

MECHANIC STREET

Mechanic Street - Completed

Smead®

No 153L

HASTINGS MN

LOS ANGELES-CHICAGO-LOGAN, OH
MCGREGOR, TX-LOCUST GROVE, GA

U.S.A

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

No. 64-33 Date 10/19/64 Fee \$100 Date Rec'd. 10/19/64 By G.G.

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

Location—Address Mechanic St or Lot No. _____

Owner Francis B Lyman Jr Address _____

Contractor _____ Address Mechanic St

Type of Building Dwelling Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 2 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons 5 Showers ()

Other fixtures _____

Town Water? yes Type of Well _____

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

Septic Tank—Liquid capacity 900 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 _____ Depth below inlet 13 ft 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 Sandy Depth to Ground Water not found

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 afordescribed 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.

Francis B Lyman Oct 19 64
 Owner or builder date

Application Approved by _____

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 _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

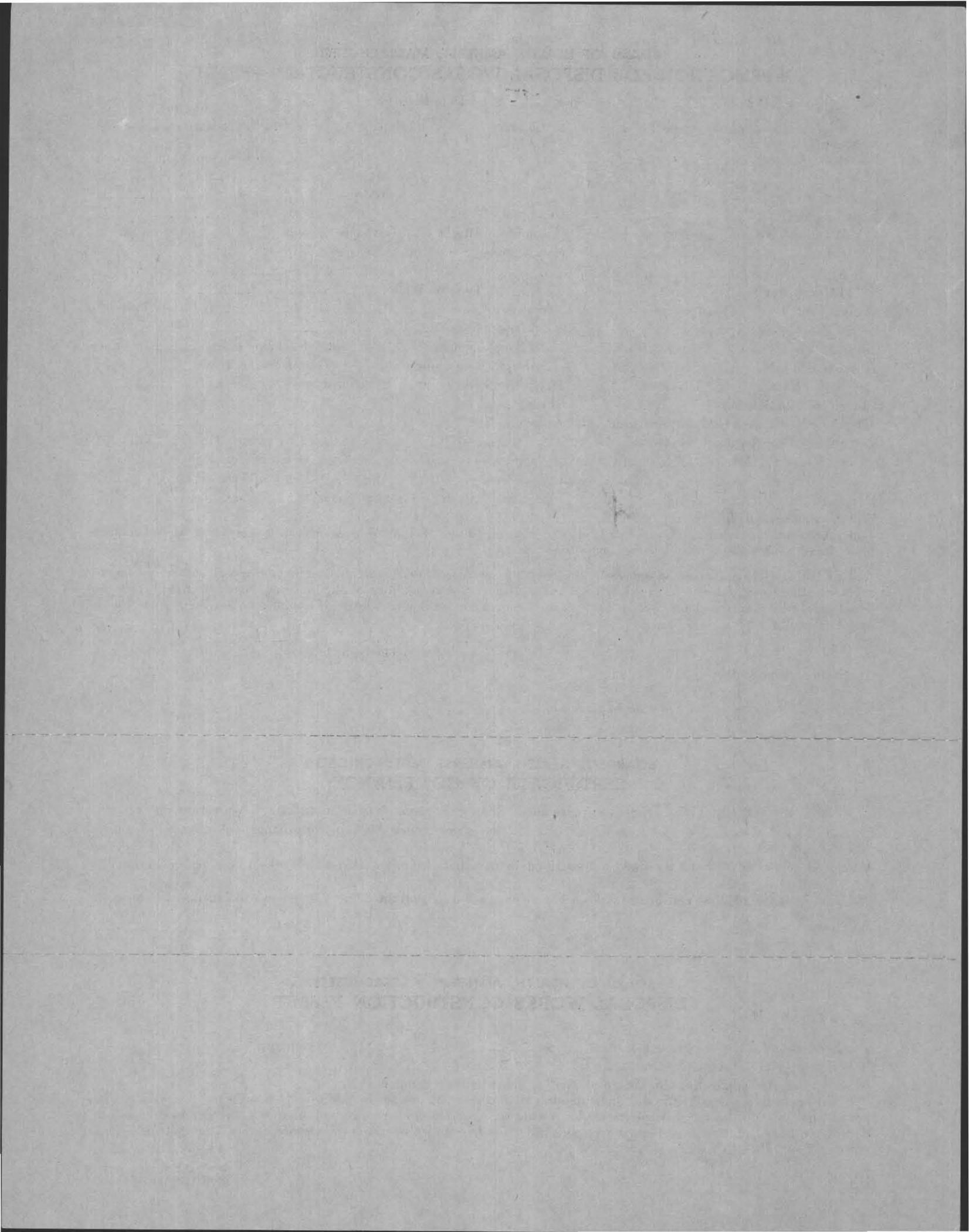
No. 64-33 Permission is hereby granted F B Lyman Jr to construct () or repair (X) an Individual Sewage Disposal System at Mechanic St

