

64 High Point





... the system is not functioning in a manner...

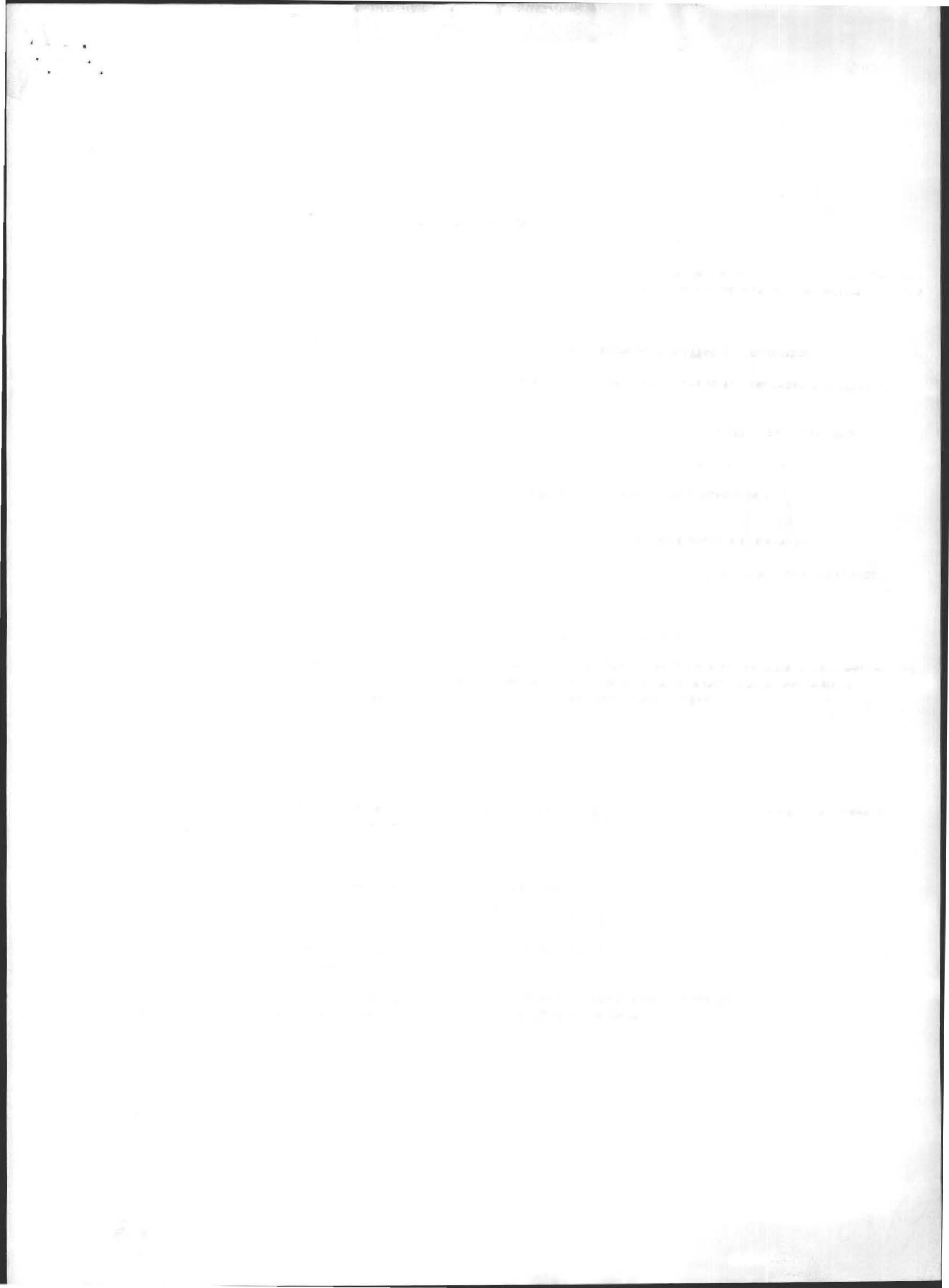
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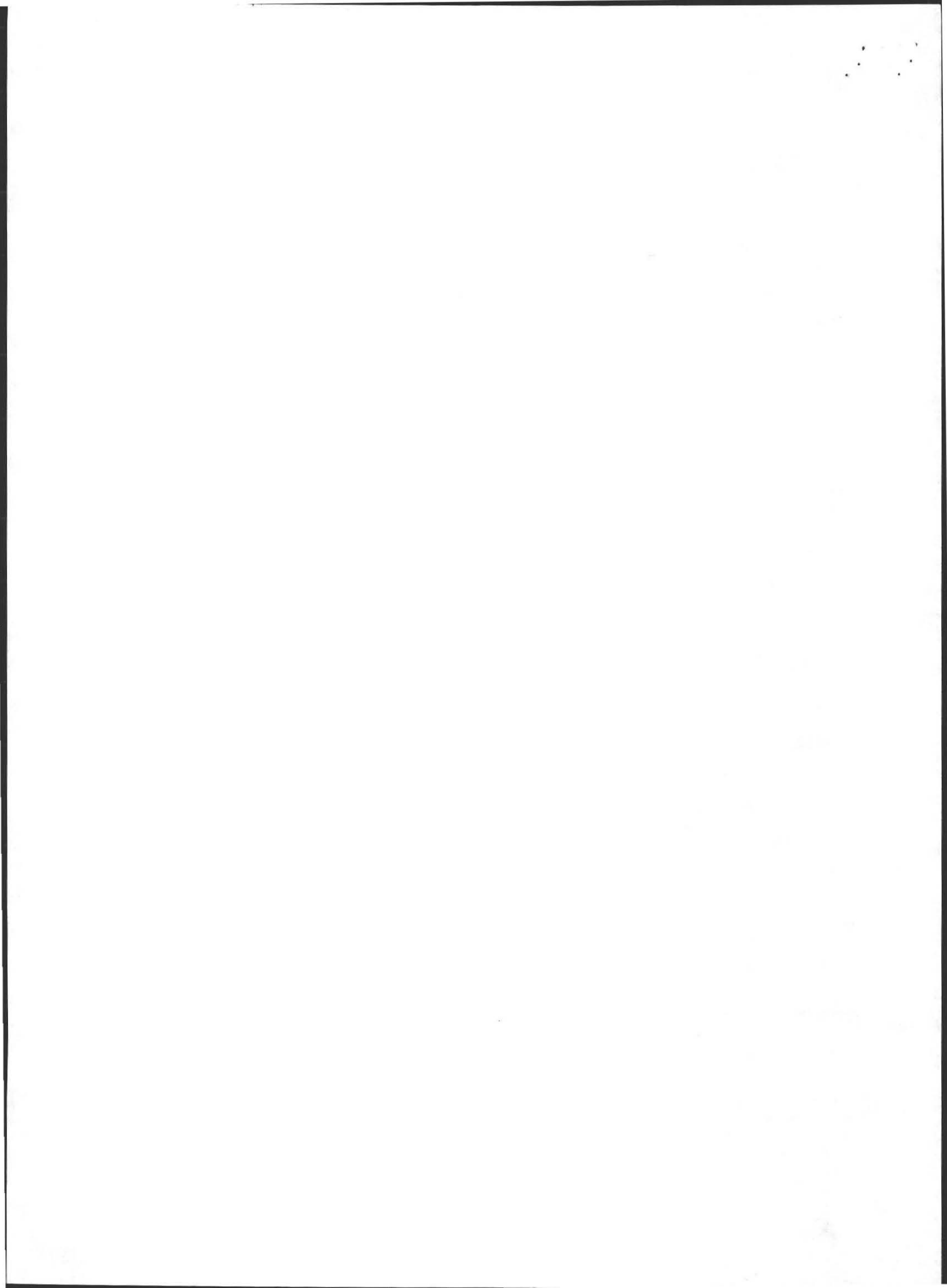
... APPROPRIATE DETERMINATIONS...

