

No. 06-01

#395

FEE 375
16
RET # 1806
C 445700
COMMONWEALTH OF MASSACHUSETTS
ALAN E. WEISS
REG # 933
REGISTERED SANITARIAN

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair () Upgrade () Abandon () - Complete System Individual Components

Location	395 State ST.	Owner's Name	Lisa Lesure + Carol Abate
Map/Parcel#	6A-4	Address	Amherst, MA
Lot#		Telephone#	549-4191
Installer's Name	KARL'S Excavating	Designer's Name	Alan Weiss
Address	Hedley, MA.	Address	Belchertown, MA.
Telephone#	549-5596	Telephone#	323-5957

Type of Building Duplex Lot Size 27,878 sq. ft.
 Dwelling - No. of Bedrooms 5 Bedroom Garbage grinder
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 550 Design flow provided 564 gpd
 Plan: Date 2/21/06 Number of sheets 1 Revision Date _____
 Title Septic Repair Plan.
 Description of Soil(s) Class 1: C. Sand + gravel
 Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 2/17/06

DESCRIPTION OF REPAIRS OR ALTERATIONS complete new SAS.

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Judy Ste... Date 2/22/06
Ann Lem...

Inspections _____

No. 06-01

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

FEE 375
PL
2/22/06

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned ()

by: Karl's Excavating
at 395 State St

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 06-01, dated _____ Approved Design Flow _____ (gpd)

Installer Ann Lem... Designer: Alan Weiss Inspector: Paul Z... Date: 3-29-06

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 06-01

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

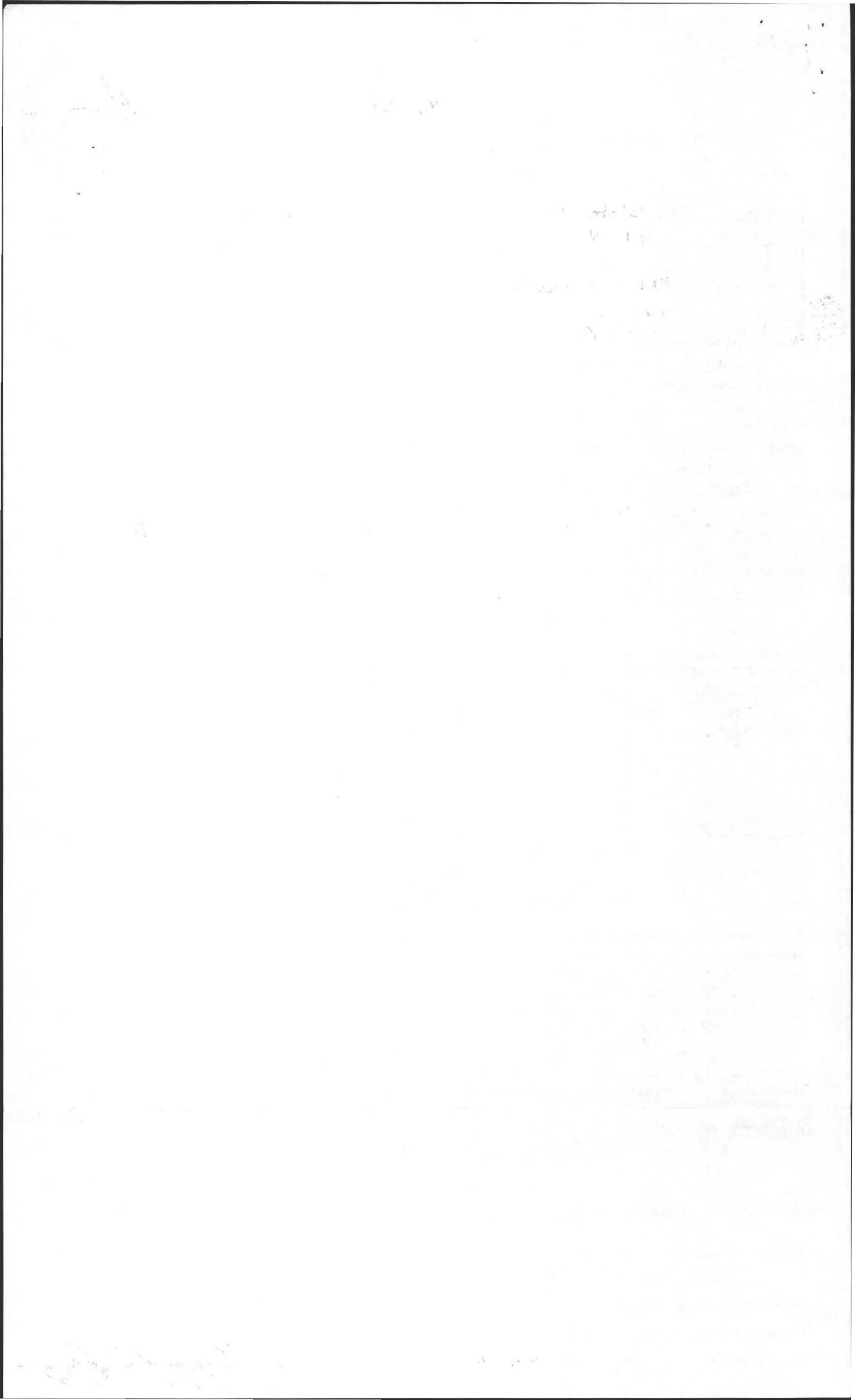
FEE 375
PL
C 445700

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 395 State St as described in the application for

Disposal System Construction Permit No. 06-01, dated 2/22/06 Revised

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.



Commonwealth of Massachusetts

Town of AMHERST

Soil Suitability Assessment : On-Site Sewage Disposal

Performed By: AL WEISS Date: 2/17/06
Witnessed By: DAVID ZARZINSKI

Location Address of: Lot #	Owner's Name: <u>Ms LISA LESURE</u> Address of: <u>395 STATE ST</u> Telephone: <u>Amherst</u> <u>549-4191</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available? No Yes
Year Published _____ Publication Scale _____ Soil Map Unit _____
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available? No Yes
Year Published _____ Publication Scale _____
Geologic Material (map unit) _____
Landform _____

Flood Insurance Rate Map:
Above 500 year flood boundary? No Yes
Within 500 year flood boundary? No Yes
Within 100 year flood boundary? No Yes

Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservancy Program Map (map unit) _____

Current Water Resource Conditions (usgs): month _____
Range: Above Normal Normal Below Normal

Other Reference Reviewed:

Rec TEST 250.00
Plans - Final - 125.00
375.00

2/22/06 PE CH #5100

Determination: Seasonal High Water Table

Methods Used:

- Depth observed standing in observation hole _____ inches
- Depth weeping from side of observation hole _____ inches
- Depth to soil mottles _____ inches
- Ground water adjustment _____ feet

Index Well No. _____ Reading Date _____ Index Well Level _____
Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Previous Material

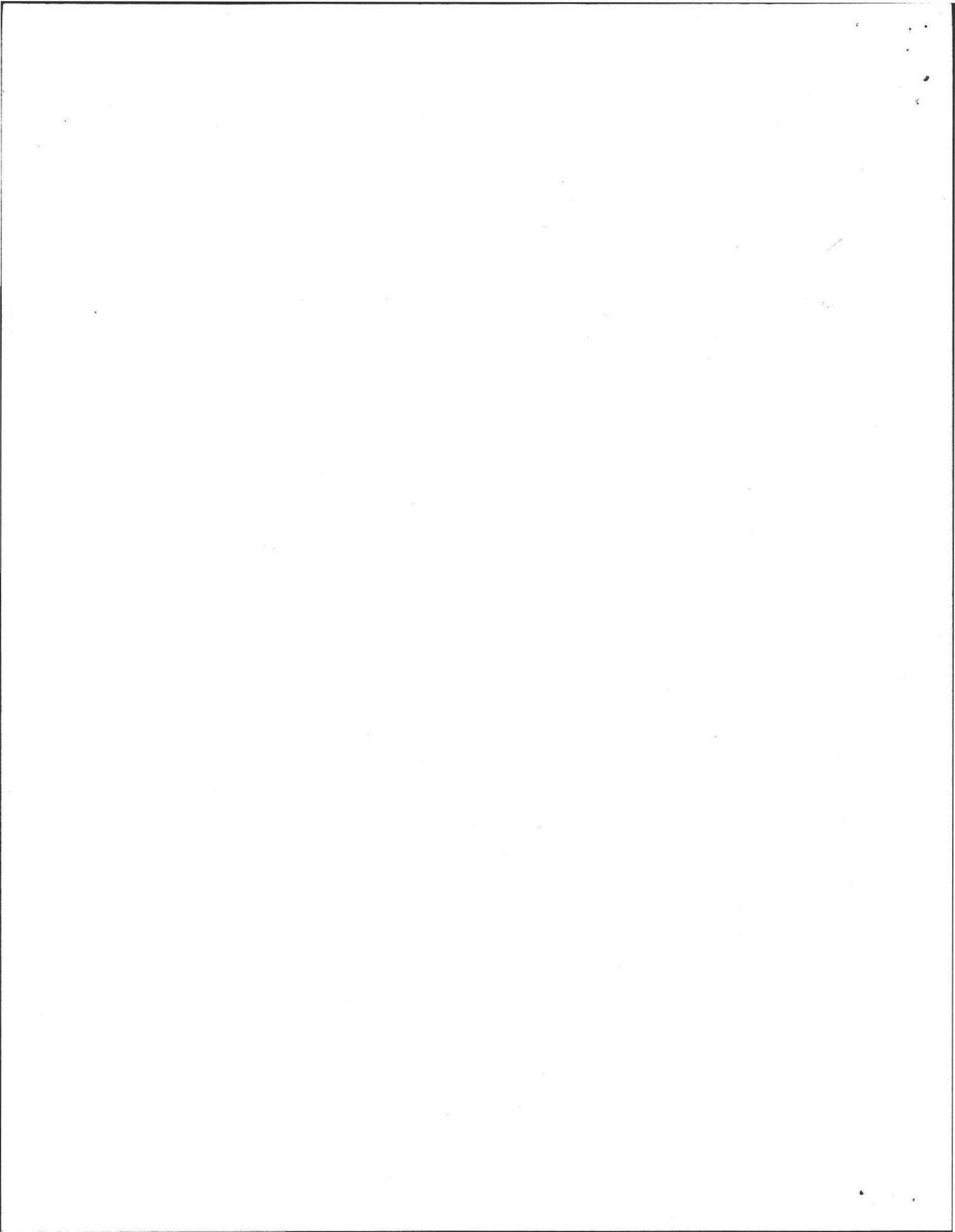
Does at least four feet of naturally occurring previous materials exist in all areas observed throughout the area proposed for this soil absorption system? _____

