

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

#684  
 (Signature)

No. 82-9 Date 8/13/82 Fee 90<sup>00</sup> Date Rec'd. 8-13-82 By (Signature)

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

Location—Address 684 STATION ROAD or Lot No. \_\_\_\_\_

Owner DONALD LAVERDIERE Address 700 STATION Rd.

Contractor EDWARD STONE Address \_\_\_\_\_

Type of Building \_\_\_\_\_ Dimensions \_\_\_\_\_ Size Lot 1 1/2 Acres

Dwelling—No. of Bedrooms 1 Expansion Attic ( ) Garbage Grinder (yes)  
 Other \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( )

Other fixtures \_\_\_\_\_  
 Town Water? YES Type of Well \_\_\_\_\_

Design Flow 55 gallons per person per day. Total daily flow 110 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. 1 Diameter 15X30 Depth below inlet \_\_\_\_\_ Total leaching area 450 sq. ft.

Dry Well—No. \_\_\_\_\_ Diameter \_\_\_\_\_ Depth below inlet \_\_\_\_\_ Dimensions: \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_

Other: Distribution box (X) No. \_\_\_\_\_ Dosing tank ( )  
 (Depth of Soil Line Below finished grade at foundation \_\_\_\_\_)

Percolation Test Results Performed by PREVIOUS BY F.A. FICUS Date 4/27/78

Test Pit No. 1 6 minutes per inch Depth of Test Pit 34"

Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

Description of Soil See #79-9 Depth to Ground Water NONE AT 71'

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.

(Signature) \_\_\_\_\_ Date 8/13/82  
 Owner or builder  
 Application Approved by (Signature) \_\_\_\_\_ date 8/13/82

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. 82-9  
 Permission is hereby granted DONALD LAVERDIERE to construct (X) or repair ( ) an Individual Sewage Disposal System at 684 STATION RD

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 8-13-82 \_\_\_\_\_  
 Board of Health