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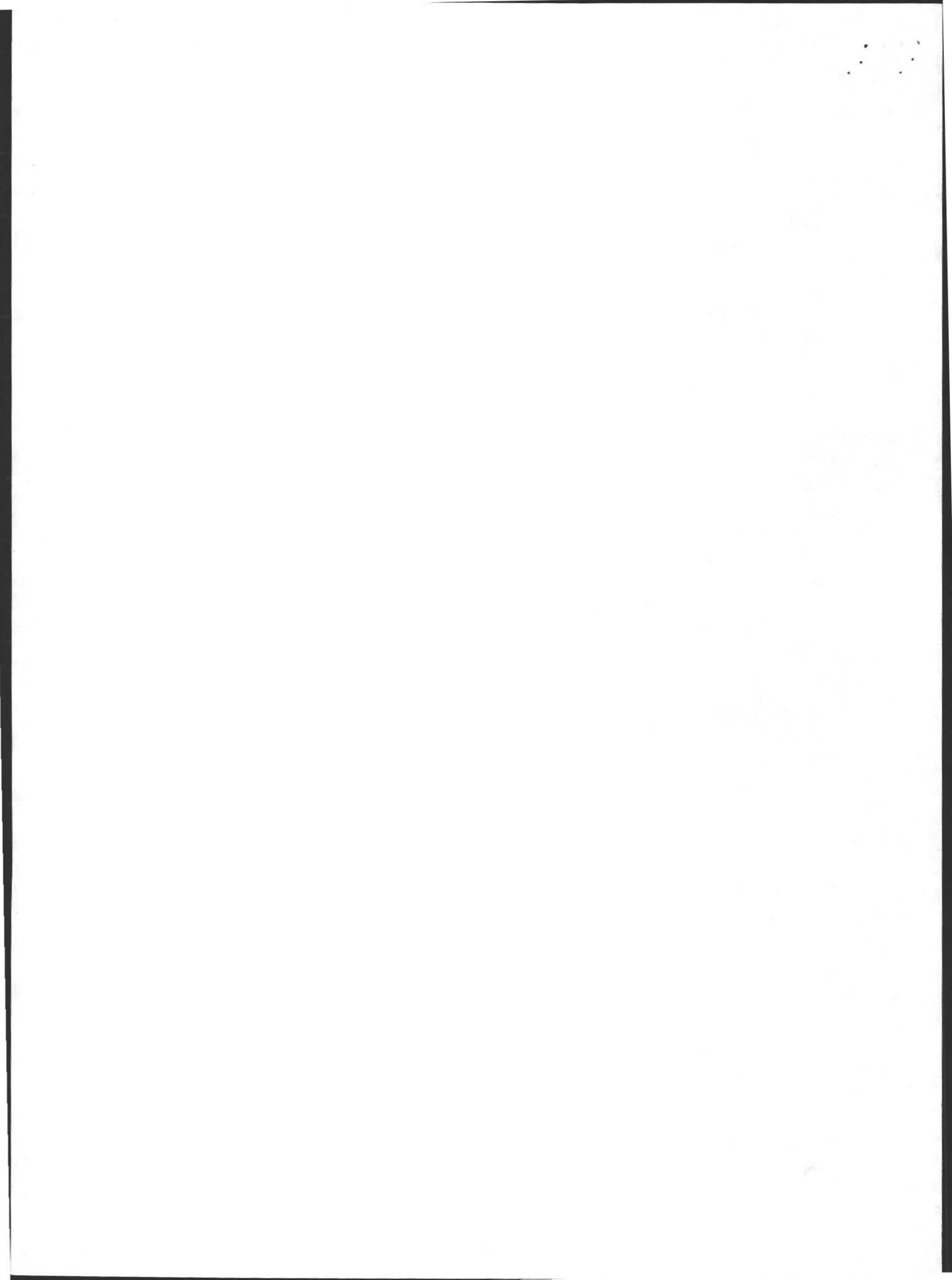
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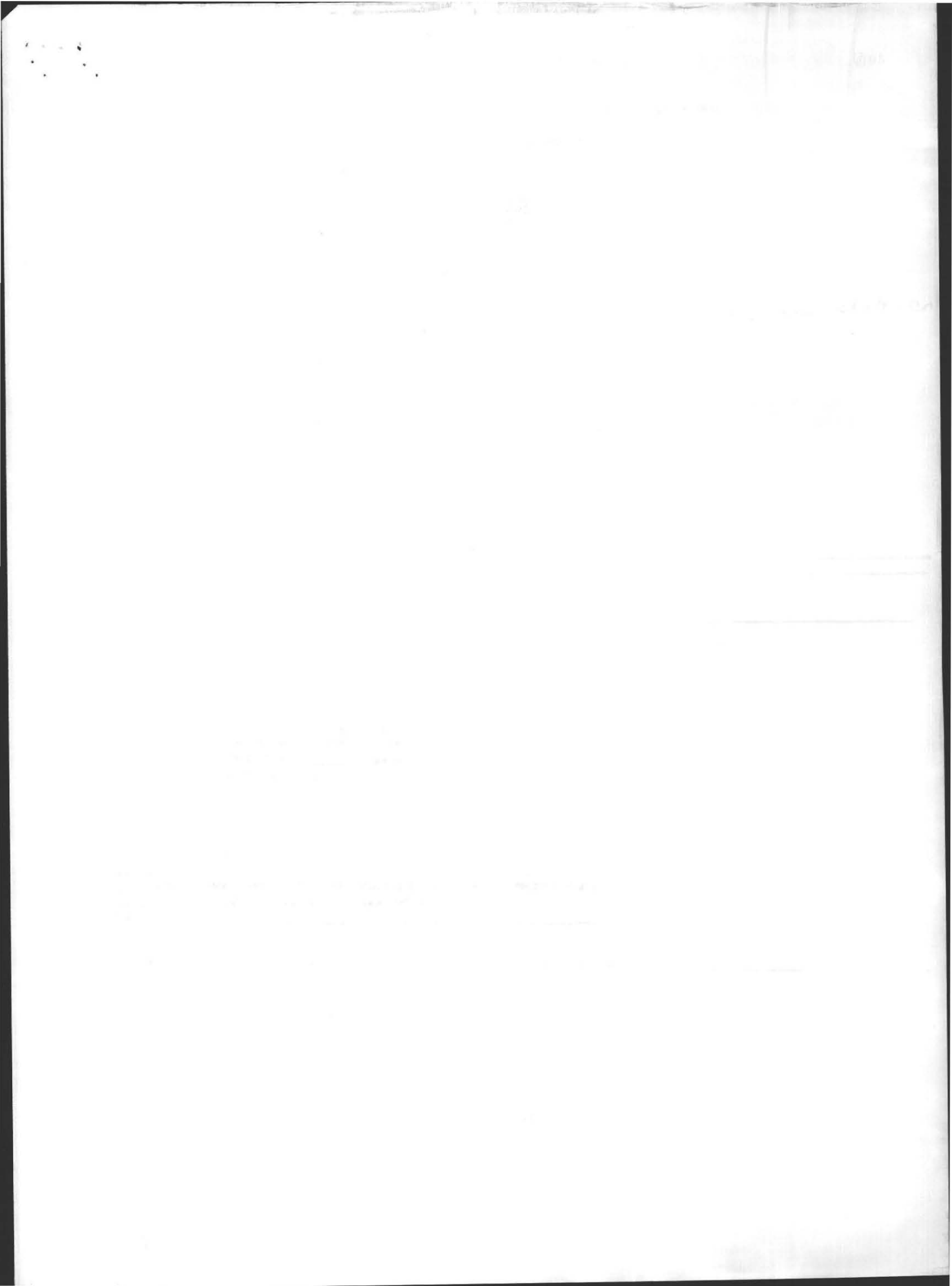
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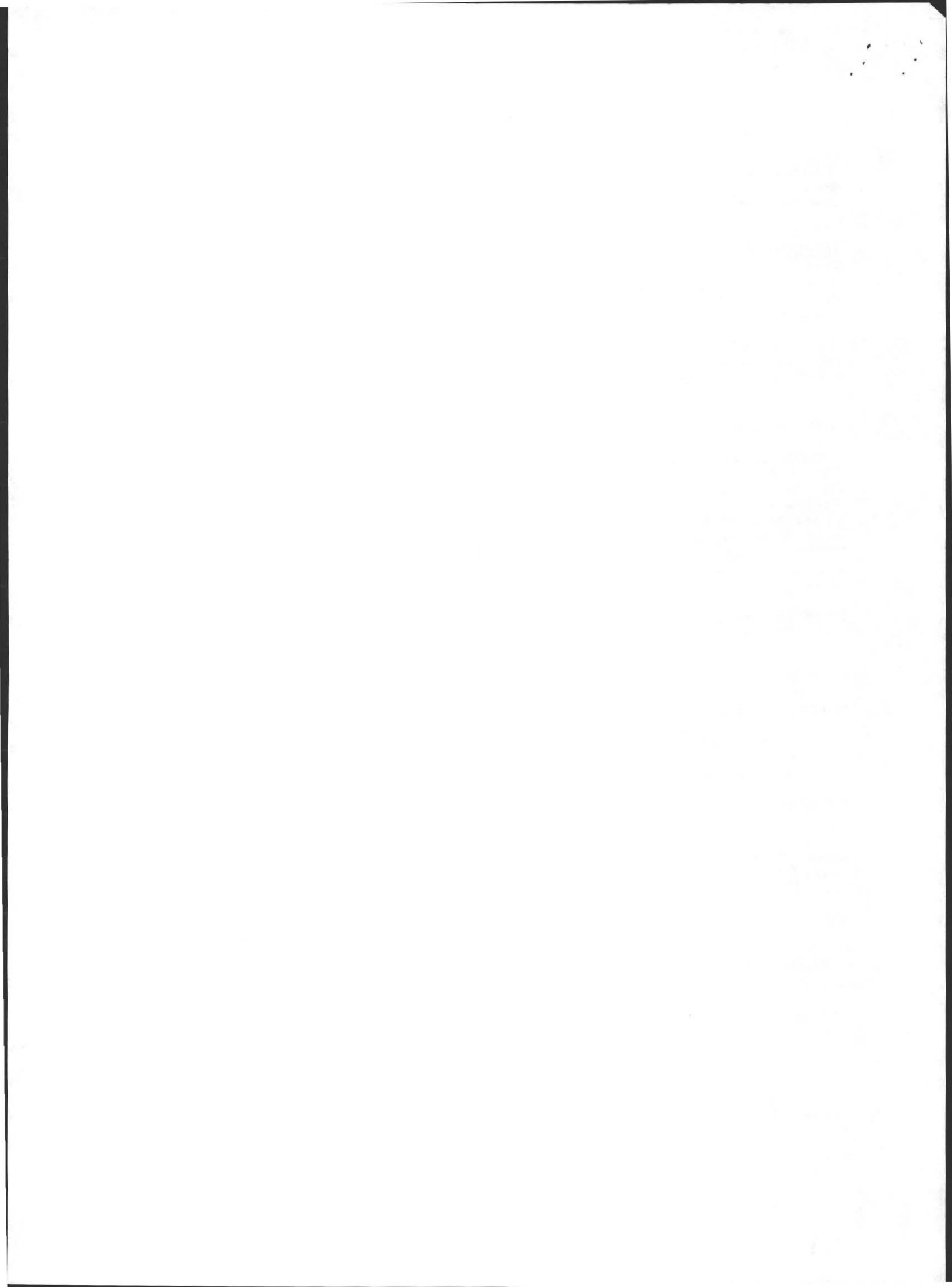
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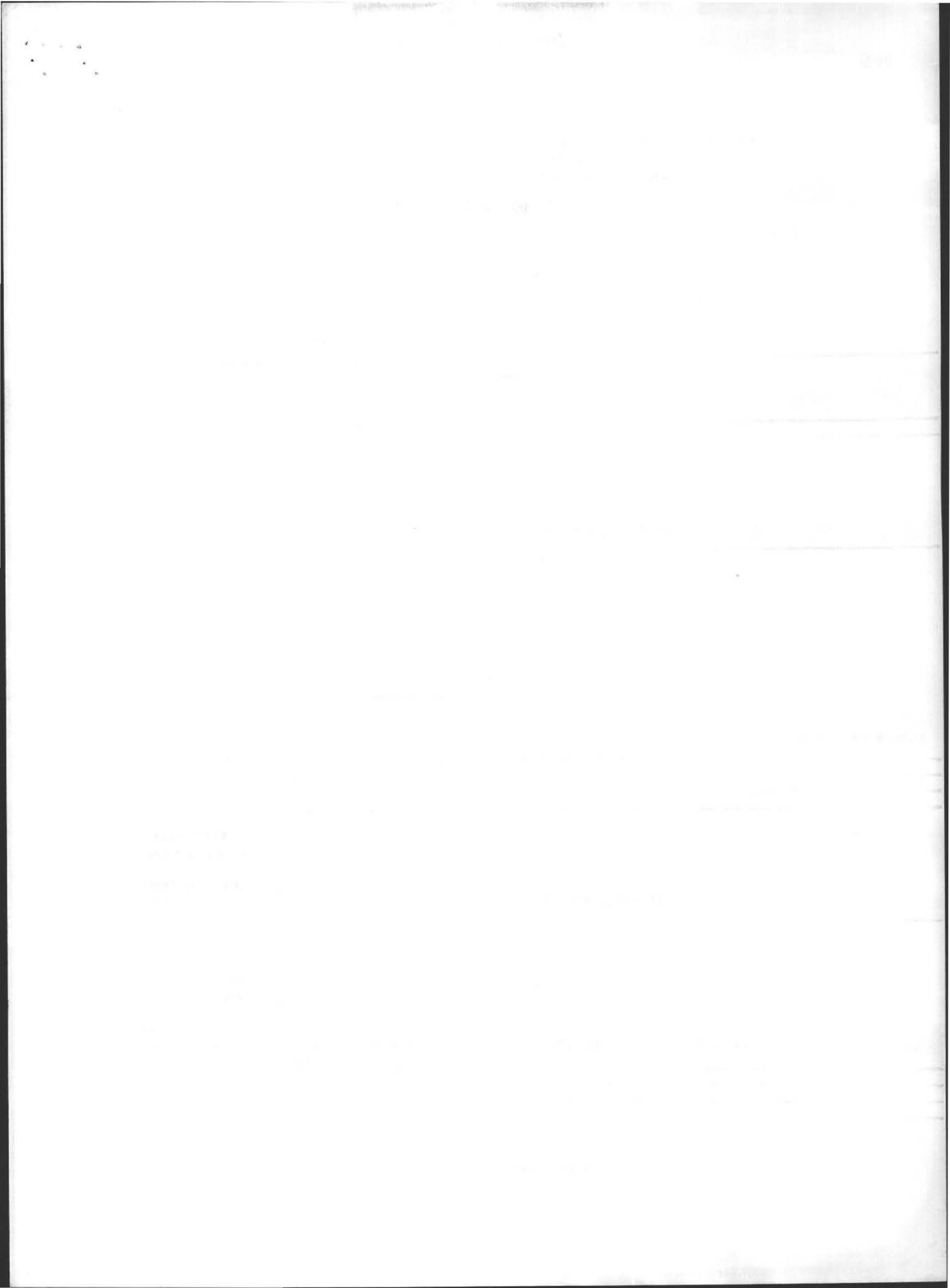
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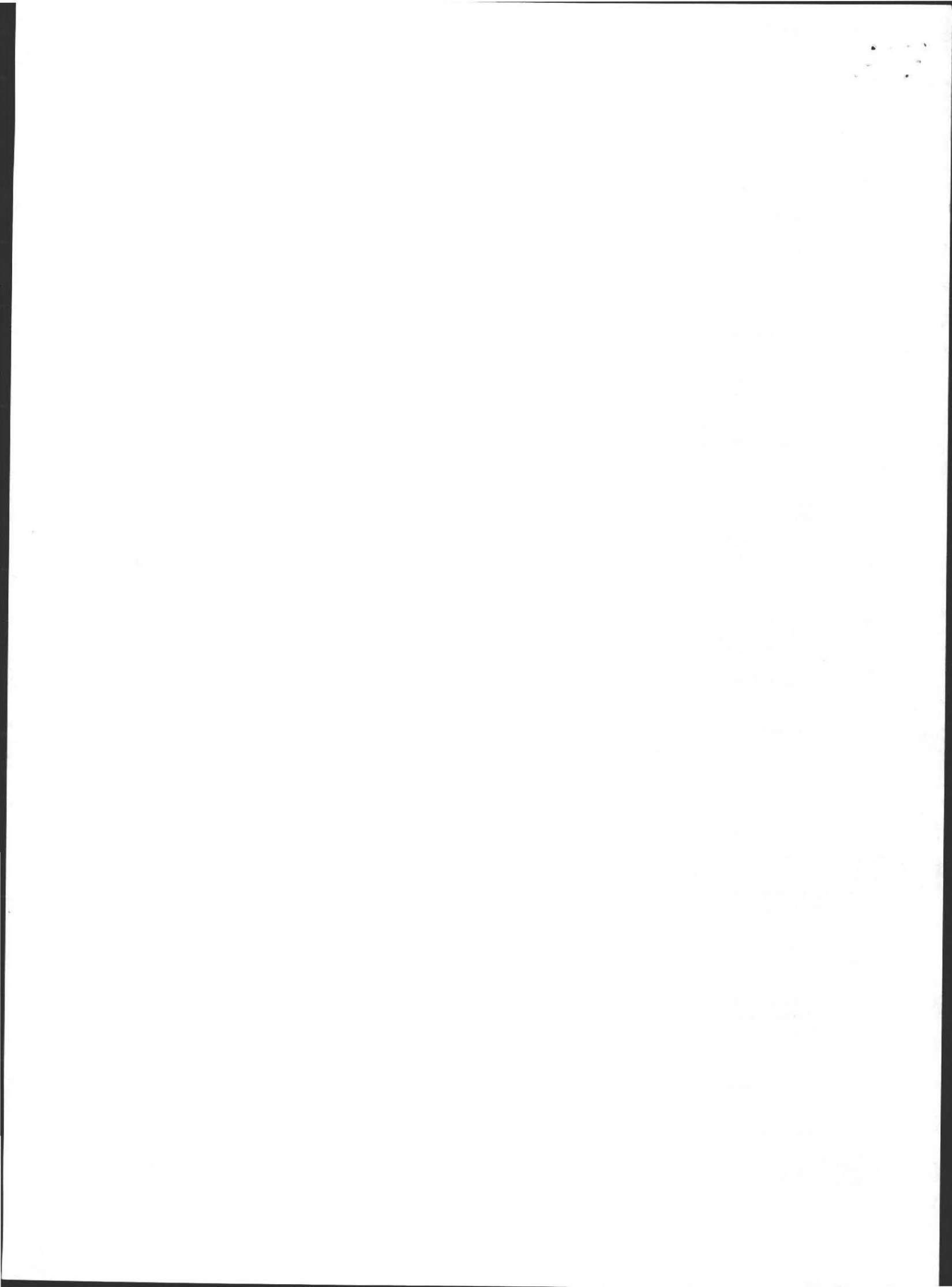
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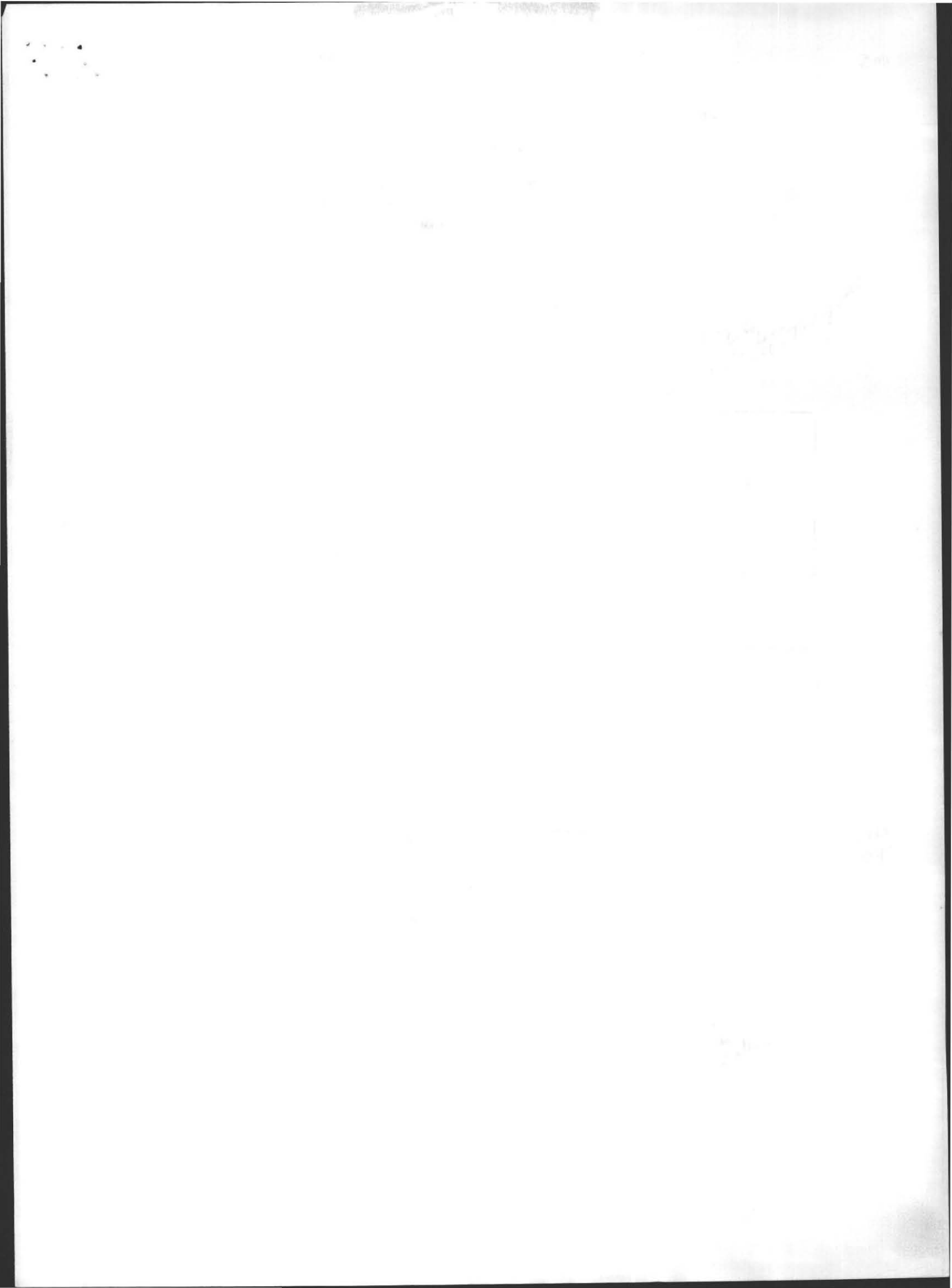
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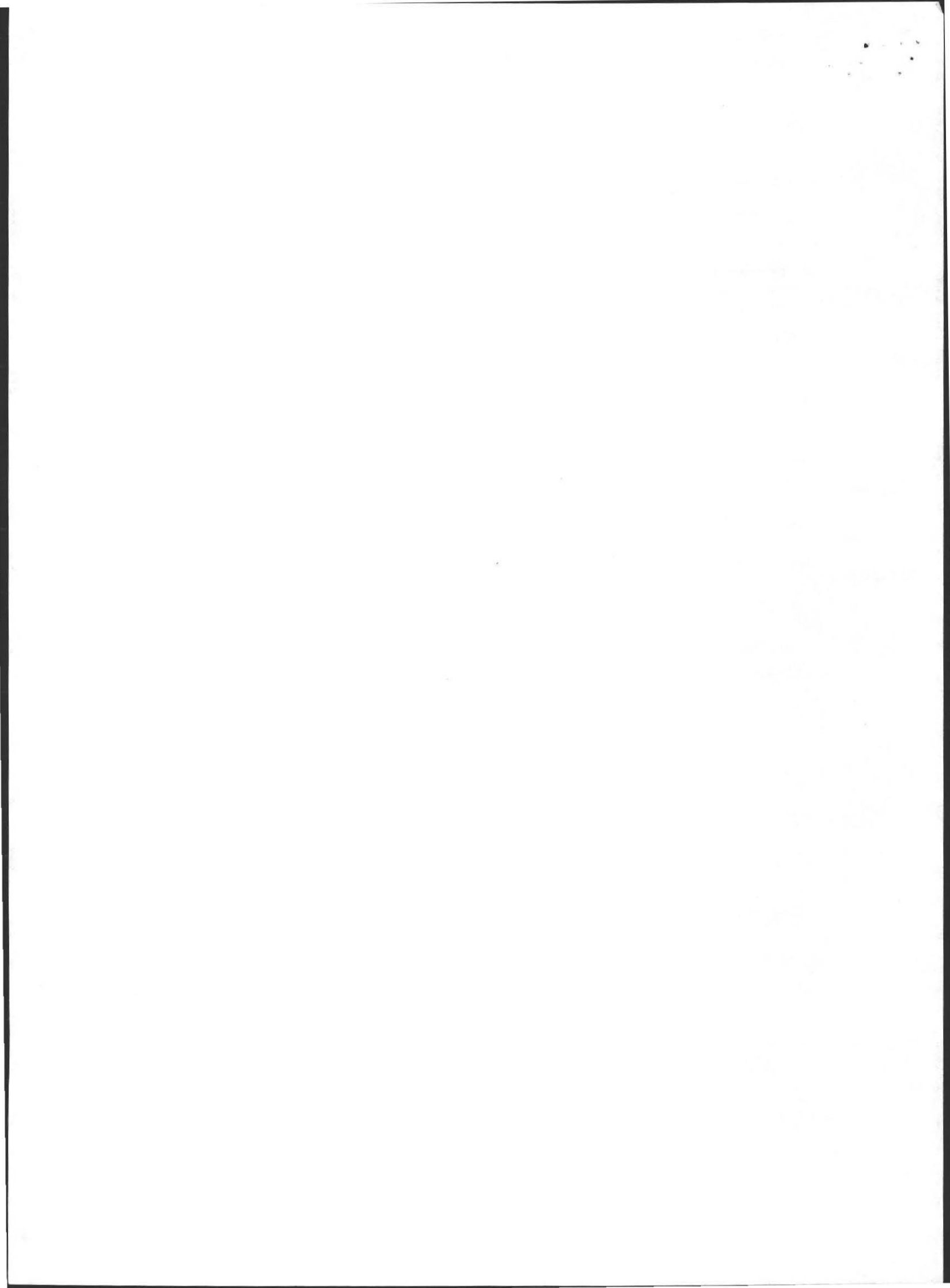
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#64



