BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

DAVID Procis

574 - STATTIN RO

Important Information Regarding Your Private Sewage Disposal System

Lot 10

Owner _	Thomas	McLAUGHLIN	Address	STATION ROAD
		LA CLAURE		LEVERGIT

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Date Installation Inspected and Approved

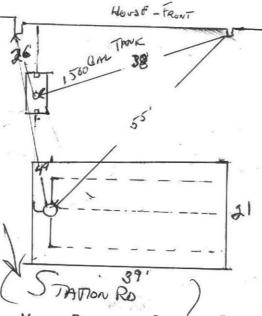
9/5/81

Description of System: Tank Capacity: 1500 GAZ

Leach Field () Bed (T Seepage Pit () Square Feet: 800

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

As - Built PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

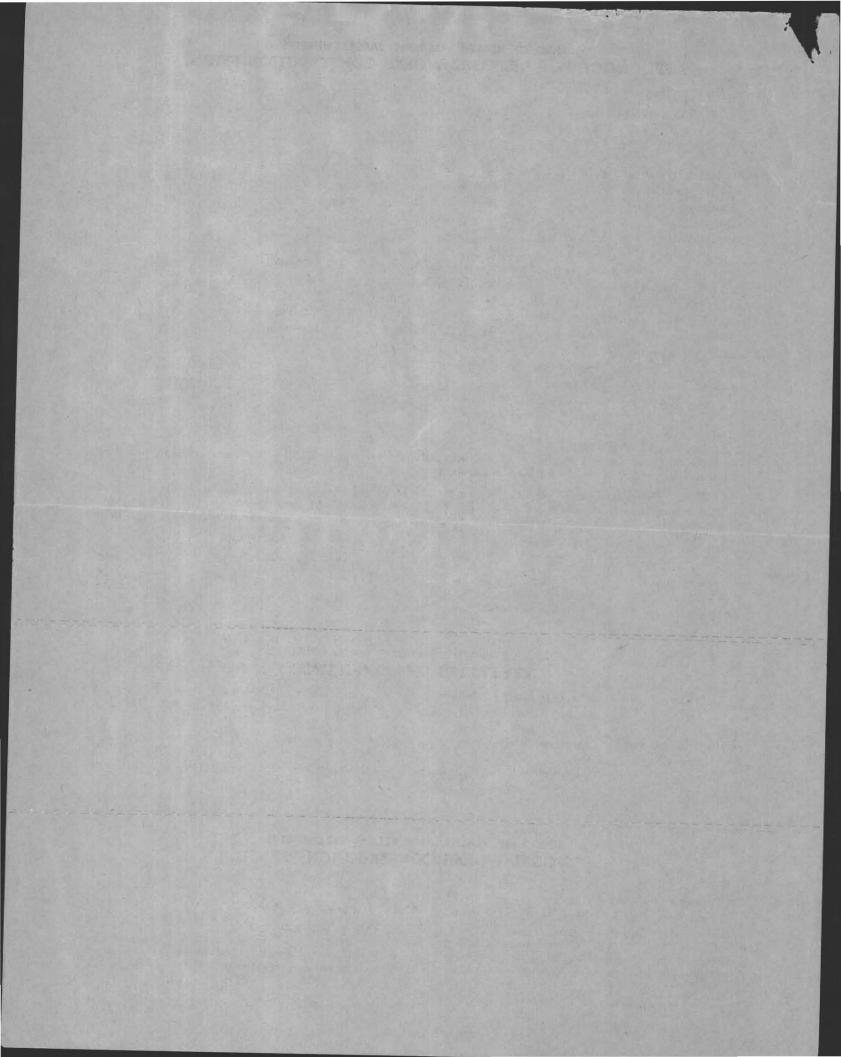
- This system must be inspected periodically and the tank pumped out at an interval not to exceed ___3___years.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of the system.
- 4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
- Further information can be obtained by contacting your Health Department at 253-7077.

