

..Middle St

No House #

Unknown
382

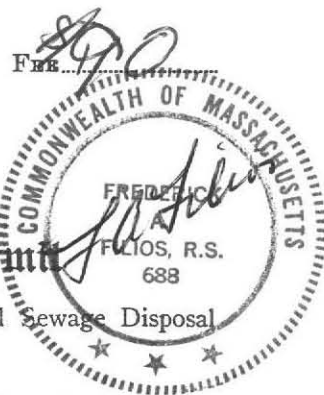
No. 83-18

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

382 Middle St

Mallek Lot #1

Res Building Corp Ltd

Rt 66 Westhampton Mass

KARIS ETC

Rivier Dr Hadley

Type of Building

Size Lot 61,904 Sq. feet

Dwelling — No. of Bedrooms 3

Expansion Attic ()

Garbage Grinder () 40

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. Width Total Length Total leaching area 108 sq. ft

Seepage Pit No. 1 Diameter 11 x 7 Depth below inlet 3' Total leaching area 77 sq. ft

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by Frederick Filios Date Mar 18 1983

Test Pit No. 1 2 minutes per inch Depth of Test Pit 9 1/2 Depth to ground water 9'

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

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 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.

Application Approved By [Signature] Signed [Signature] Date 6/28/83

Application Disapproved for the following reasons:

