No. 80-2 #131 FEE 15.00

Pd. Cl. 2-4-80

ALMER M. HUNTLEY JR. No. 9419 REGISTERED PROFESSIONAL ENGINEER

Almer M. Huntley Jr.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AHMERST

Application for Disposal Works Construction Permit

CHECK OR FILL IN WHERE APPLICABLE

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

MIDDLE STREET
Location - Address

or Lot No.

WALTER NICHOLSON
Owner

14D AUBINWOOD ROAD, AMHERST
Address

ROBERTS BUILDERS
Installer

WEST ST Amherst
Address

Type of Building

Size Lot 25± ACRES ~~Sq. feet~~

Dwelling — No. of Bedrooms 6 Expansion Attic ( ) Garbage Grinder (X)

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cafeteria ( )

Other fixtures .....

Design Flow 55 gallons per person per day. Total daily flow 660 gallons.

Septic Tank — Liquid capacity 1500 gallons Length ..... Width ..... Diameter ..... Depth .....

Disposal ~~Trench~~ bed — No. 1 Width 30' Total Length 30' Total leaching area 900 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 DJT-HUNTLEY ASSOC. Date 11/27/79

Test Pit No. 1 2.0 minutes per inch Depth of Test Pit 4'0" Depth to ground water -----

Test Pit No. 2 --- minutes per inch Depth of Test Pit 11'0" Depth to ground water 7'9"

Description of Soil 12" OTS - SILTY SAND - 8'6" F-M SAND WITH SOME VEINS LIGHT CLAY

Nature of Repairs or Alterations — Answer when applicable .....

Agreement:

The undersigned agrees to install the aforedescribed 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 Barry L Roberts 2/2/80
Date

Application Approved By ..... Date

Application Disapproved *for the following reasons:* .....

3/3/80 FAXED TO KARLS

Permit No. ..... Issued ..... #549-6115

549-5396

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

OF

No. ..... FEE .....

Disposal Works Construction Permit

Permission is hereby granted .....

