

6 High Point Dr.



No. 85-45

#6

Red Cash #90
11-7-85
COMMONWEALTH OF MASSACHUSETTS
FREDERICK A. FILIOS, R.S. 688

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:

Location Address: 4 High Point Drive #3
Owner: George Spence or Lot No.
Installer: KARL'S - Exc. Address: 30 Box G, Amherst Rd., Leverett
Address: RIVER HADLEY

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: 507.6 gallons per person per day. Total daily flow: 495 gallons.
Septic Tank - Liquid capacity: 1500 gallons Length: Width: Diameter: Depth:
Disposal Trench - No.: 3045' Width: 2' Total Length: 135' Total leaching area: 270 sq. ft.
Seepage Pit No.: Diameter: Depth below inlet: Total leaching area: sq. ft.
Other Distribution box (✓) yes Dosing tank ()
Percolation Test Results Performed by: Frederick A. Filios Date: Aug 14, 1985
Test Pit No. 1: 22 minutes per inch Depth of Test Pit: 6'6" Depth to ground water: 6'6"
Test Pit No. 2: 8 minutes per inch Depth of Test Pit: 5'7" Depth to ground water: None

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: Charles [Signature] 11-7-85
Application Approved By: Date: 11-7-85

Application Disapproved for the following reasons:

Permit No. 85-45 Issued: 11-7-85 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:

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 85-45 Town OF Amherst FEE 90

