

No. 86-60

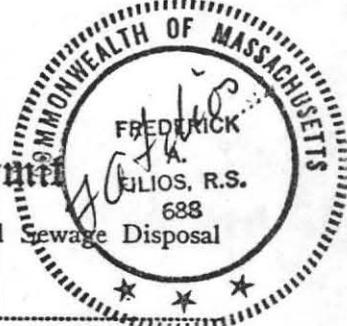
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THE COMMONWEALTH OF MASSACHUSETTS

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:

84 Woodlot Road
AMHERST WOODS 133
SHAUL PERRY 826 SOUTHEAST STREET, AMHERST
Location - Address or Lot No. Owner Address

Type of Building _____ Address _____
Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder YES
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures _____

Design Flow 55 gallons per person per day. Total daily flow 495 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 10.5' Width 5' Diameter 2' Depth 5'
Disposal Trench - No. 3, 40' Width 2' Total Length 130' Total leaching area 120 sq. ft. Sides
Seepage Pit No. _____ Diameter _____ Depth below inlet _____ Total leaching area 240 sq. ft. Bottom
Other Distribution box (x) _____ Dosing tank () _____
Percolation Test Results Performed by F.A. Filios Date March 5, 1986
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water none at 10'
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil 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 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.

Application Approved By [Signature] X Signed _____ Date _____
Application Disapproved for the following reasons: _____ Date _____

Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

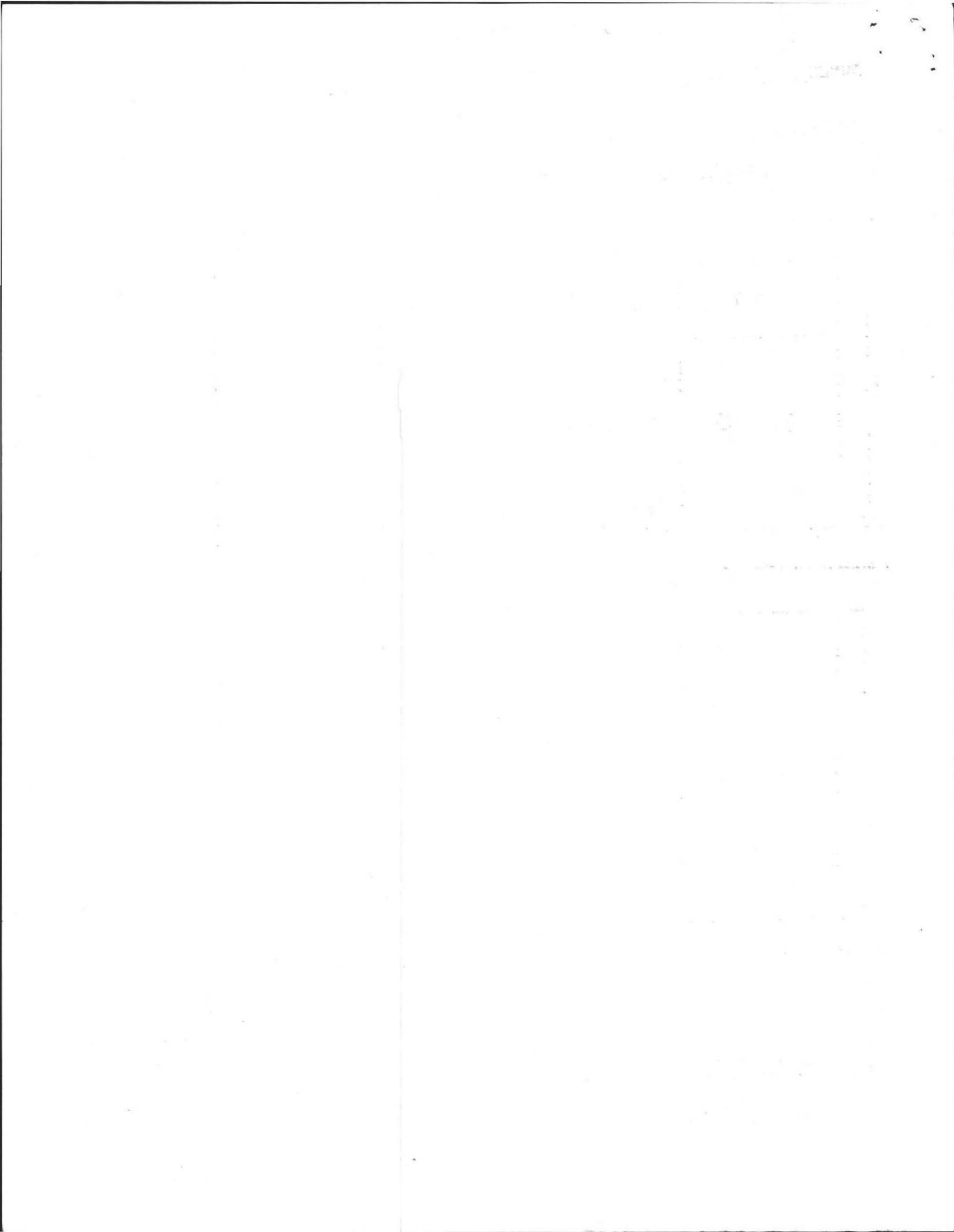
Certificate of Compliance

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 _____

CHECK OR FILL IN WHERE APPLICABLE



DEEP SOIL LOGS

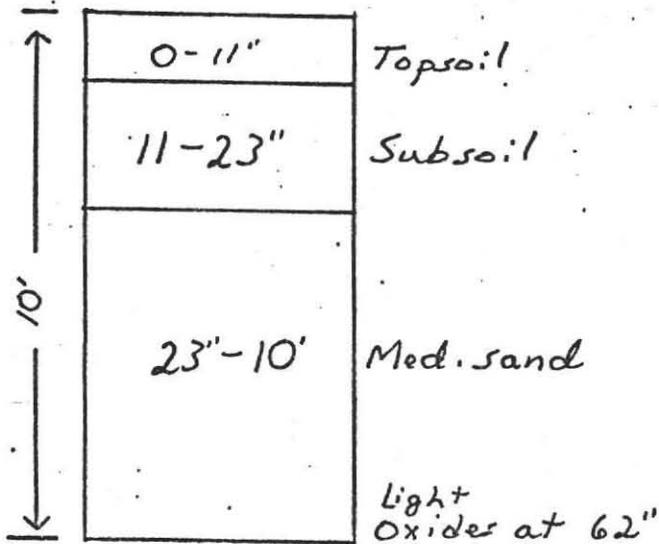
OWNER Jeffrey W. Flower

DATE March 5, 1986

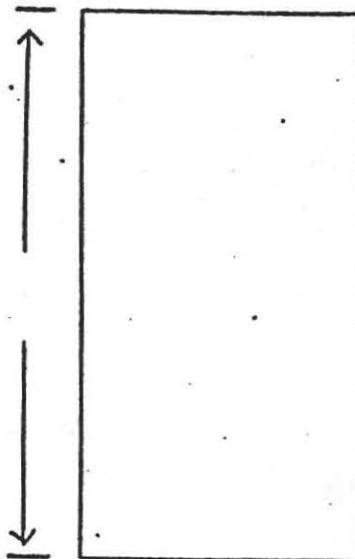
LOCATION Lot 133 Amherst Woods
Amherst, MA.

OBSERVER F.A. Filios

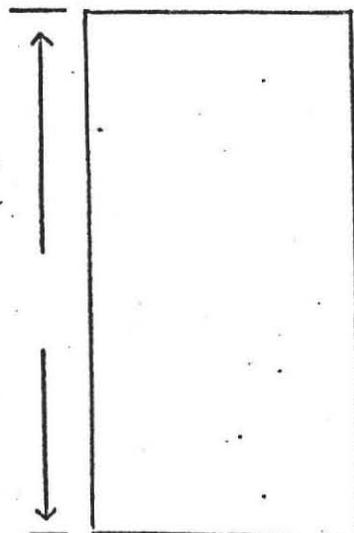
B of H C. Drake



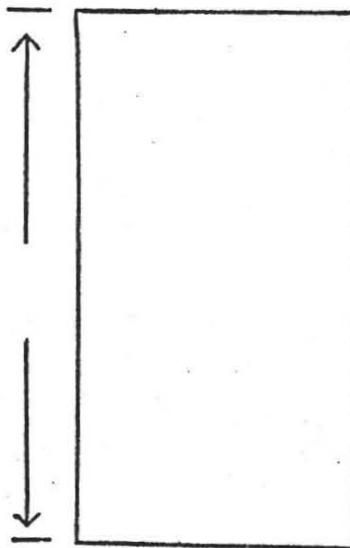
GROUND WATER NONE



GROUND WATER _____



GROUND WATER _____



GROUND WATER _____

PERCOLATION RATE AT 42":

< 2 min./inch





PLAN SHOWING SEWAGE DISPOSAL SYSTEM

FOR: Shaul Perry
 Sunwood Builders
 826 Southeast Street
 Amherst, MA 01002

BY: F.A. Filios
 69 Pelham Road
 Amherst, MA.

