

\$500 fee  
Rec'd 4/24/63  
#321

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR  
A PRIVATE SEWAGE DISPOSAL SYSTEM

#321

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 5-63

Dwight Horton of Amherst  
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a RESIDENCE  
(residence, store, etc.)

which will be located at MIDDLE STREET to be installed by  
KARL KONIECZNY 327 River Dr. Haverhill 35508  
(name) (address) (phone)

Builder is R.G. Tomlinson Inc Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 X 200 Type of Soil FINE SAND Well or Town Water? TOWN WATER

Distance to Town Sewer Mile Depth to Ground Water 18' 30" Kind of Well

Will Lot be Graded? Yes By Filling or Removing Soil? FILLING FRONT

Building: Dimensions 26 X 48 No. Bedrooms 2+2 No. Occupants 8

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 2

Showers Kitchen Sinks 1 Garbage Grinders

Auto Dishwasher Auto. Clotheswasher YES Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 4/12/63

R. G. Tomlinson Inc  
Gerald H. [Signature]  
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 5-63 308  
2  
616

HORTON, DWIGHT is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity. + curtain drain 1 1/2' cover

Leaching System: Trenches of not less than 600 Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.  
Other Equivalent of 300 ft 2ft 6ft apart + Dist. Box (S)

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.

A. G. [Signature] 4/12/63 date  
for the Board of Health

Inspected Approved K. S. [Signature] (Seal of 7/22/60)

MIDDLE STREET

100'

35'  
70'  
45'

100'

80'

24x24 ft  
84 x 90  
8

CURTAIN  
DITCH

Curtain  
10 min



15'

15'

40' min

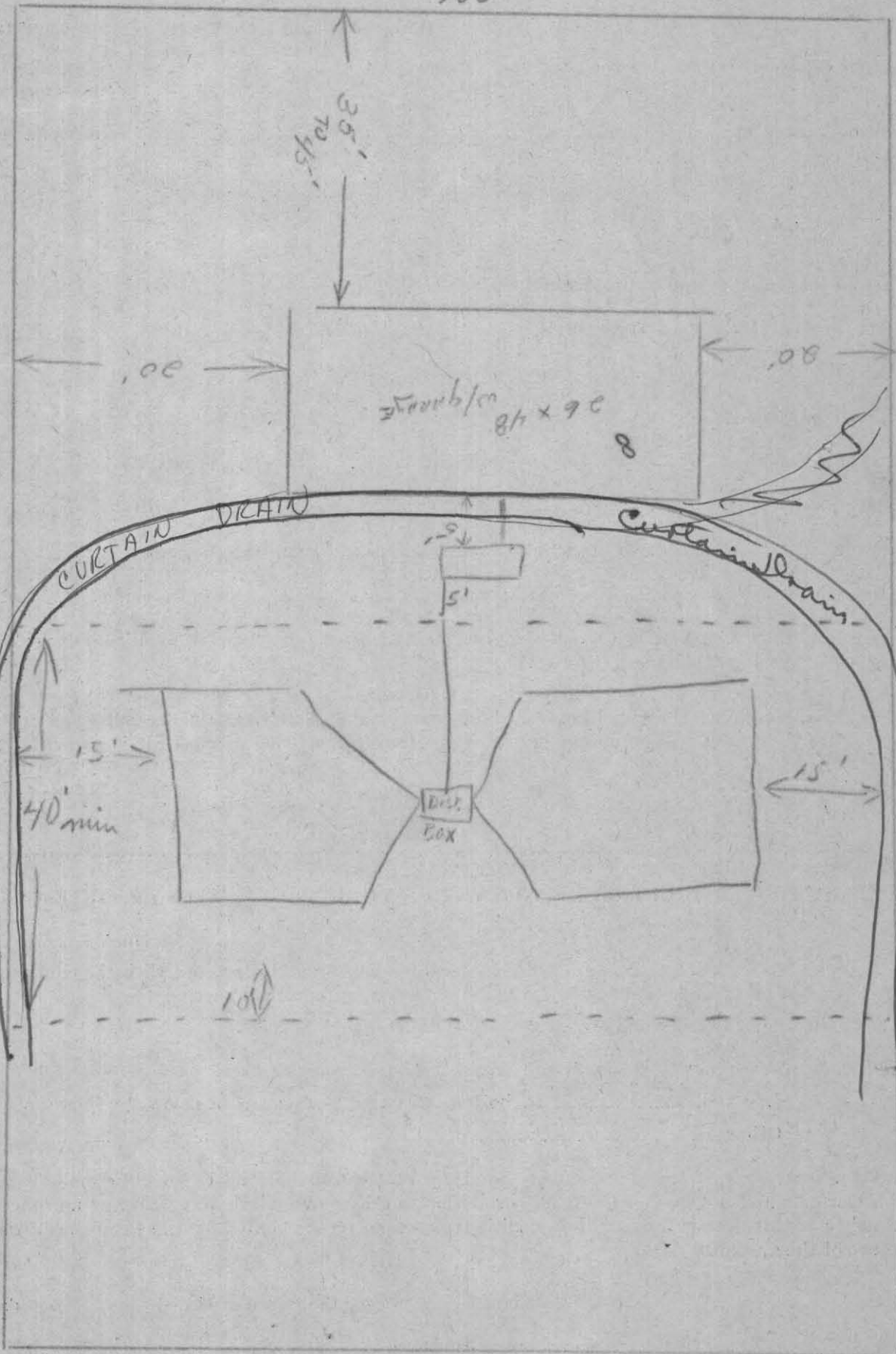
Dist.  
Box

800'

Fill  
AREA

100'

100'



(100 x 200) Horton Lot - Middle of 3 South of Home

Hole 100' from Middle St. in center 26" deep

1:55 = 13"

2:04 = 14"

2:20 = 16"

