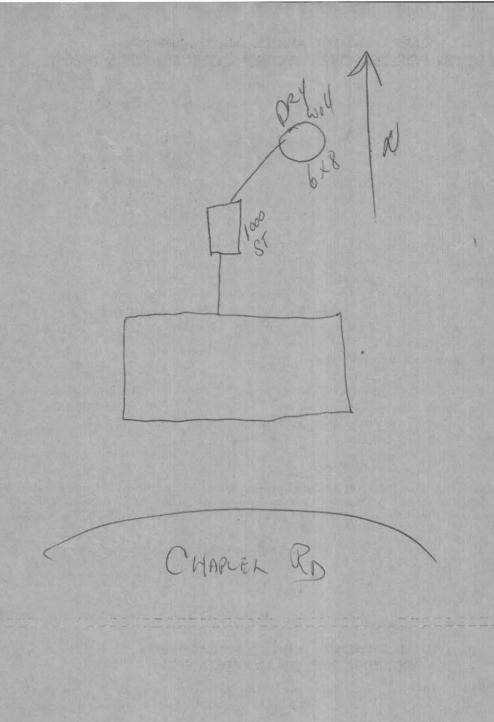
BOARD OF HEALTH, AMHERST, MASSACHUSETTS		
APPLICATION FOR DISPOSAL WORKS CONSTRU	ICTION PERMIT	
No.6 / Date October 6 1967 Feet Date Rec'd. 10-16-67 By (6)		
Application is hereby made for a permit to Construct (X) or Repair (
System at: Location-Address Chapel Rd. Nutting Man	or Lat No. 10	
Owner Strilles + Boberge Address	978 Bay Rd.	
Contractor Address Address	N VII.	
Type of Building Home Dimensions 44x 29	Size Lot 15 0 X 200"	
Dwelling—No. of Bedrooms Expansion Attic (-) Garbage		
Other No. of persons Apec. Shower		
Other fixtures		
Town Water? Type of Well		
Design Flow gallons per person per day. Total daily flow		
Septic Tank—Liquid capacity 1200 gallons Dimensions: LW_		
Disposal Trench—No Width Total Length To	otal leaching area sq. ft.	
Disposal Bed—No Diameter Depth below inlet Dimeter Diameter Dimeter	Total leaching areasq. ft.	
	ensions: x x	
Other: Distribution box () No Dosing tank ()		
(Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by	Date	
Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch	Depth of Test Pit	
Test Pit No. 2 minutes per inch Description of Soil COARSE GRAVEL SANDepth to Ground Wa	ter WOT FOUND	
Will disposal area be filled? Cut down?		
(On reverse side or separate sheet, show plot plan with building. Include dimens	sions, distances from all boundaries.	
Show location of wells, streams, ledge, large trees, etc.)		
AGREEMENT: The undersigned agrees to construct the aforedescribed individual		
ance with the provisions of Article XI of the Sanitary Code and regulations of the		
dersigned further agrees not to place the system in operation until a Certificate board of health.	of Compilance has been issued by this	
and of the second	Roberce 16-136	
Owner or	builder date	
Application Approved by	10-16-6	
Application Disapproved for the following reasons:	date	
Application Disapproved for the following reasons.		
BOADD OF HEALTH AMHERST MASSACHISS		
BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE		
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by		
INSTALLER	accordance with the provisions of	
Article XI of the State Sanitary Code as described in the application for Dispos	osal 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, MASSACHUSE	ETTS	
DISPOSAL WORKS CONSTRUCTION P	ERMIT	
No. 6 /-2/		
Permission is hereby granted angles to the light	to construct (or repair () an	
No. 6 7—2 Permission is hereby granted Individual Sewage Disposal System at as shown on the application for Disposal Works Construction Permit No. 6	10	
as shown on the application for Disposal Works Construction Permit No. 6	7 -21	
This permit is issued with the understanding that future alterations or add	litions will be made if necessary. This	
permit shall not be construed as permission to create or maintain any sewage repermit the Board of Health assumes no responsibility for the future operation or		
	1490	
DATE 10-16-67	Board of Health	



Commonwealth of Massachusetts AMHERST , Massachusetts

System Pumping Record

System Owner	System Location
Don + Melissa	30 chape 1 st.
Lund gren	
Date of Pumping: 1/0/52	Quantity Pumped O O gallons
Type: Emergency Routine	
Cesspool: No \square Yes \square Septic	Tank: No 🗆 Yes
System Pumped by (Company): Karl's Site Work Inc Permit #: Sep 2002-00 Contents transferred to: Date 4/10/02. Pumper Signature January.	
Observations/Comments:	