Permit No. 83-18

Issued 6-28-83 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

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

Town OF Amherst

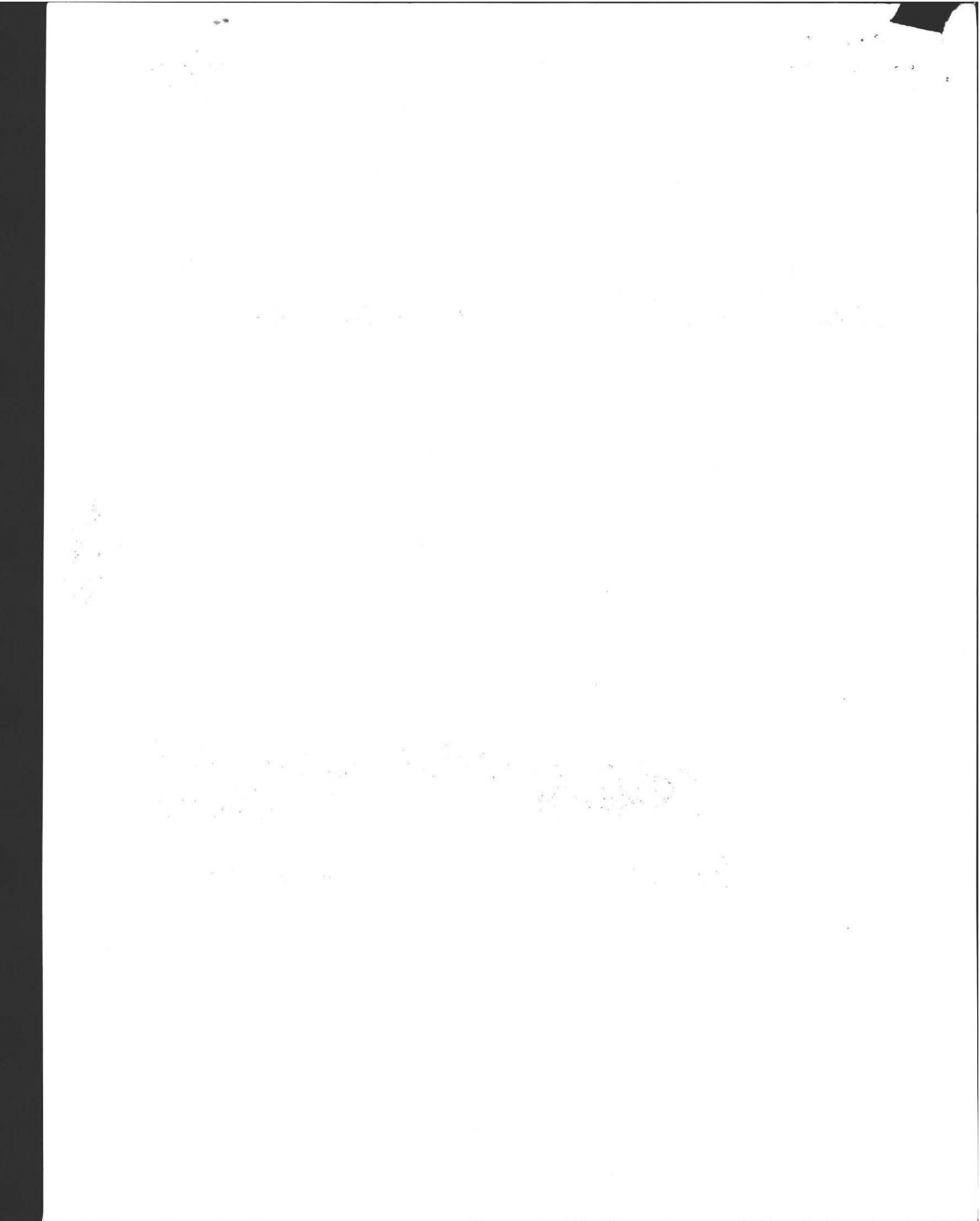
Disposal Works Construction Permit

No. 83-18

Permission is hereby granted to Construct (X) or Repair () an Individual Sewage Disposal System at No. 382 Middle St as shown on the application for Disposal Works Construction Permit No. 83-18 Dated 6-28-83

