

No. 83-19

FEB 1983

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 (X) or Repair () an Individual Sewage Disposal System at:



Location - Address: Middle St, 156 So. East St; Owner: David Greaney - WAYCON Co.; or Lot No: none; Address: 156 So. East St

Installer: * (blank); Address: (blank)

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: 55 gallons per person per day; Total daily flow: 330 gallons

Septic Tank: Liquid capacity: 1000 gallons; Length: (); Width: (); Diameter: (); Depth: (); Disposal Trench: No. 1: 1; Width: 18; Total Length: 22; Total leaching area: 396 sq. ft. Mnj.

Seepage Pit No.: (); Diameter: (); Depth below inlet: (); Total leaching area: () sq. ft.

Other Distribution box (X) Dosing tank ()

Percolation Test Results: Performed by: Frederick Filios; Date: Apr 29, 1978

Test Pit No. 1: 3.75 minutes per inch; Depth of Test Pit: 6.2; Depth to ground water: 5'

Test Pit No. 2: () minutes per inch; Depth of Test Pit: 6; Depth to ground water: 55'

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 Article XI 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: Daniel Greaney; Date: 6-30-83

Application Approved By: (Signature); Date: 6/30/83

Application Disapproved for the following reasons: ()

Permit No. 83-19

Issued 6-30-83 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 ()

has been installed in accordance with the provisions of 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 SATISFACTORY.

DATE () Inspector ()

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 83-19

TOWN OF Amherst

FEE \$490

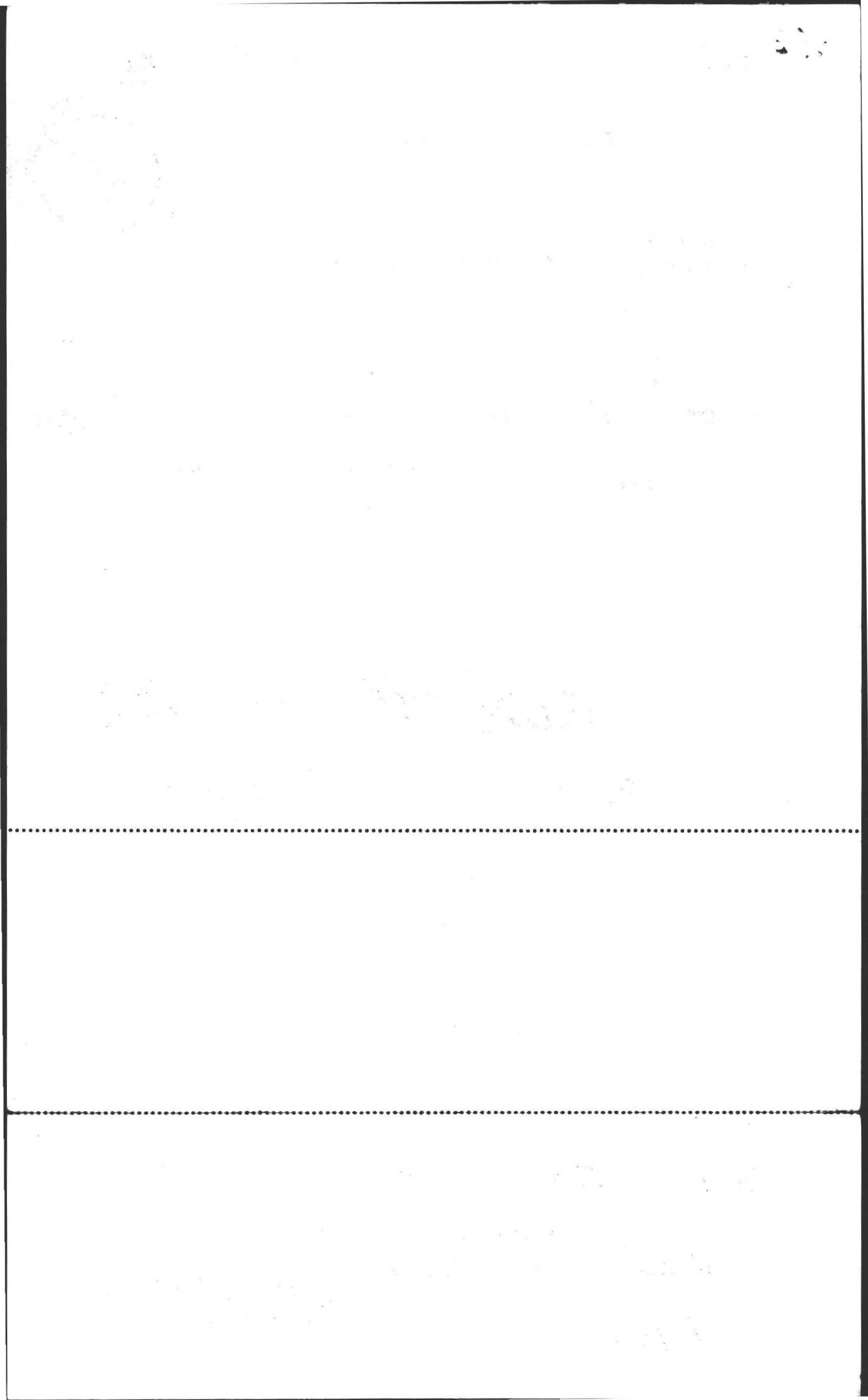
Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair () an Individual Sewage Disposal System