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON, MA 02108-6112

WILLIAM F. BLO
Governor
ARCEO PAUL DELUCCHI
Lt. Governor

TRUDY CO...
DAVIDS L...
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: 24 North Park Rd, Foxfield Address of Owner: _____
Date of Inspection: 4/1/98 (If different) _____
Name of Inspector: Casey Russell
I am a DEP approved water inspector pursuant to Section 15.040 of Title 8 (310 CMR 15.000).
Company Name: Approvable Home and Service Inspections Inc.
Mailing Address: 122 N. Elm St. Westfield, Ma. 01085
Telephone Number: 413-555-4289

CERTIFICATION STATEMENT

I certify that the above described sewage disposal system at the address and the information reported herein is true, accurate and complete to the best of my knowledge. The inspection was performed based on my training and experience in the proper installation, maintenance and operation of the sewage disposal system. The system:

- Pass
- Conditional Pass
- Needs Further Evaluation or is in need of Repairing Attention
- Fail

Inspector's Signature: Casey Russell Date: 4/1/98

The Inspector shall submit a copy of this inspection report to the Approving Authority within 30 days of completing the inspection. The system is a shared system or the system is 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 submitted to the Board of Health and the approving authority.

INSPECTION COMMENTS: Check A, B, C or D

SAS system at 24' from well. Water tank SAS presumably closed for inspection. Additionally, D box needs replacement.

A) SYSTEM PASSES

I have not found any information which indicates that the system violates any of the rules or orders as defined in 310 CMR 15.000. Any failure criteria not evaluated are indicated below.

COMMENTS: _____

B) SYSTEM CONDITIONALLY PASSES

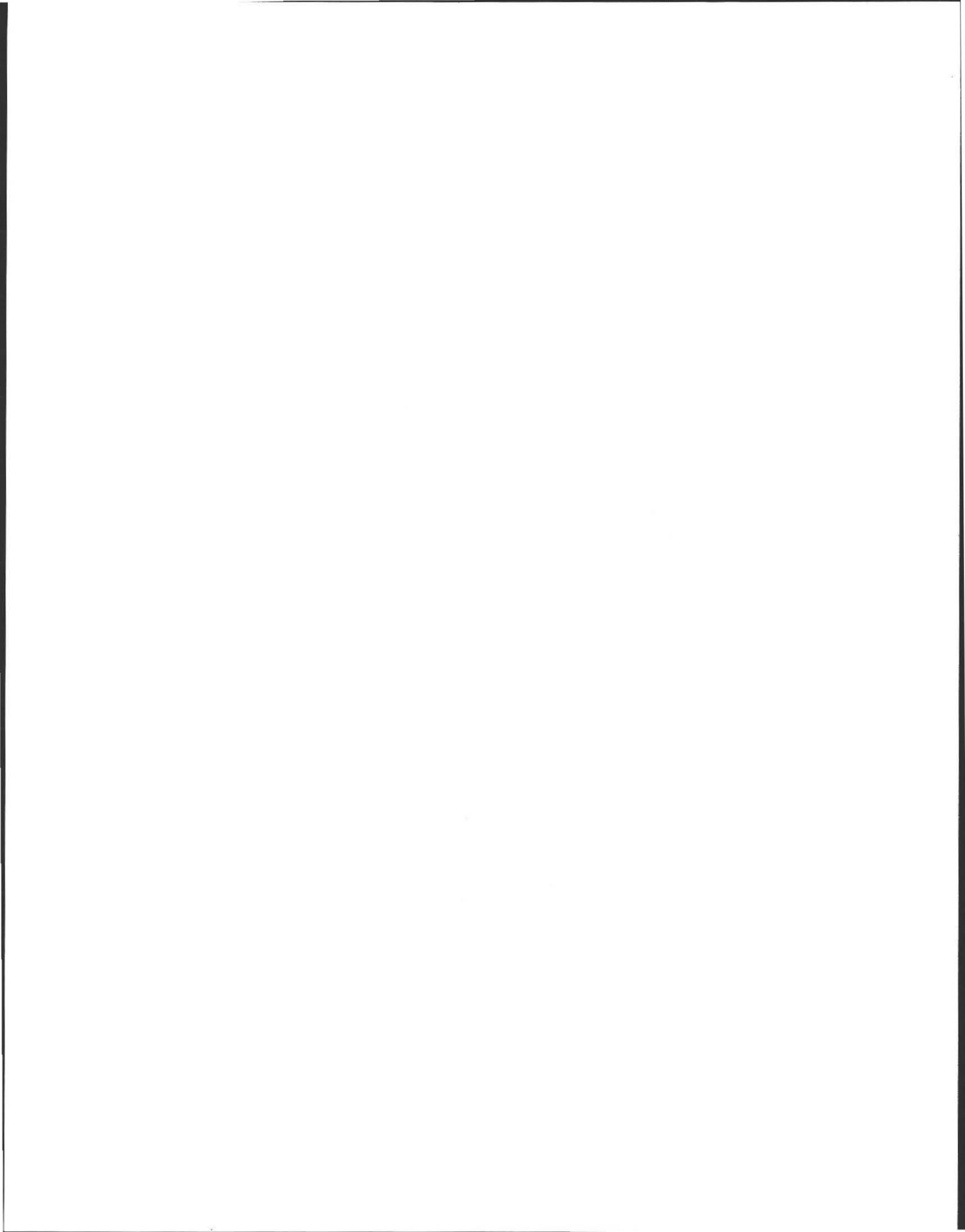
One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system will pass upon completion of the replacement or repair, as approved by the Board of Health, and pass.

Inspection was not performed if N or ND. Describe basis of determination, with references, if not performed, explain why not. The septic tank (sinks) unless the owner or operator has provided the system inspector with a copy of a Certificate of Inspection (attached) indicating that the tank was installed within twenty (20) years of the date of the inspection, or the septic tank, whether or not new, is cracked, structurally weakened, or in substantial need of or suffering from, or has (before or otherwise) failed. The system will pass inspection if the existing septic tank is replaced with a conforming new unit, as approved by the Board of Health.

Inspected on: _____

W. W. / b. h. H

4/16/98
D Box has installed



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A

CERTIFICATION (continued)

Fall, Paula Drake

Property Address: *601 High Street Rd, Huntwell*

Owner:

Date of inspection: *1/17/88*

B. SYSTEM CONDITIONALLY PASSES (continued)

- Sewage backup or overflow or high static water level observed in the distribution pipe 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 Board of Health. Describe observations:
 - broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is leveled or replaced
- The system requires pumping more than once 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 public health, safety, and the environment.

