

31 WILDFLOWER



No. 83 25

31 WILDFLOWER
83-352 #90

FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF

Application for Disposal Works Construction Permit



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

Location - Address Alyson Dr. or Lot No.
Owner L. & S. Sons Address MA
Installer

Type of Building Sq. feet 110
Dwelling — No. of Bedrooms Expansion Attic () Garbage Grinder ()
Other — Type of Building No. of persons Showers () — Cafeteria ()
Other fixtures

Design Flow gallons per person per day. Total daily flow 110 gallons.
Septic Tank — Liquid capacity gallons Length Width Diameter Depth
Disposal Trench — No. Width Total Length Total leaching area sq. ft.
Seepage Pit No. Diameter 7 Depth below inlet Total leaching area sq. ft.
Other Distribution box () Dosing tank ()

Percolation Test Results Performed by Date Nov 13 1983
Test Pit No. 1 minutes per inch Depth of Test Pit Depth to ground water
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil cl. s. s. l.

Nature of Repairs or Alterations — Answer when applicable.....

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Albert [Signature] Date 11-9-83

Application Approved By..... Date

Application Disapproved for the following reasons:.....

Permit No. 83-25 Issued 11-9-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

..... OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by.....

at.....
has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE..... Inspector.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town Amherst OF

No. 83-25 FEE 90

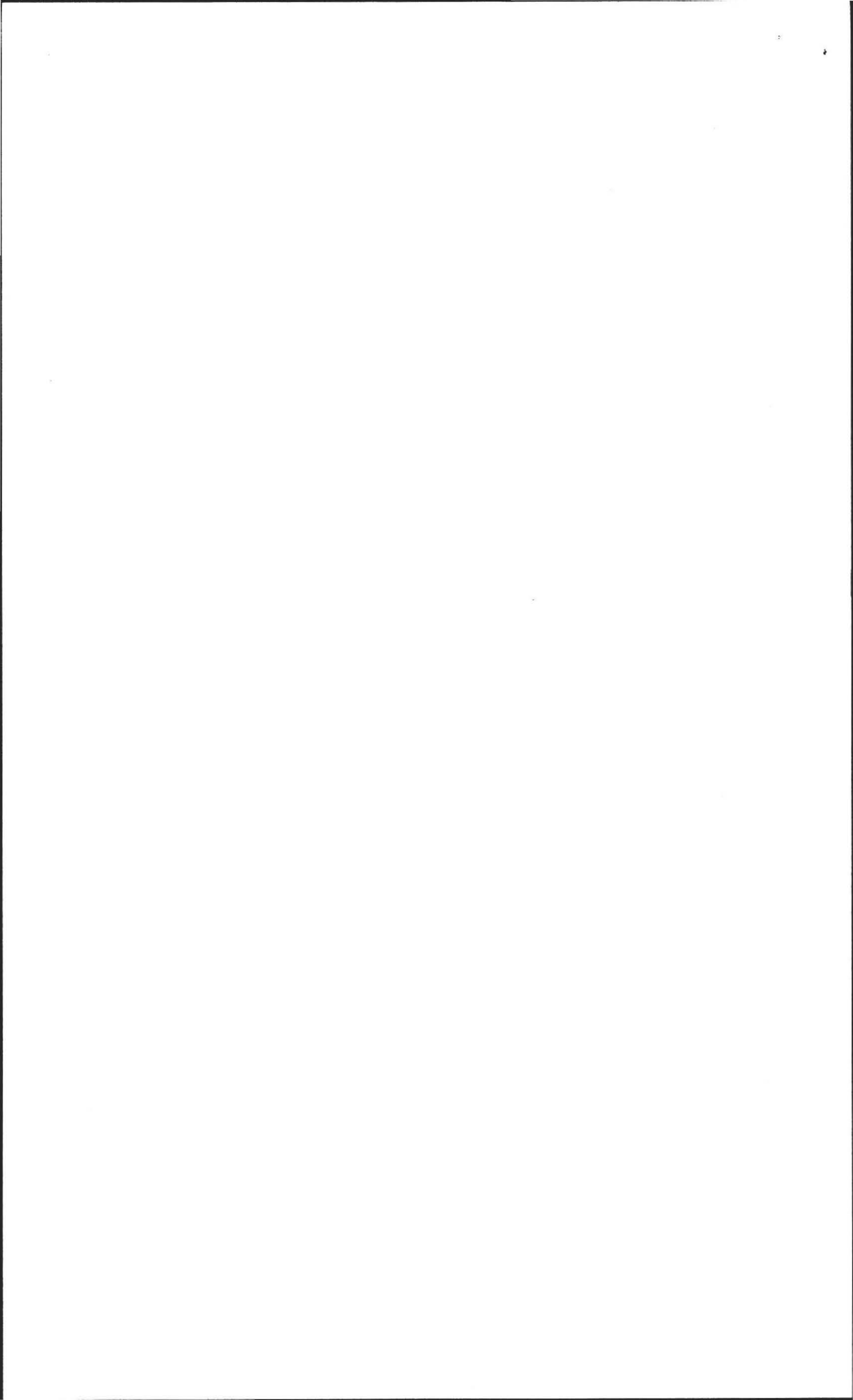
Disposal Works Construction Permit

Permission is hereby granted ALBERT FISZER / L. & S. Sons to Construct () or Repair () an Individual Sewage Disposal System at No. 16 Wildflower Dr.

as shown on the application for Disposal Works Construction Permit No. 83-25 Dated 11-9-83

DATE 11-9-83 Board of Health

CHECK OR FILL IN WHERE APPLICABLE

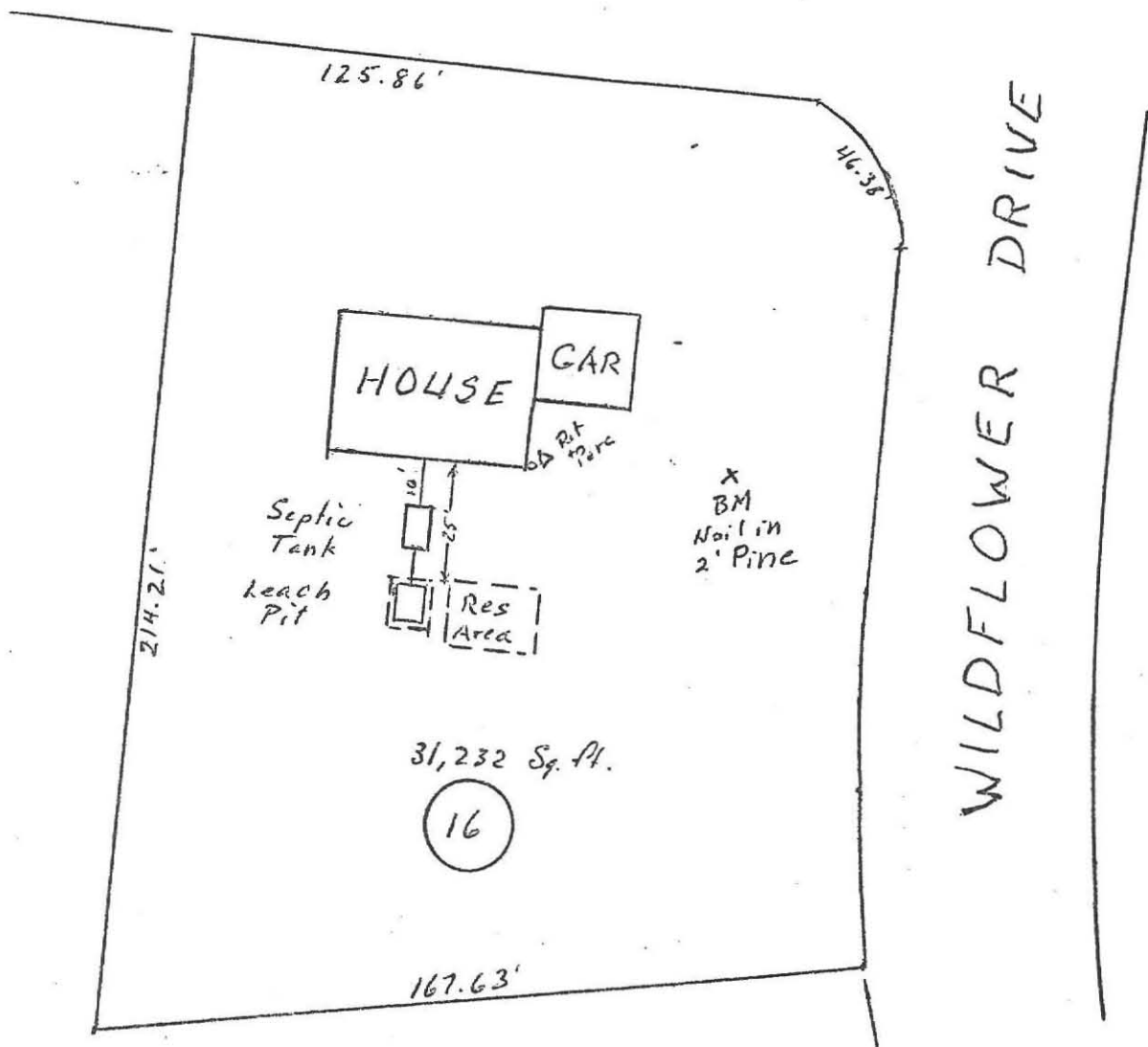


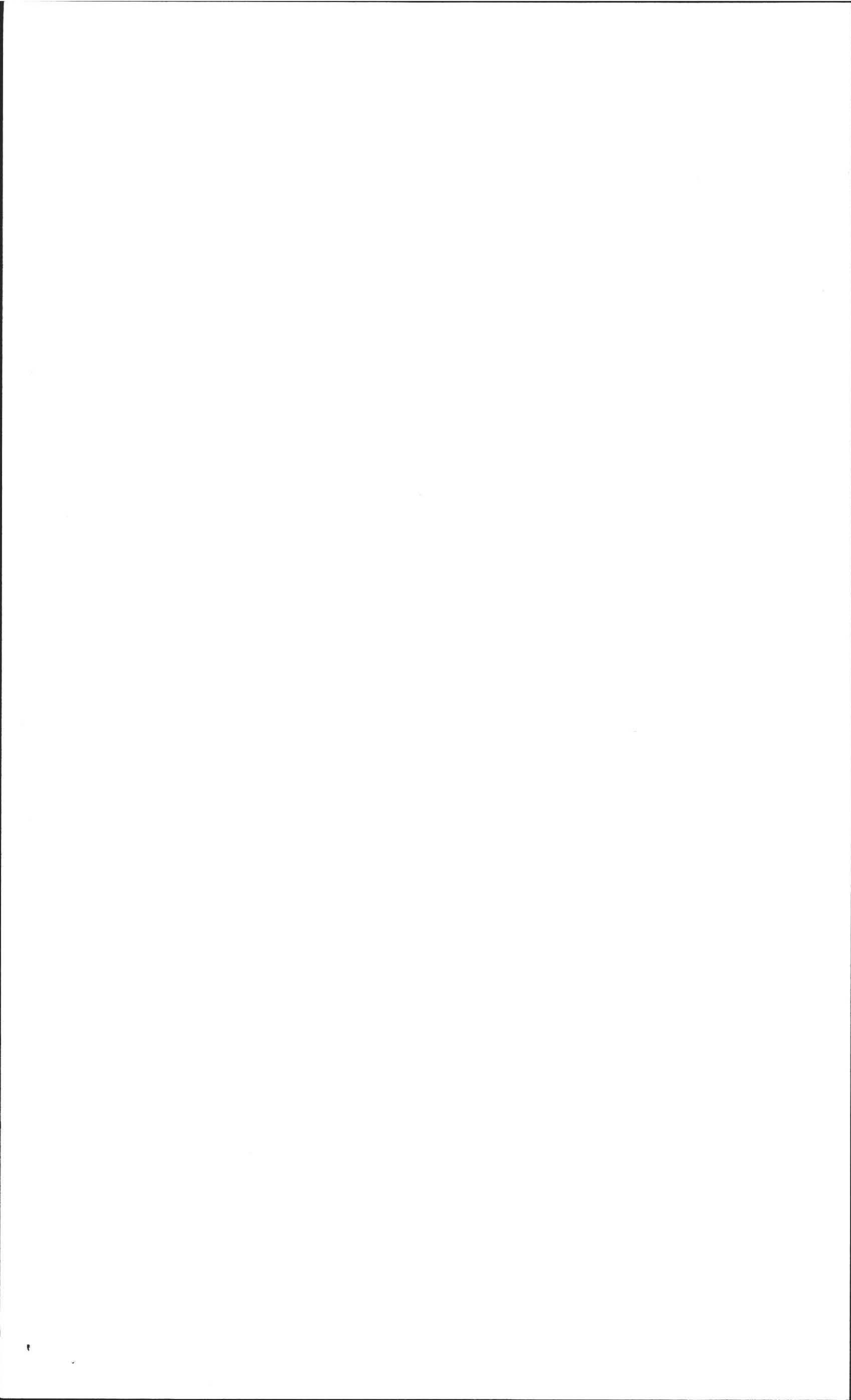
PLAN SHOWING SEWAGE DISPOSAL

For: Albert Fiszler
26 Miller Ave. Southampton Ma
At: Amherst Mass.
Scale: 1" = 40'
By: Frederick Filios



