

RUSSELLVILLE ROAD

No. 78-2

FEE 15

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst, Mass.

Application for Disposal Works Construction Permit

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

96 Russellville Road

Location - Address

Howard Fay

Owner
KARLS ETC
Installer

96 Russellville Rd, Amherst, Ma. 01002

River Dr
Address

Type of Building

Dwelling - No. of Bedrooms 2 Expansion Attic () Garbage Grinder ()
Other - Type of Building Frame No. of persons Max. 4 Showers () - Cafeteria ()
Other fixtures

Size Lot 38,000 Sq. feet

Design Flow 55 gallons per person per day. Total daily flow 220 gallons.

Septic Tank - Liquid capacity 1000 gallons Length 9' Width 4' Diameter Depth 5'

Disposal Trench - No. Bed Width 20' Total Length 30' Total leaching area 600 sq. ft.

Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.

Other Distribution box (x) Dosing tank ()

Percolation Test Results Performed by John A. Bucklett R.S. Date 4/25/78

Test Pit No. 1 1 minutes per inch Depth of Test Pit 28" Depth to ground water None

Test Pit No. 2 ----- minutes per inch Depth of Test Pit 64" Depth to ground water 64"

Charles Drake present for tests.

Description of Soil 0" to 12" loam - 12" to 24" sandy loam - 24" to 64" silty sand - water at 64".

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the afordescribed 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 in operation until a Certificate of Compliance has been issued by the board of health.

Signed

Howard C. Fay, Jr.

4/25/78

Application Approved By

C. Drake

Date

5/18/78

Date

Application Disapproved for the following reasons:

Date

Permit No.

Issued

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

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. dated

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE

Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

No. 78-

Town OF Amherst

FEE 15.00

Disposal Works Construction Permit

Permission is hereby granted

Howard Fay Jr. by Karls Etc.

to Construct (x) or Repair () an Individual Sewage Disposal System

at No.

