

Baker St

(1950's) GREEN SHEETS - VERY LITTLE INFO.

52 BAKER ST.

Owner: T. Morton

Hooked to Town Sewer

6/21/00

Recorded 6/27/00 BS

Town of



AMHERST Massachusetts

Bettye Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 256-4077

OFFICE OF THE
HEALTH DEPARTMENT

SANITARIAN (413) 256-4030

MISCELLANEOUS INSPECTIONS

Name Wend Pratt

Inspection of _____

Date: 6/15/84 Time: _____

Owner Same

Business Address _____
(Street)

Type of Business Rental

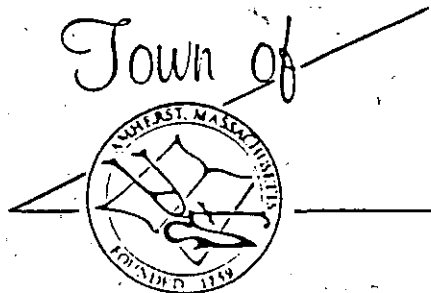
(City or Town)

Violation(s) and remarks: I spoke with Mr. Pratt
about 33 Baker St Amherst Mass. Mr.
Pratt stated that Steve Rock installed
a pipe to remove groundwater from
basement. Mr. Pratt is going to
call Mr. Rock, then Jim Smith
about looking up at town
sewer on Steel St. He will call
me sometime next week

This Inspection Report is signed and certified
Under the pains and penalties of perjury.

Signature of Inspector: [Signature]

Signature of Owner or Person in Charge: [Signature]



Bettye Anderson Frederic, Director

AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK
AMHERST, MA 01002-2128
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OFFICE OF THE
HEALTH DEPARTMENT

SANITARIAN (413) 256-4030

MISCELLANEOUS INSPECTIONS

Inspection of 33 Barker St
Name Leonard Pratt Sr Date: 6/14/84 Time: 3:30
Owner RUTH PRATT 256-0322 Business Address 33 Barker St
(Street)
Type of Business Rental
137 Rd
Packardville Amherst
(City or Town)

Violation(s) and remarks: Call to Mary Conservatta Cann
From Mrs Montebello Tenant AT 33 Barker
Amherst Mass. Mrs Montebello stated some
time last year a pipe was added to
the cesspool for drainage.
House is for sale D. H. Jones MIT A/dv. ch
Listing Agent. I have a call into D. H. Jones
and the Pratt home

This Inspection Report is signed and certified
Under the pains and penalties of perjury.

Signature of Inspector: Karl Zaydel

Signature of Owner or Person in Charge: [Signature]

