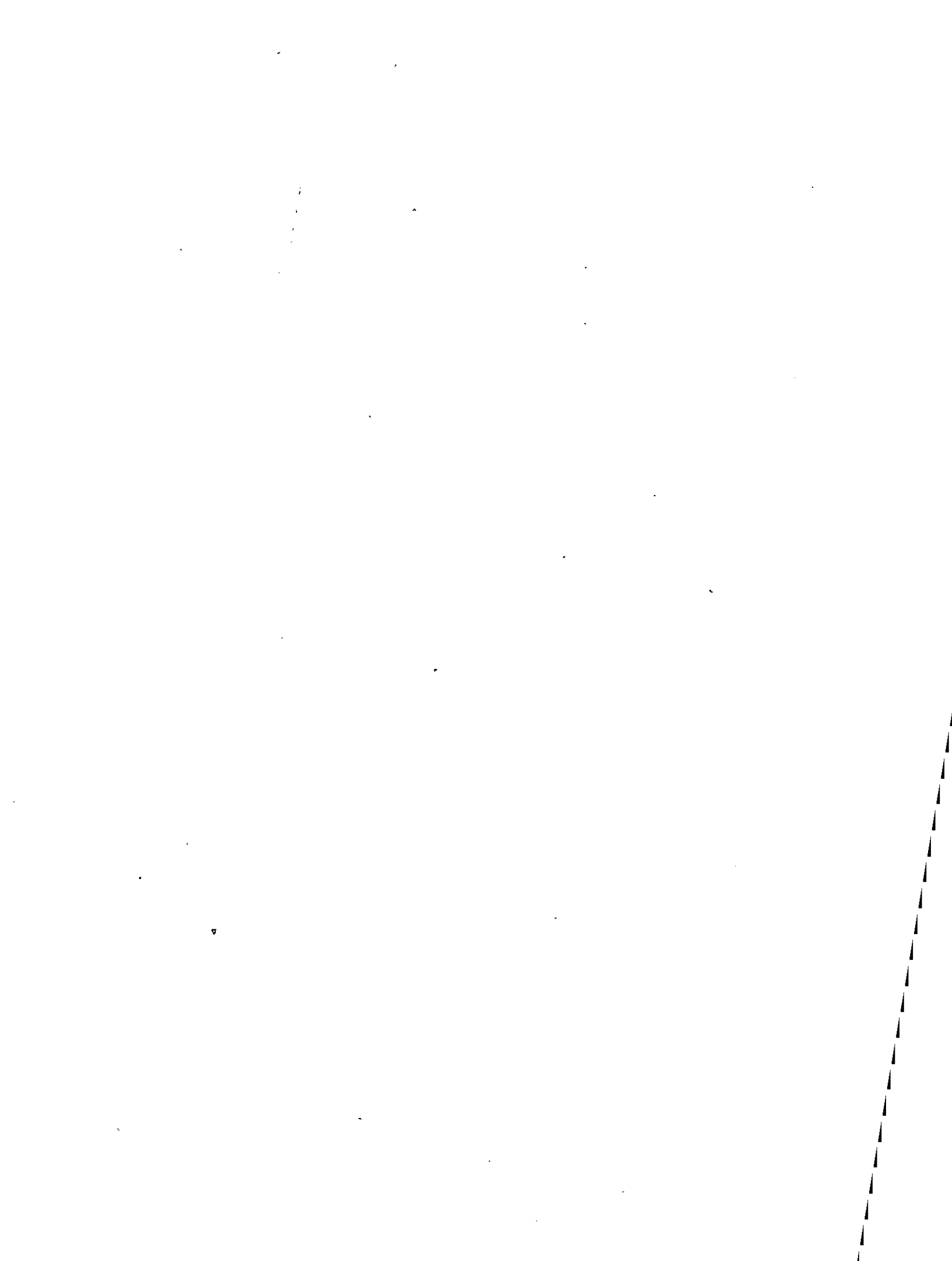
$$A = \pi R^2$$

$$A = 3.14(5)^2 = \underline{78.5 \text{ SF}}$$

ⓐ PERCOLATION RATE 2 MIN/IN ASSUMED
DUE TO GRAVEL FOUND

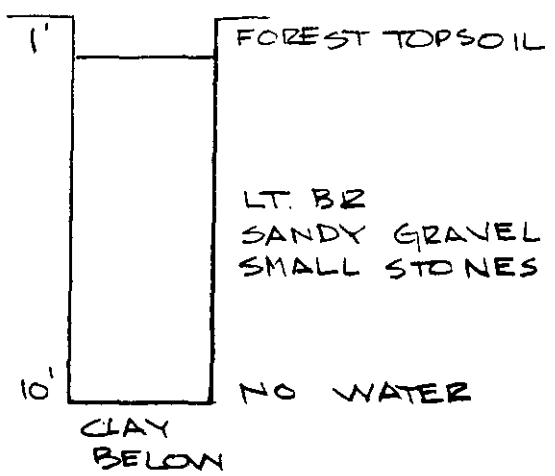
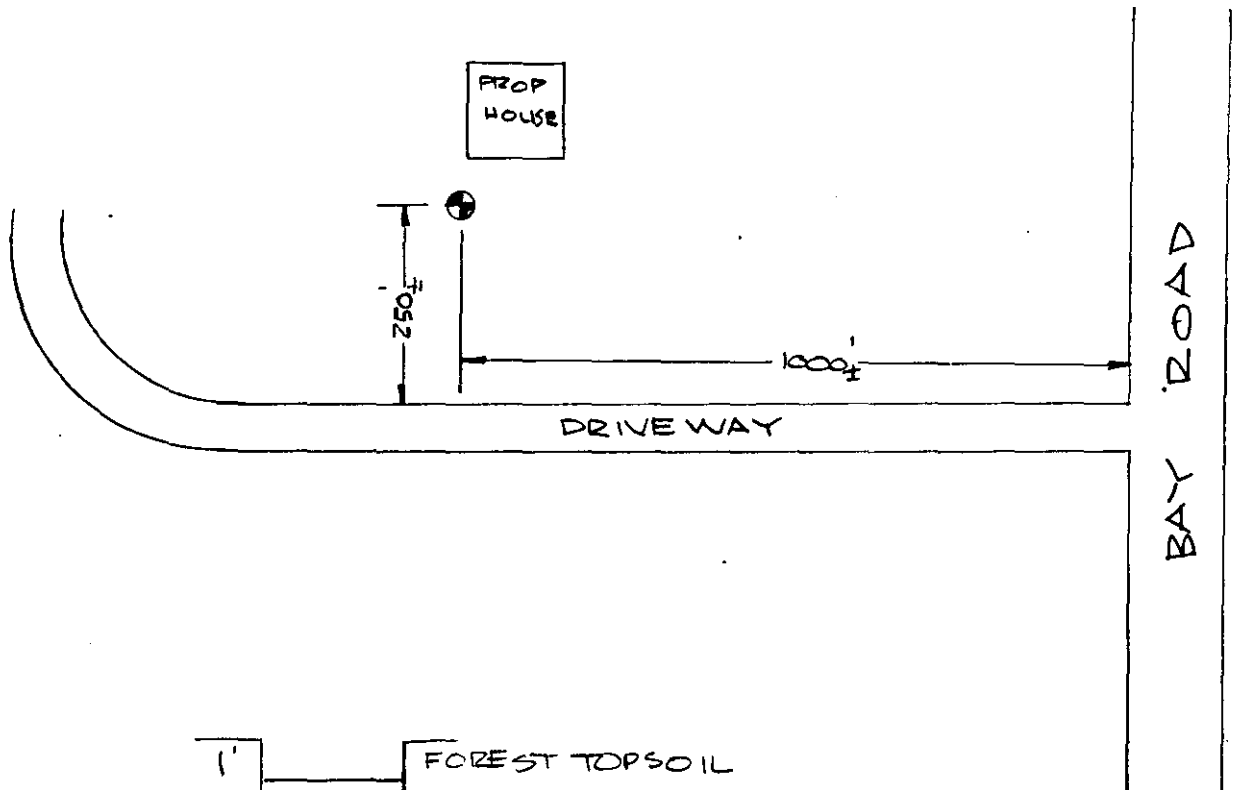
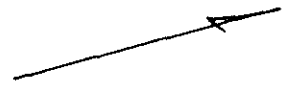
SIDE	2.5 GAL/SF (157 SF)	392.5 GAL
BOTTOM	1.0 GAL/SF (78.5 SF)	<u>78.5 GAL</u>
		471.0 GAL

471 > 440 REQ. OK ✓



GORDON E. AINSWORTHS & ASSOC. INC.
20 SUGARLOAF ST.
S.S. DEERFIELD MA

SUBSURFACE SEWER SYSTEM
FOR BRUCE BROWN
BAY ROAD AMHERST



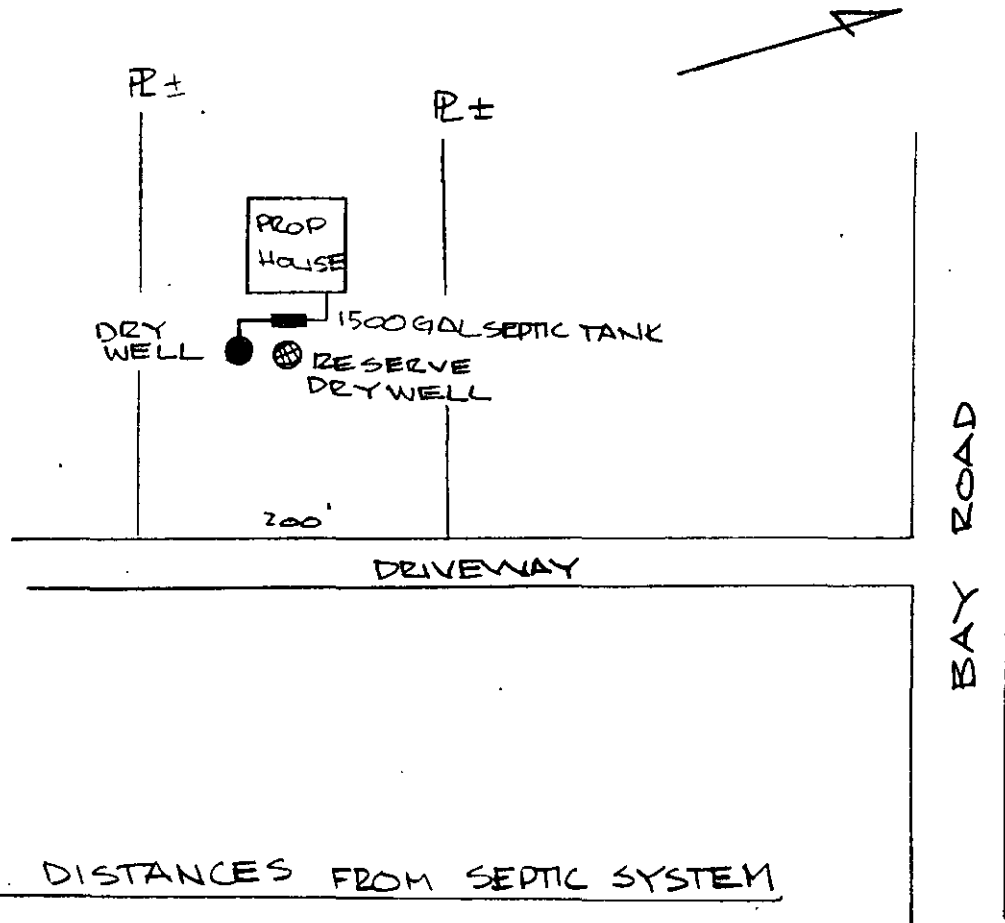
PERCOLATION RATE
2 MIN/IN ASSUMED



GORDON E AINSWORTH & ASSOC
30 SUGARLOAF ST
50 DEERFIELD MA.

SUBSURFACE SEWER SYSTEM
FOR BRUCE BROWN
BAY ROAD AMHERST

SYSTEM PLAN



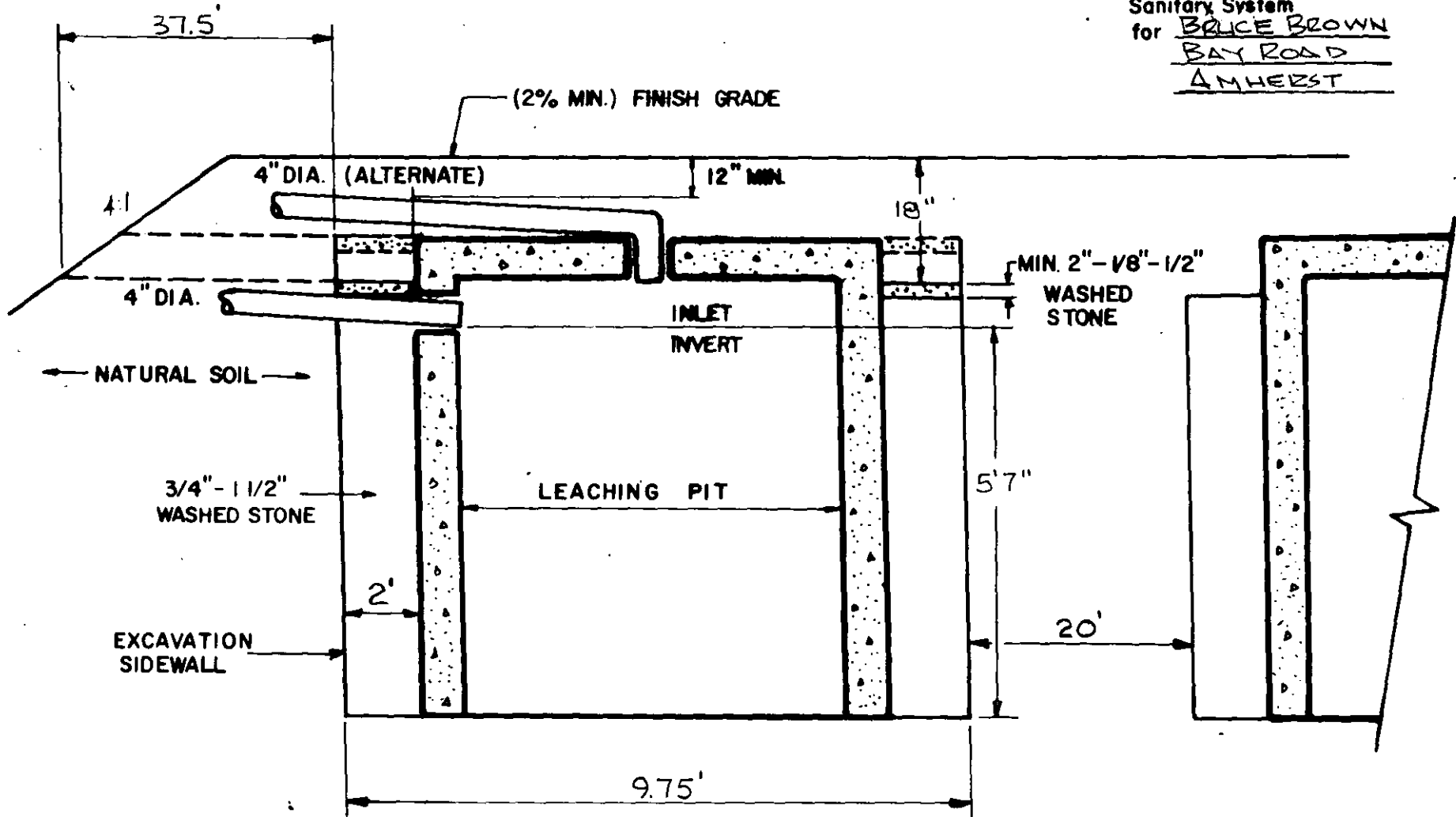
MIN. DISTANCES FROM SEPTIC SYSTEM

- 50' (WELL FROM SEPTIC TANK)
- 100' (WELL FROM DRY WELL)
- 10' (CELLAR WALL FROM SEPTIC TANK)
- 20' (CELLAR WALL FROM DRY WELL)



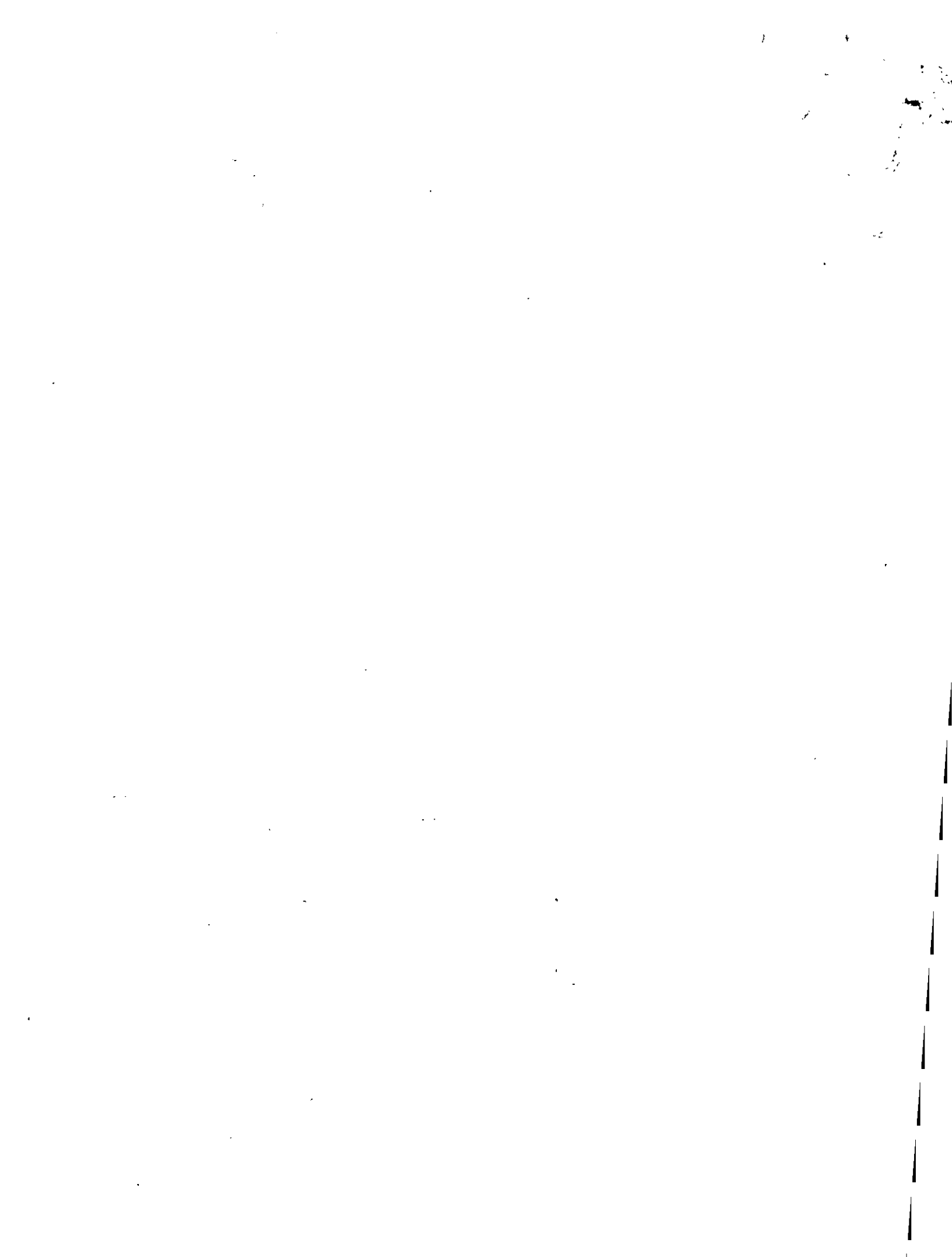
GORDON E. AINSWORTH & ASSOC. INC
20 Sugarloaf St.
So. Deerfield, Mass.

Subsurface
Sanitary System
for BRUCE BROWN
BAY ROAD
AMHERST



LEACHING PITS

NO SCALE



256-6003

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 84-7 Date 3/21/84 Fee \$90.00 Date Rec'd. 3-21-84 By L.P.

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

Location—Address Bay Road or Lot No. C

Owner Gordon Bostock Address 640 Main ST. Amherst

Contractor EO STONE Address Montague

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (X)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? _____ Type of Well _____

Design Flow 55 gallons per person per day. Total daily flow 330 gallons

Septic Tank—Liquid capacity 1500 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 2 Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: capacity=990 x GPD

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Fred Filios, R.S. Date Spring, 1978

Test Pit No. 1 1.0 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil 5'0" VF to C. Sand Depth to Ground Water None

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

[Signature]
Application Approved by

Gordon A. Bostock
Owner or builder

3/21/84
date
3/21/84
date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

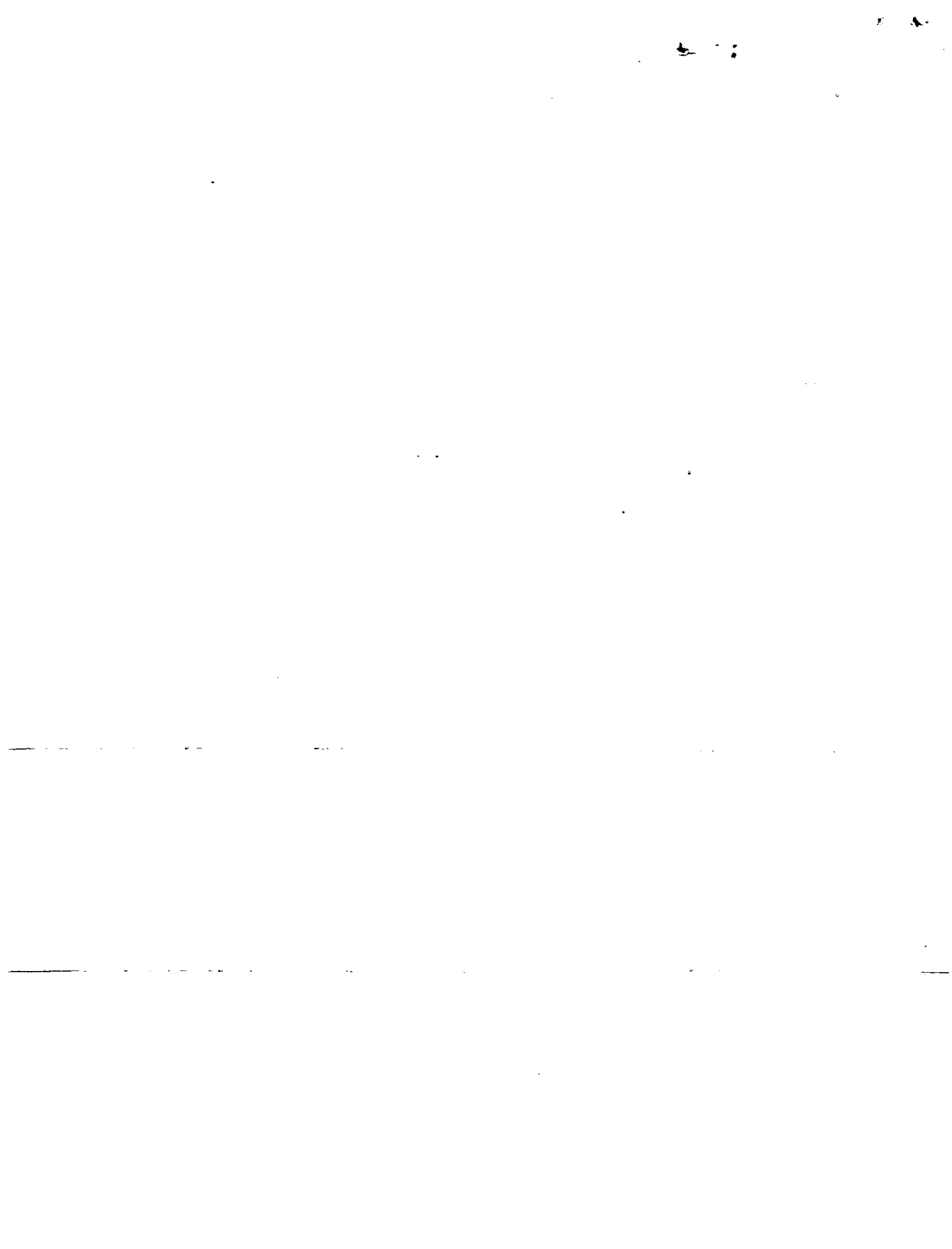
No. 84-7
Permission is hereby granted Gordon Bostock - EO Stone to construct (X) or repair () an Individual Sewage Disposal System at Lot C Bay Road (Slurry repair)

as shown on the application for Disposal Works Construction Permit No. 84-7

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 3-21-84

[Signature]
Board of Health



PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Eel Stone
doing work.

Prepared For: Gordon Bostock TEL # 256-6003
Location: Lot "C", Bay Road, Amherst
Number of Bedrooms: 3 Garbage Disposal: Yes

LEACH AREA DESIGN

3 Bedrooms x 2 persons/bedroom = 6 persons

6 Persons x 55 gallons of wastewater/person/day = 330 total gallons of wastewater/day.

Percolation Rate: 1.0 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

1.0 min/inch = 2.5 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

- * If a leach bed is to be installed, no sidewall is allowed.
- * If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity)

** WITH GARBAGE DISPOSAL:

330 Gallons of wastewater/day x 200% = 660 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacity)



LEACHING PIT DESIGN

Precast Pit Used: 8'-6" Long x 4'-10" Wide x 1'-10" Effective Depth
Using 3'-0" of stone all around and 2" of stone under pit.

SIDEWALL AREA:

14.5' Long x 2' Effective Depth x 2 Sides = 58 SF

10.8' Wide x 2' Effective Depth x 2 Sides = 43.2 SF

Total of 101 SF (Sidewall Area) x 2.5 Gal/SF = 252 Gal/Pit (Sidewall)

BOTTOM AREA:

14.5' Long x 10.8' Wide = 156 SF

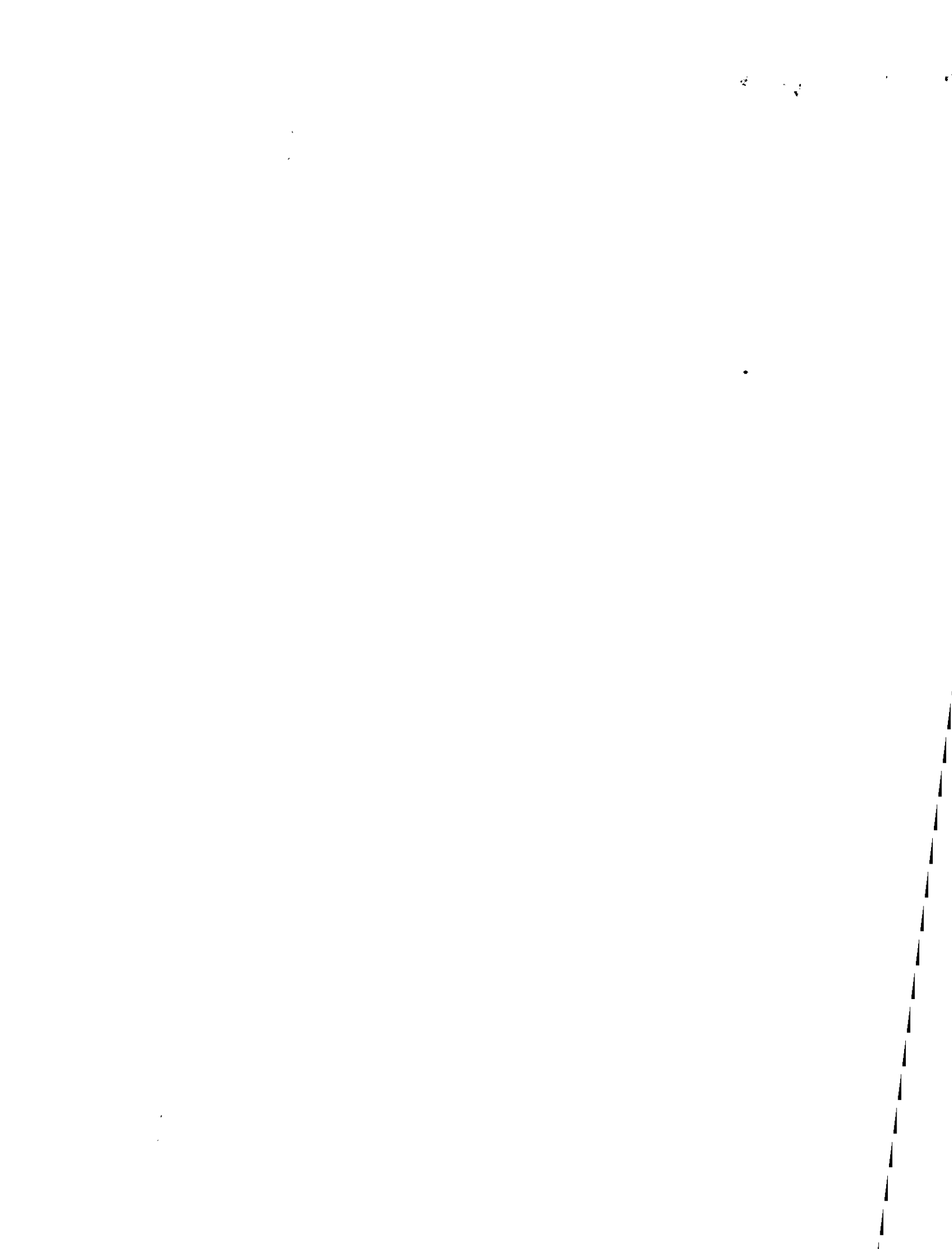
156 SF (Bottom Area) x 1.0 Gal/SF = 156 Gal/Pit (Bottom)

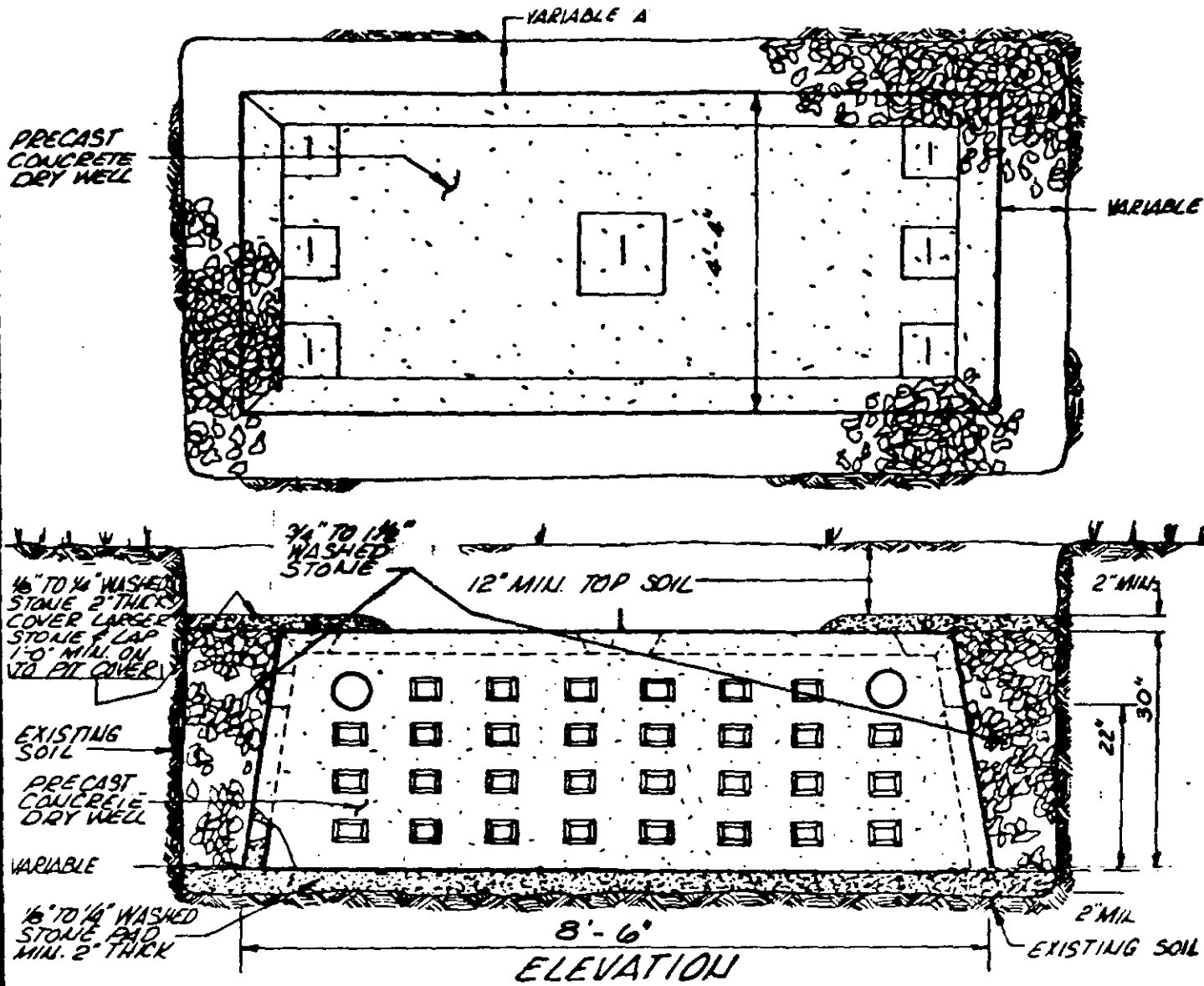
252 Gal/Pit (Sidewall)
+ 156 Gal/Pit (Bottom)
= 408 TOTAL Gal/Pit (Designed)

* Without Garbage Disposal: _____ Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x 330 Gal/Day (Daily Flow) = 495 Gal/Pit (REQUIRED)

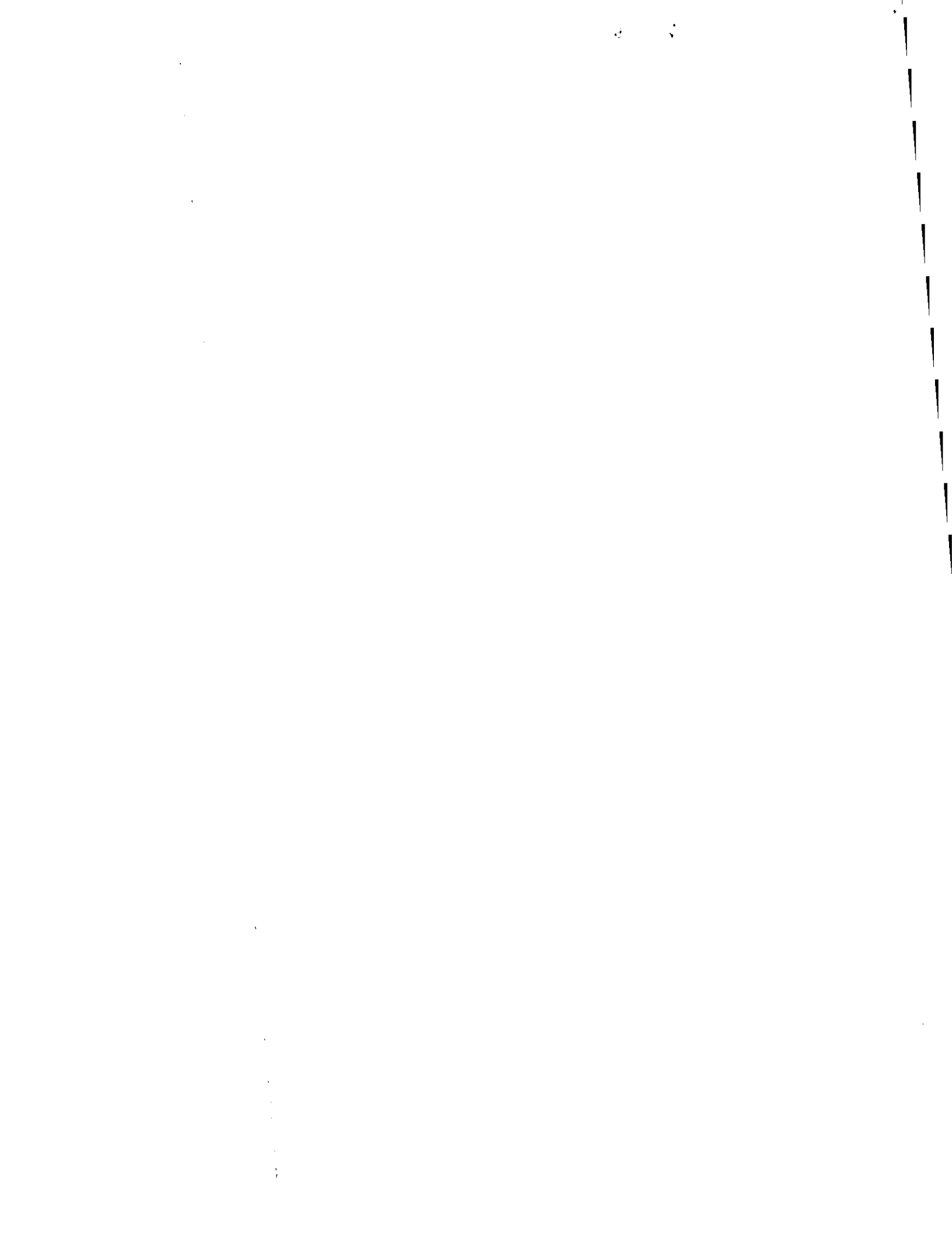
Using 495 Gal/Day (Daily Flow) ÷ 408 Gal/Pit = 2 Pit(s)





NOTE: • ALL WORK WILL BE DONE IN ACCORDANCE WITH THE STATE ENVIRONMENTAL CODE - TITLE 5.
 • SPACING WHEN MORE THAN ONE SEEPAGE PIT OR DRY WELL ARE BEING USED IS TO BE TWICE THE GREATEST EFFECTIVE WIDTH OR DEPTH OF THE PIT, WHICHEVER IS GREATER.

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
 REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
 125 PLEASANT STREET
 NORTHAMPTON, MASS.

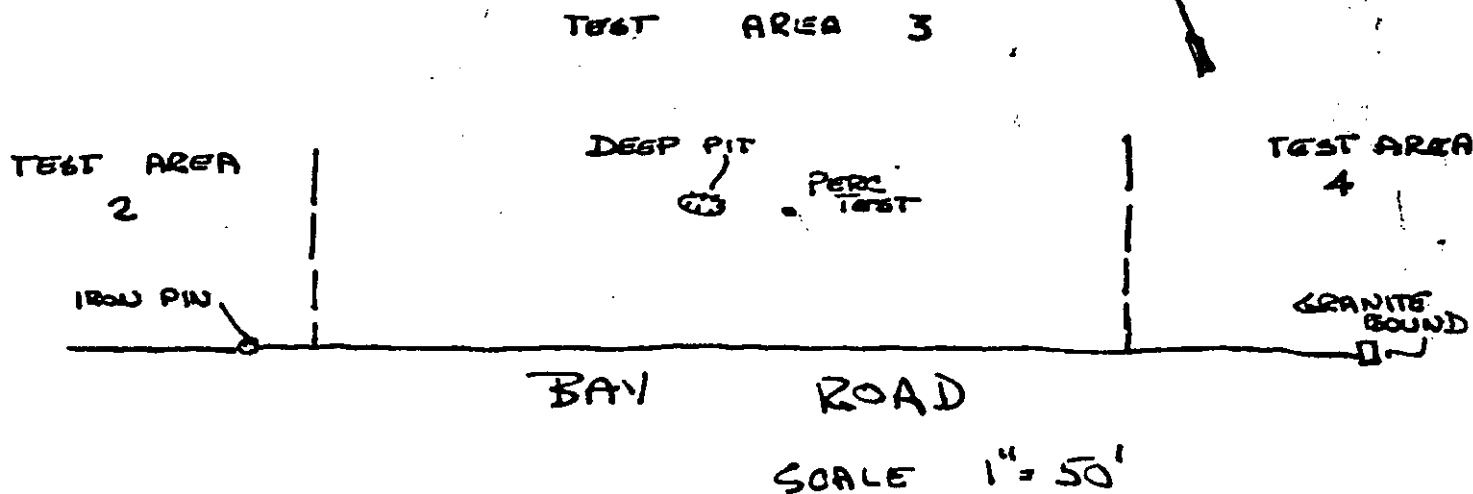


ESTATE OF EDWARD J. SLABY

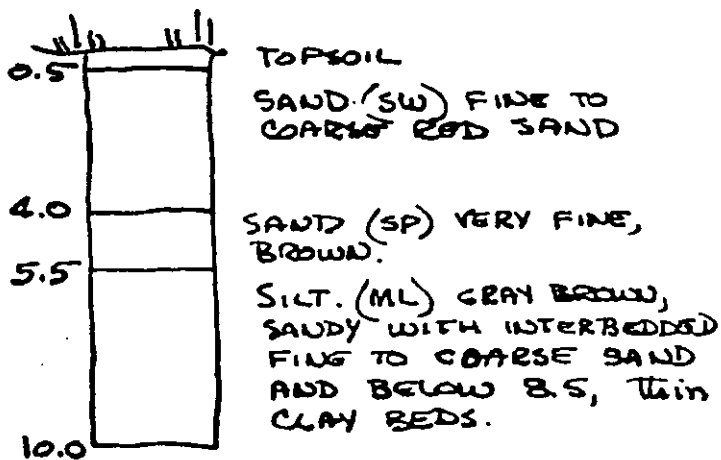
BAY ROAD

AMHERST, MA.

TEST AREA 3



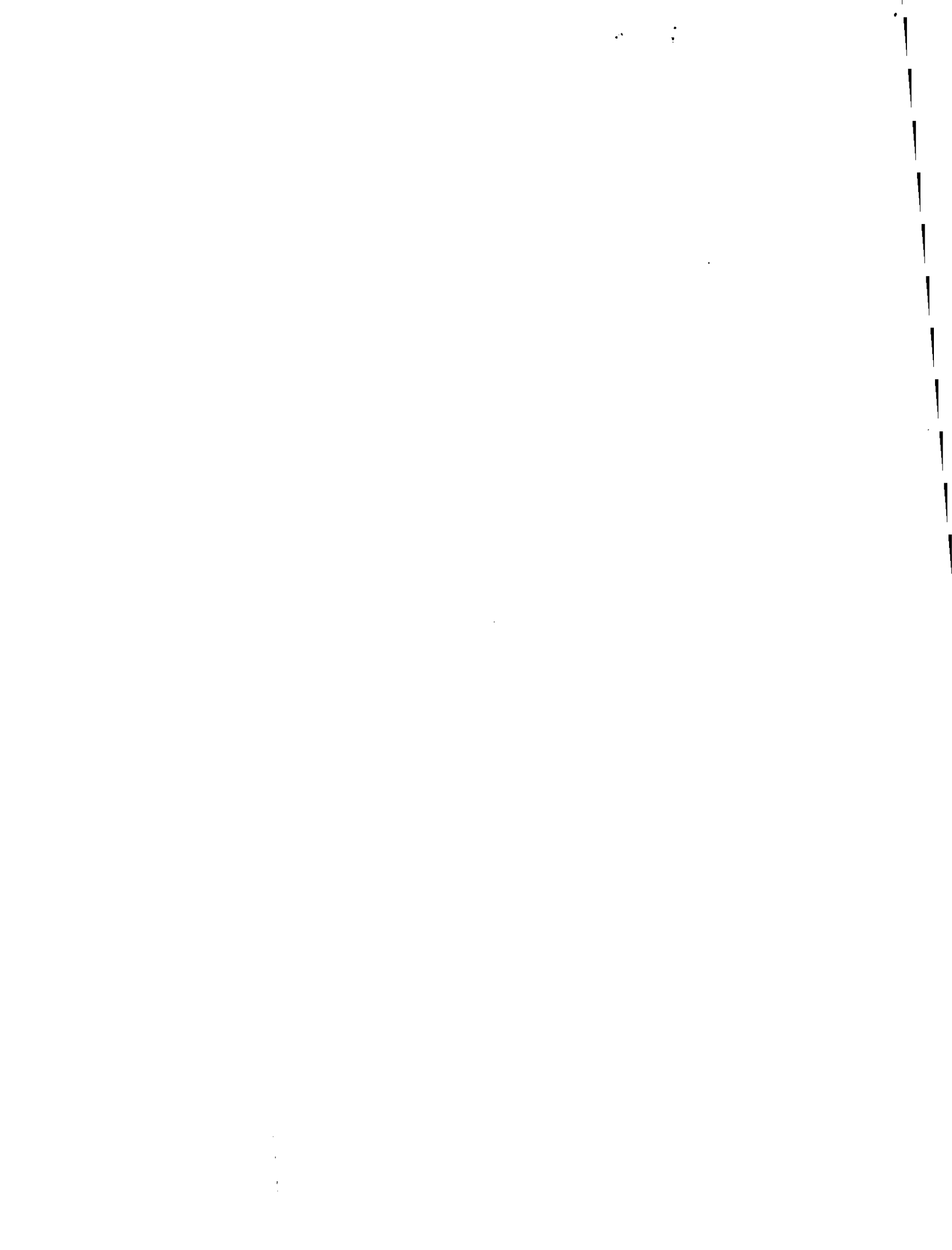
LOG OF DEEP TEST PIT



PERCOLATION RATE

1 MINUTE PER INCH
APRIL 16, 1975

KENDALL G. LUND, GEOLOGIST
AMHERST, MA.



Town of



AMHERST Massachusetts

BOARD OF HEALTH
(413) 253-7077

June 22, 1978

Mr. John R. Ennis
North Pleasant Street
Amherst, Ma 01002

Dear Mr. Ennis:

This will certify that percolation tests and deep soil observations conducted in 1975 by Kendall G. Lund, Geologist, and an additional test taken at my request in the spring of 1978 by Mr. Fred Filios, registered sanitarian, on a parcel of land located north of Bay Road and west of South East Street in Amherst being part of the estate of Edward J. Slaby, indicate that the soil is suitable for the sub-surface disposal of sewage.

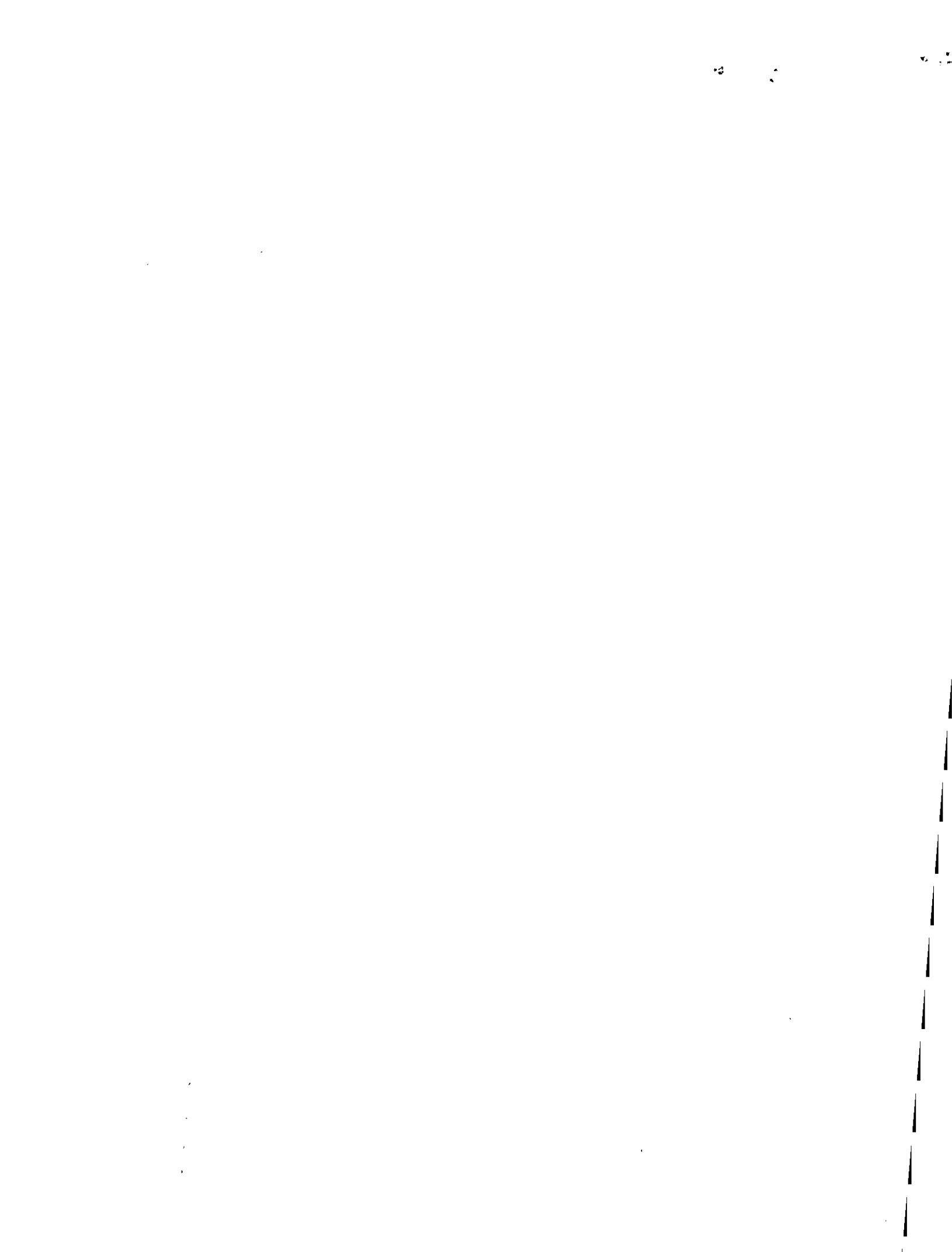
The Amherst Board of Health will not require additional testing prior to accepting designs for private sewage disposal systems on this piece of land.

These tests were witnessed by the undersigned representing the Amherst Board of Health.

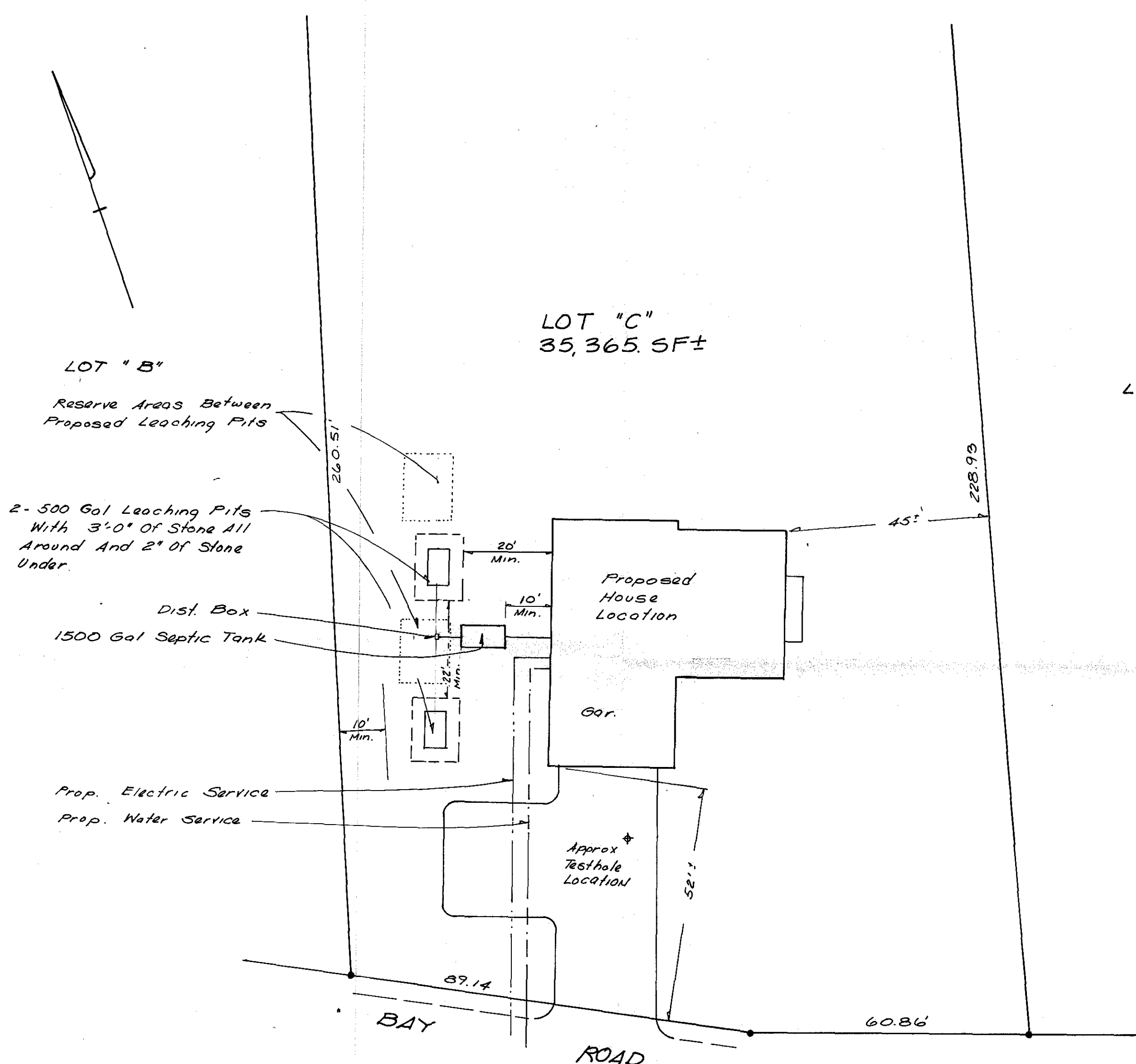
Very truly yours,


Charles E. Drake, Jr.
Director

cc: Mr. William DeGowin



Note: Soil Test Not Performed By This Office.
See Attached Log Sheets.



OBSERVATION PIT DATE: APRIL 16, 1978
SPRING, 1978

OTS	6"
F-C RED SAND	3'-6"
V.F. BROWN SAND	1'-6"
SILT w/ F-C SAND	4'-6"

GROUNDWATER = NONE
PERC. RATE = 1.0 Min/Inch

OBSERVATION PIT DATE:

--	--

GROUNDWATER =
PERC. RATE =

NOTE: ALL WORK TO BE DONE IN ACCORDANCE WITH TITLE 5, STATE ENVIRONMENTAL CODE.

<p>PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM FOR LOT "C", BAY ROAD, AMHERST, MA., PREPARED FOR GORDON BOSTOCK</p>	FIELD WORK:
	COMPUTATIONS: RPB
	DRAFTING: RPB
	CHECKED: AMH
	SCALE: 1" = 20'
DATE: 2-13-84	
	ALMER HUNTLEY, JR. & ASSOCIATES, INC. SURVEYORS - ENGINEERS - PLANNERS 125 PLEASANT STREET NORTHAMPTON, MASS.
	SHEET: OF:

No. 83-9

FEE \$190 CK
5-12-83

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town OF Amherst, Mass.

Application for Disposal Works Construction Permit

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

Bay Road Lot E
Plantation Valley Homes, Inc. 123 Meadow St., Florence, Ma. 01060
KARL'S EXCAVATING RIVER DRIVE HARLEY
Owner Address
Installer Address 33,425

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (X)
Other - Type of Building Frame No. of persons Max. 6 Showers () - Cafeteria ()
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 10' Width 6' Diameter Depth 5'
Disposal Trench - No. Bed Width 20' Total Length 50' Total leaching area 1000 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

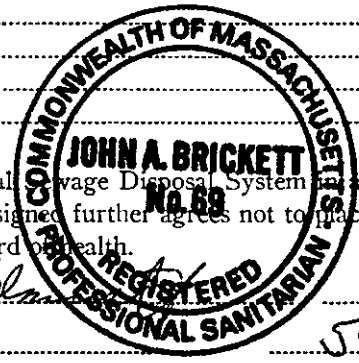
Other Distribution box (X) Dosing tank
Percolation Test Results Performed by John A. Brickett R.S. Date 5/9/83
Test Pit No. 1 10 minutes per inch Depth of Test Pit 36" Depth to ground water None
Test Pit No. 2 - - - - - minutes per inch Depth of Test Pit 120" Depth to ground water None

Description of Soil 0" to 6" loam - 6" to 36" sandy loam - 36" to 120" clay gravel - 120" no water.

Nature of Repairs or Alterations - Answer when applicable.

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - 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 [Signature] Date 5/9/83
Application Approved By [Signature] Date 5-12-83



Application Disapproved for the following reasons:

Permit No. 83-9 Issued 5-12-83 Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

OF
Certificate of Compliance

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

at
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

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

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

No. 83-9 Town OF Amherst FEE \$190.

Disposal Works Construction Permit

Permission is hereby granted Plantation Valley Homes, KARL'S EXC. to Construct (X) or Repair () an Individual Sewage Disposal System at No. LOT E BAY RD.

as shown on the application for Disposal Works Construction Permit No. 83-9 Dated 5-9-83

DATE 5-12-83 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE

x

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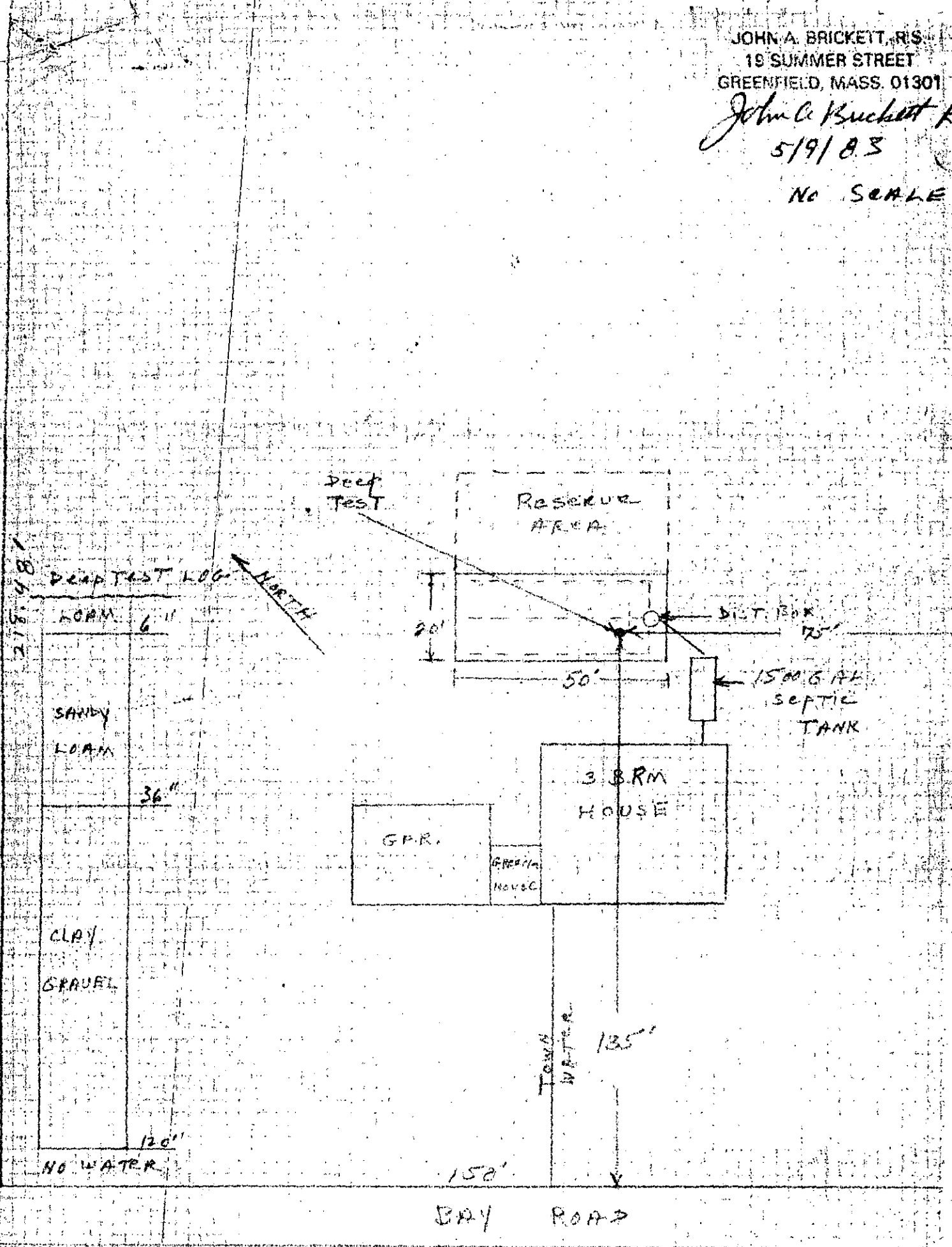
Handwritten scribbles and lines in the top right corner.

Vertical dashed line on the right edge of the page.

JOHN A. BRCKETT, R.S.
19 SUMMER STREET
GREENFIELD, MASS. 01301

John A. Brickett R.S.
5/9/83

NO SCALE



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

LOT "E" BAY RD.

Important Information Regarding Your Private Sewage Disposal System

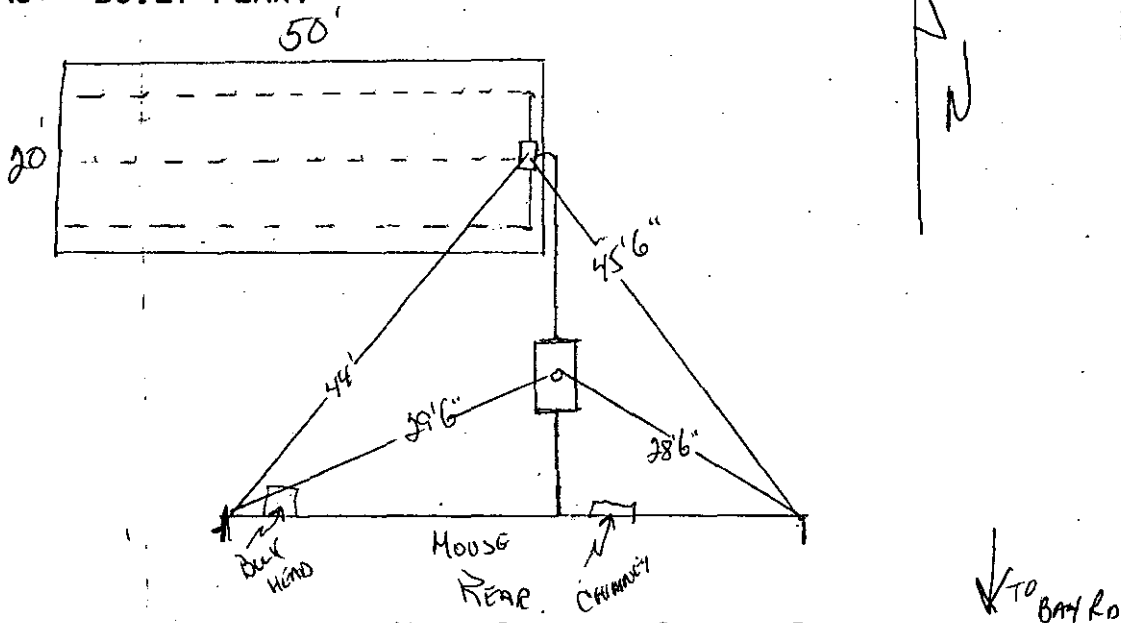
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner PLANTATION VALLEY HOMES Address 123 MEADOW ST FLORENCE
Installer KARLS EXCAVATING Address RIVER DR HAOLEY
Date Installation Inspected and Approved ~~1500 GALLON~~ 7/25/83
Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet: 1000

Garbage Grinder Yes (X) No () No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

No. 83-27

FEE \$90.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst, Mass.

Application for Disposal Works Construction Permit

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

Bay Road

Lot A

Plantation Valley Homes, Inc.

123 Meadow St, Florence, Ma.

K LA VALLEY & SONS

FLORENCE

Type of Building

Size Lot 41,273 Sq. feet

Dwelling — No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()

Other — Type of Building Frame No. of persons Max. 6 Showers () — Cafeteria ()

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.

Septic Tank — Liquid capacity 1500 gallons Length 10' Width 6' Diameter 6' Depth 5'

Disposal Trench — No. 2 Width 2' Total Length 10' Total leaching area 800 sq. ft.

Seepage Pit No. 2 Diameter 750 gal. Depth below inlet 2 1/2' Total leaching area 800 sq. ft.

Other Distribution box () Dosing tank

Percolation Test Results Performed by John A. Brickett R.S. Date 11/8/83

Test Pit No. 1. 2 minutes per inch Depth of Test Pit 36" Depth to ground water None

Test Pit No. 2. 2 minutes per inch Depth of Test Pit 120" Depth to ground water None

Description of Soil 0" to 6" loam - 6" to 36" sandy loam - 36" to 84" fine sand - 84" to 120" silt - no water at 120"

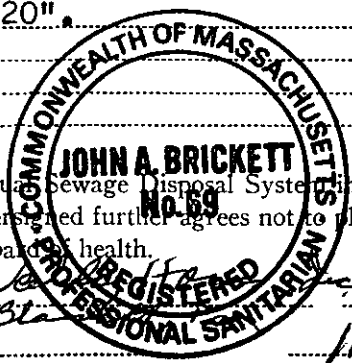
Nature of Repairs or Alterations — Answer when applicable.

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — 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 [Signature]

Plantation Valley Homes, Inc.



Application Approved By [Signature] Date 11/8/83

Application Disapproved for the following reasons:

Permit No. 83-27

Issued 12-1-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

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

Installer

at

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

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

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 83-27

FEE \$90

Disposal Works Construction Permit

Permission is hereby granted Plantation Valley - LA Valley & Sons

to Construct () or Repair () an Individual Sewage Disposal System

at No. Lot A BAY ROAD

as shown on the application for Disposal Works Construction Permit No. 83-27 Dated 11-7-83

DATE 12-1-83

[Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE

Handwritten notes and symbols at the top of the page, including a large 'V' and various illegible characters.

III

III

III

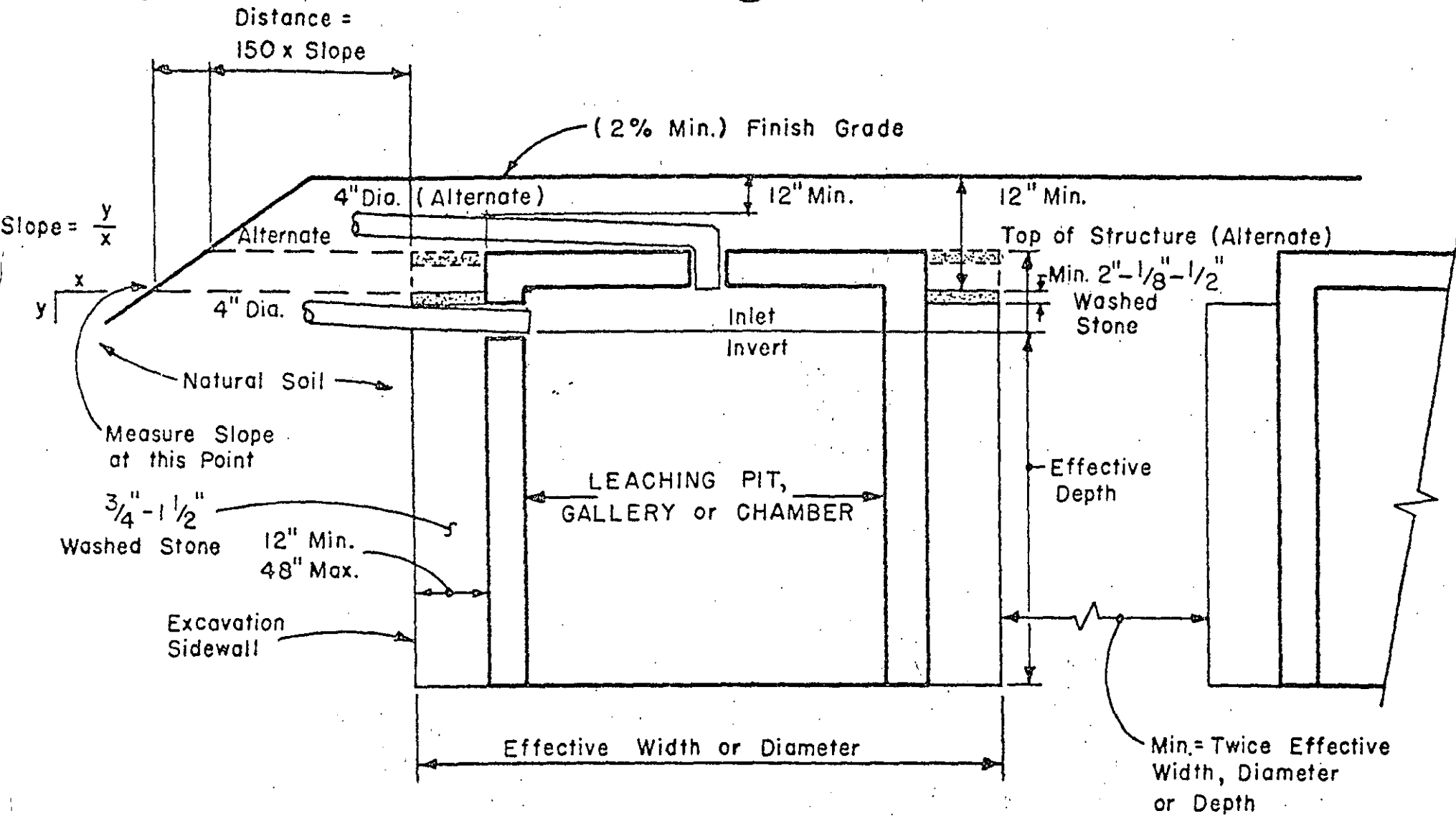
III

III

III

III

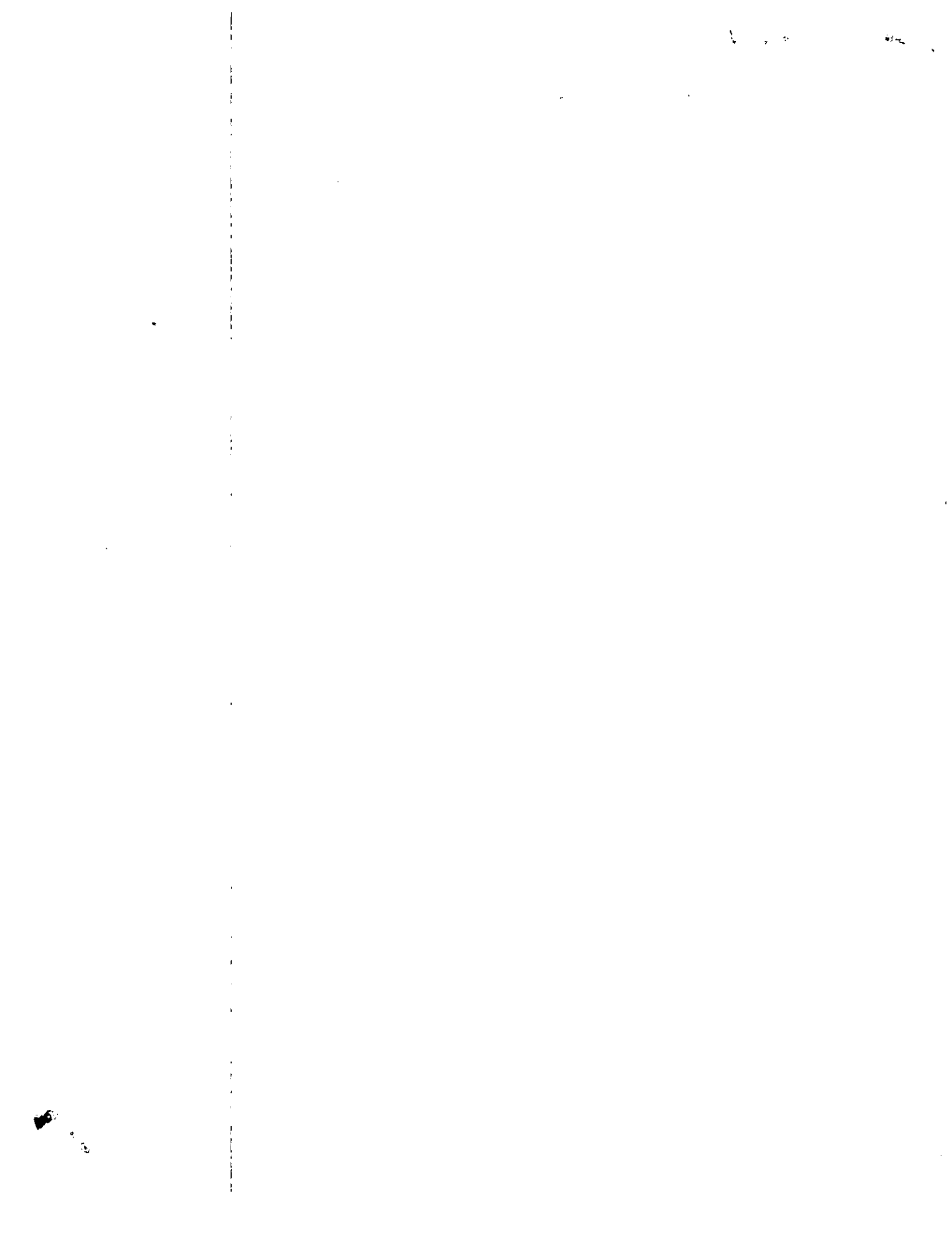
Handwritten notes and symbols at the bottom of the page, including a large 'V' and various illegible characters.



