

#1671

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

No. 83-11 Date JUN 2 1983 Fee 70 Date Rec'd. JUN 2 1983 By [Signature]

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

Location—Address CORNER SO. EAST + MECHANIC ST. or Lot No. _____

Owner JEFFREY McQUEEN Address 131 SHUTESBURY RD LEVERETT

Contractor JEFFREY McQUEEN (KARLI Exc.) Address _____

Type of Building ONE FAM. RESIDENTIAL Dimensions 30' x 30' Size Lot 30,000 ±

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (X)

Other _____ No. of persons _____ Showers (2)

Other fixtures 1/2 BATHROOMS

Town Water? YES Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

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

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 20x30 Depth below inlet _____ Total leaching area 600 sq. ft. Min

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 F. A. FIELDS Date 4/18/80

Test Pit No. 1 3.33 minutes per inch Depth of Test Pit 40"

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

Description of Soil SANDY clay w/ FINE Depth to Ground Water 5'

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 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] Date 6/2/83

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. 83-11 Permission is hereby granted J. Mc. Queen (KARLI Exc.) to construct (X) or repair () an Individual Sewage Disposal System at CHAPEL + MECHANIC ST as shown on the application for Disposal Works Construction Permit No. 83-11

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 JUN 2 1983 Board of Health [Signature]

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BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

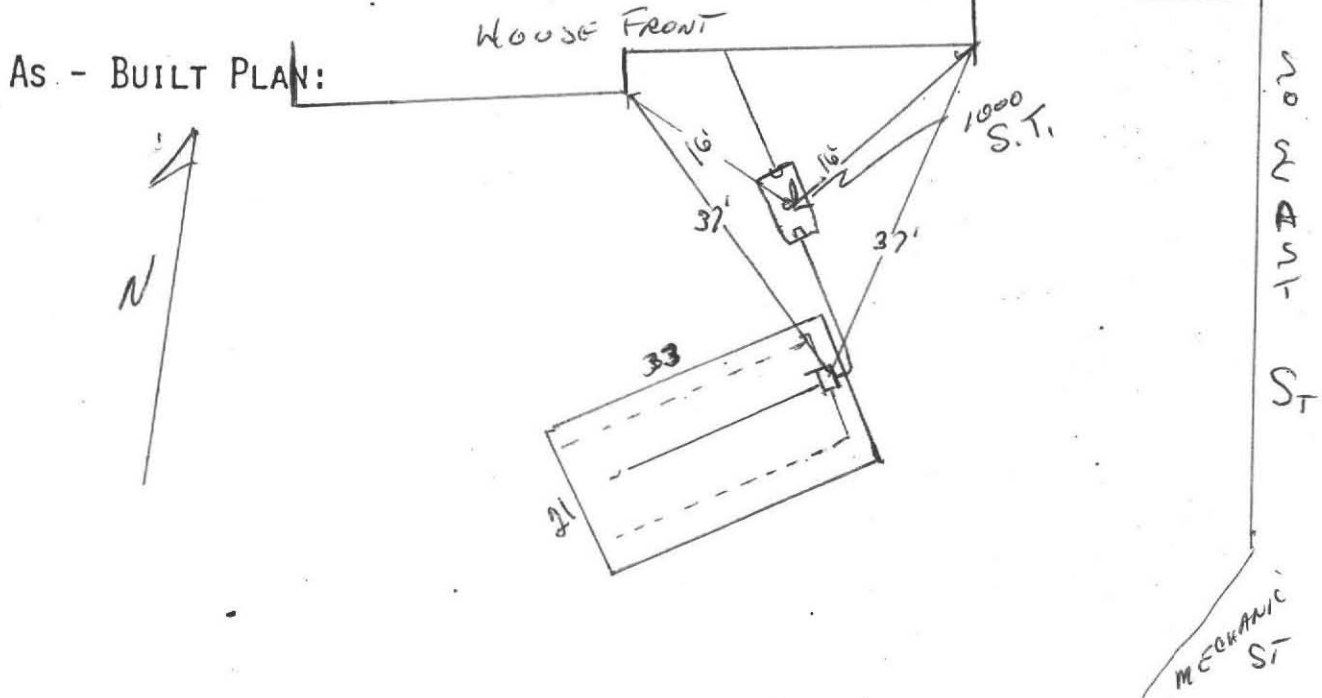
Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JEFF McQUEEN Address SHUTESBURY RD LEVERETT
Installer CHUCK WAUCER Address 8 BELCHERTOWN
Date Installation Inspected and Approved 8/16/83
Description of System: Tank Capacity: 1000

