

ADAMS STREET

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

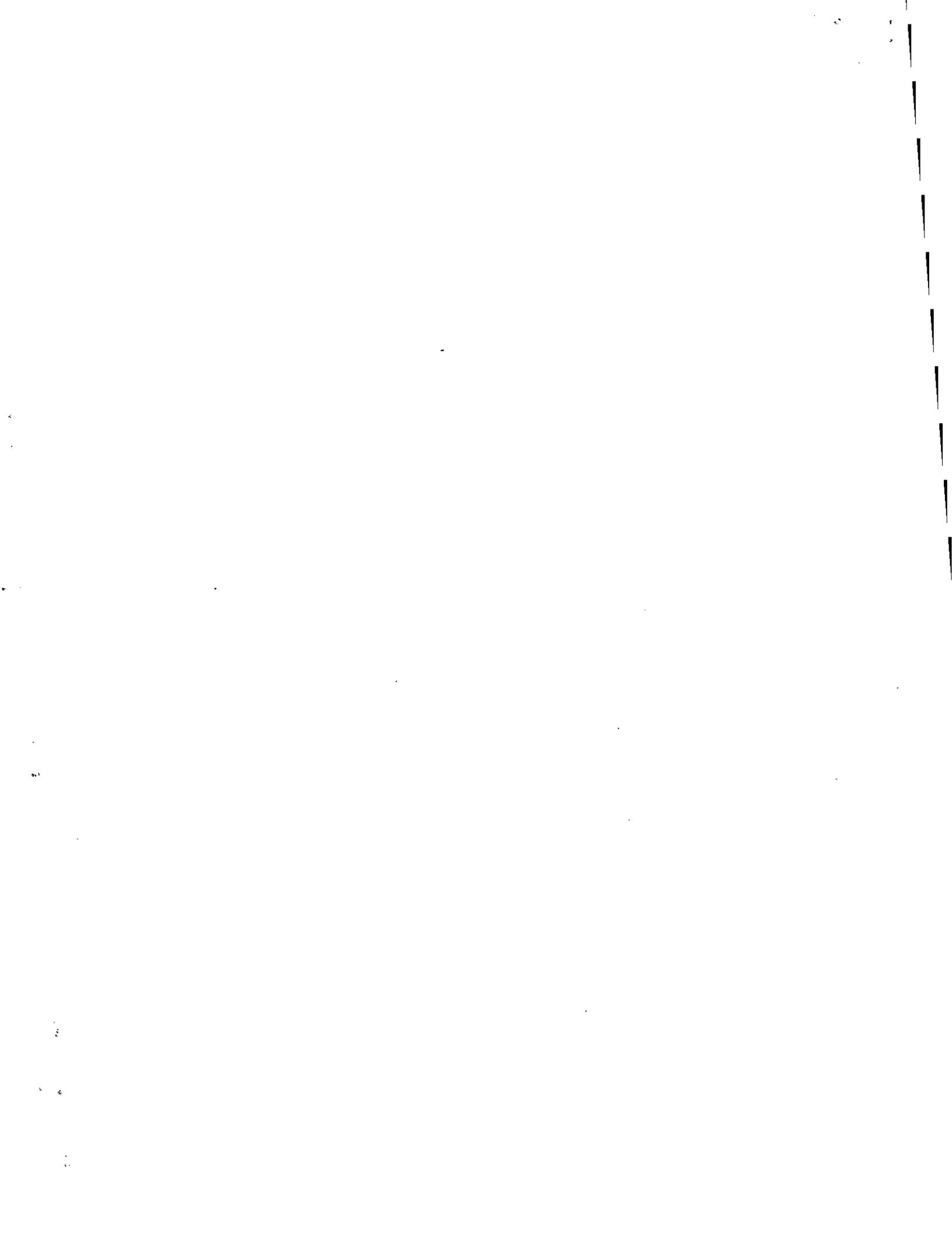
Rec 7/25/95

Address of property 15 Adams St  
Owner's name Maurice Spear  
Date of Inspection 7/25/95

PART A  
CHECKLIST

Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.
- The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.  
*also exposed*
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

2 number of bedrooms  
2 number of current residents  
no garbage grinder, yes or no  
yes laundry connected to system, yes or no  
no seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

present Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

Oct 1992

yes System pumped as part of inspection, yes or no  
if yes, volume pumped 1000 gal.  
Reason for pumping:

Type of system

- Septic tank/distribution box/soil absorption system  
 Single cesspool  
 Overflow cesspool  
 Privy  
 Shared system (yes or no) (if yes, attach previous inspection records, if any)  
 Other (explain)

Approximate age of all components. Date installed, if known. Source of information:

~~exposed~~ 1981 from original plan

no Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SEPTIC TANK: 1000 gallons  
(locate on site plan)

depth below grade: 25"

material of construction:  concrete  metal  FRP  other (explain)

dimensions: \_\_\_\_\_

6-8 sludge depth  
27 distance from top of sludge to bottom of outlet tee or baffle  
8 1/2" scum thickness  
4" distance from top of scum to top of outlet tee or baffle  
14" distance from bottom of scum to bottom of outlet tee or baffle

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles,  
depth of liquid level in relation to outlet invert, structural integrity,  
evidence of leakage, recommendations for repairs, etc.)

pumped Oct 1992

DISTRIBUTION BOX: none  
(locate on site plan)

\_\_\_\_\_ depth of liquid level above outlet invert

Comments:  
(note if level and distribution is equal, evidence of solids carryover,  
evidence of leakage into or out of box, recommendation for repairs, etc.)

PUMP CHAMBER: \_\_\_\_\_  
(locate on site plan)

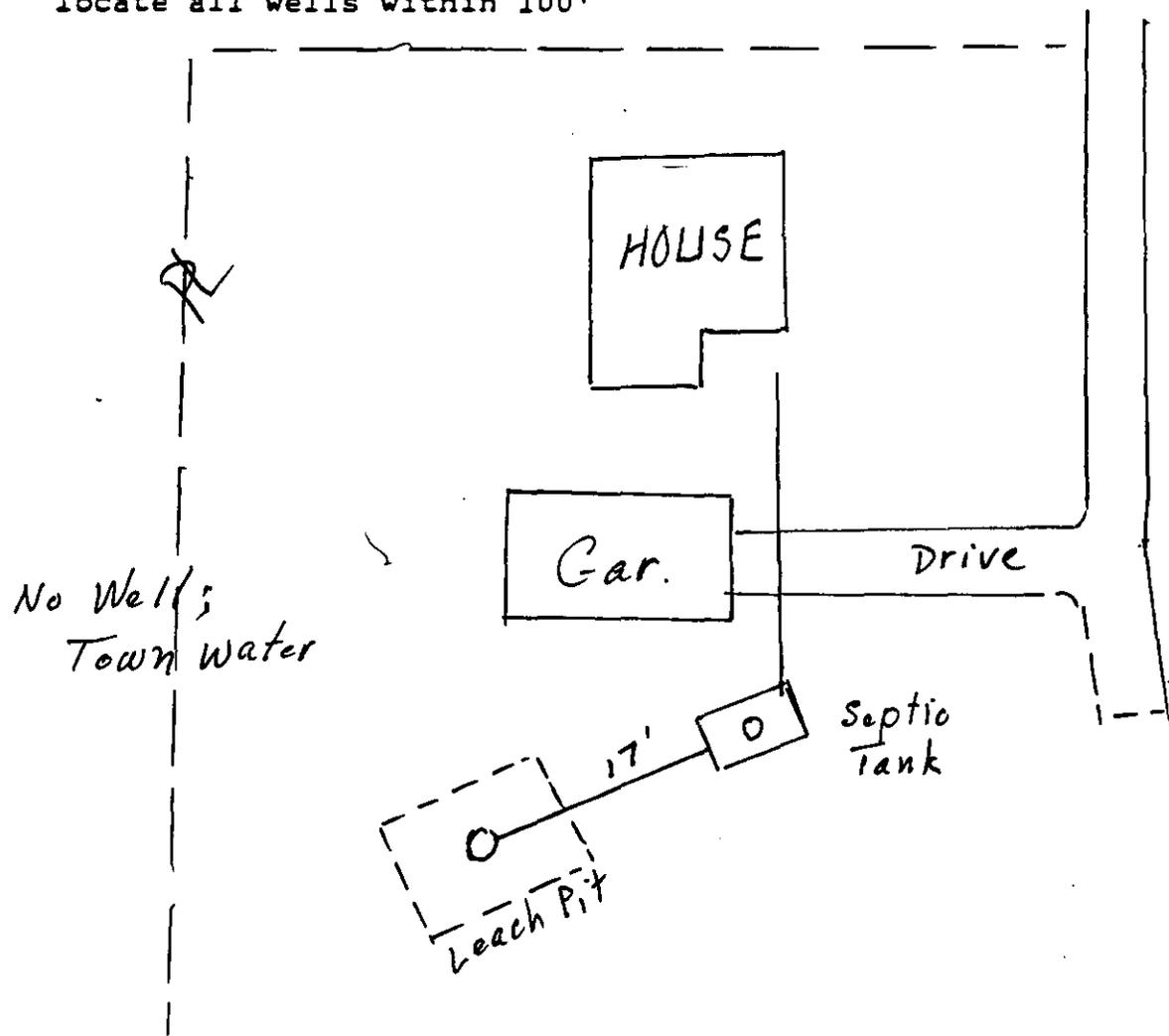
\_\_\_\_\_ pumps in working order, yes or no

Comments:  
(note condition of pump chamber, condition of pumps and appurtenances,  
recommendations for maintenance or repairs, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

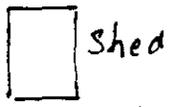
SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks  
locate all wells within 100'



DEPTH TO GROUNDWATER

none depth to groundwater



method of determination or approximation:

~~Exposed~~

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): Pit  
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

exposed

Type

leaching pits and number	<u>1</u>
leaching chambers and number	<u>1</u>
leaching galleries and number	
leaching trenches, number, length	
leaching fields, number, dimensions	
overflow cesspool, number	

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

33" below ground

CESSPOOLS (locate on site plan):

number and configuration	
depth-top of liquid to inlet invert	
depth of solids layer	
depth of scum layer	
dimensions of cesspool	
materials of construction	
indication of groundwater	
inflow (cesspool must be pumped as part of inspection)	

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

Level of liquid near bottom of pit

PRIVY:

(locate on site plan)

materials of construction	
dimensions	
depth of solids	

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART C**  
**FAILURE CRITERIA**

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not)

no Backup of sewage into facility?

no Discharge or ponding of effluent to the surface of the ground or surface waters?

N/A Static liquid level in the distribution box above outlet invert?

N/A Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?

no Required pumping 4 times or more in the last year?  
 number of times pumped \_\_\_\_\_

no Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?

no Is any portion of the SAS, cesspool or privy:  
 below the high groundwater elevation?

no within 50 feet of a surface water?

no within 100 feet of a surface water supply or tributary to a surface water supply?

no within a Zone I of a public well?

no within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?

no within 50 feet of a private water supply well?

*Town Water*

no less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis? If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART D  
CERTIFICATION

Name of Inspector *Fred Filios*  
Company Name *Filios Enterprises Inc*  
Company Address *69 Pelham Road Amherst MA 01002*

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the FAILURE CRITERIA section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the FAILURE CRITERIA section of this form.

Inspector's Signature *Ludwick A. Filios*

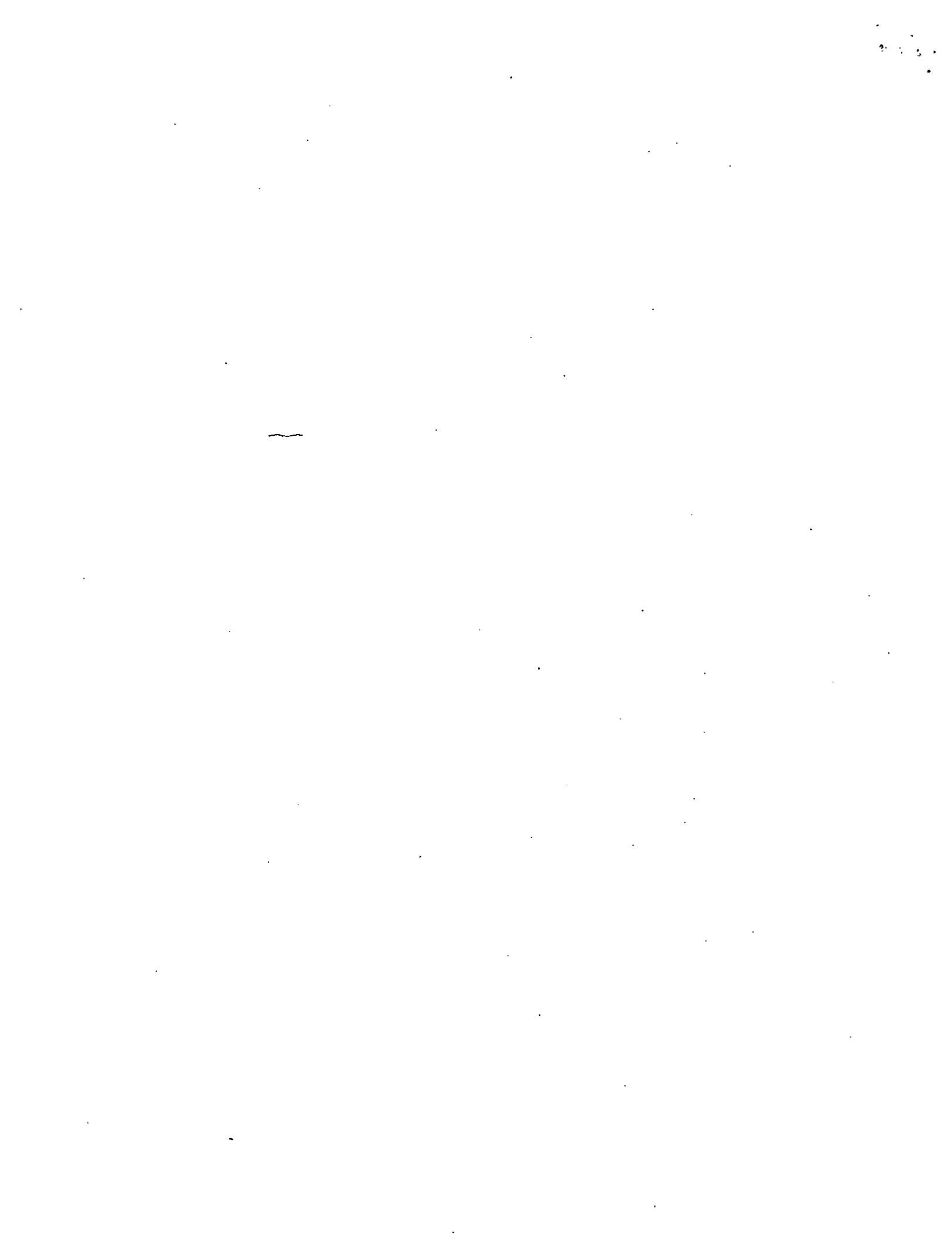
Date *7/25/95*

Original to system owner *Maurice Spear*

Copies to: *Bd of Health*

Buyer (if applicable)  
Approving authority *Kathryn Mahony*

Agent: *Linda Graves*  
*Town & Country*



BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

REPLACE TANK + Dry Well

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner MAURICE SPEAR Address CANTON ST

Installer KARL'S EXC. Address RIVER DEW HADLEY

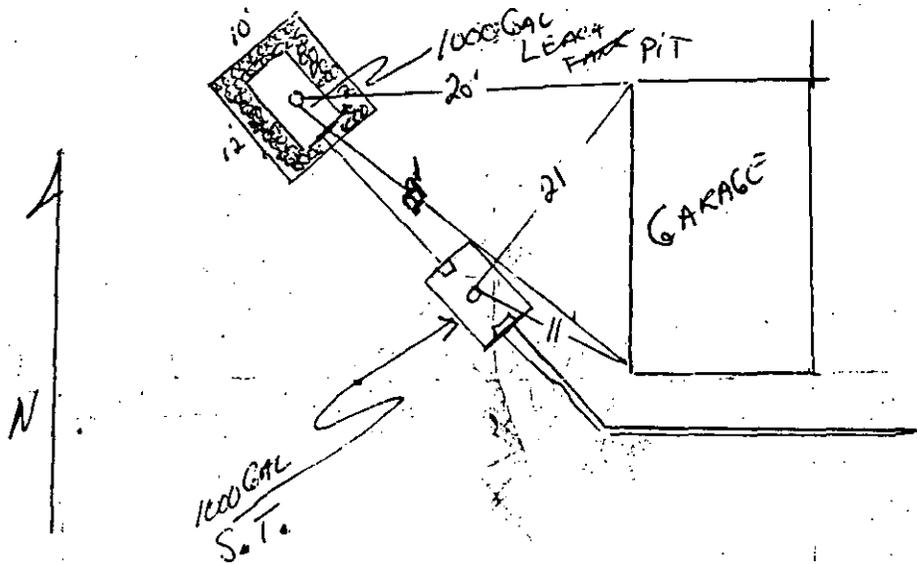
Date Installation Inspected and Approved 5-6-81

Description of System: Tank Capacity: 1000

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 330

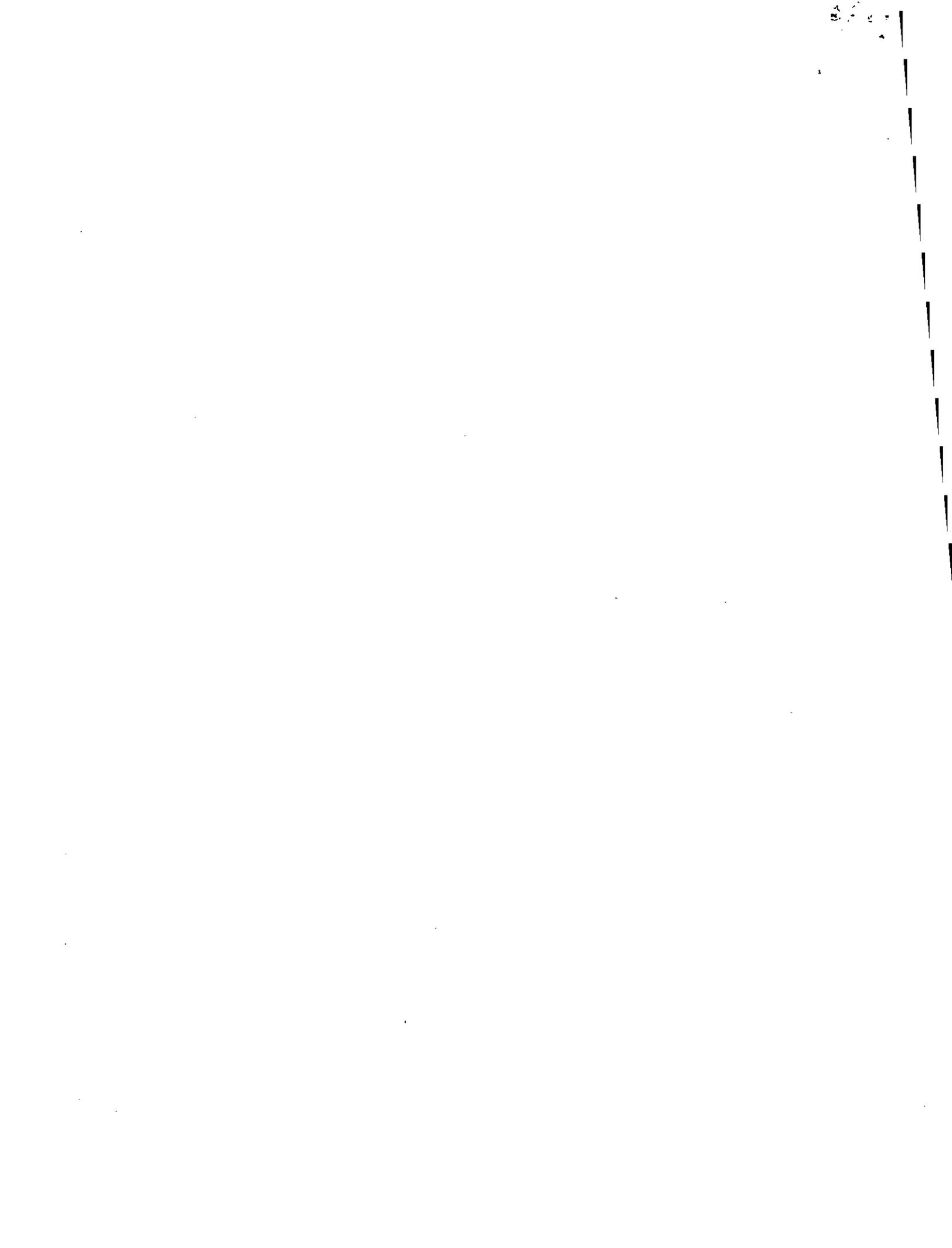
Garbage Grinder Yes ( ) No (X) No. Bedrooms: 2 No. People 4

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.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 16 Adams St  
Owner's name Sandra Miller  
Date of Inspection May 31 1995

PART A  
CHECKLIST

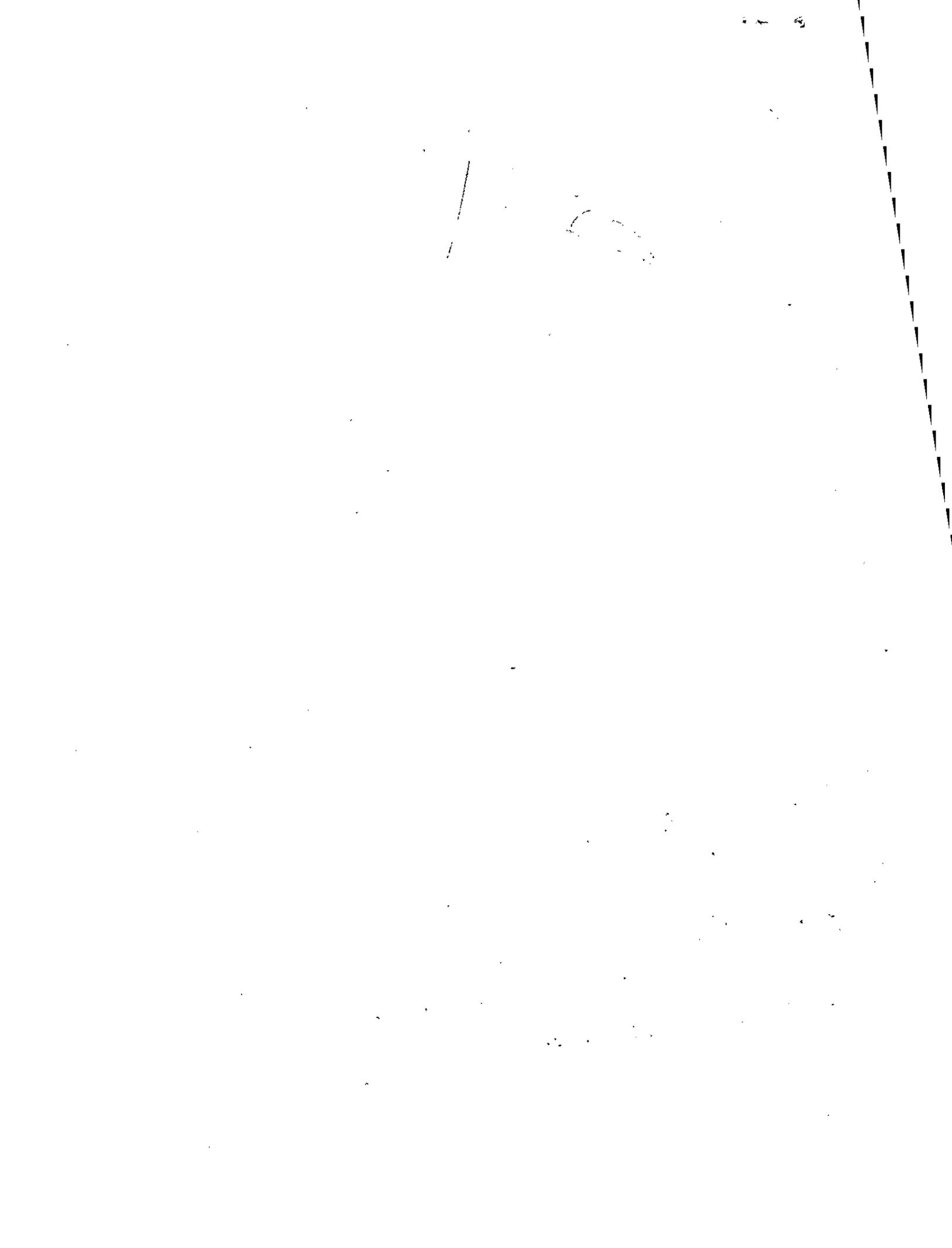
Check if the following have been done:

- Pumping information was requested of the owner, occupant, and Board of Health.
- None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
- N/A As built plans have been obtained and examined. Note if they are not available with N/A.
- The facility or dwelling was inspected for signs of sewage back-up.
- The site was inspected for signs of breakout.
- All system components, excluding the SAS, have been located on the site.
- The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum. *Outlet baffle an elbow rather than a Tee*
- The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.
- The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

Agent Smitty Platt  
D.H. Jones

Buyer Mack Wightman  
135 Harlow Drive Amherst

Agent Kieth Kannaetta (for seller)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

2 number of bedrooms  
2 number of current residents  
no garbage grinder, yes or no  
yes laundry connected to system, yes or no  
no seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available:

present Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

Ray Bazara N/A

System pumped as part of inspection, yes or no  
if yes, volume pumped \_\_\_\_\_  
Reason for pumping: \_\_\_\_\_

Type of system

Septic tank/distribution box/soil absorption system  
 Single cesspool  
 Overflow cesspool  
 Privy  
 Shared system (yes or no) (if yes, attach previous inspection records, if any)  
 Other (explain) \_\_\_\_\_

Approximate age of all components. Date installed, if known. Source of information:

15-20 Year approximately

no Sewage odors detected when arriving at the site, yes or no

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SEPTIC TANK:  750 gallons  
(locate on site plan)

depth below grade: 17"

material of construction:  concrete  metal  FRP  other(explain)

dimensions: Risers at manhole and inlet baffle

- 5-6" sludge depth
- distance from top of sludge to bottom of outlet tee or baffle
- 2-4" scum thickness
- distance from top of scum to top of outlet tee or baffle
- distance from bottom of scum to bottom of outlet tee or baffle
- 24" baffle

Comments:  
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, recommendations for repairs, etc.)

new outlet tee installed  
outlet elbow rather than a baffle

DISTRIBUTION BOX: none  
(locate on site plan)

         depth of liquid level above outlet invert

Comments:  
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, recommendation for repairs, etc.)