AYSSUM
~~Rudbeckia~~ DRIVE



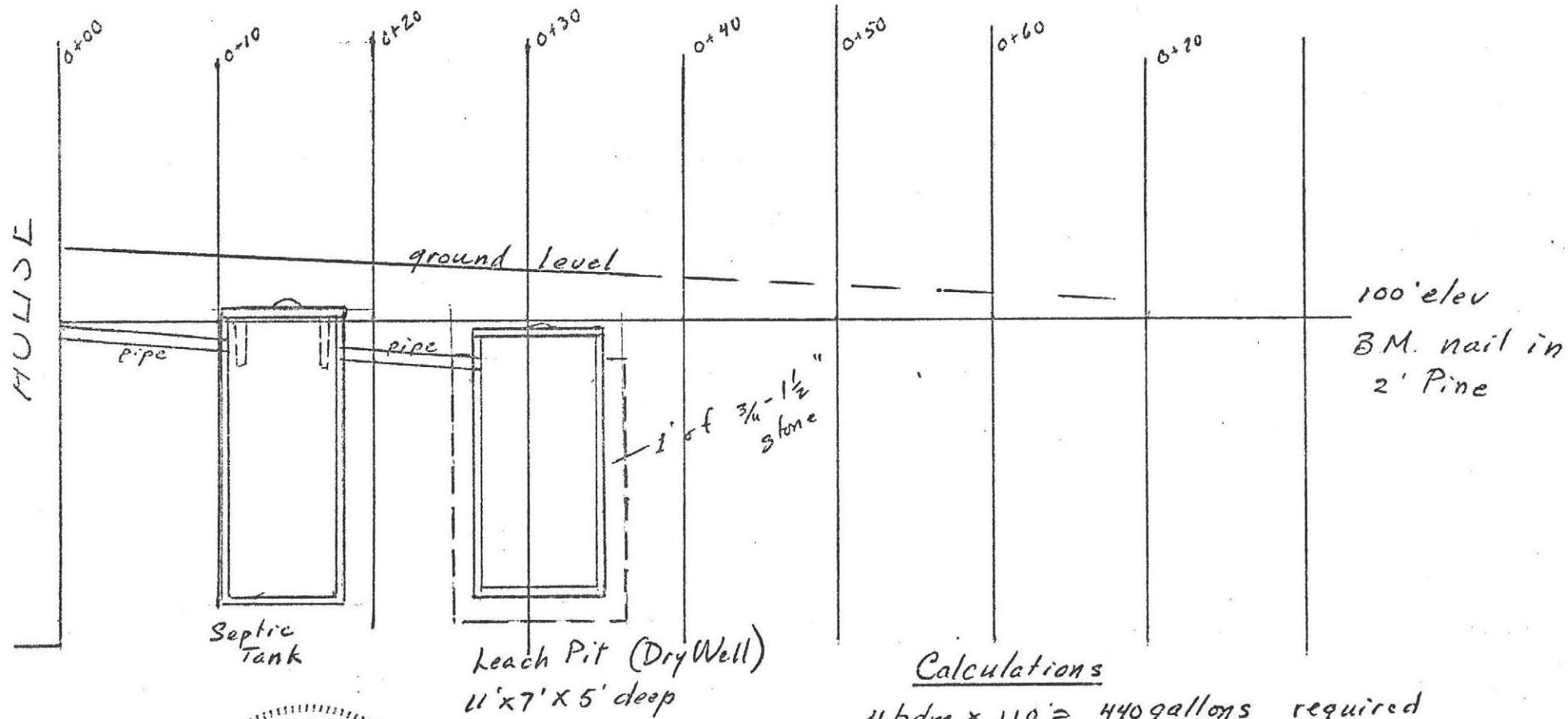


PROFILE OF SEPTIC SYSTEM

Nov. 1983

For: Lot 16 Amherst Woods
 Mrs. M. Bente-Fischer
 Southampton Ma.

Scale; Horizontal, 1" = 10'
 Vertical, 1" = 3'
 By: Frederick Filios



Calculations

4 bdm x 110' = 440 gallons required

At 2 min/inch

sides 2.5 gallons/sq. ft

bottom 1 gallon/sq. ft

11 x 5 x 2 = 110 sq. ft

7 x 5 x 2 = 70 " "

11 x 7 = 77 sq. ft sides x 2.5 = 450 gallons

77 sq. ft bottom x 1 = 77 "

527 " proposed





OWNER Amherst Woods Phase I

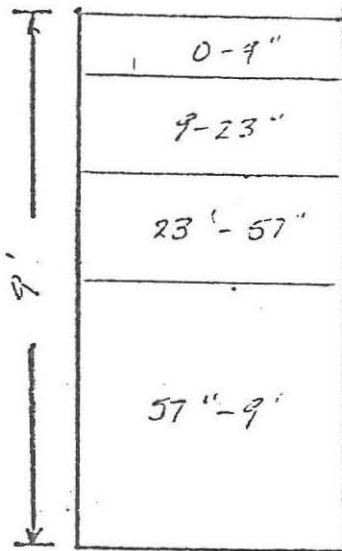
Date Mar. 15, 1981

LOCATION Wildflower Drive

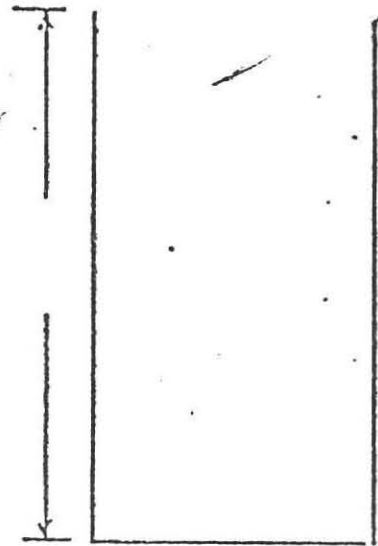
OBSERVER F.A. Filios

Soil

Lot #16

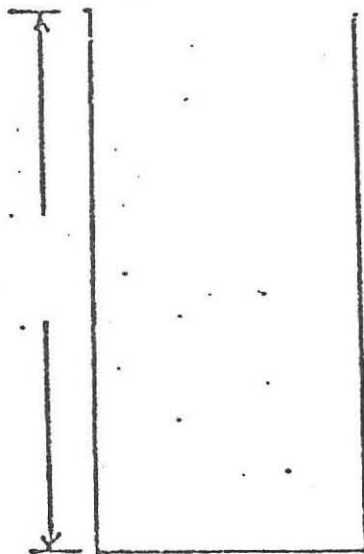


Topsoil
Subsoil: sand with fine gravel
Coarse sand + fine gravel
Coarse Sand

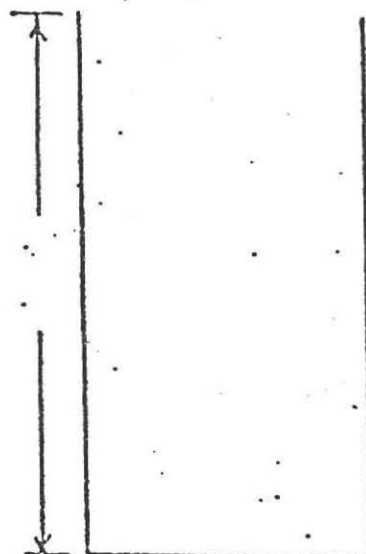


Ground Water none

Ground Water _____



Ground Water _____

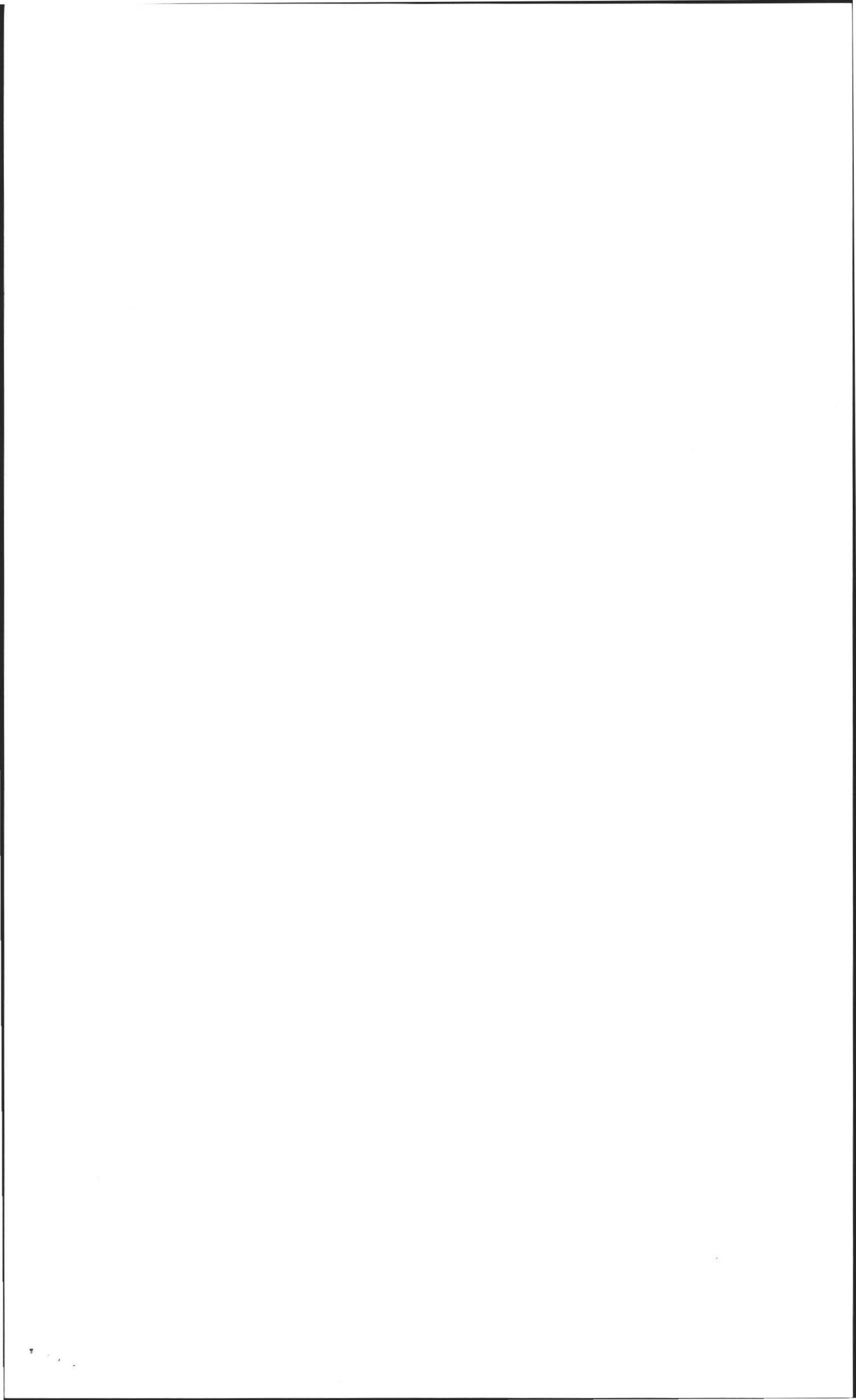


Ground Water _____

Percolation at 32"

71 minutes/inch

F.A. Filios



No. 91-6

31

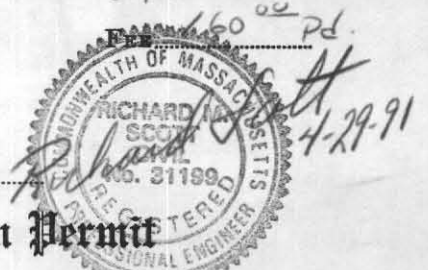
4/25/91
CH # 1520

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

31 WILDFLOWER DRIVE AMHERST WOODS
Location - Address or Lot No.
DAVID MARSH 1/2 CORINNE HULSE
Owner Address
Richard Roberts
Installer Address

Type of Building Dwelling (✓) No. of Bedrooms 4 Expansion Attic (No) Garbage Grinder (Yes)
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures _____

Design Flow 110 gallons per ^{bedroom} person per day. Total daily flow 440 gallons.
Septic Tank - Liquid capacity 1600 gallons Length 10' Width 6' Diameter - Depth 4'
Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
Seepage Pit No. 1 Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Other Distribution box (No) Dosing tank (No)
Percolation Test Results Performed by R. Scott, P.E. Witness: D. Zardzinski, B.S.H. Date 4-25-91
Test Pit No. 1 2 minutes per inch Depth of Test Pit 120" Depth to ground water 6.6"
Test Pit No. 2 _____ minutes per inch Depth of Test Pit 60" Depth to ground water TEST DISCONTINUED.

Description of Soil TO 8" TOPSOIL; TO 18" SUBSOIL; TO 148" SANDY TIL WY FINES & 1-3" STONES; TO 120" DEPTH = CLAY.

Nature of Repairs or Alterations - Answer when applicable REUSE BLDG SEWER & 150 GAL SEPTIC TANK. REPLACE SEWER OUTLET PIPE & LEACH FACILITY.

Agreement: The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Environmental Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed Corin Hulse 5-10-91
Application Approved By David Jacozinski for Consent 5/10/91
Application Disapproved for the following reasons: Board of Health

Permit No. 91-6 Issued 5/10/91
Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (✓) by Richard Roberts Installer at 31 Wildflower Drive has been installed in accordance with the provisions of TITLE 5 of The State Environmental Code as described in the application for Disposal Works Construction Permit No. 91-6 dated 5

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE 7/31/91 Inspector David Jacozinski
* NOTE 2 TREES, 1 Large Pine 1-40 ft. MUST be removed

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 91-6

CH # 1520
FEE 100.00 pd.

