

127 HIGH POINT



97-14 Revised  
From 4 Bedrooms  
to 5 Bedrooms

#127

Need GAS Baffle  
in SEPTIC TANK

FEE 30.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Components



|                                    |   |
|------------------------------------|---|
| Location <u>127 HIGH POINT DR.</u> | Owner's Name <u>ALAN + JEANNIE FORAY</u>            |
| Map/Parcel#                        | Address <u>127 HIGH POINT DR.</u>                   |
| Lot# <u># 127</u>                  | Telephone# <u>913 253-3313</u>                      |
| Installer's Name                   | Designer's Name <u>ALAN WEISS, C.O.D. SPG. ENV.</u> |
| Address                            | Address <u>BELCHERTOWN</u>                          |
| Telephone#                         | Telephone# <u>913-323-5957</u>                      |

Type of Building RES. Lot Size 49,400 sq. ft.  
 Dwelling - No. of Bedrooms 5 Garbage grinder ( )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 550 gpd Calculated design flow 564 Design flow provided 564 gpd  
 Plan: Date 9/5/97 Number of sheets 4 Revision Date 12-8-97  
 Title SEPTIC REPAIR PLAN FOR A+J FORAY  
 Description of Soil(s) SANDY LOAM  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator A. WEISS, JR. Date of Evaluation 7/25/97

DESCRIPTION OF REPAIRS OR ALTERATIONS NEW SEPTIC SYSTEM

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Alan Foray Date 12/10/97

Alan Weiss 6/5/98

Inspections \_\_\_\_\_  
Richard M. ... D.M.O. Const

No. 97-14 Revised

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

FEE 30.00  
FOR REVISED  
PLAN

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_

at 127 High Point Drive  
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 97-14R, dated \_\_\_\_\_ Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_  
Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 97-14 Revised

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

FEE 30.00  
FOR REVISED  
PLAN

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 127 High Point Drive as described in the application for Disposal System Construction Permit No. 97-14R dated 12-10-97

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 12-10-97 Board of Health Alan Weiss



UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL BUREAU OF HEALTH STATISTICS

1971 Health Form No. 1  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

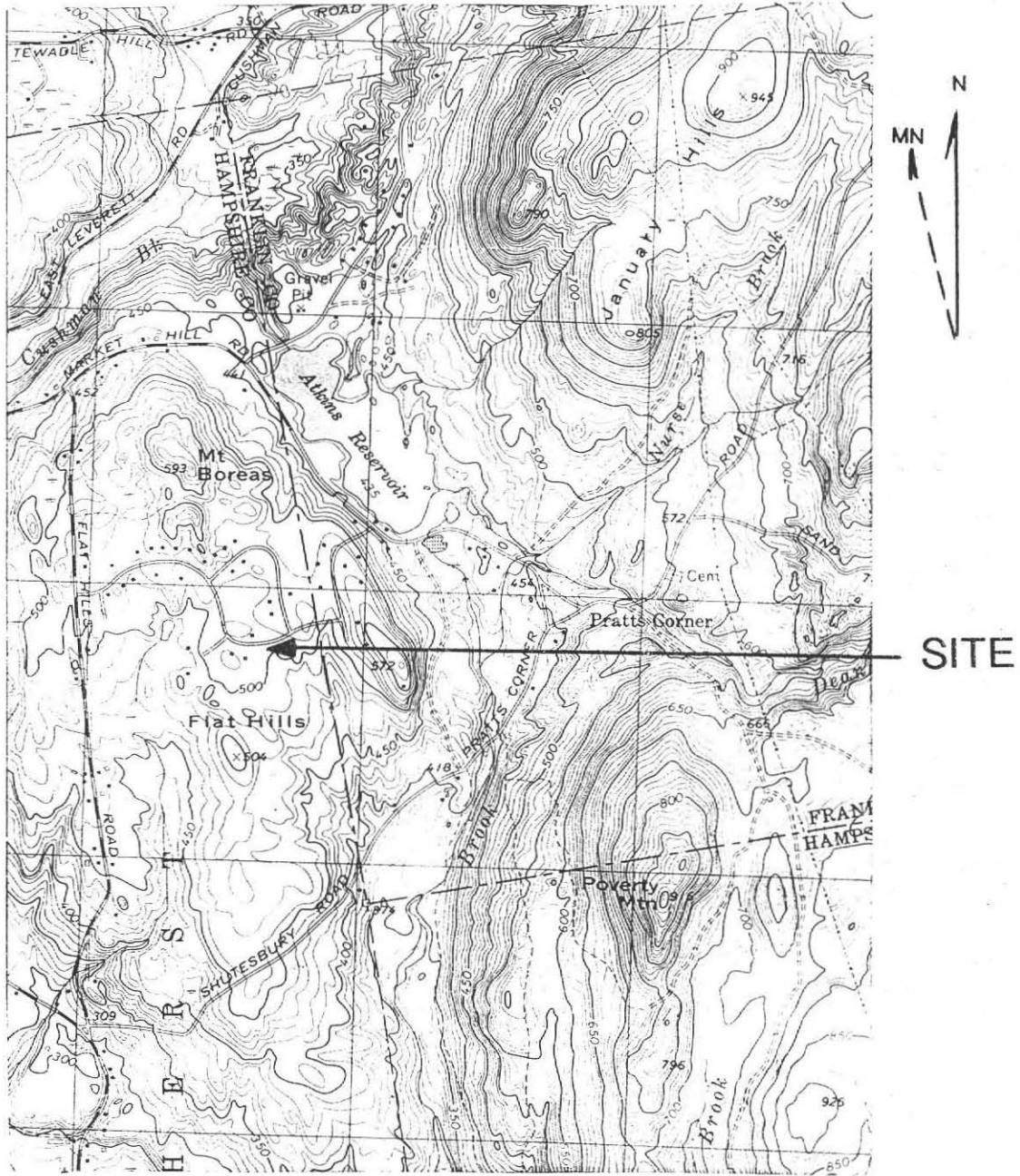
1. How long have you been in the United States?  
2. How long have you lived in this area?  
3. How long have you lived in this house?  
4. How long have you lived in this neighborhood?  
5. How long have you lived in this city?  
6. How long have you lived in this country?

7. How long have you lived in this house?  
8. How long have you lived in this neighborhood?  
9. How long have you lived in this city?  
10. How long have you lived in this country?

11. How long have you lived in this house?  
12. How long have you lived in this neighborhood?  
13. How long have you lived in this city?  
14. How long have you lived in this country?

15. How long have you lived in this house?  
16. How long have you lived in this neighborhood?  
17. How long have you lived in this city?  
18. How long have you lived in this country?

FIGURE 1: SITE LOCUS



SCALE: 1"=2,083 FT.

USGS 7.5 MIN. QUAD.



COLD SPRING ENVIRONMENTAL INC.

100

97-14  
R

CH# 185  
Pd 160  
7/25/97

4 Bedrooms change to  
Remov 66 5 Bedrooms

No. \_\_\_\_\_

Date: 7/25/97

Commonwealth of Massachusetts  
Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: AL. Weiss Cold Spring Env.

