	#108
BOARD OF HEALTH, AMHERST, MASSACHUSE	TTS TJ 700
APPLICATION FOR DISPOSAL WORKS CONSTRU	ICTION PERMIT
No. 64-2 NDate 3/20/64 Fee 100 Date Rec'd. 3/	
Application is hereby made for a permit to Construct ( ) or Repair	.) an Individual Sewage Disposal
System at: Location—Address <u>Mechanics Street</u> Owner <u>Coger Cossman</u> Contractor <u>Address</u> Type of Building <u>from</u> <u>Dimensions</u>	or Lot No.
Owner Roger Crossman Address	mechaning St gmperst
Contractor March Homelenny Address	357 River Or Kindler
Type of Building from Dimensions	Size Lot
Dwelling—No. of Bedrooms Expansion Attic ( ) Garbage	Grinder ()
Other No. of persons Showers	s ( )
Other fixtures	
Other fixtures Type of Well	
Design Flow 22 gallons per person per day. Total daily flow	gallons
Septic Tank-Liquid capacity gallons Dimensions: L W_	D
Disposal Trench-No Width Total Length To	tal leaching area sq. ft.
Disposal Bed—No Diameter Depth below inlet	Total leaching area sq. ft.
Disposal Trench—No.       Width       Total Length       To         Disposal Bed—No.       Diameter       Depth below inlet       To         Dry Well—No.       Diameter       Depth below inlet       Dimeter	ensions: x x
Other: Distribution box ( $X$ ) No Dosing tank ( ) 0 (	
Dry Well—No Diameter Depth below inletO Dime Other: Distribution box (X) No Dosing tank ( ) (Depth of Soil Line Below finished grade at foundation Sand (Co Percolation Test Results Performed by	and )
Percolation Test Results Performed by	Date
Test Fit No. 1 minutes per inch	Depth of Test Pit
Test Pit No. 2 minutes per inch	Depth of Test Pit
Description of Soil <u>coarse</u> sand Depth to Ground Wat	er
Will disposal area be filled? Cut down? (On reverse side or separate sheet, show plot plan with building. Include dimensional dimensi dimensional dimensional dimensi dimensionad dimensi dimensi dim	iona distances from all houndaries
Show location of wells, streams, ledge, large trees, etc.)	ions, distances from an boundaries.
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AGREEMENT: The undersigned agrees to construct the aforedescribed individua ance with the provisions of Article XI of the Sanitary Code and regulations of th	a Amberst Board of Health The un-
dersigned further agrees not to place the system in operation until a Certificate	of Compliance has been issued by this
	of compliance has been issued by this
board of health.	or compliance has been issued by this
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BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No. 4-2 Date 3/20/64 Fee Date Rec'd By
Application is hereby made for a permit to Construct ( ) or Repair (X) an Individual Sewage Disposal         System at:         Location—Address         Owner         Owner         Owner         Outractor         Type of Building         Dwelling—No. of Bedrooms         Other         No. of persons         Showers ( )
Other fixtures
Town Water?       Type of Well         Design Flow       gallons per person per day. Total daily flow       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.
Disposal Bed—No Diameter Depth below inlet Iotal leaching area sq. it. Dry Well—No Diameter Depth below inlet Dimensions: x x Other: Distribution box (()) No Dosing tank ()
(Depth of Soil Line Below finished grade at foundation) 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 Depth to Ground Water Will disposal area be filled? 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 aforedescribed individual sewage disposal system in accord- ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- dersigned 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 date 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 
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 
DATE 3-20 64 Inspector
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT
No. <u>H-2</u> Permission is hereby granted <u>to construct</u> () or repair () an Individual Sewage Disposal System at <u>Construct</u> () an
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.
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Board of Health

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