

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

No. 69-17 Date Nov. 3, 1969 Fee \$3.00 Date Rec'd. Nov. 18, 1969 By D.G.F. Check # 216

Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at:
 Location—Address South Orchard Drive or Lot No. #3
 Owner Henry Chapman Address 65 Devens St., Greenfield
 Contractor " " Address _____
 Type of Building Cape - Dwelling Dimensions 26 x 51 approx. Size Lot 160 x 200'
 Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)
 Other 2 Baths No. of persons _____ Showers (2)
 Other fixtures Washer and Dryer
 Town Water? Yes Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons
 Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____
 Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
 Disposal Bed—No. 1 Diameter 10x40 Depth below inlet _____ Total leaching area 400 sq. ft.
 Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____
 Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by C. Drake Date 11-18-69
 Test Pit No. 1 3 minutes per inch Depth of Test Pit 3'
 Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____
 Description of Soil SAND - DISPOSED AREA 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 aforescribed 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 C. Drake Henry Chapman Owner or builder 11/3/69 date
11-18-69 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. _____ 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. 69-17
 Permission is hereby granted HENRY CHAPMAN to construct (X) or repair () an Individual Sewage Disposal System at LOT #3 SOUTH ORCHARD DR. as shown on the application for Disposal Works Construction Permit No. 69-17
 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 11-18-69 C. Drake Board of Health

