

West Street - Completed

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

No. 64-9 Date 4-13-64 Fee 7.00 Date Rec'd. 4-13-64 By OCB

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

Location—Address W-55 St At Mt Vernon Cir or Lot No. _____

Owner JACOBS Address W-55 St

Contractor S. J. WANCYK Address W-55 St

Type of Building _____ Dimensions _____ Size Lot _____

Dwelling—No. of Bedrooms 2 Expansion Attic () Garbage Grinder ()

Other _____ No. of persons 6 Showers ()

Other fixtures _____

Town Water? Y/S 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 20x30 Depth below inlet 12" Total leaching area 400 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 _____ 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 SAND Depth to Ground Water 6.7

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.

Application Approved by OCB _____ Owner or builder [Signature] _____ date 4-13-64

Application Disapproved for the following reasons: _____ date _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired (X) by S. J. WANCYK at W-55 St has been constructed in accordance with the provisions of

INSTALLER (JACOBS)

Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 64-9 dated 4-11-64

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

DATE 4-13-64 Inspector OCB

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

No. 64-9 Permission is hereby granted S. J. WANCYK to construct () or repair (X) an Individual Sewage Disposal System at W-55 St At Mt Vernon Cir as shown on the application for Disposal Works Construction Permit No. 64-9

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 4-13-64 Board of Health [Signature]

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS COMPETITION PERMIT

Application No. 13-61

Application for a permit to construct and operate disposal works in the town of Amherst, Massachusetts, for the purpose of disposing of the town's garbage and refuse. The applicant, the Town of Amherst, proposes to construct a new disposal works at the location shown on the attached plan. The works will consist of a sanitary landfill and a composting facility. The works will be operated in accordance with the provisions of the Massachusetts Sanitary Code, Chapter 218A, and the Amherst Health Department's Sanitary Code. The applicant certifies that the works will be constructed and operated in accordance with the provisions of the applicable laws and regulations. The applicant also certifies that the works will not cause any nuisance or be a public health hazard. The applicant requests that the Board of Health grant the permit for the construction and operation of the disposal works.

[Handwritten signature]

13-61

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

This is to certify that the disposal works described in the application for a permit to construct and operate disposal works in the town of Amherst, Massachusetts, for the purpose of disposing of the town's garbage and refuse, have been constructed and operated in accordance with the provisions of the Massachusetts Sanitary Code, Chapter 218A, and the Amherst Health Department's Sanitary Code. The works are located at the location shown on the attached plan. The works consist of a sanitary landfill and a composting facility. The works are operated in accordance with the provisions of the applicable laws and regulations. The works do not cause any nuisance or be a public health hazard. The Board of Health hereby certifies that the works are in compliance with the applicable laws and regulations.

[Handwritten signature]
13-61

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS COMPETITION PERMIT

Application for a permit to construct and operate disposal works in the town of Amherst, Massachusetts, for the purpose of disposing of the town's garbage and refuse. The applicant, the Town of Amherst, proposes to construct a new disposal works at the location shown on the attached plan. The works will consist of a sanitary landfill and a composting facility. The works will be operated in accordance with the provisions of the Massachusetts Sanitary Code, Chapter 218A, and the Amherst Health Department's Sanitary Code. The applicant certifies that the works will be constructed and operated in accordance with the provisions of the applicable laws and regulations. The applicant also certifies that the works will not cause any nuisance or be a public health hazard. The applicant requests that the Board of Health grant the permit for the construction and operation of the disposal works.

[Handwritten signature]

13-61

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No.

Joseph Kuchinski of *West St*
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a *Residence*
(residence, store, etc.)

which will be located at to be installed by

P J Wanczyk *West St* *JA 7381*
(name) (address) (phone)

Builder is *Contractor* Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions *1 acre* Type of Soil *Sandy* Well or Town Water? *Town Water*

Distance to Town Sewer *None* Depth to Ground Water *10'* Kind of Well *None*

Will Lot be Graded? *Yes* By Filling or Removing Soil? *Removing Soil*

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date.....

P J Wanczyk
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

..... is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

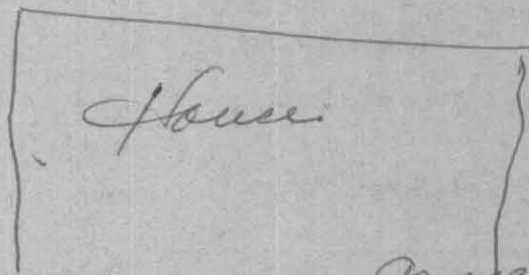
Dry well ft. bottom area and ft. below the inlet.

Other

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.

.....
for the Board of Health date

Inspected Approved

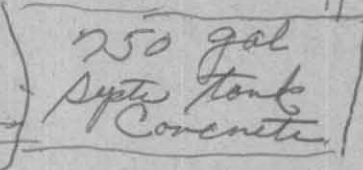


House

Garage

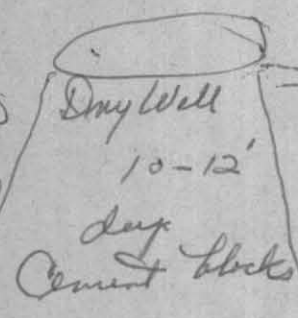
Sewer line
about 35'
to tank

35-40'



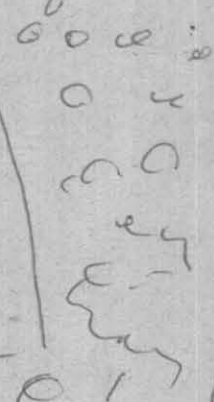
250 gal
Septic Tank
Concrete

Perforated line



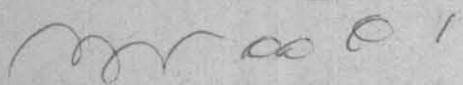
Dry Well
10-12'

deep
Cement blocks



Perforated line

50 ton Stone
around Well
Covered with
building Paper.



0-25-50

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

..... No
..... of
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a
(residence, store, etc.)

which will be located at to be installed by

.....
(name) (address) (phone)

Builder is Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions Type of Soil *Clay Loam* Well or Town Water?

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date.....
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

..... No.
..... is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of *900* Gals. Liquid Capacity.

Leaching System: Trenches of not less than *300* Sq. Ft. bottom area.

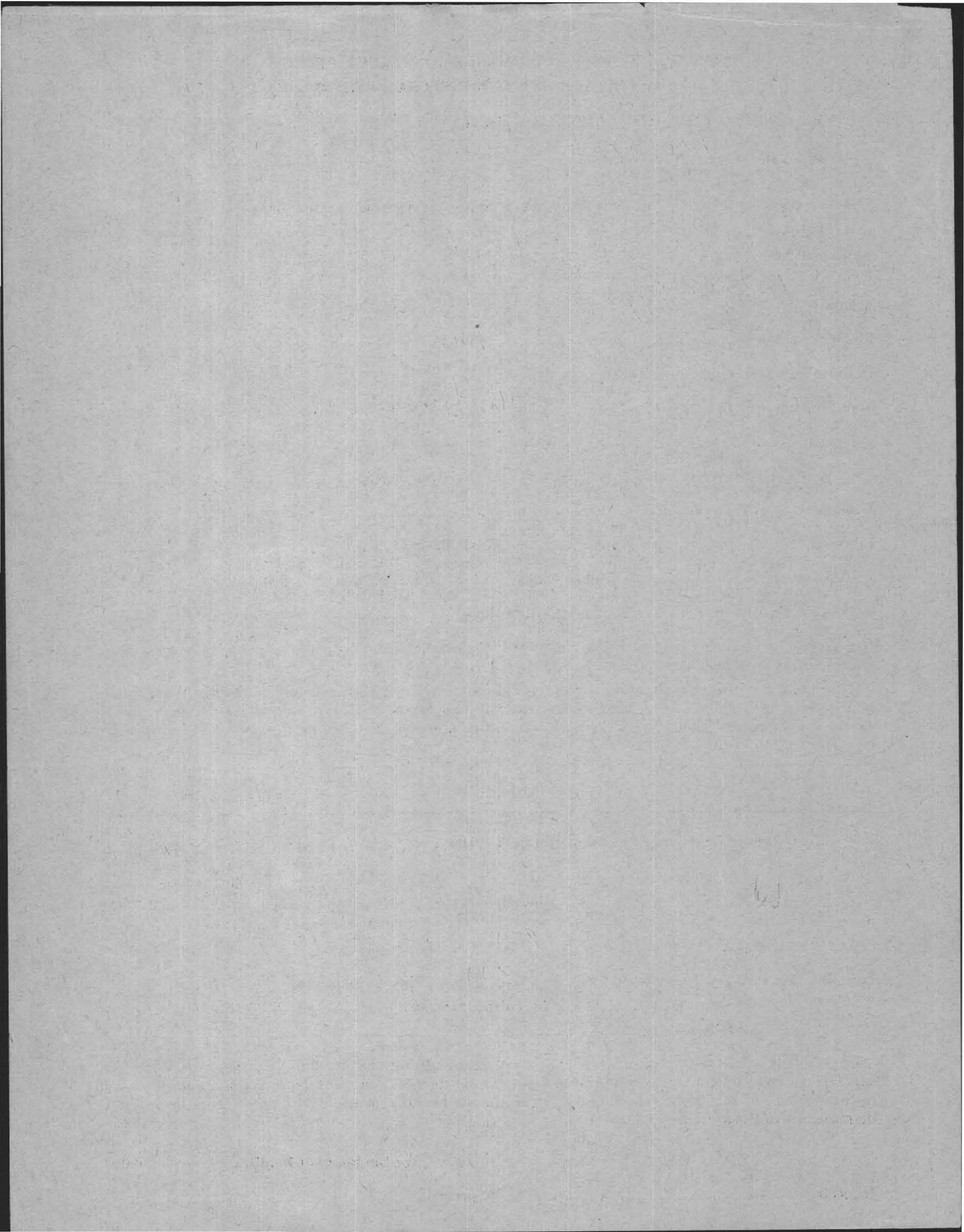
Dry well ft. bottom area and ft. below the inlet.

Other

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.

.....
for the Board of Health date

Inspected Approved *OK*



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 5-59

FRANK KOEBER of WEST ST
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a RESIDENCE
(residence, store, etc.)

which will be located at WEST ST to be installed by

SAME (? BUNNY)
(name) (address) (phone)

Builder is F. KOEBER Plumber is ?

Description of lot, building and fixtures as follows:

Lot: Dimensions 100 X 150 Type of Soil CLAY Well or Town Water? TOWN

Distance to Town Sewer 2 MILES Depth to Ground Water 5' Kind of Well

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions 26 X 45 No. Bedrooms 3 No. Occupants SPEC.

Fixtures: No. Toilets 1 Urinals Wash Basins 1 Bathtubs

Showers 1 Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher No Auto. Clotheswasher YES Other (basement) No

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 5/21/59

Frank E. Koerber
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 5-59

Frank Koerber is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 600 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

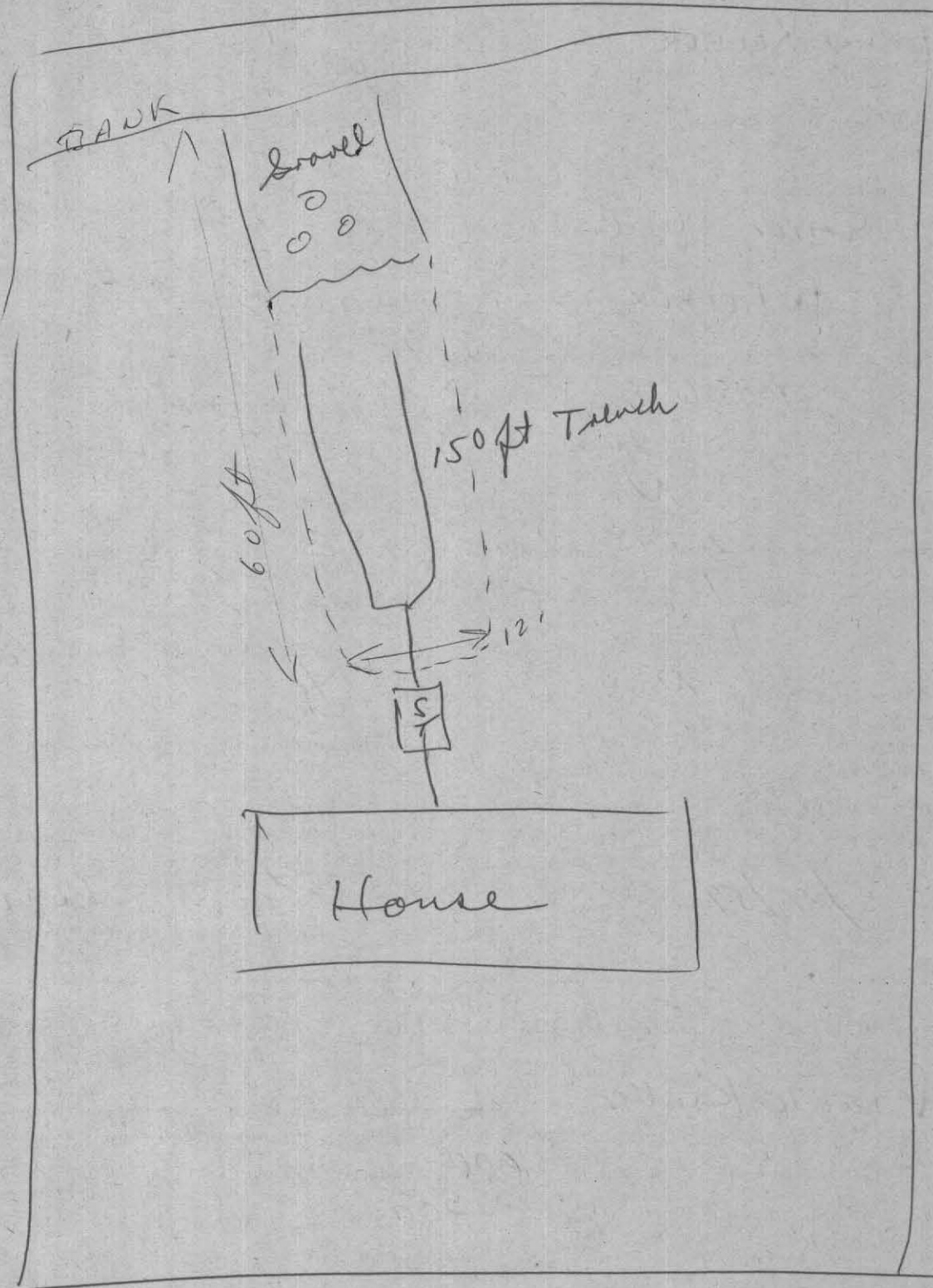
Dry well ft. bottom area and ft. below the inlet.

