

Rd.

#67 Woodlot

The Inspector  
Fee 30.00  
P.S. 8/13/51  
CR 368  
LAUNDRY

94



No. 90-14

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 (X) or Repair ( ) an Individual Sewage Disposal System at:

67 Woodlot Road Location - Address  
Pamela Pomeroy Owner  
Lot 144 or Lot No.  
21 Meadow St, Florence MA 01060 Address

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 x 1.25 = 550 gallons.  
Septic Tank - Liquid capacity 1000 gallons Length 8.5 Width 5.0 Diameter Depth 4  
Disposal Trench - No. 4 Width 2 Total Length 4 x 20 = 80 Total leaching area 160 sq. ft. sides  
Seepage Pit No. Diameter Depth below inlet Total leaching area 160 sq. ft. Bottom

Other Distribution box (X) Dosing tank ( )  
Percolation Test Results Performed by Date  
Test Pit No. 1 2 minutes per inch Depth of Test Pit 1.0 Depth to ground water 3.2  
Test Pit No. 2 2 minutes per inch Depth of Test Pit 1.0 Depth to ground water 5.3

Description of Soil see attached  
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 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 [Signature] Date 10/25/90  
Application Approved By [Signature] Date 1/23/91

Application Disapproved for the following reasons:  
Permit No. 90-14 Issued 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 (X) or Repaired ( ) by [Installer] at LOT 144 WOODLOT ROAD 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. 90-14 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

Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. LOT 144 WOODLOT ROAD as shown on the application for Disposal Works Construction Permit No. 90-14 Dated

DATE Oct 26, 1990 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH



Application for Approval of Sewerage System

Application is hereby made for a permit to install a sewerage system at:

System at: Woods Pond  
Lot 114

Type of Building: Dwelling - No. of Bedrooms: 4  
Other - Type of Building: Other

Design Flow: 22  
Septic Tank - Liquid Capacity: 22  
Disposal Trench - No. of Trenches: 2  
Storage Pit No. 2  
Other Distribution Box (X) 2

Percolation Test Results: 2  
Test Pit No. 1: 2  
Test Pit No. 2: 2

Description of Soil: 2

Nature of Repairs or Alterations: 2

Agreement: 2

Application Approved by: 2

Permit No. 2

BOARD OF HEALTH  
Certificate of Compliance

THIS IS TO CERTIFY that the sewerage system proposed herein has been installed in accordance with the provisions of TITLE 2 of the state Sanitary Code, and that the application for Disposal System No. 2 has been approved by the Board of Health. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSIDERED A WARRANTY THAT THE SYSTEM WILL FUNCTION SATISFACTORILY.

DATE: 2

Town of 2

CHECK OR CUT IN THESE VERTICALS

P 385 123 573

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to		Teton Coast Ltd
Street and No.		181 North St
P.O., State and ZIP Code		Belchertown, Ma 01007
Postage		\$ 25
Certified Fee		85
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		90
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees		\$ 200
Postmark or Date	AMHERST MA 01007 OCT 30 1990 9666-9998 USPS	

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

P 385 123 572

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

☆ U.S.G.P.O. 1989-234-555

Sent to

Navy Maglion

Street and No.

71 Woodlot Rd

P.O., State and ZIP Code

Amherst MA 01002

Postage

\$ 25

Certified Fee

85

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered

90

Return Receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees

\$ 200

Postmark or Date

30  
1990



PS Form 3800, June 1985

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P 385 123 574

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

☆ U.S.G.P.O. 1989-234-555

Sent to

Mr. Jeffrey Flower

Street and No.

23 Lucas Dr.

P.O., State and ZIP Code

Amston, Ct 06238

Postage

\$ 25

Certified Fee

85

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing  
to whom and Date Delivered

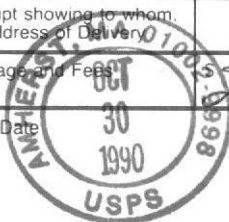
90

Return Receipt showing to whom,  
Date, and Address of Delivery

TOTAL Postage and Fees

100.50

Postmark or Date



PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
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P 385 123 575

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

☆ U.S.G.P.O. 1989-234-555

(See Reverse)

Sent to <i>Ms Ruth Trimantla</i> <i>Mr. David Miller</i>	
Street and No. <i>27 Teaberry Court</i>	
P.O., State and ZIP Code <i>Amherst Ma 01001</i>	
Postage	\$ <i>25</i>
Certified Fee	<i>85</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	<i>90</i>
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ <i>200</i>
Postmark or Date	<i>OCT 30 1990</i>

AMHERST MA 01001-2999  
USPS

PS Form 3800, June 1985

**STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST CLASS POSTAGE,  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

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6. Save this receipt and present it if you make inquiry.

October 30, 1990

OCT 31 1990

Dear Mr. Zarozinski:

Enclosed please find the receipts for the letters sent on behalf of Pamela Pomeroy.

