

#59

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 71-16 Date 8/6/71 Fee 3.00 Date Rec'd. 8/9/71 By DGF

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

Location—Address 91 OVERLOOK DR or Lot No. 54

Owner ROY INDUSTRIES, INC. Address \_\_\_\_\_

Contractor SAME Address \_\_\_\_\_

Type of Building RESIDENCE Dimensions \_\_\_\_\_ Size Lot \_\_\_\_\_

Dwelling—No. of Bedrooms 5 Expansion Attic ( ) Garbage Grinder (X)

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

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

Town Water? No Type of Well DRILLED (BEDROCK)

Design Flow 50 gallons per person per day. Total daily flow 625 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Disposal Trench—No. 1 Width 18 Total Length 35 Total leaching area 630 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 Kendall G. Lund Date Aug 7, 1971

Test Pit No. 1 10 minutes per inch Depth of Test Pit 32"

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

Description of Soil SM-ML glacial t.H Depth to Ground Water Unknown

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 C. C. Drake, Jr.

R. G. ... Owner or builder 8/9/71 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

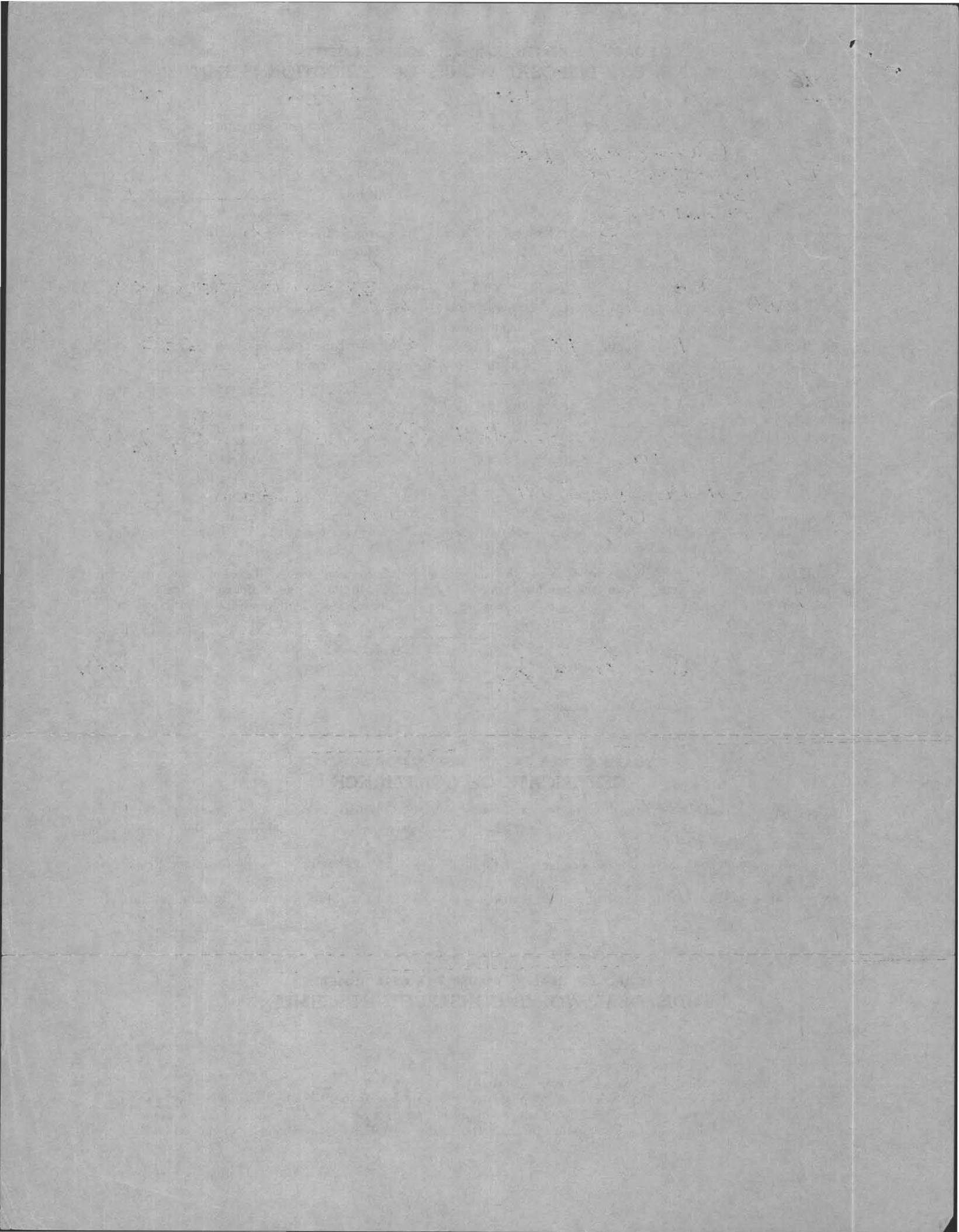
No. \_\_\_\_\_ Permission is hereby granted \_\_\_\_\_ to construct ( ) or repair ( ) an Individual Sewage Disposal System at \_\_\_\_\_

