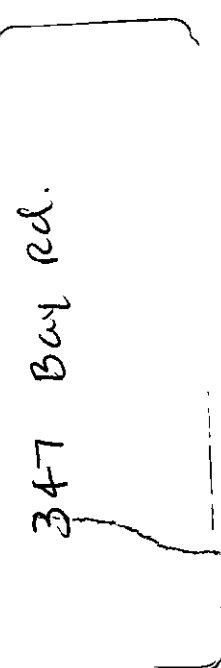
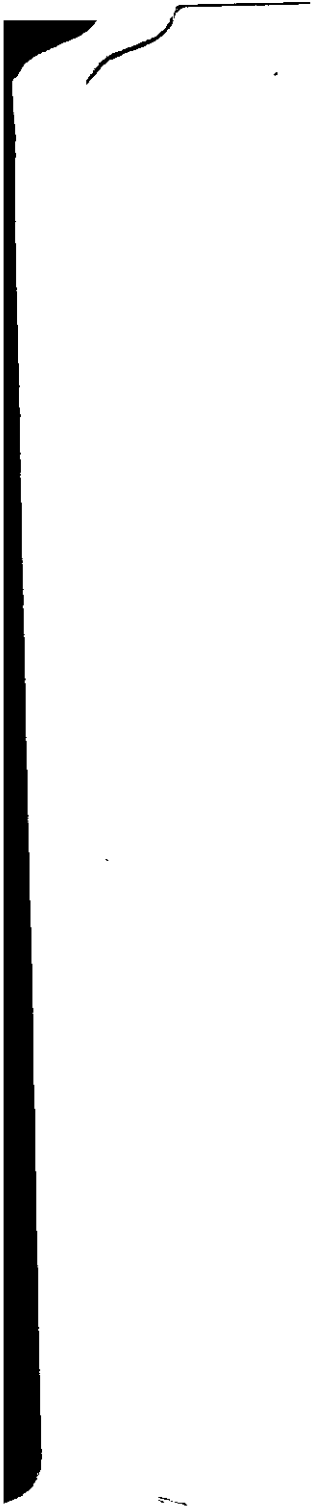
