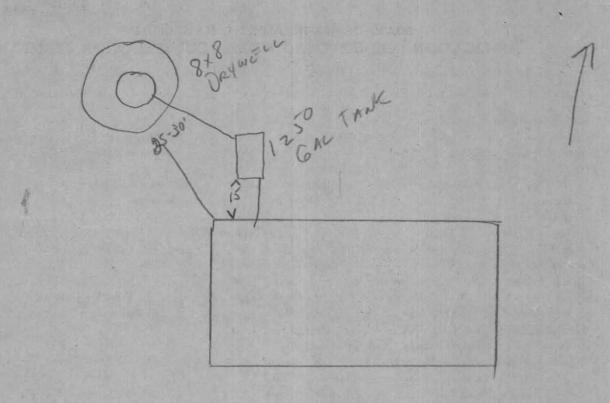


1200 BAY ROAD

Board of Health

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

Date Oct 1570 Fee Date Rec'd. 10-1-70 By Date Rec'd. ___/0-/. Application is hereby made for a permit to Construct (x) or Repair () an Individual Sewage Disposal System at: Location—Address 20W+ EX CAUATING KARLI Contractor . ___ Dimensions Type of Building _ Dwelling-No. of Bedrooms 4 Expansion Attic (No Garbage Grinder (V) No. of persons _ Showers (Other fixtures Type of Well Town Water? _ Design Flow Js gallons per person per day. Total daily flow Septic Tank—Liquid capacity gallons Dimensions: L _ gallons Width _____ Total Length _ Disposal Trench-No. _ _____ Total leaching area ____ Diameter Diameter _____ Depth below inlet _____ _ Total leaching area ___ Disposal Bed-No. _ __ Depth below inlet _____ Dimensions: ___ Dry Well—No. ____ Diameter __ Other: Distribution box () No. _ ___ Dosing tank () (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by Depth of Test Pit ___ Test Pit No. 1 _ ___ minutes per inch Depth of Test Pit _ Test Pit No. 2 minutes per inch SAND + GRAVEL Depth to Ground Water _ Description of Soil _ _ Cut down? 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. 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 to construct (X) or repair () an Permission is hereby granted 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.



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