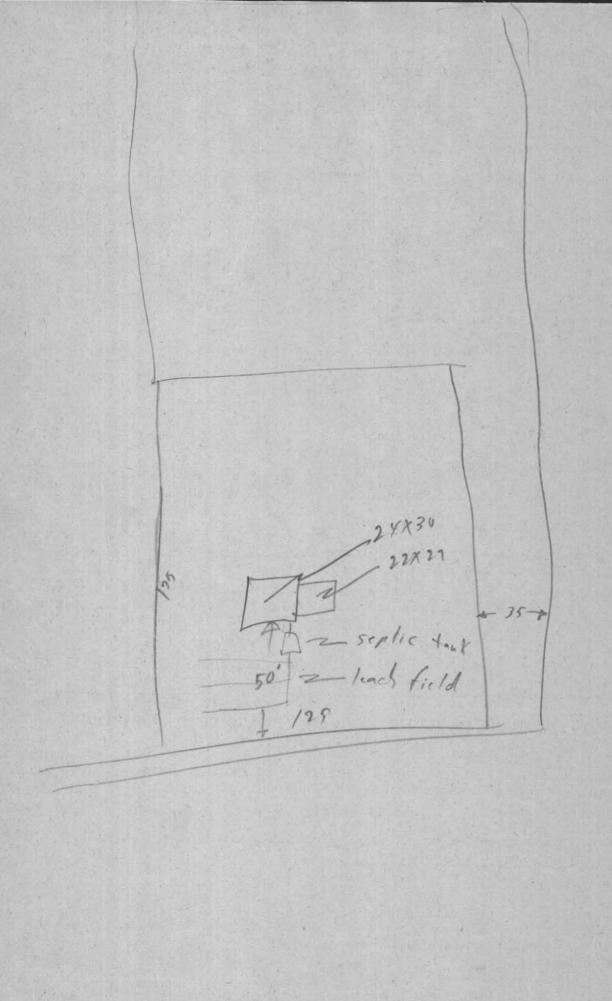
TO: THE BOARD OF HEALTH, AMHERST, MASS.
(owner's name) of No Amhirst A/ 3240:
hereby applies for a permit to construct or repair a private disposal system for a
11 1 0 1 17
Kay Minjesczy
which will be located at Minrague 16016 6 2 to be installed by [Nav Minrague 16016 6 2 to be installed by (name) (address) (phone
Builder is owner as yet
Description of lot, building and fixtures as follows:
Lot: Dimensions 125x 175 Type of Soil 9 20 Well or Town Water? Lown water
Distance to Town Sewer / Depth to Ground Water /5 Kind of Well
Will Lot be Graded? Yel By Filling or Removing Soil? 6,145
Building: Dimensions 24 x 30 No. Bedrooms 4 No. Occupants 7
Fixtures: No. Toilets
Showers
Auto Dishwasher
(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. 1959 (Signature of Applicant)
wannerman water and the state of the state o
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
Leaching System: Trenches of not less than
Div well
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

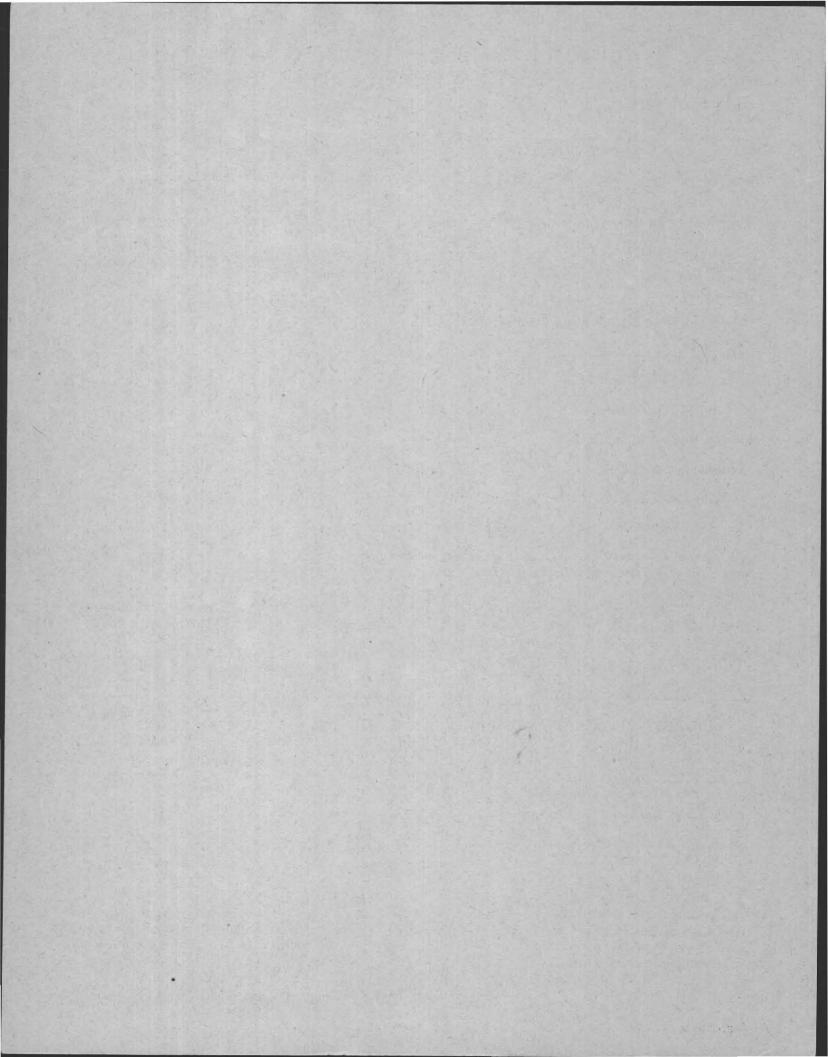


4-61

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

feed \$100 4/10/61

TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 4-6/
And mishell of Mentager Rd
(owner's name) of (address) (phone)
hereby applies for a permit to construct or repair a private disposal system for a
which will be located at to be installed by
which will be located at to be installed by
which will be located at his home to be installed by (lame) (address) (phone
(name) (address) (phone
Builder is Alene Plumber is More
Description of lot, building and fixtures as follows:
Lot: Dimensions
Distance to Town Sewer More Depth to Ground Water Kind of Well More
Will Lot be Graded? By Filling or Removing Soil?
Building: Dimensions
Fixtures: No. Toilets
Showers
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
Textored doninged Septe for (Signature of Applicant)
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
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



TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 17-62
Parsons, CLARENCE H of 117 Northampton Rd 3-3539 (address) (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 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 Grave Well or Town Water? Town Water
Distance to Town Sewer 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
Fixtures: No. Toilets Urinals Wash Basins Bathtubs
Showers
Auto Dishwasher
(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 (Signature of Applicant)
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
No. 17-62
No
Leaching System: Trenches of not less than400 Sq. Ft. bottom area.
Dry well
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

Water Prince M 390 EV 1900 gul Dish Box an close as 5 200 St Trench

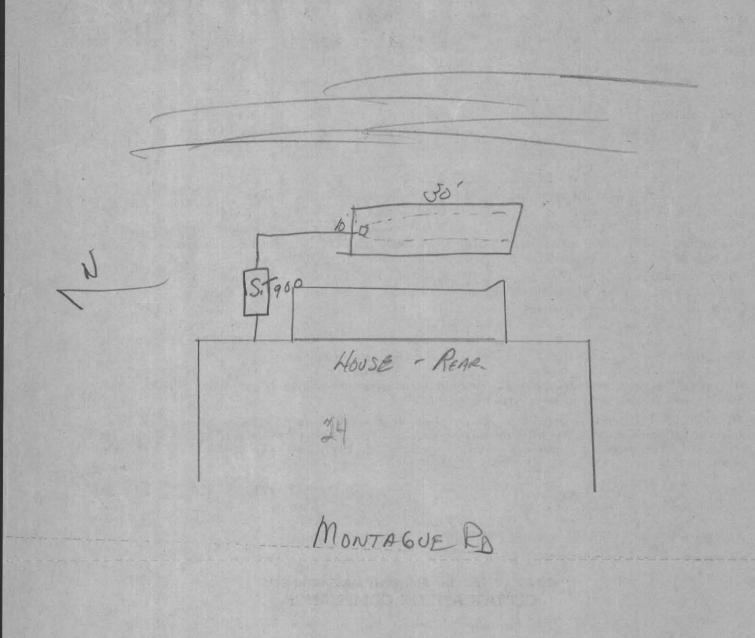
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERIVIT
No. 41-63 Date Fee Date Rec'd. By By
Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal
System at: Location—Address Montague Pd (2nd Rt above helpit Helld) r Lot No. Owner GORDON WALLACE Address SAME
Owner GORDON WALLACE Address SAME
A 11
Type of Building Dwelling - 3 lext's Dimensions Size Lot
Dwelling—No. of Bedrooms & Expansion Attic (No) Garbage Grinder (No)
Other No. of persons 6 Showers ().
Dwelling—No. of Bedrooms 6 Expansion Attic (No) Garbage Grinder (No) Other No. of persons Showers () Other fixtures Standard Toilets + Both & Favalory + Kitchens
Town Water? Design Flow SO gallons per person per day. Total daily flow 600 gallons Septic Tank—Liquid capacity gallons Dimensions: L 8 W 4 D
Design Flow 50 gallons per person per day. Total daily flow 600 gallons
Septic Tank-Liquid capacity 1000 gallons Dimensions: L 8 W Y D 6
Septic Tank—Liquid capacity gallons Dimensions: L W D Disposal Trench—No. 2 Width Total Length 200 Total leaching area gallons 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. Dosing tank () (Depth of Soil Line Below finished grade at foundation Date Date Date Depth of Test Pit
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 Dosing tank ()
(Depth of Soil Line Below finished grade at foundation 2ft Matinum)
Percolation Test Results Performed by Date
lest Pit No. 1 minutes per inch Depth of lest Fit
Test Pit No. 2 minutes per inch Description of Soil Stavel + Sand Depth to Ground Water Depth of Test Pit
Description of Soil Stavel & Sand Depth to Ground Water 6 Ft Plus
Will disposal area be filled? Cut down? /\o
(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 accord-
ance 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.
board of health.
Application Approved by G. G. Siins Owner or builder Owner or builder Owner or builder Application Approved by G. G. Siins
Application Approved by G. G. Siins Owner or builder Owner or builder Owner or builder Application Approved by G. G. Siins
Application Approved by G. G. Siins Owner or builder Owner or builder Owner or builder Application Approved by G. G. Siins
Application Approved by G. G. Siins Owner or builder Application Disapproved for the following reasons:
Application Approved by G. G. Siins Owner or builder Application Disapproved for the following reasons: BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE
Application Approved by G. G. Scirco Owner or builder 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
Application Approved by G. G. Siins Owner or builder Application Disapproved for the following reasons: BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE
Application Approved by G. G. Scirco 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 J. Wallace at Montager has been constructed in accordance with the provisions of INSTALLER
Application Approved by A. G. Scius Owner or builder 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 Allowe at Montageneral Massachuset 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.
Application Approved by G. G. Scirco 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 J. Wallace at Montager has been constructed in accordance with the provisions of INSTALLER
Application Approved by G. G. Johnson Owner or builder 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 Substitute at Montage of the provisions of INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 1/6.2 dated
Application Approved by G. G. Science 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 J. J
Application Approved by G. G. Johnson Owner or builder 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 Substitute at Montage of the provisions of INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 1/6.2 dated
Application Approved by G. G. Johnson Owner or builder 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 Substitute at Montage of the provisions of INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 1/6.2 dated
Application Approved by A. G. Science 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 Audilian at Mandagan I 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. The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT
Application Approved by G. G. Stille 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 Manuage 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. 4/62 dated 73/63 The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 8/23/63 BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT
Application Approved by 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 INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. ### 2 dated The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 8 23 6 3 BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. ## 63
Application Approved by G. G. June 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 J. Wallace at Manuage Mechas 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. 41/6.2 dated The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 8/23/63 BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. Permission is hereby granted Individual Sewage Disposal System at Moulage Particular Parti
Application Approved by G. G. June 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 I Wallace at Manager () has been constructed in accordance with the provisions of INSTALLER Article XI of the Health () State Sanitary Code as described in the application for Disposal Works Construction Permit No. HE STATE OF COMPLIANCE This IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by I Wallace at Manager () 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. BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. HE STATE OF COMPLIANCE BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. HE STATE OF COMPLIANCE BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. HE STATE OF COMPLIANCE The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the provisions of Inspector of this certificate shall not be constructed in accordance with the prov
Application Approved by G. G. Simo Owner or builder 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 INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. ### 2 dated The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 8/23/63 BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. ### 63 Permission is hereby granted Individual Sewage Disposal System at Montage of the construction Permit No. #### 10 Construct () or repair () an Individual Sewage Disposal System at Montage of the construction Permit No. This permit is issued with the understanding that future alterations or additions will be made if necessary. This
Application Approved by G. G. Science 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 INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. ## 6.2. dated
Application Approved by Argue Grant 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 Mallate at Montague Chas 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. ### 23 date BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT No. ### 3 DISPOSAL WORKS CONSTRUCTION PERMIT No. ### 4 DISPOSAL WORKS CONSTRUCTION PERMIT No. ### 5 DISPOSAL WORKS CONSTRUCTION PERMIT No. ### 5 DISPOSAL WORKS CONSTRUCTION PERMIT No. ### 6 DISPOSAL WORKS CONSTRUCTION PERMIT No. ### 6 DISPOSAL WORKS CONSTRUCTION PERMIT NO. ###
Application Approved by G. G. Science 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 INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. ## 6.2. dated

