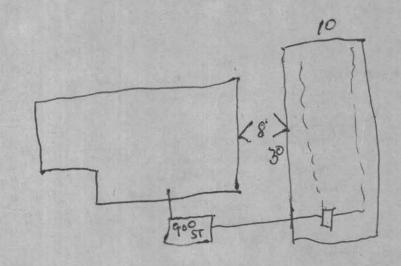


Mr. Leroy Lyman Glendale Rd. West Farms, Mass. Tel. JU4-9360

Septic tank installer for John H Mieg residence, Cor. So. East St. & Mill Lane Mr. Loroy lyman Glenda's Rd. Weal larms, 1 ss. Tel. All. 2550

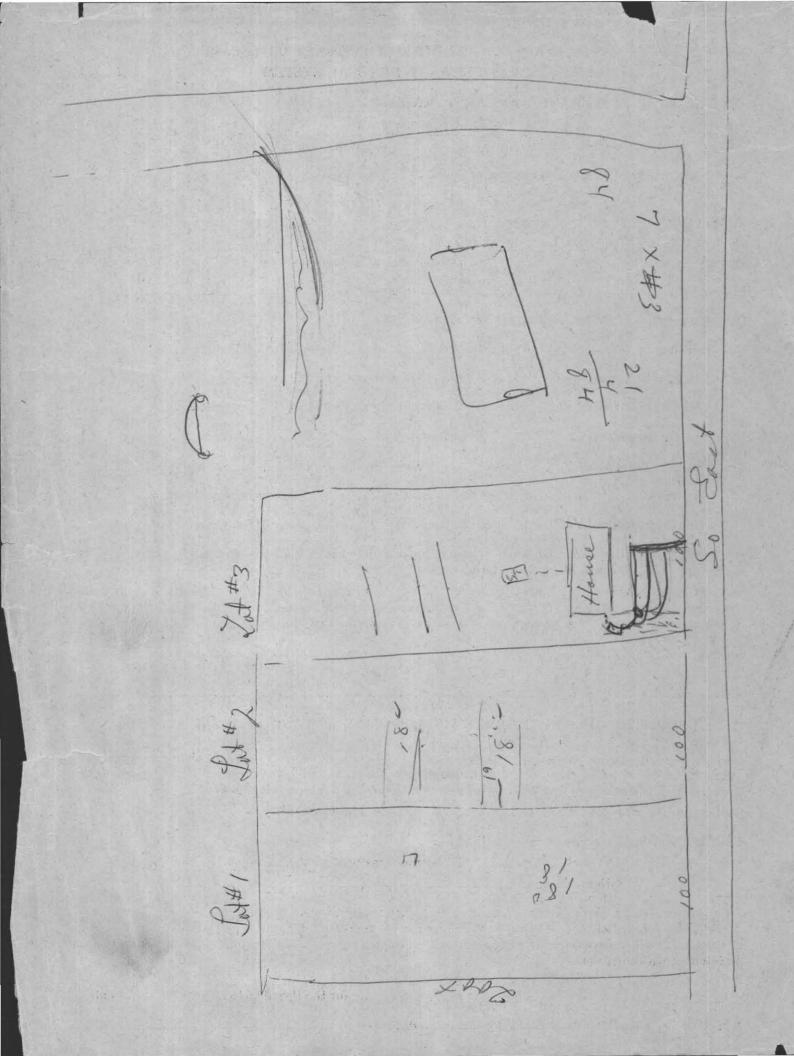
Reptic tank installer for John 4. Midg residence, Cor. To. Last St. 1122 lane

BOARD OF HEALTH, AMHERST, MASSACHUSETTS Date April 1665 Fee 3 Date Rec'd. 4-16-65 By Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at: So FAST ST. (ACROS (ROM BILL ATKINS) Location-Address . Address _ Contractor 10MCINOO Address _ Dwelling—No. of Bedrooms Sepansion Size Lot _ PO OOC Type of Building _ Expansion Attic (X) Garbage Grinder (No. of persons _ Showers () Other fixtures Town Water? Type of Well _ Diameter 9 Width _____ _ Total Length _ _ Total leaching area _ Disposal Trench—No. ___ Depth below inlet _____ Total leaching area _____
Depth below inlet _____ Dimensions: ____ x ___ Disposal Bed-No. _ Dry Well—No. _____ Diameter ___ Dosing tank () Other: Distribution box () No. __ (Depth of Soil Line Below finished grade at foundation _ Percolation Test Results Performed by ____ Test Pit No. 1 2 2 minutes per inch Depth of Test Pit ____ minutes per inch Depth of Test Pit Test Pit No. 2 Depth to Ground Water _______ Nowe Description of Soil _ No Cut down? Will disposal area be filled? ___ (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 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. Owner or builder Application Approved by 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 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. 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 to construct (X) or repair () an Permission is hereby granted _ Individual Sewage Disposal System at ASTA as shown on the application for Disposal Works Construction Permit No. 65-6 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. Board of Health

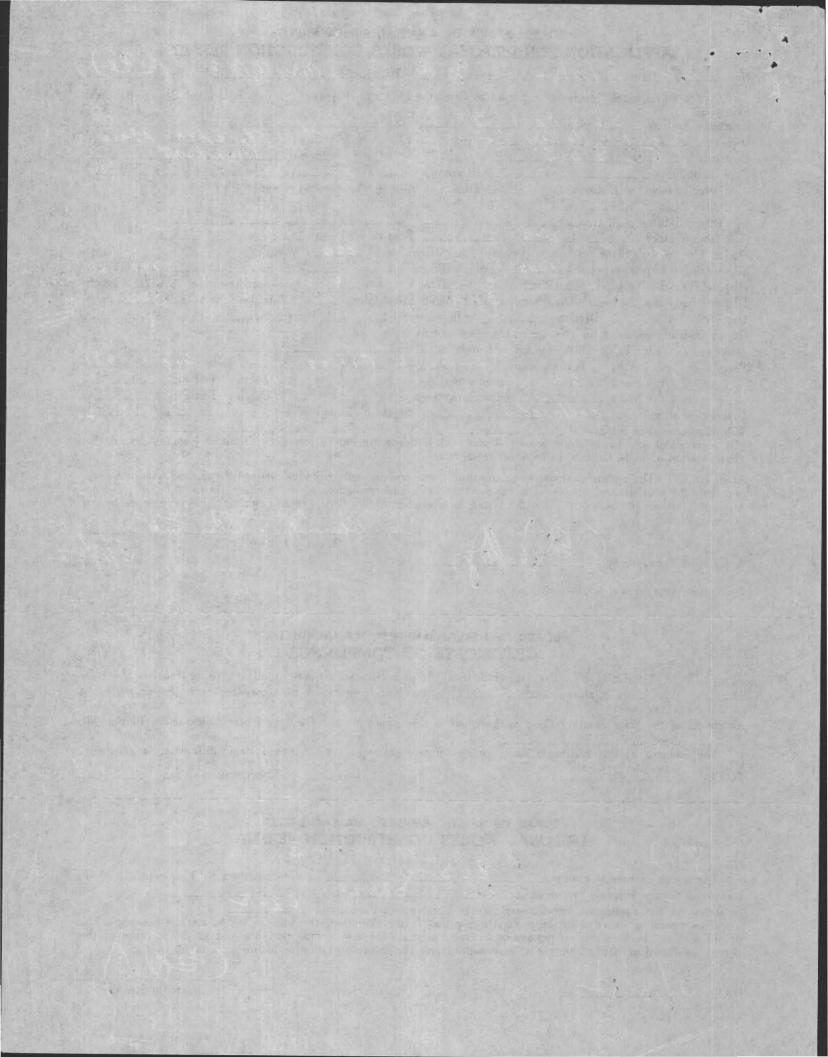


So EAST SI

TO: THE BOARD OF HEALTH, AMHERST, MASS.
CHARLES ROBITAILLE of Moltague 14 Lewett 32. (owner's name) (address) (phone)
hereby applies for a permit to construct or repair a private disposal system for a
which will be located at So East A Cov Mill fane for to be installed by
(name) (address) (phone
Builder is
Description of lot, building and fixtures as follows:
Lot: Dimensions 100 x 200 Type of Soil Clay Well or Town Water?
Distance to Town Sewer Mills. Depth to Ground Water Kind of Well
Will Lot be Graded? Mo By Filling or Removing Soil?
Building: Dimensions 42 X 26. No. Bedrooms 3. No. Occupants
Fixtures: No. Toilets
Showers
Auto Dishwasher Mo. Auto. Clotheswasher Other (basement) Mone
(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 5/6/6 (Signature of Applicant)
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
al. P. Whit Il.
or repair of private sewage disposal system with the following minimum requirements:
Septic Tank: Must be of Cement and of
Leaching System: Trenches of not less than
Dry well ft. bottom area and ft. below the inlet. Other
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.
Inspected



BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT 2 Date 5/18/82 Fee 70,00 Date Rec'd. MA4191982 Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal Location-Address Address Type of Building . Dimensions . Dwelling-No. of Bedrooms __ Expansion Attic () Garbage Grinder () No. of persons Showers () Other fixtures Type of Well _ Town Water? Design Flow 55 gallons per person per day. Total daily flow 220 gallons Septic Tank—Liquid capacity 1000 gallons Dimensions: L W D 192 3g. bottom Disposal Trench—No. 2 Width 3 Total Length 64 Total leaching area 64 sq. ft. Sides Disposal Bed—No. 1 Diameter 2000 Depth below inlet 12 Total leaching area 500 sq. ft. M.R. Dry Well-No. _ Diameter _____ Depth below inlet _____ Dimensions: ___ Other: Distribution box (No. _____ Dosing tank () (Depth of Soil Line Below finished grade at foundation _ Percolation Test Results Performed by Frederick Filios 2.6 minutes per inch Depth of Test Pit ___ Test Pit No. 1 _ Test Pit No. 2 minutes per inch Depth of Test Pit _ Description of Soil enclosed Depth to Ground Water _ 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 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. Owner or builder Application Approved by 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 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. 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 noten Audy _ to construct () or repair () an Permission is hereby granted Individual Sewage Disposal System at . as shown on the application for Disposal Works Construction Permit No. _ 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. Board of Health



PLAN SHOWING SEWAGE DISPOSAL

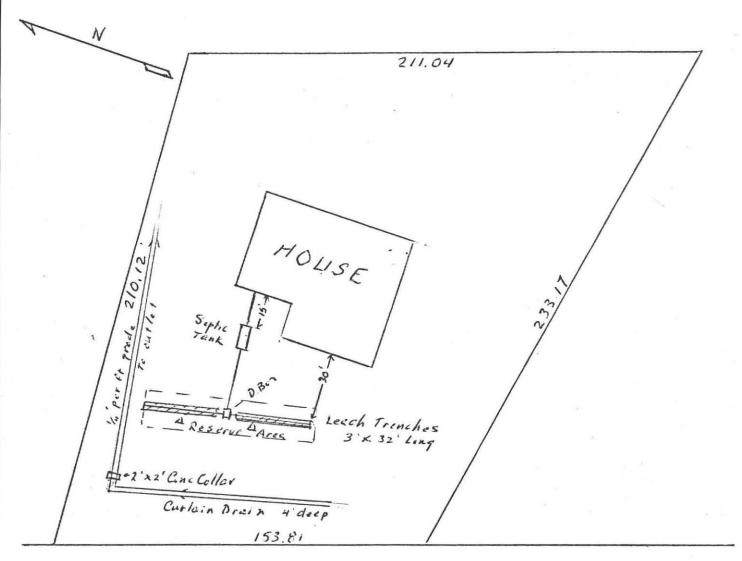
For: Plantation Valley Homes

Florence Mass

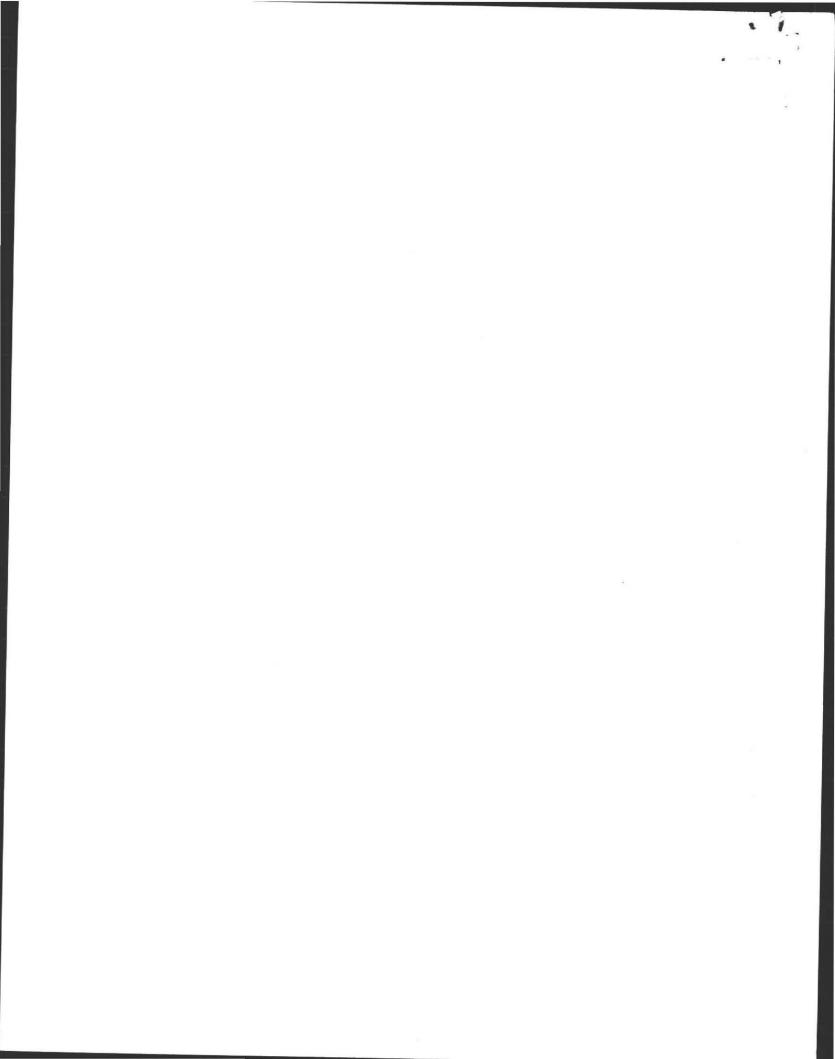
Scale: 1 = 40'

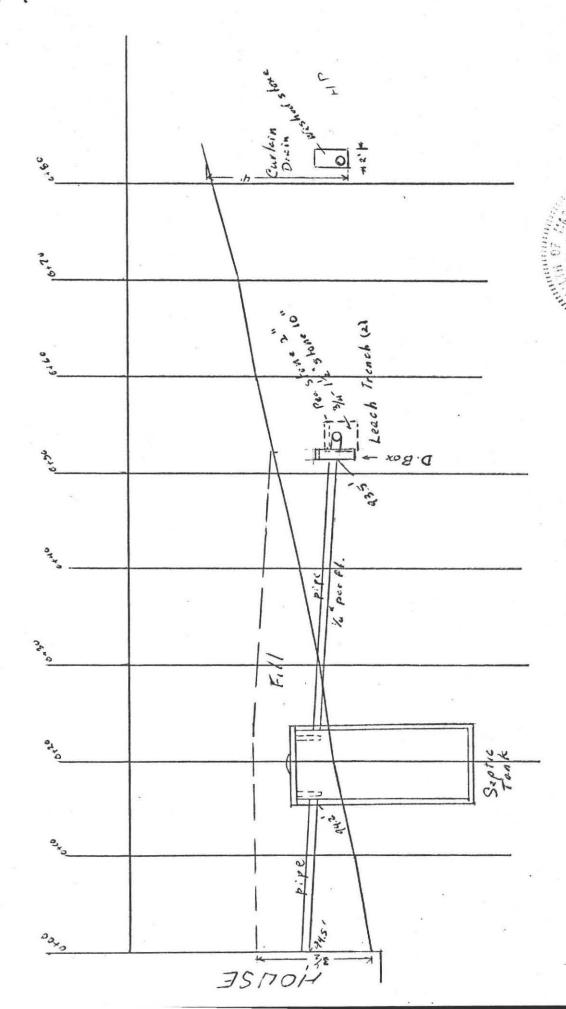
By: Frederick Filios





SOUTH EAST STREET



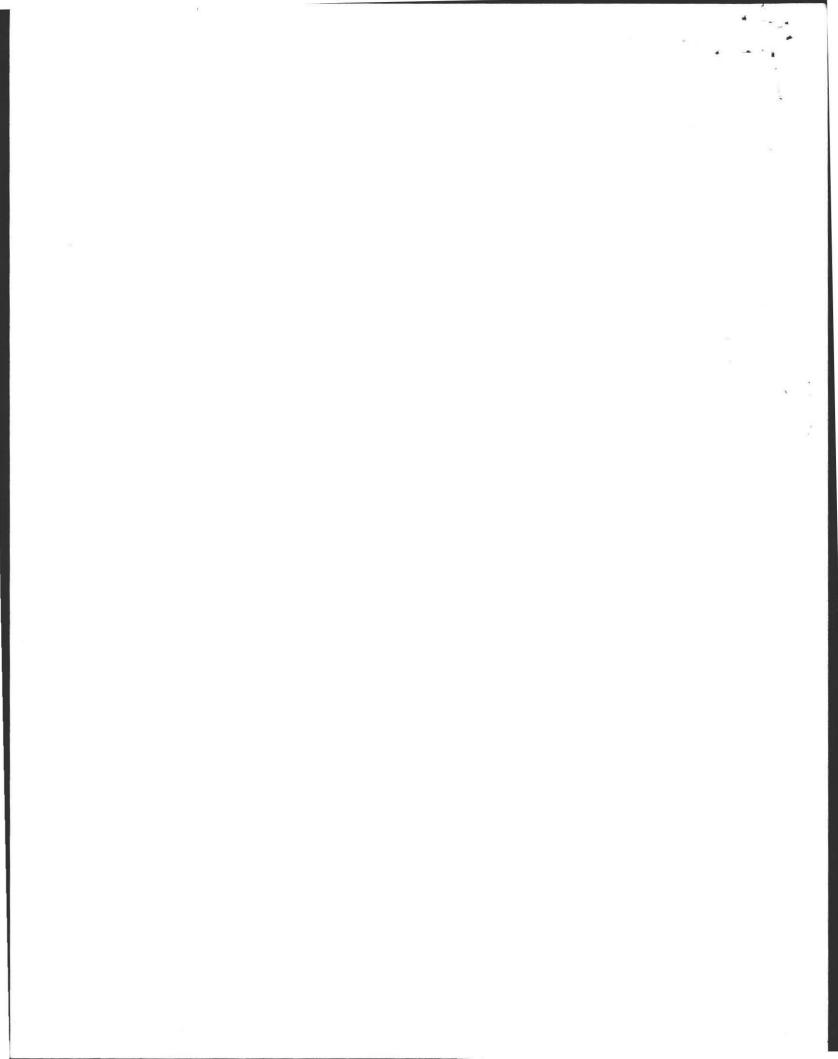


For: Plantation Valley Homes
Florence Mass
Scale: Horizontal, 1" = 10'
Vertical, 1" = 3'

By: Frederick Filios

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OWNER James A Freeman Dec 1, 1981 Date LOCATION Sc East St.: OBSERVER F.A. Filios Soil Topecal .. 9-24" Subscil; Sand + silt Sund with fow cutiles 24"- 41" oxide at 41" Firm glacial till -41"- 9" with few cobbles sandy + silty Ground Water _ 6 Ground Water . . To psoil 0-12" Subsoil; Bandy 12-32" Firm glacial fell 32"-9" Silt + sandy Ground Water ___ Ground Water Percolation Rate at 45" minutes/inch. It is recommended That a Curtain drain be installed above the leach field of this site of.

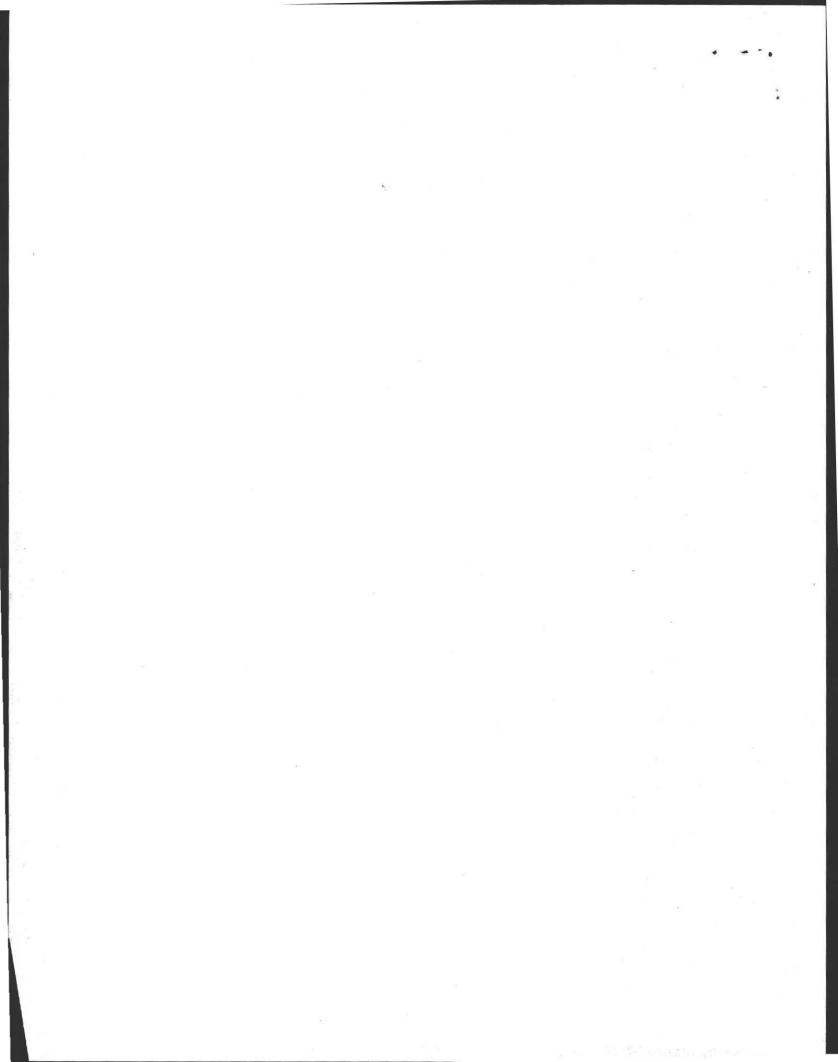


BOARD OF HEALTH Town of Amherst, Massachusetts

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE
Owner Address So EAST ST.
Installer ED STONG, Address MONTAGUE, MA.
Date Installation Inspected and Approved $8/17/82$
Description of System: Tank Capacity: 1800 GAC-
Leach Field (χ) Bed () Seepage Pit $^\prime$) Square Feet:
Garbage Grinder Yes () No () No. Bedrooms: No. People
House
AS - BUILT PLAN: 30' 30' 30' 30' 30' 30' 30' 30' 30' 30
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

- 1. This system must be inspected periodically and the tank pumped out at an interval not to exceed _3__ years.
- 2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of the system.
- 4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
- Further information can be obtained by contacting your Health Department at 253-7077.



BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Fee 30 Date Rec'd. 7-24 -64 Application is hereby made for a permit to Construct (or Repair () an Individual Sewage Disposal System at: Contractor Size Lot _ Dimensions Type of Building _ Dwelling No. of Bedrooms _ Expansion Attic () Garbage Grinder () Other John Borracks No. of persons 20 Showers (2) Other fixtures Town Water? Type of Well _ Design Flow ____ gallons per person per day. Total daily flow ___ Septic Tank—Liquid capacity ____ gallons Dimensions: L_ Width _____ Total Length ____ Total leaching area ___ Disposal Trench-No. __ ____ Depth below inlet Disposal Bed-No. _ Diameter _ _ Total leaching area _ 6 Depth below inlet __6 _ Dimensions: _lo Dry Well-No. ___ Diameter ___ Other: Distribution box () No. _____ Dosing tank () // (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by _____ Depth of Test Pit Test Pit No. 1 _ ____ minutes per inch Test Pit No. 2 Depth of Test Pit minutes per inch Description of Soil _____ Depth to Ground Water _ nenl 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 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 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 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. The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT Permission is hereby granted to construct () or repair () an Individual Sewage Disposal System at _ as shown on the application for Disposal Works Construction Permit No. 64-23

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.

