

SHERRY CIRCLE

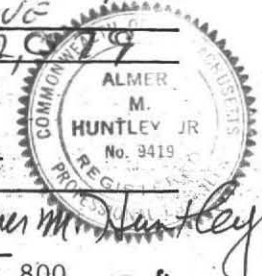


BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

#4

No. 84-38 Date OCT. 5 1984 Fee 4.70 Date Rec'd. OCT 5 1984 By CEJ

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:
 Location—Address Sherry Circle Corner of Blossom Lane & Sherry Lane or Lot No. 9
 Owner Ress Building Corp. Inc. Address RTE 66 WESTHAMPTON
 Contractor KARL'S ETC. Address RIVER DRIVE
 Type of Building _____ Dimensions _____ Size Lot 32,079
 Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (X)
 Other _____ No. of persons _____ Showers ()
 Other fixtures _____
 Town Water? yes Type of Well _____



Design Flow _____ gallons per person per day. Total daily flow 330 gallons
 Septic Tank—Liquid capacity 1500 gallons Dimensions: L _____ W _____ D _____
 Disposal Trench—No. 1 Width 20 Total Length 40 Total leaching area 800 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 ()

(Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by K.G. Lund Date May 1973
 Test Pit No. 1 _____ minutes per inch Depth of Test Pit _____
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____
 Description of Soil 6" OTS 1'6" silt, 4'0" sand Depth to Ground Water 5'6"
 Will disposal area be filled? 1'-0" for cover 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 aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by [Signature] Owner or builder [Signature] 10/5/84 date
[Signature] date 10-5-84

Application Disapproved for the following reasons:

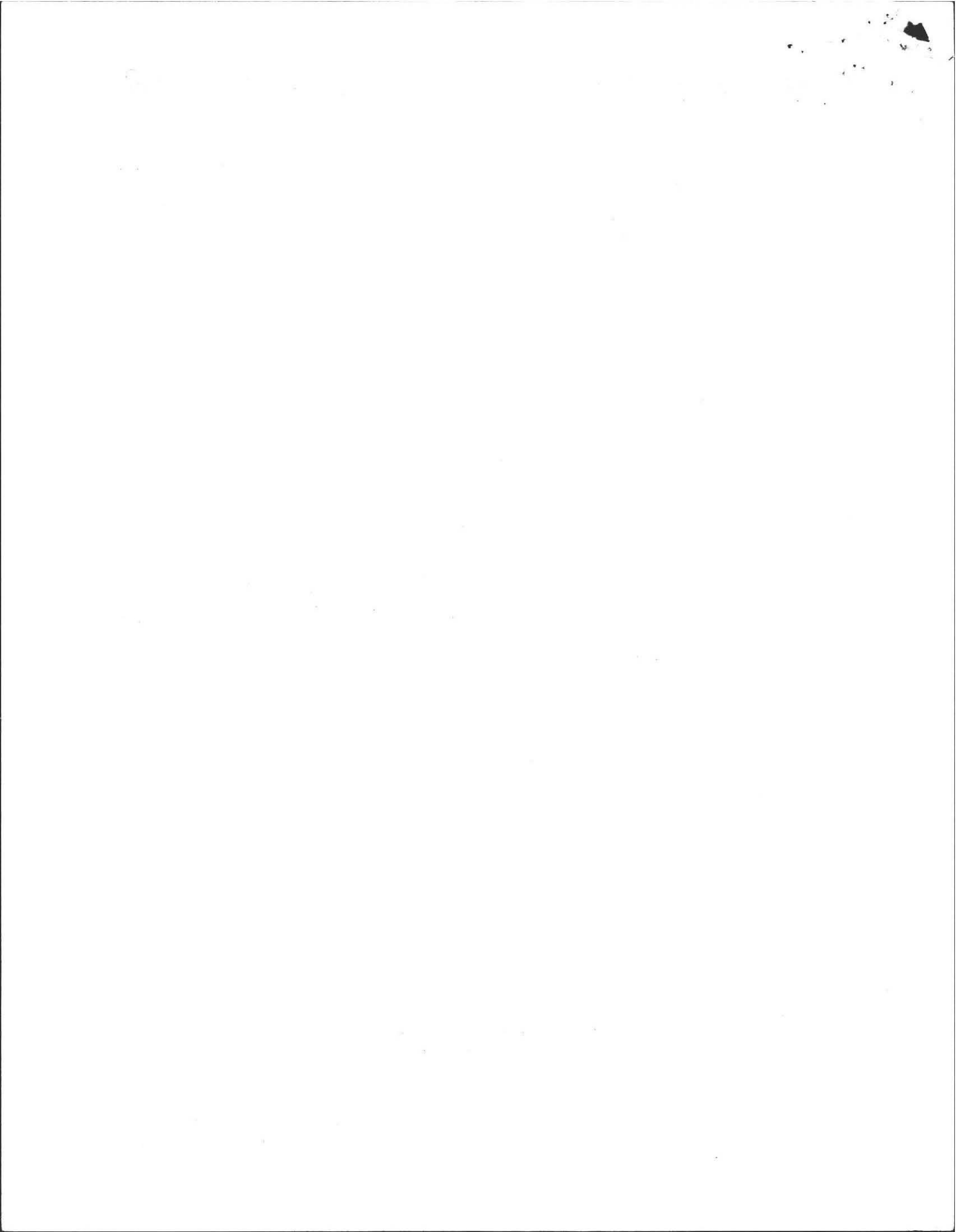
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____
 The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 84-38 Permission is hereby granted Ress Building Corp Karl's Etc. to construct (X) or repair () an Individual Sewage Disposal System at LOT 9 SHERRY + BLOSSOM as shown on the application for Disposal Works Construction Permit No. 84-38
 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 10-5-84 Board of Health [Signature]



PROPOSED DOMESTIC SUBSURFACE DISPOSAL SYSTEM DESIGN

Prepared For: Ress Corp, Inc
Location: Lot #9, Cor Blossom Lane & Sherry Circle,
Number of Bedrooms: 3 Garbage Disposal: Amherst

LEACH AREA DESIGN

3 Bedrooms x 2 persons/bedroom = 6 persons

6 Persons x 55 gallons of wastewater/person/day = 330 total gallons of wastewater/day.

Percolation Rate: 1.0 min/inch

Gallon of wastewater/square feet of leach area for a Percolation Rate of:

2.0 min/inch = _____ Gal/SF Sidewall Area

= 1.0 Gal/SF Bottom Area

- * If a leach bed is to be installed, no sidewall is allowed.
- * If percolation rate exceeds 20 min/inch, no bottom area is allowed.