DATE JUN 28 1983

1985 HOBBS & WARREN, INC., PUBLISHERS

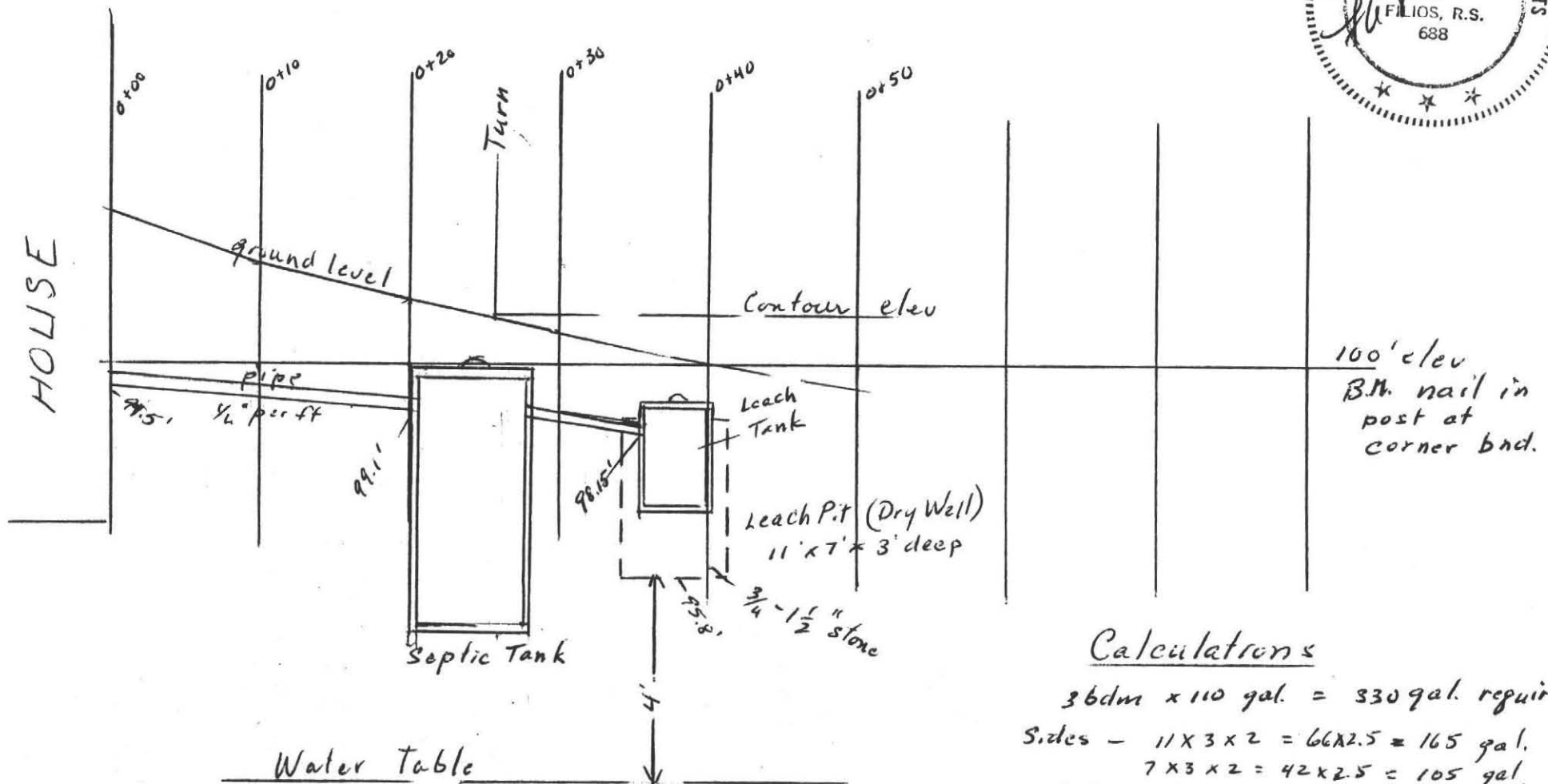


PROFILE OF SEPTIC SYSTEM

For: Rens Building Corp Ltd.
Rt. 66.
Westhampton Mass

Scale: Horizontal, 1" = 10'
Vertical, 1" = 3'
By: Frederick Filios

June 1983



Calculations

$$36 \text{ dm} \times 110 \text{ gal.} = 330 \text{ gal. required}$$

$$\text{Sides} - 11 \times 3 \times 2 = 66 \times 2.5 = 165 \text{ gal.}$$

$$7 \times 3 \times 2 = 42 \times 2.5 = 105 \text{ gal.}$$

$$\text{Bottom } 7 \times 11 = 77 \text{ sq ft} \times 1 = 77 \text{ gal.}$$

$$347 \text{ gal proposed}$$

PLAN SHOWING SEWAGE

DISPOSAL

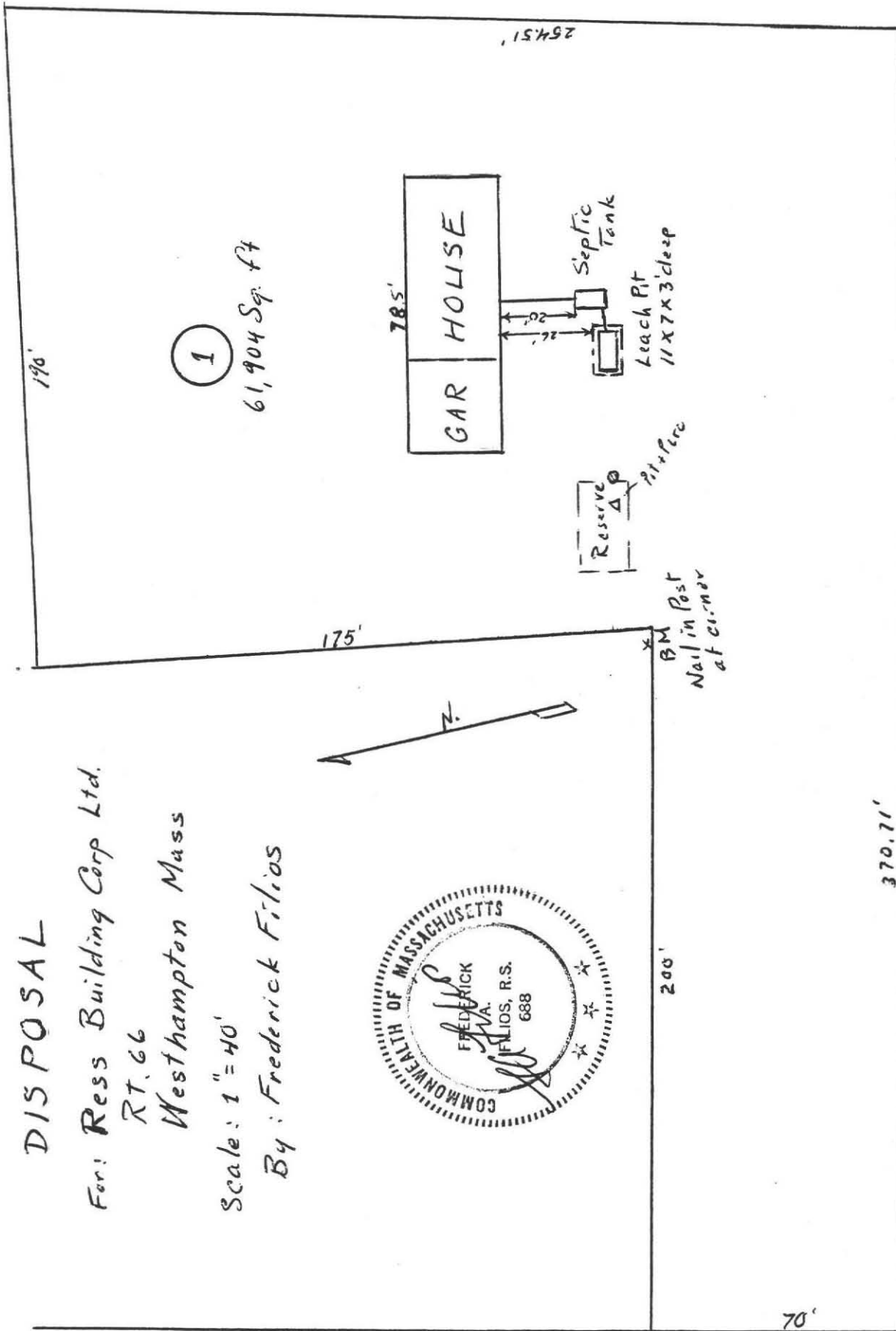
For: Rens Building Corp Ltd.