Leating Tovenelles will depend on a sea available -Keep to front as much as possible-and/or northsided lot. M mague Doesprol (filled in) 2 N. Amberst

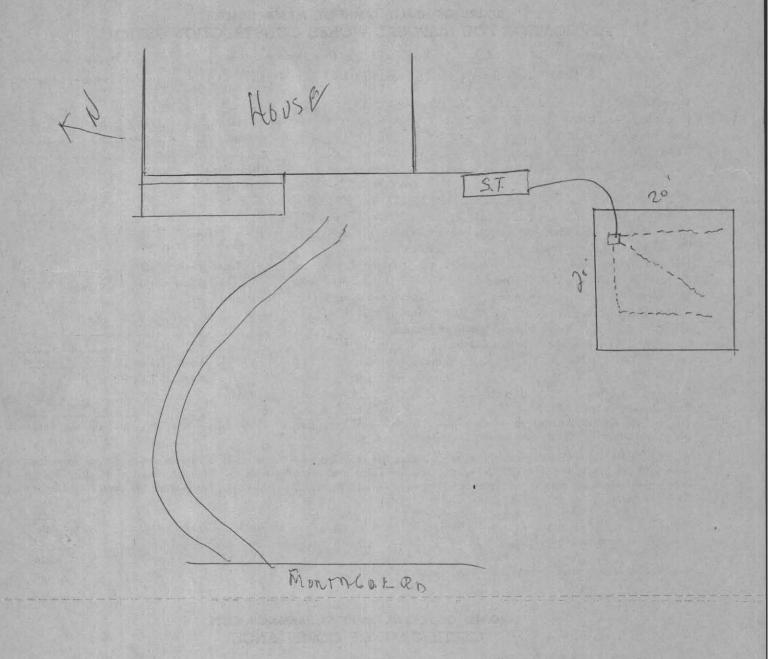
BOARD OF HEALTH, AMHERST, MASSACHUSETTS Date May 13, 1865 Fee Date Rec'd. May 18 1865 By Application is hereby made for a permit to Construct (*) or Repair () an Individual Sewage Disposal System at: Location—Address MONTAGUE Type of Building ______ __ Dimensions _ Dwelling-No. of Bedrooms _____ Expansion Attic (Garbage Grinder () No. of persons ____ _ Showers (Other fixtures Town Water? _ _ Type of Well _ Design Flow 25 gallons per person per day. Total daily flow _______ _ gallons Depth below inlet Total leaching area sq. ft. Septic Tank-Liquid capacity 700 gallons Dimensions: L _ Width __ 2 __ Total Length __ ____ Diameter _ Disposal Bed-No. _ Dry Well—No. _____ Diameter _____ Depth below inlet _____ Productions: _____ x ____ Other: Distribution box (N) No. _____ Dosing tank ()
(Depth of Soil Line Below finished grade at foundation _____ DEAKE Percolation Test Results Performed by _____ Date Depth of Test Pit Test Pit No. 1 _ ____ minutes per inch 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 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 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 Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 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 _ to construct (or repair () an Permission is hereby granted Individual Sewage Disposal System at ___ MONTHEUR RD as shown on the application for Disposal Works Construction Permit No.65- > 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.

