

#590

FEE 38 Pd

No.

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Application for Disposal Works Construction Permit

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

590 Middle St Amherst Location - Address
Gwen & Tim Whelan or Lot No.
Paul Lussier Owner
Belchertown Address
Paul Lussier Installer

Type of Building Dwelling - No. of Bedrooms 3 Expansion Attic () Garbage Grinder (x)
Other - Type of Building No. of persons 3 Showers (2) - Cafeteria ()
Other fixtures

Design Flow 330 min gallons per person per day, Total daily flow 330 min gallons.
Septic Tank - Liquid capacity 1500 gallons Length 10' 6" Width 5' 6" Diameter Depth
Disposal Trench - No. Width Total Length Total leaching area sq. ft.
Seepage Pit No. Diameter Depth below inlet Total leaching area sq. ft.
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Date
Test Pit No. 1 minutes per inch Depth of Test Pit Depth to ground water
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil

Nature of Repairs or Alterations - Answer when applicable replacement of tank and D-box

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.

Signed Paul Whelan 7-24-95

Application Approved By 1500 Gal Tank & D Box replaced on 7/25/95 7/25/95 Date

Application Disapproved for the following reasons:

Permit No. Issued 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 (x) by Paul Lussier Const. Installer

at 590 Middle St.

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.

DATE 7/25/95 Inspector

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Disposal Works Construction Permit

Permission is hereby granted to Construct () or Repair () an Individual Sewage Disposal System at No.

as shown on the application for Disposal Works Construction Permit No. Dated

DATE Board of Health

CHECK OR FILL IN WHERE APPLICABLE

0127

No.

FEE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Application for Disposal Works Construction Permit

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

590 Middle St Amherst Location - Address
Owner: Owen & Tim Whelan
Installer: Paul Lussier
Address: Pelchertown

Type of Building: Dwelling - No. of Bedrooms: 3 Expansion Attic () Garbage Grinder (✓)
Other - Type of Building: No. of persons: 3 Showers (2) - Cafeteria ()

Design Flow: gallons per person per day. Total daily flow: min. 330 gallons.
Septic Tank - Liquid capacity: 1500 gallons Length: 10' 6" Width: 5' 6" Diameter: Depth:
Disposal Trench - No. Width: Total Length: Total leaching area: sq. ft.
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: sq. ft.
Other Distribution box () Dosing tank ()

Percolation Test Results Performed by: Date:
Test Pit No. 1: minutes per inch Depth of Test Pit: Depth to ground water:
Test Pit No. 2: minutes per inch Depth of Test Pit: Depth to ground water:

Description of Soil:
Nature of Repairs or Alterations - Answer when applicable: replacement of tank + D-box.

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.
Signed: [Signature] Date: 7-24-95

Application Approved By: Date:
Application Disapproved for the following reasons: Date:

Permit No. Issued: 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.
DATE: Inspector:

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

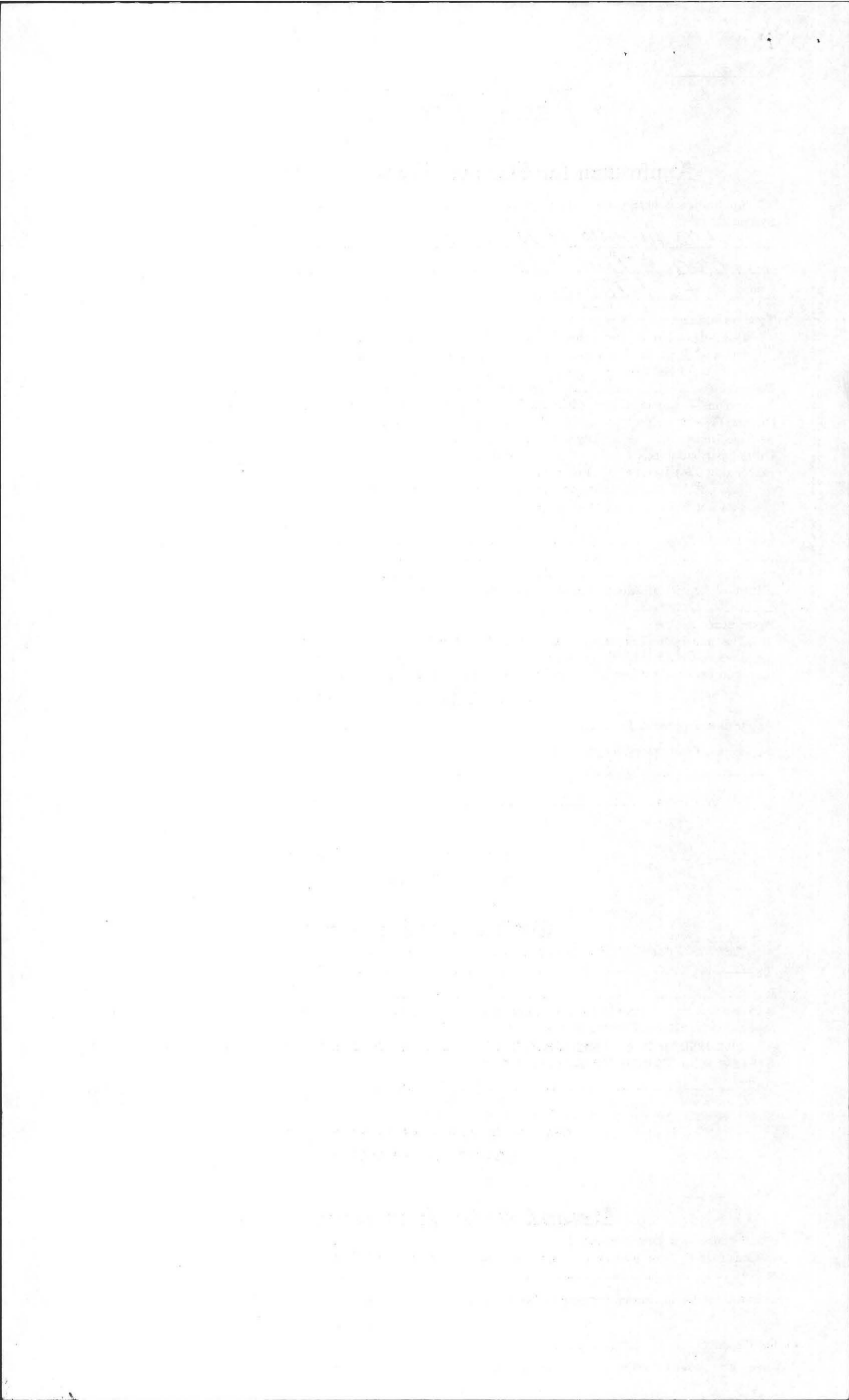
Disposal Works Construction Permit

Permission is hereby granted to Construct () or Repair () an Individual Sewage Disposal System at No. Street

as shown on the application for Disposal Works Construction Permit No. Dated: Board of Health

DATE:

CHECK OR FILL IN WHERE APPLICABLE



Paul Gussier 254-0136
Will leave

D Box + area

on tank where it
is pumped open.

work being done on

Tues

Dep Worcester 7/24/95
Roland Dupuis 2?

I told her \$30.00

as Phone Conversation No
Eng or P.S. necessary if attorneys agree

Closing is later this
wk.

COMMONWEALTH

TOWN OF _____

APPLICATION FOR CER

Date August 2, 1995

In accordance with the provisions of the 108.15, I hereby apply for Certificate of In at the following address:

Street and Number 280 West Street

Name of Premises Crocker Farm Elementary

Purpose for which premises is used School

License(s) or Permit(s) Required for the pre

USE GROUP

Certificate to be issued to _____

Address _____

Owner of Record of Building Town of Amherst

Address Chestnut Street Amherst, MA 0

JUL 18 1995

GREG'S WASTEWATER REMOVAL

July 10, 1995

Town of Amherst
Board of Health
Boltwood Walk
Amherst, Ma. 01002

Dear Board:

Enclosed is the Title Five Inspection Report for property
owned by Gwen Whelan, 590 Middle Street, Amherst, Ma.

If you have any question please feel free to call.

Thank you.