D. 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.

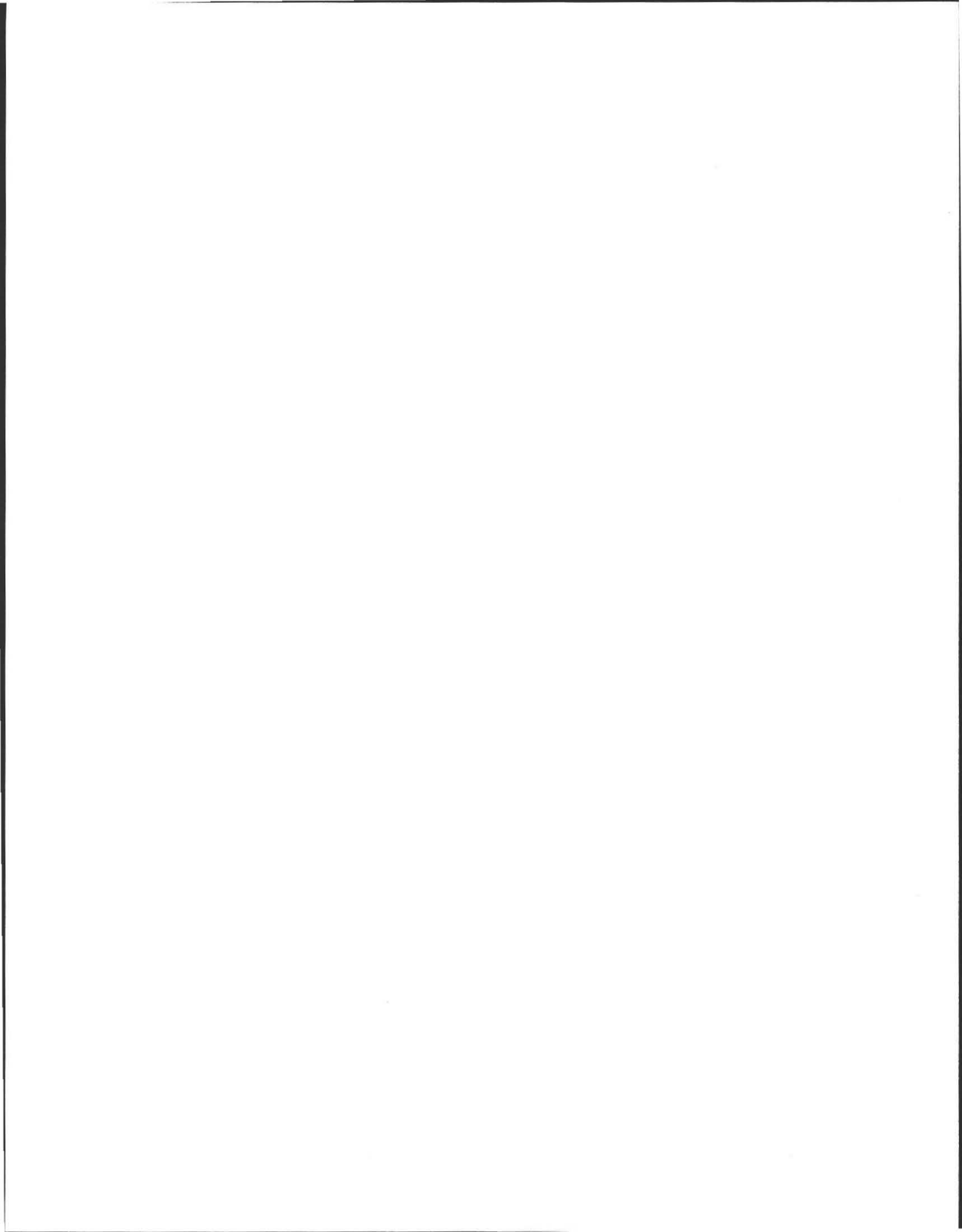
- Disposal or pipe is within 50 feet of a surface water.
- Disposal or pipe is within 50 feet of a bordering vegetative material or a tall lawn.

E. SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH AND PUBLIC WATER SUPPLIER (IF APPROPRIATE) DETERMINES THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE 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 to a surface water supply.
- The system has a septic tank and soil absorption system and the SAS is within a Zone II of a public water supply well.
- The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and soil absorption system and the SAS 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 compound indicates the well is free from pollution from this facility and the presence of ammonia nitrogen and nitrate nitrogen is equal less than 5 ppm. Method used to determine distance: _____ (approximation not valid)

F. OTHER

Please note system is not properly above ground. It is located in ground.



WASTEWATER TREATMENT SYSTEMS
DESIGN, INSTALLATION AND OPERATION MANUAL
PART 1
CERTIFICATION

Project Name: Franklin Park, Illinois

Owner: Franklin Park, Illinois

Date of Issuance: 8/25/88

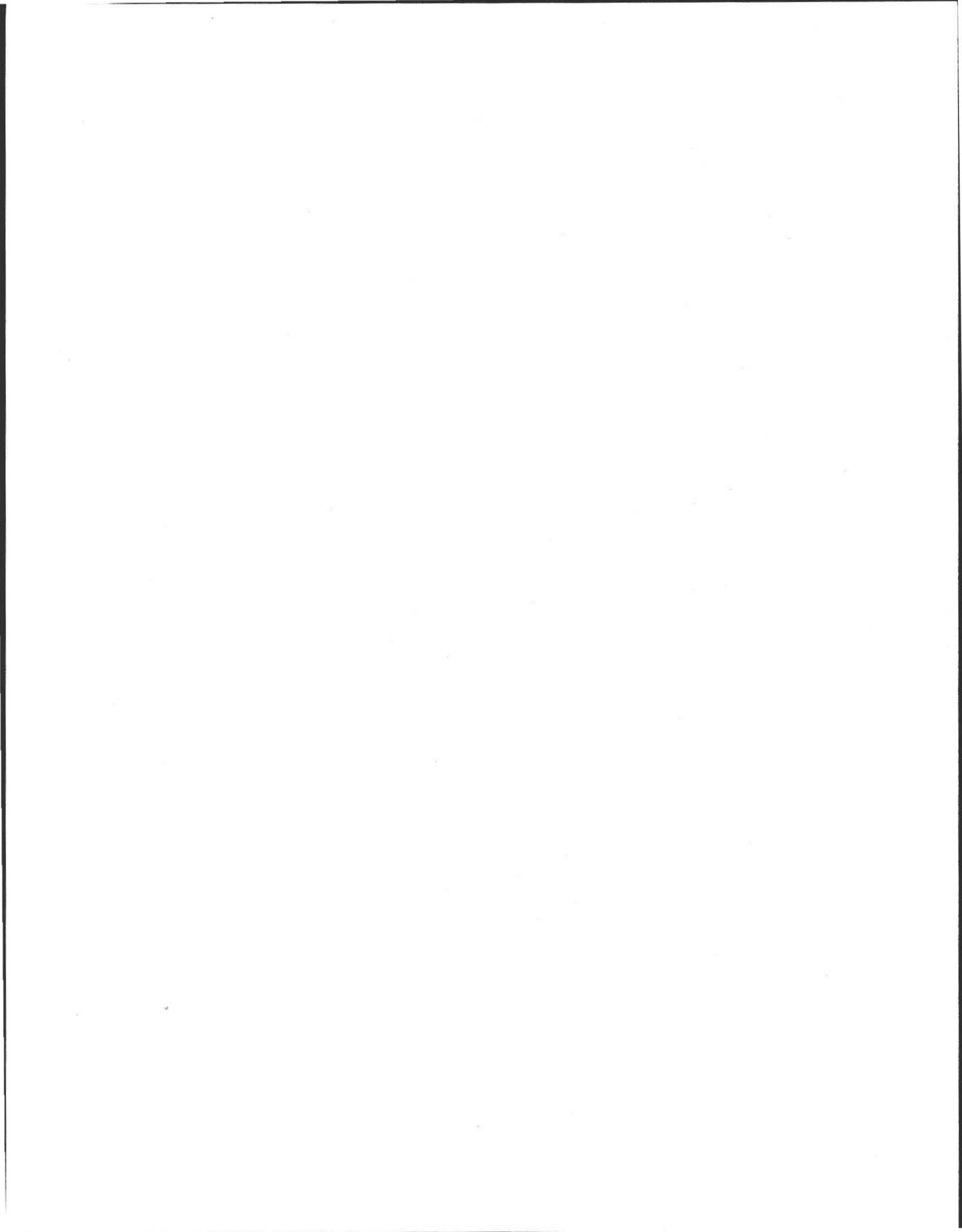
1.0 SYSTEM ARI

The following information is provided for the design of the system. It is the responsibility of the engineer to determine the design of the system. The Board of Health shall be contacted if there are any changes that will be necessary to correct the plans.

- 1.1 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.2 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.3 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.4 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.5 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.6 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.7 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.8 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.9 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- 1.10 The system shall be designed to handle a maximum flow of 100 gpd per person per day.

2.0 CONSTRUCTION

- The following information is provided for the design of the system. It is the responsibility of the engineer to determine the design of the system. The Board of Health shall be contacted if there are any changes that will be necessary to correct the plans.
- 2.1 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
 - 2.2 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
 - 2.3 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
 - 2.4 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
 - 2.5 The system shall be designed to handle a maximum flow of 100 gpd per person per day.
- The design of the system shall be in accordance with the Board of Health's design of the system. The design of the system shall be in accordance with the Board of Health's design of the system. The design of the system shall be in accordance with the Board of Health's design of the system. The design of the system shall be in accordance with the Board of Health's design of the system.

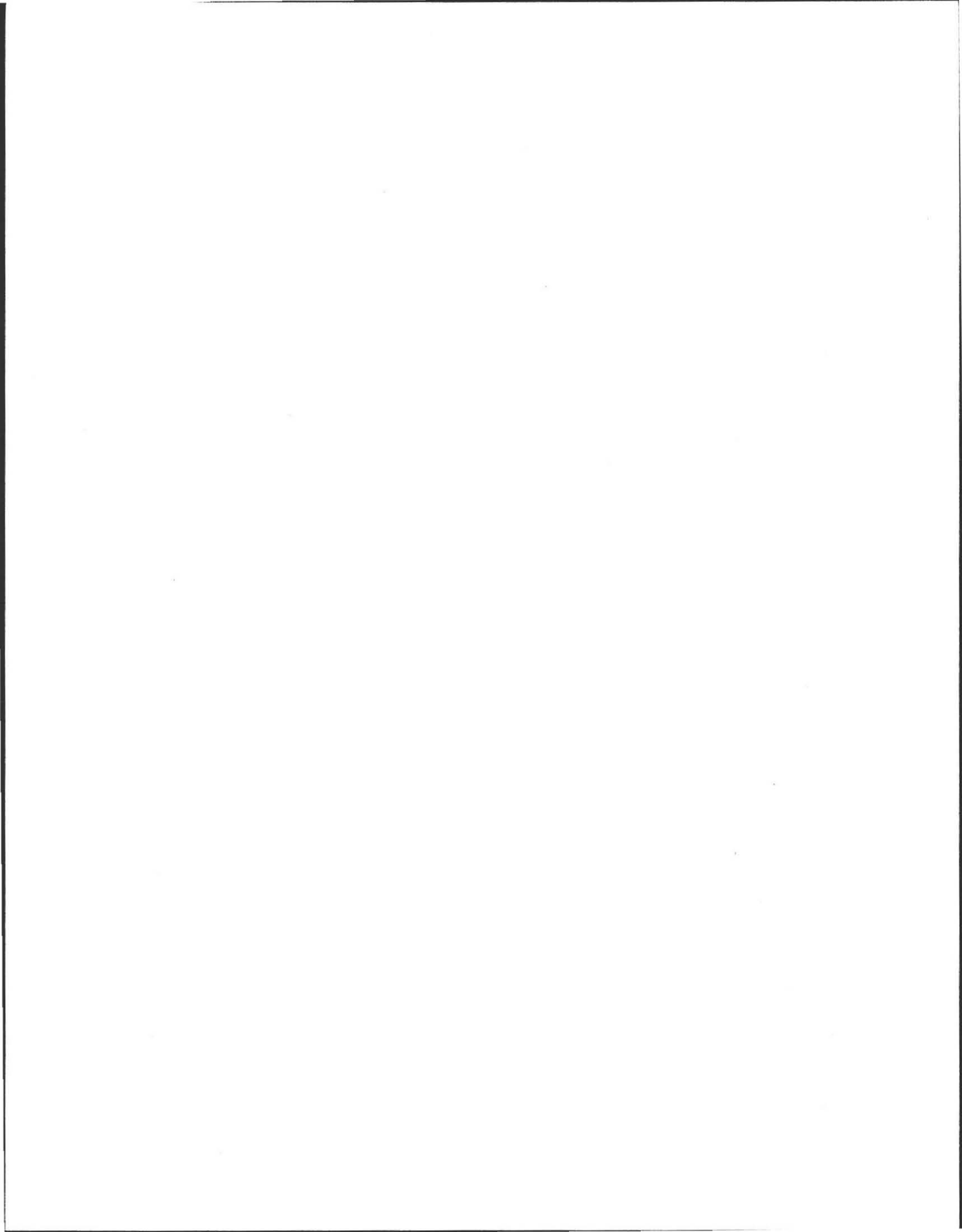


SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART 2
CHECKLIST

Project: *Trinity Point Rd, Annapolis*
 Owner: *First Federal Bank*
 Date of Inspection: *7, 2, 88*

Check that following have been done: You must indicate on the "Yes" or "No" column of the following:

- | | | |
|-------------------------------------|---|---|
| <input checked="" type="checkbox"/> | ✓ | Routing information was provided to the owner, architect, or board of health. |
| <input checked="" type="checkbox"/> | ✓ | Name of the system components have been supplied to all who will erect and the system has been installed within 1 year after during the permit. Large volumes of water have not been introduced into the system since its installation. |
| <input checked="" type="checkbox"/> | ✓ | All design has been done and installed, flow lines are not a solid line. |
| <input checked="" type="checkbox"/> | ✓ | The system does not interfere with adjacent property. |
| <input checked="" type="checkbox"/> | ✓ | The system does not interfere with adjacent property. |
| <input checked="" type="checkbox"/> | ✓ | The system does not interfere with adjacent property. |
| <input checked="" type="checkbox"/> | ✓ | The system does not interfere with adjacent property. |
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| <input checked="" type="checkbox"/> | ✓ | The system does not interfere with adjacent property. |
| <input checked="" type="checkbox"/> | ✓ | The system does not interfere with adjacent property. |
| <input checked="" type="checkbox"/> | ✓ | The system does not interfere with adjacent property. |



RECREATION STORAGE SYSTEM INSPECTION FORM
PAGE 2

SYSTEM INFORMATION

Address: 24 Wood St. No. 100

City: San Francisco

Date of inspection: 1/15/84

FLOW CONDITIONS

INLET

Design flow: 1.5 g.p.m. (indicate in chart)

Number of bedrooms: 1

Number of bathrooms: 1

Capacity of sewer lines: 1/2"

Location connected to sewer lines: Basement, down from kitchen to system

Secondary use: yes (indicate in chart)

Septic tank: no (indicate in chart)

Septic Pump: no (indicate in chart)

Sanitary: yes

OUTLET

Type of outlet: sewer

Design flow: 1.5 g.p.m.