Sincerely,  
Larry Miller, REALTOR, GRI  
D. H. Jones Real Estate Group Inc.--Amherst

LM/cw  
└

TO Mr. David Zarozinski  
Town of Amherst  
Board of Health  
70 Boltwood Walk  
└ Amherst, MA 01002



**200 TRIANGLE STREET  
AMHERST, MA 01002-2193  
(413) 549-3700  
OUTSIDE MASSACHUSETTS  
(800) 343-0688  
FAX (413) 549-7632**

October 30, 1952

Dear Mr. [Name]

Enclosed please find the receipt for the [Amount] [Type] [Date]

Sincerely,

[Name]

D. M. Jones Real Estate Corp. Inc. - Chicago

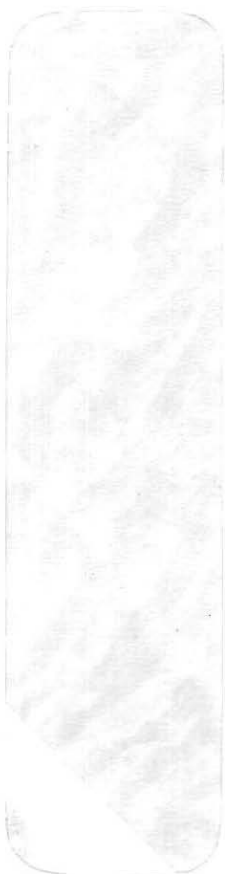
Yours

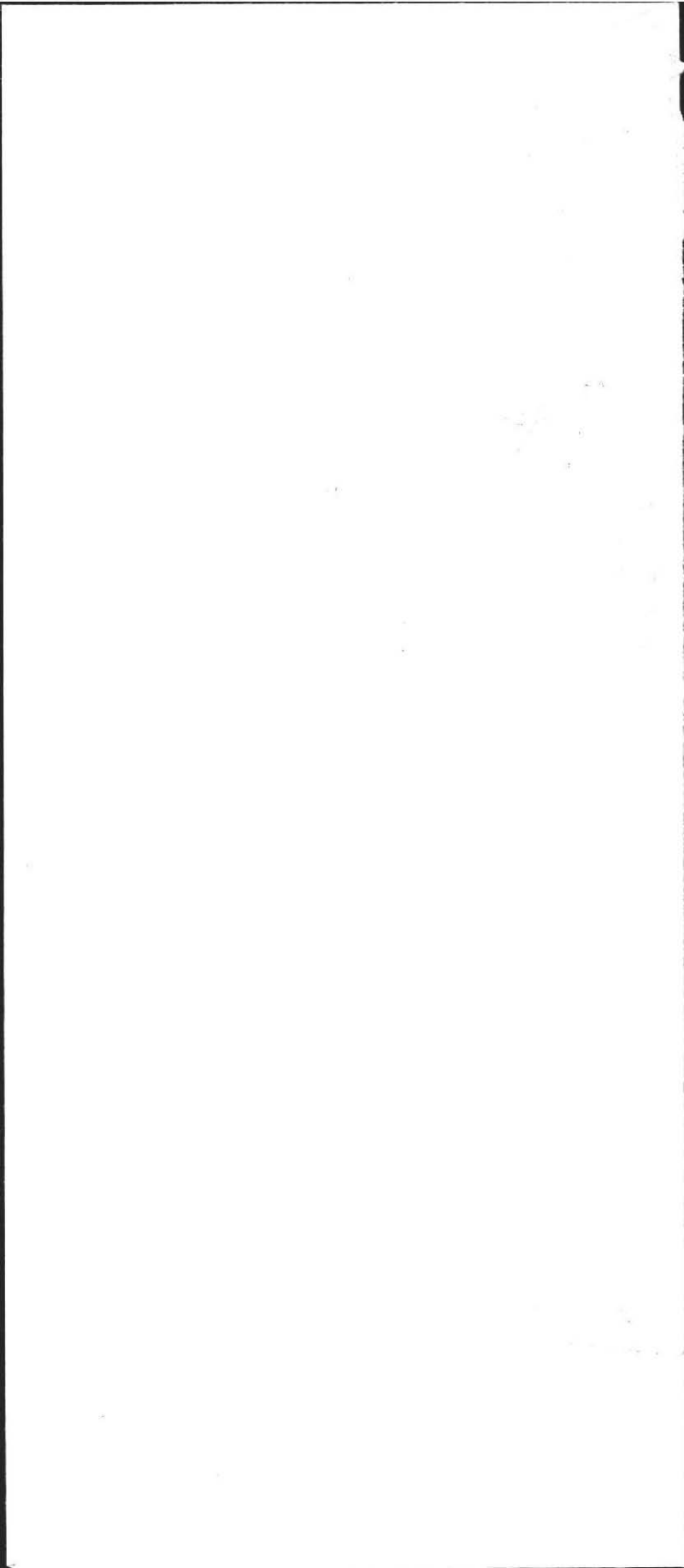
[Faint, illegible text, possibly a stamp or additional address]

Mr. David [Name]  
[Address]  
[City]  
[State]

**D.H. JONES**  
REAL ESTATE GROUP INC.

200 Triangle Street  
Amherst, MA 01002-2193







AMHERST HEALTH DEPARTMENT

TITLE V FEES

Owner: Pam Pomeroy

Site: LOT 144 WOODLORD

Percolation Test: Per Lot CK317

# 100<sup>06</sup> Date: MARCH 2, 1990

# \_\_\_\_\_ Date: \_\_\_\_\_

# \_\_\_\_\_ Date: \_\_\_\_\_

# \_\_\_\_\_ Date: \_\_\_\_\_

# \_\_\_\_\_ Date: \_\_\_\_\_

-----  
Disposal Works Construction Permit

Plan Review Date \_\_\_\_\_

Final Inspection Date \_\_\_\_\_

-----  
Subsequent Plan Review

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

-----  
Reinspection of Installation

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

100

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 90-14

FEE 160<sup>00</sup> PD 5.7

Disposal Works Construction Permit

Permission is hereby granted

to Construct (X) or Repair ( ) an Individual Sewage Disposal System

at No. LOT 144 WOOD LOT ROAD

Street

as shown on the application for Disposal Works Construction Permit No. 90-14 Dated