PUMP CHAMBER:           
(locate on site plan)

         pumps in working order, yes or no

Comments:  
(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)

10

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS):

(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

750 Gallons pumped (Tank)

Type

leaching pits and number  
leaching chambers and number  
leaching galleries and number  
leaching trenches, number, length  
leaching fields, number, dimensions  
overflow cesspool, number

1

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

no cover for dry well; covered with a stone

CESSPOOLS (locate on site plan):

number and configuration  
depth-top of liquid to inlet invert  
depth of solids layer  
depth of scum layer  
dimensions of cesspool  
materials of construction  
indication of groundwater  
inflow (cesspool must be pumped as part of inspection)

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

PRIVY:

(locate on site plan)

materials of construction  
dimensions  
depth of solids

Comments:

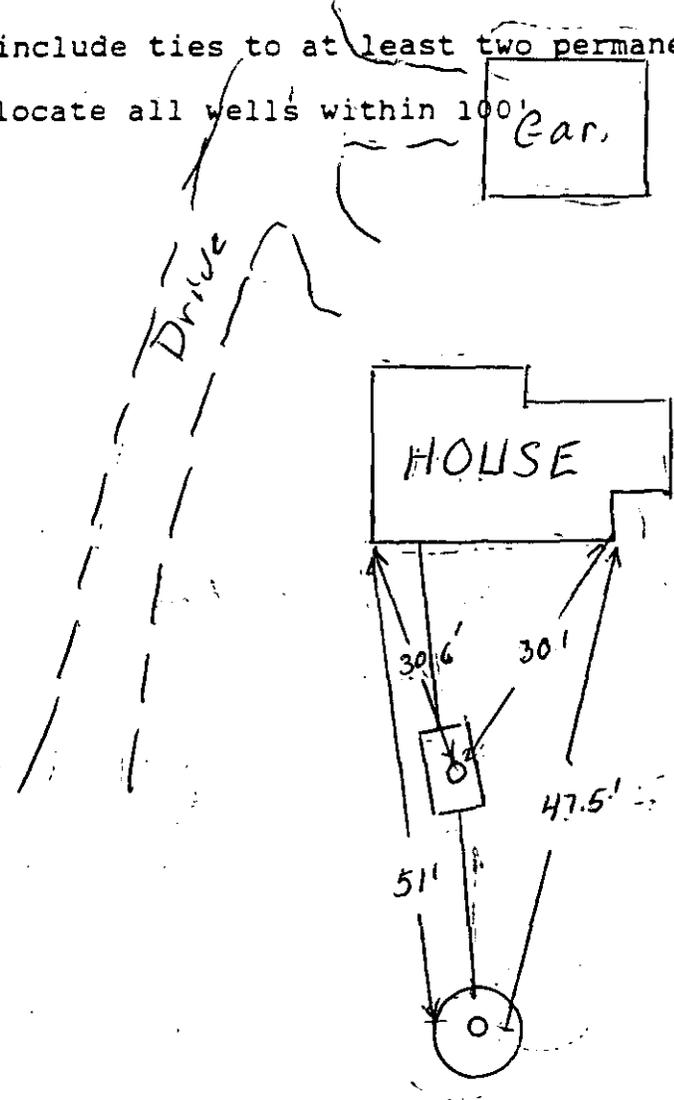
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks

locate all wells within 100'



DEPTH TO GROUNDWATER

ND + depth to groundwater

method of determination or approximation:

Dry Terrace position

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TOWN OF AMHERST  
PUBLIC WORKS DEPARTMENT  
APPLICATION FOR PERMIT

DIG SAFE 961502649 Date 4-5-96

Owner's Name Valerie Hetzel -> 253-2628

hereby applies for permission to dig, lay and connect a Sanitary Sewer or Water pipe from the street line abutting the premises at

16 Adams Street

subject to all terms, conditions and restrictions of said department.

Water Service:

- 3/4" - \$175.00
- 1" - \$225.00
- 1 1/4" - \$285.00
- 1 1/2" - \$370.00
- 2" - \$475.00

(Fee includes tap, cub, corp., box, inspection, meter installation and service turn on)

- Renewal of Service or Repair - \$40.00
- New Service, larger than two inches - \$100.00

Does not include labor for tapping or materials . A piping drawing and material specification must be submitted for approval.

Sewer Entrance Fees:

- New Service - \$500.00 - Single Family Residence
- New Service, \_\_\_\_\_

Fee \$ 100.00

- Renewal of Service, or Repair - \$40.00
- Driveway Permit - \$25.00
- Drainage Connection - \$50.00
- Street Opening Permit - \$50.00

Additional Information: Need a plan & Profile of Proposed 6" PVC Sewer line to be located within the Town of Amherst 30 foot Utility Easement

The undersigned agrees to save the Town harmless from all damage and loss in consequence of any defect in said street, caused directly or indirectly by any act of his or of his employees. Such liability shall cease on acceptance of final surfacing by the Superintendent of Public Works. The cutting, excavating and resurfacing of the trench shall be subject to regulations of the Town of Amherst. In the event that any of the necessary work is performed by the Town of Amherst the undersigned agrees to pay the full cost incurred.

Signature Valerie Hetzel Owner  
By \_\_\_\_\_

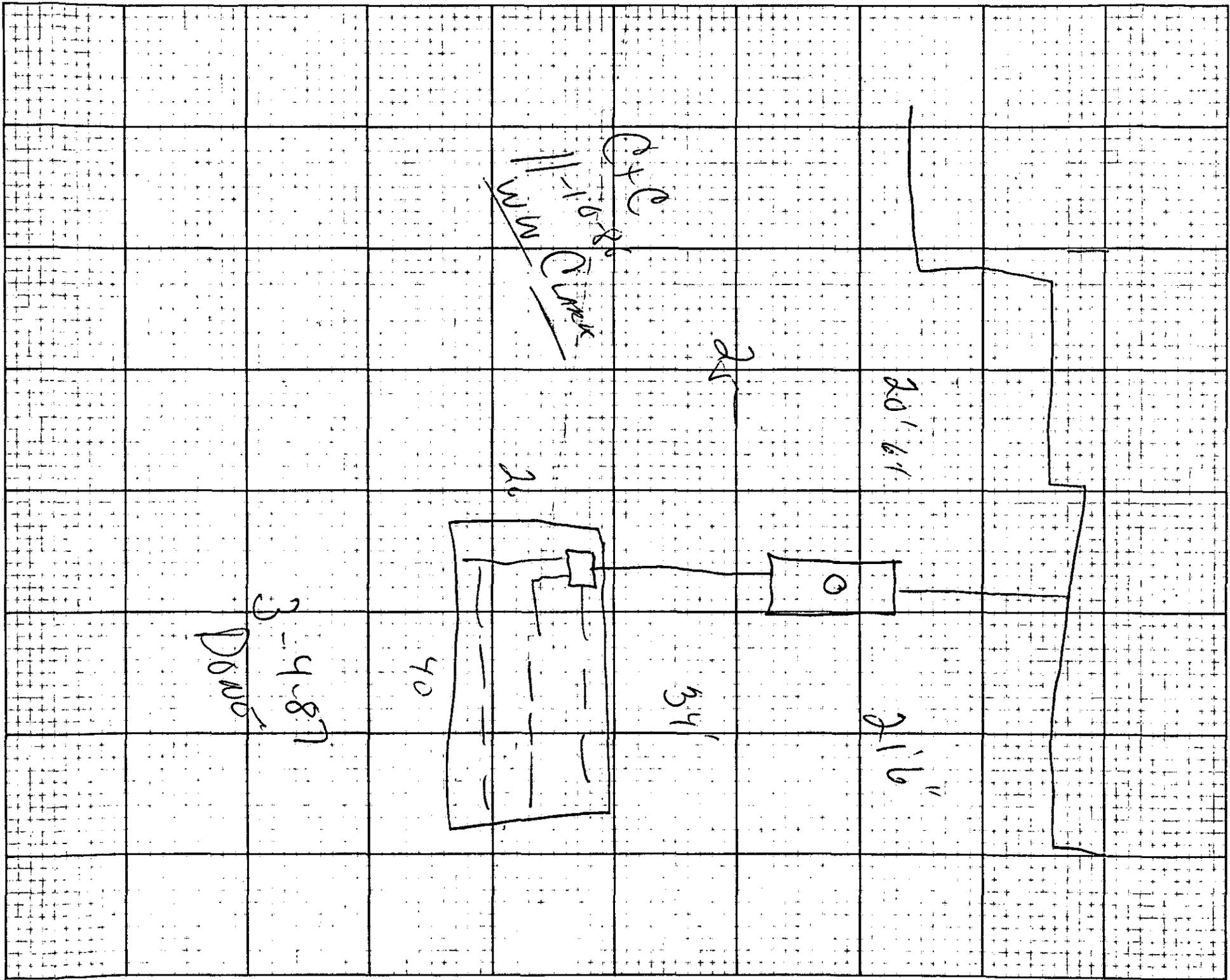
APPLICATION FOR PERMITS MUST BE ACCOMPANIED BY THE FULL AMOUNT OF THE PERMIT  
\*\*\*\*\*

RECEIPT

Name VALERIE HETZEL Date 4.10.96  
The Town of Amherst is in receipt of \$ \_\_\_\_\_ for Water Sewer Permit. The amount shown hereon to be returned to the applicant in the event the application is refused. This receipt does not constitute a permit.

[Signature] Supt.  
for the Town of Amherst

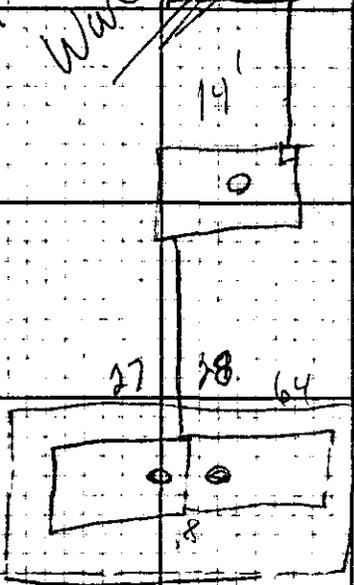






80 GLAZIER

11-10-80  
WAC LARK



53'6"

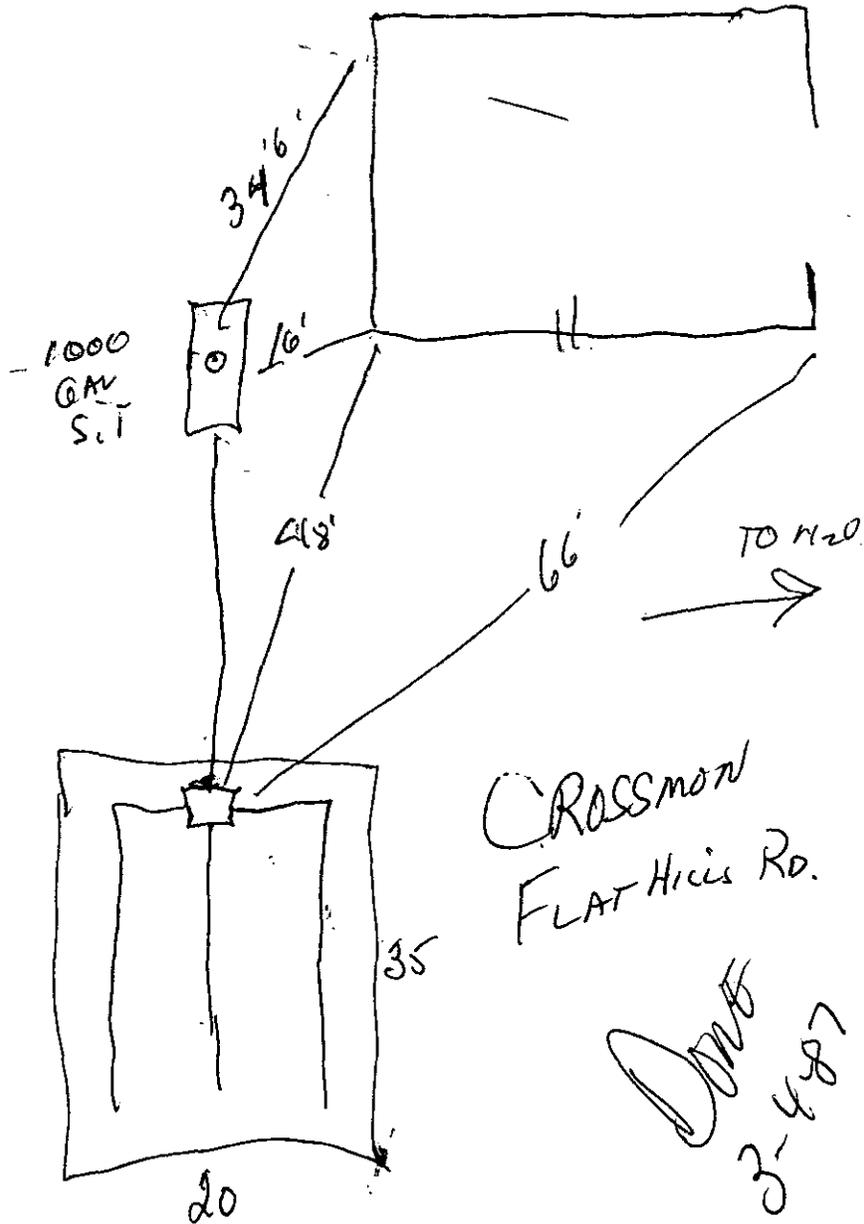
58

Lot 149  
~~TEADON~~

3-4-87

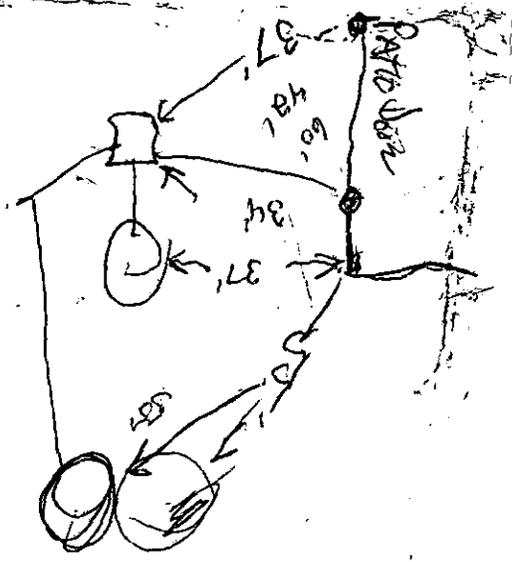
DONE





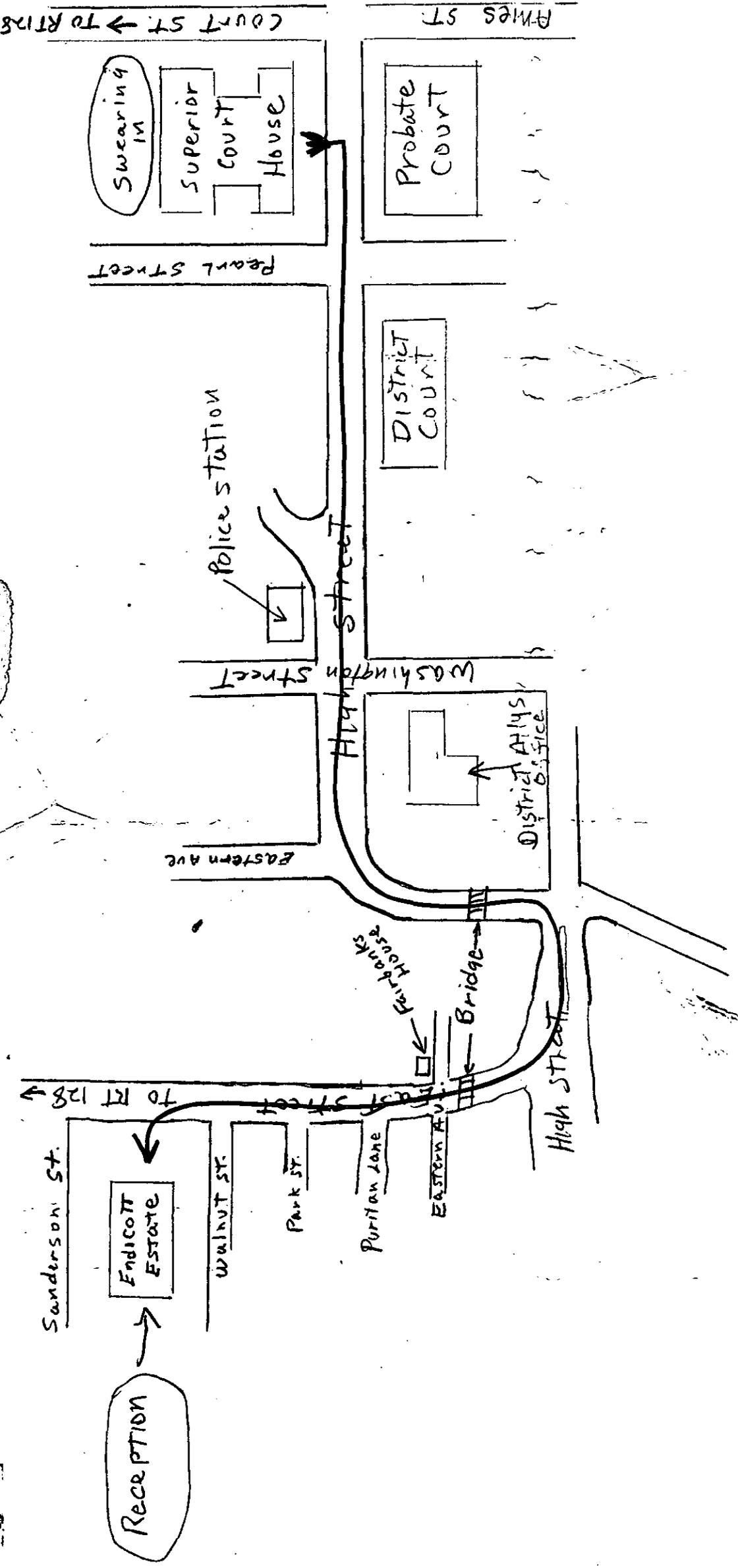


SWAMI NATHAN  
53 SHEERMUNDA



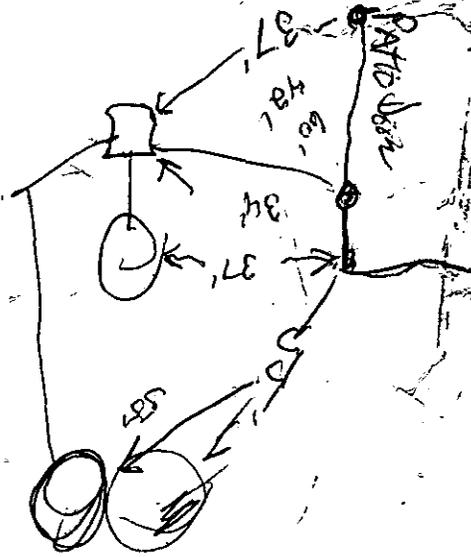
5. 1. 1930





Directions From Court House to Endicott Estate

SWAMI NATHAN  
530 SHERMAN



BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner \_\_\_\_\_ Address \_\_\_\_\_

Installer \_\_\_\_\_ Address \_\_\_\_\_

Date Installation Inspected and Approved \_\_\_\_\_

Description of System: Tank Capacity: \_\_\_\_\_

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

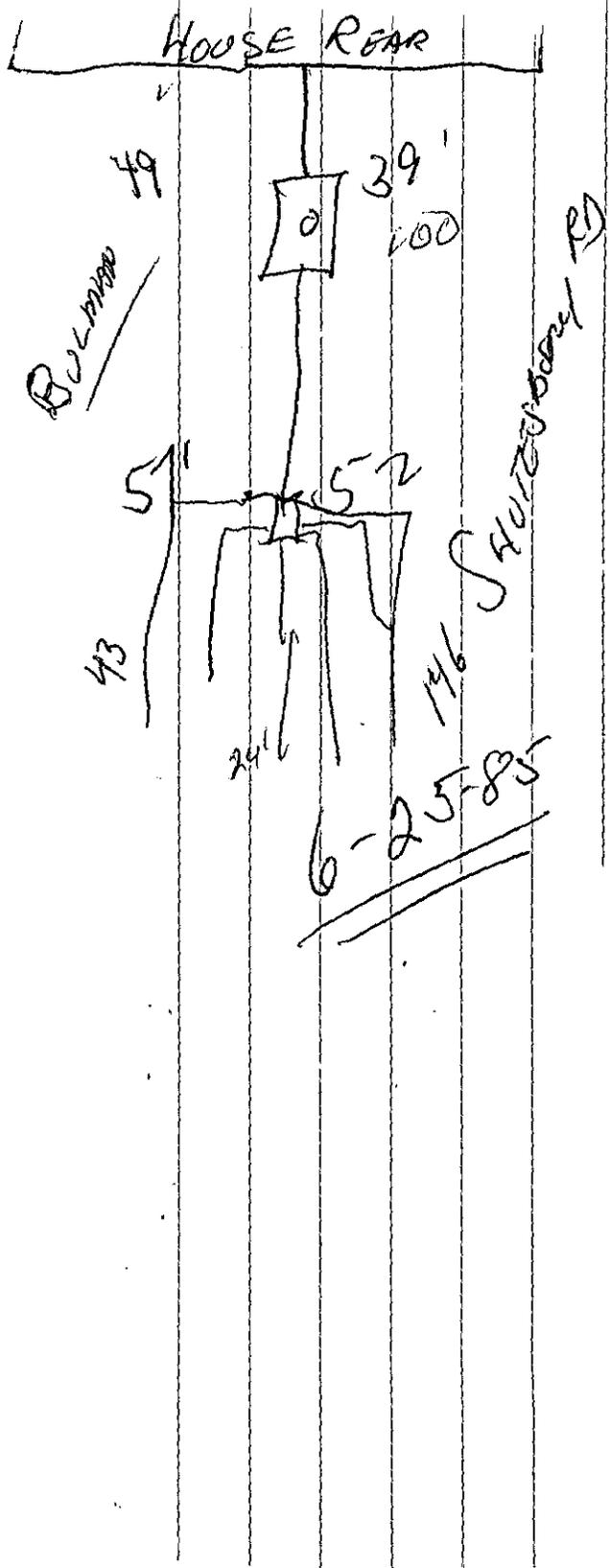
Garbage Grinder Yes ( ) No ( ) No. Bedrooms: \_\_\_\_\_ No. People \_\_\_\_\_

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.





