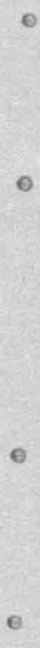


SALM

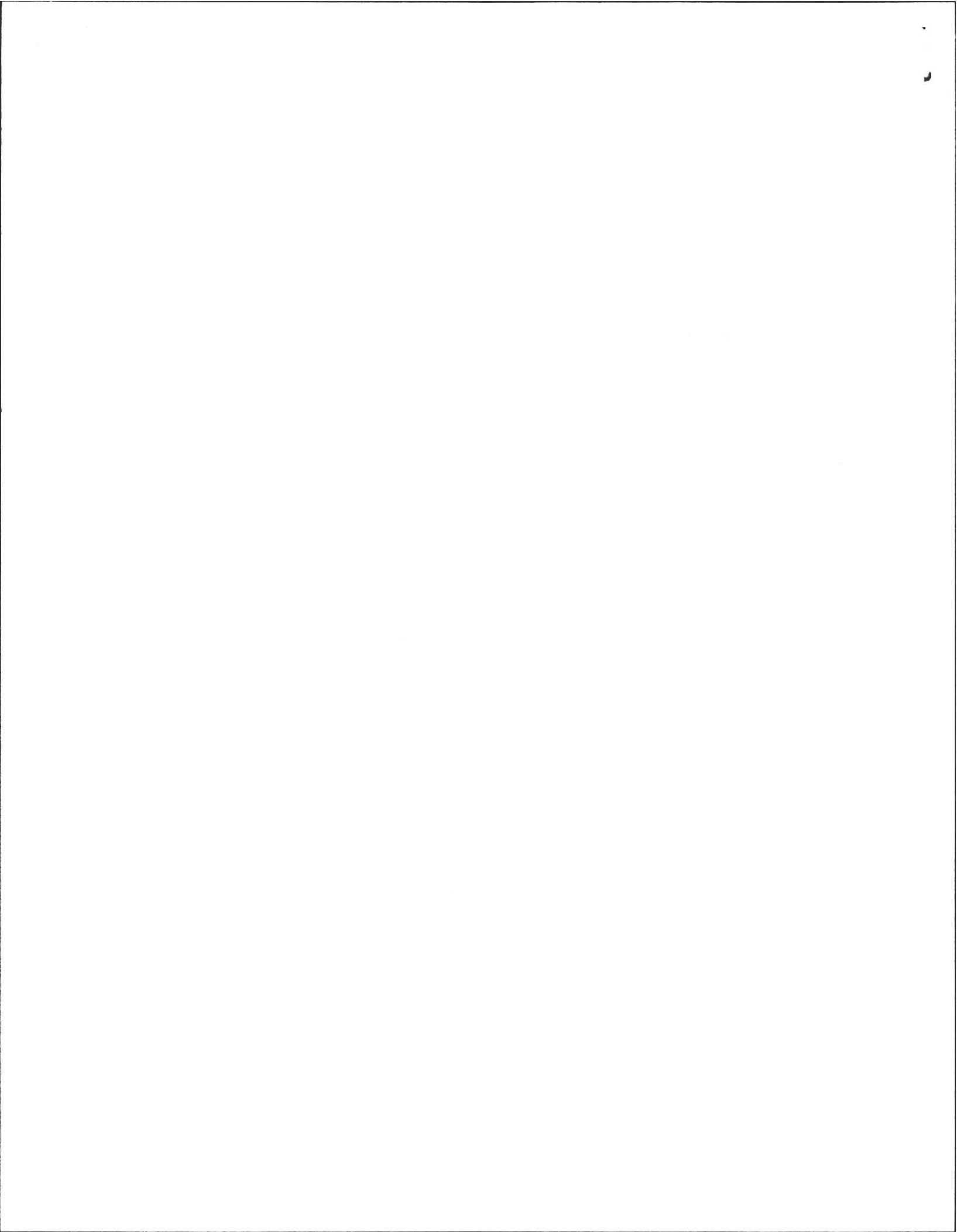
396 MIDDLE

(SPANISH) PUBLIC HEALTH  
FACT SHEETS

**Oxford**<sup>®</sup> NO. 152 1/3 BGR  
ESSELTE







CUST NAME  
4 BOLTWOOD AVENUE  
10/02/12  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 08:26

CUST NAME

0  
DEPT

DE HEA058

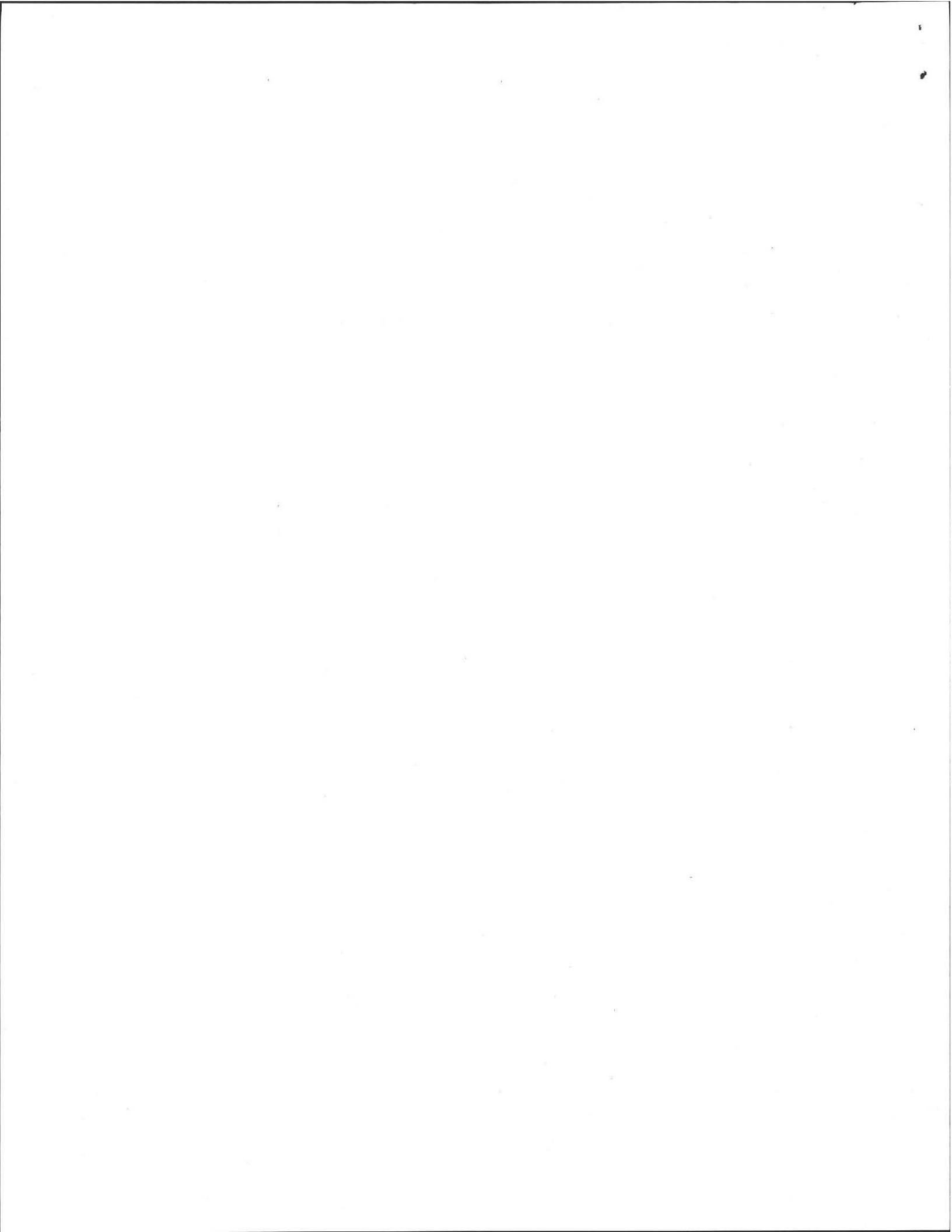
TITLE V WI 200.

RECPT TOTAL

200.00  
THOMAS R B QUA CHECK

1246

AMOUNT



LML Construction, Inc.

d/b/a L&F Construction  
 608 Long Plain Rd.  
 Leverett, MA 01054  
 413-665-3788