Date: 7/25/97

Witnessed By: David Zaczynski

|  |  |
|--|--|
| Location Address or Lot #<br><u>127 High Point</u>                                   | Owner's Name, Address, and Telephone #<br><u>ALAN FORRAY<br/>127 HIGH POINT DRIVE<br/>253-3313</u> |
| New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/> |  |

Office Review

Published Soil Survey Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_ Soil Map Unit \_\_\_\_\_

Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_

Surficial Geologic Report Available: No  Yes

Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_

Geologic Material (Map Unit) \_\_\_\_\_

Landform \_\_\_\_\_

Flood Insurance Rate Map:

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

Wetland Area:

National Wetland Inventory Map (map unit) \_\_\_\_\_

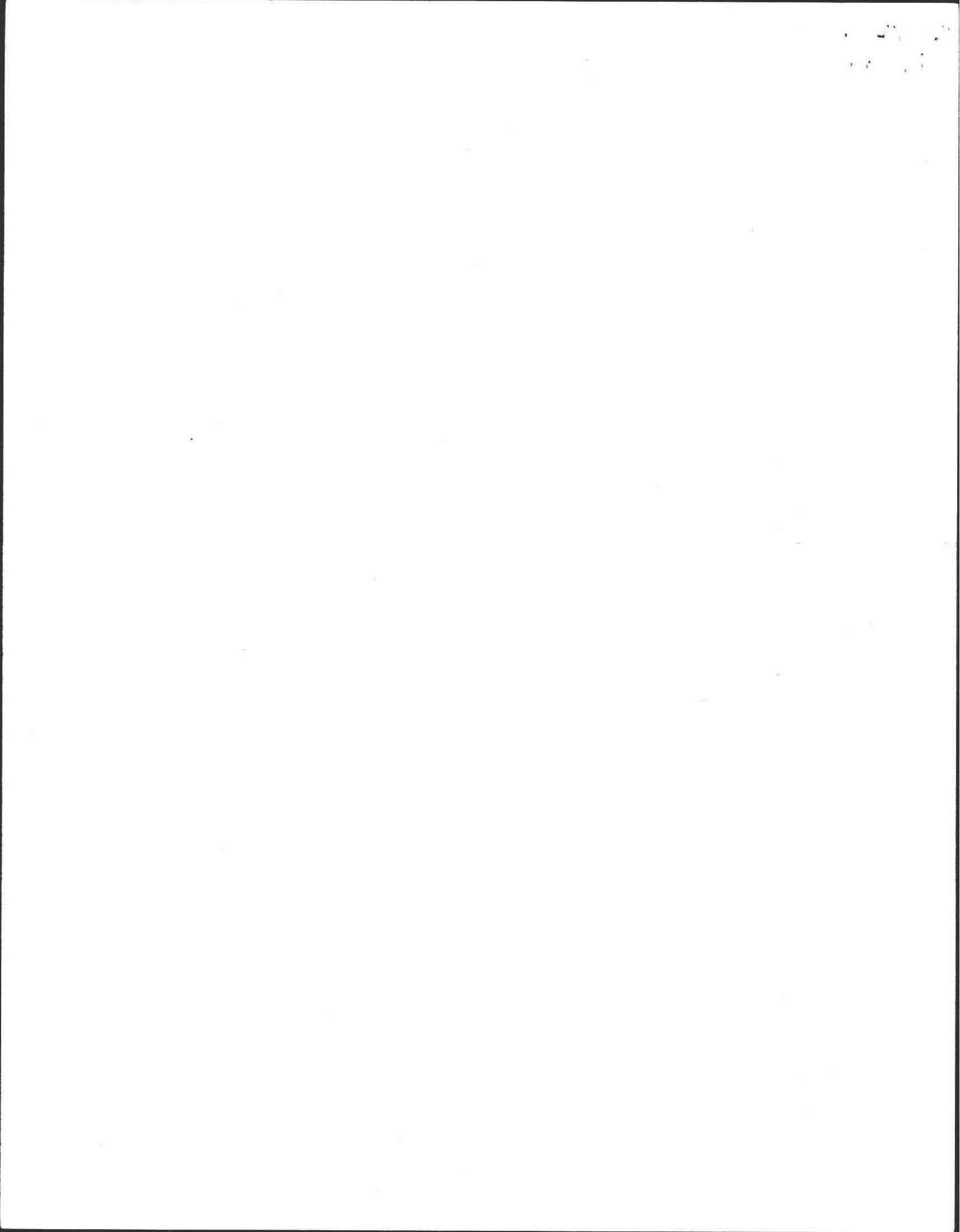
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_

Current Water Resource Conditions (USGS): Month \_\_\_\_\_

Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_







FORM 12 - PERCOLATION TEST

Location Address or Lot No. 127 High Point

COMMONWEALTH OF MASSACHUSETTS  
 , Massachusetts

| Percolation Test*    |                 |             |
|----------------------|-----------------|-------------|
| Date: <u>7/25/97</u> |                 | Time: _____ |
| Observation Hole #   |                 |             |
| Depth of Perc        | <u>40"</u>      |             |
| Start Pre-soak       | <u>10:18</u>    |             |
| End Pre-soak         | <u>10:33</u>    |             |
| Time at 12"          | <u>10:33</u>    |             |
| Time at 9"           | <u>10:49</u>    |             |
| Time at 6"           | <u>11:19</u>    |             |
| Time (9"-6")         |                 |             |
| Rate Min./Inch       | <u>Down 10.</u> |             |

\* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

Site Passed  Site Failed

Performed By: Dan Weiss, Cold Spring Hill  
 Witnessed By: David Zarrilli  
 Comments: \_\_\_\_\_





Location Address or Lot No. 127 High Point

**On-site Review**

Deep Hole Number \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weather \_\_\_\_\_  
 Location (identify on site plan) \_\_\_\_\_  
 Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_ Surface Stones \_\_\_\_\_  
 Vegetation \_\_\_\_\_  
 Landform \_\_\_\_\_  
 Position on landscape (sketch on the back) \_\_\_\_\_  
 Distances from:  
 Open Water Body \_\_\_\_\_ feet Drainage way \_\_\_\_\_ feet  
 Possible Wet Area \_\_\_\_\_ feet Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_

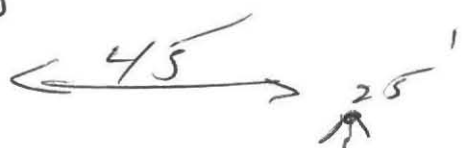
| DEEP OBSERVATION HOLE LOG   |                |                     |                      |               |  |
|-----------------------------|----------------|---------------------|----------------------|---------------|--|
| Depth from Surface (Inches) | Soil Horizon   | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
| 6"                          | A              | FSL                 | 10YR 3/4             |               | Moderate loose   |
| 28"                         | B              | 1FSL                | 10YR 5/6             | None          | many cobbles sub-angle                                     |
| 84"                         | C <sup>1</sup> | Sand<br>Loam        | 2.5Y 5/4             |               | moderately compact   |
| 112"                        | C <sup>2</sup> | Sandy<br>Loam       | 2.5Y 5/4             |               | gal-tills  |

MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_  
 Depth to Groundwater: Standing Water in the Hole: \_\_\_\_\_ Weeping from Pit Face: \_\_\_\_\_  
 Estimated Seasonal High Ground Water: \_\_\_\_\_