RT. 66

Westhampton Mass

Scale: 1" = 40'

By: Frederick Filios



MIDDLE STREET

PERCOLATION TEST LOCATION

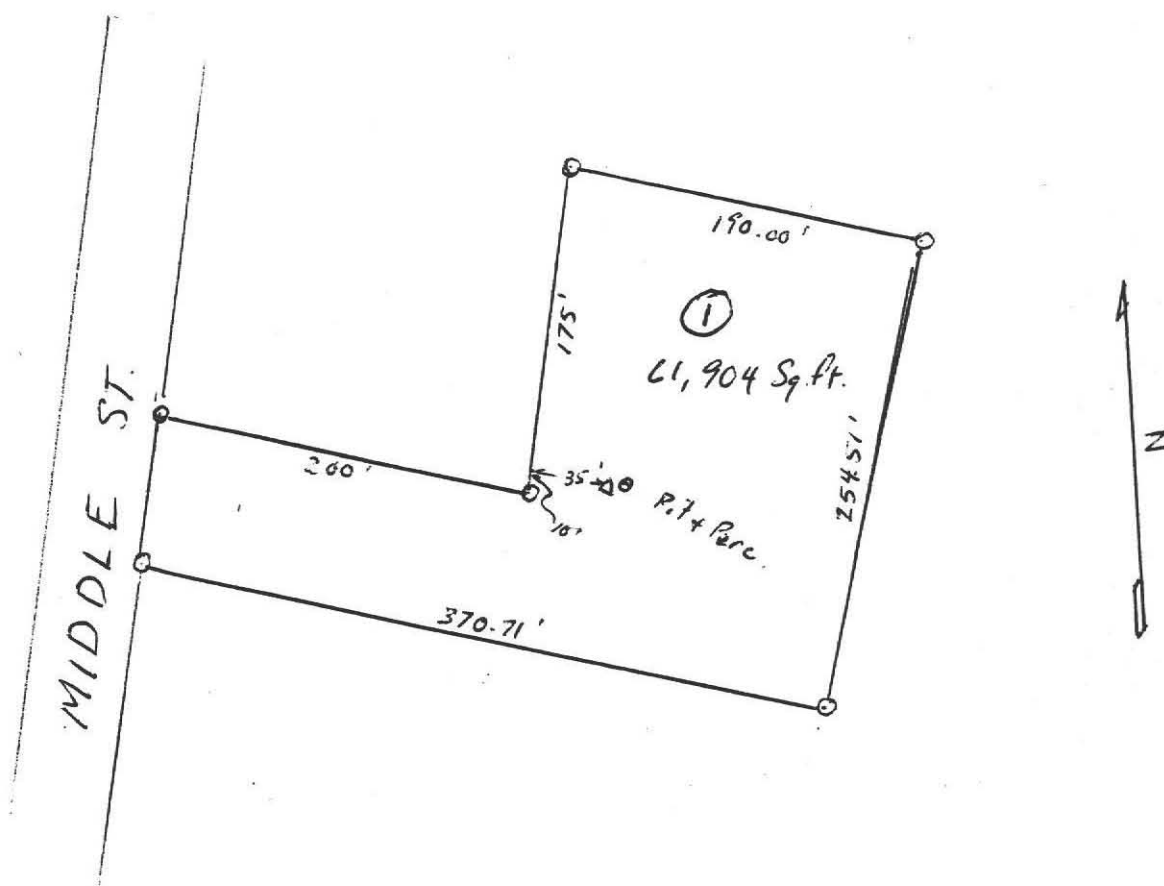
For: Leo Mallek
South Orchard Dr.
Amherst Ma.

Mar 1983

Scale: 1" = 100'

By: Frederick Filios

Taken from survey
map by Harold L. Eaton



Frederick Filios

No.

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 (☒) or Repair (☐) an Individual Sewage Disposal System at:

Middle St
Ross Building Corp Ltd
 Location - Address
 Owner

Malek Lot #1
Rt 66 Westhampton Mass
 or Lot No.
 Address

Installer

Address

Type of Building

Size Lot 61,904 Sq. feet

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

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 1400 gallons Length _____ Width _____ Diameter _____ Depth _____

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

Seepage Pit No. 1 Diameter 11 x 7 Depth below inlet 3' Total leaching area 108 sq. ft. sides

Other Distribution box () no Dosing tank () _____

Percolation Test Results Performed by Frederick Filios Date Mar 18 1983

Test Pit No. 1 > 2 minutes per inch Depth of Test Pit 9 1/2 Depth to ground water 9'

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

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 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 _____

Date _____

Application Approved By _____

Date _____

Application Disapproved for the following reasons: _____

Date _____

Permit No. _____

Issued _____

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 _____

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

CHECK OR FILL IN WHERE APPLICABLE

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

GFF MIDDLE ST.

