40

39-63
40-

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. ~~39~~-63 Date 7/18/63 Fee $3.00 Date Rec'd. 7/18/63 By F.A.S.

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

Location—Address So. East St (Cor Mill Lane) or Lot No. _____

Owner JOHN MIEG Address 34 VERNON ST. NEWTON

Contractor ARBOR HOMES Address _____

Type of Building Dwelling Dimensions 26 x 52. Size Lot 109 x 150 (121 @ Rear)

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

Other _____ No. of persons 5 Showers ( )

Other fixtures Auto Washer

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 250 gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 2 or 3 Width 2 ft Total Length 175 Total leaching area 350 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 (✓) No. 1 Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation 12 inches)

Percolation Test Results Performed by F.A.S. Date 7/19/63

Test Pit No. 1 4 minutes per inch Depth of Test Pit 30"

Test Pit No. 2 5 minutes per inch Depth of Test Pit 30"

Description of Soil Sandy Clay Depth to Ground Water 5'+

Will *disposal area* be filled? No 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.

Mrs. John H. Mieg — Owner or builder — 7/18/63 date

Application Approved by G. A. Sims — 7/18/63 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 J Mieg (INSTALLER) at So East St 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. 40-63 dated 7/18/63

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

DATE 8/29/63 Inspector G. A. Sims

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 40-~~39~~-63

Permission is hereby granted JOHN MIEG to construct (✓) or repair ( ) an Individual Sewage Disposal System at So EAST ST (Cor. Mill Lane) as shown on the application for Disposal Works Construction Permit No. 39-63

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 7/19/63

G. A. Sims
Board of Health

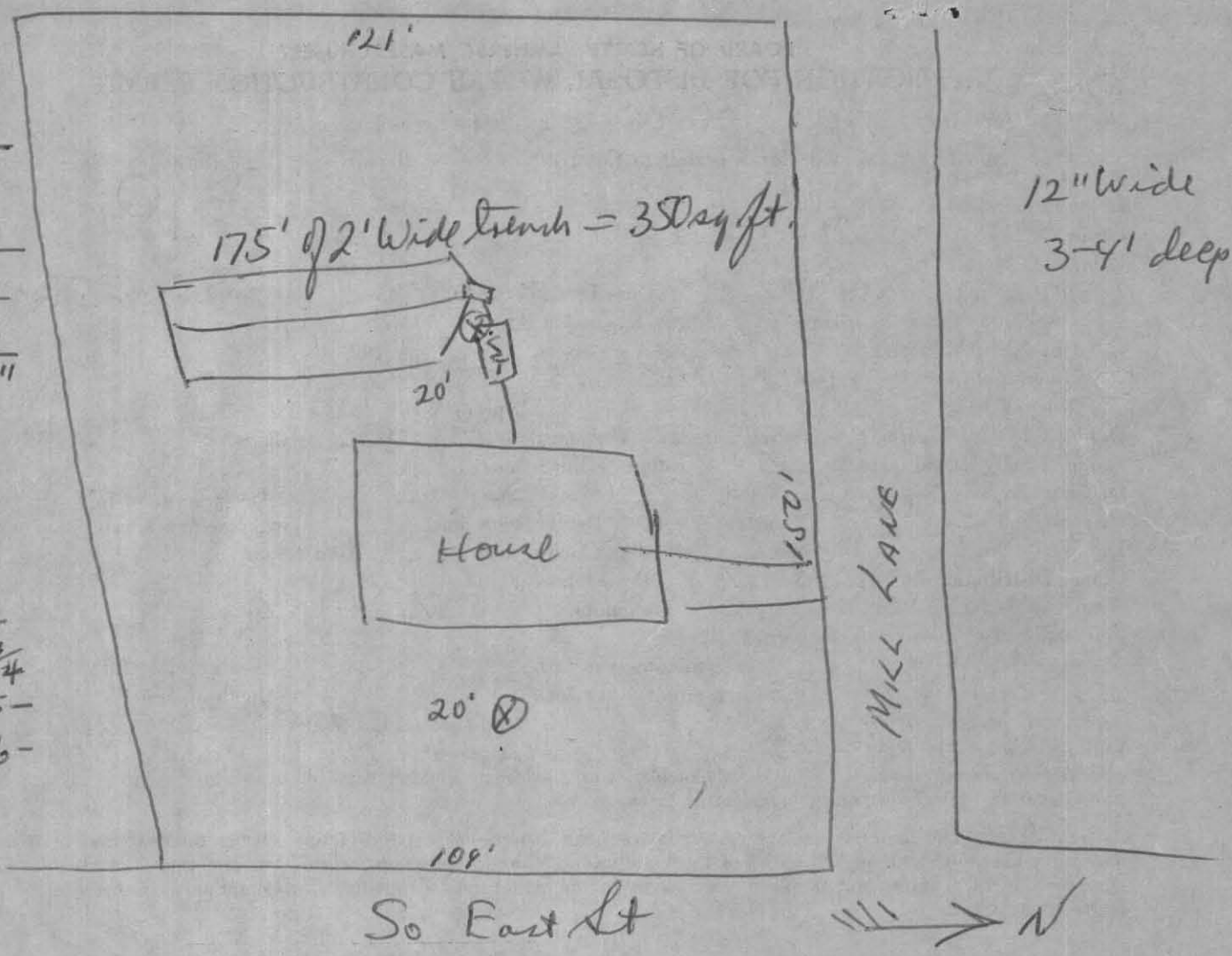
Perc Test.

#1

T	- "
10:48	- 12
11:13	- 6
	6"

#2

10:50	- 11 3/4
11:10	- 15 -
11:15	- 16 -



12" Wide
3-4' deep

Mr. Leroy Lyman
Glendale Rd.
West Farms, Mass.
Tel. JU4-9360

Septic tank installer for
John H. Mieg residence,
Cor. So. East St. & Mill Lane

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-6 Date April 16, 65 Fee 5.00 Date Rec'd. 4-16-65 By CEO

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

Location—Address So East St. (Across from Bill Atkins) or Lot No.

Owner Everett Roberts Address Main St Amherst

Contractor Tomlinson Address N. Hadley

Type of Building Dimensions Size Lot 30,000

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

Other No. of persons Showers ( )

Other fixtures

Town Water? Yes Type of Well

Design Flow 50 gallons per person per day. Total daily flow gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L W D

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. 1 Diameter 8' Depth below inlet Dimensions: 8 x 8 x

Other: Distribution box ( ) No. Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by DeAce Date 4-16-65

Test Pit No. 1 2 min minutes per inch Depth of Test Pit 48"

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

Description of Soil Sand. Depth to Ground Water None

Will *disposal area* be filled? No 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.

Owner or builder — 4-16-65 date

Application Approved by — 4-16-65 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
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. 65-6

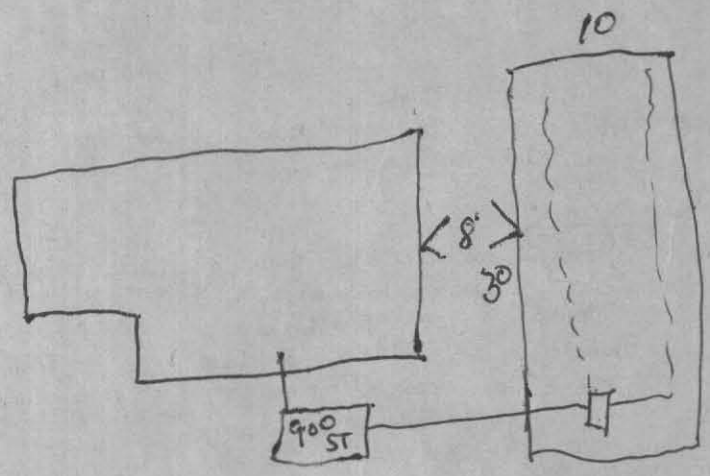
Permission is hereby granted Tomlinson Builders to construct (X) or repair ( ) an Individual Sewage Disposal System at So East St

as shown on the application for Disposal Works Construction Permit No. 65-6

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 April 16, 1965

Board of Health



So East St

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. .....

CHARLES ROBITAILLE (owner's name) of Montague Rd (address) Leverett (phone) 32285

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

which will be located at So East St Cor Mill Lane Lot #3 to be installed by

TETRAULT (name) LUDLOW (address) (phone

Builder is ..... Plumber is .....

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 X 200 Type of Soil Clay Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water ? Kind of Well —

Will Lot be Graded? No By Filling or Removing Soil? —

Building: Dimensions 42 X 26 No. Bedrooms 3 No. Occupants Spec

Fixtures: No. Toilets 1 Urinals — Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher No Auto. Clotheswasher 1 Other (basement) None

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 5/16/60 Charles J Robitaille (Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

Charles Robitaille 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 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

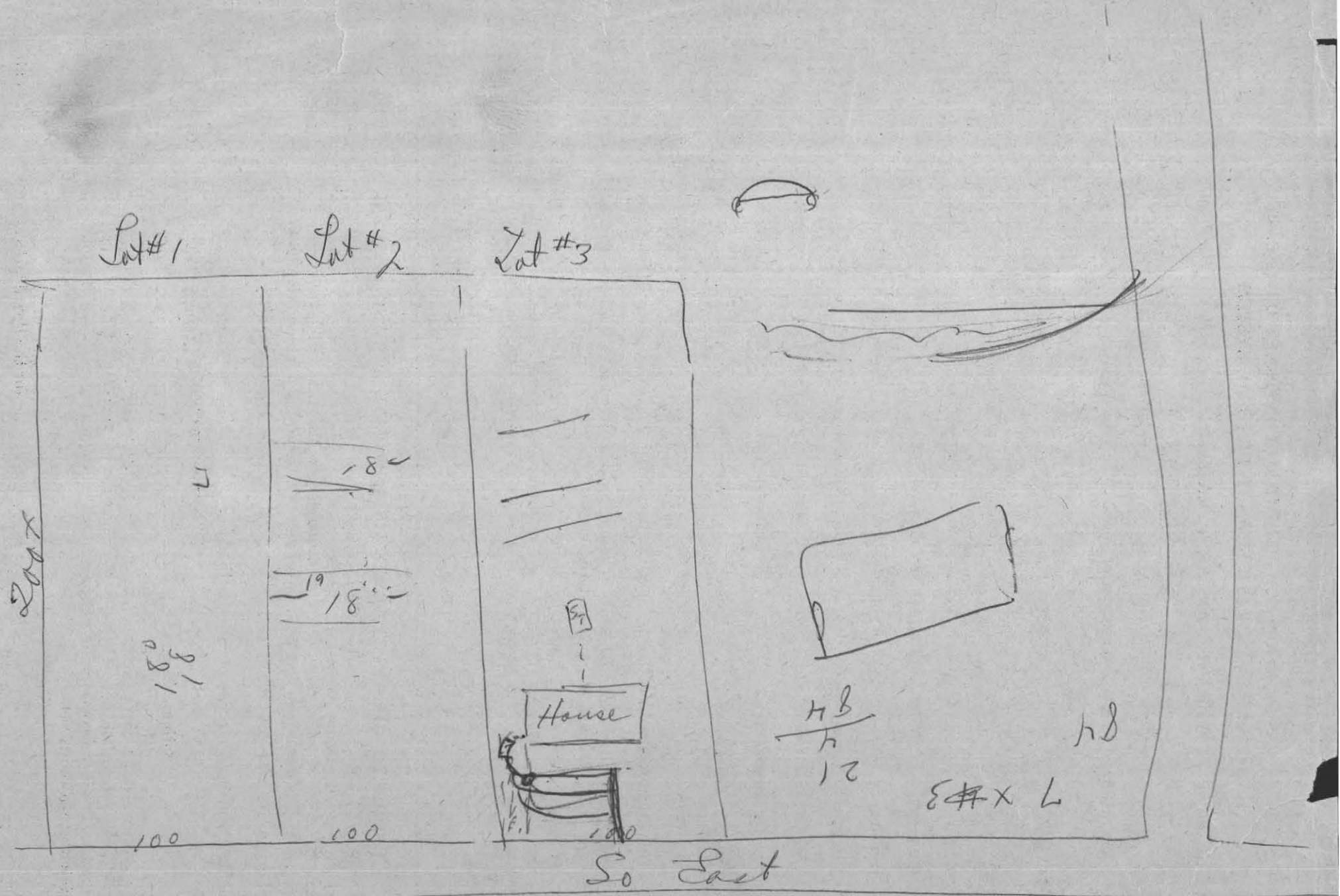
Dry well ..... ft. bottom area and ..... ft. below the inlet.

Other .....

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

R. A. Sims 5/16/60
for the Board of Health date

Inspected ..... Approved .....


Lot #1
Lot #2
Lot #3
Lake
18
19
18
House
100
100
100
So East

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 82-2 Date 5/13/82 Fee 90.00 Date Rec'd. MAY 19 1982 By CEA

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

Location—Address South East St or Lot No. _____

Owner Plantation Valley Homes Address Florence Mass

Contractor Ed Stone Address Montague

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 2 Expansion Attic ( ) Garbage Grinder ( )

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? yes Type of Well _____

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

Septic Tank—Liquid capacity 1000 gallons Dimensions: L. _____ W. _____ D. _____ 192 sq.ft. bottom

Disposal Trench—No. 2 Width 3' Total Length 64' Total leaching area 64 sq. ft. Sides

Disposal Bed—No. 1 Diameter 20x25 Depth below inlet 12" Total leaching area 500 sq. ft. MCN

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 Filios Date Dec 1, 1981

Test Pit No. 1 2.6 minutes per inch Depth of Test Pit _____

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

Description of Soil enclosed 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.

Plantation Valley Homes, Inc
By: Theodore Blauvelt 5/13/82
Owner or builder date

Application Approved by [signature] 5/13/82
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
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. 82-2

Permission is hereby granted Plantation Valley Homes Ed Stone to construct (✓) or repair ( ) an Individual Sewage Disposal System at Lot 43 So East.

as shown on the application for Disposal Works Construction Permit No. 82-2

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.

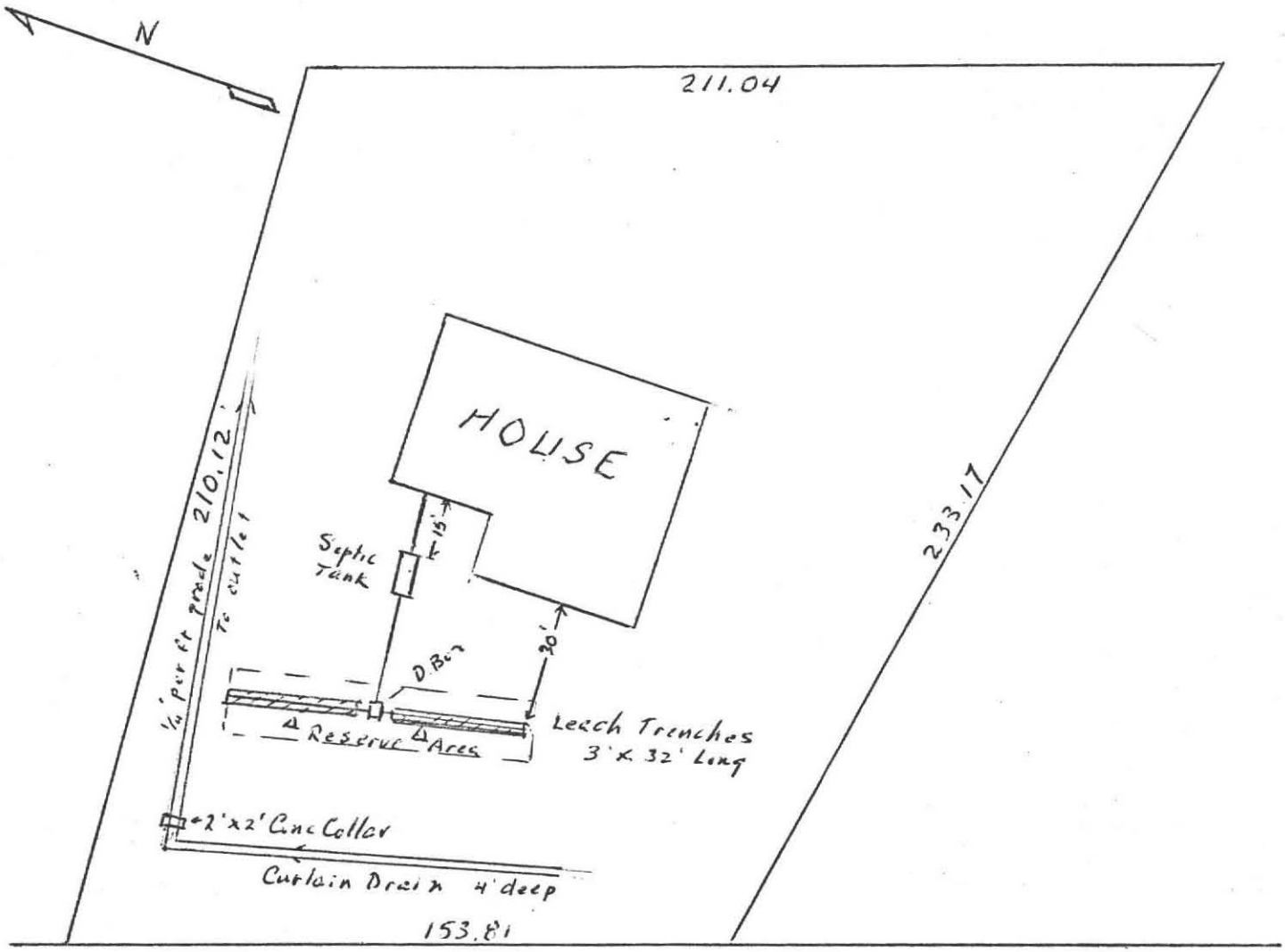
DATE 5/13/82 [signature]
Board of Health

PLAN SHOWING SEWAGE DISPOSAL

For: Plantation Valley Homes
Florence Mass

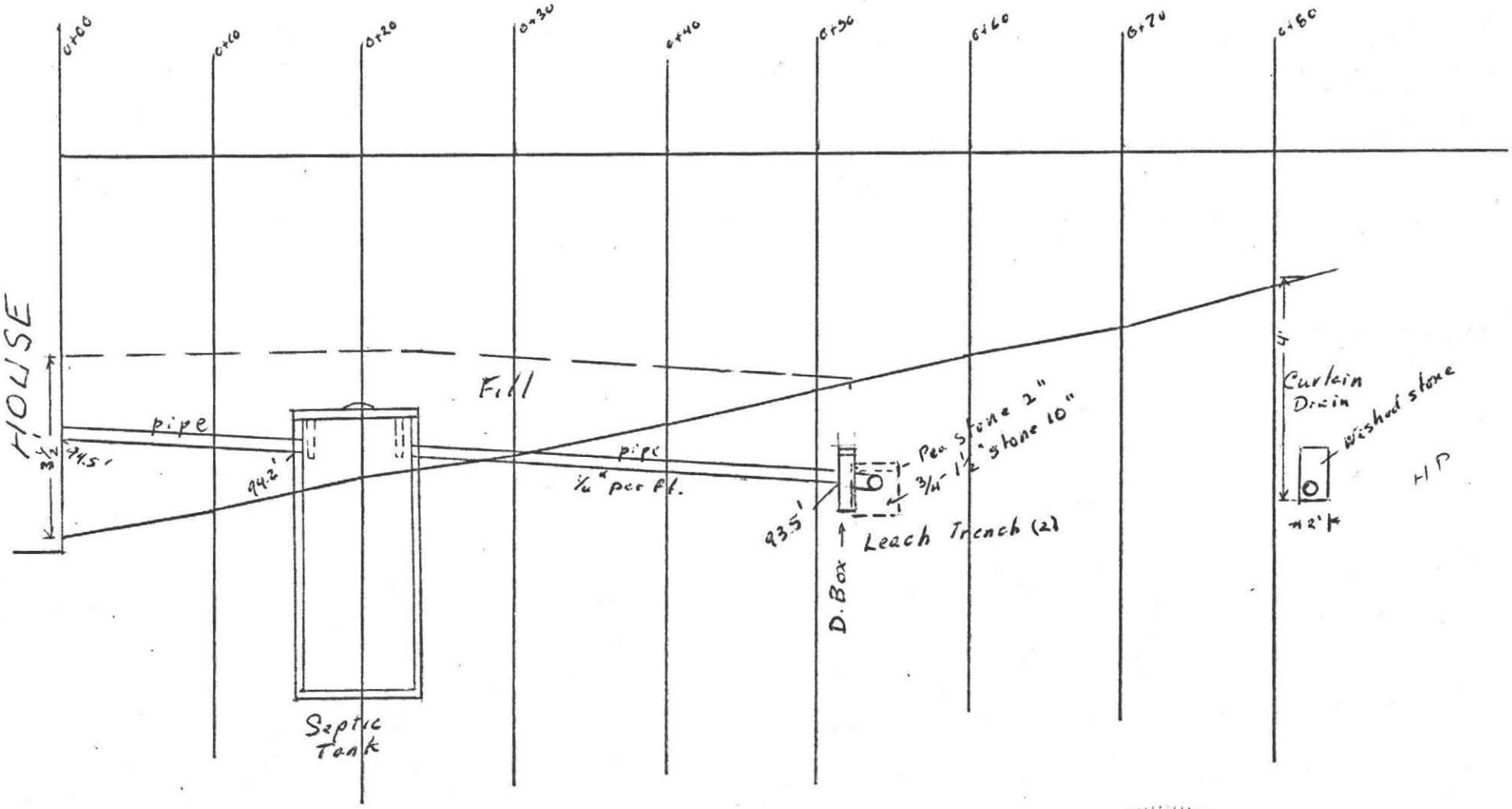
Scale: 2" = 40'

By: Frederick Filios



SOUTH EAST STREET

PROFILE OF SEPTIC SYSTEM



For: Plantation Valley Homes
Florence Mass
Scale: Horizontal, 1" = 10'
Vertical, 1" = 3'
By: Frederick Filios

OWNER James A Freeman

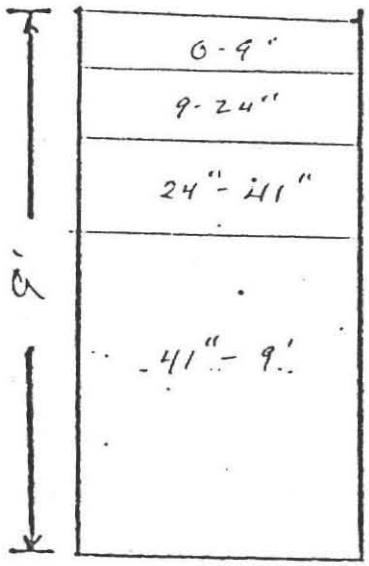
Date Dec 1, 1981

LOCATION So East St.

OBSERVER E.A. Filios

Lot # 3

Soil



Topsoil

Subsoil; sand + silt

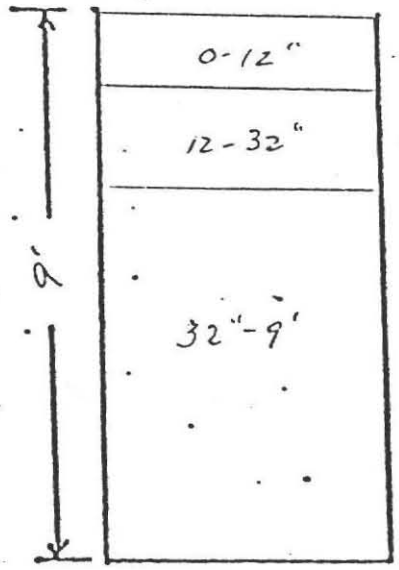
Sand with few cobbles oxide at 41"

Firm glacial till with few cobbles sandy + silty

Ground Water 6'

Ground Water

Alt.



Topsoil

Subsoil; sandy

Firm glacial till silt + sandy

Ground Water 6'

Ground Water

Percolation Rate at 45"

2.6 minutes/inch.

It is recommended that a curtain drain be installed above the leach field at this site

ff.

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner ~~Lewis~~ FRED MARKS Address So EAST ST

Installer ED STONE Address MONTAGUE MA.

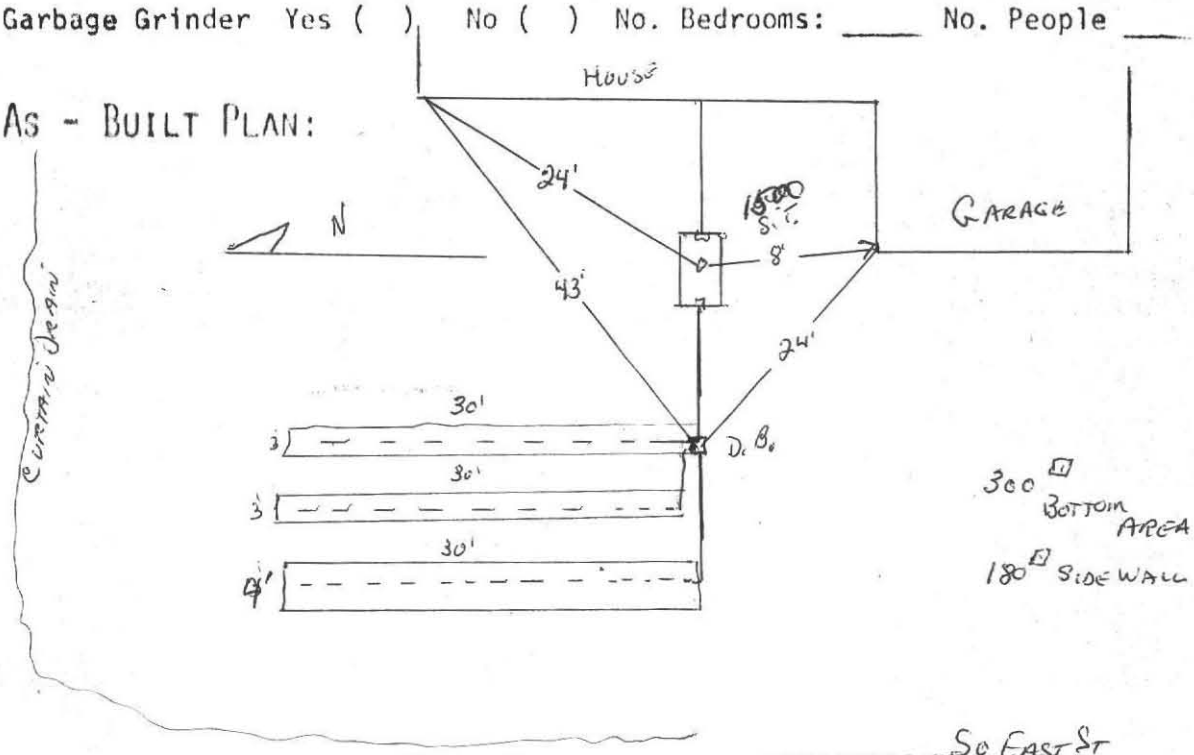
Date Installation Inspected and Approved 8/17/82

Description of System: Tank Capacity: 1500 GAL

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

Garbage Grinder Yes ( ) No ( ) No. Bedrooms: ____ No. People ____

AS - BUILT PLAN:



SO EAST ST

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, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-23 Date 7/24/64 Fee $30 Date Rec'd. 7-24-64 By SP

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

Location—Address So East St. or Lot No. 33

Owner HW Atkins Address So East

Contractor " Address "

Type of Building Barn Dimensions 30 x 90 Size Lot over 200'

Dwelling—No. of Bedrooms 1 Expansion Attic ( ) Garbage Grinder ( )

Other Labor Barracks No. of persons 20 Showers (2)

Other fixtures 2 Toilets

Town Water? yes Type of Well

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

Septic Tank—Liquid capacity 900 gallons Dimensions: L ____ W ____ D ____

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. 1 Diameter 6 Depth below inlet 6 Dimensions: 6 x 6 x ____

Other: Distribution box ( ) No. ____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation 1½')

Percolation Test Results Performed by Drake Date 7-27-64

Test Pit No. 1 1 minutes per inch Depth of Test Pit ____

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

Description of Soil Sand Depth to Ground Water none

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.

