

620 Bay Rd.

#620

JUL 30 1996

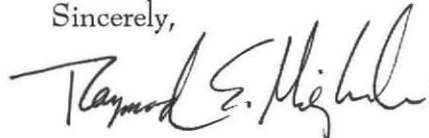
Board of Health
Bangs Community Center
70 Boltwood Walk
Amherst, Ma. 01002

July 25, 1996

To whom it may concern:

Please find enclosed a copy of a Title 5 Septic System inspection for the existing system at 620 Bay Road owned by Arthur Fabel. This inspection was conducted on July 15, 1996. If you have any questions, please do not hesitate to call me at (413) 549-6013.

Sincerely,

A handwritten signature in dark ink, appearing to read "Raymond E. Mieczkowski". The signature is fluid and cursive, with the first name "Raymond" being more prominent.

Raymond Mieczkowski



Commonwealth of Massachusetts
Executive Office of Environmental Affairs

Department of Environmental Protection

William F. Weld
Governor
Argeo Paul Cellucci
Lt. Governor

Trudy Cox
Secretary
David B. Struhs
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

Property Address: 620 BAY ROAD, AMHERST, MA.

Date of Inspection: JULY 15, 1996

Name of Inspector: RAYMOND MIEZIKOWSKI

Company Name, Address and Telephone Number:

54 COMINS ROAD
HADLEY, MA. 01035
(413) 549-6003 (6013)

Address of Owner:

(If different)

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- ☒ Passes
☐ Conditionally Passes
☐ Needs Further Evaluation By the Local Approving Authority
☐ Fails

Inspector's Signature:

Raymond E. Miezowski

Date:

JULY 22, 1996

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection.

The original should be sent to the system owner and copies sent to the buyer, if applicable and the approving authority.

INSPECTION SUMMARY:

Check A, B, C, or D:

A) SYSTEM PASSES:

☒ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

B) SYSTEM CONDITIONALLY PASSES:

☐ One or more system components need to be replaced or repaired. The system, upon completion of the replacement or repair, passes inspection.

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

☐ The septic tank is metal, cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.

(revised 11/03/95)

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SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address:
Owner:
Date of Inspection:

B) SYSTEM CONDITIONALLY PASSES (continued)

- Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health):
- broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is levelled or replaced
- The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
- broken pipe(s) are replaced
 - obstruction is removed

C) FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

— Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- The system has a septic tank and soil absorption system and is within 100 feet to a surface water supply or tributary to a surface water supply.
- The system has a septic tank and soil absorption system and is within a Zone I of a public water supply well.
- The system has a septic tank and soil absorption system and is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm.

3) OTHER

— _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 620 BAY ROAD, AMHERST, MA.
Owner: CHRISTINE / ARTHUR FABLE
Date of Inspection: JULY 15, 1996

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 system does not receive non-sanitary or industrial waste flow
- ☒ The site was inspected for signs of breakout.
- ☒ All system components, excluding the Soil Absorption System, 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 Soil Absorption System 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 Sub-Surface Disposal System.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address:
Owner:
Date of Inspection:

D] SYSTEM FAILS:

_____ I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

- ___ Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
- ___ Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
- ___ Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
- ___ Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
- ___ Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s).
Number of times pumped _____
- ___ Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
- ___ Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
- ___ Any portion of a cesspool or privy is within a Zone I of a public well.
- ___ Any portion of a cesspool or privy is within 50 feet of a private water supply well.
- ___ Any portion of a cesspool or privy is 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.

E] LARGE SYSTEM FAILS:

The following criteria apply to large systems in addition to the criteria above:

_____ The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

- ___ the system is within 400 feet of a surface drinking water supply
- ___ the system is within 200 feet of a tributary to a surface drinking water supply
- ___ the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area (IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 620 BAY ROAD, AMHERST, MA.

Owner: CHRISTINE / ARTHUR FABLE

Date of Inspection: JULY 15, 1996

SEPTIC TANK: ☒
(locate on site plan)

Depth below grade: 1.1'

Material of construction: ☒ concrete ☐ metal ☐ FRP ☐ other(explain)

Dimensions: 9x5x5

Sludge depth: 1.2'

Distance from top of sludge to bottom of outlet tee or baffle: .6'

Scum thickness: .25'

Distance from top of scum to top of outlet tee or baffle: .2'

Distance from bottom of scum to bottom of outlet tee or baffle: ~~2.1'~~ 2.1'

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, etc.)