to Construct ( ) or Repair ( ) an Individual Sewage Disposal System

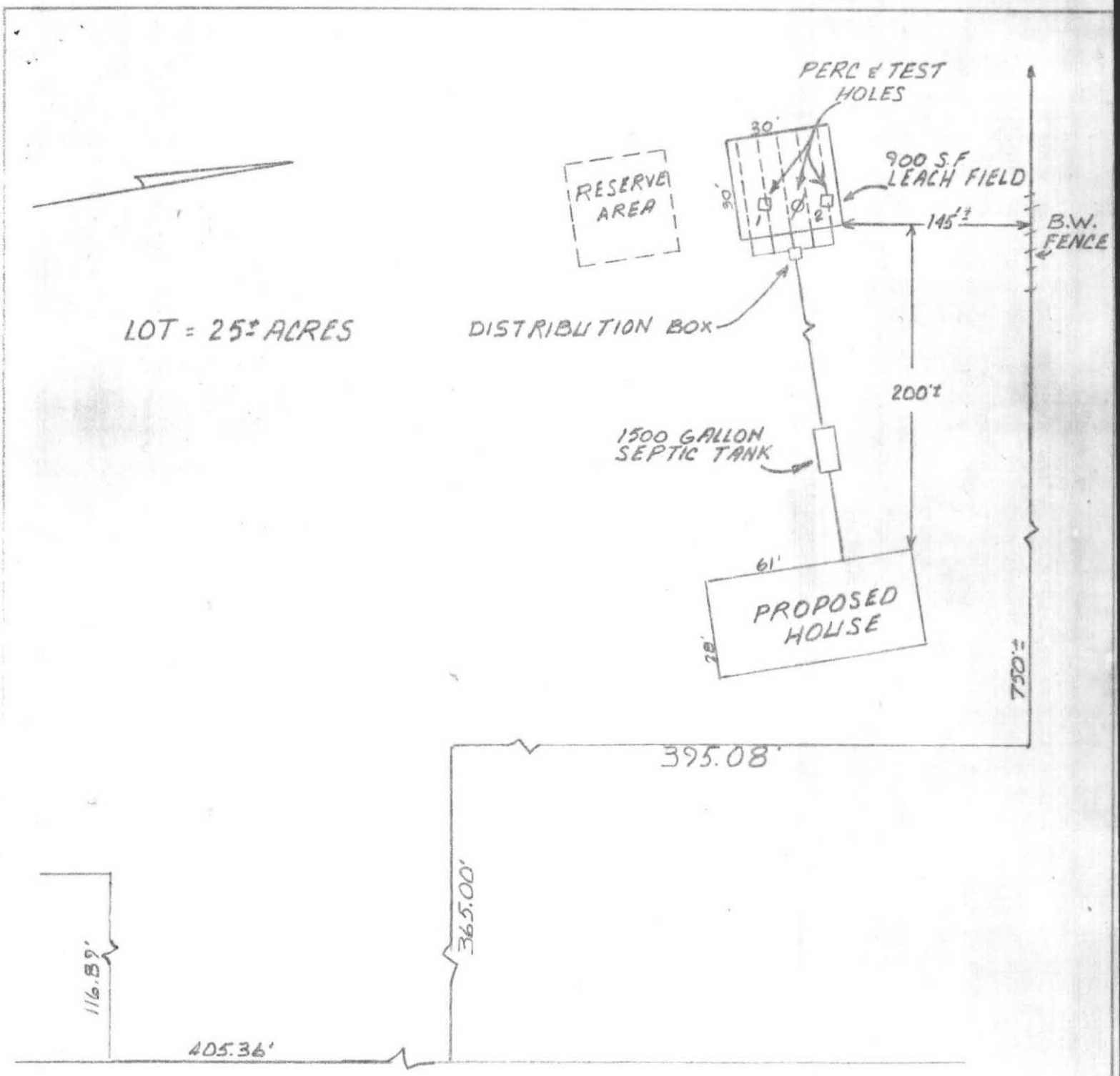
at No. .....
Street

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

.....
Board of Health

DATE .....