as shown on the application for Disposal Works Construction Permit No. \_\_\_\_\_

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 \_\_\_\_\_

Board of Health



BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner WURSTER Address 59 OVERLOOK DR.

Installer BILL CLARK Address PRATT CORNERS

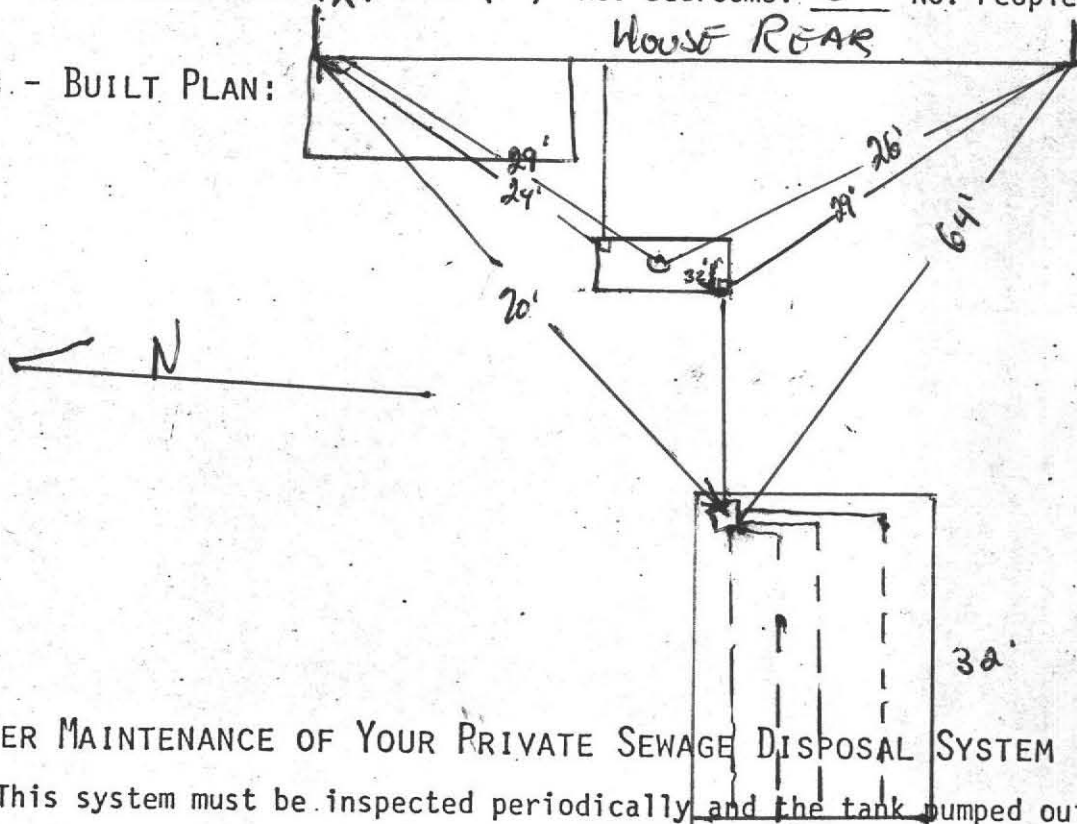
Date Installation Inspected and Approved 1972