at No. McKennic Lot Middle St

as shown on the application for Disposal Works Construction Permit No. 83-19 Dated 8-30-83

DATE 6/30/83 Board of Health (Signature)



No.

FEE

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 (X) or Repair () an Individual Sewage Disposal System at:

Middle St Location - Address
David Creaney Owner
156 So. East St Address

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder () No
Other - Type of Building No. of persons Showers () - Cafeteria ()

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank Liquid capacity 1000 gallons Length Width Diameter Depth
Disposal Bed Trench - No. 1 Width 18 Total Length 22 Total leaching area 396 sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.
Other Distribution box (X) Dosing tank ()
Percolation Test Results Performed by Frederick Filios Date Apr 29 1978
Test Pit No. 1 3.75 minutes per inch Depth of Test Pit 6 1/2 Depth to ground water 5'
Test Pit No. 2 minutes per inch Depth of Test Pit 6 Depth to ground water 55'

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 Article XI 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
Application Approved By
Application Disapproved for the following reasons:
Permit No. Issued

THE COMMONWEALTH OF MASSACHUSETTS

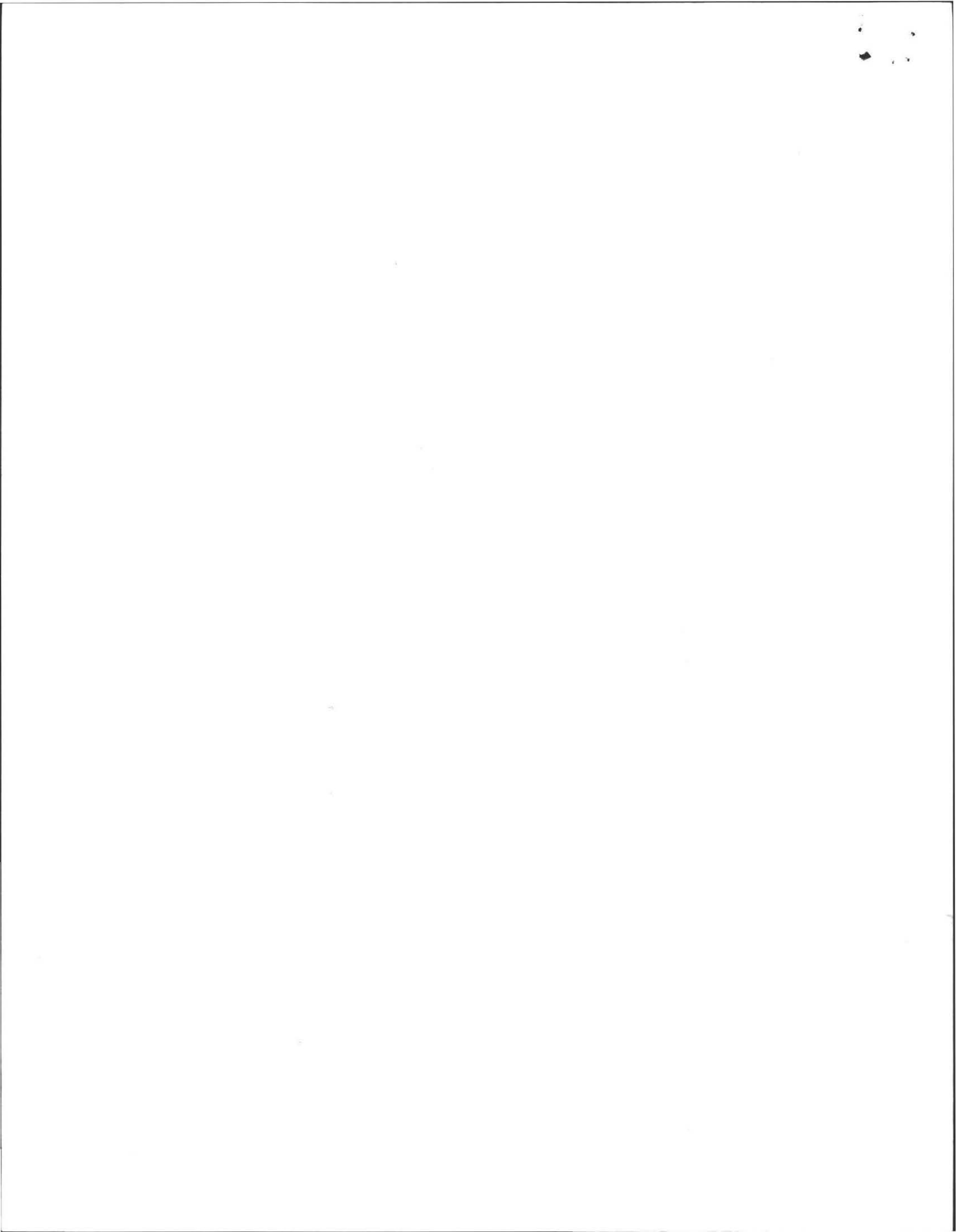
BOARD OF HEALTH

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by at has been installed in accordance with the provisions of 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 SATISFACTORY.
DATE Inspector

