1 FTA Bay Ref

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BUDG, PERPORTS STORM 472 BAY READ #4
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
No. 8-13 A Date 20 1968 Fee 3 Date Rec'd. 9-20-68 By CEN
Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: Location—Address Address Addr
Owner <u>Elimitica</u> Address <u>No PUEMANTST</u>
Contractor RIVE DRIVE ANCANANO Address RIVEN VRIVE N. WADLES
Type of Building Dimensions Size Lot Dwelling—No. of Bedrooms Expansion Attic () Garbage Grinder ()
Other No. of persons Showers ()
Other fixtures Type of Well
Design Flow gallons per person per day. Total daily flow gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L W D
Disposal Trench-No Width Total Length Total leaching area sq. ft.
Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft.
Dry WellNo Diameter Depth below inlet Dimensions: x x x
Other: Distribution box () No Dosing tank ()
(Depth of Soil Line Below finished grade at foundation) Percolation Test Results Performed by Caller Date
Percolation Test Results Performed by Cle All line Date Date
Test Pit No. 1 minutes per inch Depth of Test Pit
Test Pit No. 1 Image: Constraint of the set of the se
Description of Soil COARDE-BOAY COCARDE-C Depth to Ground Water Will disposal area be filled? Cut down?
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.

Application Approved by

Owner or builder

date -200 date

Application Disapproved for the following reasons:

at

BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by ____ has been constructed in accordance with the provisions of

INSTALLER

Article XI 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 satisfactorily.

DATE

Inspector _

BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT

No. KLFR _ to construct (\checkmark) or repair (Permission is hereby granted) an BAY KOAD Individual Sewage Disposal System at ____ 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 9-20-65

Board of Health

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BOARD OF HEALTH, AMHERST, MASSACHUSETTS Performed test,
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No.71-30 Date $\frac{12}{7}/7/$ Fee 3.60 Date Rec'd. $\frac{12}{7}/7/7$ By P.F.
Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:
System at: Location—Address <u>Bary Poad (neff + other lot</u>) or Lot No. Owner <u>Address 756 North Pleasant</u> Contractor <u>BACA = 57'l</u> . Address <u>"</u> Type of Building <u>DWELLING</u> Dimensions <u>2 & X 30 + "L" 27 Bi</u> Size Lot <u>150 frontage</u> Dwelling—No. of Bedrooms <u>4</u> Expansion Attic (NO Garbage Grinder VES only 200' desp
Owner C. J. miller Address 956 north Pleasans
Contractor BACK = 5416. Address
Type of Building DWELLING Dimensions 28×30+"""24B6Size Lot 150 from tool
Dwelling-No. of Bedrooms 4/ Expansion Attic (100 Garbage Grinder NATC and 200' dest
Other No. of persons Showers (Var
Other fixtures No. of persons Showers (y25
Town Water? Type of Well
Design Flow _25 gallons per person per day. Total daily flow GOO gallons
Septic Tank—Liquid capacity 1200 gallons Dimensions: L W D
Disposal Trench—No Width Total Length Total leaching area sq. ft.
Disposal French—No With Fotal Length Total leaching area sq. ft.
Dry WellNo 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
Percolation lest Results Performed by
Test Pit No. 1 minutes per inch Depth of Test Pit
Test Pit No. 2 minutes per inch Depth of Test Pit Description of Soil GF Sarady Grand Depth to Ground Water (Index) 281
Will disposal area be filled? <u>No</u> <u>Cut down? No</u>
Will disposal area be filled? ΛO . Ut down? ΛO
(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 accord-
ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this
board of health.
Converg millin 12.1.11
(K X) / Owner or builder date
Application Approved by
Application Disapproved for the following reasons:
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE
CERTIFICATE OF COMPLIANCE
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by
has been constructed in accordance with the provisions of
INSTALLER
Article XI 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 satisfactorily.
DATE Inspector
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT
$N_0 / - 30$ $\Gamma (h_0)$
No. <u><i>H</i>-</u> <u><u>V</u></u> Permission is hereby granted <u><u>E</u>, <u>Mice</u><u><u>F</u></u> to construct (X) or repair () an Individual Sewage Disposal System at <u>BAV POAD</u></u>
Individual Sewage Disposal System atBay PcA0
as shown on the application for Disposal Work's Construction Permit No. <u>11-30</u>
and permit is issued with the understanding that reture aterations of additions will be made it 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.
(10) (10)
DATE $12 - 8 - 71$ Board of Health

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