If not, what is the depth of naturally occurring previous material?

Certification

I certify that on _____ (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.

Signature _____
Date _____



On-Site Review

Deep Hole Number 11 Date: 2/17/06 Time 9 AM
 Weather RAW 40
 Location (identify on site plan) _____
 Land Use RESIDENTIAL Slope (%) 2-4
 Surface Stone SOME
 Vegetation: _____

Landform: Terraced

Position on Landscape (sketch on back) _____

Distances from:

Open Water Body 100 feet
 Possible Wet Area 100 feet
 Drinking Water Well ground feet
 Drainageway 50 feet
 Property Line 30 feet
 Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
12	A	FSL	10YR 2/3		Fine silt Loose
24	B		10YR 4/6	48"	Fine silt
76	C ₁	LS	10YR 4/6	10YR 4/8	Loose C. Sand + gravel
110	C ₂	FSC	2.5Y 5/6		F. SANDY POLATION M.I. 20 STONES

Parent Material (geologic) ARISTON T. 1
 Depth to Bedrock 110
 Depth to Groundwater:
 Standing Water in the Hole 70'
 Weeping from Pit Face 70"
 Estimated Seasonal High Water 48"

On-Site Review

Deep Hole Number _____ Date: 2/17/06 Time _____
 Weather _____
 Location (identify on site plan) _____
 Land Use _____ Slope (%) _____
 Surface Stone _____
 Vegetation: _____

Landform: _____

Position on Landscape (sketch on back) _____

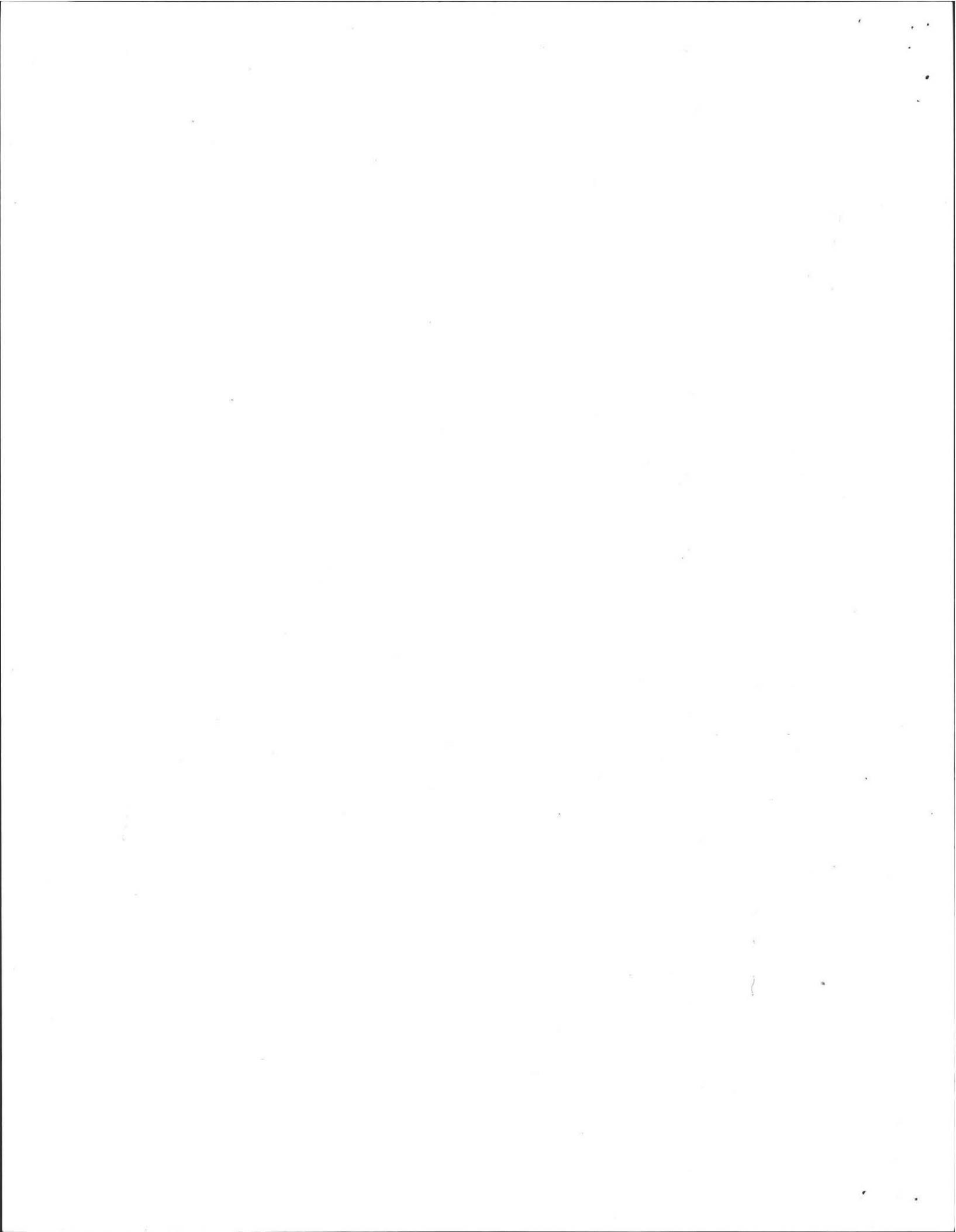
Distances from:

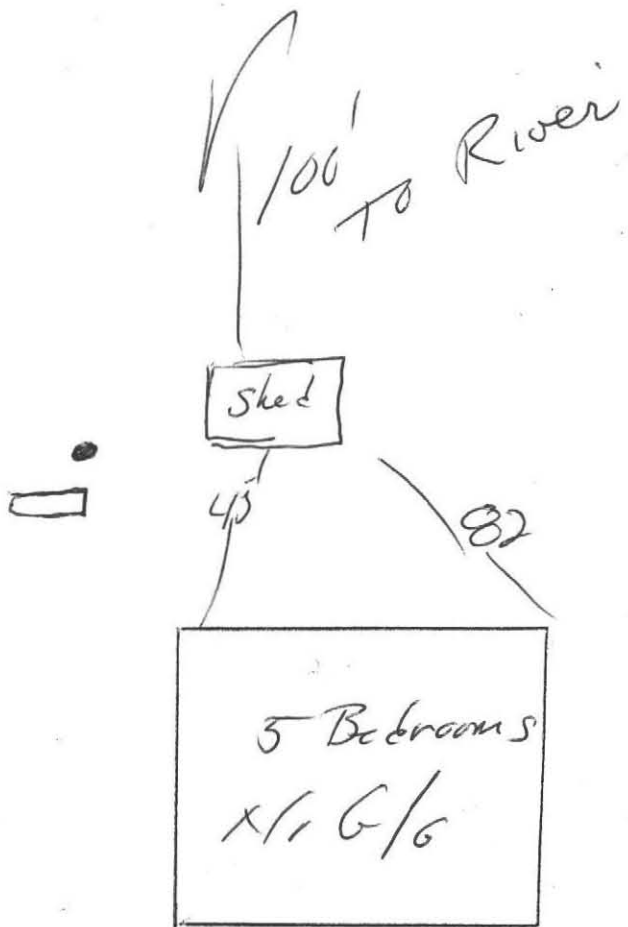
Open Water Body _____ feet
 Possible Wet Area _____ feet
 Drinking Water Well _____ feet
 Drainageway _____ feet
 Property Line _____ feet
 Other _____