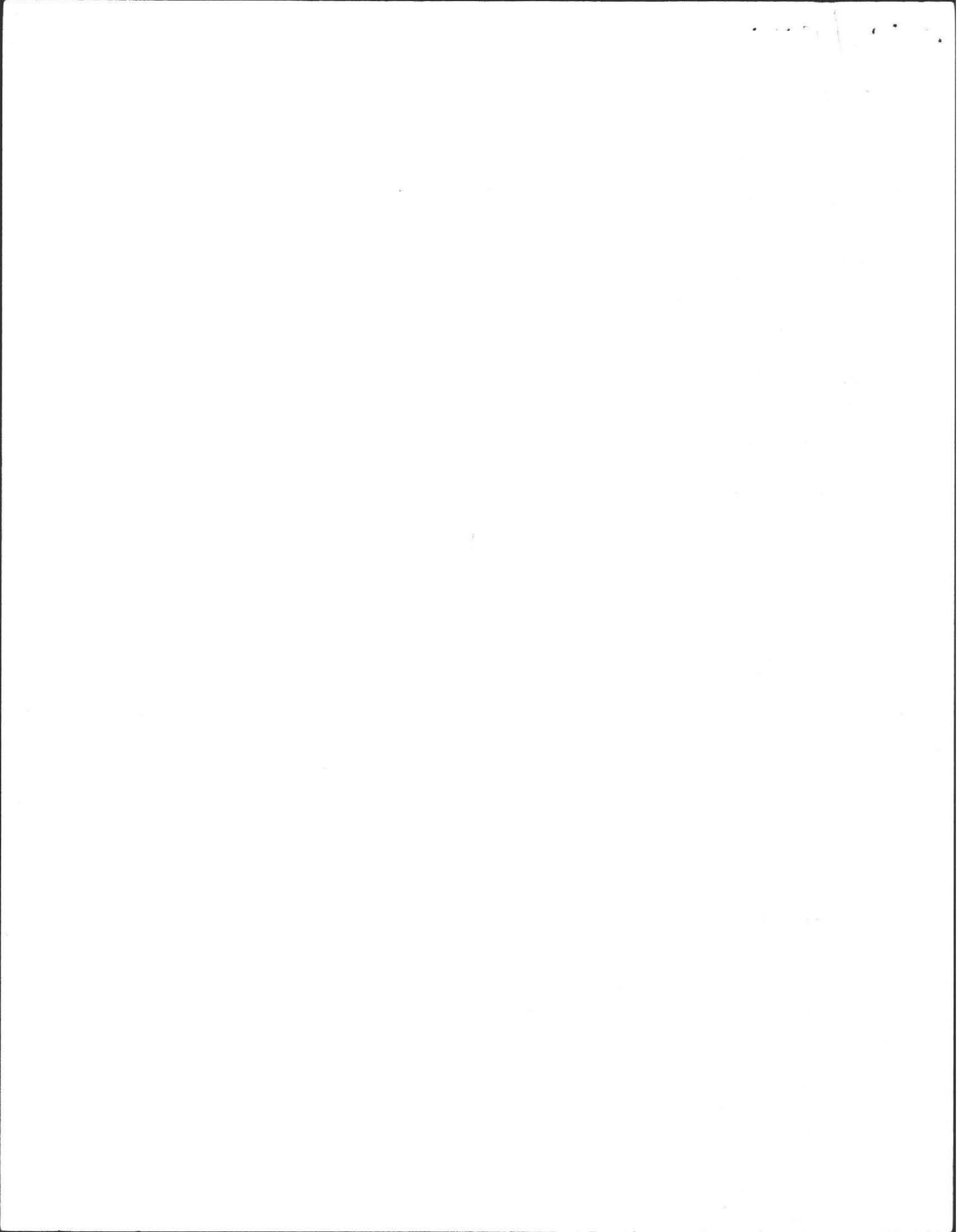
Leach Field () Bed (X) Seepage Pit () Square Feet: 700

Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6



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.