Important Information Regarding Your Private Sewage Disposal System

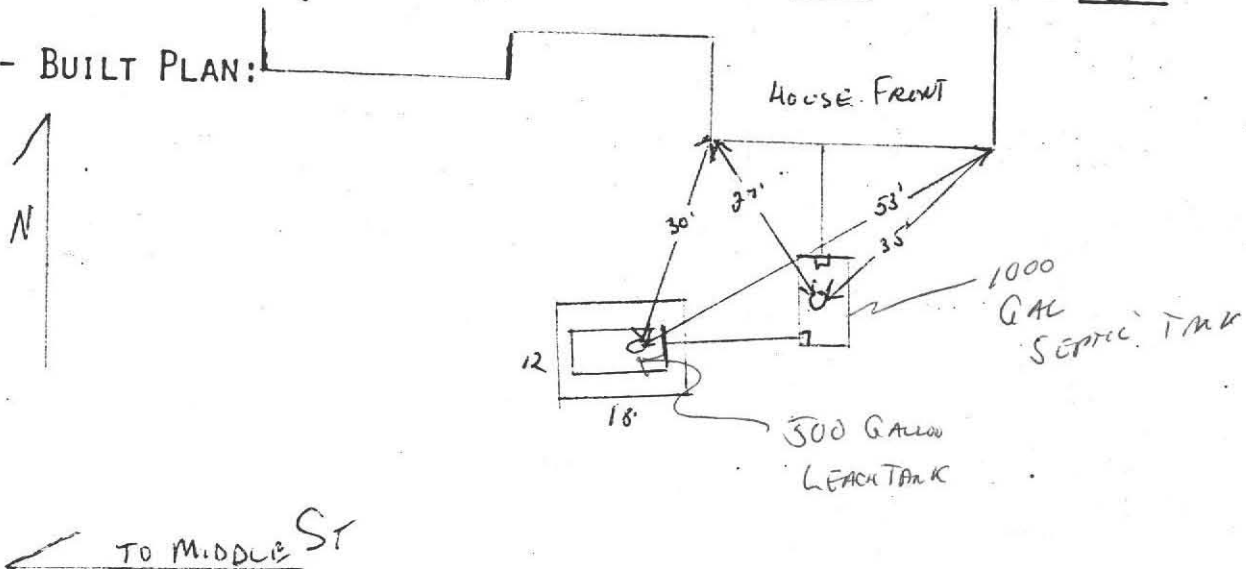
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner RESS CONST LTD Address 1 WESTHAMPTON
Installer KARLS INC. Address RIVER DR. HADLEY.

Date Installation Inspected and Approved 9-83 CER.

Description of System: Tank Capacity: 1000 S.T. ☐ SLOPE ☐ 180° ☐ BOTTOMS
Leach Field () Bed () Seepage Pit (X) Square Feet: 216 500 GALLON PRECAST LEACH TANK
Garbage Grinder Yes () No (X) 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.

DEEP SOIL LOGS

OWNER Leo Mallek

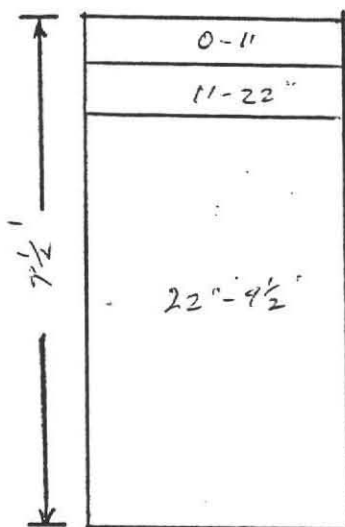
Date Mar 18 1983

LOCATION Middle St.