Board of Health



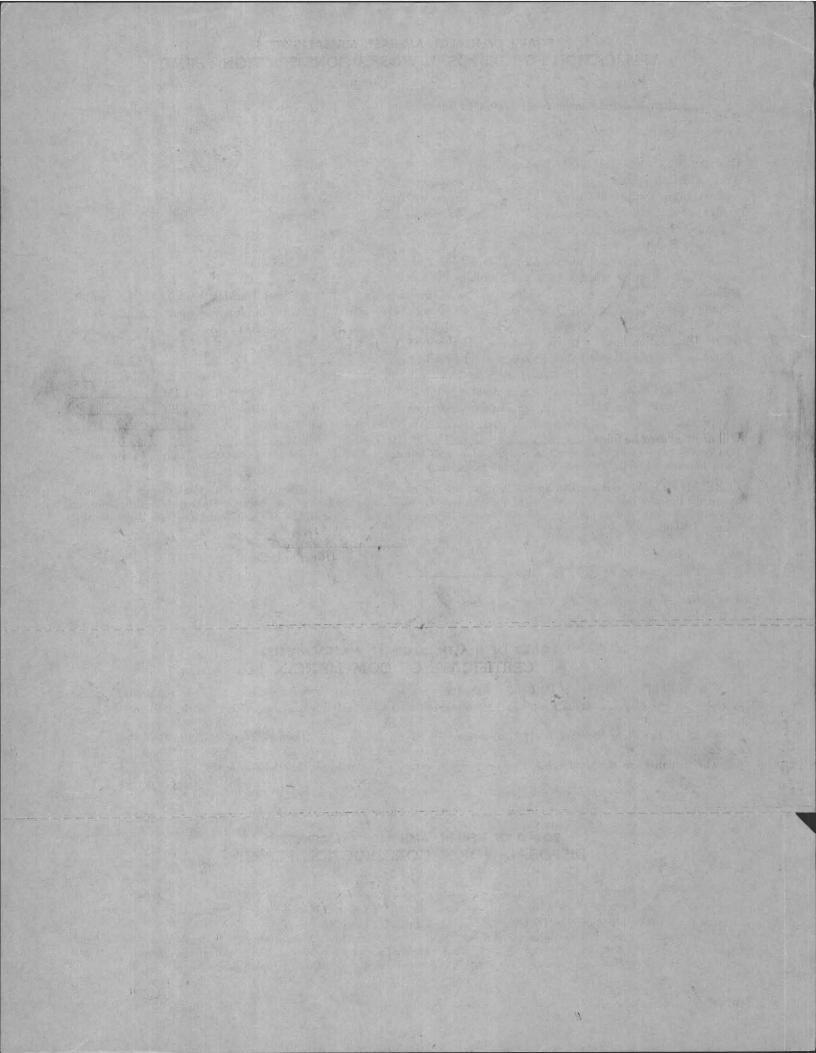
REISSUE BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date JUNE 9, 1965 Fee No KEE Date Rec'd. JUNE 1962 Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at: Location—Address ____ MONTAGUE RO. Address 117 Northmysten rer Charlence H. Paesons Address 117 Noer
tractor Grace Buczant Address Bay A
e of Building Dimensions Size Lot
Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder () Contractor BIBORGE Type of Building _ No. of persons 6 Showers () Other fixtures . Town Water? _ Type of Well _ Design Flow ____ gallons per person per day. Total daily flow ___ Septic Tank-Liquid capacity _____ gallons Dimensions: L_ Disposal Trench—No. _____ Width ____ Total Length ____ Total leaching area ______ YOO _____ Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area ______ YOO _____ 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 . _____ 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 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. Owner or builder Application Approved by _ 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 Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 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 CLARENCE PARSONS to construct (X) or repair () an Permission is hereby granted _____ Individual Sewage Disposal System at __ MONTAGUE 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.