System for laundry Howard W Atkins 7/24/64
Owner or builder date

Application Approved by Drake Camp 7-27-64
date

Application Disapproved *for the following reasons:* bad for 3 weeks in sewer

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BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

Atkins

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by Klonikowski at So East St 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. 64-23 dated 7-24

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

DATE 9-2-64 Inspector Drake

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-23

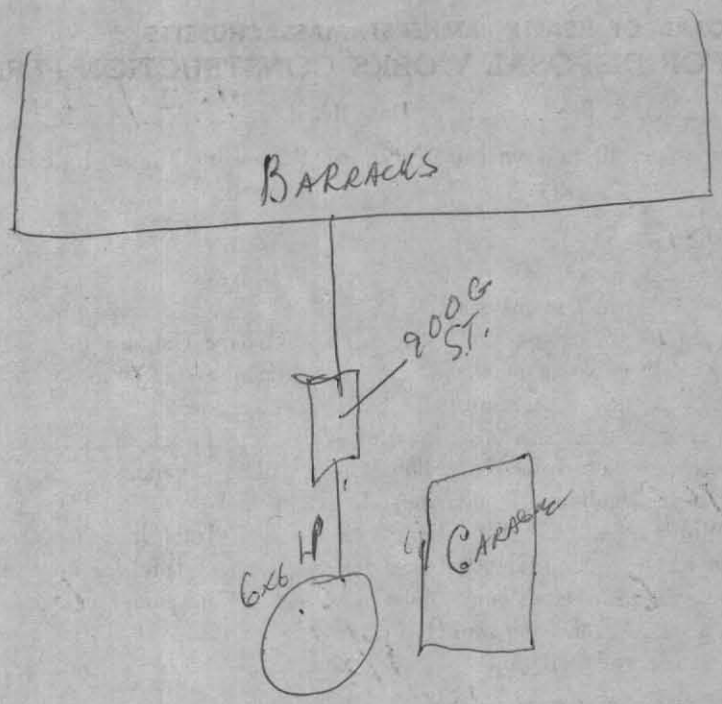
Permission is hereby granted Howard Atkins to construct (X) or repair ( ) an Individual Sewage Disposal System at So East Street

as shown on the application for Disposal Works Construction Permit No. 64-23

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 7-27-64

C E Drake
Board of Health



SO EAST ST

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-4 Date 3-18-65 Fee 3.00 Date Rec'd. 3/18/65 By C.E.D.

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

Location—Address So East St. - Across from K.V. Next to C. Thayer or Lot No. _____

Owner Robert L. + A. Louise Rivers Address 29 Hartman Rd.

Contractor Self Karl Koehner Address South Amherst

Type of Building Dwelling Dimensions _____ Size Lot 210 x 260'

Dwelling—No. of Bedrooms 3 Expansion Attic No Garbage Grinder YES

Other 2 Full Baths - No. of persons 6 Showers (YES)

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L_____ W_____ D_____

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

Disposal Bed—No. ~~6~~ 1 Diameter _____ Depth below inlet _____ Total leaching area 600 sq. ft. 20x30 or 15x40

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 Drake. Date _____

Test Pit No. 1 15 minutes per inch Depth of Test Pit 3'

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

Description of Soil Clay Sand Depth to Ground Water Not Encountered

Will *disposal area* be filled? YES 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.

Area to be excavated to 4' + Refilled with Bank Run. Robert L. Rivers 3-18-65

Owner or builder date

Application Approved by Drake 3-29-66

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
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

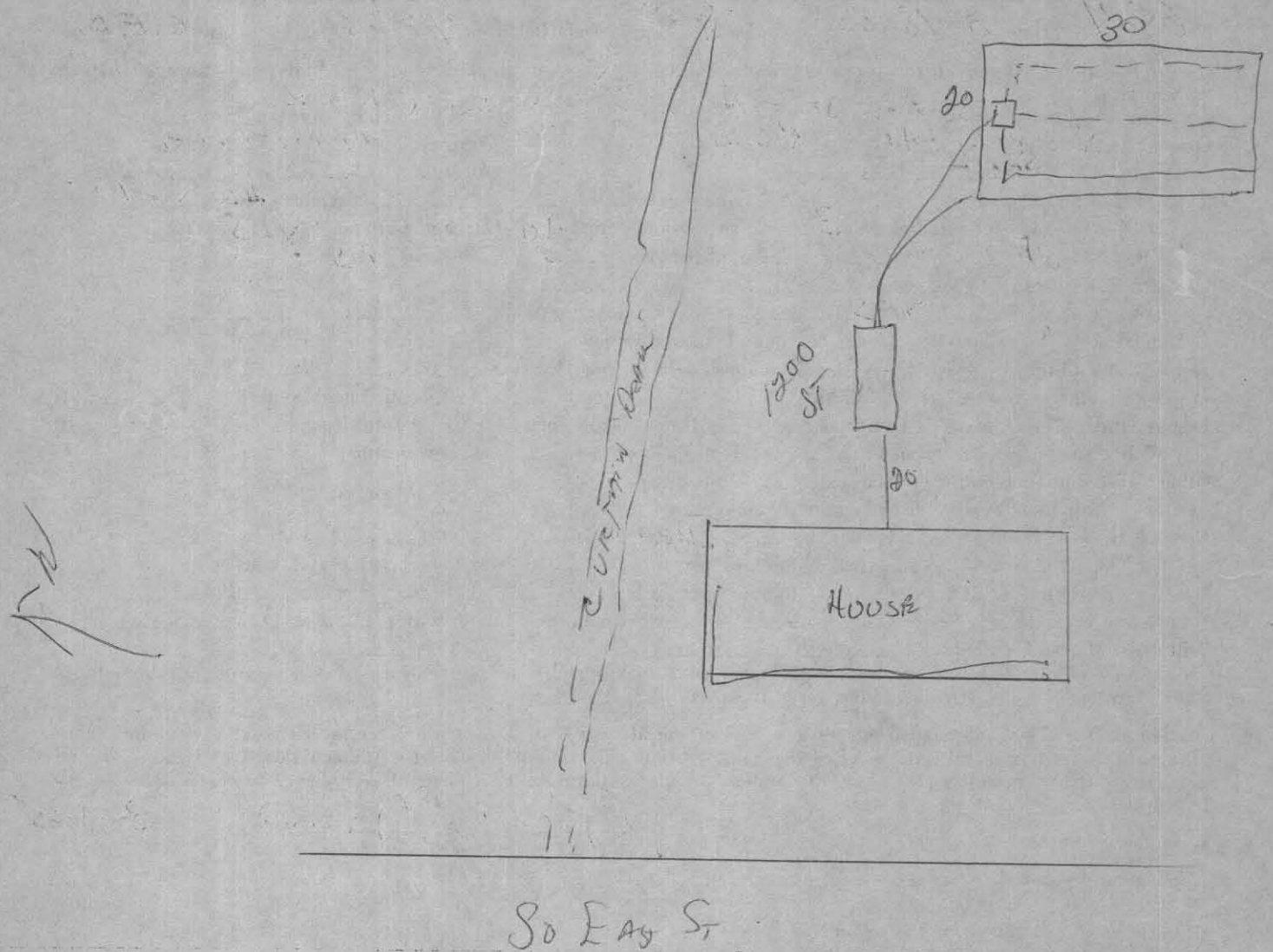
No. 65-4

Permission is hereby granted R. L. Rivers to construct (X) or repair ( ) an Individual Sewage Disposal System at So East St as shown on the application for Disposal Works Construction Permit No. 65-4

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 3-31-66

C E Drake
Board of Health


30
20
1200 ST
20
HOUSE
So Eau St

Rec'd $3.00 5/15/61 FAS.

New

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 6-61

GOMAN, EARLE W. of S. East St.
(owner's name) (address) (phone)

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

which will be located at @ S. East St. to be installed by

Wangh
(name) (address) (phone

Builder is Sander Plumber is Shiz

Description of lot, building and fixtures as follows:

Lot: Dimensions 190'x200' Type of Soil Fill Gravel Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water ..... Kind of Well .....

Will Lot be Graded? Yes By Filling or Removing Soil? filling

Building: Dimensions 28x40 No. Bedrooms 3 No. Occupants 5

Fixtures: No. Toilets 2 Urinals ..... Wash Basins 2 Bathtubs 2

Showers Comb. Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher ..... Auto. Clotheswasher 1 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 May 15, 1961 Earle W. Goman
(Signature of Applicant)

Rec'd $3.00 5/15/61 F.A.S.

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 6-61

E.W. Goman 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 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. 2-75' Trenches

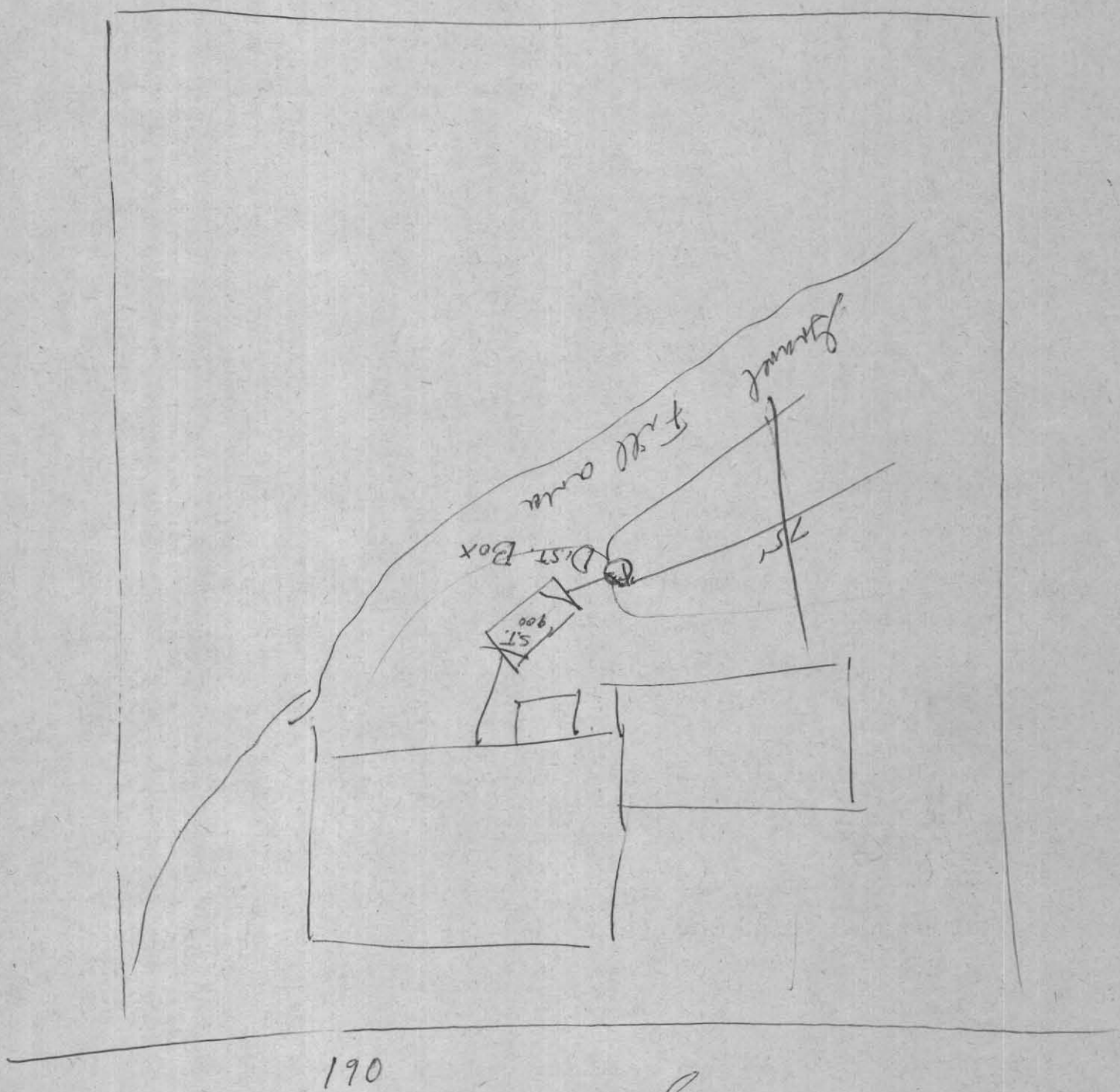
Dry well ..... ft. bottom area and ..... ft. below the inlet.

Other Plus Distribution Box

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.

F.A. Sing May 15, 1961
for the Board of Health date

Inspected ..... Approved OK FAS



190

So. East St.

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. .....

Charles J Robitaille of Everett AL 3-2285
(owner's name) (address) (phone)

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

which will be located at S. Earl St to be installed by

same
(name) (address) (phone

Builder is Charles J Robitaille Plumber is RD Shipman

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 x 200 Type of Soil average Well or Town Water? Town water

Distance to Town Sewer none Depth to Ground Water ..... Kind of Well .....

Will Lot be Graded? yes By Filling or Removing Soil? removal

Building: Dimensions 26 x 38 No. Bedrooms 3 No. Occupants ?

Fixtures: No. Toilets 1 Urinals — Wash Basins 1 Bathtubs 1

Showers ..... Kitchen Sinks 1 Garbage Grinders —

Auto Dishwasher — 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 Aug 22, '60 Charles J Robitaille
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

..... is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 750 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

Dry well none ft. bottom area and ..... ft. below the inlet.

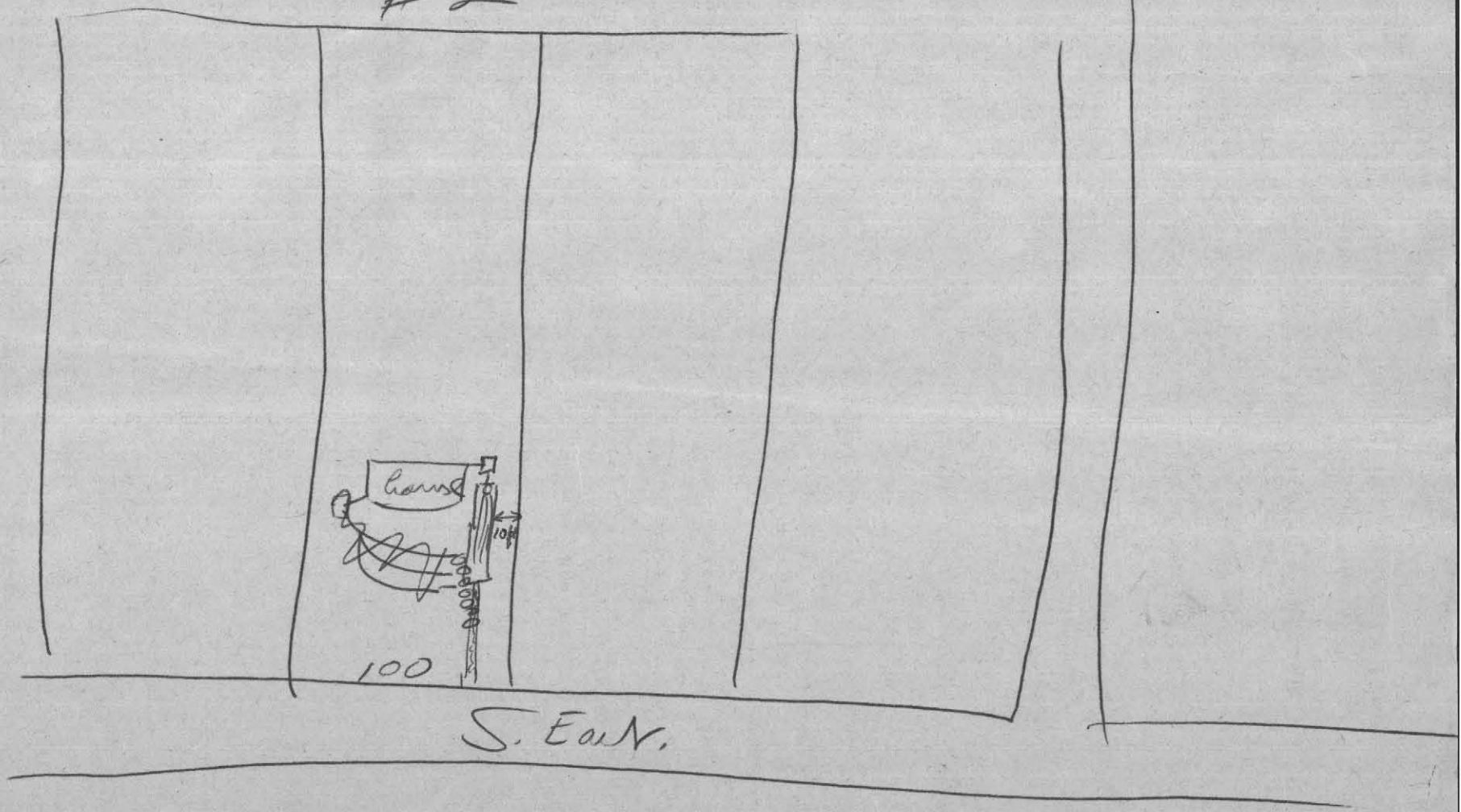
Other: Blind Gravel Leach to ft. wide
Leach Bed 10 x 50 - 3 lines + Dist Box and 5 on N side of house

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 .....

#2



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

9/

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. .....

THAYER, CHARLES HIRAM of So EAST ST.
(owner's name) (address) (phone)

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

which will be located at Same to be installed by

?
(name) (address) (phone

Builder is ..... Plumber is .....

Description of lot, building and fixtures as follows:

Lot: Dimensions 3½ acres Type of Soil B Clay Well or Town Water? Town

Distance to Town Sewer Mile Depth to Ground Water ? Kind of Well .....

Will Lot be Graded? ..... By Filling or Removing Soil? .....

Building: Dimensions ..... No. Bedrooms ..... No. Occupants .....

Fixtures: No. Toilets 2 Urinals ..... Wash Basins 2 Bathtubs 2

Showers ..... Kitchen Sinks 2 Garbage Grinders .....

Auto Dishwasher ..... 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 Sept 16, 1960 Charles Hiram Thayer
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

C. Hiram Thayer 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 1200 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. + Distribution Box

Dry well ..... ft. bottom area and ..... ft. below the inlet.

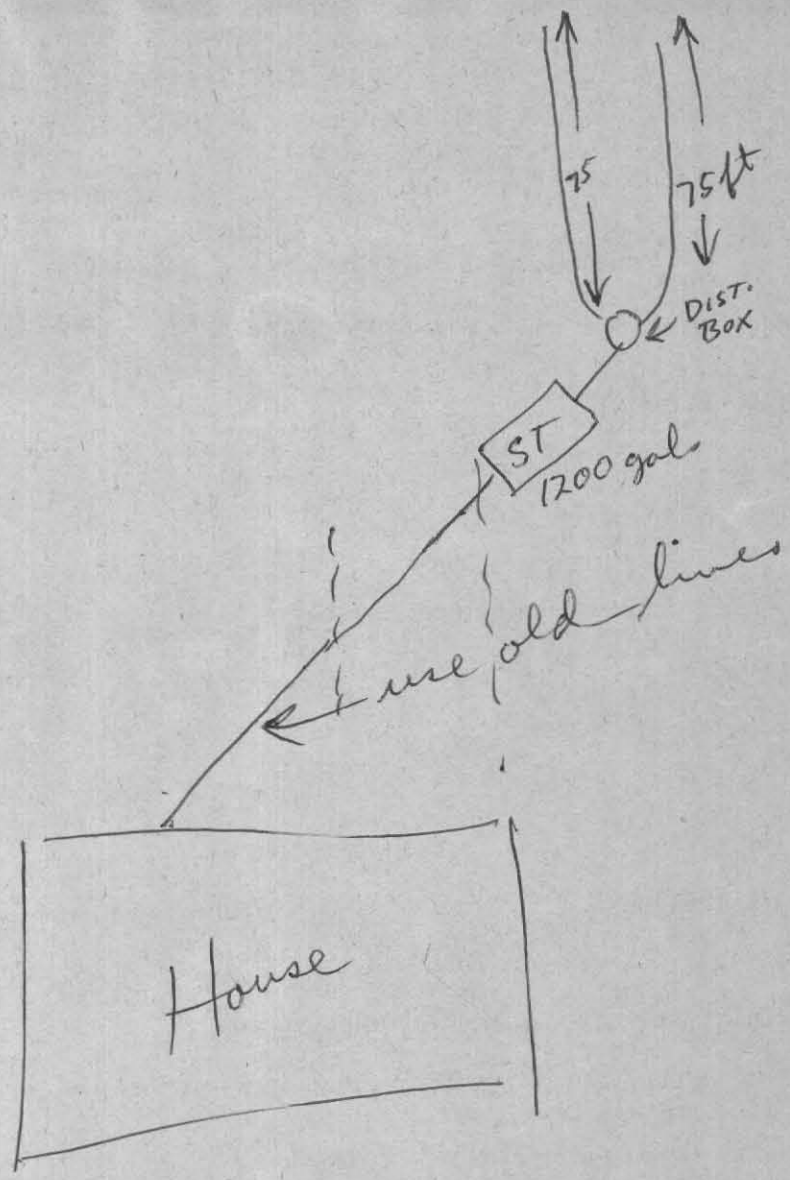
Other 1 ft. stone under drain tile

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.

E. G. Sims 9/16/60
for the Board of Health date

Inspected ..... Approved OK CAS

35871 -



$3.00 fee 5/15/63 FAS

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 8-63

George Buczala (owner's name) of Bay rd (address) 3-3688 (phone)

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

which will be located at South East St to be installed by

Karl Koniecznny (name) 327 River Dr. (address) Holly 3-5508 ~~3-3988~~ (phone)

Builder is George Buczala Plumber is R. D. Shipman

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 X 145 Type of Soil Gravel Well or Town Water? Town

Distance to Town Sewer ..... Depth to Ground Water ..... Kind of Well .....

Will Lot be Graded? yes By Filling or Removing Soil? .....

Building: Dimensions 24-10 X 35 No. Bedrooms 4 No. Occupants 6

Fixtures: No. Toilets 2 Urinals — Wash Basins 2 Bathtubs 2

Showers — Kitchen Sinks 1 Garbage Grinders 1?

Auto Dishwasher — Auto. Clotheswasher 1 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 May 15, 1963 George Buczala (Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 8-63

G. Buczala 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 900 Gals. Liquid Capacity. IF GRINDER - 1200 gals

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. IF GRINDER - 400 sq ft.

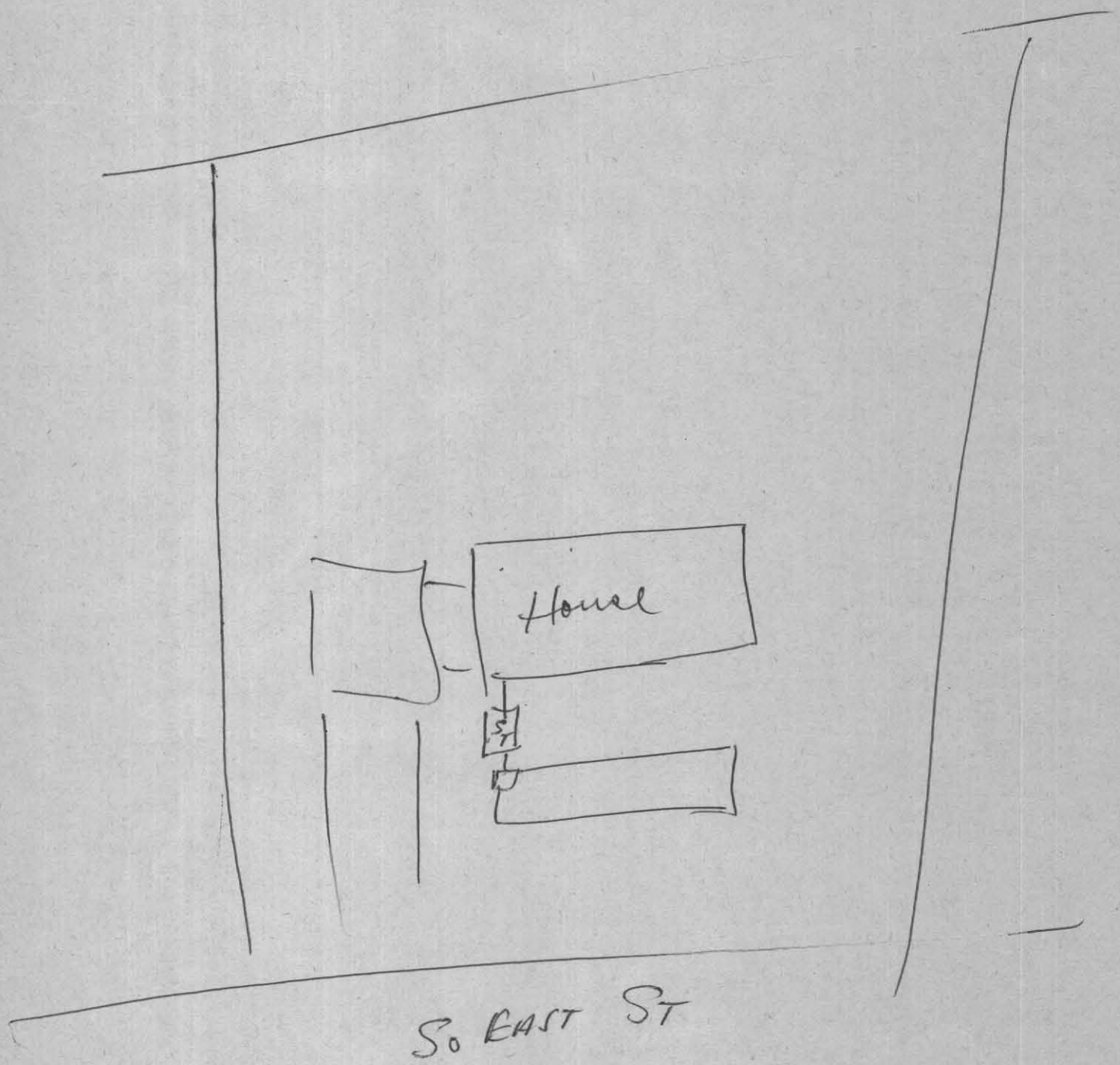
Dry well — ft. bottom area and — ft. below the inlet.

Other Dist. Box

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.

R. A. Sims for the Board of Health 5/15/63 date

Inspected ..... Approved .....


House
ST
So EAST ST

To:

F.A.Siino, Dir. Pub.Health
Ralph Hosford, Bldg. Inspector

OFFICE OF THE TOWN MANAGER
Town Hall
AMHERST, MASSACHUSETTS

SUBJECT

Two Lots, Southeast Street

DATE

4/17/63

Reply Message

FOLD

MESSAGE

In regard to two house lots on South East street which are owned by W.Wentworth and/Or the AmherstRealty Trust. I have checked these out and find both lots are legal to build upon inspite of the fact that they may be undersized. Both lots were recorded in 1954 and the Town's requirement of 15, ooo square feet was not adopted until the 1956 annual meeting. The deed for the lots is in the assessors office but does not appear on the atlas for some strange reason. I think the west lot is actually over 15,000 but the east lot is about 13,500.

SIGNED Allen L. Torrey

REPLY

DATE OF REPLY

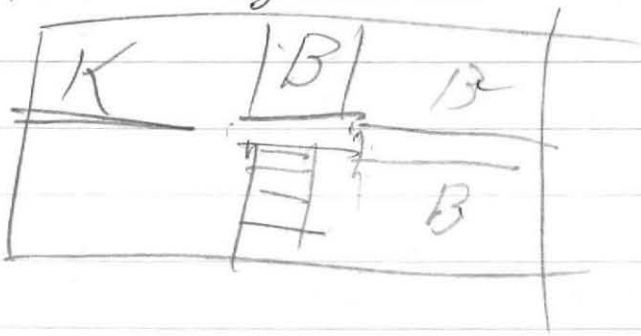
REPLY TO

No reply needed

SIGNED

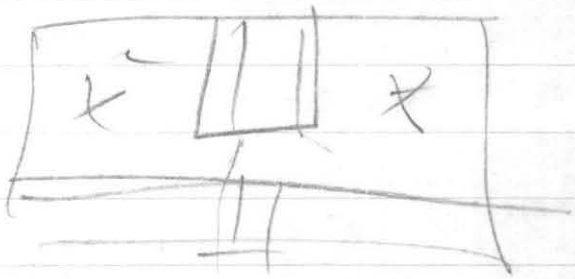
RECIPIENT

Lot #1 - G. Buegalla - W. South East North of Wm Atkins



4 Bedroom
8 x 50 = 400
+200
600

300 gal/ft.



