



Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

COPY

Owner information is required for every page.

20 Bridle Path

Property Address

Walter and Janet Winternitz

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.19.2010 & 05.28.2010

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. General Information

1. Inspector:

Alan E Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

413.323.5957

Telephone Number

MA

State

01007

Zip Code

RS 933

License Number

B. Certification

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 the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

04.19.2010 & 05.28.2010

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 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 DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

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B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / **always** complete all of Section D

A) System Passes:

- I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

System was found to pass, Septic tank was ok (1500 gallon), baffles ok, Septic tank was good. L. tank was found in good conditon with 40" ponding (48" effective ht.). L. tank and S. tank had no high staining. (L. Stone component was replaced & Tank was pumped). Town Health Inspector present. Grinder was required to be removed.

B) System Conditionally Passes:

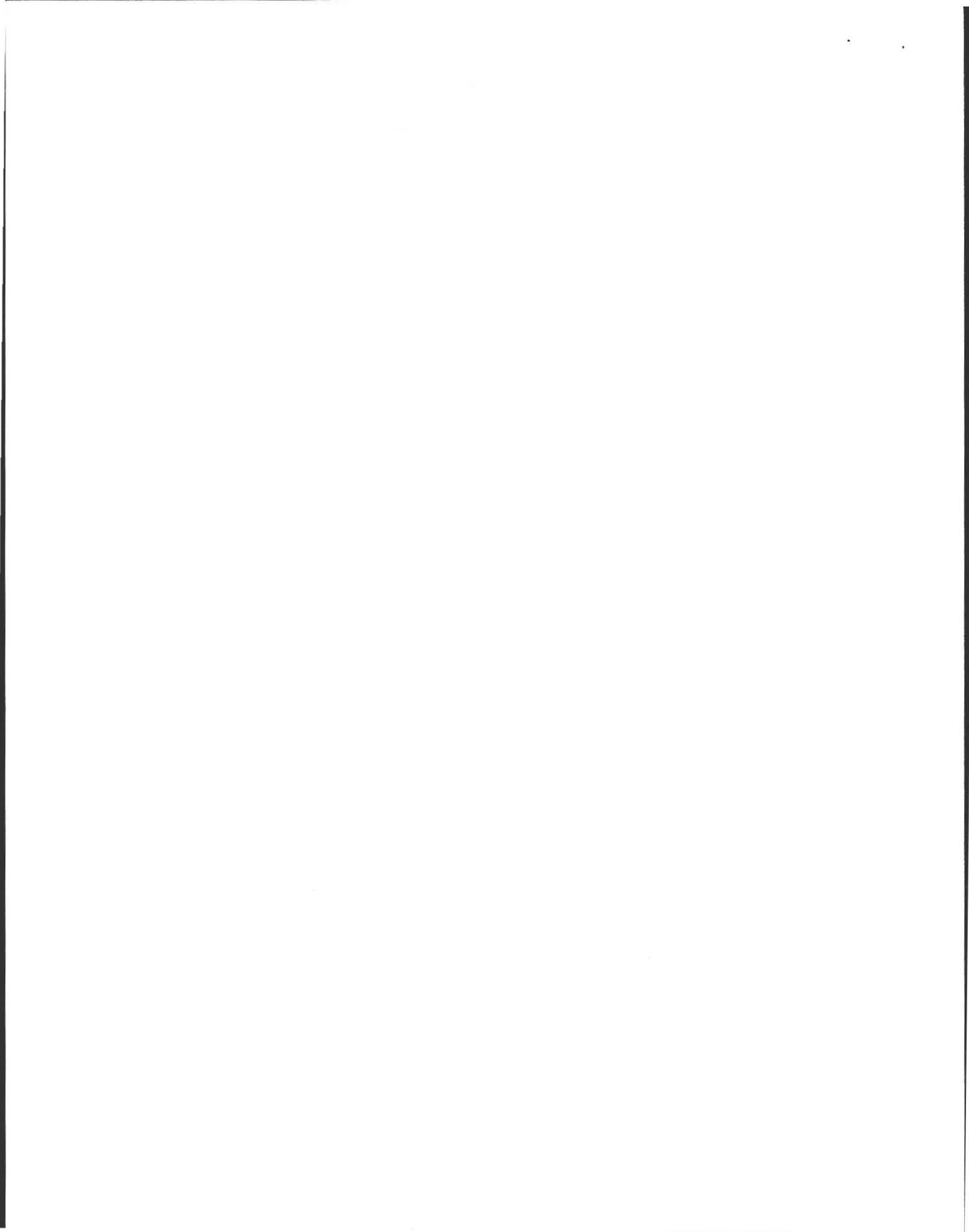
- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* **or** the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

- Y N ND (Explain below):





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B. Certification (cont.)

B) System Conditionally Passes (cont.):

Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

broken pipe(s) are replaced Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

distribution box is leveled or replaced Y N ND (Explain below):

The system required pumping more than 4 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 Y N ND (Explain below):

obstruction is removed Y N ND (Explain below):

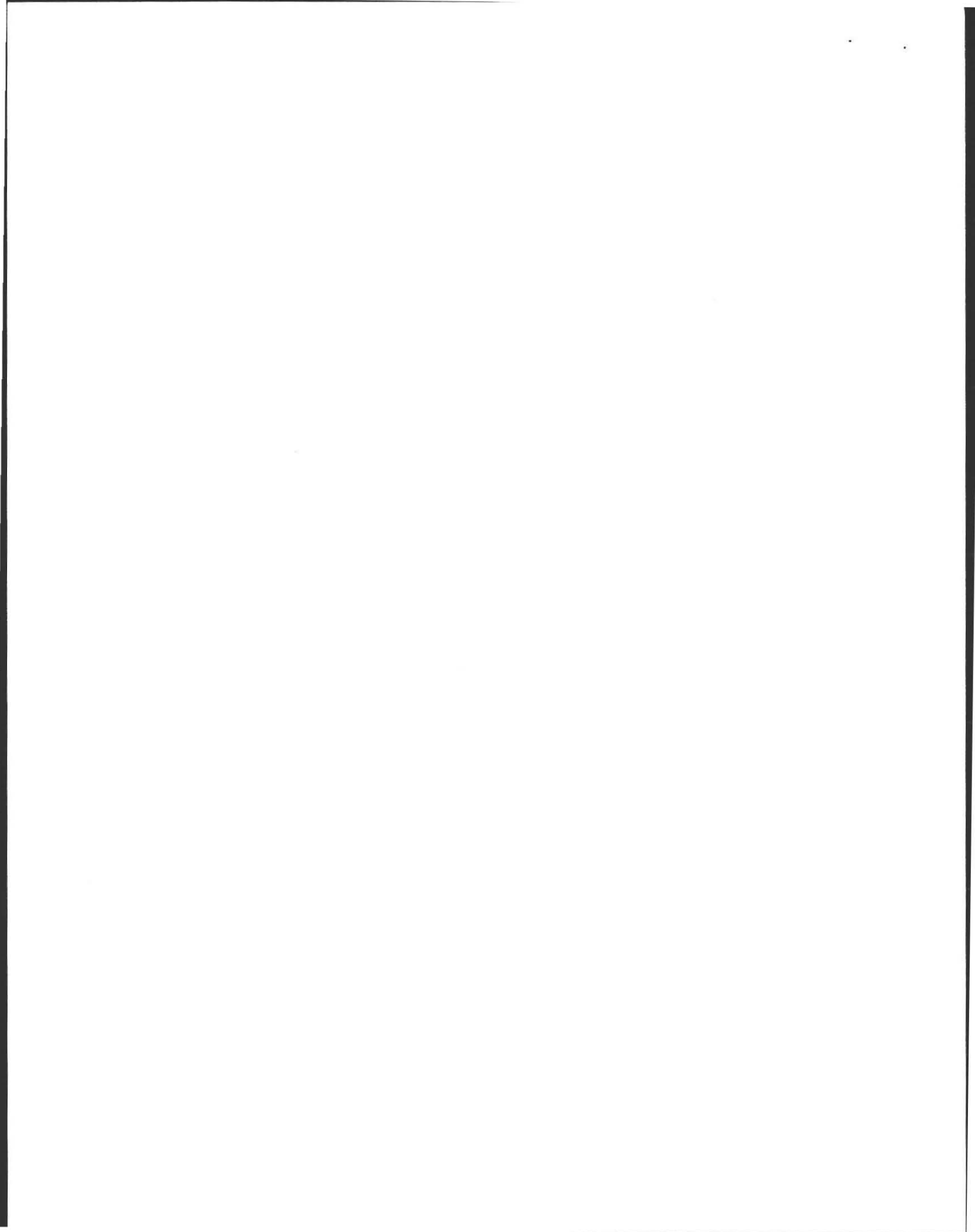
C) Further Evaluation is Required by the Board of Health:

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

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, 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





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B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: Measured

** This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

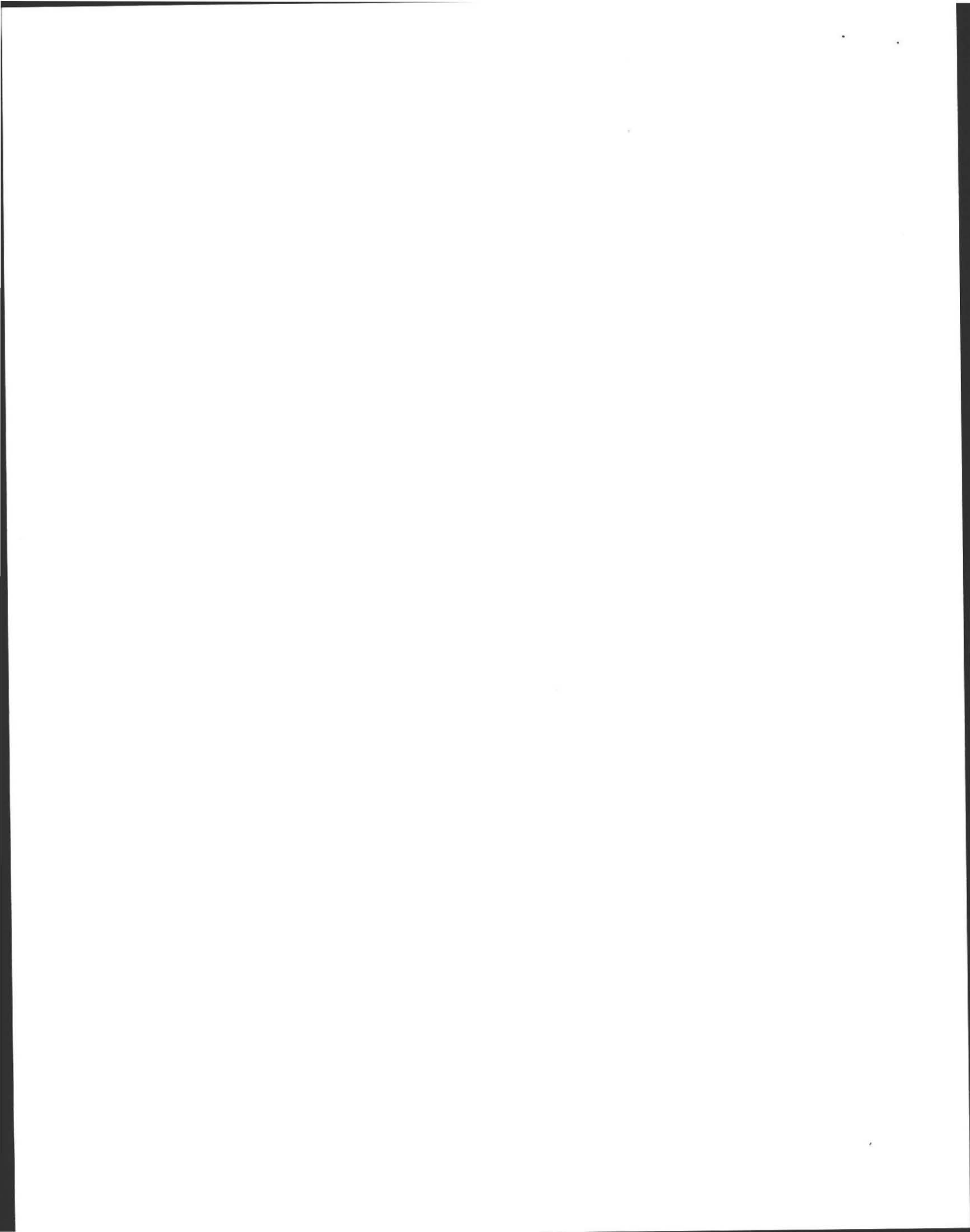
3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes No

- Yes No Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
- Yes No Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
- Yes No Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool
- Yes No Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow





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B. Certification (cont.)