Description of System: Tank Capacity: 1200 *0 WATER SUPPLY FROM HOUSE*

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 768 (24x32)

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 24 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.



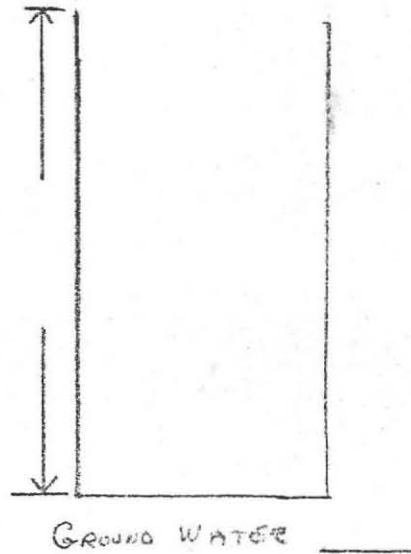
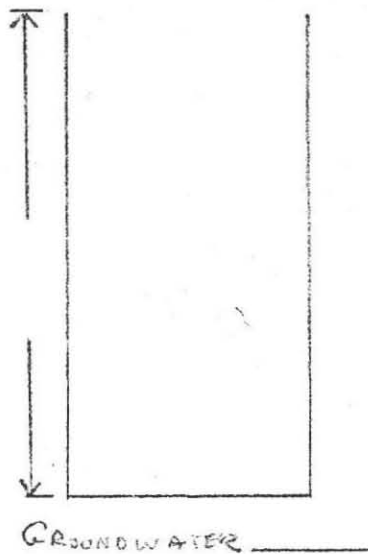
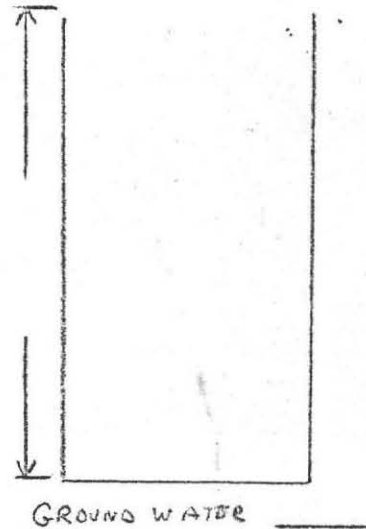
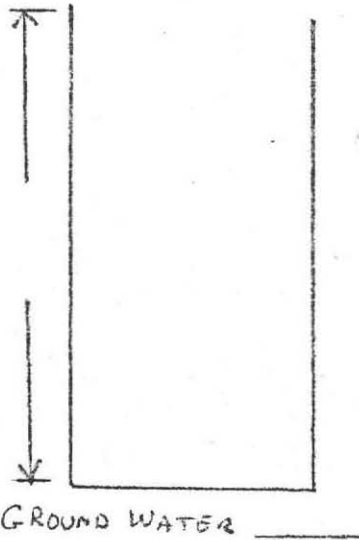
# DEEP SOIL LOGS

OWNER \_\_\_\_\_

DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

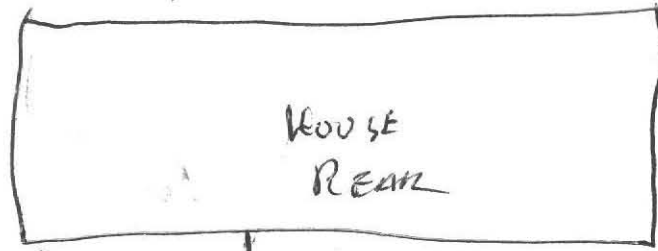
OBSERVER \_\_\_\_\_



BOARD OF HEALTH  
AMHERST, MASS.