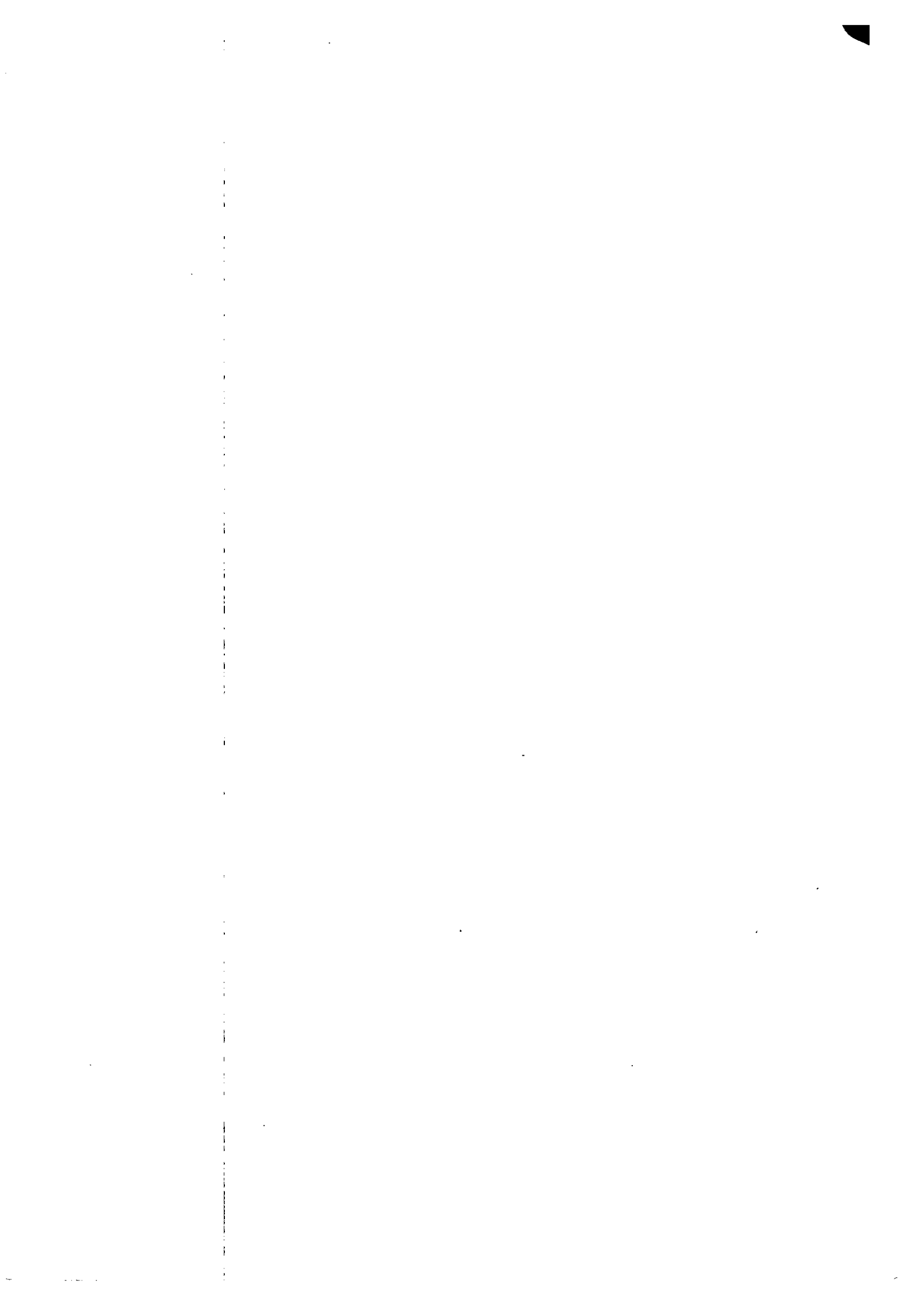
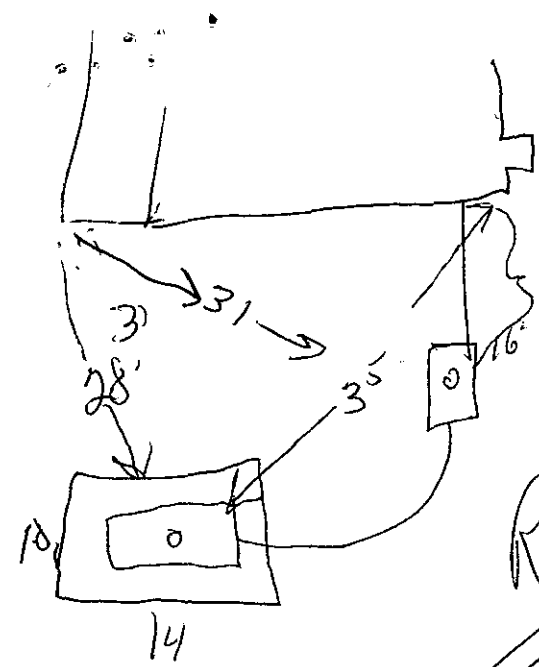