Carol Jaeger for Approval Board of Health

DATE Oct 26, 1990

10/26/90 Subject to resources granted by Board Members and D.E.P. OCT 25 1990

to read A

part

X

8/2/90 CK 317 PL  
 Perc - 100.00

TOWN OF AMHERST

PERC TEST DATA SHEET

DATE 3/2/90 LOCATION Lot 144 Wood Lot Road LOT SIZE 35,951.59 SF

OWNER Pam Pomeroy ADDRESS 21 Meadow St TELE # 584-4156

P.E./RS Fred Filios FIRM Filios ENT OBSERVED BY D. Zarocinski

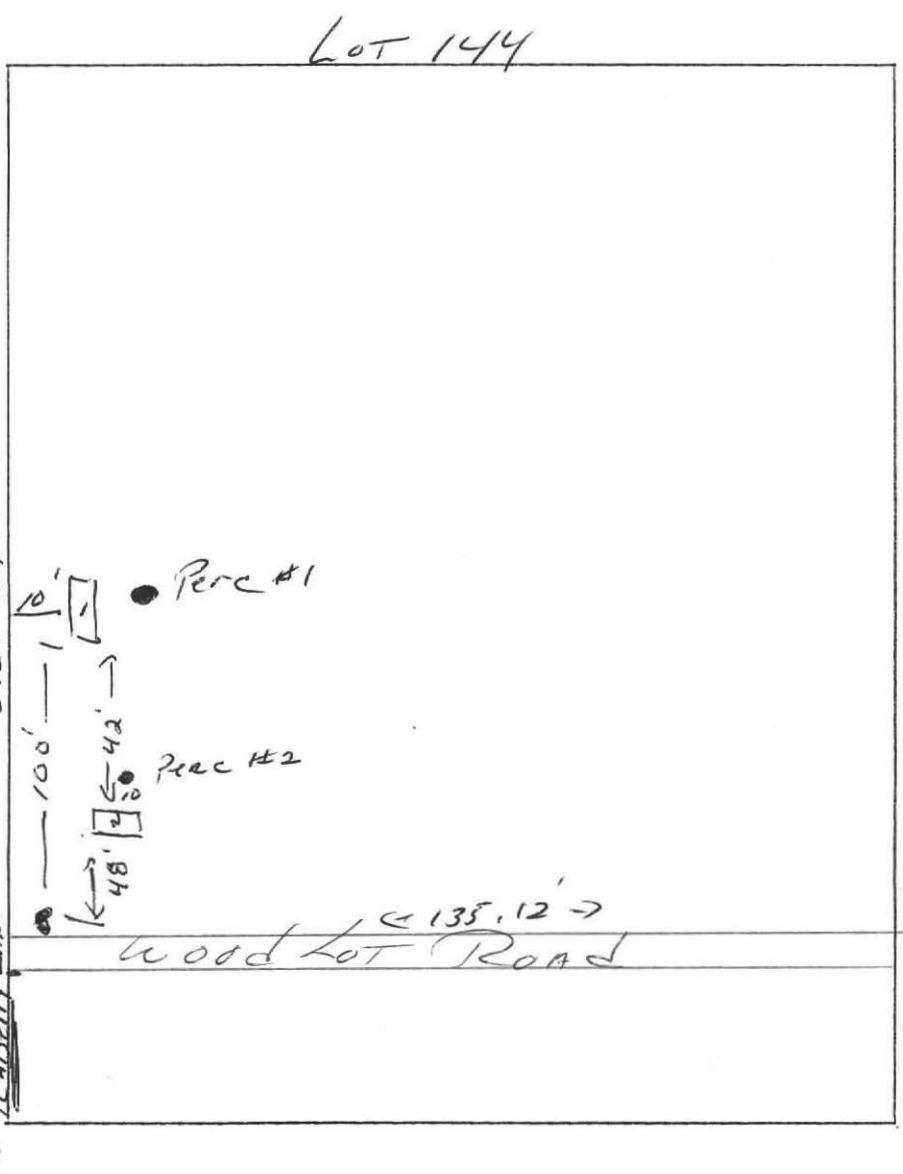
BACK HOE OPERATOR Adria BENCH MARK \_\_\_\_\_

