

POTWINE ~~DATE~~  
CAME

School Health Aide Job Summary

BOARD OF HEALTH

Town Amherst OF

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) - ~~X~~ Complete System  Individual Components

<u>281 Potwine Lane</u> Location	<u>Anthony Siracusa</u> Owner's Name
<u>23A / 20</u> Map/Parcel #	<u>281 Potwine Ln., Amherst, MA</u> Address
Lot #	<u>(413) 253-3431</u> Telephone #
Installer's Name	<u>Richard Costa, PE</u> Designer's Name
Address	<u>Robt. Stover</u> Address
Telephone #	<u>Amherst Civil Engineering</u> Telephone #
	<u>P.O. Box 3312, Amherst, MA 01004</u> Address
	<u>(413) 256-3400</u> Telephone #
	<u>3312</u> Address
	<u>3312</u> Telephone #

Type of Building: Single family house Lot Size 5.1± Ac ~~Sq feet~~  
 Dwelling — No. of Bedrooms 4 Garbage Grinder (no)  
 Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other fixtures \_\_\_\_\_

Design Flow (min. required) 550 gpd Calculated design flow 600 gpd Design flow provided \_\_\_\_\_ gpd  
 Plan: Date 8/27/98 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title "On-site Sewage Disposal System"

Description of Soil(s) Attached  
 Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator Robert Stover Date of Evaluation 1/28/98

DESCRIPTION OF REPAIRS OR ALTERATIONS Install 1500 gal. new septic tank, pump and pump chamber and leach bed (50'x 20')

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed Robert W. Stover (for Anthony Siracusa) Date 9/1/98

Inspections \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. 98-22 THE COMMONWEALTH OF MASSACHUSETTS  
Amherst BOARD OF HEALTH  
 CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired (X), Upgraded ( ), Abandoned ( )  
 by: \_\_\_\_\_

at 281 Potwine Lane  
 has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_ dated \_\_\_\_\_ Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_  
 Designer: \_\_\_\_\_ Inspector \_\_\_\_\_ Date \_\_\_\_\_

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96



Richard E. Costa 9/4/98

Amherst BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

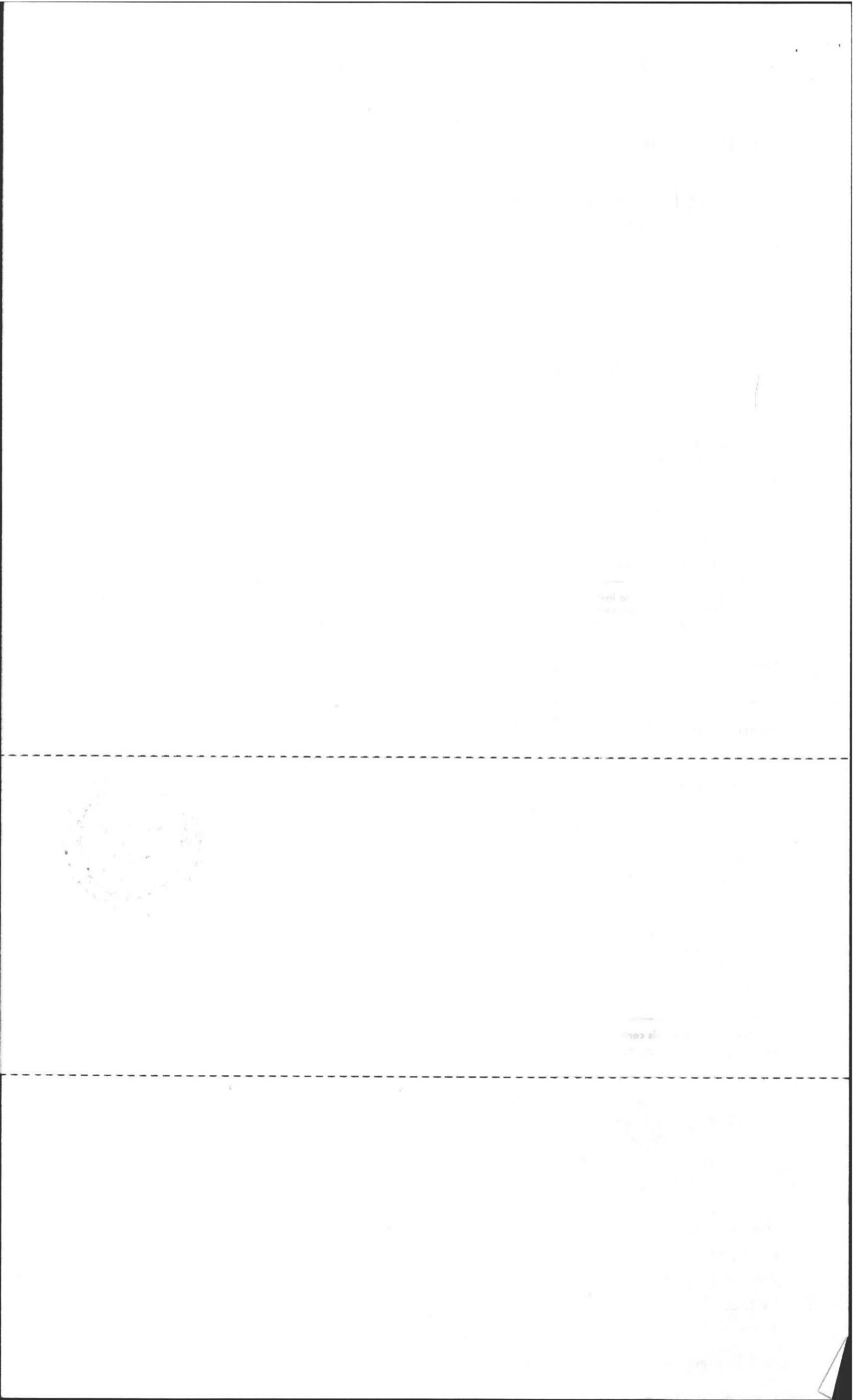
Permission is hereby granted to Construct ( ) Repair (X) Upgrade ( ) Abandon ( ) an individual sewage disposal system at 281 Potwine Lane as described

in the application for Disposal System Construction Permit No. 98-22, dated \_\_\_\_\_.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date Sept. 10, 1998 Board of Health Richard E. Janzani for Inspector

FORM 2 - DSCP DEP APPROVED FORM 5/96



No. \_\_\_\_\_

Date: 1/28/98

Commonwealth of Massachusetts  
Amherst, Massachusetts  
**Soil Suitability Assessment for On-site Sewage Disposal**

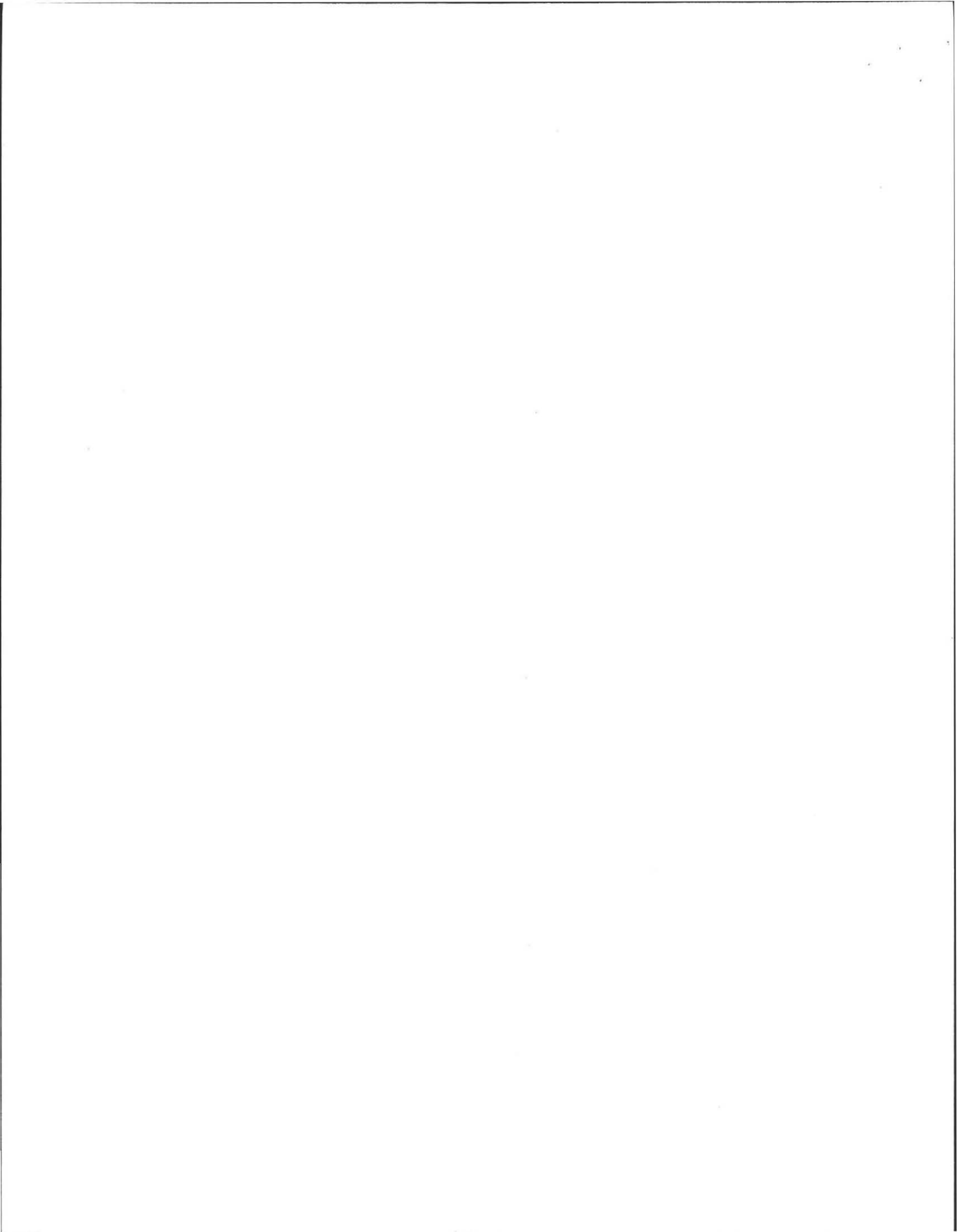
Performed By: Robert Stover Date: 1/28/98  
Witnessed By: David Zarozinski / Mike Lombard

