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

No. 7/-1 Date JAN 5, 197/ Fee 3 9 Date Rec'd. By
Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal
System at: Location—Address LoT # NORTH LAST ST or Lot No
Owner Conscion Address No Region Americas.
Owner Conscions + Conscions Contractor Bill Current Type of Building Dimensions Dwelling—No. of Bedrooms 4 Expansion Attic (A) Garbage Grinder (V)
Type of Building Dimensions Size Lot 30000 #+
Dwelling-No. of Bedrooms 4 Expansion Attic (A) Garbage Grinder (V)
Other No. of persons Showers ()
Other fixtures
Other fixtures Town Water? Type of Well Design Flow 7 gallons per person per day. Total daily flow 6 0 gallons
Design Flow gallons per person per day. Total daily flow gallons
Septic Tank—Liquid capacity 12 0 gallons Dimensions: L W D 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 Diameter Depth below inlet Dimensions: x x Cherry Distribution how () No Desired took ()
Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft.
Dry Well—No Diameter Depth below inlet Dimensions: x x
(Depth of Soil Line Below finished grade at foundation Percolation Test Results Test Pit No. 1 Test Pit No. 2 minutes per inch Depth of Test Pit
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Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil SAND + GRAVEL Depth to Ground Water NOT FOUND
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.
Owner or builder date
Application Approved by Chale 1
date
Application Disapproved for the following reasons:
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