

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

#94

No. 76-4 Date 3-1-76 Fee NO 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 94 MIDDLE ST or Lot No. \_\_\_\_\_

Owner OLIVER ISELIU Address 94 MIDDLE ST

Contractor S. J. WANCYK Address 646 WEST ST.

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

Dwelling—No. of Bedrooms 3 Expansion Attic NO Garbage Grinder ( NO )

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

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

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

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Disposal Trench—No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.

Disposal Bed—No. 1 Diameter 18x33 Depth below inlet \_\_\_\_\_ Total leaching area 594 sq. ft. (Min)

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 [Signature] Date 3-1-76

Test Pit No. 1 2 MIN / INCH minutes per inch Depth of Test Pit 7'6"

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

Description of Soil SAND. Depth to Ground Water 7'6"

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 [Signature] S. J. WANCYK Owner or builder Date 3-1-76

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 94 MIDDLE 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. 76-4 dated 3-1-76

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 3-9-76 Inspector [Signature]

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

No. 76-4 Permission is hereby granted S. J. WANCYK to construct ( ) or repair (X) an Individual Sewage Disposal System at 94 MIDDLE ST

as shown on the application for Disposal Works Construction Permit No. 76-4

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 3-1-76 Board of Health [Signature]

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BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

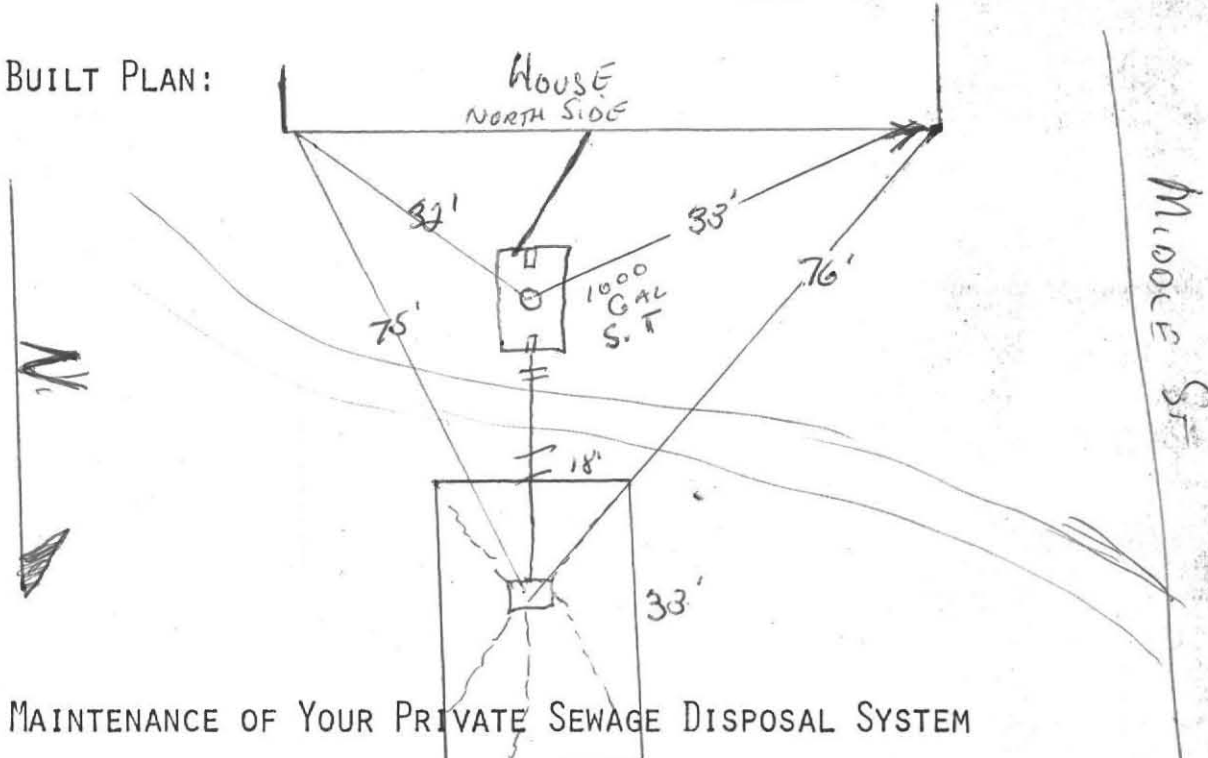
Owner OLIVER ISLAN Address 94 MIDDLE ST  
Installer S. J. WANCYK Address WEST ST Amherst  
Date Installation Inspected and Approved 3-8-76 - ALSO 3-1-76 Prelim

