

#65

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

No. 71-19 Date 8/6/71 Fee 3.00 Date Rec'd. 8/19/71 By DGR

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

Location—Address 65 OVERLOOK DR or Lot No. 55

Owner ROY INDUSTRIES, INC. Address _____

Contractor SAME Address _____

Type of Building RESIDENCE Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 4 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 500 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 1 Width 20 Total Length 44 Total leaching area 880 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 19 minutes per inch Depth of Test Pit 32"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil ML-SM glacial till 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.

Rydustry Will Amy
Owner or builder
Date 8/9/71
Date 8/9/71

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. 71-19
Permission is hereby granted Roy Industries, Bill Clark to construct (X) or repair () an Individual Sewage Disposal System at Lot 55 65 Overlook Dr as shown on the application for Disposal Works Construction Permit No. 71-19

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 8/19/71

Clark
Board of Health

Printed and Published by the Government Printer, Wellington, New Zealand.

Price, 10s. 6d. (Retail).

By post, 11s. 6d. (Retail).

By post, 12s. 6d. (Wholesale).

By post, 13s. 6d. (Wholesale).

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By post, 44s. 6d. (Wholesale).

By post, 45s. 6d. (Wholesale).

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS
65 overlook drive

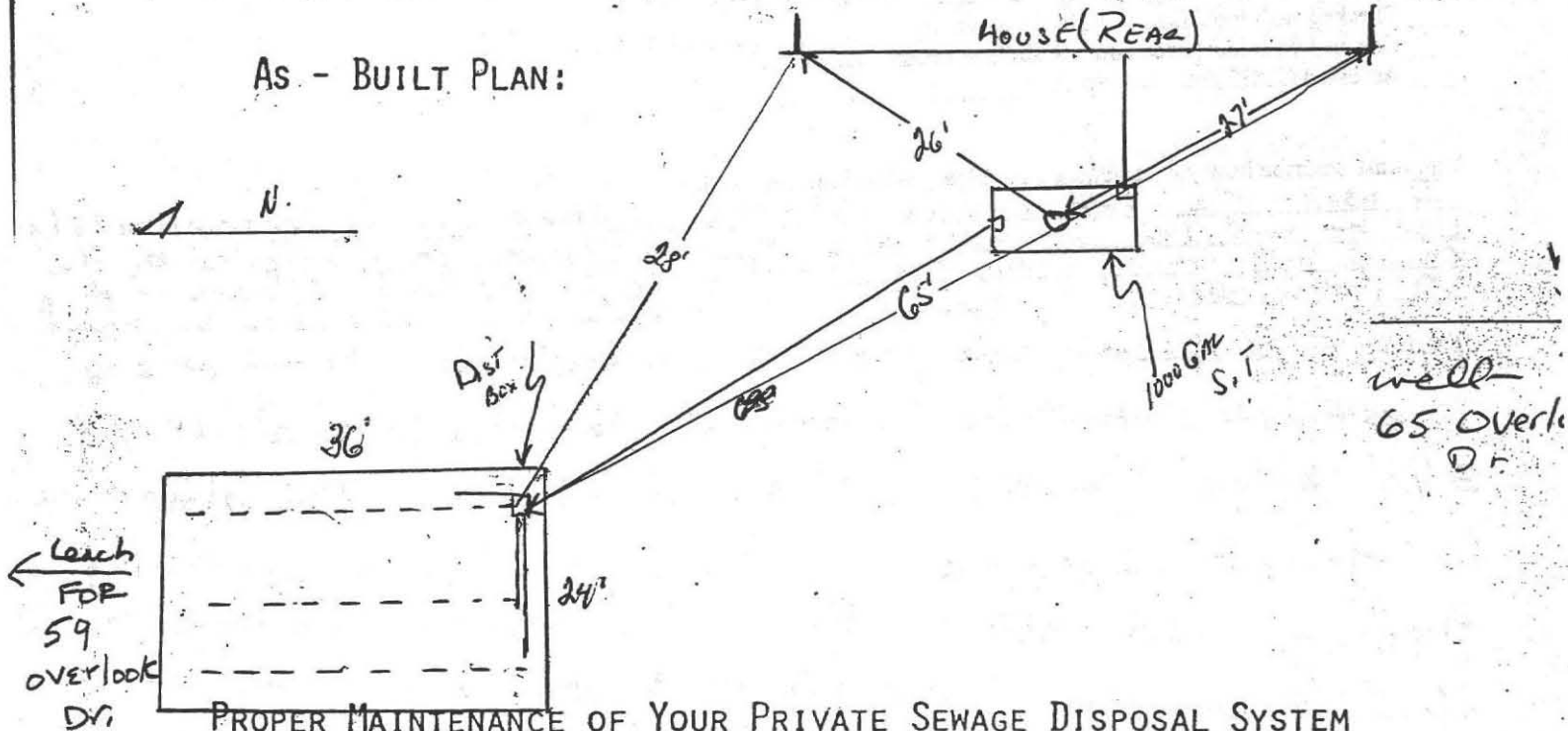
Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Roy Invernizzi Address No Amherst
 Installer Brian Clark Address Pratt Corner Rd South Amherst
 Date Installation Inspected and Approved 1971
 Description of System: Tank Capacity: 1000

Leach Field (✓) Bed (X) Seepage Pit () Square Feet: 865
 Garbage Grinder Yes (X) No () No. Bedrooms: 4 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 _____ 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.