DEEP OBSERVATION HOLE LOG

depth from surface (inches)	soil horizon	soil texture (USDA)	soil color (Munsell)	soil mottling	other (structure, stones, boulders) Consistency, % gravel
					T.P. 2 0-40" old system

Parent Material (geologic) _____
 Depth to Bedrock _____
 Depth to Groundwater:
 Standing Water in the Hole _____
 Weeping from Pit Face _____
 Estimated Seasonal High Water _____





STATE STREET

FORM 12: Percolation Test

Location Address or Lot # 395 STATE STREET

Commonwealth of Massachusetts
Town of AMHERST

PERCOLATION TEST *		
DATE: <u>2/17/01</u>		TIME:
Observation Hole #	<u>#0 Le 1</u>	
Depth of Perc	<u>40</u>	
Start Pre-soak	<u>9:15</u>	
End Pre-soak	<u>9:30</u>	
Time at 12"	<u>9:30</u>	
Time at 9"	<u>9:45</u>	
Time at 6"	<u>10:10</u>	
Time (9"-6")	<u>25'</u>	
Rate Min./Inch	<u>8' Design 10</u>	

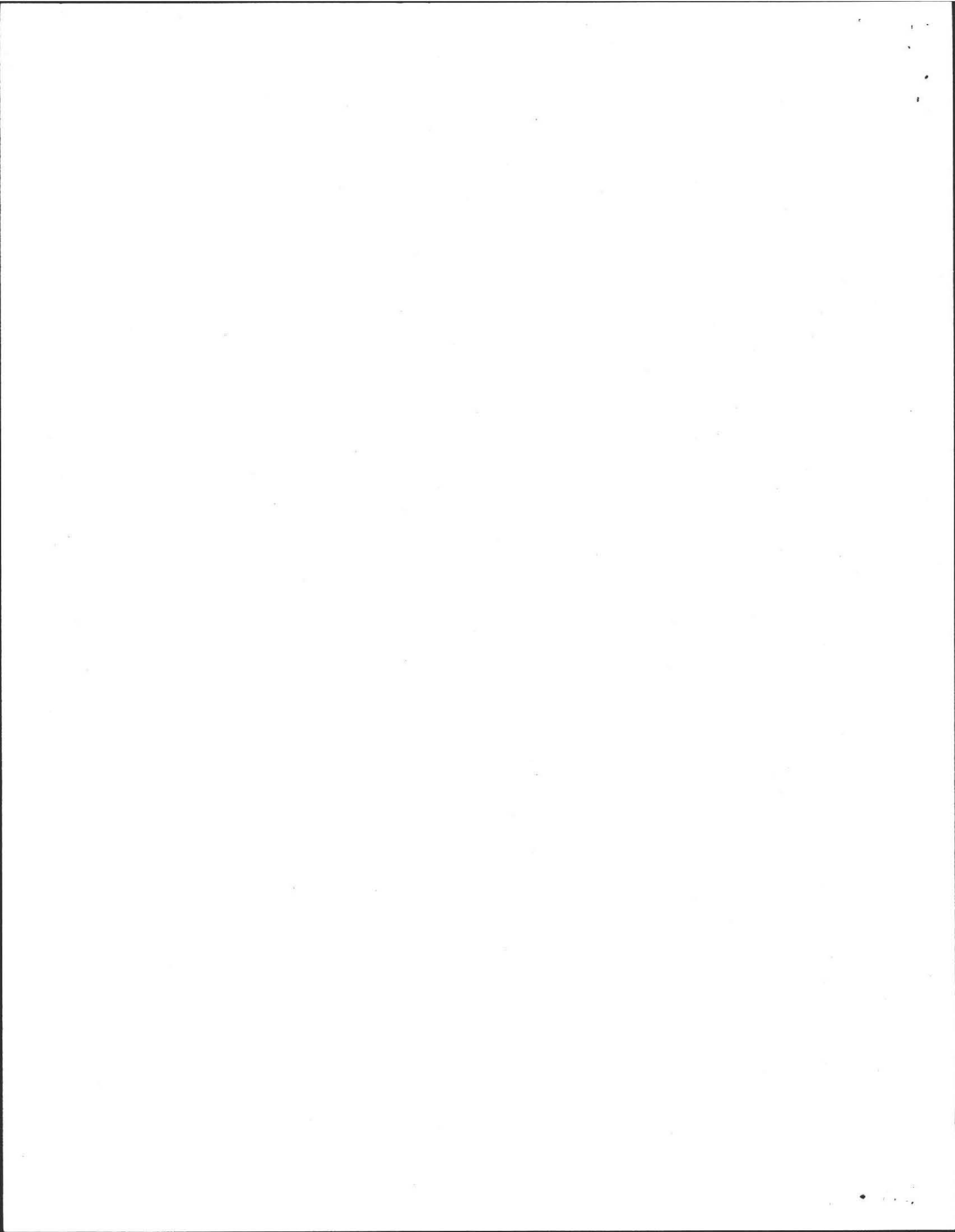
*Minimum of one percolation test must be performed in both the primary area and reserve area.

Site Passed Site failed

Performed by AL Weiss

Witnessed by David Zarozinski

Comments:



Location Address or Lot No. 395 STATE ST.

On-site Review

Deep Hole Number 1+2 Date: 2/17/06 Time: 9:00 Weather clouds 40°

Location (identify on site plan) _____

Land Use Rental Duplex Slope (%) 2-4 Surface Stones _____

Vegetation _____

Landform Terraced

Position on landscape (sketch on the back) _____

Distances from:

Mill River Open Water Body 100' feet Drainage way 50+ feet
 Possible Wet Area 100' feet Property Line 50' feet
 Drinking Water Well Town feet Other _____

