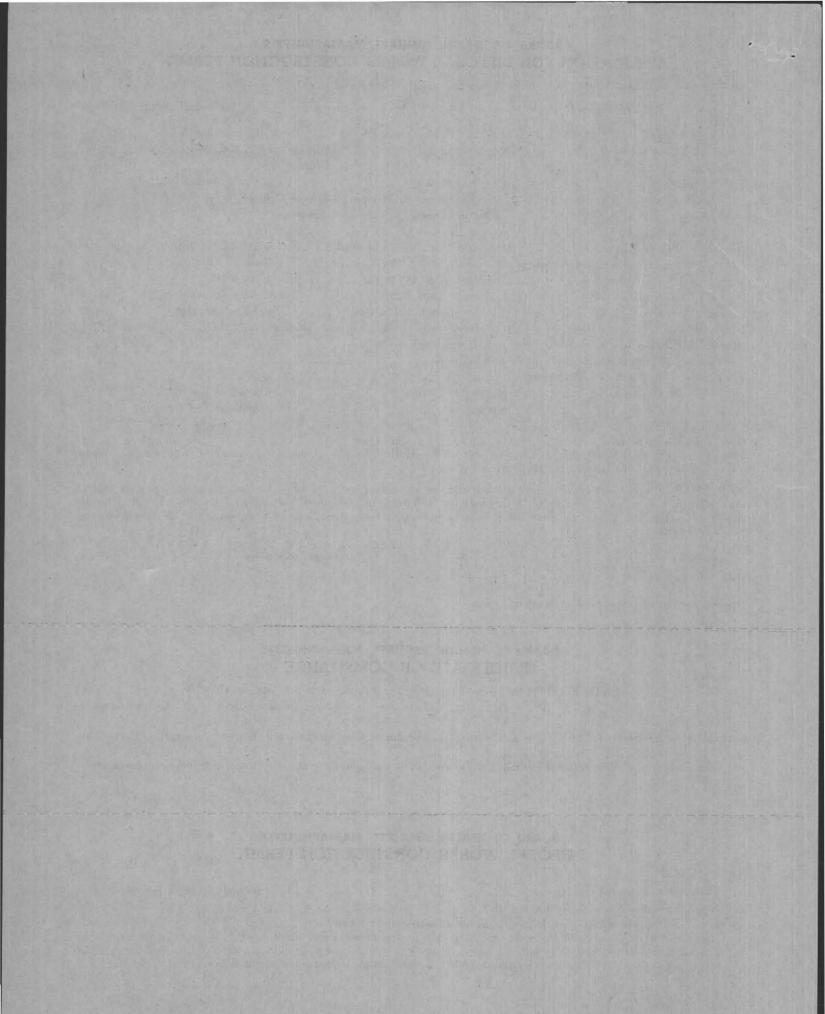
BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT No.68-13 Date Sept 17,1869 Fee Date Rec'd. 9-17-68 By CO.
· Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: Location—Address 207 16 CHAPCL RD or Lot No6 OwnerAddressAddressAddressAddressAddress
Owner <u>SANDERS + ROBERE</u> C Address <u>BAY RD.</u>
Contractor Address Address Size Lot 35,000 +
Dwelling—No. of Bedrooms Expansion Attic & Garbage Grinder (X) Other No. of persons Showers ()
Other fixtures Town Water?YES Type of Well
Design Flow gallons per person per day. Total daily flow gallons
Septic Tank—Liquid capacity 200 gallons Dimensions: L W D
Disposal Trench—No Width Total Length Total leaching area sq. ft. Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft.
Disposal Bed—No Diameter Depth below inlet Total leaching area 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 Test Pit No. 1 Test Pit No. 2 Depth of Test Pit Depth of Test Pit Description of Soil
Percolation Test Results Performed by Date
Test Pit No. 1 minutes per inch Depth of Test Pit
Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil Depth to Ground Water Multiplication Cut down? Cut down?
(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 accord- ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.
Owner or builder adate
Application Approved by Chrakep. <u>9-17-63</u>
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 at 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.
dated
dated The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
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The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Dwner _ J-S. Roscov Address <u>CHARGERS</u> Installer <u>KAPL(s. E.r.c.</u> Address <u>Rucen De. Hanned</u> Date Installation Inspected and Approved <u>10 - 27 - 83</u> Description of System: Tank Capacity: <u>Existinu</u> Leach Field () Bed () Seepage Pit 'X) Square Feet: Garbage Grinder Yes () No () No. Bedrooms: <u>No. People</u> As - <u>BUILT PLAN:</u> Hour Frence Built PLAN: Hour Private Constant of the private Statement of the

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 \Im years.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- 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.

