

374 FLAT HILLS



374

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 79-1 Date 2-20-79 Fee \$15 Date Rec'd. _____ By _____

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

Location—Address 374 Flat Hills Road or Lot No. _____

Owner Ronald & Linda Labbe Address 356D Crown Pt. Apts.

Contractor Mark Powers Address #33 S. Main, S. Deerfield

Type of Building Single Family Dimensions 34' X 54' Size Lot 6 acres

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? No Type of Well Artesian

Design Flow 110 gallons per person per day. Total daily flow 440 gallons

Septic Tank—Liquid capacity 1500 gallons Dimensions: L 9 W _____ D _____

Disposal Trench—No. _____ Width 30' Total Length 50' Total leaching area 1500 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 A. Huntley & Associates Date 4/28/76

Test Pit No. 1 22 minutes per inch Depth of Test Pit 7 ft

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

Description of Soil glacial till Depth to Ground Water 7 ft

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]

Ronald Labbe
Owner or builder

Feb 20, 1979
date
2-20-79
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

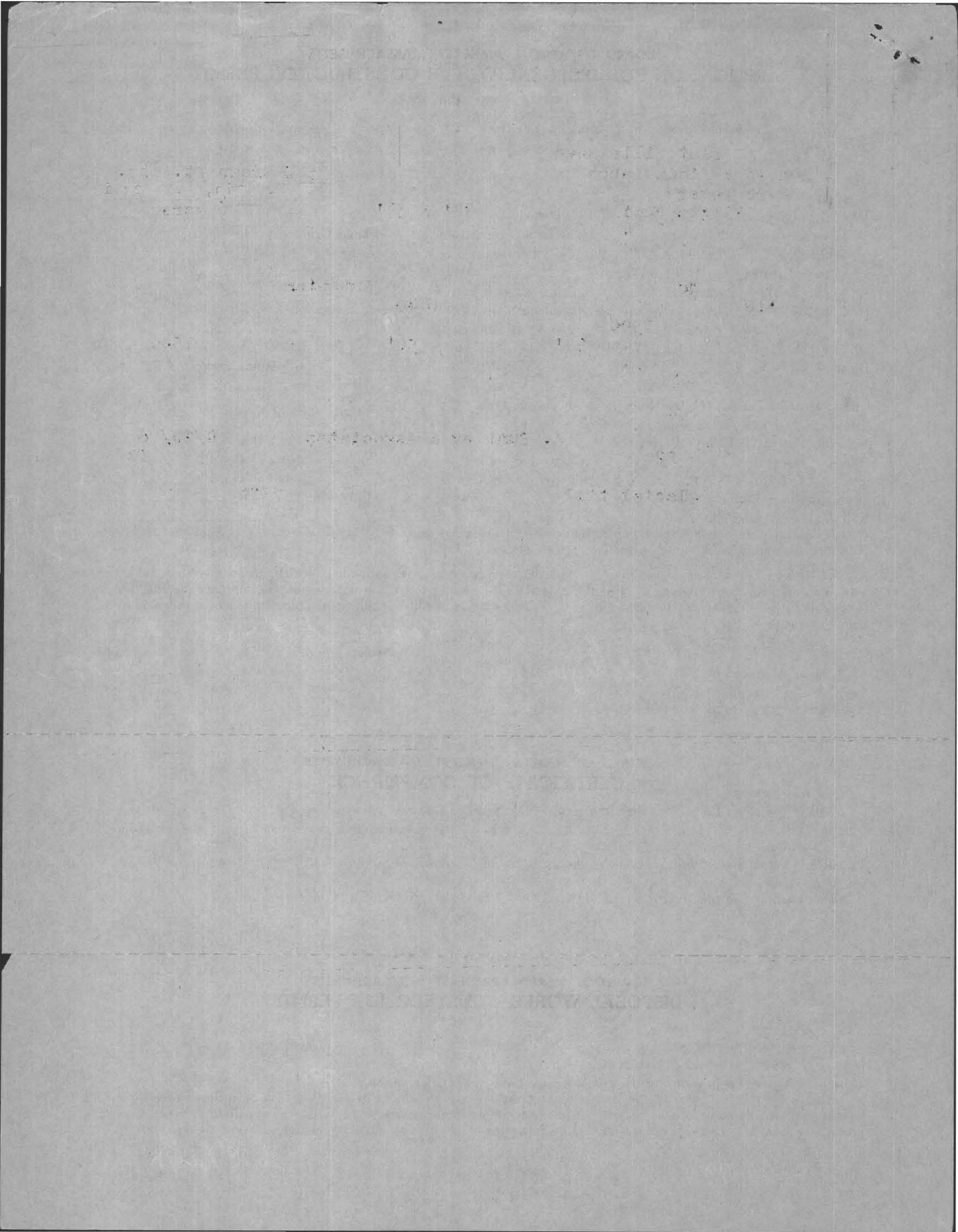
No. 79-1 Permission is hereby granted Ron Labbe - (Bill Clark)? to construct (X) or repair () an Individual Sewage Disposal System at Flat Hills Rd.

as shown on the application for Disposal Works Construction Permit No. 79-1

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.