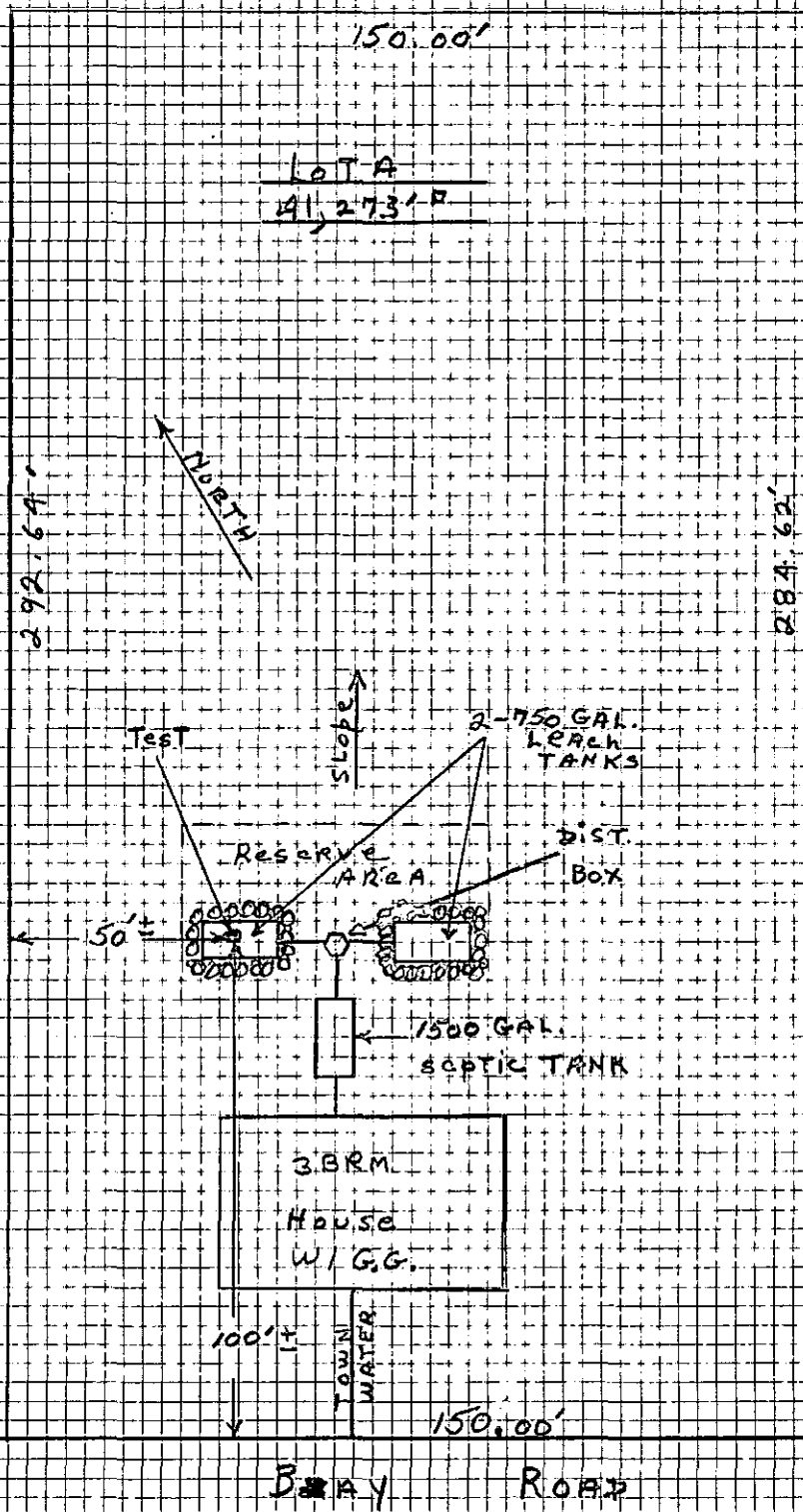
LEACHING PITS, GALLERIES, CHAMBERS

No Scale

Illustration A

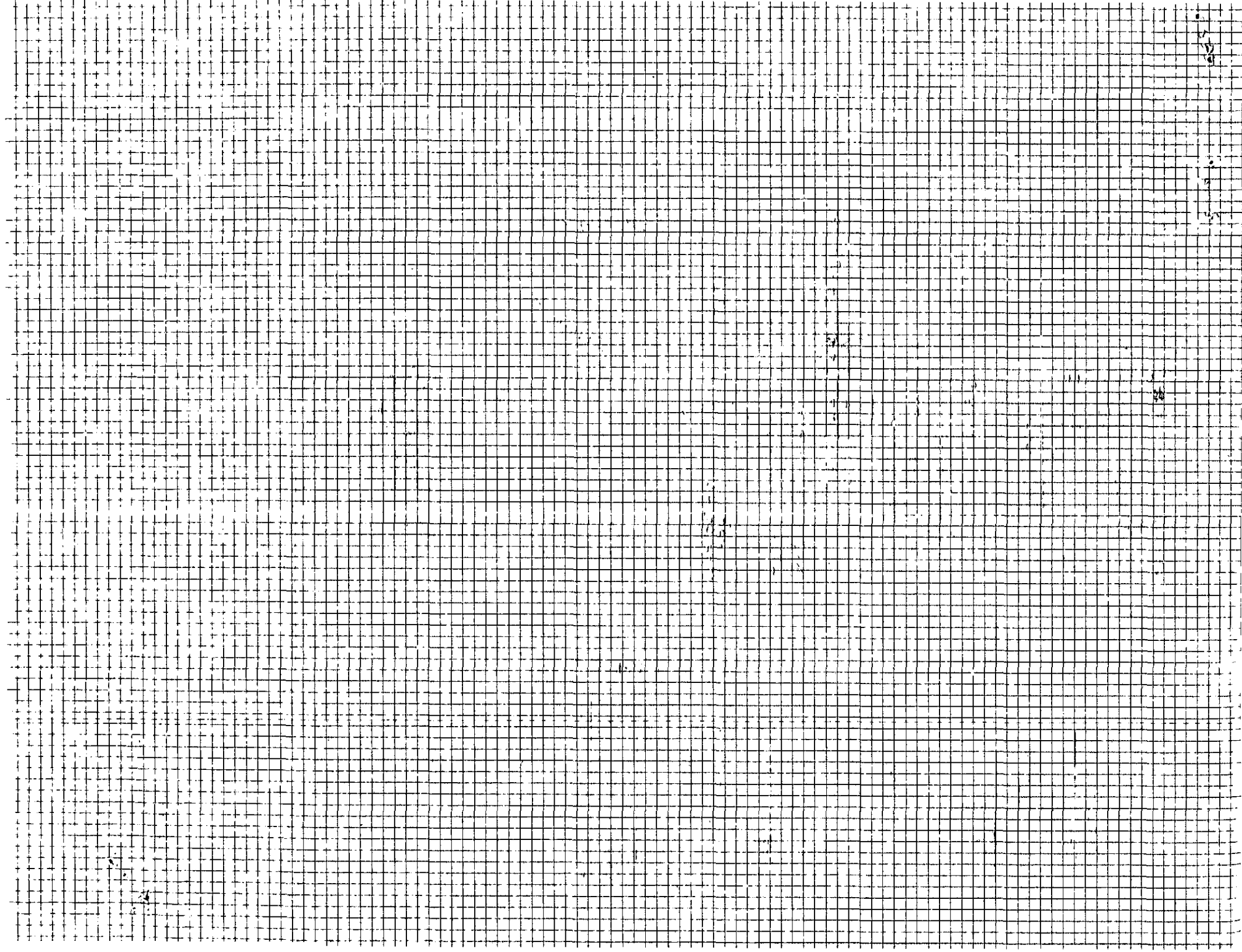


JOHN A. BRICKETT, R.S.
 19 SUMMER STREET
 GREENFIELD, MASS. 01301
John A. Brickett R.S.
 11/8/83
 NO SCALE



Deep Test Log

LOAM	16"
SANDY LOAM	36"
FINE SAND	84"
SILT	120"
NO WATER	



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT A BAY RD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

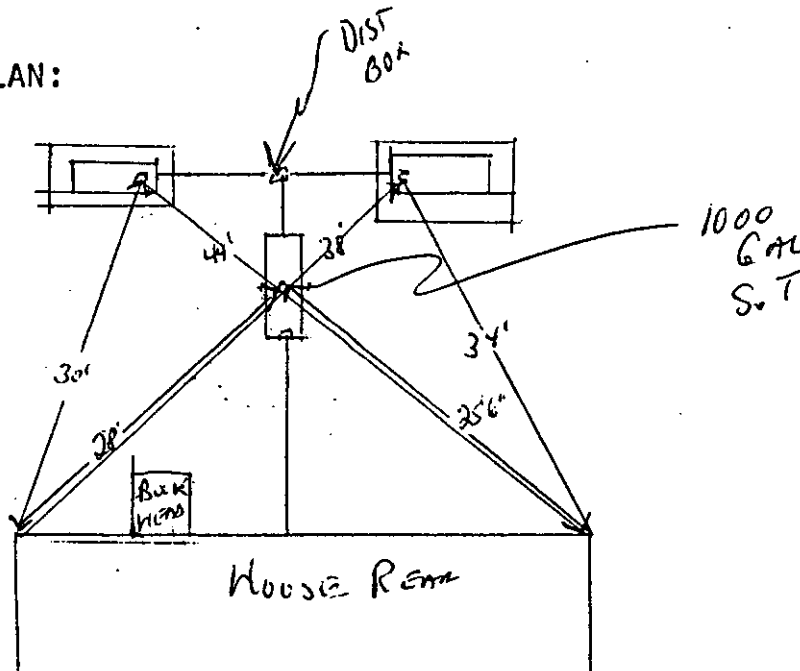
Owner Plantation Valley Address Box 7 Florence
Installer LAVALLLEY & SONS Address RYAN RD. Florence
Date Installation Inspected and Approved 12-19-83

Description of System: Tank Capacity: 1000

Leach Field () Bed () Seepage Pits 1 ² Square Feet: 420

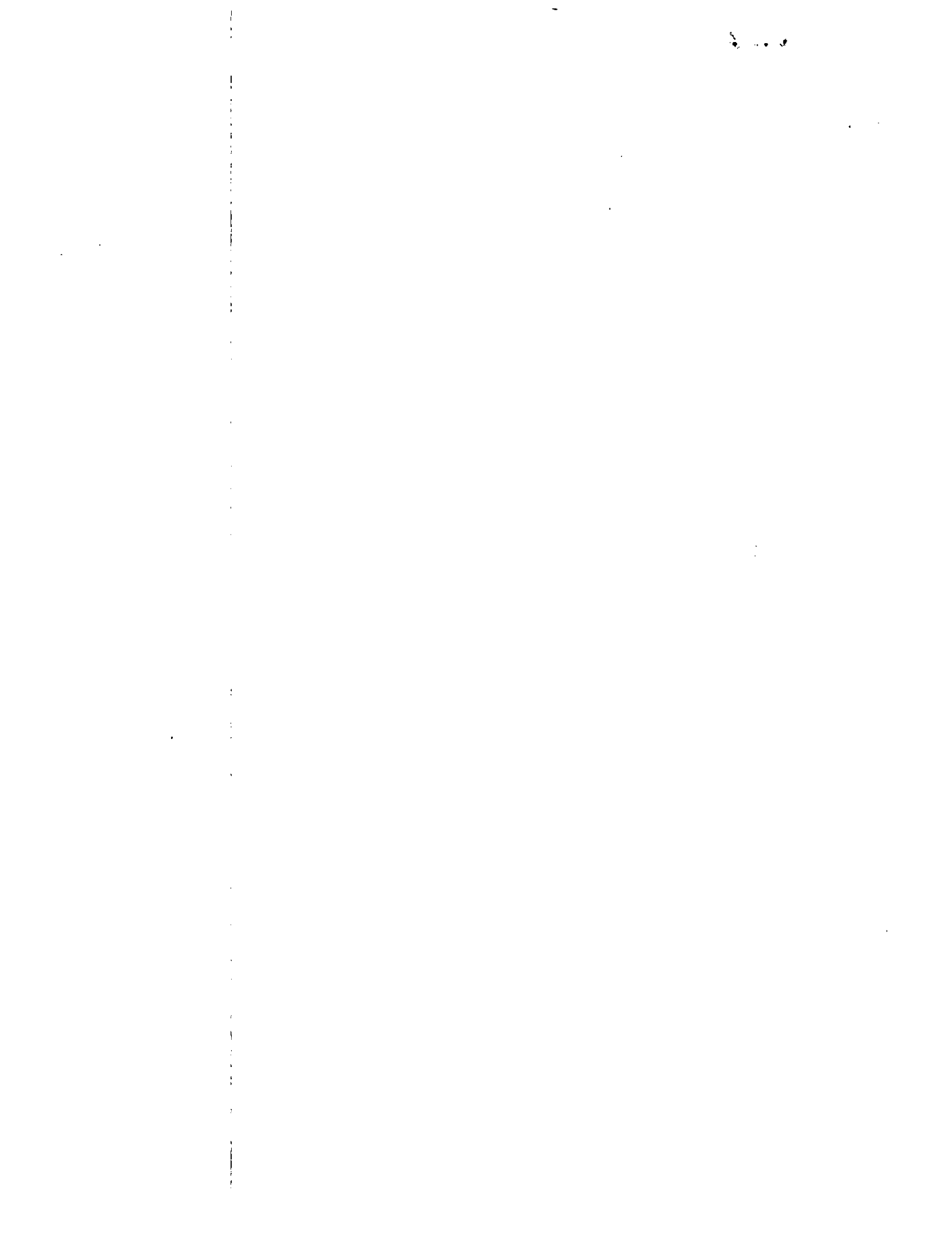
Garbage Grinder Yes () No (X) No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- 1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
- 2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- 3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
- 4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
- 5. Further information can be obtained by contacting your Health Department at 253-7077.



82-4

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JULIUS WEINER Address BAY ROAD

Installer ED STONE Address MONTAGUE

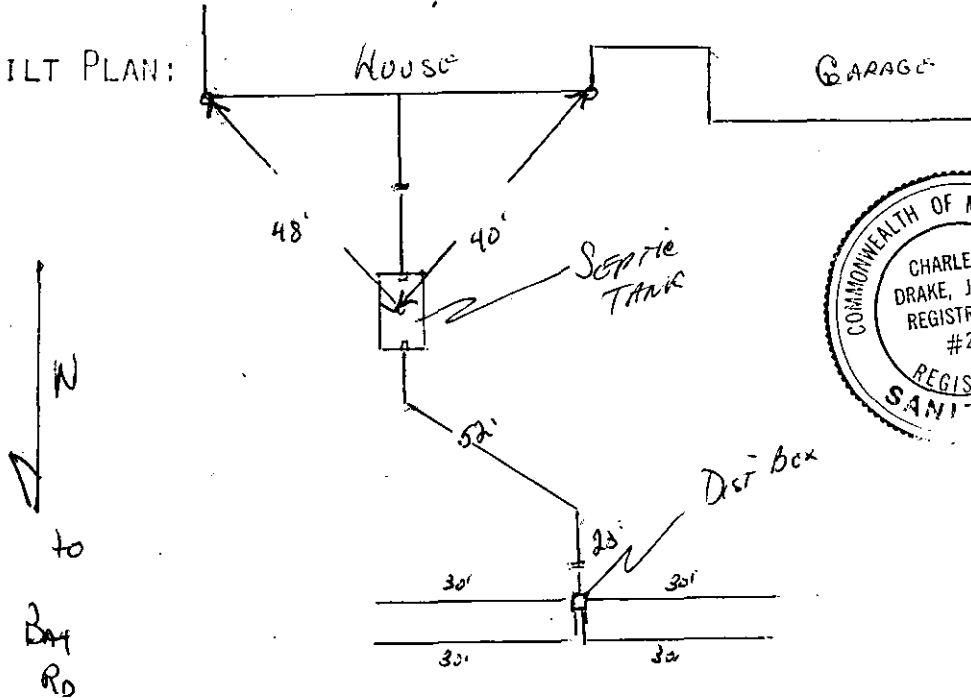
Date Installation Inspected and Approved AUG. 1982

Description of System: Tank Capacity: 1500

Leach Field (X) Bed () Seepage Pit () Square Feet:

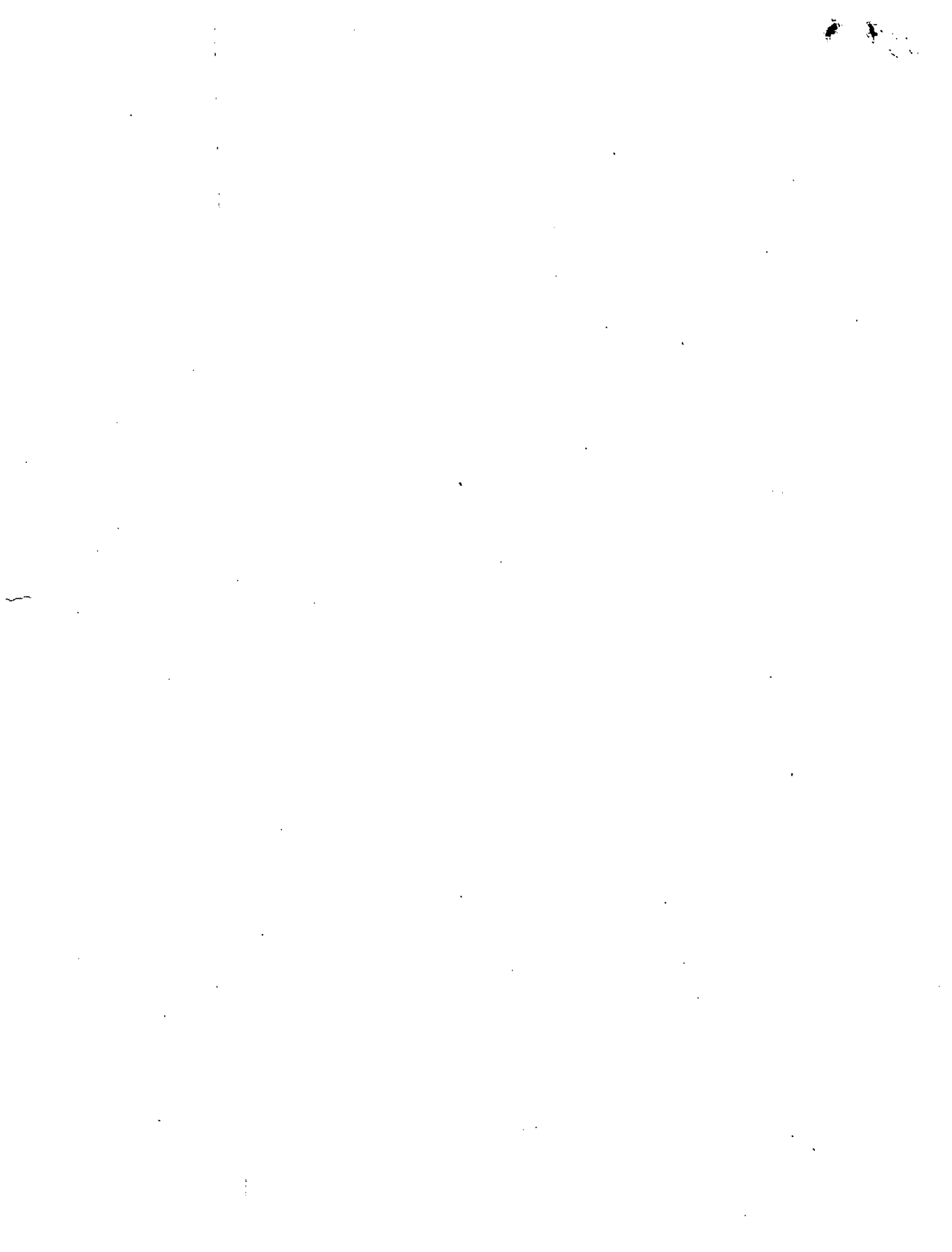
Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 82-4 Date JUN 22, 1982 Fee 90 Date Rec'd. JUN 17 By [Signature]

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

Location—Address Bay Rd or Lot No.

Owner Weiner Address

Contractor Plantation Valley Homes Address Florence MA

Type of Building Dimensions Size Lot 15

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)

Other No. of persons Showers ()

Other fixtures

Town Water? (X) Type of Well

Design Flow 55 gallons per person per day. Total daily flow 440 gallons

Septic Tank—Liquid capacity gallons Dimensions: L 120 W D

Disposal Trench—No. 4 Width 3 Total Length 50 Total leaching area 120 sq. ft.

Disposal Bed—No. Diameter Depth below inlet Total leaching area sq. ft.

Dry Well—No. Diameter Depth below inlet Dimensions: x x

Other: Distribution box (X) No. Dosing tank ()

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by Frederick Filios Date Apr 16 1982

Test Pit No. 1 2 minutes per inch Depth of Test Pit 6 1/2

Test Pit No. 2 minutes per inch Depth of Test Pit

Description of Soil Enclosed Depth to Ground Water none

Will disposal area be filled? (X) Cut down?

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] x [Signature] Owner or builder

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by at has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE Inspector

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 82-4 Permission is hereby granted Plantation Valley Homes - 20 STONE to construct (X) or repair () an Individual Sewage Disposal System at BAY RD as shown on the application for Disposal Works Construction Permit No. 82-4

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE JUN 24, 1982 Board of Health [Signature]



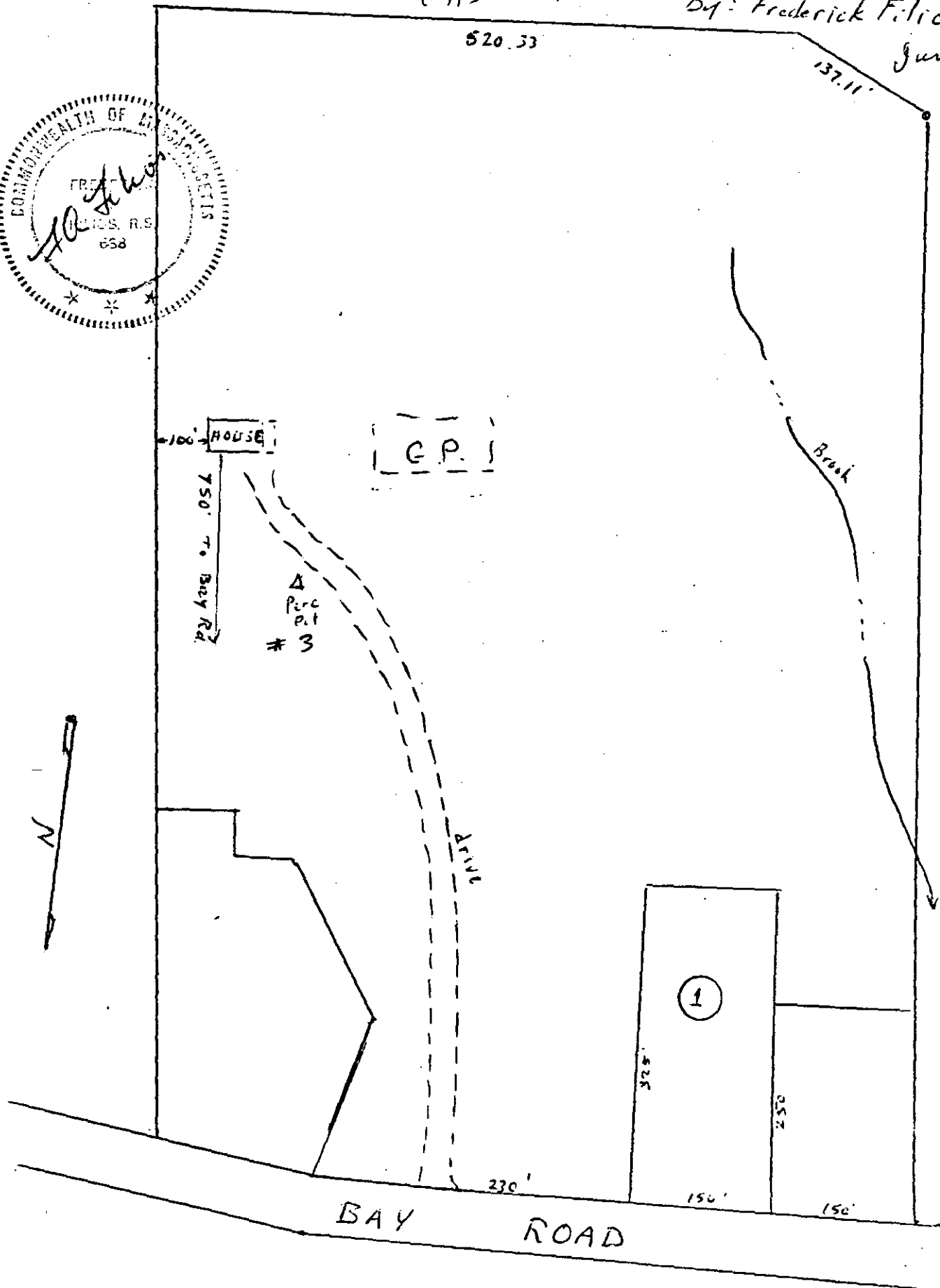
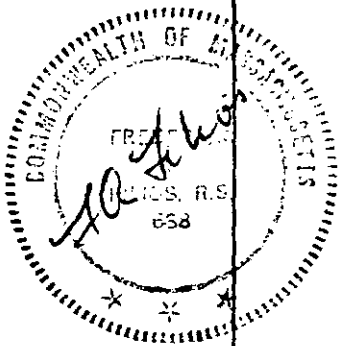
PROPERTY AND HOUSE LOCATION

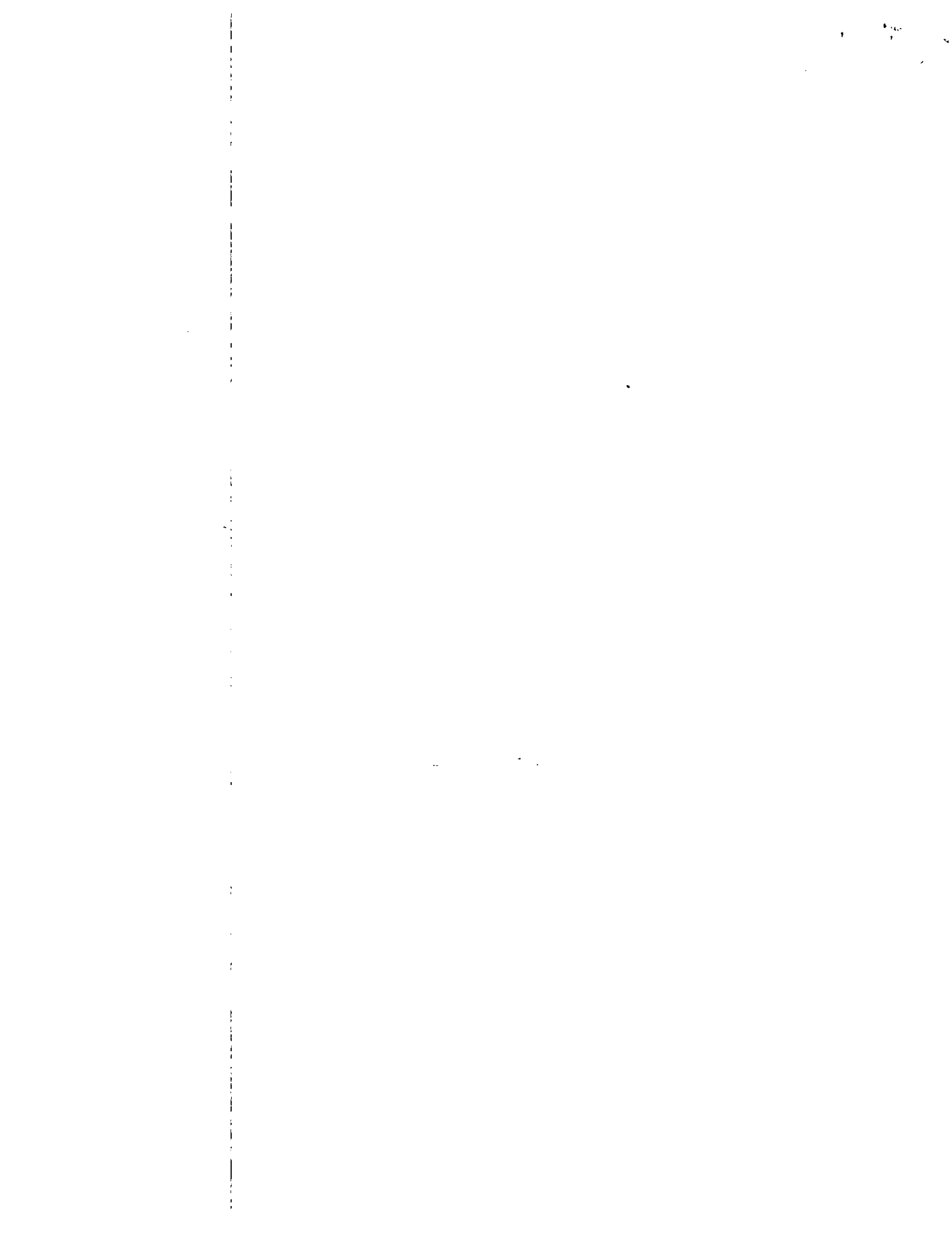
For: Ted Blauvelt (Weiner)

Scale: (App) 1" = 150'

By: Frederick Filios

June 1982





PLAN SHOWING SEWAGE DISPOSAL

For: Ted Blauvelt (Weiner)

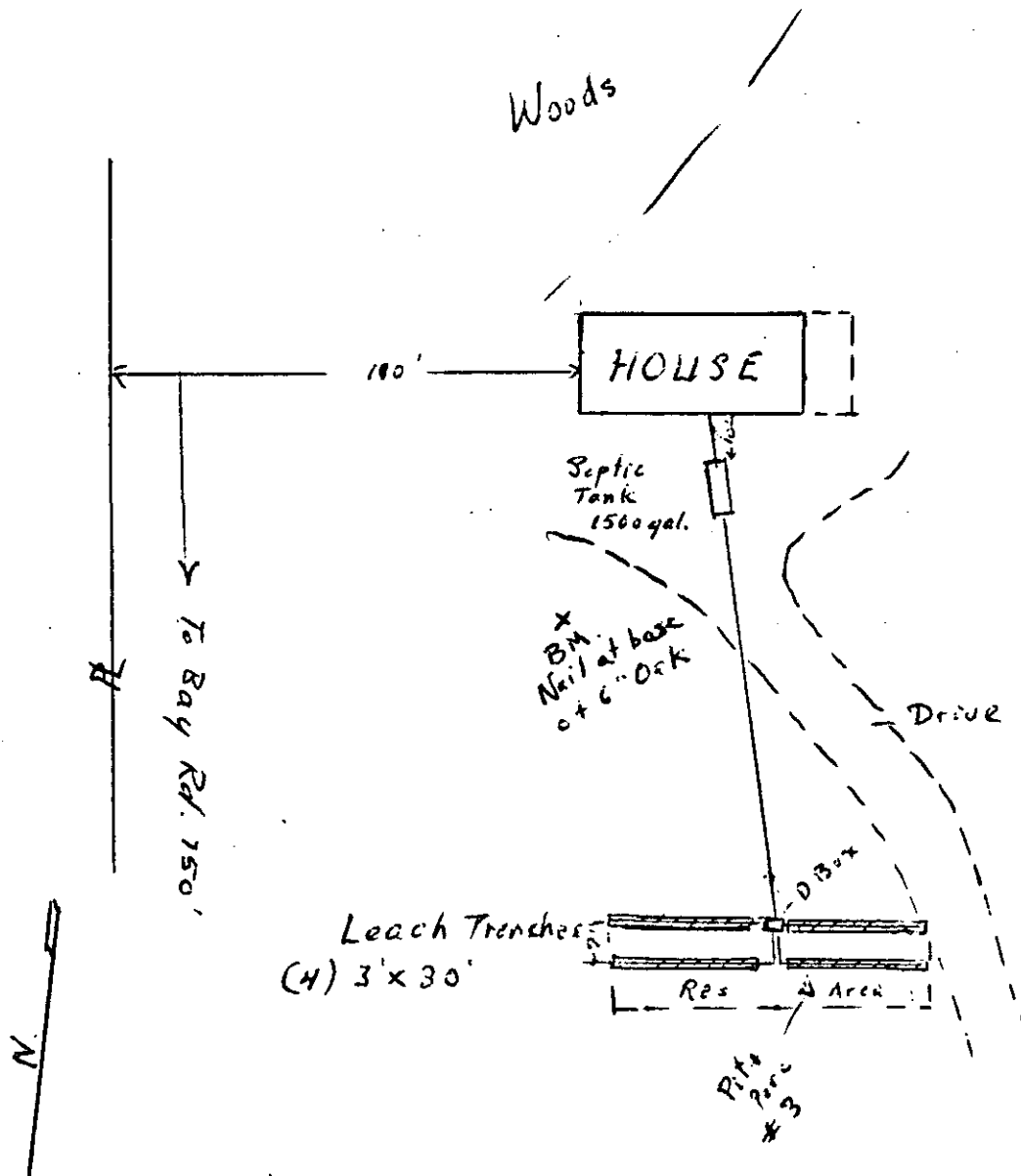
(DETAIL)

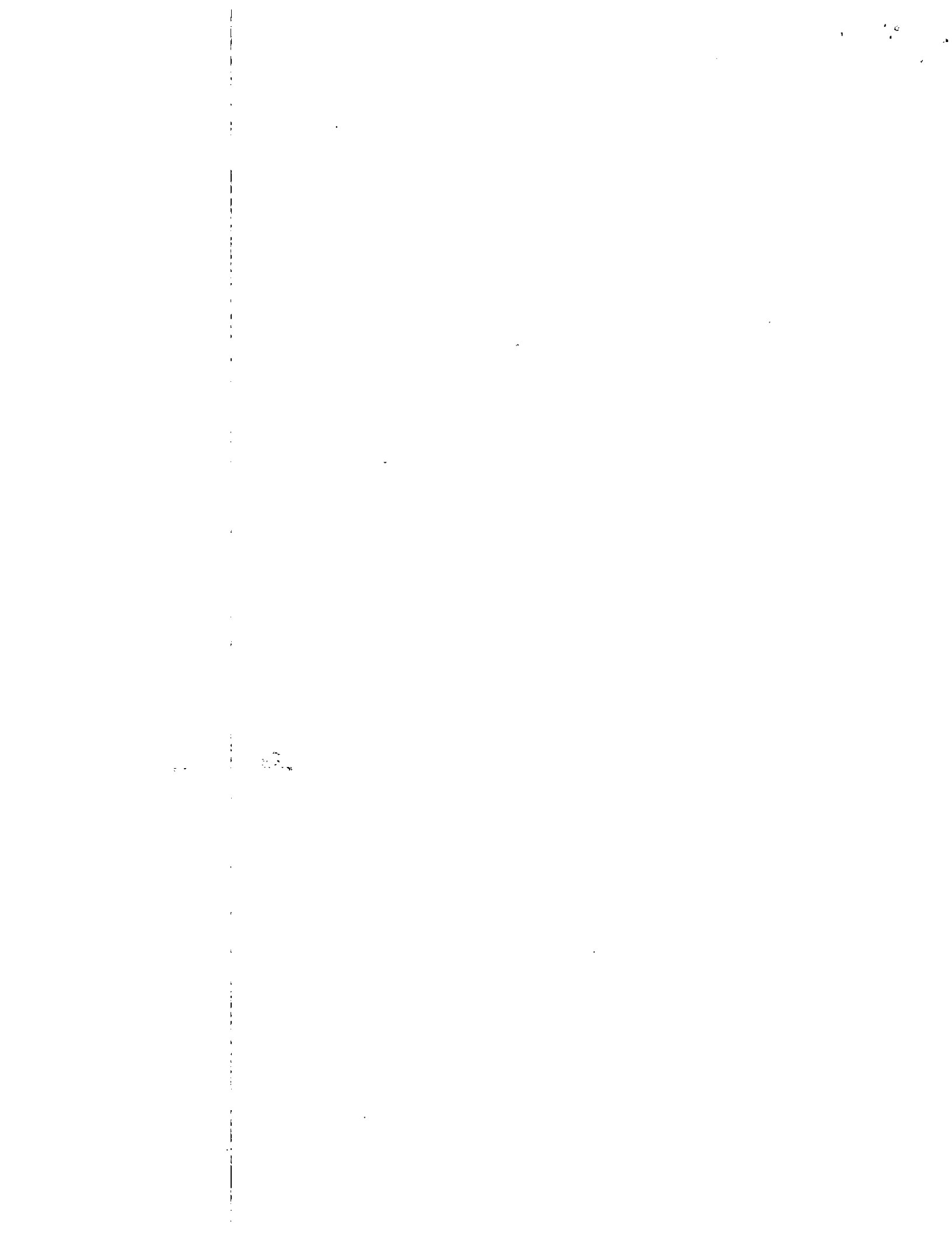
at: Bay Road

Amherst Mass

Scale: 1" = 40'

By: Frederick Filios





DEEP SOIL LOGS

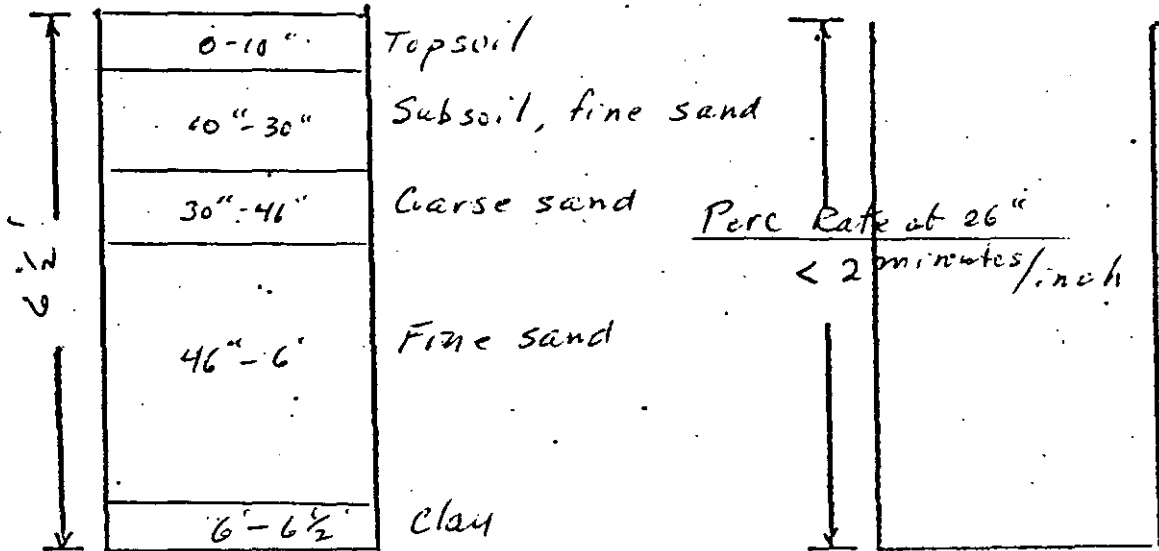
OWNER Walter ~~Coles~~ Weiner

Date Apr 16 1982

LOCATION Bay Rd.

OBSERVER F.A. Filios

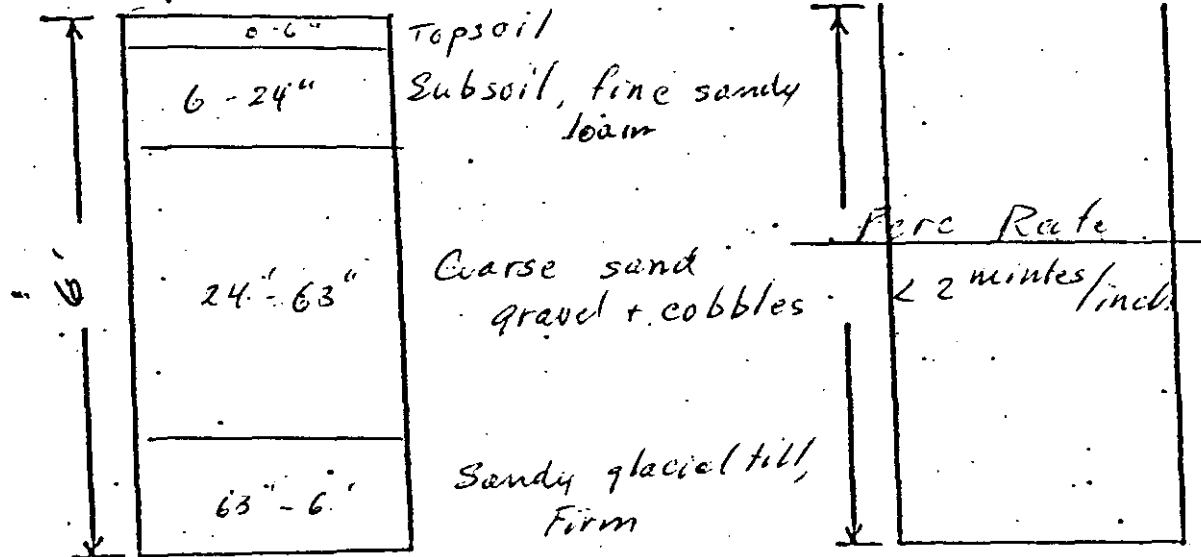
3 Below G.P.



Ground Water none

Ground Water _____

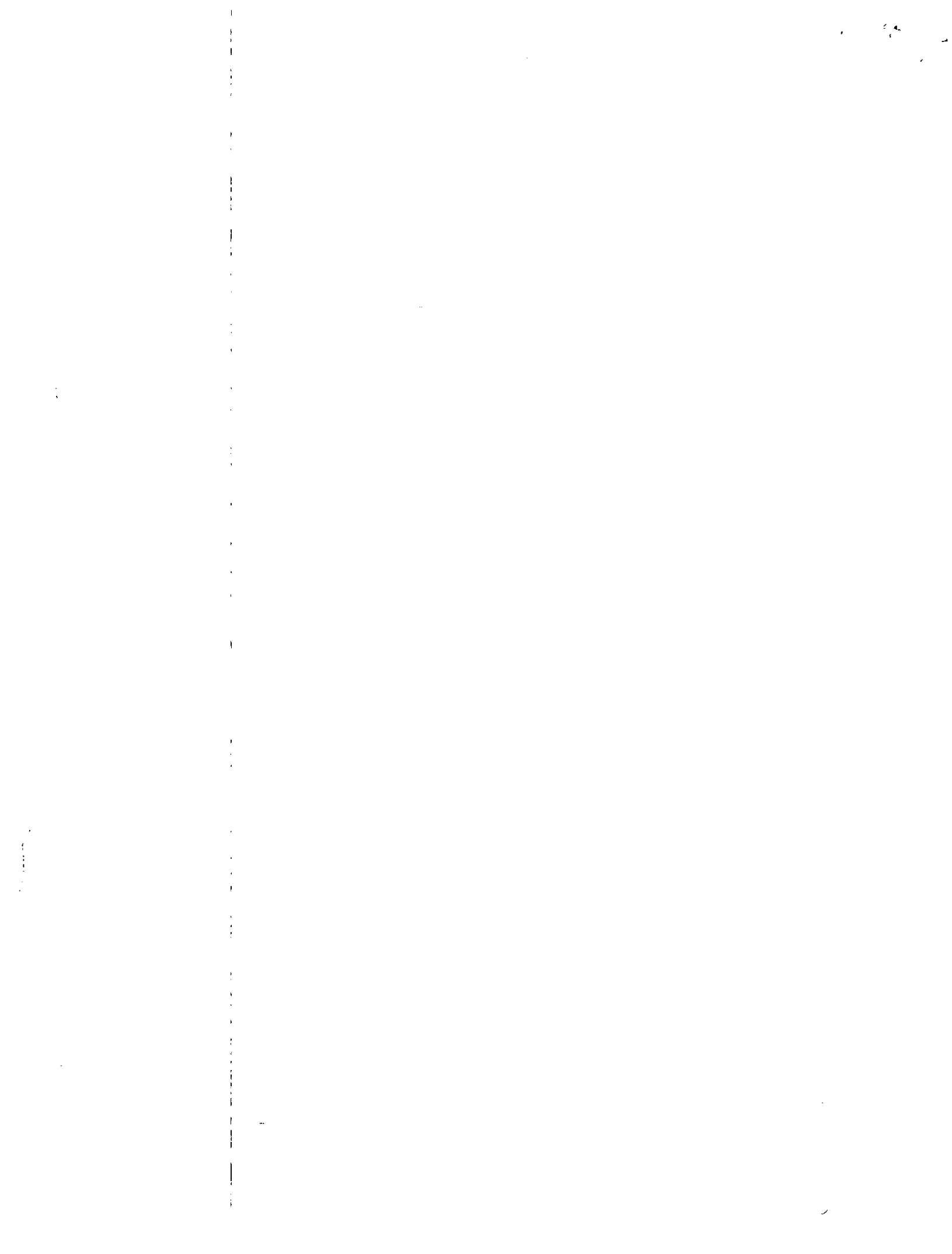
4 In woods



Ground Water none

Ground Water _____





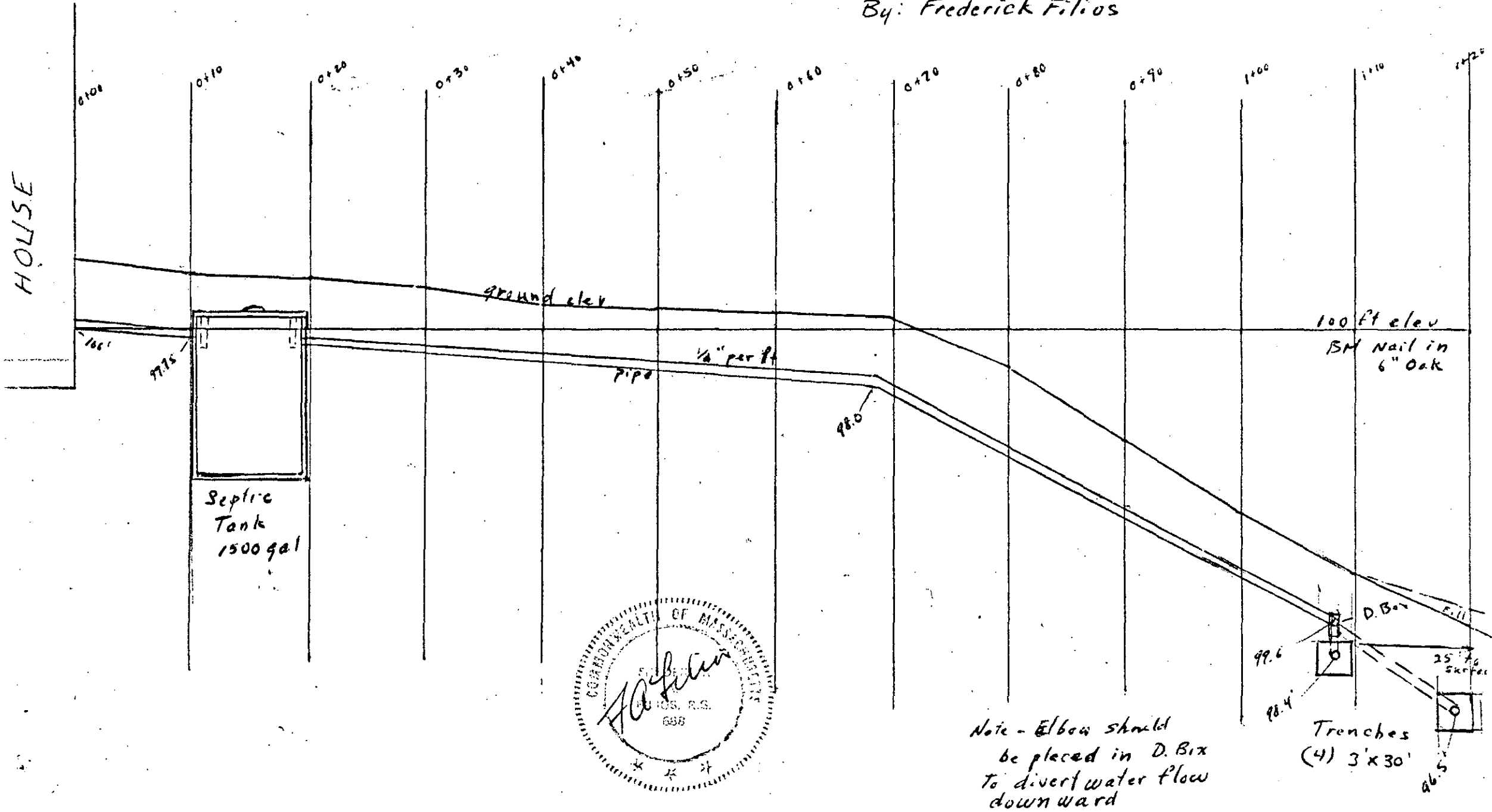
PROFILE OF SEPTIC SYSTEM

For: Ted Blauvelt (Weiner)
AT: Bay Rd

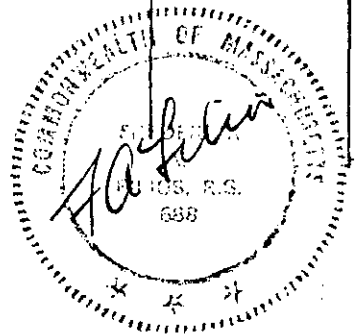
Scale: Horizontal - 1"=10'
Vertical - 1"=4'

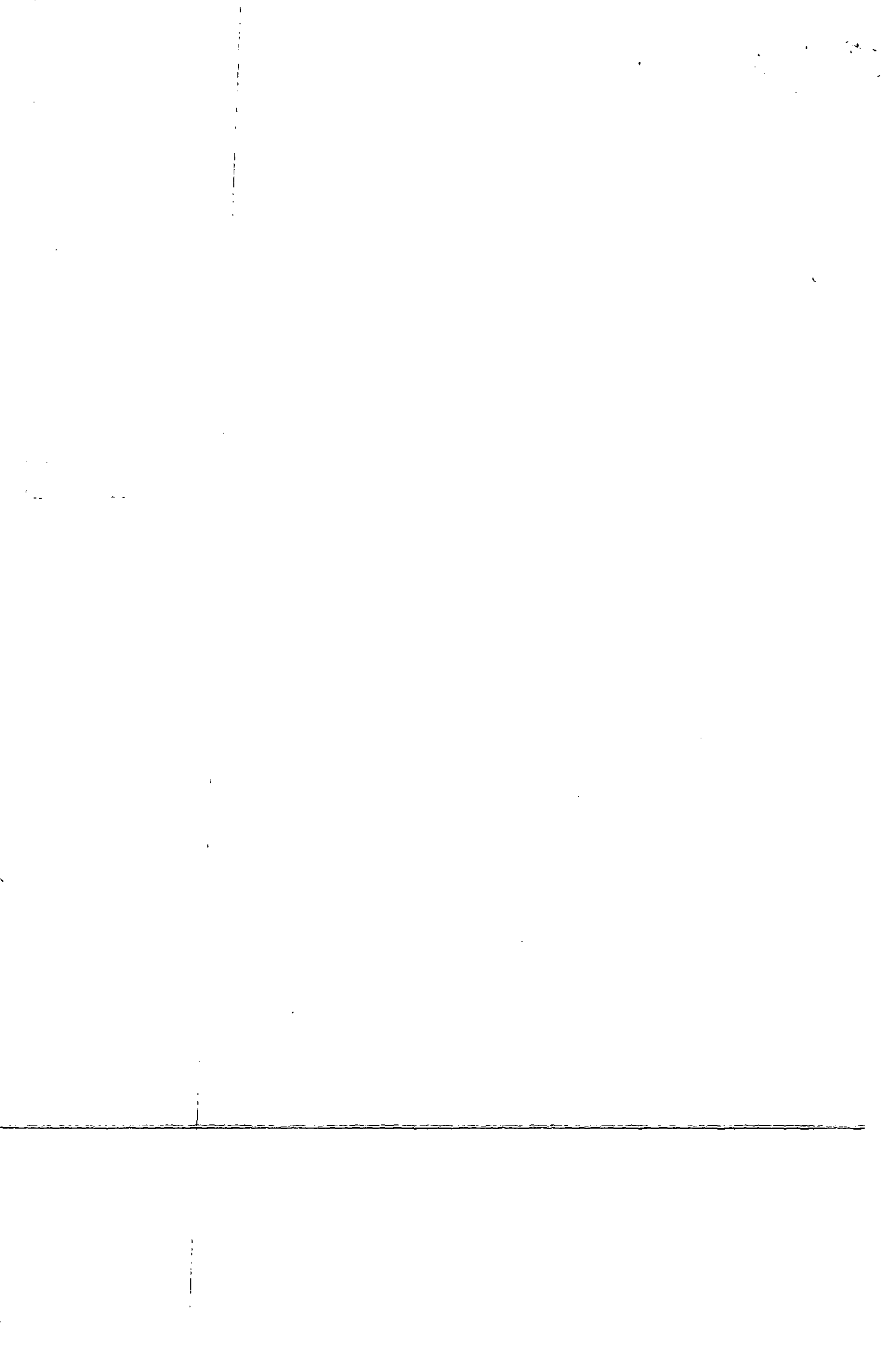
June 1982

By: Frederick Filios



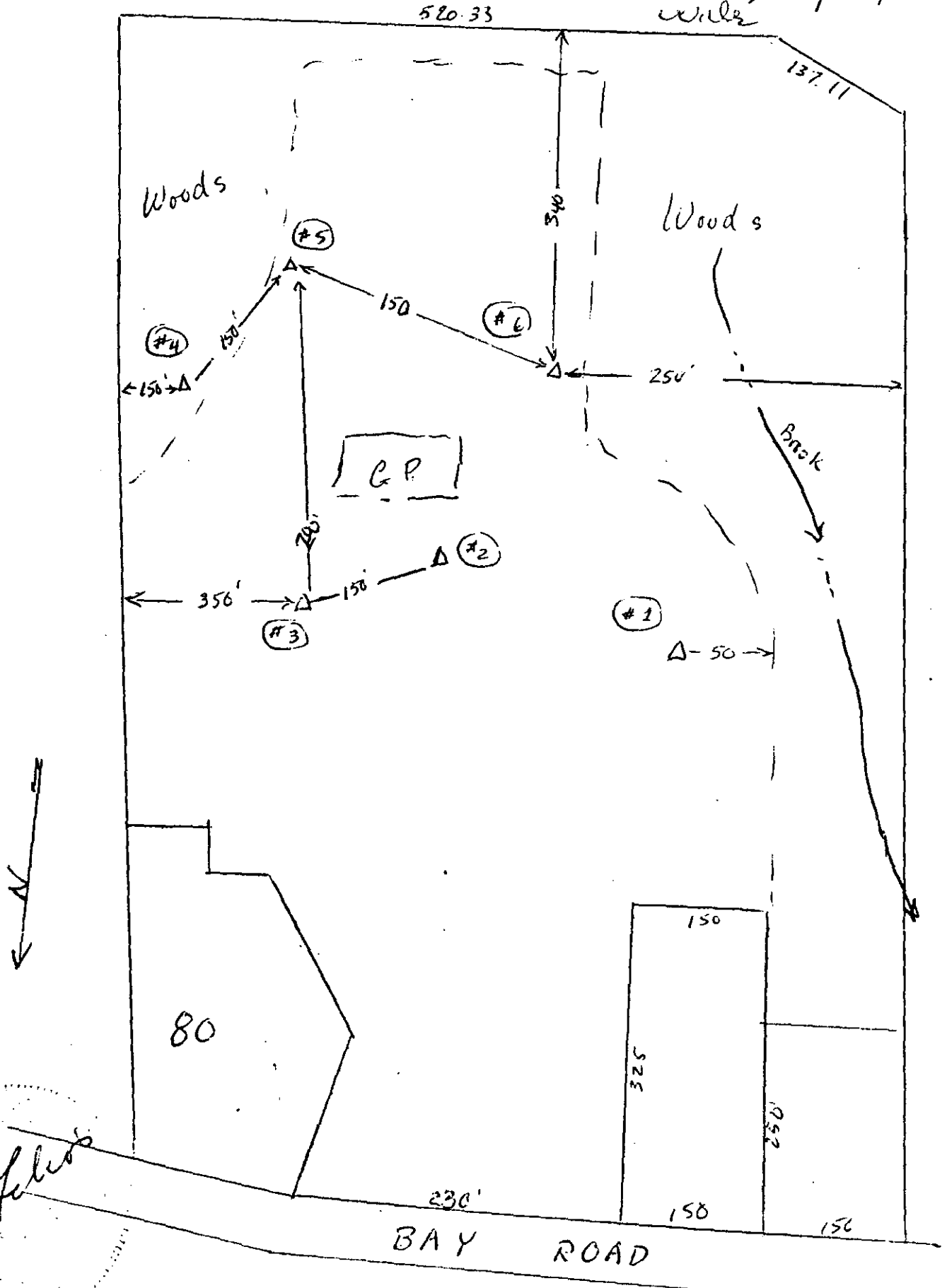
Note - Elbow should be placed in D. Box to divert water flow downward

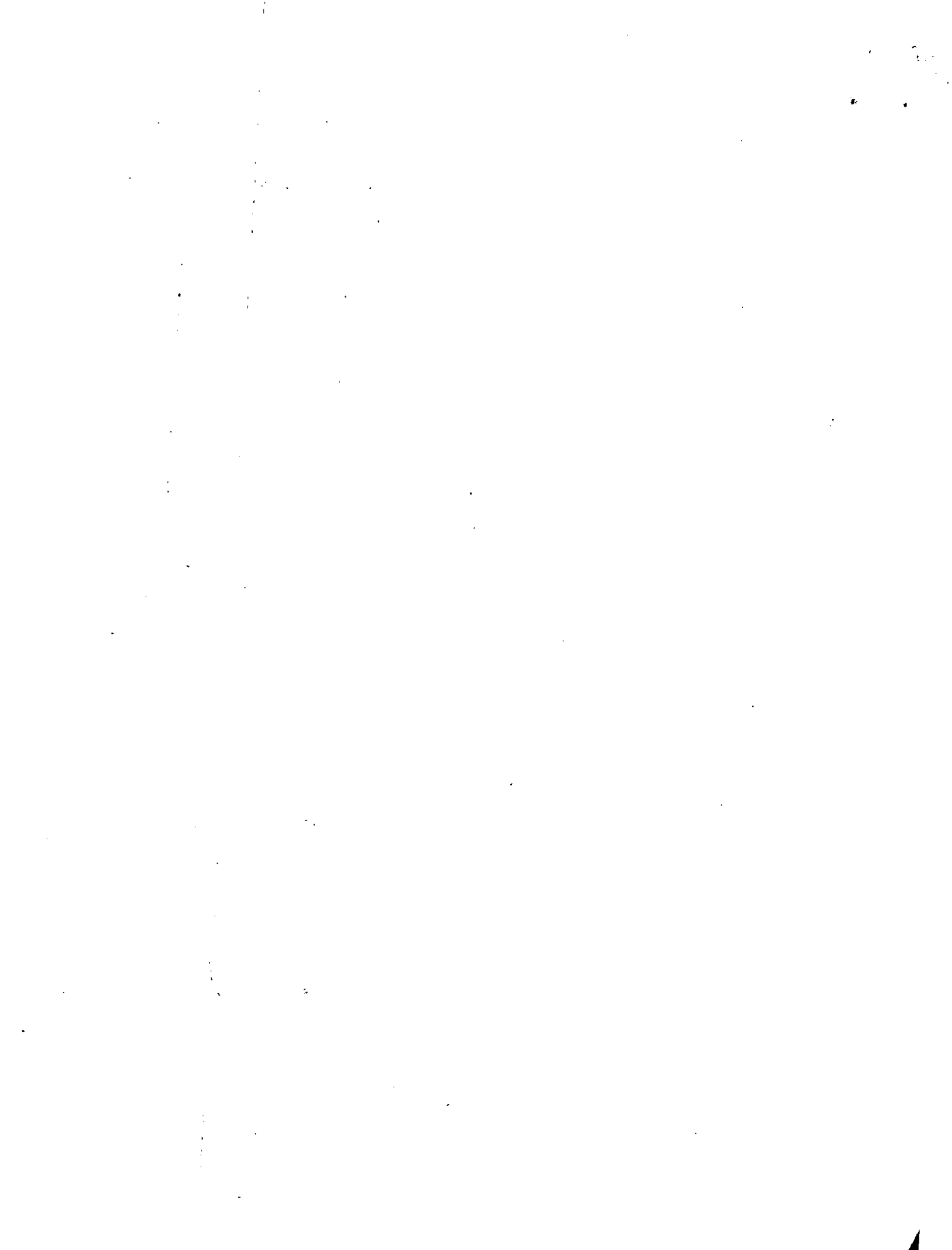




Sketch of Property - Percolation Test Locations

City Property
w/le





DEEP SOIL LOGS

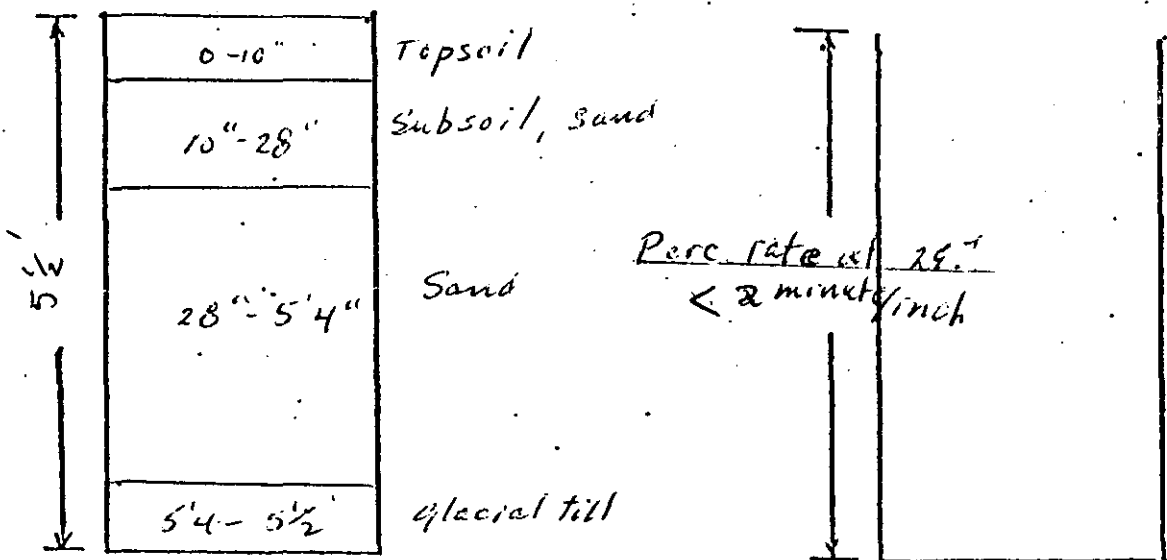
OWNER Ertes Wales
~~1st Park Chap~~

Date Apr 16 1982

LOCATION Bay Rd. #7

OBSERVER FA. Filios

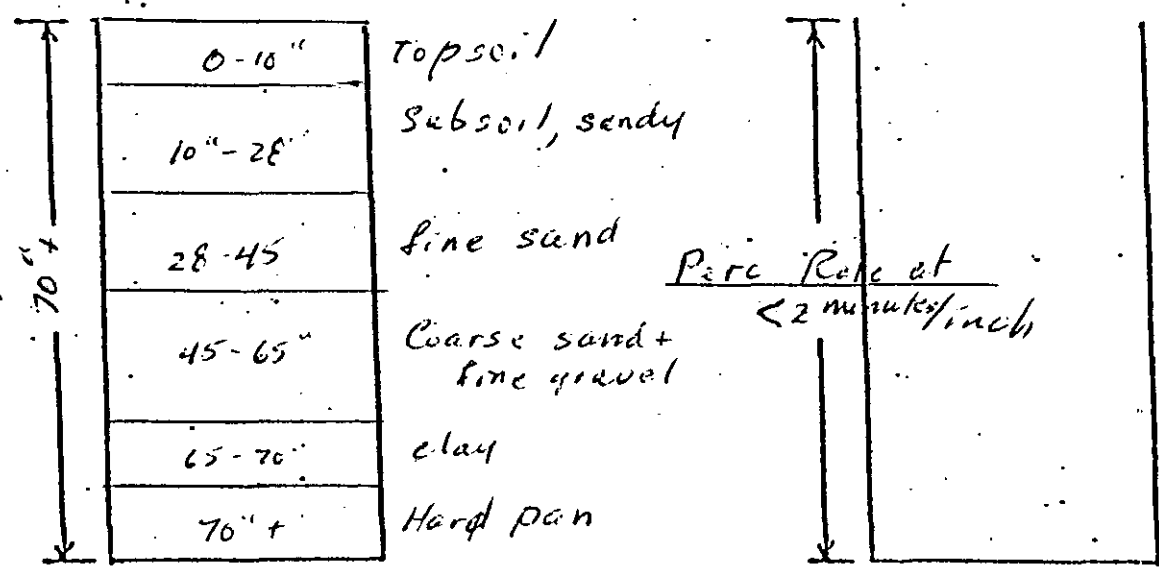
#1 Below ~~G.P.~~ 1st Park Chap



Ground Water 5'4"

Ground Water _____

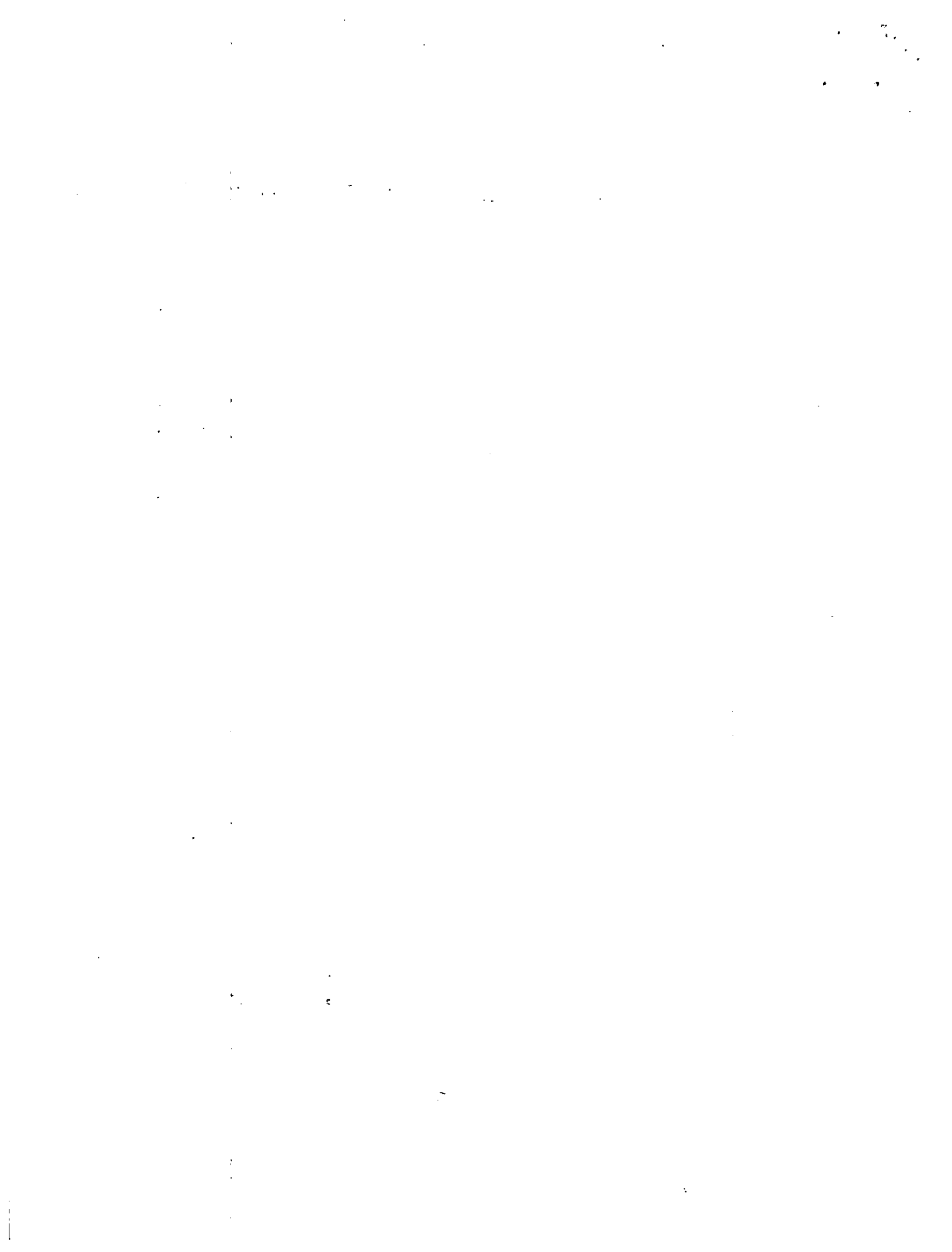
#2 Below G.P.



Ground Water 4'9"

Ground Water _____

FA. Filios



DEEP SOIL LOGS

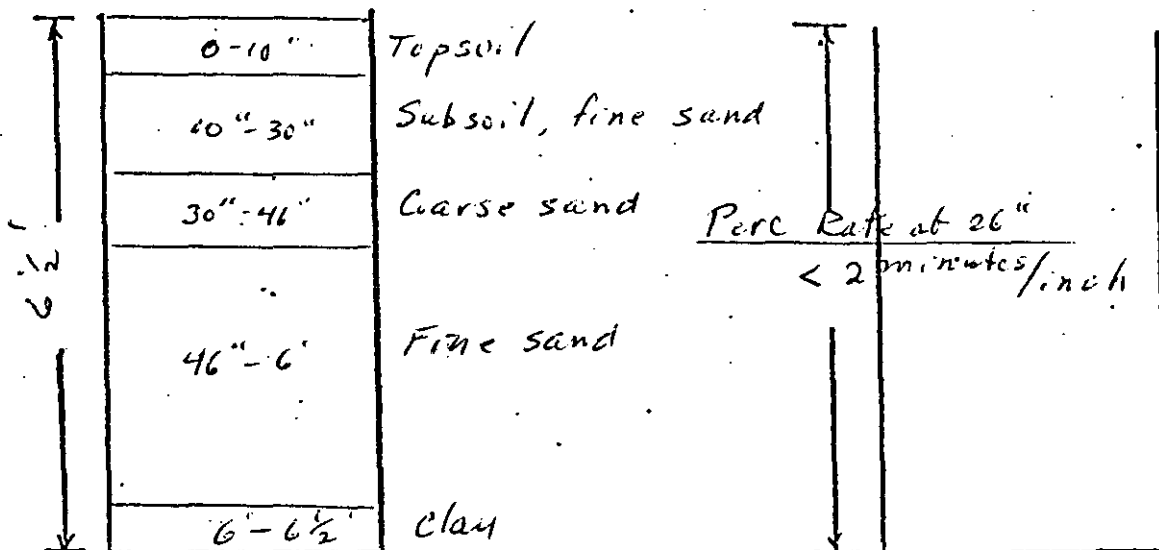
OWNER Wales

Date Apr 16 1982

LOCATION Bay Rd.

OBSERVER F.A. Filios

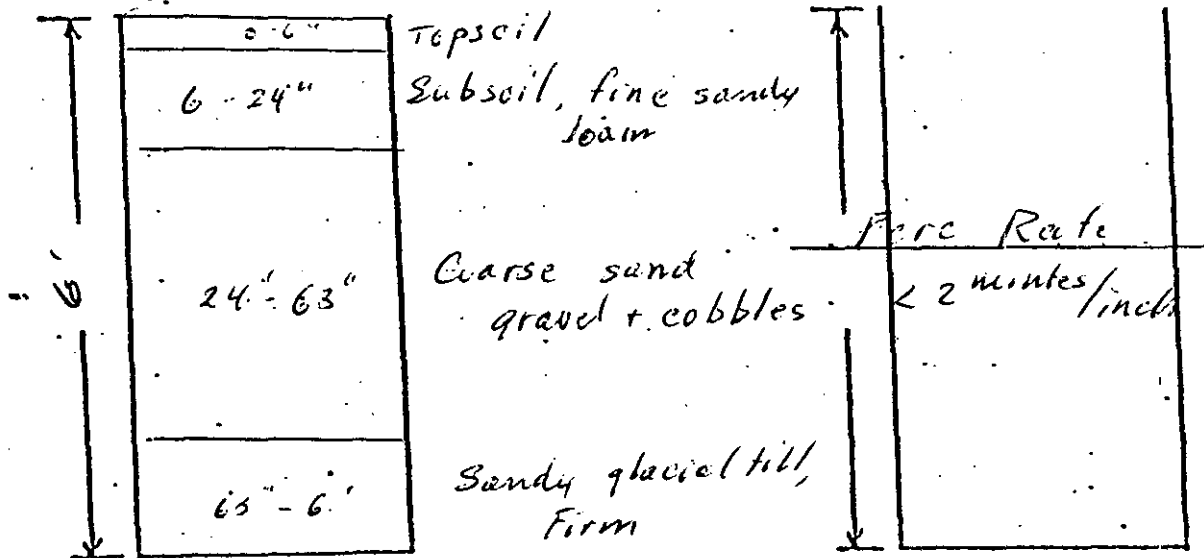
3 Below GP.



