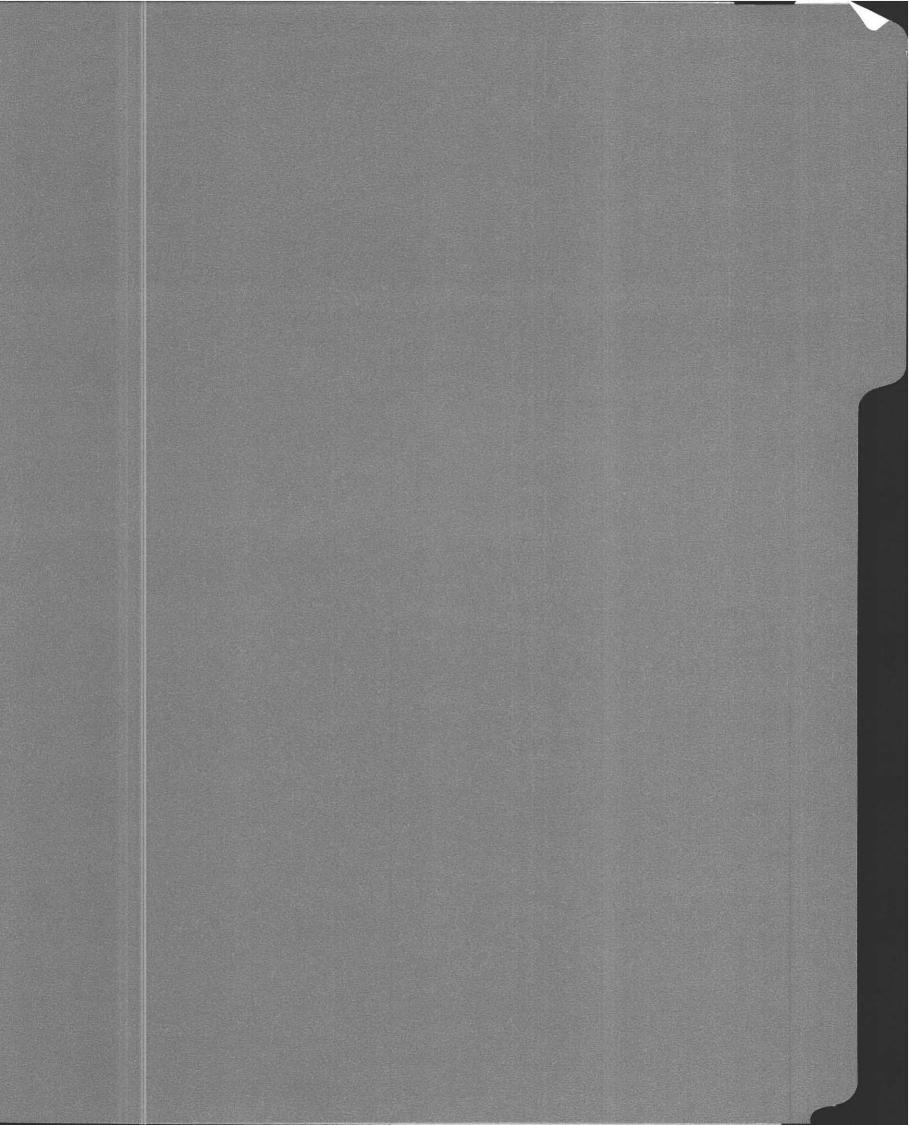
1360 Bayled.



## 1360 BAY ROAD

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT	60
No. 10-25 Date Oct 1, 1920 Fee 3 Date Rec'd. Oct 1, 1870 B	
Application is hereby made for a permit to Construct ( ) or Repair ( ) an Individual	Sewage Disposal
System at: Location—Address Bay Ro - (Eir Hill) or Lot No.	235 25
Owner however much Address Apr 2-222.	N. IAST JT
Contractor KARLI Excavarento Address No HARCH	1
Type of Building Dimensions Size Lot 3	1000+
Dwelling-No. of Bedrooms Expansion Attic (No Garbage Grinder (No	
Other No. of persons Showers ( )	
Other fixtures Town Water?  Type of Well	
Design Flow 50 gallons per person per day. Total daily flow gallons	
Septic Tank—Liquid capacity 700 gallons Dimensions: L W D	
Disposal Trench—No. 2 Width 2 Total Length 150 Total leaching area	300 sq. ft.
Disposal Bed—No Diameter / Depth below inlet Total leaching area.	300 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	)
Percolation Test Results Performed by Date Date	-5-10
Test Pit No. 1 minutes per inch Depth of Test Pit	_36"
Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch Depth of Test Pit Depth of Test Pit	
Description of Soil Sand CRAVEL Depth to Ground Water	
Will disposal area be filled? No Cut down?	11 1 1 .
(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from Show location of wells, streams, ledge, large trees, etc.)	all boundaries.
AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal stance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of	stem in accord-
dersigned further agrees not to place the system in operation until a Certificate of Compliance has/he	
heard of health	7
Owner or builder	1947
Owner or builder	date
Application Approved by	- 1.
Application Disapproved for the following account	date
Application Disapproved for the following reasons:	
BOARD OF HEALTH, AMHERST, MASSACHUSETTS	
CERTIFICATE OF COMPLIANCE	- A
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or re-	engired ( ) by
at has been constructed in accordance with the	
INSTALLER	to providend of
Article XI of the State Sanitary Code as described in the application for Disposal Works Construc	tion Permit No.
dated	THE RESERVE
The issuance of this certificate shall not be construed as a guarantee that the system will function	on satisfactorily.

Inspector \_

DATE \_

