







Commonwealth of Massachusetts
 Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$ _____
 Fee _____

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health

Signature *[Handwritten Signature]*

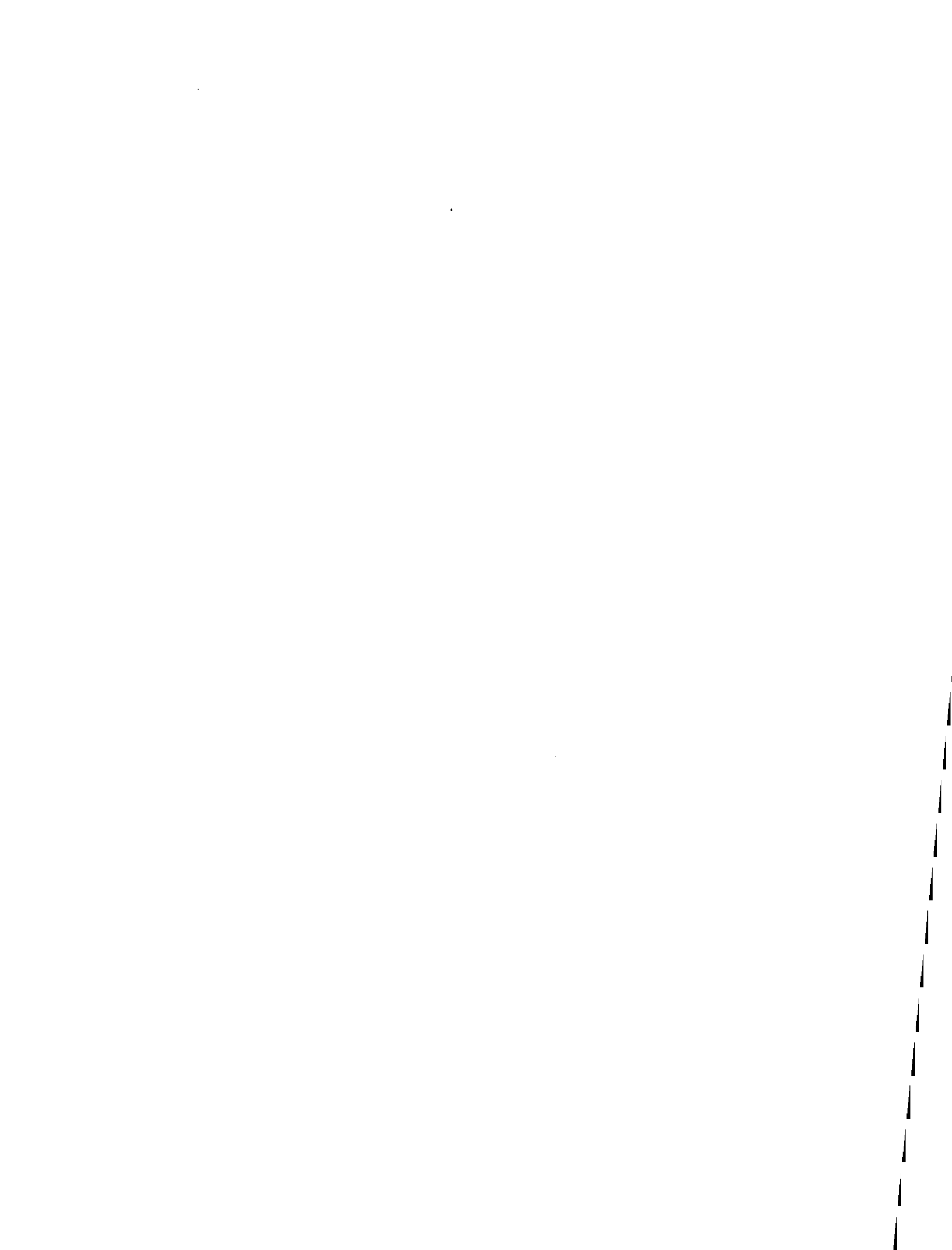
Date 8-23-2006

Application Approved By:

Name _____

Date _____

Application **Disapproved** for the following reasons:





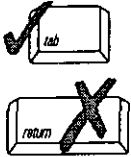
Commonwealth of Massachusetts
 Town of Amherst
Disposal System Construction Permit
 Form 2A

Number _____

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Douglas Kohl		Kohl Construction, Inc.	
Name		Name of Company	
31 Campus Plaza Road			
Address			
Hadley	MA	01035	
City/Town	State	Zip Code	

to perform the following work on an on-site sewage disposal system:

- Construction
- Repair or replacement
- Abandon

447 Bay Road		
Facility Address		
Amherst	MA	01002
City/Town	State	Zip Code
South Middle Street, Inc.	256-0321	
Owner	Telephone Number	