PROFILE OF SEPTIC SYSTEM

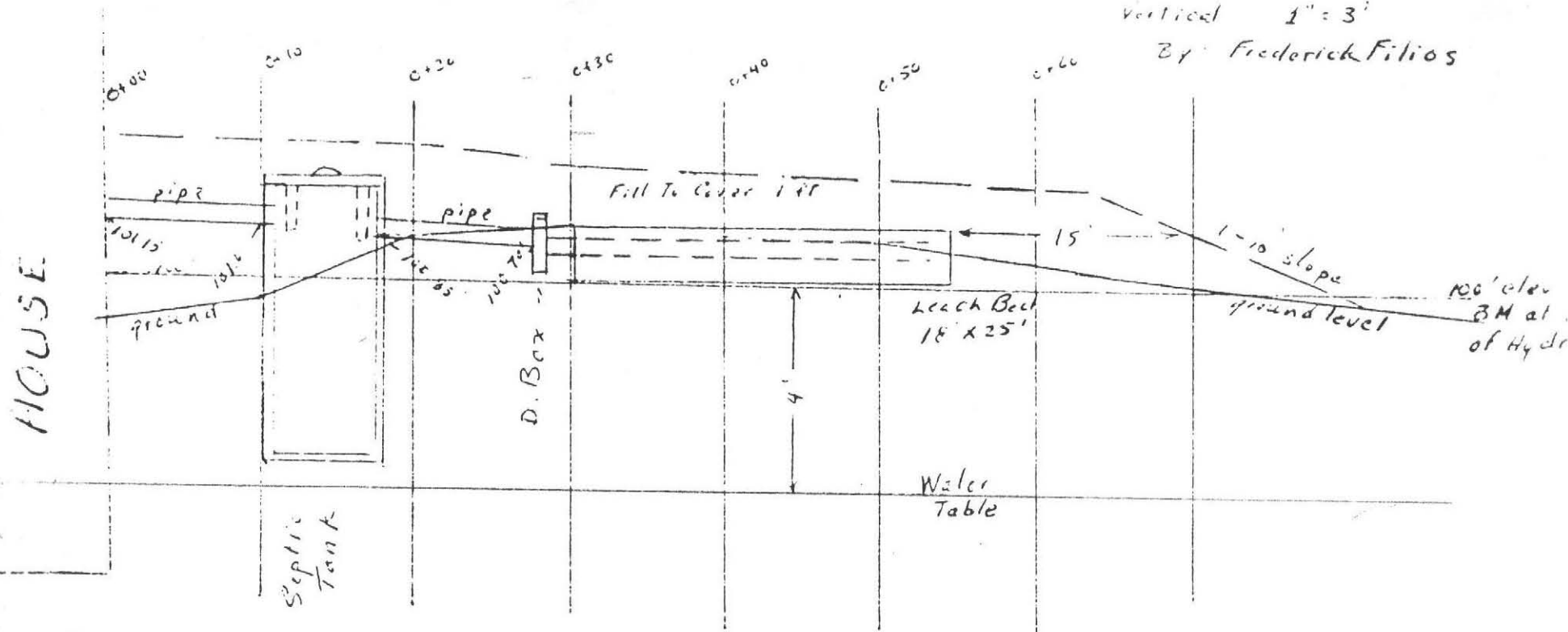
Makenzie St +
S. East St

June 1930

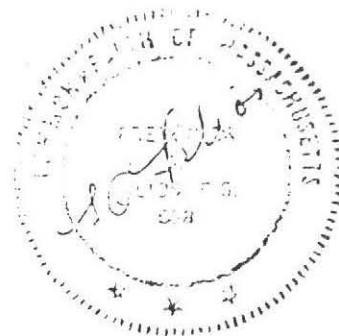
For: Gerard Roberge
Bay Rd.

