

20 Overlook Drive

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

REPLACEMENT SYSTEM

Lot 14

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner LYN. CLARK Address 20 OVERLOOK DR.

Installer KARLS EXC. Address RIVER DRIVE, HADLEY

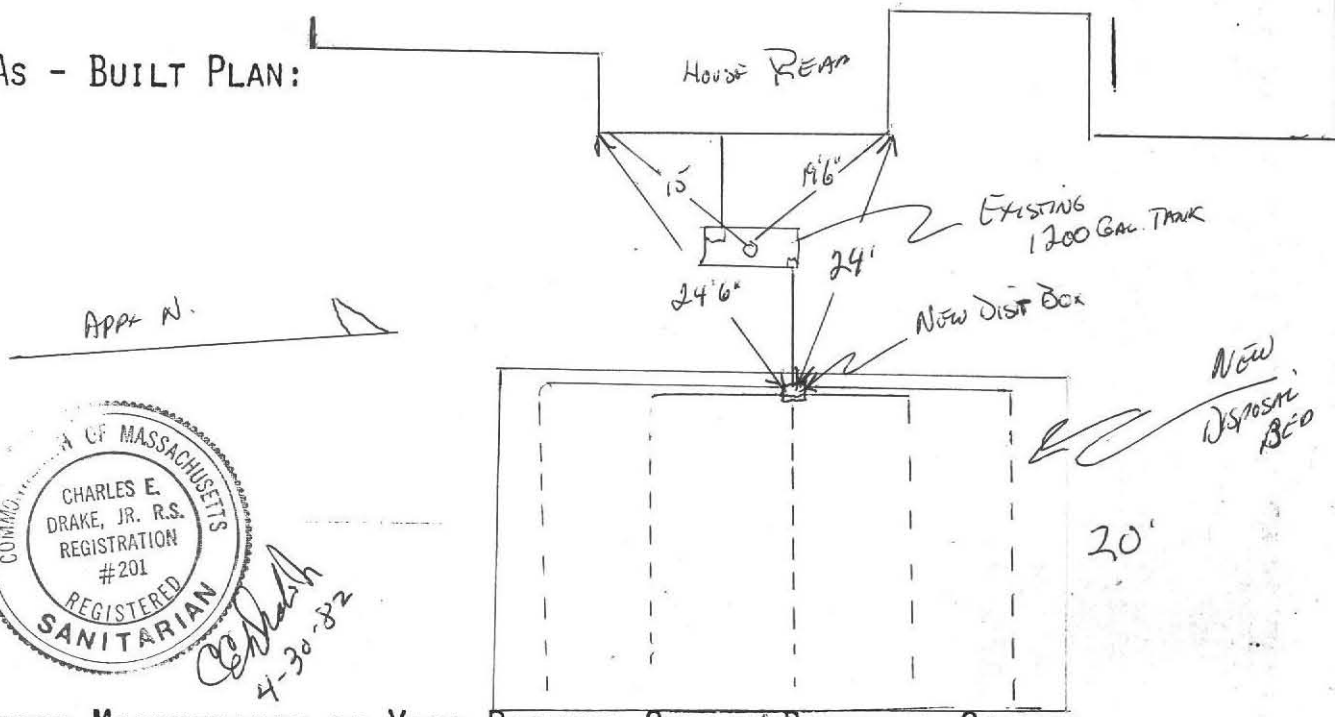
Date Installation Inspected and Approved 4-30-82

