

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No.

W.D. Cowls Inc of No Amherst No. AI 32403
(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 Montague Route 63 to be installed by
Karl Konicczyk
(name) (address) (phone)

Builder is owner Plumber is unknown as yet

Description of lot, building and fixtures as follows:

Lot: Dimensions 125x125 Type of Soil gravel Well or Town Water? town water

Distance to Town Sewer 1 mile Depth to Ground Water 15' Kind of Well none

Will Lot be Graded? yes By Filling or Removing Soil? both

Building: Dimensions 24x30 No. Bedrooms 4 No. Occupants 7

Fixtures: No. Toilets 2 Urinals — Wash Basins 2 Bathtubs 1

Showers 1 Kitchen Sinks 1 Garbage Grinders no

Auto Dishwasher ? Auto. Clotheswasher ? 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 Nov 9, 1959

W.D. Cowls Inc
(Signature of Applicant)

14
3
48
10
38
15
23

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

W.D. Cowls 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.

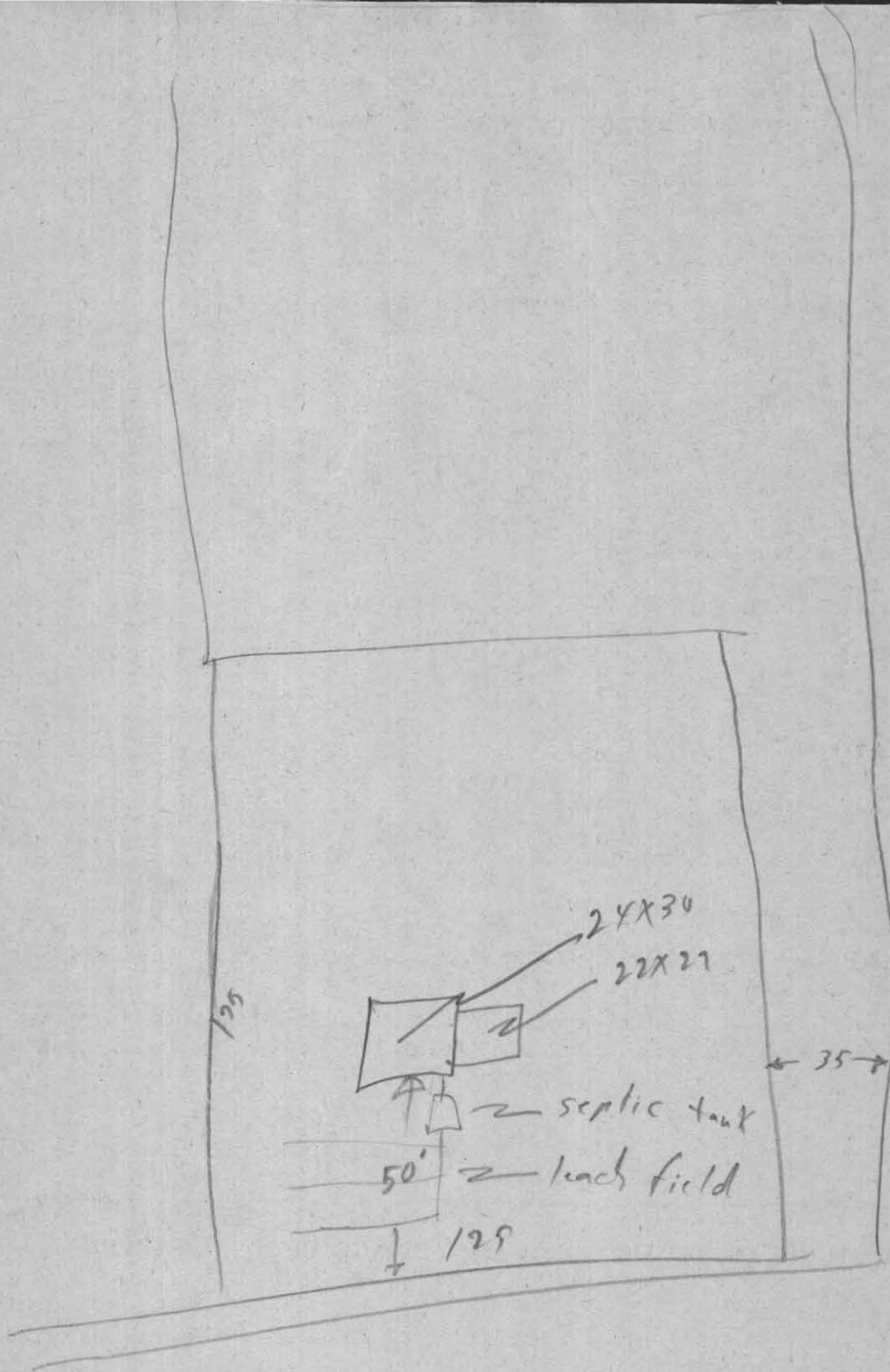
~~Dry well~~ ft. bottom area and ft. below the inlet.

~~Other~~

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.

.....
for the Board of Health date

Inspected Approved



125

24x30

22x21

4

septic tank

50'

leach field

35

129

4-61

Rec'd \$100
4/10/61
4

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 4-61

David Mitchell of Mentague Rd
(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 his home to be installed by
D J Wauczyk 133 West St Ja 47381
(name) (address) (phone)

Builder is same Plumber is none

Description of lot, building and fixtures as follows:

Lot: Dimensions..... Type of Soil..... Well or Town Water?
Distance to Town Sewer None Depth to Ground Water Kind of Well None
Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs
Showers Kitchen Sinks Garbage Grinders
Auto Dishwasher Auto. Clotheswasher 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 4/9/61
D J Wauczyk (Signature of Applicant)
Explored damaged Septic tank