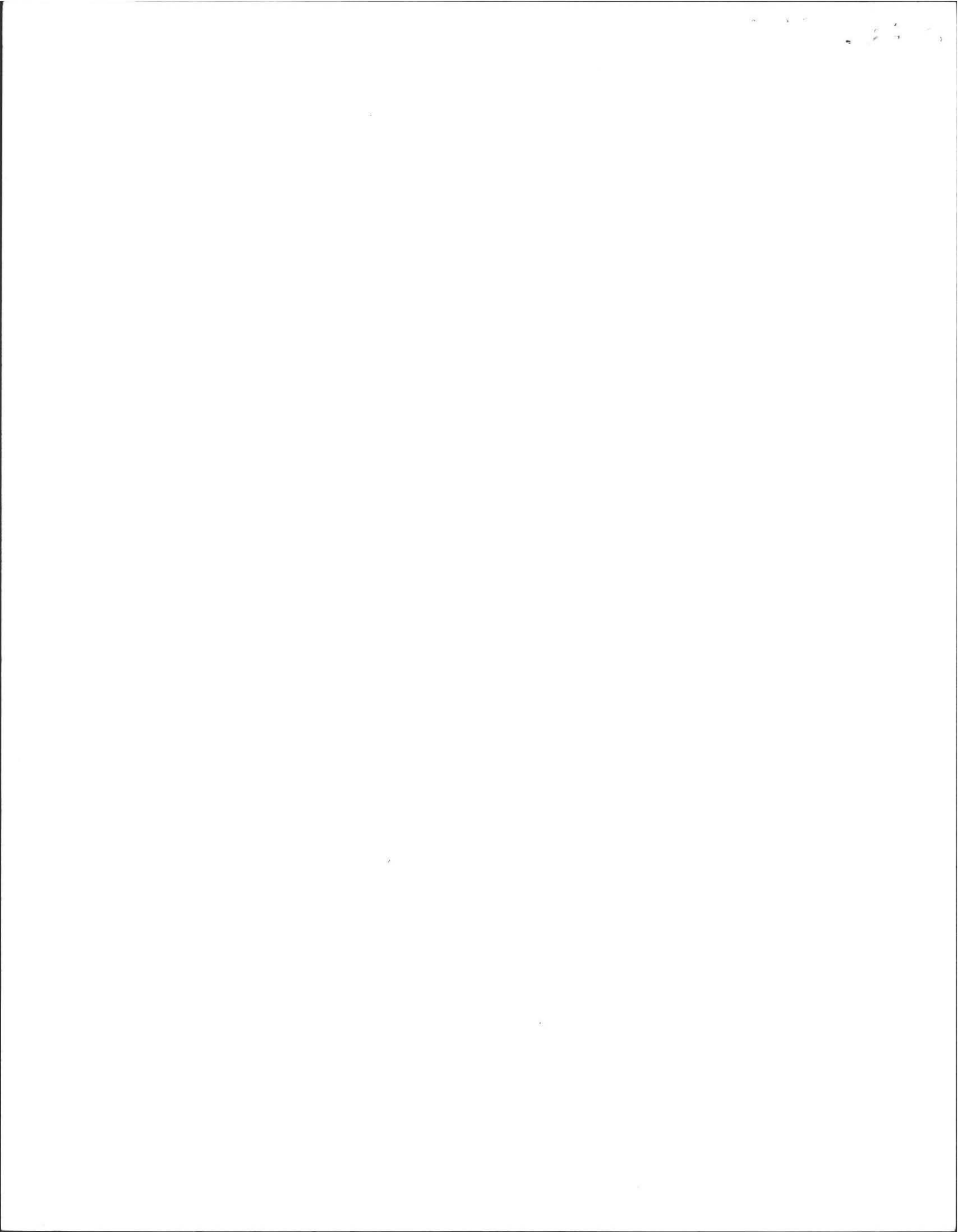
Scale: Horizontal 1"=10'
Vertical 1"=3'

By: Frederick Filios



Note: Topsoil to be removed
below Leach Bed





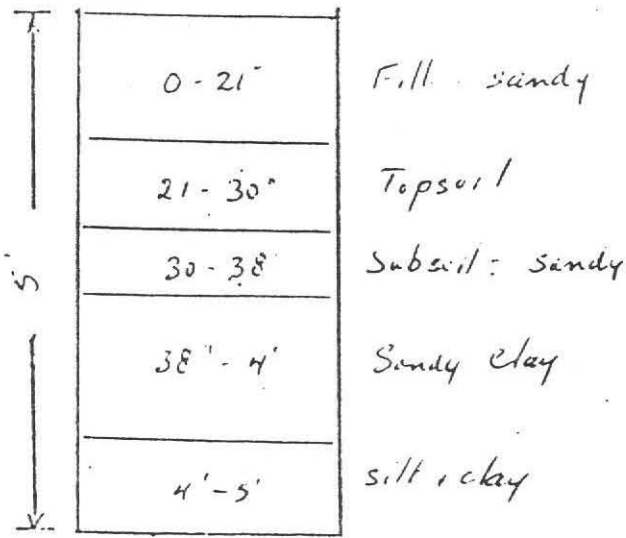
DEEP SOIL LOGS

OWNER Girard Roberge

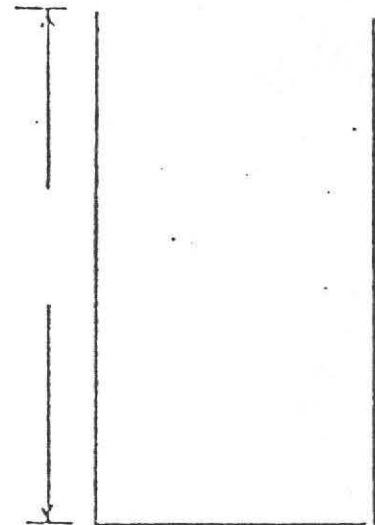
Date Apr 17 1950

LOCATION Mechanic St.