LOT 34'

OVERLOOK DR  
O  
WELL

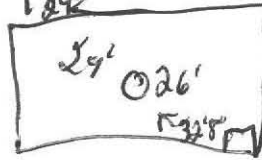


HOUSE  
REAR

24'

24'

24'

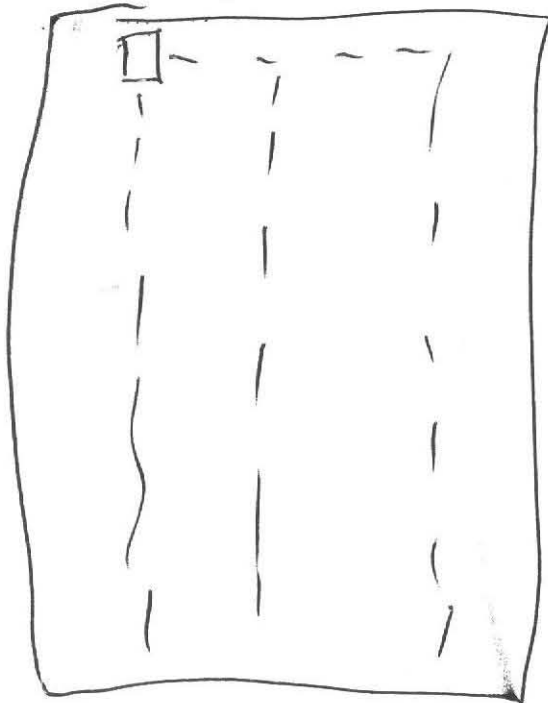


24' 26'

1750  
ST

70'

64'



32

24

WESTER



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A  
CERTIFICATION (continued)

Property Address: 59 Overlook Dr.  
Amherst  
Owner: Zuckerman  
Date of Inspection: 8/24/04

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

See page one

B. System Conditionally Passes:

NO One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the \_\_\_ for the following statements. If "not determined" please explain.

NO The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

\*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

NO Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

ND explain:

NO The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- broken pipe(s) are replaced
- obstruction is removed

ND explain:



COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5  
 OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
 PART A  
 CERTIFICATION

Property Address: 59 Overlook Dr  
Amherst, MA 01002

Owner's Name: Bert Zuckerman

Owner's Address: Same

Date of Inspection: 8/24/04

Name of Inspector: (please print) Robert Stover

Company Name: Amherst Civil Engineering

Mailing Address: P.O. Box 3312  
Amherst, MA 01004-3312

Telephone Number: (413) 256-3400

**CERTIFICATION STATEMENT**

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: Robert Stover Date: 8/24/04

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments This is an older system (Application date is 8/9/71) that has received relatively light use - 2 persons since 1987 and one person for the last two years. I

\*\*\*\*This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

recommend pumping tank every two years to prolong life of system. Do not install a garbage disposal, use liquid detergents and natural, not recycled, toilet paper. Other than toilet paper do not dispose of manufactured items into this system.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART A  
CERTIFICATION (continued)

Property Address: 59 Overlook Dr.  
Amherst  
Owner: Zuckerman  
Date of Inspection: 8/24/04

D. System Failure Criteria applicable to all systems:  
You **must** indicate "yes" or "no" to each of the following for **all** inspections:

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Yes                      | No                                  |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <u>N/A</u>                          | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped _____.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <u>N/A</u>                          | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <u>N/A</u>                          | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <u>N/A</u>                          | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <u>N/A</u>                          | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

No (Yes/No) **The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems: not apply  
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:  
(The following criteria apply to large systems in addition to the criteria above)

- |                          |                          |  |
|--------------------------|--------------------------|--|
| yes                      | no                       |  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 59 Overlook Dr.