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AMHERST Massachusetts

Bettye Anderson Frederic, Director

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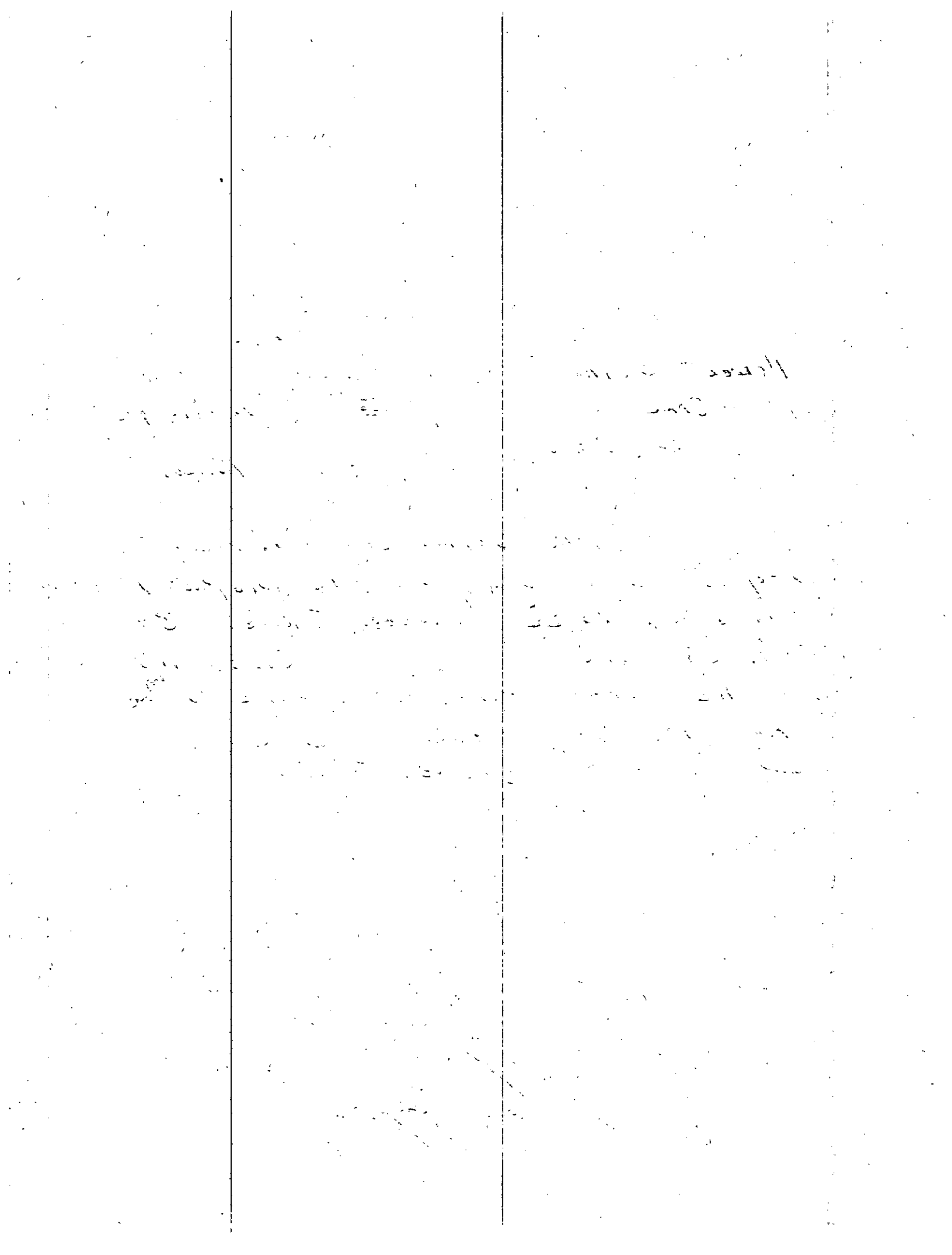
MISCELLANEOUS INSPECTIONS

Inspection of Land
Name Hebert Bryant Date: 9/26/94 Time: 3:45
Owner Same Home 9/27/94
Business Address 76 Fencing St
(Street)
Type of Business Residential
549-4356 Amherst
(City or Town)
Violation(s) and remarks: Mr Bryant Complained about
"grey water" Flowing From The Property (yellow lines)
Behind his house (Rebecca J Reed) 39
Paige St and Casby Av. (Red House)
The water does NOT appear to be
From Ms Reed home - I called
D.P.W. to inspect

This Inspection Report is signed and certified
Under the pains and penalties of perjury.

Signature of Inspector: [Signature]

Signature of Owner or Person in Charge: [Signature]



Town of



AMHERST

Massachusetts

Betty Anderson Frederic, Director

AMHERST HEALTH DEPARTMENT
70 BOLTWOOD WALK
AMHERST, MA 01002-2128
(413) 256-4077

OFFICE OF THE
HEALTH DEPARTMENT

SANITARIAN (413) 256-4030

MISCELLANEOUS INSPECTIONS

Name Lawrence Leonard Pratt
~~Owner~~ 137 MacArthur Rd
Type of Business Rental Relham

Inspection of Possible Failed Septic System

Date: 9/27/94 Time: _____

Business Address 33 Baker St
(Street)
Amherst
(City or Town)

Violation(s) and remarks: On Tuesday Sept 27, 1994

At the Request of Mrs Lynne-Haren
Montebello of 33 Baker St Amherst Mass
I conducted a dye test at 33
Baker St Amherst Mass at 10: AM

I will Re-Inspect the area in a
few days.

September 29, 1994 2:40 PM Re-Inspection
of 33 Baker St - At this time NO
signs of a septic system failure in the
area I inspected

This Inspection Report is signed and certified
Under the pains and penalties of perjury.

Signature of Inspector: _____

Signature of Owner or Person in Charge: _____

3-7-74

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

No. 774-4 Date 8-7-74 Fee 3.00 Date Rec'd. 8-7-74 By CEO

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

Location—Address BAKER'S LANE OFF SUNSET AVE or Lot No. #178 map 11C

Owner VINCENT GILLEN

Address 10 Wm GILLEN 136 SUNSET AVE AMHERST

Contractor SANDERS & ROBERGE

Address BAY RD AMHERST

Type of Building SINGLE FAMILY HOUSE

Dimensions

Size Lot 9.46 ACRES

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

Other No. of persons 2 Showers (2)

Other fixtures

Town Water? YES

Type of Well

Design Flow 50 gallons per person per day. Total daily flow 300 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 20x20 Depth below inlet Total leaching area 400 sq. ft. M.N.

