



TOWN OF AMHERST Permit to Operate a Swimming Pool

ENVIRONMENTAL HEALTH SERVICES 70 BOLTWOOD WALK AMHERST, MA 01002 (413) 259-3077



PERMIT NO.: **SWM2010-00029** ISSUED: **7/6/2011** EXPIRES: **10/6/2012** FEES: **\$100.00**

In accordance with the provisions of Chapter 111, Section 127A, of the General Laws, and Regulations established by the Massachusetts Department of Public Health (105 CMR 435.00), permit is hereby issued to:

JENNIFER BROWN

For the operation of a

At 170 IDUNA LN

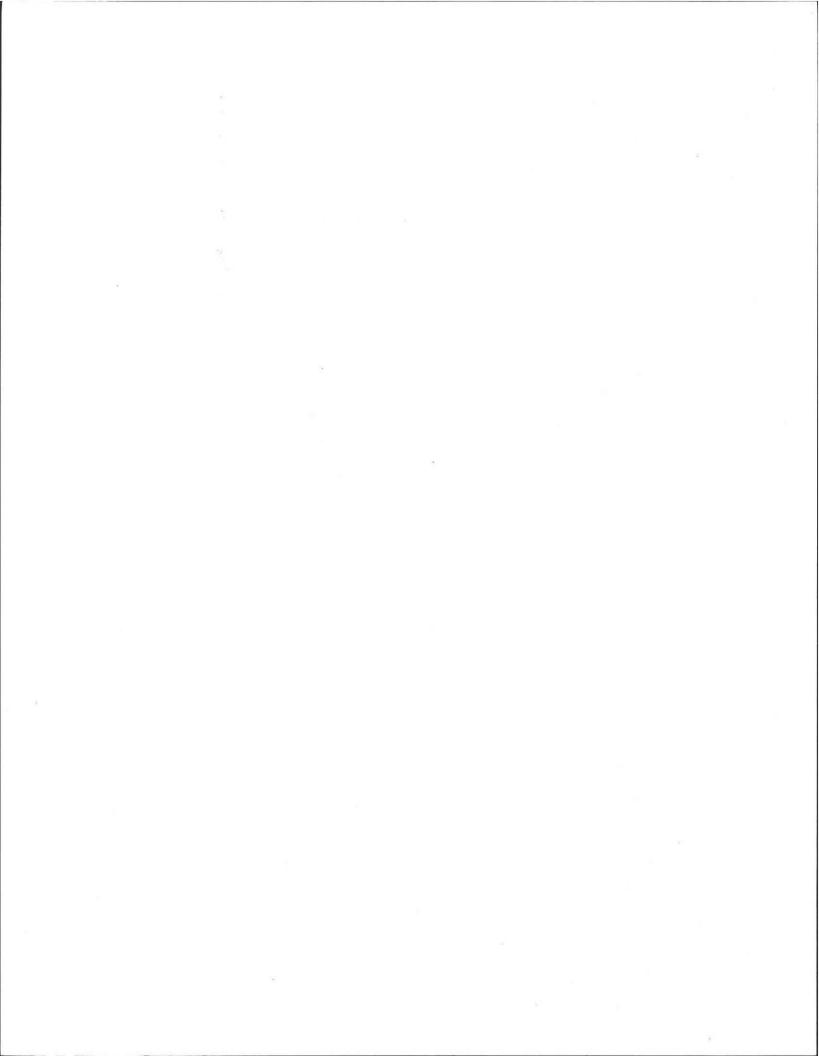
Method of water treatment is

Number of lifeguards required at all times the pool is open: 1 per 25 bathers

ferre

POST CONSPICUOUSLY

Approved by Commissioner MDPH (3.87) 105 CMR 435.00

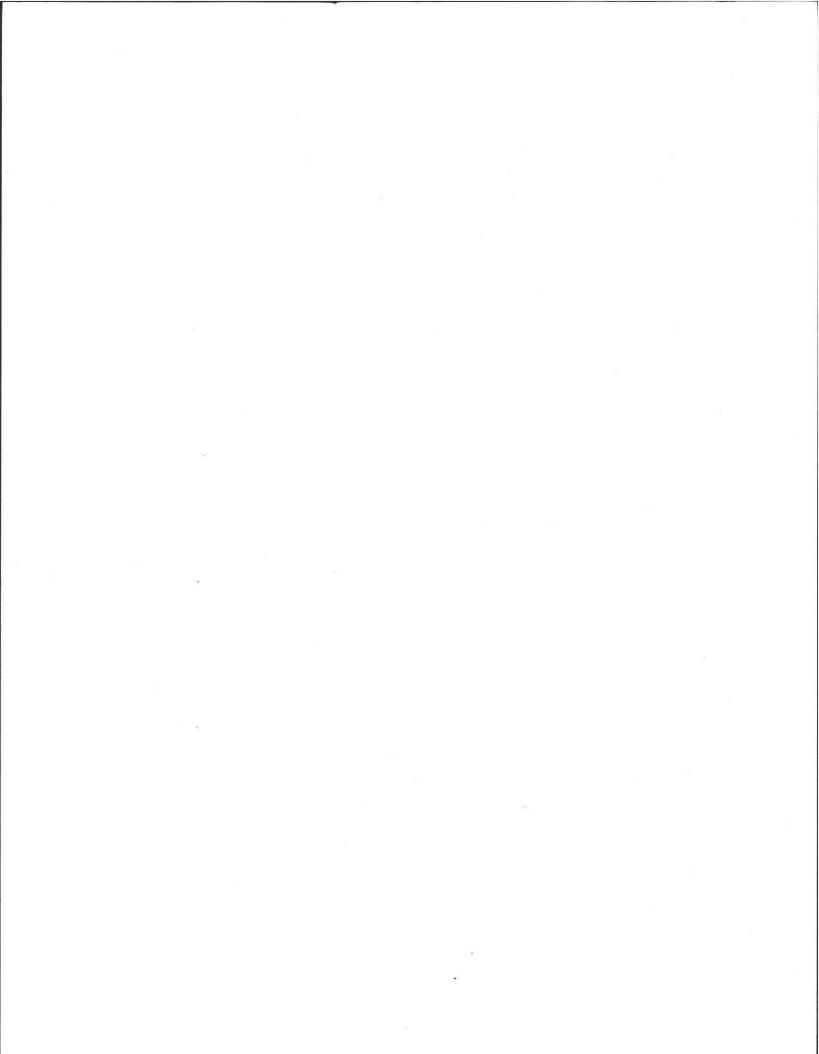


AMIHERST HEALTH DEPARTMENT 70 BOLTWOOD WALK • AMHERST • MA • 01002 Office (413) 259-3077 Fax (413) 259-2404 Environmental Health Division (413) 259-3078 www.amherstma.gov

APPLICATION FOR CONSTRUCTION PERMIT FOR PRIVATE SWIMMING POOL

(According to Regulations of the Amherst Health Department under Section 31, Chapter 111, effective December 22, 1960)

| No D | Date (6-28-2011 | Fee - \$100.00 |
|--|--|---------------------------------------|
| (Name and Location) By <u>Jim VanNatta</u> (Name, Address and phone | e of Builder if applicable) | Phone 253-3163 |
| Town Sewer Private S Plumber V/r | ewer Town Water Other | Private Well Private Well |
| Depth: Deep End_ | _feet by <u>24</u> feet. W <u>3</u> Shallow tions Allowed) | 2 End 2 |
| How Drained: <u><u><u></u><u></u><u><u></u><u><u></u><u><u></u><u><u></u><u><u></u><u><u></u></u><u><u><u></u></u><u><u></u><u><u></u><u></u><u><u></u><u></u></u></u></u></u></u></u></u></u></u></u></u> | | · · · · · · · · · · · · · · · · · · · |
| | Type: X Stream | |
| Recirculation: | Other: Eco Smante Turnover Tim at all times? | e: 120 GPM flow mite |
| Test Kit Provided? | Other Pertinent Information: | |
| (Sanita | arian) | |
| Original to: Applicant | Copy to: Sanitarian | Copy to: Inspection Services |





PLANET FRIENDLY

For Pristine Pool and Spa PURE WATER 100% CHLORINE-FREE Natural Oxygen Ionic Copper ZERO Salt ZERO Salt



EPA EST# 083498-MN-001

POOL SPA Pond Waterfall

Copper Ionization, Natural Oxygen and Proper Filtration

The ECOsmarte 100% Chlorine-Free Swimming Pool. . .

GET YOUR FAMILY OUT OF TOXIC CHEMICALS AND SALT

With chemical maintenance of your pool, the bleaching of hair, drying out of the skin and the burning of the eyes should alert you to the health and environmental risks associated with chemically treated water.

ECOsmarte provides you with a chlorine-free and salt-free alternative for water treatment today. Why expose your family and friends to the known risks of cancer causing agents or to skin absorbed sodium?

WE SAVE YOU MONEY EVERY MONTH

ECOsmarte offers the only method that can sanitize swimming pools without chemicals. The system costs less than \$1 per month to operate, and saves on electrical usage from reduced filtration, with a 100% Chlorine-Free system savings will continue by eliminating all chemical expenses. The ECOsmarte Pool System requires no regular chemicals to sanitize your pool.