Other

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.

H. A. Sins 5/21/59
for the Board of Health date

Inspected Approved



WEST ST

BOARD OF HEALTH
AMHERST, MASS.

Applic. No. 20

APPLICATION TO CONSTRUCT, REPAIR, OR ALTER PRIVATE SEWAGE DISPOSAL SYSTEM

Must be completed and submitted to the Board of Health before a building is started or any system is constructed or altered.

Owner Frank E Koehn Address West St Phone 3-2931

Builder " Address " Phone "

System to be installed by Frank E Koehn West St 3-2931
name, address, and phone

Location West St 2 Size 100' 152'
street, subdivision, and lot no. width, depth

House - Dimensions 26 x 45 No. Bedrooms 3 No. Occupants

Plumbing fixtures - No. Toilets 1 No. Sinks 1 No. Lavatories 1

No. Showers 1 No. Bathtubs 1 Dishwasher No

Garbage Disposal No Auto. Washer
yes or no yes or no

Any in basement? Others
which

On reverse side make sketch of lot, show size, location of house, position of water service, and location of proposed disposal system.

To be approved:

Proposed septic tank size (must be cement)

Drainage system, type, and dimensions

Date May 12 - 58

Signed Frank E Koehn
applicant

- over -

Do not fill in below

Site Survey

Other

Approval of Plans

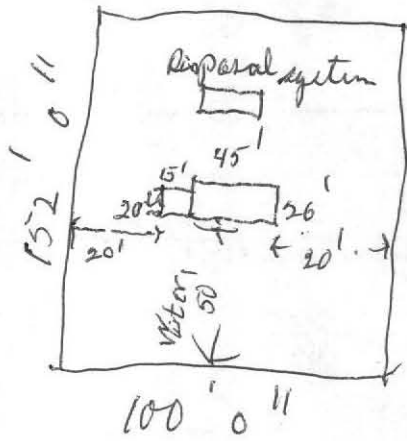
Septic tank Disposal system

Final inspection

Remarks

Final Approval

(Make in Duplicate, keep one for your files)



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

No. 66-15 Date Sept 30 Fee \$1 Date Rec'd. 9/30/66 By CEO

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

Location—Address West St or Lot No. _____
 Owner Francis Brown Address West St Amherst, Mass
 Contractor Karl Tomieiny Address Hodley, Mass.
 Type of Building frame Dimensions _____ Size Lot 4 A.
 Dwelling—No. of Bedrooms 5 Expansion Attic () Garbage Grinder ()
 Other _____ No. of persons 3 Showers (1)
 Other fixtures 2 baths
 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. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ 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 clay 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.

Application Approved by CEO Karl Tomieiny Owner or builder 9-30-66 date

Application Disapproved for the following reasons:

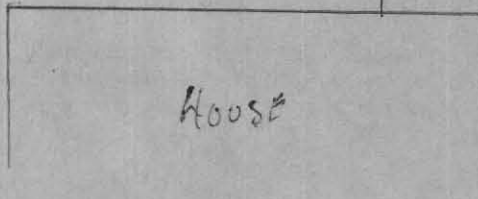
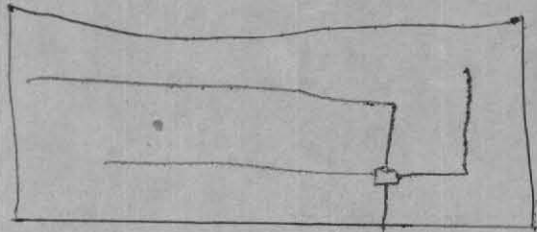
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

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. _____ Permission is hereby granted _____ to construct () or repair () an Individual Sewage Disposal System at _____ 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 _____ Board of Health



HOUSE

WEST ST

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

No. 67-9 Date Apr 26/67 Fee 9.00 Date Rec'd. Apr May 29/67 By CEA

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

Location—Address WEST ST, HAMPSHIRE COLLEGE or Lot No. _____

Owner HAMPSHIRE COLLEGE Address WEST ST

Contractor KARL KOMENOVNY Address RIVER DR.

Type of Building OFFICES Dimensions _____ Size Lot _____

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

Other _____ No. of persons 10 Showers ()

Other fixtures _____

Town Water? _____ Type of Well _____

Design Flow 15 gallons per person per day. Total daily flow _____ gallons

Septic Tank—Liquid capacity 750 gallons Dimensions: L _____ W _____ D _____

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

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area *300 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.

Application Approved by CE Drabek x Q. P. [Signature] Owner or builder ah date 4-26-67

Application Disapproved for the following reasons: _____ date _____

**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**

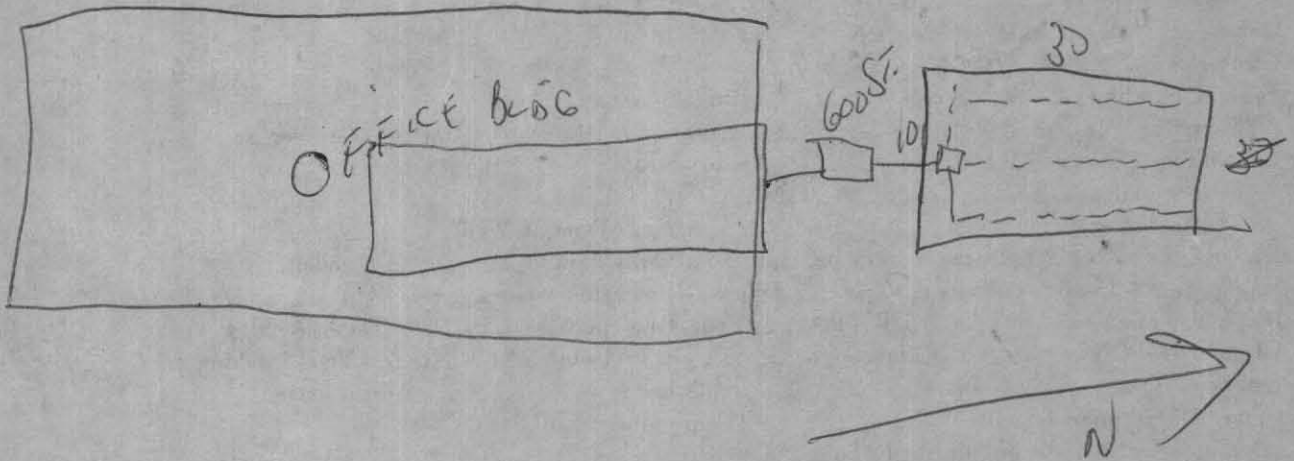
No. 67-9

Permission is hereby granted KARL KOMENOVNY to construct (X) or repair () an Individual Sewage Disposal System at HAMPSHIRE COLLEGE - WEST ST

as shown on the application for Disposal Works Construction Permit No. 67-9

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 4-26-67 Board of Health CE Drabek



WEST ST

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

No. 67-22 Date Nov 10, 1967 Fee 3.00 Date Rec'd. 11/13/67 By G. G.

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

Location—Address WEST ST. or Lot No. _____

Owner HAMPSHIRE COLLEGE Address WEST ST

Contractor A. MARTINEAU & K. KONIENNY Address _____

Type of Building OFFICE Dimensions _____ Size Lot ACRES

Dwelling—No. of Bedrooms _____ Expansion Attic (u) Garbage Grinder (u)

Other _____ No. of persons 20 Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 15 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 2 Width 2 Total Length 150 Total leaching area 300 sq. ft.

Disposal Bed—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 ()

(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 afordescribed 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.

Application Approved by [Signature]

[Signature]
 Owner or builder 11/13/67
 date

Application Disapproved for the following reasons:

Application Disapproved for the following reasons: _____
 date

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.

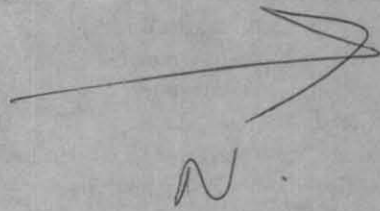
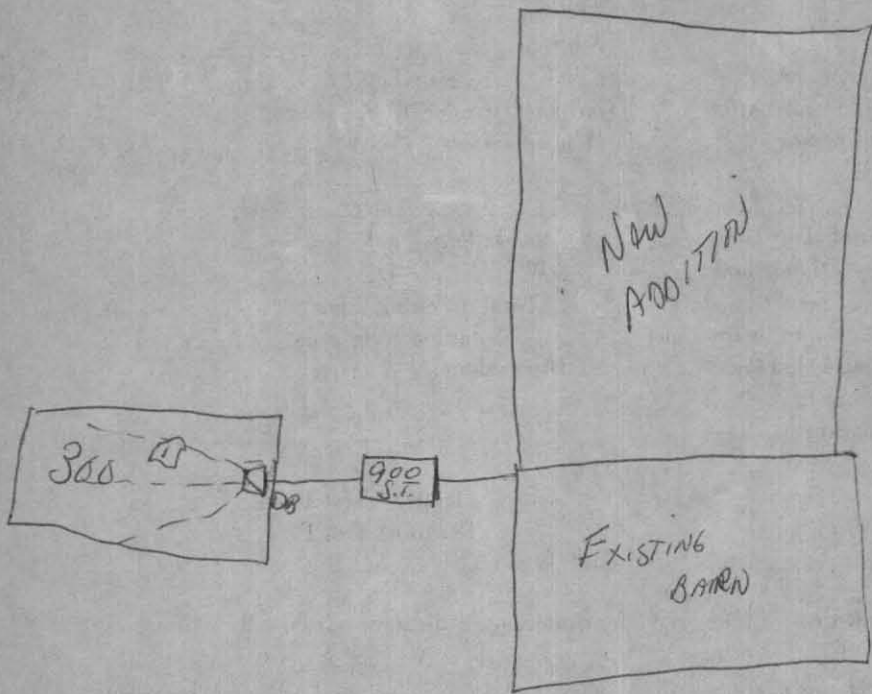
DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. _____ Permission is hereby granted _____ to construct () or repair () an Individual Sewage Disposal System at _____

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 _____ Board of Health



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

No. 64-9 Date 4-13-64 Fee 7.00 Date Rec'd. 4-13-64 By CE Drake

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

Location—Address WEST ST AT Mt VIEW CIRC or Lot No. _____

Owner JACOBS Address WEST ST

Contractor S. J. WANCYK Address WEST ST

Type of Building _____ Dimensions _____ Size Lot _____

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

Other _____ No. of persons 6 Showers ()

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 20x20 Depth below inlet 12" Total leaching area 400 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 _____ 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 SAND Depth to Ground Water 6'

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.

Application Approved by CE Drake _____ Owner or builder _____ date 4-10-64

Application Disapproved for the following reasons: _____ date _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE**

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired (X) by S. J. WANCYK at WEST ST has been constructed in accordance with the provisions of _____

INSTALLER (JACOBS) Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. 64-9 dated 4-11-64

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. DATE 4-13-64 Inspector CE Drake

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

No. 64-9 Permission is hereby granted S. J. WANCYK to construct () or repair (X) an Individual Sewage Disposal System at WEST ST AT Mt VIEW CIRC as shown on the application for Disposal Works Construction Permit No. 64-9

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 4-13-64 _____ Board of Health

9-11

Complete - sign and Return immediately

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 1-62

Elder Jones of Main St. (owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Residence (residence, store, etc.)

which will be located at South East West St. (W side) to be installed by

? Karl Konieczny (name) (address) (phone)

Builder is A. C. Conklin Plumber is Shepinan

Description of lot, building and fixtures as follows:

Lot: Dimensions approx. 100/220' Type of Soil Clay Mixture Well or Town Water? Town

Distance to Town Sewer Mile Depth to Ground Water 4' Kind of Well

Will Lot be Graded? Yes By Filling or Removing Soil? Filling (not in)

Building: Dimensions 100 x 220 No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders No

Auto Dishwasher No Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date Jan 3/ 1962 (Signature of Applicant) A. C. Conklin X

Rec'd \$3.00 Applic. fee T.A.S.

