. 273 Leverett Rd. (if) map



January 2013 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center 70 Boltwood Walk Amherst, MA 01002

DATE: January 25, 2013

Paul Higgins PO Box 4482 Middletown, RI 02842

RE: Invoice for Septic Title V witness

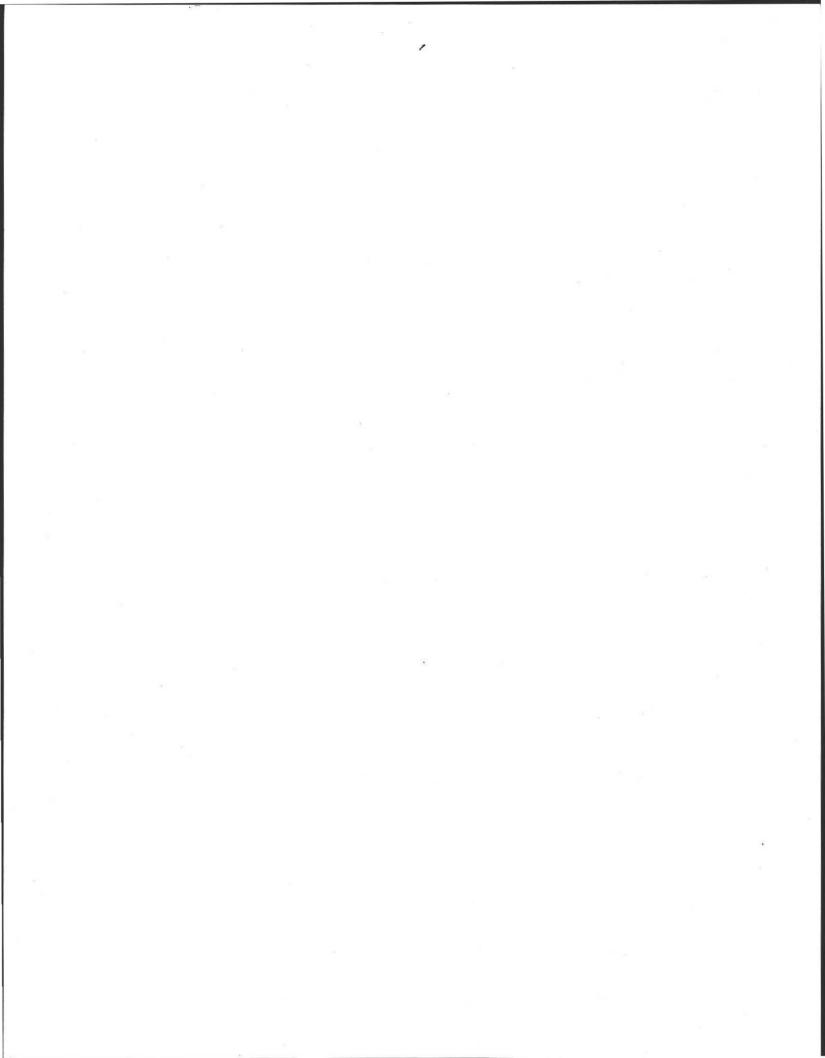
Services provided by Edmund Smith

PAYMENT TERMS: PAID

TO

QUANTITY	DESCRIPTION	UN	IIT PRICE	LIN	E TOTAL
1.00	Septic Title V witness: Passed (for 273 Leverett Road 12/7/13)	\$	200.00	\$	200.00
~					
	PAYMENT RECEIVED 1/25/2013: CHECK #5131				(200.00
	thank you for your payment - Ed Smith, Health Inspector	•			
			SUBTOTAL	\$	
			SALES TAX		ų.
			TOTAL	\$	4.

App - 16774 Batch - 4191



CUST NAME 4 BOLTWOOD AVENUE 01/29/13 CITY, ST, ZIP ***TOWN OF A TOWN HAL AMHERST M REFERENCE DATE/TIME 10:24

200.

CUST NAME

0 DEPT

DE HEA058

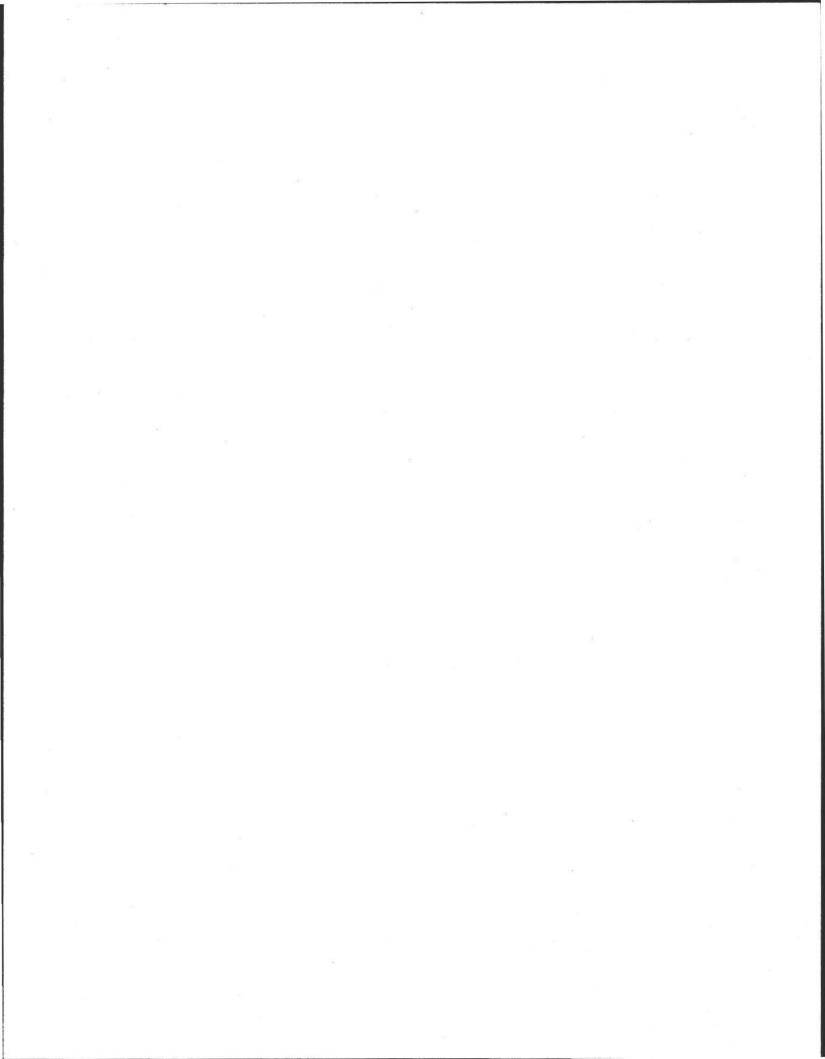
TITLE V WI

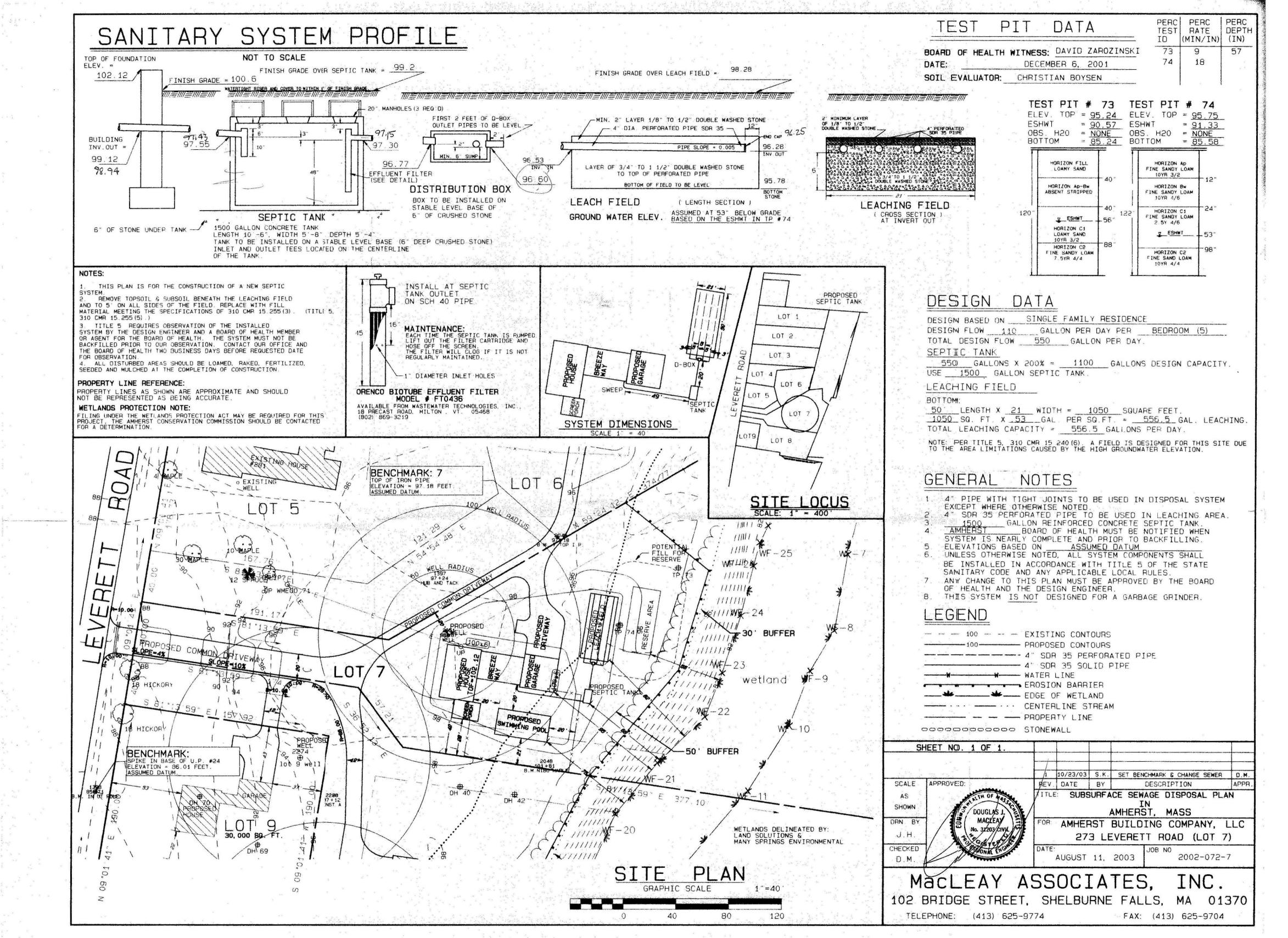
RECPT TOTAL

200.00 PAUL R HIG QUA CHECK

5131

AMOUNT





FORM 1-APPLICATION FOR DSCP

No 03

Fee 76

Commonwealth of Massachusetts **AMHERST**, Massachusetts Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct (X) or Repair () an On-site Sewage Disposal system at:

Owner's Name, Address and Tel. #
AMHERST BUILDING CO 25 MAIN STREET NORTHAMPTON, MA 01060 413-586-5340
Designer's Name, Address and Tel. #
MacLeay Associates, Inc. 102 Bridge Street
Shelburne Falls, MA 01370 (413) 625-9774

Type of Building:

Dwelling

No. of Bedrooms 5 Garbage Grinder NO

Other Type of Building _____ No. of Persons ____ Showers Cafeteria Other Fixtures

gallons per day. <u>Calculated</u> daily flow <u>556.5</u> Design Flow gallons 550 Date 8/11/03 Number of Sheets ONE Revision Date NONE Plan SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR Title AMHERST BUILDING CO, LEVERETT ROAD.

Description of Soil FINE SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS. SEASONAL HIGH GROUNDWATER AT 53" PERC RATE 9 MIN./INCH, . WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable)INSTALL SEPTIC TANK, D-BOX AND LEACH FIELD

Date last inspected:

-*Agreement:

The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Gompliance has been issued by this Board of Health.

