

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 70-7 Date MAR 27, 1970 Fee 3.00 Date Rec'd. APR 2, 1970 By CED

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

Location—Address STATE ST or Lot No. 112

Owner PLANNATION Valley Homes Address MEADOW ST FLORENCE

Contractor RIVER DR. E.C. Address RIVER DR. WAREHAM

Type of Building _____ Dimensions _____ Size Lot 30,000

Dwelling—No. of Bedrooms _____ Expansion Attic () Garbage Grinder ()

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 30 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 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 _____ 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 _____

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 COARSE Depth to Ground Water NOT FOUND

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 CED Date MAR 27, 1970 Owner or builder Merrill Withers 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. _____ 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 DIRECTORS
CENTRAL BANK OF INDIA

MEMORANDUM

TO THE BOARD OF DIRECTORS

FROM THE MANAGING DIRECTOR

DATED 15th FEBRUARY 1954

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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

No. 69-22 Date Dec. 12, 1969 Fee \$3.00 Date Rec'd. 12/12/69 By A. D. G. P.

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

Location—Address State St., Corner Pine or Lot No. 2

Owner Plantation Valley Homes Address 123 Meadow St.

Contractor Same Address _____

Type of Building Dwelling-Single Dimensions 26'x36' Size Lot 30,695 Sq. Ft.

Dwelling—No. of Bedrooms 2 Expansion Attic (no) Garbage Grinder (no)

Other _____ No. of persons _____ Showers (2)

Other fixtures Tub with shower, 1 sink, 2 lavatories, 2 waterclosets

Town Water? yes Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 2 Width 2 Total Length 100 Total leaching area 200 sq. ft. M.D.

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 _____ 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 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 [Signature] [Signature] 12-12-69
Owner or builder date

Application Disapproved for the following reasons: SYSTEM TO BE INSTALLED IN FRONT OF HOUSE. 1-19-70
date

**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. 69-22 Permission is hereby granted PLANTATION VALLEY HOMES to construct (X) or repair () an Individual Sewage Disposal System at LOT #2 STATE ST

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 1/19/70 [Signature]
Board of Health

FOR THE DIRECTOR OF THE BUREAU OF REVENUE
DEPARTMENT OF THE TREASURY

OFFICE OF THE DIRECTOR
BUREAU OF REVENUE

DEPARTMENT OF THE TREASURY
WASHINGTON, D. C.

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

No. 70-6 Date MAR 27, 1970 Fee 3.00 Date Rec'd. Apr. 2, 70 By CE Drake

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

Location—Address STATE ST or Lot No. 111
 Owner HANNAH VALLEY HOMES Address MEADOW ST, FLORENCE
 Contractor RIVER DRIVE INC. Address RIVER DR. N. HANCOCK
 Type of Building _____ Dimensions _____ Size Lot 30,000+
 Dwelling—No. of Bedrooms 3 Expansion Attic (No) Garbage Grinder (YES)
 Other _____ No. of persons _____ Showers ()
 Other fixtures _____
 Town Water? YES Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow _____ gallons
 Septic Tank—Liquid capacity 1000 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 _____ 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 _____
 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 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 CE Drake X Emmill W. Hubert Owner or builder 3-27-70 date
4-2-70 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. _____ 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

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

THE UNIVERSITY OF CHICAGO
LIBRARY

69-21

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

No. 69-21 Date December 12, 1969 Fee \$3.00 Date Rec'd. 12/12/69 By D.G.P.

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

Location—Address State St. (formerly owned by Roger Picotte) Corner of Pine 1;

Owner Plantation Valley Homes, Inc. Address 123 Meadow St., Florence

Contractor Same Address _____

Type of Building Single family Residence Dimensions 26'x38' Size Lot 37,484 sq/feet

Dwelling—No. of Bedrooms 3 Expansion Attic (no) Garbage Grinder (no)

Other _____ No. of persons _____ Showers ()

Other fixtures Kitchen sink, lavatory, tub with shower, water closet

Town Water? yes Type of Well _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 900 min gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 2 Width 3 Total Length 150 Total leaching area 900 sq. ft. *MINIMUM*

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 _____ 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 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. Drabok Meadow Blaine Owner or builder 12/12/69 date

Application Disapproved for the following reasons: SYSTEM TO BE INSTALLED IN FRONT OF HOUSE 1-19-70 date

