? 125 Potvine Lle

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

| No | Date | Fee | Date Rec'd. | Ву | |
|------------------|---|----------------------|------------------------|--------------------------|--|
| | n is hereby made for a pern | | 1 | | |
| System at: | ress Potwine Lan | | | | |
| Location—Add | ress to wine Lan | e | 4.11 | 125 Potwine | 1 |
| 0 | bert W. Adair | | | | Lane |
| Contractor | ng Dwelling | D: | Address _ | Cian Tak | |
| Dwelling | No of Bodrooms 3 | Expansion Att | in (2) Carbaga C | rinder (\A) | THE RESERVE |
| Other | -No. of Bedrooms 2 3 | No of persons | Showers | () | |
| 01 0 | | | | | |
| Town Wat | er? VES | Ty | oe of Well | | |
| Design Flow5 | 6 gallons per person per | lay. Total daily flo | w 500 g | allons | |
| Septic Tank- | Liquid capacity 1000 | gallons Dimension | ns: L W | D | |
| Disposal Trenc | tures ter? gallons per person per of Liquid capacity Width No. | 15 Total Ler | igth _26_ Tota | al leaching area _34 | 10 sq. ft. |
| Disposai Dea— | -1vo Diameter | Depth bei | ow imet 1 | otal leaching area | sq. II. |
| | Diameter | | | sions: x | _ x |
| Other: Distribu | ation box () No | Dosing tank (|) | | |
| (Depth of Soil | Line Below finished grade at st Results Performed by | t tourdation | 011 | D. (1) | -)071 |
| Percolation Tes | Pit No. 1 2/2 m | Tengal | y hund | Denth of Test Dit | 30 " |
| Test 1 | Pit No. 1 m | inutes per inch | | Depth of Test Pit | 30 |
| Description of | Soil SP-SW | Dei | oth to Ground Water | > 8.01 | |
| Will disposal ar | Pit No. 2 m Soil SP – SW rea be filled? | Cut | down? | | |
| (On reverse sid | de or separate sheet, show plo of wells, streams, ledge, large | t plan with building | ng. Include dimension | ons, distances from all | boundaries. |
| | | | Jasarihad individual | anunga dianonal austam | in accord |
| | : The undersigned agrees to oppositions of Article XI of the | | | | |
| dersigned furth | ner agrees not to place the s | | | | |
| board of health | 1. | | | | |
| | 000 | 1 | Owner or b | uilder | // Alate/ |
| Application Ap | proved by Chake | 7 | | | 7/28/7/ |
| Application Dis | communical for the following - | | | | date |
| Application Dis | sapproved for the following re | easons: | | | |
| | | | | | |
| | | | RST, MASSACHUSET | TS | |
| | CERT | IFICATE OF | COMPLIANCE | | |
| THIS IS | TO CERTIFY, That the | individual Sewage | Disposal System in | stalled () or repair | ed () by |
| Contract Charles | | | | accordance with the p | The second secon |
| INSTALL | | | | | |
| | the State Sanitary Code as d | escribed in the ap | plication for Disposa | al Works Construction | Permit No. |
| The issuer | | not be construed | as a guarantee that th | a system will function a | atiofastanile. |
| | nce of this certificate shall | not be construed | is a guarantee mat in | le system win function s | atisfactority. |
| DATE | | | | Inspector | |
| | | | | | |
| | ROAPD OF | HEAITH AMHE | RST, MASSACHUSET | TC | |
| | | | STRUCTION PE | | |
| 7/- | | 4 | | | |
| No. Permission | is hereby granted | OBJERT A | OPID to | construct () or ren | air () an |
| Individual Sew | is hereby granted age Disposal System at | POTWIN | = LANG | of teps | iii () all |
| | the application for Disposal | | | | |
| This perm | nit is issued with the underst | tanding that futur | e alterations or addit | | |
| permit shall no | ot be construed as permission | to create or main | tain any sewage nu | isance and in the issua | ance of this |
| permit the Boa | ard of Health assumes no resp | ponsibility for the | future operation or i | maintenance of the syste | em. |
| 4/ | | | | CAR | 66 h. |
| DATE 7/2 | 8/7/ | | | Board of | Hankh |

The state of the s W 93 THE RESERVE OF THE PROPERTY OF

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

| No | Date | Fee | Date nec d | By |
|--|--|--|---|--|
| 7 | | | |) an Individual Sewage Disposal |
| C | 1 . | 1 | | |
| Location—Ado | dress Jotw | ine Lane | | or Lot No |
| Owner No | bert W. | ne Lane Adair | Address | 125 Potamie Lane |
| Contractor | | | Address | |
| Type of Build | ing Dwell | in g Dimension | S | Size Lot |
| Dwelling- | -No. of Bedro | oms / 3 Expansio | Attic (2) Garbage | Grinder (V) |
| Other | | No. of perso | ns Showers | |
| | | | | |
| Town Wa | iter? | S | Type of Well | |
| Design Flow | O gallons pe | er person per day. Total da | ly flow 500 | gallons |
| Sentic Tank | -Liquid canacit | ty 1000 gallons Dim | ensions: L. W | D |
| Disposal Tren | ch—No. | Width /5 Total | l Length 26 To | tal leaching area 390 sq. ft. |
| | | | | Total leaching area sq. ft. |
| Dry Well—No | Di | ameter Depth held | w inlet Dime | nsions: x x |
| | | No Dosing ta | | |
| | | | | |
| Percelation To | et Results | Performed by | II a. tund | Date (1971) 1971 |
| Tercolation 1 | Dit No. 1 | 22 minutes per in | ch hard | Depth of Test Pit 30 " |
| Test | Dit No. 1 | minutes per in | ch \ | Depth of Test Pit |
| Description of | Soil SP- | SW) minutes per in | Donth to Cround Wat | Depth of Test Pit Depth of Test Pit er > 8,0 / |
| W:11 Jianaal | Son Or Clical 2 | No | Cut down? | The second secon |
| (On reverse si | <i>irea</i> de nnea? _ ide or senarate | sheet show plot plan with h | uilding Include dimens | ions, distances from all boundaries. |
| Show location | of wells, stream | ms, ledge, large trees, etc.) | arrang. merade dimens | ions, distances from an Boundaries. |
| | | | afaardaaadhad iadisidaa | I same disposal autom in second |
| ance with the | provisions of A | gned agrees to construct the | de and regulations of the | l sewage disposal system in accord- e Amherst Board of Health. The un- |
| | | | | of Compliance has been issued by this |
| board of healt | | | | |
| | | | | |
| | | 211 111 | | |
| | (| EX DO | Owner or | builder 4 date |
| Application A | pproved by | Exal & | Owner or | 7/28/7/ |
| | | Chalo J. | Owner or | builder 4/38/2/ date |
| | | the following reasons: | Owner or | 7/28/7/ |
| | | the following reasons: | Owner or | 7/28/7/ |
| | | | | 7/38/2/ date |
| | | BOARD OF HEALTH, A | MHERST, MASSACHUSE | 7/38/2/ date |
| Application D | isapproved for | BOARD OF HEALTH, A | MHERST, MASSACHUSE | TTS |
| Application D | isapproved for | BOARD OF HEALTH, A CERTIFICATE Y, That the individual S | MHERST, MASSACHUSE OF COMPLIANCE ewage Disposal System | date date |
| Application D | isapproved for TO CERTIF | BOARD OF HEALTH, A CERTIFICATE Y, That the individual S | MHERST, MASSACHUSE OF COMPLIANCE ewage Disposal System | TTS |
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W. V. A. V. Bright

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

| No | Date | Fee | Date Rec'd. | By |
|--|--|--|--|---|
| | | | | an Individual Sewage Disposal |
| C | | | | |
| Location-Ad | dress Johnson | ane | | or Lot No |
| Owner _ | bert W. Ada | 14 | Address _ | or Lot No |
| Contractor _ | | | Address _ | |
| Type of Build | ling Dwelling | Dimensions | | _ Size Lot |
| Dwelling | -No. of Bedrooms | 3 Expansion | Attic (2) Garbage G | rinder (\/) |
| Other | | No. of persons | Showers | |
| | xtures | | | |
| Town W | ater? VES | | Type of Well | |
| | gallons per person | | | |
| Septic Tank- | Liquid capacity 100 | gallons Dimen | sions: L W | D |
| Disposal Trer | nch-No. / Widt | h 15 Total | Length 26 Tota | d leaching area <u>390</u> sq. ft. |
| | | | | otal leaching areasq. ft. |
| Dry Well-No | Diameter | Depth below | inlet Dimen | sions: x x |
| Other: Distril | bution box () No | Dosing tank | () | |
| (Depth of So | il Line Below finished gra | de at foundation | | |
| Percolation T | est Results Performed | by Resolat | 102 tund | Date) |
| Test | Pit No. 1 | minutes per inch | | Depth of Test Pit |
| Test | Pit No. 2 | minutes per inch | | Depth of Test Pit Depth of Test Pit |
| Description of | Soil SP-SU | _ minutes per men | Denth to Ground Water | > 8 01 |
| Will disposal | gran he filled? | | Cut down? | 10.8 € |
| (On reverse s | side or separate sheet, show | w plot plan with bui | lding. Include dimension | ons, distances from all boundaries. |
| Show location | of wells, streams, ledge, | large trees, etc.) | | |
| | | | oredescribed individual | sewage disposal system in accord- |
| | | | | Amherst Board of Health. The un- |
| | | | | Compliance has been issued by this |
| board of heal | | | | |
| | | | | |
| | 000 | 00 | Oursey on h | allian data |
| Application A | annual by CES | 0 | Owner or b | uilder 4 date |
| Application A | approved by | el d | Owner or bu | 7/3/7 |
| | | • | Owner or b | date date |
| | approved by for the following | • | Owner or bu | 7/3/7 |
| | | • | Owner or bi | 7/3/7 |
| | Disapproved for the followi | ing reasons: | Owner or be | date |
| | Disapproved for the followi | ing reasons: | | date |
| Application D | Disapproved for the following BOARI | ing reasons: O OF HEALTH, AMERTIFICATE O | HERST, MASSACHUSET F COMPLIANCE | date |
| Application D | BOARI C TO CERTIFY, That | ong reasons: O OF HEALTH, AMERTIFICATE Of the individual Sew | HERST, MASSACHUSET F COMPLIANCE rage Disposal System in | date date or repaired () by |
| Application D | BOARI C TO CERTIFY, That | ong reasons: O OF HEALTH, AMERTIFICATE Of the individual Sew | HERST, MASSACHUSET F COMPLIANCE rage Disposal System in | date |
| Application D THIS IS | BOARI C TO CERTIFY, That at | ong reasons: D OF HEALTH, AMERTIFICATE Of the individual Sew has | HERST, MASSACHUSET F COMPLIANCE Tage Disposal System in the been constructed in the second constructed in the second constructed in the second constructed constru | date date ts stalled () or repaired () by accordance with the provisions of |
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BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

11 FOXGLOVE

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

| Owner _ ROBERT ADAIR - Address ROTWING DR. |
|---|
| Installer ROBERT ADDIR Address POTWING LA. |
| Date Installation Inspected and Approved $3-28-85$ |
| Description of System: Tank Capacity: 1500 |
| Leach Field () Bed () Seepage Pit (X) Square Feet: |
| Garbage Grinder Yes () No () No. Bedrooms: 3 No. People 6 |
| As - Built Plan: |
| N -46' |
| |

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.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- 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.

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AMHERST Massachusetts

AMHERST HEALTH DEPARTMENT

(413) 253 - 7077

February 15, 1984

Mr. Robert Adair 89 Potwine Lane Amherst, MA 01002

Dear Mr. Adair:

This will confirm my conversation with you on two occasions recently regarding the installation of a leaching facility to serve the house at 125 Potwine Lane, Amherst.

It was agreed that an 800-1000 square foot leach bed would be constructed in an area south (rear) of the dwelling toward the east end of the building. The existing septic tank would be allowed to be utilized and that the installation would be considered as a "repair" of an existing system.

Should this information be inaccurate please feel free to contact me.

