

95-26 TANK INLET/OUTLET PIPES MUST #49
 be AT CENTER LINE OF TANK FEE 160⁰⁰
 THE COMMONWEALTH OF MASSACHUSETTS #41 CK# 7544
 Amherst MASSACHUSETTS

Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct () or Repair (X) an On-site Sewage Disposal System at:

Location Address or Lot No. LOT #42 49 High Point Drive Amherst, MA 01002	Owner's Name, Address and Tel. No. Jim Southerland 49 High Point Drive Amherst, MA 01002
Installer's Name, Address, and Tel. No.	Designer's Name, Address and Tel. No. Filius Enterprises Inc (413) 256-8008 69 Pelham Rd. Amherst MA 01002

Type of Building:

Dwelling No. of Bedrooms 4 Garbage Grinder (NO)
 Other Type of Building _____ No. per Persons _____ Showers () Cafeteria ()
 Other Fixtures _____

Design Flow PER PERSON 55 gallons per day. Calculated daily flow 450 x 1.25 = 550 gallons.

Plan Date _____ Number of sheets _____ Revision Date 007 24, 1995
 Title Plan of Sewage Disposal SYSTEM

Description of Soil ATTACHED

Nature of Repairs or Alterations (Answer when applicable):
Replacement of leaching facility

Date last inspected: 9/19/95

Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signed James Southerland Date October 27, 1995

Application Approved by _____ Date _____

Application Disapproved for the following reasons _____

Permit No. 95-26 Date Issued _____

William W. Clark

THE COMMONWEALTH OF MASSACHUSETTS
 Amherst MASSACHUSETTS
Certificate of Compliance

Checked OK
 11/27/95
 SA Filius

THIS IS TO CERTIFY, that the On-site Sewage Disposal System installed () or repaired/replaced (X) on 11/27/95
 by W. W. Clark for Jim Southerland
 at 49 High Point Drive has been constructed in
 accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. 95-26 dated
11/27/95. Use of this system is conditioned on compliance with the provisions set forth below:

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on _____

DATE 11/27/95 Inspector David Jazenski

No. 95-26 THE COMMONWEALTH OF MASSACHUSETTS
 Amherst MASSACHUSETTS FEE 160⁰⁰
Disposal System Construction Permit CK# 7544

Permission is hereby granted to James Southerland
 to construct () or repair (X) an On-site Sewage System located at 49 High Point Drive

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions.

All construction must be completed within three years of the date below.

DATE 10/27/95 Approved by David Jazenski
 for Amherst Health Dept



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Section of faint text, possibly containing a date or a specific reference.

Section of faint text, appearing to be a paragraph or a list of items.

Section of faint text, possibly a continuation of the previous section.

Section of faint text, possibly containing a signature or a name.

Section of faint text, possibly a concluding paragraph or a note.

Section of faint text at the bottom of the page, possibly a footer or a date.

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole _____ inches
- Depth weeping from side of observation hole _____ inches
- Depth to soil mottles _____ inches
- Ground water adjustment _____ feet

Index Well Number _____ Reading Date _____ Index well level _____
 Adjustment factor _____ Adjusted ground water level _____

Percolation Test		
Date: <u>9/13/95</u>		Time: <u>2:10</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>40"</u>	
Start Pre-soak	<u>2:12</u>	
End Pre-soak	<u>2:27</u>	
Time at 12"	<u>2:27</u>	
Time at 9"	<u>2:36</u>	
Time at 6"	<u>2:53</u>	
Time (9"-6")	<u>17²/₃</u>	
Rate Min./Inch	<u>6</u>	

Site Suitability Assessment: Site Passed Site Failed

Additional Testing Needed: _____

Performed By: F. Lios Certification Number: _____

Witnessed By: Roger Bonsall

Comments: Stony Perc hole

No. _____

Date 9/13/95

Commonwealth of Massachusetts
Massachusetts

Site Suitability Assessment for On-site Sewage Disposal

Performed By: Filios Certification Number: _____
Witnessed By: Roger Bonsall

\$160 due

Location Address or Lot No. <u>49 Highpoint Dr.</u>	Owner's Name, Address and Tel. # <u>Phyllis Sutherland</u> <u>49 Highpoint Dr.</u>
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New Construction Repair 253-3610