WE UNDERSTAND WATER CHEMISTRY

And we have over 20,000 pools to prove it. Ionic Purification is superior to ionization which is superior to chemical treatment. Ionic Purification requires no chemicals to sanitize. Ionization alone does not address the problems created by body oils and suntan lotions, and does not control stains. Ionization can cause an erratic water balance and, by itself, requires chemical maintenance. Oxidation is required to handle organic material.

The ECOsmarte Ion Purification system produces copper ions electrically charged which are unstable atoms that bond with organic matter. The copper ions kill bacteria and other organisms when the bonding occurs, effectively sanitizing your pool and spa.

Testimonials & Frequently Asked Questions at WWW.ECOSMARTE.COM





ECOsmarte Invented... SOFT OXIDATION

(1) THE 100% CHLORINE-FREE SWIMMING POOL PURIFICATION SYSTEM: Since 1993 over 20,000 swimming pools in the U.S. have operated 100% chlorine-free with proprietary, ECOsafe technology.

© Copyright 1994, 1997 – 2001, 2003 and 2007. Certain U.S. patents pending. ECOsmarte[®], Glass Pack[®], and Swim in Bottled Water[®] are registered trademarks in over 25 countries of ECOsmarte Planet Friendly, Inc. All rights reserved.

Ionization was developed in 1967 for the Apollo Space Program to insure safe drinking water and control scale in cooling systems on three week missions.



The Best Non-Salt, Non-Chemical Water Technology

In 1967 ionization was first used in the Apollo Space Program to deliver and preserve premium quality drinking water. ECOsmarte has enhanced this technology with natural oxygen and configured it for your residential applications. The ECOsmarte technology has no toxic discharges, requires no replacement parts for at least three years and has demonstrated substantial savings on chemicals, water and electricity. The technology is proven and the residential and commercial applications are brought to you by the leading developer of non-salt, non-chemical water technology.

The oxidation process, which is the "burning up" of the dead organic matter (killed by the copper ions) is achieved by the ECOsmarte titanium electrodes. The titanium produces multiple forms of oxygen, resulting in a natural, non-chemical "shock" to clean and clarify pool water.

Over sixteen years of field development in North America have prepared ECOsmarte for variations in water chemistry. The pool owner will need to do normal pool housekeeping, such as pH and filter monitoring. The difference? No chlorine and fresh, oxygenated water. In our programmable system we have perfected carbon dioxide to automatically lower pH.

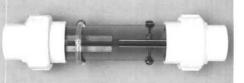
The Electrode Chamber combines 100% Pure Copper with proprietary coating for ionization and a titanium composite electrode for soft oxidation. This prewired chamber is built to your pipe size, replacing 11" of your above ground pressure line. Every time your pump runs, all the water in your pool is oxidized as it passes through the electrode chamber. Once per week you will switch your system to the ionize mode; an automated system is also available.

TECHNICAL NOTE: Titanium anodes are currently the environmentally-safe, world-class standard for nuclear wastewater treatment and paper pulp water purification. Titanium produces no toxic by-products and creates powerful oxidizers to sanitize water.

SIMPLE and EFFECTIVE

All of ECOsmarte's products are easy to install and come with a clear installation and operating guide. They are backed up by ECOsmarte's 60 day satisfaction guarantee, 5 year factory warranty and six months toll-free support at 1(800) ION SWIM. We offer chlorine-free service with zero-chemical expense agreements in many U.S. and European Cities.

ECOsmarte has products in over 100 countries on six continents and in all 50 U.S. states.



ECOsmarte Electrode Chamber • Natural Oxygen • Ionic Copper



(2) An alternative science to water softening by converting calcium (quartz-like calcium carbonate) to bicarbonate form and thereby eliminating scale and residue build-up.

(3) Glass Pack[®] Filter Media which turns every sand filter into a fine filtration machine.

(4) White Hydroxite[™] – a natural perlite mineral for DE filters; free from silica and environmentally-safe.

The Best Non-Salt, Non-Chemical Water Technology

World Class Installs... Automated Controls, Carbon Dioxide ph Down



No scale forms on the negative edge, no corrosion from salt.



Automated system w/CO2 pH control.

LOOK US UP ON THE WEB AT www.ecosmarte.com Rancho Santa Fe, CA

BREAKTHROUGH PROVEN TECHNOLOGY ECOsmarte takes a proven technology one step further and completely eliminates the need for sanitation chemicals or toxic silver. By choosing our CO2 option (left) the pH of your pool can be automatically set. ECOsmarte's technology is superior to chemical treatment and more effective than any other alternative methods available. ECOsmarte offers the complete purification technology. ECOsmarte has become a market leader in pool purification products as well as the leading developer for agricultural and well-water treatment systems. Established in 1994, we have customers on every continent and in every state.

1500 Swimmers per day



Our operating guide will instruct you or your service personnel on the exact method to achieve beautiful, silky water unlike any you have experienced. Once you have discovered the state-of-the-art chemical-free pool, you will never swim in a chlorinated or saltwater pool again.

Testimonials and Instructional Videos: www.ecosmarte.com

ECOsmarte Delivers...

(1) Full Five-Year Warranty Available that includes electronic box, oxygen electrodes and the cell itself.

(2) Toll-Free Support Hot-Line available six days per week at 1-800-ION-SWIM (1-800-466-7946).

(3) Online Support at ECOsmarte.com

and Online Store for replacement parts and test kits

Besides the aesthetic and monetary benefits, **ECOsmarte enjoys the** support of a select group of pool builders worldwide.

Backwash no chemical or salt with ECOsmarte.



2007 AQUA Award Winner - Chemical-Free since 2005

You will ELIMINATE. . .

- Toxic chemicals and salt
- Health hazards from both
- Offensive chemical odors
- Damage to the environment
- Damage to pool equipment
- Showering after swimming

Nearly 20,000 registered pools call 1-800-ION-SWIM toll-free customer support six days per week whether the pool is in a hot desert climate or northern Minnesota. ECOsmarte will get your family and friends out of chemicals. The ECOsmarte System is easier to use than chemicals, and creates natural spring-like water in your pool or spa. ECOsmarte's natural oxygen system is the best available technology at any price.



elite athletes are breathing better.

TECHNICAL SPECIFICATIONS (RESIDENTIAL)

MECHANICAL & PLUMBING Operating Press. Max. 150 PSI Operation Temp. Max. 150° F

OXYGEN ELECTRODES Proprietary composite material

Commercial models may require additional chambers and electronic boxes.

Testimonials. . .

August, 2003

We have had our swimming pool for 1 year and use no chemicals because the efficiency of the ECOsmarte ionizer system. It was easy to install; just connect it to the water line going back to the pool, connect the wires and turn it on. Pure clean water with no maintenance. We thank you for your product and look forward to many years of enjoyment from our pool.

Sincerely, Jim DeFede, Boise ID Arragone, Spain

ELECTRICAL

Input Voltage: 110V or 220v, Specify Output Voltage: 30 VA Class UL CSA Compliance Power Supply CE Approved UL/CSA (Prog.) NSF Pending NTL/ETU 1081 Available IONIZATION ELECTRODES 100% Pure Copper

February, 2007 Salt Conversion

I can't tell you how pleased I am

system. In less than one year, the previous salt gene eaten away all of my beautiful natural rock work done by Outback Pools, and I wish the photos I sent for your website did more justice showing the damage.

I am enjoying an even silkier pool with ECOsmarte in addition to not handling the chemicals.

I know my builder is switching from the salt and encouraging your prospective customers to be aware of this potential with a saltwater chlorine generator.

Sincerely, M.L., Flower Mound, TX

THE ONLY CHEMICAL-FREE WATERFALLS AND PONDS

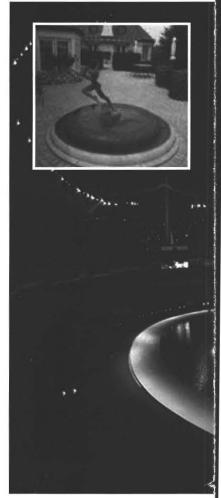
POND and WATERFALL SYSTEMS



Mineral ions are safe and essential for humans, plants and animals. ECOsmarte leaves the healthy calcium and magnesium in the water with no chemical residual. Leading Koi collectors have optimized ECOsmarte Natural Oxygen over the last 9 years by incorporating UV and proper pond filtration. Ammonia levels have been managed on one hour per day ECOsmarte oxygen with extensive after testing on this 3,500 gallon pond (pictured left and below). You may order the Koi Package from ECOsmarte including: natural oxygen, pond filter, and glass media (pH control normally required in Koi applications), CO2 control recommended.



No scale, algae or mold on patina fountain.



Crystal clear water without string algae, ammonia or nitrates. Sacramento, CA.