Very Truly Yours,

E. Drake

Sanitarian

CED/mw

*

n 231 MIDDLE ST.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

| / 0 | wn | OF /1 / | nneisi | | |
|-------------|-----|----------|--------|--------------|--------|
| Application | for | Disposal | Morks | Construction | Permit |

| Application is hereby made for a Permit to Construct | (or Repair () an Indi | vidual Sewage Disposal |
|--|---|---|
| System at: | | Trada Verigo Disposar |
| Potwine + Middle St | 5 | The * M |
| Ress Building Corp Ltd. KARLS Exemples | Rt. 66 Westhamp | ton Mass |
| KARLS EXEAUATING | RIVER De Address | HADLEY |
| installer | Addiess | ± 29,500 ± Sq. feet |
| Type of Building Dwelling — No. of Bedrooms | Expansion Attic () | Garbage Grinder (21 |
| Other — Type of Building | | |
| Other fixtures | | |
| Design Flow 55 gallons per person per | er day. Total daily flow | 60 gallons. |
| Septic Tank Liquid capacity 1500 gallons Length | Width Diameter. | Depth |
| Disposal Trench — No. 1 Width 24 Tota | | |
| Seepage Pit No Diameter | | |
| Other Distribution box () Dosing tank () Percolation Test Results Performed by Mr O | Keefe Da | Dec 1975 |
| Test Pit No. 1 | Cest Pit Depth to gro | ound water 78 " |
| Test Pit No. 2 | 'est Pit Depth to gro | ound water |
| | *************************************** | |
| Description of Soil Enclosed | | |
| | | |
| Nature of Repairs or Alterations — Answer when applicab | | |
| Agreement: | | |
| The undersigned agrees to install the aforedescribed | | |
| the provisions of TITLE 5 of the State Sanitary Code — operation until a Certificate of Compliance has been issued | The undersigned further agrees n | of to place the system in |
| / 1 // | | 1/1/00 |
| Signed | N E SNELOVEL | 9/6/13 Date |
| Application Approved By | *************************************** | ••••• |
| Application Disapproved for the following reasons: | | Date |
| | | |
| Permit No. 83-26 | Testing SOK | 07. 16 -87 |
| 1 CHARLES TO THE STATE OF THE S | | ate |
| THE COMMONWEALTH | OF MASSACHUSETTS | |
| BOARD OF | | |
| | | |
| Certificate of | | ••• |
| THIS IS TO CERTIFY, That the Individual Sewag | , | () or Repaired () |
| by | | ()() |
| Instal at | | |
| has been installed in accordance with the provisions of TI | TLE 5 of The State Sanitary (| Code as described in the |
| application for Disposal Works Construction Permit No THE ISSUANCE OF THIS CERTIFICATE SHALL | | |
| SYSTEM WILL FUNCTION SATISFACTORY. | NOT DE CONSTRUED AS A C | VARANTEE IIIAI IIIE |
| DATE | nspector | |
| | | |
| THE COMMONWEALTH | OF MASSACHUSETTS | |
| BOARD OF | HEALTH | d |
| 63-70 Town OF A | | # Q= |
| No.CX C | | FEE. |
| Disposal Morks Co | mstruction Aermit | |
| Permission is hereby granted PESS CONST | - KARLI EXEA | UATING |
| to Construct (X) or Repair () an Individual Sewage | Disposal System | *************************************** |
| to Construct (X) or Repair () an Individual Sewage at No. MARCE | - POTWING | |
| as shown on the application for Disposal Works Construction | n Permit No 83- 20 Dated | 4-16-83 |
| 32 C | (120 no) | () |
| DATE 9-16-83 | Board of Health | A |
| DALL L | | 45 |

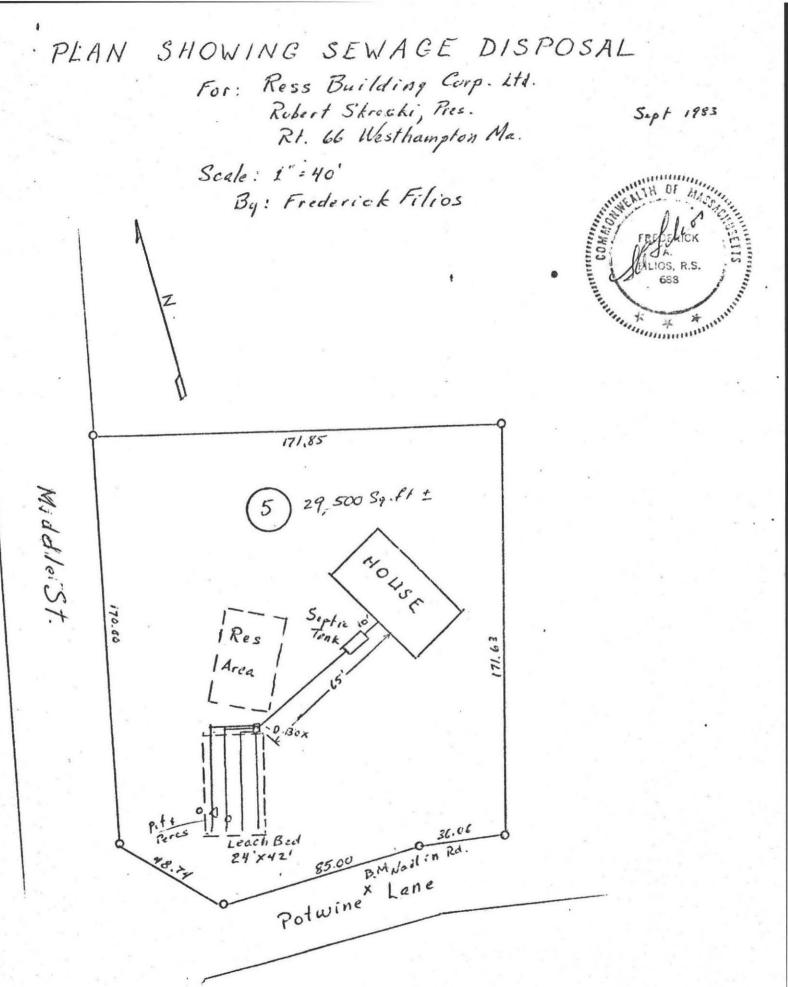
FORM 1255 HOBBS & WARREN, INC., PUBLISHERS

*

DATE

| Application is hereby made for a Permit to Construct (**) or Repair () an Individual severe Dispose System at: Application is hereby made for a Permit to Construct (**) or Repair () an Individual severe Dispose System at: **Polyment** Addle St.** **Ress Building** Carlot Research Compliance Mass State Lot. 27, 500 £. Sq. to State Sanitary Code — Total leaching area. 1028. sq. to Schowers () — Cafeteria () Garbage Grinder (** Other Type of Building | | | |
|--|---|--|------------------------------|
| Application is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () an Individual Solution is hereby made for a Permit to Construct () or Repair () and Individual Solution is hereby made for a Permit to Construct () or Repair () and Individual Solution is hereby made for the provisions of TITLE () and Individual Solution Constructed () or Repaired () by Individual Solution in accordance with the provisions of TITLE () or The State Sanitary Code — The undersigned further agrees not to place the system is operation until a Certificate of Compliance has been issued by the board of health. Date The commonwealth of massachuserys BOARD OF HEALTH OF. Certificate of Compliance has been issued by System constructed () or Repaired () by Indiana been installed in accordance with the provisions of TITLE () of The State Sanitary Code as described in the massachusery constructed (| No | | FEE |
| Application is hereby made for a Permit to Construct (**) or Repair () an Individual Sevence Dispose System at: **Polyment** Middle St** **Polymen | THE COMMONWEALTH | OF MASSACHUSETTS | THE OF |
| Application is hereby made for a Permit to Construct (**) or Repair () an Individual Sevence Dispose System at: **Polyment** Middle St** **Polymen | BOARD OF | F HEALTH | July Kylly |
| Type of Building Dwelling — No. of Bedrooms. Other — Type of Building Dwelling — No. of Bedrooms. Other — Type of Building No. of persons. Showers () — Cafeteria (Other fixtures Design Flow. S55 — gallons per person per day. Total daily flow. Design Flow. S55 — gallons Length. Width. Diameter. Depth. Disposal Treat. No. Diameter. Depth below inlet. Total leaching area. Dosing tank () Derrolation Test Results Performed by Test Pit No. 1. Immutes per inch Depth of Test Pit. Depth to ground water. Description of Soil. Engles Sed. Nature of Repairs or Alterations — Answer when applicable. Agreement: The undersigned agrees to install the aforedescribed 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 is operation until a Certificate of Compliance has been issued by the board of health. Signed. Date Permit No. Issued. Date THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF Certificate in Cumplianter THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (by Massalter Anas been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the state in the state of the state | Town OF Am | herst | FR O VO |
| Type of Building Dwelling — No. of Bedrooms. Other — Type of Building — No. of persons. Showers () — Cafeteria (Other fixtures — Stowers () — Cafeteria (Other fixtures — Stowers () — Cafeteria (Other fixtures — No. Seguit Tank — Liquid capacity 1566, gallons per person per day. Total daily flow 660 — gallon Septic Tank — Liquid capacity 1566, gallons Length — Width — Diameter — Depth. Size Lot 7 — No. Width — Total Length — Width — Diameter — Depth. Disposal Fresch — No. Diameter — Depth below inlet — Total leaching area — 1668, sq. 1 Seepage Pit No. Diameter — Depth below inlet — Total leaching area — 1668, sq. 1 Seepage Pit No. Diameter — Depth below inlet — Total leaching area — 1668, sq. 1 Seepage Pit No. Diameter — Depth below inlet — Total leaching area — 1668, sq. 1 Seepage Pit No. Diameter — Depth below inlet — Total leaching area — 1668, sq. 1 Seepage Pit No. Date — Depth to ground water — Test Pit No. 2 — 165 — Inimutes per inch Depth of Test Pit — Depth to ground water — 1669 — Test Pit No. 2 — 165 — Inimutes per inch Depth of Test Pit — Depth to ground water — 1669 — | Application for Disposal L | Norks Constructi | on Perinit |
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| Size Lot. 27,500 | Ress Building Corp Ltd. | Rt. 66 Wistha | empton Mass |
| Dwelling—No. of Bedrooms. Expansion Attic () Garbage Grinder (Other — Type of Building No. of persons | | A | ddress 29 Cac L a |
| Other — Type of Building | | | • |
| Design Flow | Other — Type of Building No. of | persons Sho | owers () — Cafeteria () |
| Sepic Tank Liquid capacity 222. gallons Length Width Diameter Depth Disposal Testh No. Width 24 Total Length 42 Total leaching area. 1928 sq. | Design Flow | per day. Total daily flow | 660 gallons |
| Seepage Pit No. Diameter Depth below inlet Total leaching area. Sq. for Distribution box (V) Dosing tank (V) Reale Date Dec 1875 Percolation Test Results Performed by Mr (V) Reale Depth to ground water. 78 " Test Pit No. 1. M. minutes per inch Depth of Test Pit. Depth to ground water. 78 " Test Pit No. 2. Mr S. minutes per inch Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Description of Soil Factors and Depth of Test Pit. Depth to ground water. Depth to gr | Septic Tank - Liquid capacity 1500 gallons Length | Width Dian | neter Depth |
| Dosing tank Percolation Test Results Performed by Mr O' KeePe Date Dec 1975 Test Pit No. 1 | | | |
| Percolation Test Results Performed by Mr. O. Kee. Date Dec. 1275. Test Pit No. 1 | | | reacting areaSq. II |
| Test Pit No. 1 | Percolation Test Results Performed by Mr O | Keefe | Date Dec 1975 |
| Test Pit No. 2 | Test Pit No. 1// minutes per inch Depth of | Test Pit Depth | to ground water 78 " |
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| Application Approved By | The undersigned agrees to install the aforedescribe the provisions of TITLE 5 of the State Sanitary Code — | - The undersigned further ag | |
| Application Approved By | Signed | *************************************** | |
| Application Disapproved for the following reasons: Date Permit No. Issued. Date THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH OF. Certificate of Communicative THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (by Installer at the Individual Sewage Disposal State Sanitary Code as described in the second control of the State Sanitary Code as described in the second code control of the State Sanitary Code as described in the second code code code code code code code cod | Application Approved By | | Date |
| Permit No | | | |
| 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 | | •••• | 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 the installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the complex to the comple | Permit No. | Issued | |
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| Certificate of Compliance THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (by Installer Installe | THE COMMONWEALTH | H OF MASSACHUSETTS | |
| THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (by | BOARD O | F HEALTH | |
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| THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (by | | And the second s | |
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| nas been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the | | | |
| 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 | has been installed in accordance with the provisions of T. | ITLE 5 of The State Sani | tary Code as described in th |

Inspector.....

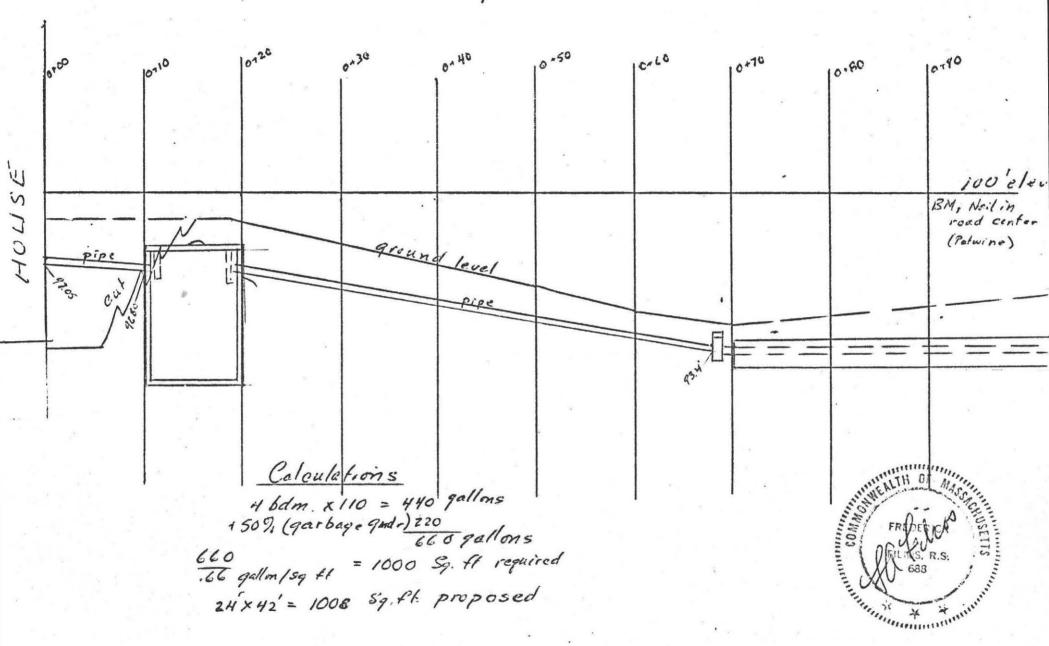


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For: Ress Building Corp Scale: Horizontal; 1"=10'
Rt 66 Westhampton Ma Vertical. 1"= 11'

Vertical; 1 = 4'

By: Frederick Filios



Jown of

AMHERST Massachusetts

BOARD OF HEALTH

December 19, 1975

Mr. Chris Riddle 147 North Whitney St. Amherst, MA. 01002

Dear Mr. Riddle:

This is to certify that a percolation test and deep soil observation test has been completed on a lot located on the northeast corner of Middle Street and Potwine Lane in South Amherst owned by the Cook Estate. The percolation rates established were 11 and 11.5 minutes per inch, well within the acceptable range specified in Article XI of the Massachusetts State Sanitary Code.

Any system to be installed must be located in the area where the tests were conducted unless testing on another portion of the lot indicates satisfactory results.

I am in possession of a copy of a plan showing the location of the test and Mr. O'Keefe's letter certifying the test.