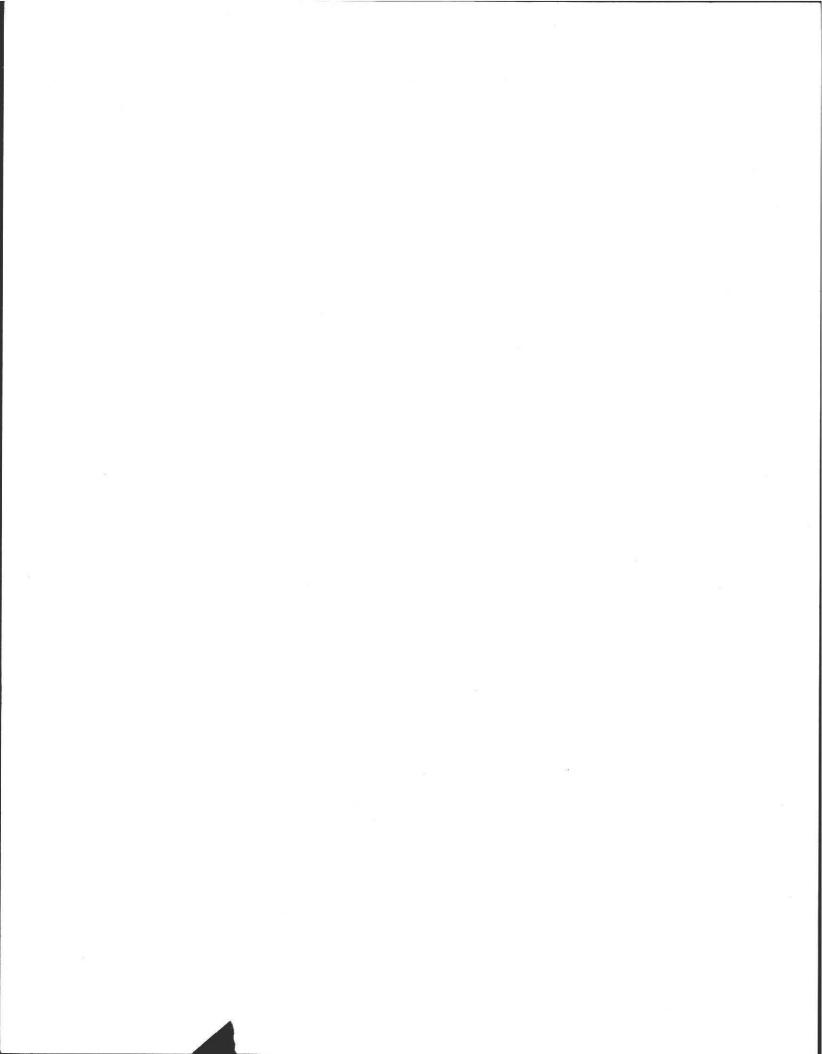
Date 1021-03 Signed are Parki Date 11/12

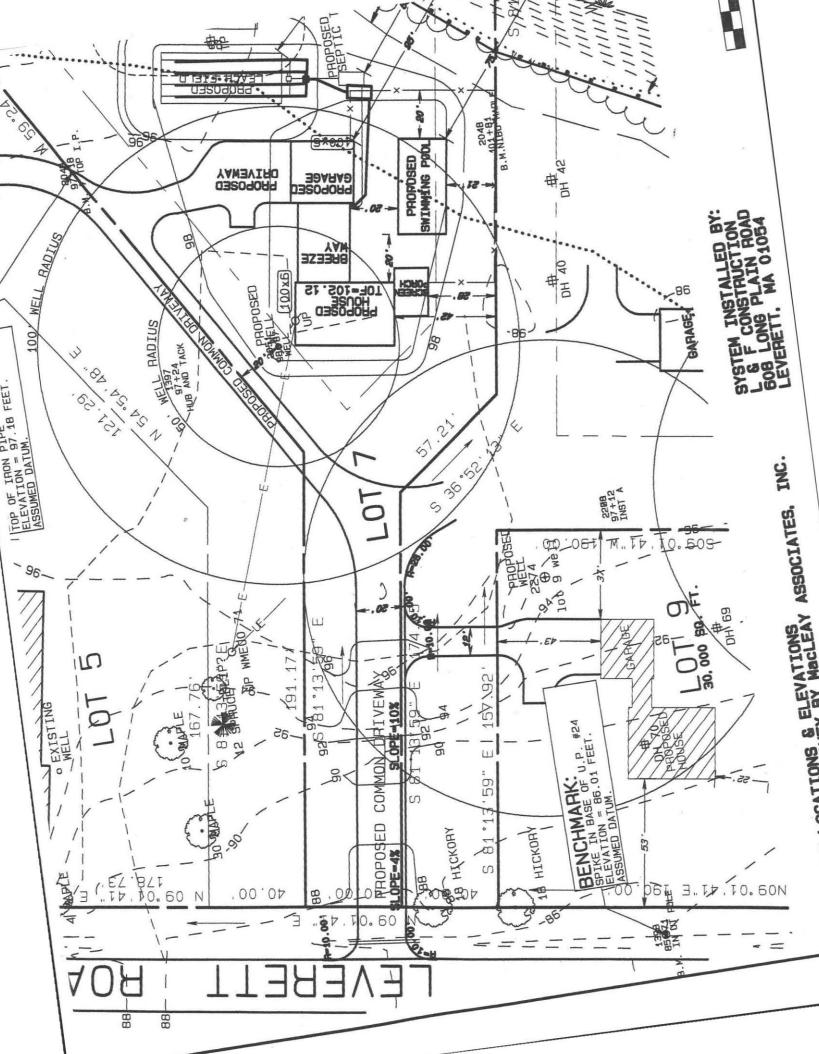
Application Approved by

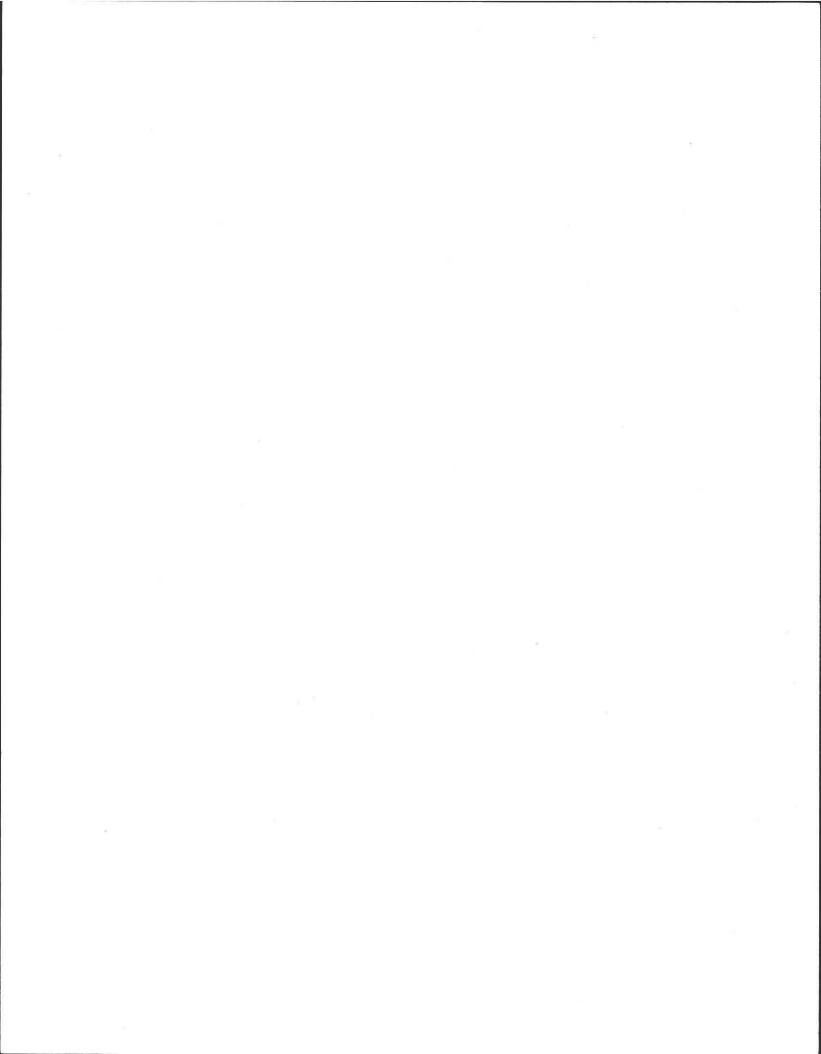
Application Disapproved for the following reasons

Permit No. <u>03-20</u> ReVited

Date Issued _11/12/03

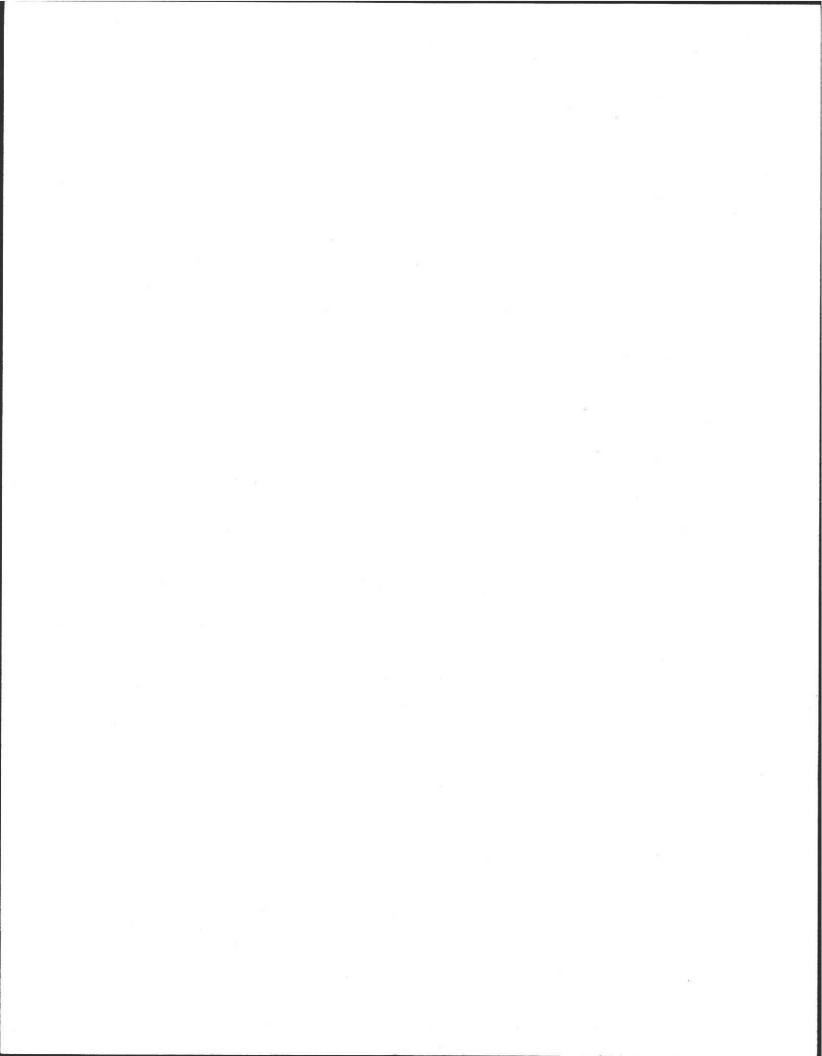






te/Time: Oct. 5. 20	10 9:08AM		1) "Amnerst Pub 2)	iic Health
le o. Mode	Dest nation	Pg(s)	Result	Page Not Sent
10 Memory TX	914133234916	P. 2	OK	
Reason for err E.1) Hang E.3) No a E.5) Exce	or ; up or line fail .nswer eded max. E-mail size	E. 2) Busy E. 4) No facsim le	connection	
		र्मीर/चिंस प्रक्राया	2	
	and the set of the set	Application is being much fair with the sense of the sens	No 03 TOR	
	e gener te ment te a gener te ment te atani e te constante e te atani e te atani e te atani atani e te atani e te atani e te atani e te atani e te atani e te atani e te atani e te atani e te atani atani e te atani e te atani e te atani atani e te atani e te atani e te atani atani e te atani e te atani e te atani e te atani atani e te atani e te atani e te atani e te atani atani e te atani e te atani e te atani e te atani e te atani atani e te atani e te atani e te atani e te atani e te atani atani e te atani e te ata	AARTIS Reading for DI Reading to Di Reading to Di Reading to Discovery Market States And And And And And And And And And And	Яс Скливан	
	and a second sec	ST, Naramachanai Special Stream, C. Orecci N. Orecci N. S. Calving: Galact NO (41) Stat. (41) Stat.	FORM 1-A PFLICATION FOR DRCF ensults of Monadatation	
	R. D-BG	For Didgoard System Construction 1 for Didgoard System Construction for Didgoard System Construction for the Didgoard System Construction for the Didgoard System for the Did	TON FOR DECT Fas	
	A LAND A LAND of the factor of	Extratit Grand Grand Grand Grand Grand Grand Grand Grand Grand Grand Grand G Grand Grand G	12 - Charles	
		1. A.		