Dry Well—No. 1 Diameter 12x12 Depth below inlet 1' Dimensions: leaching area 192 sq. ft.

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

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by Malcolm J. Huber PE Date 4-27-73

Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' 6"

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

Description of Soil Coarse Sand Depth to Ground Water 10' 4"

Will disposal area be filled? Cut down? YES

(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

X Gerald Roberge
 Owner or builder

date 6/21/74
 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 774-4
 Permission is hereby granted SANDERS & ROBERGE to construct (X) or repair () an Individual Sewage Disposal System at BAKER'S LANE OFF SUNSET AVE 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 8-7-74

CEO
 Board of Health

[illegible]

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6 E. 4th

4. 2017 2018

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

No. 65-22 Date 6-21-65 Fee 1.00 Date Rec'd. _____ By _____

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

Location—Address BAKER ST or Lot No. _____

Owner HAWKINS Address BAKER ST

Contractor S.J. WANCZYK Address 50 AMHERST

Type of Building _____ Dimensions _____ Size Lot _____

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? _____ 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. 1 Diameter 1 Depth below inlet 12" Total leaching area 900' sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: 15 x 20 x _____

Other: Distribution box ☒ 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 _____ 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] S.J. WANCZYK S.O.K. 6-21-65
date 6-21-65
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 S.J. WANCZYK at BAKER ST has been constructed in accordance with the provisions of HAWKINS

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 65-22 dated 6-21-65

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

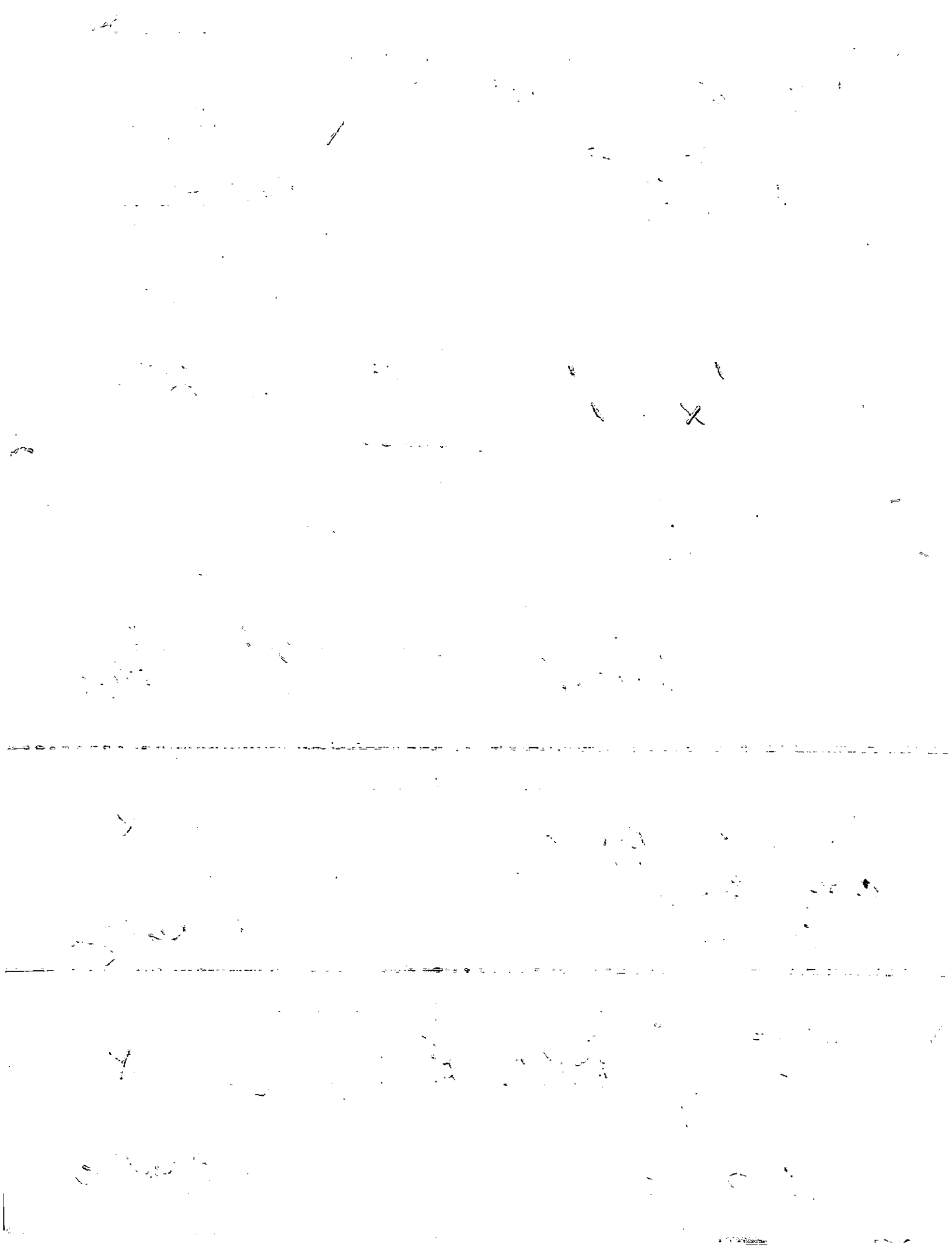
DATE 6-21-65 Inspector [Signature]