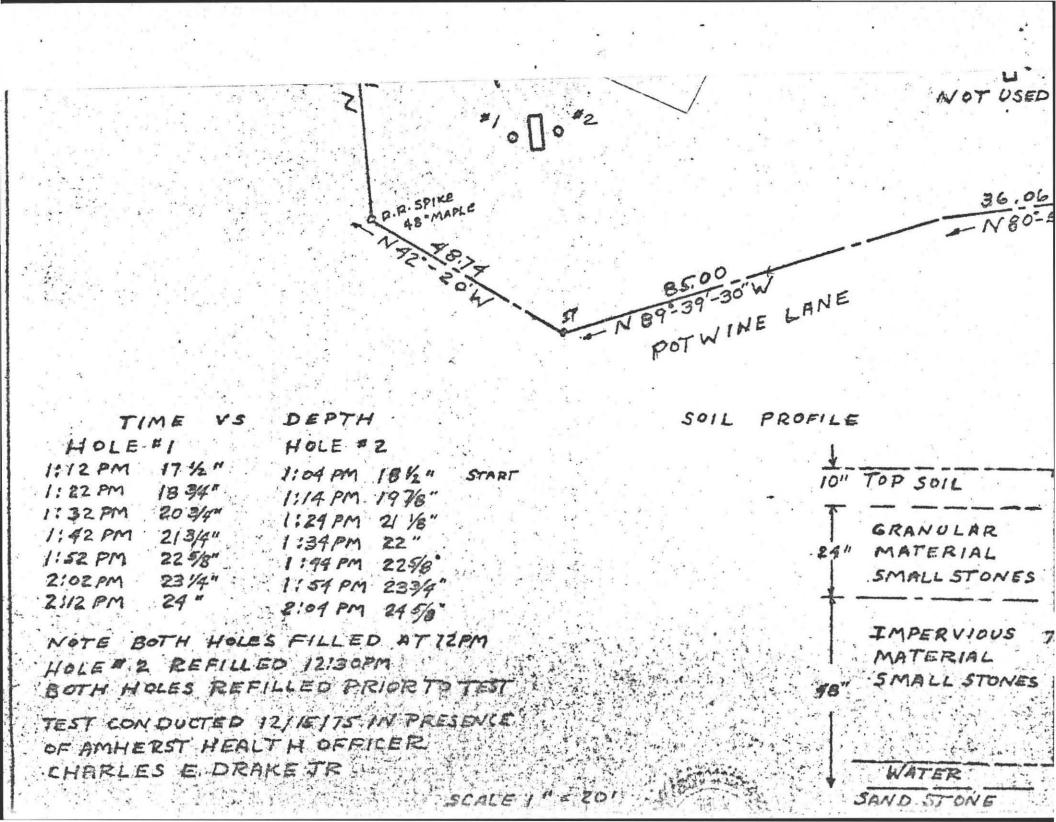
Very truly yours,

Director of Public Health

CED:dgf

cc: Mr. O'Keefe

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BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

CORNER POTWING + MIDDLE ST

Important Information Regarding Your Private Sewage Disposal System

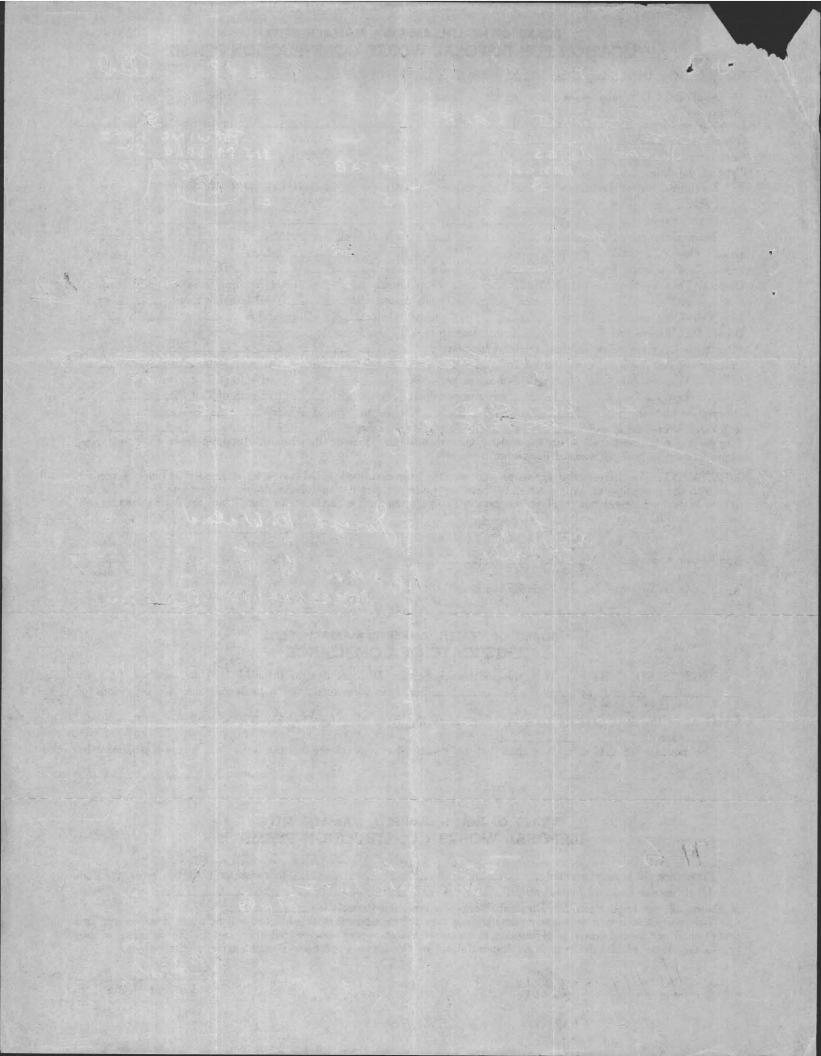
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

| Owner RESS. DOG. CORP. Address RTE 66 WESTHAMPTON. | |
|---|--|
| Installer KARLS Leo. Address RIVER Dr. HADIEY | |
| Date Installation Inspected and Approved $16-28-83$ | |
| Description of System: Tank Capacity: | |
| Leach Field () Bed (\times) Seepage Pit () Square Feet: | |
| Garbage Grinder Yes () No () No Bedrooms: No. People | |
| As - Built Plan: | |
| MIDDLE ST | |
| | |

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- This system must be inspected periodically and the tank pumped out at an interval not to exceed ______ years.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of . the system.
- DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
- Further information can be obtained by contacting your Health Department at 253-7077.

| | BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
|------|--|
| الأث | APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT |
| | No. 19 6 Date 6/10/21 9 Fee 15 Date Rec'd. 4-30-79 By 000 |
| | Application is hereby made for a permit to Construct (or Repair () an Individual Sewage Disposal System at: |
| | Location—Address FOTWINE LAND or Lot No. 3 |
| | Owner JOSEPH WALLACE Contractor Jeseph Weles Type of Building Ranch Dimensions 34 x 58 Address 335 Middle 5+ Size Lot JO A. |
| | Contractor Jeseph Welas Address 335 MidDLe St |
| | Type of Building Dimensions 34 x 38 Size Lot A. |
| | Dwelling—No. of Bedrooms Expansion Attic () Garbage Grinder (NO) |
| | Other No. of persons Showers (2-) |
| | Other fixtures |
| | Town Water? Type of Well |
| | Design Flow gallons per person per day. Total daily flow gallons |
| | Septic Tank—Liquid capacity 100 gallons Dimensions: L W D_Disposal Trench—No. 1 Width 12 Total Length 55 Total leaching area 660 sq. ft. M |
| 3 | 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 REDDALL 6 LUND Date 6 PRIL 99 |
| | That Dis No. 1 12 minutes now inch. Double of Toot Dis 244 V |
| | Test Pit No. 2 minutes per inch Depth of Test Pit |
| | Description of Soil SN SIGTY SAND Pepth to Ground Water 3.5 |
| | Test Pit No. 2 minutes per inch Description of Soil SM Signature Soil Signature Signa |
| | (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.) |
| 1 | AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accord- |
| 11. | ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- |
| | dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this |
| | board of health. On soreph W. Walus 4-9-79 |
| | Owner or builder //date / |
| | Application Approved by Alas 1. |
| | Appamust 100 / date / |
| | Application Approved by Charles Application Disapproved for the following reasons: AREA MUST BE FICUSED IN HEAD date of date |
| | 7,660 00,77 |
| | 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. |
| | DATEInspector |
| | |
| | BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| | DEDOCAL MODES CONSTRUCTION DEDICT |
| | No. 79-6 DISPOSAL WORKS CONSTRUCTION PERMIT |
| | No. The WACAS |
| | No. 19-6 Permission is hereby granted Topy WACAS to construct (X) or repair () an Individual Sewage Disposal System at Potavascha Land |
| | as shown on the application for Disposal Works Construction Permit No. 77.76 This permit is issued with the understanding that future alterations or additions will be made if necessary. This |
| | 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. |
| | ille les |
| | DATE 1/30 /79 Board of Health |



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

POTWING LANE

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

| Owner JOE WALAS Address MIDDLEST | |
|---|------|
| Installer Bob ADDIR + SELF Address | |
| Date Installation Inspected and Approved 7/27/79 CED. | |
| Description of System: Tank Capacity: 1000 | |
| Leach Field () Bed (\times) Seepage Pit () Square Feet: $7/5$ | |
| Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People | 2 |
| A- Down House-Feont | |
| As - Built Plan: | |
| | |
| 33' | P.S. |
| 50' | - |
| 127, | N |
| | |
| 3'6" | 1 |
| 13 | 1 |
| 3.6" | |
| POTWINGLANE | |

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. MAximum
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- 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.

1,728 4.8t

24 58-0 A 0-24 A 0-2

Poturne Lane

170,00

Boundary

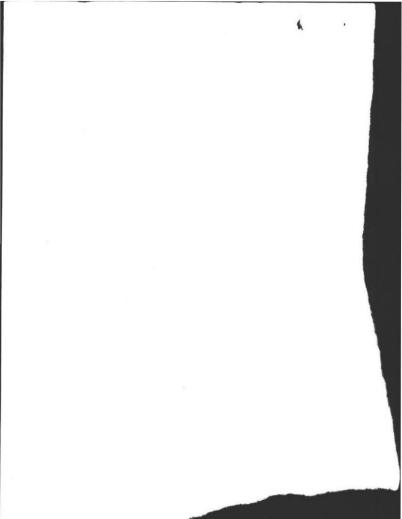
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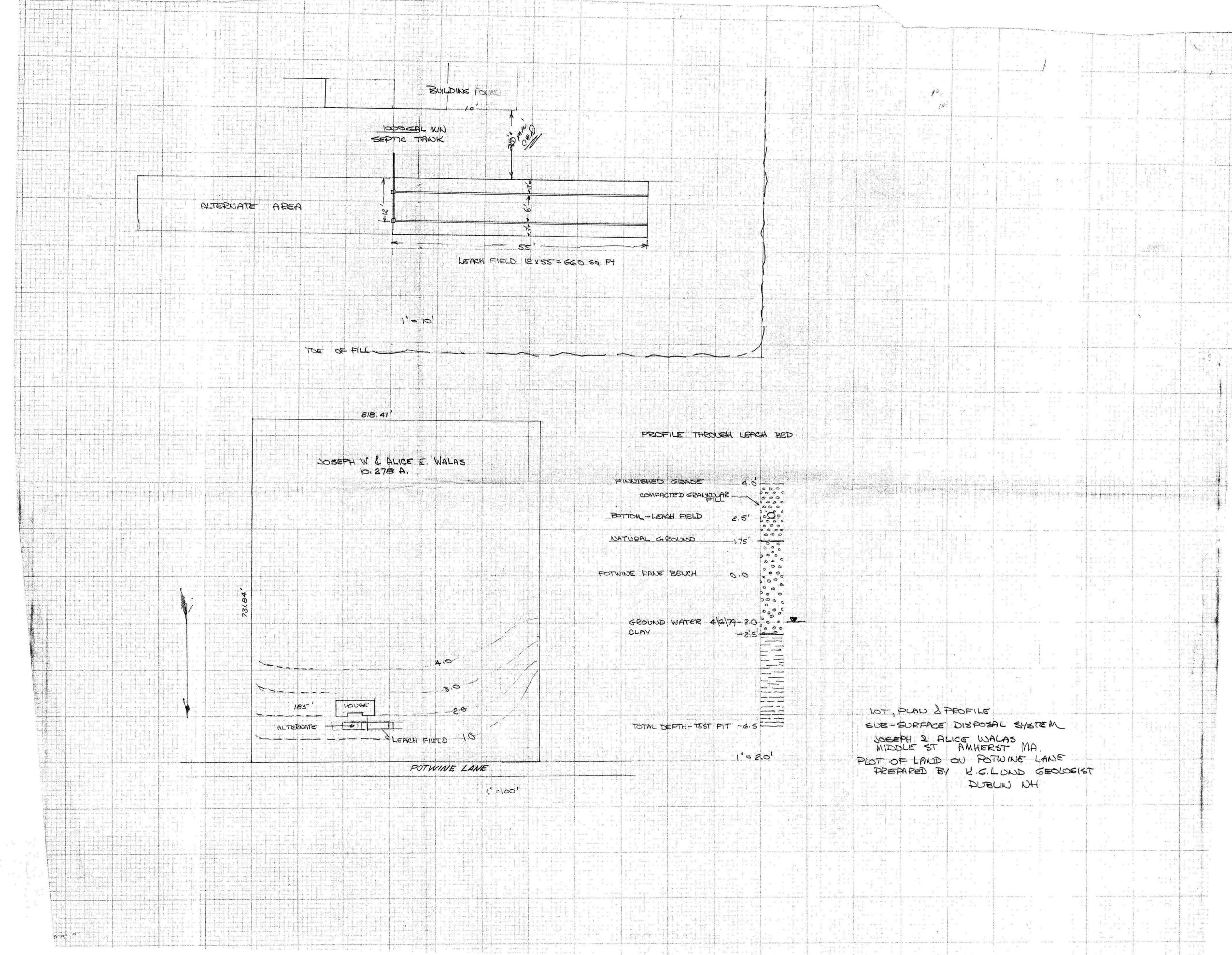
4

| SUBSURFACE DIS | | - | | |
|----------------|--|---------------|--------------|--------------|
| - CSEPH WAL | LACE FE | TWINE LA | NE LOT | 2 |
| AMHERST , | Ma. 6 | APIEIL | 1979 | |
| LOG OF | DOEP TEST | | | |
| 0.5 | PSOIL | | | |
| | TRACE OF MED TRACE OF MED 15% NON PLASI BLOWN, DAM! | TIC FINES, YE | ABOUT WOW | |
| 4.0 me | -CL, SILT & SAND, GRAY, PLASTIC VAR | MOUST, SLIG. | FINE | |
| 80 80 T.D. | PER | ROLATION TE | SST PATE | 12 MIN / NCH |
| | 72' - | PERC | ESP PIT | |
| hot 1 | | LOT 2 | | |
| | | | — 150° — | |
| UT FOLE | A POTWI | WE LANE | | |