TANK APPEARS STRUCTURALLY SOUND, LIQUID LEVEL IS EVEN WITH THE OUTLET PIPE - OUTLET Baffle REPLACED - INLET Baffle IN GOOD CONDITION SLUDGE LAYER IS HIGH - RECOMMEND PUMPING

APR REMOVING OUTLET Baffle FOR MEASUREMENT
THIS Baffle HAD CRACKS IN IT AND NEEDED TO
BE REPLACED. - Baffle WAS FUNCTIONING BUT
NOT STRUCTURALLY SOUND. - THIS Baffle WAS
REPLACE W/ 4" P.I.C. ON JULY 16TH/1996
BY RIVER DRIVE EXCAVATING TO THE SAME
DIMENSIONS AS ORIGINAL

GREASE TRAP: N/A
(locate on site plan)

Depth below grade: _____

Material of construction: ☐ concrete ☐ metal ☐ FRP ☐ other(explain)

Dimensions: _____

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: _____

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, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: 626 BAY ROAD, AMHERST, MA.
Owner: CHRISTINE / ARTHUR FABLE
Date of Inspection: JULY 15, 1996

FLOW CONDITIONS

RESIDENTIAL:

Design flow: 440 gallons 4 BDRM X 110 GAL.
Number of bedrooms: 4
Number of current residents: 2
Garbage grinder (yes or no): NO
Laundry connected to system (yes or no): YES
Seasonal use (yes or no): NO
Water meter readings, if available: _____

Last date of occupancy: CURRENTLY OCCUPIED

COMMERCIAL/INDUSTRIAL:

Type of establishment: _____
Design flow: _____ gallons/day
Grease trap present: (yes or no) _____
Industrial Waste Holding Tank present: (yes or no) _____
Non-sanitary waste discharged to the Title 5 system: (yes or no) _____
Water meter readings, if available: _____

Last date of occupancy: _____

OTHER: (Describe) _____

Last date of occupancy: _____

GENERAL INFORMATION

PUMPING RECORDS and source of information:

System pumped as part of inspection: (yes or no) YES
If yes, volume pumped: 1000 +/- gallons
Reason for pumping: CHECK INSIDE OF TANK / WATER CONDITION / I/I

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) _____

PROXIMATE AGE of all components, date installed (if known) and source of information: 22 YEARS ACCORDING TO OWNER

Age odors detected when arriving at the site: (yes or no) NO

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 620 BAY ROAD, AMHERST MA.

Owner: CHRISTINE / ARTHUR FABLE

Date of Inspection: JULY 15, 1996

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:

Type:

leaching pits, number: _____

leaching chambers, number: _____

leaching galleries, number: _____

leaching trenches, number, length: _____

leaching fields, number, dimensions: 1 EA. - APPROX. 18' W X 25' LONG WITH 3 LEACH LINES

overflow cesspool, number: _____

Comments: (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) NO HYDRAULIC FAILURE
FOUND, NO DIFFERENCES IN SURFACE VEGETATION - ALL LEACH LINES MADE FROM
ORANGE BURR PIPE - NO HEAVY TRAFFIC SHOULD BE ALLOWED ON FIELD - THIS
PIPE CRUSHES EASILY

CESSPOOLS: N/A

(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, etc.)

PRIVY: N/A

(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, etc.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 620 BAY ROAD, AMHERST, MA.

Owner: CHRISTINE / ARTHUR FABLE

Date of Inspection: JULY 15, 1996

TIGHT OR HOLDING TANK: N/A
(locate on site plan)

Depth below grade: _____

Material of construction: _____ concrete _____ metal _____ FRP _____ other(explain)

Dimensions: _____

Capacity: _____ gallons

Design flow: _____ gallons/day

Alarm level: _____

Comments:

(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: ✓
(locate on site plan)

Depth of liquid level above outlet invert: 0"

Comments:

(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.) D-BOX IN GOOD CONDITION
NO SIGNS OF HYDRAULIC FAILURE, SOLIDS CARRYOVER / DISTRIBUTION IS LEVEL / EDGE OF
PEASTONE ABSORPTION SYSTEM SEEN @ BOX - NO SIGNS OF WATER BACK UP IN STONE / NO
ODORS

PUMP CHAMBER: N/A
(locate on site plan)

Pumps in working order: (yes or no) _____

Comments:

(note condition of pump chamber, condition of pumps and appurtenances, etc.) _____

