



Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

#60

06-09
 Number
 \$ 375 PL
 Fee #844

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility:

60 Overlook Dr.
 Address or Lot #
Amherst MA 01002
 City/Town State Zip Code

2. Owner Information

William F. & Denise T. Barry
 Name
60 Overlook Dr.
 Address (if different from above)
Amherst MA 01002
 City/Town State Zip Code
(413) 256-6247
 Telephone Number

3. Installer Information

Name _____ Name of Company _____
 Address _____
 City/Town _____ State _____ Zip Code _____
 Telephone Number _____

4. Designer Information

Richard E. Costa, P.E. / Robert Stover Amherst Civil Engineering
 Name Name of Company
P.O. Box 3312
 Address
Amherst MA 01004-3312
 City/Town State Zip Code
(413) 256-3400
 Telephone Number



RE Costa
 6106106

10/23/2

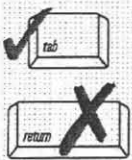


Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

DEP has provided this form for use by local Board
 the form, check with your local Board of Health to

A. Facility Information

Important:
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 key.



Application is hereby made for a permit to: Construct a
 Repair or m
 Repair or m

1. Location of Facility:

60 Overlook Dr.
 Address or Lot #
Amherst
 City/Town

2. Owner Information

William F. & Denise T.
 Name
60 Overlook Dr.
 Address (if different from above)
Amherst
 City/Town

3. Installer Information

 Name

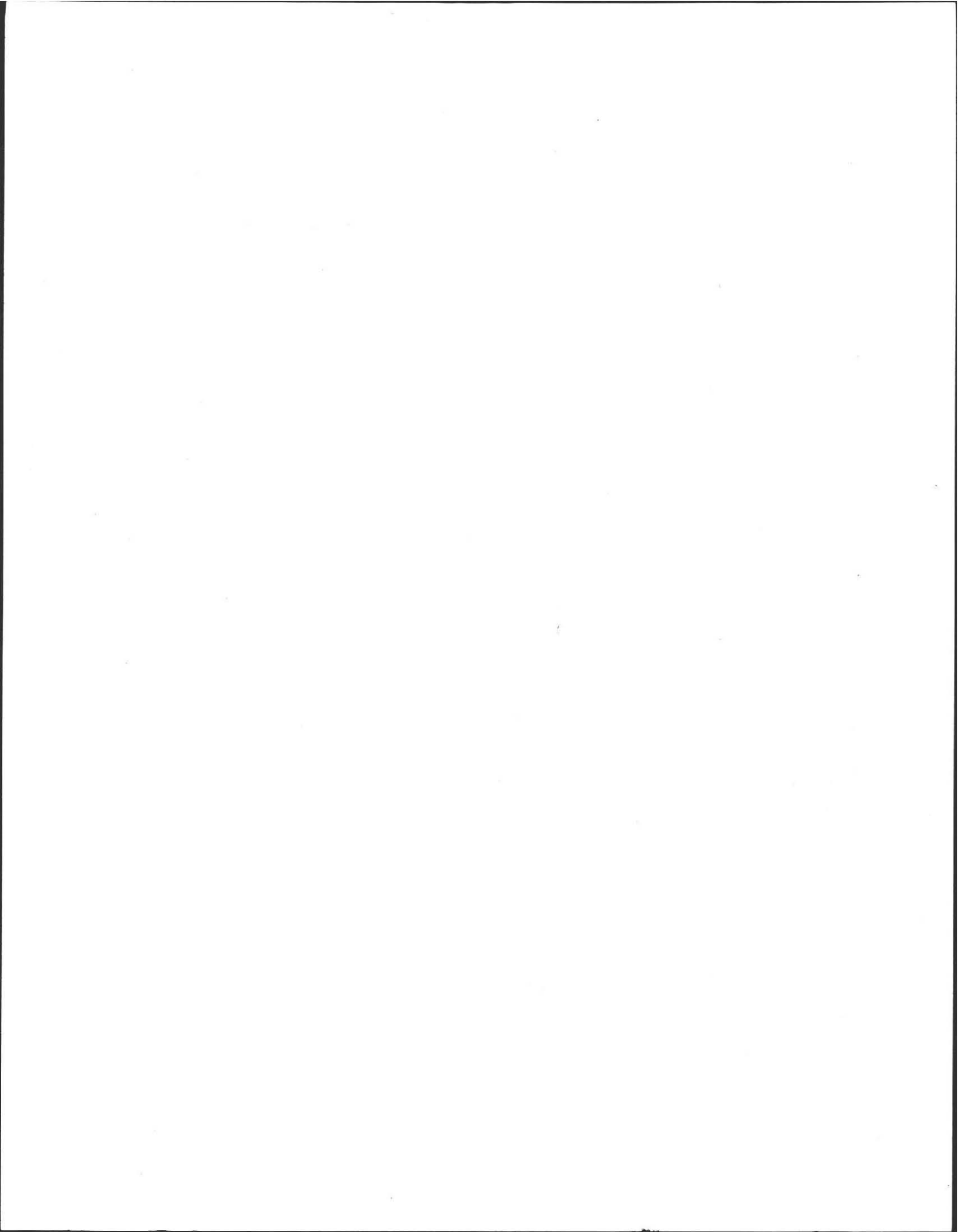
 Address

 City/Town

4. Designer Information

Richard E. Costa, P.E./Robert S
 Name
P.O. Box 3312
 Address
Amherst
 City/Town







Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

06-09
 Number
 \$ 375 ^{OR} PL
 Fee OR # 844

A. Facility Information (continued)

5. Type of Building:

Dwelling

^{NO} Garbage Grinder (check if present)

Other: Type of Building _____

Number of Persons Served _____

Showers

Number of showers _____

Cafeteria

Other fixtures

Specify other fixtures: _____

6. Design Flow:

440
 Gallons per Day

Calculated Daily Flow:

453
 Gallons

7. Plan:

6/05/06
 Date of Original

1
 Number of Sheets

Revision Date

Title of Plan

"Plan of Septic System Repair"

8. Description of Soil:

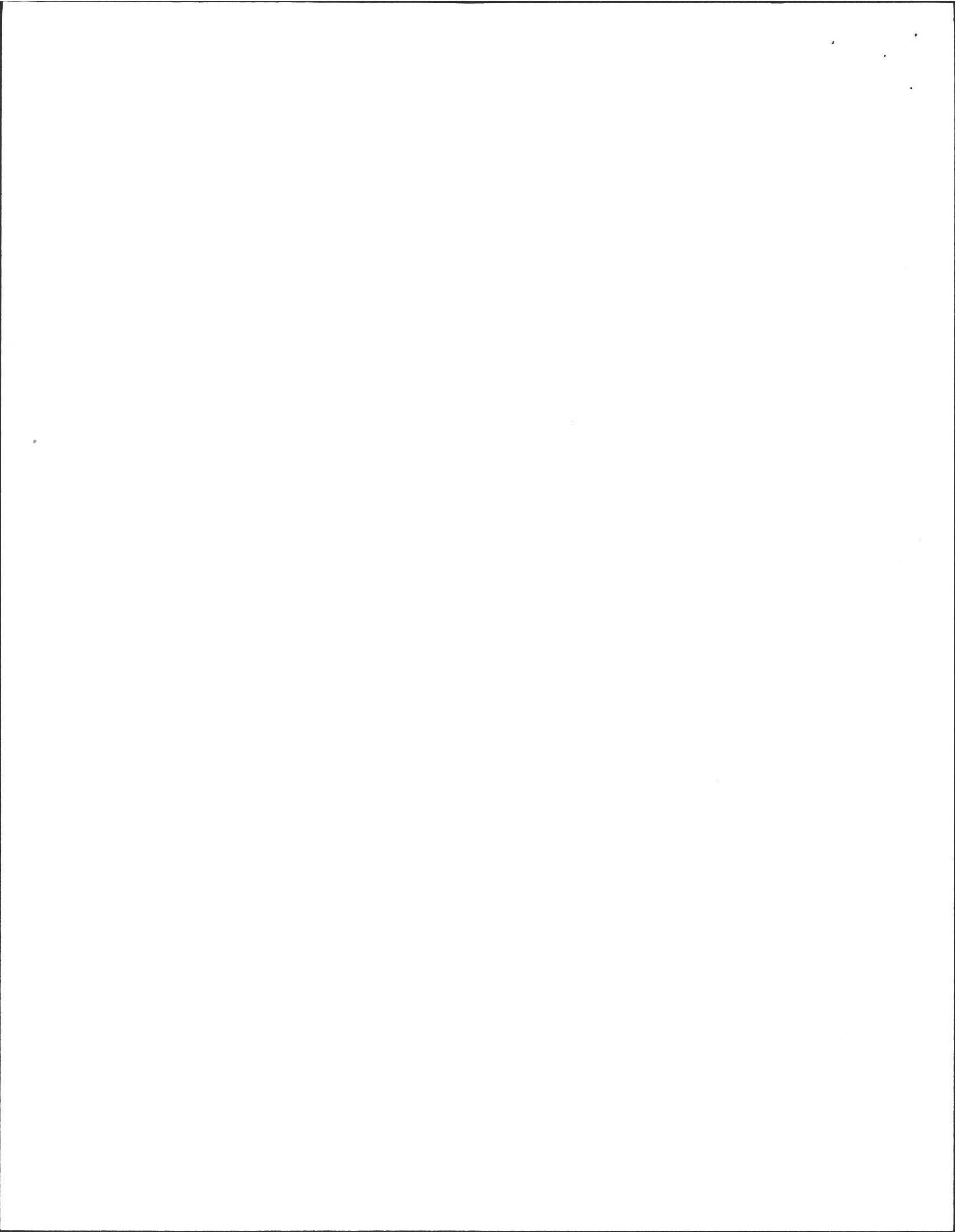
Attached

9. Nature of Repairs or Alterations (if applicable):

replace existing septic tank and leach bed.