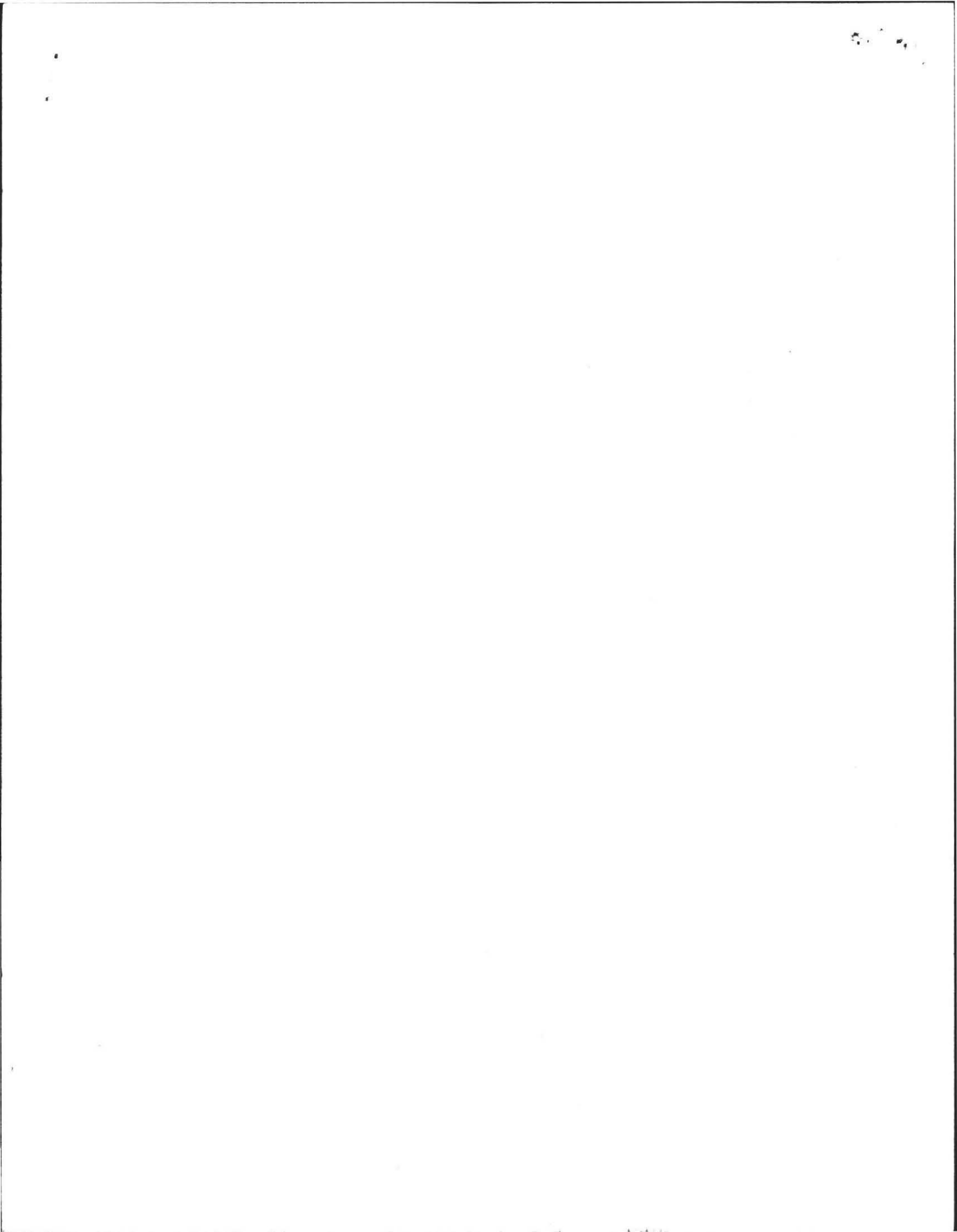
PERC DEPTH 40" PRE SOAK TIME 9:38 12" PERC DEPTH 65" PRE SOAK TIME 10:20

TEST	<u>9:47 12"</u>	<u>9:52 8</u>	<u>10:20 10"</u>	<u>10:21<sup>50</sup> 6"</u>
	<u>9:48 11"</u>	<u>9:54 7</u>	<u>10:20<sup>23</sup> 9"</u>	<u>10:22<sup>40</sup> 5"</u>
	<u>9:50 10"</u>	<u>9:55 6</u>	<u>10:20<sup>43</sup> 8"</u>	<u>10:23<sup>50</sup> 4"</u>
	<u>9:51 9"</u>	<u>9:58 5"</u>	<u>10:21<sup>15</sup> 7"</u>	<u>10:24<sup>50</sup> 3</u>

RATE (2) RATE (2)

<u>#1</u>	<u>2</u>
TOP <u>8"</u>	TOP <u>7"</u>
SUB <u>20"</u>	SUB <u>22"</u>
oxide <u>32"</u>	oxide <u>54"</u>
SAND	SAND
Water <u>10'</u>	Water <u>10'</u>
Water <u>7 1/2'</u>	
TOP	TOP
SUB	SUB
TOP	TOP
SUB	SUB





# Deep Soil Logs

Filios Enterprises, Inc.

