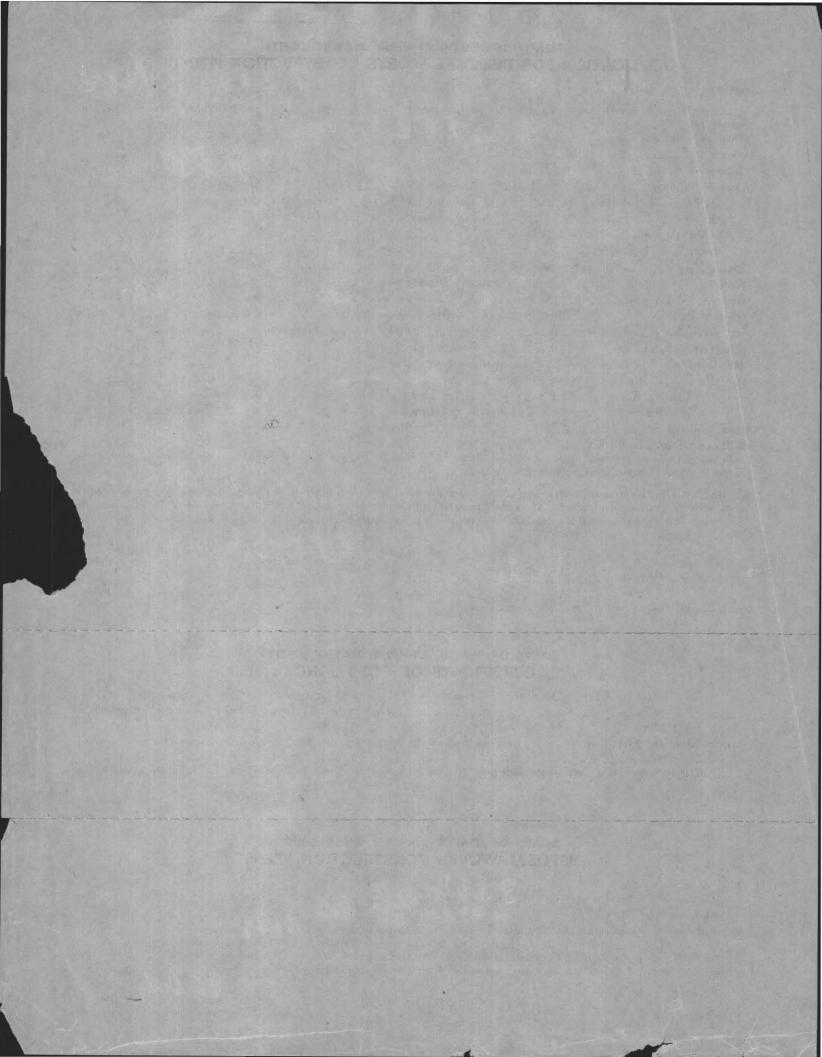
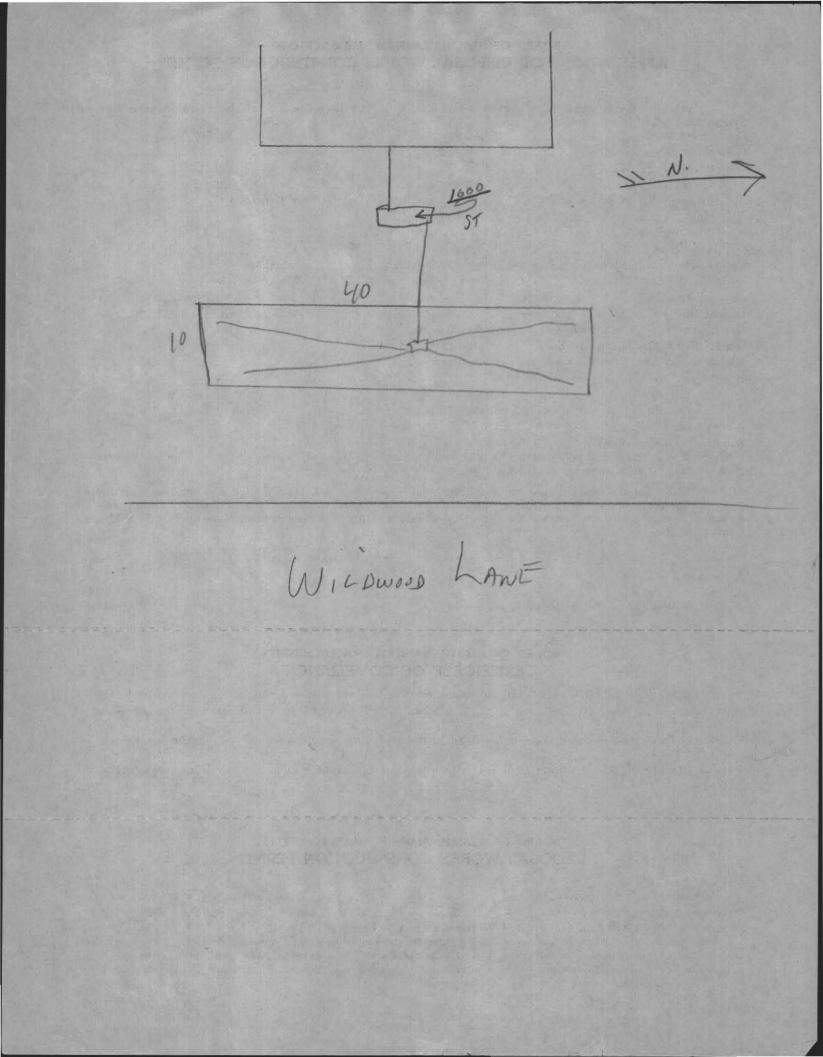
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS APPLICATION FOR DISPOSAL WORKS CONSTRUCT | TION PERMIT |
|---|--------------------------------------|
| No. 64-22 Date 10-7-64 Fee 100 Date Rec'd. 10-7 | -64 By Jonte |
| Application is hereby made for a permit to Construct () or Repair (| an Individual Sewage 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