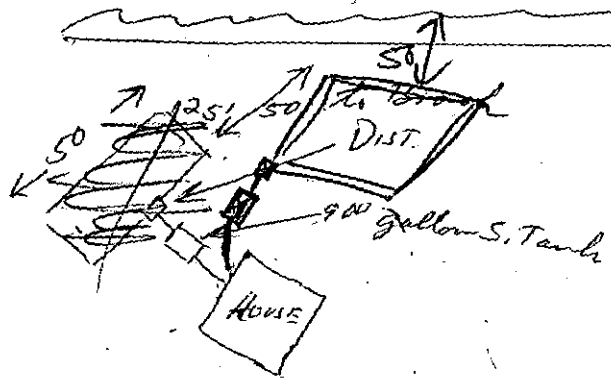
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-22
Permission is hereby granted S.J. WANCZYK to construct () or repair ☒ an Individual Sewage Disposal System at BAKER ST HAWKINS as shown on the application for Disposal Works Construction Permit No. 65-22

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 June 21-65 [Signature]
Board of Health





RAIL ROAD

PRESENT

SNELL ST

BAKER ST

To N. Hon Road

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 29-62

ALLEN, FRED A. of 208 SNELL ST (owner's name) (address) (phone) Holo #

hereby applies for a permit to construct or repair a private disposal system for a Residence 15'-10-16 (residence, store, etc.) 208'-10-28

which will be located at Baker St. to be installed by 22.5 10-2

(name) Same (address) (phone)

Builder is BA Same Plumber is 7

Description of lot, building and fixtures as follows:

Lot: Dimensions 1.25 x 300' Type of Soil Sandy Well or Town Water? WELL.

Distance to Town Sewer MILE Depth to Ground Water 64 Kind of Well Dug - 200'

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions Relativit No. Bedrooms 3 No. Occupants

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

Showers Kitchen Sinks 1 Garbage Grinders No 22'-10-17

Auto Dishwasher No Auto. Clotheswasher 1 Other (basement) 27.5'-10-29

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Shows location of wells, streams, ledge, large trees, etc.) 0.0-10-2

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 Sept 21, 1962 Fred A. Allen (Signature of Applicant)

\$300 Fee Paid A. G. Siano.

