

481 STATION RD

DRUM ONLY
REPEATABLE DISCS
AND QUANTITIES REGS

No. 4210 1/3 YEL

Pendaflex®

ESSELTE



#481



Commonwealth of Massachusetts
City/Town of Amherst
Application for Disposal System
Construction Permit
Form 1A

06-02
Number
Balance of
\$ 100.00 pd.
Fee
CH # 914

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

A. Facility Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Application is hereby made for a permit to: Construct a new on-site sewage disposal system
 Repair or replace an existing on-site sewage disposal system
 Repair or replace an existing system component

1. Location of Facility:

Assessors Map 24B, Lot 43 on Station Road
Address or Lot #
Amherst MA 01002
City/Town State Zip Code

2. Owner Information

Kent W. & Lorena B. Faerber
Name
11 McIntosh
Address (if different from above)
Amherst MA 01002
City/Town State Zip Code
(413) 253-7931
Telephone Number



2/22/06

3. Installer Information

Name Name of Company
Address
City/Town State Zip Code
Telephone Number

4. Designer Information

Richard E. Costa P.E., Robert Stover-Amherst Civil Eng.
Name Name of Company
P.O. Box 3312
Address
Amherst MA 01004-3312
City/Town State Zip Code
(413) 256-3400
Telephone Number





Commonwealth of Massachusetts
 City/Town of Amherst
**Application for Disposal System
 Construction Permit**
 Form 1A

06-02
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A. Facility Information (continued)