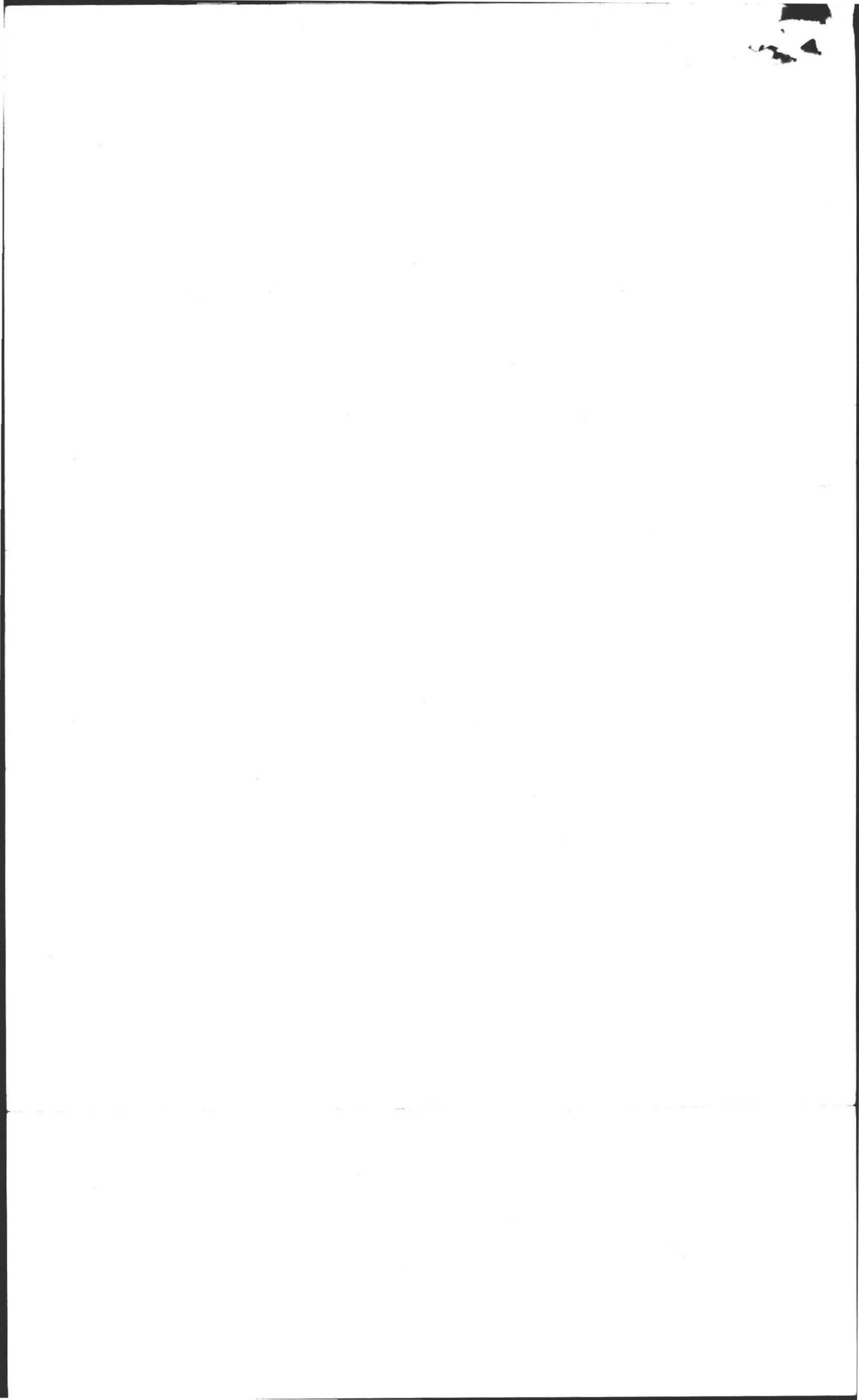
Disposal Works Construction Permit

Permission is hereby granted: G.S.O. Spence - Karl's Exc. to Construct (X) or Repair () an Individual Sewage Disposal System at No. 4073 High Point Road Street

as shown on the application for Disposal Works Construction Permit No. 85-45 Dated: 11-7-85

DATE: 11-7-85 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



CHECK OR FILL IN WHERE APPLICABLE

No. _____

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:

Location Address: High Point Drive # 3
Owner: George Spence or Lot No. 20 Box G, Amherst Rd., Leverett
Address

Installer: _____ Address: 32, 409 Sq. feet
Type of Building: _____ Size Lot: _____
Dwelling — No. of Bedrooms: 3 Expansion Attic () Garbage Grinder ()
Other — Type of Building _____ No. of persons _____ Showers () — Cafeteria (-)
Other fixtures _____

Design Flow: 507.6 gallons per person per day. Total daily flow: 495 gallons.
Septic Tank — Liquid capacity: 1500 gallons Length _____ Width _____ Diameter _____ Depth _____
Disposal Trench — No. 3045' Width 2' Total Length: 135' Total leaching area: 270 sq. ft.
Seepage Pit No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Other Distribution box () yes Dosing tank ()
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Description of Soil: Enclosed

Nature of Repairs or Alterations — Answer when applicable _____

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Signed _____ 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

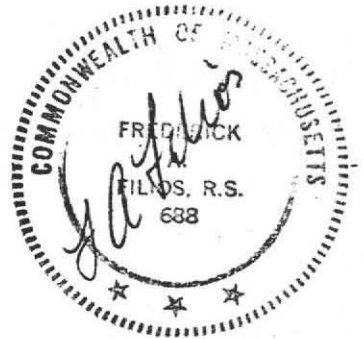
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____

at _____ Installer _____
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 _____