10. Date last inspected:

6/7/06
 Date





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

06-09
 Number
 \$ 375 ⁰⁰ PL
 Fee ~~0000~~ 800

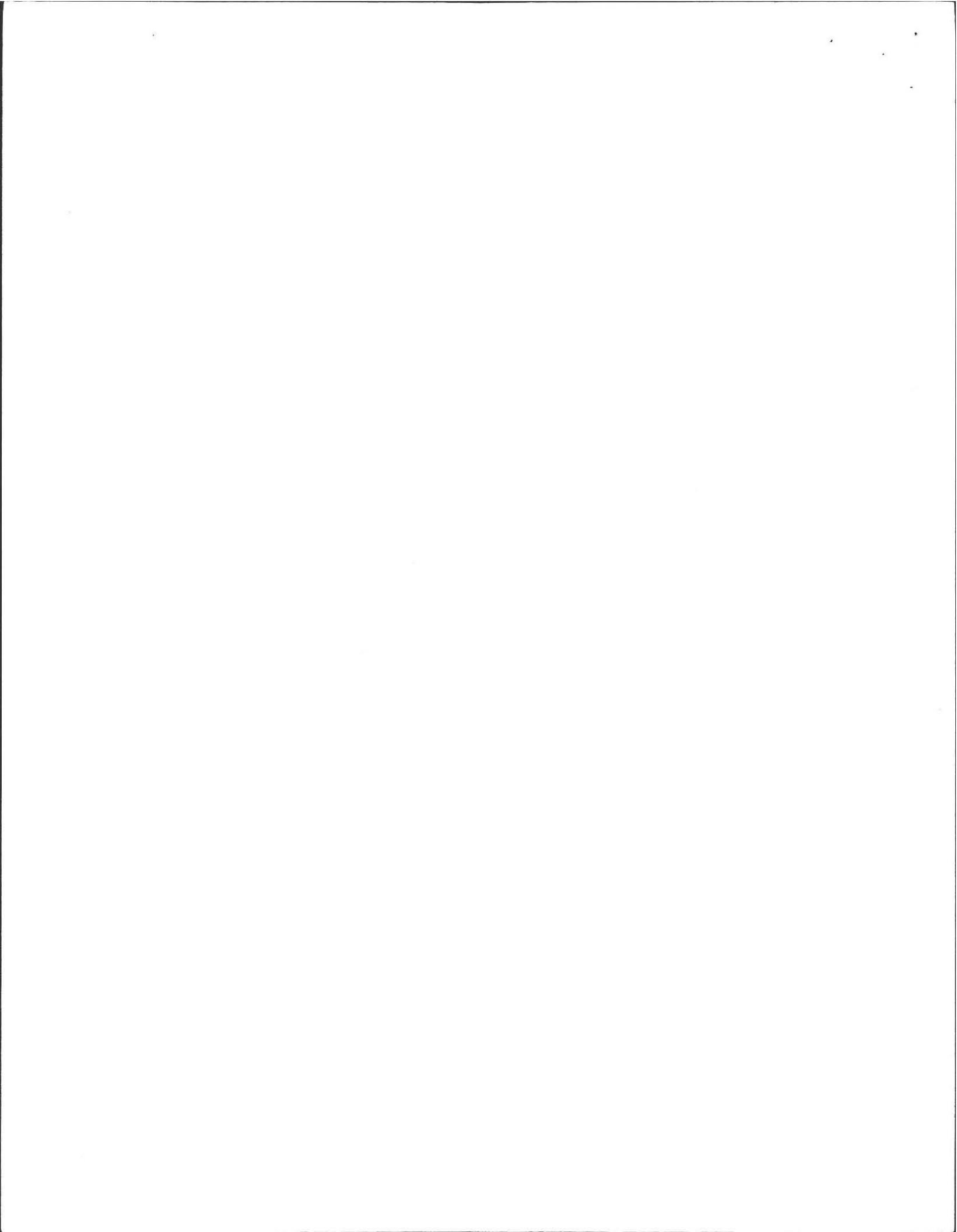
B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Will F. B... 6-6-06
 Signature Date

Application Approved By:
William F. B... 6-6-06
 Name Date

Application **Disapproved** for the following reasons:





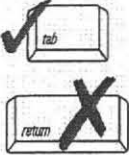
Commonwealth of Massachusetts
 City/Town of Amherst
Disposal System Construction Permit
Form 2A

06-09
 Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



William F. & Denise T. Barry
 Name Name of Company
60 Overlook Dr.
 Address
Amherst MA 01002
 City/Town State Zip Code

to perform the following work on an on-site sewage disposal system:

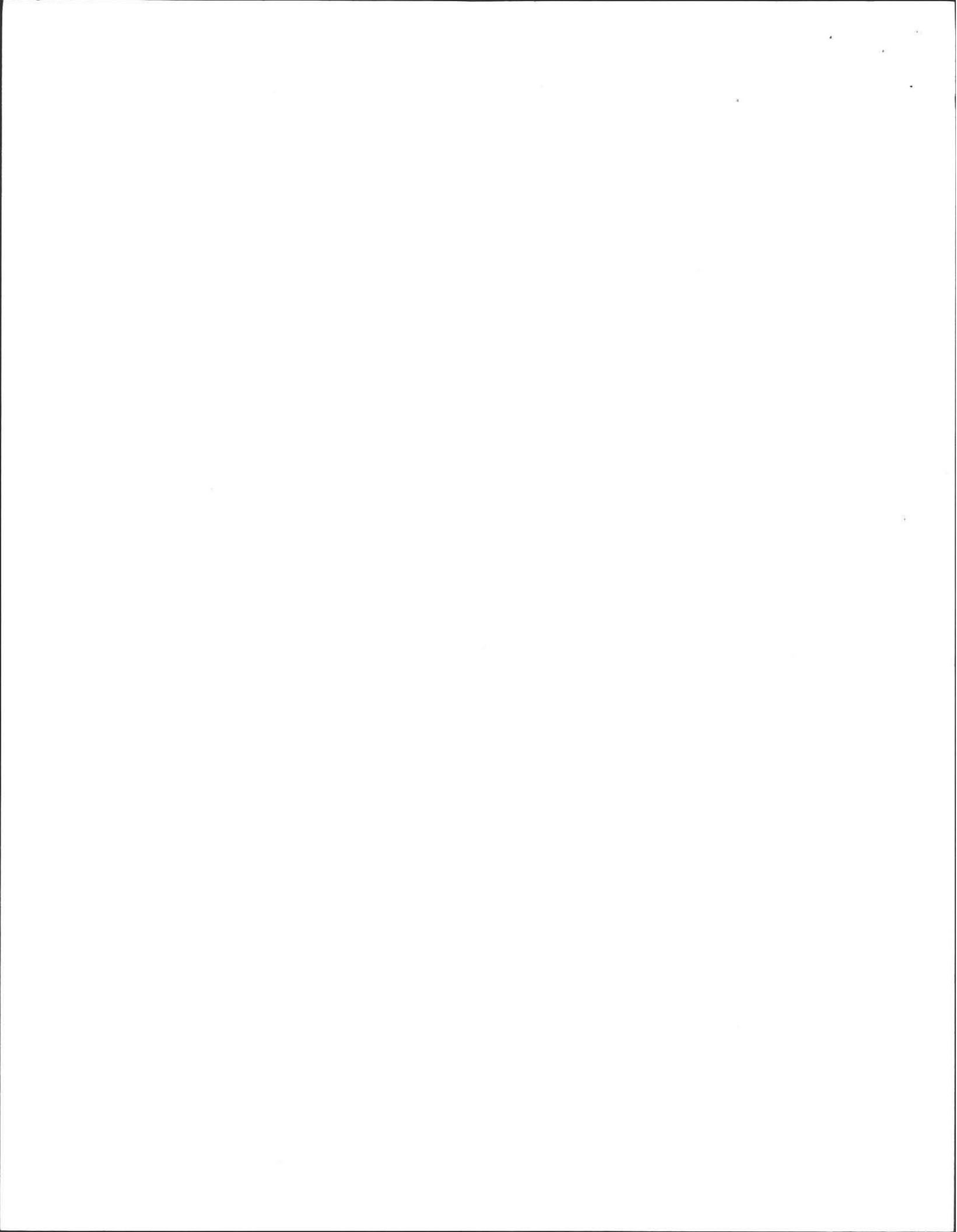
- Construction
- Repair or replacement
- Repair or replacement of system components

60 Overlook Dr.
 Facility Address
Amherst MA 01002
 City/Town State Zip Code
William & Denise Barry (413) 256-6247
 Owner Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

David J. Jurgens 6/7/06
 Approved by Date
Sanitary
 Title





Commonwealth of Massachusetts
 City/Town of Amherst
Certificate of Compliance
Form 3

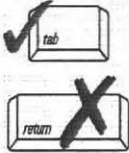
DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

Important:
 When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



DSCP Number _____ DSCP Date _____
William F. + Denise T. Barry
 Facility Owner
600 Overlook Dr.
 Street Address or Lot #
Amherst MA 01002
 City/Town State Zip Code

Designer Information:

Richard E. Costa, P.E. / Robert Stover Amherst Civil Engineering
 Name Name of Company
Robert Stover for Amh. Civil Eng. 6/29/06
 Signature Date

Installer Information:

 Name Name of Company

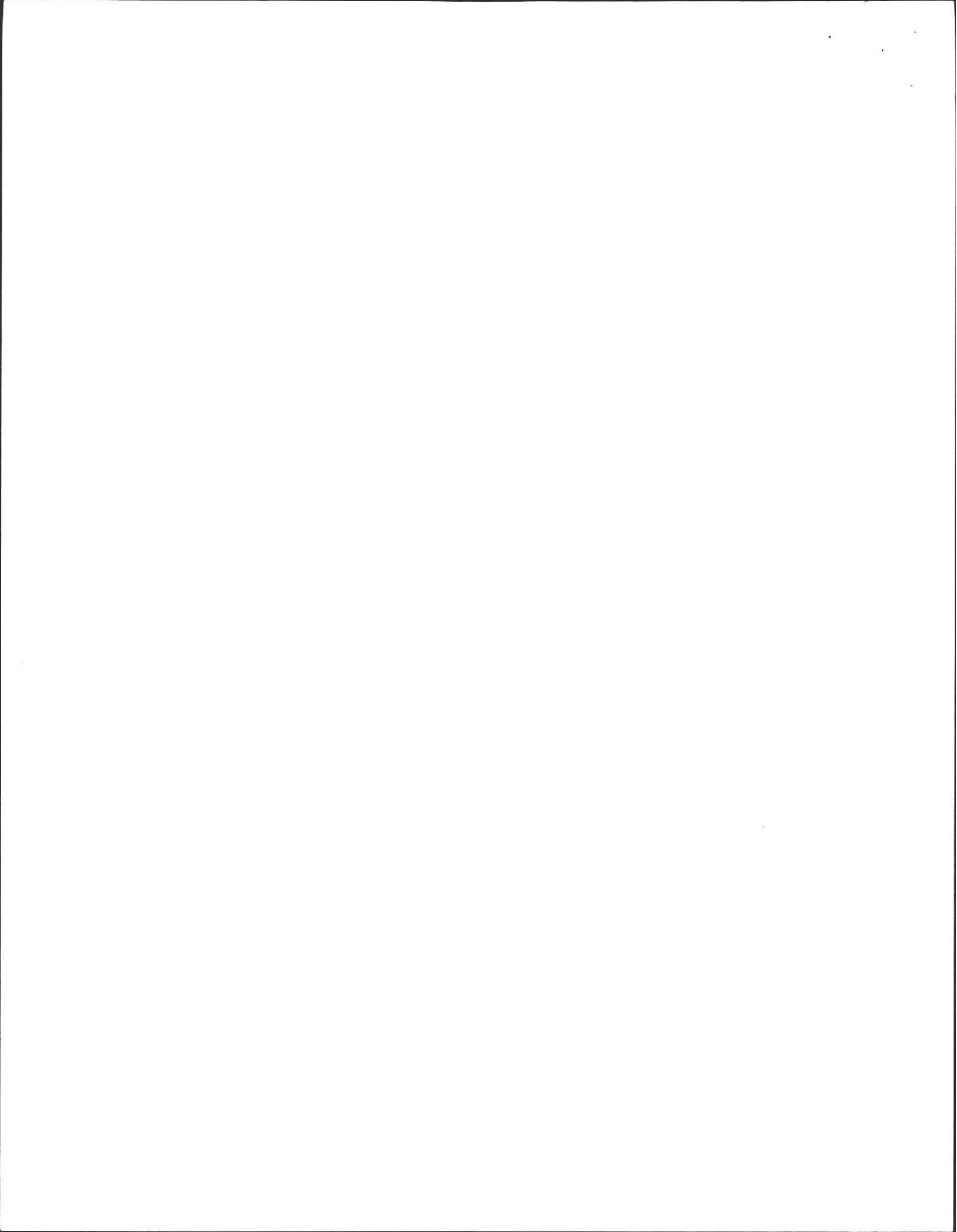
 Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

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

 Approving Authority

 Signature Date





Commonwealth of Massachusetts
 City/Town of Amherst
Certificate of Compliance
 Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

06-09 DSCP Number 6/7/06 DSCP Date
William F. + Denise T. Barry Facility Owner
60 Overlook Dr. Street Address or Lot #
Amherst City/Town MA State 01002 Zip Code

Designer Information:

Richard E. Costa, P.E. / Robert Stover Amherst Civil Engineering
 Name Robert Stover for Amh. Civil Eng. Name of Company 6/29/06 Date
 Signature

Installer Information:

W.W. Clark Name W.W. Clark Name of Company
William W. Clark Signature 6/28/06 Date

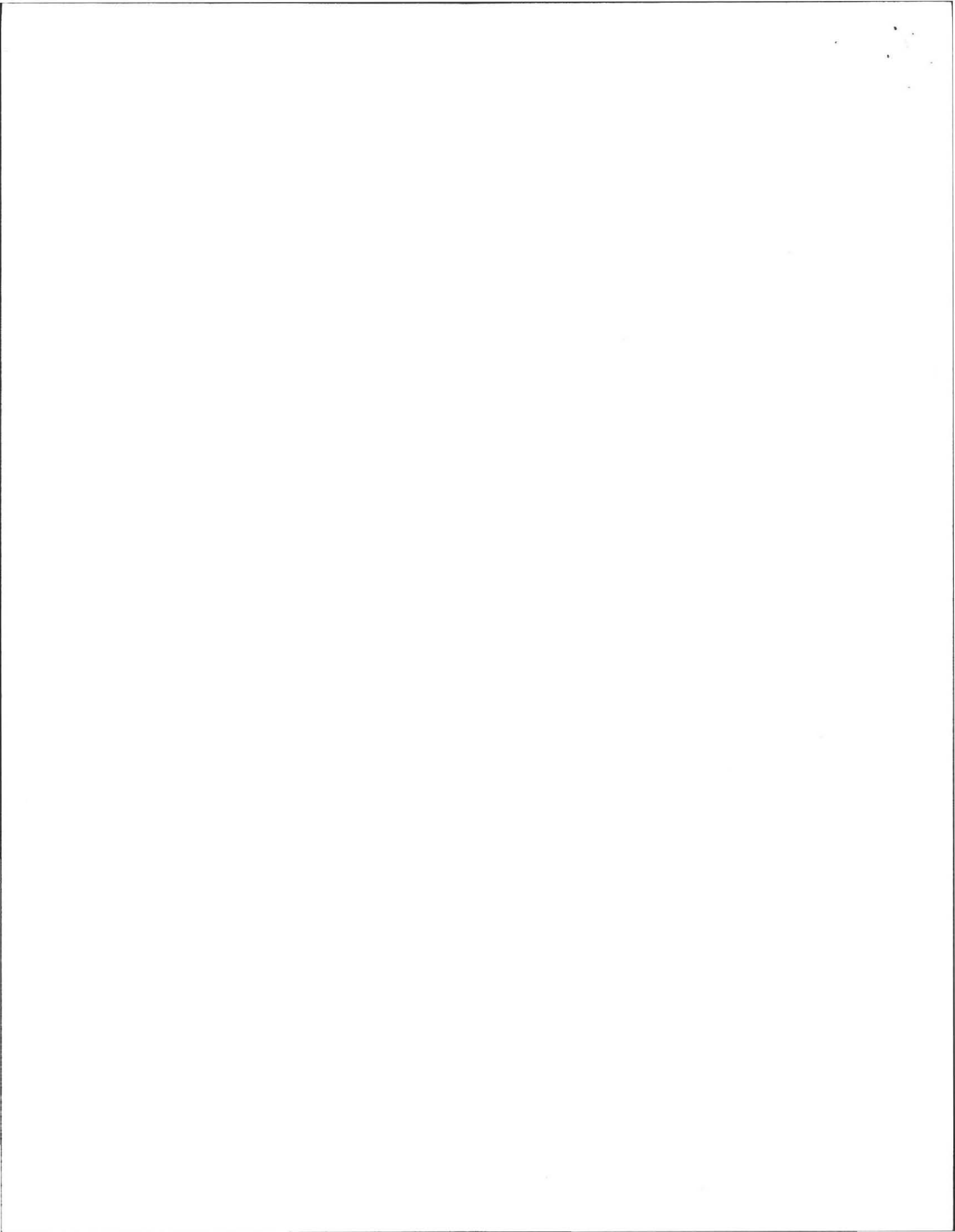
Use of this system is conditioned on compliance with the provisions set forth below:

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

Dan Zarozinski Approving Authority
Dan Zarozinski Signature 6/28/06 Date

Important:
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No. _____

Date: 5/11/06

Commonwealth of Massachusetts
Amherst, Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Robert Stover

Date: 5/11/06

Witnessed By: David Zarozinski

Location Address or Lot # <u>60 Overlook Dr Amherst, MA 01002</u>	Owner's Name, Address, and Telephone # <u>William Barry 60 Overlook Dr Amherst, MA 01002 (413) 256-6247</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published 1981 Publication Scale 1:15840 Soil Map Unit GXB

Drainage Class A Soil Limitations water table typically deeper

Surficial Geologic Report Available: No Yes than 6' though not in

Year Published _____ Publication Scale this area

Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

Above 500 year flood boundary No Yes

Within 500 year flood boundary No Yes

Within 100 year flood boundary No Yes

Wetland Area:

National Wetland Inventory Map (map unit) _____

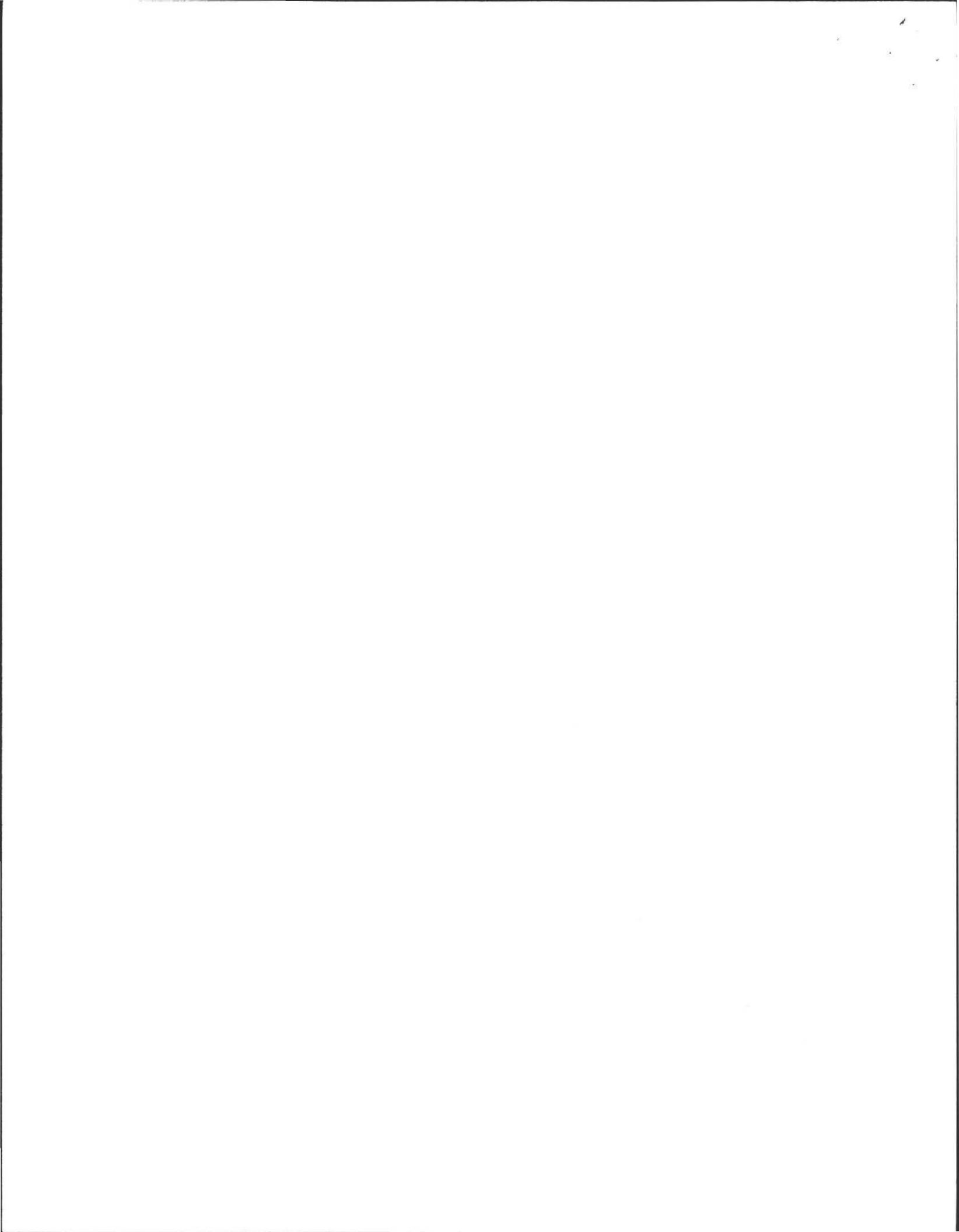
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month

Range :Above Normal Normal Below Normal April + May

Other References Reviewed: _____





Location Address or Lot No. 60 Overlook Dr.

On-site Review

Deep Hole Number 1 Date: 5/11/06 Time: 9:30am Weather 65° overcast (light)
 Location (identify on site plan) See sketch
 Land Use front yard w/ trees Slope (%) 1-2 Surface Stones abundant - some from excavation of cellar hole
 Vegetation white pine, red maple, red oak, black + gray birch
 Landform Till Hill, Wisteria vine
 Position on landscape (sketch on the back)
 Distances from:
 Open Water Body 200 feet ± Drainage way 40 feet ±
 Possible Wet Area 100 feet ± Property Line 35 feet ±
 Drinking Water Well 125 feet ± Other -

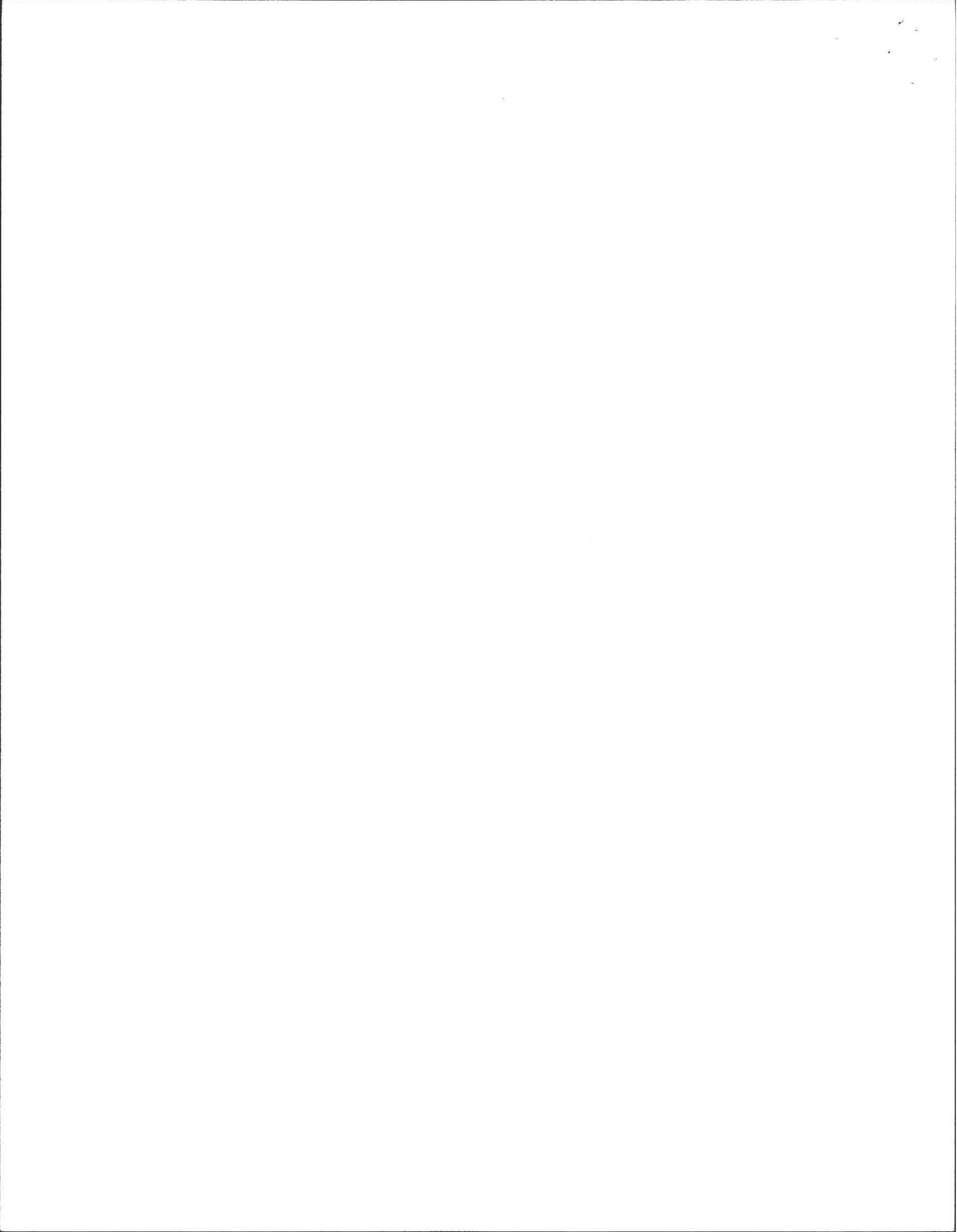
DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0 - 3	A	FSL	10YR3/2	none	Friable
3 - 26	BW	FSL	7.5YR4/6	none	Friable to loose many stones + roots
26 - 80	C1	FSL gravelly	2.5Y4/4	@ 60 10YR4/6	Firm gravelly
80 - 9	C2	VFSL	2.5Y7/3		Firm Some gravel < 5%

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) till Depth to Bedrock: > 9'
 Depth to Groundwater: Standing Water in the Hole: 99" Weeping from Pit Face: 66"
 Estimated Seasonal High Ground Water: 60"



4 bedrooms No EG



Location Address or Lot No. 60 Overlook Dr.