P. 1





102 Bridge Street, Shelburne Falls, MA 01370

fax (413) 625-9704 email: macleay@crocker.com

SYSTEM INSTALLATION OBSERVATION REPORT

SITE INFORMATION

DATE:04/22/004

D
LEVERETT ROAD
ORANGE
2002-072-7

OWNER INFORMATION

PROPERTY OWNER	AMHERST BUILDING COMPANY	
STREET ADDRESS	25 MIAN STREET; SUITE 445	
TOWN	NORTHAMPTON, MA 01360	

INSTALLER INFORMATION

NAME OF INSTALLER L & F CONSTRUCTION STREET ADDRESS 608 LONG PLAIN R054

OBSERVATION RESULTS

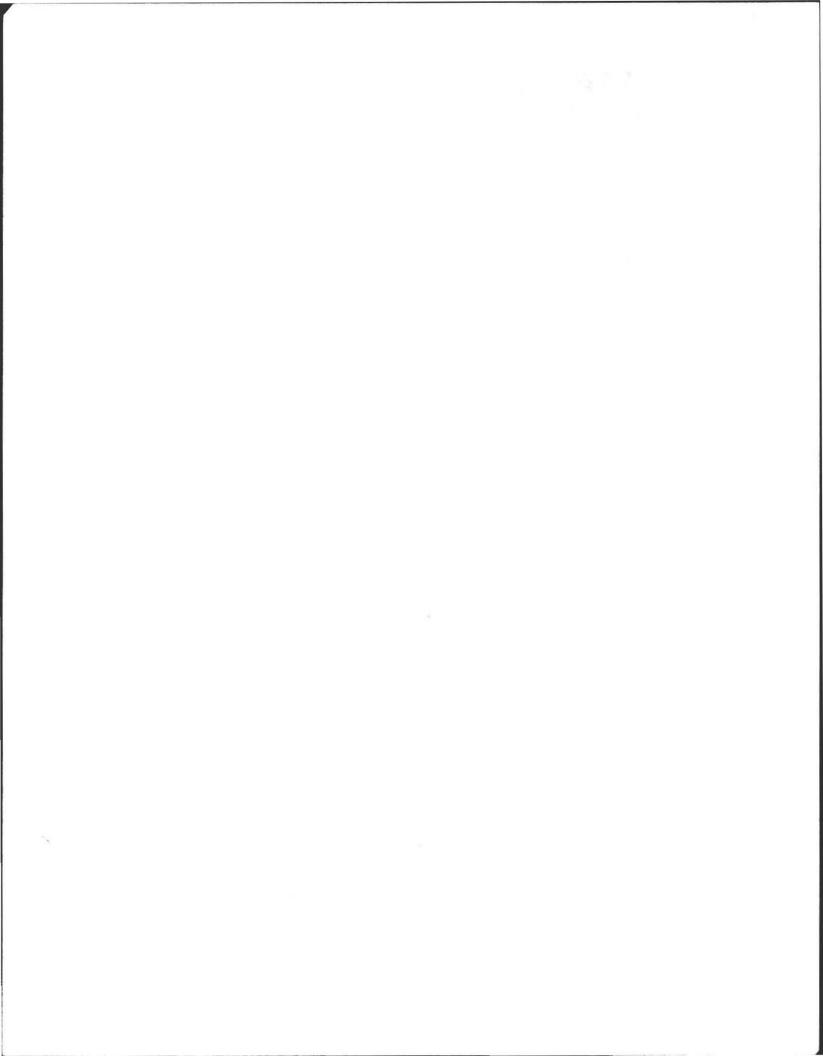
DATE OF OBSERVATION: 12/16/99

- (\mathbf{X}) THE SYSTEM APPEARED TO BE INSTALLED SUBSTANTIALLY IN ACCORDANCE WITH THE APPROVED PLAN, AND IS IN COMPLIANCE WITH TITLE 5.
- ()THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, AND IS NOT IN COMPLIANCE WITH TITLE 5.

DEFICIENCIES:

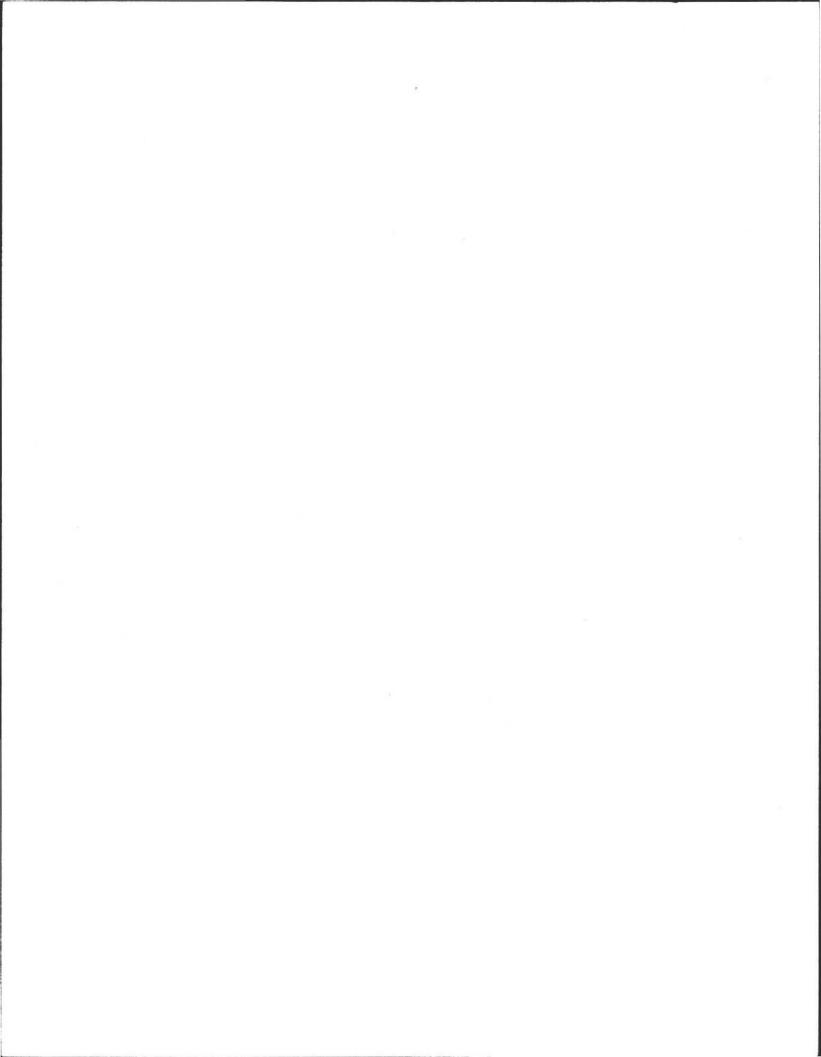
()THE SYSTEM DOES NOT APPEAR TO HAVE BEEN INSTALLED ACCORDING TO THE APPROVED PLAN, BUT IS IN COMPLIANCE WITH TITLE 5. ENCLOSED IS A COPY OF THE PLAN SHOWING "AS BUILT" LOCATIONS AND ELEVATIONS.

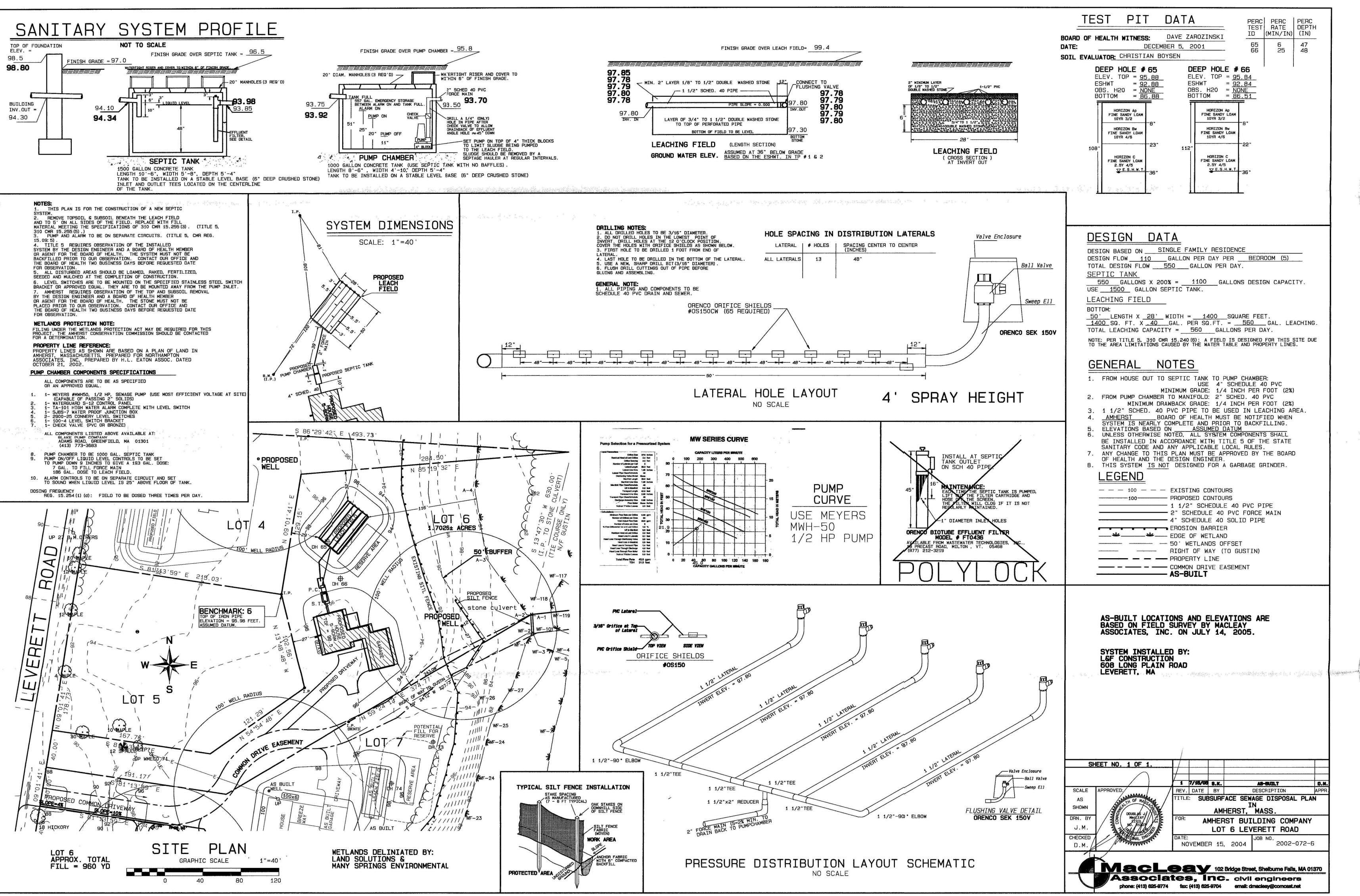
COMMENTS:		
×	DOUGLAS MacLEAY, P.E. PRESIDENT	
SEND COPIES TO:	BOARD OF HEALTH L & F	
	ABC.	

