

584 Bay rd



584 BAY RD

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

No. 774-12 Date 11-7-74 Fee 3.00 Date Rec'd. 11-7-74 By CEA

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

Location—Address 584 Bay Road corner Chapel Rd. or Lot No. 2

Owner N. James Schoonmaker ^{New Thomas} Address S. Burlington VT.

Contractor CARL EAC ^{O'Connor} Address NO HADLEY

Type of Building _____ Dimensions _____ Size Lot 200x200 estimated

Dwelling—No. of Bedrooms 43 Expansion Attic () 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 1000 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 12x12 Depth below inlet 2 1/2 Dimensions: leaching area 26 sq. ft.

Other: Distribution box () No. 6 Dosing tank () 6 324

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

Percolation Test Results Performed by Miles J. Hubler PE Date 5-3-73

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

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

Description of Soil sand SW loose 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 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 CEA Thomas J. O'Connor Owner or builder date 11-7-74

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

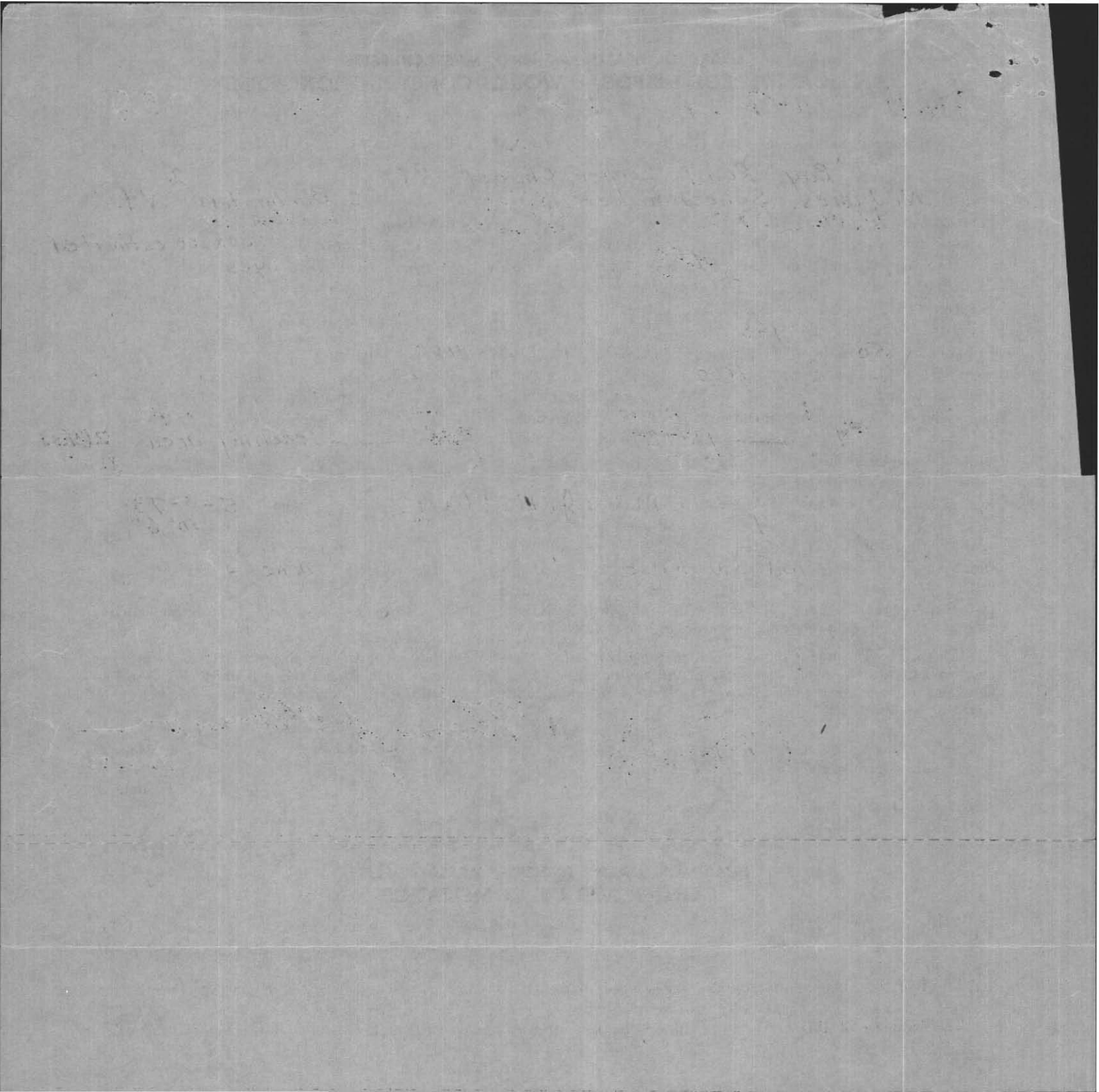
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