Ground Water none

Ground Water _____

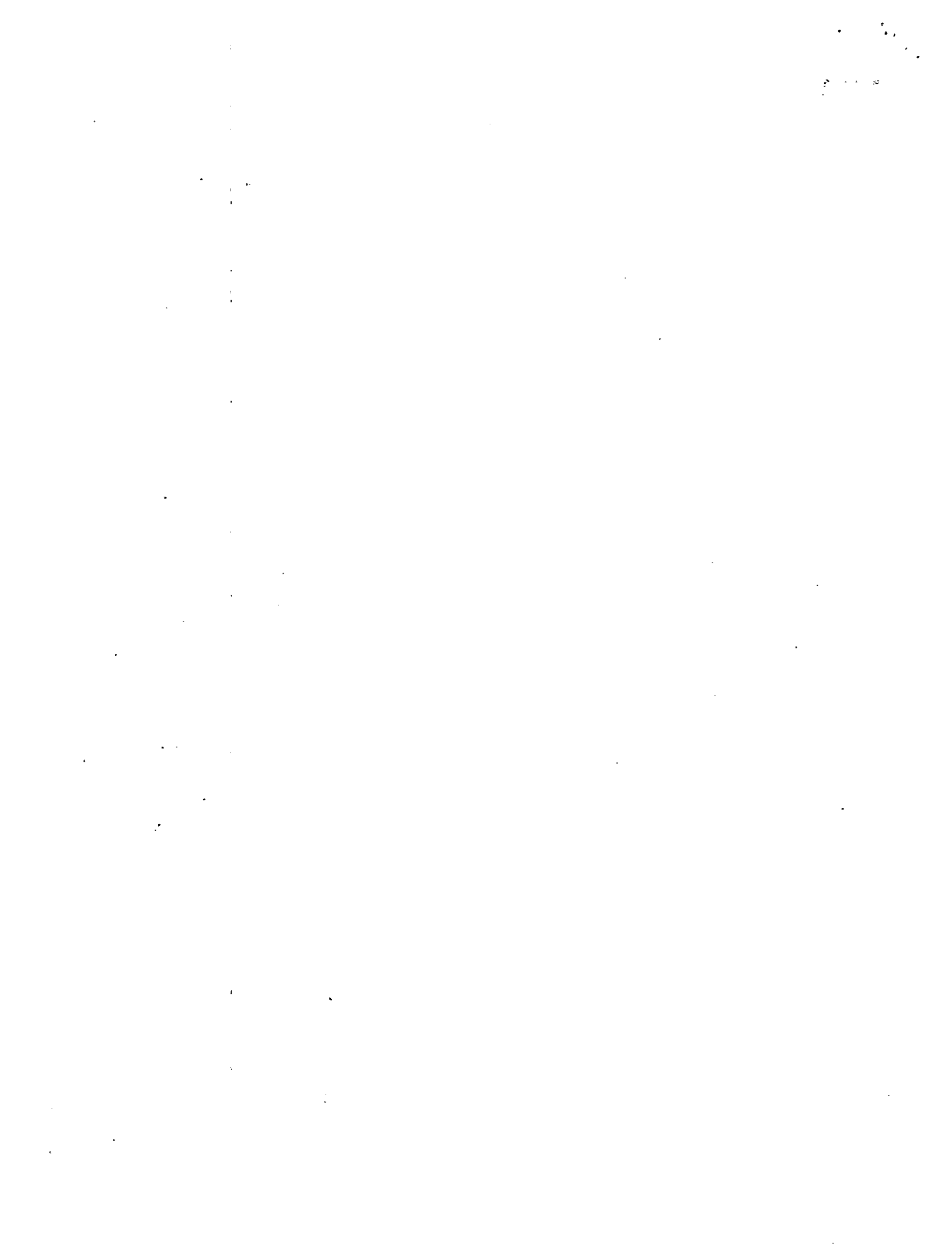
21 In woods



Ground Water none

Ground Water _____

F.A. Filios



DEEP SOIL LOGS

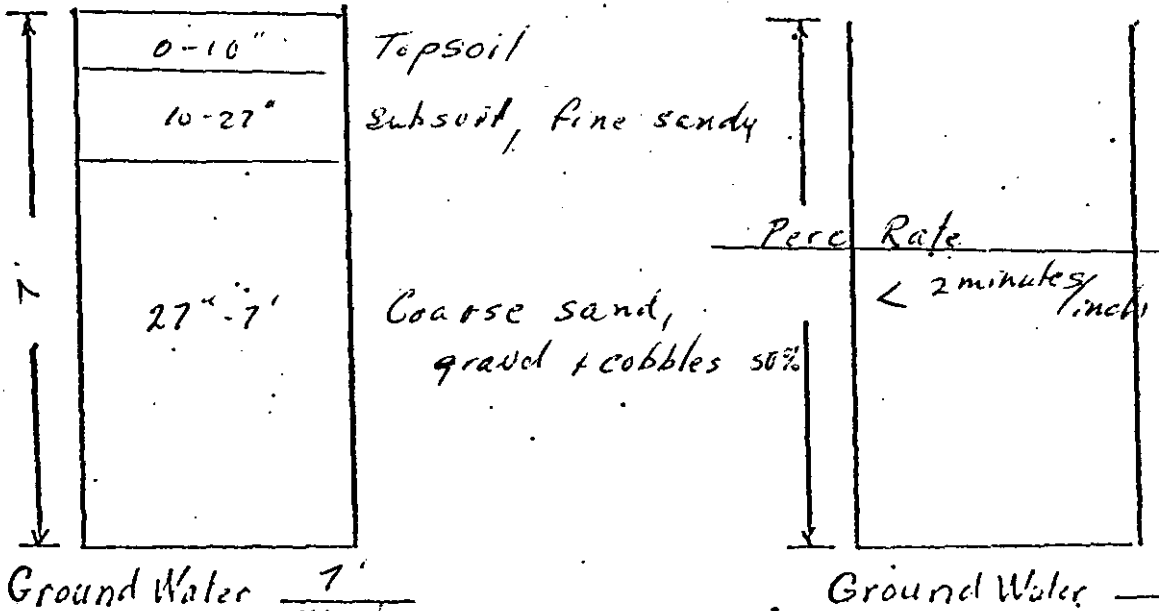
OWNER Eites Wales

Date Apr 16 1982

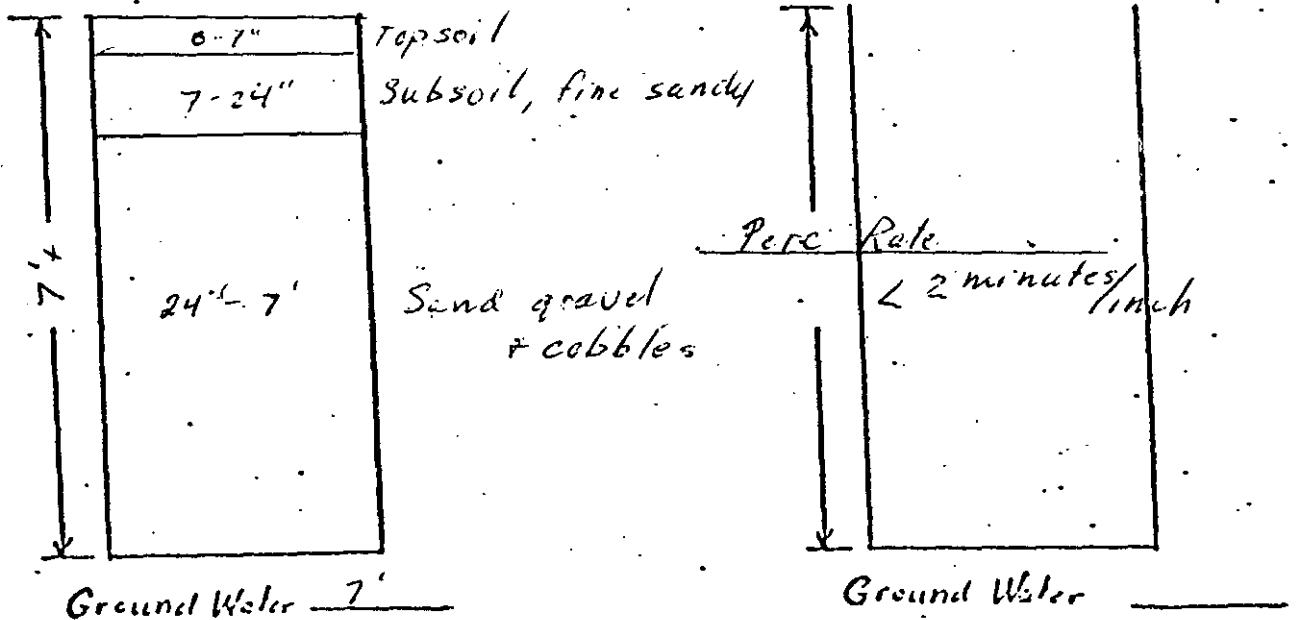
LOCATION Bay Road

OBSERVER F.A. Filios

#5 Edge of woods



#6 ~~East~~ West edge of clearing



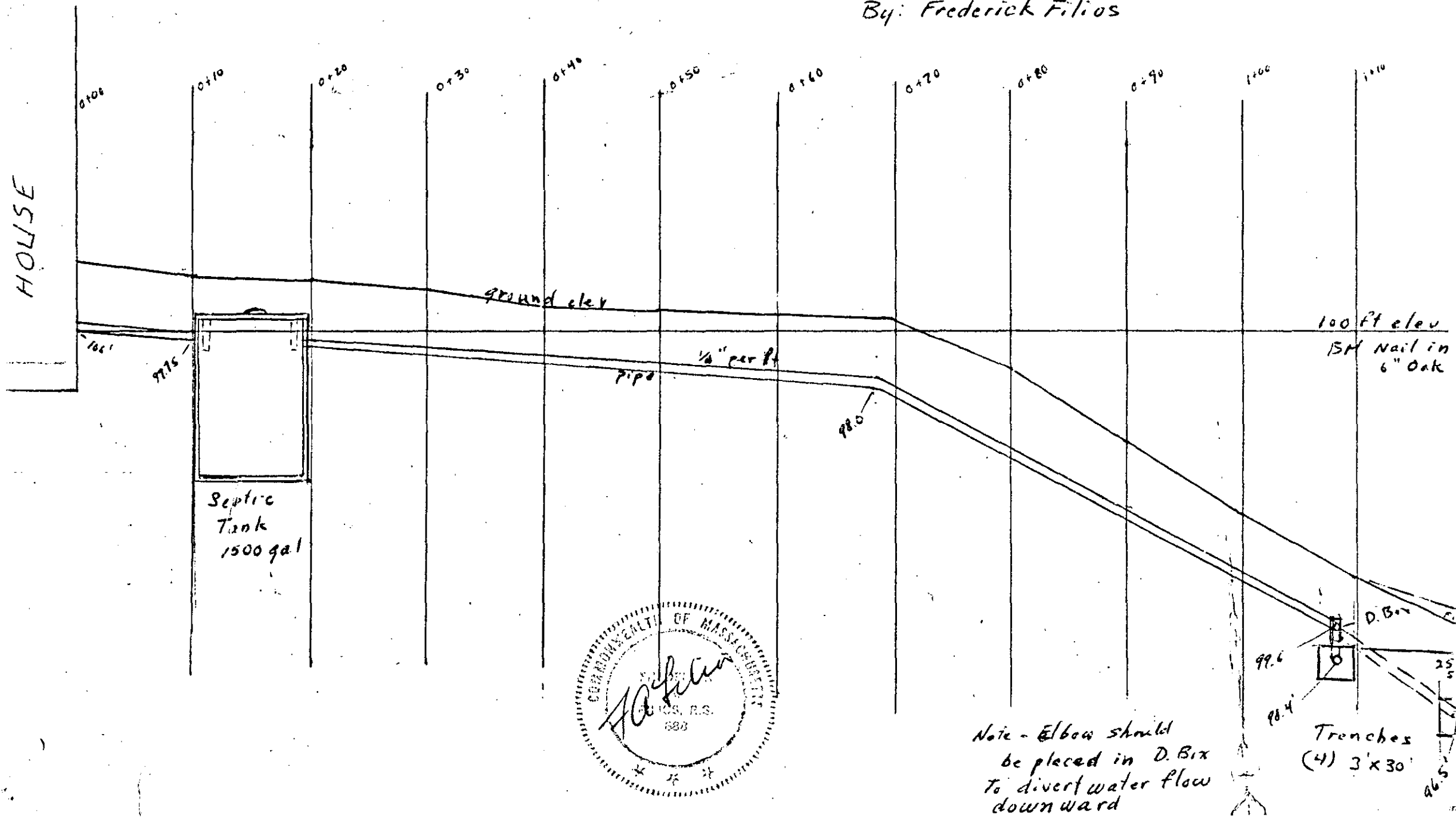
F.A. Filios

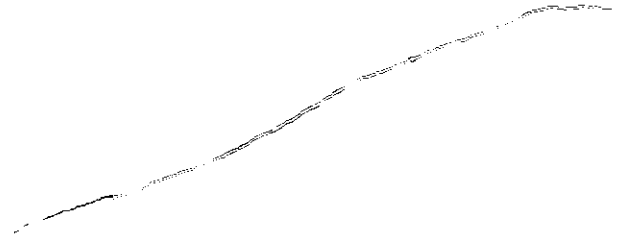
PROFILE OF SEPTIC SYSTEM

For: Ted Blauvelt (Weiner)
AT: Bay Rd

Scale: Horizontal - 1"=10'
Vertical - 1"=4'
By: Frederick Filios

June 1982





No. 83-8

FEE \$90 paid

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst, Mass.

Application for Disposal Works Construction Permit

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

Bay Road

Plantation Valley Homes, Inc.

123 Meadow St. Florence, Ma. 01060

X Ed Stone? K. Aris Etc. Installer

HANLEY Address

Type of Building

Size Lot 186x193 Sq. feet

Dwelling - No. of Bedrooms 4

Expansion Attic ()

Garbage Grinder (X)

Other - Type of Building Frame

No. of persons Max. 8

Showers () - Cafeteria ()

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.

Septic Tank - Liquid capacity 1500 gallons Length 10' Width 6' Diameter Depth 5'

Disposal Trench - No. Bed Width 20' Total Length 50' Total leaching area 1000 sq. ft.

Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (X) Dosing tank ()

Percolation Test Results Performed by Kendall G. Lund, Geo. Date 4/16/75

Test Pit No. 1 1 minutes per inch Depth of Test Pit 36" Depth to ground water None

Test Pit No. 2 --- minutes per inch Depth of Test Pit 114" Depth to ground water 5.5'

Description of Soil 0" to 12" topsoil - 12" to 65" gravel - 65" to 101" sand & silt - 101" to 114" sand & gravel - water at 5.5'

Nature of Repairs or Alterations - Answer when applicable SYSTEM MUST BE KEPT SHALLOW 4' ABOVE 420

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - 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 Mercedes Blum

4/26/83 Date

Application Approved By CE [Signature]

4/28/83 Date

Application Disapproved for the following reasons:

Permit No. 83-8

Issued 4/28/83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

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

Installer

at

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

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

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 83-8

FEE \$90

Disposal Works Construction Permit

Permission is hereby granted Plantation Valley Homes / Ed Stone 2

to Construct (X) or Repair () an Individual Sewage Disposal System

at No. Lot #1 Bay Rd + South East St Street

as shown on the application for Disposal Works Construction Permit No. 83-8 Dated 4/28/83

DATE 4/28/83 Board of Health

CHECK OR FILL IN WHERE APPLICABLE

x

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x A

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21/11/11 I m I

I I I I I I I I I I I I

11/11/11



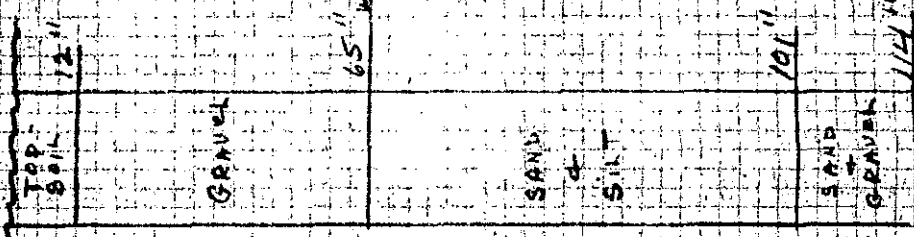
JOHN A. BRACKET, R.S.
19 SUMMER STREET

GREENFIELD, MASS. 01301

John A. Brackett R.S.
1/24/83

NO SCALE

DEEP TEST NO. 0



DEEP TEST

RESERVE AREA

50'

80'

100'

DIST BOX

1500 GPM SEPTIC TANK

ABRM HOUSE

GAR

LAWN AREA

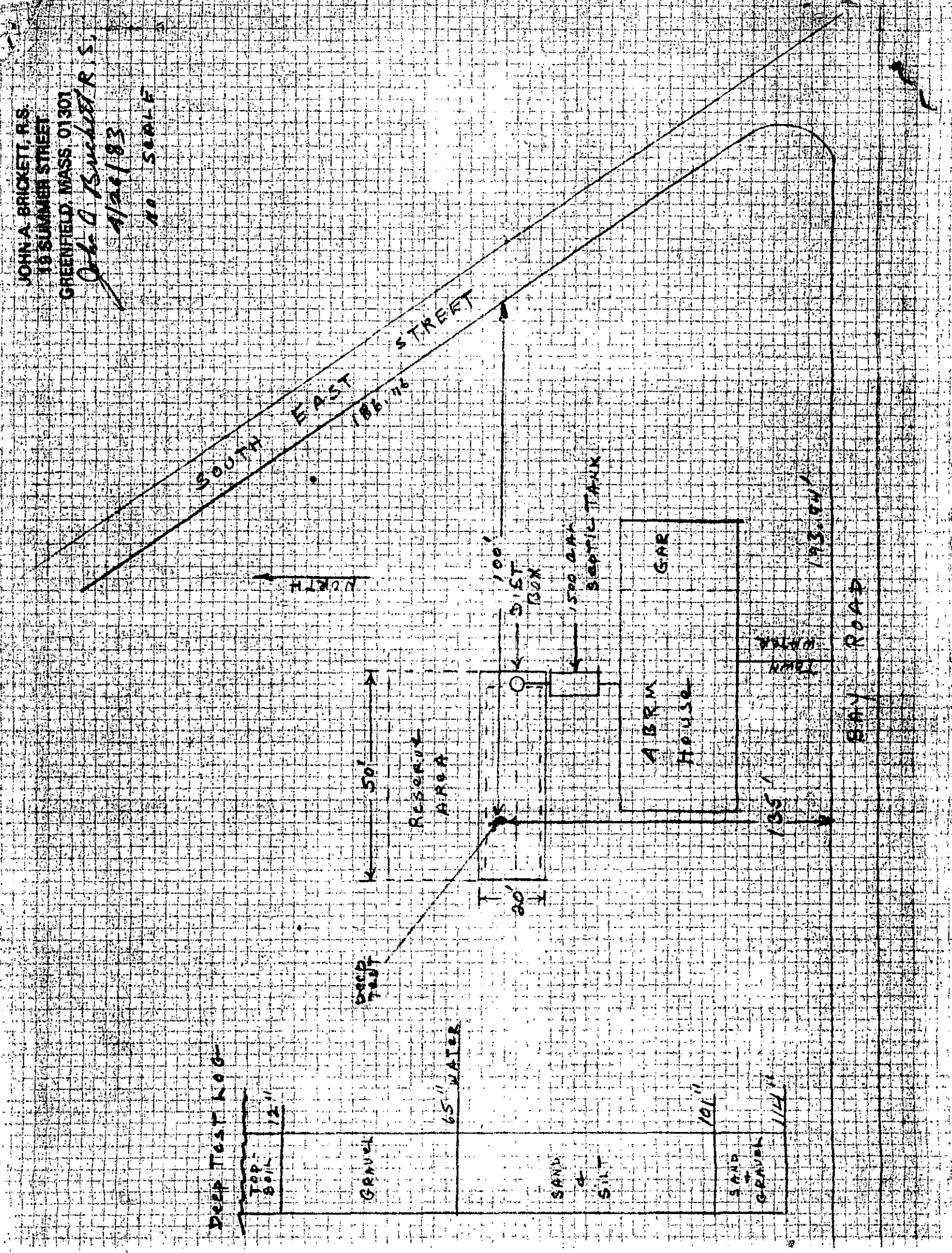
135'

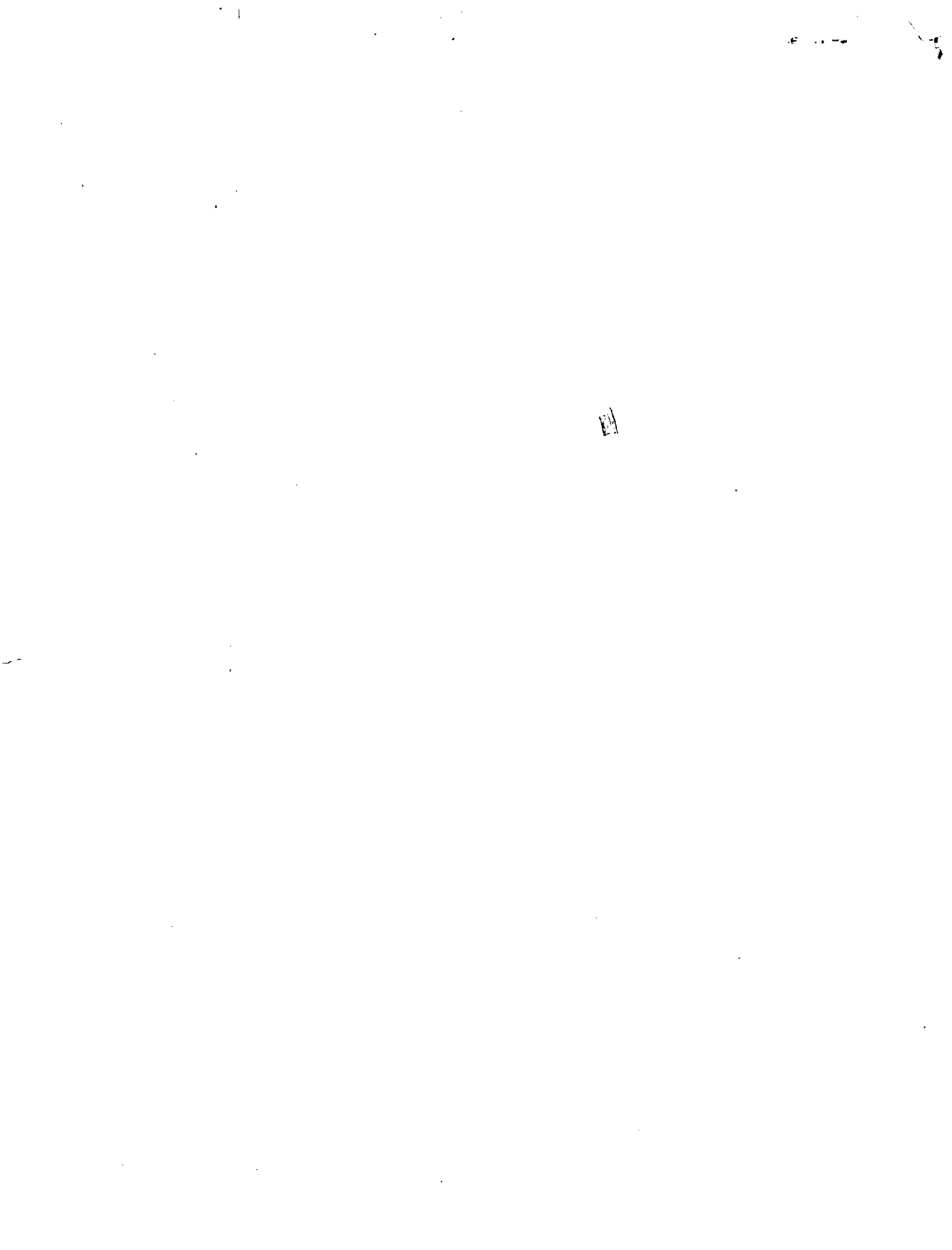
193.00'

RAY ROAD

SOUTH EAST STREET
186.76'

NORTH





BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

CORNER BAY RD, So EAST ST

Important Information Regarding Your Private Sewage Disposal System

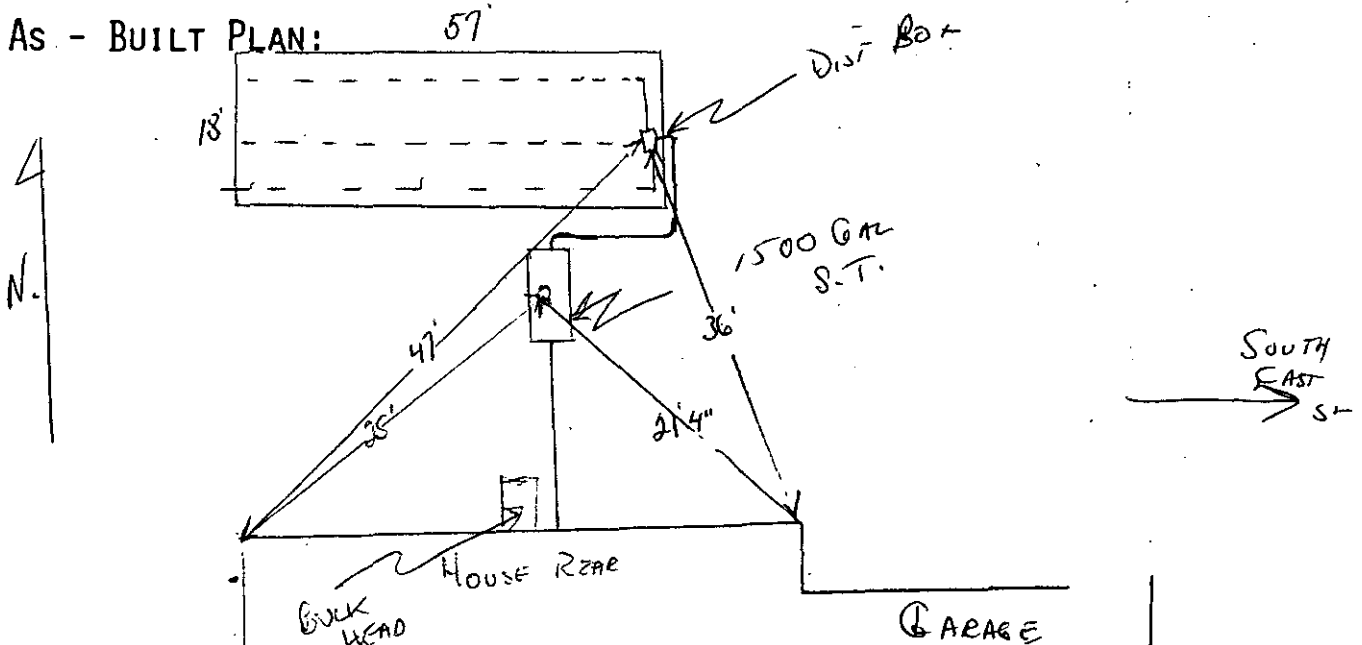
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner PLANTATION VALLEY HOMES Address MEADOW ST FLORENCE
Installer KARL'S EXC Address RIVER DR HADLEY
Date Installation Inspected and Approved JULY 25, 1983

Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet: 1026

Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



No. 81-4

FEE 15.00

pd. O. C.E.D. 4-10-81 81-4

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst, Mass.

Application for Disposal Works Construction Permit

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

Bay Road

Lot D

Plantation Valley Homes, Inc.

123 Meadow St. Florence, Mass.

LO STONE

MONTAGUE MA

Owner

Address

Address

Type of Building

Size Lot 32,665 Sq. feet

Dwelling - No. of Bedrooms 1

Expansion Attic ()

Garbage Grinder YES

Other - Type of Building Frame

No. of persons Max. 6

Showers () - Cafeteria ()

Other fixtures

Design Flow 55 gpd per person per day. Total daily flow 330 gallons.

Septic Tank - Liquid capacity 1500 gallons Length 9' Width 4' Diameter Depth 5'

Disposal Trench - No. Bed Width 20' Total Length 40' Total leaching area 800 sq. ft.

Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (X) Dosing tank ()

Percolation Test Results Performed by Kendall G. Lunt Date 4/16/75

Test Pit No. 1 1 minutes per inch Depth of Test Pit 36" Depth to ground water None

Test Pit No. 2 --- minutes per inch Depth of Test Pit 120" Depth to ground water None

C. Drake was present for test.

Description of Soil 0" to 6" topsoil - 6" to 48" sand (fine to coarse) -

48" to 66" very fine sand - 66" to 120" silt - no water at 120"

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Application Approved By [Signature] Date 4/9/81

Application Disapproved for the following reasons:

Permit No. 81-4 Issued 4/10/81 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY That the Individual Sewage Disposal System constructed (X) or Repaired ()

at LOT D BAY RD by ED STONE - MONTAGUE MA Installer

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. 81-4 dated 4-10-81

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

DATE Aug 21, 1981 Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Disposal Works Construction Permit

Permission is hereby granted ED STONE

to Construct (X) or Repair () an Individual Sewage Disposal System

at No. LOT D BAY RD (SLAVE ESTATE) Street

as shown on the application for Disposal Works Construction Permit No. 81-4 Dated 4-10-81

DATE 4-10-81 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



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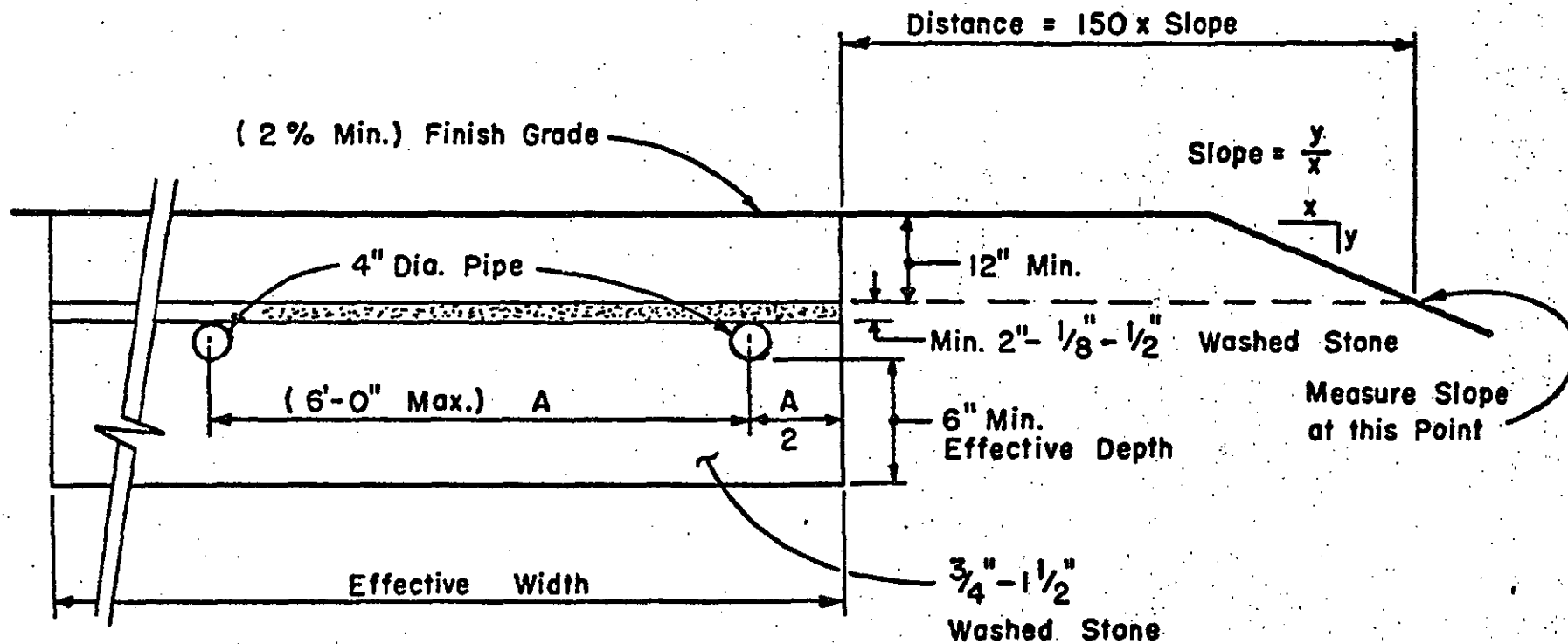
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LEACHING FIELDS

No Scale

Illustration C

Handwritten marks or scribbles in the top right corner.

Small handwritten mark or scribble in the bottom left corner.

No Scale

JOHN A. BRICKETT, R.S.
19 SUMMER STREET
GREENFIELD, MASS. 01301

John A. Brackett R.S.
4/9/81

DEEP TEST LOG

Topsoil	6"
SAND	48"
V.F. SAND	66"
SILT	
120"	

No WATER

NORTH

slope

LOT D

RESERVED AREA

RELOCATE TO FRONT OF HOUSE

DIST BOX

1000 GAL. SPRING TANK

DEEP TEST

GAR.

3 BRM HOUSE

TOWN WATER

BAY ROAD

228.93'

60'

20'

40'

45'

70'

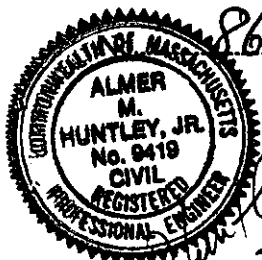
150'

150'

35'

218.48'

GREENBERRY, MASS. 01901
1000 MARKET STREET
LAW OFFICE OF
JAMES M. O'NEILL, JR.



5-1-86 - 10 AM

86-43

FEE 90

OK 1472

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit

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

Bay Road
Michael Pansor Location - Address

PART OF ASSESSOR PARCEL 26A-144

JANUARY HILLS RD RR3 AMHERST

Richard ROBERTS
Owner
Installer

HEMENWAY RD, LEVERETT
Address

Type of Building Size Lot 3,807 Ac 3/4
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 10' Width 5' Diameter Depth 5'
Disposal Trench - No. Width Total Length Total leaching area sq. ft.
Seepage Pit No. 2 Diameter Depth below inlet 3' Total leaching area 378 sq. ft.
Other Distribution box (X) Dosing tank ()
Percolation Test Results Performed by R. Brazeau A. Huntley Assoc. Date 4-6-84
Test Pit No. 1 2 minutes per inch Depth of Test Pit 9'0" Depth to ground water None
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil SEE ATTACHED PLANS

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - 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 Michael A. Pansor
Application Approved By [Signature] Date 5-1-86

Application Disapproved for the following reasons:

Permit No. 86-43

Issued 5-1-86 - 10 AM
Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

TOWN OF AMHERST

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired () by [Name] Installer

at [Address] has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. [Number] dated [Date]

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

DATE [Date] Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

No. 86-43 TOWN OF AMHERST

FEE 90

Disposal Works Construction Permit

Permission is hereby granted MICHAEL PANSOR - R. ROBERTS to Construct (X) or Repair () an Individual Sewage Disposal System at No. PART OF BROWN PARCEL ASSE map. 26A-144 as shown on the application for Disposal Works Construction Permit No. 86-43 Dated 5-1-86

DATE MAY 1, 1986

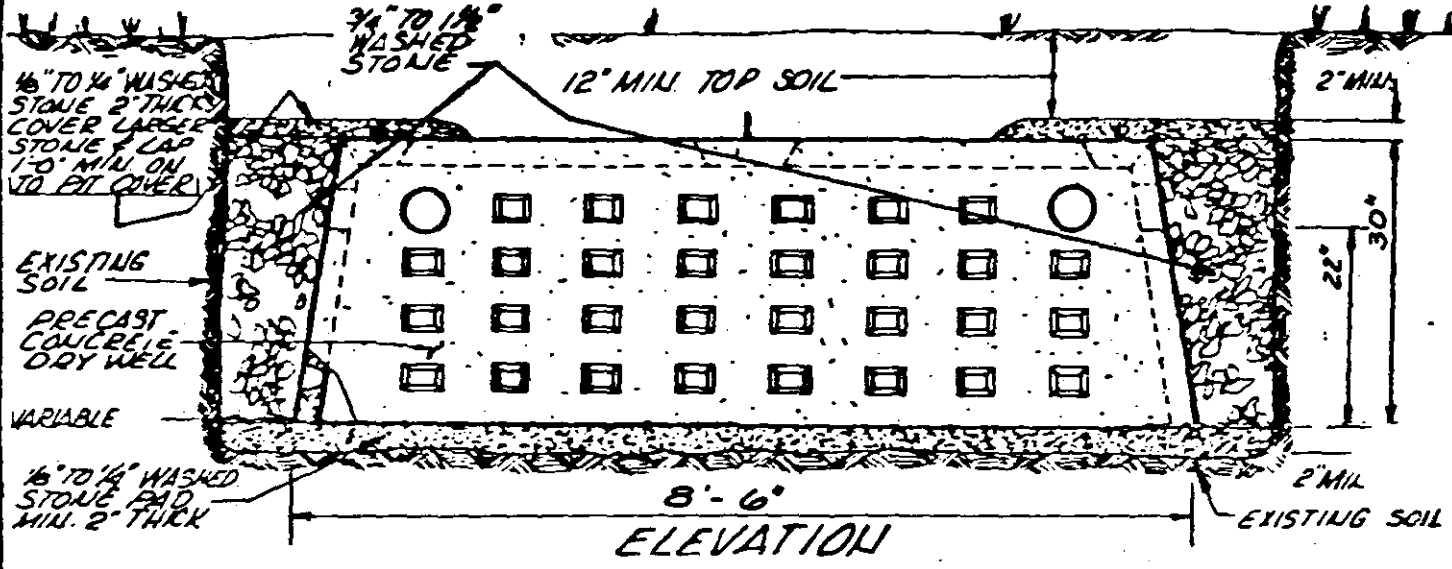
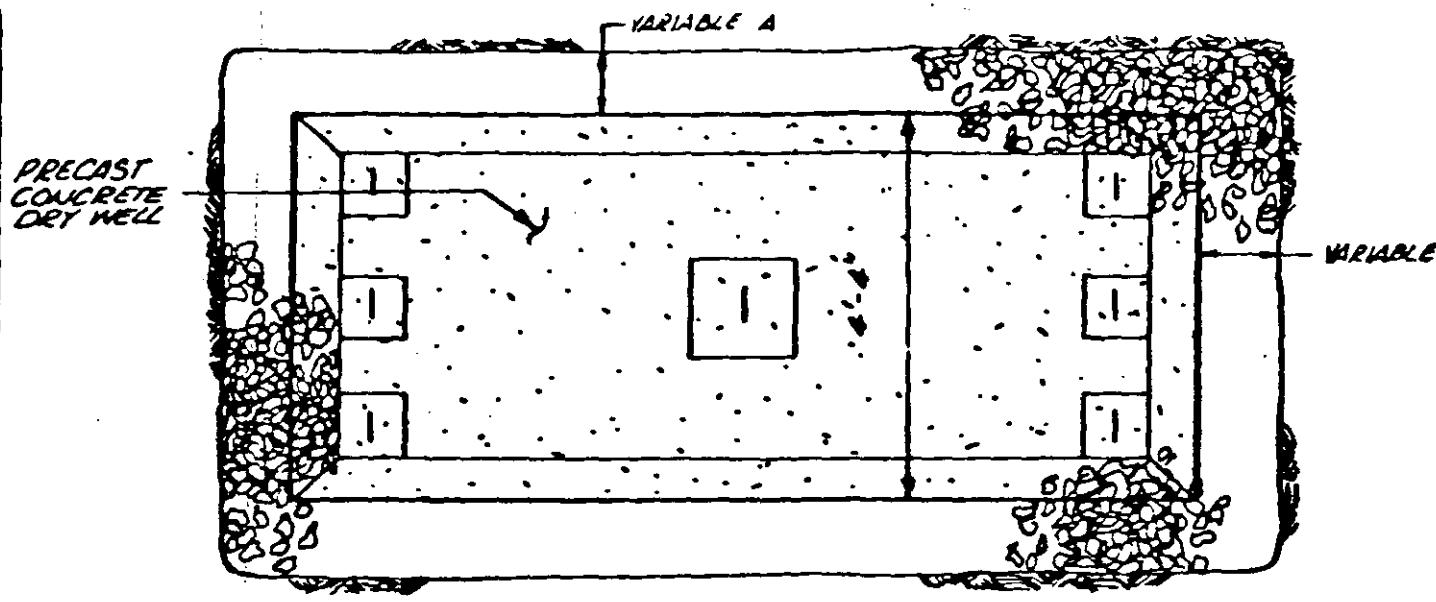
[Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE



U.S. DISTRICT COURT - D.C.

1000



NOTE: • ALL WORK WILL BE DONE IN ACCORDANCE WITH THE STATE ENVIRONMENTAL CODE - TITLE 5.
 • SPACING WHEN MORE THAN ONE SEEPAGE PIT OR DRY WELL ARE BEING USED IS TO BE TWICE THE GREATEST EFFECTIVE WIDTH OR DEPTH OF THE PIT, WHICHEVER IS GREATER.

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
 REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
 125 PLEASANT STREET
 NORTHAMPTON MASS

100 - 100
100 - 100
100 - 100
100 - 100

POWSON
P-1428

LEACHING PIT DESIGN

Precast Pit Used: 8.5 ' Long x 4.4 ' Wide x 2 ' Effective Depth
Using 4 ' of stone all around and 1 ' of stone under pit.

SIDEWALL AREA:

16.5 ' Long x 3 ' Effective Depth x 2 Sides = 99 SF

12.4 ' Wide x 3 ' Effective Depth x 2 Sides = 74.4 SF

Total of 173.4 SF (Sidewall Area) x 2.5 Gal/SF = 433 Gal/Pit (Sidewall)

BOTTOM AREA:

16.5 ' Long x 12.4 ' Wide = 204.6 SF

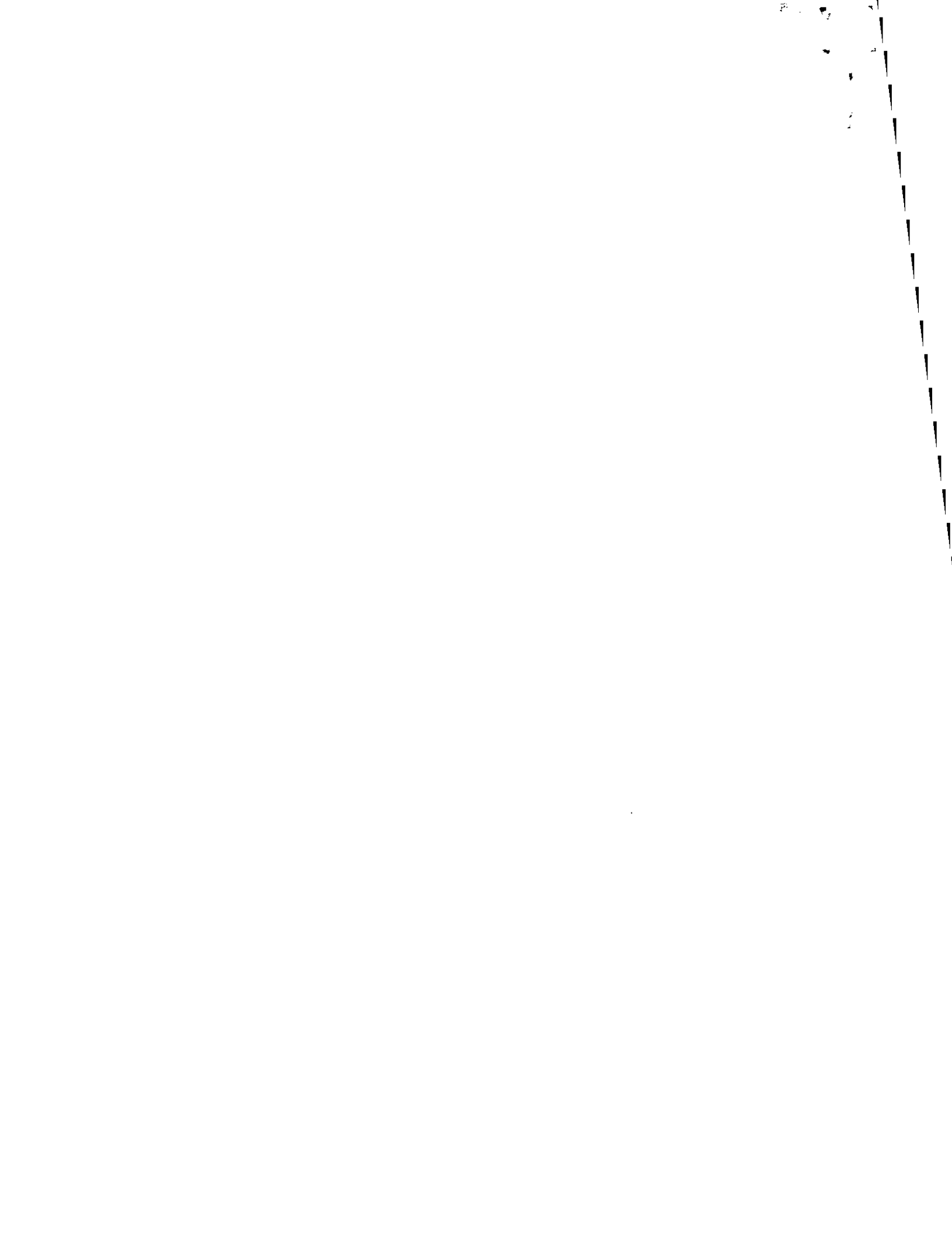
204.6 SF (Bottom Area) x 1.0 Gal/SF = 204.6 Gal/Pit (Bottom)

433 Gal/Pit (Sidewall)
+ 204.6 Gal/Pit (Bottom)
= 637 TOTAL Gal/Pit (Designed)

* Without Garbage Disposal: _____ Total Gal/Day (REQUIRED)

* With Garbage Disposal: 1.5 x 440 Gal/Day (Daily Flow) = 660 Gal/Pit (REQUIRED)

Using 660 Gal/Day (Daily Flow) ÷ 637 Gal/Pit = 2 Pit(s)



PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: PONSON

Location: OFF BAY ROAD, AMHERST

Number of Bedrooms: 4

Garbage Disposal: YES

LEACH AREA DESIGN

4 Bedrooms x 2 persons/bedroom = 8 persons

8 Persons x 55 gallons of wastewater/person/day = 440 total gallons of wastewater/day.

Percolation Rate: 2 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

2 min/inch = 2.5 Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

- * If a leach bed is to be installed, no sidewall is allowed.
- * If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 150% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity).

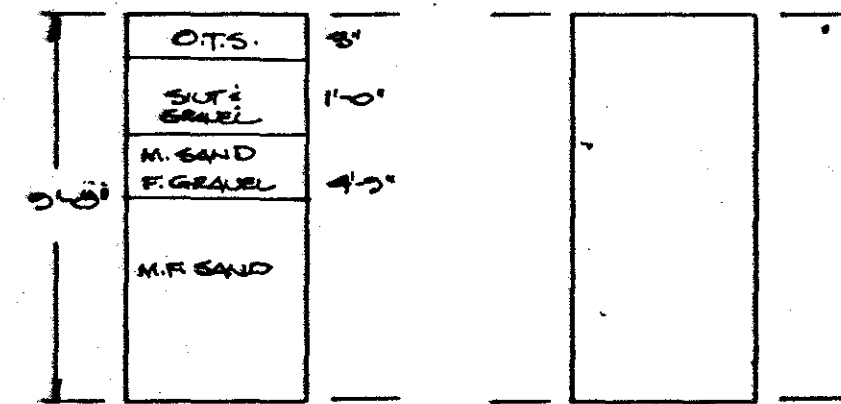
** WITH GARBAGE DISPOSAL:

440 Gallons of wastewater/day x 200% = 880 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacity)

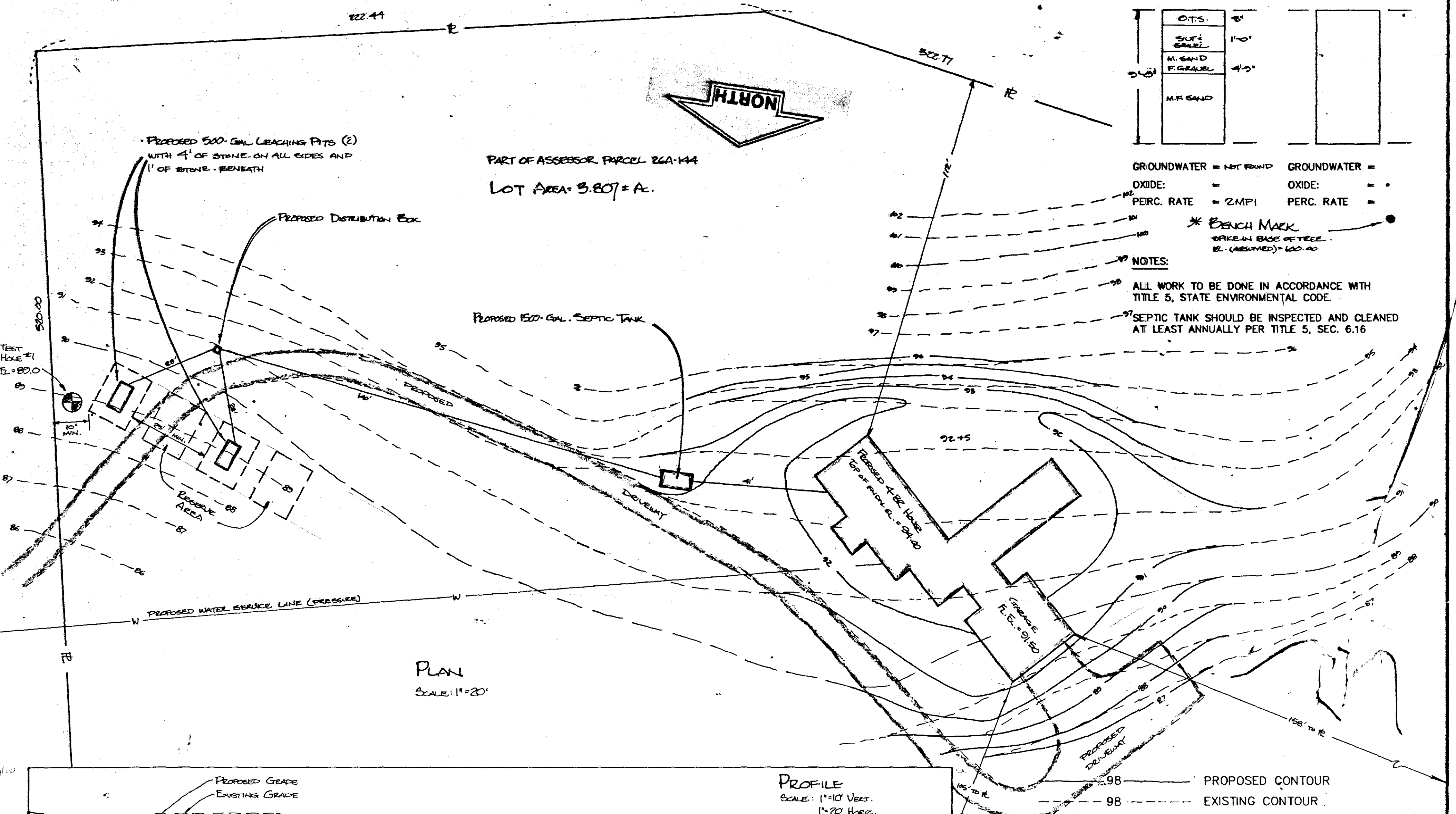
OBSERVATION PIT: #1
DATE: 4-6-84



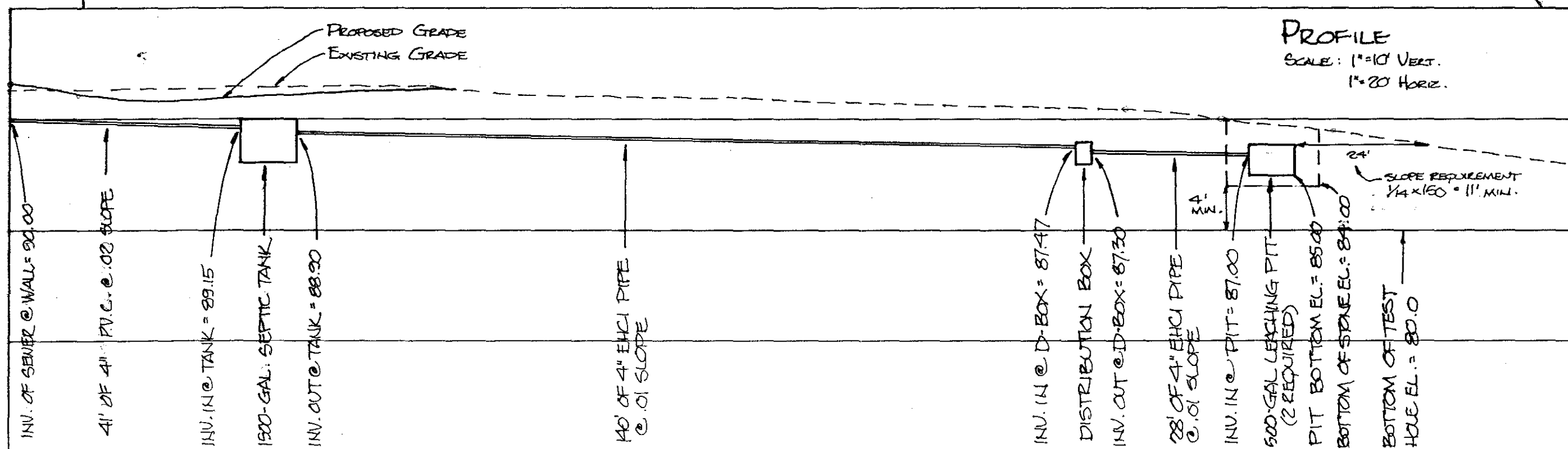
GROUNDWATER = NOT FOUND
OXIDE: =
PERC. RATE = 2 MPI

* BENCH MARK
DRIVE IN BASE OF TREE
EL. (ASSUMED) = 100.00

NOTES:
ALL WORK TO BE DONE IN ACCORDANCE WITH TITLE 5, STATE ENVIRONMENTAL CODE.
SEPTIC TANK SHOULD BE INSPECTED AND CLEANED AT LEAST ANNUALLY PER TITLE 5, SEC. 6.16



PROFILE
SCALE: 1" = 10' VERT.
1" = 20' HORIZ.



PROPOSED SEWAGE DISPOSAL SYSTEM
BAY ROAD
AMHERST, MASS.
PREPARED FOR MIKE PONSER

FIELD WORK:
COMPUTATIONS: DMT
DRAFTING: DMT
CHECKED:
SCALE: AS NOTED
DATE: 4-27-84

ALMER HUNTLEY, & ASSOCIATES, INC.
LAND SURVEYORS—PROFESSIONAL ENGINEERS—LANDSCAPE ARCHITECTS
125 PLEASANT STREET
NORTHAMPTON, MA.

P-1428 SHEET: OF:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 774-13 Date 11-18-74 Fee 3.00 Date Rec'd. 11-18-74 By CEA

Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: Location-Address BAY ROAD. (1015?) or Lot No. 53... Owner JOHN HIC... Contractor... Type of Building... Dimensions... Size Lot 2 ACRES... Design Flow 50 gallons per person per day... Total daily flow 400 gallons... Septic Tank-Liquid capacity 1250 gallons... Dimensions: L 8 W 4 D 5... Disposal Trench-No. Width Total Length Total leaching area... Disposal Bed-No. Diameter Depth below inlet Total leaching area 500 sq. ft... Dry Well-No. 2 Diameter 6 Depth below inlet 6... Other: Distribution box (X) No. Dosing tank ()... Percolation Test Results Performed by K.G. LUND... Date OCT. 15, 1972... Description of Soil SAND Depth to Ground Water 9' + MAY 1, 1974

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CEA... RS... Owner or builder John W. Hic... 7-23-74 date... 7-23-74 date

Application Disapproved for the following reasons:

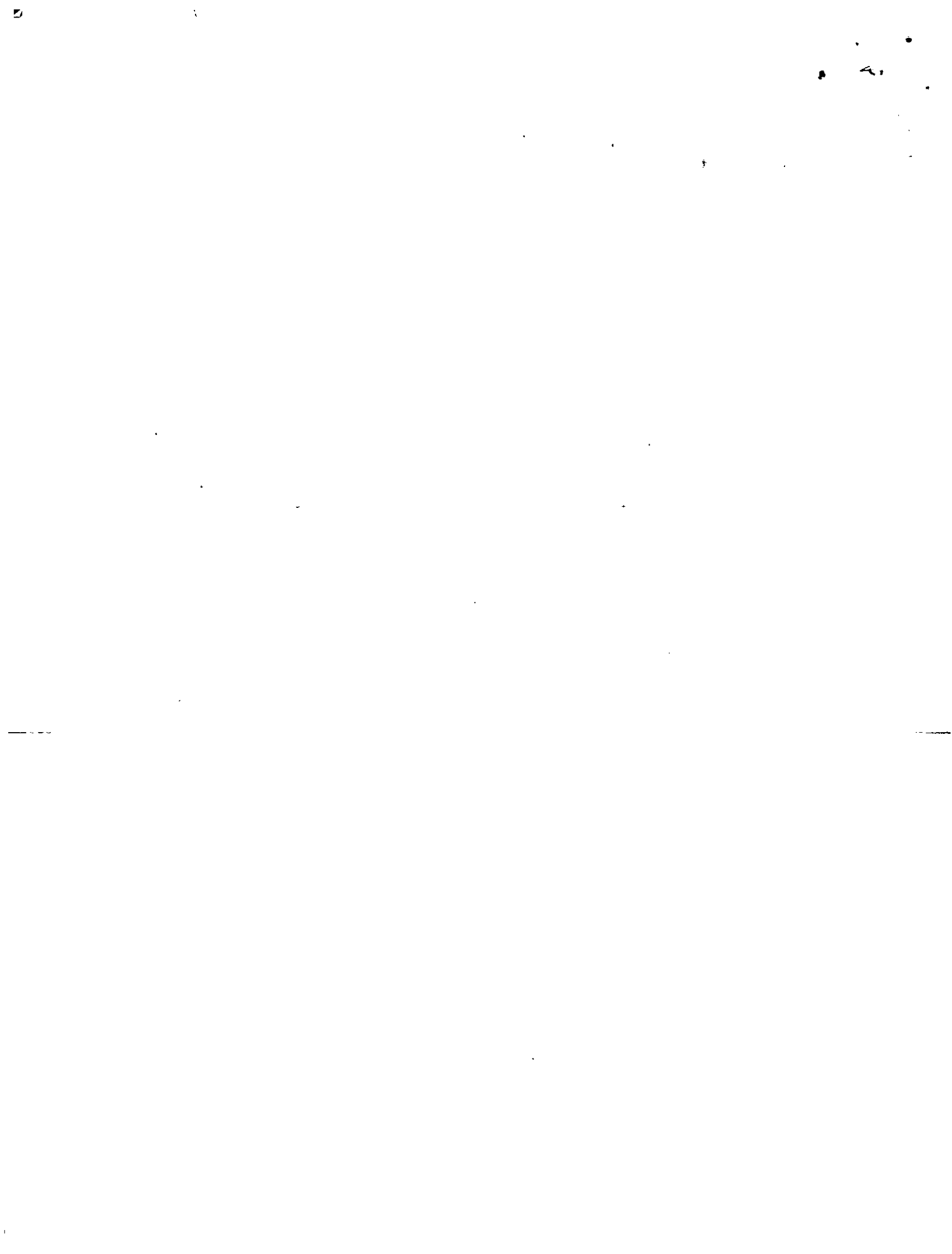
BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by... at... has been constructed in accordance with the provisions of... Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated... The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE... Inspector...

BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT

No. 774-13 Permission is hereby granted JOHN HIC to construct (X) or repair () an Individual Sewage Disposal System at BAY Rd. (1015?) as shown on the application for Disposal Works Construction Permit No. This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system. DATE 11-18-74 Board of Health CEA...



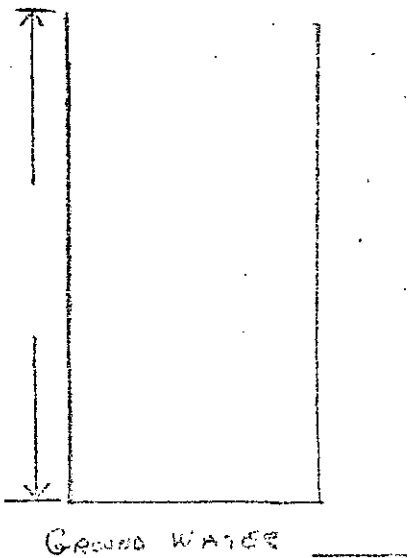
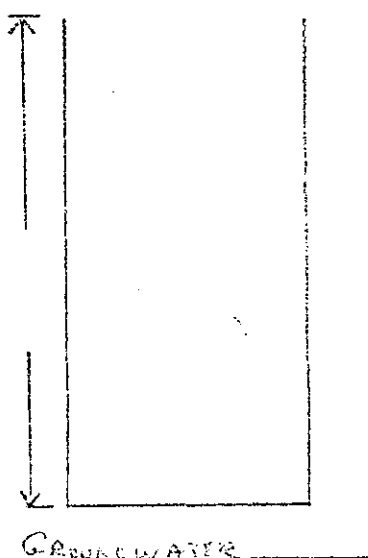
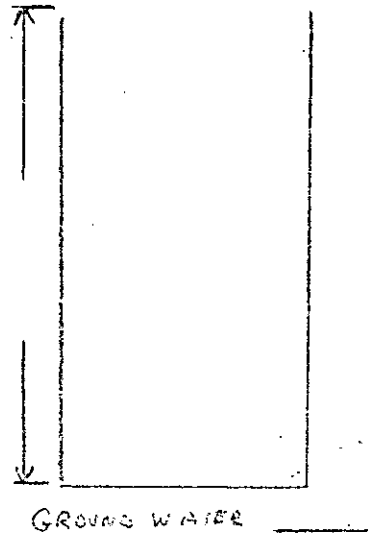
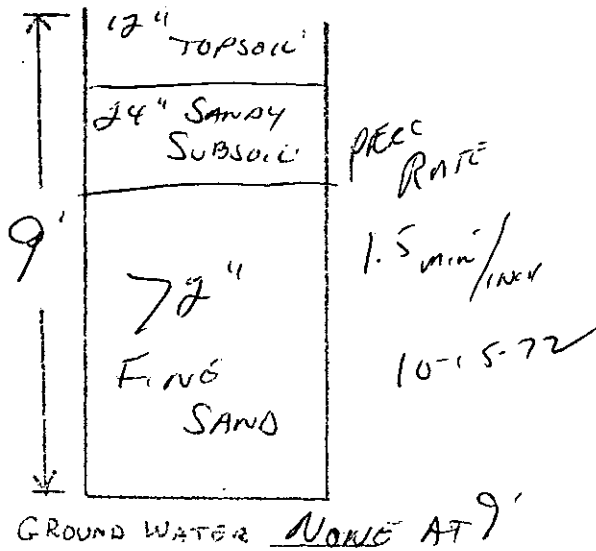
DEEP SOIL LOGS

OWNER DR. JOHN HILL

DATE MAY 5, 1974

LOCATION BAY ROAD

OBSERVER DEARCE



BOARD OF HEALTH
AMHERST, MASS.

KENDALL G. LUND

Geologist

R.F.D. 1
Amherst, Mass. 01002
413-256-6961

October 15, 1972

Mr. John Hilt
Laurel Lane
Northampton, MA. 01060

Dear John:

I have done one percolation test on the property described by Stephen Monsien as being the lot of land you are interested in purchasing. This lot is lot 52, page 30 of the Town of Amherst Assessor's Map. The test was taken at a point about 275 feet south of Bay Road.

The test was done in a hole 42" deep in accordance with State Sanitary Code regulations.

The percolation rate was 1.5 minutes per inch, an excellent rate and one that possesses no restrictions on obtaining a permit for a single family residence.

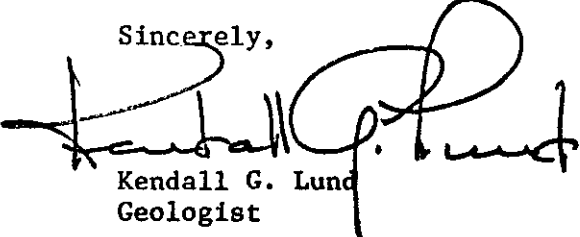
Materials underlying the property as logged in the test hold are:

- 0.0 - 0.5 topsoil
- 0.5 - 3.5 light red brown, fine to coarse sand with some fine to medium gravel. The sand was dry below 2.0 feet and highly permeable.

The elevation of the water table is unknown but expected to be at least 15 feet below the surface. The sand, as described above, underlies most, if not all, of the lot but its total thickness is unknown.

As I mentioned during our telephone conversation, this test was done mainly to assess the capability of soils on the lot prior to purchase. I will not file application with the Health Department for a permit at this time, but it may be possible to use the results of this test when you decide to obtain a permit. Mr. Drake of the Health Department was notified of the results of this test.

Sincerely,


Kendall G. Lund
Geologist

KGL:bj



105

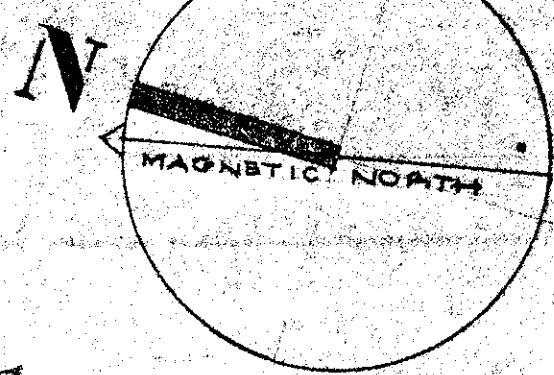
110

115

120

125

130



RESIDENCE FOR DR. & MRS. JOHN HILT BAY ROAD, AMHERST, MASS.			SHEET 1
SITE STUDY			
SCALE 1" = 10'-0"	DRAWN BY EP	PROJECT 110	DATE 11/5/74
JUSTER POPE ASSOCIATES ARCHITECTS & PLANNERS CHARLEMONT ROAD, HUCKLAND, MASSACHUSETTS 01338 413 559-2400			

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

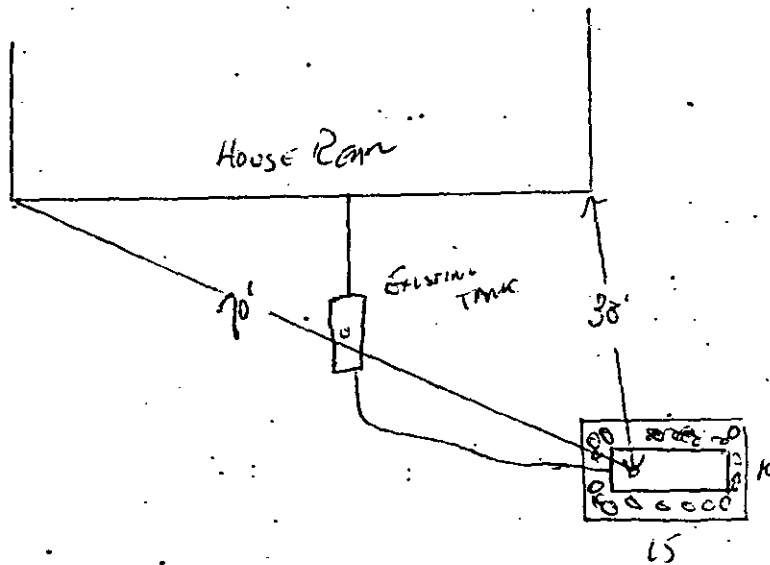
BAY ROAD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner P. JASMIN Address BAY ROAD
Installer KARL'S EXC. Address RIVER DE. W. MAINE
Date Installation Inspected and Approved 1995
Description of System: Tank Capacity: EXISTING 250^{sq} SIDEN
Leach Field () Bed () Seepage Pit (X) Square Feet: 150 ^{sq} BOTTOM
Garbage Grinder Yes () - No () No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed _____ years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



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BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JEFF BROWN BAY ROAD. Address JEFFERY LANE
44 BROWN RD.

Installer BILL CLARK Address SHUTESBURY

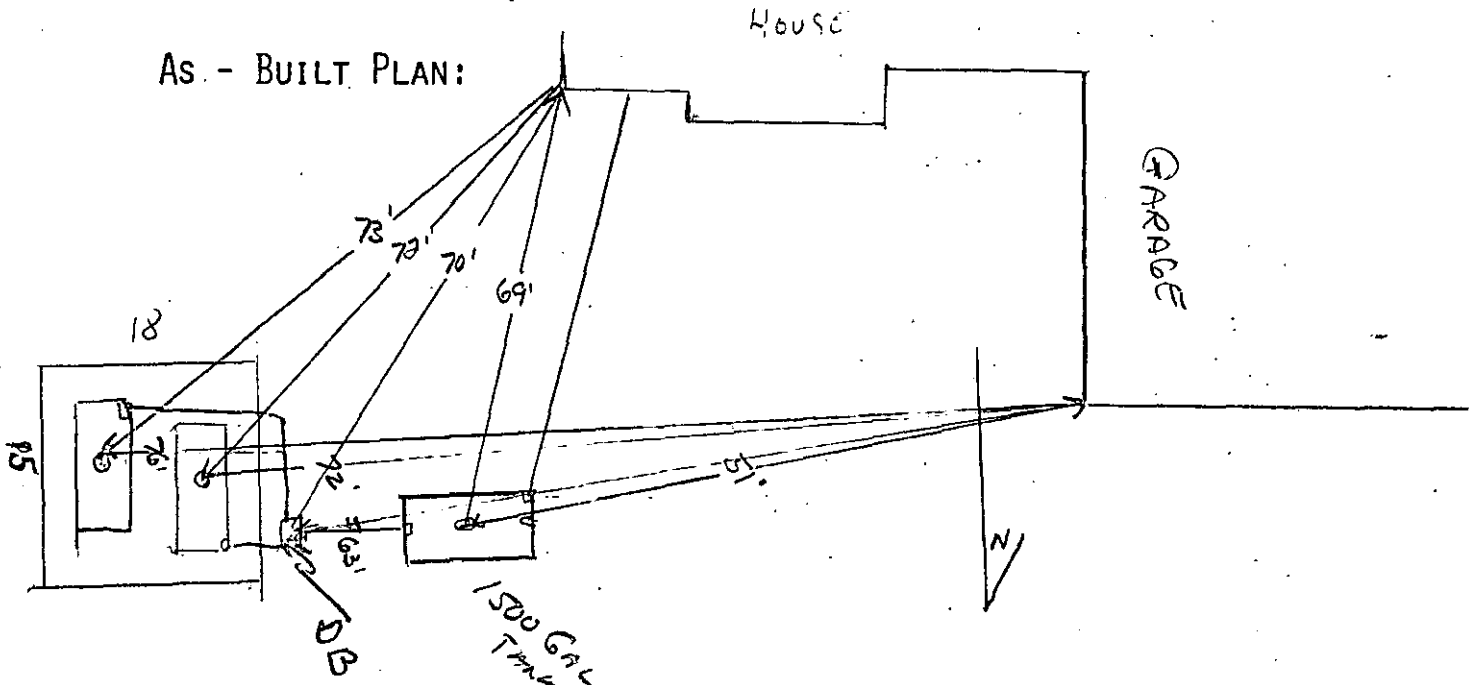
Date Installation Inspected and Approved 9-16-80

Description of System: Tank Capacity: 1500

Leach Field () Bed () Seepage Pits (X) Square Feet: 600 ²

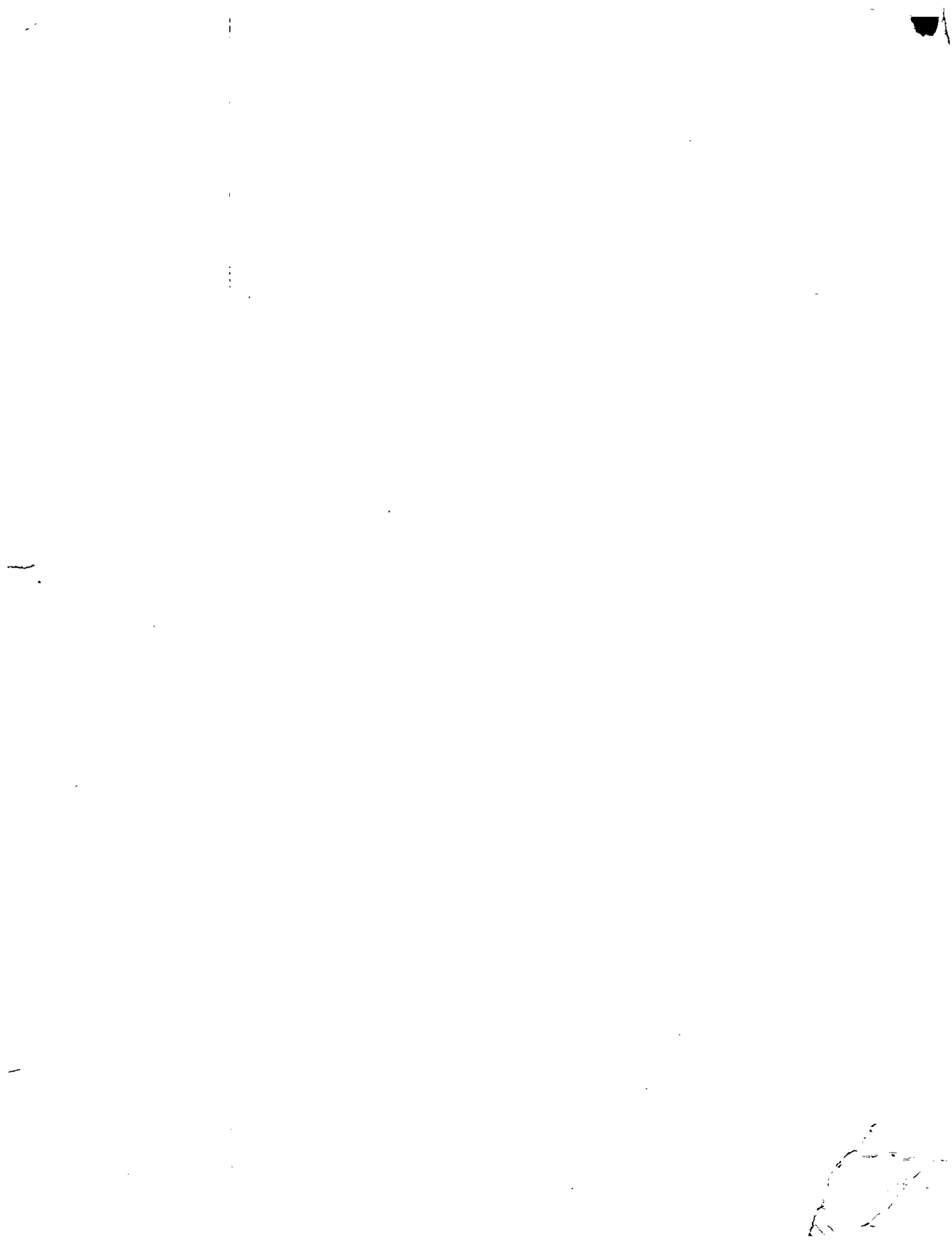
Garbage Grinder Yes (X) No () No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



BOARD OF HEALTH
AMHERST, MASS.

Benjamin Ricci

Applic. No. _____

APPLICATION TO CONSTRUCT, REPAIR, OR ALTER PRIVATE SEWAGE DISPOSAL SYSTEM

Must be completed and submitted to the Board of Health before a building is started or any system is constructed or altered.

Owner Benjamin Ricci Address Bay Road RFD 1 Phone AL 32964

Builder _____ Address _____ Phone _____

System to be installed by _____ name, address, and phone

Location Bay Road Size (30 Acres)
street, subdivision, and lot no. width, depth

House - Dimensions 20 X 60 No. Bedrooms 4 No. Occupants 7

Plumbing fixtures - No. Toilets 2 No. Sinks 2 No. Lavatories 2

No. Showers 2 No. Bathtubs 1 Dishwasher yes (1)
yes or no

Garbage Disposal no Auto. Washer yes (1)
yes or no (on separate disposal system)

Any in basement? no Others _____
which

On reverse side make sketch of lot, show size, location of house, position of water service, and location of proposed disposal system.

To be approved:
Proposed septic tank size (must be cement) 750 gal or more

Drainage system, type, and dimensions Leach Trench 120 ft in length

Date June 30 1958 Signed Benjamin Ricci
applicant

Do not fill in below

Site Survey Disposal area sandy, gravel too.