Yours very truly,

GREG'S WASTEWATER REMOVAL

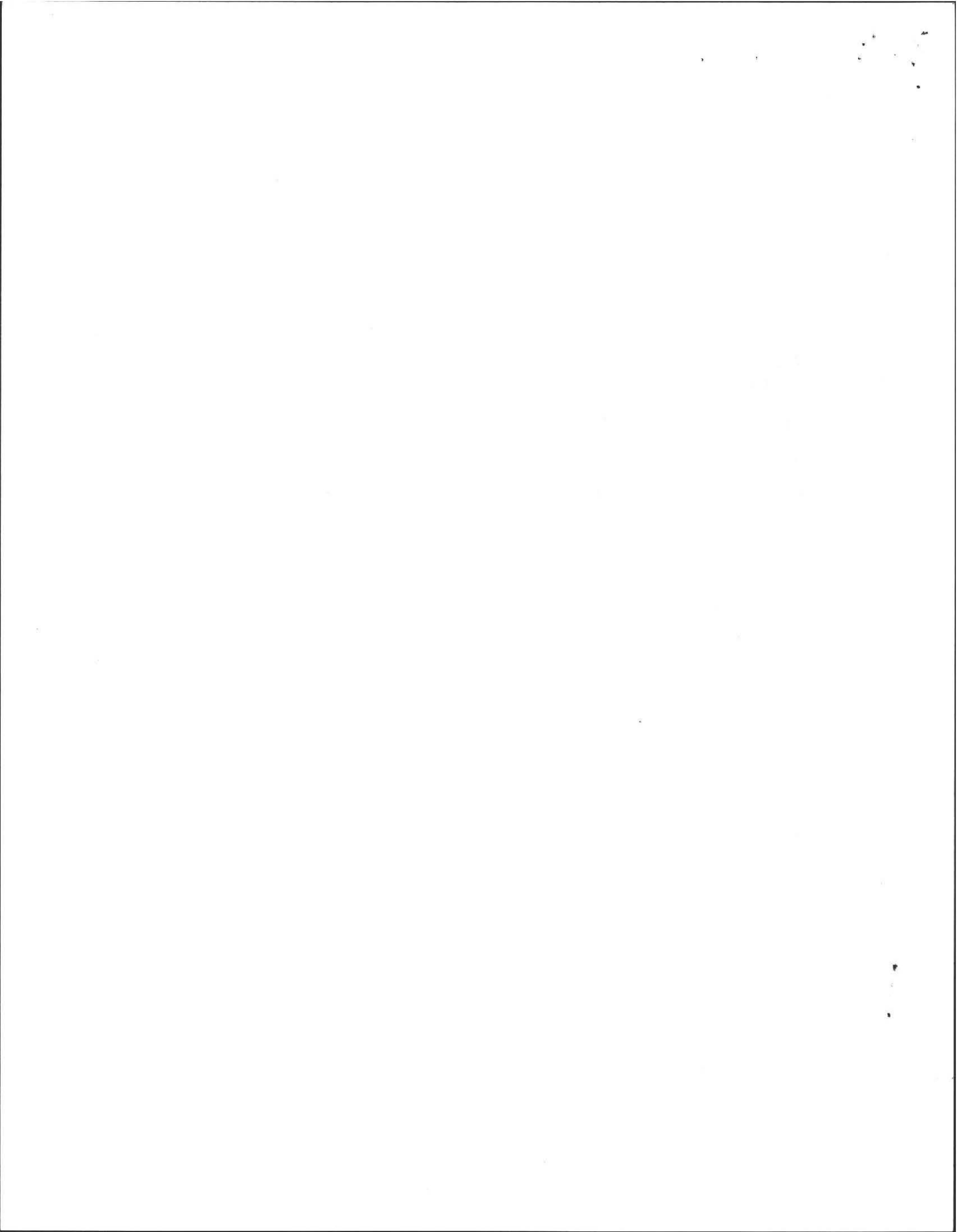


Gregory M. Gardner
President

GMG:hjk

Rec 7/24

**P.O. BOX 197 - 239A GREENFIELD ROAD, SO. DEERFIELD, MA. 01373
PHONE 413-665-3989 -- FAX 413-665-7358**



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION

FLOW CONDITIONS

If residential

- 3 number of bedrooms
- 3 number of current residents
- Yes garbage grinder, yes or no
- Yes laundry connected to system, yes or no
- No seasonal use, yes or no

If nonresidential, calculated flow:

Water meter readings, if available: 61,500 gal.

Unknown Last date of occupancy

GENERAL INFORMATION

Pumping records and source of information:

Greg's Wastewater Removal 7/15/93

No System pumped as part of inspection, yes or no
if yes, volume pumped _____
Reason for pumping: _____

Type of system

- X 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)
- _____ Other (explain) _____

Approximate age of all components. Date installed, if known. Source of information:

10 to 12 years source Gwen Whelan

No Sewage odors detected when arriving at the site, yes or no

JUL 18 1995

7

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

Address of property 590 Middle Street, Amherst, Ma.
Owner's name Gwen Whelan
Date of Inspection July 7, 1995

**PART A
CHECKLIST**

Check if the following have been done:

X Pumping information was requested of the owner, occupant, and Board of Health.

X 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.

N/A As built plans have been obtained and examined. Note if they are not available with N/A.

No The facility or dwelling was inspected for signs of sewage back-up.

No The site was inspected for signs of breakout.

No All system components, excluding the SAS, have been located on the site.

No 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.

No The size and location of the SAS on the site has been determined based on existing information or approximated by non-intrusive methods.

No The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of SSDS.

Secretary
error all areas reviewed per Greg Gardner 7/24/95 Phone Conversation

10

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SOIL ABSORPTION SYSTEM (SAS): X
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type.

leaching pits and number	_____
leaching chambers and number	_____
leaching galleries and number	_____
leaching trenches, number, length	_____
leaching fields, number, dimensions	<u>3 pipes 18' wide 37' long</u>
overflow cesspool, number	_____

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)
Course sand, hard pan, no hydraulic failure, no ponding
vegetation normal, ran water in leachfield aprox 400 gal no
problem.

CESSPOOLS (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	<u>N/A</u>
materials of construction	_____
indication of groundwater inflow (cesspool must be pumped as part of inspection)	_____

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

N/A

PRIVY:

(locate on site plan)

materials of construction	_____
dimensions	_____
depth of solids	_____

N/A

Comments:

(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, recommendations for maintenance or repairs, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SEPTIC TANK: X
(locate on site plan)

depth below grade: 8"

material of construction: X concrete metal FRP other(explain)

dimensions: 9' long 5' deep 4'5" wide

- 3" sludge depth
- 30" distance from top of sludge to bottom of outlet tee or baffle
- 3" scum thickness
- 9" distance from top of scum to top of outlet tee or baffle
- 10" distance from bottom of scum to bottom of outlet tee or baffle

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, recommendations for repairs, etc.)

Pump every 3 years, inlet tee in place outlet tee in place, liquid level 4" below outlet pipe, tank is rotted out at outlet baffle
Corner of tank for sure, appears to be leak in tank somewhere below outlet invert. Recommend replacement of tank

DISTRIBUTION BOX: X
(locate on site plan)

Not above 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, recommendation for repairs, etc.)

Distribution is level & equal, no solids carry over,
D Box rotted out, recommend to replace it.

PUMP CHAMBER:
(locate on site plan)

 pumps in working order, yes or no

Comments:

N/A

(note condition of pump chamber, condition of pumps and appurtenances, recommendations for maintenance or repairs, etc.)

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
FAILURE CRITERIA

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

No Backup of sewage into facility?

No Discharge or ponding of effluent to the surface of the ground or surface waters?

No Static liquid level in the distribution box above outlet invert?

N/A Liquid depth in cesspool <6" below invert or available volume < 1/2 day flow?

No Required pumping 4 times or more in the last year?
 number of times pumped _____

Yes Septic tank is metal? cracked? structurally unsound? substantial infiltration? substantial exfiltration? tank failure imminent?

No Is any portion of the SAS, cesspool or privy:
 below the high groundwater elevation?

No within 50 feet of a surface water?

No within 100 feet of a surface water supply or tributary to a surface water supply?

No within a Zone I of a public well?

No within 50 feet of a bordering vegetated wetland or salt marsh (cesspools and privies only, not the SAS)?

No within 50 feet of a private water supply well?

No 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 coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
SYSTEM INFORMATION continued

SKETCH OF SEWAGE DISPOSAL SYSTEM:

include ties to at least two permanent references landmarks or benchmarks

locate all wells within 100' see exhibit A

DEPTH TO GROUNDWATER

N/D depth to groundwater

method of determination or approximation:

Would take intrusive methods for an exact water table elevation

I would say water higrond water table is well below SAS

seems dry, topography of land drops in elevation

North & East did not see any sump pump pipes SAS is not deep

**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION**

Name of Inspector Gregory M Gardner
 Greg's Wastewater Removal
 Company Name 239A Greenfield Road, So. Deerfield, Ma
 413-665-3989
 Company Address

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the **FAILURE CRITERIA** section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the **FAILURE CRITERIA** section of this form.