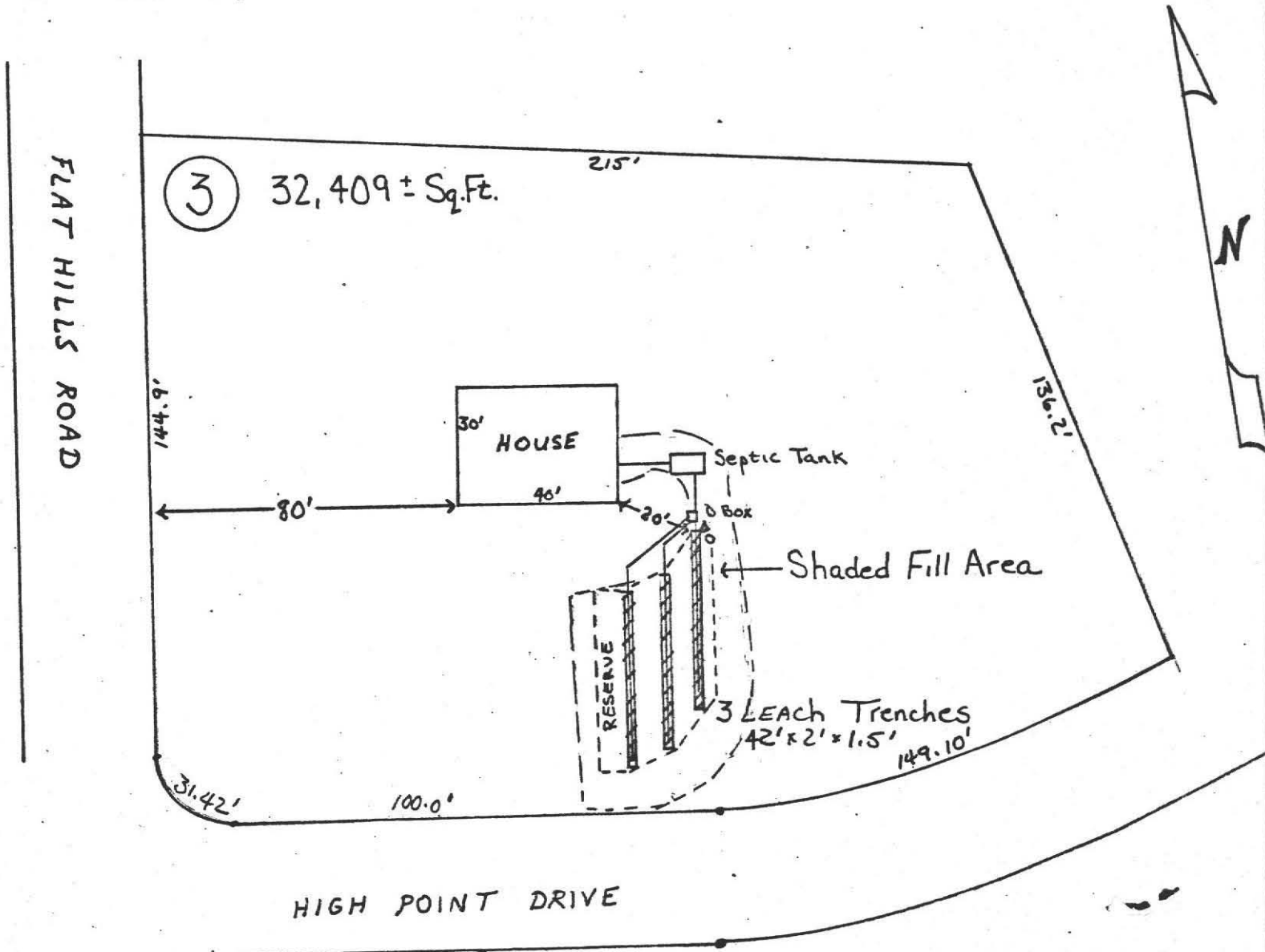
PLAN SHOWING SEWAGE DISPOSAL

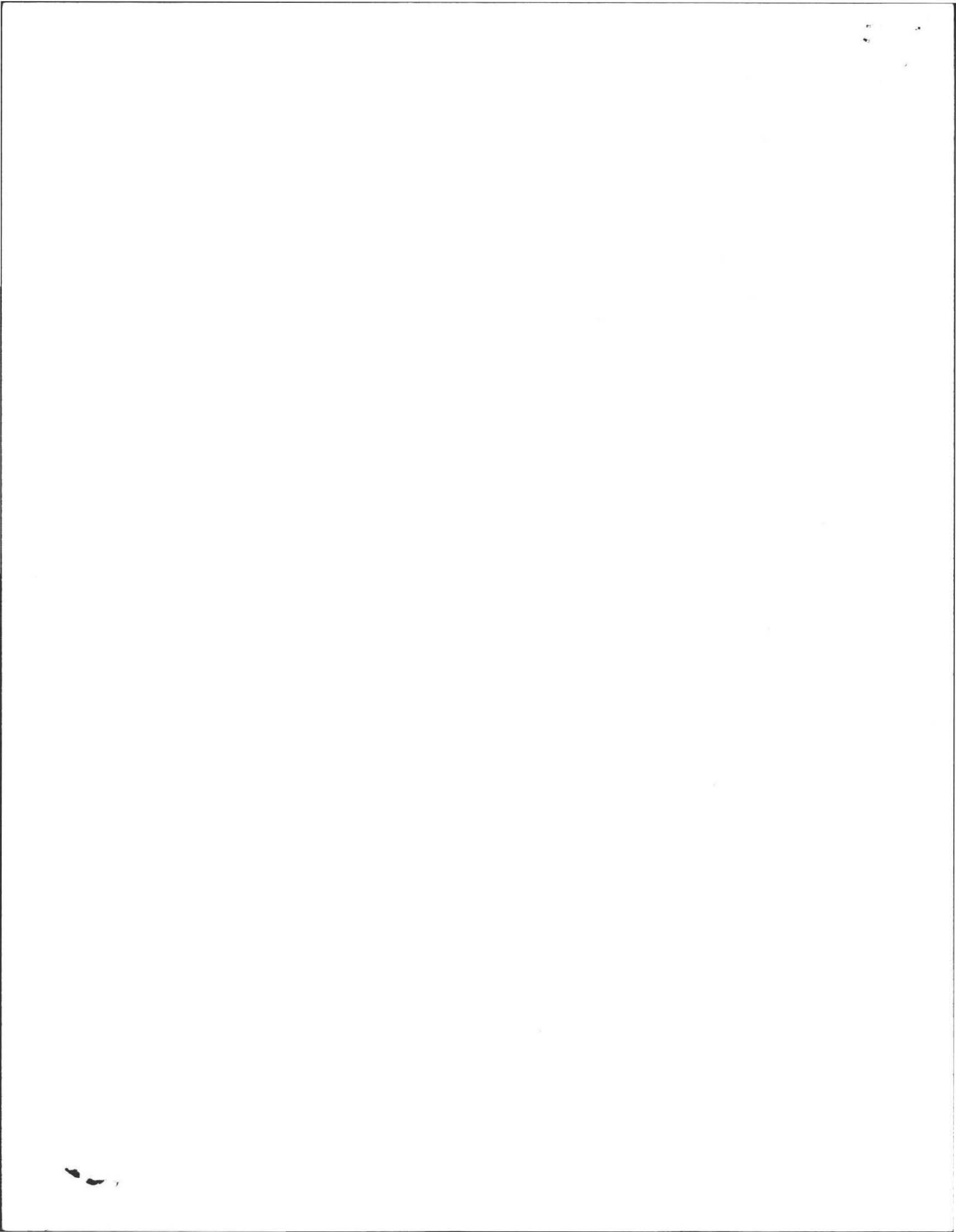
For: George Spence
P.O. Box G
Amherst Road
Leverett, MA.

At: High Point Drive
Amherst, MA.
Lot 3

Scale: 1"=40'
By: F.A. Filios
Aug. 1985.

Note: No neighboring wells within 100'