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

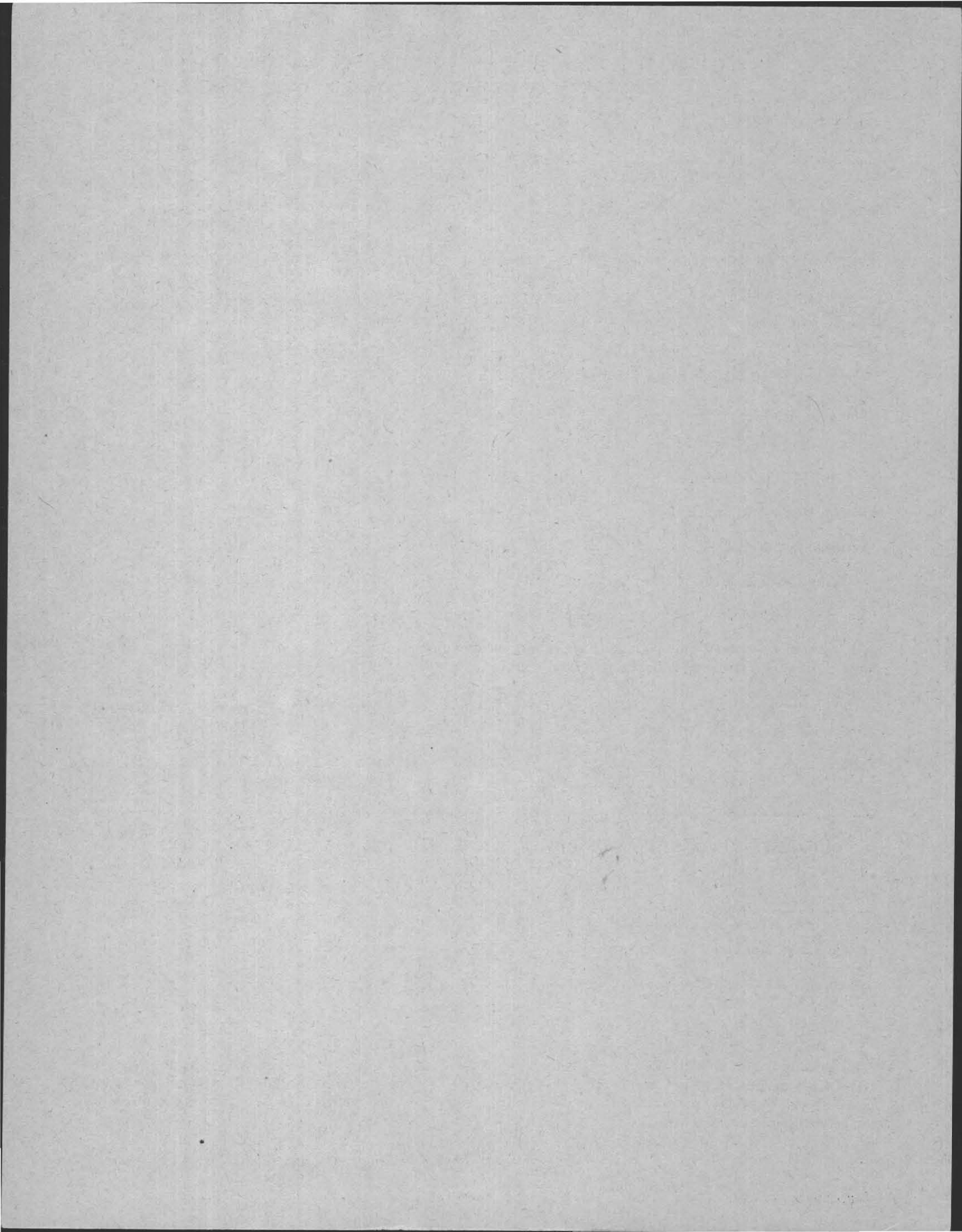
..... is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of Gals. Liquid Capacity.
Leaching System: Trenches of not less than Sq. Ft. bottom area.
Dry well ft. bottom area and ft. below the inlet.
Other

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.

..... for the Board of Health date

Inspected Approved



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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 17-62

PARSONS, CLARENCE H of 117 Northampton Rd 3-3539
(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 MONTAGUE Road to be installed by

(name) (address) (phone)

Builder is George Buczala Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 5 Acres Type of Soil Gravel Well or Town Water? Town Water

Distance to Town Sewer 1 Mile Depth to Ground Water ? Kind of Well

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

Building: Dimensions 28' x 50' No. Bedrooms 3 No. Occupants 2

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 2

Showers Kitchen Sinks 1 Garbage Grinders

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 June 1, 1962

Clarence H. Parsons
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

C. H. PARSONS

No. 17-62

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 Minimum

Leaching System: Trenches of not less than 400 Sq. Ft. bottom area.

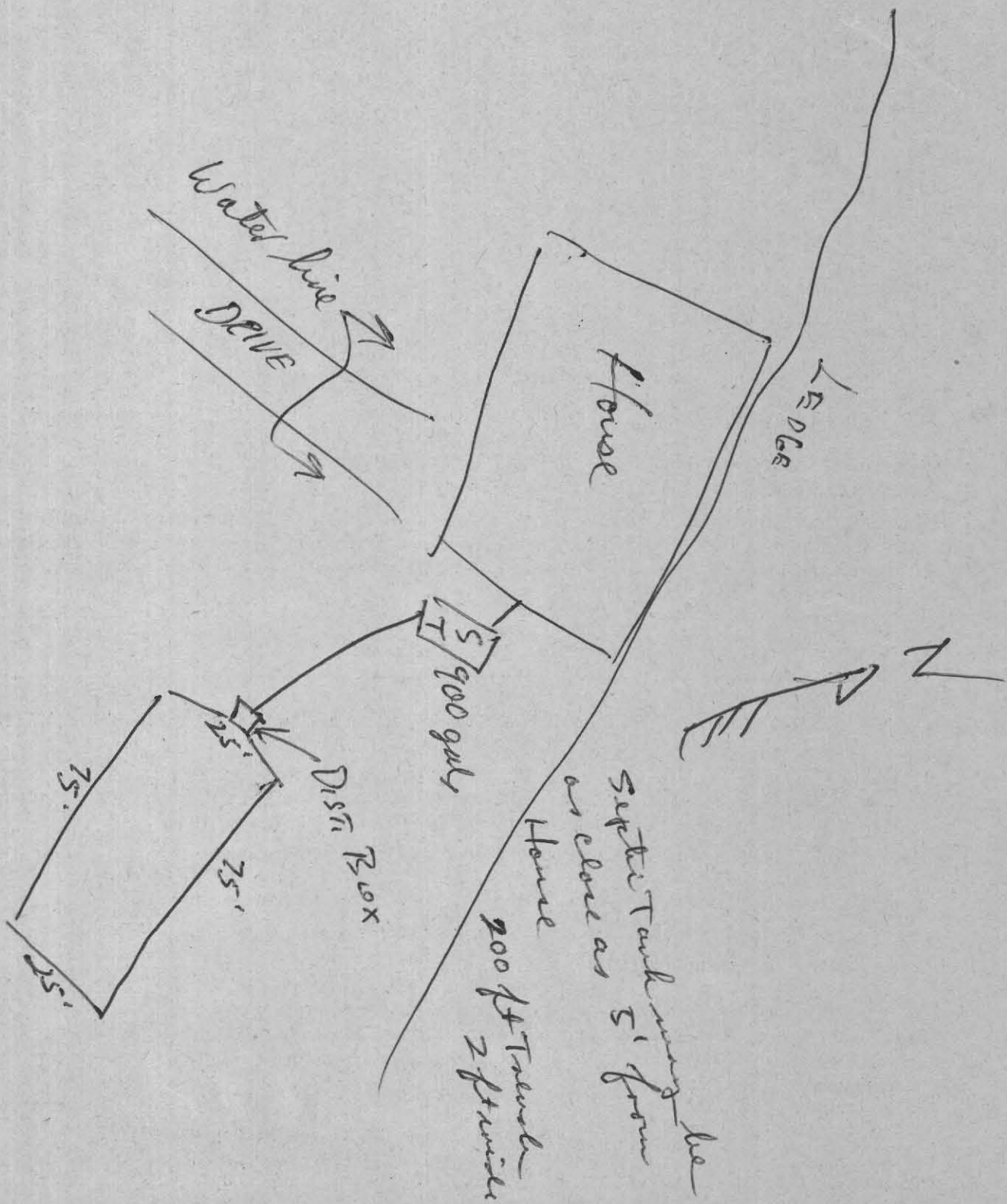
Dry well ft. bottom area and ft. below the inlet.