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

Property Address: 59 Overlook Dr.

Owner: Zuckerman Amherst

Date of Inspection: 8/24/04

SITE EXAM

Slope

✓ Surface water surface of wetland beyond leach field.

Check cellar

Shallow wells

Estimated depth to ground water 5.3 feet

Please indicate (check) all methods used to determine the high ground water elevation:

Obtained from system design plans on record - If checked, date of design plan reviewed: _____

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health-explain: _____

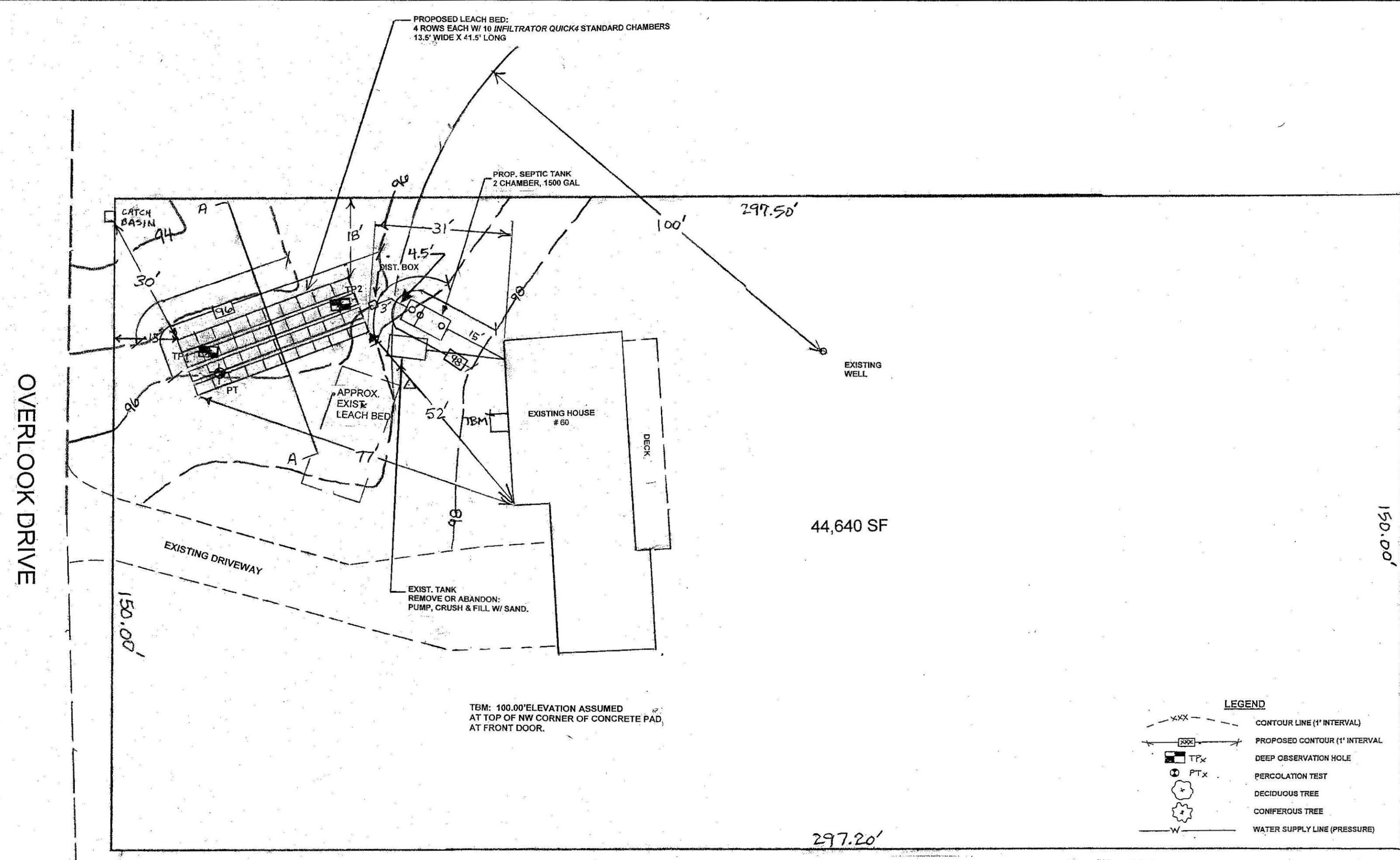
Checked with local excavators, installers- (attach documentation)

Accessed USGS database-explain: _____

You must describe how you established the high ground water elevation:

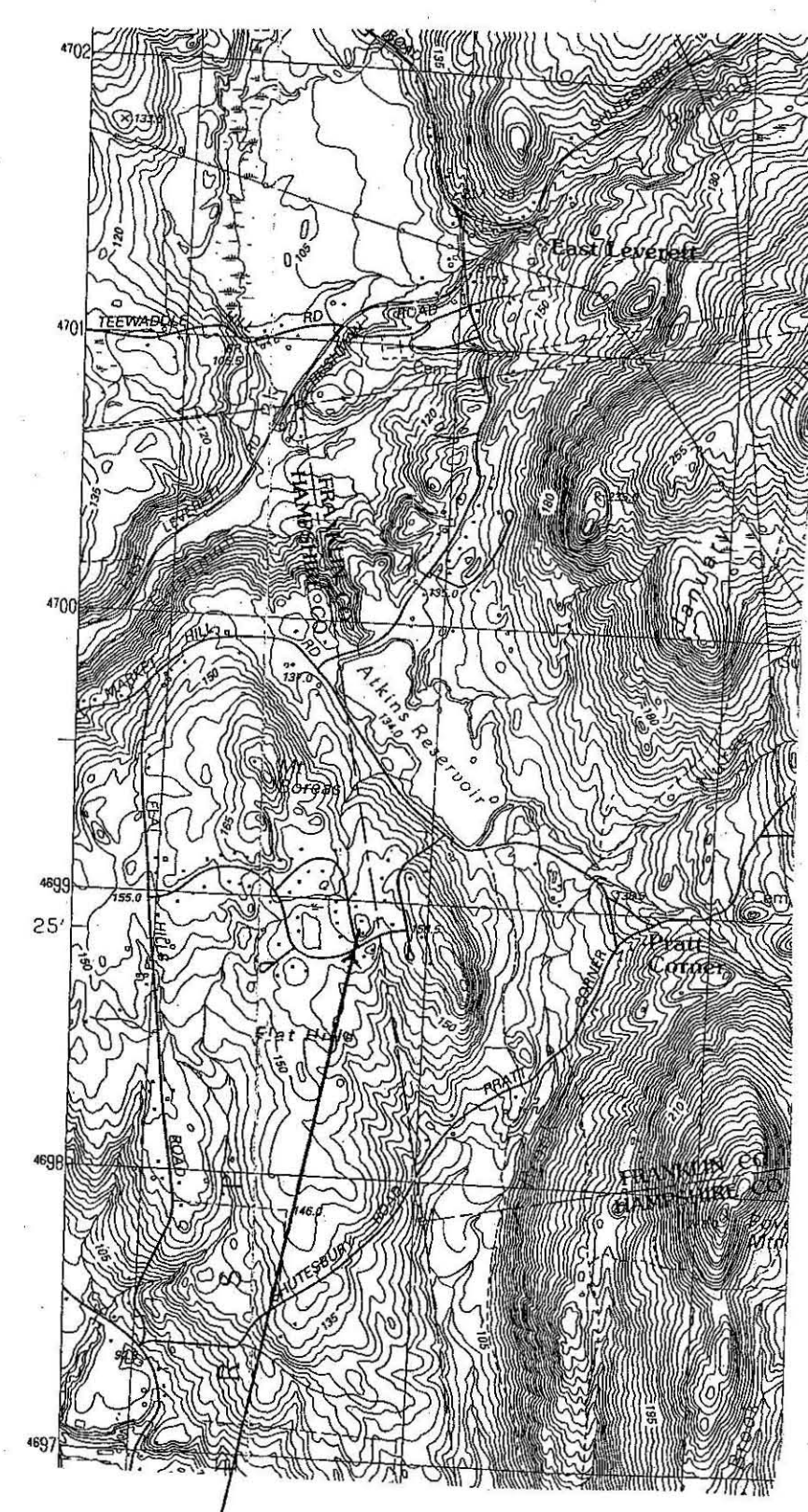
I used the ground surface of the wetland located approximately 30' beyond the apparent end of the leach bed (indicated by the raised topography and the mature trees located at the end of the leach area). The ground surface in the wetland was 5.3' below the ground surface at the dist box. I estimated that the bottom of the leach bed is 3 1/2' below the ground at the dist. box. The difference in ground elevations was obtained with a surveying transit. It appears that the ground around the leach bed was slightly built up w/ fill at the time the leach bed was installed.

NEIGHBOR'S WELL
150' FROM PROP. S.A.S.



PLANVIEW
SCALE: 1" = 20'

NOTE: ALL PRIVATE WATER SUPPLY WELLS WITHIN 100' OF THE PROPOSED SYSTEM LOCATION ARE SHOWN ON THE PLANVIEW. THERE ARE NO SURFACE WATER SUPPLIES OR GRAVEL PACKED PUBLIC WATER SUPPLY WELLS WITHIN 400' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TUBULAR WATER SUPPLY WELLS WITHIN 250' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 200' OF THE PROPOSED SYSTEM LOCATION OR WETLANDS BORDERING SURFACE WATER SUPPLIES OR TRIBUTARIES TO SURFACE WATER SUPPLIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION. THERE ARE NO OTHER WETLANDS OR WATER BODIES WITHIN 100' OF THE PROPOSED SYSTEM LOCATION.