4 test Holes - All boney bank run gravel free of clay to 4 ft.
No water table evident.

Perc ~~test~~ @ Hole #2
80 gals -
11:15 - 23.5
11:19 29.0
11:23 33.5
10" - 7 min

$3.00 fee

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 8-63

George Bugala of Bay rd 3-3688
(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 South East St to be installed by

Karl Koniecznny 327 River Dr. Holyoke 3-5508 ~~3-3888~~
(name) (address) (phone)

Builder is George Bugala Plumber is R. E. Shipman

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 X 145 Type of Soil Gravel Well or Town Water? Town

Distance to Town Sewer ..... Depth to Ground Water ..... Kind of Well .....

Will Lot be Graded? yes By Filling or Removing Soil? .....

Building: Dimensions 24-10 X 35 No. Bedrooms 4 No. Occupants 6

Fixtures: No. Toilets 2 Urinals — Wash Basins 2 Bathtubs 2

Showers — Kitchen Sinks 1 Garbage Grinders 1

Auto Dishwasher — Auto. Clotheswasher 1 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 May 15 1963 George Bugala
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 8-63

G. Bugala 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 900 Gals. Liquid Capacity. If GRINDER - 1200 gals

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. If GRINDER - 400 sq ft.

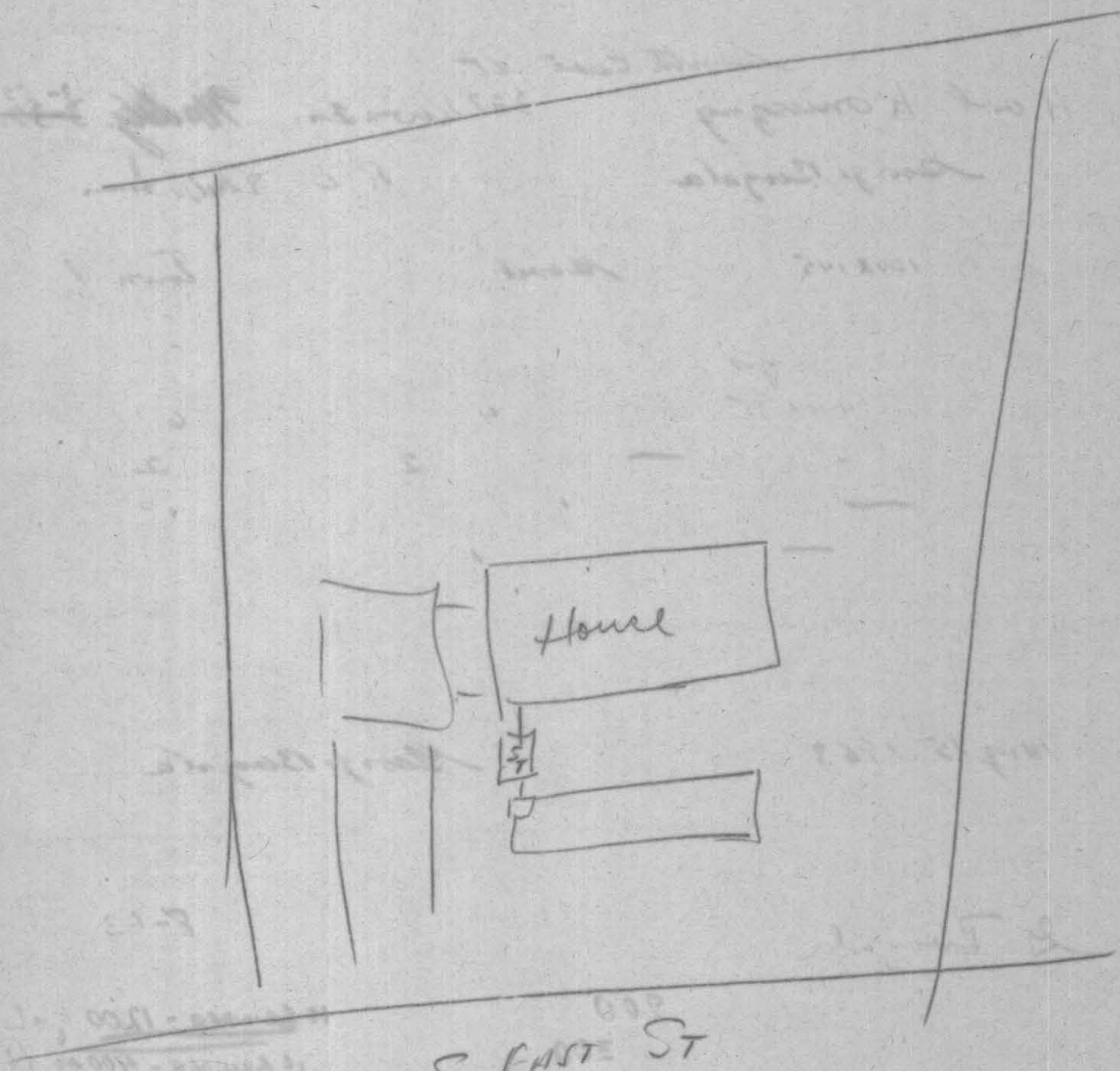
Dry well — ft. bottom area and — ft. below the inlet.

Other Dist. Box

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.

G. A. Sims 5/15/63
for the Board of Health date

Inspected ..... Approved .....


House
So EAST ST

Fee $3.00 paid 6/14/62 FAS

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

20-62

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. ~~19~~-62

Norman B. Keddy Cons. Co. Inc. of 1160 Bay St. Salem
(owner's name) (address) (phone)

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

which will be located at So East St (Lot 2) to be installed by

Same
(name) (address) (phone

Builder is Same Plumber is Same

Description of lot, building and fixtures as follows:

Lot: Dimensions 100x150 Type of Soil ? Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water ? Kind of Well

Will Lot be Graded? No By Filling or Removing Soil? —

Building: Dimensions 26x40 No. Bedrooms 3 No. Occupants

Fixtures: No. Toilets 1 Urinals — Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher No Auto. Clotheswasher Yes 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 June 14, 1962 John V. Sheehan Jr.
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

20-62

No. ~~19~~-62

N.B. Keddy Cons. Co. Inc. 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 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 400 Sq. Ft. bottom area. = 200 ft of 2 ft Trench

Dry well ft. bottom area and ft. below the inlet.

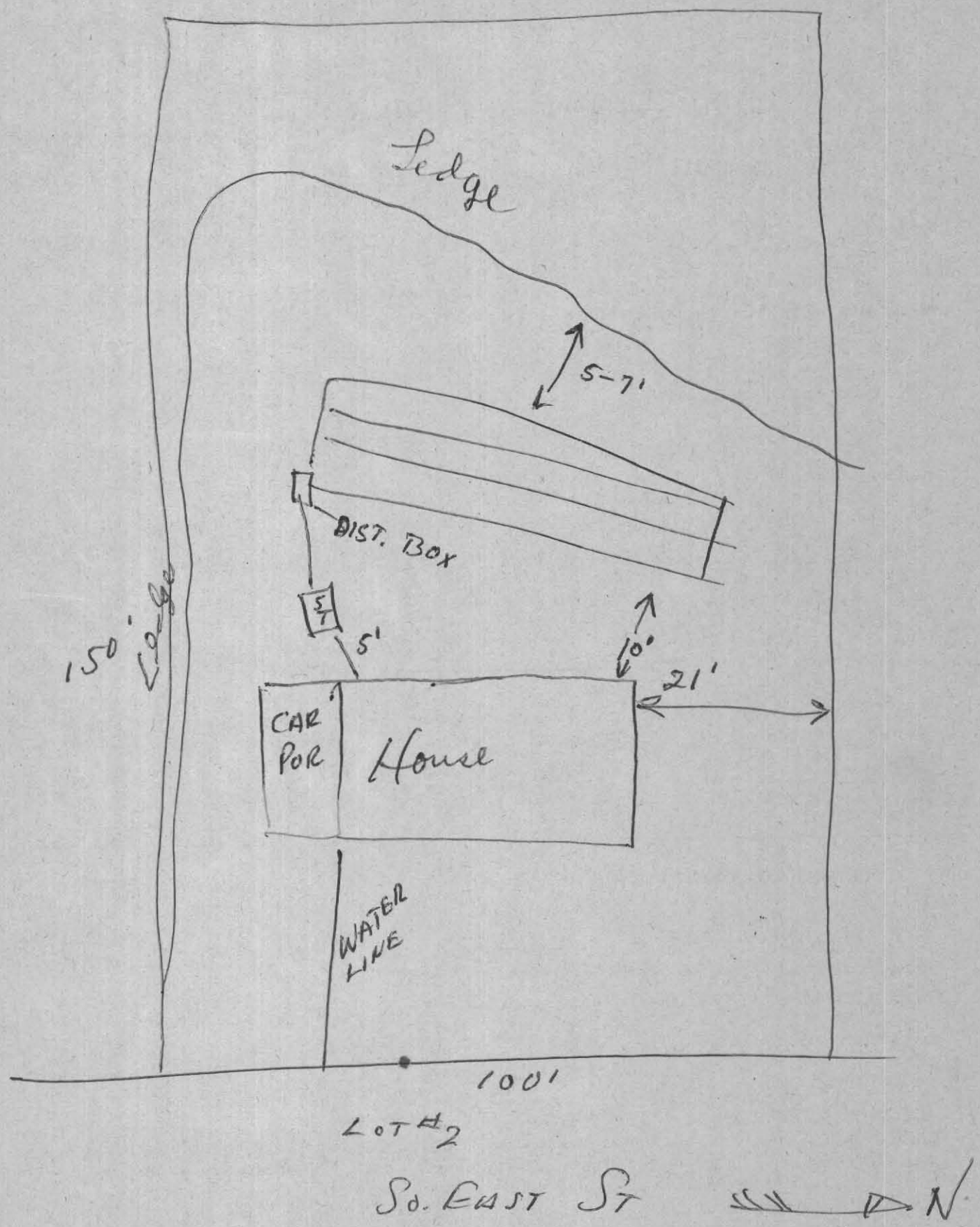
Other + Dist. Box

Must Grade area to prevent surface water accumulation —!

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.

G. C. Sirois 6/20/62
for the Board of Health date

Inspected 6/15/62 Seepage test see attached sheet Approved G. C. Sirois


Ledge
5-7'
DIST. BOX
5/7
5'
10'
21'
150' Ledge
CAR PORT
House
WATER LINE
100'
LOT #2
So. EAST ST
N

Tel.: Ludlow 583-6256

RICHARD H. STOWE

Professional Engineer
and
Land Surveyor

436 Holyoke Street
Ludlow, Massachusetts

June 18, 1962

PERCOLATION TEST: Lot No. 2, South East Street, Amherst, Mass.

Date of Test: 6-15-62

Owner: Kay-Vee Realty Co., Inc., Springfield, Mass.

Type of Soil: Sandy Silt interspersed with rock

Three test holes were dug behind the proposed location of house at a distance of 25 feet from the back, one opposite the center of house and the other two opposite each end of house.

Results:

Hole No. 1 (South)		Hole No, 2 (Center)		Hole No. 3 (North)	
Time	Reading	Time	Reading	Time	Reading
11:36	21-3/4"	11:44	20"	11:45	16"
11:38	22-1/2"	11:48	21"	11:49	16-3/4"
11:42	23-1/2"	11;52	22-1/4"	11:53	17-1/4"
11:46	24"	12:00	23-3/4"	12:01	18-1/2"
11:50	24-3/4"	12:05	24-3/4"	12:05	18-3/4"
11:54	25-1/2"	12:09	25-1/2"	12:09	19-1/4"
12:04	26-1/2"	12:14	26-1/2"	12:14	20"
12:07	27"				
12:12	27-1/2"				
Rate: 1"in 10 min.		Rate: 1" in 5 min. average		Rate: 1" in 16 min.	

10
5
16
3) 31
10

Recommend a 900 gallon septic tank and 300 square feet of leaching area.

Richard H. Stowe

Richard H. Stowe

Registered Professional Engineer
Ludlow, Massachusetts

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. .....

K. V. Homes of Springfield Mass RE 97905
(owner's name) (address) (phone)

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

which will be located at South East St Lot # 8 to be installed by

K. V. Homes Springfield Mass RE 97905
(name) (address) (phone

Builder is K. V. Homes Plumber is .....

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 x 150 Type of Soil ..... Well or Town Water? .....

Distance to Town Sewer ..... Depth to Ground Water ..... Kind of Well .....

Will Lot be Graded? Yes By Filling or Removing Soil? .....

Building: Dimensions ..... No. Bedrooms ..... No. Occupants SDEC

Fixtures: No. Toilets 1 Urinals ..... Wash Basins ..... Bathtubs 1

Showers 1 Kitchen Sinks ..... Garbage Grinders .....

Auto Dishwasher ..... 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 July 27-1960 Raymond L. Flamme
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

K. V. Homes Inc 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 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than ..... Sq. Ft. bottom area.

Dry well ..... ft. bottom area and ..... ft. below the inlet.

Other 20 x 60 x 4 Red & Crows Bankrun gravel + Gravel drain To front of Lot. 2 ft gravel depth to Top of Leach line.

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.

A. G. Sims 7/28/60
for the Board of Health date

Inspected ..... Approved .....

FHA Form 2872
Rev. July 1958

FEDERAL HOUSING ADMINISTRATION

Form Approved
Budget Bureau No. 63-R296.6

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
Boston	Nonotuck Savings Bank	25-076143

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
George Vadnais Construction Co., Inc/	Lot #7 South East Street, Amherst, Mass.

SUBDIVISION NAME	BLOCK NO.	LOT NO.

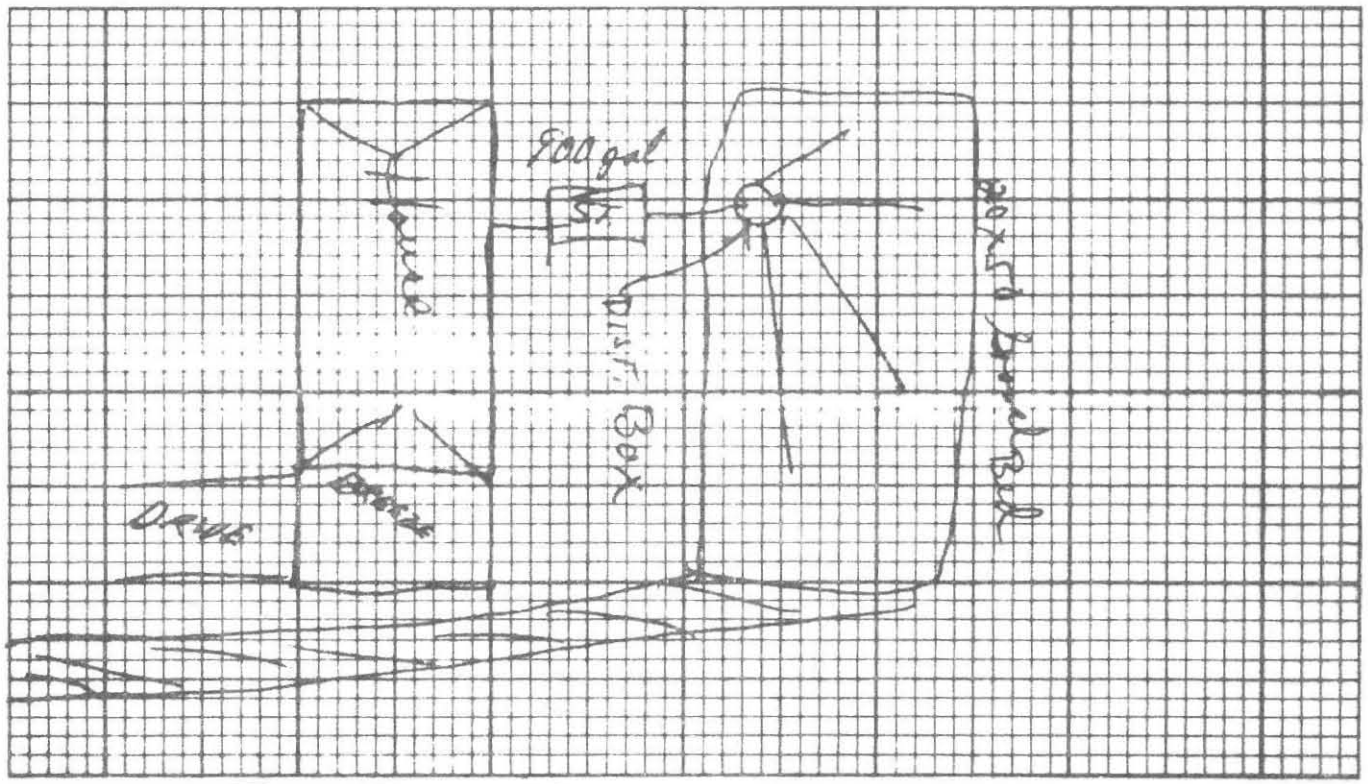
TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT	☒ New installation	Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1	☒ Yes ☐ No		☐ Yes ☒ No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
☒ Public system	☐ Community system	☐ Individual	NO. OF BDRMS.	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:				
☐ Public system	☐ Community system	☒ Individual	3	☒ Yes ☒ No

FAS

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual water-supply system ☒ is ☐ is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual sewage-disposal system with proper maintenance:

☒ Can be expected to function satisfactorily, and is not likely to create an insanitary condition

☐ Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
Aug. 31, 1960	Frederick A. Lind R.S.	Health & Sanitarian

NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the space provided.

Use of the above grid for Health Department inspector's sketch as well as use of the back of this form is at discretion of the

Form Approved
Budget Bureau No. 25-[illegible]

FEDERAL HOUSING ADMINISTRATION

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
Boston	Nonotuck Savings Bank	25-076143

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
George Vadnais Construction Co., Inc/	Lot #7 South East Street, Amherst, Mass.

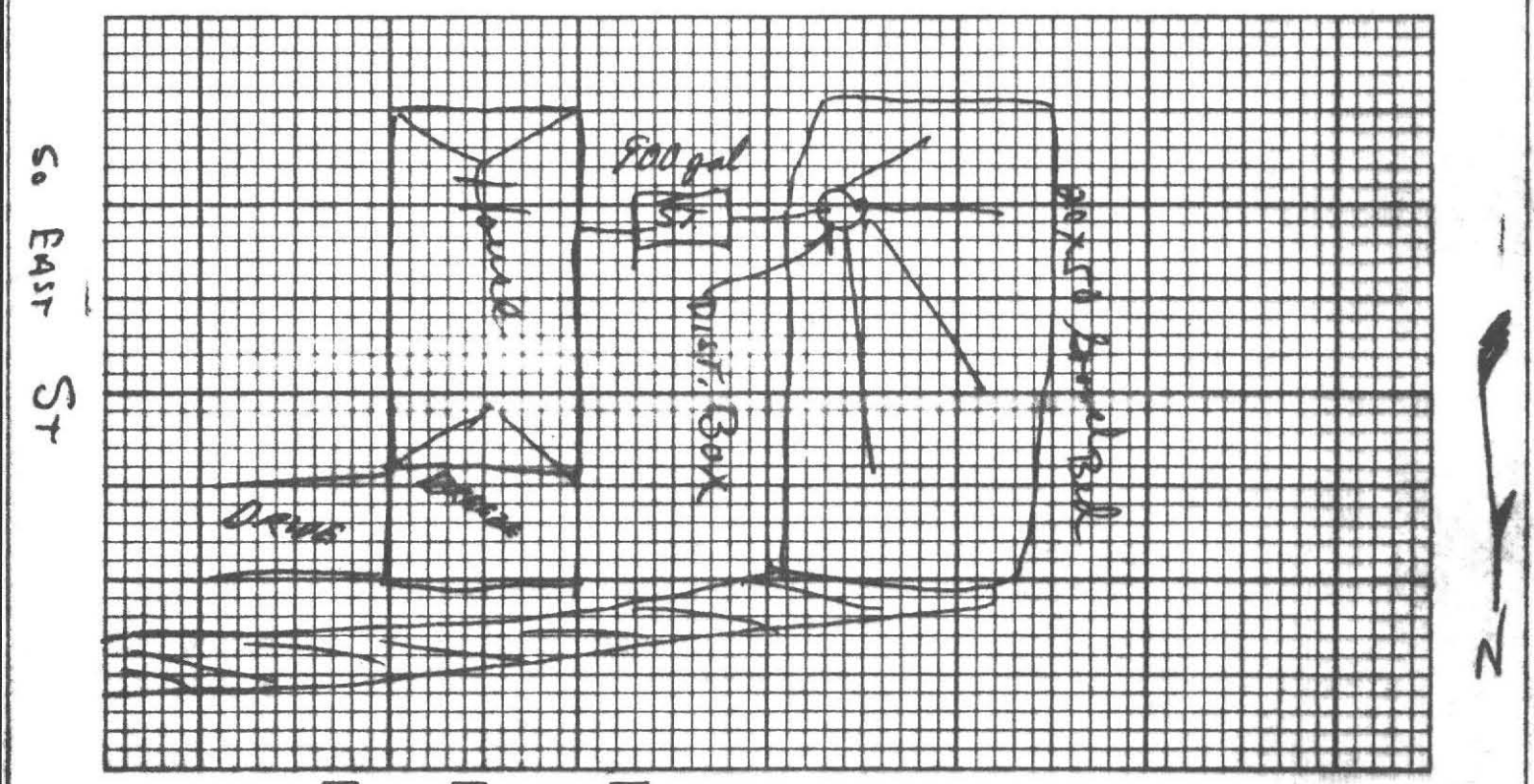
SUBDIVISION NAME	BLOCK NO.	LOT NO.

TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT	☒ New installation	Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1	☒ Yes ☐ No		☐ Yes ☒ No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
☒ Public system	☐ Community system	☐ Individual	NO. OF BDRMS.	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:				
☐ Public system	☐ Community system	☒ Individual	3	~~☐ Yes~~ ~~☒ No~~ FAS

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual water-supply system ☒ is ☐ is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual sewage-disposal system with proper maintenance:

☒ Can be expected to function satisfactorily, and is not likely to create an insanitary condition

☐ Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
Aug. 31, 1960	Frederick A. Sind R.S.	Health Agent & Sanitarian

NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.

[illegible]

FHA Form 2578
Rev. July 1958

FEDERAL HOUSING ADMINISTRATION

Form Approved
Budget Bureau No. 63-R296.8

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
Boston	[illegible]	[illegible]

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
George [illegible] Co., Inc.	[illegible], Amherst, Mass.

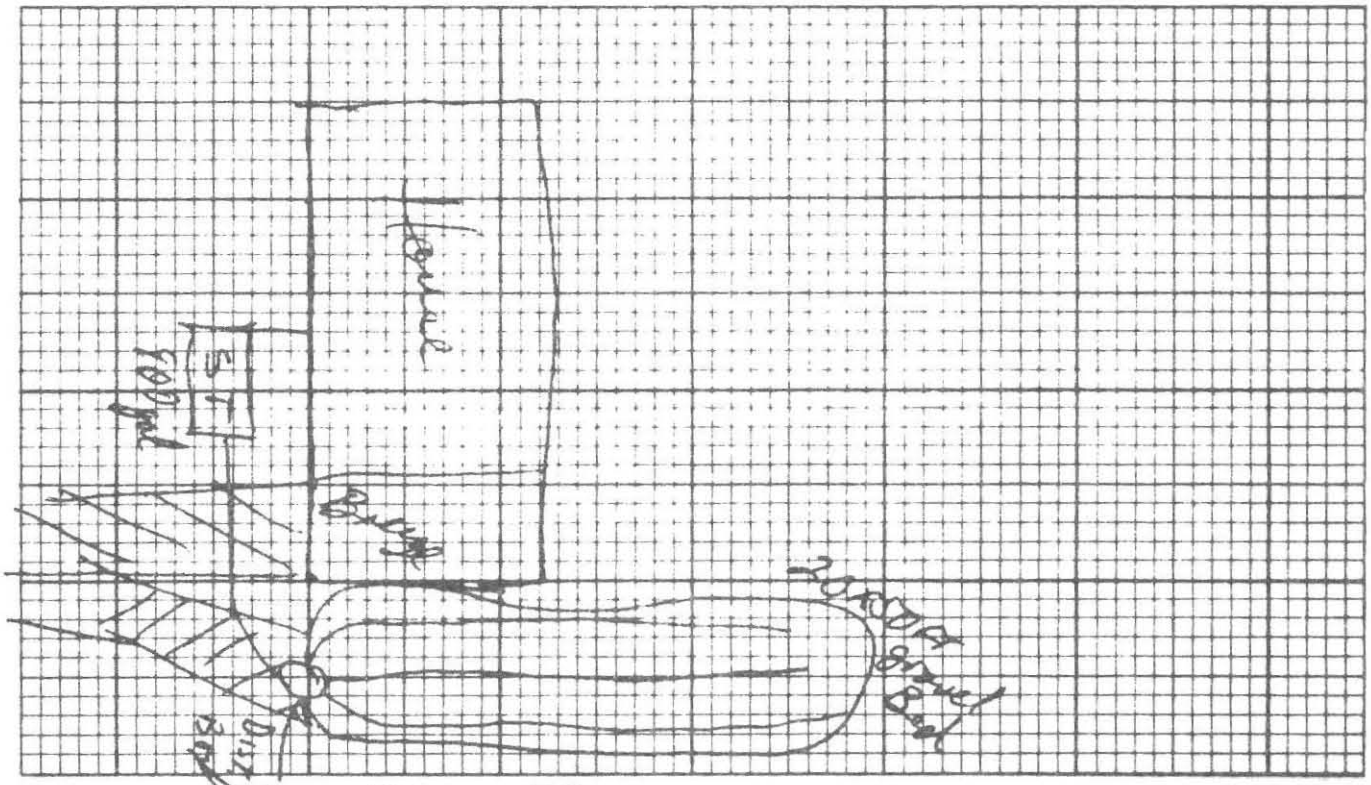
SUBDIVISION NAME	BLOCK NO	LOT NO.

TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT	☒ New installation	Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1	☒ Yes ☐ No		☐ Yes ☒ No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
☒ Public system	☐ Community system	☐ Individual	NO. OF BDRMS.	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:				
☐ Public system	☐ Community system	☒ Individual	3	☐ Yes ☒ No

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual water-supply system ☒ is ☐ is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual sewage-disposal system with proper maintenance:

☒ Can be expected to function satisfactorily, and is not likely to create an insanitary condition

☐ Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
Aug. 31, 1960	Frederick C. Lund R.S.	H Agent & San.

NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.

FHA Form 2578
Rev. July 1958

FEDERAL HOUSING ADMINISTRATION

Form Approved
Budget Bureau No. 63-R296.8

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
Boston	Nonotuck Savings Bank	25-076144

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
George Vadnais Construction Co., Inc.	Lot 8 South East St., Arherst, Mass.