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 1-62

Elder Jones is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.

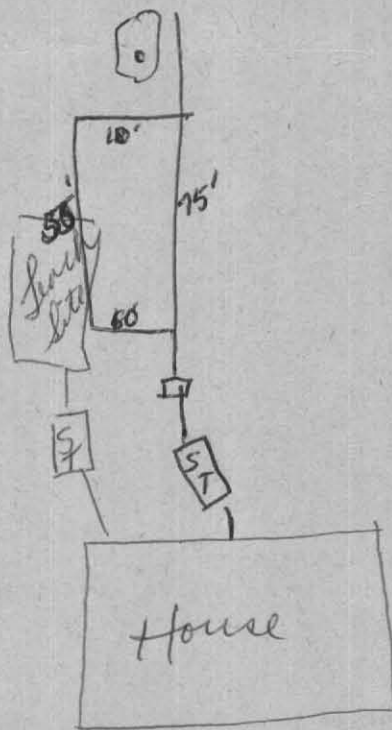
Other Leach bed 10' x 30'

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.

G. A. Shino 1/3/62 for the Board of Health date

Inspected Approved 5/22/62 G. A. Shino

License
Carl Robertell.



220'

100+

West St

New
d. \$300
12/15/61

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 23-61
32515

Kamins Dwe of 55 So Pleasant St (owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a residence, store, etc.)

which will be located at West St. North lot Davis Farm to be installed by

(name) (address) (phone)

Builder is Chester Fiske Jr. Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions 110 X 200 Type of Soil Clay mix Well or Town Water? Town

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? No By Filling or Removing Soil?

Building: Dimensions 26 X 40 No. Bedrooms 4 No. Occupants 2

Fixtures: No. Toilets 2 Urinals Wash Basins 2 Bathtubs 2

Showers Kitchen Sinks 1 Garbage Grinders No

Auto Dishwasher Auto. Clotheswasher Other (basement) None

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 12/11/61

Kamins Dwe
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

Kamins Dwe is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 900 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

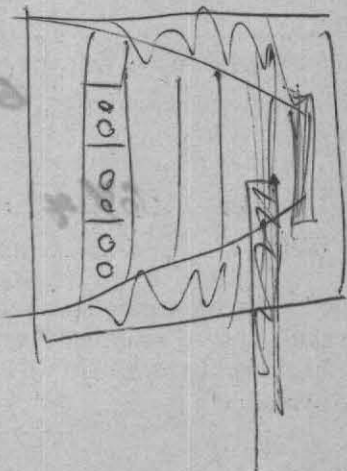
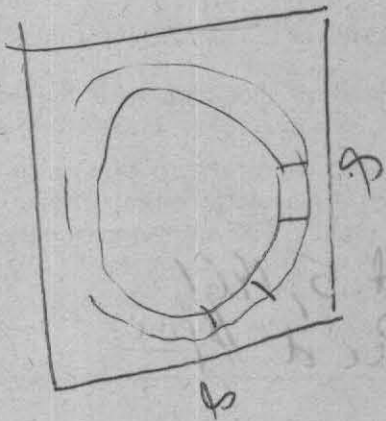
Dry well ft. bottom area and ft. below the inlet.

Other

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.

A. G. Sims 12/11/61
for the Board of Health date

Inspected Approved OK Final check by Mr. Torrey - Account out of town



APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 12-61

C. Panartonia of West Street (owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Residence (residence, store, etc.)

which will be located at West Street to be installed by

S. J. Wasczyk (name) (address) (phone)

Builder is Plumber is

Description of lot, building and fixtures as follows:

Lot: Dimensions Type of Soil Well or Town Water?

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date August 7, 1961 (Signature of Applicant)

Rec'd \$1,00 9/5/61

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

S. J. Wasczyk is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of Gals. Liquid Capacity.

Leaching System: Trenches of not less than Sq. Ft. bottom area.

Dry well ft. bottom area and ft. below the inlet.

Other

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.

Inspected Approved for the Board of Health date

OK - Kuskuski (over)

Inspection made by Mr. K. Wisnieski on Aug. 7, 1961

Septic Tank and Dry Well are located in the driveway.

Tank 600 gal. capacity.

Rec'd \$300 New
Ad.

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 48-62

Kamins Inc of Amherst
(owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Residence
(residence, store, etc.)

which will be located at West St (Lot #2 South of 2) to be installed by

K. Konieczny
(name) (address) (phone)

Builder is ? Plumber is ?

Description of lot, building and fixtures as follows:

Lot: Dimensions 10.5 x 150 Type of Soil Sandy Clay Well or Town Water? Town

Distance to Town Sewer 500' Depth to Ground Water ? Kind of Well ?

Will Lot be Graded? Yes By Filling or Removing Soil? by some fill in front

Building: Dimensions 26 x 38 + 6 No. Bedrooms 2 + 2 pass. No. Occupants Spec.

Fixtures: No. Toilets 1 + 1 Urinals — Wash Basins 1 + 1 Bathtubs 1 + 1

Showers Comb Kitchen Sinks 1 Garbage Grinders —

Auto Dishwasher — Auto. Clotheswasher 1 Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 12/13/62

Kamins Inc
Charles P. Payer Clerk
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 48-62

Kamins Inc is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of — Gals. Liquid Capacity.

Leaching System: Trenches of not less than — Sq. Ft. bottom area. See Sketch

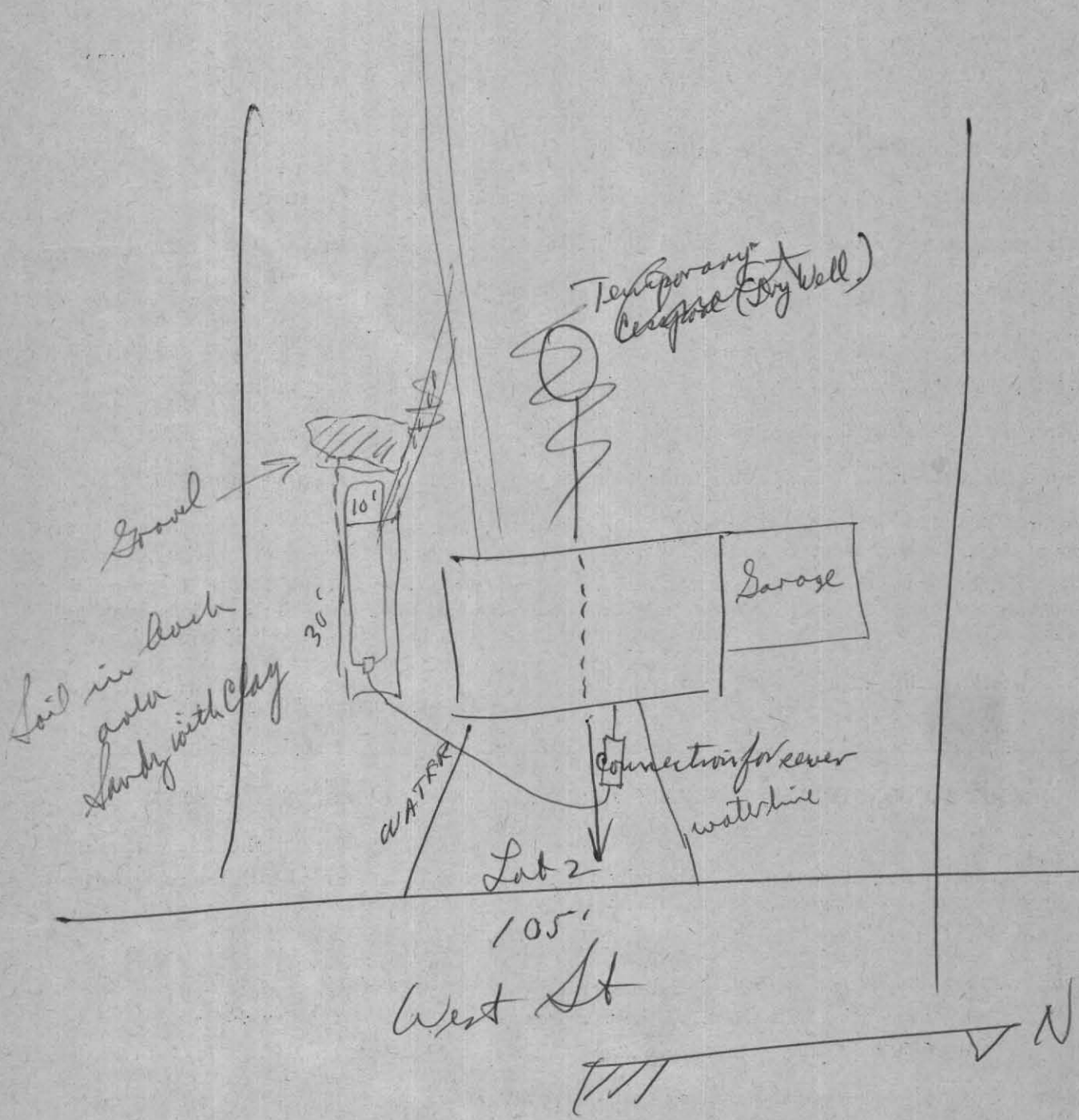
Dry well — ft. bottom area and — ft. below the inlet. Tanks + Leach bed

Other dry well cesspool temporary with connection for town sewer as soon as available

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.

Cesspool to be pumped out and filled in when connection to sewer is made
for the Board of Health A. C. Siano 12/13/62 date

Inspected — Approved A. C. Siano



Soil in back
 area
 sandy with clay

Temporary
 Cesspool (Dry Well)

Garage

WATER

Connection for sewer
watershed

Lot 2

105'

West St

N

42-62

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No. 42-62

J. Schmar of West St. (owner's name) (address) (phone)

hereby applies for a permit to construct or repair a private disposal system for a Residence (residence, store, etc.)

which will be located at Same to be installed by K. Konieny (name) (address) (phone)

Builder is _____ Plumber is _____

Description of lot, building and fixtures as follows:

Lot: Dimensions _____ Type of Soil Sand + Clay Well or Town Water? Town to be installed

Distance to Town Sewer _____ Miles Depth to Ground Water _____ Kind of Well _____

Will Lot be Graded? _____ By Filling or Removing Soil? _____

Building: Dimensions _____ No. Bedrooms _____ No. Occupants _____

Fixtures: No. Toilets _____ Urinals _____ Wash Basins _____ Bathtubs _____

Showers _____ Kitchen Sinks _____ Garbage Grinders _____

Auto Dishwasher _____ Auto. Clotheswasher _____ Other (basement) _____

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date 10/16/62

J. Schmar (Signature of Applicant)

Rec'd #100 FAS 11/14/62

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No. 42-62

J. Schmar is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of 1000 Gals. Liquid Capacity.

Leaching System: Trenches of not less than 300 Sq. Ft. bottom area.

Dry well _____ ft. bottom area and _____ ft. below the inlet.

