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

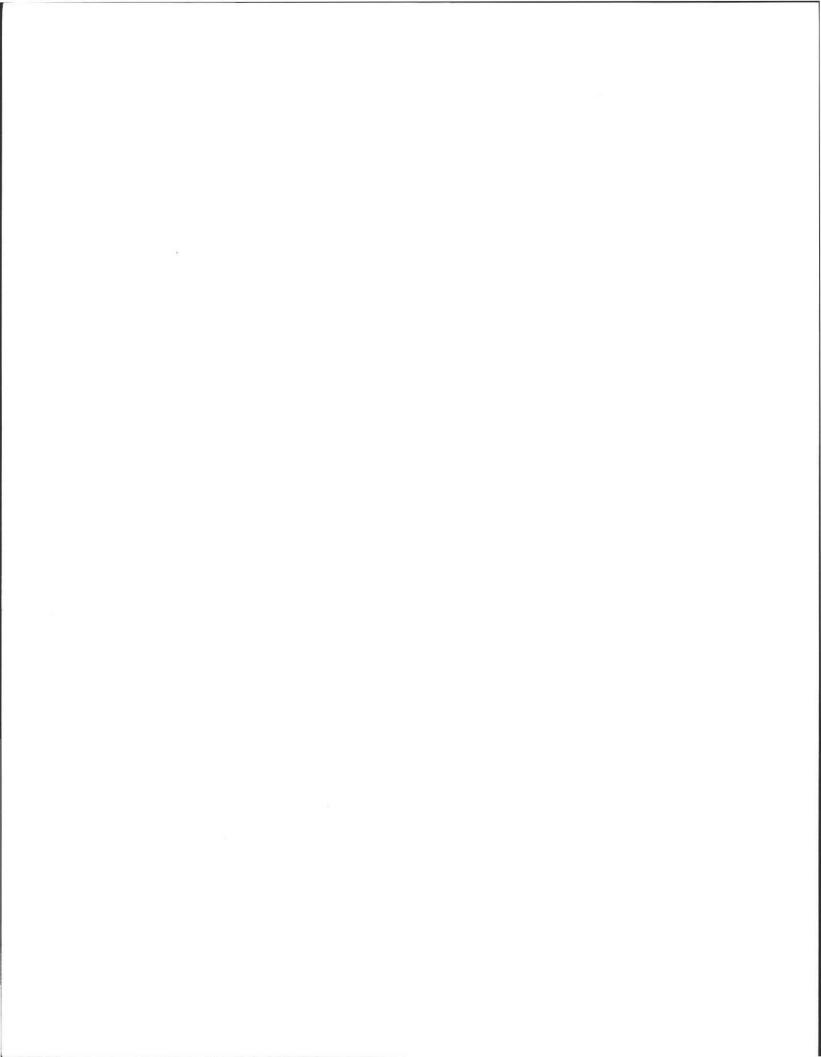
CO: THE BOARD OF HEALTH, AMHERST, MASS. No	
John C. It are of <u>Several</u> (address) (phone)	• • • • •
nereby applies for a permit to construct or repair a private disposal system for a	
which will be located at sShay Carl to be installed by (name) (address) (phone	y
(address) (phone Builder is Chester S. Wardard Plumber is Stocambe	
Description of lot, building and fixtures as follows:	
ot: Dimensions 129. X. 4.8.9 Type of Soil. Grand Well or Town Water? Journ	
Distance to Town Sewer Depth to Ground Water Kind of Well	
Will Lot be Graded?	
Building: Dimensions 344.52 No. Bedrooms	
Fixtures: No. Toilets	
Showers/	
Auto Dishwasher Auto. Clotheswasher! Other (basement)	
On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show ocation of wells, streams, ledge, large trees, etc.)	V
certify that the above information is correct and that I will notify the Board of Health if any condi- ions are changed. I also declare that I have read and understand all the rules and regulations applying nereto and will comply with all requirements and stipulations as included in a permit if issued to me.	
Date SAT 16, 1960 (Signature of Applicant)	
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM	N
No	
or repair of private sewage disposal system with the following minimum requirements:	n
Septic Tank: Must be of Cement and of7.5.2 Gals. Liquid Capacity.	
Leaching System: Trenches of not less than	
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 n the issuance of this permit the Board of Health assumes no responsibility for the future operation of maintenance of the system. $f_{1}$ $f_{2}$ $f_{3}$ $f_{4}$ $f_{4$	s- d

Inspected ...... Approved .....

.....

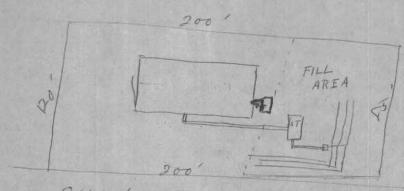
DRY Well 101 S Togal Hows Sharps A.