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 620 BAY ROAD, AMHERST, MA.
Owner: CHRISTINE, ARTHUR FABLE
Date of Inspection:

JULY 15, 1996

SKETCH OF SEWAGE DISPOSAL SYSTEM:

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

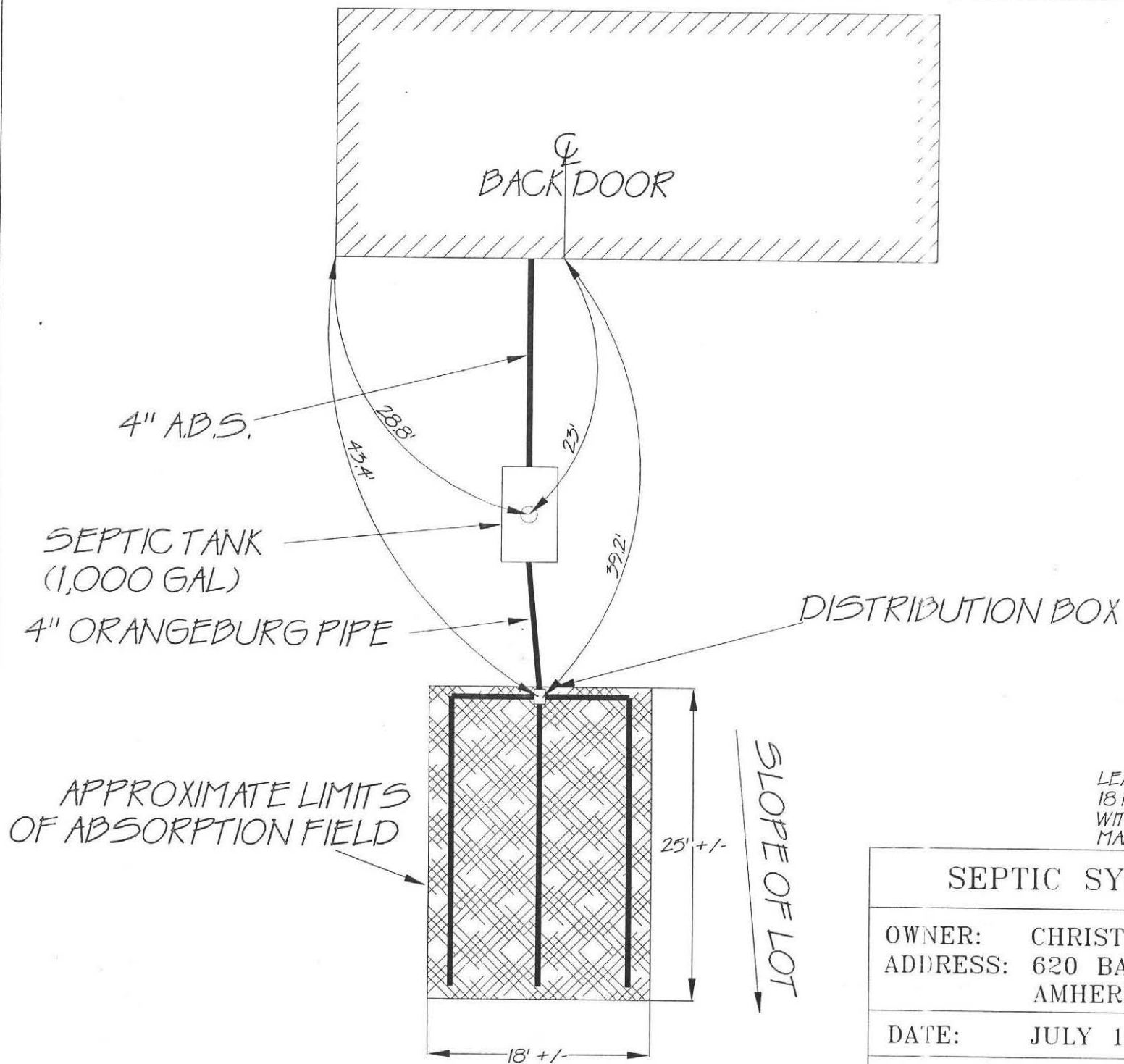
SEE ATTACHED

- DWELLING IS ATTACHED TO TOWN WATER SUPPLY

DEPTH TO GROUNDWATER

Depth to groundwater: 6+ feet

method of determination or approximation: VERY WELL GRADED GRAVEL IN AREA - NO SIGNS
of PONDING - NO BROOKS OR STREAMS IN DIRECT VICINITY. DWELLING IS
SLAB ON GRADE - NO WATER PROBLEMS



