

RECEIVED
9/27/05

per

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

Property Address: 4 Ladyslipper Circle, Amherst MA 01002

Owner's Name: Debra Roth-Howe

Owner's Address: 4 Ladyslipper Circle
Amherst, Ma 01002

Date of Inspection: September 15, 2005

Name of Inspector: Alan E. Weiss, R.S # 933

Company Name: Cold Spring Environmental Inc.

Mailing Address: 350 Old Enfield Road
Belchertown, Massachusetts 01007

Telephone Number: (413) 323-5957 fax: 413-323-4916

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:

- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

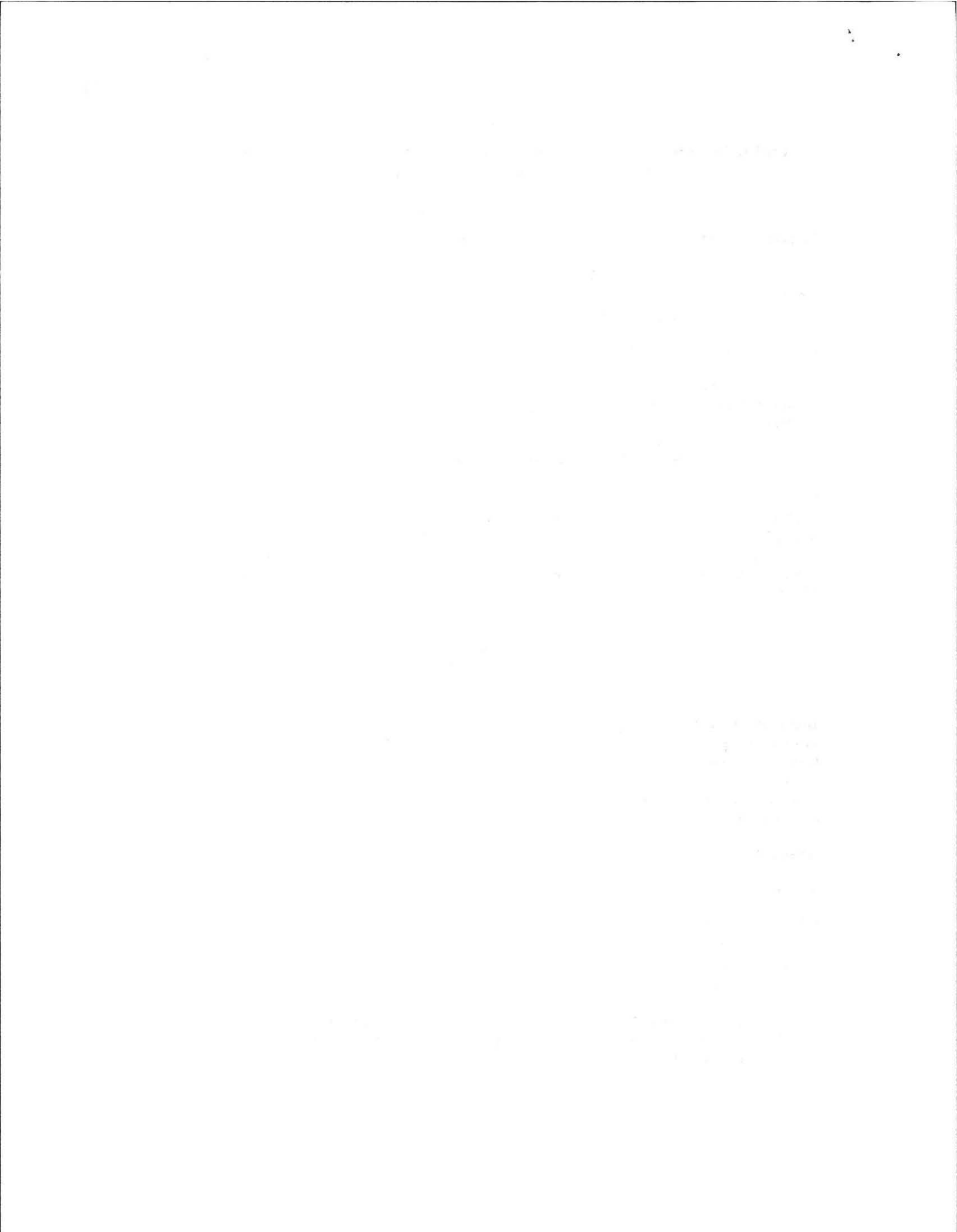
Inspector's Signature: _____ Date: **September 15, 2005**

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:

The 1500 gal. Septic Tank was pumped in April 05. The L. Pit was noted in good condition with no standing liquid & 5' airspace. No evidence of High Groundwater in area. Effective height is 5' with (2 stacked 750 gal L. pits.) Property has town water. (house has 4 bedrooms with 2 persons using. All levels good, No signs of Failure, Disposal is not recommended.

****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 different conditions of use.



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

Property Address: 4 Ladyslipper Circle, Amherst

Owner: Ruth Howe

Date of Inspection: September 15, 2005

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

A. System Passes:

XX 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: Good condition, no signs of failure

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):

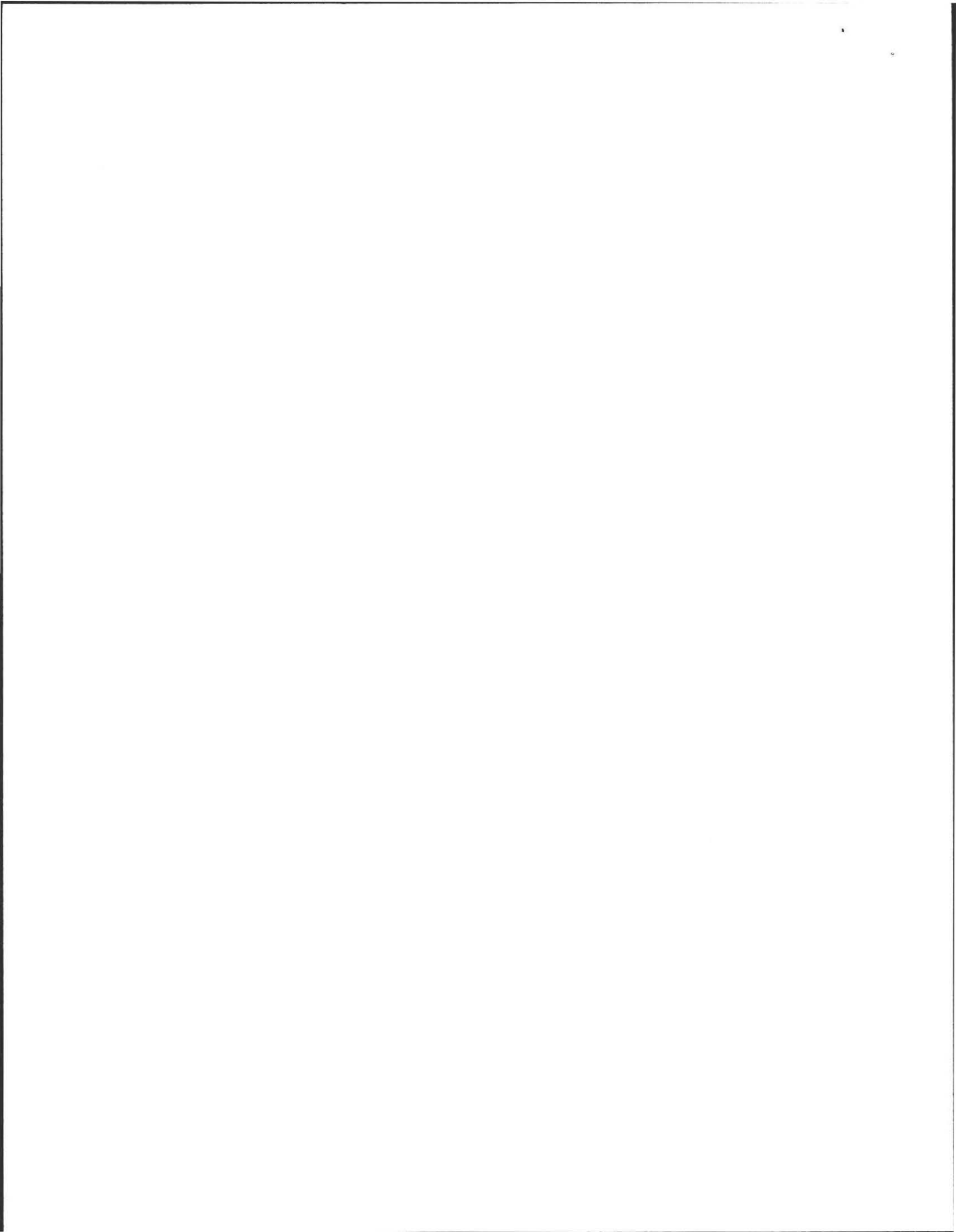
- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

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

ND explain:



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CERTIFICATION (continued)

Property Address: 4 Ladyslipper Circle, Amherst

Owner: Ruth Howe

Date of Inspection: September 15, 2005

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.

