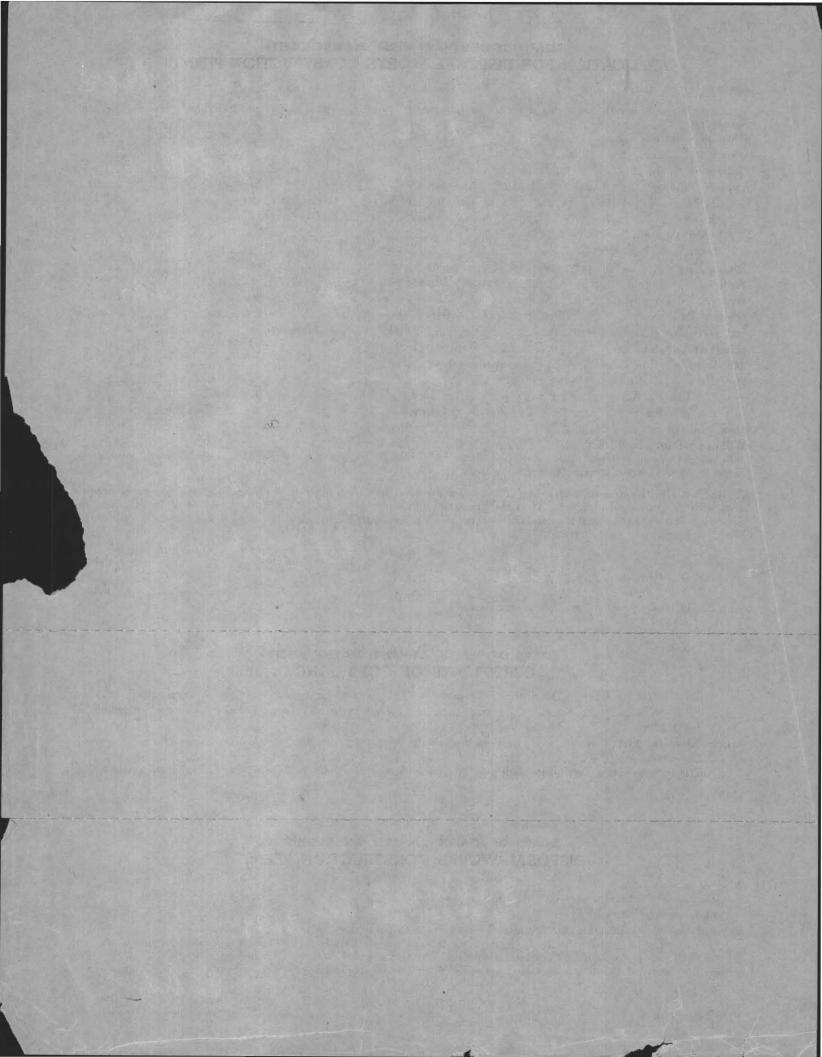
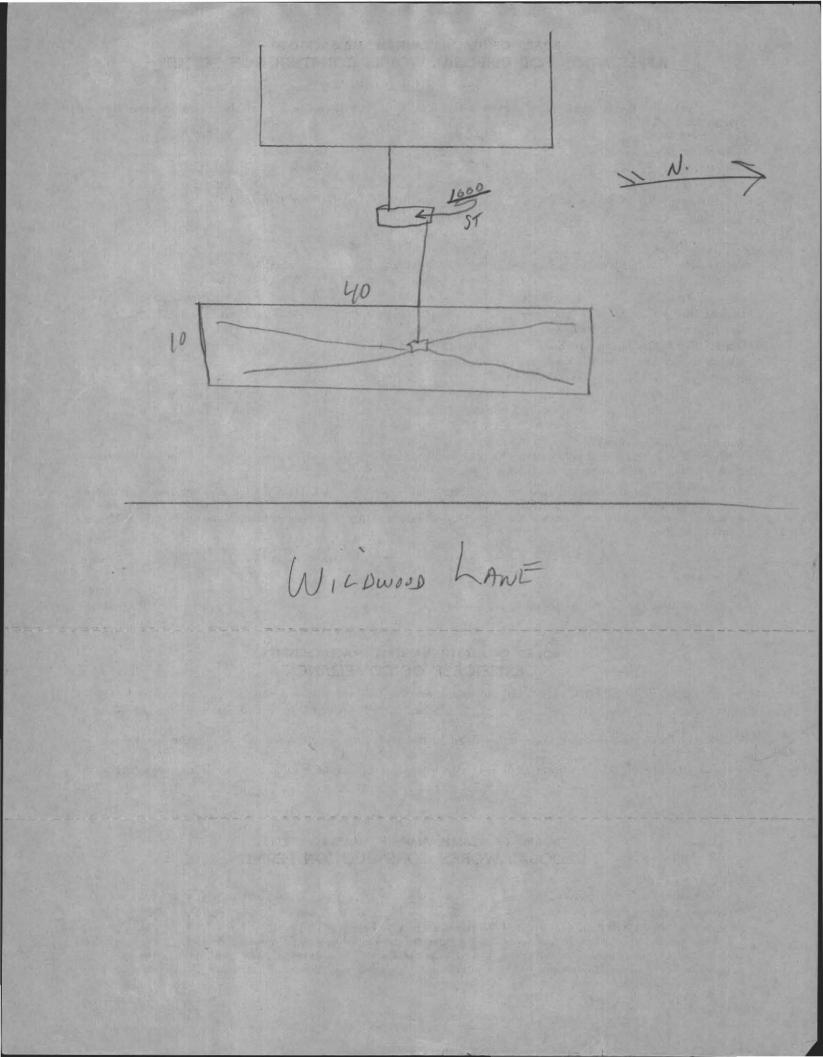
BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCT	TION PERMIT
No. 64-22 Date 10-7-64 Fee 100 Date Rec'd. 10-7	-64 By Jonte
Application is hereby made for a permit to Construct () or Repair (an Individual Sewage Disposal
System at: Location—Address <u>6 WULSUCOD LANE</u> Owner <u>Swenger</u> Address <u>Address</u>	or Lot No
Owner Swingon Address	6 CALLOWOND
Contractor Query Address Address Type of Building Dimensions Address Dwelling Sector Sector Other No. of Bedrooms Sector	Wisses
Type of Building Dimensions	Size Lot
Dwelling-No. of Bedrooms Expansion Attic () Garbage Grin	nder ()
Other No. of persons Showers (
Other fixtures Type of Well	
Design Flow gallons per person per day Total daily flow gall	ons
Design Flow gallons per person per day. Total daily flow gall gall Septic Tank—Liquid capacity gallons Dimensions: L W W Disposal Trench—No Width Total Length Total Total Disposal Bed—No Diameter Depth below inlet Total Total	D
Disposal Trench—No Width Total Length Total	leaching area 480 sq. ft.
Disposal Bed-No Diameter Depth below inlet Tot	al leaching area sq. ft.
Dry Well-No Diameter Depth below inlet Dimension	ons: 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 Test Pit No. 2 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.)	
ance with the provisions of Article XI of the Sanitary Code and regulations of the A dersigned further agrees not to place the system in operation until a Certificate of C board of health.	Compliance has been issued by thi
() Owner or buil	der date
Application Approved by	4054
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 insta	alled () or repaired () by
at has been constructed in acc	
INSTALLER	
Article XI of the State Sanitary Code as described in the application for Disposal dated The issuance of this certificate shall not be construed as a guarantee that the	
The issuance of this certificate shall not be construed as a guarantee that the	system will function satisfactorily.
DATE Ins	spector
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERI	
F. 1 4 9	
Permission is hereby granted S WANCYK to co	onstruct () or repair (M an
No. 64-21 Permission is hereby granted S. J. Wancyk to co Individual Sewage Disposal System at 6 Wip Duroup Long	an Wan
as shown on the application for Disposal Works Construction Permit No	19
This permit is issued with the understanding that future alterations or addition permit shall not be construed as permission to create or maintain any sewage nuisa permit the Board of Health assumes no responsibility for the future operation or ma	ince and in the issuance of this
DATE	Board of Health