- SEPTIC TANK -

* WITHOUT GARBAGE DISPOSAL:

330 Gallons of wastewater/day x 150% = 495 REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: 1500 Septic Tank

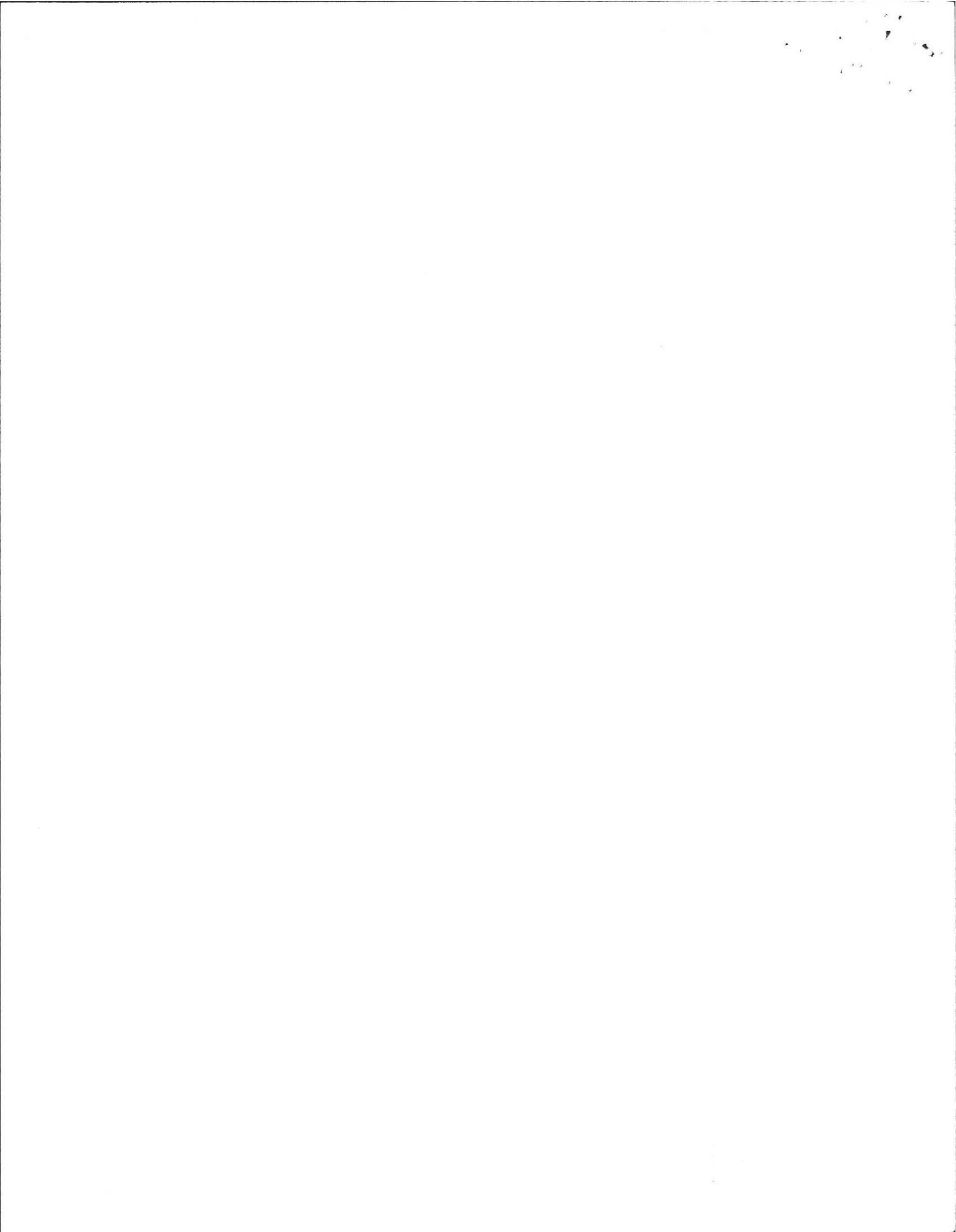
* In no case will the septic tank be less than 1,000 gallons (effective liquid capacity)

** WITH GARBAGE DISPOSAL:

_____ Gallons of wastewater/day x 200% = _____ REQUIRED effective liquid capacity of septic tank.

RECOMMENDED: _____ Septic Tank

** In no case will the septic tank be less than 1,500 gallons (effective liquid capacity)



LEACHING FIELD DESIGN

USING BOTTOM AREA ONLY:

330 Gallons (Total Daily Flow) ÷ 1.0 gal/SF = 330 SF Leaching Field (REQUIRED)

* With Garbage Disposal: _____ SF Leaching Field x 1.5 = _____ SF Leaching Field (REQUIRED)

800 SF Leaching Field (Designed): 40 ' Long x 20 ' Wide

LEACHING TRENCH DESIGN

SIDEWALL AREA:

_____ Gal/SF x _____ ' of effective depth x 1' length x 2 sides = _____ Gal of trench (sidewall).

BOTTOM AREA:

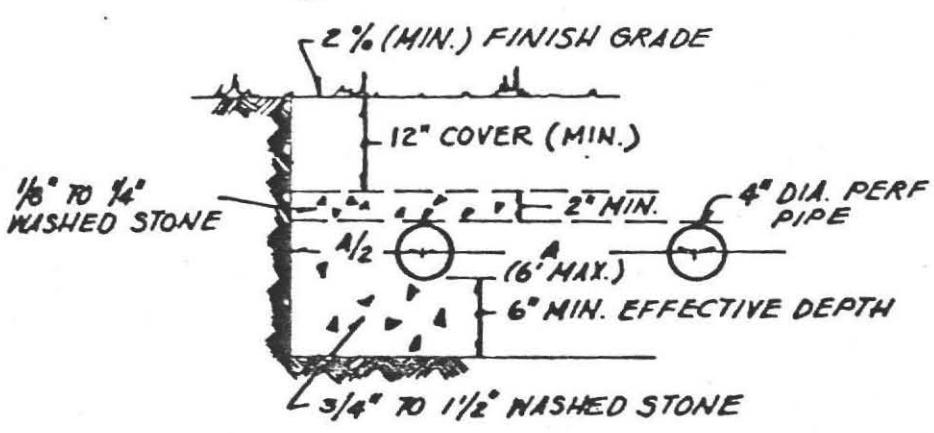
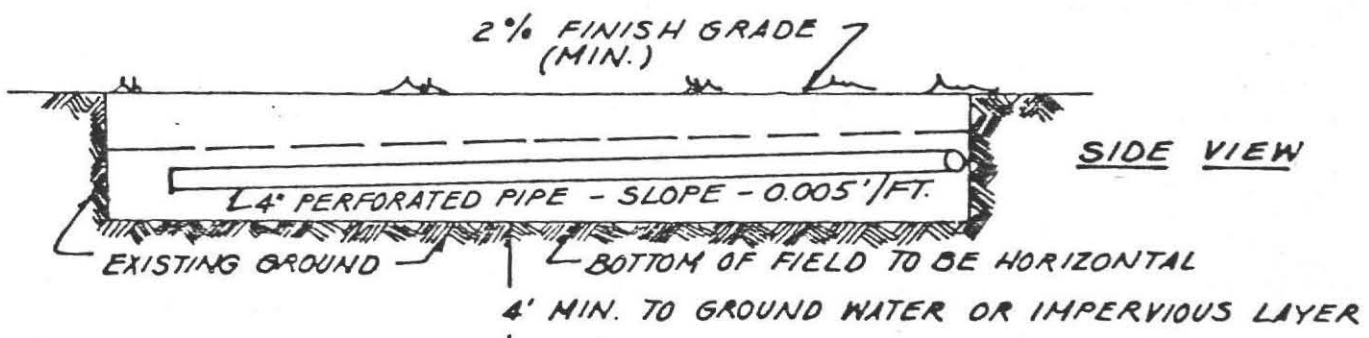
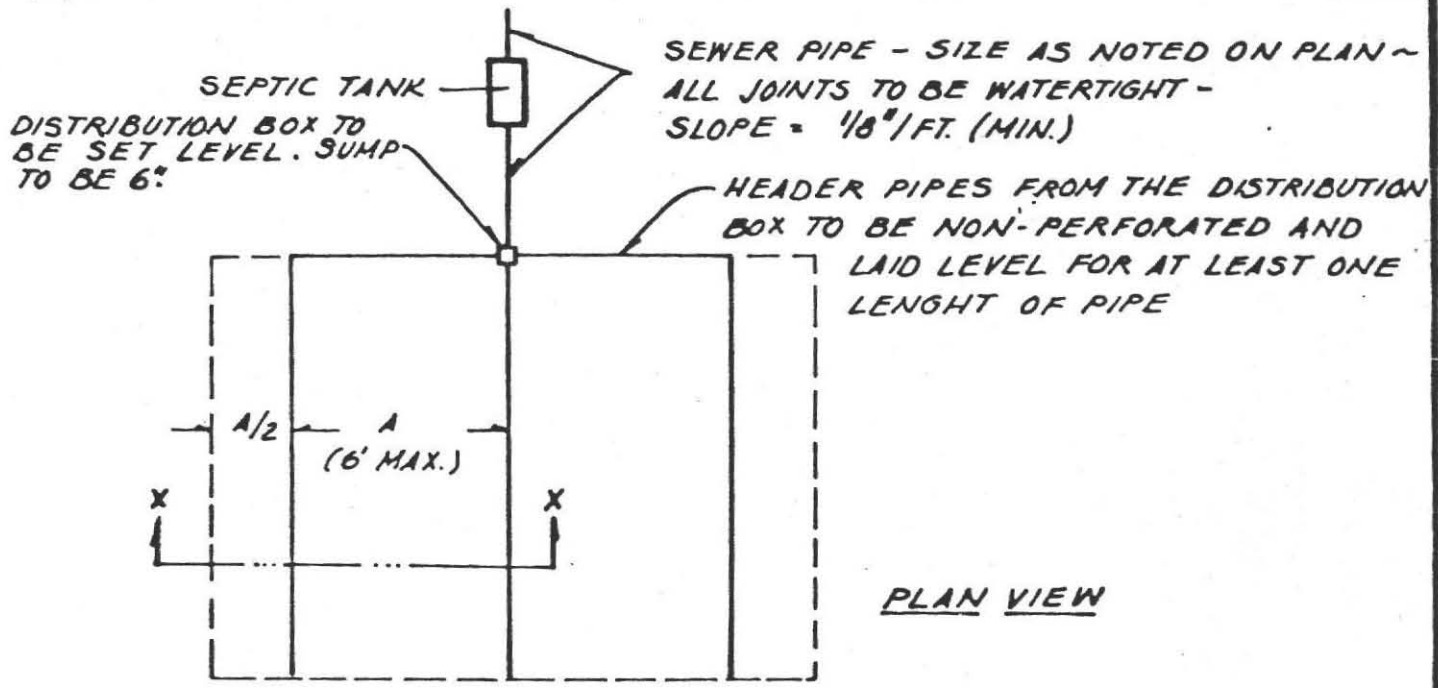
_____ Gal/SF x _____ ' wide x 1' length = _____ Gal/LF of trench (bottom).
+ _____ Gal/LF (Sidewall)
= _____ Gal/LF (Bottom)
= _____ TOTAL Gal/LF of trench

Total of _____ Gal/Day (flow) ÷ _____ Total Gal/Day/LF = _____ LF of trench (REQUIRED)