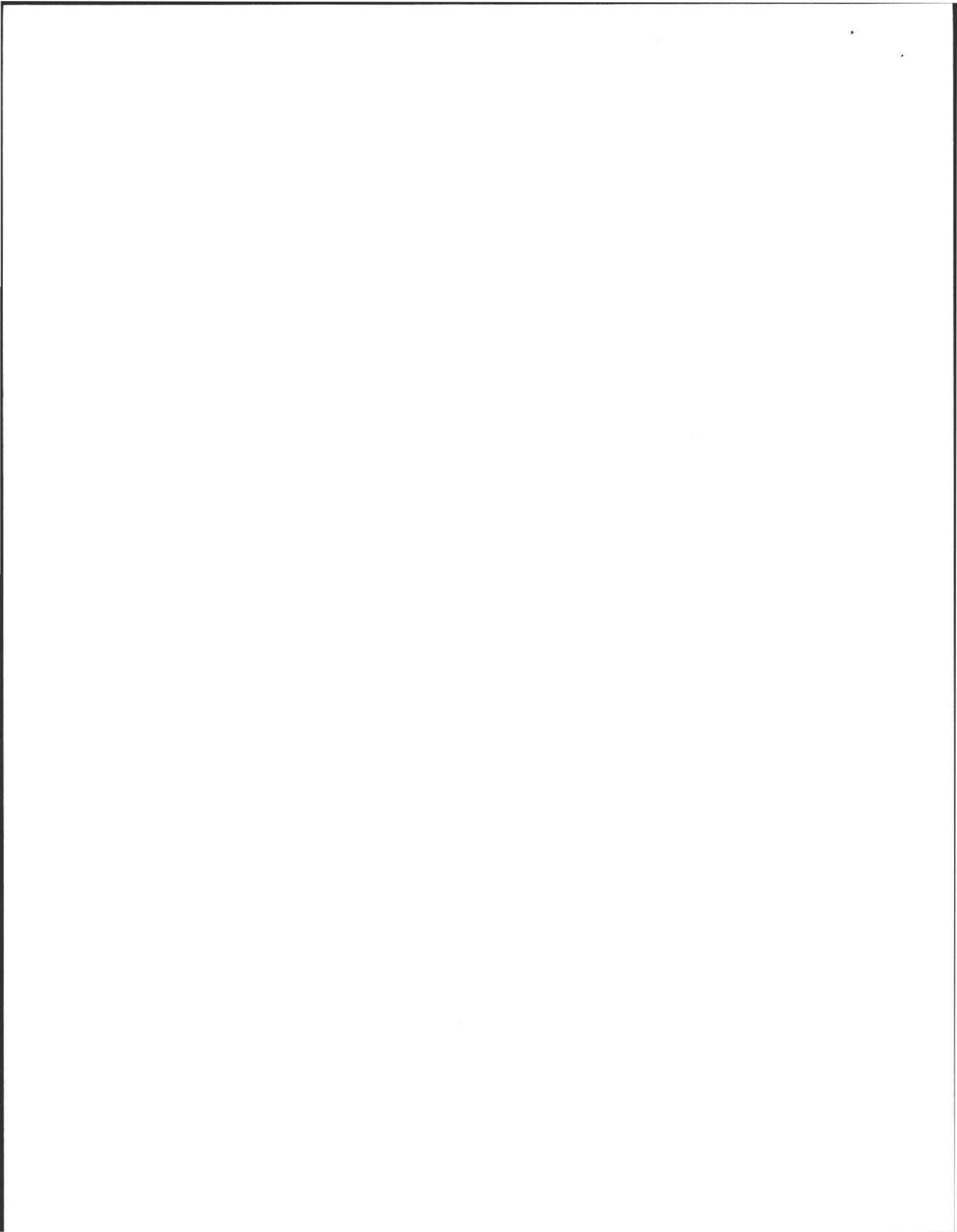
The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

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 meas.

**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
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PART A

CERTIFICATION (continued)

Property Address: 4 Ladyslipper Circle, Amherst

Owner: Ruth Howe

Date of Inspection: September 15, 2005

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 NOT due to clogged or obstructed pipe(s). Number of times pumped ____. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" 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.] |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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:

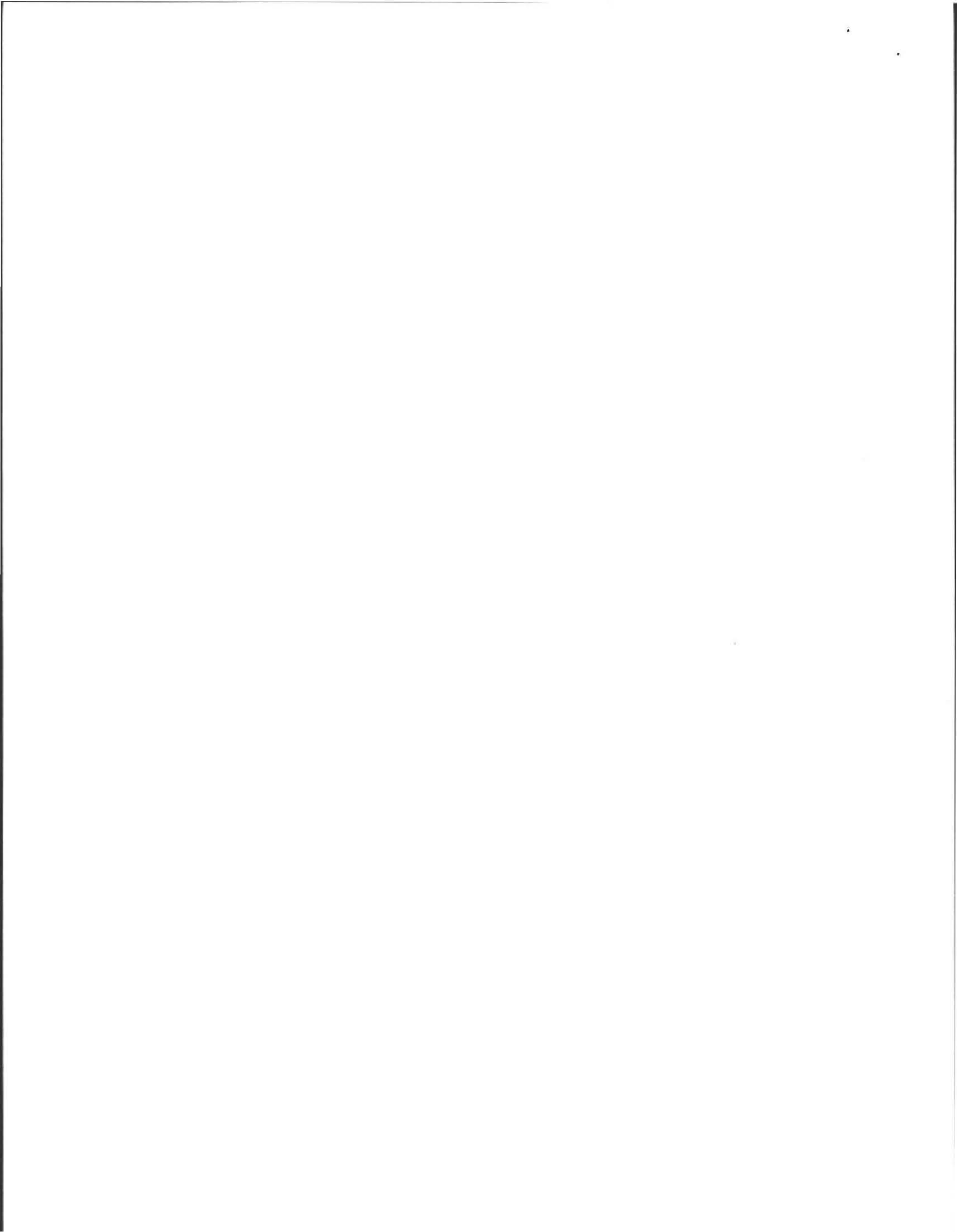
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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: 4 Ladyslipper Circle, Amherst

Owner: Ruth Howe

Date of Inspection: September 15, 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 ?