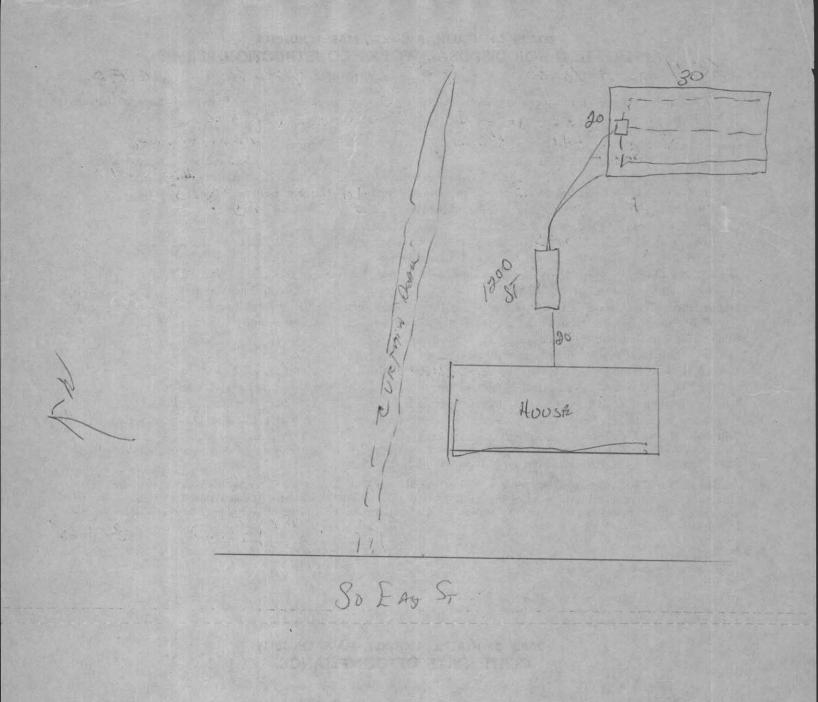
Board of Health

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Start Line

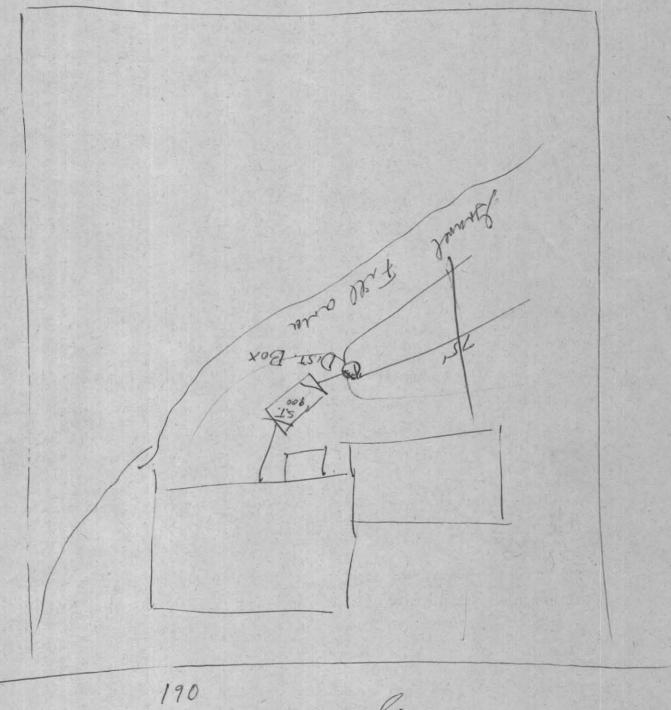
BOARD OF HEALTH, AMHERST, MASSACHUSE	
APPLICATION FOR DISPOSAL WORKS CONSTRU	CTION PERMIT
No. 5-4. Date 3-18-65 Fee 3 Date Rec'd. 3/18	-/65 By C.E.D.
Application is hereby made for a permit to Construct or Repair (
System at: Location—Address So East St Across From KV. NEXT To	oTHAYEZ OF No
Owner Robert L. + A. Lovises Rivers Address	29 HARTMAN RA
Owner Robert L. + A. Lovisks Rivers Address Contractor Self Kyke Korhwer Address	SOUTH AMPRON
Type of Ruilding Distance Dimensions	Size Let 210 X 200
Dwelling—No. of Bedrooms Expansion Attic Garbage Other No. of persons Showers	Grinder (VES)
Other 2 FUNK BATTES - No. of persons 6 Showers	(VAS
Other fixtures	
Town Water? Yes Type of Well	
Design Flow gallons per person per day. Total daily flow	gallons
Septic Tank—Liquid capacity width gallons Dimensions: L W_Disposal Trench—No. Diameter Depth below inlet Dry Well—No. Diameter Depth below inlet Dimensions: L Dimensions: L W_Disposal Bed—No. Diameter Depth below inlet Dimensions: L W_Disposal Bed—No. Disposal	D
Disposal Trench—No. Width Total Length To	tal leaching area sq. ft.
Disposal Bed—No. Diameter Depth below inlet Disposal Bed—No. Disposal Bed—	Total leaching area sq. ft. &
Others Distribution have (A) No Design tank ()	nsions; xx
Other: Distribution box (x) No Dosing tank () (Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by	, 60
Percolation Test Results Performed by	Date
Test Pit No. 1 / 5 minutes per inch	Depth of Test Pit
Test Pit No. 2 minutes per inch	Depth of Test Pit
Description of Soil CLAY SAND Depth to Ground Wat	er NOT ENCOUNTERMS
Will disposal area be filled? YES Cut down?	
	ions, distances from all boundaries.
Show location of wells, streams, ledge, large trees, etc.)	
AGREEMENT: The undersigned agrees to construct the aforedescribed individua	l sewage disposal system in accord-
ance with the provisions of Article XI of the Sanitary Code and regulations of the dersigned further agrees not to place the system in operation until a Certificate	e Amherst Board of Health. The un-
board of health.	or compliance has been issued by this
Quato De excava tod Thet	Tiver 3-18-65
1 4 Refill Jowner or	bullder date
Application Approved by Dale 4' + Refilled with Son	NKKON date
Application Disapproved for the following reasons:	date
Application Disapproved for the following reasons.	
BOARD OF HEALTH, AMHERST, MASSACHUSE	TTS
CERTIFICATE OF COMPLIANCE	
THIS IS TO CERTIFY, That the individual Sewage Disposal System is	installed () or repaired () by
at has been constructed in	
INSTALLER	
Article XI of the State Sanitary Code as described in the application for Dispo	sal Works Construction Permit No.
The inventor of this continues about not be construed as a guarantee that t	the eventure will function estisfactable
The issuance of this certificate shall not be construed as a guarantee that	the system will function satisfactorily.
DATE	Inspector
BOARD OF HEALTH, AMHERST, MASSACHUSE	TTC
DISPOSAL WORKS CONSTRUCTION PI	
No. Of Parmission is hereby granted R. L. Rivers	a construct (X) or remain () on
No. 66-4 Permission is hereby granted Individual Sewage Disposal System at PL Rivers to Fost St	o construct () or repair () an
as shown on the application for Disposal Works Construction Permit No. This permit is issued with the understanding that future alterations or add	5-4
This permit is issued with the understanding that future alterations or add	itions will be made if necessary. This
permit shall not be construed as permission to create or maintain any sewage n	uisance and in the issuance of this
permit the Board of Health assumes no responsibility for the future operation or	maintenance of the system.
2 21 //	(del relo
DATE 3-31-66	Board of Health



feet \$15/61 FAS.

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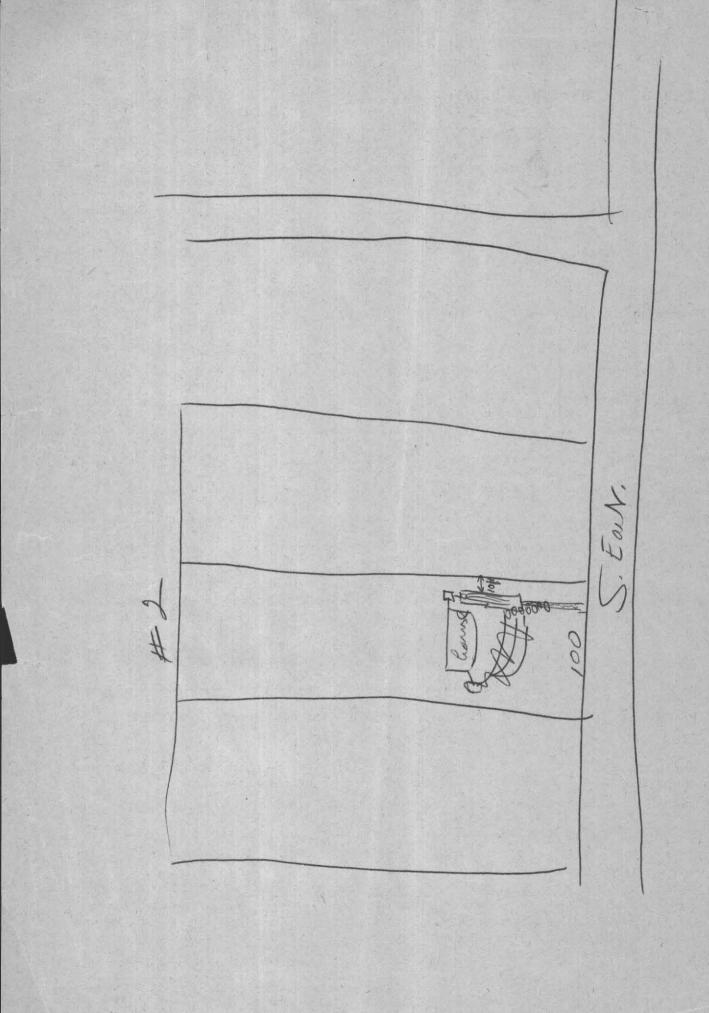
hereby applies for a permit to construct or repair a private disposal system for a (residence, store, etc.) which will be located at (residence, store, etc.) to be installed by (located at (residence, store, etc.) (residence, store, etc.) which will be located at (residence, store, etc.) (phone Builder is (phon	TO: THE BOARD OF HEALTH, AMHERST, MASS. No. 6-6/
which will be located at	GOMAN FARIE W. of SELF (conner's name) (address) (phone)
Builder is Plumber is	hereby applies for a permit to construct or repair a private disposal system for a
Builder is	
Description of lot, building and fixtures as follows: Lot: Dimensions. Low Sever Malax. Depth to Ground Water Well or Town Water? Distance to Town Sewer Malax. Depth to Ground Water Kind of Well Will Lot be Graded? By Filling or Removing Soil? Building: Dimensions. Low You 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.) Lecrify 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. Staff Garbage Gisposal System With the following minimum requirements: Septic Tank: Must be of Cement and of Gals. Liquid Capacity. Leaching System: Trenches of not less than Sala. Sq. Ft. bottom area. Dry well System: Trenches of not less than Sala. Sq. Ft. bottom area. Dry well Ft. bottom area and ft. below the inlet. Other Plane That Ruttle Autor Sala. Magaalast	(name) (address) (phone
Distance to Town Sewer Mark. Depth to Ground Water Kind of Well Will Lot be Graded? By Filling or Removing Soil? Building: Dimensions 28x 40 No. Bedrooms No. Occupants Fixtures: No. Toilets Urinals Wash Basins Bathtubs Showers Grade Note College and Show Plant Plant Williams Wash Basins Bathtubs Showers Streams, ledge, large trees, etc.) (On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.) 1 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. Staff Grade	Builder is Aunder Plumber is Ahagen
Distance to Town Sewer M. Depth to Ground Water Kind of Well Will Lot be Graded? By Filling or Removing Soil? Building: Dimensions D. 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 Special Action PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM No. 66 Septic Tank: Must be of Cement and of Gold Gals. Liquid Capacity. Leaching System: Trenches of not less than Scale Sq. Ft. bottom area. Dry well System: Trenches of not less than Scale Sq. Ft. bottom area and to the inlet. Other Plans This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit is below 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.	Description of lot, building and fixtures as follows:
Building: Dimensions 25 X. O. No. Bedrooms 3 No. Occupants Fixtures: No. Toilets Urinals Wash Basins Bathtubs Showers Condended Richard Wash Basins Bathtubs Showers Condended Richard Wash Basins Bathtubs 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 System: To Construct or repair of private sewage disposal system with the following minimum requirements: Septic Tank: Must be of Cement and of Go. Gals. Liquid Capacity. Leaching System: Trenches of not less than Sol. Sq. Ft. bottom area. Dry well ft. bottom area and ft. below the inlet. Other Pless of the Soard of Health date Manufacture of the system. Manufacture of the system.	Lot: Dimensions 190 x 200 Type of Soil Fill Well or Town Water?
Building: Dimensions ASANO. No. Bedrooms No. Occupants Fixtures: No. Toilets Urinals Wash Basins Bathtubs Showers 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 Solve	Distance to Town Sewer Mill. Depth to Ground Water Kind of Well
Building: Dimensions ASANO. No. Bedrooms No. Occupants Fixtures: No. Toilets Urinals Wash Basins Bathtubs Showers 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 Solve	Will Lot be Graded? By Filling or Removing Soil? filling
Auto Dishwasher	Building: Dimensions 25x40 No. Bedrooms No. Occupants 5
Auto Dishwasher	Fixtures: No. Toilets
(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	Showers Cond Kitchen Sinks Garbage Grinders No.
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	Auto Dishwasher
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	
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM No. 66/	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
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM No. 666 No. 666 Septic Tank: Must be of Cement and of Gals. Liquid Capacity. Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. 2-75 Trenches Dry well ft. bottom area and ft. below the inlet. Other Distriction 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.	
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	white the continue of the cont
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	
Septic Tank: Must be of Cement and of	e 0
Leaching System: Trenches of not less than	or repair of private sewage disposal system with the following minimum requirements:
Dry wellft. bottom area andft. below the inlet. Other	
Other Description Construction of the system. 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. May 15.196.	
sary. 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. **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. **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. **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. **This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of the system. **This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of the system. **This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits and the issuance of the system. **This permit shall not be construed as permits as permits as permits as permits as per	Other Plus Distribution area and ft. below the inlet.
M CAP	sary. 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.
INGROOTOG AWWAYAAA I JA	Inspected Approved Of Health date



So. East St.

72

TO: THE BOARD OF HEALTH, AMHERST, MASS.	No
Charles I Politable of Severet	t AL 3-2285
(owner's name) (address)	(phone)
nereby applies for a permit to construct or repair a private disposal s	ystem for a Midence
	(residence, store, etc.)
which will be located at	
(name) (address)	
(name) (address)	(phone
Builder is Charles 1 Rolitaille Plumber is R) Stipman
Description of lot, building and fixtures as follows:	
Lot: Dimensions 100x200 Type of Soil average. Well or	Town Water? Jour wa
Distance to Town Sewer Mond Depth to Ground Water	Kind of Well
Will Lot be Graded? By Filling or Removing Soil	, venoval
Building: Dimensions 26738 No. Bedrooms 3	
Fixtures: No. Toilets	
Showers Kitchen Sinks / Ga	
Auto Dishwasher Auto. Clotheswasher	
Auto Dishwasher Auto. Clotheswasher	Other (basement)
(On reverse side show plot plan with building. Include dimensions, dislocation of wells, streams, ledge, large trees, etc.)	stances from all boundaries. Show
I certify that the above information is correct and that I will notify the tions are changed. I also declare that I have read and understand all the hereto and will comply with all requirements and stipulations as included	ne rules and regulations applying
	web & Politacelle
Date County (Si	ignature of Applicant)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAG	GE DISPOSAL SYSTEM
	No
is hereby granted permission	
or repair of private sewage disposal system with the following minimum Septic Tank: Must be of Cement and of	
[2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] - [2] -	
Leaching System: Trenches of not less than	
Other Bed 10 × 50 - 3line, + Dist B.  This permit is issued with the understanding that future alterations of	fr. below the inlet.
Fleach Bed 10 x to - 3 line + Dist B	or and I on N side Ittor
This permit is issued with the understanding that future alterations of	r additions will be made if neces-
sary. This permit shall not be construed as permission to create or m in the issuance of this permit the Board of Health assumes no responsi maintenance of the system.	
for the Bo	pard of Health date
Inspected Approved	

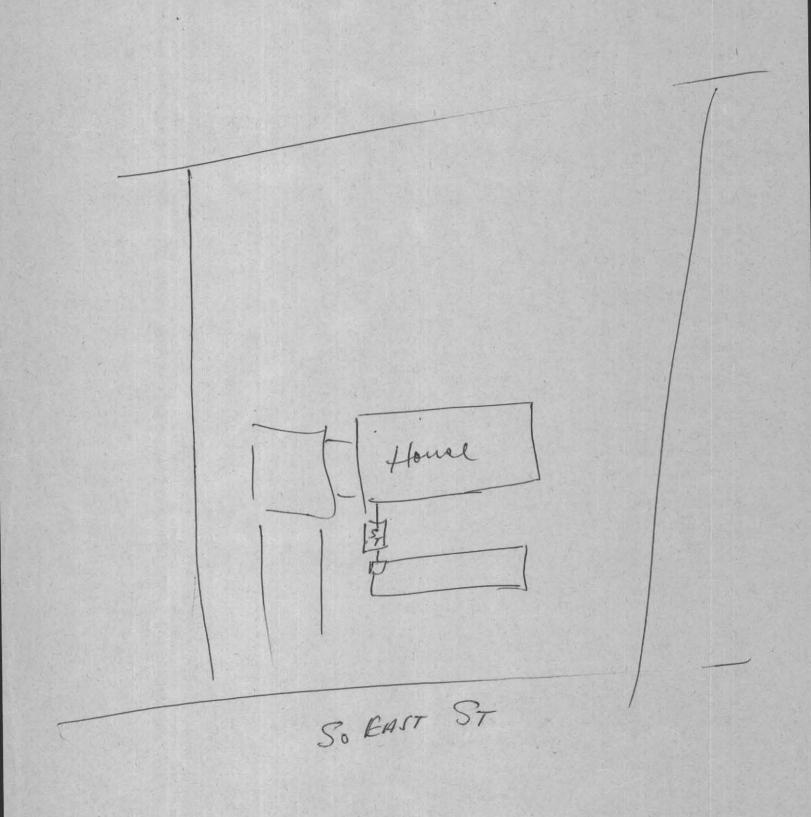


TO: THE BOARD OF HEALTH, AMHERST, MASS. No	
THAYER CHARLES LIKERM of Gaddress) Chone (owner's name) (address) (phone	)
hereby applies for a permit to construct or repair a private disposal system for a	etc.)
which will be located at to be installed	ed by
(name) (address) (pho	ne
Builder is Plumber is	
Description of lot, building and fixtures as follows:  Lot: Dimensions. 3 2 and Type of Soil & Clay Well or Town Water? 1000000000000000000000000000000000000	
Distance to Town Sewer Mile. Depth to Ground Water Kind of Well	
Will Lot be Graded? By Filling or Removing Soil?	
Building: Dimensions	
Fixtures: No. Toilets	
Showers	
Auto Dishwasher Auto. Clotheswasher Other (basement)	
(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Solution of wells, streams, ledge, large trees, etc.)	Show
I certify that the above information is correct and that I will notify the Board of Health if any c tions are changed. I also declare that I have read and understand all the rules and regulations apphereto and will comply with all requirements and stipulations as included in a permit if issued to re-	lying
Date Alft 16, 1960. Charles Hiram Thanes (Signature of Applicant)	
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM	············
No	
is hereby granted permission to proceed with the construor repair of private sewage disposal system with the following minimum requirements:  Septic Tank: Must be of Cement and of	ction
Leaching System: Trenches of not less than 300 Sq. Ft. bottom area. + Distribute	B
Dry well ft. bottom area and ft. below the inlet.  Other 1 ft. thry will drain lile	
This permit is issued with the understanding that future alterations or additions will be made if n sary. This permit shall not be construed as permission to create or maintain any sewage nuisance in the issuance of this permit the Board of Health assumes no responsibility for the future operation maintenance of the system.  for the Board of Health	neces- e and on or
Inspected	

3-5871-

# \$200 fee 1675

TO: THE BOARD OF HEALTH, AMHERST, MASS.	No. 8-63
(owner's name) of Boy rd	3-3658 (phone)
hereby applies for a permit to construct or repair a private disposal sys	(residence, store, etc.)
which will be located at South Esst St	to be installed by
Marl Konieczny 327 Pring.  (name)  Builder is Seorge Bugala Plumber is R	Dr. Mally 3-378
Builder is Plumber is Plumber is	D. Shilp men
Description of lot, building and fixtures as follows:	
Lot: Dimensions 100 x 145 Type of Soil Gravel Well or T	own Water? Lown
Distance to Town Sewer Depth to Ground Water	Kind of Well
Will Lot be Graded? By Filling or Removing Soil?	
Building: Dimensions 24-10 x 35 No. Bedrooms4	No. Occupants
Fixtures: No. Toilets	Bathtubs 2
Showers	bage Grinders
Auto Dishwasher	Other (basement)
(On reverse side show plot plan with building. Include dimensions, dist location of wells, streams, ledge, large trees, etc.)	ances from all boundaries. Show
I certify that the above information is correct and that I will notify the tions are changed. I also declare that I have read and understand all the hereto and will comply with all requirements and stipulations as include	rules and regulations applying
	nature of Applicant)
	· · · · · · · · · · · · · · · · · · ·
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE	
is hereby granted permission to repair of private sewage disposal system with the following minimum Septic Tank: Must be of Cement and of	No. 8-63 to proceed with the construction requirements: ity. If GRINDER - 1200 gals
Leaching System: Trenches of not less than300 Sq. Ft. bottom	area. If GRINDER - 400 sy ft.
Other Dist. Box	ft. below the inlet.
This permit is issued with the understanding that future alterations or sary. This permit shall not be construed as permission to create or main the issuance of this permit the Board of Health assumes no responsib maintenance of the system.  for the Board	intain any sewage nuisance and
Inspected Approved	



F.A.Siino, Dir. Pub.Health
Ralph Hosford, Bldg. Inspector

OFFICE OF THE TOWN MANAGER
Town Hall
AMHERST, MASSACHUSETTS

SUBJECT

DATE

Two Lots, Southeast Street

4/17/63

Reply Message

MESSAGE

In regard to two house lots on South East street which are owned by W.Wentworth and/Or the AmherstRealty Trust. I have checked these out and find both lots are legal to build upon inspite of the fact that they may be undersized. Both lots were recorded in 1954 and the Town's requirement of 15, ooo square feet was not adopted until the 1956 annual meeting. The deed for the lots is in the assessors office but does not appear on the atlas for some strange reason. I think the west lot is actually over 15,000 but the east lot is about 13,500.

REPLY

DATE OF REPLY

REPLY TO

Ille L. Jone

No reply needed

A State of Company of the Policies of the Company o

and a control of the second

Two local Santiage

A STANDARD TO A STANDARD AND A STAND

ndiacis

Lot #1- G. Borgala - W. South Ent North Win Athus

| B | B | B | Bedroom

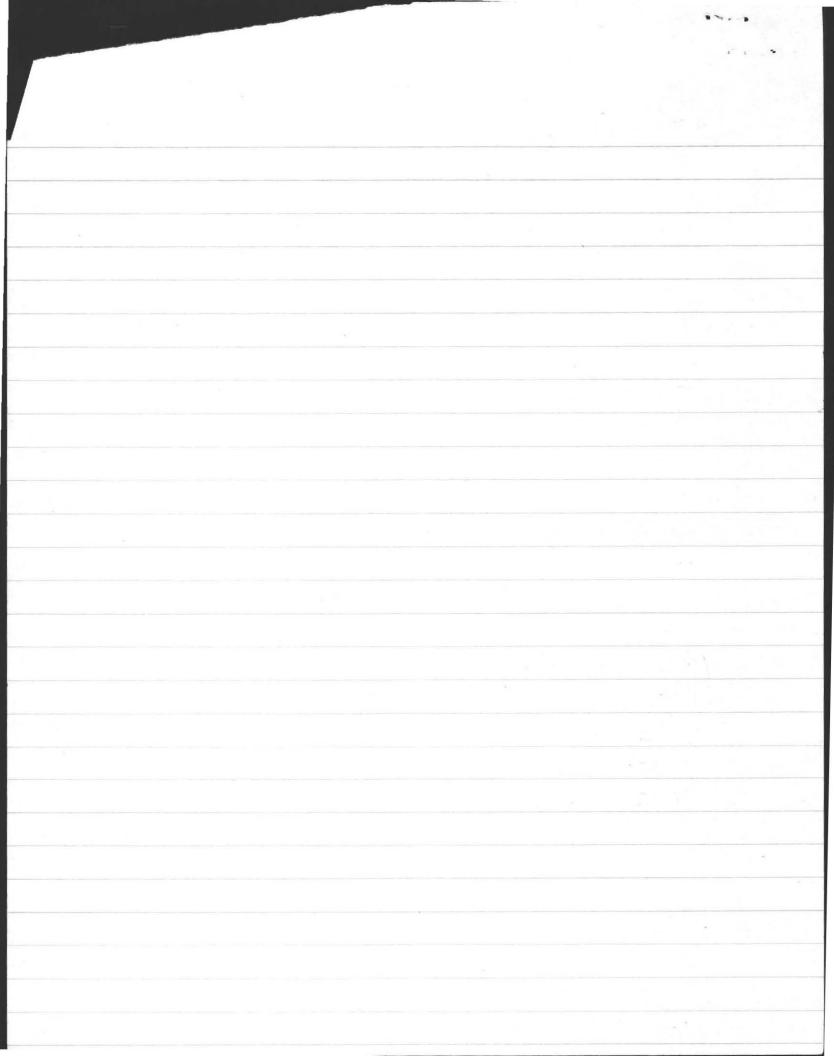
8 x50 = 400

+200

600

4 test Holes - all boney bank run gravel free of clay to 4ft. No water table evident.

Perc test @ Hole #2 80 gals -11:15 -23.5 11:19 29.0 11:18 33.5 10''-7min

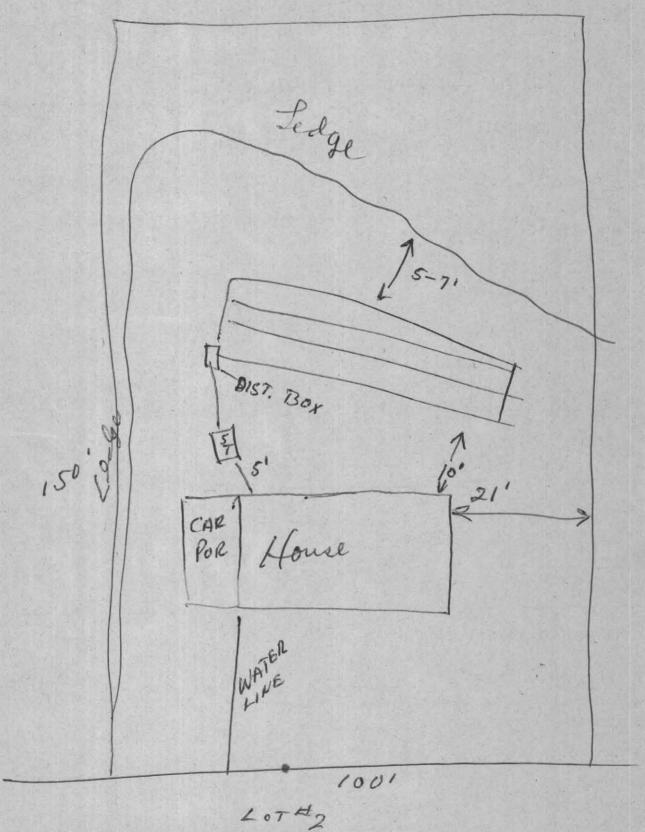


# \$300 fee

TO: THE BOARD OF HEALTH, AMHERST, MASS	No. 8-63
(owner's name) of	(address) (phone)
hereby applies for a permit to construct or repair a p	(residence, store, etc.)
which will be located at	3 (3/ 3 - 65)
(name) Koningang	
Builder is Sengala Pl	umber is
Description of lot, building and fixtures as follows:	
Lot: Dimensions. 1998 145 Type of Soil	Well or Town Water?
Distance to Town Sewer Depth to Gro	ound Water Kind of Well
Will Lot be Graded? By Filling o	or Removing Soil?
Building: Dimensions 24-10 M. No. Bedrooms	No. Occupants
Fixtures: No. Toilets	h Basins Bathtubs
Showers Kitchen Sinks	
Auto Dishwasher Auto. Clotheswash	ner Other (basement)
(On reverse side show plot plan with building. Includocation of wells, streams, ledge, large trees, etc.)	de dimensions, distances from all boundaries. Show
I certify that the above information is correct and that tions are changed. I also declare that I have read and hereto and will comply with all requirements and stip	understand all the rules and regulations applying
Date 211 1963	(Signature of Applicant)
***************************************	***************************************
PERMIT TO CONSTRUCT OR REPAIR A PI	
or repair of private sewage disposal system with the f	No
Leaching System: Trenches of not less than300	Sq. Ft. bottom area. 14 GRINDER - 400 sq ft
	area and ft. below the inlet.
This permit is issued with the understanding that fut sary. This permit shall not be construed as permission in the issuance of this permit the Board of Health ass maintenance of the system.	on to create or maintain any sewage nuisance and
Ingraeted	
Inspected App	proved

8-63 KILDE: E Derry Pergela 1 1 1 1 1 E TOWN THUS YOU House 12 - 12 - 12 - 12 SO EAST ST 12 COST - 12CO - a 14 8411,00 8 - 4700 47

4	APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM  20-62	
9	TO: THE BOARD OF HEALTH, AMHERST, MASS.	
	Notinan B. Keldy Cons. Co. of 160 Bay St. Saff. (owner's name) (address)	
	hereby applies for a permit to construct or repair a private disposal system for a	-
	which will be located at Jo Cost St (Lat 2) to be installed by	
	(name) (address) (phone	
	Builder is Same Plumber is Same	
	Description of lot, building and fixtures as follows:	
	Lot; Dimensions 100x150 Type of Soil Well or Town Water? 10000	
	Distance to Town Sewer Mills Depth to Ground Water Kind of Well	
	Will Lot be Graded? No By Filling or Removing Soil?	
	Building: Dimensions 26x40 No. Bedrooms No. Occupants	
	Fixtures: No. Toilets	
	Showers	
	Auto Dishwasher	
	(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 June 14,1962 (Signature of Applicant)	
	PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM 0-62	-
	N.B. Kepoy Cons. Co. In 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	
	Leaching System: Trenches of not less than	end
	Dry well ft. bottom area and ft. below the inlet.	
m	Just Grade aska to prevent surface water accumulation.  This permit is issued with the understanding that future alterations or additions will be made if neces-	-/,
	sary. This permit shall not be construed as permission to create or maintain any sewage nuisance and	
1	in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.	
	Inspected 6/15/62 Sergent test sheet for the Board of Health date  Approved Approved	2
	Inspected 6/15/62 Super assardar Approved & G Suio	



SO. EUST ST

NA W

RICHARD H. STOWE

Professional Engineer and Land Surveyor

> 436 Holyoke Street Ludlow, Massachusetts June 18, 1962

PERCOLATION TEST: Lot No. 2, South East Street, Amherst, Mass.