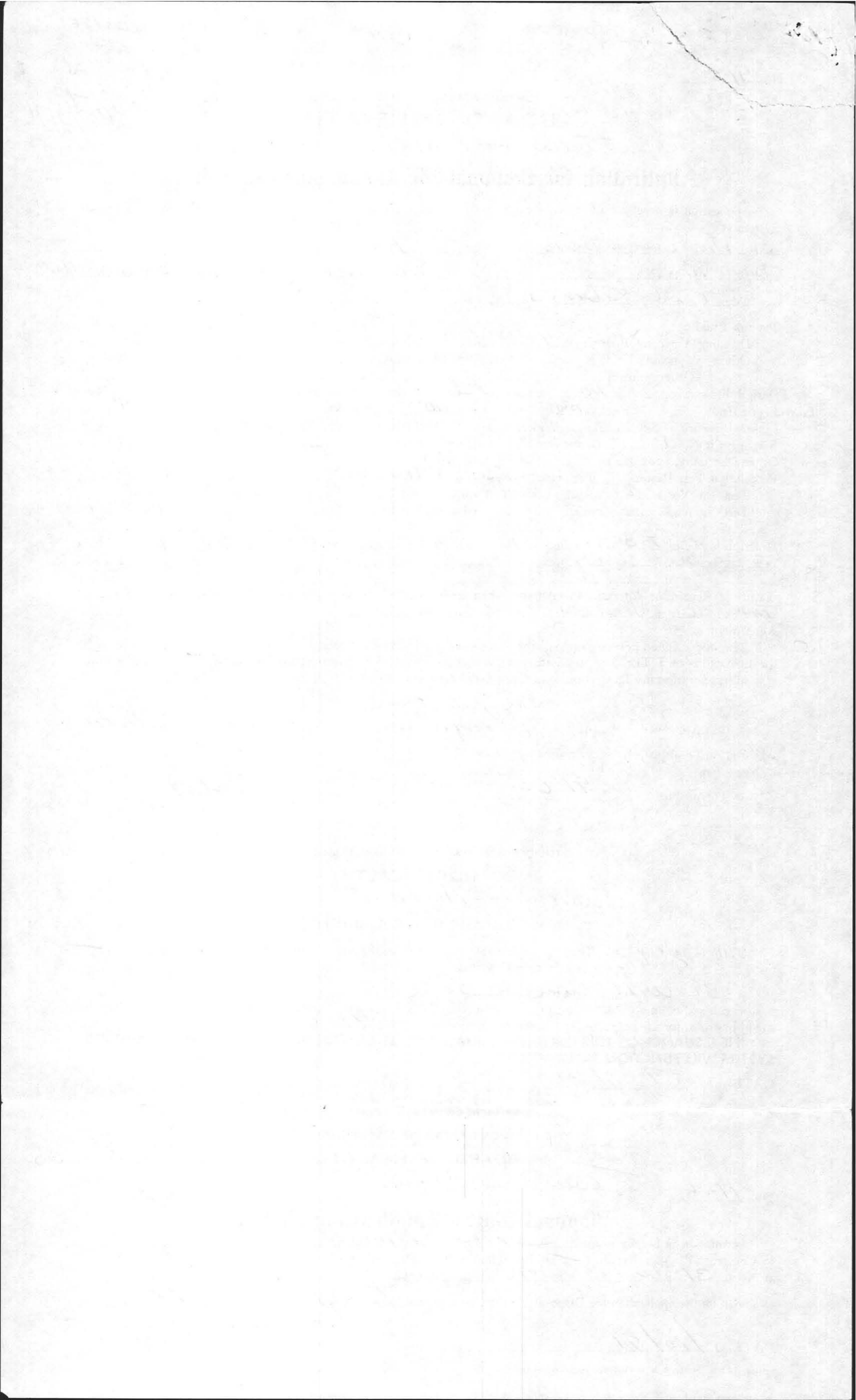
Disposal Works Construction Permit

Permission is hereby granted DAVID MARSH to Construct () or Repair (✓) an Individual Sewage Disposal System at No. 31 Wildflower Drive

as shown on the application for Disposal Works Construction Permit No. 91-6 Dated 5/10/91

DATE 5/10/91 Board of Health David Jacozinski for Consent

CHECK OR FILL IN WHERE APPLICABLE



Donald L.
C/O CORINE F. HULSE
#PLANS 91-6

TOWN OF Amherst

#1520
Pd 160
CORINE F. HULSE
4/25/91

PERC TEST DATA SHEET

DATE 4/25/91 LOCATION 31 Wildflower Drive LOT SIZE _____

OWNER David Marsh ADDRESS 31 Wildflower TELE # _____

P.E./RS Rick Scott FIRM SAME OBSERVED BY David Zarrin

BACK HOE OPERATOR LTK CONST. BENCH MARK _____

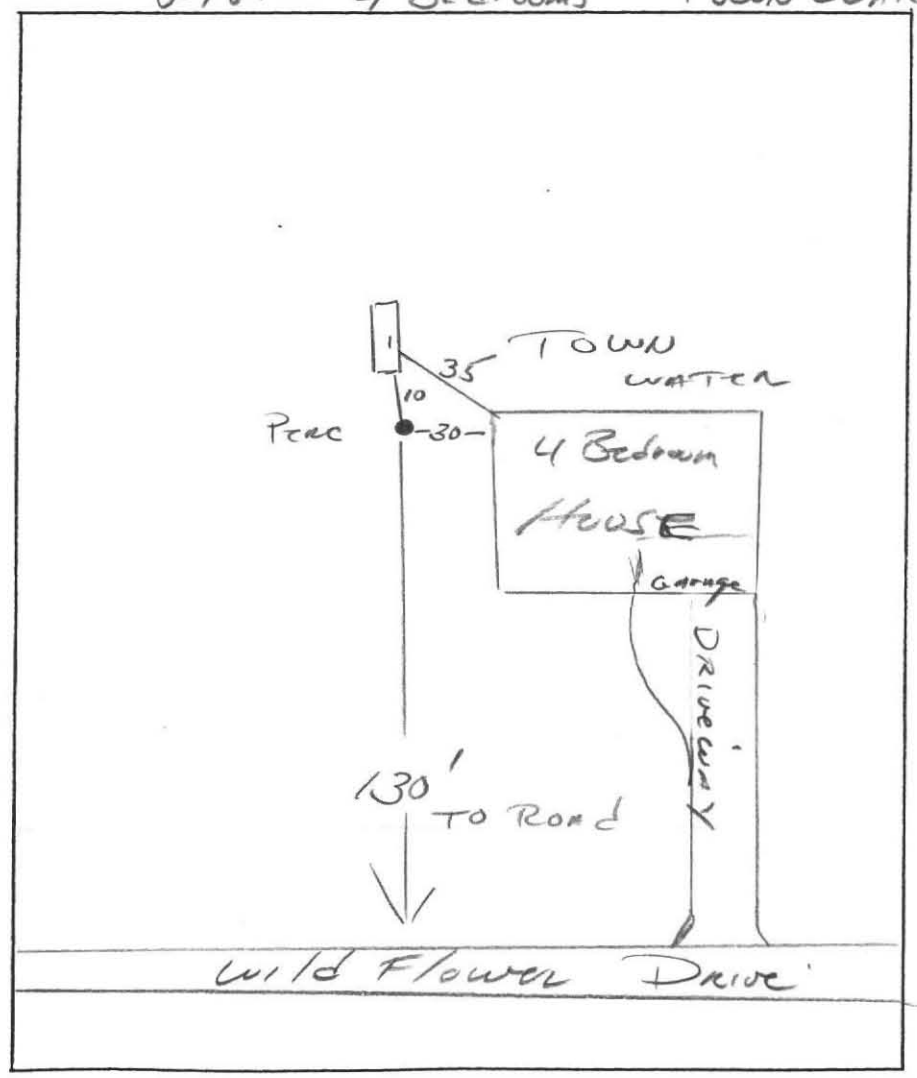
PERC DEPTH 48" PRE SOAK TIME 8:15 PERC DEPTH _____ PRE SOAK TIME _____

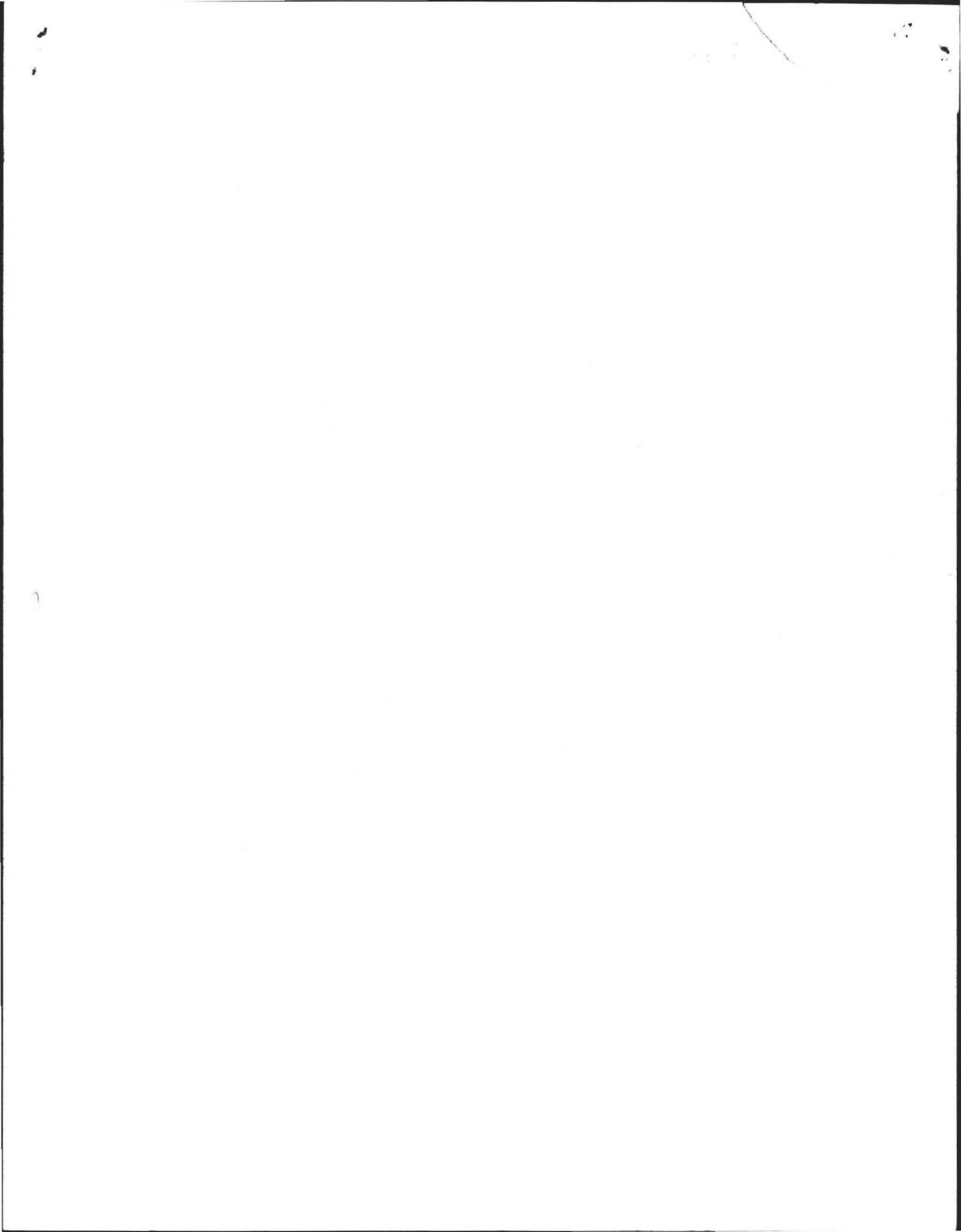
TEST	<u>12" 8:35</u>	<u>8" - 8:38³⁰</u>	_____	_____
		<u>7" 8:39³⁰</u>	_____	_____
	<u>9" 8:37³⁰</u>	<u>6" 8:40⁴⁵</u>	_____	_____
			_____	_____

RATE (2) RATE _____

A 1	
TOP 8"	TOP
SUB 24	SUB
SAND 11" T 11" OXIDE 66" WATER 12" Clay 108"	
TOP	TOP
SUB	SUB
TOP	TOP
SUB	SUB

R/G. 4 Bedrooms TOWN WATER





SYSTEM DESIGN CALCULATIONS

4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

MINIMUM EFFECTIVE SEPTIC TANK VOLUME = $1.5 \times 440 = 660$ GALLONS

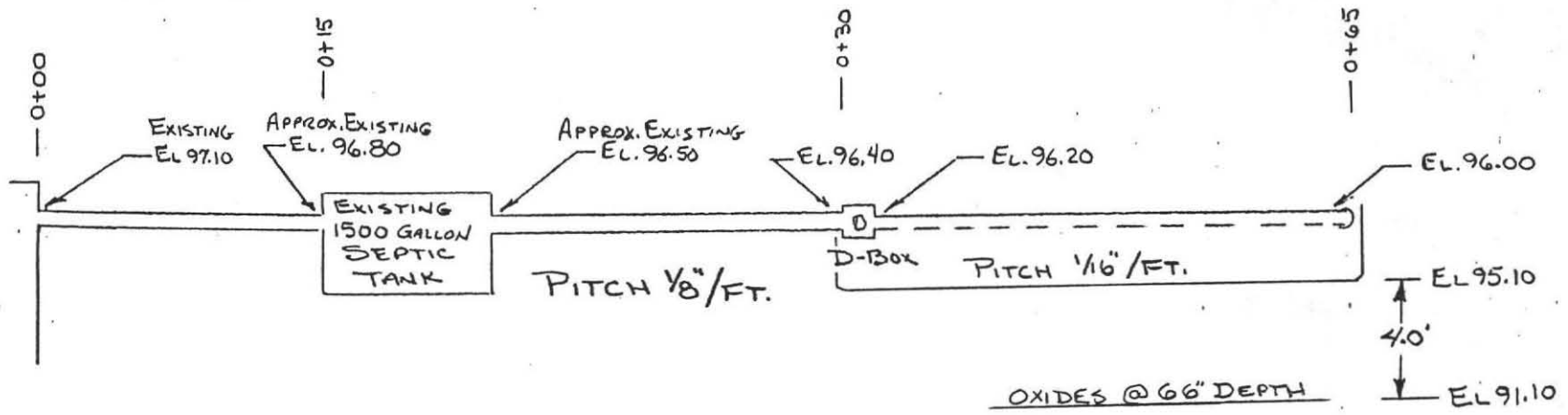
SPECIFIED EFFECTIVE TANK VOLUME = 1500 GALLONS (EXISTING)

PERCOLATION RATE = 2 MINUTES PER INCH → DESIGN LOADING =
= 1.00 SQ. FT. PER GALLON FOR BOTTOM LEACHING ONLY.