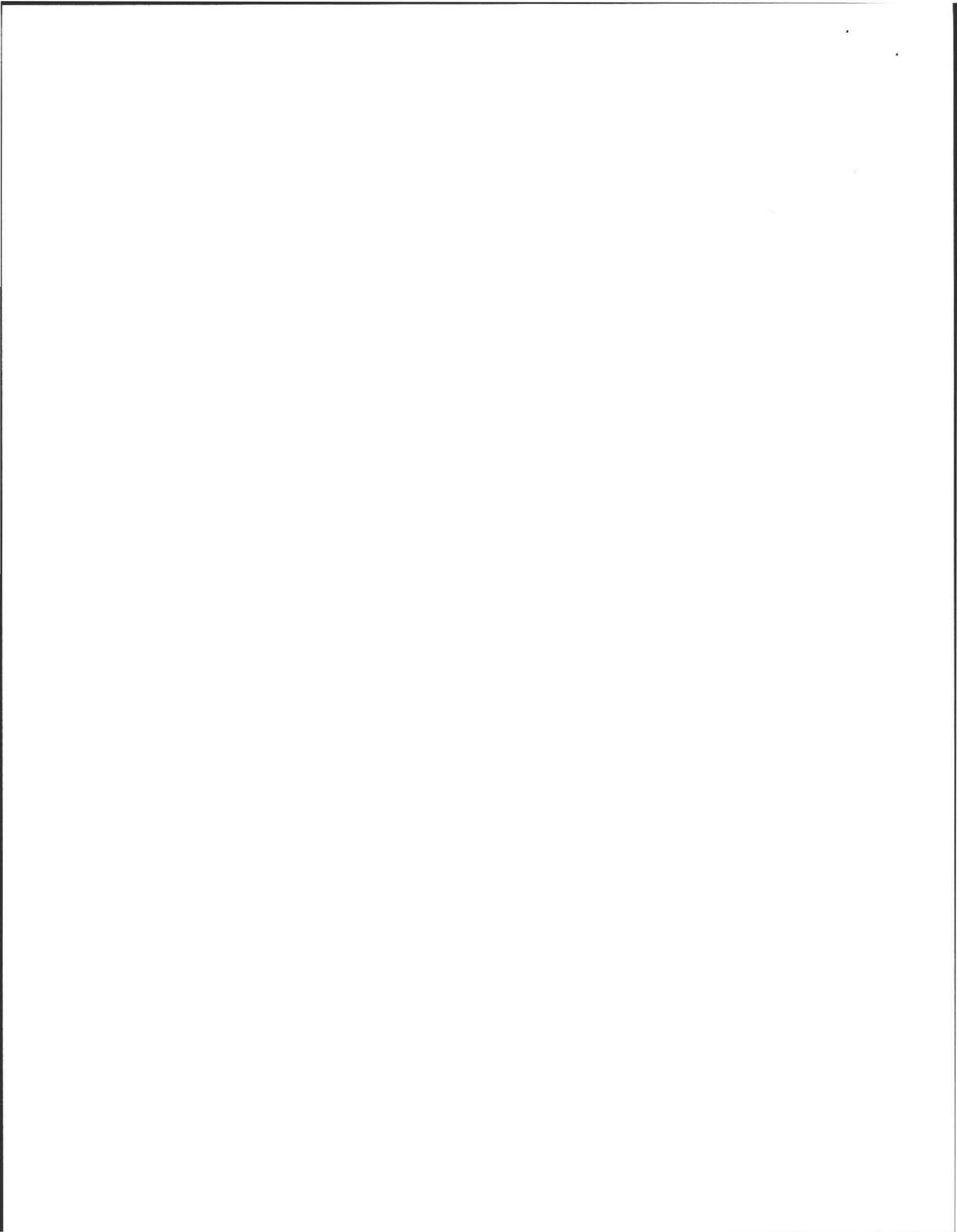
Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems ?

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
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PART C

SYSTEM INFORMATION

Property Address: 4 Ladyslipper Circle, Amherst
Owner: Ruth Howe
Date of Inspection: September 15, 2005

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 4 Number of bedrooms (actual): 4
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 660
Number of current residents: 2
Does residence have a garbage grinder (yes or no): YES (NOT RECOMMENDED)
Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]
Laundry system inspected (yes or no): --
Seasonal use: (yes or no): NO
Water meter readings, if available (last 2 years usage (gpd)): N/a
Sump pump (yes or no): NO
Last date of occupancy: current

COMMERCIAL/INDUSTRIAL

Type of establishment: N/A
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

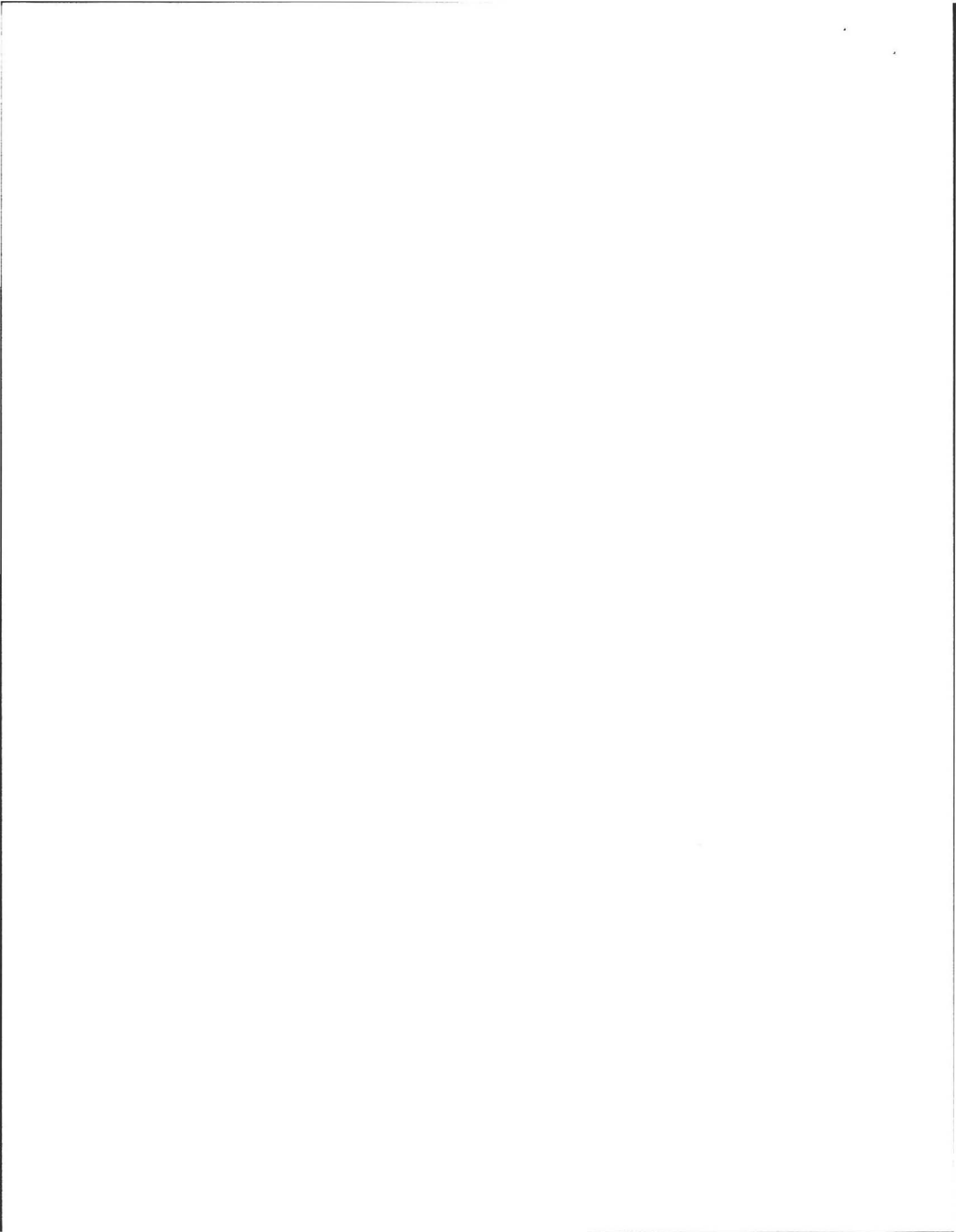
Source of information: April, 2005
Was system pumped as part of the inspection (YES or NO): NO
If yes, volume pumped: _____ gallons -- How was quantity pumped determined? Measured
Reason for pumping: --

