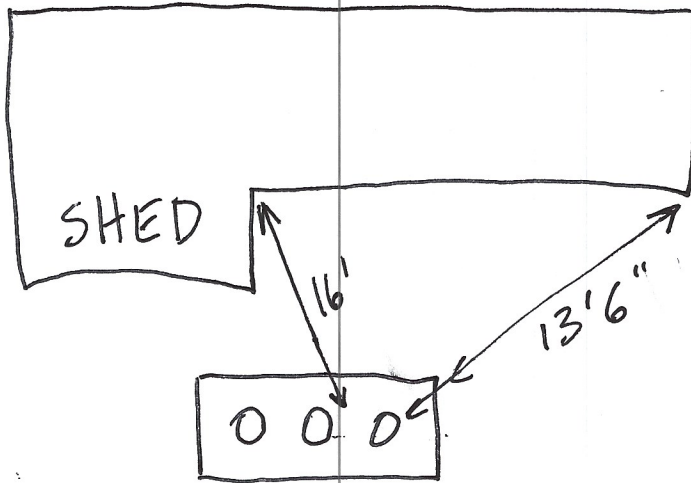
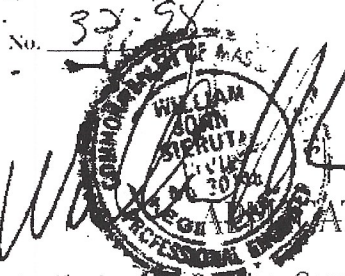


No Septic Map Unit # 29 - 1998

No scale Diagram



FEE 7



COMMONWEALTH OF MASSACHUSETTS

Board of Health, NORTHAMPTON MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct () Repair () Upgrade () Abandon () - Complete System Individual Components

Location	<u>29 LAUREL PARK</u>	Owner's Name	<u>DAVID STEENBURG</u>
Map/Parcel#	<u>NORTHAMPTON MA</u>	Address	<u>45 BEACH STREET</u>
Lot#	<u>#29 LAUREL PARK</u>	Telephone#	<u>UTCHFIELD COMM</u> 800 567 0449
Installer's Name	<u>WILLIAM SIERUTA</u>	Designer's Name	<u>WILLIAM SIERUTA</u>
Address	<u>46 UPLAND RD</u> <u>HOLYOKE MA</u>	Address	<u>46 UPLAND RD</u> <u>HOLYOKE MA</u>
Telephone#	<u>413 532 8535</u>	Telephone#	<u>413 32 8522</u>

Type of Building RESIDENTIAL Lot Size _____ sq. ft.
 Dwelling - No. of Bedrooms 2 BEDROOM Garbage grinder NO
 Other - Type of Building SINGLE FAMILY No. of persons 0 Showers (), Cafeteria ()

Design Flow (min. required) 330 gpd Calculated design flow _____ Design flow provided _____ gpd

Plan: Date _____ Number of sheets _____ Revision Date _____
 Title see report Inspection of Septic System

Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Replacement of septic tank
E Sewer line to existing leach
chamber see attached letter

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.
 Signed William Sieruta Date 7/30/98

Inspections _____