347 Bay Rd.





347 Bayrak



PAVE
24' x 8'

RECOS

$$\begin{array}{r} 10 \times 5 + 2 = 100 \\ 14 \times 5 + 2 = 140 \\ \hline 140 \\ \hline 38 \end{array}$$

#347

No. 82-11

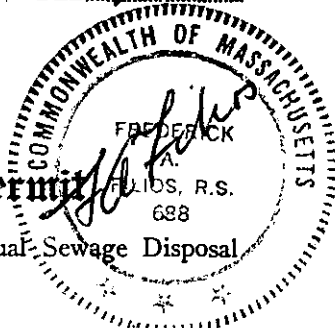
FEE \$90.00

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:

System at:

347 Bay Road

Location - Address

Dorothy Recas

Owner

Howard Mann

Installer

2

or Lot No.

80 Chapel St

Address

BELCHERTOWN

Address

130 Riverside Apts

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 350 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. 1 Diameter 10 x 10 Depth below inlet 3' Total leaching area sq. ft.

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by Almer Huntley Assar Date 4/30/82

Test Pit No. 1 2 minutes per inch Depth of Test Pit 11' 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 Dorothy A. Recas

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

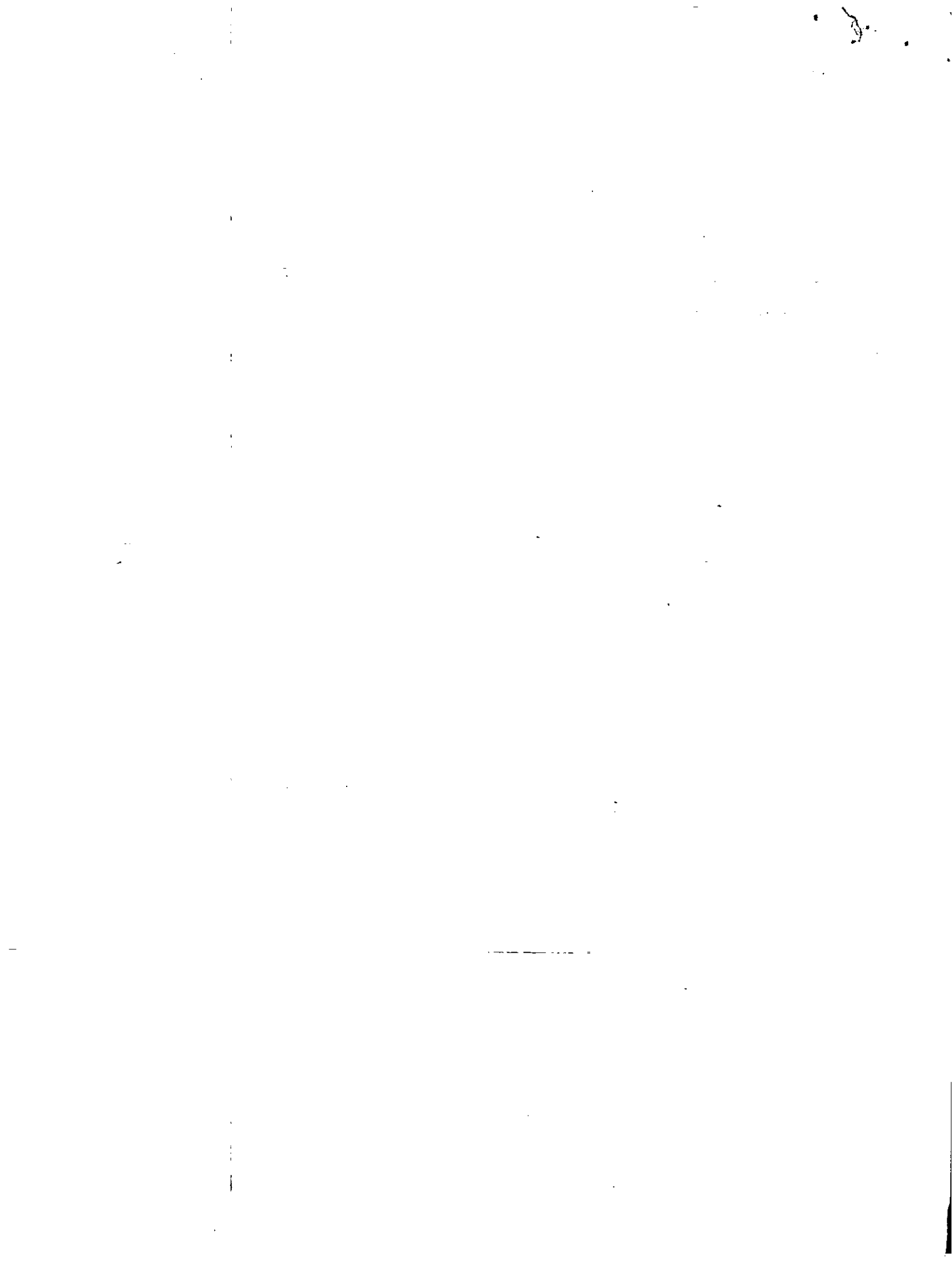
THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE

Inspector

CHECK OR FILL IN WHERE APPLICABLE

sides bottom

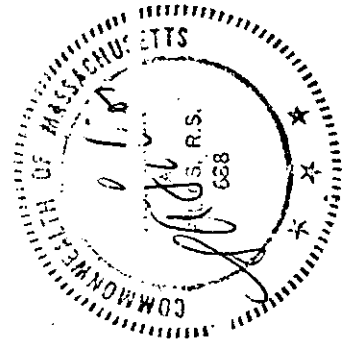
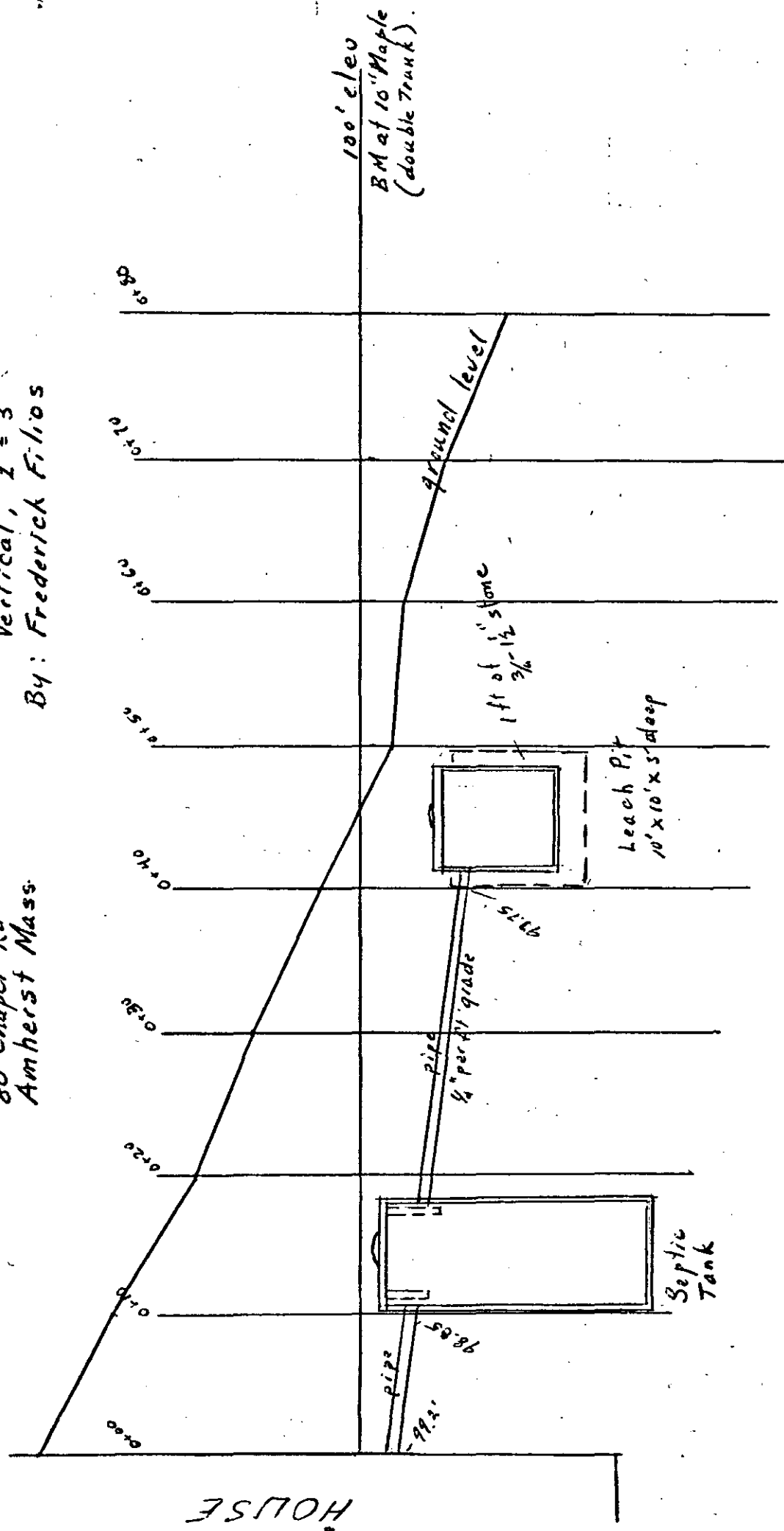


PROFILE OF SEPTIC SYSTEM

For: Dorothy Recos
80 Chapel Rd
Amherst Mass.