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: 19 years

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: 4 Ladyslipper Circle, Amherst

Owner: Ruth Howe

Date of Inspection: September 15, 2005

BUILDING SEWER (locate on site plan)

Depth below grade: 16"

Materials of construction: ___ cast iron Y 40 PVC ___ other (explain): _____

Distance from private water supply well or suction line: 10'+

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

SEPTIC TANK: Yes(locate on site plan)

Depth below grade: 30"

Material of construction: X 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: 4.5'w x 10.5'l x 4.5'd

Sludge depth: 1"

Distance from top of sludge to bottom of outlet tee or baffle: 40"

Scum thickness: 1"

Distance from top of scum to top of outlet tee or baffle: 6"

Distance from bottom of scum to bottom of outlet tee or baffle: 12"

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 CONDITION OK

tank has built in inlet & outlet (poured in place baffles)

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

Depth below grade: ___

Material of construction: ___ concrete ___ metal ___ fiberglass ___ polyethylene ___ other
(explain): _____

Dimensions: _____

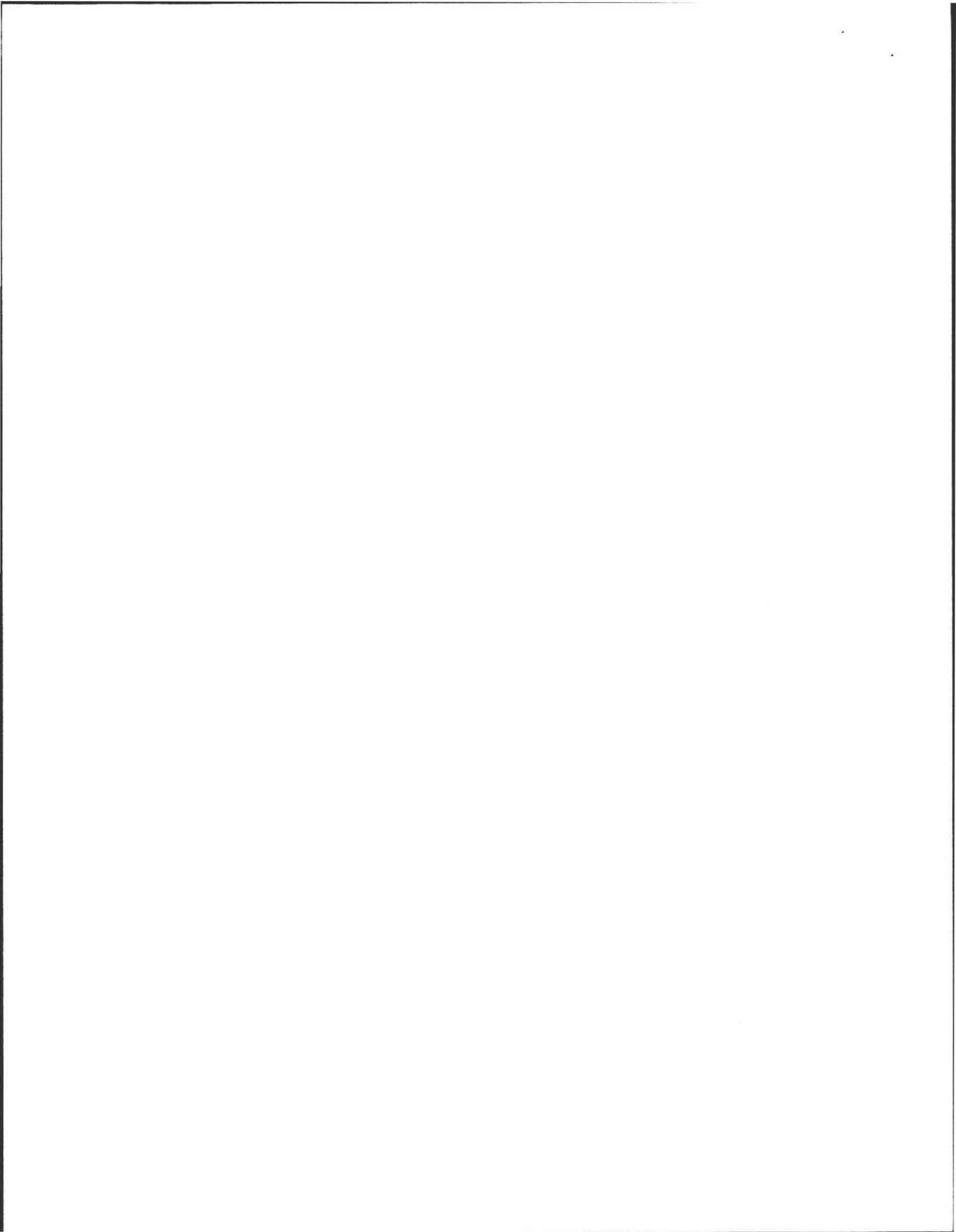
Scum thickness: _____

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: 4 Ladyslipper Circle, Amherst

Owner: Ruth Howe

Date of Inspection: September 15, 2005

TIGHT or HOLDING TANK: no (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: NO if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: _____

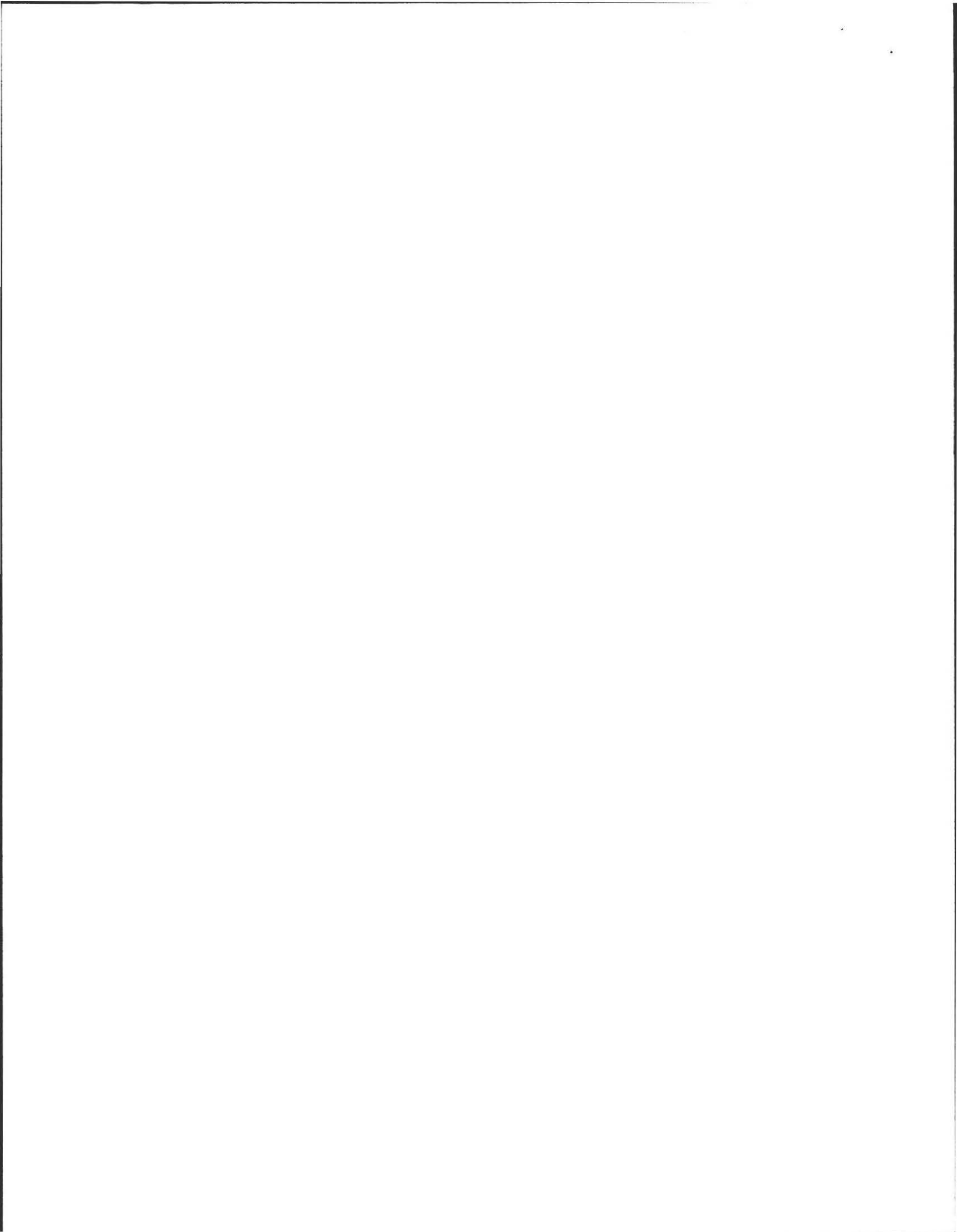
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): _____