Yes No

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 SAS, cesspool or privy is below high ground water elevation.

Any portion of 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 1 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. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.

The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

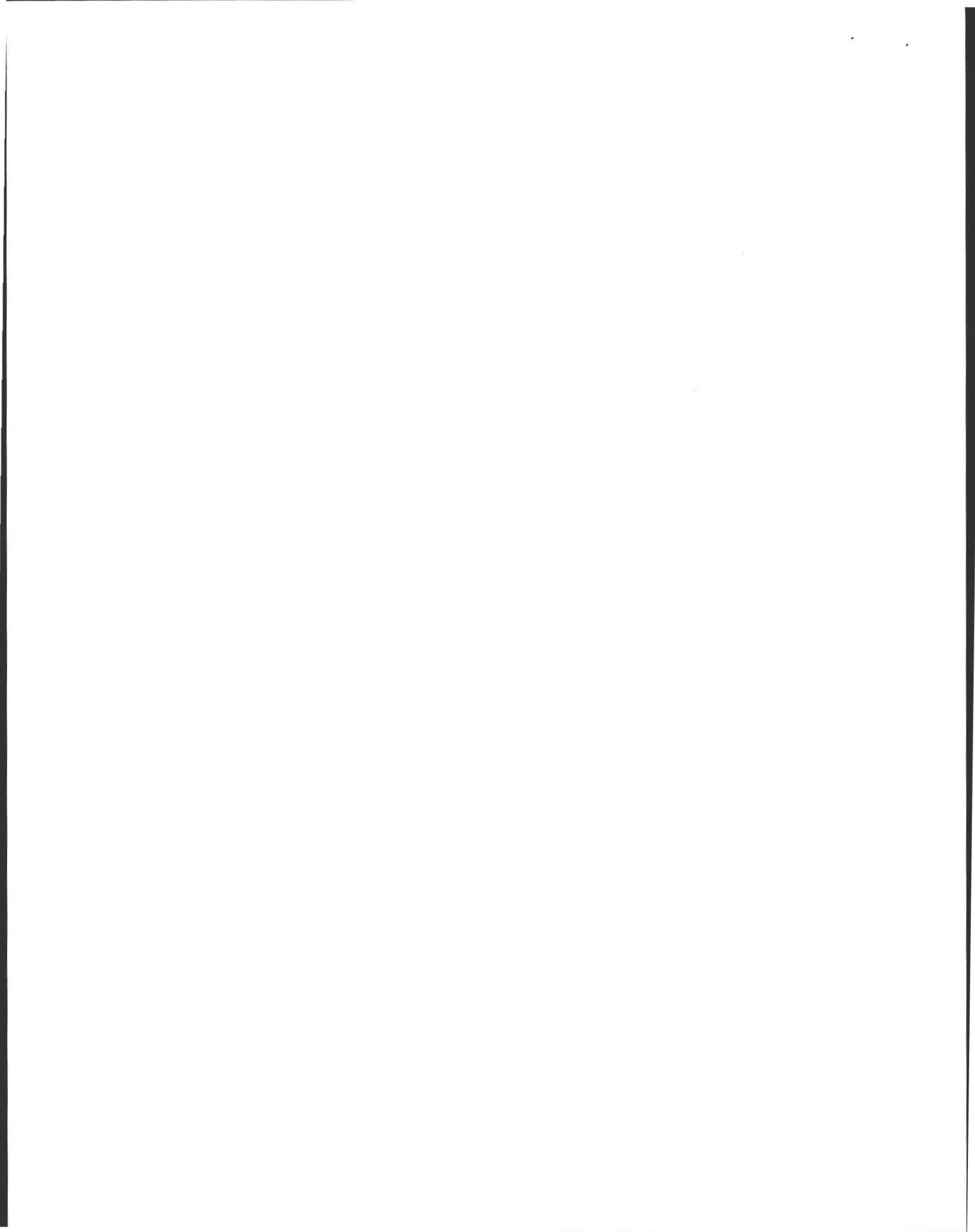
Yes No

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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.





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C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

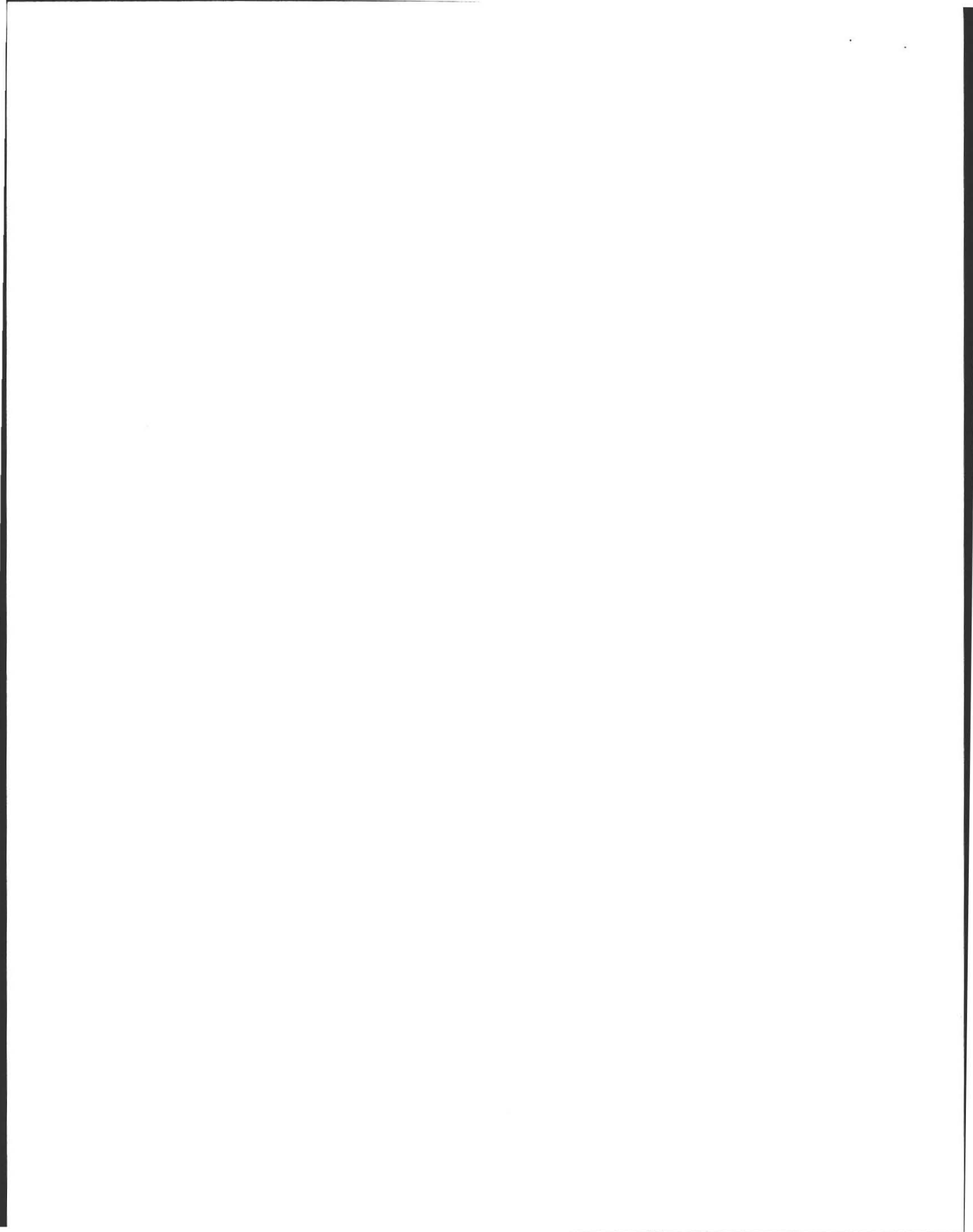
- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 5 Number of bedrooms (actual): 5

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 700





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D. System Information

Description:

No Garbage grinder allowed, was required to be removed.

Number of current residents:

3

Does residence have a garbage grinder?

Yes No

Is laundry on a separate sewage system? [if **yes** separate inspection required]

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

Water meter readings, if available (last 2 years usage (gpd)):

Detail:

Sump pump?

Yes No

Last date of occupancy:

current
Date

Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

Yes No

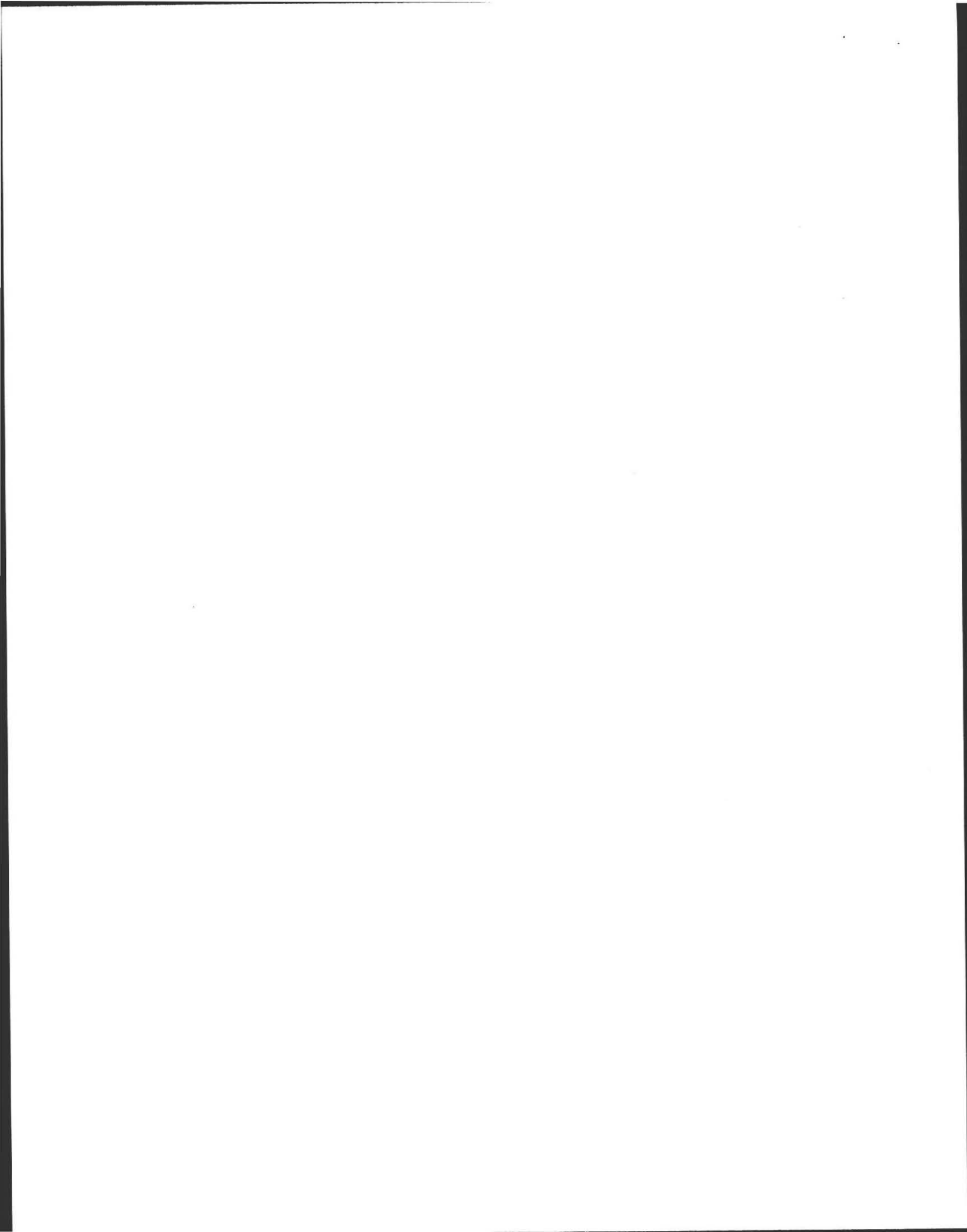
Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available:





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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

1+ yrs

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

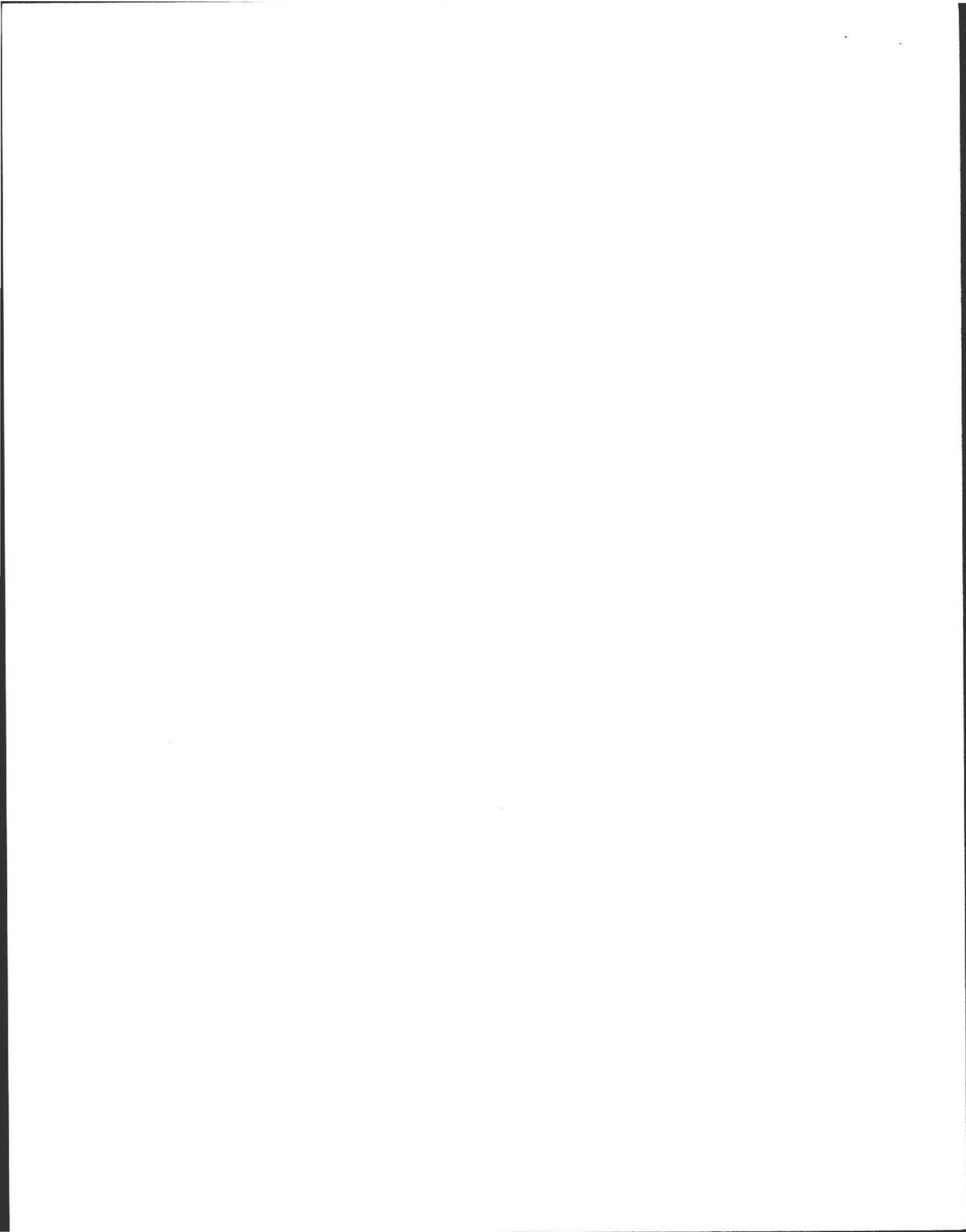
Volume

Reason for pumping:

Inspection

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)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):





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D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

20+ yrs

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

1'
feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

-
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Septic Tank (locate on site plan):

Depth below grade:

16"
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

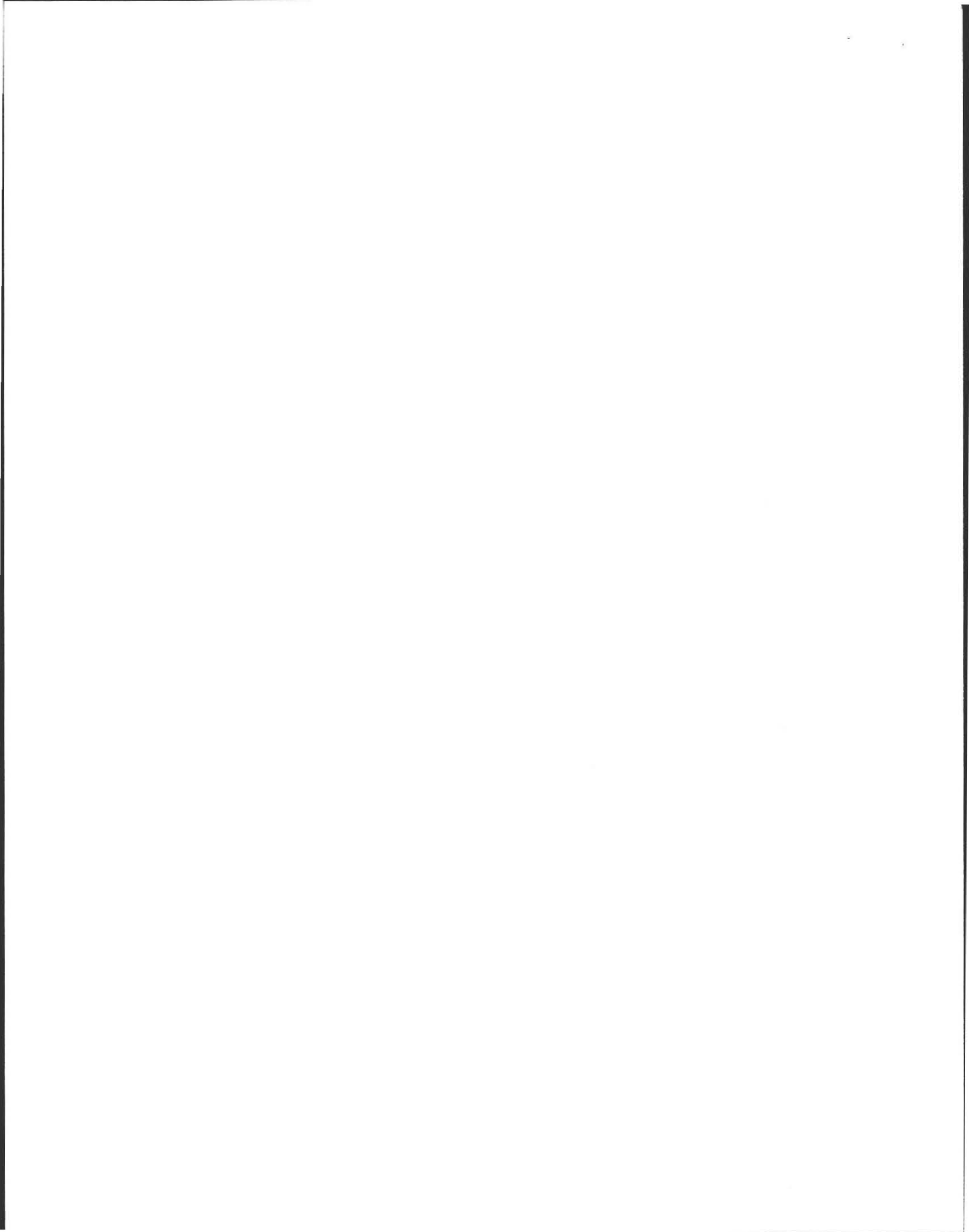
Yes No

Dimensions:

10.5' x 5.5' x 4.0'

Sludge depth:

6"





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D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle

32"

Scum thickness

4"

Distance from top of scum to top of outlet tee or baffle

6"

Distance from bottom of scum to bottom of outlet tee or baffle

10"

How were dimensions determined?

Meas.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
tank was ok with good level, Inlet/outlet baffles in place.

Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

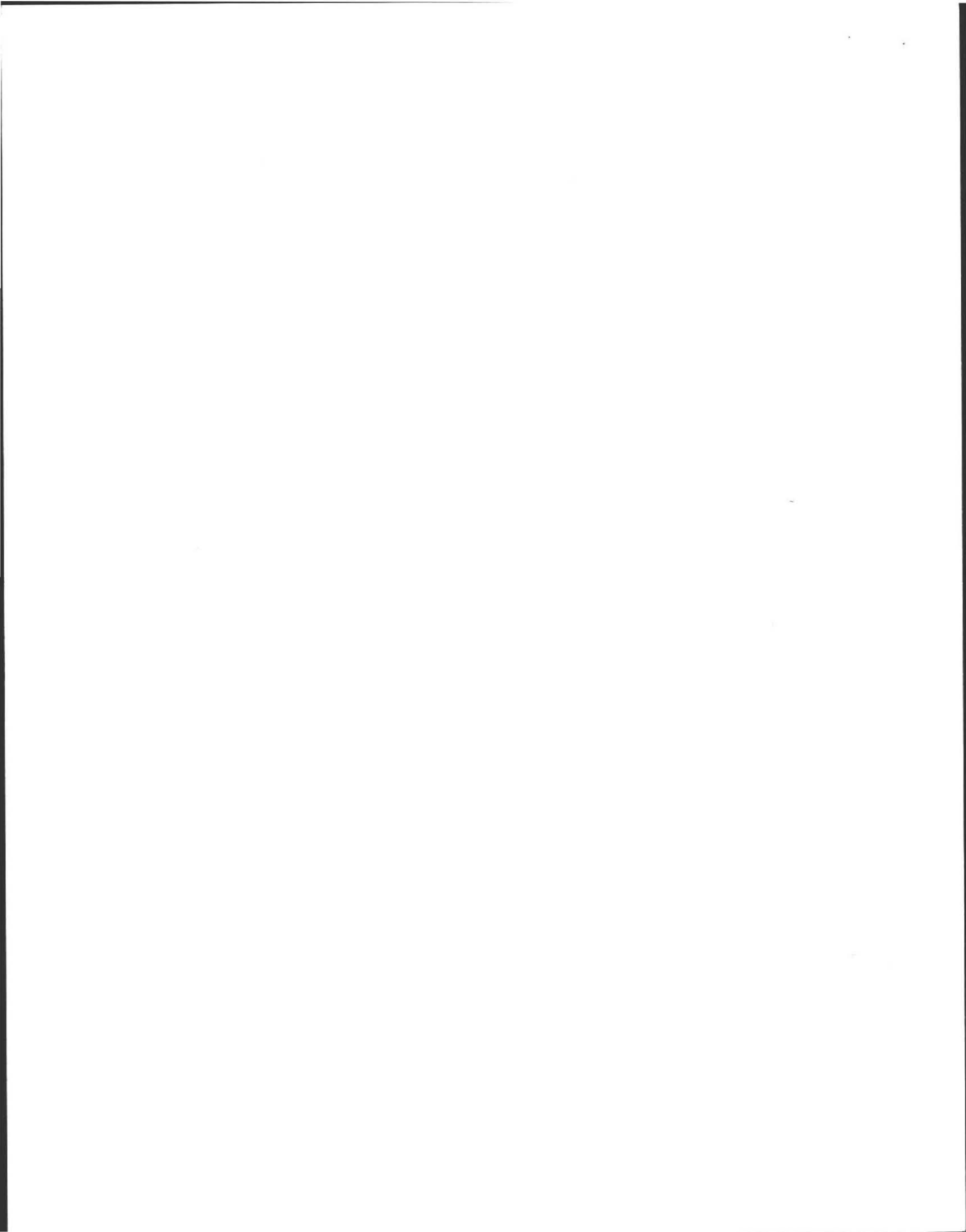
Scum thickness

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

Date of last pumping:

Date





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D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: _____

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____
gallons

Design Flow: _____
gallons per day

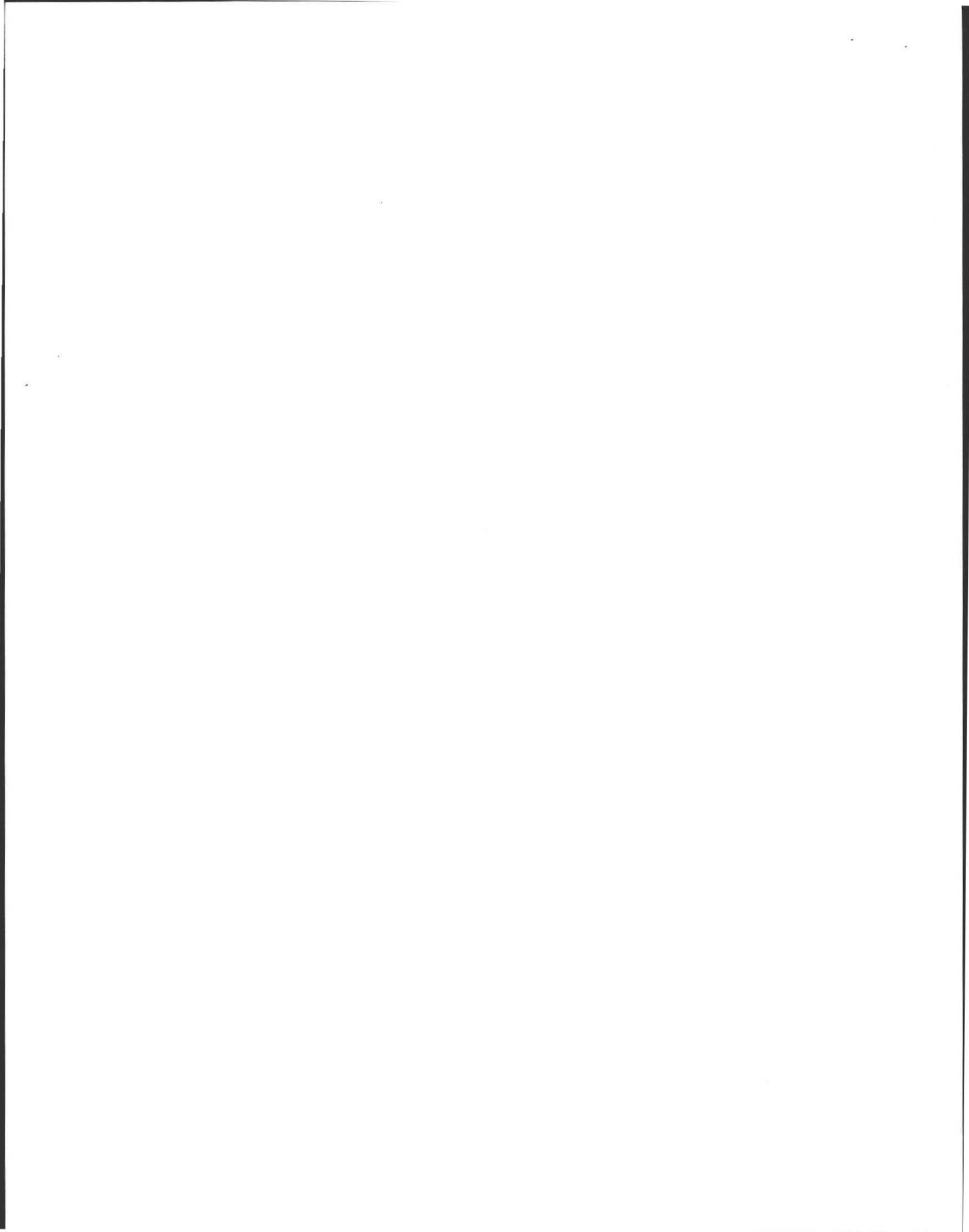
Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____
Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached? Yes No





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D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert _____

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Pump Chamber (locate on site plan):

Pumps in working order:

Yes No

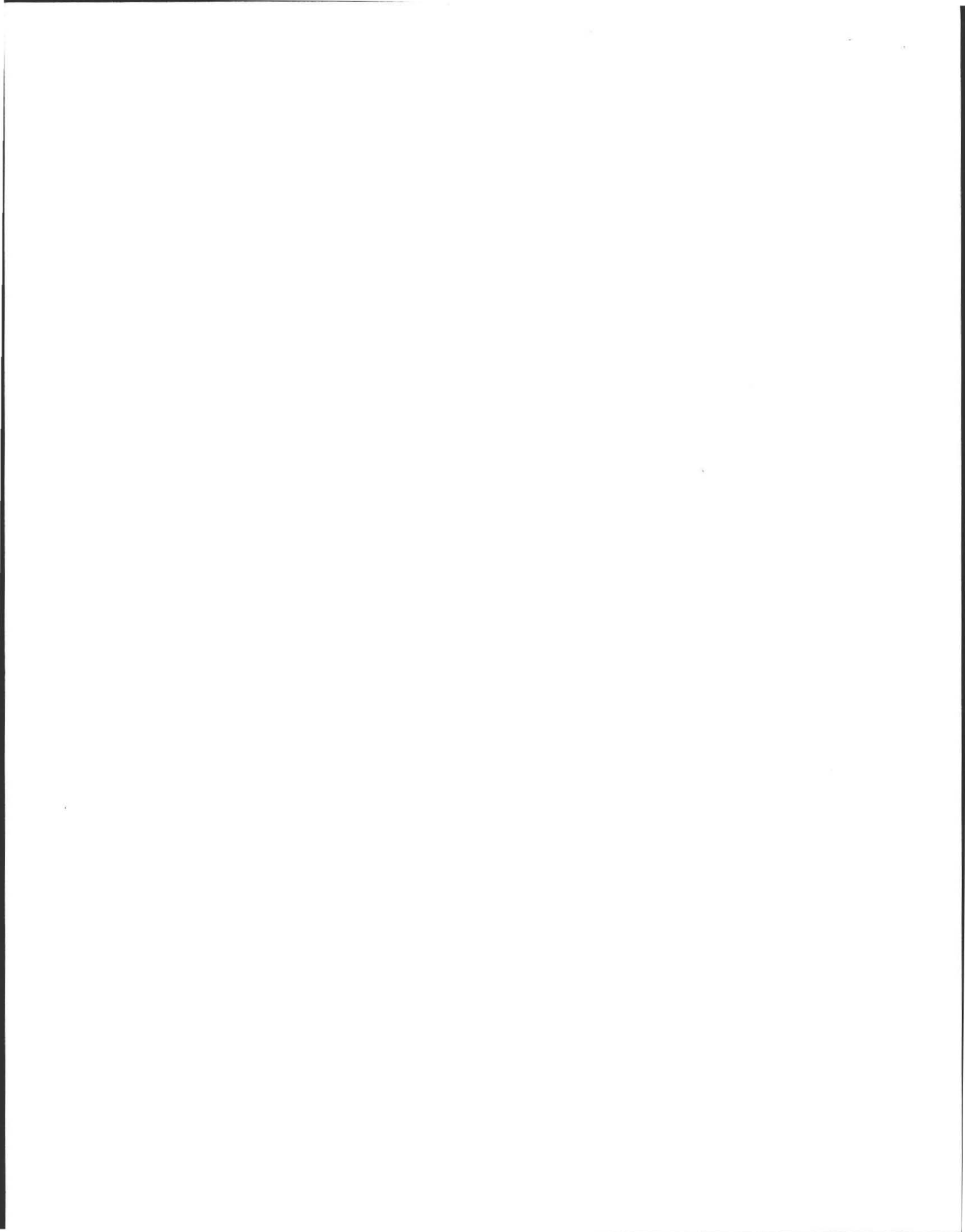
Alarms in working order:

Yes No

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

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:





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D. System Information (cont.)

Type:

leaching pits

number:

1 @ 10' x 5' x 4'ht., down. 18"

leaching chambers

number:

leaching galleries

number:

leaching trenches

number, length:

leaching fields

number, dimensions:

overflow cesspool

number:

innovative/alternative system

Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

40" liquid not failing, than stone replaced and No liquid, 48" of headspace from liquid to invert, I. tank had no high liquid staining.

Cesspools (cesspool must be pumped as part of inspection) (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

Yes No





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D. System Information (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

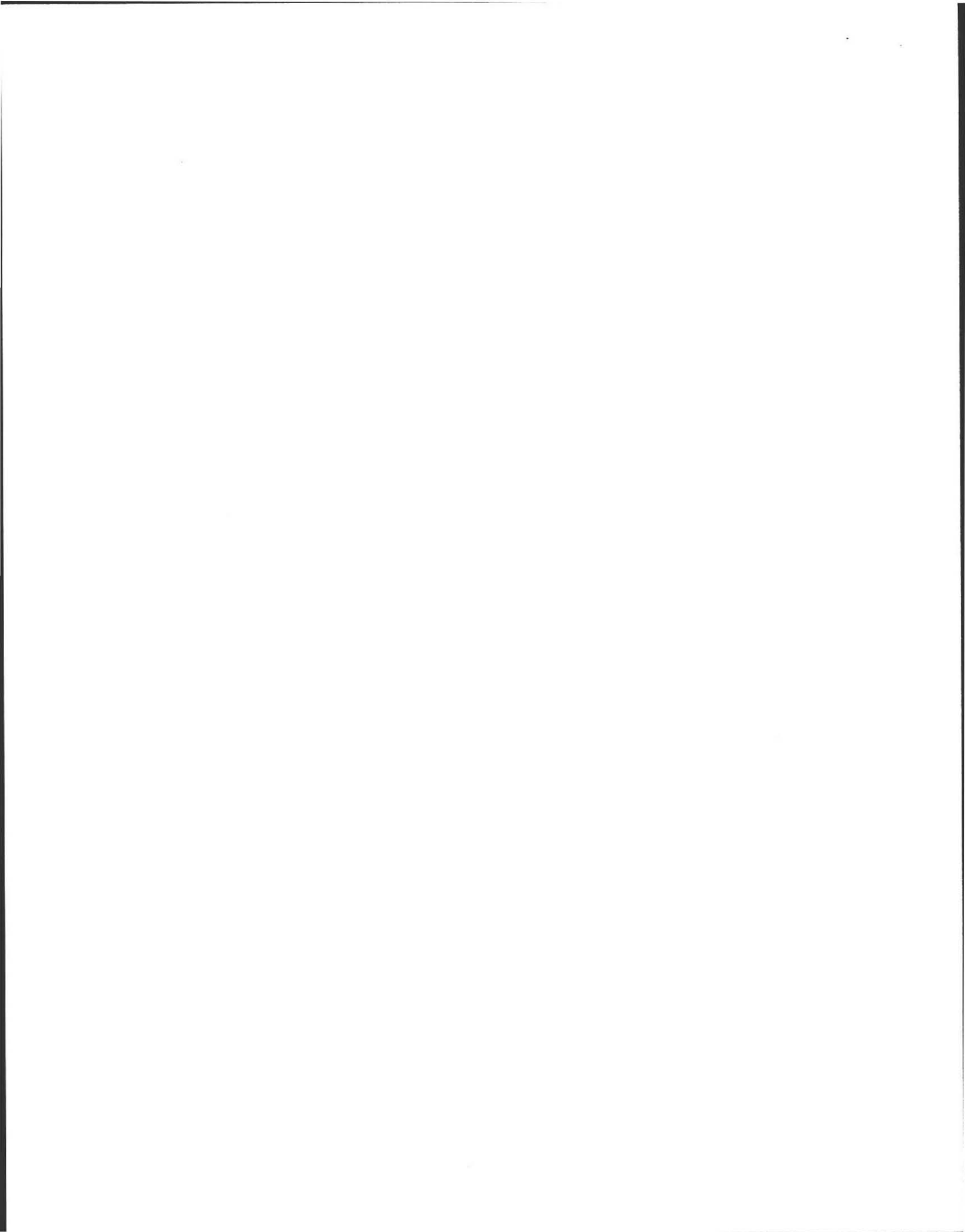
Privy (locate on site plan):