Tuesday June 25

Stream Samples

Alvin Bookner

41 Showway St (121)  
Beltway Manor  
Shuttsbury Rd (146)

(265)

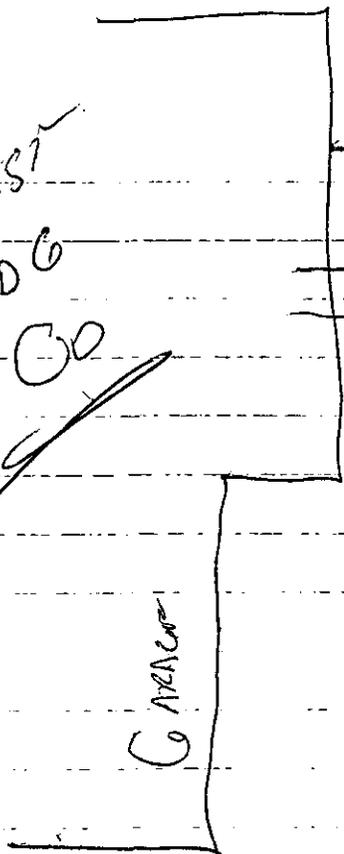
Levee Rd.

180
95
25
300
40
40
45
425

60
195
180
435
210
105
60
375
415

55
155
225
435

AMH EAST  
BLOG  
CO



221

31'



100GAL  
TANK

96'



3x 45

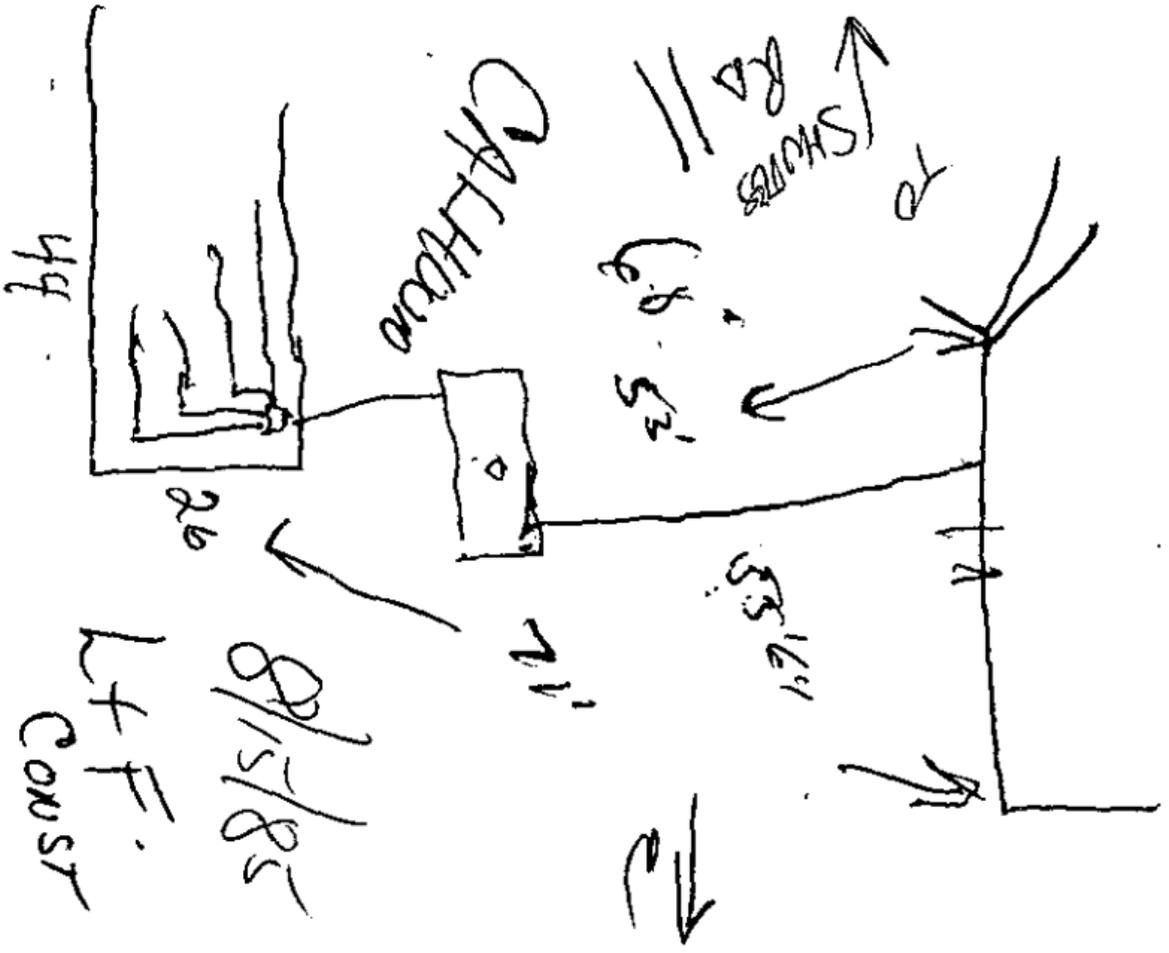


TOWN OF AMHERST, MA

EMP. NO: 69      017-24-0311      01-0501069-267      DATE: 07-26-85      CHECK. NO: 038473

EARN	HOURS	RATE	AMOUNT	Y-T-D	DEDUCT	AMOUNT	Y-T-D!	SICK LEAVE
GROSS			511.42	14622.78!	FWT	70.37	1886.92!	BAL! 1474.21
CONTR	37.50	511.420	511.42	8294.24!	SWT	23.03	641.88!	ACC! 2.16
					! BCBS-W	9.61	269.08!	USE! 0.00
					! CU-W	50.00	1500.00!	-----
					! CC-W	0.75	22.50!	VAC. LEAVE
					! RETIRE	25.57	731.19!	-----
					! ICMA-W	15.00	450.00!	BAL! 192.77
								ACC! 3.17
								USE! 0.00
								NET PAY
TOTALS	37.50		511.42	8294.24!	TOTALS	194.33	5501.57!	317.09

038473

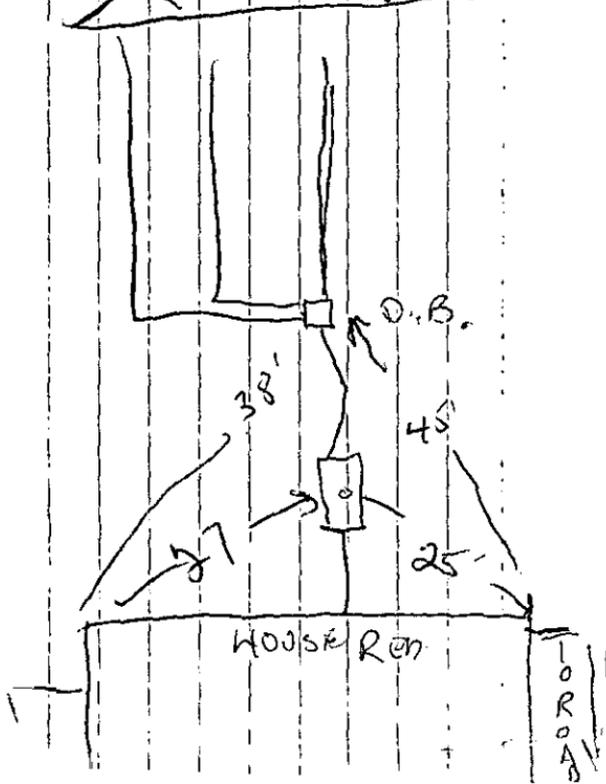


7-30-81

625	Parsons Brook	8-6-81
240	F.R. Geor	
280	F.R. Plum	
190	Mic R. Blw	
390	Mic R. Meadow	
625		
520	F.R. Geor	
208	M.R. Lou R	
204	M.P. Rte 63	

8/15/85  
L + F  
CONST

BAZAN CHUK  
327 SHUTESBURY RD  
11-25-85

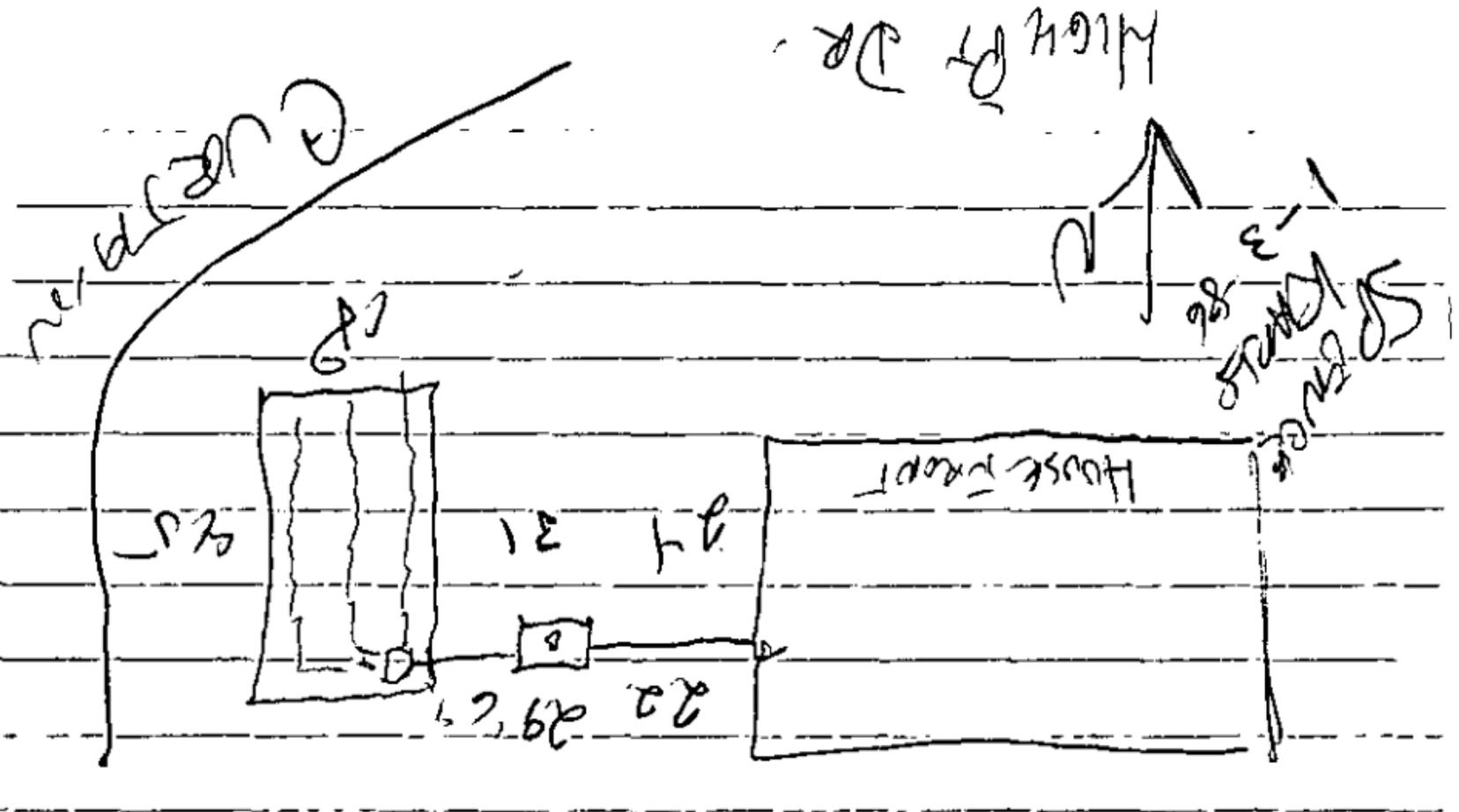


TIE BREAK - SUBURBAN - ONLY

RULE 3 -

~~920~~  
330  
470  
120

PERIOD - 79433

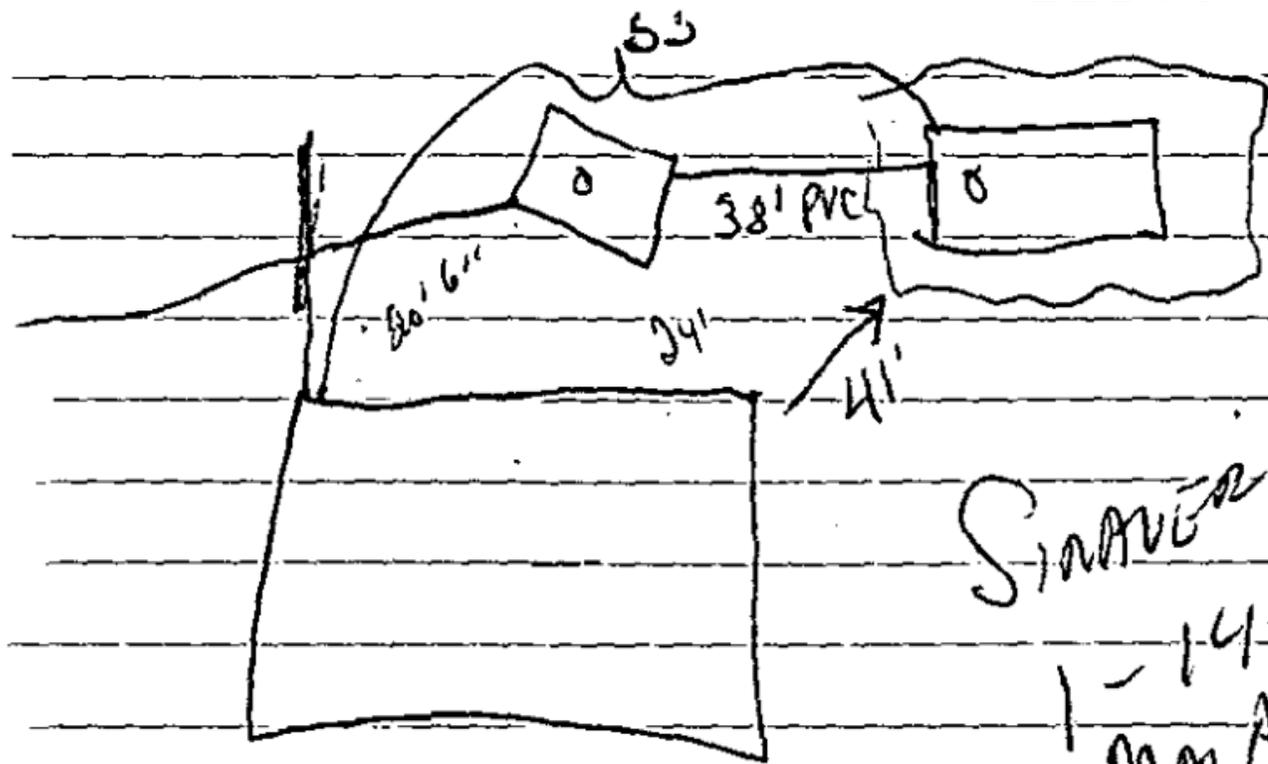


Gifford, Barbara

Birth Date - 5/6/31

97 Spring St.

C.F. Gr. 6	Mrs. Boliver	67/68
AR Jr. 11	" 7	68/69
" "	" 8	69/70



SINAVES

1-14-86

MAX AVILES

Gibson, John

Birth Date - 58/4/10

Market Hill Rd.

M.M. Gr. 4 Mrs. Curtis

67/68

" " 5

68/69

" " 6  
So America Rd.

69/70

CORINTH

Wt.

05039

WOOD SCREEN

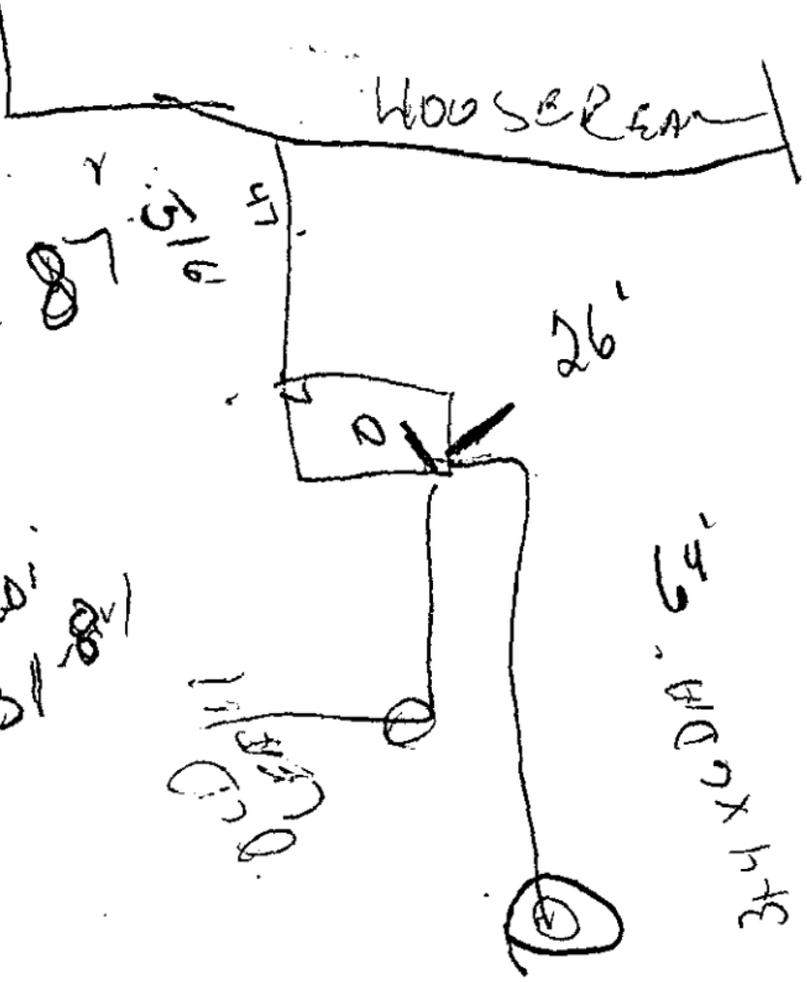
87  
9/5

26"

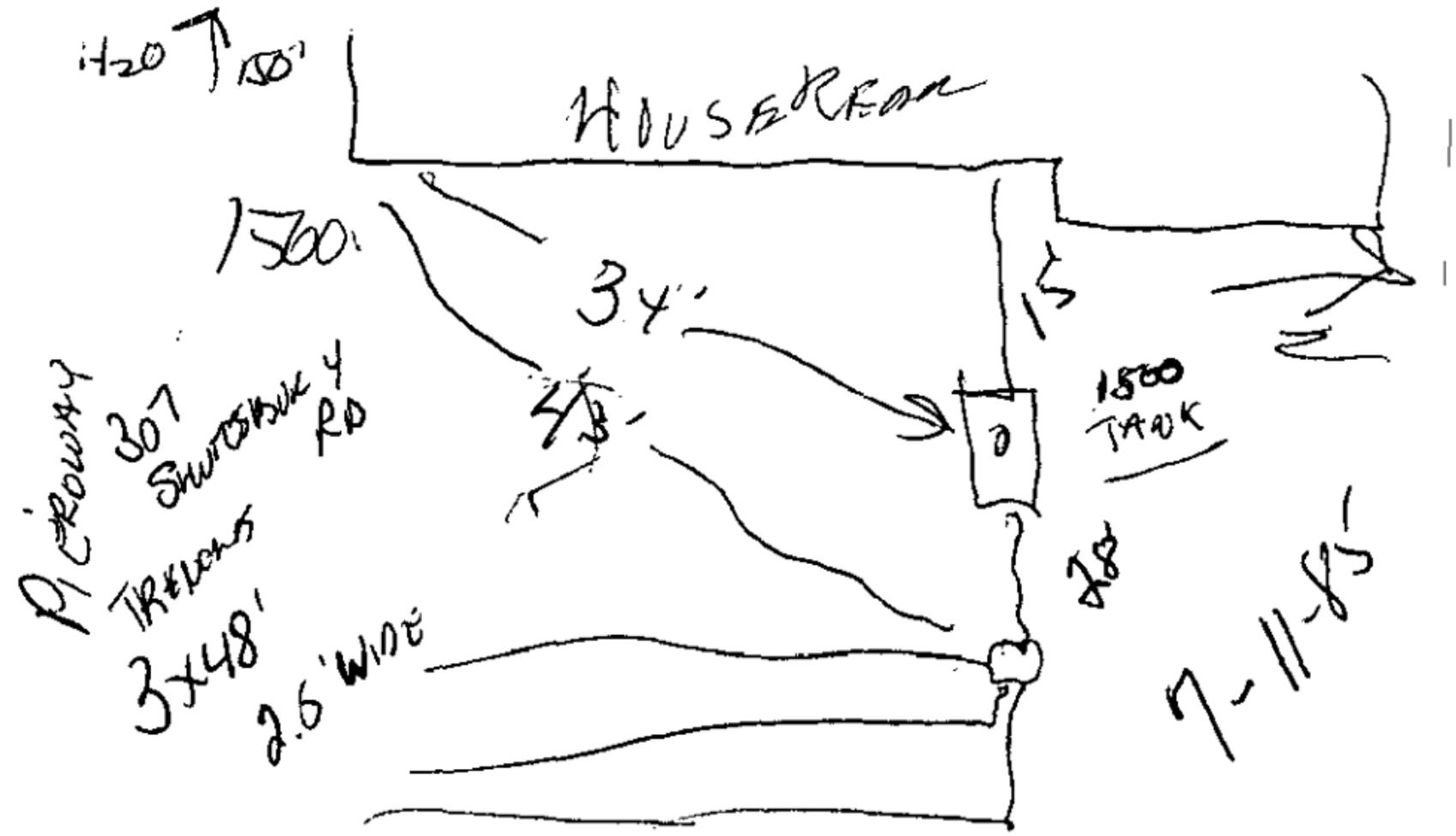
TEBAWI  
12-31-84

11  
0.5

3/4 X 6 DIA 6 FT







120' 150'

HOUSE REAR

1500'

34'