OBSERVATION PIT

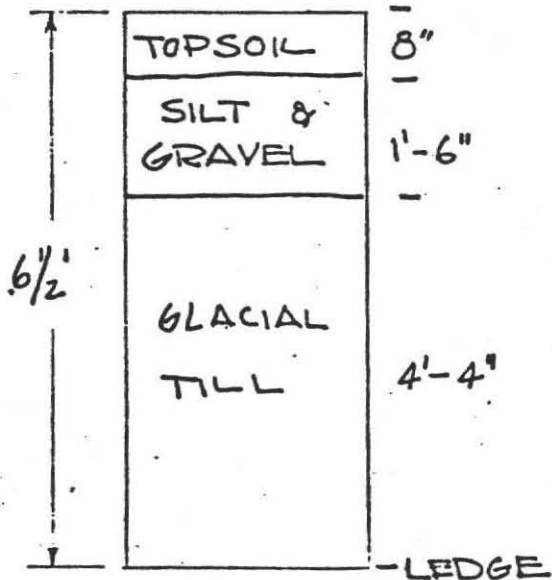
GER & PUNCH

REQUESTED BY: ROY INDUSTRIES
 LOCATION: HIGH POINT HILL
AMHERST, MASS
 MAIL ADDRESS: _____

DATE: 4/17-19/73
 OBSERVER: JH, RB,
DS

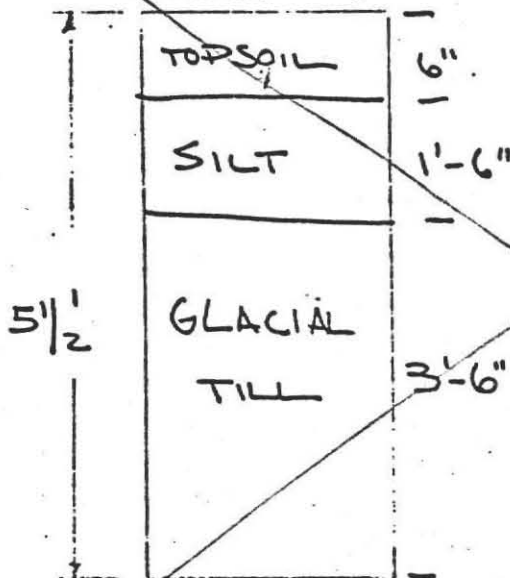
#3

LOT #3
TEST #1



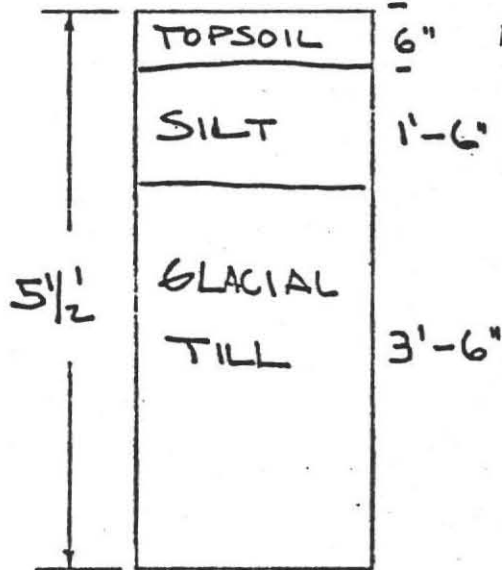
GROUND WATER: 6 1/2'
 PERC RATE: 22 MIN/IN

LOT #14
TEST #1



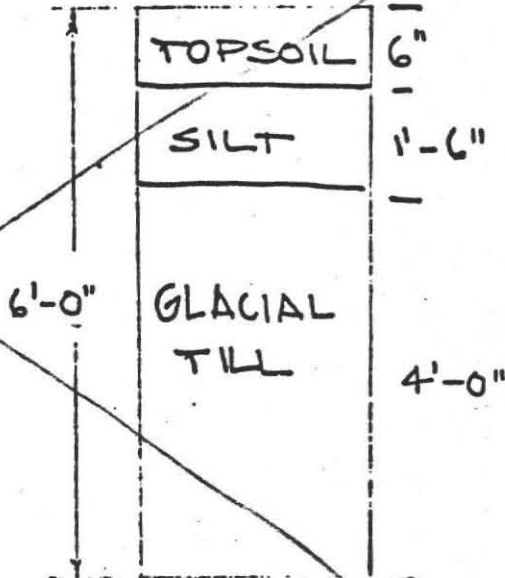
GROUND WATER: NONE
 PERC RATE: 27 MIN/IN