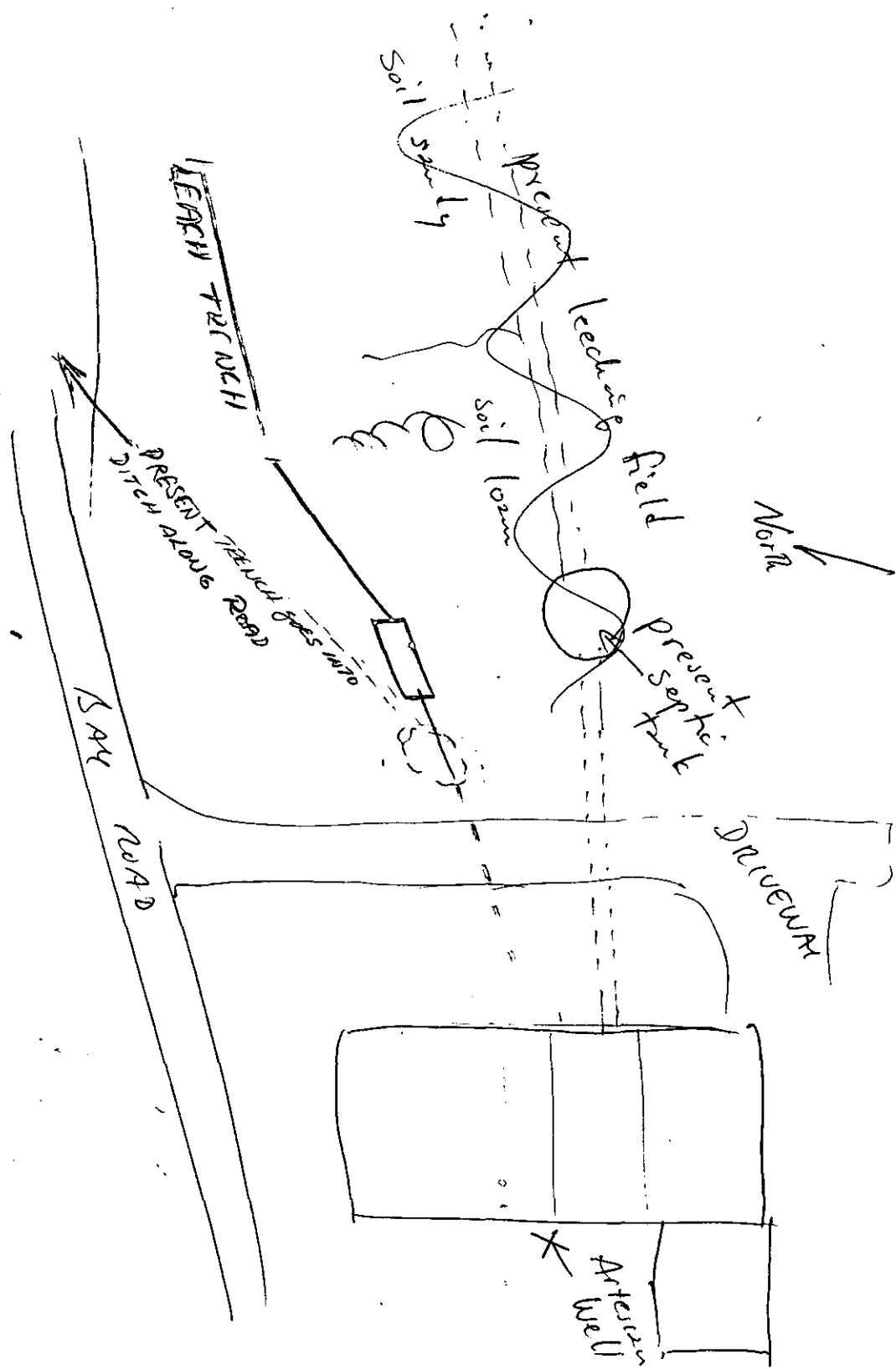
Other Remove or block old line going to road ditch

Approval of Plans
Septic tank 750 gal + Disposal system Leach Trench
Westfield Tank Co. (1000 gal?)

Final inspection O.K.

Remarks

Final Approval [Signature] 7/2/58
(Make in Duplicate, keep one for your files)



**APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM**

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 16

Seymour & Alice Epstein of RFD 1, Amherst 413-2143
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence
(residence, store, etc.)

which will be located at Bay Road near Rte 116 to be installed by
Mutual Plumbing Amherst
(name) (address) (phone)

Builder is Seymour & Alice Epstein Plumber is Mutual Plumbing

Description of lot, building and fixtures as follows:

Lot: Dimensions 900' x 5,000' Type of Soil gravel Well or Town Water? well

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? Yes By Filling or Removing Soil? both

Building: Dimensions 52 x 25 No. Bedrooms 3 No. Occupants 4

Fixtures: No. Toilets 3 Urinals — Wash Basins 3 Bathtubs 1

Showers 3 Kitchen Sinks 1 Garbage Grinders —

Auto Dishwasher 1 Auto. Clotheswasher 1 Other (basement) —

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 6/30/59 Seymour Epstein
(Signature of Applicant)
Alice Epstein

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

S. & A. Epstein is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

No. 16

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

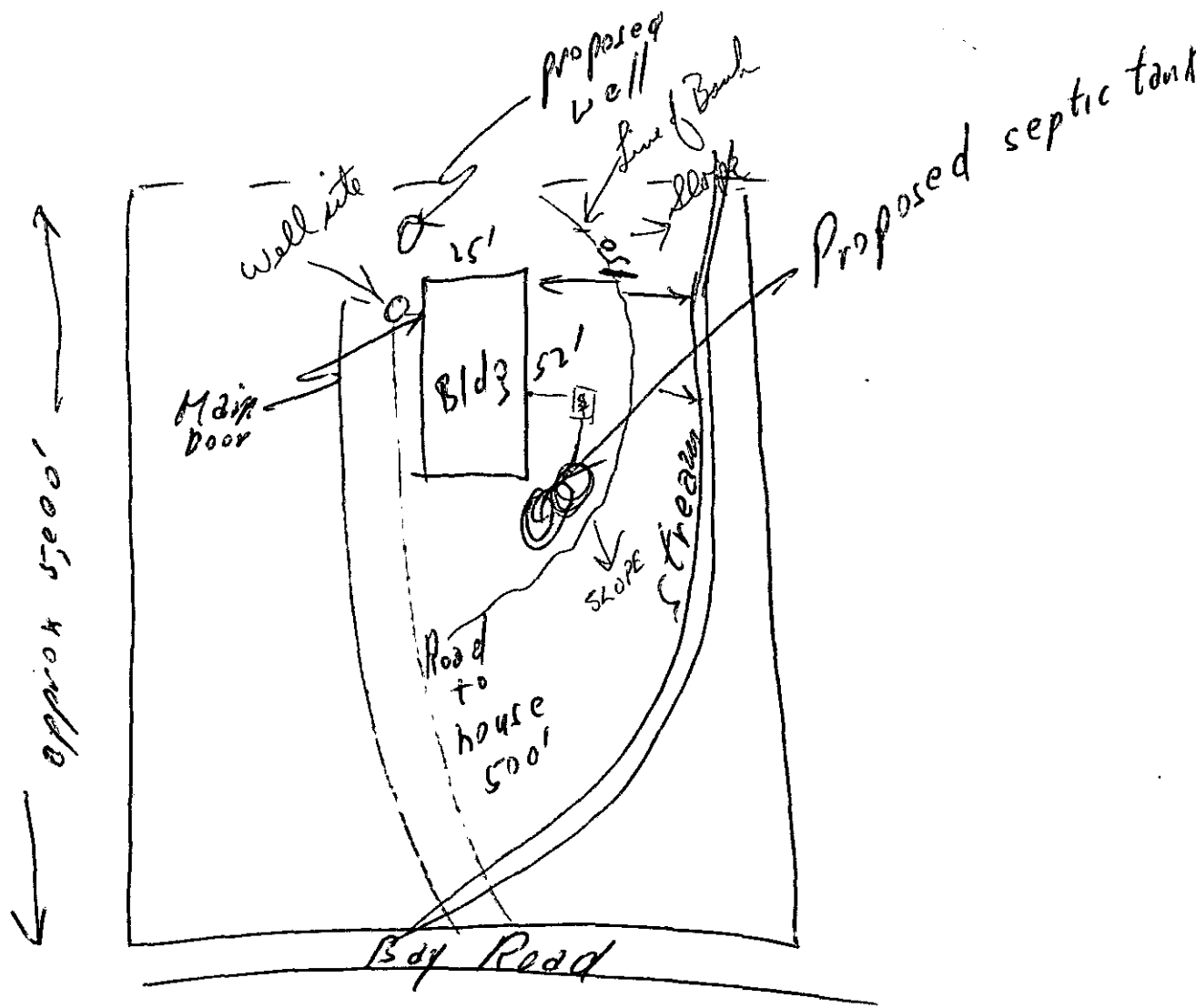
Leaching System: Trenches of not less than Sq. Ft. bottom area.

Dry well 32 sq ft. bottom area and 6 ft. below the inlet.

Other

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

Site inspection 4
Inspected 7/29/59 7/30/59 Approved 7/30/59 G. A. Lind 9/3/59
for the Board of Health date



\$ 300 fee Rec'd

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 7-63

Sanders & Roberson of Bay Rd
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a RESIDENCE (residence, store, etc.)

which will be located at Bay Rd to be installed by
Karl Konieczny (name) (address) (phone)

Builder is Same Plumber is Shipman

Description of lot, building and fixtures as follows:

Lot: Dimensions 150 x 200 Type of Soil Sand Well or Town Water? Town

Distance to Town Sewer 75 ft. Depth to Ground Water 10 FT Kind of Well

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms 6 No. Occupants

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 1

Showers 4 Kitchen Sinks 1 Garbage Grinders NONE

Auto Dishwasher 1 Auto. Clotheswasher 1 Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 4/16/63
Archibald A. Sanders (Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

A. SANDERS + ROBERSON are hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements: No. 7-63

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

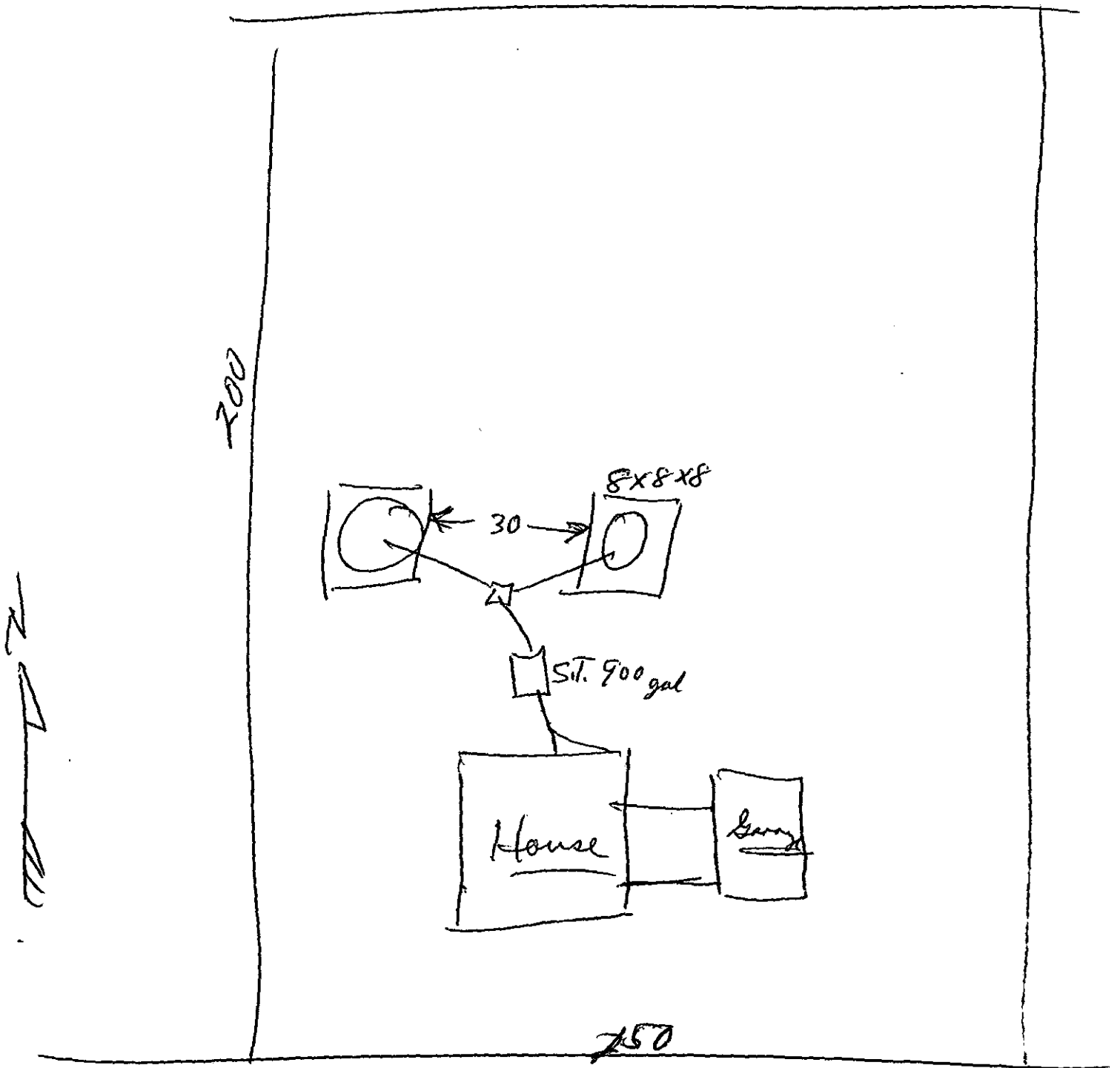
2 Dry wells 64 ft. bottom area and 6 ft. below the inlet.
Other Dist. Box

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

Perce Rate = 2 inches/min
for the Board of Health date 4/16/63

Inspected Approved 6/11/63 FAS

6/10/67
due to high water table
2 shallow dry wells and approx 60' leach
holes from dist box



Bay Rd

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 363

Sanders x Roberge of Bay Road 3-5001
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a RESIDENCE
(residence, store, etc.)

which will be located at Bay Road OLD-THAYER PLACE to be installed by
Sanders x Roberge
(name) (address) (phone)

Builder is Sanders x Roberge Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 150x200 Type of Soil SANDY LOAM well be TOWN WATER Well or Town Water?

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions 25x30 24x24 No. Bedrooms 3 No. Occupants SPEC

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders NONE

Auto Dishwasher 1 Auto. Clotheswasher 1 Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date April 10, 1962

A. G. Sanders
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

A. G. Sanders is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

No. 3-63

Septic Tank: Must be of Cement and of 1200 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

~~Dry well~~ 8x8 ft. bottom area and 6 ft. below the inlet.

Other 1 Dist. Box
Combination Dry Well & Trenches

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

A. G. Sanders
for the Board of Health date

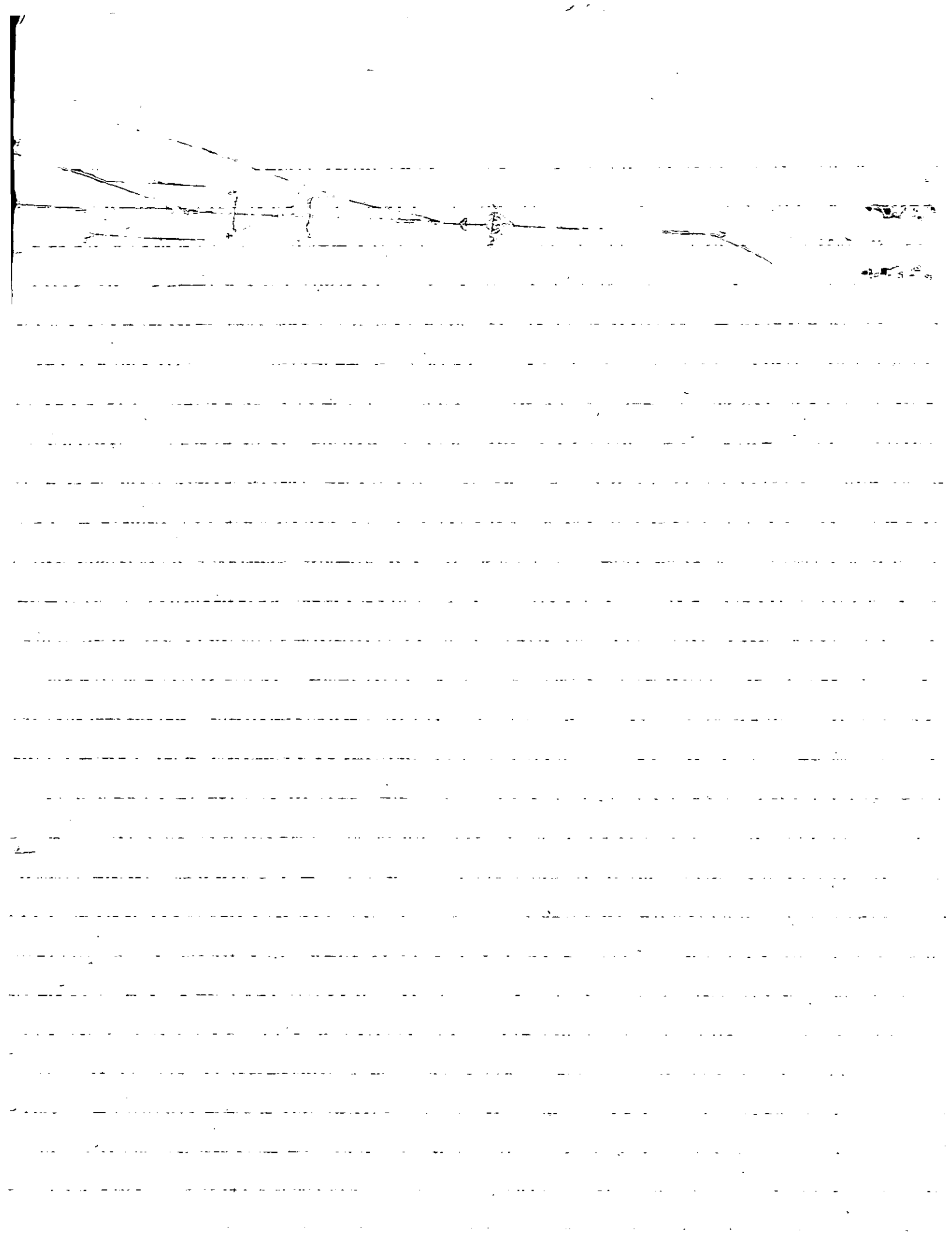
Inspected Approved OK A. G. Sanders



Sandy Bay Rd.

302 17"
304 21"

Zineke/asin



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 8-62

Miss Marjorie Cowles of 280 Elm St, Northampton, Mass. Ju 6-0615
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence
(residence, store, etc.)

which will be located at Bay Rd, Amherst, Mass. to be installed by

Pierce Bros, Inc. 88 Verdugo St, West Springfield, Mass. RE 4-5897
(name) (address) (phone)

Builder is Pierce Bros. Plumber is Boulanger, Easthampton, Mass.

Description of lot, building and fixtures as follows:

Triangular: 136.5 footage 3.20' depth
Lot: Dimensions..... Type of Soil Gravel Well or Town Water? town

Distance to Town Sewer Depth to Ground Water 4-5 ft Kind of Well

Will Lot be Graded? yes By Filling or Removing Soil? no

Building: Dimensions 26' x 40' 8" No. Bedrooms 2 No. Occupants 2

Fixtures: No. Toilets 1 Urinals Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date March 30- 1962 Marjorie S Cowles
(Signature of Applicant)

\$300 fee paid G. G. Sims

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 8-62

Marjorie Cowles is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity. (750 ok)

Leaching System: Trenches of not less than 200 Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.

Other Lint Box 30 inch depth Trenches
1 ft stone

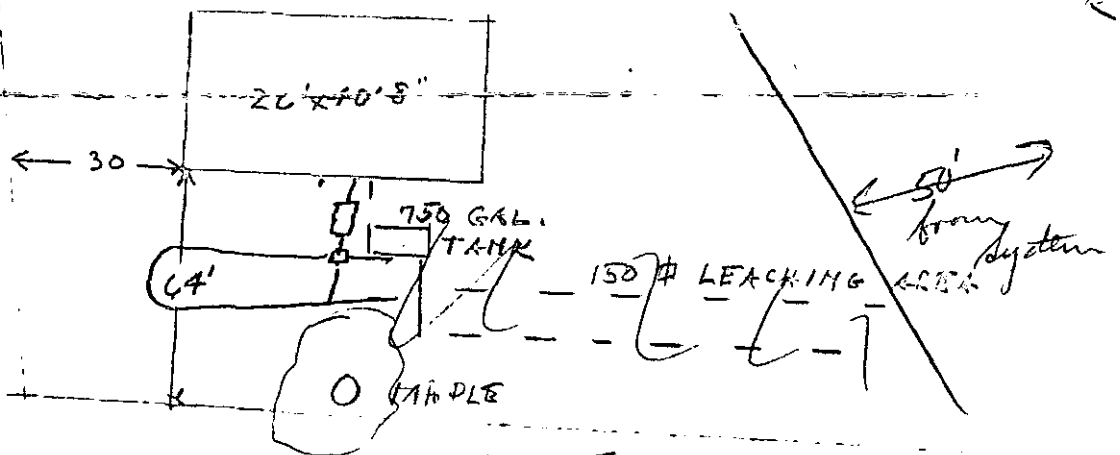
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

G. G. Sims 4/5/62
for the Board of Health date

Inspected Approved F. A. Sims 5/5/62

3208

B Road



136.5 BAY RD

fd. \$ 300
4/13/62

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 9-62

Donald B. Frizzle of 174 Amity St., Amherst AL 3-7636
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence
(residence, store, etc.)

which will be located at Bay Road, South Amherst to be installed by

Karl Koniencyz Hadley, Mass.
(name) (address) (phone)

Builder is Self Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 120 x 150 Type of Soil Sand Well or Town Water? Town

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? YES By Filling or Removing Soil? BOTH

Building: Dimensions 52' x 26' No. Bedrooms 3 No. Occupants 2

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders 1

Auto Dishwasher Auto. Clotheswasher 1 Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date April 13, 1962 Donald B. Frizzle
(Signature of Applicant)

Rec'd \$300 fee 4/13/62 FAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 9-62

D. Frizzle is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

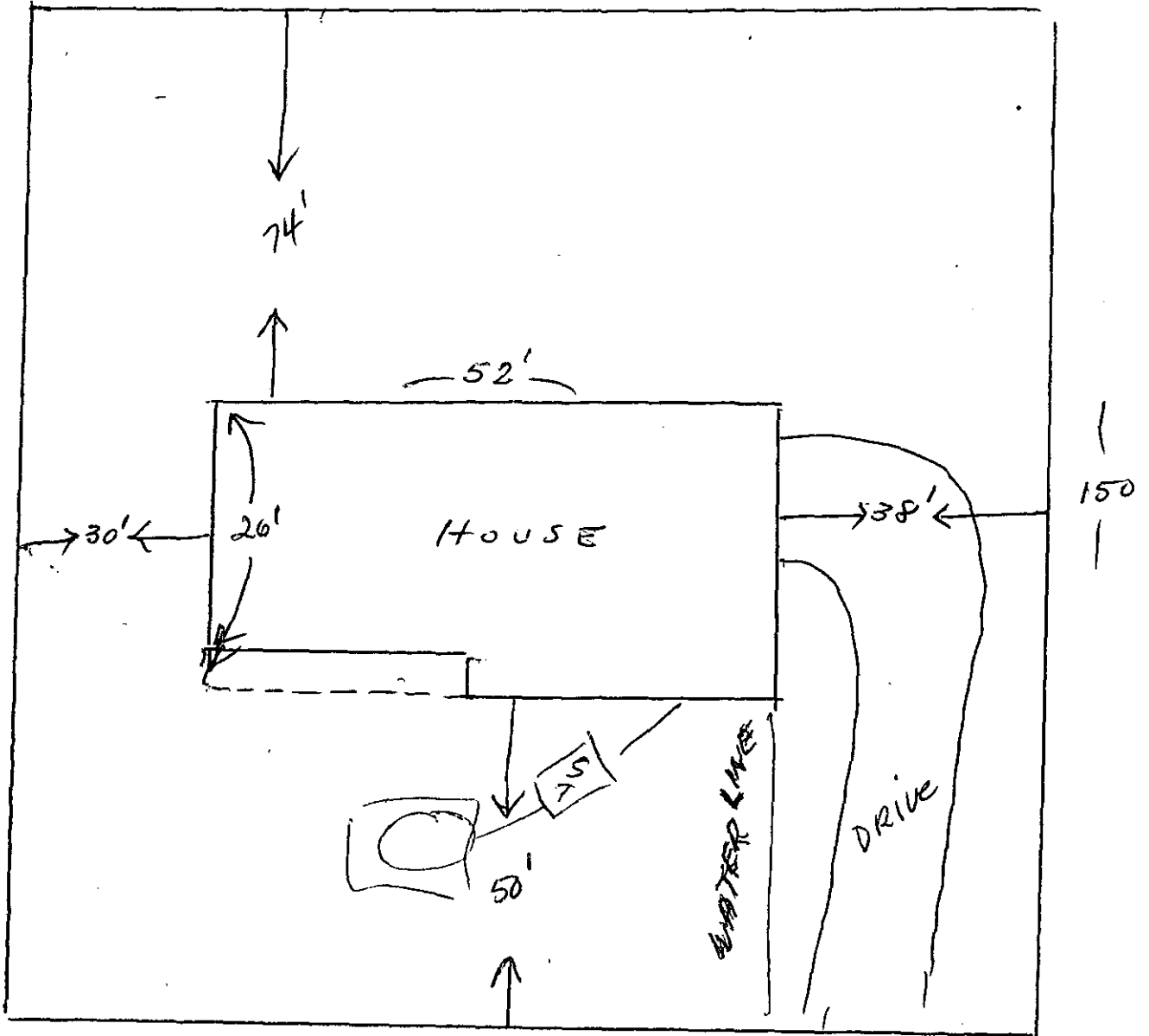
Dry well 8 x 8 ft. bottom area and 6 ft. below the inlet.

Other

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

G. A. Sims 4/16/62
for the Board of Health date

Inspected Approved G. A. Sims



- 120 -

App. 300
4/13/62

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 10-62

Mr. & Mrs. RICHARD DAVIS of Pelham Rd.
(owner's name) (address)

AL-3-2193
(phone)

hereby applies for a permit to construct or repair a private disposal system for a RESIDENCE
(residence, store, etc.)

which will be located at BAY ROAD So Amherst to be installed by

KARL KONIENCZY HADLEY
(name) (address) (phone)

Builder is SELF Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 120' x 150' Type of Soil SAND Well or Town Water? TOWN

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? Yes By Filling or Removing Soil? BOTH

Building: Dimensions 28 x 43 No. Bedrooms 3 No. Occupants 2

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 2

Showers 2 Kitchen Sinks 1 Garbage Grinders 1

Auto Dishwasher 1 Auto. Clotheswasher 1 Other (basement) SET. TUB

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date April 12, 1962

Richard A. Davis
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 10-62

R. DAVIS is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity (1000+ with S. Grinder)

Leaching System: Trenches of not less than Sq. Ft. bottom area.

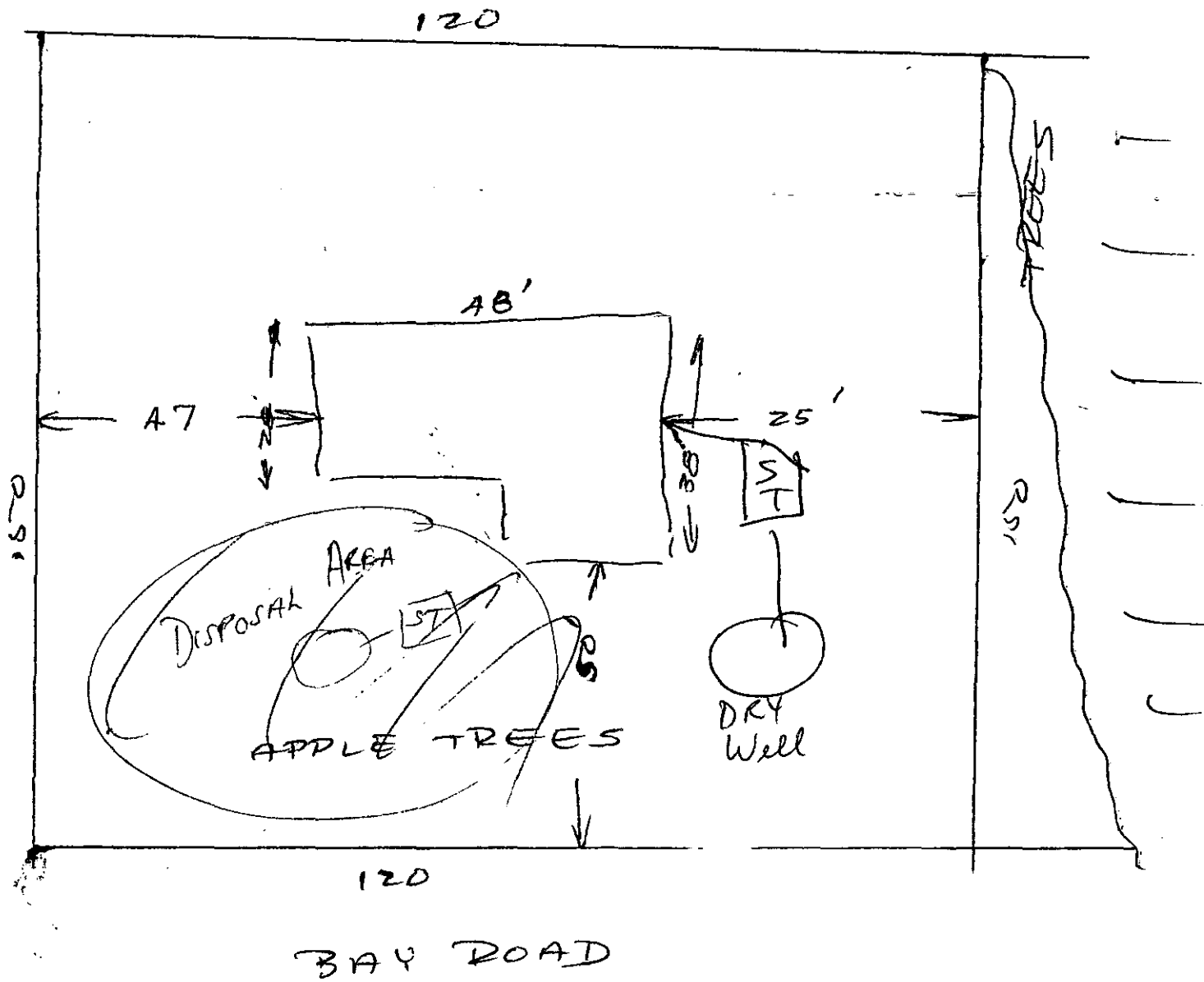
Dry well 8 x 8 ft. bottom area and ft. below the inlet.

Other

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

for the Board of Health 4/16/62
date

Inspected Approved



**APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM**

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 11-62

Albert S. Brace of Bay Rd 66132
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Residence
(residence, store, etc.)

which will be located at Bay Rd to be installed by
(name) (address) (phone)

Builder is George Beazley Plumber is R. Swomb

Description of lot, building and fixtures as follows:

Lot: Dimensions 124 x 500 Type of Soil gravel Well or Town Water? None

Distance to Town Sewer 1/2 mile Depth to Ground Water Kind of Well

Will Lot be Graded? Yes By Filling or Removing Soil? Fill

Building: Dimensions 22 x 55 No. Bedrooms 3 No. Occupants 3

Fixtures: No. Toilets 1 Urinals Wash Basins 1 Bathtubs 1

Showers Kitchen Sinks 1 Garbage Grinders None

Auto Dishwasher 1 Auto. Clotheswasher 1 Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date April 18 1962 Albert S. Brace
(Signature of Applicant)

Rec'd \$300 Fee - HAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 11-62

ALBERT S. BRACE is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

Dry well 8 x 8 ft. bottom area and 6 ft. below the inlet.

Other

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

G. A. Lima 4/18/62
for the Board of Health date

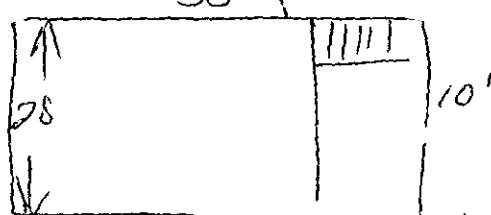
Inspected 5/25/62 HAS Approved 5/31/62 G. A. Lima

520'

8x8 x ~~14~~¹⁴ ft depth

5/7"

55'



28'

28'

DRILL

120'

Bay Rd

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 3663 Date June 18, 1963 Fee 1.00 Date Rec'd. 6/18/63 By FAS

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

Location—Address Bay Rd., Amherst, Mass. or Lot No. 503

Owner Ronald Fitzgerald Address 56 Edgewood St, Three Rivers, Mass.

Contractor Richard Davis Address Bay Rd.

Type of Building Dwelling Dimensions 36' x 50' Size Lot 120' x 150'

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()

Other Dishwasher No. of persons 4 Showers ()

Other fixtures Automatic washer

Town Water? Not yet (Fall) Type of Well _____

Design Flow 600 gallons per person per day. Total daily flow 2400 300 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____ or 1200

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 10 Depth below inlet 6-8' Dimensions: 10 x 10 x 10

Other: Distribution box (?) No. 1 Dosing tank (—)

(Depth of Soil Line Below finished grade at foundation 12")

Percolation Test Results Performed by F. A. Sivo + Owner Date 6/17/63

Test Pit No. 1 1 minutes per inch Depth of Test Pit 4 ft

Test Pit No. 2 _____ minutes per inch Depth of Test Pit 4 ft

Description of Soil Sand - Dry Depth to Ground Water 8' + 1'

Will disposal area be filled? No Cut down? No

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Ronald Fitzgerald June 18, 1963
Owner or builder

Application Approved by F.A. Sivo

date 6/18/63
date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by R. Fitzgerald at Bay Rd has been constructed in accordance with the provisions of INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 36-63 dated 6/18/63

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE 9/27/63

Inspector G. A. Sivo

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

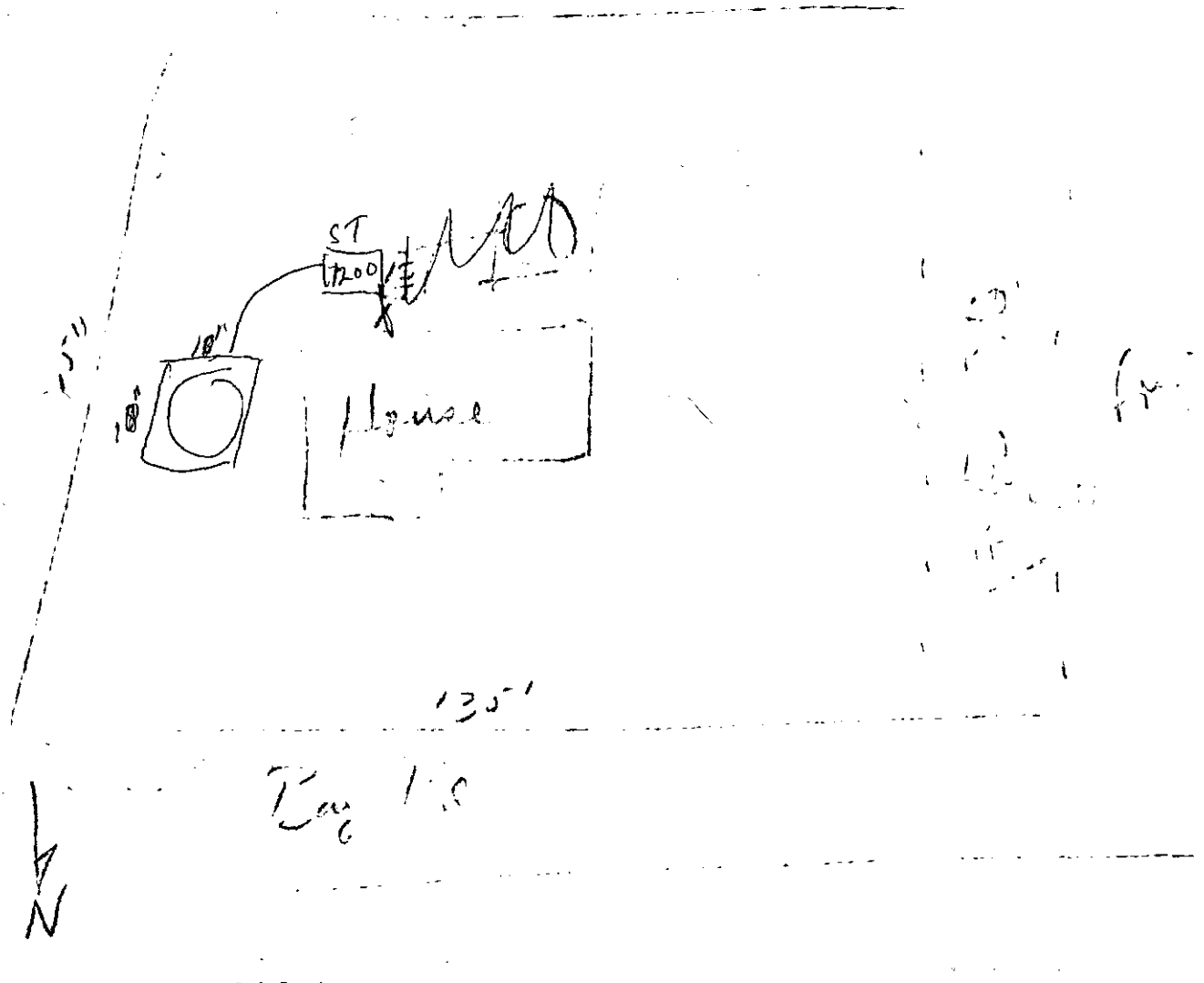
No. 36-63

Permission is hereby granted R. Fitzgerald to construct () or repair () an Individual Sewage Disposal System at Bay Rd as shown on the application for Disposal Works Construction Permit No. 36-63

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 6/19/63

G. A. Sivo
Board of Health



**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 43-63 Date Sept 11, 1963 Fee 3.00 Date Rec'd. 9/11/63 By A. G. Lino

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

Location—Address Bay Rd. or Lot No. 2

Owner Samuel J. Roberge Address Bay Rd

Contractor Same Address Same

Type of Building Dwelling Dimensions 24-8' x 42' Size Lot 135' x 200'

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons _____ Showers () _____

Other fixtures 2 Standard bath & kitchen

Town Water? yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 204 Width 2' Total Length 150' Total leaching area 300 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation 12")

Percolation Test Results Performed by Sinc Date June 1963

Test Pit No. 1 0.5 minutes per inch Depth of Test Pit 3'

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Sand Depth to Ground Water (5')

Will disposal area be filled? No Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by A. G. Lino G. Roberge Owner or builder Sept 11, 1963 date

Application Disapproved for the following reasons: _____ date

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by K. Kowaczny at Bay Rd has been constructed in accordance with the provisions of _____ INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE Sept 6 1963 Inspector C. M. Lino

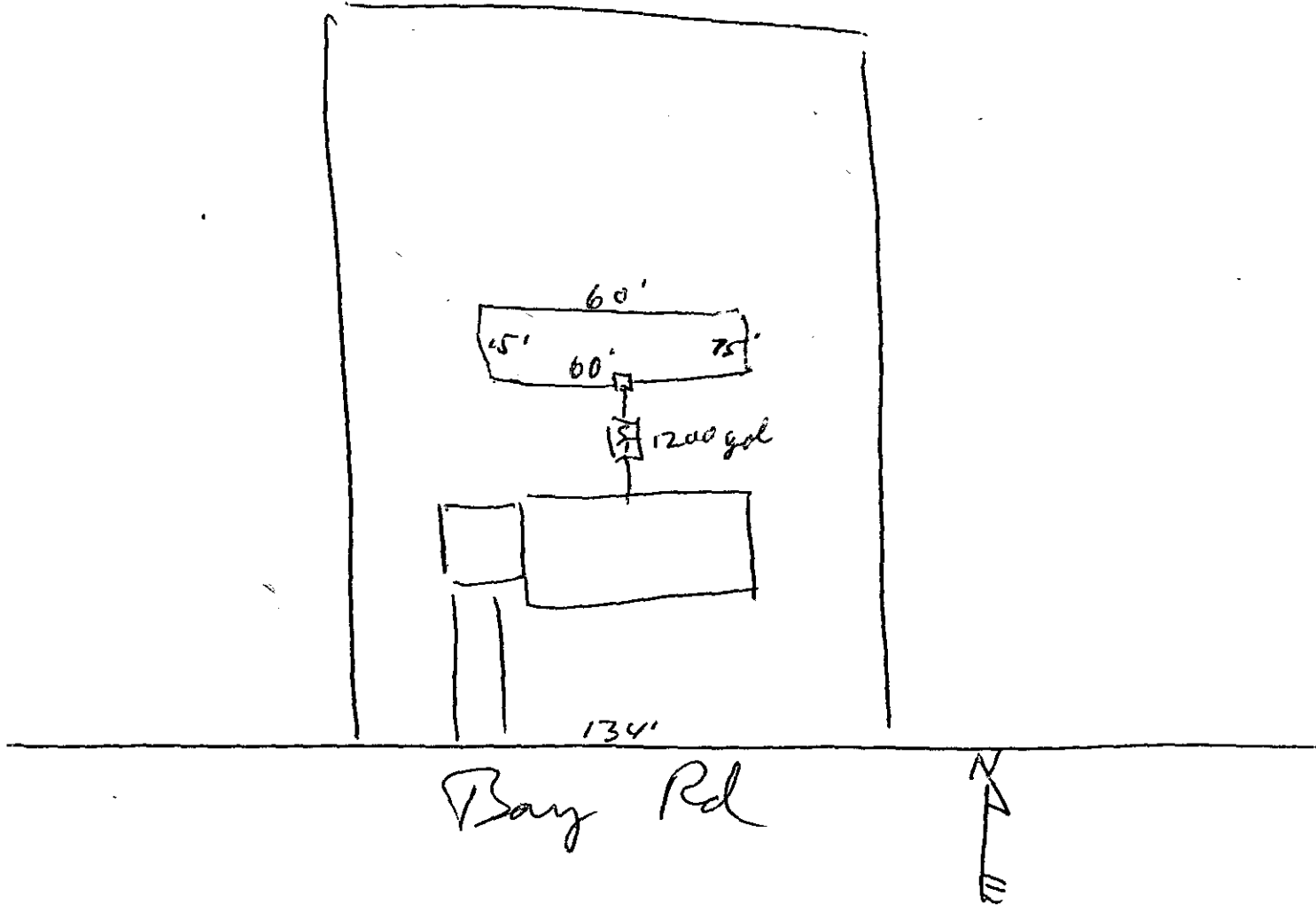
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 43-63 Permission is hereby granted Samuel J. Roberge to construct () or repair () an Individual Sewage Disposal System at Bay Rd

as shown on the application for Disposal Works Construction Permit No. 43-63

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9/11/63 A. G. Lino Board of Health



**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 64-15 Date April 30, 64 Fee 2.00 Date Rec'd. 5-5-64 By [Signature]

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

Location—Address BAY ROAD or Lot No. _____

Owner EDWARD MARKERT Address BAY ROAD

Contractor SELF + K Kowinczyk Address _____

Type of Building DWELLING Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 Expansion Attic (X) Garbage Grinder (A) YES

Other _____ No. of persons _____ Showers () _____

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 750 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 3 Width 3 Total Length 125 Total leaching area 37.5 sq. ft.

Disposal Bed—No. 1 Diameter 10x40 Depth below inlet _____ Total leaching area 37.5 sq. ft.

Dry Well—No. 2 Diameter 6" Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation 2'00")

Percolation Test Results Performed by Drake Date 5-5-64

Test Pit No. 1 4 minutes per inch Depth of Test Pit 36"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil SAND + GRAVEL Depth to Ground Water NOT ENCOUNTERED

Will disposal area be filled? NO Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] Edward Roberg Owner or builder Date 5-5-64

Application Disapproved for the following reasons: _____ USE DRY WELL UNLESS GROUND WATER IS ENCOUNTERED

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired () by K Kowinczyk at BAY RD has been constructed in accordance with the provisions of

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 64-15 dated 4-30-64

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE 7-6-64 Inspector [Signature]

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 64-15 Permission is hereby granted Edward Markert to construct (X) or repair () an Individual Sewage Disposal System at BAY ROAD - ACROSS FROM APPLICATOR'S HOME as shown on the application for Disposal Works Construction Permit No. 64-15

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 5-5-64 [Signature] Board of Health

STORAGE

↑ House

BAY ROAD

ROAD

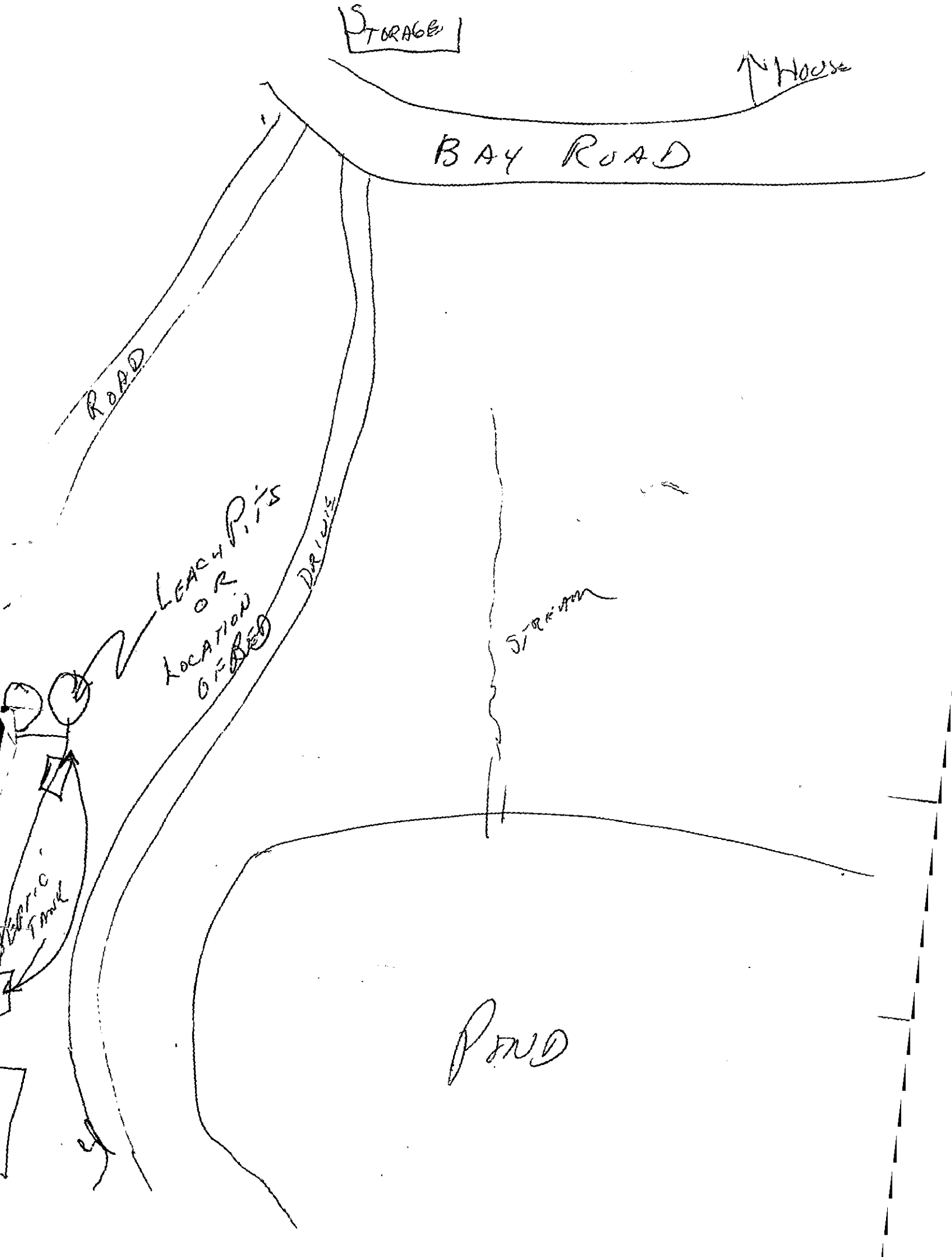
LEACH PITS
OR
LOCATION
OF BED

DRIVE

STREAM

SEPTIC TANK

POND



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-26 Date 8-13-65 Fee \$3.00 Date Rec'd. 8/13/65 cash By G.G.

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

Location—Address Bay Road or Lot No. _____
 Owner Robert L Kent Jr Address Wilder Hall - Univ.
 Contractor Ray Langlois Address Bel Air Dr. - Longmeadow
 Type of Building Residence Dimensions 24x32 + porch Size Lot 1.14 ac. ± 177x230'
 Dwelling—No. of Bedrooms 3 Expansion Attic (N/A) Garbage Grinder ()
 Other _____ No. of persons 2 Showers (2)
 Other fixtures _____
 Town Water? Yes Type of Well _____

Design Flow 900 gallons per person per day. Total daily flow _____ gallons
 Septic Tank—Liquid capacity 900 or 1000 gallons Dimensions: L _____ W _____ D _____
 Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
 Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.
 Dry Well—No. 1 Diameter 36" Depth below inlet 8' Dimensions: 6 x 8 x _____
 Other: Distribution box () No. _____ Dosing tank () _____
 (Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by C.E. Dush Date 8-13-65
 Test Pit No. 1 3 minutes per inch Depth of Test Pit 40"
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil GRAVEL Depth to Ground Water None
 Will disposal area be filled? No Cut down? No
 (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by C.E. Dush Owner or builder Robert L. Kent Jr 10 Aug 65 date
253-5677 (phone) 8-13-65 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of _____ INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-26 Permission is hereby granted Robert L. Kent Jr to construct (X) or repair () an Individual Sewage Disposal System at Bay Rd. as shown on the application for Disposal Works Construction Permit No. 65-26.

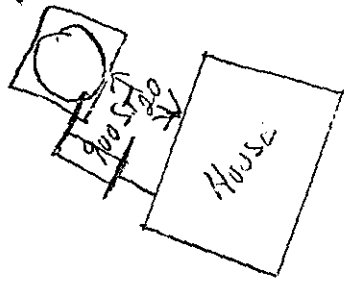
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 8-13-65 C.E. Dush Board of Health

300 00



6x8
DRYWELL



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 71-9 Date MAY 20, 1971 Fee 3.00 Date Rec'd. 6/2/71 By D.G.F.

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

Location—Address BAY ROAD or Lot No. _____

Owner E. J. MILLER Address 10 Pleasant St. Amherst

Contractor RUEDE DE L'ACADAMIE Address RUEDE DE L'ACADAMIE

Type of Building _____ Dimensions _____ Size Lot 40-30,000

Dwelling—No. of Bedrooms 4 Expansion Attic No Garbage Grinder (YES)

Other _____ No. of persons _____ Showers () _____

Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 1 Width 12 Total Length 27 Total leaching area 324 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation) _____

Percolation Test Results Performed by Kendall G. Lund Date June 4, 1971

Test Pit No. 1 3 minutes per inch Depth of Test Pit 18"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Fine sand w/ gr & silt SP-SM Depth to Ground Water > 6'

Will disposal area be filled? No Cut down? No

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

[Signature] X Edward J. Miller
 Owner or builder

Application Approved by [Signature]

date 6-4-71
 date _____

Application Disapproved for the following reasons: _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER _____ Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

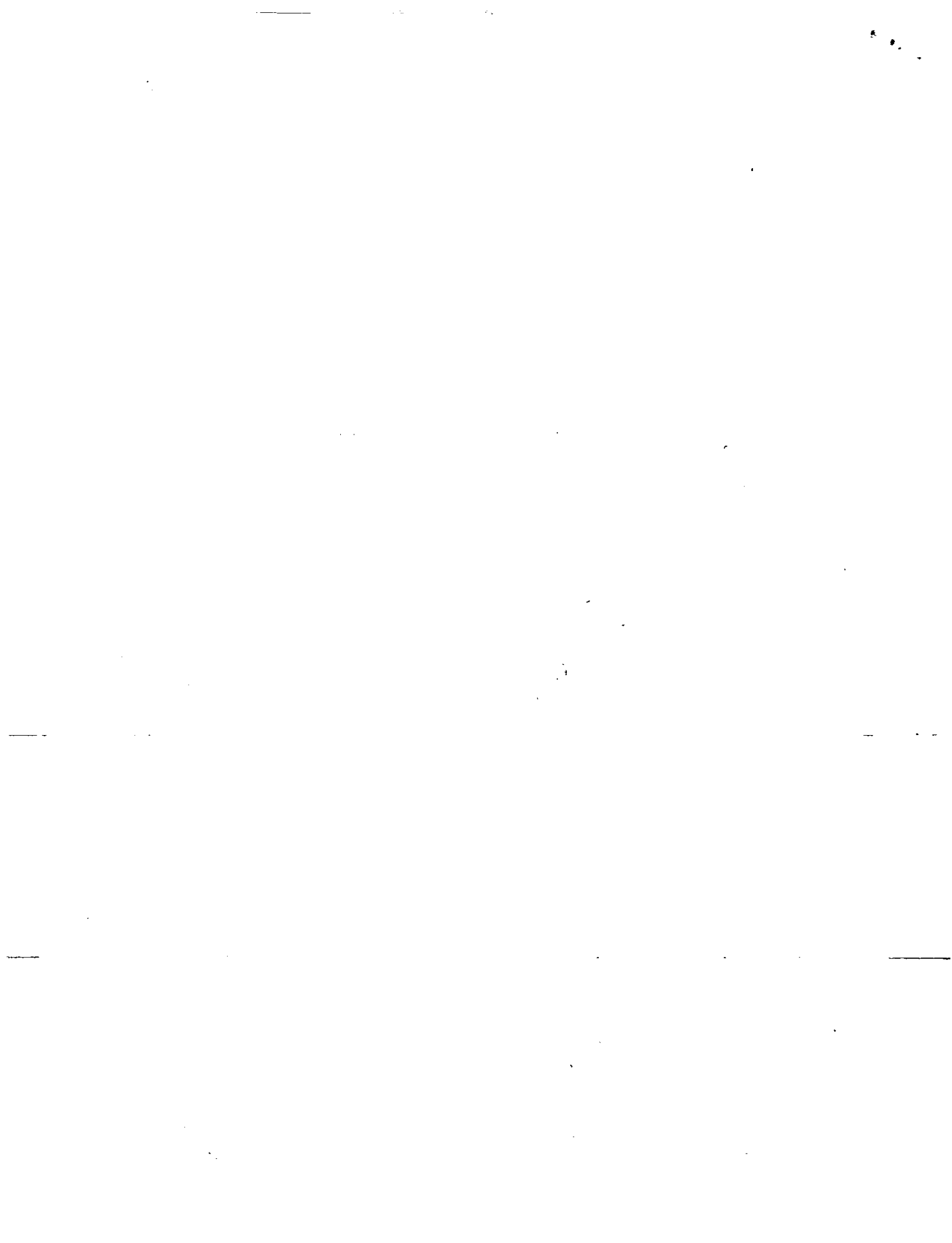
No. 71-9 Permission is hereby granted E. J. MILLER to construct or repair () an Individual Sewage Disposal System at BAY ROAD

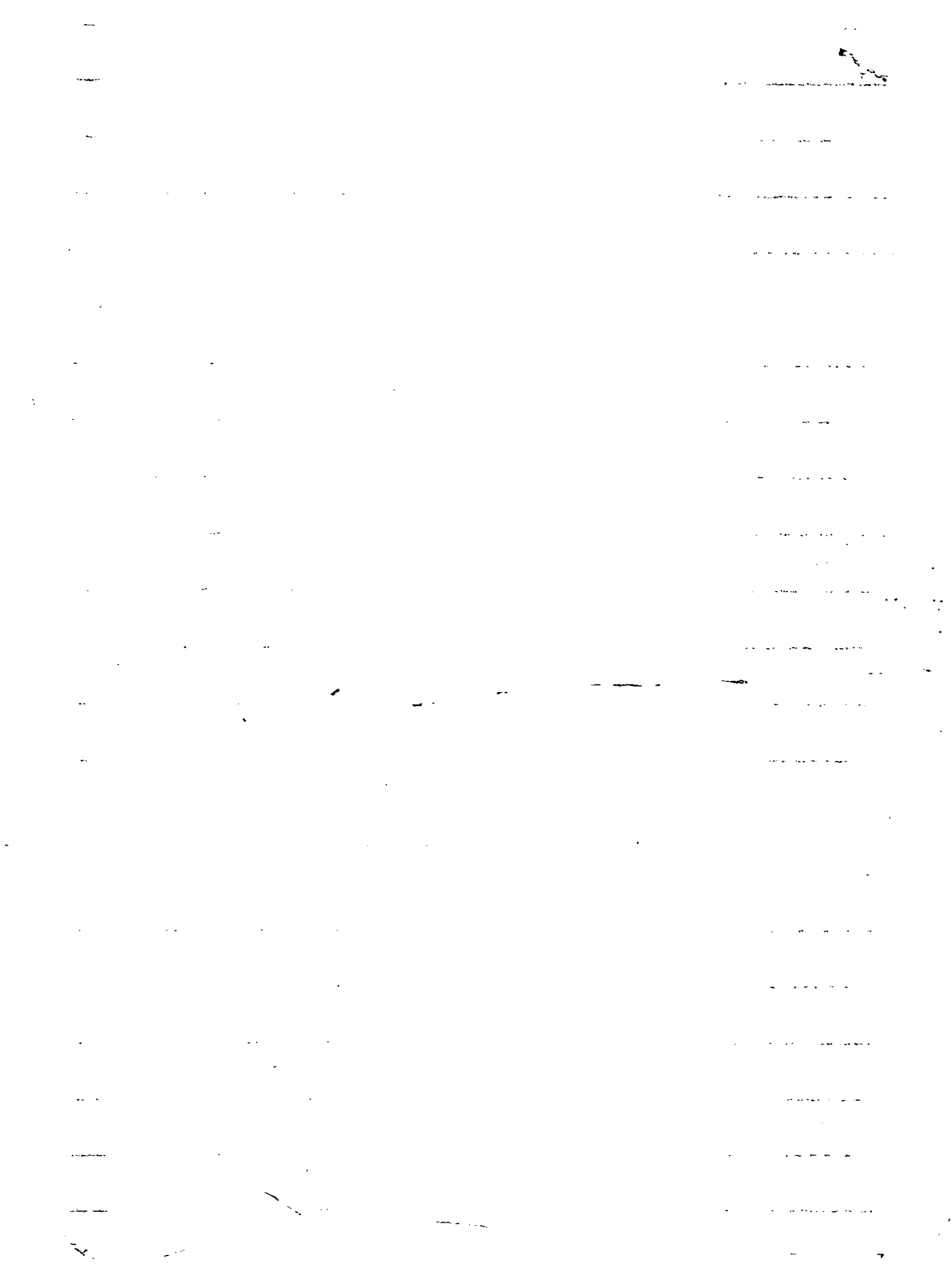
as shown on the application for Disposal Works Construction Permit No. _____

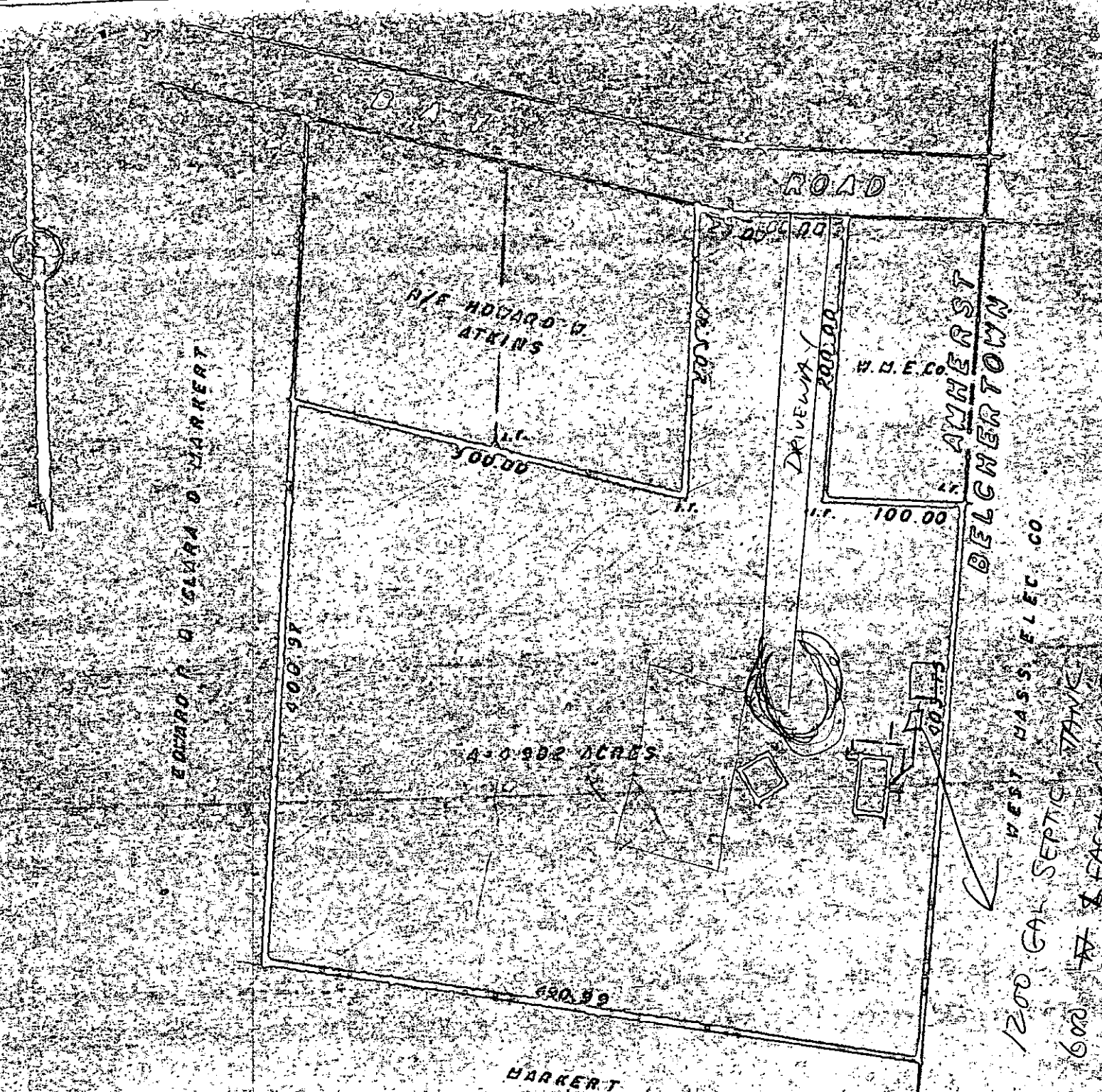
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 6-4-71

[Signature]
 Board of Health







EDWARD A. & CLARA D. WARRERT

H.E. HOWARD & ATKINS

H. M. E. CO.

AMHERST BELCHERTOWN AVENUE

4.0982 ACRES

WEST MASS. ELEC. CO

1200 GAL SEPTIC TANK
600' AT EACH END

MARKET STREET

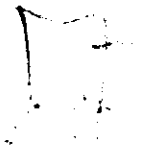
SEE HAMPDEN COUNTY REGISTER OF DEEDS
DEED BOOK HOWARD & ATKINS TO JOHN ADAMS GORING
AND GORDON S. COBURN FOR MORE DETAILED
DESCRIPTION.

ZONING: R-1 (RESIDENTIAL)
MIN. REQUIREMENTS
AREA: 30,000 SF
FRONT: 150 FEET
SET BACK: 40 FEET
REAR: 25 FEET

SKETCH OF LAND IN
AMHERST - MASS.
JOHN A. ROBINSON ET AL

DURKEE, WHITE, TONNE & CHAPPELAIN
CIVIL ENGINEERS
116 FRONT STREET, OHIO COPEE, MASS 99-5807

10/10/10



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**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 71-14 Date July 23, 1971 Fee 3.00 Date Rec'd. 7-26-71 By CEH

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

Location—Address BAY ROAD (LAST LOT IN AMHERST) or Lot No. _____

Owner RALPH FARRICK Address RUSSELL ST HADLEY

Contractor KARLS EXCAVATING Address RIVER DR NO HADLEY

Type of Building _____ Dimensions _____ Size Lot 4 ACRES.

Dwelling—No. of Bedrooms 4 Expansion Attic (No) Garbage Grinder (YES)
Other _____ No. of persons _____ Showers ()

Other fixtures _____
Town Water? YES Type of Well _____

Design Flow 75 gallons per person per day, Total daily flow 600 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width 15x40 Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area 600 sq. ft.

Dry Well—No. _____ Diameter 16 Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()
(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by RICH BRAZEAU HUNTLEY ENGR Date 7/22/71

Test Pit No. 1 7.0 minutes per inch Depth of Test Pit 2:8"

Test Pit No. 2 _____ minutes per inch 6" FINE SAND & COBBLES Depth of Test Pit _____

Description of Soil 10" top soil, 1/4" FINE SILTY SAND, Depth to Ground Water NONE

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] * Ralph B. Farnick 7/26/71
Owner or builder [Signature] date 7/26/71

Application Disapproved for the following reasons: _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

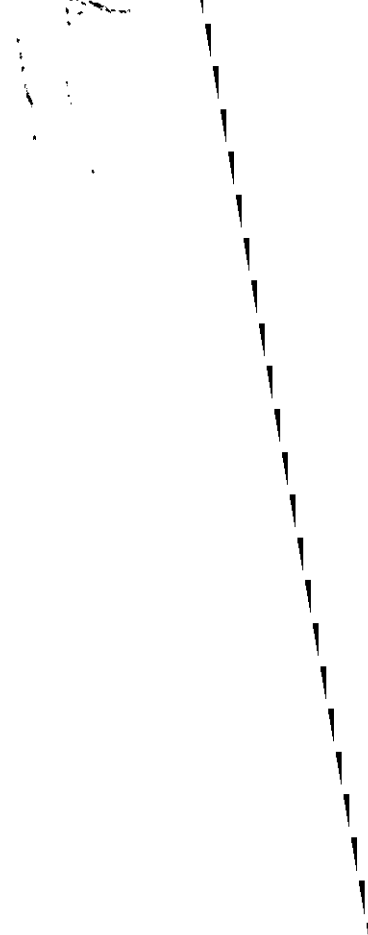
The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE _____ Inspector _____

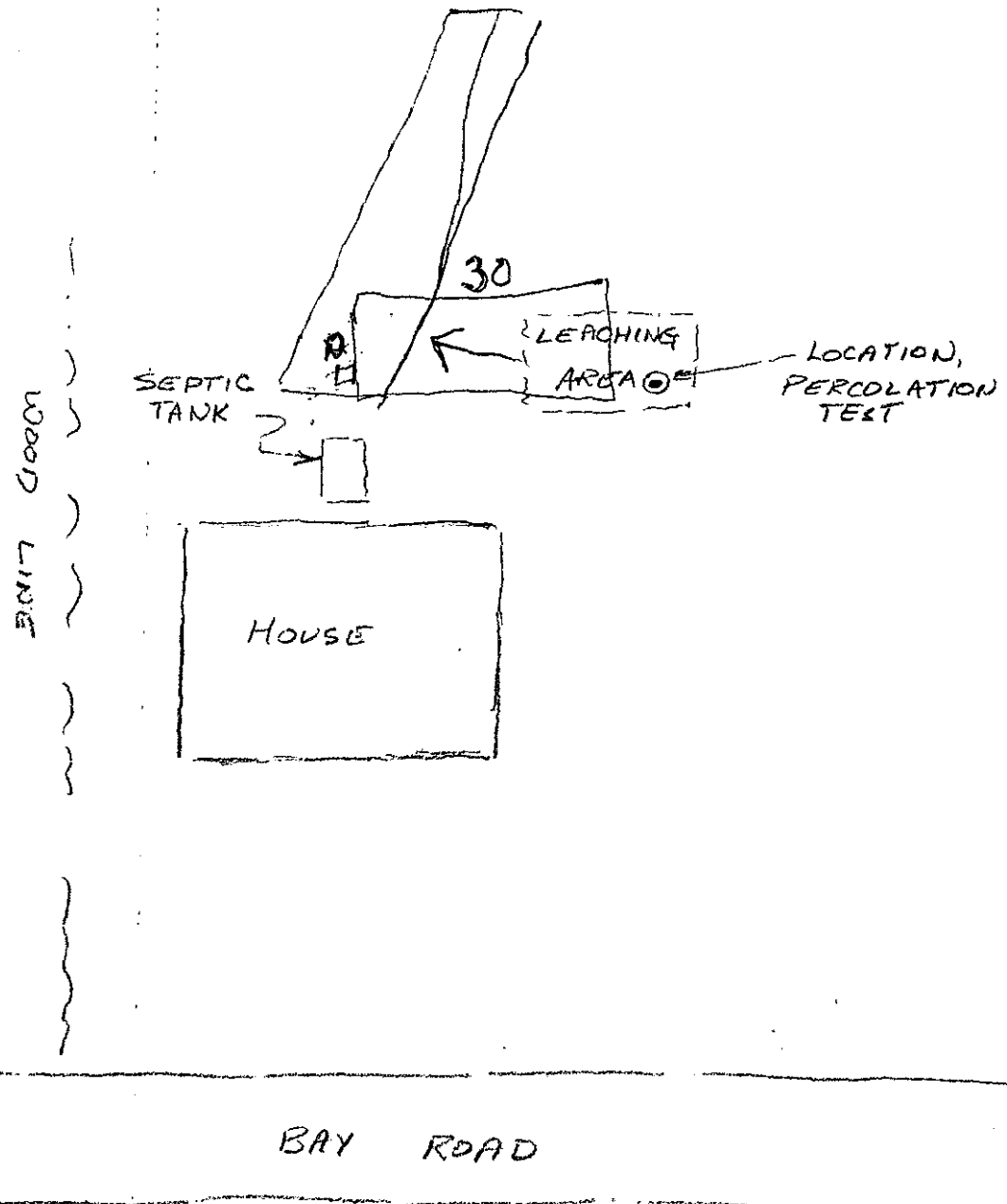
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 71-14
Permission is hereby granted RALPH FARRICK to construct (X) or repair () an Individual Sewage Disposal System at BAY RD - SOUTH AMHERST as shown on the application for Disposal Works Construction Permit No. 71-14

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 7/26/71 [Signature]
Board of Health





E.J. MILLER
BAY ROAD
JUNE 4, 1971 by K.G. LUND

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 42-63 Date AUG. 9, 1963 Fee \$300 Date Rec'd. 8/29/63 By F.A.S.

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

Location—Address SOUTH SIDE BAY ROAD, AMHERST or Lot No. PARCEL 34 PAGE 26 OF TOWN ATLAS

Owner BAUER & BROWN, 62 CHESTNUT ST., AMHERST

Contractor A. MARTIN BEAULT, NORTHAMPTON Address _____

Type of Building _____ Dimensions _____ Size Lot 99 A

Dwelling—No. of Bedrooms THREE Expansion Attic (NO) Garbage Grinder (YES) 2:46-12"

Other _____ No. of persons 4 Showers (2) 2:59-9"

Other fixtures _____ Town Water? YES Type of Well _____ 3:14 7"

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 2 to 4 Width 2 ft Total Length 200 ft Total leaching area 400 sq. ft. 300

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft. .81

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____ 3'0"

Other: Distribution box (YES) No. Loc 2 Dosing tank () _____ 2'0"

(Depth of Soil Line Below finished grade at foundation _____) _____ 18"-24"

Percolation Test Results Performed by F.A. Siano Date _____ 2/28/63

Test Pit No. 1 _____ 6 minutes per inch =.8149 ft/gal Depth of Test Pit 4 ft 121

Test Pit No. 2 _____ minutes per inch _____ Depth of Test Pit _____ 8 Dip.

Description of Soil Sandy Clay Depth to Ground Water 6 ft +

Will disposal area be filled? NO Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by G. G. Siano Owner or builder Bauer & Brown AUG 9, 1963 date 8/27/63 date

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by B. Brown at Bay Rd has been constructed in accordance with the provisions of INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 42-63 dated 8/9/63

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE 9/18/63 Inspector G. G. Siano

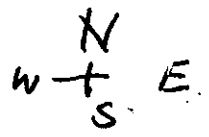
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 42-63 Permission is hereby granted B. G. Brown to construct () or repair () an Individual Sewage Disposal System at Bay Rd. 160 2.5 800 300 400.0

as shown on the application for Disposal Works Construction Permit No. 42-63
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system

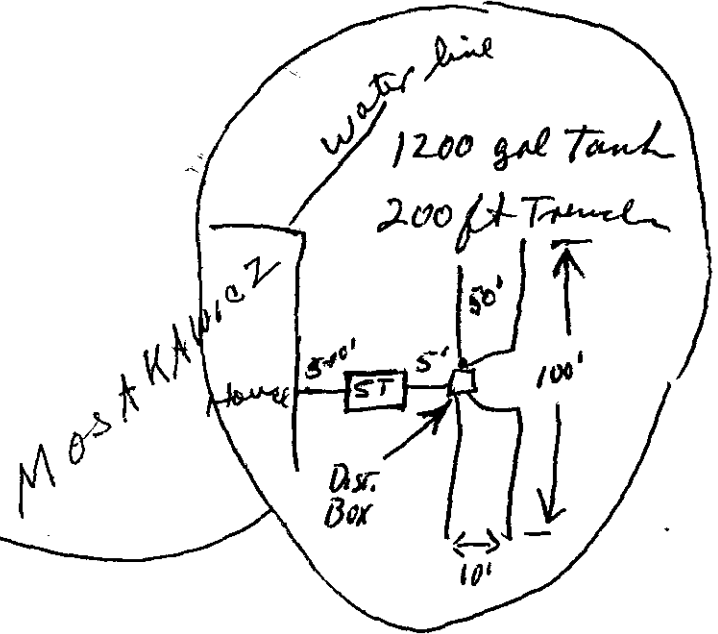
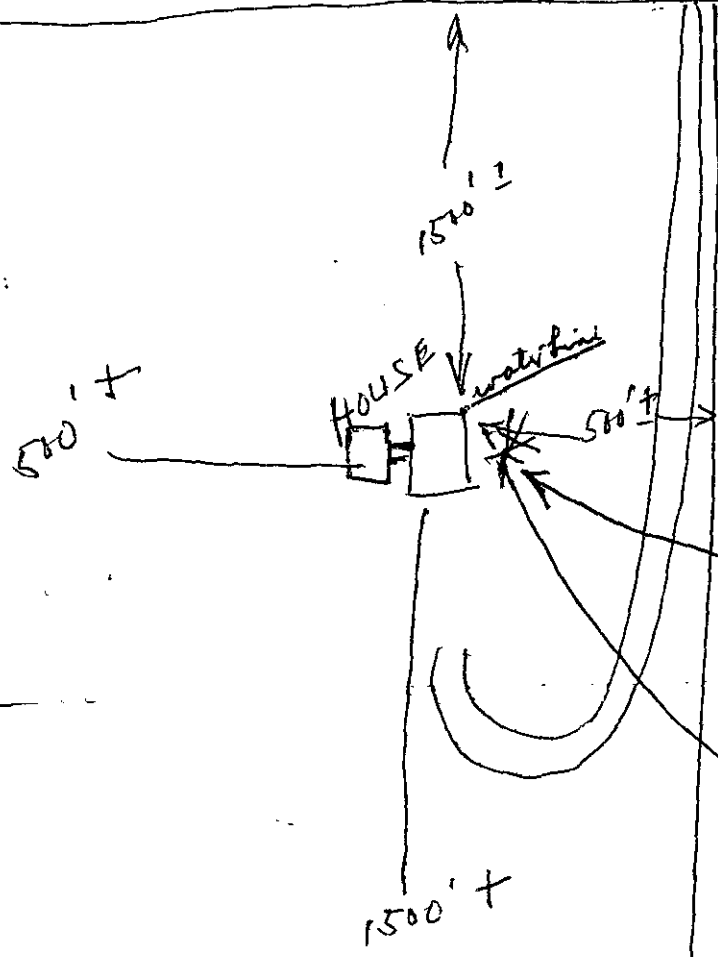
DATE 8/21/63 Board of Health G. G. Siano

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MIDDLE ST

BAY ROAD



SEPTIC TANK AREA & LEACHING FIELD

77

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 45-25 Date 8-26-65 Fee \$300 Date Rec'd. 8/26/65 By G.G.

