



COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS  
 DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5  
 OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
 SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM  
 PART A  
 CERTIFICATION

Property Address: 550 EAST CLEVELAND RD  
AMHERST MASS  
 Owner's Name: ROBERT RASKEVITZ  
 Owner's Address: ROBERT RASKEVITZ  
550 EAST CLEVELAND RD AMHERST MA  
 Date of Inspection: 1/4/2005 01002  
 Name of Inspector: (please print) WILLIAM SIERUTA  
 Company Name: SIERUTA ENGINEERING  
 Mailing Address: 46 UPLAND RD  
HOLYOKE MA  
 Telephone Number: 5328525

**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 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:



Inspector's Signature: [Signature]

Date: 1/4/05

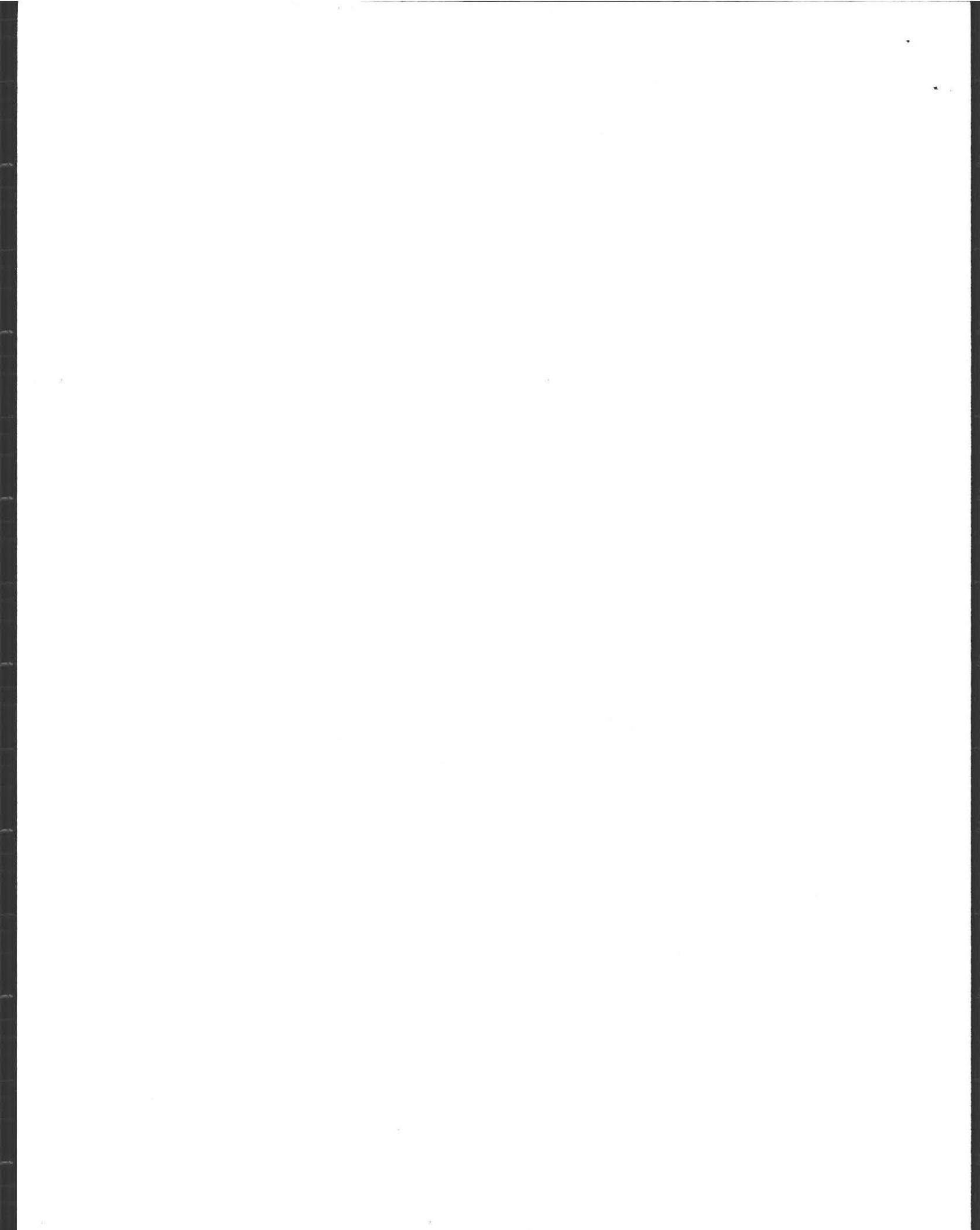
The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report 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.

Notes and Comments

System working well  
NO SIGNS OF ANY PROBLEMS

\*\*\*\*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.

File  
Drive



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 530 EAST LEVERETT RD  
AMHERST MA  
Owner: R. RASKOVITZ  
Date of Inspection: 1/4/05

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:

---

**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.

Answer yes, no or not determined (Y,N,ND) in the  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.

ND explain:

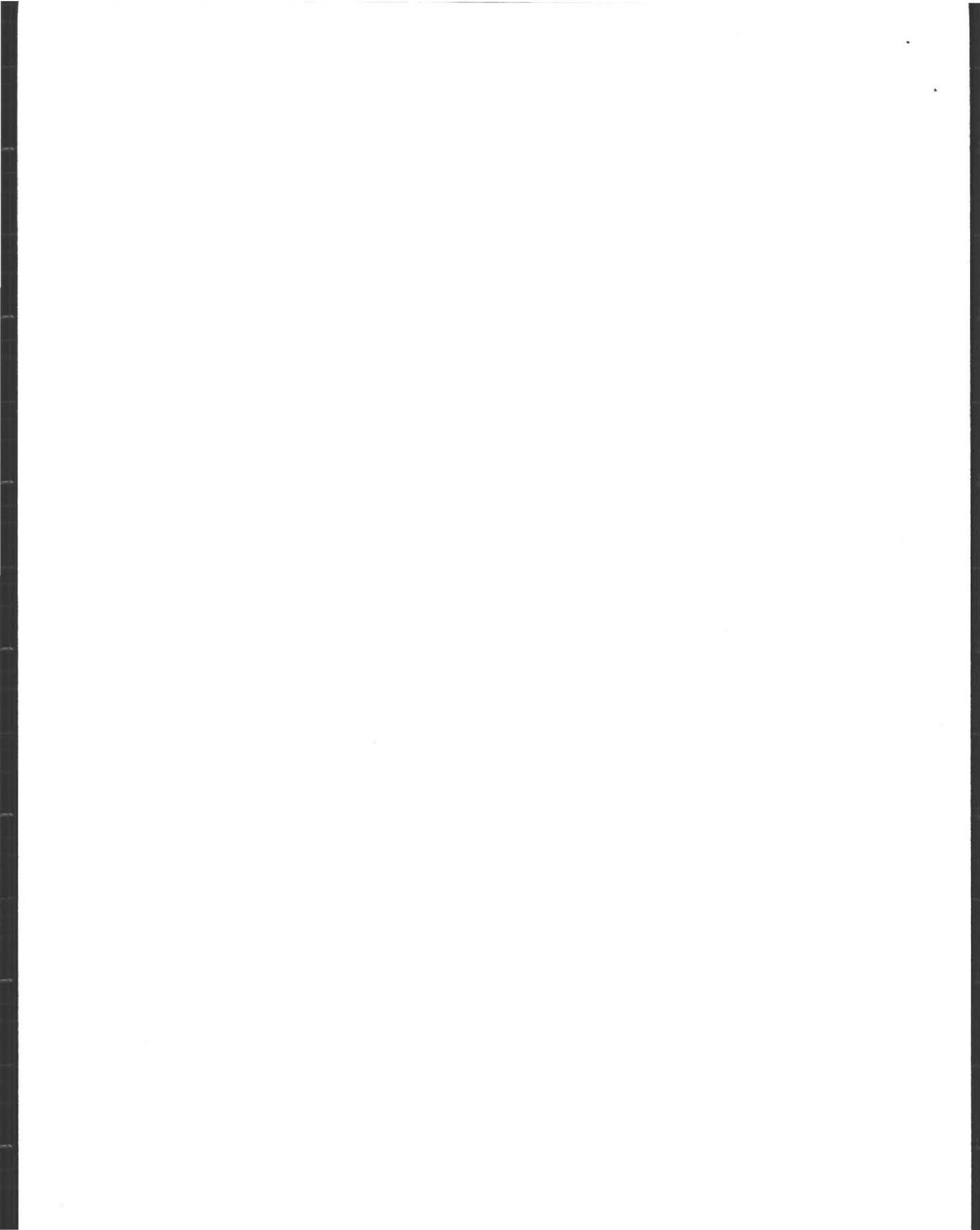
Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