Amherst  
Owner: Zuckerman

Date of Inspection: 8/24/04

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 5 Number of bedrooms (actual): 5  
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550

Number of current residents: 1

Does residence have a garbage grinder (yes or no): no

Is laundry on a separate sewage system (yes or no): no [if yes separate inspection required]

Laundry system inspected (yes or no): N/A

Seasonal use: (yes or no): no

Water meter readings, if available (last 2 years usage (gpd)): private well

Sump pump (yes or no): no

Last date of occupancy: occupied at time of inspection.

COMMERCIAL/INDUSTRIAL not apply

Type of establishment: \_\_\_\_\_

Design flow (based on 310 CMR 15.203): \_\_\_\_\_ gpd

Basis of design flow (seats/persons/sqft, etc.): \_\_\_\_\_

Grease trap present (yes or no): \_\_\_\_\_

Industrial waste holding tank present (yes or no): \_\_\_\_\_

Non-sanitary waste discharged to the Title 5 system (yes or no): \_\_\_\_\_

Water meter readings, if available: \_\_\_\_\_

Last date of occupancy/use: \_\_\_\_\_

OTHER (describe): \_\_\_\_\_

GENERAL INFORMATION

Pumping Records

Source of information: owner's recollection last pumped 3-4 years ago

Was system pumped as part of the inspection (yes or no): yes

If yes, volume pumped: 1200 gallons -- How was quantity pumped determined? Permit application

Reason for pumping: inspection and routine maintenance

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)

Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

Tight tank  Attach a copy of the DEP approval

Other (describe): \_\_\_\_\_

Approximate age of all components, date installed (if known) and source of information:

permit dated 8/9/71

Were sewage odors detected when arriving at the site (yes or no): no

**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

Property Address: 59 Overlook Dr  
Amherst  
Owner: Zuckerman  
Date of Inspection: 8/24/04

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- Yes  No  Pumping information was provided by the owner, occupant, or Board of Health
- Were any of the system components pumped out in the previous two weeks ?
- Has the system received normal flows in the previous two week period ?
- Have large volumes of water been introduced to the system recently or as part of this inspection ?
- Were as built plans of the system obtained and examined? (If they were not available note as N/A) sketch
- Was the facility or dwelling inspected for signs of sewage back up ?
- Was the site inspected for signs of break out ? built on slab
- Were all system components, excluding the SAS, located on site ?
- Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum ?
- Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

- Yes  no  Existing information. For example, a plan at the Board of Health. see attached
- Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)] d. box located and uncovered — see page 10.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 59 Overlook Dr.  
Amherst  
Owner: Zuckerman  
Date of Inspection: 8/24/04

TIGHT or HOLDING TANK: not apply (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: not apply  
Material of construction: not apply concrete not apply metal not apply fiberglass not apply polyethylene not apply other(explain):

Dimensions: \_\_\_\_\_  
Capacity: \_\_\_\_\_ gallons  
Design Flow: \_\_\_\_\_ gallons/day  
Alarm present (yes or no): \_\_\_\_\_  
Alarm level: \_\_\_\_\_ Alarm in working order (yes or no): \_\_\_\_\_  
Date of last pumping: \_\_\_\_\_  
Comments (condition of alarm and float switches, etc.):

DISTRIBUTION BOX:  (if present must be opened)(locate on site plan) 2 outlet pipes observed  
24" below grade  
20" long X 14" wide

Depth of liquid level above outlet invert: 0"  
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):  
Box is reasonably level and distribution is reasonably equal. Slight carryover of fine solids. No evidence of leakage observed. Penetration of fine roots into box around

PUMP CHAMBER: not apply (locate on site plan) pipes but box is reasonably solid and  
Pumps in working order (yes or no): not apply functional.  
Alarms in working order (yes or no): \_\_\_\_\_  
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 59 Outlook Dr.

Amherst  
Owner: Zuckerman

Date of Inspection: 8/24/04

BUILDING SEWER (locate on site plan)

House on slab on grade - sewer pipe under slab therefore not inspectable.