339- POTWINE Lane LOUIS Emly 253-9167 413-558-7132

> Hamil 268 I DUNG





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

| TO: THE BOARD OF HEALTH, AMHERST, MASS. | No 4-62 |
|--|-------------------------------------|
| W.D. Cowles Suc. of Mo. ampl | |
| (owner's name) (address) | (phone) |
| hereby applies for a permit to construct or repair a private disposal system f | (residence, store, etc.) |
| which will be located at Following Jane | |
| (name) (address) Builder is | / 1 |
| Description of lot, building and fixtures as follows; | |
| Lot: Dimensions 100 x Type of Soil fauly Clay Well or Town V | |
| Distance to Town Sewer Males Depth to Ground Water Kin | |
| Will Lot be Graded? | till |
| Building: Dimensions 24x36 No. Bedrooms | Occupants Spec. |
| Fixtures: No. Toilets | Bathtubs |
| Showers Kitchen Sinks Garbage (| Grinders |
| Auto Dishwasher Auto. Clotheswasher Othe | er (basement) |
| (On reverse side show plot plan with building. Include dimensions, distances location of wells, streams, ledge, large trees, etc.) | from all boundaries. Show |
| I certify that the above information is correct and that I will notify the Boar tions are changed. I also declare that I have read and understand all the rules hereto and will comply with all requirements and stipulations as included in a | and regulations applying |
| Date, 3/26/62 | in Al |
| A300 Lee Reid Gal | e of Applicant) |
| PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DIS | SPOSAL SYSTEM |
| | No. 4-62 |
| or repair of private sewage disposal system with the following minimum requires | ceed with the construction rements: |
| Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity. | |
| Leaching System: Trenches of not less than300 Sq. Ft. bottom area. | = 2 ft x 150ft |
| Other Distribution Box plus System to de cuoseo END. | below the inlet. |
| This permit is issued with the understanding that future alterations or additi | ons will be made if neces- |
| sary. This permit shall not be construed as permission to create or maintain in the issuance of this permit the Board of Health assumes no responsibility for | |
| | |
| maintenance of the system. Conform to the dimensions on reverse Side. G. G. for the Board of I | Health date |
| Inspected | Elan |

To 1

A) area to be filled as soon as possible-To be spread and compatted and allowed to settle before any part of disposal system is put in. B). All roof and surface drains to be distited away from disposal c.) Disposal anato be graded to carry surface water away for 100. Filledan 415-16-10-2) 2 ft above crown of road at Foundation. PROSPECTIVE GARAGE 2) Minimum 3 ft of Bank Run grovel Yotwire Lane

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

| TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 6-62 |
|--|
| W. D. COULES THE OF MONTHEUERD. |
| (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 POTWINE LANE to be installed by |
| which will be located at to be installed by |
| (name) (address) (phone |
| Builder is W.D. Cours Tix Plumber is |
| Description of lot, building and fixtures as follows: |
| Lot: Dimensions 100 X Type of Soil CA Y Well or Town Water? Town Water? |
| Distance to Town Sewer MILES. Depth to Ground Water / Kind of Well |
| Will Lot be Graded? By Filling or Removing Soil? File ING |
| Building: Dimensions 24 x 36 No. Bedrooms 34 No. Occupants |
| Fixtures: No. Toilets |
| Showers |
| Auto Dishwasher |
| (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 3/26/62 Donum 1+ 1 |
| DUE Fee Coll. 4/3/62 pay (Signature of Applicant) |
| DEDIVIDE OF CONCEDITOR OF DEPART A PRIVATE CRIVILOR PROPERTY. |
| PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM |
| No. Society No. So |
| or repair of private sewage disposal system with the following minimum requirements: |
| Septic Tank: Must be of Cement and of |
| Leaching System: Trenches of not less than300 Sq. Ft. bottom area. |
| Dry well ft. bottom area and ft. below the inlet. |
| Other To Coollege and Quality to Anneusion of Permit #4-62 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. |
| maintenance of the system. G. G. Sino 3/30/62 for the Board of Health date |
| Inspected |

Lee germit # 4-62

This house not located as per reguest. Its lower than should be. Lystem installed is O.K. but should be after it was completed dump touchs were seen backing over the trenches (? The Tank). Buildy added fill to Easterly jud of lot for future expansion

April 30, 1963

D. H. Jones 120 Amity Street Amherst, Massachusetts

Dear Mr. Jones:

This will confirm my verbal comments to you of some time ago regarding the easterly of two septic tank systems of the north side of Potwine Lane.

The area of the tank and leaching system failed to conform with the requirements of the permit issued in the terms of the area available and most important, in the depth of the fill put in. In addition, the house was supposed to be at least one foot higher and the water line better located. The result is that the area of disposal is short in several respects.

As to the system that was actually installed, it is structurally sound in size and construction.

A further problem that appeared after the system was put in was the fact that a truck with topsoil backed over this system several times. It is entirely possible that this system could be broken, crushed, or displaced in one or several places.

It is noted that some additional filled area was put in to expand the available leaching area for further expansion, if necessary.

Responsibility for the functioning of this system lies entirely with the builder in view of the foregoing. A Certificate of Occupancy is necessary under the new state law. One will be issued to you with the stipulation that you will correct any defects caused by damage to the system and the accumulation of surface or ground water; if needed.

Verbal discussion followed but no action from builder

Very truly yours,

Frederick A. Siino, M.S.P.H. Director of Public Health

/sp

TOUT OF INDIA Constant Ment Service of the OSA A THE WILLIAM TO THE STREET TRANSPORT WAR THEO and prominentage entraction to make the commence is come in modified the said and without it this friend the amount that attract begins of carrier And openion. All a students builts assist and interest by their edillar at a est Then becaused my new part to menu and in counset allers but to remain the proof our commence in the season of the season of the season of receiped country and a manage win this emphasi note from thems. It we are becoming supplication from a substitute of farming to accept the paint of the farming and ing brown a fire consequent of the first about process of the constraints are come and an all or Lover Pariso tale estre took considered our new mersys will be the temporal and estimate the al of could three sections for this time bearing the good with their states beenigeth as a soldhie mearid of films relieve that can't eldiate yith the considerations of any at and through of the fire car same will a light that the chargest become at the Living there all a Residence to the second of the contract of and the state of the coal marries with the presentation and the lateral and trak internal in transposit of a september 2 is possible out and the text of the stable of a contract with the text of the services. The product of a contract with the text of the services and the services are services as the services and the services are services and the services are services as the services are services and the services are services and the services are services as the services are services and the services are services as the services are services and the services are services as the services are services are services as the services are services are services. THE PARTY OF THE PROPERTY OF SECURITIES TO THE PERSONNELS JESTAN VERSON MESSA The subject of the sale of the sales of plies of an largered THE ST

New "

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

| TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 22-6/ |
|---|
| Edward & mille of West It |
| (owner's name) (address) (phone) |
| hereby applies for a permit to construct or repair a private disposal system for a |
| which will be located at Pot Nyjue Lone to be installed by |
| (name) (address) (phone |
| Builder is Eshwarf J milla Plumber is |
| Description of lot, building and fixtures as follows: |
| Lot: Dimensions. Type of Soil Well or Town Water? |
| Distance to Town Sewer Will Depth to Ground Water |
| Will Lot be Graded? 442 By Filling or Removing Soil? Filling Building: Dimensions 34 X 3 6 No. Bedrooms 4 No. Occupants 529 |
| Building: Dimensions 24 X 3 6 No. Bedrooms 4 No. Occupants Column No. Occupants |
| Fixtures: No. Toilets |
| Showers |
| Auto Dishwasher |
| (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 Nov. 15, 1961. (Signature of Applicant) |
| This Resupplied for under new second |
| PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM |
| |
| No |
| or repair of private sewage disposal system with the following minimum requirements: |
| Septic Tank: Must be of Cement and of |
| Leaching System: Trenches of not less than Sq. Ft. bottom area. |
| Dry well |
| 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 |

| 1 | APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR |
|-----|---|
| LO. | A PRIVATE SEWAGE DISPOSAL SYSTEM COPY |
| or | TO: THE BOARD OF HEALTH, AMHERST, MASS. |
| | E, J, Miller of West ST (phone) (phone) |
| | hereby applies for a permit to construct or repair a private disposal system for a |
| | which will be located at POTWINE LANE to be installed by |
| | (name) (address) (phone |
| | Builder is SAME Plumber is? |
| | Description of lot, building and fixtures as follows: Lot: Dimensions. 110 ^t × 140 Type of Soil. CLAY. Well or Town Water? 1000 N |
| | Distance to Town Sewer Miles Depth to Ground Water 1792 F Kind of Well |
| | Building: Dimensions 24x36 No. Bedrooms No. Occupants Specustion |
| | Fixtures: No. Toilets / Urinals Wash Basins Bathtubs Showers Garbage Grinders / O Auto Dishwasher / O Auto. Clotheswasher 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 3/28/1962 E. J. MILLER (Signature of Applicant) COPY |
| | PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM |
| | No. 5-62 |
| | E.J. MILLER 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 |
| | Leaching System: Trenches of not less than |
| | Other DIST BOX SYSTEM TO BE LAID IN ALEA FNOT LESS THAN 50 770' of BANK RUN GRAVEL AT LEAST 3 FT DEEP. 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. Solve 1/12 - Solve Board of Health date |
| | Inspected 8/24/62 Approved 11/8/62 & G.A. |

POTWINE

November 16, 1961

Mr. Edward J. Miller West Street Amherst, Massachusetts

Dear Mr. Miller:

Upon receipt of your application for a permit to install a septic tank system at your proposed building on Fotwine Lane the undersigned visited the site.

The excavator was at work and some stakes were in place.

Inspection of the soil conditions show a wet sandy clay for subsoil with a stream coming through the lot.

This lot poses a problem because of its depth, the wet soil and the stream.

No permit will be issued for this lot until you give complete information on the layout of the lot in relation to the stream and set back lines plus a dimension for width. We cannot go on the statement, "I don't know yet".

We wish to remind you further that no construction is to be done until a permit is issued for the septic tank system.

Very truly yours.

Frederick A. Siino Agent

FAS/sp cc: Chief G. A. Cavanaugh, Mr. A.L. Torrey, Ed. of Health Members

COL LOW TIMETY AND

er, Jahren D. Ekilar Ekke seren Medaget, Konsentunder

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

| TO: THE BOARD OF HEALTH, AMHERST, MASS. | No | 30-62 |
|--|--|--|
| Edward I miller of | north Plearant address) | 6 6064 (phone) |
| hereby applies for a permit to construct or repair a private | rate disposal system for a | ce, store, etc.) |
| which will be located at Potwayne Lome | to k | pe installed by |
| (name) | (address) | (phone |
| Builder is Eduard & miller Plum | nber is | |
| Description of lot, building and fixtures as follows: | 00.4 | |
| Lot: Dimensions 110 ×140 Type of Soil Saudy | Well or Town Water? | ben |
| Distance to Town Sewer/Milet. Depth to Groun | d Water 4 Kind of Well. | |
| Will Lot be Graded? By Filling or | Removing Soil? Ly filling. | |
| Building: Dimensions 348 x 34 No. Bedrooms | No. Occupants | |
| Fixtures: No. Toilets | Basins Bathtubs | ./ |
| Showers 72000 Kitchen Sinks / | | me |
| Auto Dishwasher Z.o Auto. Clotheswasher | | t) |
| (On reverse side show plot plan with building. Include location of wells, streams, ledge, large trees, etc.) | | |
| I certify that the above information is correct and that tions are changed. I also declare that I have read and ur hereto and will comply with all requirements and stipula | nderstand all the rules and regula | tions applying |
| Date 9-1962 | Edward m | lle |
| To Pridazoo fud | (Signature of Applica | nt) |
| PERMIT TO CONSTRUCT OR REPAIR A PRI | VATE SEWAGE DISPOSAL SY | STEM |
| P 1 5 100 | | 30-62 |
| or repair of private sewage disposal system with the fol- | | ne construction |
| Septic Tank: Must be of Cement and of | s. Liquid Capacity. | |
| Leaching System: Trenches of not less than | . Sq. Ft. bottom area. | 10×10×50/1 |
| Dry well | rea and ft. below the i | inlet. |
| This permit is issued with the understanding that future sary. This permit shall not be construed as permission in the issuance of this permit the Board of Health assurmaintenance of the system. | to create or maintain any sewagenes no responsibility for the future | e nuisance and re operation or 10/2/32 |
| | for the Board of Health | date / |