Board of Health

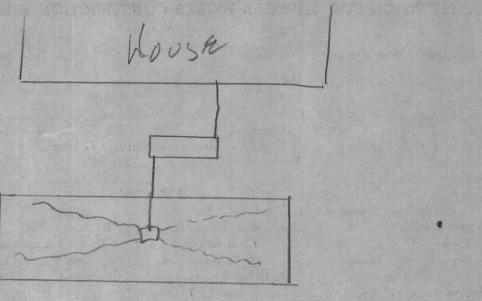


Xo	RENEWAL	
What have	BOARD OF HEALTH, AMHERST, MASSACHUSET APPLICATION FOR DISPOSAL WORKS CONSTRUCT No. 64-13 Date 6-9-66 Fee 10 FEE Date Rec'd.	TION PERMIT
NO PT		
U	Application is hereby made for a permit to Construct () or Repair () System at:	an Individual Sewage Disposal
	System at: Location—Address <u>Wingwood have (LAST Kot)</u> Owner <u>Ekkeiner</u> Address <u>Address</u> Contractor <u>PLANTATION /ALLEY</u> Hones Address <u>Address</u> Type of Building <u>Dimensions</u> Dwelling—No. of Bedrooms <u>3</u> Expansion Attic (Mb Garbage G	or Lot No
	Contractor PLANTATION VALLEY Homes Address	NATFIELD
	Type of Building Dimensions	_ Size Lot
	Dwelling-No. of Bedrooms Expansion Attic (AG Garbage G	rinder (VES
all and the	Other No. of persons Showers Showers Other fixtures 2 BATHS - DISYWASHER	()
	Town Water? Type of Well	
Sign Ser	Design Flow gallons per person per day. Total daily flow ga	allons
	Septic Tank—Liquid capacity / OOO gallons Dimensions: L W Disposal Trench—No Width Total Length Tota	D
	Disposal Bed—No Diameter Depth below inlet T Dry Well—No Diameter Depth below inlet Dimensional diameter Dimensional diameter Depth below inlet Dimensional diameter Dimensional diameter Depth below inlet Dimensional diameter Dimensional diameter Depth below inlet Dimensiona	otal leaching area 600 sq. ft.
	Dry Well—No Diameter Depth below inlet Dimens	sions: x x
	Other: Distribution box () No Dosing tank () (Depth of Soil Line Below finished grade at foundations)
Tel have	(Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by	Date 4-21-64
	Test Pit No. 1 minutes per inch	Depth of Test Pit
	Description of Soil Charge Sono - Charge Super to Ground Water	Depth of Test Pit
	Will disposal area be filled? Cut down?	
and the second	(On reverse side or separate sheet, show plot plan with building. Include dimensio Show location of wells, streams, ledge, large trees, etc.)	ns, distances from all boundaries.
	AGREEMENT: The undersigned agrees to construct the aforedescribed individual ance with the provisions of Article XI of the Sanitary Code and regulations of the dersigned further agrees not to place the system in operation until a Certificate of board of health. Application Approved by	Amherst Board of Health. The un- Compliance has been issued by this
	BOARD OF HEALTH, AMHERST, MASSACHUSET CERTIFICATE OF COMPLIANCE	rs
	THIS IS TO CERTIFY, That the individual Sewage Disposal System in athas been constructed in a	
	INSTALLER Article XI of the State Sanitary Code as described in the application for Disposa dated	l Works Construction Permit No.
1.	The issuance of this certificate shall not be construed as a guarantee that the	e system will function satisfactorily.
	DATE I	nspector
	BOARD OF HEALTH, AMHERST, MASSACHUSETT DISPOSAL WORKS CONSTRUCTION PER No. 64-13 Permission is hereby granted Individual Sewage Disposal System at 01-00000 4000 to as shown on the application for Disposal Works Construction Permit No. 64 This permit is issued with the understanding that future alterations or additi permit shall not be construed as permission to create or maintain any sewage nui permit the Board of Health assumes no responsibility for the future operation or no DATE 044-13	RMIT construct ($$ or repair () an $\sqrt{-3}$ ions will be made if necessary. This sance and in the issuance of this
Contraction of the	U	



