BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT 13.1770 Fee 3 Date Rec'd. _ HPK Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at: Location—Address LEVERETT Owner _ Contractor -Type of Building ___ Dimensions _ Dwelling—No. of Bedrooms ____3 Expansion Attic (V) Garbage Grinder (V) No. of persons _____ Showers () Other fixtures Town Water? Type of Well Design Flow JZ gallons per person per day. Total daily flow 300 gallons Septic Tank-Liquid capacity 1000 gallons Dimensions: L W 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 _ Other: Distribution box () No. _____ Dosing tank () (Depth of Soil Line Below finished grade at foundation _ Percolation Test Results Performed by Dulle Depth of Test Pit _ minutes per inch Test Pit No. 1 _ minutes per inch

Sound Cenury Sound Ceny Depth to Ground Water ____ Test Pit No. 2 Depth of Test Pit _ Description of Soil _ Cut down? Will disposal area be filled? _ (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. Owner or builder Application Approved by date 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 Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 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 ____ to construct () or repair () an Permission is hereby granted _ LEVENETS Individual Sewage Disposal System at _ 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, Board of Health