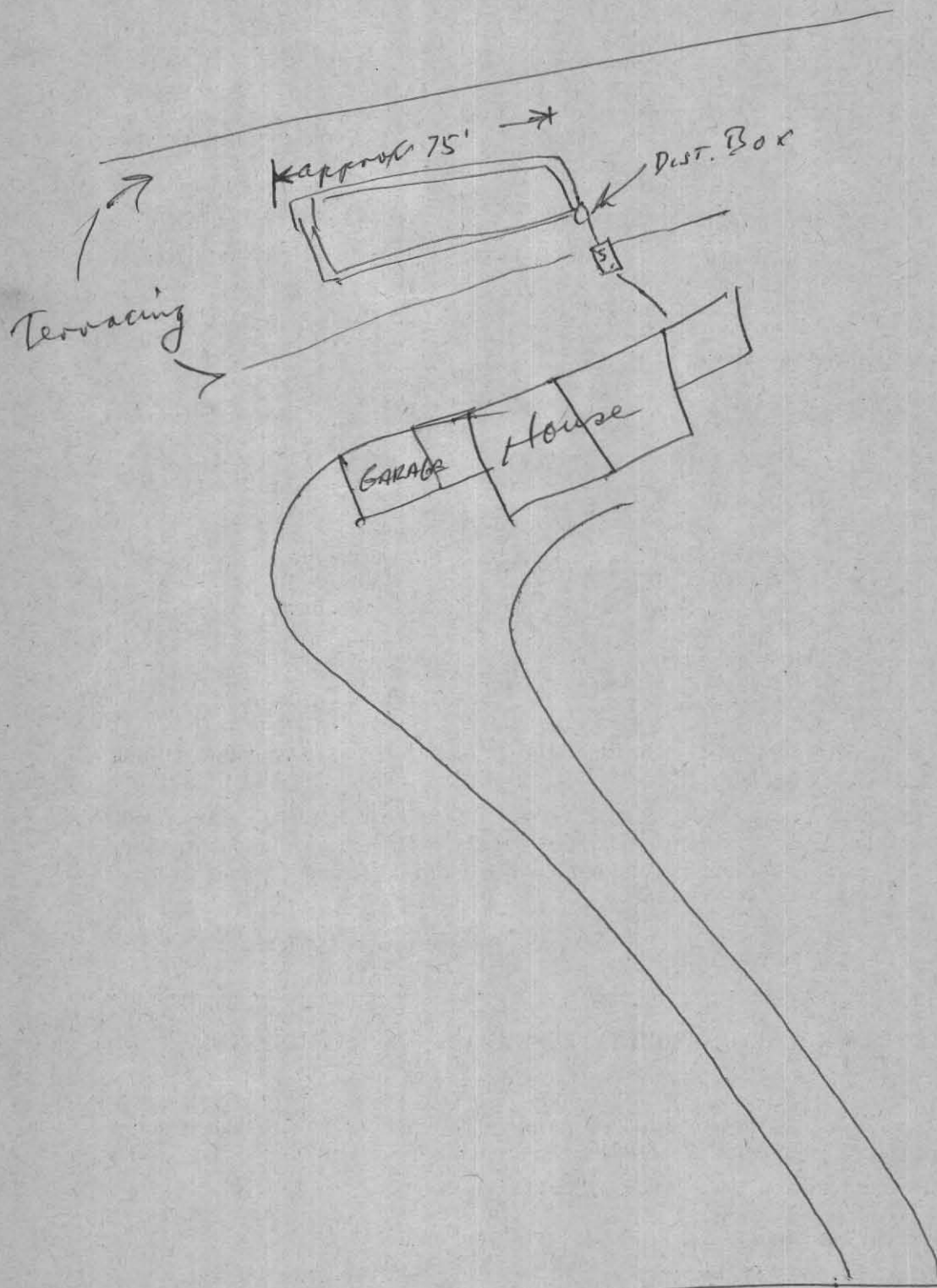
Other Distribution Box

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.

G. A. Sini for the Board of Health 10/16/62 date

Inspected 10/16/62 + 11/14/62 FAS Approved 11/14/62 G. A. Sini

Bond



West St.

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

No. 71-32 Date 12/13/71 Fee 3.00 Date Rec'd. 12/13/71 By D. F.

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

Location—Address PARCEL 2 WEST ST, MAP 28 or Lot No. _____
 Owner H. W. + W. C. MOORE Address 400 WEST ST, AMHERST
 Contractor H. W. MOORE Address " " " "
 Type of Building SINGLE FAMILY Dimensions 28' X 76' Size Lot 15 ACRES
 Dwelling—No. of Bedrooms 3 Expansion Attic (NO) Garbage Grinder (1)
 Other _____ No. of persons 2 Showers (2)
 Other fixtures _____
 Town Water? No Type of Well SPRING

Design Flow 50 gallons per person per day. Total daily flow 300 gallons
 Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 4'-10" D 5'-4"
 Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.
 Disposal Bed—No. _____ Diameter 6'-6" Depth below inlet 8' Total leaching area 320 sq. ft.
 Dry Well—No. 1 Diameter 6' Depth below inlet 8' Dimensions: 8' x 8' x 8'
 Other: Distribution box () No. _____ Dosing tank () _____

(Depth of Soil Line Below finished grade at foundation _____)
 Percolation Test Results Performed by J. HART - HUNTLEY ENGR Date 12-13-71
 Test Pit No. 1 3 minutes per inch Depth of Test Pit 3'-9"
 Test Pit No. 2 - minutes per inch CLAY w/ COBBLES Depth of Test Pit 9'-0"
 Description of Soil 1" ORG. TOPSOIL, 1-5" SILT, 4-6" GRAVEL Depth to Ground Water NONE @ 10'-0"

Will disposal area be filled? No Cut down? No
 (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.

Application Approved by [Signature] Hollis W. Moore 12/13/71
 Owner or builder date
12-13-71
 date

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. 71-32
 Permission is hereby granted H. W. MOORE to construct () or repair () an Individual Sewage Disposal System at WEST ST - NOTCH
 as shown on the application for Disposal Works Construction Permit No. 71-32

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.

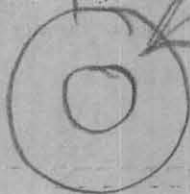
DATE 12-13-71 [Signature]
 Board of Health

DRIVE TO COMMUNICATION CTR



1000 GAL ST.

DRY WELL



AD 83

4-27

12-13-11

APPLICATION FOR PERMIT TO CONSTRUCT OR REPAIR
A PRIVATE SEWAGE DISPOSAL SYSTEM

TO: THE BOARD OF HEALTH, AMHERST, MASS.

No.

Linehan

West St.

(owner's name)

(address)

(phone)

hereby applies for a permit to construct or repair a private disposal system for a
(residence, store, etc.)

which will be located at *Same* to be installed by

Koniansky

(name)

(address)

(phone)

Builder isPlumber is

Description of lot, building and fixtures as follows:

Established Bldg

Lot: Dimensions..... Type of Soil..... Well or Town Water?

Distance to Town Sewer Depth to Ground Water Kind of Well

Will Lot be Graded? By Filling or Removing Soil?

Building: Dimensions No. Bedrooms No. Occupants

Fixtures: No. Toilets Urinals Wash Basins Bathtubs

Showers Kitchen Sinks Garbage Grinders

Auto Dishwasher Auto. Clotheswasher Other (basement)

(On reverse side show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

I certify that the above information is correct and that I will notify the Board of Health if any conditions are changed. I also declare that I have read and understand all the rules and regulations applying hereto and will comply with all requirements and stipulations as included in a permit if issued to me.

Date *Aug. 1959*

K.
(Signature of Applicant)

PERMIT TO CONSTRUCT OR REPAIR A PRIVATE SEWAGE DISPOSAL SYSTEM

No.

..... is hereby granted permission to proceed with the construction or repair of private sewage disposal system with the following minimum requirements:

Septic Tank: Must be of Cement and of *900* Gals. Liquid Capacity.

Leaching System: Trenches of not less than *180* Sq. Ft. bottom area.

Dry well *32* ft. bottom area and *6* ft. below the inlet.

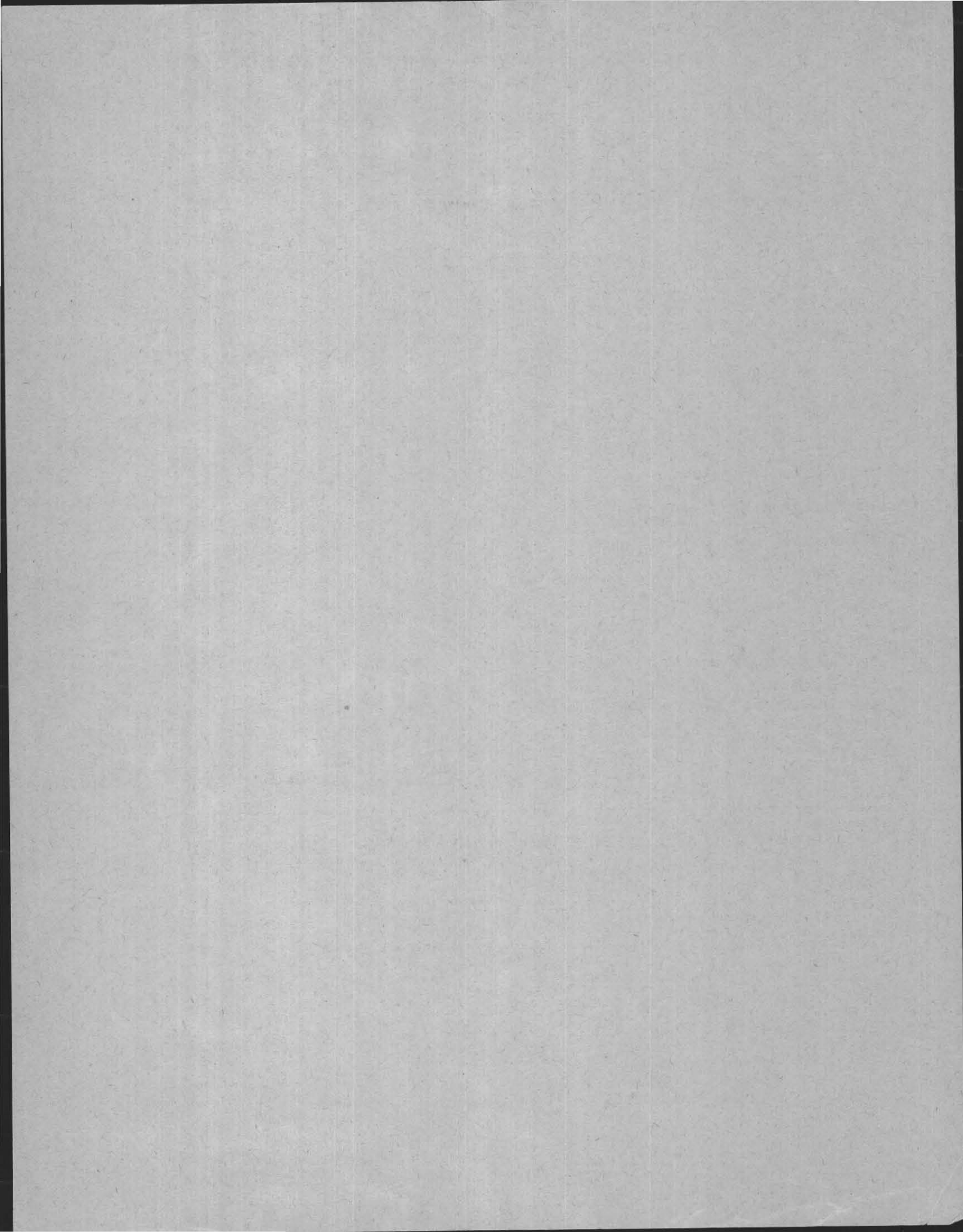
Other

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.

R. Perkins *9/4/59*
for the Board of Health date

Inspected *✓*

Approved *G. J. Sims*



*Relocation
of septic tanks*

BOARD OF HEALTH
AMHERST, MASS.

Applic. No. _____

APPLICATION TO CONSTRUCT, REPAIR, OR ALTER PRIVATE SEWAGE DISPOSAL SYSTEM

Must be completed and submitted to the Board of Health before a building is started or any system is constructed or altered.

Owner Herbert A. Paudolph Address West St Phone 3-3075

Builder _____ Address _____ Phone _____

System to be installed by Stephen Puffer Jr. Montague Rd. N. Amherst
name, address, and phone

Location East side of West St, #20A lot 33 Size 116.3 X 157.6
street, subdivision, and lot no. width, depth

House - Dimensions don't know No. Bedrooms 3 No. Occupants none at present

Plumbing fixtures - No. Toilets 1 No. Sinks 1 No. Lavatories _____

No. Showers 0 No. Bathtubs 1 Dishwasher 0
yes or no

Garbage Disposal 0 Auto. Washer 0
yes or no yes or no

Any in basement? none Others X
which

On reverse side make sketch of lot, show size, location of house, position of water service, and location of proposed disposal system.

To be approved:
Proposed septic tank size (must be cement) 500 gals or More

Drainage system, type, and dimensions ordinary drainage field

Date 4-6-58 Signed Herbert A. Paudolph
applicant

Do not fill in below

Site Survey This is site of former complaints - old system inadequate

Other _____

Approval of Plans

Septic tank _____ Disposal system _____

Final inspection

Remarks

Final Approval _____
(Make in Duplicate, keep one for your files)

APPROVED BY THE BOARD OF DIRECTORS
DATE: _____

APPROVED BY THE BOARD OF DIRECTORS

APPROVED BY THE BOARD OF DIRECTORS

APPROVED BY THE BOARD OF DIRECTORS

APPROVED BY THE BOARD OF DIRECTORS

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APPROVED BY THE BOARD OF DIRECTORS

APPROVED BY THE BOARD OF DIRECTORS

No. 85-19

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

West Street

Location - Address

Howard Paul

Owner

or Lot No.

Hampshire College

Address

Installer

Address

Type of Building

Size Lot.....Sq. feet

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

Other — Type of Building Kennel..... No. of persons 4 (office) Showers () — Cafeteria ()

Other fixtures

Design Flow 25 gallons per person per day. Total daily flow 105 gallons.

Septic Tank — Liquid capacity 1000 gallons Length..... Width..... Diameter..... Depth.....

Disposal Trench — No. Width 12' Total Length 16' Total leaching area 192 sq. ft.

Seepage Pit No. Diameter..... Depth below inlet..... Total leaching area..... sq. ft.

Other Distribution box (✓) Dosing tank ()

Percolation Test Results Performed by..... Date.....

Test Pit No. 1 10 minutes per inch Depth of Test Pit 7 1/2' Depth to ground water none

Test Pit No. 2..... minutes per inch Depth of Test Pit..... Depth to ground water.....

Description of Soil enclosed

Nature of Repairs or Alterations — Answer when applicable.....

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code — The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

* Signed H. Paul for Hampshire College 5-30-85 Date

Application Approved By C. Drake Date

Application Disapproved for the following reasons:.....