Board of Health



BOARD OF HEALTH, AMHERST, MASSACHUSETTS

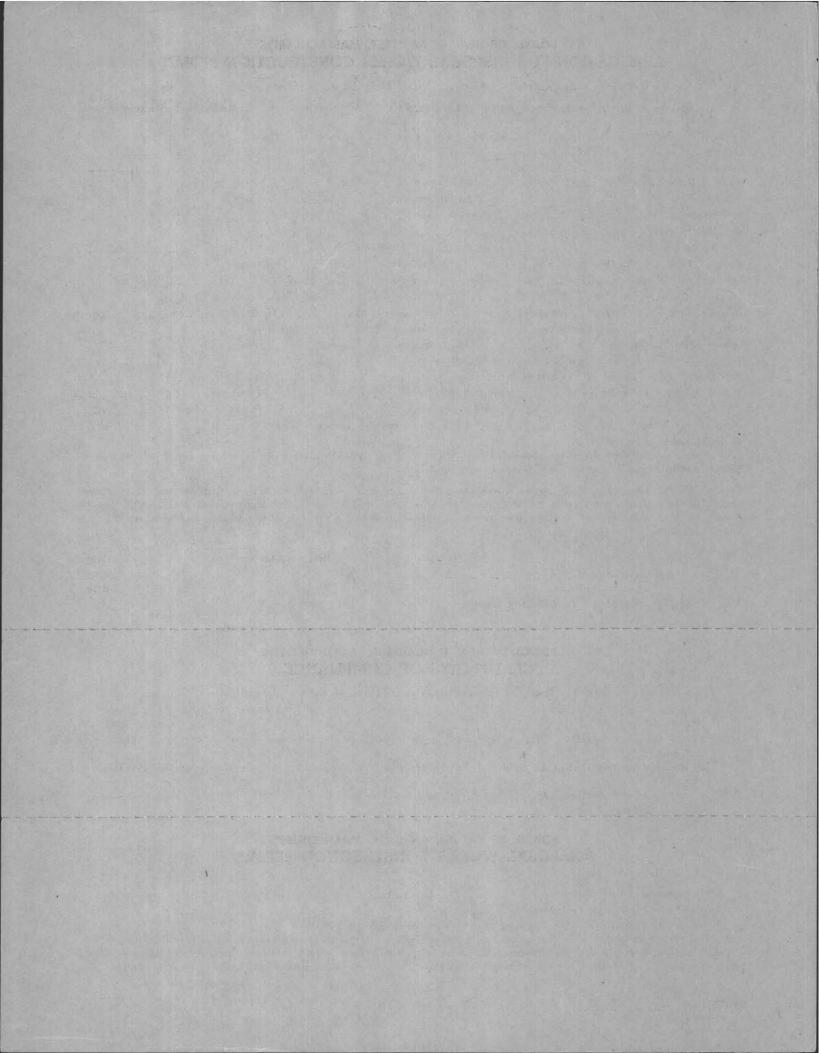
No65-20 Date 6 - 15-65 Fee Date	Rec'd By
Application is hereby made for a permit to Construct ()	or Repair (x) an Individual Sewage Disposal
Location—Address MANTAGUERS	or Lot No
System at: Location—Address Owner Contractor Trace of Publisher Dimensions	Address Montableko
Contractor Strumeya	Address & Annua &
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	
Septic Tank—Liquid capacity gallons Dimensions: L	
Disposal Trench—No Width Total Length	
Disposal Bed—No Diameter Depth below in	let Total leaching area sq. ft.
Disposal Bed—No Diameter Depth below in Dry Well—No Diameter Depth below inlet	bimensions: 6 x 6 x
Other: Distribution box (> No Dosing tank ()	0
(Depth of Soil Line Below finished grade at foundation	
Percolation Test Results Performed by	Date
Test Pit No. 1 minutes per inch	
Test Pit No. 2 minutes per inch	Depth of Test Pit
Description of Soil Depth to	Ground Water
Will disposal area be filled? Cut dow	on?
(On reverse side or separate sheet, show plot plan with building. It	nclude dimensions, distances from all boundaries,
Show location of wells, streams, ledge, large trees, etc.)	
AGREEMENT: The undersigned agrees to construct the aforedescr	ihed individual sewage disposal system in accord.
ance with the provisions of Article XI of the Sanitary Code and re-	
dersigned further agrees not to place the system in operation until	
board of health.	11 av 6 10H 1
	When of builder 1.9.K. 6-15-65 date 6-15-65
Application Approved by	Owner of builder date
Application Approved by	6-13 data
Application Disapproved for the following reasons:	date
application Disapproved for one following reasons.	
BOARD OF HEALTH, AMHERST,	
CERTIFICATE OF COM	MPLIANCE
THIS IS TO CERTIFY. That the individual Sewage Dis	posal System installed () or repaired \ by
STHIS IS TO CERTIFY, That the individual Sewage Dis	constructed in accordance with the provisions of
INSTALLER	
Article XI of the State Sanitary Code as described in the applica	tion for Disposal Works Construction Permit No.
65-80 dated 6-15-65	
The issuance of this certificate shall not be construed as a g	guarantee that the system will function satisfactorily.
DATE 6-15-65	Inspector Epile
DATE - 13 65	Inspector
BOARD OF HEALTH, AMHERST,	MASSACHUSETTS
DISPOSAL WORKS CONSTRU	
(S-70) DISTORIA WORLD CONSTITUTE	OULUM ALIMANA
No. 65 WAAR	W
No. 65-20 Permission is hereby granted Individual Sewage Disposal System at Super - Mo	to construct () or repair (x) an
Individual Sewage Disposal System at	NT TOUS CO
as shown on the application for Disposal works Construction re	THILL ING. (6)
This permit is issued with the understanding that future alter	rations or additions will be made if necessary. This
	any sewage nuisance and in the issuance of this
permit the board of fleath assumes no responsibility for the future	
DATE 6-15-6	any sewage nuisance and in the issuance of this



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

No. 67-16 Date June 27/187 Fee 3 Date R	lec'd. June 37, 1867 B	CED
Application is hereby made for a normit to Construct (M)	Bonsin () on Individual (Savinas Dianosal
System at: Location—Address Owner Contractor Type of Building Dimensions	i repuir () uii riidiriddid i	sowago Disposar
Location—Address MONTHEOU KOND	or Lot No.	
Owner FOWARD J. MILLER	Address VO PLEA	1907-ST /1344
Contractor	Address	
Type of Building Dimensions Dwelling—No. of Bedrooms Expansion Attic (Size Lot	
Dwelling—No. of Bedrooms Expansion Attic () Garbage Grinder ()	
Other No. of persons	Showers ()	
Other fixtures Town Water? Type of V	97.11	
D : Else lype of V	well	
Design Flow gallons per person per day. Total daily flow Septic Tank—Liquid capacity gallons Dimensions: L	w ganons	
Dispersal Transh No. Width Total Langth	Total leaching area	- ft
Disposal Trench—No Width Total Length _ Disposal Bed—No Diameter Depth below inle	Total leaching area	POO sq. ft.
Dry Well—No Diameter Depth below inlet	Dimensions:	sq. m.
Other: Distribution box () No Dosing tank () (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by)
Percolation Test Results Performed by	Date Date	
Test Pit No. 1 minutes per inch Test Pit No. 2 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	
Description of Soil Depth to Will disposal area be filled? Cut down	? NO	
(On reverse side or separate sheet, show plot plan with building. Inc	clude dimensions, distances from	all boundaries.
Show location of wells, streams, ledge, large trees, etc.)		
ance with the provisions of Article XI of the Sanitary Code and regularisigned further agrees not to place the system in operation until board of health.		en issued by this
Application Approved by	Owner or builder	6 date 6
Application Approved by		date
Application Disapproved for the following reasons:	DESCRIPTION OF THE PARTY OF THE	
BOARD OF HEALTH, AMHERST, N CERTIFICATE OF COM		
		mained () has
THIS IS TO CERTIFY, That the individual Sewage Disposit		
at has been co	istructed in accordance with th	ie provisions of
Article XI of the State Sanitary Code as described in the application	on for Disposal Works Construc	tion Permit No.
The issuance of this certificate shall not be construed as a gu	garantee that the system will functi	on satisfactorily.
DATE	Inspector	
BOARD OF HEALTH, AMHERST, M	ASSACHUSETTS	
DISPOSAL WORKS CONSTRU		
1111		
Permission is hereby granted Fow J. Mich El	to construct (X) or	repair () an
Permission is hereby granted Individual Sewage Disposal System at as shown on the application for Disposal Works Construction Permission of the Application for Disposal Permission of the	VICADO	
as shown on the application for Disposal Works Construction Peri	mit No. 62-65	
This permit is issued with the understanding that future afters	ations or additions will be made i	I necessary. This
permit shall not be construed as permission to create or maintain as	ny 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.
	(2/0)	1 11 -0 60

