

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**  
**APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

#394

CEB

No. 79-15 Date 7.6.79 Fee \$15.00 Date Rec'd. 7.6.79 By CEB

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

Location—Address 394 LOT 8 MIDDLE ST. or Lot No. 8

Owner STUART BICKNELL Address EAST WICKETS RD. 1/2 W.

Contractor WINDFLOWER CONST. COOP KARLI Exc Address 7 MADRISQUIT ST. N HAMPS

Type of Building RESIDENCE Dimensions 40x30 Size Lot 2 AC 12 1/2

Dwelling—No. of Bedrooms 3 Expansion Attic (N) Garbage Grinder (N)

Other \_\_\_\_\_ No. of persons 4 Showers (2)

Other fixtures \_\_\_\_\_

Town Water? YES Type of Well \_\_\_\_\_

Design Flow \_\_\_\_\_ gallons per person per day. Total daily flow \_\_\_\_\_ gallons

Septic Tank—Liquid capacity 1500 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Disposal Trench—No. \_\_\_\_\_ Width 20 Total Length 30 Total leaching area 600 sq. ft. MIN

Disposal Bed—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Dry Well—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Other: Distribution box (X) No. \_\_\_\_\_ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation \_\_\_\_\_)

Percolation Test Results Performed by F.A. Filios Date APRIL 21 1977

Test Pit No. 1 2 minutes per inch Depth of Test Pit 40"

Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

Description of Soil SEE ATTACHED Depth to Ground Water 66"

Will disposal area be filled? No Cut down? No

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

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by Charles E. Drake 7.6.79 date

Application Disapproved for the following reasons: NOTE: SYSTEM MUST BE 4' ABOVE WATER TABLE 7-9-79 date

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**  
**CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by \_\_\_\_\_ at \_\_\_\_\_ has been constructed in accordance with the provisions of

INSTALLER 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 satisfactorily.

DATE \_\_\_\_\_ Inspector \_\_\_\_\_

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS**  
**DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 79-15 Permission is hereby granted WINDFLOWER CONST CO. - KARLI EXCAVATING to construct (X) or repair ( ) an Individual Sewage Disposal System at LOT 8 MANNING PROPERTY - MIDDLE ST

as shown on the application for Disposal Works Construction Permit No. 79-15

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.

DATE July 9, 1979 Charles E. Drake Board of Health

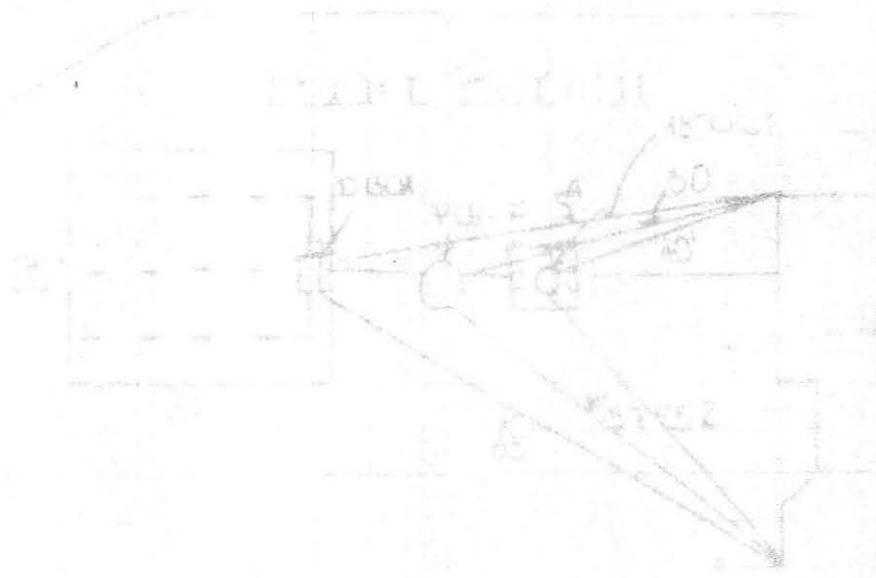


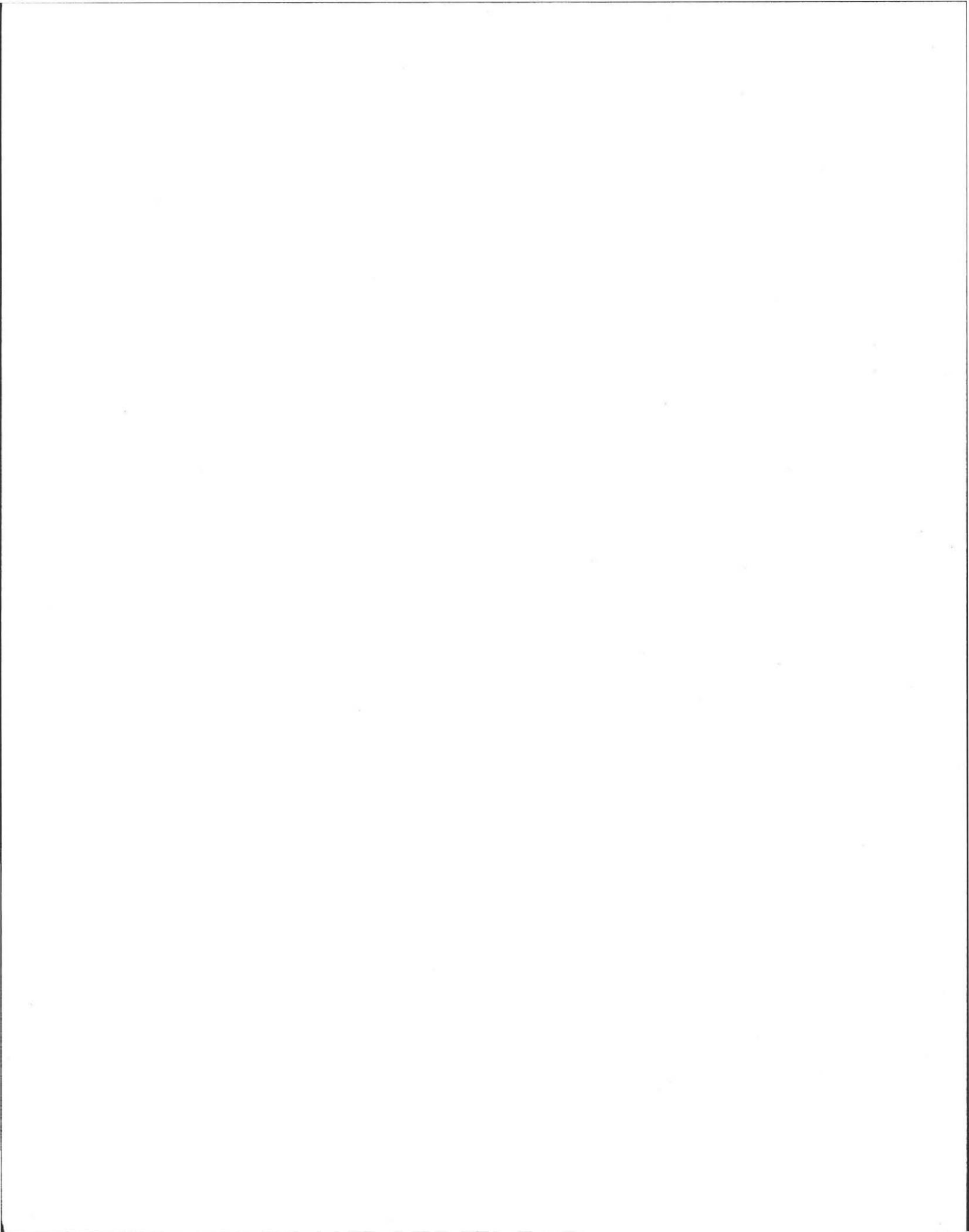
Stewart Richmond  
394 Middle St.  
Amherst