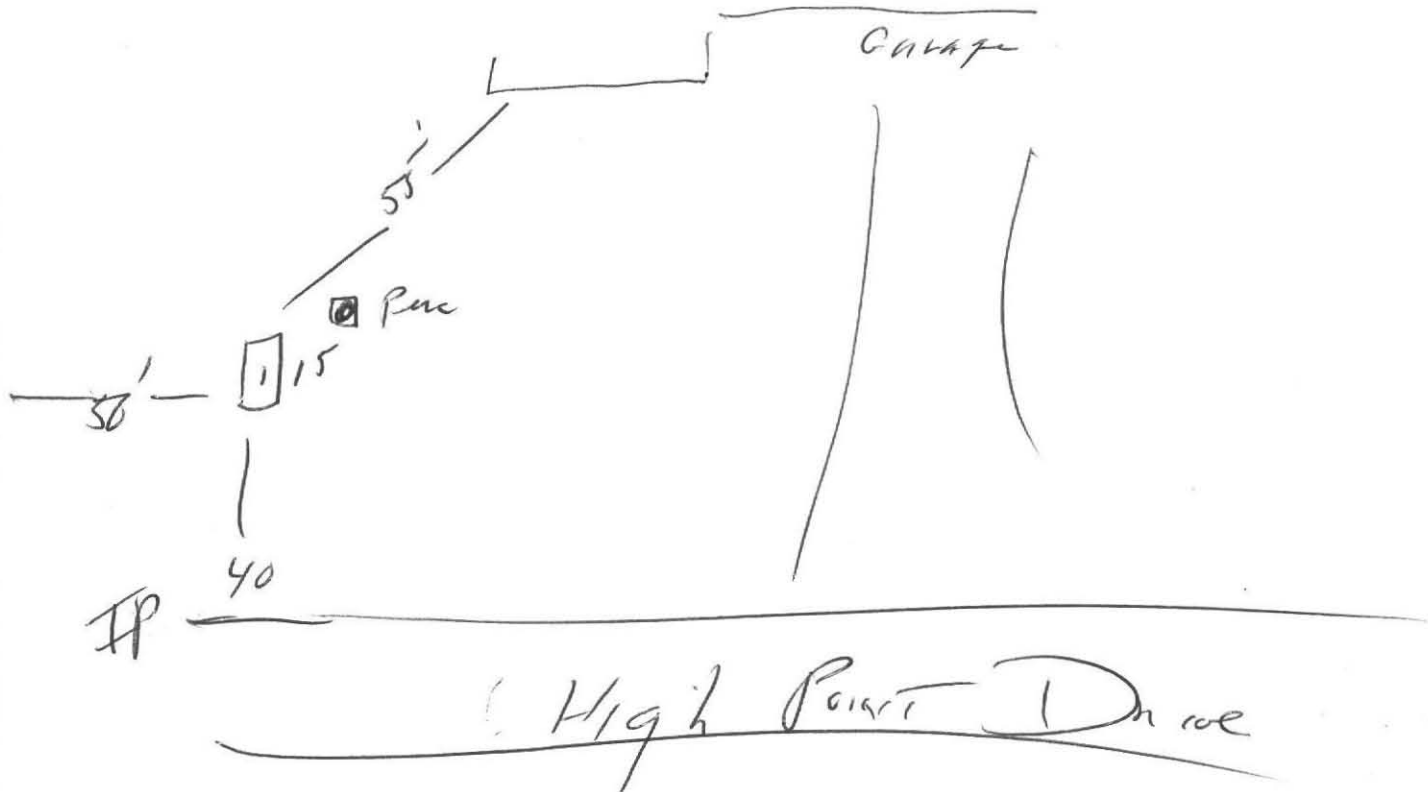


# 2



# 

Back of House



Location Address or Lot No. 127 High Park

**On-site Review**

Deep Hole Number \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weather \_\_\_\_\_

Location (identify on site plan) \_\_\_\_\_

Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_ Surface Stones \_\_\_\_\_

Vegetation \_\_\_\_\_

Landform \_\_\_\_\_

Position on landscape (sketch on the back) \_\_\_\_\_

Distances from:

Open Water Body \_\_\_\_\_ feet Drainage way \_\_\_\_\_ feet

Possible Wet Area \_\_\_\_\_ feet Property Line \_\_\_\_\_ feet

Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_

| DEEP OBSERVATION HOLE LOG*  |                |                     |                      |                              |  |
|-----------------------------|----------------|---------------------|----------------------|------------------------------|--|
| Depth from Surface (Inches) | Soil Horizon   | Soil Texture (USDA) | Soil Color (Munsell) | Soil Mottling                | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
| 6                           | A              | FSL                 | Same                 |                              | (21)   |
| 28                          | B              | FSL                 | AS                   | oxide<br>also 2.5Y<br>strong | C/S  |
| 96                          | C'             | SL                  | tl                   |                              | Same AS  |
| 106                         | C <sup>2</sup> | SL                  | l                    |                              | tl   |

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

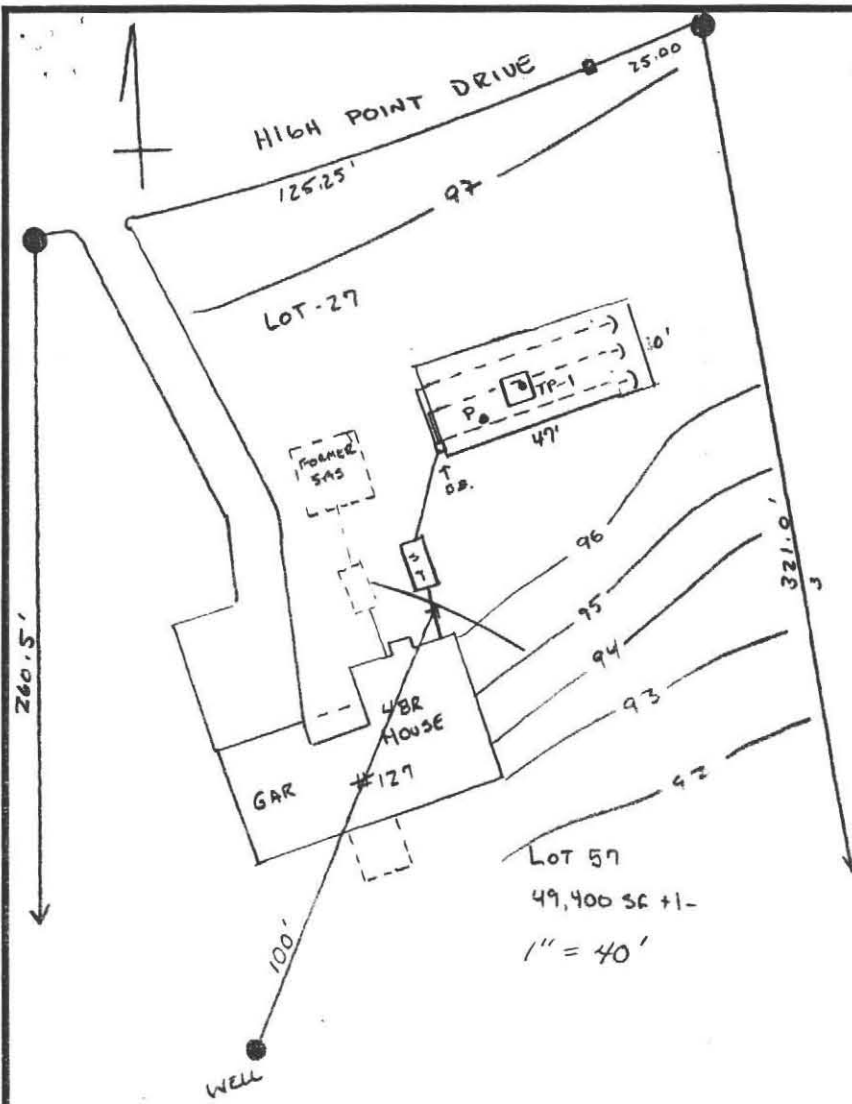
Parent Material (geologic) \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_