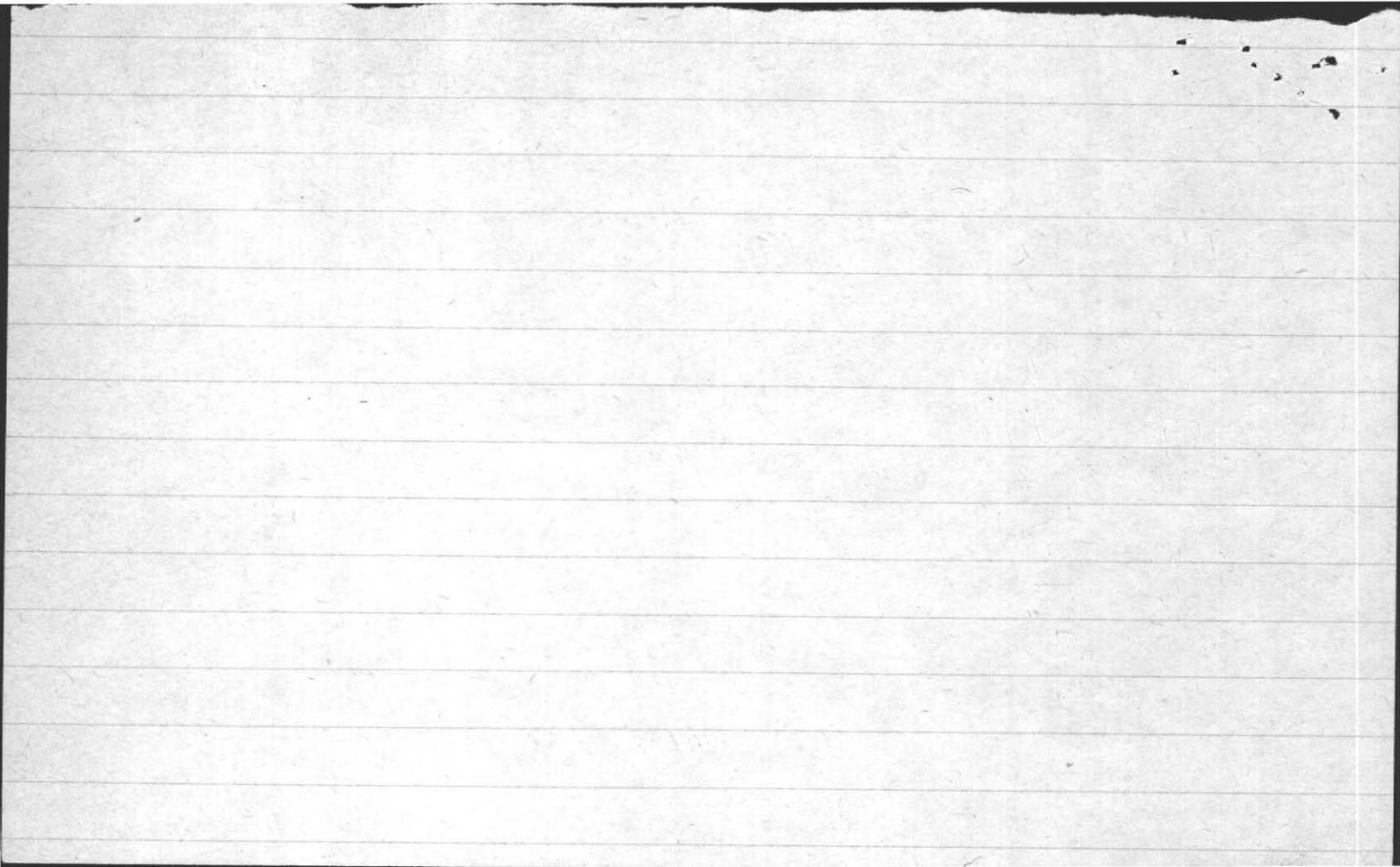
2:30 17.5" Water Table @ 18" 15 ft away from #1

35 4.5"

$$\begin{array}{r} 4.5 \overline{) 35.0} \\ \underline{31.5} \phantom{0} \\ 350 \phantom{0} \\ \underline{350} \phantom{0} \\ 0 \phantom{0} \end{array}$$

8

1 in. in 8 minutes  
.91 ft/gal



Lot - L-12 #3 Middle St. W. side (W of Home).

Water table apparently at 30" Hole #1

Hole #2

1:49 @ 20"  
2:19 @ 26" = 1" in 5 min

.75 ft/gal

(100 x 200) Horton Lot - Middle of 3 South of Home

Hole 100' from Middle St. in center 26" deep

1:55 = 13"

2:04 14"

2:20 16"

2:30 17.5" Water Table @ 18" 15 ft away from #1

35 4.5"