# Invoice

Date	Invoice #
9/28/2012	3099

Bill To
Tom Blake 396 Middle St. Amherst, MA 01002

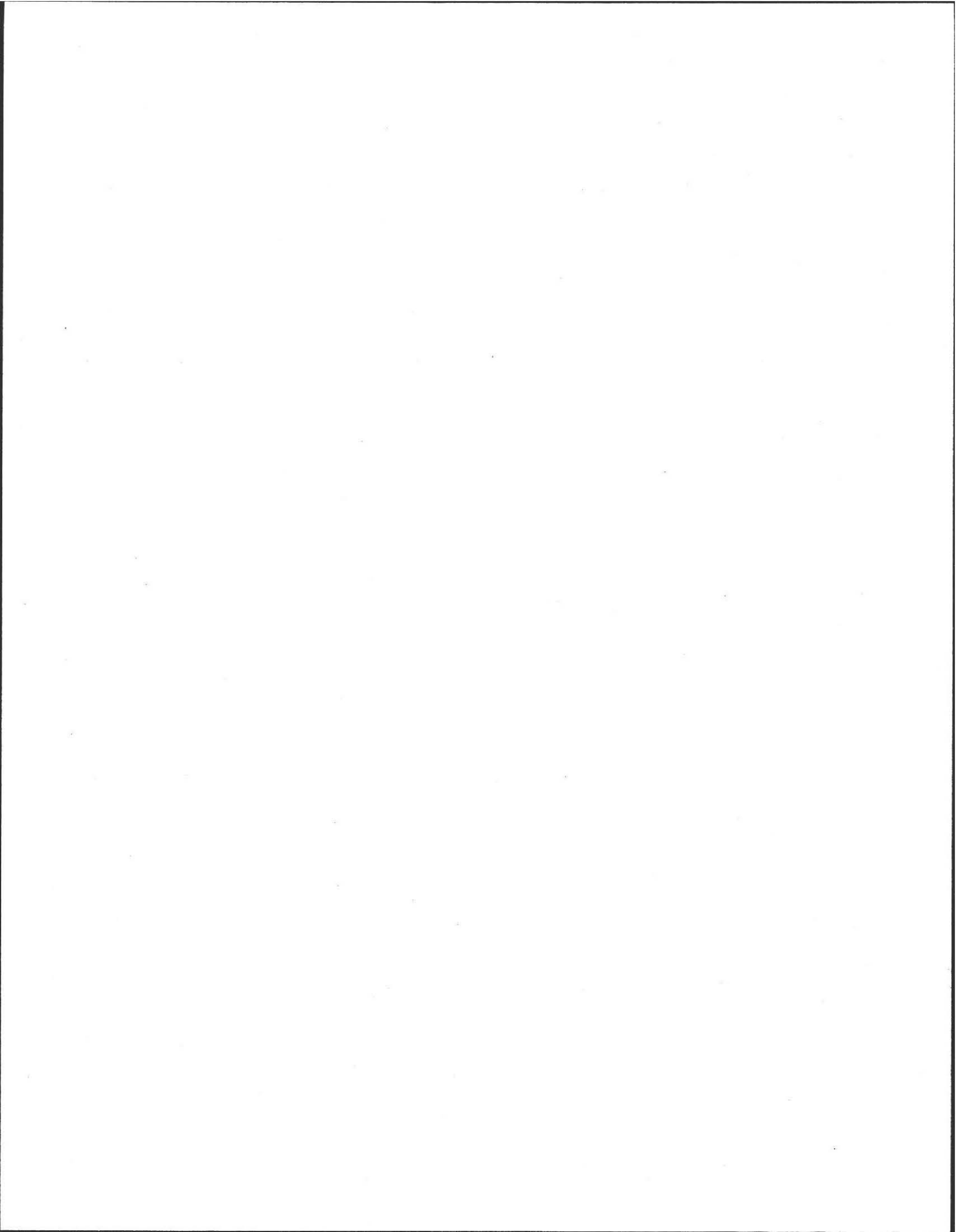
**PAID**  
 09/28/2012

P.O. No.	Terms	Project

Description	Est Amt	Prior Amt	Prior %	Curr %	Total %	Amount
Install sewer line from street to house approx. 400ft +/-  Pump existing septic tank. Crush and fill Excavate for sewer line using 4" SDR35 pipe. 4 clean outs Dig down driveway for approx. 100 +/-ft. and repair with TRG loam and seed disturbed areas.  Approx. 1 weeks work with machine and laborers.	18,130.00	9,065.00	50.00%	50.00%	100.00%	9,065.00

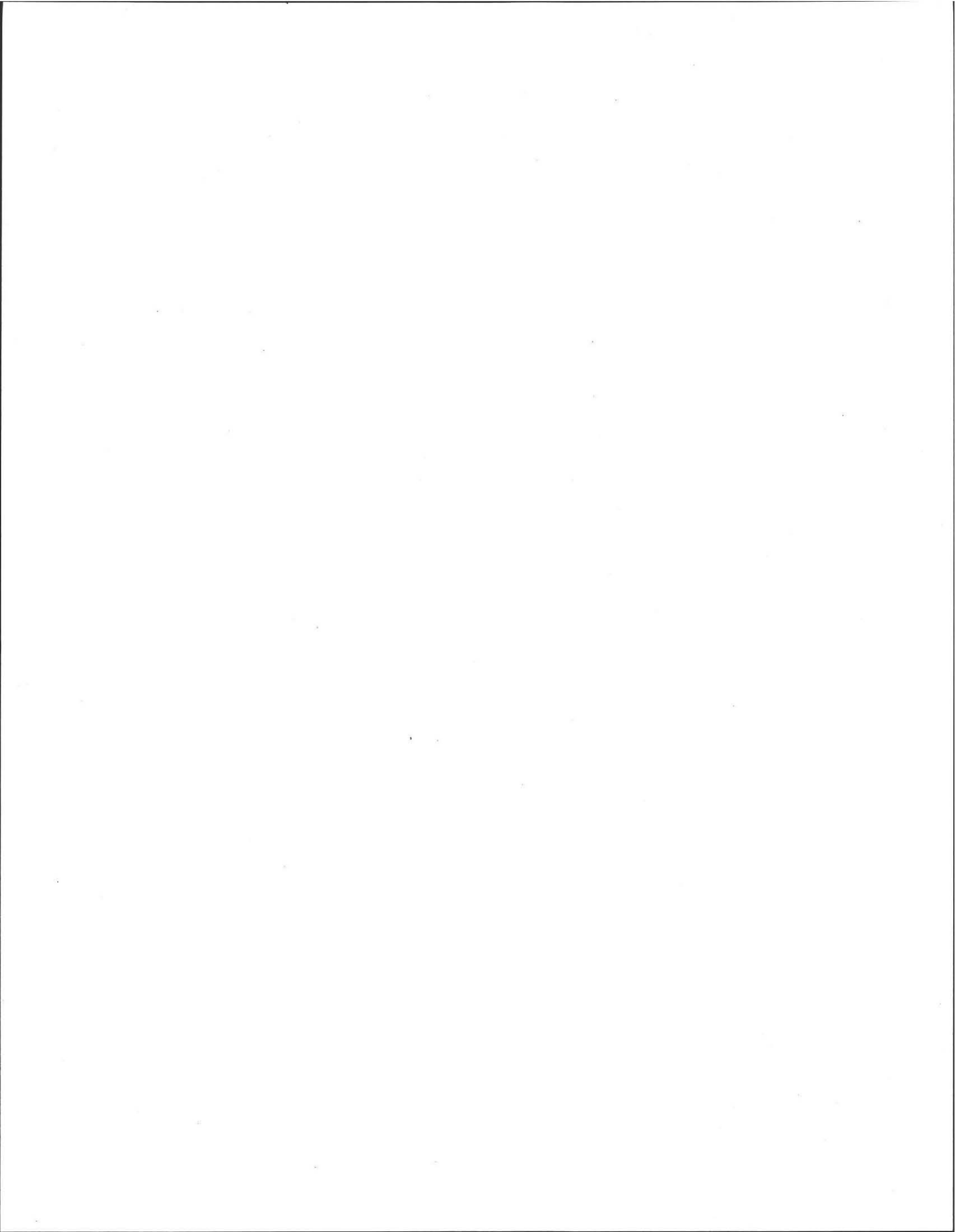
1/2 payment before work begins  
 1/2 payment upon completion

<b>Subtotal</b>	\$9,065.00
<b>Sales Tax (6.25%)</b>	\$0.00
<b>Total</b>	\$9,065.00
<b>Payments/Credits</b>	\$-9,065.00
<b>Balance Due</b>	\$0.00











Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

396 MIDDLE STREET

Property Address

THOMAS R. & JULIA A. BLAKE

Owner's Name

AMHERST

City/Town

MA.

State

01002

Zip Code

AUGUST 7, 2012

Date of Inspection

Owner information is required for every page.

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

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



A. General Information

1. Inspector:

PHILIP J. PASIECNIK

Name of Inspector

GREG'S WASTE WATER REMOVAL

Company Name

239 GREENFIELD ROAD

Company Address

SOUTH DEERFIELD

City/Town

413-665-3989

Telephone Number

MA.

State

01373

Zip Code

License Number

B. Certification

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

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

Inspector's Signature (Handwritten: Philip J. Pasiecznik)

Date (Handwritten: 8/7/12)

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

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



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B. Certification (cont.)

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

A) System Passes:

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

Comments:

Four horizontal lines for writing comments.

B) System Conditionally Passes:

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

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

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

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

Y N ND (Explain below):

Four horizontal lines for explaining the response.



Commonwealth of Massachusetts

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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

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

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

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

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

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

- Cesspool or privy is within 50 feet of a surface water
Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh



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B. Certification (cont.)

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

- Four checkbox options regarding septic tank and SAS placement relative to surface water, public water supply, and private water supply wells.

Method used to determine distance:

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

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

- Table with 2 columns: Yes, No. Rows describe failure criteria such as 'Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool'.



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B. Certification (cont.)

Yes No

Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_\_.

Any portion of the SAS, cesspool or privy is below high ground water elevation.

Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

Any portion of a cesspool or privy is within a Zone 1 of a public well.

Any portion of a cesspool or privy is within 50 feet of a private water supply well.

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]

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

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

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

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

Yes No

the system is within 400 feet of a surface drinking water supply

the system is within 200 feet of a tributary to a surface drinking water supply

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Property Address

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AUGUST 7, 2012

Date of Inspection

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C. Checklist

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

- Checklist items with Yes/No columns and checkboxes. Includes questions about pumping information, system components, water volumes, plans, sewage back up, break out, system components location, manholes, facility owner information, and field determination.

D. System Information

Residential Flow Conditions:

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): 440 gpd





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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AMHERST

City/Town

MA. State

01002 Zip Code

AUGUST 7, 2012 Date of Inspection

D. System Information

Description:

Three horizontal lines for description input.

Number of current residents: 2

Does residence have a garbage grinder? [X] Yes [ ] No

Is laundry on a separate sewage system? [if yes separate inspection required] [ ] Yes [X] No

Laundry system inspected? [ ] Yes [X] No

Seasonal use? [ ] Yes [X] No

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

Detail:

Three horizontal lines for detail input.

Sump pump? [ ] Yes [X] No

Last date of occupancy: Currently Occupied

Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

Design flow (based on 310 CMR 15.203): Gallons per day (gpd)

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

Grease trap present? [ ] Yes [ ] No

Industrial waste holding tank present? [ ] Yes [ ] No

Non-sanitary waste discharged to the Title 5 system? [ ] Yes [ ] No

Water meter readings, if available:



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**  
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

396 MIDDLE STREET  
 Property Address

THOMAS R. & JULIA A. BLAKE  
 Owner's Name

AMHERST MA. 01002 AUGUST 7, 2012  
 City/Town State Zip Code Date of Inspection

Owner information is required for every page.

**D. System Information (cont.)**

Last date of occupancy/use: \_\_\_\_\_ Date

Other (describe below):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**General Information**

**Pumping Records:**

Source of information: \_\_\_\_\_ Last pumped on 07/02/10

Was system pumped as part of the inspection?  Yes  No

If yes, volume pumped: \_\_\_\_\_ gallons

How was quantity pumped determined? \_\_\_\_\_

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) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe):  
 \_\_\_\_\_



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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D. System Information (cont.)

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

31 Years Old / 08/05/81 / As Built

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2 feet

Material of construction:

cast iron 40 PVC other (explain):

4" ABS

Distance from private water supply well or suction line:

Town feet

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

Building sewer entering tank appeared to be good. Venting was visible on roof. No leakage visible.