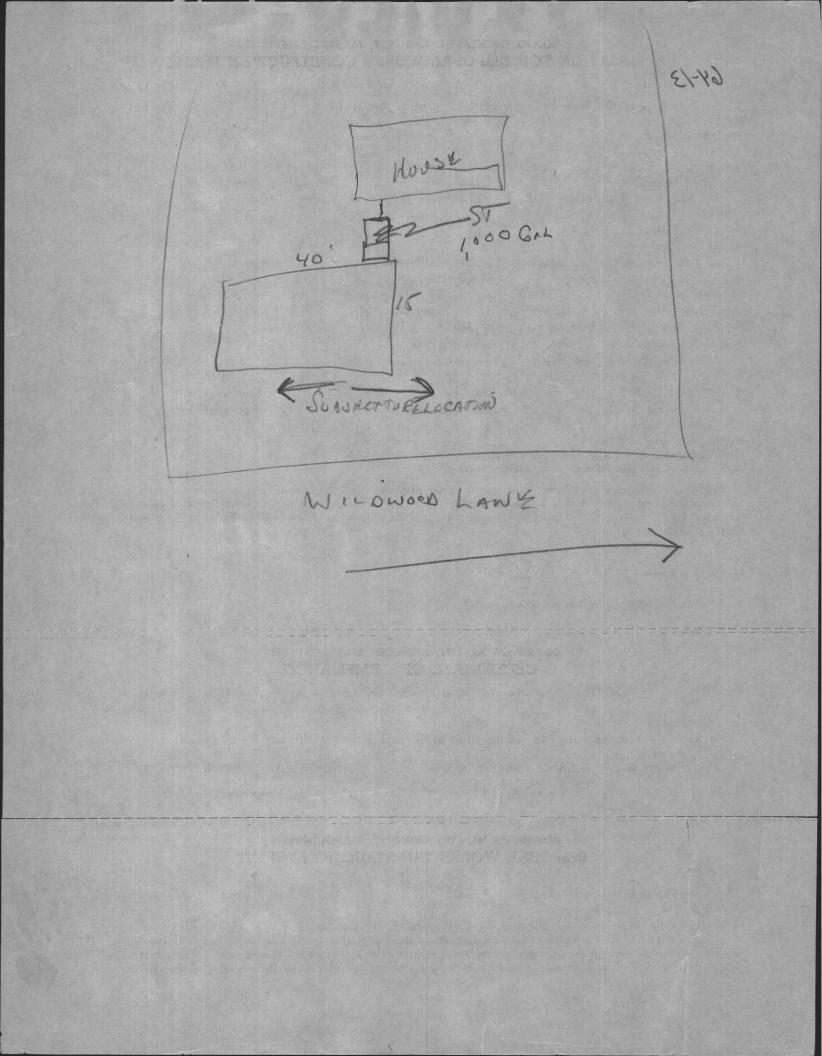
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BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No. 6434 Date 11/5/64 Fee 6= Date Rec'd. 11-5-64 By CON
Application is hereby made for a permit to Construct (1/) or Repair () an Individual Sewage Disposal
System at: Location—Address WILDWOOD LAWE or Lot No. (22)
a 11 All + Manaul Pract Delut
Contractor JOMLINSON Builders Address HADLEY
Owner Tomtinson Builders Address Interport is the second se
Dwelling-No. of Bedrooms Expansion Attic () Garbage Grinder ()
Other No. of persons Showers (/) Other fixtures 142_ BATh
Town Water? Type of Well
Design Flow 30 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 10130 Depth below inlet Total leaching area _300 sq. ft.
Dry Well—No Diameter Depth below inlet Dimensions: x
Other: Distribution box (/) No Dosing tank () (Depth of Soil Line Below finished grade at foundation / / / / / / / / / / / / / / / /
Percolation Test Results Performed by Mut du full full Date
Test Pit No. 1 minutes per inch / Depth of Test Pit
Test Pit No. 2 minutes per inch Depth of Test Pit
Percolation Test Results Performed by Date Depth of Test Pit No. 1 minutes per inch Depth of Test Pit Depth of Test P
(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. 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.
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. 64-344 Torohum - Rullas to construct () or repair () on
No. <u>U7- 377</u> Permission is hereby granted <u>Turkun Bullas</u> to construct () or repair () an Individual Sewage Disposal System at <u>Lo7 32</u> <u>Willoway</u>
as shown on the application for Disposal Works Construction Permit No. $44^{-3}4$
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.
ne De De Li
DATE 11-3-64 Board of Health

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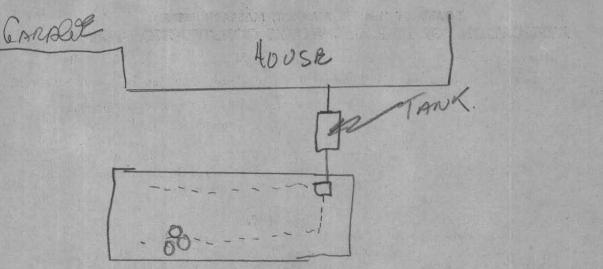