Auto phone  
1-18-85

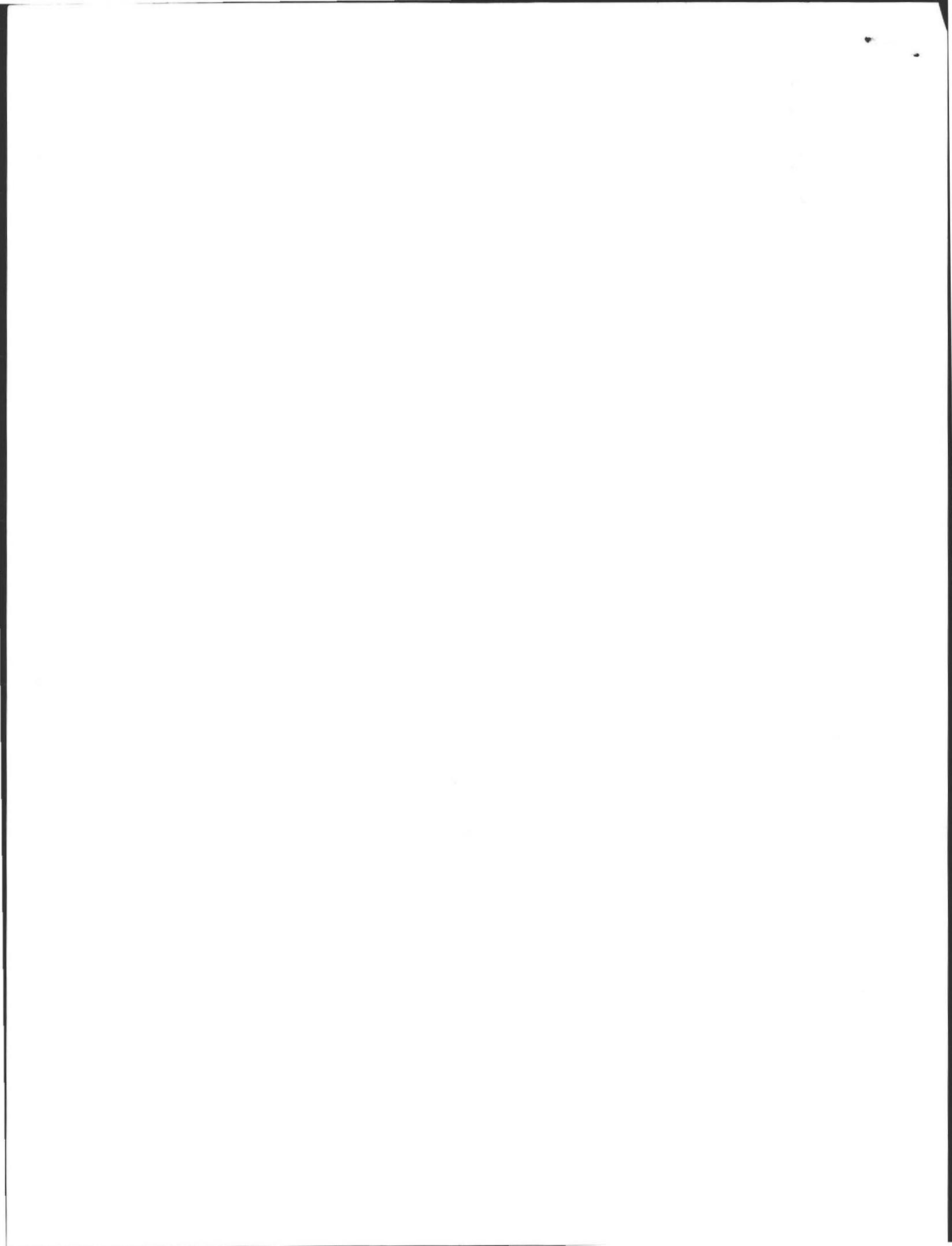


AD  
AD





17/3-83



DATE

CHARGES AND CREDITS

BALANCE FORWARD

BALANCE

POST OFFICE ORDER \$2.00

RECEIVED FROM

FOR HEALTH

FOR

FOR

FOR

FOR

FOR

FOR

FOR

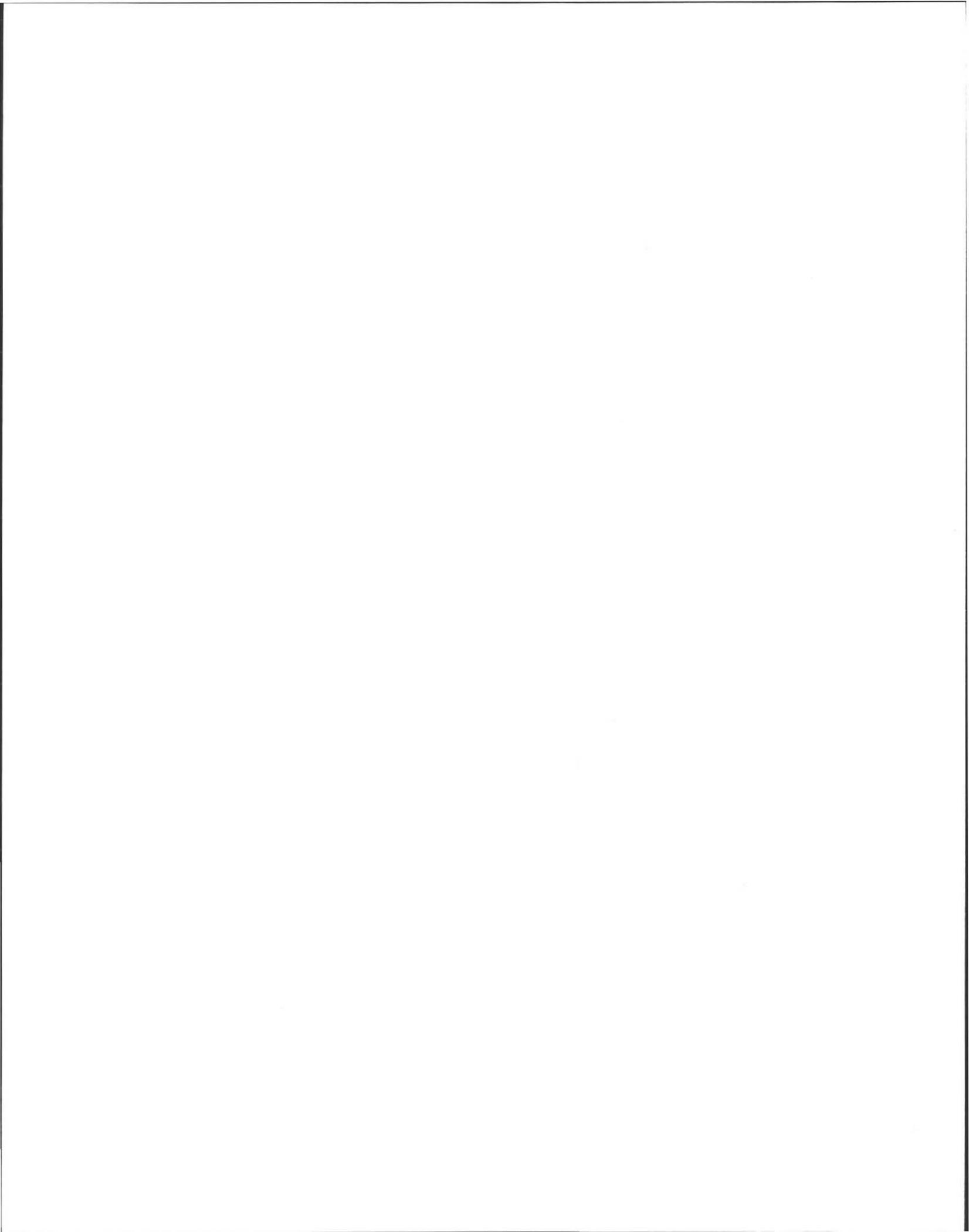