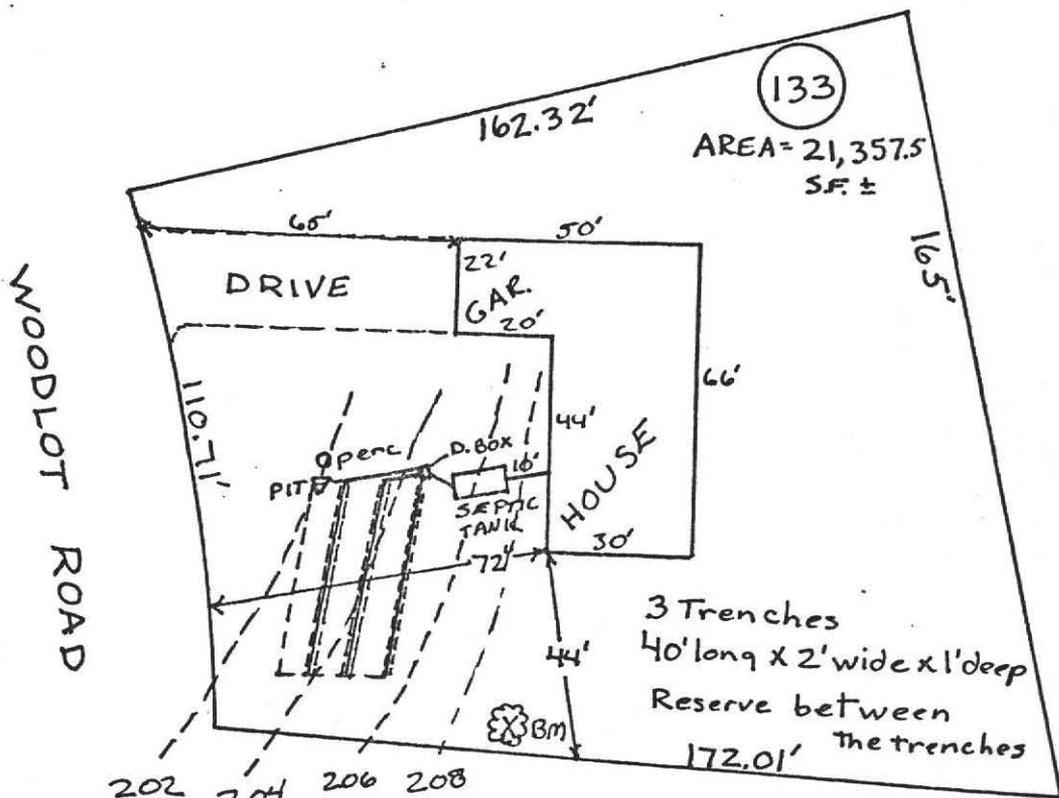
SCALE: 1" = 40'

SITE: Lot 133
 Amherst Woods
 Woodlot Road
 Amherst, MA.