Location Address or Lot # <u>281 Potwine Ln, Amherst, MA</u>	Owner's Name, Address, and Telephone # <u>Anthony Siracusa 281 Potwine Ln. Amherst, MA 01002 (413) 253-3431</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

**Office Review**

Published Soil Survey Available: No  Yes   
Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_ Soil Map Unit \_\_\_\_\_  
Drainage Class \_\_\_\_\_ Soil Limitations \_\_\_\_\_  
Surficial Geologic Report Available: No  Yes   
Year Published \_\_\_\_\_ Publication Scale \_\_\_\_\_  
Geologic Material (Map Unit) \_\_\_\_\_  
Landform \_\_\_\_\_  
Flood Insurance Rate Map:  
Above 500 year flood boundary No  Yes   
Within 500 year flood boundary No  Yes   
Within 100 year flood boundary No  Yes   
Wetland Area:  
National Wetland Inventory Map (map unit) \_\_\_\_\_  
Wetlands Conservancy Program Map (map unit) \_\_\_\_\_  
Current Water Resource Conditions (USGS): Month \_\_\_\_\_  
Range :Above Normal  Normal  Below Normal   
Other References Reviewed: \_\_\_\_\_





Anthony Siracusa

Location Address or Lot No. 281 Potwine Ln., Amherst, MA

On-site Review

Deep Hole Number 1 Date: 1/28/98 Time: 10:00 Weather overcast, 30°  
 Location (identify on site plan) see "On-site Sewage Disposal System" Plan  
 Land Use lawn/fiel Slope (%) 0 Surface Stones none  
 Vegetation grass 8/27/98  
 Landform Alluvial Plain  
 Position on landscape (sketch on the back)

Distances from:

Open Water Body 200 feet  $\pm$  Drainage way 100 feet  $\pm$   
 Possible Wet Area 100 feet  $\pm$  Property Line 10 feet  
 Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_  
Town Water

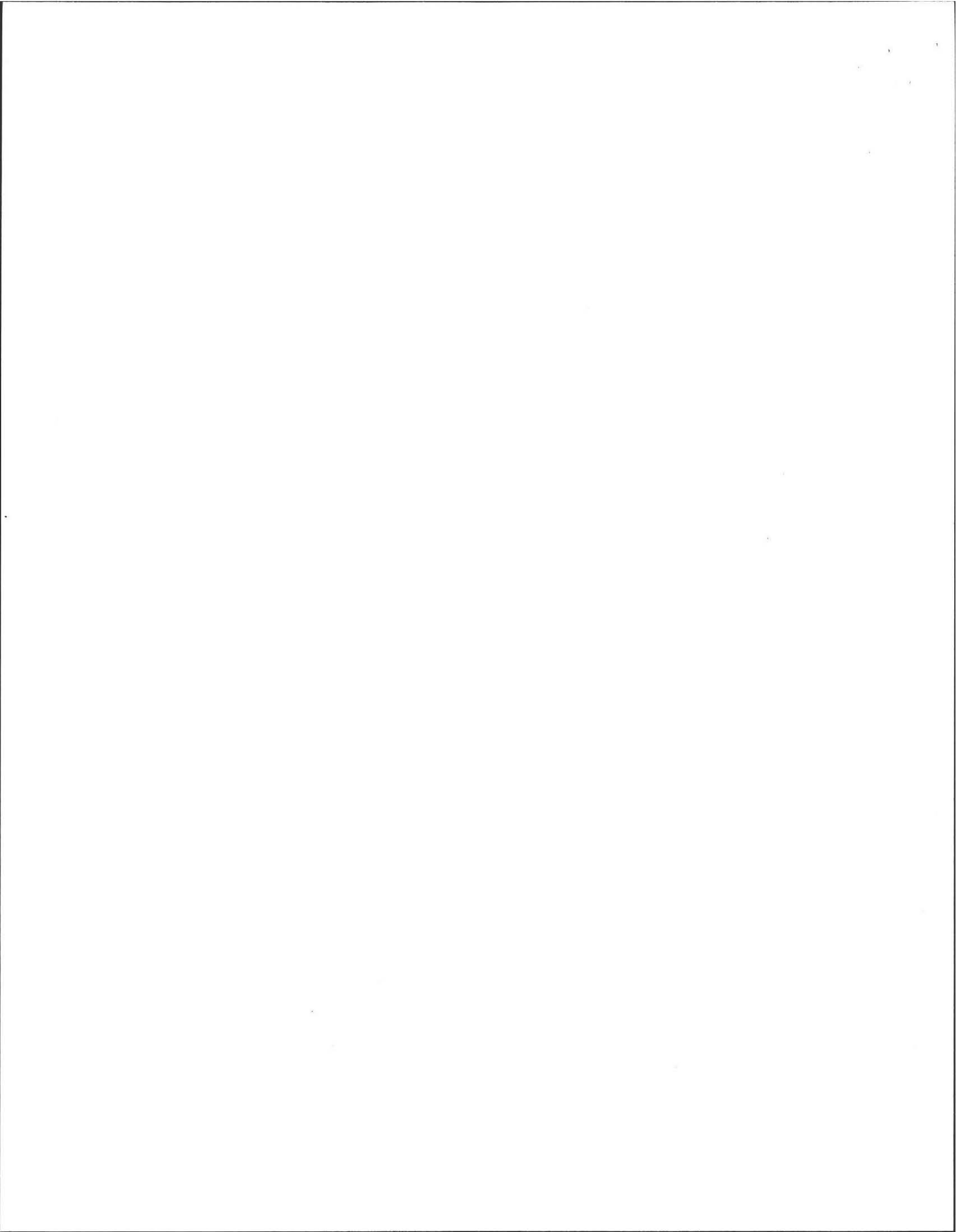
**DEEP OBSERVATION HOLE LOG\***

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-11	AP	FSL	10YR3/4	None	Friable
11-20	BW	FSL	7.5YR4/6	None	Loose to slightly friable massive
20-45	C1	MLG	10YR4/4	7.5Y5/8 7.5Y2.5/2 mag. accumul.	Loose to slightly friable
48-9'	C2	SILT/CLAY VARVED	2.5Y4/2	10YR3/6 in fine sand varved	Varved - firm

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Lacustrine under outwash Depth to Bedrock: > 108"  
 Depth to Groundwater: Standing Water in the Hole: 85" Weeping from Pit Face: 3/6  
 Estimated Seasonal High Ground Water: 30"

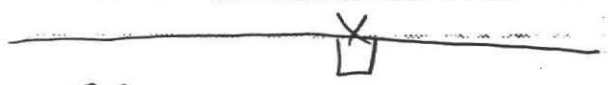






Location Address or Lot No. Anthony Siracusa  
281 Potwine Lane  
Amherst, MA

**On-site Review**

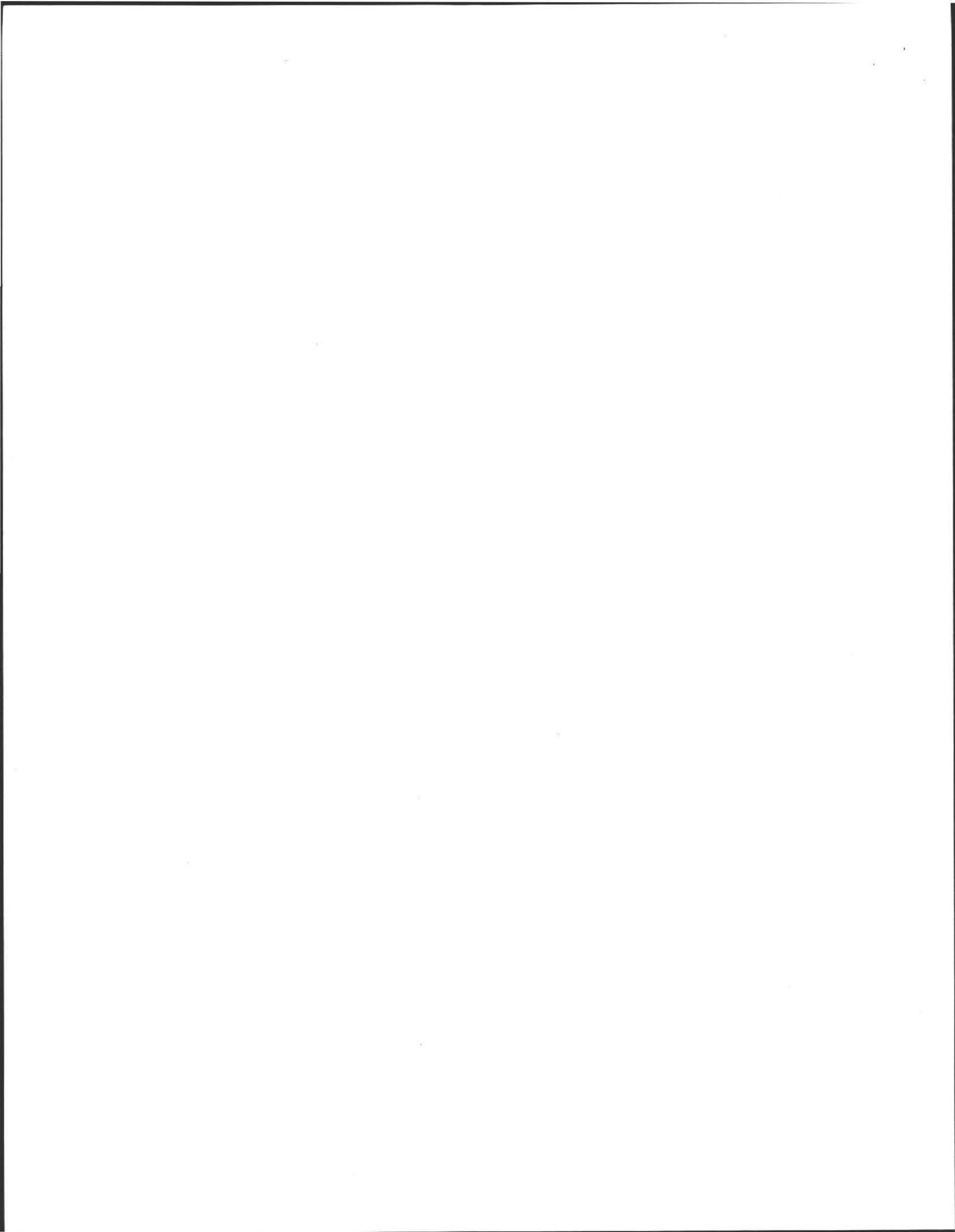
Deep Hole Number 2 Date: 1/28/98 Time: 10:35 Weather overcast, 30°  
 Location (identify on site plan) see "On-site Sewage Disposal Plan" 8/27/98  
 Land Use field/lawn Slope (%) 0 Surface Stones None  
 Vegetation grass  
 Landform alluvial plain  
 Position on landscape (sketch on the back)   
 Distances from:  
 Open Water Body 200 feet + Drainage way 125 feet +  
 Possible Wet Area 100 feet + Property Line 20 feet ±  
 Drinking Water Well \_\_\_\_\_ feet Other \_\_\_\_\_  
Town Water