as shown on the application for Disposal Works Construction Permit No. 64-33

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 10-19-64

Make
 Board of Health



BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-23 Date 6-24-65 Fee 3.00 Date Rec'd. 6-25-65 By C.E. Male

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

Location—Address MECHANIC ST. or Lot No.

Owner William R. Doherty Address 25 Maple St Florence

Contractor Kael Komarewsky Address No Wood

Type of Building _____ Dimensions _____ Size Lot 150 X 198-209

Dwelling—No. of Bedrooms 4 Expansion Attic (X) Garbage Grinder (YES)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 1200 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 6' Depth below inlet 8' Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Dick Date 6-24-65

Test Pit No. 1 2 minutes per inch Depth of Test Pit 42"

Test Pit No. 2 2 minutes per inch Depth of Test Pit _____

Description of Soil SAND + GRASS Depth to Ground Water NONE

Will disposal area be filled? no Cut down? no

(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 C.E. Male William R. Doherty Owner or builder 6-24-65 date 6-24-65 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 _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

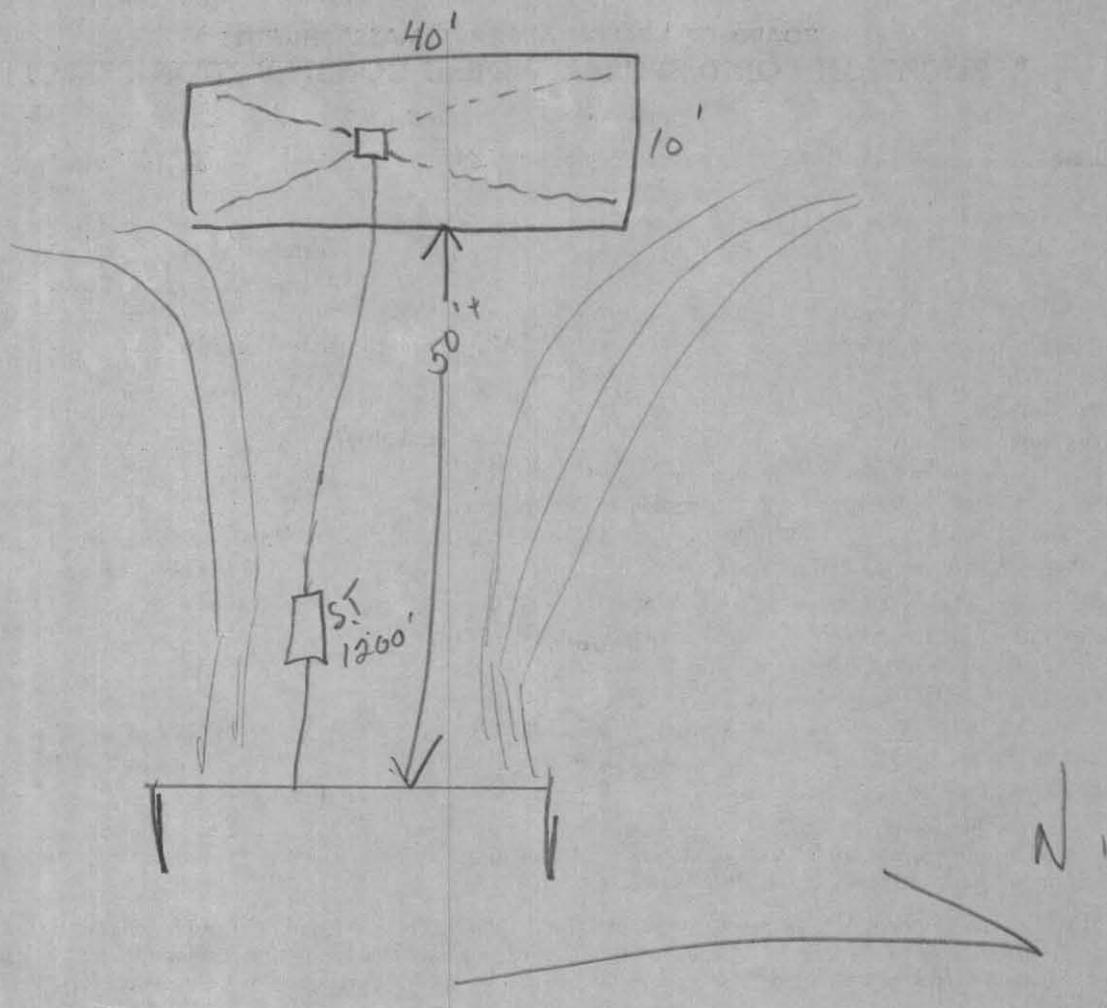
BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-23 Permission is hereby granted William R. Doherty to construct (X) or repair () an Individual Sewage Disposal System at MECHANIC ST as shown on the application for Disposal Works Construction Permit No. 65-23

