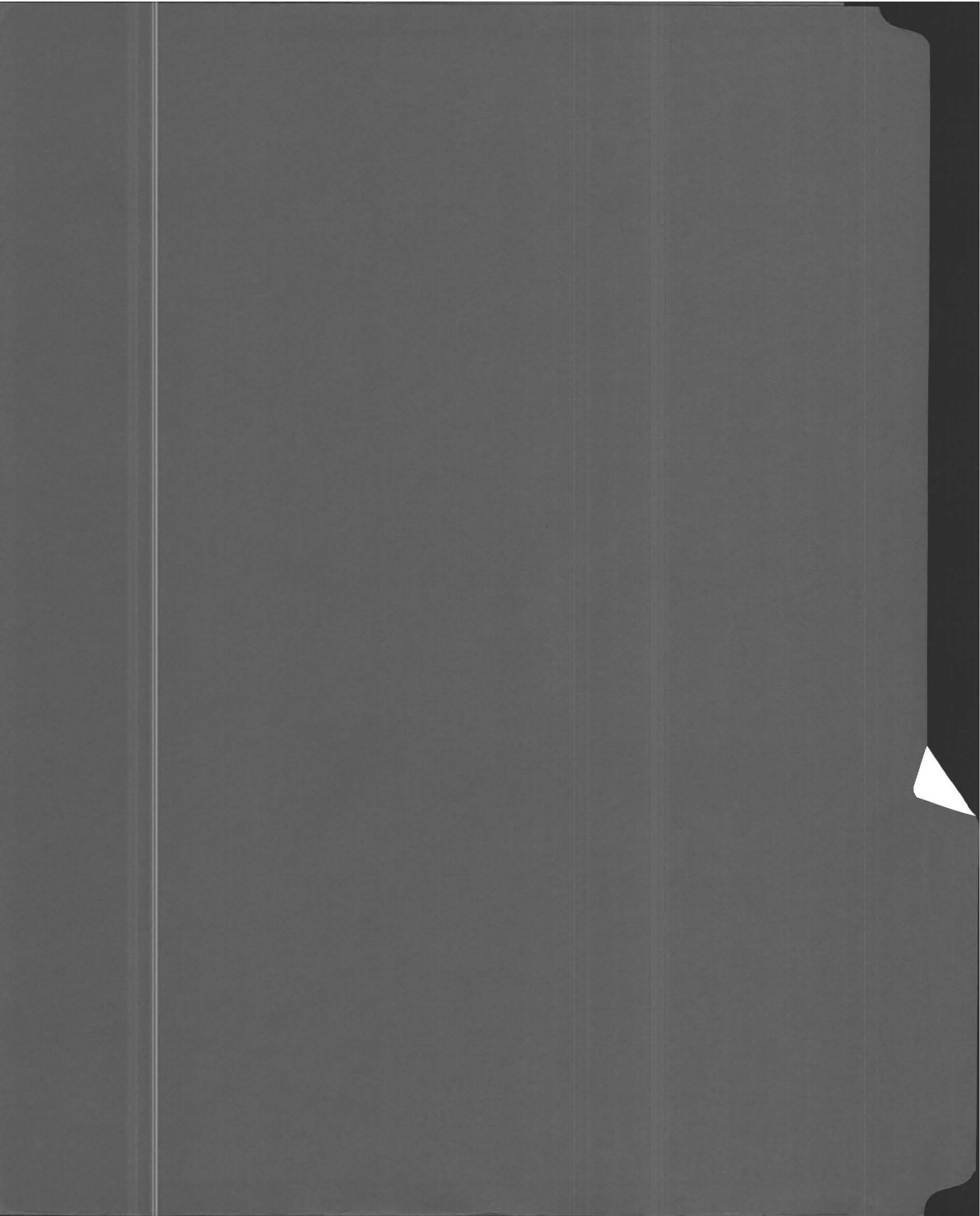


1269 Bay Red



34-64 43⁰⁰ fee Rec'd PAS. 253 5508 1269 BAY ROAD

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 35-62

J.H.S. McBRIDE MD of S-PLEANSET ST
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a
(residence, store, etc.)

