BOARD OF HEALTH, AMHERST, MASSACHUSETTS	
No. 64 Date 1-16-64 Fee Bee Date Rec'd.	ON PERMIT
No. 0100 Date 1-16-09 Fee 5 Date Rec'd. 27	17-64 By CR
Application is hereby made for a permit to Construct () or Repair () a	
System at: Location-AddressST KEUBRETT ROAD	on Lot No
Owner W. Cowes Inc. Address	No, Amplesso
C K. hast are > and	No WADLIEgy
Type of Building Dimensions S	ize Lot
Dwelling-No. of Bedrooms Expansion Attic ( ) Garbage Grind	
Other No. of persons Showers ( )	
Other fixtures Type of Well	
Design Flow gallons per person per day. Total daily flow gallon Septic Tank—Liquid capacity gallons Dimensions: L W	D
Disposal Trench—No Width Total Length Total le	aching area 10 sg. ft.
Disposal Bed—No Diameter Depth below inlet Total	leaching area sq. ft.
Dry Well-No Diameter Depth below inlet Dimensions	s: x x
Other: Distribution box ( ) No Dosing tank ( )	
(Depth of Soil Line Below finished grade at foundation	)
Percolation Test Results Performed by Deaue	Date
Test Pit No. 1     minutes per inch     De       Test Pit No. 2     minutes per inch     De	epth of Test Pit
Description of Soil Geaver - Sume Cerry Depth to Ground Water	Not knewted
Description of Soil Some Ceny Depth to Ground Water Will disposal area be filled? Cut down?	
(On reverse side or separate sheet, show plot plan with building. Include dimensions, Show location of wells, streams, ledge, large trees, etc.)	distances from all boundaries.
AGREEMENT: The undersigned agrees to construct the aforedescribed individual sew ance with the provisions of Article XI of the Sanitary Code and regulations of the Am dersigned further agrees not to place the system in operation until a Certificate of Con board of health.	herst Board of Health. The un-
	- 1-101.4
On O Owner or builde	$\frac{1-176}{\text{adate}}$
Application Approved by CE Chak Owner or builde	r <u>7-17-69</u>
Application Approved by	$\frac{1-17}{2}$
Application Approved by Owner or builde Application Disapproved for the following reasons:	1-17-6;
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