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 6-25-65 Board of Health



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

No. 64-21 Date 7-7-64 Fee \$3.00 Date Rec'd. 7-7-64 By CEH

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

Location—Address McONAHIE ST or Lot No. _____

Owner J.P. Kuculis Address 51 EAST ST

Contractor Karl Kowalewsky Address NO PLADLEY

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 1 Expansion Attic (✓) Garbage Grinder (✓)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 75 gallons per person per day. Total daily flow 150 gallons

Septic Tank—Liquid capacity 600 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 6 Depth below inlet 6' Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation 18")

Percolation Test Results Performed by Drak Date _____

Test Pit No. 1 2 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil SANDY GRAVEL Depth to Ground Water None - 7'

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 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 CEH Mrs J.P. Kuculis Owner or builder date 7-7-64
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 _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

DATE _____ Inspector _____

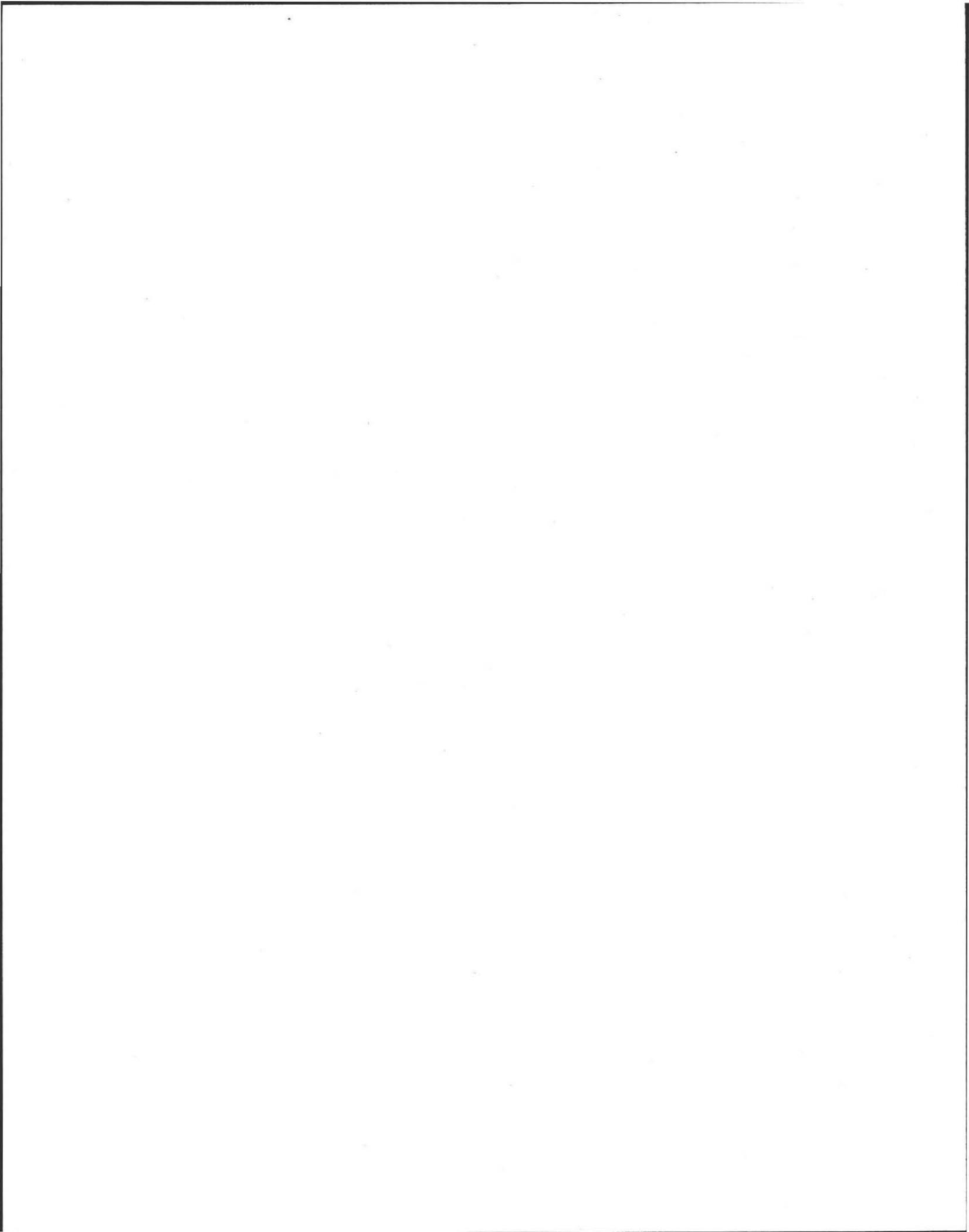
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 64-21 Permission is hereby granted Karl Kowalewsky to construct (X) or repair () an Individual Sewage Disposal System at McONAHIE ST