Septic Tank (locate on site plan):

Depth below grade:

1.5 feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

N/A years

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

Yes No

Dimensions:

10'6" L x 5'6" W x 5'4" D

Sludge depth:

6"



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**  
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

396 MIDDLE STREET  
 Property Address  
 THOMAS R. & JULIA A. BLAKE  
 Owner's Name  
 AMHERST MA 01002 AUGUST 7, 2012  
 City/Town State Zip Code Date of Inspection

**D. System Information (cont.)**

**Septic Tank (cont.)**

Distance from top of sludge to bottom of outlet tee or baffle 27"  
 Scum thickness 3"  
 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? Tank Size

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

Septic tanks should be pumped annually with the use of a garbage disposal and at least every three years without one. Inlet baffle was good and outlet baffle poor. Tank was in fair condition. No leakage was visible. Concrete deterioration visible at the outlet end above flow line.

**Grease Trap (locate on site plan):**

Depth below grade: N/A  
 feet

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

Dimensions: \_\_\_\_\_

Scum thickness \_\_\_\_\_

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

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

Date of last pumping: \_\_\_\_\_  
 Date



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

396 MIDDLE STREET

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Owner's Name

AMHERST

City/Town

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01002

Zip Code

AUGUST 7, 2012

Date of Inspection

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## D. System Information (cont.)

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

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

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

Depth below grade:

N/A

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain):

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day

Alarm present:

Yes       No

Alarm level:

Alarm in working order:       Yes       No

Date of last pumping:

Date

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

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

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

396 MIDDLE STREET

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AMHERST

City/Town

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01002

Zip Code

AUGUST 7, 2012

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D. System Information (cont.)

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

Depth of liquid level above outlet invert

8"

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.):

When box cover was opened liquid and solids carryover was coming over the top. Leakage was evident out of cover due to hydraulic failure and/or pressure.

Pump Chamber (locate on site plan):

Pumps in working order:

[ ] Yes [ ] No

Alarms in working order:

[ ] Yes [ ] No

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

N/A

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

If SAS not located, explain why:



Commonwealth of Massachusetts

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D. System Information (cont.)

Type:

- leaching pits, leaching chambers, leaching galleries, leaching trenches, leaching fields, overflow cesspool, 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.):

Soil clogging evident with backup of liquid into d-box due to a clogged and overloaded SAS. Hydraulic failure evident. No ponding to surface. Soil at surface over SAS wasn't damp. Vegetation appeared to be uniform in growth over SAS.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration, Depth - top of liquid to inlet invert, Depth of solids layer, Depth of scum layer, Dimensions of cesspool, Materials of construction, Indication of groundwater inflow



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

396 MIDDLE STREET

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AUGUST 7, 2012

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## D. System Information (cont.)

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

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Privy (locate on site plan):

Materials of construction:

N/A

Dimensions

Depth of solids

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

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Commonwealth of Massachusetts

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## D. System Information (cont.)

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

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

See "As Built" Attached



Commonwealth of Massachusetts

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AUGUST 7, 2012

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## D. System Information (cont.)

### Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

4+

feet

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

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

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

E.S.H.W.T. Will be established by a soil evaluator for system repair if owners decide not to hook up to existing Town sewer line at street.

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



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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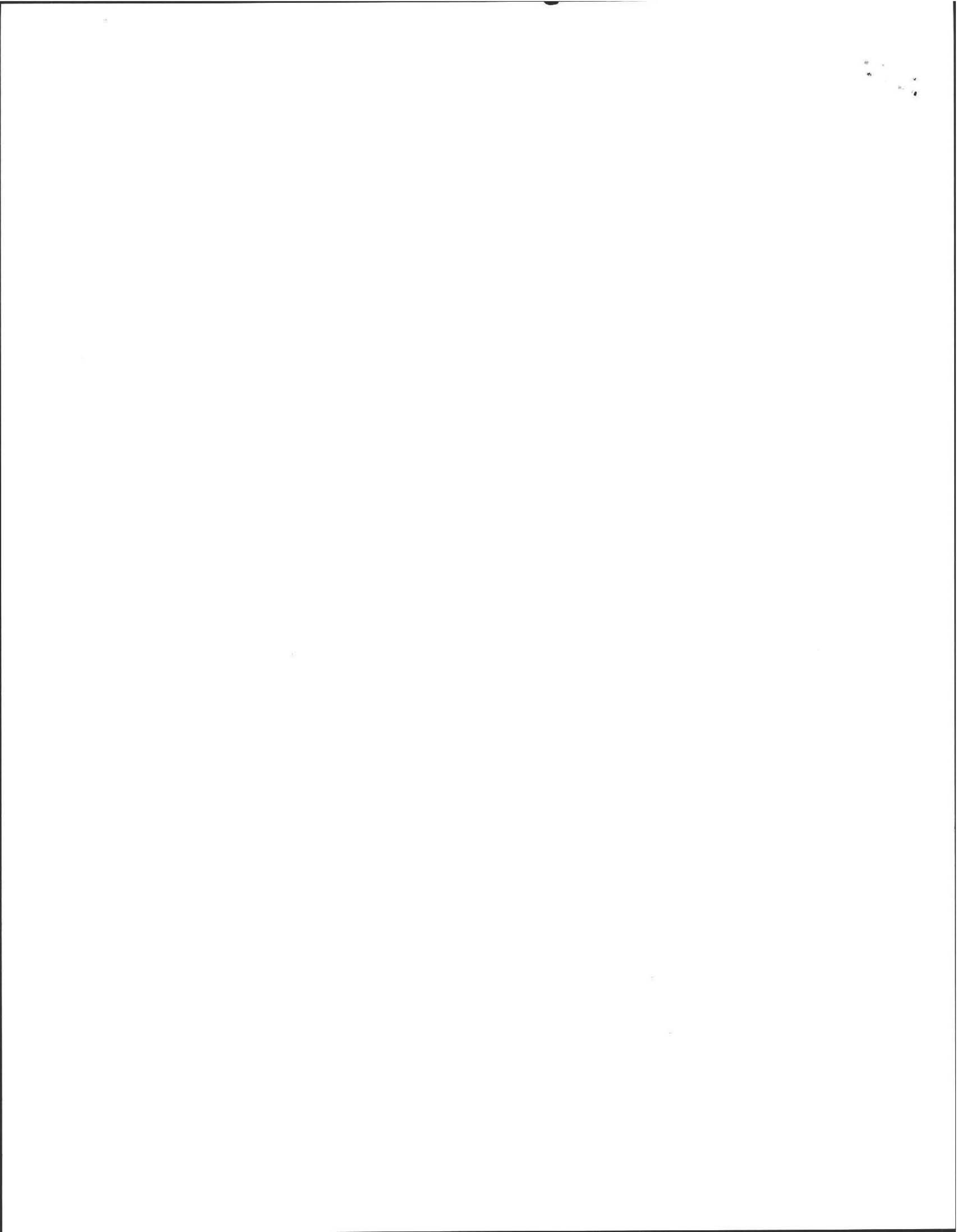
AUGUST 7, 2012

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

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



Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE  
WILD FLOWER CONST. MASSACHUSETTS ST. NORTHUMPTON

Owner TOM BLAKE Address \_\_\_\_\_

Installer KARLS Exc. Address RIVER DR. WADLEY

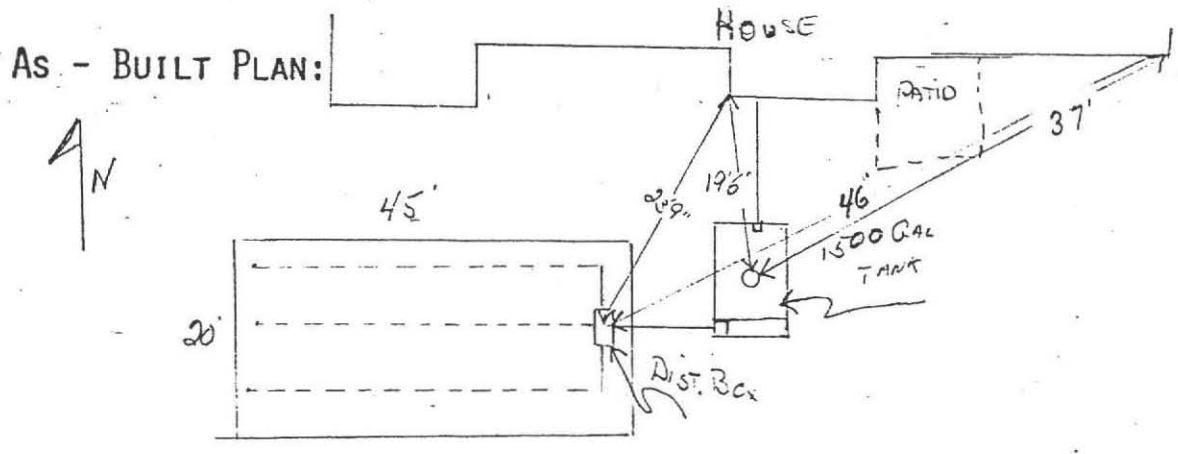
Date Installation Inspected and Approved ~~1500~~ 8-5-81

