

PELIHAM ROAD



NOTES

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 7-61 3-5470
Harry O. Paddock of Pelham Rd. (owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence, store, etc.)

which will be located at Pelham Rd to be installed by Harry O. Paddock Pelham Rd 3-5470 (name) (address) (phone)

Builder is Harry O. Paddock Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions Type of Soil gravel Well or Town Water? Town
Distance to Town Sewer 100' Depth to Ground Water Kind of Well concrete
Will Lot be Graded? yes By Filling or Removing Soil? Filling
Building: Dimensions No. Bedrooms 2 No. Occupants 3
Fixtures: No. Toilets 1 Urinals 0 Wash Basins 1 Bathtubs 1
Showers 0 Kitchen Sinks 1 Garbage Grinders 0
Auto Dishwasher 0 Auto. Clotheswasher 1 Other (basement) 0

(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 5/22/61 Harry O. Paddock (Signature of Applicant)

Must Connect to Town Sewers FAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. ....

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 Gals. Liquid Capacity.
Leaching System: Trenches of not less than Sq. Ft. bottom area.
Dry well ft. bottom area and ft. below the inlet.
Other

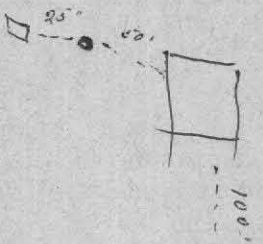
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

for the Board of Health date

Inspected Approved

PINE HEIGHTS

PETHAM Rd.



West Cor. to Town

# IMPORTANT MESSAGE

For \_\_\_\_\_

Day 10/11/2011 Time \_\_\_\_\_ A.M.  
P.M.

M Alan W.

Of \_\_\_\_\_

Phone \_\_\_\_\_  
FAX Area Code Number Extension

MOBILE Area Code Number Extension

Telephoned	<input checked="" type="checkbox"/>	Returned your call	<input type="checkbox"/>	RUSH	<input type="checkbox"/>
Came to see you	<input type="checkbox"/>	Please call	<input checked="" type="checkbox"/>	Special attention	<input type="checkbox"/>
Wants to see you	<input type="checkbox"/>	Will call again	<input type="checkbox"/>	Caller on hold	<input type="checkbox"/>

Message \_\_\_\_\_

330 PELHAM ROAD

7ADDOCK

10 years ago?

Signed \_\_\_\_\_



RECEIVED OCT 15 1999

RECEIVED OCT 15 1999

**KARL'S SITE WORK, INC.**

Excavating - Compressors - Rentals - Gravel  
Septic Tank Installation - Pumping - Bulldozing  
327 River Dr. Hadley, MA 01035  
(413) 549-5396

#377

SOLD BY		<i>Manning Posner</i>	
NAME		<i>377 <del>Rob</del> Pelham Rd</i>	
ADDRESS		<i>Amherst</i>	
CASH	C.O.D.	CHARGE	ON ACCT
RECEIVED BY		<i>54</i>	

16160

**Thank You**

All claims and returned goods MUST be accompanied by this bill.

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**Public Health**  
Prevent. Promote. Protect.

**Amherst Health Department**

DATE: DECEMBER 6, 2011

Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002

TO: Bacon and Wilson Attorneys at Law  
**Attn:** Attorney Jeffery Brown  
6 South East Street  
Amherst, MA 01002-2406