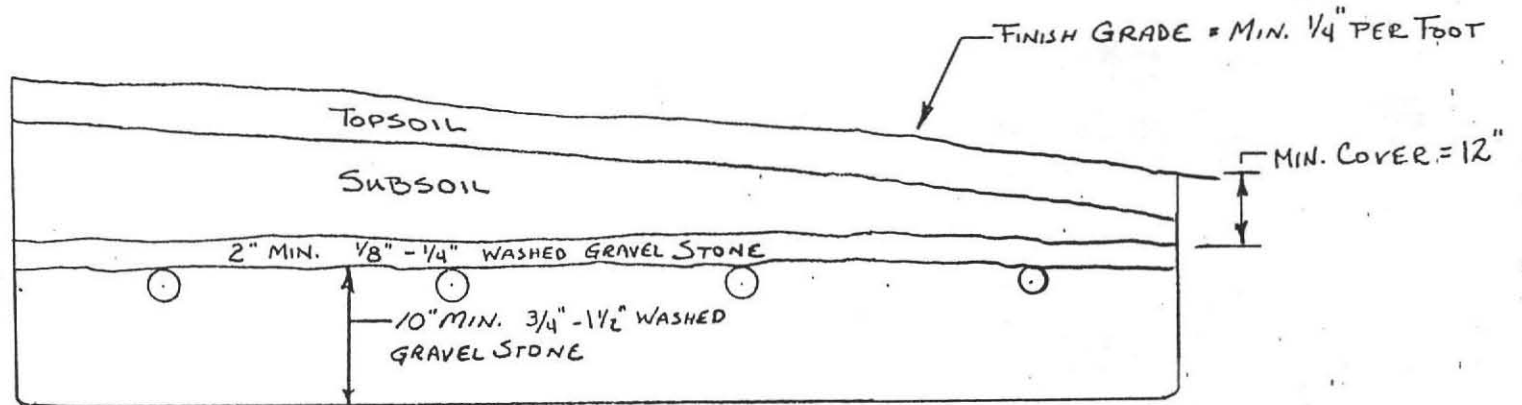
MINIMUM LEACH FIELD BOTTOM AREA = $440 \times 1.00 \times 1.50$ (G. GRINDER) $\times 1.25$ (AMHERST) = 825 FT²

LEACH FIELD SPECIFIED FOR THIS SITE = 24' X 35' = 840 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW
SCALE: (NOT TO SCALE)

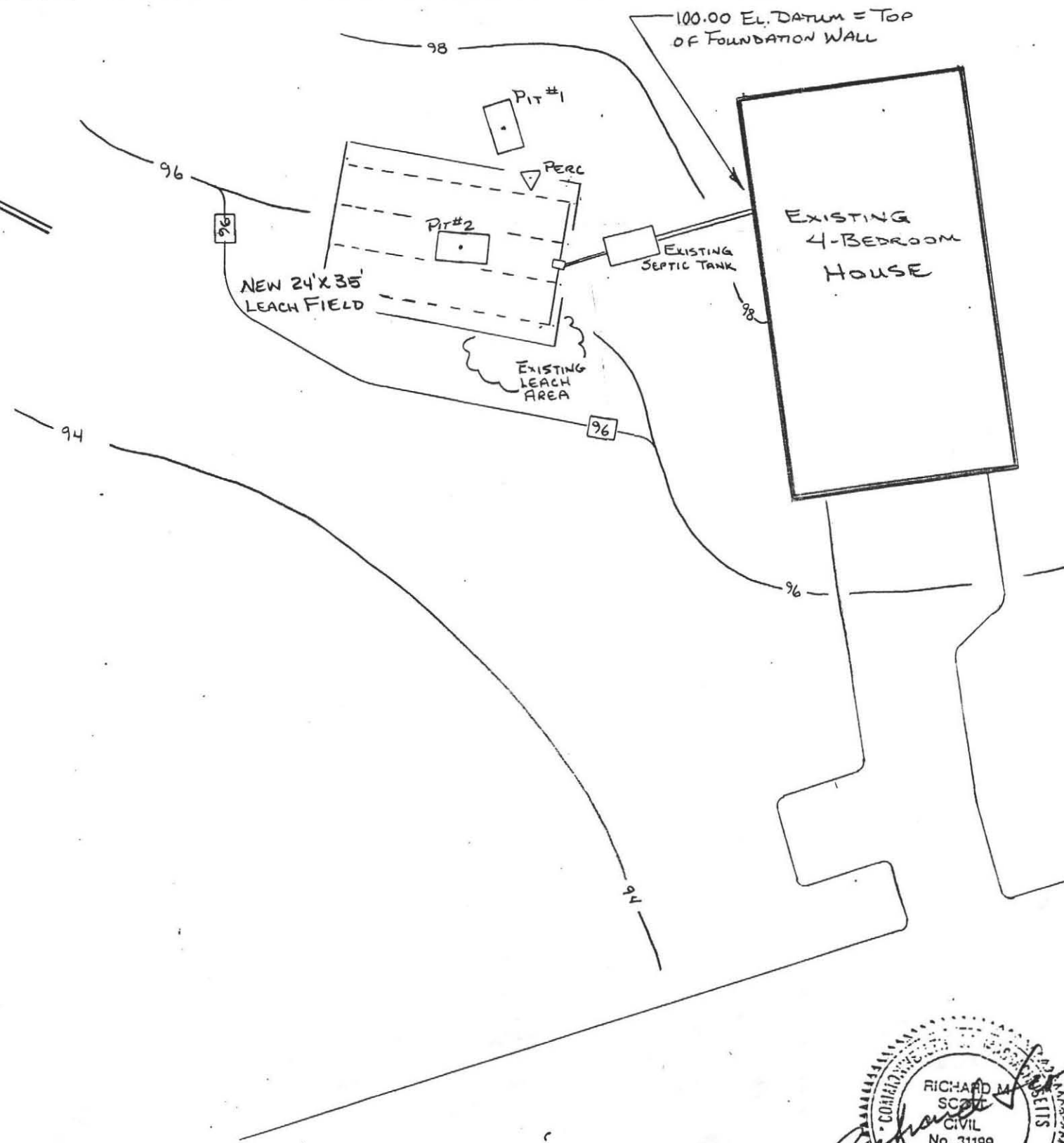
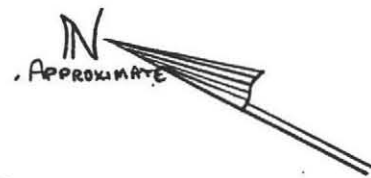


24' X 35' LEACHFIELD. HEADER PIPES FROM DISTRIBUTION BOX TO BE 4" PVC NON-PERFORATED & ARE TO BE LAID LEVEL. 140 LIN. FT. OF 4" PERFORATED PVC DISTRIBUTION PIPE TO BE LAID AT MIN. .005' PER FT. ALL PIPE ENDS TO BE CAPPED.

LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW
SCALE: HORIZ: 1" = 4' VERT: N.T.S.

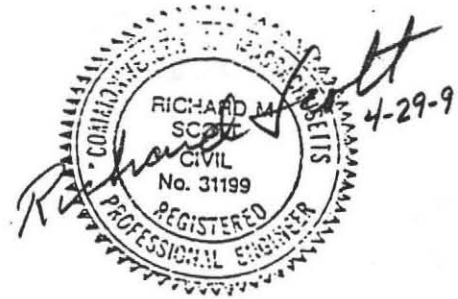
Richard Scott
4-29-91

PROPOSED SEPTIC SYSTEM DESIGN
AT: 31 WILDELOWER DRIVE, AMHERST
FOR: DAVID MARSH c/o CORINNE HULSE
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 4-29-91

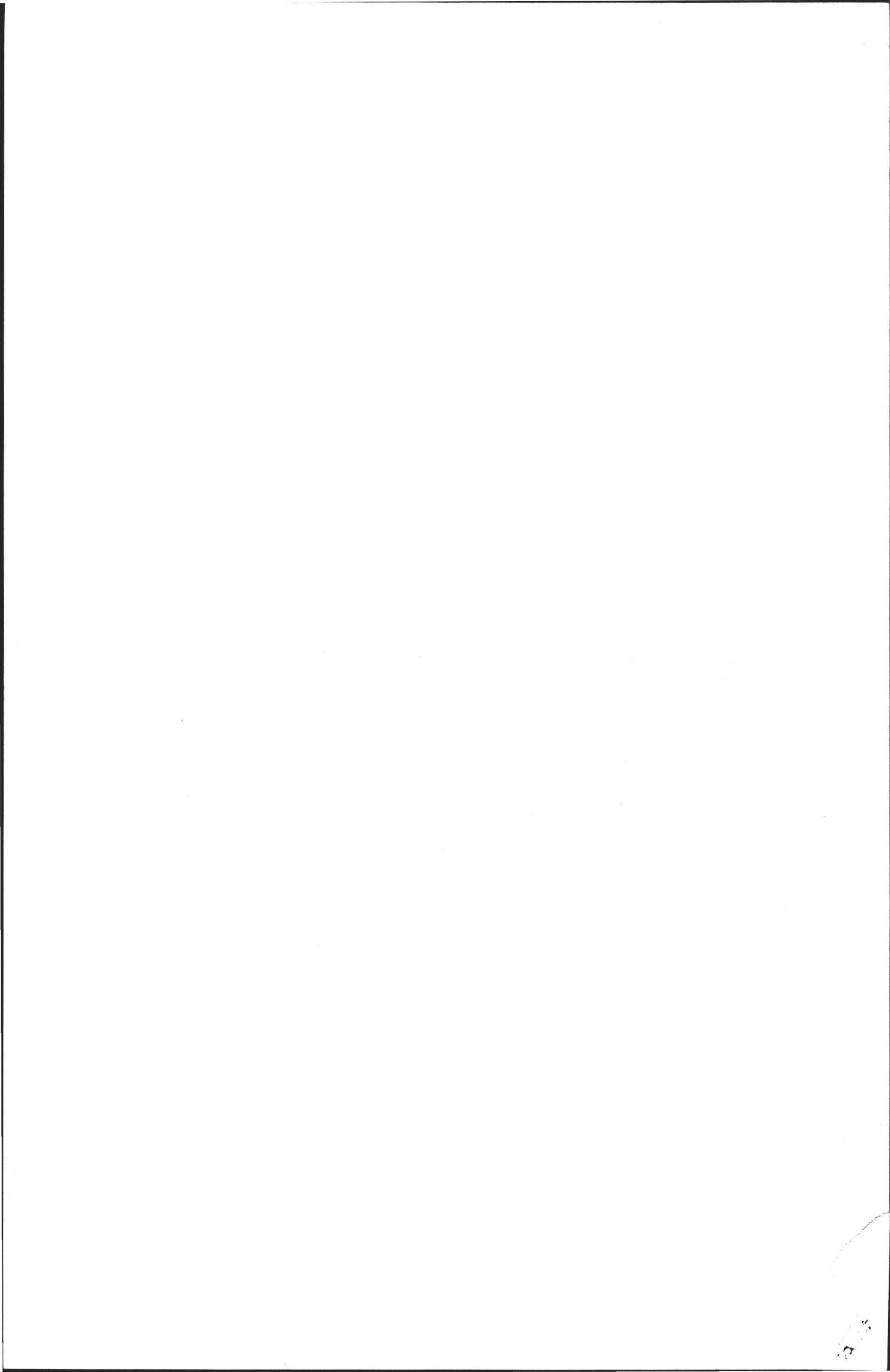


NOTES

- MUNICIPAL WATER SUPPLY - NO WELLS OR WATERCOURSES IN AREA
- EXISTING CONTOURS — 96 —
FINISH CONTOURS — 96 —
- REMOVE TREES, TOP & SUBSOIL FROM AREA OF LEACH FIELD. NO FILL SHOULD BE NECESSARY TO ESTABLISH 95.10 ELEVATION OF BOTTOM OF FIELD. USE REMOVED SUB & TOPSOIL TO ACHIEVE FINISH CONTOURS



SEPTIC SYSTEM DESIGN		
AT 31 WILDFLOWER DRIVE AMHERST		
SCALE: 1" = 20'	APPROVED BY:	DRAWN BY RMS
DATE: 4-29-91		REVISED
FOR: DAVID MARSH % CORINNE HULSE		
BY: RICHARD SCOTT, P.E.		
		DRAWING NUMBER



Richard Scott P.E.
31 Shutesbury Road
Pelham, Ma. 01002

May 7, 1991

David Marsh c/o Corinne Hulse
31 Wildflower Drive
Amherst, Ma. 01002

Subject: Septic System Design at 31 Wildflower Dr.

Dear Corinne:

Enclosed are three copies of the set of plans for your septic system repair and the original of the Application for Disposal Works Construction Permit.

As a minimum, you will need to take this material to the Health Department. You will sign the original application and leave it with Dave Zarozinski along with a copy of the plans. This will leave you a couple of plan copies for your records and for your installing contractor's use in constructing the system.

I've enclosed my invoice for work to date on this project since I don't expect problems in getting the design approved. If you or your installer have any questions on the design please contact me.

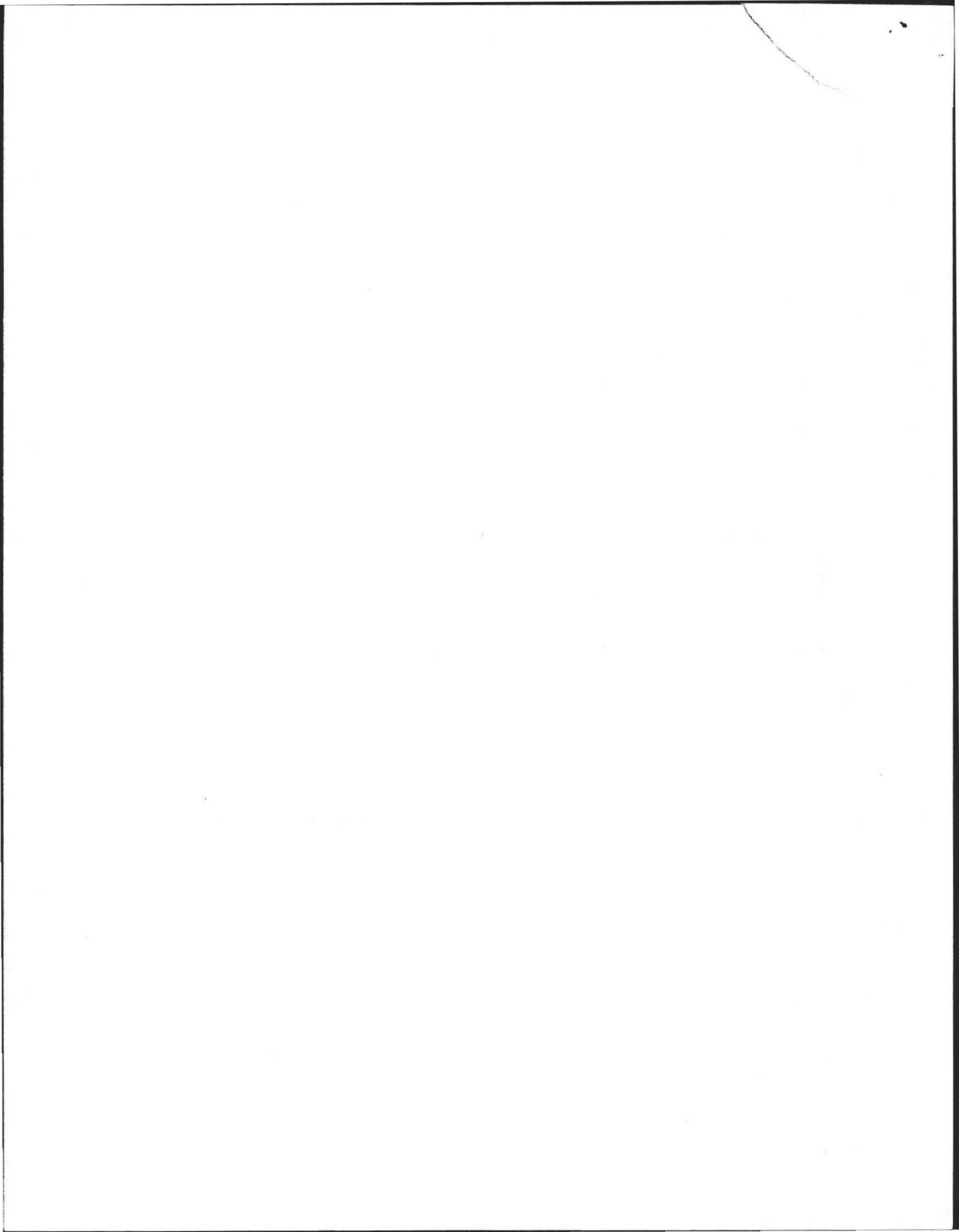
Good luck with the remainder.