FORM 1255 HOBBS & WARREN, INC., PUBLISHERS



PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM
MIDDLE STREET, AMHERST
PREPARED FOR - WALTER NICHOLSON

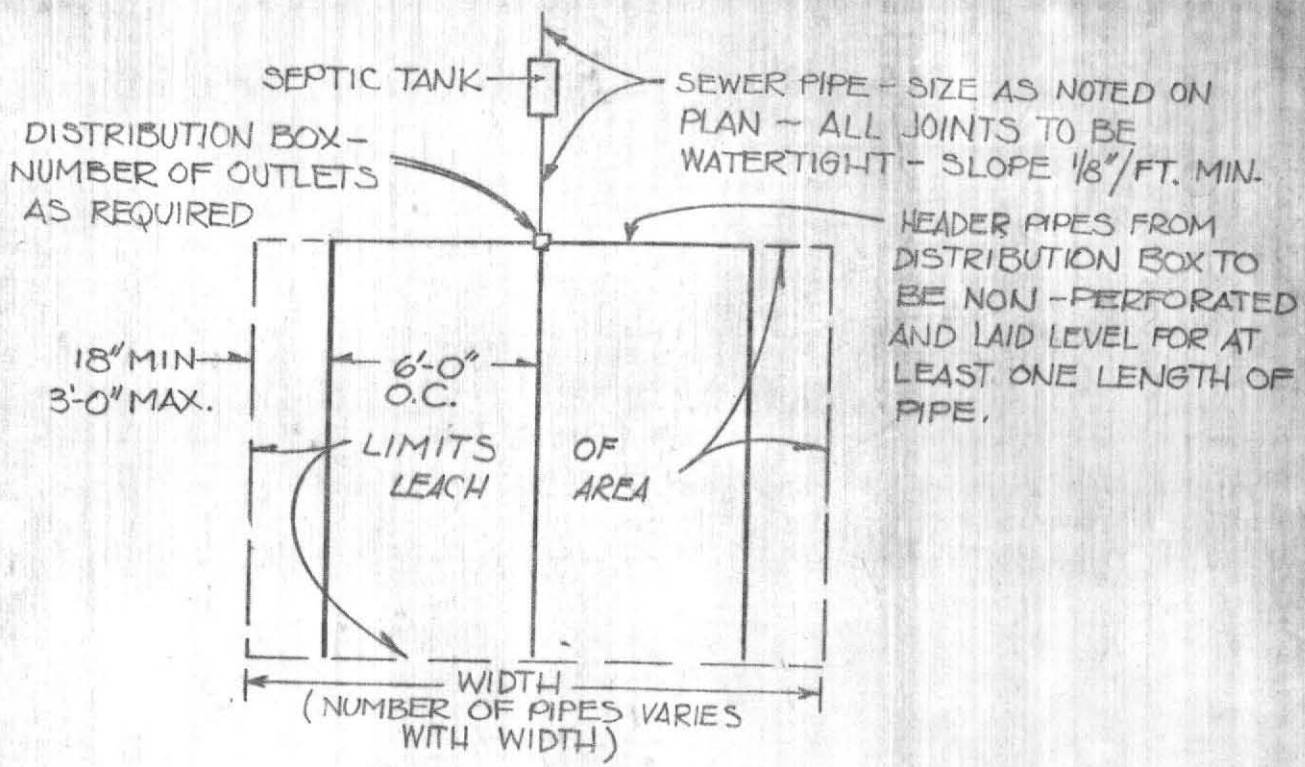
Almer M. Huntley Jr.

COMMONWEALTH OF MASSACHUSETTS
ALMER M. HUNTLEY, JR.
No. 9419
REGISTERED PROFESSIONAL ENGINEER

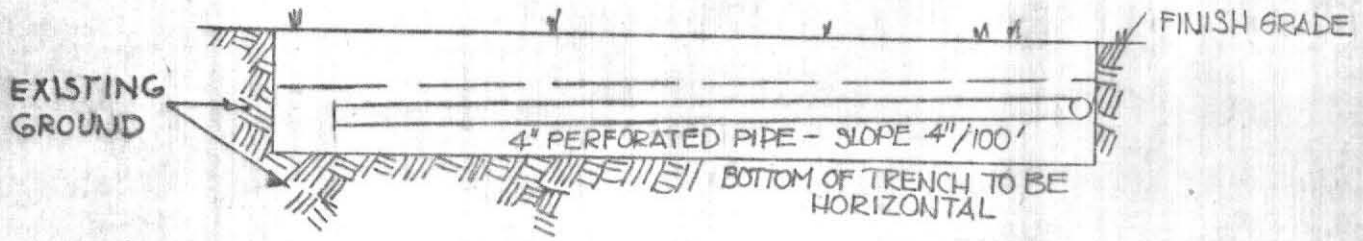
ALMER HUNTLEY, JR. & ASSOCIATES, INC.
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

DRAWN: DJT
SCALE: 1" = 40'
DATE 1-11-80

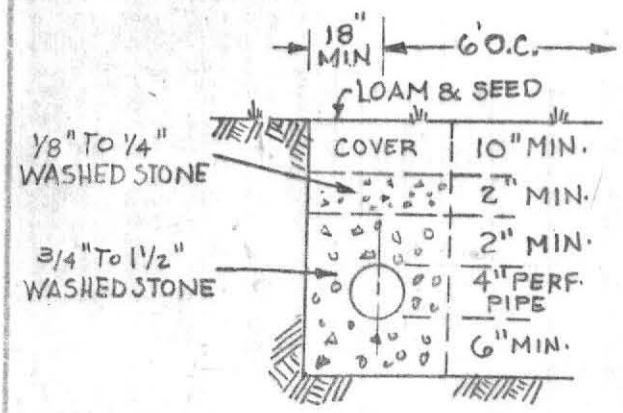
NOTE:
ALL WORK TO BE DONE IN ACCORDANCE WITH THE ENVIRONMENTAL CODE - TITLE 5



PLAN VIEW



SIDE VIEW



X-SECTION

NOTES:

ALL WORK TO BE DONE IN ACCORDANCE WITH STATE SANITARY CODE - TITLE V

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

OBSERVATION PITS

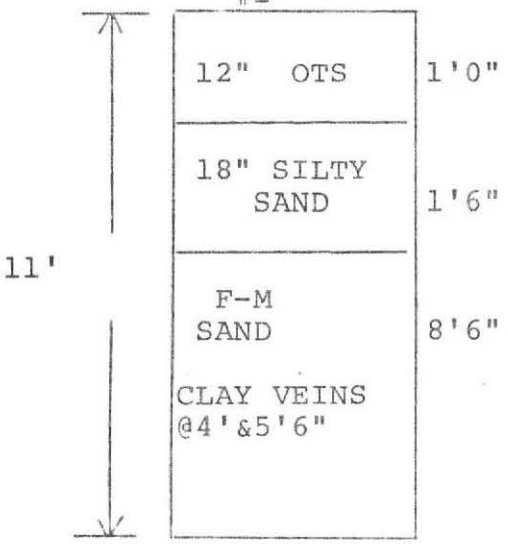
REQUESTED BY: WALTER NICHOLSON

LOCATION: MIDDLE STREET, AMHERST

MAILING ADDRESS:

DATE: 11/27/79 OBSERVER: DENNIS J. TOBIN

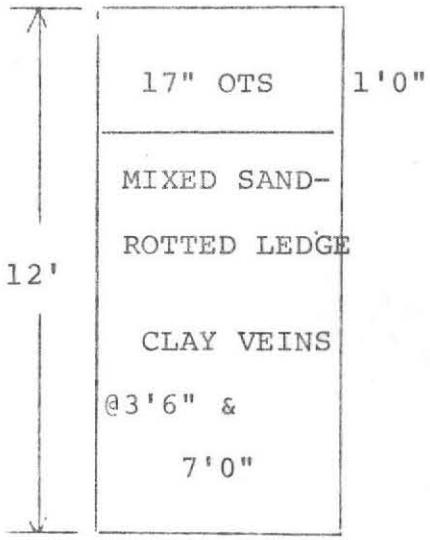
#1



Groundwater 9'6"

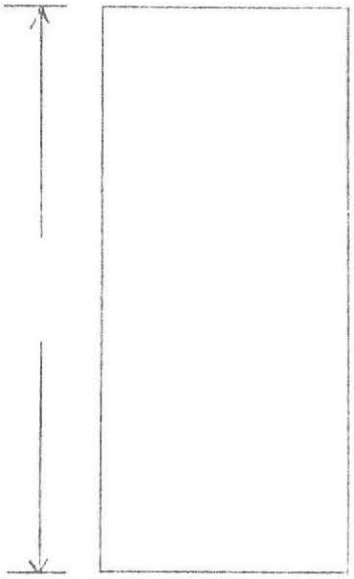
Perc Rate 2.0 min/in

#2



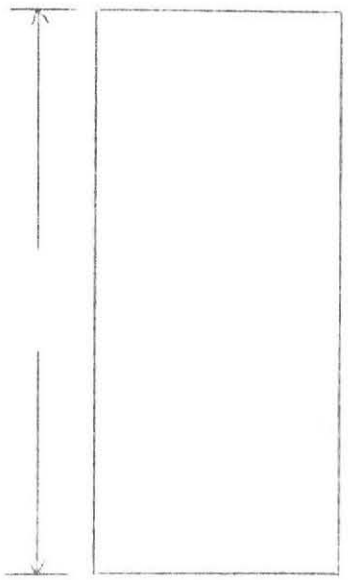
Groundwater 7'9"

Perc Rate



Groundwater

Perc Rate



Groundwater

Perc Rate

* Overnight Test

P 746 225 292

Certified Mail Receipt

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

Sent to Walt & Sue Nicholson	
Street & No. 131 Middle St.	
P.O., State & ZIP Code Amherst, Ma. 01002	
Postage	$ 29
Certified Fee	1 00
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	$ 129
Postmark or Date	

USPS 1991

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

PS Form **3800**, June 1990 *(Reverse)*

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

MIDDLE ST

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner WALTER NICHOLSON Address 140 AUBIN WOOD RD.