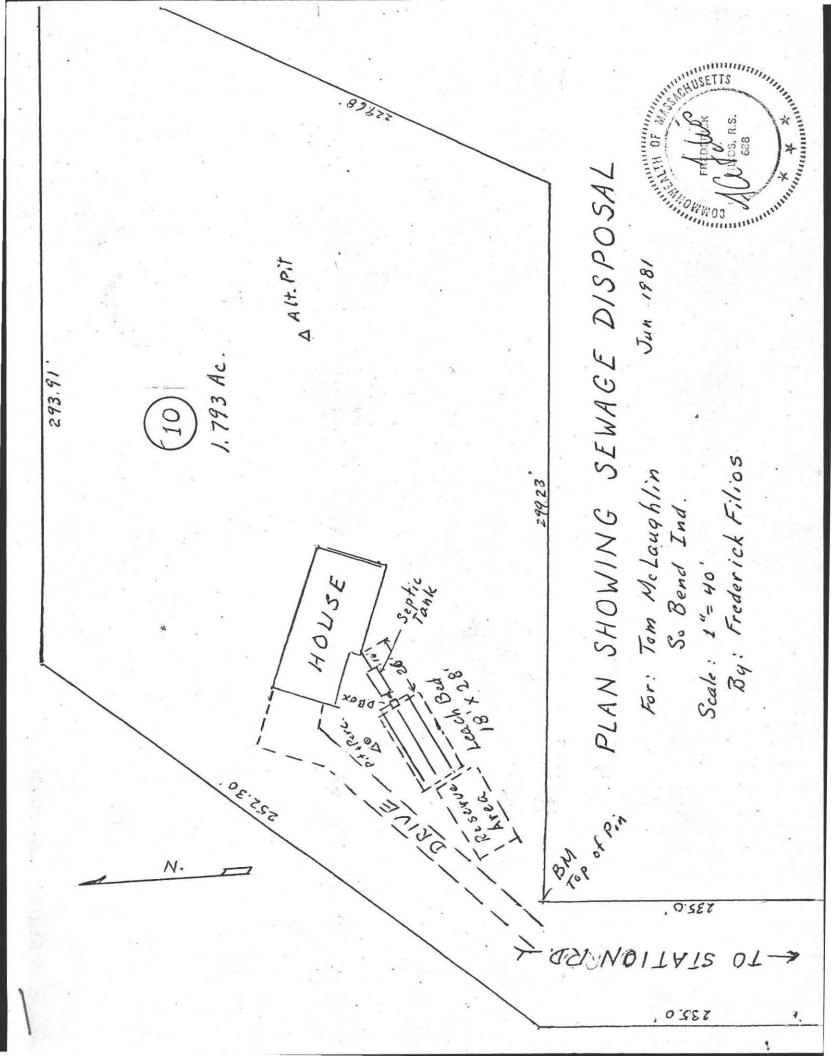
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BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date 6-16 81 Fee 15 = Date Rec'd. 6 ~ 16-81 Application is hereby made for a permit to Construct (or Repair () an Individual Sewage Disposal System at: Location—Address Station Road Owner Tom Mc Laughlin Address _ Address 3 Metacomet Cir. Belchertown Contractor Rich Henderson. Size Lot . Type of Building _ Dwelling—No. of Bedrooms ____3 _ Expansion Attic () Garbage Grinder (__ No. of persons _____ _ Showers () Other fixtures Town Water? Type of Well Design Flow 56 gallons per person per day. Total daily flow 330 gallons
Septic Tank—Liquid capacity gallons Dimensions: L W D

Disposal Trench—No. Width 325 Total Length Total leaching area sq. ft.