OBSERVER F.A. Filios

Soil

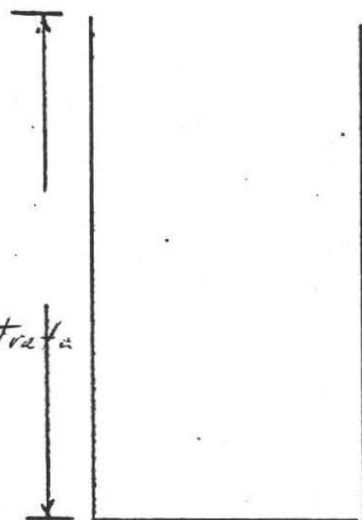
Lot #1



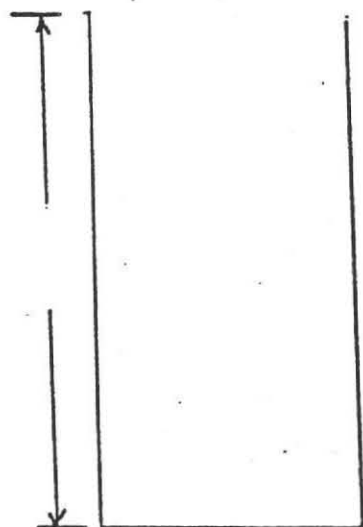
Topsoil
Subsoil

Stratified Coarse
Sand
Oxides in some strata

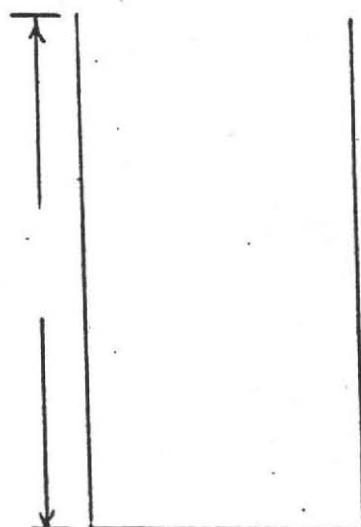
Ground Water 9ft.



Ground Water



Ground Water



Ground Water

Rate of Percolation at 32"

20 seconds/inch

F.A. Filios

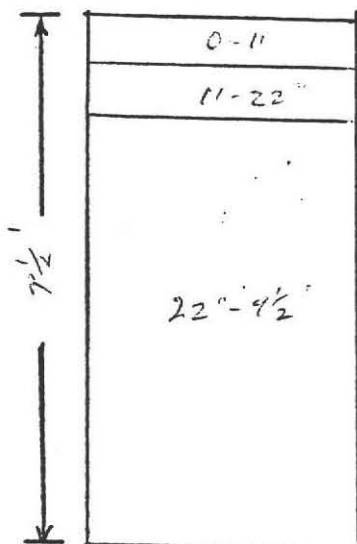
DEEP SOIL LOGS

OWNER Leo Mallek

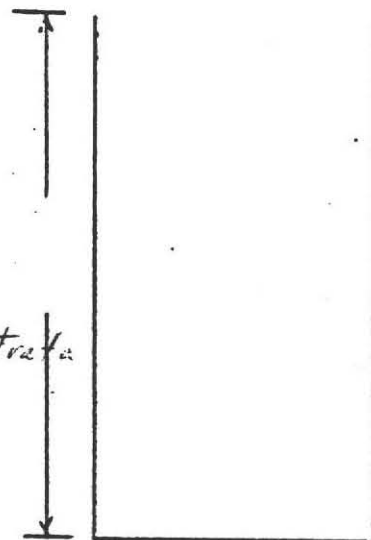
Date Mar 18 1983

LOCATION Middle St.
Soil Lot #1

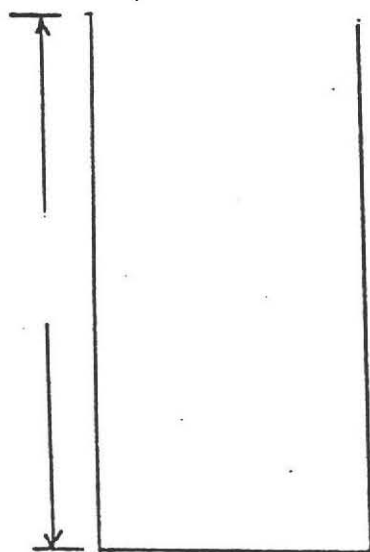
OBSERVER F.A. Filios



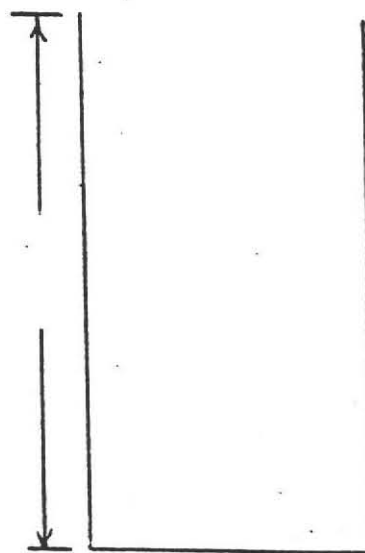
Ground Water 9ft.