PUMP CHAMBER: NO (locate on site plan)

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: 4 Ladyslipper Circle, Amherst

Owner: Ruth Howe

Date of Inspection: September 15, 2005

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

If SAS not located explain why:

Type

1 leaching pits, number: 5' deep by 5' wide by 10' long

_____ leaching chambers, number: _____

_____ leaching galleries, number: _____

_____ leaching trenches, number, length: _____

_____ leaching fields, number, dimensions: _____

_____ overflow cesspool, number: _____

_____ innovative/alternative system Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.): No signs of failure, No Groundwater within 7' of depth' Top of chamber is 3.0 feet down, No standing liquid in pit. No hi, staining visible.

CESSPOOLS: N/A (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.):

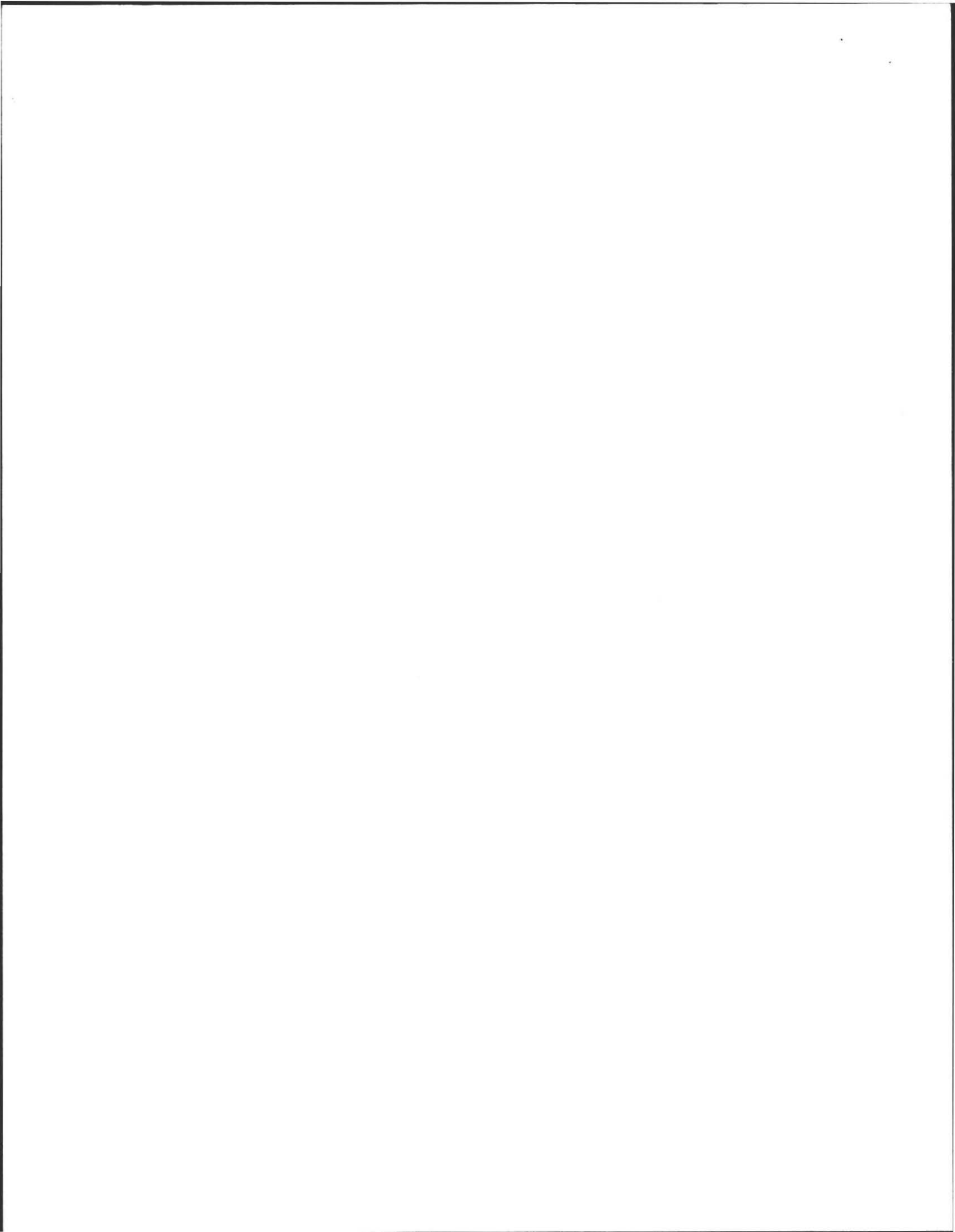
PRIVY: N/A (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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

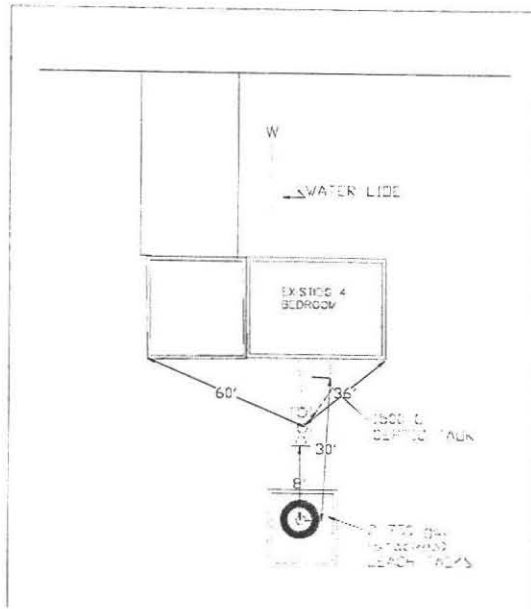


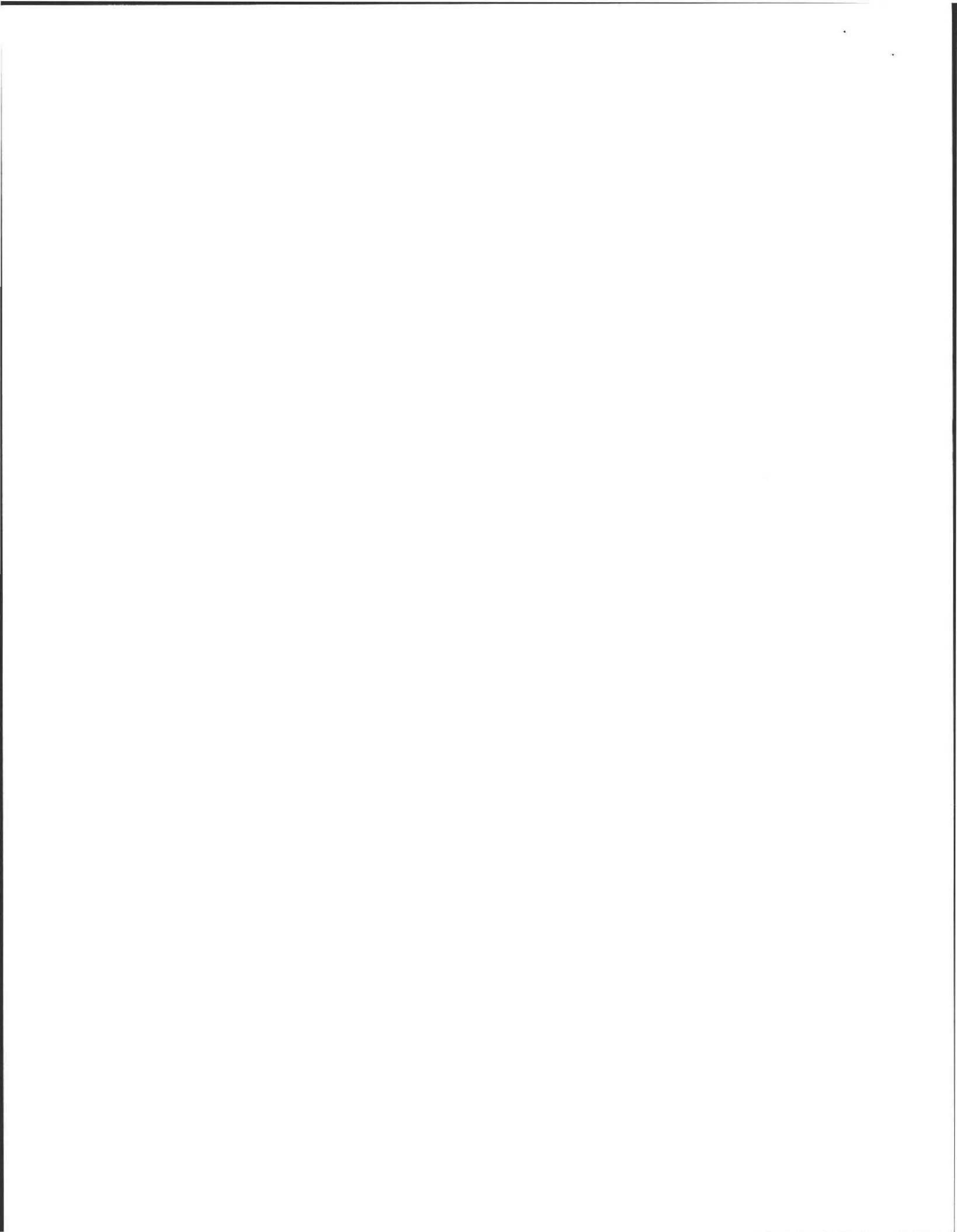
OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 4 Ladyslipper Circle, Amherst
Owner: Ruth Howe
Date of Inspection: September 15, 2005