* With Garbage Disposal: _____ LF of trench x 1.5 = _____ LF of trench (REQUIRED)

_____ LF of trench (Designed): _____ Trenches, _____ ' Wide x _____ ' Long with _____ ' Effective Depth.

100



SECTION - X

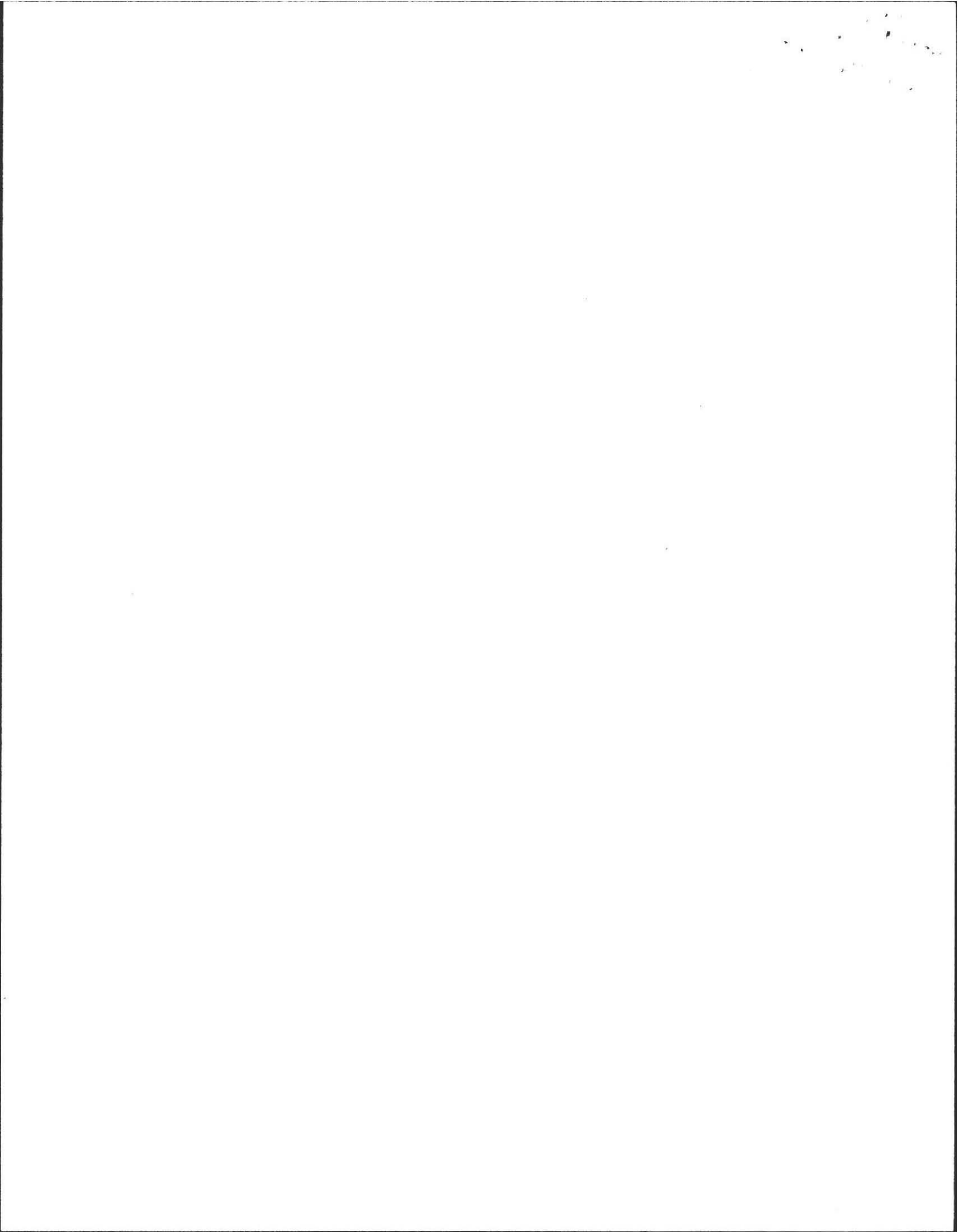
ALMER HUNTLEY, JR. & ASSOCIATES, INC.