Materials of construction: _____

Dimensions _____

Depth of solids _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):





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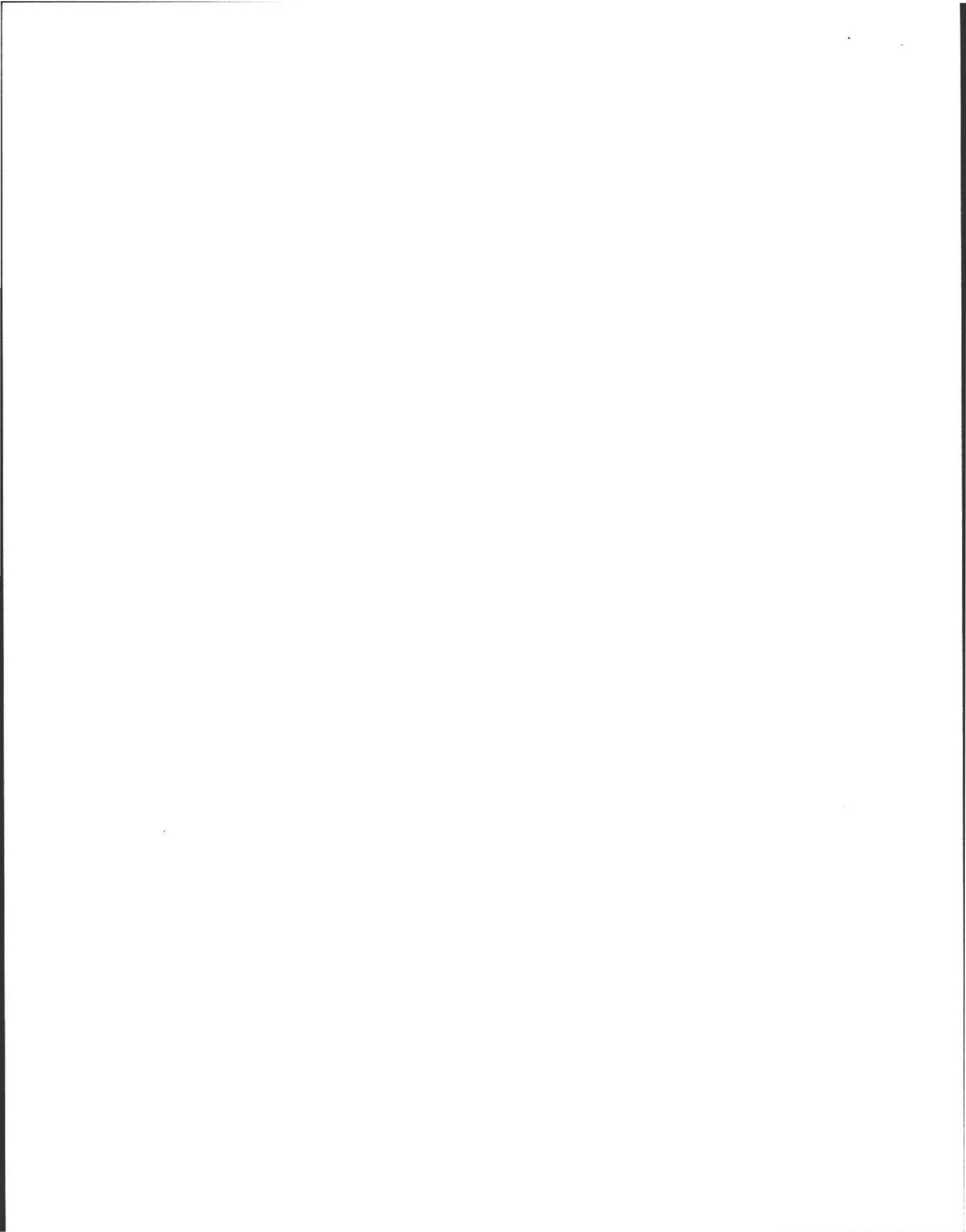
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D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately

See Attached





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D. System Information (cont.)

Site Exam:

Check Slope

Surface water

Check cellar

Shallow wells

Estimated depth to high ground water: 15 ft +
feet

Please indicate all methods used to determine the high ground water elevation:

Obtained from system design plans on record

If checked, date of design plan reviewed: _____
Date

Observed site (abutting property/observation hole within 150 feet of SAS)

Checked with local Board of Health - explain:
Next door lot

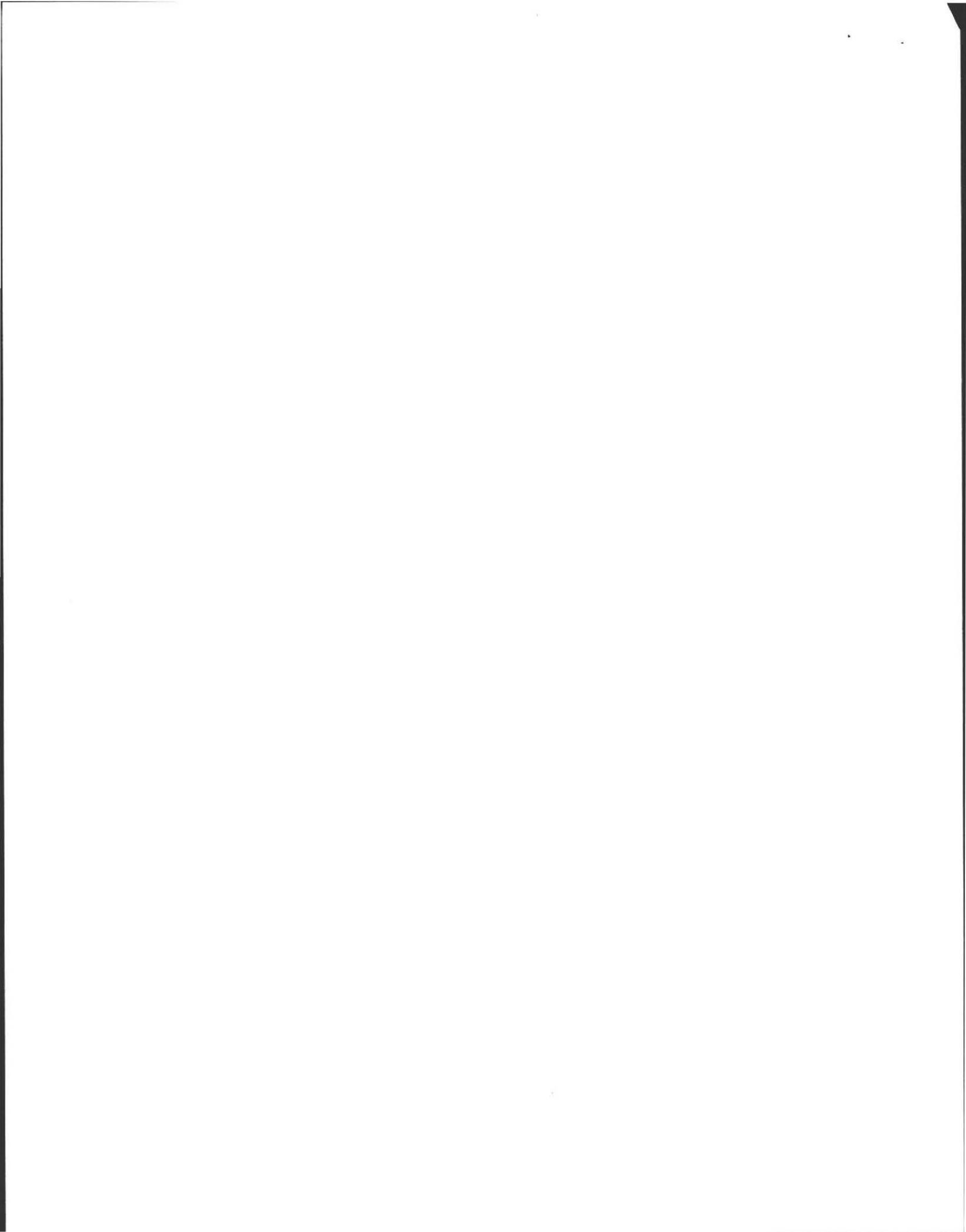
Checked with local excavators, installers - (attach documentation)

Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

work in area, discussions with Health Agent and existing site records (1990).

Before filing this Inspection Report, please see Report Completeness Checklist on next page.