4.5 7.8

4.5 35.0

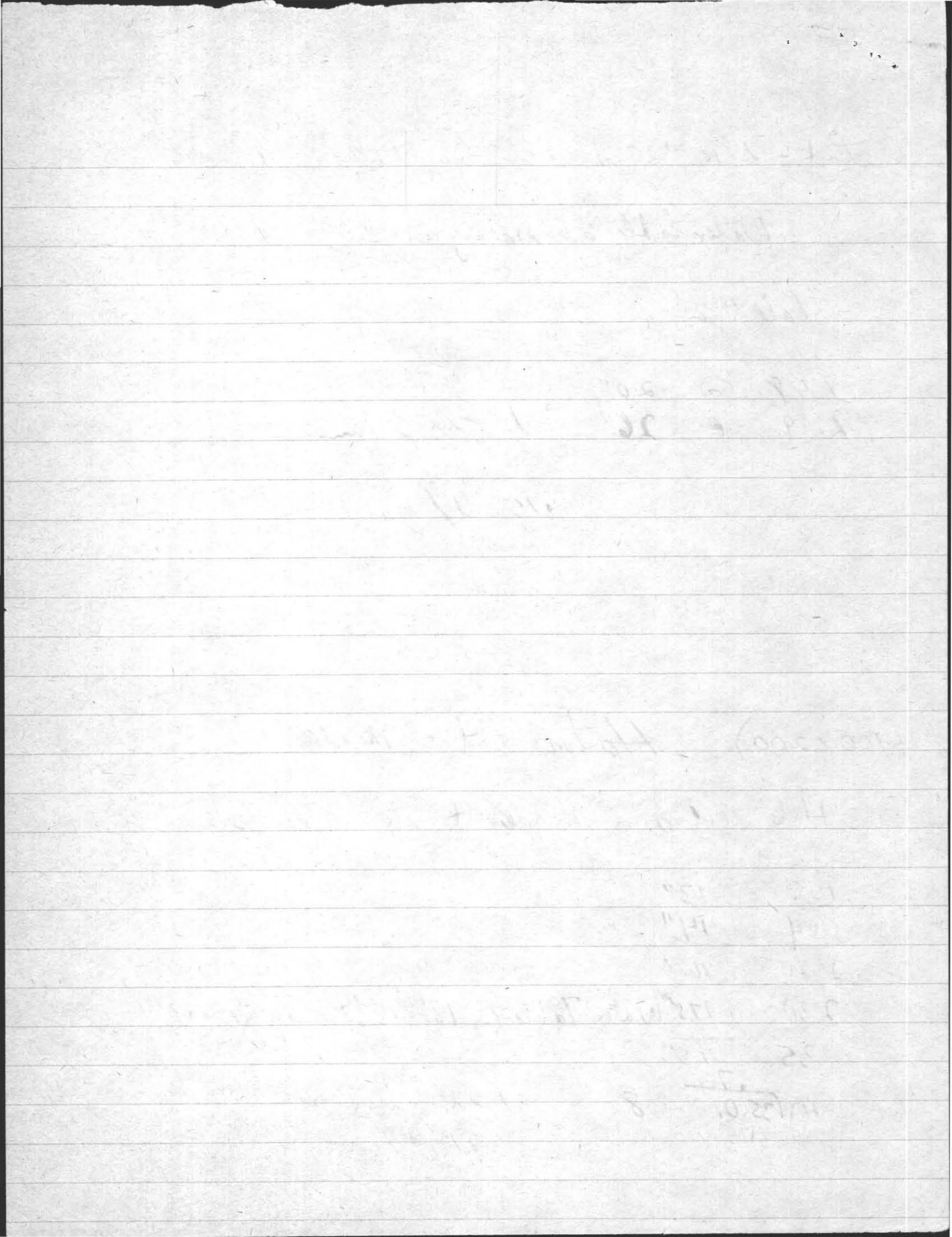
31.50

3.50

8

1 in. in 8 minutes

.91 ft/gal



Dist. field constructed July 23<sup>rd</sup>.  
308 ft of dist line installed 61¢ sq. ft.  
18" cover over distribution. ' Curtain  
drain under construction -





SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 321 MIDDLE STREET, AMHERST  
Owner's name DWIGHT HORTON  
Date of Inspection 7/18/95

Rec  
7/19

PART A  
CHECKLIST

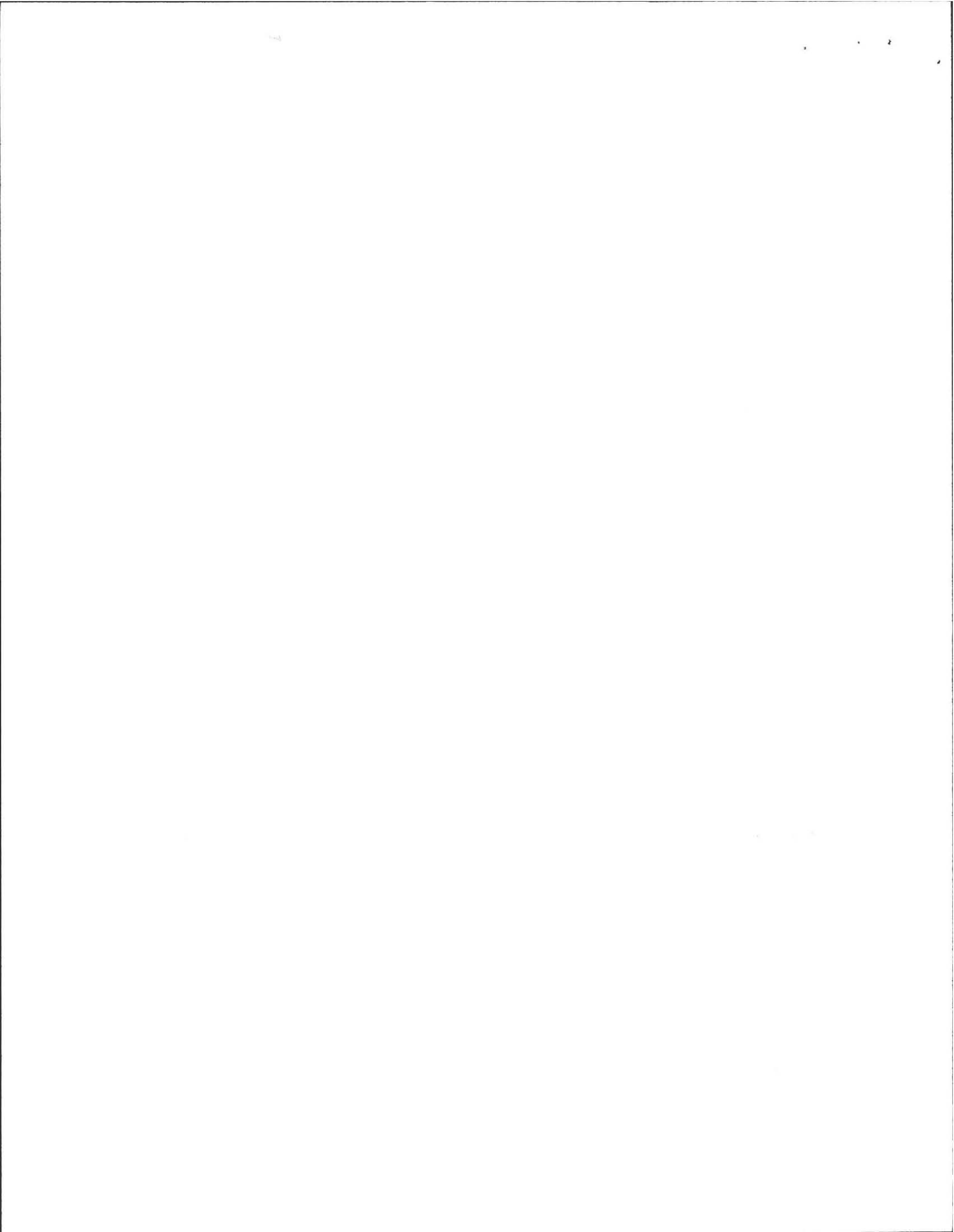
Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

