

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No.

Robert R. Bensch / Ruder of 291 No Pleasant St Alt 5-5051
(owner's name) (address) (phone)

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

which will be located at Flat Hill Rd Amherst to be installed by

(name) (address) (phone)

Builder is Joe Peterson Plumber is 7

Description of lot, building and fixtures as follows:

Lot: Dimensions 400x230 Type of Soil hardy clay Well or Town Water? Well

Distance to Town Sewer 1/2 mile Depth to Ground Water 4'4" Kind of Well Shallow dug

Will Lot be Graded? No By Filling or Removing Soil? _____

Building: Dimensions 28x40 No. Bedrooms 4 No. Occupants 5

Fixtures: No. Toilets 2 Urinals _____ Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders No

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 Nov. 9, 1960

Robert R. Bensch
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

R. Ruder 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 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. 150 ft. lines

Dry well _____ ft. bottom area and _____ ft. below the inlet.

Other _____

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. A. Lino Nov. 9, 1960
for the Board of Health date

Inspected _____ Approved ✓ G. A. Lino

First Hills Rd

42

4001



Well

DISTRIBUTION BOX

REPAIR

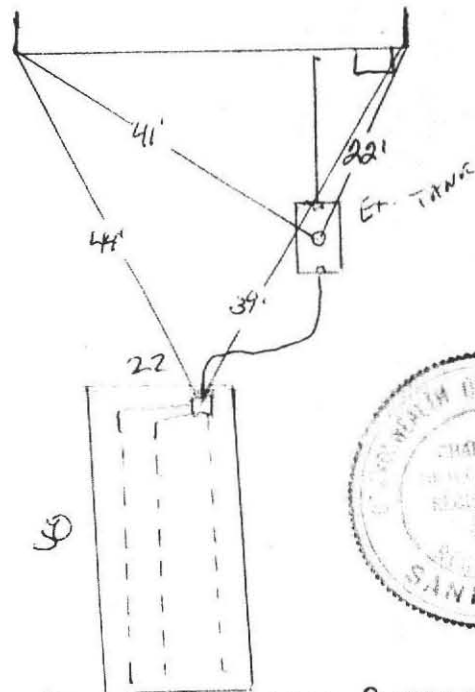
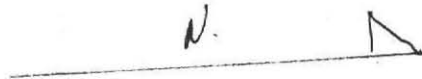
BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner DAVID KAPLAN Address FLAT HILLS RD
Installer KARL'S EXC. Address RIVER DE HADLEY
Date Installation Inspected and Approved SEPT. 1982
Description of System: Tank Capacity: EXISTING
Leach Field () Bed (X) Seepage Pit () Square Feet: 50x22
Garbage Grinder Yes () No (X) No. Bedrooms: 1400 No. People 4

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 3 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.



DEEP SOIL LOES

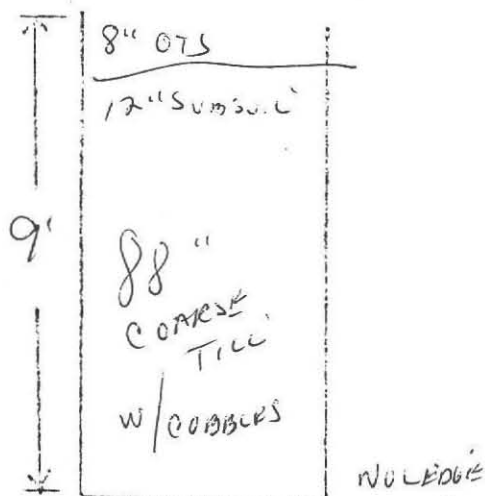
OWNER ELMO JARVES

DATE 3-6-80

LOCATION FLAT HILLS RD
#1 - NORTH

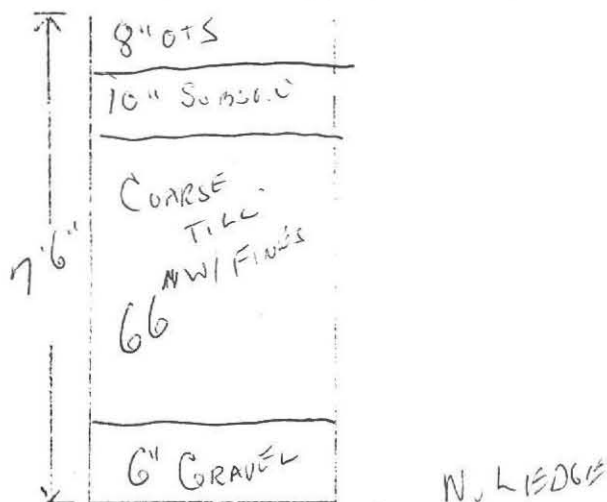
OBSERVER ALDOICH WESTOVER
DRAC

#2 - NORTH CENTRAL

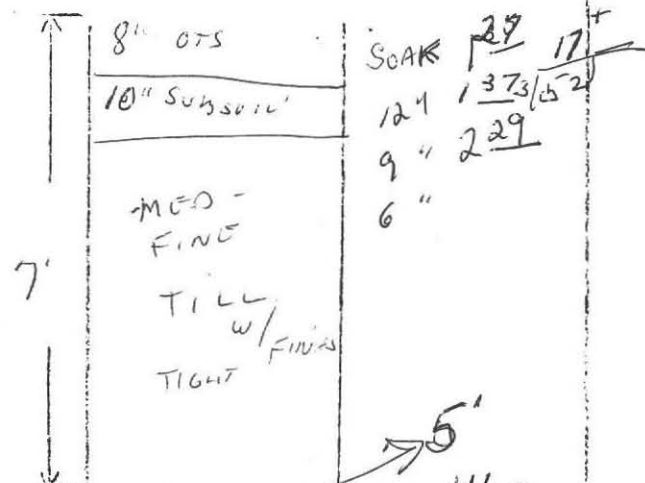


GROUND WATER NONE AT 9'

#3 SOUTH CENTRAL

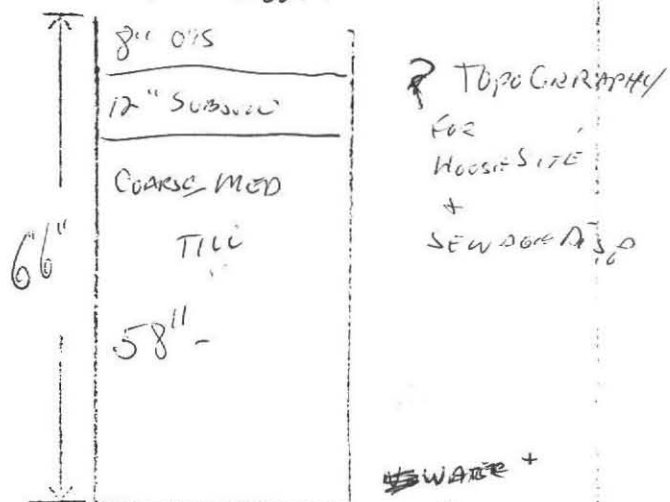


GROUND WATER 7'



GROUND WATER SEEPAGE 5' 6"

#4 SOUTH



GROUND WATER REPAIR AT 6'6"

BOARD OF HEALTH
AMHERST, MASS.

15