1500 TRUCK

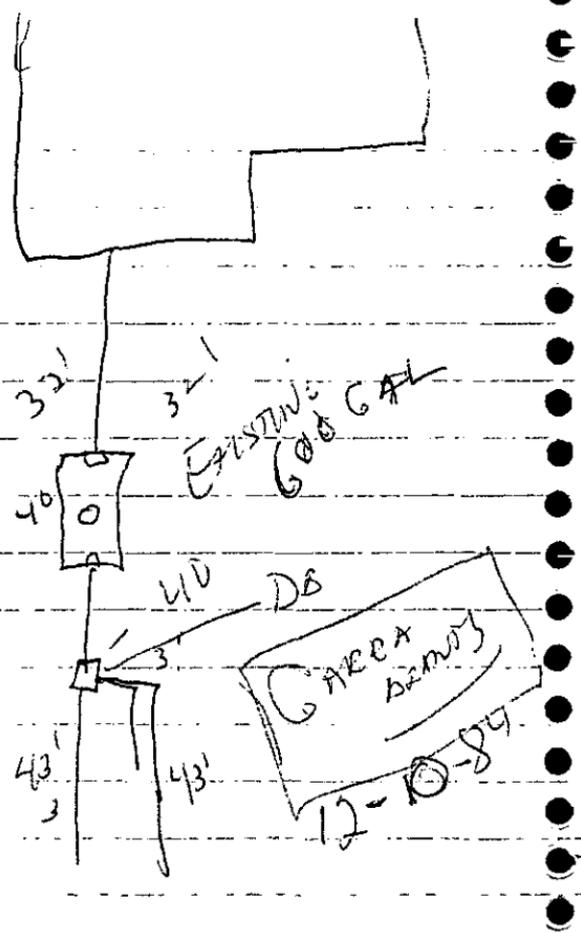
48'

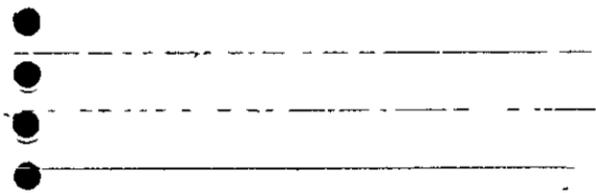
P. CROWLEY  
307 SWISSBROOK RD  
TRAILERS  
3x48'  
2.5' WIDE

700'

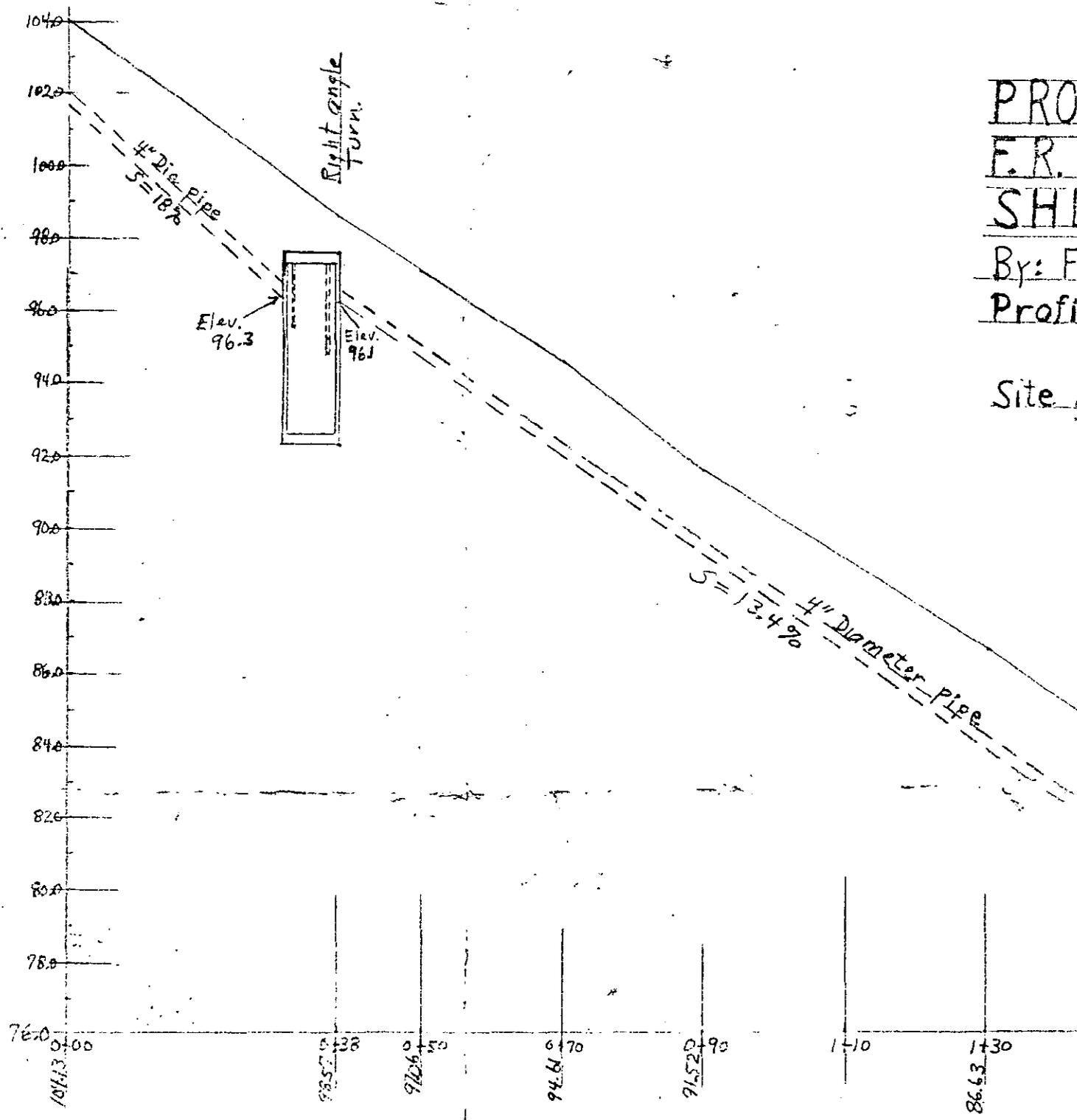
7-11-85

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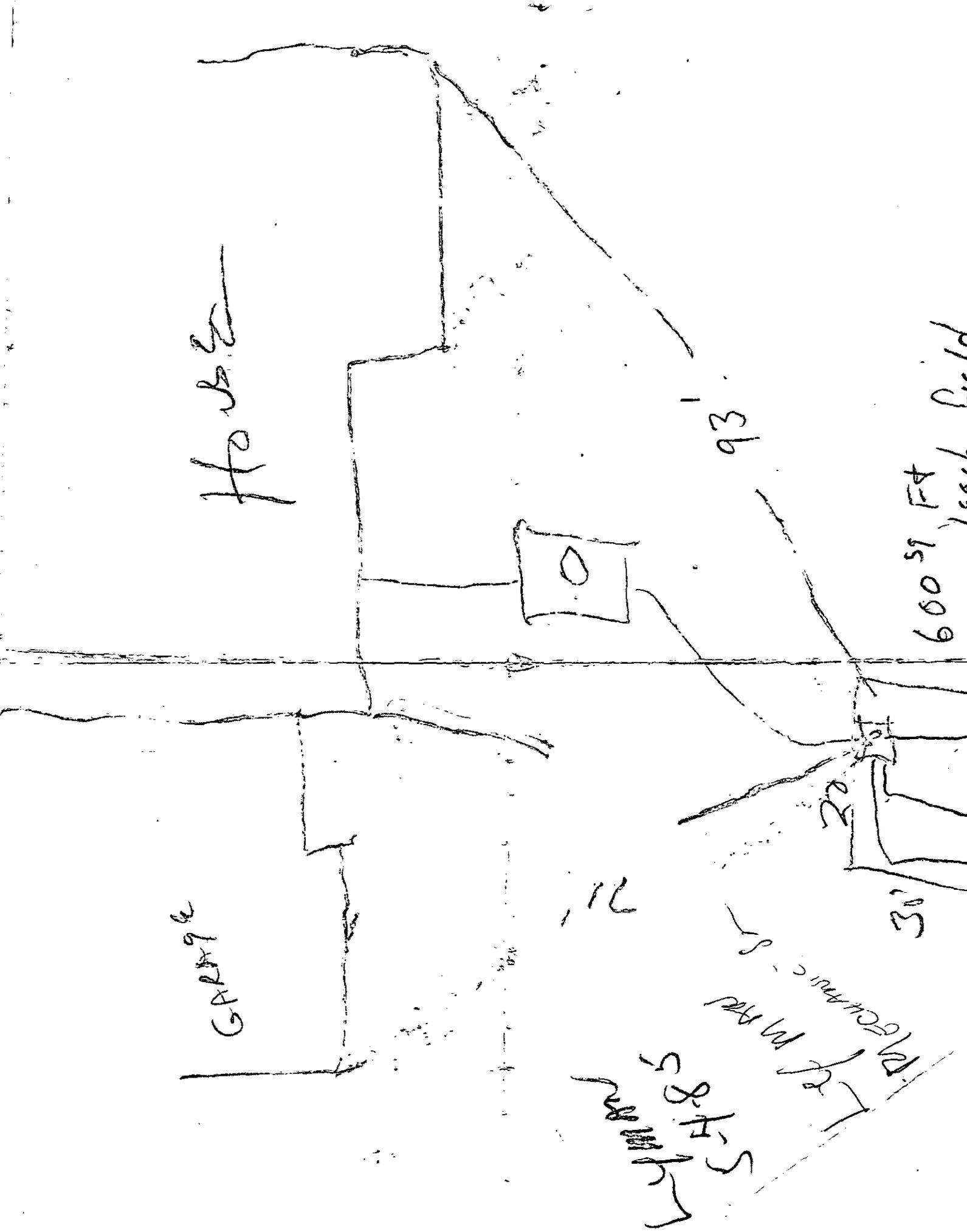
PRO  
 F.R.  
 SHI  
 By: F  
 Profi  
 Site



SPECIFICATIONS:

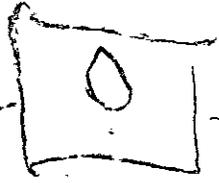
All materials and construction will be in accordance with Comm. of Mass. DEQ.E. State Environmental Code Title 5.

C  
 3  
 P6  
 S1  
 B0  
 -9  
 12



H.O.B.

GARAGE



93

6009 FT Leach Field

71

20

30

L.P. M. Road  
Mechanics  
L.P. M. Road

MONDAY ~~ADVENT~~ DECEMBER 10

699 BAY ROAD  
1178 SOUTH EAST ST

OVERLOOK DR (PERC. TESTS)

CHECQUERS

HUNGRY U.

B Andy's PIZZA

JUSTIN RYAN

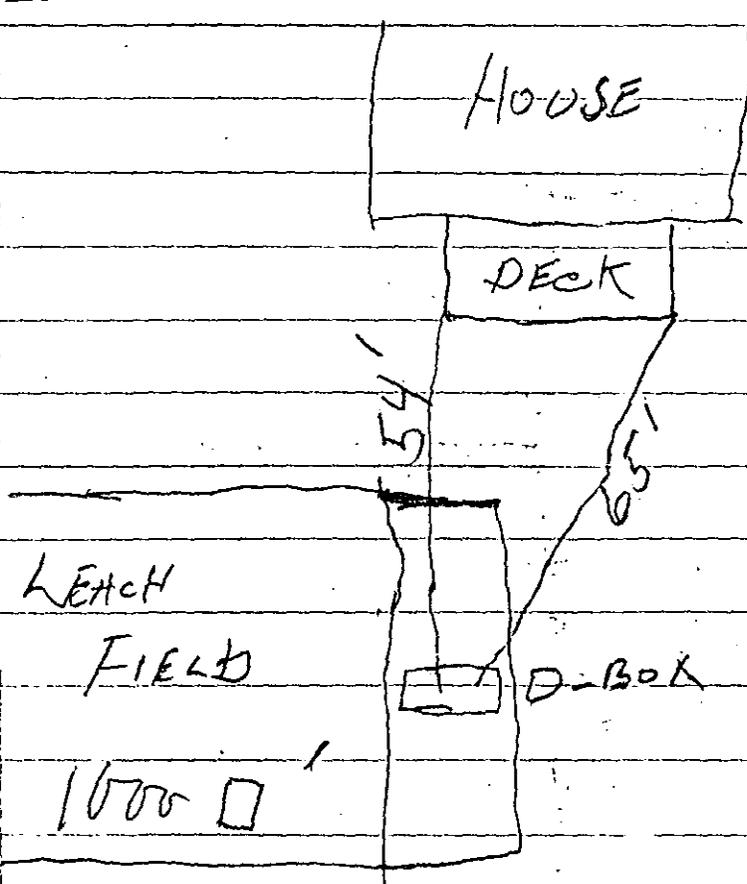
(PM)

12-10-84  
Andy Owens



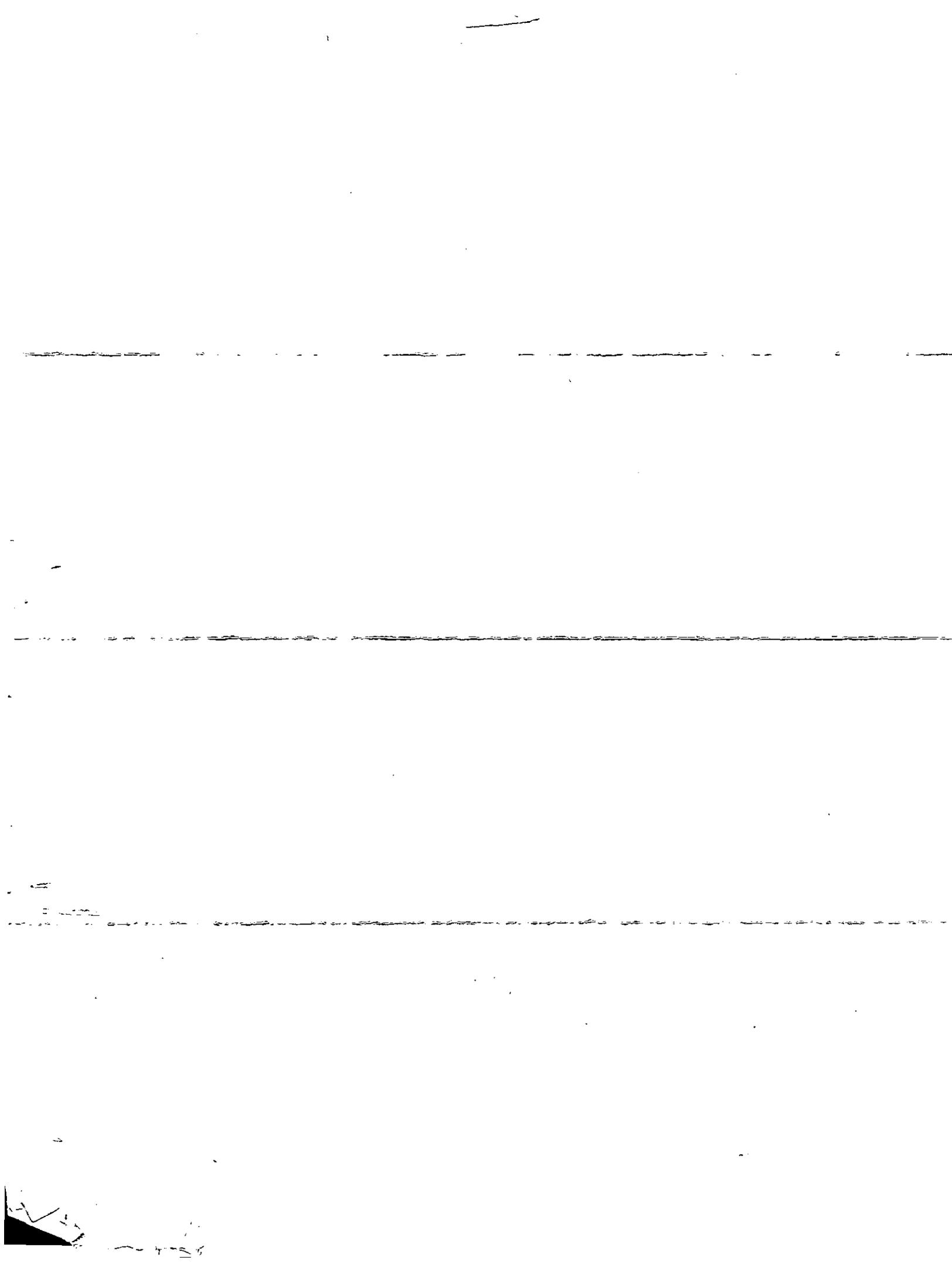
So. East St

34 Hi Pt Hill  
Rutstein Amb 1/21/84



1' gravel under  
1' stone

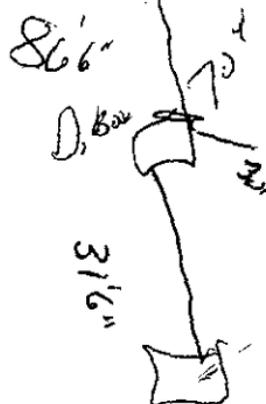
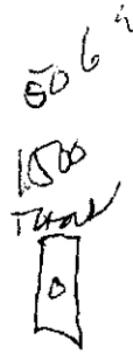
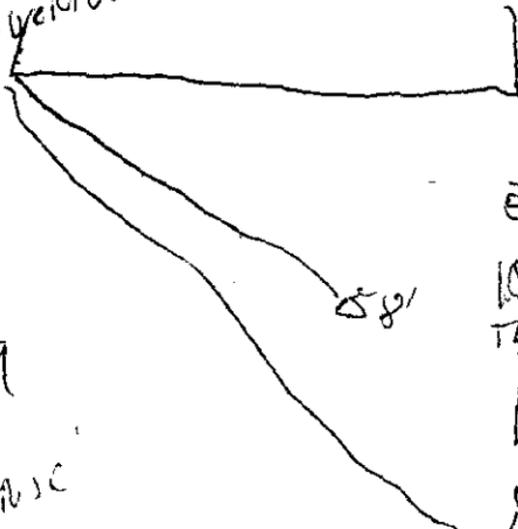
300  
20





Buversius

L+K  
OCT 29  
MECHANIC  
ST  
168 ER.



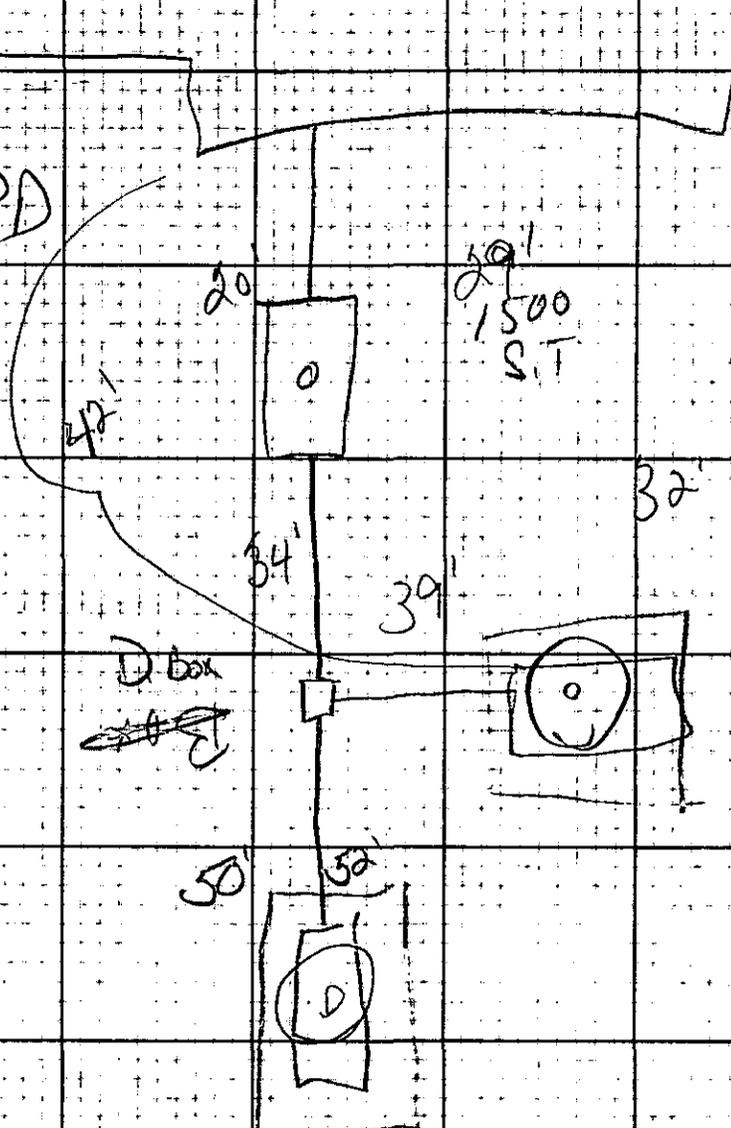


MATUSKO

WALTER  
WYSOCK

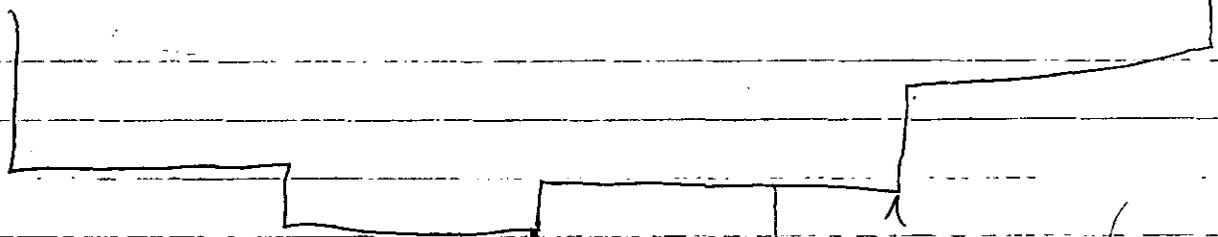
11-18-86

BAY RD



BAY RD





10-21-86

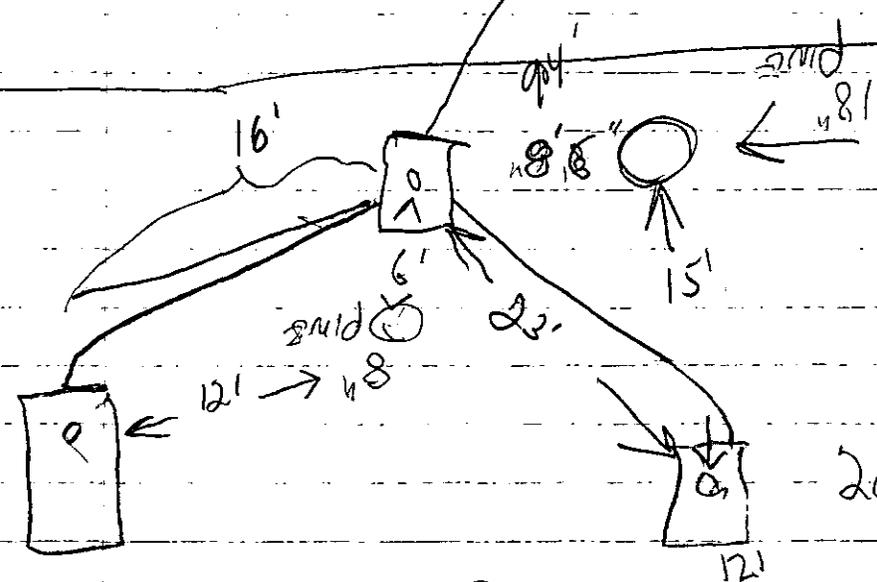
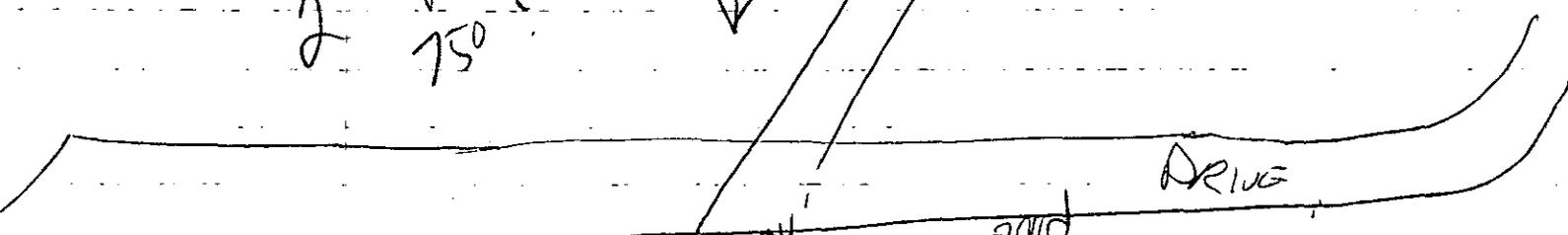
Powson

R ROBERTS

1500 S.T.

2 PITS

750?





BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner \_\_\_\_\_ Address \_\_\_\_\_

Installer \_\_\_\_\_ Address \_\_\_\_\_

Date Installation Inspected and Approved \_\_\_\_\_

Description of System: Tank Capacity: \_\_\_\_\_

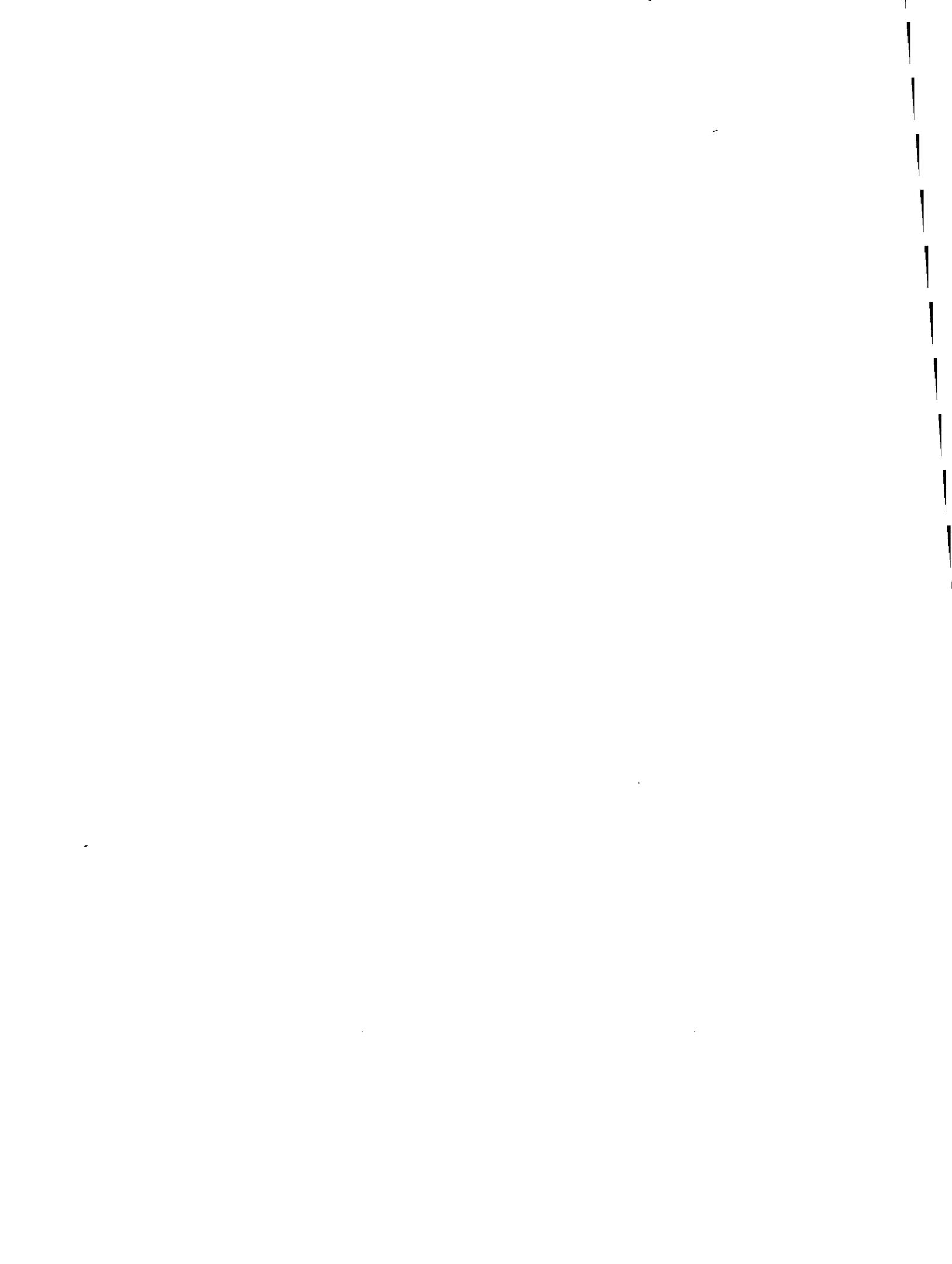
Leach Field ( ) Bed ( ) Seepage Pit ( ) Square Feet: \_\_\_\_\_

Garbage Grinder Yes ( ) - No ( ) No. Bedrooms: \_\_\_\_\_ 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.



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**LIQUIDATING ITS ENTIRE  
STOCK OF WATCHES!!!  
— AND THE GUARANTEE  
IS FACTORY SOLID!!**

**FRIDAY ONLY!!**

*MARCH 22<sup>nd</sup>*

**10:00**

**SALE WILL  
BE HELD AT:**

71  
2  
(I-9)  
**H**

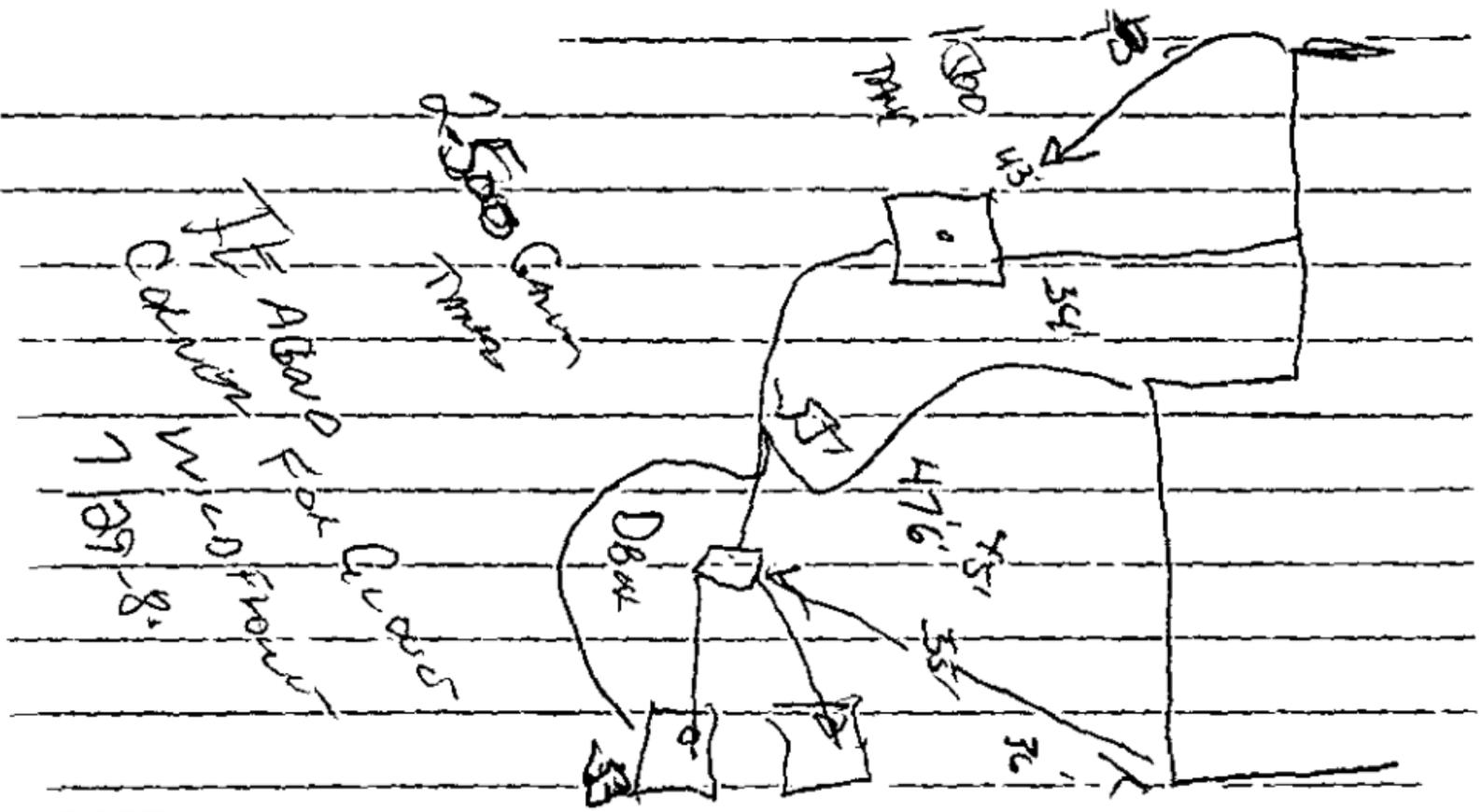
Gibavic, Anne

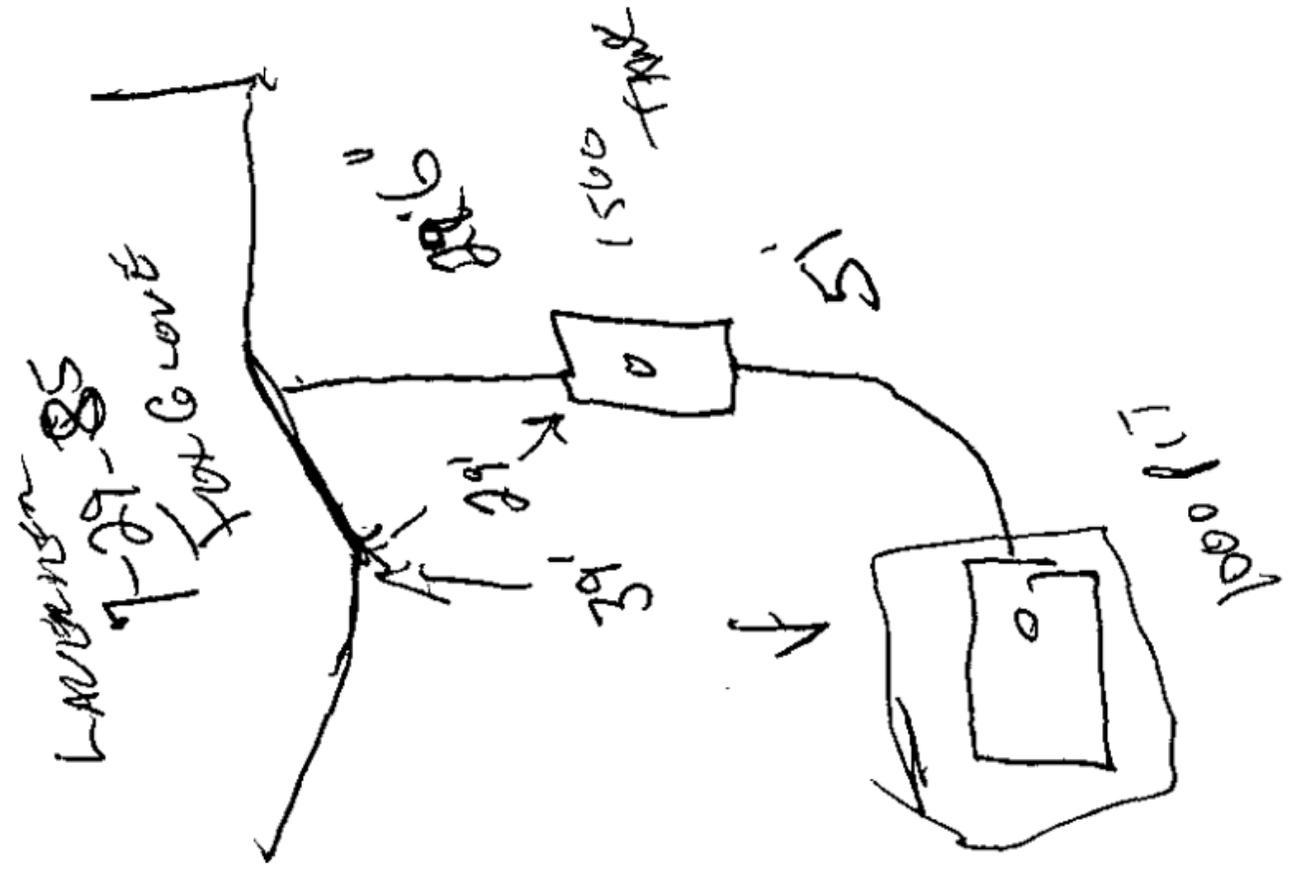
Birth Date- 53-4-27

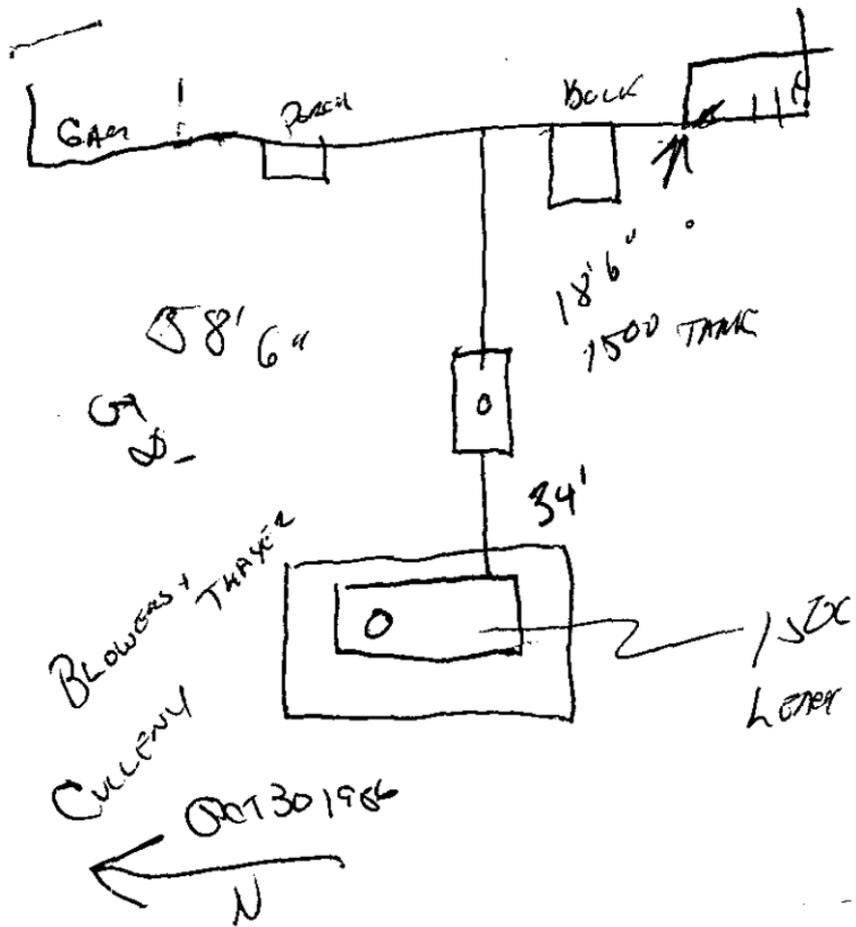
Rattlesnake Rd., Leverett

School: Jr. High Gr. 7	65/66
8	66/67
ARHS 9	67/68
10	68/69
11	69/70

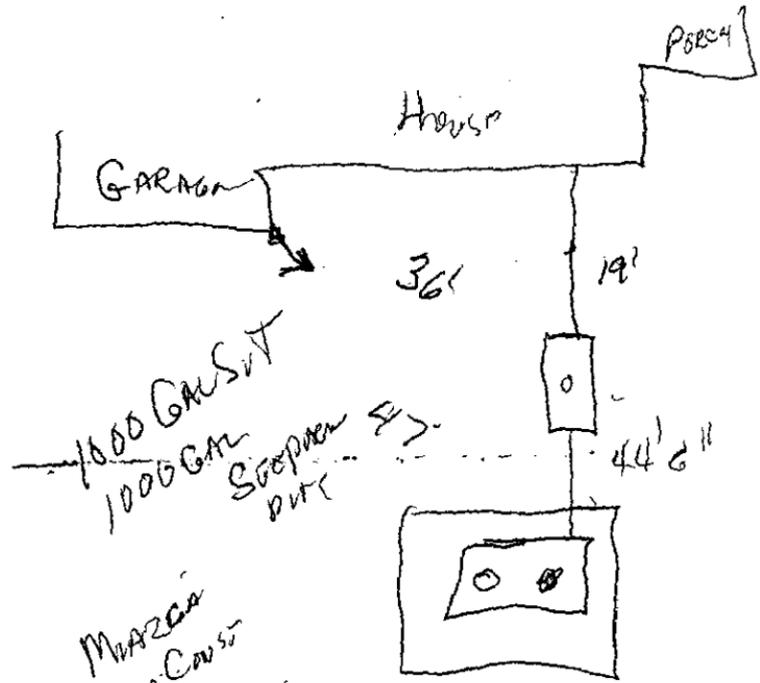








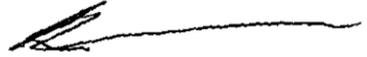




~~1000 GAS VIT~~  
 1000 GAS  
 STOPPEN  
 BUT

MARZAN  
 OMO CASSI  
 9-11-86

LARIES PUR



Sleeping Room #2	
Sufficient natural lighting	.250 A
2 outlets or 1	.251 B
Light with outlet	.251 A
Walls	.500
Ceiling	.500
Floor	.500
Windows	.500
Screens	.551
Door	.500
Is there adequate space for occupant?	.400

Sleeping Room #3	
Sufficient natural lighting	.250 A
2 outlets or 1	.251 B
Light with outlet	.251 A
Walls	.500
Ceiling	.500
Floor	.500
Windows	.500
Screens	.551
Door	.500
Is there adequate space for occupant?	.400

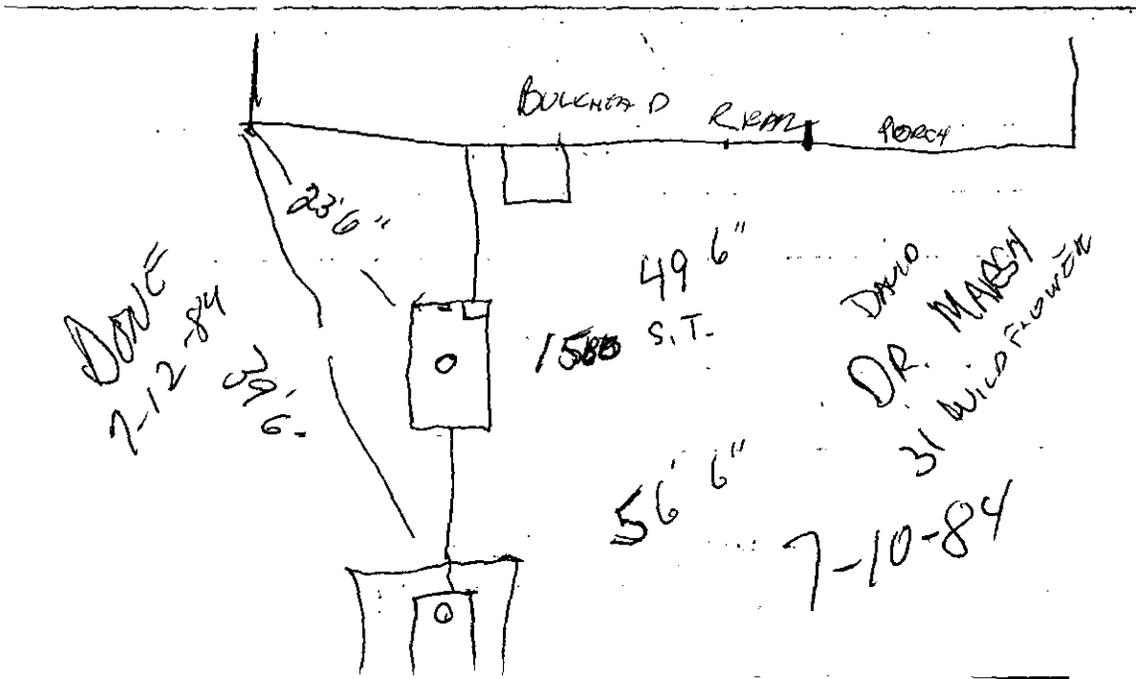


1000

1000

1000

1000



DONE  
7-12-84

9' 9"

23' 6"

1588

S.T.

49' 6"

56' 6"

Dario

DR. MARESH

31 WILD FLOWER

7-10-84

BULCHER D RAMP ROACH

# THE AMHERST GOLF CLUB

Amherst, Mass. 01004

---

The statement of your account with The Amherst Golf Club  
is listed below.