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 29-62

F. A. ALLEN 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. DIST. Box

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

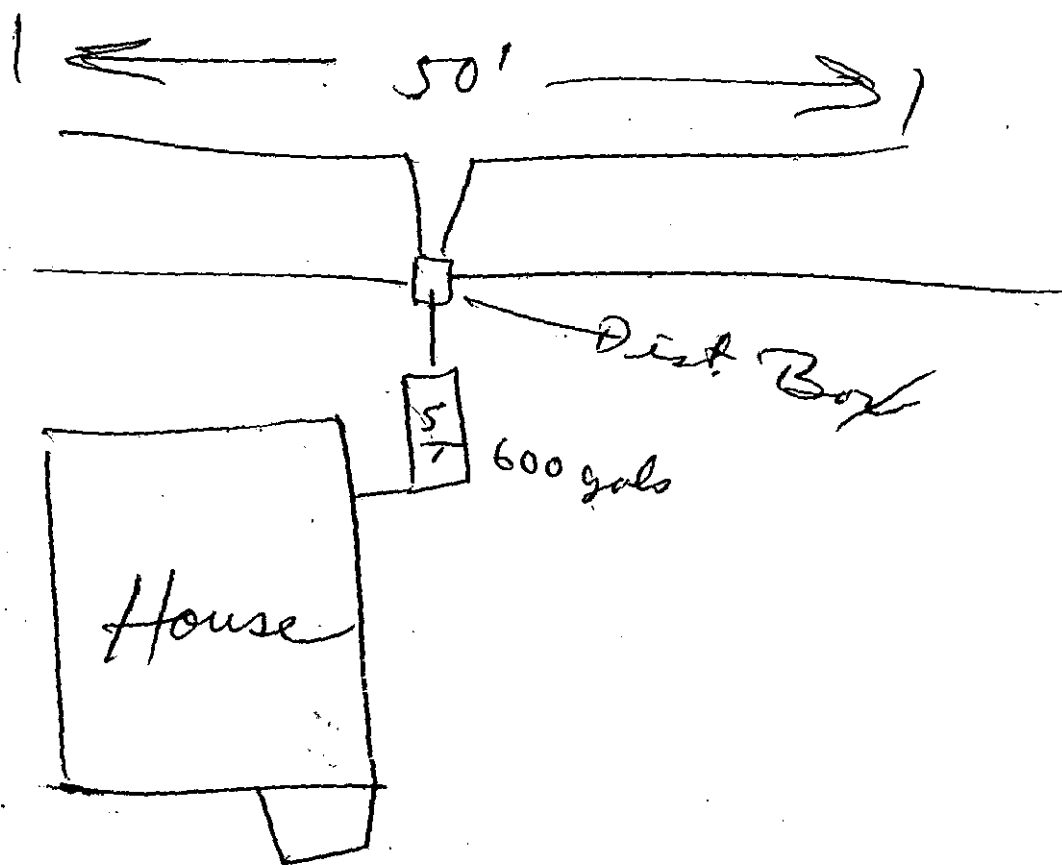
Other AS PER THE SANITARY CODE

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.

Percolation Tests 9/21/62 FAS

G. G. Siano 9/21/62 for the Board of Health date

Inspected Approved Aug 1963 G. G. Siano



Baker St.

Baker Street

No fee

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 25-62

Hasbrook of Baker 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 Same to be installed by

Pettigohn
(name) (address) (phone)

Builder is Same Plumber is Pike

Description of lot, building and fixtures as follows:

Lot: Dimensions..... Type of Soil Sandy Well or Town Water? Town

Distance to Town Sewer Mile Depth to Ground Water..... Kind of Well.....

Will Lot be Graded? No By Filling or Removing Soil?.....

Building: Dimensions 20x24 No. Bedrooms 2 No. Occupants 2

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

Showers..... 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 Aug 27, 1962

E. Pettigohn
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 25-62

Hasbrook 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..... 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.

E. C. Lewis 8/27/62
for the Board of Health date

Inspected 8/30/62 Approved 8/30/62 E. C. Lewis

#4 Barry Circle

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

No. 81-7 Date 6-1-81 Fee 15.00 Date Rec'd. _____ By _____

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

System at:

Location—Address So Orchard Drive 1 Barry Cir. or Lot No. 24

Owner Mr & Mrs Paul Pierce Address 45 Ward St Amherst

Contractor Ben Ruel Address Amherst Mass

Type of Building _____ Dimensions _____ Size Lot 31,434

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? yes Type of Well _____

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

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

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

Disposal Bed—No. 1 Diameter 24 x 28 Depth below inlet _____ Total leaching area 670

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 4/24/75

Test Pit No. 1 1 minutes per inch Depth of Test Pit 7.0

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

Description of Soil previously provided Depth to Ground Water 5.4

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] X Ronald M. Depina 6/1/81
date 6-1-81

Application ~~Dis~~approved for the following reasons: BOTTOM OF SYSTEM MUST BE 4' ABOVE H₂O.

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. 81-7 Permission is hereby granted _____ to construct (✓) or repair () an

Individual Sewage Disposal System at LOT 24 BARRY CIR 81-7

as shown on the application for Disposal Works Construction Permit No. 81-7
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 6-1-81 [Signature]
Board of Health