Date of Test: 6-15-62

Owner: Kay-Vee Realty Co., Inc., Springfield, Mass.

Type of Soil: Sandy Silt interspersed with rock

Three test holes were dug behind the proposed location of house at a distance of 25 feet from the back, one opposite the center of house and the other two opposite each end of house.

#### Results:

Hole No. 1 (South)	Hole No, 2 (Center)	Hole No. 3 (North)
Time Reading	Time Reading	Time Reading
11:36 21-3/4" 11:38 22-1/2" 11:42 23-1/2" 11:46 24" 11:50 24-3/4" 11:54 25-1/2" 12:04 26-1/2" 12:07 27"	11:44 20" 11:48 21" 11:52 22-1/4" 12:00 23-3/4" 12:05 24-3/4" 12:09 25-1/2" 12:14 26-1/2"	11:45 16" 11:49 16-3/4" 11:53 17-1/4" 12:01 18-1/2" 12:05 18-3/4" 12:09 19-1/4" 12:14 20"
12:12 27-1/2" Rate: 1"in 10 min.	Rate: 1" in 5 min.	Rate: 1" in 16 min. 16
	average	3(31

Recommend a 900 gallon septic tank and 300 square feet of leaching area.

record of record

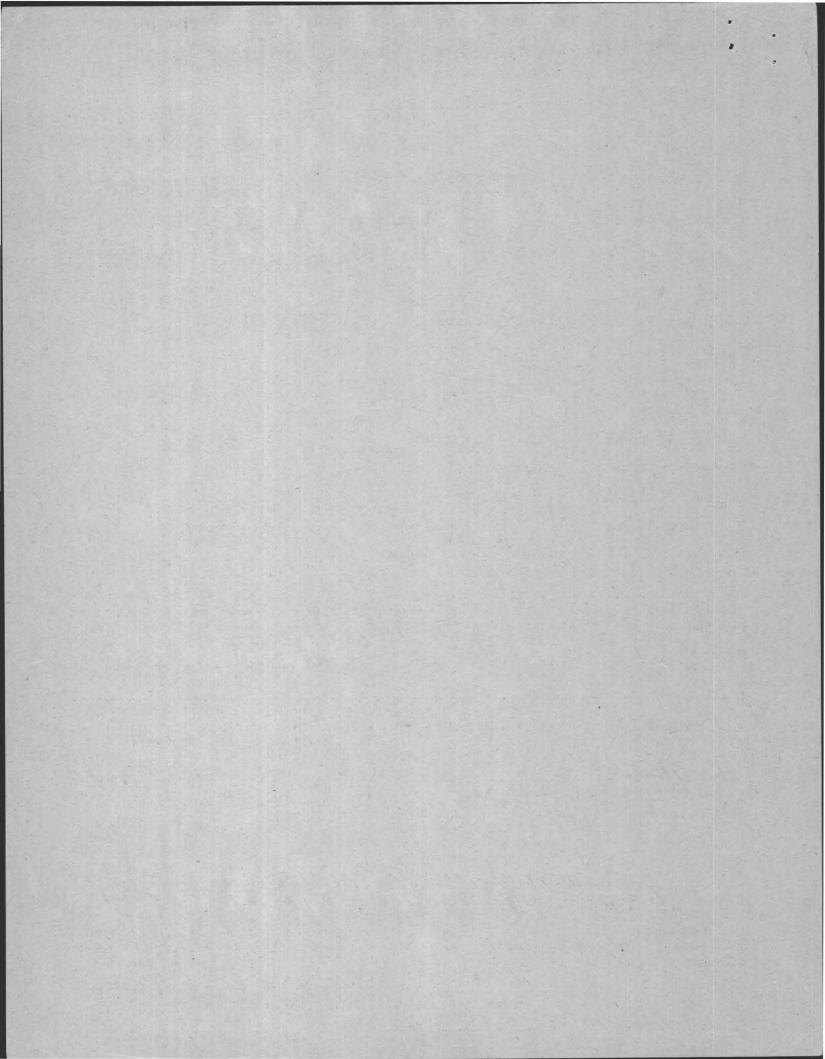
Richard H. Stowe

Registered Professional Engineer Ludlow, Massachusetts

2-15. 

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

TO: THE BOARD OF HEALTH, AMHERST, MASS.
(owner's name) of Shingsleep Mass RF 97905 (phone)
hereby applies for a permit to construct or repair a private disposal system for a
which will be located at
Description of lot, building and fixtures as follows:
Lot: Dimensions 10.0 x 15.0 Type of Soil Well or Town Water?
Distance to Town Sewer Depth to Ground Water Kind of Well
Will Lot be Graded?
Building: Dimensions
Fixtures: No. Toilets
Showers Kitchen Sinks
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 27-1960  Xaymond La Flamon (Signature of Applicant)
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
V 1/ 1/ D
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
Leaching System: Trenches of not less than Sq. Ft. bottom area.
Dry well
for the Board of Health date
Inspected

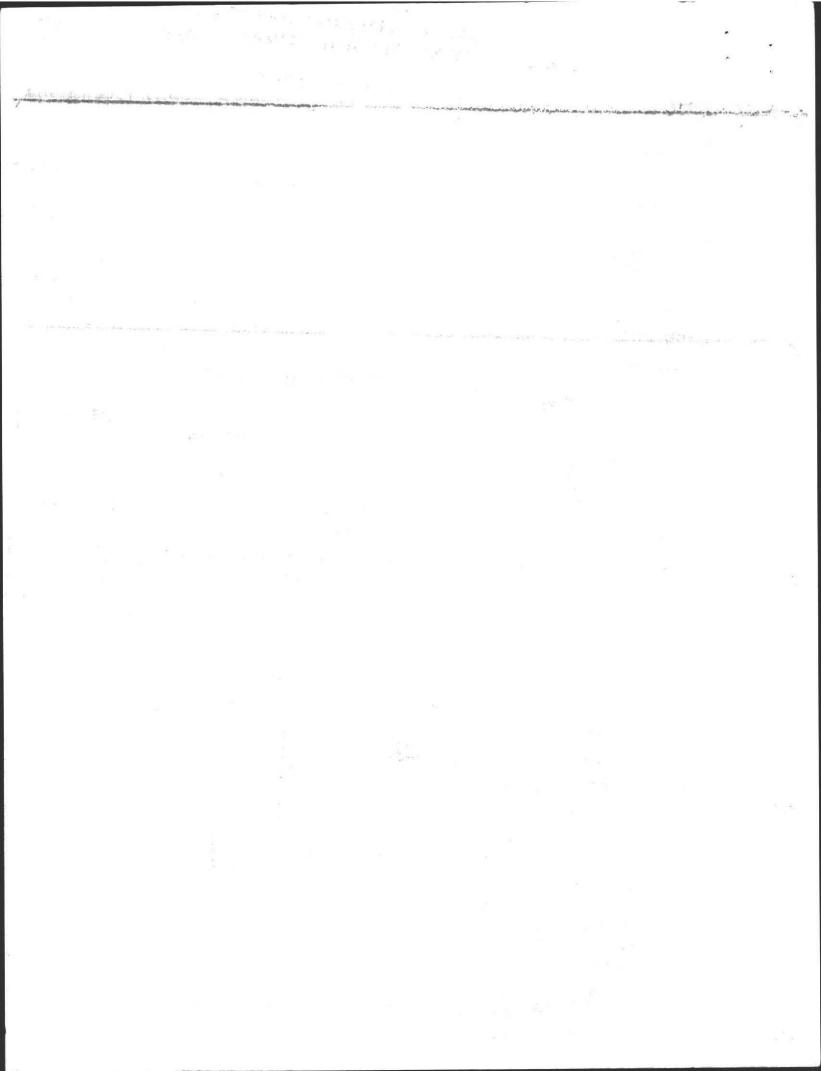


ess provided.

## HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA									
INSURING OFFICE	MORTGAGEE	SERIAL NO.							
Boston MORTGAGOR OR SPONSOR	Nonotuck Savings Bank PROPERTY ADDRESS	25-076143							
George Vadnats Construction NAME	etion Co., Inc/ Lot 17 South East	st Street, Amherst, Mass.  BLOCK NO. LOT NO.							
TOTAL NUMBER:  LIVING UNITS BEDROOMS BATHS		an attic or other area be made into dditional bedrooms?							
13/X1es	□ No	Yes No (If Yes, how many®)							
Public system	Community system Indiv	SYSTEM DESIGNED FOR idual No. of Edres. Garrage Disposal							
Public system	Community system	idual 3 Yes No							
PART II	TO BE COMPLETED BY HEALTH DEPART	IMENT VAS							
MEALTH DEPARTMENT INSPECTOR S SKETCH									
So EAST ST									
is is not satisfactory as a do  It is the opinion of the State tem with proper maintenance:  Can be expected to function satisfactor is not likely to create an insanitary compared to signature.  Signature  Signature  Aug. 31, 1960  Aug. 31, 1960  Aug. 31, 1960  Aug. 31, 1960		expected to function satisfactorily							

thre of the obeve grid for Health Repostment Inspector's should as wall as use of the bank of titls framily of different



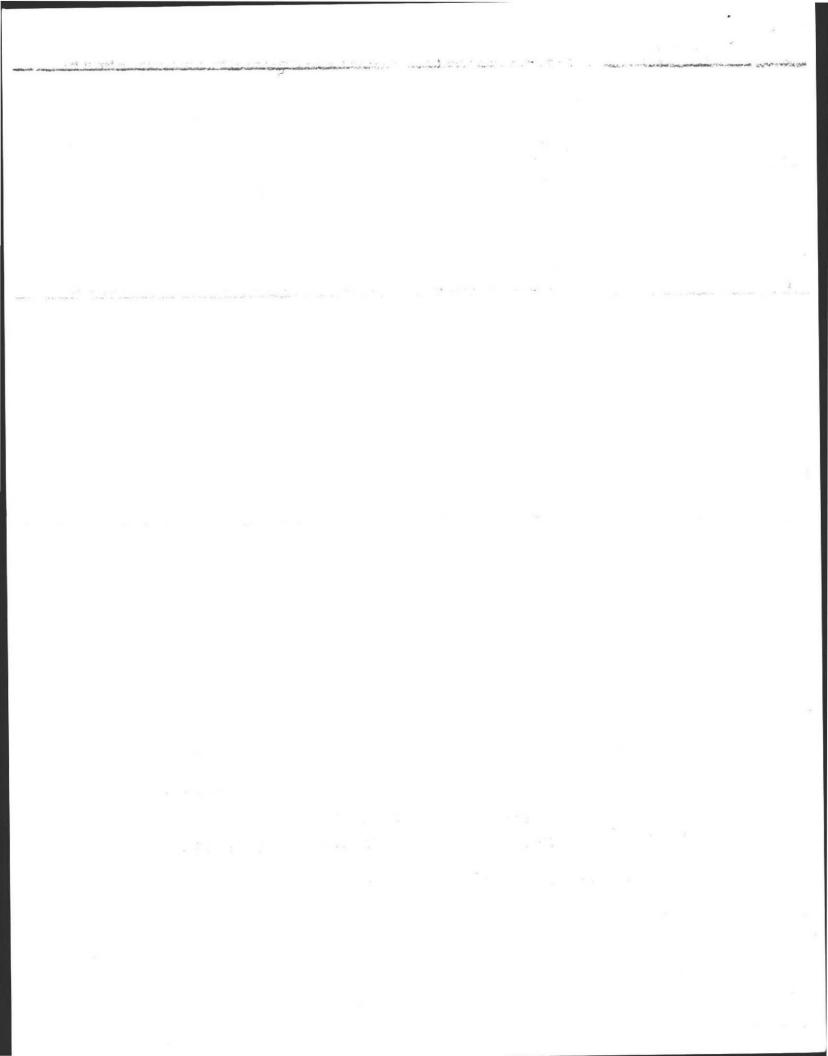
FEDERAL HOUSING ADMINISTRATION

## HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA									
MISURING OFFICE	MORTGAGEE	7. 100 mm and 100 mm a	SERIAL NO.						
Boston	Nonotuck	Savings Bank		25-076143					
MORTGAGOR OR SPONSOR	The second secon	PROPERTY ADDRESS							
George Vadnais Com	struction Co., Inc/	Lot #7 South E	ast Stre	et, Amhers	t, Mass.				
SUBDIVISION NAME				BLOCK NO.	LOT NO.				
TOTAL NUMBER:	BASEMENT	New installation	Can attic o	r other area be n bedrooms?	nada into				
1310	Yes No		Yes	No .	(If Yes, how many#)				
Public system	Community system		ividual	SYSTEM DO	ESIGNED FOR GARBAGE DISPOSAL				
SEWAGE DISPOSAL BY:				3	c L				
Public system	Community system	Indi	ividual		Yes No				
PAR	RT IITO BE COMPLET	ED BY HEALTH DEPAI	RTMENT		PAS				
HEALTH DEPARTMENT INSPECTOR'S SKETCH									
It is the opinion of the State	County V Local D	epartment of Health that							
And one	s a domestic water supply		titis tituly:	Andr Helci.an	thit statem				
It is the opinion of the State sem with proper maintenance: Can be expected to function so is not likely to create an insan BAN SIGNATURE Aug. 31, 160	County \( \) Local I	Department of Health that		idual sewage-d					

### HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED	BY FHA
INSURING OFFICE MORTGAGEE	SERIAL NO
Tenthol that are to	25-76 Hdi
MORTGAGOR OR SPONSOR PROPERTY	ADDRESS
George Wadrais (* Standain Co., Ico. fat	A real least, r., Alberst, Mass.
SUBDIVISION NAME	BLOCK NO LOT NO.
TOTAL NUMBER:  LIVING UNITS BEDROOMS BAINS  BASEMENT New INStalla	Can attic or other area be made into additional bedrooms?
1 3 1 Xxx 0 No	Yes No
Public system Community system	SYSTEM DESIGNED FOR
SEWAGE DISPOSAL BY:	7
Public system Community system	Individual 3 Yes No
PART II.—TO BE COMPLETED BY HE. HEALTH DEPARTMENT INSPECTOR'S SKETCH	ALTH DEPARTMENT
It is the opinion of the State County Local Department of is is not satisfactory as a domestic water supply for the subj	of Health that this individual water-supply system ect property.
	of Health that this individual sewage-disposal sys-
DATE Gug. 31, 1960 Gueldick G. Line R.  NOTE: The health authority should complete the appropriate apprison sta	



PHA Form 2578 Rev. July 1958-

#### FEDERAL HOUSING ADMINISTRATION

Form Approved Budget Bureau No. 63-R296.8

#### HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

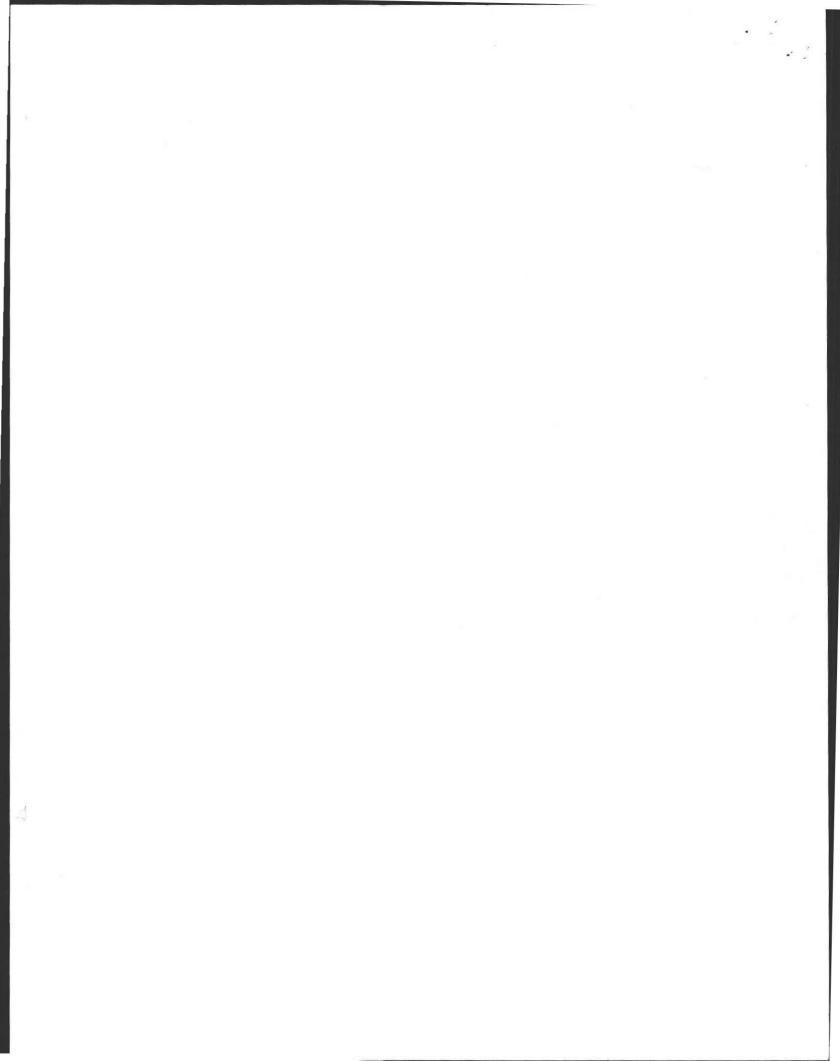
PART I.—TO BE COMPLETED BY FHA											
INSURING OFFICE	SERIAL NO.										
Boston	Nenotuck Savings Bank	25-07614									
MORTGAGOR OR SPONSOR	PROPERTY ADDRESS										
George Vadnais Construction Co., I	George Vadnais Construction Co., Inc. Lot & South East St., Anherst, Mass.										
SUBDIVISION NAME		BLOCK NO. LOT NO.									
TOTAL NUMBER: BASEMENT	New installation	Can attic or other area be made into additional bedrooms?									
LIVING UNITS BEDROOMS BATHS		(If Yes, how manyf)									
/ 3 / XYes [	No	Yes No									
WATER SUPPLY BY:		SYSTEM DESIGNED FOR									
Public system Comr	munity system Inc	ividual NO. OF BDRMS. GARRAGE DISPOSAL									
	nunity system	lividual 3 Yes No									
HEALTH DEPARTMENT INSPECTOR'S SKETCH	BE COMPLETED BY HEALTH DEPA										
It is the opinion of the State County is is not satisfactory as a domestic	Local Department of Health that water supply for the subject property.	this individual water-supply system									
It is the opinion of the State County tem with proper maintenance:  Can be expected to function satisfactorily, an is not likely to create an insanitary condition		t this individual sewage-disposal sys- be expected to function satisfactorily									
ay 31, 1960 Gredaile	TITLE	year + Lear .									

## HEALTH AUTHORITY APPROVAL

			Pi	ART I.	TO	BE CO	MPLET	ED BY	FHA				
INSURING OF					MORTGA						SERIAL NO.	069	595
Best	on, Mass	P•			Nenot	tuck Sa	avings	Bank			4		. /
MORTGAGOR	OR SPONSOR						PROPER	TY ADDRES	S		7		
Geo	orge Vadr	nais Con	str. Co.				Lot	6 Seu	th Eas	st St.,	Amherst,	Mass.	
SUBDIVISION	MAME										BLOCK NO.	LOT	'NO.
LIVING HHITS	BESSOOMS	R: BATHS	BAS	SEMENT		N	ew insta	allation		Can attic a	n ettic or other area be made late iditional bedrooms? (If Yes, how many		
1	3	/	Yes		No					Yes Yes	No (ii fa, as as)		
WATER SUPP	system	,		Comm	unity s					lividual		EM DESIGN	
Agend	POSAL BY:			Commi	iunity sy	ystem	7.10	1	Ind	HAIGGSI	NO. OF BDRMS.	GARBAC	BE DISPOSAL
Public				Comm	unity s	ystem			Ind	lividual	3	Yes	No No
,		P	ART II	TO B	E CON	APLETE	BY	TEALTH	DEPA	RTMENT	•		
MEALTH PERAL	RTMENT INSPEC	TOB'S SKETCE	4										
NEALIN DEFA	ATMENT INSTER	DION & SILICI	•										
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				Ш	Ш				Ш				
It is the	opinion of t	the St	ate C	ounty	L	ocal Dep	artmen	t of Hea	lth that	this indi-	vidual wate	r-supply	system
is [	is not	satisfactor	y as a dom	estic v	vater su	ipply fo	r the su	abject pr	operty.	-			
It is the	opinion of	the S	tate 🔲 (	County	AI	ocal De	partmen	nt of He	alth that	this indi	vidual sewa	ge-dispos	al sys-
	proper ma		3		,								
P 407 1	be expected				d				Cannot	be expecte	ed to function	on satisfa	ctorily
Designation of the Parket of t	t likely to	Andrew Control of the			-	0			1			7	- significant and a second
BATE 9/	1/56	SIGNATURE	derich	G	. ,	lino	R.	·S.	TITLE	agent	1 + Sa	inta	mai

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM TO: THE BOARD OF HEALTH, AMHERST, MASS. ty Vee Koally Suc of 200 No.
(address) hereby applies for a permit to construct or repair a private disposal system for a ..... (residence, store, etc.) which will be located at LoT #5 - So, EAST ST. ..... to be installed by Same (address) (name) Same Plumber is Colfford Description of lot, building and fixtures as follows: Lot: Dimensions. 133. X. 1.13... Type of Soil Clay out Grown Water? Town Distance to Town Sewer Mille. Depth to Ground Water 7.4. Kind of Well ...... Building: Dimensions 27x40 No. Bedrooms No. Occupants Spec (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. lessman PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements: 

See Attachel Payont



		,	

1 1 200	
A PRIVATE SEWAGE DISPOSAL SYSTEM	
TO: THE BOARD OF HEALTH, AMHERST, MASS.  No. 36-6.2-	
Kay Vie Roally chica of 200 Mo Main St. Re 37857 (gwner's name) (address) (phone)	
hereby applies for a permit to construct or repair a private disposal system for a(residence, store, etc.)	
which will be located at Lot #5-, Sa, FAST ST. to be installed by	
(name) (address) (phone	
Builder is SAME Plumber is Chifferd	
Description of lot, building and fixtures as follows:  Lot: Dimensions 133 X 113 Type of Soil Clay out Grown Well or Town Water? Town	
Lot: Dimensions 133 X 113 Type of Soil Clay out From Well or Town Water?	
Distance to Town Sewer Allele. Depth to Ground Water 7 Kind of Well	
Will Lot be Graded?	
Building: Dimensions 27x40	
Fixtures: No. Toilets	
Showers Kitchen Sinks Garbage Grinders	
Auto Dishwasher	
(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 Nov. 2, 1962 (Signeture of Applicant)	
Date NOV. 2, 1962 (Signature of Applicant)	
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM	
No. 36-62	
Kay Vee Realty chic 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	lide
Leaching System: Trenches of not less than	A
Other Trench Stadery - 3/1 Washed iting belowe leach &	ine
Dry well	
maintenance of the system.	101
for the Board of Health date	160
Inspected 11/1/62 Soil Teel, Approved	d

 $\bar{j}$ 

January 29, 1963

Roy E. Clifford 200 North Main Street East Longmeadow, Massachusetts

Dear Mr. Clifford:

Subject: Plumbing at K.V. Lot #5 South East Street, Amherst

Our Plumbing Inspector calls your attention to the requirement that only Type K or L copper tubing may be used. You will please eliminate all Type M from the above location. See page 2 of the enclosed Plumbing By-law.

Very truly yours,

Frederick A. Siino Director of Public Health

/sp CC: Kay Vee Realty Co., Inc Enc.

