4-17-29
BOARD OF HEALTH, AMHERST, MASSACHUSETTS #1007
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No. 65 Date MAY 3/25 Fee 3 Date Rec'd. 5-3-65 By CONT
Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal
System at: Location—Address 339 So E AST ST. or Lot No.
System at: Location-Address 339 So EAST ST Owner Within MARIN ATTICINS Address 439 So Energy Contractor Wm E. Abbon INC. Address Log So Energy
Contractor Image: Contractor Address Address Type of Building Dimensions Size Lot
Dwelling_No. of Bedrooms Expansion Attic (No Garbage Grinder (V)
Other No. of persons Showers ()
Other fixtures
Design Flow gallons per person per day. Total daily flow gallons Septic Tank-Liquid capacity gallons Dimensions: L W D
Disposal Trench-No Width Total Length 22 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
Other: Distribution box (/) No Dosing tank ()
(Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by Date Date
Test Pit No. 1 minutes per inch Depth of Test Pit
Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil SAND HARDPAN Depth to Ground Water Will disposal area be filled? Cut down? NO
(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. Marion C. athing 5/3/65
Owner or builder date
Application Approved by CKAAL 3-3-65
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 at has been constructed in accordance with the provisions of
INSTALLER INSTALLER
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No.
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
No. 65-8 DISPOSAL WORKS CONSTRUCTION PERMIT
No. 65 0 Permission is hereby granted William Marin ATICies to construct (K) or repair () an Individual Sewage Disposal System at
Individual Sewage Disposal System at
as shown on the application for Disposal works Construction Permit No. DO o
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 shall not be construct as permission to create of maintain any sewage huisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.
06.81
DATE May 3 1815

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Board of Health

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