

#231

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

No. 70-29 Date Nov. 5, 1970 Fee 3.00 Date Rec'd. 11/5/70 By D.G.F.

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

Location—Address 231 Middle St. or Lot No. _____

Owner Edward J. Miller Address North Pleasant St.

Contractor _____ Address _____

Type of Building DWELLING Dimensions 25' X 36' Size Lot 120' X 240'

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

Other _____ No. of persons _____ Showers () _____

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 1000 gallons per person per day. Total daily flow _____ 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 16 X 30 Depth below inlet _____ Total leaching area 450 sq. ft.

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 Drake Date _____

Test Pit No. 1 11 minutes per inch Depth of Test Pit 24"

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

Description of Soil POOR - LEACH - Depth to Ground Water 3'

Will disposal area be filled? YES 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 CED TOPSOIL TO BE REMOVED - SANDOR GRAVEL Owner or builder _____ date _____
FILL TO BE REPLACED TO AT LEAST 3' ABOVE GROUND date _____

Application Disapproved for the following reasons: SYSTEM TO BE BUILT ON IT.

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 _____

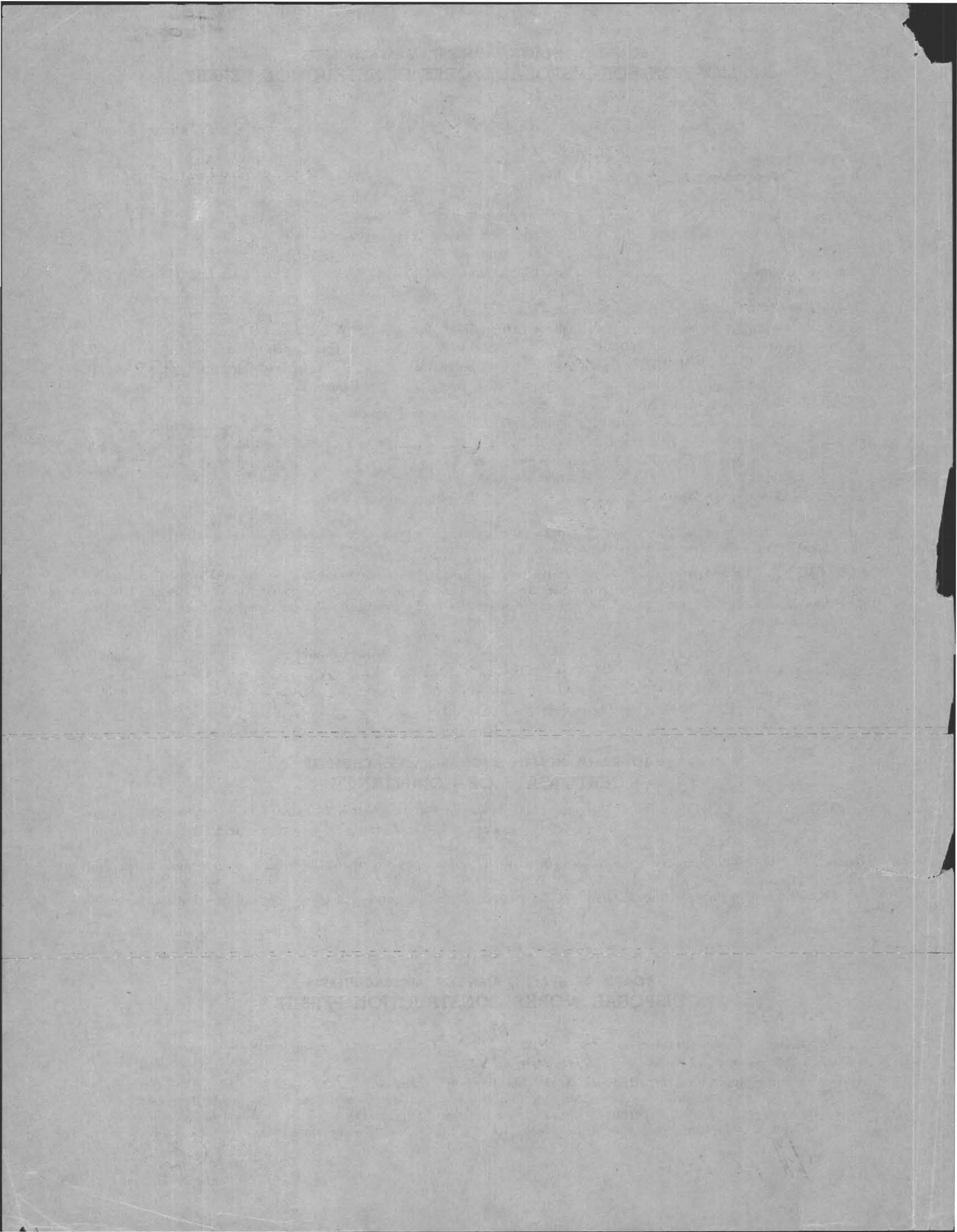
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 70-29 Permission is hereby granted E. J. MILLER to construct or repair () an Individual Sewage Disposal System at MIDDLE ST