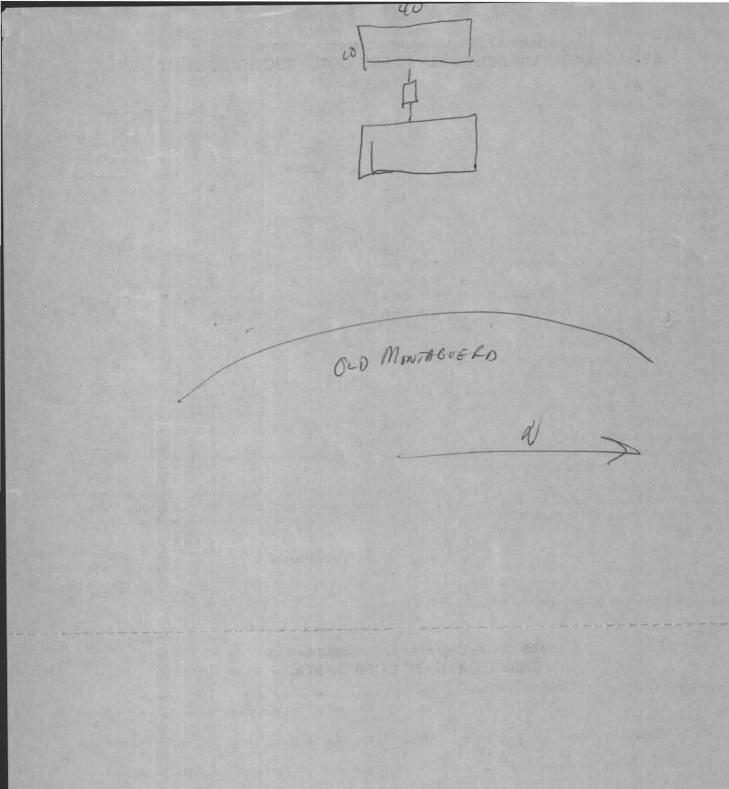
Board of Health



BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date //-/0-67 Fee S Date Rec'd. ///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 De MONTAGUE Owner LAW- VI MILLER Contractor __ Dimensions Size Lot Type of Building _ Expansion Attic () Garbage Grinder () Dwelling-No. of Bedrooms ___ No. of persons _____ _ Showers () Other fixtures Town Water? Type of Well _ Design Flow / gallons per person per day. Total daily flow _/ Septic Tank-Liquid capacity 1000 gallons Dimensions: L __ Width . _____ Total Length _ Disposal Trench-No. _ _____ Total leaching area ____ Diameter Depth below inlet Dimensions: x x Disposal Bed-No. ___ Dry Well-No. ____ Dosing tank () Other: Distribution box () No. __ (Depth of Soil Line Below finished grade at foundation _ Percolation Test Results Performed by _ Date ___ Test Pit No. 1 _ Depth of Test Pit __ minutes per inch Test Pit No. 2 Depth of Test Pit _ minutes per inch 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 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. Owner of builder Application Approved by 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. 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 Permission is hereby granted _ ___ to construct (or repair () an Individual Sewage Disposal System at OG MOUTAGUE CO as shown on the application for Disposal Works Construction Permit No. ________ 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.

Board of Health

DATE 6-16-67



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

APPLICATION TO I DISPOSAL WOLLD CONSTRUCTION PLIMIT	
No. 72-6 Date 3/59/72 Fee 3,00 Date Rec'd. 3/29/2 By DEE	
Application is hereby made for a permit to Construct (or Repair () an Individual Sewage Disposal	
System at:	
System at: Location—Address Owner Description Contractor Contractor Type of Building Dimensions Dimensions Size Lot Displace Showers Size Lot Other No. of Bedrooms Showers Showers	
Owner Joseph Kocasah - Address 485 SUN DECLAND RD,	
Contractor CHARLES PARIED PASS HATTIEND MAS	
Type of Building DWELLING Dimensions 32'X4Y' Size Lot 1/2 acres	
Dwelling—No. of Bedrooms Expansion Attic (NO) Garbage Grinder (X)	
Other No. of persons6 Showers ()	
Other fixtures Type of Well	
Design Flow 50 gallons per person per day Total daily flow 375 gallons	
Septic Tank—Liquid capacity 100 gallons Dimensions: L W D D Disposal Trench—No.	
Disposal Trench—No/ Width/O 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	
Uther: Distribution box () No Dosing tank ()	
(Depth of Soil Line Below finished grade at foundation)	
(Depth of Soil Line Below finished grade at foundation	
Test Pit No. 1 minutes per inch Depth of Test Pit 30"	
Test Pit No. 2 minutes per inch Depth of Test Pit	
Description of Soil SP, 1-m Sand, to go Depth to Ground Water + 10. Will disposal area be filled? Cut down?	
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 accord-	
ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un-	
dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.	
board of health. Shy/sz	10
Application Approved by Owner or builder Owner or builder Owner or builder	
Application Approved by	7
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 (X) or repaired () by	
C. RBELIED at MONTAGUERD 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.	
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 Jucy 12, 1972 Inspector Challe &	
	-
BOARD OF HEALTH, AMHERST, MASSACHUSETTS	
DISPOSAL WORKS CONSTRUCTION PERMIT	
No 7th	
Permission is hereby granted \ \ \(\sigma \in \text{PPR \ \(\cho \text{PSAH} \) to construct \(\cho \text{or repair} \(\cho \text{or repair} \) and	
No. Permission is hereby granted	
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	