Capacity: yes (indicate in chart)

Location: Basement, down from kitchen

Capacity: yes (indicate in chart)

Capacity: yes (indicate in chart)

Capacity: yes (indicate in chart)

Capacity: yes (indicate in chart)

Capacity: yes (indicate in chart)

GENERAL INFORMATION

Permitted records: yes (indicate in chart)

1.5 g.p.m. design flow, 1/2" capacity, R.P.

Design flow: 1.5 g.p.m. (indicate in chart)

Capacity: yes (indicate in chart)

Capacity: yes (indicate in chart)

TYPE OF SYSTEM

Single family residence: yes

Single residence: yes

Overlook: no

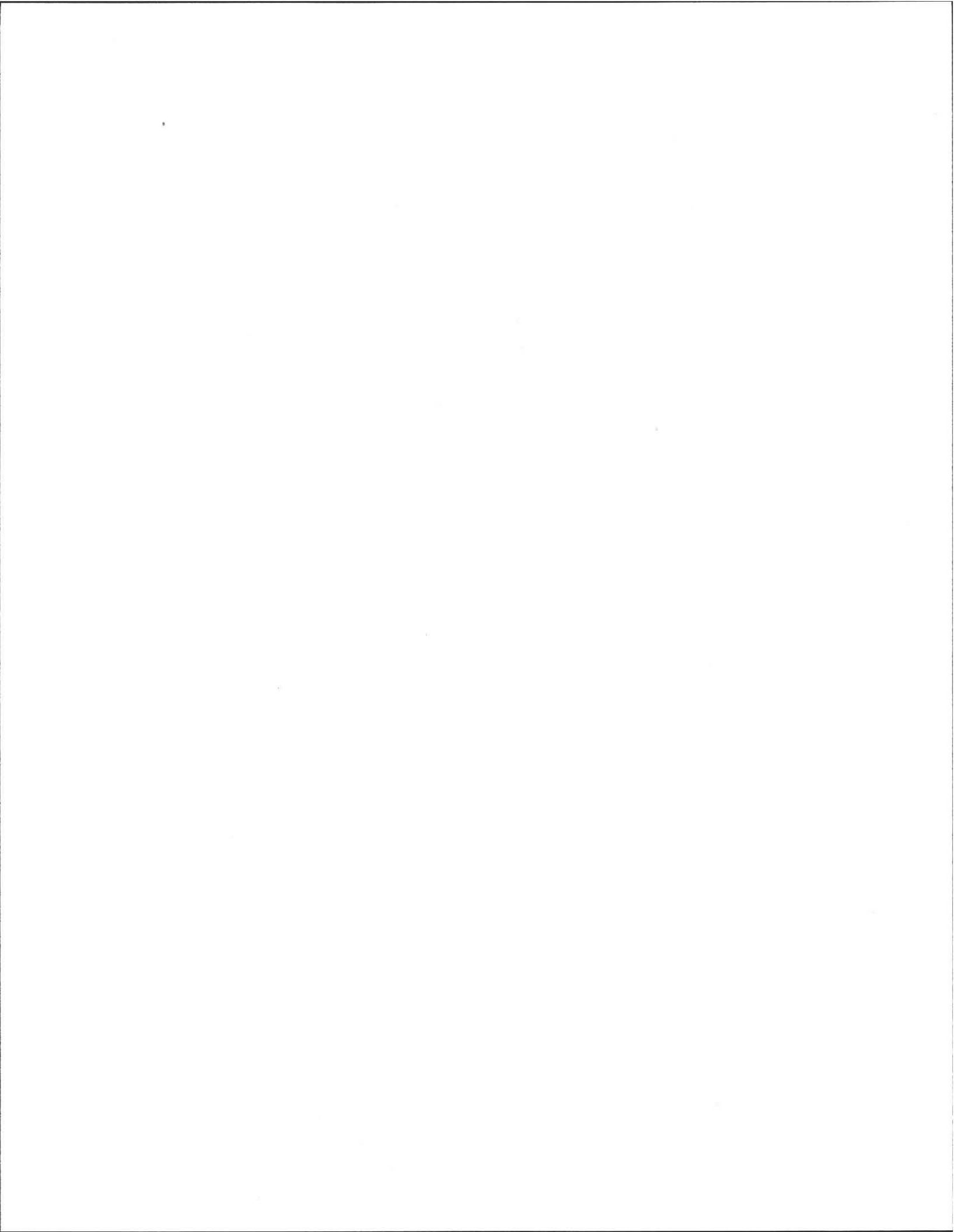
Other: no

Shared system: no (indicate previous records if any)

PA Technology Inc. List of pipe size covered: 1/2"

APPROXIMATE AGE of all components, date installed if known and source of information

Design flow: 1.5 g.p.m. (indicate in chart)



SLURRY WALL SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM NO. DEMONSTRATION CONTINUED

Property Address: 4414 East 1st Ave, Anchorage, AK
Owner: John P. Smith
Date of Inspection: 1/15/82

BUILDING FLOOR
Locate on site plan

Depth of trench: 4'
Material of construction: cast iron 40" PVC other: ext. pipe

Distance from private water supply well or public well: 10'
Comments: no evidence of leakage
no evidence of leakage

SEPTIC TANK
Locate on site plan

Depth of trench: 4'
Material of construction: concrete metal fiberglass polyethylene other: ext. pipe

Material of trench pipe: cast iron 40" PVC other: ext. pipe

Distance from top of trench to bottom of sewer line or other: 4'
Scum thickness: 0"
Distance from top of trench to top of scum: 0"
Distance from bottom of trench to bottom of scum: 0"
How dimensions were determined: by measuring

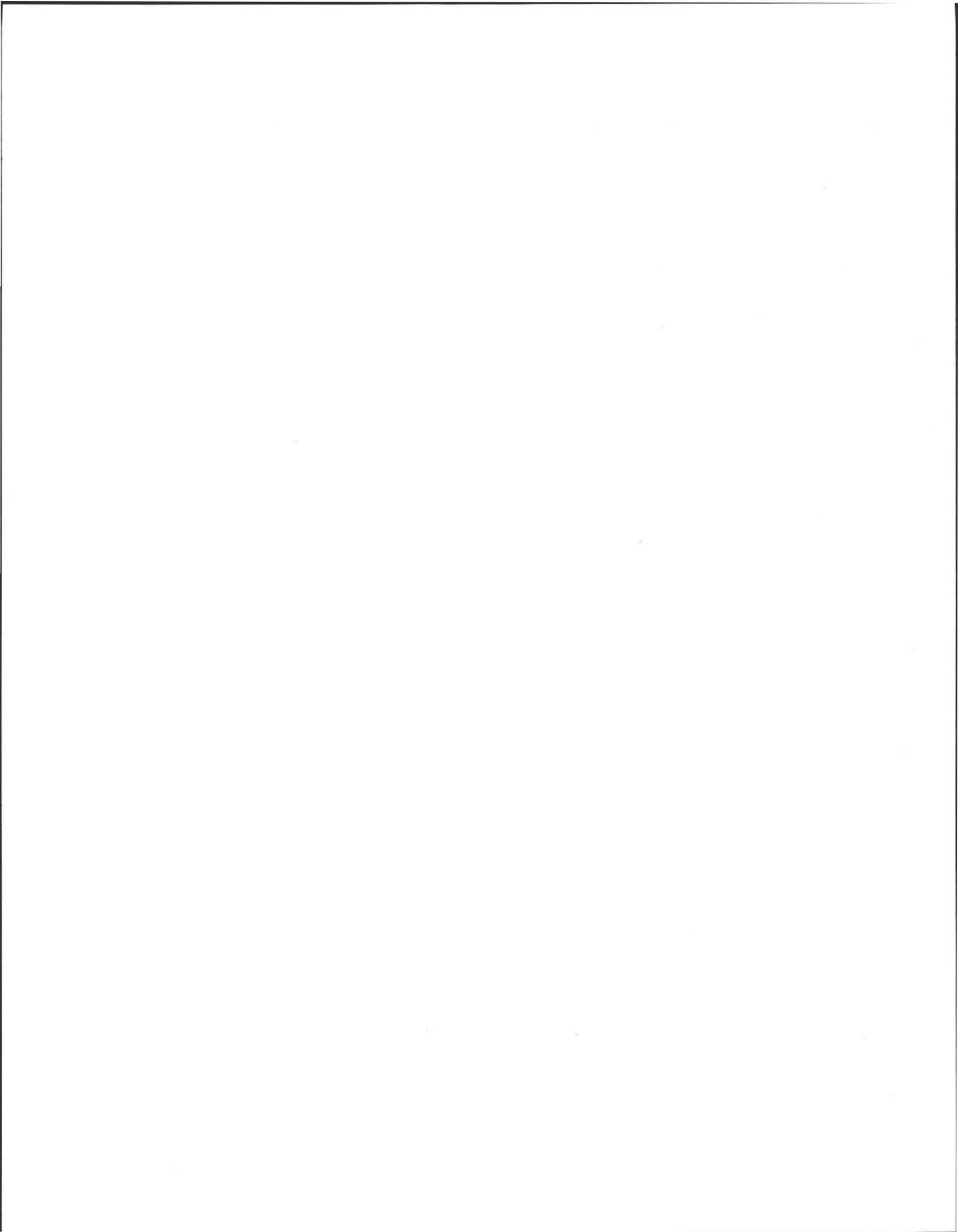
Comments: no evidence of leakage
no evidence of leakage

CASED TRENCH
Locate on site plan

Depth of trench: 4'
Material of construction: concrete metal fiberglass polyethylene other: ext. pipe

Distance from top of trench to bottom of sewer line or other: 4'
Scum thickness: 0"
Distance from top of trench to top of scum: 0"
Distance from bottom of trench to bottom of scum: 0"
How dimensions were determined: by measuring

Comments: no evidence of leakage
no evidence of leakage



SEWERAGE SYSTEM INSPECTION FORM
DATE: _____
TITLE INFORMATION CONTAINED

Project No. _____
Date: _____
Name of Inspector: _____

TYPE OF WORKING TANK _____
Name of plant _____

Capacity: _____
Material of construction: _____

Dimensions: _____
Location: _____
Depth: _____
Height: _____
Type of structure: _____
Comments: _____

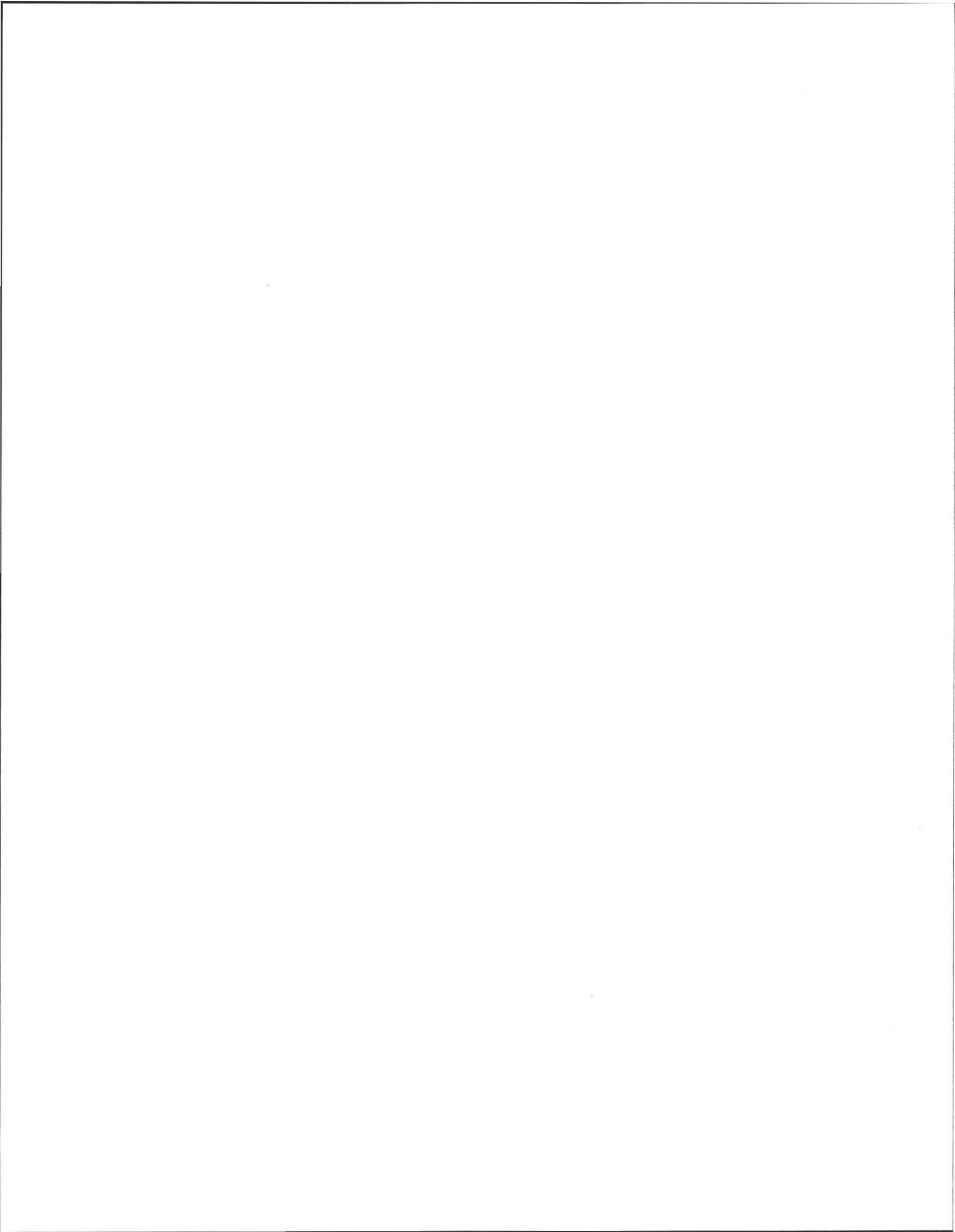
Inspected for: _____
Date of inspection: _____