USGS SHUTESBURY, MASS. QUADRANGLE
SCALE: 1 : 25 000

SOIL EVALUATION

Soil Evaluator: Robert Stover
 BCH Representative: David Zarozinski
 Date of Evaluation: 5/1/06

Ground elevation at soil evaluation test pit #1: 95.50'
 Est. Seasonal High Ground Water Elev.: 90.50'
 Bedrock Elevation is deeper than 85.50'

Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 3"	A	FSL	10YR3/2	None	frable
3 - 26"	Bw	FSL	7.5YR4/6	None	frable to loose many stones & roots
26 - 80"	C1	FSL	2.5Y4/4	@ 60"	firm
80 - 108"	C2	VFSL	2.5Y7/3		firm less than 5% gravel

Parent Material (Geologic): ablation fill
 Standing Water in the Hole: 60" Weeping from Pit Face: 66"
 Estimated Seasonal High Ground Water: 60"

Ground elevation at soil evaluation test pit #2: 95.35'
 Est. Seasonal High Ground Water Elev.: 90.35'
 Bedrock Elevation is deeper than 85.50'

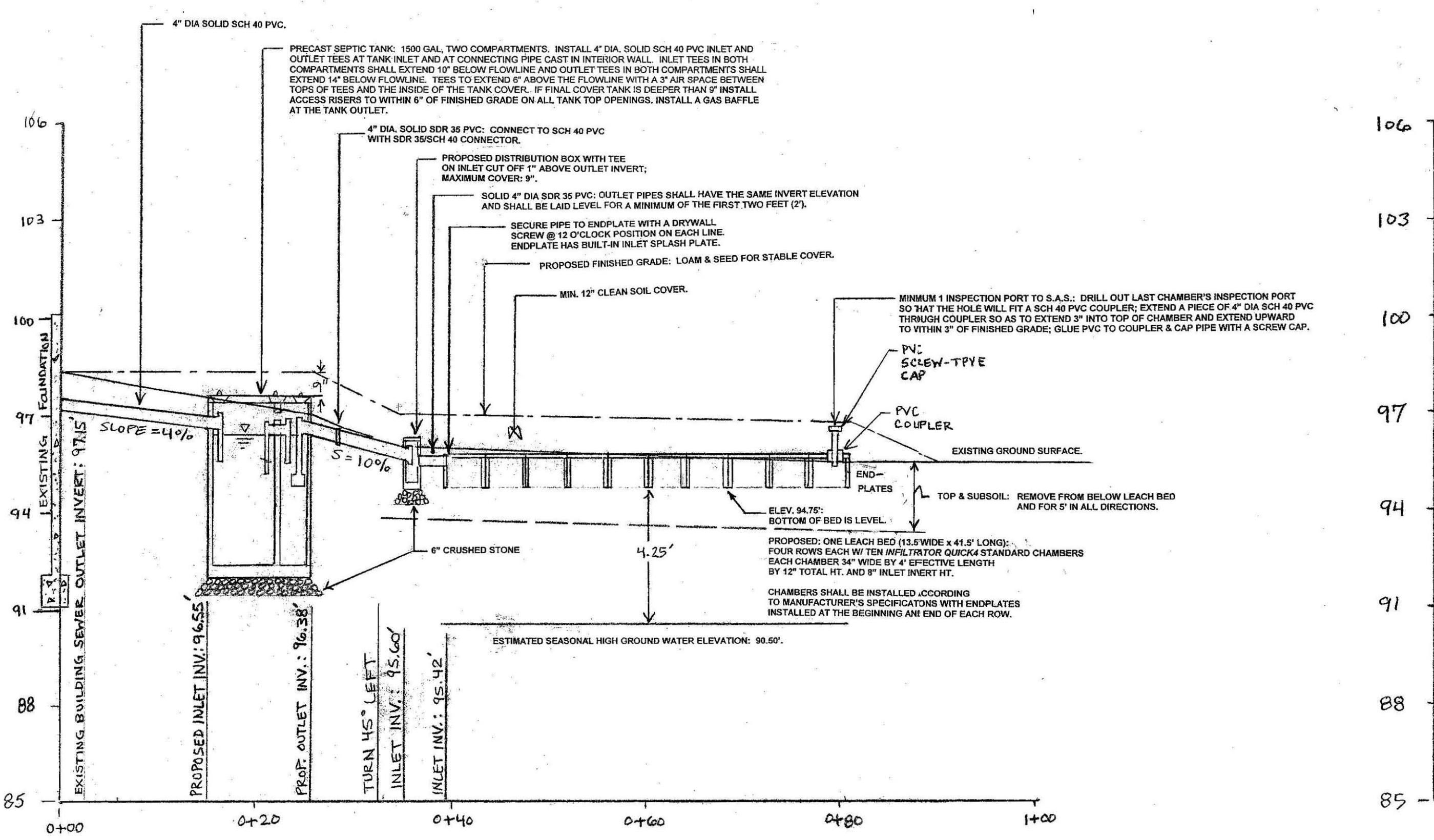
Depth	Soil Horizon	Soil Texture	Soil Color	Mottling	Other
0 - 3"	A	FSL	10YR3/2	None	frable
3 - 24"	Bw	FSL	7.5YR4/6	None	frable to loose many stones & roots
24 - 70"	C1	FSL	2.5Y4/4	@ 60"	firm
70 - 78"	C2	VFSL	2.5Y7/3		firm less than 5% gravel