Inspected Approved 4/8/62 FAS

Me Israth 24x36

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

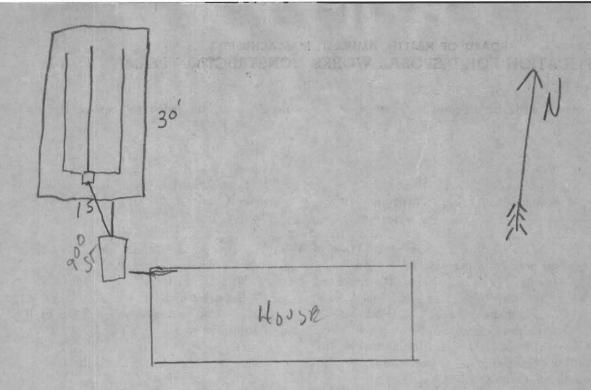
| | A PRIVATE SEWAGE DISPOSAL SYSTEM |
|------|---|
| 20 m | TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 27-62 |
| o Re | pair STANLEY, albert of West St. |
| | (owner's name) (address) (phone) |
| | hereby applies for a permit to construct or repair a private disposal system for a . Kestlenee (residence, store, etc.) |
| | which will be located at Valuril Lane to be installed by |
| | (name) (name) Divines of Tuench (address) (phone |
| | Builder is Main Plumber is R.D. Shipman (1) |
| | Description of lot, building and fixtures as follows: Lot: Dimensions. 5 acres. Type of Soil Sandy bounded Well or Town Water? Well |
| | Lot: Dimensions |
| | Distance to Town Sewer Depth to Ground Water Kind of Well Willed |
| | Will Lot be Graded? By Filling or Removing Soil? |
| | Building: Dimensions 40126 No. Bedrooms |
| | Fixtures: No. Toilets/ Urinals Wash Basins Bathtubs |
| | Showers |
| | Auto Dishwasher |
| | (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 Apt 7 1962 (Signature of Applicant) |
| tee | Lein 38 FAS |
| | PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM |
| | 1 10 No |
| | or repair of private sewage disposal system with the following minimum requirements: |
| | Septic Tank: Must be of Cement and of90.0 Gals. Liquid Capacity. |
| | Leaching System: Trenches of not less than |
| | Dry well |
| | 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 OK LASINO

Stulan

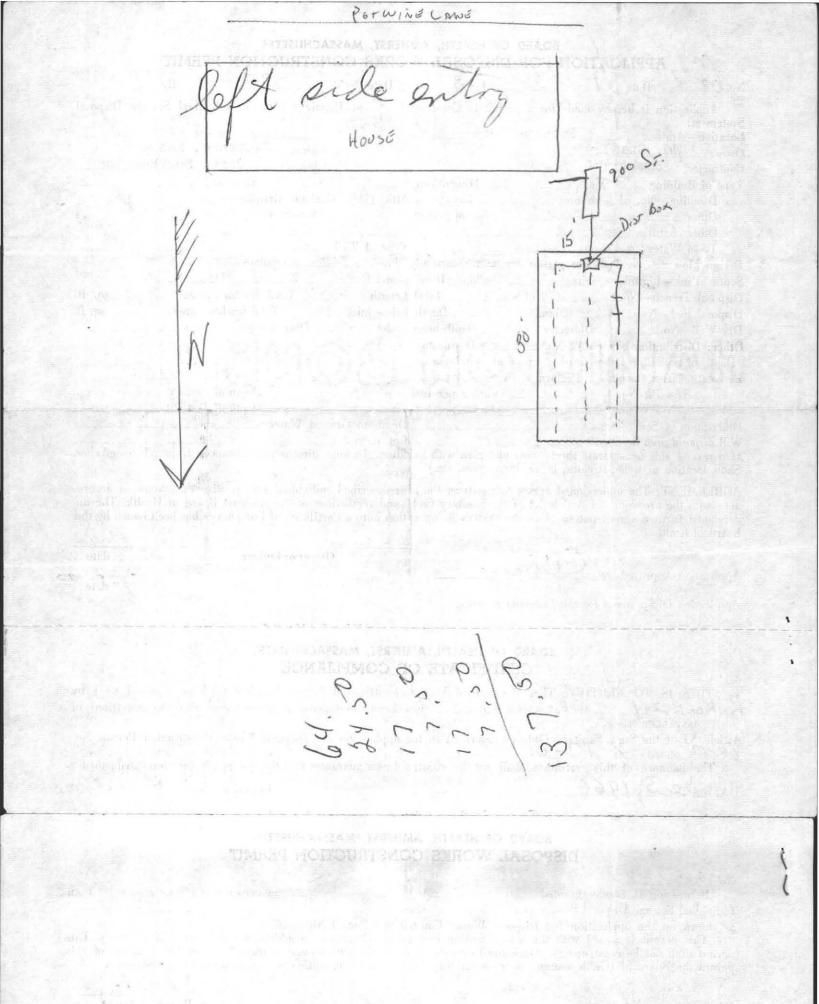
i. .. .

| BOARD OF HEALTH, AMHERST, MASSACHUSETTS | |
|--|--------------------------------------|
| APPLICATION FOR DISPOSAL WORKS CONSTRUCT | TON PERMIT |
| No. 66-12 Date Aug 17, 1966 Fee 300 Date Rec'd. Quyul | 72 (916 By COT- |
| Application is hereby made for a permit to Construct (X) or Repair (V) | |
| C | |
| Location—Address OPOIWINE LANE | or Lot No. |
| Owner UM STANCEY Address _ | FLORENCE MASS, |
| Contractor Zun Brusch Address // | CONZ, NORTHIMPTON |
| Type of Building Dimensions Dwelling—No. of Bedrooms Expansion Attic (H) Garbage Grin | Size Lot |
| Dwelling-No. of Bedrooms Expansion Attic (47) Garbage Grin | nder (NO |
| Other No. of persons Showers (|) |
| Other fixtures | |
| Town Water? Type of Well D | 06 |
| Design Flow Z gallons per person per day. Total daily flow gallons | ons |
| Septic Tank—Liquid capacity gallons Dimensions: L W Disposal Trench No. S Width 2 Total Length 225 Total | D |
| Disposal Trench No. 3 Width 2 Total Length 225 Total | leaching area 450 sq. ft. M. |
| Disposal Bed—No Diameter Depth below inlet Total | al leaching area 450 sq. ft. |
| Dry Well—No Diameter Depth below inlet Dimensio | ons: x |
| Disposal Bed—No Diameter Depth below inlet Total Dry Well—No Diameter Depth below inlet Dimensio Other: Distribution box (\(\) No Dosing tank () | |
| (Depth of Soil Line Below finished grade at foundation | |
| (Depth of Soil Line Below finished grade at foundation Percolation Test Results Test Pit No. 1 Test Pit No. 2 minutes per inch Test Pit No. 2 | Date _ 8 - 18 - 66 |
| Test Pit No. 1 minutes per inch | Depth of Test Pit |
| Test Pit No. 2 15 minutes per inch | Depth of Test Pit |
| Description of Soil Depth to Ground Water _ | |
| Description of Soil Depth to Ground Water Will disposal area be filled? 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 aforedescribed individual se | |
| ance with the provisions of Article XI of the Sanitary Code and regulations of the Article XI | mherst Board of Health. The un- |
| dersigned further agrees not to place the system in operation until a Certificate of C board of health. | 1 1 0 - |
| Wellian C. Jus | wheely 8-12-66 |
| Owner or build | der date |
| Application Approved by | 8-18-66 |
| | date |
| Application Disapproved for the following reasons: | |
| | |
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS | |
| CERTIFICATE OF COMPLIANCE | |
| | alled () as a second () to |
| THIS IS TO CERTIFY, That the individual Sewage Disposal System insta | |
| at has been constructed in acc | cordance with the provisions of |
| Article XI of the State Sanitary Code as described in the application for Disposal | Works Construction Permit No. |
| dated | Works Constitution 1 Chillie 110. |
| The issuance of this certificate shall not be construed as a guarantee that the s | system will function satisfactorily. |
| DATEIns | spector |
| DATE | spector |
| | |
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS | |
| DISTANCE PROPERTY ASSESSMENT DESCRIPTIONS | |
| No. 66-12 DISPOSAL WORKS CONSTRUCTION PERM | |
| Permission is hereby granted WM. STANCEY to co | enstruct (V or renair () an |
| Permission is hereby granted Wm. STANCEY to construction Permit No. 66 | topair () an |
| as shown on the application for Disposal Works Construction Permit No. 666 | -12 |
| This permit is issued with the understanding that future alterations or addition | is will be made if necessary. This |
| permit shall not be construed as permission to create or maintain any sewage nuisa | |
| permit the Board of Health assumes no responsibility for the future operation or ma | nce and in the issuance of this |
| | nce and in the issuance of this |
| DATE Que not 18, 1766 | nce and in the issuance of this |



Potwine Love

| BOARD OF HEALTH, AN | WORKS CONSTRUCTION PERMIT Date Rec'd. 27-66 By 68 | 0 |
|--|--|--------------------------------|
| No. 66-12 Date 8-17-66 Fee 3 | Date Rec'd. Y 27-66 By CE | 00 |
| Application is hereby made for a permit to Construct | t (X or Repair () an Individual Sewage D | Disposal |
| System at: Location—Address Potwine Lane Owner Wm. Stanley | or Lot No. | |
| Owner Wm. Stanley | Address Florence, Mass. | |
| Contractor Zumbriski | Address 11 Conz, Northampt | on |
| Type of Building Asidence Dimensions | Size Lot | |
| Dwelling—No. of Bedrooms 3 Expansion | Attic (16) Garbage Grinder (16) | |
| OtherNo. of person | Showers () | |
| Other fixtures | T (WIII de s | |
| Town Water? Wo Design Flow gallons per person per day. Total dail: | Type of Well 40 gallong | |
| Santia Tank Liquid agnesity 900 gallons Dimer | ngione: I W D | |
| Disposal Trench—No. 3 Width 2 Total | Length 225 Total leaching area 450 | sr. ft. |
| Disposal Bed—No Diameter Depth | below inlet Total leaching area 450 | sa. ft. |
| Dry Well—No Diameter Depth below | w inlet Dimensions: x x | |
| Other: Distribution box (×) No Dosing tank | k() | |
| (Depth of Soil Line Below finished grade at foundation _ |) | |
| Disposal Bed—No Diameter Depth Dry Well—No Diameter Depth below Other: Distribution box (×) No Dosing tank (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by Disches Test Pit No. 1 minutes per incl Test Pit No. 2 minutes per incl Description of Soil | Date 8/18/16 6 | T. C. C. C. |
| Test Pit No. 1 minutes per incl | Depth of Test Pit 36 | |
| Test Pit No. 2 minutes per incl | Depth of Test Pit 36 | |
| Description of Soil <u>clay</u> Will disposal area be filled? | Depth to Ground Water | |
| (On reverse side or separate sheet, show plot plan with bu | ilding. Include dimensions, distances from all bour | ndaries. |
| Show location of wells, streams, ledge, large trees, etc.) | | |
| AGREEMENT: The undersigned agrees to construct the a ance with the provisions of Article XI of the Sanitary Coddersigned further agrees not to place the system in operations. | e and regulations of the Amherst Board of Health. | The un- |
| | | by time |
| | | 12/66 |
| | | /2/66 date / |
| | | 12/66 date |
| | | date date |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AM | | date date |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE OF THIS IS TO CERTIFY, That the individual Sevent Contects of the following reasons: THIS IS TO CERTIFY, That the individual Sevent CONTECT OF THE CONT | Owner or builder Owner or builder Owner or builder OF COMPLIANCE wage Disposal System installed (X) or repaired (s been constructed in accordance with the provise | date date |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AM CERTIFICATE THIS IS TO CERTIFY, That the individual Sev INSTALLER Article XI of the State Sanitary Code as described in the | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Perm | date date) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE CONTECTNY at POTWING AND ha INSTALLER Article XI of the State Sanitary Code as described in the Contect of the installer of this certificate shall not be constructed. | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed (X) or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permuded as a guarantee that the system will function satisfactory. | date date) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AM CERTIFICATE THIS IS TO CERTIFY, That the individual Sev INSTALLER Article XI of the State Sanitary Code as described in the | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Perm | date date) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE CONTECTORY at POTUME AND ha INSTALLER Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE CONTECTORY at POTUME AND ha INSTALLER Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE CONTECTOR AND has a property of the individual Sevential Contector of the State Sanitary Code as described in the following reasons: DATE Dec 3, 1966 | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permed as a guarantee that the system will function satisfatinspector | date date) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AM CERTIFICATE OF THIS IS TO CERTIFY. That the individual Seventian Article XI of the State Sanitary Code as described in the dated The issuance of this certificate shall not be constructed. BOARD OF HEALTH, AM DISPOSAL WORKS C | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permued as a guarantee that the system will function satisfatinspector MHERST, MASSACHUSETTS ONSTRUCTION PERMIT |) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AM CERTIFICATE OF THIS IS TO CERTIFY. That the individual Seventian Article XI of the State Sanitary Code as described in the dated The issuance of this certificate shall not be constructed. BOARD OF HEALTH, AM DISPOSAL WORKS C | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permued as a guarantee that the system will function satisfatinspector MHERST, MASSACHUSETTS ONSTRUCTION PERMIT |) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AM CERTIFICATE OF THIS IS TO CERTIFY. That the individual Seventian Article XI of the State Sanitary Code as described in the dated The issuance of this certificate shall not be constructed. BOARD OF HEALTH, AM DISPOSAL WORKS C | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permued as a guarantee that the system will function satisfatinspector MHERST, MASSACHUSETTS ONSTRUCTION PERMIT |) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE CONTINUED AND HAILER Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFY, That the individual Sevential Seve | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permued as a guarantee that the system will function satisfatinspector MHERST, MASSACHUSETTS ONSTRUCTION PERMIT to construct () or repair |) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE CONTINUED AND ha INSTALLER Article XI of the State Sanitary Code as described in the dated The issuance of this certificate shall not be construCDATE DATE DISPOSAL WORKS CONTINUED AND TO STANKE CONTINUED AND STANKE CONTINUED AND TO STANKE CONTINUED AND TO STANKE AS SHOWN on the application for Disposal Works Constru | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permued as a guarantee that the system will function satisfatinspector MHERST, MASSACHUSETTS ONSTRUCTION PERMIT to construct () or repair | date by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFICATE CONTINUED AND HAILER Application Disapproved for the following reasons: BOARD OF HEALTH, AN CERTIFY, That the individual Sevential Seve | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permued as a guarantee that the system will function satisfated in the system will function satisfated in the construct () or repair () or |) by ions of nit No. |
| Application Approved by Application Disapproved for the following reasons: BOARD OF HEALTH, AM CERTIFICATE OF THIS IS TO CERTIFY. That the individual Seventh of the State Sanitary Code as described in the suance of this certificate shall not be constructed by the state of the seventh of | Owner or builder AHERST, MASSACHUSETTS OF COMPLIANCE wage Disposal System installed () or repaired (s been constructed in accordance with the provise application for Disposal Works Construction Permued as a guarantee that the system will function satisfated in the system will function satisfated in the construct () or repair () or |) by ions of nit No. actorily. |



BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT No. 64-14 Date April 28, 1864 Fee 3 00 Date Rec'd. 24-28-64 By Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: System at: Location-Address Missie St AT Porwine have Owner FRANK BETURNEY
Contractor SANDERS & ROBERGE Address _ Other fixtures STANDARD BATH + 1/2 YES _ Type of Well __ Town Water? _ Design Flow % gallons per person per day. Total daily flow 600 gallons Disposal Trench—No. _____ Width ____ Total Length ____ Total leaching area _____ 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 (X) No. ____ Dosing tank () Test Pit No. 2 _____ minutes per inch

Description of Soil _____ Depth to Ground Water ______ Depth to Ground Water ______ Depth of T ___ Cut down? Will disposal area be filled? VES (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 aforedescribed 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. Lotis Depined By Cuetain Death. Fin to Be Riems Owner or builder

Application Approved by April 10 Bo Riems System 9-28-6 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 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.