7/16/53 REGUEST FOR Syccifications- (SEGMANI FILD)-3 1953 2 Use of Baux Spicor Tuis Owny. REGUIRES O ISON CALLON TANK. STATE DEPT OF PUBLIC HEALTH FURTHER 1001 Tile HARKEMESS Red 8/26/53 600 GAMAN TANK 40' TIME 1. 1 als LANGFORD So East ST &/11/53 600 CALLON TONR 100' TILS 600 CALLOU TANK 40' TING. 3 80-80' 29, 75-201 601 WENTWORTH WILDWOODAME 9/23/53 600 CANONTANK • .. . 1 SEPTIC TANKS 600 1-600 600 " CANTON AND 11/22/53 600 Pomorey 9/13/53 Kinkestar Stay ST. 10/14/63 Maar Contra Reo CATE 11/5/53 PARSONAGE So PIGUESS 8/11/53 Date HOPKINS LAME WEST SCHOW DEPT SU AMNGRAT 902535 GWENS REDRICH NAME

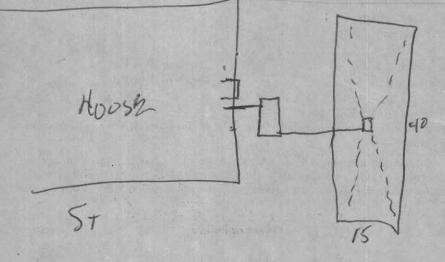


BOARD OF HEALTH, AMHERST, MASSACHUSETTS
No. 7-64 N Date for 16 64 Fee 3 Date Rec'd. 4-10-64 By CED.
Application is hereby made for a permit to Construct (7) or Repair ( ) an Individual Sewage Disposal System at:
System at: Location—Address <u>Adays AT</u> Owner <u>Aud W. Alembeck</u> Contractor <u>Jame</u> Type of Building <u>Rejudence</u> Dimensions <u>67 x 30</u> Dimensions <u>67 x 30</u> Size Lot <u>20, 500</u>
Owner Address <u>Address</u> Address <u>So EAST So</u> Contractor <u>Aange</u> Address <u>So EAST So</u>
Tune of Building Aludrance Dimensions 67 × 30 Size Lat 28 EAD
Type of Building     Dimensions     Of X 50     Size Lot 20, 300       Dwelling     No. of Bedrooms     4     Expansion Attic (Nb) Garbage Grinder (Ub)       Other     No. of persons     9
Other No. of persons Showers (/ )
Other fixtures
Town Water? Type of Well
Other fixtures
Septic Tank-Liquid capacity /600 gallons Dimensions: L W D
Disposal Trench-No Width Total Length Total leaching area sq. ft.
Disposal Bed—No Diameter 20 × 30 Depth below inlet Total leaching area sq. ft.
Dry weil—No Diameter Depth below innet Dimensions x x
Other: Distribution box $(\chi)$ No Dosing tank ( )
Other: Distribution box (X)       No Dosing tank (*)         (Depth of Soil Line Below finished grade at foundation
Percolation Test Results Performed by Date Date Date
Test Pit No. 1 minutes per inch Codef Depth of Test Pit
Description of Soil (Perund Water 20" Depth of Test Th
Will disposed area he filled?
Will disposal area be filled? Cut down? Cut down?CUt down?CUt down?CUt down?CUt down?CUt down?CUt down?CUt down?CU
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.
and anderick W. Flembeck 4-1-64
Owner or builder 3 date
Application Approved by TO BE REMOVED TO DEPTYOF SANDY GRAVEL, MINIMUM OF date
Application Disapproved for the following reasons:
board of health. Application Approved by Top Soil + Subsoil To Be Removed TO Deprint OF SANDY GEAVEL, MINIMUM OF ST. 4-7-69 Application Disapproved for the following reasons: Application Disapproved for the following reasons: TO Stray 4' Accue Gaund Warse
BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by
at 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 dated
The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE Inspector
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT
Permission is hereby granted <u><i>Treen W. SteinserCk</i></u> to construct (X) or repair () an
No. $\frac{1-64}{Permission is hereby granted} = \frac{F_{R \neq D} W}{F_{R \neq D} W} \xrightarrow{S \neq W} \xrightarrow{S \neq C \times} to construct (R) or repair () an Individual Sewage Disposal System at \frac{S_{H H + \sqrt{S}} S_{T}}{S_{T}} as shown on the application for Disposal Works Construction Permit No. \overline{T-64}$
as shown on the application for Disposal Works Construction Permit No. 1-69
This permit is issued with the understanding that future alterations of 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.
permit are actual of meaning to responsibility for the ratare operation of maintenance of the system.
DATE 4-7-64 Board of Health
DOATE DESIGN