Inspector's Signature

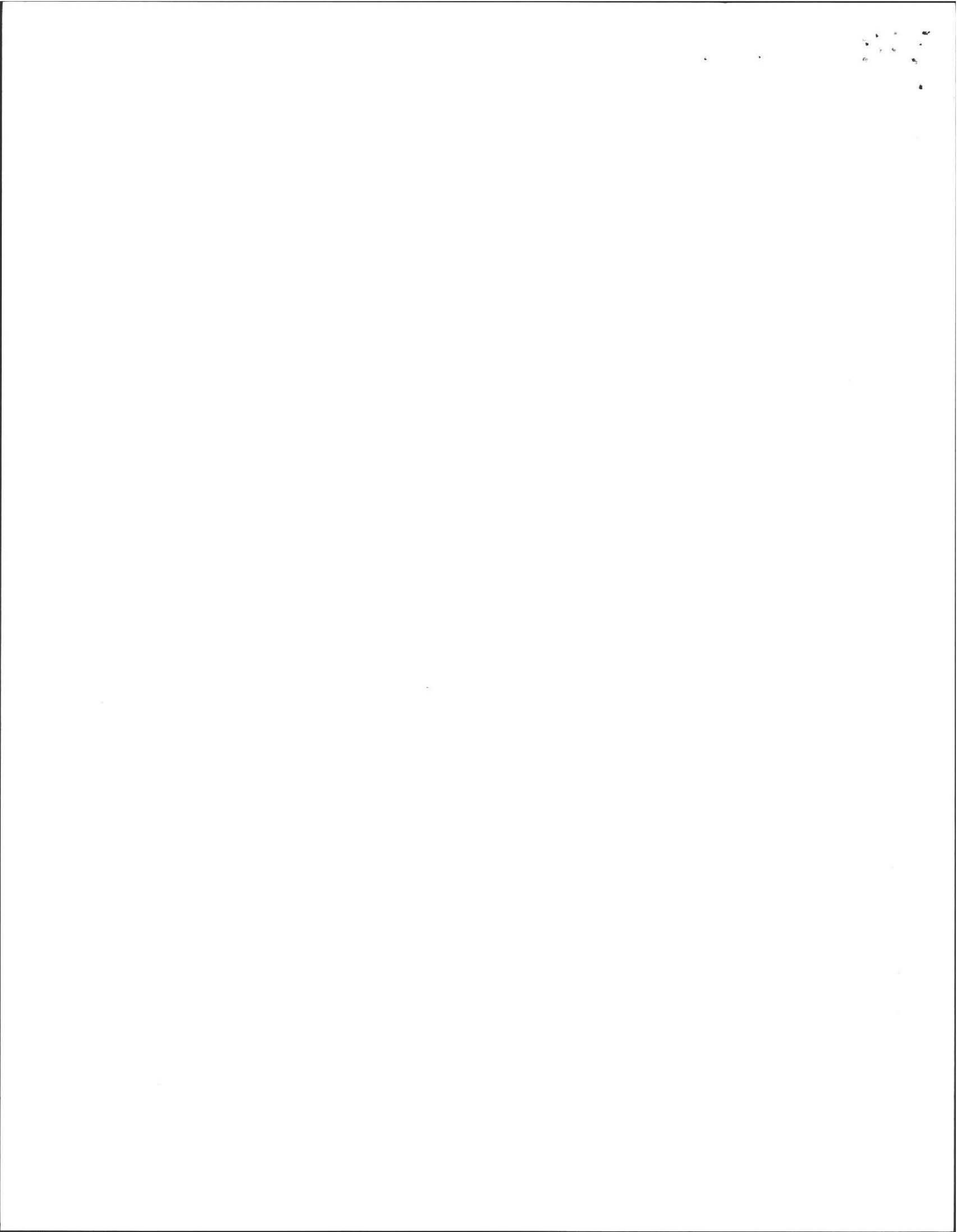
Gregory M. Gardner

Date July 7, 1995

Original to system owner Yes

Copies to: Board of Health.

Buyer (if applicable)
 Approving authority



Record & Drawing
needed

Elevations Tie ins

see rear of Inspection ^{etc} Report
for as built tie
ins

14.4 bottom Step B.M. = 100

16.42 Inlet Tank

16.65 Outlet Tank Town Water

17.05 In D.B. 20'

17.23 3 Lines out

7/25/95

360 Hokum Rock Rd.
East Dennis, MA 02641-
508-385-5993

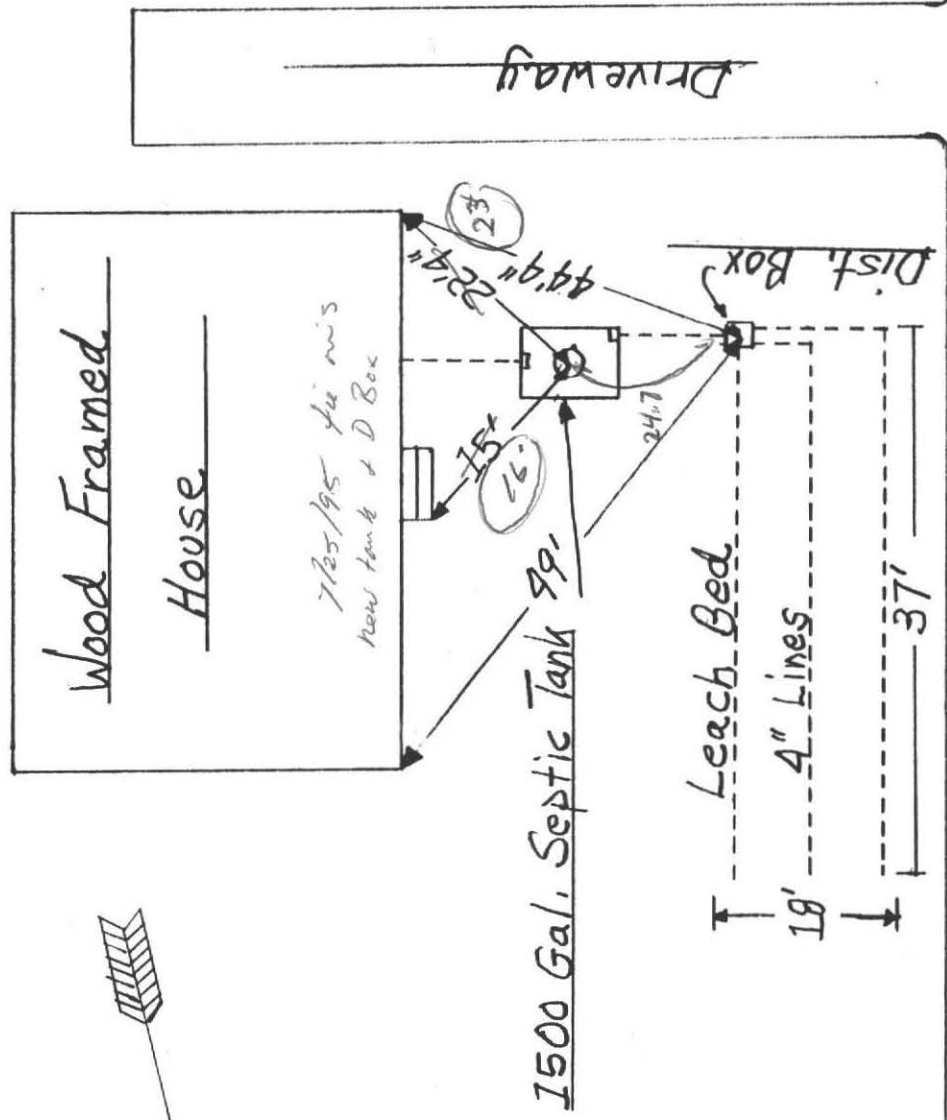
William McIntyre
E.L. Margetts & Sons Inc.
off 97 Ward St.
Hingham, MA 02043-
617-749-0559

John J. McNally
Newton Health Dept.
1294 Centre St.
Newton Centre, MA 02159-
617-552-7058

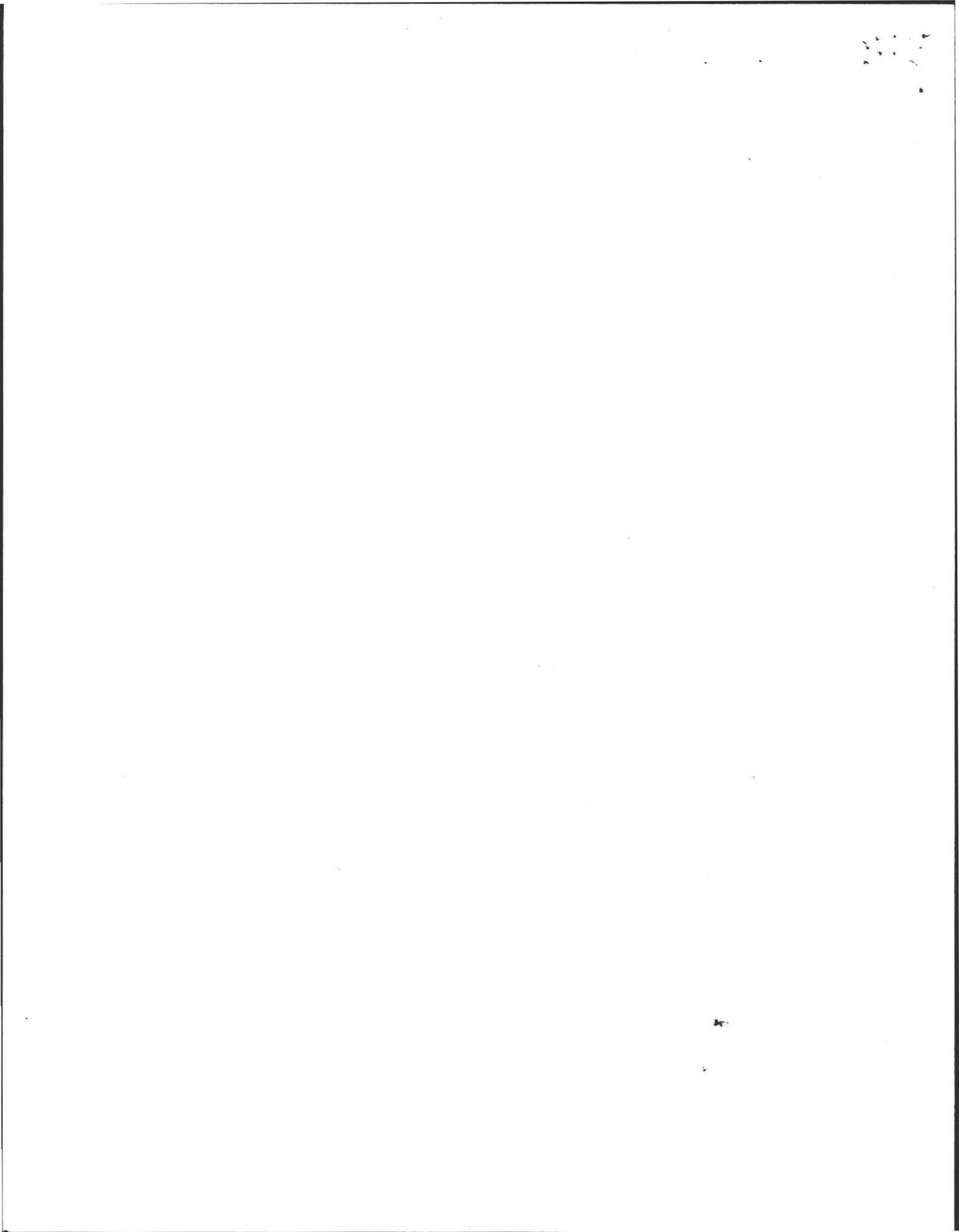
Edward J. Mederios
EJM Enterprises
9 Crest Dr.
Middleboro, MA 02346-
508-947-2827

Sewage Disposal System
at 590 Middle St.
S. Amherst, Mass.