ECOsmarte

Testimonials and Instructional Videos: www.ecosmarte.com October 2, 1997

Dear ECOsmarte,

I am very pleased to share my experience with the ECOsmarte swimming pool treatment system, which I installed three months ago. I had been struggling with my pool since I moved in to my current residence 15 months ago. This is the story of my pool. When I moved in, the house had been vacant for several months and the pool experienced a major algae bloom. I spent the next month dealing with this--large amounts of chlorine shock treatment plus algaecide and flocculent. I even drained one half of the pool volume and refilled it in an attempt to improve water clarity. Please note that I have a covered and enclosed pool, and in the summertime, with green house effect, the pool house temperature is typically in excess of 100 degrees F, and the pool water temperature is in the mid to upper 80's. This is an ideal environment for algae and bacterial growth. After several weeks, I finally achieved acceptable water quality for swimming. This required





Minneapolis, MN

PRISTINE SPA WATER

An effective lower cost solution for spas and above ground pools. A single power-level system with two affordable models available. Call for details, our standard pool system can often run an attached spa.

Safer than Ozone, more effective than **Bromine or Bacquacil**

Easier to use when you add CO² pH control.

handles between 300 and 2 million gallons as with the 2004 Athens Olympic Lake.

frequent chlorination, several pounds of shock treatment every three days coupled with chlorine tablets in the floater. In addition copper algaecide was added frequently. I also replaced the sand in my filter, which I would run 12 hours a day. I assumed the slight residual water turbidity was a consequence of the thermal stimulus for microbiologic growth coupled with the relatively high porosity of my sand filter.

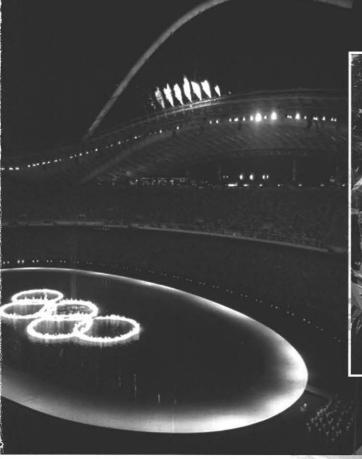
ECOsmarte has completely changed the quality of my pool. I had the system installed on a trial basis by my neighbor whose crystal clear outdoor pool has been the envy of the neighborhood. I knew that my indoor pool, with greenhouse temperature effect would be a major challenge for the ECOsmarte system and I remained skeptical that it would work. To make a long story short, within 2 days of installing the system my pool was crystal clear and chlorine free. I could visualize

the detailed texture of the pool b the ECOsmarte system tied in to the automatic ed

it manually each day. I then left town for a one w August, leaving the system off. Imagine my dismay wi home to discover a major algae bloom of the same in I first moved into the house. I immediately torred on the system and ran it continuously for 24 hd following day.

Needless to say, I finalized my purchase of the system on the s I tied the system into the timer, and it only requires operation 6 hours a day (as compared to the 12 hours per day pre ECOsmarte) and I have not added any chemical oxidants or algaecide for two months. I simply keep the water pH in the neutral range and ECOsmarte does the rest. The water quality is absolutely superb. I am very excited about this product, which I consider to be a breakthrough technology. I can confidently recommend this system to anyone without reservation. Thanks ECOsmarte.

Ray A. Wagner, M.D. El Paso, TX



Athens, Greece

The Experts Agree...

ECOsmarte[™] Systems

consume 1/10th the energy of ozone, have no toxic potentials and have the science and corporate credibility to back them up. These systems will pay for themselves with money saved on filters, salt, chemicals, electricity and water.

American Journal of Public Health

Halina Szejnwlad Brown, Donna Bishop and Carol Rowan contrast their estimates of skin absorption versus drinking for three toxic chemicals: Toluene, Ethylbenzene and Styrene. Depending on both the compound involved and the body region exposed, skin can act as a fairly strong barrier to chemical entry or no barrier at all. Their analyses were based on data published for the hand, one of the least porous areas of the body.

Their most surprising conclusion related to swimmers: Of the total chemicals taken in by a swimmer, 83% to 91% entered the body through the skin.

The Washington Post

The EPA raised "skin absorption chlorine" to its Top 10 Carcinogen watch list, June 1994.

General County Council of Aragón

"We would like to express you our great satisfaction for results we had got after installation of the ECOsmarte System in our olympic pool on November 2000. That had influence in a drastically reduction of chemicals (We consumed more than 66 gal. Sodium Hipoclorite a day and only 6 gal. now) and additionally an exceptional water quality, what merit us, congratulations from Waterpolo National Team (World Champion Team, nowadays) that opened this sportive installation and different teams participating in past King Cup Championship celebrated in our pool, because they considered the system free swimmers from inconvenient atmosphere created by chloramine-charged water, getting a reduction of tiredness and a higher sport productivity of each player. All of them considered that our pool is a model of treatment water and its conditions are excellent, breathing very well, and no irritation has to be suffered."

"With ECOsmarte System, we can state now, we have got higher physic-chemical, bacteriological and organoleptical water quality.

-Antonio Cesar Ronchel Executive Chief Sportive Park, Ebro River

Minneapolis, MN

Oslo, Norway • Singapore Toronto, Canada • Amsterdam, Benelux Yucatan, Mexico • Manila, Philippines Phoenix, AZ • Los Angeles, CA • Boulder, CO Orlando, FL • Enid, OK • Boston, MA Lewistown, MT • Winston-Salem, NC Bridgeton, NJ • Long Island, NY Sioux Falls, SD • Gordonsville, VA

You Owe It To Your Fami Protect Yourself From

Chlo-rine: a greenish-yellow, poisonous, gaseous chemical element with a suffocating odor, widely used as a disinfectant. The first chemical to be used for warfare during WW1. Chlorine is toxic and burns eyes, initiates skin and damages hair, etc.; symbol, CI; at. no., 17

SCIENCE INFORMATION... ON THE INTERNET SINCE 1994

Anywhere in the world you can receive all of the technical information on our products by simply accessing our health and science technology information on the web. Sorry, no orders by e-mail accepted. New testimonials are added every month.

Look us up today at: www.ecosmarte.com



PLANET FRIENDLY



TOWN OF AMHERST AMHERST HEALTH DEPARTMENT ENVIRONMENTAL HEALTH DIVISION

| Name on p | payment: Jennifer B | Nown | | Address on | payment: 170 Janalane |
|------------|--|----------|---|------------|---|
| Business/I | Property location: <u>Serve</u> | | | | |
| | | Address | | | Owner |
| HEA009 | Bakery R6510 443508 | | | HEA013 | Recreation Camp |
| HEA001 | Bed & Breakfast R6510 443516 | | | HEA010 | Removal of Offal |
| HEA042 | Body Arts & Tattoo R6510 443521 | | | HEA021 | Removal of Rubbish |
| HEA002 | Catering License R6510 443507 | | | HEA046 | Rental Registration |
| HEA047 | Fines R6510 482000 | · | | HEA014 | Retail Store |
| HEA003 | Food Handler R6510 443515 | <u> </u> | | HEA015 | Sanitary Code Booklets |
| HEA004 | Frozen Deserts R6510 443501 | | | HEA016 | Septic Tank Installer |
| HEA005 | Health Dept. Housing Insp. R6510 432302 | | | HEA017 | Septic System Plan & Final |
| HEA045 | Ice Rinks R6510 443522 | | | HEA018 | Septic System Reinspection |
| HEA034 | Immunization Clinic R6510 432307 | | | HEA026 | Smoking & Tobacco Fines |
| HEA006 | Massage Therapy R6510 443504 | | | HEA019 | Sub-Division Review Fee |
| HEA008 | Motel R6510 443506 | | | HEA012 | Swimming Pool Permits SICO. 00 R6510 443512 (construction t) |
| HEA011 | Percolation Test R6510 432300 | | 4 | HEA020 | R6510 443512 (construction) Tanning Services Purmet) |
| HEA043 | Plan Review R6510 432308 | | | HEA022 | Tobacco Permits |
| HEA044 | Porta Pottie R6510 432309 | | | HEA | R6510 |
| | | | | HEA | R6510 |
| | | | | | TOTAL FEE: |