Other DIST. BOX

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.

for the Board of Health June 6, 1962 date

Inspected Approved



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

No. 41-63 Date _____ Fee \$100 Date Rec'd. _____ By _____

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

Location—Address Montague Rd (2nd Rt above Pulpit Hill Rd) or Lot No. _____

Owner GORDON WALLACE Address SAME

Contractor _____ Address _____

Type of Building Dwelling - 3 bpts Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 6 Expansion Attic (No) Garbage Grinder (No)

Other _____ No. of persons 6 Showers () _____

Other fixtures Standard Toilets + Bath + Lavatory + Kitchens

Town Water? Yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 600 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8' W 4' D 6'

Disposal Trench—No. 2 Width 2ft Total Length 200 Total leaching area 400 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

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

Other: Distribution box (X) No. 1 Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation 2ft maximum)

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 Gravel + Sand Depth to Ground Water 6ft plus

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 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 G. G. Sino Owner or builder _____ date 7/31/63
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 G. Wallace at Montague Rd 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. 41-63 dated 7/31/63

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE 8/23/63 Inspector G. G. Sino

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

No. 41-63
Permission is hereby granted G. Wallace to construct () or repair () an Individual Sewage Disposal System at Montague Rd as shown on the application for Disposal Works Construction Permit No. 41-63

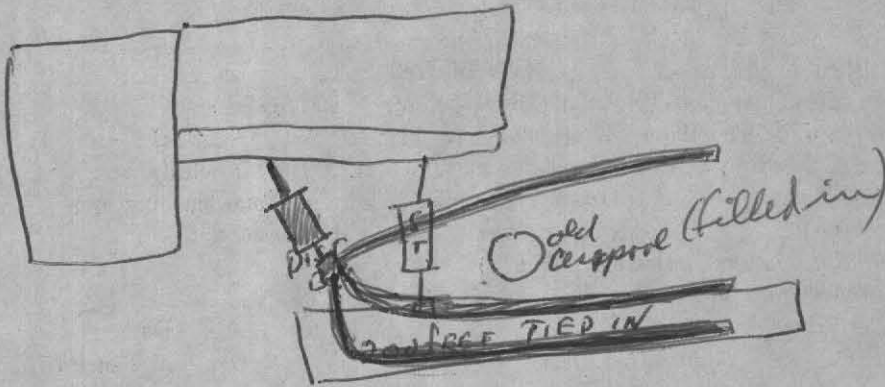
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 7/31/63 G. G. Sino
Board of Health

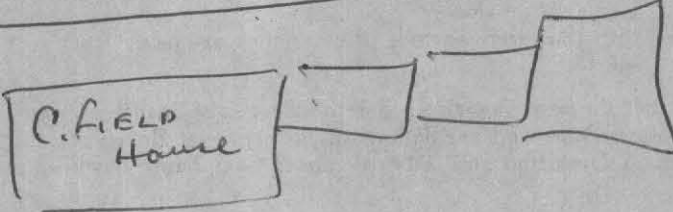
Location of Trenches will depend on area available -
Keep to front as much as possible -
and/or Northside of lot.



Montague Rd.



To
↓
N. Amherst
Center



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

No. 65-9 Date May 13, 1965 Fee \$3.00 Date Rec'd. May 13, 1965 By [Signature]

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

Location—Address MONTAGUE RD or Lot No. _____

Owner RALPH T. STAAB Address JEFFREY LANE

Contractor A.E. Conklin Inc Address RIDGECREST RD. Amherst

Type of Building # Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 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 400 gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 2 Width 2 Total Length 300 Total leaching area 300 sq. ft.

Disposal Bed—No. _____ Diameter _____ Depth below inlet 150 Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 8' Depth below inlet 8' Dimensions: _____ x _____ x _____

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

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

Percolation Test Results Performed by Deane 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 _____ Depth to Ground Water _____

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 [Signature] A.E. Conklin Owner or builder 5-14-65 date
5-14-65 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 _____

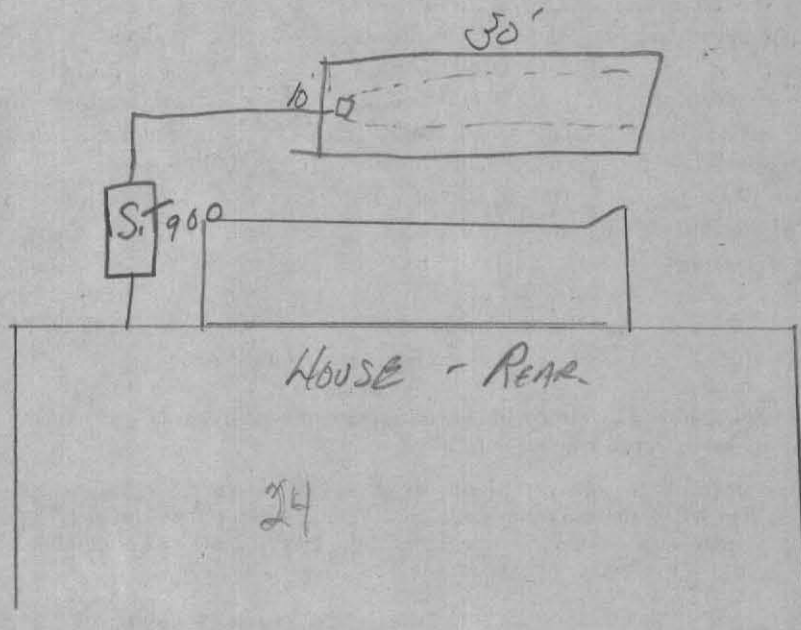
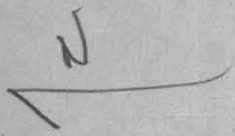
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-9 Permission is hereby granted A.E. Conklin to construct (X) or repair () an Individual Sewage Disposal System at MONTAGUE RD

as shown on the application for Disposal Works Construction Permit No. 65-9

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 5-14-65 [Signature] Board of Health



MONTAGUE RD

REISSUE

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-16 Date JUNE 9, 1965 Fee NO FEE Date Rec'd. JUNE 1965 By FAS

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

Location—Address MONTAGUE RD. or Lot No.

Owner CHARENCE H. PARSONS Address 117 Northampton Rd

Contractor GEORGE DUCZALA Address BAY RD

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 3 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 400 sq. ft.

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area 400 sq. ft.