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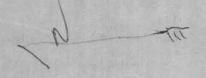
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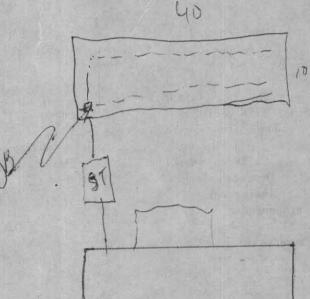


ADDITORTION FOD DICDOCRT MODIC	ASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS C	CONSTRUCTION PERMIT
No. <u>67-</u> Date <u>May 8, 1967</u> Fee <u>\$3.00</u> Date Re Application is hereby made for a permit to Construct ( <b>x</b> ) or	ec'd. 5/4/0/ By By
Application is hereby made for a permit to construct $(\mathbf{x})$ or System at:	Repair () an Individual Sewage Disposal
Location_Address Shays Street	or Lot No
Owner         Miss Florence Dwight           Contractor         Karl Konieczny           Type of Building         Dimensions	Address Shays Street
Contractor Karl Konleczny	Address Hadley
Dimensions Dimensions Dimension Attic ( )	Carbage Crinden ( )
Other No. of Dedrooms Expansion Attic ( )	Showers (1)
Other No. of persons 2 Other fixtures tub & closet	
Town Water? yes Type of W	/ell
Design Flow gallons per person per day. Total daily flow	gallons
Septic Tank-Liquid capacity600_ gallons Dimensions: L	W 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
Other: Distribution box ( ) No Dosing tank ( ) (Depth of Soil Line Below finished grade at foundation	
Percolation Test Results Performed by	Date
Test Pit No. 1 minutes per inch Test Pit No. 2 minutes per inch	Depth of Test Pit
Test Pit No. 2 minutes per inch	Depth of Test Pit
Description of Soil Depth to 0 Will disposal area be filled? Cut down?	Ground Water
Will disposal area be filled? Cut down?	?
(On reverse side or separate sheet, show plot plan with building. Incl Show location of wells, streams, ledge, large trees, etc.)	ude dimensions, distances from all boundaries.
AGREEMENT: The undersigned agrees to construct the aforedescribe ance with the provisions of Article XI of the Sanitary Code and regul	
dersigned further agrees not to place the system in operation until a	
CGA CA The Mu	tual Plumbing & Heating Co.
Application Approved by	Owner or builder May 8, 1967
Application Approved by	date
Application Disapproved for the following reasons:	
BOARD OF HEALTH, AMHERST, MA	
	ASSACHUSETTS
CERTIFICATE, OF COM	
THIS IS TO CERTIFY, That the individual Sewage Dispos	PLIANCE sal System installed ( ) or repaired ( ) by
THIS IS TO CERTIFY, That the individual Sewage Dispos at has been con	PLIANCE
THIS IS TO CERTIFY, That the individual Sewage Dispos athas been con INSTALLER Article XI of the State Sanitary Code as described in the application	PLIANCE sal System installed ( ) or repaired ( ) by istructed in accordance with the provisions of