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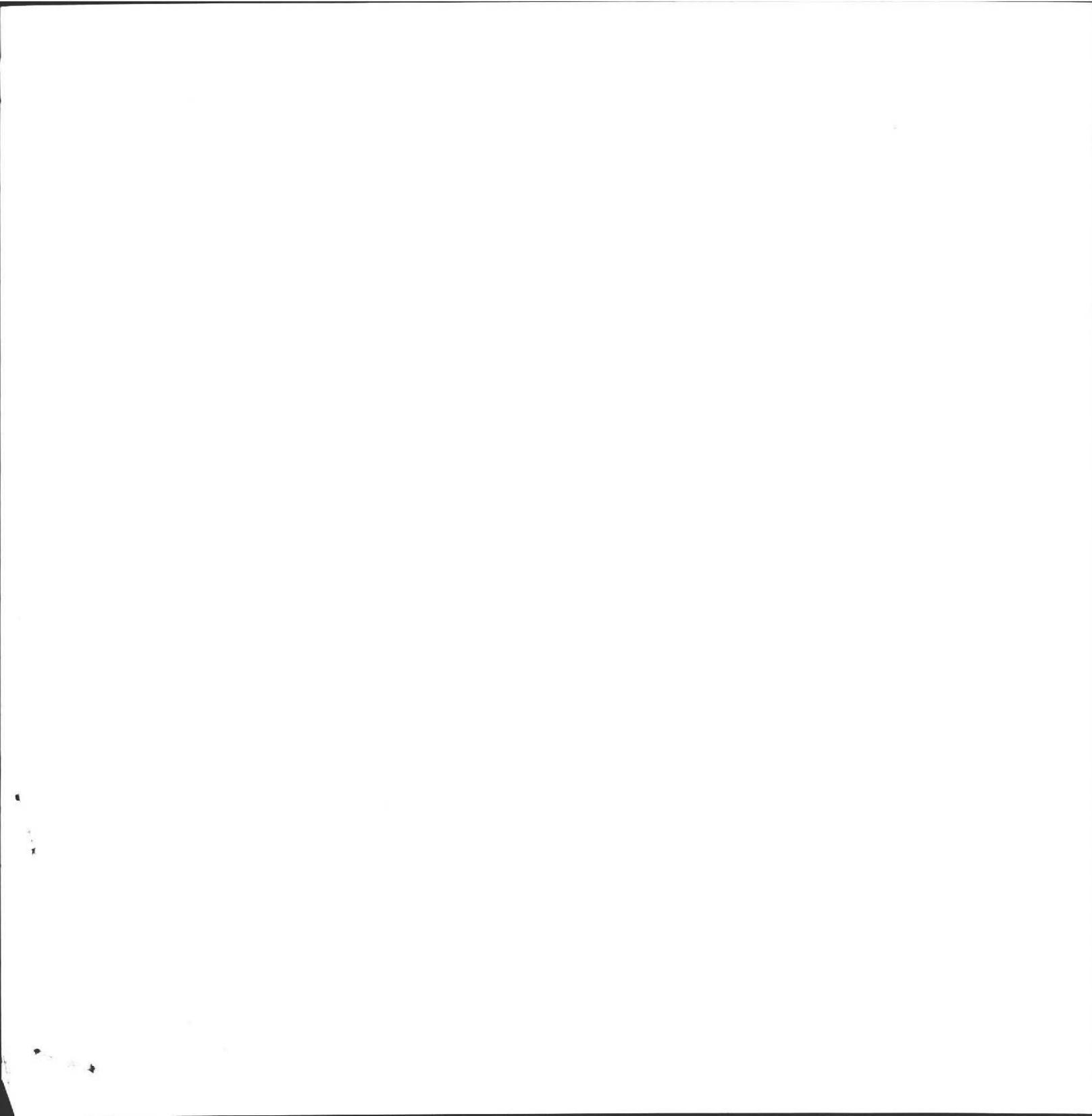
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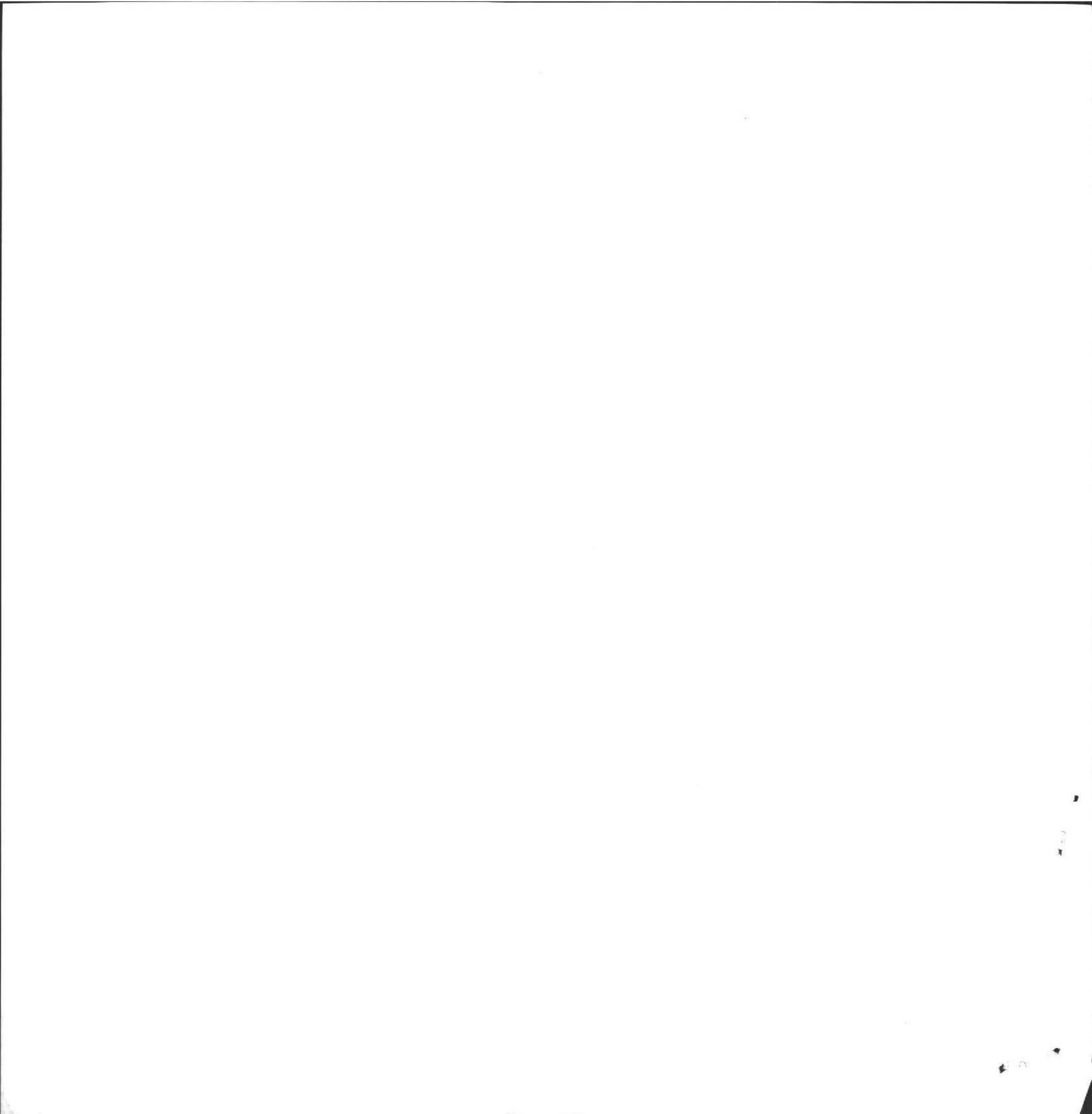
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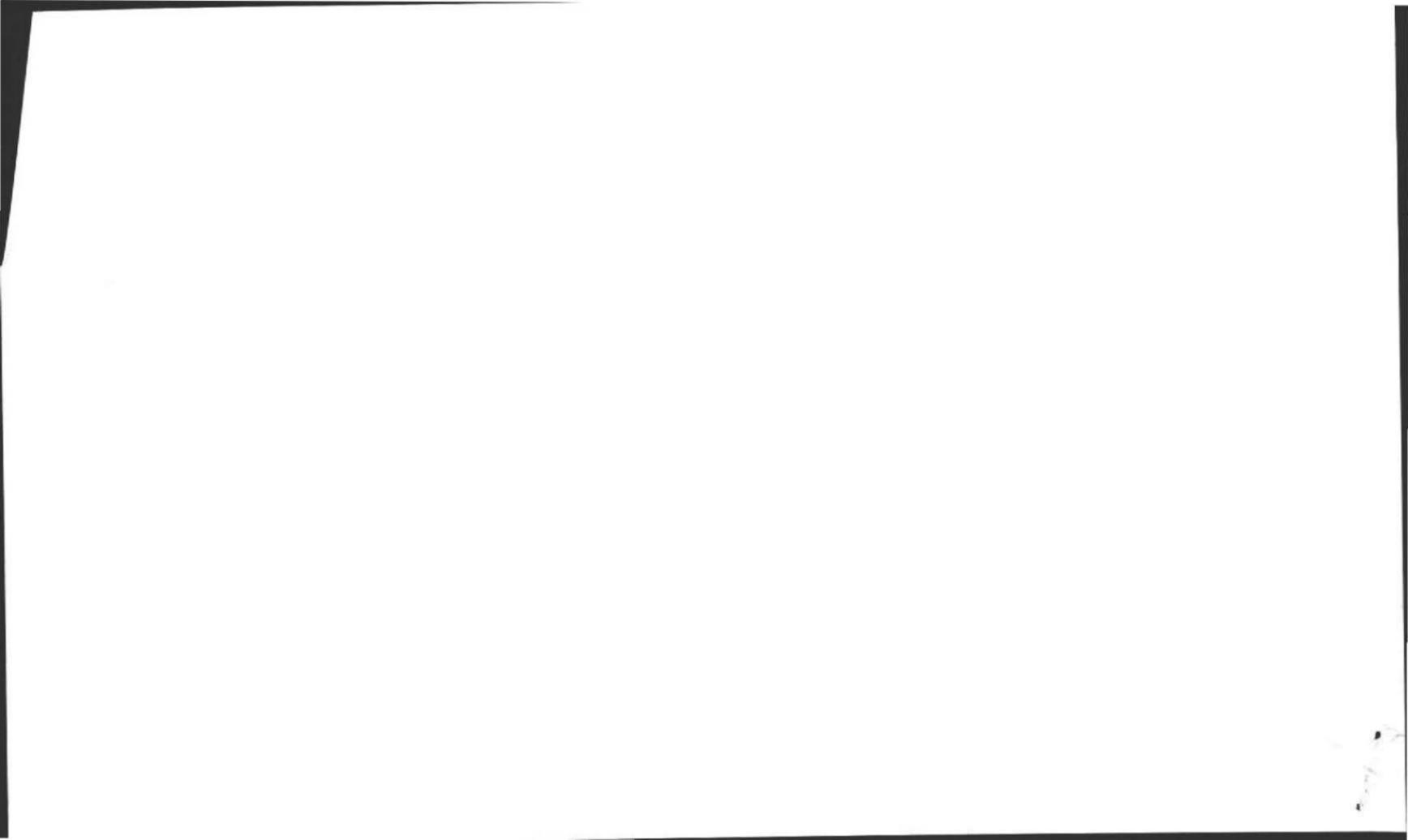
KARL'S NITE WORK INC