Parent Material (Geologic): ablation fill
 Standing Water in the Hole: 60" Weeping from Pit Face: 62"
 Estimated Seasonal High Ground Water: 60"

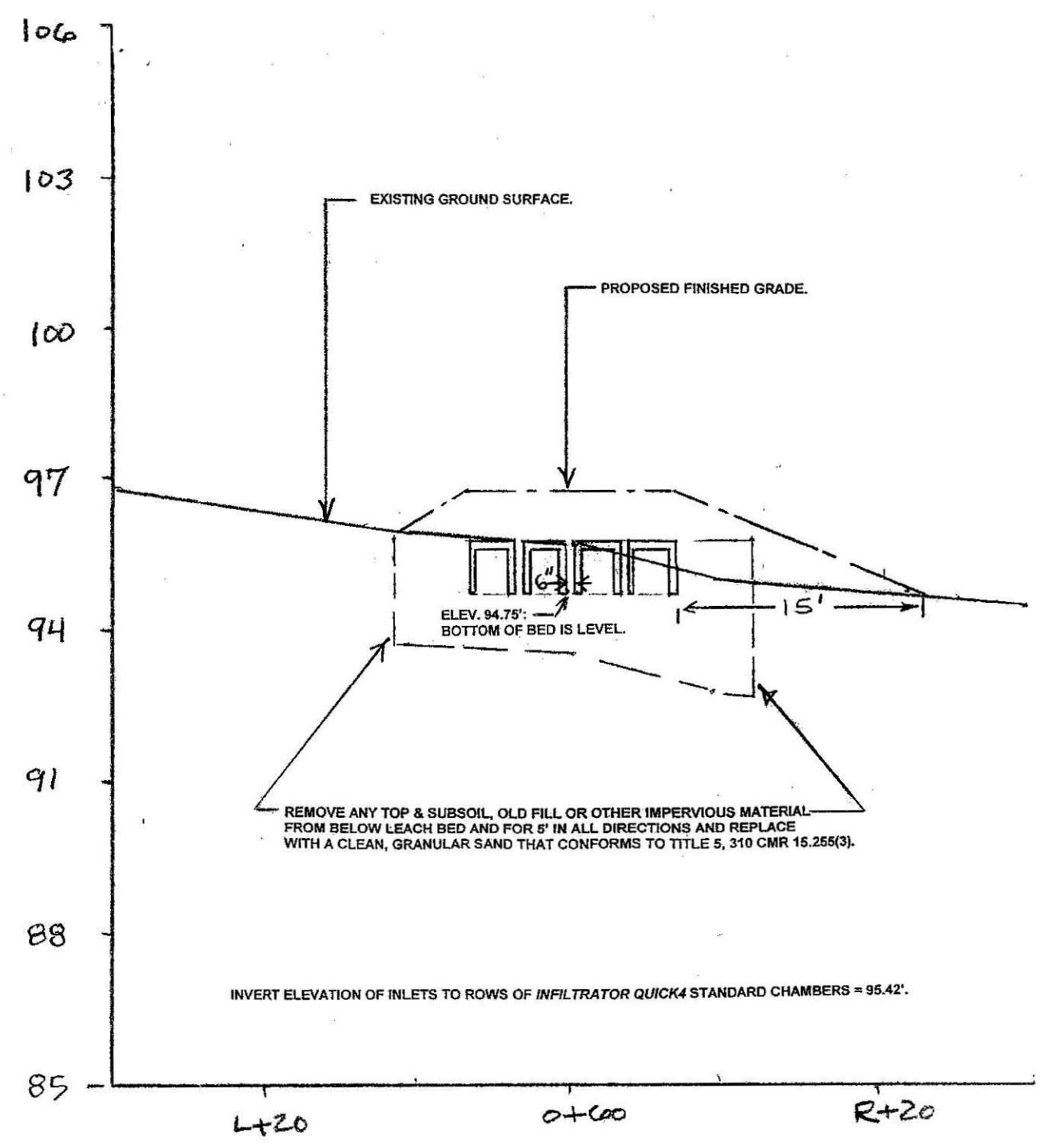
DESIGN CRITERIA
 Design flow is for a 4-bedroom house without a garbage grinder.