1707 PS MAJERIA

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AY EE REALTY

# Norman B. Keddy Construction Company, Inc.

200 NORTH MAIN ST. - EAST LONGMEADOW, MASS.

TELEPHONES RE 3-7851 LA 5-2279

REC'D JAN 30 1963

January 29, 1963

Dear Mr. Siino:

As per our telephone conversation of this afternoon, enclosed are prints of the plot plan for Lot #5 South East Street, Amherst, Massachusetts

Les Jessinan

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	REPO	ORT OF	INSPEC	TION, IND	VETERANS ADMIN		SEWAGE-DISPO	SAL SYS	STEM	
REGIONAL OFF		7, 7	75.57		(THIS SECTION FOR V			SUBDIVISIO		
Bosto	n, Mas	sachus	setts		Lot #5 Sout	th East Str	reet	BLOCK NO.	NO. LOT NO.	
NAME OF BUILD		, .		74	NAME OF LENDER			CASE NO.		
Norma	n B. K	(eddy (	Const.	Co., Inc	. Amherst Sav	vings Bank		TYPE OF IN		
TOTA	L NUMBER	, ,	BASEMENT	T CAN ATTIC OR	OTHER AREA BE MADE INTO	D IF YES, HOW	T WATER SUPPLY A	ND SEWA	EXIST	
LIVING UNITS	15/5 - 74,130 E.)	1	YES YES	ADDITIONAL BE		MANY?	THE RESERVE	Y AND SEWAGE DISPOSAL (Check PUBLIC COMMUNITY INDIV		
1	3	1			X NO	7 04 14	WATER SUPPLY BY	xx		2222
			FOR USE O		OFFICIAL (Fill in below	w information app	SEWAGE DISPOSAL BY	stallation)		XX
					with approved exhibits much of the information					
Properties in Lot size: Individual we Distance of v Building cast seep Well construe Diamete Approx Sealed Exterior Well co Pump: S Located Pump re Type of	neighborhouser supply vell from: g foundation sewer, age pit, tion: er, space arouser: Ver: Challow well in: Boom proper storage:	are not dof failure ood are feet with from: are not on, are feet with from: are feet with from feet with from feet are feet with from from from from from from from from	t customary of wells in of wells in of wells in of are not vide, of prilled well of feet; ces of sealed with of wood. of well. Let of Pump rot of Yes. of Grave	in neighborhood immediate vicinition being develope feet.  II. Driven we feet; tile sewer, spool, water in well, feet.  II. Cement of Metal. Ope ingth of drop pip form off basement No. Pump vity. Capacity, Capacity,	e of main,ind d. ity to furnish adequate su ed with both individual we deep. Dwelling set back ell Dug well Befeet; nearest lot line offeet; other sources feet. Type of casing, feet. Approxim grout Puddled clay. enings in well cover wate pe,feet. Pump t Pump house above mounting watertight: gallons. es No. If answer is	ater-supply and sew k from front propert ored well.  at   front,   side,   septic tank,   so f possible pollution   Ordinary back rtight:   Yes.   o capacity,   e ground.   Pump   Yes.   No.	gage-disposal systems.  y line,  feet; dispon,  gallons per minute.  fill.  No.  gallons per minute.  popit.	feet. posal field,	casing,	
Installation [	does 🗌	does not co	comply with		its, if any.	ISPOSAL SYSTEM		NOVE TO		N 1
Septic t	ank:			nk. Cesspoo					3	
Disto	nce from v	vell, non	ge feet.	Material, CC	oncrete	300		er of compo	artments	1
Tota	liquid cap	oacity,	200	gallo	ons. Capacity inlet comp _ feet. Liquid depth,4	partment,	gallon	s.		
Cesspoo	ol:						1			
					feet; nearest lot li et. Liquid capacity,			feet.		
									E 0.	
Tile dis Distr Tota Tota Leng Type Depi Seepag Num	posal field ince from: length of effective of th of each of filter m h of filter i e pits: ber of pits	Well, 10 tile lines, absorption line, 50 naterial:	200 (Geet)  area in both  area	; foundation,	feet; nearest lot life to finish grade, 18"  Cinders. Other	ine at  front, concept front, grant front, g	inches. pea gto	l arev		
200 20 20 20 20 E	10.		_		nation available:					
					mmunity system,		Approximate	slope	feet p	er 100 feet.
					ndy clay.   Coarse san					
					? Yes. No. Ba					
					Bathtub. Shower.		The second secon		tank. S	eepage pits.
ls footi	ng drain p	rovided? [	Yes.	] No. Drains to	o: Surface. Dry v					
		Y 3 3	3 4 4	iurface discharge le at foundation,.	e. Dry well. Other_ feet.	T	7			10 10 10
	-		5, 44		PART I (Continued	on reverse)	AL THE STATE OF TH			

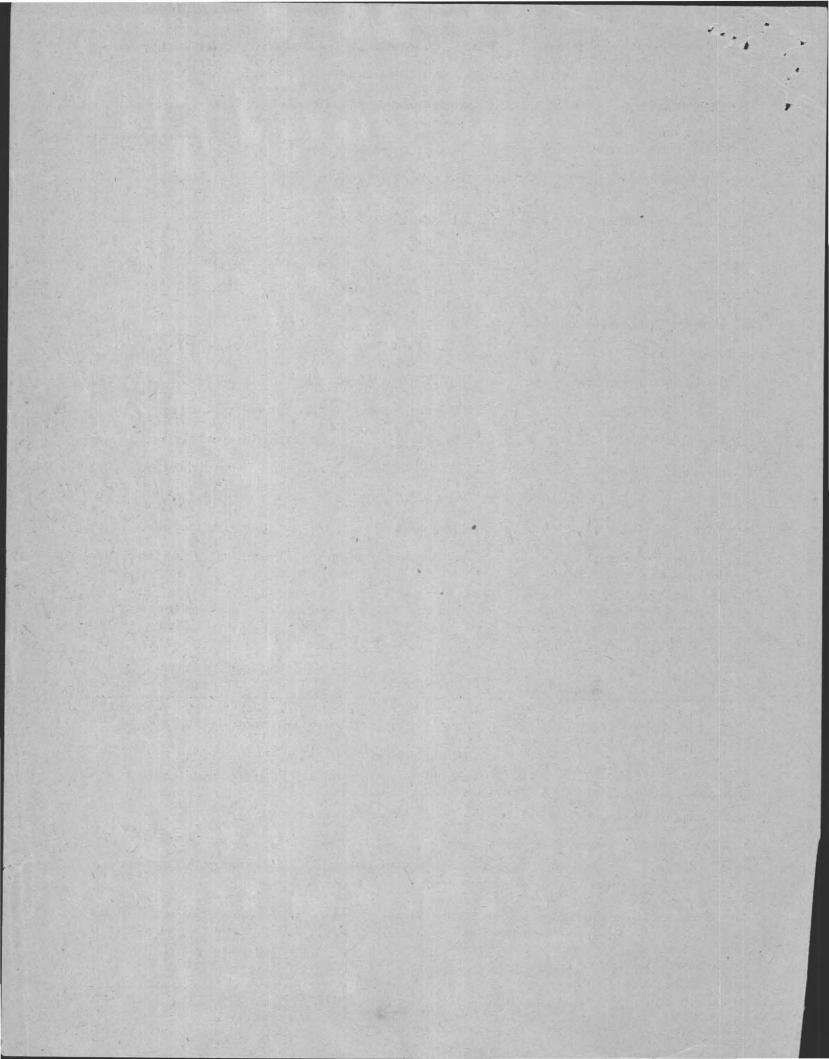
PART I (Continued)  INSPECTOR'S SKETCH (Show by sketch below any pertinent findings not fully described on other side.)						
COMMENTS (Note any supplemental perti	tinent information. If conditions are found which ma	result in an opinion that the system is unsatisfactory, describe in detail.)				
INSPECTION OF INDIVIDUAL WATER SUPP		DATE OF INSPECTION				
STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL	LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR Jun 5 1963				
INSPECTION OF INDIVIDUAL SEWAGE-DIS		DATE OF INSPECTION				
STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL	LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR Jan 5 / 963 TITLE				
		Slir of Public Henth				
Guddin		ARTMENT OFFICIAL REVIEWING REPORT				
	PART II—FOR USE OF THE HEALTH DEPARE	REFORE OFFICIAL REVIEWING REFORE				
STATE COUNTY	LOCAL DEPARTMENT OF HEALTH	SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY				
THAT THIS INDIVIDUAL WATER SUPPLY S BASED ON THE INFORMATION REPORTED	SYSTEM IS:  HEREON, AND OTHER AVAILABLE INFORMATION,	NOT SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY				
STATE COUNTY	LOCAL DEPARTMENT OF HEALTH	CAN BE EXPECTED TO FUNCTION SATISFACTORILY AND IS NOT LIKELY TO CREATE AN INSANITARY CONDITION				
THAT THIS INDIVIDUAL SEWAGE-DISPOS REMARKS	SAL SYSTEM, WITH PROPER MAINTENANCE:	CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY				
REMINING						
DATE	IGNATURE OF REVIEWING OFFICIAL	TITLE				
	PART III—FOR US	E OF VA OFFICE				
I have reviewed the foregoing and the pertinent VA Compliance Inspection Report and recommend that the individual water supply system be considered Acceptable Not acceptable individual sewage-disposal system be considered Acceptable Not acceptable						
REMARKS	a to the state of	2 2				
AND LEGAL TO SERVICE AND ADDRESS OF THE PROPERTY OF THE PROPER						
DATE SI	SIGNATURE OF CHIEF, APPRAISAL SECTION					

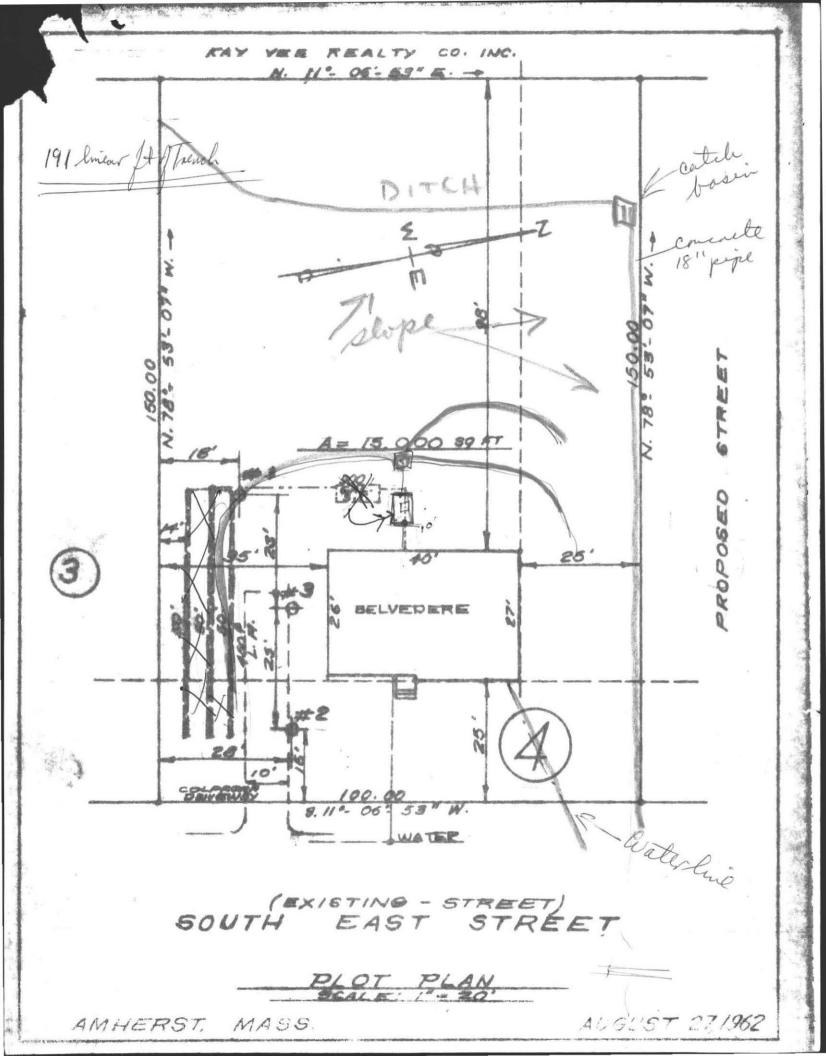
	VETERANS ADMINIST						
REPORT OF INSPECTION, II			SEWAGE-DISPO	SAL SYST	TEM		
	(THIS SECTION FOR VA	USE ONLY)					
REGIONAL OFFICE	PROPERTY ADDRESS			SUBDIVISION	NAME		
Boston, Massachusetts	Lot #5 South	East Str	et	BLOCK NO.	LOT N	10.	
NAME OF BUILDER	NAME OF LENDER			CASE NO.			
Norman B. Keddy Const. Co I	nc. Amherst Savi	ngs Bank		TYPE OF INST	ALLATION		
Norman B. Keddy Const. Co., Inc. Amherst Savings Bank				X NEW EXISTING			
				AND SEWAGE DISPOSAL (Check)			
LIVING UNITS BEDROOMS BATHS OF YES	AL BEDROOMS?	MANY?		PUBLIC C	YTINUMMO:	INDIVIDUAL	
			WATER SUPPLY BY	xx			
1 3 1 NO YES	<b>3</b> NO		SEWAGE DISPOSAL BY			ЖX	
PART I—FOR USE OF INSPECTE	NG OFFICIAL (Fill in below in	nformation app	licable to subject in	stallation)			
INSTRUCTIONS: If new installation, inspect for compli- the approved exhibits. If existing installation, furnish							
Market Committee and the committee of th	INDIVIDUAL WATER SUP	PLY SYSTEM					
Pinton An annual subliculation main	Sing of main inches						
Distance to nearest public water main,feet. Individual wells are are not customary in neighbor							
Give most recent record of foilure of wells in immediate		v of water				1	
Give most recent record of follow of wells in minediale	rentity to remissi oceaquate sopp	y or worth					
Properties in neighborhood are are are not being deve	loand with both individual water	-supply and sewa	ae-disposal systems.				
Lot size:feet wide,				feet.		1	
Individual water supply from:  Drilled well.  Drive			and ofference of the second				
Distance of well from:						1	
Building foundation,	feet: negrest lot line at [	front. I side.	rear.			feet:	
east iron sewer,feet; tile sew							
seepage pit,							
Well construction:	reer; owner sources or	boston bonemor	1,			1	
Diameter,inches. Total depth,	fact. Turn of casion			Death of an	eina	feet.	
Appreximate depth of pumping level of water in we				_ Depin or co	arring,		
Seeled watertight to depth of feet.	Tool. Approximate	,,,,,	gorrons por minore.				
Exterior space around casing sealed with: Com	ant arout Puddlad clay	Ordinary backs	H				
Well cover: Concrete. Wood. Metal.	The State of the Control of the Cont						
Pump: Shellow well. Deep well, Length of drop		Same Same				1	
Located in: Basement. Pump reem off base	and the second s	-					
Pump room properly drained: Yes. No. Pr		Comment of the	.00			1	
Type of storage: Pressure. Gravity. Capac						1	
Mas bacteriological examination of water been made?		es." give date				- 1	
Quality of water is is not satisfactory for human co						4	
Installation   does   does not comply with approved ex	CHOMOSON WAS					1	
	**************************************						
	INDIVIDUAL SEWAGE-DISP	OSAL SYSTEM					
PRIMARY TREATMENT consists of SS Septic tank.   Ces	spool.					1.00	
Septic tonk:					52	1	
Distance from well, DOTTE feet. Material,	concrete		Numb	er of compart	ments3		
Total liquid capacity, 900	gallons. Capacity inlet compart		gallon	i.		1	
Inside length, 10 1311 feet. Inside width, 56	feet. Liquid depth, 4	feet.					
Cesspool:						1	
Distance from: Well,feet; foundation	feet; nearest lot line	at 🗌 front, 🗌 si	de, 🗌 rear,	feet.		1	
Inside diameter,feet. Depth,	_feet. Liquid capacity,	gallons. Linir	g material				
SECONDARY TREATMENT consists of Distribution box	and 🖾 Tile disposal field. 🗌 S	seepage pits. Of	her				
Tile disposal field:	101					1	
Distance from: Well, NONE feet; foundation, 12 feet; nearest lot line at _ front, rear, 10 feet.							
Total length of tile lines, 200 lifeet. Number of lines, 5. Distance between lines, 10 feet.  Total effective absorption area in bottom of trenches, 30 square feet. Trench width, 30 inches. + Bulland							
Total effective absorption area in bottom of trenches, square feet. Trench width, 30 inches. + Bed and w							
Length of each line, 5000 Front Depth, top	of tile to finish grade, 1821	inches					
Type of Alter materials							
Double of Oler material beauth tile 36" in	class Danish of filter material a	enr tile &	inches mas at-	nn.e		- 3	

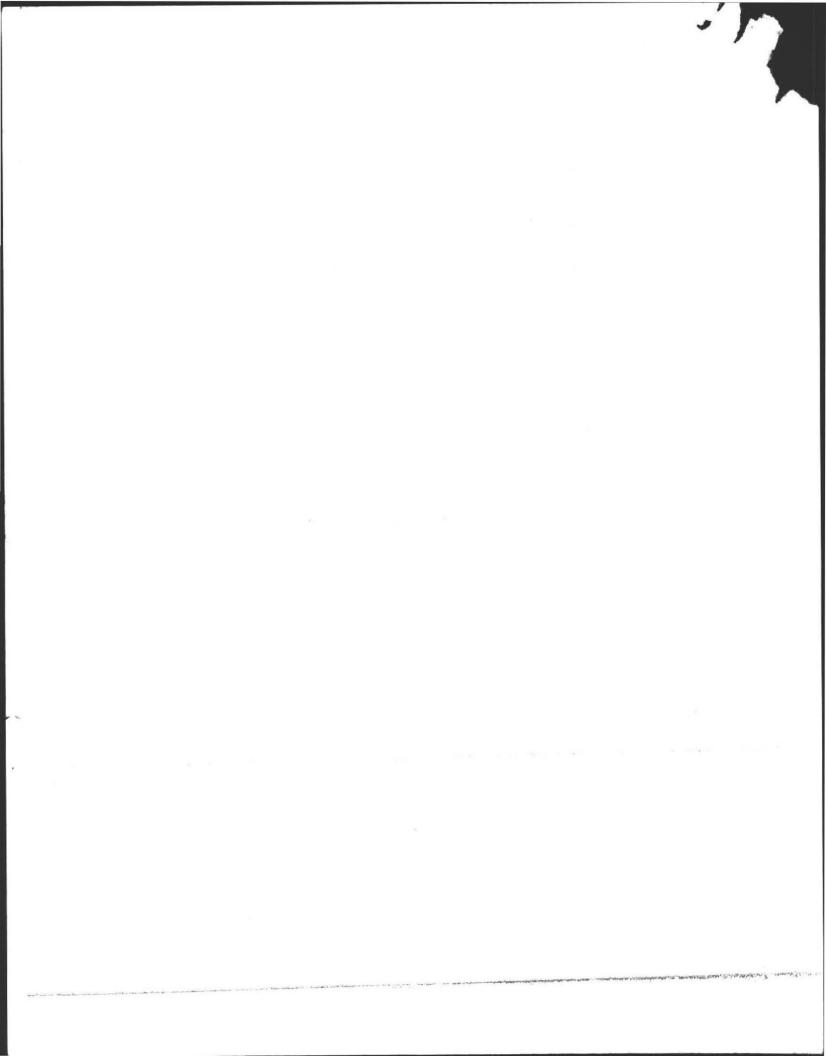
and the second periods and	ment aformation in the move to and which	a mu, its, " in a again a mar the system is	unsatistiators desirité in détail !
MMENTS Note on supplements per			
unit in the same of	estimate - en est production and some tra	is a probability of the method and trading the desire approximately	Continue on the Continue of th
			DATE OF INSPECTION
SPECTION OF INDIVIDUAL WATER SUR		VA COMPLIANCE INSPECTOR	July 3 7 3
STATE COUNTY	LOCAL HEALTH AUTHORITY	TILL	
GNATURE OF INSPECTING OFFICIAL			
		149	DATE OF INSPECTION
NSPECTION OF INDIVIDUAL SEWAGE L	DISPOSAL SYSTEM MALT ST		DATE OF MARKETON
STATE L. COUNTY	A LOCAL HEALTH AUTHORITY	TITLE	
HATURE OF INSPECTING OFFICIAL			
	£	2.0	10. Lanth
* * * * * * * * * * * * * * * * * * *	THE WAY OF THE HEALTH	DEPARTMENT OFFICIAL REVIEWING	REPORT
TOO ATION DEPONE	ED HEREON AND OTHER AVAILABLE INFORMA	TION	
ASED ON THE INFORMATION REPORT	EU HEREOV THE STILL	SATISTACTURE AS A DOMEST	IC WATER SUPPLY FOR THE SUBJECT PROPERTY
= 53	OCAL DEPARTMENT OF HEALTH		
THAT THIS INDIVIDUAL WATER SUPPL		NOT SATISFACTORY AS A DO	MESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY
THAT THIS INDIVIDUAL WATER SOFT	EL HEREON AND THER AVAILABLE INFORMA	TION TO SUNCT	ON SATISFACTORILY AND IS NOT LIKELY "O CREATE.
T IS THE OPINION OF THE Check		INSANITARY CONDITION	ON SATISFACTORILY AND IS NOT LIKELY "O CREATE,
STATE COUNTY	COCAL DEPARTMENT OF HEALTH	P Common	TO CANDILY
THAT THIS INDIVIDUAL SEWAGE-DISK	POSAL SYSTEM WITH PROPER MAINTENANCE	CANNOT BE EXPECTED TO FU	NCTION SATISFACTORILY
REMARKS			
			and the second s
	THE OF SEVIEWING OFFICIAL	Three	
DATE	SIGNATURE OF REVIEWING OFFICIAL	A but	
DATE	SIGNATURE OF REVIEWING OFFICIAL	pr. 6	
	PART III.	FOR USE OF VA OFFICE	
	PART III.	FOR USE OF VA OFFICE	end that the
I have reviewed the foregoi	PART III	FOR USE OF VA OFFICE	end that the
I have reviewed the foregoi	ng and the pertinent VA Compliance	FOR USE OF VA OFFICE  Le Inspection Report and recomme	end that the
I have reviewed the foregoi individual water supply individual sewage-disp	PART III	FOR USE OF VA OFFICE  Le Inspection Report and recomme	end that the
I have reviewed the foregoi	ng and the pertinent VA Compliance	FOR USE OF VA OFFICE  Le Inspection Report and recomme	end that the
I have reviewed the foregoi individual water supply individual sewage-disp	ng and the pertinent VA Compliance	FOR USE OF VA OFFICE  Le Inspection Report and recomme	end that the
I have reviewed the foregoi individual water supply individual sewage-disp	ng and the pertinent VA Compliance	FOR USE OF VA OFFICE  Le Inspection Report and recomme	end that the
I have reviewed the foregoi individual water supply individual sewage-disp	ng and the pertinent VA Compliance	FOR USE OF VA OFFICE  Le Inspection Report and recomme	end that the
I have reviewed the foregoi individual water supply individual sewage-disp	ng and the pertinent VA Compliance	FOR USE OF VA OFFICE  Le Inspection Report and recomme eptable Not acceptable eptable Not acceptable	end that the

No.

2	The state of the s
>	APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
cos	A PRIVATE SEWAGE DISPOSAL SYSTEM
17	TO: THE BOARD OF HEALTH, AMHERST, MASS.
	Can Vee Perote On che of 1160 Ray of Soill
	(owner's name) (address) (phone)
	hereby applies for a permit to construct or repair a private disposal system for a
	(residence, store, etc.)
	which will be located at Lut #4 Located by
	Same
	(name) (address) (phone
	Builder is Same Plumber is Kellifford
	Description of lot, building and fixtures as follows:
	Lot: Dimensions 100 V 150 Type of Soil Stavel - Clay + Jack
	Distance to Town Sewer Mules. Depth to Ground Water 4. + Kind of Well
	Will Lot be Graded? By Filling or Removing Soil? And full found
	Building: Dimensions 26 x 40 No. Bedrooms No. Occupants O Spec
	Fixtures: No. Toilets
	Showers Kitchen Sinks Garbage Grinders
	Auto Dishwasher MONE. Auto. Clotheswasher
	(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 condi-
	tions 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 9/10/62
	(Signature of Applicant)
	DEDIVING CONCEDICE OF PEDATE A PRIVATE CHIMACE PICROCAL CACHEN
	PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
	V. V. 17 . 00 1 1 . 1
	or repair of private sewage disposal system with the following minimum requirements:
	Sentic Tank: Must be of Cement and of
	Leaching System: Trenches of not less than
	Dry well ft. bottom area and ft. below the inlet.
	Der CHATION TESTS 8/28/62 R. Hows. Av flow I Imin. (with) This permit is issued with the understanding that future alterations or additions will be made if neces-
	sary. 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.
1	Grade for ser face drawage - Tor the Board of Health date
	Inspected /1/1/62 Approved App
	B. a. Lino 11/8/62







September 4, 1962

To Whom It May Concern:

#### Gentlemen:

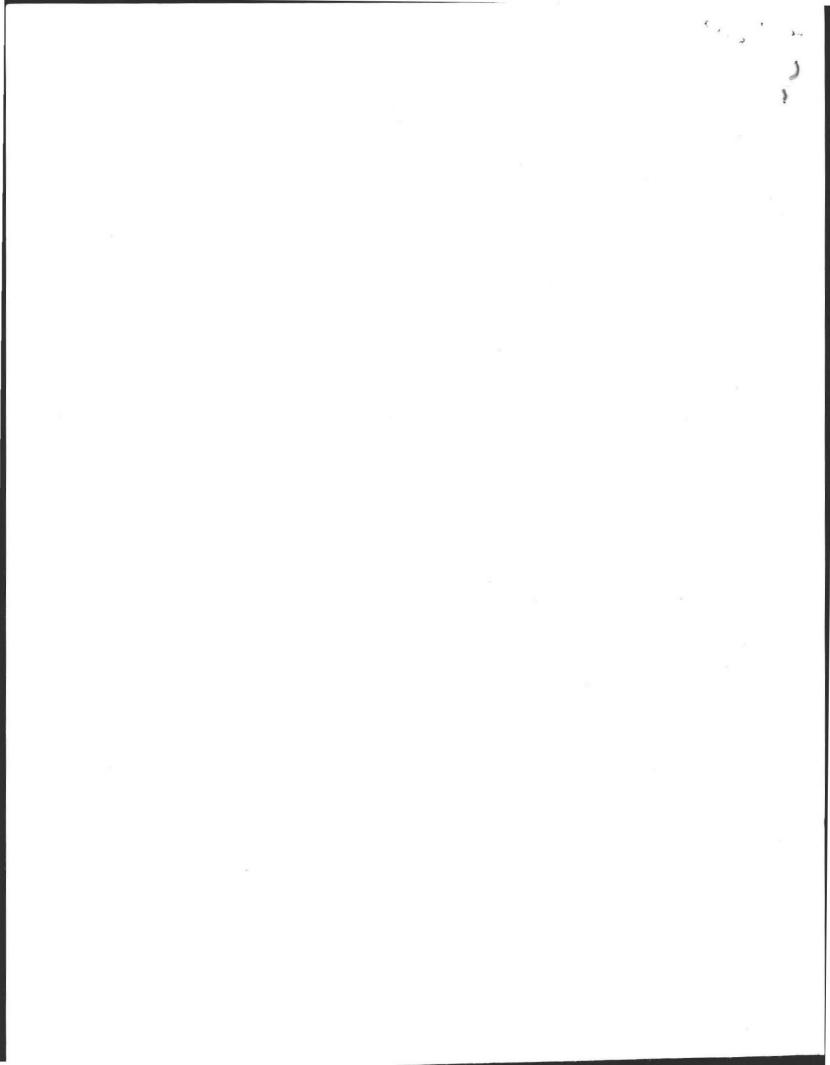
Approval is hereby given to the site and design of the proposed sewage disposal system on Lot #4 South East Street, Amherst, Massachusetts, owned by Norman B. Keddy Construction Company, Inc.