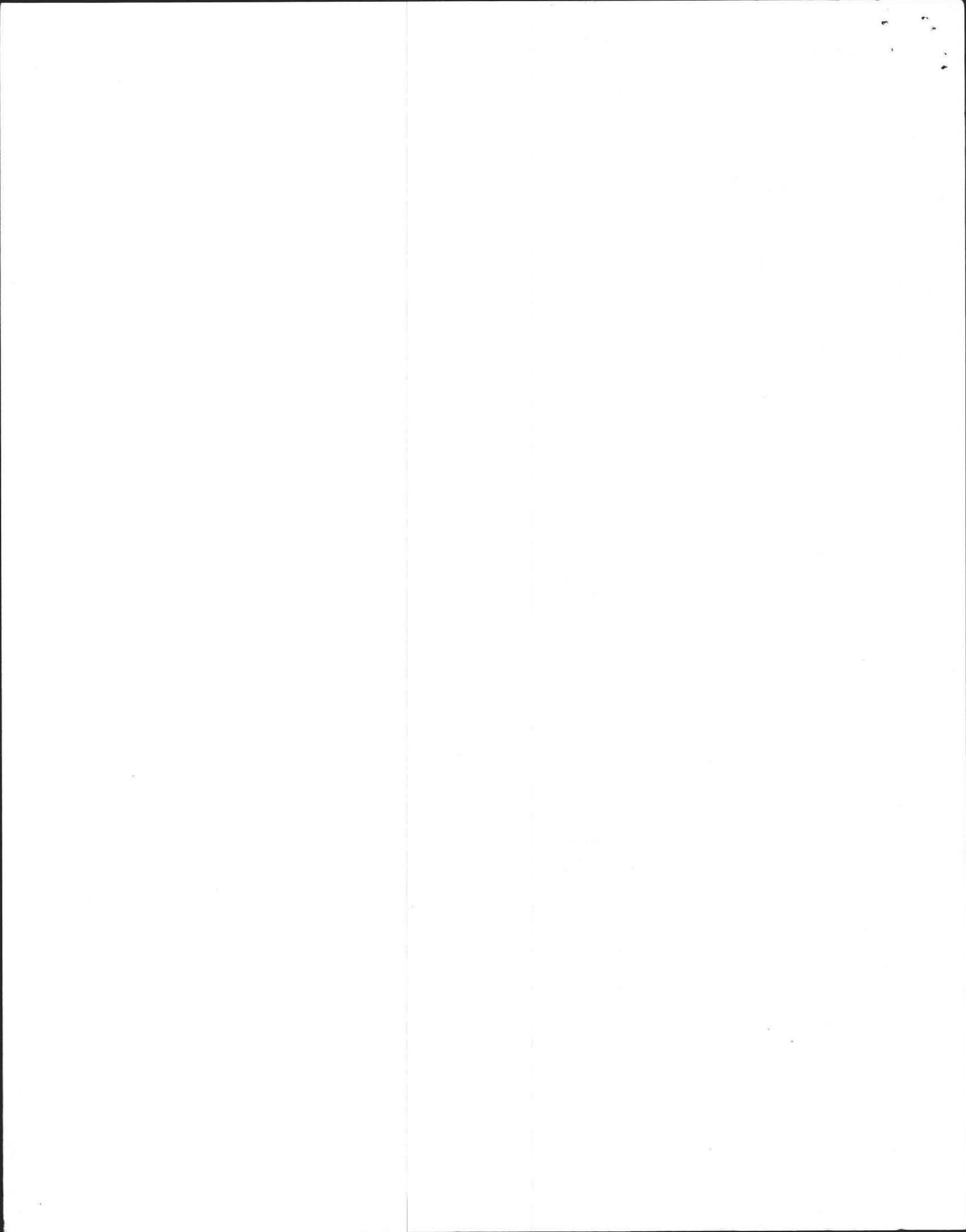
DATE: October 3, 1986



TOWN WATER AVAILABLE, NO WELLS



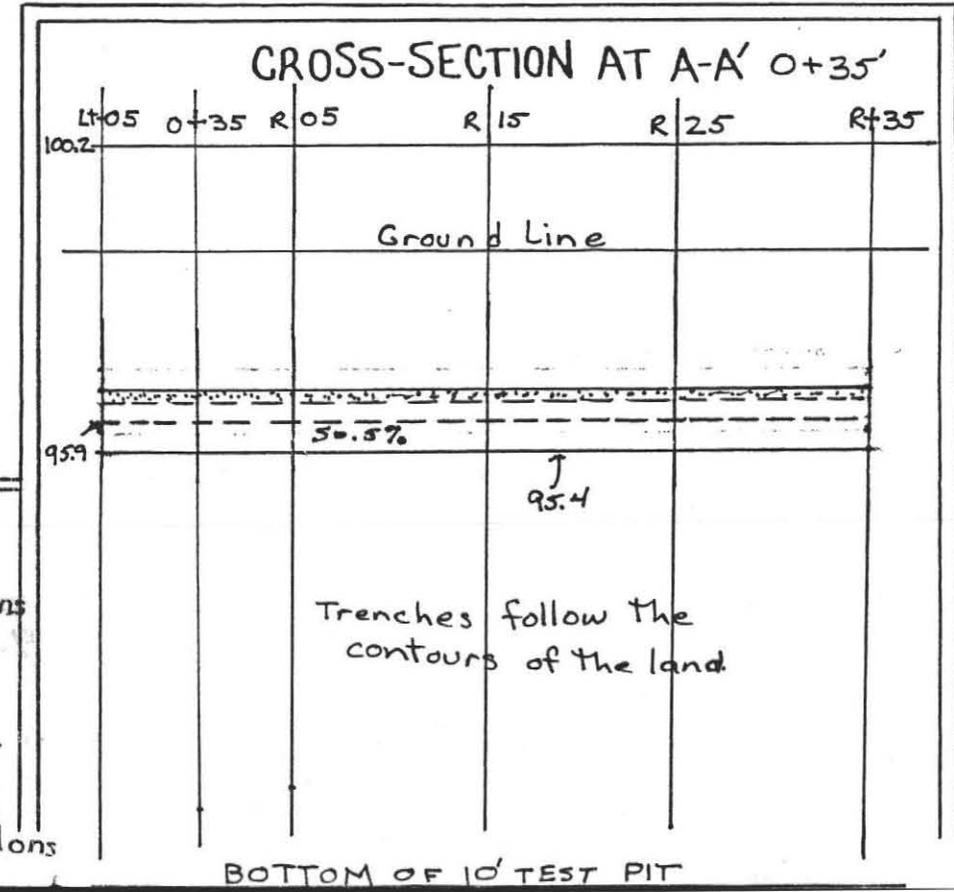
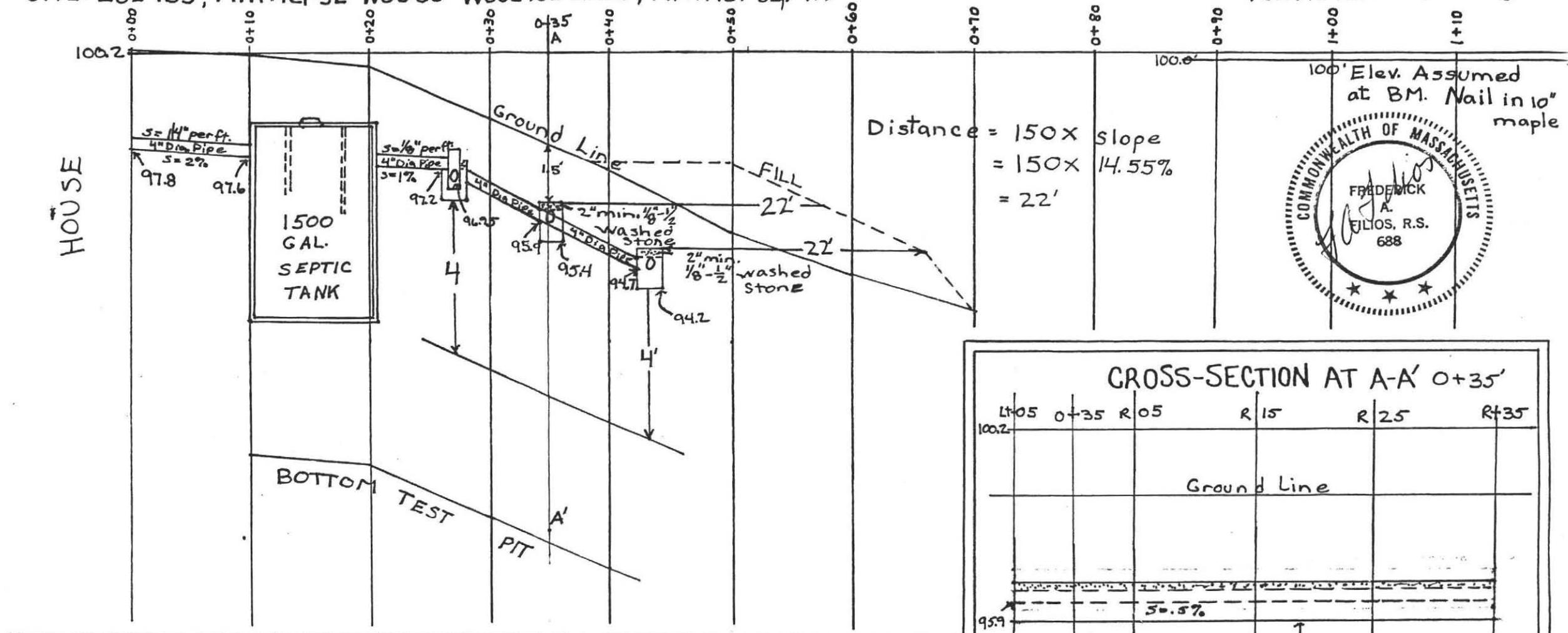
BM- Nail in 10" maple