Depth to Groundwater: Standing Water in the Hole: \_\_\_\_\_ Weeping from Pit Face: \_\_\_\_\_

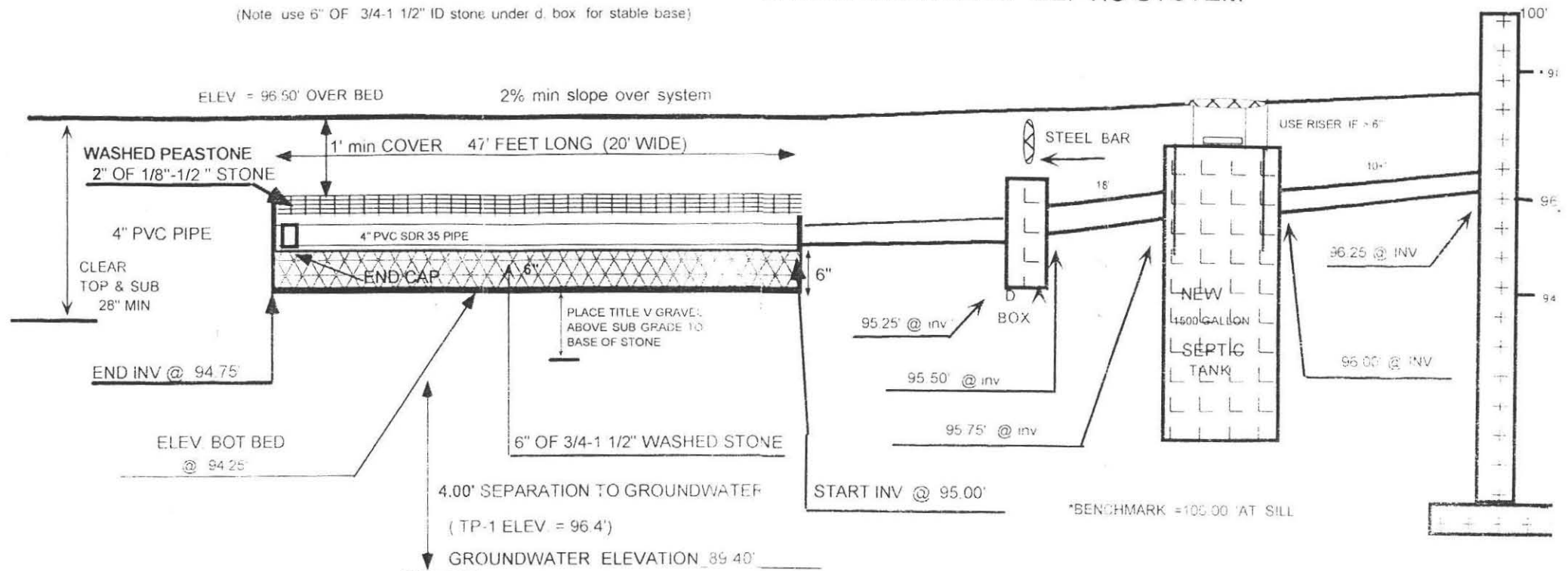
Estimated Seasonal High Ground Water: \_\_\_\_\_







### CROSS SECTION OF SEPTIC SYSTEM



NOTE: USE TITLE V FILL ONLY UNDER AND AROUND FIELD (15') TO MEET DESIGN ELEVATIONS AS NOTED ON PLAN AND AS PER 310.15.255

### DESIGN NOTES:

- 5BR. x 110 gal/day = 550gal./day
- Use ONE Leach FIELD 20' wide x 47' LONG W/6" stone below invert.  
Bot. Area: 20' wide x 47' long = 940sf.  
Side Area: N.A.  
Tot. Area: 940 sf x 0.60 gal.sf. = 564 gal./day.
- NO GARBAGE DISPOSAL ALLOWED, to be removed
- ALL D. BOX OUTLET PIPES LEVEL FOR 2'
- NO WELLS NOTED WITHIN 100 FEET OF SYSTEM
- NO WETLANDS IDENTIFIED W/IN 100' OF WORK
- PRE & POST CONTOURS NOTED AS NECESSARY
- RESERVE AREA NOT REQUIRED (REPAIR).
- SLOPE CALCS NOT APPLIC (SEE CONTOURS).
- 2% MIN. SLOPE OVER SAS, CLEAR TOP AND SUB WITHIN 5' OF BED CLEAR TO BASE OF B (MIN. 28") UNDER BED. (FILL TO COMPLY W/TITLE V)
- PERC TEST AND SOIL EVALUATION BY A. Weiss 7/25/97. PERC @ 40" PERC RATE 9MIN/IN. CLASS II SOIL RATING (SANDY LOAM)



### TEST PIT LOG

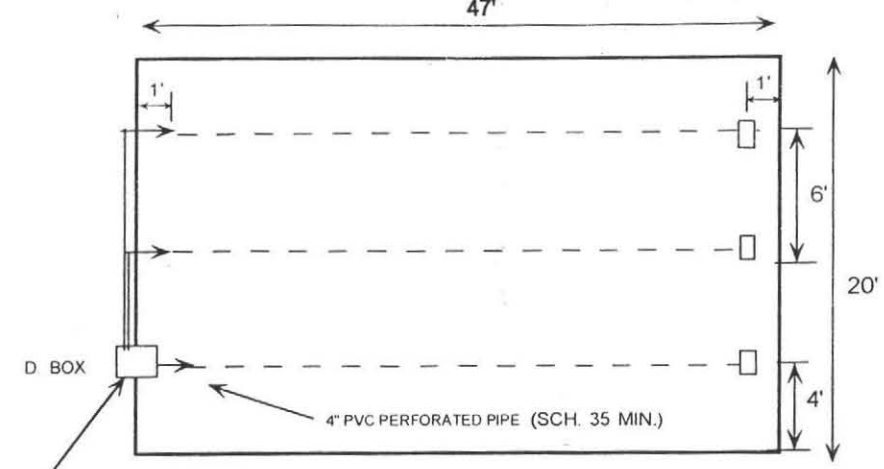
TP-1 EL 96.40'

|          |   |
|----------|---|
| 0-6"     | A FINE SANDY LOAM (10YR 3/4)  |
| 6-28"    | B FINE SANDY LOAM (10YR 5/6)  |
| 28"-84"  | C1 SANDY LOAM (2.5Y 5/4) MED. - COARSE TILL. MANY SUB-ANGULAR COBBLES. MOD. LOOSE |
| 84"-112" | C2 SANDY LOAM (2.5Y 5/4) FINE - MED. SANDY LOAM MODERATLY COMPACT GLACIAL TILL    |

ESHWT=USE 89.40'

N/A STATIC H2O / (SEEPS)

### LEACH FIELD DIAGRAM (NTS)



| SEPTIC REPAIR PLAN FOR A. & J. FORRAY |              |                            |
|---------------------------------------|--------------|----------------------------|
| SCALE: AS NOTED                       | APPROVED BY: | DRAWN BY AEW               |
| DATE: 9/5/97                          |              | REVISED 12/8/97            |
| 127 HIGH POINT DRIVE, AMHERST, MA     |              |                            |
| COLD SPRING ENVIRONMENTAL, INC.       |              | DRAWING NUMBER 97-802-0725 |