69 Pelham Rd., Amherst MA 01002, (413) 256-8008

Owner: Pamela Pomeroy

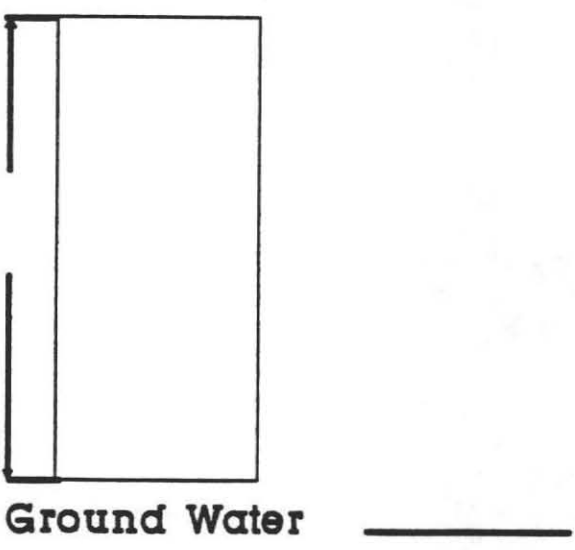
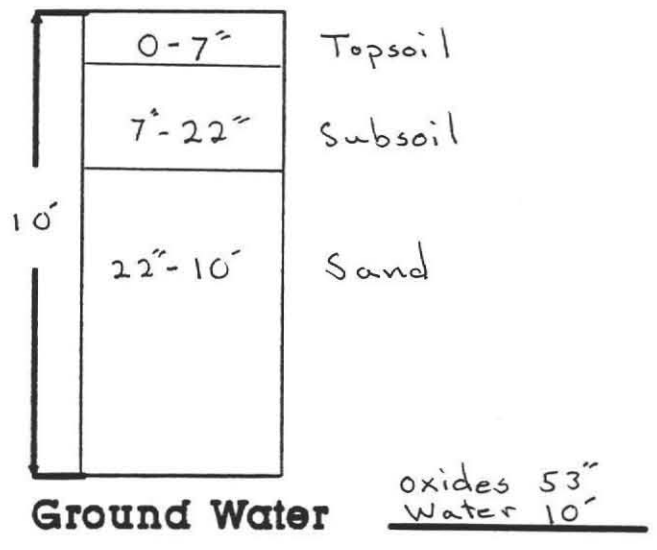
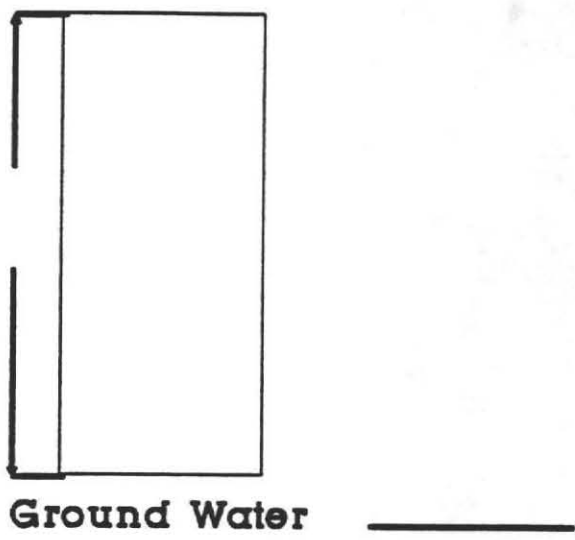
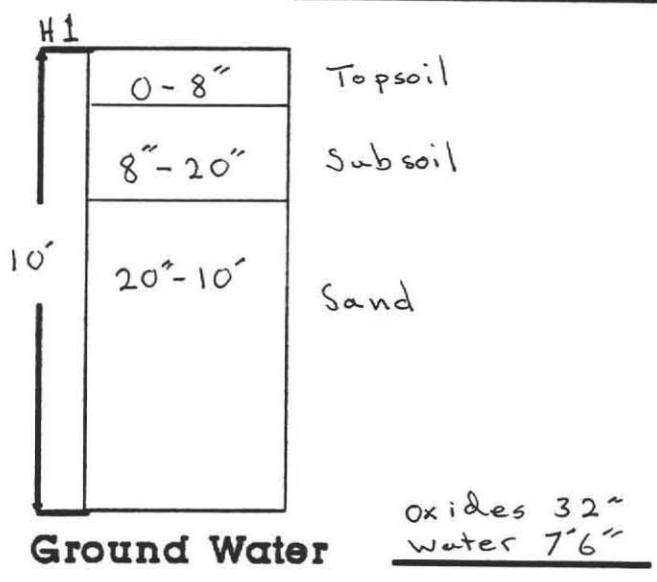
Date: 2 March, 1990

Location: Lot 144

B. of H. D. Zarazenski

Woodlot Rd

Amherst MA



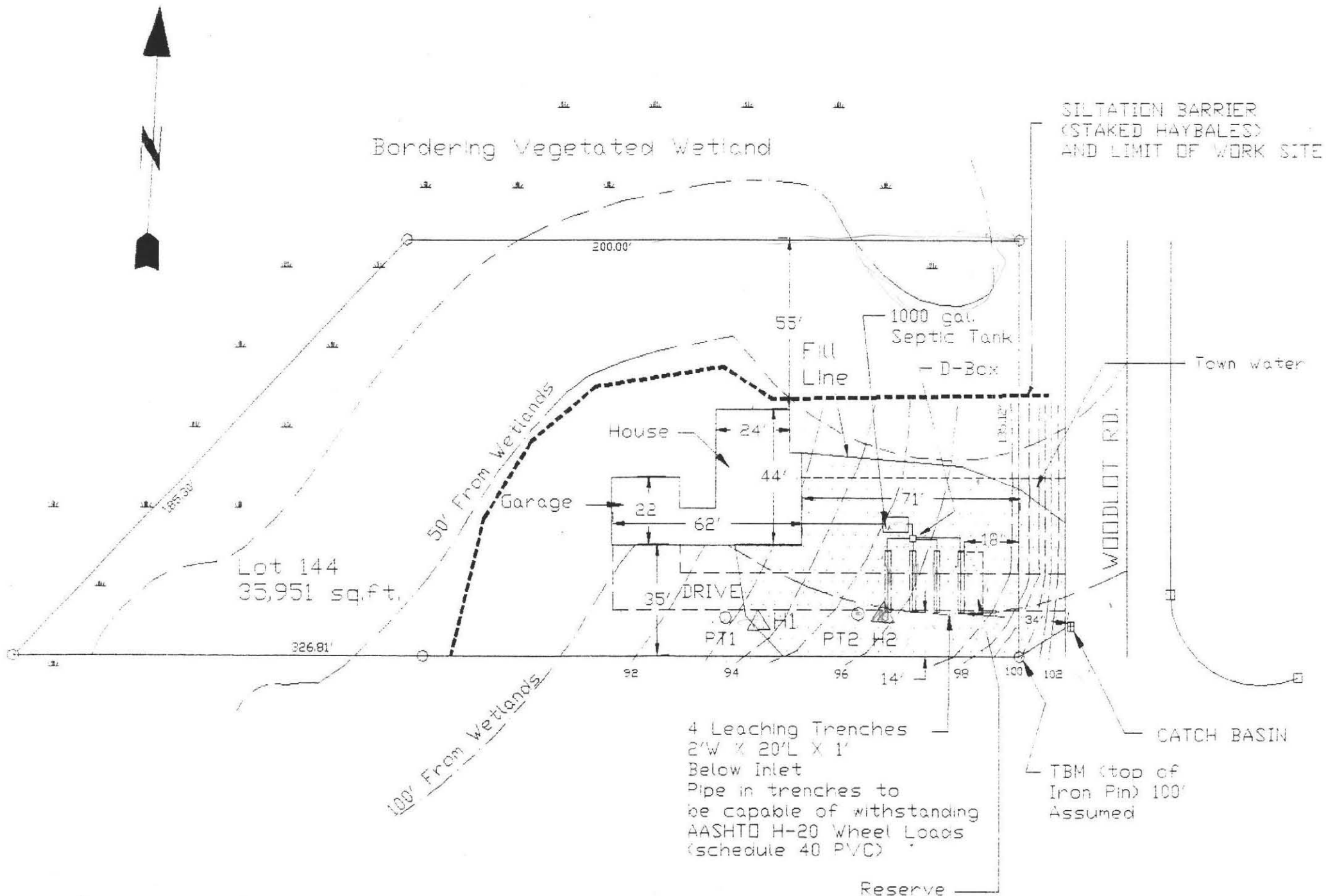
H1 Percolation Rate at: 40"  
< 2 min./inch