SKETCH OF SEWAGE DISPOSAL SYSTEM

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: 4 Ladyslipper Circle, Amherst
Owner: Ruth Howe
Date of Inspection: September 15, 2005

SITE EXAM

Slope YES

Surface water

Check cellar YES *

Shallow wells _____

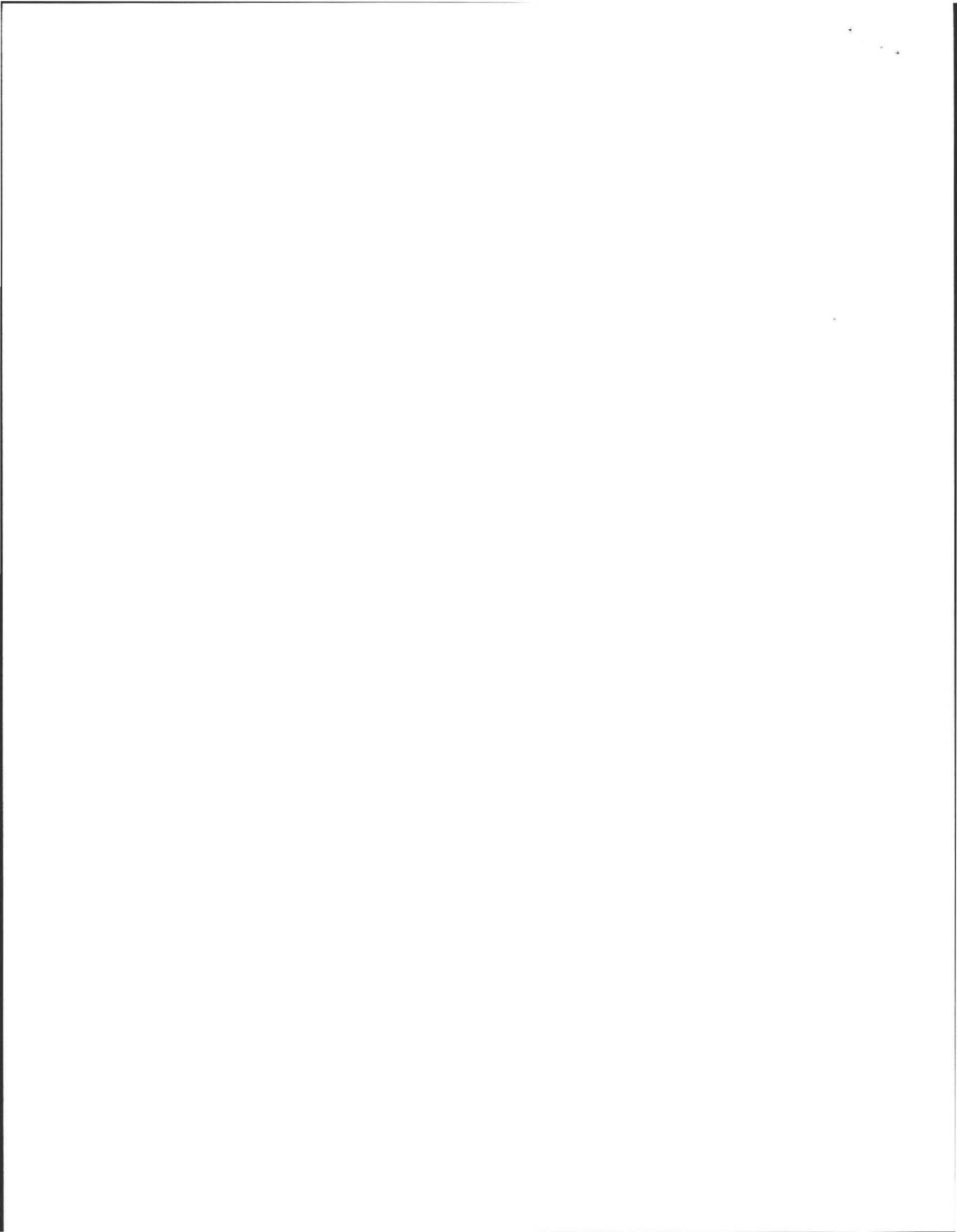
Estimated depth to ground water 10+ feet

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

- N/A 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:

Water level based on on-site data & from topography vegetation & nearby perc, Excavation in area, all well drained sand AND 1986 RECORDS.