CHT 185

# TOWN OF AMHERST INSPECTION SERVICES/HEALTH PERMITS

Received of Joan Mary Forray of 127 High Point Drive  
Name Address

For Property Located at 127 High Point Drive Street Address  
Owner Same

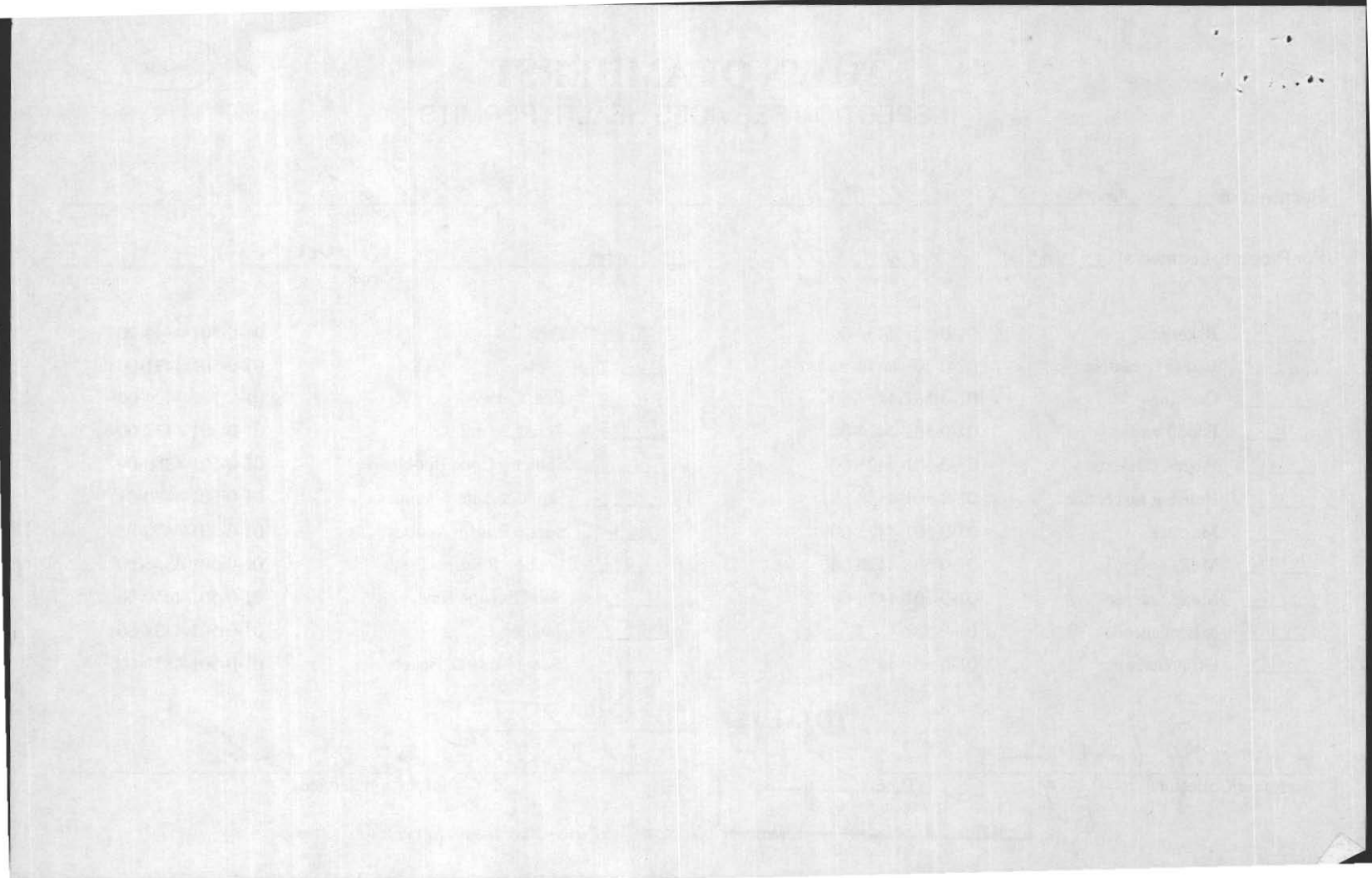
|                          |                    |                  |                                     |                             |                  |
|--------------------------|--------------------|------------------|-------------------------------------|-----------------------------|------------------|
| <input type="checkbox"/> | Bakery             | 01-0-501-4433-00 | <input checked="" type="checkbox"/> | Perc Test                   | 01-0-501-4344-00 |
| <input type="checkbox"/> | Bed & Breakfast    | 01-0-501-4474-01 | <input type="checkbox"/>            | Pool                        | 01-0-501-4471-00 |
| <input type="checkbox"/> | Catering           | 01-0-501-4429-00 | <input type="checkbox"/>            | Rec. Camp                   | 01-0-501-4424-00 |
| <input type="checkbox"/> | Food Handler       | 01-0-501-4474-00 | <input type="checkbox"/>            | Retail Permit               | 01-0-501-4473-00 |
| <input type="checkbox"/> | Frozen Desserts    | 01-0-501-4421-00 | <input type="checkbox"/>            | Sanitary Code Booklet       | 01-0-501-4380-00 |
| <input type="checkbox"/> | Housing Inspection | 01-0-501-4348-00 | <input type="checkbox"/>            | Septic Installers Permit    | 01-0-501-4470-01 |
| <input type="checkbox"/> | Massage            | 01-0-501-4425-00 | <input checked="" type="checkbox"/> | Septic Private Applications | 01-0-501-4470-00 |
| <input type="checkbox"/> | Milk               | 01-0-501-4420-00 | <input type="checkbox"/>            | Septic - Reinspection       | 01-0-501-4345-00 |
| <input type="checkbox"/> | Motel License      | 01-0-501-4428-00 | <input type="checkbox"/>            | Sub-Division Rev.           | 01-0-501-4460-00 |
| <input type="checkbox"/> | Miscellaneous      | 01-0-501-_____   | <input type="checkbox"/>            | Tanning                     | 01-0-501-4434-00 |
| <input type="checkbox"/> | Offal/Garbage      | 01-0-501-4472-00 | <input type="checkbox"/>            | Twenty-one D Tickets        | 01-0-501-4879-00 |

Norma J. Lynch  
Treasurer/Collector

**TOTAL FEE:** 160<sup>00</sup>  
JUL 28 1991  
Date

David Ruzinski, Jr.  
Inspection Services

TOWN OF AMHERST  
TREASURER  
White - Applicant Yellow - Collector Pink - Inspection Services



#127

BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 71-17 Date 8/6/71 Fee 3.00 Date Rec'd. 8/9/71 By DGF

Application is hereby made for a permit to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at:

Location—Address LOT 27 127 HIGHPOINT DRIVE or Lot No. 27

Owner ROY INDUSTRIES, INC. Address \_\_\_\_\_

Contractor SAME Address \_\_\_\_\_

Type of Building RESIDENCE Dimensions \_\_\_\_\_ Size Lot \_\_\_\_\_

Dwelling—No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (X)

Other \_\_\_\_\_ No. of persons 3 Showers ( )

Other fixtures \_\_\_\_\_

Town Water? No Type of Well DRILLED

Design Flow 50 gallons per person per day. Total daily flow X 500 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Disposal Trench—No. 1 Width 10 Total Length 35 Total leaching area 350 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 Kendall G. Lunde Date Aug 7, 1971

Test Pit No. 1 4 minutes per inch Depth of Test Pit 32"

Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

Description of Soil SM glacial till Depth to Ground Water Unknown + 4.0'

Will disposal area be filled? No Cut down? No

(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 aforescribed 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.