ND explain:

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
- obstruction is removed



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS**  
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**PART A**  
**CERTIFICATION (continued)**

Property Address: 550 EAST LEVERETT RD  
Amherst MA  
Owner: R. RASKEVITZ  
Date of Inspection: 1/4/05

**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

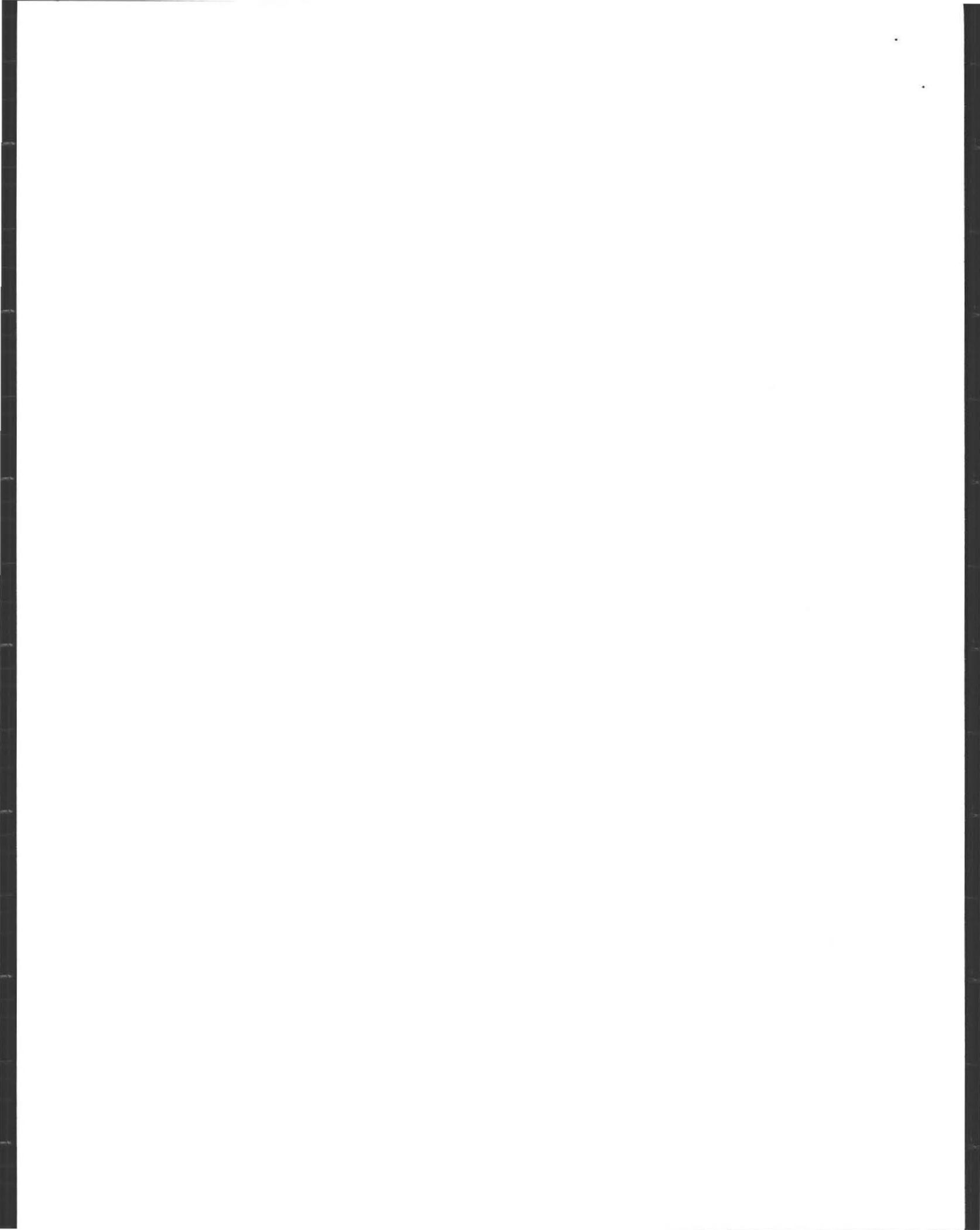
2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- 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 \_\_\_\_\_

\*\*This system passes if the well water analysis, performed at a DEP certified laboratory, 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS**  
**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM**  
**PART A**  
**CERTIFICATION (continued)**

Property Address: 550 EAST LEVERETT RD  
AMHERST MA  
 Owner: R. RASKEVITZ  
 Date of Inspection: 1/4/05

**D. System Failure Criteria applicable to all systems:**

You must indicate "yes" or "no" to each of the following for all inspections:

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times pumped <u>    </u>   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <u>DNA</u>                          | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <u>DNA</u>                          | Any portion of a cesspool or privy is within a Zone 1 of a public well.   |
| <input type="checkbox"/> | <u>DNA</u>                          | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input type="checkbox"/>            | 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 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, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

NO (Yes/No) 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: DNA**

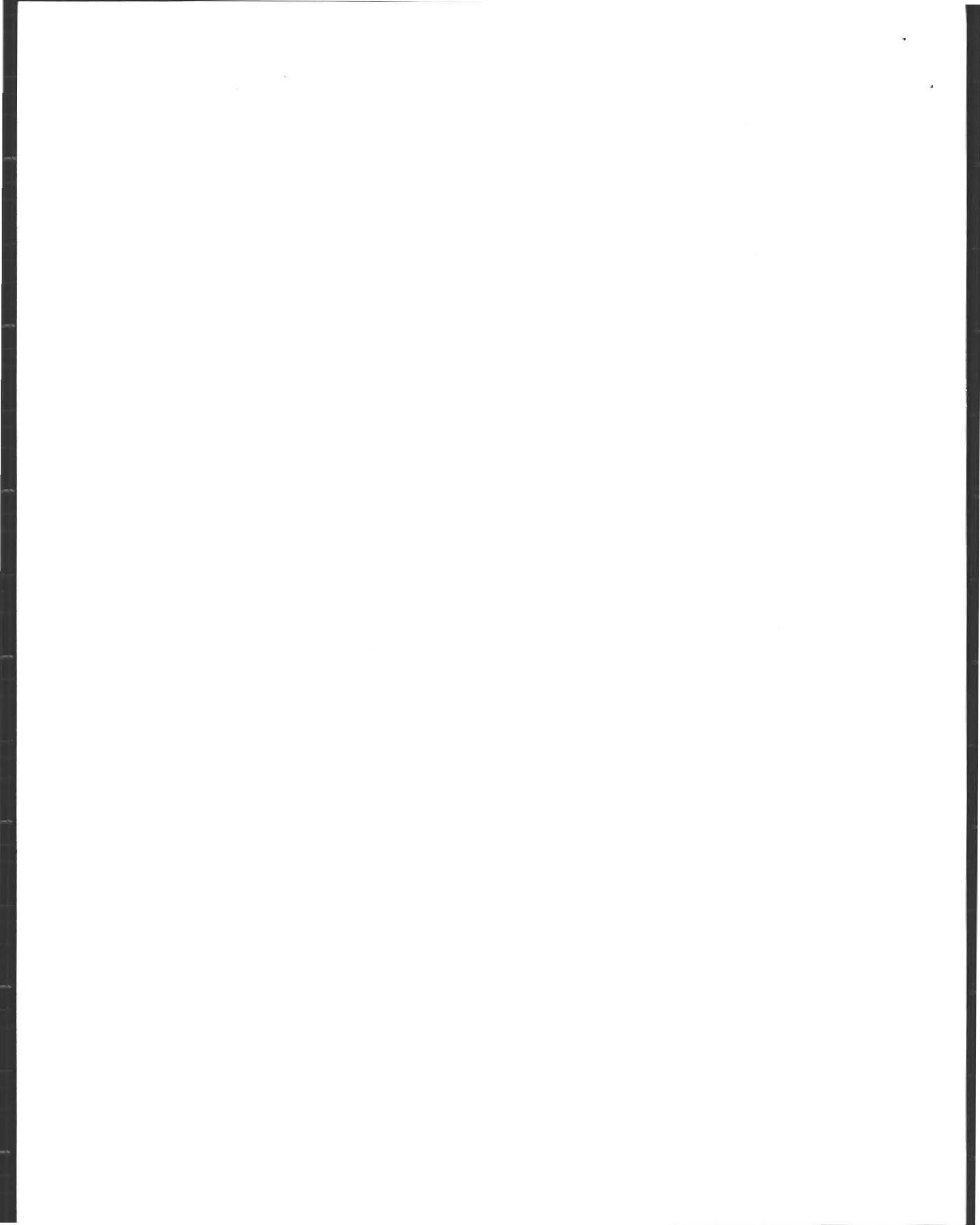
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

- | yes                      | no                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.



**OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART B  
CHECKLIST**

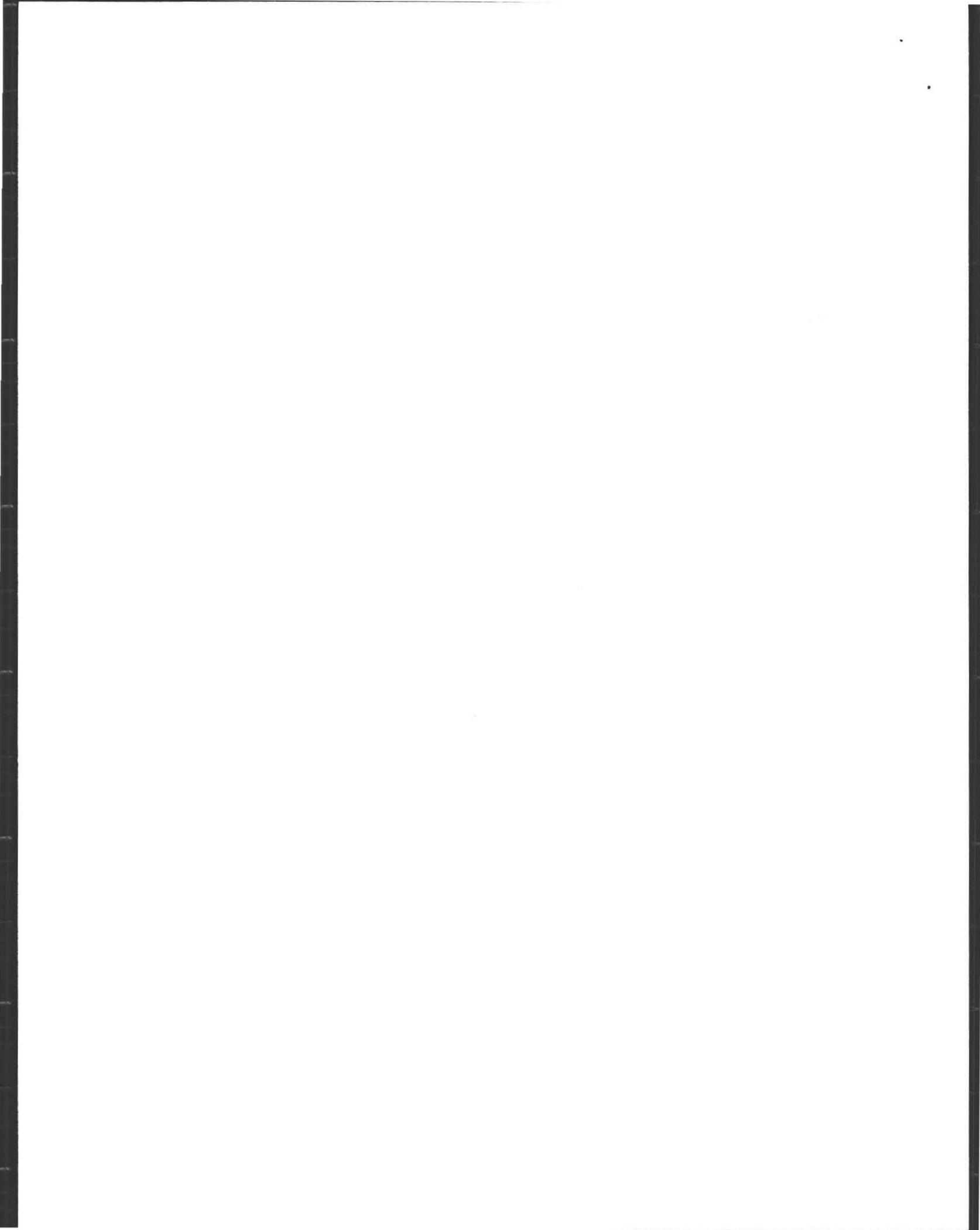
Property Address: 530 EAST LEVERETT RD  
AMHURST MASS  
Owner: ROBERT RASKEVITZ  
Date of Inspection: JAN 4 2005

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

- Yes No
- Pumping information was provided by the owner, occupant, or Board of Health
  - Were any of the system components pumped out in the previous two weeks ?
  - Has the system received normal flows in the previous two week period ?
  - Have large volumes of water been introduced to the system recently or as part of this inspection ?
  - Were as built plans of the system obtained and examined? (If they were not available note as N/A)
  - Was the facility or dwelling inspected for signs of sewage back up ?
  - Was the site inspected for signs of break out ?
  - Were all system components, excluding the SAS, located on site ?
  - 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 ?
  - 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:

- Yes no
- Existing information. For example, a plan at the Board of Health.
  - 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(3)(b)]



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION

Property Address: 550 EAST LIEVERETT RD  
AMHERST MASS  
Owner: R. RASKEVITZ  
Date of Inspection: \_\_\_\_\_

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 3  
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): \_\_\_\_\_  
Number of current residents: 2  
Does residence have a garbage grinder (yes or no): NO  
Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]  
Laundry system inspected (yes or no): YES  
Seasonal use: (yes or no): NO  
Water meter readings, if available (last 2 years usage (gpd)): PRIVATE WELL  
Sump pump (yes or no): NO  
Last date of occupancy: \_\_\_\_\_

COMMERCIAL/INDUSTRIAL DATA

Type of establishment: \_\_\_\_\_  
Design flow (based on 310 CMR 15.203): \_\_\_\_\_ gpd  
Basis of design flow (seats/persons/sqft, etc.): \_\_\_\_\_  
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/use: \_\_\_\_\_

OTHER (describe): \_\_\_\_\_

GENERAL INFORMATION

Pumping Records

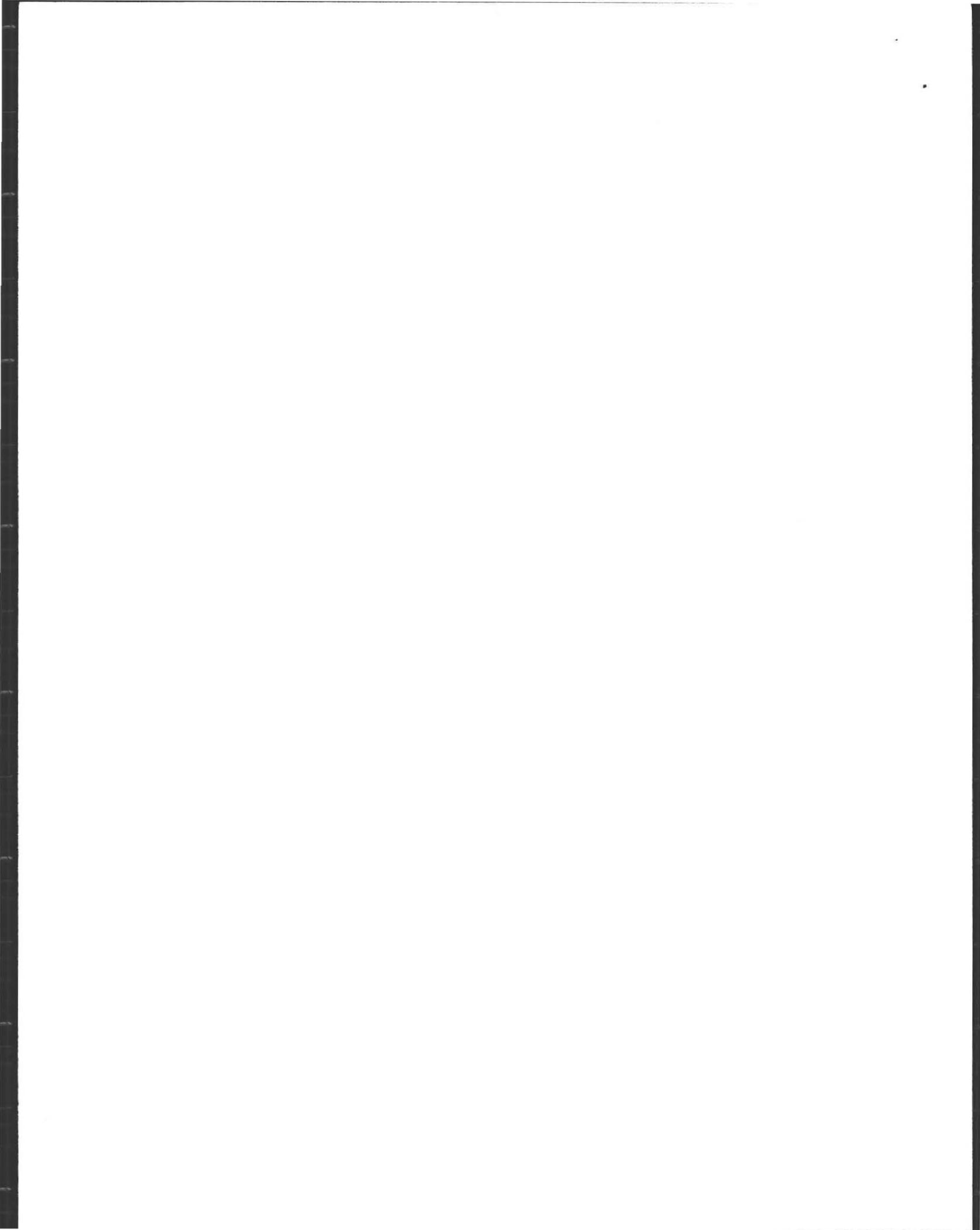
Source of information: OWNER R. RASKEVITZ  
Was system pumped as part of the inspection (yes or no): NO  
If yes, volume pumped: \_\_\_\_\_ gallons -- How was quantity pumped determined? \_\_\_\_\_  
Reason for pumping: NOT PUMPED SYSTEM WAS PUMPED  
IN 2004 BY OWNER  
ONLY 12 TO 18 MOS  
USE