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

Location—Address Bay Rd or Lot No. 4

Owner Sanderson R. Rempelge Address _____

Contractor Sanderson R. Rempelge Address _____

Type of Building House Dimensions 28 x 45 Size Lot 125 - 200

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons _____ Showers (2)

Other fixtures _____

Town Water? Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6" Depth below inlet 8' Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil SAND Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the afordescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] Archibald A. Sanderson Owner or builder Aug 26 - 1965 date

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

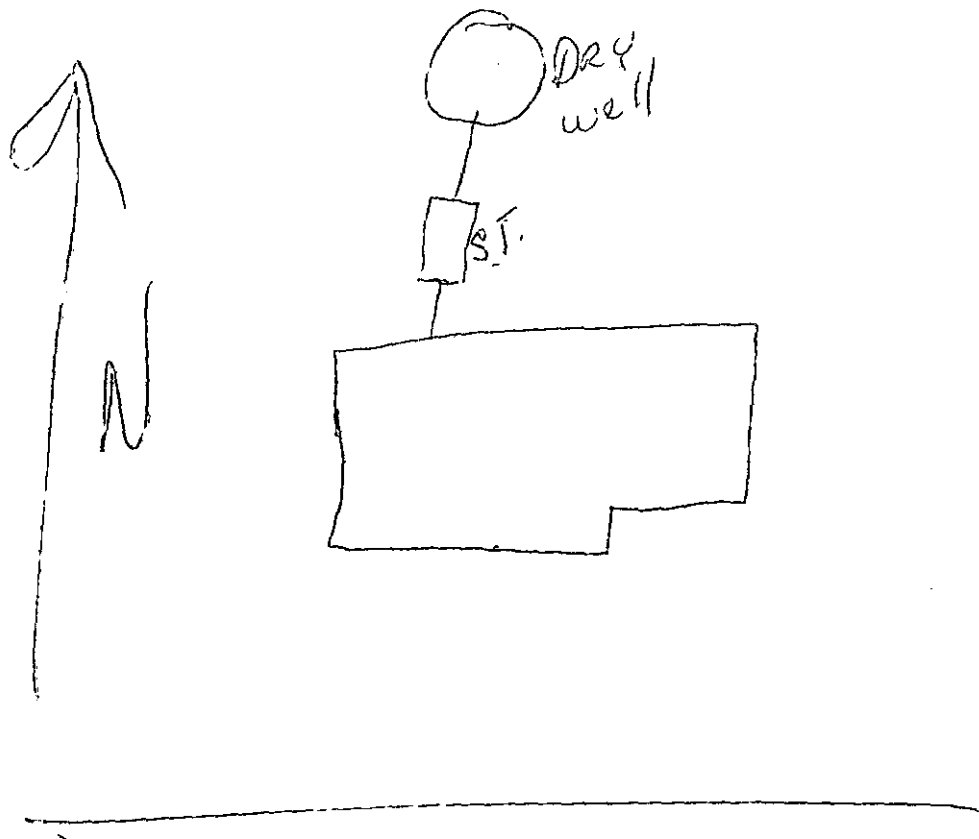
DATE _____ Inspector _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 65-28
Permission is hereby granted A. Sanderson to construct () or repair () an Individual Sewage Disposal System at Bay Rd Lot 6 as shown on the application for Disposal Works Construction Permit No. 65-28

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 8-27-65 [Signature] Board of Health



BAY RD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-27 Date 10-1-64 Fee 3.00 Date Rec'd. _____ By _____

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

Location—Address Lot 5 Bay Road or Lot No. _____

Owner SANDERS + ROBERGE Address Bay Road

Contractor R. Kowalczyk Address No. Wadsworth

Type of Building _____ Dimensions _____ Size Lot 175 x 215'

Dwelling—No. of Bedrooms 4 Expansion Attic No Garbage Grinder (No)

Other _____ No. of persons 8 Showers (1)

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6 Depth below inlet 9 Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Shabo Date _____

Test Pit No. 1 2 minutes per inch Depth of Test Pit 30"

Test Pit No. 2 Sand minutes per inch Depth of Test Pit _____

Description of Soil _____ Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by Shabo Gerard Roberge Owner or builder 10-1-64 date 10-2-64 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

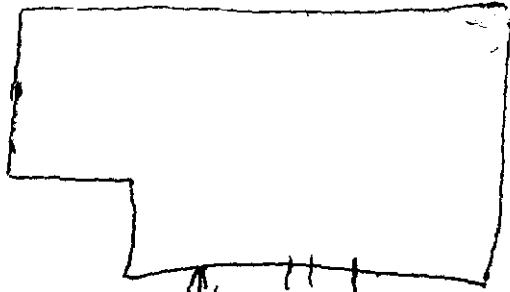
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-27 Permission is hereby granted Sanders + Roberge to construct (X) or repair () an Individual Sewage Disposal System at Bay Rd. Lot #5 as shown on the application for Disposal Works Construction Permit No. 64-27

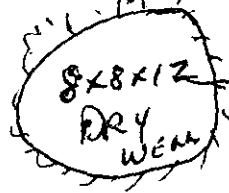
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 10-2-64 Charles Edulph Board of Health

BAY RD



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**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 65-5 Date April 1/16/65 Fee 3.00 Date Rec'd. 4-2-65 By E. Deake

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

Location—Address BAY RD Lot #4 or Lot No. _____

Owner HUBERT ROBERT Address 44 Franklin St, Springfield

Contractor Self Address _____

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 Expansion Attic (X) Garbage Grinder ()

Other _____ No. of persons 5 Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 700 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 8" Depth below inlet 8' Dimensions: 8 x 4 x 6

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Deake Date _____

Test Pit No. 1 2 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil 1' loam - sand & gravel Depth to Ground Water over 400'

Will disposal area be filled? NO Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by _____
 Owner or builder Margaret J. Tjebk date 4-1-65

Application Disapproved for the following reasons: _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER _____
 Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

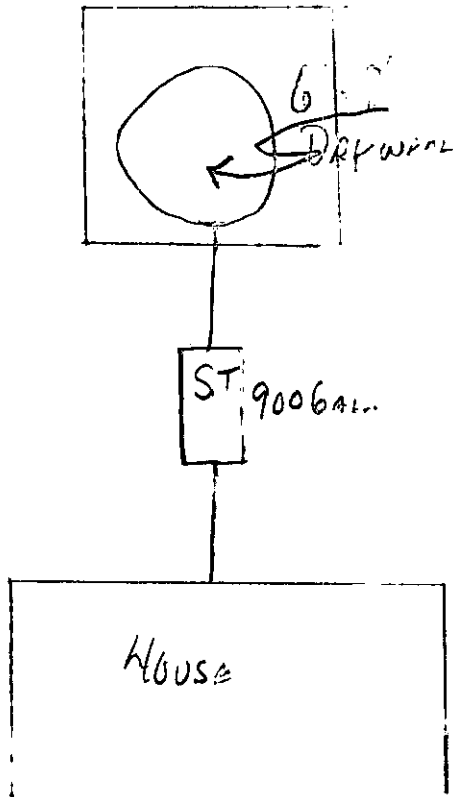
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 65-5 Permission is hereby granted HUBERT ROBERT to construct (X) or repair () an Individual Sewage Disposal System at Lot 4 Bay Road

as shown on the application for Disposal Works Construction Permit No. 65-5

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 4-2-65 Board of Health [Signature]



BAY ROAD

~~507 BAY ROAD~~

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-2 Date 3-10-72 Fee 3⁰⁰ Date Rec'd. 3-11-72 By (Signature)

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

Location—Address 341 Bay Rd or Lot No. #2

Owner (Signature) Address 8 Forest St Amherst Mass

Contractor Kenn E.C. Address 100 N. Main St

Type of Building _____ Dimensions _____ Size Lot 32,470 sq ft

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? Town Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 400 gallons Dimensions: L 8'-6" W 4'-10" D 3'-4"

Disposal Trench—No. 3 Width 3'-0" Total Length 135' Total leaching area 400 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by (Signature) Date 2/17/71

Test Pit No. 1 10 minutes per inch Depth of Test Pit 3'-2"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil 13' brown loam gravel 1' clay Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by (Signature) Owner or builder (Signature) Date 3-10-72

date 3-10-72
date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by Kenn E.C. at Lot #2 Bay Rd has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 72-2 dated 3-10-72

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE 5-15-72 Inspector (Signature)

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

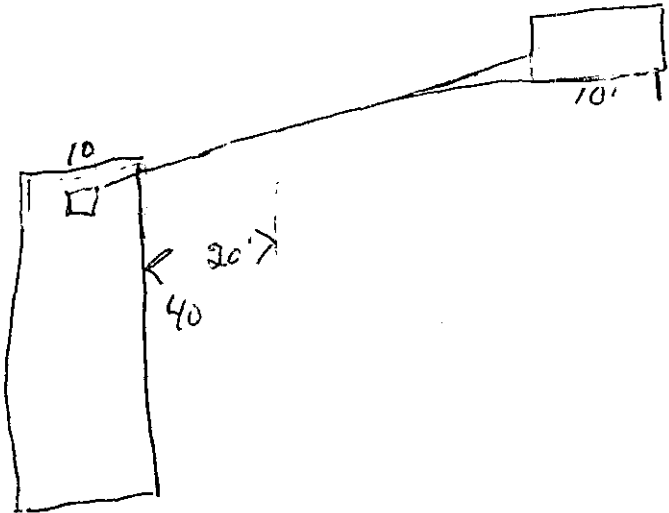
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-2 Permission is hereby granted (Signature) to construct () or repair () an Individual Sewage Disposal System at Bay Rd

as shown on the application for Disposal Works Construction Permit No. 72-2

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 3-10-72 Board of Health (Signature)



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BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 67-17 Date 6-30-67 Fee 3.00 Date Rec'd. 7-6-67 By CEH

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

Location—Address BAY ROAD, LAST LOT OF MARKET or Lot No. _____

Owner ALAN RAINFORD Address 42 McCLELLAN ST Amherst

Contractor WANCYK S Address _____

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 Expansion Attic Garbage Grinder (YES)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? TO YES Type of Well _____

Design Flow 25 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 12x30 Depth below inlet _____ Total leaching area 300 sq. ft. *Min.*

Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: 6 x 8 x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date _____

Test Pit No. 1 3 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Sand Depth to Ground Water not found

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

X Alan J. Rainford 6-30-67
 Owner or builder date

Application Approved by CE Drake

7-5-67
 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____

Inspector _____

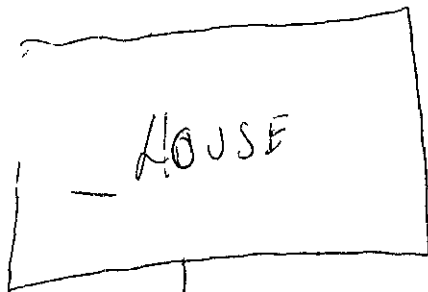
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 67-17 Permission is hereby granted ALAN RAINFORD to construct (X) or repair () an Individual Sewage Disposal System at BAY ROAD as shown on the application for Disposal Works Construction Permit No. 67-

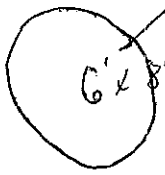
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE July 5, 1967

CE Drake
 Board of Health



1000
St.



BAY RD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-4 Date 3-26-64 Fee 81.00 Date Rec'd. 3-26-64 By C.P.D.

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

Location—Address BAY ROAD or Lot No. _____

Owner EDWARD SOLTYSIK Address BAY ROAD

Contractor S. J. WANCYK Address _____

Type of Building DWELLING Dimensions _____ Size Lot 7 ACRES

Dwelling—No. of Bedrooms 3 Expansion Attic (X) Garbage Grinder (X)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? 7 ARTESIAN Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area 450 sq. ft.

Disposal Bed—No. 1 Diameter 1 Depth below inlet _____ Total leaching area 900 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box (X) No. 1 Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Sand? clay? Depth to Ground Water none

Will disposal area be filled? no Cut down? no

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by C.P.D. Bonnie Soltysik 3-26-64
 Owner or builder 3-27-64
 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
 CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired (L) by S. J. WANCYK at BAY ROAD has been constructed in accordance with the provisions of SOLTYSIK INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 64-4 dated 3-26-64

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

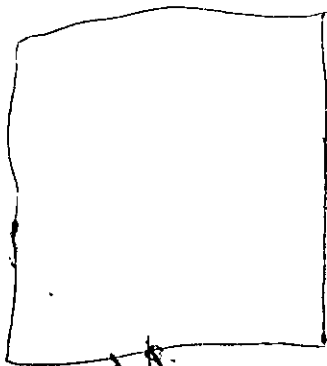
DATE 4-1-64 Inspector C.P.D.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
 DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-4
 Permission is hereby granted EDWARD SOLTYSIK to construct () or repair (X) an Individual Sewage Disposal System at BAY ROAD AMHERST as shown on the application for Disposal Works Construction Permit No. 64-4

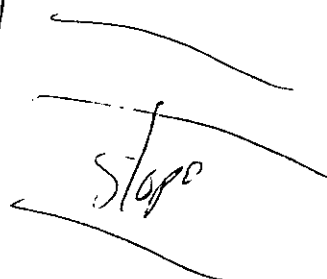
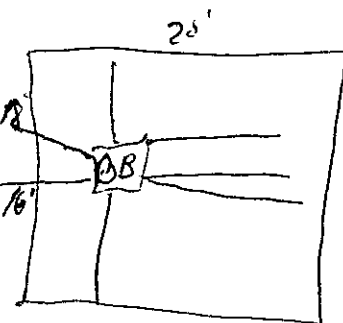
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 3-28-64 C.P.D.
 Board of Health 4



Existing
Arms

750
6 m Truss



SO, EAST ST.

Bank

S

\$300 Fee
Rec'd F.A.S.

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 13-62

Howard W. Atkins of So. East Amherst Mass.
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Road Side Store.
(residence, store, etc.)

which will be located at intersection Boylston & Route 116 to be installed by
Howard Atkins So. East Al 33243
(name) (address) (phone)

Builder is Howard Atkins Plumber is E. Tessier

Description of lot, building and fixtures as follows:

Lot: Dimensions 1000 x 1000 Type of Soil Sand Well or Town Water? Well
Distance to Town Sewer 2 1/2 Miles Depth to Ground Water 12' Kind of Well dug
Will Lot be Graded? yes By Filling or Removing Soil? filling
Building: Dimensions 48 x 60 No. Bedrooms 0 No. Occupants 0
Fixtures: No. Toilets 2 Urinals 0 Wash Basins 2 Bathtubs 0
Showers 0 Kitchen Sinks 0 Garbage Grinders 0
Auto Dishwasher 0 Auto. Clotheswasher 0 Other (basement) 0

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 5/2/62
Howard W. Atkins
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

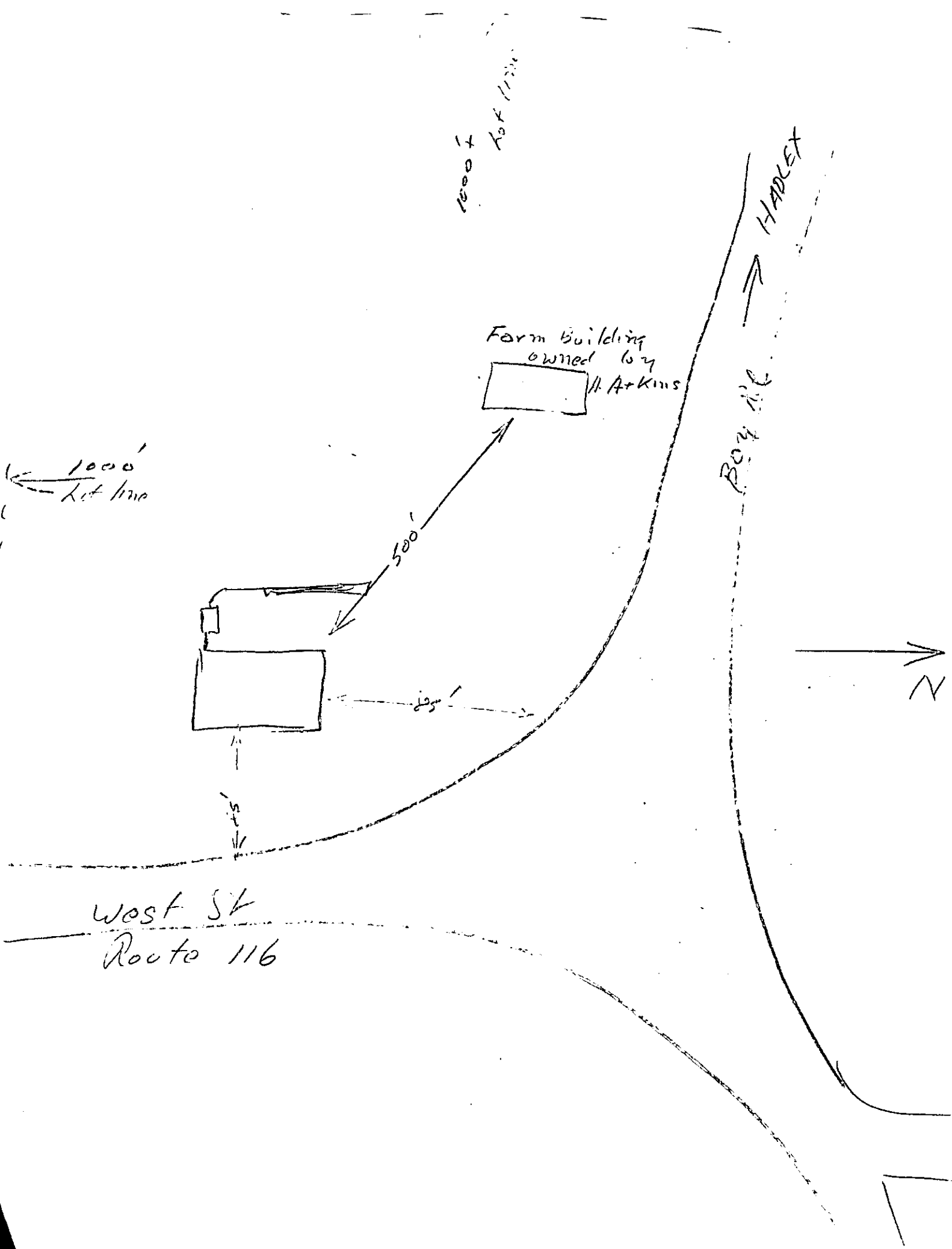
H. Atkins is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 600 Gals. Liquid Capacity.
Leaching System: Trenches of not less than 200 Sq. Ft. bottom area.
Dry well 8 x 8 ft. bottom area and 6 ft. below the inlet.
Other

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

[Signature] for the Board of Health date 5/3/62

Inspected Approved [Signature]



1000' Lot line

Farm Building owned by H. Atkins

Boy N.C.
HADLEY

1000' Lot line

500'

25'

45'

West St
Route 116

N

OBSERVATION PITS

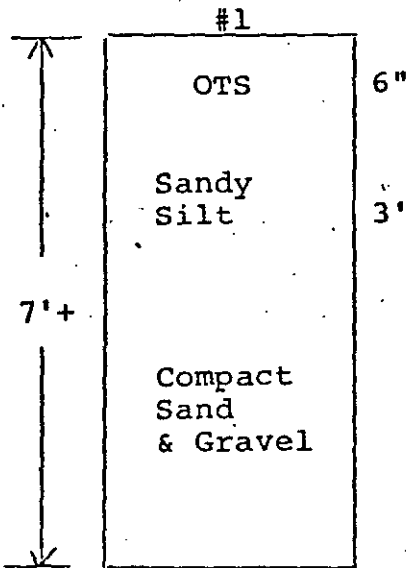
P-63

REQUESTED BY: Howard Atkins

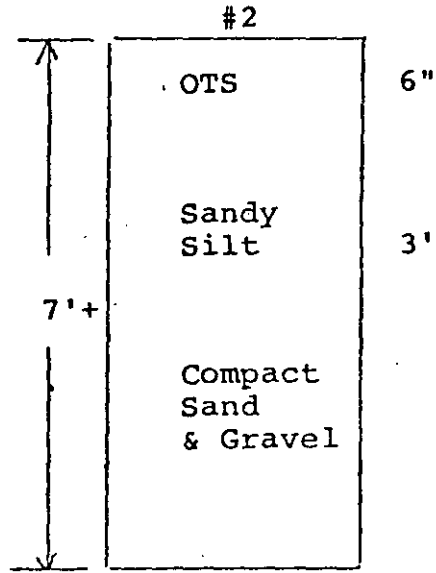
LOCATION: Bay Road Near Town Line
Amherst, Ma.

MAILING ADDRESS: Fruit Bowl, Rt. 116 & Bay Road, Amherst

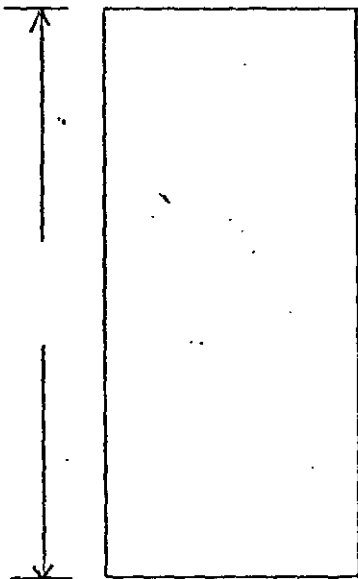
DATE: 3-18-75 OBSERVER: D.J. & R.P.B.



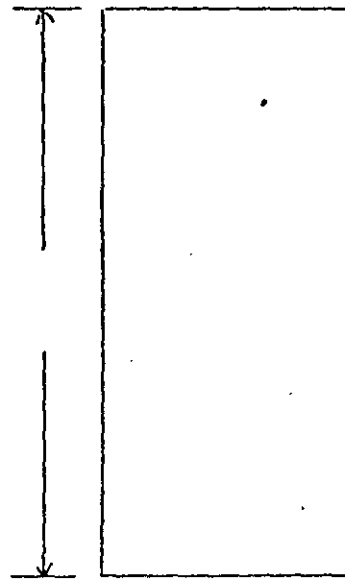
Groundwater None
Perc Rate 7.0 min./in



Groundwater None
Perc Rate 5.0 min./in.

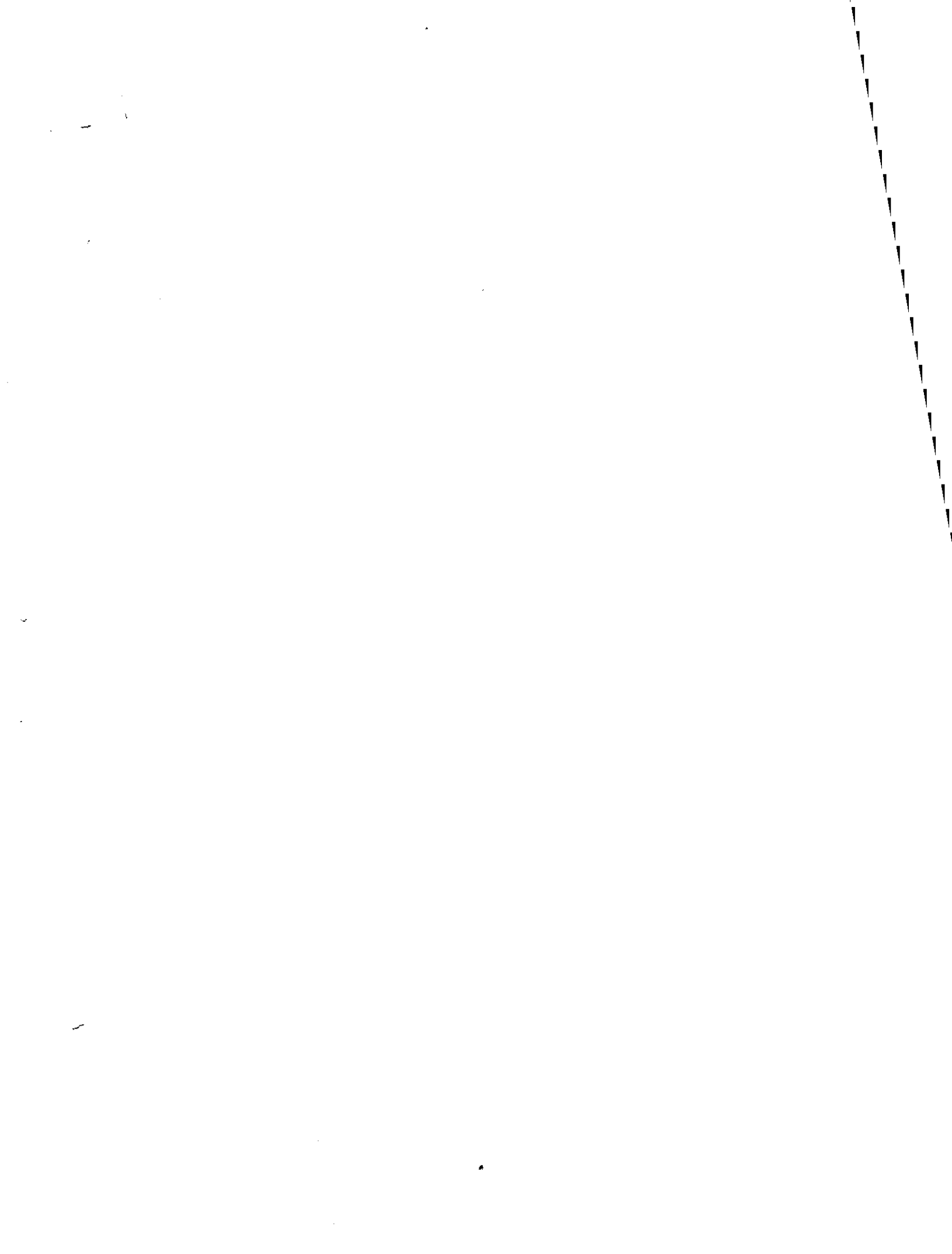


Groundwater _____
Perc Rate _____



Groundwater _____
Perc Rate _____

* Overnight Test



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 1-59

Stanley W. Kielbasa (owner's name) of 32 Fort St. Northampton (address) 544-9568 (phone)

hereby applies for a permit to construct or repair a private disposal system for a
(residence, store, etc.)

which will be located at Bay Road (side South) to be installed by

Jane (name) (address) (phone)

Builder is Charles Chuma Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 3 acres Type of Soil ? Well or Town Water? Well

Distance to Town Sewer miles Depth to Ground Water ? 12 ft. Kind of Well aug well

Will Lot be Graded? no By Filling or Removing Soil?

Building: Dimensions 26 x 46 No. Bedrooms 3 No. Occupants 4

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders no

Auto Dishwasher no Auto. Clotheswasher yes Other (basement) none

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 4/30/59

Stanley W. Kielbasa
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 1-59

S. W. Kielbasa is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 600 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

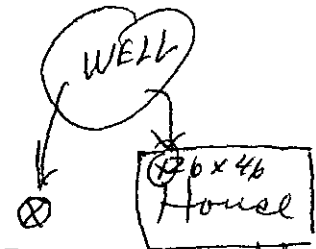
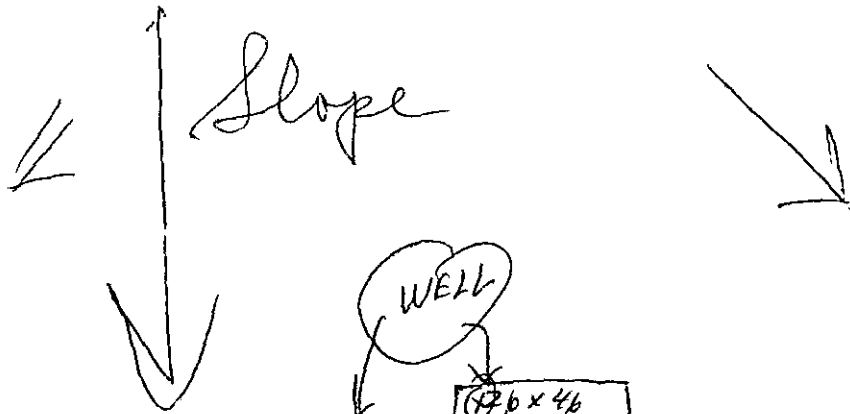
Dry well ft. bottom area and ft. below the inlet.

Other 10 x 30 ft Leach Bed as indicated

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

L. A. Linn
for the Board of Health 4/17/59
date

Inspected Approved



5/25/59
WELL SITE 22' deep



BAY RD

← To B 116



\$100 fee Paid 5/13/63
PAP

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 9-63

Guinand Raberge of Bay Rd.
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence
(residence, store, etc.)

which will be located at Bay Rd. to be installed by
Mac Donald
(name) (address) (phone)

Builder is Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 1 1/3 acre Type of Soil sand Well or Town Water? well

Distance to Town Sewer miles Depth to Ground Water Kind of Well artesian

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions 33x24 No. Bedrooms 2 No. Occupants 2

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 5/13/63

Guinand Raberge
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 9-63

G. Raberge is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

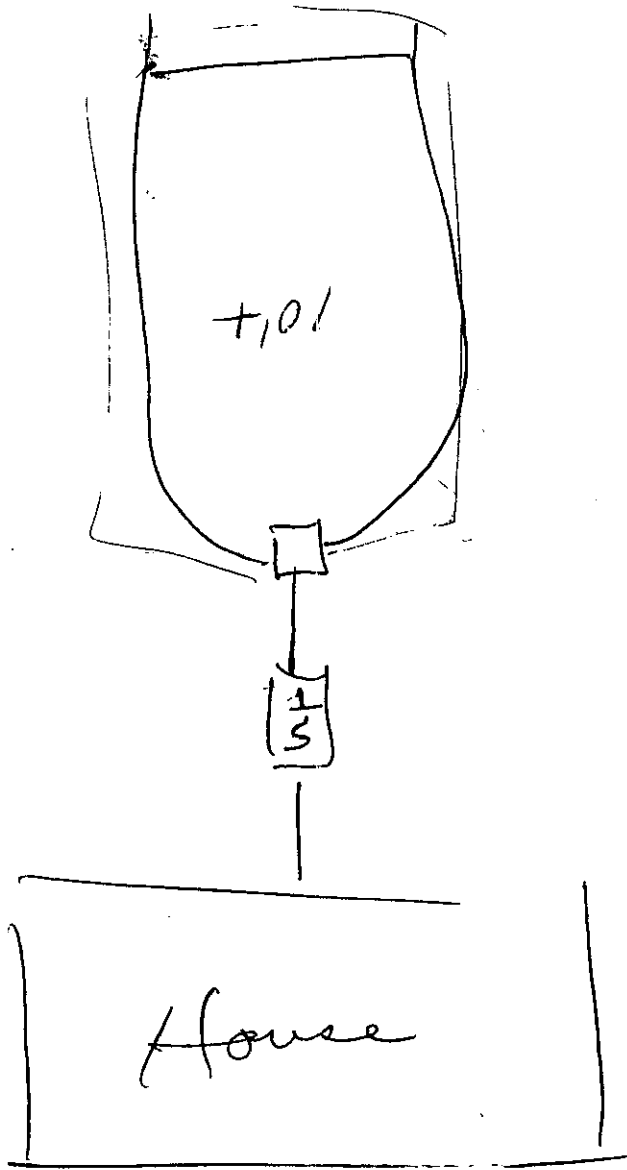
Dry well ft. bottom area and ft. below the inlet.

Other Det. Box

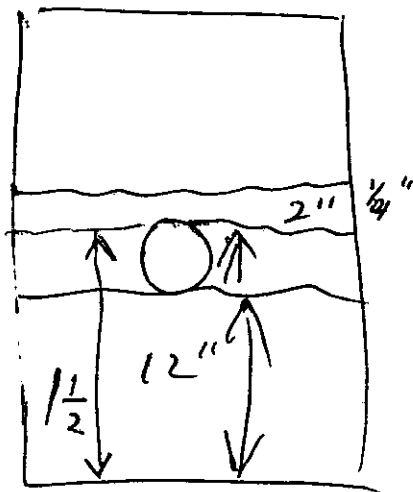
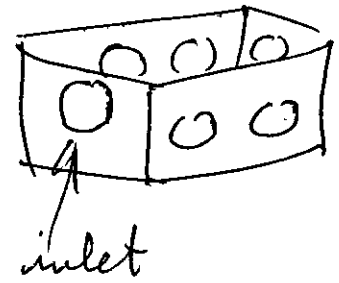
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

L. G. Lino 5/13/63
for the Board of Health date

Inspected Approved



$1\frac{1}{2}$ "



Bay Rd

No. 72-7

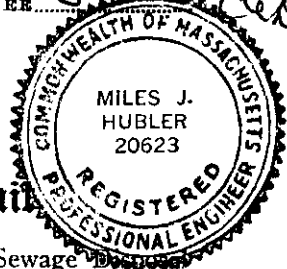
FEE 300 3-30-72

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Bay Road E. of Orchard Rd. W. of apple storage
Donald Miller Location - Address or Lot No.
River Road Exc. Owner Address
River Road, Hadley, Ma. Installer Address

Type of Building Size Lot 29,000+ Sq. feet
Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (X)
Other - Type of Building No. of persons Showers () - Cafeteria ()
Other fixtures

Design Flow 50 gallons per person per day. Total daily flow 300 gallons.
Septic Tank - Liquid capacity 1000 gallons Length Width Diameter Depth
Disposal Trench - No. 2 Width 3' Total Length 50' Total leaching area 450 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Miles J. Hubler Date 9/22/71
Test Pit No. 1 1 minutes per inch Depth of Test Pit 3.6" Depth to ground water > 10'
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil 0-8" Top soil loose OL, 8"-24" silty sand loose SM, 24"-26" clay loess CH, 26"-36" t sand SW loose. No evidence of ledge or water table

Nature of Repairs or Alterations - Answer when applicable.

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of Article XI of the State Sanitary Code - 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 Miller Date 3/30/72
Application Approved By [Signature] Date 3-30-72
Application Disapproved for the following reasons:
Date

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed (X) or Repaired () by RIVER DR. Exc. Installer

at BAY ROAD - Amherst
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. 72-7 dated 3-30-72

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

DATE MAY 25, 1972 Inspector [Signature]

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 72-7

FEE 300

Disposal Works Construction Permit

Permission is hereby granted DONALD MILLER to Construct (X) or Repair () an Individual Sewage Disposal System

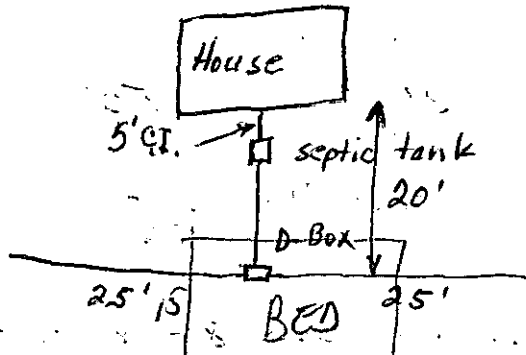
at No. 72-7 BAY ROAD (1182) Street
as shown on the application for Disposal Works Construction Permit No. 72-7 Dated MAR. 30, 1972

DATE MAR. 30, 1972 Board of Health [Signature]

CHECK OR FILL IN WHERE APPLICABLE

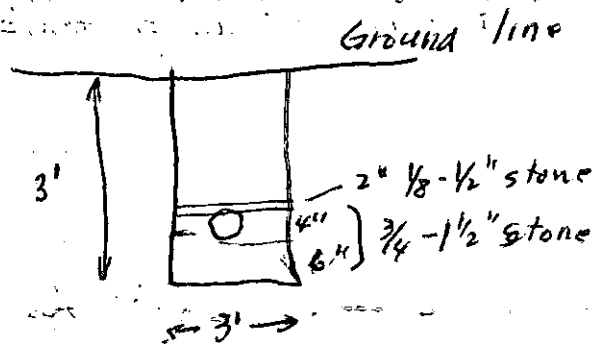
to Hadley →

Bay Road



place trenches on contour 30 Plan

bottom of trenches are level



Section thru trench

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 70-30 Date Dec. 2, 1970 Fee 3⁰⁰ Date Rec'd. 12-2-70 By CEA

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

Location—Address BAY ROAD or Lot No. _____

Owner E. J. MILLER Address NORTH REASDALE ST

Contractor SELF Address _____

Type of Building _____ Dimensions _____ Size Lot 150X200

Dwelling—No. of Bedrooms 4 Expansion Attic (X) Garbage Grinder (YES)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 25 gallons per person per day. Total daily flow 600 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 10x40 Depth below inlet _____ Total leaching area 400 sq. ft.

Dry Well—No. 1 Diameter 6" Depth below inlet 10' Dimensions: _____ x _____ x _____

Other Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by CEA Date 12-2-70

Test Pit No. 1 3 minutes per inch Depth of Test Pit 40"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil GRAVEL Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

CEA * E. J. Miller 12-2-70
Owner or builder date

Application Approved by _____ 12-2-70
date

Application Disapproved for the following reasons _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

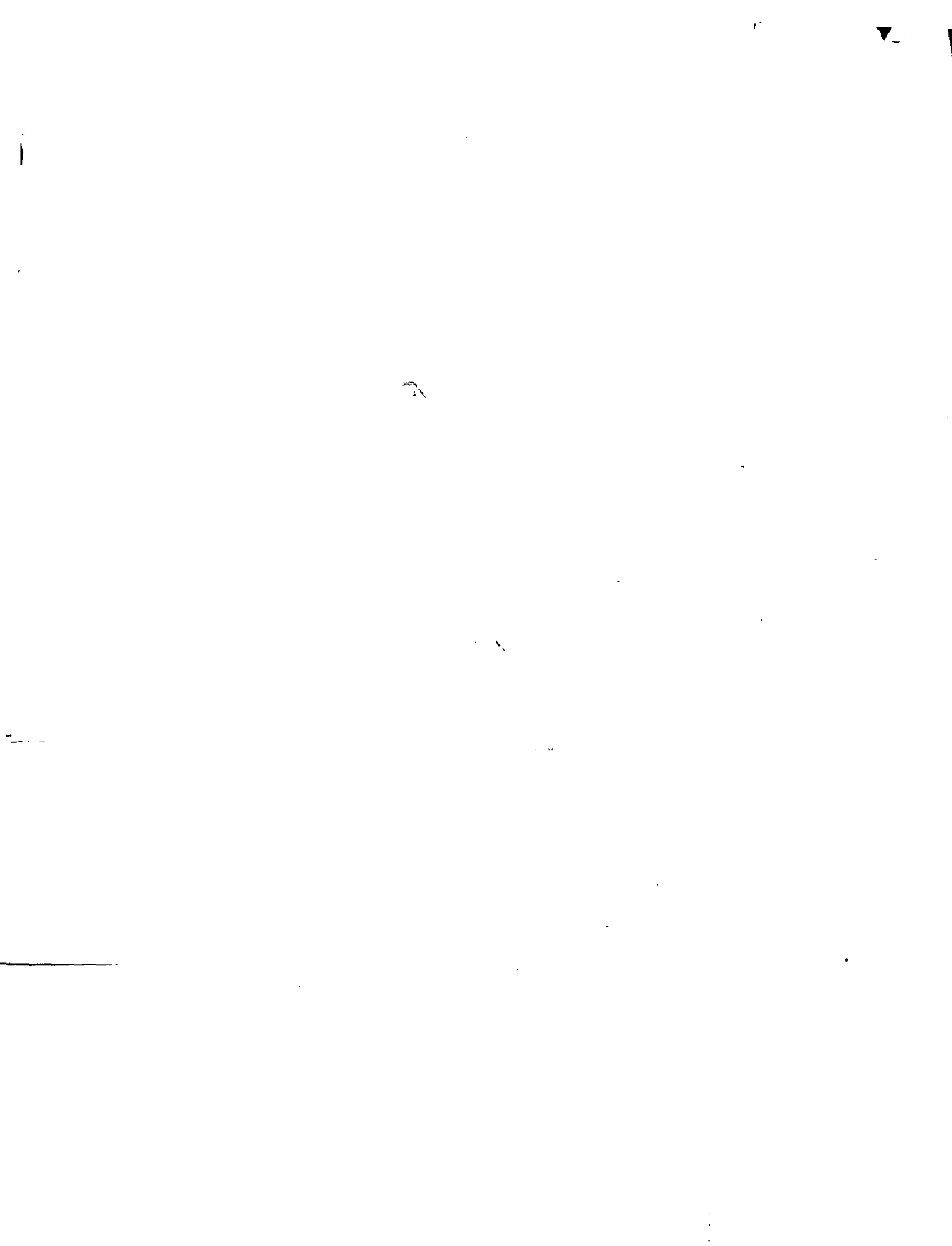
No. 70-30 Permission is hereby granted _____ to construct (X) or repair () an

Individual Sewage Disposal System at BAY ROAD - NEAR TO J. CROWLEY

as shown on the application for Disposal Works Construction Permit No. 70-30

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 12-2-70 CEA
Board of Health



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 67-18 Date July 15/1967 Fee 3.00 Date Rec'd. 8/22/67 By G.G.

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

Location—Address BAY ROAD - NEXT TO HARMATZ (ON HAN) or Lot No. _____

Owner JOHN + BARBARA MOWER Address VALLEY VIEW CIR

Contractor ~~W. H. ...~~ RIVER DRIVE ETC. Address HADLEY

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 34 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6' Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date 7-12-67

Test Pit No. 1 2 minutes per inch Depth of Test Pit 36"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil SAND + GRAVEL Depth to Ground Water NOT FOUND

Will disposal area be filled? NO Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by C. Drake X John G. Mower Owner or builder
 date 7-15-67
 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER
 Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

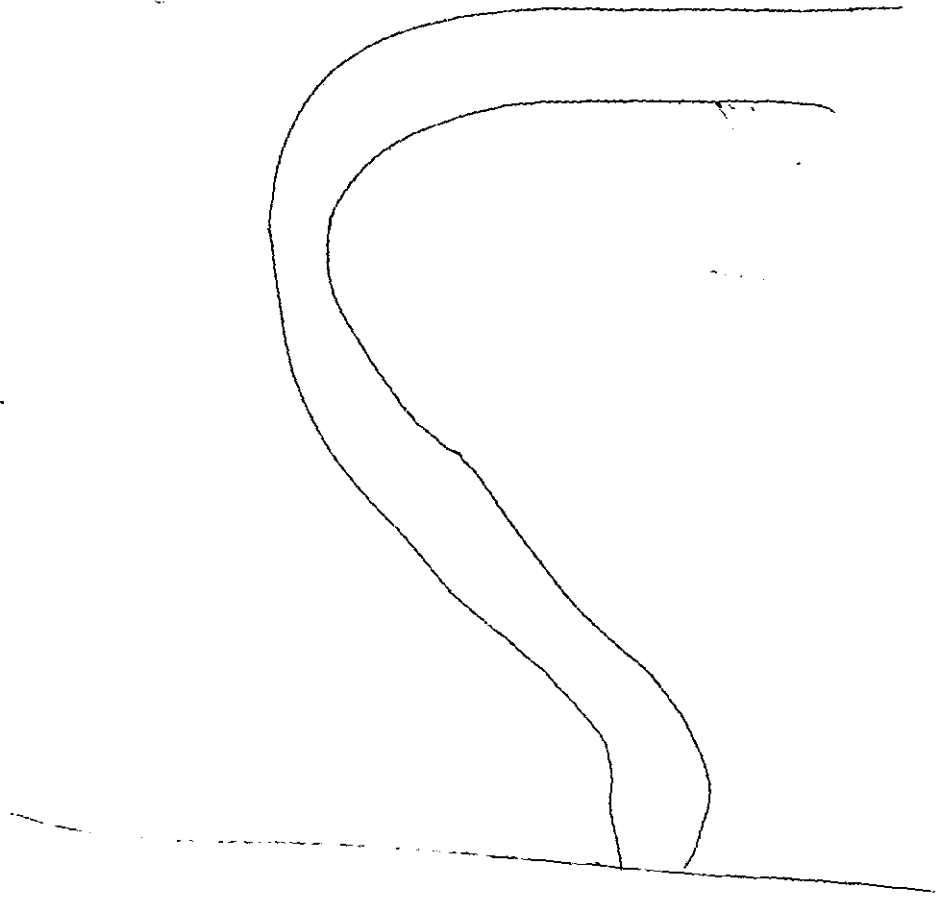
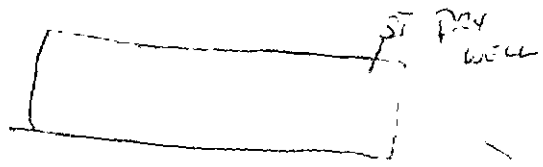
The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 67
 Permission is hereby granted John Mower to construct (X) or repair () an Individual Sewage Disposal System at BAY ROAD -
 as shown on the application for Disposal Works Construction Permit No. 67-

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 8-7-67 C. Drake
 Board of Health



SAY RD

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 66-16 Date Sept 30 Fee L. # Date Rec'd. 9/30/66 By CEA

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

Location—Address Bay Rd or Lot No. _____

Owner David Fortier Address Bay Rd Amherst

Contractor Paul Konecny Address Hadley, Mass

Type of Building Wood frame Dimensions _____ Size Lot 13 ft.

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons 3 Showers ()

Other fixtures 2 baths

Town Water? yes Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity _____ gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil gravel Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CEA

Paul Konecny Sept 30, 1960
Owner or builder date
9-30-66
date

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE _____ Inspector _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

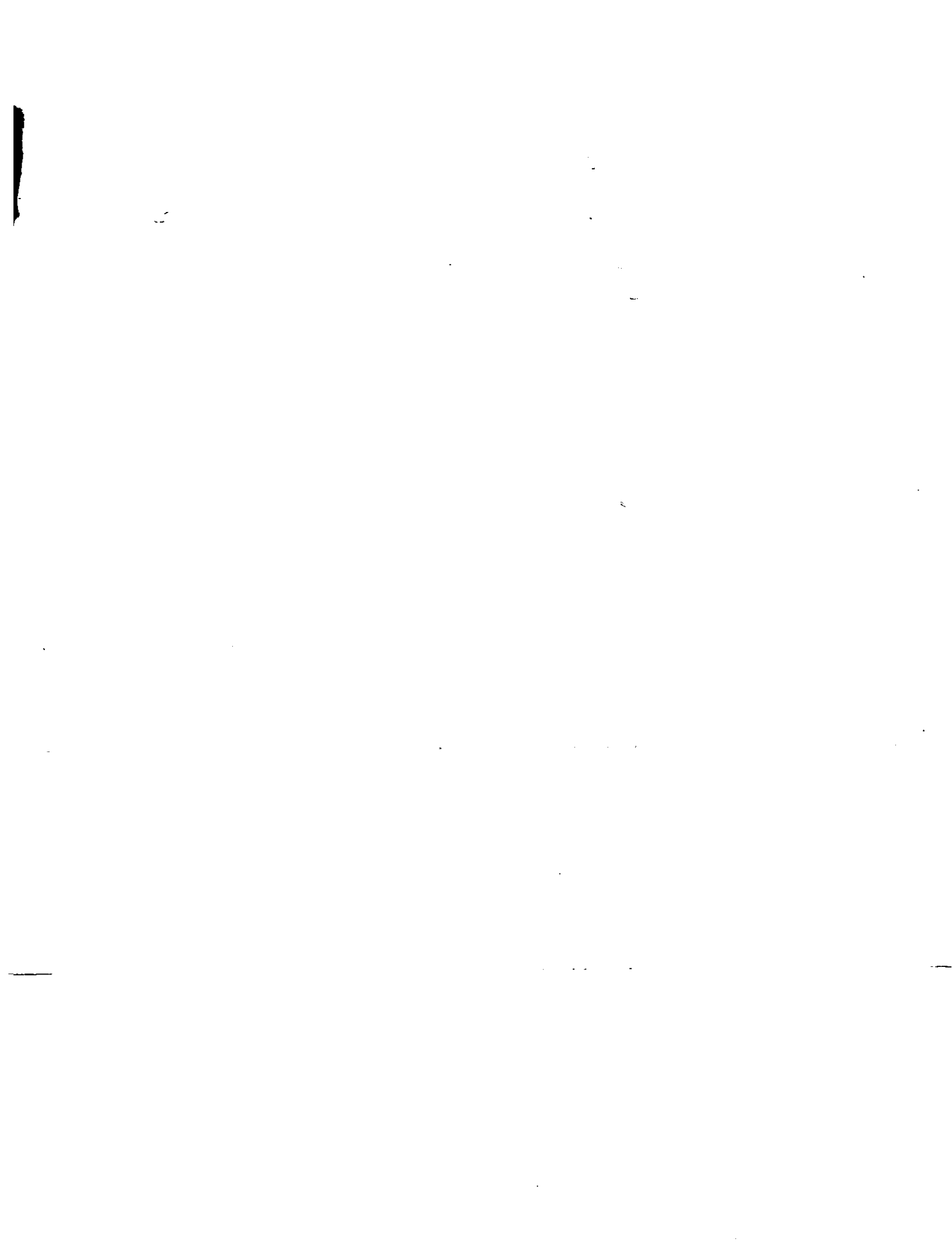
No. 66- Permission is hereby granted David Fortier to construct () or repair (X) an Individual Sewage Disposal System at Bay Road

as shown on the application for Disposal Works Construction Permit No. _____

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9-30-66

CEA
Board of Health



**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 65-31 Date 9-20-65 Fee 2.00 Date Rec'd. Sept. 17, 65 By CEH

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

Location—Address BAY ROAD or Lot No. _____
 Owner ROBERT JOHNSON ? Address _____
 Contractor SOUTHAMPTON SANITARY ENGINEERING Address REQUERS, SOUTHAMPTON.
 Type of Building _____ Dimensions _____ Size Lot _____
 Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (?)
 Other _____ No. of persons _____ Showers ()
 Other fixtures _____
 Town Water? YES Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons
 Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____
 Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
 Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.
 Dry Well—No. 1 Diameter 6' Depth below inlet 8' Dimensions: 6 x 3 x _____
 Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by DRAKE Date _____
 Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil GRAVEL Depth to Ground Water None
 Will disposal area be filled? _____ Cut down? _____
 (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CE Drake _____
 Owner or builder KARL KUENNER _____
 Date 9-19-65
 Date 9-20-65

Application Disapproved for the following reasons:

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

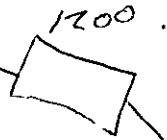
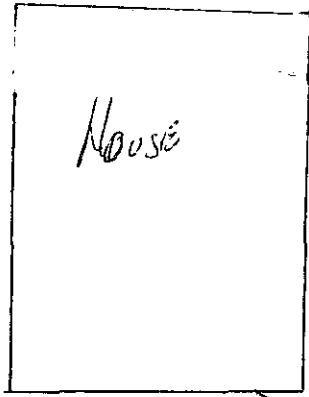
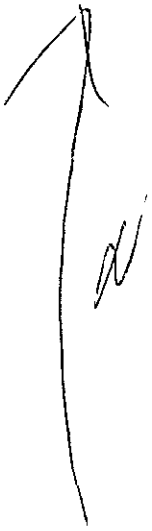
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of _____ INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____.
 The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE _____ Inspector _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 65-31
 Permission is hereby granted SOUTHAMPTON SANITARY ENGINEERING to construct (X) or repair () an Individual Sewage Disposal System at BAY RD
 as shown on the application for Disposal Works Construction Permit No. _____

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9-20-65
 Board of Health CE Drake



BAY RD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-12 Date 5-24-65 Fee 1.00 Date Rec'd. 6-10-65 By [Signature]

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

Location—Address BAY ROAD or Lot No. _____

Owner F.D. MARKERT Address BAY RD.

Contractor S.J. WANCZYK Address WEST ST

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 1 Expansion Attic NO Garbage Grinder NO

Other _____ No. of persons _____ Showers () _____

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 600 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6 Depth below inlet 6 Dimensions: 6 x 6 x _____

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil gravel Depth to Ground Water none

Will disposal area be filled? no Cut down? no

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] [Signature] Owner or builder _____ date _____

Application Disapproved for the following reasons: _____ date _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

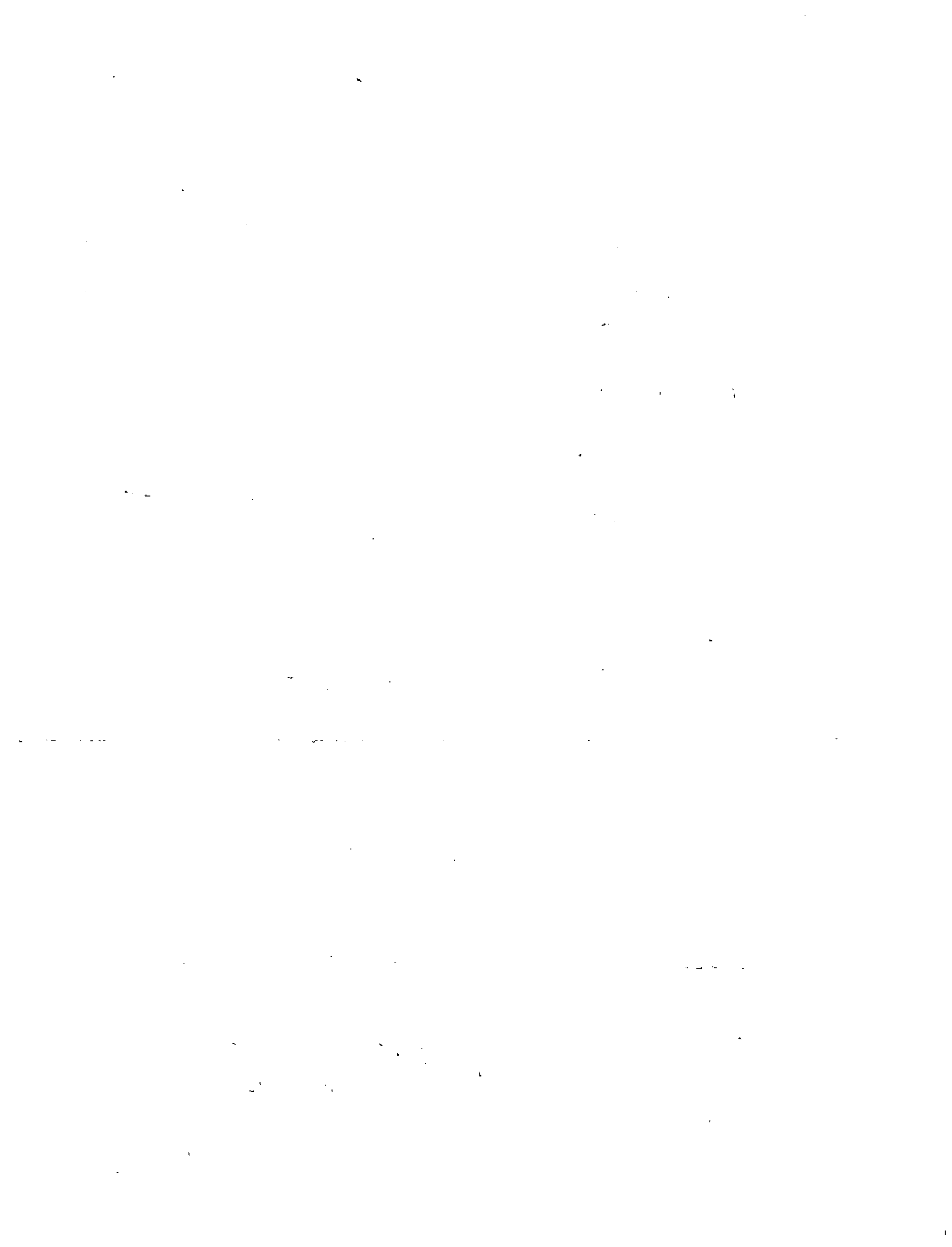
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-12 Permission is hereby granted S.J. WANCZYK to construct () or repair (X) an Individual Sewage Disposal System at BAY RD

as shown on the application for Disposal Works Construction Permit No. 65-12

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 5-24-65 [Signature] Board of Health



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-24 Date 6-24-65 Fee 3⁰⁰ Date Rec'd. June - 28, 1965 By CEO

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

Location—Address Joseph R. Crowley BAY RD or Lot No. _____

Owner JOSEPH R. CROWLEY, JR. Address MAIN ST

Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot _____

* Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X) YES

Other _____ No. of persons _____ Showers () _____

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow 1200 gallons

Septic Tank—Liquid capacity _____ gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: 8 x 8 x 6

Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Duke Date 6-22-65

Test Pit No. 1 2 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil no Depth to Ground Water no

Will disposal area be filled? no Cut down? no

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CEO Joseph R. Crowley, Jr.
 Owner or builder _____ date 6-24-65

Application Disapproved for the following reasons: _____
 date _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER _____ Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE _____ Inspector _____

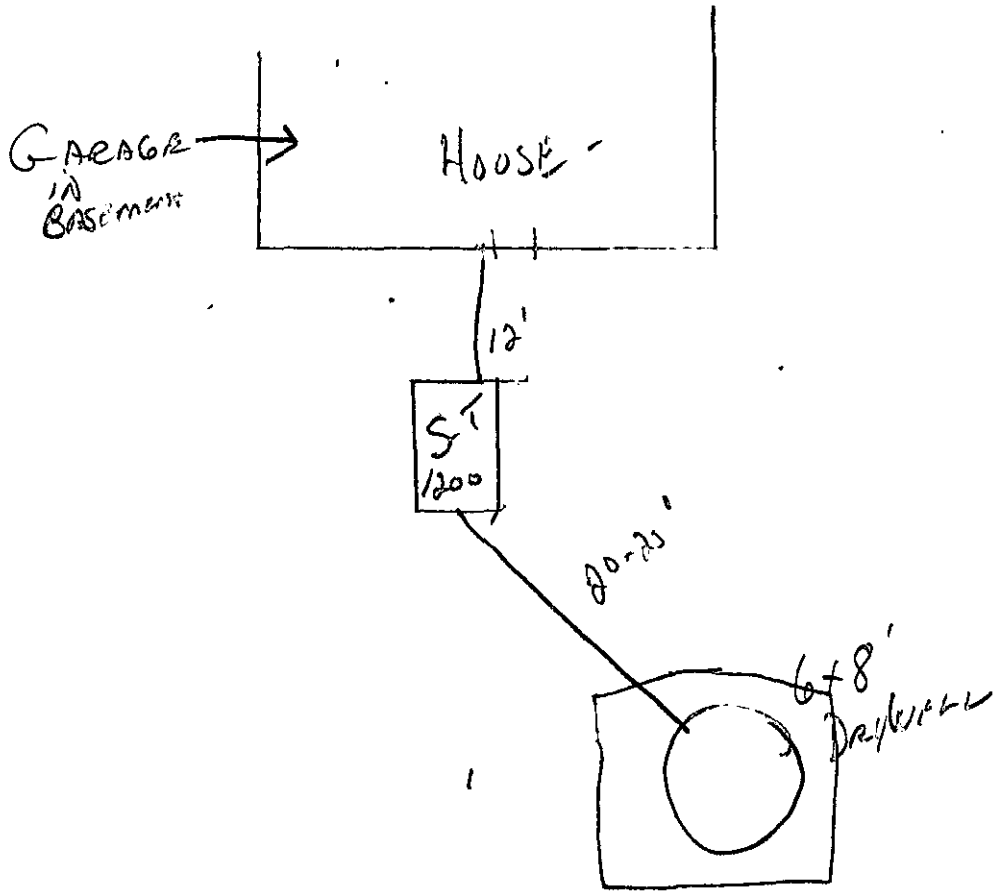
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-24 Permission is hereby granted J. Randy Crowley to construct (X) or repair () an Individual Sewage Disposal System at BAY RD as shown on the application for Disposal Works Construction Permit No. 65-24

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 6-28-65 CEO
 Board of Health

BAY FORM



**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 65-17 Date June 9, 1965 Fee 3.00 Date Rec'd. 6/10/65 By GG

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

Location—Address Old Bay Road Massachusetts Lot No. _____

Owner William Harvey Address Nornton Road

Contractor Self Address _____

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 Expansion Attic No Garbage Grinder YES
Other _____ No. of persons _____ Showers () _____

Other fixtures _____
Town Water? YES Type of Well No

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1700 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6' Depth below inlet 8' Dimensions: 6' x 8' x 6'

Other: Distribution box () No. _____ Dosing tank () _____
12" WASHED GRAVEL AREN NO OUTSIDE OF Well

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by DRAKE Date 6-9-65

Test Pit No. 1 2 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil _____ Depth to Ground Water _____

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] [Signature] Owner or builder 6-9-65 date

Application Disapproved for the following reasons: _____ 6-9-65 date

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

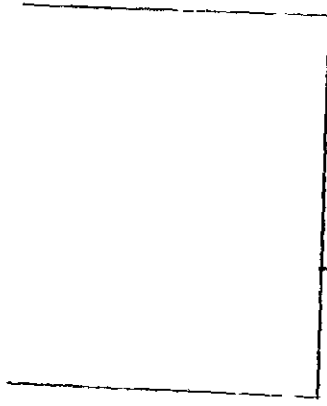
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 65-17 Permission is hereby granted William Harvey to construct (X) or repair () an Individual Sewage Disposal System at BAY RD

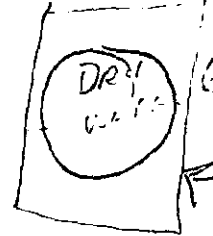
as shown on the application for Disposal Works Construction Permit No. 65-17

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 6-9-65 [Signature] Board of Health



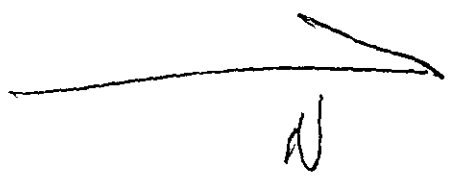
1200
ST.



6' x 8'

400' ±

PAV
ROAD



Revised 8/1/62
AAJ

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. *26-62*

..... of
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a
(residence, store, etc.)

which will be located at to be installed by
(name) (address) (phone)

Builder is Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions Type of Soil *granite* Well or Town Water? *town*

Distance to Town Sewer *100* Depth to Ground Water *10* Kind of Well *well*

Will Lot be Graded? *yes* By Filling or Removing Soil? *removing*

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date *8/1/62*

(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

..... is hereby granted permission to proceed with the construction of repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of Gals. Liquid Capacity.

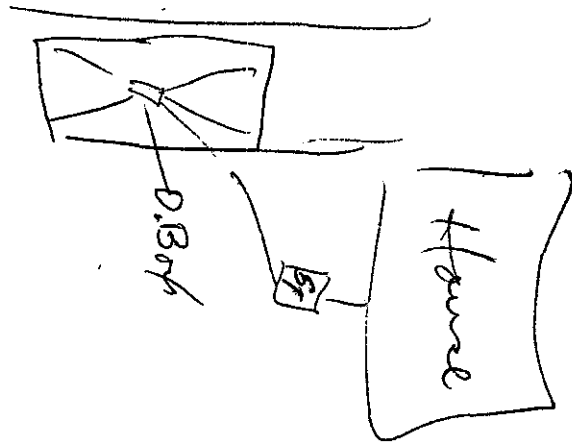
Leaching System: Trenches of not less than Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.

Other *addition to system - bed*

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

Inspected *System low but good construction* for the Board of Health date
Approved *G. G. Lewis*



3-61.

Feed 3, 10
4/10/61
7

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO THE BOARD OF HEALTH, AMHERST, MASS.

No. 3-61

Mr. Burgess of Bay Rd. So. Amherst
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence
(residence, store, etc.)

which will be located at at his residence to be installed by
(name) (address) (phone)

Builder is Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions Type of Soil Well or Town Water?

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date

(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.

Other

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

for the Board of Health date

Inspected Approved

**APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM**

TO: THE BOARD OF HEALTH, AMHERST, MASS. No.
Wentworth W. J. of *No Pleasant St*
 (owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a *Residence*
 (residence, store, etc.)

which will be located at *Berry Rd (near Middle)* to be installed by
Same *Konensky*
 (name) (address) (phone)

Builder is *Same* Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions..... Type of Soil..... *good mixture* Well or Town Water?
 Distance to Town Sewer Depth to Ground Water Kind of Well
 Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs
 Showers Kitchen Sinks Garbage Grinders
 Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date..... (Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.
 is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of *900* Gals. Liquid Capacity.
 Leaching System: Trenches of not less than *300* Sq. Ft. bottom area.
 Dry well ft. bottom area and ft. below the inlet.
 Other

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

G. A. Lewis
 for the Board of Health date

Inspected Approved *G. A. Lewis*



BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 71-24 Date 9/22/71 Fee 3.00 Date Rec'd. 9/23/71 By C.E.D.

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

Location-Address BAY ROAD, LOCATION OF TEST or Lot No. LOT #1550C

Owner JAMES R. GIARD Address 8 Frost LAIR

Contractor Address Hedley Mass.

Type of Building Dwelling Dimensions Size Lot 1/2 ACRES

Dwelling-No. of Bedrooms 7 Expansion Attic () Garbage Grinder (X)

Other No. of persons Showers ()

Other fixtures Town Water? TOWN Type of Well

Design Flow 5 gallons per person per day. Total daily flow 470 gallons

Septic Tank-Liquid capacity 1200 gallons Dimensions: L 8'-6" W 4'-10" D 5' 8"

Disposal Trench-No. 3 Width 3 Total Length 125 Total leaching area 400 sq. ft.

Disposal Bed-No. Diameter Depth below inlet Total leaching area sq. ft.

Dry Well-No. Diameter Depth below inlet Dimensions: x x

Other: Distribution box () No. Dosing tank ()

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by HART & HUNTLEY ENGINEERS Date 9-22-71

Test Pit No. 1 2.3 minutes per inch Depth of Test Pit 2'-9"

Test Pit No. 2 minutes per inch Depth of Test Pit

Description of Soil ORGANIC MATERIAL, 1/2" Silt, COBBLES Depth to Ground Water NONE

Will disposal area be filled? NO Cut down? NO

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] James R. Giard Owner or builder 9-23-71 date 9/23/71 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by at has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE Inspector

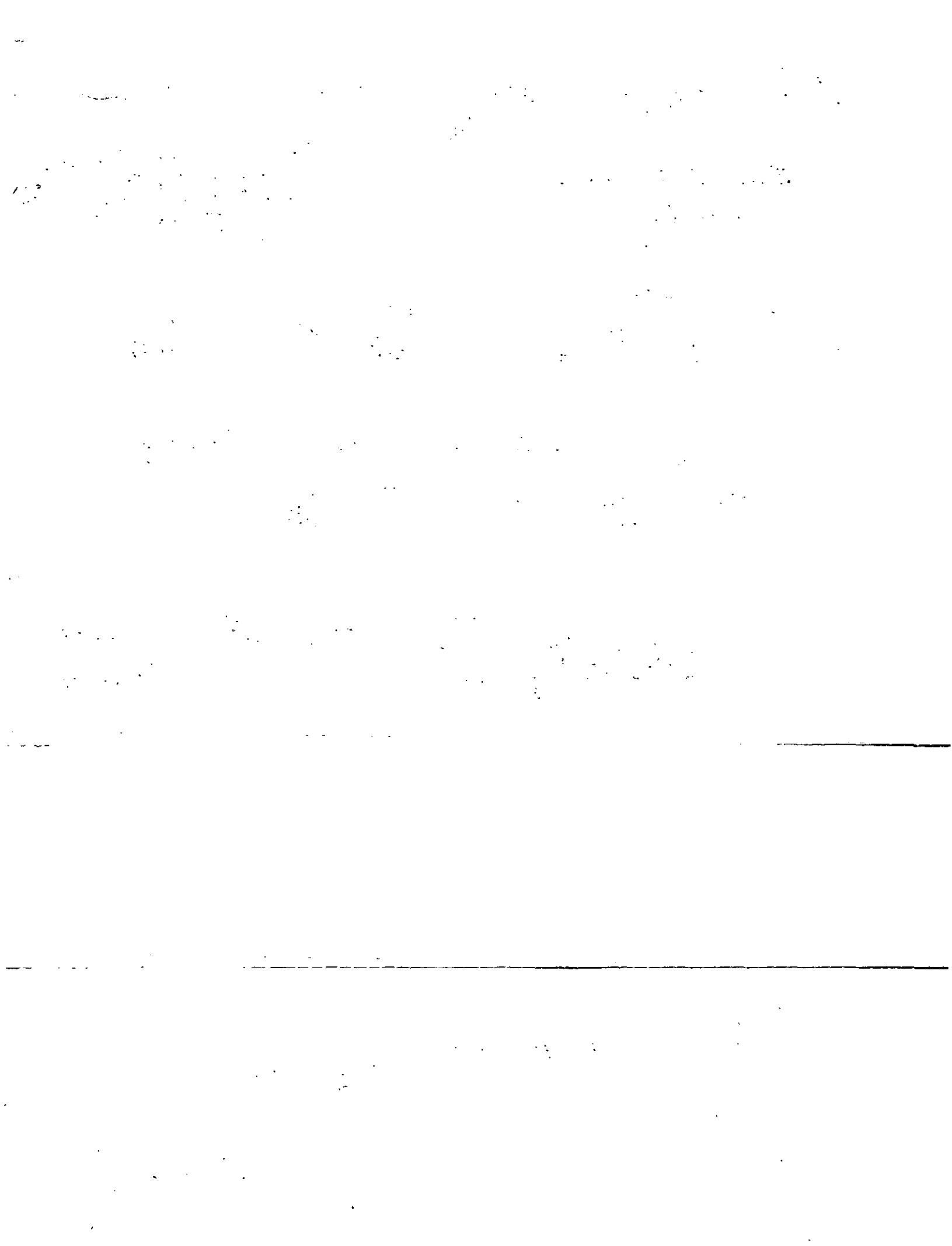
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT

No. 71-24 Permission is hereby granted James R. Giard to construct (X) or repair () an Individual Sewage Disposal System at Southgate (Bay Rd) Lot #1550C

as shown on the application for Disposal Works Construction Permit No. 71-24

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 9/23/71 Board of Health [Signature]



**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 112 Date 11/1/71 Fee 2.00 Date Rec'd. 1/1/72 By [Signature]

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

Location—Address BAY ROAD or Lot No. 41

Owner JAMES R. GIARD Address [Signature]

Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot 33,500 ± SF.

Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()
Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? 7000 Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L 8'-6" W 4'-10" D 5'-4"

Disposal Trench—No. 3 Width 3'-0" Total Length 135' Total leaching area 400 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by W. HART - MINTLEY ENGR. Date 9/1/71

Test Pit No. 1 17 minutes per inch Depth of Test Pit 3'-0"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil 12" TOPSOIL 12" SUBSOIL 10" GRAVEL Depth to Ground Water 100'

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] Owner or builder [Signature] date 11/1/71

Application Disapproved for the following reasons: _____ date _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER _____ Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 111 Permission is hereby granted [Signature] to construct () or repair () an Individual Sewage Disposal System at _____

as shown on the application for Disposal Works Construction Permit No. 11-73

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 11/1/71 Board of Health [Signature]

2

FRIDAY - April 17, 1964

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-10 Date 4-15-64 Fee 3.00 Date Rec'd. 4/16/64 By [Signature]

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

Location—Address BAY ROAD or Lot No. _____
Owner Judson Hastings Address Ralph Hill Rd Amherst
Contractor Richard Davis Address BAY RD.
Type of Building Dwelling Dimensions _____ Size Lot _____
Dwelling—No. of Bedrooms 3 Expansion Attic (X) Garbage Grinder (YES)
Other _____ No. of persons _____ Showers ()
Other fixtures _____
Town Water? YES Type of Well _____

Design Flow 30 gallons per person per day. Total daily flow 600 gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____
Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.
Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: 6 x 8 x _____
Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation) _____
Percolation Test Results Performed by Drake Date 4-17-64
Test Pit No. 1 1 minutes per inch Depth of Test Pit 42"
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Sand - coarse Depth to Ground Water none
Will disposal area be filled? no Cut down? no
(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] Owner or builder Judson H. Hastings, Jr. 4/17/64 date
[Signature] 4-17-64 date

Application Disapproved for the following reasons:

HASTINGS

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by Richard Davis at BAY RD has been constructed in accordance with the provisions of Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 64-10 dated 4-15-64

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE 4-2-64 Inspector [Signature]

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-10
Permission is hereby granted Judson Hastings to construct (X) or repair () an Individual Sewage Disposal System at BAY ROAD as shown on the application for Disposal Works Construction Permit No. _____

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 4-17-64 Board of Health [Signature]

House



2-1000
GAL
S.T.

