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

TO: THE BOARD OF HEALTH, AMHERST, MASS.	, No
HECOPIAN MALCOM of DRAKE 1 (owner's name)	Hotel (phone)
hereby applies for a permit to construct or repair a private disposal system	n for a // (residence, store, etc.)
which will be located at	
(name) (address) Builder is W.J. W. unturith Plumber is	(phone
Builder is W W White Plumber is Plumber is	thejeman
Description of lot, building and fixtures as follows:	
Lot: Dimensions 128 200. Type of Soil Well or Tow	n Water?
Distance to Town Sewer Depth to Ground Water	Kind of Well
Will Lot be Graded?	
Building: Dimensions 25x 36 No. Bedrooms	o. Occupants
Fixtures: No. Toilets	Bathtubs
Showers	ge Grinders 14
Auto Dishwasher	ther (basement)
(On reverse side show plot plan with building. Include dimensions, distant location of wells, streams, ledge, large trees, etc.)	
I certify that the above information is correct and that I will notify the B tions are changed. I also declare that I have read and understand all the ru hereto and will comply with all requirements and stipulations as included in	iles and regulations applying
	ly Acyclicant (by) ture of Applicant) Wm & Con
DEDICT OF CONCERNICE OF REPAIR A PRIVATE CENTACE	DICDOCAT CYCERA
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE 1	
or repair of private sewage disposal system with the following minimum respective Tank: Must be of Cement and of	No proceed with the construction quirements:
Leaching System: Trenches of not less than Sq. Ft. bottom are	
Dry well3.2.24. ft. bottom area and	
Other	
This permit is issued with the understanding that future alterations or adsary. This permit shall not be construed as permission to create or maint in the issuance of this permit the Board of Health assumes no responsibilit maintenance of the system.	ain any sewage nuisance and y for the future operation or
for the Board	find 9/5/55 of Health date
Inspected Approved 6+ G	Simo Od 57