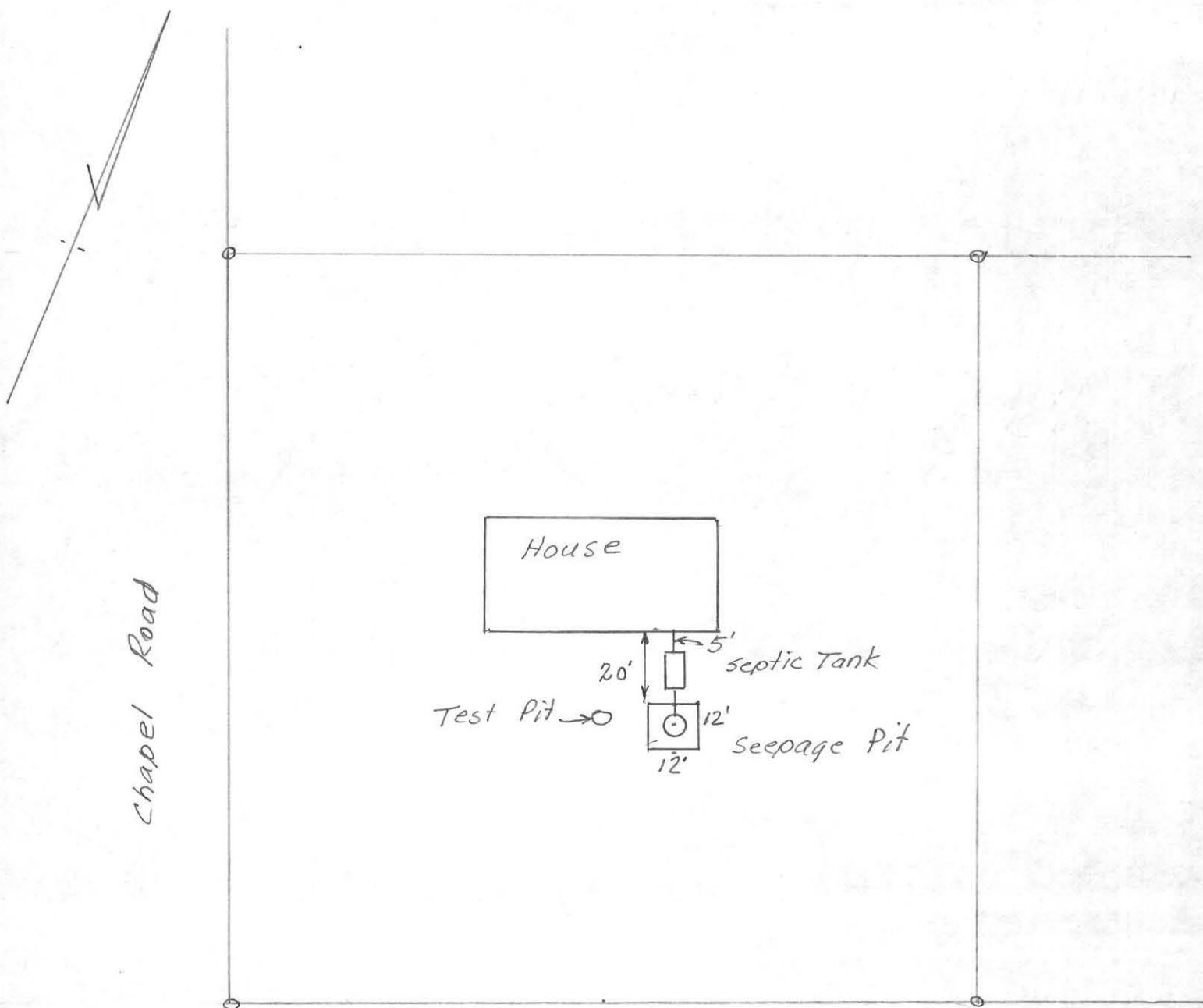
INSTALLER

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 _____





Chapel Road

584 Bay Road

To Belchertown →

Note: See "The State Sanitary Code" Art XI for seepage Pit specifications.