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

Oct 1982



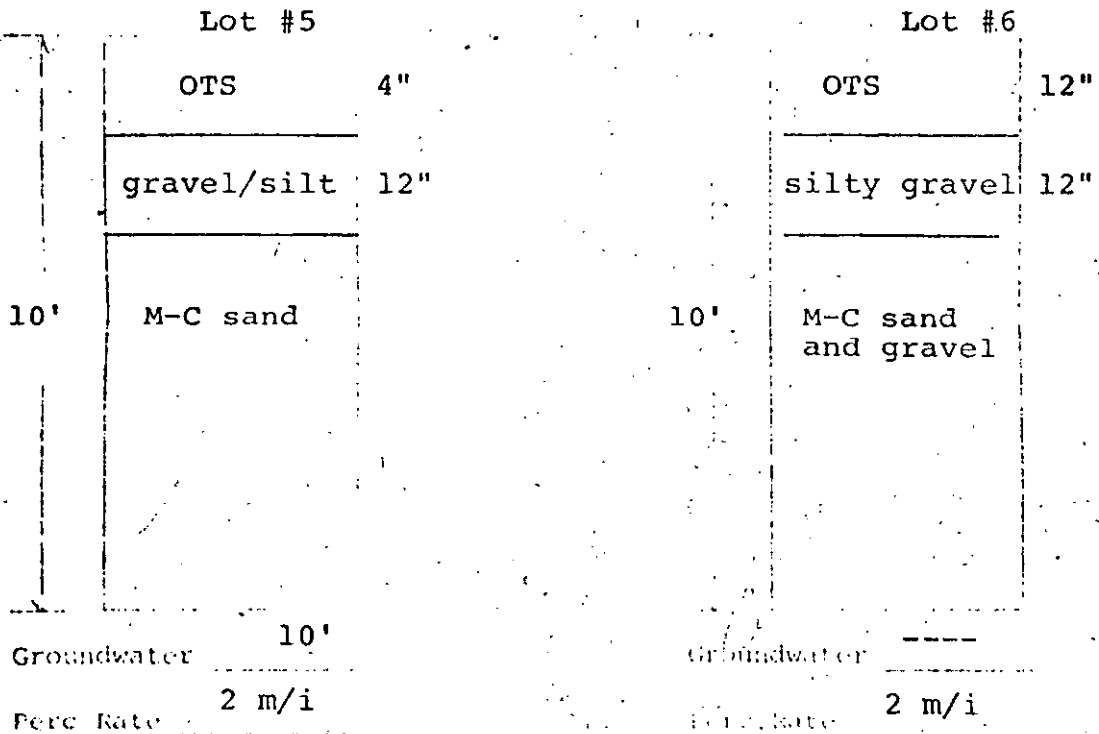
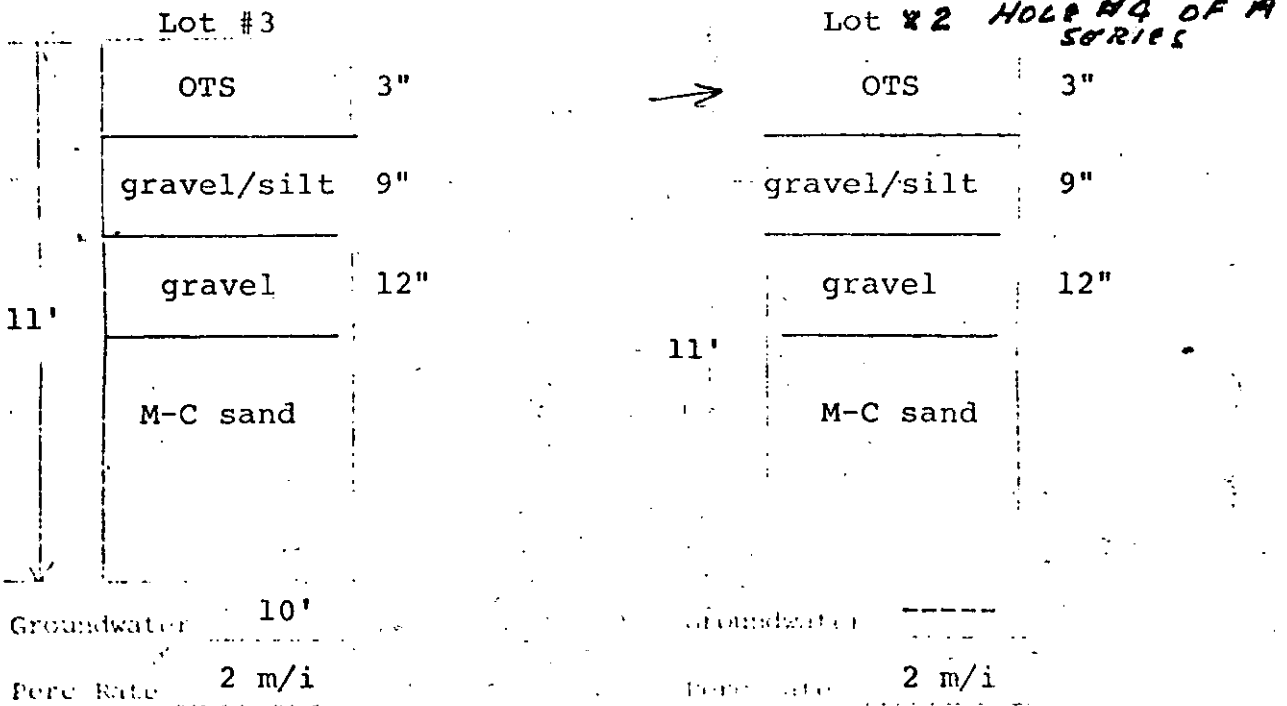