MONTAGUE RO

W 3 163 Pf

A PRIVATE SEWAGE DISPOSAL SYSTEM
TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 1/-63
CHESTER MATUSKO of BALL LANG (phone) of (address) (phone)
hereby applies for a permit to construct or repair a private disposal system for a LESIDENCE (FannilaBo
which will be located at
(name) (address) (phone
Builder isPlumber is
Description of lot, building and fixtures as follows:
Lot: Dimensions
Distance to Town Sewer 300 1ds. Depth to Ground Water 4.4. Kind of Well
Will Lot be Graded? By Filling or Removing Soil?
Building: Dimensions 18 x 40 No. Bedrooms No. Occupants 6 (Total Capacity
Fixtures: No. Toilets
Showers
Auto Dishwasher
(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
11-63
or repair of private sewage disposal system with the following minimum requirements:
Septic Tank: Must be of Cement and of
Leaching System: Trenches of not less than300 Sq. Ft. bottom area. = 150 hica ft 2 ftwill
Dry well
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. South Board of Health
Percelation rate 3 min finch for the Board of Health date Inspected 5/24/63 + 6/18/62 (2) Approved - 2 - Approved - 6/18/67

Septie Touch Suggested phystem for C. Matusho

35:40' DIST. BOX

35:40' ST. DIST. BOX

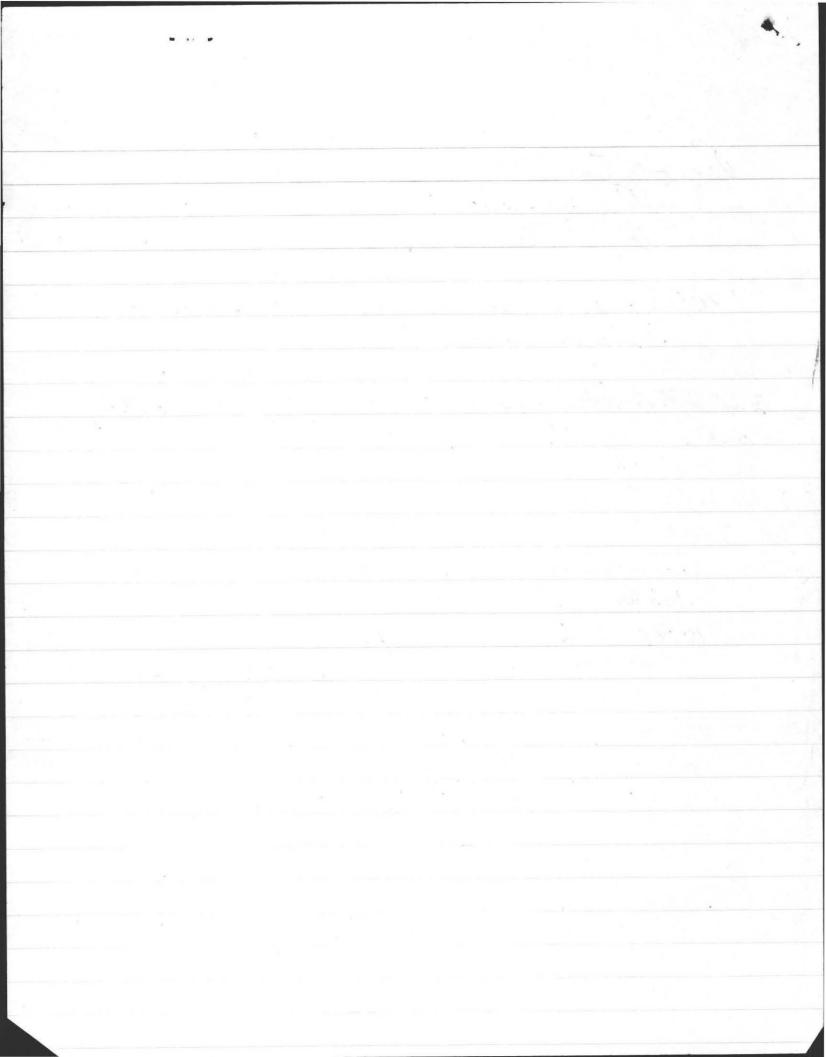
ADDITION SLEEPING WAY

Final arrangement

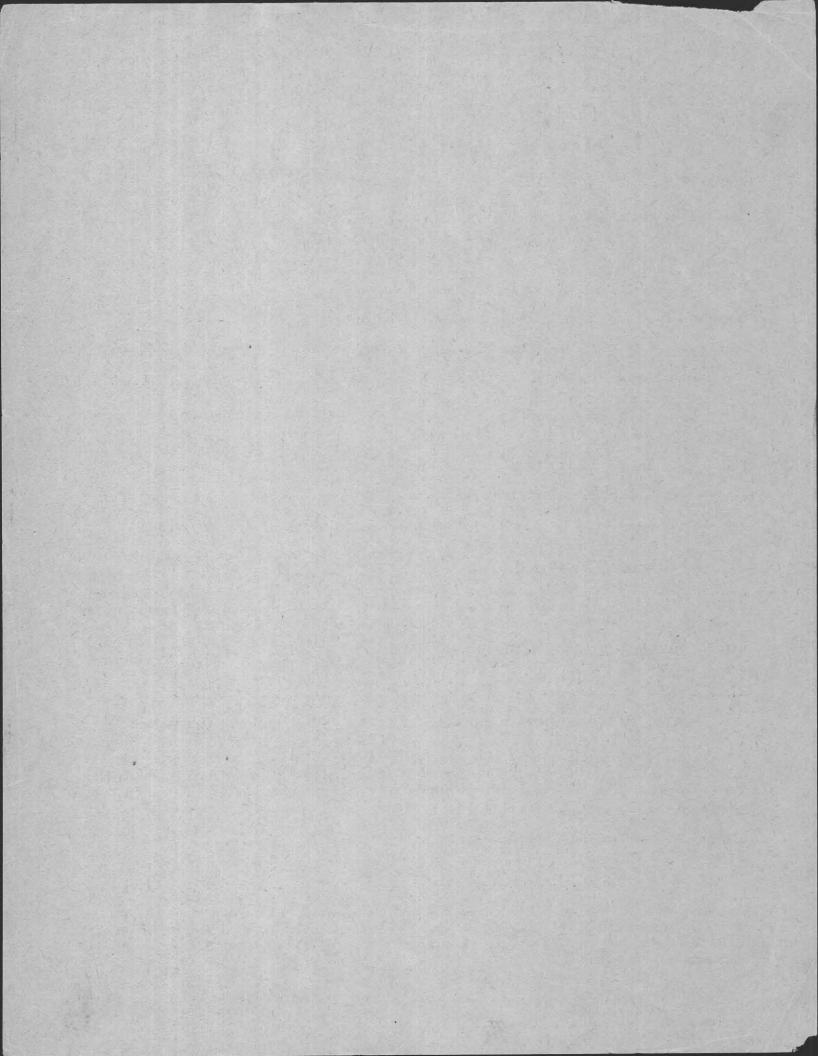
NAM

Montague Rd

5/2\$/63 10:30 AM Pererlation Tests -C-Maturko Q Mintague Pd. 600 gal 300 syft 1. Holes prepared and filled night before and 3 hours before test. 2. (2 teet holes aggod 30' from proposed building and 20' agast). #1 10:45-12" 11:525- 9" 11:03 - 14.0" 10:09 10:02 - 6" 11:12 154 6 17" 3 min/in 35 101



TO: THE BOARD OF HEALTH, AMHERST, MASS.
Willy of Malogue Fol
(owner's name) (address) (phone)
hereby applies for a permit to construct or repair a private disposal system for a
which will be located at Manual to be installed by
(address)
(name) (address) (phone
Builder is Plumber is
Description of lot, building and fixtures as follows:
Lot: Dimensions Leve Type of Soil Well or Town Water?
Distance to Town Sewer Mill Depth to Ground Water 10 + Kind of Well
Will Lot be Graded? By Filling or Removing Soil?
Building: Dimensions Established No. Bedrooms
Fixtures: No. Toilets
Showers
Auto Dishwasher
(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 Killoy Port South with (Signature of Applicant)
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
No
Leaching System: Trenches of not less than
Dry well
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
- Programme and the state of th



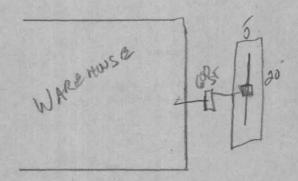
meadows +?

Board of Health

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

ATTENDATION TO THE DID COME WORLD OF	DIADINOCATON LEMMIN
No. 66-18 Date Oct. 7,1966 Fee #3 Date Rec'	d 10/7/66 By G.G.
(LA.P)	
Application is hereby made for a permit to Construct () or I	
System at: Location—Address Owner WD Gods Inc Contractor Fame Type of Building Warehar Dimensions 50 X1	or Lot No
Owner W.D. Co. L. A. C.	Address 134 Marshan Bed
Owner W + Oblis	Address 127 Property Control
Contractor Same	Address