H2 Percolation Rate at: 65"  
2 min./inch



10





NOTES:  
 1. TBM IS TOP OF IRON PIN  
 2. NO WELLS WITHIN 200' OF THE LEACH AREA AT THE TIME OF SURVEY.

LEGEND  
 ○ PT PERCOLATION TEST  
 △ Hx DEEP TEST PIT  
 --- CONTOUR LINES (1' INTERVAL)

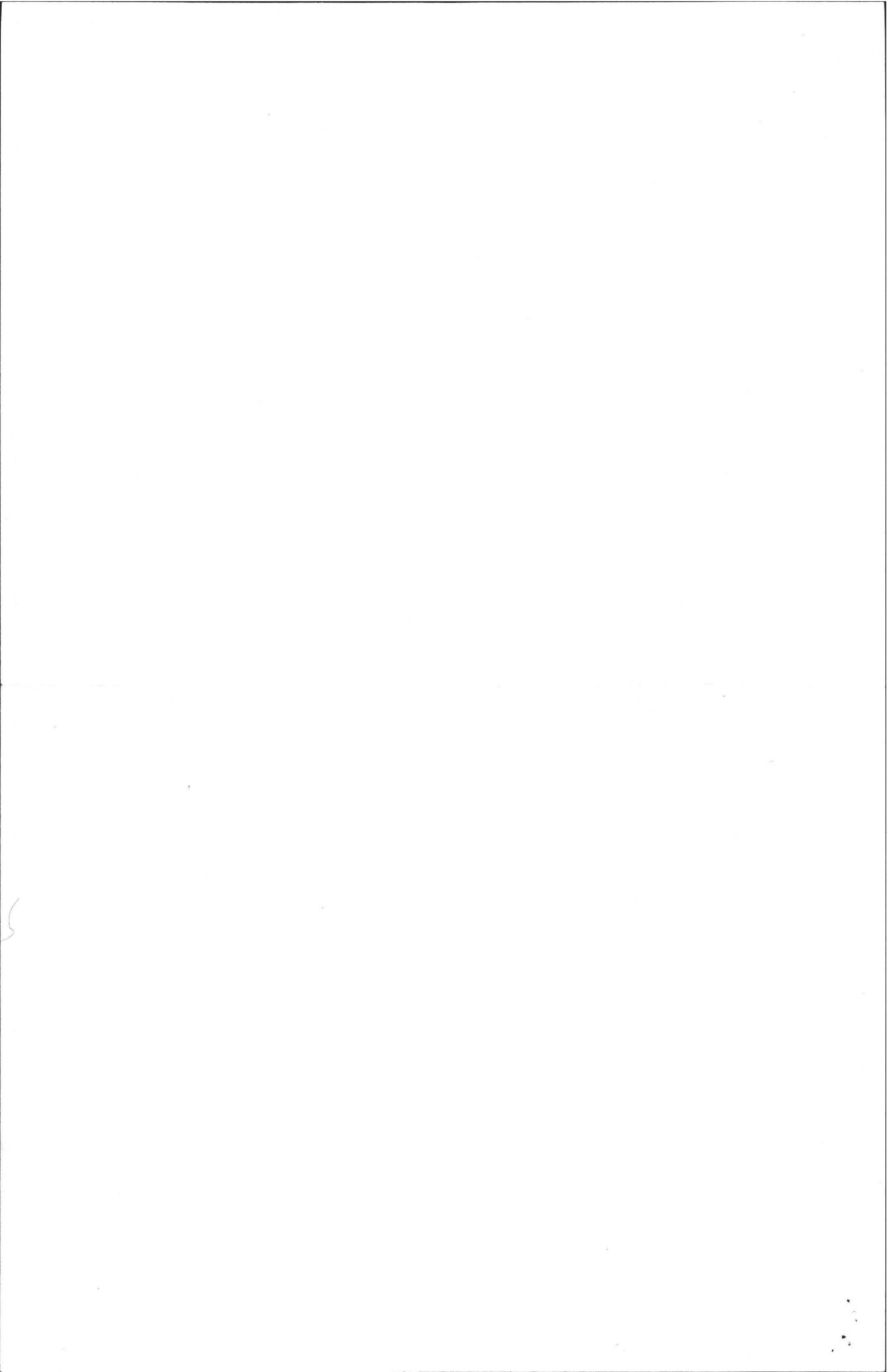
NOTE:  
 THIS PLAN DOES NOT MEET TOWN OF AMHERST REQUIREMENTS FOR 6' SEPARATION FROM GROUND WATER, AND FOR 100' TO WETLANDS. STATE OF MASSACHUSETTS TITLE 5 REQUIREMENTS FOR 4' SEPARATION FROM GROUND WATER AND 50' SEPARATION TO WETLANDS ARE MET. VARIANCES TO TOWN OF AMHERST REGULATIONS WILL BE REQUIRED.

