

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 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.

Francis B Lyman  
Owner or builder

Oct 19 64  
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 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 William R. Doherty Address 25 Maple St Florence

Contractor Karl Komarow Address No impact

Type of Building \_\_\_\_\_ Dimensions \_\_\_\_\_ Size Lot 150 X 198-209

Dwelling—No. of Bedrooms 4 Expansion Attic (46) 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 CEA

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

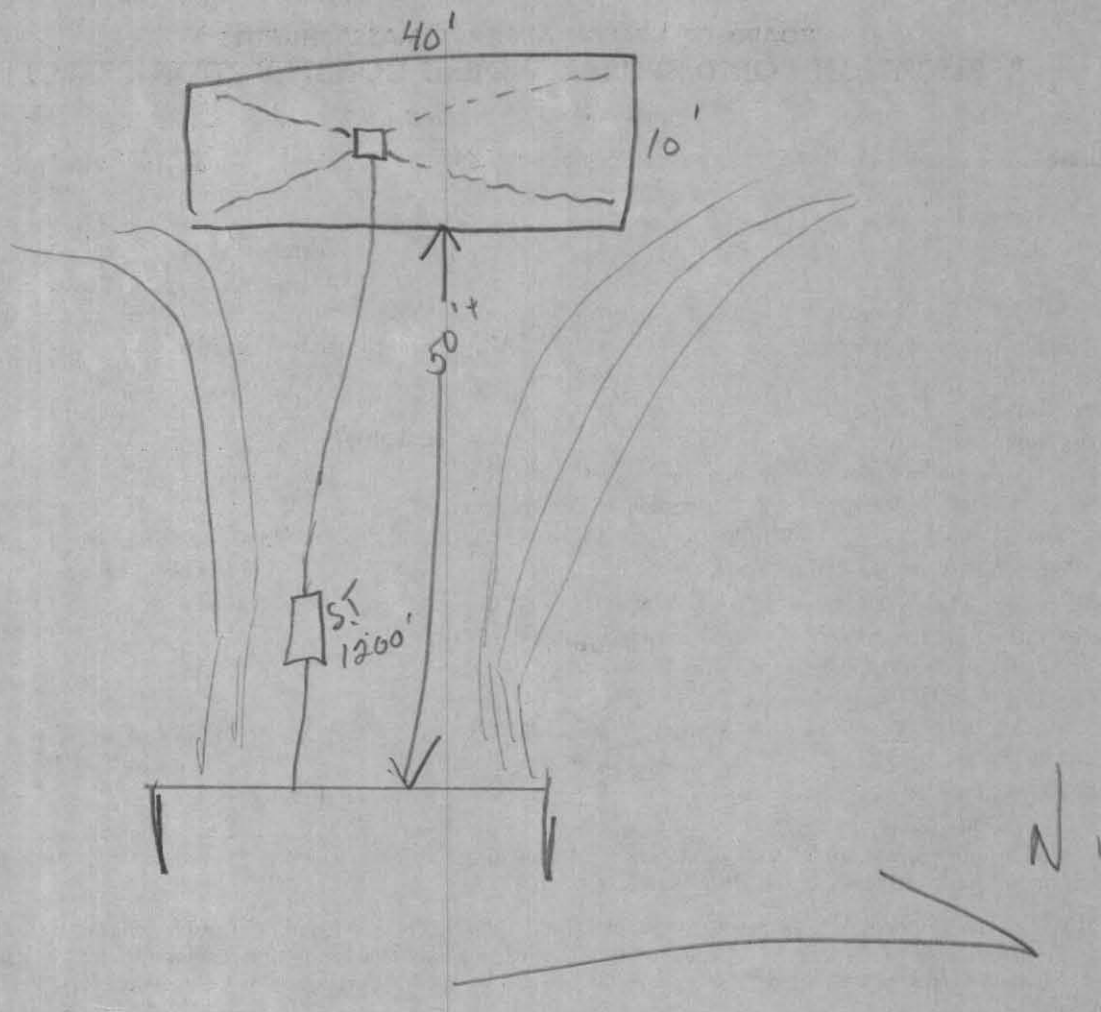
as shown on the application for Disposal Works Construction Permit No. 65-23

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

CEA  
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 Mechanic St or Lot No. \_\_\_\_\_

Owner J.P. Kucuk Address 51 East St

Contractor Karl Kucuk Address No. 11111111

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 Dr. K 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 Owner or builder Mrs. J.P. Kucuk date 7-7-64

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 ( ) 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 Kucuk 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 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. Kowalski Address 50 East St

Contractor Karl Kowalski Address No Maple

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

Dwelling—No. of Bedrooms 1 Expansion Attic ( ) 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 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 CE Drake Owner or builder Mrs J.P. Kowalski date 7-7-64