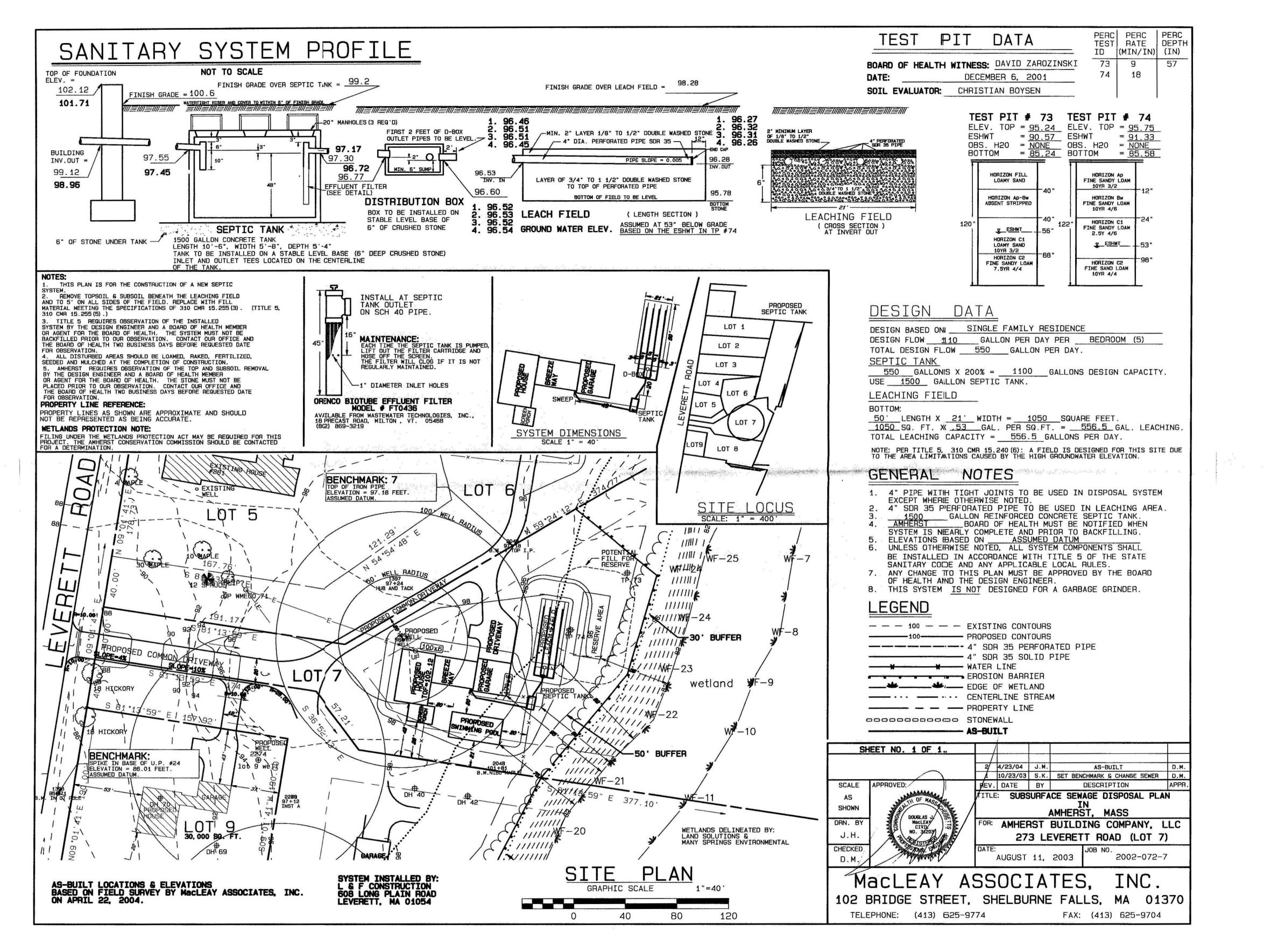




273 Leverett Road Final 4/22/04 Engineer: Doug MacLeay Installer: L&F Construction







FORM 1-APPLICATION FOR DSCP

No 03-20 Revised

2.

-...-

Fee <u>78</u> CH# 10165

Commonwealth of Massachusetts CHE 101 AMHERST, Massachusetts AMHERST, Massachusetts Application for Disposal System Construction Permit

Application is hereby made for a Permit to Construct (X) or Repair () an On-site Sewage Disposal system at:

Location Address or Lot No. 7	Owner's Name, Address and Tel. #
27.3 LEVERETT ROAD	AMHERST BUILDING CO
	25 MAIN STREET
	NORTHAMPTON, MA 01060
	413-586-5340
Installer's Name, Address, and Tel. #	Designer's Name, Address and Tel. #
LML CONSTRUCTION	MacLeay Associates, Inc.
608 LONG PLAIN ROAD	102 Bridge Street
LEVERETT, MA 01054	Shelburne Falls, MA 01370
413-665-3788	(413) 625-9774

Type of Building:

Dwelling No. of Bedrooms <u>5</u> Garbage Grinder NO

Other Type of Building _____No. of Persons ____Showers __ Cafeteria _____ Other Fixtures ______

 Design Flow
 550
 gallons per day.
 Calculated daily flow
 556.5
 gallons

 Plan
 Date
 8/11/03
 Number of Sheets
 ONE
 Revision Date
 NONE

 Title
 SUBSURFACE SEWAGE DISPOSAL PLAN IN AMHERST, MASS FOR

 AMHERST BUILDING CO, LEVERETT ROAD.

Description of Soil FINE SANDY LOAM SEE PLAN FOR DETAILED TEST PIT DESCRIPTIONS, SEASONAL HIGH GROUNDWATER AT 53" PERC RATE 9 MIN./INCH, . WITNESSED BY DAVID ZAROZINSKI

Nature of Repairs or Alterations (Answer when applicable)INSTALL SEPTIC TANK, D-BOX AND LEACH FIELD

Date last inspected:

-*Agreement:

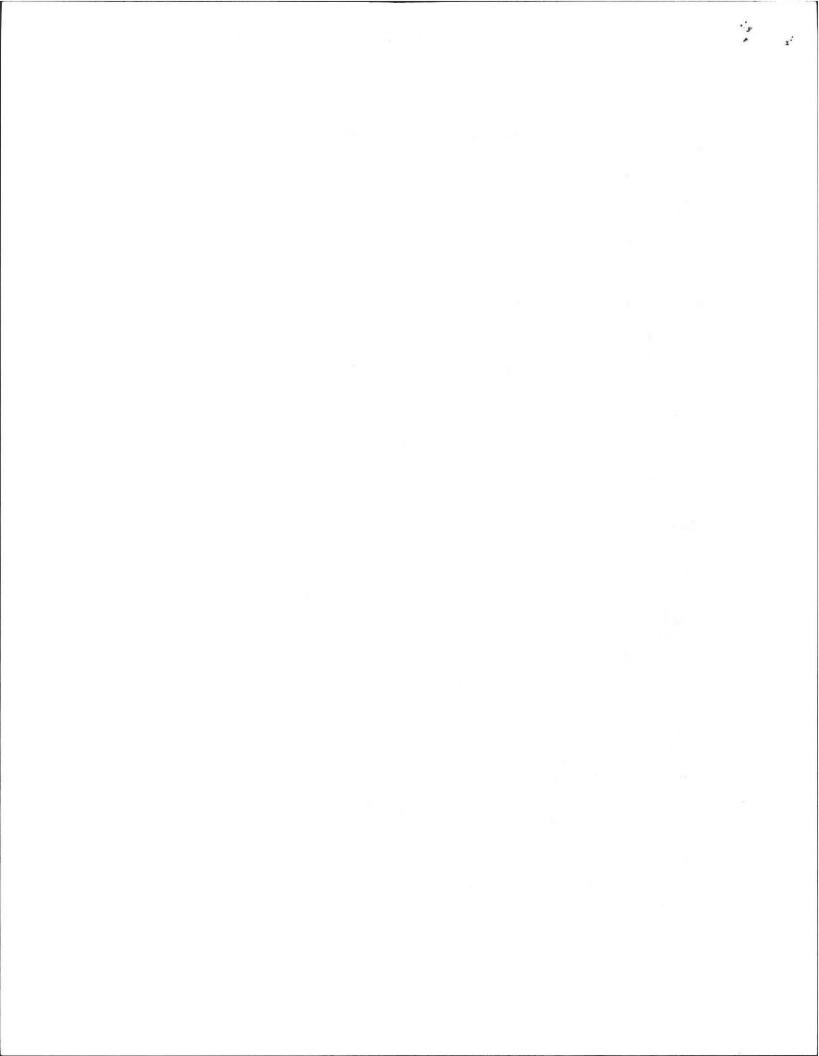
The undersigned agrees to ensure the construction and maintenance of the aforedescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Date 1021-03 Signed Jarozanti Date 11/12/03 Application Approved by Varee

Application Disapproved for the following reasons

Permit No. <u>03-20</u> ReVised

Date Issued 11/12/03



FORM 3-CERTIFICATE OF COMPLIANCE

Commonwealth of Massachusetts

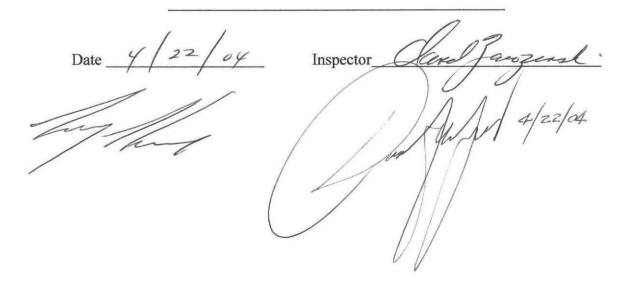
AMHERST, Massachusetts

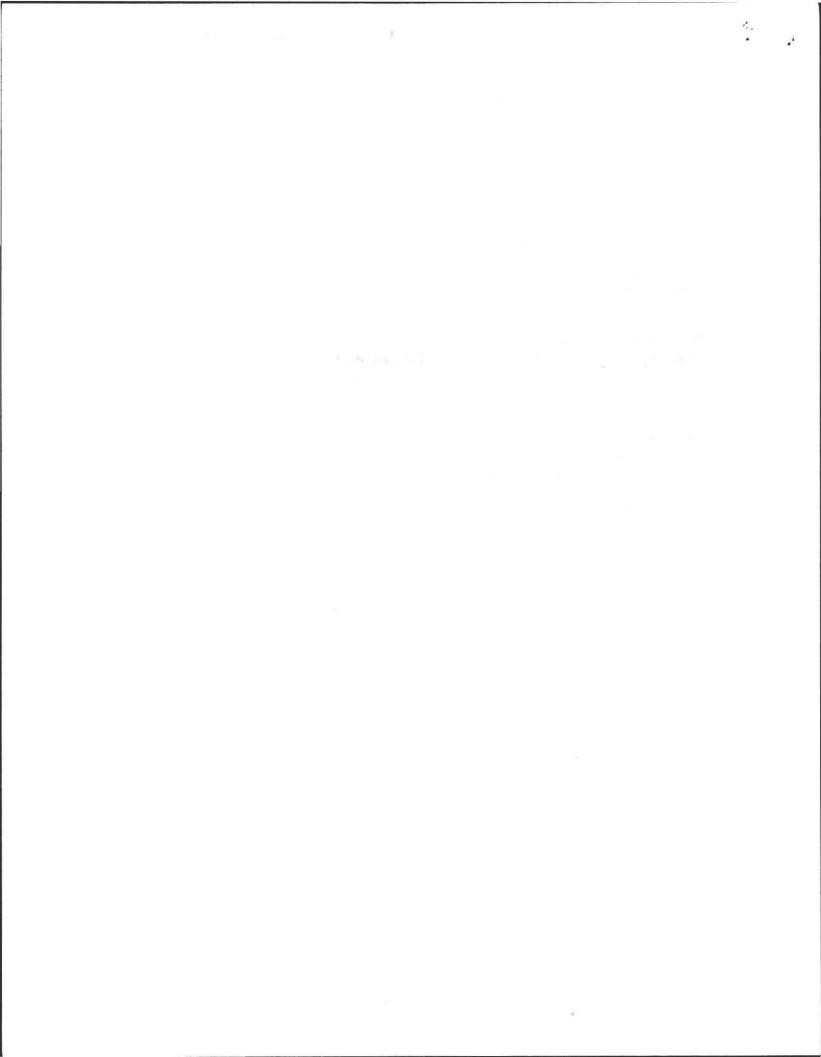
Certificate of Compliance

This is to Certify, that	t the Qn-site Sewage Disposal System installed (X)	
or repaired/replaced () on	APRIL 21, 204 by	
LI F. Const.	for AMHERST BUILDING CO	at
(273)	LOT 7 LEVERETT ROAD	