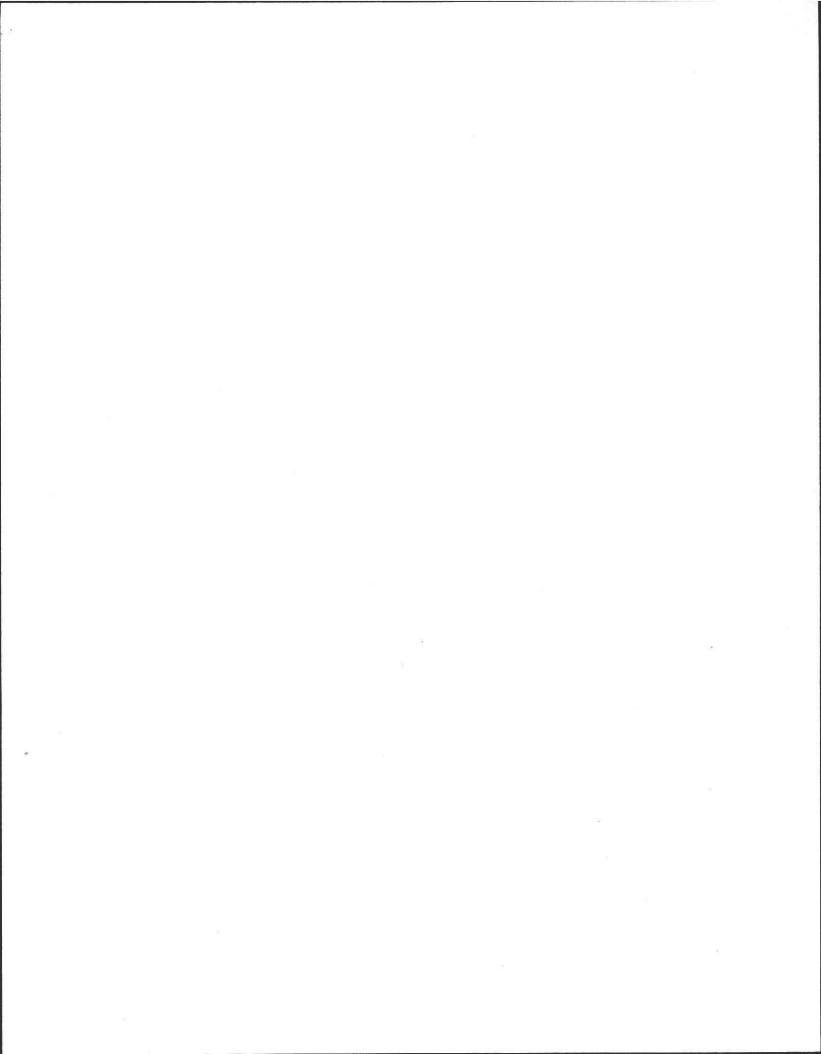
AMHERST HEALTH DEPARTMENT SIGNATURE

Must Be Validated By The Collector's Office To Be Considered Paid

| 07106 | 11 | |
|-----------------|------|-----|
| DATE | | |
| OFFICE USE ONLY | - +s | (4) |
| CHECK# | | ASH |

532

YELLOW - COLLECTOR



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

CERTIFICATION (continued)

| | 170 Iduna Ln |
|-------------------|---------------|
| Property Address: | Amherst, MA |
| Owner: | Maine Collura |

Date of Inspection:

Mary Col'ura Aug. 15+18, 1997

B] SYSTEM CONDITIONALLY PASSES (continued)

- De 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). Describe observations: No distribution box in this system.
 - broken pipe(s) are replaced
 - obstruction is removed
 - distribution box is levelled or replaced

<u>N</u> 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:

NO 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:

- $N_{\mathcal{O}}$ Cesspool or privy is within 50 feet of a surface water
- \overline{N}_{ρ} 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 PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

- \underline{n} \underline{n} The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.
- 10 The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
- no The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
- <u>NO</u> 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 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. Method used to determine distance ______ (approximation not valid).

3) OTHER

170



WILLIAM F. WELD Governor

ARGEO PAUL CELLUCCI Lt. Governor

TRUDY COXE Secretary

Commissioner

DAVID B. STRUHS

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A CERTIFICATION

ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

COMMONWEALTH OF MASSACHUSETTS

EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Property Address: Amherst, MA 01002 Date of Inspection: August 15+18, 1997 John & Mary Collura Same Address of Owner: (If different) Name of Inspector: <u>Robert Stover</u> I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000) (413) 253 - 3287 Company Name: <u>Amherst Civil Engineering</u> Mailing Address: <u>P.O. Box 3312</u>, <u>Amherst</u>, MA 01004-3312 Telephone Number: (413) 256-3400

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 Inspector's Signature: Robert W. Stover Date: 109 18, 1997

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.

COMMENTS:

B] SYSTEM CONDITIONALLY PASSES:

No 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.

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

no The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is 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.

Page 1 of 10

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART A

| | CERTIFICATION (continued) |
|---|---|
| Date of Inspection D] SYSTEM FAIL You must indicate I have d | Aug 15 + 18, 1997 S: e ex er "Yes" or "No" as to each of the following: letermined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct |
| Yes No | 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. |
| N A N A | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool. |
| | 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. |
| _ N/A | Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| _ N/A_ | Any portion of a cesspool or privy is within a Zone I of a public well. |
| $_N/A_$ | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| _ N/A_ | Any portion of a cesspool or prive 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 colliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen. |

E] LARGE SYSTEM FAILS:

You must indicate either "Yes" or "No" as to each of the following:

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

NA

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:

| 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) |

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 B CHECKLIST

| 170 Am M | her. | | MA | |
|----------------|------|-----|-----|------|
| £ | lug | 15+ | 18, | 1997 |

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Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

| Yes | No | |
|--------------|----------|---|
| V | _ | Pumping information was provided by the owner occupant, or 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. |
| \checkmark | | As built plans have been obtained and examined. Note if they are not available with N/A. |
| \checkmark | — | The facility or dwelling was inspected for signs of sewage back-up. |
| \leq | _ | The system does not receive non-sanitary or industrial waste flow. |
| \checkmark | _ | The site was inspected for signs of breakout. |
| \leq | _ | All system components, excluding the Soil Absorption System, have been located on the site. One part of the top of the dry well was uncovered. 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. |
| \checkmark | The — | size and location of the Soil Absorption System on the site has been determined based on: The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System |
| \checkmark | _ | Existing information. Ex. Plan at B.O.H. |

Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]

Location confirmed by uncovering one part of the top of the dry well.

(revised 04/25/97)

~

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C SYSTEM INFORMATION

| | 170 Iduna Ln. |
|--------------------|-----------------|
| Property Address: | Amherst, MA |
| Owner: | Mary Collura |
| Date of Inspection | Aug 15+18, 1997 |

•

FLOW CONDITIONS

RESIDENTIAL:

Design flow: Ob D g.p.d./bedroom for S.A.S. Number of bedrooms: 4 Number of current residents: 2 Garbage grinder (yes or no): <u>Y</u>es _____ removal of grinder strong ly recommended. Laundry connected to system (yes or no): <u>Y</u>es _____ From Glalac until Glalaz 12,200 cu, ft. US Seasonal use (yes or no): $\frac{r_0}{12}$ Water meter readings, if available (last two (2) year usage (gpd): $\frac{12,200 \times 7.48}{12,200 \times 7.48} = 91256 Gal \div 726 Days =$ Sump Pump (yes or no): ro Ave, Usage = 125.7 Gal./Day

Last date of occupancy occupied at time of Lucp

COMMERCIAL/INDUSTRIAL:

NIA 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

| PUMPIN | every 3-5 yris by recollection of owner |
|---------|--|
| | System pumped as part of inspection: (yes or no) YCS |
| | If yes, volume pumped: 1000 gallons Reason for pumping: inspection + routine mainten ance |
| TYPE OF | SYSTEM |
| V | Septic tank/distribution_bex/soil absorption system |
| | Single cesspool |
| | Overflow cesspool Privy |
| | Shared system (yes or no) (if yes, attach previous inspection records, if any) |
| | I/A Technology etc. Copy of up to date contract? |
| Other | |

| APPROXIMATE | AGE of all | components, dat | e installed (if kn | own) and source | of information: | June, | 1979 | |
|-------------|------------|-----------------|--------------------|-----------------|-----------------|-------|------|--|
| | | | | | applicatio | | | |

Sewage odors detected when arriving at the site: (yes or no) <u>NO</u>

| SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C |
|---|
| SYSTEM INFORMATION (continued) |
| 170 Iduna Ln |
| Property Address: Amherst, MA |
| |
| Owner: Date of Inspection: Aug 15+18, 1997 |
| BUILDING SEWER: |
| (Locate on site plan) |
| |
| Depth below grade Under 5/ab Material of construction: cast iron 🗹 40 PVC other (explain) |
| Distance from private water supply well or suction line |
| Diameter 31 |
| Comments: (condition of joints, venting, evidence of leakage, etc.) |
| Where observable in good condition |
| |
| SEPTIC TANK: |
| (locate on site plan) |
| Depth below grade: 14"+ |
| Depth below grade: Material of construction: V concretemetalFiberglassPolyethyleneother(explain) |
| |
| If tank is metal, list age Is age confirmed by Certificate of Compliance (Yes/No) |
| Dimensions: B.5 X 5.5 X 4.0 Liquid Depth |
| Sludge depth: (011 |
| Distance from top of sludge to bottom of outlet tee or baffle: 28" |
| Scum thickness: $2 - 3^{\prime\prime}$ |
| Distance from top of scum to top of outlet tee or baffle: <u>6"</u> Distance from bottom of scum to bottom of outlet tee or baffle: <u>8</u> |
| Distance from bottom of scum to bottom of outlet tee or baffle. |
| How dimensions were determined: <u>tape measure</u> |
| 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.), I recommend annual pumping + removal of garbage |
| grinder to prolong life of aging leach pitt. Inlet and outlet |
| baffles are cust-in= place concrete in good condition. Structural integri |
| of tank where observable. No evidence of leakage observed. |
| GREASE TRAP: N/A Liquid level was at invert of outlet pipe. |
| (locate on site plan) |
| |
| Depth below grade: |
| Material of construction:concretemetalFiberglassPolyethyleneother(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: |
| 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.) |
| |
| |
| |
| |

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

| 1200 M W 12720 | 170 Iduna Ln. | |
|---------------------|---------------|------|
| Property Address: | Amherst, MA | |
| Owner: | | |
| Date of Inspection: | Mary Collura | |
| | Aug. 15+18, | 1997 |
| SOIL ABSORPTION | SYSTEM (SAS): | |