EXHIBIT "A"
Inspection Date 7/7/95
Drawing Not to Scale
Municipal Water no Well



Middle Street



12274 \$50.00
5/95

Town of Amherst

APPLICATION FOR LICENSE
(GENERAL)

7/25 1995

No. _____

TO THE LICENSING AUTHORITIES:

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto

PAUL LUSSIER Const.

280 Daniel Shays Hwy Pelham, MA 01002
(Full name of person, firm or corporation making application)

To INSTALLER'S LICENSE

STATE CLEARLY
PURPOSE FOR
WHICH LICENSE
IS REQUESTED

At 280 Daniel Shays Hwy. Pelham MA,
Federal I.D. # _____ Phone # 256-0136
SOCIAL SECURITY # 029-38-4156

GIVE LOCATION
BY STREET
AND NUMBER

in said City of _____
Town of _____

in accordance with the rules and regulations made under authority of said Statutes.

Received _____ 19____

Paul Lussier

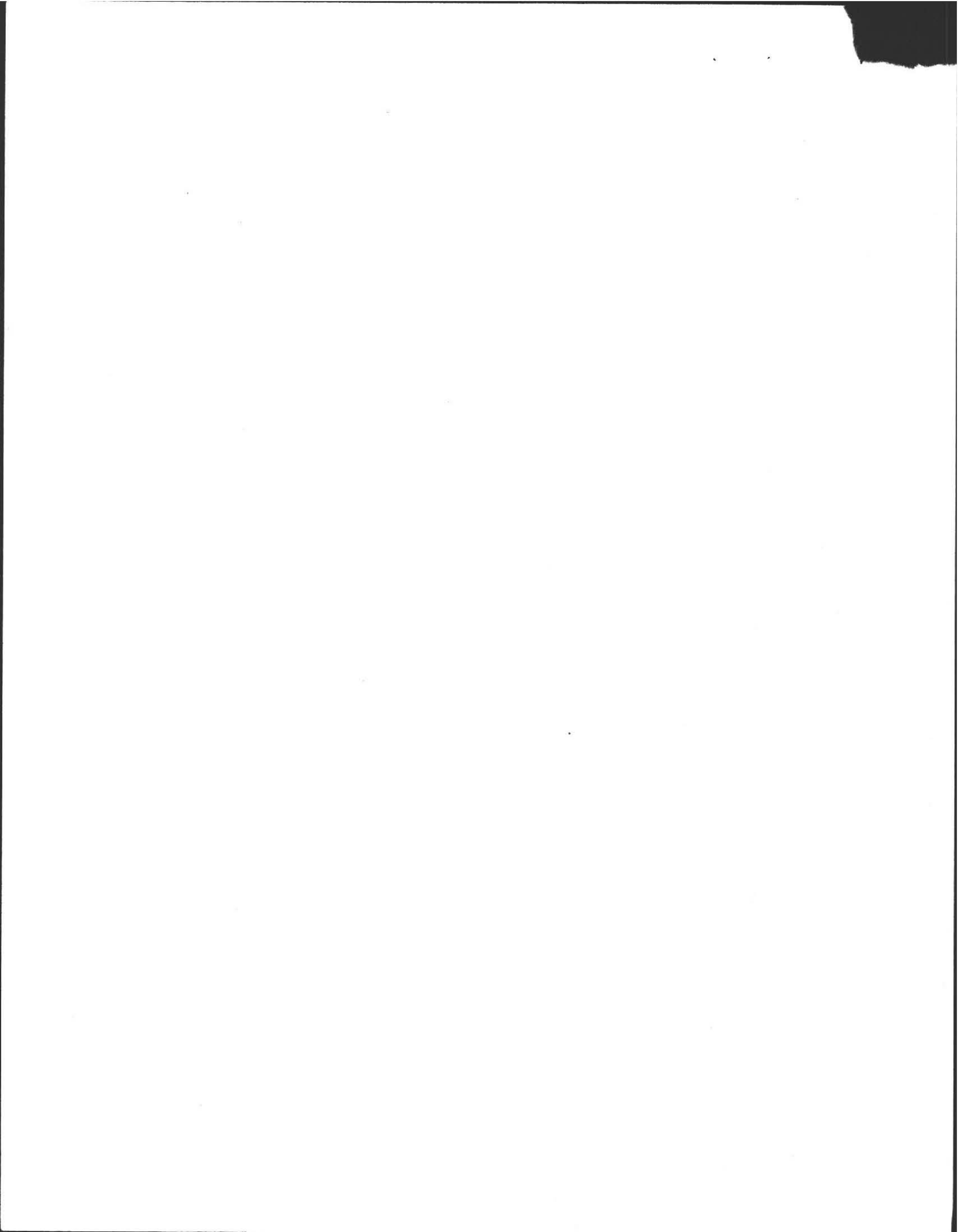
Signature of Applicant

Hour A.M. _____
P.M. _____

Address

Approved _____ 19____

License Granted _____ 19____



No. 83-1

FEE

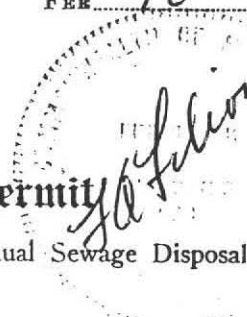
\$90

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town Amherst OF

Application for Disposal Works Construction Permit



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

Middle St Location - Address or Lot No. 4
Res. Building Corp Ltd. Address
KARLS Exc Owner Address
KARLS Exc Installer Address

Type of Building Dwelling — No. of Bedrooms 3 Expansion Attic () Garbage Grinder ()
Other — Type of Building _____ No. of persons _____ Showers () — Cafeteria ()
Other fixtures _____

Design Flow 55 gallons per person per day. Total daily flow 330 ~~440~~ gallons.
Septic Tank — Liquid capacity 1500 gallons Length _____ Width _____ Diameter _____ Depth _____
Disposal Trench — No. 1 Width 18' Total Length 37' Total leaching area 666 sq. ft.
Seepage Pit No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Frederick Filios Date Apr 31 1978
Test Pit No. 1 2 minutes per inch Depth of Test Pit 10' Depth to ground water 9'
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.

Signed Robert E. Skerbin
Application Approved By [Signature] Date 1-31-83

Application Disapproved for the following reasons: _____

Permit No. 83-1 Issued 1-31-83 Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