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 ( ) 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 CE Drake

BOARD OF HEALTH AND MASSACHUSETTS  
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

1. Name of Applicant: \_\_\_\_\_  
2. Name of Project: \_\_\_\_\_  
3. Address of Project: \_\_\_\_\_  
4. City/Town/Village: \_\_\_\_\_  
5. County: \_\_\_\_\_  
6. State: \_\_\_\_\_  
7. Zip: \_\_\_\_\_  
8. Date of Application: \_\_\_\_\_  
9. Name of Applicant's Representative: \_\_\_\_\_  
10. Title of Applicant's Representative: \_\_\_\_\_  
11. Signature of Applicant's Representative: \_\_\_\_\_  
12. Signature of Board of Health Representative: \_\_\_\_\_  
13. Date of Approval: \_\_\_\_\_  
14. Name of Board of Health Representative: \_\_\_\_\_  
15. Title of Board of Health Representative: \_\_\_\_\_  
16. Signature of Board of Health Representative: \_\_\_\_\_  
17. Date of Approval: \_\_\_\_\_  
18. Name of Board of Health Representative: \_\_\_\_\_  
19. Title of Board of Health Representative: \_\_\_\_\_  
20. Signature of Board of Health Representative: \_\_\_\_\_  
21. Date of Approval: \_\_\_\_\_  
22. Name of Board of Health Representative: \_\_\_\_\_  
23. Title of Board of Health Representative: \_\_\_\_\_  
24. Signature of Board of Health Representative: \_\_\_\_\_  
25. Date of Approval: \_\_\_\_\_

BOARD OF HEALTH AND MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE

1. Name of Applicant: \_\_\_\_\_  
2. Name of Project: \_\_\_\_\_  
3. Address of Project: \_\_\_\_\_  
4. City/Town/Village: \_\_\_\_\_  
5. County: \_\_\_\_\_  
6. State: \_\_\_\_\_  
7. Zip: \_\_\_\_\_  
8. Date of Application: \_\_\_\_\_  
9. Name of Applicant's Representative: \_\_\_\_\_  
10. Title of Applicant's Representative: \_\_\_\_\_  
11. Signature of Applicant's Representative: \_\_\_\_\_  
12. Signature of Board of Health Representative: \_\_\_\_\_  
13. Date of Approval: \_\_\_\_\_  
14. Name of Board of Health Representative: \_\_\_\_\_  
15. Title of Board of Health Representative: \_\_\_\_\_  
16. Signature of Board of Health Representative: \_\_\_\_\_  
17. Date of Approval: \_\_\_\_\_  
18. Name of Board of Health Representative: \_\_\_\_\_  
19. Title of Board of Health Representative: \_\_\_\_\_  
20. Signature of Board of Health Representative: \_\_\_\_\_  
21. Date of Approval: \_\_\_\_\_  
22. Name of Board of Health Representative: \_\_\_\_\_  
23. Title of Board of Health Representative: \_\_\_\_\_  
24. Signature of Board of Health Representative: \_\_\_\_\_  
25. Date of Approval: \_\_\_\_\_

BOARD OF HEALTH AND MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT

1. Name of Applicant: \_\_\_\_\_  
2. Name of Project: \_\_\_\_\_  
3. Address of Project: \_\_\_\_\_  
4. City/Town/Village: \_\_\_\_\_  
5. County: \_\_\_\_\_  
6. State: \_\_\_\_\_  
7. Zip: \_\_\_\_\_  
8. Date of Application: \_\_\_\_\_  
9. Name of Applicant's Representative: \_\_\_\_\_  
10. Title of Applicant's Representative: \_\_\_\_\_  
11. Signature of Applicant's Representative: \_\_\_\_\_  
12. Signature of Board of Health Representative: \_\_\_\_\_  
13. Date of Approval: \_\_\_\_\_  
14. Name of Board of Health Representative: \_\_\_\_\_  
15. Title of Board of Health Representative: \_\_\_\_\_  
16. Signature of Board of Health Representative: \_\_\_\_\_  
17. Date of Approval: \_\_\_\_\_  
18. Name of Board of Health Representative: \_\_\_\_\_  
19. Title of Board of Health Representative: \_\_\_\_\_  
20. Signature of Board of Health Representative: \_\_\_\_\_  
21. Date of Approval: \_\_\_\_\_  
22. Name of Board of Health Representative: \_\_\_\_\_  
23. Title of Board of Health Representative: \_\_\_\_\_  
24. Signature of Board of Health Representative: \_\_\_\_\_  
25. Date of Approval: \_\_\_\_\_

## 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 SO. EAST ST.

Contractor KARL KONIENCZNY Address NO. HADLEY

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 CE Drake Mrs. J. P. Kerschulis 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 K. KONIENCZNY 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 KONIENCZNY 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 CE Drake Board of Health



666  
L.P.

600  
Sr



Michener L.