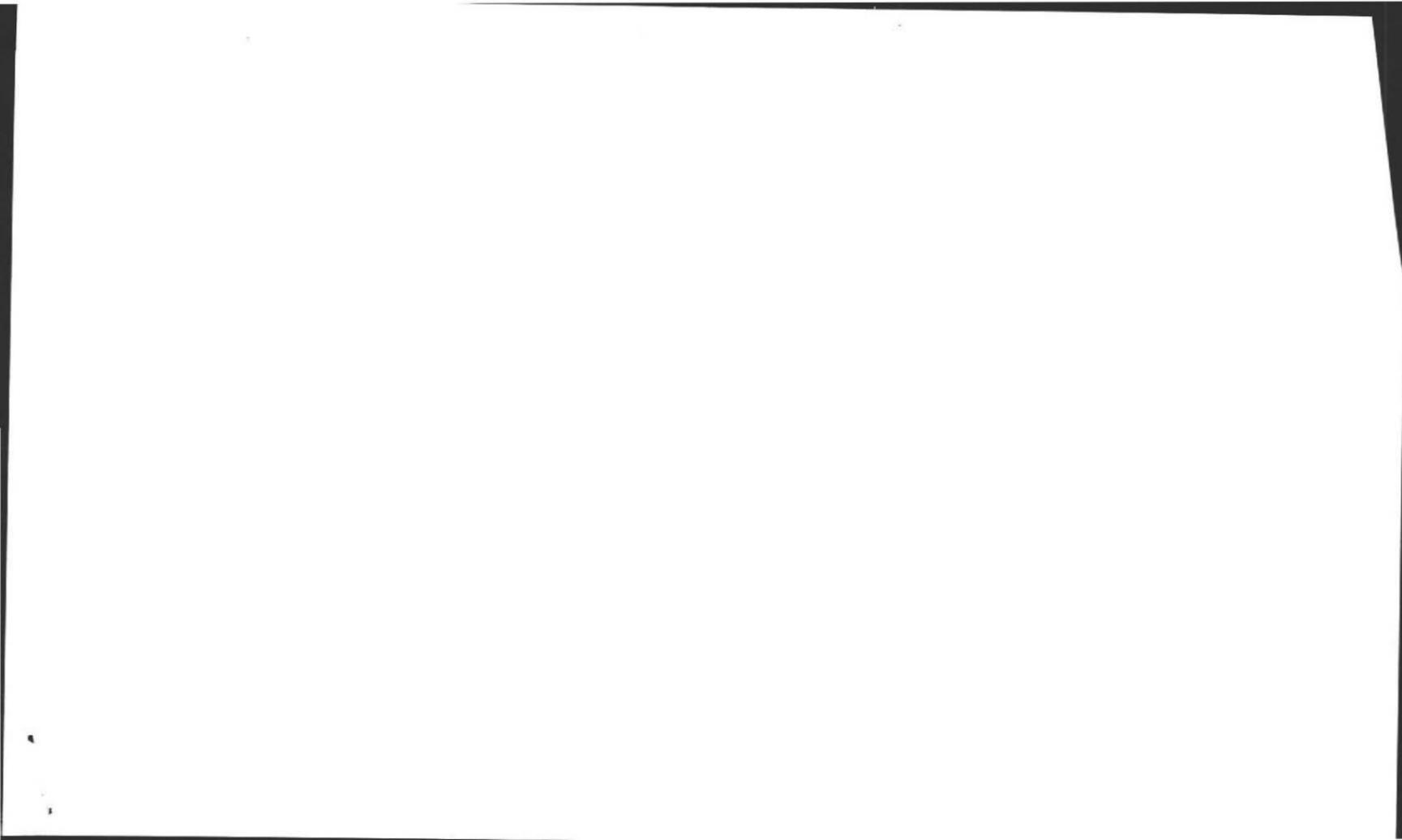
Thank You











**KARL'S SITE WORK, INC.**

Excavating - Compressor - Rental - Gravel  
 Septic Tank Installation - Pumping - Bulldozing  
 207 River Drive  
 HADLEY, MASSACHUSETTS 01035

(413) 549-5396

DATE: 12/11/89  
 NUMBER: 1205

page 2

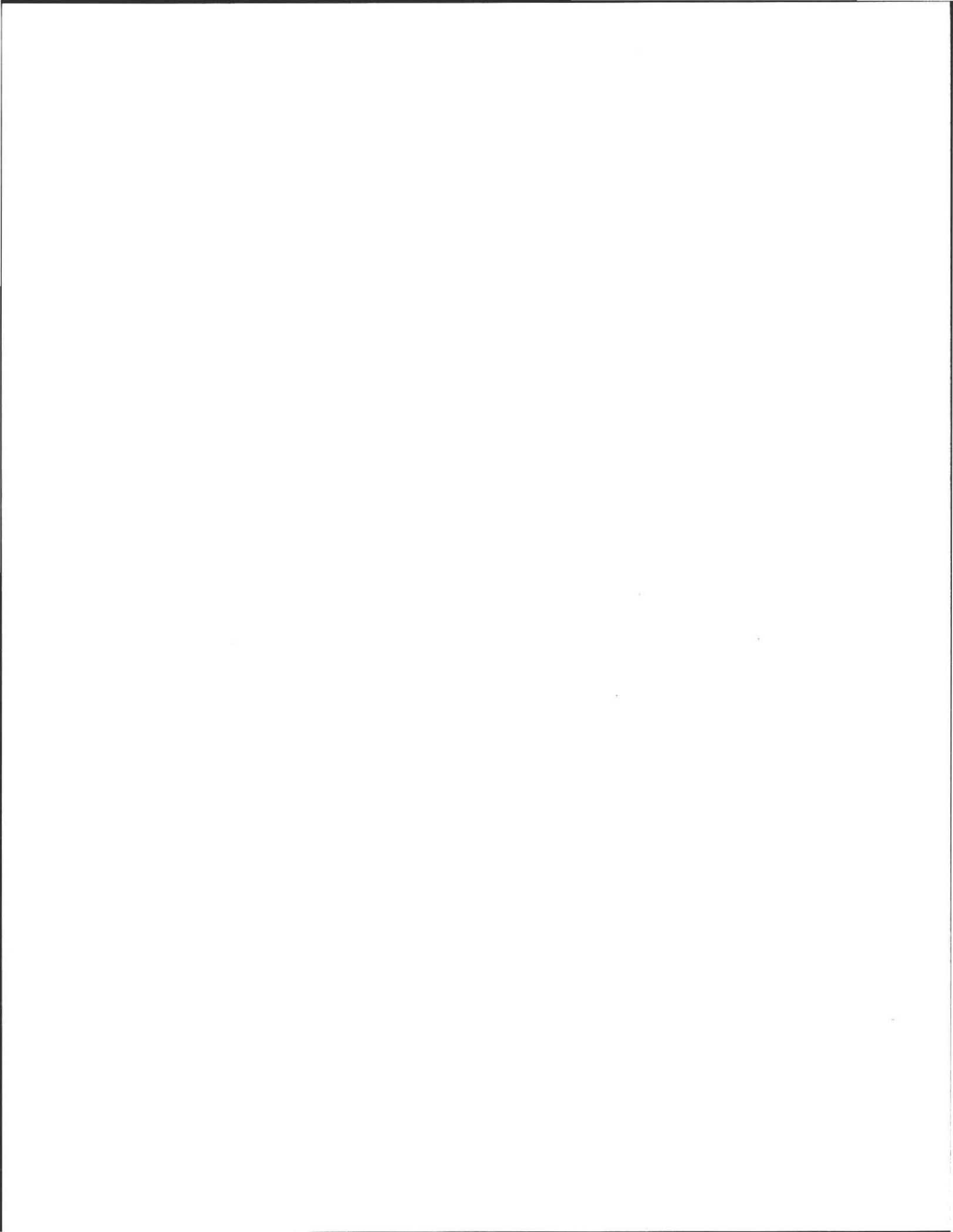
*Handwritten notes:*  
 12/11/89  
 cc  
 179  
 178  
 177

*Handwritten calculations:*  
 000147  
 1261.27  
 000131  
 2261.27  
 3261.27

DATE	DEBITS AND CREDITS	BALANCE
	BALANCE FWD	3936.19
		10.20
		10.78
		4.35
		142.74
		45.90
		11.10
		24.49
		63.00
		200.14
	AMOUNT DUE	4261.27

KARL'S SITE WORK, INC.

*Thank You*



BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS

LOT 8 Middle St

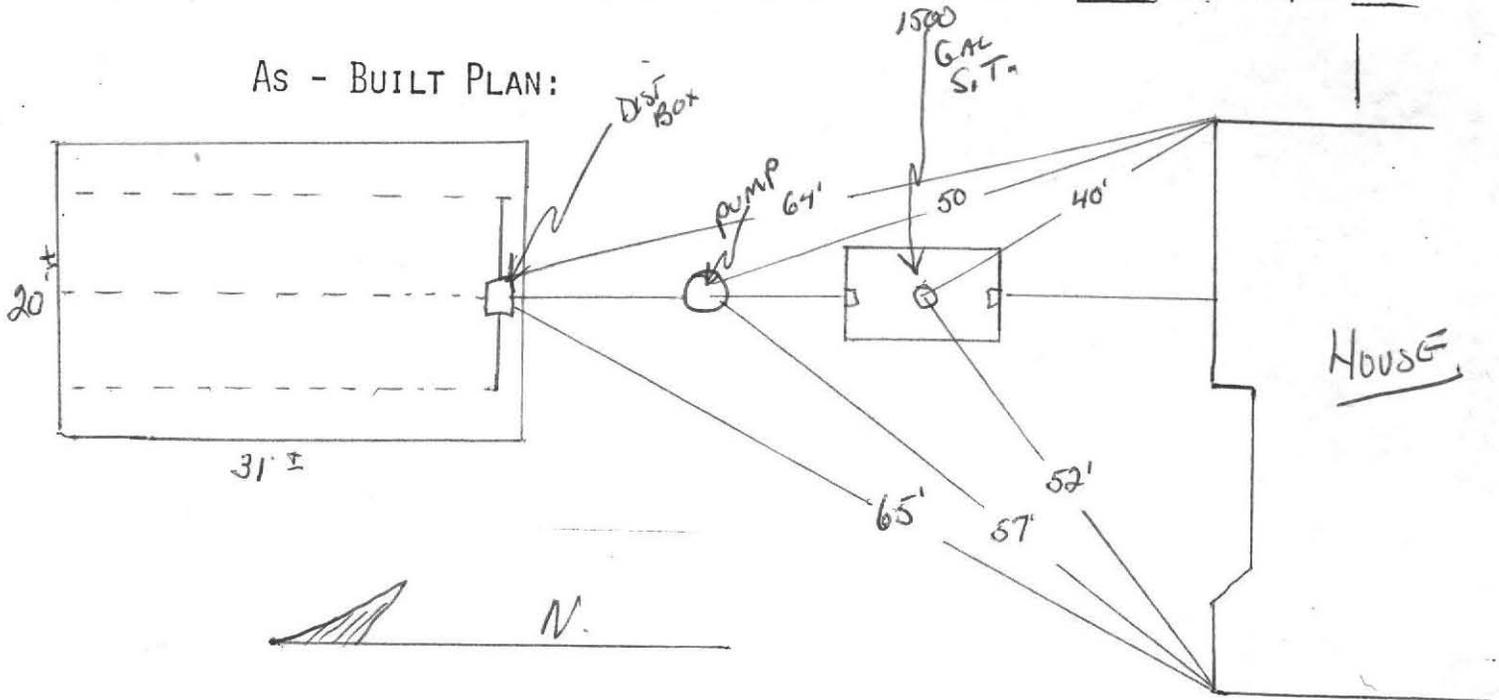
Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner STUART BICKNELL Address LEVERETT, MA.  
Installer KARL'S EXCAVATING Address RIVER DRIVE HADLEY  
Date Installation Inspected and Approved 12-5-79  
Description of System: Tank Capacity: 1500 GALLON

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 620  
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.