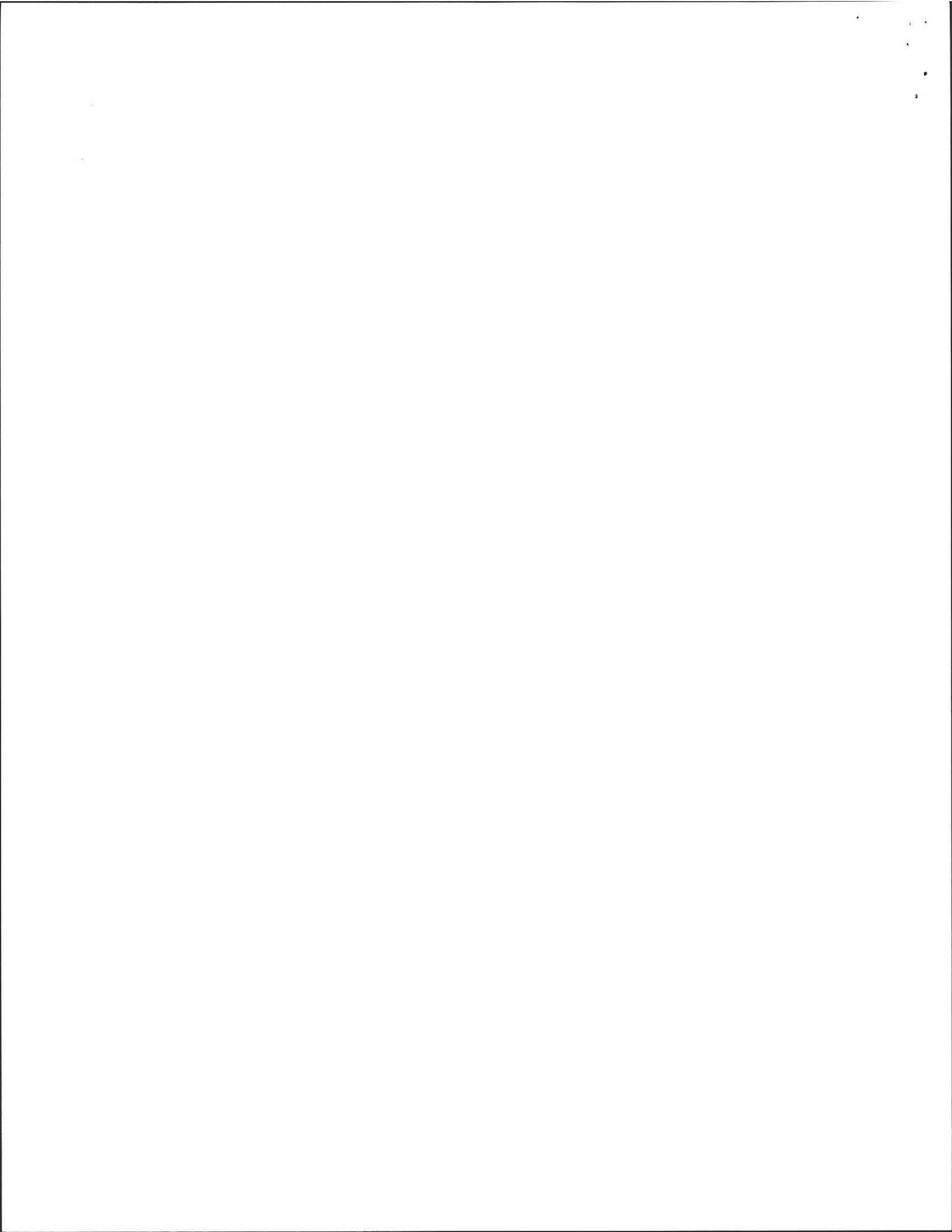
DEEP OBSERVATION HOLE LOG*

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-12"	A	FSL	10YR 3/5		Frable Loam
12"-24"	B		10YR 4/6		Frable
24"-76"	C ₁	LS	10YR 4/6	4/8"	Loose C. Sand + gravel
76"-110"	C ₂	FsL	2.5Y 5/6	10YR 6/8	F Sandy Ablation Till
0-40"	—				
40" + in old SAS	—				- IN OLD SAS - NOT logged.

* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Ablation Till / outwash Depth to Bedrock: 110"
 Depth to Groundwater: Standing Water in the Hole: 70" Weeping from Pit Face: 70"
 Estimated Seasonal High Ground Water: 48"





Location Address or Lot No. 395 State RD.

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>2/10/06</u>	Time:
Observation Hole #	<u>P₁</u>	
Depth of Perc	<u>48'</u>	<u>RED AIR</u>
Start Pre-soak	<u>9:15</u>	
End Pre-soak	<u>9:38</u>	
Time at 12"	<u>9:30</u>	
Time at 9"	<u>9:45</u>	
Time at 6"	<u>10:10</u>	
Time (9"-6")	<u>25</u>	
Rate Min./Inch	<u>10 $\frac{MIN}{IN.}$</u>	

* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

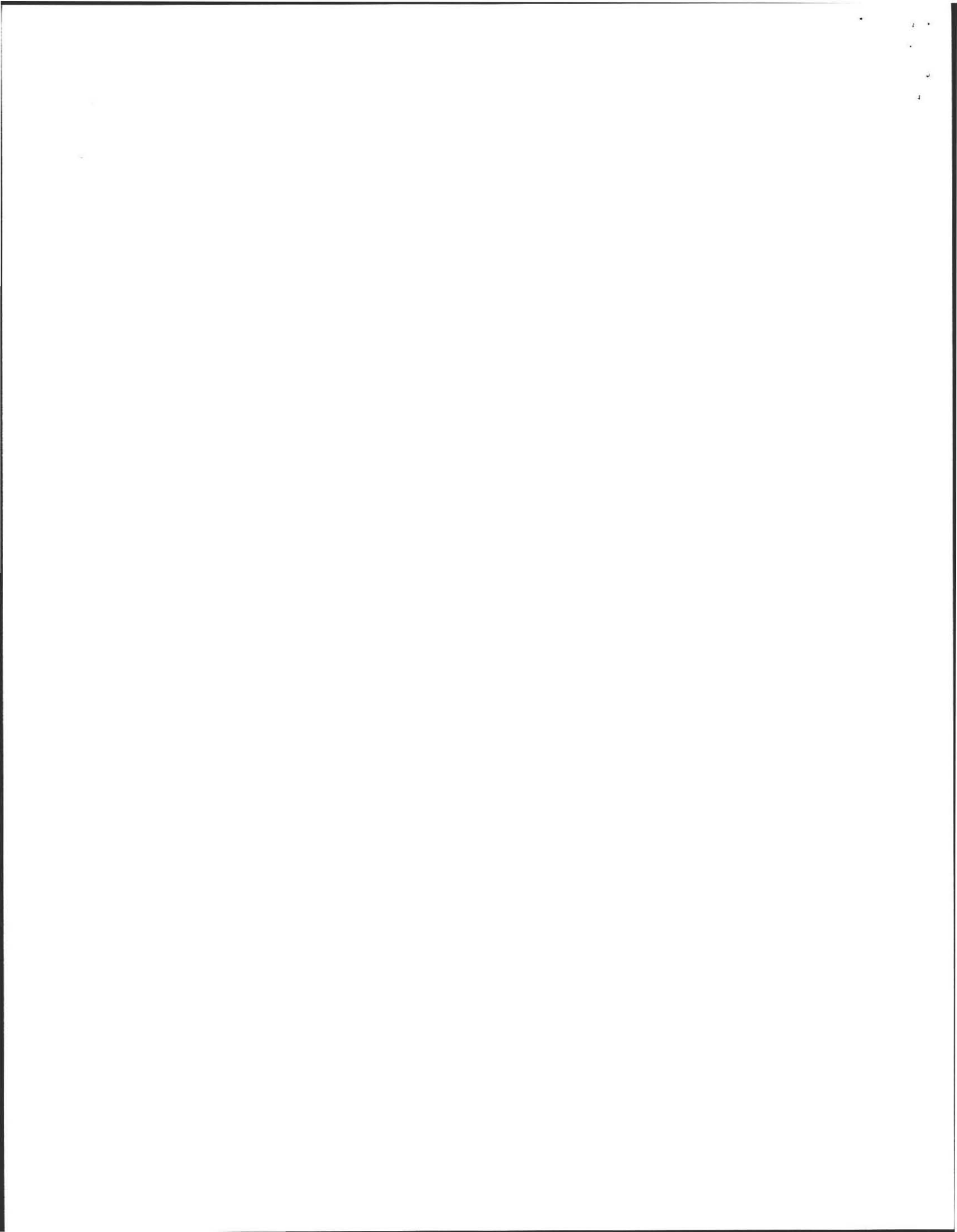
Site Passed Site Failed

Performed By: A. Wein

Witnessed By: D. ZROZINSKI

Comments: _____





Location Address or Lot No. 395 GALE ST

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole inches
- Depth weeping from side of observation hole inches
- Depth to soil mottles 48" inches
- Ground water adjustment feet

Index Well Number Reading Date Index well level

Adjustment factor Adjusted ground water level

Depth of Naturally Occurring Pervious Material

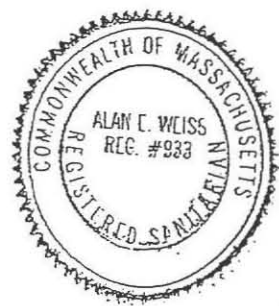
Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? 4.05

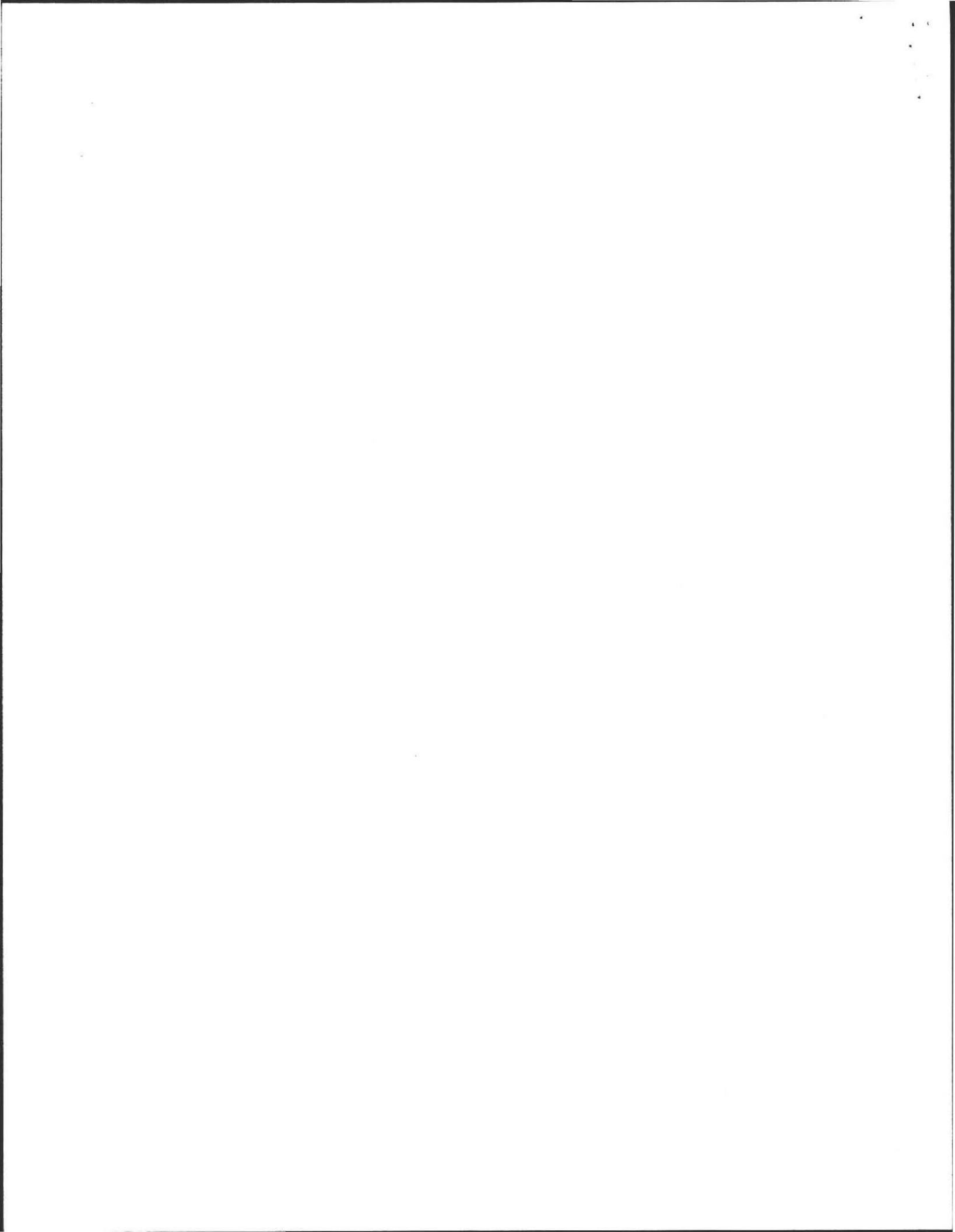
If not, what is the depth of naturally occurring pervious material? 2