Description of System: Tank Capacity: 1500 GAL

Leach Field ( ) Bed (X) Seepage Pit ( ) Square Feet: 900

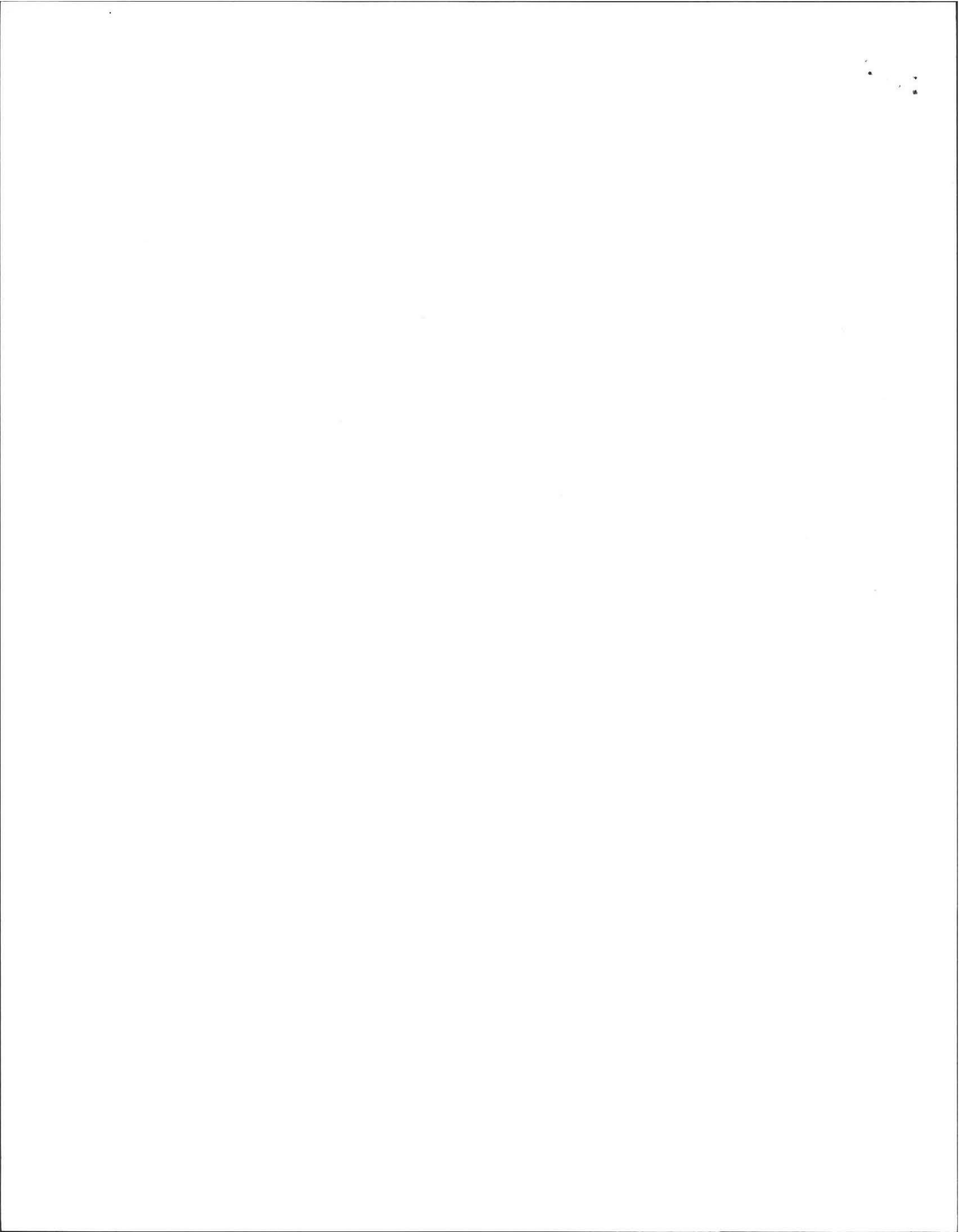
Garbage Grinder Yes (X) No ( ) No. Bedrooms: 4 No. People 8

1  
MIDDLE ST.

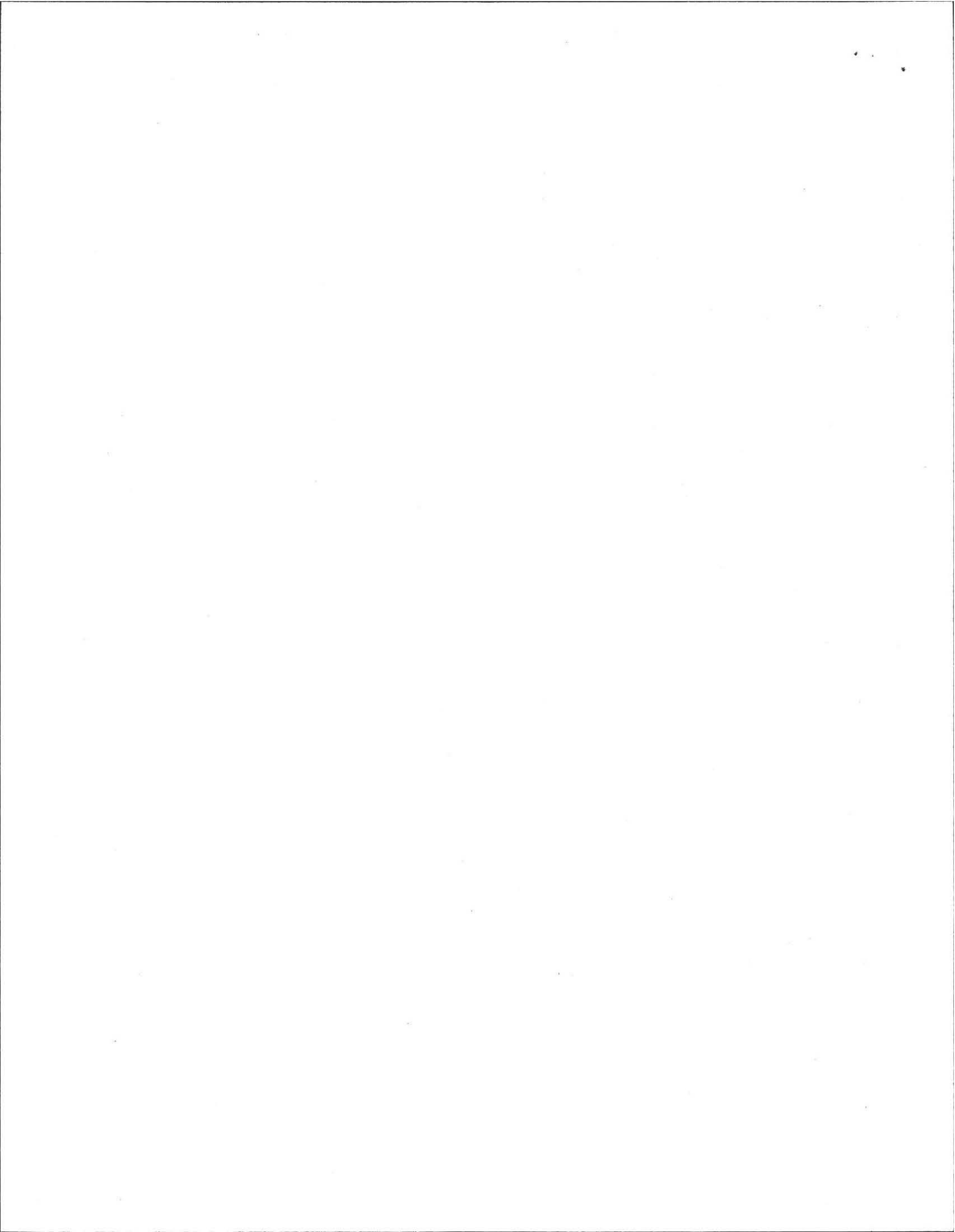


**PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM**

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Ed: Northampton Full Day	Ed: Amherst Full Day	Ed: Northampton Full Day	Ed: Amherst 12 - 4:30 p.m.	Ed: Amherst Full Day
Jen: Amherst Full Day	Jen: Amherst Full Day	Jen: FLIP DAY Amherst: 2nd and 4th week	Jen: Northampton Full Day	Jen: Northampton Full Day
	Casa Latina: 1-4 p.m. (Rm. 316)	Immunization Clinic	HHC: 1-4 p.m. (Nurse's Office)	





Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002  
(413) 259-3077 (413) 259-2404 - FAX health@amherstma.gov

August 21, 2012

Tom Blake  
396 Middle Street  
Amherst, MA 01002

RE: Title V Septic Inspection

Dear Mr. Blake:

The Amherst Board of Health, represented by myself, witnessed the failed Title V inspection performed by Phil Poscieneck performed at your property on 8/7/2012, and is in anticipation of receiving his written report to that effect. That inspection report will indicate that the subsurface sewage disposal system at that address fails to protect the public health and the environment as defined in **Section 15.303 of CMR 15.000, State Environmental Code, Title 5.**

Therefore, in accordance with the provisions of 310 CMR 15.000 of the State Environmental Code, Title 5, and under authority of Massachusetts General Laws, Chapter 21A, Section 13, you (or the subsequent owners of the property) are hereby ordered to repair the subsurface sewage disposal system at 396 Middle St., within two (2) years of the date of the inspection, (by August 7, 2012). If further degradation of the sewage disposal system occurs (e.g. sewage flowing to the surface of the ground), you may be required to complete the repairs sooner.

All work to repair/upgrade the subsurface sewage disposal system must be performed by a licensed sewage disposal system installer, in accordance with the requirements of 310 CMR 15.000, and with plans prepared by a Registered Sanitarian or Registered Professional Engineer and approved by the Northampton Board of Health.

Please be advised that you are entitled to a hearing on this order to upgrade your subsurface sewage disposal system, provided that you file a **written petition** requesting such a hearing in the Board of health office within **seven (7) days** of the receipt of this notice.