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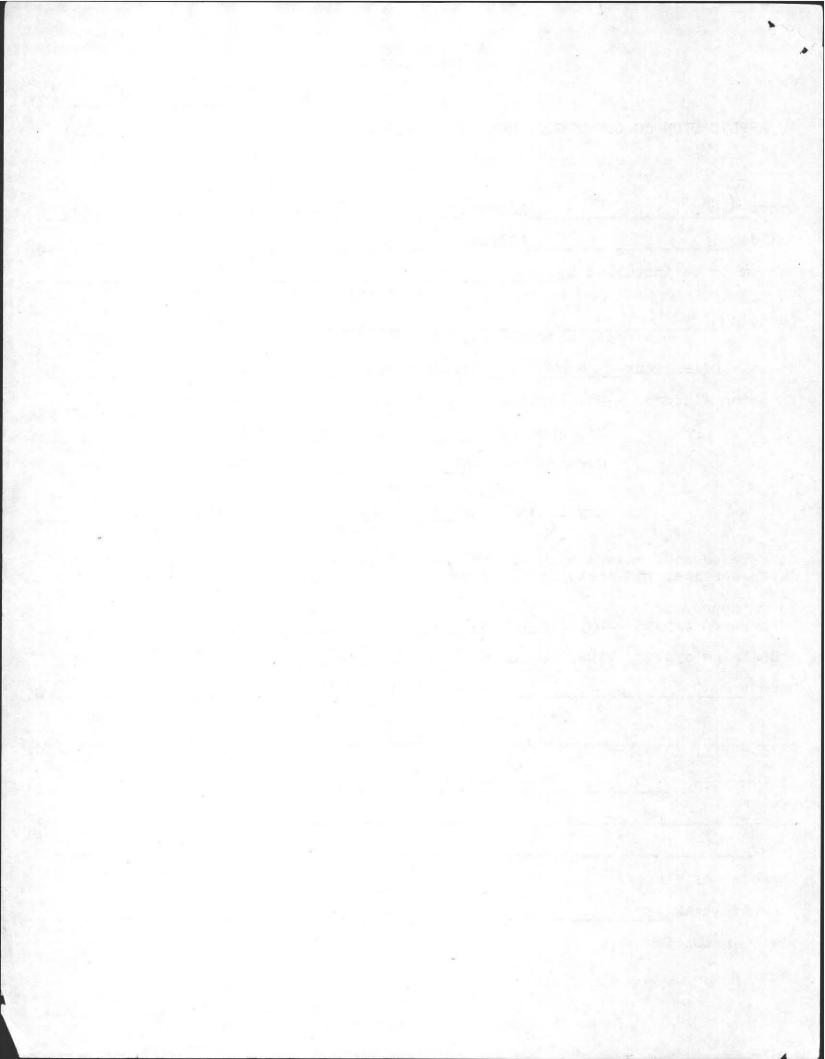
BOARD OF HEALTH, AMHERST, MA	
No de - Date 3-23-66 Fee 3 Date Rec	ed. 3-23-66 By
Application is hereby made for a permit to Construct (X) or	Repair ( ) an Individual Sewage Disposal
System at: Location—Address <u>SHAYS</u> SF. Owner <u>RICHARD</u> DAVIS	or Lot No.
Owner DICHARD DAVIS	Address BAY RD.
Contractor/(	Address
Turne of Building Dimensions	Size Lot
Dwelling—No. of Bedrooms Expansion Attic ( N	Garbage Grinder (1987)
Other No. of persons	_ Showers ( )
Other fixtures	
Town Water? Ves Type of We	ell
Design Flow gallons per person per day. Total daily flow	300 gallons
Septic Tank-Liquid capacity /COO gallons Dimensions: L_	W D
Disposal Trench—No Width Total Length Disposal Bed—No Diameter / J × 20 Depth below inlet	Total leaching area sq. ft.
Disposal Bed_No Diameter J×20 Depth below inlet	Total leaching area sq. ft.
Dry Well-No Diameter Depth below inlet	$\_$ Dimensions: $\_$ $\bigcirc$ x $\_$ $\bigcirc$ 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
Test Pit No. 2 minutes per inch	Depth of Test Pit
Test Pit No. 2 minutes per inch Description of Soil <u>Coast Bary</u> <u>Myarl</u> Depth to G Will disposal area be filled? Cut down?	Depth of Test Pit
Description of Soil Coast Pary A your Depth to G	round Water Nort control
(On reverse side or separate sheet, show plot plan with building. Inclu	ude dimensions distances from all boundaries
Show location of wells, streams, ledge, large trees, etc.)	auc amensions, distances from an boundaries.
AGREEMENT: The undersigned agrees to construct the aforedescribe ance with the provisions of Article XI of the Sanitary Code and regula dersigned further agrees not to place the system in operation until a	ations of the Amherst Board of Health. The un-
board of health.	hard David 3-23-66
Application Approved by CERIAL	Owner or builder 3-29-66
Application Approved by	
Application Approved by	Owner or builder 3-29-66
Application Disapproved for the following reasons:	Owner or builder 3-29-66 date
	Owner or builder <u>3-29-66</u> date ASSACHUSETTS
Application Disapproved for the following reasons: BOARD OF HEALTH, AMHERST, MA CERTIFICATE OF COMP THIS IS TO CERTIFY, That the individual Sewage Dispos	Owner or builder <u>3-29-66</u> date ASSACHUSETTS FLIANCE al System installed ( ) or repaired ( ) by
Application Disapproved for the following reasons: BOARD OF HEALTH, AMHERST, MA CERTIFICATE OF COMP THIS IS TO CERTIFY, That the individual Sewage Dispos athas been com-	Owner or builder <u>3-29-66</u> date ASSACHUSETTS PLIANCE
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BOARD OF HEALTH AMHERST, MASS.