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

| If not determ | part of | esent, exp Top | olain; | dus | well | was | excavated | to | confirm | location. |
|---------------|---------|-------------------|--------|-----|------|-----|-----------|----|---------|-----------|
| / | 0 | / | | / | | | • | | | |

Type:

| 9. | leaching pits, number: leaching chambers, number: leaching galleries, number; leaching trenches, number, length: leaching fields, number, dimensions: overflow cesspool, number: Alternative system: Name of Technology: | Leach fit Dimensions from as-built plan: 1000 Gal. dry well (8.5'L × 5.5 W × 4' Liquid level) in a pit of washed stone (12' × 12'). |
|--------|---|---|
| mo | ntr: | |

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.) <u>Soil and Vegetation normal</u>. Interior of dry well not inspected -<u>no</u> evidence of hydraulic failure or ponding observed

CESSPOOLS: NA

(locate on site plan)

| Number and configuration:_ | |
|--------------------------------|-------------------------------------|
| Depth-top of liquid to inlet i | nvert: |
| Depth of solids layer: | |
| Depth of scum layer: | |
| Dimensions of cesspool: | |
| Materials of construction: | |
| Indication of groundwater: | |
| inflow (cesspool m | ust be pumped as part of inspection |

Comments:

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

PRIVY: M/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: A Owner: Date of Inspection:

170 Iduna Ln. Amnerst, MA Mary Collura Aug 15+18, 1997

TIGHT OR HOLDING TANK: MA (Tank must be pumped prior to, or at time, of inspection) (locate on site plan)

Depth below grade:_____ Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions: ______ gallons Capacity: ______ gallons Design flow: ______ gallons/day Alarm level: ______ Alarm in working order ____ Yes; ____ No Date of previous pumping. ______ Comments: (condition of inlet tee, condition of alarm and float switches, etc.)

(locate on site plan)

Not necessary for leach pit/dry well system.

Depth of liquid level above outlet invert

Comments:

(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)____

NIA

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.) _____

| SI | JBSURFACE | SEWAGE | DISPOSAL | SYSTEM | INSPECTION | FORM |
|----|-----------|----------|----------|---------|------------|------|
| | | | PART | С | | |
| | | SVETEM I | NEORMATI | ON (con | tinued) | |

170 Iduna Ln Property Address: Amhavst, MA Owner: Date of Inspection:

Marry Collura Aug 15+18, 1997

Depth to Groundwater >6 Feet

Please indicate all the methods used to determine High Groundwater Elevation:

Obtained from Design Plans on record

1

Observation of Site (Abutting property, observation hole, basement sump etc.)

Determine it from local conditions

Check with local Board of health

Check FEMA Maps

Check pumping records

Check local excavators, installers

____ Use USGS Data

Describe in your own words how you established the High Groundwater Elevation. (Must be completed) (Dec. 1981) (Dec. 1981) (Dec. 1981) this site has HgC soils with seasonal high groundwater at a depth of greater than 6 feet.

2.) Original application for Disposal Works Construction Permit submitted by Almer M. Huntley, P.E. in June, 1979 indicated no ground water. Depth of test pit was not specified.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM PART C

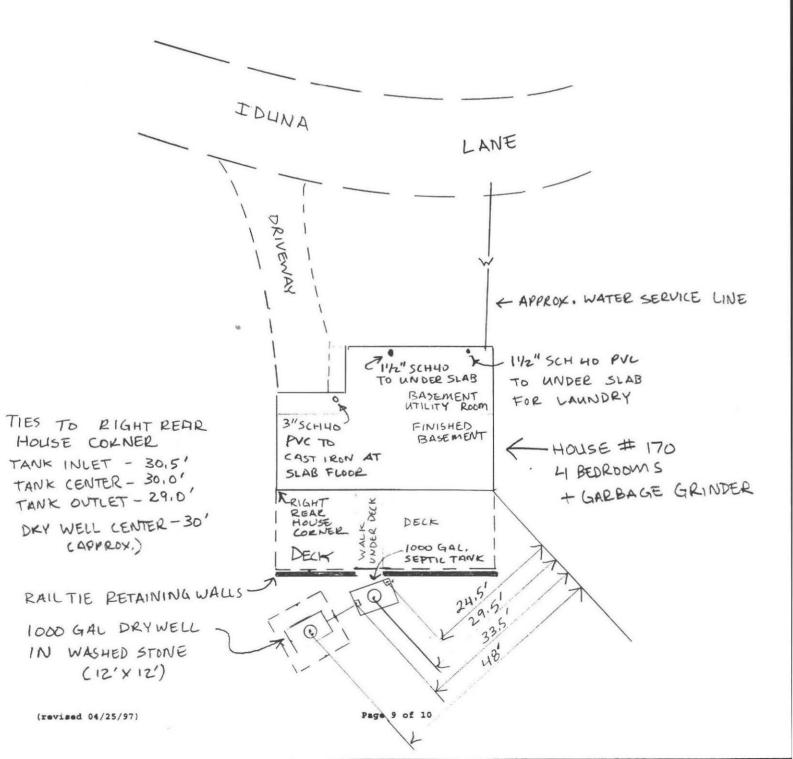
SYSTEM INFORMATION (continued)

Property Address: Owner: Date of Inspection:

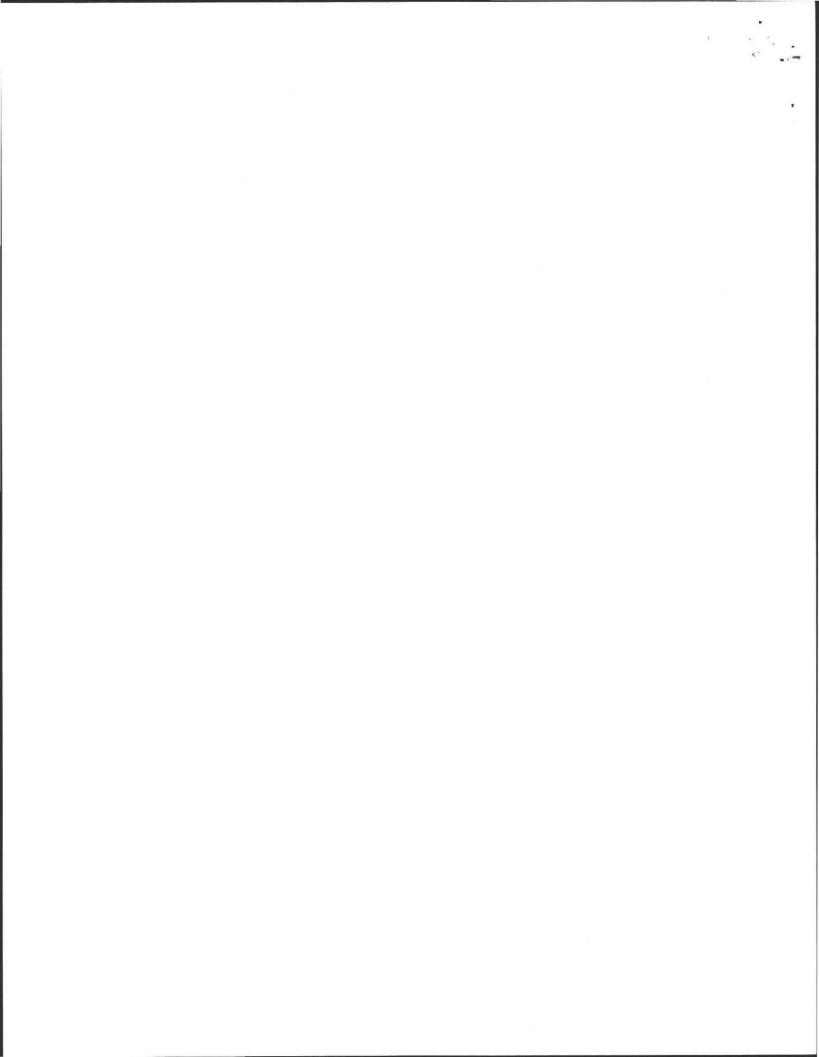
170 Iduna Ln Amherst, MA Mary Collura Aug 15+18, 1997

