

BOARD OF HEALTH, AMHERST, MASSACHUSETTS		
APPLICATION FOR DISPOSAL WORKS CONSTRUC		-
No.07-1/ Date SCPT49/267Fee 3 Date Rec'd. 4-	2969 By CEN	
Application is hereby made for a permit to Construct () or Repair (an Individual Sewage Disposal	
System at: Location—Address 407 9 3 Wight Point Hice	an I at Na	
Owner Coy Moustries Address	Cosunan Ro Saura	73
Contractor // Address		-04
Type of Building Dimensions/		
Dwelling—No. of Bedrooms Expansion Attic (Carbage G	rinder (
Other No. of persons Showers		
Other fixtures		
Town Water? PO Type of Well	163 An	
Design Flow Sogallons per person per day. Total daily flow g	allons	
Septic Tank-Liquid capacity / OO gallons Dimensions: L W_	D	
Septic Tank—Liquid capacity	al leaching area sq. ft.	
Disposal Bed—No Diameter Depth below inlet T	otal leaching area 300 sq. ft	
Dry Well—No Diameter Depth below inlet Dimen	sions: x x	-1
Other: Distribution box () No Dosing tank ()		
(Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by	Dete	
Test Pit No. 1 minutes per inch	Depth of Test Pit 96"	
Test Pit No. 2 minutes per inch	Depth of Test Pit	
Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch Description of Soil Depth to Ground Wate Will disposal area be filled? Cut down?	Not Forms	
Will disposal area be filled? Cut down?		
(On reverse side or separate sheet, show plot plan with building. Include dimension	ons, 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 of		
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Owner or b		
	uilder () date	/
Application Approved by	Will_2 Made	19
	date date	19
Application Approved by Application Disapproved for the following reasons:	date () date date	19
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