---

---

---

SENIORS DISCOUNT: 65 and over by April 1st

Single Male	( )	-	\$260.00
Single-Female	( )	-	220.00
Family	( )	-	345.00
Single — Male	(X)	-	325.00
Single — Female	( )	-	270.00
Family Membership	( )	-	425.00
Additional Family	( )	-	25.00
Locker	( )	-	15.00
Junior Membership	( )	-	80.00

Total Dues —

\$325 —

## IMPORTANT NOTICE

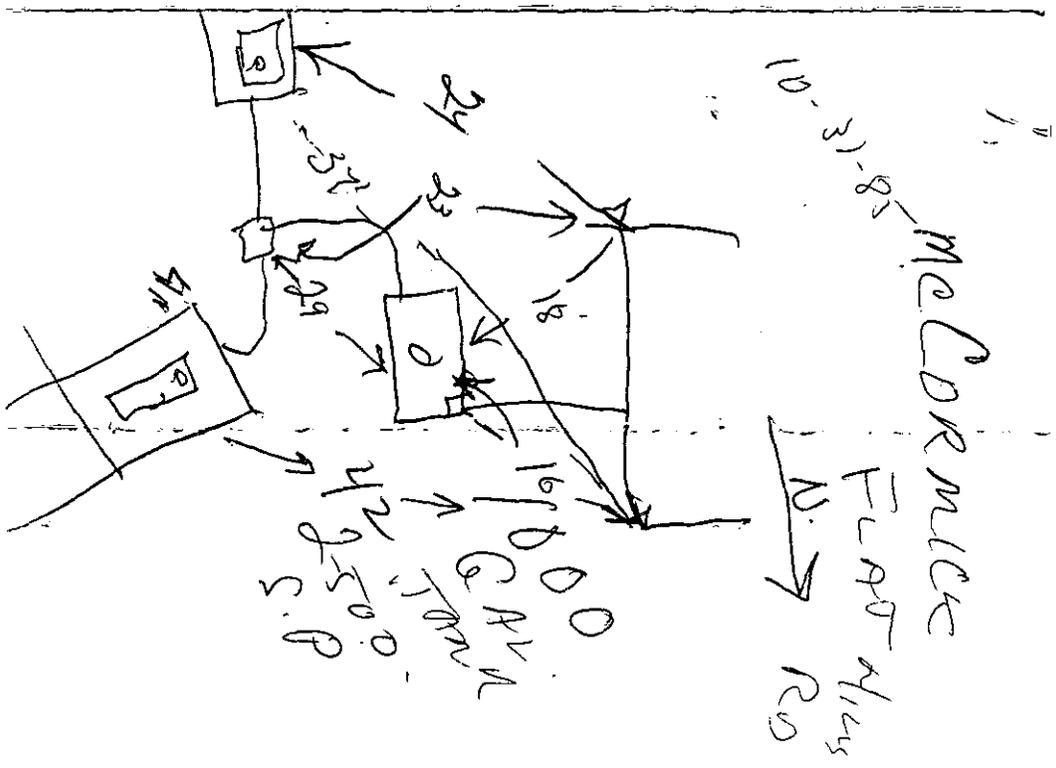
50 percent of Dues by May 1st: Payment in full by June 1st

Dues may also be paid at Pro Shop  
Please make checks payable to the Amherst Golf Club, and mail to  
P O Box 900 — Amherst, Mass 01004

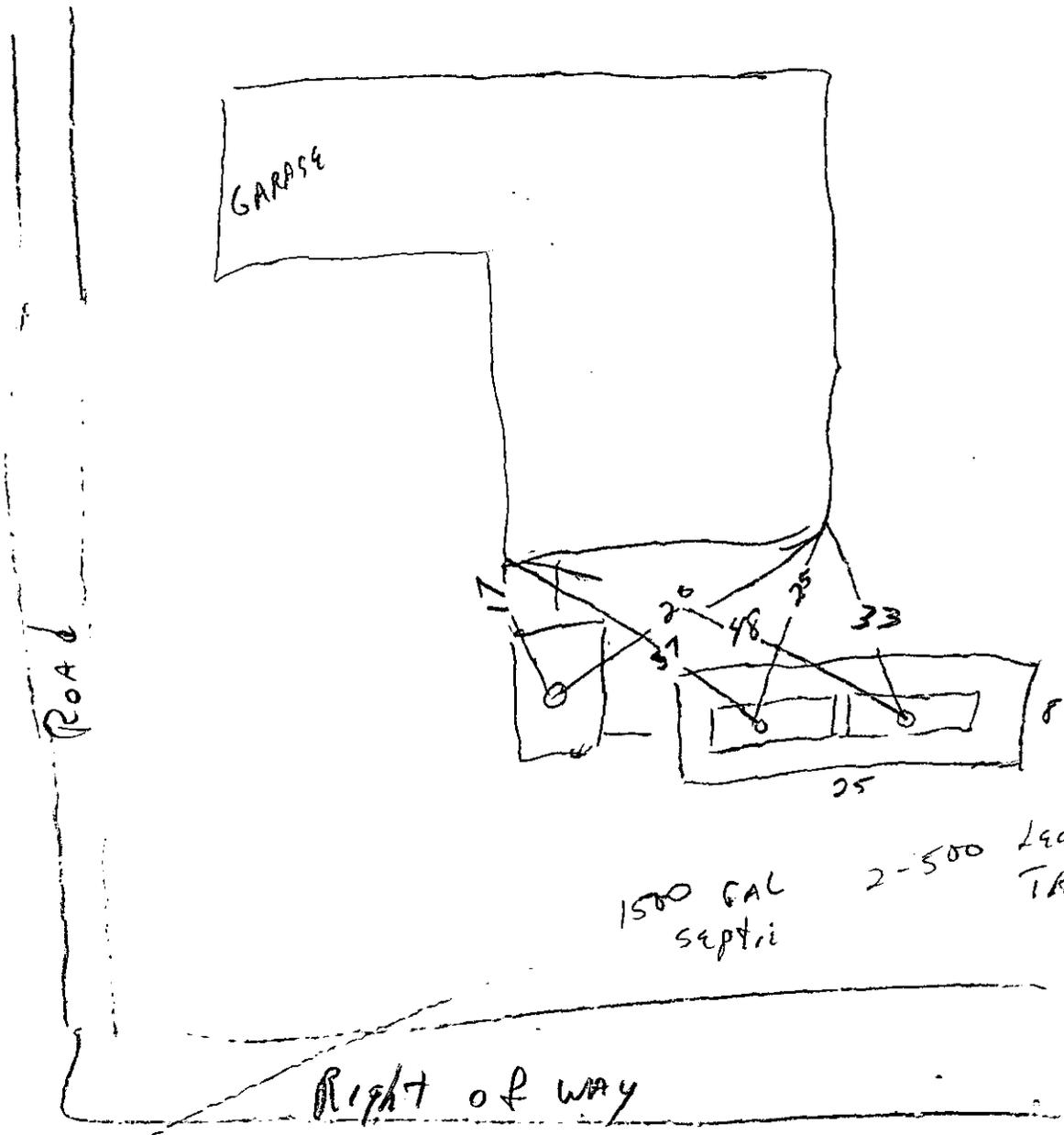








Lot #107 SMITH  
75 LARKSPUR



1500 GAL SEPTIC  
2-500 GALLON TANKS

Right of way



GARAGE

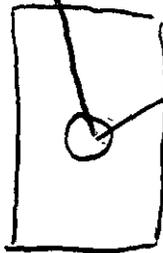
House

16'6"

41'6"

26'

37'



1500 TANK  
1000 DRYWELL

~~RICHARD~~

HAGGERTY

Wild Flower DRIVE

Lot 35

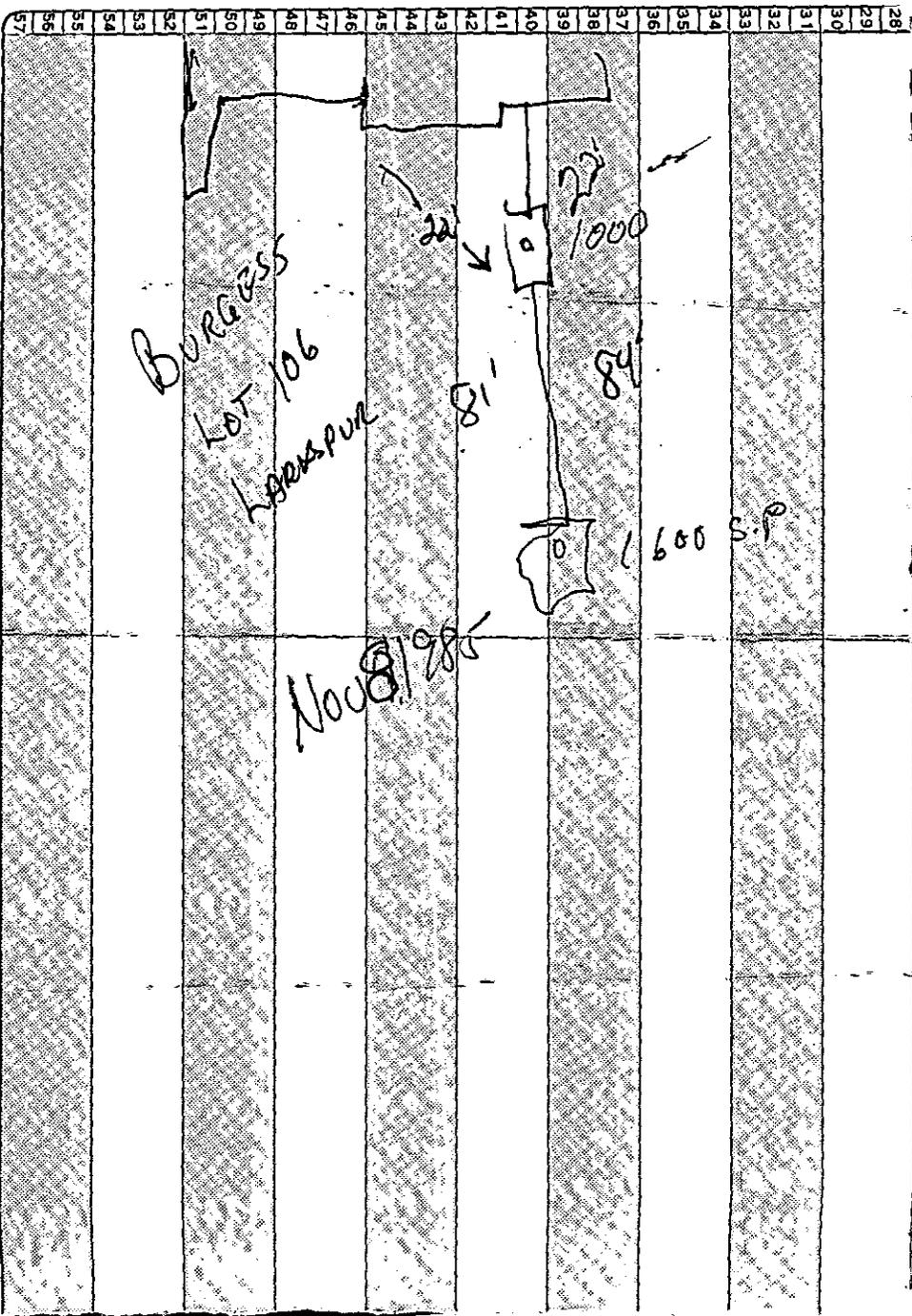
NORM VEEVER.



RAYMOND E LOUGAN

ROSEMARY P. KENEY TRUSTEE  
14 WATER ST

DANVERS, MA 01923



BURGESS  
 LOT 106  
 HOUSPUR

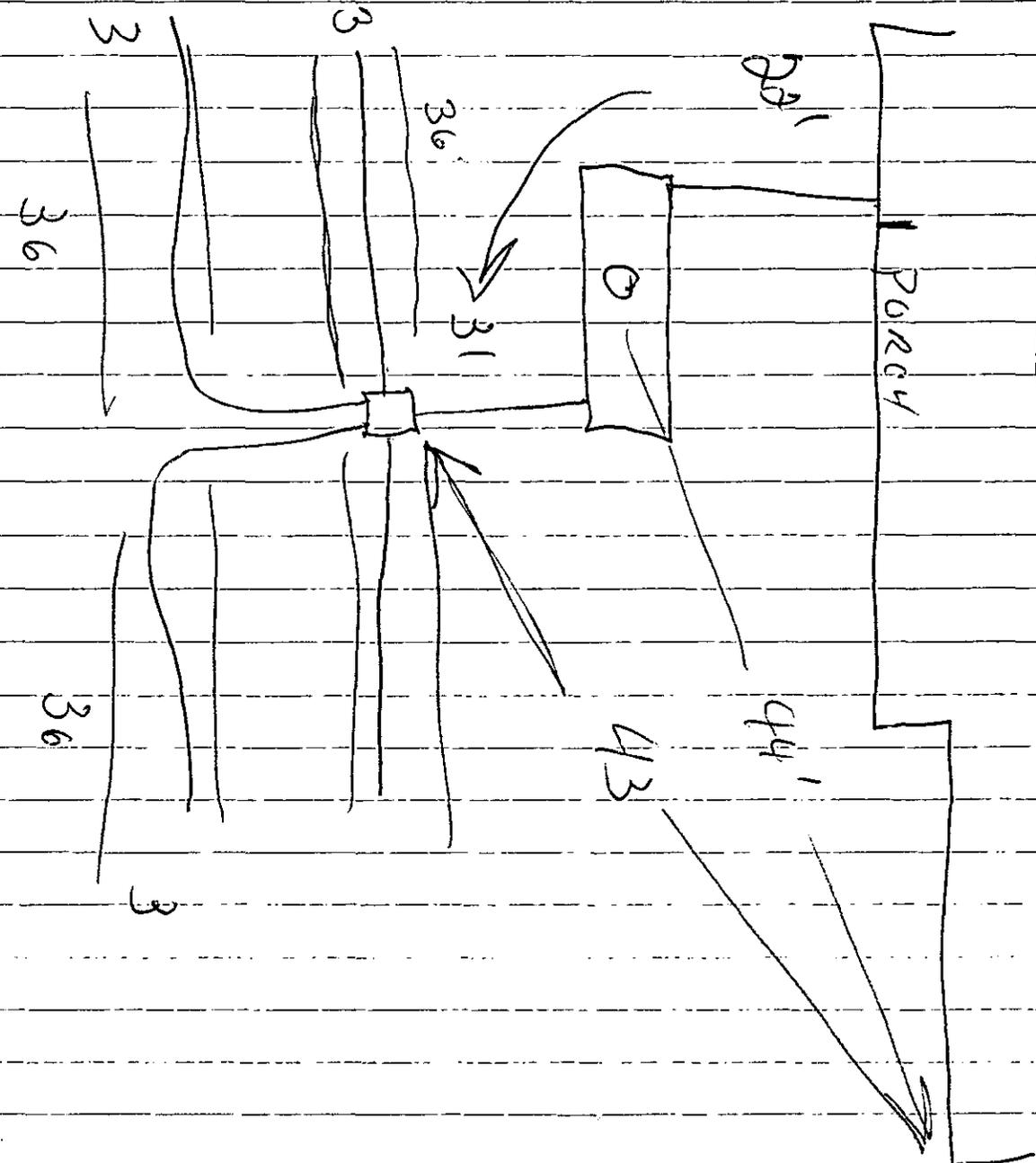
Nov 8/28

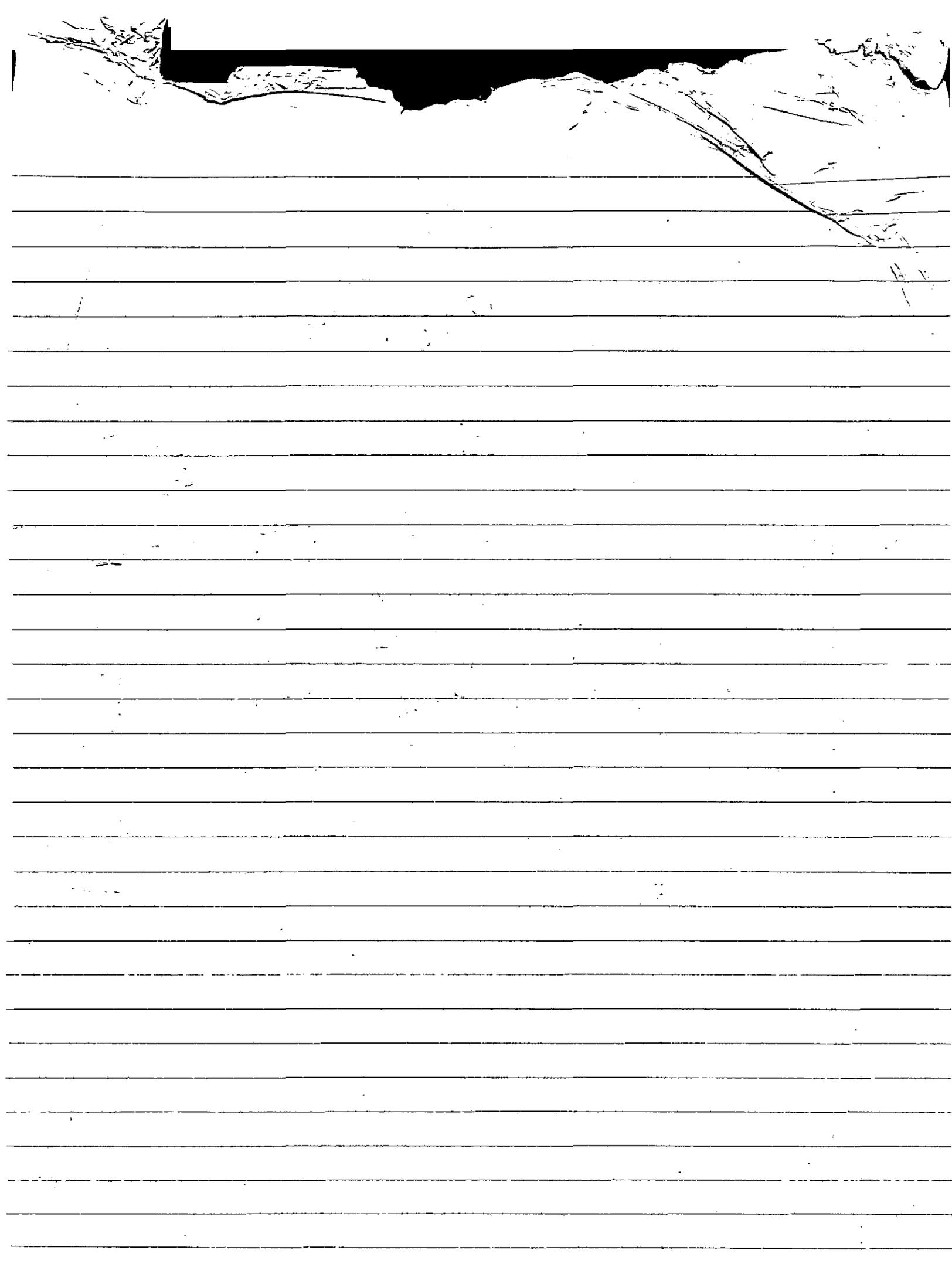
22'  
 1000'

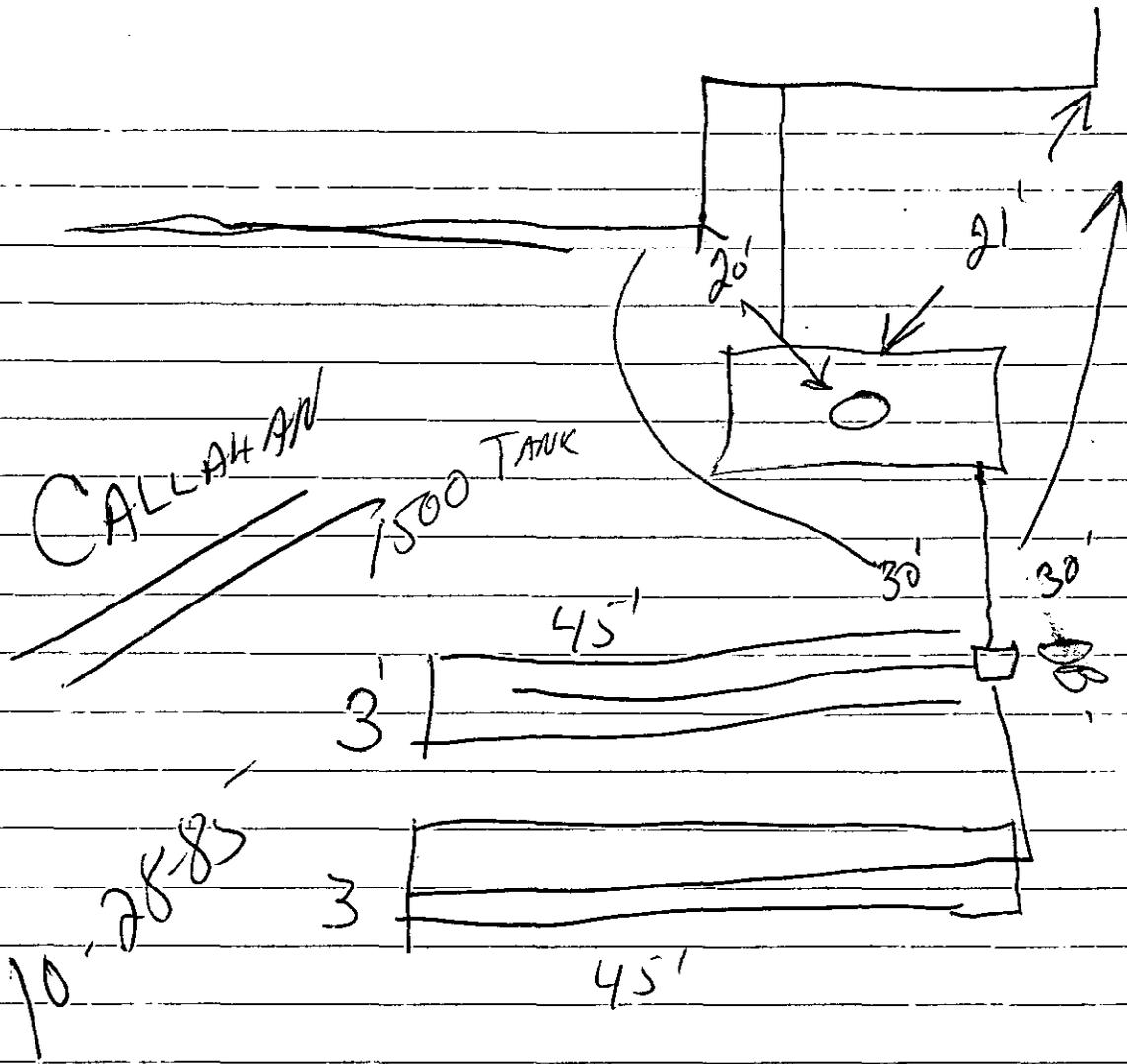
84'

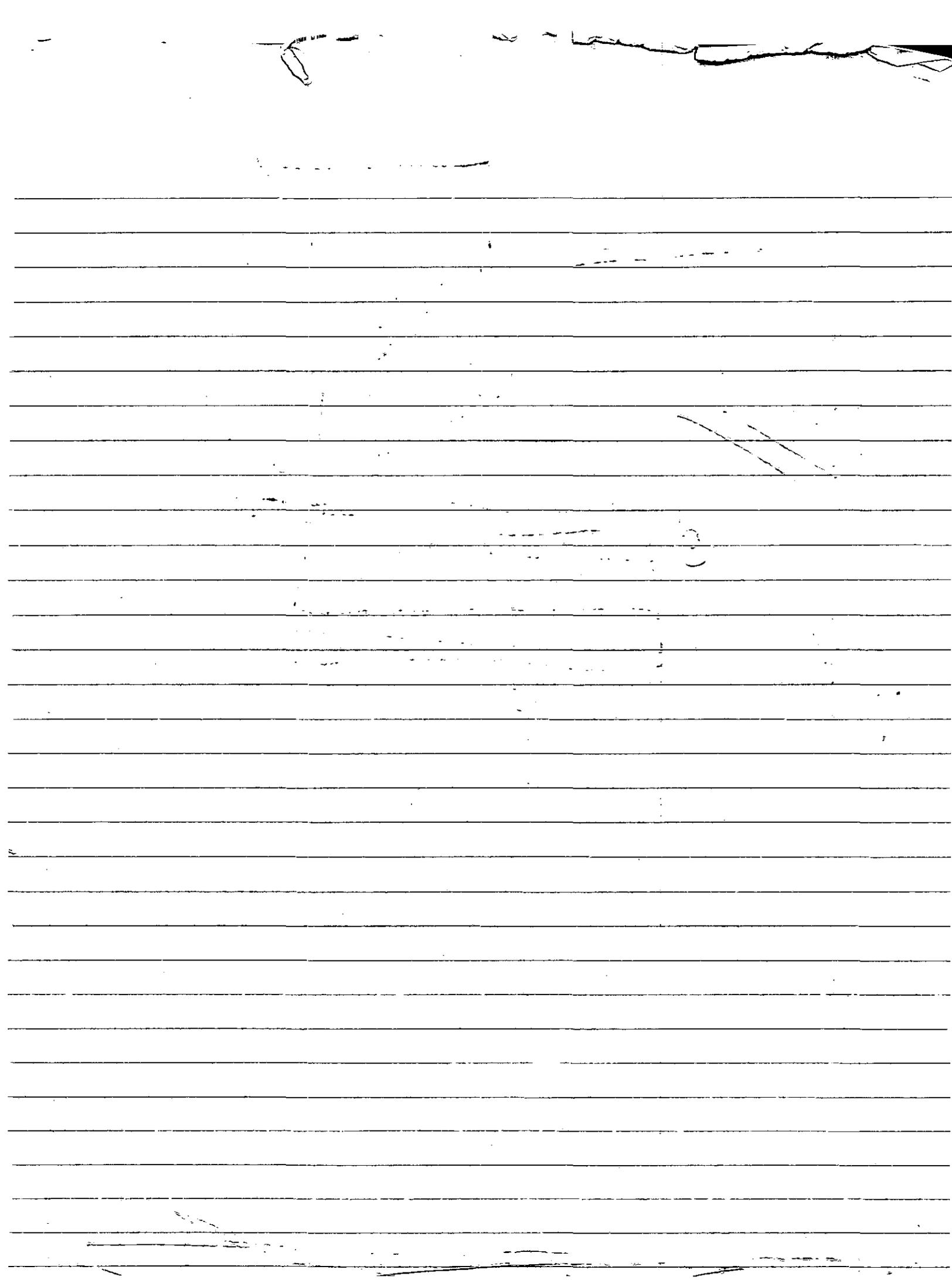
600 S.P.