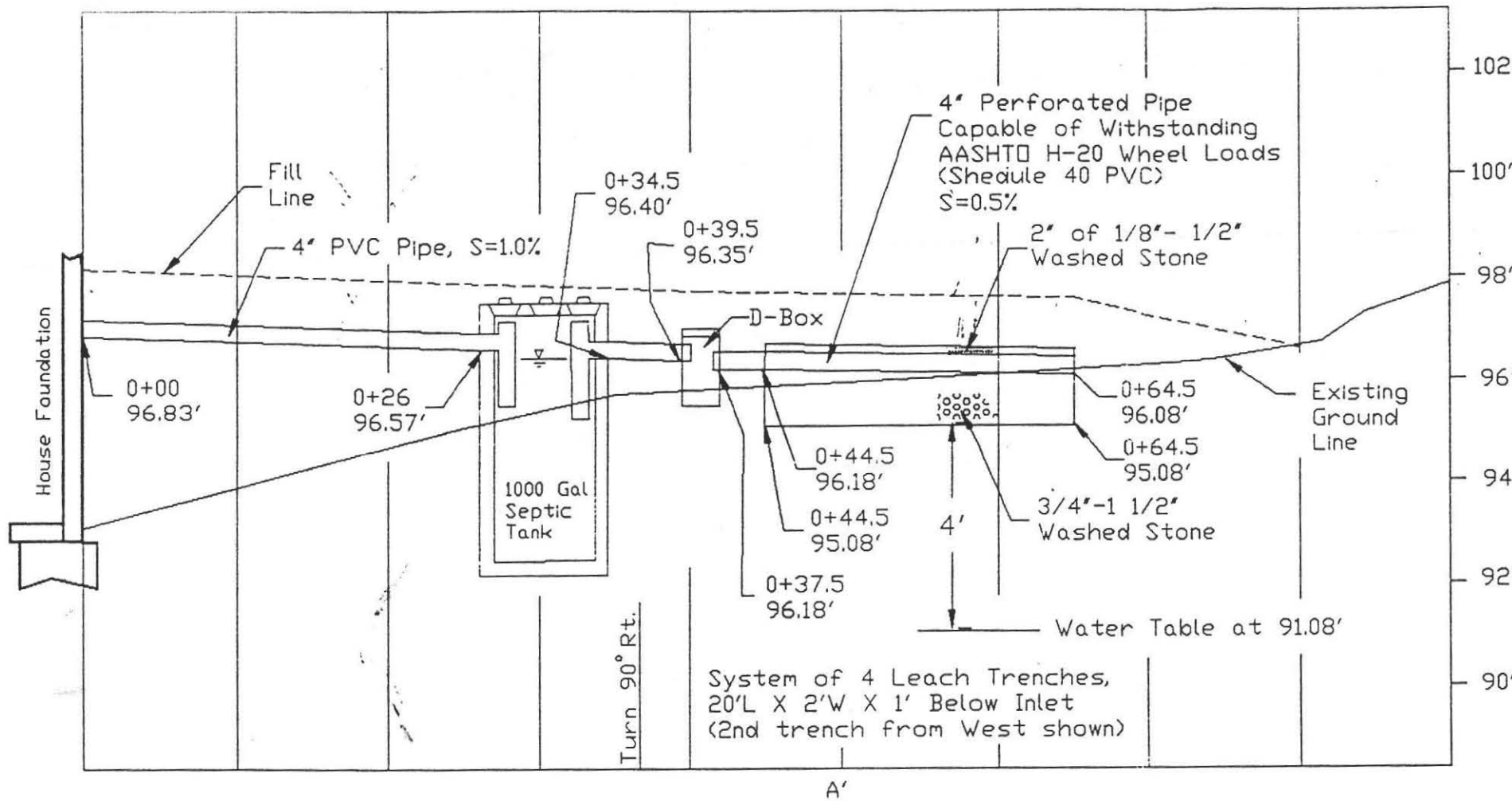
4 Leaching Trenches  
 2'W X 20'L X 1'  
 Below Inlet  
 Pipe in trenches to be capable of withstanding AASHTO H-20 Wheel Loads (schedule 40 PVC)

PLAN OF SEWAGE DISPOSAL SYSTEM  
 AT: LOT 144 WOODLOT RD., AMHERST, MA



BY: FILIOS ENTERPRISES, INC. 69 PELHAM RD. AMHERST MA 01002 (413)256-8008	FOR: PAMELA POMEROY 21 MEADOW ST. FLORENCE, MA 01060
DRAWN BY: P. FILIOS	SCALE: 1"=40'
REV. 3 - 30 OCT., 1990	PAGE 1 OF 2





100' Elevation Assumed at TBM. TBM is top of Iron Property Pin shown on Plan view.