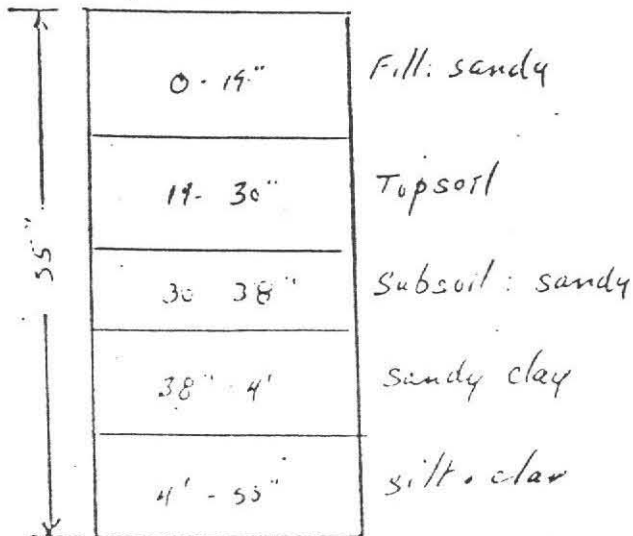
OBSERVER F.A. Filius



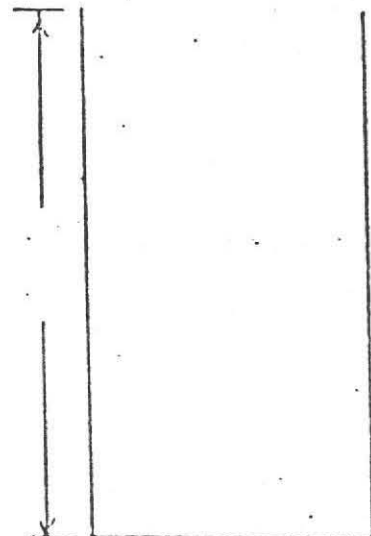
Ground Water 5'
All P.t



Ground Water _____



Ground Water 55"