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

No. 64-9 Date 4-13-64 Fee 7.00 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 Vernon Cir or Lot No. \_\_\_\_\_

Owner JACOBS Address West St

Contractor S.J. Wawcyk 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? Y-N 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 S.J. Wawcyk 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. Wawcyk at JACOBS 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. 64-9 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. Wawcyk to construct ( ) or repair (X) an

Individual Sewage Disposal System at West St At Mt Vernon 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



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 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

No. 10-63

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:

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

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

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.

Per. Test 5/21/63 Hole #1 2" / min  
Hole #2

G. L. Sims 5/21/63  
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

20

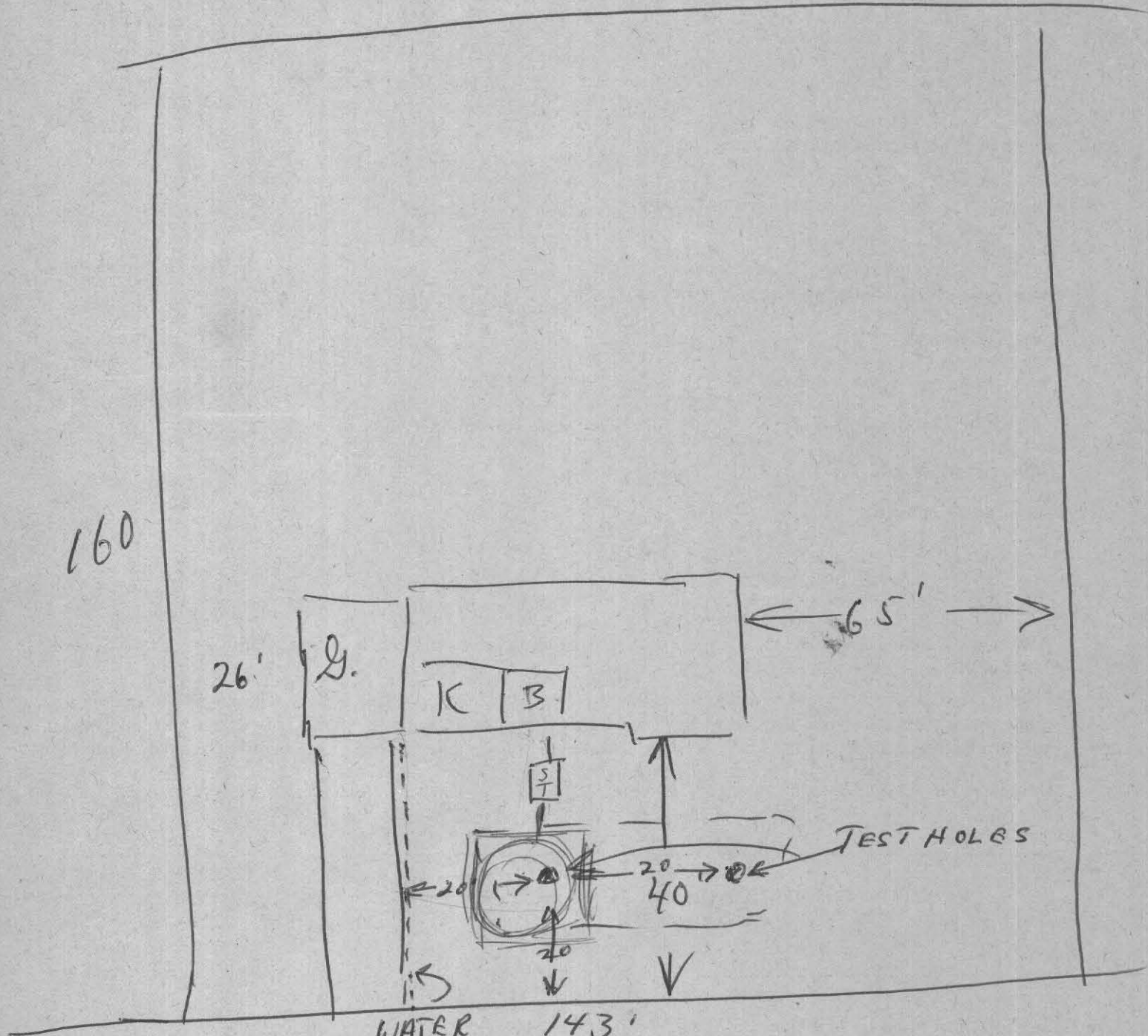
40

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. Lewis

10:28 - 12

10:29 - 9

31.5 - 6

3.5 - 6