which will be located at BAY Rd to be installed by
CARL KENIRNIZY
(name) (address) (phone)

Builder is SANDERS & ROBERGE Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 125 X 150 Type of Soil SAND Well or Town Water? SPRING

Distance to Town Sewer MILES Depth to Ground Water Kind of Well NONE

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions 24 X 40 No. Bedrooms 3 No. Occupants 4

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 2

Showers Kitchen Sinks 1 Garbage Grinders 1

Auto Dishwasher 1 Auto. Clotheswasher 1 Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date Oct 23, 1962

Archibald A. Sanders
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 35-62

T. McBride MD is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 1200 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

Minimum Dry well 6 ft. bottom area and 6 ft. below the inlet.

Other 2 DUST BOXES

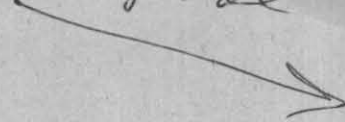
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

G. L. Siano 10/23/62
for the Board of Health date

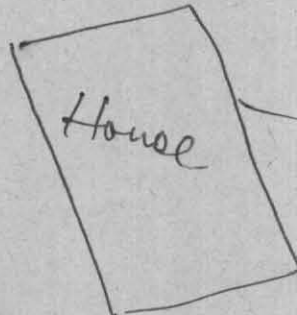
Inspected Approved G. L. Siano

131.7

steep grade



150'



ST

~~Dry well~~

150'

steep grade

120'

Proposed Rd

Bay Rd

Dry well

Spring in this general area



Repair

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner DR. Tom McBride Address 1269 BAY RD

Installer KARLS EPC. Address River DR MADLEY

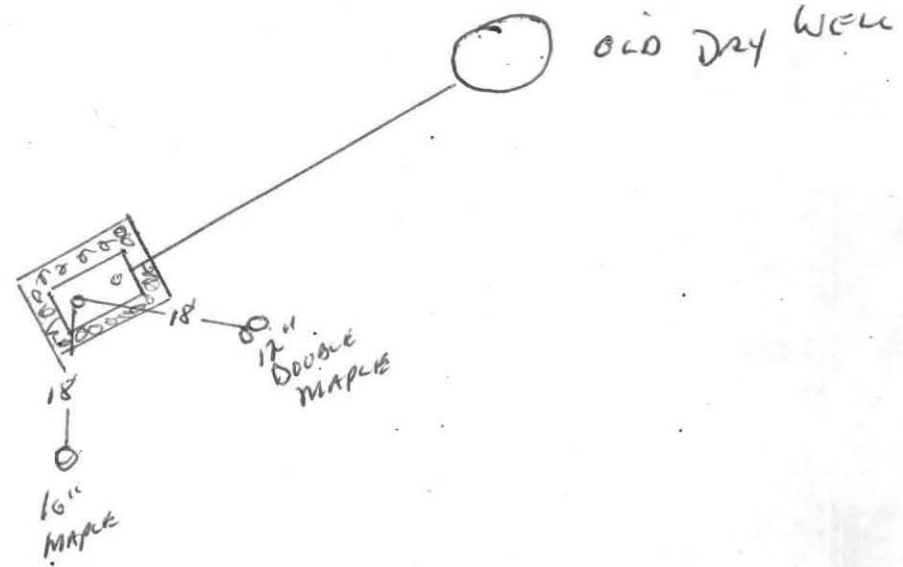
Date Installation Inspected and Approved 7-30-85

Description of System: Tank Capacity: _____ 180 Sides

Leach Field () Bed () Seepage Pit (X) Square Feet: 120 Bottom

Garbage Grinder Yes () No () No. Bedrooms: _____ No. People _____

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed _____ years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