Description of System: Tank Capacity: 1000 GAL

Leach Field ( ) Bed (x) Seepage Pit ( ) Square Feet: 595

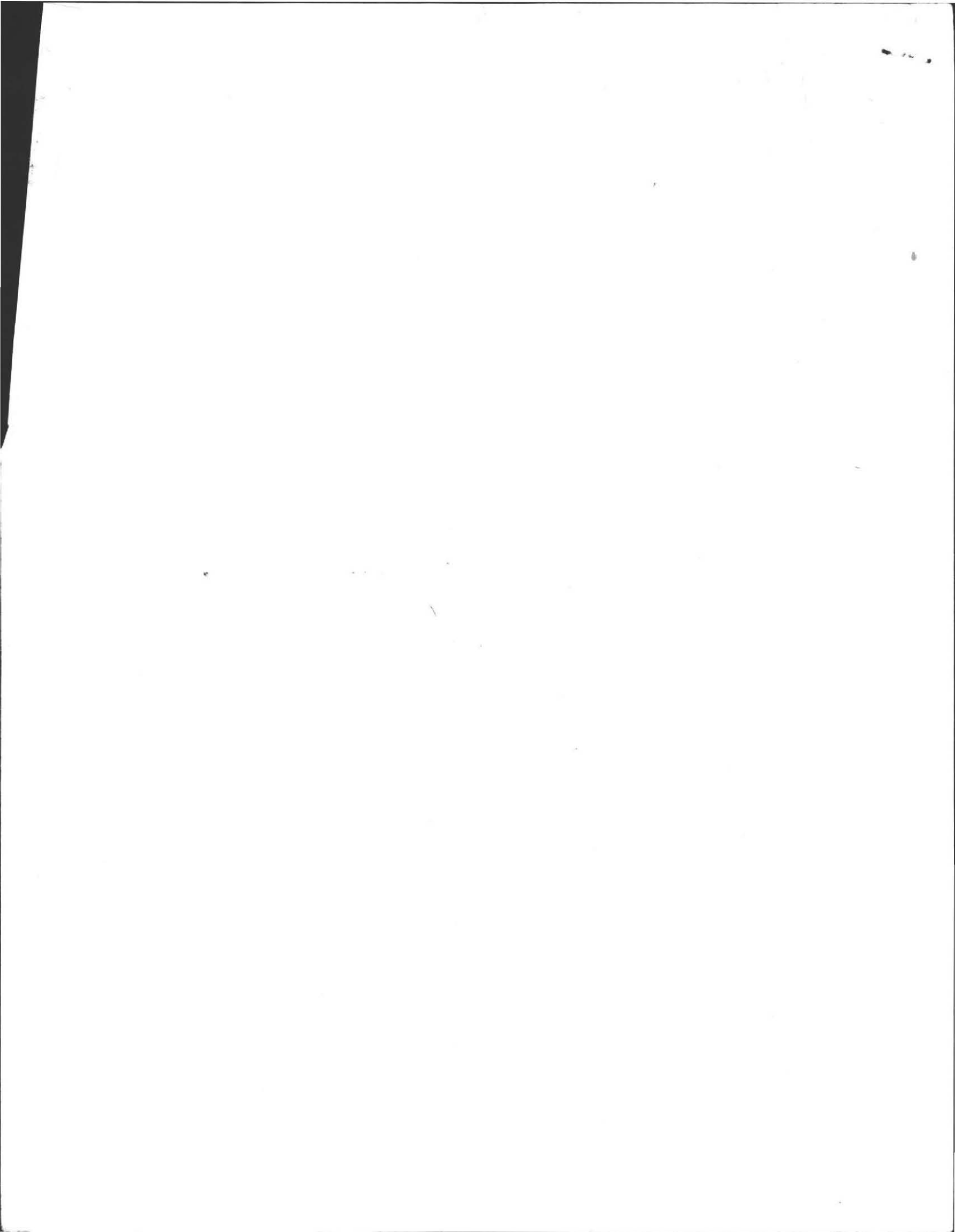
Garbage Grinder Yes ( ) No (X) No. Bedrooms: 3 No. People 6

As - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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.



746 225 295



# Certified Mail Receipt

No Insurance Coverage Provided

Do not use for International Mail

(See Reverse)

Sent to <i>Robert Nakosteen</i>	
Street & No. <i>94 Middle Street</i>	
P.O., State & ZIP Code <i>Amherst, Ma 01002</i>	
Postage	<i>\$29</i>
Certified Fee	<i>1.00</i>
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Address of Delivery	
TOTAL Postage & Fees	<i>\$1.29</i>

Postmark or Date

PS Form 3800, June 1990

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CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES (see front).**

1. If you want this receipt postmarked, stick the gummed stub to the right of the return address leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier (no extra charge).
2. If you do not want this receipt postmarked, stick the gummed stub to the right of the return address of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to the back of article. Endorse front of article **RETURN RECEIPT REQUESTED** adjacent to the number.
4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
5. Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
6. Save this receipt and present it if you make inquiry.

☆ U.S.G.P.O. 1990-270-153