

301 Flat Hills Road



#300

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 668 Date May 20, 1966 Fee 300 Date Rec'd. 5-27-66 By [Signature]

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

Location—Address 300 FLAT HILLS RD. or Lot No. _____

Owner NORMAN FORD Address RED GATE LANE

Contractor A. MARTINSKI Address NORTHAMPTON

Type of Building _____ Dimensions _____ Size Lot 5⁺ ACRES

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

Other _____ No. of persons _____ Showers () _____

Other fixtures _____

Town Water? NO Type of Well ARTESIAN

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

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

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

Disposal Bed—No. 1 Diameter 20x20 Depth below inlet _____ Total leaching area 400 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 Drake Date 5-25-66

Test Pit No. 1 5 minutes per inch Depth of Test Pit 36"

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

Description of Soil fine sand & w/ clay fins Depth to Ground Water Not found

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 G. Martinski date 5-25-66

Application Disapproved for the following reasons: _____ date 5-25-66

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

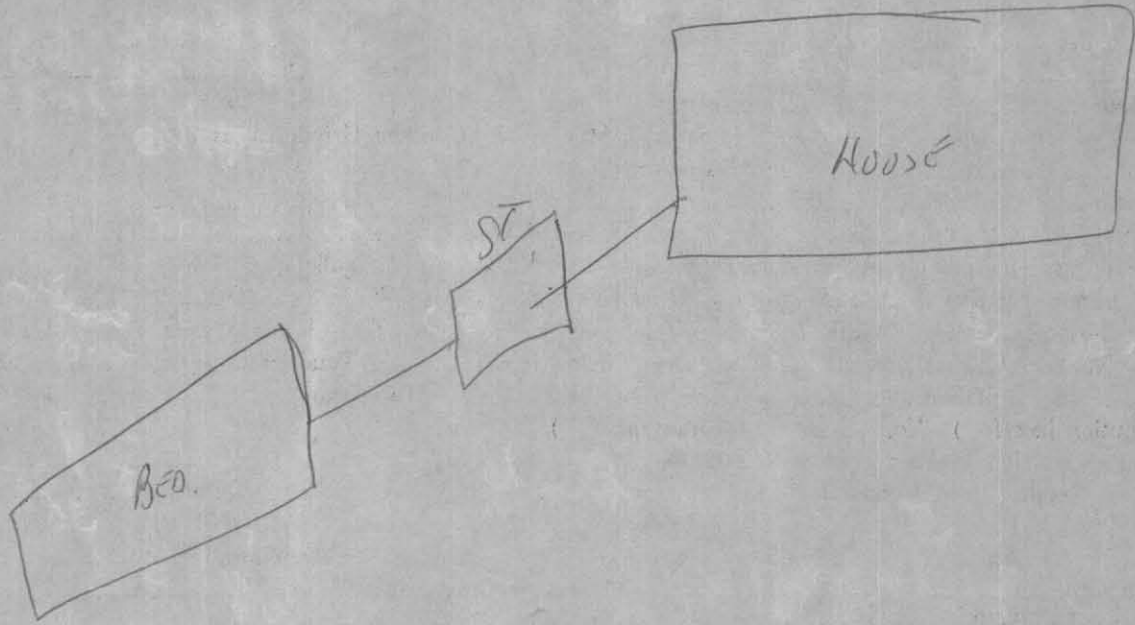
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 668 Permission is hereby granted NORMAN FORD to construct (X) or repair () an Individual Sewage Disposal System at FLAT HILLS RD

as shown on the application for Disposal Works Construction Permit No. 668

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 5-25-66 Board of Health [Signature]



03-22
Revised

Bill Stepchew c# 2131
FEE 275 PL



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct (X) Repair () Upgrade () Abandon () - Complete System Individual Components