PROFILE OF SEPTIC SYSTEM

FOR: Shaul Perry
 826 Southeast Street, Amherst, MA
 SITE: Lot 133, Amherst Woods Woodlot Road, Amherst, MA.

BY: FREDERICK A. FILIOS
 DATE: October 3, 1986
 SCALE: HORIZONTAL: 1" = 10'
 VERTICAL: 1" = 3'



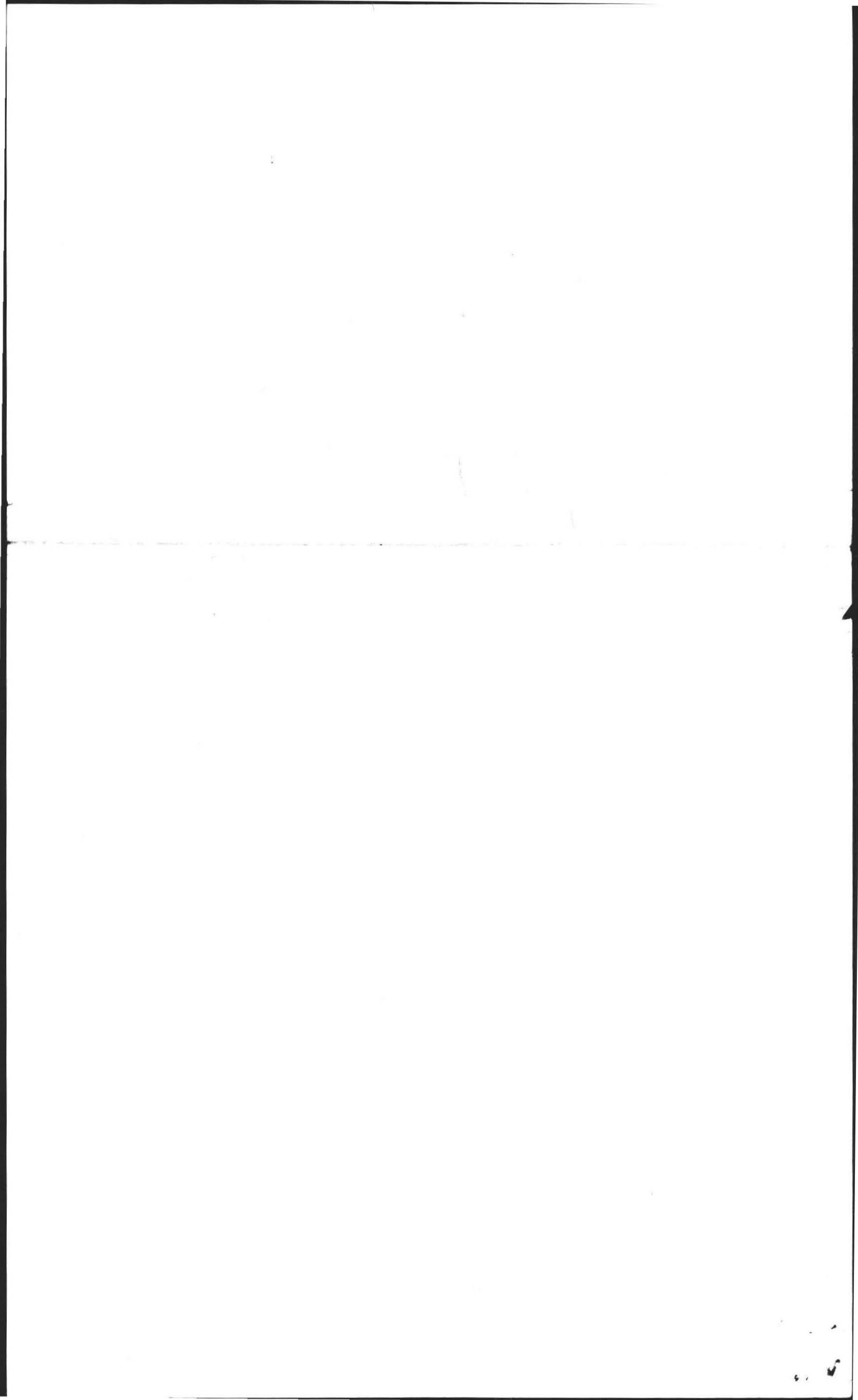
SPECIFICATIONS

ALL MATERIALS AND CONSTRUCTION WILL BE IN ACCORDANCE WITH COMM. OF MASS. D.E.Q.E. STATE ENVIRONMENTAL CODE TITLE 5.