SURVEYORS - ENGINEERS - PLANNERS

125 PLEASANT STREET

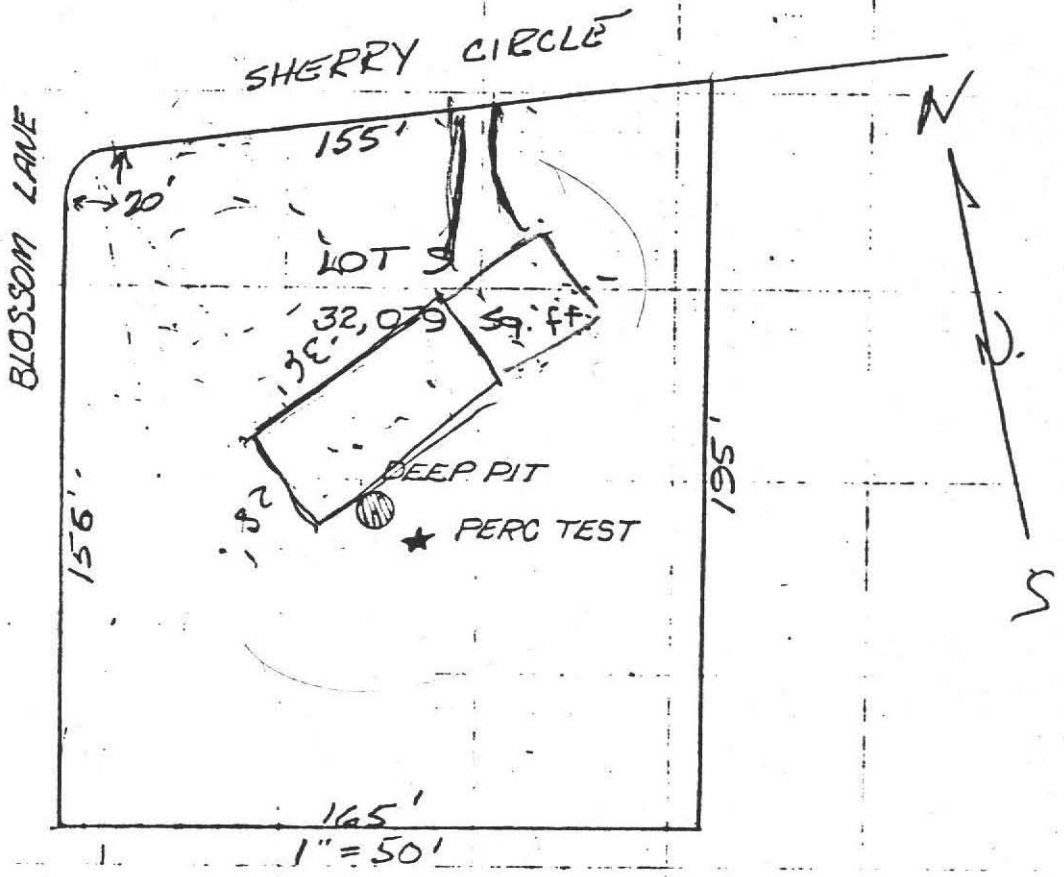
NORFOLK HARTFORD MASS

ALL WORK TO BE DONE IN ACCORDANCE WITH THE STATE



24
1/2
1/2

26
24
1/2



LOG OF TEST PIT

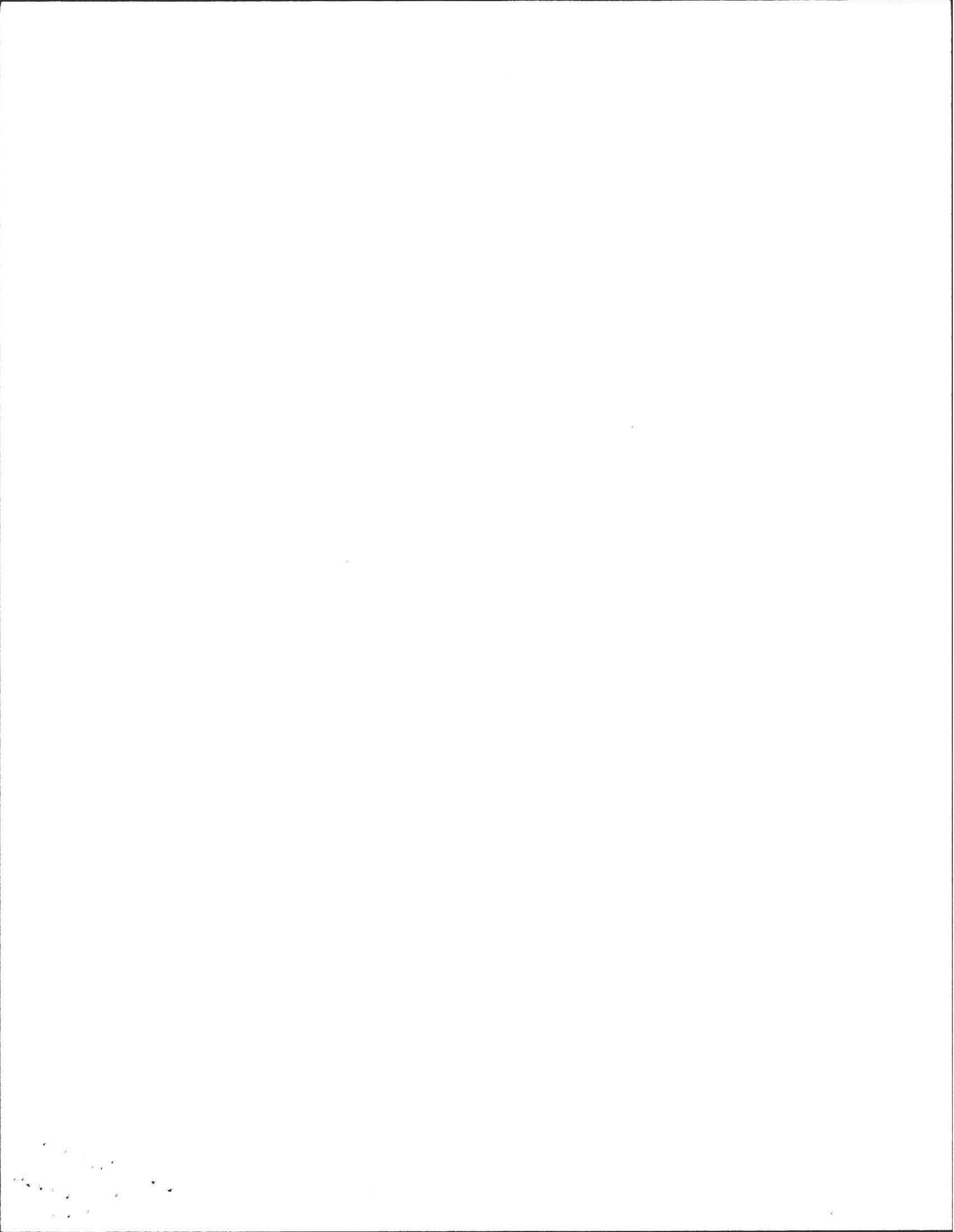
PERCOLATION RATE

TOP SOIL	.5
SUBSOIL	1.5
SAND (SOME MOTTLED)	
GROUND WATER (5-10-73)	-5.5
	6.0

1 MINUTE PER INCH

1" = 5'

LOT 9
SOUTH ORCHARD ACRES
KGLUND - GEOLOGIST



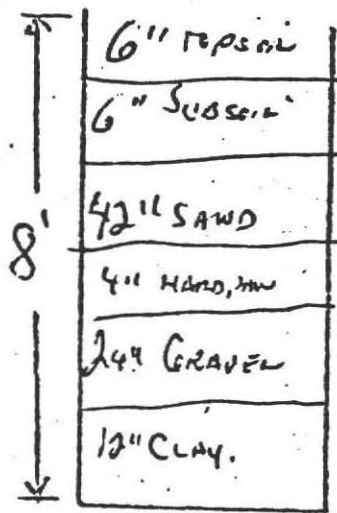
DEEP SOIL LOGS

OWNER EV. ROBERTS

DATE 5-10-73

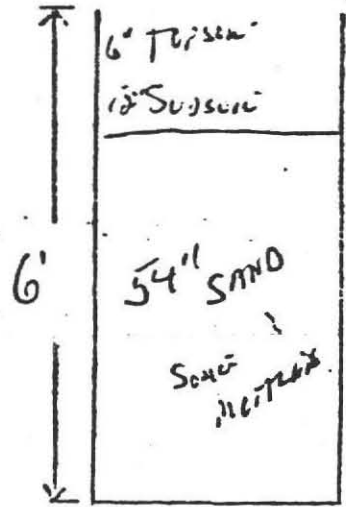
LOCATION 50.0 ROUNG AND ACRES
ENERGY CIRCLE
LOT # 14

OBSERVER D. RAICE
LOT # 10

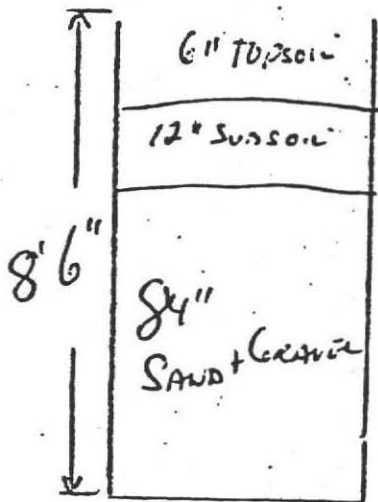


GROUND WATER NONE

LOT # 9

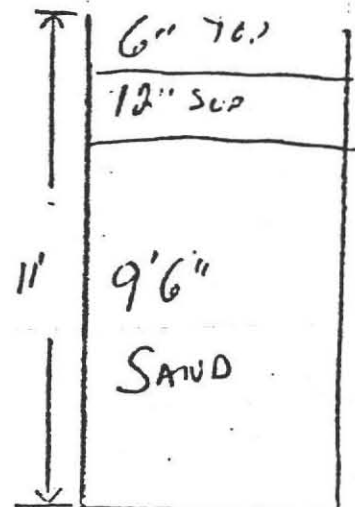


GROUNDWATER 5'6" (66")