On-site Review

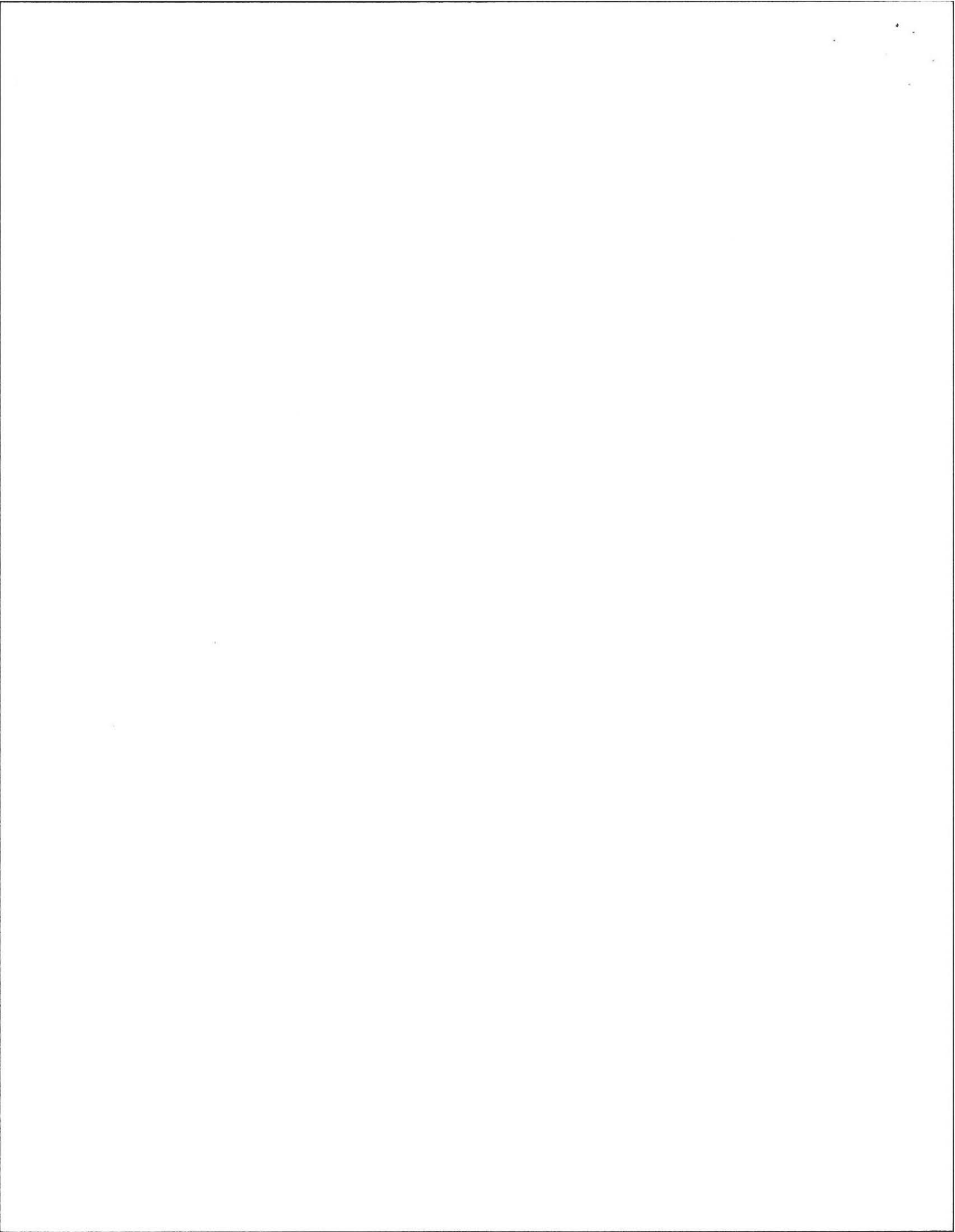
Deep Hole Number 2 Date: 5/11/06 Time: 9:45AM Weather 65°± + overcast
 Location (identify on site plan) See plan
 Land Use front yard Slope (%) 1-2 Surface Stones abundant
 Vegetation white pine, red maple, red oak, black + grey birch
 Landform Till hill
 Position on landscape (sketch on the back) _____
 Distances from:
 Open Water Body 200 feet Drainage way none feet
 Possible Wet Area 100 feet + Property Line 15 feet ±
 Drinking Water Well 110 feet ± Other _____

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-3	A	FSL	10YR3/2	none	Friable
3-24	BW	FSL	7.5YR4/6	none	Friable to loose many stones & roots
24-70	C1	FSL	2.5Y4/4	@60" 10YR4/6	Firm, gravelly
70-76	C2	VFSL	2.5Y7/3	—	Firm, < 5% gr. + co. frag.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Till Depth to Bedrock: >76"
 Depth to Groundwater: Standing Water in the Hole: 66" Weeping from Pit Face: 62"
 Estimated Seasonal High Ground Water: 60"





Location Address or Lot No. 60 overlook Dr.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date: <u>5/11/06</u>		Time: <u>9:30</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>9:33</u>	
End Pre-soak	<u>9:48</u>	
Time at 12"	<u>9:48</u>	
Time at 9"	<u>10:00</u>	
Time at 6"	<u>10:16</u>	
Time (9"-6")	<u>16</u>	
Rate Min./Inch	<u>6</u>	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

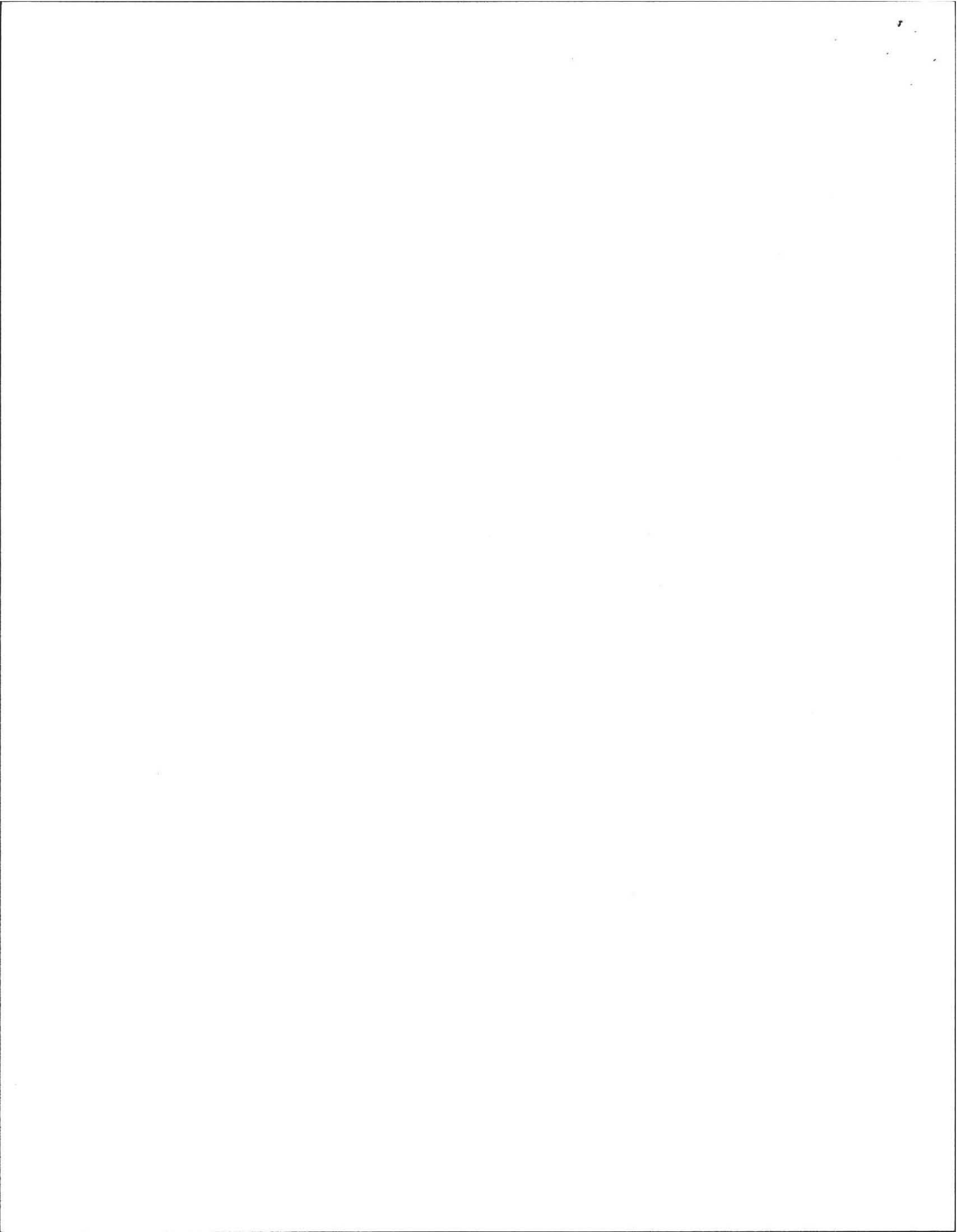
Site Passed Site Failed

Performed By: Robert Stover

Witnessed By: David Zarozinski

Comments: _____





Location Address or Lot No. 60 Overlook Dr.
Amherst

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles 60 inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

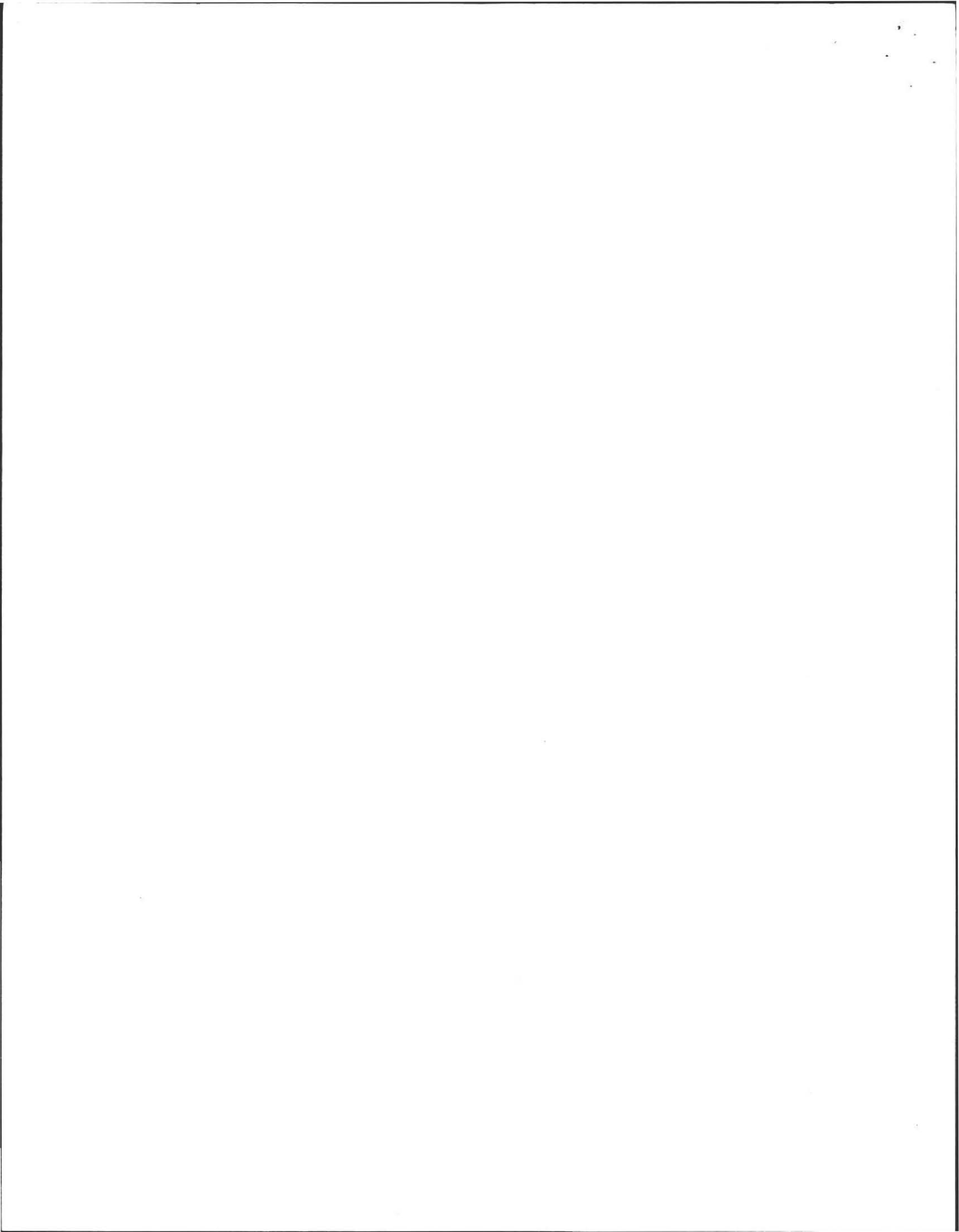
If not, what is the depth of naturally occurring pervious material?