10-28-88  
1500  
Translow  
Tank



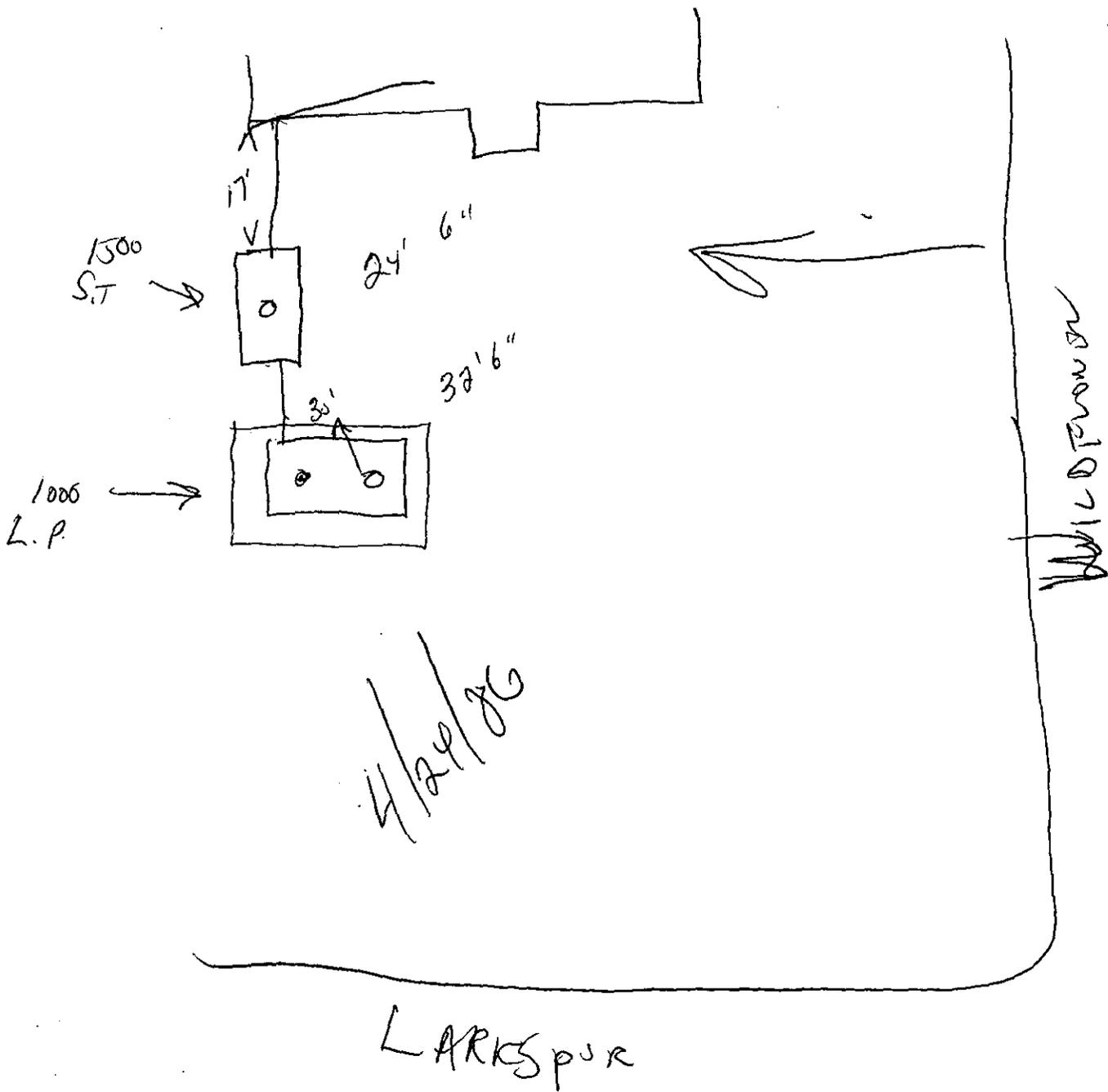






ARTENSTEIN  
LOT 112 LARKSPUR

X WILDFLOWER



400

~~#~~

\$ 300

~~143 No East St  
 200 Bay Rd  
 8 St. Joseph's  
 171 Bay Rd  
 Park East~~

WED APR 23

CHARLES E. DRAKE, JR.  
Registered Sanitarian  
100 Mechanic Street  
Amherst, Massachusetts  
01002

Telephone  
253-7043

Registration  
Number  
201

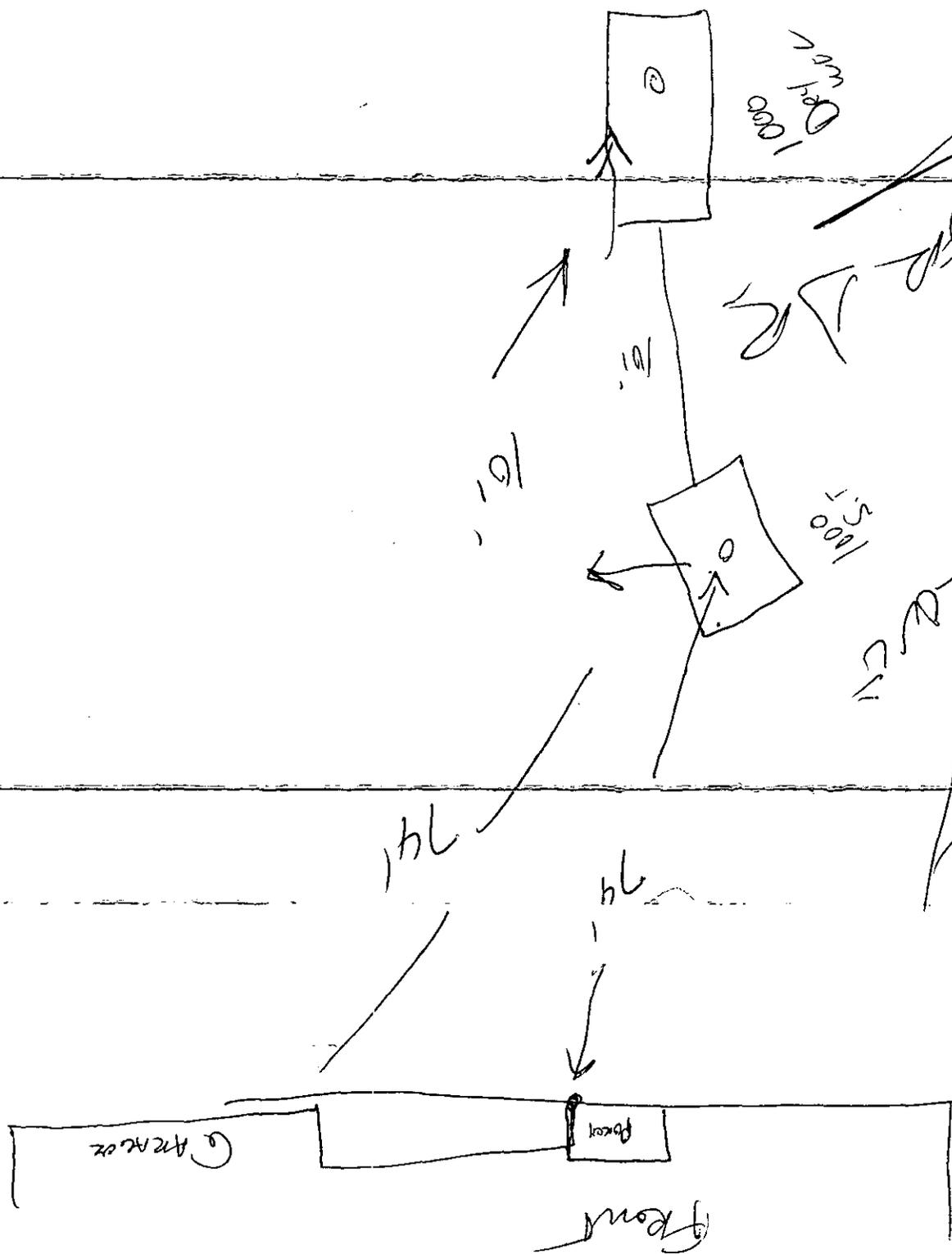
JOHN POLAK  
KATHLEEN BENOET

October 6, 1986

PERCOLATION TEST  
SEWAGE DISPOSAL PLANS

\$90.00

BAY ROAD  
HADLEY, MA.



11-4-86  
for  
Clerk  
Thompson

1000  
Front

Edwards, John  
58 Sunset Avenue

Birth Date - 55/6/21

Parent - Frederick

Jr. High Gr. 7  
" 8  
" 9

67/68

68/69

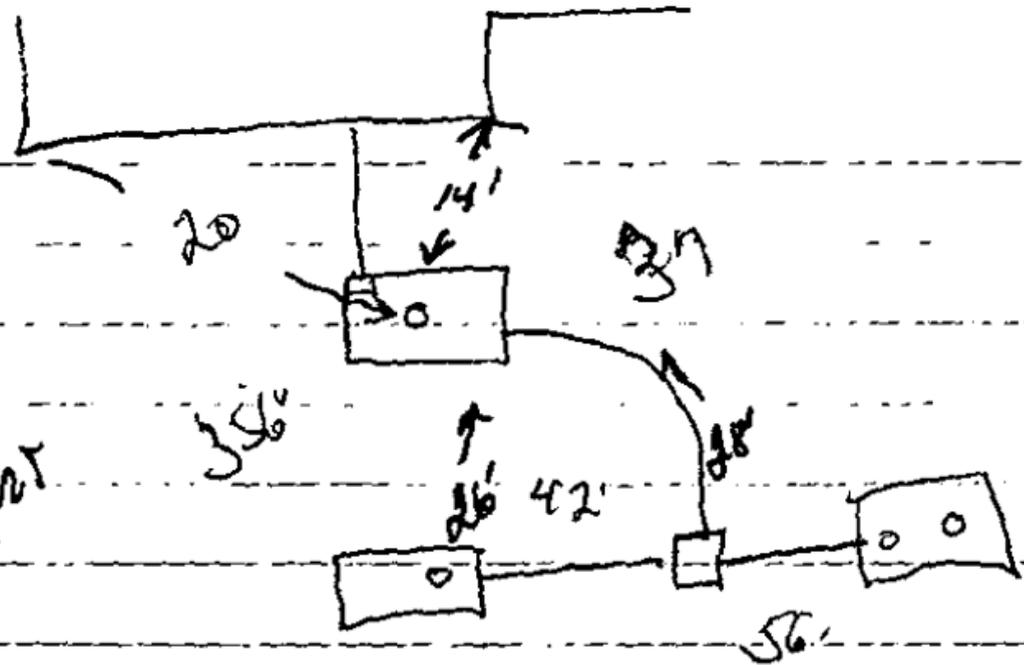
69/70

2/1/65

10-9.85'

1500  
TAYLOR-  
STUART

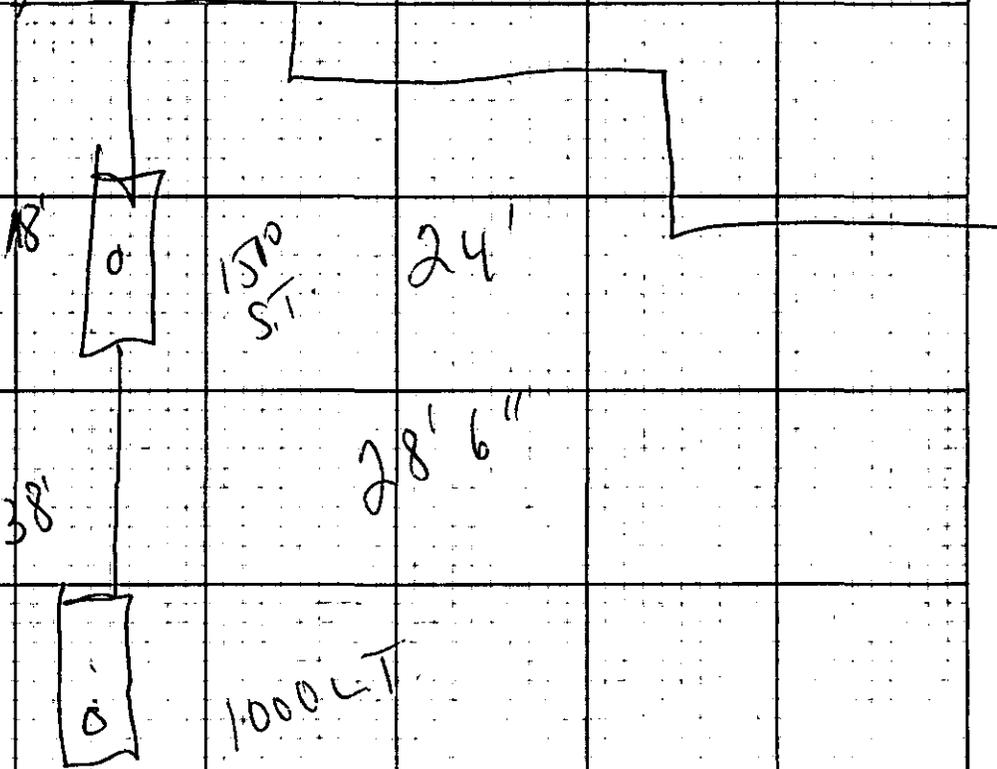
2500  
TANKS



LOT 101  
W. SUPPER

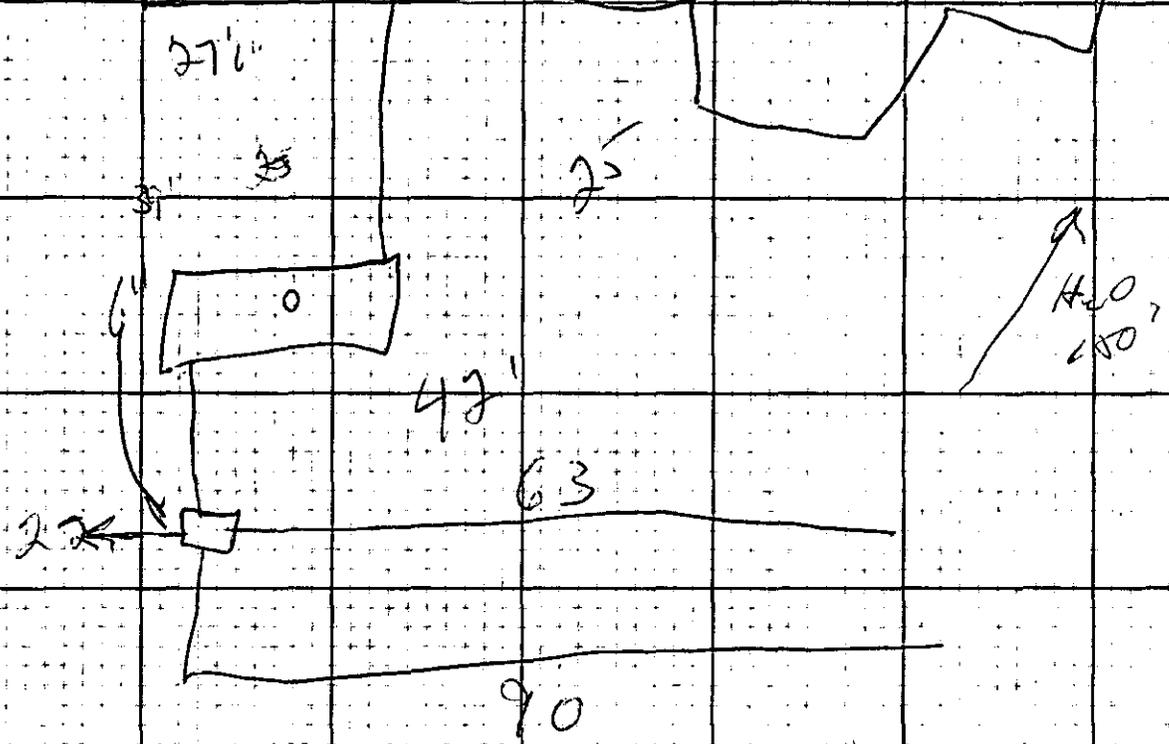
STUART  
R. BOBBS

11-10-86





House Room



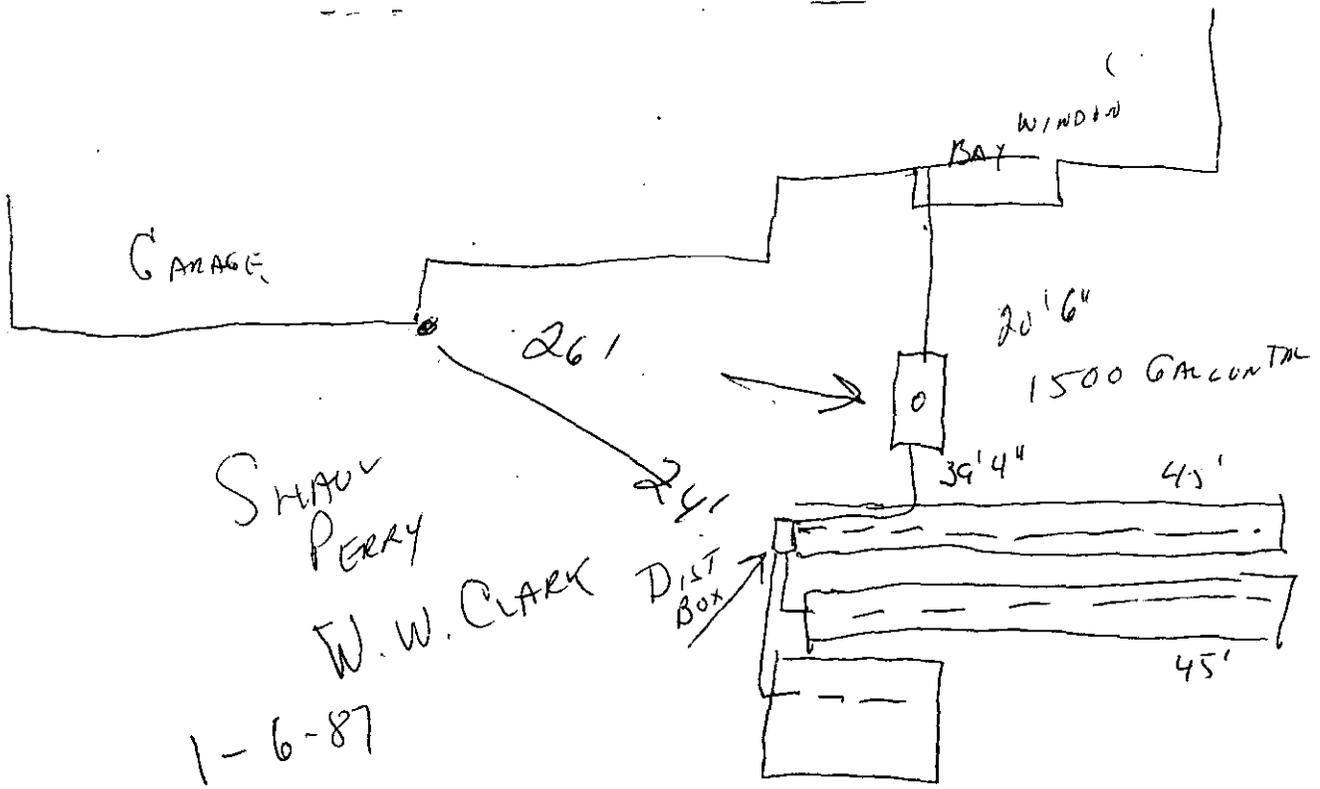
HIRSON

WEST  
CLARK

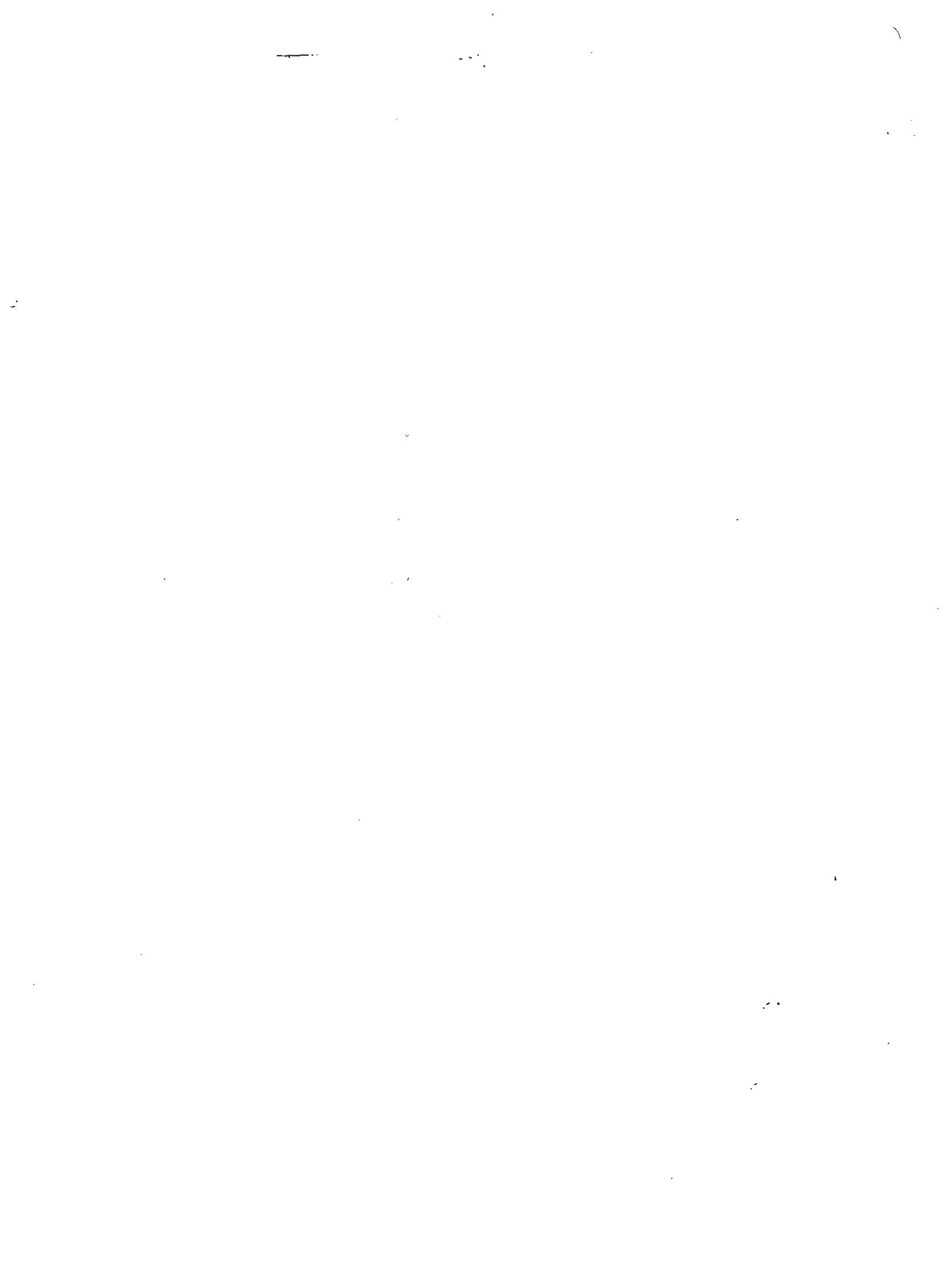
11-13-86

*[Signature]*  
3-3-87

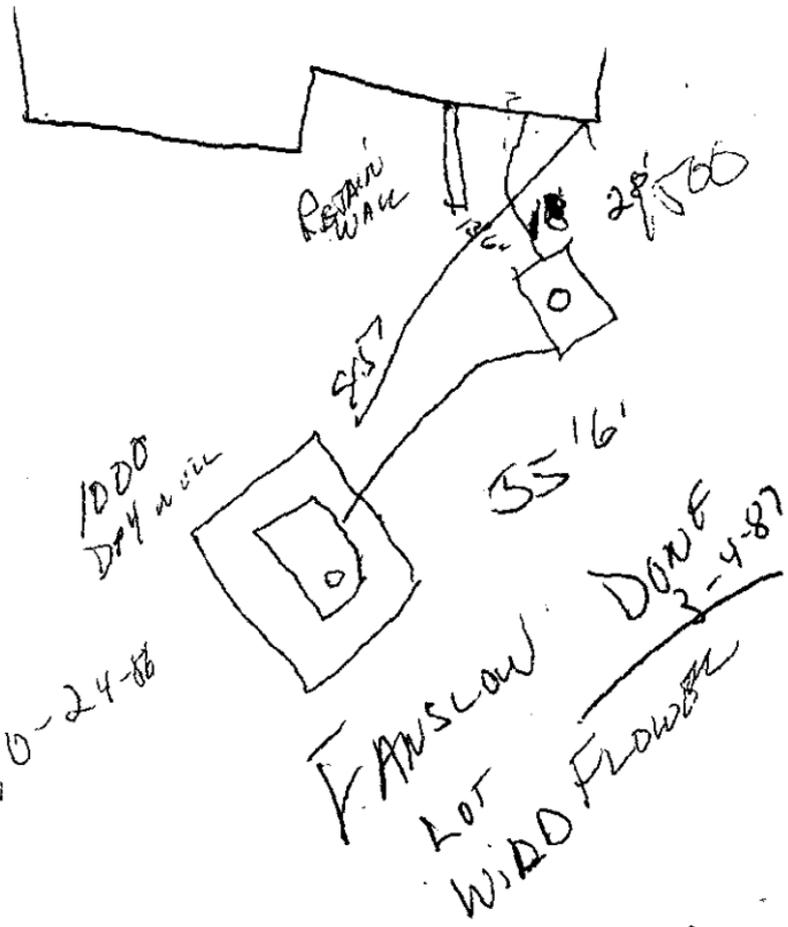




Done  
 3-3-87



Widdowflouff



10-24-88

RESTAIN WALL

1000 DRY W. WELL

55' 6"