Certification

I certify that on 6/95 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature [Signature] Date 2/17/06





CURRENT OWNER		TOPO.	UTILITIES	STRT./ROAD	LOCATION	CURRENT ASSESSMENT			
STEIN, RICHARD & JUDITH & ANNE		2	Public Water			Description	Code	Appraised Value	Assessed Value
5 BERKSHIRE TERR		3	Public Sewer			RESIDNTL	1040	123,800	123,800
AMHERST, MA 01002						RES LAND	1040	101,800	101,800
Additional Owners:						RESIDNTL	1040	1,600	1,600
SUPPLEMENTAL DATA									
Other ID: 06A000004		Precinct							
Calc Frontag 215.4		School							
Owner Occup									
GIS ID: 6A-4		ASSOC PID#							
							Total	227,200	227,200

601
AMHERST, MA

VISION

RECORD OF OWNERSHIP						BK-VOL/PAGE	SALE DATE	q/u	v/i	SALE PRICE	V.C.	PREVIOUS ASSESSMENTS (HISTORY)									
STEIN, RICHARD & JUDITH & ANNE M & FAITH						7667/ 180	01/29/2004	U	1	100	IJ	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	Yr.	Code	Assessed Value	
STEIN, RICHARD & JUDITH & STEIN, A & STEIN						7667/ 175	01/29/2004	U	1	100	IJ	2006	1040	123,800	2005	1040	102,800	2004	1040	100,300	
STEIN, RICHARD S & JUDITH B						1660/ 200	09/15/1972			12,000		2006	1040	101,800	2005	1040	93,900	2004	1040	60,500	
KIERAS, JOHN G & GENEVIEVE C						1426/ 19	01/01/1963			0		2006	1040	1,600	2005	1040	2,100	2004	1040	1,700	
PERVERE, LUCY M						1138/ 16				0											
												Total:	227,200	Total:	198,800	Total:	162,500				

EXEMPTIONS				OTHER ASSESSMENTS			
Year	Type	Description	Amount	Code	Description	Number	Amount
2006	NO	NOT OWNER OCCUP	0				
Total:			0				

This signature acknowledges a visit by a Data Collector or Assessor

APPRAISED VALUE SUMMARY	
Appraised Bldg. Value (Card)	123,800
Appraised XF (B) Value (Bldg)	0
Appraised OB (L) Value (Bldg)	1,600
Appraised Land Value (Bldg)	101,800
Special Land Value	0
Total Appraised Parcel Value	227,200
Valuation Method:	C
Adjustment:	0
Net Total Appraised Parcel Value	227,200

ASSESSING NEIGHBORHOOD				
NBHD/ SUB	NBHD NAME	STREET INDEX NAME	TRACING	BATCH
CU/A				

NOTES

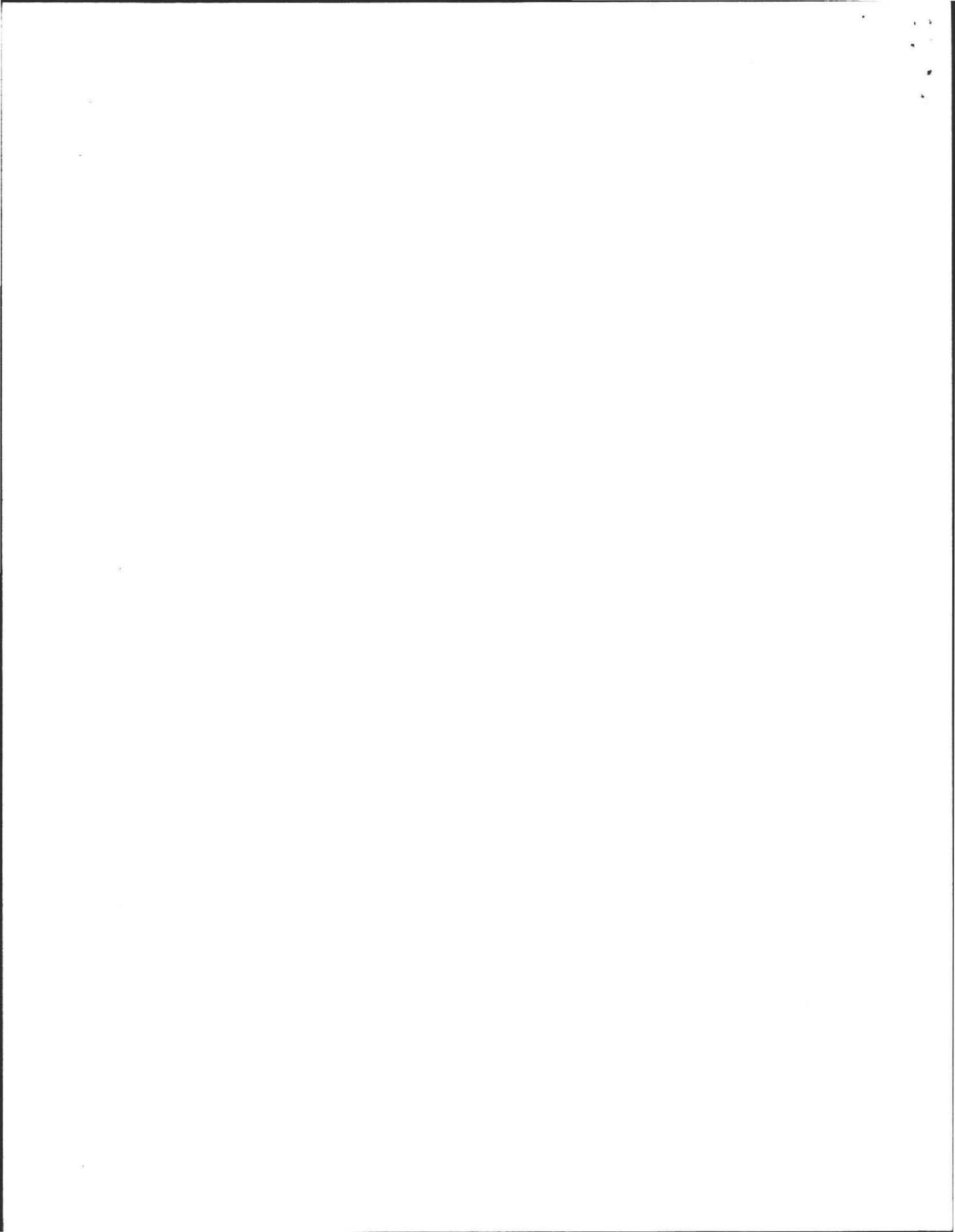
395 - 397 STATE ST AND
PARCEL 6A - 77 ZONED
PART FPC
FY02 STP WAS STAIRS
RENTAL
CHG'D 4 BDRMS TO 3 FY05