Permit No. 85-19

Issued 6-5-85 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by.....

Installer

at.....

has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE..... Inspector.....

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

No. 85-19

FEE \$90

Disposal Works Construction Permit

Permission is hereby granted Hampshire College

to Construct (✓) or Repair () an Individual Sewage Disposal System

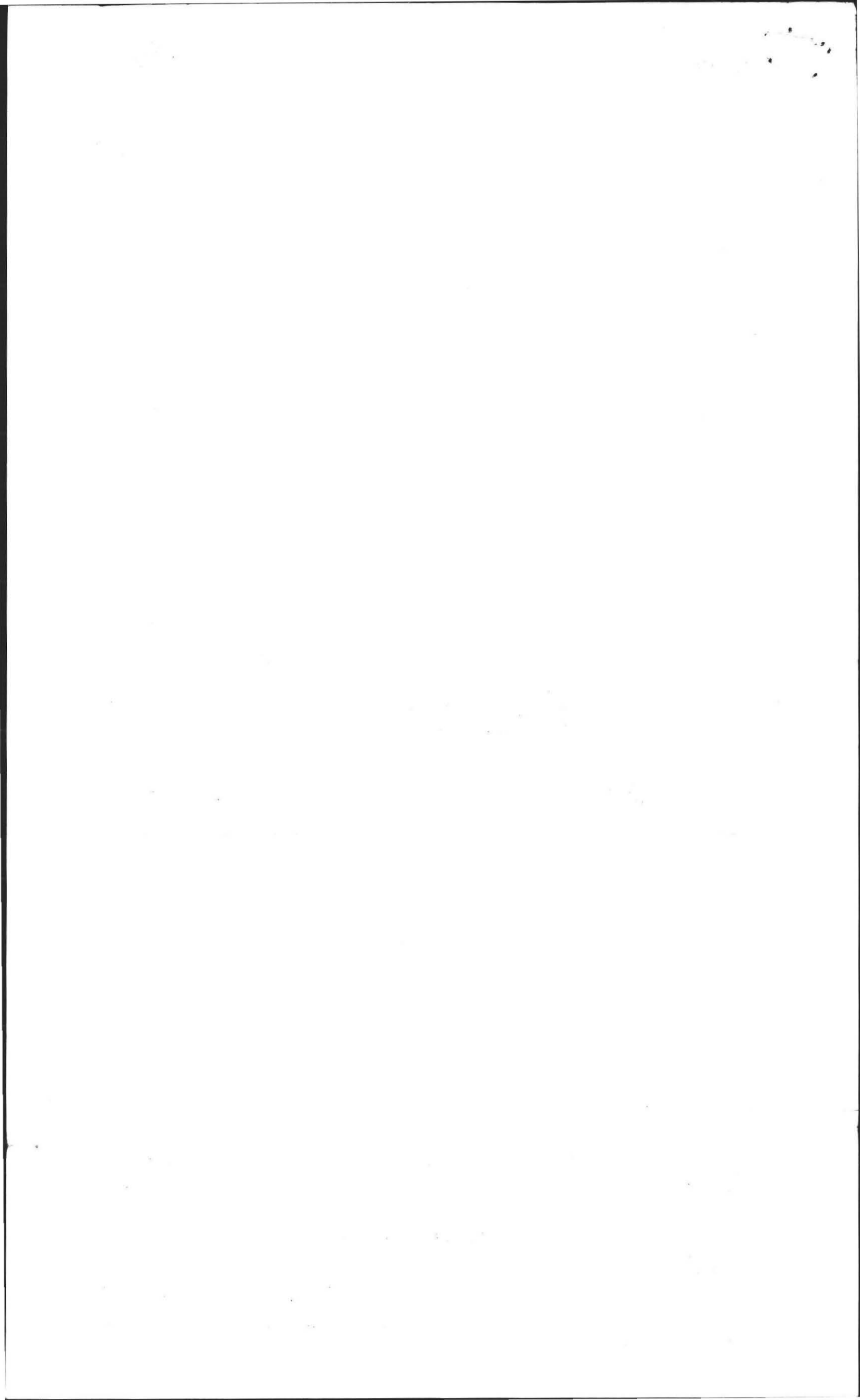
at No. OFF WEST ST Street

as shown on the application for Disposal Works Construction Permit No. 85-19 Dated 6-5-85

DATE 6-5-85

C. Drake Board of Health

CHECK OR FILL IN WHERE APPLICABLE



No.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

Location - Address: West Street, Howard Paul (Owner), Hampshire College (Address)

Type of Building: Dwelling - No. of Bedrooms, Expansion Attic (), Garbage Grinder (-) no, Other - Type of Building Kennel, No. of persons 4 (office), Showers (✓) - Cafeteria ()

Design Flow: 25 gallons per person per day, Total daily flow 105 gallons, Septic Tank - Liquid capacity 1000 gallons, Length, Width, Diameter, Depth, Disposal Trench - No., Width 12', Total Length 16', Total leaching area 192 sq. ft., Seepage Pit No., Diameter, Depth below inlet, Total leaching area, Other Distribution box (✓) Dosing tank (), Percolation Test Results Performed by, Date, Test Pit No. 1 10 minutes per inch, Depth of Test Pit 7 1/2', Depth to ground water none, Test Pit No. 2, minutes per inch, Depth of Test Pit, Depth to ground water

Description of Soil: enclosed

Nature of Repairs or Alterations - Answer when applicable

Agreement:

The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed

Application Approved By

Application Disapproved for the following reasons:

Permit No.

Issued Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by

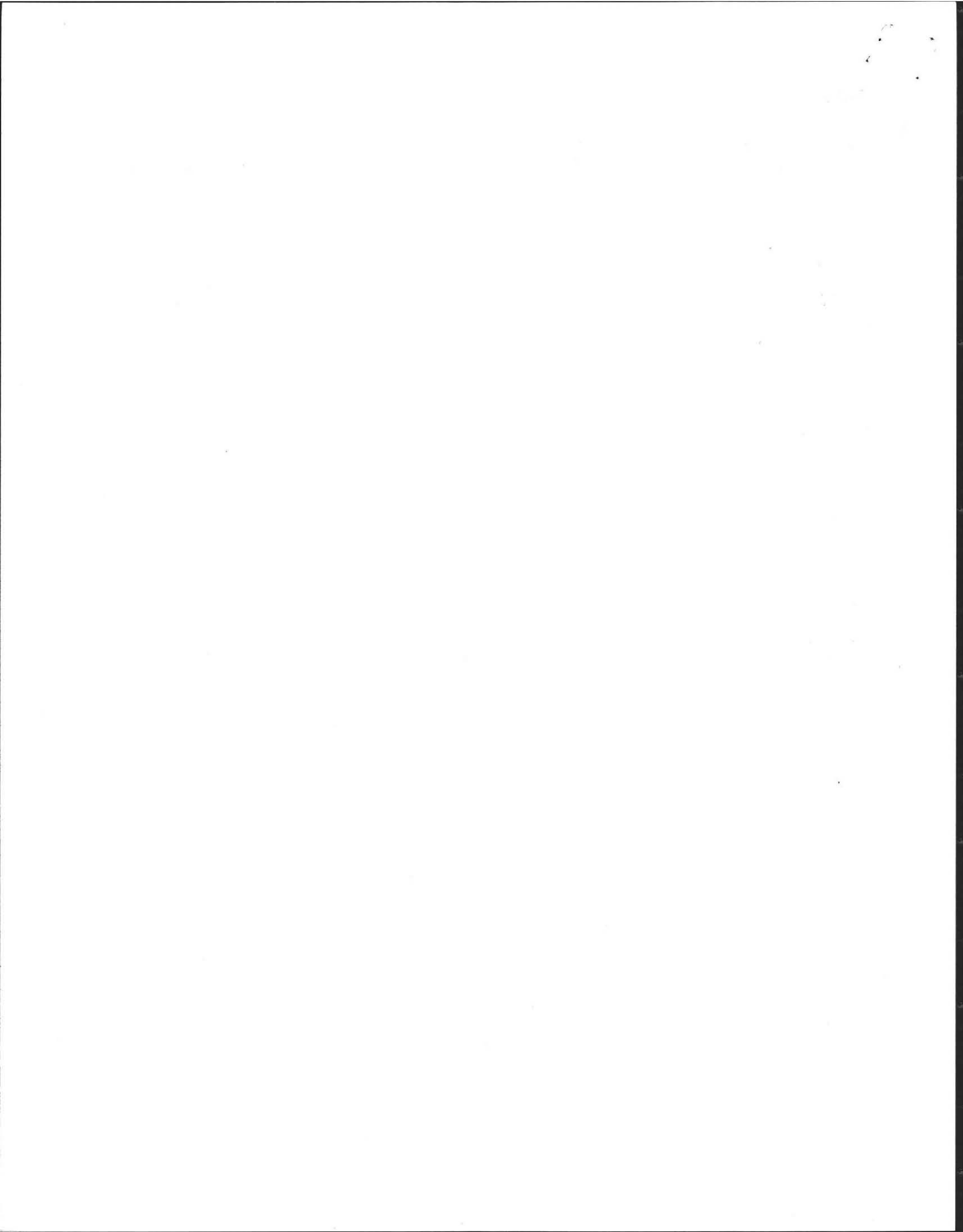
at

has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

DATE Inspector

CHECK OR FILL IN WHERE APPLICABLE



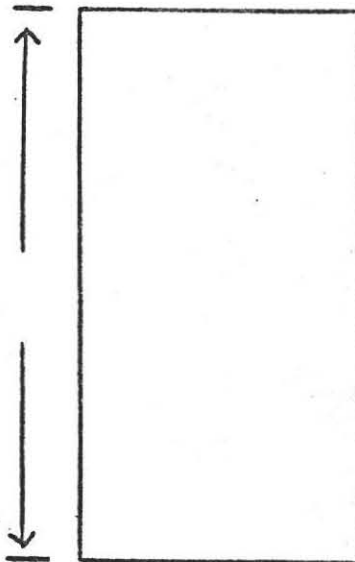
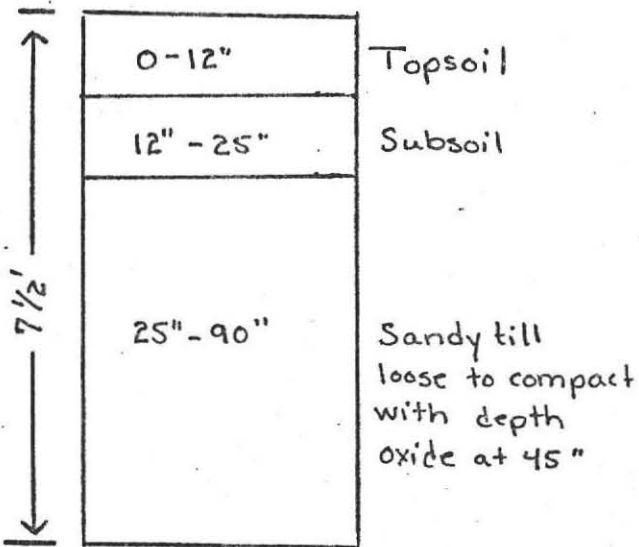
DEEP SOIL LOGS

OWNER Howard Paul

DATE Apr. 18 1985

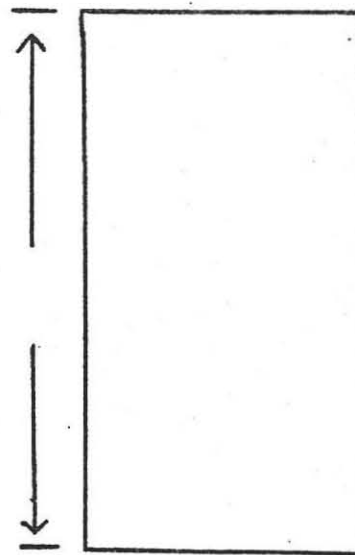
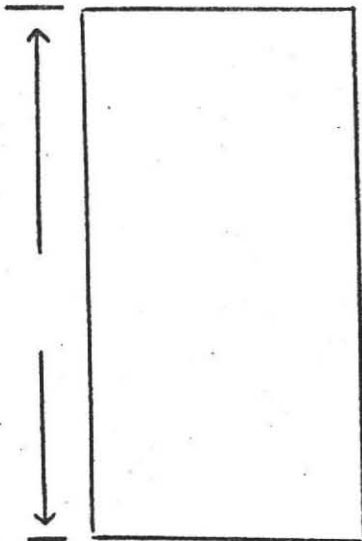
LOCATION West Street
Amherst

