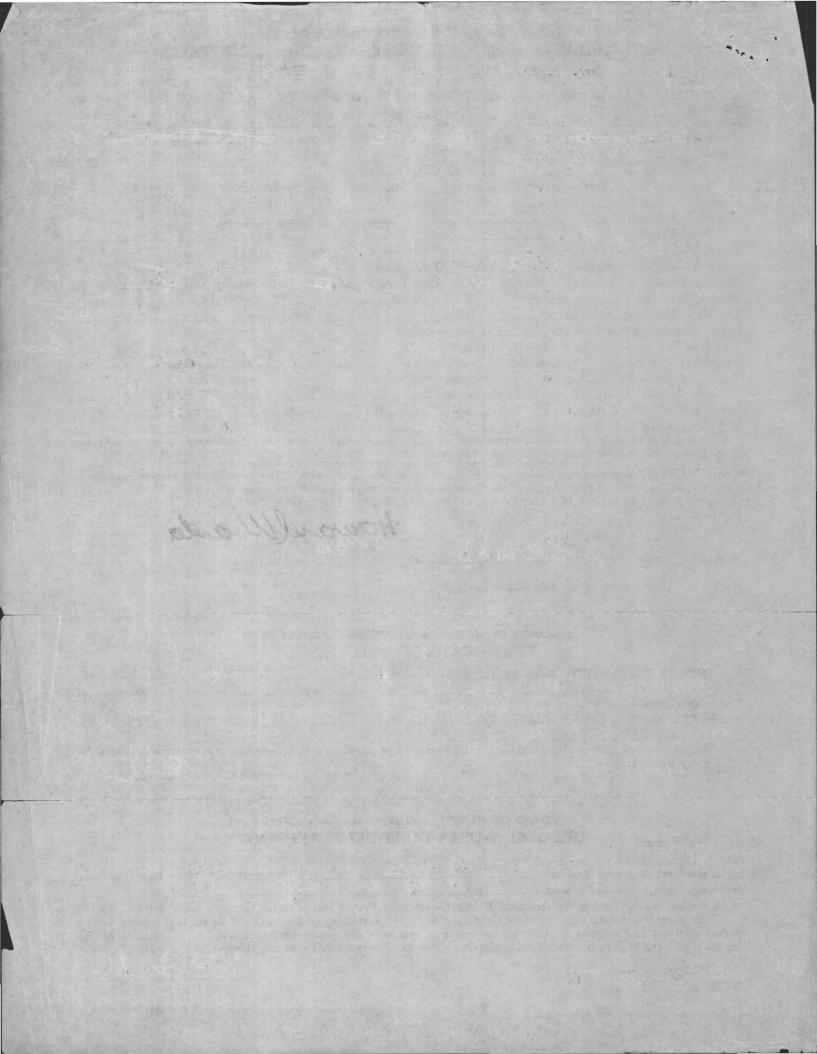
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

| No. 76-21 Date Nov. 9, 1976 Fee \$15.00 Date Rec'd. 11/9/76 By DGF |
|--|
| Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal |
| System at: |
| Owner WEADA NOEL KURTZ Address AT. 34 |
| Contractor Bob Apple Address So. |
| Type of Building Fram Kes Dimensions Size Lot |
| Dwelling—No. of Bedrooms Expansion Attic () Garbage Grinder () |
| Other No. of persons Showers () |
| Other fixtures |
| Town Water? Type of Well |
| Design Flow 50 gallons per person per day. Total daily flow375 gallons |
| Septic Tank—Liquid capacity 256 gallons Dimensions: L 25 W D |
| Disposal Trench—No Width _ Total Length _ Total leaching area 500 sq. ft. |
| Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft. |
| Dry Well—No Diameter Depth below inlet Dimensions: x & COC |
| 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 Depth of Test Pit 42 |
| |
| Test Pit No. 2 minutes per inch Description of Soil Depth to Ground Water Depth of Test Pit ' |
| 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 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. Acres ad Illia da |
| Okcowner or builder date |
| Application Approved by Chick |
| date |
| Application Disapproved for the following reasons: |
| |
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| CERTIFICATE OF COMPLIANCE |
| THIS ISATO CERTIFY. That the individual Sewage Disposal System installed (X) or repaired () by |
| THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired () by the state of the sewage Disposal System installed (X) or repaired () by the sewage Disposal System (X) or repaired () by t |
| INSTALLER INSTALLER |
| 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 4-12-77 Inspector |
| |
| |
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| No. 76-21 DISPOSAL WORKS CONSTRUCTION PERMIT |
| No. 10 01 100 1000 |
| No. 10 Permission is hereby granted NOEL KURTZ Individual Sewage Disposal System at LOT 18 90 MECHANICST To construct (X) or repair () an |
| Individual Sewage Disposal System at 10/18 10 Mecanice St |
| as shown on the application for Disposal Works Construction Permit No. 16 21 |
| 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. |
| (060) |
| DATE 11-09-76 Board of Health |
| DATE // Board of Health |



BOARD OF HEALTH Town of Amherst, Massachusetts

Important Information Regarding Your Private Sewage Disposal System

| DISPLAY THIS DOCUMENT IN A PROMINENT PLACE |
|---|
| Owner Note Kuriz Address (90) MECHANIC ST |
| Installer Bob ADAIR Address Potwini-Land |
| Date Installation Inspected and Approved $4-12-77$ |
| Description of System: Tank Capacity: 1500 |
| Leach Field () Bed () Seepage Pit () Square Feet: 725 |
| Garbage Grinder Yes (χ) No () No. Bedrooms: 3 No. People 6 |
| AS - BUILT PLAN: HOUSE REAR |
| 51' |
| |
| 61' |
| $\frac{1}{36}$ |
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| |
| PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM! 33 |
| 1. This system must be inspected periodically and the tank pumped out at |
| an interval not to exceed years. 2. For your protection sanitary pumpers are licensed by the Amherst Board |
| of Health. |
| 3. Regular pumping is crucial to avoid early failure and costly repairs of the system. |
| 4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail. |
| 5. Further information can be obtained by contacting your Health |

Department at 253-7077.

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