\* CONSERVE WATER

\* PUMP EVERY TWO YEARS

\* USE LIQUID SOAPS



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 4 number of bedrooms  
2 number of current residents  
Y garbage grinder, yes or no NOT RECOMMENDED  
Y laundry connected to system, yes or no  
N seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

CURRENT Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

PUMPED 2 yrs. prior

\_\_\_ System pumped as part of inspection, yes or no  
 if yes, volume pumped \_\_\_\_\_  
 Reason for pumping:  
TIME + SCUM BUILD UP

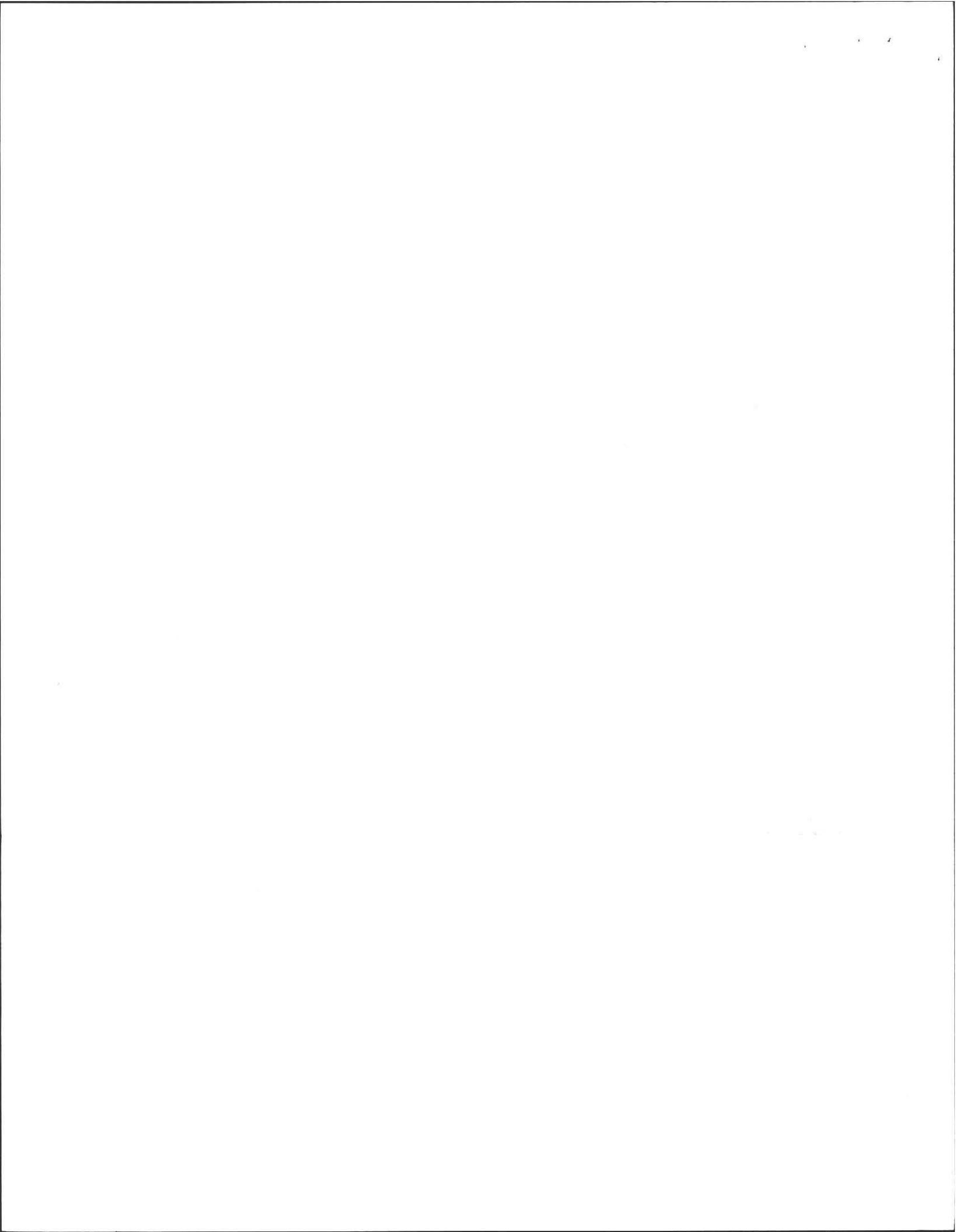
Type of system

- ✓ Septic tank/distribution box/soil absorption system  
 \_\_\_ Single cesspool  
 \_\_\_ Overflow cesspool  
 \_\_\_ Privy  
 \_\_\_ Shared system (yes or no) (if yes, attach previous inspection records, if any)  
 \_\_\_ Other (explain) \_\_\_\_\_

Approximate age of all components. Date installed, if known. Source of information:

32 yrs + 1-

N Sewage odors detected when arriving at the site, yes or no



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SEPTIC TANK: Yes  
(locate on site plan)

depth below grade: 32" (w/riser)

material of construction:  concrete  metal  FRP  other(explain)

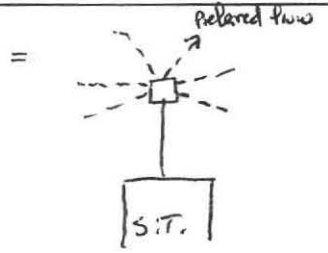
dimensions: 1000 gal. 8' x 4.5' x

- sludge depth
- distance from top of sludge to bottom of outlet tee or baffle
- 4" scum thickness
- distance from top of scum to top of outlet tee or baffle
- distance from bottom of scum to bottom of outlet tee or baffle

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, recommendations for repairs, etc.)

\* COVERS TO BAFFLES AND OUTLET BAFFLE BROKEN - NEED REPLACEMENT.

DISTRIBUTION BOX: Y (26" below grade)  
(locate on site plan)



0 - 1/2" depth of liquid level above outlet invert

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)

- Distribution uneven. Somewhat during flow, level relaxes after flow ends,  
- less than 1/2" in

PUMP CHAMBER: N  
(locate on site plan)

pumps in working order, yes or no

Comments:  
(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): Y

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type

leaching pits and number

leaching chambers and number

leaching galleries and number

leaching trenches, number, length

leaching fields, number, dimensions

overflow cesspool, number

ONE - 5 OUTLET PIPES (20' x 30' +/-)

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

NO SIGNS OF FAILURE. SOME UNEVEN DISTRIBUTION, GENERALLY OK.