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)  
 Tight tank  Attach a copy of the DEP approval  
Other (describe): \_\_\_\_\_

Approximate age of all components, date installed (if known) and source of information:  
INSTALLED 1979

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



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 550 EAST LEVERETT RD  
AMHERST MA  
Owner: R. RASKEVITZ  
Date of Inspection: 1/4/05

BUILDING SEWER (locate on site plan)

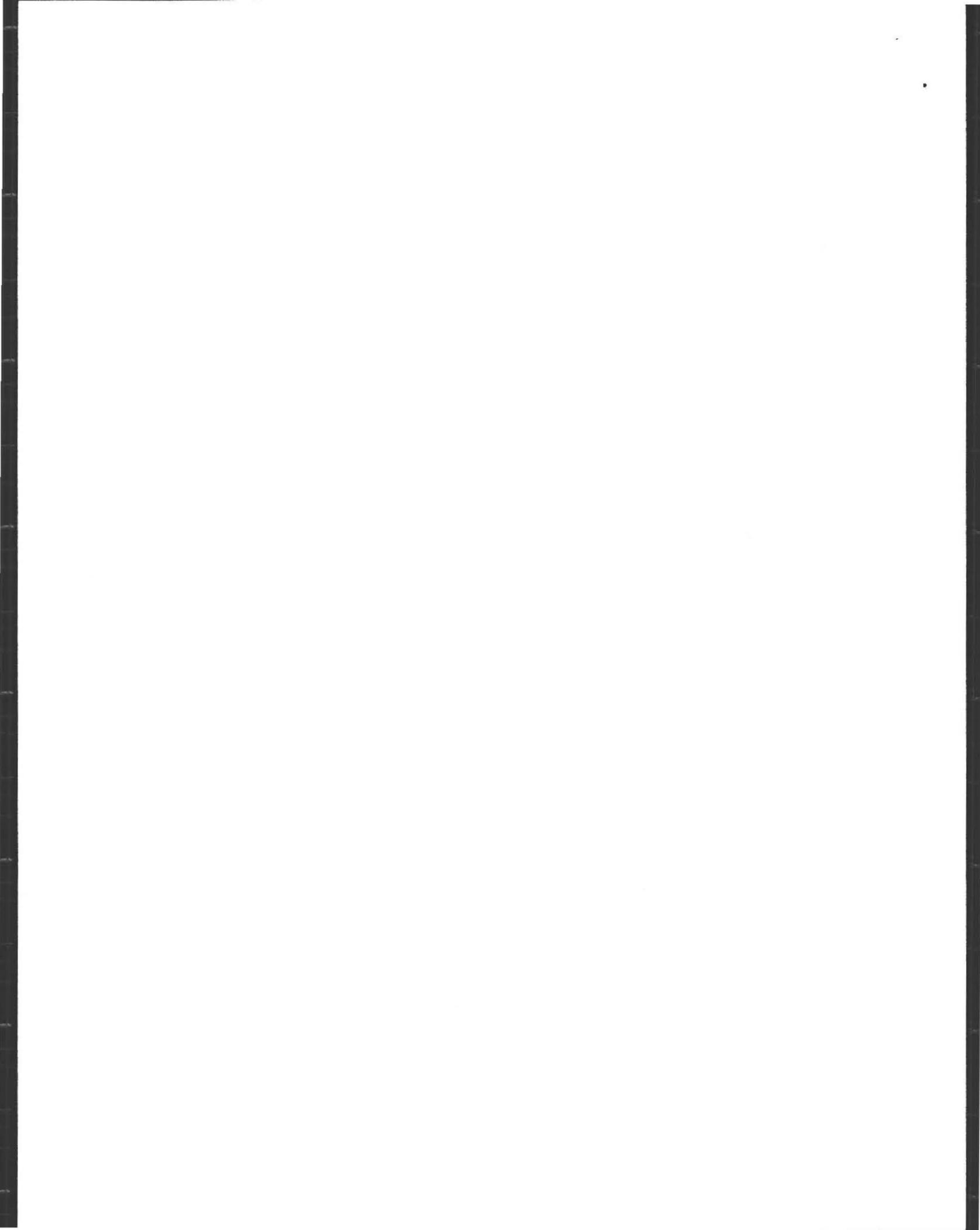
Depth below grade: 24"  
Materials of construction: cast iron 40 PVC  other (explain): \_\_\_\_\_  
Distance from private water supply well or suction line: 50 FT  
Comments (on condition of joints, venting, evidence of leakage, etc.):  
PIPING APPEARS IN SOUND CONDITION

SEPTIC TANK: (locate on site plan)

Depth below grade: 24" CONC RAISER PROVIDED ON TANK  
Material of construction:  concrete  metal  fiberglass  polyethylene  
other(explain) \_\_\_\_\_  
If tank is metal list age: \_\_\_\_\_ Is age confirmed by a Certificate of Compliance (yes or no): \_\_\_\_\_ (attach a copy of certificate).  
Dimensions: 8'6" x 5'5" 48" FLOW LINE  
Sludge depth: 2"  
Distance from top of sludge to bottom of outlet tee or baffle: CONC BAFFLES  
Scum thickness: 1"  
Distance from top of scum to top of outlet tee or baffle: 3"  
Distance from bottom of scum to bottom of outlet tee or baffle: 20"  
How were dimensions determined: MEASURED  
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 IS IN GOOD CONDITION

GREASE TRAP: (locate on site plan) DNA

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



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C

SYSTEM INFORMATION (continued)

Property Address: 530 EAST LEVERETT RD

Owner: AMHURST MASS  
R. RASKEVITZ

Date of Inspection: 1/4/05

DNA  
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):