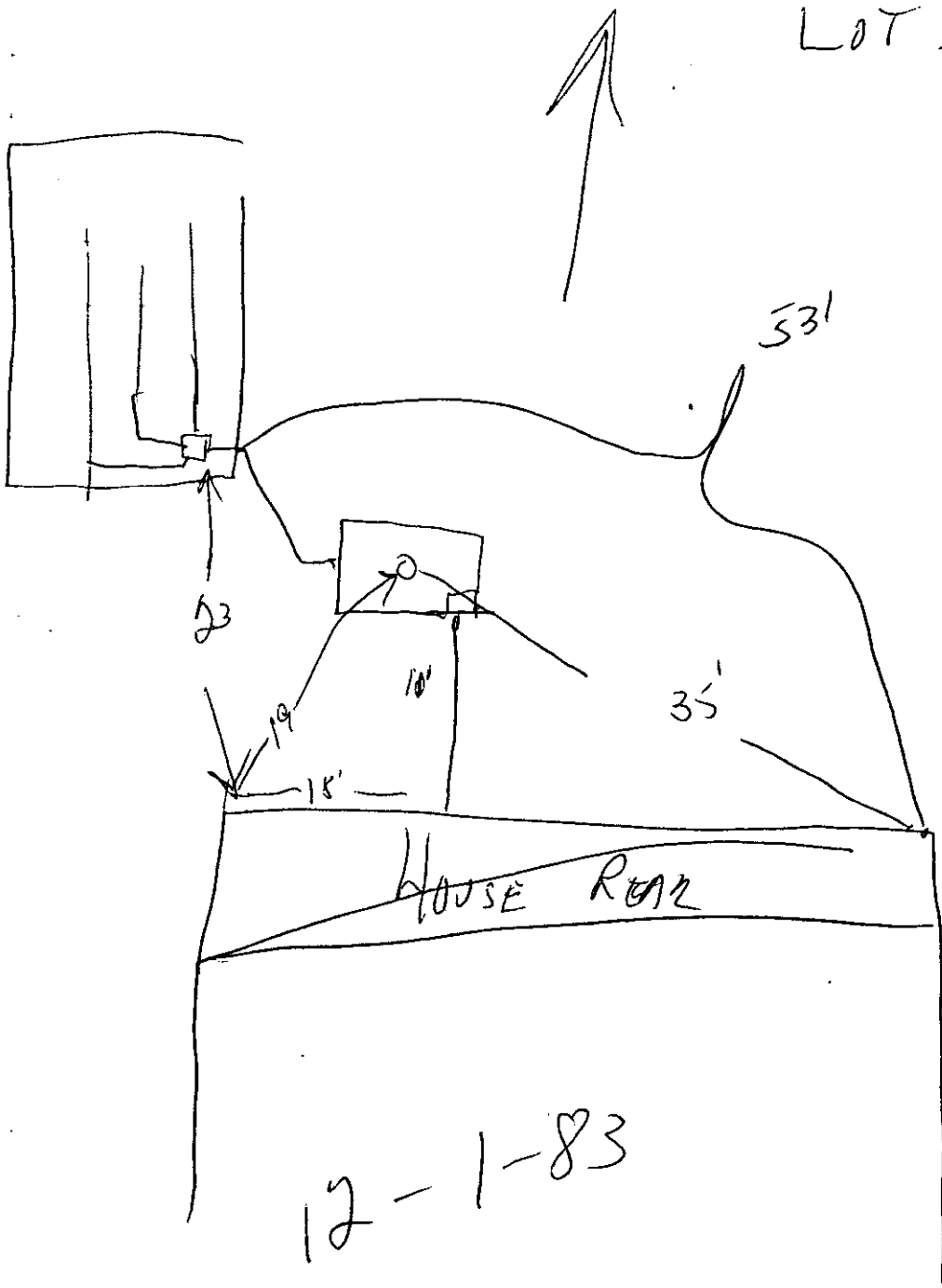
6x8
h. Pit
Dug well

BAY ROAD



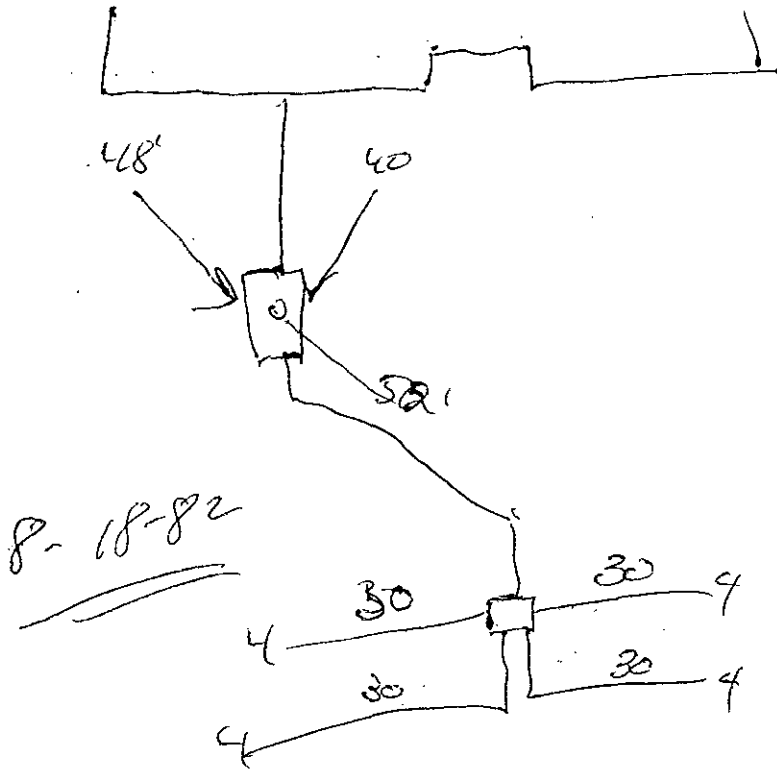
WARREN

BAY RD
LOT B



12-1-83

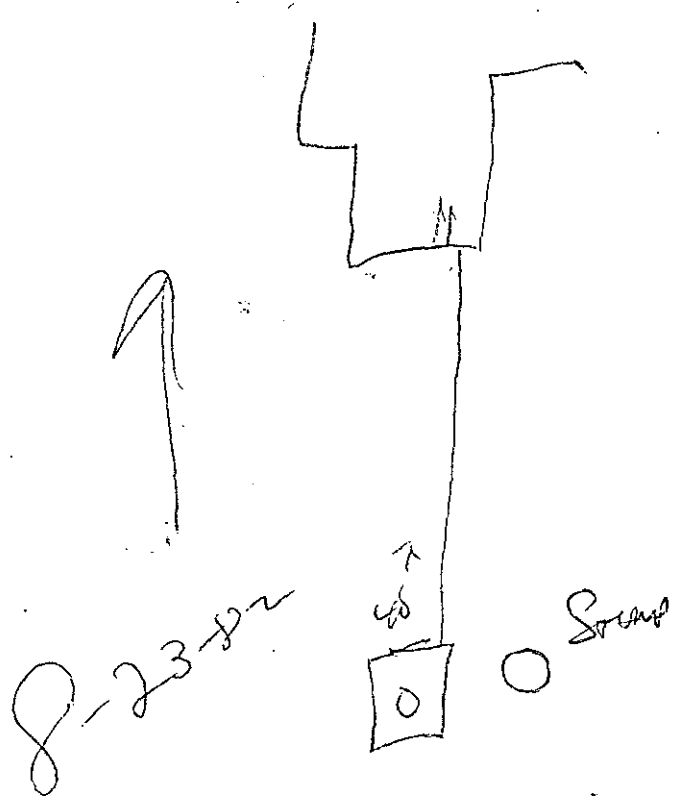




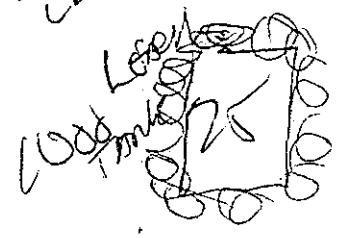
WEINER

BAY RD

20 SPONT.



MUCCELIS
130
LEWISTON RD



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Tom O'CONNOR Address BAY ROAD

Installer KARL'S Address _____

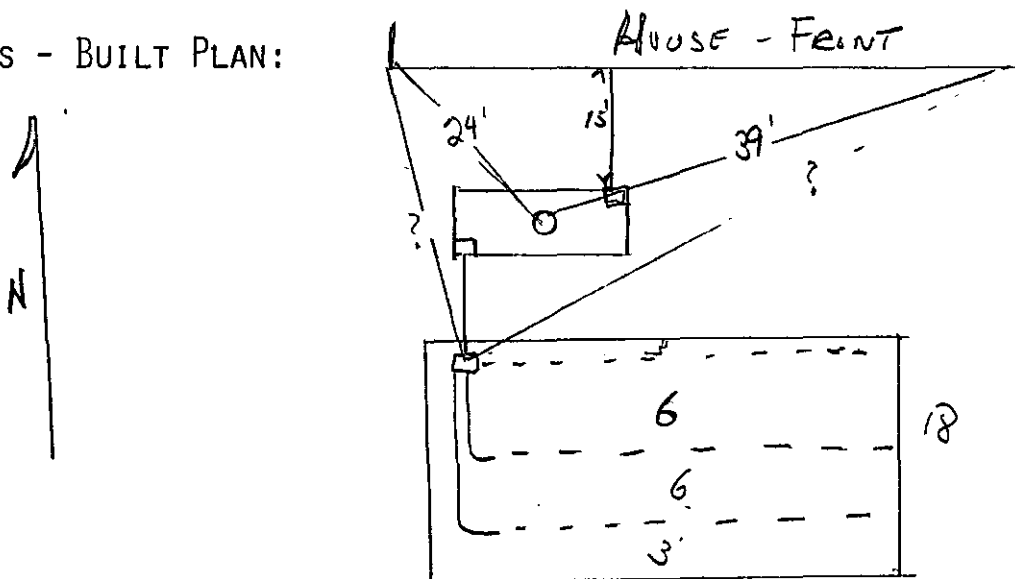
Date Installation Inspected and Approved Spring - '75

Description of System: Tank Capacity: 1000 GAL

Leach Field () Bed (X) Seepage Pit () Square Feet: 648'

Garbage Grinder Yes (X) No () No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



REQUESTED BY: _____

DATE: _____

LOCATION: _____

BAY RD. AMHERST

OBSERVER: J.H.E.D.C.

SANDERS PROPERTY

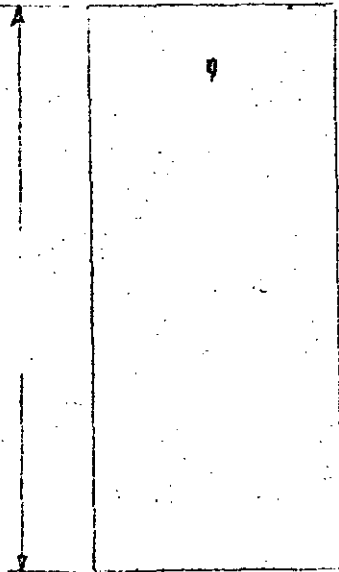
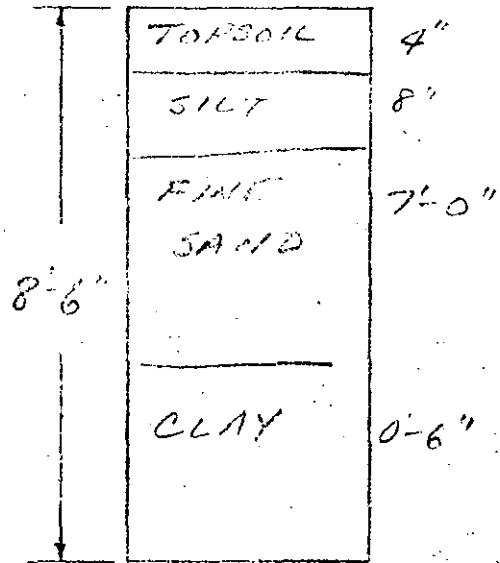
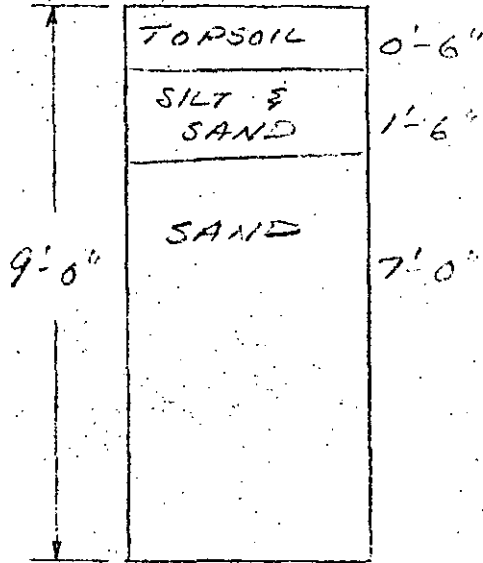
MAIL ADDRESS: _____

FRONT

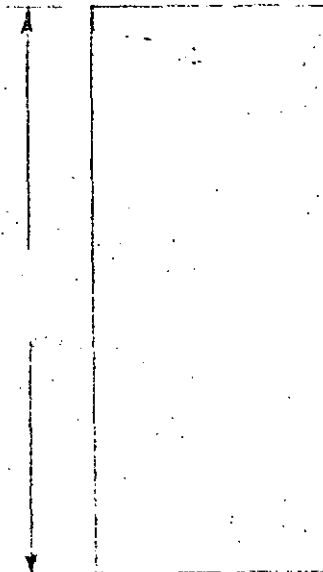
REAR

#1

#2



GROUND WATER



GROUND WATER

4/4/73

CRAIG ASHTON

J.H.E.D.C.

ALMER HUNTLEY, JR. & ASSOCIATES, INC.

REGISTERED LAND SURVEYORS & CIVIL ENGINEERS

238 BRIDGE STREET

NORTHAMPTON, MASS.

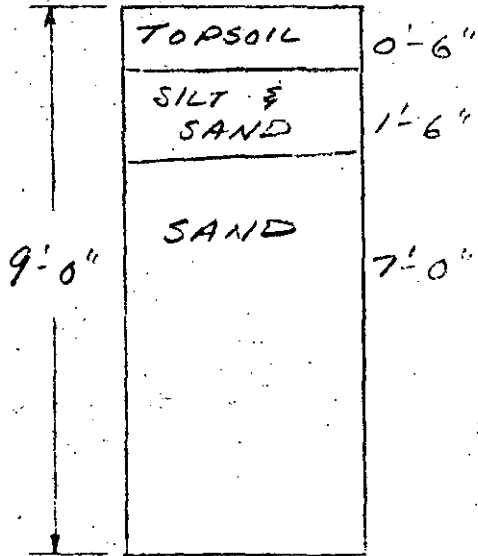


OBSERVATION PIT

REQUESTED BY: CRAIG ASHTON
LOCATION: BAY RD. AMHERST
SANDERS PROPERTY
MAIL ADDRESS: _____

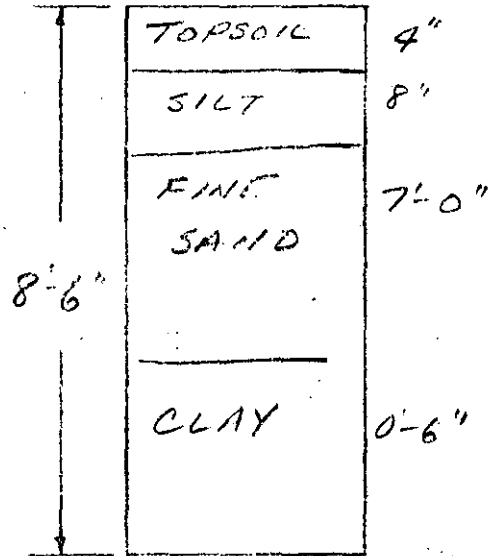
DATE: 4/4/73
OBSERVER: J.H.S.D.L.

FRONT
#1

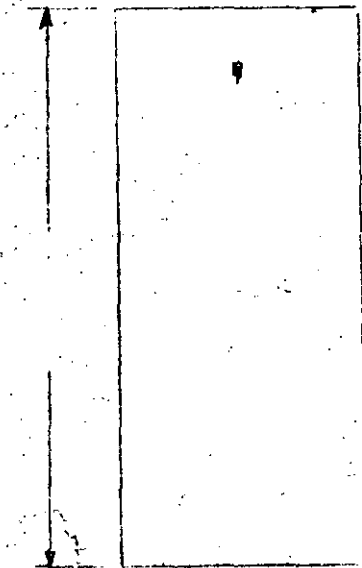


GROUND WATER 6'-0"
PERC. RATE = 2.2 MIN./IN.

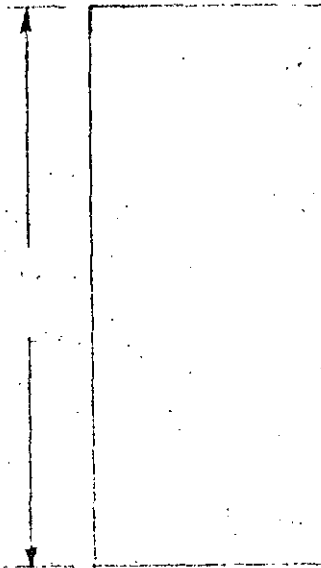
REAR
#2



GROUND WATER 6'-0"
PERC. RATE = 2 MIN./IN.

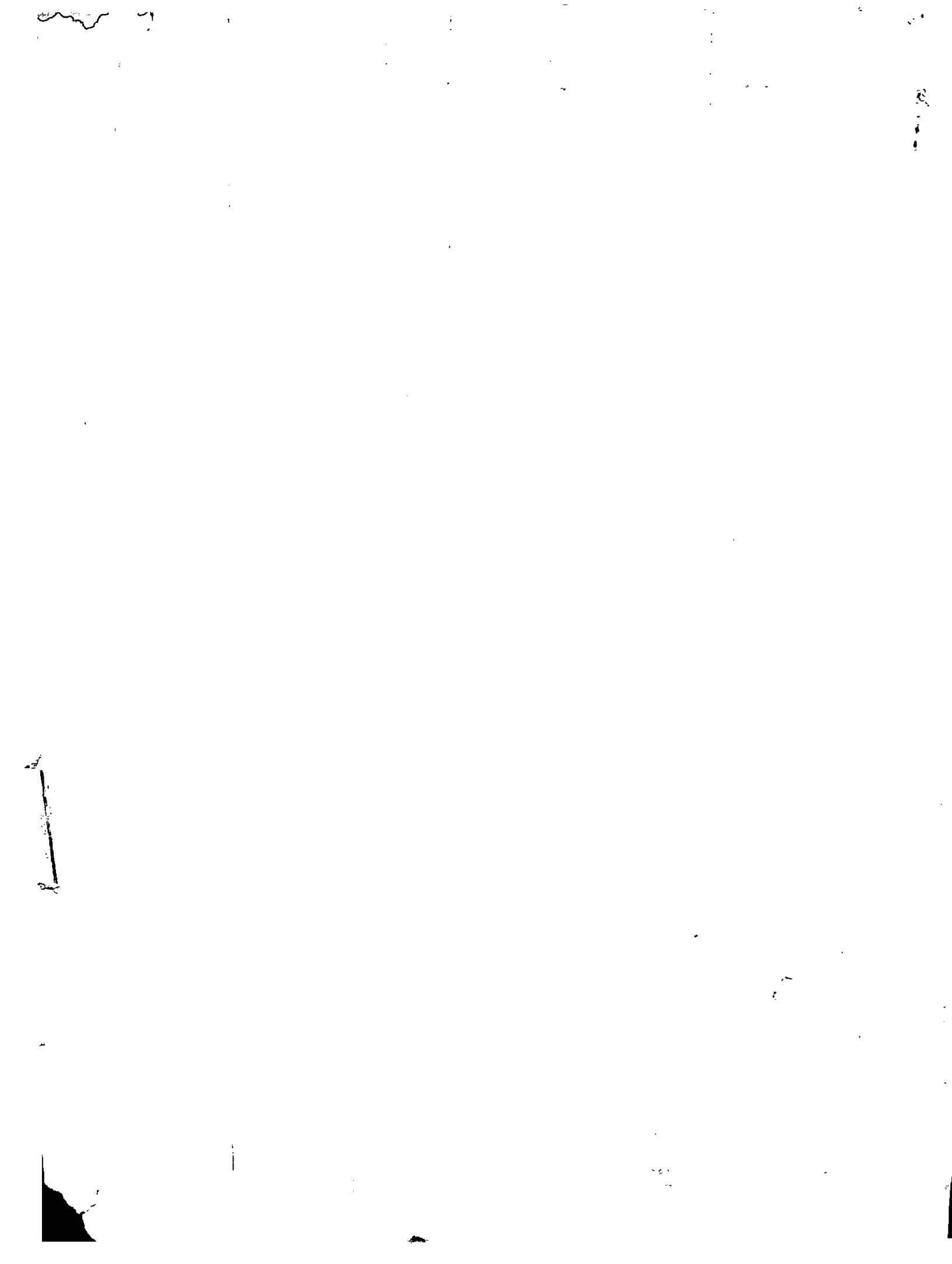


GROUND WATER _____

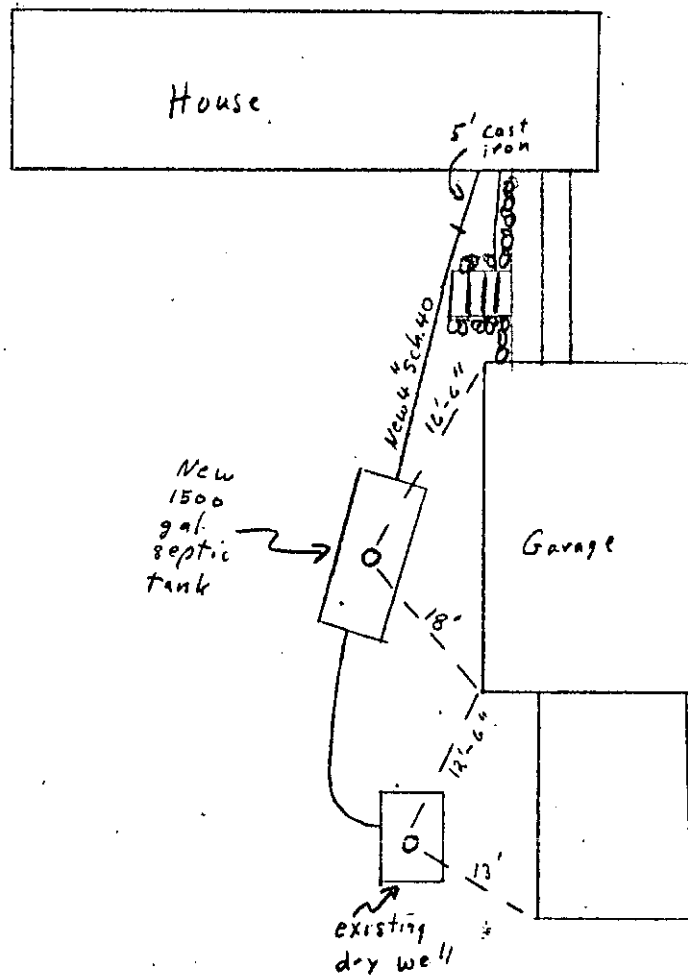


GROUND WATER _____

ALMER HUNTLEY, JR & ASSOCIATES, INC.
 REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
 238 BRIDGE STREET
 NORTHAMPTON, MASS.



Rec 12/14/95



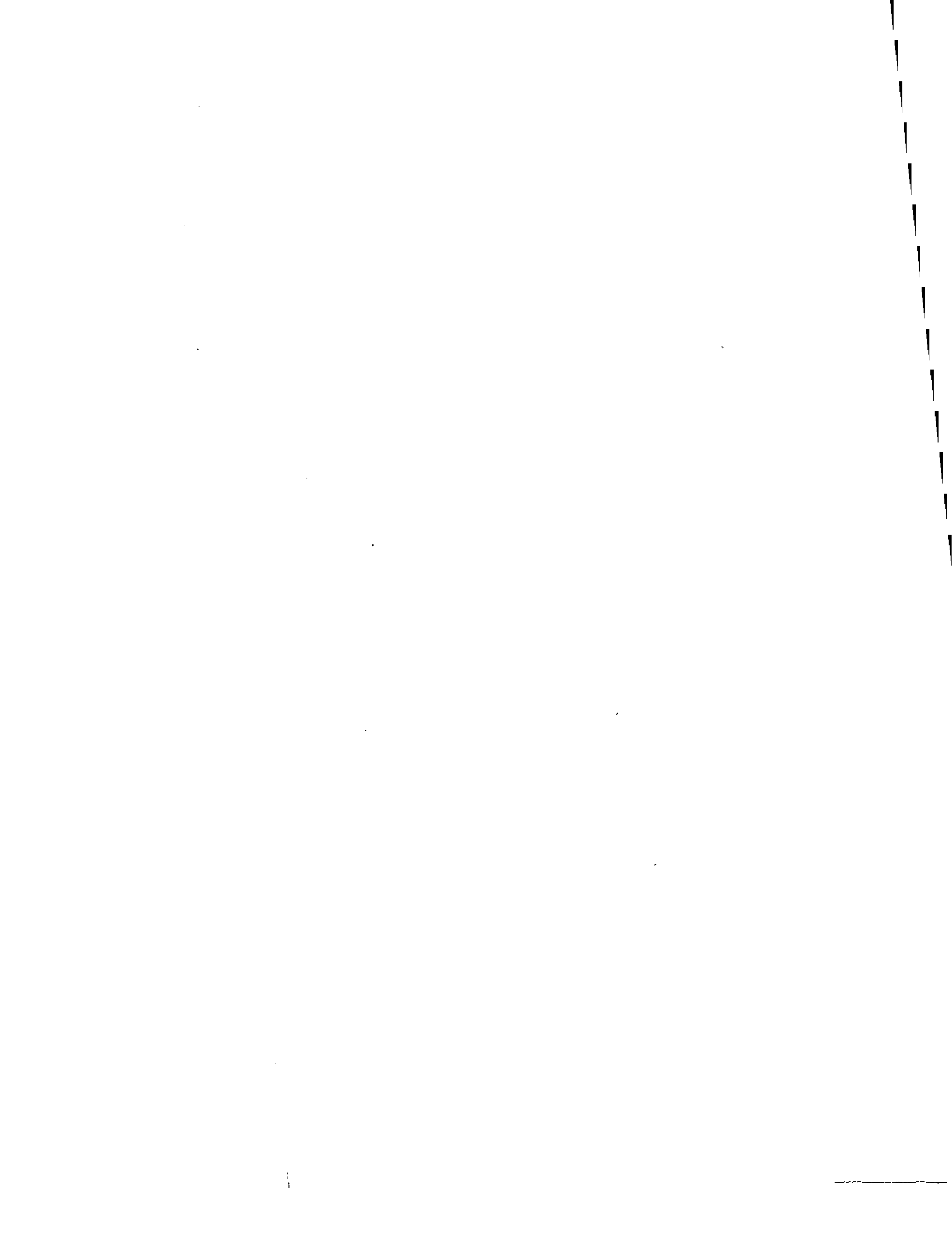
Elliot Barker
1006 Southeast St.
Amherst, Ma.

Install new pipework from house and
new 1500 gallon septic tank on 12/8/95



Septic Tank. Installation
Paul Wheelock. August 16, 1951, Bay Rd.
600 gal. cement tank - Westfield Septic Tank Co.
75 ft Orangeburg Tile.

Jung Robert - August 16, 1951 - Westfield Septic Tank Co.
600 gal - cement tank
30-60 ft Orangeburg tile.
Dove George - Canton St. - August 16, 1951
500 gal septic tank of Yellow - Ant
Cement - 75' Orangeburg tile -



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

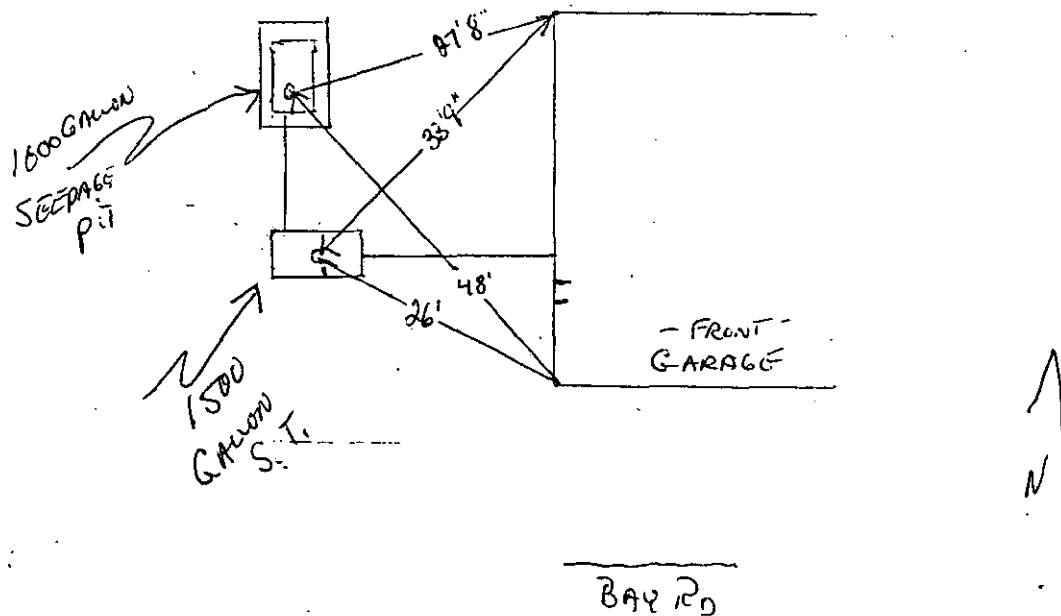
Owner GORDON BOSTOCK Address BAY ROAD
Installer ED STONE Address MONTAGUE MA.
Date Installation Inspected and Approved 8-8-04 *CS*

Description of System: Tank Capacity: 1500

Leach Field () Bed () Seepage Pit Square Feet: 1000 ^{Cap Pit}
500

Garbage Grinder Yes No () No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



PLAN SHOWING SEWAGE DISPOSAL SYSTEM

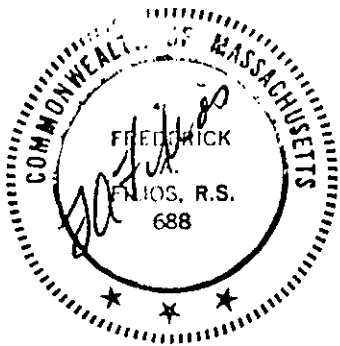
FOR: Fred Steinbeck
218 Harkness Road
Amherst, MA.

AT: Bay Road
Amherst, MA.

BY: F. A. Filios
69 Pelham Road
Amherst, MA.

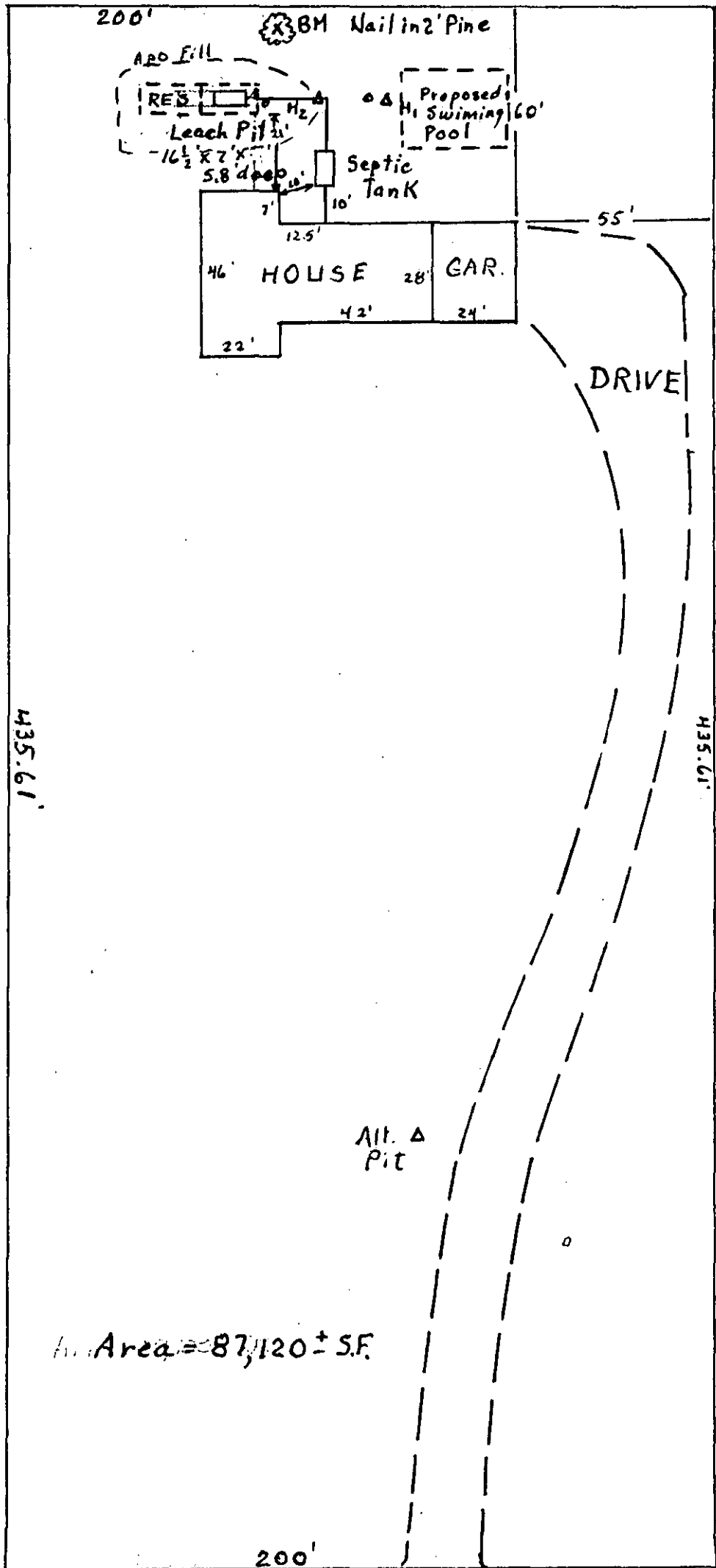
SCALE: 1" = 40'

DATE: August 5, 1986

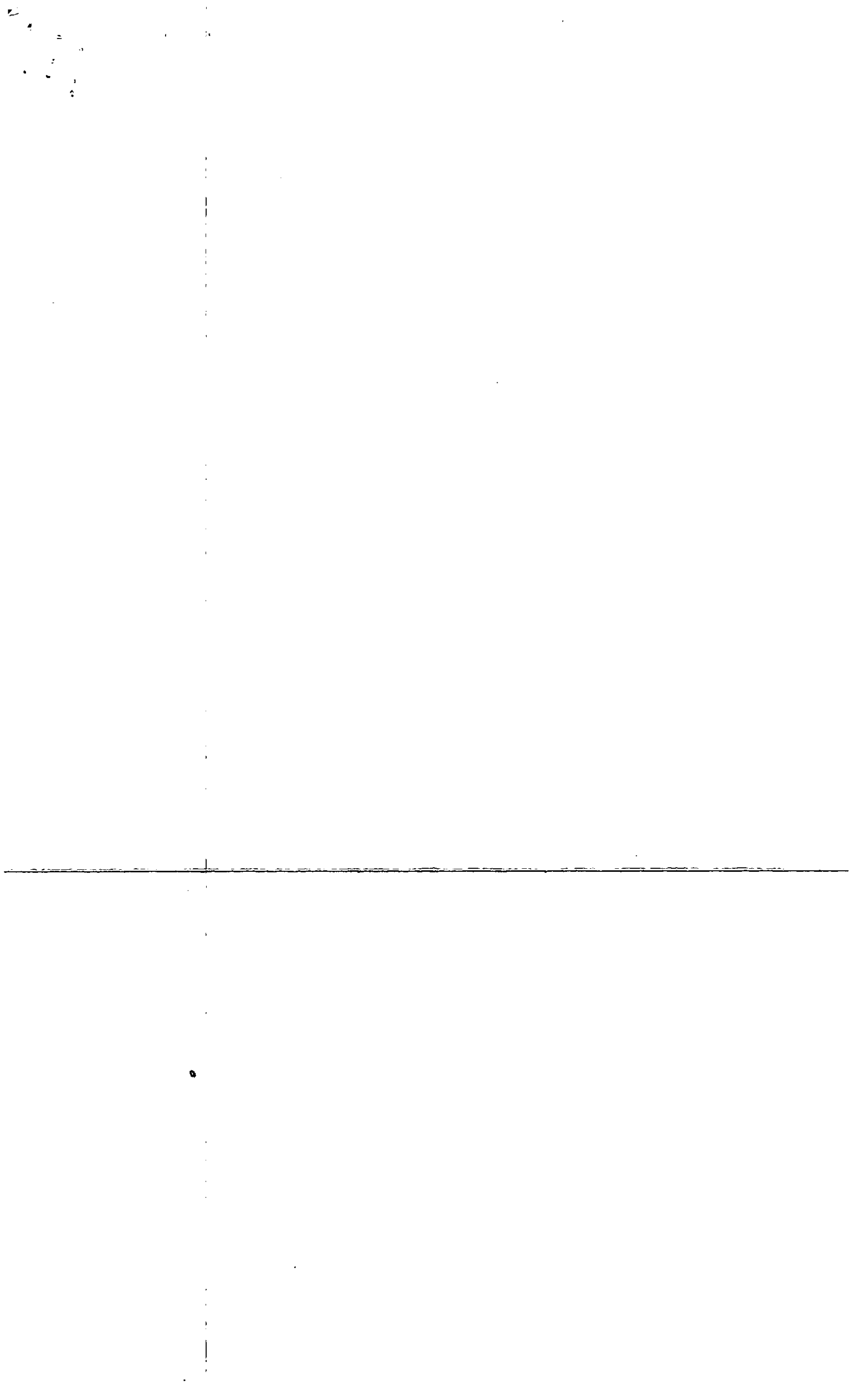


No Contours in area
of Leach Pit

On Town Water



BAY ROAD

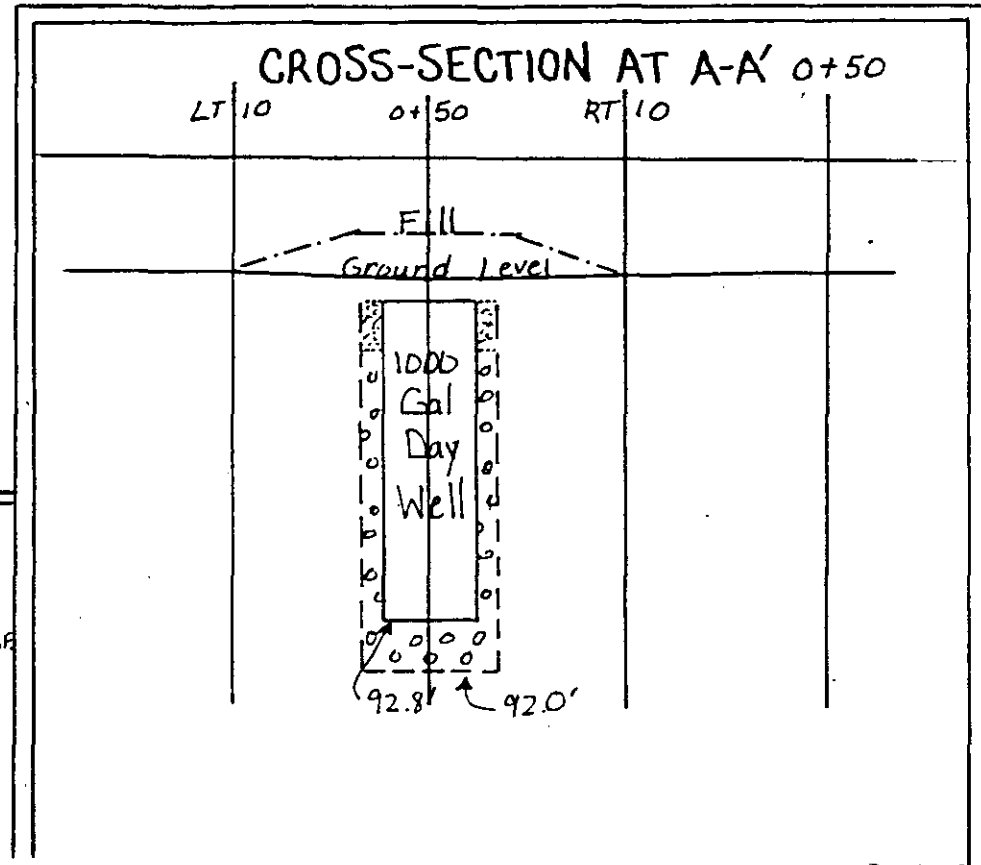
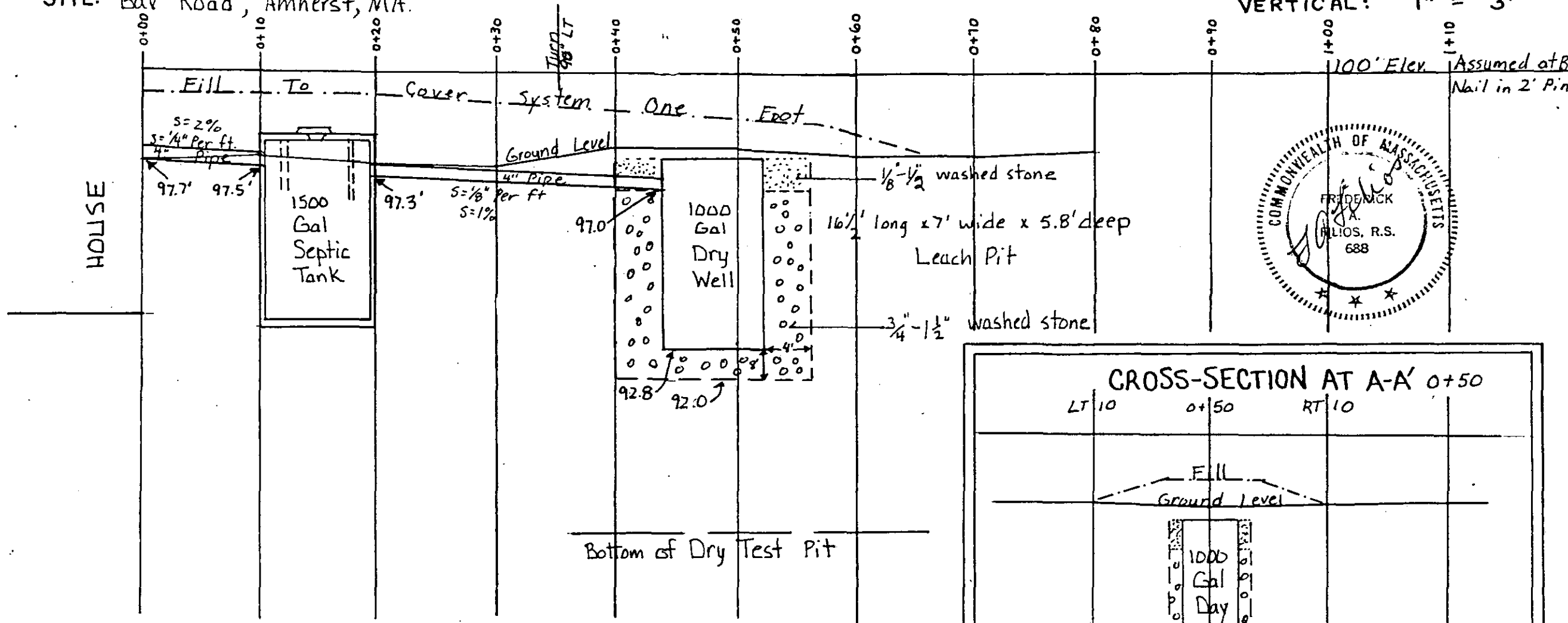


FOR: Fred Steinbeck
218 Horkness Road, Amherst, MA.

PROFILE OF SEPTIC SYSTEM

BY: FREDERICK A. FILIOS/w.f.
DATE: August 6, 1986
SCALE: HORIZONTAL: 1" = 10'
VERTICAL: 1" = 3'

SITE: Bay Road, Amherst, MA.

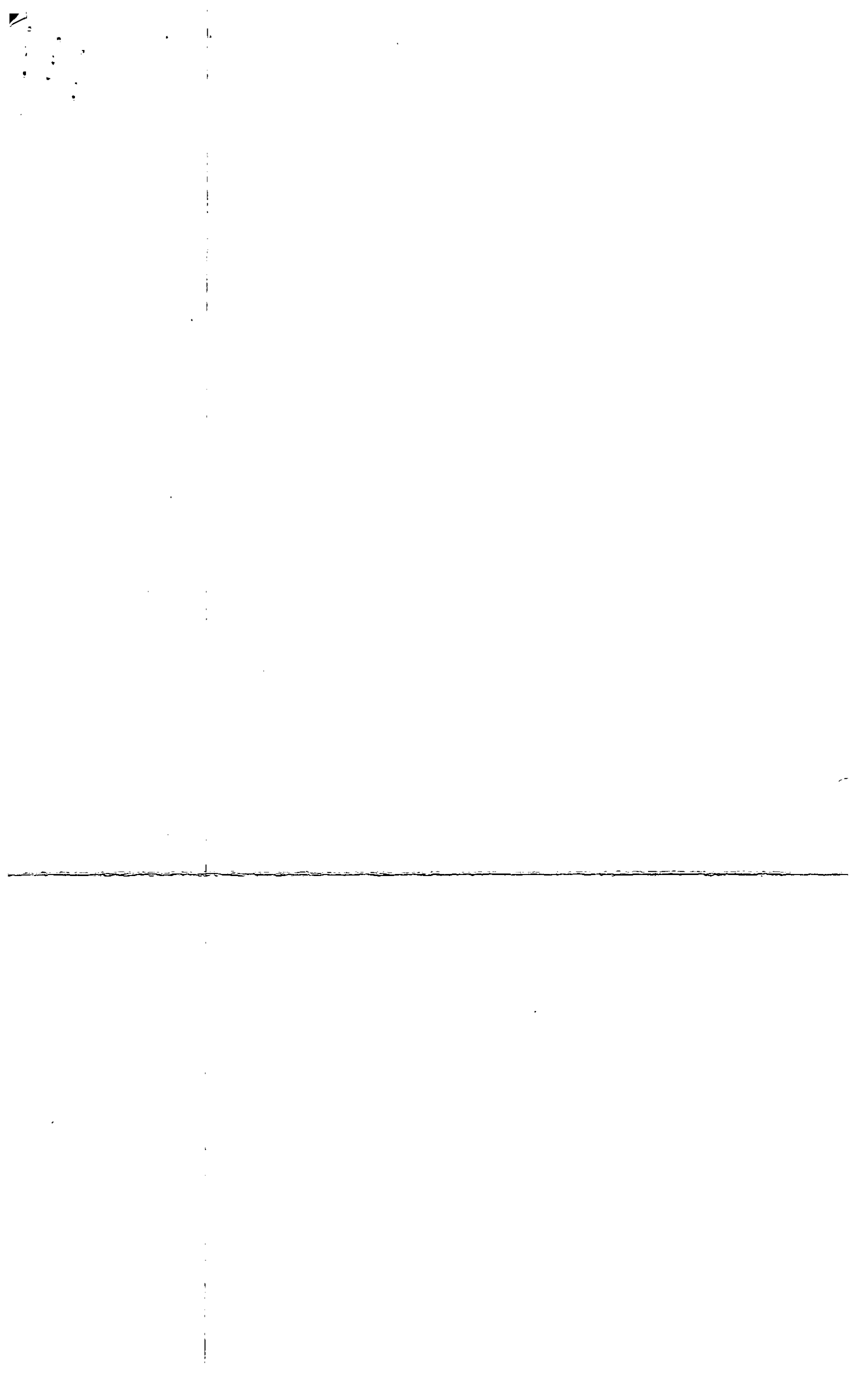


SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

4 Bdm x 110 = 440 + 50% for G.G. = 660 gallons
 Perc Rate = 2 min/inch sides: 2.5 gal/s.f. Bottom: 1.0 gal/s.f.
 Leach Pit: $16.5' \text{ long} \times 7' \text{ wide} \times 5.8' \text{ deep}$
 sides: $16.5' \times 5' \times 2 = 165 \text{ s.f.} \times 2.5 \text{ gal/s.f.} = 412.5$
 $7' \times 5' \times 2 = 70 \text{ s.f.} \times 2.5 \text{ gal/s.f.} = 175.0$
 Bottom: $16.5' \times 7' = 115.5 \text{ s.f.} \times 1.0 \text{ gal/s.f.} = 115.5$
 Total = 703 gallons



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No.

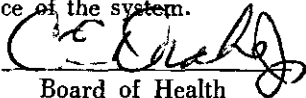
70-25

Permission is hereby granted LAWRENCE MILLER to construct or repair () an Individual Sewage Disposal System at LOT 253 BAY ROAD (ELF HILL) as shown on the application for Disposal Works Construction Permit No. 70-25

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE

OCT 5, 1970


Board of Health



BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 69-16

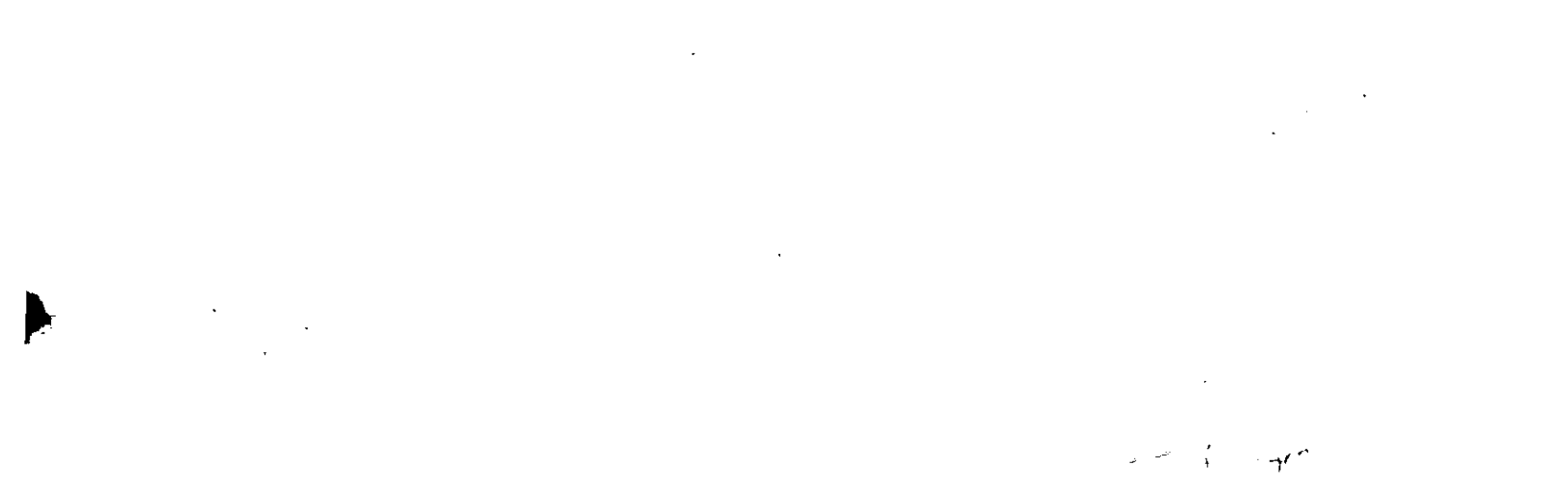
Permission is hereby granted LR MARFERT to construct () or repair () an Individual Sewage Disposal System at 1279 BAY RD. as shown on the application for Disposal Works Construction Permit No. _____

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 11-12-69

C. E. Deane

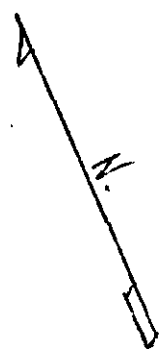
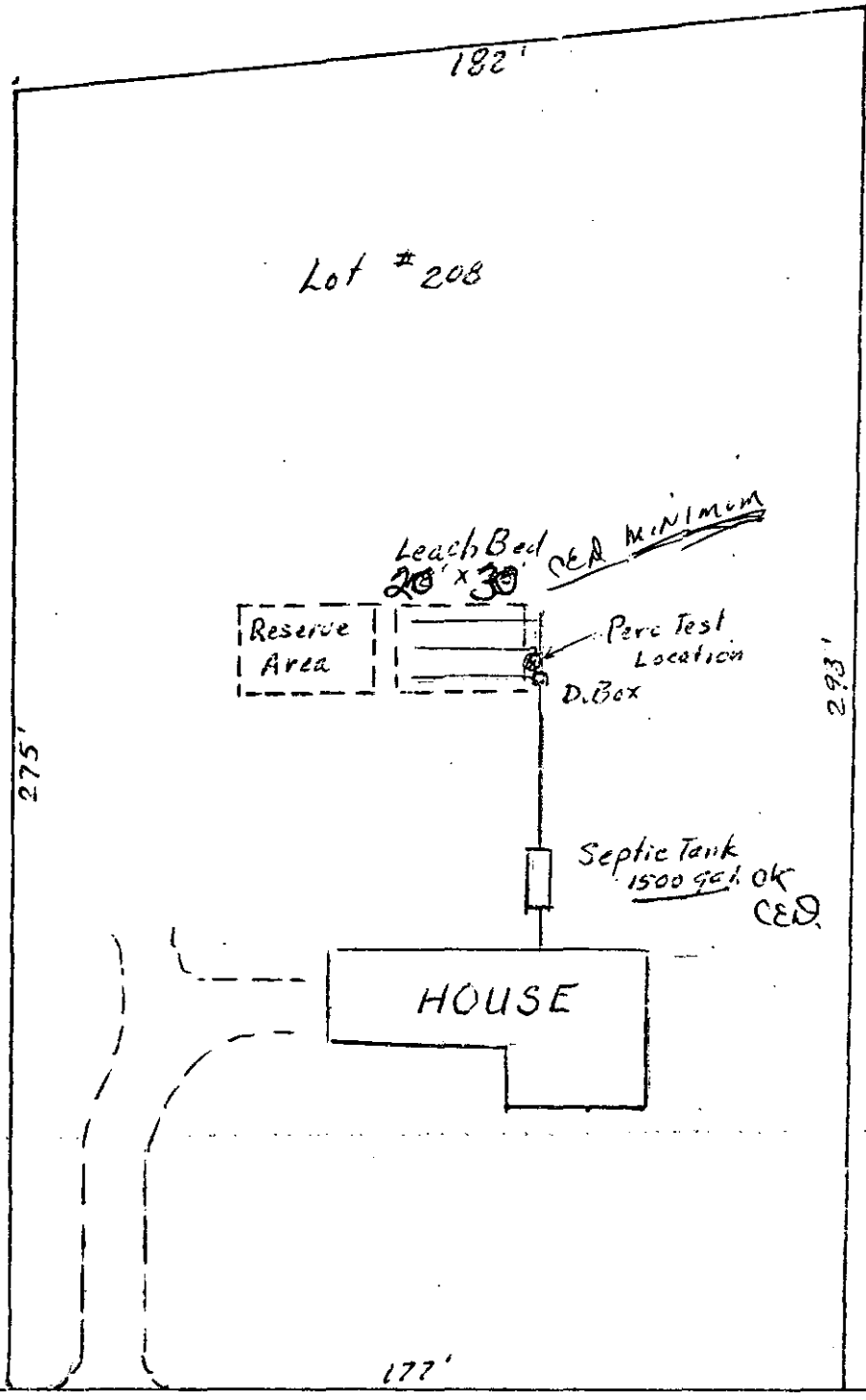
Board of Health



Bay Rd Lot 208

PLAN SHOWING SEWAGE DISPOSAL

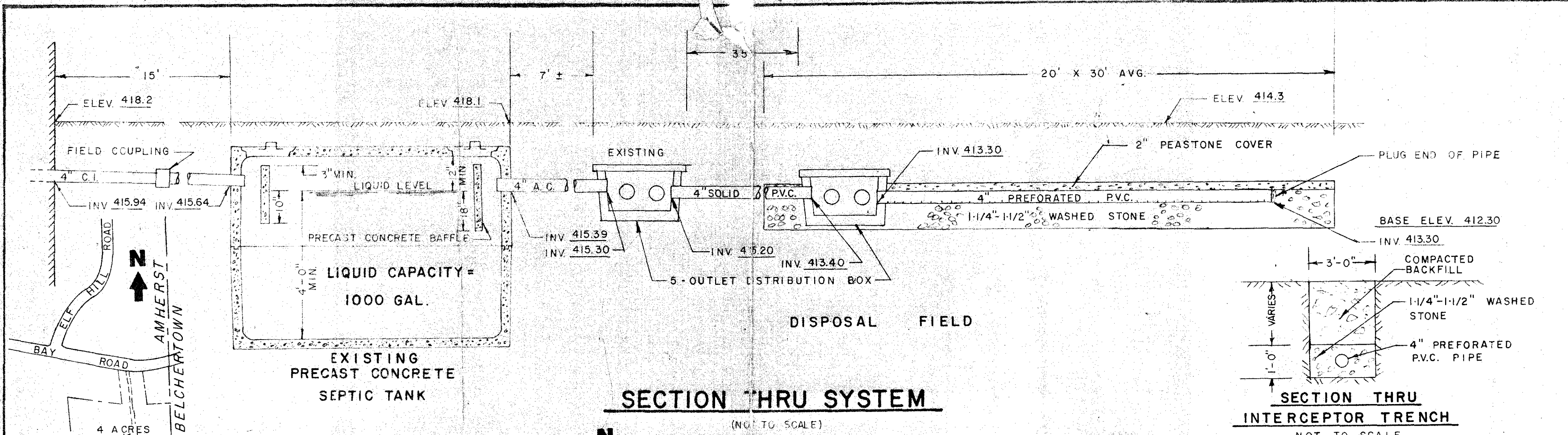
For: Laurence Miller
91 Hulst Rd
Amherst Mass
Location: Bay Rd Lot 208
Scale: 1" = 40'
By: Frederick Filios



BAY ROAD

0

Vertical line of dots or marks



SECTION THRU SYSTEM
(NOT TO SCALE)

SECTION THRU INTERCEPTOR TRENCH
NOT TO SCALE

PERCOLATION TEST RESULTS:

TEST PIT NO. 1 TAKEN 12/03/77
 GROUND ELEV. 413.80
 PERCOLATION RATE: 1" IN 7 MIN.
 AT THE DEPTH OF 36 INCHES
 DEPTH TO GROUND WATER N/A IN.
 ELEV. OF GROUND WATER N/A
 SOIL STRATA:
 0"-9" FILL MATERIAL
 9"-15" TOPSOIL - SH. ST.
 15"-27" SUBSOIL - MED. BR.
 27"-66" GRAVEL - GREY - MED.
 66"-102" CLAYPAN - RED - TIGHTLY
 PACKED - APPARENT LEDGE
 AT 8'-6" - HOLE DRY
 INSPECTOR: CHARLES E. DRAKE, JR.

GENERAL NOTES:

- 1.) PVC PIPE SHALL BE JOHNS-MANVILLE, OR EQUAL. PRECAST CONCRETE DISTRIBUTION BOX SHALL BE BY KELLOGG, OR EQUAL.
- 2.) ALL PIPING OUTSIDE OF THE DISPOSAL FIELD SHALL BE WATERTIGHT.
- 3.) ALL WASHED STONE SHALL BE FREE OF IRON, CLAY AND FINES, AND MUST BE SATISFACTORY TO THE AMHERST BOARD OF HEALTH.
- 4.) THE INSTALLED FACILITIES MUST BE LEFT EXPOSED UNTIL INSPECTED BY THE AMHERST BOARD OF HEALTH.
- 5.) EXCAVATE AREA UNDER DISPOSAL FIELD TO VIRGIN GROUND AND REPLACE WITH CLEAN COARSE SAND OR FINE GRAVEL TO BASE ELEVATION IF UNSUITABLE MATERIAL IS FOUND AT OR BELOW PROPOSED GRADE.

DESIGN DATA:

ESTIMATED DAILY SEWAGE FLOW
 4 BEDROOMS X 2 PERSONS / BEDROOM
 X 75 GAL / PERSON / DAY = 600 GAL / DAY
 SEPTIC TANK REQUIREMENTS
 600 X 1.5 = 900 GAL USE 1000 GAL TANK
 LEACHING AREA REQUIREMENTS
 600 X 1.0 = 600 SQ. FT.
 USE 600 SQ. FT. DISPOSAL FIELD

IMPORTANT:

NO GARBAGE GRINDER IS TO BE USED

LEGEND:

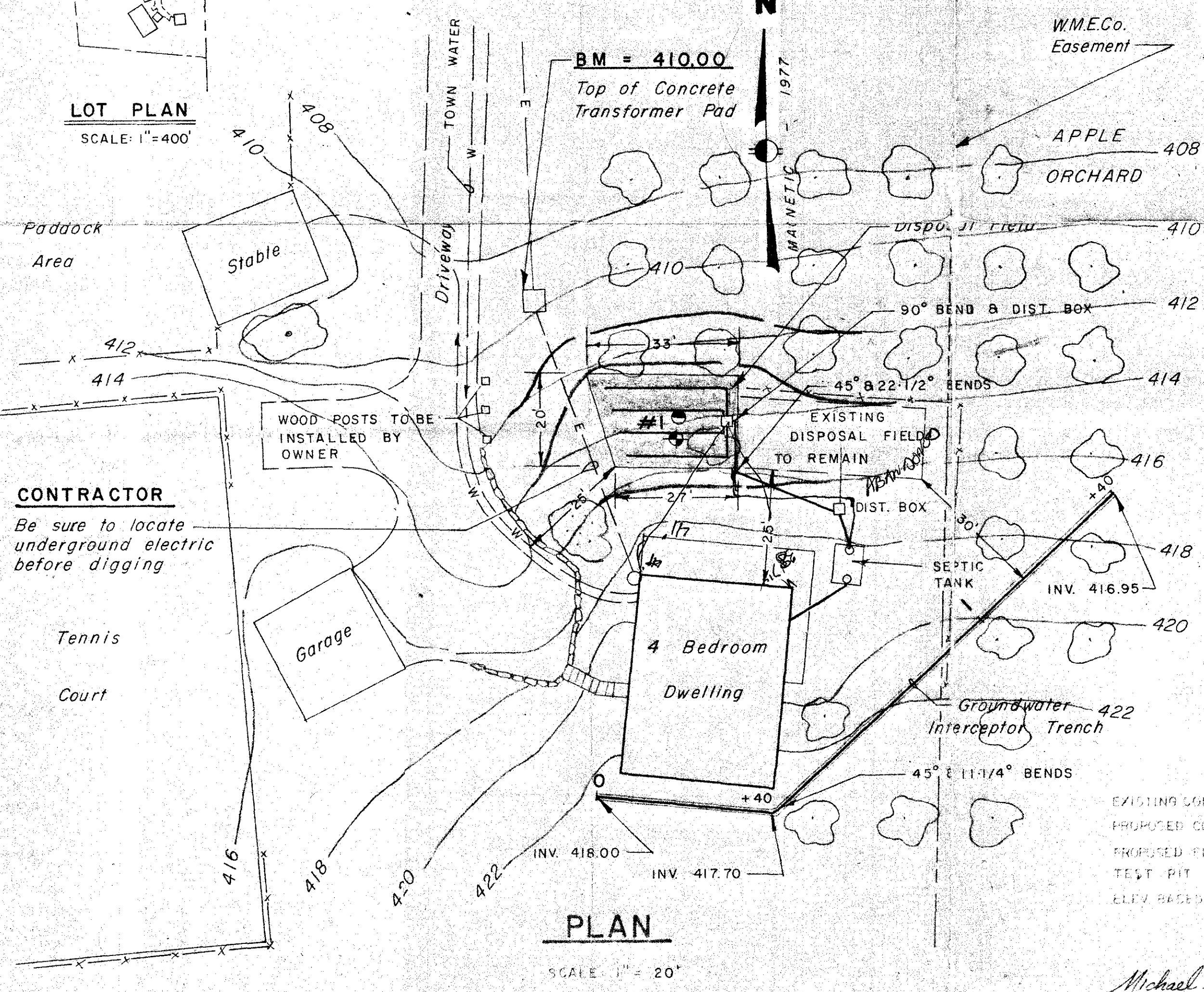
- EXISTING CONTOURS
- PROPOSED CONTOURS
- PROPOSED FINISH GRADE
- TEST PIT
- ELEV. BASED ON ASSUMED DATUM

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
 TOWN OF AMHERST
Plan Review
 This plan has been submitted and reviewed in compliance with Regulation 2.3 of Title V of the State Environmental Code and is part of the application for Disposal Works Construction Permit No. 18-2. Dated: May 8, 1978
THIS SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.
 DATE: 18 MAY 8, 1978
 Board of Health

REVISION	DATE	DESCRIPTION	BY
DESIGN	MGS		
DRAWN	MGS		
CHECKED			
DATE	12-09-77		
SCALE	AS NOTED		

SEWAGE DISPOSAL SYSTEM
 FOR
 4 BEDROOM DWELLING IN
 AMHERST, MASSACHUSETTS
PLAN OF PROPOSED REPAIRS & ALTERATIONS
 FOR
JOHN ROBINSON

MGS Michael G. Suprenant
 AMHERST, MASSACHUSETTS
 Job No. 77-14



PLAN

SCALE: 1" = 20'

Michael G. Suprenant
 REGISTERED PROFESSIONAL ENGINEER

CONTRACTOR
 Be sure to locate underground electric before digging

WOOD POSTS TO BE INSTALLED BY OWNER

W.M.E.Co. Easement

BM = 410.00
 Top of Concrete Transformer Pad

LOT PLAN
 SCALE: 1" = 400'

Paddock Area

Stable

Garage

Tennis Court

4 Bedroom Dwelling

APPLE ORCHARD

N

MAGNETIC - 1977

EXISTING DISPOSAL FIELD TO REMAIN

Groundwater Interceptor Trench

45° & 11-1/4° BENDS

90° BEND & DIST. BOX

45° & 22-1/2° BENDS

DIST. BOX

SEPTIC TANK

INV. 418.00

INV. 417.70

INV. 416.95

412

414

416

418

420

422

410

410

410

410

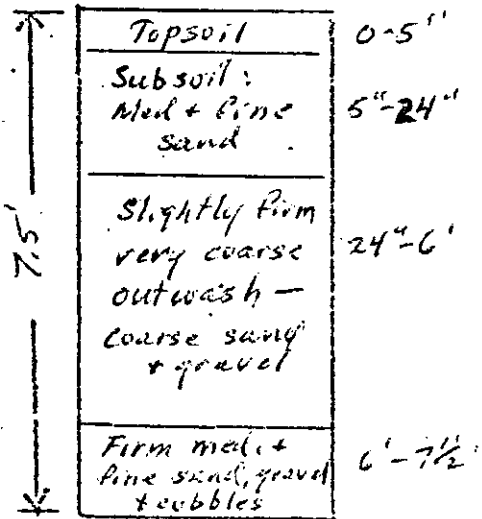
DEEP SOIL LOSS

OWNER Wm Burkhart

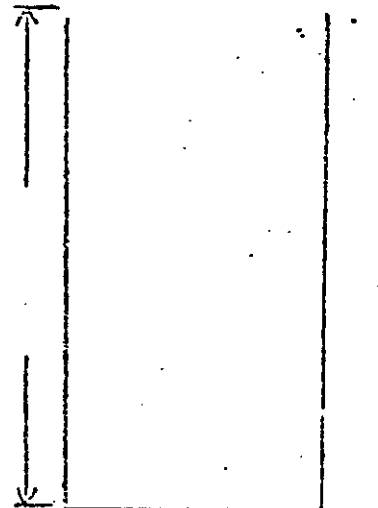
DATE Apr 15, 1976

LOCATION Bay Road

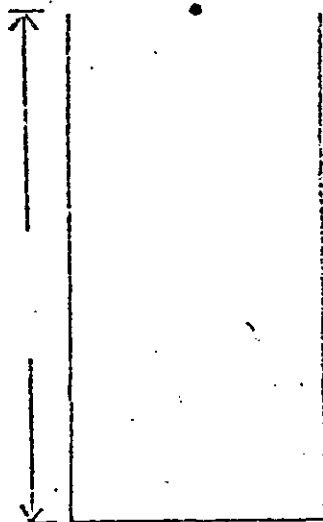
OBSERVER F.A. Filios



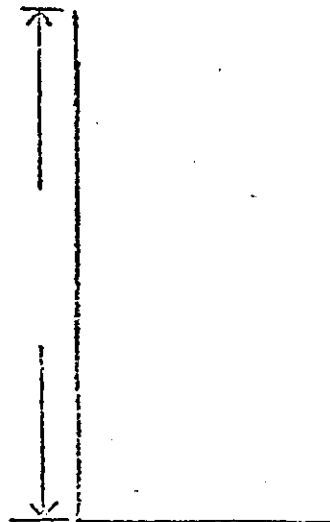
GROUND WATER Seepage at 7'
iron oxide at 6'



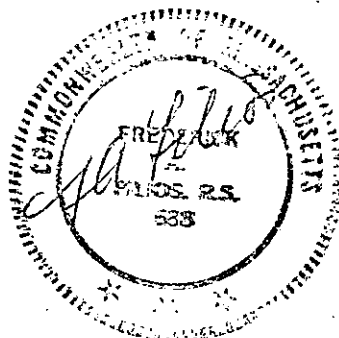
GROUND WATER _____



GROUND WATER _____



GROUND WATER _____



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#1045 BAM

FEE

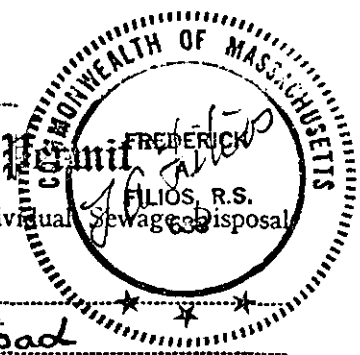
No.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Bay Road Location - Address Fred Steinbeck Owner 218 Harkness Road or Lot No. Address

Type of Building Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (✓) Other - Type of Building No. of persons Showers () - Cafeteria () Other fixtures

Design Flow 82.5 gallons per person per day. Total daily flow 660 gallons.