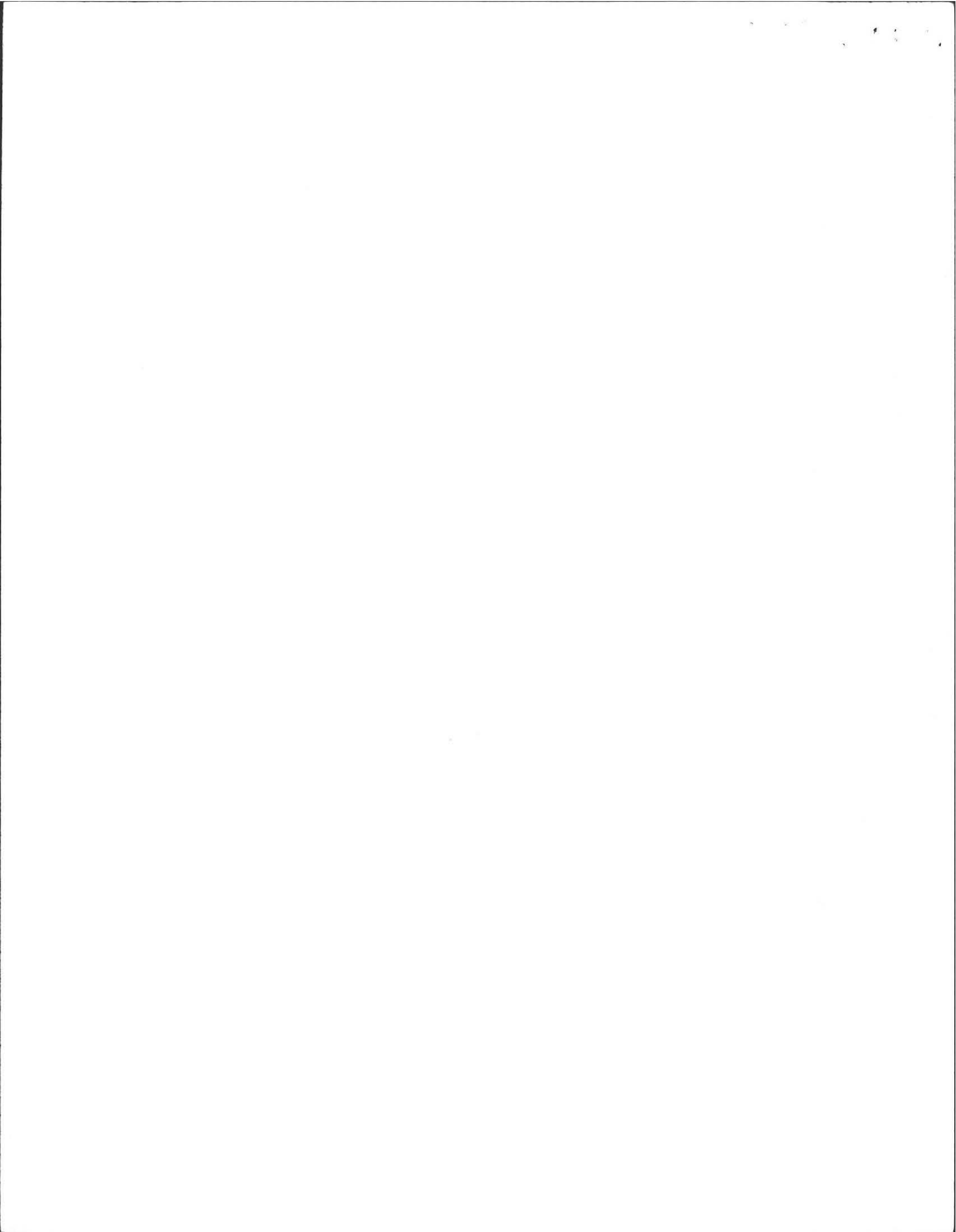


Ground Water _____

Percolation Rate at 24"