Depth below grade: \_\_\_\_\_  
Materials of construction: cast iron 40 PVC other (explain): \_\_\_\_\_

Distance from private water supply well or suction line: \_\_\_\_\_

Comments (on condition of joints, venting, evidence of leakage, etc.): \_\_\_\_\_

SEPTIC TANK:  (locate on site plan)

Depth below grade: 20" at outlet

Material of construction:  concrete  metal  fiberglass  polyethylene  
other(explain) \_\_\_\_\_

If tank is metal list age: \_\_\_\_\_ Is age confirmed by a Certificate of Compliance (yes or no): \_\_\_\_\_ (attach a copy of certificate)

Dimensions: 10.5' x 5.5' x 4.0' effective depth 1200 GAL.

Sludge depth: 3" according to application

Distance from top of sludge to bottom of outlet tee or baffle: 31" ±

Scum thickness: 1"

Distance from top of scum to top of outlet tee or baffle: 6-7"

Distance from bottom of scum to bottom of outlet tee or baffle: 13" ±

How were dimensions determined: measured + typical

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Inlet baffle is cast-to-walls precast enclosed baffle in good condition. Outlet has precast cast-to-walls cross-sectional baffle with some corrosion of the surface of the baffle

GREASE TRAP: \_\_\_\_\_ (locate on site plan)

Depth below grade: not apply

Material of construction: concrete metal fiberglass polyethylene other (explain): \_\_\_\_\_

Dimensions: \_\_\_\_\_

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: \_\_\_\_\_

Date of last pumping: \_\_\_\_\_

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

above the liquid level but this is in a functional condition. Structural integrity of tank is good where viewable and no evidence of leakage observed. Liquid level was at invert of outlet.



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**SYSTEM INFORMATION (continued)**

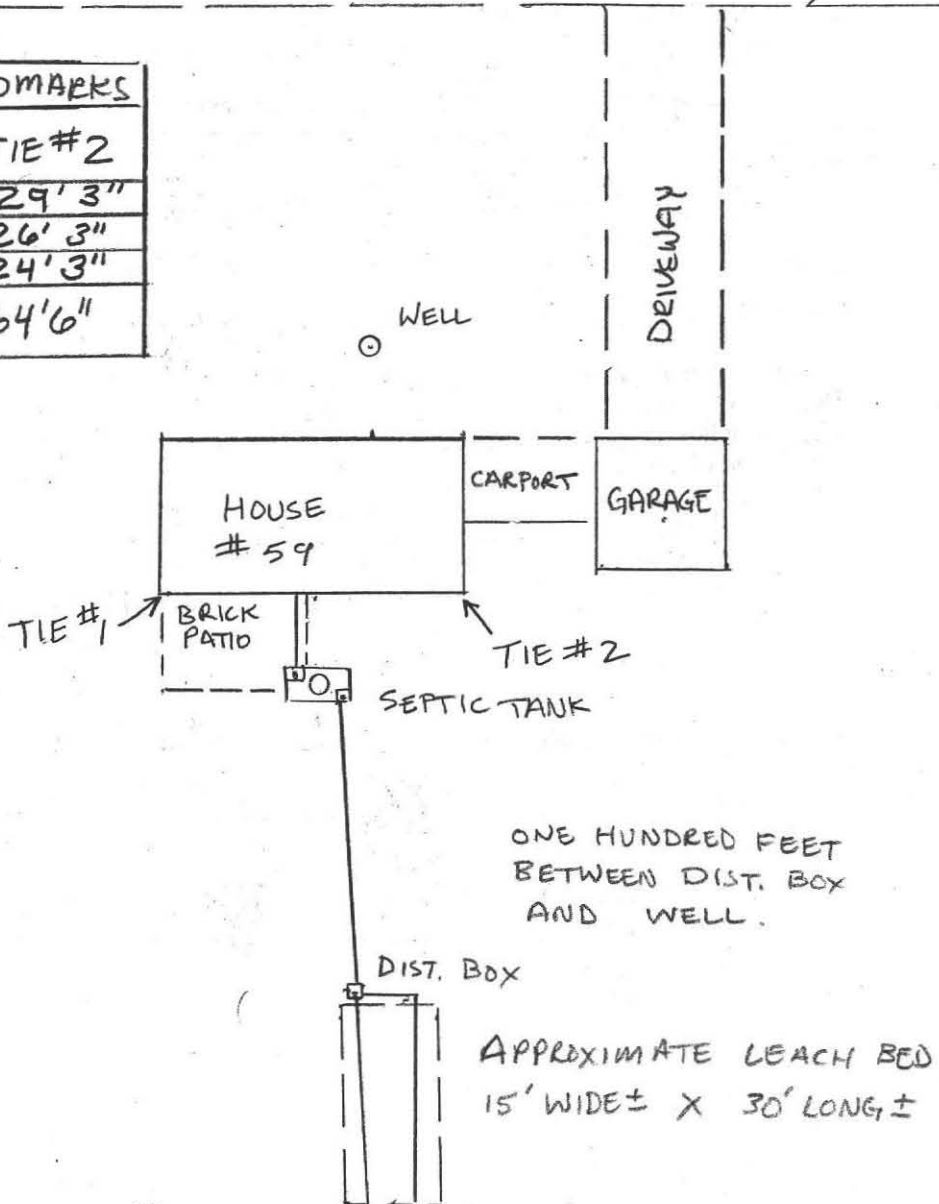
Property Address: 59 Overlook Dr.  
Amherst  
 Owner: Zuckerman  
 Date of Inspection: 8/24/04