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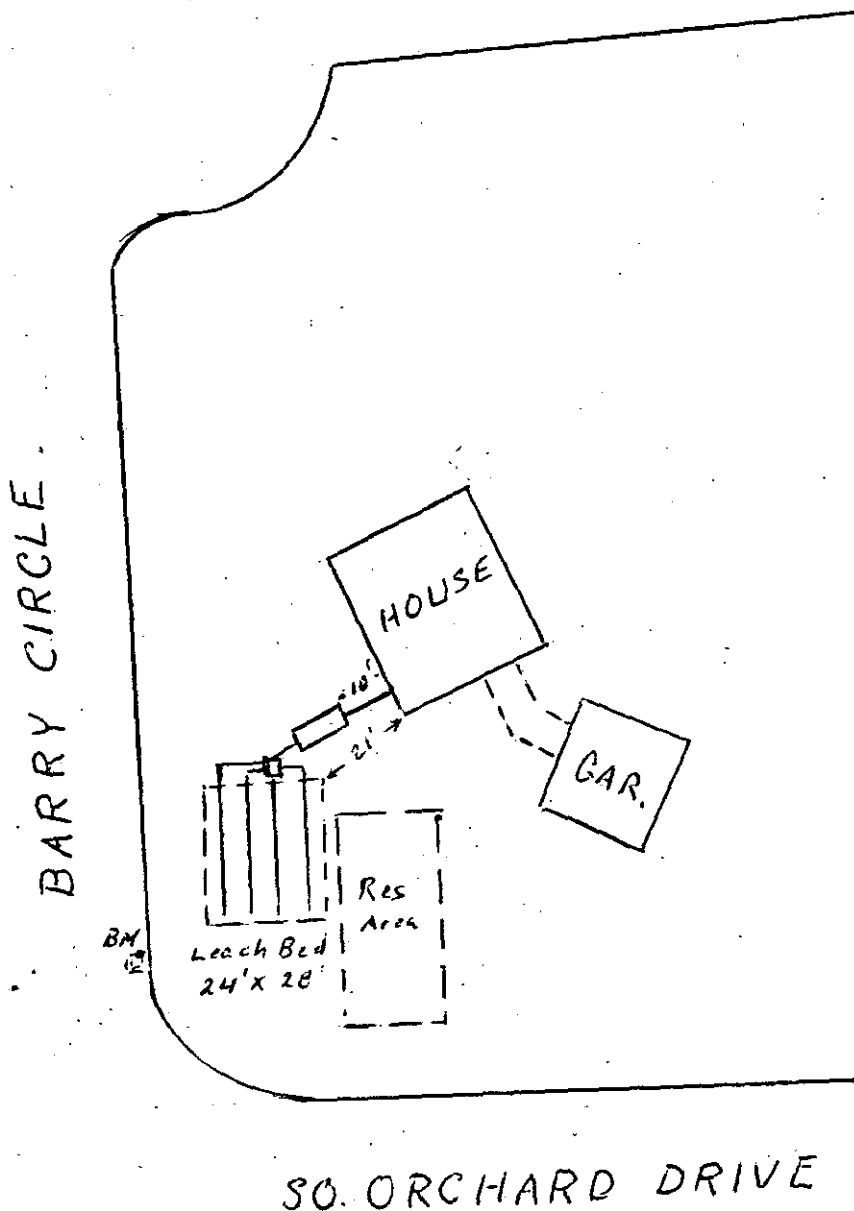
PLAN SHOWING SEWAGE DISPOSAL

For: Mr & Mrs Paul Pierce
45 Ward St.
Amherst Mass

May 1981

Scale: 1" = 40'

By: Frederick Filios



ЭСПОН

Scale: Horizontal, 1" = 10'