CALCULATIONS

3 Bdms x 110 = 330 gal. + 50% for G.G. = 495 gallons
 Perc Rate = < 2 min./in side = 2.5 gal./sq ft Btm = 1.0 gal./sq ft
 3 Trenches 40' long x 2' wide x 1' deep
 Sides: 3 x 40' x .5' x 2 = 120 sq. ft x 2.5 gal./sq ft = 300 gal.
 Bottom: 3 x 40' x 2 = 240 sq. ft x 1.0 gal./sq ft = 240 gal.
Total = 540 gallons

BOTTOM OF 10' TEST PIT

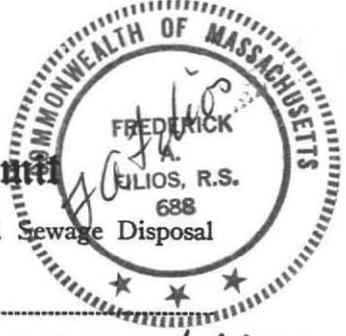


No. 86-60

#84

FEE \$90

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: 84 Wood Lot Rd
AMHERST WOODS 133
Location - Address or Lot No.
SHAUL PERRY 826 SOUTHEAST STREET, AMHERST
Owner Address
W. W. CLARK PRATT CONCERN, SOUTHERY
Installer Address

Type of Building Dwelling — No. of Bedrooms 3 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 495 gallons.
Septic Tank — Liquid capacity 1500 gallons Length 10.5' Width 5' Diameter 3' Depth 5'
Disposal Trench — No. 3, 40A Width 2' Total Length 120' Total leaching area 120 sq. ft. sides
Seepage Pit No. _____ Diameter _____ Depth below inlet _____ Total leaching area 240 sq. ft. bottom
Other Distribution box (x) _____ Dosing tank () _____
Percolation Test Results Performed by F.A. Filios Date March 5, 1986
Test Pit No. 1 22 minutes per inch Depth of Test Pit 10' Depth to ground water none at 10'
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil ATTACHED MOUNT CONSIGUE ABOVE 5' / TRENCH
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 Shaul Perry 10/10/86
Application Approved By C. Drab 10/10/86
Date Date
Application Disapproved for the following reasons: _____

Permit No. 86-60 Issued 10/10/86 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 _____

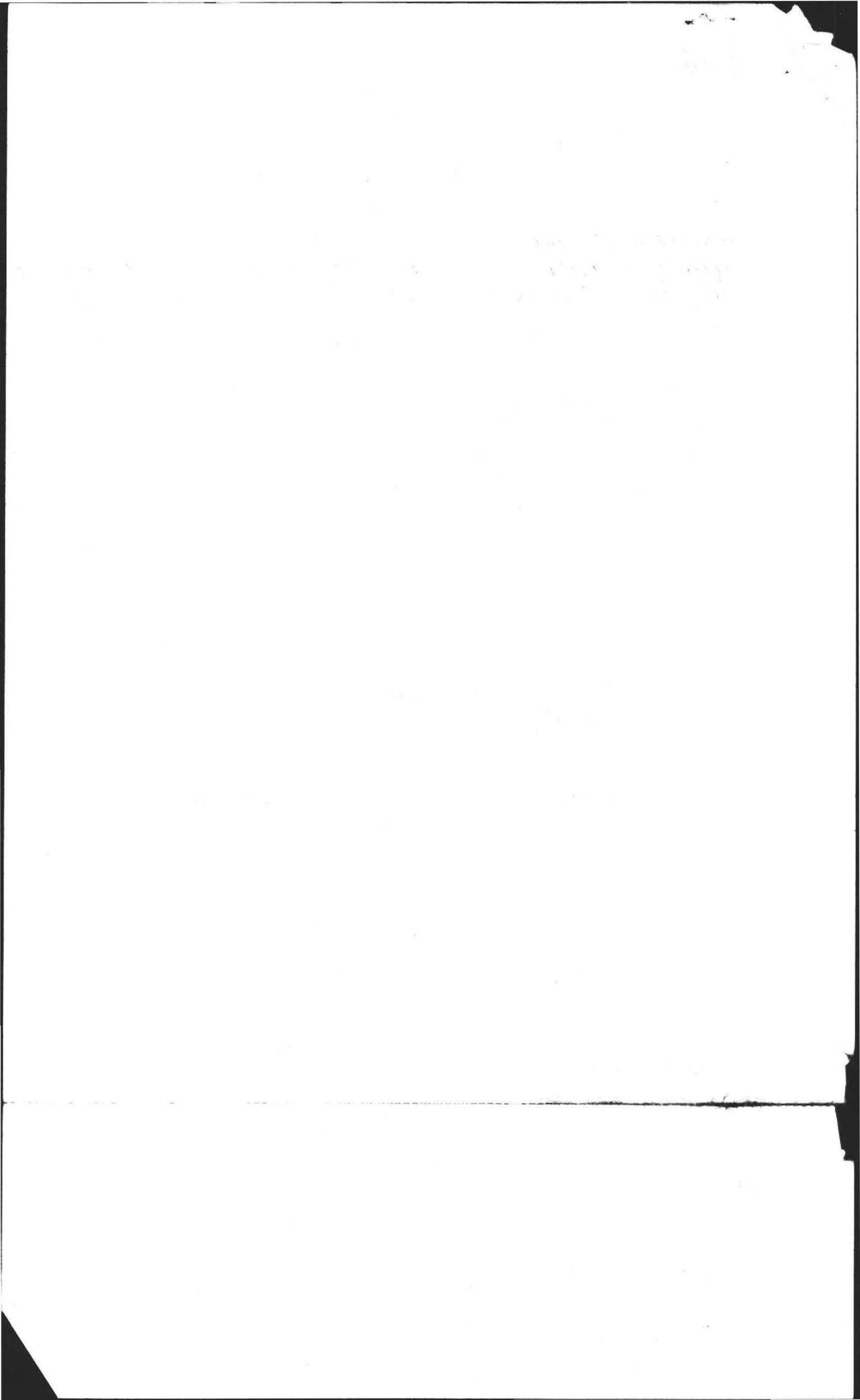
THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF AMHERST