**SKETCH OF SEWAGE DISPOSAL SYSTEM**

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

OVERLOOK DRIVE

TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENT	TIE #1	TIE #2
TANK INLET	24'0"	29'3"
TANK CENTER	28'9"	26'3"
TANK OUTLET	33'0"	24'3"
DISTRIBUTION BOX	69'6"	64'6"



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 59 Overlook Dr.

Owner: Amherst Zuckerman

Date of Inspection: 8/24/04

SOIL ABSORPTION SYSTEM (SAS):  (locate on site plan, excavation not required)

If SAS not located explain why:

Type

- \_\_\_ leaching pits, number: \_\_\_
- \_\_\_ leaching chambers, number: \_\_\_
- \_\_\_ leaching galleries, number: \_\_\_
- \_\_\_ leaching trenches, number, length: \_\_\_
- leaching fields, number, dimensions: one, approximately 30' long by 15' wide.
- \_\_\_ overflow cesspool, number: \_\_\_
- \_\_\_ innovative/alternative system Type/name of technology: \_\_\_

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Soil and vegetation were normal, liquid in c. box was at invert of the outlet pipes. No ponding, damp soil or other signs of hydraulic failure were observed.

CESSPOOLS: \_\_\_ (cesspool must be pumped as part of inspection)(locate on site plan)

not apply

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 (yes or no): \_\_\_  
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

PRIVY: \_\_\_ (locate on site plan)

not apply

Materials of construction: \_\_\_

Dimensions: \_\_\_

Depth of solids: \_\_\_

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner WURSTER Address 59 OVERLOOK DR.