**SPECIFICATIONS**  
 ALL MATERIALS AND CONSTRUCTION MUST BE IN ACCORDANCE WITH COMMONWEALTH OF MASSACHUSETTS DEPT. OF ENVIRONMENTAL PROTECTION STATE ENVIRONMENTAL CODE TITLE 5.

**Calculations**

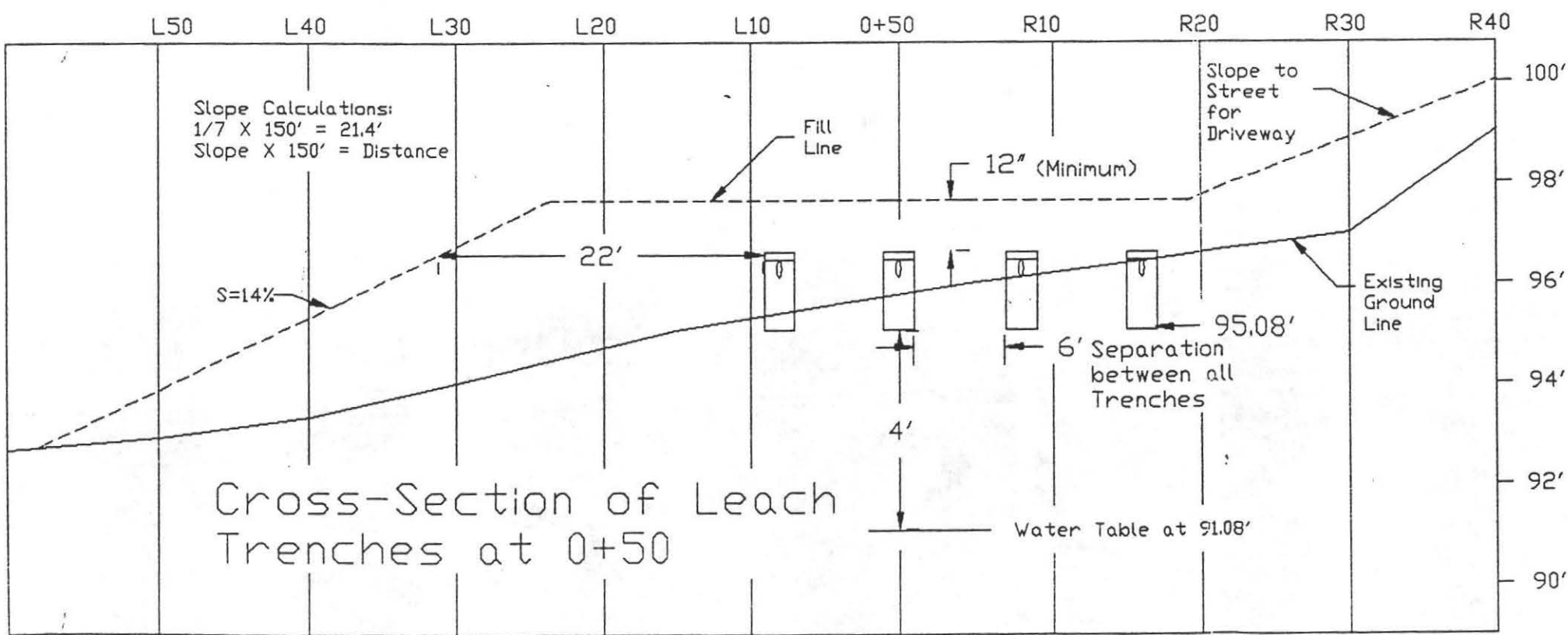
Required:  
 For a 4 bedroom house without a garbage grinder in Amherst: 440 gal. X 1.25 = 550 gal.

Designed:  
 A system of 4 Leach Trenches 20'L X 2'W X 1' Below Inlet (effective depth)  
 Designed with a percolation rate of 2 min/inch and sidewall and bottom loading factors of 2.5 and 1.0 gal./sq.ft. respectively.

Sidewall: 8 sides (1' X 20') 2.5 gal./sq.ft. = 400 gal.  
 Endwall: 4 bottoms (2' X 20') 1.0 gal./sq.ft. = 160 gal.  
 Total: 560 gal.

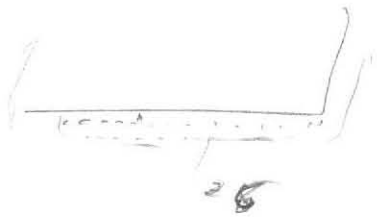
**Construction Notes**

1. Septic tank should be inspected and pumped annually.
2. Inlet and outlet tees must extend 14" and 24" below the flow line respectively.



PROFILE	
At: 144 Woodlot Rd., Amherst, MA	
By: Filios Enterprises, Inc. 69 Pelham Rd. Amherst, MA 01002 (413) 256-8008	For: Pamela Pomeroy 21 Meadow St. Florence, MA 01060
Drawn By: P. Filios	SCALE: HOR 1"=10.0' VER 1"=3.0'
REV. 1 - 24 AUG, 1990	PAGE 2 OF 2

$$\begin{array}{r} 30 \\ 10 \\ \hline + 26 \\ \hline 66 \end{array}$$



$$\begin{array}{r} 5 \times 2 = 10 \text{ gal} \\ 10 \times 1 = 10 \times 2.5 = 25 \text{ gal} \\ \hline 35 \text{ gal} \end{array}$$