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks locate all wells within 100' (Locate where public water supply comes into house)



| | APPLICATION FOR DESPOSAL WORKS CONSTRUCTION PERMIT | |
|---|--|---------------|
| * | No. 79-11 Date JUN. 14/919 For 150 Date Rec'd. JIN 191929 By CEN, | ~ |
| | Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: 178 | t |
| | System Or Lot No. LOt 22 Gwner John Collura Address Amherst | Oa. |
| | Contractor A. Conklin (person Builling) Address | T |
| | Type of Building Dwelling Dimensions 28x32 Size Lot 41,562 S. 54 | E |
| | Dwelling-No, of Bedrooms Expansion Attic () Garbage Grinder () Other No. of persons Showers () | F |
| | Other fixtures | |
| | Town Water? yes Type of Well | |
| ł | Design Flow <u>55</u> gallons per person per day. Total daily flow <u>330</u> gallons Septic Tank—Liquid capacity <u>1000</u> gallons Dimensions: <u>L 8'-6" W 4'-5" D 5'-5"</u> | X S |
| | Disposal Trench-No Width Total Length Total leaching area Barrit. | 15 |
| | Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft. Dry Well—No Diameter Depth below inlet Dimensions: See Sketch x | 12 |
| | Other: Distribution box () No Dosing tank () | \mathcal{O} |
| | (Depth of Soil Line Below finished grade at foundation) Percolation Test Results Performed by Huntley Assoc, Inc. Date 4-26-73 | |
| | Test Pit No. 1 | |
| | Test Pit No. 2 minutes per inch Depth of Test Pit | |
| | Test Pit No. 2 minutes per inch Depth of Test Pit Description of Soil sand w/trace of gravel Depth to Ground Water none Will disposal area be filled? no 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 aforedescribed individual sewage disposal system in accord- ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- dersigned 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 CONA CONA CONCERNMENT CONTRACT CO | |
| | 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. | |
| | 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. <u>79-11</u> Permission is hereby granted <u>A. Contchid - (Buc Clance</u> to construct (X) or repair () an | |
| | Individual Sewage Disposal System at LOT 22 IDUNA have | |
| | as shown on the application for Disposal Works Construction Permit No. <u>79-11</u> 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 6/14/79 Board of Health | |
| | LOOKU OF INCHILL | |
| | | |



Mr. John Collura Mr. John Love Love No Jelona Love

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BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JOHN COLLURA Address 54 LONGMONOON De. Installer KARLS. ExcavATING Address RIVER DR. HADLEY. Date Installation Inspected and Approved Juny 10, 1979 Description of System: Tank Capacity: _______ Leach Field () Bed () Seepage Pit (X) Square Feet: 432 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6 As - BUILT PLAN: 10 CO GAL . THNK SEPTIC CELLAX Dal 1000 GAL TANK

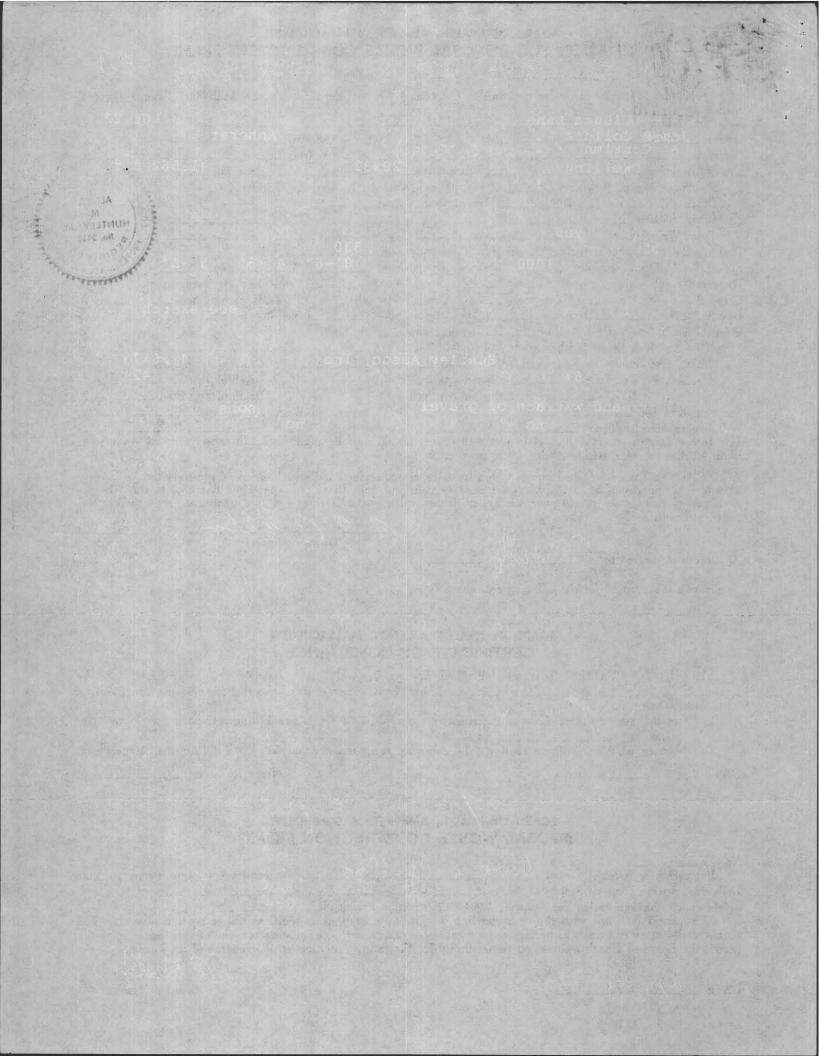
PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

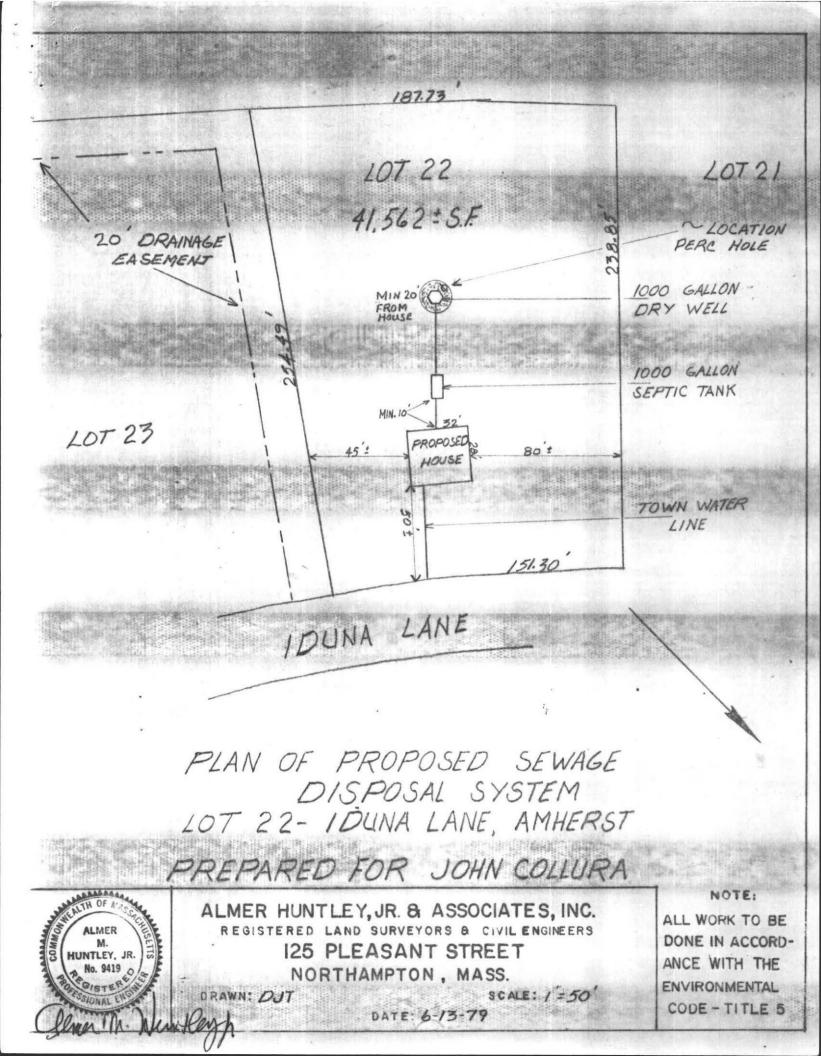
- This system must be inspected periodically and the tank pumped out at an interval not to exceed <u>3</u> years.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of the system.
- DO NOT dispose 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.