Installer BILL CLARK Address PRATT CORNER RD

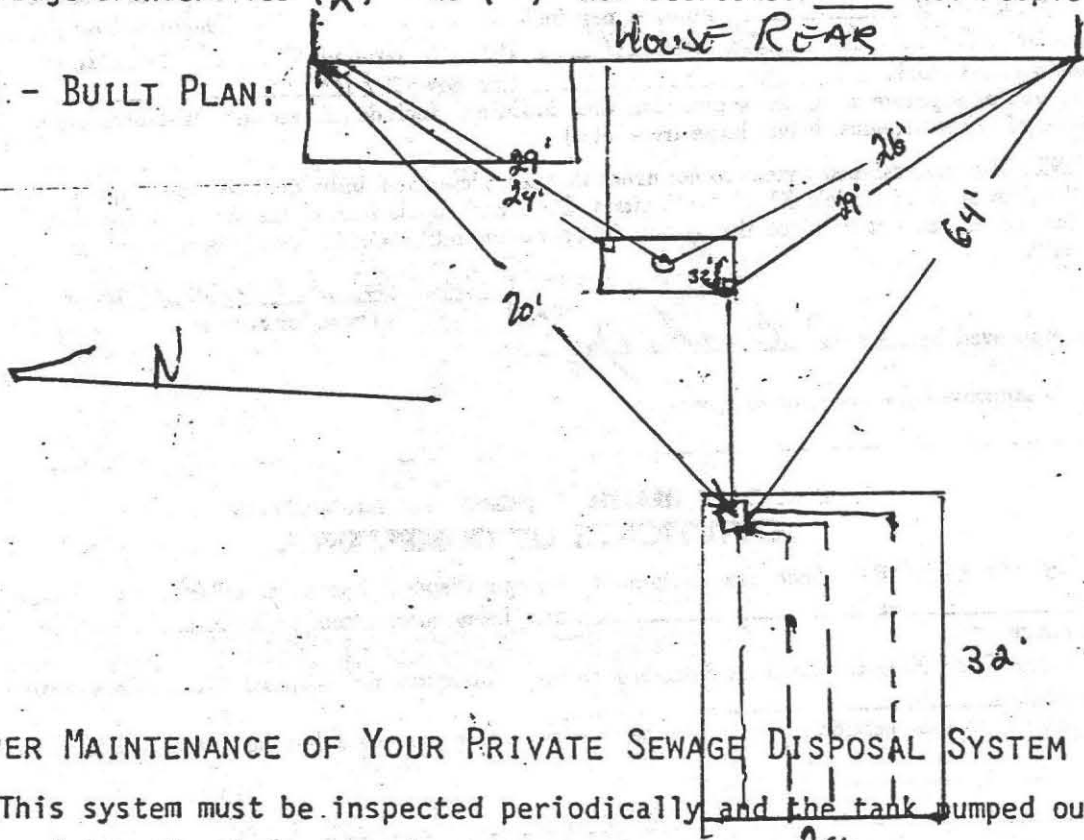
Date Installation Inspected and Approved 1972

Description of System: Tank Capacity: 1200 0 water supply from house

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 768 (24x32)

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 24 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, AMHERST, MASSACHUSETTS

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No. 71-16 Date 8/6/71 Fee 3.00 Date Rec'd. 8/9/71 By DGF

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Location-Address OVERLOOK DR or Lot No. 54

Owner ROY INDUSTRIES, INC. Address \_\_\_\_\_

Contractor SAME Address \_\_\_\_\_

Type of Building RESIDENCE Dimensions \_\_\_\_\_ Size Lot \_\_\_\_\_

Dwelling-No. of Bedrooms 5 Expansion Attic ( ) Garbage Grinder (X)

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

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

Town Water? No Type of Well DRILLED (BEDROCK)

Design Flow 50 gallons per person per day. Total daily flow 625 gallons

Septic Tank-Liquid capacity 1200 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Disposal Trench-No. 1 Width 18 Total Length 35 Total leaching area 630 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 Kendall G. Hand Date Aug 7, 1971

Test Pit No. 1 10 minutes per inch Depth of Test Pit 32"

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

Description of Soil SM-ML glacial t.b. Depth to Ground Water Unknown

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.

R. G. Hand Owner or builder 8/9/71 date

Application Approved by C. E. Drake, Jr.

8/9/71 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. \_\_\_\_\_ Permission is hereby granted \_\_\_\_\_ to construct ( ) or repair ( ) an Individual Sewage Disposal System at \_\_\_\_\_ as shown on the application for Disposal Works Construction Permit No. \_\_\_\_\_

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 \_\_\_\_\_ Board of Health