BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date Sept. 30,1968 Fee \$3.00 Date Rec'd. Sept. 30, 1968 Application is hereby made for a permit to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at:
Location—Address Lot #18 - Nutting Manor Owner Sanders & Roberge Contractor KARL KONGENCZF
Type of Building Dwelling Address \_\_ Size Lot 150x200x220 Deep Dimensions 28 x 64 Expansion Attic (NO) Garbage Grinder (Yes Dwelling-No. of Bedrooms \_\_\_ \_ Showers ( Other \_ No. of persons \_\_ Other fixtures Town Water? \_ Type of Well Design Flow 25 gallons per person per day. Total daily flow 400 gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L W Other: Distribution box ( ) No. \_\_\_\_\_ Dosing tank ( ) (Depth of Soil Line Below finished grade at foundation \_ Percolation Test Results Performed by \_ Date \_\_\_\_ minutes per inch Depth of Test Pit \_ Test Pit No. 1 \_ Test Pit No. 2 \_ minutes per inch Depth of Test Pit \_ ONESE BONY GRAVE Depth to Ground Water \_ Description of Soil \_\_\_ Will disposal area be filled? \_ 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 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 Ceptificate of Compliance has been issued by this board of health. Owner or builder Application Approved by 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. 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 SANOTRST ROBERGE to construct (X) or repair ( ) an Permission is hereby granted \_ Individual Sewage Disposal System at 607 18 Nutting MANGE as shown on the application for Disposal Works Construction Permit No. \_ 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, DATE 10-1-68 Board of Health

