BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date Date Rec'd. Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: Next to Curran's Bay Rd., Elf Hill 938 Bay Road No. Location-Address Owner Sanders & Roberge Contractor ___ ____Size Lot 150 x300 26 x 52 Dwelling Type of Building _ Dimensions Dwelling—No. of Bedrooms 3 Expansion Attic (yes Garbage Grinder (yes Other No. of persons 3 Showers (2) Other fixtures _ Town Water? ______ yes ____ Type of Well ___ Design Flow ____ gallons per person per day. Total daily flow ___ _____ gallons ____w__ Septic Tank-Liquid capacity /200 gallons Dimensions: L_ _ D_ Disposal Trench—No. / Width /O Total Length 33 Total leaching area 330 sq. ft. Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft. _____ Diameter _____ Depth below inlet _____ Dimensions: ____ x ____ x Dry Well-No. __ Other: Distribution box () No. _____ Dosing tank () (Depth of Soil Line Below finished grade at foundation _ Percolation Test Results Performed by _ Date . _____ minutes per inch Test Pit No. 1 __ Depth of Test Pit _ Test Pit No. 2 _______ Description of Soil SP-SM __ minutes per inch Depth of Test Pit _ Ground Water _____ 7 __ Cut down? __ No Will disposal area be filled? __ (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. Owner or builde Application Approved by Application Disapproved for the following reasons: 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. 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 Midte 65 to construct (X) or repair () an Permission is hereby granted Individual Sewage Disposal System at BAY ROAD 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