Sincerely,

A handwritten signature in cursive script that reads "Richard Scott". The signature is written in dark ink and has a long, sweeping horizontal line extending to the right.

Richard Scott, P.E.

Encl:



Courinne

The other potential contractor for you to use is:

Paul Lussier

Daniel Shays Highway

Pelham Ma. 01002

256-0136

I am going to see Paul today on another project.
I'll give him a copy of this plan in case you call
him.

Rich 5-9-91

100000

To the ...

Paul ...

... ..

...

...

...

JUL 9 1991

File w/Plan

Richard Scott, P.E.
31 Shutesbury Road
Pelham, Ma. 01002

July 3, 1991

Dave Zarozinski
Town of Amherst Health Department
Bangs Center
Amherst Ma. 01002

Re: Septic System Repair at 31 Wildflower Drive
David Marsh / Corinne Hulse

On Tuesday July 2, 1991 I conducted an as-built inspection of this new septic system. The as-built dimensions are shown in "clouds" on the enclosed plan copy.

All system components are installed. Elevations are per plan within the tolerance of the measurements. In plan view the location of the leach field is shifted a small amount to preserve landscape trees. This small shift will not affect system performance and the field location remains over the test pits.

My recommendation is that you approve the installation for backfill and use.

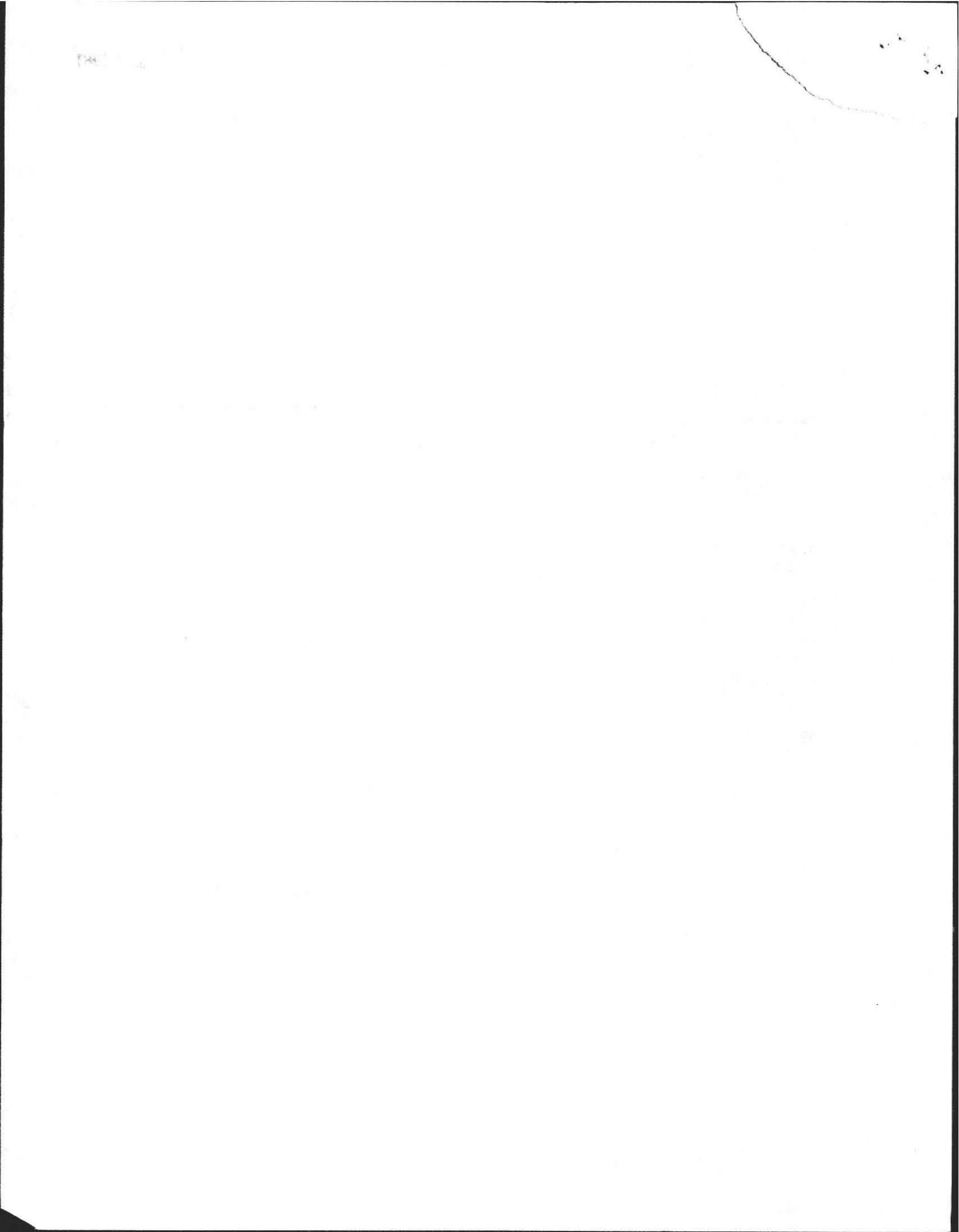
If you should have any further questions on this project please don't hesitate to call me.

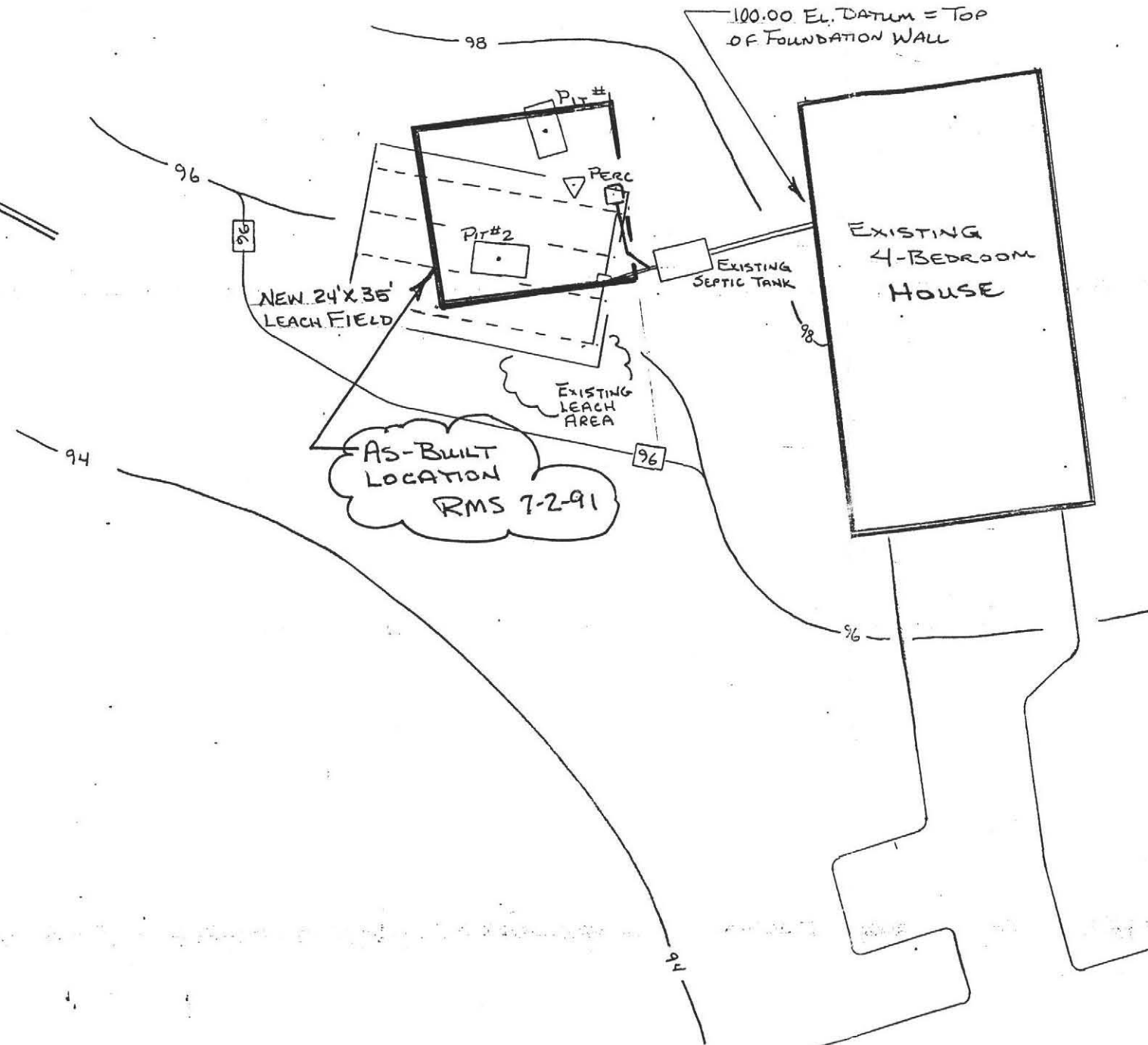
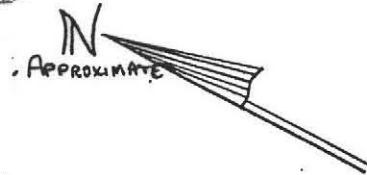
Sincerely,



Richard Scott P.E.

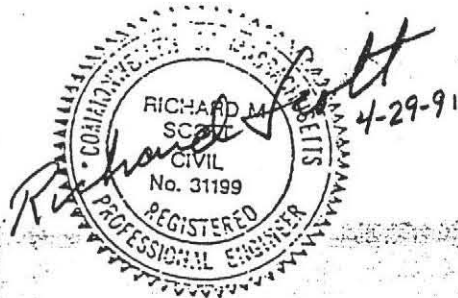
cc: David Marsh c/o Corinne Hulse



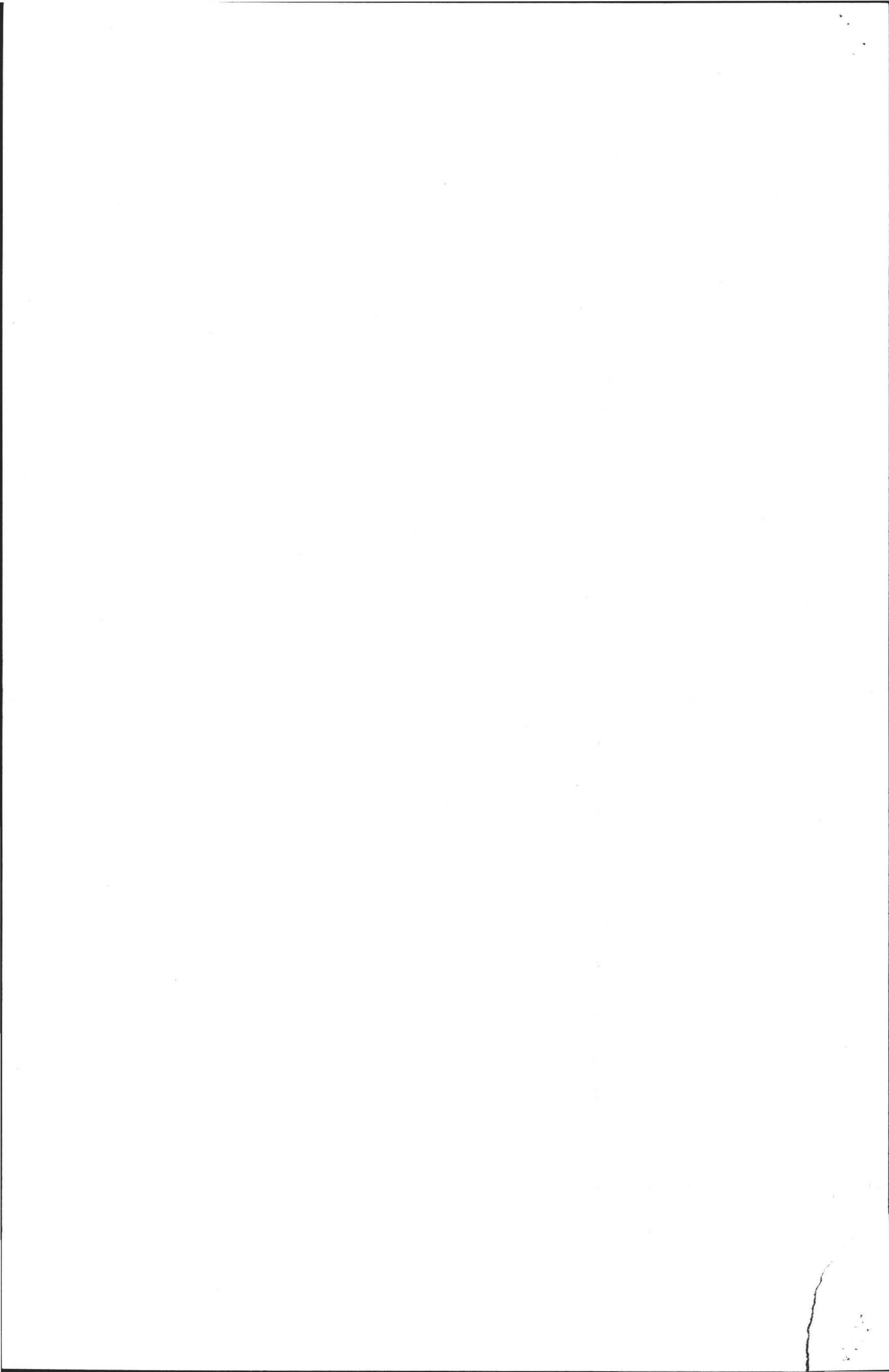


NOTES

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FINISH CONTOURS — 96 —
- REMOVE TREES, TOP & SUBSOIL FROM AREA OF LEACH FIELD. NO FILL SHOULD BE NECESSARY TO ESTABLISH 95.10' ELEVATION OF BOTTOM OF FIELD. USE REMOVED SUB & TOPSOIL TO ACHIEVE FINISH CONTOURS



