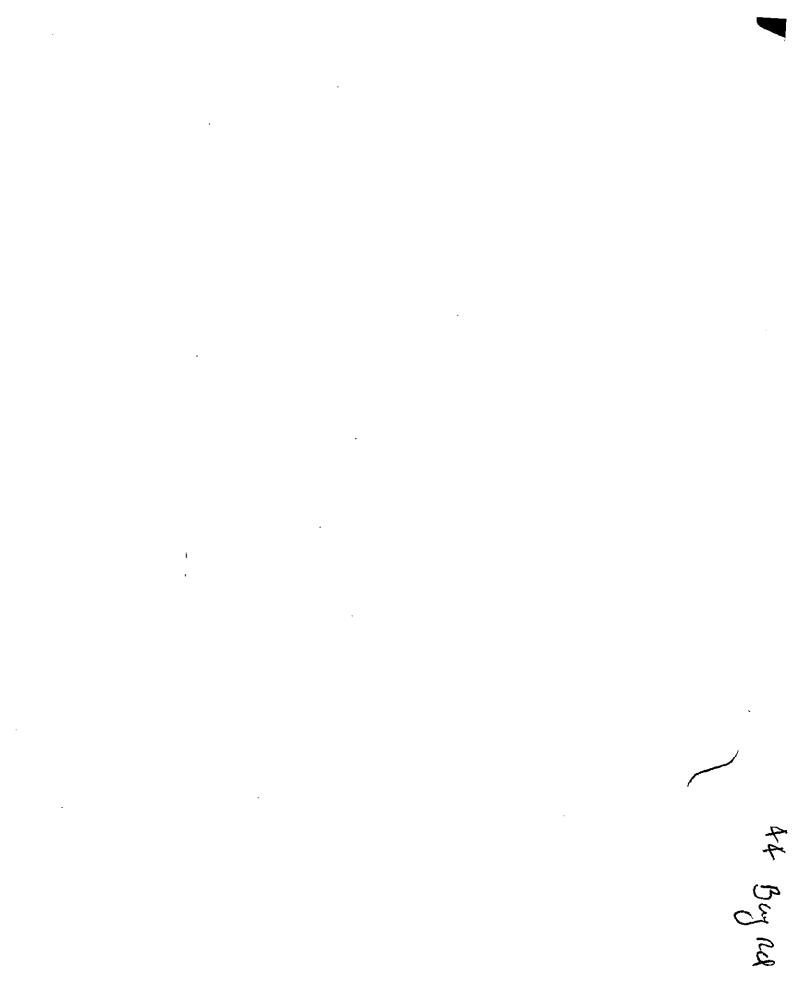
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BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT No. 67-11 Date 5-1-67 Fee 300 Date Rec'd. 5-1-67 Bv Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: Location - Adams - 574 BAU ROAD -_____ DONALD MILLER Address 💊 Owner Address _ 1/0 CEASANT ST. Contractor Fow MILLER

 Type of Building
 Dimensions
 Size Lot

 Dwelling
 Kong
 Expansion Attic
 Size Lot

Other _____ No. of persons _____ Showers () Other fixtures Town Water? YES Type of Well Design Flow _____ gallons per person per day. Total daily flow ______ gallons Septic Tank—Liquid capacity <u>10600</u> gallons Dimensions: L_____ W____ D____ Disposal Trench—No. <u>3</u> Width <u>3</u> Total Length <u>75</u> Total leaching area <u>425</u> sq. ft. Disposal Bed-No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft. Dry Well-No. ____ Diameter ____ 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 _____ Acale___ _____ Date _____ Depth of Test Pit Test Pit No. 1 _____ minutes per inch Test Pit No. 2 _____ minutes per inch Description of Soil _____ GRAVEL____ Depth to Ground Water _____ 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.)

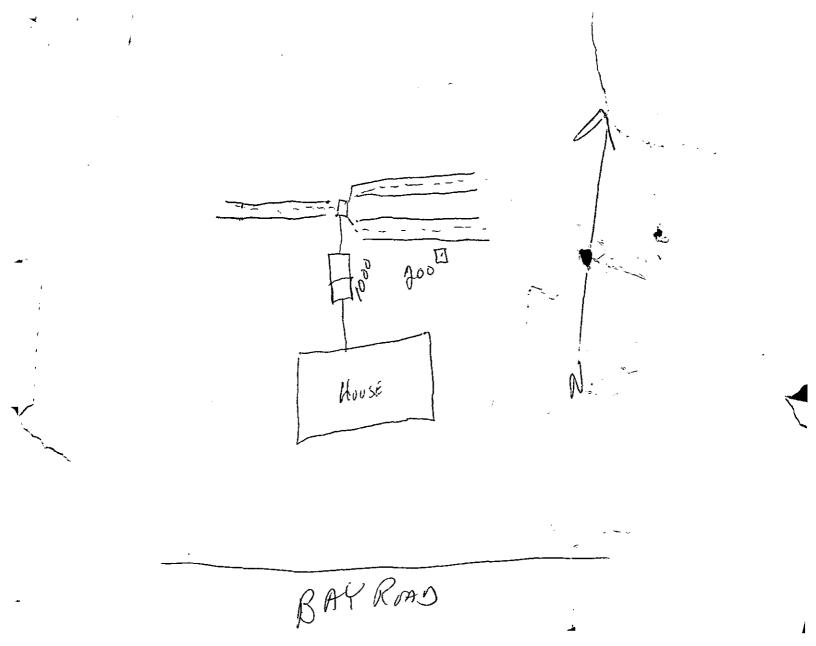
AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by

Application Disapproved for the following reasons:

Owner &r builder

date



544-Bay 20, BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. 72-6 Permission is hereby granted _______ Beau view to construct () or repair () an 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 MAR 28,19 Board of Health BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ 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. $\frac{0/-1}{Permission}$ is hereby granted $\frac{E_{0'k'}}{1}$, $M_{1'k'} \in \mathcal{K}$ to construct (X) or repair () an Individual Sewage Disposal System at 5'' = 5'' = 5'' = 5'' = 5''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. Board of Health









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