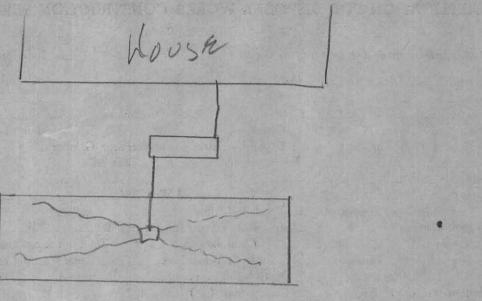


| Xo | RENEWAL | |
|--------------------|--|---|
| What have | BOARD OF HEALTH, AMHERST, MASSACHUSET APPLICATION FOR DISPOSAL WORKS CONSTRUCT No. 64-13 Date 6-9-66 Fee 10 FEE Date Rec'd. | TION PERMIT |
| NO PT | | |
| U | Application is hereby made for a permit to Construct () or Repair () System at: | 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 | |



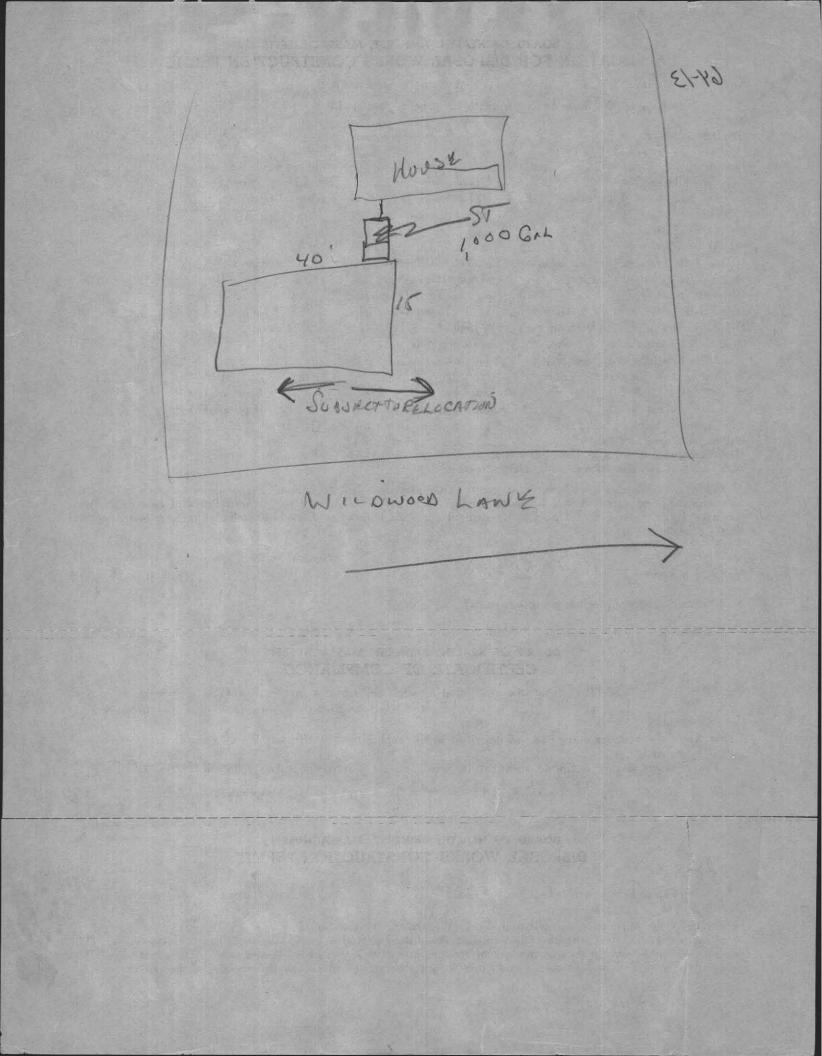
| 3.00 |
|--|
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT |
| No. 6434 Date 11/5/64 Fee 6= Date Rec'd. 11-5-64 By CON |
| Application is hereby made for a permit to Construct (1/) or Repair () an Individual Sewage Disposal |
