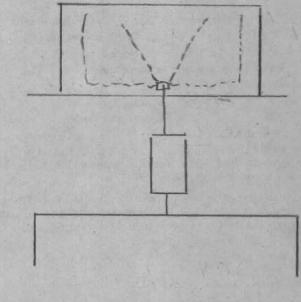
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BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 69-19 Date November 17,1969 \$3.00 Date Rec'd. 12/9/69 By D.G.F.
Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal
System at: Location—Address North East St. (Part of Hubbard Property) #3 Owner Anthony Conklin Address Route #3 Amherst
Contractor II II
Owner Artchorty Contractor Type of Building Ranch Dimensions Dwelling—No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder (Ye)s
Dwelling—No of Bedrooms 3 Expansion Attic (NQ Garbage Grinder (Yes)
Other No. of Bedrooms Expansion Aftic (1.9) Garbage Grinder (1.9) Other No. of persons Showers (1) Other fixtures Bath-and-half
Other fixtures Bath-and-half
Town Water? Yes Type of Well
Design Flow OC gallons per person per day. Total daily flow gallons
Septic Tank Liquid capacity /000 gallons Dimensions: L W D
Disposal Trench No. Width Total Length Total leaching area sq. ft. Disposal Bed No. Diameter / Ox 40 Depth below inlet Total leaching area 400 sq. ft. Dry Well—No. Diameter 6 Depth below inlet 8' Dimensions: x x
Disposal Bed—No Diameter / OX 40 Depth below inlet Total leaching area sq. ft.
Dry Well—No: Diameter Depth below inlet S' Dimensions: x x
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 Depth of Test Pit Prince Pit Depth of Test Pit Prince Pit Prince Pit Depth of Test Pit Prince Pit
Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil COARSE GRAVE Depth to Ground Water
Will disposal area be filled? Cut down?
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 un-
dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this
heard of health
Application Approved by Conals. Application Approved by Conals. M-17-69 date 11-18-69
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date
Application Disapproved for the following reasons:
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