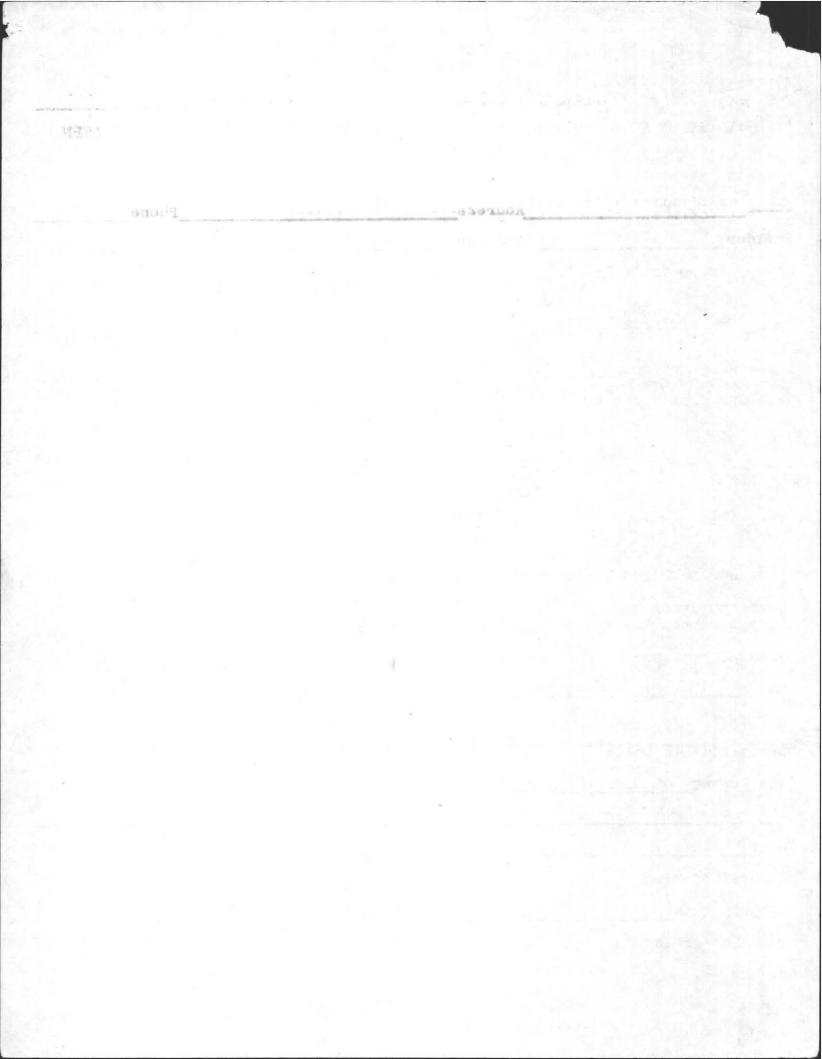
	AMHE	ERST, MASS.		
		Ap	plic. No.	1 4 1
APPLICATION TO CONSTR	UCT, REPAIR,			
Must be completed an ing is started or a	ny system is	constructed or	altered.	
Ormor UM Anssell				
Builder Game	Address	Same	a patient for a sin definition for the same	Phone Same
System to be installed b	sSan	ne		And the second
Location South East street, s	Lot a ubdivision, a	name, addres MO 5 nd lot no.	Size	e /00×200 width, depth
House - Dimensions 26x				
Plumbing fixtures - No.	Foilets /	No. Sinks /	No. Lavat	ories /
				-
Garb	age Disposal	MO yes or no	Auto, Washe	er <u>no</u> yes or no r <u>no</u> yes or no
Any	in basement?_	ang which	0t]	hers
On reverse side make ske water service, and locat				se, position of
To be approved: Proposed septic tank s:	ize (must be	cement) 500	Gel liquid	Capacity or more
To be approved: Proposed septic tank s: Drainage system, type, Date $5/27/58$	and dimensio	ns 150 ft.l.	each Trens	h (300 sg/t)
Date 5/27/58		Signed 9mm	Aurse C	e ····
			applican	6
Do not fill in below	and the state of the second	Natur var at at a same fat Million yn gestadpil yr Prins yn prestad wrthan yn f	And A survey of the same with a straight of the same	
Site Survey Hill top light	an an 1969 an an the state of the	an de skalet før det av an anvænder skalet for en anvænder og skalet første for som en ander av skalet af skal	and an internal distriction of the spinor should be the	
Other		n a film film a film		
Approval of Plans				
Septic tank		Disposal sys	tem	
Final inspection				
Romarks No Garbage guider	to be installed			
		Final Appr keep one for		anolik - mana managangan gana sagan na Kana sagangan saga



BOARD OF HEALTH AMHERST, MASS.