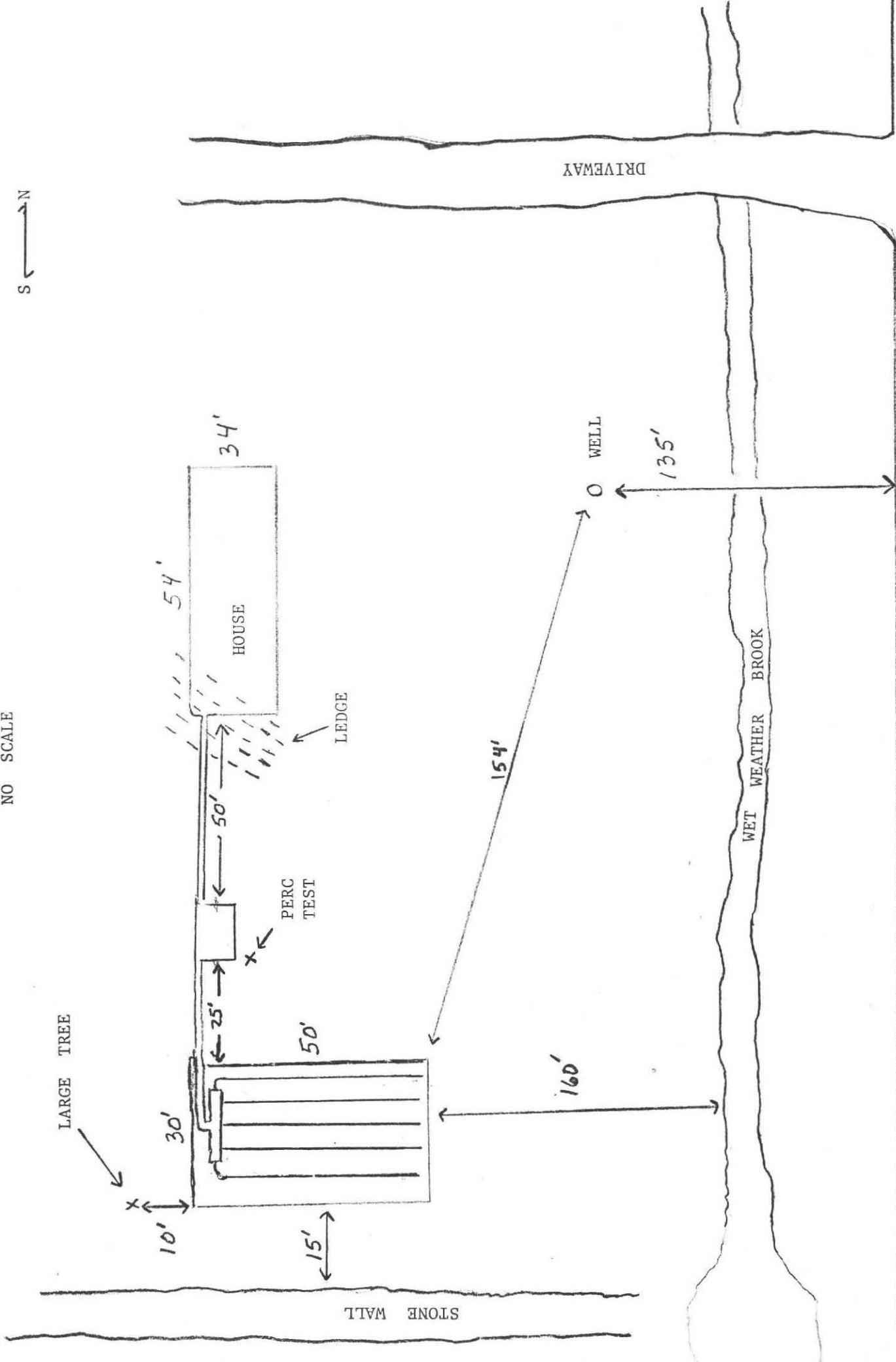
DATE 2-20-79

[Signature]
Board of Health

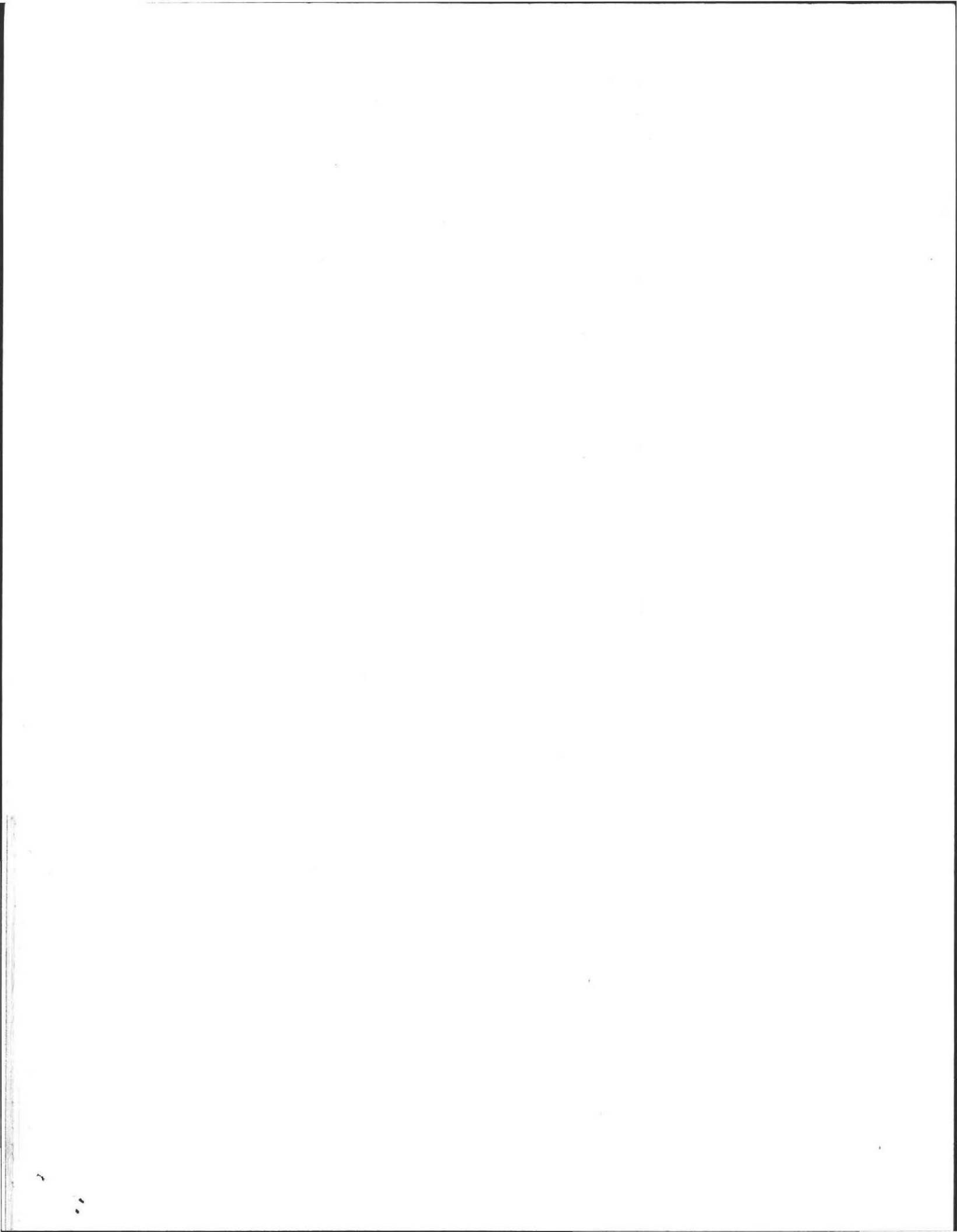


NO SCALE

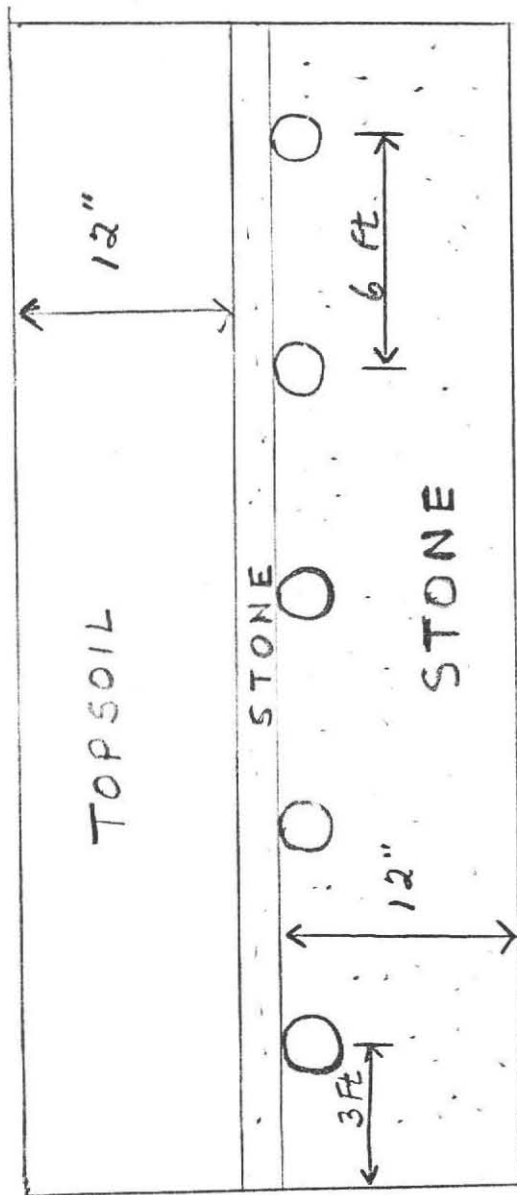
S ← N