301

Chuck Belanger, buyer 367 9441

Location <u>901 Flat Hills Road</u>	Owner's Name <u>Bill Stepchew</u>
Map/Parcel#	Address <u>25 Limerick Rd, Arundel, ME 04016</u>
Lot# <u>6B (99)</u>	Telephone# <u>207-985-0088</u>
* Installer's Name <u>Bob Adair</u>	Designer's Name <u>Alan Weiss RS.</u>
Address <u>89 Potowome Lane</u>	Address <u>Belchertown</u>
Telephone# <u>253-9925</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size 4.799± Ac. sq. ft.
 Dwelling - No. of Bedrooms 4 Bedroom Garbage grinder (X)
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided 446 gpd
 Plan: Date 10/14/03 Number of sheets _____ Revision Date _____
 Title Septic System Design Plan
 Description of Soil(s) Loamy Sand
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 8/19/03

DESCRIPTION OF REPAIRS OR ALTERATIONS Install New system with Pump Chamber.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

*Signed Elizabeth Bastaw Date 11/6/03
William Stepchew

Signature: Chuck Belanger DATE: 11/21/03

Inspections _____

No. 03-22
Revised

COMMONWEALTH OF MASSACHUSETTS

FEE 275 PL

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (X), Repaired (), Upgraded (), Abandoned ()

by: _____
at Flat Hills Road

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 03-22, dated 11/18/03. Approved Design Flow _____ (gpd)

Installer Bob Adair
Designer: Alan Weiss Inspector: David P. [Signature] Date: 10/6/04

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



1872

301108

301108

Handwritten signature or initials at the bottom right.

Bill Stepchew 048-2131
FEE 275 PL

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



Application for a Permit to Construct (X) Repair () Upgrade () Abandon () - Complete System Individual Components

Location <u>301 901 Flat Hill's Road</u>	Owner's Name <u>Bill Stepchew</u>
Map/Parcel#	Address <u>25 Limerick Rd, Arundel, ME 04016</u>
Lot# <u>6B (99)</u>	Telephone# <u>207-985-0088</u>
Installer's Name <u>Bob Adair</u>	Designer's Name <u>Alan Weiss R.S.</u>
Address <u>89 Potwine Lane</u>	Address <u>Belchertown</u>
Telephone# <u>253-9925</u>	Telephone# <u>413-323-5957</u>

Type of Building Residence Lot Size 4.799± Ac. sq. ft.
 Dwelling - No. of Bedrooms 4 Bedroom Garbage grinder ()
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*Signed Elizabeth Barstow Date 11/6/03

Signature Chuck Belanger DATE 11/21/03

Inspections _____

No. 03-22
Revised

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (X), Repaired (), Upgraded (), Abandoned ()

by: _____ at FLAT HILLS ROAD

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 03-22, dated 11/18/03. Approved Design Flow _____ (gpd)

Installer Bob Adair Designer: Alan Weiss Inspector: Carol Paganetti Date: 10/6/04

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

No. 03-22
Revised

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct (X) Repair () Upgrade () Abandon () an individual sewage disposal system at FLAT HILLS ROAD 6B (99) as described in the application for

Disposal System Construction Permit No. 03-22, dated 11/18/03.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