OBSERVER F.A. Filios



GROUND WATER none

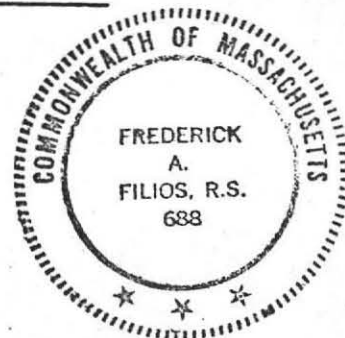
GROUND WATER _____

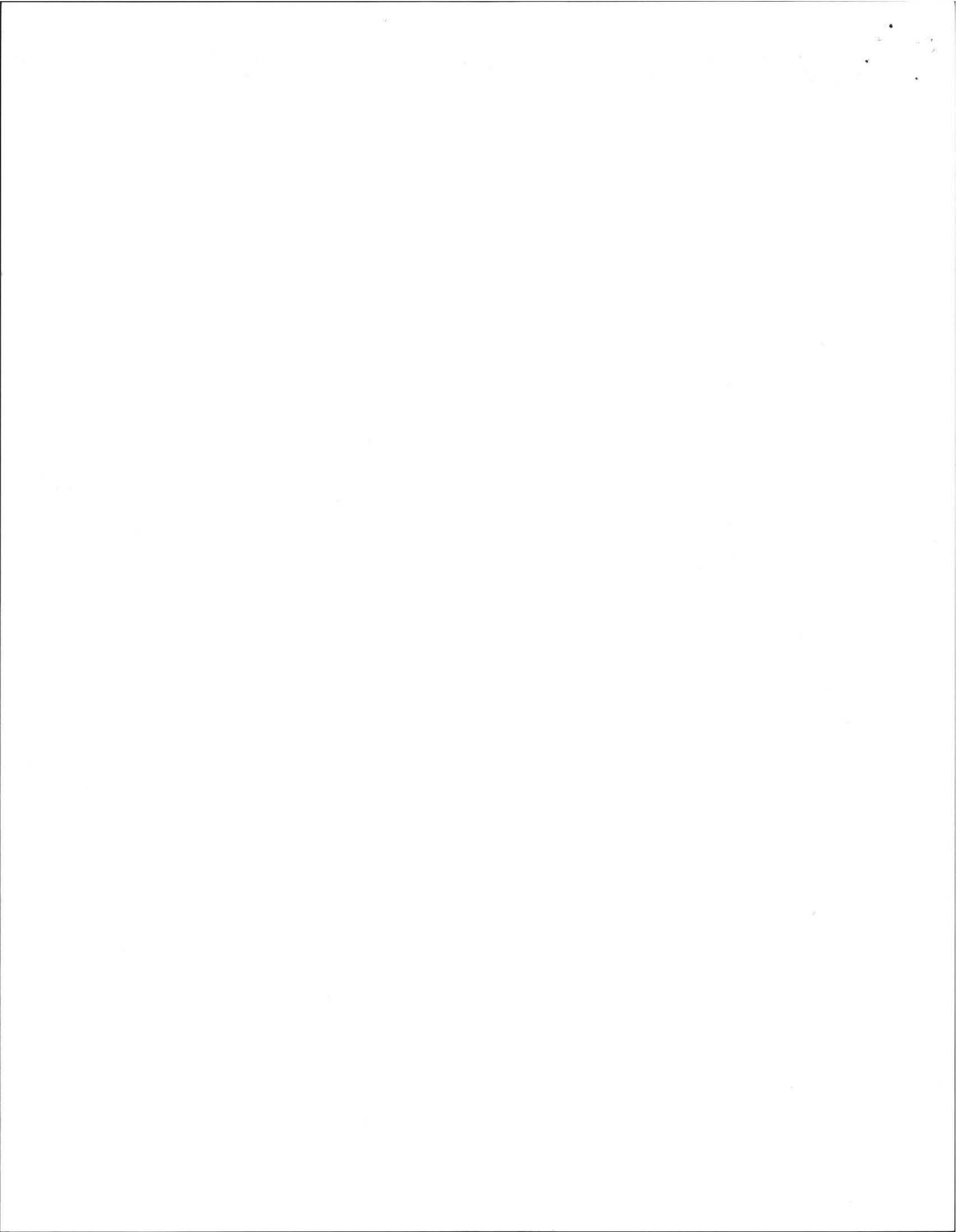


GROUND WATER _____

GROUND WATER _____

Percolation Rate at 36"
10 min/inch



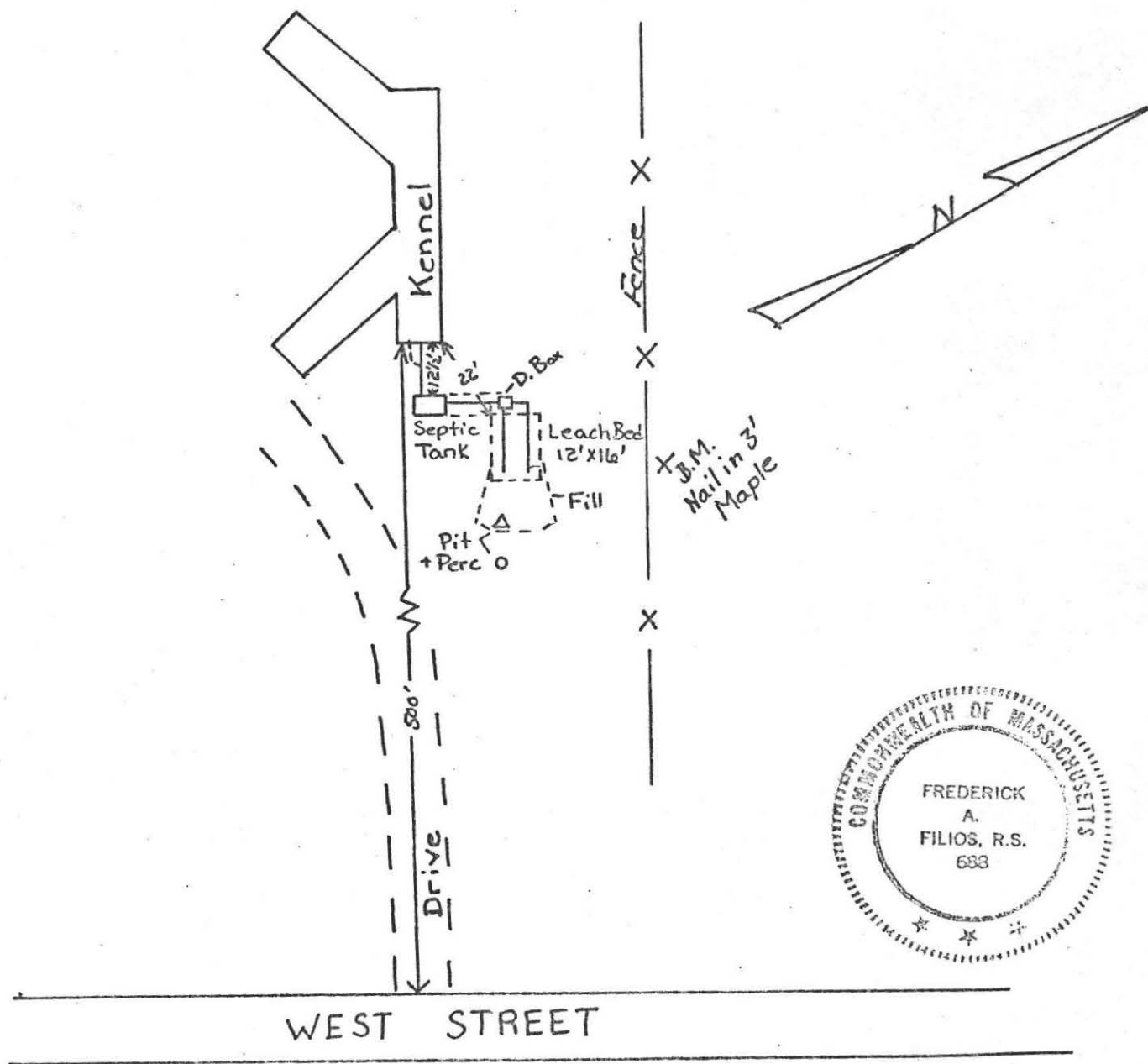


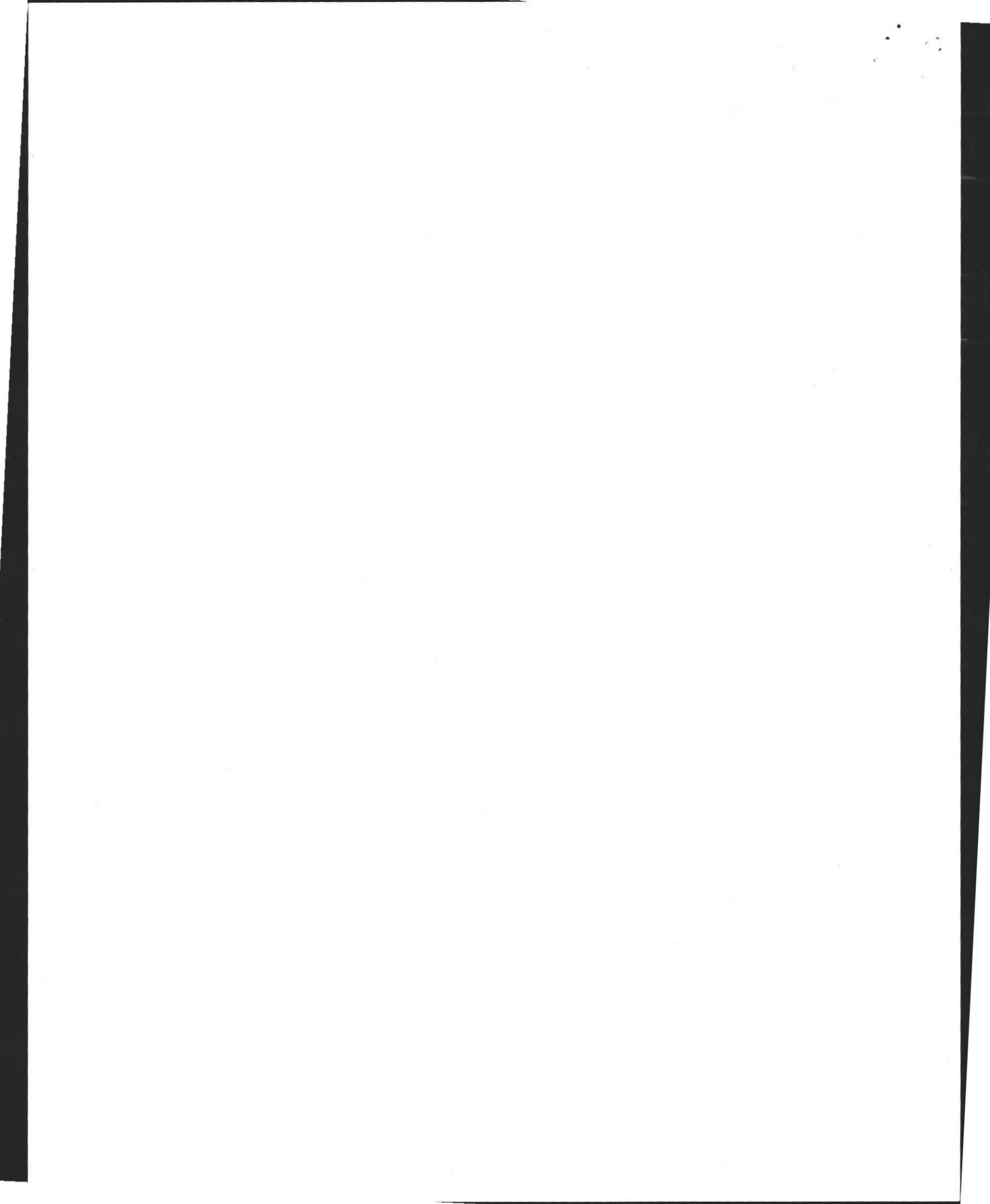
PLAN SHOWING SEWAGE DISPOSAL

MAY 1985

For: Howard Paul
At: West Street
Amherst, MA

Scale: 1" = 40'
By: F.A. Filios





PROFILE OF SEPTIC SYSTEM

MAY 1985

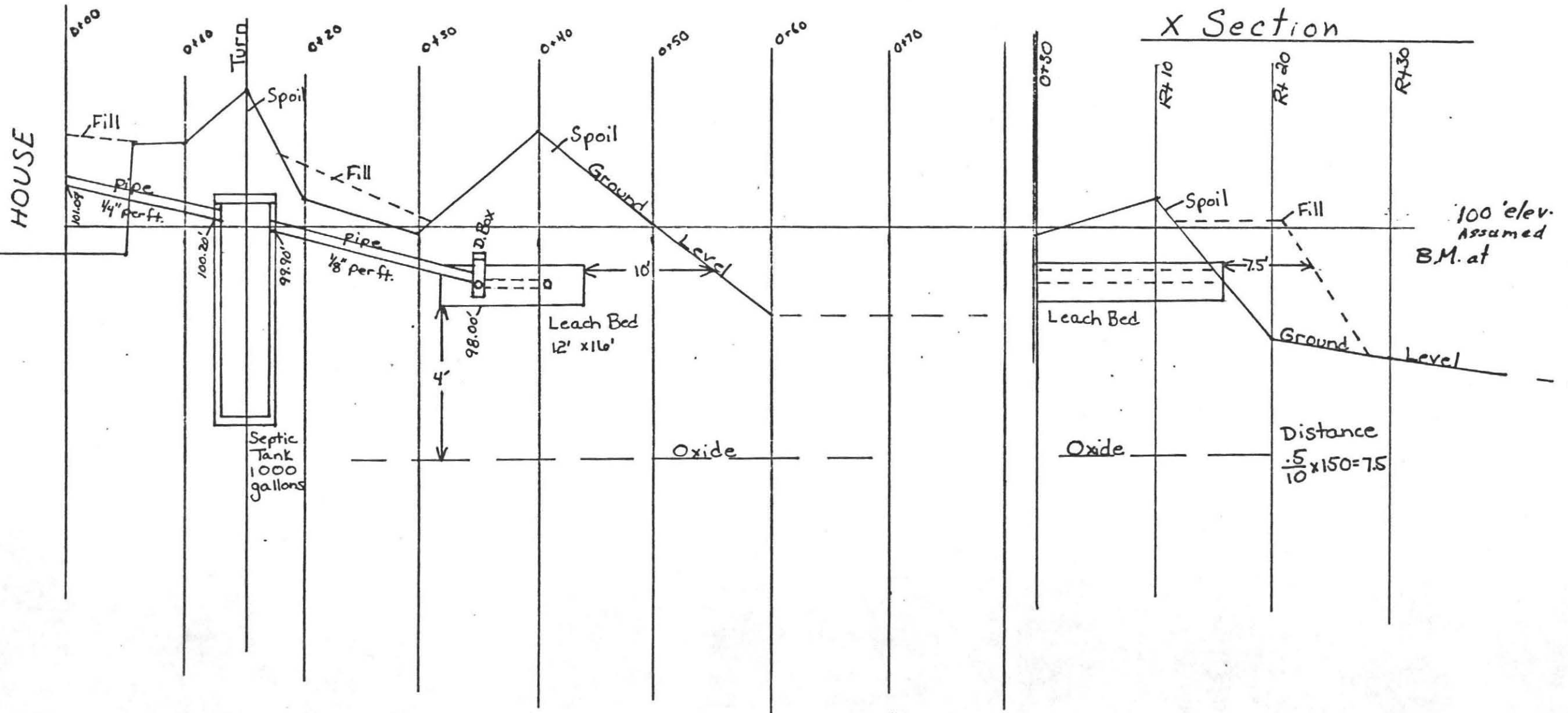
For: Howard Paul
Hampshire College

Scale: Horizontal, 1" = 10'
Vertical, 1" = 3'

By: Frederick Filios



At: West Street
Amherst, MA



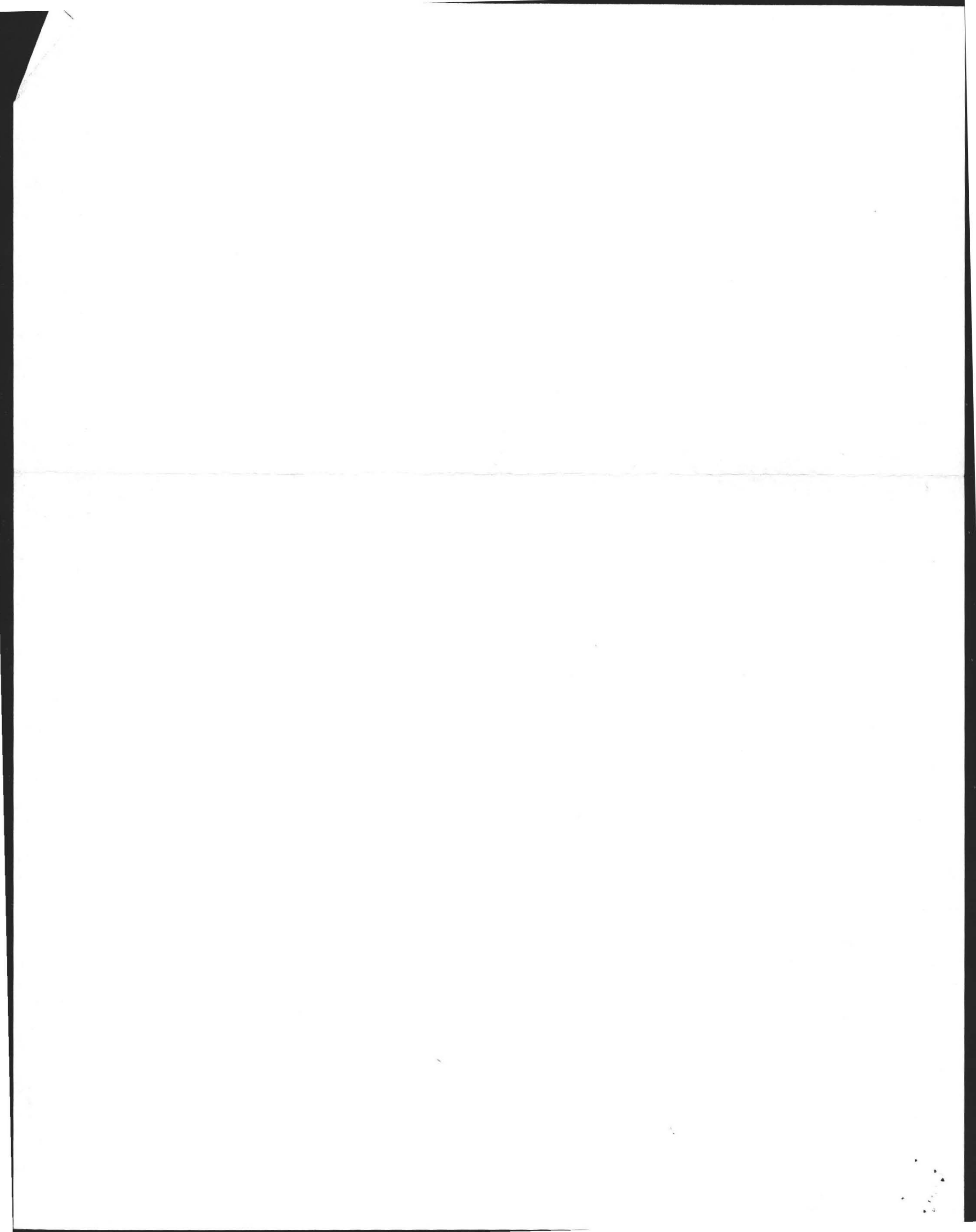
SPECIFICATIONS

All materials and construction are to be in accordance with Comm. of Mass

D.F.Q.E. State Environmental Code Title 5..

CALCULATIONS