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

Other: Distribution box (X) No. 1 Dosing tank ()

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

Percolation Test Results Performed by FAS 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 _____ Depth to Ground Water _____

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 [Signature] Owner or builder date 6-9-65

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

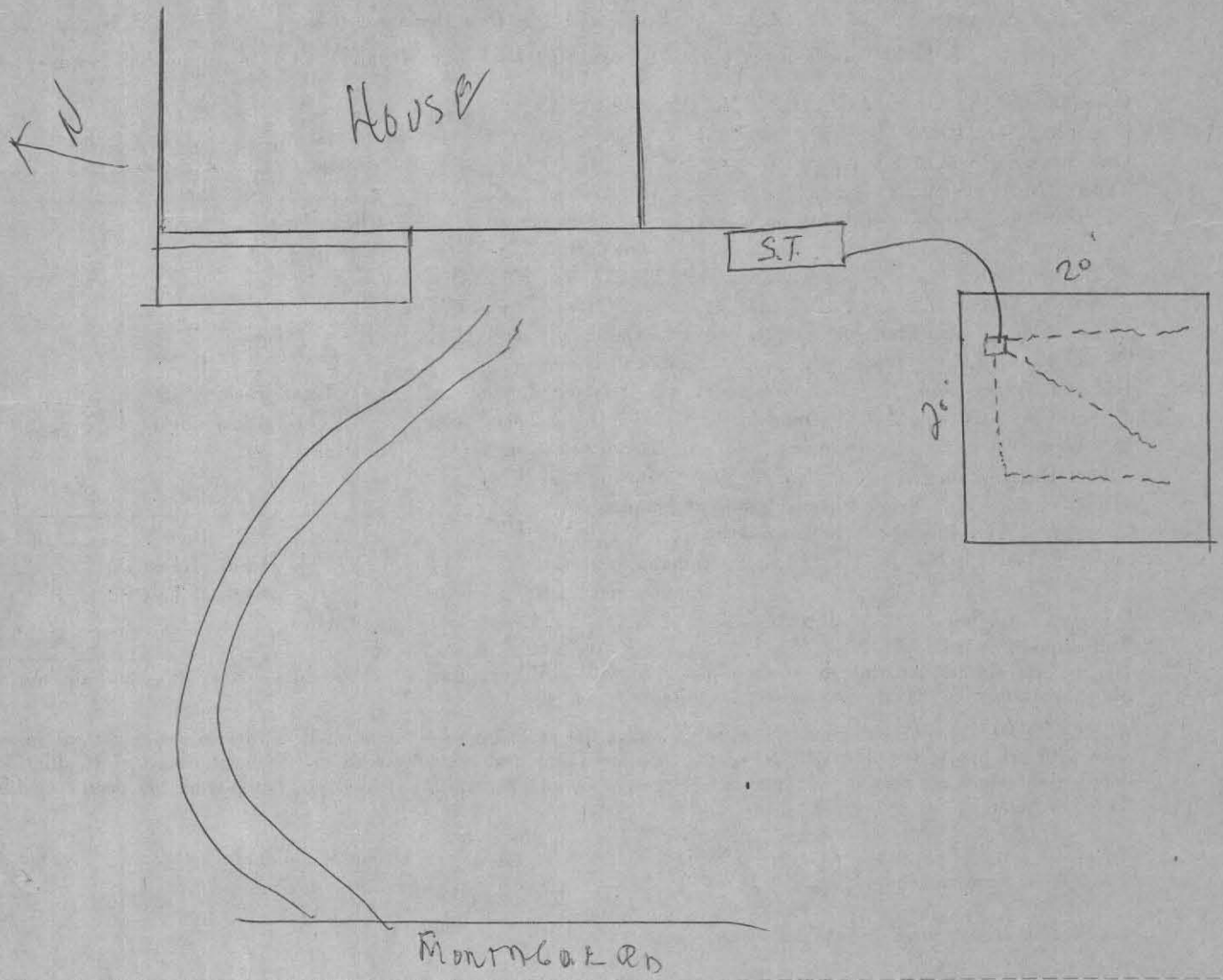
RENEWAL

No. 65-16 Permission is hereby granted CHARENCE PARSONS to construct (X) or repair () an Individual Sewage Disposal System at MONTAGUE RD

as shown on the application for Disposal Works Construction Permit No. 65-16

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 June 9 1965 Board of Health [Signature]



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

No. 65-20 Date 6-15-65 Fee 1.00 Date Rec'd. _____ By _____

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

Location—Address MONTAGUE RD or Lot No. _____

Owner SURREY Address MONTAGUE RD

Contractor S. J. WANCYK Address SO AMHERST

Type of Building _____ 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 _____ 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. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6 Depth below inlet 6' Dimensions: 6 x 6 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 _____ Depth to Ground Water _____

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.

Application Approved by [Signature] _____
 _____ S. J. WANCYK, A.S.H. 6-15-65
 Owner or builder date
6-15-65
 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 (X) by S. J. WANCYK at SURREY, MONTAGUE RD 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.

65-20 dated 6-15-65

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

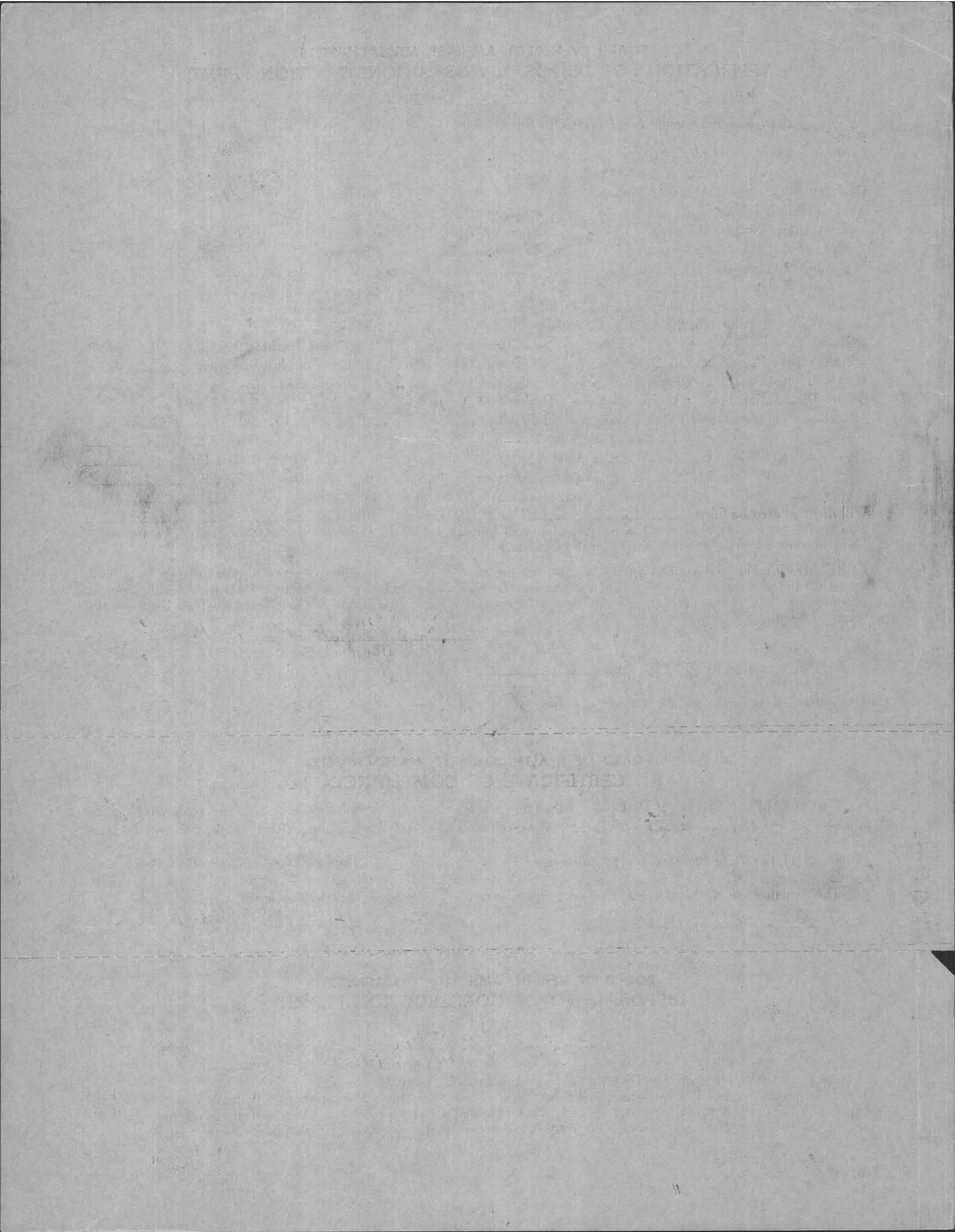
DATE 6-15-65 Inspector [Signature]