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 _____

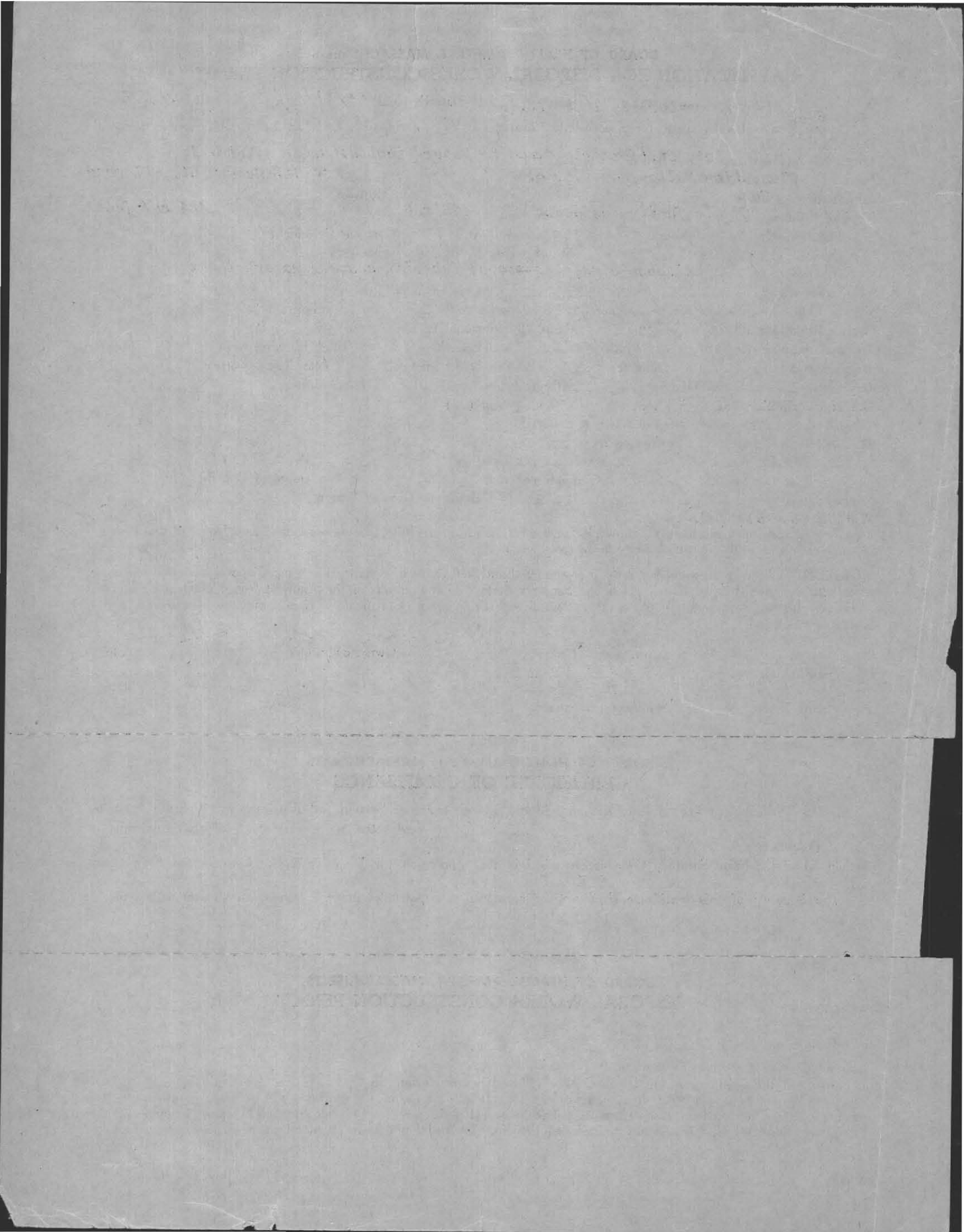
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 69-21 Permission is hereby granted PLANTATION VALLEY HOMES to construct (X) or repair () an Individual Sewage Disposal System at LOT 1 STATE ST

as shown on the application for Disposal Works Construction Permit No. 69-21

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 1-19-70 C. Drabok Board of Health



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

New

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 1-61

CAMPAGNARI, ALVINO of 7 WRIGHT AVE, Northampton
(owner's name) (address) (phone) JU 4-0381

hereby applies for a permit to construct or repair a private disposal system for a Residence
(residence, store, etc.)

which will be located at STATE ST. to be installed by

TORIN BROS. (name) (address) (phone)

Builder is ZWAR BROS. Easthampton Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions See sketch on rear Type of Soil Fill Mixture Well or Town Water? Town

Distance to Town Sewer 100 1/2 yards Depth to Ground Water ? Kind of Well

Will Lot be Graded? ? By Filling or Removing Soil? ?

Building: Dimensions 35x38' No. Bedrooms 2 No. Occupants 3

Fixtures: No. Toilets 1 Urinals Wash Basins 1 Bathtubs 1

Showers Kitchen Sinks 1 Garbage Grinders Yes

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 April 4, 1961

Alvin Campagnari (Signature of Applicant)

Rec'd 300 fee FAS

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 1-61

A. Campagnari 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 800 Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.

Other Comb Trench + Bed - 300 sqft.

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.

G. C. Sims for the Board of Health date 4/4/61

Inspected Approved OK FAS