Russellville Rd

Street

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

Dated

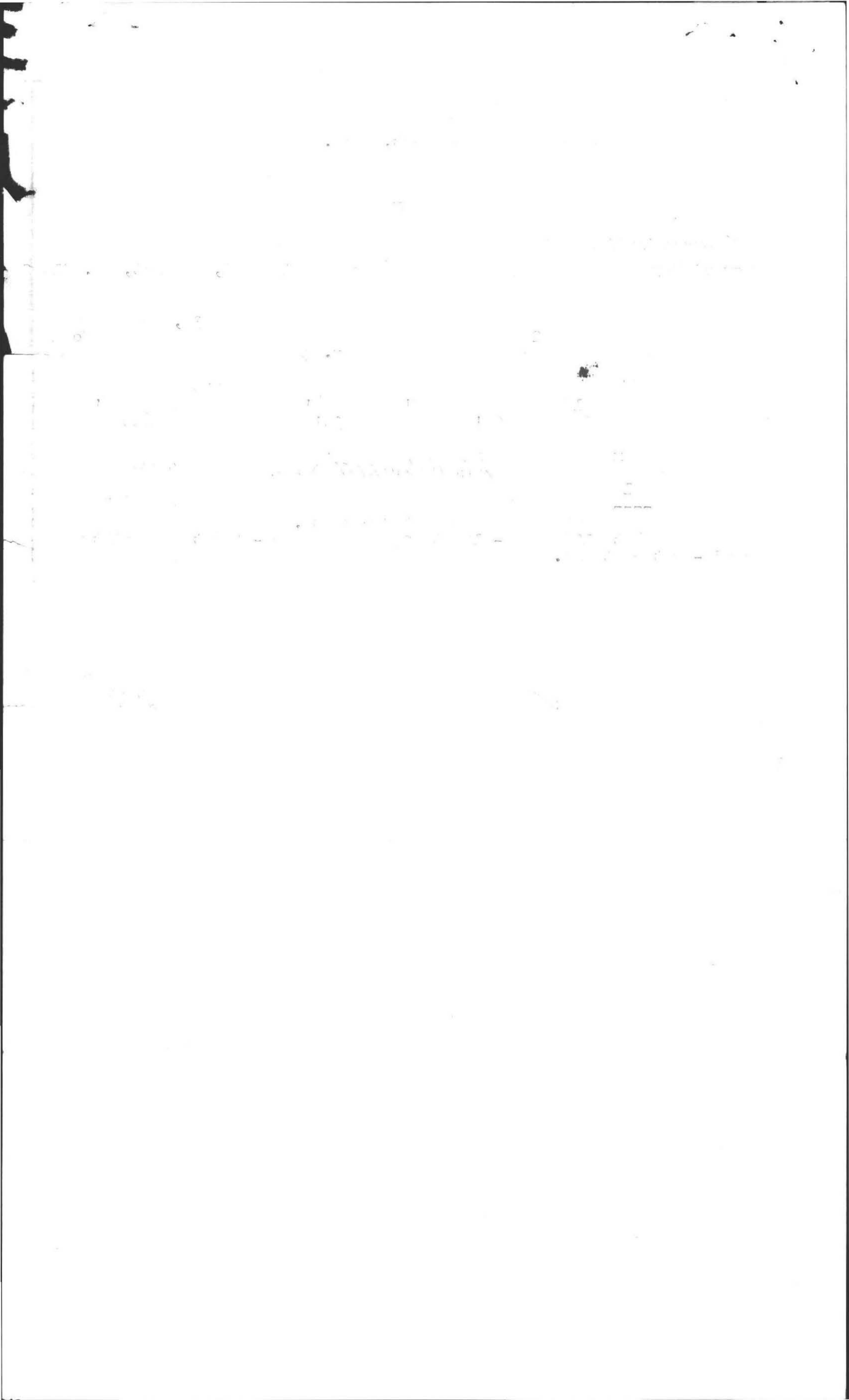
Charles C. Drake

Board of Health

DATE

5-18-78

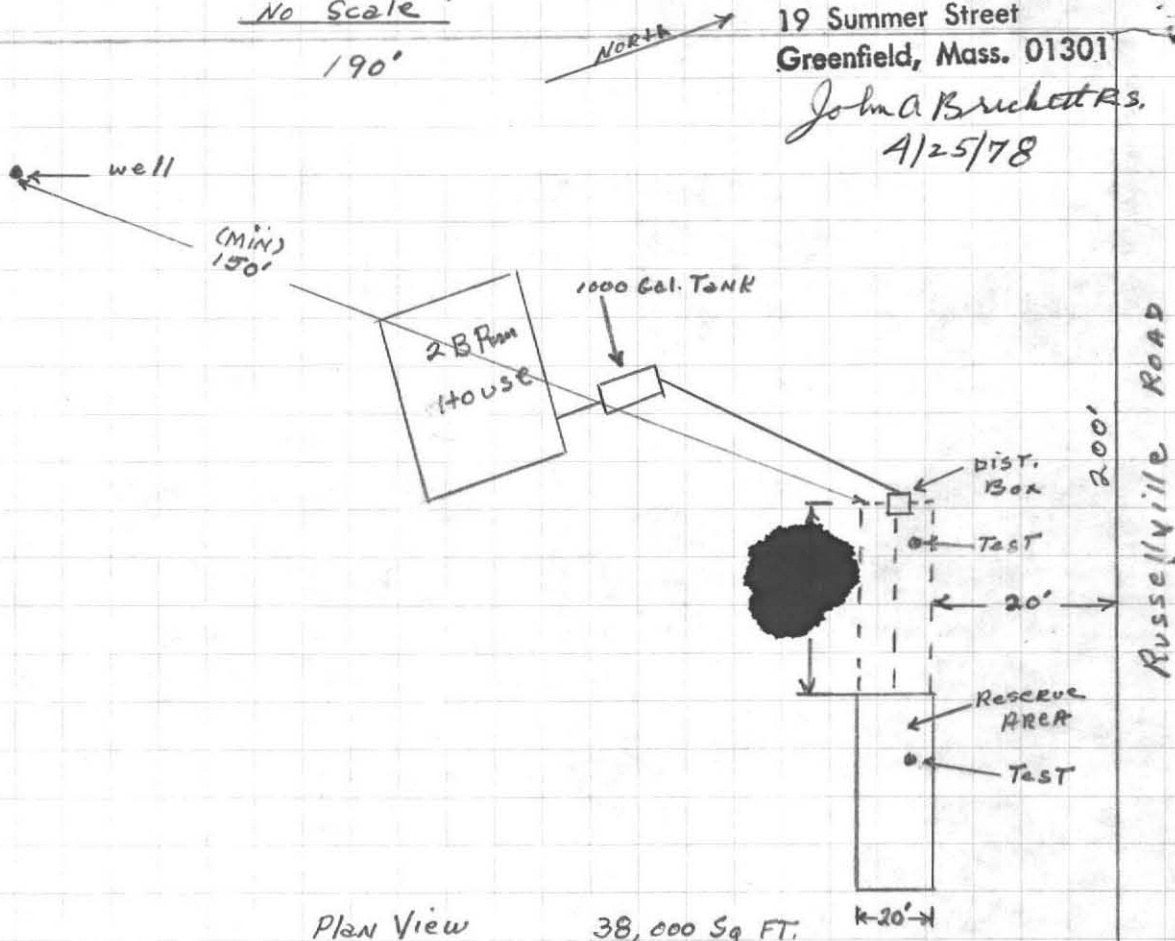
CHECK OR FILL IN WHERE APPLICABLE