Vertical, $1'' = 3'$

By: Frederick Filios

Location: S. Orchard Drive



10.00 ORCHARD ACRES

LOT 24

SOUTH ORCHARD DRIVE &

BARRY CIRCLE

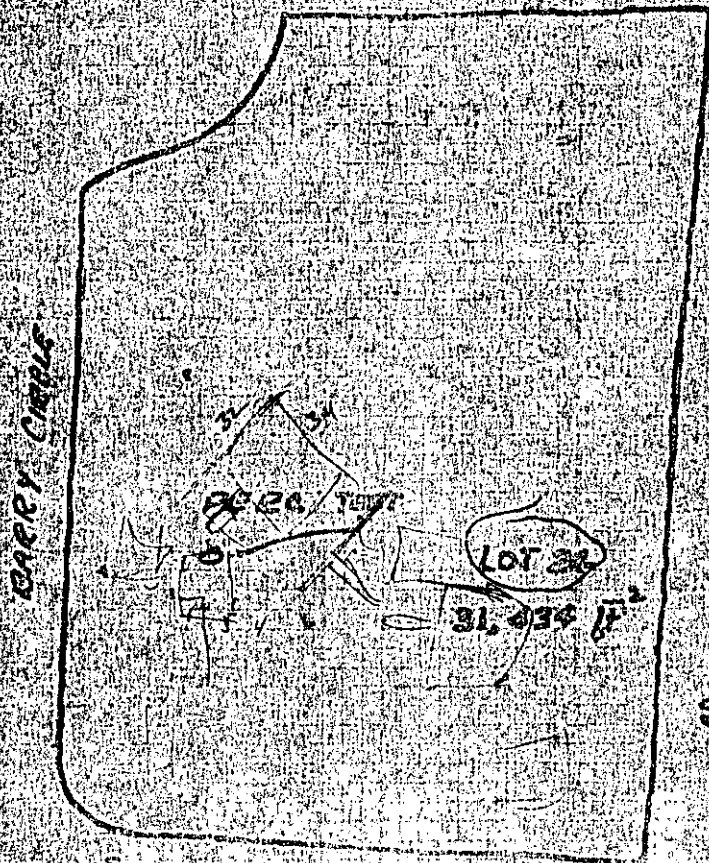
McNair Paul Place

1000 S.W.

Highway No.

LOT 23

LOT 22



SCALE 1" = 50'

LOG OF DEEP TEST PIT

PERCOLATION RATE

LESS THAN 1 MINUTE PER INCH

4/24/75

1.0	TOPSOIL
	SANDY SOIL
4.0	
5.3	CLAY
7.0	GROUND WATER AT 5.3
TOTAL DEPTH	4/20/74

Raymond G. Lind, Geologist
Huntsville, Ala.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot 24 So. Orchard Dr

Important Information Regarding Your Private Sewage Disposal System

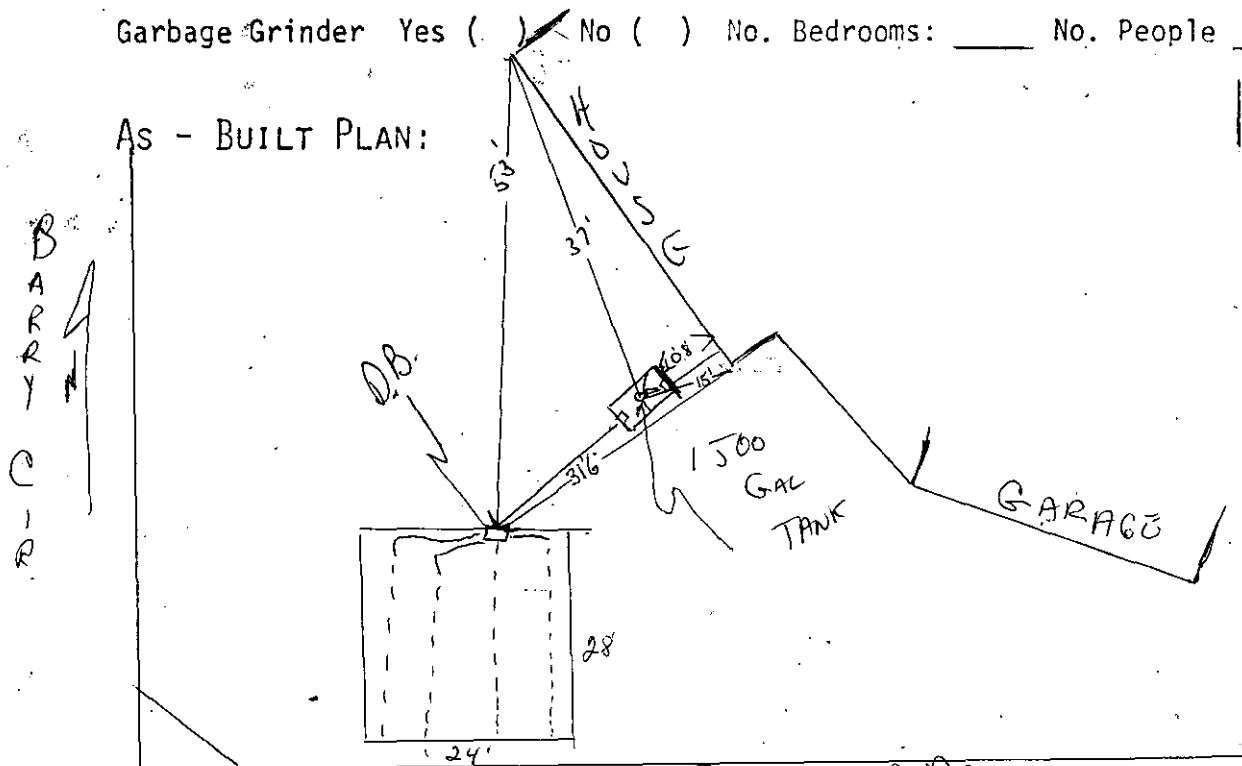
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner PAUL PIERCE Address WARD ST. Amherst
Installer Bob RUEL Address 87 TAYLOR ST. Genoa
Date Installation Inspected and Approved 6-29-81 CEH
Description of System: Tank Capacity: 1500 GAL