FLAT HILLS ROAD

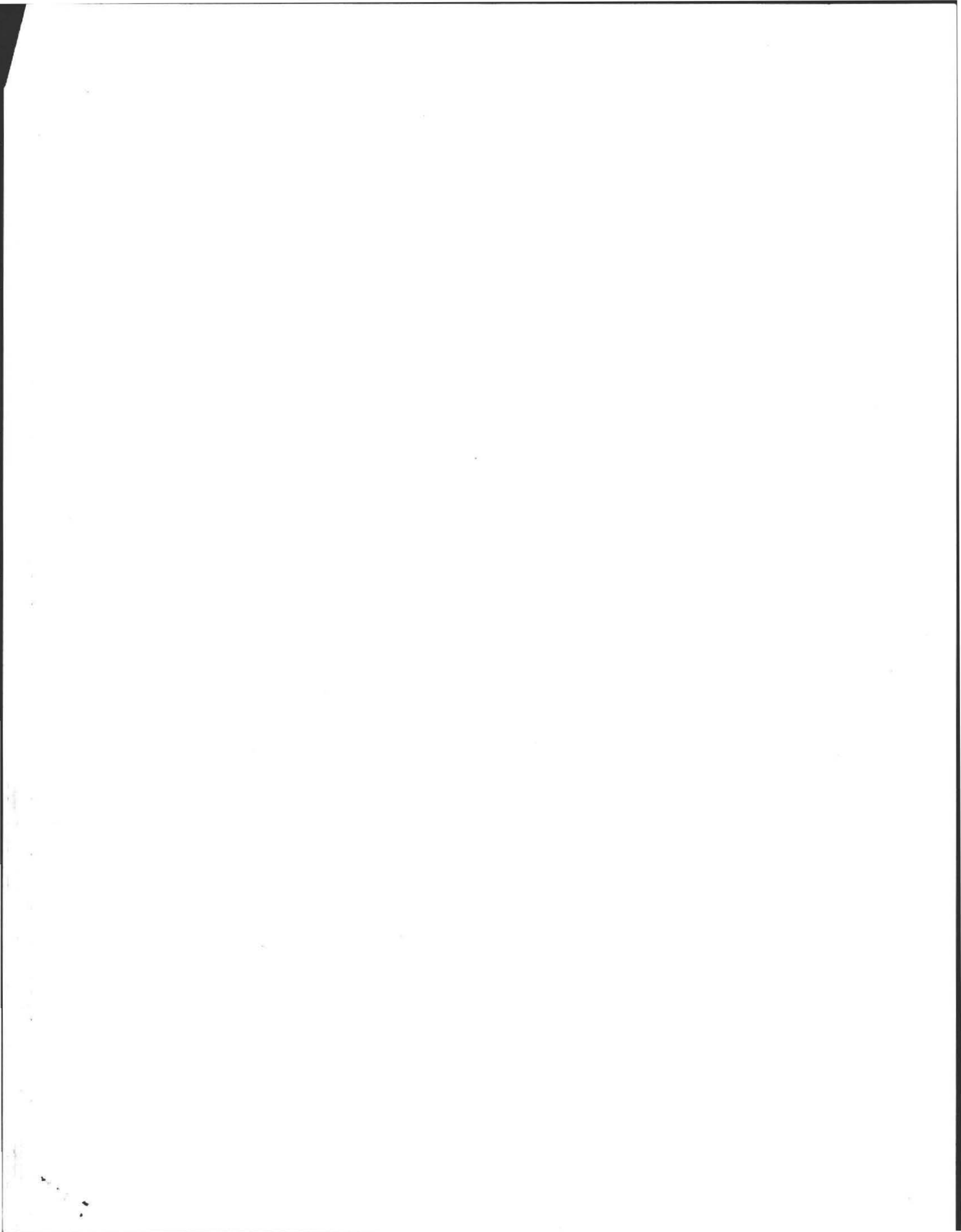


CROSS SECTION OF LEACHING AREA



2"

2"



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