OBSERVATION PITS

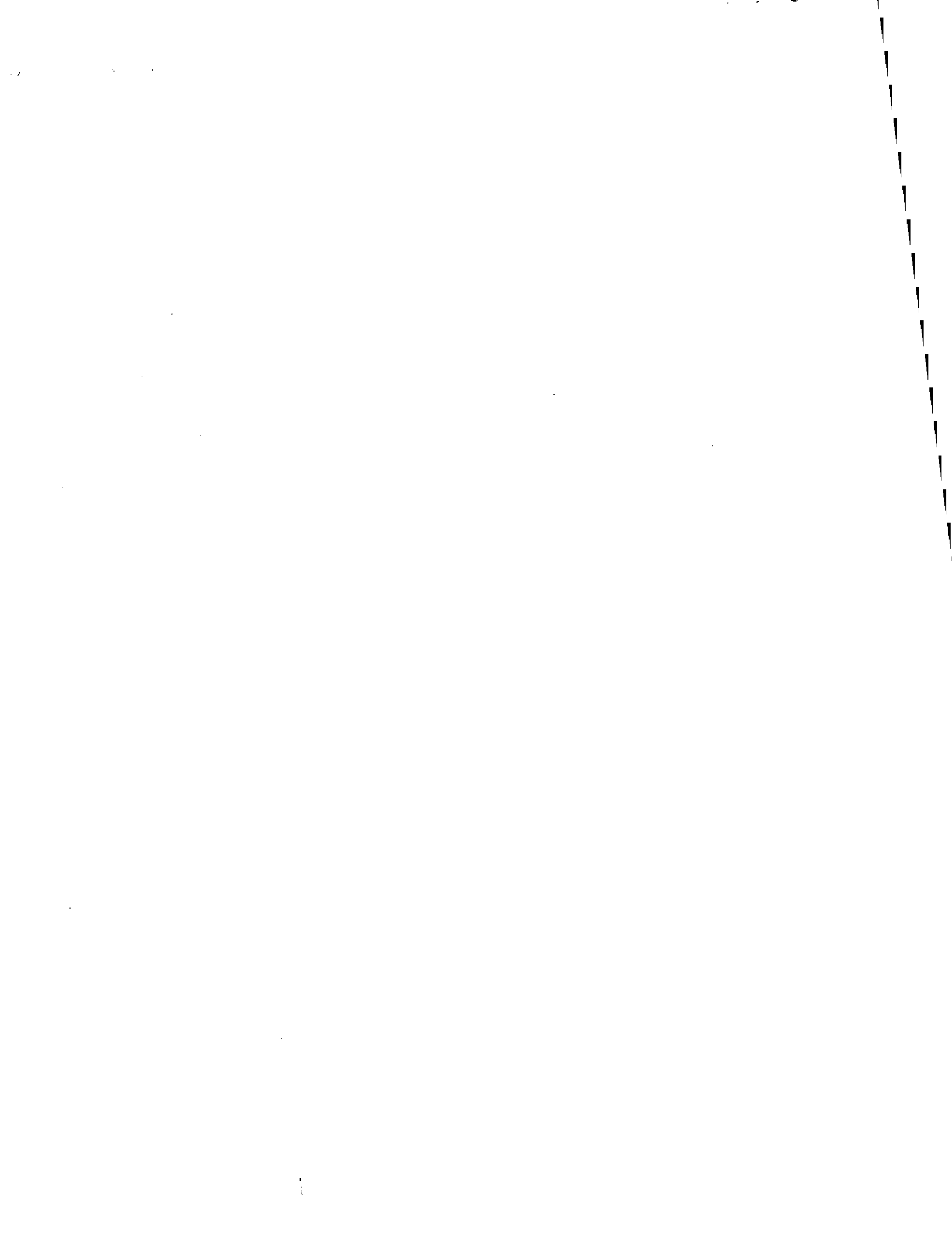
REQUESTED BY: B. Brown
 LOCATION: Bay Road *Recos*
Amherst, MA