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

No. 65-20
 Permission is hereby granted S. J. WANCYK to construct () or repair (X) an Individual Sewage Disposal System at SURREY - MONTAGUE RD
 as shown on the application for Disposal Works Construction Permit No. 65-20

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 6-15-65 _____
 Board of Health



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

No. 67-16 Date June 27/67 Fee 3⁰⁰ Date Rec'd. June 27/67 By CE D

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

Location—Address MONTAGUE ROAD or Lot No. _____

Owner Edward J. Miller Address NO PLEASANT ST AMHERST

Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot _____

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

Other _____ No. of persons _____ 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. 1 Diameter 6' Depth below inlet 6' Total leaching area 300 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 Shake 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 _____ Depth to Ground Water _____

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 CE Shake

Edward J. Miller
Owner or builder

6-27-67
date
6-27-67
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 _____

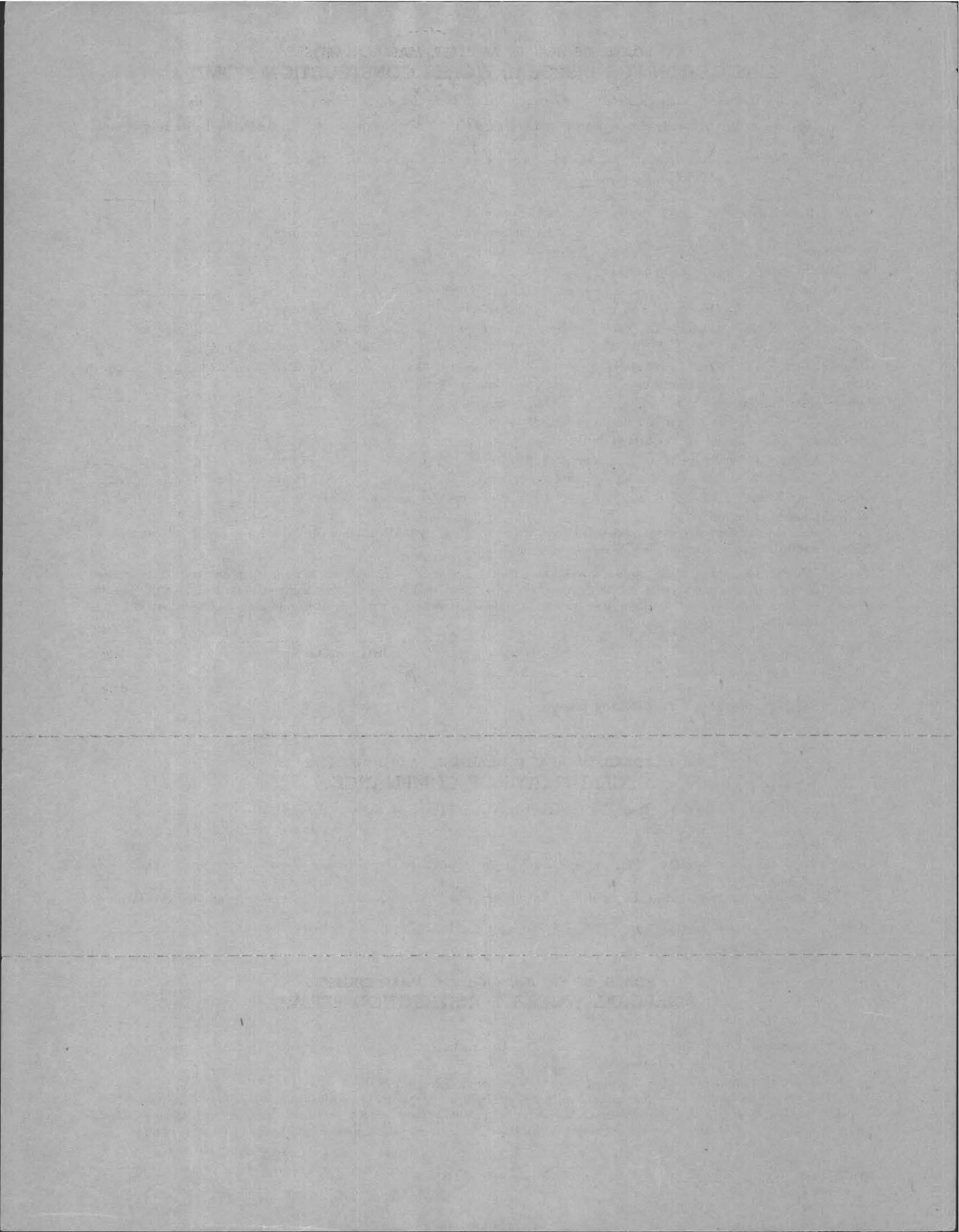
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 67-16
Permission is hereby granted Edw. J. Miller to construct (X) or repair () an Individual Sewage Disposal System at MONTAGUE ROAD as shown on the application for Disposal Works Construction Permit No. 67-16

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 June 27, 1967

CE Shake
Board of Health



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

No. 6723 Date 11-10-67 Fee 3.00 Date Rec'd. 11/10/67 By G.G.

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

Location—Address Old MONTAGUE RD or Lot No. 2A-22 (ATLAS)

Owner Edw. J. Miller Address No. Pleasant St

Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot _____

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? _____ Type of Well _____

Design Flow 775 gallons per person per day. Total daily flow 1 gallons

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

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area 300 sq. ft.