as shown on the application for Disposal Works Construction Permit No. 64-21

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.

DATE 7-7-64 CEH Board of Health



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

No. 64-21 Date 7-7-64 Fee 3.00 Date Rec'd. 7-7-64 By CEA

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

Location—Address Mechanic St or Lot No. _____

Owner J.P. Kerschulis Address 50 East St

Contractor Karl Kowalski Address No. Hadley

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 1 Expansion Attic (X) Garbage Grinder (X)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 25 gallons per person per day. Total daily flow 150 gallons

Septic Tank—Liquid capacity 600 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 6 Depth below inlet 6 Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation 18")

Percolation Test Results Performed by Drake Date _____

Test Pit No. 1 2 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil Sandy Gravel Depth to Ground Water None - 7'

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 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 Drake Owner or builder Mrs. J.P. Kerschulis date 7-7-64

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 () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. _____ dated _____

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

No. 64-21 Permission is hereby granted Karl Kowalski to construct (X) or repair () an

Individual Sewage Disposal System at Mechanic St

as shown on the application for Disposal Works Construction Permit No. 64-21

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.

DATE 7-7-64 Board of Health Drake

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

Application for a permit to construct disposal works at the site of the [illegible] in the town of [illegible], County of [illegible], State of Massachusetts. The applicant, [illegible], is a duly organized and existing corporation under the laws of the State of Massachusetts. The proposed disposal works consist of [illegible] and [illegible]. The site is located on [illegible] and [illegible] in the town of [illegible]. The applicant certifies that the proposed disposal works will be constructed in accordance with the provisions of Chapter 21A of the Massachusetts General Laws, and that the applicant has obtained all necessary permits from the appropriate authorities. The applicant further certifies that the proposed disposal works will not be a public nuisance and will not be a source of pollution. The applicant requests that the Board of Health grant the permit for the construction of the disposal works.

BOARD OF HEALTH, ANIMAL MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

This is to certify that the applicant, [illegible], has complied with the provisions of Chapter 21A of the Massachusetts General Laws, and that the proposed disposal works will be constructed in accordance with the provisions of Chapter 21A of the Massachusetts General Laws. The applicant has obtained all necessary permits from the appropriate authorities. The applicant further certifies that the proposed disposal works will not be a public nuisance and will not be a source of pollution. The applicant requests that the Board of Health grant the permit for the construction of the disposal works.