Certification

I certify that on 6/1993 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Robert Stover Date 5/11/06





Commonwealth of Massachusetts

Town of AMHERST**Soil Suitability Assessment : On-Site Sewage Disposal**

Performed By: Bob Stoen Date: 5/1/06
 Witnessed By: _____

Location Address of: Lot #	Owner's Name: <u>B. H. Berry</u> Address of: <u>60 Overlook Dr</u> Telephone: <u>252-6247</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available? No Yes
 Year Published _____ Publication Scale _____ Soil Map Unit _____
 Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available? No Yes
 Year Published _____ Publication Scale _____
 Geologic Material (map unit) _____
 Landform _____

Flood Insurance Rate Map:
 Above 500 year flood boundary? No Yes
 Within 500 year flood boundary? No Yes
 Within 100 year flood boundary? No Yes

Wetland Area:
 National Wetland Inventory Map (map unit) _____
 Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (usgs): month _____
 Range: Above Normal Normal Below Normal April / May

Other Reference Reviewed:

Determination: Seasonal High Water Table**Methods Used:**

- Depth observed standing in observation hole _____ inches
 Depth weeping from side of observation hole _____ inches
 Depth to soil mottles _____ inches
 Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
 Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

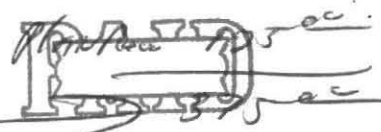
If not, what is the depth of naturally occurring previous material?

Certification

I certify that on _____ (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.

Signature _____
 Date _____

REC# 1958 Rec - 250 cc
 CH# 844 pd





FORM 12: Percolation Test
Location Address or Lot #

60 Overlook

Commonwealth of Massachusetts
Town of AMHERST

PERCOLATION TEST *		
DATE: <u>5/11/06</u>		TIME:
Observation Hole #	<u>①</u>	
Depth of Perc	<u>46"</u>	
Start Pre-soak	<u>9:33</u>	
End Pre-soak	<u>9:48</u>	
Time at 12"	<u>9:48</u>	
Time at 9"	<u>10:00</u>	
Time at 6"	<u>10:16</u>	
Time (9"-6")	<u>16</u>	
Rate Min./Inch	<u>①</u>	

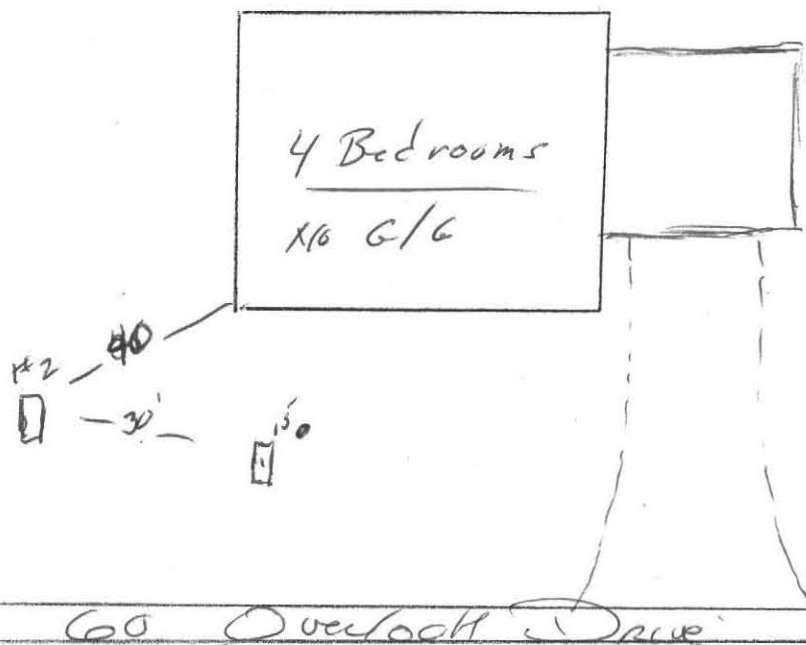
*Minimum of one percolation test must be performed in both the primary area and reserve area.

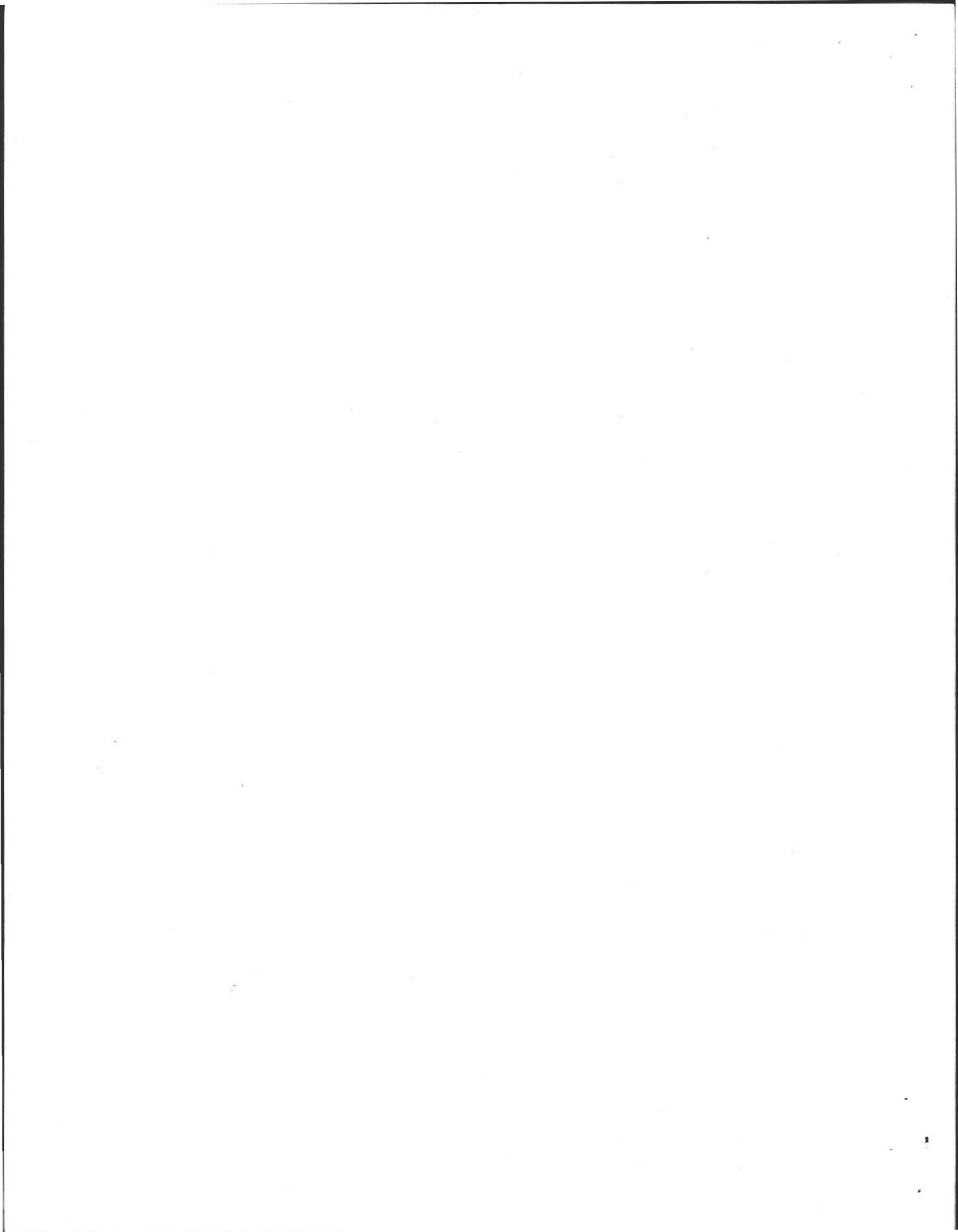
Site Passed Site failed

Performed by Bob Steven

Witnessed by David Zaretsky

Comments:





600 overlook

On-Site Review

Deep Hole Number ① Date: 5/1/06 Time 9:30
Weather 65° Overcast
Location (identify on site plan) See Plan
Land Use FRONT YARD - w/TREES Slope (%) 1-2
Surface Stone _____
Vegetation: White Pine Red Maple Red oak