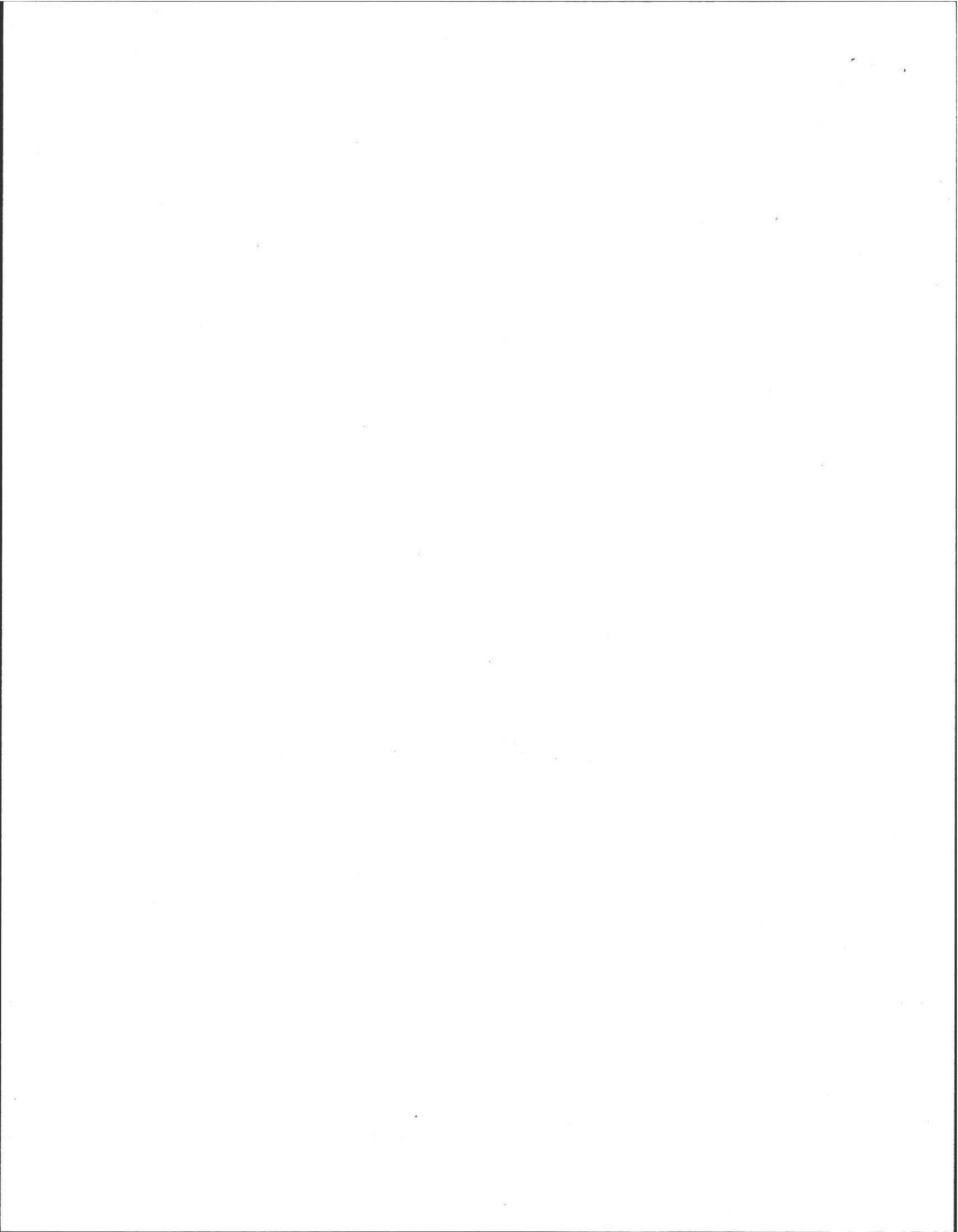
MAIL PAYMENT TO: Amherst Health Department  
Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002

**For: The Estate at 330 Pelham Road, Amherst, MA**

DATE	DESCRIPTION	TOTAL
12/2/2011	Plan Review and System Construction Permit 330 Pelham Road, Amherst	\$150.00
11/18/2011	Title V Witness Fee 330 Pelham Road, Amherst	\$200.00
<b>COPY</b>		
<b>TOTAL</b>		<b>\$350.00</b>

*original mailed 12-6-11 PFS*

**Make all checks payable to Amherst Health Department.**



No. \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Component(s)

Location	<u>330 Pelham Rd.</u>	Owner's Name	<u>James Paddock</u>
Map/Parcel#	<u>15B/12</u>	Address	<u>244 Locks Village rd, Wendon</u>
Lot#	<u>12</u>	Telephone#	<u>978-544-6461</u>
Installer's Name	<u>Karl's Site Work</u>	Designer's Name	<u>Alan Wess, RS</u>
Address	<u>Hadley, MA.</u>	Address	<u>Beldosaw, MA.</u>
Telephone#	<u>549-5396</u>	Telephone#	<u>413 323-5952</u>

Type of Building Residence Lot Size 3.45 ac +/- sq. ft.  
 Dwelling - No. of Bedrooms 4 BR (Actual) Garbage grinder W  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) \_\_\_\_\_ gpd Calculated design flow \_\_\_\_\_ Design flow provided \_\_\_\_\_ gpd  
 Plan: Date 11/2/11 Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_  
 Title Septic Tank Replacement Plan.  
 Description of Soil(s) Class 1  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

DESCRIPTION OF REPAIRS OR ALTERATIONS Septic Tank

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Alan Wess Date 11/2/11  
for J. Paddock

Inspections \_\_\_\_\_

No. \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, MA.

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_

at \_\_\_\_\_

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer: \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at \_\_\_\_\_ as described in the application for

Disposal System Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