4 Bdrm

Office Review

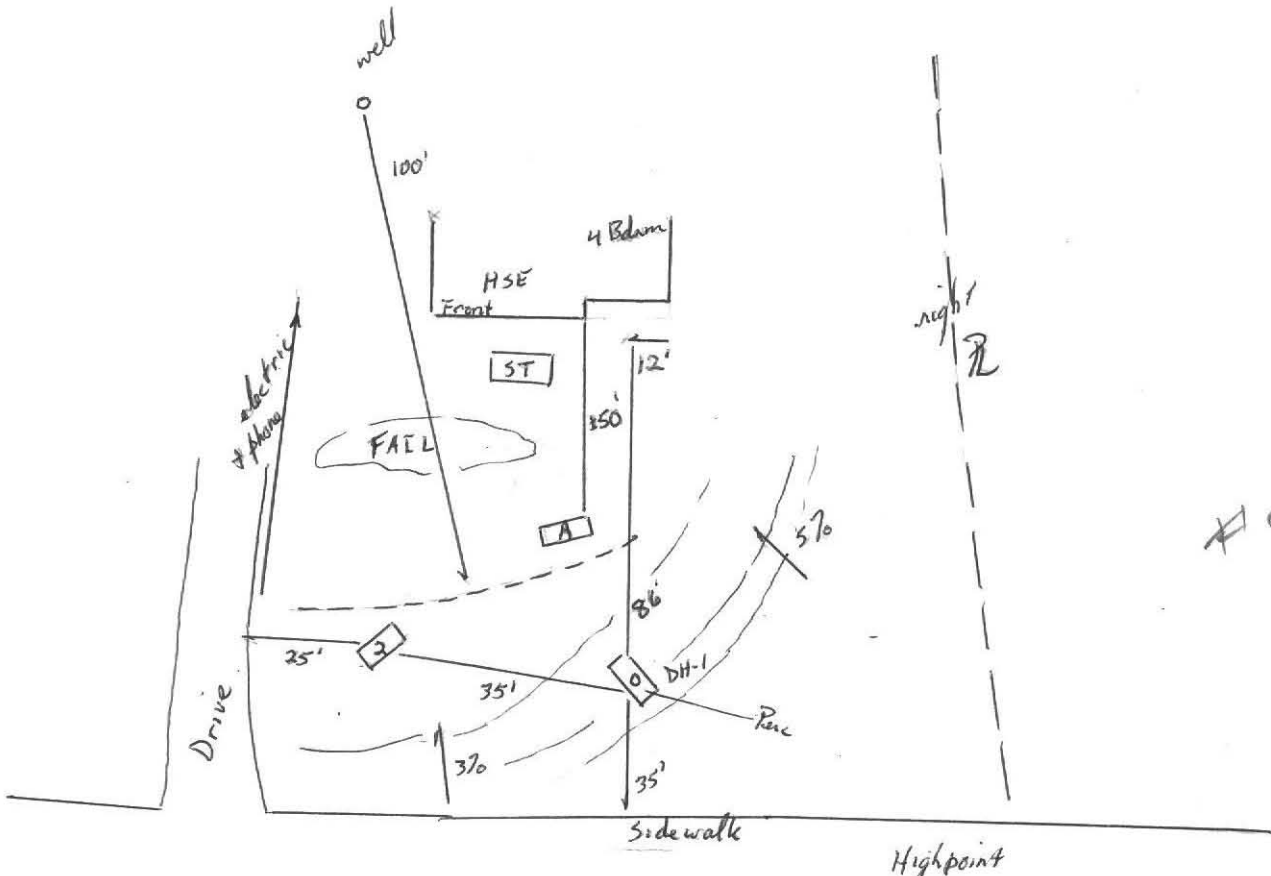
GG to be removed

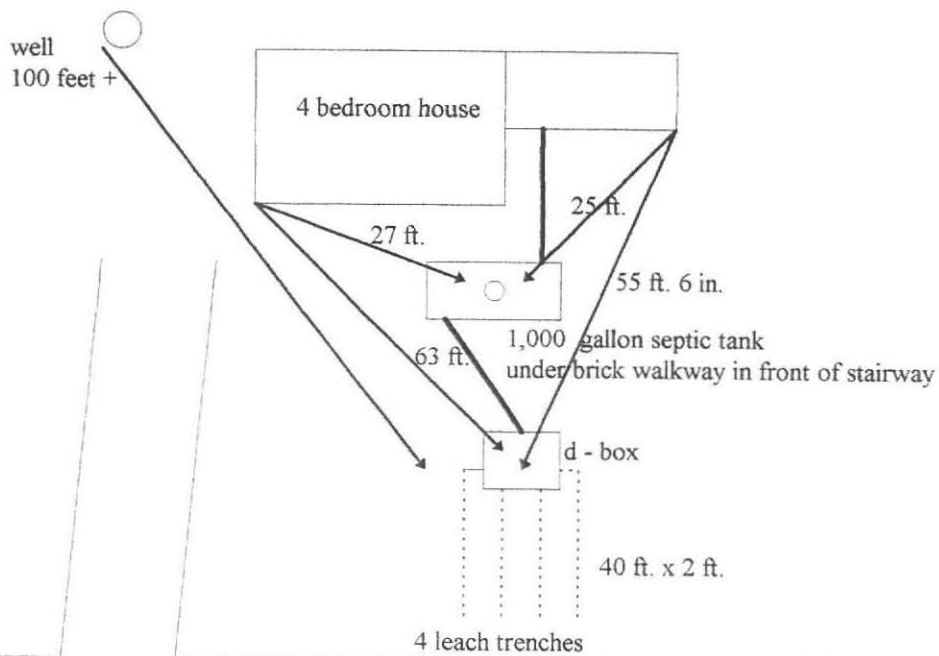
Published Soil Survey Available: No Yes
 Year Published _____ Publication Scale _____ Soil Map Unit _____
 Drainage Class _____ Soil Limitations _____
 Surficial Geologic Report Available: No Yes
 Year Published _____ Publication Scale _____
 Geologic Material (Map Unit) _____
 Landform _____

Flood Insurance Rate Map:
 Above 500 year flood boundary No Yes
 Within 500 year flood boundary No Yes
 Within 100 year flood boundary No Yes

Wetland Area:
 National Wetland Inventory Map (map unit) _____
 Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____
 Range: Above Normal Normal Below Normal
 Other References Reviewed: _____





not to scale

49 High Point Drive, Amherst