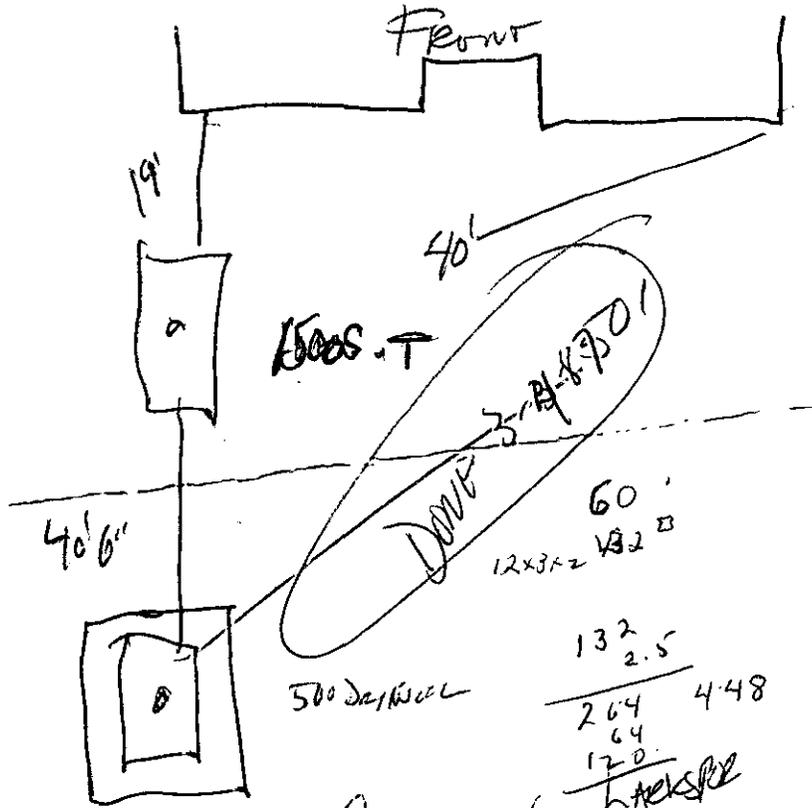
55' 6"

FANSLAW LOT WIDDOWFLOWER

DONE 2-4-87

28/500

Violations



1500S.T

40'

DOVE 3'-4'-8'-0'

60'

12x3x2 132

500 Deck/Wall

132	
2.5	
<hr/>	
264	4.48
64	
170	

Shumway

Lot 10 1877

MICRO CONC

G3 A

G3 A

House Front

GARAGE

porch

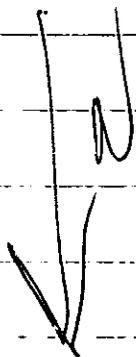
27' 6"

14'

1000  
GALLONS  
S.S.

371

31

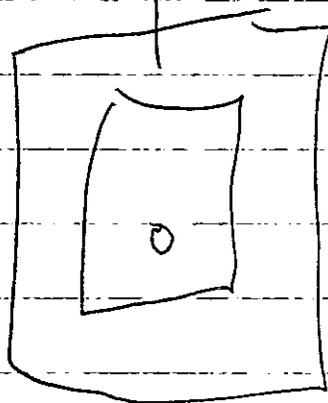


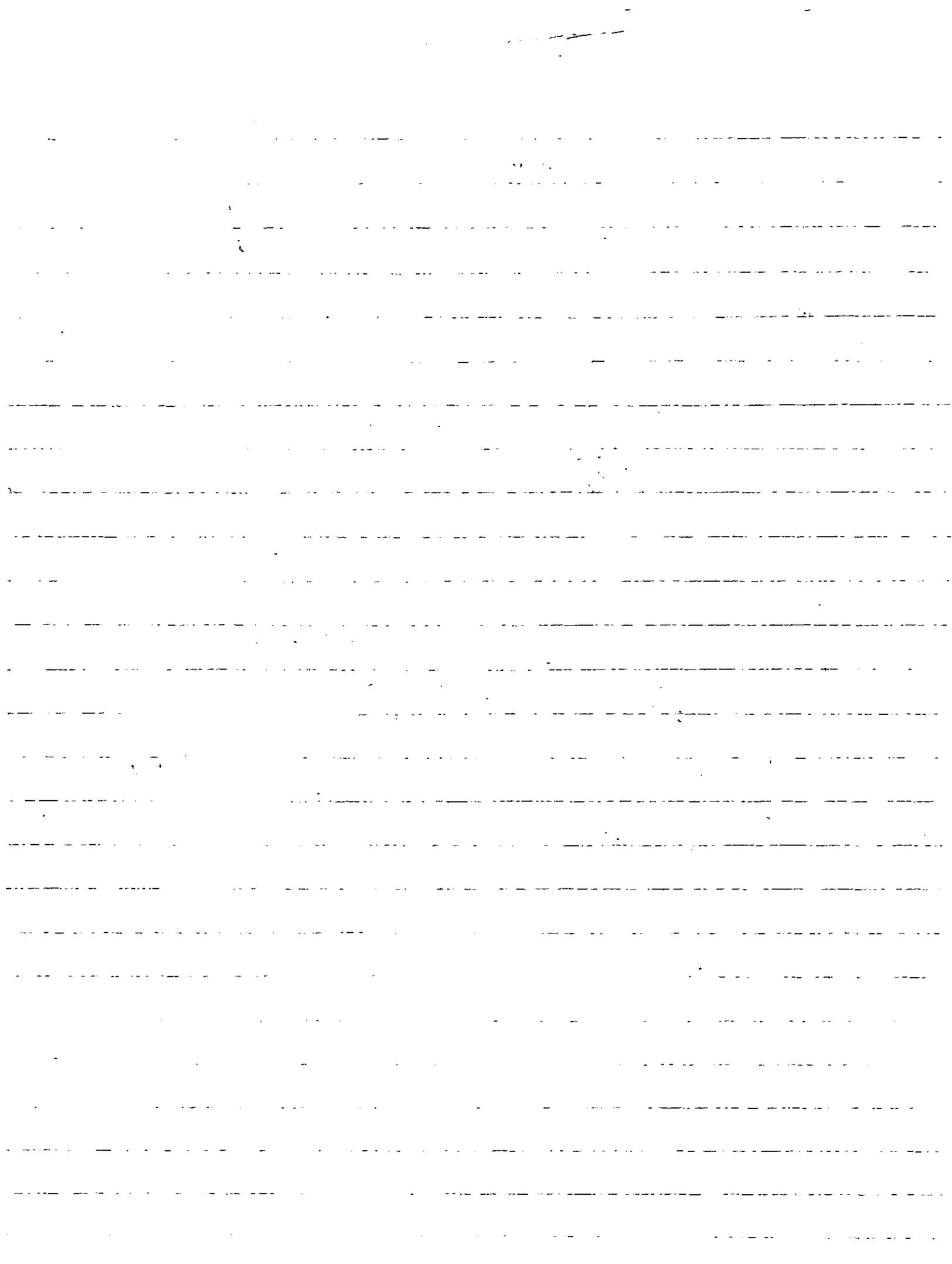
MIAZGA

LOT 154

WILDFLOWER  
DR

500  
LITERAL





Buckham

24

39 1/6"

1500  
GAL

CARRIAGE

46'

34' D.B

41'

44'

56'

2-750  
PITS

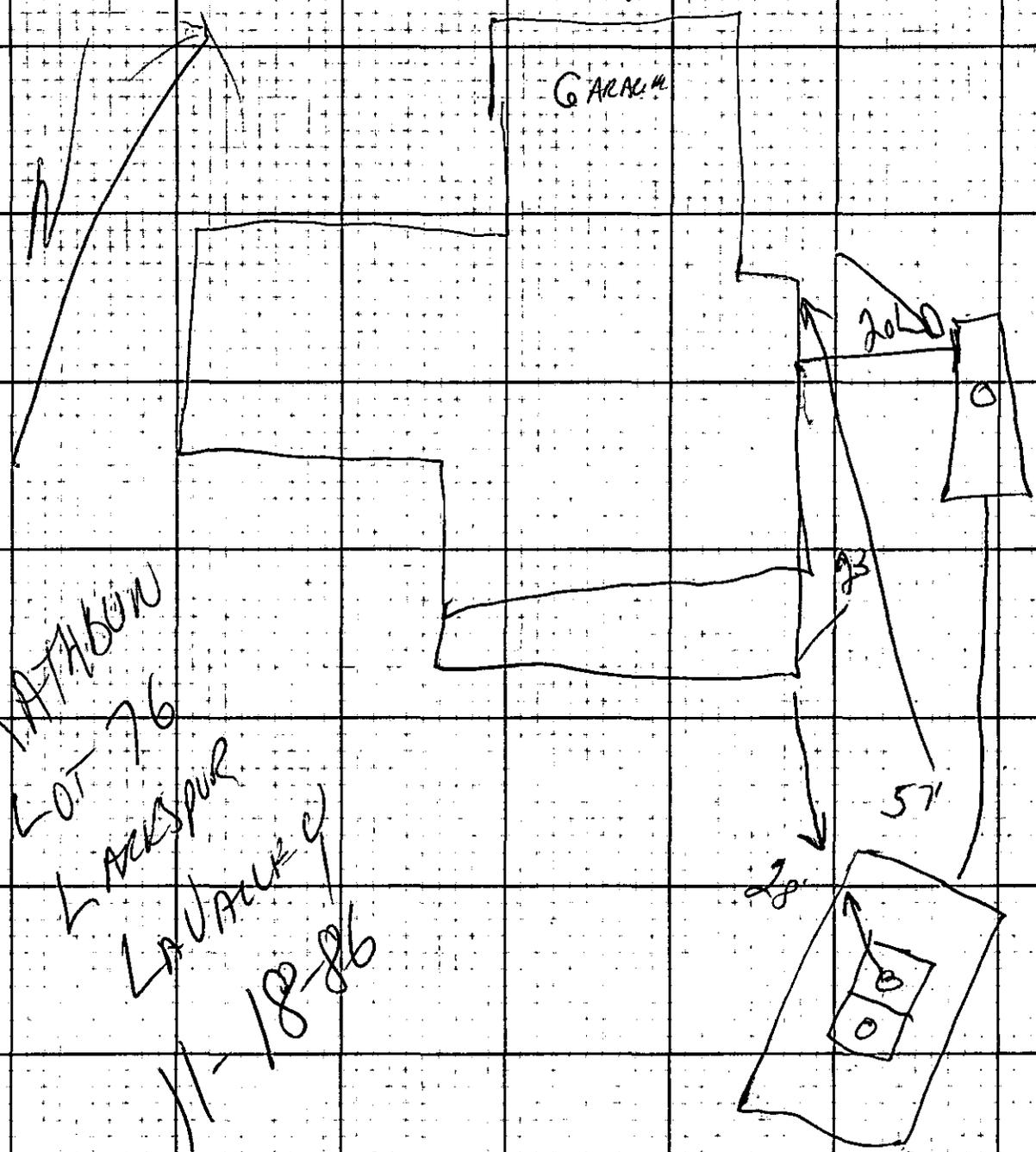
P. E. PERSON  
LOT 84  
LAKESIDE  
10-21-86



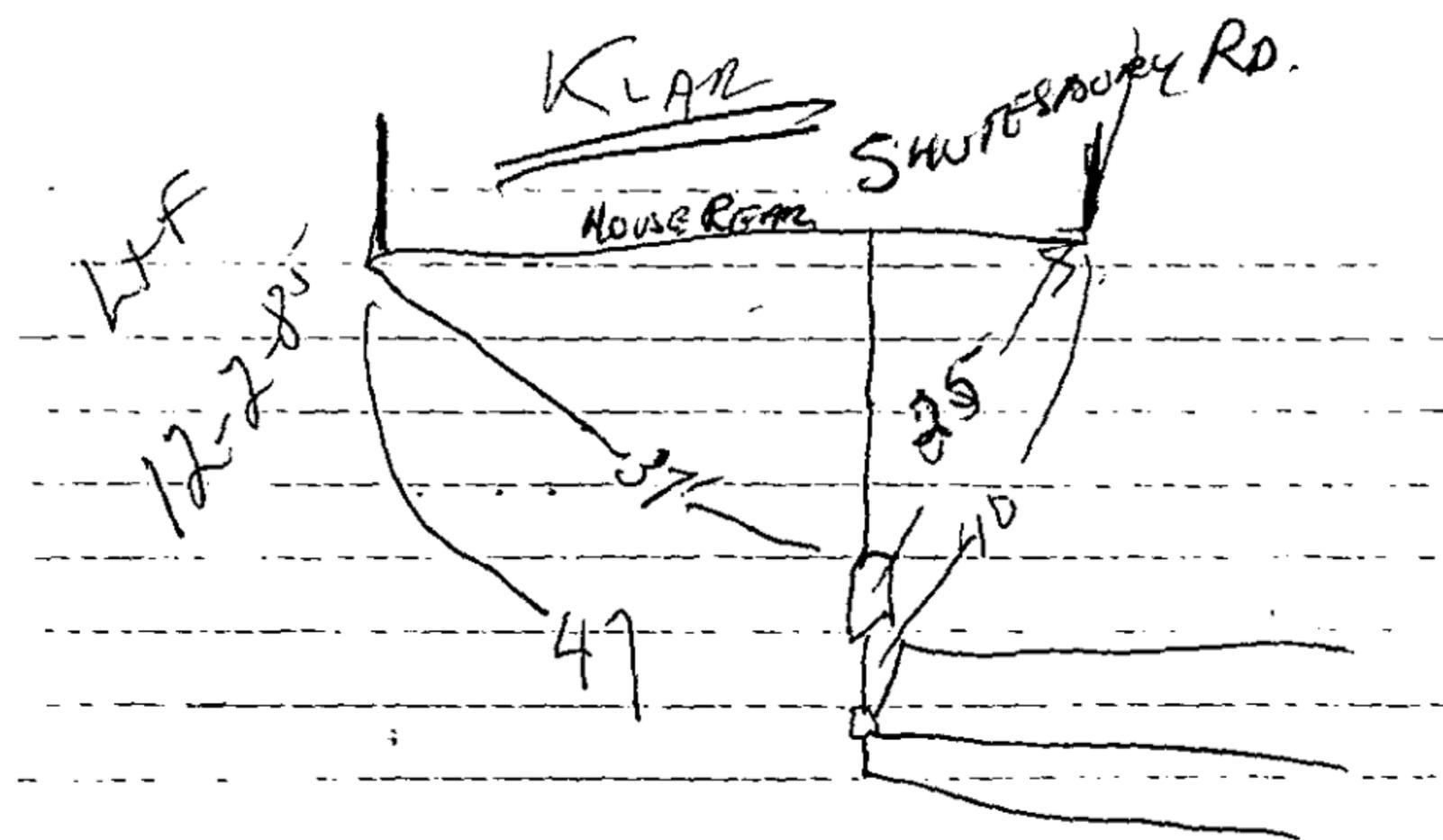
LARKSPUR Dr

GARAGE

RATABON  
LOT 76  
LARKSPUR  
LA VALLÉE  
11-18-86







Desrosiers, John

~~St. Joseph's - Levee #~~  
Long Prairie Rd. -

School: Jr. H.S., Gr. 7

8

GRHS 9

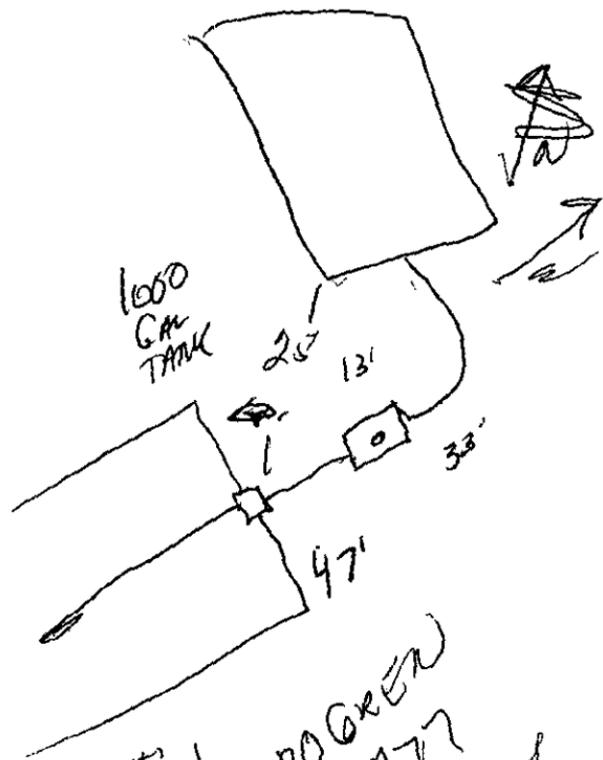
" 10

63/64

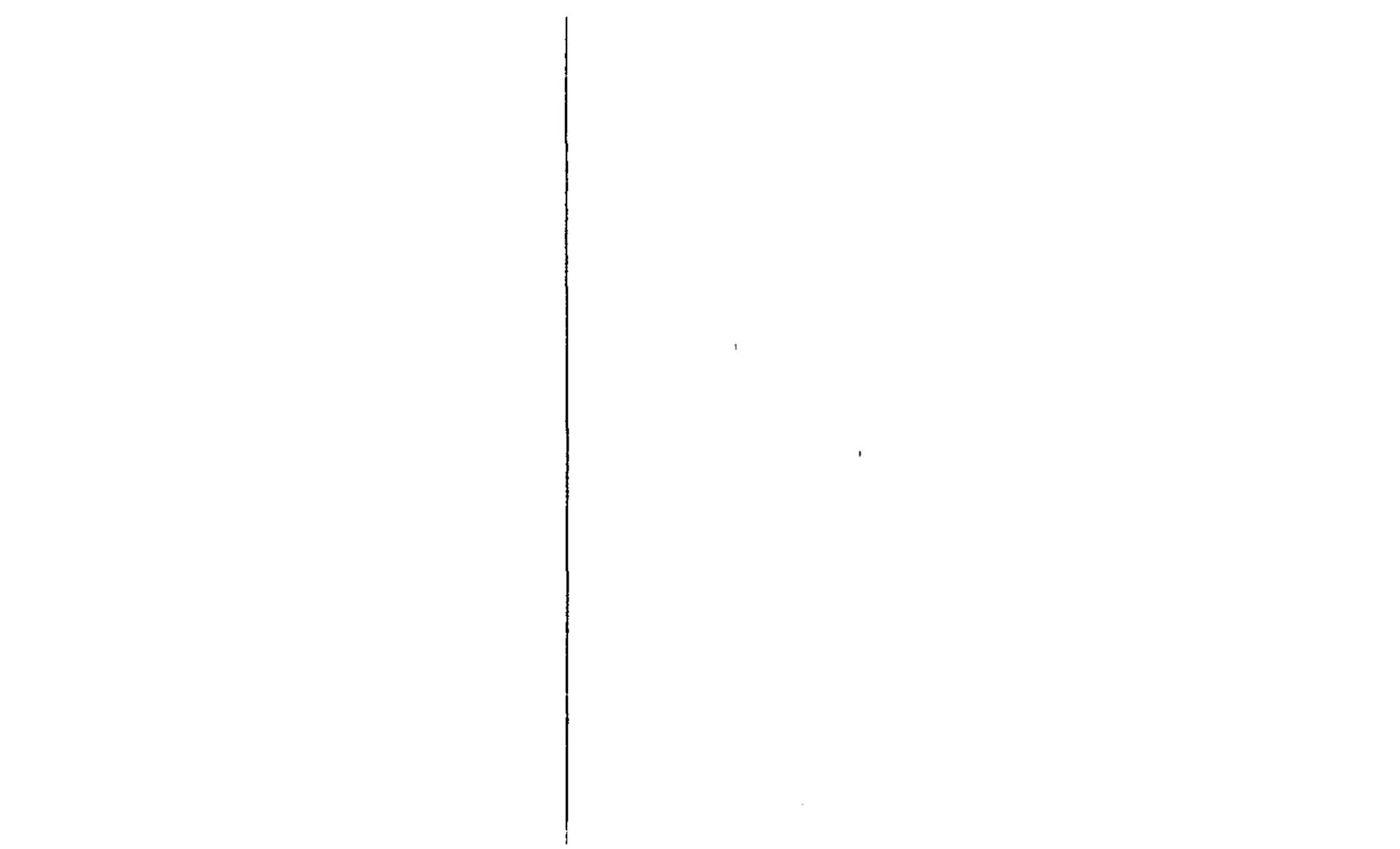
64/65-

65/66

66/67



SEWERS HOWDOGREEN  
~~309~~ 277  
SHUTSburg



ALLEN MILLS