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-12	Ap	FSL	10YR 3/4	none	Friable
12-22	Bw	FSL	7.5YR 4/6	none	Loose to slightly Friable / Massive
22-47	C1	MLS	10YR 4/4	7.5YR 5/2 7.5YR 2.5/2	Loose to slightly friable
47-96	C2	silt/clay varved	2.5Y 4/2	10YR 3/6 in varves of fine sand	varved / firm

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Lacustrine/alluvial Depth to Bedrock: >8'  
 Depth to Groundwater: Standing Water in the Hole: 6' Weeping from Pit Face: 36"  
 Estimated Seasonal High Ground Water: 30"





Location Address or Lot No. 281 Potwine Lane

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>11/28/98</u>	Time: <u>9:50 AM</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>32"</u>	
Start Pre-soak	<u>9:52</u>	
End Pre-soak	<u>10:08</u>	
Time at 12"	<u>10:08</u>	
Time at 9"	<u>10:16</u>	
Time at 6"	<u>10:31</u>	
Time (9"-6")	<u>15</u>	
Rate Min./Inch	<u>5</u>	

\* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

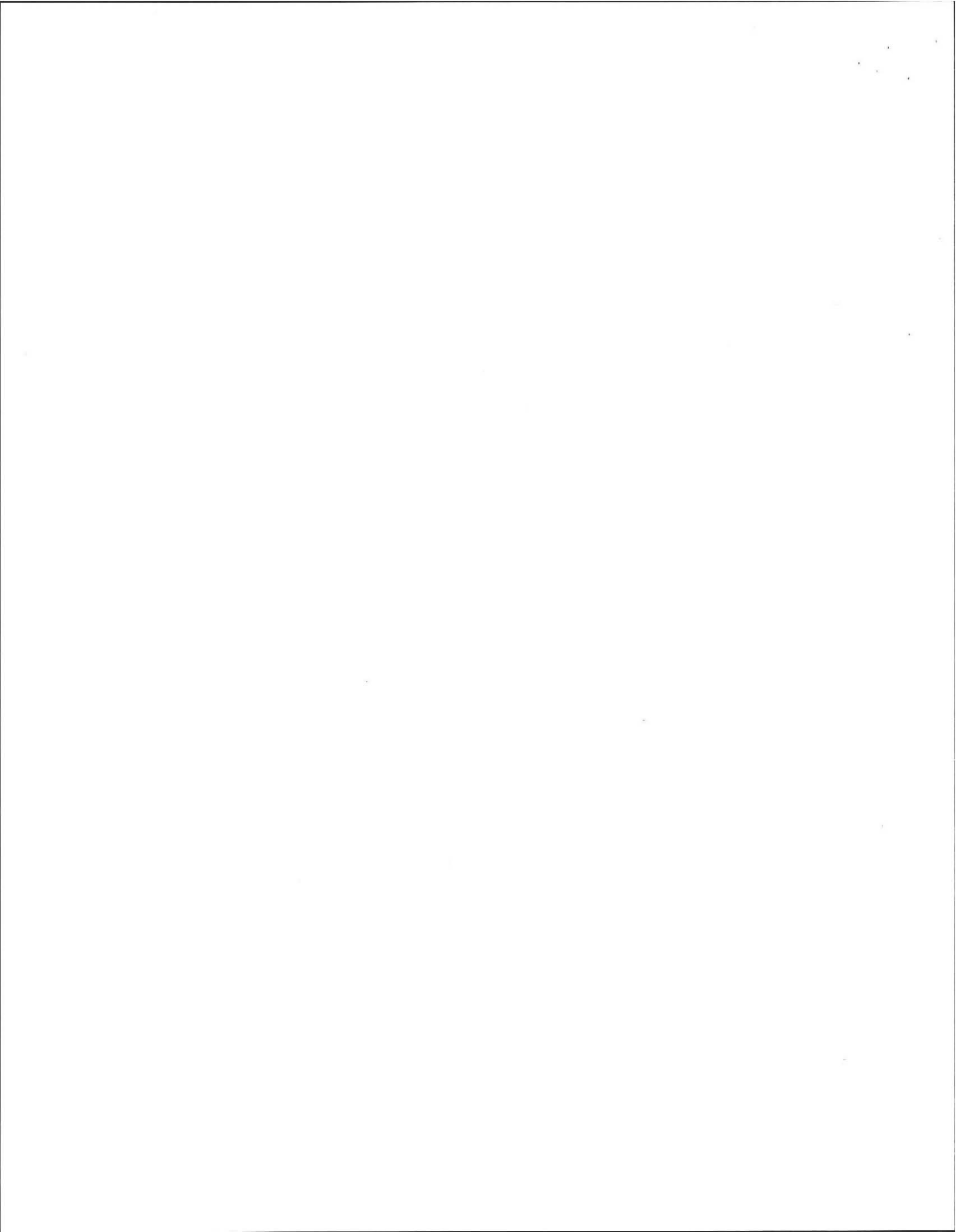
Site Passed  Site Failed

Performed By: Robert Stover

Witnessed By: Mike Lombard

Comments: \_\_\_\_\_





Location Address or Lot No. Anthony Siracusa  
281 Potwine Lane  
Amherst, MA

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole ..... inches
- Depth weeping from side of observation hole ..... inches
- Depth to soil mottles 30" inches
- Ground water adjustment ..... feet

Index Well Number ..... Reading Date ..... Index well level .....  
Adjustment factor ..... Adjusted ground water level .....

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

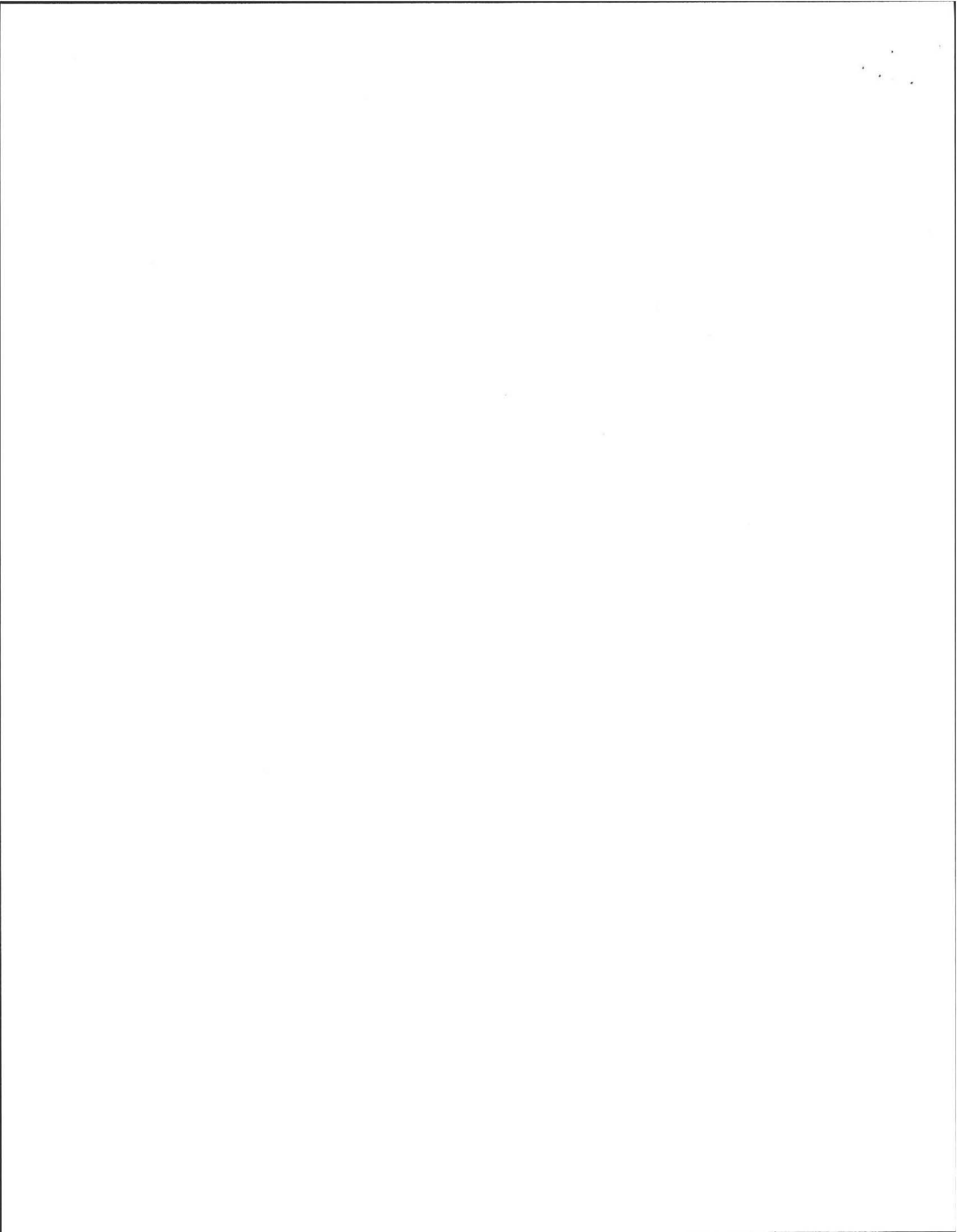
If not, what is the depth of naturally occurring pervious material?         