LEACH FIELD IS APPROXIMATELY
18 FEET WIDE BY 25 FEET LONG
WITH THREE DISTRIBUTION LINES
MADE OF ORANGEBURG PIPE

SEPTIC SYSTEM LAYOUT

OWNER: CHRISTINE/ARTHUR FABLE
ADDRESS: 620 BAY ROAD
AMHERST, MA

DATE: JULY 15, 1996

INSPECTOR: RAY MIECZKOWSKI



**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BE IT KNOWN THAT**


Raymond Mieczkowski

Has satisfied the Department's qualifications as required and is hereby
authorized to use the title

CERTIFIED TITLE 5 SYSTEM INSPECTOR

as provided in 310 CMR 15.340 and Section 13 of Chapter 21A of the
General Laws. Issued by The Department of Environmental Protection.

May 25, 1995



Acting Director of the Division of Water Pollution Control

Replaces 72-33 NOT ISSUED & attached. 620 BAY ROAD
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 73-9 Date 3-27-73 Fee 3.00 Date Rec'd. 3-27-73 By CEB

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

Location—Address BAY ROAD or Lot No. 45

Owner TED BLAVETT Address Meadow St. Florence

Contractor KARL EIC OR RIVARD EIC Address _____

Type of Building _____ Dimensions _____ Size Lot JP, OPP

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8 W 4 D 4 1/2

Disposal Trench—No. 4 Width 3 Total Length 135 Total leaching area 400 sq. ft.

Disposal Bed—No. 1 Diameter 10 Depth below inlet 40 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 J. HART NORTLEY ENG. Date 9/12/72

Test Pit No. 1 1 minutes per inch Depth of Test Pit 8' 6"

Test Pit No. 2 _____ minutes per inch Depth of Test Pit 9'

Description of Soil SAND & GRAVEL Depth to Ground Water 12' +

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 CEB Owner or builder Plantation Valley Home date 3-27-73

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

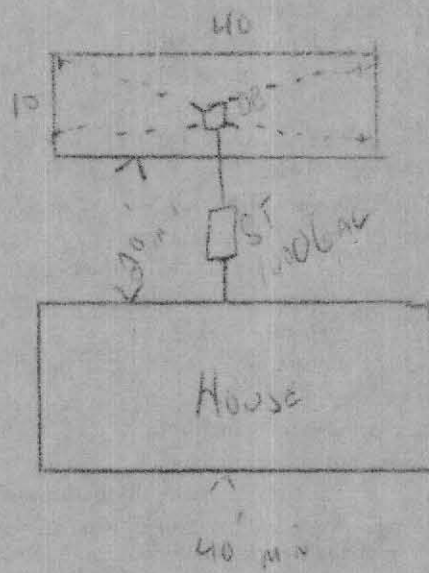
No. 73-9 Permission is hereby granted TED BLAVETT to construct (X) or repair () an

Individual Sewage Disposal System at LOT 45 BAY RD

as shown on the application for Disposal Works Construction Permit No. 73-9

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 3-27-73 Board of Health CEB



BAY RO

REISSUE AS 73-9
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 72-33 Date 9/25/72 Fee 3.00 Date Rec'd. 9/25/72 By DAFT.

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

Location—Address BAY ROAD or Lot No. #5
Owner T. BLAUVELT Address MEADOW ST. FLORENCE
Contractor _____ Address _____

Type of Building _____ Dimensions _____ Size Lot 38,088 SF

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 5'-4" D 4'-10"

Disposal Trench—No. 4 Width 3'-0" Total Length 135 Total leaching area 400 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 1)

Percolation Test Results Performed by J. HART & HUNTLEY ENGR Date 9/12/72

Test Pit No. 1 1 minutes per inch Depth of Test Pit 2'-6"

Test Pit No. 2 — minutes per inch Depth of Test Pit 9'-0"

Description of Soil GRAVEL & SAND Depth to Ground Water NONE

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 [Signature]

T. BLAUVELT by CEO
Owner or builder

9-25-72
date
9-25-72
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. 72-33

Permission is hereby granted T. BLAUVELT PLANTATION VALLEY HOMES to construct (✓) or repair () an Individual Sewage Disposal System at LOT #5 BAY RD as shown on the application for Disposal Works Construction Permit No. 72-33

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 9-26-72

[Signature]
Board of Health