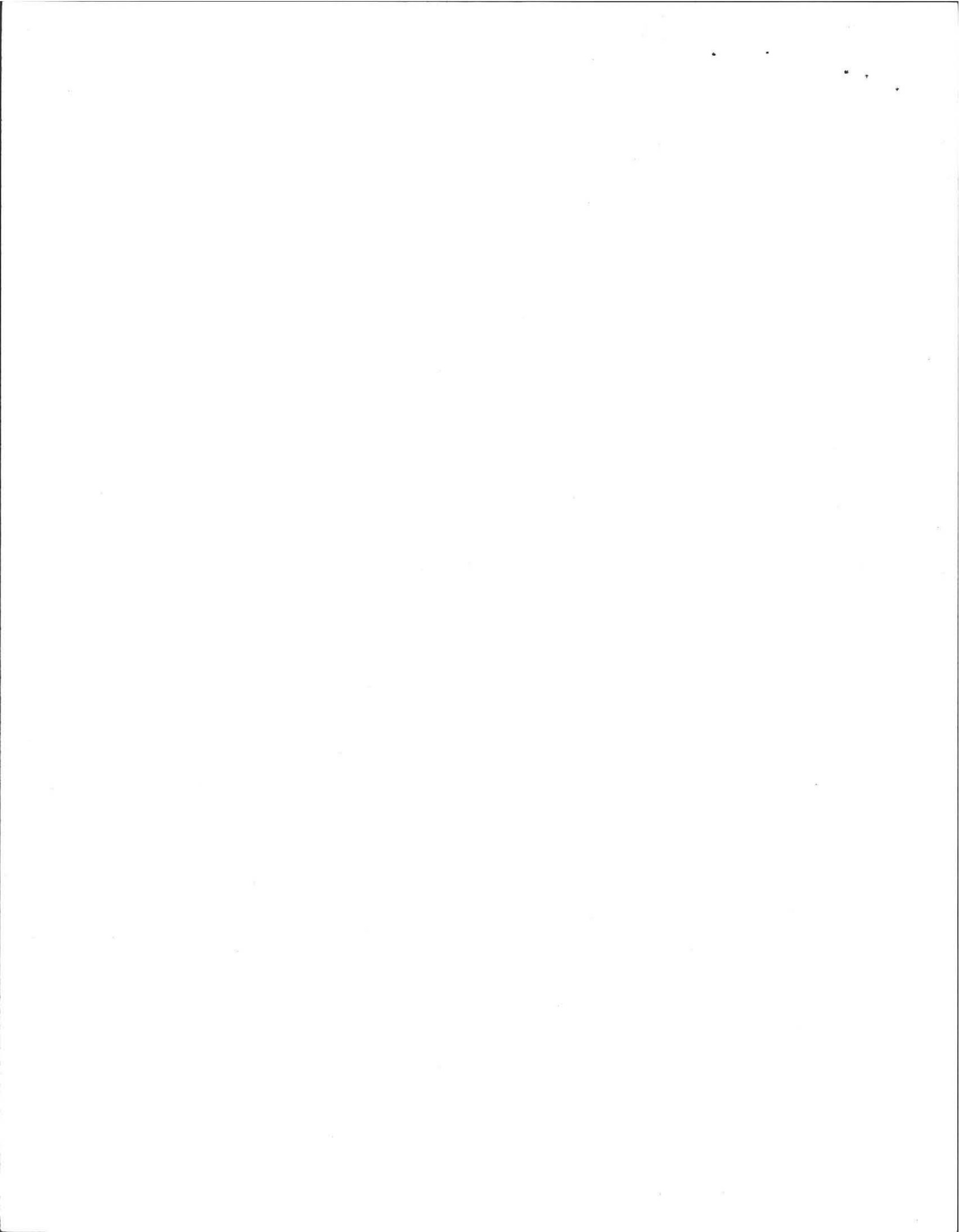
Certificate of Compliance

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

at _____ Installer
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



DEEP SOIL LOGS

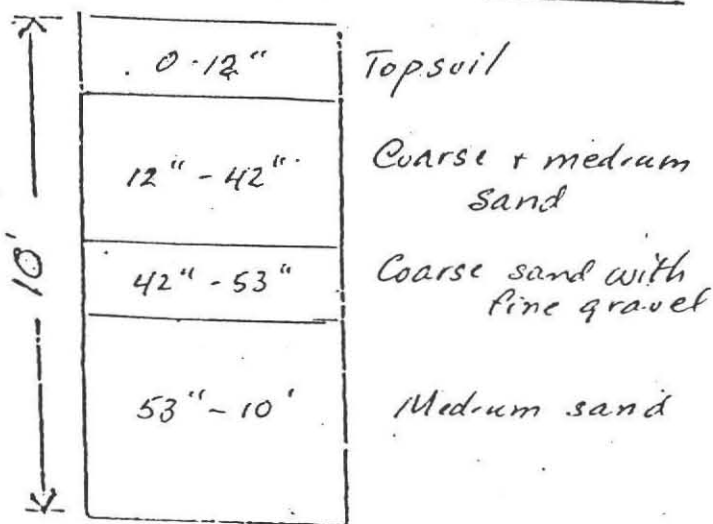
OWNER Leo Mallek

DATE Apr. 31, 1918

LOCATION Middle St.

OBSERVER F.A. Filios

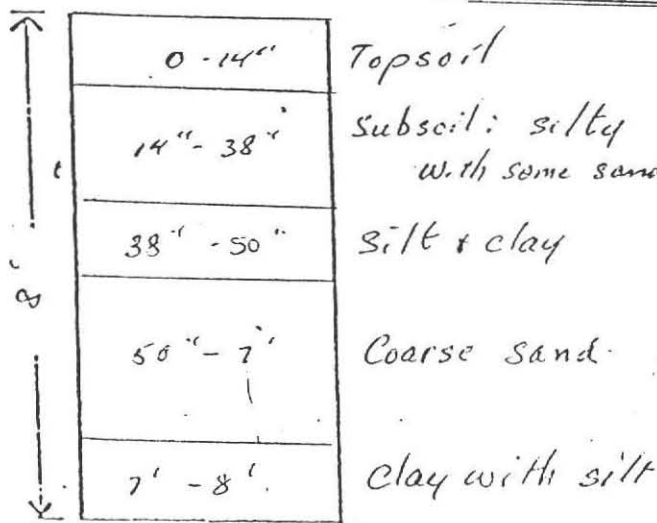
Prime Test Pit Lot # 4



GROUND WATER 9'

All Pit

Rate: 2 minutes per inch

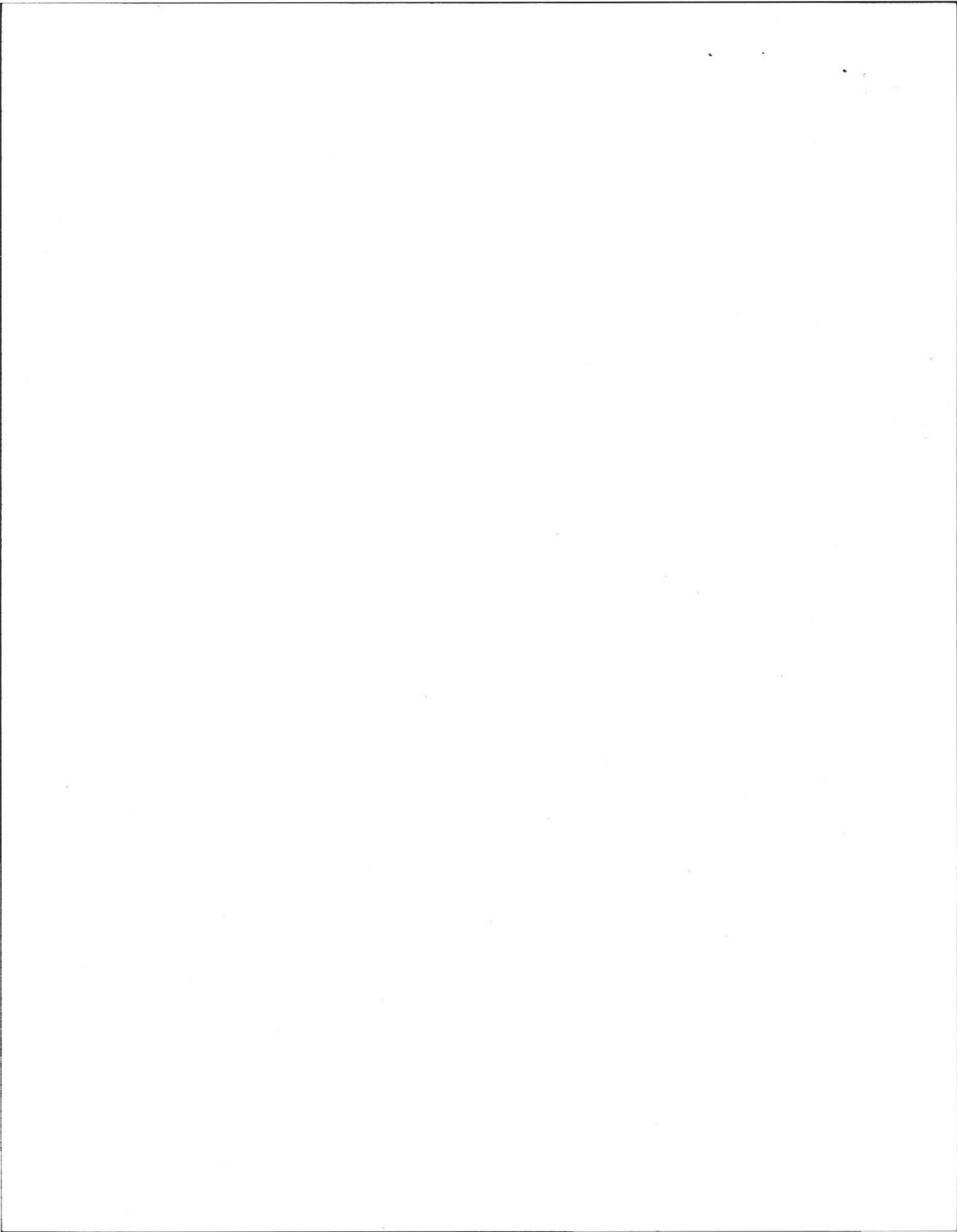


GROUND WATER Seepage strong at 7'

GROUND WATER

GROUND WATER





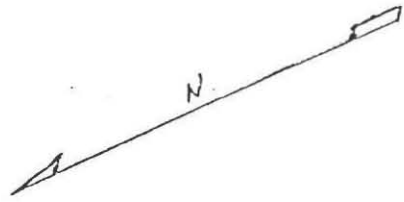
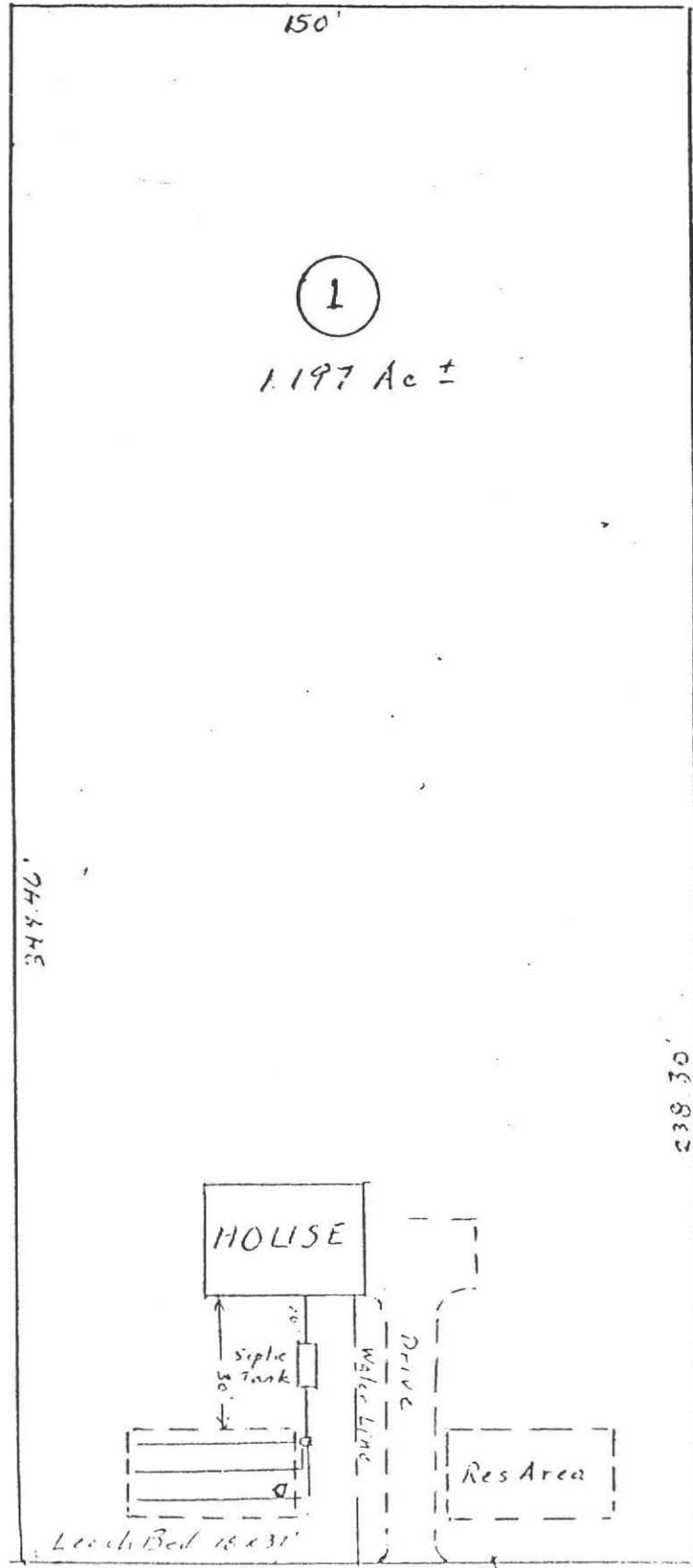
PLAN SHOWING SEWAGE DISPOSAL