No. 86-60 FEE \$90

Disposal Works Construction Permit

Permission is hereby granted SHAUL PERRY W. W. CLARK
to Construct (x) or Repair () an Individual Sewage Disposal System
at No. LOT 133 TEABERRY LANE Street
as shown on the application for Disposal Works Construction Permit No. _____ Dated OCT 10, 1986
DATE OCTOBER 10, 1986 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



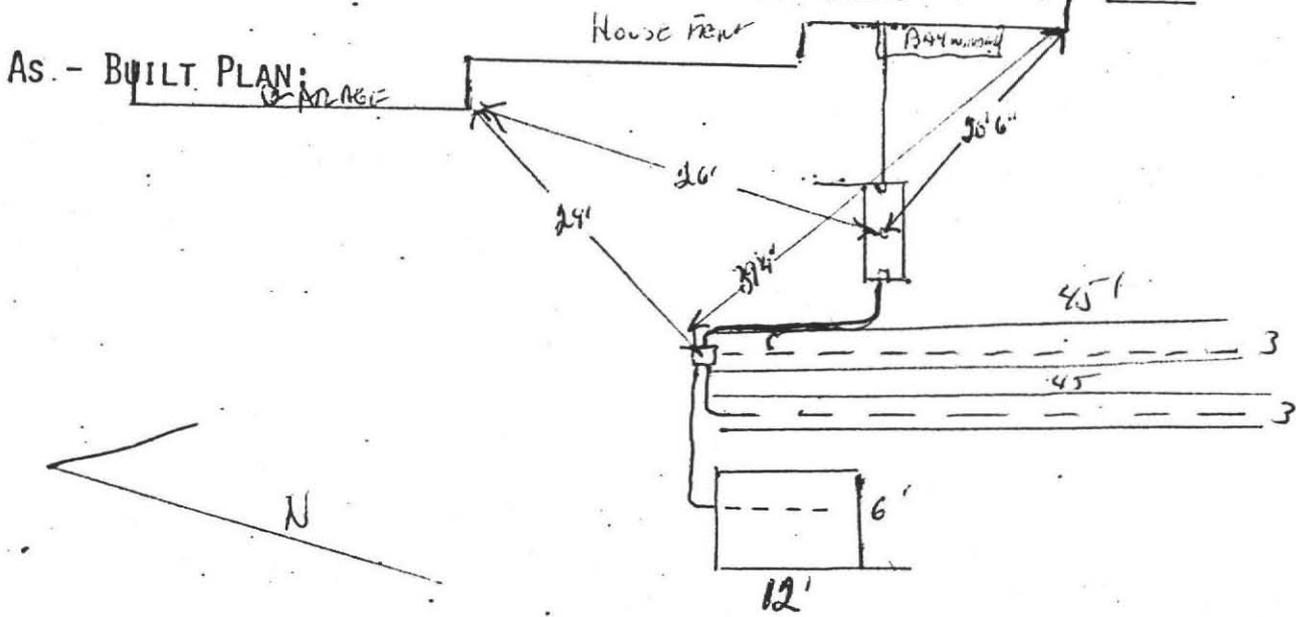
BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