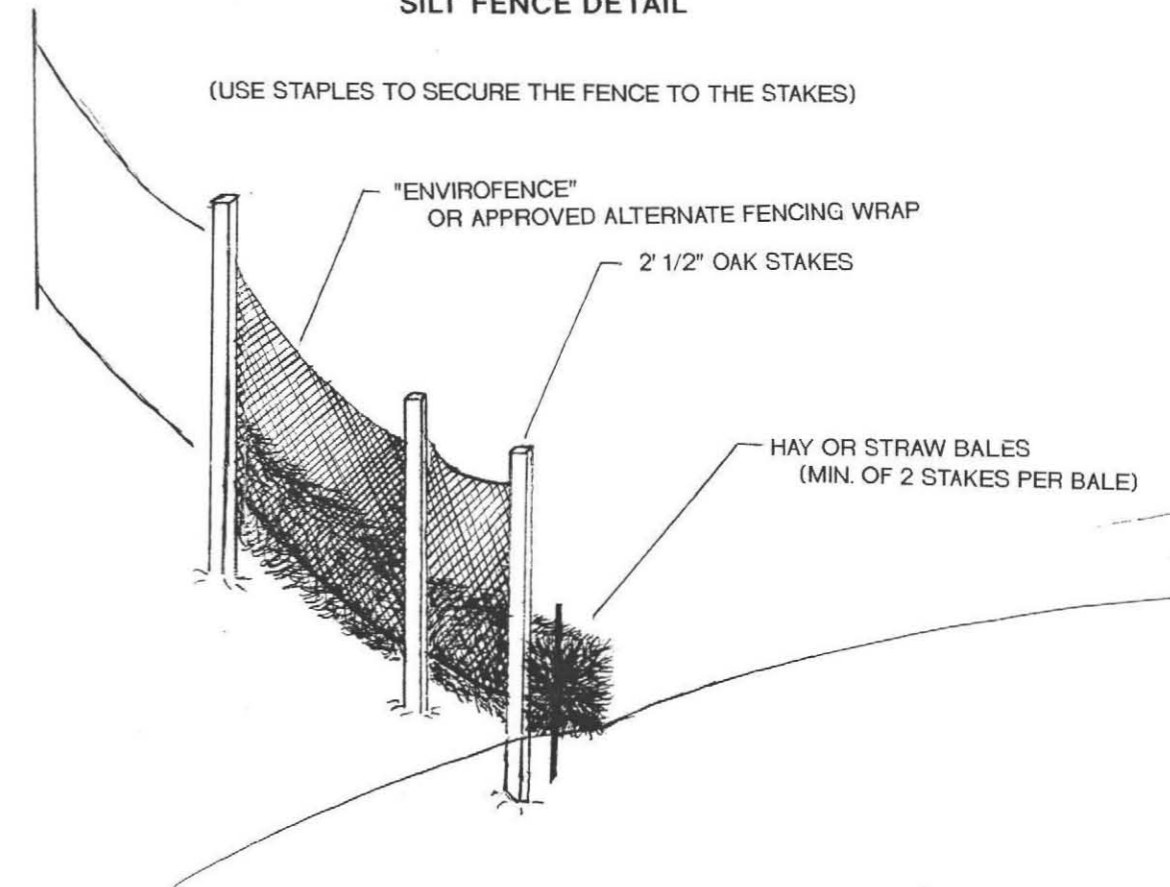
Form 1255 Rev. 5/96 A.M. Sulkin Co. Boston, MA Date 11/20/03 Board of Health Carol Paganetti

FEE 275 PL



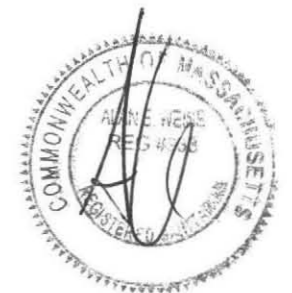
SILT FENCE DETAIL

(USE STAPLES TO SECURE THE FENCE TO THE STAKES)



WETLAND DELINEATION AND SEDIMENT CONTROL NOTES:

1. NO ALTERATION OF SEDIMENT, FILLING OR CUTTING VEGETATION ON THE DOWNGRADIENT SIDE OF THE SEDIMENTATION BARRIER (SILT FENCE).
2. SEDIMENTATION BARRIER TO BE ERECTED IN A STABLE AND LASTING MANNER AS SHOWN ON THE PLAN.
3. NOTIFY CONSERVATION ADMINISTRATOR AT LEAST 72 HOURS PRIOR TO START OF ON-SITE WORK, AFTER COMPLETE ON SILT FENCE INSTALLATION.
4. AS SOON AS IS POSSIBLE WORK AREA SHALL BE SEEDED, REVEGETATED WITH GRASS OR SIMILAR GROUND COVER AND MULCHED UPON COMPLETION OF SITE WORK.
5. SILT FENCE TO REMAIN STANDING UNTIL REGROWTH IS SUFFICIENT TO CONTROL FUGITIVE SEDIMENT RUNOFF.
6. REGRADE WORK AREA AS NOTED TO PREVENT CHANGE IN SLOPE OR RUNOFF PATTERNS.



SEPTIC SYSTEM DESIGN PLAN BILL STEPCHEW
FLAT HILLS ROAD
AMGERST, MA.

SCALE: 1"=50'

APPROVED BY:

DRAWN BY: A.E.W.

DATE: 10/14/03

REVISED:

COLD SPRING ENVIRONMENTAL

PAGE 2

DRAWING NUMBER:
103-1803-0806