3.33 minutes/inch





PLAN SHOWING SEWAGE DISPOSAL

549-1793

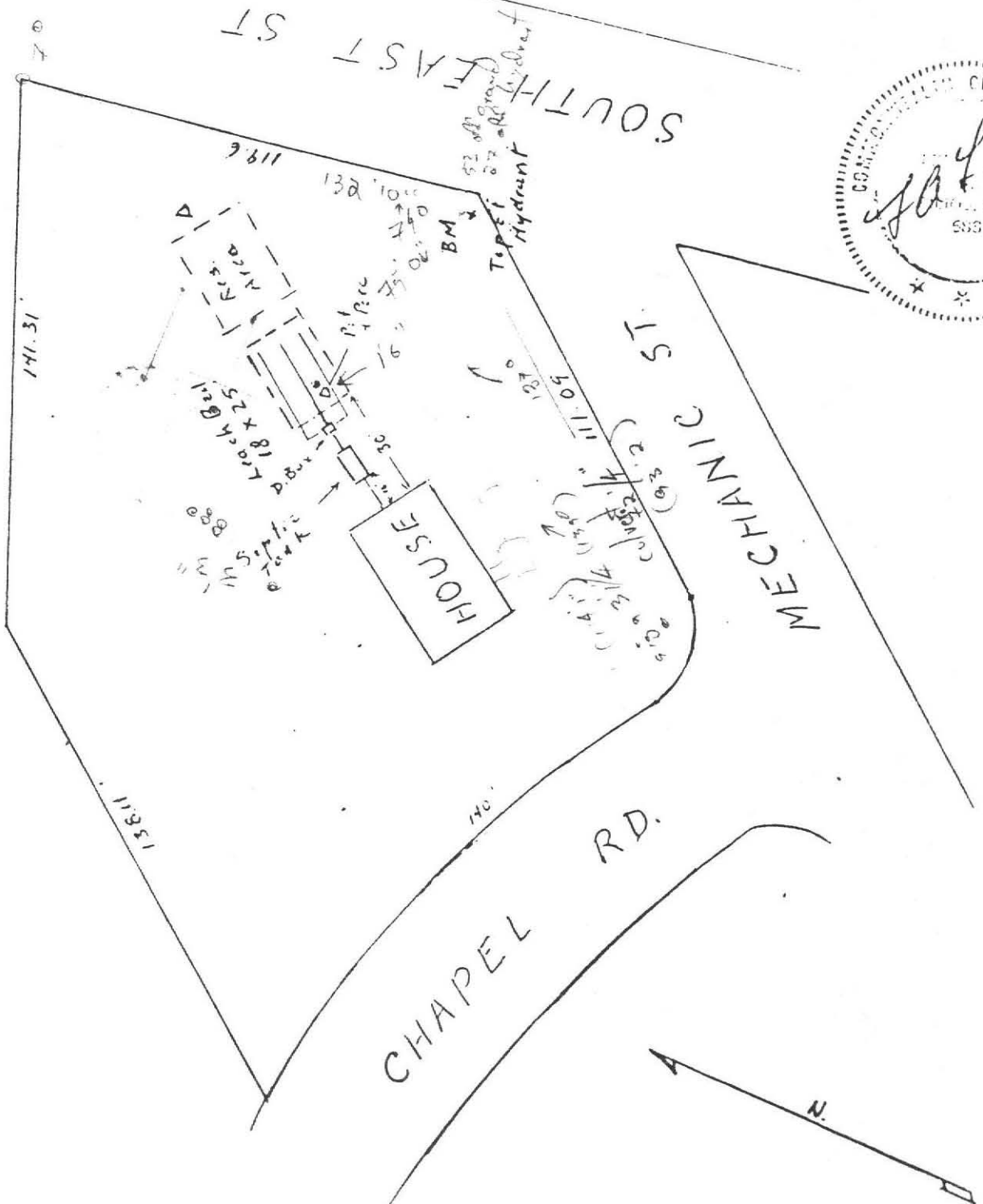
PETER WESTOVER

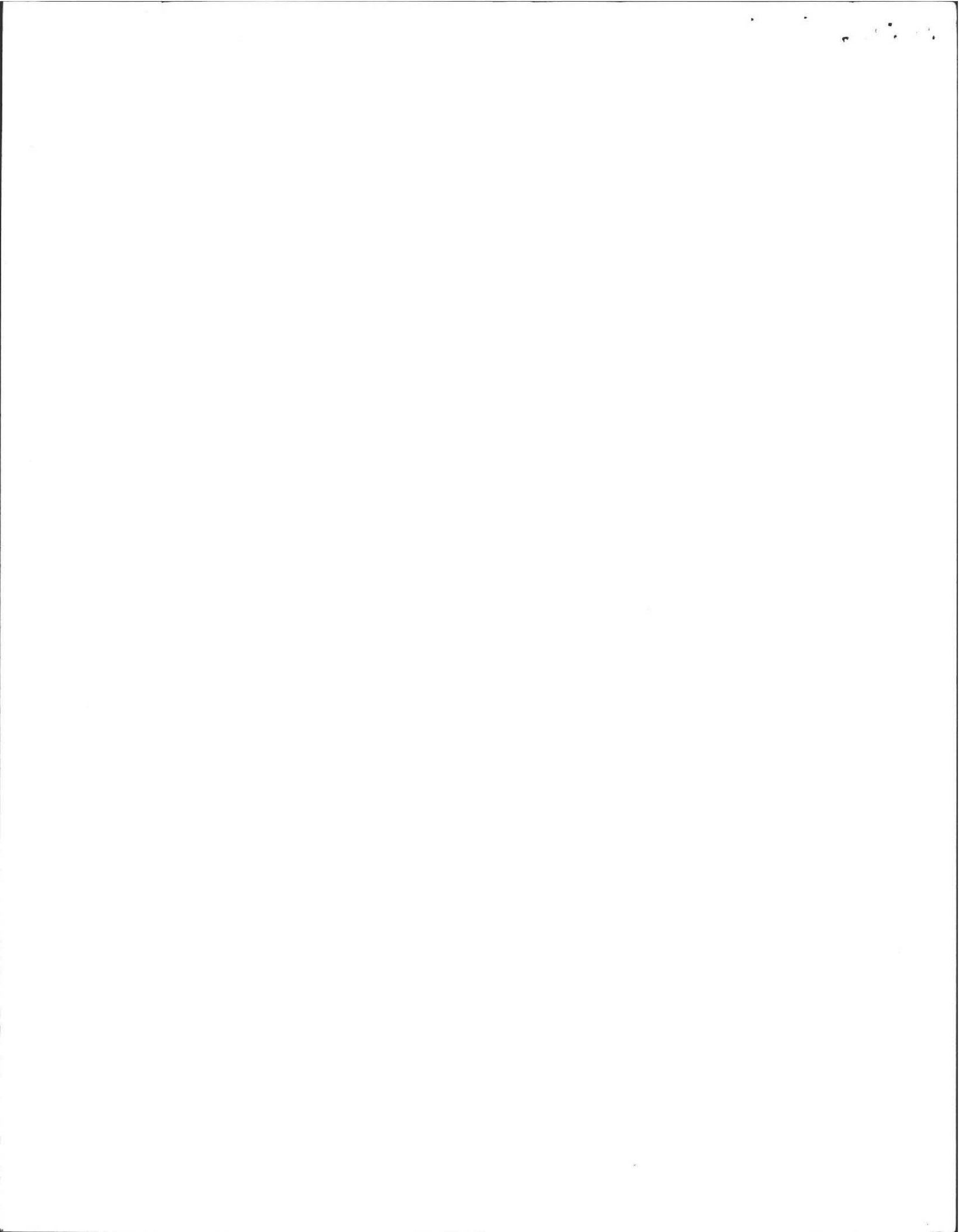
AMH CONSERVATION
COMMISSION.