SKETCH ONLY
No Scale

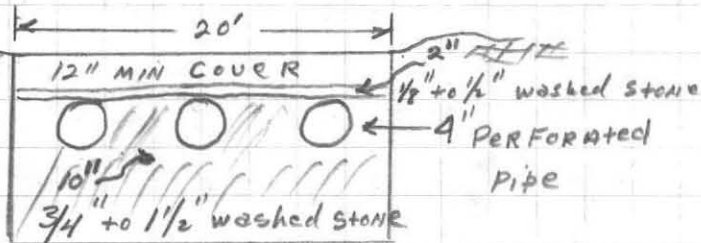
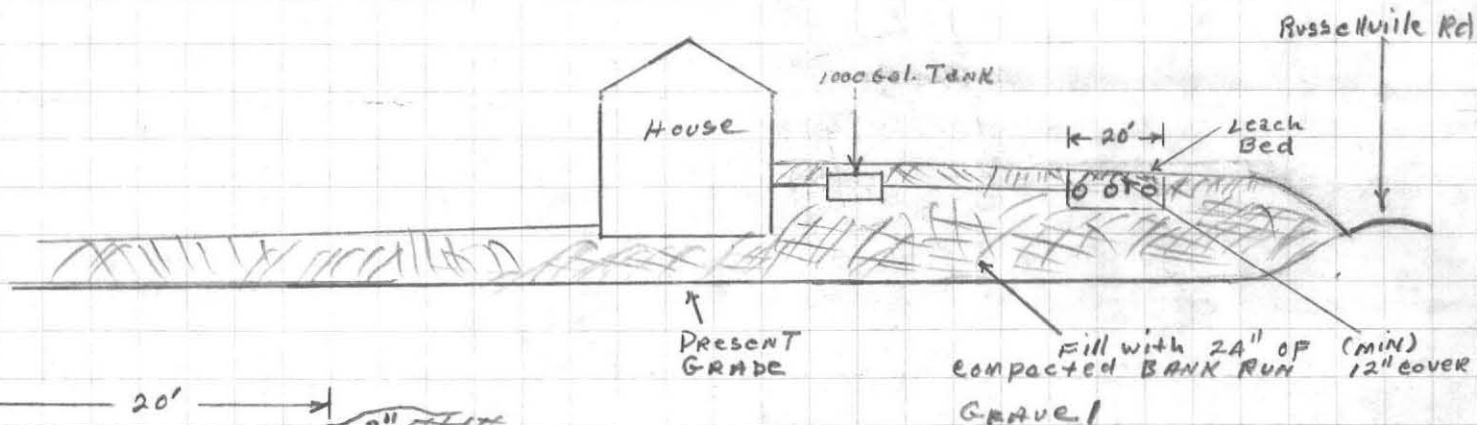
John Brickett, R.S.
19 Summer Street
Greenfield, Mass. 01301

John A. Brickett R.S.
4/25/78



Plan View

38,000 Sq. FT.