DAVE -

HERE'S WHAT  
I HAVE. WE  
WANT TO DIG  
TRENCH FROM  
HOUSE TO OUTER  
SHED.

Town of



AMHERST

Massachusetts

BOARD OF HEALTH  
(413) 253-7077

November 29, 1979

Wildflower Construction Corporation  
9 Massasoit Street  
Northampton, MA 01060

Attention: Jeff Flower

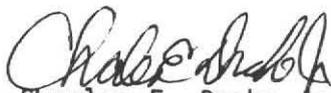
Dear Mr. Flower:

Yesterday I inspected the sewage disposal system installed by Karl's Excavating at the Bicknell House located on Lot 2 Middle Street, South Amherst. While the installation was in good order the leaching bed does not comply with the terms of the permit (see attached) nor with the provisions of Regulation 15.3 of Title 5 of the Massachusetts Environmental Code "Minimum requirements for the subsurface disposal of sewage."

Regulation 15.3 states ground water leaching fields shall not be constructed where the maximum ground water elevation is less than 4 feet below the bottom of the field. Please note that the permit contains a notation to this effect.

While the curtain drain which was installed has improved the ground water elevation, it (the ground water) is within 12" - 15" of the bottom of the leach field. You will recall that we discussed the problem at the site a few weeks ago and I indicated that a pump might be required to lift the sewage to a elevated leaching bed. It now appears that such a system maybe required on this lot. If this solution is not feasible you may engage the services of a qualified individual to redesign the sewage disposal system so that it complies with the provisions of Title 5.

Very truly yours,

  
Charles E. Drake Jr.  
Sanitairian

CEP/gmb

Enc.

cc: Karl's Excavating  
Mrs. Bicknell  
311 Start



No. 455921

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

SENT TO		Wild Flower Construction Co.		
STREET AND NO.		9 MASSASOIT Street		
P.O., STATE AND ZIP CODE		Northampton MA 01060		
POSTAGE		\$		
CONSULT POSTMASTER FOR FEES	OPTIONAL SERVICES	CERTIFIED FEE	¢	
		SPECIAL DELIVERY	¢	
		RESTRICTED DELIVERY	¢	
	RETURN RECEIPT SERVICE	SHOW TO WHOM AND DATE DELIVERED	45	¢
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		¢
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY			¢	
TOTAL POSTAGE AND FEES		\$	1.40	

POSTMARK OR DATE

**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 on the left portion of the address side of the article, **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 on the left portion of the address side 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 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.

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

**SENDER INSTRUCTIONS**

Print your name, address, and ZIP CODE in the space below.

- Complete items 1, 2, and 3 on the reverse.
- Moisten gummed ends and attach to front of article if space permits. Otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300



**RETURN  
TO**



Amherst Board of Health

(Name of Sender)

70 Boltwood Walk (Bang's Community Center)

(Street or P.O. Box)

Amherst MASS. 01002

(City, State, and ZIP Code)

2011 Apr 1977 RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

● SENDER: Complete items 1, 2, and 3.  
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
- Show to whom and date delivered ..... 1.40 ¢
  - Show to whom, date, and address of delivery. .... ¢
  - RESTRICTED DELIVERY  
Show to whom and date delivered ..... ¢
  - RESTRICTED DELIVERY  
Show to whom, date, and address of delivery. \$ \_\_\_\_\_  
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:  
*Wild Flower Construction Company*  
*9 MASSASOIT Street*  
*Northampton, MA 01060*

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	455921	

(Always obtain signature of addressee or agent)

I have received the article described above.  
 SIGNATURE  Addressee  Authorized agent

4. *W. Flower*

DATE OF DELIVERY  
*11/30*

POSTMARK  
 NORTHAMPTON, MA  
 NOV 30 1970

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: \_\_\_\_\_ CLERK'S INITIALS \_\_\_\_\_

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 79-15 Date 7.6.79 Fee \$15.00 Date Rec'd. 7.6.79 By [Signature]

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

Location—Address LOT 8 MIDDLE ST. or Lot No. 8

Owner STUART BICKNELL Address EAST LAURETTES RD. 1.6V.

Contractor WINDFLOWER CONST. COOP KARL Etc Address 7 MANSFIELD ST. NHAMP

Type of Building RESIDENCE Dimensions 40x30 Size Lot 2 ACRES

Dwelling—No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder (No)

Other No. of persons 4 Showers (2)

Other fixtures \_\_\_\_\_

Town Water? YES Type of Well \_\_\_\_\_

Design Flow \_\_\_\_\_ gallons per person per day. Total daily flow \_\_\_\_\_ gallons

Septic Tank—Liquid capacity 1500 gallons Dimensions: L. \_\_\_\_\_ W. \_\_\_\_\_ D. \_\_\_\_\_

Disposal Trench—No. \_\_\_\_\_ Width 20 Total Length 30 Total leaching area 600 sq. ft. MIN

Disposal Bed—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Dry Well—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Other: Distribution box (X) No. \_\_\_\_\_ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation \_\_\_\_\_)

Percolation Test Results Performed by F.A. FILLIPS Date APRIL 21 1977

Test Pit No. 1 2 minutes per inch Depth of Test Pit 40"

Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

Description of Soil SEE ATTACHMENT Depth to Ground Water 66"

Will disposal area be filled? No Cut down? No

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

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by Charles E. Drake [Signature] 7.6.79  
date 7-9-79

Application Disapproved for the following reasons: NOTE: SYSTEM MUST BE 4' ABOVE WATER TABLE  
date \_\_\_\_\_

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by \_\_\_\_\_ at \_\_\_\_\_ has been constructed in accordance with the provisions of

INSTALLER \_\_\_\_\_  
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The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

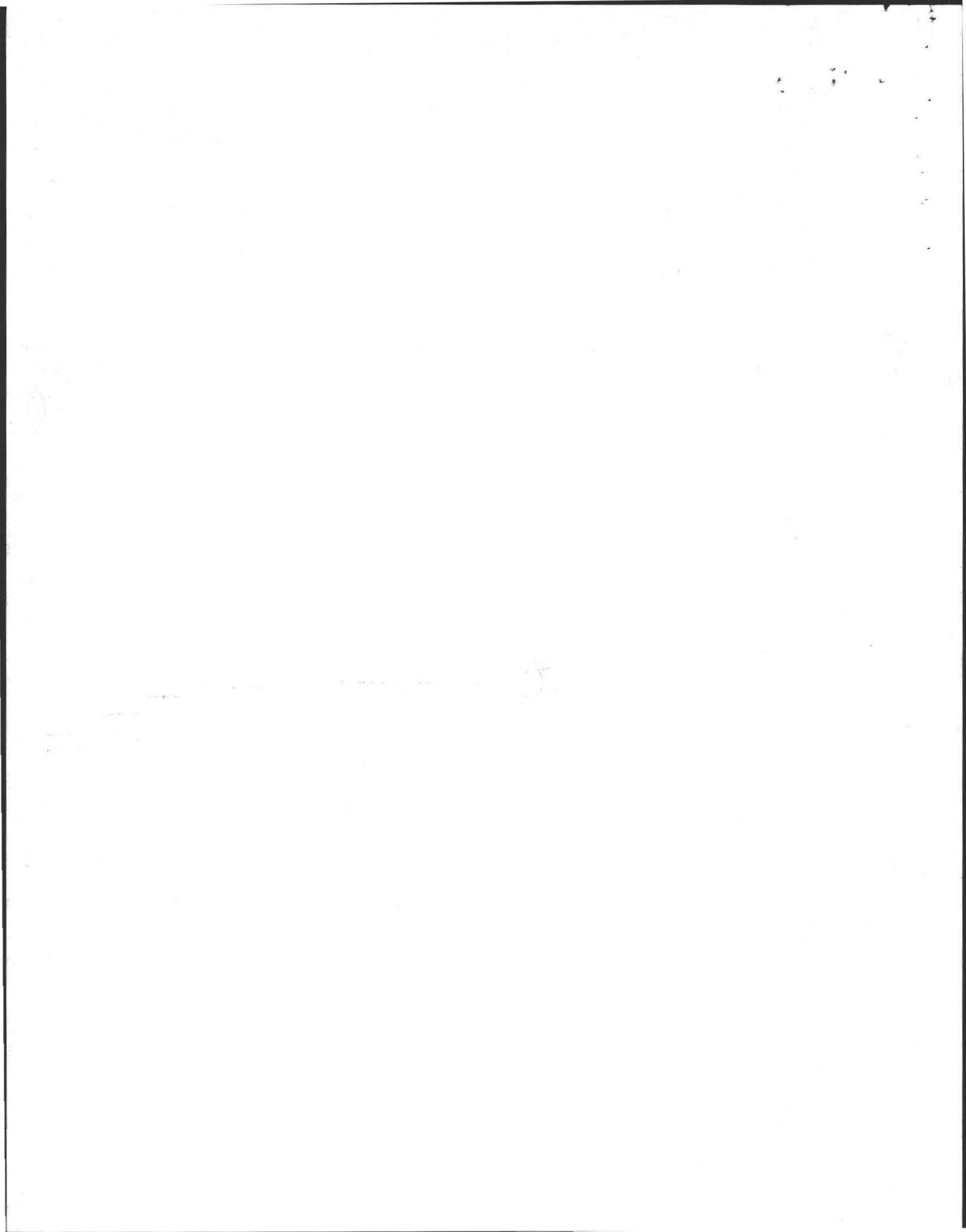
DATE \_\_\_\_\_ Inspector \_\_\_\_\_

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 79-15  
Permission is hereby granted WINDFLOWER CONST CO. - KARL'S EXCAVATING to construct (X) or repair ( ) an Individual Sewage Disposal System at LOT 8 MANSFIELD PROPERTY - MIDDLE ST as shown on the application for Disposal Works Construction Permit No. 79-15

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.