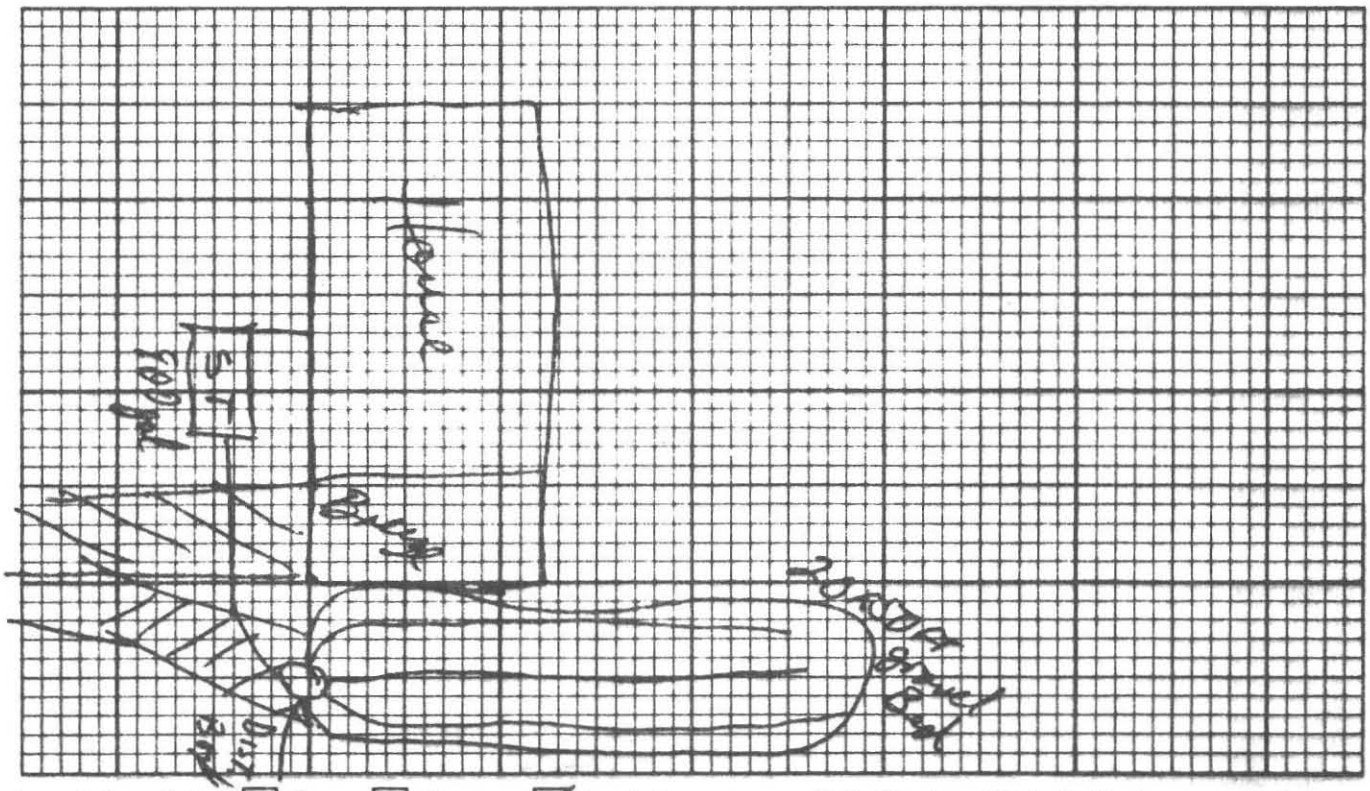
SUBDIVISION NAME	BLOCK NO.	LOT NO.

TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT	New installation	Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1	[X] Yes [ ] No		[ ] Yes [X] No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
			NO. OF BDRMS.	GARBAGE DISPOSAL
[X] Public system	[ ] Community system	[ ] Individual		
SEWAGE DISPOSAL BY:				
[ ] Public system	[ ] Community system	[X] Individual	3	[ ] Yes [X] No

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the [ ] State [ ] County [X] Local Department of Health that this individual water-supply system [X] is [ ] is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the [ ] State [ ] County [X] Local Department of Health that this individual sewage-disposal system with proper maintenance:

[X] Can be expected to function satisfactorily, and is not likely to create an insanitary condition

[ ] Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
Aug. 31, 1960	Frederick G. Sund R.S.	H Agent + San.

NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the

FHA Form [illegible]
Rev. July [illegible]

FEDERAL HOUSING ADMINISTRATION

Form Approved
Budget Bureau No. 63-R296.8

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
Boston, Mass.	Nonotuck Savings Bank	25-062595

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
George Vadnais Constr. Co.	Lot 6 South East St., Amherst, Mass.

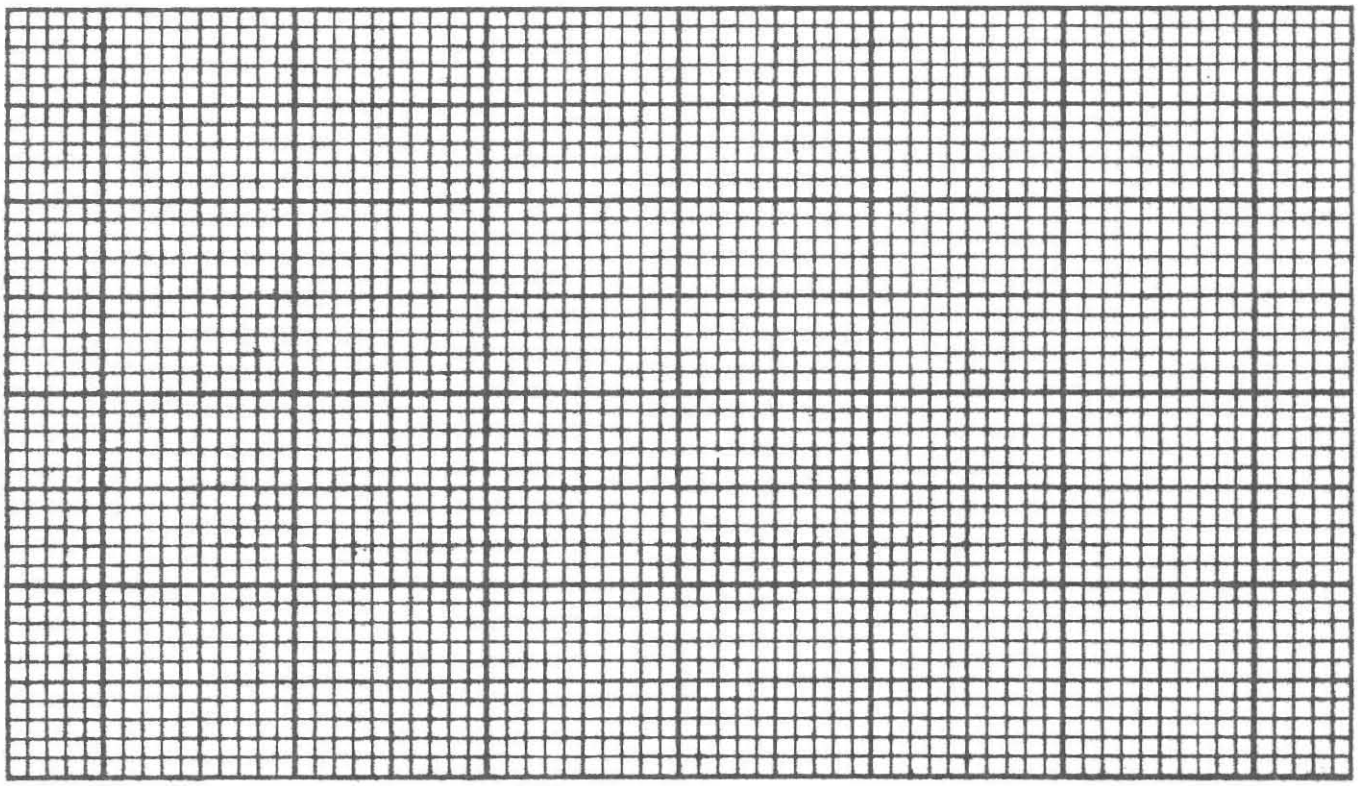
SUBDIVISION NAME	BLOCK NO.	LOT NO.

TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT	New installation	Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1	☒ Yes ☐ No	☒	☐ Yes ☒ No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
☒ Public system	☐ Community system	☐ Individual	NO. OF BDRMS.	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:				
☐ Public system	☐ Community system	☒ Individual	3	☐ Yes ☒ No

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the ☐ State ☐ County ☐ Local Department of Health that this individual water-supply system ☐ is ☐ is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the ☐ State ☐ County ☒ Local Department of Health that this individual sewage-disposal system with proper maintenance:

☒ Can be expected to function satisfactorily, and is not likely to create an insanitary condition

☐ Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
9/10/59	Frederick A. Sund R.S.	Agent & Sanitarian

Fee Rec'd $3.00 12/11/62 gf

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 36-62

Kay Vee Realty Inc. (owner's name) of 200 No. Main St. (address) Re 37851 (phone)

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

which will be located at Lot #5 - So. East St. to be installed by

Same (name) (address) (phone

Builder is Same Plumber is Clifford

Description of lot, building and fixtures as follows:

Lot: Dimensions 133 X 113 Type of Soil Clay over Gravel layer Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water 7'+ Kind of Well —

Will Lot be Graded? No By Filling or Removing Soil? —

Building: Dimensions 27 X 40 No. Bedrooms 3 No. Occupants Spec

Fixtures: No. Toilets 1 Urinals — Wash Basins 1 Bathtubs 1

Showers Comb. Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher No Auto. Clotheswasher 1 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 Nov. 2, 1962 L. Hassinan (Signature of Applicant)

Soil Tests 11/1/62 - Backhoe to 5'+8' depths

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 36-62

Kay Vee Realty Inc. 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 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 400 Sq. Ft. bottom area. = 200 lin. ft 2½' Wide

Dry well ft. bottom area and ft. below the inlet.

Other Trenches 5 ft deep - 3 ft Washed stone below leach line (see attached profile)

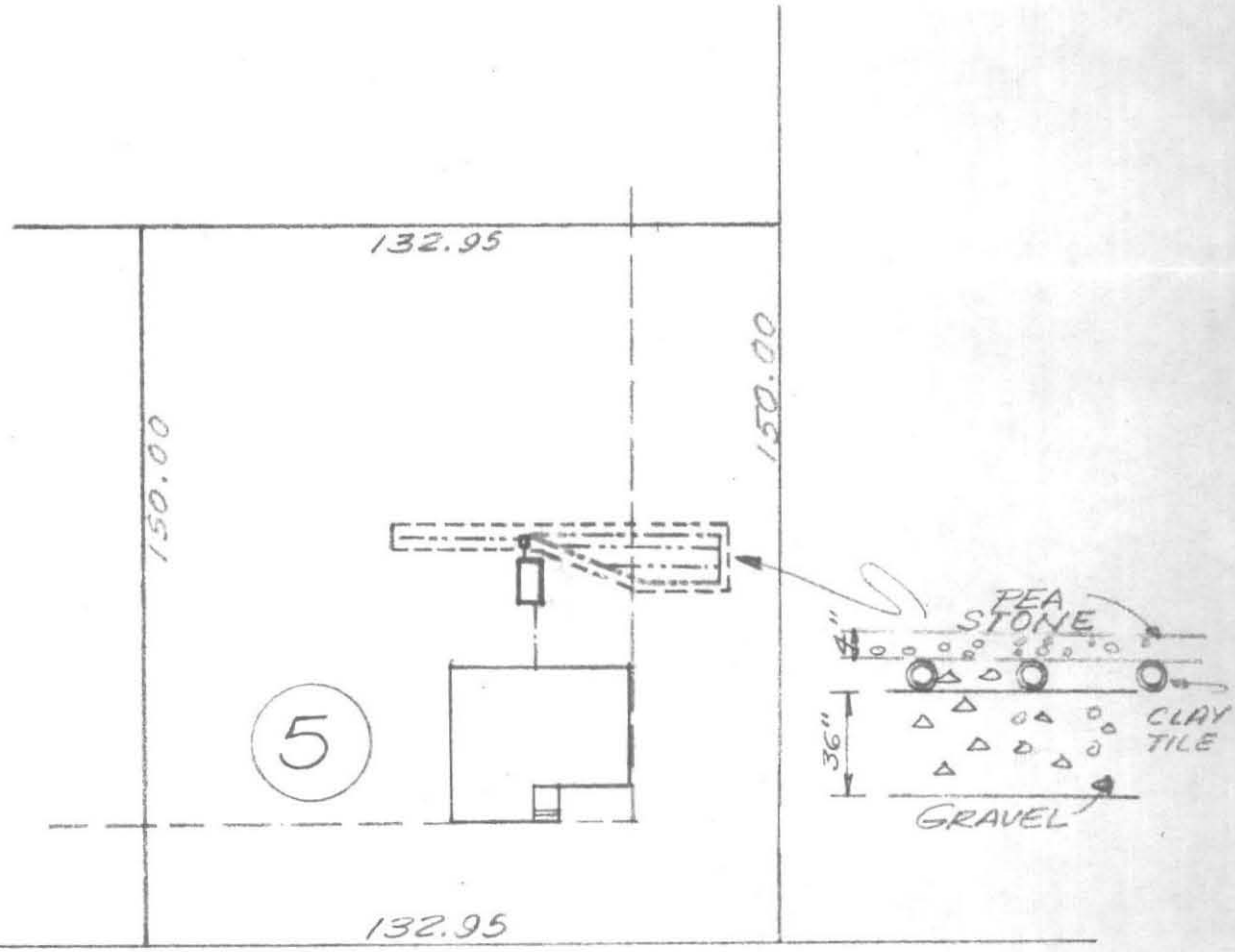
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation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

G. G. Sims for the Board of Health Nov. 2, 1962 date

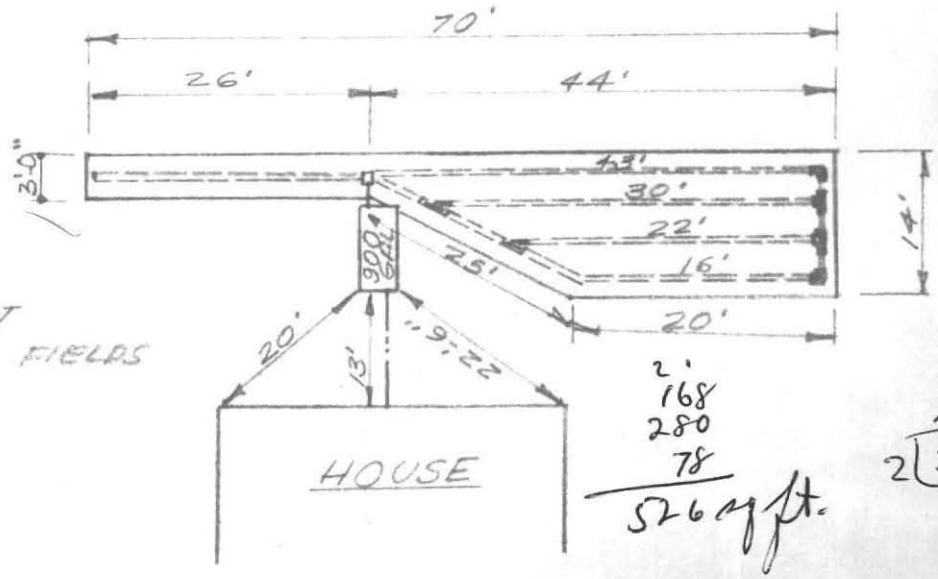
Inspected 11/1/62 Soil Tests Approved G. G. Sims

See attached layout

REC'D JAN 30 1963



70
68
138
25
6
169



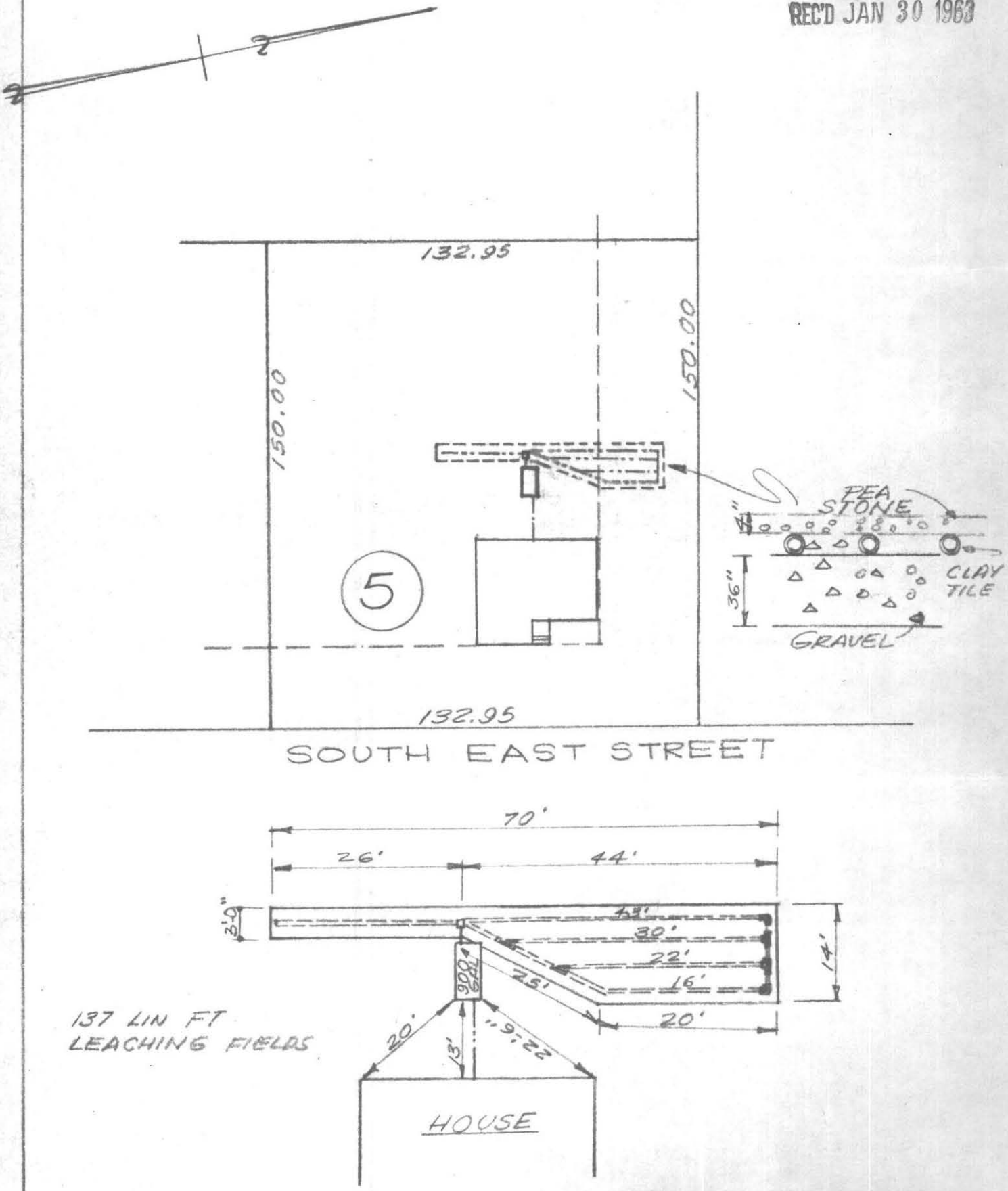
26
3
78

137 LIN FT
LEACHING FIELDS

20
14
80
20
280

24
14
96
24
2 | 336
168

2
168
280
78
526 sq ft.



Fee Rec'd $3.00
11/1/62

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 36-6.2

Kay Vee Realty Inc. (owner's name) of 200 No. Main St. (address) Re 37851 (phone)

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

which will be located at Lot #5 - So. East St. to be installed by

SAME (name) (address) (phone

Builder is SAME Plumber is Clifford

Description of lot, building and fixtures as follows:

Lot: Dimensions 133 X 113 Type of Soil Clay over Gravel layer Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water 7'+ Kind of Well

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions 27 X 40 No. Bedrooms 3 No. Occupants Spec

Fixtures: No. Toilets 1 Urinals Wash Basins 1 Bathtubs 1

Showers Comb. Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher No Auto. Clotheswasher 1 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 Nov. 2, 1962 (Signature of Applicant)

Soil Test 11/1/62 - Backhoe to 5' + 5' depths

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 36-6.2

Kay Vee Realty Inc. 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 700 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 500 Sq. Ft. bottom area. = 200 lin ft 2½' wide

Dry well ft. bottom area and ft. below the inlet.

Other Trench 5 ft deep - 3 ft washed stone below leach line (see attached for bill)

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 Nov. 2, 1962 date

Inspected 11/1/62 Soil Test Approved

January 29, 1963

Roy E. Clifford
200 North Main Street
East Longmeadow, Massachusetts

Dear Mr. Clifford:

Subject: Plumbing at K.V. Lot #5
South East Street, Amherst

Our Plumbing Inspector calls your attention to the requirement that only Type K or L copper tubing may be used. You will please eliminate all Type M from the above location. See page 2 of the enclosed Plumbing By-law.

Very truly yours,

Frederick A. Siino
Director of Public Health

/sp
CC: Kay Vee Realty Co., Inc
Enc.

KAY VEE REALTY
NORMAN B. KEDDY

Norman B. Keddy Construction Company, Inc.
200 NORTH MAIN ST. - EAST LONGMEADOW, MASS.
TELEPHONES RE 3-7851
LA 5-2279

REC'D JAN 30 1963

January 29, 1963

Dear Mr. Siino:

As per our telephone conversation of this afternoon, enclosed are prints of the plot plan for Lot #5 South East Street, Amherst, Massachusetts

Leo Tassinari

Form Approved.
Budget Bureau No. 76-R376.2.

VETERANS ADMINISTRATION

REPORT OF INSPECTION, INDIVIDUAL WATER SUPPLY AND SEWAGE-DISPOSAL SYSTEM

(THIS SECTION FOR VA USE ONLY)

REGIONAL OFFICE	PROPERTY ADDRESS	SUBDIVISION NAME	
Boston, Massachusetts	Lot #5 South East Street	BLOCK NO.	LOT NO.
NAME OF BUILDER	NAME OF LENDER	CASE NO.	
Norman B. Keddy Const. Co., Inc.	Amherst Savings Bank	TYPE OF INSTALLATION [X] NEW [ ] EXISTING	

TOTAL NUMBER			BASEMENT	CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS?	IF YES, HOW MANY?
LIVING UNITS	BEDROOMS	BATHS			
1	3	1	[X] YES [ ] NO	[ ] YES [X] NO	

WATER SUPPLY AND SEWAGE DISPOSAL (Check)	PUBLIC	COMMUNITY	INDIVIDUAL
WATER SUPPLY BY	XX		
SEWAGE DISPOSAL BY			XX

PART I—FOR USE OF INSPECTING OFFICIAL *(Fill in below information applicable to subject installation)*

INSTRUCTIONS: If *new installation*, inspect for compliance with approved exhibits and record any observed information not shown on, or which varies from, the approved exhibits. If *existing installation*, furnish as much of the information as may be available. As applicable use inspector's sketch on reverse.

INDIVIDUAL WATER SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual wells [ ] are [ ] are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood [ ] are [ ] are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.

Individual water supply from: [ ] Drilled well. [ ] Driven well. [ ] Dug well. [ ] Bored well.

Distance of well from:

Building foundation, _____ feet; nearest lot line at [ ] front, [ ] side, [ ] rear, _____ feet;

cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;

seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.

Approximate depth of pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.

Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: [ ] Cement grout. [ ] Puddled clay. [ ] Ordinary backfill.

Well cover: [ ] Concrete. [ ] Wood. [ ] Metal. Openings in well cover watertight: [ ] Yes. [ ] No.

Pump: [ ] Shallow well. [ ] Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: [ ] Basement. [ ] Pump room off basement. [ ] Pump house above ground. [ ] Pump pit.

Pump room properly drained: [ ] Yes. [ ] No. Pump mounting watertight: [ ] Yes. [ ] No.

Type of storage: [ ] Pressure. [ ] Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? [ ] Yes. [ ] No. If answer is "yes," give date _____, 19____.

Quality of water [ ] is [ ] is not satisfactory for human consumption.

Installation [ ] does [ ] does not comply with approved exhibits, if any.

INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of [X] Septic tank. [ ] Cesspool.

Septic tank:

Distance from well, none feet. Material, concrete Number of compartments 3

Total liquid capacity, 900 gallons. Capacity inlet compartment, 300 gallons.

Inside length, 10'3" feet. Inside width, 56½" feet. Liquid depth, 4 feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at [ ] front, [ ] side, [ ] rear, _____ feet.

Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of [ ] Distribution box and [X] Tile disposal field. [ ] Seepage pits. Other _____

Tile disposal field:

Distance from: Well, none feet; foundation, 12' feet; nearest lot line at [ ] front, [X] side, [ ] rear, 10' feet.

Total length of tile lines, ~~200~~ 168 feet. Number of lines, ~~4~~ 5. Distance between lines, 10 feet.

Total effective absorption area in bottom of trenches, ~~500~~ 525 square feet. Trench width, 36 inches. + Bed area

Length of each line, 50 average feet. Depth, top of tile to finish grade, 18" inches.

Type of filter material: [X] Gravel. [ ] Broken stone. [ ] Cinders. Other _____

Depth of filter material beneath tile, 36" inches. Depth of filter material over tile, 4 inches. pea gtone

Seepage pits:

Number of pits, _____ Outside diameter, _____ feet. Depth, _____ feet. Lining material _____

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at [ ] front, [ ] side, [ ] rear, _____ feet.

If existing installation, give all the following *additional* information available:

Distance to nearest: Public sewer, _____ feet. Community system, _____ feet.

Approximate direction of surface drainage of lot, _____. Approximate slope, _____ feet per 100 feet.

Soil is: [ ] Loam. [ ] Sandy loam. [ ] Clay. [ ] Sandy clay. [ ] Coarse sand or gravel. [ ] Hardpan. [ ] Rock. Other _____

Number of bathrooms, _____. Is there a basement? [ ] Yes. [ ] No. Basement drains to _____

Fixtures in basement: [ ] Laundry tray. [ ] Toilet. [ ] Bathtub. [ ] Shower. [ ] None. [ ] Floor drain. [ ] Sump pump.

Laundry waste disposal: Direct to [ ] Seepage pit. Other _____ Through sump pit to: [ ] Septic tank. [ ] Seepage pits.

Is footing drain provided? [ ] Yes. [ ] No. Drains to: [ ] Surface. [ ] Dry well. [ ] Sump in basement. Other _____

Downspouts or areaway drain to: [ ] Surface discharge. [ ] Dry well. Other _____

Depth of house sewer below finish grade at foundation, _____ feet.

PART I (Continued on reverse)

PART I *(Continued)*

INSPECTOR'S SKETCH *(Show by sketch below any pertinent findings not fully described on other side.)*

COMMENTS *(Note any supplemental pertinent information. If conditions are found which may result in an opinion that the system is unsatisfactory, describe in detail.)*

INSPECTION OF INDIVIDUAL WATER SUPPLY SYSTEM MADE BY:
☐ STATE ☐ COUNTY ☒ LOCAL HEALTH AUTHORITY ☐ VA COMPLIANCE INSPECTOR

DATE OF INSPECTION: Jan 5 1963

SIGNATURE OF INSPECTING OFFICIAL:

TITLE:

INSPECTION OF INDIVIDUAL SEWAGE-DISPOSAL SYSTEM MADE BY:
☐ STATE ☐ COUNTY ☒ LOCAL HEALTH AUTHORITY ☐ VA COMPLIANCE INSPECTOR

DATE OF INSPECTION: Jan 5, 1963

SIGNATURE OF INSPECTING OFFICIAL: Frederick A. Sino

TITLE: Dir of Public Health

PART II—FOR USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING REPORT

BASED ON THE INFORMATION REPORTED HEREON AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE *(Check)*
☐ STATE ☐ COUNTY ☐ LOCAL DEPARTMENT OF HEALTH
THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS:
☐ SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY
☐ NOT SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY

BASED ON THE INFORMATION REPORTED HEREON, AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE *(Check)*
☐ STATE ☐ COUNTY ☐ LOCAL DEPARTMENT OF HEALTH
THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE:
☐ CAN BE EXPECTED TO FUNCTION SATISFACTORILY AND IS NOT LIKELY TO CREATE AN INSANITARY CONDITION
☐ CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY

REMARKS

DATE | SIGNATURE OF REVIEWING OFFICIAL | TITLE

PART III—FOR USE OF VA OFFICE

I have reviewed the foregoing and the pertinent VA Compliance Inspection Report and recommend that the
individual water supply system be considered ☐ Acceptable ☐ Not acceptable
individual sewage-disposal system be considered ☐ Acceptable ☐ Not acceptable

REMARKS

DATE | SIGNATURE OF CHIEF, APPRAISAL SECTION

☆ U.S. GOVERNMENT PRINTING OFFICE : 1960 OF—543294

Form Approved.
Budget Bureau No. 76-R376.2.