STREET

BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCT	TON DEDMIT	
No. $64-13$ Date $4-21-64$ Fee $3-6$ Date Rec'd. $4-21$	-64 By Ab	
Application is hereby made for a permit to Construct $(\not\!$		1
System at: Location-Address WILDWOOD LANIE LASTHON	TAN	
	or Lot No M4ni St	-
Owner LASE Address Address Address Address Address	61 Holl 97	1
Contractor A Convertini Type of Building Day Schrie G Dimensions Dwelling No. of Bedrooms Dwelling No. of Bedrooms Expansion Attic Carbage Crin	Size Lat 110 × 150	- 2
Dwelling—No. of Bedrooms 2 Expansion Attic Carbage Grin	der (M/c	
Other No. of persons Showers () These	
Dwelling—No. of Bedrooms Expansion Attic Gr Garbage Grin Other No. of persons Showers (Other fixtures BATHS JULIN W AN SHURE		
Town Water? Type of Well Design Flow gallons per person per day. Total daily flow GOO gallon	ont	
Design Flow <u>75</u> gallons per person per day. Total daily flow <u>600</u> gallo	ons	
Septic Tank-Liquid capacity 1000 gallons Dimensions: L W_	D	
Disposal Trench—No Width Total Length Total 1	leaching area sq. fi	i.
Disposal Bed—No Diameter Depth below inlet Tota	al leaching area sq. f	t.
Dry Well—No Diameter Depth below inlet Dimension Other: Distribution box (X) No Dosing tank ()	ns: <u>40</u> x <u>70</u> x	-
(Depth of Soil Line Polence for inhed much at foundation	· · · · · · · · · · · · · · · · · · ·	
(Depth of Soil Line Below finished grade at foundation Percolation Test Results Performed by	Data)	
Test Pit No 1 2 minutes per inch	Penth of Test Pit R64	
Test Pit No. 2 minutes per inch	Depth of Test Pit	-
Percolation Test Results Performed by Test Pit No. 1 minutes per inch II Test Pit No. 2 minutes per inch II Description of Soil Concese Suma Large Concese Suma Depth to Ground Water 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	k.
Show location of wells, streams, ledge, large trees, etc.)		
ance with the provisions of Article XI of the Sanitary Code and regulations of the Art dersigned further agrees not to place the system in operation until a Certificate of Co board of health.	ompliance has been issued by thi	
Application Approved by CENtale Owner or build		1 .
Application Approved by	4-21-	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 insta	lled () or repaired () by	v
at has been constructed in acc		
INSTALLER		
Article XI of the State Sanitary Code as described in the application for Disposal '	Works Construction Permit No	•
The issuance of this certificate shall not be construed as a guarantee that the s	ystem will function satisfactorily	•
DATE Insp	pector	
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERM	/IT	
No. <u>69-13</u> Permission is hereby granted <u>AFCONKLIN</u> to co Individual Sewage Disposal System at <u>Wich Gouge LANC</u> as shown on the application for Disposal Works Construction Permit No. <u>64-1</u> This permit is issued with the understanding that future electronic or addition		
Individual Sewage Disposal System at 1/1/ 0 human LAWF	instruct (γ) or repair () as	1
as shown on the application for Disposal Works Construction Permit No. 64/-1	2	
This permit is issued with the understanding that future alterations or addition	s will be made if necessary. Thi	s
permit shall not be construed as permission to create or maintain any sewage nuisar	nce and in the issuance of thi	s
permit the Board of Health assumes no responsibility for the future operation or mai	intenance of the system.	
11 21 .	(Draha	
DATE 4-21-64	Board of Health	