DESIGN CALCULATION
 Design flow: 4-bedrooms, no garbage grinder = 440 gpd.
 Proposed Septic Tank: 1500 gallon precast two chamber septic tank.
 Effluent Loading Rate: Percolation Rate = 6 minute per inch Class I soils. Effluent loading rate = 0.63 gpd/ft.
 Proposed Soil Absorption System: one infiltrator leach bed: 13.5' wide x 41.5' long four rows each w/ ten Infiltrator Quick4 standard chambers total of 40 chambers
 Each standard chamber (bed configuration): = 4.72 SF/L.F.
 40 chambers each 4.0 L.F.: = 160.0 L.F.
 160.0 L.F. x 4.72 SF/L.F.: = 755.2 SF

Calculated Design Flow: 755.2 SF x 0.60 GPD/SF = 453.12 gpd (OK)
 Total Required Design Flow = 440.00 gpd (OK)



PROFILE OF SYSTEM
SCALE: H: 1" = 10' V: 1" = 3'



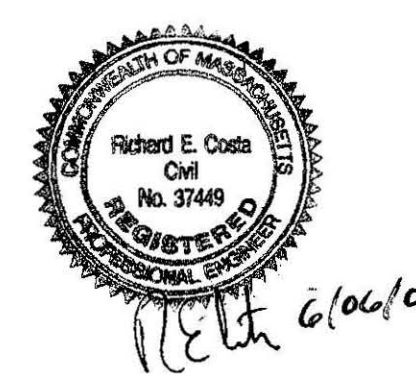
SECTION OF LEACH BED
SCALE: H: 1" = 10' V: 1" = 3'

GENERAL CONDITIONS

- This septic system repair plan is prepared in accordance with Title 5, 310 CMR 15.00. Construction shall conform to these regulations.
- Installer shall be certified by the manufacturer to install Infiltrator chambers.
- The installer shall inform the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
- All debris in the site area shall be removed and disposed of in accordance with the law.
- There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
- The installer shall notify the designer and the Health Department when the system excavation is ready for inspection and again when the system installation is complete but not covered. The installer shall notify the designer when the finished grade is ready for inspection. Notification shall be 72 hours prior to the time of inspection.
- The septic tank shall be pumped and inspected as necessary and at least once every three years.

CONSTRUCTION NOTES

- Any topsoil, subsoil, old fill, old leaching bed, stumps, stones, debris or other impervious materials encountered during excavation shall be removed from the area of the soil absorption system, from five feet around the soil absorption system and from wherever fill is to be placed. Any fill placed under or adjacent to the soil absorption system shall be a clean, granular sand and conform to the specifications of Title 5, 310 CMR 15.25(5).
- Pipes exiting the distribution box shall have the same invert elevation and be laid level for a minimum first two feet.
- The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
- Disturbed areas shall be loamed, seeded and mulched until stable vegetation is established.



PLAN OF SEPTIC SYSTEM REPAIR
60 OVERLOOK DRIVE, AMHERST, MA 01002

WILLIAM F. & DENISE T. BARRY
60 OVERLOOK DRIVE, AMHERST, MA 01002

SCALE: AS SHOWN	APPROVED BY:	DRAWN BY: RWS
DATE: 6/5/06		REVISED:

AMHERST CIVIL ENGINEERING
 RICHARD COSTA, P.E. / ROBERT STOVER

P.O. BOX 3312, AMHERST, MA 01004-3312
 (413)256-3400

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

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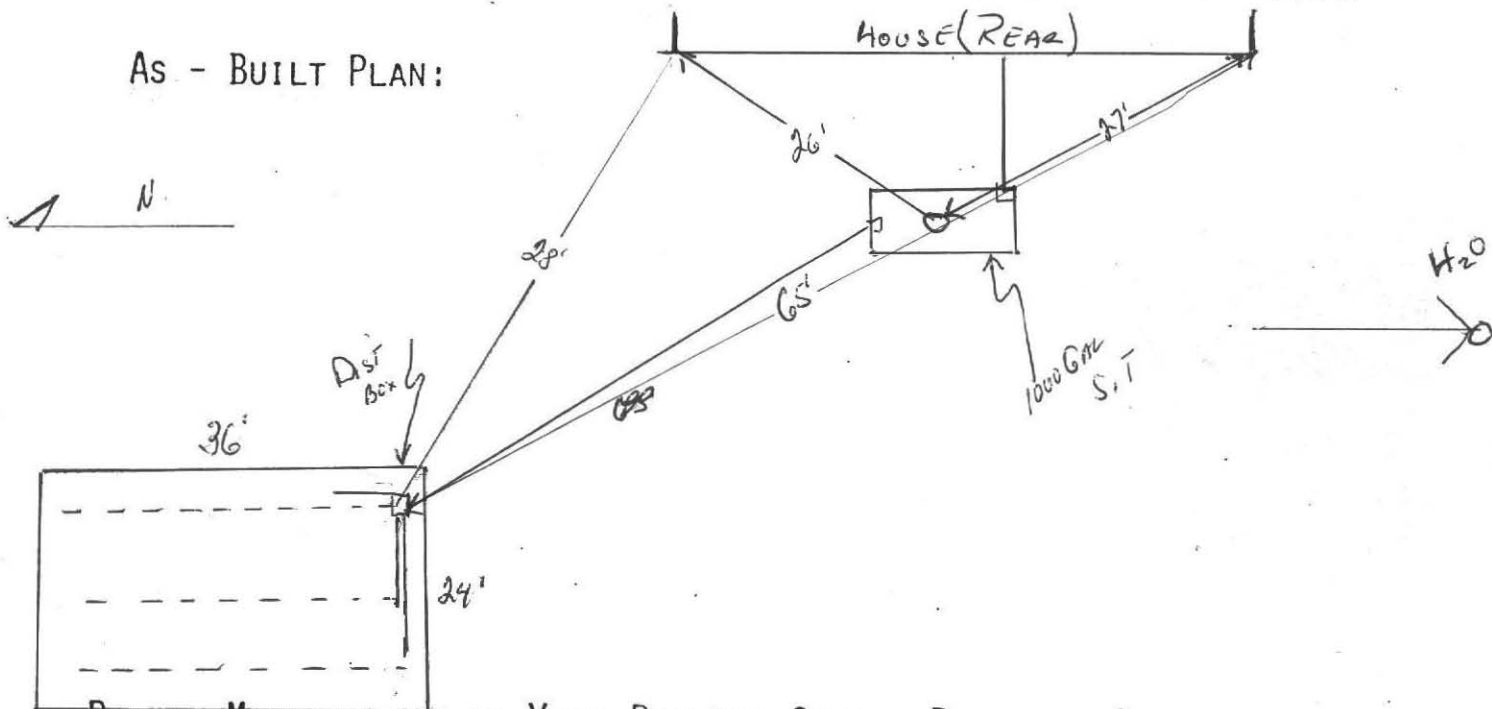
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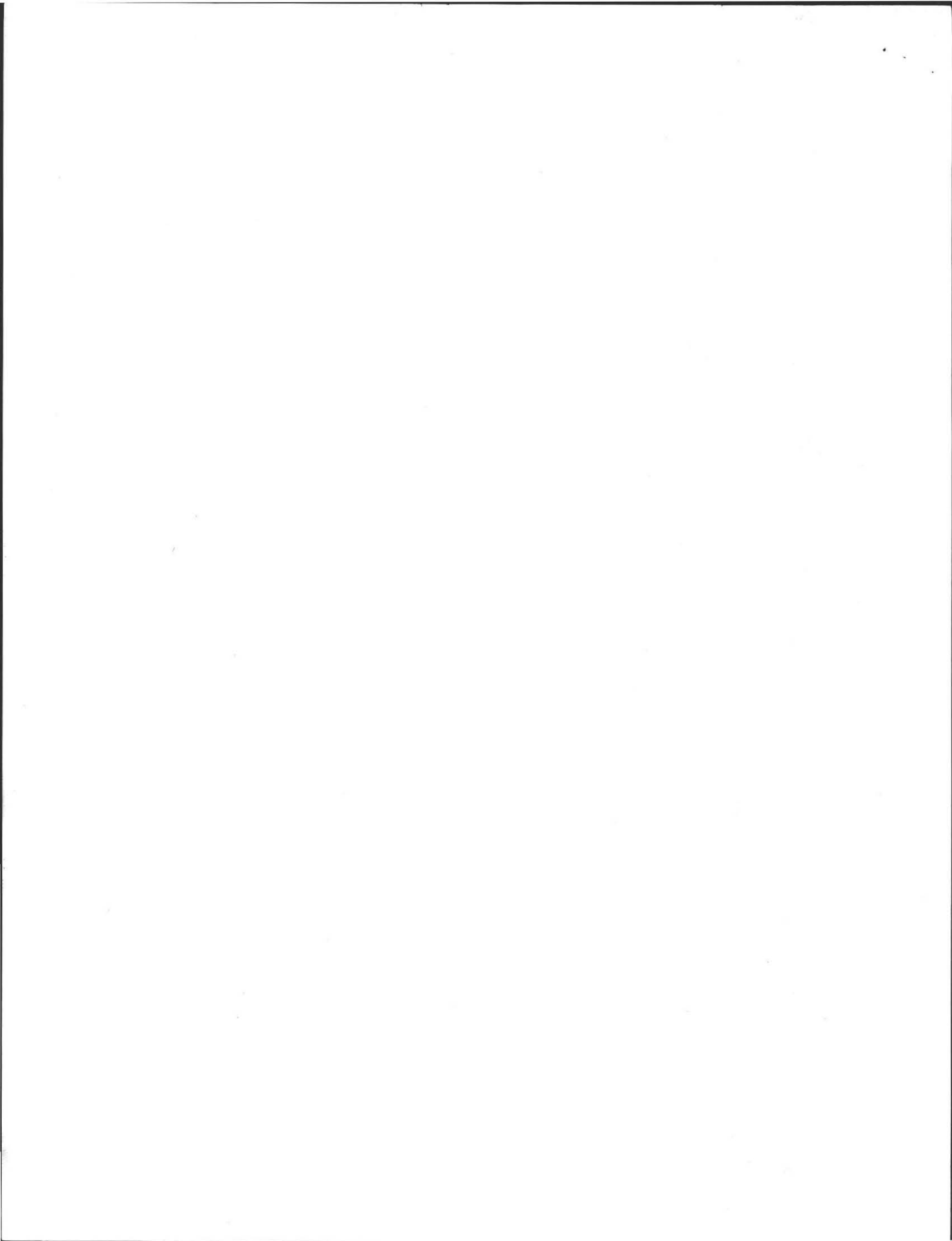
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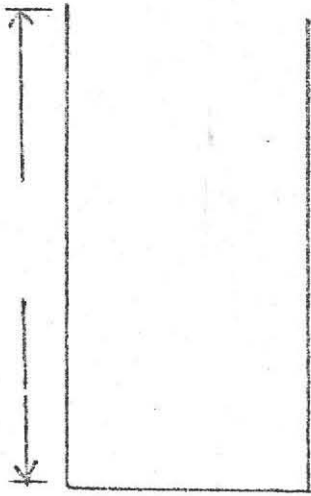
DEEP SOIL LOGS