Commonwealth of Massachusetts

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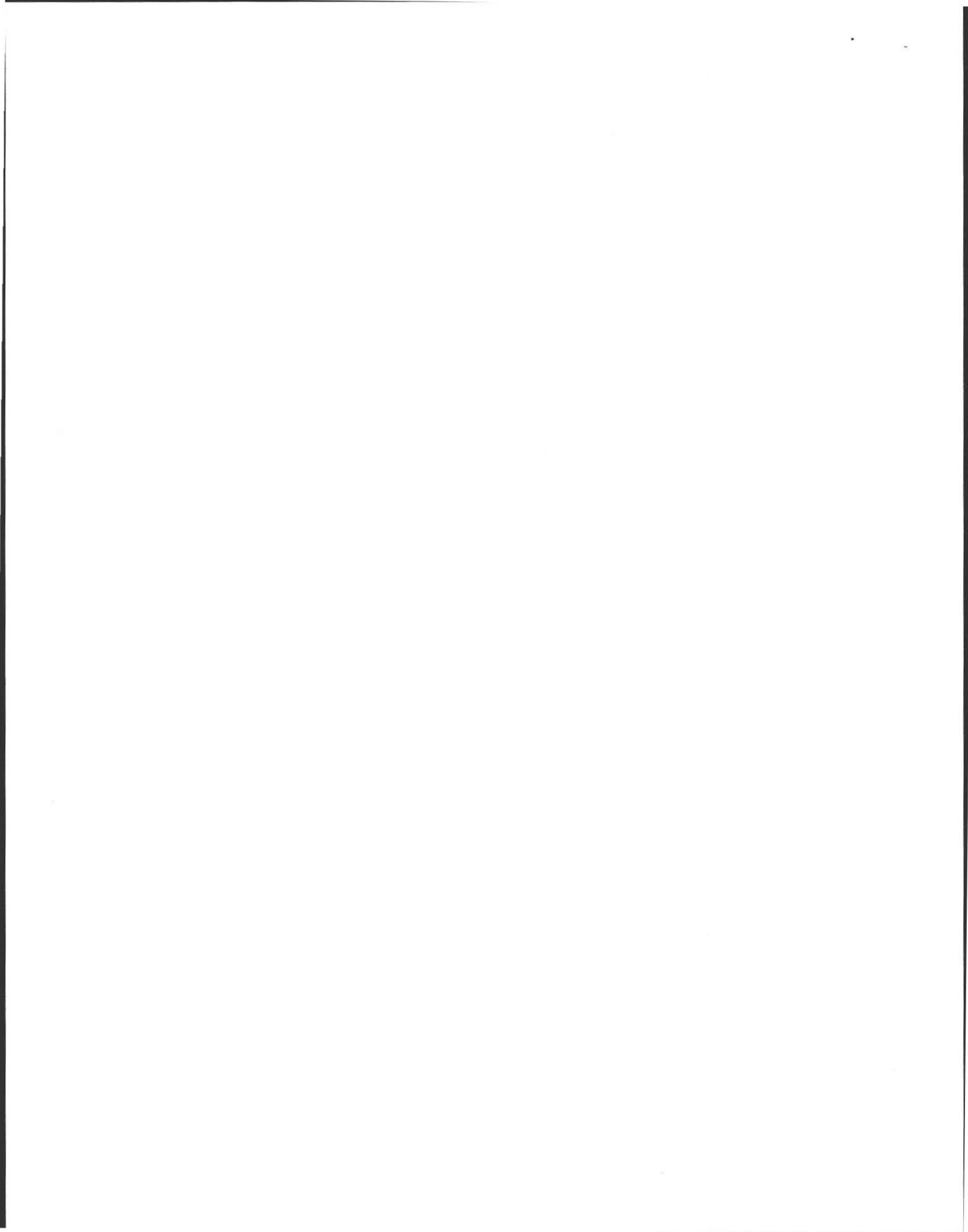
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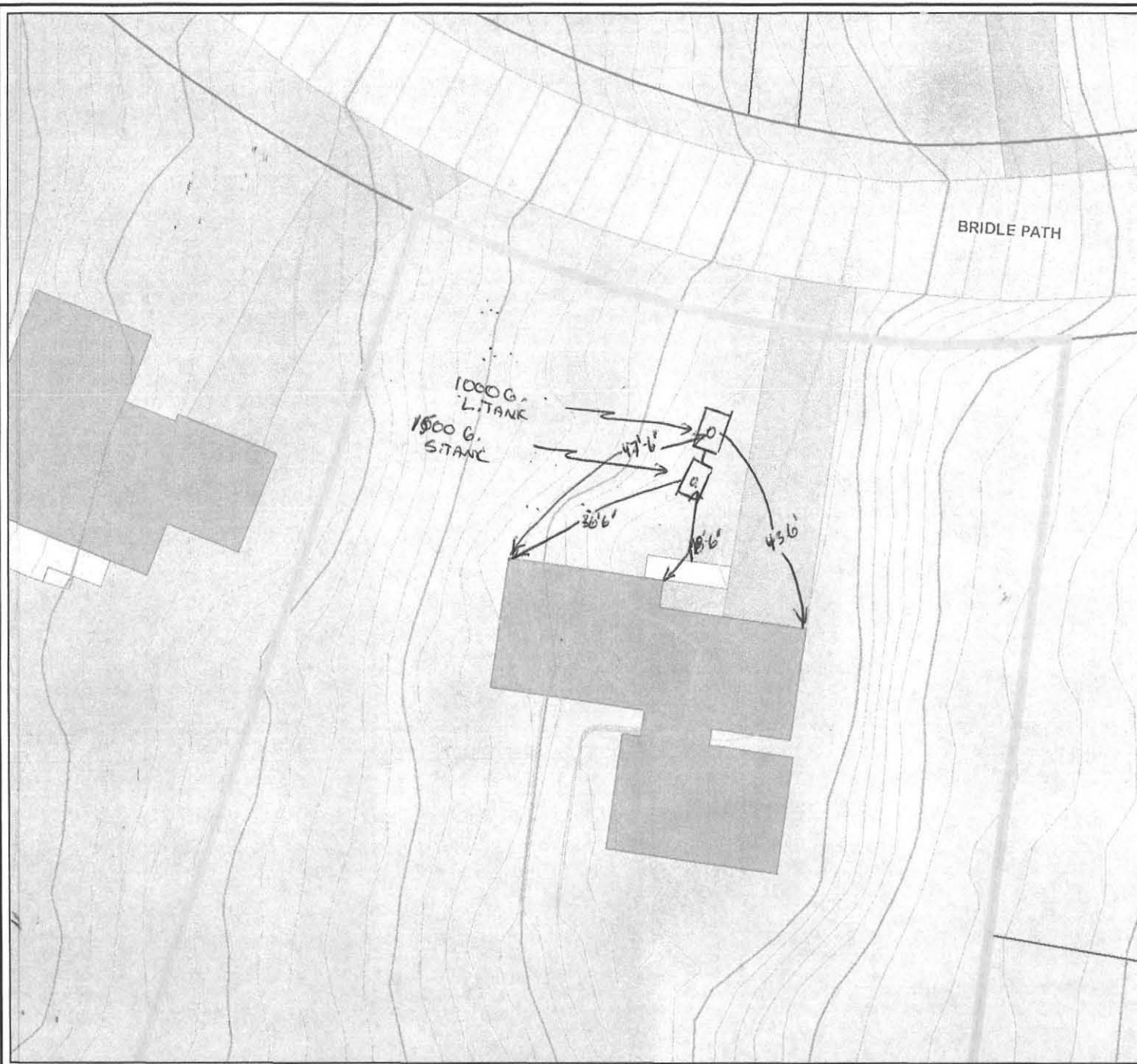
E. Report Completeness Checklist

- Inspection Summary: A, B, C, D, or E checked
- Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- System Information – Estimated depth to high groundwater
- Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file





BRIDLE PATH



- | | |
|---------------------------|------------------------|
| Property Map | Driveways |
| Property Lines | Driveway Paved |
| Property Line | Driveway Unpaved |
| Hydrographic Property | Sidewalks |
| Right of Way Line | Transportation |
| Town Boundary | Paved street polygons |
| Easements | Unpaved street polyg |
| Topography | Bridges |
| Elevations | Bridge decking and str |
| Elevation Contours | Foot Bridge |
| Intermediate | Rail Bridge |
| Index | Streets |
| Basemap | Local Roads |
| Trails | Major Roads |
| Rail Lines | State Routes |
| Structures | MHD Roads |
| Building | Limited Access Highw |
| Foundation or in const | Multi-lane Hwy, not II |
| Outbuilding or Miscell | Other Numbered High |
| Deck, Porch, Stairs or | Major Road, Collector |
| Mobile home, Trailer | Minor Road, Arterial |
| Swimming Pool | |
| Building Ruins | |
| Water storage tank | |
| Rivers and Streams | |
| Streams | |
| Major Culverts | |
| Hydro Connector | |
| Headwalls, Floodwalls | |
| Water Bodies | |
| Dams | |
| Rivers, Ponds & Rese | |
| Retention ponds/Floo | |
| Wetland | |
| Forested Wetland | |
| Parking | |
| Parking Paved | |
| Parking Unpaved | |

Horizontal Datum: MA Stateplane Coordinate System, Zone 4151, Datum NAD83, Feet
Vertical Datum: NAVD88, Feet

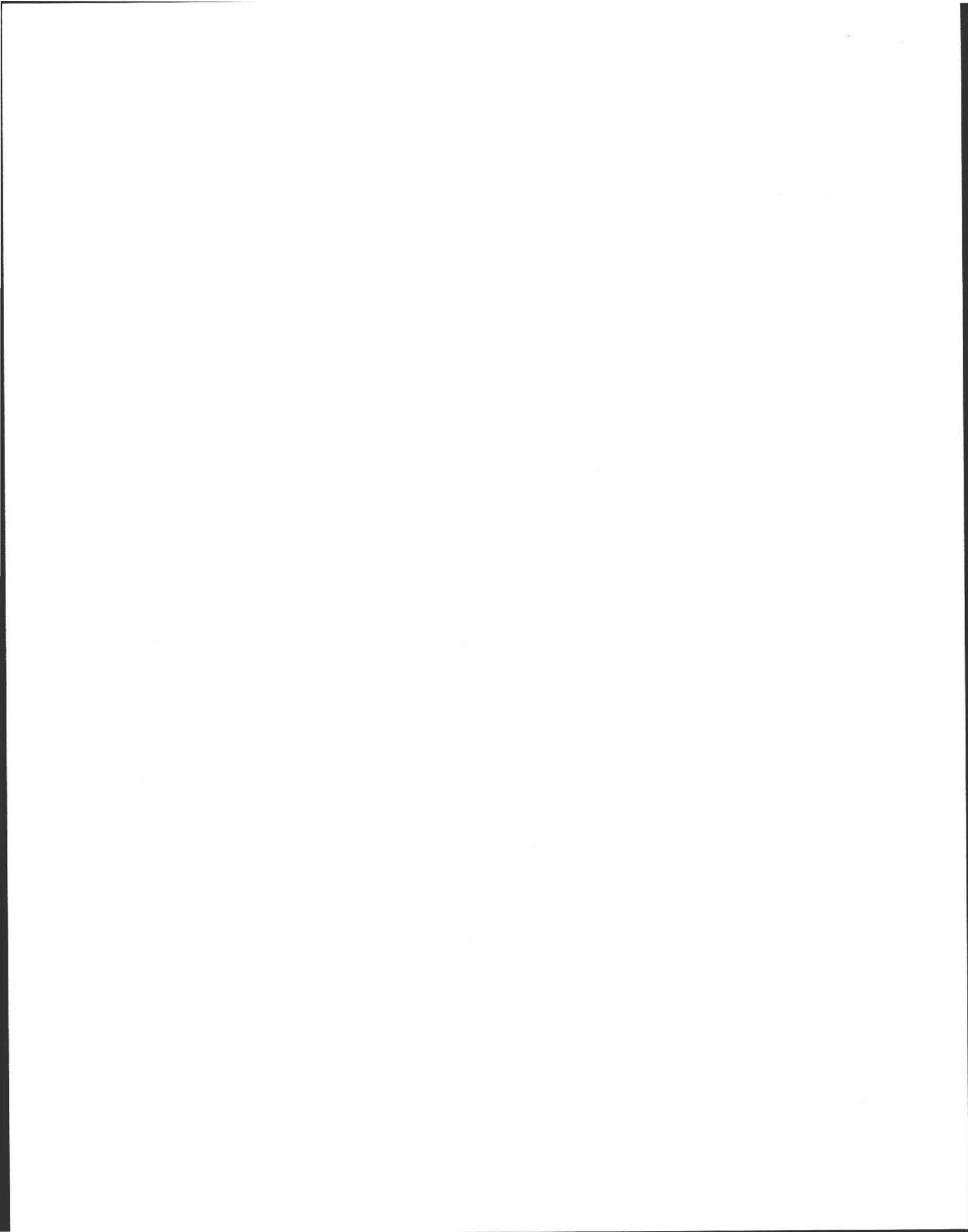
Planimetric & topographic basemap features compiled at 1"=40' scale from April, 2009 Aerial Photography. Parcels compiled to match the basemap; revisions are ongoing.

The information depicted on this map is for planning purposes only. It may not be adequate for legal boundary definition, regulatory interpretation, or property conveyance purposes. Utility structures and underground utility locations are approximate and require field verification.