		Applic. No.	5
APPLICATION TO CON	STRUCT, REPAIR, OR ALTE	R PRIVATE SEWAGE D	ISPOSAL SYSTEM
ing is started on	d and submitted to the 1 r any system is constru	cted or altered.	
owner Um Bussel	Address Sharp	St amperst muss	Phone 3-5887
Builder Same	Address Sce	me	Phone bound
System to be installed	d by Same	Same address, and phone	
Location South Eastreet,	subdivision, and lot	Size	/00 X 2 00 width, depth
	4 X 39 No. Bedroom		0
	o. Toilets / No. Si		
N	o. Showers No. Bat	thtubs / Dishwashe	or <i>NO</i>
Ge	arbage Disposal yes or	Ø Auto, Washer	yes or no yes or no
A.	iy in basement? w	n0 nich	103°S
	sketch of lot, show size sation of proposed disp		se, position of
To be approved: Proposed septic tank	size (must be cement)	500 gal, Liquid Cay	eacity or more
Drainage system, typ	pe, and dimensions 150	It leach theme	h (200rg ft)
Date 5/27/58		a Um Quesel	e or
		applicant	
Do not fill in below	nagyagan badi jelan ili yan kayan kana dan dan kana yang watang kata pang kana dan pang bana dan kana dan kana	and for the theorem and a static static static strategies and static static static static static static static	
Site Survey Hill Top Light	t-		
			and a second
Other			
Approval of Plans			
Septic tank	Dispos	sal system	
Final inspection			
Romarks No Garbage g	inder to be installed.		
		al Approval	

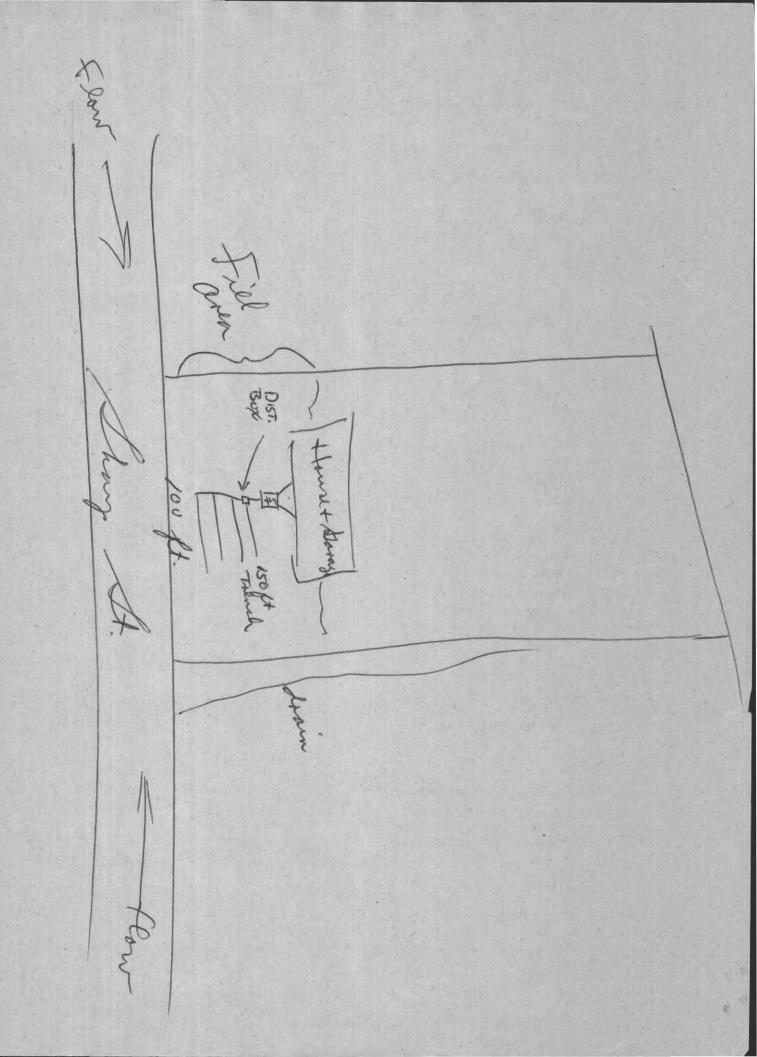
(Make in Duplicate, keep one for your files)