Ground Water



Ground Water



Ground Water

Rate of Percolation

20 seconds/inch



PERCOLATION TEST LOCATION

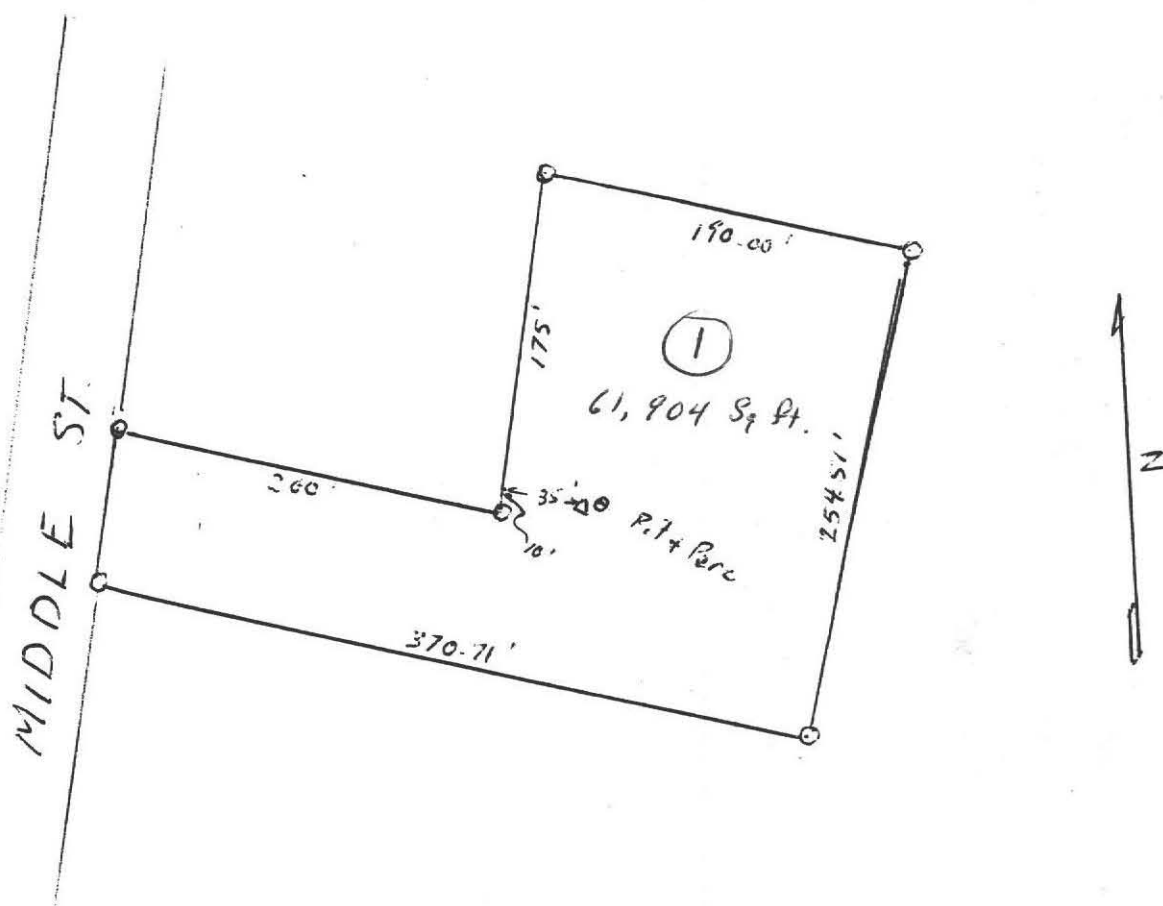
For: Leo Mallek
South Orchard Dr.
Amherst Ma.

Mar 1983

Scale: 1" = 100'

By: Frederick Filios

Taken from survey
map by Harold L. Eaton



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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 8-61

Don GARDNER of STONE ST
(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 Harkness Rd to be installed by

Self (name) (address) (phone)

Builder is H. Nisim Plumber is Mutual

Description of lot, building and fixtures as follows:

Lot: Dimensions 26x300 Type of Soil Sand Well or Town Water? Well

Distance to Town Sewer Miles Depth to Ground Water 7' Kind of Well Point

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions 27'x48' No. Bedrooms 3 No. Occupants 4

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher No 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 6/6/61 Donald L. Gardner
(Signature of Applicant)

Rec'd fee 3.00 6/6/61 PAS.

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

D. Gardner 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.

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

Dry well 64 ft. bottom area and 2 ft. below the inlet.