THE TOWN OF AMHERST MAKES NO WARRANTIES, EXPRESSED OR IMPLIED, CONCERNING THE ACCURACY, COMPLETENESS, RELIABILITY, OR SUITABILITY OF THESE DATA. THE TOWN OF AMHERST DOES NOT ASSUME ANY LIABILITY ASSOCIATED WITH THE USE OR MISUSE OF THIS INFORMATION.

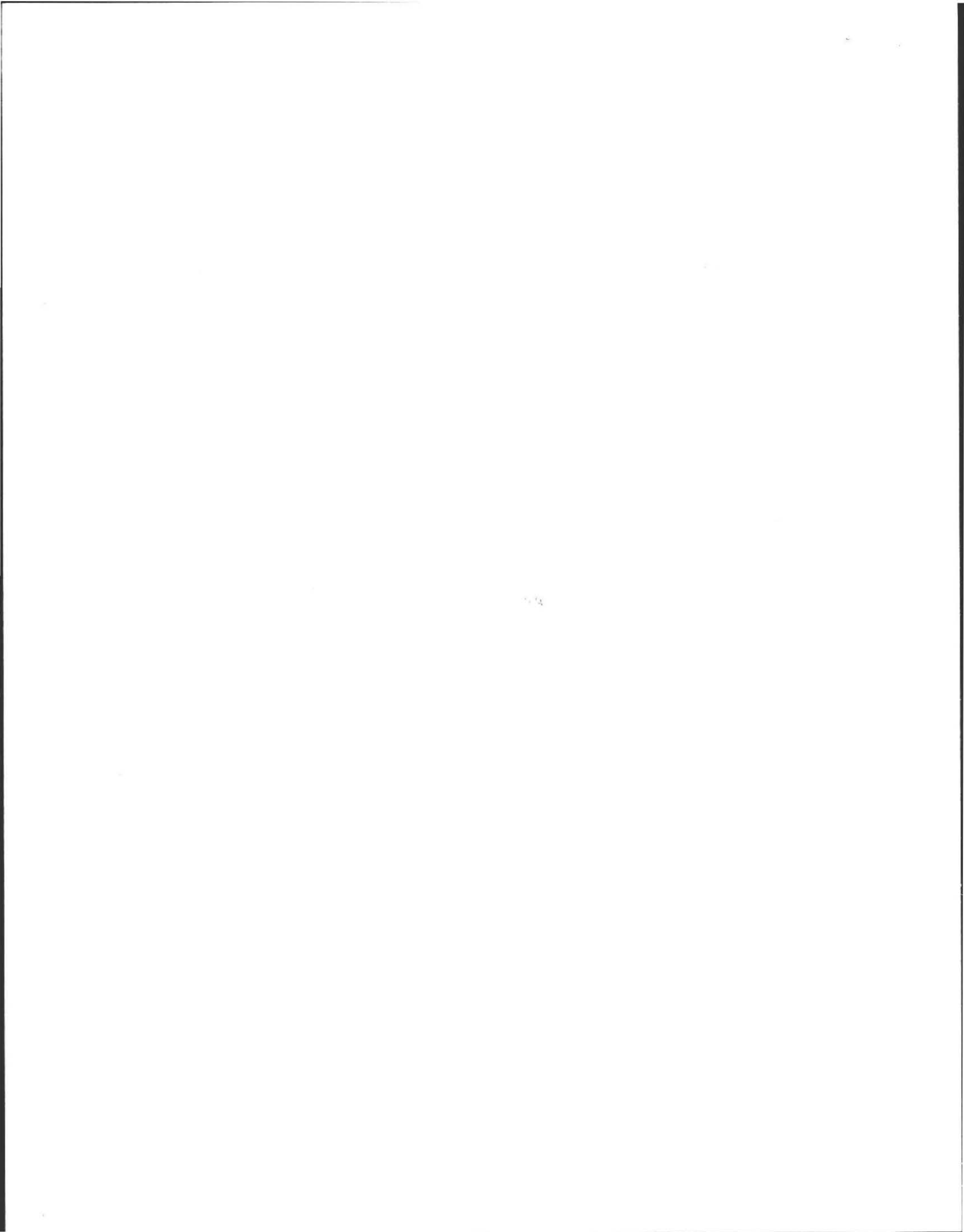
1" = 30 ft







Stone Replacement
28 Bridle Path
Amherst, MA
05.28.2010



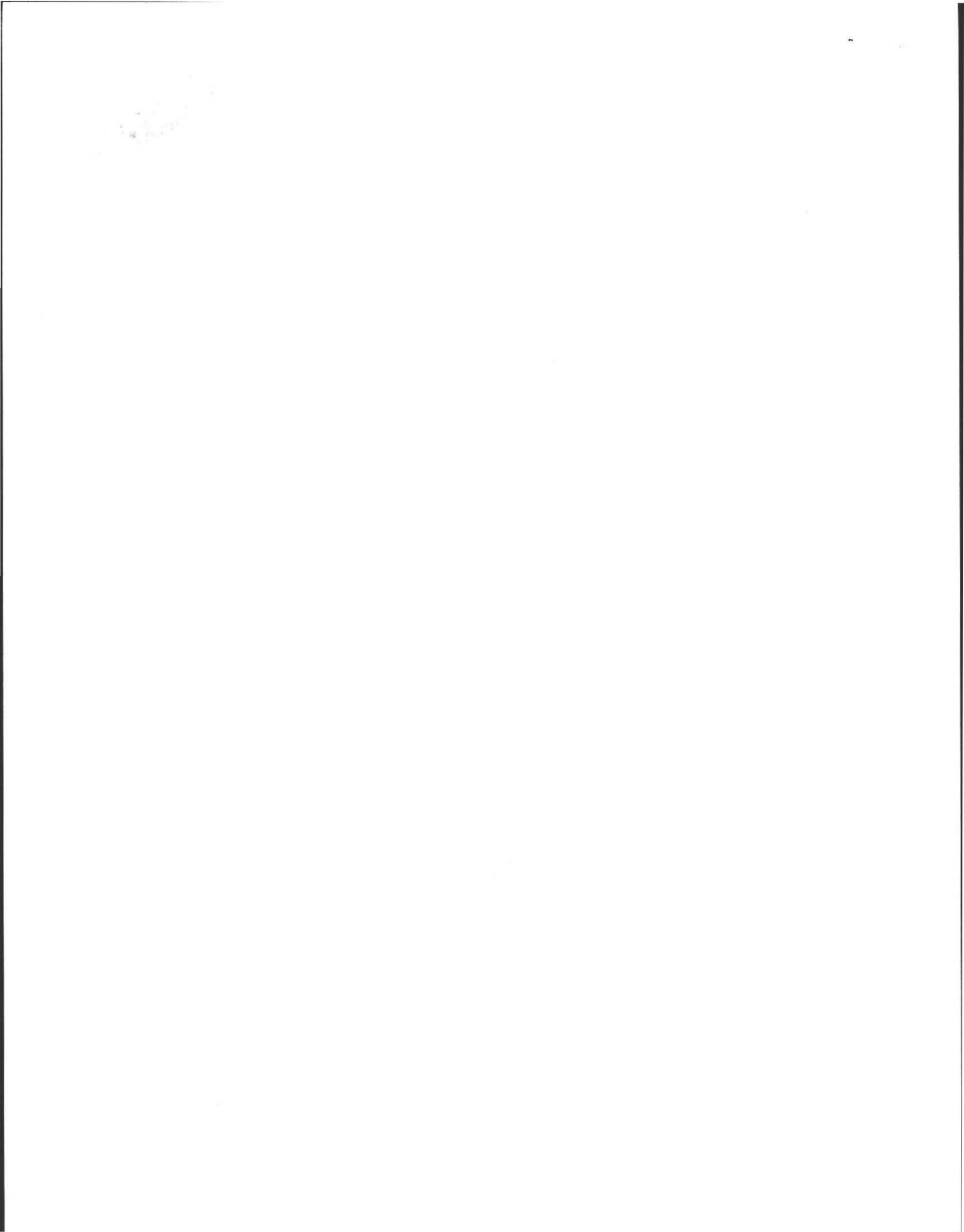


S. Tank Outlet Baffle
20 Bridal Path
Amherst, MA
04.20.2010



L. tank Prior to stone repair
20 Bridal Path
Amherst, MA
04.20.2010

40" Liquid
8" freeboard.



Almer Huntley, Jr.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 74-16 Date Jan 15, 1974 Fee \$3.00 Date Rec'd. 1/15/74 By DAF

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

Location-Address 20 BRIDLE or Lot No. 146

Owner GERRY GATES Address

Contractor Tomlinson Inc. Address 5 East Pleasant

Type of Building 2 story Dimensions 26x60 Size Lot 49,134

Dwelling-No. of Bedrooms 4 Expansion Attic () Garbage Grinder (X)

Other No. of persons Showers ()

Other fixtures

Town Water? YES Type of Well

Design Flow 50 gallons per person per day. Total daily flow 400 gallons

Septic Tank-Liquid capacity 1200 gallons Dimensions: L 10'-0" W 5'-4" D 4'-10"

Disposal Trench-No. Width Total Length Total leaching area sq. ft.

Disposal Bed-No. 1 Diameter 12'-6" Depth below inlet 6'-0" Total leaching area 360 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 HUNTLEY ASSOC'S. Date 12-1-73

Test Pit No. 1 1.7 minutes per inch Depth of Test Pit 3'-6"

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

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.)

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 C. C. Drake Owner or builder Date 1-15-74

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

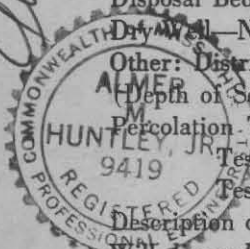
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT

No. 74-16 Permission is hereby granted Tomlinson, Inc. to construct (X) or repair () an Individual Sewage Disposal System at Lot #146, Bridle Path

as shown on the application for Disposal Works Construction Permit No. 74-16

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 1-17-74 Board of Health



1880



Faint, mostly illegible handwritten text and scribbles covering the page.

20

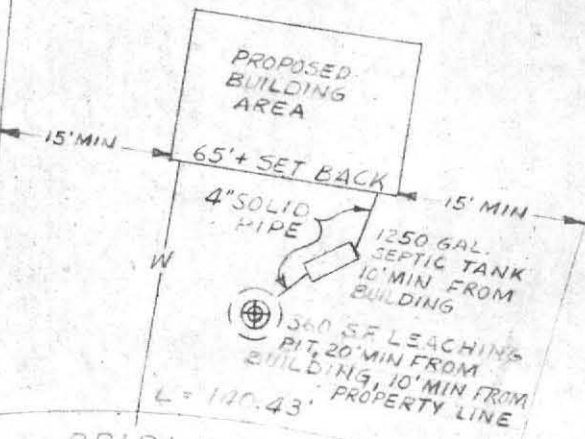
RALPH E. NEWPORT

LOT 146
49,134 SF±

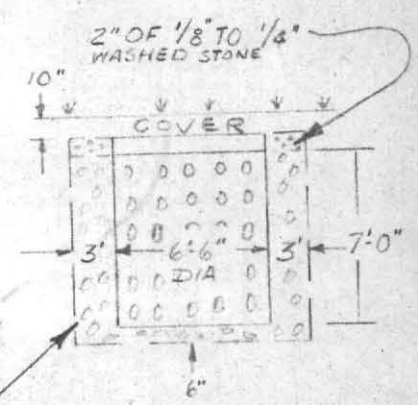
LOT 120

LOT 145

LOT 121



ALL WORK TO BE DONE IN ACCORDANCE WITH STATE SANITARY CODE ARTICLE XL.



PLAN OF PROPOSED SEWAGE DISPOSAL SYSTEM FOR LOT 146
ECHO HILL NORTH
AMHERST, MASS
PREPARED FOR
GERALD GATES

DETAIL-LEACHING PIT
NO SCALE

Almer Huntley, Jr.