DATE July 9, 1979 [Signature]  
Board of Health



Amherst Mass. 01002

Apr 27 1977

Board of Public Health  
Amherst Mass.

Dear Sirs:

Please be advised that percolation Tests  
were made on April 21 1977 on the property  
of:

L. Rebt. Mannheim  
of 374 Middle St  
Amherst Mass.

Locations of the tests and soil descriptions  
are shown on the accompanying map and  
diagrams.

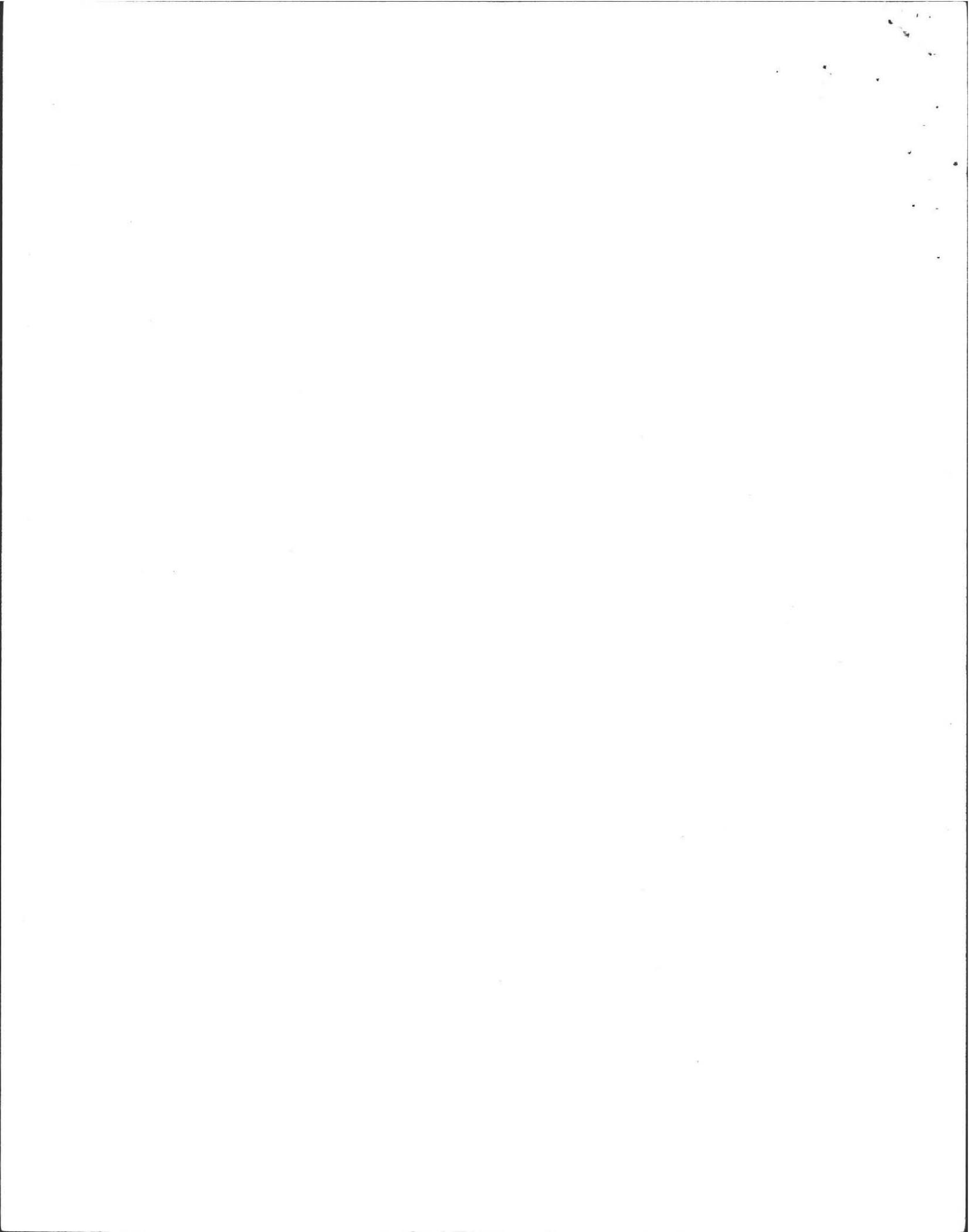
Percolation rates are as follows:

Lot # 2, 2 min. per inch at 32" depth  
Lot # 3, 2 min. per inch at 38" depth  
~~Lot # 7, 2 min. per inch at 30" depth~~  
Lot # 8, 2 min per inch at 36" depth  
Lot # 9, 2 min per inch at 31" depth

cc Mannheim



Sincerely  
Frederick A. Filios



# DEEP SOIL LOESS

OWNER L. Robt Mannheim

DATE Apr. 21 1977

LOCATION Middle St

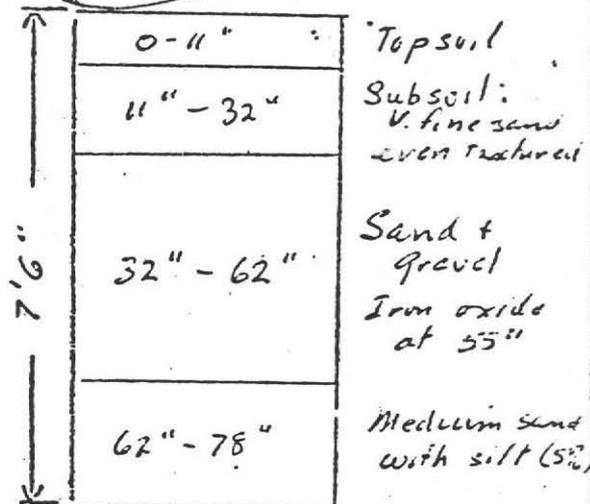
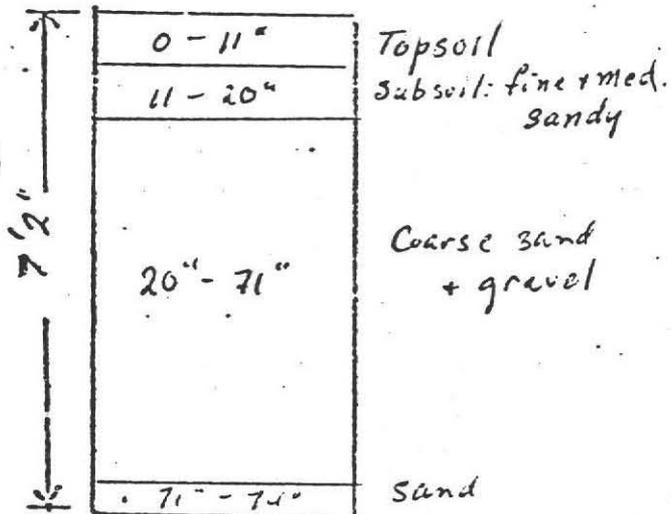
OBSERVER Fred Filios

Lot # 2

Lot # 3

Rate 2 min/inch

Rate  
2 min/inch

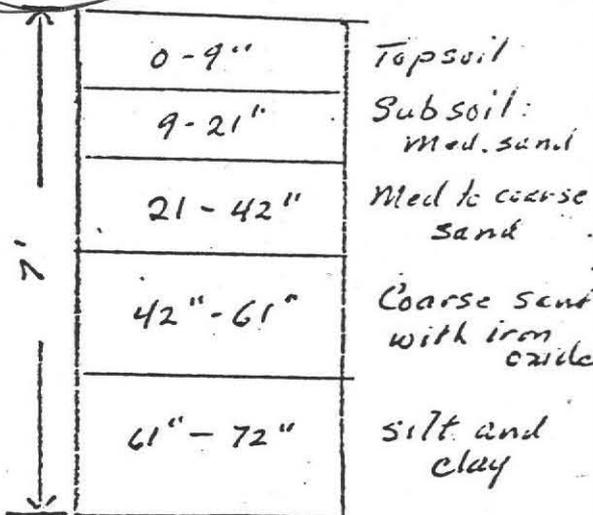
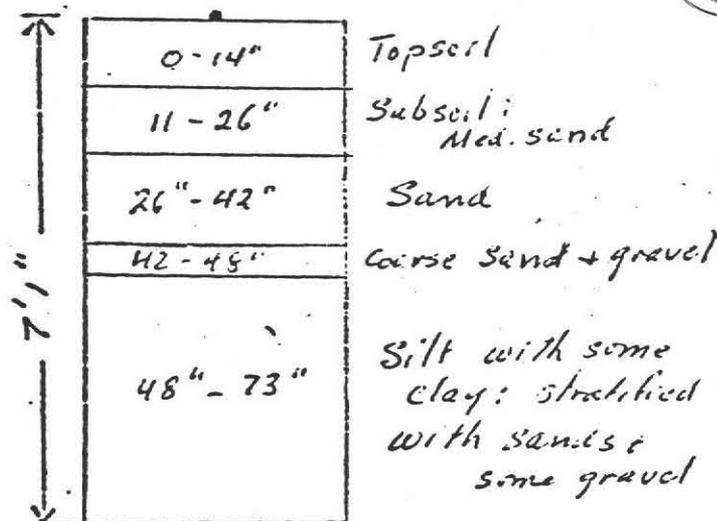