For: Girard Roberge
Bay Rd
Amherst Mass

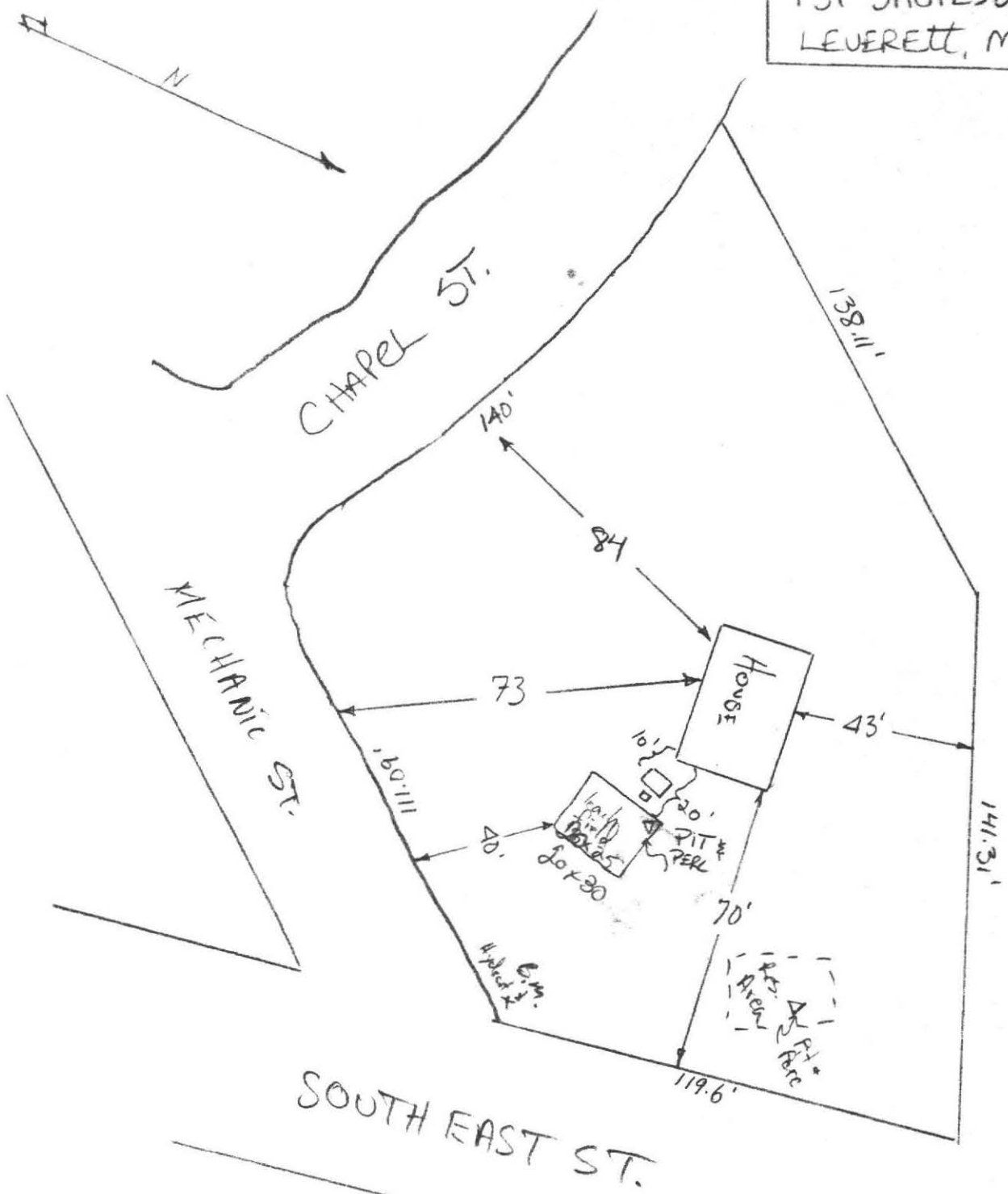
Scale: 1" = 40'

By: Frederick A. Filios





JEFFREY McQUEEN
131 SHUTESBURY RD
LEVERETT, MA 01054



PLAN SHOWING
SEWAGE DISPOSAL
SCALE: 1" = 40'