Landform: T. H. Hills

Position on Landscape (sketch on back) _____
Distances from:
Open Water Body 200 feet Drainageway 40 feet
Possible Wet Area 100 feet Property Line 35 feet
Drinking Water Well 125 feet Other _____

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
3	A	FSL	10YR 3/2	-	FRABLE
26	Bw	FSL	7.5YR 4/6	-	FRABLE TO LOOSE
80"	C1	FSL Gravelly	2.5Y 4/4	60" 10YR 4/6	MANY STONES + ROOT
9'	C2	U.F.S.L	2.5Y 7/3		Very Fine Sand Linn

Parent Material (geologic) T. H.
Depth to Bedrock 9'
Depth to Groundwater:
Standing Water in the Hole 99"
Weeping from Pit Face 66"
Estimated Seasonal High Water 60"

On-Site Review

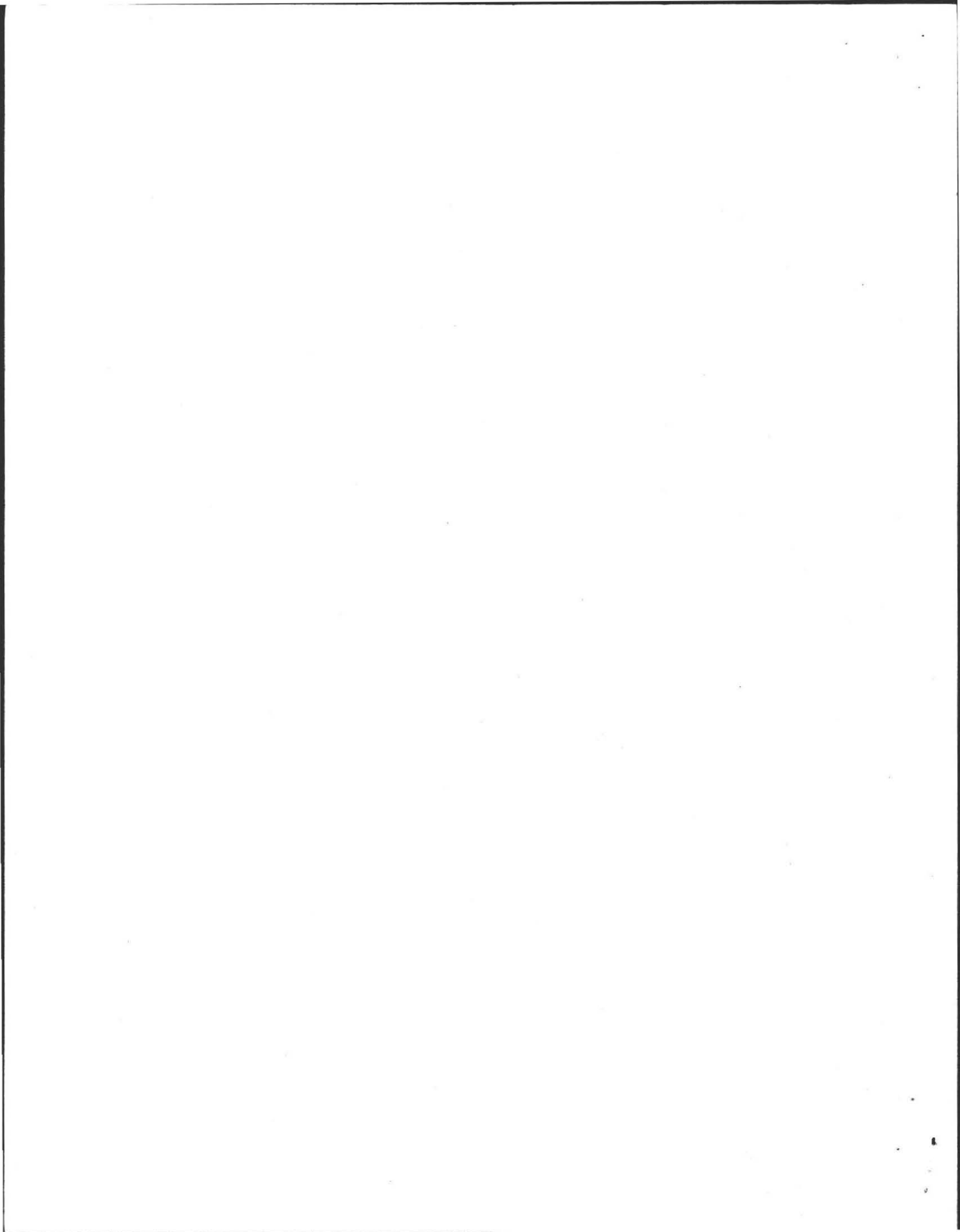
Deep Hole Number ② Date: 5/1/06 Time _____
Weather _____
Location (identify on site plan) _____
Land Use _____ Slope (%) _____
Surface Stone _____
Vegetation: _____

Landform: Same

Position on Landscape (sketch on back) _____
Distances from:
Open Water Body _____ feet Drainageway _____ feet
Possible Wet Area _____ feet Property Line _____ feet
Drinking Water Well _____ feet Other _____

DEEP OBSERVATION HOLE LOG					
depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
3	A	FSL	10YR 3/2		FRABLE
24	Bw	FSL	7.5YR 4/6		FRABLE TO LOOSE
70"	C1	FSL	2.5Y 4/4	60" 10YR 4/6	MANY STONES + ROOT
76	C2	U.F.S.L	2.5Y 7/3		Very Fine Sand Linn

Parent Material (geologic) T. H.
Depth to Bedrock 76"
Depth to Groundwater:
Standing Water in the Hole 67"
Weeping from Pit Face 62"
Estimated Seasonal High Water 61"



**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1958

Received of WILLIAM BARRY of 60 OVERLOOK DRIVE
Name Address

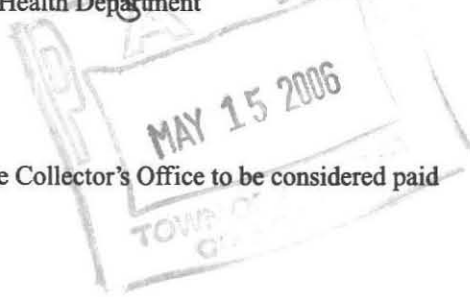
For Property Located at: SAME SAME
Street Address Owner

HEA009 Bakery R6510 443509	_____	HEA016 Septic Tank Permit-Installers R6510 443511	_____
HEA001 Bed & Breakfast R6510 443516	_____	HEA017 Septic Tank Permit-Private R6510 443510	<u>\$125 -</u>
HEA002 Catering License R6510 443507	_____	HEA018 Septic Tank Reinspection Fee R6510 432301	_____
HEA003 Food Handler R6510 443515	_____	HEA019 Sub-Division Review Fee R6510 432306	_____
HEA004 Frozen Deserts R6510 443501	_____	HEA012 Swimming Pool Permits R6510 443512	_____
HEA005 Health Dept. Housing Isp. R6510 432302	_____	HEA020 Tanning License R6510 443509	_____
HEA006 Massage Therapy License R6510 443504	_____	HEA034 Immunization Clinic R6510 432307	_____
HEA008 Motel License R6510 443506	_____	HEA026 Smoking & Tobacco Reg. Violations R6510 443518	_____
HEA010 Removal of Offal R6510 443513	_____	HEA022 Tobacco License R6510 443505	_____
HEA021 Removal of Rubbish R6510 443520	_____	HEA042 Body Arts / Tatoo R6510 443521	_____
HEA011 Percolation Test Fees R6510 432300	<u>\$250 -</u>	HEA043 Food Service Plan Review R6510 432308	_____
HEA013 Recreation Camp License R6510 443503	_____	HEA044 Porta Potties R6510 432309	_____
HEA014 Retail Store Permit R6510 443514	_____	HEA045 Ice Rinks R6510 443522	_____
HEA015 Sanitary Code Booklets R6510 432305	_____	HEA046 Rental Registration R6510 432310	_____
		HEA047 Fines R6510 48200	_____
		HEA	_____
		HEA	_____