Leach Field () Bed (X) Seepage Pit () Square Feet: 675

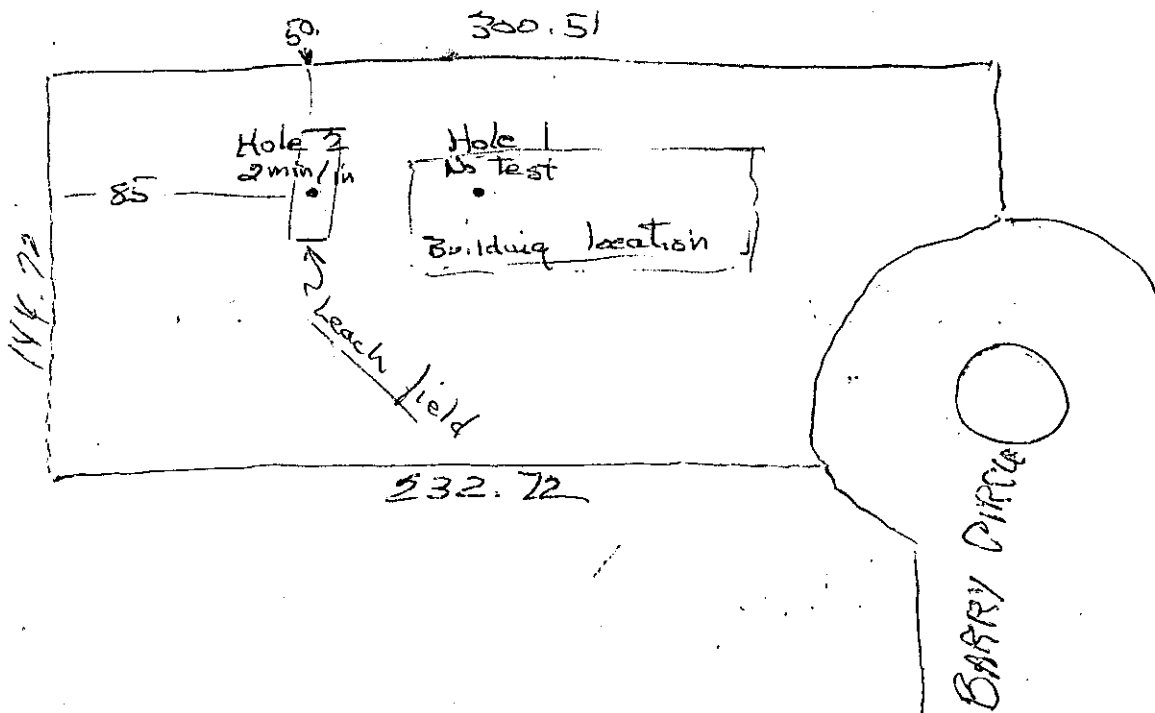
Garbage Grinder Yes () No () No. Bedrooms: _____ No. People _____

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. 73-1 Date 1/26/73 Fee 3.00 Date Rec'd. 1/26/73 By DEF

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

Location—Address BARRY CIRCLE or Lot No. 26

Owner ROBERTS, E. L. Address _____

Contractor ROBERTS BUILDERS, INC. Address _____

Type of Building RESIDENCE Dimensions _____ Size Lot 39, 868

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

Other _____ No. of persons 6 Showers (2)

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 375 gallons

Septic Tank—Liquid capacity 1,000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 1 Width 10 Total Length 38 Total leaching area 380 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 Jan 26, '73

Test Pit No. 1 no test minutes per inch Depth of Test Pit 2.5

Test Pit No. 2 > 2 minutes per inch Depth of Test Pit 4.5'

Description of Soil Sand and gravel Depth to Ground Water > 6.0

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 aföredescribed 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 _____ Owner or builder [Signature] date 1-26-73
date 1-26-73

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. 73-1
Permission is hereby granted ROBERTS BUILDERS INC to construct (X) or repair () an Individual Sewage Disposal System at LOT # 26 BARRY CIRCLE SO GRAND as shown on the application for Disposal Works Construction Permit No. 73-1

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 1-26-73 [Signature]
Board of Health

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 _____