Description of System: Tank Capacity: ^{EXISTING} 1200 GALLON

Leach Field () Bed (X) Seepage Pit () Square Feet: 600 ^{sq. ft.}

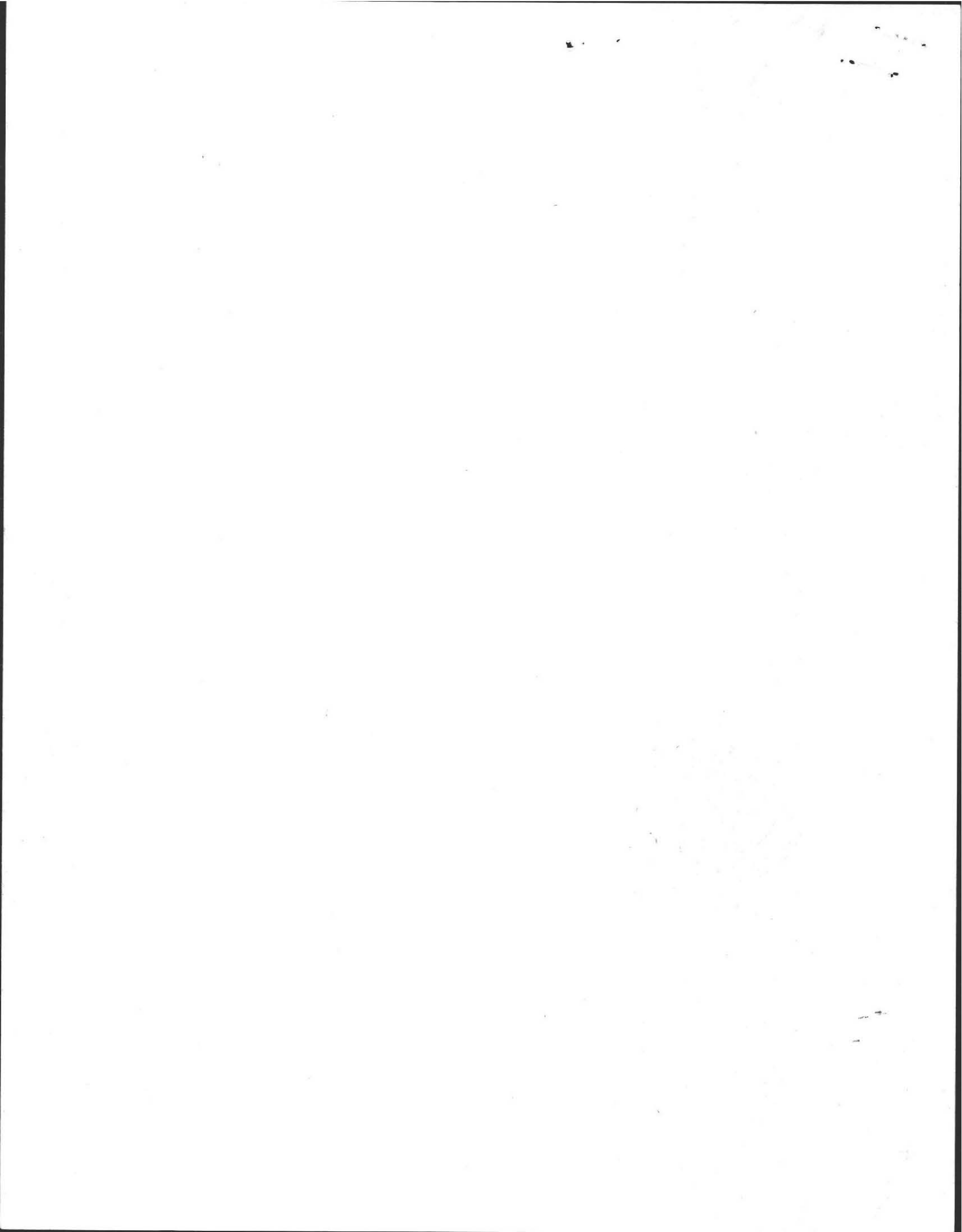
Garbage Grinder Yes (X) No () No. Bedrooms: 3 No. People 8

