

#108

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

No. 64-2 Date 3/20/64 Fee 1.00 Date Rec'd. 3/30/64 By [Signature]

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

Location—Address Mechanics Street or Lot No. \_\_\_\_\_  
Owner Roger Crossman Address Mechanics St Amherst  
Contractor Karl Komieczny Address 337 Ave Dr Hadley  
Type of Building frame Dimensions \_\_\_\_\_ Size Lot \_\_\_\_\_  
Dwelling—No. of Bedrooms \_\_\_\_\_ Expansion Attic ( ) Garbage Grinder ( )  
Other \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( )  
Other fixtures \_\_\_\_\_

Town Water? yes Type of Well \_\_\_\_\_  
Design Flow 100 gallons per person per day. Total daily flow 100 gallons  
Septic Tank—Liquid capacity 1 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_  
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. 1 Diameter 8' Depth below inlet 10' Dimensions: 12' x 8' x \_\_\_\_\_  
Other: Distribution box (X) No. \_\_\_\_\_ Dosing tank ( )  
(Depth of Soil Line Below finished grade at foundation sand (coarse))  
Percolation Test Results Performed by \_\_\_\_\_ Date \_\_\_\_\_  
Test Pit No. 1 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

Description of Soil coarse sand Depth to Ground Water \_\_\_\_\_  
Will disposal area be filled? no Cut down? \_\_\_\_\_  
(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 [Signature] Owner or builder \_\_\_\_\_ Date 3/20/64  
Application Disapproved for the following reasons: \_\_\_\_\_ date \_\_\_\_\_

BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired (X) by K Komieczny at Mechanics St 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. 64-2 dated 3-20-64.  
The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.  
DATE 3-20-64 Inspector [Signature]

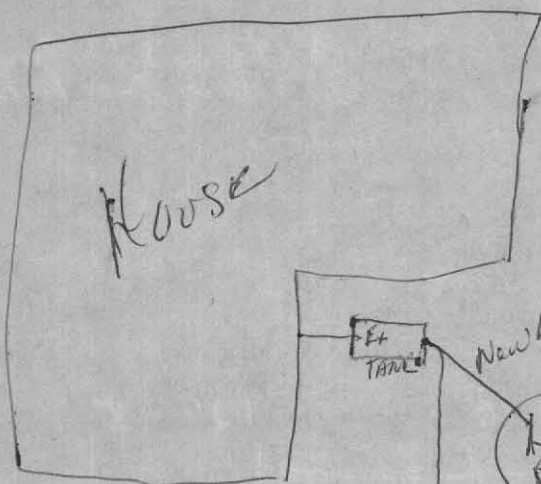
BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-2  
Permission is hereby granted KARL KOMIECZNY to construct ( ) or repair (X) an Individual Sewage Disposal System at Mechanics St Crossman as shown on the application for Disposal Works Construction Permit No. 64-2.  
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 3-20-64 Board of Health [Signature]

501 #

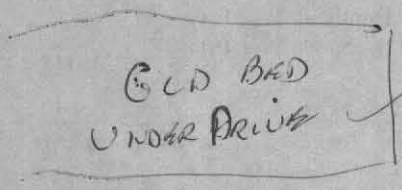
Washburn St



New house



10' deep  
8' diameter  
Breakfast  
Stove



OLD BED  
UNDER DRIVE

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

No. 64-2 Date 3/20/64 Fee 1.00 Date Rec'd. 3/20/64 By [Signature]

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

Location—Address Mechanics Street or Lot No. \_\_\_\_\_

Owner [Signature] Address Mechanics St Amherst

Contractor [Signature] Address 322 Main St Hadley

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

Dwelling—No. of Bedrooms \_\_\_\_\_ Expansion Attic ( ) Garbage Grinder ( )

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

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

Town Water? yes Type of Well \_\_\_\_\_

Design Flow 100 gallons per person per day. Total daily flow 100 gallons

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

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. 1 Diameter 8' Depth below inlet 10' Dimensions: 12' x 8' x \_\_\_\_\_

Other: Distribution box (X) No. \_\_\_\_\_ Dosing tank ( )

(Depth of Soil Line Below finished grade at foundation sand (sewer))

Percolation Test Results Performed by \_\_\_\_\_ Date \_\_\_\_\_

Test Pit No. 1 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

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

Description of Soil loose sand Depth to Ground Water \_\_\_\_\_

Will disposal area be filled? no Cut down? \_\_\_\_\_

(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 [Signature] Owner or builder \_\_\_\_\_ date 3/20/64

Application Disapproved for the following reasons: \_\_\_\_\_ date \_\_\_\_\_

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired (X) by \_\_\_\_\_ at Mechanics St 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. \_\_\_\_\_ dated 3-20-64

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

DATE 3-20-64 Inspector [Signature]

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 64-2 Permission is hereby granted [Signature] to construct ( ) or repair (X) an Individual Sewage Disposal System at Mechanics St

as shown on the application for Disposal Works Construction Permit No. 64-2

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 3-20-64 Board of Health \_\_\_\_\_

BOARD OF HEALTH AND HIGHER EDUCATION  
APPLICANT FOR LICENSE TO PRACTICE AS A NURSE

1/22/54

X

Application for License to Practice as a Nurse

Name: [Faded Name] Address: [Faded Address] City: [Faded City] State: [Faded State] Zip: [Faded Zip]

Education: [Faded Text] Experience: [Faded Text] Other: [Faded Text]

Signature: [Faded Signature] Date: [Faded Date]

Comments: [Faded Text]

BOARD OF HEALTH AND HIGHER EDUCATION  
CENTRAL BUREAU OF COMPLIANCE

Application for License to Practice as a Nurse  
Name: [Faded Name] Address: [Faded Address] City: [Faded City] State: [Faded State] Zip: [Faded Zip]

BOARD OF HEALTH AND HIGHER EDUCATION  
NURSING WORKS CONSTRUCTION MEMORANDUM

1/22/54

Memorandum for the Board of Health and Higher Education  
Subject: [Faded Subject] Date: [Faded Date]