5. Type of Building:

Dwelling 5 bedrooms Garbage Grinder (check if present) No

Other: Type of Building _____ Number of Persons Served _____

Showers _____ Number of showers _____ Cafeteria _____ Other fixtures _____

Specify other fixtures: _____

6. Design Flow: 550
 Gallons per Day

Calculated Daily Flow: 563
 Gallons

7. Plan: 2/22/06
 Date of Original

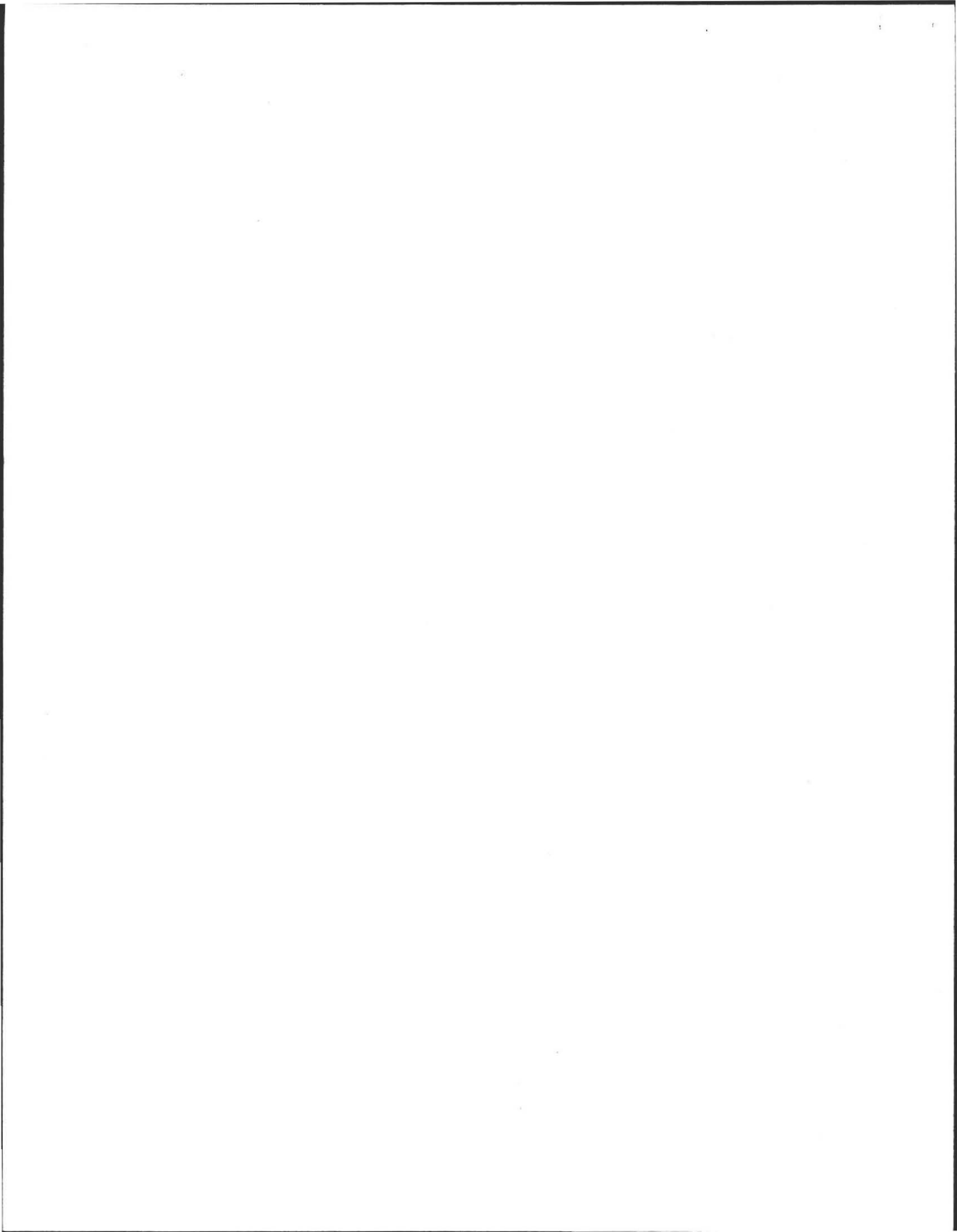
Number of Sheets 1 Revision Date _____

Title of Plan "Plan of Sewage Disposal System"

8. Description of Soil:
Attached

9. Nature of Repairs or Alterations (if applicable):
not applicable

10. Date last inspected: _____ Date





Commonwealth of Massachusetts
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B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Lorena B. Jaeger
 Signature