GROUND WATER none

GROUND WATER 62"

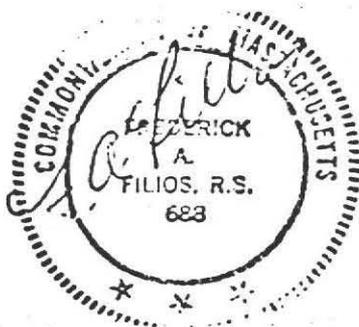
Lot # 7 Rate 2 min/inch

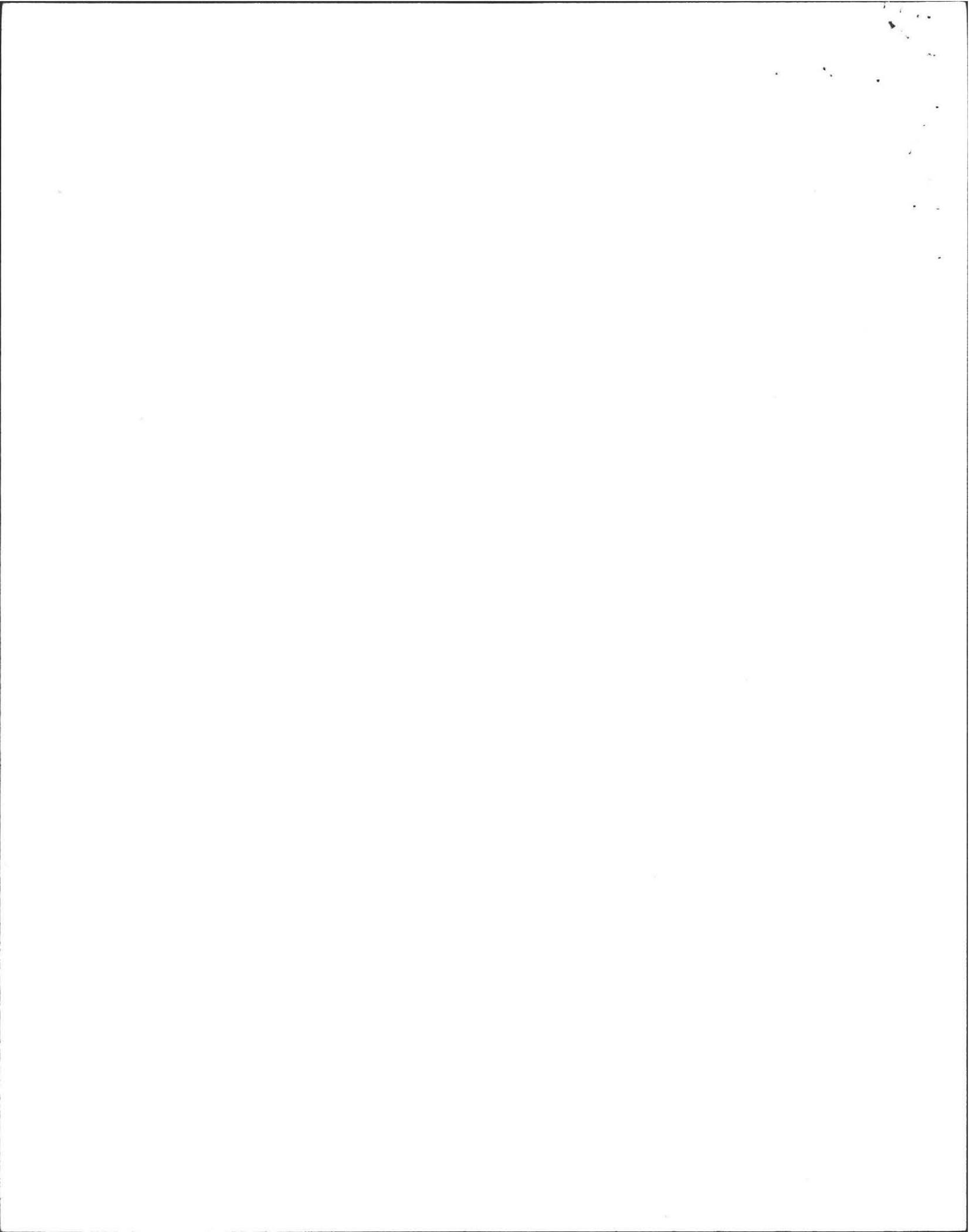
Lot # 8 Rate 2 min/inch



GROUND WATER 6'  
seepage at 55"

GROUND WATER 6 inches





Amherst Mass. 01002

Apr 27 1977

Board of Public Health  
Amherst Mass.

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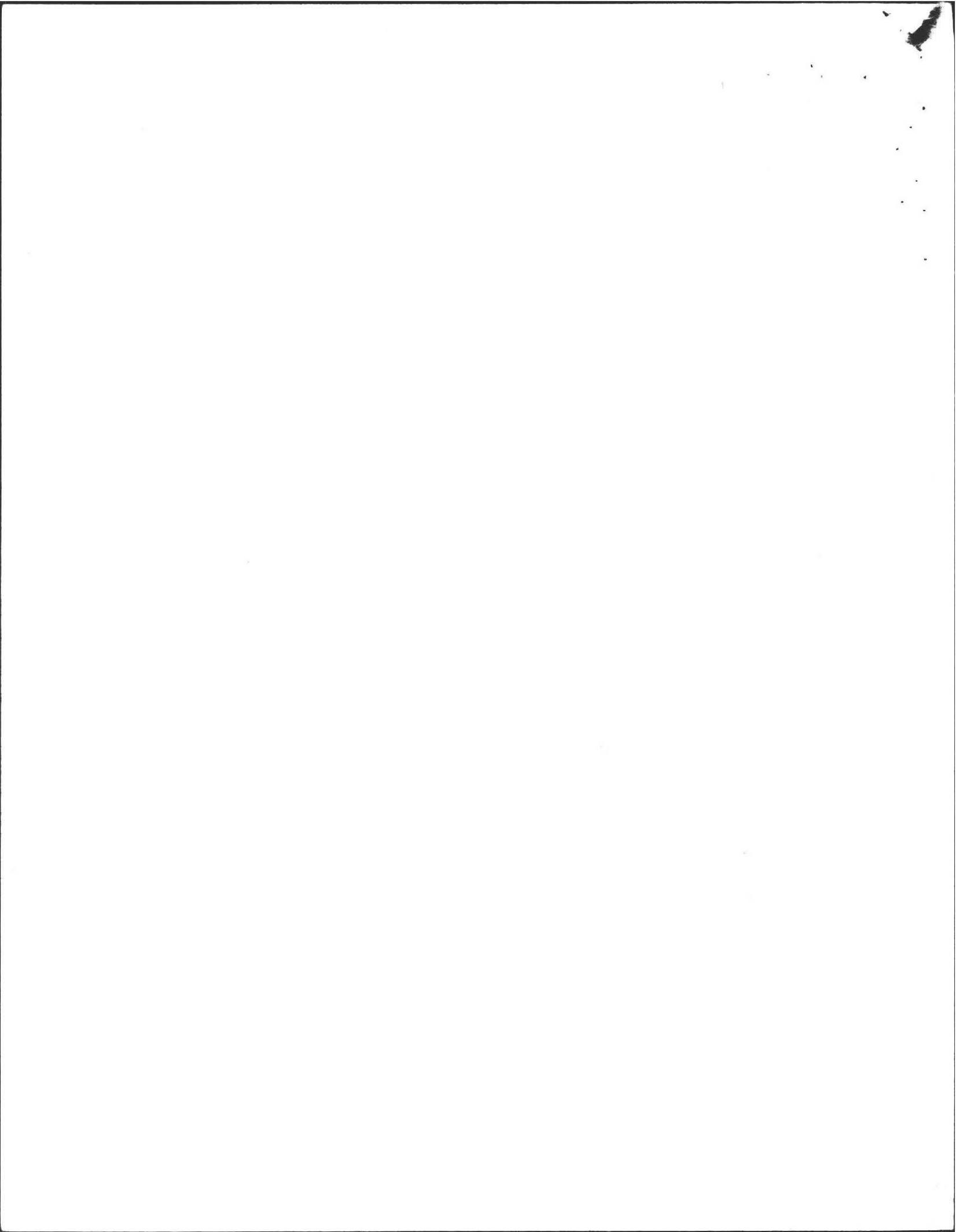
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cc Mannheim