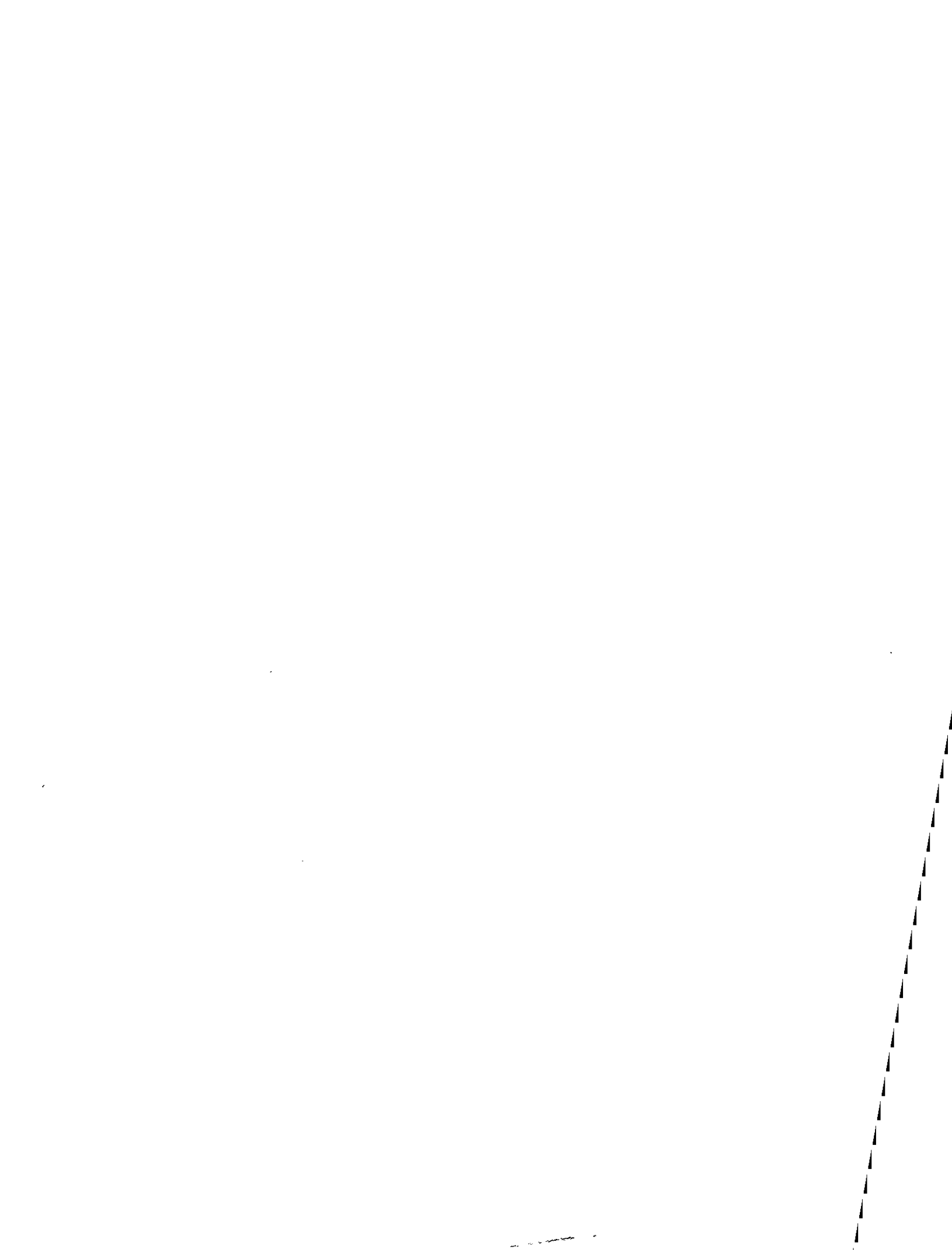
The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

Approved by _____	Date _____
Title _____	



447 Bay Road
Crushed Septic Tank
9/22/06

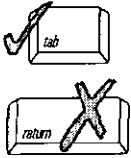


44.7 Bay Rd ✓



Commonwealth of Massachusetts
Town of Amherst
Certificate of Compliance
Form 3

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component
- Abandon

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number _____ DSCP Date _____
 South Middle Street, Inc.
 Facility Owner
 447 Bay Road
 Street Address or Lot #
 AMHERST, MA 01002
 City/Town State Zip Code

Designer Information:

N/A
 Name Name of Company

Signature Date

Installer Information:

N/A
 Name Name of Company

Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

N/A THE SYSTEM IS ABANDONED AND
 THE TANK HAS BEEN PROPERLY
 CRUSHED AND FILLED ~~SAND~~ WITH SAND.
 BY BROADWAY CONSTRUCTION CO.

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

AMHERST HEALTH DEPT
 Approving Authority
 [Signature]
 Signature Date 9/25/06

File ✓



Commonwealth of Massachusetts
 Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

Number _____
 \$ _____
 Fee _____

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important:
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Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Abandon an existing system

1. Location of Facility:

447 Bay Road
 Address or Lot #
Amherst MA 01002
 City/Town State Zip Code

2. Owner Information

South Middle Street, Inc.
 Name
31 Campus Plaza Road
 Address (if different from above)
Hadley MA 01035
 City/Town State Zip Code
256-0321
 Telephone Number

3. Removal Information

Douglas Kohl Kohl Construction, Inc.
 Name Name of Company
31 Campus Plaza Road
 Address
Hadley MA 01035
 City/Town State Zip Code
256-0321
 Telephone Number

4. Designer Information

 Name Name of Company

 Address

 City/Town State Zip Code

 Telephone Number