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

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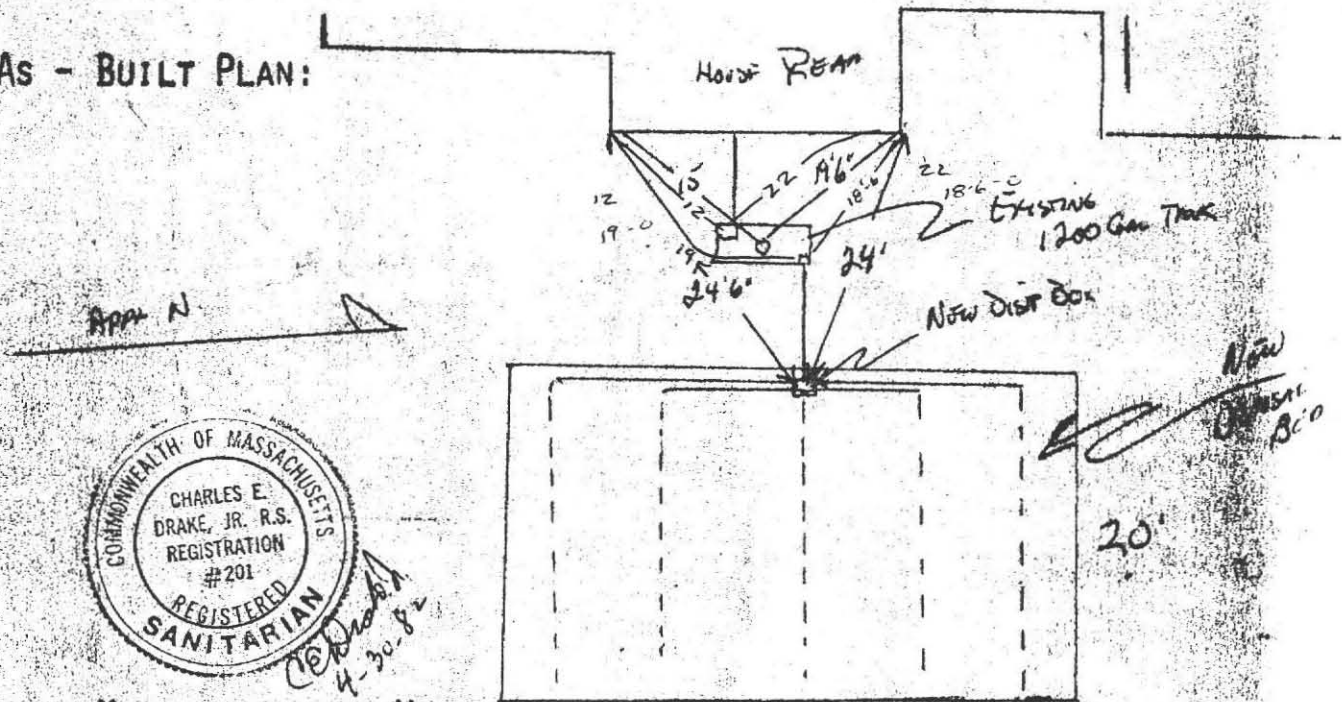
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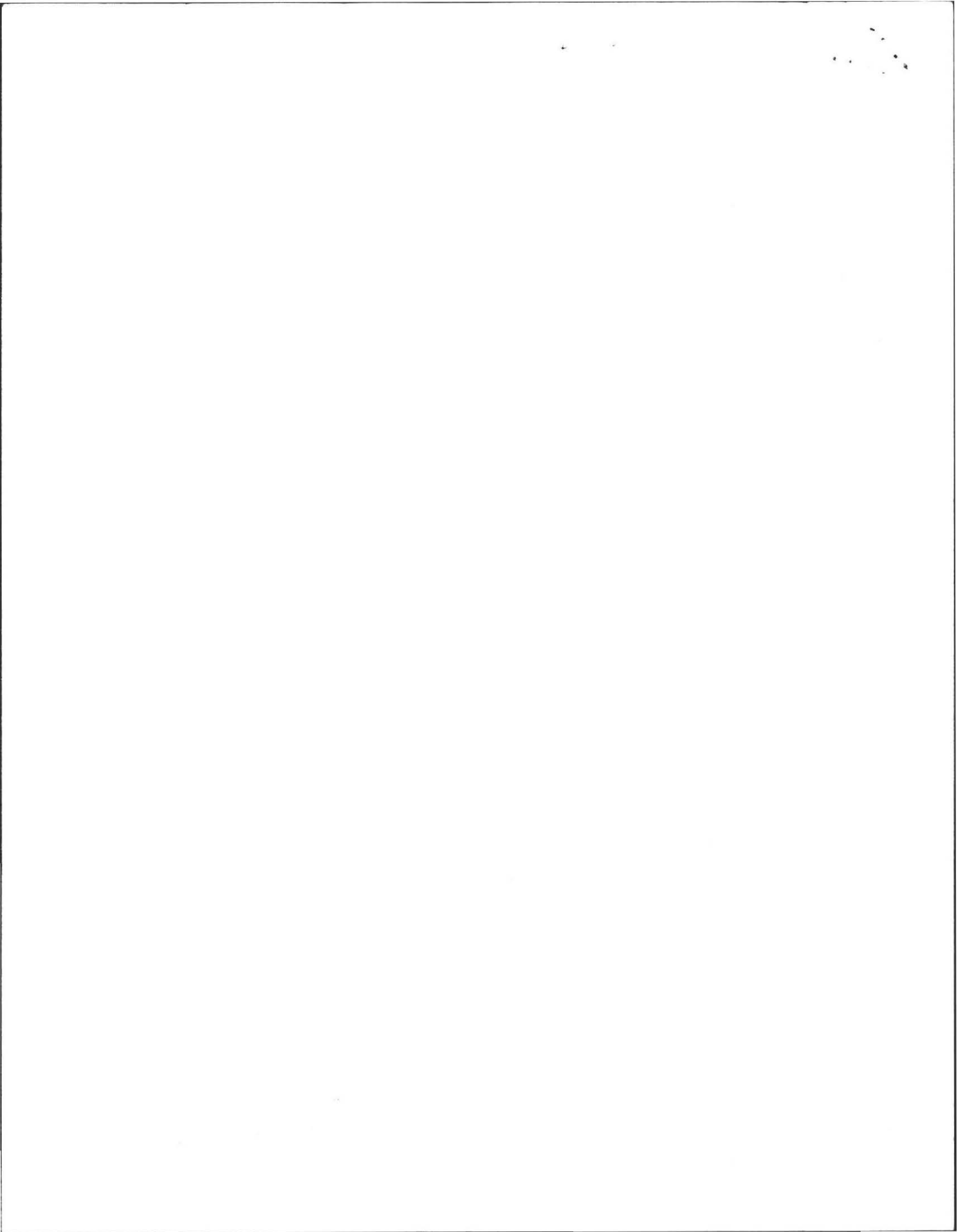
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#19