has been constructed in accordance with the provisions of Title 5 and the for Disposal System Construction Permit No. O3-20Rev. dated <u>io(23/03</u> Use of this system is conditioned on compliance with the provisions set forth below:

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed. The Certificate expires on





FORM 2-DISPOSAL SYSTEM CONSTRUCTION PERMIT

Commonwealth of Massachusetts

AMHERST, Massachusetts

Disposal System Construction Permit

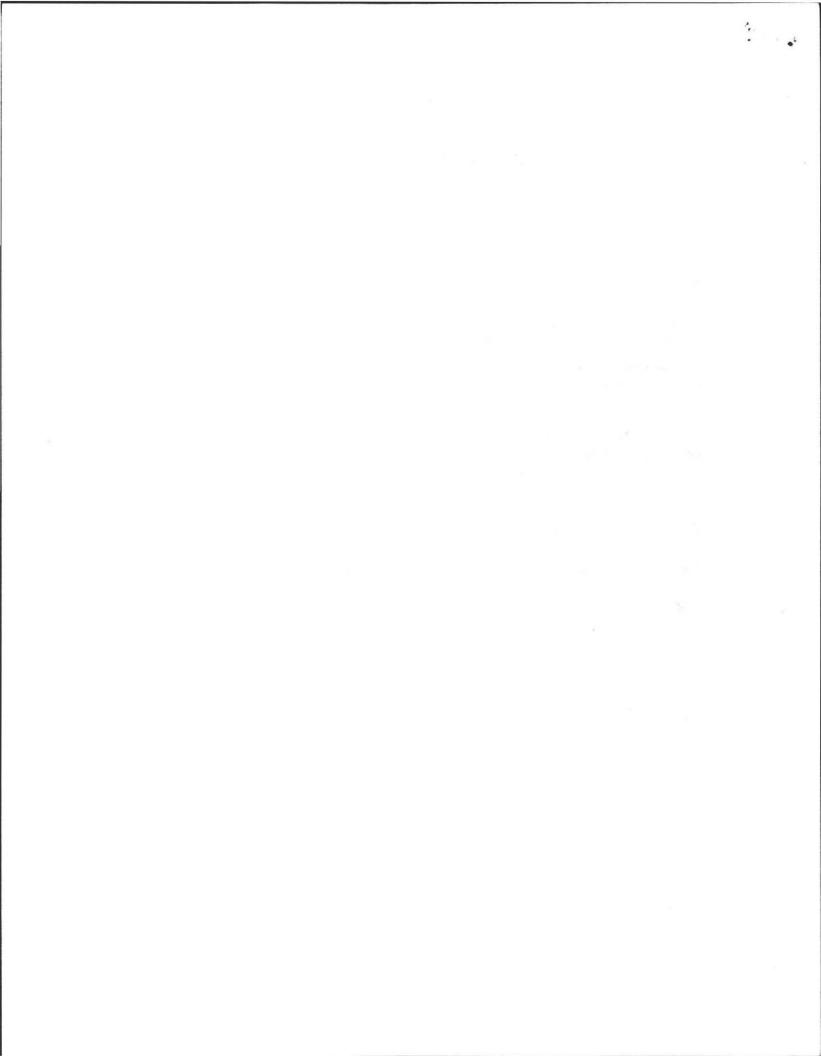
No. 03-20

Permission is hereby granted to <u>AMHERST BUILDING CO</u> to construct (X) or repair () an On-site Sewage System located at <u>LOT 7 LEVERETT ROAD</u>

and as described in the above Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions.

All construction must be completed within two years of the date below.

11/ 12/03 Date Javed Parozaske Approved by



Holes 73+74.

FORM 11: Soil Evaluation Form NO:	
Commonwealth of Massachusetts	
Town of Amfen 5	
Soil Suitability Assessment : On-Site Sewage Disposal	Dete
Performed By: Christman Boyson Date: 12/6/01 Witnessed By: Day & Zara and	Methods Used:
Willessed by. Paule envoy integri	Depti
Location Address of: Owner's Name:	Deptl
Location Address of: Lot # Owner's Name: Address of: Telephone: Owner's Name: Address of: Telephone:	Depti Grou
respirete.	L Giu
New Construction Repair	Index Well No.
	Adjustment fact
Office Review	Depth of Natur
Published Soil Survey Available? No 🗆 🛛 Yes 🛛	Description
Year Published Publication Scale Soil Map Unit	Does at
Drainage Class Soil Limitations	exist in absorpti
	absorpti
Surficial Geologic Report Available? No 🛛 👔 Yes 🗅	If not, w
Year Published Publication Scale	
Geologic Material (map unit)	
	Certification
Flood Insurance Rate Map:	I certify that o
Above 500 year flood boundary? No Q Yes Q	evaluator exam
Within 500 year flood boundary? No D Yes D	Protection and t
Within 100 year flood boundary? No D Yes D	the required tra
	15.017.
Wetland Area:	
National Wetland Inventory Map (map unit)	Signature
Wetlands Conservancy Program Map (map unit)	Date
Current Water Resource Conditions (USGS): month	
Range: Above Normal D Normal D Below Normal D	
Other Reference Reviewed:	

ermination: Seasonal High Water Table

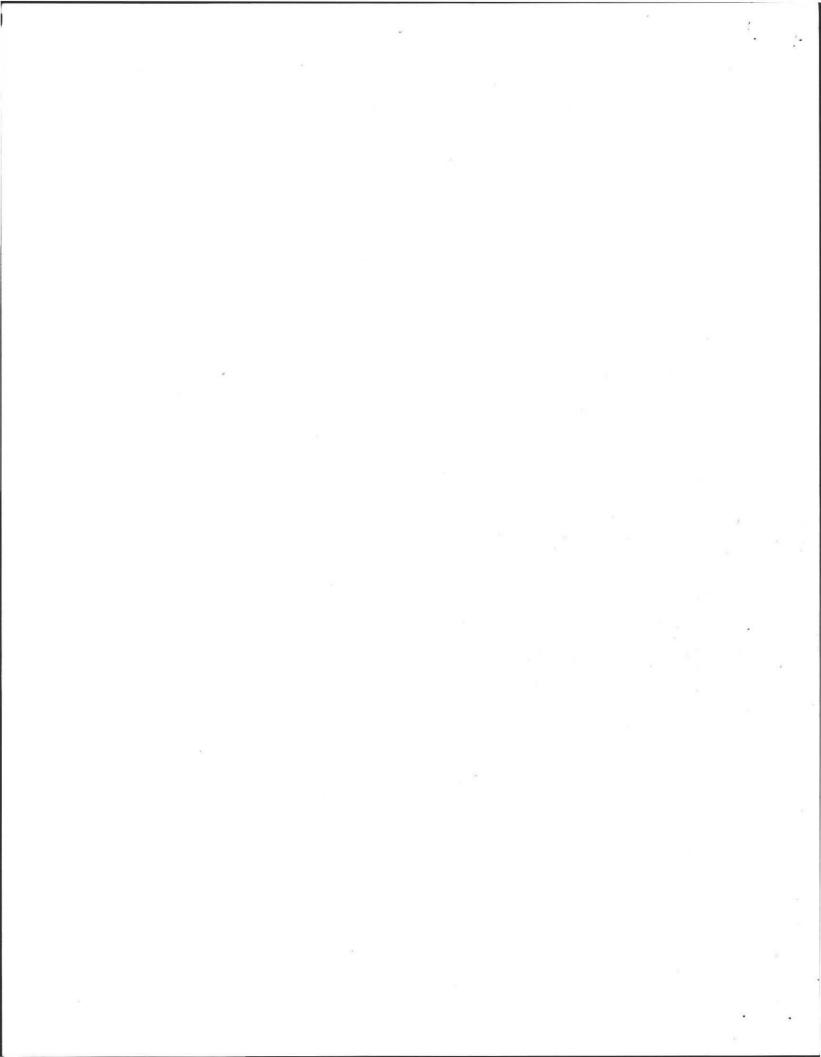
Depth obs	erved standing in obse	rvation hole	inches
Depth wee	eping from side of obse	rvation hole	inches
Depth to s	inches inche	es	
Ground w	ater adjustment	feet	
ndex Well No.	Reading Date	Index We	I Level
djustment factor	Adjusted ground	water level	

ally Occurring Previous Material

least four feed of naturally occurring previous materials all areas observed throughout the area proposed for this soil ion system?

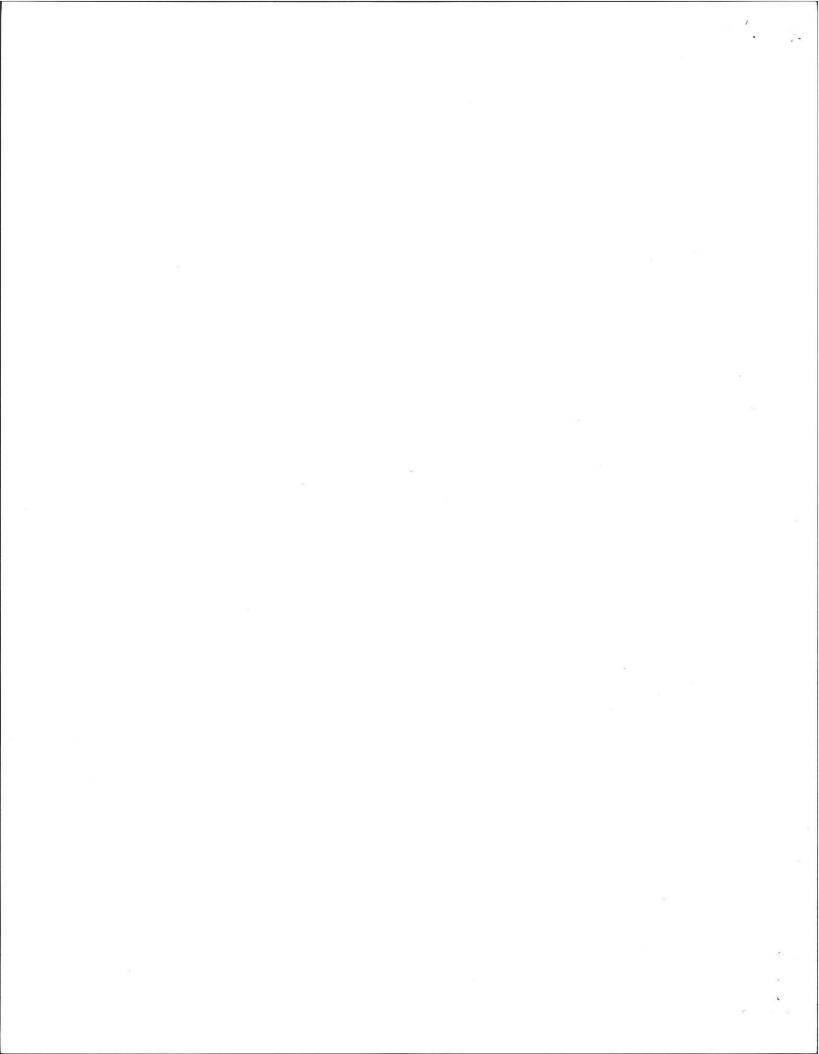
hat is the depth of naturally occurring previous material?