Certification

I certify that on 6/1993 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017.

Signature Robert W. Stone Date 1/28/98





NOT PAID

FORM 11 - SOIL EVALUATOR FORM  
Page 1 of 3

No. \_\_\_\_\_

Date: 1/28/98

Commonwealth of Massachusetts  
Massachusetts  
**Soil Suitability Assessment for On-site Sewage Disposal**

Performed By: Bob Stovel Architect Civil Eng. Date: 1/28/98  
Witnessed By: David Zarozinski

Location Address or Lot # <u>281 Potwine Lane</u>	Owner's Name, Address, and Telephone # <u>Anthony Siracusa</u> <u>281 POTWINE LANE</u> <u>253-3431</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

**Office Review**

Published Soil Survey Available: No  Yes

Year Published ..... Publication Scale ..... Soil Map Unit .....

Drainage Class ..... Soil Limitations .....

Surficial Geologic Report Available: No  Yes

Year Published ..... Publication Scale .....

Geologic Material (Map Unit) .....

Landform .....

Flood Insurance Rate Map:

Above 500 year flood boundary No  Yes

Within 500 year flood boundary No  Yes

Within 100 year flood boundary No  Yes

Wetland Area:

National Wetland Inventory Map (map unit) .....

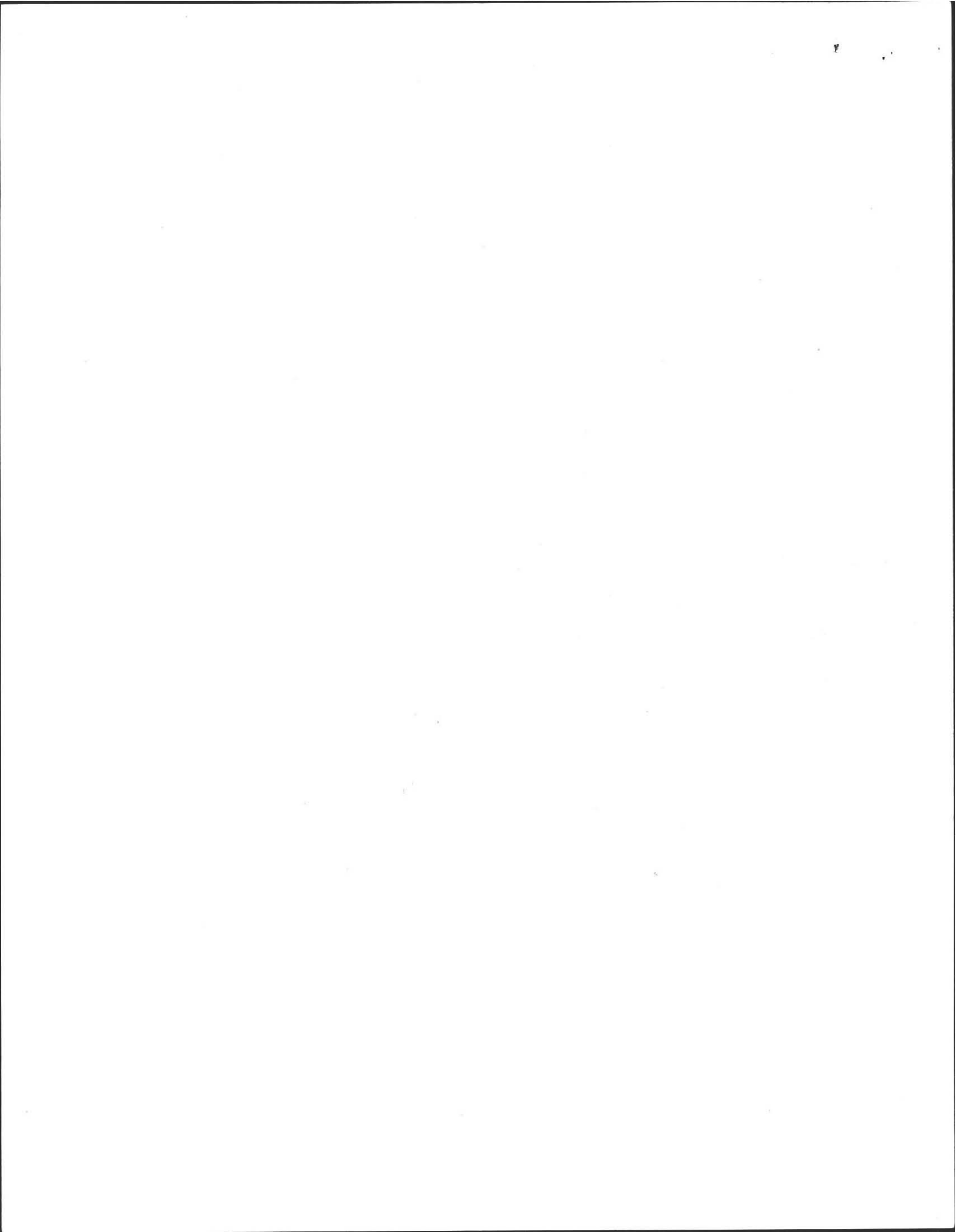
Wetlands Conservancy Program Map (map unit) .....

Current Water Resource Conditions (USGS): Month .....

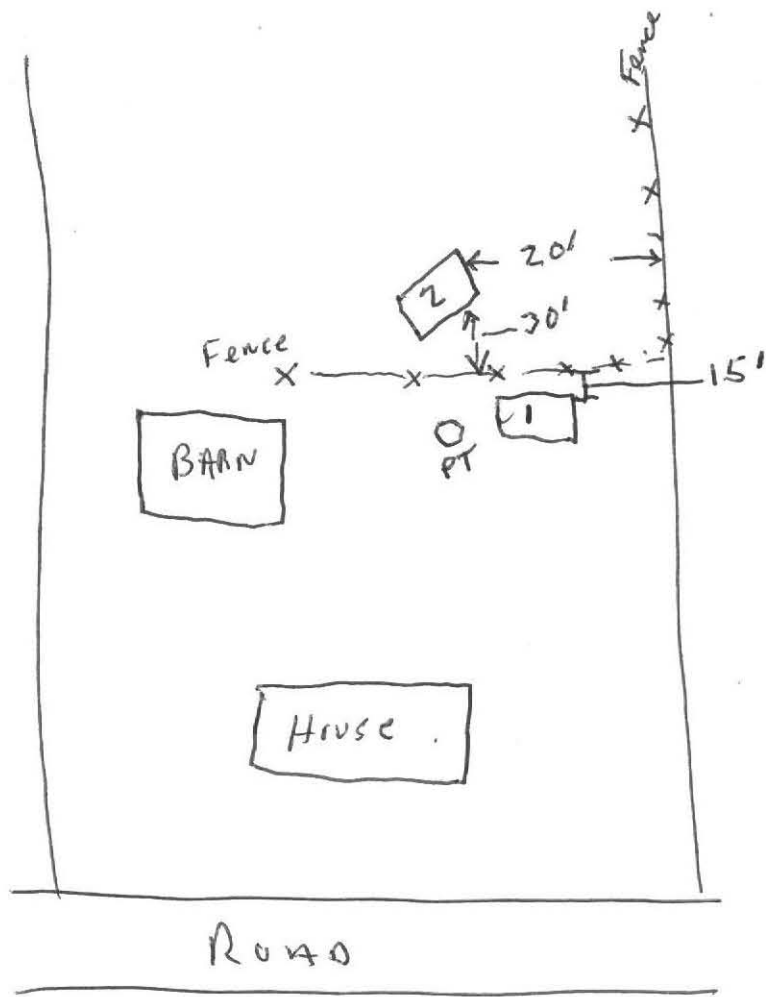
Range :Above Normal  Normal  Below Normal

Other References Reviewed: \_\_\_\_\_









Location Address or Lot No. 281 Potwinie lane

**On-site Review**

Deep Hole Number 1 Date: 1/28/98 Time: 10:00 AM Weather Overcast 30°  
 Location (identify on site plan) 281 Potwinie lane  
 Land Use Field/Lawn Slope (%) 0° Surface Stones grass  
 Vegetation grass  
 Landform alluvial plain

Position on landscape (sketch on the back) 

Distances from:  
 Open Water Body 200 feet + Drainage way 100+ feet +  
 Possible Wet Area 100+ feet + Property Line 10 feet +  
 Drinking Water Well Town water feet Other

**DEEP OBSERVATION HOLE LOG\***

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-11	AP	FSL	10YR3/4	NONE	Friable
11-20	BW	FSL	7.5YR-4/6	NONE	Loose to Slightly Friable massive
20-45	C1	MLG	10YR 4/4	7.5Y 5/8 7.5Y 2.5/2 may Accumul	Loose to Slightly Friable
48-9'	C2	SILT/CLAY VARVED	2.5Y 4/2	10YR 3/6 in Firm Sand Varved	Varved - Firm

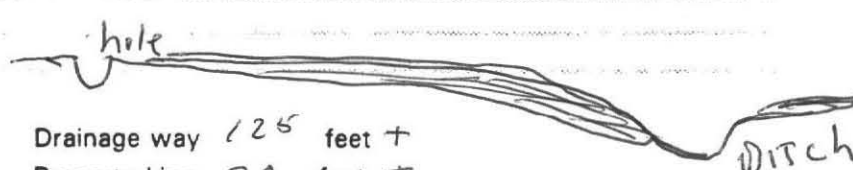
\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Lacustrine sand outwash Depth to Bedrock: > 108"  
 Depth to Groundwater: Standing Water in the Hole: 85" Weeping from Pit Face: 36  
 Estimated Seasonal High Ground Water: 30