LOT #3
TEST #2



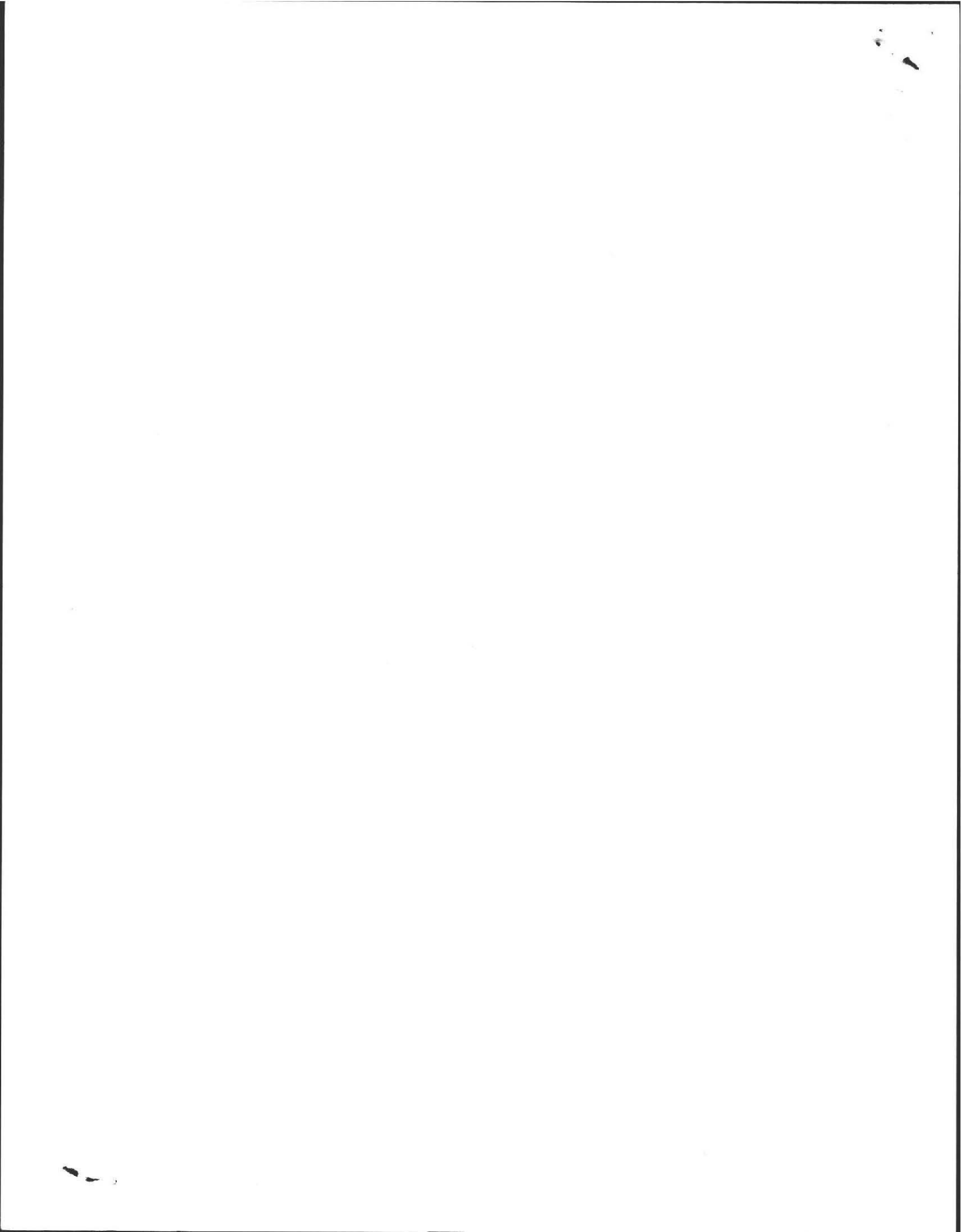
GROUND WATER: NONE
 PERC RATE: 7.0 MIN/IN

LOT #14
TEST #2



GROUND WATER: NONE
 PERC RATE:

USE THIS HOLE
 DESIGN SYSTEM
 7" TOPSOIL STRIPS
 1500 SF 2/000
 3 BR
 w/ GRIND



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot #3 - High Point Drive

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner George Spence Address PO Box 6

