71 High Point Dr.



	BOARD OF HEALTH, AMHERST, MASSACHUSETTS #7/
-	No. B-6 APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT No. B-6 Date 3-22-73 Fee 8 Date Rec'd. 3/22/73 By
	Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:
	The All HIGH PAINT HOUSE
	Owner A. CONKLIN Address JANUARY HILLS
	Owner A. CONKLIN (BLCCLARK) Address Address A 14 H E R 8 T Type of Building HOME Dimensions 40 × 3 6 Size Lot 39, 400
	Type of Building HOMF Dimensions HOV36 Size Lot 39, 400 Dwelling—No. of Bedrooms 3 Expansion Attic (nd)—Garbage Grinder (1)
	Other No. of persons Showers (/)
	Other fixtures 3 AT 45
	Town Water? Design Flow 5 gallons per person per day Total daily flow 3 gallons, will 100 Feet From the following person per day Total daily flow 3 gallons, will 100 Feet From the first person per day Total daily flow 3 gallons, with the first person per day Total daily flow 3 gallons, with the first person per day Total daily flow 3 gallons per day Total daily flow 3 gallons per person per day Total daily flow 3 gallons per person per day Total daily flow 3 gallons per person per day 5
	Design Flow 5 gallons per person per day, Total daily flow 300 gallons Septic Tank—Liquid capacity 2000 gallons Dimensions: L W D D
	Disposal Trench—No Width Total Length Total leaching area sq. ft.
	Disposal Trench—No Width Total Length 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 LHART - HUNTLEY ENGR Date 3/21 22/73
OVER N	Fertolation Test Results Fertormed by The Front Depth of Test Pit 2 - 10"
76375	Test Pit No. 1 20 minutes per inch Test Pit No. 2 36 minutes per inch Depth of Test Pit Z'-10" Depth of Test Pit 5'-6"
	Description of Soil GLACIAL TILL Depth to Ground Water NONE
	Will disposal area be filled? 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 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 Certificate of Compliance has been issued by this board of health.
	000 00 al Conkles 3-22-73
	Application Approved by Conclusion Approved B
	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
	BOARD OF HEALTH, AMHERST, MASSACHUSETTS
	DISPOSAL WORKS CONSTRUCTION PERMIT
	No. 15-6 Permission is hereby granted AFCOMEN to construct (X) or repair () an
	Permission is hereby granted H Collicion to construct (X) or repair () an Individual Sewage Disposal System at 607 439 71 High Point De 100
	Individual Sewage Disposal System at
	as shown on the application for Disposal Works Construction Permit No. 73-6 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.
	DATE 3-22-73 Board of Health
	Roand of Health //

#71

LOT 39 HIGH POINT TAXIEL 20 Mily 40 35-40 HIGH- POINT DRIVE

SKETCH

SOUTHWEST TO THE

Hier POINT Deve

BOARD OF HEALTH

Town of Amherst, Massachusetts

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Owner A. E. CONKLIN Address LOT 39 HIGH POINT DR.
Installer BILL CLARK Address SHUTES BURY
Date Installation Inspected and Approved
Description of System: Tank Capacity: 1200
Leach Field () Bed (\times) Seepage Pit () Square Feet: 720
Garbage Grinder Yes (χ) No () No. Bedrooms: 3 No. People 6
As - Built Plan:
9 House FRONT
Poece Poece
22

PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 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.