CESSPOOLS (locate on site plan):

number and configuration

depth-top of liquid to inlet invert

depth of solids layer

depth of scum layer

dimensions of cesspool

materials of construction

indication of groundwater

inflow (cesspool must be pumped as part of inspection)

No =

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

PRIVY:

(locate on site plan)

materials of construction

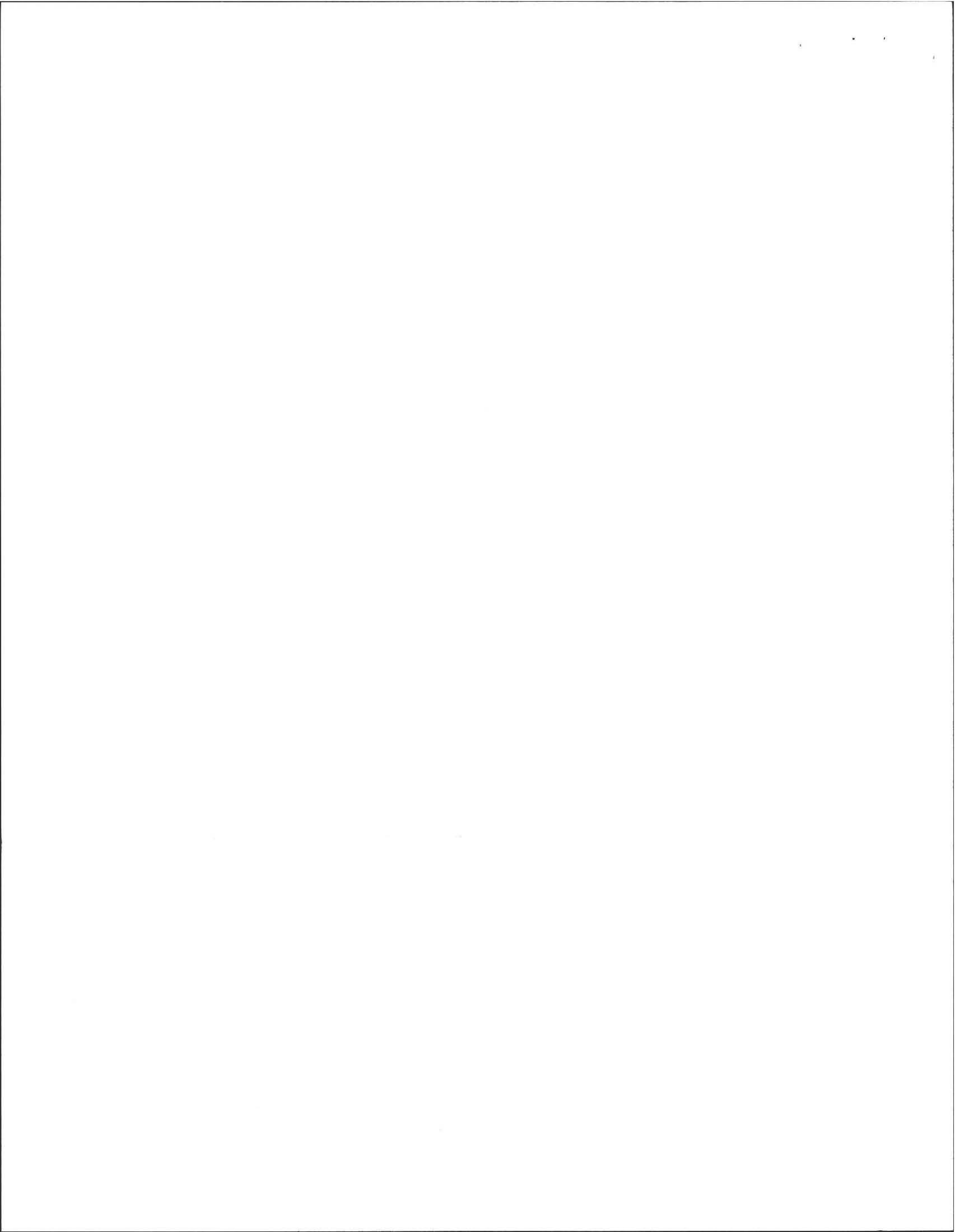
dimensions

depth of solids

No

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

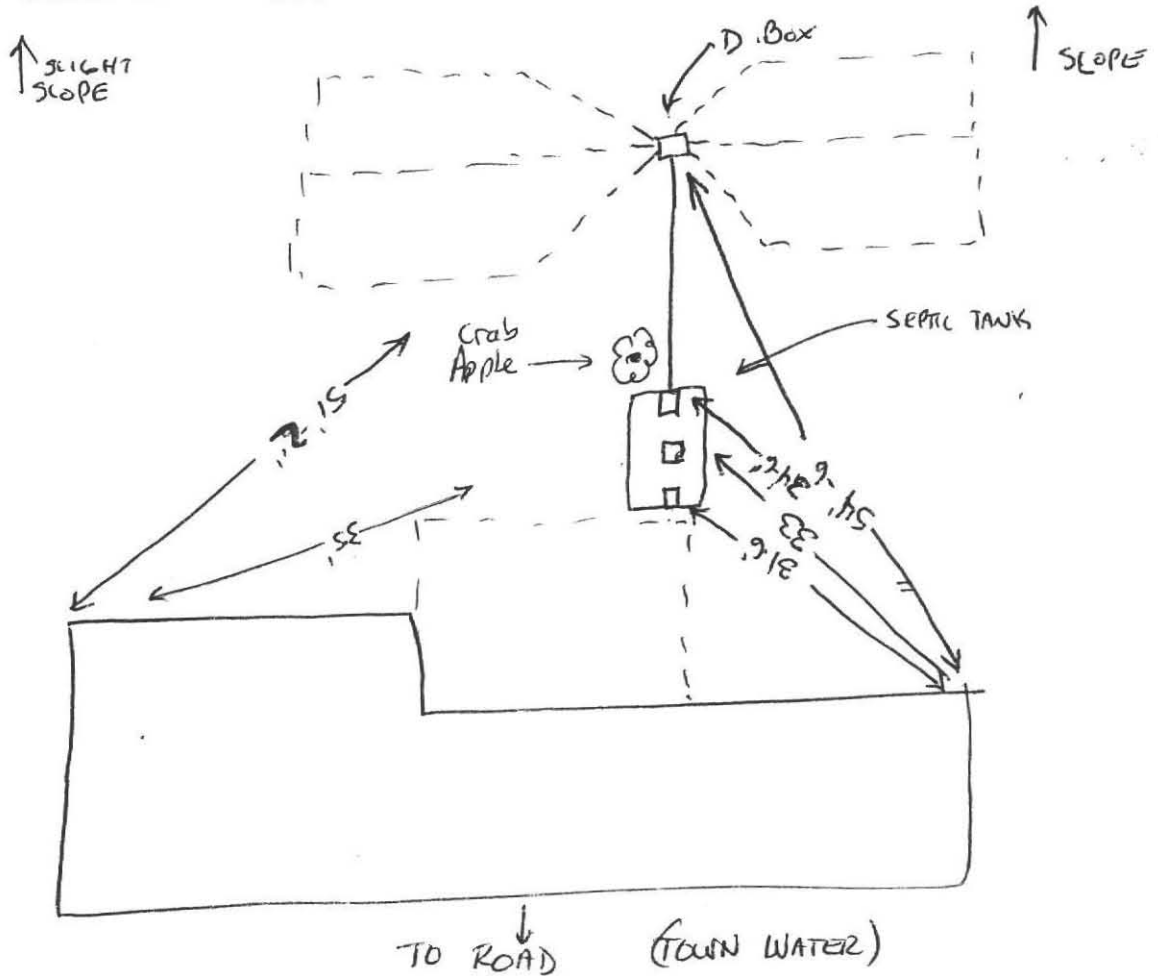




SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks  
locate all wells within 100'

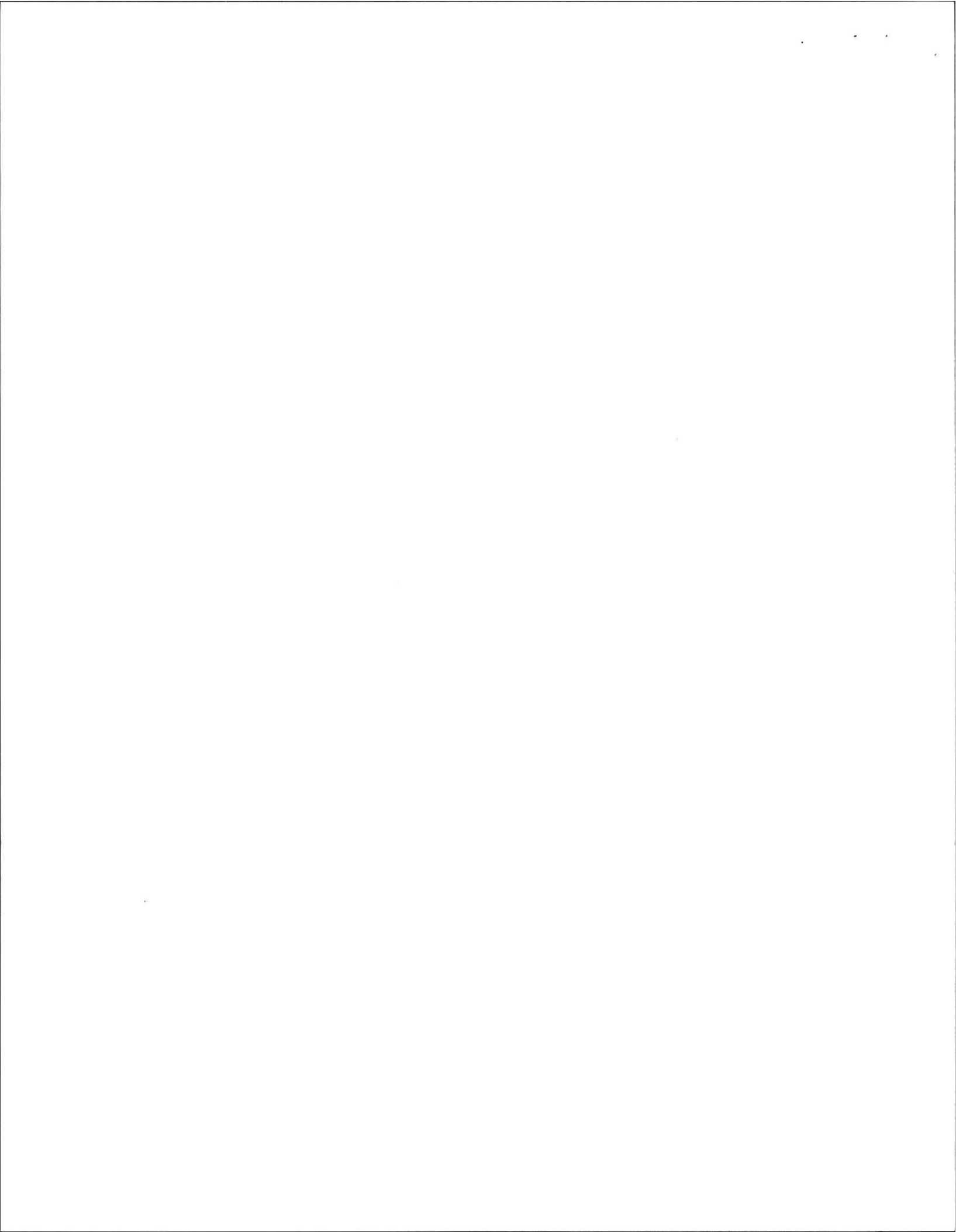


DEPTH TO GROUNDWATER

6' +/- depth to groundwater

method of determination or approximation:

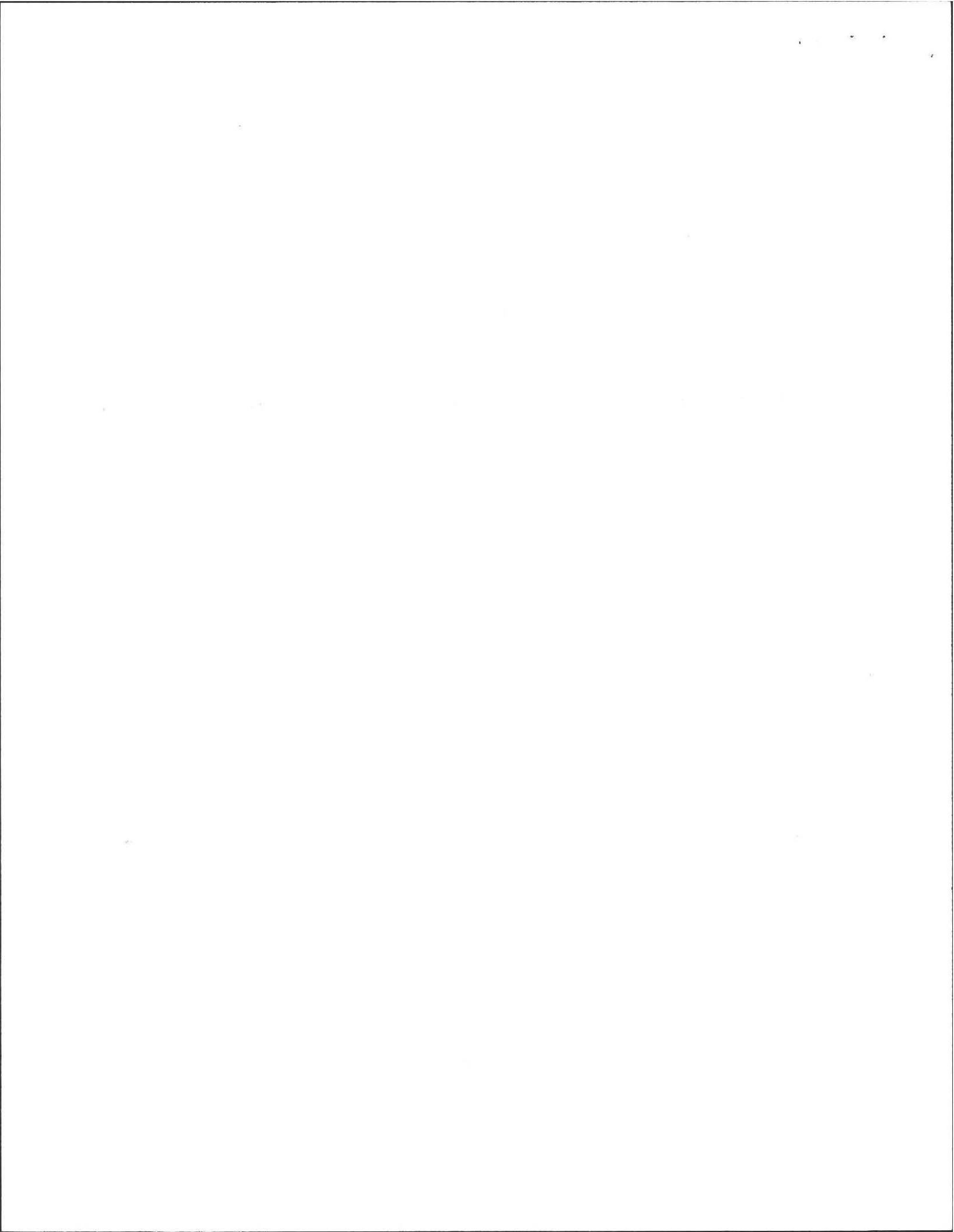
TOPOGRAPHY + VEGETATION



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
FAILURE CRITERIA

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

- N Backup of sewage into facility?
- N Discharge or ponding of effluent to the surface of the ground or surface waters?
- N Static liquid level in the distribution box above outlet invert?  
< 1/2" one pipe, all other pipes at invert.
- N.A. Liquid depth in cesspool < 6" below invert or available volume < 1/2 day flow?
- N Required pumping 4 times or more in the last year?  
number of times pumped —
- N Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?  
- OUTLET BAFFLE TO BE REPLACED.
- N Is any portion of the SAS, cesspool or privy:  
below the high groundwater elevation? =
- N within 50 feet of a surface water?
- N within 100 feet of a surface water supply or tributary to a surface water supply?
- N within a Zone I of a public well?
- N within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?
- N within 50 feet of a private water supply well?
- N less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analy for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART D  
CERTIFICATION

Name of Inspector

ALAN E. WEISS, R.S. #933

Company Name

COLD SPRING  
ENVIRONMENTAL, INC.  
350 OLD ENFIELD RD.  
BELCHERTOWN, MA 01007

Company Address

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the FAILURE CRITERIA section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the FAILURE CRITERIA section of this form.

