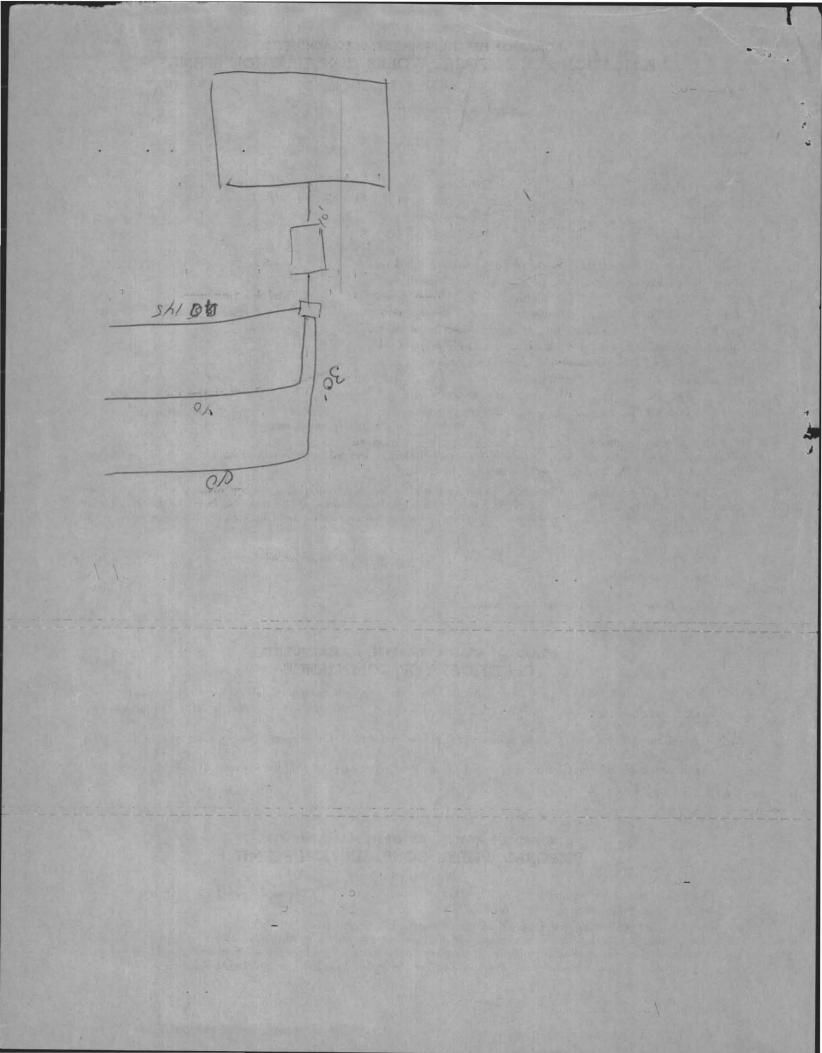
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- BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No. 24-63 Date 5/8/63 Fee 3.00 Date Rec'd. 5/10/63 By FAS
Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal
System at: Location—Address Valley View Circle or Lot No. 21 Owner Keddy Builders Inc. Address 200 N. Main St. E. Long.
Contractor Same Type of Building Residence Dimensions 40'x37' Size Lot _49,283 sq ft
Type of Building Residence Dimensions 40'x37' Size Lot 49,283 sq ft
Dwelling—No. of Bedrooms 3 Expansion Attic (n9 Garbage Grinder (n9 Other
Other fixturesVes ves none
Onlet intuites Town Water? yes Type of Well none Design Flow
Sentic Tank—Liquid capacity 900 gallons Dimensions: L 10'-3" W 4' D 4'
Disposal Trench-No. 3 Width 36" Total Length 150' Total leaching area 450' sq. ft.
Disposal Trench—No. 3 Width 36" Total Length 150" Total leaching area 450" sq. ft. Disposal Bed—No. Diameter Depth below inlet Total leaching area sq. ft. Dry Well—No. Diameter Depth below inlet Total leaching area sq. ft.
Dry Well—No Diameter Depth below inlet Dimensions: x x
Other: Distribution box (x) No. 1 Dosing tank () 12" or less (Depth of Soil Line Below finished grade at foundation 12" or less)
(Depth of Soil Line Below finished grade at foundation)
Percolation Test Results Performed by Smith and Wallen Engineering Date <u>4/30/63</u>
Test Pit No. 1 10 minutes per inch Depth of Test Pit 3 feet Test Pit No. 2 minutes per inch Depth of Test Pit
Description of Soil <u>Gravel and sandy clay</u> Depth to Ground Water <u>see affidavint</u>
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 aforedescribed individual sewage disposal system in accord- ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.
Owner or builder date
Application Approved by <u>F.A. Siino</u> <u>5/8/63</u>
Application Disconnected for the following second
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 (χ) or repaired () by
Keddy Builders Inc. at Lot No. 21 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. 24-63 dated _5/8/63
The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.
DATE 7/19/63 Inspector 4. G. Simo
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT
No. 24463
Permission is hereby granted <u>Keddy Builders Inc.</u> to construct (X) or repair () an

Individual Sewage Disposal System at Lot 21 - Valley View Circle

as shown on the application for Disposal Works Construction Permit No. 24463 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 _5/8/63

F.A. Siino Board of Health y.



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Downspouts or areaway drain to: 🗌 Surface discharge. 🔲 Dry well. Other			Dry well. Other	urface discharge.	ain to: Su	pouts or areaway dro	Downs	
Depth of house sewer below finish grade at foundation,feet.			feet.	at foundation,	w finish grade	of house sewer below	Depth	
PART 1 (Continued on reverse)		reverse)	PART I (Continued on				REAL PROPERTY.	
FORM 26-6395 SUPERSEDES VA FORMS VB 4-1824, JUNE 1954, AND VB 4-1825, JUNE 1954, WHICH WILL NOT BE USED.	AND	and the second second		SLIPEPS	A State I	4205	FORM O	

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