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

No. 70-17 Date 9/3/70 Fee \$3.00 Date Rec'd. 9/3/70 By CED

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:
 Location—Address High Point Hill 19 Overlook or Lot No. 50
 Owner Roy Industries Inc. Address Cushman Rd. Shutesbury
 Contractor Bill Clarke Address Shutesbury
 Type of Building _____ Dimensions _____ Size Lot _____
 Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()
 Other _____ No. of persons _____ Showers ()
 Other fixtures _____
 Town Water? no Type of Well Artesian
 Design Flow 50 gallons per person per day. Total daily flow 400 gallons
 Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____
 Disposal Trench—No. 1 Width 20 Total Length 25 Total leaching area 500 sq. ft.
 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 () No. _____ Dosing tank ()
 (Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by CED Date 9/3/70
 Test Pit No. 1 12 minutes per inch Depth of Test Pit 30
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____
 Description of Soil sandy clay Depth to Ground Water 8 feet
 Will disposal area be filled? no 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 Cedule Will D. May Owner or builder 9/4/70 date
9/3/70 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. 70-17
 Permission is hereby granted Roy Industries to construct () or repair () an Individual Sewage Disposal System at Lot 50 High Point Hill 19 Overlook as shown on the application for Disposal Works Construction Permit No. 70-17
 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 9/3/70 Cedule Board of Health

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