

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 80-5 Date 5.5.80 Fee 15.00 Date Rec'd. 8 5-6-80 By CEJ #400

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

Location—Address LOT # 10 (MANNHEIM) or Lot No. 10Owner HARRISON / CRESLAK Address KENNEDY AVE WILHAMContractor WILDFLOWER CONST. Address 9 MASSACHUSETT ST N. HAMPTONType of Building SINGLE FAMILY Dimensions 60 x 30 Size Lot 3/4 ACREDwelling—No. of Bedrooms 2 Expansion Attic () Garbage Grinder (X)Other _____ No. of persons 2 Showers (1)Other fixtures CLOTHES WASHERTown Water? YES

Type of Well _____

Design Flow 55 gallons per person per day. Total daily flow 220 gallonsSeptic Tank—Liquid capacity 1500 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 25 Depth below inlet 40 Total leaching area 1000 sq. ft.

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

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation 18" - 24")Percolation Test Results Performed by FILES Date 4.20.76Test Pit No. 1 9.6 minutes per inch Depth of Test Pit 39'Test Pit No. 2 12.4 minutes per inch OVERNIGHT SOAK Depth of Test Pit 39'Description of Soil TILL Depth to Ground Water 6' 10"

Will disposal area be filled? _____ Cut down? _____

(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 CEJ

Owner or builder

date

date

Application Disapproved for the following reasons:

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. 80-5
 Permission is hereby granted JEFF FLOWER to construct (X) or repair () an Individual Sewage Disposal System at LOT 10 - MOORE ST - MANNHEIM as shown on the application for Disposal Works Construction Permit No. 80-5

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 MAY 6, 1980

Board of Health

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MRS. DORIS MANHEIM →

125.46

--- LOT # 10
A. HARRISON | JOHN CIESLUK

40, 41

151 ±

GAL. SEPTIC TANK

PERL TEST

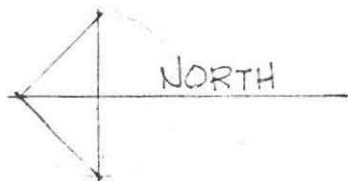
X LEACH AREA

 $80' \pm$

74.70'

75.30'