25 gallons/person x 4 people = 100 gallons required
At 10 minutes per inch .55 gallons per sq. ft.
12 ft x 16 ft = 192 sq. ft.
192 sq. ft. x .55 gal/sq. ft. = 105.6 gallons proposed



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

HAMPSHIRE COLLEGE KENNEL

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner HAMPSHIRE COLLEGE Address WEST ST

Installer KARLS ETC. Address RIVER DR #ADJ

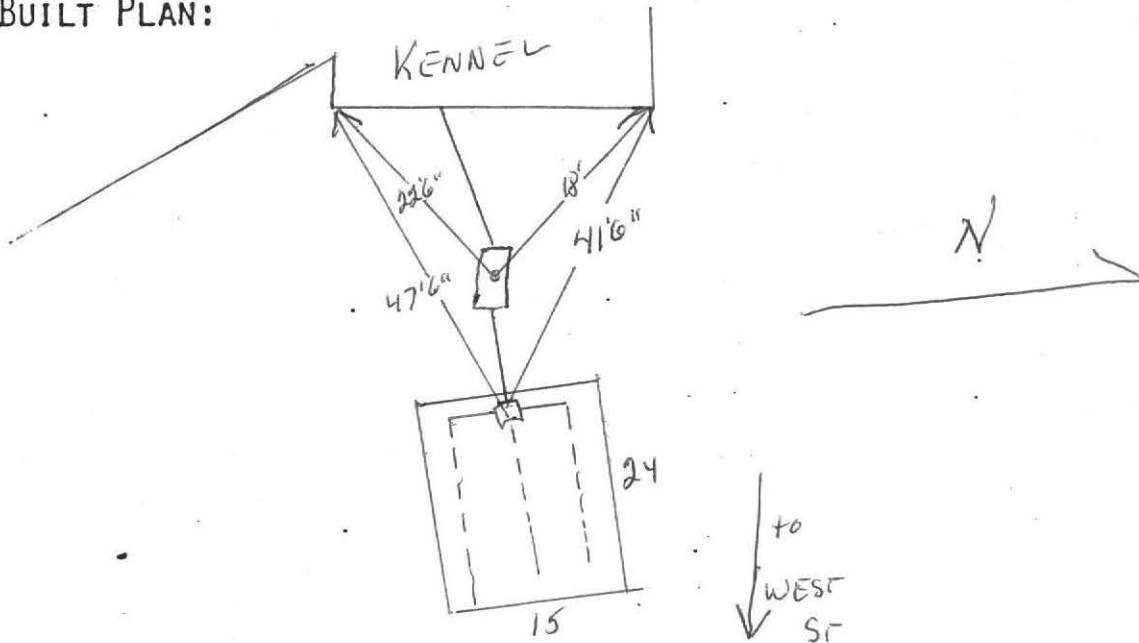
Date Installation Inspected and Approved 8/29/85

Description of System: Tank Capacity: 1000

Leach Field () Bed (:X) Seepage Pit () Square Feet: 360

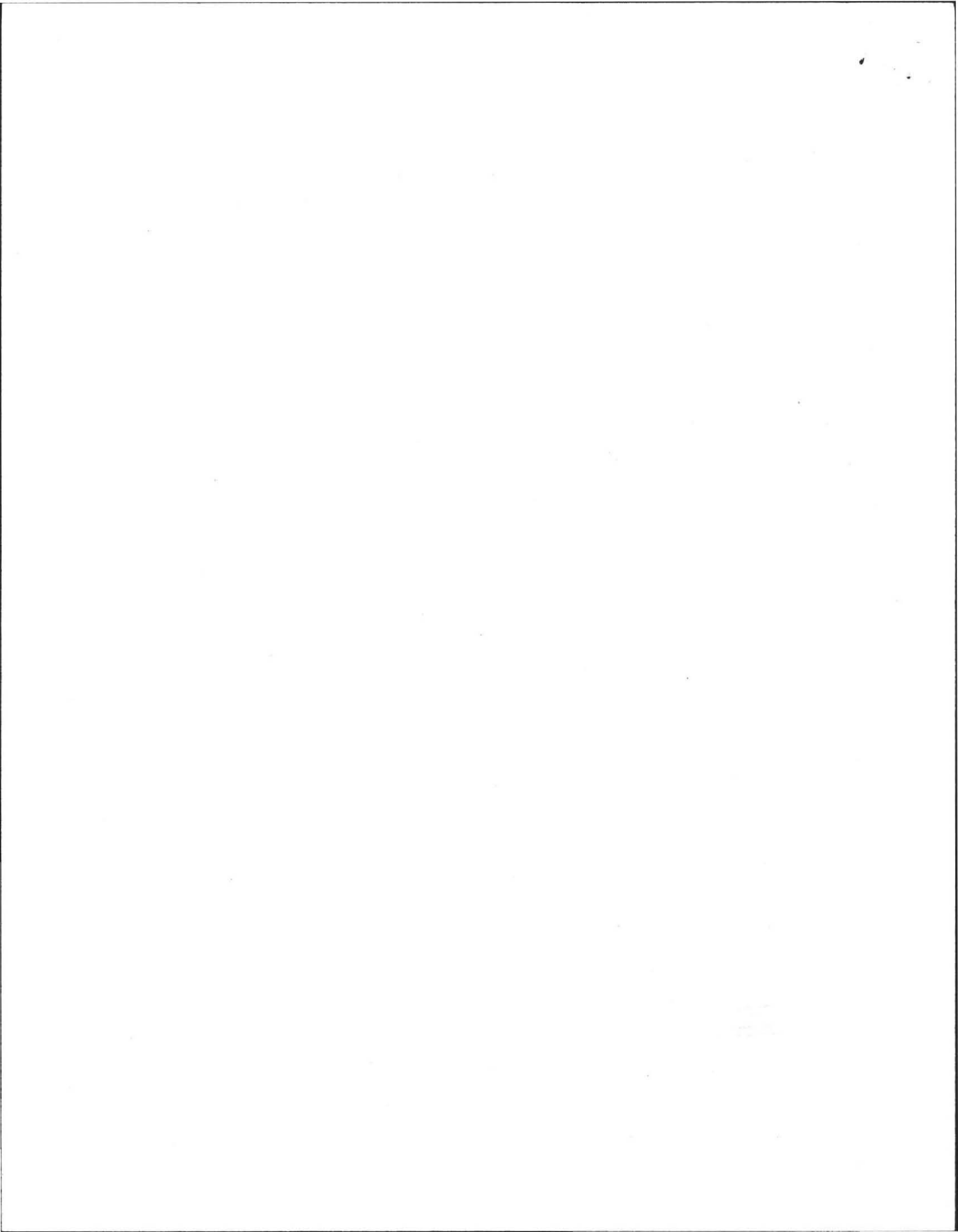
Garbage Grinder Yes () No (X) No. Bedrooms: NONE No. People _____

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed _____ years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner LARRY Kellogg Address 1294 WEST ST