Disposal Bed—No. 1 Diameter 10x30 Depth below inlet _____ Total leaching area 300 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 _____)

Percolation Test Results Performed by _____ 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 Gravel Depth to Ground Water _____

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 C. E. Hales _____
 Owner or builder Edward J. Miller _____ date 11-10-67
 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 _____

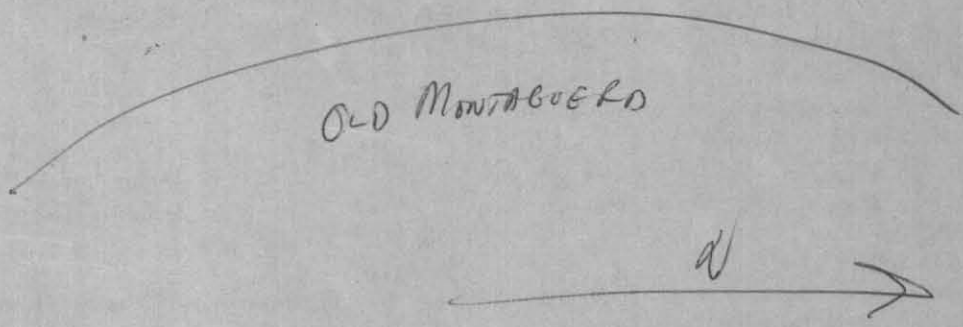
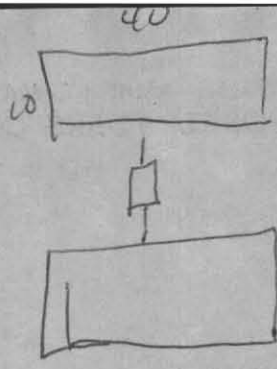
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 67-23 Permission is hereby granted Edw. J. Miller to construct (X) or repair () an Individual Sewage Disposal System at Old MONTAGUE RD

as shown on the application for Disposal Works Construction Permit No. 6723

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 11-10-67 _____
 Board of Health C. E. Hales



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

No. 72-6 Date 3/29/72 Fee \$3.00 Date Rec'd. 3/29/72 By DGF

Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at:
 Location—Address Montague Rd. or Lot No. 4/2000
 Owner Joseph Rocasah Address 485 SUNDELAND RD.
 Contractor CHARLES FERRIGNO Address HATTIENO MAS
 Type of Building DWELLING Dimensions 32' x 44' Size Lot 1 1/2 acres
 Dwelling—No. of Bedrooms 3 Expansion Attic (no) Garbage Grinder (X)
 Other _____ No. of persons 6 Showers ()
 Other fixtures _____
 Town Water? yes Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 375 gallons
 Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____
 Disposal Trench—No. 1 Width 10 Total Length 35 Total leaching area 380 sq. ft.
 Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ 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 KENDALL G. LUND Date 3 27 72
 Test Pit No. 1 2 minutes per inch Depth of Test Pit 30"
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____
 Description of Soil SP, f-m sand, 15 gr. Depth to Ground Water +10'
 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 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 [Signature] Owner or builder Joseph Rocasah Date 3/29/72
 Application Disapproved for the following reasons: _____ date 3-29-72

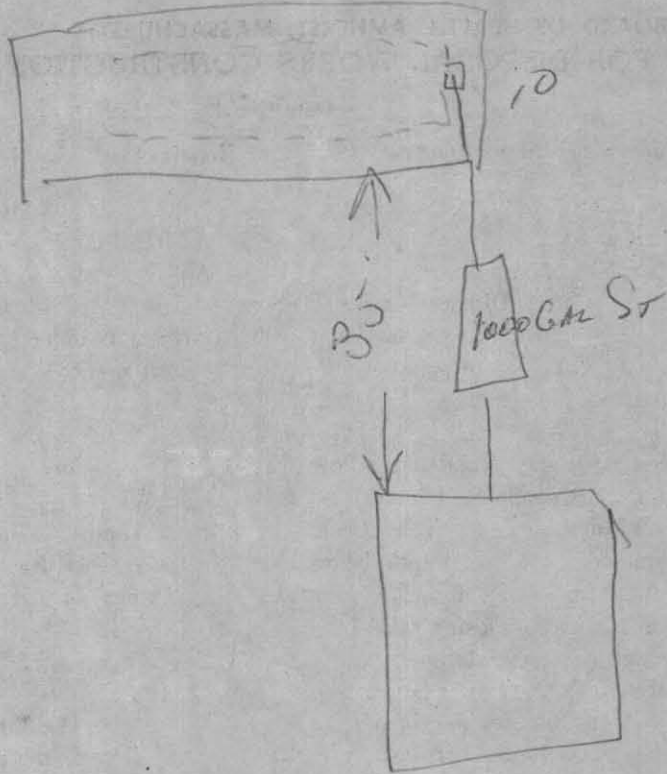
**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (X) or repaired () by C. KABELIEN at MONTAGUERD 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. 72-6 dated 3-29-72.
 The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
 DATE July 12, 1972 Inspector [Signature]

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

No. 72-6 Permission is hereby granted Joseph Rocasah to construct (X) or repair () an Individual Sewage Disposal System at MONTAGUERD as shown on the application for Disposal Works Construction Permit No. 72-6.
 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 3-29-72 Board of Health [Signature]

40.



MONTAGUIRO

Rec'd 300
5/24/63

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 11-63

CHESTER MATUSKO of BALL LANE
(owner's name) (address) (phone)

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

which will be located at MONTAGUE RD to be installed by

? (name) ? (address) ? (phone)

Builder is ? Plumber is ?

Description of lot, building and fixtures as follows:

Lot: Dimensions..... Type of Soil Sandy Clay Well or Town Water? Town

Distance to Town Sewer 300 yds Depth to Ground Water 4' Kind of Well

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

Building: Dimensions 18 x 40 No. Bedrooms 1 No. Occupants 6 (Total Capacity)

Fixtures: No. Toilets 1 Urinals Wash Basins 1 Bathtubs

Showers 1 Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher No Auto. Clotheswasher Other (basement) NONE

(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 5/23/63

Signature of Applicant

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 11-63

C. Matusko 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 750 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. = 150 linear ft 2 ft wide

Dry well ft. bottom area and ft. below the inlet.