MIDDLE STREET

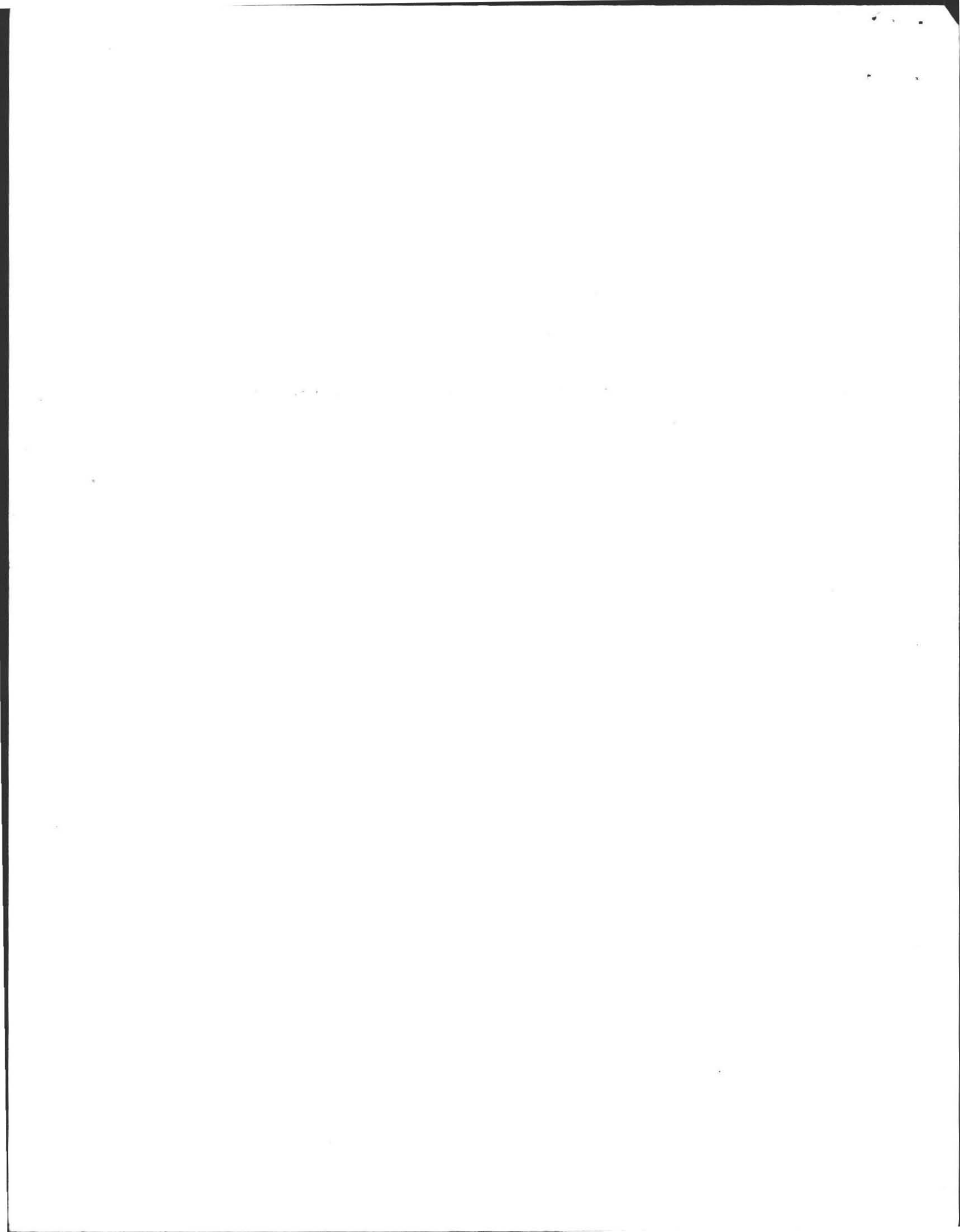


SITE PLAN LOT # 10
HARRISON / CIESLUK RESIDENCE
MIDDLE ST., SO. AMHERST. MASS.
JEFFREY W. FLOWER / ARCHITECT



DR. & MRS. GRAHAM MORSEY

201.071



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner WINDFLOWER CONST. Address MASSASOIT ST., NORTHAMPTON

Installer KARL'S Exc. Address River Dr. HANLEY

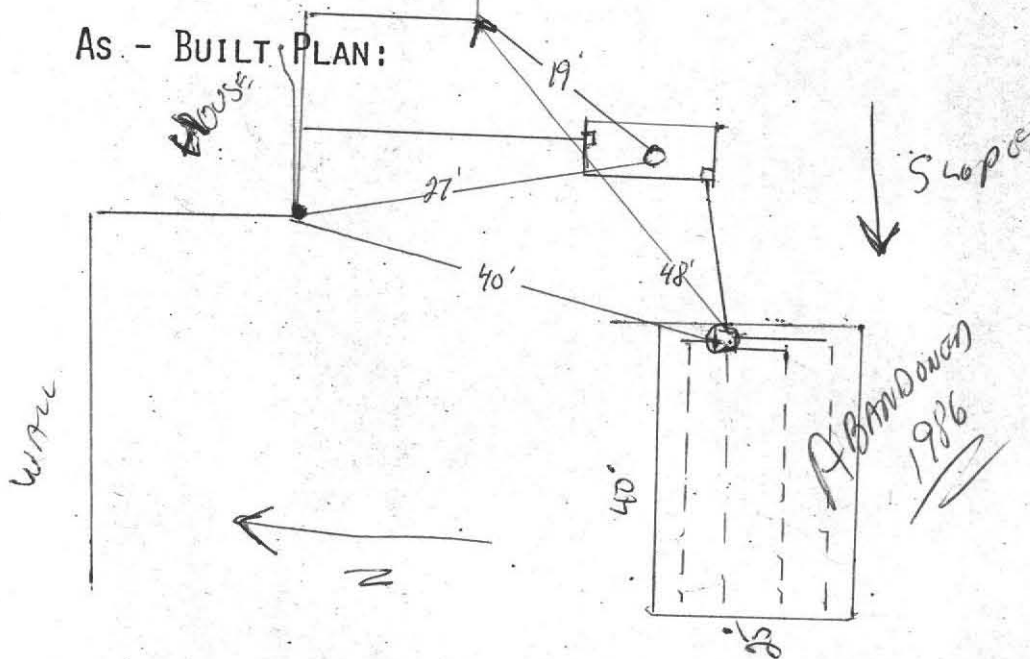
Date Installation Inspected and Approved 16-28-80

Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet: 1000

Garbage Grinder Yes (X) No () No. Bedrooms: 2 No. People 4

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.

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

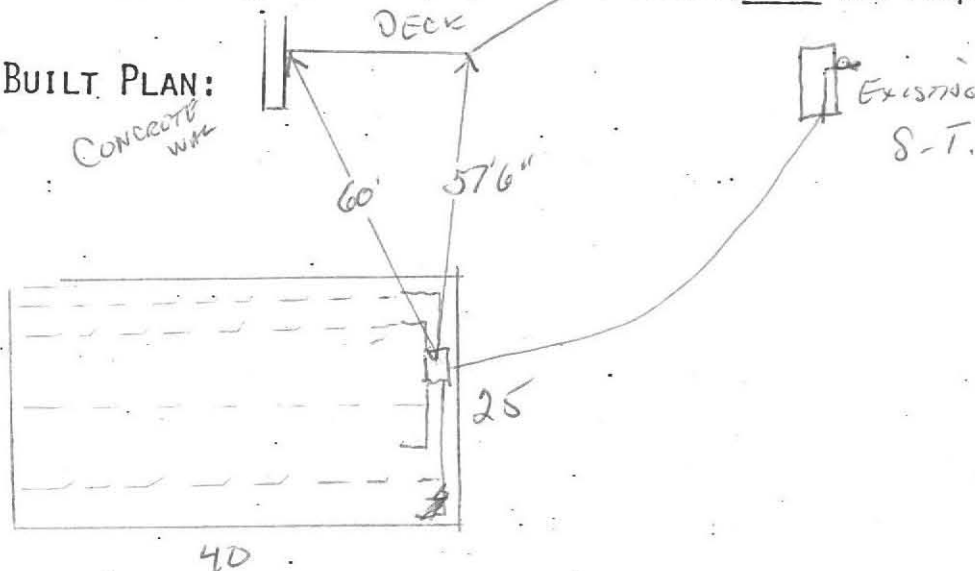
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner John Cieslak Address 400 Middle St
Installer KARLS Exc. Address River Drive Hadley, MA
Date Installation Inspected and Approved 6/25/86
Description of System: Tank Capacity: EXISTING

Leach Field () Bed (X) Seepage Pit () Square Feet: 1425

Garbage Grinder Yes () No () No. Bedrooms: _____ No. People _____

AS - BUILT PLAN:



Middle St
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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