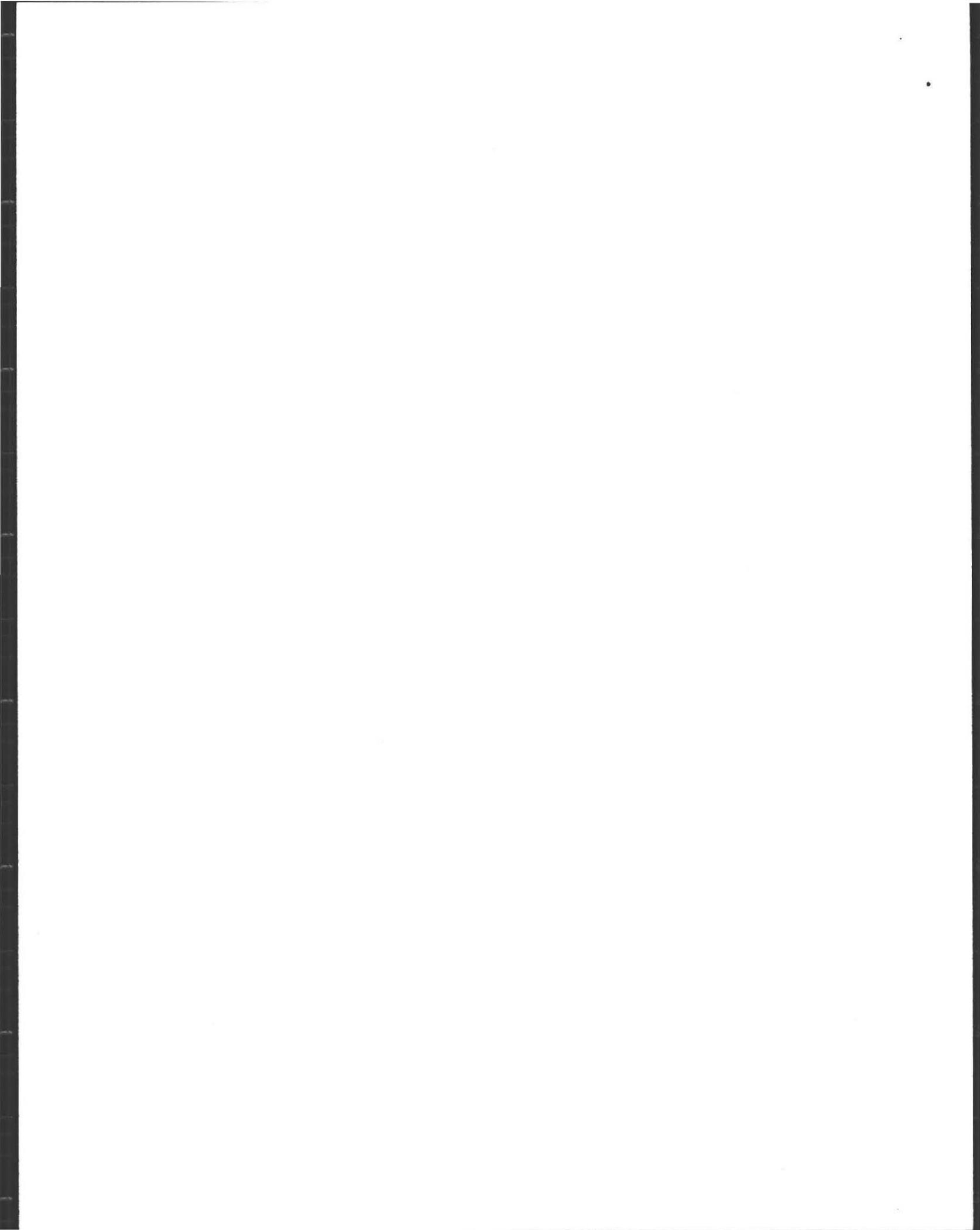
Dimensions:       
Capacity:      gallons  
Design Flow:      gallons/day  
Alarm present (yes or no):       
Alarm level:      Alarm in working order (yes or no):       
Date of last pumping:       
Comments (condition of alarm and float switches, etc.):  
      
    

DISTRIBUTION BOX:      (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: 0  
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.):  
BOX IS IN SATISFACTORY CONDITION  
NO SIGN OF ELEVATED LIQUID  
LEVEL IN BOX @ INVERTS

PUMP CHAMBER:      (locate on site plan)

DNA  
Pumps in working order (yes or no):       
Alarms in working order (yes or no):       
Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C

SYSTEM INFORMATION (continued)

Property Address: 550 EAST LEVERETT RD

AMHERST MASS

Owner: R. PASKRUITZ

Date of Inspection: 11/4/05

SOIL ABSORPTION SYSTEM (SAS):      (locate on site plan, excavation not required)

If SAS not located explain why:

Type

2 x 70' x 5' = 700 FT<sup>2</sup>

     leaching pits, number:     

     leaching chambers, number:     

     leaching galleries, number:     

leaching trenches, number, length: 2 - 70' x 5' x 1' trenches see attached

     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.):

DNA

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 or no):     

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

DNA

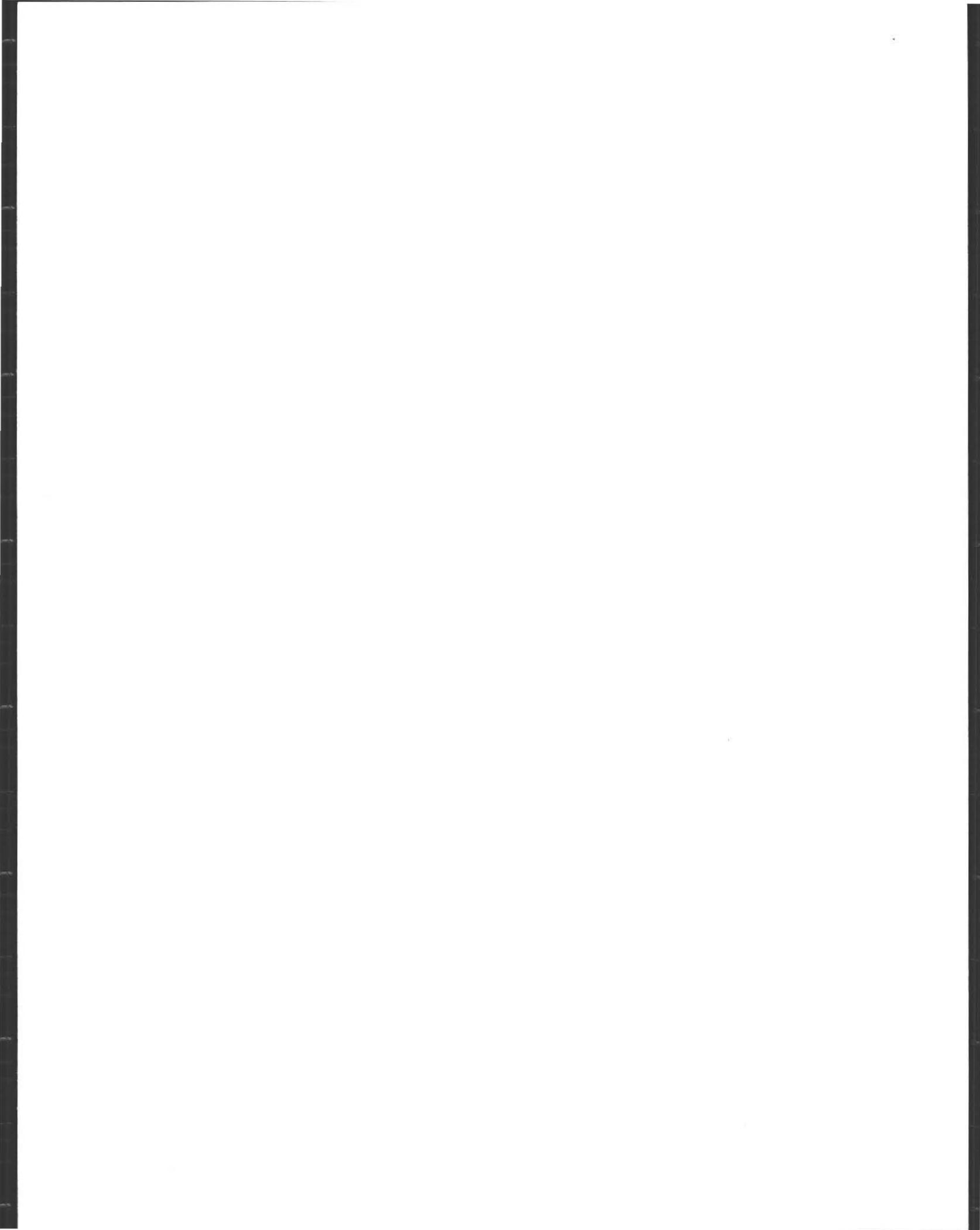
PRIVY:      (locate on site plan)

Materials of construction:     

Dimensions:     

Depth of solids:     