Location Address or Lot No. 281 POTWINE LANE

**On-site Review**

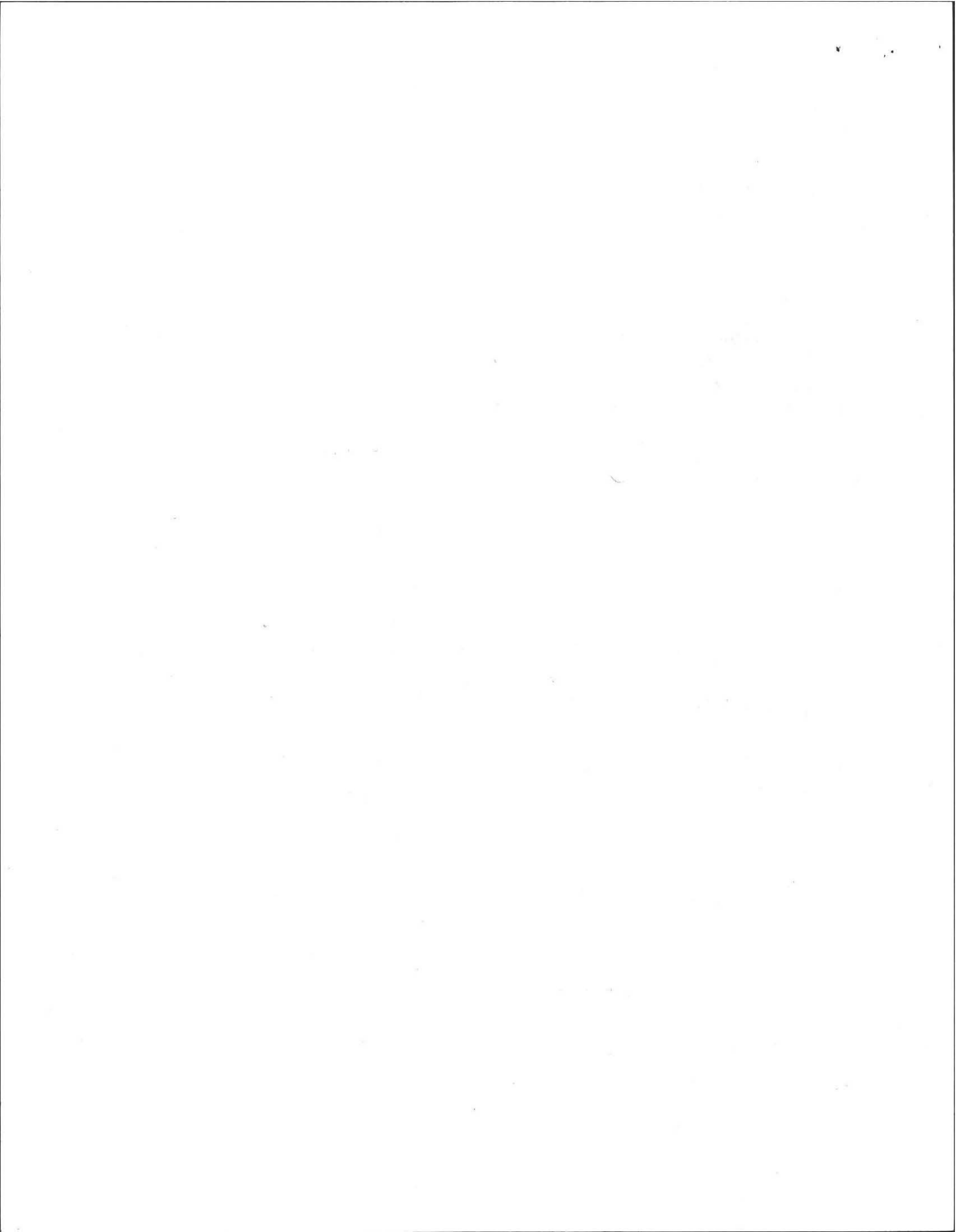
Deep Hole Number 2 Date: 1-28-98 Time: 10:35 Weather over cast 30°  
 Location (identify on site plan) 281 POTWINE LANE  
 Land Use LAWN FIELD Slope (%) 00 Surface Stones NONE  
 Vegetation GRASS  
 Landform ALLUVIAL PLAIN  
 Position on landscape (sketch on the back)   
 Distances from:  
 Open Water Body 200 feet +  
 Possible Wet Area 100 feet +  
 Drinking Water Well TOWN WATER feet  
 Drainage way 125 feet +  
 Property Line 20 feet +  
 Other

DEEP OBSERVATION HOLE LOG*					
Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Mottling	Other (Structure, Stones, Boulders, Consistency, % Gravel)
0-12	AP	FSL	10YR3/4	NONE	FRIABLE
12-22	BW	FSL	7.5 4/6	NONE	Loose To Slightly Friable
22-47	C1	MLG	10YR 4/4	7.5 5/8 7.5 Y 2.5 1/2 MAG ACCUMUL	Loose To Slightly Friable
47-96	C2	SILT/CLAY VARVED	2.5 4/2	10YR 3/6 IN FIRM SAND VARVED	UNRE - FIRM

\* MINIMUM OF 2 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) LARUSTINE UNDER OUTWASH Depth to Bedrock: 8'  
 Depth to Groundwater: Standing Water in the Hole: 6 Feet Weeping from Pit Face: 3/11  
 Estimated Seasonal High Ground Water: 30"





FORM 12 - PERCOLATION TEST

Location Address or Lot No. 281 Potwine

COMMONWEALTH OF MASSACHUSETTS

Amherst, Massachusetts

Percolation Test*		
Date:	<u>1-28-98</u>	Time: <u>9:52</u>
Observation Hole #	<u>1</u>	
Depth of Perc	<u>32"</u>	
Start Pre-soak	<u>9:52</u>	
End Pre-soak	<u>10:08</u>	
Time at 12"	<u>10:08</u>	
Time at 9"	<u>10:16</u>	
Time at 6"	<u>10:31</u>	
Time (9"-6")	<u>15 min</u>	
Rate Min./Inch	<u>5</u>	

\* Minimum of 1 percolation test must be performed in both the primary area AND reserve area.

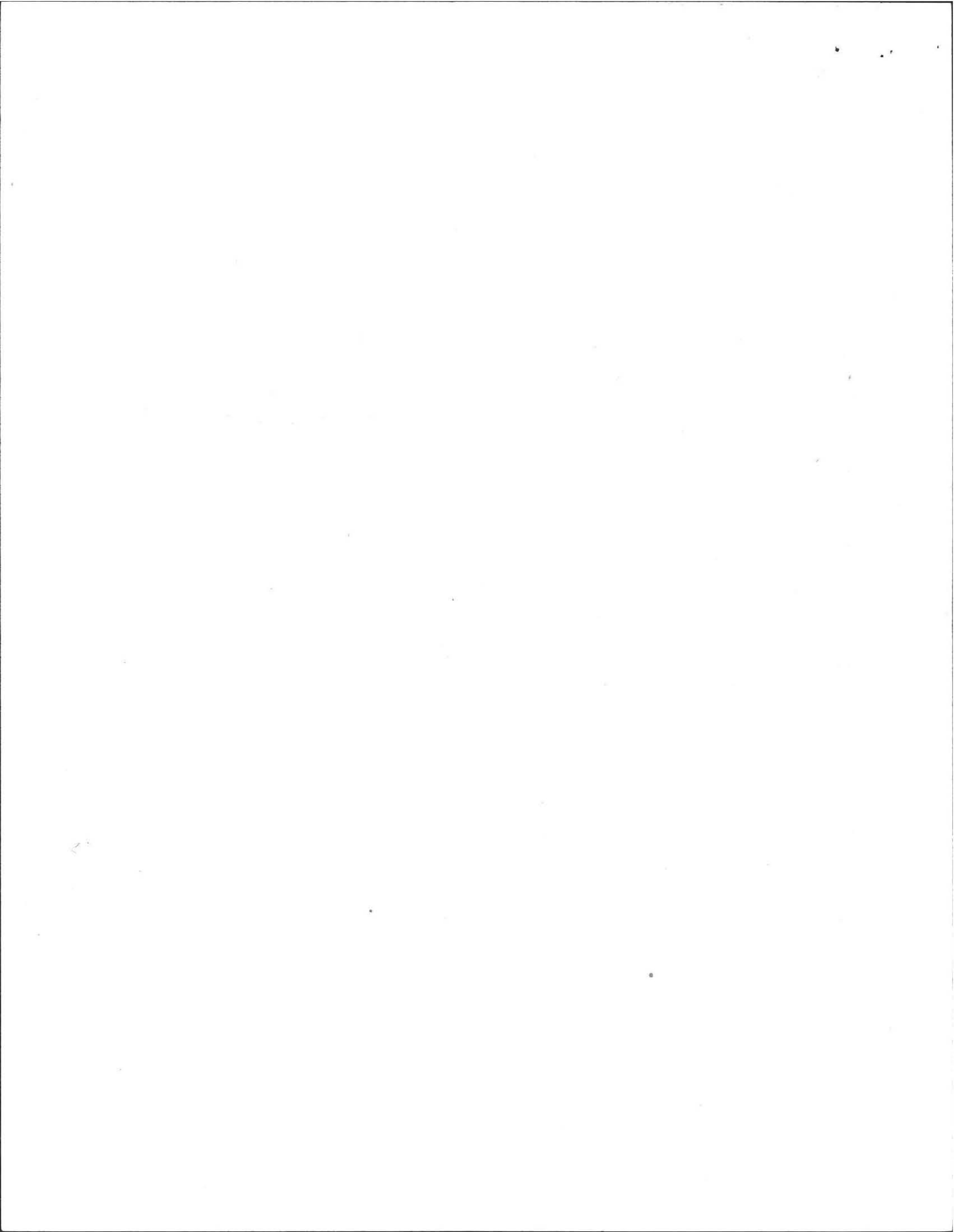
Site Passed  Site Failed

Performed By: Robert Stover

Witnessed By: Dave Zorozinski Mike Lombard

Comments: \_\_\_\_\_





FORM 4 - SYSTEM PUMPING RECORD

Commonwealth of Massachusetts  
AMHERST, Massachusetts

Called  
12-4-97  
AT 9:30

System Pumping Record

System Owner <i>A. Siracusa</i> <i>253-3431</i>	System Location <i>281 Potwine Ln</i>
---	--

Date of Pumping *11-26-97* Quantity Pumped: *1000* gallons

Type: Emergency  Routine

Cesspool: No  Yes  Septic Tank: No  Yes

System Pumped by (Company): Karl's Site Work Inc Permit #: 97-09

Contents transferred to:  
*amb w WTP*

Date *11-26-97* Pumper Signature *WBN*

Observations/Comments: *No Breathing Room +  
Water to high in S.T. No Water came  
Back FROM L.F.*





RECEIVED MAY 25 1999

ANTHONY J. SIRACUSA, PH.D.  
 SUSAN J. HILLMAN, PH.D.  
 681 SIMONDS RD  
 WILLIAMSTOWN, MA 01267

DATE May 22, 1999 6908 53-293/113

PAY TO THE ORDER OF Town of Amherst \$ 160.00

One hundred Sixty ~~00~~ <sup>00</sup> DOLLARS Security features included. Details on back.