Application Approved by C. F. Drake, Jr. R. J. [Signature] W. [Signature] Owner or builder  
date 8/9/71

Application Disapproved for the following reasons: \_\_\_\_\_  
date 8/9/71

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 \_\_\_\_\_

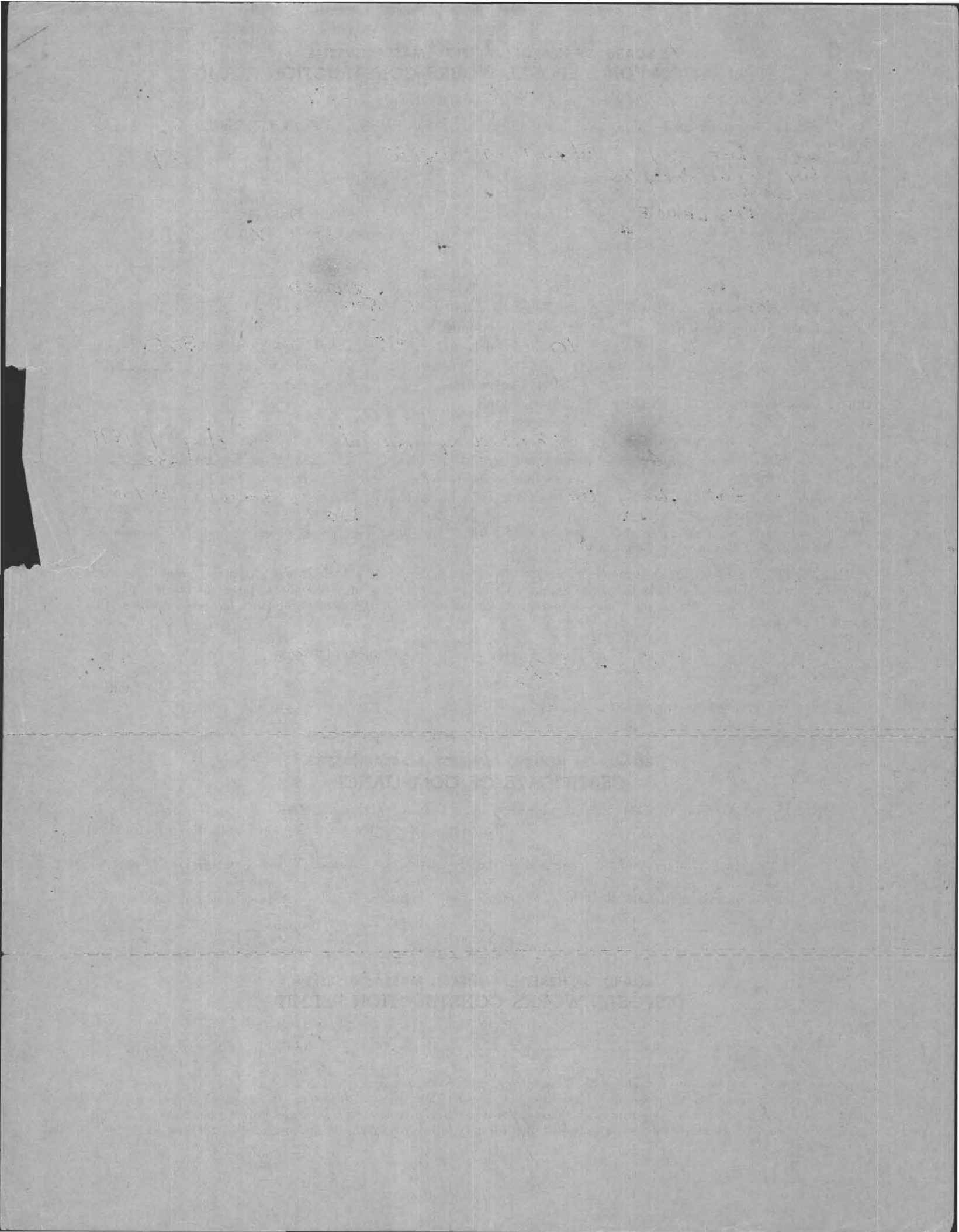
BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 71-17 Permission is hereby granted \_\_\_\_\_ to construct ( ) or repair ( ) an

Individual Sewage Disposal System at 127 High Point as shown on the application for Disposal Works Construction Permit No. \_\_\_\_\_

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 \_\_\_\_\_ Board of Health



**TOWN OF AMHERST  
HEALTH PERMITS/ INSPECTION SERVICES**

No. **0086**

Received of PHN# 413-253-3313  
JEAN M. FORRAY ALAN E. FORRAY of 127 HIGHTPT. DR. AMH. MA. 01002

For Property Located at: NAME Street Address OWNER Owner

- |   |       |   |       |
|---|-------|---|-------|
| HEA009 Bakery<br>R6510 443508                     | _____ | HEA014 Retail Store Permit<br>R6510 443514                  | _____ |
| HEA001 Bed & Breakfast<br>R6510 443516            | _____ | HEA015 Sanitary Code Booklets<br>R6510 432305               | _____ |
| HEA025 Burial Permits<br>R6510 443517             | _____ | HEA016 Septic Tank Permit-Installers<br>R6510 443511        | _____ |
| HEA002 Catering License<br>R6510 443507           | _____ | HEA017 Septic Tank Permit-Private <i>fees</i> <b>\$ 300</b> | _____ |
| HEA003 Food Handler<br>R6510 443515               | _____ | HEA018 Septic Tank Reinspection Fee<br>R6510 432301         | _____ |
| HEA004 Frozen Desserts<br>R6510 443501            | _____ | HEA026 Smoking & Tobacco Reg. Violations<br>R6510 443518    | _____ |
| HEA024 Funeral Director License<br>R6510 443502   | _____ | HEA019 Sub-Division Review Fee<br>R6510 432306              | _____ |
| HEA005 Health Dept. Housing Insp.<br>R6510 432302 | _____ | HEA012 Swimming Pool Permits<br>R6510 443512                | _____ |
| HEA006 Massage Therapy License<br>R6510 443504    | _____ | HEA023 TB Clinic<br>R6510 432303                            | _____ |
| HEA007 Milk & Cream License<br>R6510 443500       | _____ | HEA020 Tanning License<br>R6510 443509                      | _____ |
| HEA008 Motel License<br>R6510 443506              | _____ | HEA022 Tobacco License<br>R6510 443505                      | _____ |
| HEA010 Removal of Offal<br>R6510 443513           | _____ | HEA   | _____ |
| HEA011 Percolation Test Fees<br>R6510 432300      | _____ | HEA   | _____ |
| HEA013 Recreation Camp License.<br>R6510 443503   | _____ |   |       |

