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

Date April 24,,968 Fee Date Rec'd. April 26, 1968 By No. _68-6 Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal Location-Address _ Market Hill Rd. or Lot No. Address 358B Northampton Rd. Owner Sidney Meyers (Myers) Address 17 Garfield St., Greenfield Contractor Barchenski Brothers Type of Building Single Dwelling Dimensions Size Lot . Dwelling-No. of Bedrooms 4 Expansion Attic (NO) Garbage Grinder (NO) ____ No. of persons __ Other . _ Showers () Other fixtures . Town Water? _ _ Type of Well __ Design Flow gallons per person per day. Total daily flow _____ _ gallons Disposal Trench No. _ Z Diameter ________ Disposal Bed_No. _ Dry Well-No. _ Other: Distribution box () No. _____ Dosing tank () (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by Test Pit No. 1 ______ minutes per inch minutes per inch Test Pit No. 2 ____ Description of Soil . _____ Depth to Ground Water _ Will disposal area be filled? _ Cut down? Show location of wells, streams, ledge, large trees, etc.)

To be Determined S. Tonk is Instruction

Septic Tank—Liquid capacity /000 gallons Dimensions: L W D D Sisposal Trench—No. 2 Width S Total Length /00 Total leaching area sq. ft. _____ Depth below inlet _____ Total leaching area _____ sq. ft. Depth below inlet Dimensions: x Depth of Test Pit _ Depth of Test Pit _ (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. 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 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 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 BRQS to construct (X) or repair () an Permission is hereby granted _ MARKET HILL 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