SEPTIC SYSTEM DESIGN		
AT 31 WILDFLOWER DRIVE AMHERST		
SCALE: 1"=20'	APPROVED BY:	DRAWN BY: RMS
DATE: 4-29-91		REVISED
FOR: DAVID MARSH % CORINNE HULSE		
BY: RICHARD SCOTT, P.E.		
		DRAWING NUMBER



SYSTEM DESIGN CALCULATIONS

4 BEDROOM X 110 GAL PER BEDROOM PER DAY = 440 G.P.D. DESIGN FLOW

MINIMUM EFFECTIVE SEPTIC TANK VOLUME = 1.5 X 440 = 660 GALLONS

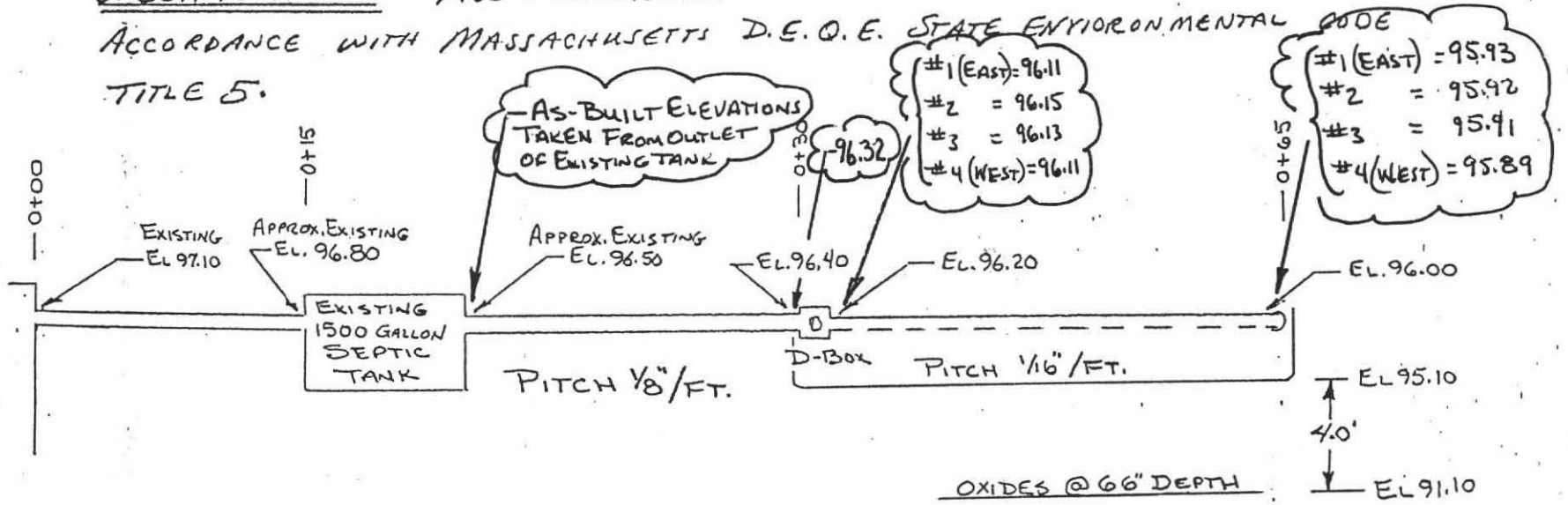
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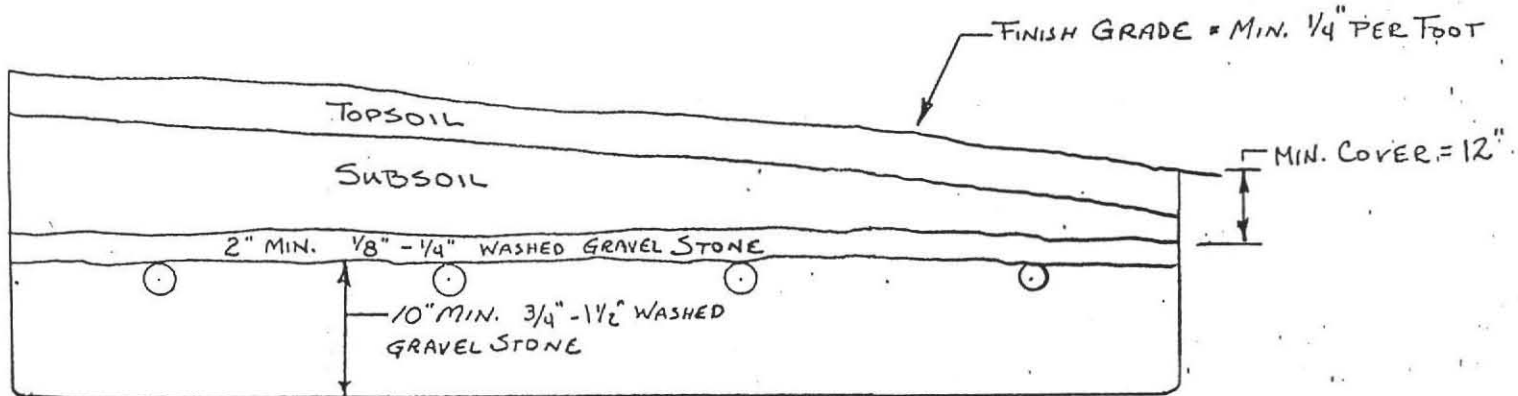
MINIMUM LEACH FIELD BOTTOM AREA = 440 X 1.00 X 1.50 (G. GRINDER) X 1.25 (AMHERST) = 825 FT²

LEACH FIELD SPECIFIED FOR THIS SITE = 24' X 35' = 840 SQ. FT.

SPECIFICATION: ALL MATERIALS AND CONSTRUCTION SHALL BE IN ACCORDANCE WITH MASSACHUSETTS D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.



SYSTEM PROFILE ~ SECTION PARALLEL TO FLOW
SCALE: (NOT TO SCALE)

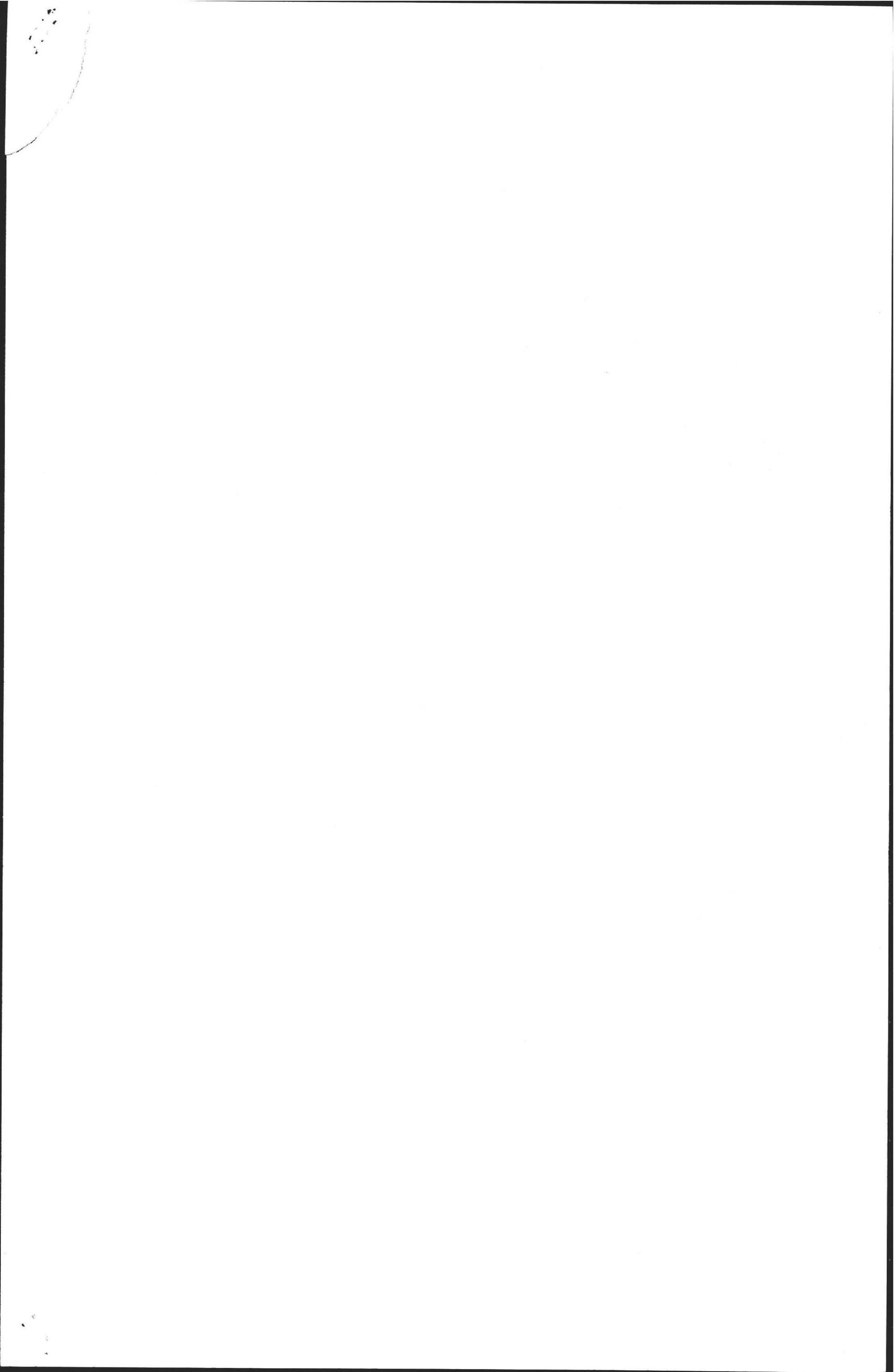


24' X 35' LEACHFIELD. HEADER PIPES FROM DISTRIBUTION BOX TO BE 4" PVC NON-PERFORATED & ARE TO BE LAID LEVEL. 140 LIN. FT. OF 4" PERFORATED PVC DISTRIBUTION PIPE TO BE LAID AT MIN. .005' PER FT. ALL PIPE ENDS TO BE CAPPED.

LEACH FIELD PROFILE ~ SECTION PERPENDICULAR TO FLOW
SCALE: HORIZ: 1" = 4' VERT: N.T.S.



PROPOSED SEPTIC SYSTEM DESIGN
AT: 31 WILDFLOWER DRIVE, AMHERST
FOR: DAVID MARSH c/o CORINNE HULSE
PREPARED BY: RICHARD SCOTT, P.E.
SCALE: AS SHOWN DATE: 4-29-91



No. 83-25

31 Wildflower

corner of Alyssum & Wildflower

FEE \$90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



31 Wildflower

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

Location - Address: ~~Bedbacteria Drive Alyssum Dr~~ ~~Empty Lane~~ Mr Albert Fitzer Lot # 16 Amh Woods
or Lot No. 26 Miller Ave
Owner: ~~Larry Miller~~ (Agent) Jones Realty Southampton Ma
Installer: LAVALLEY & SONS Florence MA

Type of Building: Dwelling - No. of Bedrooms: 4 Expansion Attic () Garbage Grinder ()

Other - Type of Building: Other fixtures: No. of persons: Showers () - Cafeteria ()

Design Flow: 55 gallons per person per day. Total daily flow: 440 gallons.

Septic Tank - Liquid capacity: 1000 gallons Length: Width: Diameter: Depth:

Disposal Trench - No. Width: Total Length: Total leaching area: sq. ft.

Seepage Pit No. 1 Diameter: 11' x 7' Depth below inlet: 5 Total leaching area: 180 sq. ft. sides bottom

Percolation Test Results: Performed by: Frederick Filios Date: Mar 15 1981

Test Pit No. 1: 71 minutes per inch Depth of Test Pit: 10 Depth to ground water: none

Test Pit No. 2: minutes per inch Depth of Test Pit: Depth to ground water:

Description of Soil: enclosed 1000 GAC. HEAD TANK.

Nature of Repairs or Alterations - Answer when applicable:

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed: Albert Fitzer

Application Approved By: [Signature] Date: 11-9-83

Application Disapproved for the following reasons:

Permit No. 83-25 Issued: 11-9-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by

Installer

at

has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 83-25

FEE \$90

Disposal Works Construction Permit

Permission is hereby granted ALBERT FITZER / LAVALLEY & SONS to Construct (X) or Repair () an Individual Sewage Disposal System

at No. Lot # 16 Wildflower Dr. Street

as shown on the application for Disposal Works Construction Permit No. 83-25 Dated 11-9-83

DATE 11-9-83 Board of Health

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No. 83-25

FEE.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Location - Address: Rudbachia Drive
Lot # 16 Amh Woods
Owner: Mr Albert Fitzer or Lot No. 26 Miller Ave
Southampton Ma

Type of Building: Dwelling — No. of Bedrooms: 4 Expansion Attic () Garbage Grinder ()
Other — Type of Building: _____ No. of persons: _____ Showers () — Cafeteria ()
Other fixtures: _____

Design Flow: 55 gallons per person per day. Total daily flow: 440 gallons.
Septic Tank — Liquid capacity: 1000 gallons Length: _____ Width: _____ Diameter: _____ Depth: _____
Disposal Trench — No. _____ Width: _____ Total Length: _____ Total leaching area: _____ sq. ft.
Seepage Pit No. 1 Diameter: 11' X 7' Depth below inlet: 5 Total leaching area: 180 sq. ft. sides
Other Distribution box () Dosing tank () 77 sq. ft. bottom
Percolation Test Results Performed by: Frederick Filios Date: Mar 15 1981
Test Pit No. 1: 21 minutes per inch Depth of Test Pit: 10' Depth to ground water: none
Test Pit No. 2: _____ minutes per inch Depth of Test Pit: _____ Depth to ground water: _____