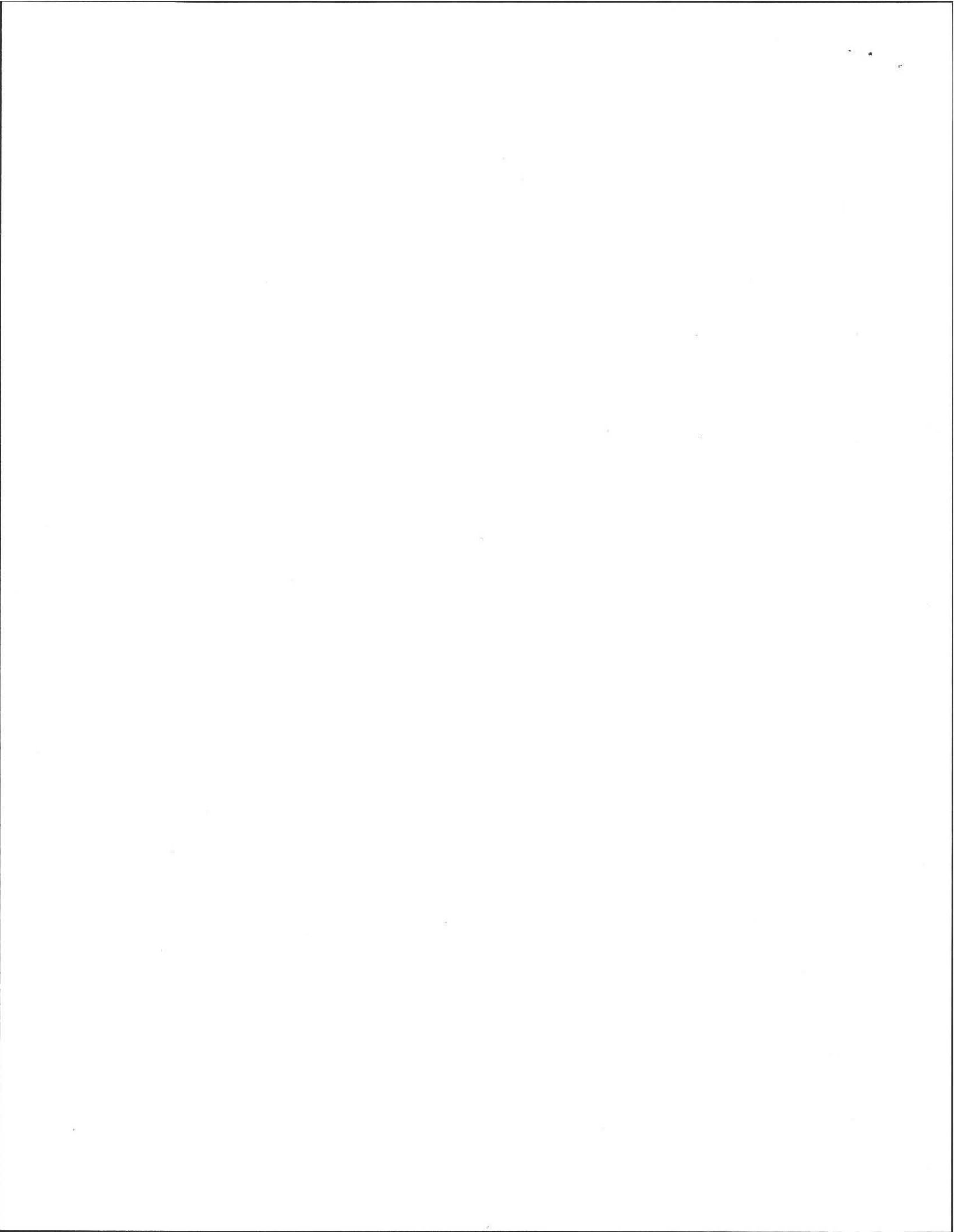
Please feel free to contact the Board of Health office, at 259-3077, if you have any questions concerning this notice.

Thank you for your anticipated cooperation in this matter.

Sincerely,

Edmund Smith  
Assistant Sanitarian

FILE COPY  
mailed 8/21/2012



# August 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002

DATE: August 21, 2012

TO Tom Blake  
396 Middle Street  
Amherst, MA 01002

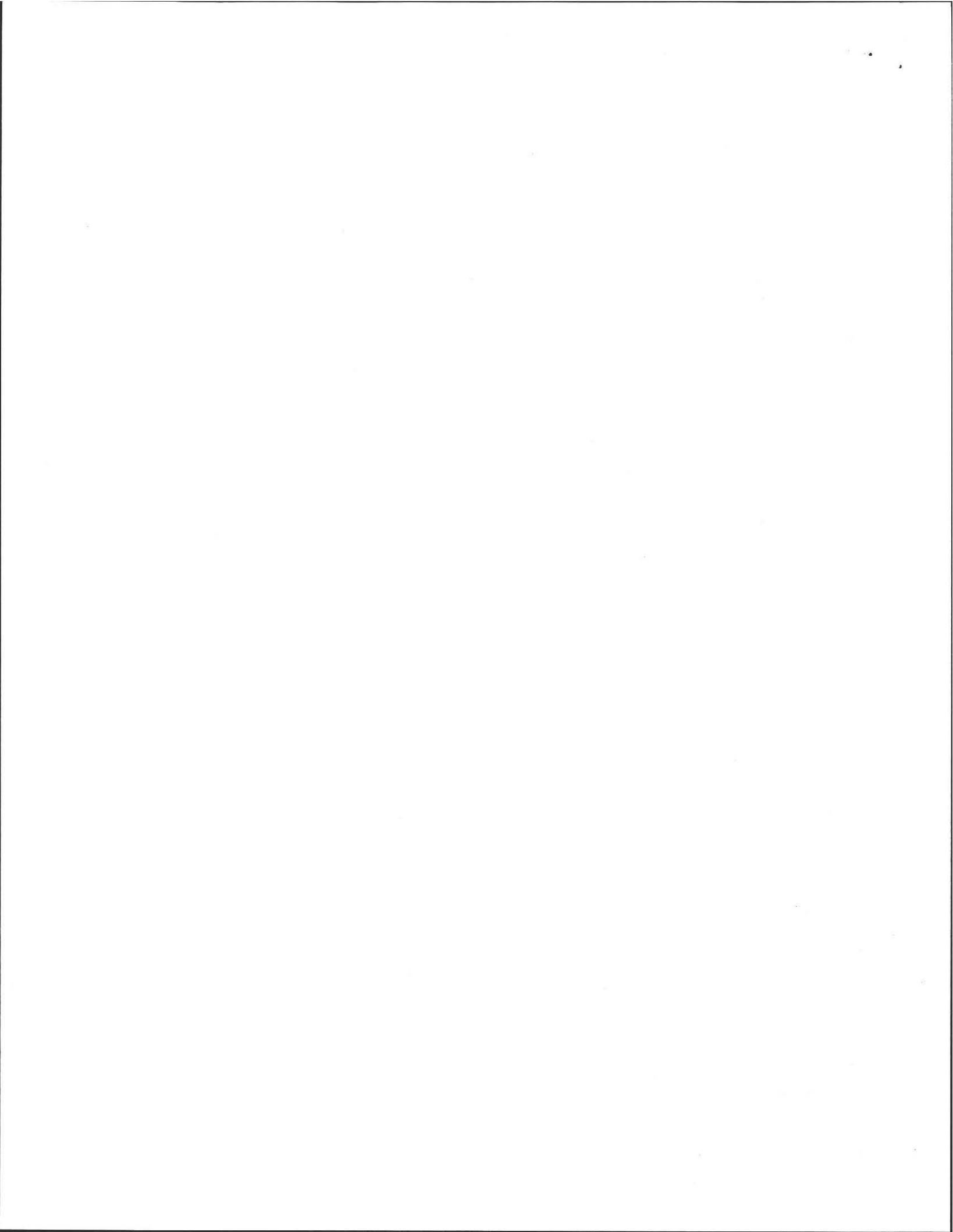
RE: Invoice for Septic Title V witness

Services provided by Edmund Smith

PAYMENT TERMS: Due Upon Receipt

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness	\$ 200.00	\$ 200.00
	this invoice is due/thank you		
	(if you will be connecting to the sewer, please remit directly;		
	if submitting a repair septic plan, please remit an additional \$150		
	with that application)		
<b>SUBTOTAL</b>			\$ 200.00
<b>SALES TAX</b>			
<b>TOTAL</b>			\$ 200.00

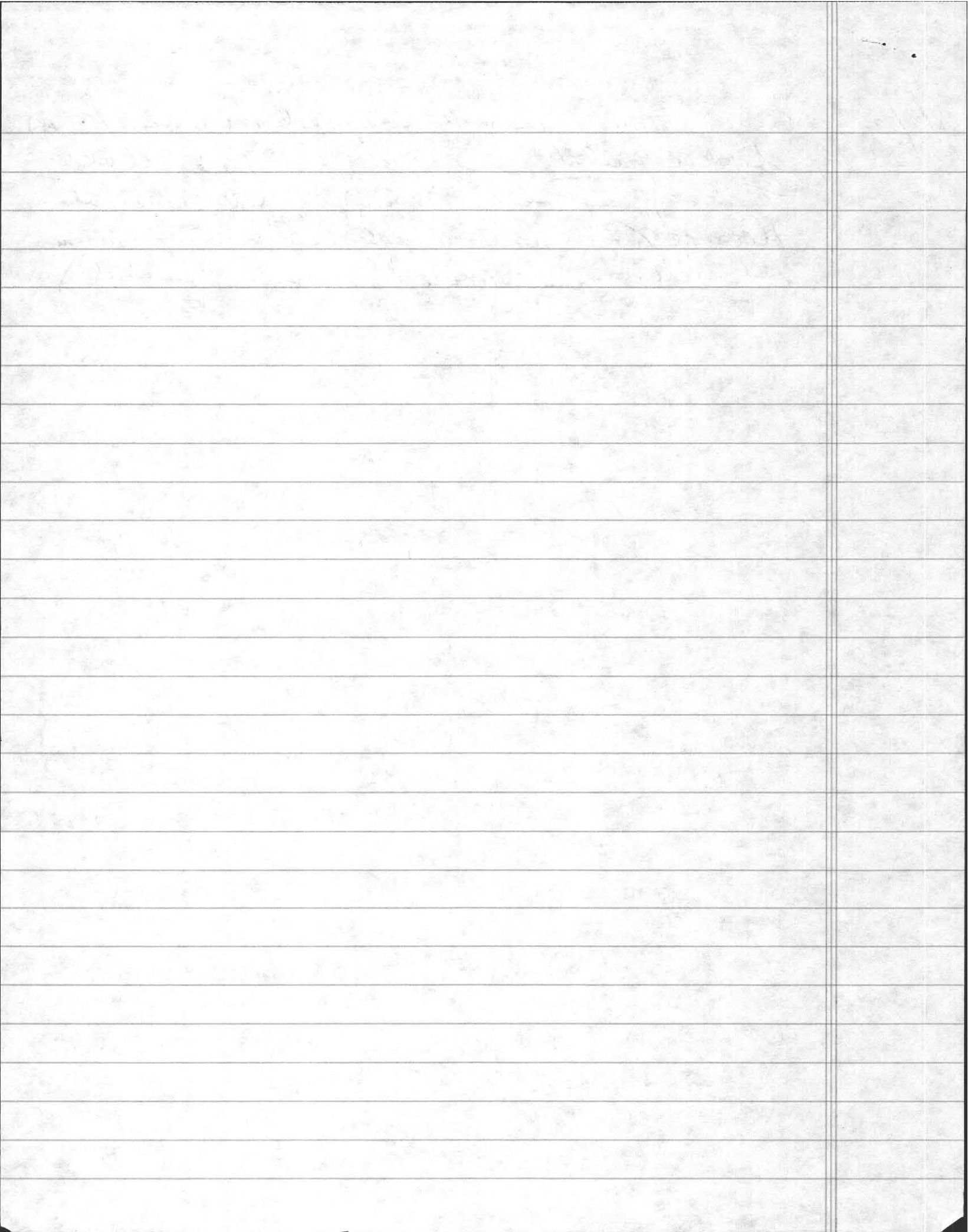
*Mailed 8/21/2012*



8/7/12

8:30

T.H. v inspection w/ Phil Poscament / Greg's  
System failed - D-Box full, field occluded.  
Tank appears okay. Owners referred to recent  
blockage. (tree roots found and removed from  
old riser near house, new riser added.)