Encl View

Leach Bed

10/10/10
10/10/10
10/10/10



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

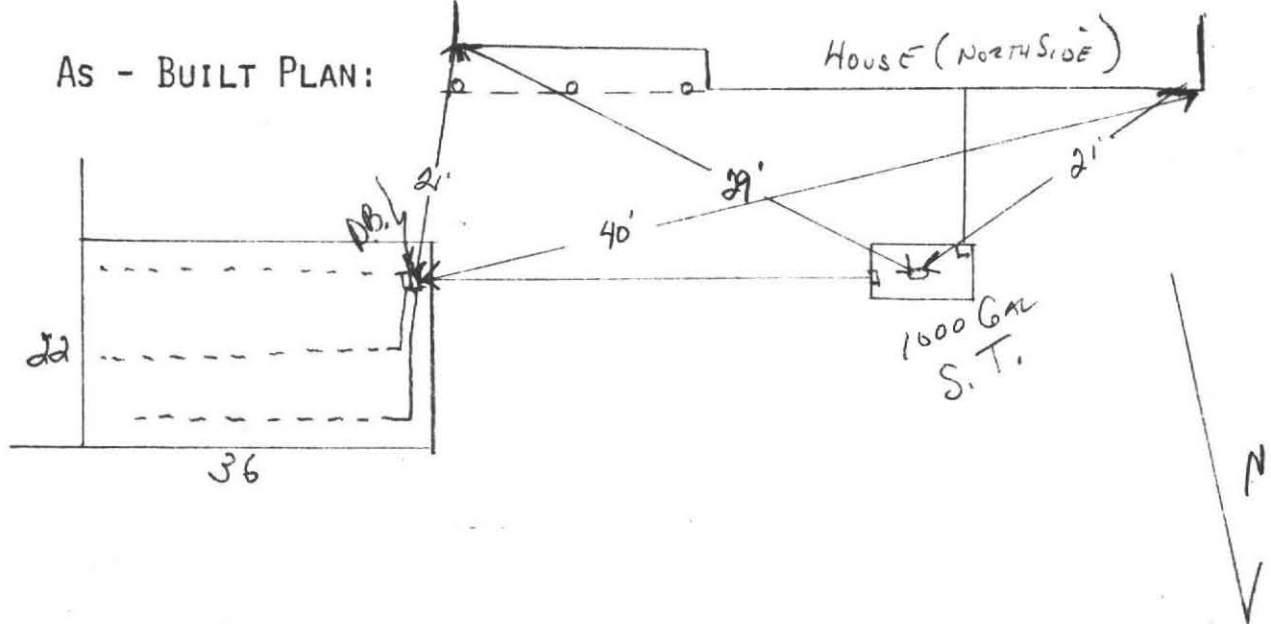
DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner BUD FAY Address RUSSELLVILLE RD
 Installer KARLS. EXC. Address RIVER DR, HAMPSHIRE
 Date Installation Inspected and Approved 50 OCT-1978