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



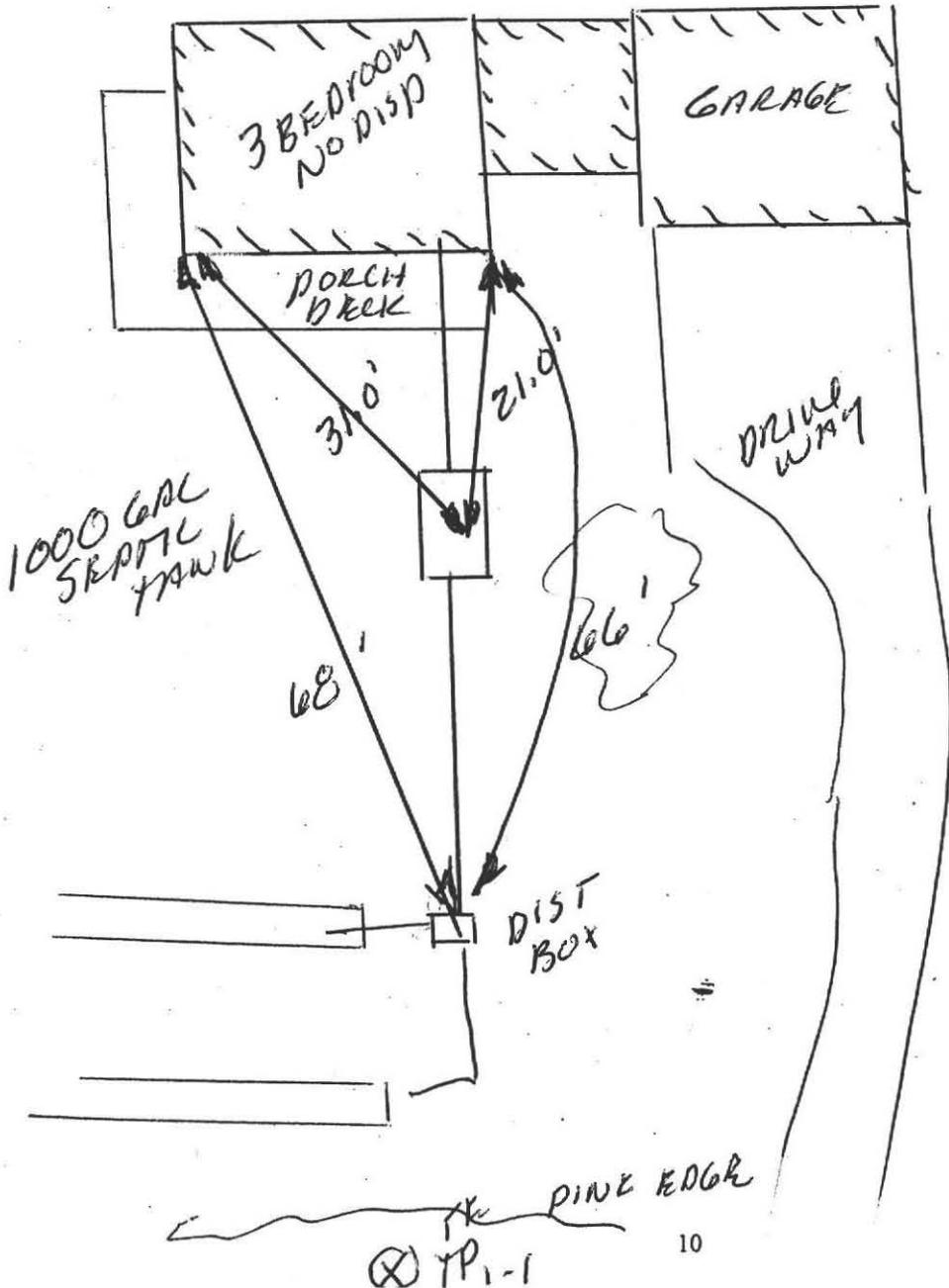
OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

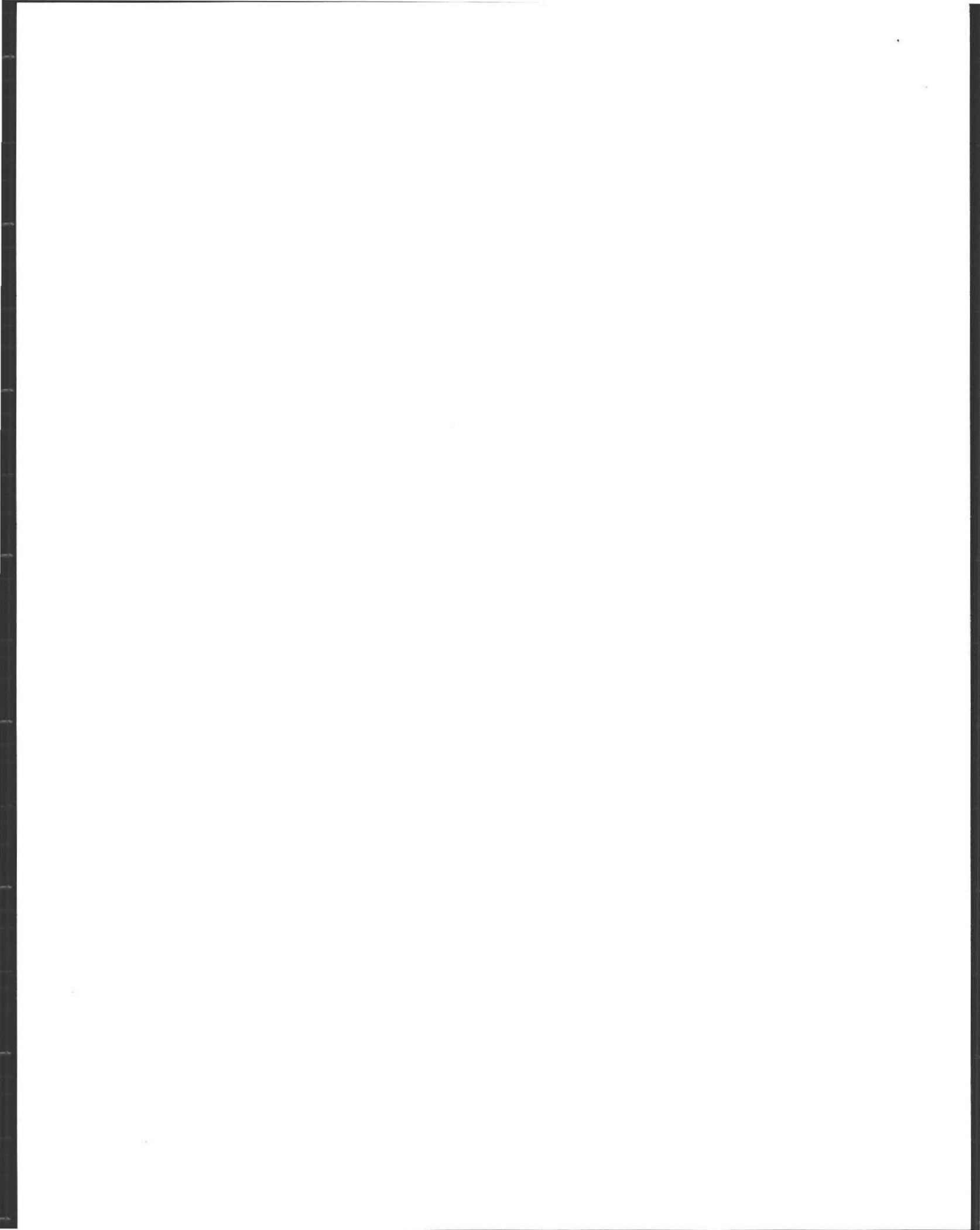
Property Address: 530 EAST LEVERETT RD  
~~AMHERST MA~~ AMHERST MA  
Owner: R. RASKEVITZ  
Date of Inspection: 1/4/05

SKETCH OF SEWAGE DISPOSAL SYSTEM

⊗ well

Provide a sketch 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.





OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART C  
SYSTEM INFORMATION (continued)

Property Address: 530 EAST LEVERETT RD  
AMHERST MASS  
Owner: R. RASKEVITZ  
Date of Inspection: #4/05