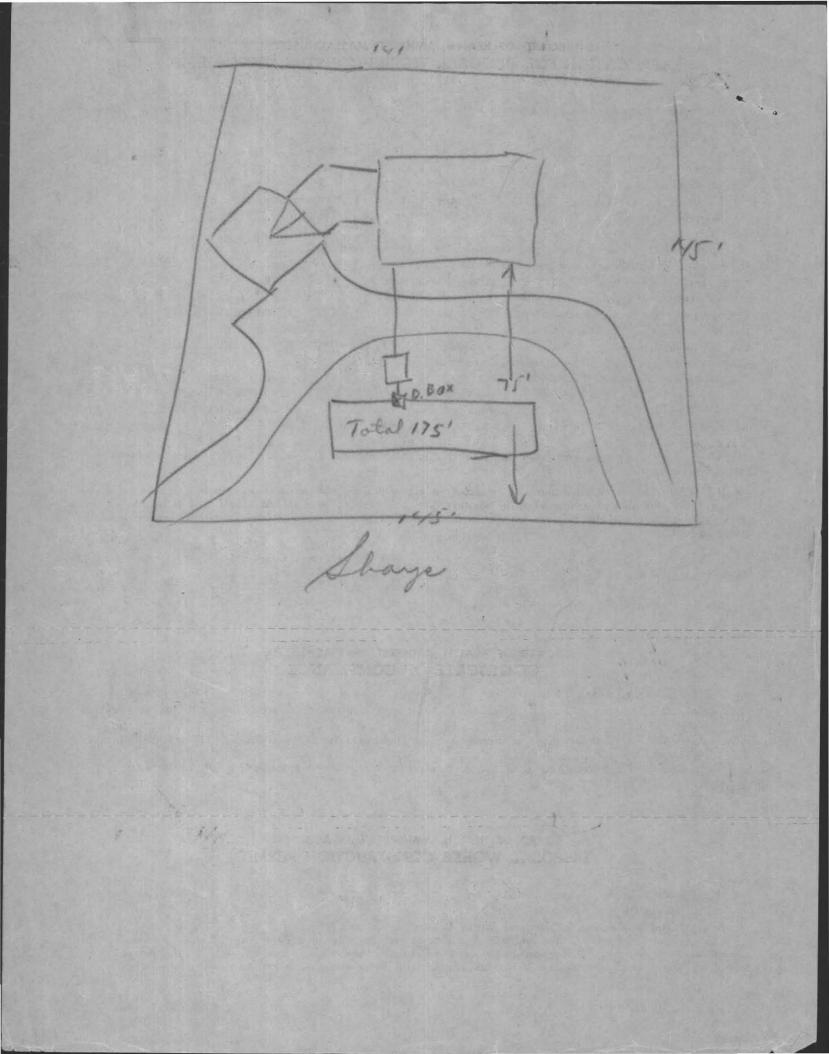
## APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF H	EALTH, AMHERST	, MASS.		No	
STEINBECK fr	EEDERICK W.	of	west x	4.	
(owner	's name)	(addres		(ph	one)
hereby applies for a perm	it to construct or rep	oair a private di	sposal system f	for a fland (residence, st	Derril.
which will be located at .	Shar	n A.			
() $()$	* ()				tailed by
(name)	strey		address)	••••••••••••••••••••••••••••••••••••	(phone
Builder is	nbech	Plumber is	5 Ship	susan	
Description of lot, buildin	g and fixtures as follo	ows: / f-	00	-	
Lot: Dimensions. 100 x		Soudy	Well or Town	Water? /or	m
	ewer Mill+Depth	1	1 - 1.		
	?			0	
Building: Dimensions .?					
Fixtures: No. Toilets			-		1
NOT REAL PROVIDENCE IN THE OWNER		1		1.	the second s
	N.D Auto. Cloth		1 5	U	
(On reverse side show pl					
location of wells, streams,			sions, distances	from an boundari	es. Snow
I certify that the above in tions are changed. I also a					
hereto and will comply wi	th all requirements a	nd stipulations	as included in a	permit if issued	to me.
Date My			(Signatur	e of Applicant)	mbeck
0 0 1			(Mighavan		
PERMIT TO CON	STRUCT OR REPAI	R A PRIVATE	SEWAGE DIS	POSAL SYSTEM	ſ
~ 1.		n a i nivain	OHWAGE DIC	No	
4. W. Ate	inbech is her	reby granted pe	rmission to pro	ceed with the con	
or repair of private sewag	re disposal system wit	h the following	minimum requi	rements:	
Septic Tank: Must be of (		I THE AT A COMPANY OF A DATA			1 1
Leaching System: Trench	ies of not less than		t. bottom area.	=150 ft 7	of Coench
Dry w	rell	bottom area and	- Boz	below the inlet.	
This permit is issued wit					if nocos
sary. This permit shall n	not be construed as p	ermission to cre	ate or maintain	any sewage nuis	ance and
in the issuance of this per maintenance of the system		alth assumes no	responsibility f	or the future ope	ration or
		14 4	H-G-	Aino	any 11, 1960

Inspected ...... Approved ......