TOTAL FEE: \$375 -

5/12/06
Date

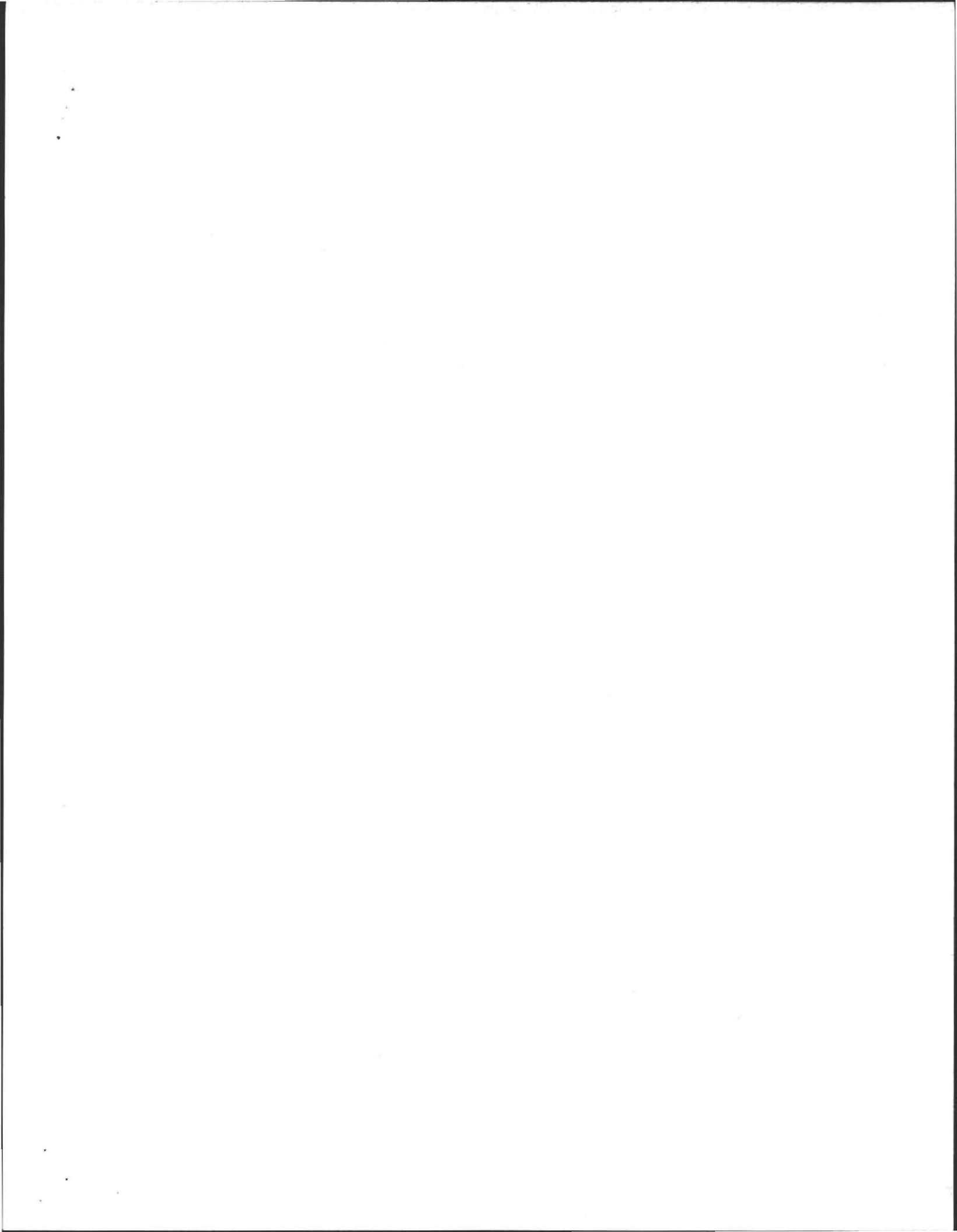
[Signature]
Amherst Health Department

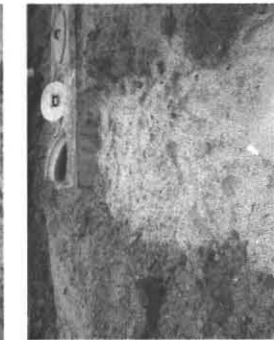
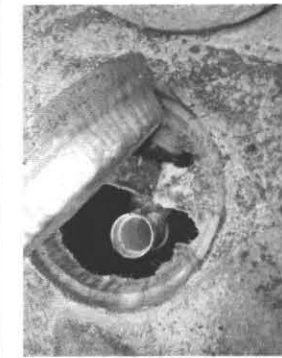
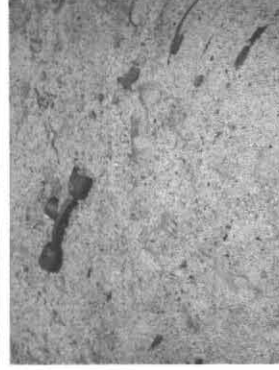


Must be Validated by the Collector's Office to be considered paid

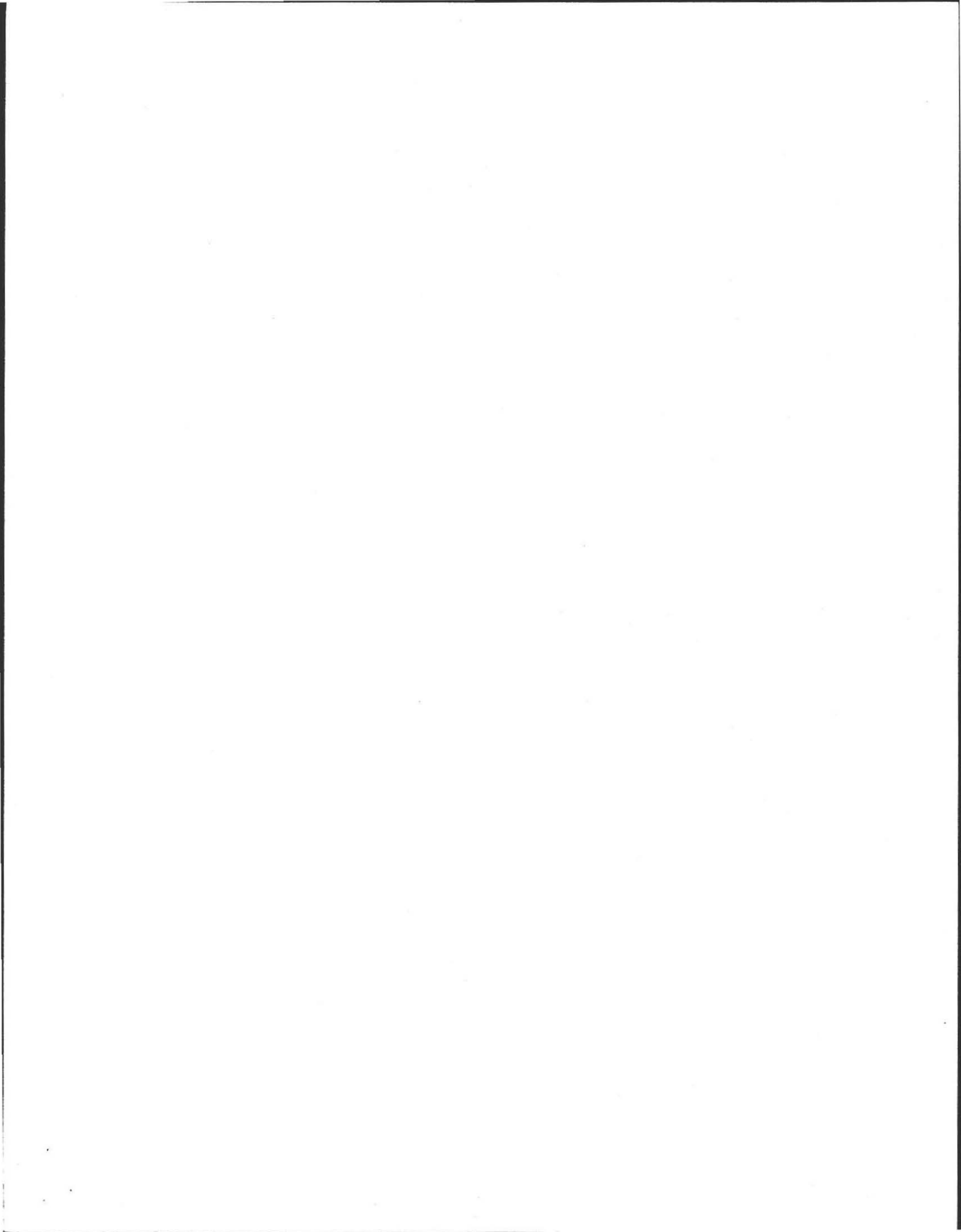
OFFICE USE ONLY

CHECK #	CASH
<u>844</u>	<u>0</u>





60 Overlook Drive 6/28/06
Engineer: Bob Stover
Installer: William Clark



40 Overlook

10:00

Please call Joe Wanczyk -253-7604 or
584-7381
within next half-hour

Question about Lot #22, High Point

Not possible to put in dry well - too wet
need leaching bed.

What is recommended area - sq. footage
also, septic tank size
any other possible changes?

Artesian wells out there - any new laws??

10:00 AM
Please call Joe Wray at 273-7000 or
273-7000

within next half-hour

Question about lot 101, High Point

not possible to put in dry well - too wet

need fencing lot.

What is recommended area as to lot 101

also, septic tank

any other possible questions?

Artesian wells on lot 101 - any other wells?

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

No. 72-3 Date 3-14-72 Fee \$300 Date Rec'd. 3-14-72 By CEJ

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

Location—Address W OVERLOOK DRIVE or Lot No. #22

Owner KENNETH NARBIN Address 601 FLORENCE RD. NORTHAMPTON

Contractor KAPIS INC. ? Address _____

Type of Building _____ Dimensions _____ Size Lot 44,640

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? NO - ARTESIAN Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

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

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

Disposal Bed—No. 1 Diameter 15 Depth below inlet 30 Total leaching area 450 sq. ft.

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

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

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

Percolation Test Results Performed by J. HART - HUNTLEY ENGR. Date 3/9/72

Test Pit No. 1 5 minutes per inch Depth of Test Pit 2'-0"

Test Pit No. 2 - minutes per inch Depth of Test Pit 4'-0"

Description of Soil 3" ORG. Topsoil; 3'-9" SILT & BOULDERS WITH A TRACE OF GRAVEL Depth to Ground Water 3'-6"

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 CEJ X Kenneth Nabin Owner or builder date 3-14-72

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 S. J. WANCYK at Lot 22 Overlook 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. 72-3 dated MAR 14, 1972

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

DATE JUNE 22, 1972 Inspector CEJ

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

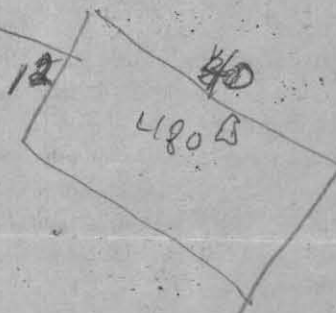
No. 72-3
Permission is hereby granted KEN NARBIN to construct (X) or repair () an Individual Sewage Disposal System at Lot 22 Overlook Dr as shown on the application for Disposal Works Construction Permit No. 72-3

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 3-14-72 CEJ
Board of Health



1000



OVERLOOK