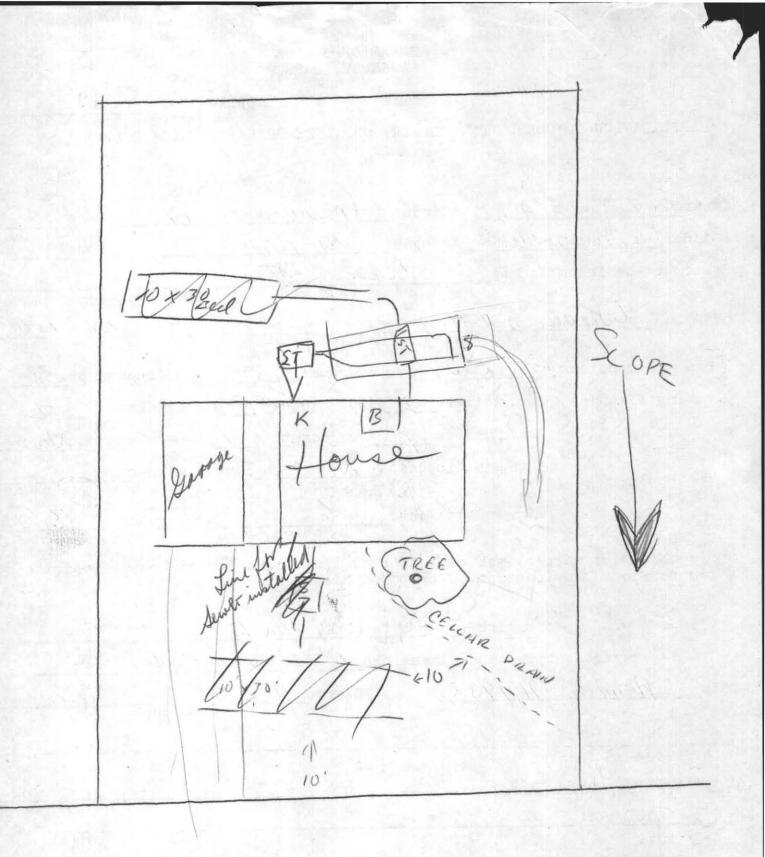
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BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT
No. 64-34 Date 11/5/64 Fee 6 Date Rec'd By
Ambiention is howby made for a normit to Construct (A.L.) on Parair () on Individual Samara Dimensi
Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at:
System at: Location-Address WILD WOOD LANR or Lot No. 23 Owner <u>Tombrusow Buildens</u> Address <u>MCADIW BROOK</u> Contractor <u>Tombrusow Buildens</u> Address <u>HADLEN</u>
Owner Tompreson Builders Address 5 MCADOW BROOK
Contractor Address Address Address
Type of Building Two story Dimensions 125x200 Size Lot 26, 779 Dwelling—No. of Bedrooms 4 Expansion Attic () Garbage Grinder ()
Dwelling—No. of Bedrooms Expansion Attic () Garbage Grinder ()
Other No. of persons Showers (2) Other fixtures 12 BATA
Town Water? UES Type of Well
Design Flow 50 gallons per person per day. Total daily flow 400 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 /014/0 Depth below inlet Total leaching area _402 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 Def due Date)
Percolation Test Results Performed by Automation Date
Test Pit No. 1 minutes per inch Depth of Test Pit
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?
Will disposal area be filled?
(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. Tom Livson Buildens by Juald Holater 11/5/64
O I I Owner or builder , date/
Application Approved by Caller date/ M/S/6/
dáte /
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.
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
STADATT TRADITA AASTAMSTATAT STADE
No. <u>69-33</u> Permission is hereby granted <u>TOMLINSON</u> <u>BUILDERC</u> to construct (X) or repair () an Individual Sewage Disposal System at <u>LOT + 23</u> <u>WILDUNGA</u> <u>ADRE</u>
Individual Sewage Disposal System at AT + 23 W/ Duron hore
as shown on the application for Disposal Works Construction Permit No. 69-35
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.
106 1 h . h.
DATE
DATE Board of Health



BOARD OF HEALTH AMHERST, MASS.

Applic. No. 19

and the second
APPLICATION TO CONSTRUCT, REPAIR, OR ALTER PRIVATE SEWAGE DISPOSAL SYSTEM
Must be completed and submitted to the Board of Health before a build- ing is started or any system is constructed or altered.
OWNER SWENSON, PAUL Address FARVIEW WAY Phone
OWNER SWENSON, PAUL Address FARVIEW WAY Phone Builder WENTWORTH W.J. Address MT. REASANT Phone
System to be installed by BUILDER - (TOBIN name, address, and phone
Location WILDWOOD LANE Size 100 × 150 street, subdivision, and lot no. Width, depth
House - Dimensions 64'8" x 30'2' No. Bedrooms 3 No. Occupants 3
Plumbing fixtures - No. Toilets 2 No. Sinks / No. Lavatories 2
No. Showers No. Bathtubs / Dishwasher No.
No. Showers No. Bathtubs Dishwasher No Garbage Disposal No Auto. Washer yes or no yes or no
Any in basement? ? Others ?
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) Miw. 600 gal
Drainage system, type, and dimensions 10×30 LEACH BED
Date MARCH 11,1958 Signed M Mentwath
Do not fill in below 0 2/12/58
Do not fill in below Site Survey Slope - lipten must be in plan if not grainly to connect
To server.
Other
Approval of Plans
Septic tank O.K: Webuldtation Disposal system 8×30-240 Lift aggrol
Final inspection
Remarks Final Approval 6/2/8 G. A. Junt
(Make in Duplicate, keep one for your files)



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