Other Dist. Box

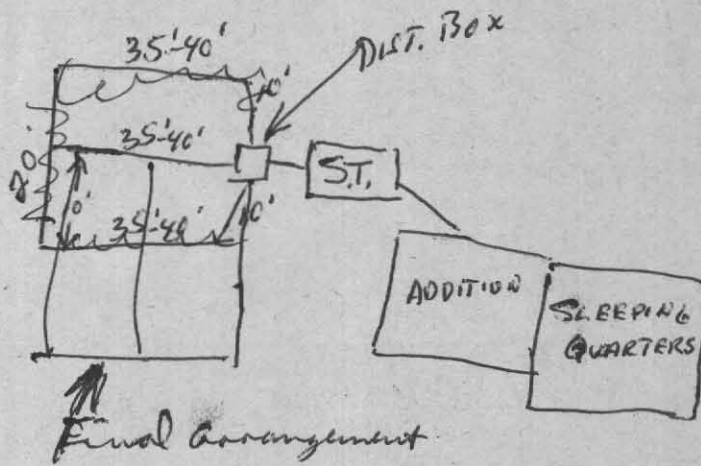
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

Percolation rate 3 min/inch

G. A. Siro for the Board of Health 5/24/63 date

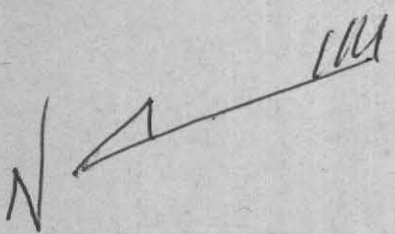
Inspected 5/24/63 + 6/18/62 (2) Approved G. A. Siro 6/19/63

Septic Tank
Suggested System for
C. Matsusho



PURDUE Hill Rd

DRIVE WAY



Montague Rd

5/24/63 10:30 AM

Percolation Tests -

C - Matusko
@ Montague Rd.

600 gal

3000 ft.

1. Holes prepared and filled night before and 3 hours before test.
2. (2 test holes approx 30' from proposed building and 20' apart).

18

#1

10:45 - 12"

11:52.5 - 9"

10:02 - 6"

6 17" 3 min/in

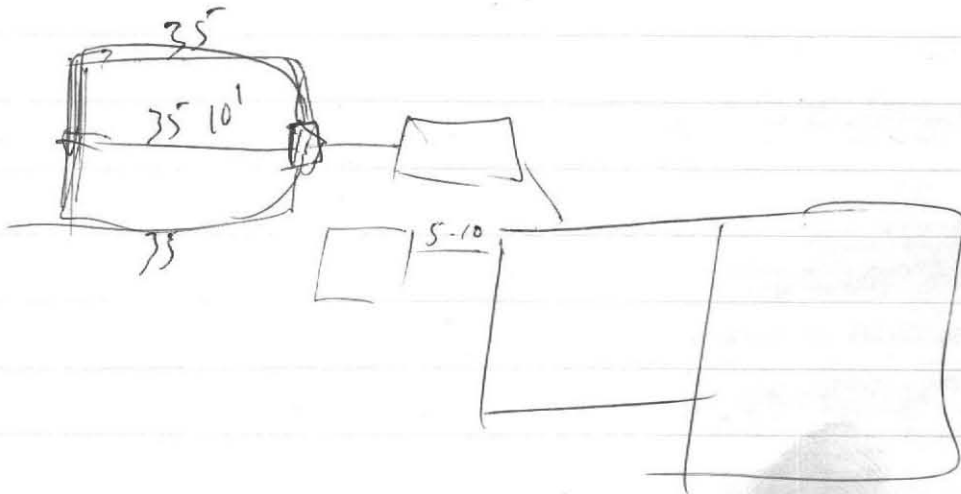
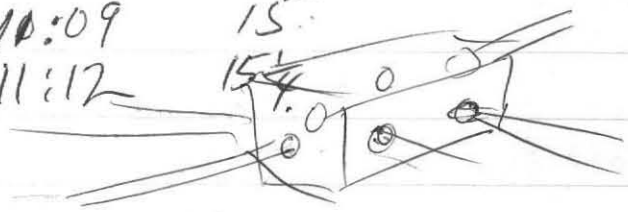
#2

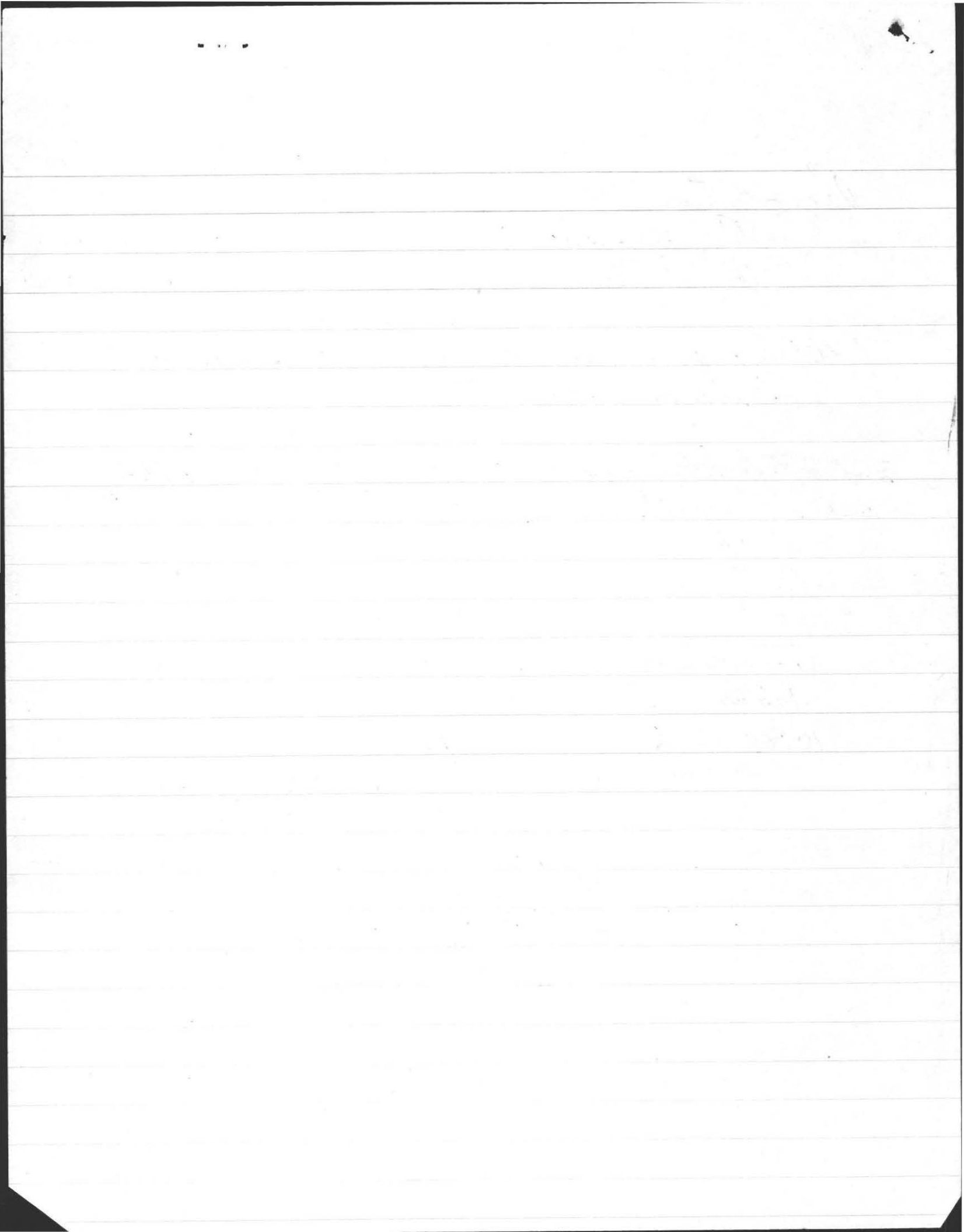
10:54 - 11 3/4"

11:03 - 14.0"

10:09 15"

11:12 15 1/4"





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

TO: THE BOARD OF HEALTH, AMHERST, MASS.