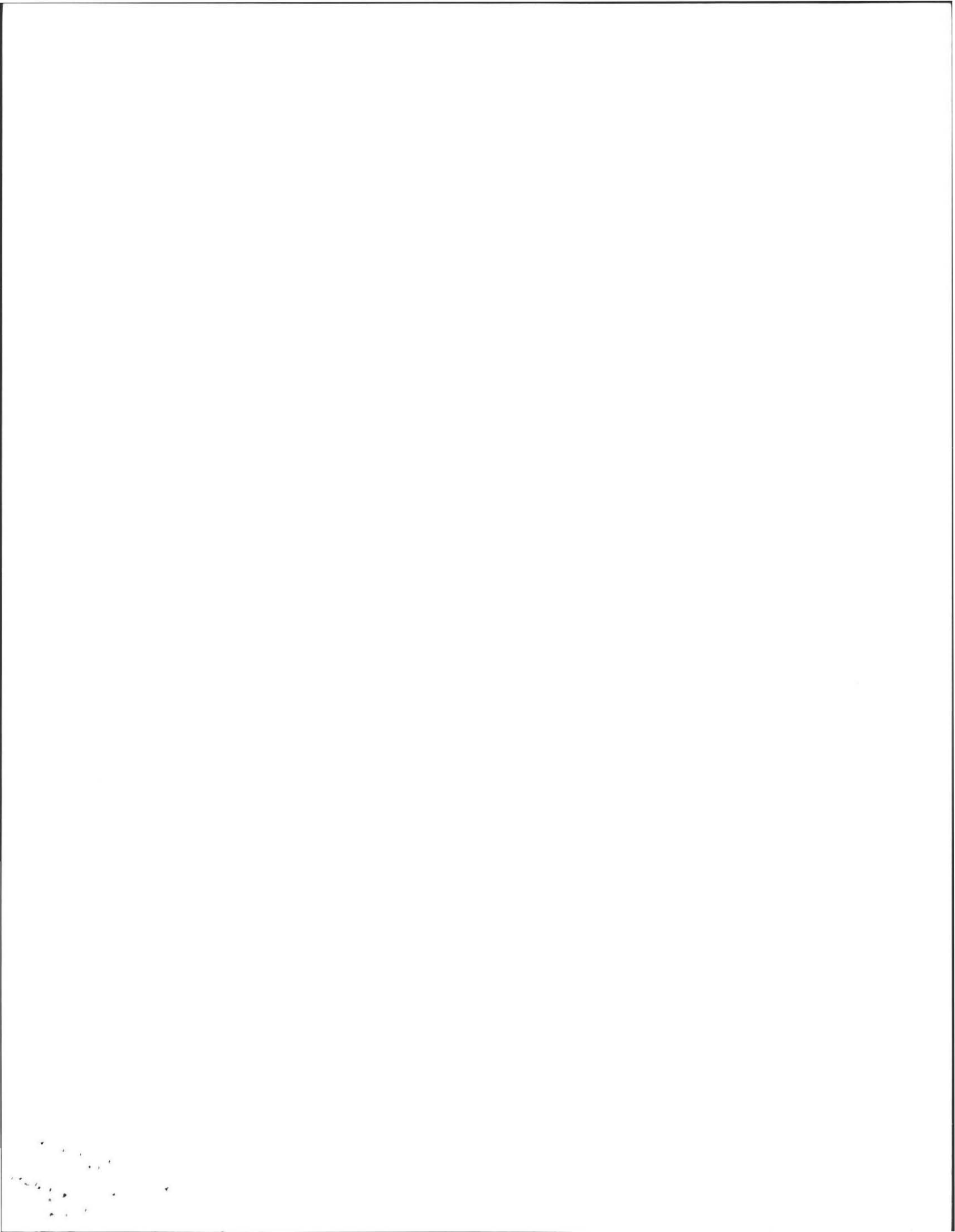
GROUND WATER NONE

LOT 2



GROUND WATER NONE

BOARD OF HEALTH
AMHERST, MASS.



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Blossom^{LA} + Sugar Cir.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner RESS CONST. Address MAIN RD WESTHAMPTON

Installer KARLS ETC Address RIVER DR HADLEY

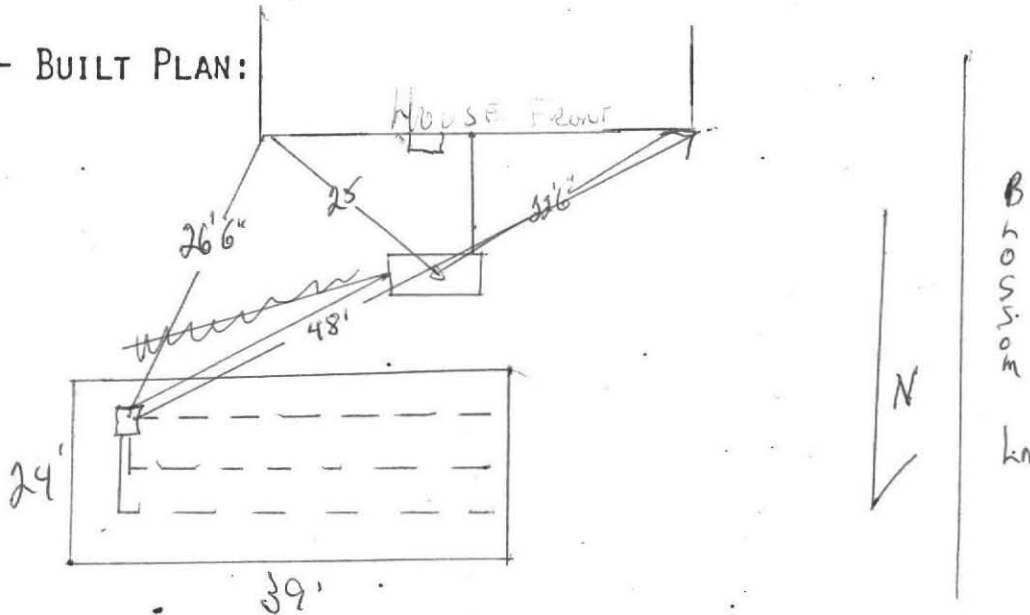
Date Installation Inspected and Approved ~~1980~~ 11-16-84

Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet: 1000

Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8

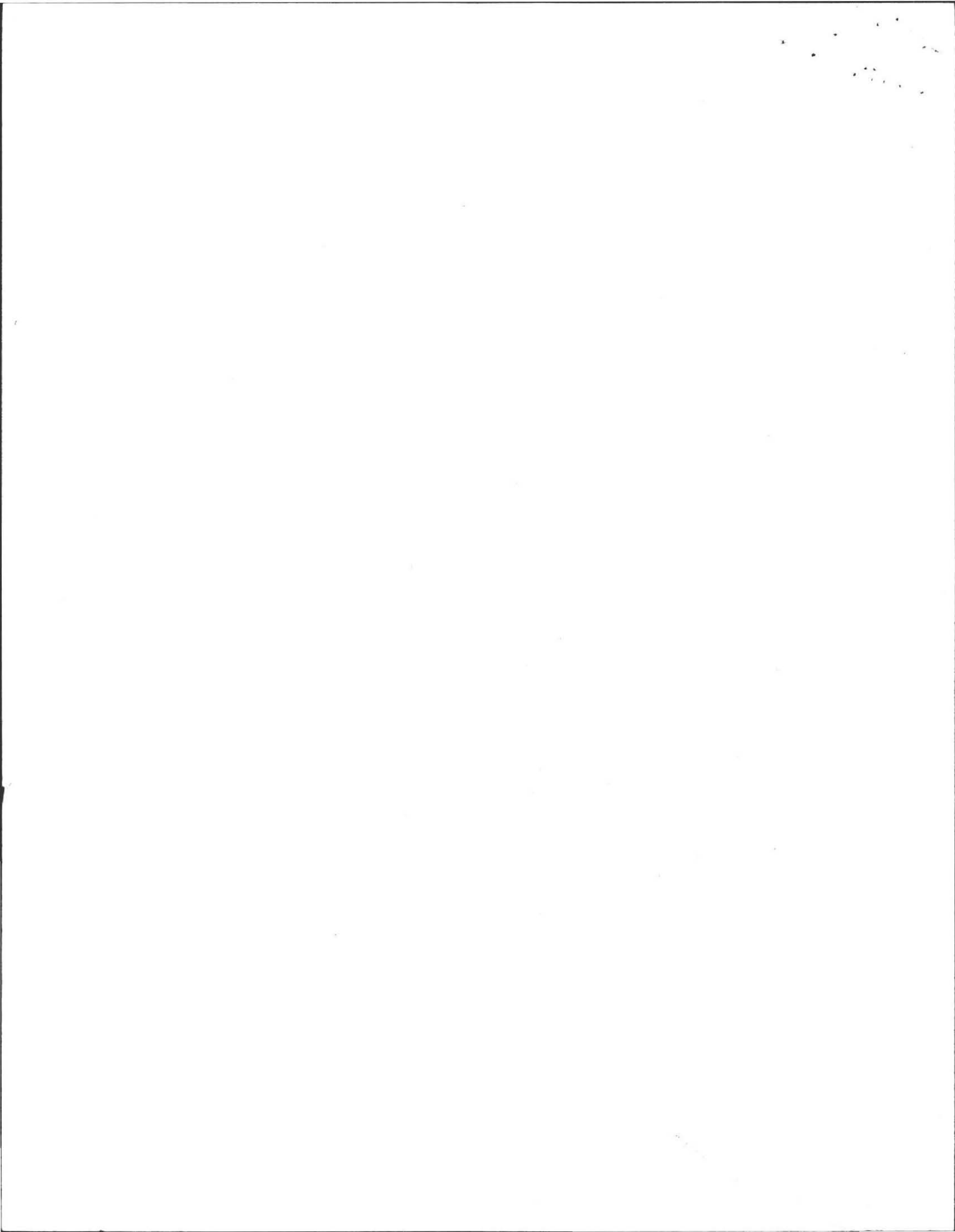
AS - BUILT PLAN:

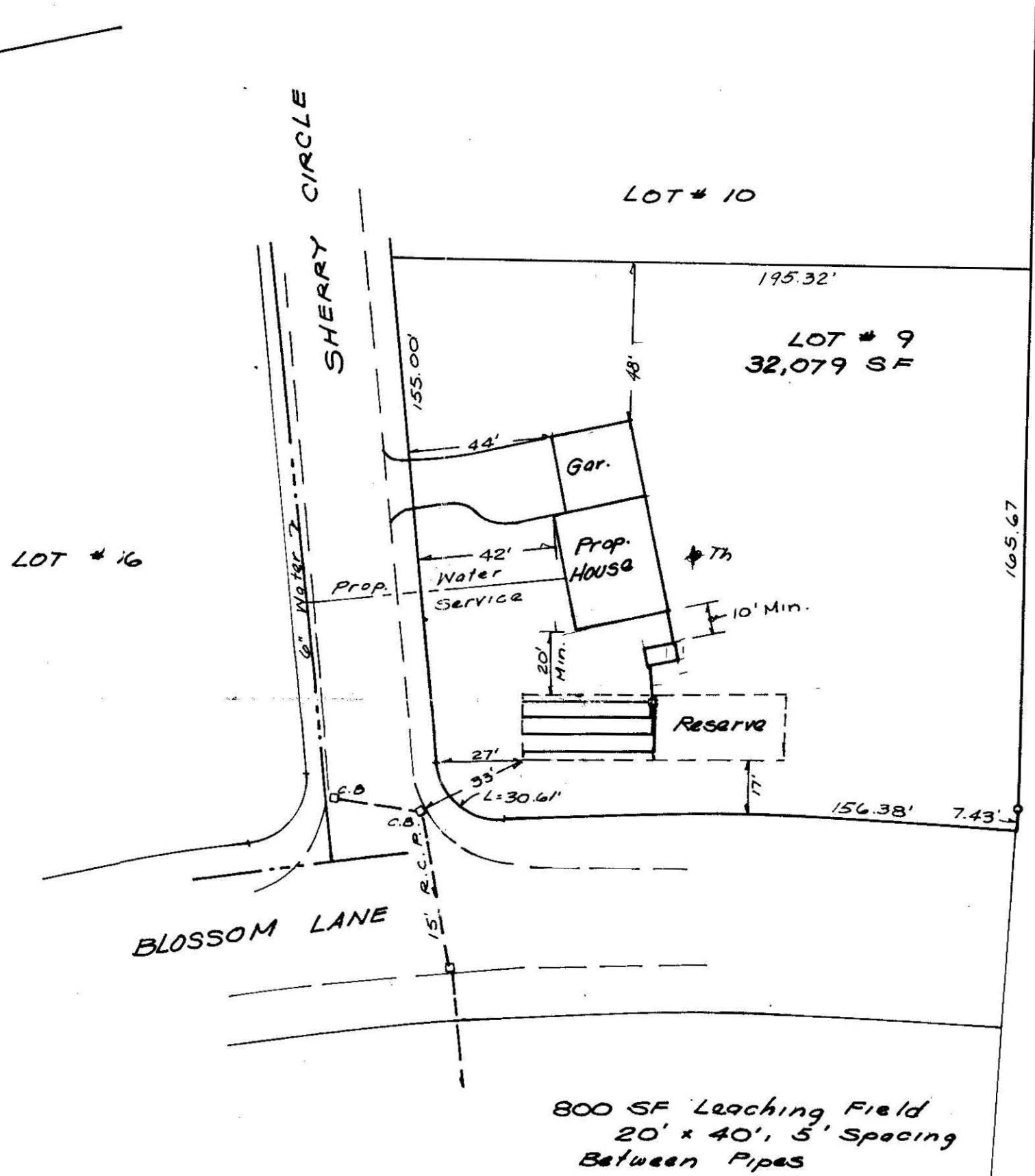


Sugar Cir

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.





LOT # 16

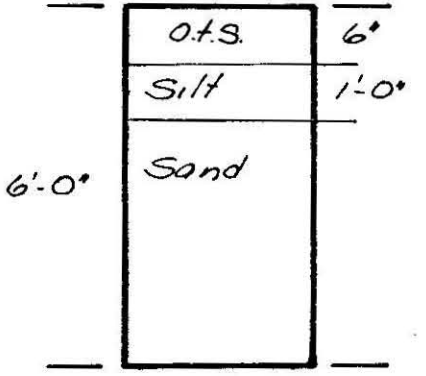
LOT # 10

LOT # 9
32,079 SF

800 SF Leaching Field
20' x 40', 5' Spacing
Between Pipes

OBSERVATION PIT

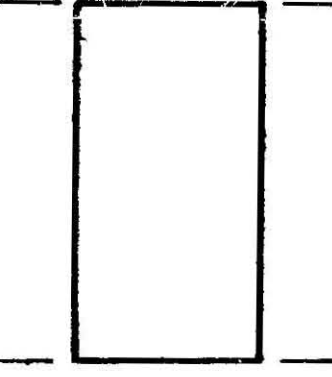
DATE: 5-10-73



GROUNDWATER = 5'-6"
PERC. RATE = 1.0 Min/Inch

OBSERVATION PIT

DATE:



GROUNDWATER =
PERC. RATE =

NOTE: ALL WORK TO BE DONE IN ACCORDANCE WITH
TITLE 5, STATE ENVIRONMENTAL CODE.