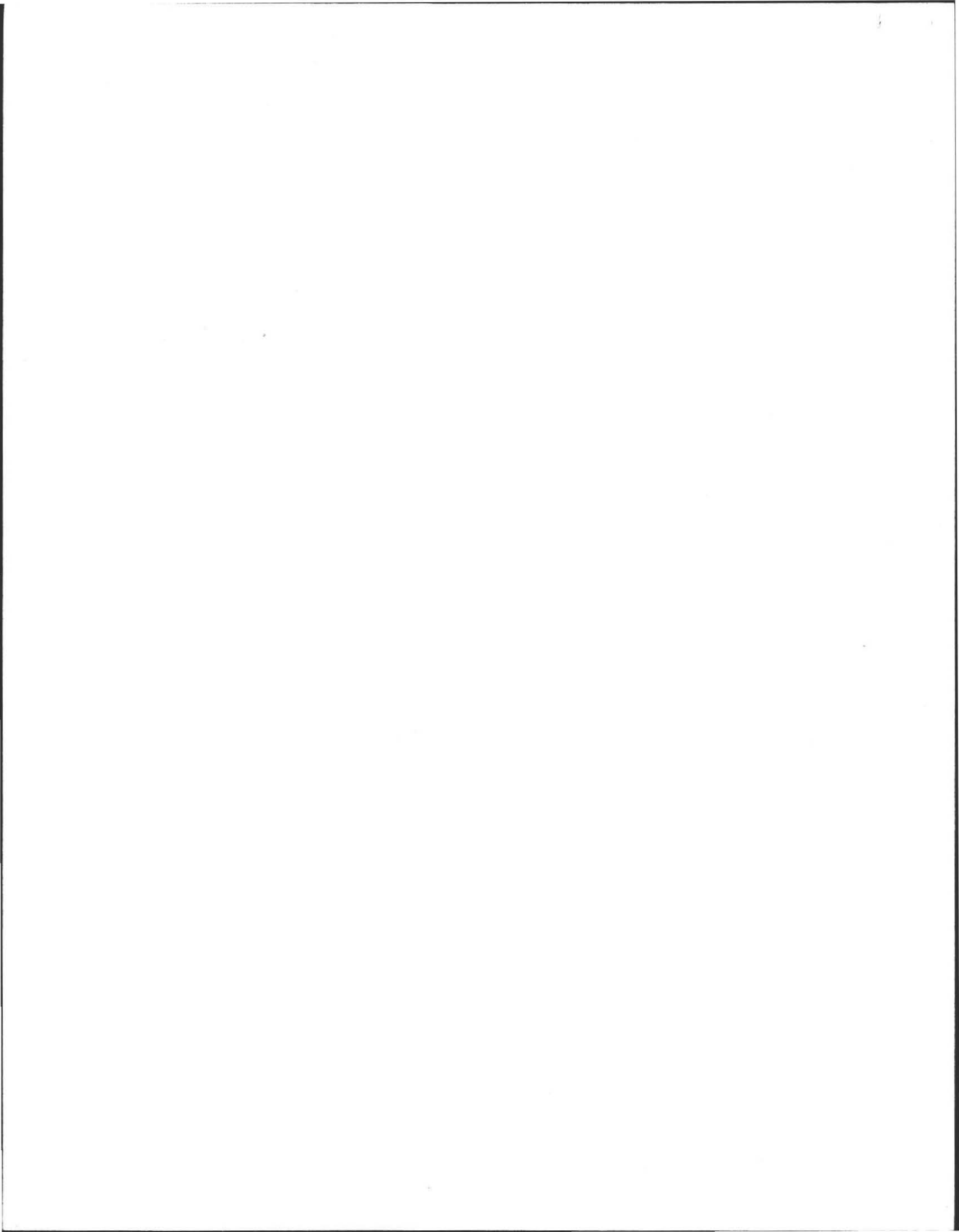
2/22/06
 Date

Application Approved By:

David J. Zyzanski
 Name

2/24/06
 Date

Application **Disapproved** for the following reasons:





Commonwealth of Massachusetts
 City/Town of Amherst
Disposal System Construction Permit
Form 2A

Number 06-02

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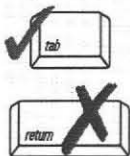
Permission is hereby granted to:

Kent W. & Lorena B. Faerber
 Name Name of Company
11 McIntosh
 Address
Amherst MA 01002
 City/Town State Zip Code

to perform the following work on an on-site sewage disposal system:

- Construction
- Repair or replacement
- Repair or replacement of system components

Important:
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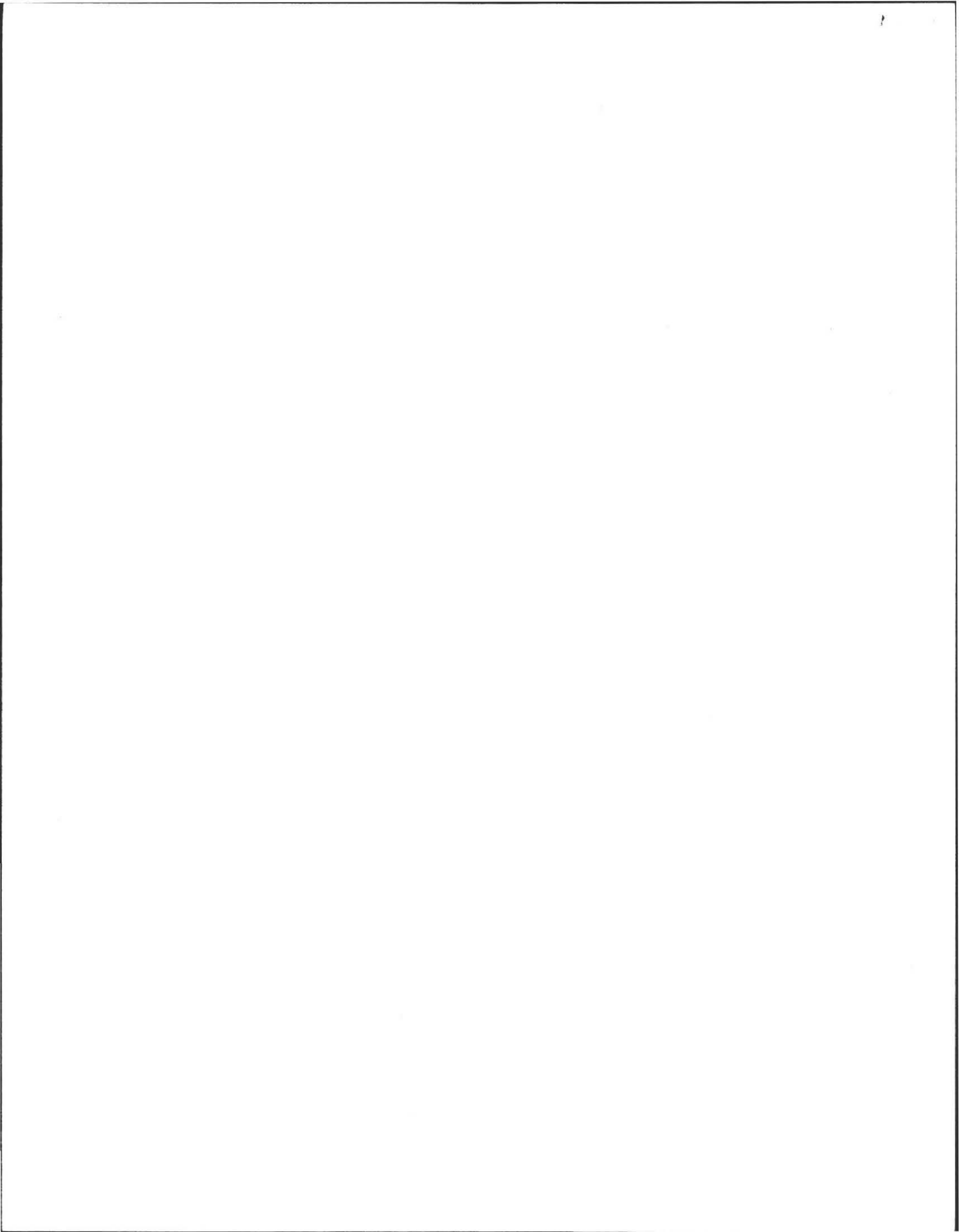