SITE EXAM  
Slope  
Surface water  
Check cellar  
Shallow wells

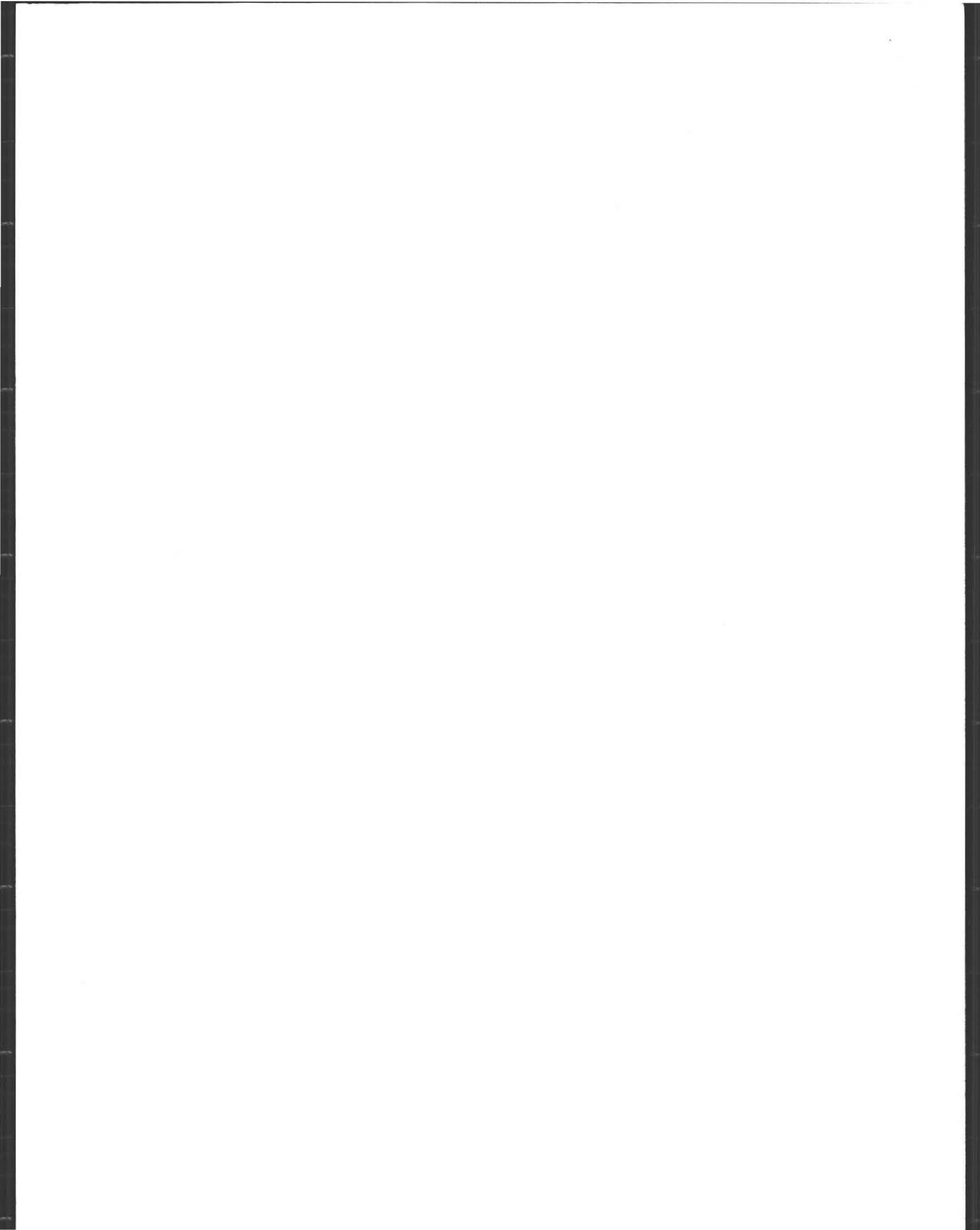
Estimated depth to ground water \_\_\_\_\_ feet 48" SEPARATION

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

- Obtained from system design plans on record - If checked, date of design plan reviewed: \_\_\_\_\_
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health-explain: \_\_\_\_\_
- Checked with local excavators, installers- (attach documentation)
- Accessed USGS database-explain: \_\_\_\_\_

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

EXCAVATION OF A DEEP TEST PIT  
SEE ATTACHED  
DEPTH 22" DOWN  
well graded LOAMY gravel  
96" FRAGMENTED ROCK.



On-site Review

Deep Hole Number TPI-1 Date: 1/4/05 Time: 11:00 Weather: WINDY  
 Location (Identify on site plan) \_\_\_\_\_  
 Land Use Residential Slope (%) 0 Surface Stones 500  
 Vegetation LAWN  
 Landform OUTWASH GRAVEL FILL  
 Position on landscape (sketch on the back) \_\_\_\_\_  
 Distances from:  
 Open Water Body 100'+ feet Drainage way DNA feet  
 Possible Wet Area 100'+ feet Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_

DEEP OBSERVATION HOLE LOG

| Depth from Surface (Inches) | Soil Horizon | Soil Texture (USDA) | Soil Color (Munsell) | Soil Moisture | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
|-----------------------------|--------------|---------------------|----------------------|---------------|--|
| 0-10                        | A            | 5/2                 | 10Y2<br>7-2          |               |  |
| 10-26                       | BW           | 5/2                 | 10Y2<br>5-4          | 10Y2<br>5-8   | 25% gravel   |
| 26-46                       | C1           | 4/5                 | 5Y<br>4-4            | 72"<br>60-70% | 10% cobbles<br>Some stone & Boulders                       |
| 46"                         | R            | RESIDUAL            |                      |               | massive friable  |

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) outwash gravel Depth to Bedrock: NA  
 Depth to Groundwater: Standing Water in the Hole: NA Weeping from Pit Face: NA  
 Estimated Seasonal High Ground Water: below 72"



On-site Review

Deep Hole Number \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Weather: \_\_\_\_\_  
 Location (Identify on site plan) \_\_\_\_\_  
 Land Use \_\_\_\_\_ Slope (%) \_\_\_\_\_ Surface Stones \_\_\_\_\_  
 Vegetation \_\_\_\_\_  
 Landform \_\_\_\_\_  
 Position on landscape (sketch on the back) \_\_\_\_\_  
 Distances from:  
 Open Water Body \_\_\_\_\_ feet Drainage way \_\_\_\_\_ feet  
 Possible Wet Area \_\_\_\_\_ feet Property Line \_\_\_\_\_ feet  
 Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_

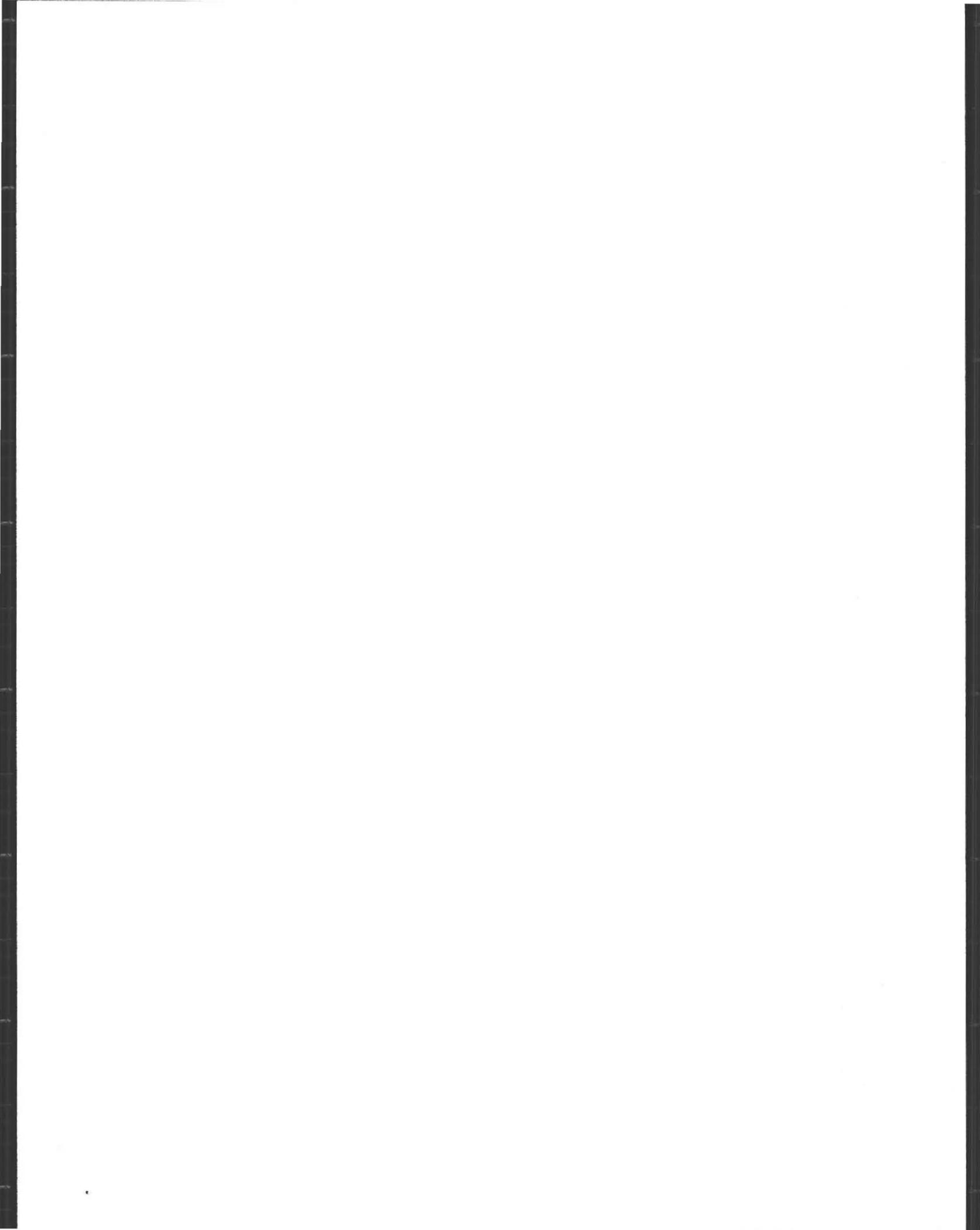
DEEP OBSERVATION HOLE LOG

| Depth from Surface (Inches) | Soil Horizon | Soil Texture (USDA) | Soil Color (Munsell) | Soil Moisture | Other (Structure, Stones, Boulders, Consistency, % Gravel) |
|-----------------------------|--------------|---------------------|----------------------|---------------|--|
|                             |              |                     |                      |               |  |
|                             |              |                     |                      |               |  |
|                             |              |                     |                      |               |  |
|                             |              |                     |                      |               |  |