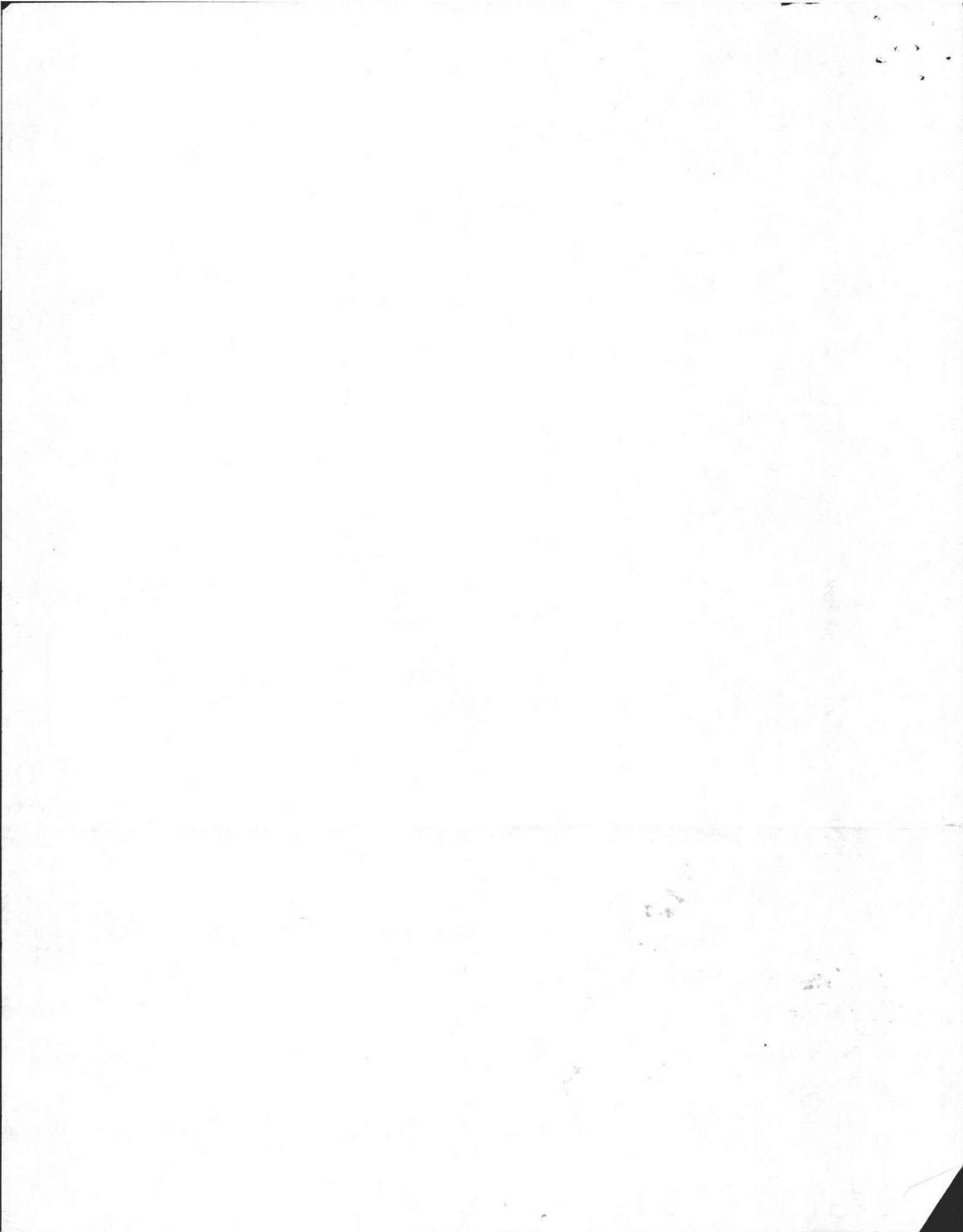
Plan Showing Sanitary Sewage Disposal For Lot #2