TOTAL FEE: \$ 300

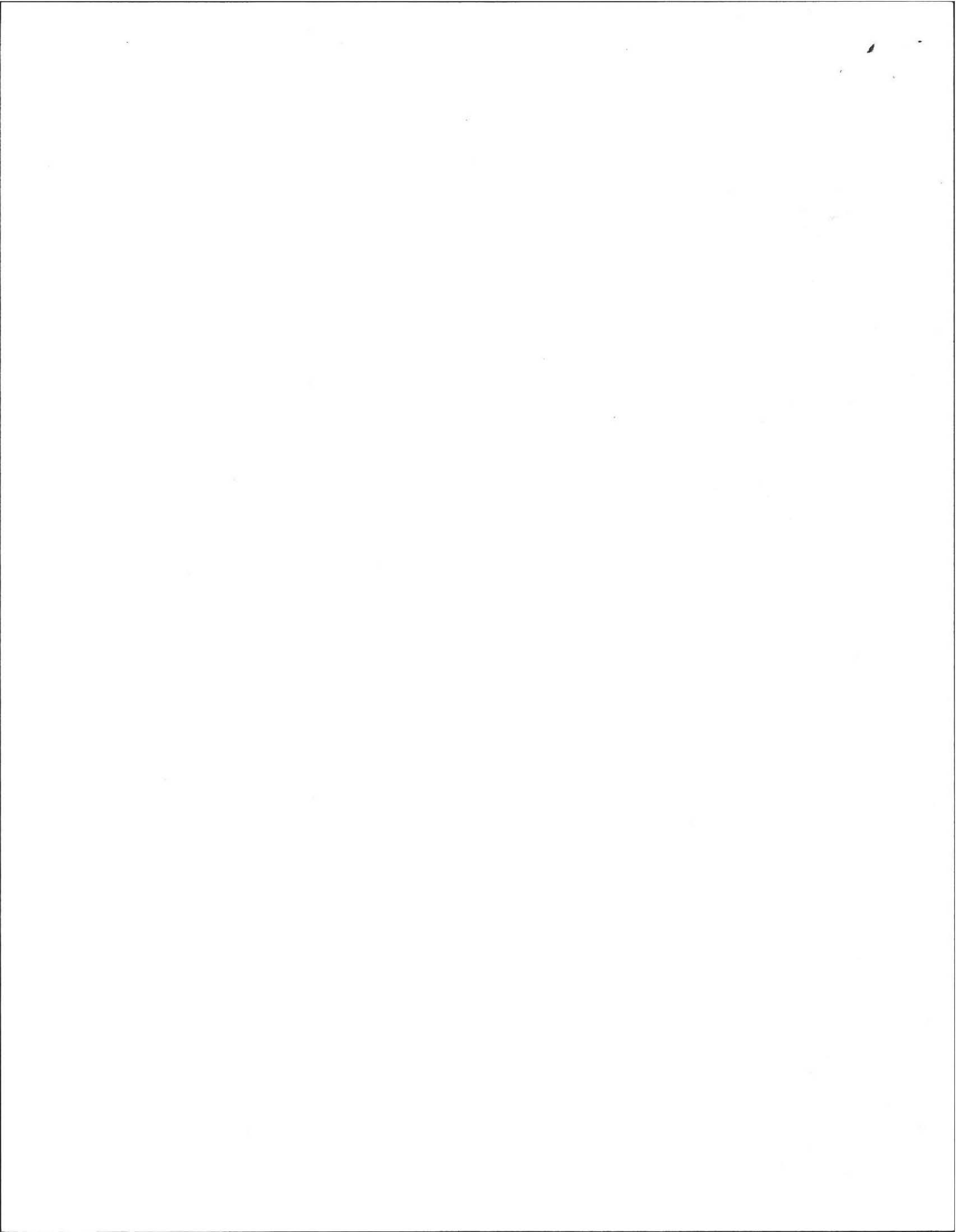
*Priscilla Jones*  
\_\_\_\_\_  
Inspection Services/Health Department

12/10/97  
\_\_\_\_\_  
Date

**PAID**  
*12/10/97*  
*Chk # 391*

**RECEIVED DEC 10 1997**  
*Elton B...*

Must be validated by the Collector's Office to be considered paid.



**JEAN M. FORRAY** 5/97  
**ALAN E. FORRAY**  
127 HIGH POINT DR. 413-253-3313  
AMHERST, MA 01002-1111

53-7091/2118  
1

391

12/10/19 97

PAY Town of Amherst \$ 30.00  
to the order of Thirty and 00/100 Dollars

**SISBank**  
Springfield Institution for Savings  
Springfield, MA 01102-3034

For \_\_\_\_\_

*Jean M. Forray* <sup>MP</sup>

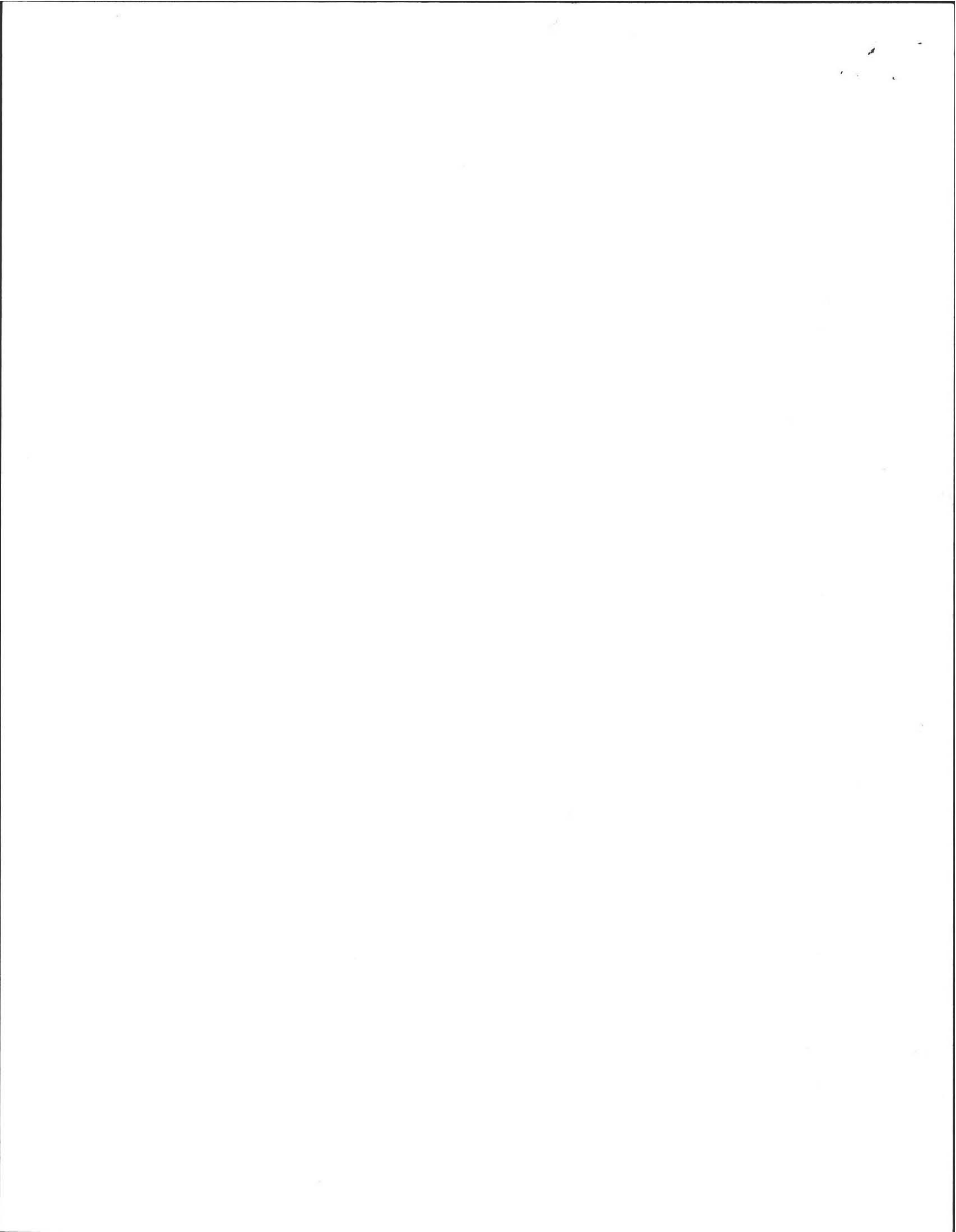
⑆ 211870919⑆

46437000⑈ 0391

Security features are included. Details on back.