on _____ (date) I have passed the soil nination approved by the Department of Environmental that the above analysis was performed by me consistent with aining, expertise, and experience described in 310 CMR



											5
Land Use Surface St	dentify on	23 Di Clauby site plan)	60	<u>/ 6/ај</u> т	ime 2:30 ope (%) 0	Location	(identify on e Stone	14 Cleud /		<u>сю</u> , т	me ope (%)
Vegetation		Terroc	L	-		Landfor				2	
Distances Or Po	from: ben Water ssible We	be (sketch or Body <i>26</i> 0 t Ares <u>83</u> ter Well <i>20</i> 0	_ feet		geway <u>85</u> feet ty Line <u>/ 55</u> feet To Br Druide	Distance	on Landscap es from: Open Water Possible We Drinking Wa	Body	_ feet feet	Draina Prope Other	igeway feet ty Line feet
depth from surface (inches)	soil horizon	DEEP OBSE soil texture (USDA)		HOLE LOG	other (structure, stones, boulders Consistency, % gravel	depth from	[soil horizon	DEEP OBSE soil texture (USDA)	RVATION soil color (Munsel)	N HOLE LOG	blher (structure, stones, boulders) Consistency, % gravel
90 90 88	FIII C,	25 25	10%-3/2	56" greatar 390 7.546	MASSION EX- Fringle Loose IN HANG 20 % Frade			-			
00	CZ	FO	#1/4	7.541	20 %						
Parent Ma Depth to E Depth to C St W	Groundwate anding Wate eeping fro		ole	_	/ [/]	Depth to Depth to	Material (geo b Bedrock b Groundwat Standing Wa Weeping fro Estimated S	er : ater in the Ho			2
						3					

. . .



Grad Banting Aslepe #13 45 2 53 109 A 2 10 RUC Sar BORN Read Leonel

FORM 12: Percolation Test Location Admess or Lot # _

281 levertt Rod

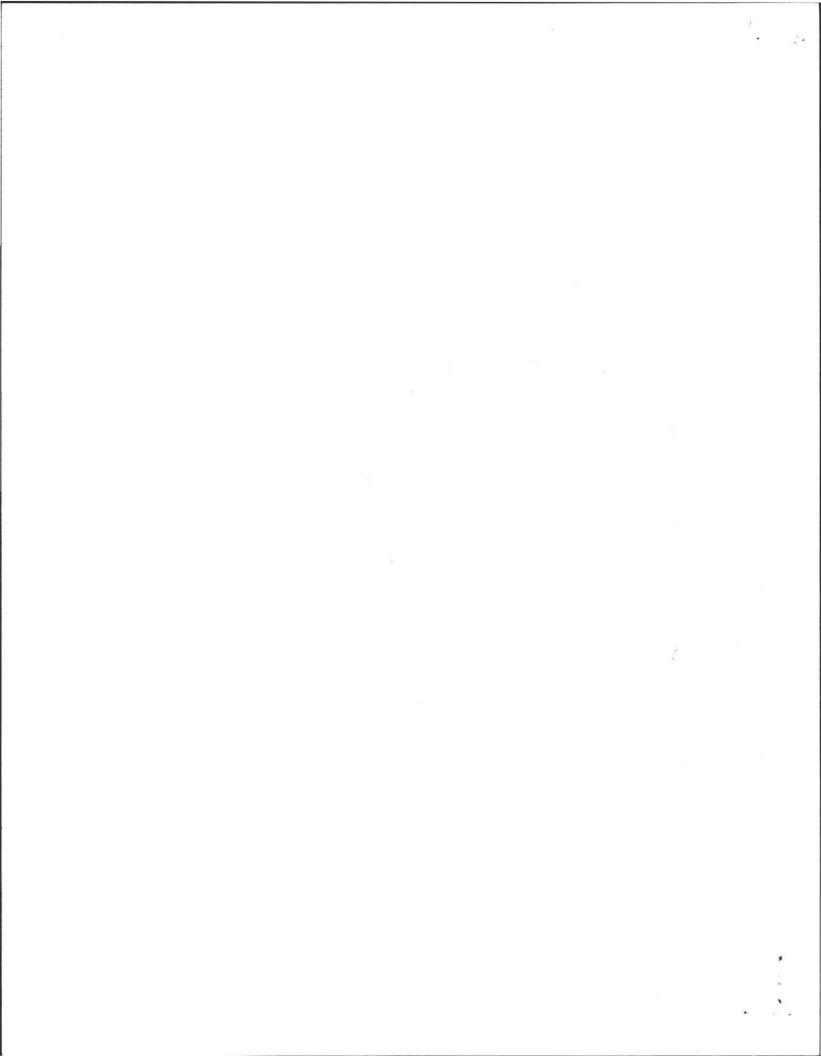
Commonwealth of Massachusetts Town of

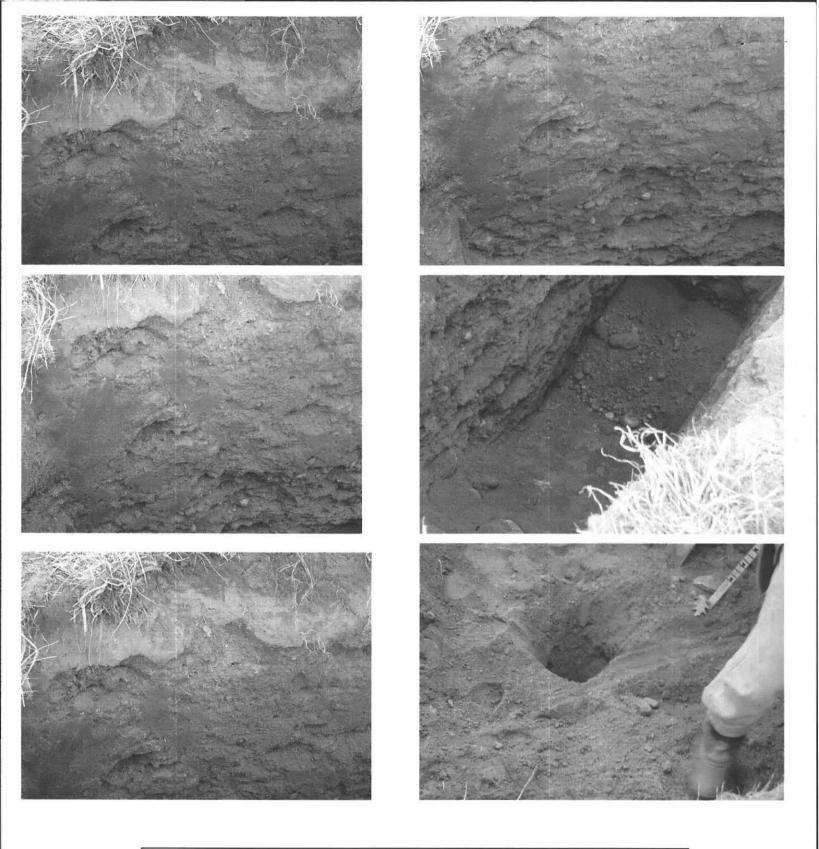
	PERCOLATION TEST	[*
DATI	E: 12/6/01	TIME:
Observation Hole #	173	74
Depth of Perc	57"	51"
Start Pre-soak	2:50	10:05
End Pre-soak	3:05	10:20
Time at 12"	3:05	10:20
Time at 9"	3:20	10:44
Time at 6"	3.145	11:38
Time (9"-6")	85	54
Rate Min./Inch	9	18

*Minimum of one percolation test must be performed in both the primary area and reserve area.

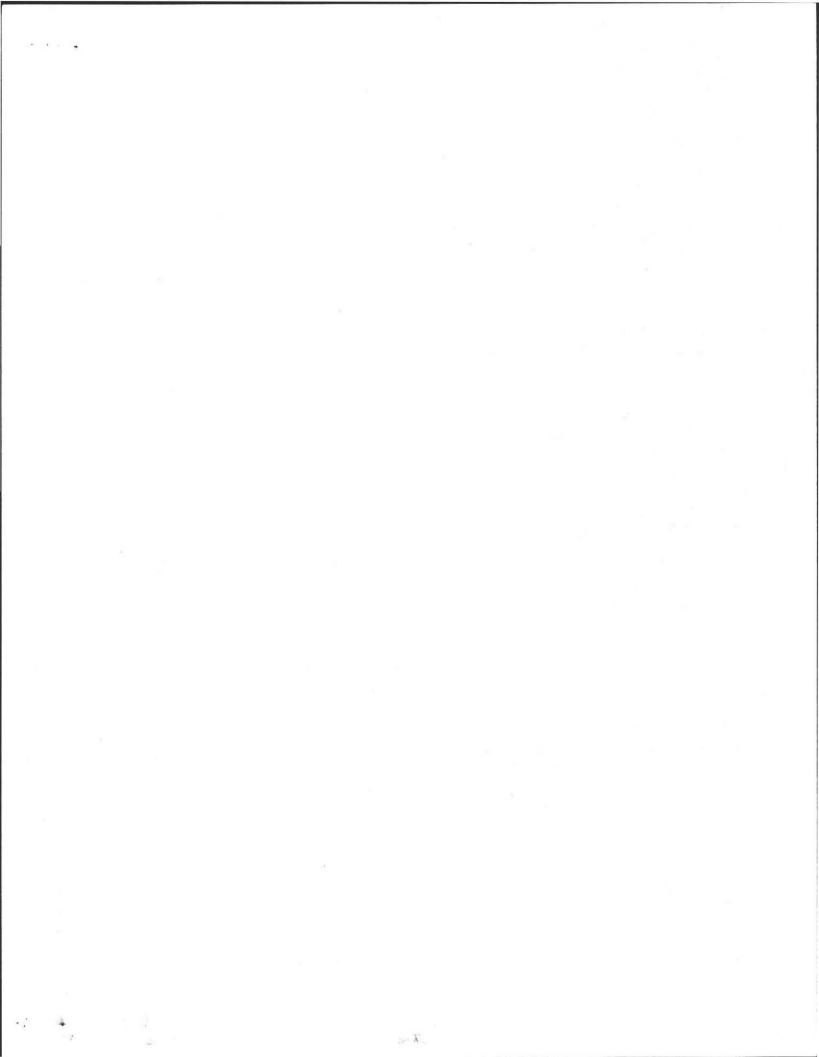
Site Passed 🗀 Site failed D Charson Boy Sen Drugt Zaramelli Performed by Witnessed by

Comments:





Stowall Property Leverett Road Hole #73 Engineer: Christian Boysen



p.02

FORM 12 - PERCOLATION TEST

Location Address or Lot No: 281 Leverett Road, Amherst

Name: Northampton Associates Date: December 6, 2001 Job #: 01-050

COMMONWEALTH OF MASSACHUSETTS Amherst, Massachusetts

	PERCOLATION TEST	ann a sha ann an tara ann a sa ann a sa ann an tara an tara ann
Date: December 6, 200)1	
Observation hole # :	73	
Depth of perc:	57″	
Start pre-soak	2:50	
End pre-soak	3:05	
Time @ 12"	3:10	
Time @ 9"	3:20	
Time @ 6"	3:45	
Time (9"-6")	25 minutes	
Rate min/inch	9 min/inch	