CHECK OR FILL IN WHERE APPLICABLE



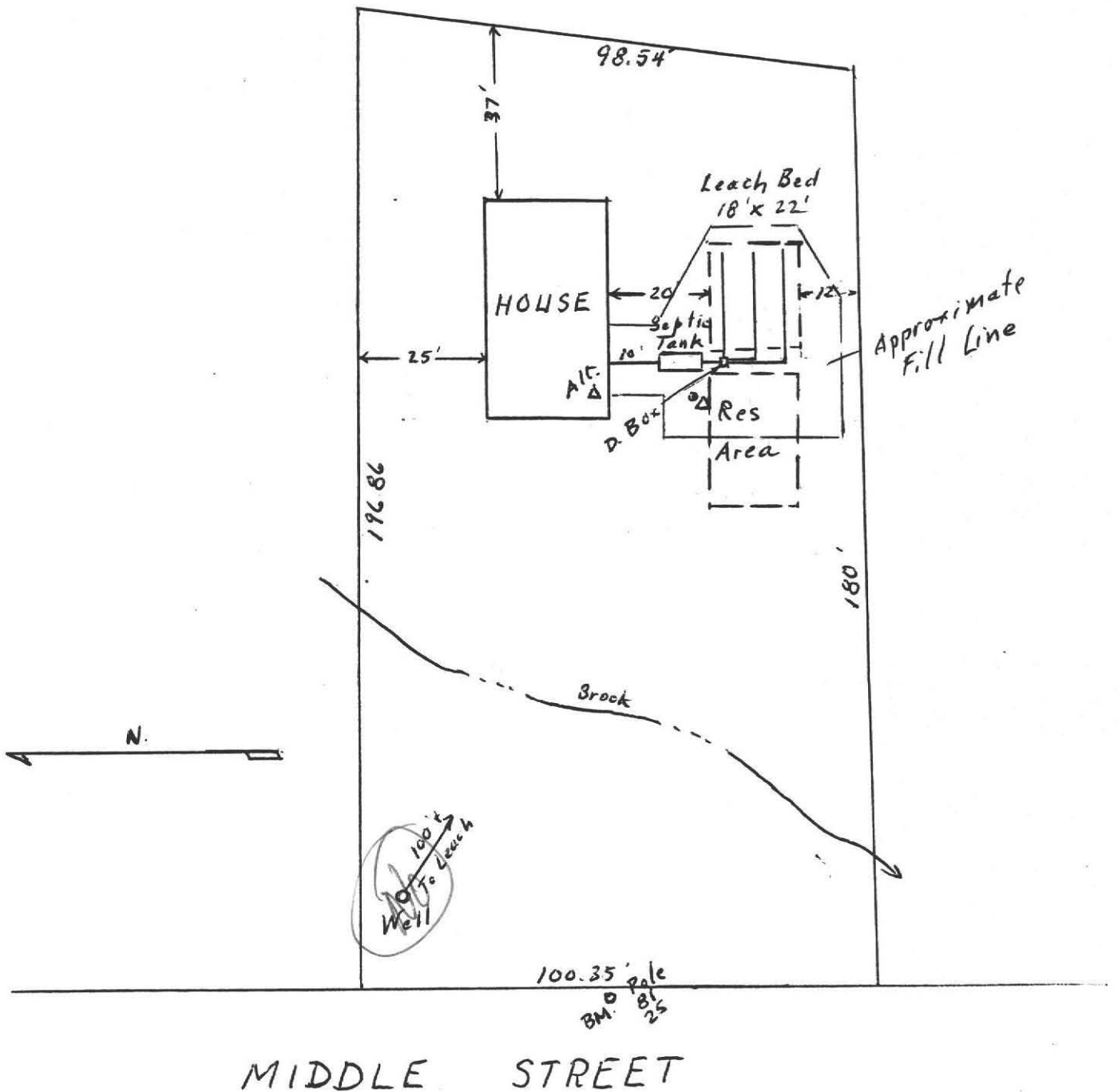
PLAN SHOWING SEWAGE DISPOSAL

For: David Creaney
156 So. East St
Amherst Mass

June 1983

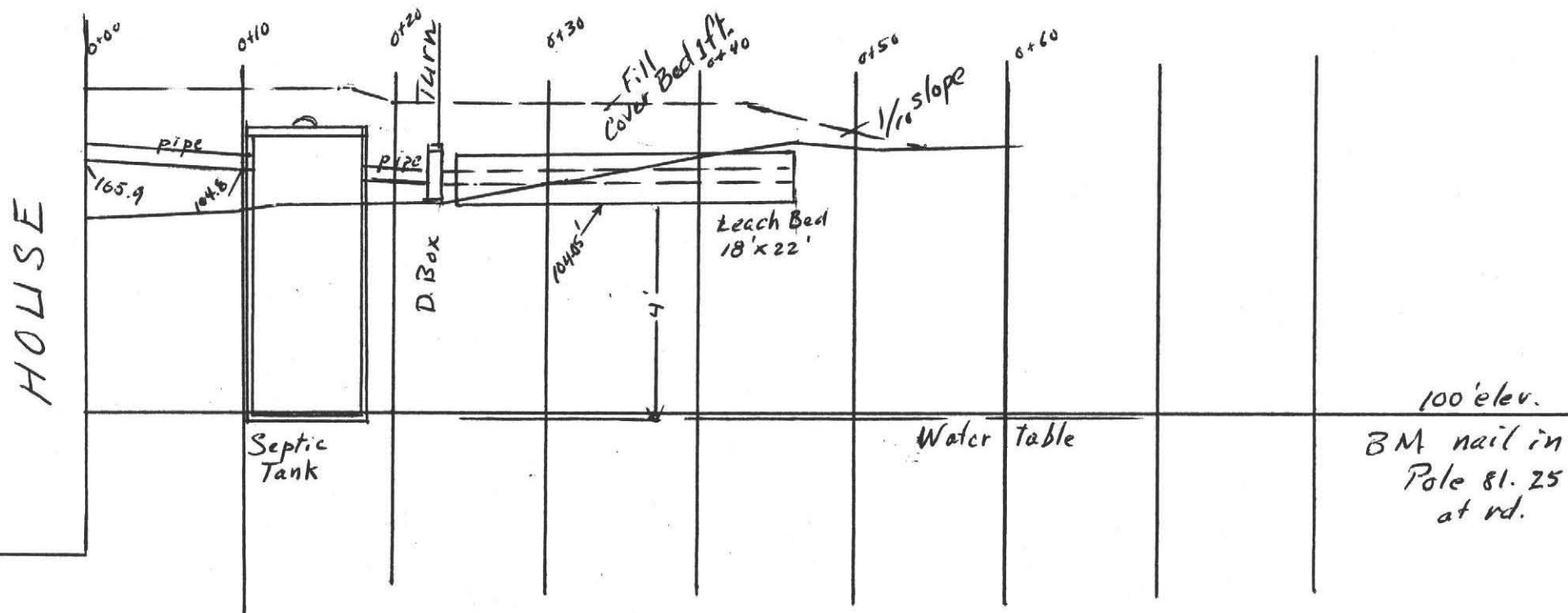
Scale: 1" = 30'

By: Frederick Filios



PROFILE OF SEPTIC SYSTEM

June 1983



For: David Creaney
156 So. East St
Amherst Mass
At Middle St.

Scale: 1" = 10' Horizontal
1" = 3' Vertical

By: Frederick Filios

Calculations

3 bdm at 110 gal ea = 330 gal required
at 4 min/inch 1.2 sq. ft. per gal
12 x 330 = 396 sq. ft. required
18 x 22 = 396 sq. ft. designed