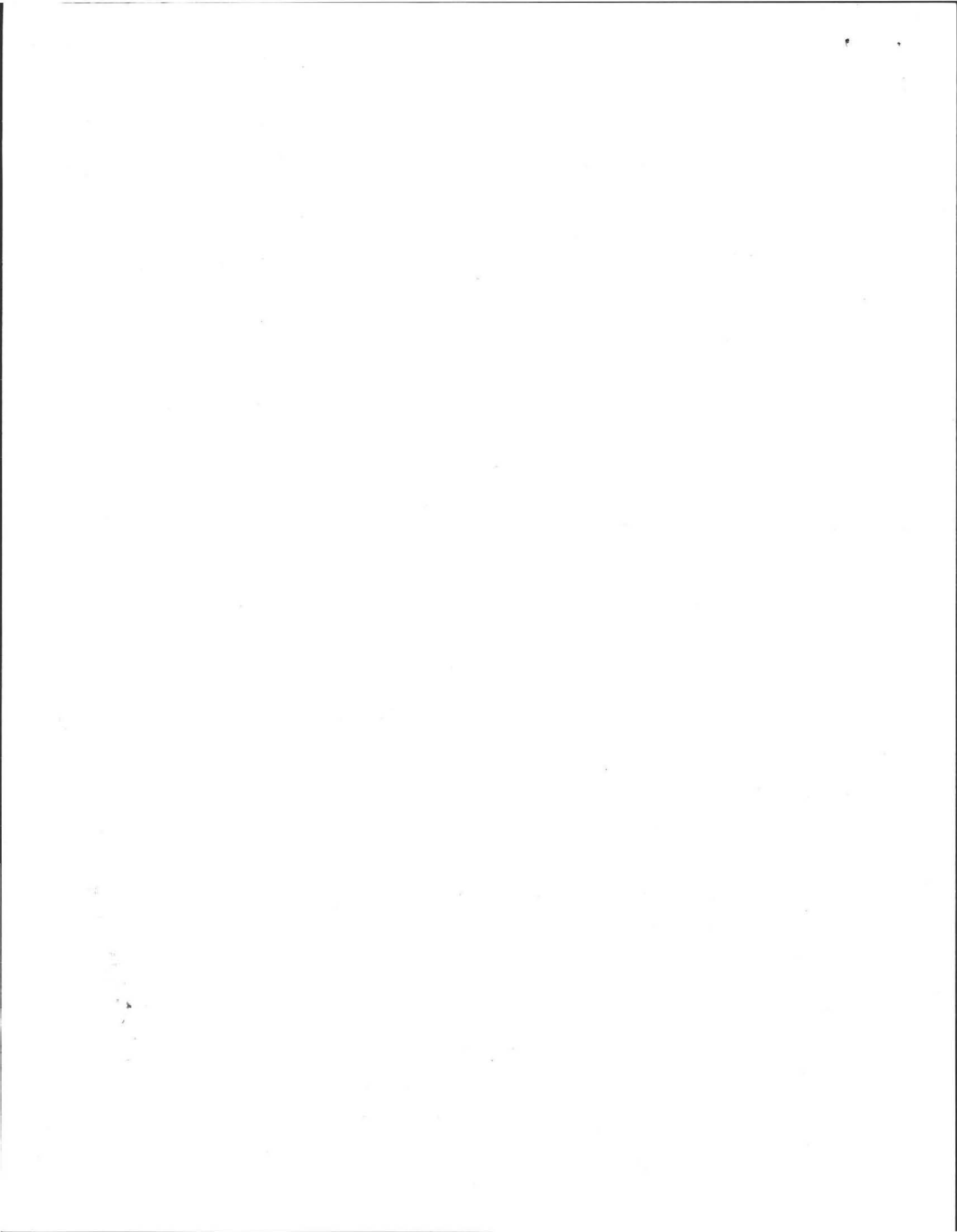
First Massachusetts Bank

FOR Septic Anthony J. Siracusa MP

⑆011302933⑆ 73712637⑆ 6908

R# 762  
p# 99-15

for 281 Potwine Lane



RECEIVED MAY 25 1999

FROM: Anthony J. Siracusa, Ph.D.  
681 Simonds Rd., Williamstown, MA 01267 (413) 458-9600  
281 Potwine Ln., Amherst, MA 01002 (413) 253-7015