39 29 BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No. 56-67 Date Fee 300 Date Rec'd By By
Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal
System at: Location—Address May street or Lot No.
Location—Address Owner <u>Address Blue Will</u> Rd. Contractor <u>Andlins + Roberge</u> Address <u>Blue Will</u> Rd. Address <u>Bain Rd.</u>
Contractor Sanders + Roberge Address Bay Rd.
Type of Building Dimensions X 28 Side Lot Y 2 X Side Lot S
Dwelling-No. of Bedrooms Expansion Attic (-) Garbage Grinder (-)
Other No. of persons Showers (1) Other fixtures boths and Washing
Town Water? Type of Well
Design Flow SD gallons per person per day. Total daily flow gallons
Sentic Tank-Liquid canacity 1200 gallons Dimensions I. W D
Disposal Trench-No. 7 Width 71 Total Length 17 Total leaching area 3 0 sg. ft.
Disposal Bed-No Diameter Depth below inlet Total leaching area sq. ft.
Dry Well-No Diameter Depth below inlet Dimensions: x x
Disposal Bed—No Diameter Depth below inlet Total leaching area 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       TASurve + G, Kog reads       Date       7/16/G3         Test Pit No. 1
Test Pit No. 1 minutes per inch Depth of Test Pit
Description of Soil Innutes per men Depth to Ground Water 6'+
Test Pit No. 2 minutes per inch Depth of Test Pit Description of Soil Depth to Ground Water G' + 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 ( Ling Owner of builder
/date
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 () or repaired () by
INSTALLER at Slage St has been constructed in accordance with the provisions of
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No.
39-63 dated Nov. 1963
The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE Nov 1963 Inspector t. 4. Juni
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
32 DISPOSAL WORKS CONSTRUCTION PERMIT
No. 30-65 DAG 14-1
No. 20-65 Permission is hereby granted Paul O. Sputh to construct (1) or repair () an
Individual Sewage Disposal System at
as shown on the application for Disposal Works Construction Permit No
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.
1 La G. Stimo
DATE 7/16/63 Board of Health



Paul Smith - Sharp St 4 re# / ~ 30" 1 fole #2 - 18" 18''- 3:04 - 2 min/in 72<sup>3</sup>/4 - 3:06 24" - 3:07 19:3/4 - 7:09 21/2 -I much fring

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A STATE OF STATE

30% 163	APPLICATION FOI	DEPMIT TO COL	NETDICT OD DED	ATD
alling		E SEWAGE DISPO		AIR
Dr. 14			SAL SISIEM	No. 2-63
TO: THE BOAR	D OF HEALTH, AMH		-	
6/nco/n	owner's name)	of	ress)	FL 3-7879 (phone)
and the second second				a <u>Res Hence</u> (residence, store, etc.)
which will be loca	ated at <u>S.A.s.y</u>	ST. Lot	#2 50. Amher	$\mathbb{T}$ to be installed by
(name)		_	(address)	(phone
Builder isR	G. TUNIMSON	In c Plumber	is John	Rudy
	, building and fixtures a			
Lot: Dimensions.	107.52 X124.57 Type o	f Soil. Gravel	Well or Town Wa	ater? Town
				of Well
Will Lot be	Graded?	. By Filling or Rem	oving Soil?	- Fill
Building: Dimens	sions <u>24 x 42</u> N	o. Bedrooms	No. Occ	upants
Fixtures: No. Toi	ilets	l Wash Bas	ins!	Bathtubs!
Showers	In Tab. Kitcher	n Sinks	Garbage Gr	inders <sup>©</sup>
Auto Dishwa	asher Auto	. Clotheswasher		(basement)
	show plot plan with b streams, ledge, large tr		ensions, distances fr	om all boundaries. Show
tions are changed.		ave read and under	stand all the rules a	of Health if any condi- nd regulations applying ermit if issued to me
		cirits and suparation	Lincole /	O. Beturing 7
Date		· *	(Signature o	f Applicant)
PERMIT '	TO CONSTRUCT OR F	REPAIR A PRIVAT	TE SEWAGE DISPO	OSAL SYSTEM
1				No. 2-63
or repair of privat	te sewage disposal syste	em with the following	ng minimum requirer	ed with the construction ments:
Septic Tank: Mus	t be of Cement and of .		iquid Capacity.	
Leaching System	: Trenches of not less			-
	Dry well	ft. bottom area a	and	elow the inlet. = 8 × 8 ×
sary. This permit	t shall not be construe f this permit the Board	d as permission to o	create or maintain as no responsibility for	as will be made if neces- ny sewage nuisance and the future operation or
			t. Y.	Juino data
D.	1962 FAS.		for the Board of He	alth date
Inspected .I.	1.1.62 579	Approved	and set of the	and and