Septic Tank - Liquid capacity 1500 gallons Length 10.5 Width 5 Diameter Depth 5

Disposal Trench - No. Width 7 Total Length 16.5 Total leaching area 235 sq. ft. Sides

Seepage Pit No. 1 Diameter Depth below inlet 5 Total leaching area 115.5 sq. ft. Bottom

Other Distribution box () Dosing tank () Percolation Test Results Performed by F.A. Filios Date 4/25/79

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10 Depth to ground water NONE

Test Pit No. 2 minutes per inch Depth of Test Pit 9 Depth to ground water NONE

Description of Soil Enclosed

Nature of Repairs or Alterations - Answer when applicable

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - 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 Date

Application Approved By Date

Application Disapproved for the following reasons: Date

Permit No. Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

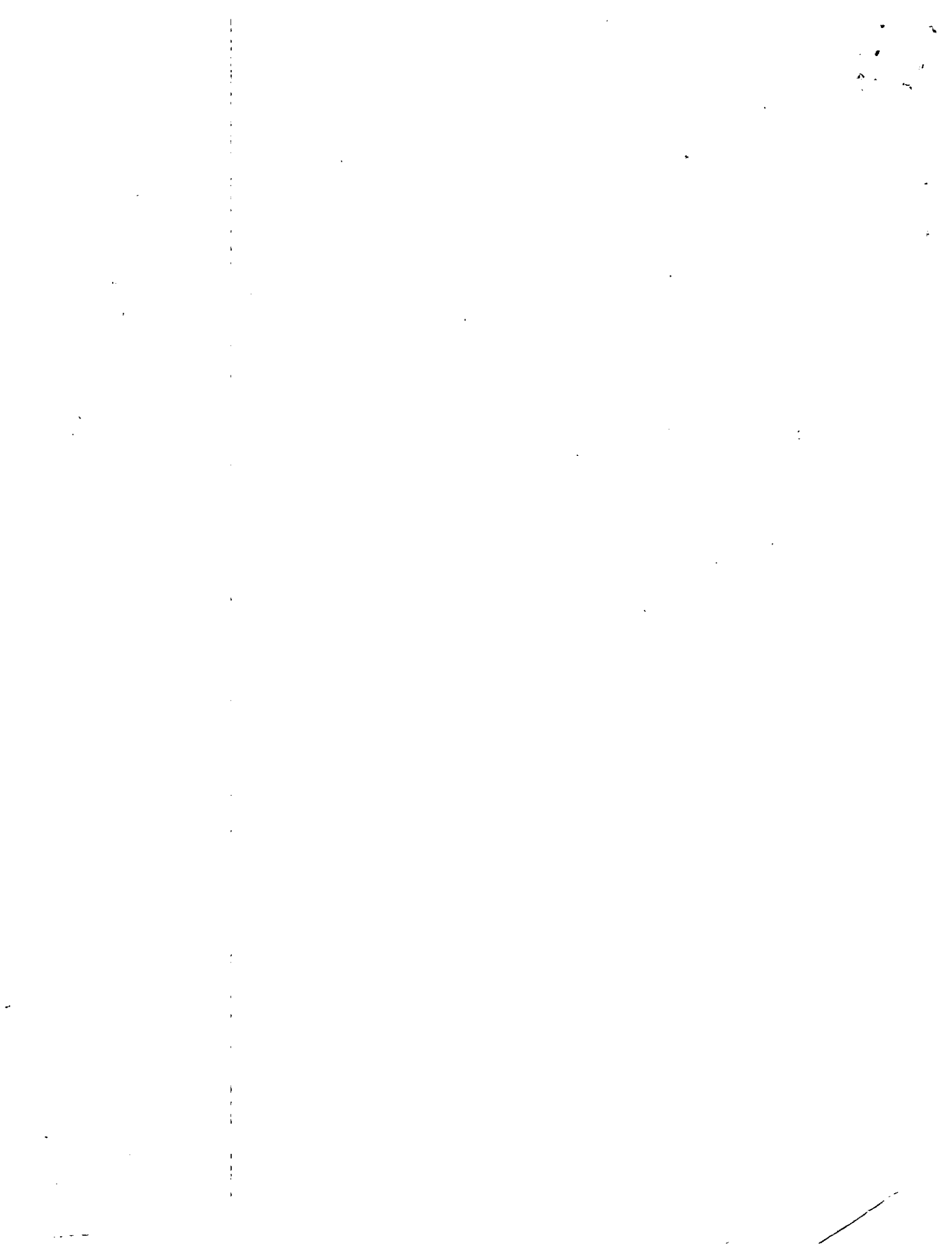
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by Installer

at has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

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

DATE Inspector

CHECK OR FILL IN WHERE APPLICABLE



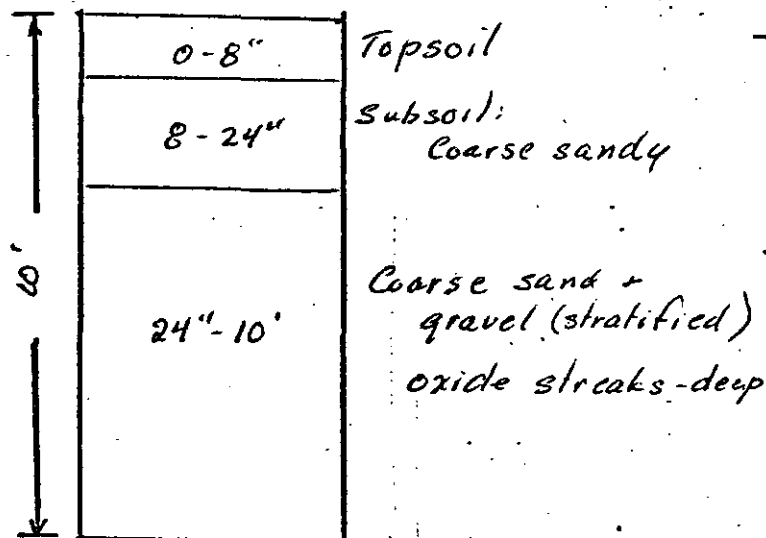
DEEP SOIL LUGS

OWNER William Watkins

Date Apr. 25 1979

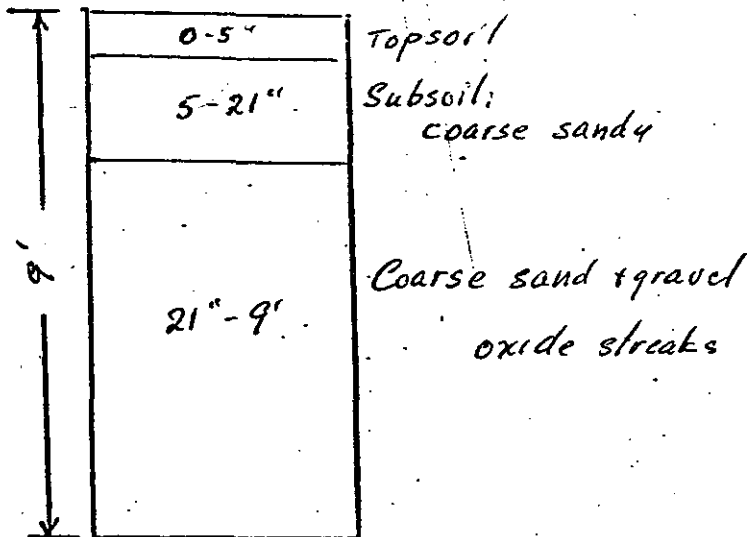
LOCATION Bay Road

OBSERVER F.A. Filios

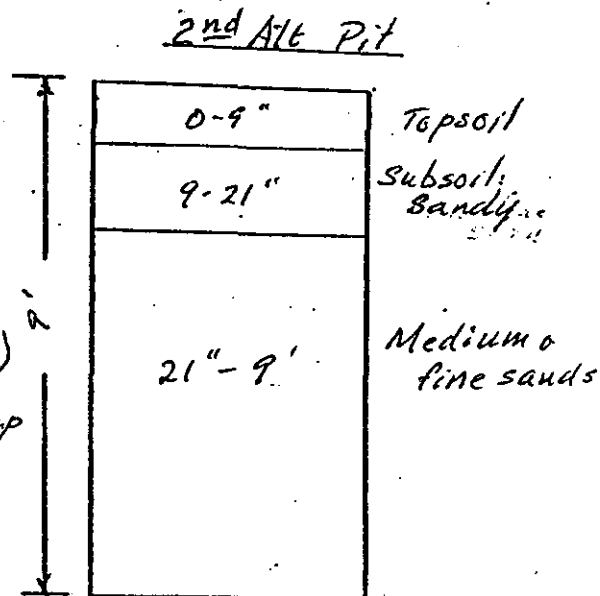


Ground Water none

Alt. Pit



Ground Water none

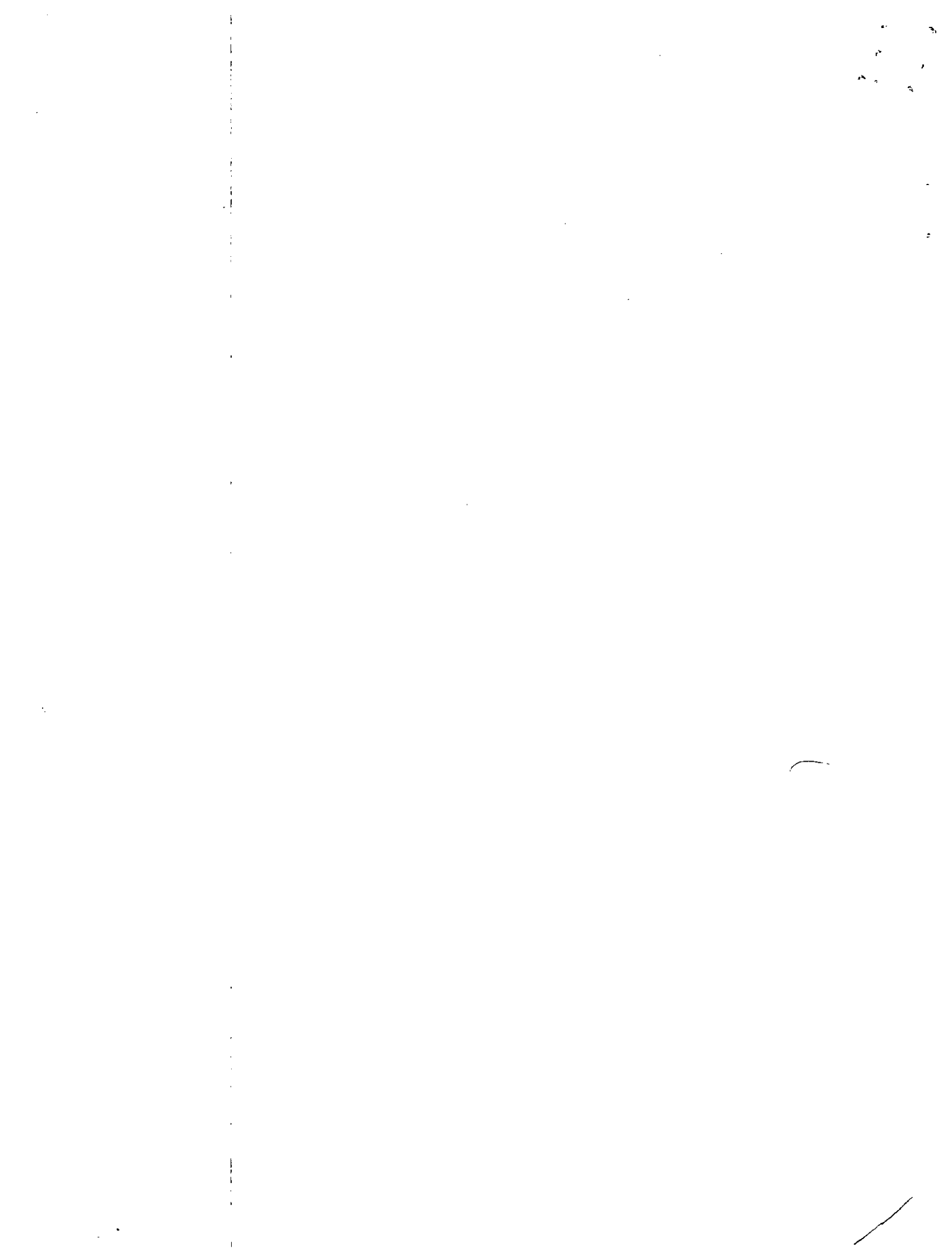


Ground Water none

Percolation Rate at 32"

2 minutes/inch





04 - BAY ROAD

Aug. 16, 2013 1:59PM

No. 6040 P. 2



Commonwealth of Massachusetts
City/Town of
Certificate of Compliance
Form 3

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 the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

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

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number 14-2 DSCP DATE 7/17/2013
 Facility Owner JIM WARREN
 Street Address or Lot # 762 BAY ROAD
 City/Town AMHERST State MA Zip Code 01002

Designer Information:

Name ALAN WEISS Name of Company CORRING ENVIRONMENTAL
 Signature [Signature] Date 8/5/2013

Installer Information:

Name Tom Wanczyk Name of Company RIVER SIDE EXCAVATING
 Signature [Signature] Date 8/5/2013

Use of this system is conditioned on compliance with the provisions set forth below:

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

AMHERST HEALTH DEPARTMENT
 Approving Authority
 Signature [Signature]

Date 8/5/2013



PROJECT NO.:	14-2			
CITY/TOWN:	AMHERST			
APPLICANT:	JIM + SUSAN WARREN			
ADDRESS:	762 BAY ROAD			
DESIGN FLOW:	445	gpd		
REVIEWED BY:	EDMUND SIMON	DATE:	7/30/2013	
approved 7/30/2013 w corrections		N/A	OK	NO

GENERAL				
Legal boundaries denoted [310 CMR 15.220(4)(a)]			✓	
Street, Lot, tax parcel number and lot number noted on plan [310 CMR 15.220(4)(u)]			✓	
Locus Provided [310 CMR 15.220(4)(t)]			✓	
Plan proper scale? (1"=40' for plot plans, 1"= 20' or fewer for components) [310 CMR 15.220(4)]			✓	
Easements shown [310 CMR 15.220(4)(b)]			✓	
System located totally on lot served [310 CMR 15.405(1)(a) for upgrades]- if not, a variance is required [310 CMR 15.412(4)]			✓	
Location of impervious surfaces (driveways, parking areas etc.) [310 CMR 15.220(4)(d)]			✓	
Location all buildings existing and proposed 310 CMR 15.220(4)(c)]			✓	
Location and dimensions of system components and reserve areas. [310 CMR 15.220(4)(e)]			✓	REPAIR
System Calculations [310 CMR 15.220(4)(f)]			✓	
daily flow			✓	
septic tank capacity (required and provided)			✓	REPLACE REVIEW 1500
soil absorption system (required and provided)			✓	
whether system designed for garbage grinder			✓	NOT DESIGNED FOR
North arrow [310 CMR 15.220(4)(g)]			✓	
Existing and proposed contours [310 CMR 15.220(4)(g)]			✓	
Location and log of deep observation holes (existing grade el. on each test) [310 CMR 15.220(4)(h)]			✓	
Names of soil evaluator and BOH representative [310 CMR 15.220(4)(h) and (i)]			✓	
Location and date of percolation tests (performed at proper elevation?) [310 CMR 15.220(4)(i)]			✓	
Percolation test results match loading rate? [310 CMR 15.242]			✓	
Certification statement by Soil Evaluator [310 CMR 15.220(4)(j)]			✓	
Observed and Adjusted groundwater (method for adjustment given or indicated) [310 CMR 15.103(3) and 310 CMR 15.220(4)(n)]			✓	

GENERAL cont.	N/A	OK	NO
Location of every water supply, public and private, [310 CMR 15.220(4)(k)]		✓	
within 400 feet of the proposed system location in the case of surface water supplies and gravel packed public water supply wells		✓	
within 250 feet of the proposed system location in the case of tubular public water supply wells		✓	TOWN WATER
within 150 feet of the proposed system location in the case of private water supply wells		✓	
Location of all surface waters and wetlands located up to 100 ft. beyond setbacks listed in 310 CMR 15.211 and any catch basins located within 50 ft. [310 CMR 15.220(4)(l)]		✓	
Water lines and other subsurface utilities located [310 CMR 15.220(4)(m)] (if water line cross see 310 CMR 15.211(1)(1))		✓	
Profile of system showing invert elevations of all system components and the bottom of the SAS [310 CMR 15.220(4)(o)]		✓	
Stamp of designer [310 CMR 15.220(1) and 310 CMR 15.220(2)]		✓	
Stamp of Registered Land Surveyor (required if construction activities within 5 ft. of lot line) [310 CMR 15.220(3)]		NA	✓
Test Holes adequate (two in each of the primary and reserve unless trenches as permitted in 310 CMR 15.102(2) or as approved for an upgrade under LUA at 310 CMR 15.405(1)(k)]		✓	
Test hole adequate to demonstrate four feet of suitable material? [310 CMR 15.103(4)]		✓	
Test Holes adequate to confirm adequate groundwater separation? [310 CMR 15.103(3)]		✓	
Benchmark within 50-75' of system [310 CMR 15.220(4)(q)]		✓	
Materials specifications noted? [various sections of 310 CMR 15.000]		✓	
System components not > 36" deep (unless Local Upgrade Approval or LUA requested) [310 CMR 15.405(1)(b)]		✓	
All system components marked with magnetic tape 15.221(12)		✓	
SEPTIC TANK	N/A	OK	No
Size OK? [310 CMR 15.223(1)]			
Inlet tee located ten inches below flow line [310 CMR 15.227(6)]		✓	
Outlet tee 14" or 14" + 5" per foot for increase ft depth [310 CMR 15.227(6)]		✓	
Outlet tee with gas baffle or approved filter [310 CMR 15.227(4)]		✓	
Note regarding installation on stable compacted base [310 CMR 15.228(1)]		✓	

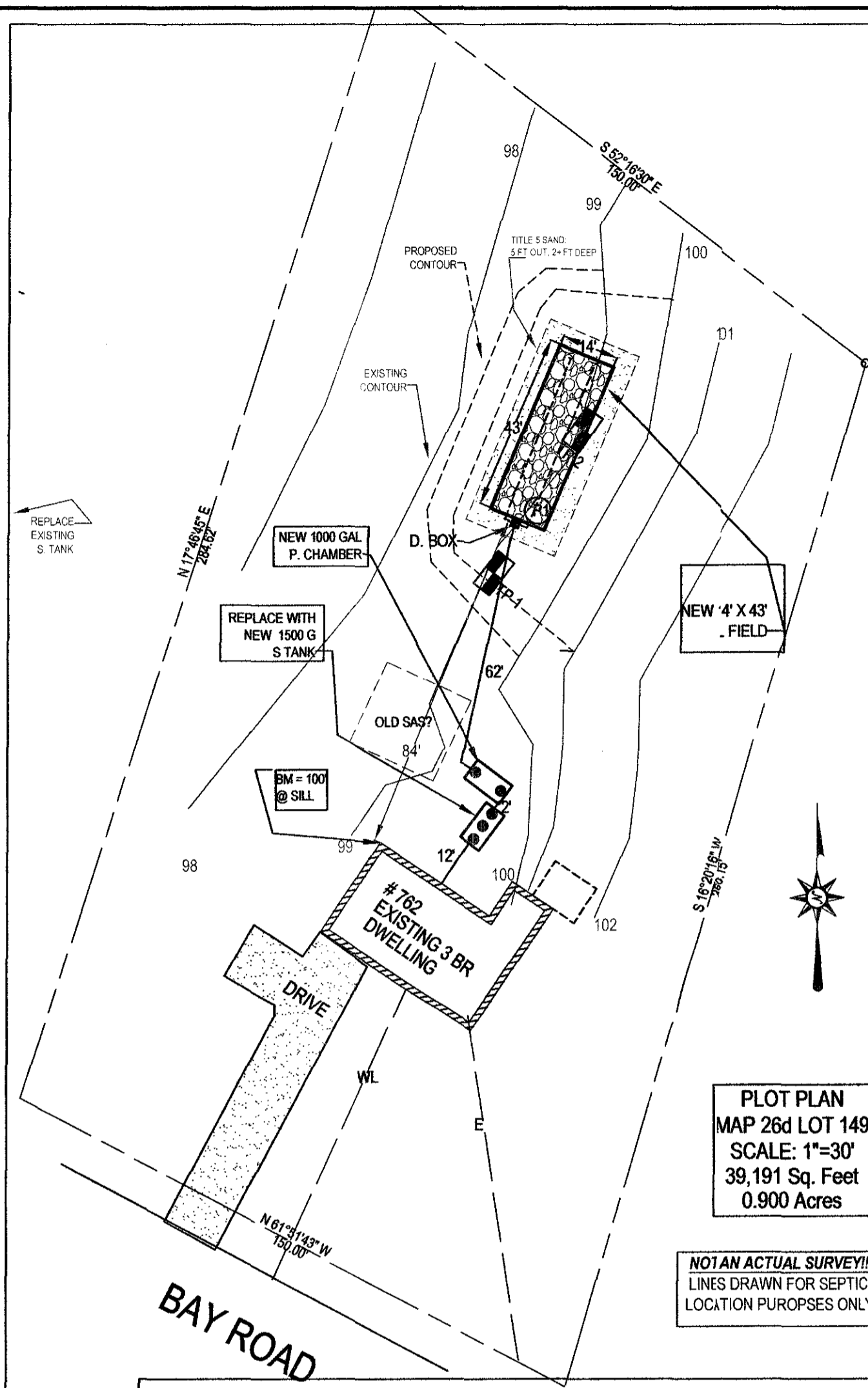
Separation between inlet and outlet tees (no less than liquid depth) [310 CMR 15.227(2)]		✓		
Inlet/Outlet elevations at least 12" above high groundwater (except as described 310 CMR 15.227(5)) or permitted for upgrades under LUA [310 CMR 15.405(1)(k)]		✓		
Minimum cover 9" (Tanks buried more than 9" must have risers on all openings and on the d-box) [310 CMR 15.2228(1) and 310 CMR 15.232(3)(f)]		✓		
Three access covers (inlet and outlet must be 20" or greater) - middle access at least 8" (by 7/07) [310 CMR 15.228(2)]		✓		
Access to within 6" of grade - one port for systems < 1000 gpd, two for systems > 1000 gpd [310 CMR 15.228(2)]		✓		
All at-grade covers secured to unauthorized access? [310 CMR 15.228(2)]		✓		
> 10 ft from building foundation [310 CMR 15.211(1)]		✓		
Buoyancy calculation Required/Done [310 CMR 15.221(8)]		NA		
H-20 Where appropriate? [310 CMR 15.226(3)]		NA		
Setbacks from resources [310 CMR 15.211]		✓		
Multi-Compartment Tanks				
Required when other than single-family dwelling or flow > 1000 gpd [310 CMR 15.223(1)(b)]	✓			
First compartment 200% daily flow; Second compartment 100% daily flow [310 CMR 15.224(2) and (3)]	✓			
"U" pipe through or over baffle, outlet of each compartment with gas baffle or approved filter [310 CMR 15.224(4)]	✓			
BUILDING SEWER AND OTHER PIPING				
	N/A	OK	No	
Located at least ten feet from any water line? [310 CMR 15.222(2)]	✓	✓		
Disposal piping at least 18" below water line (when water and sewer cross, see 310 CMR 15.211(1)[1])	✓			
Cleanouts required/provided? [310 CMR 15.222(8)]	✓			
Thrust blocks specified in force mains? 310 CMR 15.221(6)(c)]	✓			
Slope of sewer line not less than 0.01 (1/8"/ft) 0.02 preferable [310 CMR 15.222(6)]		✓		
Proper pitch on all runs? (.005 within gravity-distributed trenches and beds) [310 CMR 15.251(9) and 310 CMR 15.252(2)(c)]		✓		
Siphon problem/ (leachfield below pump chamber)			✓	
Endcaps or vent manifold specified?				
Size and orientation of discharge holes specified? (not smaller than 3/8" not larger than 5/8") [310 CMR 15.251(8) and 310 CMR 15.252(2)(h)]		✓		
Materials specified (310 CMR 15.251(5) specifies various pipe types allowed)		✓		
DISTRIBUTION BOX				

Stable compacted base [310 CMR 15.221(2) and 310 CMR 15.232(2)(a)]		✓		
Splash plate or baffle tee required on inlet/ provided? (when pressure sewer to d-box or steep pitch of gravity sewer) [310 CMR 15.323(3)(a)]	✓			
Riser if deeper than 9" [310 CMR 15.232(3)(f)]		✓		
Inside minimum dimension 12" [310 CMR 15.232(2)(b)]		✓		
Minimum sump 6" [310 CMR 15.232(3)(e)]		✓		
Watertight cover if <2000gpd; waterproof manhole if >2000gpd [310 CMR 15.232(3)(d)]		✓		
PUMP CHAMBERS				
Capacity (emergency storage above working=design flow)? [310 CMR 231(2)]		✓		
Proper setbacks [310 CMR 15.211 (same as septic tanks)]		✓		
Watertight 20-in minium access manhole at least 20" MUST BE TO GRADE [310 CMR 15.231(5)]		✓		
Service components accessible (not too deep with piping, disconnects accessible)		✓		
Alarm floats - alarm on circuit separate from pumps specified?		✓		
Exceeds two units must have two pumps operating in lead-lag mode. [310 CMR 15.231(6) and (8)]	✓			
Stable Compacted Base [310 CMR 15.221(2)]		✓		
Buoyancy calculations needed ? Provided? [310 CMR 15.221 (8)]	✓			
Dosing chamber capacity (required and provided), pump curves and specifications, number of dosing cycles and depth per cycle? [310 CMR 15.220(4)(r)]	✓			
Effluent tee filter provided? [310 CMR 15.231(10)]		✓		
SOIL ABSORPTION SYSTEMS (SAS) GENERAL				
Calculations correct?		✓		
4 feet of naturally occurring material demonstrated? [310 CMR 15.240(1)]		✓		
Required separation to groundwater? [310 CMR 15.212]]		✓		
Aggregate specified as double washed [310 CMR 15.247(2)]		✓		
System Venting required/provided?.(system under driveway or >36" deep) [310 CMR 15.241]		✓		
Inspection ports specified and within 3" final grade? [310 CMR 15.240(13)]		✓		
Breakout requirements met? (No violation of breakout elevation within 15 ft of SAS unless barrier) [310 CMR 15.211(1)[4] and Guidance Document]		✓		
GALLERIES, PITS, CHAMBERS, 310 CMR 15.253				
Chambers and Gal. in trench configuration supplied with inlet every 20 ft. [310 CMR 15.253(6)]	✓			
Each structure with one inspection manhole (if >2000 gpd must be to grade) [310 CMR 15.253(2)]	✓			

Aggregate 1' minimum- 4' maximum. [310 CMR 15.253(1)(b)]	✓			
2' sidewall credit maximum [310 CMR 15.253(1)(a)]	✓			
In bed configuration, inlet every 40 sq. ft. [310 CMR 15.253(6)]	✓			
TRENCHES [310 CMR 15.251]				
Width 2' minimum 3' maximum [310 CMR 15.251(1)(b)]	✓			
100 feet - maximum length [310 CMR 15.251(1)(a)]	✓			
Minimum separation 2x effective depth or width whichever greater (3x if reserve between trenches) [310 CMR 251(1)(d)]	✓			
Situated along contours [310 CMR 15.251(2)]	✓			
Breakout OK? [310 CMR 15.211(1)[4] and Guidance Document]	✓			
BED SAS (Maximum size of bed or field 5000 gpd)				
minimum 2 distribution lines [310 CMR 15.252(2)(a)]		✓		
Maximum separation between lines 6' [310 CM R15.252(2)(d)]		✓		
Maximum separation between lines and outside of bed 4' [310 CMR 15.252(2)(e)]		✓		
Aggregate depth below discharge pipes 6" minimum, 12" maximum. [310 CMR 15.252(2)(g)]		✓		
Separation between beds 10' minimum. [310 CMR 15.252(2)(f)]	✓		✓	
Bottom area used in calculations only [310 CMR 15.252(2)(i)]			✓	
DID THE PLAN INVOLVE:				
<i>Pressure Dosed System ? Provided pump and piping calculations as required [310 CMR 15.220(4)(r)]</i>				✓
<i>Groundwater Separation Per 310 CMR 15.240(12) does the groundwater separation take into account mounding.</i>				✓
Pressure dosing required on all systems >2000gpd or alternative systems under remedial approval [310 CMR 15.254(2) and I/A Remedial Use Approvals]	✓			
If used in gravelless system - make sure jet is directed as not to scour soil interface [Guidance Document]	✓			
Inspections once per year (systems < 2000 gpd) or quarterly (>2000gpd) good to note on plan [310 CMR 15.254(2)(d)]	✓			
<i>Construction in fill - Did the plan specify that the fill shall meet the specification of 310 CMR 15.255(3)?</i>	✓			
Impervious barrier and/or retaining wall ? [Guidance Document]	✓			
Impervious barrier installation must be supervised by designer [310 CMR 15.255(2)(b)]	✓			
Retaining wall must be designed by Registered Professional Engineer [310 CMR 15.255(2)(a)]	✓			
Side slope not exceed 3:1 ? [310 CMR 15.255(2)]			✓	
Breakout requirements met? [310 CMR 15.252(2) and Guidance Document]			✓	
At least 5 ft. from impervious barrier to edge of SAS (10 ft. recommended) [310 CMR 15.255 (2)(e)]	✓			

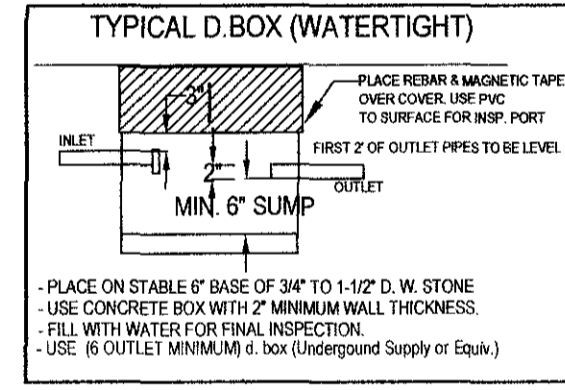
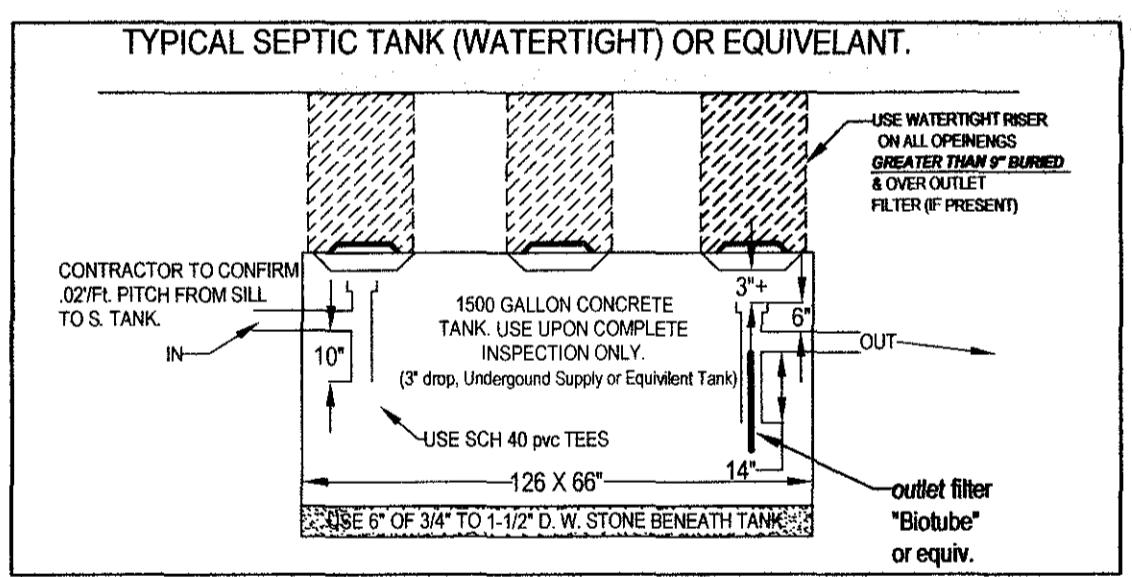
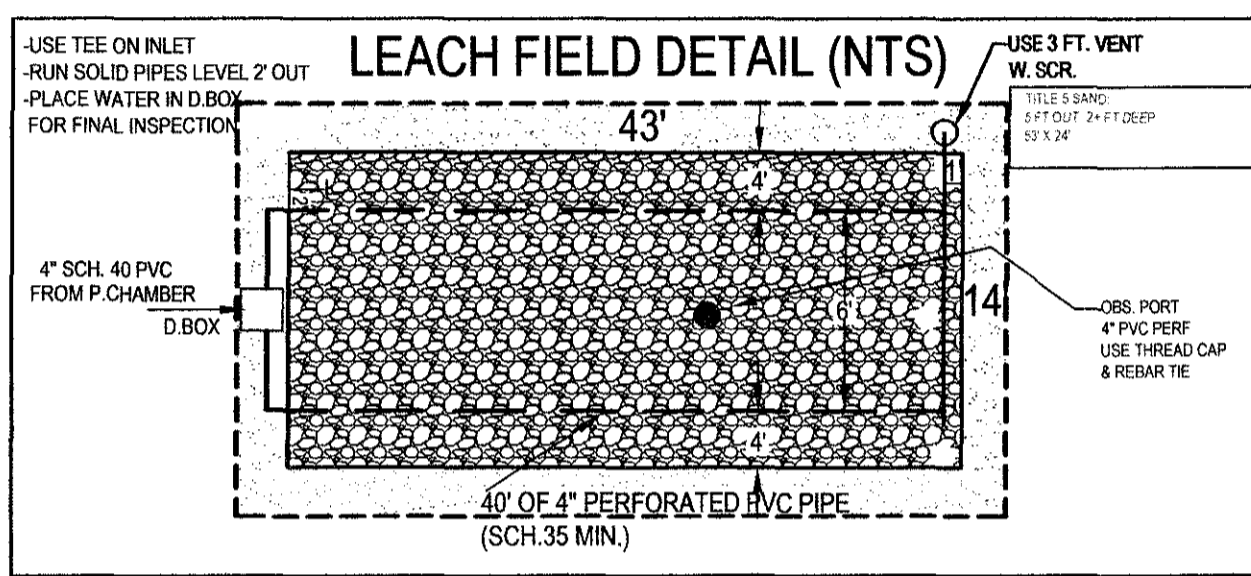
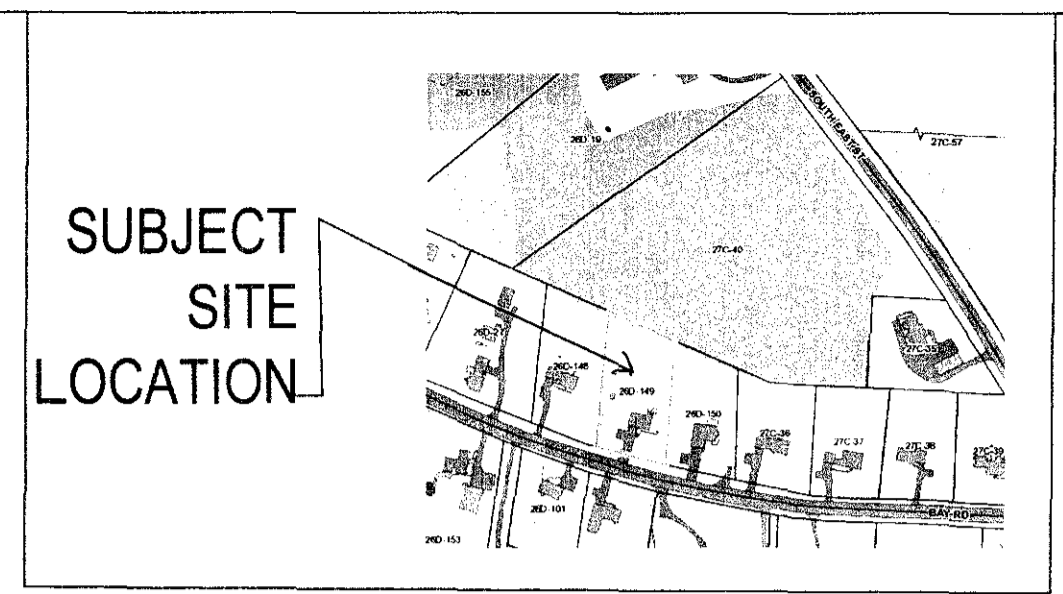
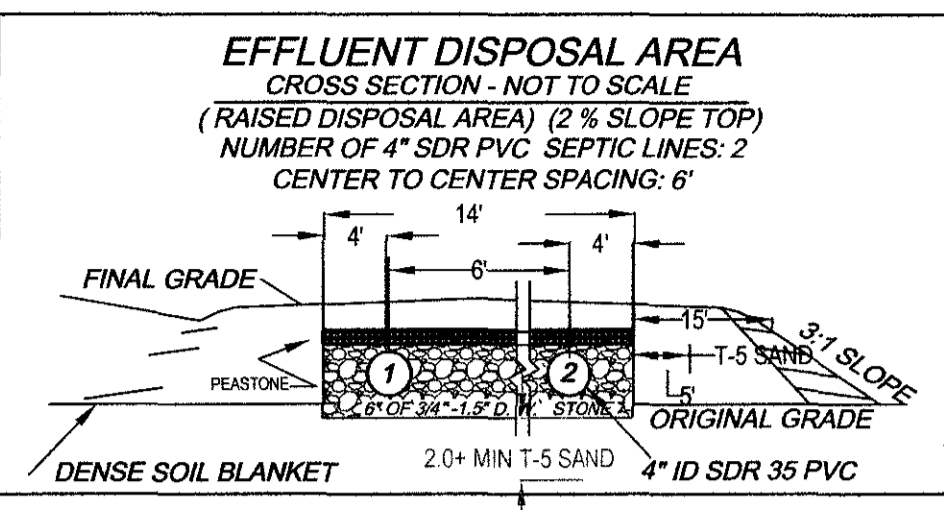
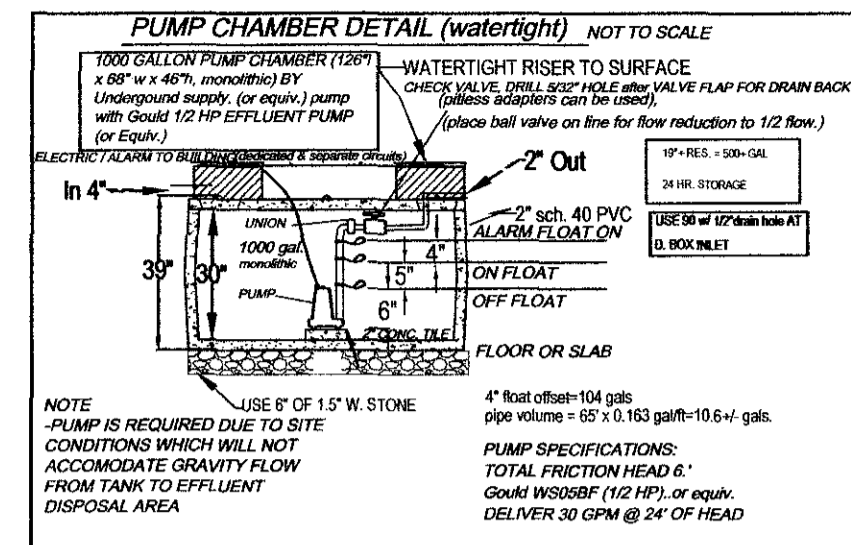
Gravelless System/[I/A Approval Letters]				
Check DEP Approval letters for credits and design conditions	✓			
If used with pressure dosing do not allow pressure discharge to scour soil interface	✓			
Alternative Septic System/[I/A Approval Letters]				
Was DEP Approval Letter provided and/or have you reviewed the letter for conditions?	✓			
Is the technology being properly applied and does it meet all DEP Approval Conditions?	✓			
Is there a note on the plan regarding the requirement for perpetual maintenance agreement?	✓			
Any alarms involved on separate circuits	✓			
Did the applicant submit an operation and maintenance manual?	✓			
Has applicant submitted a copy of a maintenance agreement?	✓			
Variances				
Are the variances listed on the plan ? [310 CMR 15.220 (4) (p)]	✓			
RLS Stamp necessary on plan if a component is within five feet of property line [310 CMR 15.412(4)]	✓			
New construction or increased flow proposed - [Refer to 310 CMR 15.414]	✓			
Nitrogen Sensitive Areas				
	N/A	OK	No	
Is the system in a Designated Nitrogen Sensitive Area (Zone II for a public supply well)? [310 CMR 15.214, 310 CMR 15.215 and 310 CMR 15.216 - also refer to Policy regarding upgrades of such existing systems]	✓			
Is the system proposed on the same lot as served by private well ? [310 CMR 15.214(2)]	✓			
Are the nitrogen loads proposed in compliance? [310 CMR 15.216(1)]	✓			
Miscellaneous				
Pumping to septic tank ? [310 CMR 15.229]			✓	
Shared System [310 CMR 15.290]			✓	

Complete

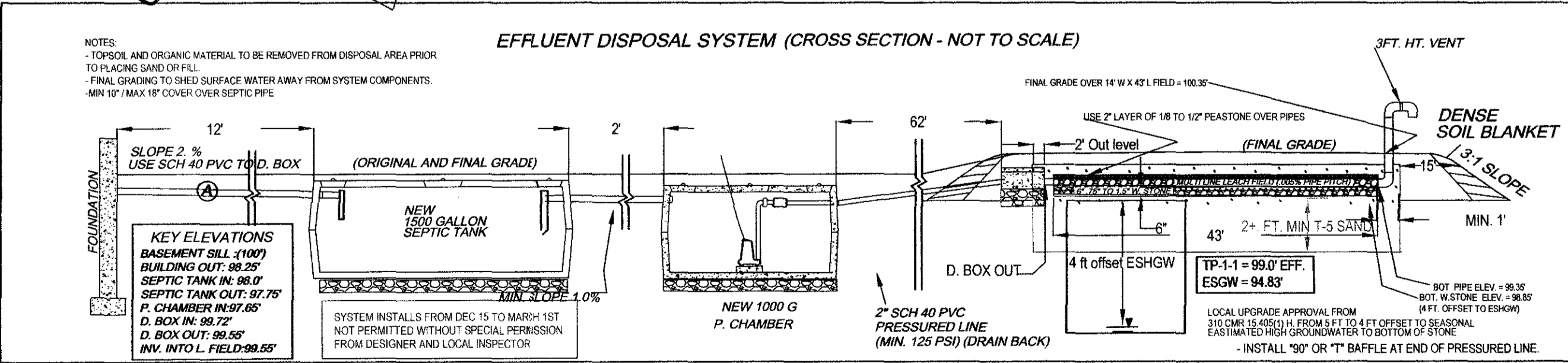


PLOT PLAN
 MAP 26d LOT 149
 SCALE: 1"=30'
 39,191 Sq. Feet
 0.900 Acres

NOT AN ACTUAL SURVEY!!
 LINES DRAWN FOR SEPTIC
 LOCATION PURPOSES ONLY!



- DESIGN NOTES AND CALCULATIONS:**
- 3 (BEDROOM HOME) = 330 GPD MIN. REQUIRED, (445+ provided)
 - Use **LEACHING FIELD 14' WIDE X 43' LONG WITH 6" OF 3/4" TO 1 1/2" DBL WASHED STONE BELOW INVERT**
 - BOTTOM AREA: L. FIELD (14' W X 43' L) = 602 SF.
 - TOTAL AREA: 602 SF X .74 GAL/SF = 445 GPD PROVIDED.
 - GARBAGE DISPOSAL NOT PERMITTED MUST REMOVE*** (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
 - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
 - NO WETLANDS WITHIN 100 FEET OF SAS.
 - USE S. TANK & P. CHAMBER AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET).
 - NOTE:**
 - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
 - USE LARGE STYLE (6 OUTLET) D. BOX ONLY.
 - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2"+ CONC. WALLS
 - NOTE:**
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
 - ANY /ALL PLASTIC RISERS MUST BE SECURED WITH **STAINLESS STEEL SCREWS**.
 - USE (.75"-1.125") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
 - USE PROPER SCH. 40 PVC TEES AS SHOWN.
 - PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
 - SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
 - USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
 - USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO BASE OF RESTRICTIVE LAYER 18-20" MIN. AS NEEDED (INSPECTION REQUIRED).
 - UNDER BED, PRIOR TO TITL E SAND/STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
 - SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT).
 - DEPTH OF PERC. 48"
 - PERC RATE = <2 MIN / IN.
 - CLASS 1, M. SAND SOIL RATING
 - NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
 - ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
 - BM=100.00 @ (SILL... as noted), CONFIRM PROPER PIPE SLOPES
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
 - GRADE MULCH /AND SEED OVER SAS AS NOTED.
 - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
 - USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.
 - ** LOCAL UPGRADE APPROVAL FOR 1 FT REDUCTION TO ESHGW FROM 5' TO 4' (310 CMR 15. 405(1)H***.



GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
 CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

TEST PIT LOG:

TP 1-99.0				SOIL EVALUATOR: A. WEISS				DATE OF EVALUATION: 07.16.2013			
DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):	MATERIAL:	DEPTH:	HORIZ:	TEXTURE:	COLOR (MUNSELL):	MATERIAL:		
0-14"	A+B	FSL	10 YR 3.3	FRIABLE, A & B MIXED	0-16"	A+B	FSL	10 YR 3.3	FRIABLE, A & B MIXED		
14-64"	C1	MS	110 YR 4.6	MED. SAND	16-66"	C1	MS	10 YR 4.6	MED. SAND		
64-108"	C2	FSL	22.5 Y 5.3	DENSE PLATEY SILT AND V.F SAND MOD. DENSE	66-110"	C2	FSL	2.5 Y 5.3	DENSE PLATEY SILT AND V.F SAND MOD. DENSE		
OXIDES: 50"				7.5 YR 4.1, 7.5 YR 5.8	OXIDES: 50"				7.5 YR 4.1, 7.5 YR 5.8		
EHWT: 50"					EHWT: 50"						
STANDING H2O: not					STANDING H2O: not						
WEEPING: not					WEEPING: not						
BEDROCK: 1108"+					BEDROCK: 110"+						

SEPTIC DESIGN PLAN FOR SUSAN AND JAMES WARREN
 762 BAY ROAD
 AMHERST, MA

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA 01007

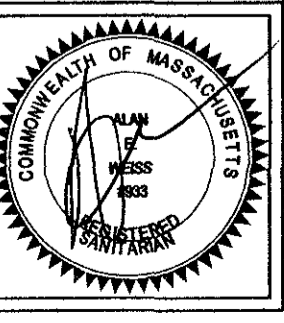
PH# (413) 323-5957
 FAX: (413) 323-4916
 DATE: 07.27.2013
 SCALE: 1"=30'

REVISED: _____
 DRAWN BY: ALAN WEISS
 REVISION: _____

DRAWING NUMBER: 113-4149-0716

ATTENTION INSTALLER!!
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 41 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



PERMITS/INSP PAYMENT RECPT#: 14015569
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 08/09/13 TIME: 09:38
CLERK: smithe DEPT:

PAID BY:
PAYMENT METH: CHECK 2426

REFERENCE: 14-2

AMT TENDERED: 300.00
AMT APPLIED: 300.00
CHANGE: .00

SITE ADDRESS: 762 Bay Road

FEES:
HEA011 300.00

TOTAL PAID: 300.00



PERMITS/INSP PAYMENT RECPT#: 14015581
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 08/09/13 TIME: 09:41
CLERK: smithe DEPT:

PAID BY: 14-2
PAYMENT METH: CHECK 2426

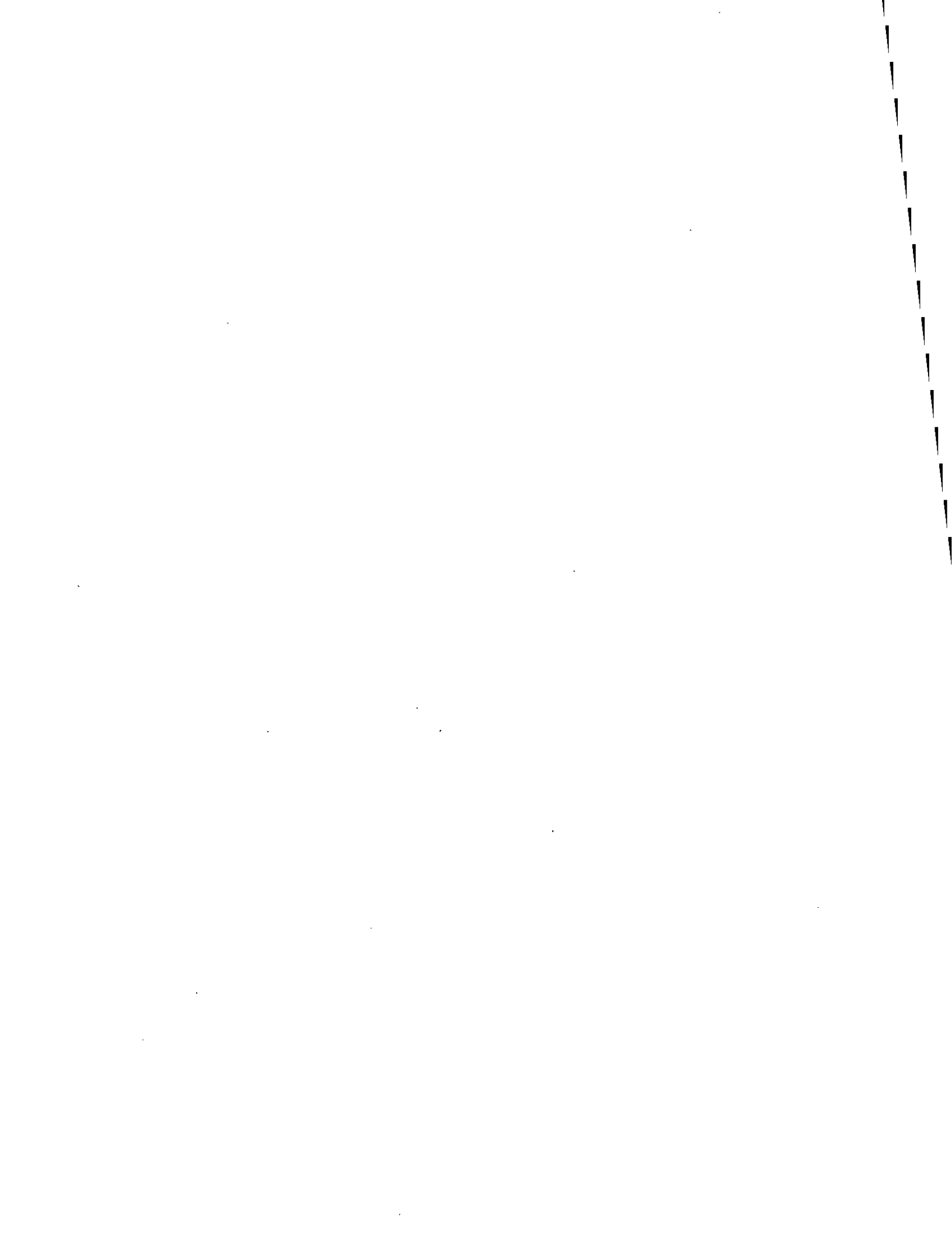
REFERENCE:

AMT TENDERED: 150.00
AMT APPLIED: 150.00
CHANGE: .00

SITE ADDRESS: 762 BAY ROAD

FEE:
HEA017 150.00

TOTAL PAID: 150.00





Commonwealth of Massachusetts
 City/Town of Amherst
 Application for Disposal System
 Construction Permit
 Form 1A

Town Copies:
 Sign + deliver to Bd of Health.

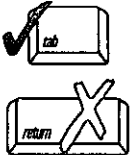
14-2
 Number
 \$- 450
 Fee

plan reviewed 150
 soil eval 300
 450

DEP has provided this form for your use. Before using the form, check with your local health department to see to do so. Before using it, accept it.

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.



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility:

762 Bay Road
 Address or Lot #
 Amherst MA 01002
 City/Town State Zip Code

2. Owner Information

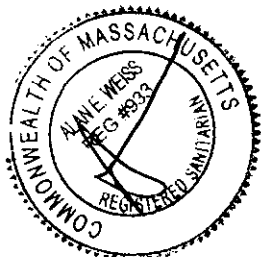
Jim and Susan Warren
 Name
 Address (if different from above)
 City/Town State Zip Code
 Telephone Number 427-7819

3. Installer Information

Name Name of Company
 Address
 City/Town State Zip Code
 Telephone Number

4. Designer Information

Alan Weiss, RS Cold Spring Environmental Consultants Inc.
 Name Name of Company
 Address
 City/Town State Zip Code
 Telephone Number 413-531-4015







Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

14-2
 Number
 \$- 450
 Fee

A. Facility Information (continued)

5. Type of Building:

Dwelling

Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

Showers

Number of showers _____

Cafeteria

Other fixtures

Specify other fixtures: _____

6. Design Flow:

3 bedroom = 330 min = 445 GPD design.

Gallons per Day

Calculated Daily Flow:

445

Gallons

7. Plan:

07.27.2013

Date of Original

1

Number of Sheets

Revision Date

Septic System Plan

Title of Plan

8. Description of Soil:

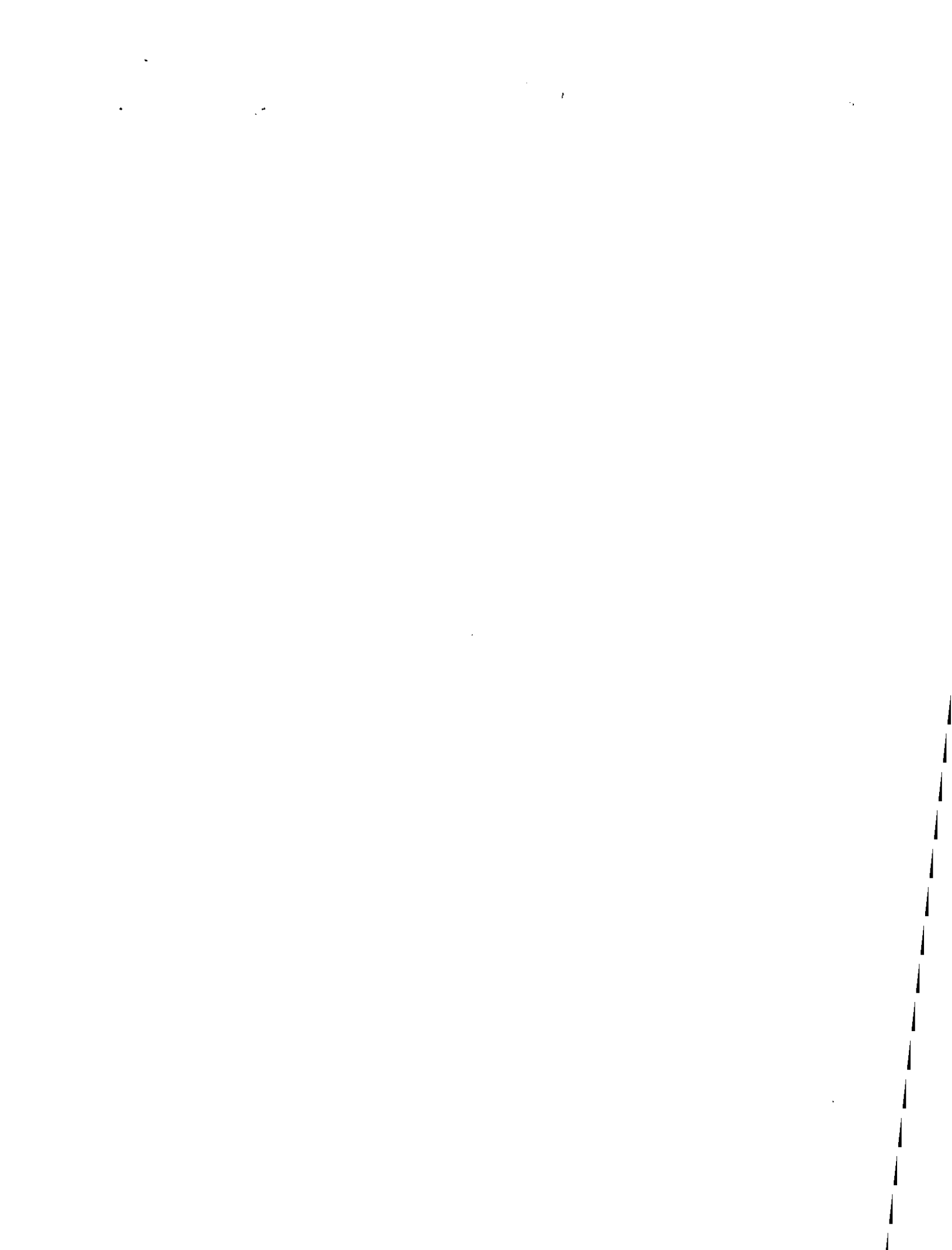
Sand.

9. Nature of Repairs or Alterations (if applicable):

Septic sytem repair, new leachfield and s tank and pump chamber.

10. Date last inspected:

 Date





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

14-2
 Number
 \$- 450
 Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

[Signature] _____ Date 7/30/13

Application Approved By:

[Signature] _____ Date 7/30/2013

Application **Disapproved** for the following reasons:

1000000

1000000



Commonwealth of Massachusetts
City/Town of Amherst

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:

Jim & Susan Warren

Name

762 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

SAME

Name

Street Address

City/Town

State

4277819

Telephone Number

Zip Code

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

Residential Institutional Commercial School

4. Describe Facility:

Single Family Res.

5. Type of Existing System:

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

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

Septic Tank, Pump Chamber & Leach Field



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>330</u> gpd
Design flow of proposed upgraded system	<u>330, min. (445, proposed.)</u> gpd
Design flow of facility:	<u>445</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 L. field & P. Chamber & S. Tank

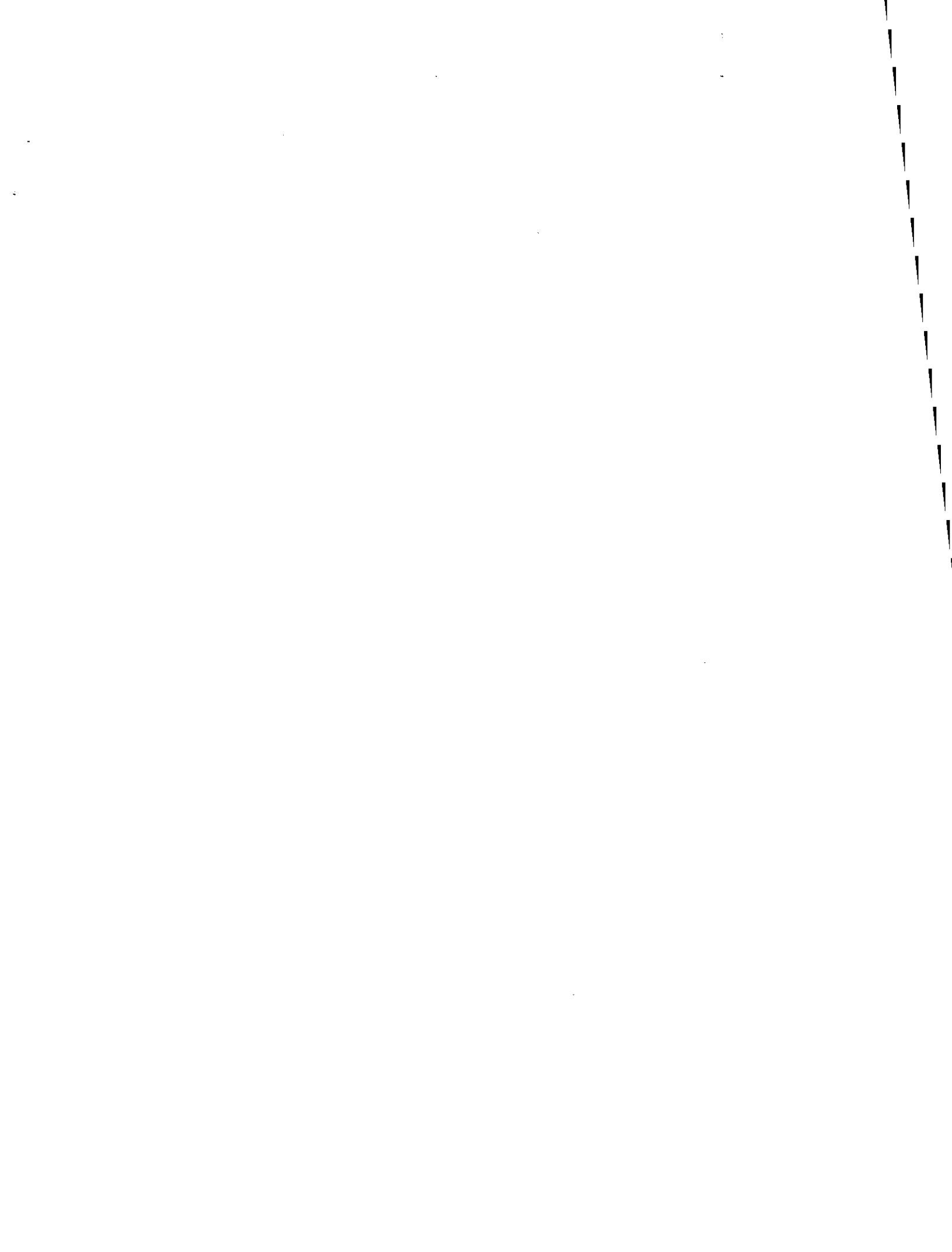
3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions:

Reduction in SAS area of up to 25%: _____
SAS size, sq. ft. % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction	<u>1.0'</u> ft.
Percolation rate	<u><2</u> min./inch
Depth to groundwater	<u>4.. (Proposed)</u> ft.





Commonwealth of Massachusetts

City/Town of Amherst

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):

Blank lines for explanation of well relocation.

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:

Blank lines for other requirements.

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:

E. Smith

Evaluator's Name (type or print)

Signature

07.27.2013

Blank line for date.

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 grading to house & sloped yard and existing tank/piping elevation and to minimize fill & runoff from system toward inground pool, foundation and property line around bed.

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

Would not change request.



Commonwealth of Massachusetts

City/Town of Amherst

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 applicable

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).

[X] 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."

[Signature]
Facility Owner's Signature

7/30/13
Date

Jim & Susan Warren

Print Name

Alan Weiss, RS

07.27.2013

Name of Preparer

Date

350 Old Enfield Road,

Belchertown

Preparer's address

City/Town

MA 01007

413.323.5957

State/ZIP Code

Telephone





ALAN E. WEISS, M.S., R.S., L.S.P.

Licensed Site Professional
Registered Sanitarian
Hydrogeologist
President

- Wetland Consults
- Soil and Water Testing
- 21E Site Investigations
- Percolation Tests and
- Septic Designs
- Title 5 Inspections

350 Old Enfield Rd.
Belchertown, MA 01007
(413) 323-5957 & 323-4916 (FAX)

aweiss@charter.net

Date: 7/16/13

Commonwealth of Massachusetts

Amherst, Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: A. Weiss
Witnessed By: E. Smith

Date: 7/16/13

JWarren@facil.umass.edu

Location Address or Lot # 762 Bay RD.	Owner's Name, Address, and Telephone # JM Warren 762 Bay RD Amherst, MA
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published Publication Scale Soil Map Unit

Drainage Class Soil Limitations

Surficial Geologic Report Available: No Yes

Year Published Publication Scale

Geologic Material (Map Unit)

Landform

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit)

Wetlands Conservancy Program Map (map unit)

Current Water Resource Conditions (USGS): Month

Range : Above Normal Normal Below Normal

Other References Reviewed: _____



Location Address or Lot No. 762 Bay Rd

COMMONWEALTH OF MASSACHUSETTS
Amherst, Massachusetts

Percolation Test*		
Date: ..	<u>7/16/13</u>	Time: <u>8:50</u>
Observation Hole #	<u>P1</u>	
Depth of Perc	<u>48"</u>	
Start Pre-soak	<u>8:40</u>	
End Pre-soak	<u>8:55</u>	
Time at 12"	<u>8:55</u>	
Time at 9"	<u>8:57</u>	
Time at 6"	<u>9:00</u>	
Time (9"-6")	<u>3 min</u>	
Rate Min./Inch	<u>22 min/inch</u>	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed Site Failed

Performed By: Alan Weiss RS

Witnessed By: Ed. Smith

Comments: _____



Location Address or Lot No. 762 Day Rd

On-site Review

Deep Hole Number 1+2 Date: 7/16/13 Time: 8:40 Weather SUN 80°F

Location (identify on site plan) _____

Land Use Res. Slope (%) 2 Surface Stones Not

Vegetation grassland

Landform terraced

Position on landscape (sketch on the back) _____

Distances from:

Open Water Body 100+ feet Drainage way 100+ feet
 Possible Wet Area 100+ feet Property Line 40+ feet
 Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structure, Stones, Boulders, Consistency, % Gravel)
#1 0-14" 14-64" 64"-68"	A+B _{max}	fsl fsl	10YR 3/2		Frable.
	C ₁	MS	10YR 4/6	50"	- Med. Sand.
	C ₂	fsl	2.5Y 4/2	2.5Y 4/1 7.5Y 5/6	- Dense f. sandy, silty/ Platy.
#2 0-16" 16-68" 68"-110"	A+B _{max}	fsl	↓		- Frable.
	C ₁	MS		50"	- Med. Sand, Loose
	C ₂	fsl		2.5Y 4/1 2.5Y 5/6	- Dense platy f. sandy. Some Silt.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Lacustrine Depth to Bedrock: 110'

Depth to Groundwater: Standing Water in the Hole: No Weeping from Pit Face: X/6

Estimated Seasonal High Ground Water: 50'



Location Address or Lot No. 762 Bay Rd

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles 50" inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

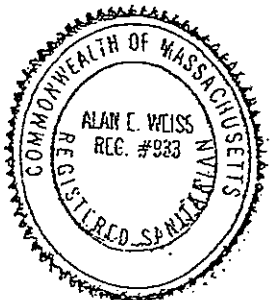
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? YES

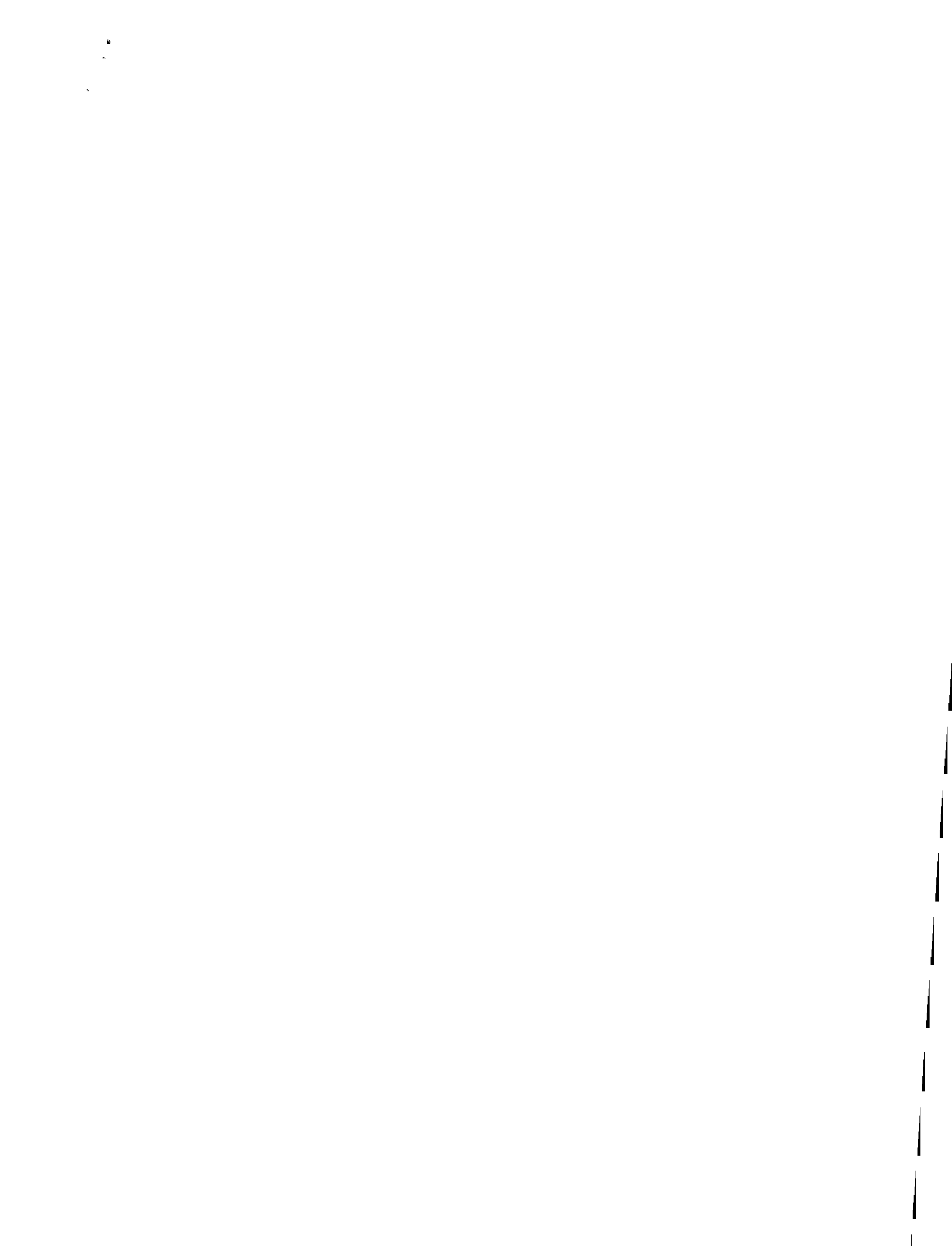
If not, what is the depth of naturally occurring pervious material? _____

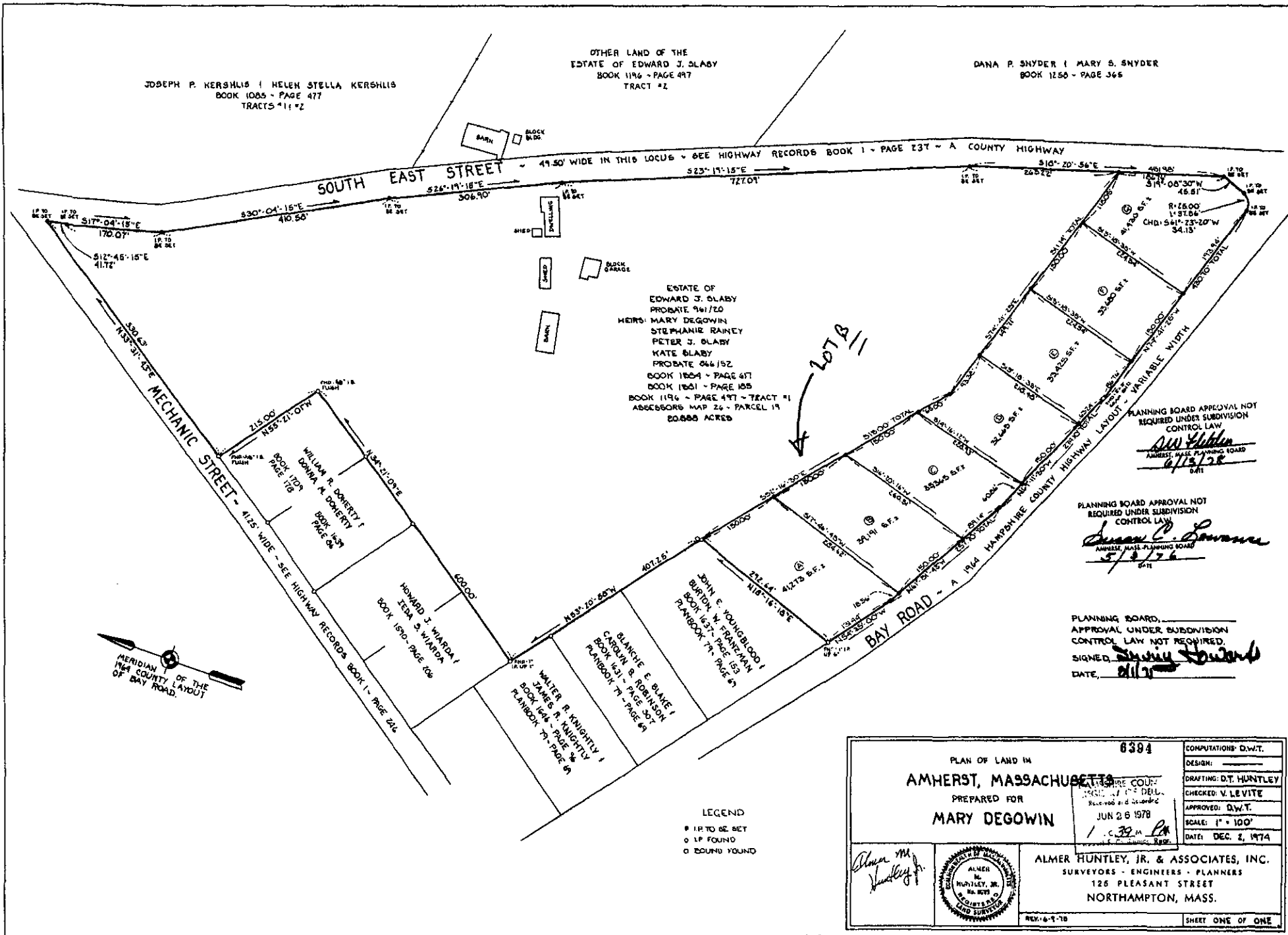
Certification

I certify that on July 9th (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 7/16/13







JOSEPH P. KERSHLLIS I HELEN STELLA KERSHLLIS
BOOK 1005 - PAGE 477
TRACTS #1, #2

OTHER LAND OF THE
ESTATE OF EDWARD J. OLABY
BOOK 1196 - PAGE 497
TRACT #2

DANA P. SNYDER I MARY S. SNYDER
BOOK 1256 - PAGE 365

ESTATE OF
EDWARD J. OLABY
PROBATE 941/20
HEIRS: MARY DEGOWIN
STEPHANIE RAINEY
PETER J. OLABY
KATE OLABY
PROBATE 044/92
BOOK 1804 - PAGE 417
BOOK 1801 - PAGE 105
BOOK 1196 - PAGE 497 - TRACT #1
ASSESSORS MAP 26 - PARCEL 19
20.888 ACRES

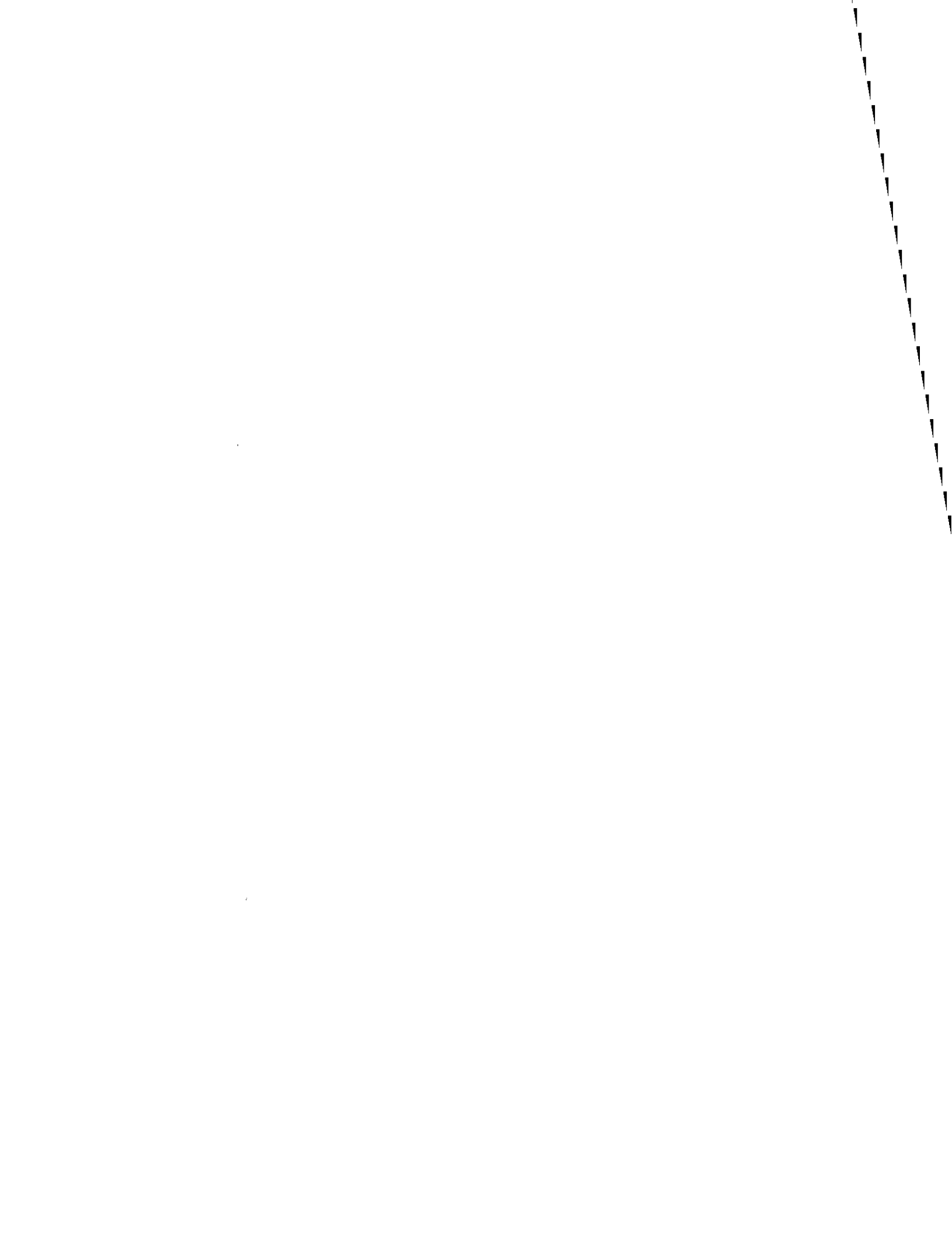
PLANNING BOARD APPROVAL NOT
REQUIRED UNDER SUBDIVISION
CONTROL LAW
Dan Hubler
AMHERST, MASS. PLANNING BOARD
6/15/78
S.H.

PLANNING BOARD APPROVAL NOT
REQUIRED UNDER SUBDIVISION
CONTROL LAW
James P. Lawrence
AMHERST, MASS. PLANNING BOARD
5/12/78
S.H.

PLANNING BOARD,
APPROVAL UNDER SUBDIVISION
CONTROL LAW NOT REQUIRED.
SIGNED, *Almer Huntley, Jr.*
DATE, 6/12/78

LEGEND
 P LP TO BE SET
 O LP FOUND
 □ BOUND YOUNG

PLAN OF LAND IN AMHERST, MASSACHUSETTS PREPARED FOR MARY DEGOWIN		0394 RECEIVED IN THE DEPT. JUN 26 1978 1 C. 39 M. PL	COMPUTATIONS: Q.W.T. DESIGN: DRAFTING: D.T. HUNTLEY CHECKED: V. LEVITE APPROVED: Q.W.T. SCALE: 1" = 100' DATE: DEC. 2, 1974
ALMER HUNTLEY, JR. & ASSOCIATES, INC. SURVEYORS - ENGINEERS - PLANNERS 125 PLEASANT STREET NORTHAMPTON, MASS.		SHEET ONE OF ONE	





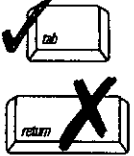
Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$- _____
 Fee _____

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

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.