| System at: Location—Address 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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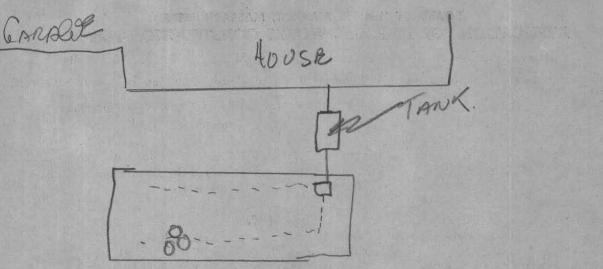


STREET

| 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 | |



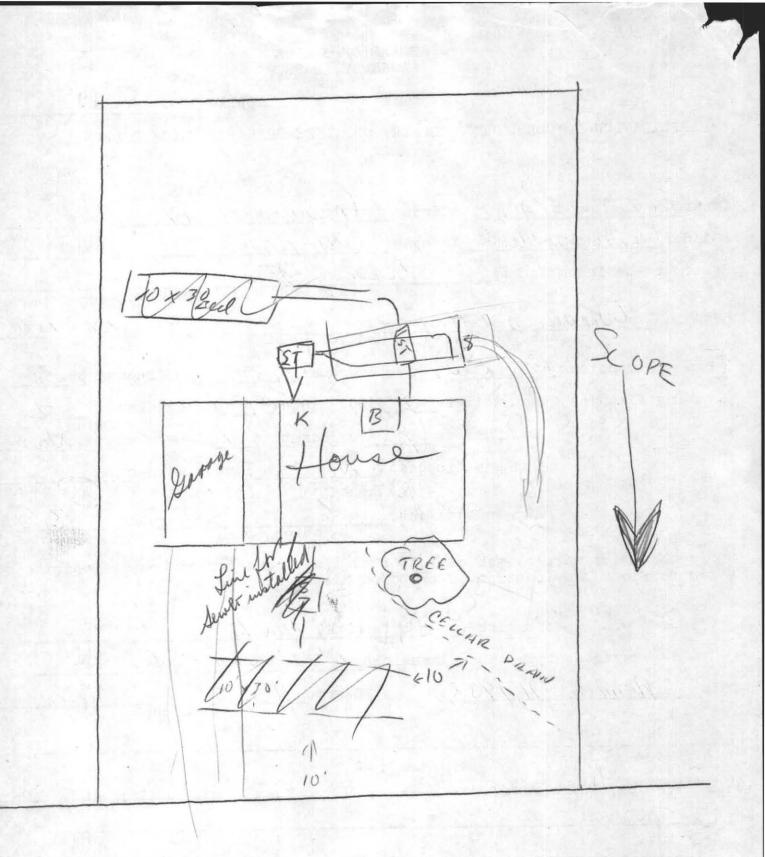
| 7.00 |
|---|
| BOARD OF HEALTH, AMHERST, MASSACHUSETTS |
| APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT |
| No. 64-34 Date 11/5/64 Fee 6 Date Rec'd By |
| Ambiention is howby made for a normit to Construct (A.L.) on Parair () on Individual Samara Dimensi |
| Application is hereby made for a permit 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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