MAILING ADDRESS: _____

DATE: 4/30/82 OBSERVER: DJT/C. Drake



Overnight Post



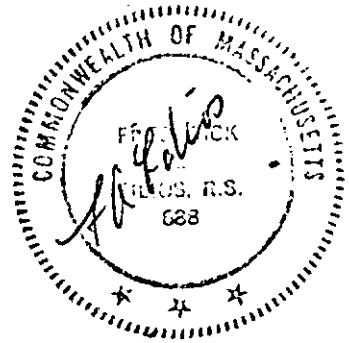
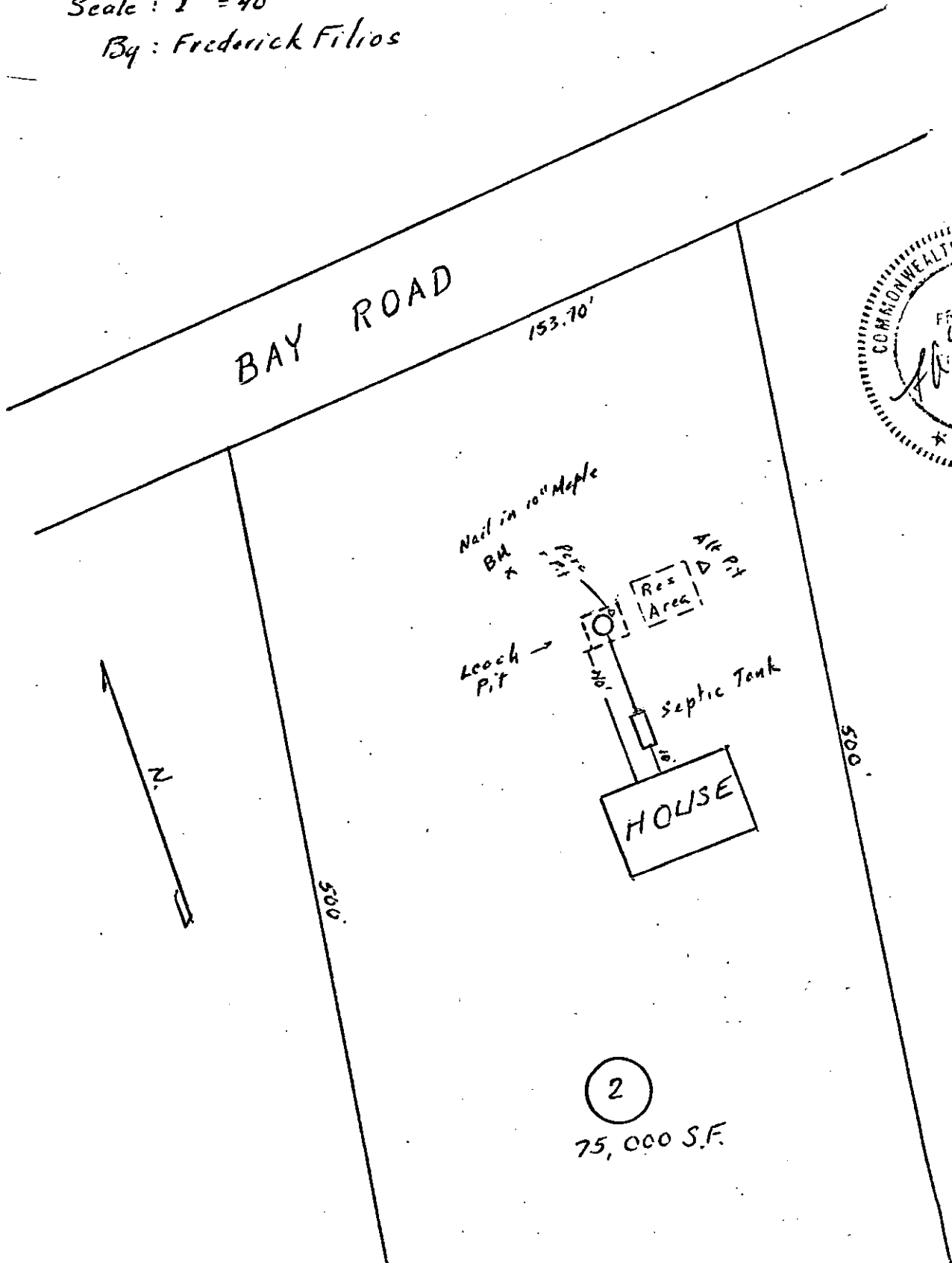
PLAN SHOWING SEWAGE DISPOSAL