Lot 43 Station Rd.
 Facility Address
Amherst MA 01002
 City/Town State Zip Code
Kent W. + Lorena B. Faerber (413) 253-7931
 Owner Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

All construction must be completed within three years of the date below.

[Signature] 2/24/06
 Approved by Date
2/24/06 [Signature]
 Title





Commonwealth of Massachusetts
 City/Town of Amherst
Certificate of Compliance
 Form 3

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

This is to Certify that the following work on an On-Site Sewage Disposal System

Important:
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- Construction of a new system
- Repair or replacement of an existing system
- Repair or replacement of an existing system component

Has been done in accordance with Title 5 and the Disposal System Construction Permit (DSCP):

DSCP Number _____ DSCP Date _____
Kent W. & Lorena B. Faerber
 Facility Owner
Station Rd.
 Street Address or Lot #
Amherst MA 01002
 City/Town State Zip Code

Designer Information:

Richard E. Costa P.E. / Robert Stover - Amherst Civil Engineering
 Name Name of Company
Robert Stover 9/28/06
 Signature Date

Installer Information:

John Blowers Scapes Builders
 Name Name of Company
John Blowers 9/28/06
 Signature Date

Use of this system is conditioned on compliance with the provisions set forth below:

PROPER USAGE AND MAINTAINENCE

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

AMHERST HEALTH DEPT
 Approving Authority
Thomas Dion 9/28/06
 Signature Date

x

100

100

100 100 100 100

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

1860

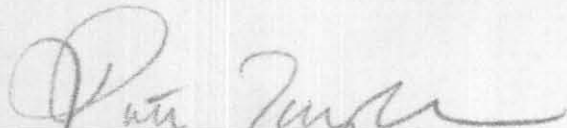
Received of Kent Faerber of 11 MC Intech Dr., Amherst MA 01102
Name Address

For Property Located at: Station rd. 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>\$100-</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 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA034 Immunization Clinic
R6510 432307 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | _____ | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| | | HEA047 Fines
R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: \$100-

875-23



 Amherst Health Department

2/24/06

 Date

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

WHITE - Applicant YELLOW - Collector PINK - Accounting

OFFICE USE ONLY

CHECK #	CASH
TOWN OF AMHERST	T1146
MISC CASH RECEIPTS	
Date / Time	: 02/20/06 15:39
Payment	: \$100.00
Receipt #	: 60990
Check/Credit Card #:	1860//914
GOLD - Health / Inspections	
Paid by	: KENT FAERBER

STATE OF TEXAS
COUNTY OF []
[]

[]