Findings: _____

Comments: _____

PLANT CHARTER _____
Name of plant: _____

Capacity: _____
Material of construction: _____
Comments: _____



WASTE WATER TREATMENT PLANT
 WASTE WATER TREATMENT PLANT INSPECTION FORM
 PART 1
 SYSTEM INSPECTION INFORMATION

Plant Address: High Point, N.C.
 Owner: City of High Point
 Date of Inspection: 1/18/88

System Description: Plant
 Name of Plant: High Point Wastewater Treatment Plant

Plant No. assigned to this project: 140-101

Plant
 Working Unit Number: _____
 Working Chamber Number: _____
 Working Station Number: _____
 Working Section Number: _____
 Working Basin Number: _____
 Overflow Channel Number: _____
 Inflow Valve: _____
 Name of Structure: _____

Comments:
 Inflow collection system is in good condition. No evidence of
 structural damage or debris. Some evidence of debris on top of channel
and some evidence of pipe leaks in the ponding area.

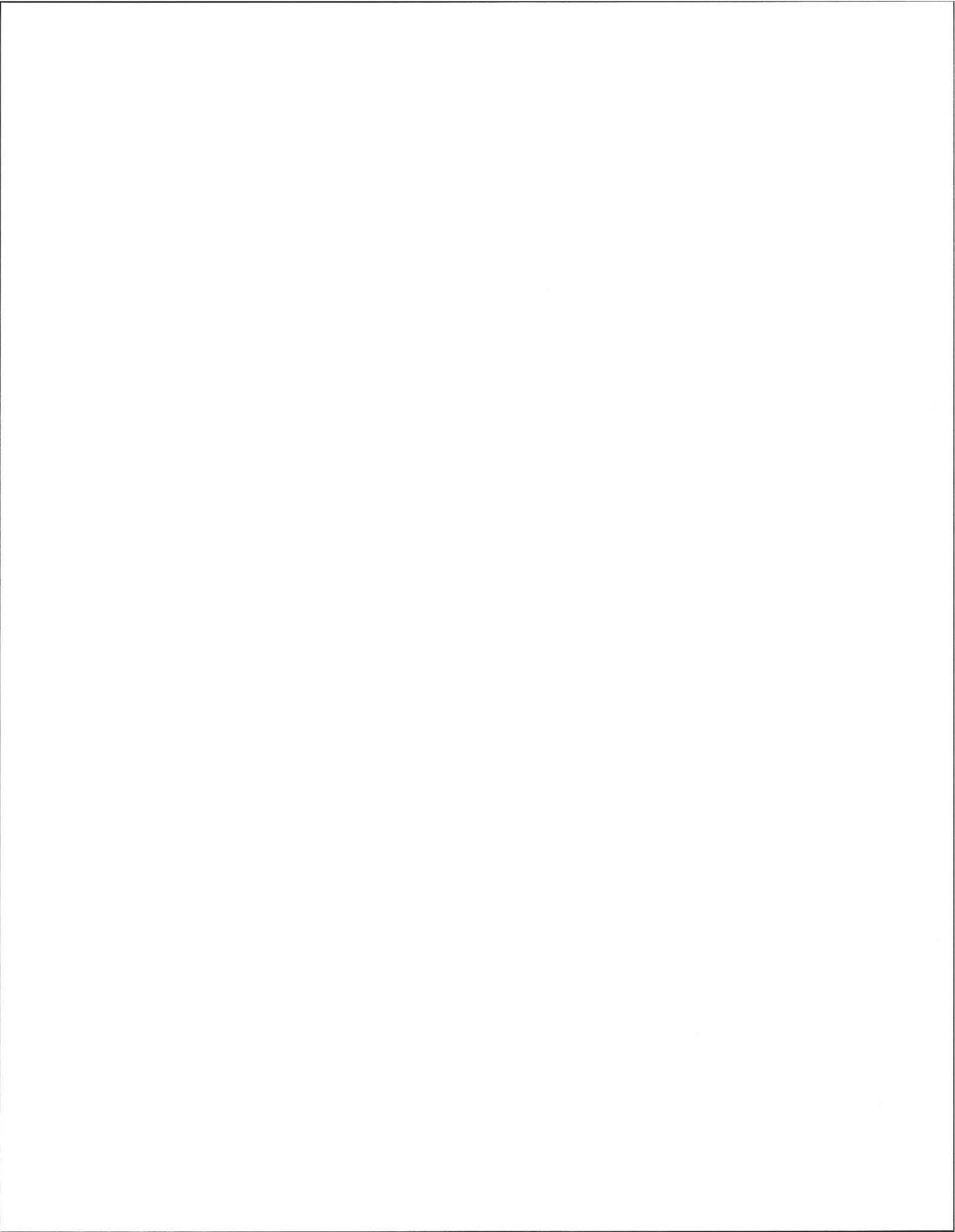
Structure:
 Name of the plant: _____
 Name and address of _____
 District of office is _____
 Section of office _____
 Division of office _____
 Name of contractor _____
 Name of contractor _____
 Name of contractor _____

Flow Station: Must be number assigned to inspection

Comments:
 No evidence of structural damage or debris. No evidence of ponding or vegetation in area.

Structure:
 Name of the plant: _____
 Name and address of _____
 District of office _____
 Section of office _____
 Division of office _____

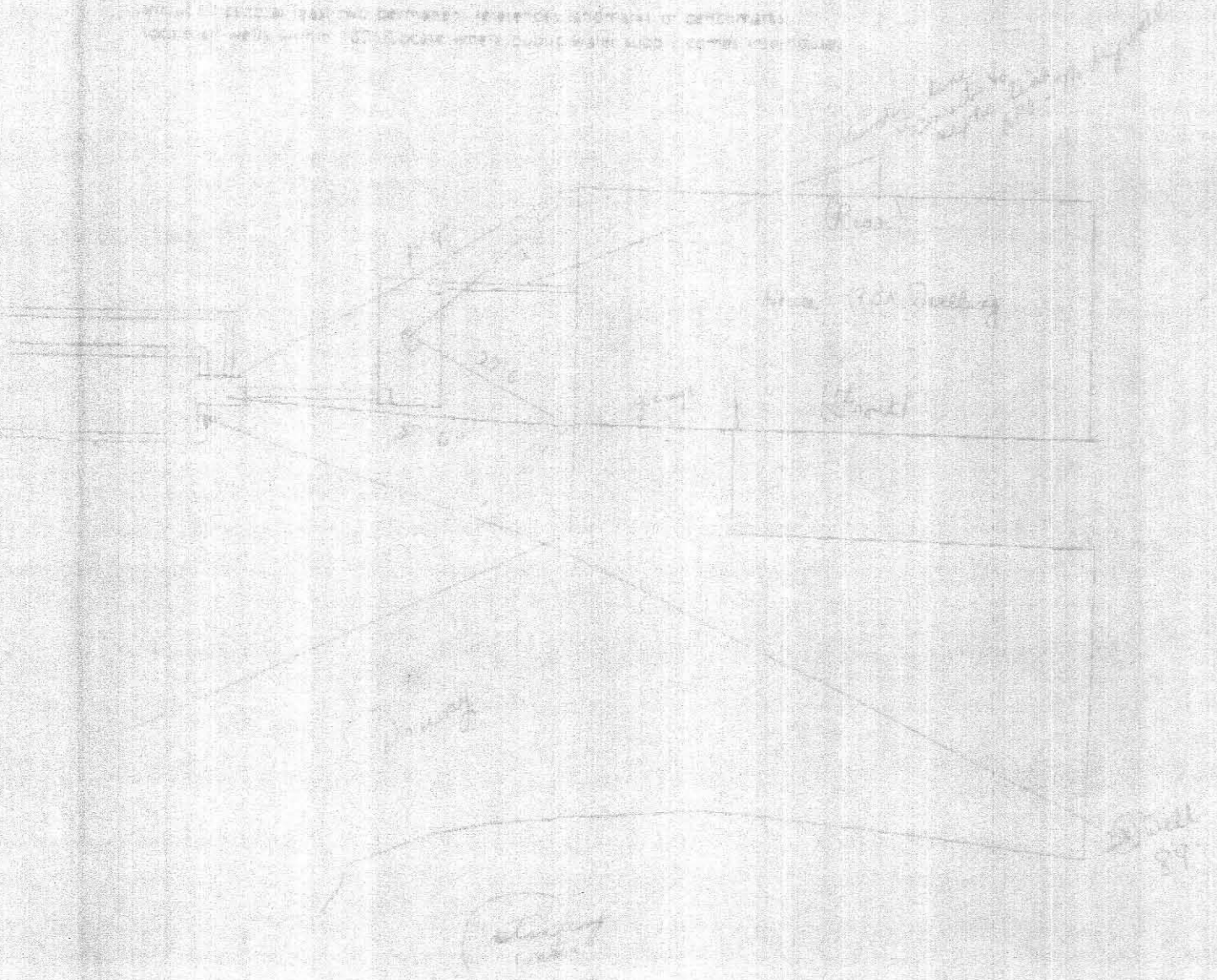
Flow Station: Must be number assigned to inspection

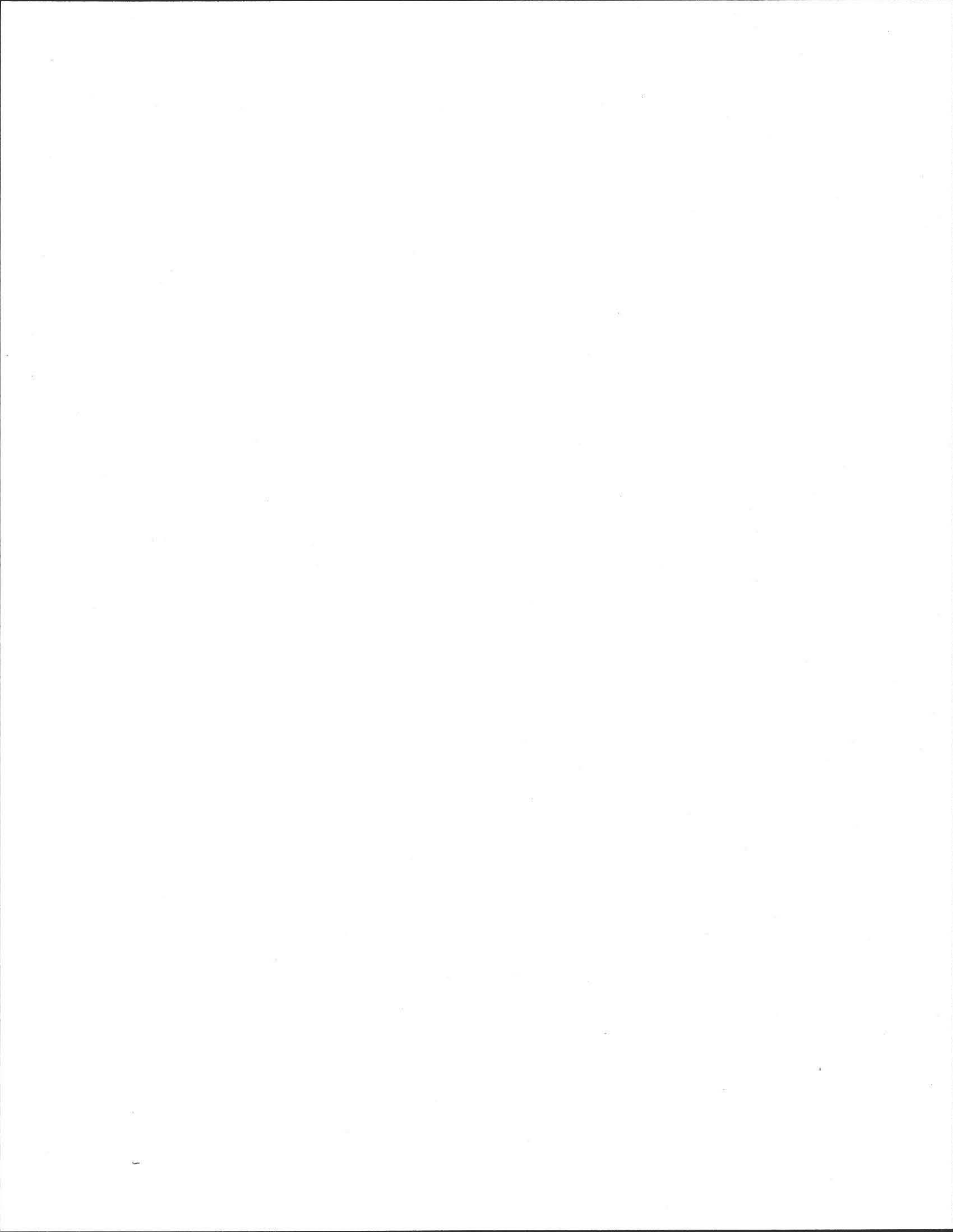


COMMERCIAL DEVELOPMENT
SURFACE IMAGE DESIGN SYSTEM PROJECTION FORM
PART 2
SYSTEM INFORMATION CONTROLS

PROJECT NO. 100-100-100-100
DATE 10/10/10
DRAWN BY [Signature]

SECTION OF IMAGE DESIGN SYSTEM
THIS SECTION IS FOR THE DESIGN OF THE SURFACE IMAGE DESIGN SYSTEM
AND IS NOT TO BE USED FOR ANY OTHER PURPOSES.