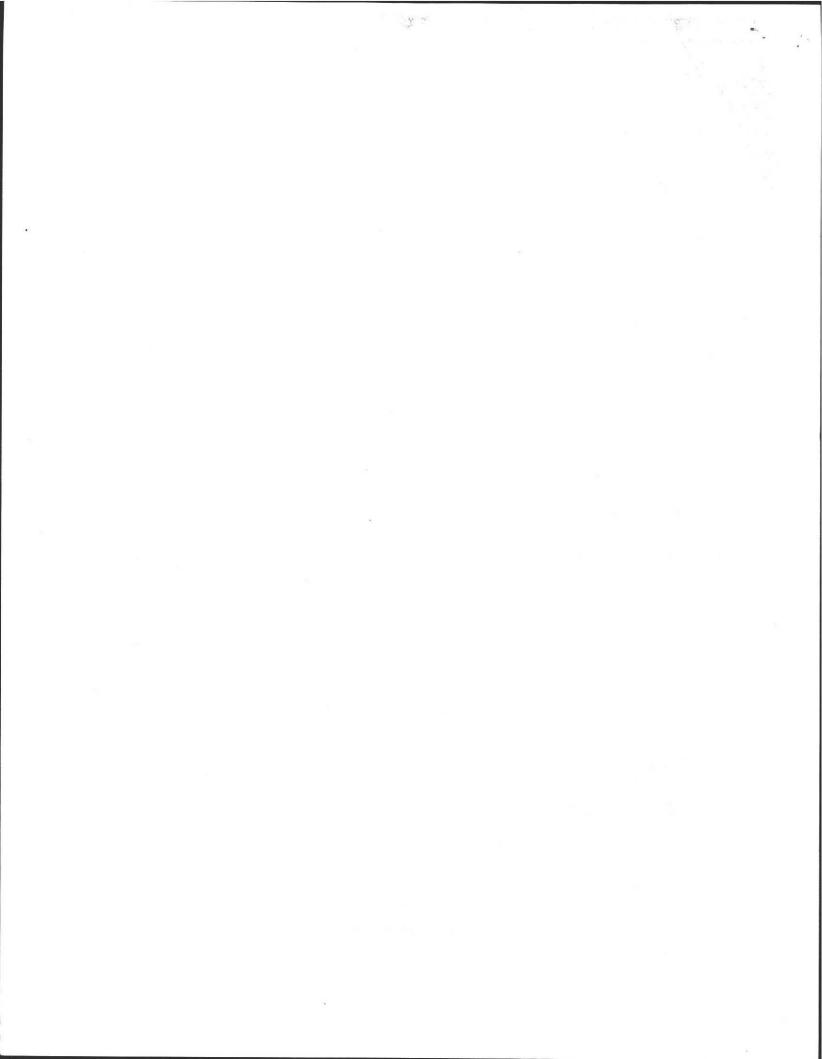
SITE PASSED X SITE FAILED

Performed By: Christian Boysen

Witnessed By: Dave Zarozinski, Heaith Agent - & ASE

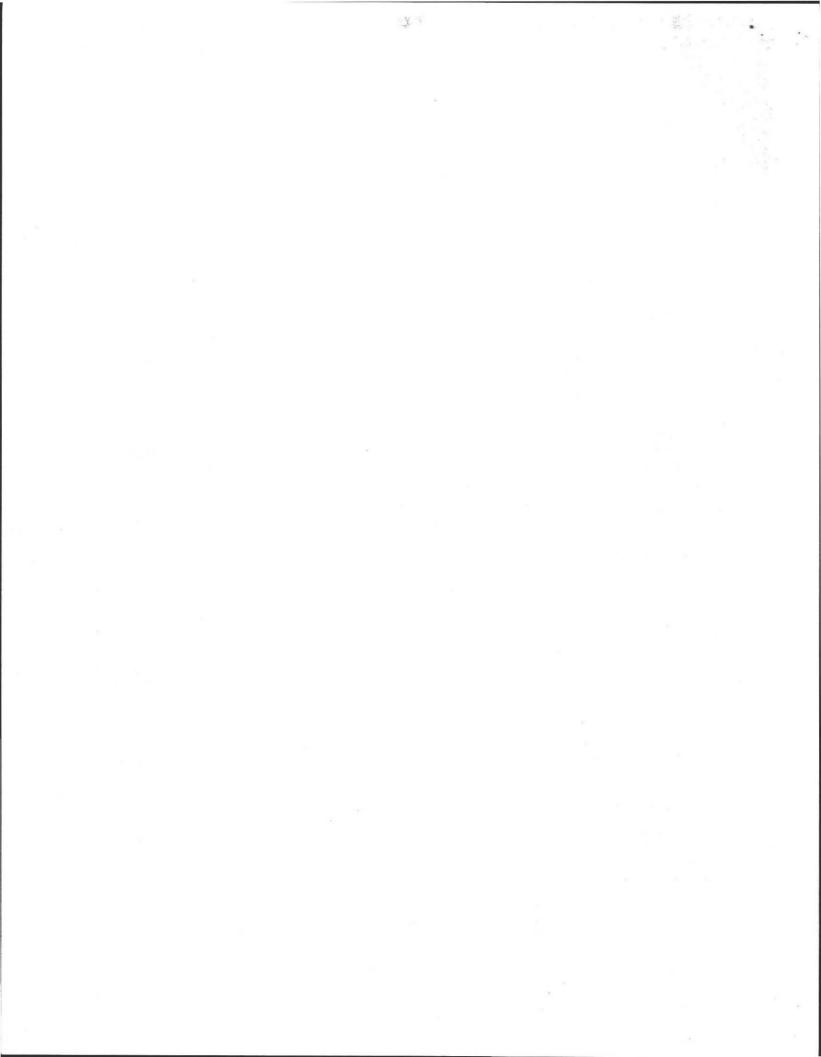
Comments: Use 20 minutes/inch design ratio

SOILS EVALUATION FORM



Location Address	or Lot No: 281	Leverett R	oad, An	herst		٦	lame: Northam Date: Decembe	oton Associates r 6, 2001	
			ON	-SITE RE	VIEW		Job #: 01-050		
Deep Hole No).: 73	Date:	12/06	/ 01 T	ime 2	:30	Weather:	65° par cloudy	tly
Location:		attached	1	109' East	of Souther	ast com	er of cow barn	ciobay	
Land Use: Vegetation Landform Position on La Distances from	Barn yard Grasses Till terrace andform: Ne	SI	ope dge of	0 terrace		Surf	ace Stones:	None	
Open Wate Possible W Drinking W Well:	er Body: > /et Area: 8	200 5 200	feet feet feet	Prope	age way: rty Line: :	85 >15 to b	0 e divided	feet feet (e	stimated
and the fair of the second		DEEI	OB	SERVA	TION H	IOLE	LOG		
Depth from Surface (inches)	Soil Horizon	Soil Textur (USDA)	e	Soil Color (Munsell)	Soil Mott	ling	Other (Structure, ston	ies, Bouiders, Con	isistency,
0-40″	Fill	Loamy sand					% Gravel)		
	Ap-Bw	Absent strippe							
40-88″	C1	Loamy sand		10YR 3/2	56"+= >5% 7.5YR		Massive, e 20% grave	xtremely fria :I.	able,
88-120″	C ₂	Fine sa Ioam		7 .5 YR 4/4	>5% 7.5YR	4/6	Massive, fr	iable, 20 % (gravel.
Parent	* MI Ablatic	NIMUM TWO	HOLES	REQUIRED	Depth 7	Го	AREA >120"		
Material: Depth To Gro	oundwater	Char	ding	Water in	Bedrock		Mooring P	The second second	
Depar to Gr	Sanawater.	hole		water III	ule	none	Weeping F	rom race:	None
Estimated Se	asonal High	Groundv	vater:	56	er				

SOILS EVALUATION FORM



p.04

Location Address or Lot No: 281 Leverett Road, Amherst Name: Northampton Associates Date: December 6, 2001 Job #: 01-050 ON-SITE REVIEW Deep Hole No .: 74 Date: 12/06/01 3:00 Time Weather: 60° Cloudy Location: 50' East of 6 x 6 shed - 45' South of deep hole 73 See attached site plan Land Use: Barnyard Slope 0 Surface Stones: None Vegetation Grasses Landform Till terrace Position on Landform: At East end of terrace Distances from: Open Water Body: >200 Drainage way: feet 80 feet Possible Wet Area: 80 feet Property Line: >150 feet (estimated) Drinking Water Well: >200 feet Other: to be divided DEEP OBSERVATION HOLE LOG Depth from Soil Horizon Soil Texture Soil Color Sail Mottling Other Surface (inches) (USDA) (Structure, stones, Boulders, Consistency, (Munsell) % Gravel) 0-12" Ap **Fine sandy** 10YR None Loose and crumb. loam 3/2 12-24" Bw Fine sandy 10YR Massive, friable, 10% gravel. None loam 4/6 24-98" Fine sandy Ci 2.5Y 53" + Massive, friable, 20% gravel loam 4/6 >5% and stones. 7.5YR 4/6 C₂ 98-122" Fine sand 10YR 5% 7.5YR Massive, extremely friable, loam 4/4 loose in hand, 30% gravel and 4/6 stones.

* MINIMUM TWO HOLES REQUIRED AT EVERY DISPOSAL AREA

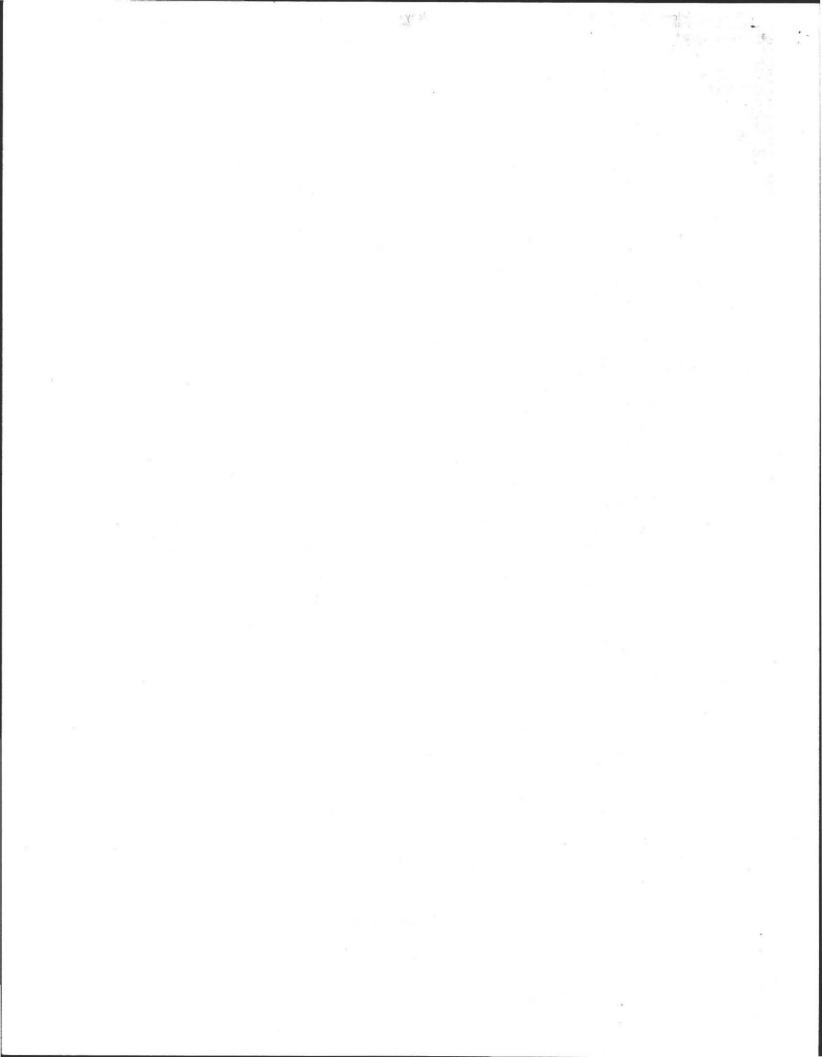
 Parent Material:
 Ablation till
 Depth To Bedrock:
 >122"