Very truly yours,

BOARD OF HEALTH

by: 4. G. Sing Comt

Key water line to north side of House Key sufficient area available to duplicate leaching area of necessary.



## **HEALTH AUTHORITY APPROVAL**

( INDIVIDUAL	. WATER SI	UPPLY	AN	ND SE	WA	GE D	ISPOS	AL SYS	TEM	
PART I.—TO BE COMPLETED BY FHA										
INSURING OFFICE		MORTGAGEE						SERIAL NO.		
Boston, Massachusett	ts									
MORTGAGOR OR SPONSOR PROPERTY ADDRESS										
N. B. Keddy Construction Co., Inc. Lot #4 South East Street, Emherst, Mass.										
SUBDIVISION NAME	cion co., inc	••		LOC	74 30	uch be	ist Stre	BLOCK NO.	LOT N	
							,		4	
LIVING UNITS BEDROOMS BATHS	BASEMENT	x	N	ew install	ation			or other area bedrooms?	be made into	0
1 3 1	x Yes	No					Yes	x No	(If Yes, h	ow many?)
WATER SUPPLY BY:    X   Public system   Community system   Individual   No. of BDRMS.   GARBAGE DISPOSAL										
SEWAGE DISPOSAL BY:		nunity system					dividual	3		_
Public system									Yes	x No
P	PART II.—TO B	E COMPLI	ETE	D BY HE	ALTH	DEPA	RTMENT			
HEALTH DEPARTMENT INSPECTOR'S SKETCH	н									
			П							П
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It is the opinion of the St		_	_				this indiv	vidual water	-supply sys	stem
	y as a domestic w	_			2	15				
It is the opinion of the Stem with proper maintenance:	tate County	X Local	De	partment	of Hea	alth tha	t this indi	vidual sewa	ge-disposal	sys-
x Can be expected to function		d				Cannot	be expecte	ed to function	n satisfacto	orily
is not likely to create an in	sanitary condition									
DATE SIGNATURE	FAS					TITLE				
NOTE: The health author	ority should complete	e the appropr	riate	opinion st	atement	above	and affix da	te, signature	and title in t	he
spaces provided.  Use of the above grid	THE ROLL CONTRACTORS HIS TO STATE THE TANK THE									
health authority.										H 6 H 7
	PART I	II.—FOR	USI	OF FH	A OF	FICE				
TO THE CHIEF UNDERWRITER:  I have reviewed the foregoin	g and the pertiner	nt FHA Cor	mplia	ance Inspe	ection I	Report,	and recom	mend that	the	
I have reviewed the foregoing and the pertinent FHA Compliance Inspection Report, and recommend that the  Individual water-supply system be considered Acceptable Not Acceptable										
Sewage disposal be considered Acceptable Not Acceptable.										
DATE SIGNATURE								CHIEF A	RCHITECT	

DEPUTY FOR CHIEF ARCHITECT

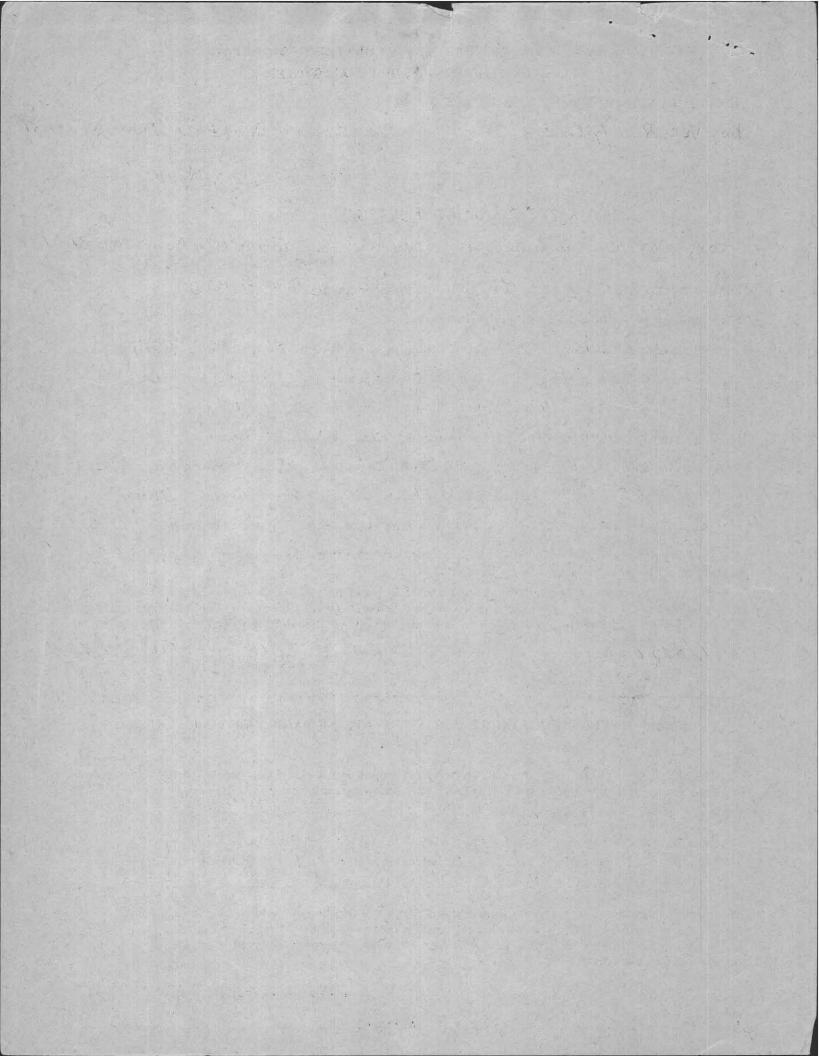
#### REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

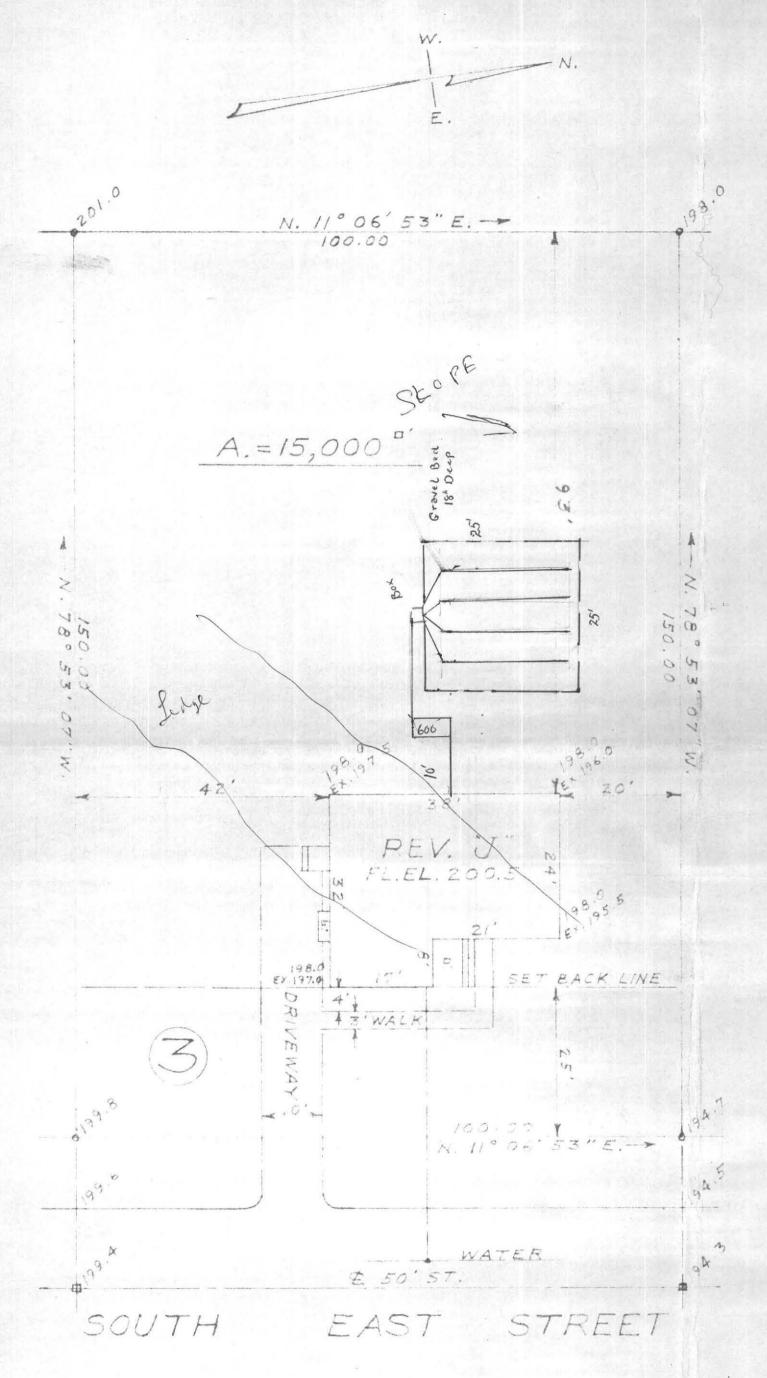
PRIMARY TREATMENT consists of Septic tank. Cesspool.	
Septic Tank:	
Distance from well,feet. Material, Number of	f compartments
Total liquid capacity, gallons. Capacity inlet compartment,	gallons.
Inside length,feet. Inside width,feet. Liquid depth,feet.	
Cesspool:	
Distance from: Well,feet; foundation,feet; nearest lot line at [] front, [] side	
Inside diameter,feet. Depth,feet. Liquid capacity,gallons. Lining m	naterial
SECONDARY TREATMENT consists of Tile disposal field. Seepage pits. Other	
Tile Disposal Field:	
Distance from: Well,feet; foundation,feet; nearest lot line at [] front, [] side	, rear, feet.
Total length of tile lines,feet. Number of lines, Distance between	
Trench width,inches. Total effective absorption area in bottom of trenches,	square feet.
Length of each line,feet. Depth, top of tile to finish grade,	inches.
Type of filter material:   Gravel.   Broken stone. Other	
Depth of filter material beneath tile,inches. Depth of filter material over tile,	inches.
Seepage Pits:	
Number of pits Outside diameter,feet. Depth,feet. Lining material	
Distance from: Well,feet; building foundation,feet; nearest lot line at [ front, [	
Inspection made by: State. County. Local Health Authority.	
Inspected by	
Date of inspection	
Date of hispection	
	W.
REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYS  Distance to nearest public water main,feet. Size of main,inches.  Individual wells are are not customary in neighborhood.	TEM
Distance to nearest public water main,feet. Size of main,inches.	
Distance to nearest public water main,feet. Size of main,inches.  Individual wells are are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water	
Distance to nearest public water main,feet. Size of main,inches.  Individual wells are are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood are are not being developed with both individual water-supply and sewage-definition.	isposal systems.
Distance to nearest public water main,feet. Size of main,inches.  Individual wells are are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water	isposal systems.
Distance to nearest public water main,feet. Size of main,inches.  Individual wells _ are _ are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood _ are _ are not being developed with both individual water-supply and sewage-d Lot size:feet wide,feet deep. Dwelling set back from front property line,	isposal systems.
Distance to nearest public water main,feet. Size of main,inches.  Individual wells   are   are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood   are   are not being developed with both individual water-supply and sewage-d Lot size:feet wide,feet deep. Dwelling set back from front property line,  Individual water supply from:   Drilled well.   Driven well.   Dug well.   Bored well.  Distance of well from:	isposal systems. feet.
Distance to nearest public water main,feet. Size of main,inches.  Individual wells   are   are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood   are   are not being developed with both individual water-supply and sewage-d Lot size:feet wide,feet deep. Dwelling set back from front property line,  Individual water supply from:   Drilled well.   Driven well.   Dug well.   Bored well.  Distance of well from:  Building foundation,feet; nearest lot line at   front,   side,   rear,	isposal systemsfeetfeet,
Distance to nearest public water main,feet. Size of main,inches.  Individual wells _ are _ are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood _ are _ are not being developed with both individual water-supply and sewage-d Lot size:feet wide,feet deep. Dwelling set back from front property line,  Individual water supply from: _ Drilled well Driven well Dug well Bored well.  Distance of well from:  Building foundation,feet; nearest lot line at _ front, _ side, _ rear,	isposal systemsfeetfeet, al field,feet;
Distance to nearest public water main,	isposal systemsfeetfeet, al field,feet;
Distance to nearest public water main,	isposal systemsfeetfeet, al field,feet;feet.
Distance to nearest public water main,feet. Size of main,inches.  Individual wells   are   are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood   are   are not being developed with both individual water-supply and sewage-d Lot size:feet wide,feet deep. Dwelling set back from front property line,  Individual water supply from:   Drilled well.   Driven well.   Dug well.   Bored well.  Distance of well from:  Building foundation,feet; nearest lot line at   front,   side,   rear,  cast iron sewer,feet; tile sewer,feet; septic tank,feet; dispos seepage pit,feet; cesspool,feet; other sources of possible pollution,  Well construction:  Diameter,inches. Total depth,feet. Type of casing,Depth	isposal systemsfeetfeet, al field,feet;feet. an of casing,feet.
Distance to nearest public water main,feet. Size of main,inches.  Individual wells   are   are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood   are   are not being developed with both individual water-supply and sewage-d Lot size:feet wide,feet deep. Dwelling set back from front property line,  Individual water supply from:   Drilled well.   Driven well.   Dug well.   Bored well.  Distance of well from:  Building foundation,feet; nearest lot line at   front,   side,   rear,  cast iron sewer,feet; tile sewer,feet; septic tank,	isposal systemsfeetfeet, al field,feet;feet. an of casing,feet.
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Distance to nearest public water main,feet. Size of main,inches.  Individual wells are are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water  Properties in neighborhood are are not being developed with both individual water-supply and sewage-d  Lot size: feet wide, feet deep. Dwelling set back from front property line,  Individual water supply from: Drilled well Driven well Dug well Bored well.  Distance of well from:  Building foundation, feet; nearest lot line at front, side, rear,  cast iron sewer, feet; tile sewer, feet; septic tank, feet; dispos seepage pit, feet; cesspool, feet; other sources of possible pollution,  Well construction:  Diameter, inches. Total depth, feet. Type of casing, Depti Approximate depth to pumping level of water in well, feet. Approximate yield, gealed watertight to depth of feet.  Exterior space around casing sealed with: Cement grout Puddled clay Ordinary backfill.	isposal systemsfeetfeet, al field,feet;feet. an of casing,feet.
Distance to nearest public water main,	isposal systemsfeetfeet, al field,feet;feet. n of casing,feet. gallons per minute.
Distance to nearest public water main,	isposal systemsfeetfeet, al field,feet;feet. n of casing,feet. gallons per minute.
Distance to nearest public water main,feet. Size of main,inches.  Individual wells _ are _ are not customary in neighborhood.  Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water	isposal systemsfeetfeet, al field,feet;feet. n of casing,feet. gallons per minute.
Distance to nearest public water main,	isposal systemsfeetfeet, al field,feet;feet. n of casing,feet. gallons per minute.
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Distance to nearest public water main,	isposal systems

U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F-427036

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

A THITAID DETIAL	E DISTOSAL SISTEM	
TO: THE BOARD OF HEALTH, AMHERST, MA	ASS.	No1.7
Kay Vee Real Ty Co Inc. (owner's name)	of 1160 Bay 57 - (address)	Springfield Mass -RE-37851 (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 AOT *3 South 3	FONT STA	to be installed by
George Vadnais Const Con Inc	1160 Bey ST. Spr. (address)	ingfield Mass - RE-37851 (phone
Builder is George Vacinais Construction.	Plumber isCliffon	rd Bros
Description of lot, building and fixtures as follows:		
Lot: Dimensions. 100X.15.0 Type of Soil.Clay	4.6x2vel Well or Tow	n Water?
Distance to Town Sewer Depth to C	Ground Water	Kind of Well .N.m.s
Will Lot be Graded? By Filling	g or Removing Soil? #	- 1/11/2
Building: Dimensions All No. Bedroom	ns3	Occupants
Fixtures: No. Toilets	Vash Basinsl.	Bathtubs/
Showers Kitchen Sinks	Garbag	e Grinders
Auto Dishwasher Auto. Clotheswa	asher .l O	ther (basement)
(On reverse side show plot plan with building. In location of wells, streams, ledge, large trees, etc.)	clude dimensions, distanc	es from all boundaries. Show
I certify that the above information is correct and tions are changed. I also declare that I have read as hereto and will comply with all requirements and s	nd understand all the ru	les and regulations applying
Date. 7/8/59	O. G. Dud	cure of Applicant)
***************************************		······································
PERMIT TO CONSTRUCT OR REPAIR A	PRIVATE SEWAGE I	DISPOSAL SYSTEM
Kay Vee Ralty Co. elve: is hereby or repair of private sewage disposal system with the	e following minimum rec	quirements:
Septic Tank: Must be of Cement and of		
Leaching System: Trenches of not less than		
Dry well ft. bott Other Leach fed 600 This permit is issued with the understanding that sary. This permit shall not be construed as permit in the issuance of this permit the Board of Health	ssion to create or mainta assumes no responsibility	ain any sewage nuisance and y for the future operation or
maintenance of the system.	for the Board	of Health date
Inspected 6/24-25-26-27-28	Approved 8/28/1	9 of of Suis



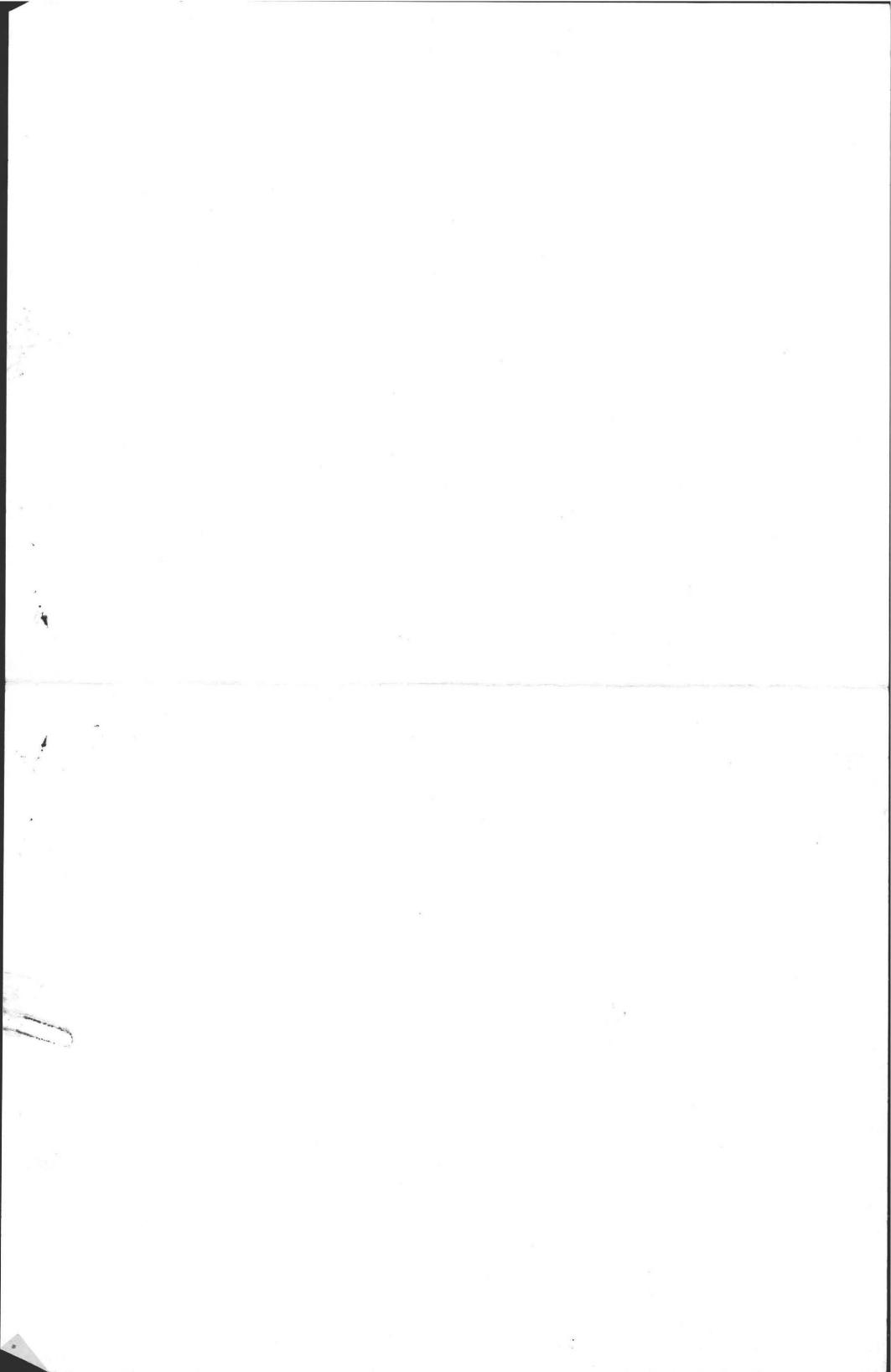


PLOT PLAN

SCALE:-1/6"=1'-0"

BRIARCLIFF MANOR

4-23-59



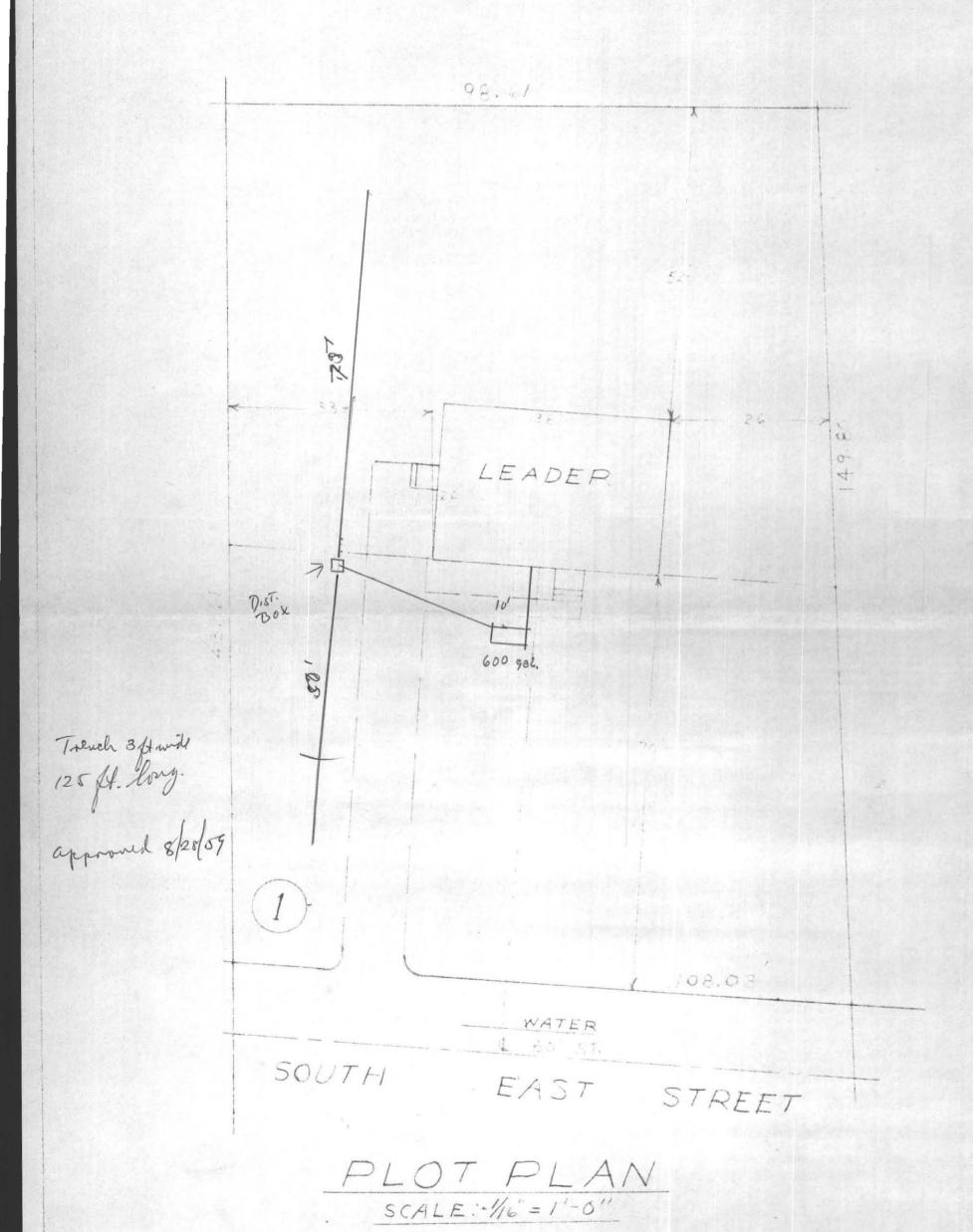
#### HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

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			PART	I.—TO BE C	OMPLETED BY	FHA					
INSURING OF	FICE			MORTGAGEE				SERIAL NO.			
Bea	STON, MAS	SACHUSET	TS	Nonotuck	ONOTUCK SAVINGS BANK 25-065091						
MORTGAGOR OR SPONSOR					PROPERTY ADDRE	\$\$					
Geo	PRE VADN	IAIS CONS	TRUCTION CO.	,	Lot 3 So	итн Е	AST ST.,	AMHERST,	MASS.		
SUBDIVISION	NAME							BLOCK NO.	LOT NO.	,	
TO	OTAL NUMBER	tı	BASEMENT	X	New installation				be made into		
LIVING UNITS	BEDROOMS	BATH\$			idem ilistaliation		рафтонор	bodrooms?	(If Yes, how I	manyf)	
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R Public	THE RESERVE OF THE PARTY OF THE		Com	munity system		$\Box$	ndividual	NO. OF BDRMS.	GARBAGE DISP		
SEWAGE DIS				3,30011		hammal		NO. OF BUSING.	GARBAGE DISPI	DBAL	
Public	system		Com	munity system		x I	ndividual	3	Yes 🗶	No	
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It is the	opinion of t	he St	ate County	Local D	epartment of He	alth th	at this indiv	idual water	-supply system	m	
is	is not	satisfactory	y as a domestic	water supply f	for the subject p	roperty					
			cate County	Local D	epartment of H	ealth th	hat this indi-	vidual sewa	ge-disposal sys	§-	
THE PERSON NAMED AND THE	proper mai					_					
			n satisfactorily, an sanitary condition			Canno	t be expecte	d to function	on satisfactorily	y	
DATE ,	Andrewson and the state of the same	and the same of th	and the same of th			TITLE	-	,			
9/10	59	ks.	ederich a	in the	25		agui	t+ Sa	intarian	-	