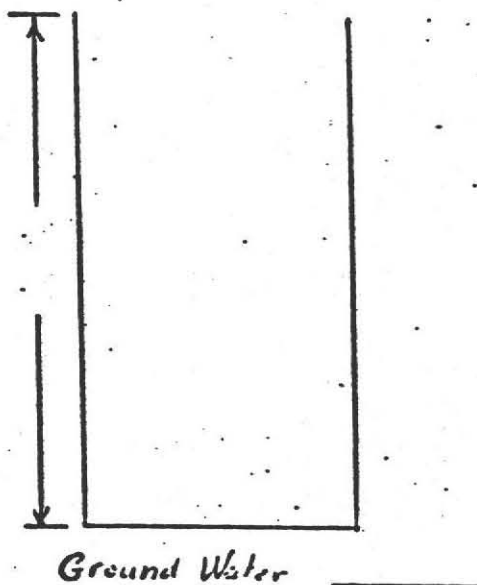
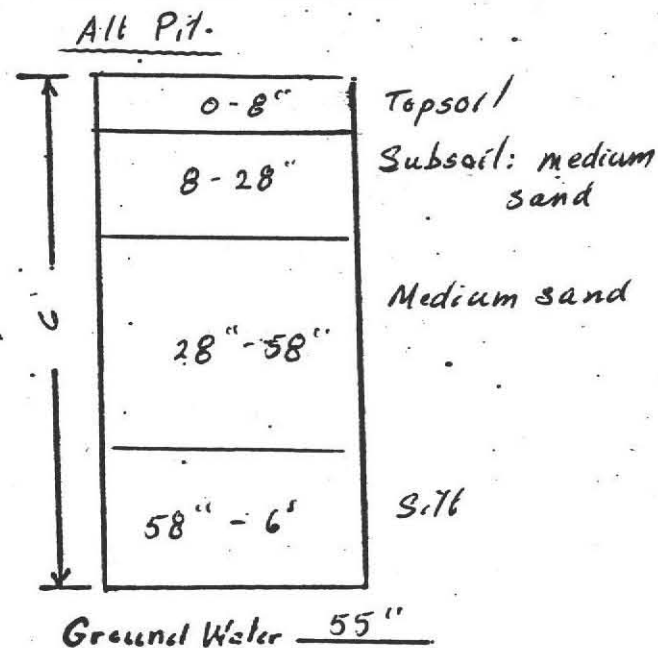
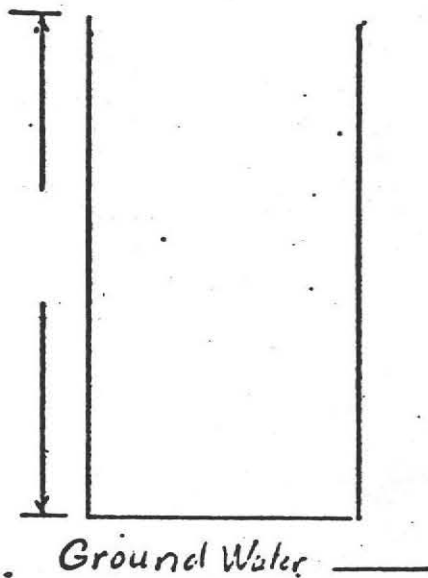
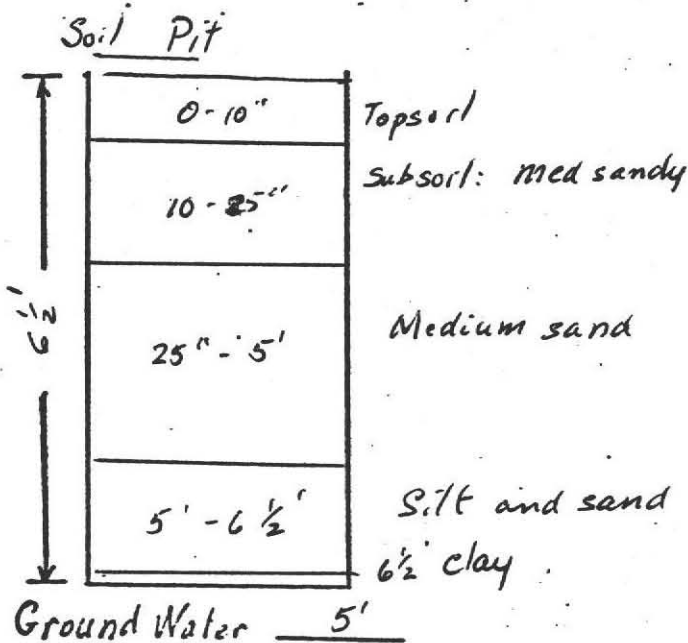
DEEP SOIL LOGS