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 6- 24-64 Inspector BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT DANDERS + KOBIRGE Permission is hereby granted _ to construct () or repair () an Individual Sewage Disposal System at MINOCK ST + POTWENE horz as shown on the application for Disposal Works Construction Permit No. 69-14 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 4-28-64

Board of Health

1,000 600 House 35 wine home 300 LINEAL FT 2'TRENCH 600 D TOTAL LEACH AREA. MIDDLE ST

BOARD OF HEALTH, AMHERST, MASSACHUSETTS No. 64-16 Date MAY 12,64 Fee 1 Date Rec'd. 5-12-64 By CEA Application is hereby made for a permit to Construct () or Repair (an Individual Sewage Disposal System at: System at: Location—Address _____ POTWINE LANE Address _____ Contractor __ Size Lot 10 A 1860 _ Dimensions . Type of Building . Dwelling—No. of Bedrooms Expansion Attic (1) Garbage Grinder (1) Other . _ No. of persons ___ _ Showers (Other fixtures No. Town Water? __ _ Type of Well ___ Design Flow ____ gallons per person per day. Total daily flow ____ gallons Septic Tank—Liquid capacity _____ gallons Dimensions: L____ W____ __ gallons Disposal Trench—No. ____ Width __ Total Length __ Total leaching area __ Soo__ sq. ft. __ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft. Disposal Bed—No. ____ Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: ____ x ___ x _ Other: Distribution box () No. _____ Dosing tank () Percolation Test Results Performed by _____ Date _____ minutes per inch Depth of Test Pit Test Pit No. 1 _ Test Pit No. 2 _____ minutes per inch Depth of Test Pit Description of Soil _____ Depth to Ground Water _ Will disposal area be filled? _ 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 aforedescribed 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. 5-12-64 Owner or builder projeten an near Application Approved by 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 Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 5- 20-64 Inspector QA BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT ____ to construct () or repair (X) an Permission is hereby granted _ 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. Board of Health

HOUSE POTWINE LAND BOARD OF HEALTH, AMHERST, MASSACHUSETTS

| APPLICATION FOR DISPOSAL WORKS CONSTR | |
|--|--|
| No.6 4-18 1 Date 5-22-64 Fee 3 9 Date Rec'd. 6 | -7-69 By CRU |
| Application is hereby made for a permit to Construct (X) or Repair (|) an Individual Sewage Disposal |
| System at: Location Address Lor'D" POTWINE LANE | or Lot No |
| Owner DAN FUNGAROLI Address | Much St. Amrey |
| Contractor K KAN LIE WCWY Address | WADLE |
| Type of Building Dimensions | Size Lot |
| Owner Dan Eun Garcoti Contractor Konneword Type of Building Dimensions Dwelling—No. of Bedrooms Dimensions Dwelling—No. of Bedrooms No. of persons Shower | Grinder () |
| Other no. or persons onowe | 13 () |
| Other fixtures Town Water? Type of Well | |
| Town Water? Type of Well | |
| Design Flow Zi gallons per person per day. Total daily flow | gallons |
| Septic Tank—Liquid capacity 900 gallons Dimensions: L W | - D- WITT I |
| Disposal Trench—No Width Total Length T Disposal Bed—No Diameter Depth below inlet | Total leaching area sq. ft. |
| Dry Well—No Diameter Depth below inlet Dim | |
| Other: Distribution box () No Dosing tank () | 4 |
| |) |
| (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by | |
| Test Pit No. 1 minutes per inch | Depth of Test Pit |
| Test Pit No. 2 minutes per inch | Depth of Test Pit |
| Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch Description of Soil Depth to Ground Wa Will disposal area be filled? Cut down? | ater |
| (On reverse side or separate sheet, show plot plan with building. Include dimen | sions distances from all boundaries |
| Show location of wells, streams, ledge, large trees, etc.) | isions, distances from an boundaries. |
| AGREEMENT: The undersigned agrees to construct the aforedescribed individu | nal sewage disposal system in accord- |
| ance with the provisions of Article XI of the Sanitary Code and regulations of t | he Amherst Board of Health. The un- |
| dersigned further agrees not to place the system in operation until a Certificate board of health. | |
| Mannel | timogart 6 |
| Application Approved by Drole Kerferyten Owner or he | builder date |
| Application Approved by Will Or the | $\frac{1}{3}$ or $\frac{5-2^{2}}{\text{date}}$ |
| Application Disapproved for the following reasons: | date |
| | |
| DOADD OF HEALTH AMHERET MASCACHUIG | |
| BOARD OF HEALTH, AMHERST, MASSACHUS CERTIFICATE OF COMPLIANCE | |
| | |
| THIS IS TO CERTIFY, That the individual Sewage Disposal System | installed () or repaired () by |
| INSTALLER at POTWINE M has been constructed in | accordance with the provisions of |
| | osal Works Construction Permit No. |
| Article XI of the State Sanitary Code as described in the application for Disp | |
| The issuance of this certificate shall not be construed as a guarantee that | the system will function satisfactorily. |
| DATE # 10-64 | Inspector Mallo |
| | |
| BOADD OF HEALTH AMHERET MASCACHILL | ETTC |
| BOARD OF HEALTH, AMHERST, MASSACHUS DISPOSAL WORKS CONSTRUCTION P | |
| 14,112 | |
| No. Dermission is hereby granted 1) AN FING AREAL | to construct (X) or renair () an |
| Permission is hereby granted Don Fungarous Individual Sewage Disposal System at Lot 3 Potwise L | to construct () or repair () an |
| as shown on the application for Disposal Works Construction Permit No. | |
| This permit is issued with the understanding that future alterations or ad- | |
| permit shall not be construed as permission to create or maintain any sewage in | |
| permit the Board of Health assumes no responsibility for the future operation o | maintenance of the system. |
| | 0511 |
| DATE 0-29-64 | Board of Health |

STEER BOOK TO STORY OF BUILDING POTWINE LANG

0

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at: Location-Address . MAC JOE DURANCIA Dimensions Type of Building _ _ Expansion Attic (/V) Garbage Grinder (/V) Dwelling-No. of Bedrooms _ No. of persons Other fixtures Town Water? Type of Well Design Flow 75 gallons per person per day. Total daily flow 450 gallons

Septic Tank—Liquid capacity 960 gallons Dimensions: L W D

Disposal Trench—No. Width Total Length Total leaching area

Disposal Bed—No. 1 Diameter Depth below inlet Total leaching area

Dry Well—No. 1 Diameter Depth below inlet Dimensions: x x x Other: Distribution box (X) No. _____ Dosing tank () (Depth of Soil Line Below finished grade at foundation ____ Percolation Test Results Performed by _ Depth of Test Pit 40 -Test Pit No. 1 ____ minutes per inch Sand + Guill I Test Pit No. 2 _ Depth of Test Pit _ + Gulf Depth to Ground Water ______ Description of Soil _ Will disposal area be filled? ___ 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 aforedescribed 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. Owner or builder Application Approved by 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 Article, XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. dated 7-18-64 The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. Inspector _ Olnoth BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT to construct (X) or repair () an Permission is hereby granted Individual Sewage Disposal System at _ as shown on the application for Disposal Works Construction Permit No. 64 24 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.

· Board of Health

Parwine have House Rugar 6+649

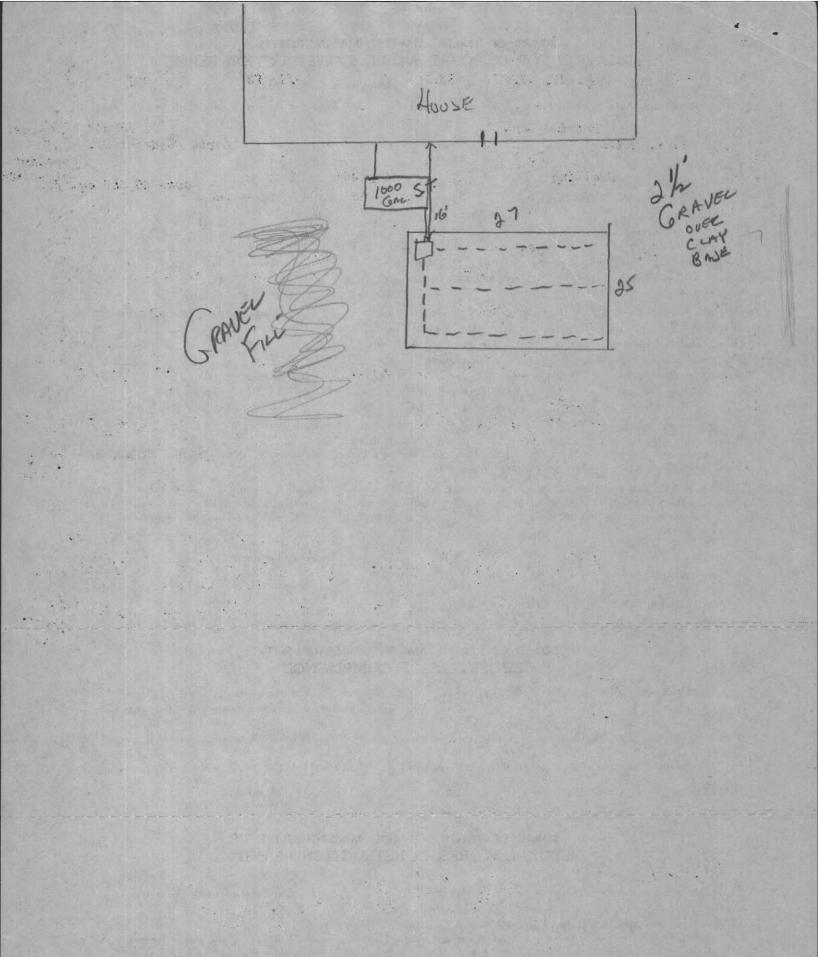
BOARD OF HEALTH, AMHERST, MASSACHUSETTS Date 11-16-64 Fee 3 Date Rec'd. 11-10-64 By _ Date Rec'd. _ 11-10-64 Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at: System at:
Location—Address

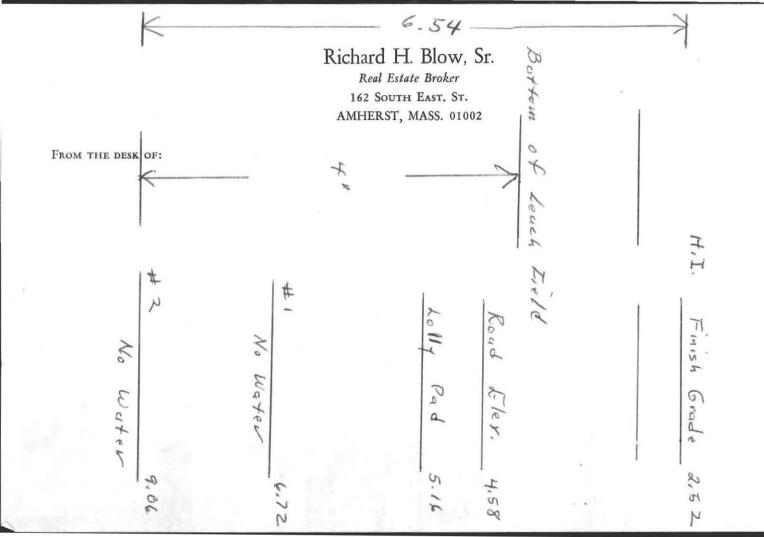
PSTEVENE KANKE Address . Owner _ Contractor . Address Type of Building _ Size Lot Dimensions _ Dwelling-No. of Bedrooms _ Expansion Attic (A) Garbage Grinder (A) Other _ No. of persons _____ ___ Showers () Other fixtures 155 Town Water? _ Type of Well _ Design Flow 25 gallons per person per day. Total daily flow _____ gallons Diameter Depth below inlet Dimensions: L W D D DIMENSIONS DIMENSI DIMENSIONS DIMENSIONS DIMENSIONS DIMENSIONS DIMENSIONS DIMENSI DIMENSIONS DIMENSI Disposal Trench-No. Disposal Bed-No. __ Dry Well-No. __ Other: Distribution box () No. _____ Dosing tank () (Depth of Soil Line Below finished grade at foundation _ Percolation Test Results Performed by _ Date __ Depth of Test Pit Test Pit No. 1 _____ minutes per inch Depth of Test Pit _ Test Pit No. 2 _ ___ minutes per inch cal - Depth to Ground Water ___ Description of Soil _ Will disposal area be filled? _ 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 aforedescribed 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 AUX. Systemfor April 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 HAARR Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. -64 dated W 20 GY The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. 10-2068 Inspector _ BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT RUBSRT HOALR __ to construct (X) or repair () an Permission is hereby granted _ POTWINE Individual Sewage Disposal System at _ as shown on the application for Disposal Works Construction Permit No. 6438 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 11-10-64