Sincerely  
Frederick A. Filios



OWNER L. Robt Mannheim

DATE Apr. 21 1977

LOCATION Middle St

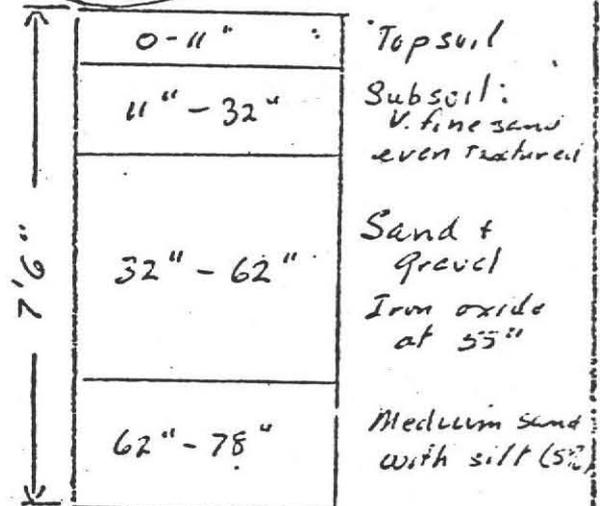
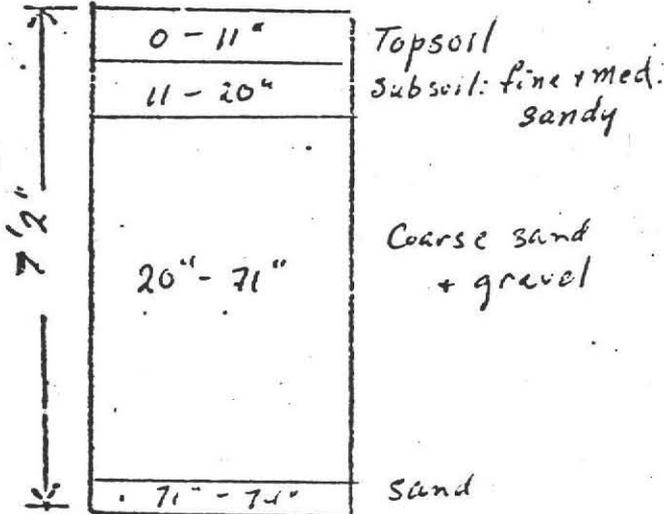
OBSERVER Fred Filios

Lot # 2

Lot # 3

Rate 2 min/inch

Rate  
2 min/inch

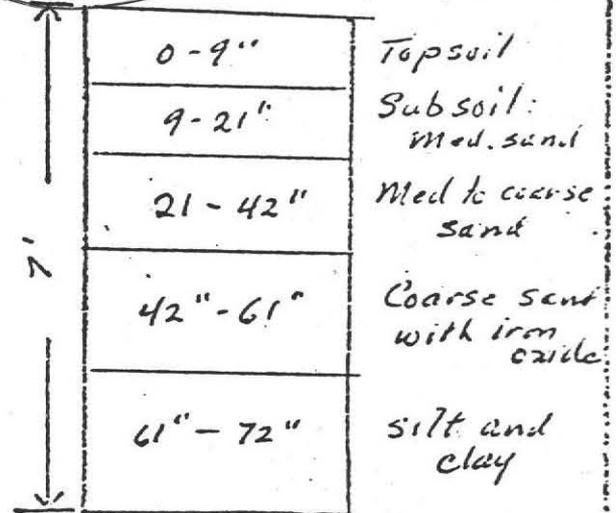
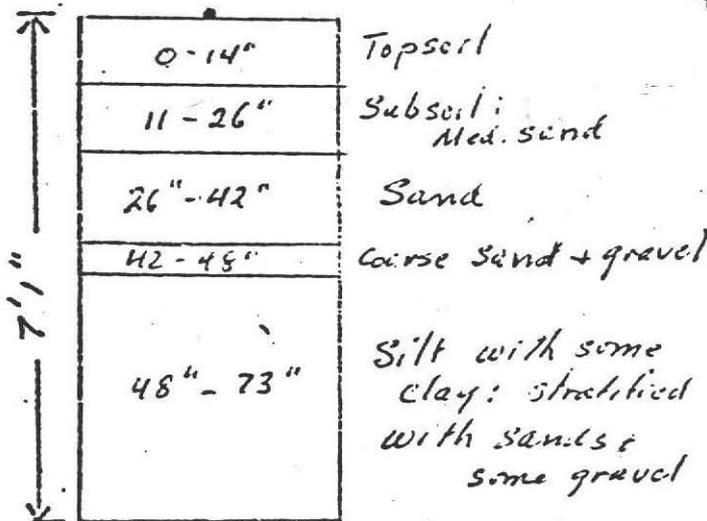


GROUND WATER none

GROUND WATER 62"

Lot # 7 Rate 2 min/inch

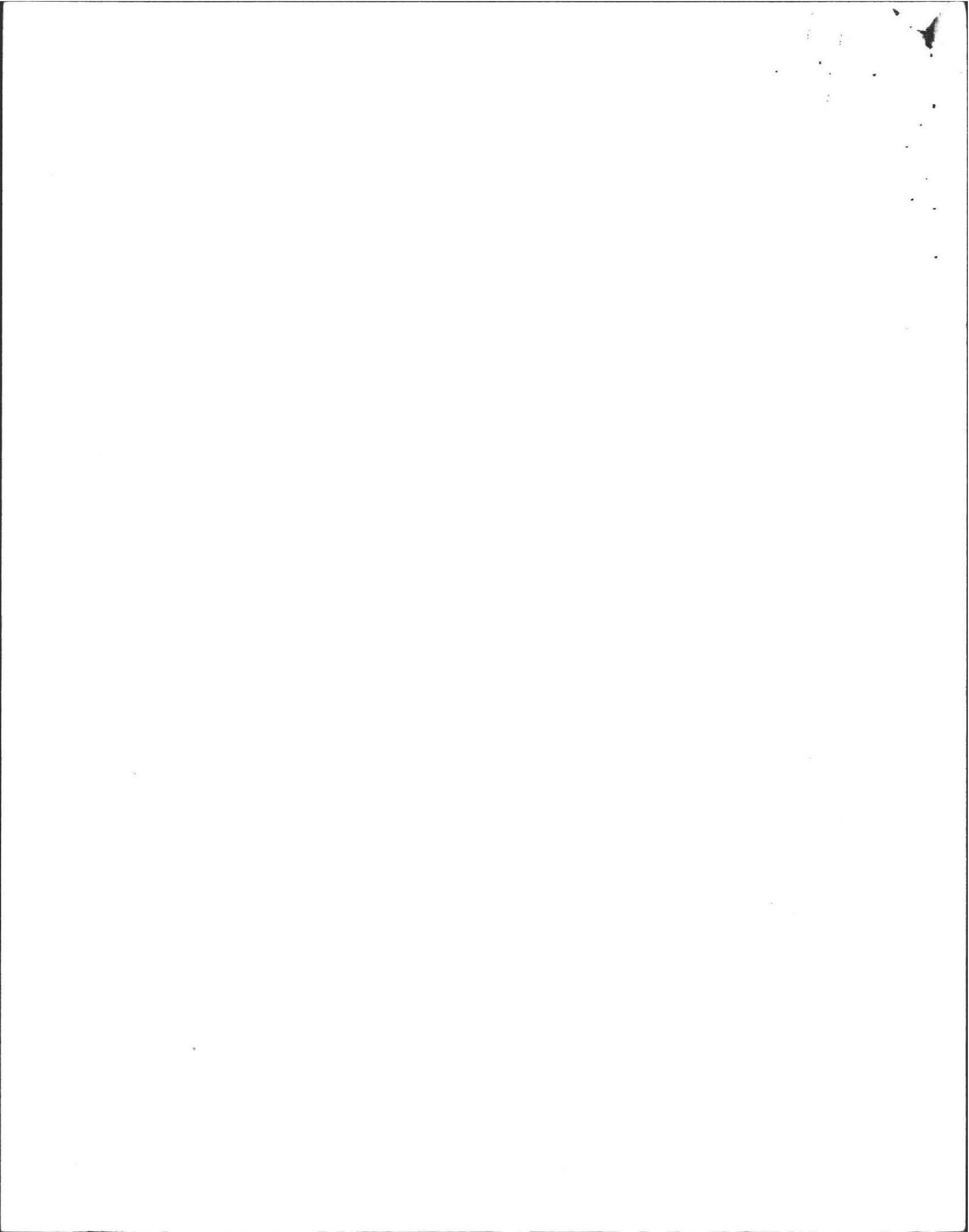
Lot # 8 Rate 2 min/inch



GROUND WATER 6'  
seepage at 55"

GROUND WATER 6 inches







# AMHERST Massachusetts

Bettye Anderson Frederic, Director

**AMHERST HEALTH DEPARTMENT**  
70 BOLTWOOD WALK  
AMHERST, MA 01002-2128  
(413) 253-7077

OFFICE OF THE  
HEALTH DEPARTMENT

## MISCELLANEOUS INSPECTIONS

Inspection of 394 Middle St  
 Date: Nov. 2 Time: 8:30  
 Business Address \_\_\_\_\_ (Street)  
7. 1989  
 \_\_\_\_\_ (City or Town)  
Amherst

Name Stewart R. Bicknell  
 Owner same  
 Type of Business \_\_\_\_\_

Violation(s) and remarks: \_\_\_\_\_

Received a call from Kail about a possibility of a failed system.

- ① Two feet of water above tank
- ② 1' of water above pump
- ③ did not smell sewage
- ④ Due to slope condition suggest a curtain drain above system.
- ⑤ Inspect pump for defects.
- ⑥ Informed home owner that ground water may have contribute to a failed system. If ground water is removed from getting to system - the system may work. Homeowner/Kails to discuss matter.

This Inspection Report is signed and certified  
Under the pains and penalties of perjury.

Signature of Inspector: David Ziegler  
 Signature of Owner or Person in Charge: \_\_\_\_\_

*[Handwritten mark]*

Harb will call me on their decision