Inspector's Signature

*Alan E. Weiss*

Date

7/18/95

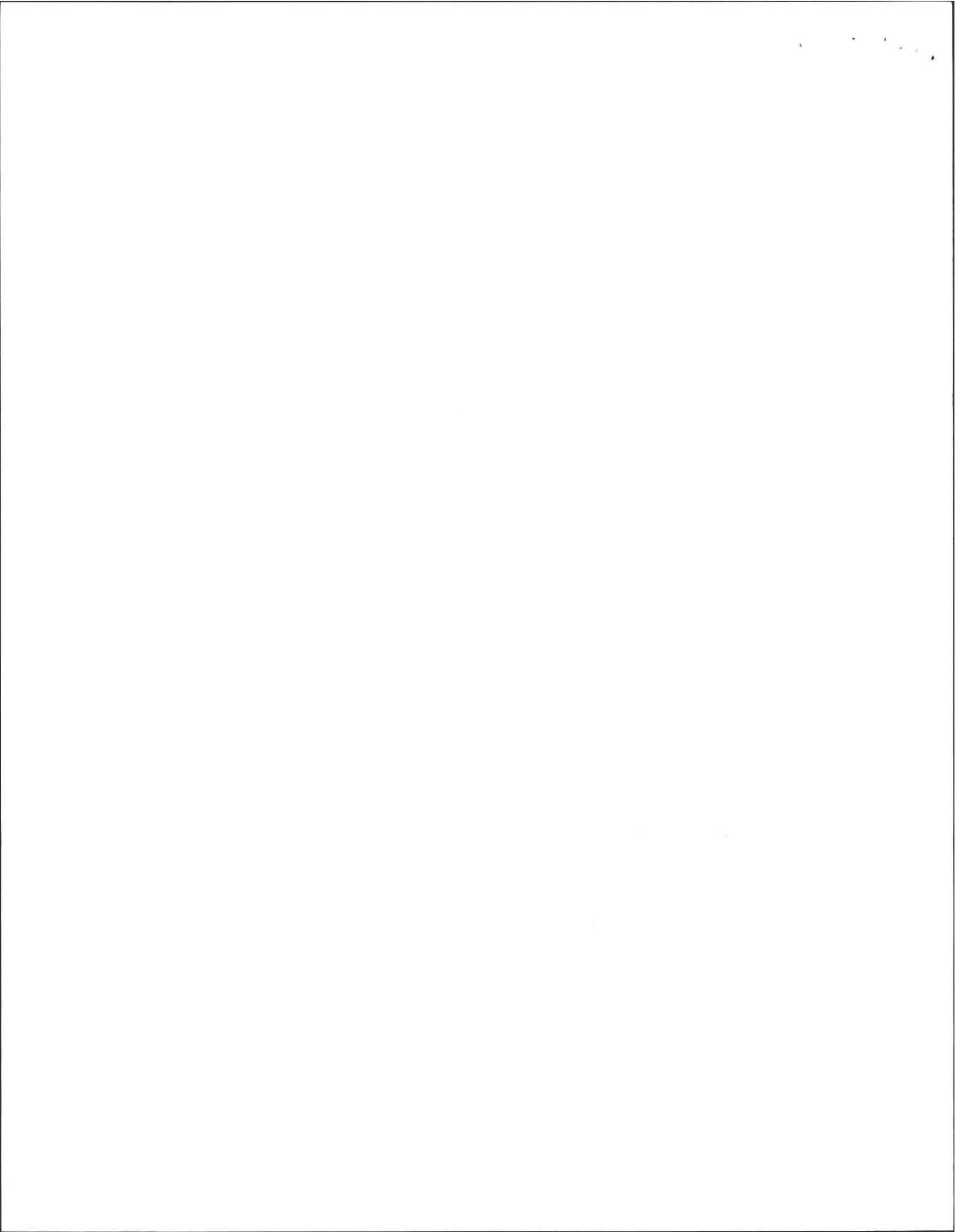
Original to system owner

MR. & MRS. HORTON  
321 MIDDLE ST.  
AMHERST, MA.

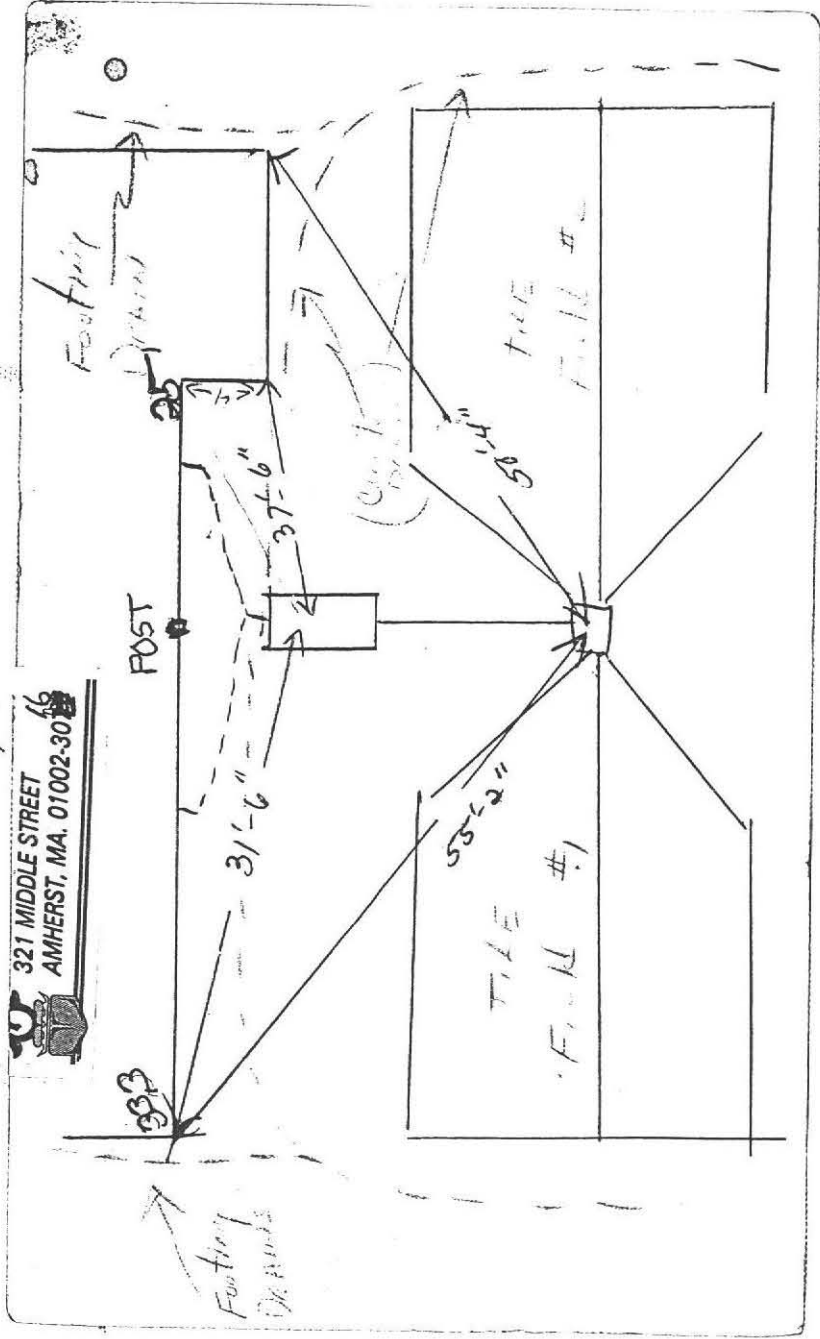
Copies to:

Buyer (if applicable) c/o KIT ALDRICH, D. H. JONES  
Approving authority





DWIGHT & LOUISE HORTON  
321 MIDDLE STREET  
AMHERST, MA. 01002-3071



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AMHERST, MA. 01002-3071