Board of Health

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

| APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT |
|---|
| No. 72-2/ Date Aug. 17, 1972 Fee \$3.00 Date Rec'd. 8/17/72 By dgf |
| Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal |
| System at: Location—Address Potwine Lane or Lot No. #3)South Side-east |
| Location—Address Potwine Lane Owner E. J. Miller Owner Address Or Lot No. #3)South Side-east North Pleasant St. of |
| Owner E. J. Miller Contractor "Address Address Address Size Lot over 30,000 sq. ft." North Pleasant St. of present Structure Size Lot over 30,000 sq. ft. |
| Type of Building Dwelling Dimensions 25 x 46' Size Lot onen 30 000 cg structure |
| Dwelling—No. of Bedrooms 3 Expansion Attic (no) Garbage Grinder Yes) |
| OtherNo. of personsShowers (2) |
| Other fixtures |
| Town Water? Type of Well |
| Design Flow 30 gallons per person per day. Total daily flow gallons |
| Septic Tank—Liquid capacity / 000 gallons Dimensions: L & W / D / 2 |
| Disposal Trench—No Width Total Length Total leaching area sq. ft. |
| Disposal Trench—No Width Total Length Total leaching area sq. ft. Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft. Dry Well—No Diameter Depth below inlet Dimensions: x x |
| Dry Well—No Diameter Depth below inlet Dimensions: x x |
| Other: Distribution box (X) No Dosing tank () |
| (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by HARGO MELLIN RPE Date 8-17-72 |
| Test Pit No. 1 2 minutes per inch Denth of Test Pit |
| Test Pit No. 2 minutes per inch Depth of Test Pit |
| Description of Soil CLAY - GRAVEL FILL Depth to Ground Water NOT FOUND 9-12-72 |
| Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch Depth of Test Pit |
| (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 aforedescribed individual sewage disposal system in accord- |
| ance 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 |
| |
| Canaly Trum Ang 17 17/2 |
| Application Approved by Corolla Sprem to BE IN FRONT JARA. 9-13-72 |
| Application Approved by Corole System to BE IN FRONT GRAVE Quite date |
| Application Disapproved for the following reasons: System INSTALL TO GRADE AS SHOWN ON ATTANG |
| CARADE |
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| CERTIFICATE OF COMPLIANCE |
| THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired () by |
| RIVER DE LAC at LOT *35 lotwice 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. |
| The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. |
| 0 1: =: |
| DATE 8-23-13 Inspector |
| |
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| DISPOSAL WORKS CONSTRUCTION PERMIT |
| No. 72-21 F (M |
| No. 13-21 Permission is hereby granted Individual Sewage Disposal System at Porwing Lange |
| Individual Sewage Disposal System at POTWING LANE LOT & 3 SOUTH |
| 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 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. |
| O 12 22 O AT O DOLL |
| DATE 9-12-72 See attacked sheets Board of Health |
| DATE Board of Health |





Mr. Richard H. Blow, Sr. 162 South East Street, Amherst. Ma., 01002

Dear Sir;

The following is a report of the percolation test conducted by me August 17,1972 at Lot No. 3 , Potwine Lane, Amherst, Mass.

The aforementioned tests were conducted under the applicable provisions of Article XI of the State Sanitary Code and were observed by Mr. Karol Wisnieski of the Amherst Board of Health. The tests were conducted at the approximate location of the proposed subsurface absorption field, in fine gravel fill which had been compacted in layers mechanically.

The following data was obtained from the tests;

Depth of test hole----36" Length of test---- 15 min.

Prefilled and soaked test hole for ten minute period commencing at 2:00 PM

| Distance, Water to ref. stk. | Difference |
|------------------------------|------------------|
| 18.75" | |
| 24.25" | 5.50" |
| 26.75" | 2.50" |
| 27.50" | 0.75" |
| | 24.25" 26.75" |

15 min avge. - 0.58"

It is my recommendation that a sub-surface absorption field with a minimum area (total bottom trench area) of 500 sq. ft. and a 1250 gal. capacity septic tank be included in the design of the disposal system.

Haud & Mos arold E. Mellin, RPE

Reg. No. 15980

SXSTGM IN FRONT OF HOUSE CRADES ACCORDING TO ATTACHED SHEET FROM RH. BLOW

CEDIAL. 9-13-72

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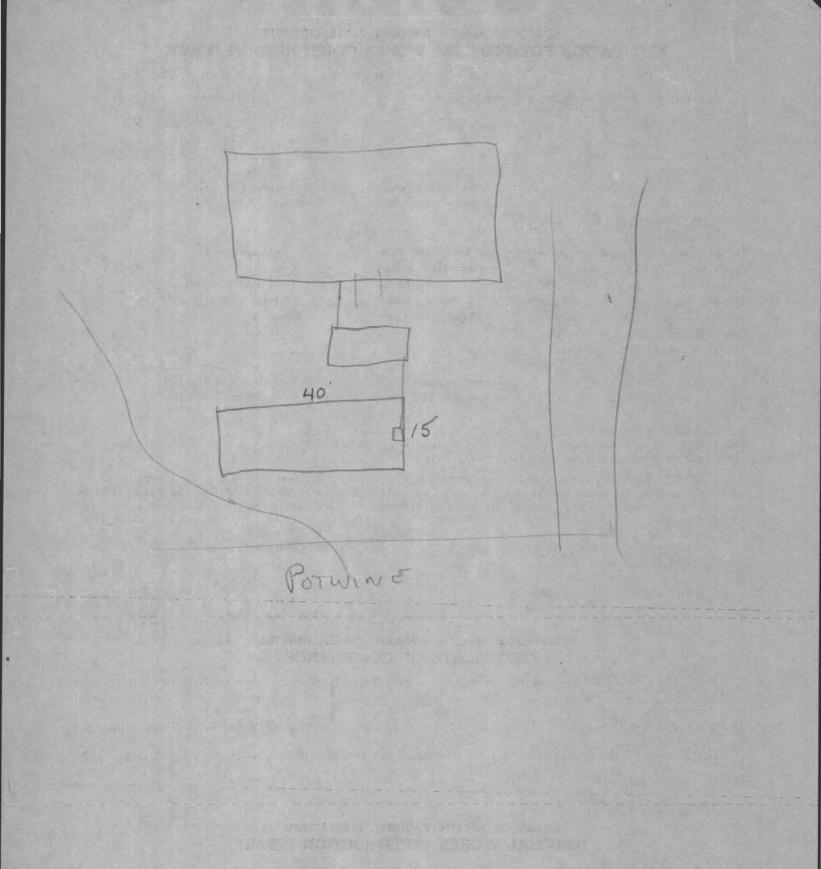
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| APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT No. Date |
|--|
| Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal |
| Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: Location—Address or Lot No. |
| Location—Address Or War LA. or Lot No. |
| House Hadren |
| Owner K. CRIAND H /ECUI DR Address S. FAST ST |
| Contractor & DUSARD J. MILIER Address NO PLEMENT |
| Type of Building Dimensions Size Lot |
| Dwelling—No. of Bedrooms Expansion Aftic () Garbage Grinder (Mo) |
| Other No. of persons Showers () |
| Other fixtures Town Water? Type of Well |
| |
| Design Flow gallons per person per day. Total daily flow gallons Septic Tank—Liquid capacity gallons Dimensions: L W D |
| Disposal Trench—No Width Total Length Total leaching area sq. ft. |
| Disposal Bed—No Diameter Disposal Bed—No Diameter Disposal Bed—No Diameter 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 Cells Date 7-23-70 |
| Test Pit No. 1 49 minutes per inch Test Pit No. 2 minutes per inch Depth of Test Pit 42" Depth of Test Pit 42" |
| Test Pit No. 2 minutes per inch Depth of Test Pit Depth of Test Pit |
| Description of Soil Depth to Ground Water Depth to Ground Water |
| Will disposal area be filled? Cut down? |
| Show location of wells, streams, ledge, large trees, etc.) |
| AGREEMENT: The undersigned agrees to construct the aforedescribed 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 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. |
| 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. 10-14 Permission is hereby granted Richard N. Browse to construct (X) or repair () an Individual Sewage Disposal System at Lot 1 Pot wine Lane |
| Individual Sewage Disposal System at Lot 1 Por wine Line |
| as shown on the application for Disposal Works Construction Permit No. 10-17 |
| 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. |
| 1 11 200 |
| DATE July 24/1870 Board of Health |



| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
|--|
| APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT |
| No. 74-36 Date MAY 27.1974 Fee 3. Date Rec'd. MAY 30,1974 By CENT |
| Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal |
| System at: Location—Address Potwine Lane or Lot No. 5,6,7,4 |
| Owner John Rogalski Contractor KARLS Exc. Dimensions Address Belchertown Road Address River Da Maniet Size Let 159 000 # 84 |
| Contractor KARL'S Exc. Address RIVER DR HADLEY |
| Type of Building Dimensions Size Lot 159,000 # Set Property Dwelling—No. of Bedrooms Bedrooms Expansion Attic () Garbage Grinder (14) |
| Dwelling—No. of Bedrooms Expansion Attic () Garbage Grinder (A) |
| Other No. of persons Showers () |
| Other fixtures Type of Well Type of Well |
| Design Flow 50 gallons per person per day. Total daily flow 300 gallons |
| Septic Tank—Liquid capacity 1000 gallons Dimensions: L W D |
| Disposal Trench—No Width 12.5x 40 Total Length Total leaching area sq. ft. |
| Disposal Bed—No. Diameter 12 30 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 Frederick A Filios Soil Scientist Date Apr. 24, 1974 |
| Test Pit No. 1 48 minutes per inch 30" Denth of Test Pit 7 |
| Test Pit No. 1 4.8 minutes per inch 30" Test Pit No. 2 78 minutes per inch 42" Depth of Test Pit 42" Depth of Test Pit 42" |
| Description of Soil See Attach ment Depth to Ground Water none at 7" |
| Will disposal area be filled? 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 aforedescribed 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 un- |
| descioned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this |
| board of health. 5-28-74 |
| Application Approved by CE Dralia, after Borney Hands Owner or builder date 5-28-74 Application Approved by CE Dralia, after Borney Hands Owner or builder date 5-26-74 |
| Application Approved by CE Shall, after Boolog Heath Owner or builder date Application Disapproved for the following research Application Disapproved for the following research Application Disapproved for the following research |
| date |
| Application Disapproved for the following reasons: ATTICHED PLANS Sill must congressed ANY DEVIATION FROM APPROVED RANS WILL VOID PORTITE. Sill must congressed |
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| BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE |
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| 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. |
| The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. |
| DATE |
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| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| No. 24-36 DISPOSAL WORKS CONSTRUCTION PERMIT |
| Permission is hereby granted JOHN ROGALSKI to construct (X) or repair () an Individual Sewage Disposal System at Lots 4,567 Porwing Lange (No. Sec.) |
| Individual Savage Dianogal System at April A 5 to 7 Postwire Awe (No. Serve) |
| as shown on the application for Disposal Works Construction Permit No. 74 |
| 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 MAY 30,74 Board of Health |
| DATE Board of Health |

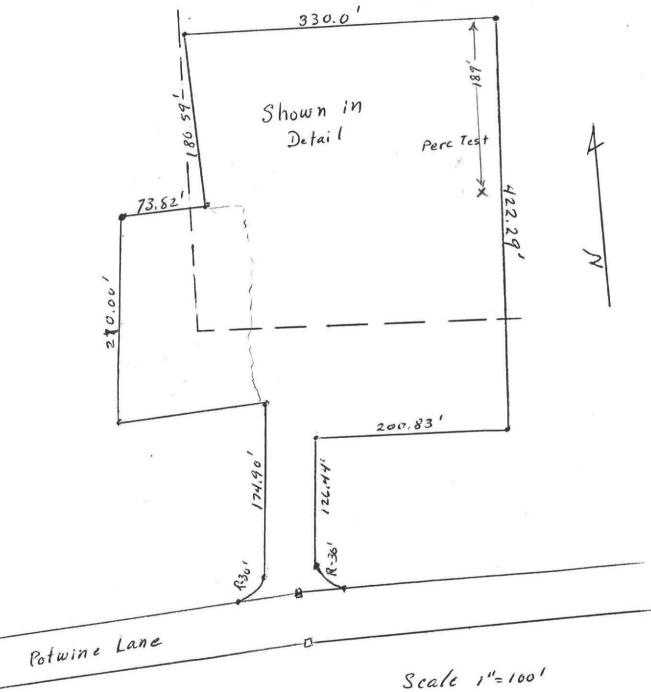
Petwine Lane Belcherter & Pool John Regalshi 112 2 100 100 ... 33/4 1000 12.24 4.8 Fredorick A Filter S. i Simbile Apr 24 1884 the second See Atlanks my cont

150.00 31,292 S.F. 10,000 S.F. 200.00 125000 SES 200.00 (Z) 20000 (2) 200.47 A CO. (2) 50.00 6 00) 4 30,000 S.F. 2 74. 90 31,006 5.55 25.316 (9) 57:36-6 R=60.00 210.00 -40'-35"W 090-90-35 456.24 150.00 J.81-12:068N N860-23'-10"E 30, 234 S.F. t 71,201 S.F. 30,009 S.F.T 200.83 house 196.53 (A) 31,004 S.F. t (m) 192.89 (e) 020 536,33

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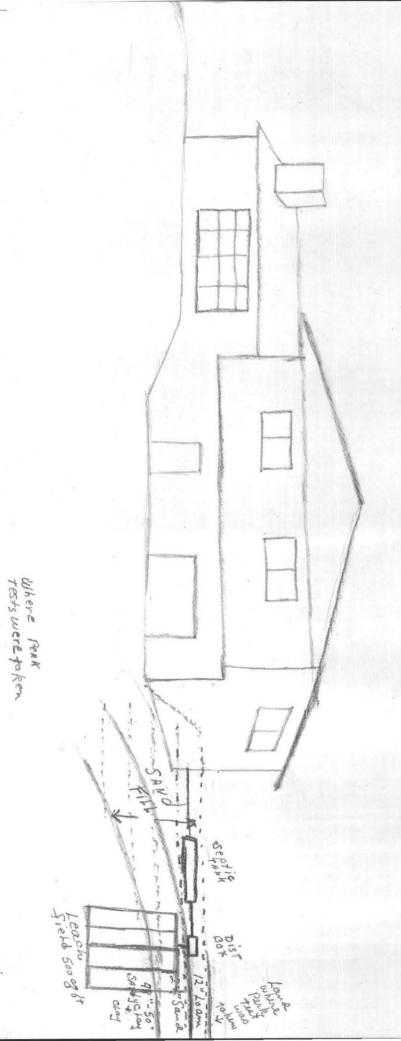
for John Rogalski of Belchertown Rd Amherst, Mass.