Installer B. ROBERTS Address WEST ST

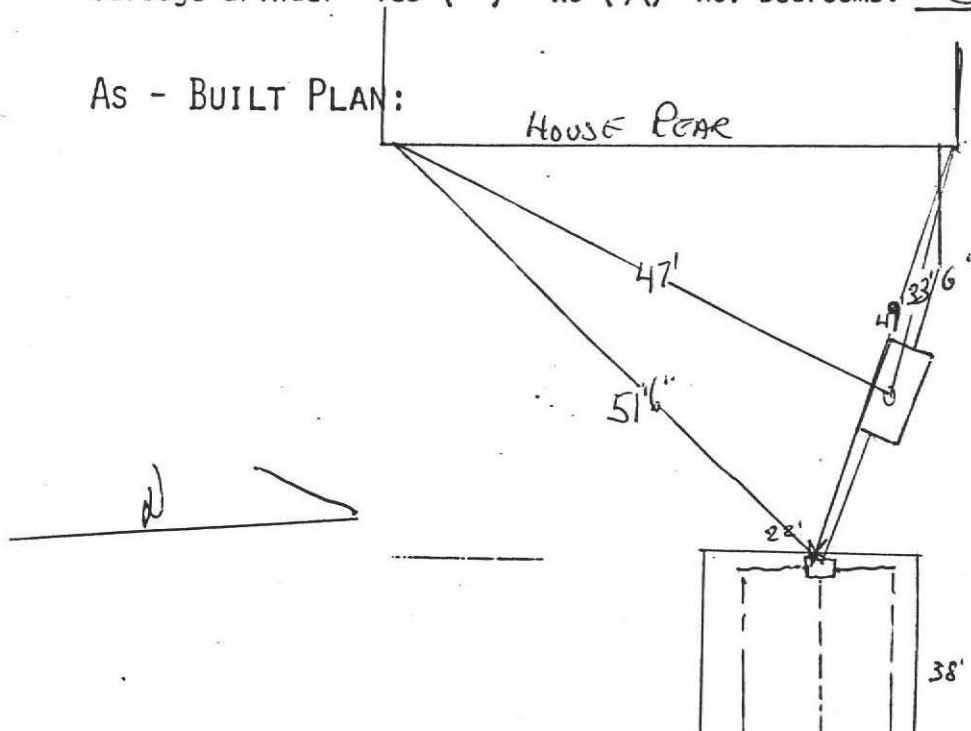
Date Installation Inspected and Approved 6-28-84

Description of System: Tank Capacity: 1500

Leach Field () Bed (X) Seepage Pit () Square Feet:

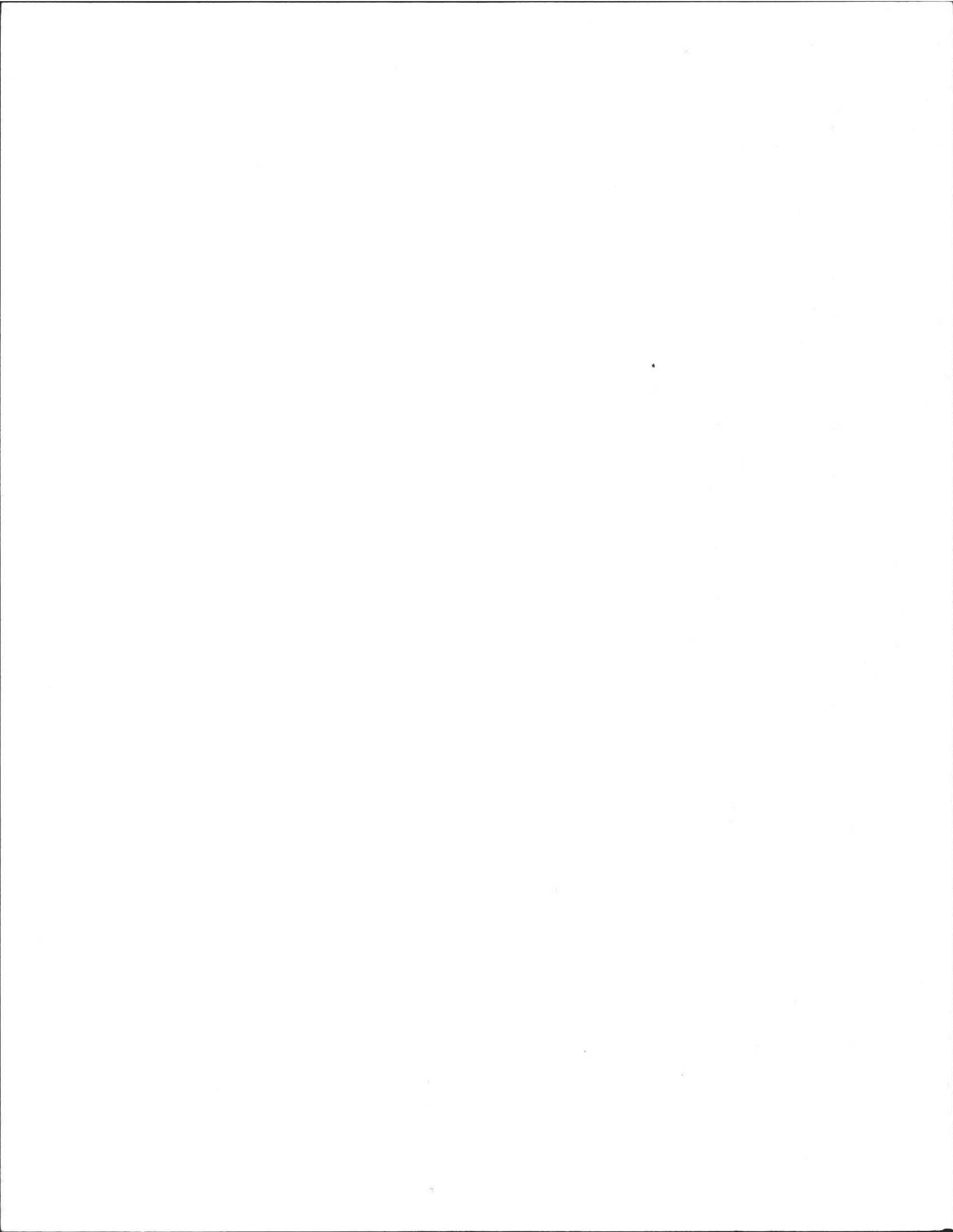
Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

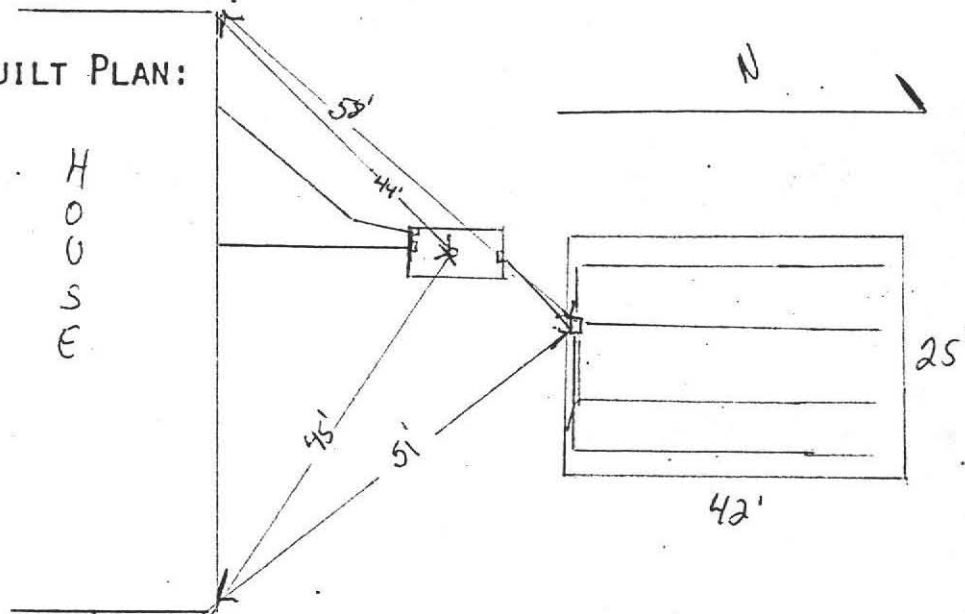
STILES HOUSE

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

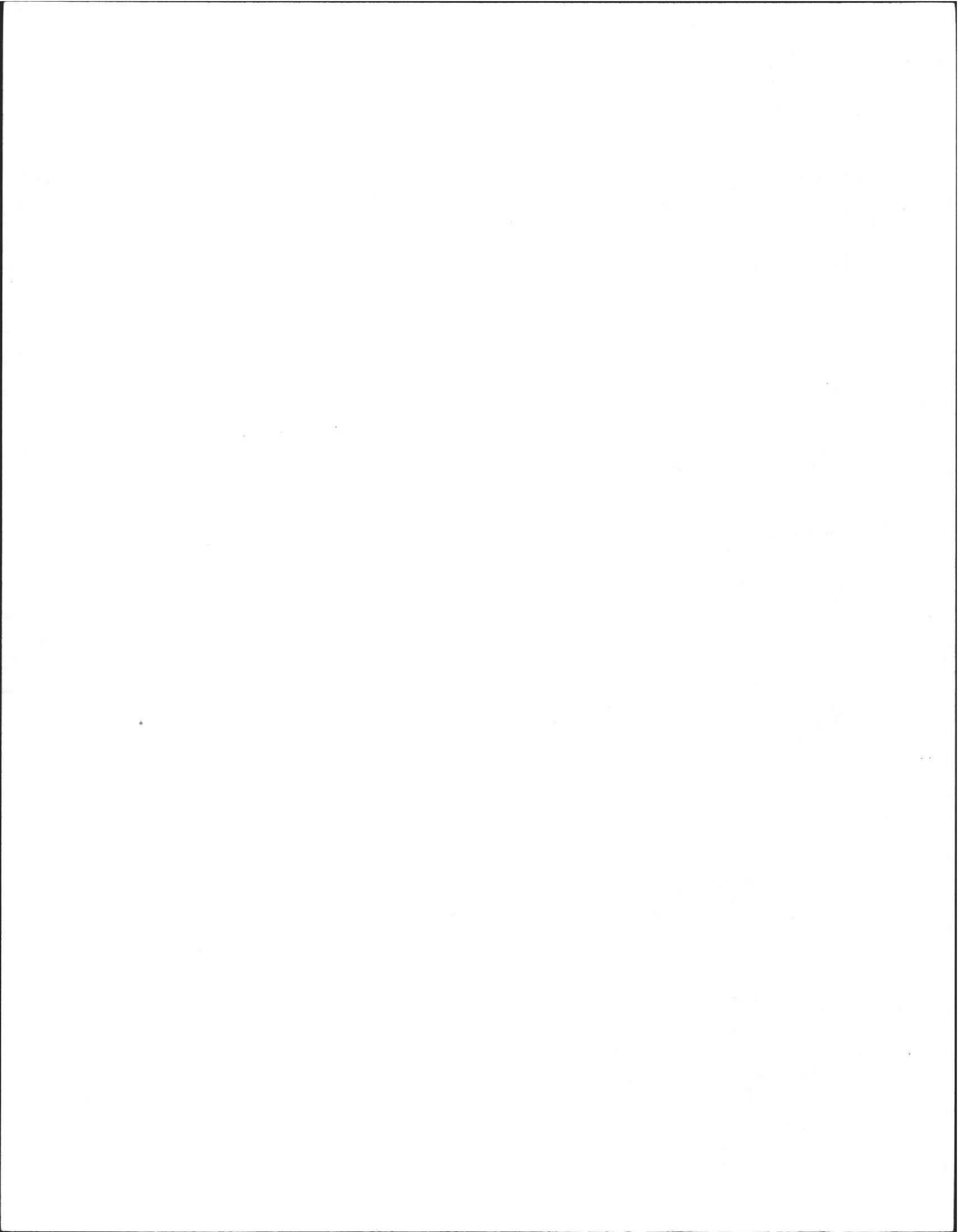
Owner HAMPSHIRE COLLEGE Address WEST ST. AMHERST
Installer KARLS EXCAVATING Address RIVER DR. WADSBY
Date Installation Inspected and Approved 10-12-83 CPD
Description of System: Tank Capacity: 1500
Leach Field () Bed () Seepage Pit () Square Feet: 1050
Garbage Grinder Yes () No () No. Bedrooms: 4 No. People 8

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



HAMPSHIRE

COLL

STILES

HOUSE

A number of years ago... I had a hammer... of that song... remember when it was... words go... and out have... of the...

As you look on the banner... you will notice... Each week of the... we concentrate on one... it relates to the...

The bell has... among the faithful... for minutes... the bells as they... early times and... name as into our... with...

In Christian... and later... the singing of... the great joy of the... significantly, to make us more aware of the love of our God who has sent his Son to reach us the true and authentic way of the...

This first week of... asks us to... our attention on the... and says we are... Bell should always... Him in a variety... pieces, but he tells us how uniquely... we are to him when we gather to break bread in love with our sisters and brothers. "Come," says the Lord and we are told, "Come, let us worship the Lord our God."

1500 TANK

45

25
42
1050

WEST ST