BUILDING PERMIT RECORD							
Permit ID	Issue Date	Type	Description	Amount	Insp. Date	% Comp.	Date Comp.
BLD05-644	04/13/2005	RE	Remodel	13,000		0	
ELE04-399	11/24/2003	EL	Electric	0		0	
ELE04-395	11/21/2003	EL	Electric	0		0	
PLM04-183	11/21/2003	PL	Plumbing	0		0	
BLD04-150	09/12/2003	RE	Remodel	8,000		0	
BLD01-620	06/01/2001	RE	Remodel	2,500		0	
BLD01-12	07/10/2000	AD	Addition	1,000		0	

VISIT/ CHANGE HISTORY					
Date	Type	IS	ID	Cd.	Purpose/Result
10/26/2005			RD	15	DRIVE BY FIELD REVI
6/30/2004			LT	04	Building Permit Review E
4/30/2001			LT	03	Building Permit Review
7/1/1993			DC		

LAND LINE VALUATION SECTION																		
B #	Use Code	Use Description	Zone	D	Frontage	Depth	Units	Unit Price	I. Factor	S.A.	Acre Disc	C. Factor	ST. Idx	Adj.	Notes- Adj	Special Pricing	Adj. Unit Price	Land Value
1	1040	TWO FAMILY MDL-0	FP80				27,878	SF	4.04	0.95	1	1.0000	1.00	CU	0.95		3.65	101,800

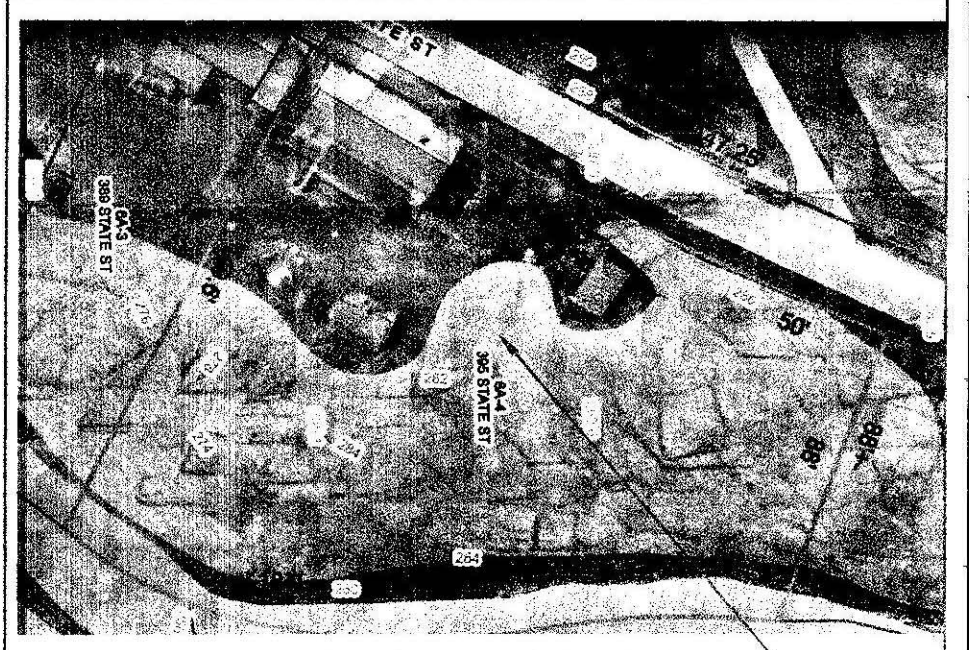
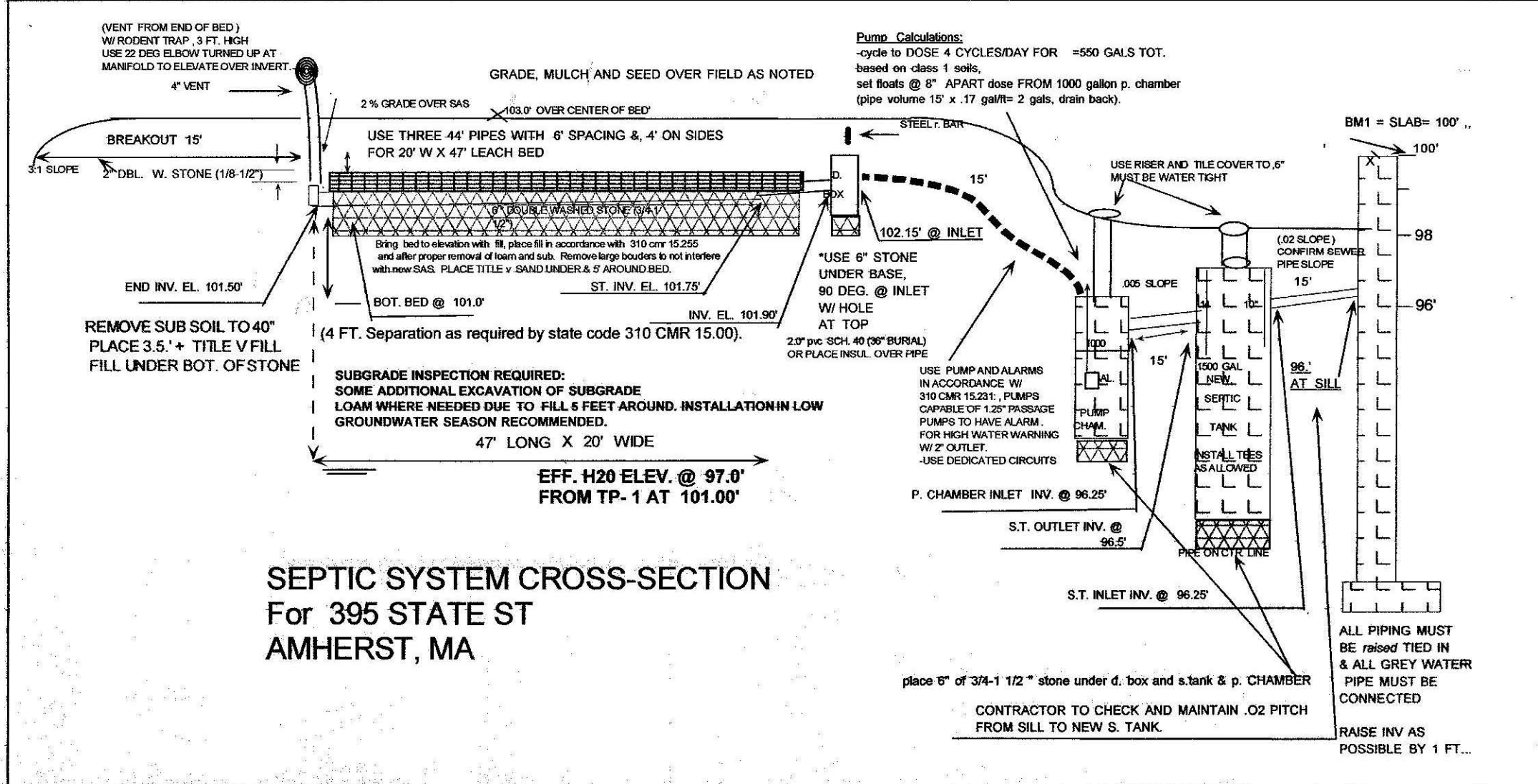
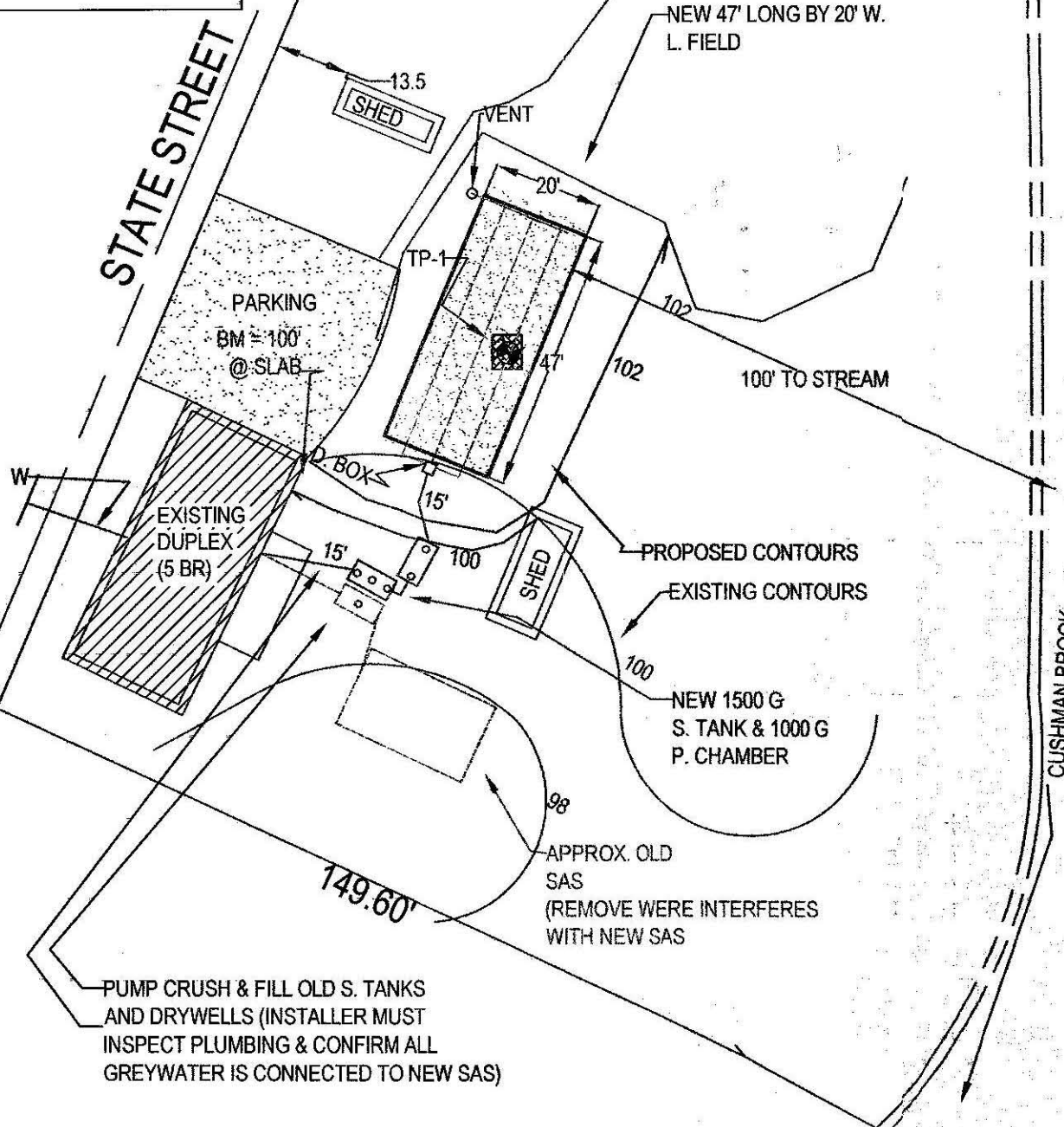
Total Card Land Units: 27,878 SF **Parcel Total Land Area:** 27,878 SF **Total Land Value:** 101,800