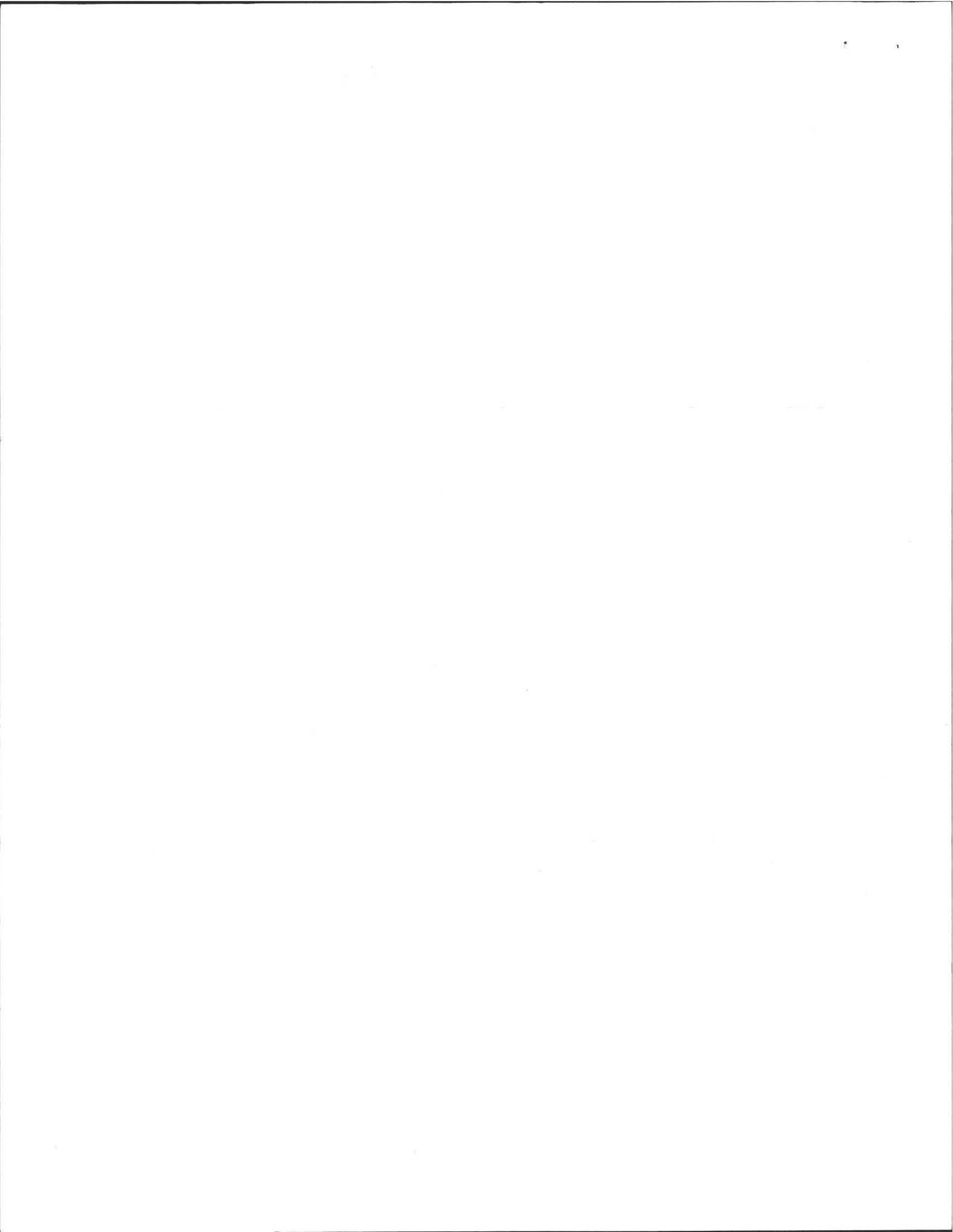
21 MAY 1999

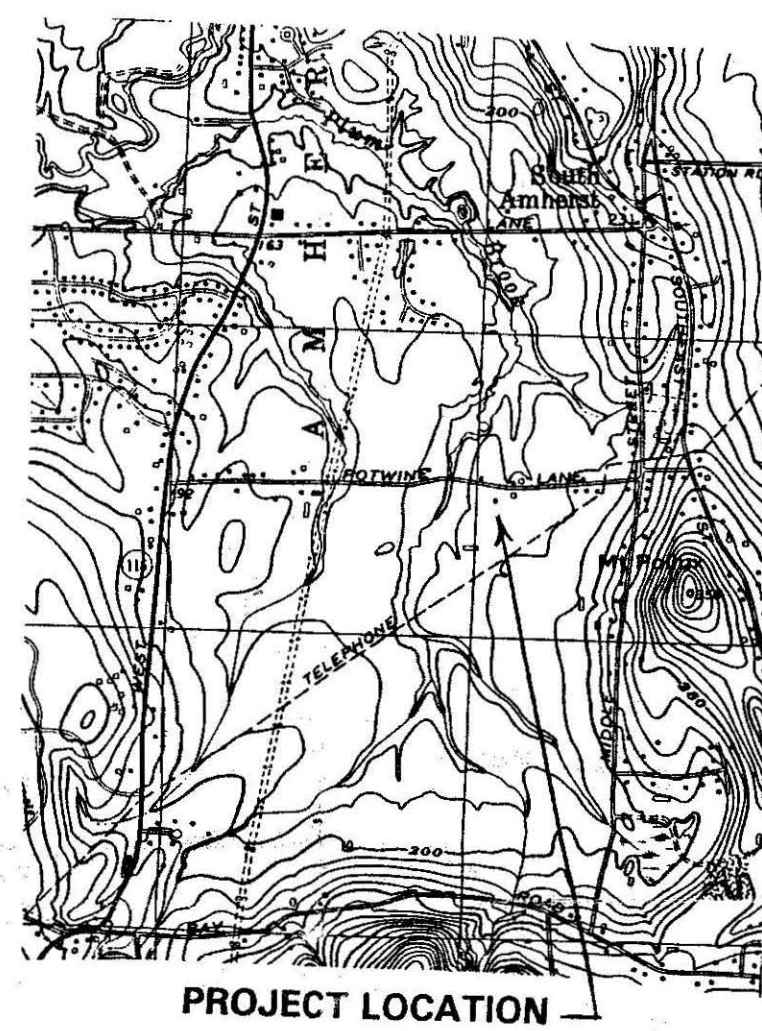
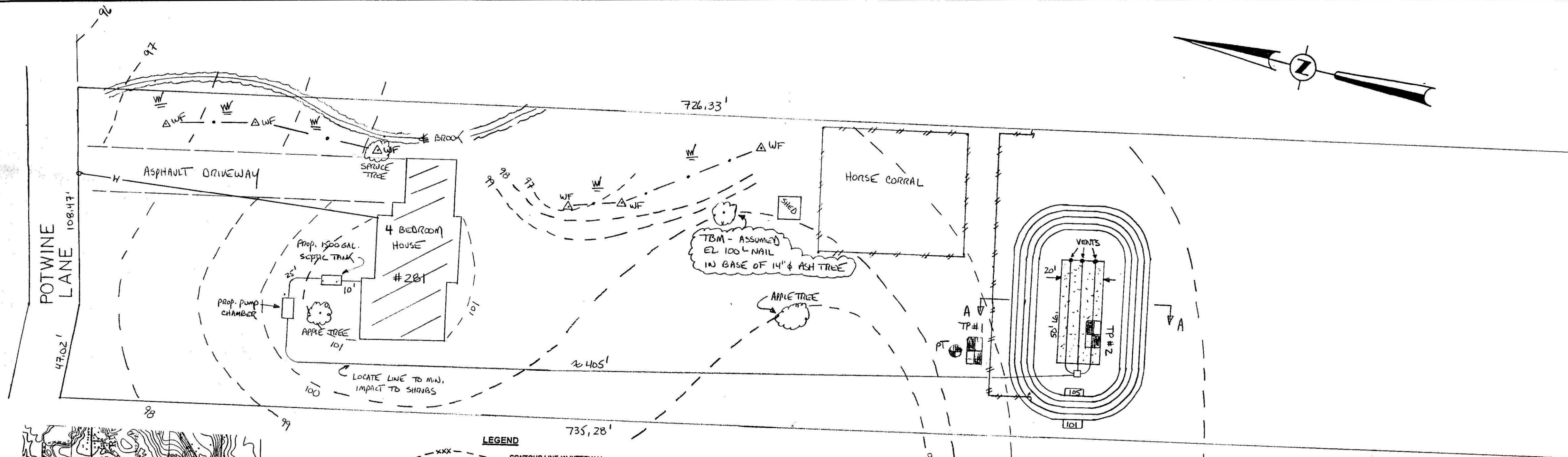
DAVID,

Sorry I was slow in getting  
this check in. Could you make  
sure it goes to the correct department.

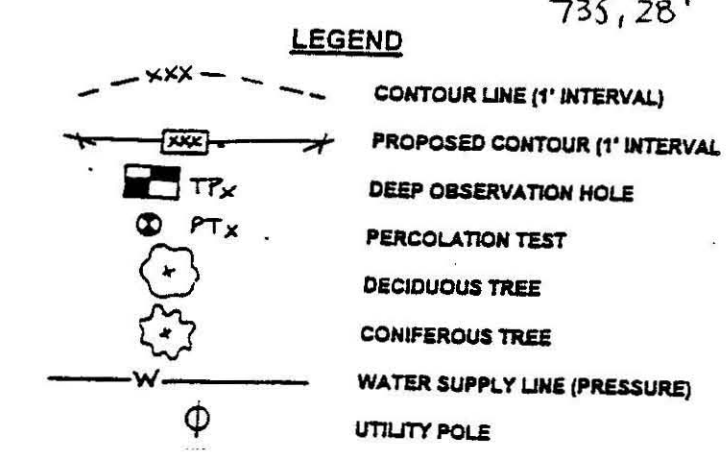
Thanks for your help.

Tony

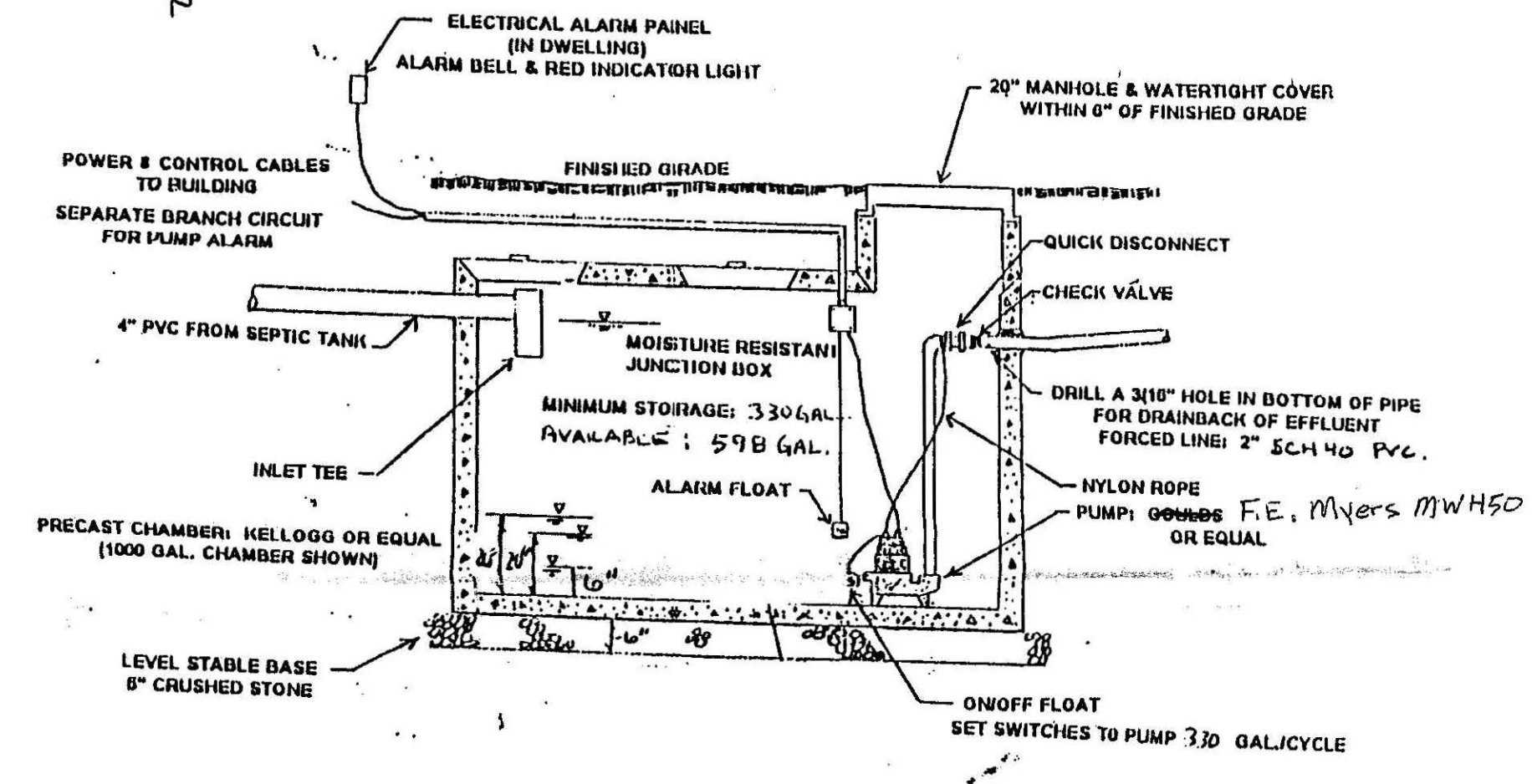




LOCUS PLAN  
SCALE: 1:25000



PLAN VIEW  
SCALE: 1 inch = 30 feet



SECTION VIEW: PUMP CHAMBER

**DESIGN CRITERIA**  
Design flow is for a 4 bedroom house with no garbage grinder.  
Proposed septic tank: 1500 gallons.

**DESIGN CALCULATION**  
Design Flow: Title V: 4 bedrooms x 110 gpd/bedroom = 440 gpd  
Town of Amherst: 1.25 x 440 = 550 gpd (governs)

Soil Loading Factor: Percolation Rate: 5 min./inch  
Class II Soils  
Soil Loading Rate: 0.60 gpd/sf

Proposed soil absorption system: 1 leach bed 20 ft. long by 50 ft. wide by 0.50 ft. below invert of distribution lines.