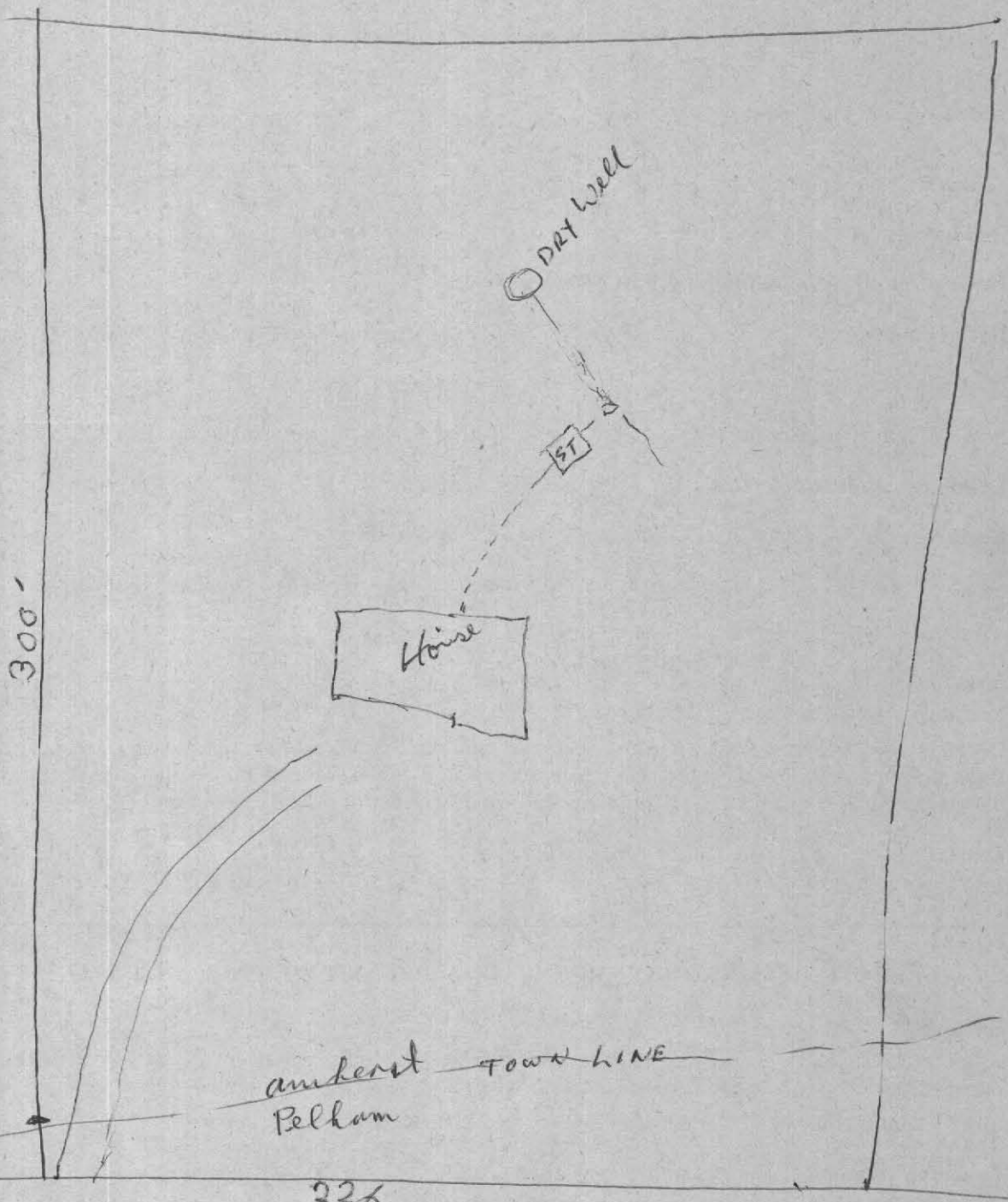
Other

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.

G. A. Siano
for the Board of Health

6/6/61
date

Inspected Approved OK P.A.S.



NAME ADDRESS		DATE	SEPTIC TANKS	REMARKS
SCHOOL DEPT	SO AMHERST	7/16/53		REQUEST FOR SPECIFICATIONS - (SEE MAIN FILE) - STATE DEPT OF PUBLIC HEALTH FURTHER REQUIRES ① 1500 GALLON TANK. ② USE OF BULKY SPICOT TIE ONLY.
PARSONAGE	SO AMHERST	8/11/53		600 GALLON TANK 40' TIE.
LANGFORD	SO EAST ST	8/11/53		600 GALLON TANK 100' TIE
OWENS	HARKNESS RD	8/26/53		600 GALLON TANK 40' TIE
WENTWORTH	WINDWOOD LANE	9/23/53		600 GALLON TANK 100' TIE
ALDRICH	LAKE POMEROY	9/23/53		600 " " 40' "
LIVESTOCK	SHAY ST.	10/14/53		600 " " 60' "
MOORE CONCRETE	REOCATE	11/9/53		600 " " 75-80'
HOPKINS	LAKE WEST	" "		" " 40-50'
	CANTON AVE	11/22/53		600 " " 50'

③ 1953

P 746 225 569



Certified Mail Receipt

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Sent to

Carol Kiminsky

Street & No.

101 Middle St.

P.O., State & ZIP Code

Amherst Ma 01002

Postage

\$29

Certified Fee

100

Special Delivery Fee

Restricted Delivery Fee

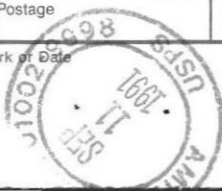
Return Receipt Showing
to Whom & Date Delivered

Return Receipt Showing to Whom,
Date, & Address of Delivery

TOTAL Postage
& Fees

\$ 1.29

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 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