Installer KARLS EXCAVATION Address River Drive - Hadley

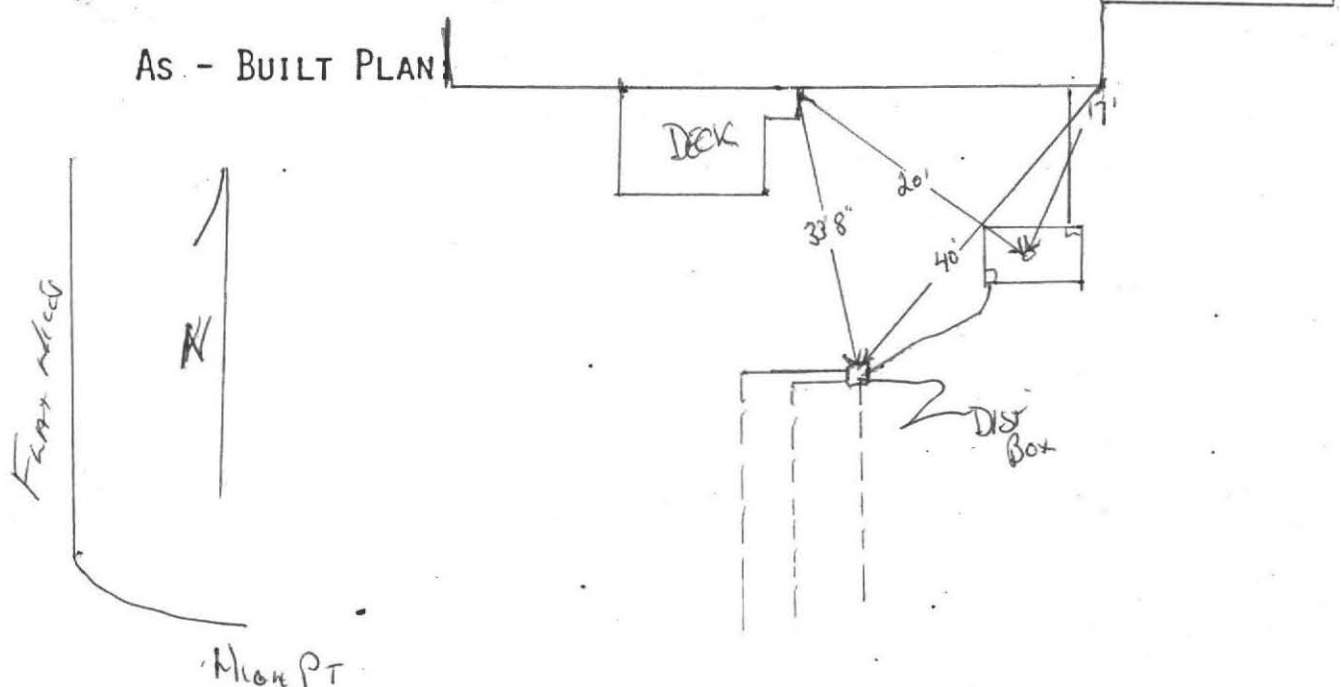
Date Installation Inspected and Approved 5-28-86

Description of System: Tank Capacity: 1500

Leach Field (X) Bed () Seepage Pit () Square Feet: 405 ^{270 SLOGS} _{BOTTOM}

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

AS - BUILT PLAN



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

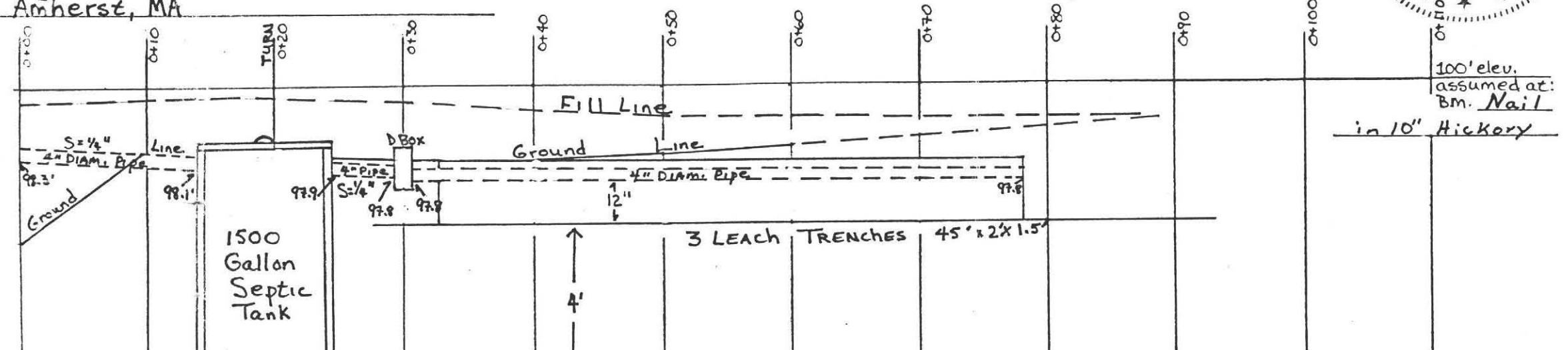
1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into 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.