Description of Soil: enclosed

Nature of Repairs or Alterations — Answer when applicable: _____

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

* Signed: _____ Date: _____

Application Approved By: _____ Date: _____

Application Disapproved for the following reasons: _____ Date: _____

Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF _____

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____

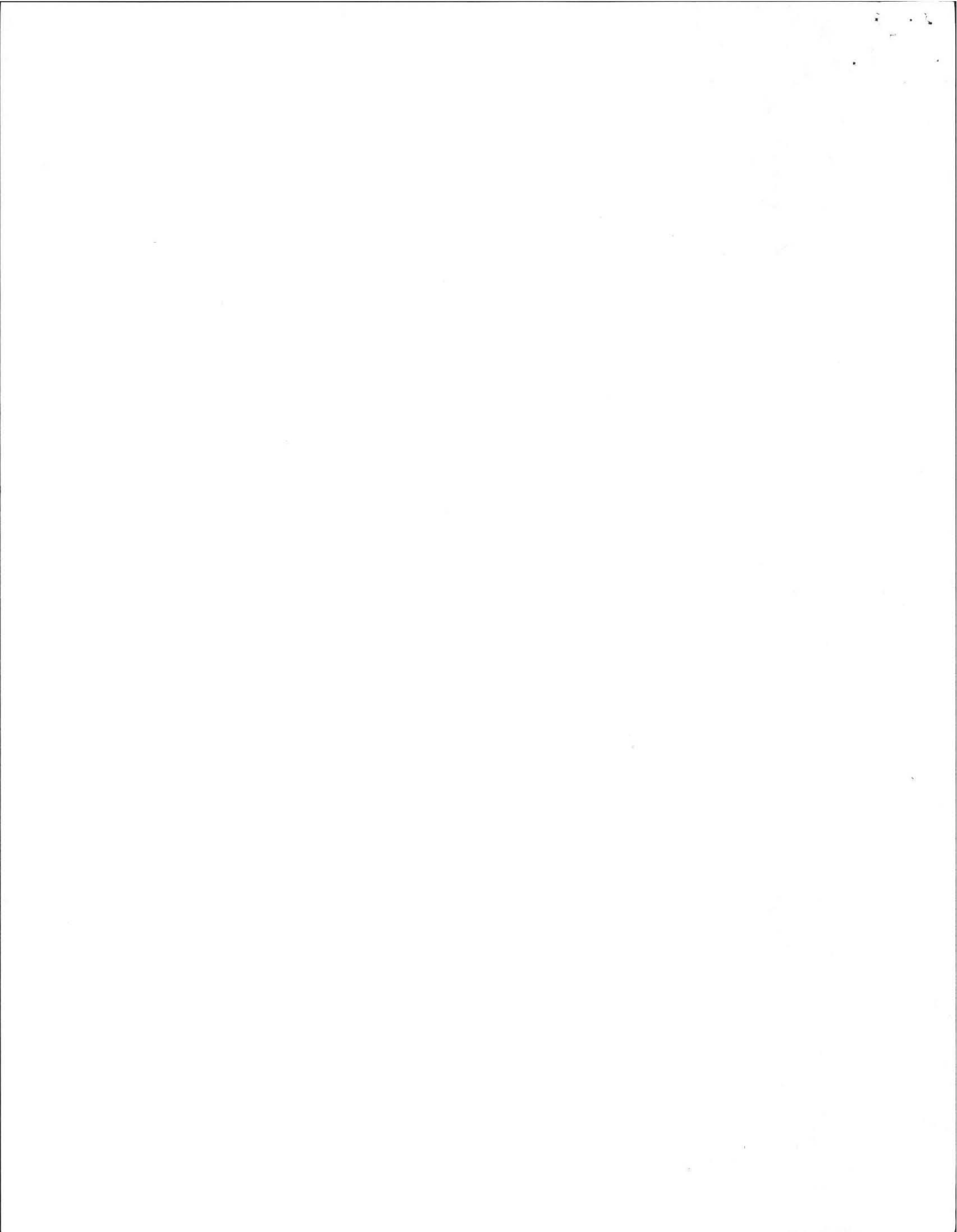
at _____ Installer _____

has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE _____ Inspector _____

CHECK OR FILL IN WHERE APPLICABLE



PLAN SHOWING SEWAGE DISPOSAL

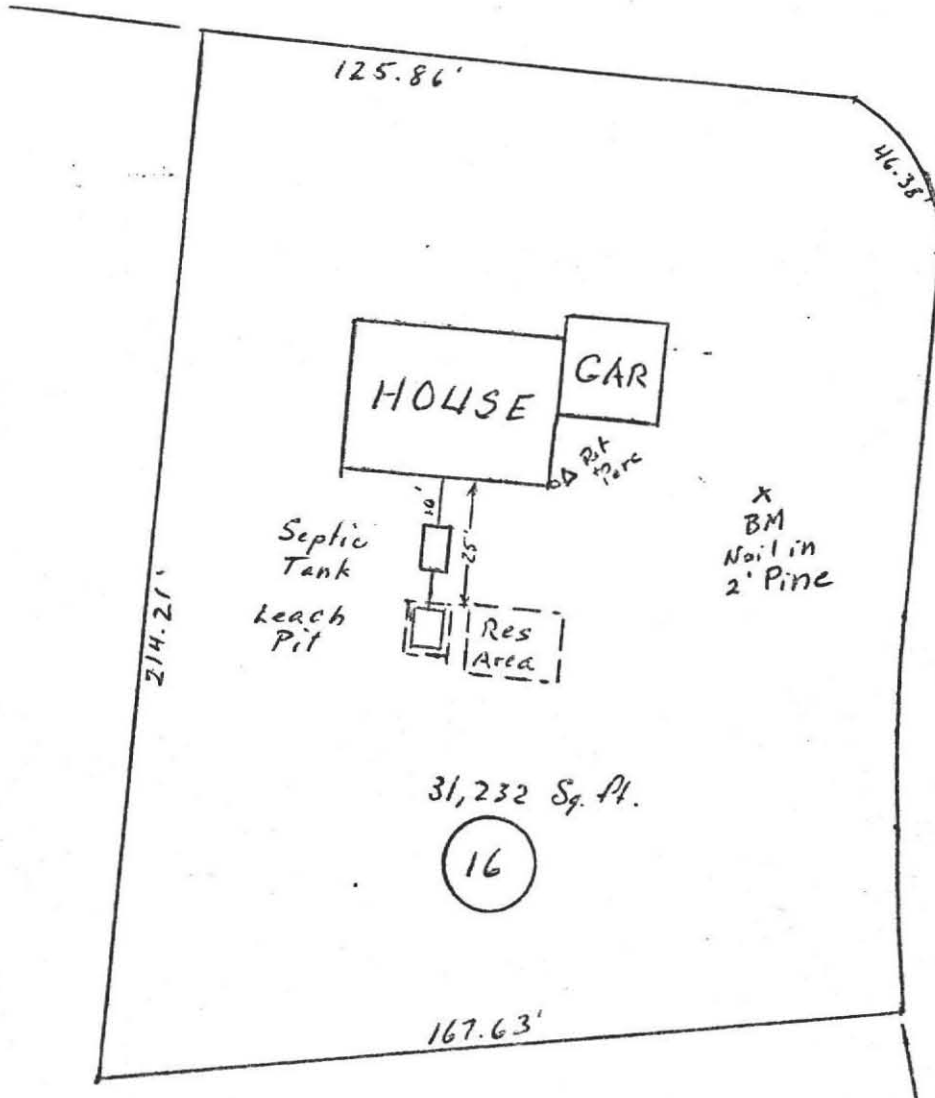
For: Albert Fiszler
26 Miller Ave. Southampton Ma
At: Amherst Mass.

Scale: 1" = 40'

By: Frederick Filios

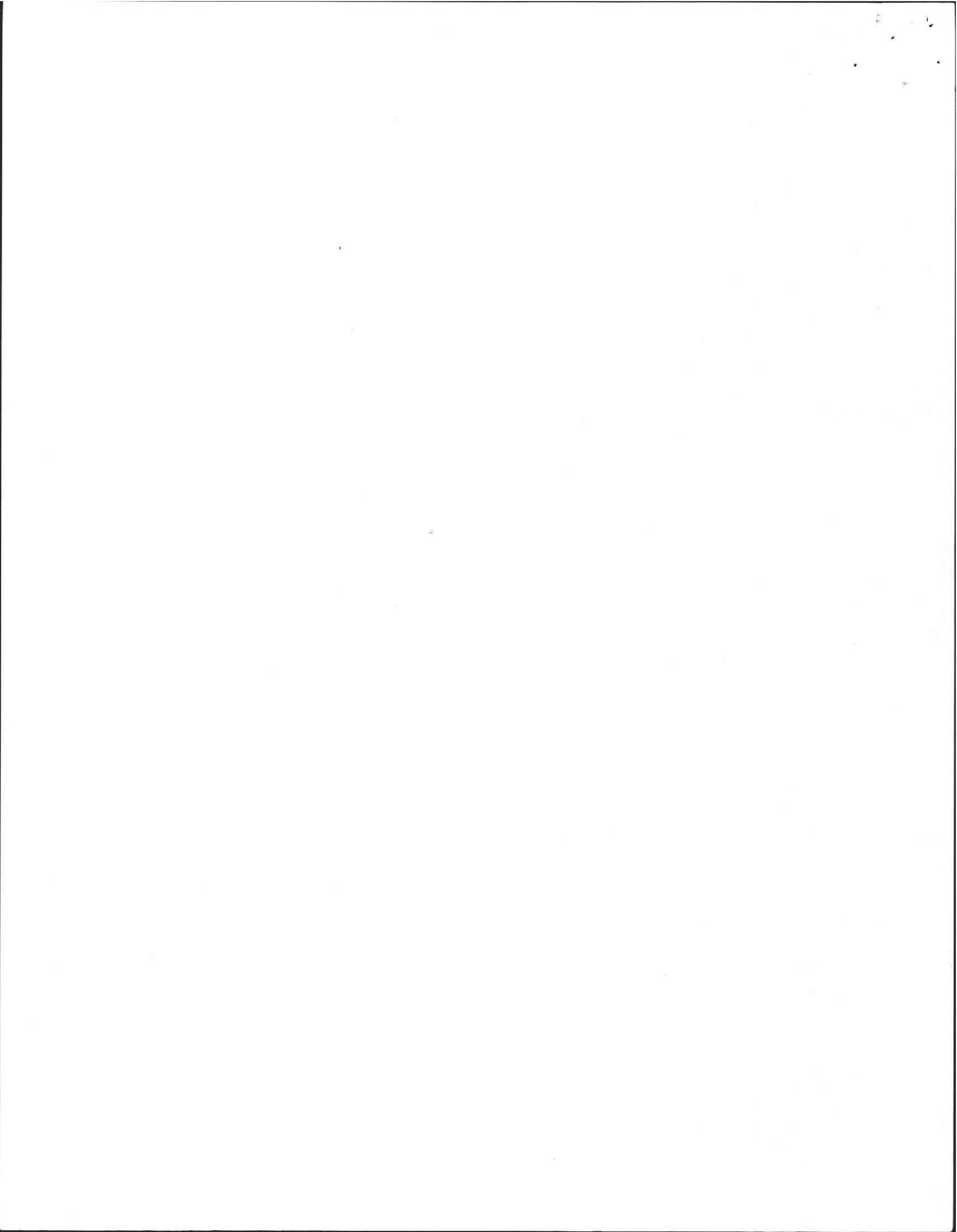


Rudbeckia DRIVE



WILDFLOWER DRIVE



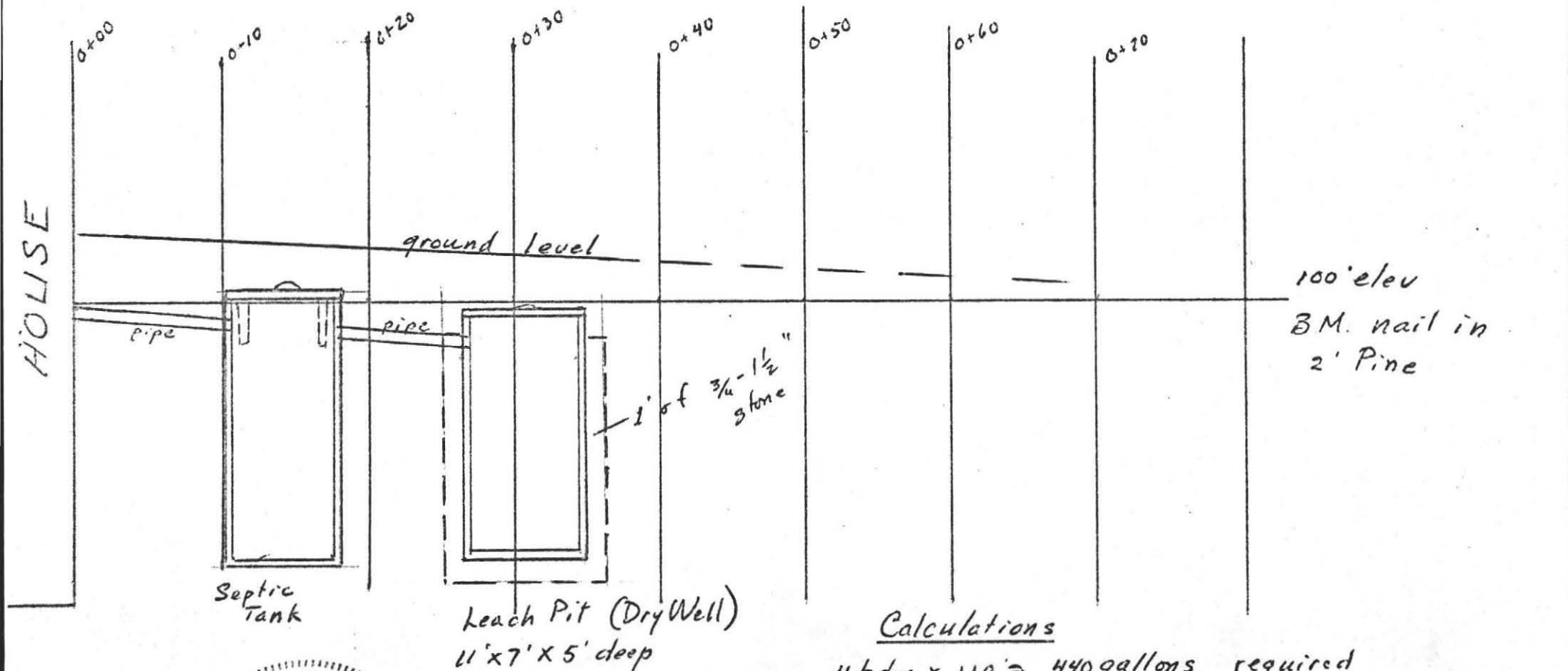


PROFILE OF SEPTIC SYSTEM

Nov. 1983.

For: Lot 16 Amherst Woods
 M. Albert Fiszler
 Southampton Ma.