PERCOLATION TEST LOCATIONS

Apr. 21, 1977

Scale 1" = 100'

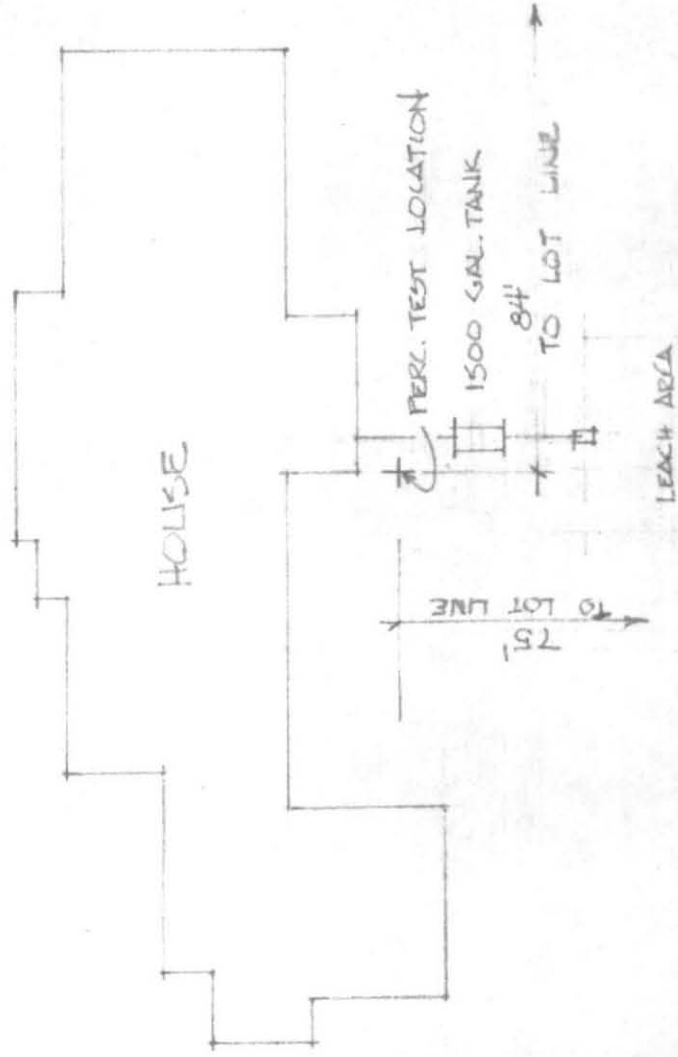
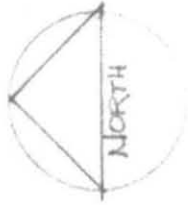
By Frederick Filios

SKETCH OF LOTS  
AMHERST, MASSACHUSETTS

of Robert Mannheim

BLAKE



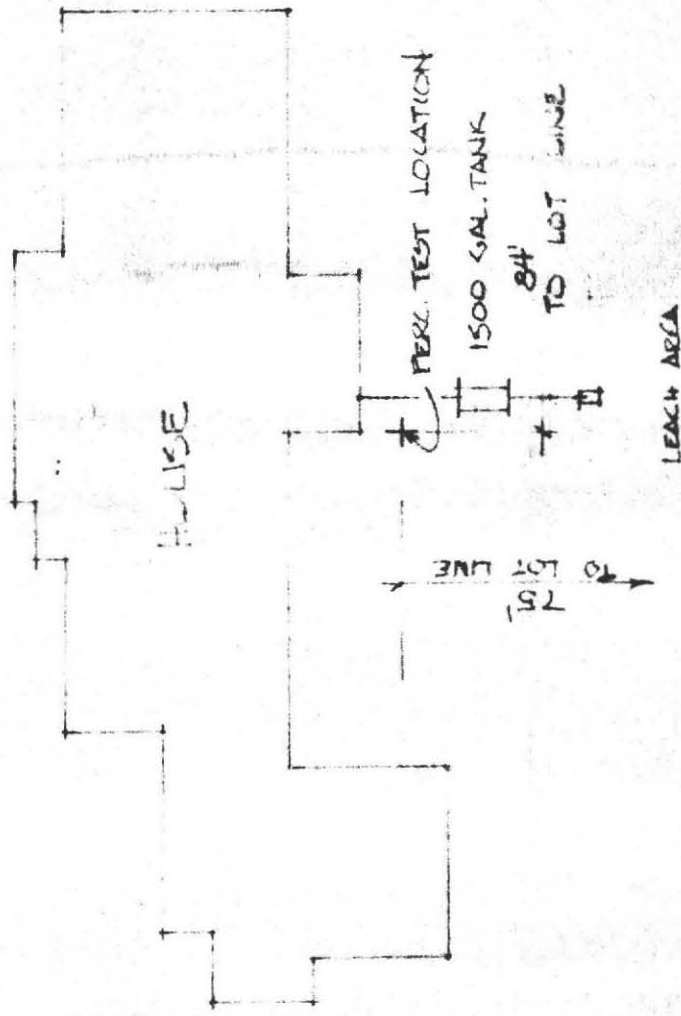


BLAKE RESIDENCE  
LOT #9 MIDDLE ST.  
SO. AMHERST, MA.

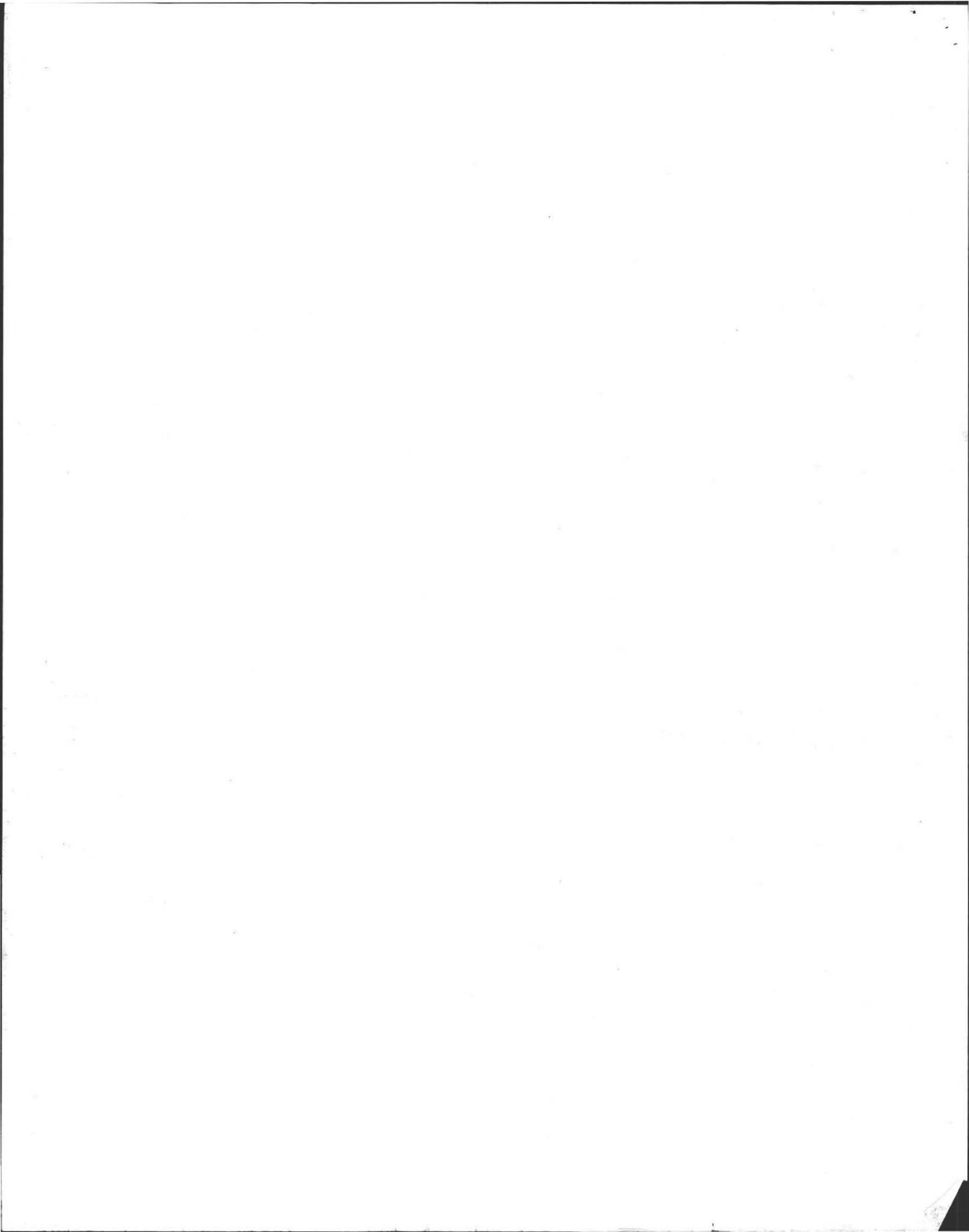
WILDFLOWER CONST, CORP.  
BUILDER

WILDFLOWER ASSOCIATES | ARCHITECTS





BLAKE RESIDENCE  
LOT #9 MIDDLE ST.  
SO. AMHERST, MA.  
WILDFLOWER CONST., CORP.  
BUILDER  
WILDFLOWER ASSOCIATES | ARCHITECTS



69 Pelham Rd  
Amherst Mass. 01002  
Apr 27 1977

Board of Public Health  
Amherst Mass.

Dear Sirs,

Please be advised that percolation Tests  
were made on April 21 1977 on the property  
of:

L. Robt. Mannheim  
at 374 Middle St  
Amherst Mass.

Locations of the tests and soil descriptions  
are shown on the accompanying map and  
diagrams.