For: Rens Building Corp Ltd
Rt. 66
Westhampton Ma.

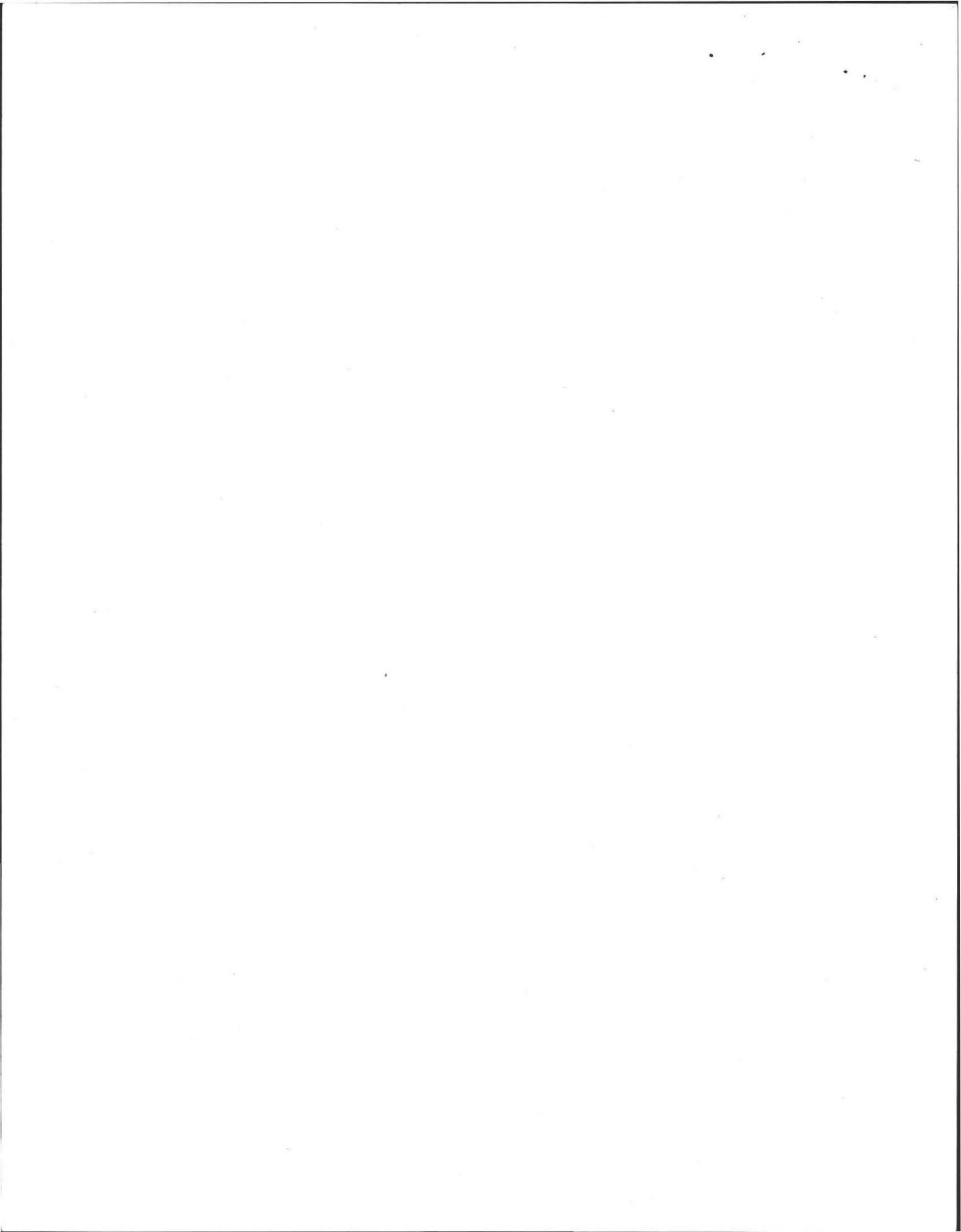
Scale: 1" = 40'

By: Frederick Filios

Jan 1983



MIDDLE STREET



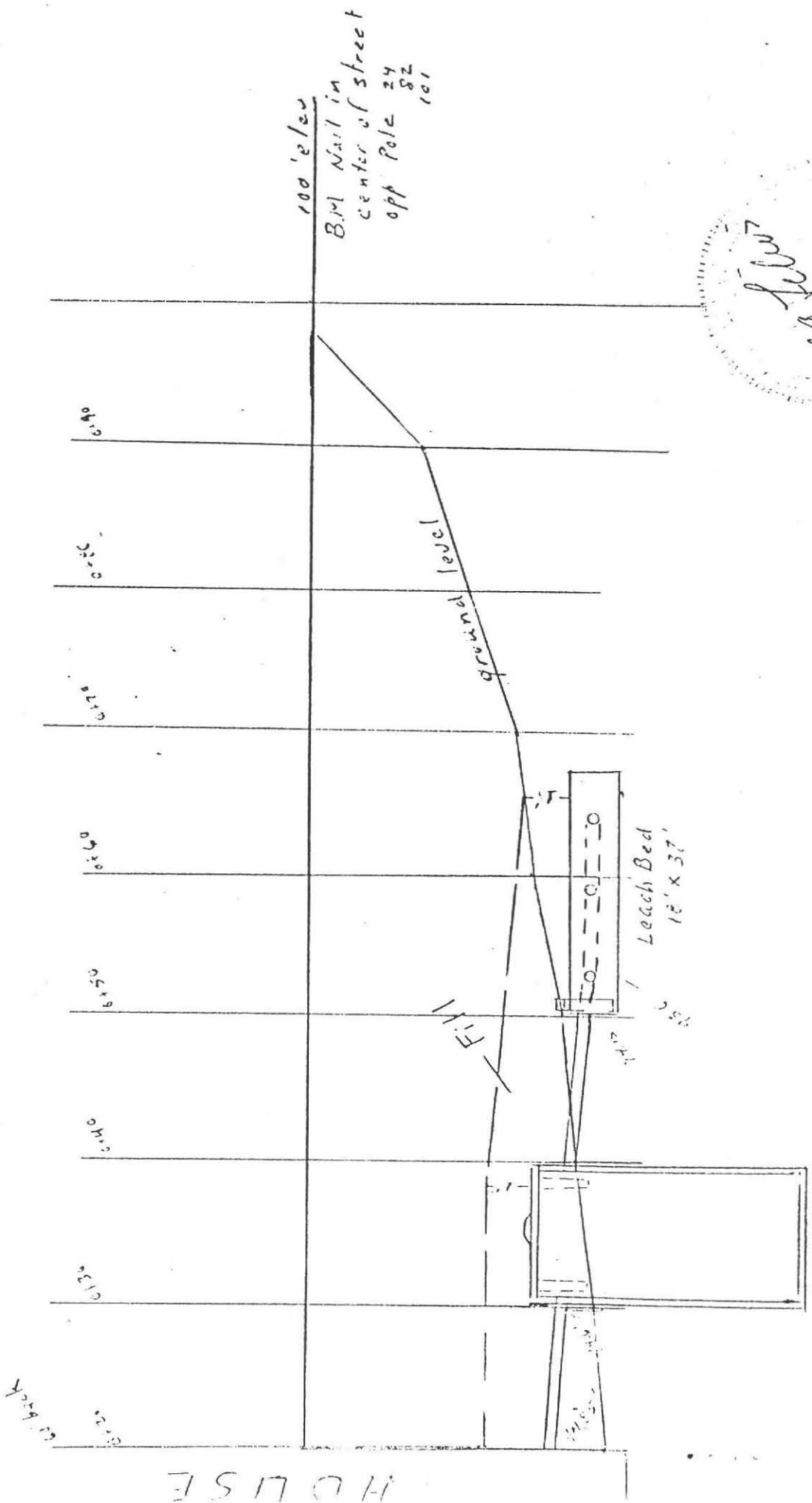
PROFILE OF SEPTIC SYSTEM

For: Rens Building Corp Ltd.
RT. 66
Westhampton Mass

Scale: Horizontal, 1"=10'
Vertical, 1"=3'