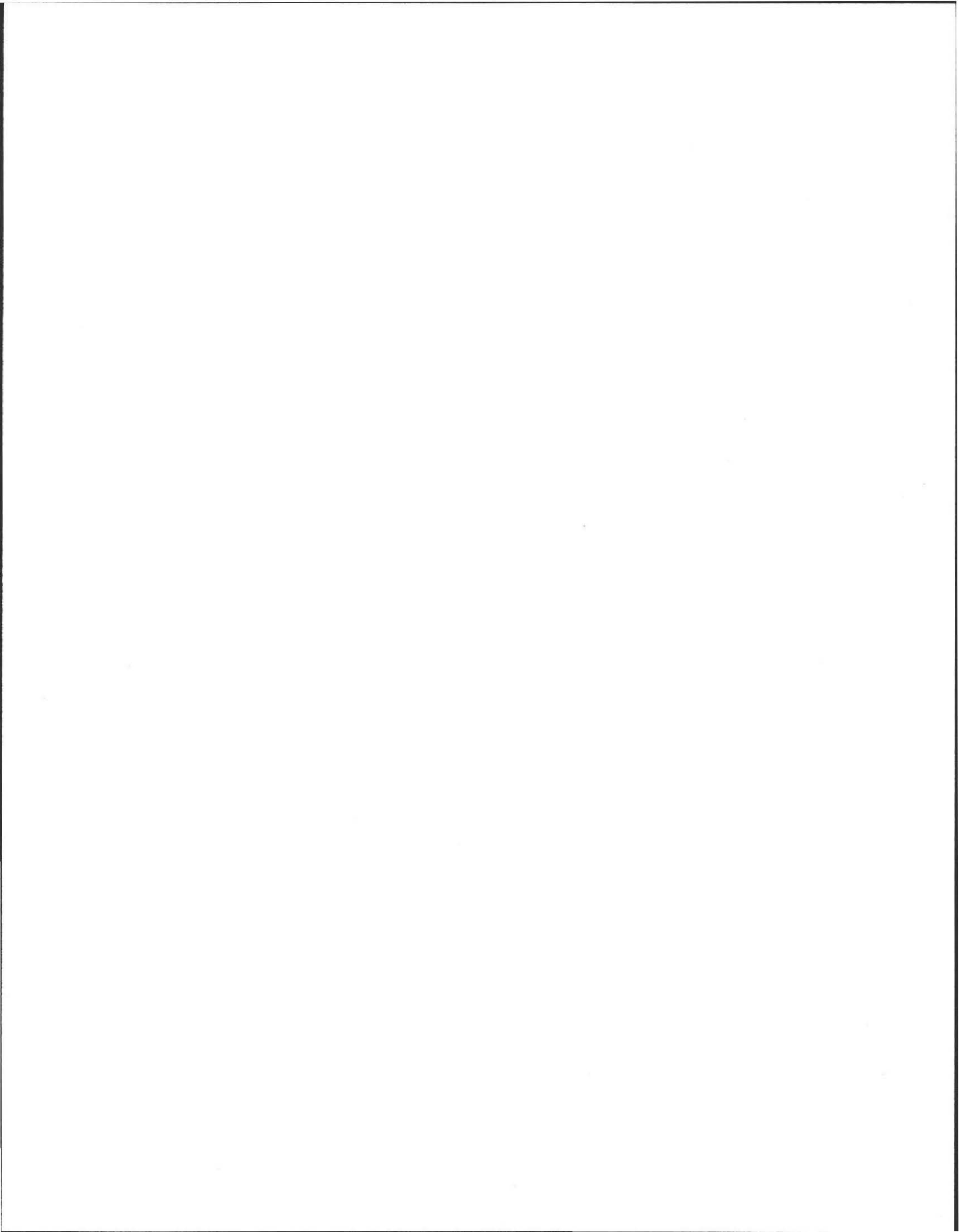


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Main body of handwritten notes, appearing as a list or series of entries, though the text is mostly illegible due to blurriness.

Bottom section of the page containing additional handwritten notes and possibly a signature or date.

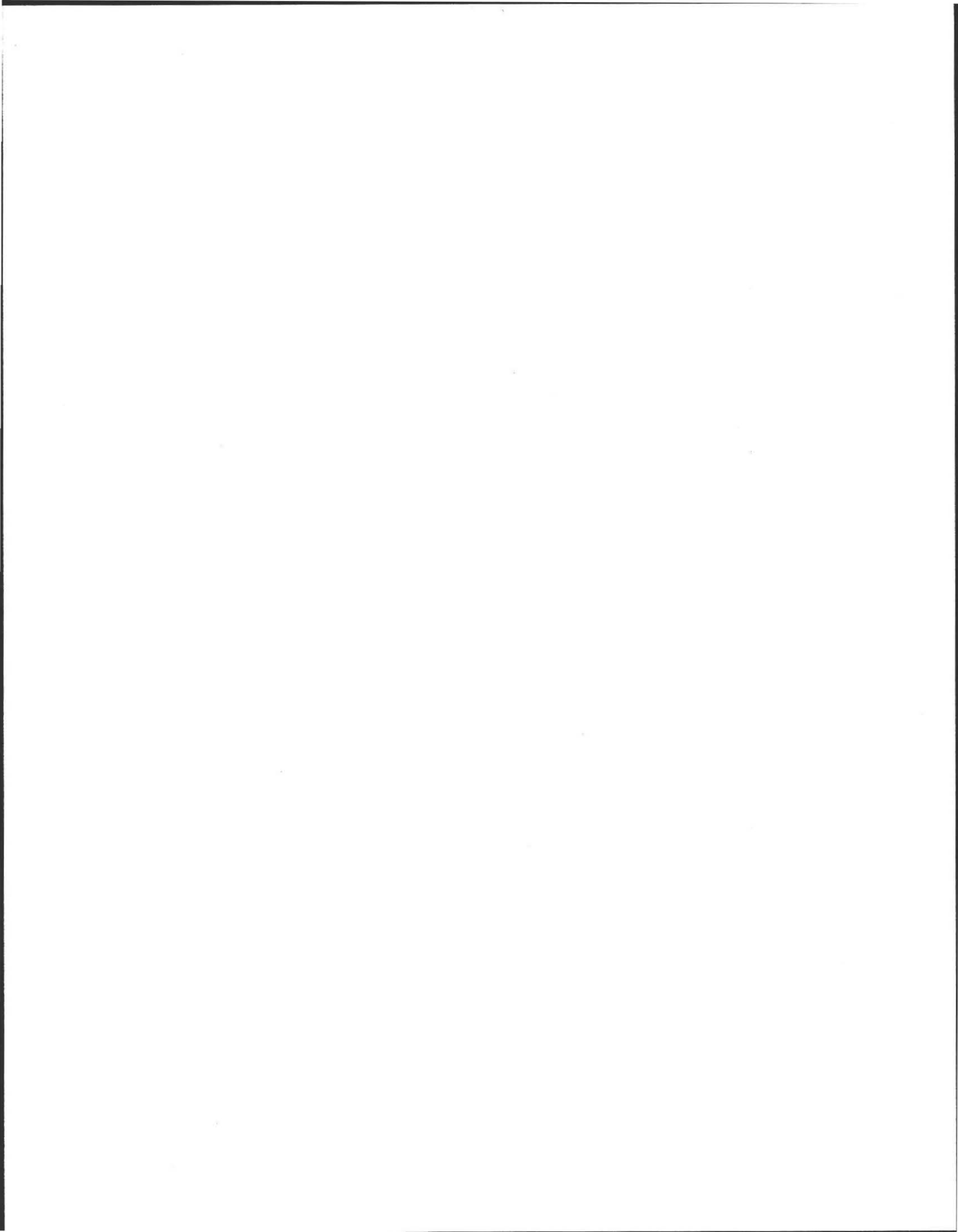


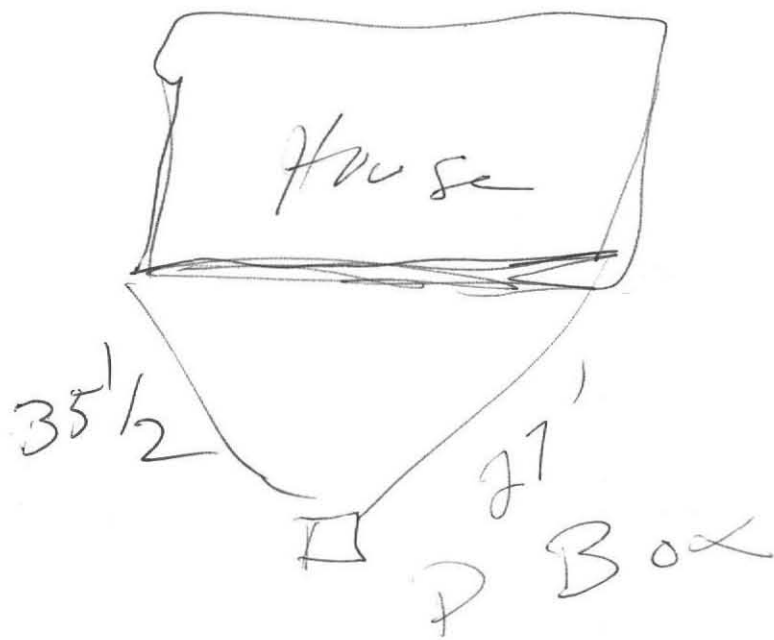


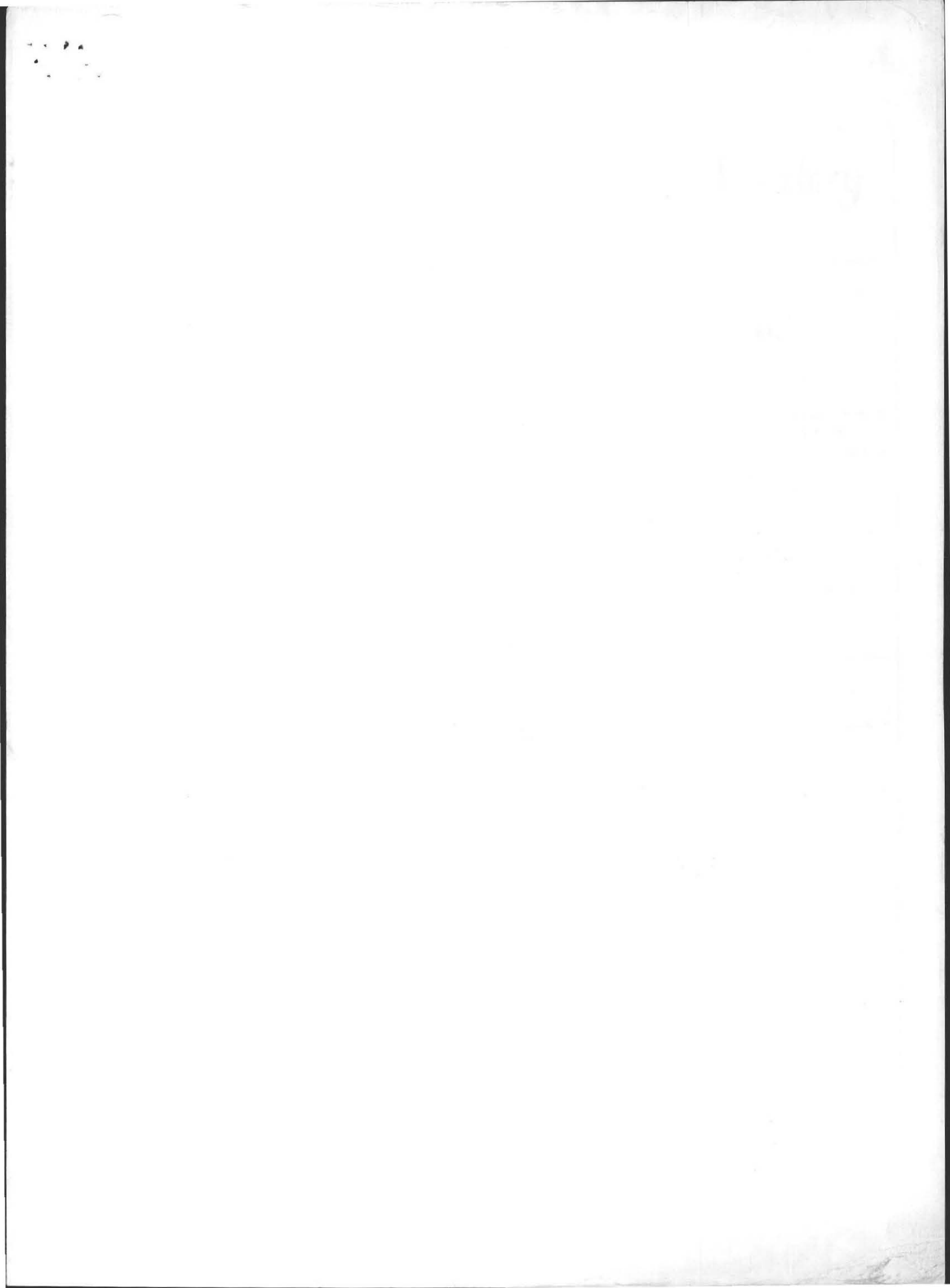
THE BANK OF AMERICA AND TRUST COMPANY OF NORTH CAROLINA
MEMPHIS, TENNESSEE
ACCOUNT OF THE BANK OF AMERICA AND TRUST COMPANY OF NORTH CAROLINA
IN THE MATTER OF THE ESTATE OF JAMES EARL RAY, DECEASED
BY WILLIAM W. BRYANT, ADMINISTRATOR
DATE: 12-1-58
TO: THE BANK OF AMERICA AND TRUST COMPANY OF NORTH CAROLINA
FROM: JAMES EARL RAY, DECEASED
AMOUNT: \$100.00

RECEIVED FROM THE BANK OF AMERICA AND TRUST COMPANY OF NORTH CAROLINA
ON 12-1-58
FOR THE ESTATE OF JAMES EARL RAY, DECEASED
BY WILLIAM W. BRYANT, ADMINISTRATOR
AMOUNT: \$100.00

WILLIAM W. BRYANT
ADMINISTRATOR
1111 1/2 BROADWAY
MEMPHIS, TENNESSEE







BOARD OF HEALTH

#64

TOWN OF AMHERST, MASSACHUSETTS

64 HIGH POINT DRIVE

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner MR. IVAN STEINER Address 64 HIGH POINT DR

Installer KARLS EXCAVATING Address RIVER DRIVE, MADLEY

Date Installation Inspected and Approved 8-8-79 C.P.D.

