with t ł 41 High Point D-



#41
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
No. 20-2 Date 3-20-20 Fee 3 Date Rec'd. 3-20-20 By
No, 0- Date 3-20-10 Fee 3 Date Rec'd. 3-20-20 By CN
Application is hereby made for a permit to Construct (X or Repair () an Individual Sewage Disposal System at: Location—Address, 4/ HIGH Point Do
Location Address T Then Joins In or Lot No. A high
Owner Pot Novs JRIES Owner Pot Novs JRIES Contractor Bill Contractor Type of Building Dimensions
Type of Building Dimensions Size Lot
Dwelling-No. of Bedrooms Expansion Attic (V) Garbage Grinder ()
Other No. of persons Showers ()
Other fixtures
Town Water? Type of Well Anteriou
Design Flow 3 Q gallons per person per day. Total daily flow _400_ gallons
Septic Tank-Liquid capacity 2200 gallons Dimensions: L W D
Disposal Trench—No Width Total Length Total leaching area sq. ft. Disposal Bed—No. / Diameter \$\$\frac{1}{2}\$ Depth below inlet Total leaching area sq. ft.
Disposal Bed—No Diameter \$\[Depth below inlet Total leaching area 600 sq. ft.] Dry Well—No Diameter Depth below inlet Dimensions: x x Other: Distribution box () No Dosing tank ()
Other: Distribution box () No Dosing tank ()
(Depth of Soil Line Below finished grade at foundation)
(Depth of Soil Line Below finished grade at foundation CE Reals Date 3-20-20
Test Pit No. 1 minutes per inch U Depth of Test Pit Depth of Test Pit
Test Fit No. 1
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 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.
Application Approved by Chable Owner or builder 3-20-70
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
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
No. 10 C Ray Ray Raise Pier
No
as shown on the application for Disposal Works Construction Permit No. 70-2
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.
Permit no and of freeming no responsibility for the facal operation of maintenance of the system.

DATE 3-20-20

Board of Health