Wiley (owner's name) of Montague Rd (address) No. (phone)

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

which will be located at Montague Rd (address) to be installed by Waverly (name) (address) (phone)

Builder is old Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions please Type of Soil Sand Well or Town Water? Town

Distance to Town Sewer Miles Depth to Ground Water 10' Kind of Well

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions Established No. Bedrooms No. Occupants

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

Showers 1 Kitchen Sinks 1 Garbage Grinders

Auto Dishwasher 1 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 July 20, 1960 (Signature of Applicant) Kalloy Brown Southwick

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

Wiley, Herbert 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 Sq. Ft. bottom area.

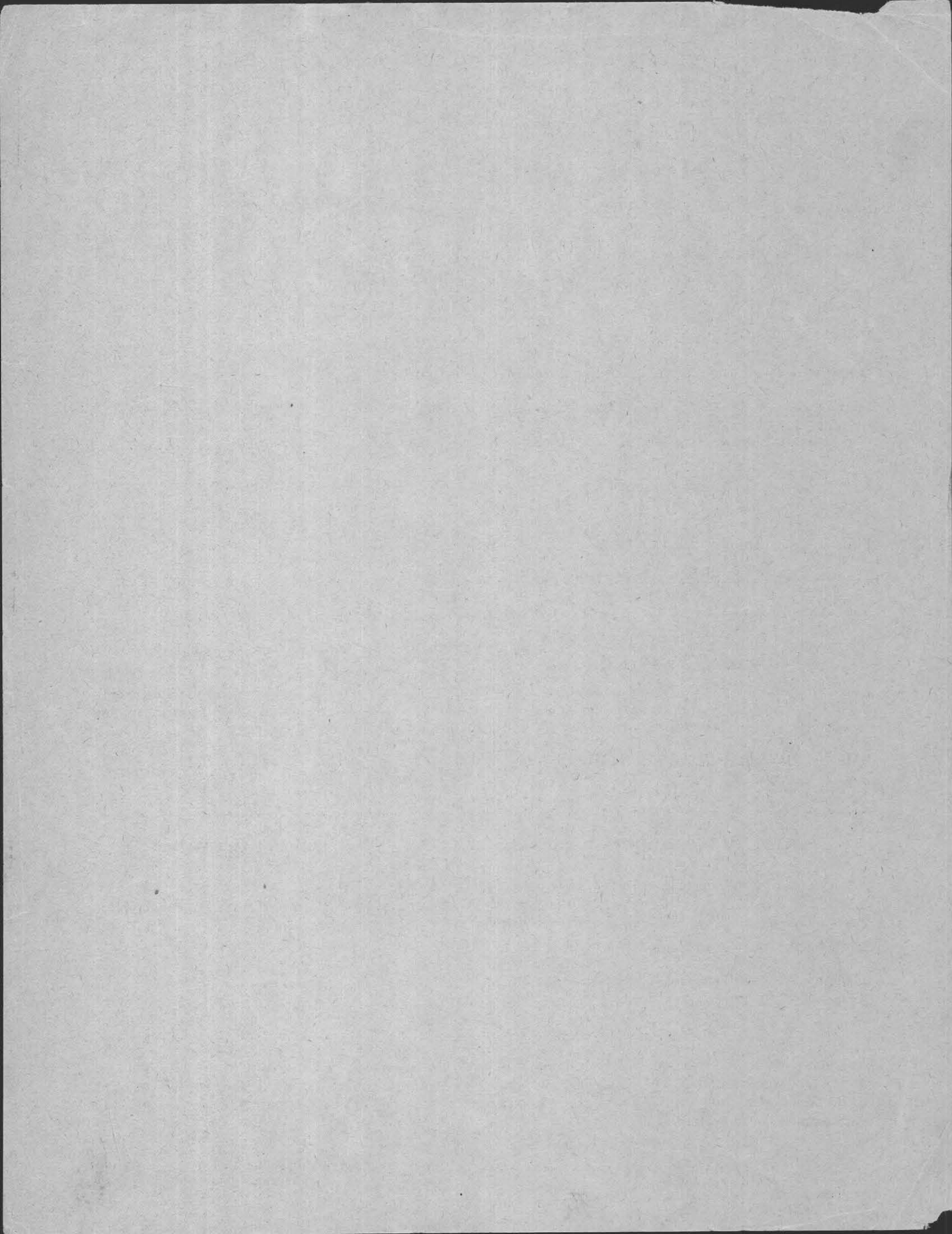
Dry well 100 ft. bottom area and 6' ft. below the inlet.

Other

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.

A. d. Sino 7/7/60
for the Board of Health date

Inspected Approved



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

Meadow St

No. 66-18 Date Oct. 7, 1966 Fee \$3 Date Rec'd. 10/7/66 By G.G.

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

Location—Address Industrial Park or Lot No. _____

Owner W.D. Coult Inc Address 134 Montague Rd

Contractor same Address _____

Type of Building Warehouse Dimensions 50 x 100 Size Lot 48 acres

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

Other _____ No. of persons _____ Showers ()

Other fixtures 2 Johns & 2 wash bowls

Town Water? Yes Type of Well _____

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

Septic Tank—Liquid capacity 500 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter 10 x 10 Depth below inlet _____ Total leaching area _____ 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 _____ 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 _____ Depth to Ground Water _____

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 [Signature] W.D. Coult Inc Oct 9/66
 _____ Owner or builder _____ date
 _____ 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.

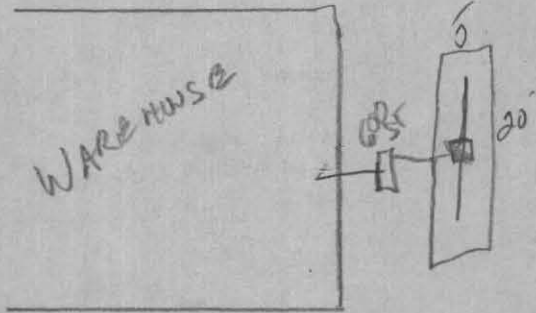
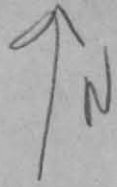
DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 66-18 Permission is hereby granted W.D. Coult Inc to construct (X) or repair () an Individual Sewage Disposal System at INDUSTRIAL PARK (NORTH AMHERST MEADOW ST) as shown on the application for Disposal Works Construction Permit No. 66-18

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 10-28-66 [Signature]
 _____ Board of Health



116

MEADOW ST