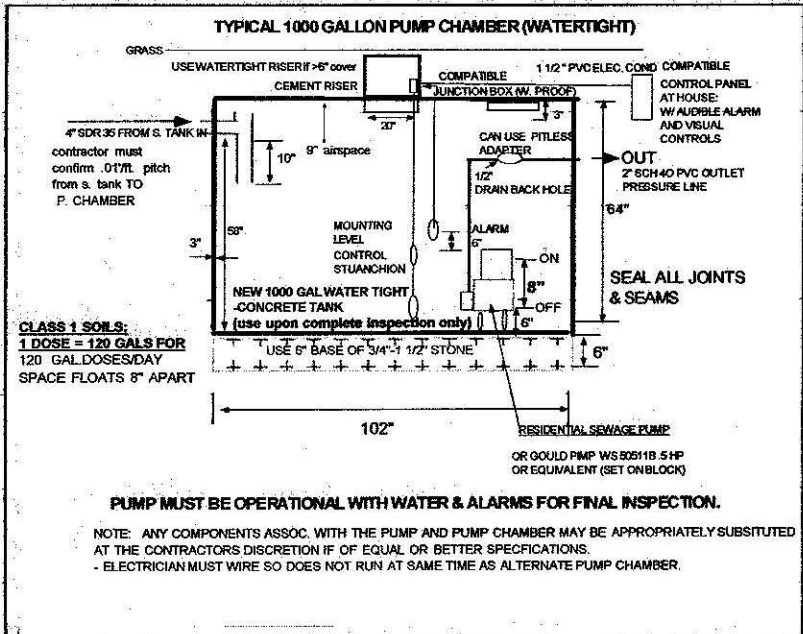
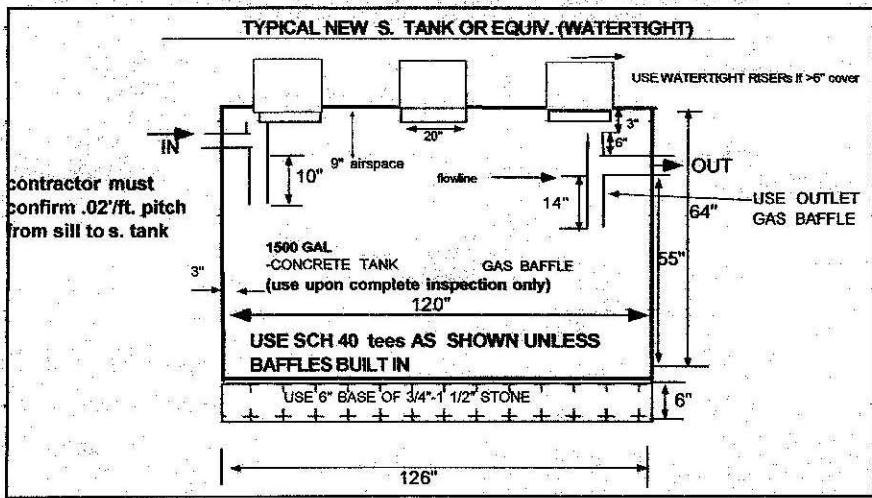
PLOT PLAN SCALE: 1"=30'

NOTE: NOT AN ACTUAL SURVEY!! LINES DRAWN FOR SEPTIC LOCATION PURPOSES ONLY!!



SUBJECT SITE LOCATION

SEPTIC SYSTEM CROSS-SECTION For 395 STATE ST AMHERST, MA



DESIGN NOTES AND CALCULATIONS:

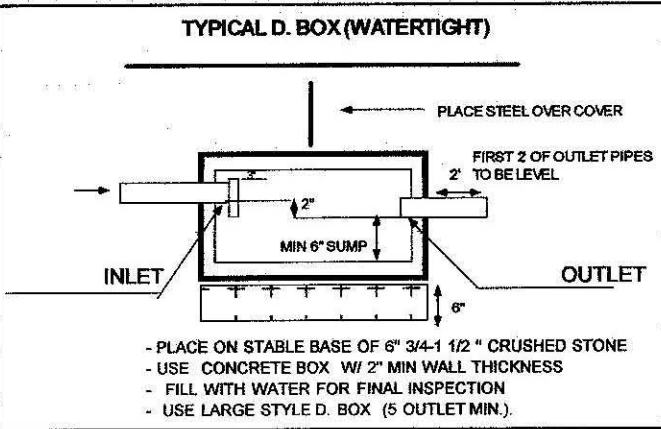
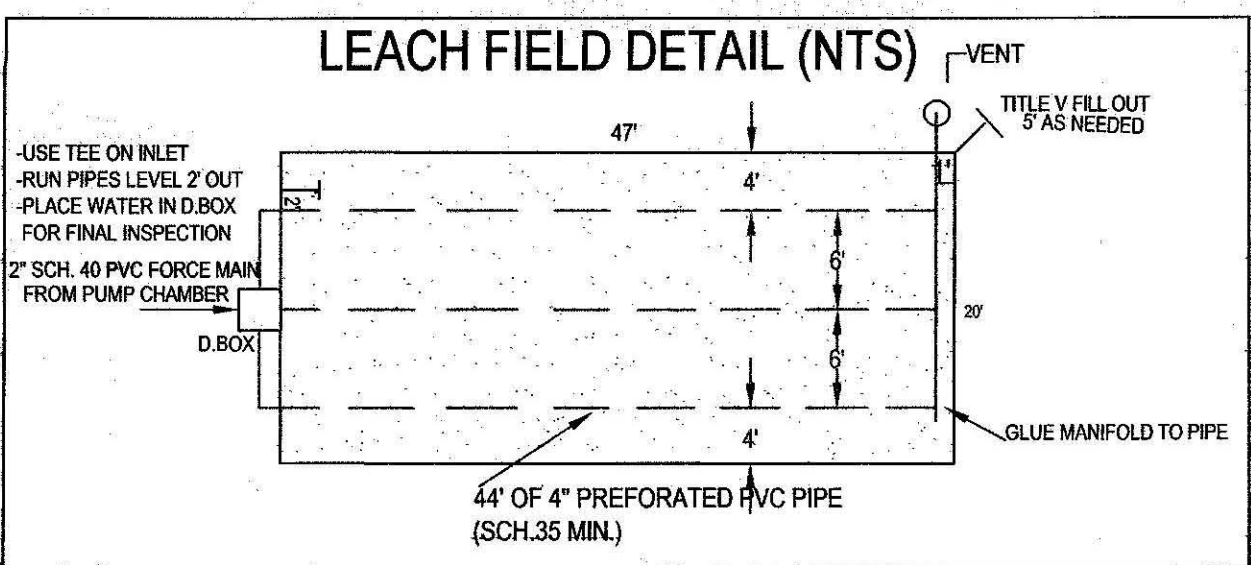
- 5 BR X 110' GPD /BR = 550 GPD
-Use ONE FIELD: 20' WIDE X 47' LONG WITH 6" OF 1/2" DBL WASHED STONE BELOW INVERT
- BOTTOM AREA: 20' W X 47' L = 940 SF.
- SIDE AREA: 0 SF.
- TOTAL AREA: 940 SF X 0.60 GAL/SF = 564 GPD
- GARBAGE DISPOSAL NOT ALLOWED
- NO OTHER PRIVATE WELLS WITHIN 150 FEET OF SAS.
- NO OTHER WETLANDS WITHIN 150 FEET OF SAS
- USE NEW 1,500 GAL S. TANK AS NOTED & MAINTAIN 0.02 PITCH FROM SILL TO S. TANK
- INSTALL & INSPECT SCH. 40 TEES / BAFFLES (10" INLET, 14" OUTLET),
- NOTE:
- SEPTIC TANKS AND PUMP CHAMBERS WITH RECEDING COVERS ARE NOT ALLOWED. BE SURE TO MAINTAIN 3" CLEARANCE FROM TOP OF TEES TO BOTTOM OF TANK COVERS.
- USE LARGE STYLE D.BOX ONLY.
7A ALL D. BOX OUTLET PIPES LEVEL FOR FIRST 2'
NOTE:
- D. BOXES WITH COVERS AND WALLS LESS THAN 2" THICK ARE NOT ALLOWED PER DESIGN.
- USE APPROVED (1 1/2") DBL WASHED STONE UNDER TANK & D. BOX FOR 6'.
- CONFIRM STONE PROPERLY WASHED (WITH BUCKET / H2O TEST) PRIOR TO PLACEMENT.
- USE PROPER SCH. 40 PVC TEES AS SHOWN.
- PRE & POST (CONTOURS NOTED AS NECESSARY, RESERVE AREA NOTED REQUIRED).
- SLOPE CALC'S (SEE CONTOURS), SUBGRADE INSP. REQ'D.
- USE FIELD DUE TO TOPOGRAPHY AND SPACE OF LOT WITH RESPECT TO LOCATION AND ELEVATION OF RESIDENCE (310 CMR 15.240)
- USE 2% MIN. SLOPE OVER SAS
- CLEAR TOP AND SUB TO 40" MIN. AS NEEDED (INSPECTION REQUIRED).
- EXCAVATE EXISTING SYSTEM AND REMOVE IF INTERFERES WITH LOCATION OF NEW SAS.
- SOIL EVALUATION BY A. WEISS, RS. 02/17/02 (D. ZAROSINSKI, BOH AGENT).
- DEPTH OF P'ERC. 48"
- PERC RATE = 10 MIN / IN
- CLASS II SOIL RATING (SANDY LOAM)
- NO TREES WITHIN 10 FT. OF NEW LEACH FIELD. USE TITLE V FILL 5' OUT.
- ENGINEER TO INSPECT SUBGRADE, AND FINAL.
- BM=100.00 @ SLAB, CONFIRM PROPER PIPE SLOPES
- USE/INSPECT SCH. 40 PIPE FOR PIPE FROM HOUSE TO NEW OR EXISTING TANK
- GRADE MULCH AND SEED OVER LEACHFIELD AS NOTED.
- INSTALLATION IN LOW GROUNDWATER SEASON RECOMMENDED.

TEST PIT LOG:

TP-1 EFF. EL. 101.0 EFF. ELEV.	TP-2 @ PERC:
0-12" A: F. SANDY LOAM (10 YR 3/3)	0-40" MIXED
12-24" Bw: SANDY LOAM (10 YR 4/6)	
24-76" C1: C. SAND & GRAVEL (10 YR 4/6)	40-80"
76-110" C2: F. SAND, AB. TILL MOD DENSE 20% STONES (2.5 Y 5/6)	

OXIDES: OBSERVED @ 48" (10 YR 6/8)
ESHWIT: ASSUMED @ 48"
70": STANDING H2O
70": WEEPING FROM FACE
120": BEDROCK

- PUMP CHAMBER/MOUNDED SEPTIC SYSTEM OPERATION AND MAINTENANCE NOTES FOR HOMEOWNER:
- HAVE SEPTIC TANK PUMPED EVERY SECOND (2) YEARS.
 - HAVE PUMP AND PUMP CHAMBER & OUTLET FILTER INSPECTED (IF PRESENT) ANNUALLY
 - MAKE CERTAIN TO TEST HI WATER SHUT OFF ALARM ANNUALLY.
 - MAINTAIN AREA OVER SEPTIC AS GRASSY OR SIMILAR GROUND COVER ATTEMPTING TO MAXIMIZE SUNLIGHT TO AREA.
 - DO NOT PLANT ANY TREES OR DEEP ROOTING SHRUBS WITHIN 10 FEET OF LEACHFIELD.
 - USE ONLY LIQUID DETERGENTS IN WASHER OR DISHWASHER.
 - CONSERVE WATER WHEREVER POSSIBLE TO LENGTHEN LIFE OF SYSTEM. USE WATER SAVING WASHERS, DEVICES AND FIXTURES ONLY.
 - KEEP ALL RUNOFF DRAINS SUCH AS GUTTERS OR CURTAIN DRAINS AT LEAST 25 FEET FROM LEACHING FIELD.

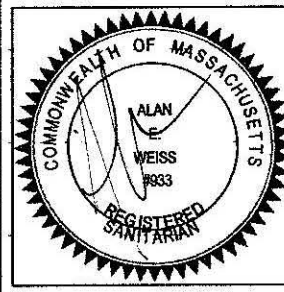


NOTE TO HOMEOWNER: MOUNDS, WHERE USED, ARE REQUIRED BY STATE CODE TO MAXIMIZE THE DISTANCE OF EFFLUENT FILTRATION FROM THE BOTTOM OF THE FIELD TO THE ESTIMATED HIGH GROUNDWATER. THE "SEPARATION" FROM THE BOTTOM OF THE FIELD TO HIGH GROUNDWATER (3, 4, OR 5 FEET), IS NOT THE SAME AS THE HEIGHT OF THE FINISHED MOUND SURFACE. THE ACTUAL FINISHED MOUND IS TYPICALLY HIGHER THAN THE "SEPARATION".

ATTENTION INSTALLER!! CALL DIG SAFE BEFORE YOU DIG! MASSACHUSETTS STATE LAW CHAPTER 82 SECTIONS 10 - 40E REQUIRE THAT PREMARKING OF GAS, ELECTRIC, WATER, TELEPHONE AND CABLE T.V. UTILITY LINES BE MADE A MINIMUM OF 72 HOURS PRIOR TO GROUND BREAK FOR ANY EXCAVATION.

NOTE: INSTALLER MUST CONTACT ENGINEER 48 HOURS PRIOR TO SUBGRADE INSPECTION. INSTALLER MUST HAVE ALL BREAK OUT FILL ON SITE AND IN PLACE PRIOR TO SIGN OFF BY ENGINEER AT TIME OF FINAL INSPECTION OR APPROVAL WILL NOT BE GIVEN TO BACKFILL.

REVISED



SEPTIC SYSTEM REPAIR PLAN FOR LISA LESURE
395 STATE STREET
AMHERST, MA

Cold Spring Environmental Consultants Inc.
350 Old Enfield Road
Belchertown, MA. 01007

P/NO: (413) 323-5957	DATE: 02/21/06	SCALE: 1"=30'
FAX: (413) 323-4916	DRAWN BY: ALAN WEISS	REVISION: 02/22/06
		DRAWING NUMBER: 106-2408-0213

**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1866

Received of Richard Stein of 5 Berkshire Terrace
Name Address
 For Property Located at: 295 State St. same
Street Address Owner

- | | | | |
|--|--------------|--|--------------|
| HEA009 Bakery
R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>#125-</u> |
| HEA002 Catering License
R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA003 Food Handler
R6510 443515 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA004 Frozen Deserts
R6510 443501 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | <u>#250-</u> | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA047 Fines
R6510 48200 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA | _____ |
| | | HEA | <u>3</u> |

TOTAL FEE: #375-

2/28/06
Date

PAID BY
 RICHARD STEIN
 2/28/06
 15:42
 \$125.00
 60992
 1866/5100

John Taylor
 Amherst Health Department

Must be Validated by the Collector's Office to be considered paid

OFFICE USE ONLY

CHECK #	CASH
TOWN OF AMHERST	T1146
MISC CASH RECEIPTS	
Date / Time	: 02/28/06 15:40
Payment	: \$250.00
Receipt #	: 60991
Check/Credit Card #:	1866//5100

GOLD - Health / Inspections