 Depth To Groundwater:
 Standing Water in the Hole:
 None
 Weeping From Face:
 None

 Estimated Seasonal High
 53"

 Groundwater:
 Coundwater:
 Coundwater:

SOILS EVALUATION FORM 3



Location Address or Lot No: 281 Leverett Road, Amherst

Name: Northampton Associates Date: December 6, 2001 Job #: 01-050

DETERMINATION FOR SEASONAL HIGH WATER TABLE

METHOD USED:

Depth observed standing in observation hole inches Depth weeping from side of observation hole inches X Depth to soil mottles D.H. # 73 = 56 inches D.H. # 74 = 53 inches Ground Water Adjustment feet Index well level

Index well no. Reading date

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? Yes

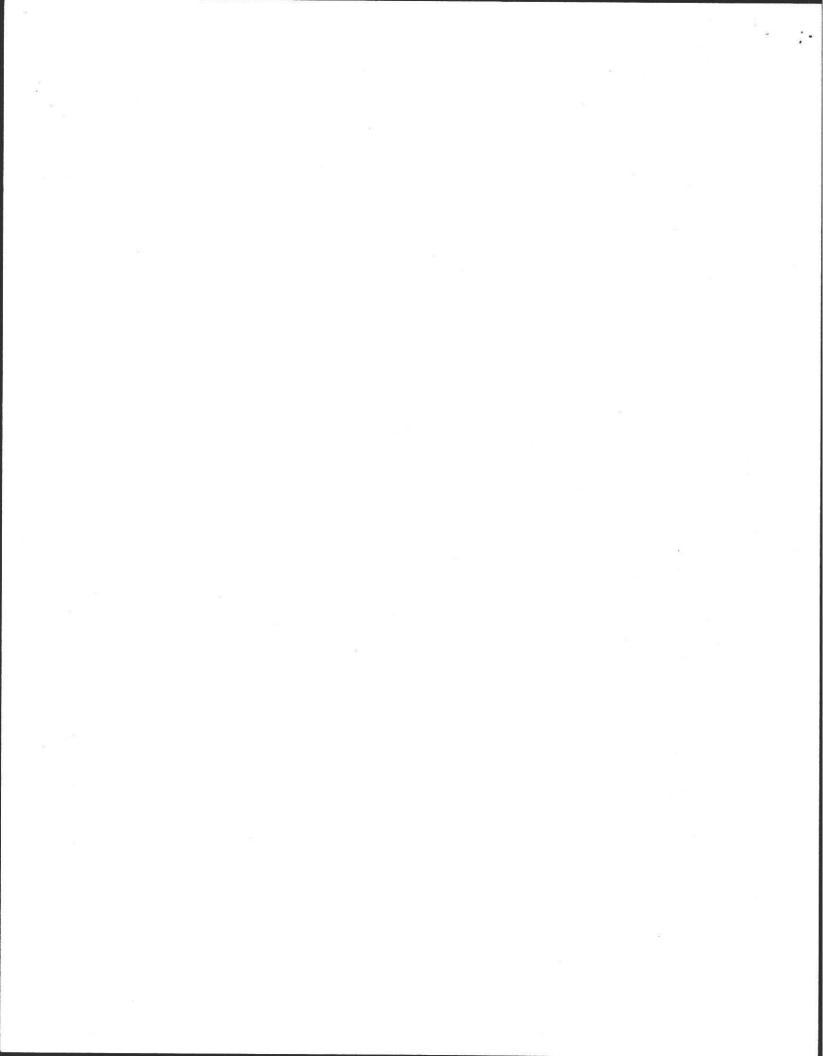
If not, what is the depth of naturally occurring pervious material?

Certification

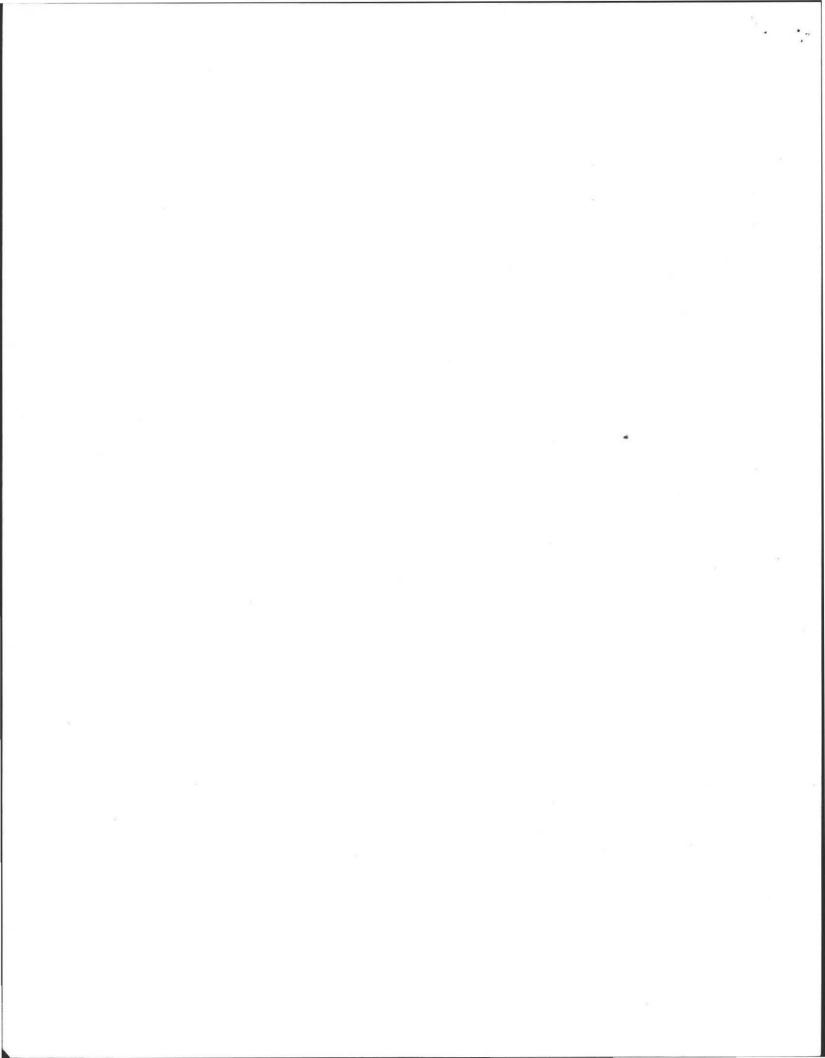
I certify that in November, 1994 I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR. 15.017.

Signature

Date 12.06-01



•			
		FAMHERST NS RECTION CERVI CES No. 231	4 s.
Received	of WWOLLC (COA) ECOSTRUC	TUROS of OSMALINST	Sare 445
	Name	Address Northling	586-5340
For Prop	$\frac{WWO LLC(COA)}{Name} = CO STRUC}$ $\frac{VWO LLC(COA)}{Struc} = CO T 3(317) + LoT 7 2$ Street Address	73 Lovert Rond Sma	516-0540
HEA009		HEA015 Sanitary Code Booklets	
HEA001	R6510 443508 Bed & Breakfast	R6510 432305 HEA016 Septic Tank Permit-Installers	
HEA002	R6510 443516	R6510 443511	0 00
HEA003	R6510 443507	HEA017 Septic Tank Permit-Private	200
	R6510 443515	HEA018 Septic Tank Reinspection Fee R6510 432301	
HEA004	R6510 443501	HEA019 Sub-Division Review Fee	
HEA005	Health Dept. Housing Isp.	HEA012 Swimming Pool Permits	
HEA006	Massage Therapy License	HEA020 Tanning License	
HEA007	Milk & Cream License	HEA024 Funeral Director License	
HEA008	R6510 443500 Motel License	HEA034 Immunization Clinic	
HEA010	Re510 443506 Removal of Offal	R6510 432307 HEA030 Car Seats	
HEA021	R6510 443513 Removal of Rubbish	8407 258004	
HEA011	R6510 443520 Percolation Test Fees	R6510 443518	
HEA013	R6510 432300	R6510 432303	
	Recreation Camp License	HEA022 Tobacco License R6510 443505 -	
HEA014	Retail Store Permit R6510 443514	HEA -	
		HEA	
		00	
	TOTAL FEE:	200	
		10/23/	3
I	nspectrum services (Health Department)		
-			
	THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER A	AND ORIGINAL DOCUMENT SECURITY SCREEN ON BACK WITH PADLOCK SECUR	NITY ICON.
	WWO, LLC dba	NORTHAMPTON CO-OPERATIVE BANK	10165
	ECO STRUCTURES	67 KING STREET, PO BOX 150	
	25 MAIN STREET, SUITE 445 NORTHAMPTON, MA 01060	53-7233/2118	200 00
	(413) 586-5340	/-	
PAY TO THE	Iron of Amherst		200 00
ORDER OF .		\$	200 700
	INO HUNDRED _	80 Intr	DOLLARS
			Security leatures included. Details on back.
	and the second		
	anna a' sana a' an tao 1 an ta		
		NA LI.	1
MEMO_LO	13(317) and LOT7(273) Lovoe	ETTED / unk MD	МР
	······································	02 25 001098"	
	MCROPRINT IS LOCATED I	BELOW THIS WARNING BAND	



TOWN OF AMHERST HEALTH PERMITS/INSPECTION SERVICES

1

No. 2314

Received of	f UWO LLC (C	CAN ECOST	RUCTUROS 0	Address North Com	SUITE 44	Teo
main	(WISOTZKY)		~	100 Rtalon	586-584	0
For Proper	ty Located at: <u>LOT</u>	3 (317) + Lor	7 273 Laver	tRond Sime		
HEA009	Bakery R6510 443508		HEA015	Sanitary Code Booklets		
HEA001	Bed & Breakfast		HEA016	Septic Tank Permit-Installers	đ	0
HEA002	Catering License		HEA017	Septic Tank Permit-Private	200	
HEA003	Food Handler		HEA018	Septic Tank Reinspection Fee		
HEA004	Frozen Deserts		HEA019 R6510 4323	Sub-Division Review Fee		
HEA005	Health Dept. Housing Isp. R6510 432302		HEA012 R6510 4435	Swimming Pool Permits		
HEA006	Massage Therapy License R6510 443504		HEA020	Tanning License		
HEA007	Milk & Cream License		HEA024	Funeral Director License		
HEA008	Motel License R6510 443506		HEA034	Immunization Clinic		
HEA010	Removal of Offal		HEA030	Car Seats		
HEA021	Removal of Rubbish		HEA026	Smoking & Tobacco Reg. Violations R6510 443518		
HEA011	Percolation Test Fees		HEA023	TB Clinic R6510 432303		
HEA013	Recreation Camp License		HEA022	Tobacco License		
HEA014	Retail Store Permit		HEA			
	R6510 443514		HEA			

00 200 TOTAL FEE: _ 10/23/03 Inspe Date Health Department

24# 10165

×.		&%VO&%VS ***TOWN OF AMHERS MISC CASH RECEIPT		T1146
		Date / Time	: 10/23/03	14:54
		Payment	: \$200.00	
Must be Validated by the Collector's Office to be considered paid	. Receipt #	: 29761		
White - Applicant Yellow - Collector	Pink - Accounting	Check/Credit Card Gold - Health/Inspections	#: 10165	

Paid by