Disposal Bed—No. 1 Diameter 18 20 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 Frederick Filios Depth of Test Pit 30" Test Pit No. 1 _____ minutes per inch 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. Owner or builder Application Approved by 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 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 Permission is hereby granted harry ha Quee - Rick Himasser to construct (X) or repair () an American Permit No. 81-9 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 6-16-81 Board of Health





PROFILE OF SEPTIC SYSTEM For: Tom McLaughlin Scale; Herizontal Ss Bend Ind

Scale; Herizontal, 1"=10' Vertical, 1"=3'

By: Frederick Filios

Top or saner ariveway - 10" of 34-14 stone 24 of 1/2 - 1/2 ston. ground elev. 11

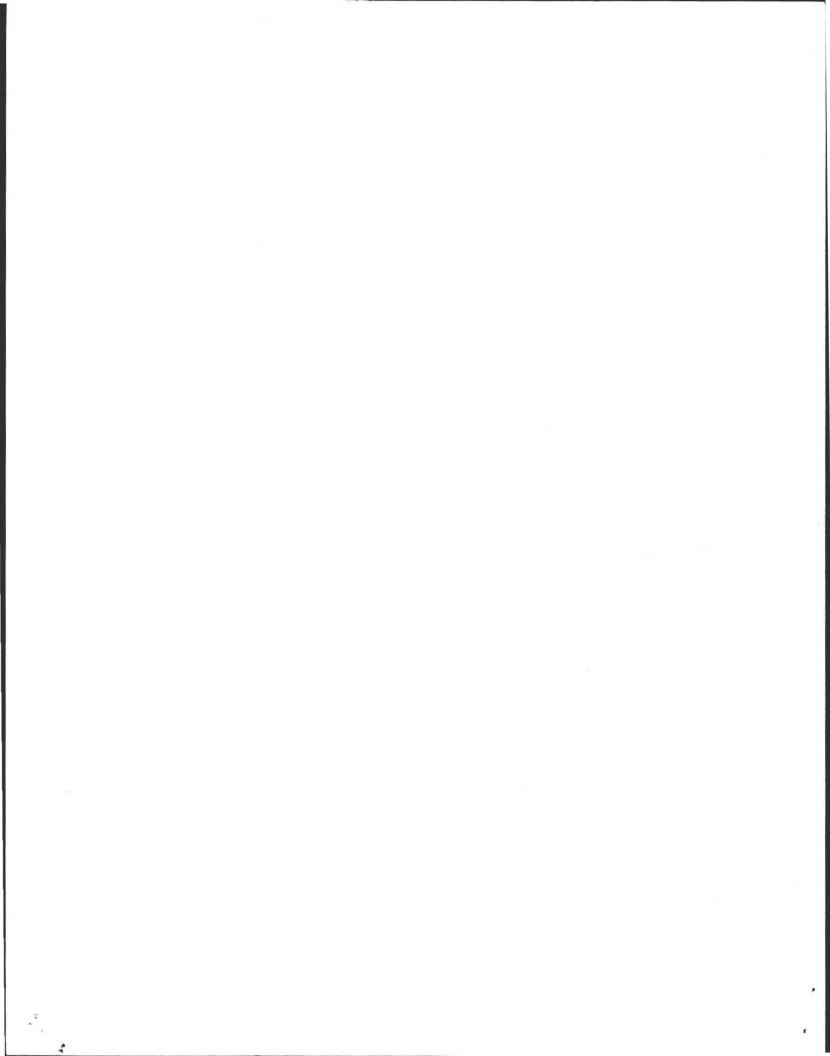
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D. Box

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DEEP SOIL LOGS

OWNER Amherst Woods Phase I	Date Mar 16 1981
LOCATION_Station Road:	OBSERVER FA. Filios
Soil Lot#10	,
0-9" Topsoil	
9-22" Subsoil; Sondy w/ fine gravel	
Coarse sand w/	
22"-10' fine + med grave	1
Ground Water none	Ground Water
下1	本 1
Ground Water	Ground Water
	Maritan, Inc.
Percolation at 3	
44 minutes/in	ich flat is

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RATCH PAD (4UNITS) JAMES DOUGLAS No EAST ST 345 LUNG PLAIN 702 MAIN ST LEU 01054 MARKMATHINAUM

