

NEW LEACH BED

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT #691

No. 73-91 Date 10/11/73 Fee \$3.00 Date Rec'd. 10/11/73 By DGF

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

Location-Address 691 Station Rd Amherst or Lot No. _____

Owner K. Kaneta Address _____

Contractor Karl Konieczny Address _____

Type of Building Farm Hse Dimensions _____ Size Lot 1ac.

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

Other 1 1/2 baths No. of persons _____ Showers (1)

Other fixtures _____

Town Water? yes Type of Well _____

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

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

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 10X60 Depth below inlet _____ Total leaching area 400 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.

[Signature]

Keith D. Kaneta
Owner or builder

11 Oct 73
date
15 Oct 73
date

Application Approved by _____

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. 73-91 Permission is hereby granted KARLS Exc. to construct () or repair (X) an Individual Sewage Disposal System at 691 Station Rd

as shown on the application for Disposal Works Construction Permit No. 73-91

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 OCT 15, 1973

[Signature]
Board of Health

APPLICANT FOR THE OFFICE OF THE ATTORNEY GENERAL

1. Name of Applicant: [Name]
2. Address: [Address]
3. Date of Birth: [Date]
4. Education: [Education]
5. Experience: [Experience]
6. References: [References]
7. Declaration: [Declaration]
8. Signature: [Signature]
9. Date: [Date]

10. Additional Information: [Additional Information]
11. Acknowledgment: [Acknowledgment]
12. Contact Information: [Contact Information]
13. Notes: [Notes]
14. Date: [Date]