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) \_\_\_\_\_ Depth to Bedrock: \_\_\_\_\_  
 Depth to Groundwater: Standing Water in the Hole: \_\_\_\_\_ Weeping from Pit Face: \_\_\_\_\_  
 Estimated Seasonal High Ground Water: \_\_\_\_\_





BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

EAST LEVERETT ROAD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner ROBERT & NANCY RASCEVITZ Address LONG PLAIN RD LEVERETT

Installer KARL'S, INC. Address RIVER DR. HADLEY

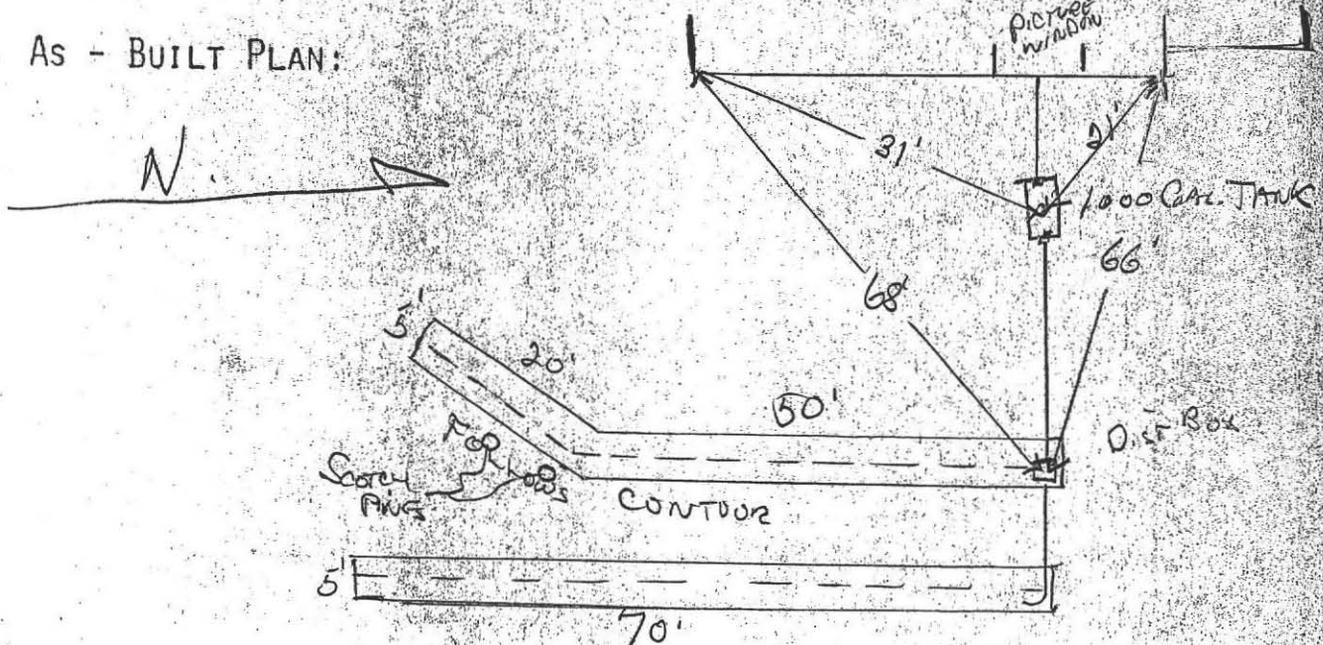
Date Installation Inspected and Approved JUNE 5, 1979

Description of System: Tank Capacity: 1000 Low Boy

Leach Field (X) Bed ( ) Seepage Pit ( ) Square Feet: 700

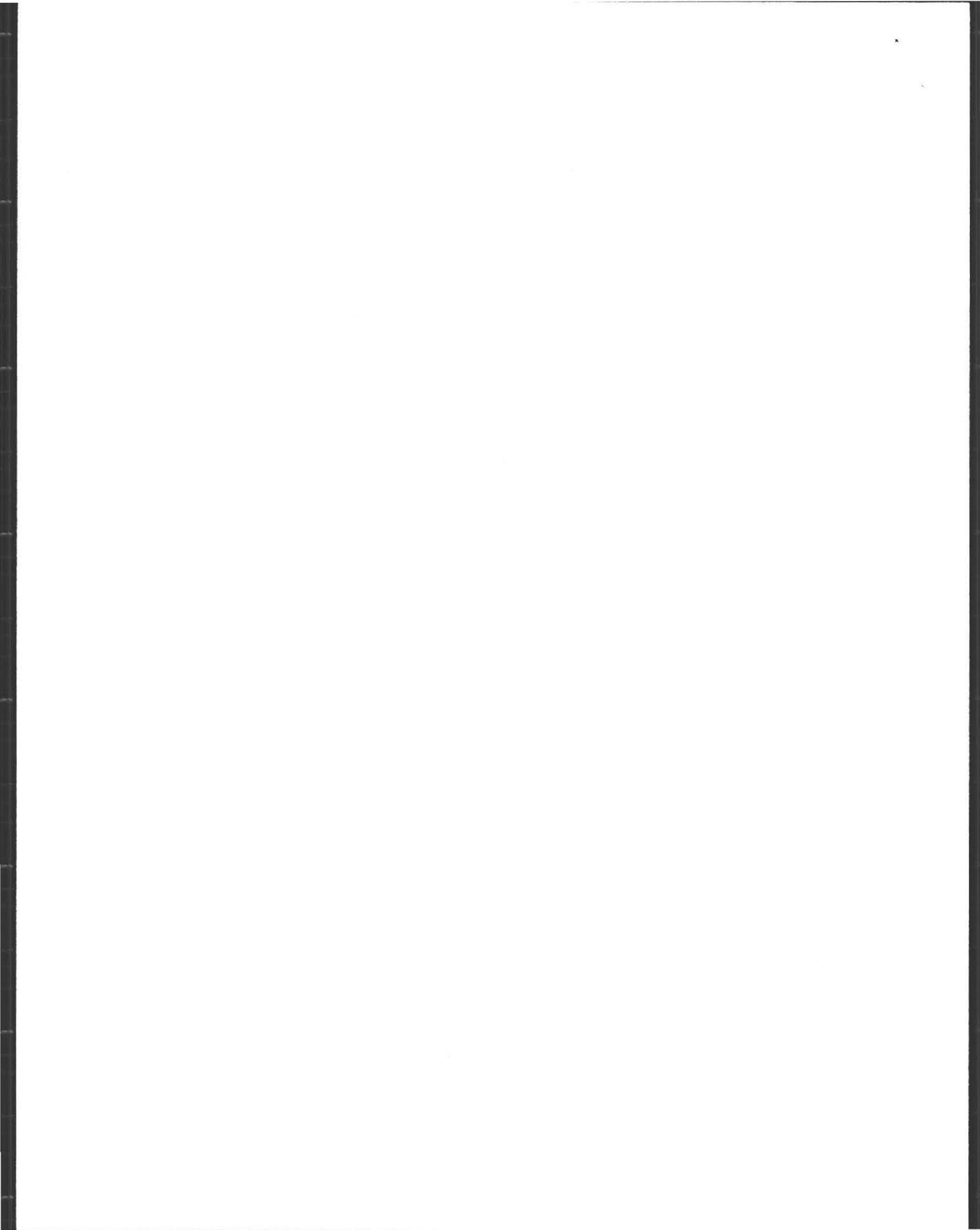
Garbage Grinder Yes ( ) No (X) No. Bedrooms: 3 No. People 6

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.



PLAN SHOWING SEWAGE DISPOSAL

For: Robert J. and Nancy J. Raskevitz  
Long Plain Rd.  
Leverett Mass.

(DETAIL)  
Feb 1979

Scale: 1" = 40'  
By: Frederick Filios