BOARD OF HEALTH, ANIMAL MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

Permit to construct disposal works at the site of the [illegible] in the town of [illegible], County of [illegible], State of Massachusetts. The applicant, [illegible], is a duly organized and existing corporation under the laws of the State of Massachusetts. The proposed disposal works consist of [illegible] and [illegible]. The site is located on [illegible] and [illegible] in the town of [illegible]. The applicant certifies that the proposed disposal works will be constructed in accordance with the provisions of Chapter 21A of the Massachusetts General Laws, and that the applicant has obtained all necessary permits from the appropriate authorities. The applicant further certifies that the proposed disposal works will not be a public nuisance and will not be a source of pollution. The applicant requests that the Board of Health grant the permit for the construction of the disposal works.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-21 Date 7-7-64 Fee 3.00 Date Rec'd. 7-7-64 By CEA

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

Location—Address MECHANIC ST or Lot No.

Owner J.P. KERSULIS Address SO. EAST ST.

Contractor KARL KONIENCZY Address NO MADLEY

Type of Building DWELLING Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 1 Expansion Attic (X) Garbage Grinder (X)

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 25 gallons per person per day. Total daily flow 150 gallons

Septic Tank—Liquid capacity 600 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 6 Depth below inlet 6' Dimensions: _____ x _____ x _____

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation 18")

Percolation Test Results Performed by Drake Date _____

Test Pit No. 1 2 minutes per inch Depth of Test Pit _____

Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____

Description of Soil SAND & GRAVEL Depth to Ground Water NONE - 7' +

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 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 Drake Mrs. J.P. Kersulis Owner or builder date 7-7-64

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

Kersulis
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by K. Konienczy at MECHANIC ST has been constructed in accordance with the provisions of

INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 64-21 dated 7-7-64

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

DATE 7-31-64 Inspector Drake

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-21 Permission is hereby granted KARL KONIENCZY to construct (X) or repair () an

Individual Sewage Disposal System at MECHANIC ST

as shown on the application for Disposal Works Construction Permit No. 64-21

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.

DATE 7-7-64 Drake Board of Health

666
L.P.

600
Sr



Michener F.

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

No. 64-9 Date 4-13-64 Fee 1.00 Date Rec'd. 4-13-64 By OCB

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

Location—Address West St At Mt View Cir or Lot No. _____

Owner JACOBS Address West St

Contractor S.J. WANCYK Address West St

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 2 Expansion Attic (✓) Garbage Grinder (✓)

Other _____ No. of persons 6 Showers ()

Other fixtures _____

Town Water? YES 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. 1 Diameter 20x30 Depth below inlet 12" Total leaching area 400 sq. ft.

Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____

Other: Distribution box (X) 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 SAND Depth to Ground Water 6'7"

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 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 OCB _____ Owner or builder [Signature] _____ date 4-13-64

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 (X) by S.J. WANCYK at West St has been constructed in accordance with the provisions of JACOBS INSTALLER