VETERANS ADMINISTRATION

REPORT OF INSPECTION, INDIVIDUAL WATER SUPPLY AND SEWAGE-DISPOSAL SYSTEM

(THIS SECTION FOR VA USE ONLY)

REGIONAL OFFICE	PROPERTY ADDRESS	SUBDIVISION NAME	
Boston, Massachusetts	Lot #5 South East Street	BLOCK NO.	LOT NO.
NAME OF BUILDER	NAME OF LENDER	CASE NO.	
Norman B. Keddy Const. Co., Inc.	Amherst Savings Bank	TYPE OF INSTALLATION [X] NEW [ ] EXISTING	

TOTAL NUMBER			BASEMENT	CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS?	IF YES, HOW MANY?
LIVING UNITS	BEDROOMS	BATHS	[X] YES		
1	3	1	[ ] NO	[ ] YES [X] NO	

WATER SUPPLY AND SEWAGE DISPOSAL (Check)	PUBLIC	COMMUNITY	INDIVIDUAL
WATER SUPPLY BY	XX		
SEWAGE DISPOSAL BY			XX

PART I—FOR USE OF INSPECTING OFFICIAL *(Fill in below information applicable to subject installation)*

INSTRUCTIONS: If *new installation*, inspect for compliance with approved exhibits and record any observed information not shown on, or which varies from, the approved exhibits. If *existing installation*, furnish as much of the information as may be available. As applicable use inspector's sketch on reverse.

INDIVIDUAL WATER SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual wells [ ] are [ ] are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood [ ] are [ ] are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.

Individual water supply from: [ ] Drilled well. [ ] Driven well. [ ] Dug well. [ ] Bored well.

Distance of well from:

Building foundation, _____ feet; nearest lot line at [ ] front, [ ] side, [ ] rear, _____ feet;

cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;

seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.

Approximate depth of pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.

Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: [ ] Cement grout. [ ] Puddled clay. [ ] Ordinary backfill.

Well cover: [ ] Concrete. [ ] Wood. [ ] Metal. Openings in well cover watertight: [ ] Yes. [ ] No.

Pump: [ ] Shallow well. [ ] Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: [ ] Basement. [ ] Pump room off basement. [ ] Pump house above ground. [ ] Pump pit.

Pump room properly drained: [ ] Yes. [ ] No. Pump mounting watertight: [ ] Yes. [ ] No.

Type of storage: [ ] Pressure. [ ] Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? [ ] Yes. [ ] No. If answer is "yes," give date _____, 19____.

Quality of water [ ] is [ ] is not satisfactory for human consumption.

Installation [ ] does [ ] does not comply with approved exhibits, if any.

INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of [X] Septic tank. [ ] Cesspool.

Septic tank:

Distance from well, none feet. Material, concrete Number of compartments 3

Total liquid capacity, 900 gallons. Capacity inlet compartment, 300 gallons.

Inside length, 10'3" feet. Inside width, 56½" feet. Liquid depth, 4 feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at [ ] front, [ ] side, [ ] rear, _____ feet.

Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of [ ] Distribution box and [X] Tile disposal field. [ ] Seepage pits. Other _____

Tile disposal field:

Distance from: Well, none feet; foundation, 12' feet; nearest lot line at [ ] front, [X] side, [ ] rear, 10' feet.

Total length of tile lines, ~~300~~ 166 feet. Number of lines, ~~4~~ 5. Distance between lines, 10 feet.

Total effective absorption area in bottom of trenches, ~~[illegible]~~ [illegible] square feet. Trench width, 36 inches. + Bed area

Length of each line, 50 average feet. Depth, top of tile to finish grade, 18" inches

Type of filter material: [X] Gravel. [ ] Broken stone. [ ] Cinders. Other _____

Depth of filter material beneath tile, 36" inches. Depth of filter material over tile, 4 inches. pea stone

COMMENTS (Note only supplemental pertinent information [illegible] and which may [illegible] opinion that the system is unsatisfactory, describe in detail)

INSPECTION OF INDIVIDUAL WATER SUPPLY SYSTEM MADE BY

☐ STATE ☐ COUNTY ☒ LOCAL HEALTH AUTHORITY ☐ VA COMPLIANCE INSPECTOR

DATE OF INSPECTION

SIGNATURE OF INSPECTING OFFICIAL

TITLE

INSPECTION OF INDIVIDUAL SEWAGE DISPOSAL SYSTEM MADE BY

☐ STATE ☐ COUNTY ☒ LOCAL HEALTH AUTHORITY ☐ VA COMPLIANCE INSPECTOR

DATE OF INSPECTION

SIGNATURE OF INSPECTING OFFICIAL

TITLE

PART II—FOR USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING REPORT

BASED ON THE INFORMATION REPORTED HEREON AND OTHER AVAILABLE INFORMATION IT IS THE OPINION OF THE (Check)

☐ STATE ☐ COUNTY ☐ LOCAL DEPARTMENT OF HEALTH

THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS

☐ SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY

☐ NOT SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY

BASED ON THE INFORMATION REPORTED HEREON AND OTHER AVAILABLE INFORMATION IT IS THE OPINION OF THE (Check)

☐ STATE ☐ COUNTY ☐ LOCAL DEPARTMENT OF HEALTH

THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM WITH PROPER MAINTENANCE

☐ CAN BE EXPECTED TO FUNCTION SATISFACTORILY AND IS NOT LIKELY TO CREATE AN UNSANITARY CONDITION

☐ CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY

REMARKS

DATE

SIGNATURE OF REVIEWING OFFICIAL

TITLE

PART III—FOR USE OF VA OFFICE

I have reviewed the foregoing and the pertinent VA Compliance Inspection Report and recommend that the

individual water supply system be considered ☐ Acceptable ☐ Not acceptable

individual sewage-disposal system be considered ☐ Acceptable ☐ Not acceptable

REMARKS

DATE

SIGNATURE OF CHIEF APPRAISAL SECTION

☆ U.S. GOVERNMENT PRINTING OFFICE 1960 OF - 543294

For New $30 Rec'd FAS

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 28-62

Kay Vee Realty Co. Inc. of 1160 Bay St Springfield
(owner's name) (address) (phone)

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

which will be located at Lot #4 So East St. to be installed by

Same
(name) (address) (phone

Builder is Same Plumber is R. Clifford

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 X 150 Type of Soil Gravel + Clay + Sand Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water 4'+ Kind of Well —

Will Lot be Graded? Yes By Filling or Removing Soil? Some fill front

Building: Dimensions 26 X 40 No. Bedrooms 3 No. Occupants 8 Spec

Fixtures: No. Toilets 1 Urinals — Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders NONE

Auto Dishwasher NONE Auto. Clotheswasher 1 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 9/10/62 [signature]
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 28-62

Kay Vee Realty Co. Inc. 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 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 150 Sq. Ft. bottom area. 450 sq ft Area

Dry well ft. bottom area and ft. below the inlet.

Other Dist. Box

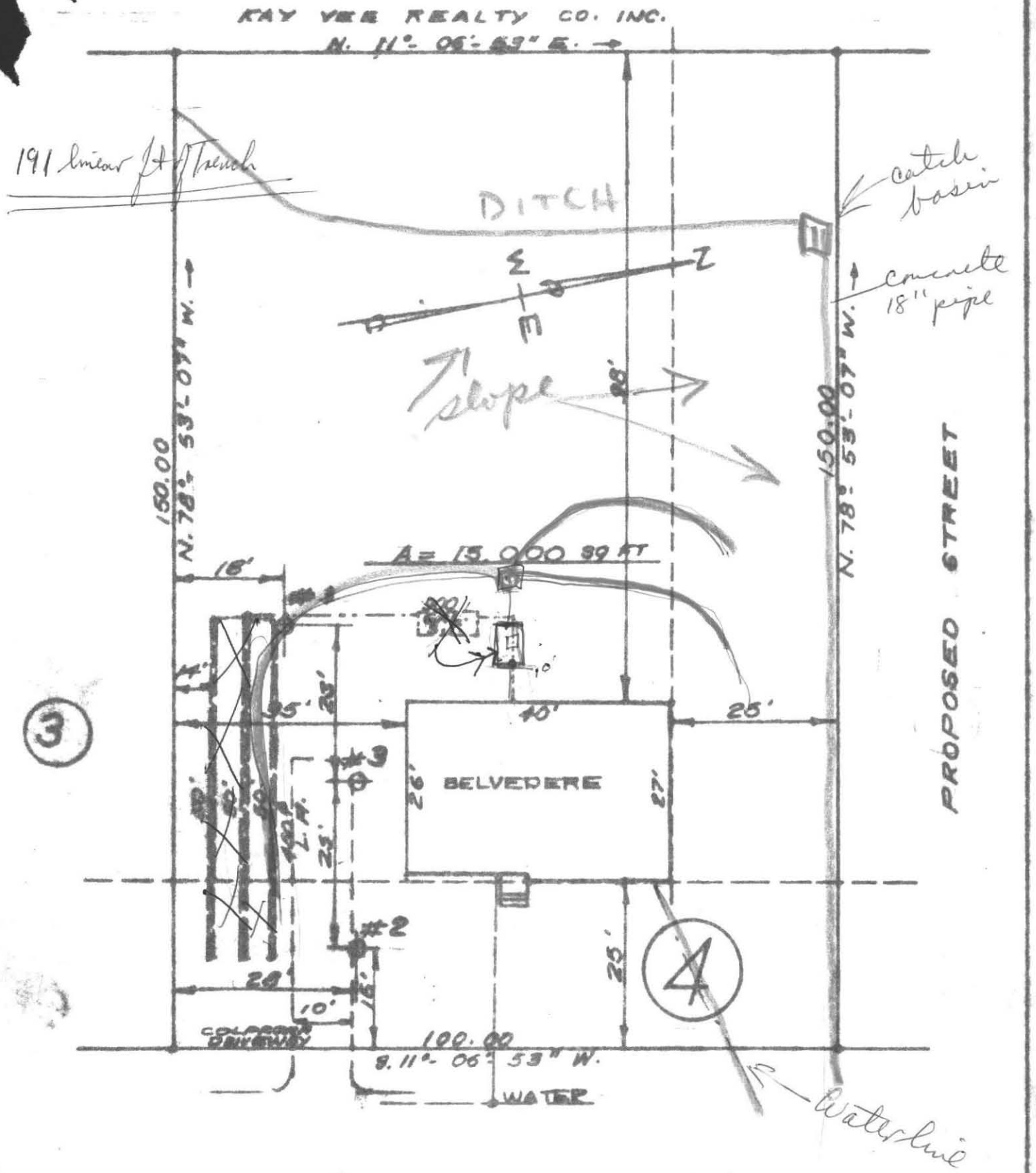
(PERCOLATION TESTS 8/28/62 R. FLOW. AV FLOW 21 min./inch)

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.

Grade for surface drainage relocate + repair ditch on west.

[signature] 9/10/62
for the Board of Health date

Inspected 11/1/62 Approved ~~[signature]~~ FAS
[signature] 11/8/62



PLOT PLAN
SCALE: 1" = 20'

AMHERST, MASS. AUGUST 27, 1962

September 4, 1962

To Whom It May Concern:

Gentlemen:

Approval is hereby given to the site and design* of the proposed sewage disposal system on Lot #4 South East Street, Amherst, Massachusetts, owned by Norman B. Keddy Construction Company, Inc.

Very truly yours,

BOARD OF HEALTH

by: G. A. King, Agent

*Keep water line to north side of House
Keep sufficient area available to duplicate leaching area if necessary. CAS

FHA Form 2573
Rev. July 1958

FEDERAL HOUSING ADMINISTRATION

Form Approved
Budget Bureau No. 63-R296.8

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
Boston, Massachusetts		

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
N. B. Keddy Construction Co., Inc.	Lot #4 South East Street, Amherst, Mass.

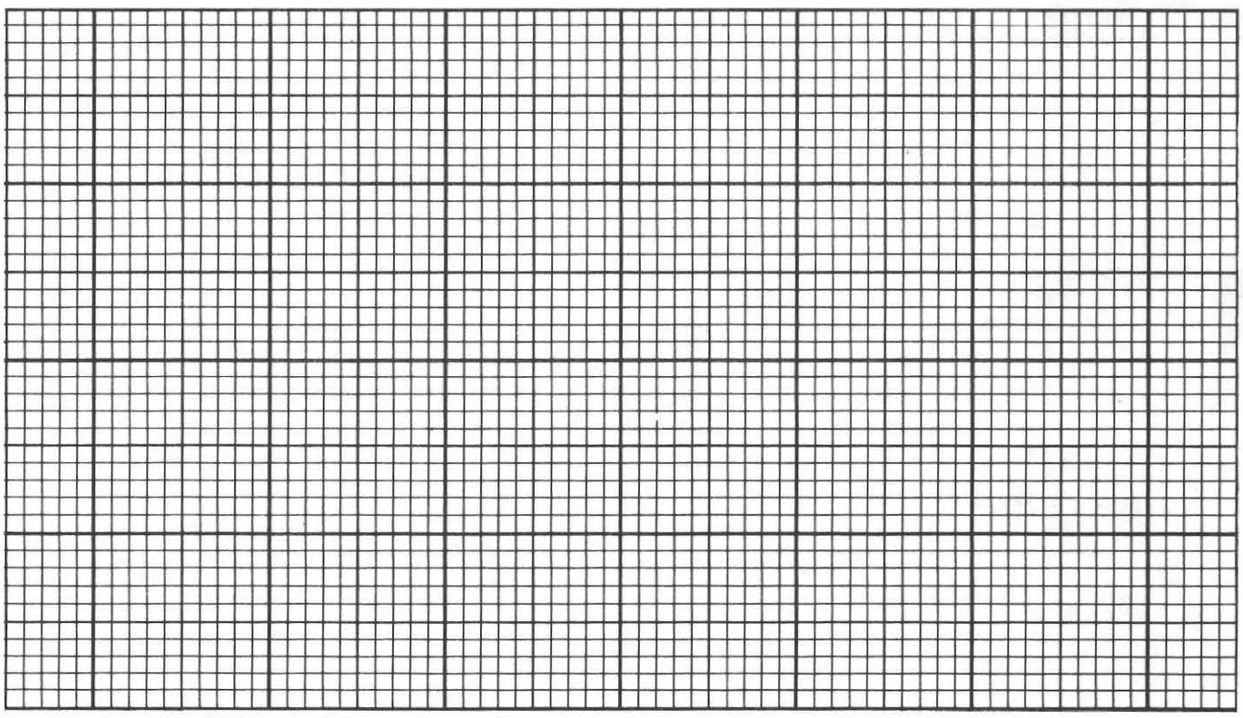
SUBDIVISION NAME	BLOCK NO.	LOT NO.
		4

TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT		Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1½	[x] Yes [ ] No	[x] New installation	[ ] Yes [x] No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
[x] Public system	[ ] Community system	[ ] Individual	NO. OF BDRMS.	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:				
[ ] Public system	[ ] Community system	[x] Individual	3	[ ] Yes [x] No

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the [ ] State [ ] County [ ] Local Department of Health that this individual water-supply system [ ] is [ ] is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the [ ] State [ ] County [x] Local Department of Health that this individual sewage-disposal system with proper maintenance:

[x] Can be expected to function satisfactorily, and is not likely to create an insanitary condition

[ ] Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
11/8/62	FAS	

NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.

Use of the above grid for Health Department Inspector's sketch as well as use of the back of this form is at the option of the health authority.

PART III.—FOR USE OF FHA OFFICE

TO THE CHIEF UNDERWRITER:

I have reviewed the foregoing and the pertinent FHA Compliance Inspection Report, and recommend that the

Individual water-supply system be considered [ ] Acceptable [ ] Not Acceptable

Sewage disposal be considered [ ] Acceptable [ ] Not Acceptable.

DATE	SIGNATURE	
		[ ] CHIEF ARCHITECT [ ] DEPUTY FOR CHIEF ARCHITECT

REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of ☐ Septic tank. ☐ Cesspool.

Septic Tank:

Distance from well, _____ feet. Material, _____ Number of compartments _____

Total liquid capacity, _____ gallons. Capacity inlet compartment, _____ gallons.

Inside length, _____ feet. Inside width, _____ feet. Liquid depth, _____ feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.

Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of ☐ Tile disposal field. ☐ Seepage pits. Other _____

Tile Disposal Field:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.

Total length of tile lines, _____ feet. Number of lines, _____. Distance between lines, _____ feet.

Trench width, _____ inches. Total effective absorption area in bottom of trenches, _____ square feet.

Length of each line, _____ feet. Depth, top of tile to finish grade, _____ inches.

Type of filter material: ☐ Gravel. ☐ Broken stone. Other _____

Depth of filter material beneath tile, _____ inches. Depth of filter material over tile, _____ inches.

Seepage Pits:

Number of pits _____. Outside diameter, _____ feet. Depth, _____ feet. Lining material _____

Distance from: Well, _____ feet; building foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet.

Inspection made by: ☐ State. ☐ County. ☐ Local Health Authority.

Inspected by _____

Date of inspection _____, 19____ _____
(TITLE)

REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual wells ☐ are ☐ are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

_____

Properties in neighborhood ☐ are ☐ are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.

Individual water supply from: ☐ Drilled well. ☐ Driven well. ☐ Dug well. ☐ Bored well.

Distance of well from:

Building foundation, _____ feet; nearest lot line at ☐ front, ☐ side, ☐ rear, _____ feet,

cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;

seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.

Approximate depth to pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.

Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: ☐ Cement grout. ☐ Puddled clay. ☐ Ordinary backfill.

Well cover: ☐ Concrete. ☐ Wood. ☐ Metal. Openings in well cover watertight: ☐ Yes. ☐ No.

Pump: ☐ Shallow well. ☐ Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: ☐ Basement. ☐ Pumproom off basement. ☐ Pumphouse above ground. ☐ Pump pit.

Pumproom properly drained: ☐ Yes. ☐ No. Pump mounting watertight: ☐ Yes. ☐ No.

Type of storage: ☐ Pressure. ☐ Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? ☐ Yes. ☐ No. If answer is "yes," give date _____, 19____

Quality of water ☐ is ☐ is not satisfactory for human consumption.

Installation ☐ does ☐ does not comply with approved exhibits, if any.

Inspection made by: ☐ State. ☐ County. ☐ Local Health Authority.

Inspected by _____

Date of inspection _____, 19____ _____
(TITLE)

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F—427038

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 17

Kay Vee Realty Co. Inc. (owner's name) of 1160 Bay St. - Springfield Mass (address) - RE-37851 (phone)

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

which will be located at Lot #3 South East St. to be installed by

George Vadnais Const Co. Inc. (name) - 1160 Bay St. Springfield Mass (address) - RE-37851 (phone)

Builder is George Vadnais Construction Co Inc. Plumber is Clifford Bros

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 X 150 Type of Soil Clay & Gravel Well or Town Water? Town

Distance to Town Sewer ..... Depth to Ground Water ..... Kind of Well None

Will Lot be Graded? Yes By Filling or Removing Soil? Filling

Building: Dimensions ~~8 x 17~~ 24 x 38 No. Bedrooms 3 No. Occupants .....

Fixtures: No. Toilets 1 Urinals ..... Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders None

Auto Dishwasher ..... Auto. Clotheswasher 1 Other (basement) .....

See plot plan

(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 7/8/59 L. A. Dutremble George Vadnais Const. Co. Inc.
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

Kay Vee Realty Co. Inc. 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 600 Gals. Liquid Capacity. minimum

Leaching System: Trenches of not less than ..... Sq. Ft. bottom area.

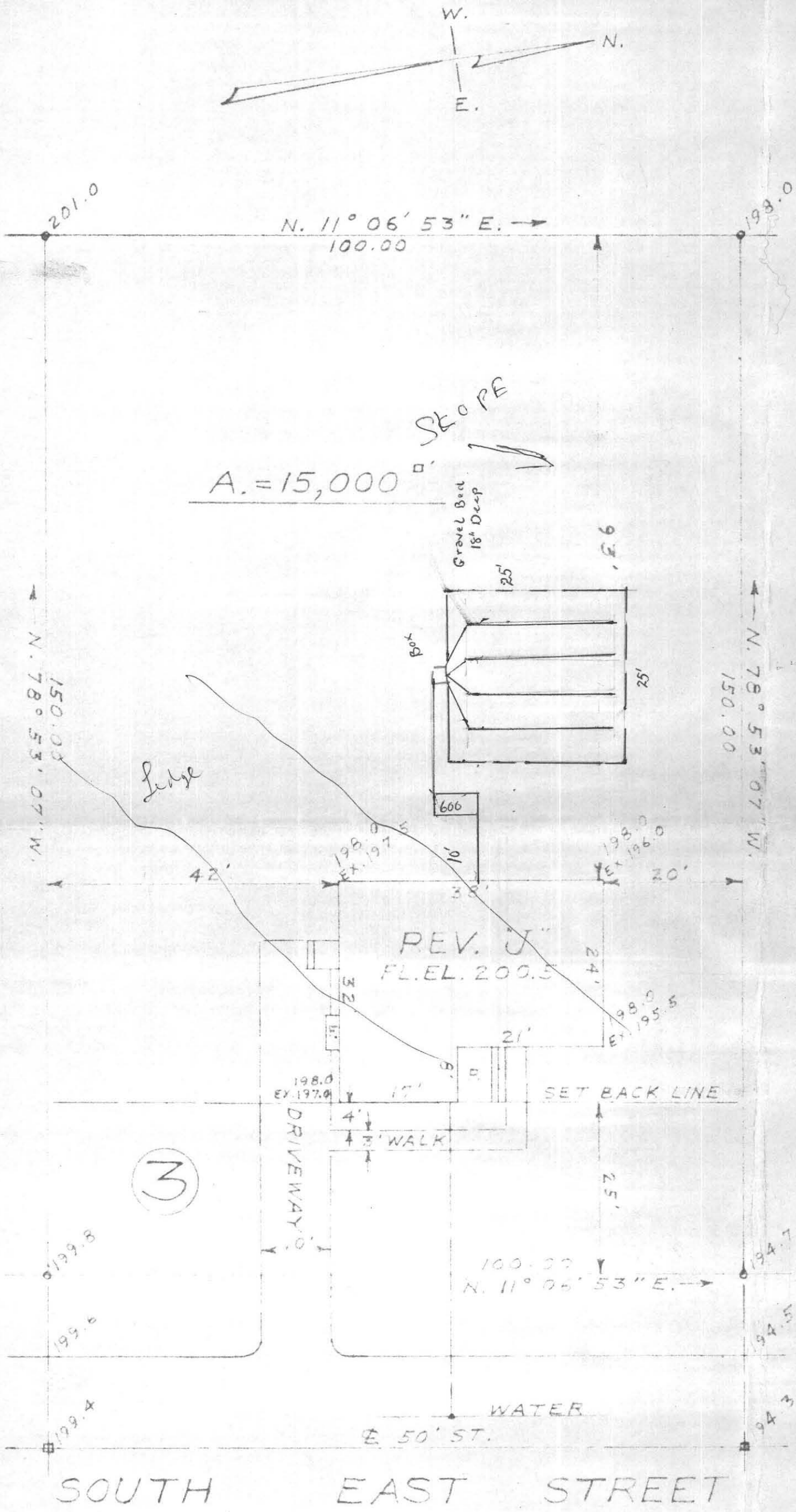
Dry well ..... ft. bottom area and ..... ft. below the inlet.

Other Leach bed 600 sq ft area Bank run coarse gravel Min 18" deep with 100 ft. leach pipe from dist. Box.

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.

F. A. Sirois 7/8/59
for the Board of Health date

Inspected 8/24-25-26-27-28 Approved 8/28/59 F. A. Sirois



3

PLOT PLAN

SCALE:- 1/16" = 1'-0"

BRIARCLIFF MANOR

4-23-59

FHA Form [illegible]
Rev. July 1940

FEDERAL HOUSING ADMINISTRATION

Form Approved
Budget Bureau No. 63-R296.8

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
BOSTON, MASSACHUSETTS	NONOTUCK SAVINGS BANK	25-065091

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
GEORGE VADNAIS CONSTRUCTION CO.	LOT 3 SOUTH EAST ST., AMHERST, MASS.

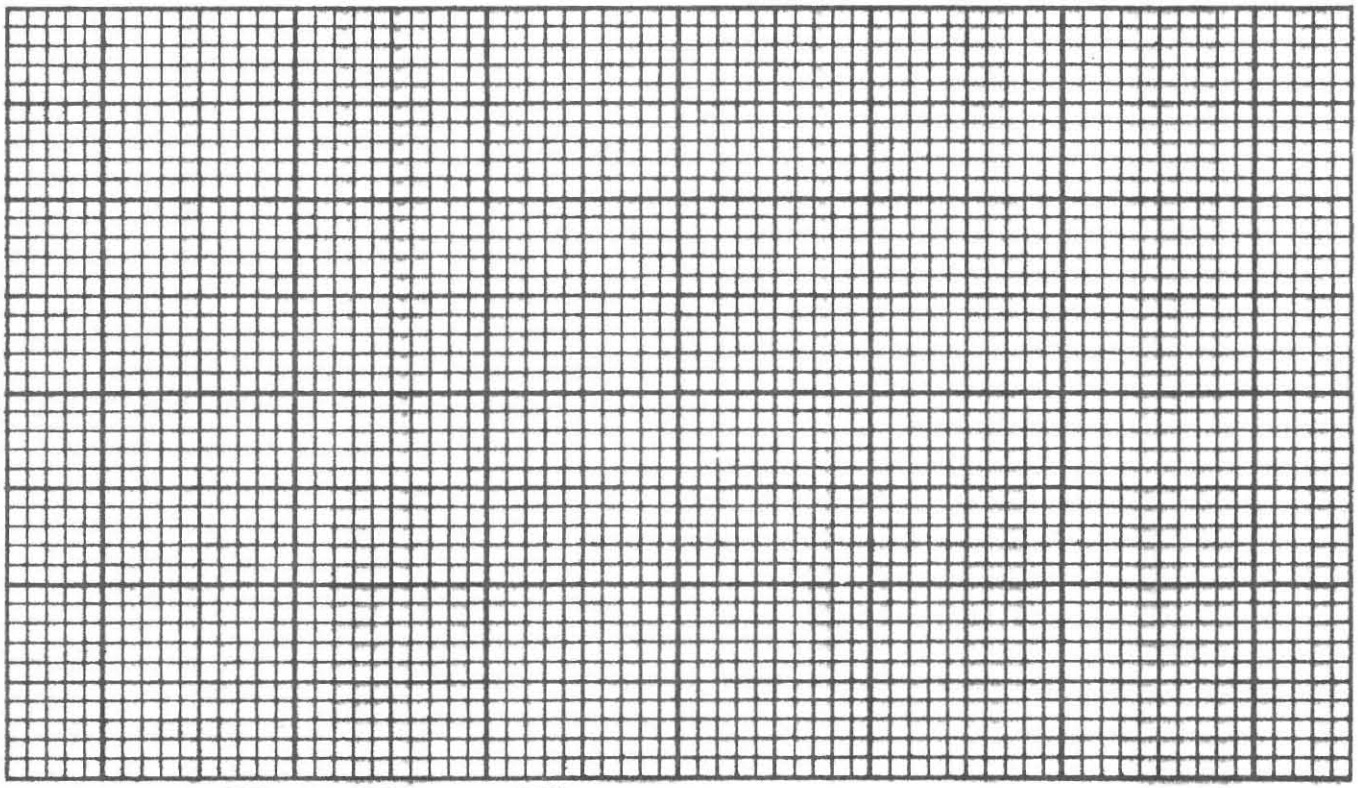
SUBDIVISION NAME	BLOCK NO.	LOT NO.

TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT	[X] New installation	Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1	[X] Yes [ ] No		[ ] Yes [X] No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
[X] Public system	[ ] Community system	[ ] Individual	NO. OF BDRMS.	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:				
[ ] Public system	[ ] Community system	[X] Individual	3	[ ] Yes [X] No

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the [ ] State [ ] County [X] Local Department of Health that this individual water-supply system [ ] is [ ] is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the [ ] State [ ] County [X] Local Department of Health that this individual sewage-disposal system with proper maintenance:

[X] Can be expected to function satisfactorily, and is not likely to create an insanitary condition

[ ] Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
9/10/59	Frederick A. Sind R.S.	Agent + Sanitarian

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 18

Kay-Vee Realty Cor Inc of 1160 Bay St Springfield Mass Re 37851
(owner's name) (address) (phone)

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

which will be located at Lot #1 ~~Southeast~~ South East St. to be installed by

George Vadnais Construction Co. Inc. 1160 Bay St. Springfield Mass RE-37851
(name) (address) (phone)

Builder is George Vadnais Const. Co. Inc. Plumber is Clifford Bros.

Description of lot, building and fixtures as follows:

Lot: Dimensions 149.8' x 108' Type of Soil Clay & Gravel Well or Town Water? Town

Distance to Town Sewer ..... Depth to Ground Water ..... Kind of Well None

Will Lot be Graded? Yes By Filling or Removing Soil? Filling

Building: Dimensions 38 x 21 No. Bedrooms 1 No. Occupants .....

Fixtures: No. Toilets 1 Urinals None Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders None

Auto Dishwasher 1 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 7/14/59 L. A. Dutremble
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 18

Kay Vee Realty Co. Inc 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 600 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 248 Sq. Ft. bottom area.

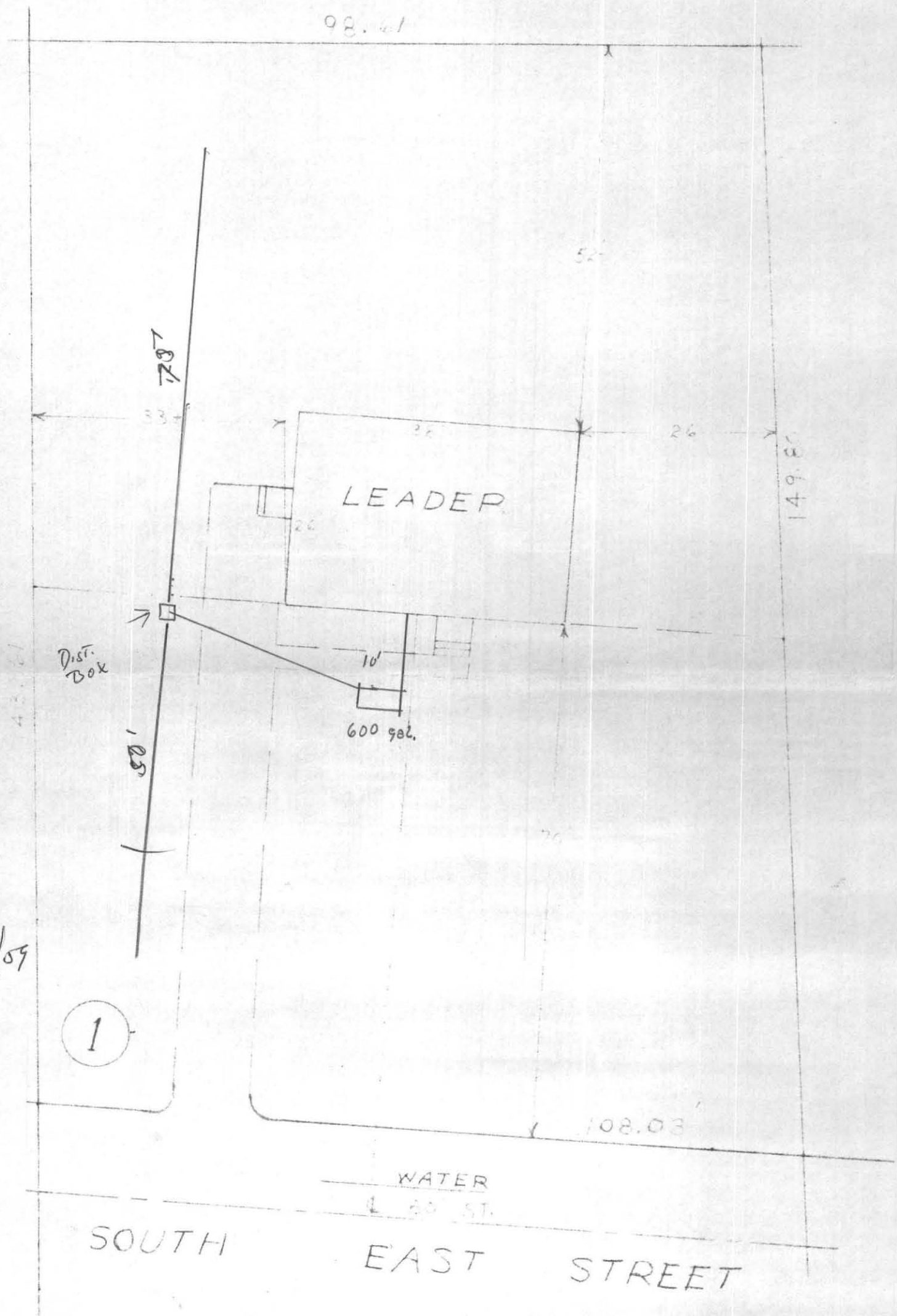
Dry well ..... ft. bottom area and ..... ft. below the inlet.

(Other) Minimum 12" Stone under leach line

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.

G. A. Sino 7/30/59
for the Board of Health date

Inspected 8/24 - 8/25/8/26 - 8/27/8 Approved 8/28/59 G. A. Sino



Trench 3 ft wide
125 ft. long.

approved 8/28/09

PLOT PLAN
SCALE: 1/16" = 1'-0"

BRIARCLIFF MANOR

Duplicate

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 6-59

Kay-Vee Realty Co. Inc. (owner's name) of 1160 Bay St. Springfield Mass (address) — RE 3-7851 (phone)

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

which will be located at Lot 6 South East St. to be installed by

George Vachnais Construction Co. Inc. (name) 1160 Bay St. Sp'fld (address) RE-3-7851 (phone)

Builder is George Vachnais Const. Co. Inc. Plumber is Clifford Bros.

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 x 150 Type of Soil Clay & Gravel Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water 3' To 4' Kind of Well None

Will Lot be Graded? Yes By Filling or Removing Soil? Filling & some removal in rear

Building: Dimensions 38' x 26' No. Bedrooms 3 No. Occupants SPECULATION

Fixtures: No. Toilets 1 Urinals None Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders None

Auto Dishwasher None Auto. Clotheswasher 1 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 6/3/59 Geo. A. Dutremble (Signature of Applicant)

Plot Plan attached

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 6-59

Kay Vee Realty Co. Inc. 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 600 Gals. Liquid Capacity.

Leaching System: Trenches of not less than ~~300~~ Sq. Ft. bottom area. (See Plot Plan)

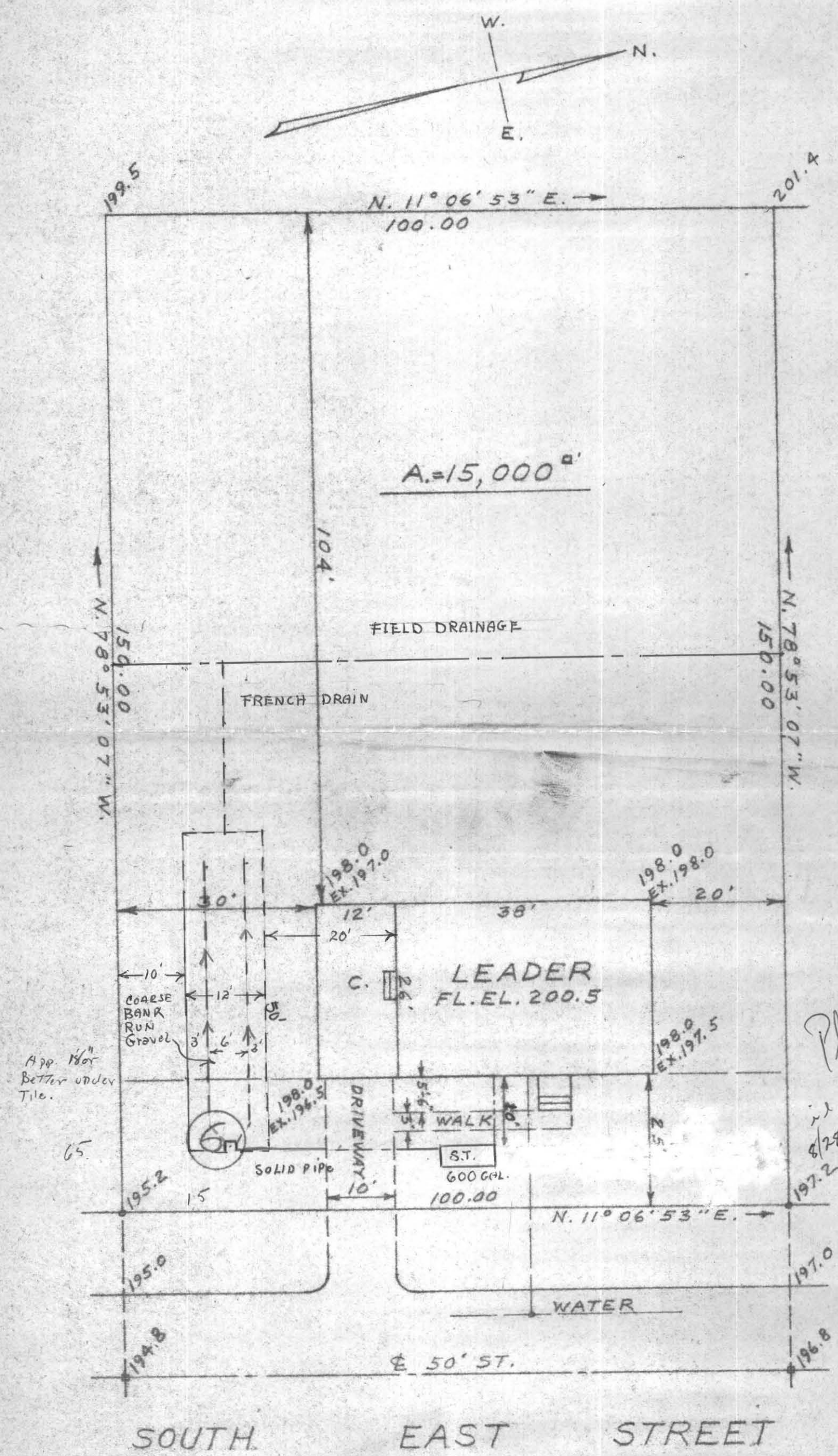
Dry well ft. bottom area and ft. below the inlet.

Other

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

G. G. Siino 6/8/59
for the Board of Health date

Inspected Approved



Plan Revised in Septem to right 8/28/59 1 ft good of stone 6" deep + cover for pipes

PLOT PLAN

SCALE:- 1/16" = 1'-0"

BRIARCLIFF MANOR

3-27-59

SPEED LETTER

TO BOARD OF HEALTH
AMHERST, MASSACHUSETTS
ATTENTION: MR. SIINO

FROM GEORGE VADNAIS CONSTRUCTION CO., INC.
1160 BAY ST., SPRINGFIELD, MASS.

SUBJECT FHA FORMS #2573 FOR BRIARCLIFF MANOR, AMHERST, MASS.

MESSAGE

SEPT. / 9 / 1959

WOULD YOU KINDLY SIGN THE ENCLOSED FORMS AND RETURN SAME TO OUR OFFICE. A~~N~~ SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE.

THANK YOU.

SIGNED Rich Bell

REPLY

SEPT. / 10 / 1959

Enclosed are the three signed copies as requested.

SIGNED E. G. Siino

FORM 44-902 U. S. A.

RECIPIENT: RETAIN WHITE COPY, REPLY ON PINK COPY

BOARD OF HEALTH

AMHERST, MASSACHUSETTS

ATTENTION: MR. BIING:

FHA FORMS 1257Z FOR DRIARCLIFF MANOR, AMHERST, MAS.

DEAR.

WOULD YOU KINDLY SIGN THE ENCLOSED FORMS AND RETURN SAME TO OUR OFFICE. A SELF-ADDRESSED ENVELOPE IS ENCLOSED FOR YOUR CONVENIENCE.

THANK YOU.

unidentifiable

	TIME/ MILES	INITIAL	REINSPEC	INITIAL	REINSPEC	INITIAL
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
TOTALS						
****TOTAL NUMBER OF VIOLATIONS						
OFF DUTY (VAC., ILL, CX, OTHER - SPECIFY)						
TOTAL						

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No 69-3 Date April 22, 1969 Fee 5.00 Date Rec'd. _____ By _____

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

Location—Address South East Street or Lot No. _____

Owner Harry S. Huguel Address _____

Contractor Chester J. Moleszko Address _____

Type of Building Dwelling Dimensions 24'6 x 46' Size Lot 100 x 265

Dwelling—No. of Bedrooms 4 Expansion Attic (No) Garbage Grinder (No)

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 1000 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter 15 Depth below inlet 2'0" Total leaching area 600 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 C E Drake Date _____

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 _____ 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.

_____ Owner or builder _____ date

Application Approved by C Drake _____ 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
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

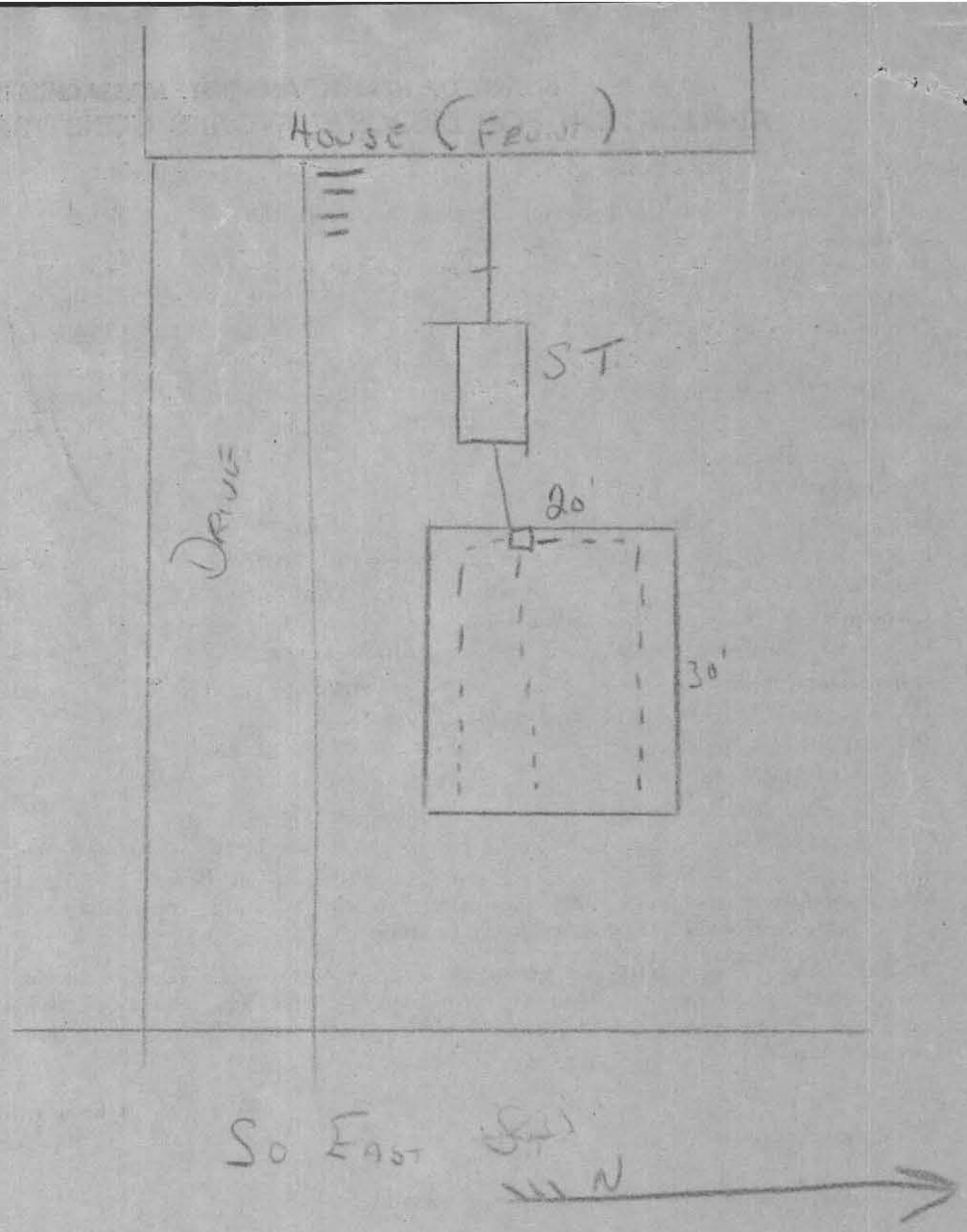
No. _____

Permission is hereby granted _____ to construct ( ) or repair ( ) an 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.

DATE _____ _____ Board of Health


House (Front)
ST
20'
30'
Drive
So East St
N

Town of

AMHERST Massachusetts

OFFICE OF THE TOWN MANAGER

August 4, 1970

Dr. John Waldman
11 Roundelay Road
South Hadley, Mass.

Dear Dr. Waldman:

Please excuse my delay in answering your request concerning the practicability of extending the sanitary sewer line to your property on South East Street. I have received a profile from our Resident Inspector which indicates that there would be very little cover over the sanitary sewer at the North corner of your property. It would take approximately 200 feet of construction to continue this sewer at the present grade to the Westerly side of the street at a point opposite your property line. A manhole should be built at this point which would only be about two and one-half feet in depth.

I do not recommend this extension to you at this time. In the first place, it would be necessary for you to bear a substantial part of the cost of this extension which probably would be in the vicinity of $2,500. With such a small amount of cover over the pipe there would always be the danger of freezing, although I must admit that we have very little trouble with sanitary sewers in this respect. My recommendation would still be that you utilize a septic tank and a properly constructed drainage field located on the Easterly slope of your property. In this way, should a sewer be constructed on South East Street at some future date, it would not be difficult for you to make a connection.

Very truly yours,

Allen L. Torrey
Town Manager

fas

cc: Stanley Ziomek, Superintendent of Public Works
Chester Penza, Building Inspector
Charles Drake, Public Health Director

Rec'd $1.00 G. A. Sims

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 14-62

Philip A. Singleton (owner's name) of S. East Street (address) AI-3-3783 (phone)

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

which will be located at S. East street to be installed by

Joseph Gralenski, West Street, Amherst, Mass. AI-3-2925
(name) (address) (phone

Builder is ..... Plumber is .....

Description of lot, building and fixtures as follows:

Lot: Dimensions..... Type of Soil Sandy Soil Well or Town Water? Town Water

Distance to Town Sewer ..... Depth to Ground Water ..... Kind of Well .....

Will Lot be Graded? ..... By Filling or Removing Soil? .....

Building: Dimensions ..... No. Bedrooms 5 No. Occupants 5

Fixtures: No. Toilets 3 Urinals ..... Wash Basins 3 Bathtubs 1

Showers 1 Kitchen Sinks 2 Garbage Grinders 1

Auto Dishwasher 1 Auto. Clotheswasher 1 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 May 8, 1962 Frank Hea Jang
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

P. A. Singleton is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of ..... Gals. Liquid Capacity.

Leaching System: Trenches of not less than ..... Sq. Ft. bottom area.

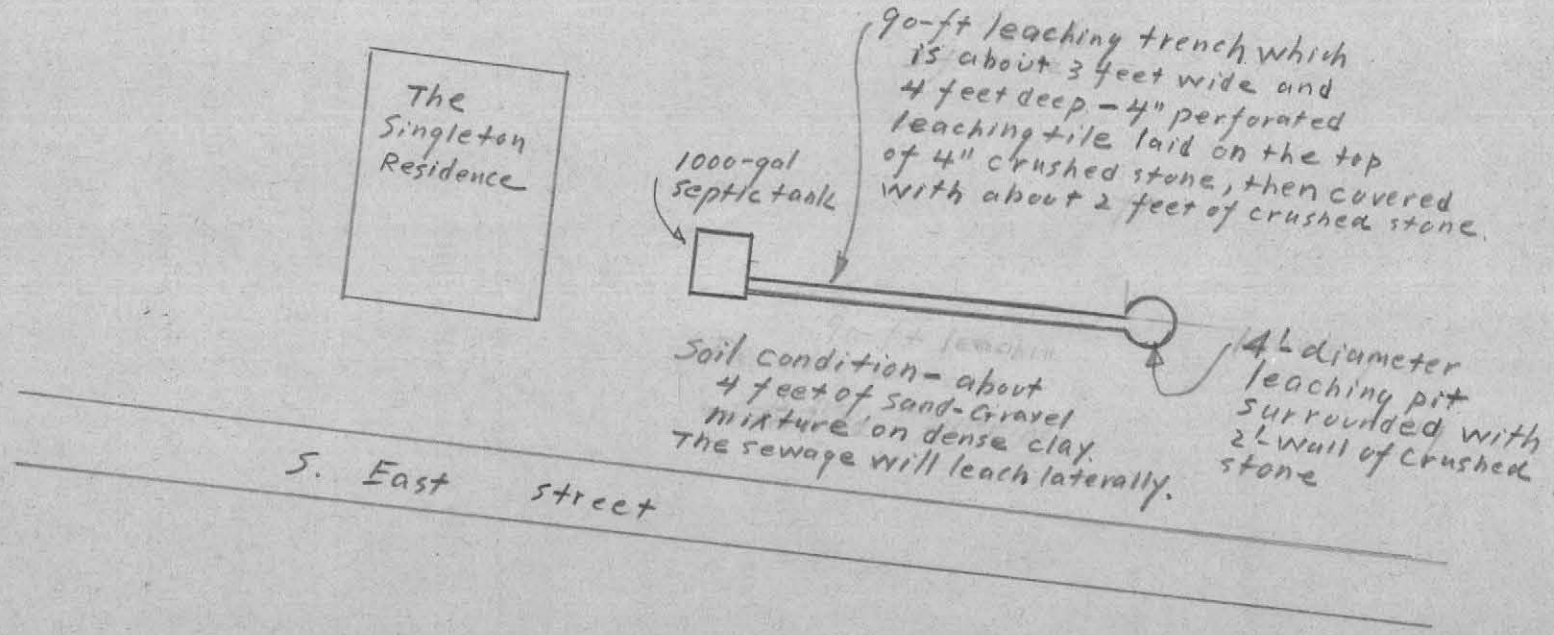
Dry well ..... ft. bottom area and ..... ft. below the inlet.

Other as per sketch

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.

G. A. Sims 5/8/62
for the Board of Health date

Inspected ..... Approved O.K.



The above sketch is not on scale.

$5.00 fee paid FAS

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

21-62

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. ~~20-62~~

STEINBECK, FRED of Sharp St.
(owner's name) (address) (phone)

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

which will be located at So. East St. to be installed by

R. Kmiecizny
(name) (address) (phone

Builder is Conklin & Steinbeck Plumber is Shipman

Description of lot, building and fixtures as follows:

Lot: Dimensions 110X150 Type of Soil Clay Well or Town Water? Town

Distance to Town Sewer Mile Depth to Ground Water ? Kind of Well —

Will Lot be Graded? Yes By Filling or Removing Soil? Fill Bank Run

Building: Dimensions 30X40 No. Bedrooms 3-5 No. Occupants

Fixtures: No. Toilets 2 Urinals — Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders Yes

Auto Dishwasher 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 6/15/62 Fred W. Steinbeck
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 20-62

F. Steinbeck 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 1200 Gals. Liquid Capacity. Area to be filled with bank Run gravel

Leaching System: Trenches of not less than 400 Sq. Ft. bottom area. 30X75'X3' deep

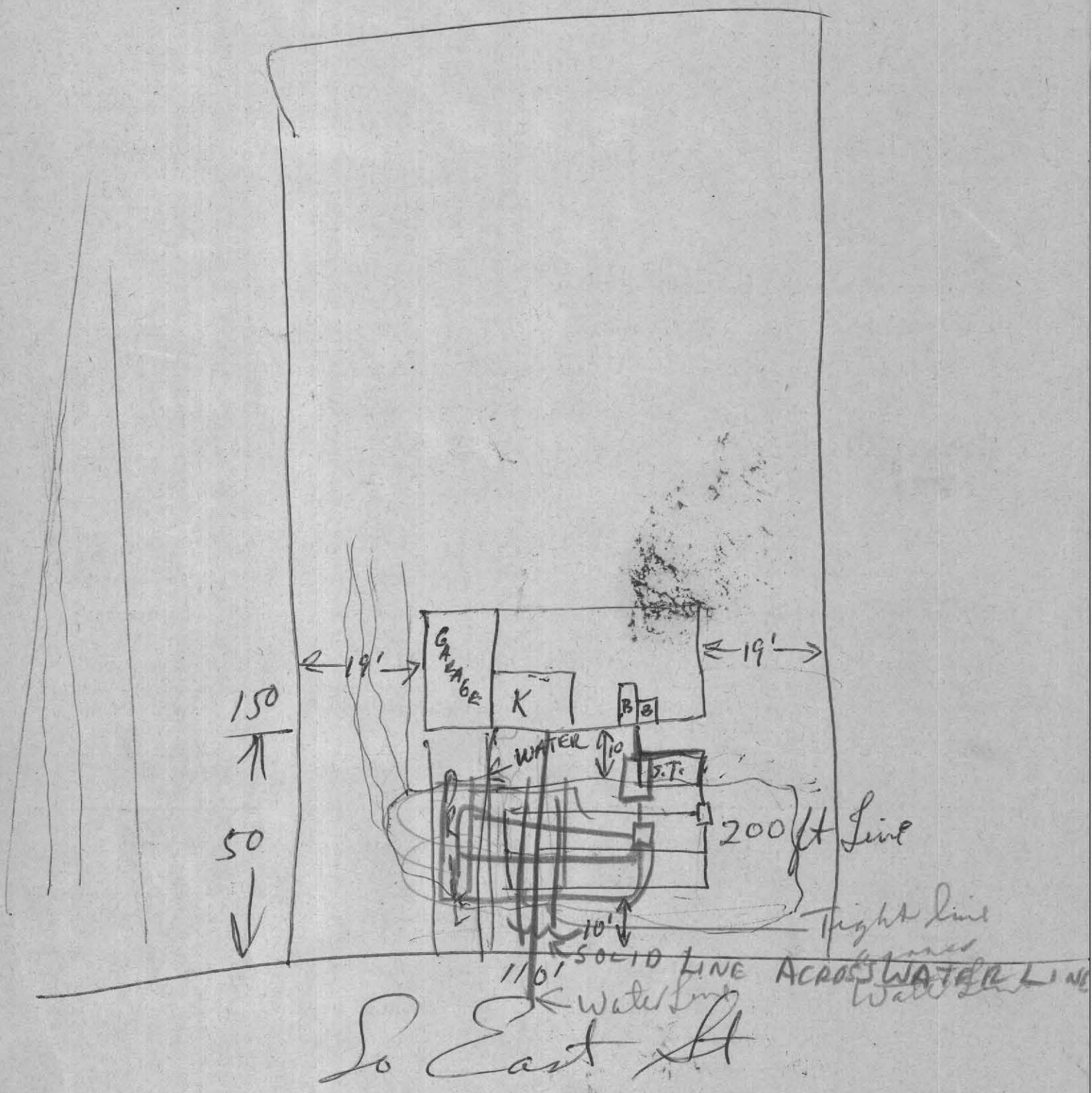
Dry well ft. bottom area and ft. below the inlet.