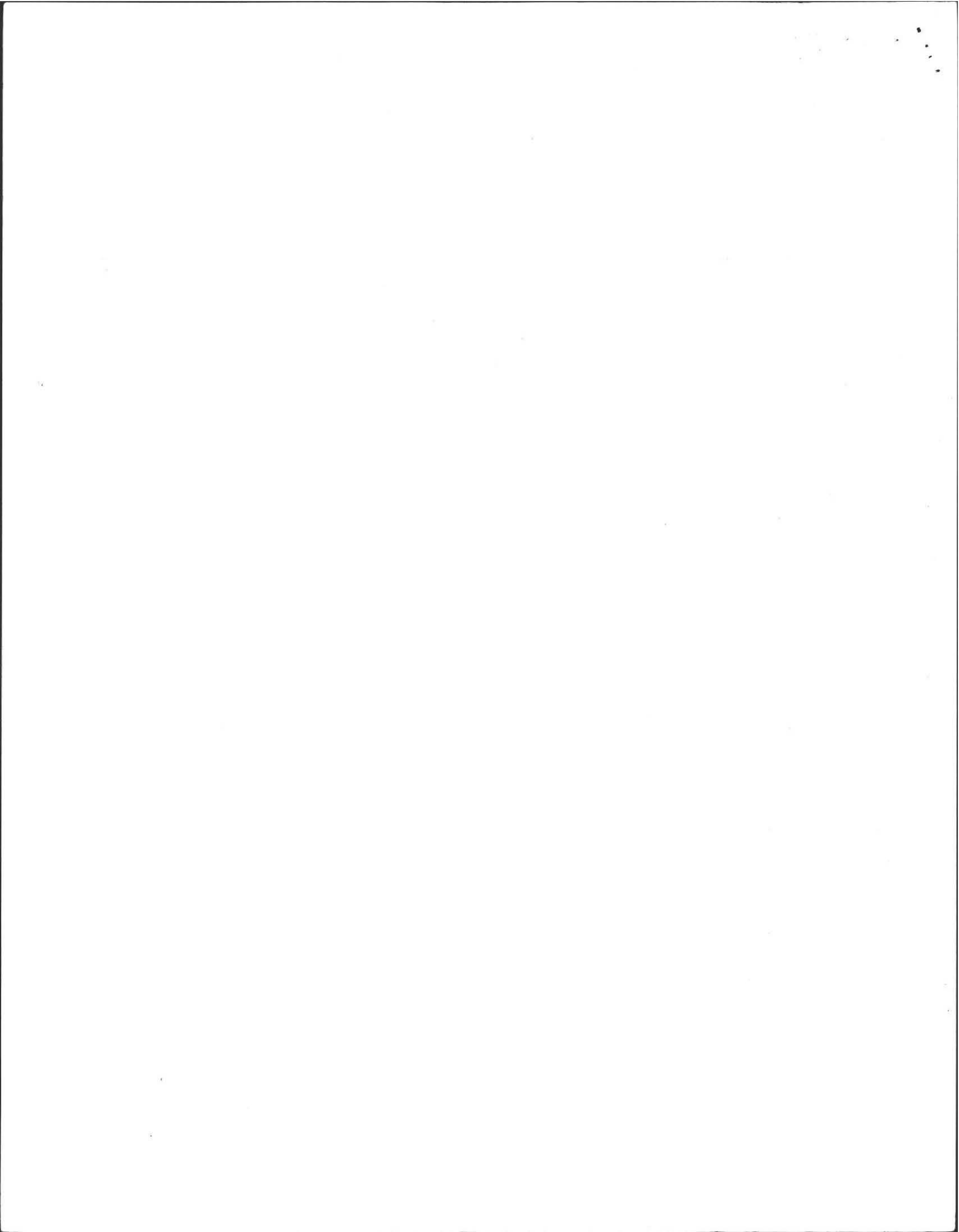
Percolation rates are as follows:

Lot # 2, 2 min. per inch at 32" depth  
Lot # 3, 2 min. per inch at 38" depth  
Lot # 7, 2 min. per inch at 30" depth  
Lot # 8, 2 min per inch at 36" depth  
Lot # 9, 2 min per inch at 31" depth

cc Mannheim



Sincerely  
Frederick A. Filios



BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE  
WILD FLOWER CONST. MASSASOIT ST NORTHAMPTON

Owner TOM BLAKE Address \_\_\_\_\_

Installer KARLS EXC. Address RIVER DR. WADLEY

Date Installation Inspected and Approved ~~1500~~ 8-5-81

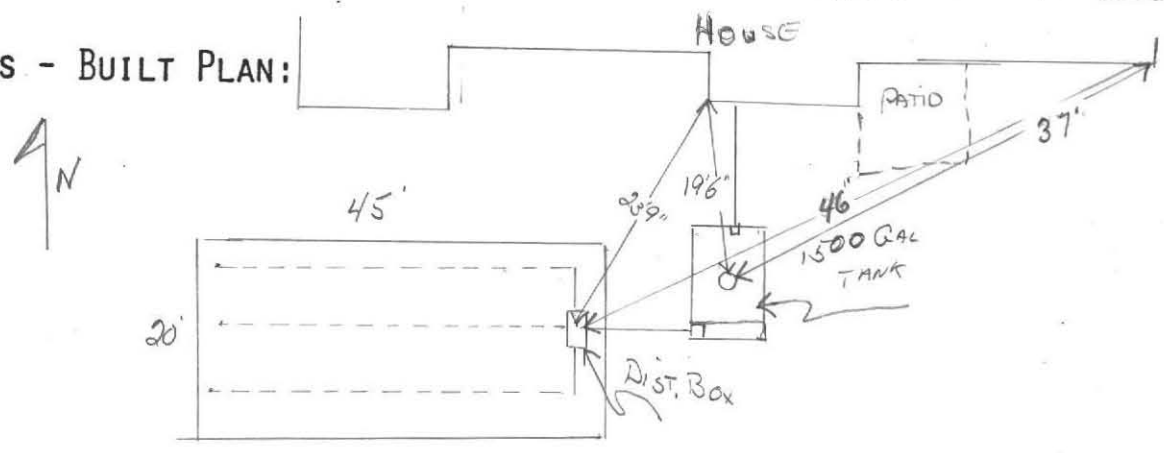
Description of System: Tank Capacity: 1500 GAL

Leach Field ( ) Bed (x) Seepage Pit ( ) Square Feet: 900

Garbage Grinder Yes (x) No ( ) No. Bedrooms: 4 No. People 8

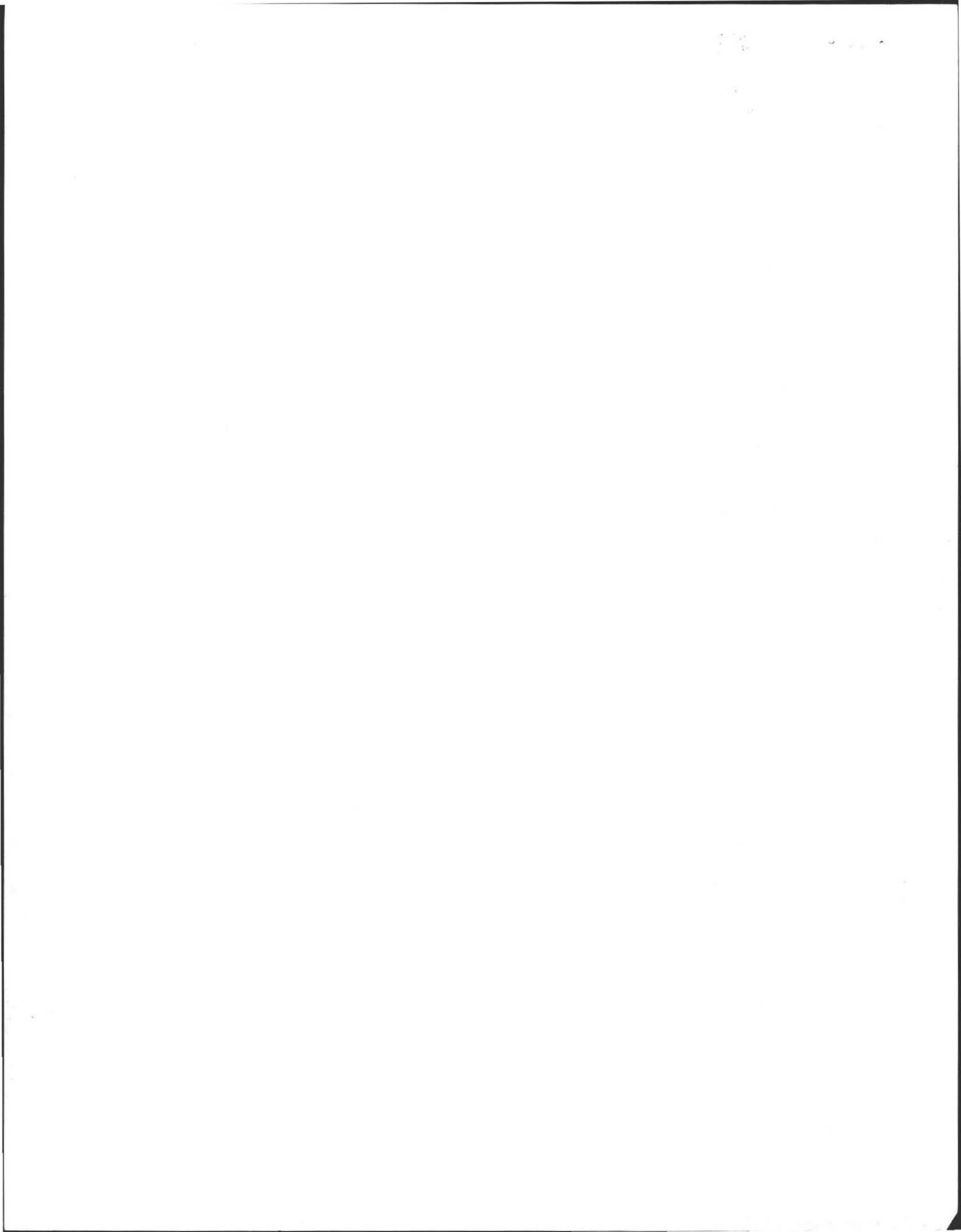
TOMMADCE ST.

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.