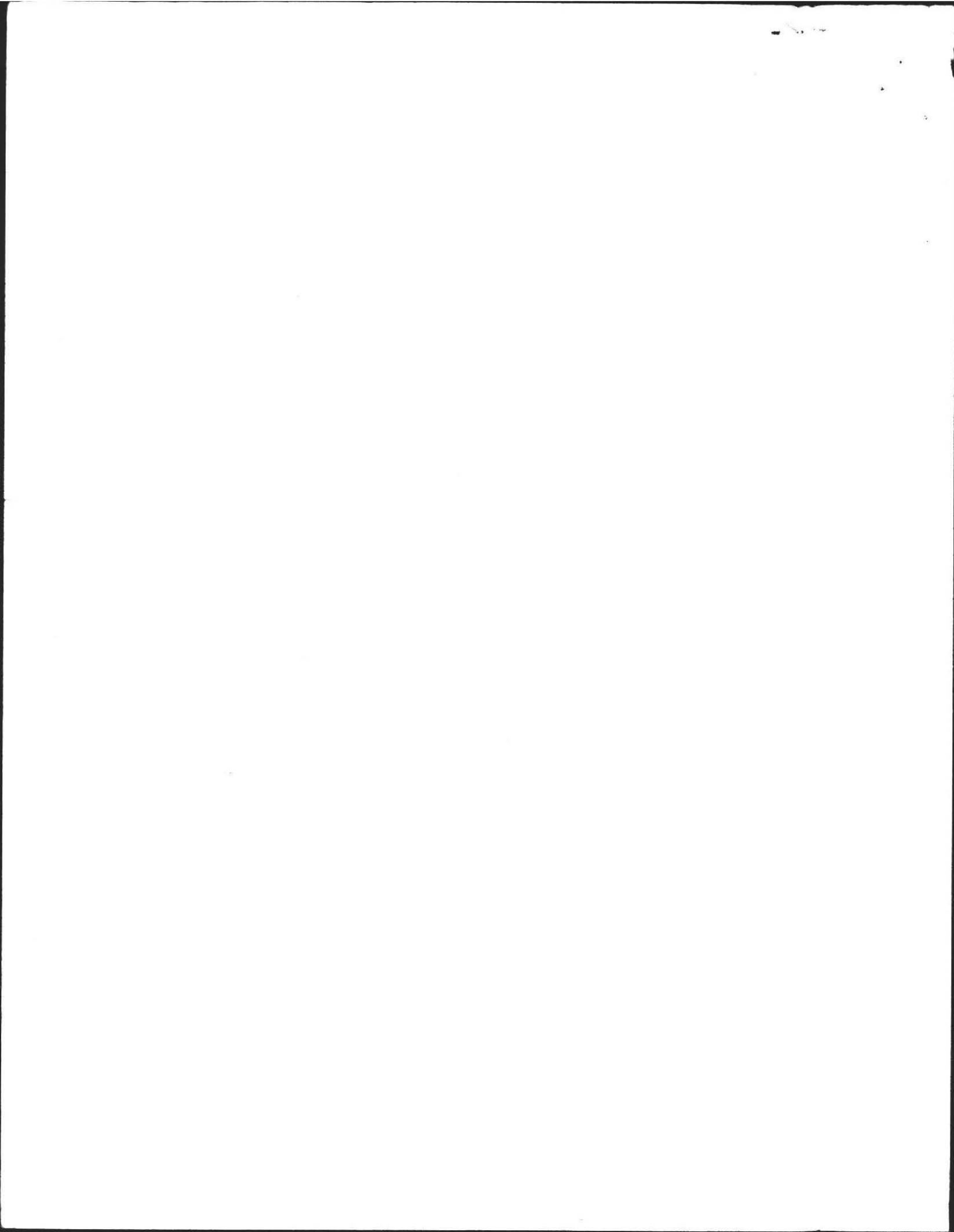
Owner SMOUL PERRY Address 50 EAST ST AMHERST
 Installer W.W. CLARK Address PRATT CORNER RD SWINDENSBURY
 Date Installation Inspected and Approved 1-6-87

Description of System: Tank Capacity: 1500
 Leach Field (X) Bed () Seepage Pit (). Square Feet: 180
 Garbage Grinder Yes (X) No () No. Bedrooms: 3 No. People 6



STREET
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 _____ 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.



WILLIAM J. SIERUTA, P.E.
REGISTERED PROFESSIONAL ENGINEER
46 UPLAND ROAD
HOLYOKE, MASSACHUSETTS 01040
(413) 532-8525

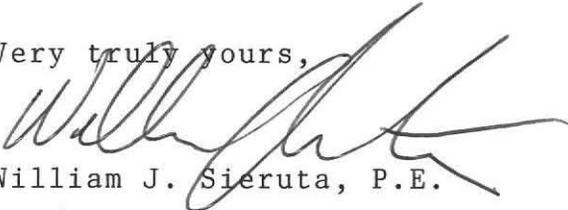
May 16, 1989

Amherst Board of Health
Town Hall
Boltwood Walk
Amherst, MA. 01002

The septic system at Lot #22, Amherst Woods, Amherst, MA. was inspected. the system was found to be satisfactory. the system is in compliance with 310 CMR 15 and local Board of Health regulations. the only noted deviations from the approved plans are as follows.

- 1) The system was installed using SCH 40 ABS pipe in lieu SCH 35.
- 2) The distribution box was set at elevation 198.65 inlet invert in lieu of 198.60.

Very truly yours,


William J. Sieruta, P.E.