OWNER John McKemie

Date Apr 29 19~~80~~⁷⁸

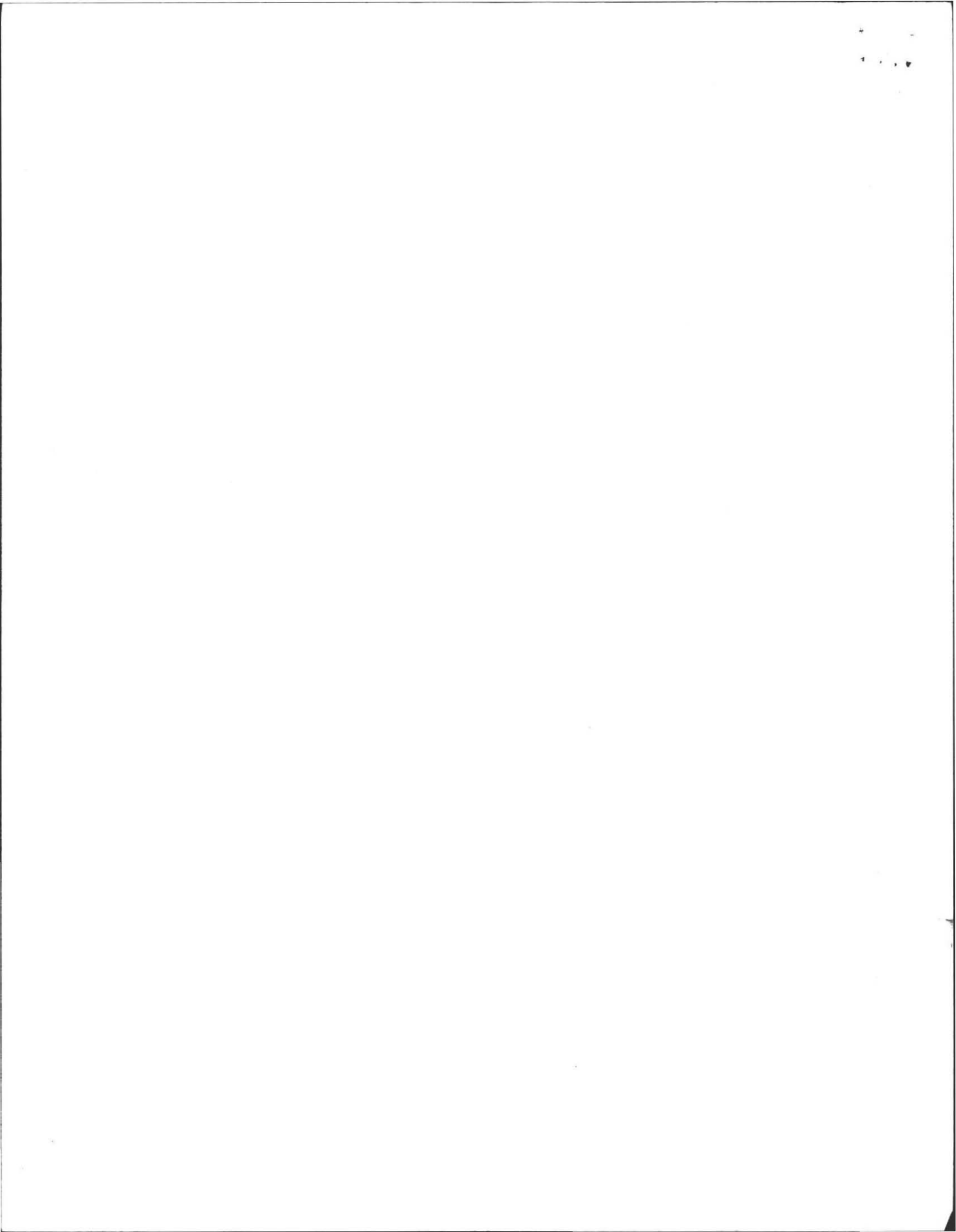
LOCATION Middle St

OBSERVER FA Filios



Percolation Rate at 32"
3.75 minutes/inch





P 746 225 293



Certified Mail Receipt

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Sent to <i>Trustees of Daniel John Gredney,</i>	
Street & No. <i>124 Middle St.</i>	
P.O., State & ZIP Code <i>Amherst, Ma. 01002</i>	
Postage	<i>\$ 29</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	<i>\$ 129</i>
Postmark or Date	<i>SEP 11 1991</i>

PS Form 3800, June 1990



**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ U.S.G.P.O. 1990-270-153