Type of Building Wave how Dimensions 30 X1	Size Lot 48 acres
Dwelling-No. of Bedrooms Expansion Attic ()	Garbage Grinder ()
Other No. of persons	_ Showers ()
Other fixtures 2 Johns No. of persons Just b	14/1
Town Water? Type of Wel	
Design Flow gallone per person per day Total daily flow	gallone
Septic Tank—Liquid capacity Disposal Trench—No. Disposal Bed—No. Diameter Disposal Bed—No. Diameter Diameter Depth below inlet Dry Well—No. Diameter Depth below inlet	W D
Disposal Trench—No. Width Total Length	Total leaching area sq. ft.
Disposal Red No Diameter 10 K 10 Depth below inlet	Total leaching area so ft
Dry Well No Diameter Donth helest inlet	Dimensions:
Oil Divilia I () N	Difficusions xx
Other: Distribution box () No Dosing tank () (Depth of Soil Line Below finished grade at foundation	
(Depth of Soil Line Below hinshed grade at foundation)
Percolation Test Results Performed by	Date
Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch	Depth of Test Pit
Test Pit No. 2 minutes per inch	Depth of Test Pit
Description of Soil Depth to Gr	round Water
Will disposal area be filled? Cut down?	
(On reverse side or separate sheet, show plot plan with building. Include	de 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 accord-
ance with the provisions of Article XI of the Sanitary Code and regulat	tions of the Amherst Board of Health. The un-
dersigned further agrees not to place the system in operation until a	Certificate of Compliance has been issued by this
board of health.	04.61
and I will	south out 110
· · · · · · · · · · · · · · · · · · ·	Owner or builder date
Application Approved by	
1 1 . D. 1 / 1 / 1 .	date
Application Disapproved for the following reasons:	
BOARD OF HEALTH, AMHERST, MAS	SSACHUSETTS
CERTIFICATE OF COMPI	
CENTIFICATE OF COMPI	MANCE
THIS IS TO CERTIFY, That the individual Sewage Disposa	l System installed () or repaired () by
	tructed in accordance with the provisions of
INSTALLER	Transition of
Article XI of the State Sanitary Code as described in the application	for Disposal Works Construction Permit No.
dateddated	The state of the s
The issuance of this certificate shall not be construed as a guara	antee that the system will function satisfactorily
and accounted of this continuous shall not be construct as a guard	and the opening and remotion satisfactority.
DATE	Inspector
BOARD OF HEALTH, AMHERST, MAS	
DISPOSAL WORKS CONSTRUCT	
No. 66-18	/
Permission is hereby granted U.D. Coupers	to construct () or repair () an
Individual Savaga Dianacal System at MASSER A DROW A	oned Amyrist METDOW ST
as shown on the application for Disposal Works Construction Permit	one or additions will be made if
This permit is issued with the understanding that future alteration permit shall not be construed as permission to create or maintain any	
permit shall not be construed as permission to create or maintain any permit the Board of Health assumes no responsibility for the future op	
permit the board of freath assumes no responsibility for the future of	or maintenance of the system.
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MEADOW ST

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