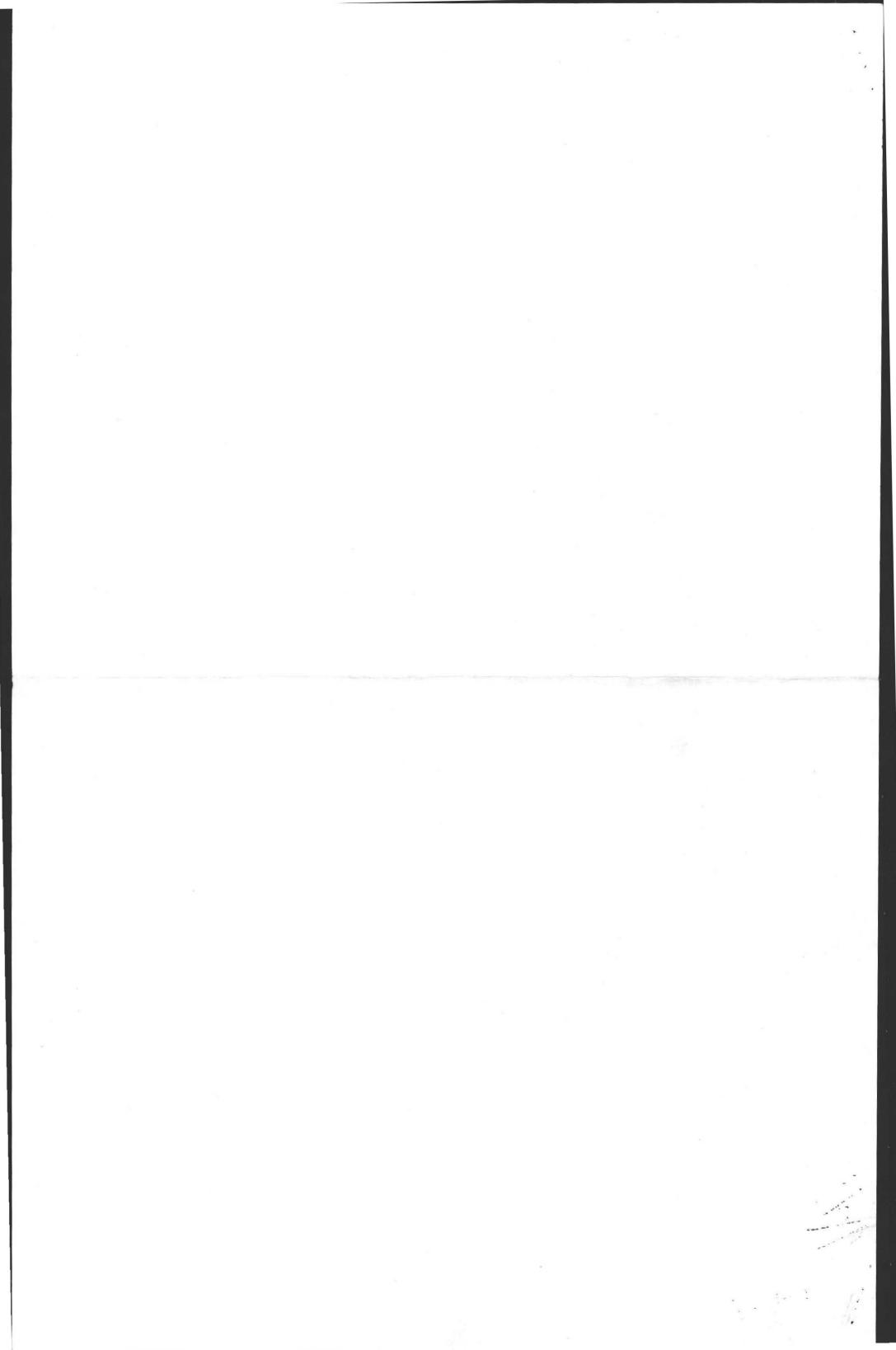
#### APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.	No. 18
TO: THE BOARD OF HEALTH, AMHERST, MASS.    Kay   Vee   Realty Con Inc. of 1160 Ba (address)	y 37. Spring Licks Mess Re 378 (phone)
nereby applies for a permit to construct or repair a private disp	losal system for a
which will be located at 1.47 *1 South East 87.	to be installed by
George Vacinais Comstruction Co. Inc.	Spring field Ness RE-378 (phone
Builder is George VacInais Const. Co. Inc. Plumber is	Clifford Bros.
Description of lot, building and fixtures as follows:	
Lot: Dimensions. 149.8 X. JUS Type of Soil ClayAGravel W	Vell or Town Water? Tem.h
Distance to Town Sewer Depth to Ground Water	Kind of Well
Will Lot be Graded? By Filling or Removin	g Soil? Filling
Building: Dimensions 38.42! No. Bedrooms!	
Fixtures: No. Toilets Urinals .Mion Wash Basins	.1Bathtubs1
Showers	Garbage Grinders
Auto Dishwasher	Other (basement)
(On reverse side show plot plan with building. Include dimensi- location of wells, streams, ledge, large trees, etc.)	ons, distances from all boundaries. Show
I certify that the above information is correct and that I will not tions are changed. I also declare that I have read and understand hereto and will comply with all requirements and stipulations as	d all the rules and regulations applying
Date 7/14/59	a. Dutromble
	(Signature of Applicant)
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE S	THE ACT DICTOCAT CYCHES
	. 10
Kan fee Keally Co-cluc is hereby granted perr or repair of private sewage disposal system with the following m	nission to proceed with the construction inimum requirements:
Septic Tank: Must be of Cement and of	
Leaching System: Trenches of not less than	
Other Minimum 12" Stone u	uder leach line
This permit is issued with the understanding that future alterated sary. This permit shall not be construed as permission to creat in the issuance of this permit the Board of Health assumes no remaintenance of the system.	e or maintain any sewage nuisance and
maintenance of the system.	the Board of Health date
Inspected 8/24 - 8/25/8/26 - 8/27 + 8 Approved	8/28/59 Stall-Sins

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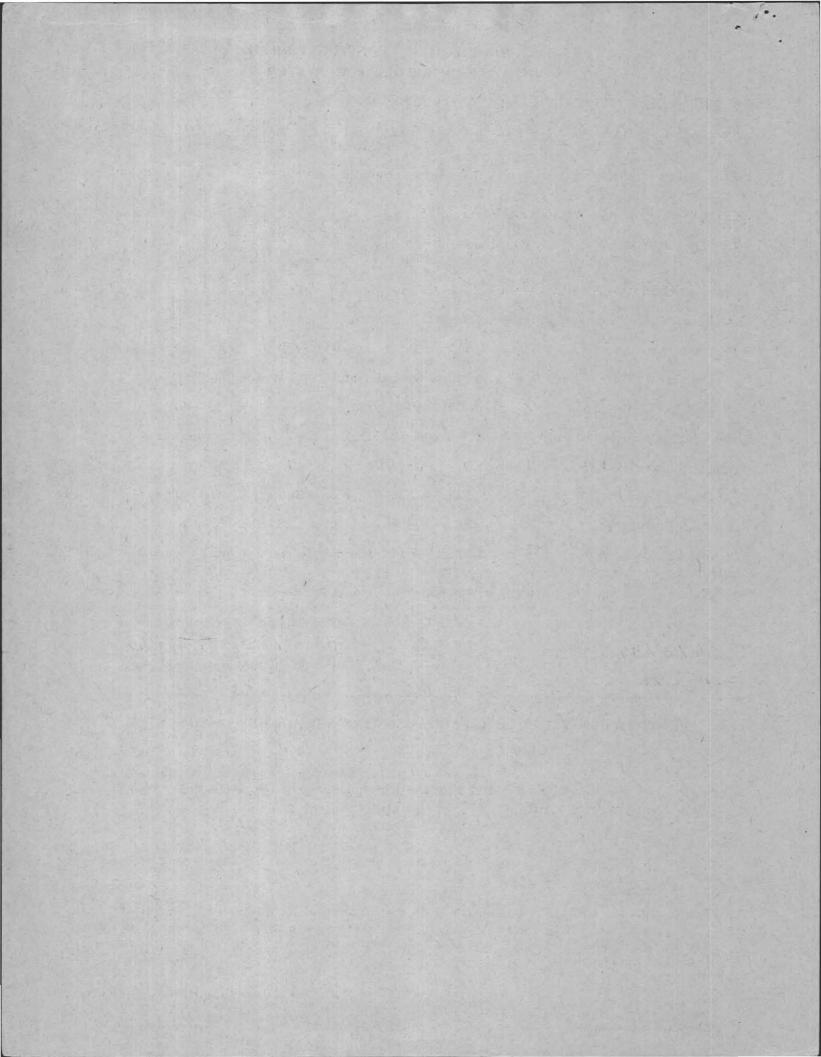


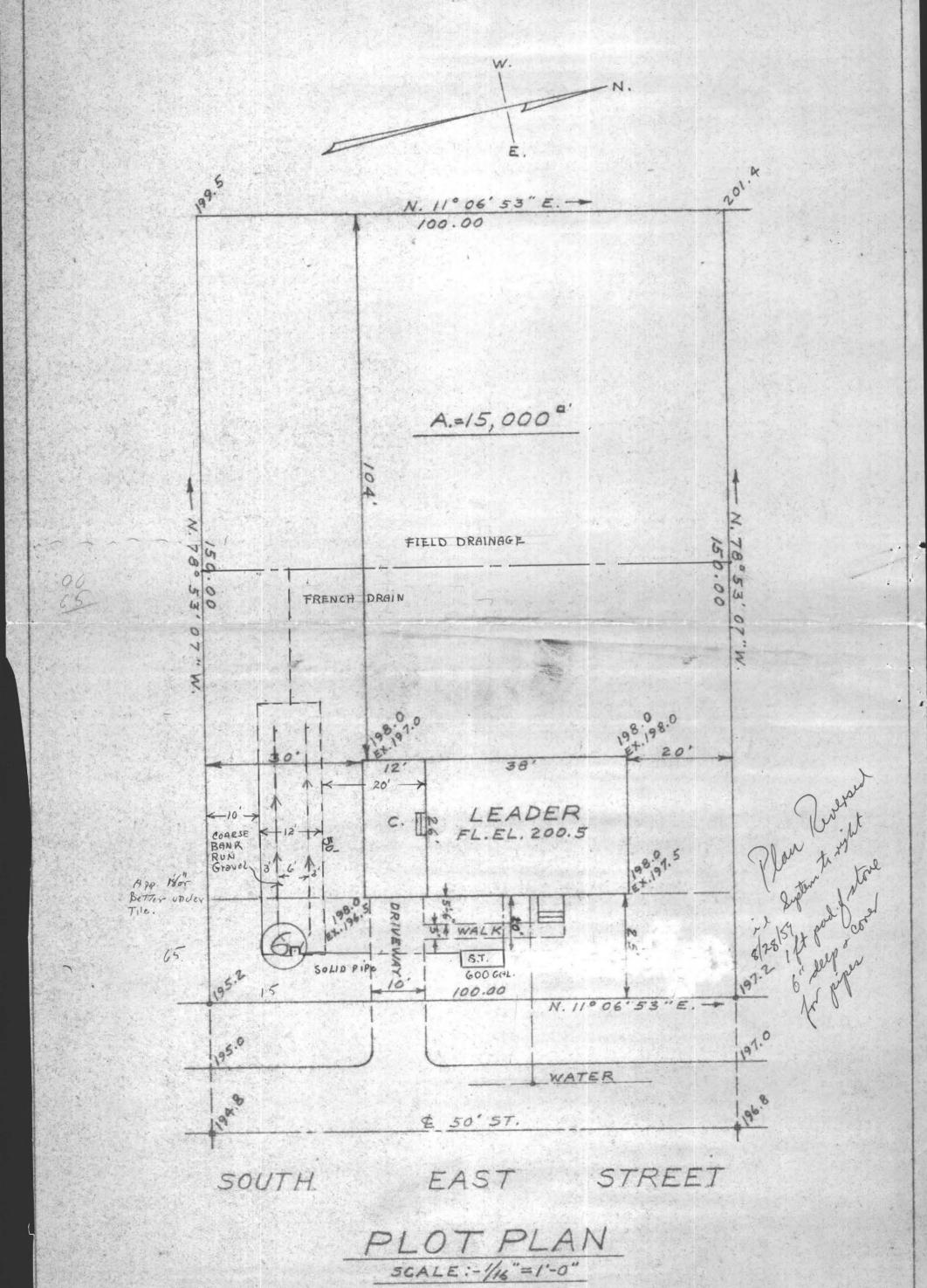
BRIARCLIFF MANOR



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

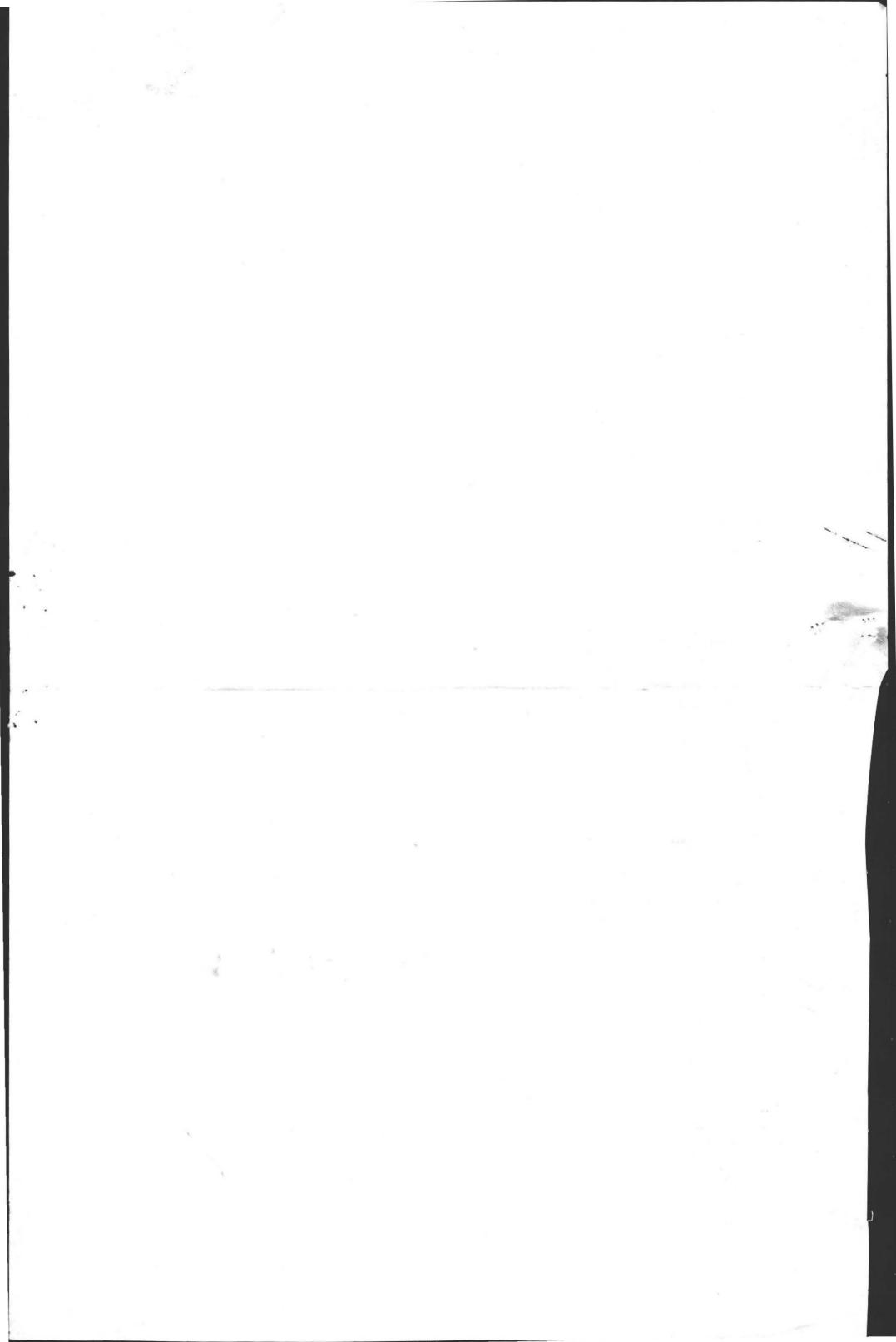
	6-19
TO: THE BOARD OF HEALTH, AMHERST, MASS.	No6-57
Kay-Vee Realty Co Inc. of 1160 Bay ST. (owner's name) (address)	Springfield Mess - ET RE 31881 (phone)
hereby applies for a permit to construct or repair a private disposal system	(residence, store, etc.)
which will be located at AOT 6 South East ST.	to be installed by
(name) Vacinais Construction Co. Inc. 1160 Bay (address)	ST. Sp. Fl.cl RE-37851 (phone
Builder is George Vacinais Const. Co Inc. Plumber is Cliffor	d Bros.
Description of lot, building and fixtures as follows:	
Lot: Dimensions 100 x 150 Type of Soil Clay & Gravel. Well or Tox	wn Water?
Distance to Town Sewer Mikes Depth to Ground Water 3 70.4	
Will Lot be Graded?	
Building: Dimensions 38 x 2.6 No. Bedrooms	
Fixtures: No. Toilets	
Showers	ge Grinders .Nm e
Auto Dishwasher	Other (basement)
(On reverse side show plot plan with building. Include dimensions, distarlocation of wells, streams, ledge, large trees, etc.)	nces from all boundaries. Show
I certify that the above information is correct and that I will notify the I tions are changed. I also declare that I have read and understand all the hereto and will comply with all requirements and stipulations as included	in a permit if issued to me.
Date 6/3/59 Jeo G.	L) ittienate ature of Applicant)
Plot Blan attacked	www.vwwwwwwwww
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE	
	No. 6-159
Kan Voe Rolly Co luc is hereby granted permission to or repair of private sewage disposal system with the following minimum r	proceed with the construction equirements:
Septic Tank: Must be of Cement and of	V. (P. Post RO.)
Leaching System: Trenches of not less than	ft below the inlet.
Other	
This permit is issued with the understanding that future alterations or a sary. This permit shall not be construed as permission to create or main the issuance of this permit the Board of Health assumes no responsibile.	dditions will be made if neces- ntain any sewage nuisance and
Inspected Approved	





BRIARCLIFF MANOR

3-27-59



	SPEED	LEITER		
TO	BOARD OF HEALTH	FROM_	GEORGE VADNAL	s Construction Co., Inc
	AMHERST, MASSACHUSETTS		1160 BAY ST.,	SPRINGFIELD, MASS.
	ATTENTION: MR. SIINO			
SUBJECT	FHA FORMS #2573 FOR BRIARCLIFF MANOR,	AMHERST,	Mass.	Minutes Discovering
No.	MESS	AGE		SEPT. / 9 /19 59
	Would You KINDLY SIGN THE ENCLOSED FO	RMS AND F	RETURN SAME TO O	UR OFFICE. AN SELF-
	ADDRESSED ENVELOPE IS ENCLOSED FOR YO	UR CONVEN	HENCE.	
		THANK	YOU.	
		SIGN	VED Rich B	and and
	REP			SEM. 110/195
	Enclosed are the the	re se	gued cope	es
	as requested.	-	γ	
				rows of the beautiful and
		SIGN	NED St. G.	Sino
EORM 44-	902 11 5 A		RECIPIENT: RETAIN \	WHITE COPY, REPLY ON PINK COPY

FORM 44-902 U. S. A.

BOARD OF MEALTH

AMMERST, MASSACHUSETTS

WITENTION: MR. STING

FIA FORMS (ESTE FOR DRIANCLIFF ANDR, AMHERST, AAS .

NOULG YOU KINDLY SIGN THE ENGLOSION FORMS AND RETURN BANE TO DUR OFFICE. AM SELF-

ACDRESSED ENVELORE IS CHICLOSED FOR YOUR COLVENIENCE.

. HANK YOU.

GEORGE VARNALI CONCTENTION CO., TWO

1180 BAY ST., SERINGELELD, MASS. 14

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	The desired management of the desired for the contract of the		-					

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date Opril 22,1969 Fee 3 - Date Rec'd. Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at: Location Address South East Owner Hagry, S.t. Address _ Address _ _ Dimensions 24.6 46' ___ Size Lot 100 x 265 Type of Building Devel Dwelling-No. of Bedrooms 04 Expansion Attic (No Garbage Grinder, (No _ Showers ( No. of persons ___ Other fixtures Town Water? _ Design Flow ____ gallons per person per day. Total daily Now _ Septic Tank-Liquid capacity 600 gallons Dimensions: L Width Total Leaching area sq. ft.

Diameter Depth below inlet Total leaching area 500 sq. ft. Disposal Trench-No. ____ Disposal Bed-No. ___ ___ Depth below inlet ___ ____ Dimensions: ____ x Dry Well-No. _____ Diameter __ 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 Depth of Test Pit _ Test Pit No. 2 minutes per inch Depth of Test Pit _____ Description of Soil _____ Depth to Ground Water ___ 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 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 Chale Owner or builder date 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 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. 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 No. Permission is hereby granted _ _ to construct ( ) or repair ( ) an Individual Sewage Disposal System at . as shown on the application for Disposal Works Construction Permit No. _ 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.

Board of Health

DATE _

VIII Safarena ez punta en el House (Fewer) 20 30' So EAST SA

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Town of

### AMHERST Massachusetts

OFFICE OF THE TOWN MANAGER

August 4, 1970

Dr. John Waldman 11 Roundelay Road South Hadley, Mass.

Dear Dr. Waldman:

Please excuse my delay in answering your request concerning the practicability of extending the sanitary sewer line to your property on South East Street. I have received a profile from our Resident Inspector which indicates that there would be very little cover over the sanitary sewer at the North corner of your property. It would take approximately 200 feet of construction to continue this sewer at the present grade to the Westerly side of the street at a point opposite your property line. A manhole should be built at this point which would only be about two and one-half feet in depth.

I do not recommend this extension to you at this time. In the first place, it would be necessary for you to bear a substantial part of the cost of this extension which probably would be in the vicinity of \$2,500. With such a small amount of cover over the pipe there would always be the danger of freezing, although I must admit that we have very little trouble with sanitary sewers in this respect. My recommendation would still be that you utilize a septic tank and a properly constructed drainage field located on the Easterly slope of your property. In this way, should a sewer be constructed on South East Street at some future date, it would not be difficult for you to make a connection.

Very truly yours,

Aflen L. Torrey Town Manager

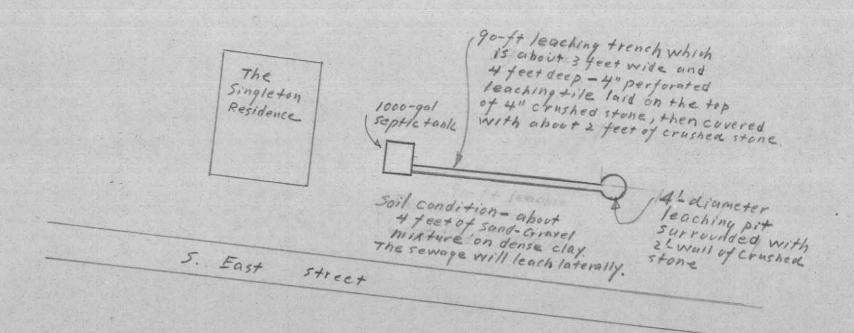
fas

cc: Stanley Ziomek, Superintendent of Public Works Chester Penza, Building Inspector Charles Drake, Public Health Director

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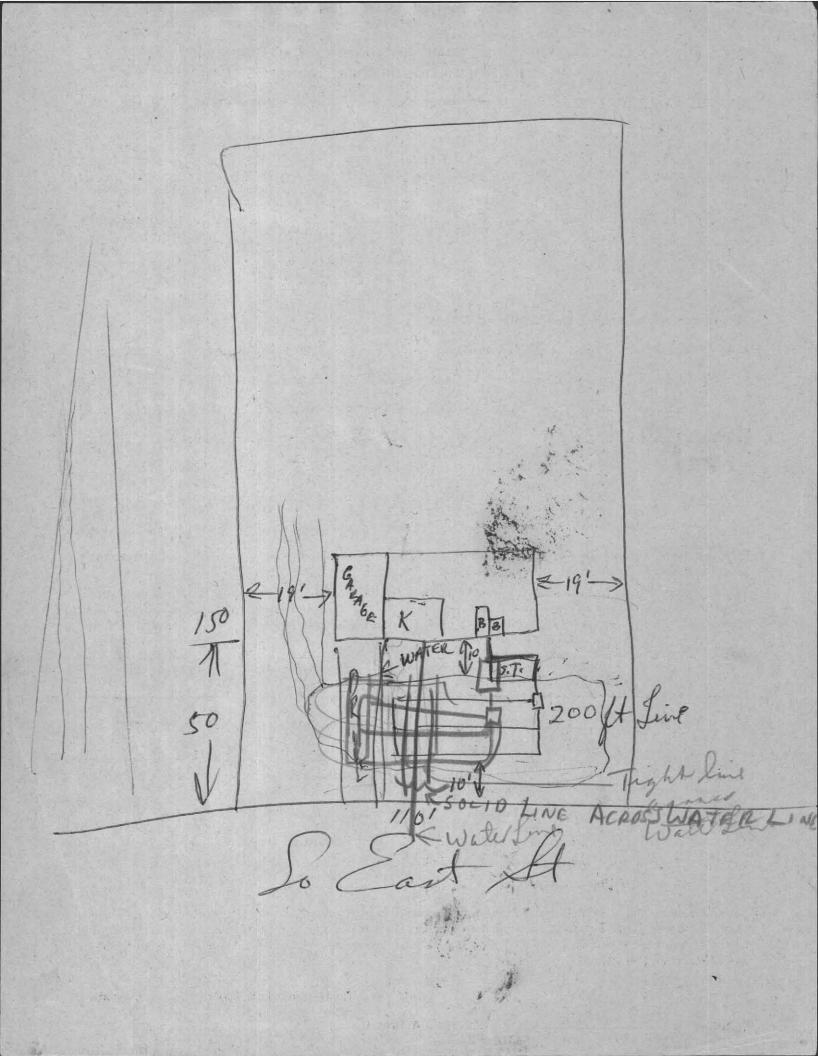
# A PRIVATE SEWAGE DISPOSAL SYSTEM

11/1
TO: THE BOARD OF HEALTH, AMHERST, MASS. No
Philip A. Singleton of S. East Street Al-3-3783  (owner's name) (address) (phone)
(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 5. East street to be installed by
Joseph Gralenski, West Street, Amherst, Mass. 141-3-292.  (name) (address) (phone
Builder is
Description of lot, building and fixtures as follows:
Lot: Dimensions
Distance to Town Sewer Depth to Ground Water Kind of Well
Will Lot be Graded? By Filling or Removing Soil?
Building: Dimensions
Fixtures: No. Toilets
이 하셨습니다. (18.11) [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12] [1.12
Showers
Auto Dishwasher
(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 May 8, 1962 Free (Signature of Applicant)
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
No
or repair of private sewage disposal system with the following minimum requirements:
Septic Tank: Must be of Cement and of Gals. Liquid Capacity.
Leaching System: Trenches of not less than Sq. Ft. bottom area.
Dry well
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.  Solution  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.
Inspected Approved ( ). A.