OWNER _____

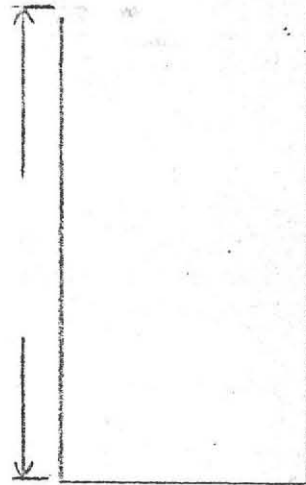
DATE _____

LOCATION _____

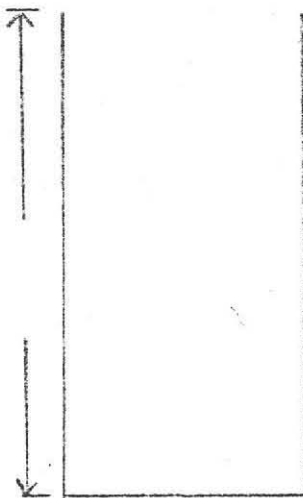
OBSERVER _____



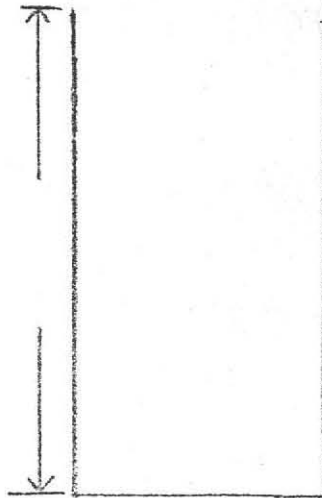
GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

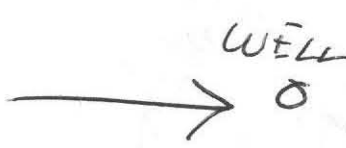
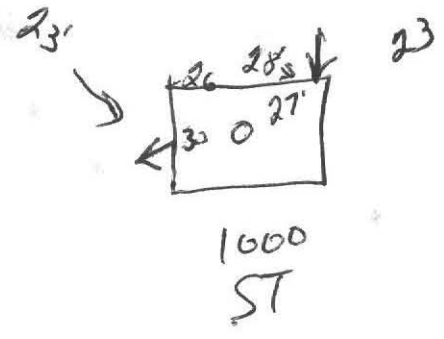
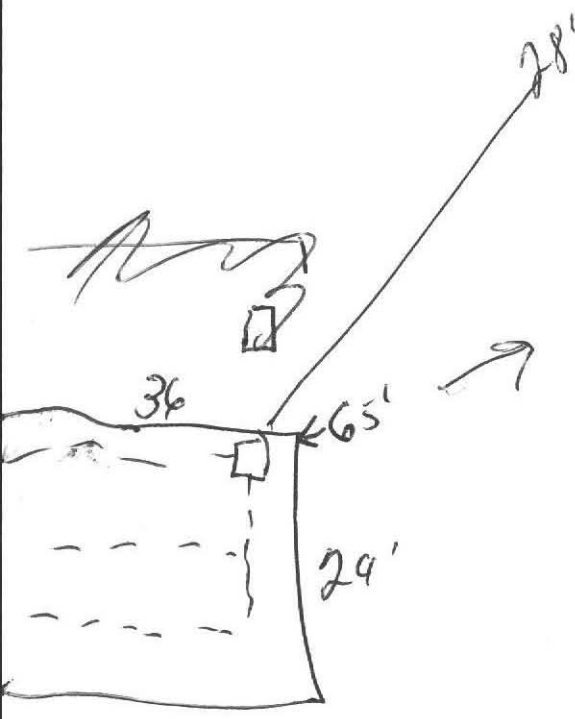


GROUND WATER _____

BOARD OF HEALTH
AMHERST, MASS.

OVERLOOK

HOUSE REAR



LOT 55
45 OVERLOOK

83
CED

- Clive Dym owner - lot 54
65 Overlook Drive
53

Septic system?
approximately 10 years ago

Rockelle webber (buyer)
would like info
Size etc.

256 - ~~655~~ 6366

- will stop back
tomorrow a.m. -

KWW

5-19-1964

State	Zip
-------	-----

Date: _____

ogram, we have screened the hearing
sting is done periodically to identify
em which needs attention.