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 64-9 dated 4-11-64

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

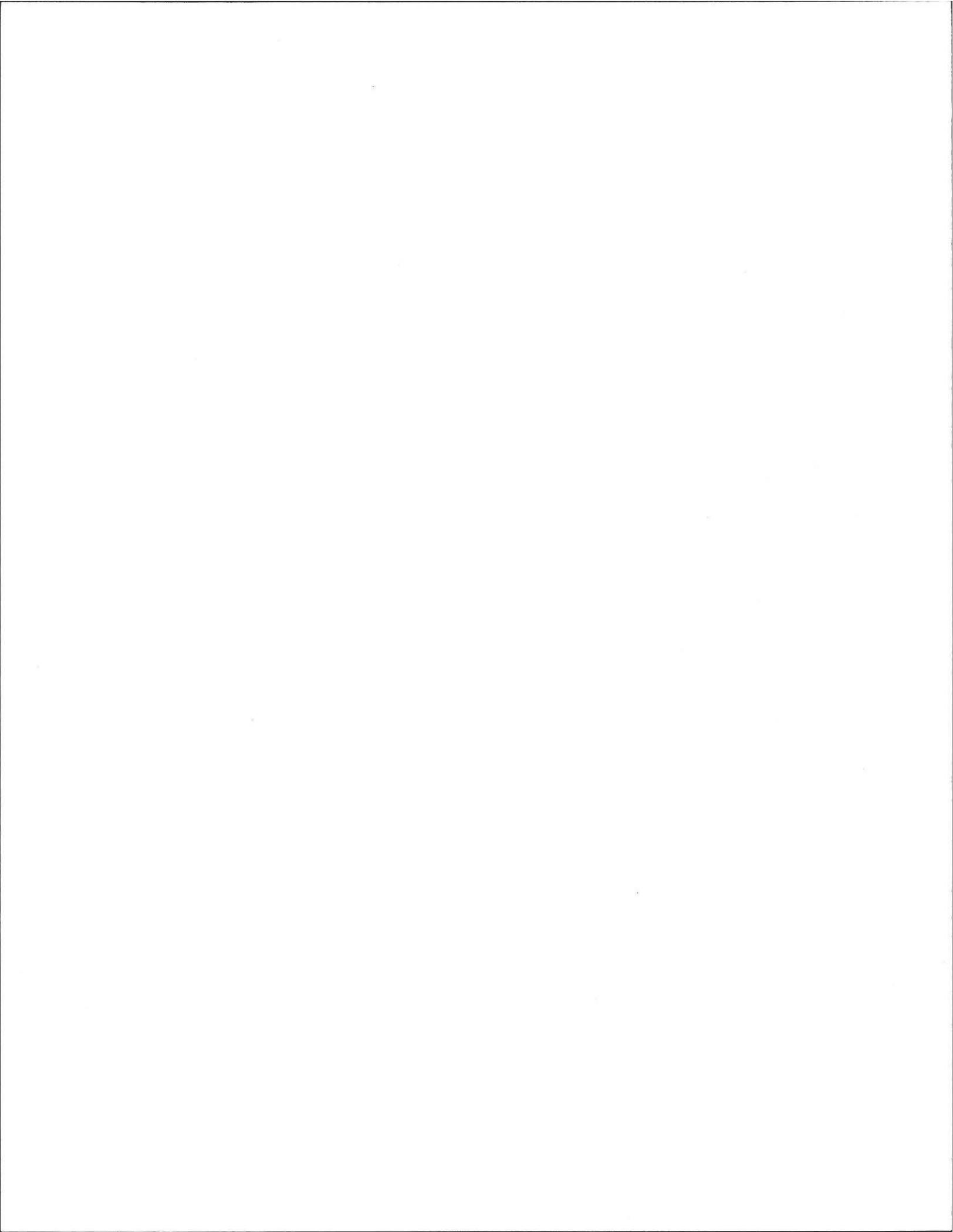
DATE 4-13-64 Inspector OCB

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 64-9 Permission is hereby granted S.J. WANCYK to construct () or repair (X) an Individual Sewage Disposal System at West St At Mt View Cir as shown on the application for Disposal Works Construction Permit No. 64-9

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 4-13-64 Board of Health OCB



Rec'd \$ 3.00
5/21/63

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 10-63

Byron H. Capen Sr of Bay Road No. 33041
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence
(residence, store, etc.)

which will be located at Machanic St to be installed by

.....
(name) (address) (phone)

Builder is Byron H. Capen Sr Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 143 x 160 Type of Soil Gravel Well or Town Water? Town water

Distance to Town Sewer MILES Depth to Ground Water Kind of Well

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions 52' x 30' 6" No. Bedrooms 3 No. Occupants SPEC

Fixtures: No. Toilets 1 Urinals Wash Basins 1 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders 0

Auto Dishwasher Auto. Clotheswasher 1 Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date May 20, 1963 Byron H. Capen Sr.
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

B. H. Capen Sr is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

No. 10-63

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. Dry Well
either { Dry well 64 sq. ft. bottom area and 6 ft. below the inlet.
Other Dist Box if Trenches

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.

Peric. Test 5/21/63 Hole #1 2" / min G. L. Sims 5/21/63
Hole #2 for the Board of Health date

Inspected 9/25 + 9/27/63 Approved 9/27/63 G. L. Sims
Dry well installed in front

Test Holes



160

26'

G.