Description of System: Tank Capacity: USE EXISTING 1200 TANK

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

Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People 6

AS - BUILT PLAN:

BED REPLACEMENT ONLY

OLD LEACH BED REMOVED

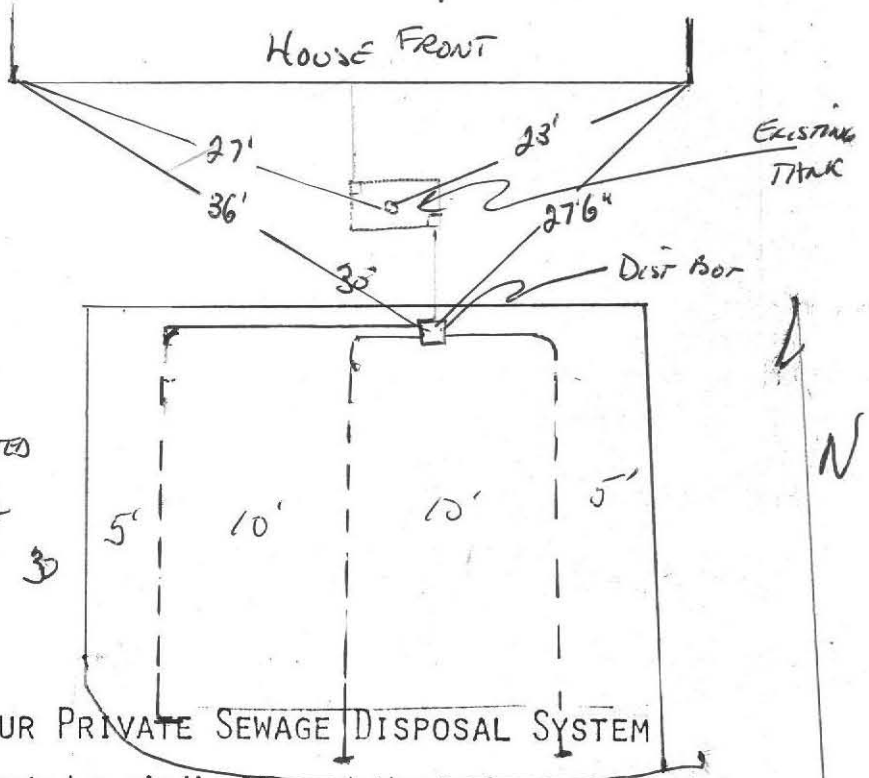
EXCESS MATERIAL EXCAVATED

12" BANK RUN GRAVEL COMPACTED

12" 1/2" SCREENED GRAVEL INSTALL

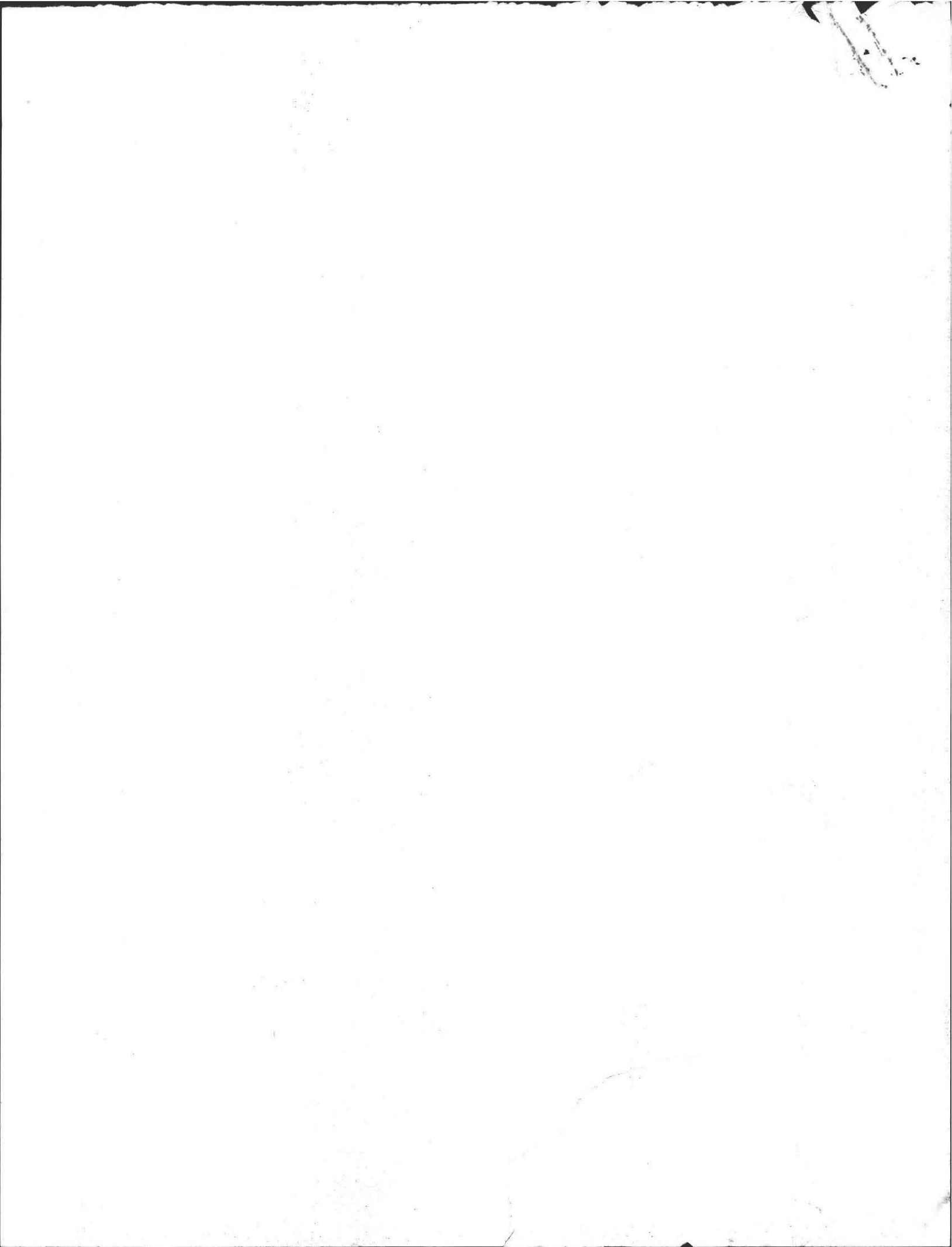
2" PEA STONE

TO GRADE OLD CONTOUR



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. max.
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.



**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 70-1 Date MAR 20, 1970 Fee 3.00 Date Rec'd. 3-20-70 By CEP

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

Location—Address Whig Point Drive or Lot No. 13

Owner ROY INDUSTRIES Address PO 472 Amherst

Contractor BILL CLARK Address SAUTESBURY

Type of Building _____ Dimensions _____ Size Lot _____

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? NO Type of Well ARTESIAN

Design Flow 30 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 10x40 Depth below inlet _____ Total leaching area 400 sq. ft. Min

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 CEP Date 3-20-70

Test Pit No. 1 4 minutes per inch Depth of Test Pit 20"

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

Description of Soil CLAY FINES Depth to Ground Water NOT

Will disposal area be filled? YES (2') 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 afordescribed 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 CEP With 2 days Date 3-20-70
Owner or builder

Application Disapproved for the following reasons: _____
date 3-20-70

**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.

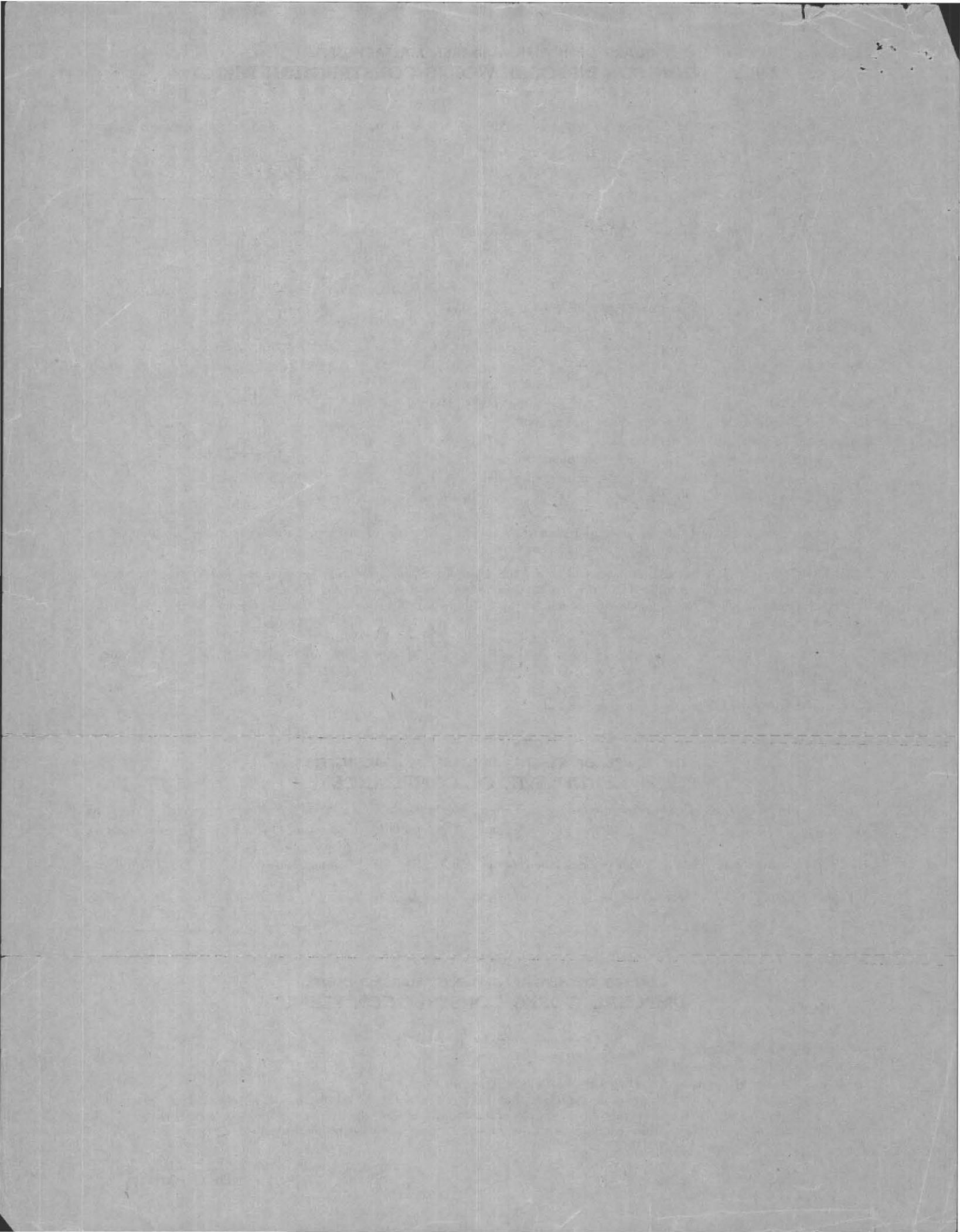
DATE _____ Inspector _____

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 70-1
Permission is hereby granted ROY INDUSTRIES to construct (X) or repair () an Individual Sewage Disposal System at LOT 13 Whig Point Dr. as shown on the application for Disposal Works Construction Permit No. 70-1

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 3-20-70 Board of Health



MAR 15 1973

64 High Point Drive
Amherst, Massachusetts
March 13, 1973

Board of Health
Amherst, Massachusetts

Dear Sirs:

We have an obnoxious and growing health problem in the High Point Hill area. It is apparent that present septic tank drain fields are not adequate to keep sewage from surfacing. There are several areas it is best to avoid while out on a walk because of the odor of human wastes.

Please advise me what can be done to alleviate the present problem and prevent further deterioration of what was once a beautiful and wholesome environment.

Respectfully yours,

Betty Steiner

Betty Steiner

cc: Board of Selectmen

FRONT OF 64 HIGH POINT

FRONT OF 34 HIGH POINT

BEYOND KRAVETZ → MELROSE

OVERLOOK DR. NEAR 14

3-2701