The above sketch is not on scale

25	
APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR	
A PRIVATE SEWAGE DISPOSAL SYSTEM	
TO: THE BOARD OF HEALTH, AMHERST, MASS.	
(owner's name) of Alary (address) (phone)	
hereby applies for a permit to construct or repair a private disposal system for a	
which will be located at to be installed by	
(name) (address) (phone	
Builder is Corkling Attenuety Plumber is Shigner	
Description of lot, building and fixtures as follows:	
Lot: Dimensions 40 X 1.70. Type of Soil Clay Well or Town Water?	
Distance to Town Sewer Mill. Depth to Ground Water Kind of Well	
Will Lot be Graded? Sy Filling or Removing Soil? Hell Back for	
Building: Dimensions 30x40 No. Bedrooms 30x40 No. Occupants	
Fixtures: No. Toilets	
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.	
Des 6/15/62 feet 10 Stemberch	
(Signature of Applicant)	
***************************************	
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM	
7 84.1 No. 20-62	
t Allen bech is hereby granted permission to proceed with the construction	1
or repair of private sewage disposal system with the following minimum requirements:	d
or repair of private sewage disposal system with the following minimum requirements:  Septic Tank: Must be of Cement and of	oll
Leaching System: Trenches of not less than	
Dry well	
This permit is issued with the understanding that future alterations or additions will be made if neces-	
sary. 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.	
for the Board of Health date	
Inspected	



BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date 12-10-65 Fee 32 Date Rec'd. 12- 16-65 Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at:
Location—Address
Owner FD. MILLER Contractor ___ Type of Building Darshan 6 Dimensions _ Size Lot _ 125 % Dwelling-No. of Bedrooms __ P Expansion Attic ( X) Garbage Grinder _____ No. of persons _____ Showers ( Other fixtures Type of Well Vo Town Water? _ Design Flow ____ gallons per person per day. Total daily flow ____ gallons Septic Tank-Liquid capacity 900 gallons Dimensions: L W Disposal Trench—No. _____ Width ____ Total Length ____ Total leaching area Disposal Bed—No. ____ Diameter ____ Depth below inlet ____ Total leaching area Dry Well-No. _____ Diameter ____ Depth below inlet ____ Dimensions: ____ x _ Other: Distribution box (/) No. _____ Dosing tank (Depth of Soil Line Below finished grade at foundation ____ Date _ Percolation Test Results Performed by _ minutes per inch Depth of Test Pit __ Test Pit No. 1 _ Test Pit No. 2 _____ minutes per inch Depth of Test Pit ____ Description of Soil _ GRAVEL OVER CLAY Depth to Ground Water ____ NONE 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 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. date 20 Application Approved by 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 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 DISPOSAL WORKS CONSTRUCTION PERMIT MILLER to construct (K) or repair ( ) an Permission is hereby granted _ Individual Sewage Disposal System at _

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 65-34

Permission is hereby granted

Individual Sewage Disposal System at

South Last

to construct () or repair () an

Individual Sewage Disposal System at

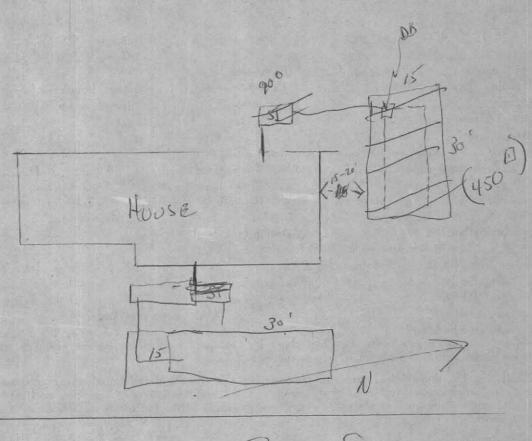
This permit is issued with the understanding that future alterations or additions will be made if necessary. This

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 2-36-65

Board of Health



SOUTH FAST

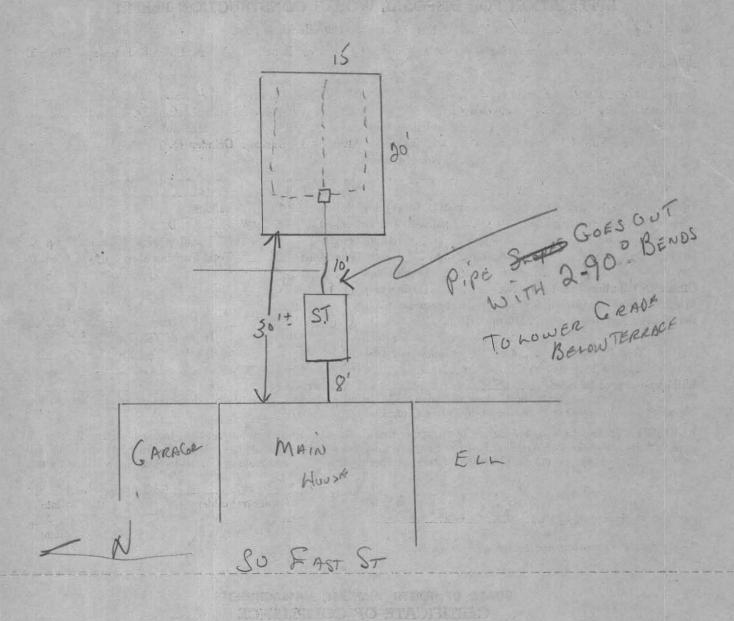
BOARD OF HEALTH, AMHERST, MASSACHUSETTS

No.65-21 Date 6-16-65 Fee Date I	Rec'd By
Andiestin is bush and for a senit to Contract ( )	Paris V
Application is hereby made for a permit to Construct ( )	
System at: Location—Address  So, 7487  ST.	Address So Fas 7 St Address Size Lot
Owner Contractor S J W Aveya Dimensions	Address So F4578-
Contractor J. WANUK	Address _ S Anywest
Type of Building Dimensions	Size Lot
Dwelling—No. of Bedrooms Expansion Attic (	) Garbage Grinder ( )
Other No. of persons	Showers ( )
Other fixtures	
Town Water? Type of	Well
Design Flow gallons per person per day. Total daily flow	
Septic Tank—Liquid capacity gallons Dimensions: L_	W D
Disposal Trench—No Width Total Length _	Total leaching area sq. ft.
Disposal Bed—No Diameter Depth below inlet Diameter Depth below inlet	let sg. ft.
Dry Well—No Diameter Depth below inlet	Dimensions: x x 5
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
Description of Soil Depth to	
Will disposal area be filled? Cut dow	
(On reverse side or separate sheet, show plot plan with building. In	iclude dimensions, distances from all boundaries.
Show location of wells, streams, ledge, large trees, etc.)	
AGREEMENT: The undersigned agrees to construct the aforedescri	
ance with the provisions of Article XI of the Sanitary Code and reg dersigned further agrees not to place the system in operation until	
1	11 111
00/0	I Morayyer All
(40 X), 1)	Owner of builder Late
Application Approved by	10-76-60
Application Disapproved for the following reasons:	date
Application Disapproved for the following reasons.	
BOARD OF HEALTH, AMHERST, I	
THIS IS TO CERTIFY, That the individual Sewage Disp	posal System installed ( ) or repaired ( ) by
installer at Solasi St has been of	onstructed in accordance with the provisions of
Article XI of the State Sanitary Code as described in the application	
dated 6-16-65	ion for Disposar works Construction Fermit 140.
The issuance of this certificate shall not be construed as a g	uarantee that the system will function satisfactorily.
8 11 1	
DATE	Inspector
BOARD OF HEALTH, AMHERST, A	MASSACHUSETTS
DISPOSAL WORKS CONSTRU	JCTION PERMIT
No. 65-21	
Permission is hereby granted \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	to construct ( ) or renair ( ) an
Permission is hereby granted Sugarchy Individual Sewage Disposal System at TIFFARY - SO FAST	-Construct ( ) of Tepan X ) an
as shown on the application for Disposal Works Construction Per	rmit No.
This permit is issued with the understanding that future alter	
permit shall not be construed as permission to create or maintain a	any sewage nuisance and in the issuance of this
permit the Board of Health assumes no responsibility for the future	e operation or maintenance of the system//
	(OGNA KO
DATE 6166	Board of Health

St Hoogh St. St. St. GKG Day Wenn

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Date Rec'd. 7/2 7/65 Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at: -4ST. Location—Address Contractor . 600 Dimensions . Type of Building Dwelling-No. of Bedrooms _ ? Expansion Attic ( ) Garbage Grinder ( ) No. of persons _ _ Showers ( Other fixtures Town Water? Type of Well _ Design Flow 15 gallons per person per day. Total daily flow _ Septic Tank-Liquid capacity 1000 gallons Dimensions: L ___ Width ____ Total Length ____ Total leaching area ___ Diameter # Total leaching area ___ Total leaching area ___ Disposal Trench-No. _ 6 Depth below inlet _____ Dimensions: __ Dry Well-No. _ Diameter __ ___ Dosing tank ( ) Other: Distribution box ( ) No. ____ (Depth of Soil Line Below finished grade at foundation _ Percolation Test Results Performed by _ Depth of Test Pit Test Pit No. 1 ___ minutes per inch minutes per inch Depth of Test Pit Test Pit No. 2 Description of Soil Cut down? Will disposal area be filled? (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 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. Owner or builder Application Approved by 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 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. 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 to construct ( W or repair ( ) an Permission is hereby granted SOZAST Individual Sewage Disposal System at _ as shown on the application for Disposal Works Construction Permit No. 65-10 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 & -16-65

Board of Health



BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Application is hereby made for a permit to Construct (x) or Repair ( ) an Individual Sewage Disposal System at:
Location—Address
Owner Thomas CHALIEGUA - RICHARD THERRIAD THERR Contractor CHALIFOR RIENT

Type of Building

Dimensions

Dwelling Nonof Bedrooms

Expansion Attic ( ) Garbage Grinder ( ) VES _ No. of persons ____ Showers ( ) Y & Other fixtures _ Type of Well ___ Town Water? __ Design Flow gallons per person per day. Total daily flow gallons

Septic Tank—Liquid capacity gallons

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

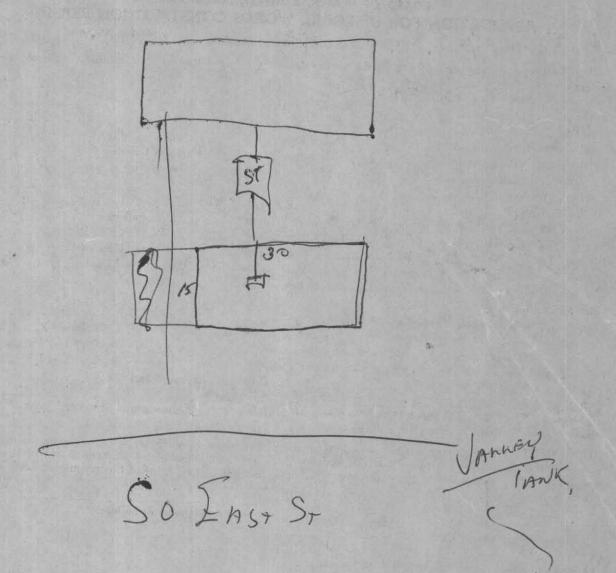
Disposal Bed—No. Diameter Depth below inlet Total leaching area sq. ft.

Dry Well—No. Diameter Depth below inlet Dimensions: x x x Other: Distribution box ( ) No. _____ Dosing tank ( ) of Soil Line Below finished grade at foundation
on Test Results

Performed by

Test Pit No. 1

minutes per inch (Depth of Soil Line Below finished grade at foundation ___ Percolation Test Results Performed by _____ Depth of Test Pit ___ Test Pit No. 2 _____ minutes per inch Depth of Test Pit ___ Description of Soil _ _____ Depth to Ground Water __ 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 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. Owner or builder Application Approved by _ 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 at _____ 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. 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 to construct ( ) or repair ( ) an Permission is hereby granted _ Individual Sewage Disposal System at _ as shown on the application for Disposal Works Construction Permit No. _ 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 _ Board of Health



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BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
11 3 1 1 19 19 19 19 19 19 19 19 19 19 19 19
Application is hereby made for a permit to Construct ( or Repair ( ) an Individual Sewage Disposal
System at: Location—Address So Fast Sr. Across from Machanic Sr or Lot No.
Location—Address Of FAST OF MICES 1224 THE CONTROL OF Lot No.
Owner TBRAINARD LYMAN . Address Jo EAST ST
Owner F. BRAINARD LYMAN Address So East St. Contractor ARCHIO JANDZES (Contactor Address Boy Road)  Type of Building Dimensions Size Lot
Type of Building Dimensions Size Lot
Dwelling—No. of Bedrooms Expansion Attic (No Garbage Grinder Wo
Other No. of persons Showers ( )
Other fixtures
Town Water? YES Type of Well
Design Flow 75 gallons per person per day. Total daily flow 450 gallons
Septic Tank—Liquid capacity 900 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 6 Depth below inlet 8 Dimensions: x 2 x 8
Other: Distribution box ( ) No Dosing tank ( )
Other: Distribution box ( ) No Dosing tank ( ) (Depth of Soil Line Below finished grade at foundation)
Percolation Test Results Performed by Deace Date
Percolation Test Results Performed by Defice Date  Test Pit No. 1 Depth of Test Pit
Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil Sand GRAVII - Fire Depth to Ground Water &
Will disposal area be filled? Cut down? 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
A V
Application Approved by
INSTANTIVEW DRY WELL USE EXISTING PANKIR date
INSTANTIVEW DRY WELL USE EXISTING PANKIR date
Application Disapproved for the following reasons: Possible. House to BERELOCATED
Application Dicapproved for the following reasons: POSSIBLE - HOUSE TO BERELOCATED  BOARD OF HEALTH, AMHERST, MASSACHUSETTS
Application Disapproved for the following reasons: Possible. House to BERELOCATED
Application Dicapproved for the following reasons: POSSIBLE - HOUSE TO BERELOCATED  BOARD OF HEALTH, AMHERST, MASSACHUSETTS
Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACHUSETTS  CERTIFICATE OF COMPLIANCE
Application Dicapproved 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  athas been constructed in accordance with the provisions of  INSTALLER
Application Dicapproved 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
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  athas 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
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  athas 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.
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  athas 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.
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  athas 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
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Application Disapproved for the following regions:    SE CHISTING   ANK   R   date
Application Disapproved for the following regions:  BOARD OF HEALTH, AMHERST, MASSACHUSETTS  CERTIFICATE OF COMPLIANCE  THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by  at
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  athas 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.  BOARD OF HEALTH, AMHERST, MASSACHUSETTS  DISPOSAL WORKS CONSTRUCTION PERMIT
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  athas 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.  BOARD OF HEALTH, AMHERST, MASSACHUSETTS  DISPOSAL WORKS CONSTRUCTION PERMIT
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  athas 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.  BOARD OF HEALTH, AMHERST, MASSACHUSETTS  DISPOSAL WORKS CONSTRUCTION PERMIT
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  athas 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.  BOARD OF HEALTH, AMHERST, MASSACHUSETTS  DISPOSAL WORKS CONSTRUCTION PERMIT
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  athas 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
BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE  THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by  at
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.  BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT  No. Permission is hereby granted Individual Sewage Disposal System at  Security Securi
BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE  THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by  at
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  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  BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT  No. 64-20  Permission is hereby granted  BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT  No. 64-20  This permit is issued with the understanding that future alterations or additions will be made if necessary. 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.
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.  BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT  No. Permission is hereby granted Individual Sewage Disposal System at  Security Securi

7900 Toute House SESTREET

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT Fee 7 00 No.64-6 N Date 4-6-64 Date Rec'd. Application is hereby made for a permit to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at: Location-Address or Lot No. Owner MAJOR Address _ Contractor ______ WANCYK Type of Building Ower Land Dimensions _____ Size Lot 100-_ Expansion Attic (X) Garbage Grinder (17) Dwelling-No. of Bedrooms ____ ___ No. of persons ____ _ Showers ( ) Other fixtures Type of Well _ -Town Water? _ Design Flow 20 gallons per person per day. Total daily flow _____ gallons Septic Tank-Liquid capacity gallons Dimensions: L W____ Disposal Trench—No. _____ Width ____ Total Length ____ Total leaching area _____ sq. ft.

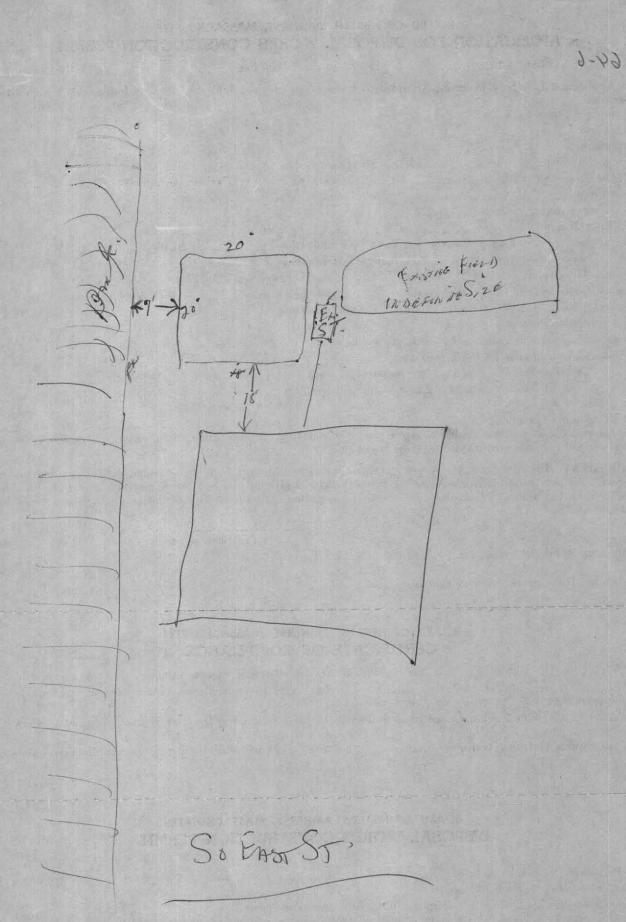
Disposal Bed—No. ____ Diameter 20 x20 Depth below inlet 3" ____ Total leaching area _____ sq. ft. Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: ____ x ___ x _ Other: Distribution box (X) No. _____ Dosing tank ( ,) / (Depth of Soil Line Below finished grade at foundation __//2 Date _ Percolation Test Results Performed by _ Test Pit No. 1 _____ minutes per inch Depth of Test Pit ___ Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to Ground Water ____ Description of Soil CLAY 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 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. 9-6-64 Øwner or builder date Application Approved by _____ 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 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. 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 to construct ( ) or repair ( an Permission is hereby granted _ Individual Sewage Disposal System at __ as shown on the application for Disposal Works Construction Permit No. 64-6 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 4-6-64

Board of Health



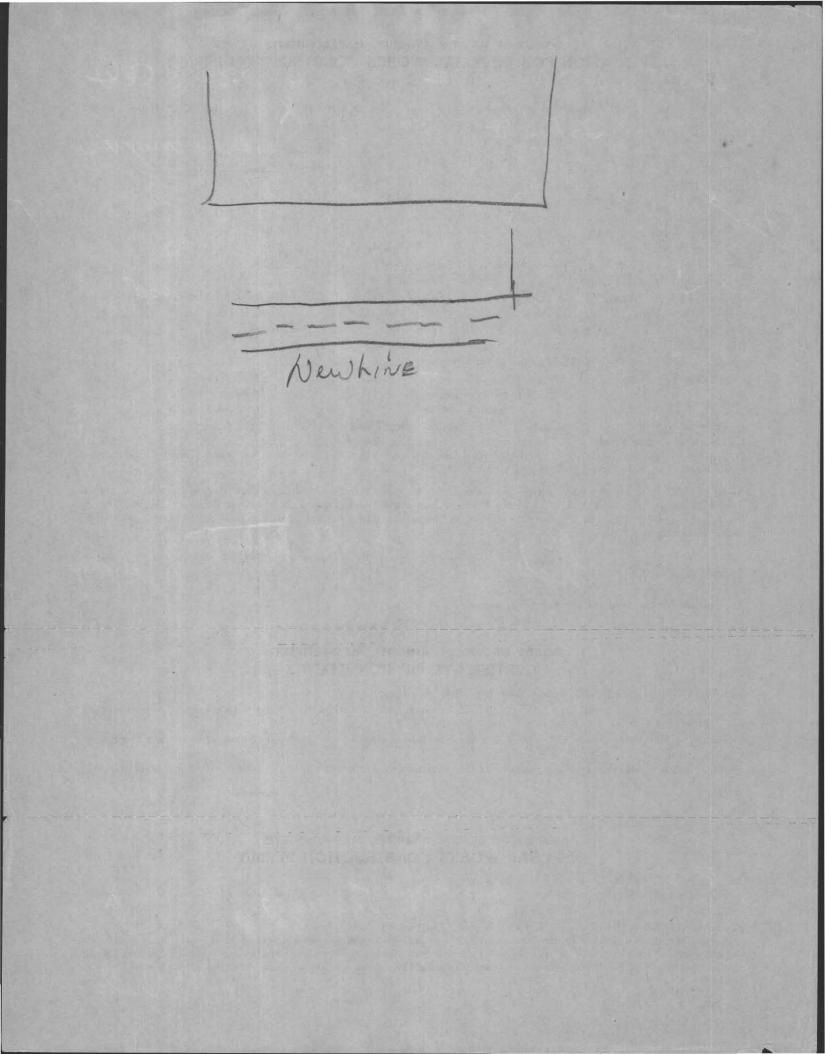
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No. 65-19 Date 6-9-65 Fee 3 Date Rec'd. 6-10-65 By COL
Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal
System at:
Type of Building Dimensions Size Lot
Dwelling—No. of Bedrooms Expansion Attic ( ) Garbage Grinder
Other No. of persons Showers ( )
Town Water? Type of Well
Design Flow gallons per person per day. Total daily flow gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L W D
Disposal Trench—No. 2 Width 2 Total Length Total leaching area 300 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 ( )
Books Tet Books Defended by
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 Send youl Pepth to Ground Water Depth of Test Pit
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, etd.)
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 undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this
board of health.
and Chenge Illays
Owner or builder date
Application Approved by
Application Disapproved for the following reasons:
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
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
No
Permission is hereby granted to construct ( ) or repair ( ) an
Individual Sewage Disposal System at
as shown on the application for Disposal Works Construction Permit No.
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
nermit the Koard of Health assumes no responsibility for the tuture operation or maintenance of the arction
permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.
DATE

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT _ Date Rec'd. 6-10-65 By Date JUNE Fee 3 Application is hereby made for a permit to Construct (X) or Repair ( ) an Individual Sewage Disposal System at: Location—Address NO, LAST STREET KARN Contractor _ _ Dimensions Type of Building _ Size Lot Dwelling-No. of Bedrooms 5 Expansion Attic Garbage Grinder (No Other _ No. of persons _ Showers ( Other fixtures Town Water? Disposal Trench—No. ____ Width ____ Total Length A otal leaching area _ Disposal Bed-No. ____ Diameter __ _ Depth below inlet _ Total leaching area ___ _ Depth below inlet Dimensions: __ Dry Well—No. _____ Diameter _ Dosing tank/() Other: Distribution box ( ) No. _ (Depth of Soil Line Below finished grade at foundation) Date 6 Percolation Test Results Performed by Test Pit No. 1 Depth of Test Pit minutes per inch minutes per inch Depth of Test Pit Test Pit No. 2 Description of Soil ______ _ Depth to Ground Water _ 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 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. Owner or builder Application Approved by 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 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 DISPOSAL WORKS CONSTRUCTION PERMIT Permission is hereby granted _ to construct ( ) or repair ( ) an Individual Sewage Disposal System at _ as shown on the application for Disposal Works Construction Permit No. _ 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 _ Board of Health