© Garis American

RECEIVED DEC 10 1997





**TOWN OF AMHERST  
HEALTH PERMITS/ INSPECTION SERVICES**

No. **0086**

*Phone 413-253-3313*

Received of *LEON M. FERRARA ALAN E. FERRARA* of *127 HIGHT ST. DR. Amherst MA 01002*

For Property Located at: *SAME* Name Address

- |  |   |
|--|---|
| <p><b>HEA009</b> Bakery<br/>R6510 443508</p> <p><b>HEA001</b> Bed &amp; Breakfast<br/>R6510 443516</p> <p><b>HEA025</b> Burial Permits<br/>R6510 443517</p> <p><b>HEA002</b> Catering License<br/>R6510 443507</p> <p><b>HEA003</b> Food Handler<br/>R6510 443515</p> <p><b>HEA004</b> Frozen Desserts<br/>R6510 443501</p> <p><b>HEA024</b> Funeral Director License<br/>R6510 443502</p> <p><b>HEA005</b> Health Dept. Housing Insp.<br/>R6510 432302</p> <p><b>HEA006</b> Massage Therapy License<br/>R6510 443504</p> <p><b>HEA007</b> Milk &amp; Cream License<br/>R6510 443500</p> <p><b>HEA008</b> Motel License<br/>R6510 443506</p> <p><b>HEA010</b> Removal of Offal<br/>R6510 443513</p> <p><b>HEA011</b> Percolation Test Fees<br/>R6510 432300</p> <p><b>HEA013</b> Recreation Camp License.<br/>R6510 443503</p> | <p><b>HEA014</b> Retail Store Permit<br/>R6510 443514</p> <p><b>HEA015</b> Sanitary Code Booklets<br/>R6510 432305</p> <p><b>HEA016</b> Septic Tank Permit-Installers<br/>R6510 443511</p> <p><b>HEA017</b> Septic Tank Permit-Private <i>Private</i><br/>R6510 443510</p> <p><b>HEA018</b> Septic Tank Reinspection Fee<br/>R6510 432301</p> <p><b>HEA026</b> Smoking &amp; Tobacco Reg. Violations<br/>R6510 443518</p> <p><b>HEA019</b> Sub-Division Review Fee<br/>R6510 432306</p> <p><b>HEA012</b> Swimming Pool Permits<br/>R6510 443512</p> <p><b>HEA023</b> TB Clinic<br/>R6510 432303</p> <p><b>HEA020</b> Tanning License<br/>R6510 443509</p> <p><b>HEA022</b> Tobacco License<br/>R6510 443505</p> <p><b>HEA</b></p> <p><b>HEA</b></p> |
|--|---|

TOTAL FEE: *\$300*

*Priscilla Ferrera*  
\_\_\_\_\_  
Inspection Services/Health Department

*12/10/97*  
\_\_\_\_\_  
Date

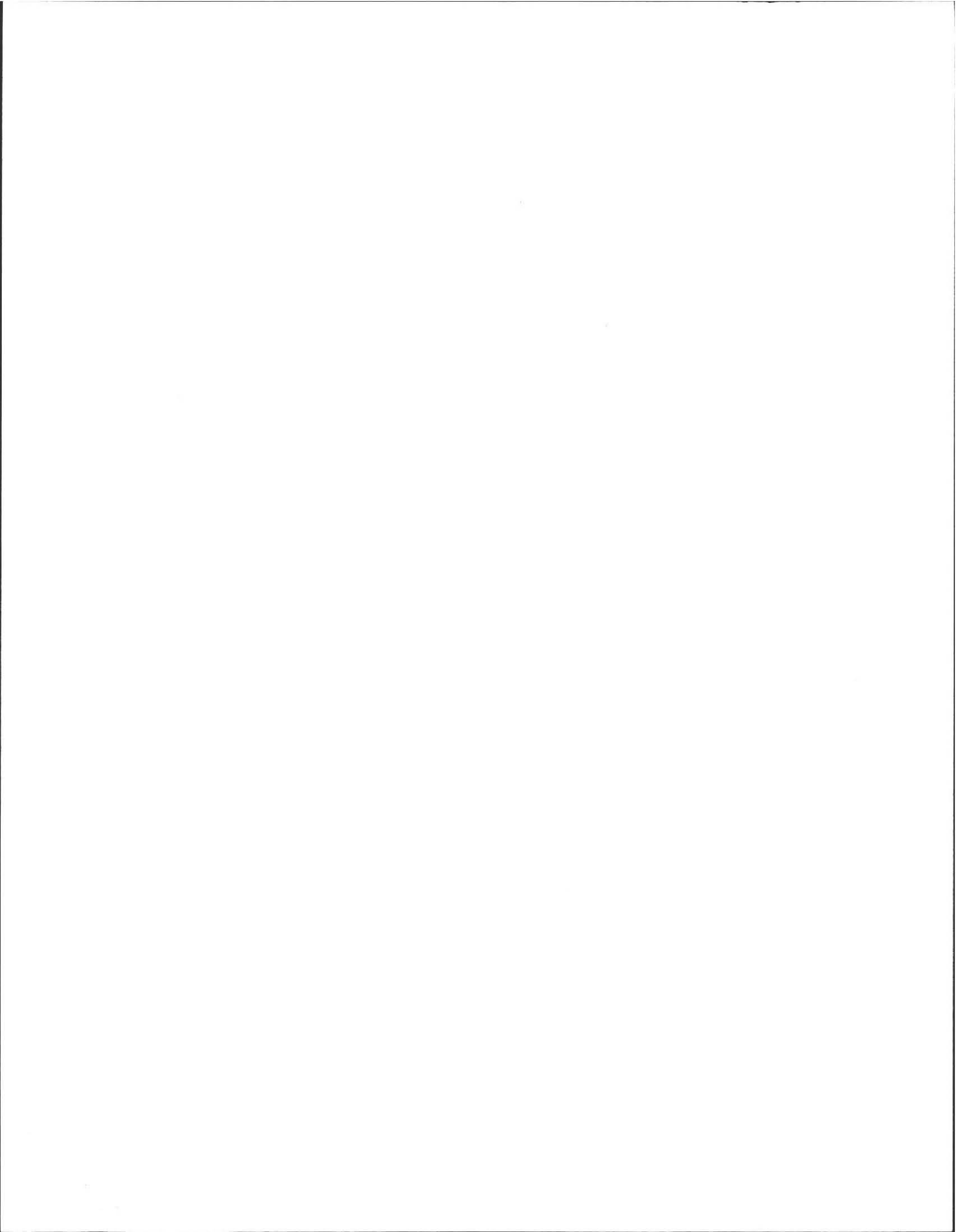
*12/10/97*  
*Chk # 391*

TOWN OF AMHERST  
MISC CASH RECEIPTS  
Date / Time : 12/11/97 06:42:41  
Payment : \$30.00  
Receipt # : 35121  
Check/Credit Card #: 391  
Clerk : georgiad  
Paid by : JERRI FERRERA

Must be validated by the Collector's Office to be considered paid.







CUST NAME  
4 BOLTWOOD AVENUE  
03/19/12  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 11:19

CUST NAME

0  
DEPT

DE HEA058

TITLE V WI 200.

RECPT TOTAL

200.00  
JEAN FORRA QUA CHECK

AMOUNT  
18460903

