

229

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

No. 72-19 Date Aug. 16, 1972 Fee \$3.00 Date Rec'd. 10/20/72 By DGF

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:

Location—Address STAGECOACH RD. or Lot No. 229
Owner ROBERT SKROCKI 5-27-3048 Address Glendale Rd, Southampton
Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot 0.80 ACRES
Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
Other _____ No. of persons _____ Showers ()
Other fixtures _____

Town Water? _____ Type of Well _____
Design Flow 50 gallons per person per day. Total daily flow 300 gallons
Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 4'-10" D 5'-4"
Disposal Trench—No. 4 Width 3'-0" Total Length 133' Total leaching area 400 sq. ft.
Disposal Bed—No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.
Dry Well—No. _____ Diameter _____ Depth below inlet _____ Dimensions: _____ x _____ x _____
Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)
Percolation Test Results Performed by J. HART - HUNTLEY ENGR. Date 8/14/72
Test Pit No. 1 0.5 minutes per inch Depth of Test Pit 3'-9"
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____
Description of Soil 5" TOPSOIL, 8" SILT, 1'-6" GRAVEL 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 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 Carol S. Wisniewski Owner or builder Robert Skrocki 8/16/72
date 8/16/72
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. 72-19
Permission is hereby granted ROBERT SKROCKI to construct () or repair () an Individual Sewage Disposal System at Lot 229 STAGECOACH RD. as shown on the application for Disposal Works Construction Permit No. 72-19

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 8-18-72 Carol S. Wisniewski
Board of Health

REPUBLICAN PARTY OF THE STATE OF TEXAS
COUNTY OF [illegible]

STATE OF TEXAS
COUNTY OF [illegible]

[illegible text]

[illegible text]

[illegible text]



Please call Tini Sawicki at Jones R. E.,

549-3700 - called inquiring about

Lot #229 Stagecoach Rd. - prospective

buyer wants to know location of septic
system.

~~#####~~ Tomorrow will be okay if you

cannot call today.

2. _____

(Agency #)

(Agency #)

(Dispos. #)

(Dispos. #)

3. _____

3. _____

(Agency #)

(Agency #)

(#)

(Dispos#)