

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

#299

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 9-61

BLAIR ROY of Shay St. (owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Residence (residence, store, etc.)

which will be located at Same to be installed by

S. W. Wray (name) (address) (phone)

Builder is Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions Type of Soil Clay Well or Town Water? Town
Distance to Town Sewer Mile Depth to Ground Water ? Kind of Well
Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs
Showers Kitchen Sinks Garbage Grinders
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 July 25, 1961 (Signature of Applicant) Reid 100 7/25/61 RAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

R. Bear 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 Gals. Liquid Capacity in place
Leaching System: Trenches of not less than Sq. Ft. bottom area.
Dry well ft. bottom area and ft. below the inlet.
Other seepage bed.

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.

G. C. Lewis for the Board of Health date

Inspected Approved O.K.

Leach
Bed



House

Shays St.