#396

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

No. 81-1 Date 2-5-81 Fee 15- Date Rec'd. 2-5-81 By CEJ

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

Location—Address 396 MIDDLE ST LOT # 9 or Lot No. 9

Owner TOM BLAKE Address UMASS SCHOOL OF ENGINEERING

Contractor WILDFLOWER CONST. CORP. Address 9 MASSACHUSETT ST. N. HAMPSHIRE

Type of Building FRAMER PERS. Dimensions \_\_\_\_\_ Size Lot 1.89 Ac

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

Other \_\_\_\_\_ No. of persons 5 Showers (2) \_\_\_\_\_

Other fixtures \_\_\_\_\_ Town Water? yes Type of Well \_\_\_\_\_

Design Flow \_\_\_\_\_ gallons per person per day. Total daily flow \_\_\_\_\_ gallons

Septic Tank—Liquid capacity 1500 gallons Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ D \_\_\_\_\_

Disposal Trench—No. \_\_\_\_\_ Width 25 Total Length 25 Total leaching area 500 sq. ft.

Disposal Bed—No. \_\_\_\_\_ Diameter 20x40 Depth below inlet \_\_\_\_\_ Total leaching area 500 sq. ft. 800 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 F. Fines 4/21, 1977 Date \_\_\_\_\_

Test Pit No. 1 2 minutes per inch Depth of Test Pit 31"

Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_

Description of Soil \_\_\_\_\_ Depth to Ground Water \_\_\_\_\_

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.)

GROUNDWATER AT 7'6"

AGREEMENT: The undersigned agrees to construct the aforedescribed 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 [Signature] Owner or builder [Signature] 2-5-81 date

System to be kept shallow

Application Disapproved for the following reasons: \_\_\_\_\_

BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed ( ) or repaired ( ) by \_\_\_\_\_ at \_\_\_\_\_ has been constructed in accordance with the provisions of

INSTALLER Article XI of the State Sanitary Code as described in the application for Disposal Works Construction Permit No. \_\_\_\_\_ dated \_\_\_\_\_

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE \_\_\_\_\_ Inspector \_\_\_\_\_

BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 81-1 Permission is hereby granted Wildflower Const. Co. KARL ETC? to construct (X) or repair ( ) an Individual Sewage Disposal System at LOT 9 OFF MIDDLE ST

as shown on the application for Disposal Works Construction Permit No. 81-1

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 2-5-81

[Signature]  
Board of Health

18. 2. 21

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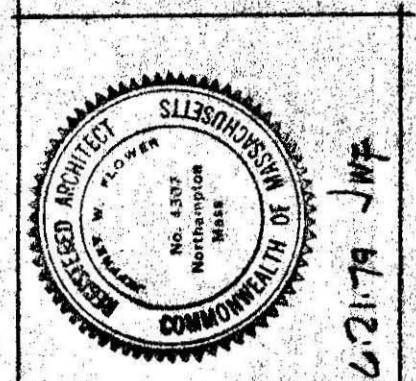
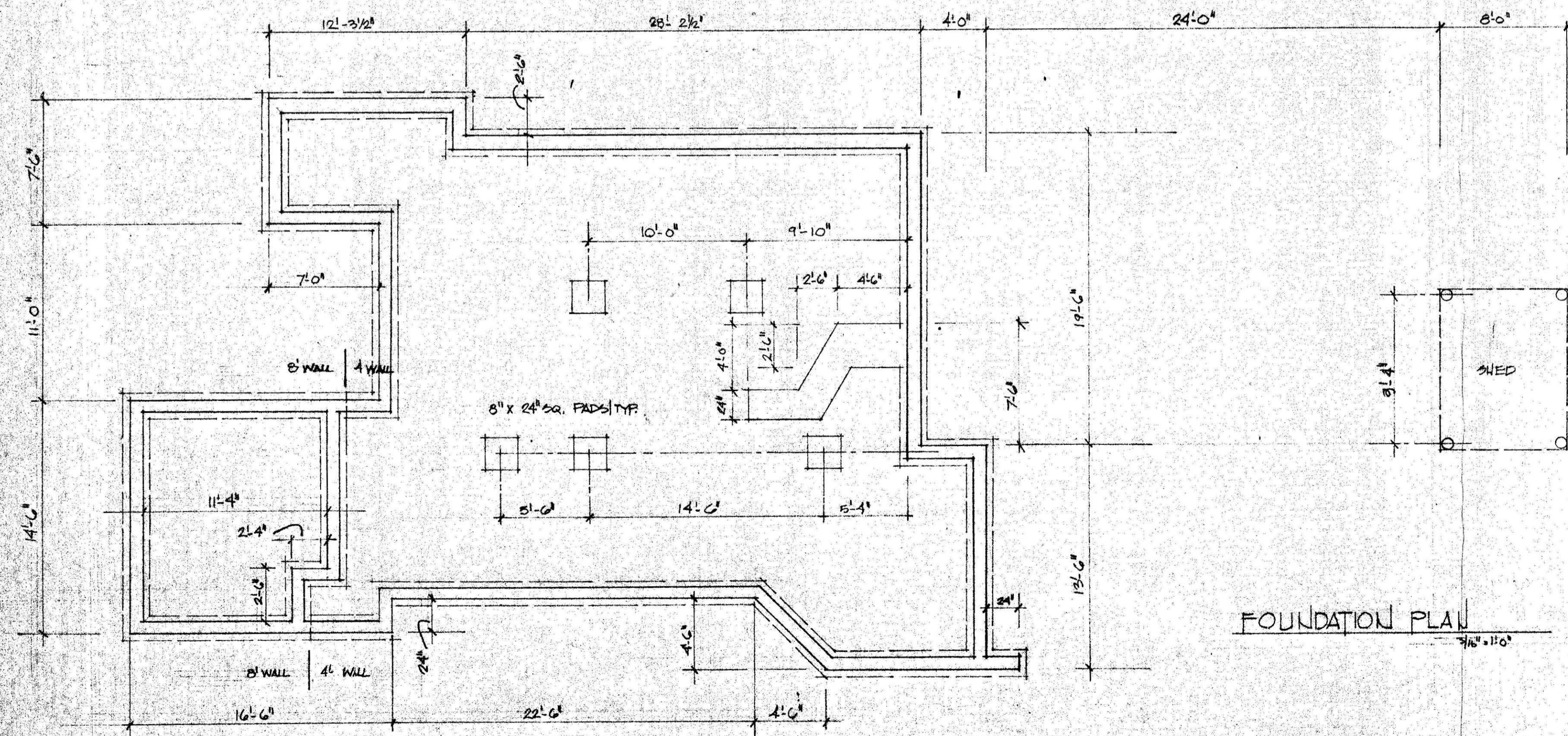
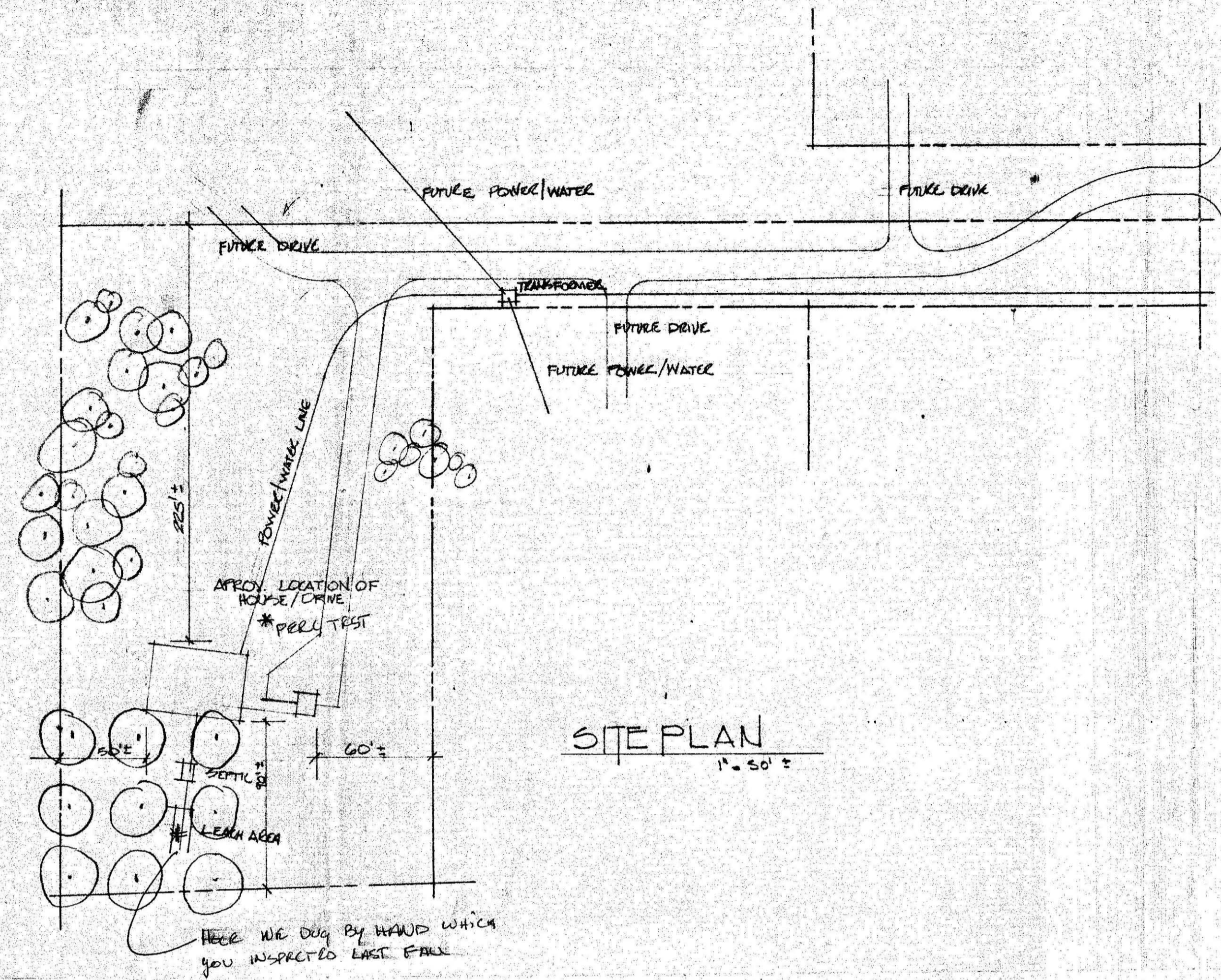
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BICKNELL  
RESIDENCE  
50. AMHERST, MA.

WILDFLOWER  
CONST. CORP.  
25 MASSASOIT ST. NORTHAMPTON, MA. 01060

SITE | FOUNDATION