as shown on the application for Disposal Works Construction Permit No. 70-29

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 11-10-70 Board of Health _____



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

MIDDLE ST.
231 MOSKOWITZ

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner CAROL MOSKOWITZ Address 231 MIDDLE ST.

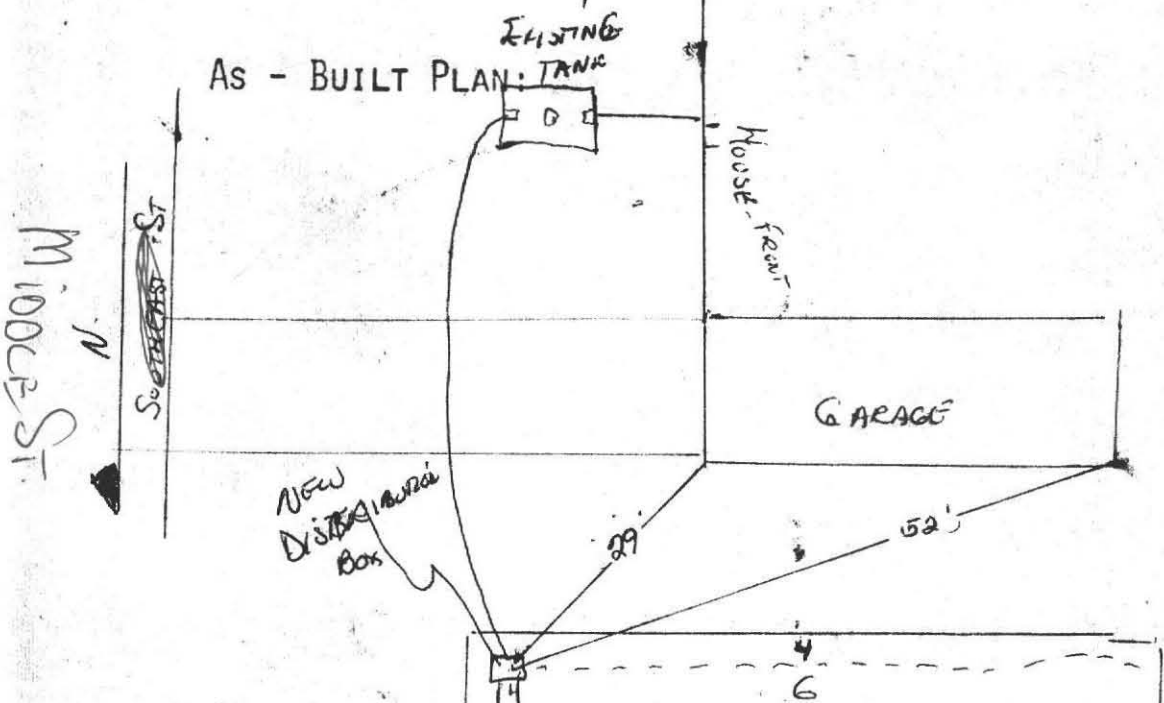
Installer KARLS EXCAVATING Address RIVER DR. HAOLEY

Date Installation Inspected and Approved JULY 1979

Description of System: Tank Capacity: EXISTING 1000

Leach Field () Bed (X) Seepage Pit () Square Feet: 900

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



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 3 years. ← 45' →
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.