Scale; Horizontal, 1"=10'
 Vertical, 1"=3'
 By: Frederick Filios



Calculations

4 bdm x 110 = 440 gallons required

At 2 min/inch

sides 2.5 gallons/sq. ft

bottom 1 gallon /sq ft

11 x 5 x 2 = 110 sq ft

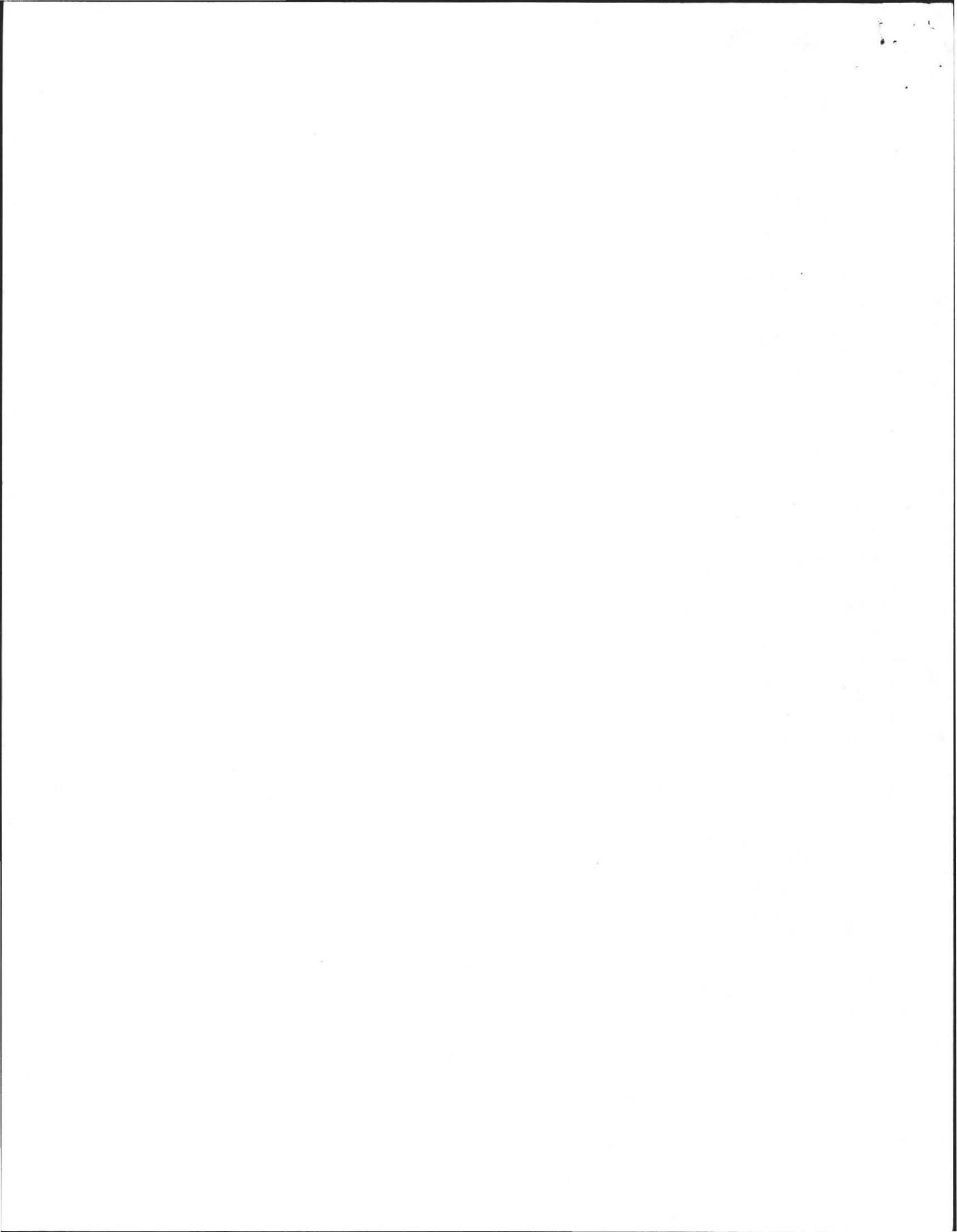
7 x 5 x 2 = 70 " "

11 x 7 = 77 sq ft sides x 2.5 = 450 gallons

11 x 7 = 77 sq ft bottom x 1 = 77 "

0.21 " prepared



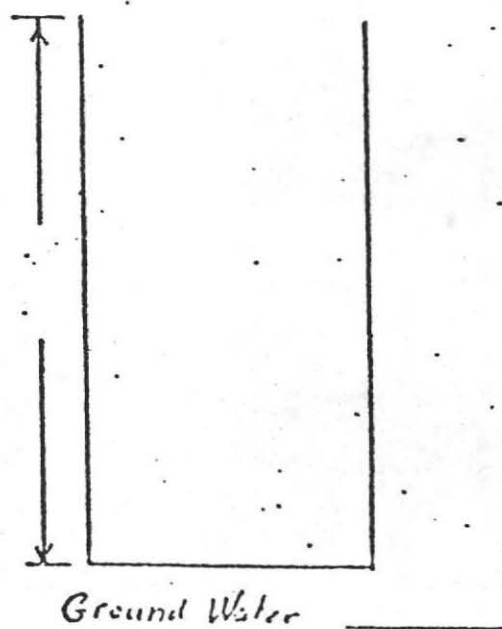
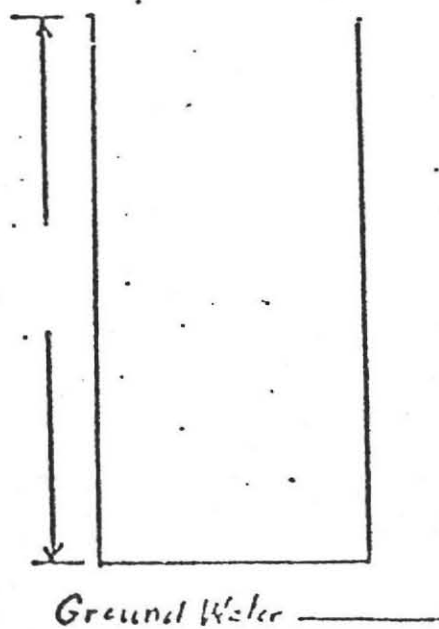
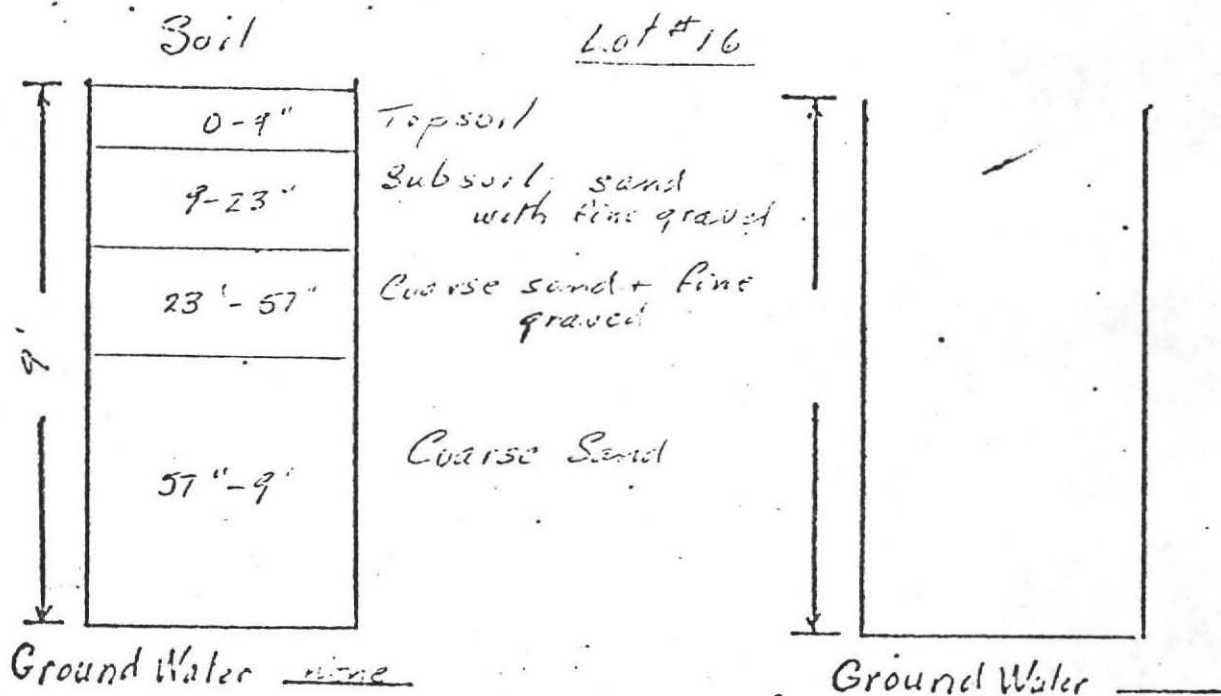


JUNER Amherst Woods Phase I

Date Mar 15 1981

LOCATION Wildflower Drive

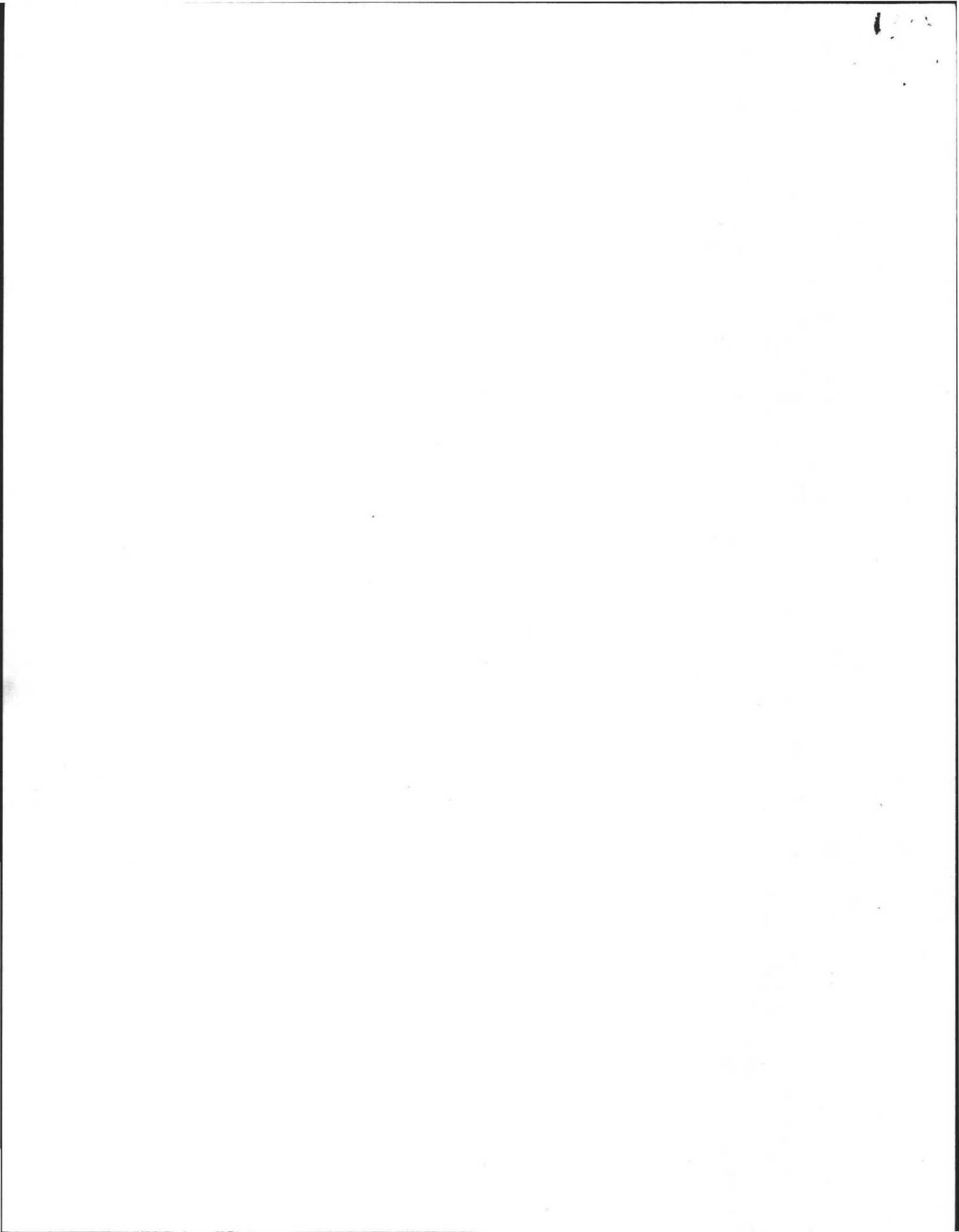
OBSERVER FA Filios



Percolation at 32"

71 minutes/inch





BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot 16

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

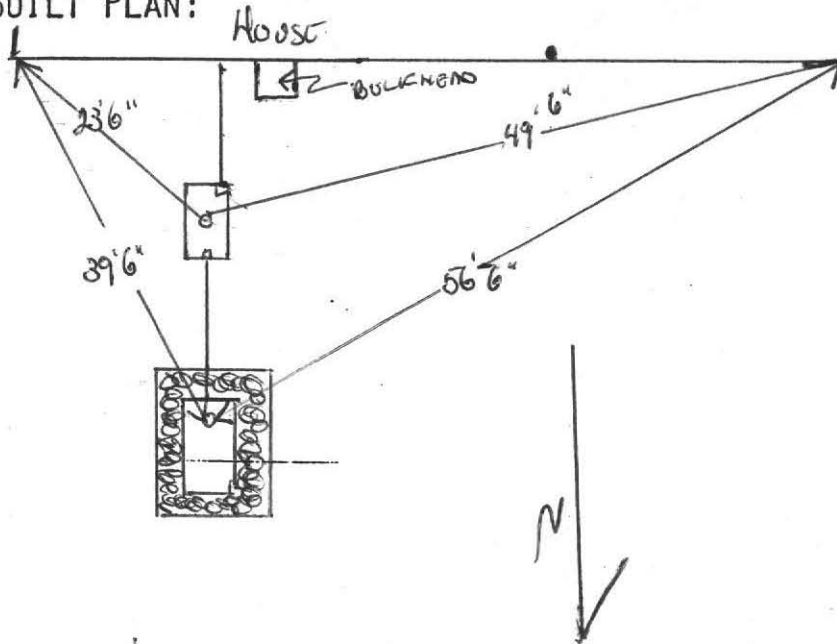
Owner DR. DAVID MARSH Address 31 WILDFLOWER DE.
Installer LA VALLEY & SONS Address RYAN ROAD FLOREVER
Date Installation Inspected and Approved 7-10-84

Description of System: Tank Capacity: 1500

Leach Field () Bed () Seepage Pit (X) Square Feet: 362

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

AS - BUILT PLAN:



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.