Other DIST BOX

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.

G. G. Sirois 6/15/62
for the Board of Health date

Inspected Approved G. G. Sirois


GARAGE
K
B
B
19'
19'
150
50
WATER
10
S.T.
200 ft Line
Tight line
10'
SOLID LINE ACROSS WATER LINE
110'
Water line
So East St

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-34 Date 12-10-65 Fee $30 Date Rec'd. 12-10-65 By CEO

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

Location—Address So East St or Lot No. _____

Owner E.D. Miller Address 969 No Pleasant St

Contractor " Address _____

Type of Building Dwelling Dimensions _____ Size Lot 125 X 120

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

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? YES Type of Well No

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

Septic Tank—Liquid capacity 900 gallons Dimensions: L. _____ W. _____ D. _____

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

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area 450 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x 15x30

Other: Distribution box (/) No. 1 Dosing tank ~~(X)~~

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

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 Gravel over Clay Depth to Ground Water None

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.

Edward J. Miller 12-10-65
Owner or builder date

Application Approved by Drake 12-30-65
date

Application Disapproved *for the following reasons:* See over for

---

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

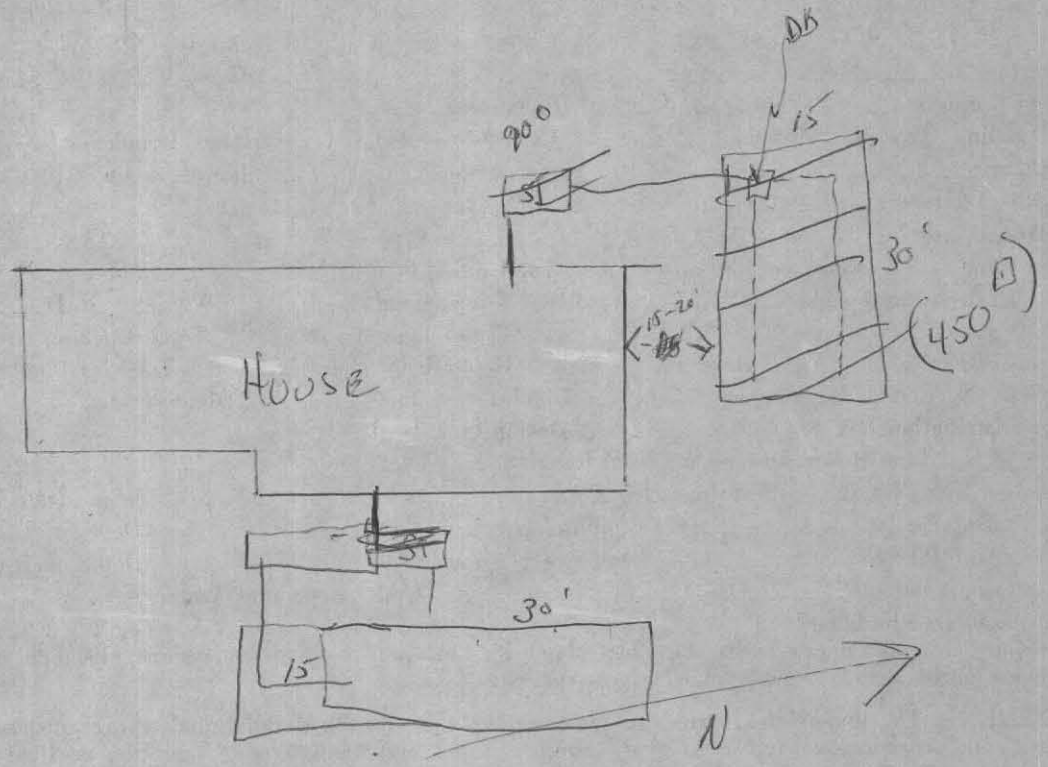
No. 65-34

Permission is hereby granted Edw. J. Miller to construct (X) or repair ( ) an Individual Sewage Disposal System at South East St as shown on the application for Disposal Works Construction Permit No. 65-34

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 12-30-65

C E Drake
Board of Health



SOUTH EAST ST

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-21 Date 6-16-65 Fee 1.00 Date Rec'd. _____ By _____

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

Location—Address So. East St. or Lot No. _____

Owner Tiffany Address So East St

Contractor S. J. Wanczyk Address So Amherst

Type of Building _____ Dimensions _____ Size Lot _____

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

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 _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6' Depth below inlet 6' Dimensions: 6 x 6 x 6

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

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 _____ 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.

S. J. Wanczyk, Jr. _____
Owner or builder date

Application Approved by [signature] 6-16-65
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 (X) by S. J. Wanczyk (INSTALLER) at So East St Tiffany 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. 65-21 dated 6-16-65

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

DATE 6-16-65 Inspector [signature]

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

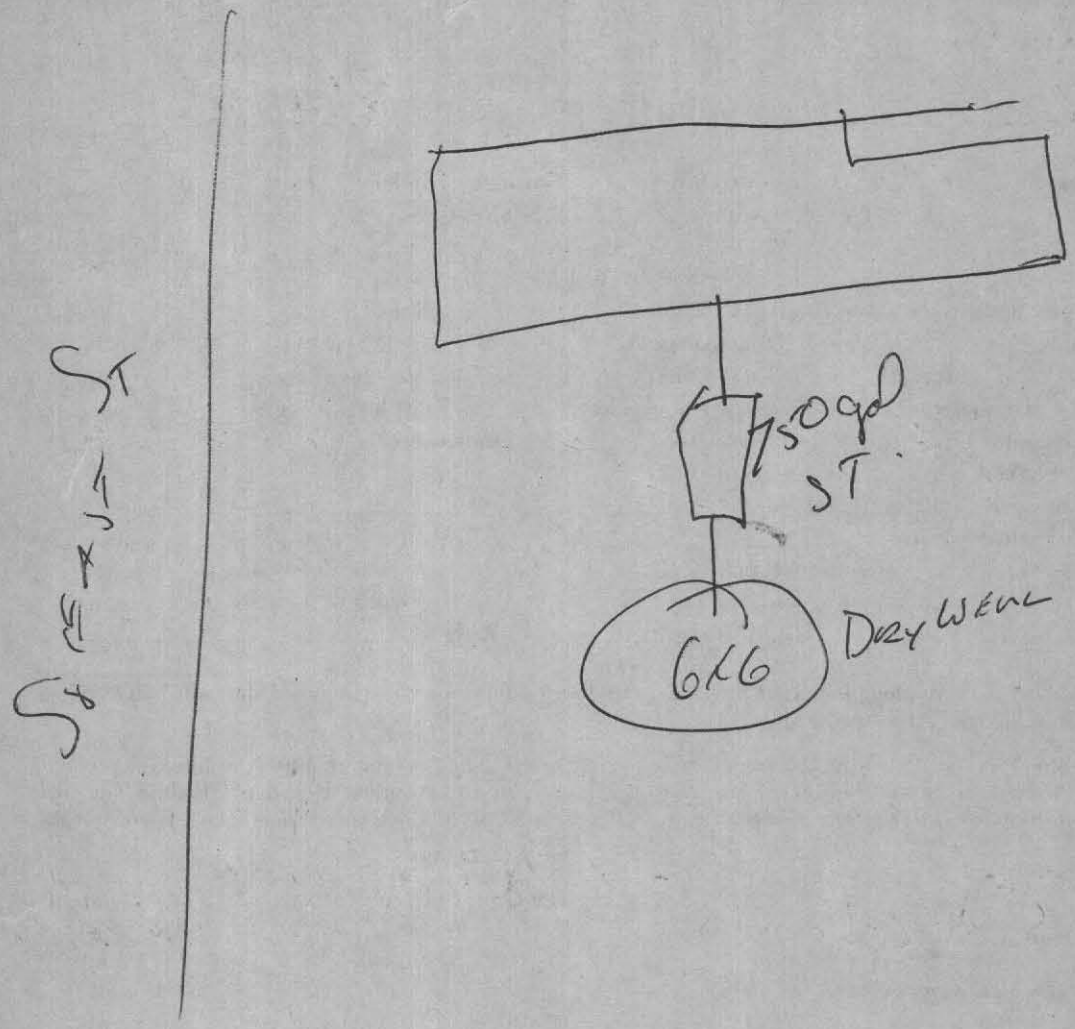
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-21

Permission is hereby granted S. J. Wanczyk to construct ( ) or repair (X) an Individual Sewage Disposal System at Tiffany - So East St 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.

DATE 6-16-65 [signature]
Board of Health


ST
Street
750gal
ST
6x6
DRY WELL

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-17 Date 6-9-65 Fee 3.00 Date Rec'd. 7/27/65 By CED.

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

Location—Address So. East St or Lot No. _____

Owner Simon Lesser Address Middle St

Contractor Geo. Buczala Address Bay Rd

Type of Building _____ Dimensions _____ Size Lot _____

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 75 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 10x30 Depth below inlet _____ Total leaching area 300 sq. ft.

Dry Well—No. 1 Diameter 6 Depth below inlet 8 Dimensions: 6 x 6 x 8

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Drake Date 6-10-65

Test Pit No. 1 3 minutes per inch Depth of Test Pit 42"

Test Pit No. 2 3 minutes per inch Depth of Test Pit 30"

Description of Soil Sand + Gravel Depth to Ground Water none

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.

Geo Buczala 6-9-65
Owner or builder date

Application Approved by C E Drake 6-10-65
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
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. 65-17

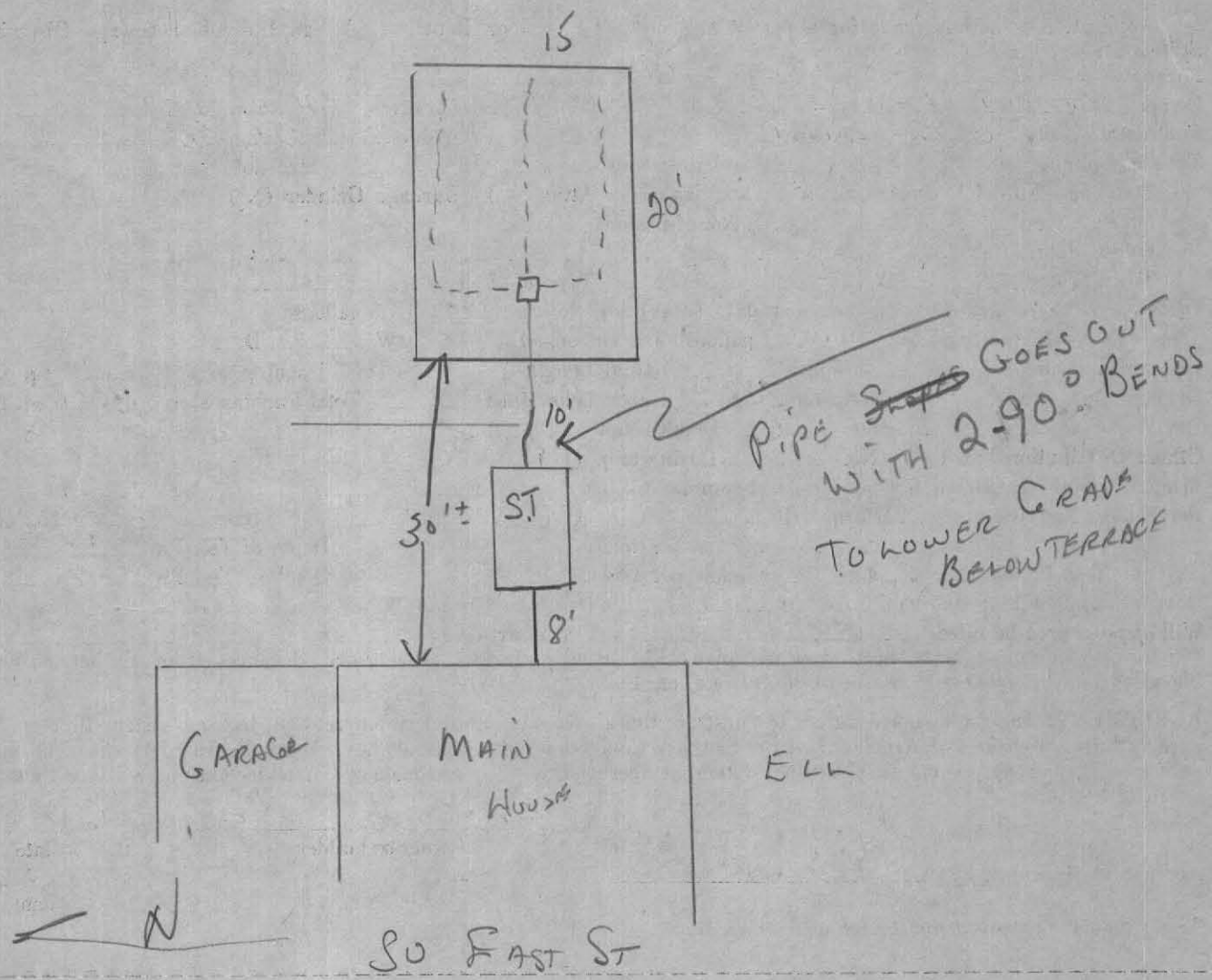
Permission is hereby granted Geo. Buczala to construct (X) or repair ( ) an Individual Sewage Disposal System at So East St

as shown on the application for Disposal Works Construction Permit No. 65-10

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 6-10-65

C E Drake
Board of Health


15
20'
10'
30'±
ST
8'
PIPE ~~STEPS~~ GOES OUT WITH 2-90° BENDS TO LOWER GRADE BELOW TERRACE
GARAGE
MAIN HOUSE
ELL
N
SO EAST ST

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-29 Date 9-30-64 Fee 30.00 Date Rec'd. 9-30-64 By [illegible]

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

Location—Address So East St or Lot No. _____

Owner Thomas Chaliroua - Richard Therrien Address 20 - Alvine St - Amh.

Contractor T. Chaliroua - R. Therrien Address Chaliroua - 169 Michigan Ave. Holyoke

Type of Building Frame Dimensions 26' x 44' Size Lot 100' x 200'

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

Other _____ No. of persons 2 Showers ( ) YES

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow ? gallons

Septic Tank—Liquid capacity 700 gallons Dimensions: L ? W ? D ?

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

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area 660 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 Duke Date 9-30-64

Test Pit No. 1 8 minutes per inch Depth of Test Pit _____

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.

[signature] Owner or builder _____ date

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
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

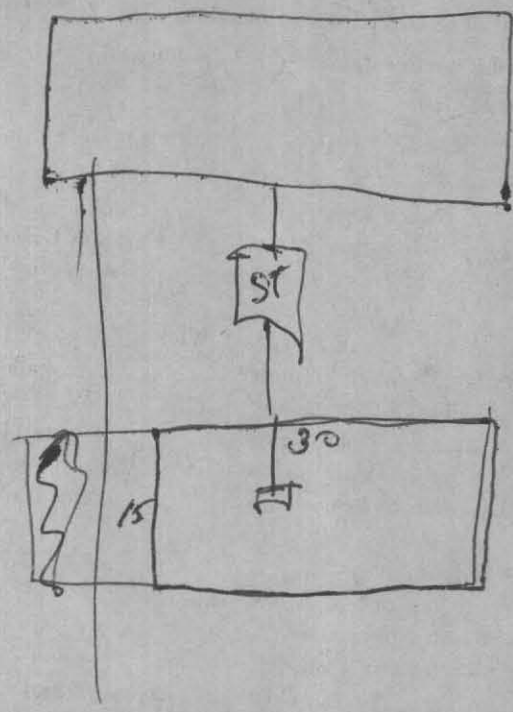
No. _____

Permission is hereby granted _____ to construct ( ) or repair ( ) an 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.

DATE _____ _____ Board of Health



JANKEY
TANK,

SO EAST ST

20

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-20 Date July 8, 1964 Fee $1.00 Date Rec'd. 7-9-64 By OED

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

Location—Address So East St. Across from Machanic St or Lot No.

Owner F. Brainard Lyman Address So East St

Contractor Archie Sanders & Conway Address Bay Road

Type of Building Dimensions Size Lot

Dwelling—No. of Bedrooms 3 Expansion Attic No Garbage Grinder No

Other No. of persons Showers ( )

Other fixtures

Town Water? Yes Type of Well

Design Flow 75 gallons per person per day. Total daily flow 450 gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L W D

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. 1 Diameter 6' Depth below inlet 8' Dimensions: 7 x 7 x 8

Other: Distribution box ( ) No. Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation 12-18")

Percolation Test Results Performed by Drake Date

Test Pit No. 1 2 minutes per inch Depth of Test Pit

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

Description of Soil Sand Gravel - Fill Depth to Ground Water 8' +

Will *disposal area* be filled? Yes 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.

F Brainard Lyman
Owner or builder date

Application Approved by Drake date 7-8-64

Application ~~Dis~~approved *for the following reasons:* Install New Dry Well. Use Existing Tank if Possible. House to be Relocated

---

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. 64-20

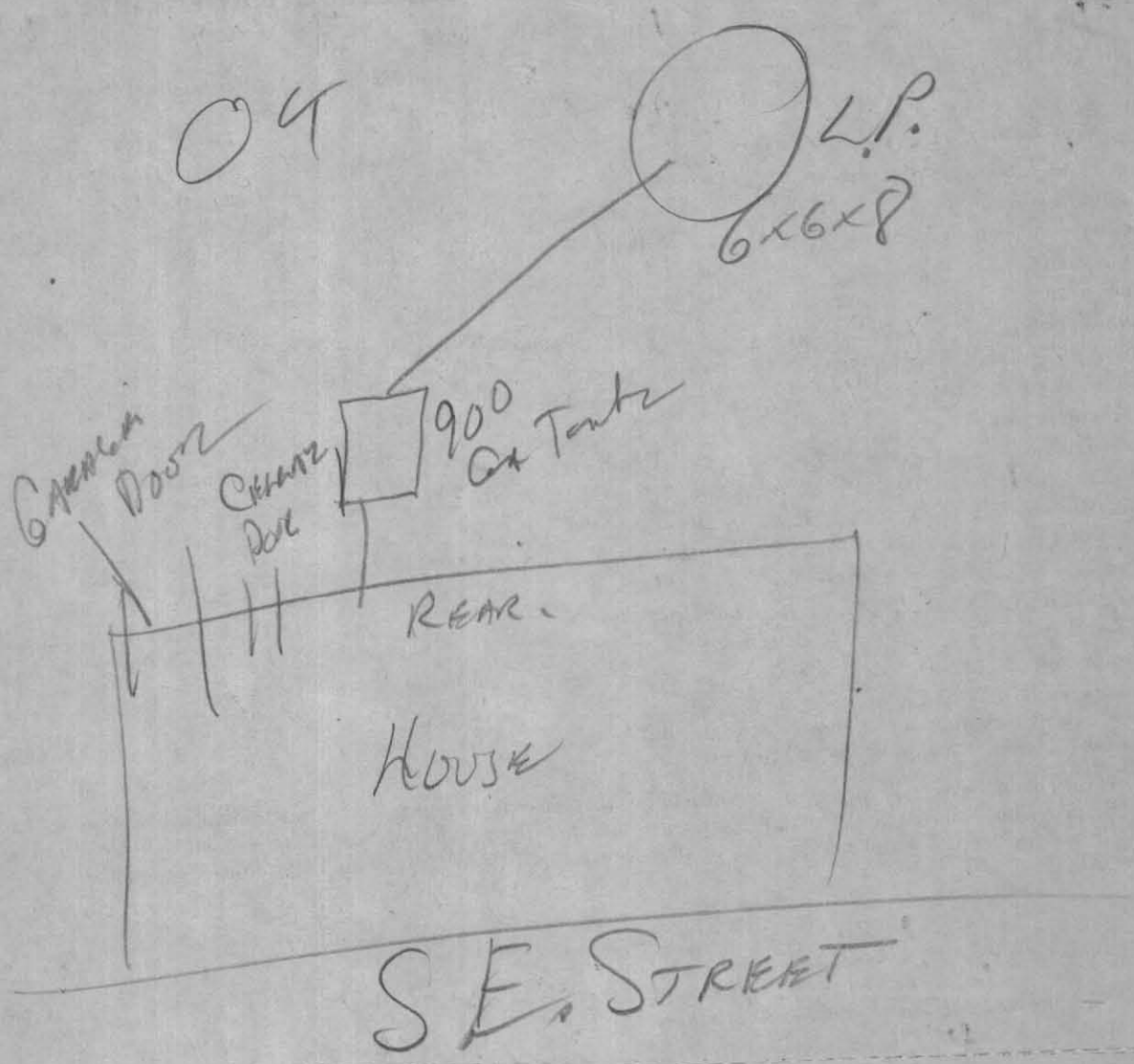
Permission is hereby granted F. B. Lyman. to construct ( ) or repair (X) an Individual Sewage Disposal System at So. East St

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.

DATE 7-8-64

O E Drake
Board of Health


O4
L.P.
6x6x8
900
Gal Tank
Garage Door
Garage Door
REAR
HOUSE
S E. STREET

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-64 Date 4-6-64 Fee $1.00 Date Rec'd. 6-4-64 By CCD

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

Location—Address So. East St. or Lot No. _____

Owner Major Killian Address 8 Carolina.

Contractor S. J. Wanczyk Address West St.

Type of Building Dwelling Dimensions _____ Size Lot 100-150

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

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow 50 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. 1 Diameter 20 x 20 Depth below inlet 2" Total leaching area 400 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 1½')

Percolation Test Results Performed by _____ Date _____

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 Clay 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.

S. Wanczyk — Owner or builder — 4-6-64 date

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
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

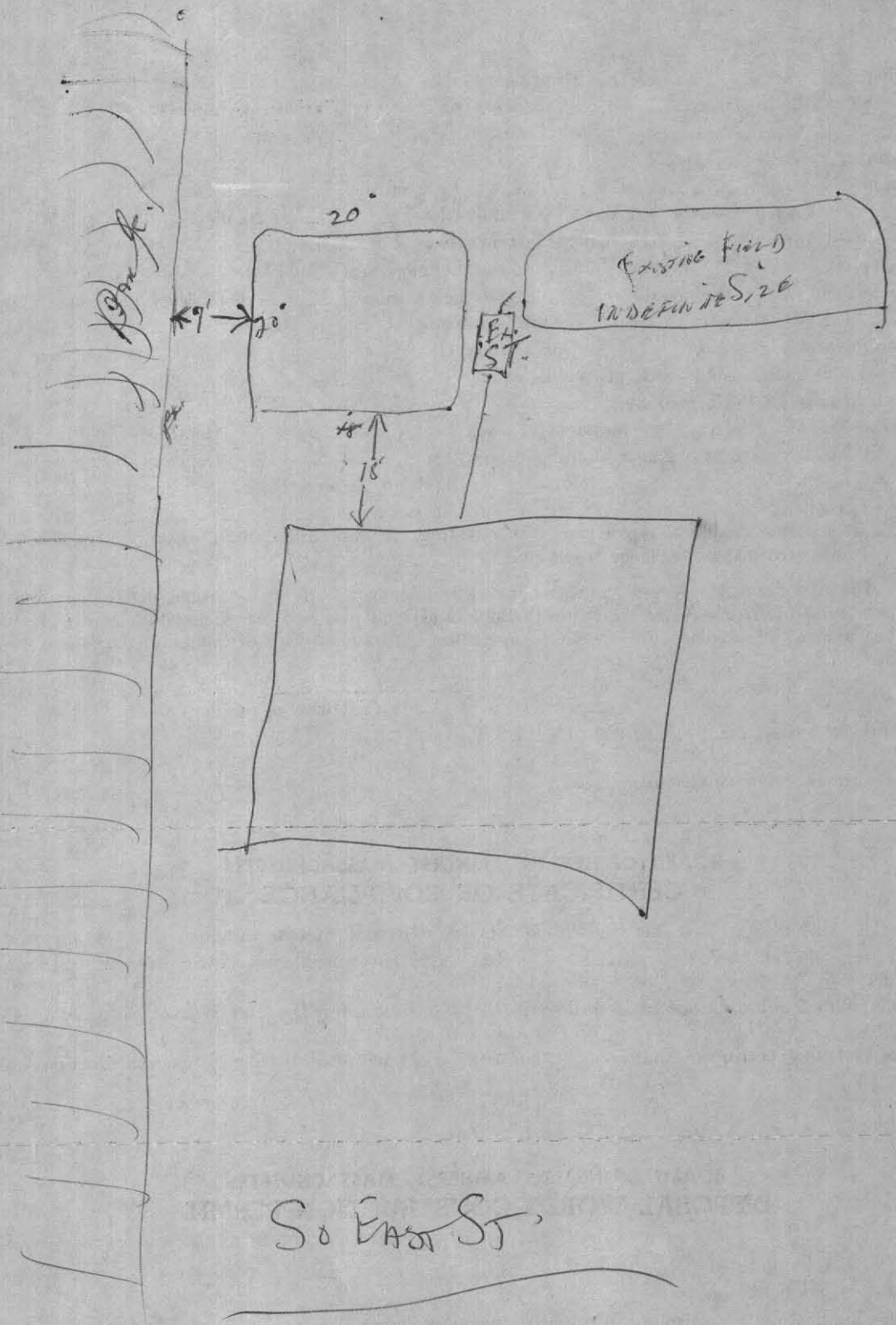
No. 64-6

Permission is hereby granted Maj Killian - S. J. Wanczyk to construct ( ) or repair (X) an Individual Sewage Disposal System at So East St.

as shown on the application for Disposal Works Construction Permit No. 64-6

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 4-6-64 — Board of Health


20'
9'
20'
EA
ST
EXISTING FIELD
INDEFINITE SIZE
18'
SO EAST ST.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-19 Date 6-9-65 Fee 3.00 Date Rec'd. 6-10-65 By CEW

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

Location—Address 277 No East St or Lot No. _____

Owner GEO. MAYO Address 35 No East St

Contractor KARL Knianey Address _____

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 5 Expansion Attic ( ) Garbage Grinder No

Other _____ No. of persons _____ Showers ( )

Other fixtures _____

Town Water? Yes Type of Well _____

Design Flow ____ gallons per person per day. Total daily flow 500 gallons

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

Disposal Trench—No. 2 Width 2 Total Length 150 Total leaching area 300 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____

Other: Distribution box ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date 6-10-65

Test Pit No. 1 5 minutes per inch Depth of Test Pit _____

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

Description of Soil Sandy gravel 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.

George S. Mayo
Owner or builder

_____
date

Application Approved by C E Wolfe

6-10-65
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
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. _____

Permission is hereby granted _____ to construct ( ) or repair ( ) an 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.

DATE _____

_____
Board of Health

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-18 Date June Fee 3.00 Date Rec'd. ~~[illegible]~~ 6-10-65 By [illegible]

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

Location—Address 265 No. East Street Lot or Lot No.

Owner George Mayo Address 305 No East St

Contractor Karl Konianzcny Address

Type of Building Dimensions Size Lot

Dwelling—No. of Bedrooms 5 Expansion Attic (—) Garbage Grinder (No) No

Other No. of persons Showers ( )

Other fixtures 2

Town Water? Yes Type of Well Shared

Design Flow 75 gallons per person per day. Total daily flow gallons 300

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

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 ( ) No. Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by [illegible] Date 6-10-65

Test Pit No. 1 15 minutes per inch Depth of Test Pit 40"

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

Description of Soil Sand - clay - gravel Depth to Ground Water Not found

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.

George S. Mayo — Owner or builder — 6-9-65 date

Application Approved by [illegible] — 6-10-65 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
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. _____

Permission is hereby granted _____ to construct ( ) or repair ( ) an 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.

DATE _____ _____ Board of Health

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-39 Date 12-18-64 Fee 1.00 Date Rec'd. 12-18-64 By CEA

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

Location—Address So East St or Lot No. _____

Owner HARRY WOOD Address So East + Valley View

Contractor VALLEY TANK Address _____

Type of Building DWELLING Dimensions _____ Size Lot _____

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

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. 2 Width _____ Total Length 80 Total leaching area 200+ 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 ( ) No. _____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by _____ Date _____

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 _____ 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.

