#30
BOARD OF HEALTH, AMHERST, MASSACHUSETTS SO. ORSTARD DR APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT No. 73-26 Date MAY 8 523 Fee 8 Date Rec'd. MAY 8 1973 By COD
Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal
System at: Image: Sy
Other No. of persons Showers ()
Town Water? /e Type of Well Design Flow Ogallons per person per day. Total daily flow 345 gallons Septic Tank—Liquid capacity // 000 gallons Dimensions: L W D Disposal Trench—No. // Width /000 Total Length 38 Total leaching area sq. ft. Disposal Bed—No. Diameter Depth below inlet Total leaching area sq. ft. Dry Well—No. Diameter Depth below inlet Total leaching area sq. ft. Dry Well—No. Diameter Depth below inlet
ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health. Owner or builder
Application Approved by Chhaff
Application Disapproved for the following reasons:
BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by at has been constructed in accordance with the provisions of
INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No.
The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE Inspector
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT
No. <u>B-26</u> Permission is hereby granted <u>ROBERTS</u> <u>BUILDERS</u> to construct (X) or repair () an Individual Sewage Disposal System at <u>AOT 22</u> <u>ORCHARA DR</u> as shown on the application for Disposal Works Construction Permit No. <u>73-256</u> 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. March 1823
DATE MAY 8, 1873 Board of Health



FORM 3 - CERTIFICATE OF COMPLIANCE

Commonwealth of Massachusetts

30 South Orchard DRINC

, Massachusetts

Certificate of Compliance

This is to Certify, that the On-site Sewage Disposal System installed or repaired/replaced for ______ for ______ at

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. _____ dated ______ Use of this system is conditioned on compliance with the provisions set forth below: 11-5-55TANH MORE 10 AWAY From

House Then are issues with This more See BACH OF Sheet

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on

BON (My (1-e)) NEED PARES APPLICATION Inspector _ A CALL Reparding 0K Churging A Septic 11/12/99 TANK, D BOX erc - Helshe 2 ND INSPECTION new ST Be Licensed Fasto lles

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"THE CHAMPION LINE" NO. 810 CROSS SECTION - 10 SQUARES TO INCH

CROSS SECTION - 10 SQUARES TO INCH ROBERTS BUILDERS, INC. LOT 22, ORCHARD DRIVE SO, ORCHARD ACRES 114.50 10 O = TEST PIT à · = PERC TEST LEACH FIED 0 123. 00 222. 0 LOG OF TEST PIT. TOPSOIL -1.5 LOT 22, 30,203 FT 2 DAMP TO FINE TO MEDIUM CLEAN SAND -7.0



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS LOT # 22 So ORCHAND DAVIE Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Owner TONY CONKLIN Address JANUMRY HILLS Installer BILL CLARK Address PROTT CORNER ShUTTEBORY Date Installation Inspected and Approved 12 - 14 - 78Description of System: Tank Capacity: 1500 Leach Field () Bed (κ) Seepage Pit () Square Feet: 600 Garbage Grinder Yes (\times) No () No. Bedrooms: 3 No. People 6 OB 1500 S.T. As - BUILT PLAN 23 35 660 ET 20 40' 431 N 15' HOUSE (FRONT)

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- This system must be inspected periodically and the tank pumped out at an interval not to exceed ______ years.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- 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.

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