ALMER HUNTLEY, JR. & ASSOCIATES, INC.
REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
238 BRIDGE STREET
NORTHAMPTON, MASS.

SCALE = 1"=50'
DATE = 12-31-'73
DWN = JMG

REQUESTED BY:

GERRY GATES

DATE: 12/1/73

LOCATION:

ECHO HILL (NORTH)

OBSERVER: CS,

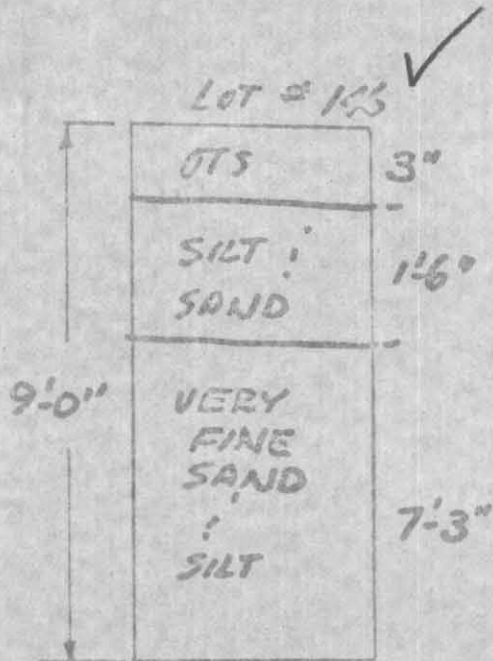
AMHERST

AD.

MAIL ADDRESS:

JH.

BL.



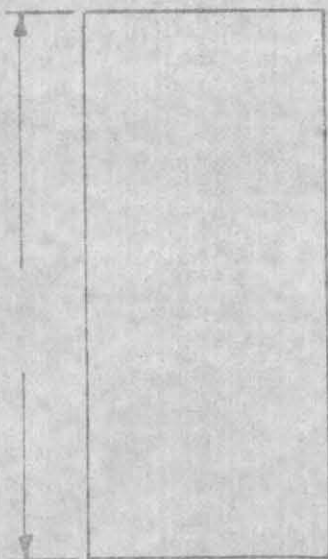
GROUND WATER NONE

PERC RATE: 1.7 MIN/IN



GROUND WATER _____

PERC RATE: _____



GROUND WATER _____

PERC RATE: _____



GROUND WATER _____

PERC RATE: _____

ALMER HUNTLEY, JR. & ASSOCIATES, INC.
 REGISTERED LAND SURVEYORS & CIVIL ENGINEERS
 238 BRIDGE STREET
 NORTHAMPTON, MASS.



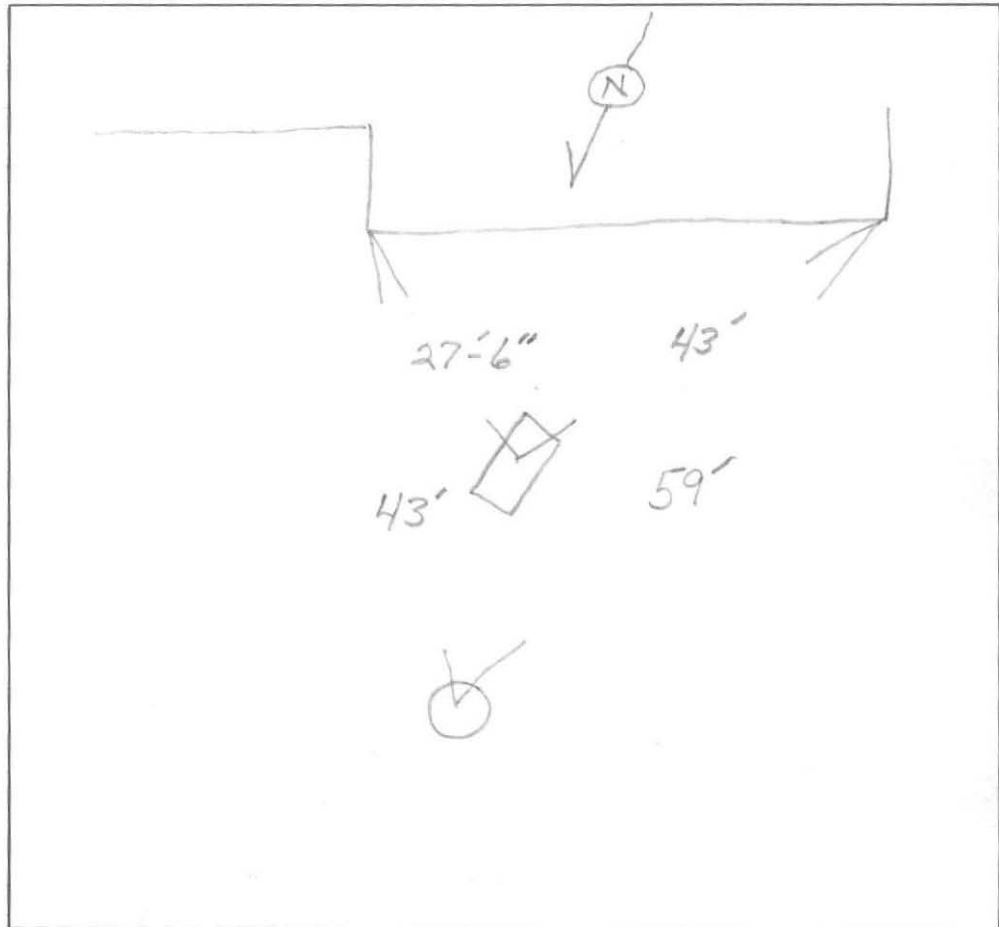
memo from the desk of
KARL T. KONIECZNY

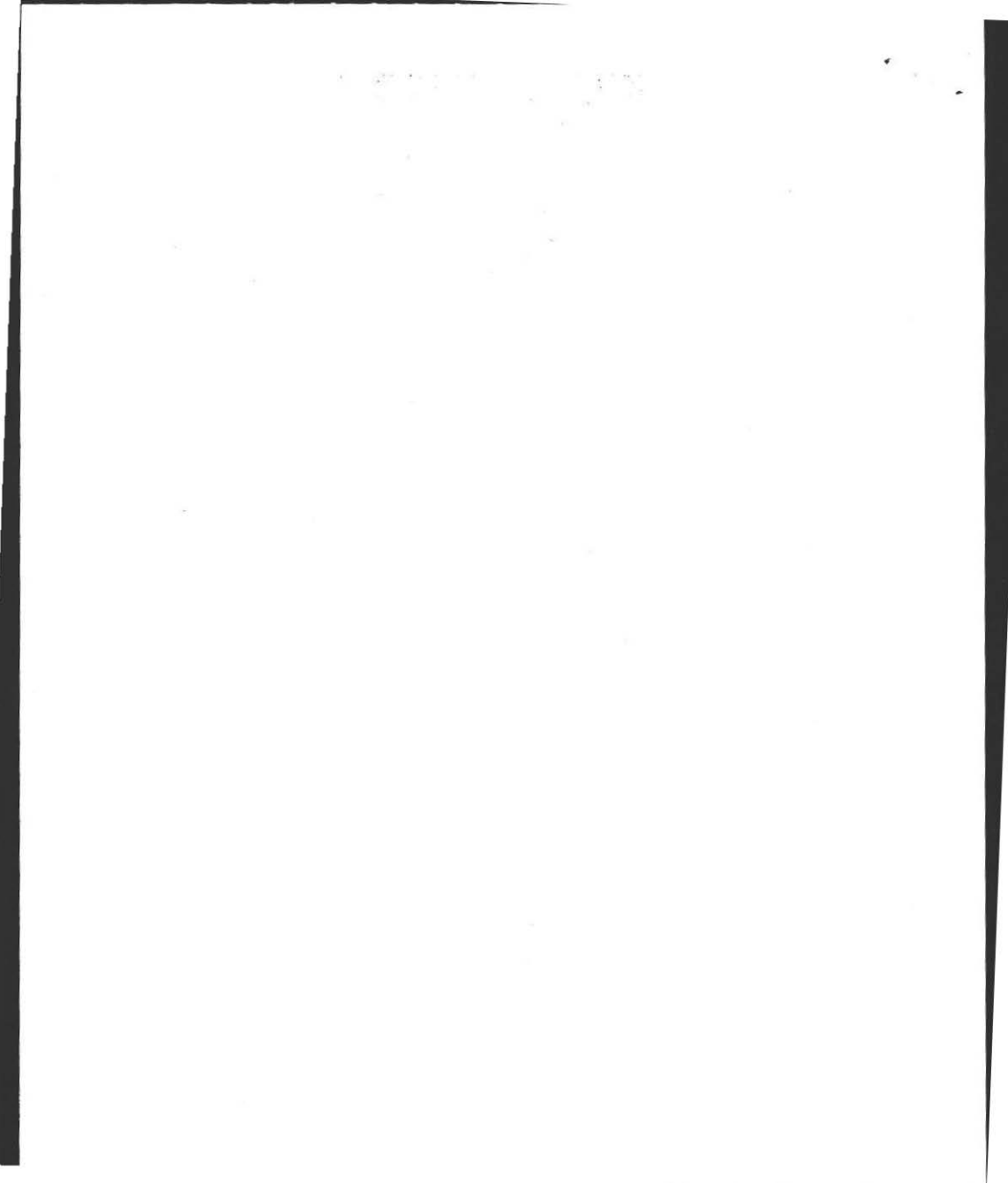
date _____

Bridle Path

to Elder Lumber Lot #146

message:





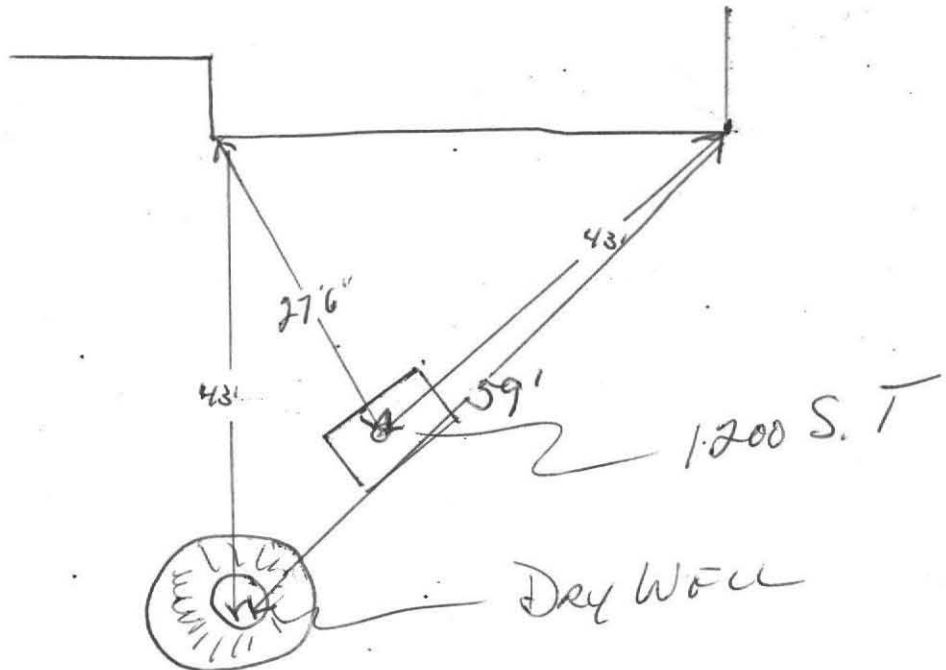
BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner WALTER WINTERVITZ Address _____
Installer KARL ETC. Address River Dr. Haverly.
Date Installation Inspected and Approved 1976
Description of System: Tank Capacity: 1200
Leach Field () Bed () Seepage Pit (X) Square Feet: 360 [□]
Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 8

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.

