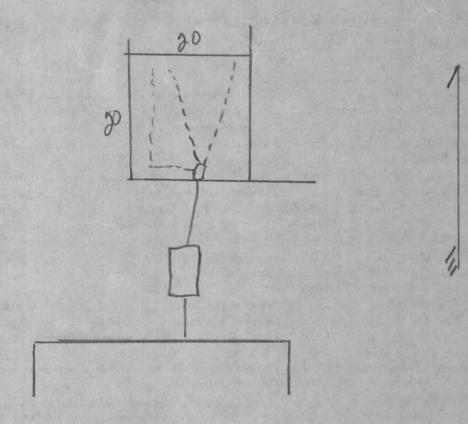


BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

| No. 69-8 Date SEP. 1818 Fee 8 Date Rec'd. Sept. 23, 1969 By DO. 1 | -/_ |
|---|-------------|
| Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Dis | sposal |
| | |
| System at: Location—Address South Orchano ACRES or Lot No. 27 Owner RUSSELL + ROBERTS. Address 46 MAINST. | |
| Owner NUSSELL + ROBERTS. Address 46 MAIN ST. | - |
| Contractor Address Size Lot | - |
| Type of Building Dimensions Size Lot | - |
| Dwelling—No. of Bedrooms Expansion Attic (1/1) Garbage Grinder VC | |
| Other No. of persons Showers () | |
| Other fixtures Town Water? Type of Well | |
| Town Water? Type of Well | |
| Design Flow gallons per person per day. Total daily flow gallons | |
| Septic Tank—Liquid capacity / 600 gallons Dimensions: L W D | |
| Disposal Trench—No Width Total Length Total leaching area s | q. ft. |
| | sq. ft. |
| Dry Well—No Diameter Depth below inlet Dimensions: x x | |
| Other: Distribution box () No Dosing tank () | |
| (Depth of Soil Line Below finished grade at foundation) | |
| Percolation Test Results Performed by Date Depth of Test Pit Sec | |
| Test Pit No. 1 2 minutes per inch Depth of Test Pit 36 | |
| Test Pit No. 2 minutes per inch Depth of Test Pit | 3 7 1 |
| 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 bound | laries. |
| Show location of wells, streams, ledge, large trees, etc.) | |
| AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system in ac | coord. |
| ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The | |
| dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued b | y this |
| | |
| X Maran Roberts for | |
| Owner or builder Roberts d | ate |
| Application Approved by Application Approved by description Approved by | late |
| Application Disapproved for the following reasons: | late |
| 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 (|) hv |
| at has been constructed in accordance with the provisio | |
| INSTALLER | IIS OI |
| Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit | t No. |
| dated | |
| The issuance of this certificate shall not be construed as a guarantee that the system will function satisfact | orily. |
| | 777 |
| DATEInspector | |
| | |
| BOARD OF HEALTH AMMERIT MASSACHHISETTS | |
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS | |
| DISPOSAL WORKS CONSTRUCTION PERMIT | |
| No | |
| Permission is hereby granted to construct () or repair (|) an |
| Individual Sewage Disposal System at | Daniel Town |
| 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. | |
| permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of | |
| permit the Board of Health assumes no responsibility for the future operation or maintenance of the system. | |
| | |
| | |
| DATEBoard of Health | |



GRCHARD DRIVE