Installer ROBERTS BUILDERS Address WEST ST. AMHERST

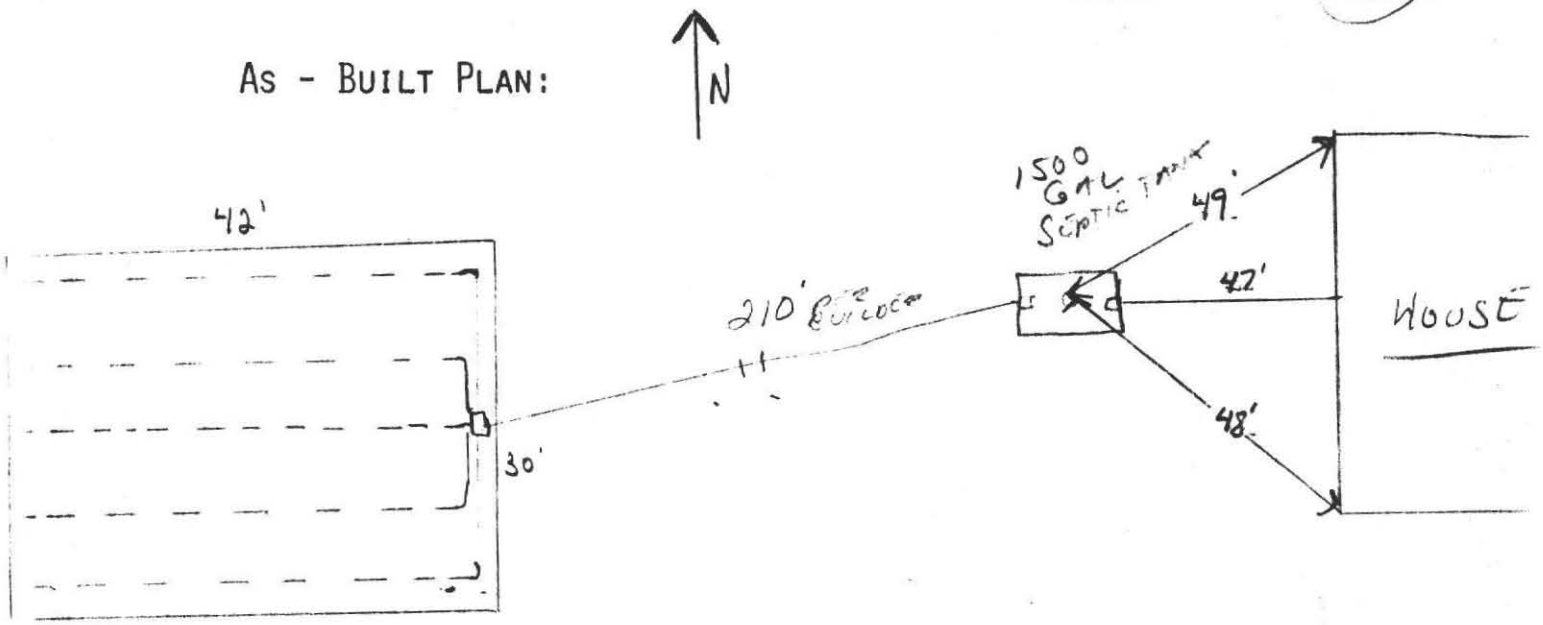
Date Installation Inspected and Approved MAY 29, 1980

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 1260

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 6 No. People 12

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.