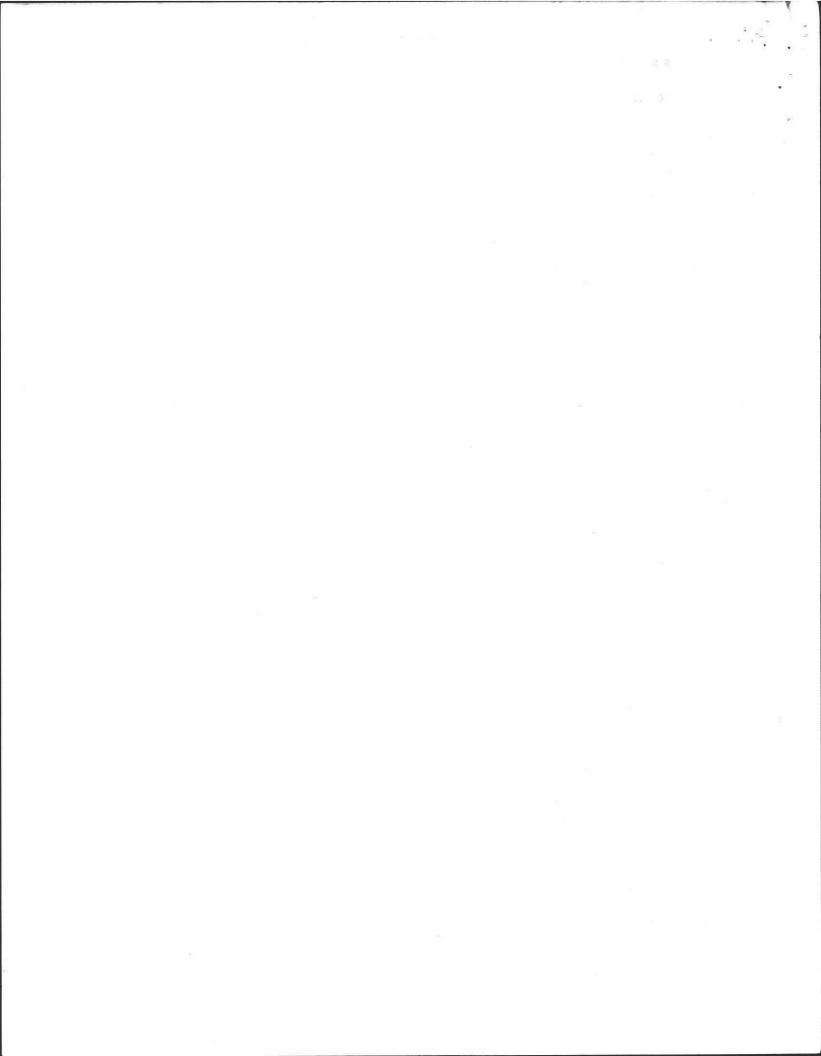
| * BOARD OF HEALTH, AMHERST, MASSACHUSETTS | |
|---|----|
| APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT | |
| No. 79-11 Date JUN. 14/919 Fee 150 Date Rec'd. JIN 141929 By CEN. | 5 |
| Application is hereby made for a permit to Construct (X) or Repair () an Individual Sewage Disposal System at: 170 | 4 |
| Location-Address Iduna Lane or Lot No. LOt 22 | y |
| Owner John Collura Contractor A. Conklin (Peoshowy Builland) Address Amherst | K |
| Contractor A. COnklin (peoshowy Direction Type of Building Dwelling Dimensions 28x32 Size Lot 41,562 s.f. | 5 |
| Dwelling-No. of Bedrooms _3 Expansion Attic () Garbage Grinder () | R |
| Other No. of persons Showers () | - |
| Other fixtures Ves Type of Well S (HUNTLEY, JR.) | 11 |
| Design Flow 55 gallons per person per day. Total daily flow 330 gallons Septic Tank—Liquid capacity 1000 gallons Dimensions: L 8'-6" W 4'-5" D 5'-5" | 1 |
| Septic Tank-Liquid capacity 1000 gallons Dimensions: L 8'-6" W 4'-5" D 5'-5" | M |
| Disposal Trench—No Width Total Length Total leaching area Sqr. ft. () Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft. () | 5 |
| Dry Well-No Diameter Depth below inlet Dimensions: See Sketch x | A |
| Other: Distribution box () No Dosing tank () | 5 |
| (Depth of Soil Line Below finished grade at foundation) Percolation Test Results Performed by Huntley Assoc, Inc. Date 4-26-73 | |
| Test Pit No. 1 | |
| Test Pit No. 2 minutes per inch Depth of Test Pit Description of Soil sand w/trace of gravel Depth to Ground Water none Will disposal area be filled? no Cut down? no | |
| 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 aforedescribed individual sewage disposal system in accord- | |
| ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The un- | |
| dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health. | |
| Doard or health. | |
| Application Approved by OCO when or builder date | |
| uait | |
| 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. | |
| 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. 79-11 10 - (2 0 | |
| No. <u>19-11</u> Permission is hereby granted <u>A Conklind - (Buc Clance</u> to construct (X) or repair () an Individual Sewage Disposal System at <u>hot</u> + 22 Found have | |
| Individual Sewage Disposal System at <u>hor</u> and <u>hor</u> and <u>hor</u> <u>ho</u> | |
| 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? | |
| | |
| 11 OG Abila | |

| | 11. | 1 | |
|--------|------|-----|-----------|
| DATE _ | 6/14 | 179 | 四國 建 |
| | 1 | 1 | Statute - |