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
PPLICATION FOR DISPOSAL WORKS CONSTRUCTION PE

APPLICATION FOR DISPOSAL WORKS CONS	TRUCTION PERMIT
No. 64-39 Date 12-18-64 Fee Date Rec'd.	12-18-64 By CH,
	1/4 11::1 16 11:
Application is hereby made for a permit to Construct ( ) or Repair	r (X) an Individual Sewage Disposal
System at: Location—Address Owner  Contractor  VALLEY  Type of Building  Dimensions	or Lot No
Owner HARRY WOOD Add	Tress SoEA(T.+ VALLEY VICE)
Contractor VALLEY TANK	Irace
Time of Puilding Difference Dimensions	Size Let
Type of Building Dancel Dimensions Dwelling—No. of Bedrooms 3 Expansion Attic ( ) Garb	
Other No. of persons Sh	owers ( )
Other fixtures	
Town Water? Type of Well	
Design Flow gallons per person per day. Total daily flow	gallons
Septic Tank—Liquid capacity gallons Dimensions: L	- W
Disposal Trench—No. 32 Width Total Length _SO	Total leaching area AGO 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	)
	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 Ground Will disposal area be filled? Cut down?	Water
Will disposal area be filled? Cut down?	
(On reverse side or separate sheet, show plot plan with building. Include di	mensions, distances from all boundaries.
Show location of wells, streams, ledge, large trees, etc.)	
AGREEMENT: The undersigned agrees to construct the aforedescribed indi	
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 Certifi	
board of health.	Mahan
1 Jacob 6	er or builder date
1 Jacob 6	er ov builder 2-1864
Application Approved by Application Approved by	er of builder /2 /864 date
1 Jacob 6	12-1864
Application Approved by Male	12-1864
Application Approved by  Application Disapproved for the following reasons:	/2_1864 date
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACI	/ <u>2</u>
Application Approved by  Application Disapproved for the following reasons:	/ <u>2</u>
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACI	HUSETTS
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACK CERTIFICATE OF COMPLIAN  THIS IS TO CERTIFY, That the individual Sewage Disposal Systems	HUSETTS
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACK CERTIFICATE OF COMPLIAN  THIS IS TO CERTIFY, That the individual Sewage Disposal Systems	HUSETTS ICE tem installed ( ) or repaired ( ) by
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Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACI CERTIFICATE OF COMPLIAN  THIS IS TO CERTIFY, That the individual Sewage Disposal System at the individual Sewage Di	HUSETTS ICE  tem installed ( ) or repaired ( ) by d in accordance with the provisions of Disposal Works Construction Permit No. that the system will function satisfactorily.  Inspector  HUSETTS N PERMIT  to construct ( ) or repair ( ) an
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACE CERTIFICATE OF COMPLIAN  THIS IS TO CERTIFY, That the individual Sewage Disposal System at has been constructed has been constructed has been constructed.  INSTALLER  Article XI of the State Sanitary Code as described in the application for Disposal Morks Constructed as a guarantee DATE  BOARD OF HEALTH, AMHERST, MASSACE DISPOSAL WORKS CONSTRUCTION  No. 99  Permission is hereby granted ACOS MATUSER  Individual Sewage Disposal System at ACOS MATUSER  as shown on the application for Disposal Works Construction Permit No. This permit is issued with the understanding that future alterations on	HUSETTS ICE  tem installed ( ) or repaired ( ) by d in accordance with the provisions of Disposal Works Construction Permit No. that the system will function satisfactorily.  Inspector  HUSETTS N PERMIT  to construct ( ) or repair ( ) an
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACE CERTIFICATE OF COMPLIAN  THIS IS TO CERTIFY, That the individual Sewage Disposal Systems at has been constructed has been constructed as a guarantee DATE  BOARD OF HEALTH, AMHERST, MASSACE DISPOSAL WORKS CONSTRUCTION  No. Permission is hereby granted Individual Sewage Disposal System at Several Property of The Permission is hereby granted Individual Sewage Disposal System at Several Property of The Permit is issued with the understanding that future alterations of permit shall not be construed as permission to create or maintain any sewage.	HUSETTS ICE  tem installed ( ) or repaired ( ) by d in accordance with the provisions of Disposal Works Construction Permit No. that the system will function satisfactorily.  Inspector  HUSETTS N PERMIT  to construct ( ) or repair ( ) an  Construct ( ) or repair ( ) an  additions will be made if necessary. This toge nuisance and in the issuance of this
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACE CERTIFICATE OF COMPLIAN  THIS IS TO CERTIFY, That the individual Sewage Disposal System at has been constructed has been constructed has been constructed.  INSTALLER  Article XI of the State Sanitary Code as described in the application for Disposal Morks Constructed as a guarantee DATE  BOARD OF HEALTH, AMHERST, MASSACE DISPOSAL WORKS CONSTRUCTION  No. 99  Permission is hereby granted ACOS MATUSER  Individual Sewage Disposal System at ACOS MATUSER  as shown on the application for Disposal Works Construction Permit No. This permit is issued with the understanding that future alterations on	HUSETTS ICE  tem installed ( ) or repaired ( ) by d in accordance with the provisions of Disposal Works Construction Permit No. that the system will function satisfactorily.  Inspector  HUSETTS N PERMIT  to construct ( ) or repair ( ) an  Construct ( ) or repair ( ) an  additions will be made if necessary. This toge nuisance and in the issuance of this
Application Approved by  Application Disapproved for the following reasons:  BOARD OF HEALTH, AMHERST, MASSACE CERTIFICATE OF COMPLIAN  THIS IS TO CERTIFY, That the individual Sewage Disposal Systems at has been constructed has been constructed as a guarantee DATE  BOARD OF HEALTH, AMHERST, MASSACE DISPOSAL WORKS CONSTRUCTION  No. Permission is hereby granted Individual Sewage Disposal System at Several Property of The Permission is hereby granted Individual Sewage Disposal System at Several Property of The Permit is issued with the understanding that future alterations of permit shall not be construed as permission to create or maintain any sewage.	HUSETTS ICE  tem installed ( ) or repaired ( ) by d in accordance with the provisions of Disposal Works Construction Permit No. that the system will function satisfactorily.  Inspector  HUSETTS N PERMIT  to construct ( ) or repair ( ) an  Construct ( ) or repair ( ) an  additions will be made if necessary. This toge nuisance and in the issuance of this



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

Date Moy 11/8/5 Fee Date Rec'd. 6-10-65

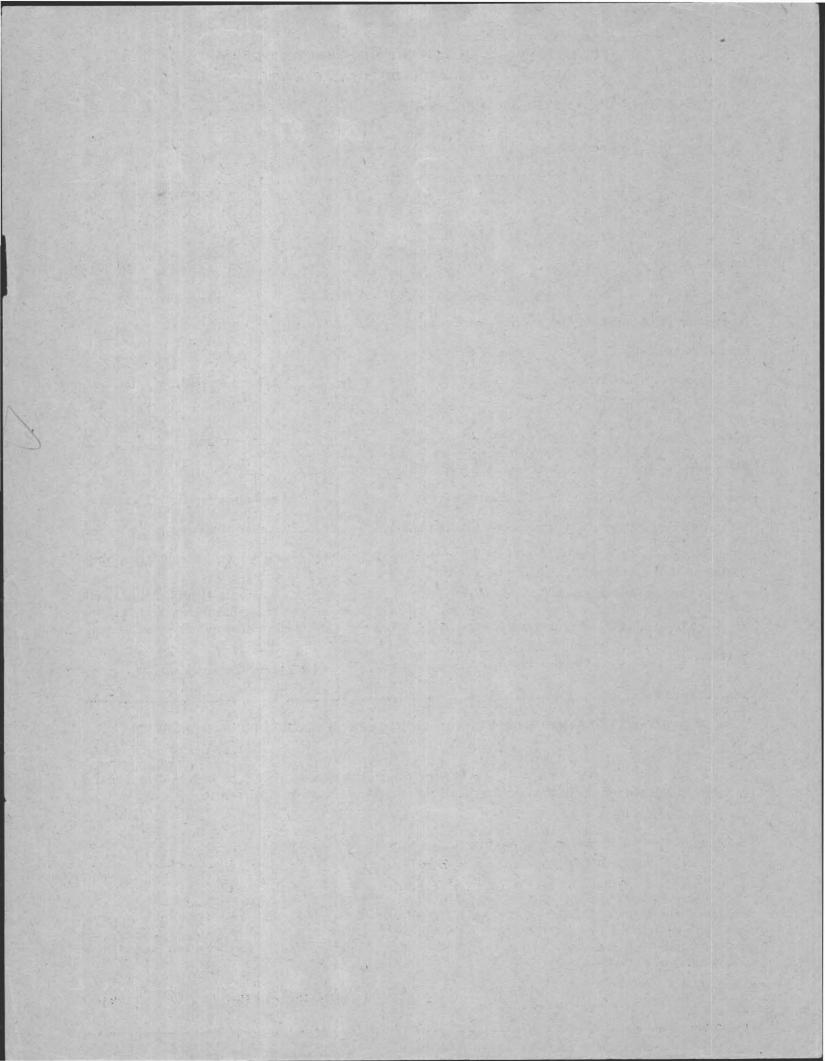
By Application is hereby made for a permit to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at: Location—Address Address Owner _ Contractor _ Address . Dimensions Type of Building Size Lot Dwelling-No. of Bedrooms _ Expansion Attic (47) Garbage Grinder No. of persons _ Showers ( ) Other fixtures Town Water? Type of Well _ Design Flow ____ gallons per person per day. Total daily flow _ Septic Tank—Liquid capacity _____ gallons Dimensions: L_ _____ Total Length _ Disposal Trench-No. ____ Width _ _____ Total leaching area ___ Diameter Ak & Depth below inlet _____ Total leaching area 300 Disposal Bed-No. __/ __ Depth below inlet _____ Dimensions: __ Dry Well-No. ____ Diameter ___ Other: Distribution box (1) No. __ ___ Dosing tank ( (Depth of Soil Line Below finished grade at foundation_ Percolation Test Results Performed by Date Depth of Test Pit Test Pit No. 1 ____ minutes per inch Test Pit No. 2 minutes per inch Depth of Test Pit _____ Depth to Ground Water ______ Moneson Description of Soil _ 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 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. Owner or builder Application Approved by 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 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 DISPOSAL WORKS CONSTRUCTION PERMIT ANG FORD Permission is hereby granted . ___ to construct ( ) or repair ( ) an Individual Sewage Disposal System at _ as shown on the application for Disposal Works Construction Permit No. 6770 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.

Board of Health

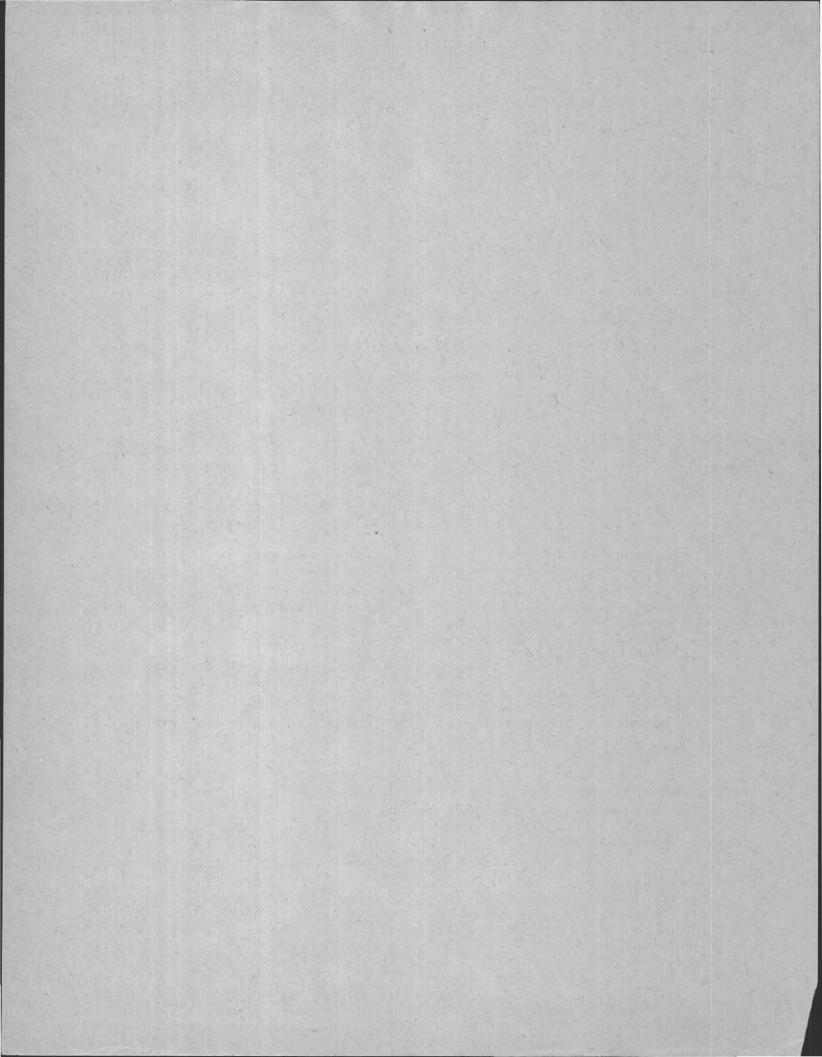
HOUSE Et'K UNKNOWN New LEACHING SYSTEM New BED New . 15

#### 45-62

TO: THE BOARD OF HEALTH, AMHERST, MASS.
(owner's name) of Sa EAST ST (phone)
hereby applies for a permit to construct or repair a private disposal system for a
which will be located at to be installed by
(name) (address) (phone
Builder isPlumber is
Description of lot, building and fixtures as follows:
Lot: Dimensions
Distance to Town Sewer Depth to Ground Water Kind of Well
Will Lot be Graded? By Filling or Removing Soil?
Building: Dimensions
Fixtures: No. Toilets
Showers Kitchen Sinks
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
The more of the formation of the control of the con
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM
No
Septic Tank: Must be of Cement and of
Leaching System: Trenches of not less than Sq. Ft. bottom area.
Other Regulate Statings Bed. ft. below the inlet.
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.
Inspected Approved La Gino



TO: THE BOAR	RD OF HEALTH, AMHE	RST, MASS.	No. 1.0 - 6
<u> </u>	(owner's name)	of (address)	(phone)
hereby applies fo	or a permit to construct or	r repair a private disposal system	for a Residence (residence, store, etc.)
		ne	
	M. Int	lle	***************************************
(name)		(address)	(phone
Builder is		Plumber is	-
	t, building and fixtures as		
Lot: Dimensions	acres Type of	Soil Mixed fill Well or Town	Water? / devn
Distance to	Town Sewer 500 gd D	epth to Ground Water 6 Ki	ind of Well
Will Lot be	Graded? Vo I	By Filling or Removing Soil?	
Building: Dimen	sions No.	Bedrooms No. 0	Occupants
Fixtures: No. To	oilets Urinals	Wash Basins	Bathtubs
Showers	Kitchen	Sinks Garbage	Grinders
Auto Dishv	vasher Auto. (	Clotheswasher Oth	er (basement)
	show plot plan with buil streams, ledge, large trees	lding. Include dimensions, distances	from all boundaries. Show
I certify that the tions are changed hereto and will c	e above information is corr d. I also declare that I hav	rect and that I will notify the Boar te read and understand all the rules ats and stipulations as included in a	s and regulations applying a permit if issued to me.
		(Signatur	e of Applicant)
PERMIT	TO CONSTRUCT OR RE	PAIR A PRIVATE SEWAGE DIS	SPOSAL SYSTEM
			No
		s hereby granted permission to pro with the following minimum requi	
		1000 Gals. Liquid Capacity.	
Leaching System	: Trenches of not less tha	an	
		ft. bottom area and ft	
	Other		
sary. This permi	it shall not be construed a of this permit the Board of	ing that future alterations or addit as permission to create or maintain Health assumes no responsibility in	any sewage nuisance and
		for the Board of	Health date
Inspected	I	Annroved UK	180



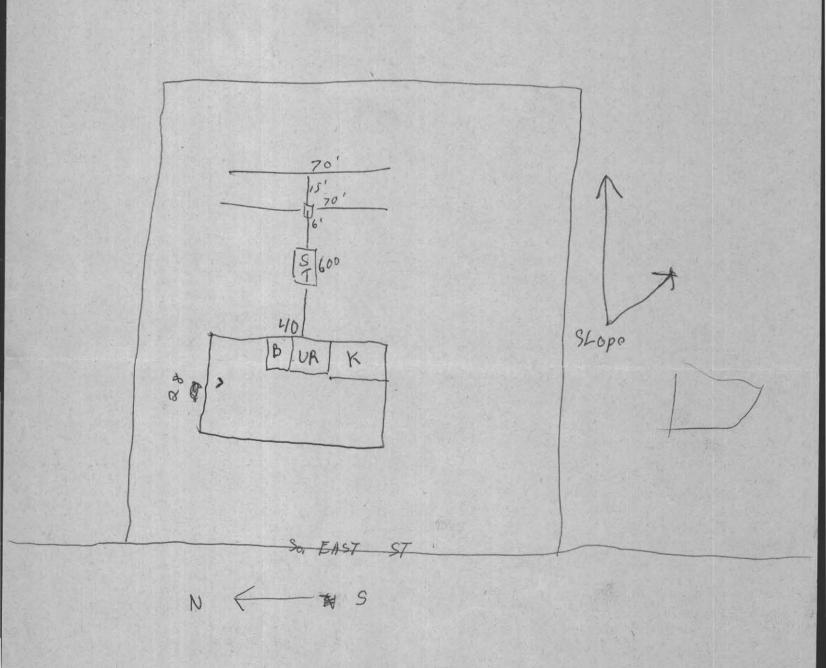
#### BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. Date Rec'd.	By
Application is hereby made for a permit to Construct (X) or Repair ( )	
c	
Location—Address	or Lot No.
Owner // W Athres Address _	So Earl
Type of Building Dimensions Dimensions	0 I. 100 2 200
Type of Building Dimensions	Size Lot
Dwelling—No. of Bedrooms Expansion Attic ( ) Garbage Gr	inder ( )
Other No. of persons 2 Showers (	2
Other fixtures Type of Well	
Design Flow gallons per person per day. Total daily flow ga	lone
Sentia Tank Liquid conscity W gallone Dimensione: I W	D
Dieposal Tranch—No Width Total Length Total	leaching area so ft
Disposal Red—No Diameter Denth below inlet To	tal leaching area sq. ft.
Disposal Trench—No Width Total Length Total Disposal Bed—No Diameter Depth below inlet Total Dry Well—No Diameter Depth below inlet Dimensional Dry Well—No Diameter Depth below inlet Dimensional Dry Well—No Diameter Depth below inlet Dimensional Dry Well—No	ons: x x
Urner: Distribution pox ( ) No. Hosing tank ( )	
(Depth of Soil Line Below finished grade at foundation	)
(Depth of Soil Line Below finished grade at foundation	Date 7- 27-67
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 Depth to Ground Water	
Description of Soil Depth to Ground Water Will disposal area be filled? Cut down?	
(On reverse side or separate sheet, show plot plan with building. Include dimension Show location of wells, streams, ledge, large trees, etc.)	s, distances from all boundaries.
AGREEMENT: The undersigned agrees to construct the aforedescribed individual s	ewage 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.	CHIMA 7/241
Owner or but	lder date
Application Approved by	
	date
Application Disapproved for the following reasons:	
BOARD OF HEALTH AMHERST MASSACHUSETT	
BOARD OF HEALTH, AMHERST, MASSACHUSETT CERTIFICATE OF COMPLIANCE	
CERTIFICATE OF COMPLIANCE	
CERTIFICATE OF COMPLIANCE  THIS IS TO CERTIFY, That the individual Sewage Disposal System ins	talled ( ) or repaired ( ) by
CERTIFICATE OF COMPLIANCE	talled ( ) or repaired ( ) by
THIS IS TO CERTIFY, That the individual Sewage Disposal System ins  at has been constructed in act  INSTALLER  Article XI of the State Sanitary Code as described in the application for Disposal	talled ( ) or repaired ( ) by
THIS IS TO CERTIFY, That the individual Sewage Disposal System ins  at has been constructed in account of the individual sewage Disposal System in the in	talled ( ) or repaired ( ) by ecordance with the provisions of Works Construction Permit No.
THIS IS TO CERTIFY, That the individual Sewage Disposal System ins  at	talled ( ) or repaired ( ) by coordance with the provisions of Works Construction Permit No. system will function satisfactorily.
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THIS IS TO CERTIFY, That the individual Sewage Disposal System ins has been constructed in action in the application for Disposal dated.  The issuance of this certificate shall not be construed as a guarantee that the DATE.  BOARD OF HEALTH, AMHERST, MASSACHUSETTE DISPOSAL WORKS CONSTRUCTION PER No.  Permission is hereby granted to construct the property of the permits of the permit is issued with the understanding that future alterations or additional construction is permit is issued with the understanding that future alterations or additional construction is property.	talled ( ) or repaired ( ) by coordance with the provisions of  Works Construction Permit No.  system will function satisfactorily.  spector
THIS IS TO CERTIFY, That the individual Sewage Disposal System installer  Article XI of the State Sanitary Code as described in the application for Disposal dated  The issuance of this certificate shall not be construed as a guarantee that the DATE  BOARD OF HEALTH, AMHERST, MASSACHUSETT DISPOSAL WORKS CONSTRUCTION PER  No.  Permission is hereby granted to describe to describe to describe the described in the application for Disposal works construction permit No.  This permit is issued with the understanding that future alterations or addition permit shall not be construed as permission to create or maintain any sewage nuis	talled ( ) or repaired ( ) by coordance with the provisions of  Works Construction Permit No. system will function satisfactorily. spector  construct ( ) or repair ( ) an  ons will be made if necessary. This ance and in the issuance of this
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TO: THE BOARD OF HEALTH, AMHERST, MASS.	No
M BAKER of	OF EAST ST
(owner's name) (addres	(phone)
hereby applies for a permit to construct or repair a private di	sposal system for a <u>Kesiderce</u> (residence, store, etc.)
which will be located at	
(2000)	
( (IXIIIE )	address) (phone
Builder is Plumber is	3
Description of lot, building and fixtures as follows:	
Lot: Dimensions 100 x200 Type of Soil Muled	
Distance to Town Sewer sucle. Depth to Ground Wat	
Will Lot be Graded?	
Building: Dimensions	
Fixtures: No. Toilets	Bathtubs
Showers	
Auto Dishwasher Je Auto. Clotheswasher Je	Other (basement)
(On reverse side show plot plan with building. Include dimensional location of wells, streams, ledge, large trees, etc.)	sions, distances from all boundaries. Show
I certify that the above information is correct and that I will tions are changed. I also declare that I have read and understa hereto and will comply with all requirements and stipulations	nd all the rules and regulations applying
Date #29/60	(Signature of Applicant)
	(Signature of Applicant)
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
PERMIT TO CONSTRUCT OR REPAIR A PRIVATE	SEWAGE DISPOSAL SYSTEM
11 0 0	No
is hereby granted per or repair of private sewage disposal system with the following	rmission to proceed with the construction
Septic Tank: Must be of Cement and of	
Leaching System: Trenches of not less than Sq. F	t. bottom area.
Other Leaching hed b'X	ft. below the inlet.
This permit is issued with the understanding that future alter sary. This permit shall not be construed as permission to creating the issuance of this permit the Board of Health assumes no maintenance of the system.	rations or additions will be made if necesate or maintain any sewage nuisance and
fo	or the Board of Health date
Inspected	OKI

6x 60 ft. Fearl Bed So East St.

TO: THE BOARD OF HEALTH, AMHERST	, MASS.	No
James W & Ruth m Wentwoi (owner's name)	th of So East St, (address)	AL 33 890 (phone)
hereby applies for a permit to construct or rep		residence store etc.)
which will be located at So East	St (north of W Jes	ing
(name)	(address)	(phone
Builder is Harold Main	Plumber is	
Description of lot, building and fixtures as follo		
Lot: Dimensions 155 by 175 Type of Soil	gavel tolay. Well or Town	Water? Jour water
Distance to Town Sewer	to Ground Water 5 + K	ind of Well
Will Lot be Graded? By F	Filling or Removing Soil?	Blank
Building: Dimensions 28 1 40 No. Bed	drooms a (Dunfanished) No.	Occupants3
Fixtures: No. Toilets	Wash Basins	Bathtubs
Showers	s	Grinders
Auto Dishwasher	neswasher! Oth	er (basement)N.D.N.E
(On reverse side show plot plan with building location of wells, streams, ledge, large trees, et		s from all boundaries. Show
I certify that the above information is correct tions are changed. I also declare that I have re- hereto and will comply with all requirements a	ad and understand all the rule	s and regulations applying
Date Oc. 7 10, 1958		/ Wentworth re of Applicant)
***************************************		· · · · · · · · · · · · · · · · · · ·
PERMIT TO CONSTRUCT OR REPAI	R A PRIVATE SEWAGE DI	SPOSAL SYSTEM
		No
James W. Wentworth is he or repair of private sewage disposal system with	th the following minimum requ	
Septic Tank: Must be of Cement and of		
Leaching System: Trenches of not less than Dry well	bottom area and fi	t. below the inlet.
그 사용 그 집에 가장 하면 없는 살이 보는 데 없는 나를 하는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는데 없다면 없다.	0	
This permit is issued with the understanding sary. This permit shall not be construed as p in the issuance of this permit the Board of Hes	permission to create or maintain	n any sewage nuisance and
maintenance of the system.	41	D. Maloks
	for the Board of	Health date
Inspected///3/JT	Approved	8 4 le Juino



TO: THE BOARD OF HEALTH, AMHERST, MASS.		3
	Trink	(phone) WOR
hereby applies for a permit to construct or repair a private	disposal system for a	ce, store, etc.)
which will be located at RUIT FARM - So	E457 P7 to b	e installed by
SAME	(address)	(phone
(name) Builder is		
	: 1S	
Description of lot, building and fixtures as follows:		7.
Lot: Dimensions ACRES Type of Soil MIXTUR		
Distance to Town Sewer Miles. Depth to Ground V		
Will Lot be Graded? By Filling or Ren	noving Soil?	
Building: Dimensions 20×50 No. Bedrooms D	772 M. No. Occupants	
Fixtures: No. Toilets Urinals Wash Bas	ins Bathtubs	
Showers Kitchen Sinks	Garbage Grinders	
Auto Dishwasher Auto. Clotheswasher	Other (basement	:)
(On reverse side show plot plan with building. Include din location of wells, streams, ledge, large trees, etc.)	nensions, distances from all bou	ndaries. Show
I certify that the above information is correct and that I w tions are changed. I also declare that I have read and under hereto and will comply with all requirements and stipulation	stand all the rules and regulat	ions applying
geten for Down to be Used 3 week	(Signature of Applican	t)
PERMIT TO CONSTRUCT OR REPAIR A PRIVA	O .	
// 6		62
or repair of private sewage disposal system with the follow	permission to proceed with the ing minimum requirements:	
Septic Tank: Must be of Cement and of	Liquid Capacity.	
Leaching System: Trenches of not less than So		
Dry well	and ft. below the in	nlet.
This permit is issued with the understanding that future a sary. This permit shall not be construed as permission to in the issuance of this permit the Board of Health assumes maintenance of the system.	create or maintain any sewage	nuisance and
	Jel Sino	8/4/57
	for the Board of Health	date
Inspected		

Doem.

So. E457 SE

HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA					
INSURING OFFICE	MORTGAGEE			SERIAL NO.	
Boston, Massachusetts	Nonotuck	SAVINGS BANK		25-065090	
MORTGAGOR OR SPONSOR		PROPERTY ADDRESS			
GEORGE VADNAIS CONSTRUCTION Co.		LOT 1 SOUTH E	AST ST.		A88.
SUBDIVISION NAME				BLOCK NO.	LOT NO.
LIVING UNITS REPROOMS BATHS BASEN	ENT X No	ew installation	Can attic a	or other area be me bedrooms?	
1 3 1 Yes	x No		Yes	x No	if Yes, how many?)
WATER SUPPLY BY:		Π.,		SYSTEM DE	MONED FOR
Public system C	mmunity system	Ind	ividual	NO. OF SDBMS.	ARSAGE DISPOSAL
printerly promote the control of the	ommunity system	X Ind	ividual	編3 🗆	Yes X No
PART II.—TO	BE COMPLETED	BY HEALTH DEPA	RTMENT		
REALIN DEPARTMENT INSPECTOR & SALICH				*****	
It is the opinion of the State Cou		artment of Health that	this indiv	idual water-sup	ply system
is is not satisfactory as a domes					
It is the opinion of the State Coutem with proper maintenance: Can be expected to function satisfactorily is not likely to create an insanitary conditions.	and			vidual sewage-dis	
Sept 19/39 SIGNATURE Graderic	h G. K	Lino, R.S. TITLE	agent	+ Souto	main
NOTE: The health authority should com-	plate the appropriate	opinion statement above a	nd offix do	to, signature and t	itle in the

Use of the above grid for Health Department inspector's sketch as well as use of the back of this form is at the option of the