For: Dorothy Recos
Bay Rd. ~~60 Chapel Rd~~ 130 Riverglade Apt
Amherst Ma

Oct. 1982

Scale: 1" = 40'

By: Frederick Filios





BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

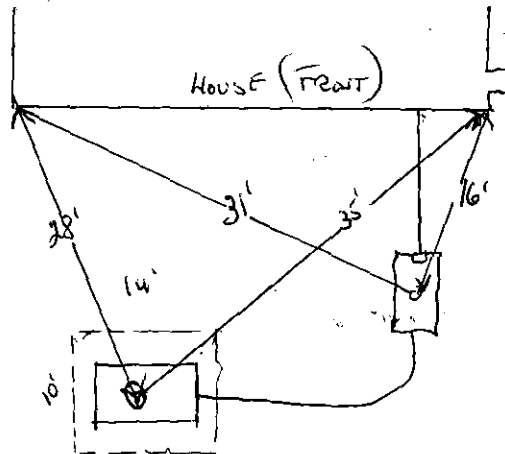
Owner 347 BAY RD DOROTHY RECOS Address 130 River Street Amherst
Installer HOWARD MANN Address FERRIS BECKERMAN
Date Installation Inspected and Approved JAN. 1 1983

Description of System: Tank Capacity: 1000 GAL.

Leach Field () Bed () Seepage Pit (X) Square Feet: 380

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

AS - BUILT PLAN:



BAY RD

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.



1. $\angle A = \angle B$

2. $\angle C = \angle D$

3. $\angle E = \angle F$

4. $\angle G = \angle H$

5. $\angle I = \angle J$

6. $\angle K = \angle L$

7.

8.

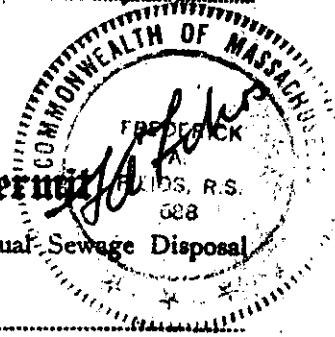
No. 82-11

Fee 90.00

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
Dorothy Recas Owner
80 Chapel St or Lot No.
130 Riverside Apt. Address
Installer Address

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 5.5 gallons per person per day. Total daily flow 350 gallons.
Septic Tank — Liquid capacity 1000 gallons Length _____ Width _____ Diameter _____ Depth _____
Disposal Trench — No. _____ Width _____ Total Length _____ Total leaching area 100 sq. ft. *side bottom*
Seepage Pit No. 2 Diameter 10 x 10 Depth below inlet 3' Total leaching area _____ sq. ft.

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Almer Huntley Asses. Date 4/30/82
Test Pit No. 1 2 minutes per inch Depth of Test Pit 11 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 Dorothy A. Recas 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.

CHECK OR FILL IN WHERE APPLICABLE