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SEWAGE DISPOSAL PLAN SHOWING (DETAIL) John Rogalski ot Potwine Lane Amherst Mass. Scale 1"= 40'
By Frederick Filios 330.0 529.74 422.29 House D.Box Leach Bed Percolation Test hand Elevation 183

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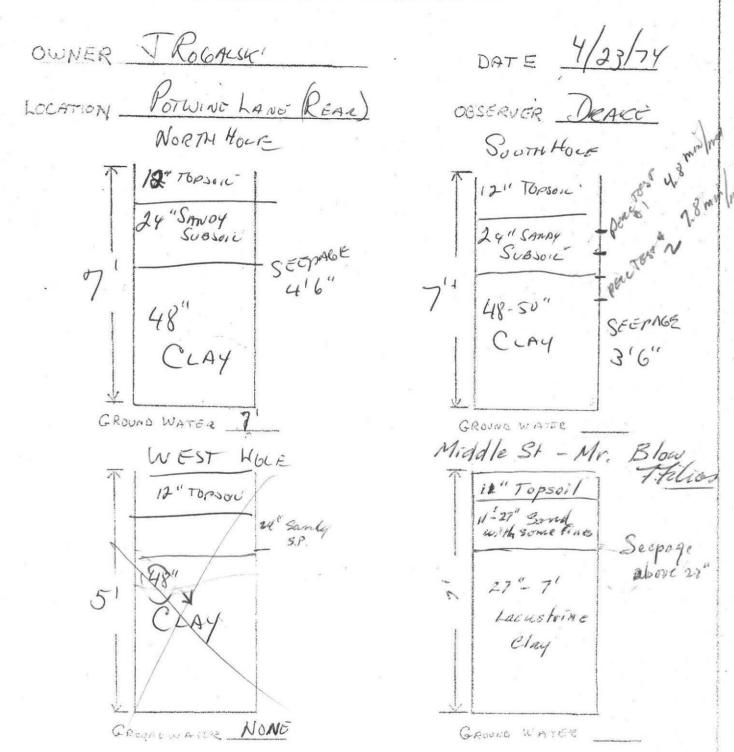
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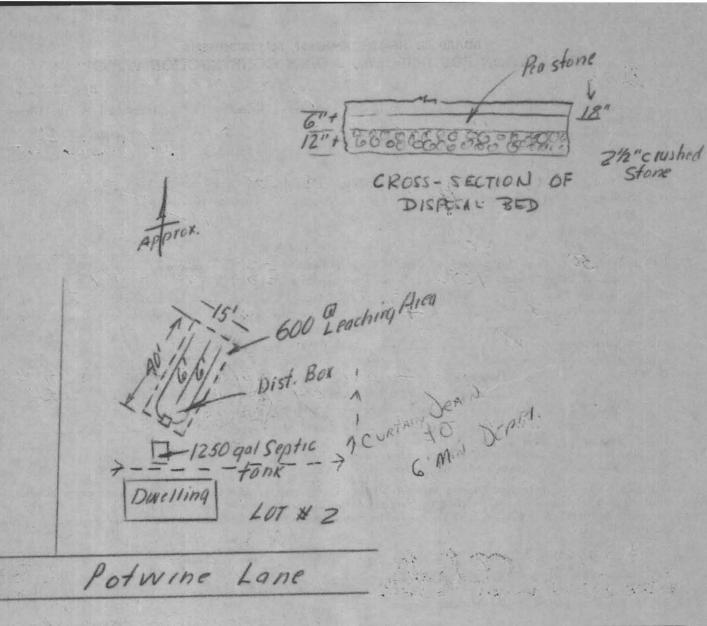


BOARD OF HEALTH AMHERST, MASS.

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| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
|---|
| No. 72-16 Date MAY 24, 1772-Fee 3 Date Rec'd. May 24 By CE |
| Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at: |
| Location—Address Potwine Lane Owner F. S. M. We Constant ST. |
| Contractor |
| Type of Building 2. Story Wooden Dwglling Dimensions 50'V 28 Size Lot 180' X 120' X |
| Dwelling—No. of Bedrooms Expansion Attic () Garbage Grinder () Other No. of persons Showers () |
| Other fixtures |
| Town Water? Type of Well |
| Design Flow 30 gallons per person per day. Total daily flow gallons |
| Septic Tank—Liquid capacity 1250 gallons Dimensions: L 6 W 5 D 5 D 5 D 5 D 5 D 5 D 5 D 5 D 5 D 5 |
| Disposal Bed—No. 3 Diameter Depth below inlet 6" Total leaching area 600 sq. ft. |
| Dw: Wall No - Diameter - Doub below inlet - Dimetersions |
| Other: Distribution box () No Dosing tank () (Depth of Soil Line Below finished grade at foundation) |
| D. L. T. D. L. D. C. II. I forested to Mail St. PROVINCENT. F/18/72 |
| Percolation Test Results Performed by Harald E. Media Performed by Harald E. Media Depth of Test Pit No. 1 2 minutes per inch 644 mental Depth of Test Pit 30 |
| Test Pit No. 2 minutes per inch Depter of Test Pit |
| Test Pit No. 1 minutes per inch 644 Depth of Test Pit |
| Will disposal area be filled? Cut down? 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 aforedescribed individual sewage disposal system in accord- |
| ance 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. |
| MAY BE APPROXIDE ONLY IN O Owner or builder, date |
| WRITALD DRAW MISTALLAD 1-14-77 |
| # See Ske toh vovense sine 10 Lower Crumpun date |
| Application Disapproved for the following reasons: IN Accommon with privious Letters Application Disapproved for the following reasons: |
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| 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 |
| Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. |
| 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. 16 Permission is hereby granted F.J. Miccie to construct (X or repair () an Individual Sewage Disposal System at Lot Z Normson Hot wind home |
| Individual Sewage Disposal System at Lot Z North Soc Hotwine hance |
| as shown on the application for Disposal Works Construction Permit No. 72-16 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 JUNE 14, 1872 Board of Health |
| DATE OUNCE / //// Board of Health |

REGMONG LOT #3 ADJACONT



No. 82 - 7

THE COMMONWEALTH OF MASSACHUSETTS

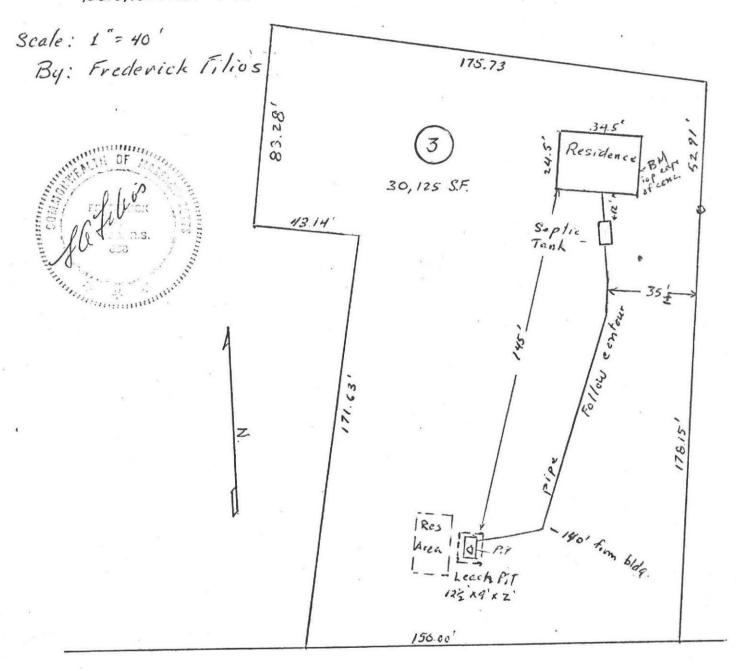
BOARD OF HEALTH

Town of Amherst

| | Works Construction Peruni 628 R.S. |
|--|--|
| Application is hereby made for a Permit to Constru System at: | uct (or Repair () an Individual Sewage Disposa |
| Potwine lane | 3 "manumum |
| & Eric Walgren RAGOCHAUS. | 140 Gulf Road Belchertown |
| Owner | Address |
| Installer | Address Size Lot 37, 265 Sq. fee |
| Dwelling — No. of Bedrooms | Expansion Attic () Garbage Grinder (|
| Other — Type of Building No. of | f persons Showers () — Cafeteria (|
| Other fixtures | |
| | per day. Total daily flow |
| Septic Tank — Liquid capacity/5.00 gallons Length | Width Diameter Depth |
| Disposal Trench — No | otal Length |
| Other Distribution how () Desire touls (| 1 |
| Percolation Test Results Performed by Frederi | ick tilios Date Dec 14 197 |
| Test Pit No. 12minutes per inch Depth of | Test Pit |
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| Agreement: | |
| | bed Individual Sewage Disposal System in accordance with |
| peration until a Certificate of Compliance has been issue | — The undersigned further agrees not to place the system is |
| Signed FM | - 1.1// |
| (XOY) (E) | A Page G- |
| Application Approved By | Date |
| Application Disapproved for the following reasons: | |
| | Date |
| Permit No | Issued |
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| a a | Date |
| THE COMMONWEALT | |
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| THIS IS TO CERTIFY, That the Individual Several Composition of Tapplication for Disposal Works Construction Permit No. THE ISSUANCE OF THIS CERTIFICATE SHALE SYSTEM WILL FUNCTION SATISFACTORY. DATE | TH OF MASSACHUSETTS OF HEALTH Of Controliance wage Disposal System constructed () or Repaired () Installer OF THE 5 of The State Sanitary Code as described in the dated |
| THIS IS TO CERTIFY, That the Individual Severage of The Individual Severage of The Individual Severage of The Individual Severage of The Issuance of This Certificate Shall System will function satisfactory. The Commonwealth Board of The Issuance of The Issuance of This Certificate Shall System will function satisfactory. | TH OF MASSACHUSETTS OF HEALTH IT CONTRIBUTE Vage Disposal System constructed () or Repaired (Installer OF THE 5 of The State Sanitary Code as described in the dated. L NOT BE CONSTRUED AS A GUARANTEE THAT THE Inspector. H OF MASSACHUSETTS OF HEALTH |
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PLAN SHOWING SEWAGE DISPOSAL

For: Eric Walgren 140 Gulf Road Belchertown Ma



POTWINE LANE

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DEEP SOIL LOGS

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| OWNER _ | Jean Cook | | Date | Dec 14 | 1579 |
| | • . | 1.1 " 3 | -20-01- | . : _ / - | - , |
| LOCATION_ | Polwine Lan | C | OBSERVER | F.A.F | ilios |
| | · Pit at Pira. | | | E | |
| T | 0-9" | Topsoil | 11 | 1 | |
| | 9-42" | Sandy Willi gravel | | | |
| 1,1 | 42"-7'2 | Firm reddishi glacial till | | | |
| | | - Rotten Rock Contrally Disi | h list (set) | | |
| Grot | and Water 74 | Cect Carring | Ground | Water | - |
| | All. Pit | - | | | |
| | 0-11" | Topsoil | 1 | | |
| | 11"-39" | sandy with fine | | | |
| | 39"-6" | 3. Thy glacial 1.71 | | | |
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| لح | Ground Water 3. | 10pes_5'3" | Ground | Water _ | |
| | Percelation | n Rale at 35" | | West of the | |
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BM at top and North site of left granage cloor. Leach Pit (Dry W211) 125'x9 x2 deep (bolow inlet) The state of the s July 1982 Tank 18" per ft grade Scele: Horizontal, 2"=10' Vertical 1"=3' By: Frederick Filips PROFILE OF SEPTIC SYSTEM For: Eric Walgren 140 Gulf Rd Belchertown Ma OOYO

BOARD OF HEALTH

Town of Amherst, Massachusetts

So Easi St + Porwine Important Information Regarding Your Private Sewage Disposal System

| DISPLAY THIS DOCUMENT IN A PROMINENT PLACE |
|--|
| Owner to ward Recours Address Laic WALGRAN BELLENGTOWN OLOOF |
| This carrer ROWARD ITHANN Address DENCHORTOWN |
| Date Installation Inspected and Approved 9/15/p2 |
| Description of System: Tank Capacity: 1500 |
| Leach Field () Red ($oldsymbol{\mathcal{X}}$) Seepage Pit $^{\prime}$ $oldsymbol{\mathcal{X}}$ Square Feet; |
| Garbage Grinder Yes (X) No () No. Bedrooms: Z No. People 4 |
| AS - BUILT PLAN: N Septie Think 161 |
| 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.
- 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 cloq and fail.
- 5. Further information can be obtained by contacting your Health Department at 253-7077.