FLAT HILLS RD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner RON LABBEE Address 356 D CROWN PT APTS. Amh.

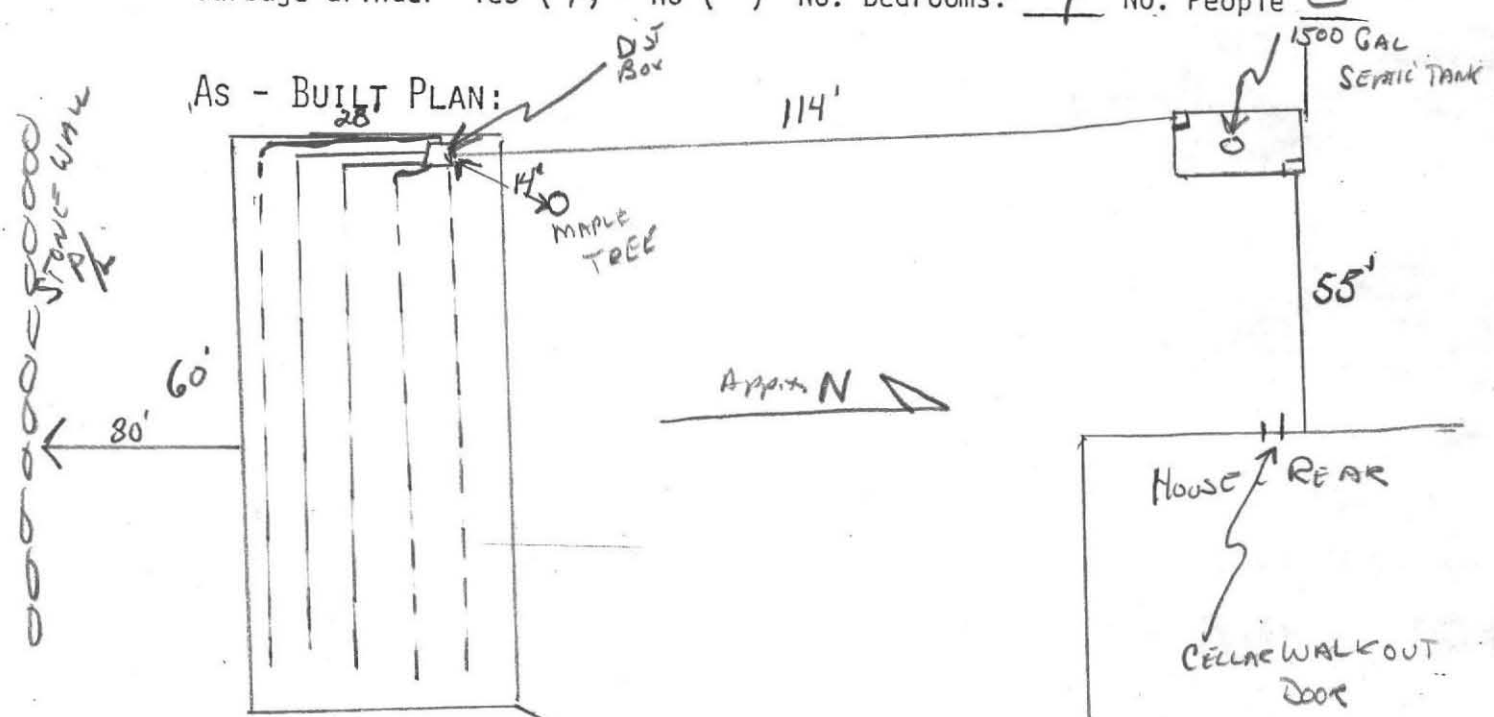
Installer BILL CLARK Address PRATT COENES RD SYRACUSE

Date Installation Inspected and Approved 6/28/79

Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet: 1680

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.

65' to WATER SUPPLY