Jacob Matusek
Owner or builder

_____ date

Application Approved by CEA

12-18-64 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
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

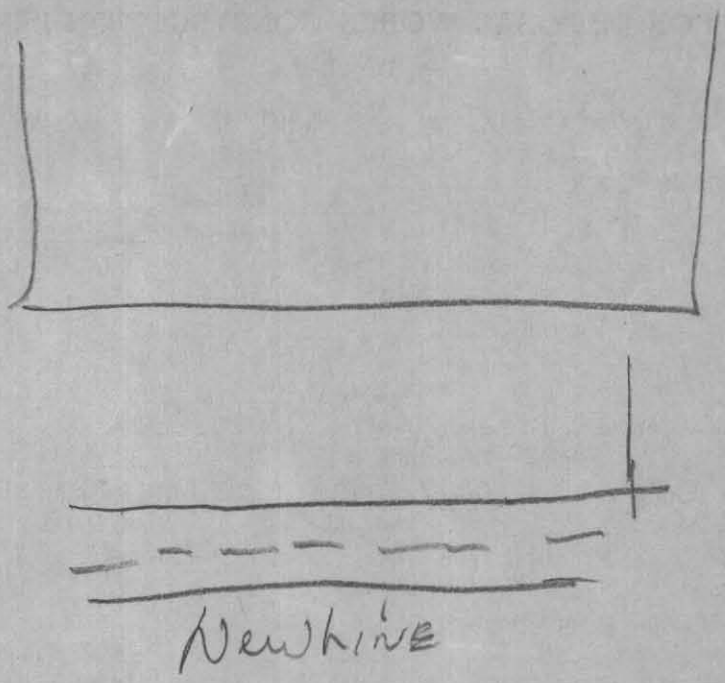
No. 64-39

Permission is hereby granted JACOB MATUSEK to construct ( ) or repair (X) an Individual Sewage Disposal System at So East + Valley View as shown on the application for Disposal Works Construction Permit No. 64-39

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 12-18-64

CEA
Board of Health


NewLine

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-10 Date May 17/65 Fee 1.00 Date Rec'd. 6-10-65 By CEA

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

Location—Address So East St or Lot No.

Owner LANG FORD Address So East St.

Contractor S. J. WANCZYK Address

Type of Building Dimensions Size Lot

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

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. 1 Diameter 15 x 20 Depth below inlet — Total leaching area 300 sq. ft.

Dry Well—No. ____ Diameter ____ Depth below inlet ____ Dimensions: ____ x ____ x ____

Other: Distribution box (X) No. 1 Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation ____)

Percolation Test Results Performed by not done Date

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 Gravel + clay Depth to Ground Water none encountered

Will *disposal area* be filled? no 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.

S. J. Wanczyk S.D.K.
Owner or Builder date

Application Approved by CEA date 5-17-65

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. 65-10

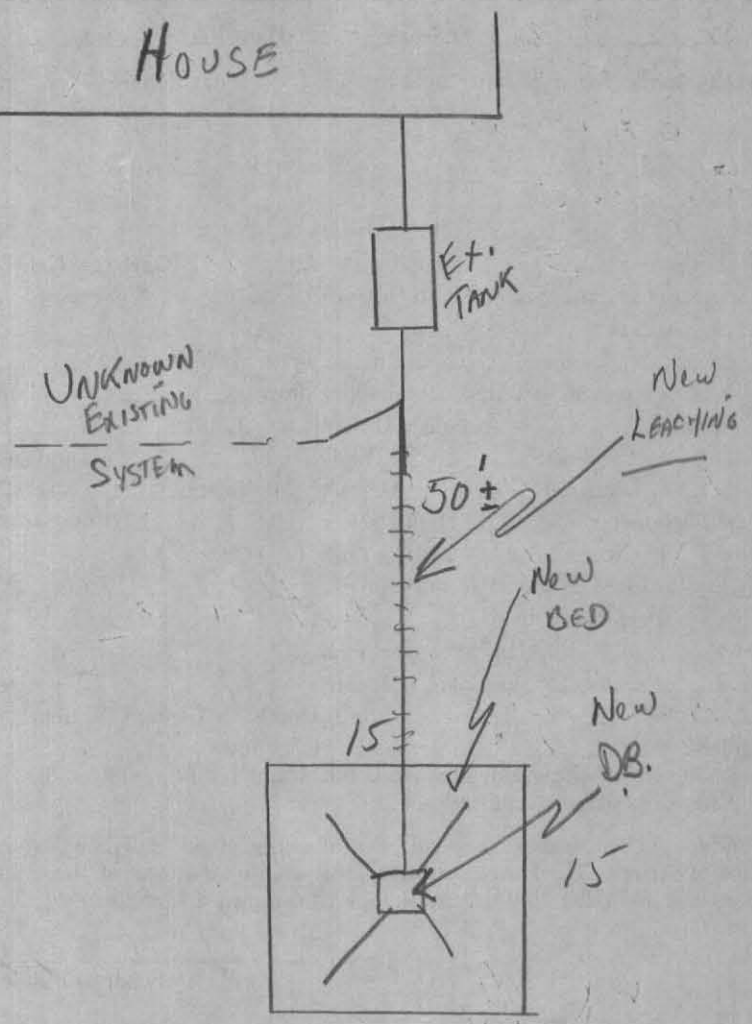
Permission is hereby granted LANGFORD to construct ( ) or repair (X) an Individual Sewage Disposal System at So East St.

as shown on the application for Disposal Works Construction Permit No. 65-10

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 5-17-65

CEA
Board of Health


HOUSE
Et. TANK
UNKNOWN EXISTING SYSTEM
New LEACHING
50'±
New BED
15
New DB.
15

45-62

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 45-62

DITTFACH, JOHN of So. EAST ST.
(owner's name) (address) (phone)

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

which will be located at Same to be installed by

Wawczyk
(name) (address) (phone

Builder is ..... Plumber is .....

Description of lot, building and fixtures as follows:

Lot: Dimensions..... Type of Soil..... Well or Town Water? .....

Distance to Town Sewer ..... Depth to Ground Water ..... Kind of Well .....

Will Lot be Graded? ..... By Filling or Removing Soil? .....

Building: Dimensions ..... No. Bedrooms ..... No. Occupants .....

Fixtures: No. Toilets ..... Urinals ..... Wash Basins ..... Bathtubs .....

Showers ..... Kitchen Sinks ..... Garbage Grinders .....

Auto Dishwasher ..... 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 11/26/62 John H Dittfach
(Signature of Applicant)

$1.00 Fee Rec'd CAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 45-62

J. Dittfach is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of ——— Gals. Liquid Capacity.

Leaching System: Trenches of not less than ..... Sq. Ft. bottom area.

Dry well ..... ft. bottom area and ..... ft. below the inlet.

Other Replace Drainage Bed.

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.

G. A. Lima 11/30/62
for the Board of Health date

Inspected ..... Approved G. A. Lima

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 18-61

W. Heath of 40 East St.
(owner's name) (address) (phone)

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

which will be located at Same to be installed by

M. Tuttle
(name) (address) (phone

Builder is — Plumber is —

Description of lot, building and fixtures as follows:

Lot: Dimensions Acres Type of Soil Mixed fill Well or Town Water? Town

Distance to Town Sewer 500 yd. Depth to Ground Water 6-7' Kind of Well

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants 7

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher 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 Sept 27, 1961

(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 1000 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 400 Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.

Other

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

G. A. Sirois 9/27/61
for the Board of Health date

Inspected Approved O.K. [illegible]

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-23 Date 7/24/64 Fee $30 Date Rec'd. 7-24-64 By SP

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

Location—Address So East St. or Lot No. 33

Owner HW Atkins Address So East

Contractor " Address "

Type of Building Barn Dimensions 30x40 Size Lot over 200'

Dwelling—No. of Bedrooms 1 Expansion Attic ( ) Garbage Grinder ( )

Other Labor Barracks No. of persons 20 Showers (2)

Other fixtures 2 Toilets

Town Water? yes Type of Well

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

Septic Tank—Liquid capacity 900 gallons Dimensions: L____ W____ D____

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 ( ) No. ____ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation ____)

Percolation Test Results Performed by Deere Date 7-27-64

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 ____ 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.

Howard W Atkins 7/24/64

Owner or builder date

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
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. ____

Permission is hereby granted ____ to construct ( ) or repair ( ) an 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.

DATE ____ Board of Health

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 1960

M. BAKER of So EAST ST.
(owner's name) (address) (phone)

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

which will be located at Same to be installed by

(name) (address) (phone

Builder is NA Plumber is NA

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 x 200 Type of Soil Mixed Well or Town Water? Town

Distance to Town Sewer mile Depth to Ground Water ? Kind of Well

Will Lot be Graded? Yes By Filling or Removing Soil? NA

Building: Dimensions No. Bedrooms 3 No. Occupants 4

Fixtures: No. Toilets 1 Urinals — Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders None

Auto Dishwasher None Auto. Clotheswasher Yes 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 4/29/60 Milford Baker
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

M. Baker 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 600 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

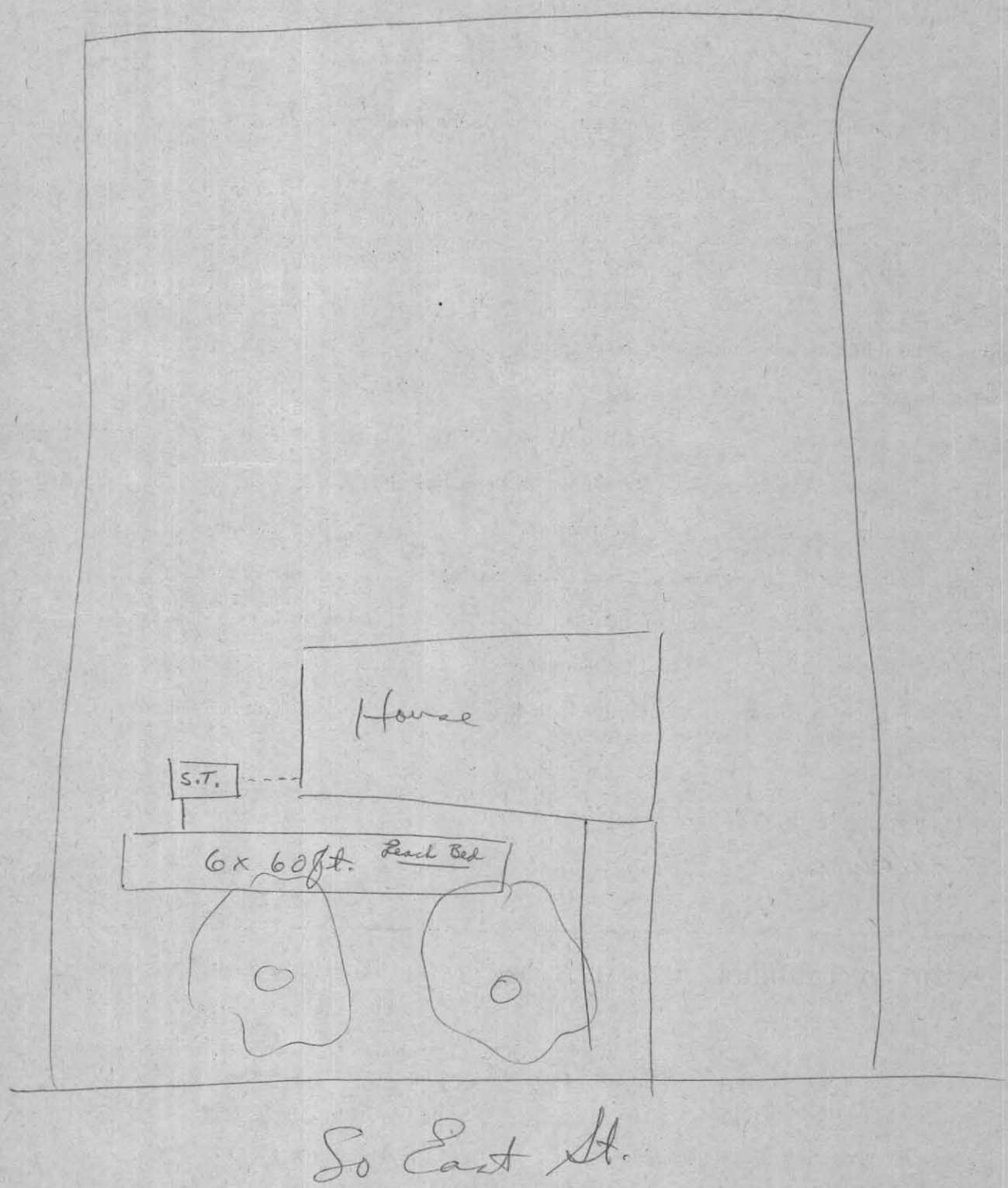
Dry well ft. bottom area and ft. below the inlet.

Other Leaching bed 6' X 60'

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.

A. G. Sino 4/29/60
for the Board of Health date

Inspected Approved OK


House
S.T.
6 x 60 ft.
Leach Bed
So East St.

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

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. .....

James W & Ruth M Wentworth of So East St. AL 33 890
(owner's name) (address) (phone)

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

which will be located at So East St (North of W Tenny) to be installed by

self
(name) (address) (phone

Builder is Harold Main Plumber is ?

Description of lot, building and fixtures as follows:

Lot: Dimensions 155 by 175 Type of Soil Gravel & clay Well or Town Water? Town water

Distance to Town Sewer Miles Depth to Ground Water 5' + Kind of Well .....

Will Lot be Graded? yes By Filling or Removing Soil? Blank

Building: Dimensions 28 X 40 No. Bedrooms 2 (2 unfinished) No. Occupants 3

Fixtures: No. Toilets 1 Urinals ..... Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders NONE

Auto Dishwasher NONE Auto. Clotheswasher 1 Other (basement) NONE

(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 Oct 10, 1958 James W Wentworth
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. .....

James W. Wentworth 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 600 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

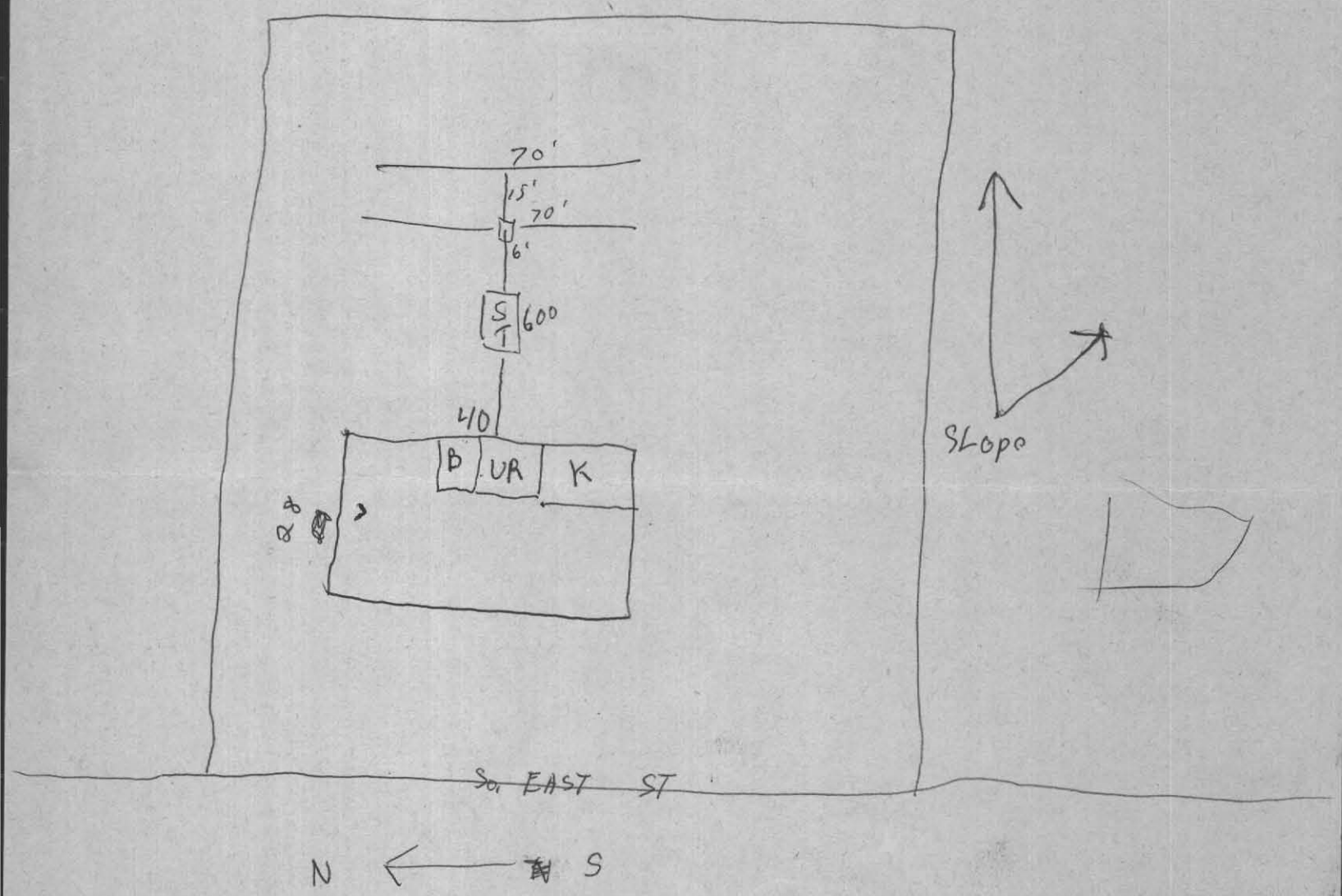
Dry well ~~4 ft.~~ ft. bottom area and ~~6~~ ft. below the inlet. ~~8x6x8~~

~~Other~~ approved 161' linear ft of trench

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.

F. A. Lewis 12/10/58
for the Board of Health date

Inspected 11/13/58 Approved 12/11/58 G. A. Lewis


70'
15'
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So. EAST ST
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APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 3

ATKINS HOWARD of SO EAST ST.
(owner's name) (address) (phone)

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

which will be located at FRUIT FARM - SO EAST ST. to be installed by

SAME
(name) (address) (phone

Builder is ——— Plumber is ———

Description of lot, building and fixtures as follows:

Lot: Dimensions ACRES Type of Soil MIXTURE Well or Town Water? TOWN

Distance to Town Sewer MILES Depth to Ground Water 8'+ Kind of Well ———

Will Lot be Graded? No By Filling or Removing Soil? ✓

Building: Dimensions 20×50 No. Bedrooms DORM. No. Occupants

Fixtures: No. Toilets Urinals Wash Basins ~~Bathtubs~~

Showers ~~Kitchen Sinks~~ ~~Garbage Grinders~~

Auto ~~Dishwasher~~ 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 Sept. 11, 1958

(Signature of Applicant)

System for Dorm to be Used 3 weeks each year

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 3

H. Atkins 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 600 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

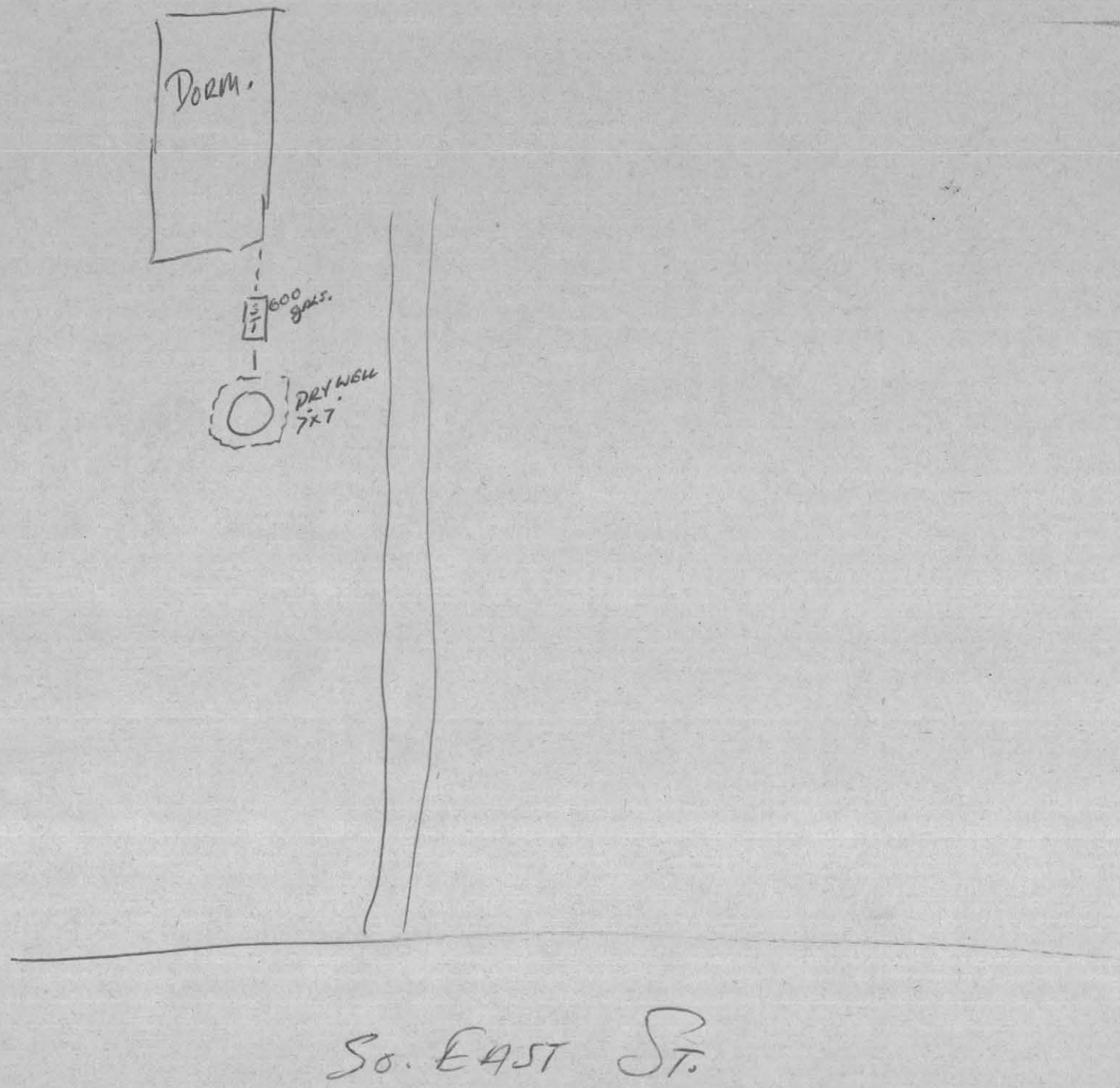
Dry well ~~49~~ ft. bottom area and 5 ft. below the inlet.

Other

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

G. G. Sims 9/11/58
for the Board of Health date

Inspected ✓ Approved 9/11/58


DORM.
600 gals.
DRY WELL
7x7
SO. EAST ST.

HEALTH AUTHORITY APPROVAL
INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE	MORTGAGEE	SERIAL NO.
BOSTON, MASSACHUSETTS	NONOTUCK SAVINGS BANK	25-065090

MORTGAGOR OR SPONSOR	PROPERTY ADDRESS
GEORGE VADNAIS CONSTRUCTION CO.	LOT 1 SOUTH EAST ST., AMHERST, MASS.

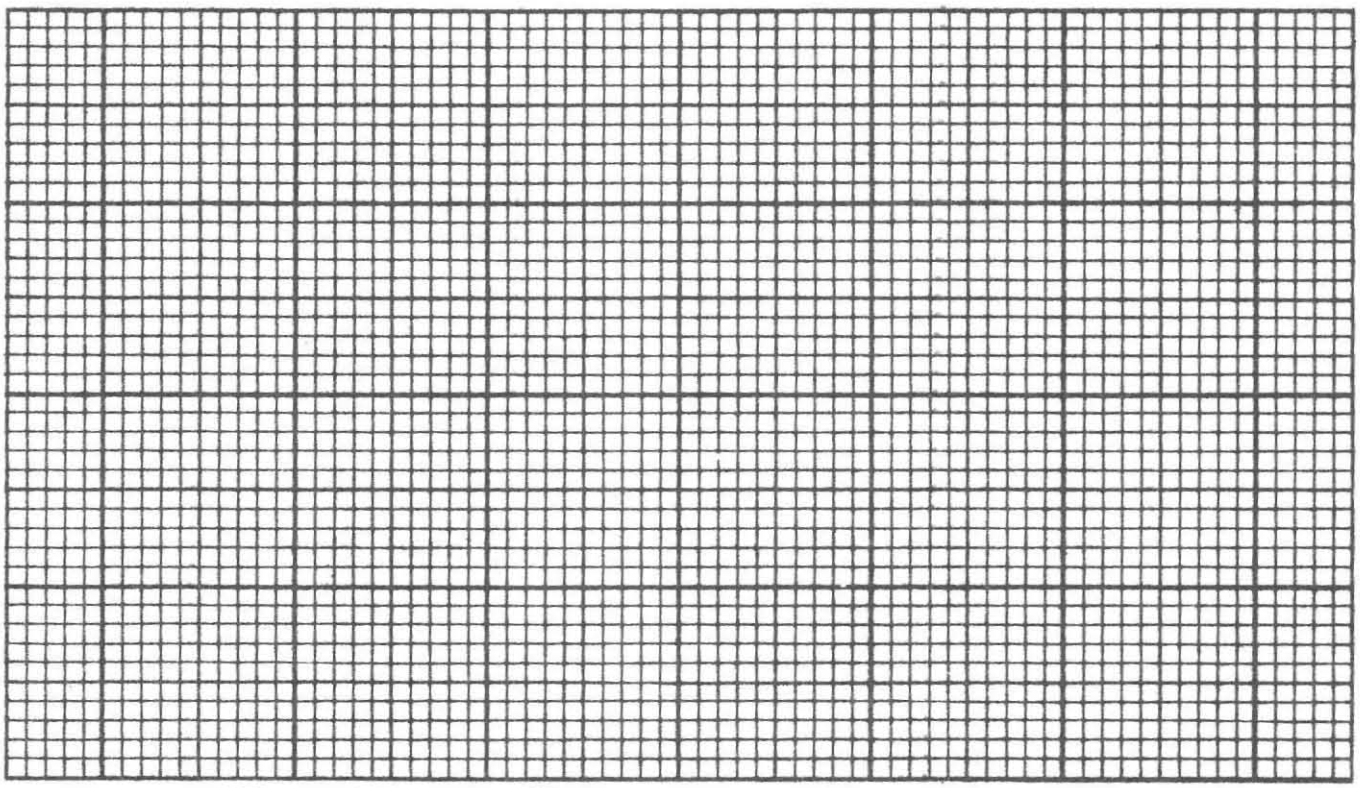
SUBDIVISION NAME	BLOCK NO.	LOT NO.

TOTAL NUMBER: LIVING UNITS	BEDROOMS	BATHS	BASEMENT	[x] New installation	Can attic or other area be made into additional bedrooms? (If Yes, how many?)
1	3	1	[ ] Yes [x] No		[ ] Yes [x] No

WATER SUPPLY BY:			SYSTEM DESIGNED FOR	
[x] Public system	[ ] Community system	[ ] Individual	NO. OF BDRMS.	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:				
[ ] Public system	[ ] Community system	[x] Individual	~~4~~ 3	[ ] Yes [x] No

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the [ ] State [ ] County [ ] Local Department of Health that this individual water-supply system [ ] is [ ] is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the [ ] State [ ] County [X] Local Department of Health that this individual sewage-disposal system with proper maintenance:

[X] Can be expected to function satisfactorily, and is not likely to create an insanitary condition

[ ] Cannot be expected to function satisfactorily

DATE	SIGNATURE	TITLE
Sept 10/59	Frederick G. Sund, R.S.	Agent + Sanitarian

NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.

Use of the above grid for Health Department inspector's sketch as well as use of the back of this form is at the option of the health authority.