K

B

65'

TEST HOLES

20

20

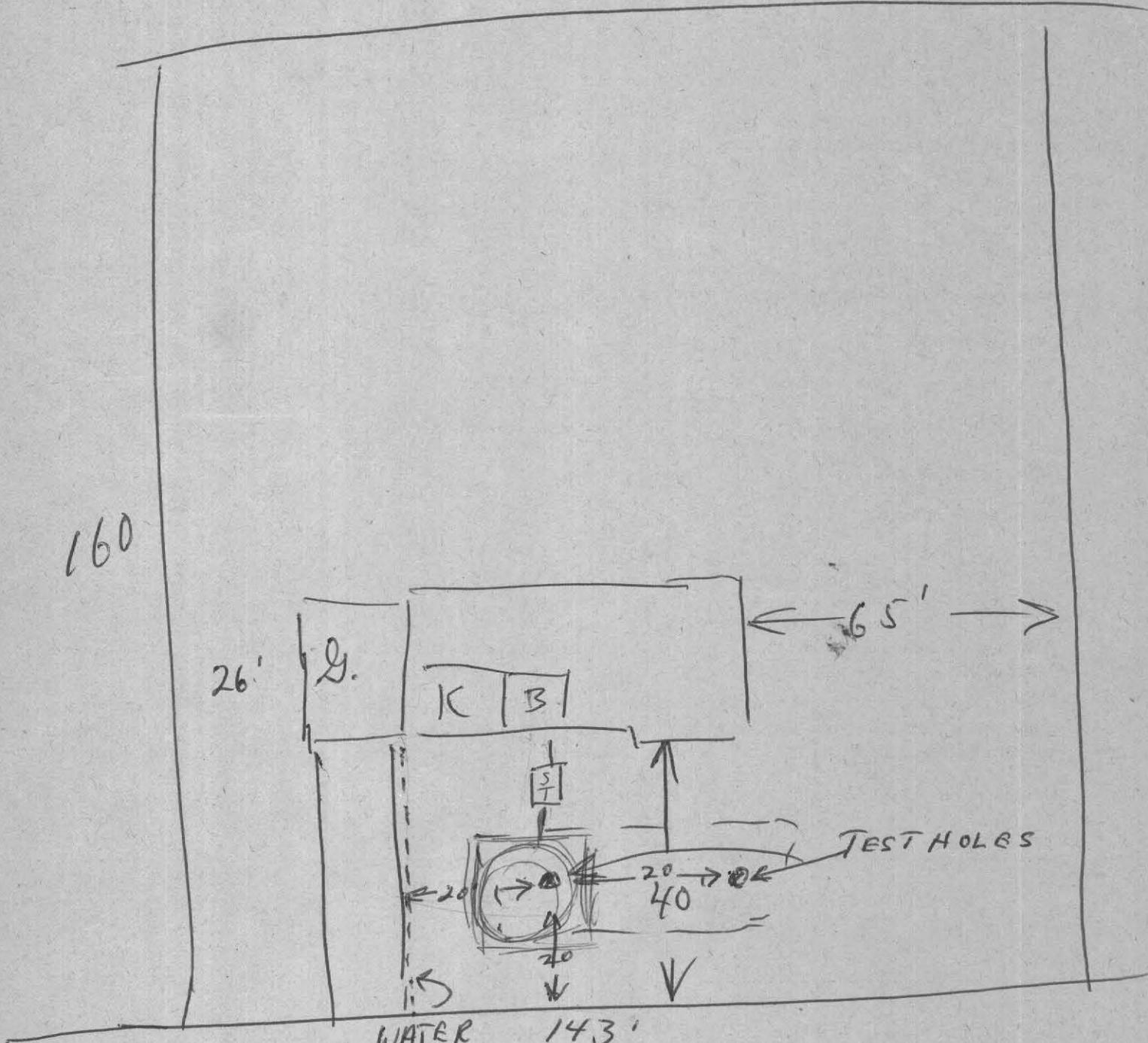
40

20

WATER

143'

MECHANIC ST



5/21/63

Hole #1

B. Capen

10:22 - 12"

10:23.5 - 9"

10:26. 6"

3.5 -

Hole #2

G. L. Sims

10:28 - - 12

10:29 - 9

31.5 - 6

3.5 - 6

1000