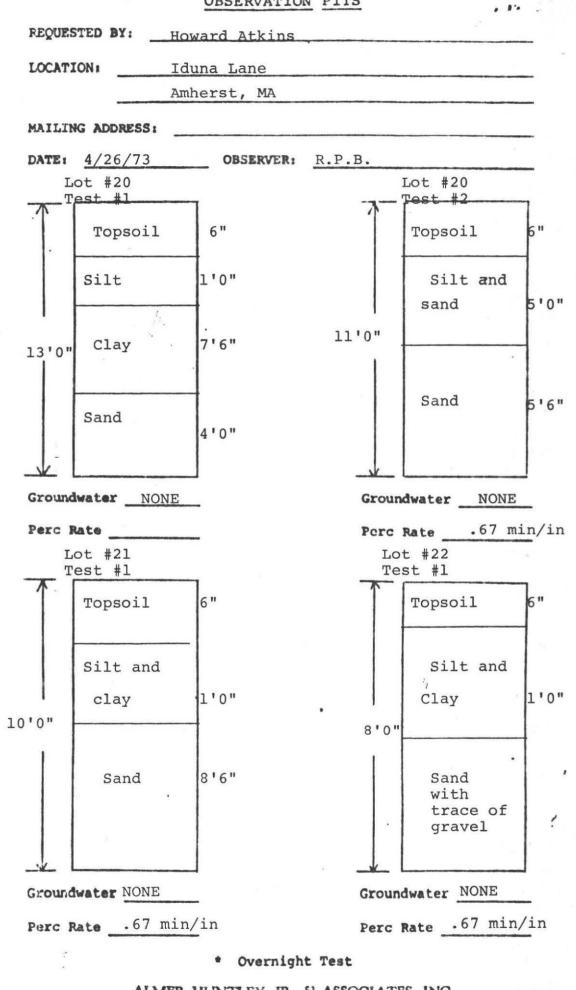
Board of Health



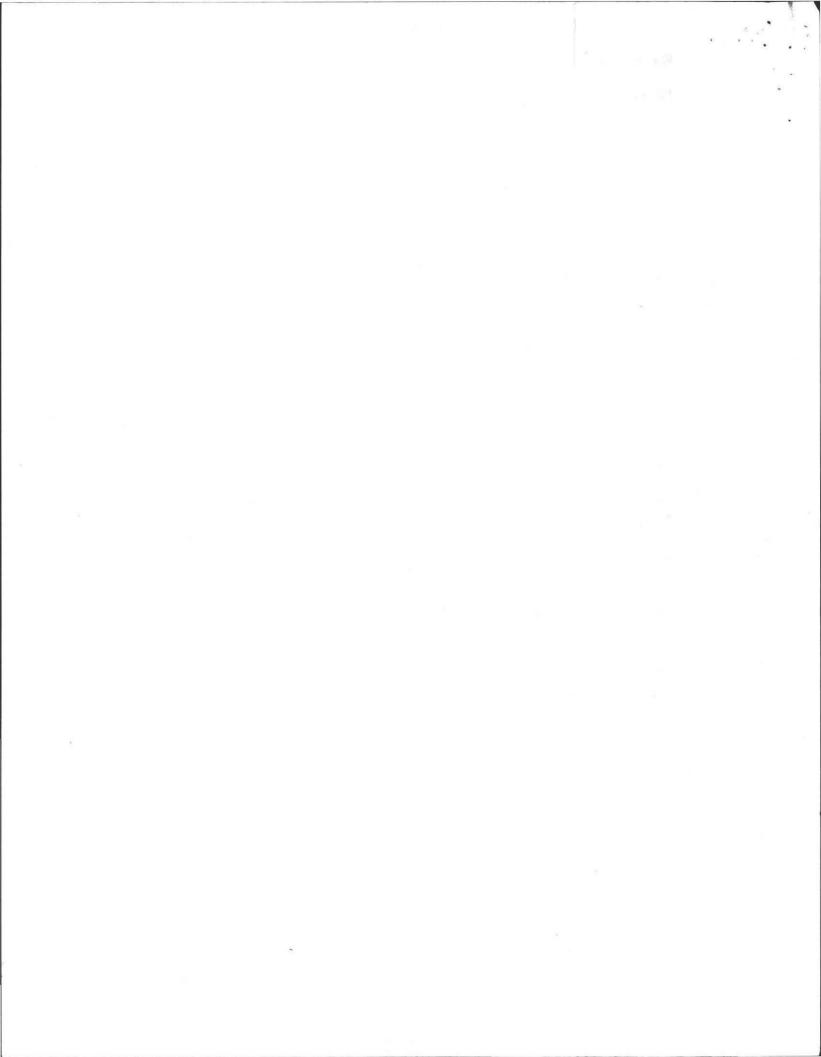


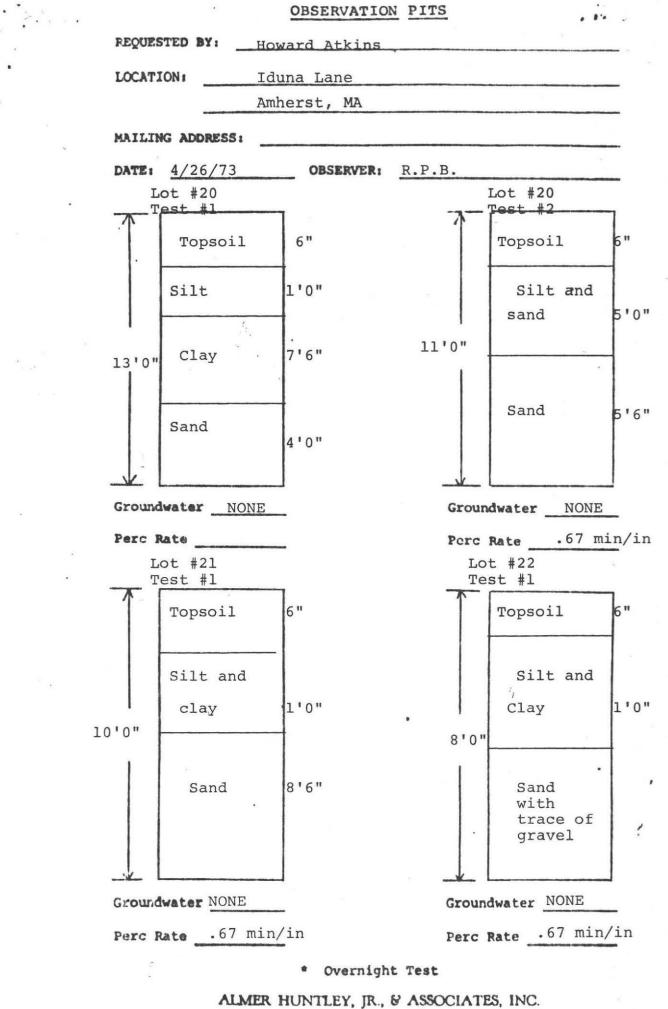


OBSERVATION PITS

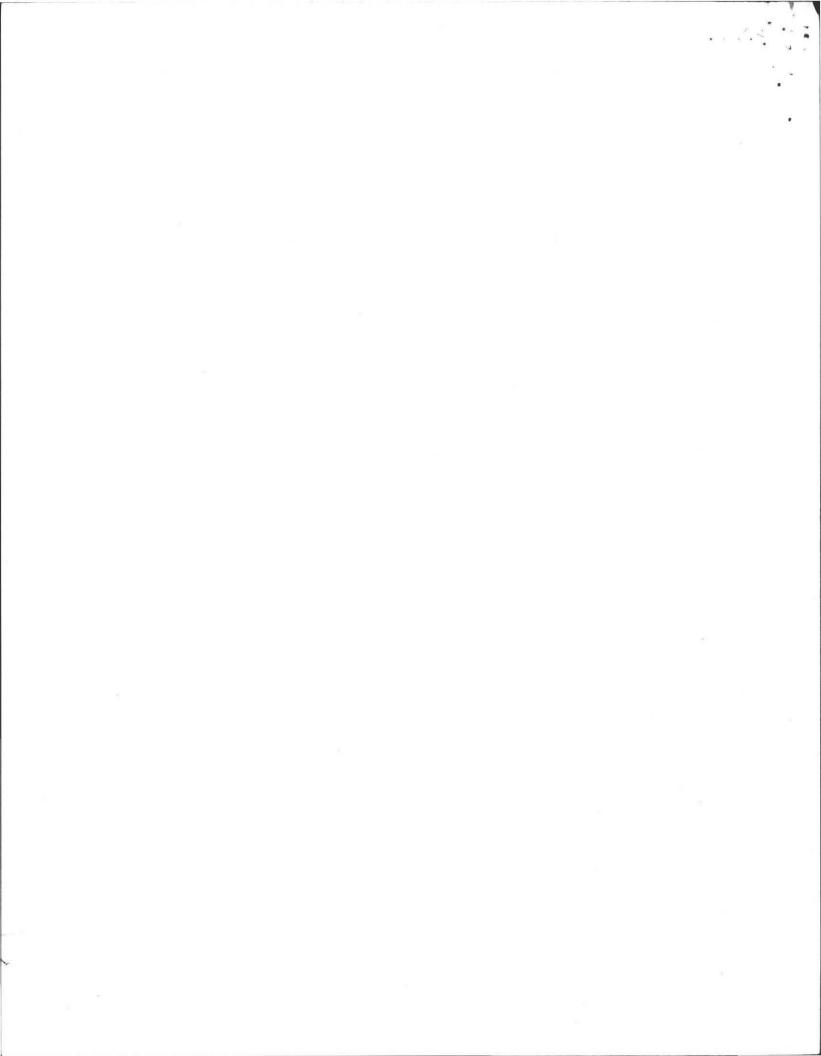


ALMER HUNTLEY, JR., & ASSOCIATES, INC. SURVEYORS . LNGINEERS . PLANNERS





SURVEYORS - LNGINEERS - PLANNERS



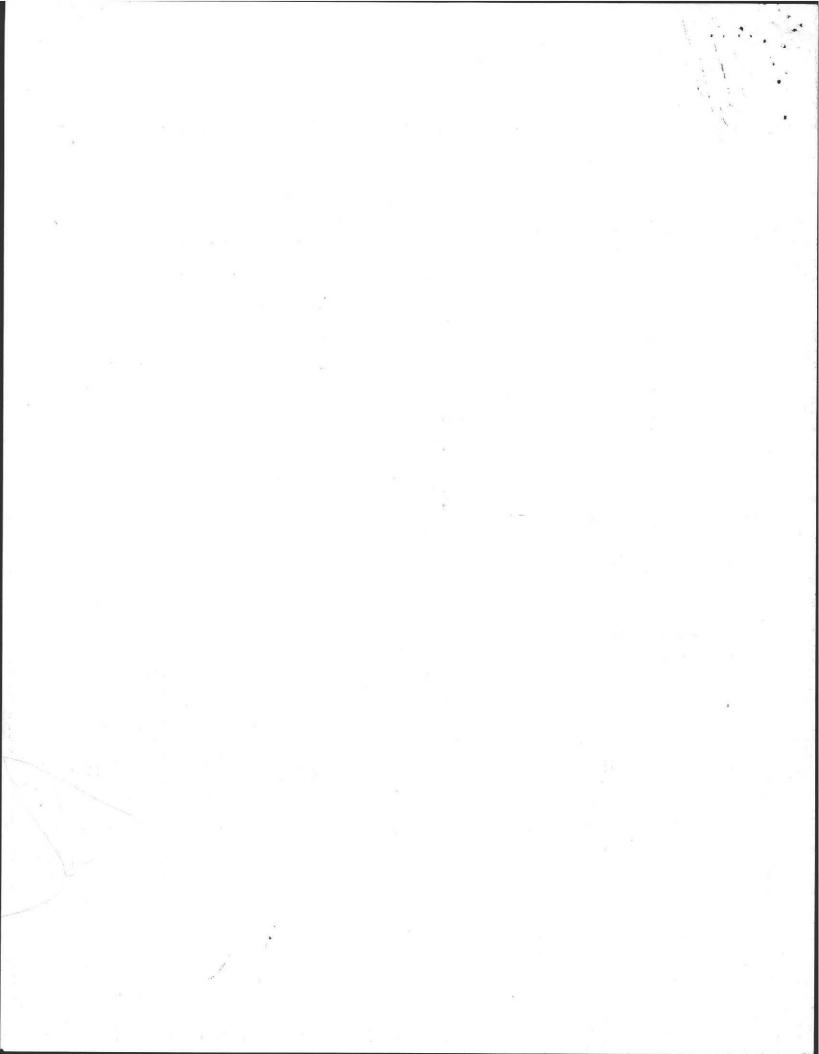
BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT 22 I DUNA LANG PERMIT 79-11 Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Owner JOHN COLLURA Address 54 LONGMEROOD De. Installer KARLS. ExcavATING Address RIVER DR. HADLEY. Date Installation Inspected and Approved ______ Description of System: Tank Capacity: 1000 Leach Field () Bed () Seepage Pit (X) Square Feet: 432 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6 29 As - BUILT PLAN: 1000 GAL . THNK SEPTIC 25' 46' 1000 GAL TANK LEACH TANK 12

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 $\underline{\mathcal{A}}$ years.
- 2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
- Regular pumping is crucial to avoid early failure and costly repairs of the system.
- 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

TOWN OF AMHERST, MASSACHUSETTS

PERMIT 79-11 LOT 22 I DUNA LANG Important Information Regarding Your Private Sewage Disposal System DISPLAY THIS DOCUMENT IN A PROMINENT PLACE Address 54 Louismonoon De. Owner JOHN COLLURA Installer KARLS ExcavATING Address RIVER DR. WADLEY. Date Installation Inspected and Approved ______ Juny 10, 1979 Description of System: Tank Capacity: _______ Leach Field () Bed () Seepage Pit (X) Square Feet: 432 Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6 As - BUILT PLAN: 1000 GAL TANK CELLAR Das 25' 46 1000 GAL TANK LEACH TANK 2 12

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- This system must be inspected periodically and the tank pumped out at an interval not to exceed _______ years.
- For your protection sanitary pumpers are licensed by the Amherst Board of Health.
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- Further information can be obtained by contacting your Health Department at 253-7077.