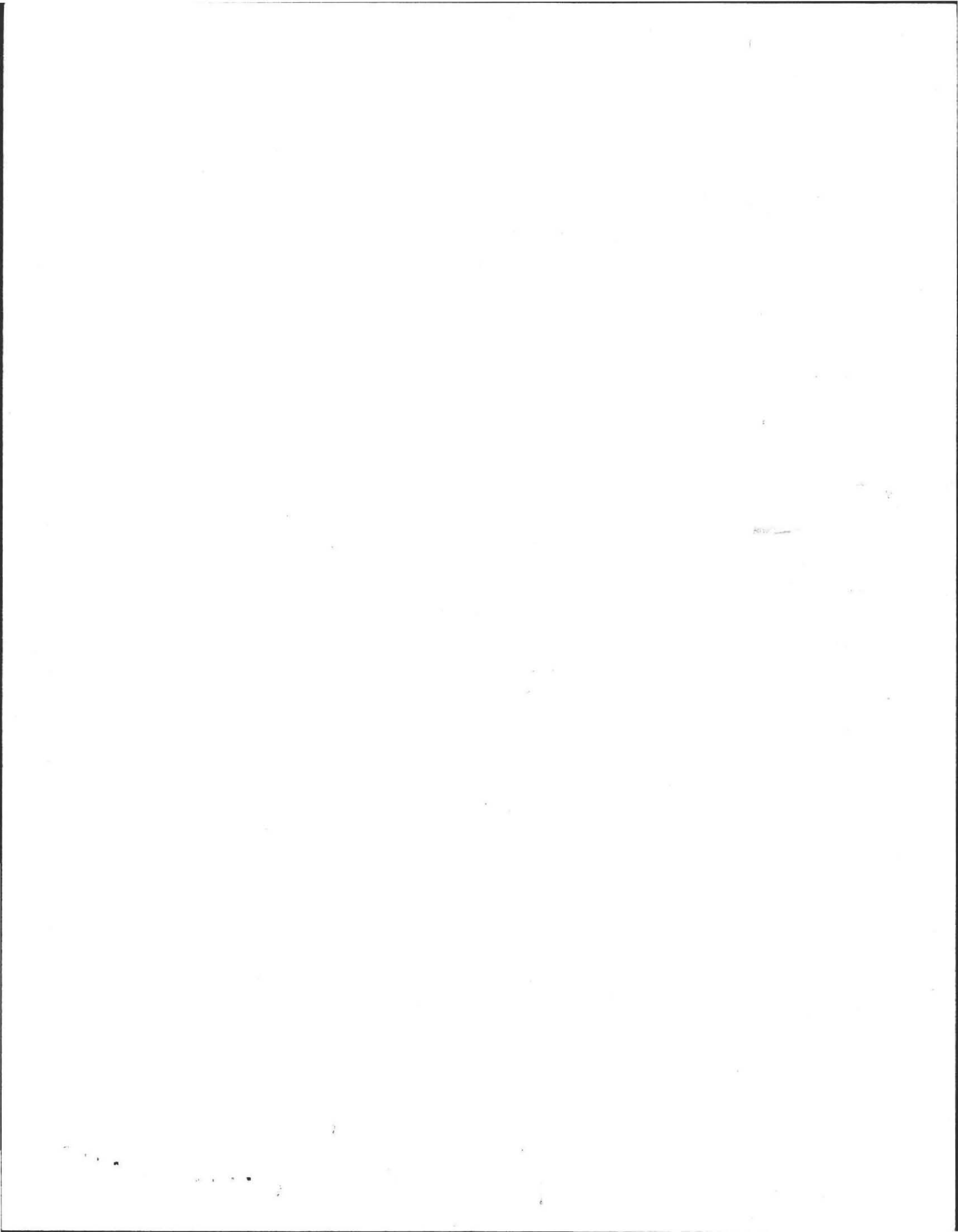
By: Frederick Filios

Jan 1983



Septic Tank
15'0" x 9'2"

HOUSE

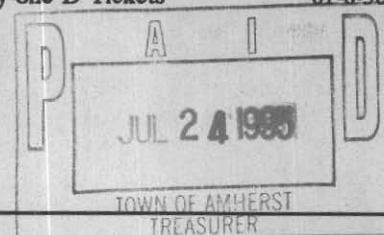


TOWN OF AMHERST Health Department

*Gwen Whelan
Septic Insp.*

_____ Bakery	01-0-501-4433-00	_____ Offal/Garbage	01-0-501-4472-00
_____ Bed & Breakfast	01-0-501-4474-01	_____ Perc Test	01-0-501-4344-00
_____ Burial Permit	01-0-501-4475-00	_____ Retail Permit	01-0-501-4473-00
_____ Car Seat Rental	89-0-000-2557-00	_____ Sanitary Code Booklet	01-0-501-4380-00
_____ Catering	01-0-501-4429-00	_____ Septic Installers Permit	01-0-501-4470-01
_____ Food Handler	01-0-501-4474-00	_____ Septic Private Applications	01-0-501-4470-00
_____ Housing Inspection	01-0-501-4348-00	<input checked="" type="checkbox"/> Septic - Reinspection	01-0-501-4345-00
_____ Massage	01-0-501-4425-00	_____ Sub-Division Rev.	01-0-501-4460-00
_____ Motel License	01-0-501-4428-00	_____ T.B. Clinic	01-0-501-4379-00
_____ Miscellaneous	01-0-501-_____	_____ Twenty-one D Tickets	01-0-501-4879-00

TOTAL FEE \$130



Treasurer/Collector

Date

Health Department

Date

Must have Collector's "PAID STAMP" on receipt to be valid.

White: Applicant

Yellow: Collector

Pink: Accountant

Gold: Health Dept.

THE UNIVERSITY OF CHICAGO
LIBRARY

1. The first part of the book is devoted to a general introduction to the subject of the history of the United States. It covers the period from the discovery of the continent to the beginning of the American Revolution. The author discusses the early explorations, the settlement of the eastern seaboard, and the growth of the colonies. He also touches upon the political and social conditions of the time, and the role of the British in the development of the colonies.

2. The second part of the book is devoted to a detailed account of the American Revolution. It covers the period from the outbreak of hostilities in 1775 to the signing of the Declaration of Independence in 1776. The author discusses the military and political events of the war, and the role of the Continental Congress. He also touches upon the social and economic conditions of the time, and the impact of the war on the colonies.

3. The third part of the book is devoted to a detailed account of the early years of the United States. It covers the period from the signing of the Declaration of Independence in 1776 to the end of the Revolutionary War in 1783. The author discusses the political and social conditions of the time, and the role of the Continental Congress. He also touches upon the military and economic conditions of the time, and the impact of the war on the United States.

THE UNIVERSITY OF CHICAGO
LIBRARY

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ROGER

JUL 28 1995

GREG'S WASTEWATER REMOVAL

July 26, 1995

Gwen Whelan
590 Middle Street
Amherst, Ma. 01002

Dear Gwen:

This is and "AMMENDMENT" of Title Five System Inspection Report Dated July 7, 1995 by GREG'S WASTEWATER REMOVAL.

The septic system located on 590 Middle Street, Amherst, Ma. currently owned by Gwen Whelan has been repaired as of July 25, 1995.

The septic tank & distribution box, that on July 7, 1995 met failure criteria has been replaced in ordinance with 310 CMR 15.303 of Mass Dept. of Environmental Protection.

This system no longer meets failure criteria.

Thank you.