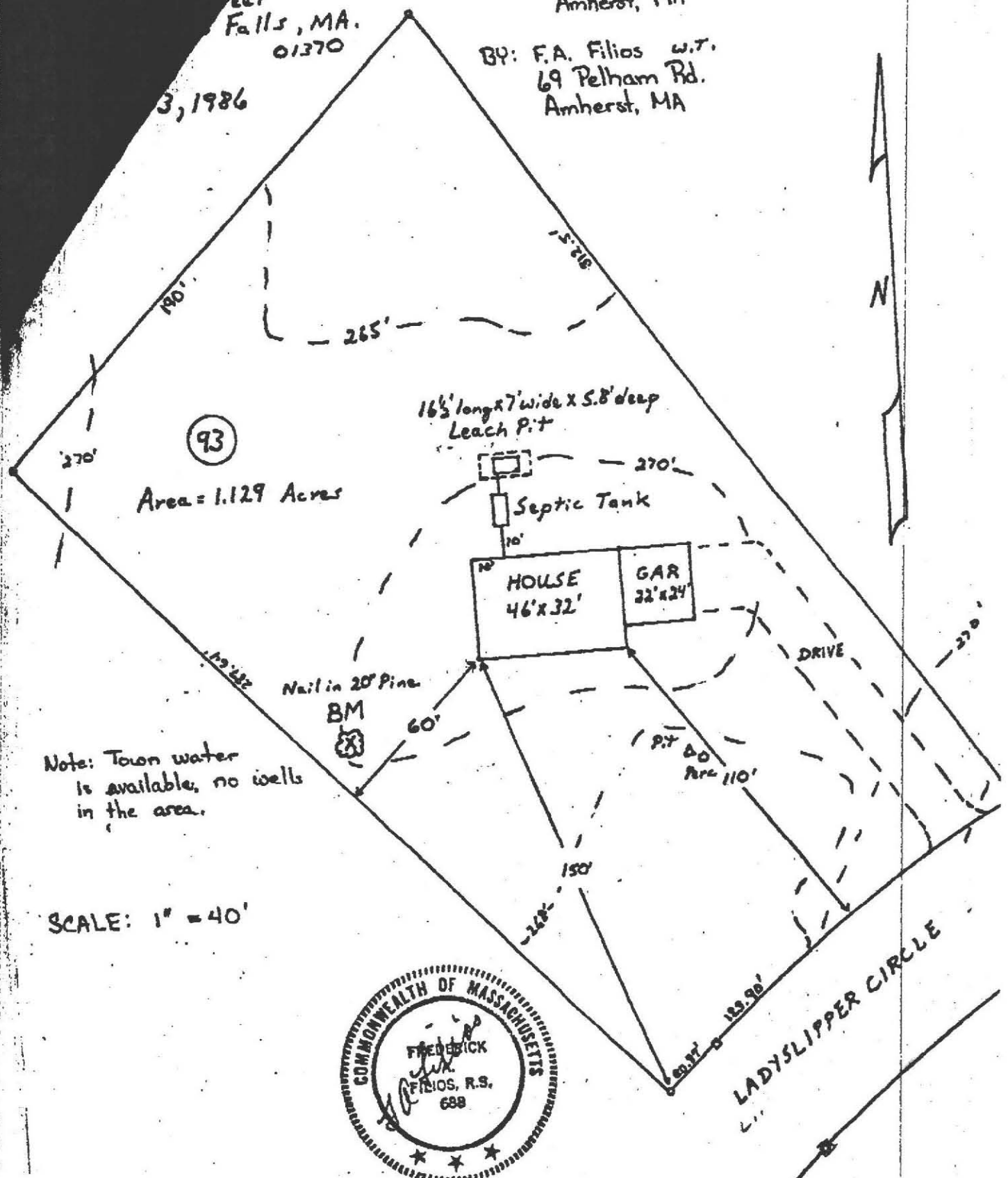
PROPOSED SEWAGE DISPOSAL

SITE: Lot 93
Amherst Woods
Amherst, MA

BY: F.A. Filios w.T.
69 Pelham Rd.
Amherst, MA

West
Falls, MA.
01370

3, 1986



93

Area = 1.129 Acres

16 1/2' long x 7' wide x 5.8' deep
Leach Pit

Septic Tank

HOUSE
46' x 32'

GAR
22' x 24'

DRIVE

Nail in 20' Pine
BM

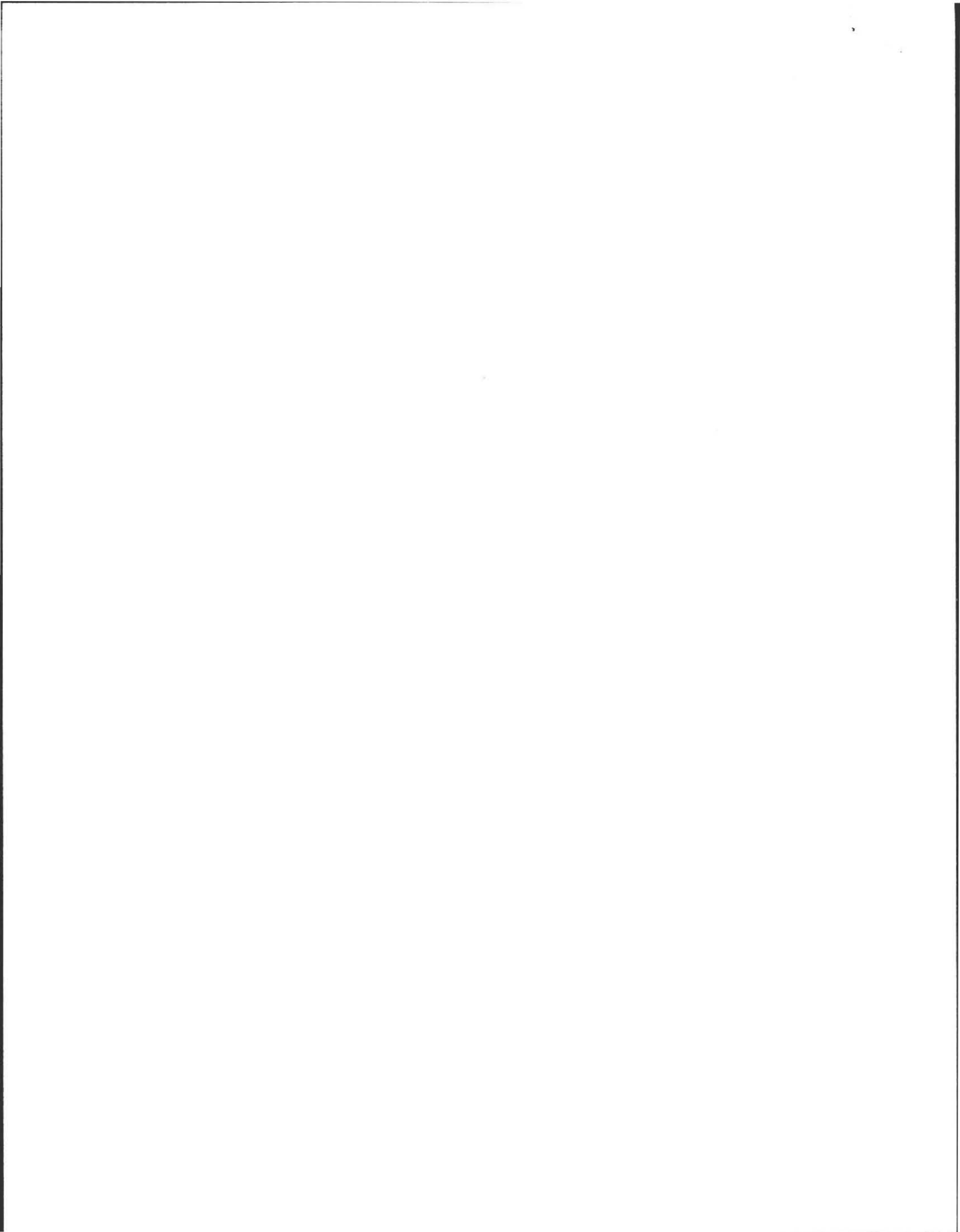
PT 40
Area 110'

Note: Town water
is available, no wells
in the area.

SCALE: 1" = 40'



LADYSLIPPER CIRCLE



No. 86-17

#4

Feb 1986

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

4 Ladyslipper Circle, Amherst Woods 93
Location - Address or Lot No.
Tim Culleny 84 North Street, Shelburne Falls
Owner Address
Blowers & Trayer CONWAY, MA.
Installer Address

Type of Building
Dwelling - No. of Bedrooms 4 Expansion Attic () Garbage Grinder (✓)
Other - Type of Building _____ No. of persons _____ Showers () - Cafeteria ()
Other fixtures _____

Design Flow 82.5 gallons per person per day. Total daily flow 660 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 10'3" Width 5' Diameter _____ Depth 5'
Disposal Trench No. _____ Width 7' Total Length 16'3" Total leaching area 235.5 sq. ft. side
Seepage Pit No. 1 Diameter _____ Depth below inlet 5' Total leaching area 115.5 sq. ft. Both

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by F.A. Filian Date July 1, 1985
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10 Depth to ground water NONE
Test Pit No. 2 _____ minutes per inch Depth of Test Pit _____ Depth to ground water _____

Description of Soil Enclosed

Nature of Repairs or Alterations - Answer when applicable _____

Agreement:
The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Application Approved By [Signature] 4/9/86
Date

Application Disapproved for the following reasons: _____

Permit No. 86-17 Issued 4/9/86 Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
OF _____