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility:

762 Bay ROad
 Address or Lot #
 Amherst MA 01002
 City/Town State Zip Code

2. Owner Information

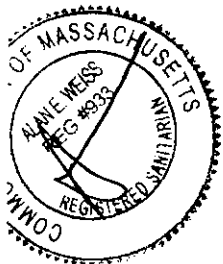
Jim and Susan Warren
 Name
 Address (if different from above)
 City/Town State Zip Code
 Telephone Number
 427-7819

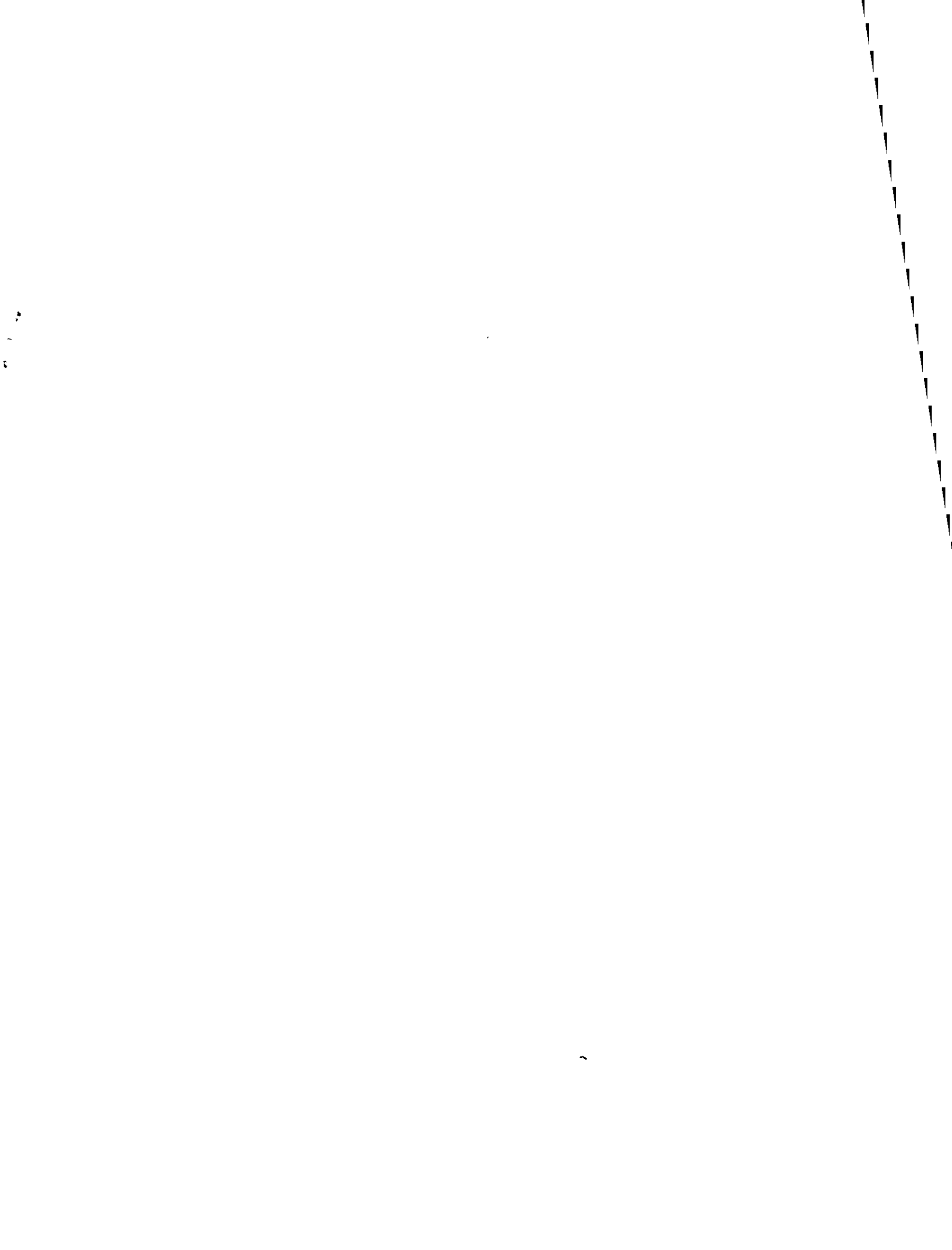
3. Installer Information

Name Name of Company
 Address
 City/Town State Zip Code
 Telephone Number

4. Designer Information

Alan Weiss, RS Cold Spring Environmental Consultants Inc.
 Name Name of Company
 350 Old Enfield Road
 Address
 Belchertown MA 01007
 City/Town State Zip Code
 Telephone Number
 413-531-4015







Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$— _____
 Fee

A. Facility Information (continued)

5. Type of Building:

- Dwelling Garbage Grinder (check if present)

Other: Type of Building _____ Number of Persons Served _____

- Showers Number of showers _____ Cafeteria Other fixtures

Specify other fixtures: _____

6. Design Flow:

3 bedroom = 330 min = 445 GPD design.
 Gallons per Day
445
 Gallons

Calculated Daily Flow:

7. Plan:

07.27.2013
 Date of Original

1
 Number of Sheets

Revision Date

Septic System Plan
 Title of Plan

8. Description of Soil:

Sand.

9. Nature of Repairs or Alterations (if applicable):

Septic sytem repair, new leachfield and s tank and pump chamber.

10. Date last inspected:

 Date



Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$ _____
 Fee _____

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature _____ Date _____

Application Approved By:

Name _____ Date _____

Application **Disapproved** for the following reasons:



Commonwealth of Massachusetts
City/Town of Amherst

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:

Jim & Susan Warren

Name

762 Bay Road

Street Address

Amherst

City/Town

MA

State

01002

Zip Code

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

SAME

Name

Street Address

City/Town

State

4277819

Zip Code

Telephone Number

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

Residential Institutional Commercial School

4. Describe Facility:

Single Family Res.

5. Type of Existing System:

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

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

Septic Tank, Pump Chamber & Leach Field

1
2
3

.



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:

E. Smith

07.27.2013

Evaluator's Name (type or print)

Signature

C. Explanation

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

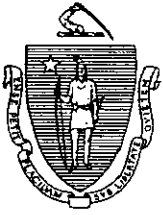
1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to grading to house & sloped yard and existing tank/piping elevation and to minimize fill & runoff from system toward inground pool, foundation and property line around bed.

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

Would not change request.

4
a
b



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 applicable

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):

Application for Disposal System Construction Permit

Complete plans and specifications

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

Jim & Susan Warren

Print Name

Alan Weiss, RS

Name of Preparer

350 Old Enfield Road,

Preparer's address

MA 01007

State/ZIP Code

Date

07.27.2013

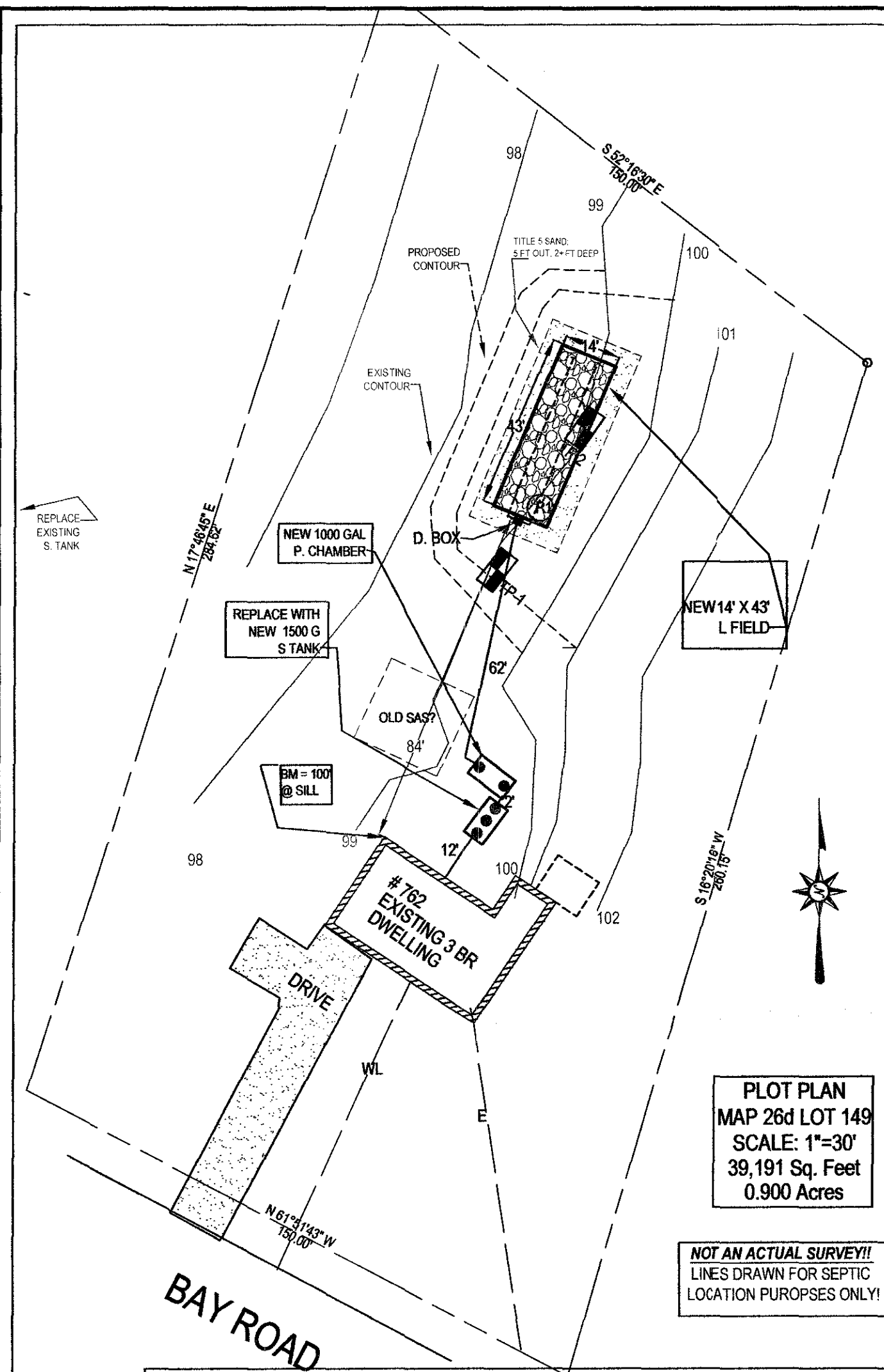
Date

Belchertown

City/Town

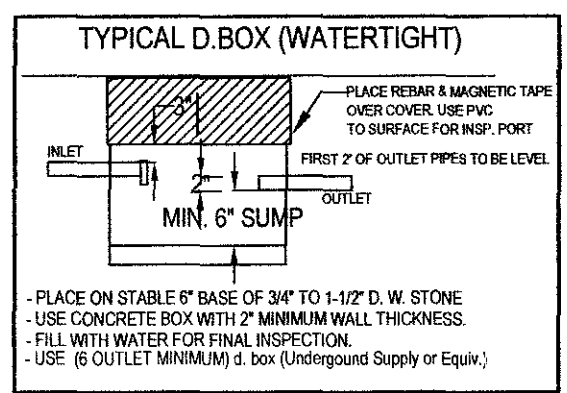
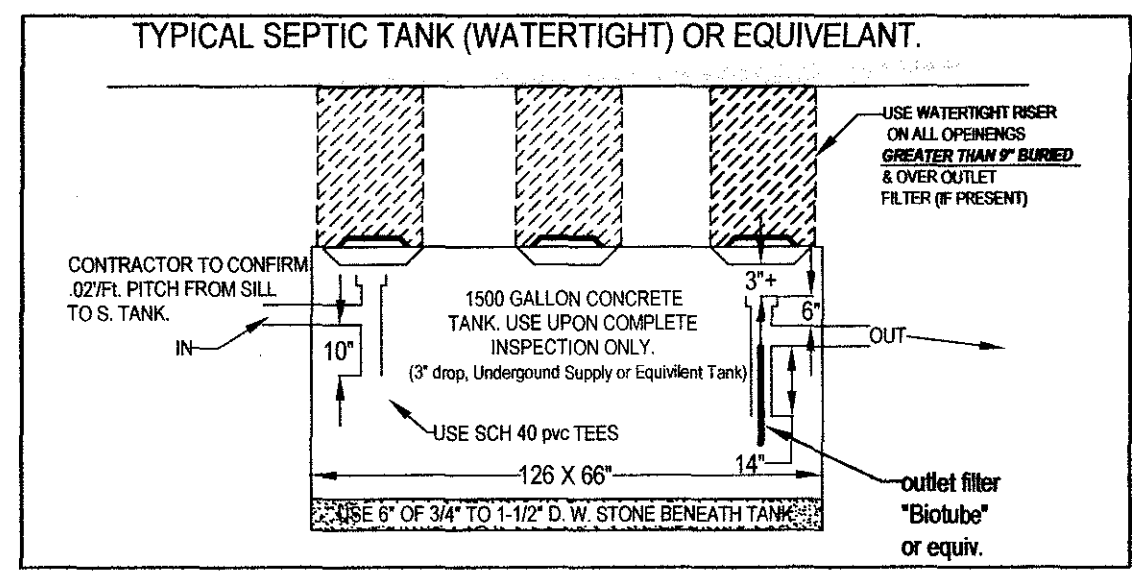
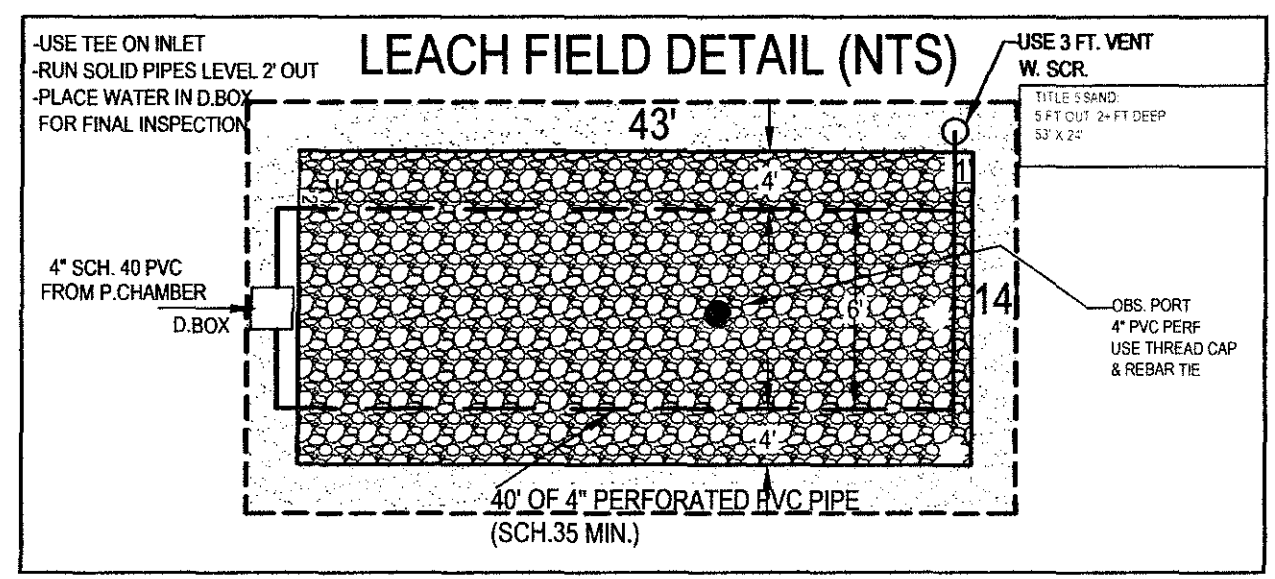
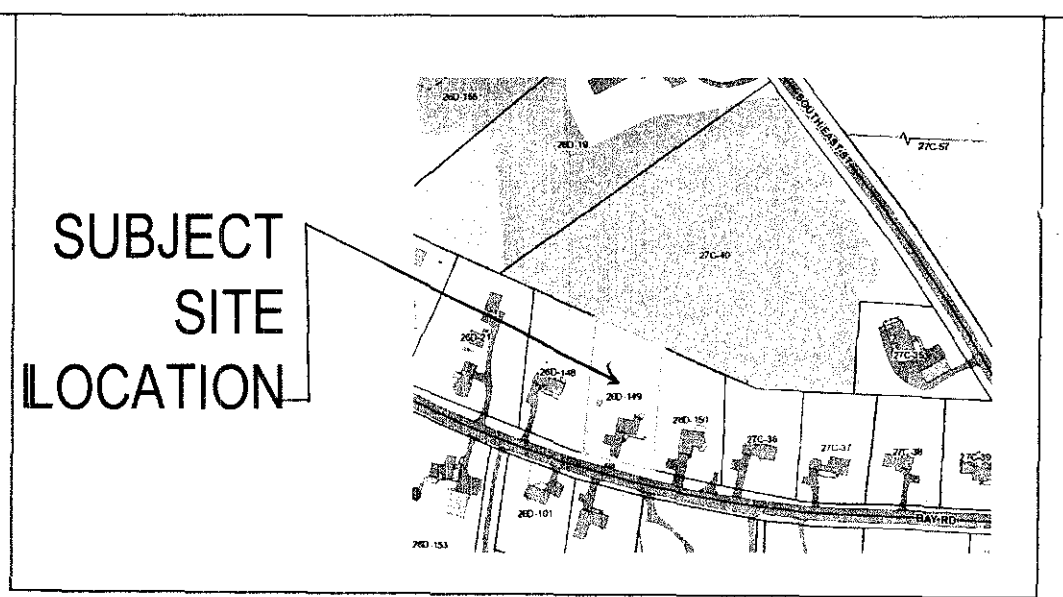
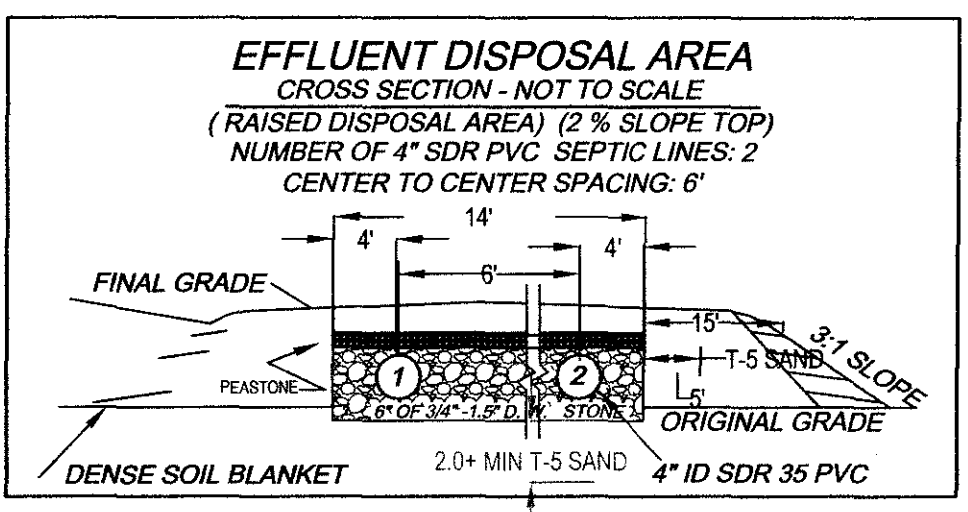
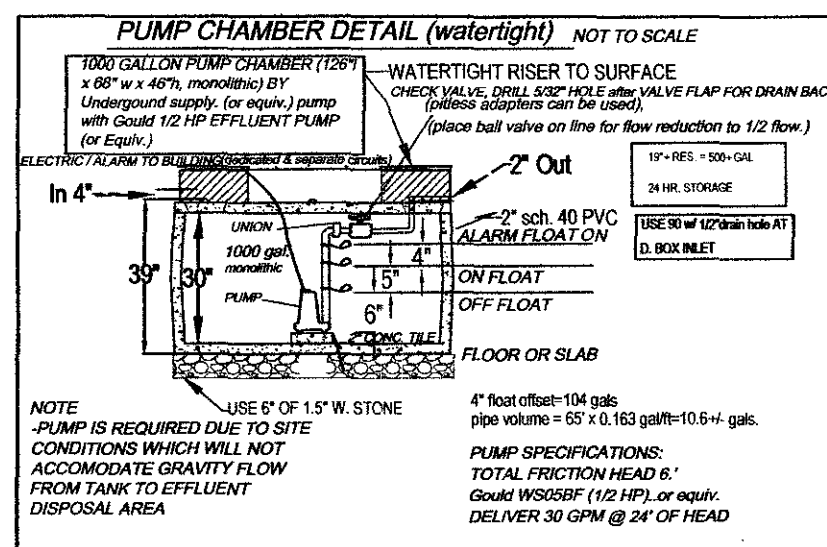
413.323.5957

Telephone

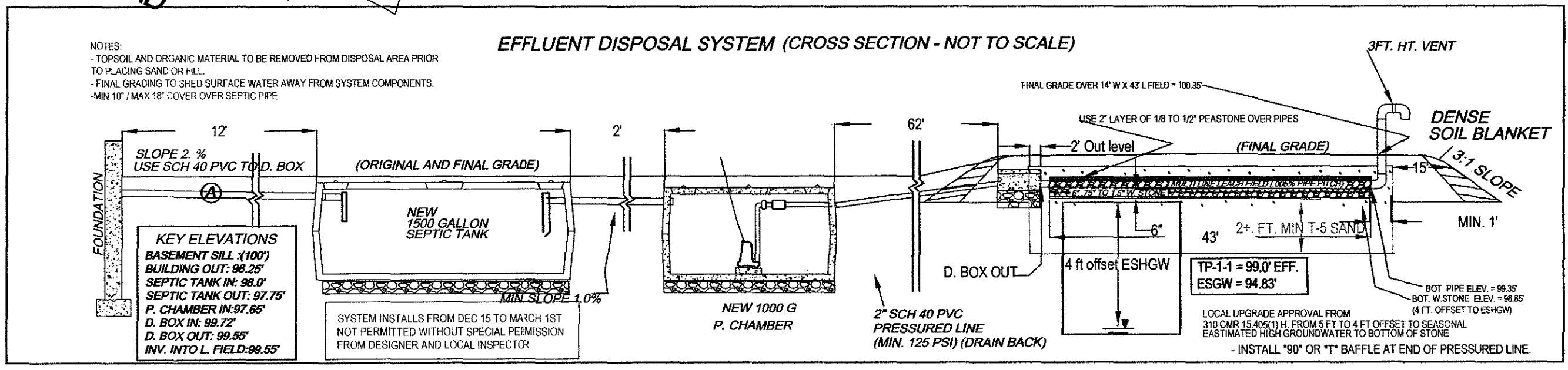


PLOT PLAN
 MAP 26d LOT 149
 SCALE: 1"=30'
 39,191 Sq. Feet
 0.900 Acres

NOT AN ACTUAL SURVEY!!
 LINES DRAWN FOR SEPTIC
 LOCATION PURPOSES ONLY!



- DESIGN NOTES AND CALCULATIONS:**
- 3 (BEDROOM HOME) = 330 GPD MIN. REQUIRED, (445+ provided)
 - Use **LEACHING FIELD 14' WIDE X 43' LONG WITH 6" OF 3/4" TO 1/2" DBL WASHED STONE BELOW INVERT**
 - BOTTOM AREA: L. FIELD (14' W X 43' L) = 602 SF.
 - TOTAL AREA: 602 SF X .74 GAL/SF = 445 GPD PROVIDED.
 - GARBAGE DISPOSAL NOT PERMITTED MUST REMOVE*** (A/C AND FURNACE CONDENSATE TUBES NOT ALLOWED)
 - NO WETLANDS WITHIN 100 FEET OF SAS.
 - NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
 - USE S. TANK & P. CHAMBER AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
 - INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
 - NOTE:**
 - ALL COMPONENTS OF NEW SYSTEM MUST BE MARKED WITH MAGNETIC TAPE. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS & BOXES.
 - USE LARGE STYLE (6 OUTLET) D. BOX ONLY.
 - ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'. BOXES MUST HAVE 2" CONC. WALLS
 - NOTE:**
 - D. BOXES WITH MORE THAN 9" OF COVER SOIL MUST HAVE RISERS TO 6" OF SURFACE.
 - ANY /ALL PLASTIC RISERS MUST BE SECURED WITH **STAINLESS STEEL** SCREWS.
 - USE (.75"-1.125") STONE UNDER TANK & D. BOX FOR 6" FOR STABLE BASE.
 - USE ONLY DBL. WASHED APPROVED (.75"-1.5") FOR PLACEMENT IN LEACH AREA.
 - USE PROPER SCH. 40 PVC TEES AS SHOWN.
 - PRE & POST CONTOURS NOTED AS NECESSARY, RESERVE AS NOTED (not required for repairs).
 - SLOPE CALCS (SEE CONTOURS). SUBGRADE INSP. REQ'D.
 - USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE & ESHGW (310 CMR 15.240)
 - USE 2% MIN. SLOPE OVER SAS
 - CLEAR TOP AND SUB TO BASE OF RESTRICTIVE LAYER 18-20" MIN. AS NEEDED (INSPECTION REQUIRED).
 - UNDER BED, IPRIOR TO TITLE V SAND/STONE PLACEMENT.
 - EXCAVATE EXISTING LOAM, SUB AND ANY EXISTING DEBRIS, DIRTY FILL OR PRIOR SYSTEM IF PRESENT.
 - SOIL EVALUATION BY A. WEISS, RS. (E. SMITH, BOH AGENT)
 - DEPTH OF PERC. 48"
 - PERC RATE = < 2 MIN / IN.
 - CLASS 1, M. SAND SOIL RATING
 - NO TREES WITHIN 10 FT. OF NEW LEACH AREA.
 - ENGINEER TO INSPECT SUBGRADE, TOWN AND ENGINEER INSPECT AT FINAL.
 - BM=100.00 @ (SILL, as noted), CONFIRM PROPER PIPE SLOPES
 - USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
 - GRADE MULCH AND SEED OVER SAS AS NOTED.
 - INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.
 - USE OBSERVATION PORT NEAR CENTER OF STONE BED HAVE 4" PERFORATED, PVC INSPECTION PORTALS TO BOTTOM OF STONE BED, WITH RISER TO 3" OF SURFACE & THREADED CAP & MARK WITH RE-BAR.
 - ** LOCAL UPGRADE APPROVAL FOR 1 FT REDUCTION TO ESHGW FROM 5' TO 4' (310 CMR 15.405(1)H***.



TEST PIT LOG:

TP 1-99.0				TP 1-99					
DEPTH	HORIZ.	TEXTURE	COLOR (MUNSELL)	MATERIAL	DEPTH	HORIZ.	TEXTURE	COLOR (MUNSELL)	MATERIAL
0-14"	A+B	FSL	10 YR 3.3	FRABLE, A & B MIXED	0-16"	A+B	FSL	10 YR 3.3	FRABLE, A & B MIXED
14-64"	C1	MS	10 YR 4.6	MED. SAND	16-66"	C1	MS	10 YR 4.6	MED. SAND
64-108"	C2	FSL	2.5 Y 5.3	DENSE PLATEY SILT AND V.F. SAND	66-110"	C2	FSL	2.5 Y 5.3	DENSE PLATEY SILT AND V.F. SAND
				MOD. DENSE					MOD. DENSE
OXIDES: 50"				7.5 YR 4.1, 7.5 YR 5.8	OXIDES: 50"				7.5 YR 4.1, 7.5 YR 5.8
EHWT: 150"					EHWT: 50"				
STANDING H2O: not					STANDING H2O: not				
WEEPING: not					WEEPING: not				
BEDROCK: 108"+					BEDROCK: 110"+				

SEPTIC DESIGN PLAN FOR SUSAN AND JAMES WARREN
 762 BAY ROAD
 AMHERST, MA

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007

P.J.F.D. NO.: (413) 323-5957
 E-MAIL: (413) 323-4916
 e-Mail: ACWEISS@charter.net

DATE: 07.27.2013	DRAWN BY: ALAN WEISS	REVISED:
SCALE: 1"=30'	DRAWING NUMBER: 113-4149-0716	

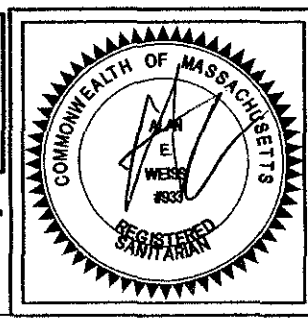
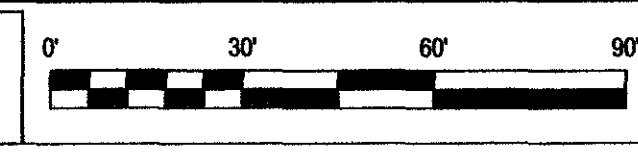
GRAVITY SLOPE SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER.

- HAVE TANK PUMPED EVERY 2 YEARS.
- MAINTAIN AREA OVER SEPTIC SYSTEM AS GRASSY OR SIMILAR GROUND COVER.
- DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF SYSTEM.
- USE ONLY LIQUID DETERGENTS & LOW FLOW WASHERS.

NOTE TO HOMEOWNER AND CONTRACTOR:
 CONNECTIONS FROM HEATING SYSTEM, AIRCONDITIONERS, SUMP PUMPS, WATER WELL FILTRATION UNITS AND HEAT PUMPS ARE NOT ALLOWED, SANITARY WATER CONNECTIONS ONLY PERMITTED.

ATTENTION INSTALLER!!
 CALL DIG SAFE BEFORE YOU DIG!! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 10 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER/BD OF HEALTH 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.



7/16/13

Market Hill

0-6	A	FSL	10 YR 3/3	#1 deep hole 48" nothing 2.5 y 4/1 fine sandy alluvium fill 5% stones
6-26	B _w	SL	10 YR 5/6	
26-108	C ₁	LS	2.5 y 3	

standing 102"

steps at 78" - 102"

#1 perc.
39" (perc depth)

12:57

12:42

1:05

1:16

23 - 3"

11" - 3 (3mm/id)

#2 deep hole

0-10	A	
10-24	B _w	
24-104	C ₁	

60" oxides
(2.5 y 4/1)
(7.5 y 6/8)

12:55-

1:10-12

1:19-9

1:30-6

> 11" 3 3mm/id

#2 perc

Albans

identical

Alau Sharp - both R + C

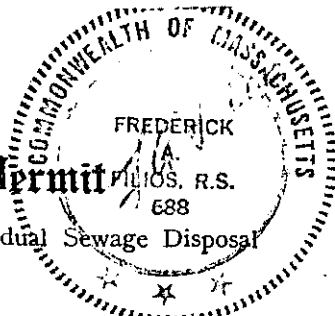
HIGH HORSE BLDG



BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

System at:

762 BAY ROAD 1

Location - Address

or Lot No.

ERNEST TIDWELL

Owner

Installer

Address

Address

Size Lot 11-66-1 Sq. feet

Type of Building

Dwelling - No. of Bedrooms Expansion Attic () Garbage Grinder ()

Other - Type of Building No. of persons Showers () - Cafeteria ()

Other fixtures

Design Flow 5.5 gallons per person per day. Total daily flow 330 gallons.

Septic Tank - Liquid capacity 1000 gallons Length Width Diameter Depth

Disposal Trench - No. Width Total Length Total leaching area 120 sq. ft.

Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (✓) Dosing tank ()

Percolation Test Results Performed by Ernest C. Lunel Date 1/21/15

Test Pit No. 1 minutes per inch Depth of Test Pit Depth to ground water 10.0 ft.

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Earth soil

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - 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 John C. Waver

11-2-13

Application Approved By [Signature]

11-2-13

Application Disapproved for the following reasons:

Permit No. 13-24

Issued 11-2-13 Date

BOARD OF HEALTH

OF

Certificate of Compliance

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

Installer

at

has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated

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

DATE

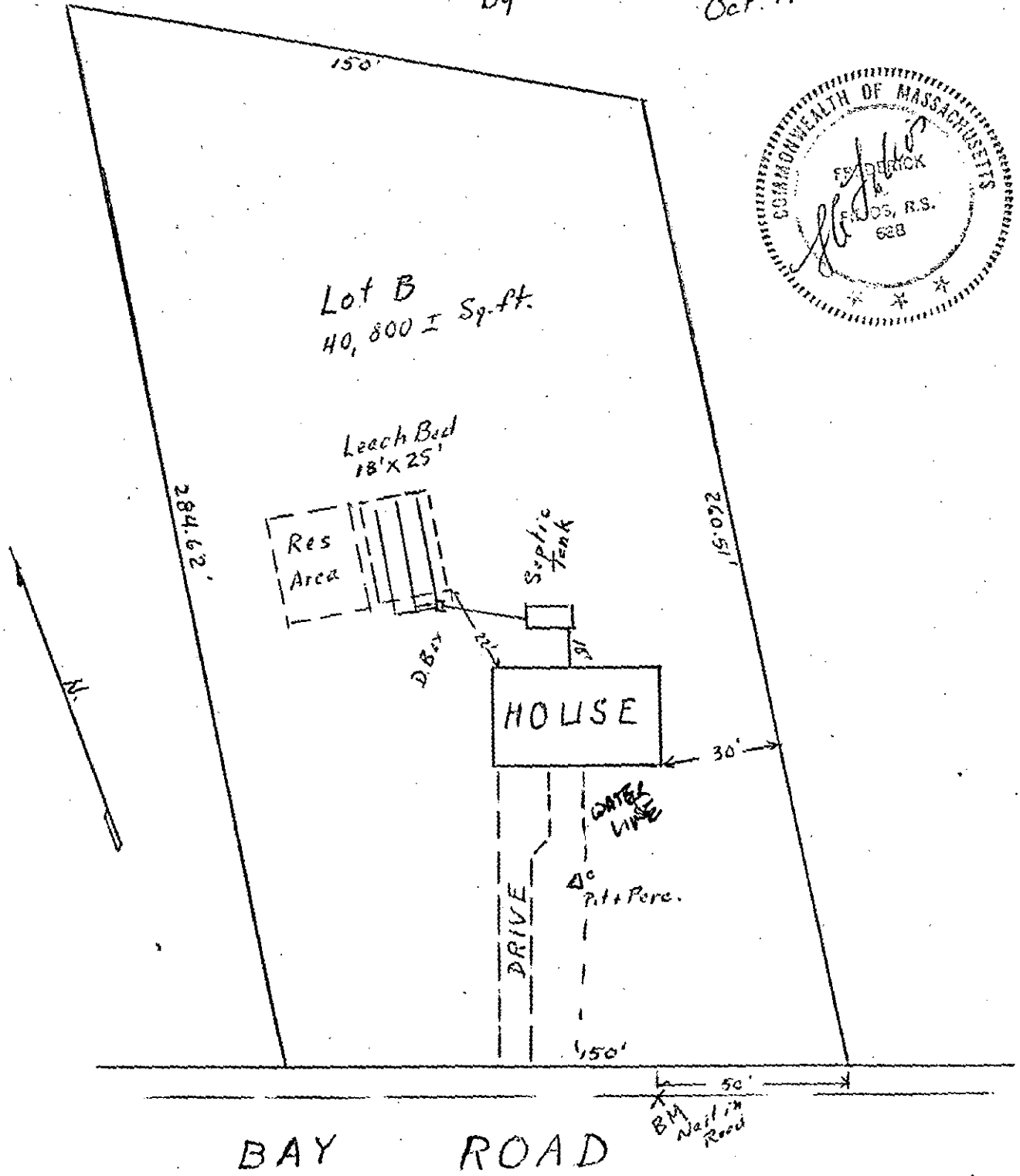
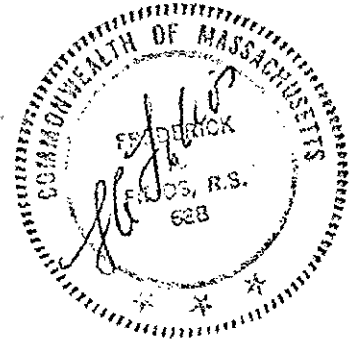
Inspector

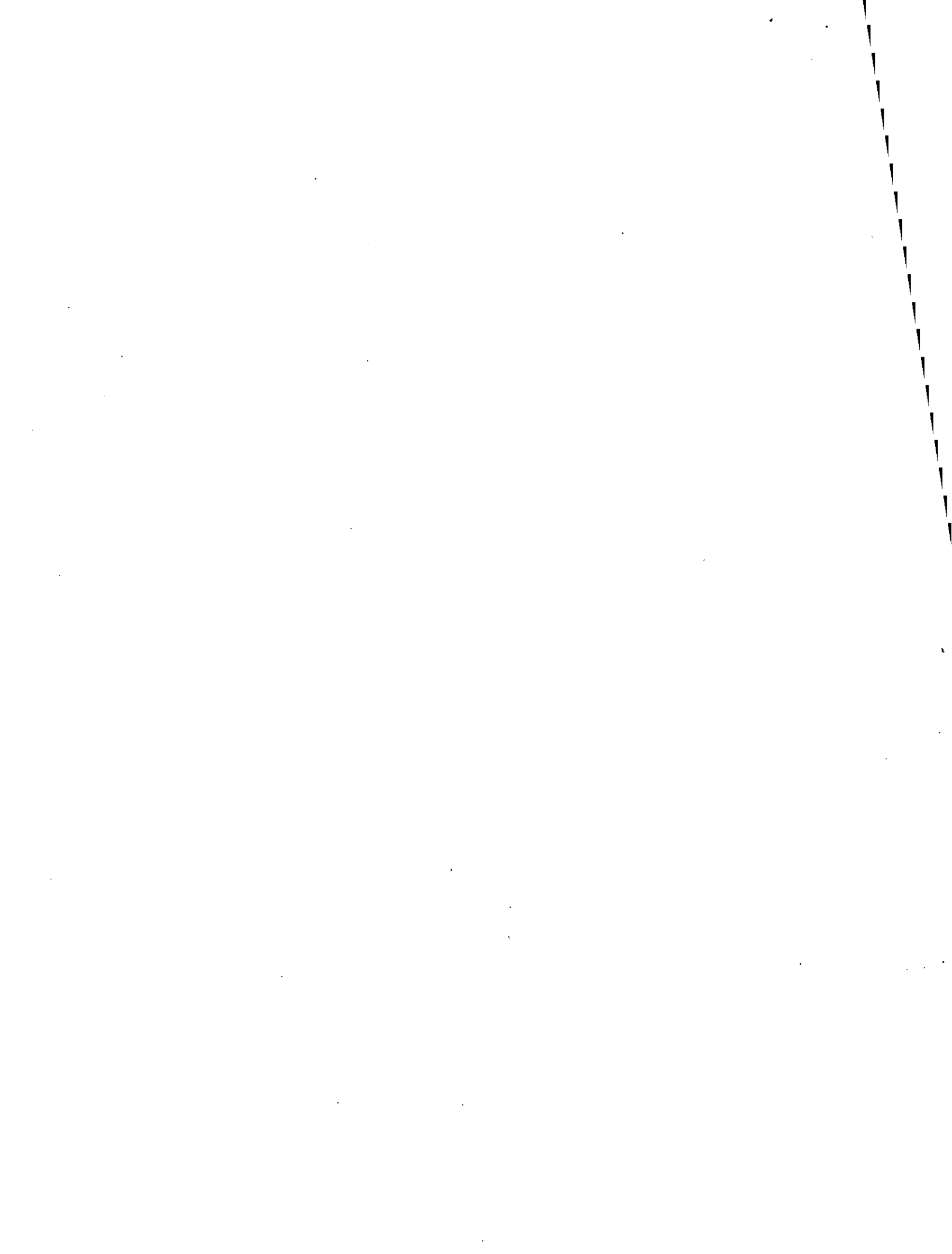
CHECK OR FILL IN WHERE APPLICABLE



For: James Warren
89 Howard St.
Belchertown Mass
Scale: 1" = 40'
By: Frederick Filios

Oct. 1983





No. 83-24

93-332

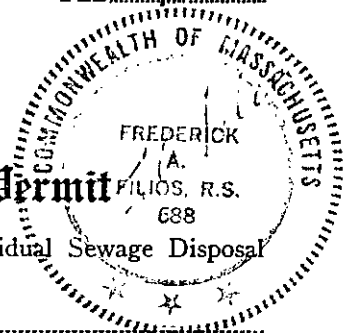
FEB 8 1983

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

Location - Address: ... or Lot No. ... Owner: Ernest Tidson ... Installer: ... Address: ...

Type of Building: Dwelling - No. of Bedrooms: ... Expansion Attic () ... Garbage Grinder () ... Other - Type of Building: ... No. of persons: ... Showers () - Cafeteria () ... Other fixtures: ...

Design Flow: ... gallons per person per day. Total daily flow: ... gallons. Septic Tank - Liquid capacity: ... gallons. Length: ... Width: ... Diameter: ... Depth: ... Disposal Trench - No.: ... Width: ... Total Length: ... Total leaching area: ... sq. ft. Seepage Pit No.: ... Diameter: ... Depth below inlet: ... Total leaching area: ... sq. ft. Other Distribution box (✓) ... Dosing tank () ... Percolation Test Results Performed by: ... Date: ... Test Pit No. 1: ... minutes per inch ... Depth of Test Pit: ... Depth to ground water: ... Test Pit No. 2: ... minutes per inch ... Depth of Test Pit: ... Depth to ground water: ...

Description of Soil: ... Nature of Repairs or Alterations - Answer when applicable: ...

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Application Approved By: [Signature] Date: 11-2-83

Application Disapproved for the following reasons: ...

Permit No. 83-24 Issued 11-2-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by ... Installer

at ... has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. ... dated ...

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

DATE ... Inspector ...

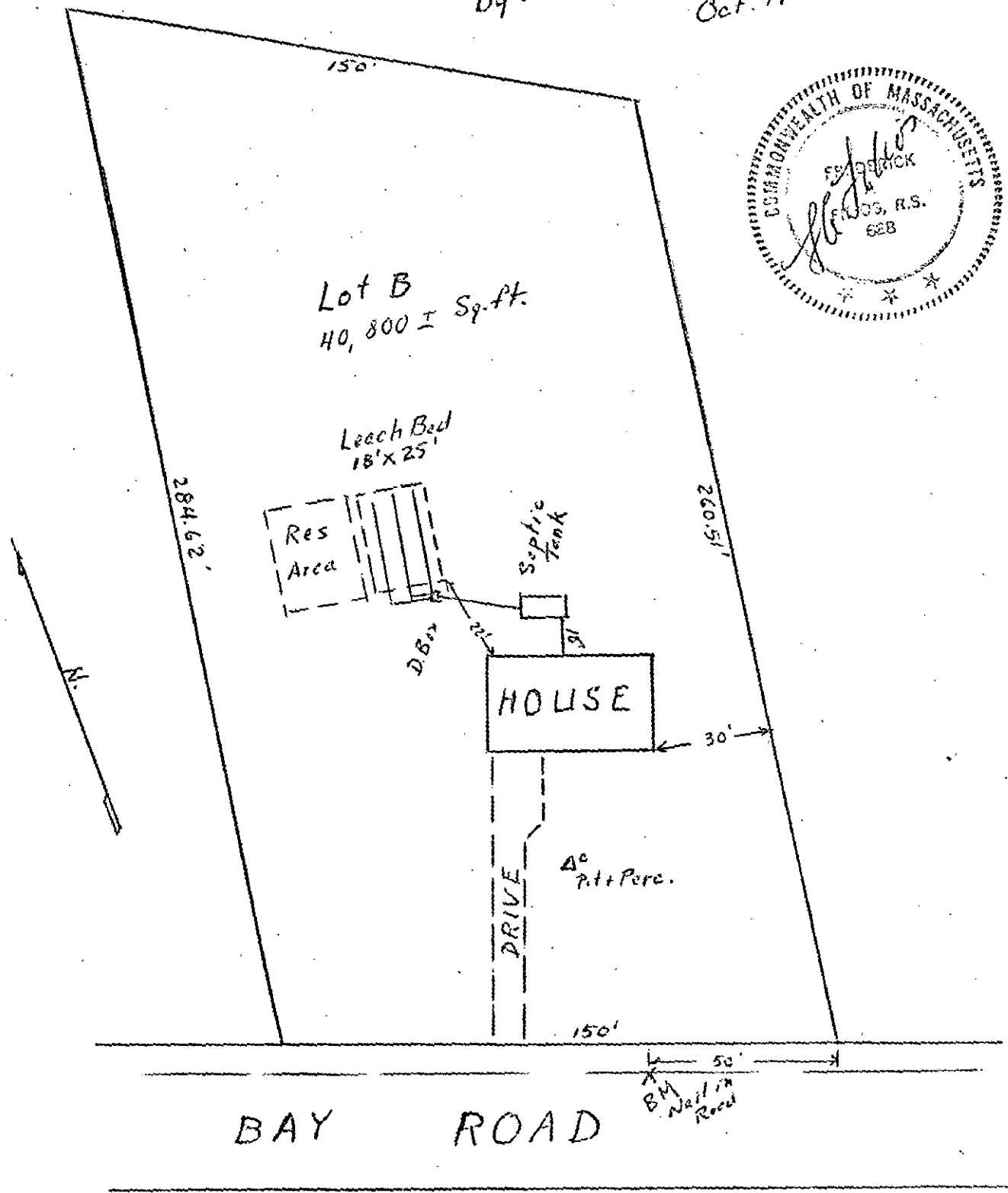
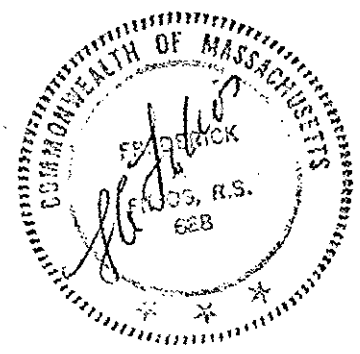
CHECK OR FILL IN WHERE APPLICABLE

PLAN SHOWING SEWAGE DISPOSAL

For: James Warren
89 Howard St.
Belchertown Mass

Scale: 1" = 40'

By: Frederick Filios
Oct. 1983



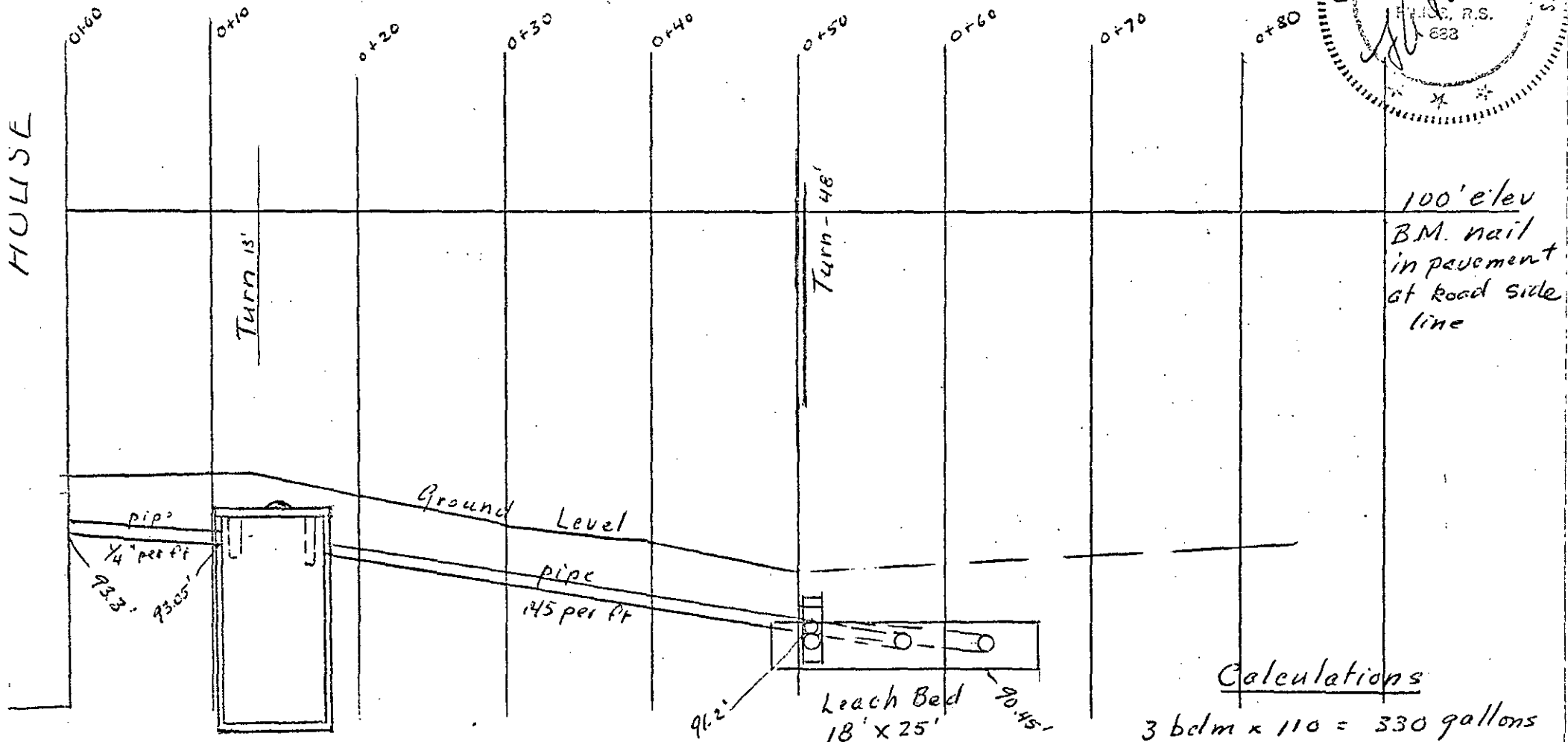
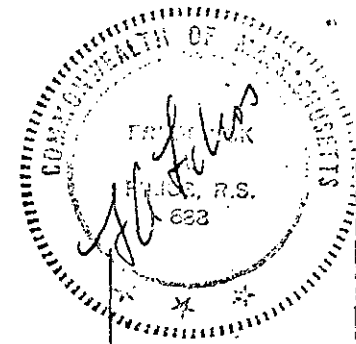
PROFILE OF SEPTIC SYSTEM

Oct 1983

For: James Warren
 89 Howard St.
 Belchertown Mass
 At: Bay Road

Scale: Horizontal; 1"=10'
 Vertical; 1"=3'

By: Frederick Filios



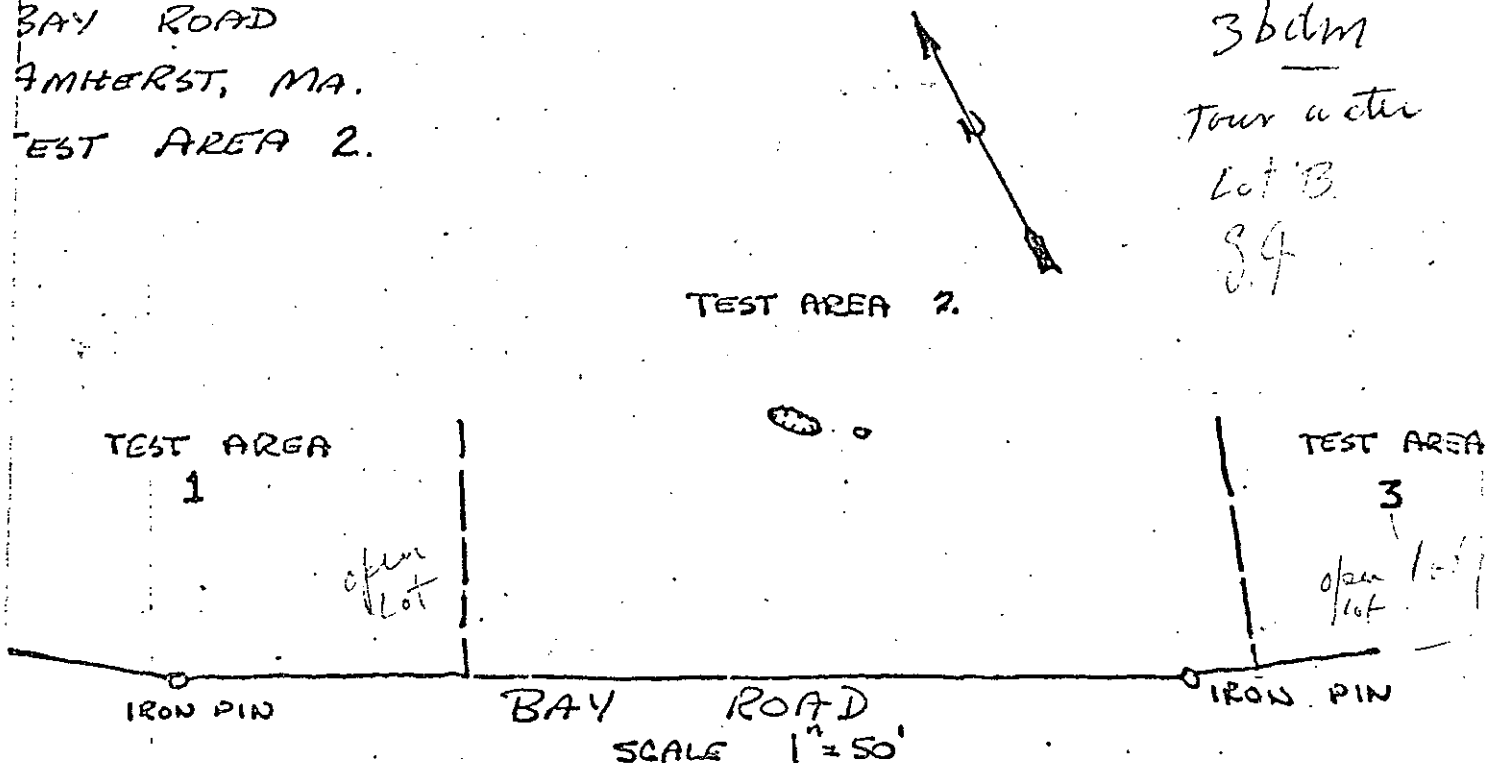
100' elev
 B.M. nail
 in pavement
 at road side
 line

Calculations

3 bclm x 110 = 330 gallons
 At 2 min/inch 1 sq. ft. per gallon
 18' x 25' = 450 Sq. ft x 1 = 450 gallons
 proposed

STATE OF EDWARD J. SLABY
 BAY ROAD
 AMHERST, MA.
 TEST AREA 2.

3 bdm
 Four water
 Lot B
 89



LOG OF DEEP TEST PIT

1.0	TOPSOIL
1.5	SUBSOIL
3.0	SAND F-C (SW)
4.0	SILT, SANDY & GRAVELLY (ML)
8.0	SAND, SILTY w/ SOME CLAY LAMINAE BELOW 7.5. (SM)
10.0	SAND, FINE TO MEDIUM, RED (SP) VARIGATED AT 9.5.
	NO WATER

PERCOLATION TEST RATE
 LESS THAN 2 MINUTES PER INCH

APRIL 16, 1975

Percolation test valid 10-3-83
[Signature]

KENDALL G. LOUD GEOLOGIST
 AMHERST, MA.

7/16/2013

HOZE 1

A - 0-14 10 YR 3/2
 > MIX

B 14-64 C₁ MS

64-108 C₂ FSL

50" MOTTLED 2.5% 4/1

Dense fine sand, silty
platy

Peers at 8:40 - 12
 8:55 - 9
 9:00 - 6

1.66 min/ft

HOZE 2 0-16 A/B MIX

16-56 C₁ MS

56-110 C₂ FSL

Friable

some milt

Condition
lacustrine

762 Bay Road



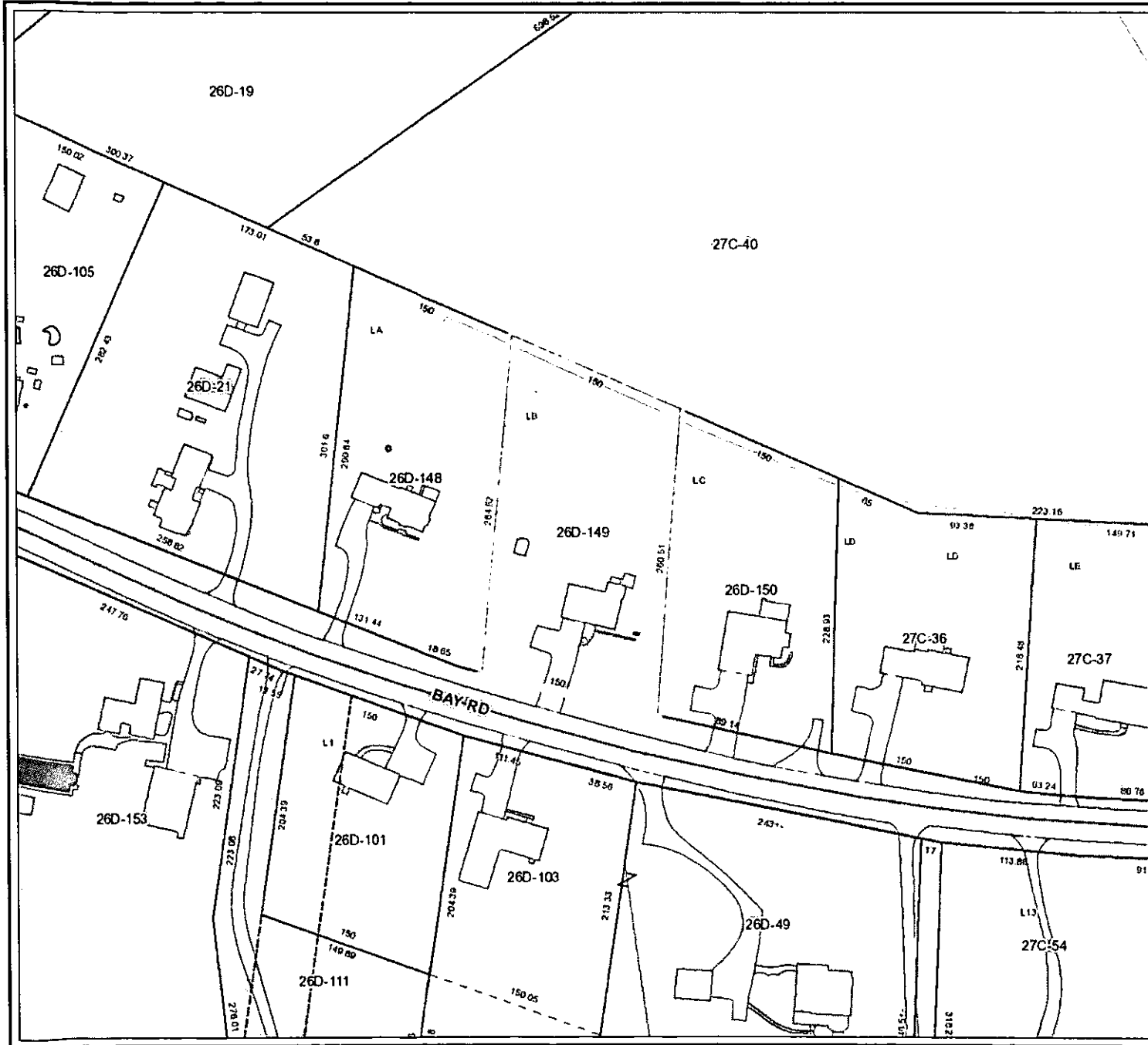
- Property Map
 - Property Lines
 - Hydrographic Property
 - Right of Way Line
 - Town Boundary
- Lot Lines
 - - Former Property Line
 - - Subdivision Lot Line
 - - Easements
 - Surrounding Commun
- Basemap 2009
 - - Trails
 - Rail Lines
- Structures
 - Building
 - Foundation or in const
 - Outbuilding or Miscell
 - Deck, Porch, Stairs or
 - Mobile home, Trailer
 - Swimming Pool
 - Building Ruins
 - Water storage tank
- Rivers and Streams
 - - Streams
 - Major Culverts
 - Hydro Connector
 - Headwalls, Floodwalls
- Landcover
 - Brush and scrub vege
 - Tree and forest vaget
 - Cultivated field
 - Gravel pile
 - Quarry
 - Misc Impervious Surf
- Parking
 - Parking Paved
 - Parking Unpaved
- Driveways
 - Driveway Paved
 - Driveway Unpaved
- Sidewalks
 - Paved street polygons
 - Unpaved street polyg
- Transportation
 - Bridge decking and str
 - Foot Bridge
 - Rail Bridge

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
 Vertical Datum: NAVD88, Feet

Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.



Property Location: 762 BAY RD
 Vision ID: 2275

346 359
 348

Account #7097

MAP ID: 26D//149//

Bldg #: 1 of 1

Bldg Name:

Sec #: 1 of 1 Card 1 of 1

State Use: 1010

Print Date: 12/17/2012 11:14

CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT			
WARREN, JAMES C & SUSAN J			2 Public Water			Description	Code	Appraised Value	Assessed Value
762 BAY RD			6 Septic			RESIDNTL	1010	150,600	150,600
AMHERST, MA 01002		SUPPLEMENTAL DATA				RES LAND	1010	114,600	114,600
Additional Owners:						RESIDNTL	1010	200	200
		Other ID: 26D000149	Precinct		Total 265,400 265,400				
		Calc Frontag 150.7	Vote At						
		BIDIN	Tenant		Total 265,400 265,400				
		BIDOUT	Parent						
		GIS ID: 26D-149	Created		Total 265,400 265,400				
			ASSOC PID#						

601
Amherst, MA

VISION

RECORD OF OWNERSHIP				BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)								
WARREN, JAMES C & SUSAN J				2377/ 36	08/10/1983			16,000		Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value
PLANTATION VALLEY HOMES INC				2032/ 142	06/26/1978			45,500		2013	1010	150,600	2012	1010	150,600	2012	1010	150,600
SLABY, PETER J; DEGOWIN, MARY & RA				PROB #44116	04/30/1975			0		2013	1010	114,600	2012	1010	114,600	2012	1010	114,600
								0		2013	1010	200	2012	1010	200	2012	1010	200
										Total: 265,400			Total: 265,400			Total: 265,400		

EXEMPTIONS				OTHER ASSESSMENTS			
Year	Type	Description	Amount	Code	Description	Number	Amount
2008	ER	OWNER OCCUPIED	0				
Total:			0				

This signature acknowledges a visit by a Data Collector or Assessor

ASSESSING NEIGHBORHOOD				
NBHD/ SUB	NBHD Name	Street Index Name	Tracing	Batch
DS/A				

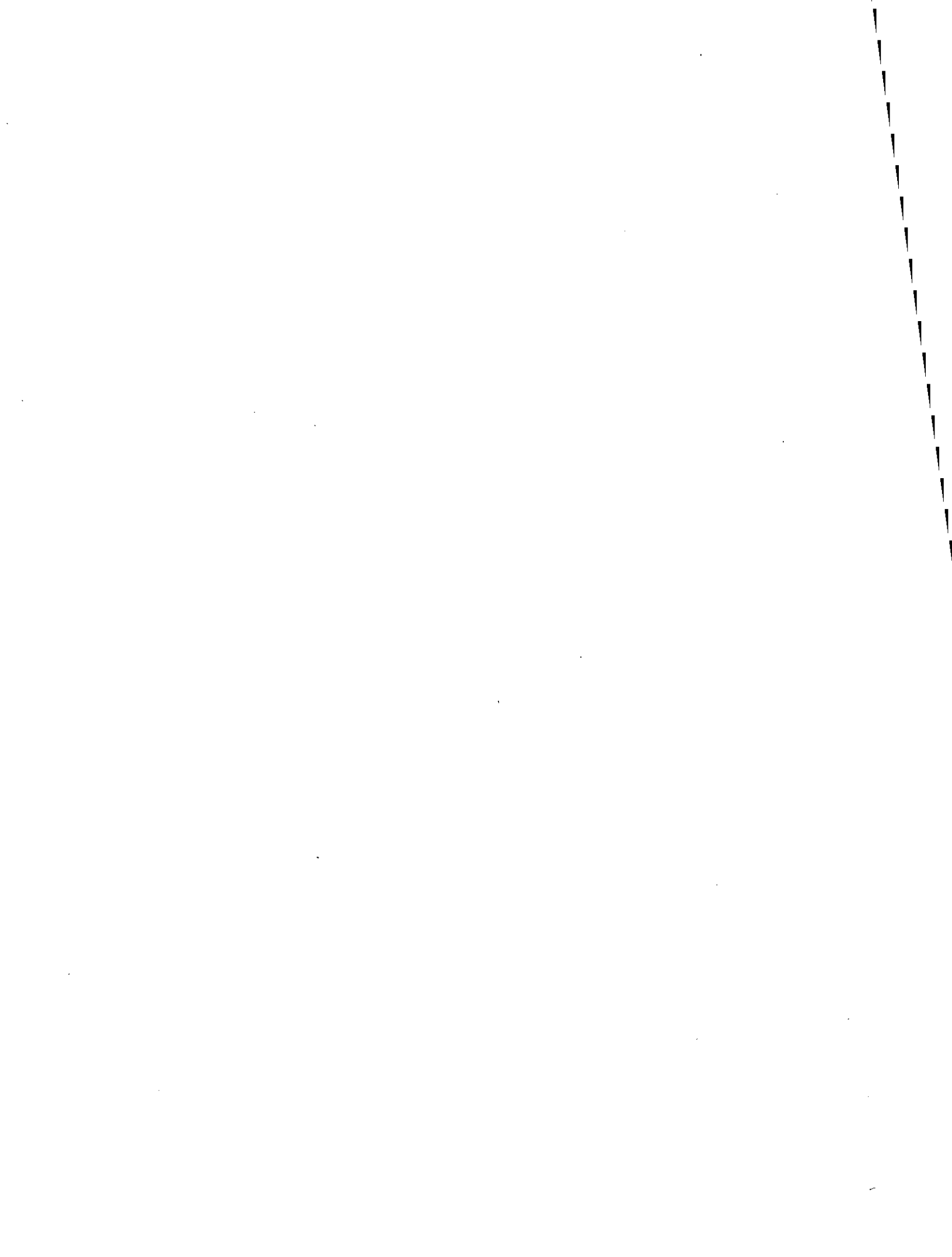
APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	150,600
Appraised XF (B) Value (Bldg)	0
Appraised OB (L) Value (Bldg)	200
Appraised Land Value (Bldg)	114,600
Special Land Value	0
Total Appraised Parcel Value	265,400
Valuation Method:	C
Exemptions	0
Adjustment:	0
Net Total Appraised Parcel Value	265,400

NOTES									
LOT B W-O BASEMENT									

BUILDING PERMIT RECORD									VISIT/ CHANGE HISTORY					
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.	Comments	Date	Type	IS	ID	Cd.	Purpose/Result
BLD10-0663	05/11/2010	RE	Remodel	8,044		0		RE-ROOF	10/19/2005			DK	15	Drive By Field Review
GAS03-054	10/09/2002	PL	Plumbing	0		0		FURNACE	07/01/1993			DC		
831332	11/30/1983			50,000		0								

LAND LINE VALUATION SECTION																			
B #	Use Code	Use Description	Zone	D	Front	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	S Adj Fact	Adj. Unit Price	Land Value
1	1010	Single Family	RO30				30,000	SF	4.40	0.8600	3	1.0000	1.00	DS	1.00	LOT B		1.00	113,500
1	1010	Single Family	RO31				9,191	SF	0.12	1.0000	0	1.0000	1.00	DS	1.00			1.00	1,100
Total Card Land Units:							0.90	AC	Parcel Total Land Area: 0.9 AC							Total Land Value:			114,600

84-35



CONSTRUCTION DETAIL				CONSTRUCTION DETAIL (CONTINUED)								
Element	Cd.	Ch.	Description	Element	Cd.	Ch.	Description					
Style	08		Raised Ranch									
Model	01		Residential									
Grade	12		B+									
Stories	1		1 Story	Foundation								
Occupancy	1			MIXED USE								
Exterior Wall 1	11		Clapboard	Code	Description	Percentage						
Exterior Wall 2				1010	Single Family	100						
Roof Structure	03		Gable/Hip	COST/MARKET VALUATION								
Roof Cover	03		Asph/F Gls/Cmp	Adj. Base Rate:		108.49						
Interior Wall 1	05		Drywall/Sheet	Replace Cost		169,249						
Interior Wall 2				AYB		1984						
Interior Flr 1	14		Carpet	Dep Code		GD						
Interior Flr 2				Remodel Rating								
Heat Fuel	03		Gas	Year Remodeled								
Heat Type	04		Forced Air-Duc	Dep %		11						
AC Type	04		Unit/Ac	Functional ObsInc		0						
Total Bedrooms	03		3 Bedrooms	External ObsInc		0						
Total Bthrms	1			Cost Trend Factor								
Total Half Baths	1			Condition								
Total Xtra Fixtrs				% Complete								
Total Rooms	5		5 Rooms	Overall % Cond		89						
Bath Style	02		Average	Apprais Val		150,600						
Kitchen Style	02		Modern	Dep % Ovr		0						
				Dep Ovr Comment								
				Misc Imp Ovr		0						
				Misc Imp Ovr Comment								
				Cost to Cure Ovr		0						
				Cost to Cure Ovr Comment								
OB-OUTBUILDING & YARD ITEMS(L) / XF-BUILDING EXTRA FEATURES(B)												
Code	Description	Sub	Sub Descript	L/B	Units	Unit Price	Yr	Gde	Dp Rt	Cnd	%Cnd	Apr Value
SHD1	Shed Frame			L	96	8.00	1951		0		30	200
BUILDING SUB-AREA SUMMARY SECTION												
Code	Description	Living Area	Gross Area	Eff. Area	Unit Cost	Undeprec. Value						
BAS	First Floor	1,144	1,144	1,144	108.49	124,116						
FSP	Porch, Screen, Finished	0	120	30	27.12	3,255						
SFB	Base, Semi-Finished	0	288	144	54.25	15,623						
UGR	Garage, Unfinished	0	480	144	32.55	15,623						
URB	Basement, Unfinished, Raised	0	288	86	32.40	9,330						
WDK	Deck, Wood	0	120	12	10.85	1,302						
Ttl. Gross Liv/Lease Area:		1,144	2,440	1,560		169,249						

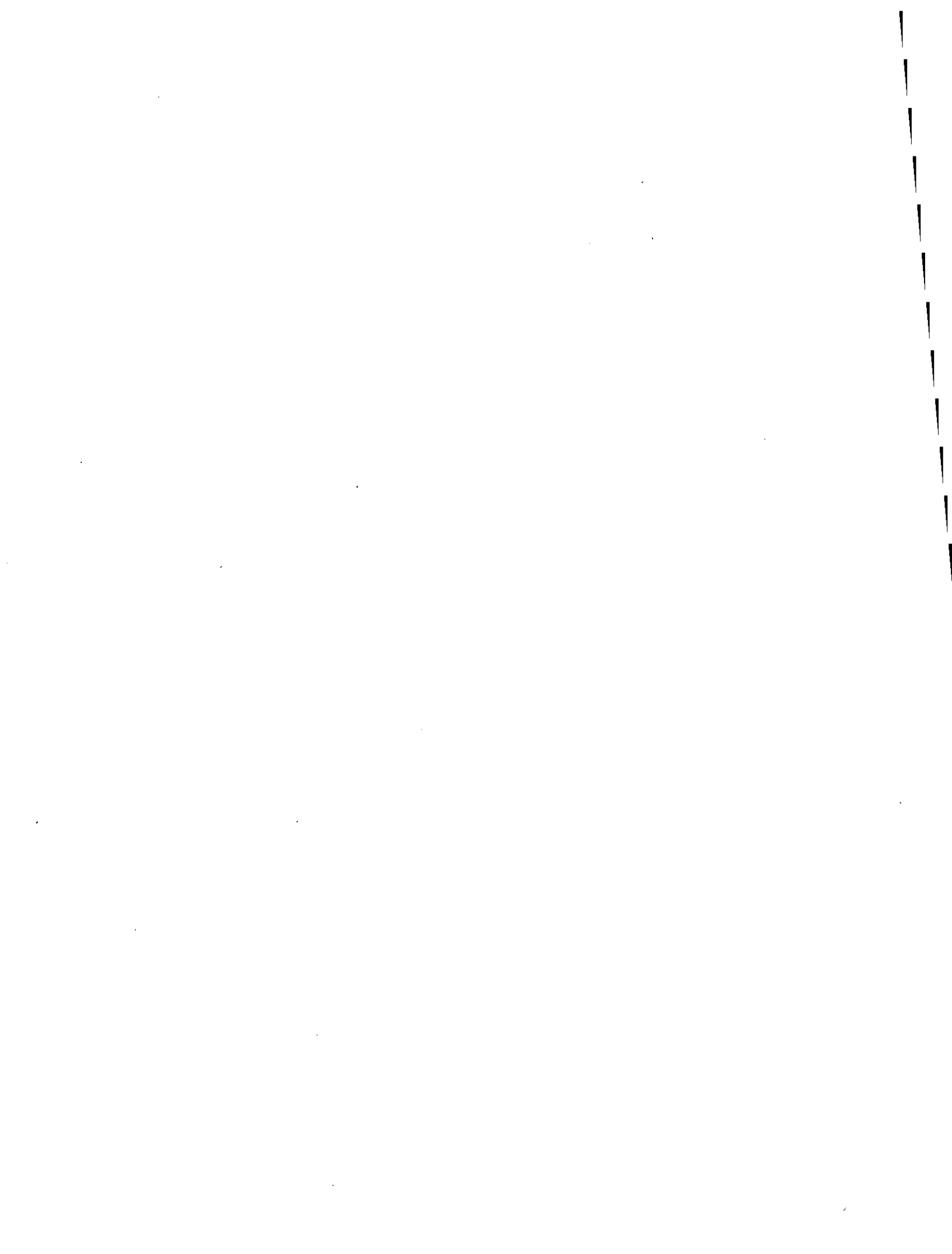
UGR[480]
URB[288]
SFB[288]

WDK 12
10 10
12

FSP
10 12

BAS
44
26

No Photo On Record



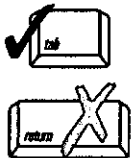


Commonwealth of Massachusetts
 City/Town of
Certificate of Compliance
 Form 3

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 the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

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



- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

14-2
 DSCP Number

JIM WARREN
 Facility Owner

762 BAY ROAD
 Street Address or Lot #

AMHERST
 City/Town

MA
 State

01002
 Zip Code

7/17/2013
 DSCP DATE

Designer Information:

ALAN WEISS
 Name

[Signature]
 Signature

CLOSING ENVIRONMENTAL
 Name of Company

8/5/2013
 Date

Installer Information:

RIVER DRIVE EXCAVATING
 Name of Company

8/5/2013
 Date

Use of this system is conditioned on compliance with the provisions set forth below:

forced
8/16/2013

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

AMHERST HEALTH DEPARTMENT
 Approving Authority

Signature

Date

100

100

100

100

100

100

100

100

100

100