Description of System: Tank Capacity: 1600 GAL

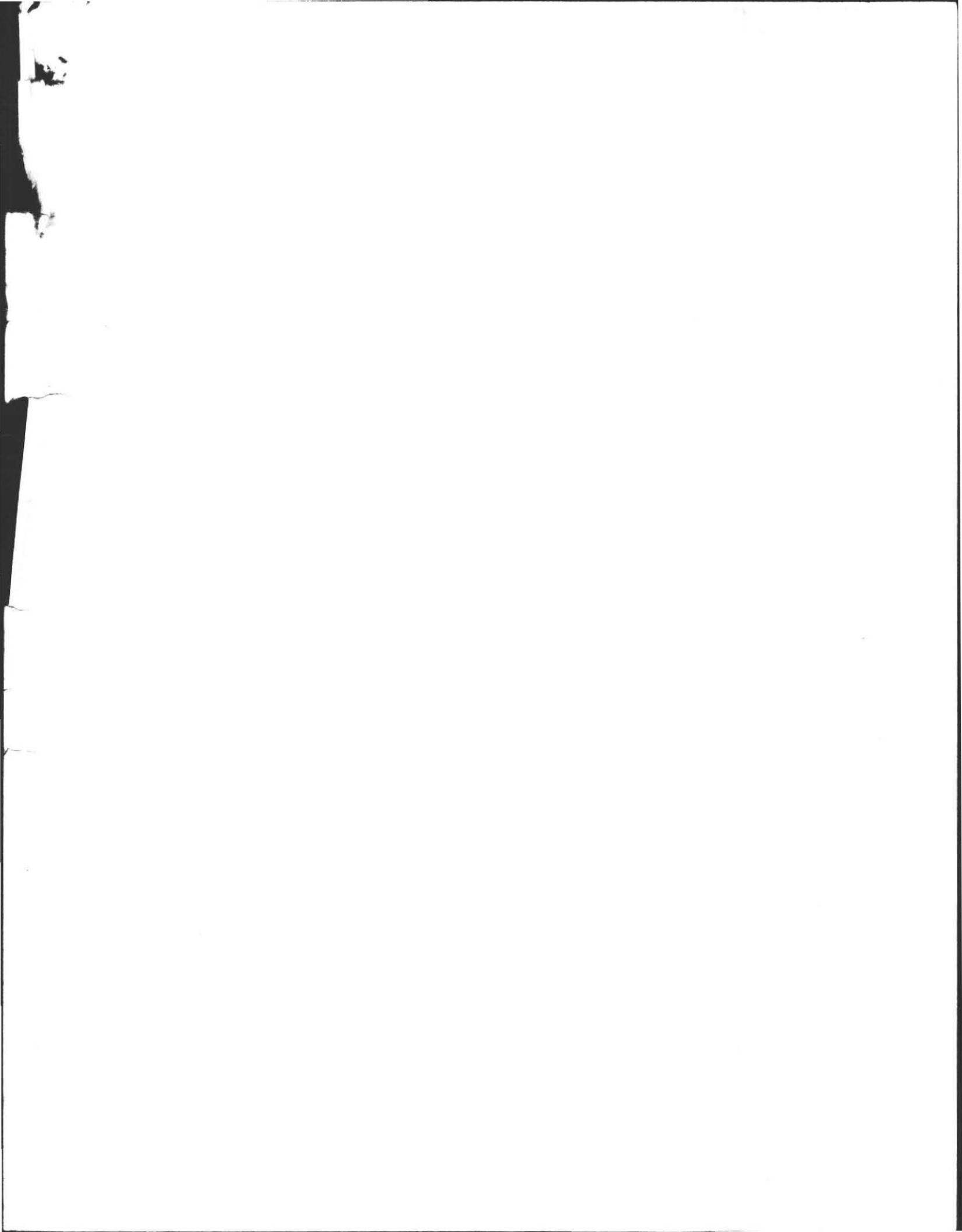
Leach Field () Bed (X) Seepage Pit () Square Feet: 900
 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



BOARD OF HEALTH
AMHERST, MASS.

Applic. No. 3

APPLICATION TO CONSTRUCT, REPAIR, OR ALTER PRIVATE SEWAGE DISPOSAL SYSTEM

Must be completed and submitted to the Board of Health before a building is started or any system is constructed or altered.

Owner Stephen Brozo Address 107 G St Turner Falls Mass Phone UN3-261

Builder Edward Pogoda Address 70 Hadley Mass Phone _____

System to be installed by ?
name, address, and phone

Location Russellville Road Size 158.96' 221.4'
street, subdivision, and lot no. width, depth

House - Dimensions 36' + 24' No. Bedrooms 2 No. Occupants 4

Plumbing fixtures - No. Toilets 1 No. Sinks 2 No. Lavatories 1

No. Showers --- No. Bathtubs 1 Dishwasher ---

Garbage Disposal --- Auto. Washer ---
yes or no yes or no

Any in basement? Washing Machine Others ---
which

On reverse side make sketch of lot, show size, location of house, position of water service, and location of proposed disposal system.

To be approved:
Proposed septic tank size (must be cement) 500 gal

Drainage system, type, and dimensions _____

Date 6/7/57 Signed Stephen Brozo
applicant

Do not fill in below

Site Survey _____

Other _____

Approval of Plans

Septic tank _____ Disposal system _____

Final inspection

Remarks

Final Approval _____
(Make in Duplicate, keep one for your files)

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$$\begin{array}{r} 105 \\ 100 \\ \hline 205 \\ 159 \\ \hline 46. \end{array}$$

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$$\begin{array}{r} 215. \\ 70 \\ \hline 145 \end{array}$$

$$\begin{array}{r} 145 \\ 65 \\ \hline 80 \end{array}$$

$$\begin{array}{r} 892 \\ 22 \\ 22 \\ \hline 36 \\ 65 \\ \hline 71.76 \end{array}$$

$$\begin{array}{r} 3782 \\ 3418 \\ \hline 364132 \\ 22 \\ 36 \\ 22 \end{array}$$

$$\begin{array}{r} 187 \\ 65 \\ \hline 252 \\ 292 \\ \hline 541 \\ 140. \\ 3-3468 \end{array}$$