PLAN OF PROPOSED
SEWAGE DISPOSAL SYSTEM
FOR LOT # 9, BLOSSOM LANE,
AMHERST, MASS,
PREPARED FOR
RESS CORP., INC.

FIELD WORK:
COMPUTATIONS:
DRAFTING: RPB
CHECKED: AMH
SCALE: 1" = 40'
DATE: 9-3-84

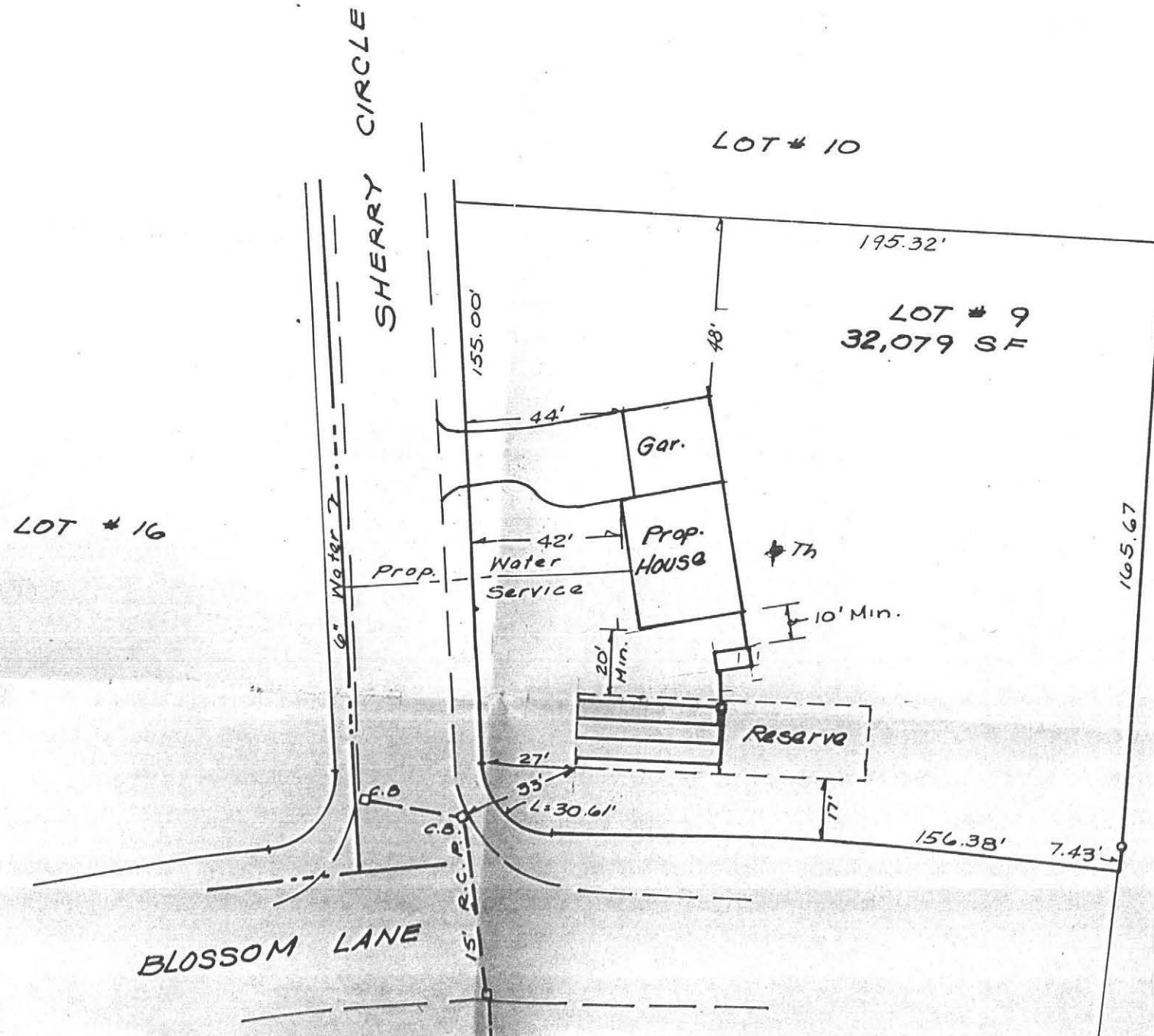
Note:
Leaching Field To Be Installed
4'-0" Above Groundwater Elev.
Shown on Soil Log.
Test Results Are Not A Result
Of An In The Field Investigation
By This Office. See Attached
Field Report.



ALMER HUNTLEY, JR. & ASSOCIATES, INC.
SURVEYORS - ENGINEERS - PLANNERS
125 PLEASANT STREET
NORTHAMPTON, MASS.

SHEET: OF:

4 Sherry Circle



BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 84-38 Date OCT. 5 1984 Fee \$70 Date Rec'd. OCT

Application is hereby made for a permit to Construct () or Repair ()
 System at: 4 Blossom Lane Lot 9
 Location—Address Corner of Blossom Lane & Sherry Lane
 Owner Ress Building Corp. Inc. Address _____
 Contractor KARL'S ETC. Address _____

Type of Building _____ Dimensions _____
 Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grin _____
 Other _____ No. of persons _____ Showers () _____
 Other fixtures _____
 Town Water? yes Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow 330 gall
 Septic Tank—Liquid capacity 1500 gallons Dimensions: L _____ W _____
 Disposal Trench—No. 1 Width 20 Total Length 40 Total _____
 Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Tot _____
 Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimension _____
 Other: Distribution box (X) No. _____ Dosing tank () _____
 (Depth of Soil Line Below finished grade at foundation _____)
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 Will disposal area be filled? 1'-0" for cover _____ Cut down? _____
 (On reverse side or separate sheet, show plot plan with building. Include dimensions.
 Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual s
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 board of health.

 Owner or bui

Application Approved by [Signature]

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System ins
 _____ at _____ has been constructed in a
 INSTALLER _____
 Article XI of the State Sanitary Code as described in the application for Disposal
 _____ dated _____
 The issuance of this certificate shall not be construed as a guarantee that the
 DATE _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

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 Individual Sewage Disposal System at LOT 9 SHERRY + BLOSSOM
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DATE 10-5-84