Bay Road Amherst MA

1" = 40'

5-3-73

by M.J. Hubler



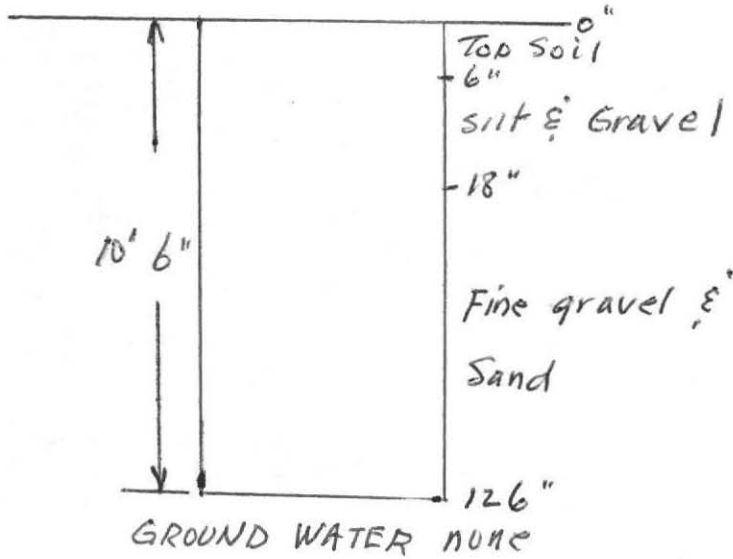
DEEP SOIL LOGS

OWNER N. James Schoonmaker

DATE 9-12-72

LOCATION Lot 2 Bay Road

OBSERVER J. Hart



DEER HOLE LOG

11

OWNER: [illegible] LOCATION: [illegible]



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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 Tom O'CONNOR Address CORNER BAY RD - Chapel Rd

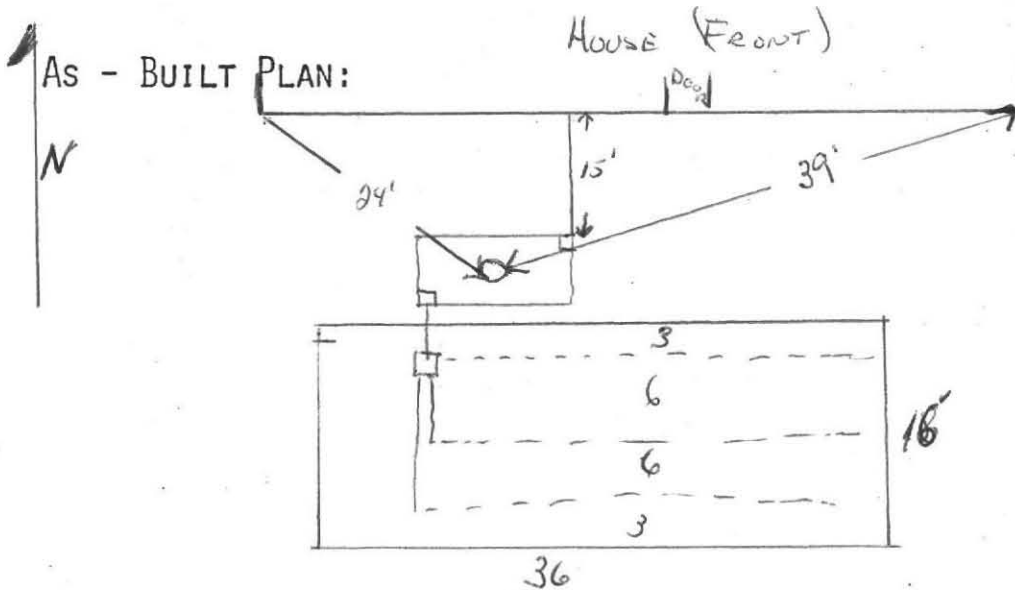
Installer KARLS ETC. Address RIVER DR. N. MADLEY

Date Installation Inspected and Approved 2-25-75

Description of System: Tank Capacity: 1000

Leach Field () Bed (X) Seepage Pit () Square Feet: 566

Garbage Grinder Yes (X) No () 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.