PROFILE OF SEPTIC SYSTEM

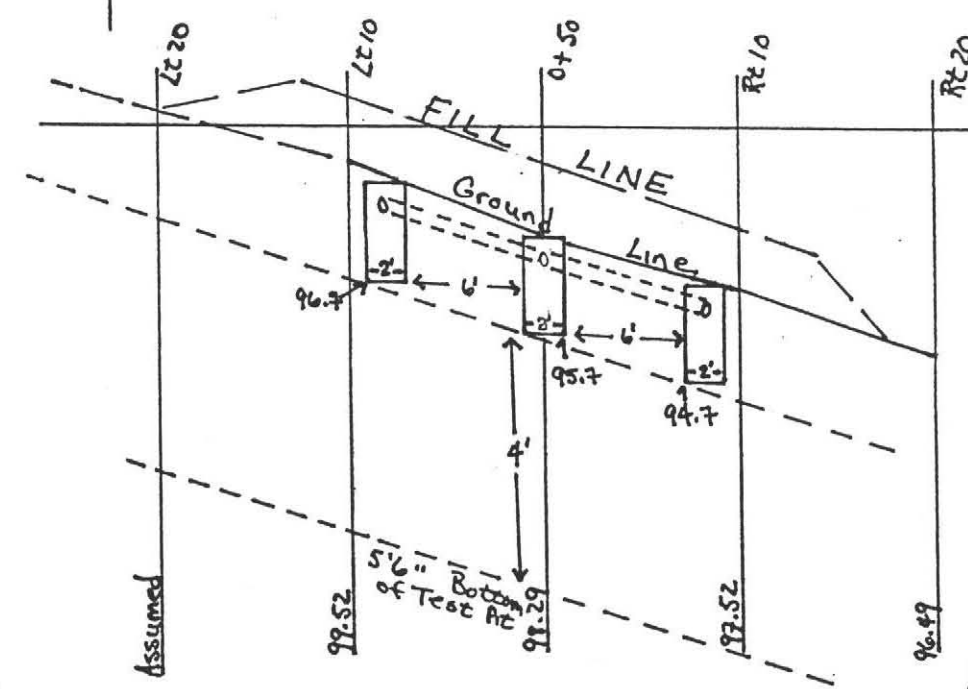


FOR: George Spence
P.O. Box 6, Amherst Rd., Leverett, MA
 SITE: High Point Drive, Lot 3,
Amherst, MA

BY: FREDERICK A. FILIOS
 DATE: August 9, 1985
 SCALE: VERT. 1" = 3'; HORIZ. 1" = 10'



CROSS SECTION



CALCULATIONS

3 Bdrms @ 110 = 330 Gallons + 165 = 495 Gallons Req.
 Perc Rate = 8 min./inch
 Bottom: $45 \times 2 = 90 \text{ Sq. Ft} \times 0.63 = 56.7 \text{ Gallons}$
 Sides: $45 \times 1 \times 2 = 90 \text{ Sq. Ft} \times 1.25 = 112.5 \text{ Gallons}$
 $56.7 + 112.5 = 169.2 \times 3 \text{ Trenches} = 507.6 \text{ Gallons}$
Available with This Proposed System

3 Leach Trenches 45' x 2' x 1.5'

Specifications: All materials and construction will be in accordance with the Commonwealth of Massachusetts D.E.Q.E. State Environmental Code, Title 5.