Your very truly,

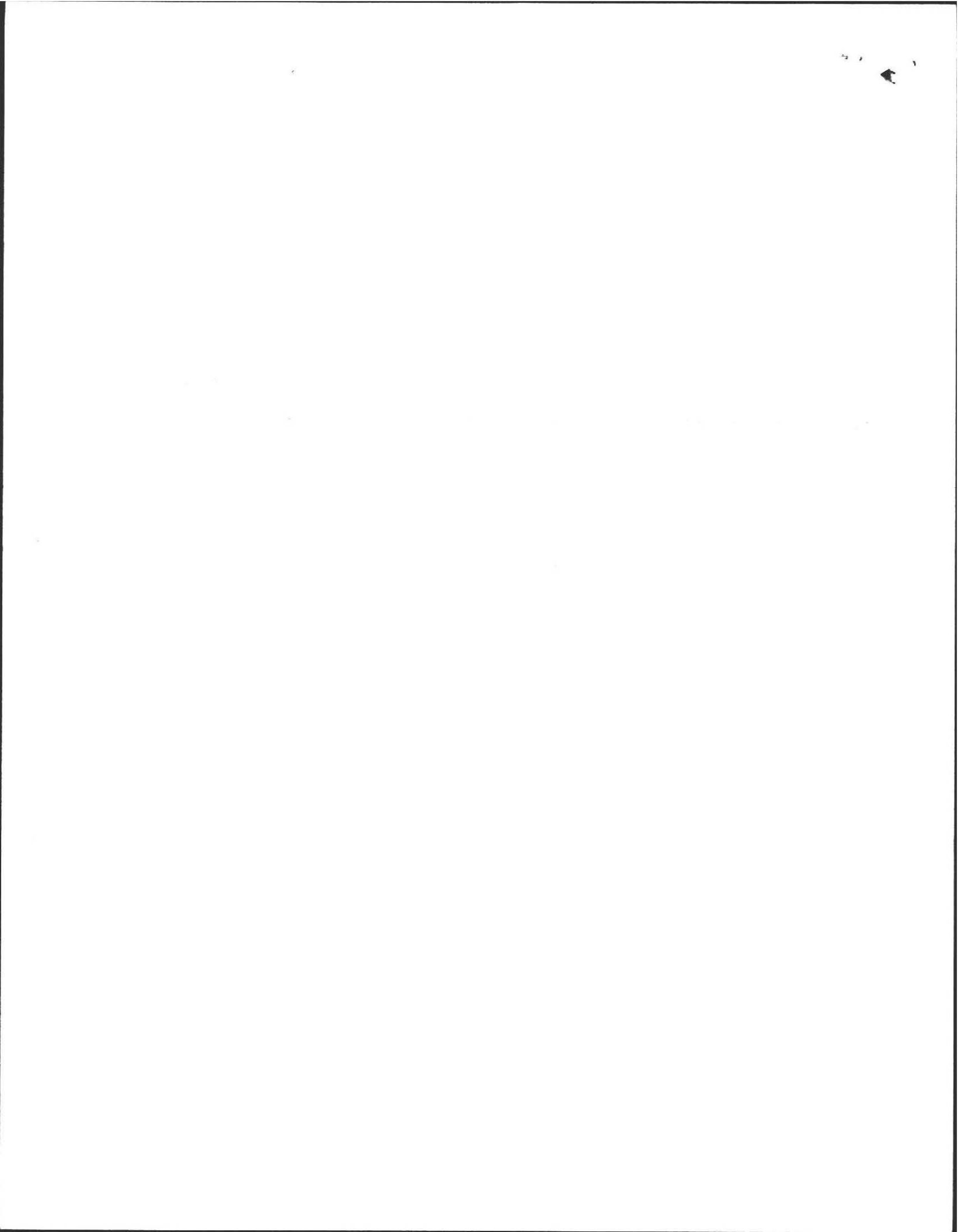
GREG'S WASTEWATER REMOVAL



Gregory M. Gardner
President

GMG:hjk

P.O. BOX 197 - 239A GREENFIELD ROAD, SO. DEERFIELD, MA. 01373
PHONE 413-665-3989 -- FAX 413-665-7358



**SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART D
CERTIFICATION**

Name of Inspector Gregory M Gardner
Company Name Greg's Wastewater Removal
 239A Greenfield Road, So. Deerfield, Ma
Company Address 413-665-3989

Certification Statement

I certify that I have personally inspected the sewage disposal system at this address and that the information reported is true, accurate and complete as of the time of inspection. The inspection was performed and any recommendations regarding upgrade, maintenance and repair are consistent with my training and experience in the proper function and maintenance of on-site sewage disposal systems.

Check one:

I have not found any information which indicates that the system fails to adequately protect public health or the environment as defined in 310 CMR 15.303. Any failure criteria not evaluated are as stated in the **FAILURE CRITERIA** section of this form.

I have determined that the system fails to protect public health and the environment as defined in 310 CMR 15.303. The basis for this determination is provided in the **FAILURE CRITERIA** section of this form.

Inspector's Signature *Gregory M Gardner*

Date July 25, 1995

Original to system owner Yes

Copies to: Board of Health.

Buyer (if applicable)
Approving authority

10

No. _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

OF

Application for Disposal Works Construction Permit

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

590 Middle St Amherst
Location - Address
Owner: Owen & Tim Whelan
Installer: Paul Lussier
Address: Belchertown

Type of Building: Dwelling - No. of Bedrooms: 3 Expansion Attic () Garbage Grinder (✓)
Other - Type of Building: No. of persons: 3 Showers (2) - Cafeteria ()
Other fixtures

Design Flow: gallons per person per day, Total daily flow: 330 ^{min} gallons.
Septic Tank - Liquid capacity: 1500 gallons Length: 10' 6" Width: 5' 6" Diameter: Depth:
Disposal Trench - No. Width: Total Length: Total leaching area: sq. ft.
Seepage Pit No. Diameter: Depth below inlet: Total leaching area: sq. ft.

Other Distribution box () Dosing tank ()
Percolation Test Results Performed by: Date:
Test Pit No. 1: minutes per inch Depth of Test Pit: Depth to ground water:
Test Pit No. 2: minutes per inch Depth of Test Pit: Depth to ground water:

Description of Soil: _____

Nature of Repairs or Alterations - Answer when applicable: replacement of tank and D-box

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.

Signed: [Signature] Date: 7-24-95

Application Approved By: [Signature] Date: 7/25/95

Application Disapproved for the following reasons: _____
Date: _____

Permit No. _____ Issued _____ Date _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

OF

Certificate of Compliance

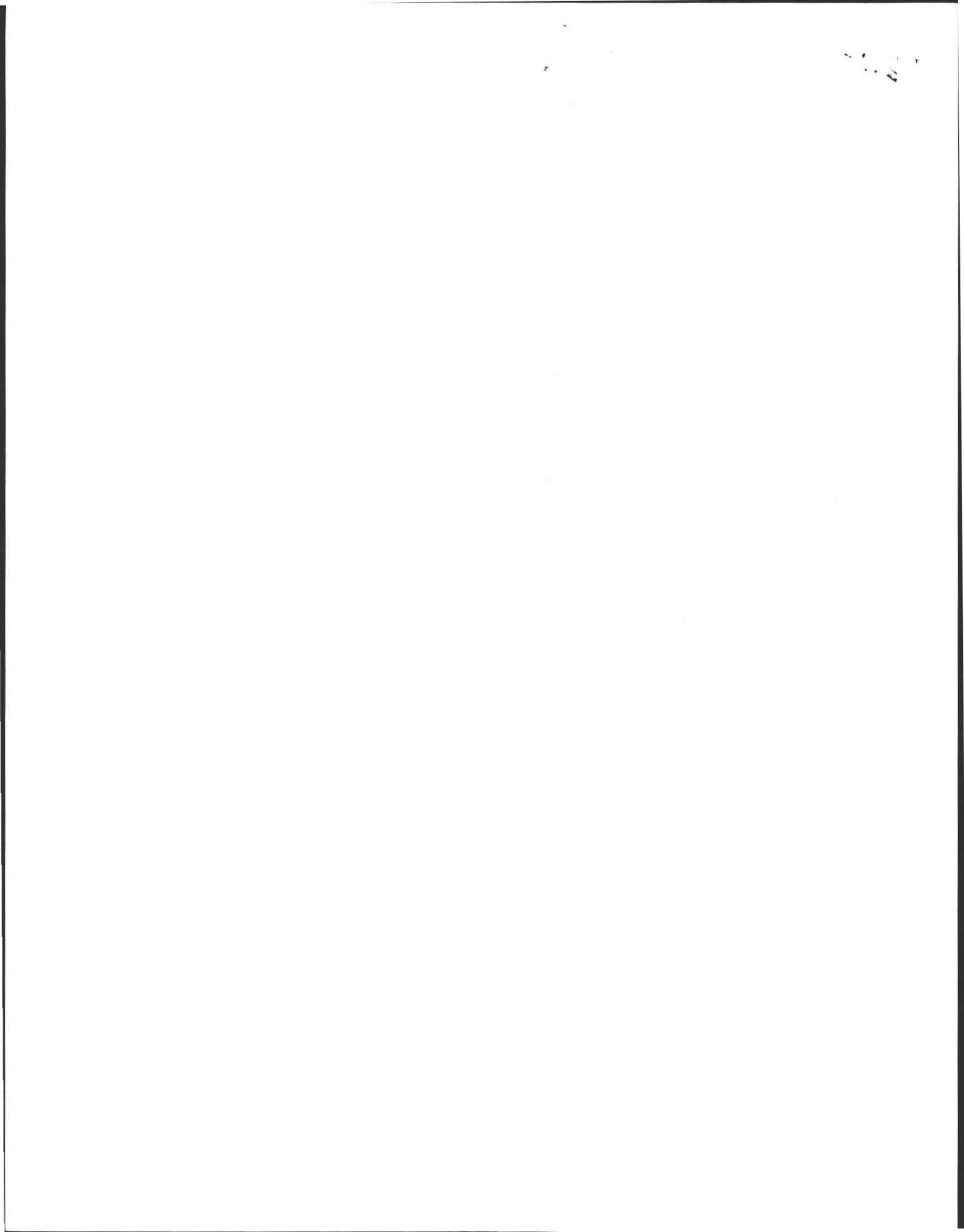
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired (✓) by: PAUL LUSSIER, CONST. Installer at: 590 Middle St.

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.

DATE: 7/25/95 Inspector: _____

CHECK OR FILL IN APPLICABLE BOXES



SYSTEM PUMPING REPORT

AUG 2 1995

ROGEL

Greg's Wastewater Removal
239A Greenfield Road - PO Box 197
South Deerfield, MA 01373
(413)665-3989 FAX (413)665-7358

***** This report will be sent to the BOARD OF HEALTH within 15 DAYS.*****

PERMIT # 95-06

MA. LICENSE # _____

DATE OF PUMPING 7 125 195

CN#: 8 008

Home Owner Name: WHELAN, GWEN

Contact: GWEN WHELAN

Address: 590 MIDDLE STREET

S. AMHERST, MA 01002

Home Phone: 413-256-1470

Business Phone: - -

Tank Size: 1500 gal

Total Volume Pumped: 1000

Material of Tank: CONCRETE

Condition of Tank: POOR

System Location: owner has

Septic

Cesspool

Grease Trap

Date of Previous Pumping, if Known: 7/15/93

Waste Recieved at Licensed Facility: ERVING WASTE WATER

Licensed Facility Phone Number: 508-544-3452

Town: AMHERST

Misc. Comments:

OWNER INSTALLING NEW TANK 7/25/95

Driver P.J.P.