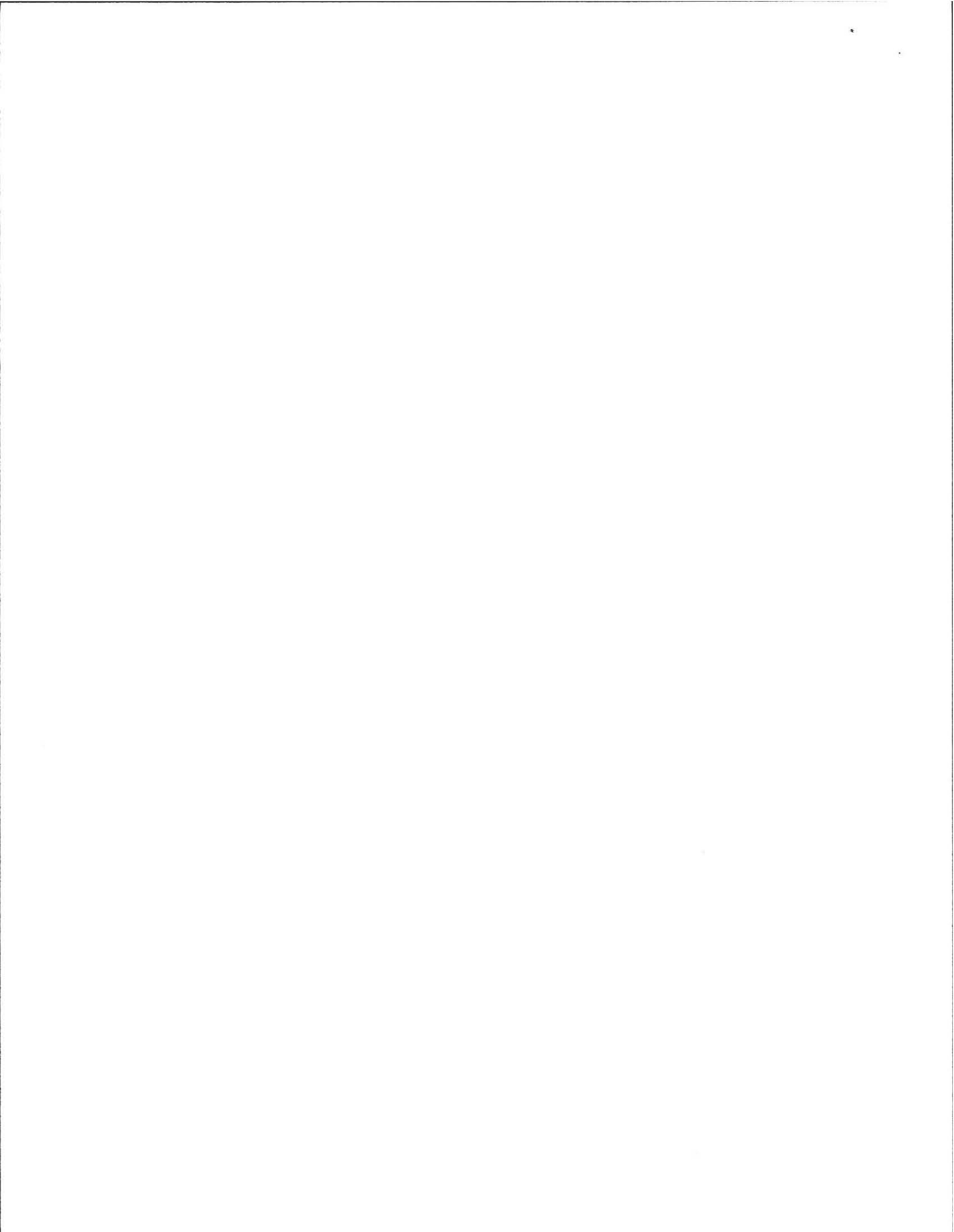
Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____ Installer

at _____ has been installed in accordance with the provisions of TITLE 5 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 SATISFACTORY.

CHECK OR FILL IN WHERE APPLICABLE



FORM 4 - SYSTEM PUMPING REC

Commonwealth of Massachusetts

AMHERST, Massachusetts

System Pumping Record

System Owner	System Location
Debra Roth Howe	4 Ladyslipper Circle

Type: Emergency Routine

Cesspool: No Yes Septic Tank: No Yes

Date of Pumping: 4/22/05 Quantity Pumped: 100 gallons

System Pumped by (Company): Karl's Site Work, Inc Permit 54205-0002

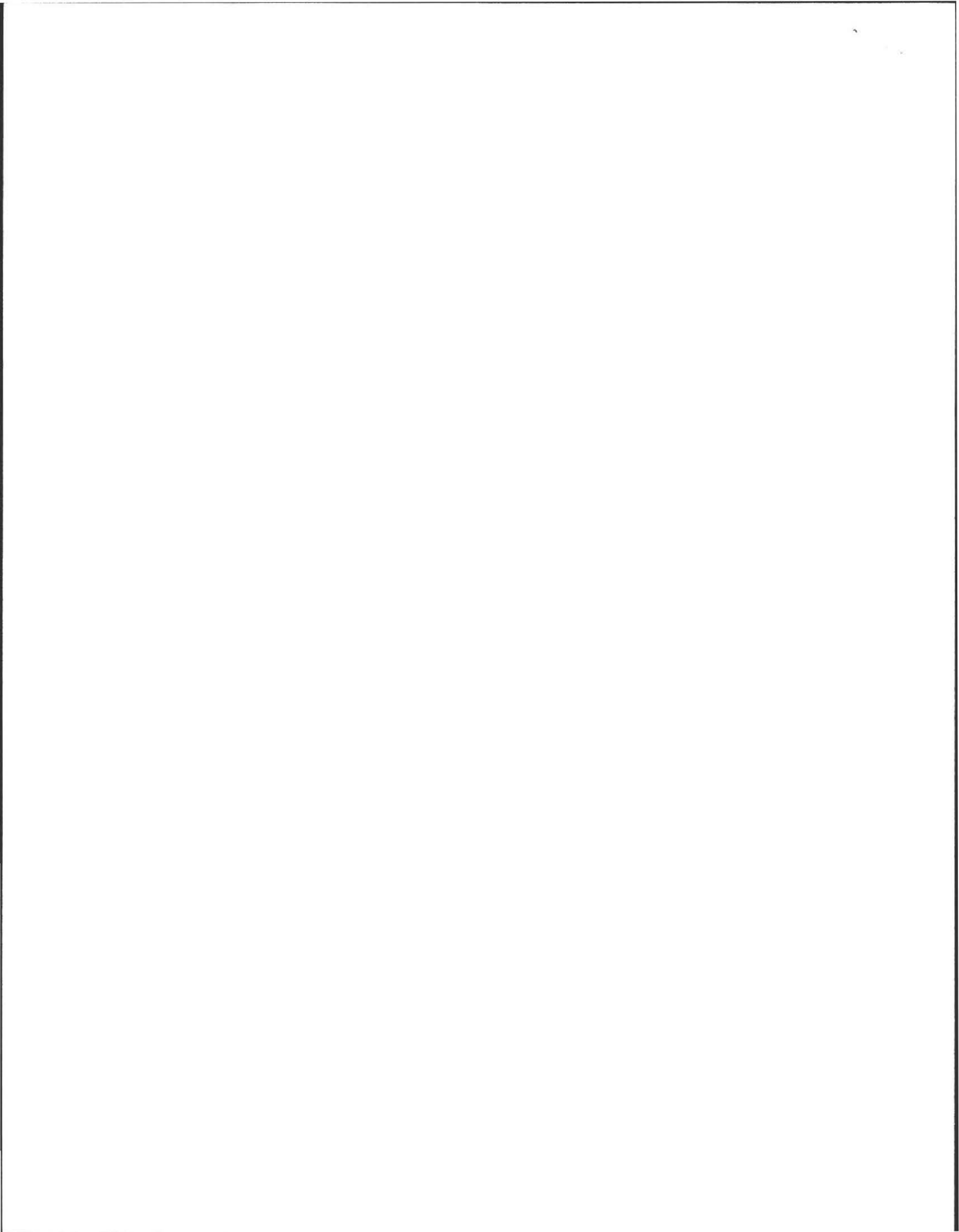
Contents transferred to: Eaving W.P.

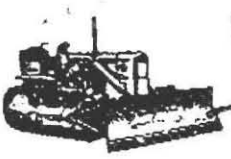
Contents disposed at:

Date _____ Pumper Signature *[Signature]*

Condition of system/other comments:







KARL'S SITE WORK, INC.
327 RIVER DRIVE
HADLEY, MA 01035
(413) 549-5396

DATE	PAGE 01 NUMBER
05/12/2005	0000034882

Page: 1

Invoice

To: DEBBIE ROTH-HOWE
4 LADYSLIPPER CIRCLE

AMHERST, MA 01002-

**PLEASE PAY FROM
THIS INVOICE**

**STATEMENTS WILL NOT
BE MAILED.**

TERMS: 30 DAYS, 1-1/2% OVER 30 DAYS.



DISPOSAL FEE 4/25 1000 GAL	1.0000	120.0000		120.00
			Tax:	0.00
PUMP&TRANSPORT	1.0000	90.0000	HR	90.00
			Tax:	0.00

Invoice Totals	
Gross	210.00
Tax	0.00
Invoice Totals	210.00

WHEN REMITTING PLEASE INCLUDE INVOICE NUMBER ON CHECK.