Bottom Area: 20 ft. x 50 ft. = 1000.0 sf  
Total Leaching Area: = 1000.0 sf  
(1000.0 sf)(0.60 gpd/sf) = 600 gpd  
Total Required Capacity = 550 gpd (o'k)

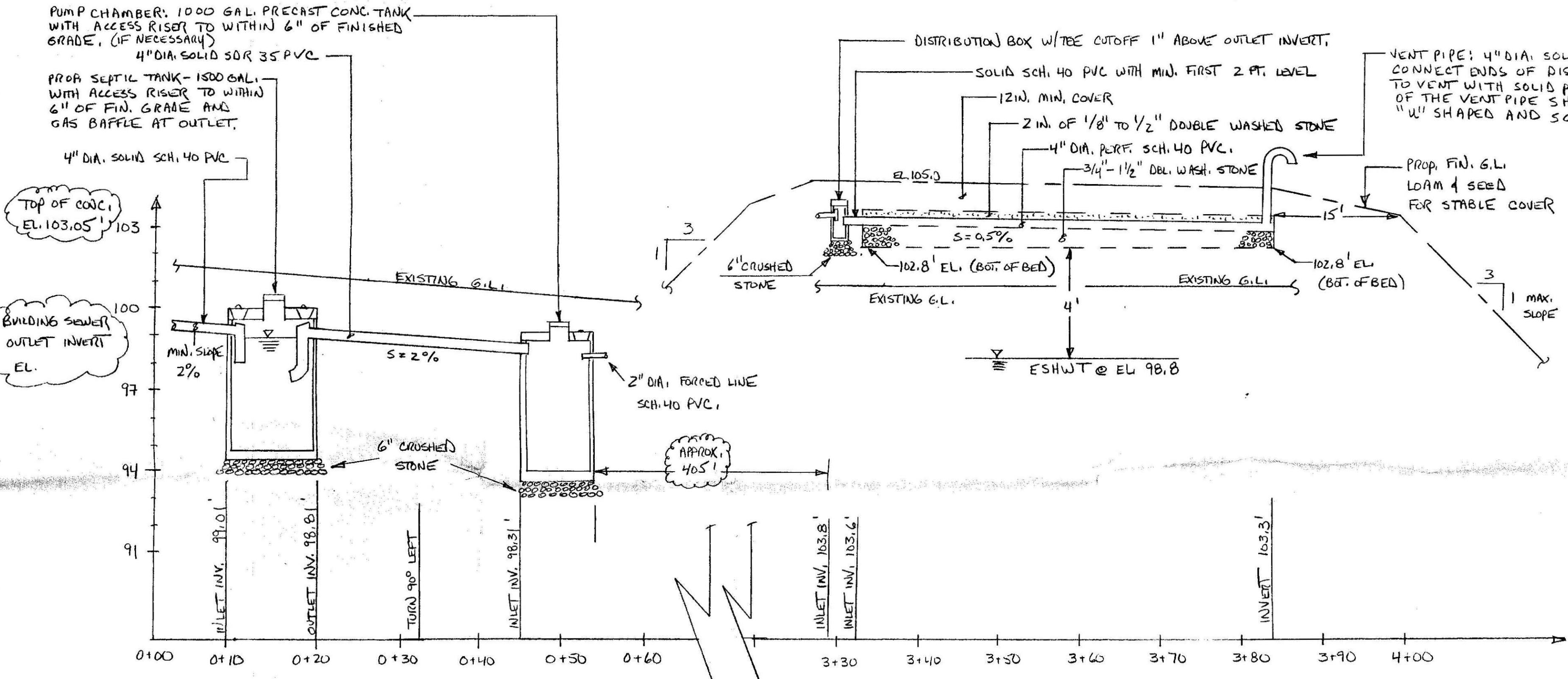
**SOIL INVESTIGATION**  
TEST PIT NO. 1 Elevation = 100.8'  
Est. Seasonal High Water Table @ elev. = 98.3'  
Bedrock deeper than elev. = 90.8'  
Class II soils.

TEST PIT NO. 2 Elevation = 101.3'  
Est. Seasonal High Water Table @ elev. = 98.8'  
Bedrock deeper than elev. = 91.3'  
Class II soils.

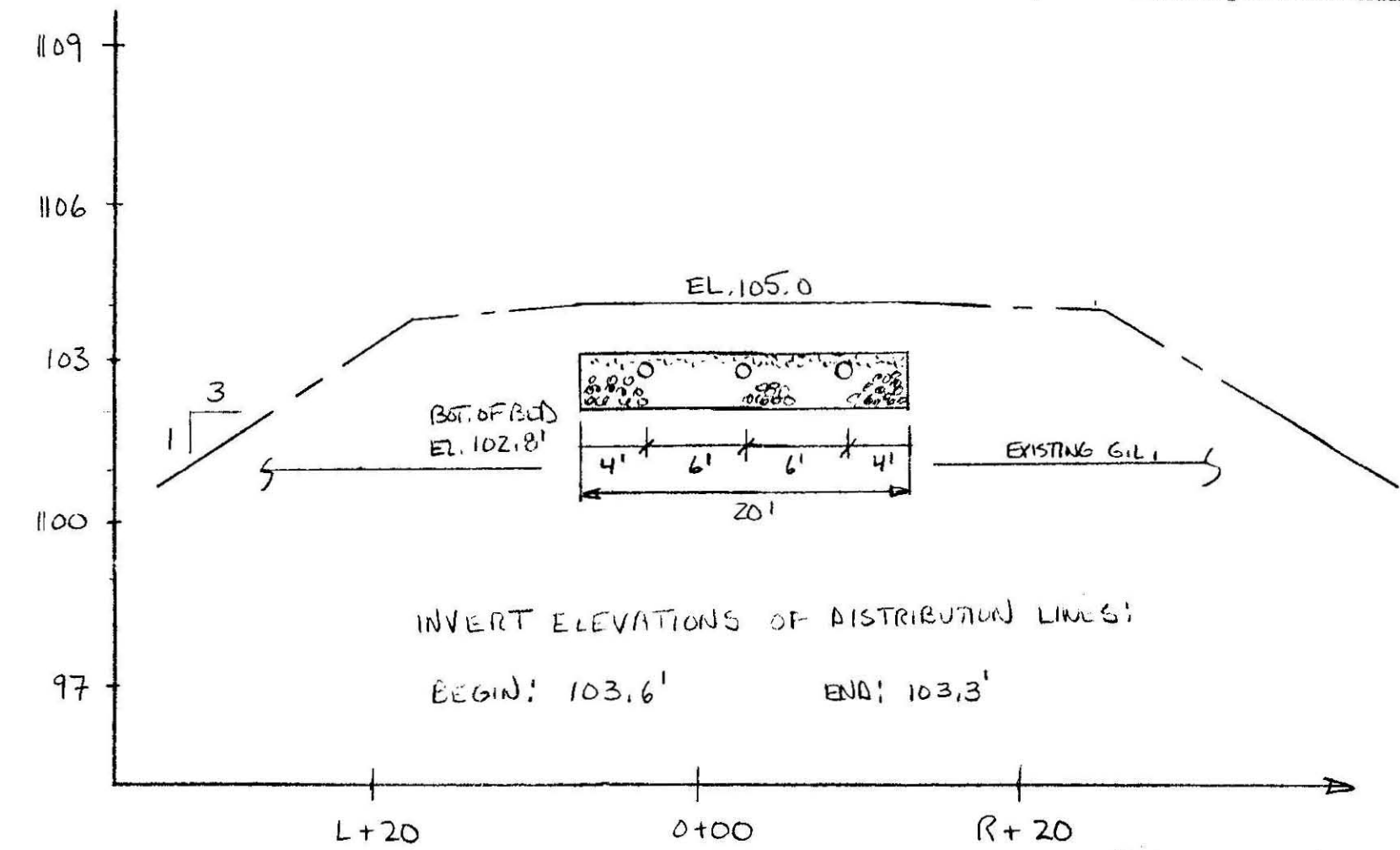
Water supply wells within 200 feet and wetland resource areas within 100 feet of the proposed soil absorption system are shown on the planview. Deep observation hole logs and percolation test results are in attached Soil Suitability Report. Soil Investigation and percolation testing by Robert Stover, Certified Soil Evaluator, and witnessed for the Board of Health by David Zarazinski, Certified Soil Evaluator on January 28, 1998.

- GENERAL CONDITIONS**
- This system repair plan is prepared in accordance with Title V, 310 CMR 15.00. Construction shall conform to these regulations.
  - The installer shall notify the designer of any unusual conditions and shall not modify the plan without the written consent of the designer.
  - All debris in the site area shall be removed and disposed of by the installer in accordance with the law.
  - The installer shall notify the designer and the Amherst Board of Health when the system installation is complete and prior to placement of the cover material for final inspection. Notification shall be 48 hours prior to the time of inspection.
  - There is no guarantee expressed or implied to any user of a system installed pursuant to this plan.
  - The on-site sewage disposal system shall be pumped and inspected as necessary and at least once every three years.

- CONSTRUCTION NOTES**
- The pipes exiting the distribution box shall have the same invert elevation and shall be level for at least the first two feet of length.
  - Any topsoil, subsoil, stumps, roots and stones shall be removed from the area of the leaching trenches, from five feet around the leaching area and from wherever fill is to be placed. Any fill placed in or adjacent to the leaching area shall be clean granular sand and conform to the specifications of Title V, 310 CMR 15.25(3).
  - The finished grade above the soil absorption system shall have a minimum two percent slope to shed surface runoff away from the system.
  - Disturbed areas shall be loamed, seeded and mulched until permanent vegetative cover is established.
  - The existing septic tank shall be pumped, crushed, and filled with sand.
  - Any part of the existing soil absorption system encountered during excavation shall be disposed of in accordance with the requirements of the Amherst Board of Health.
  - Any part of the system that shall be located in an area subject to vehicular traffic shall be capable of withstanding H-20 wheel loading.



SYSTEM PROFILE  
SCALE: H: 1" = 10' V: 1" = 3'



LEACH FIELD  
SECTION AT "A-A"  
SCALE: H: 1" = 10' V: 1" = 3'



Richard E. Costa  
9/1/98

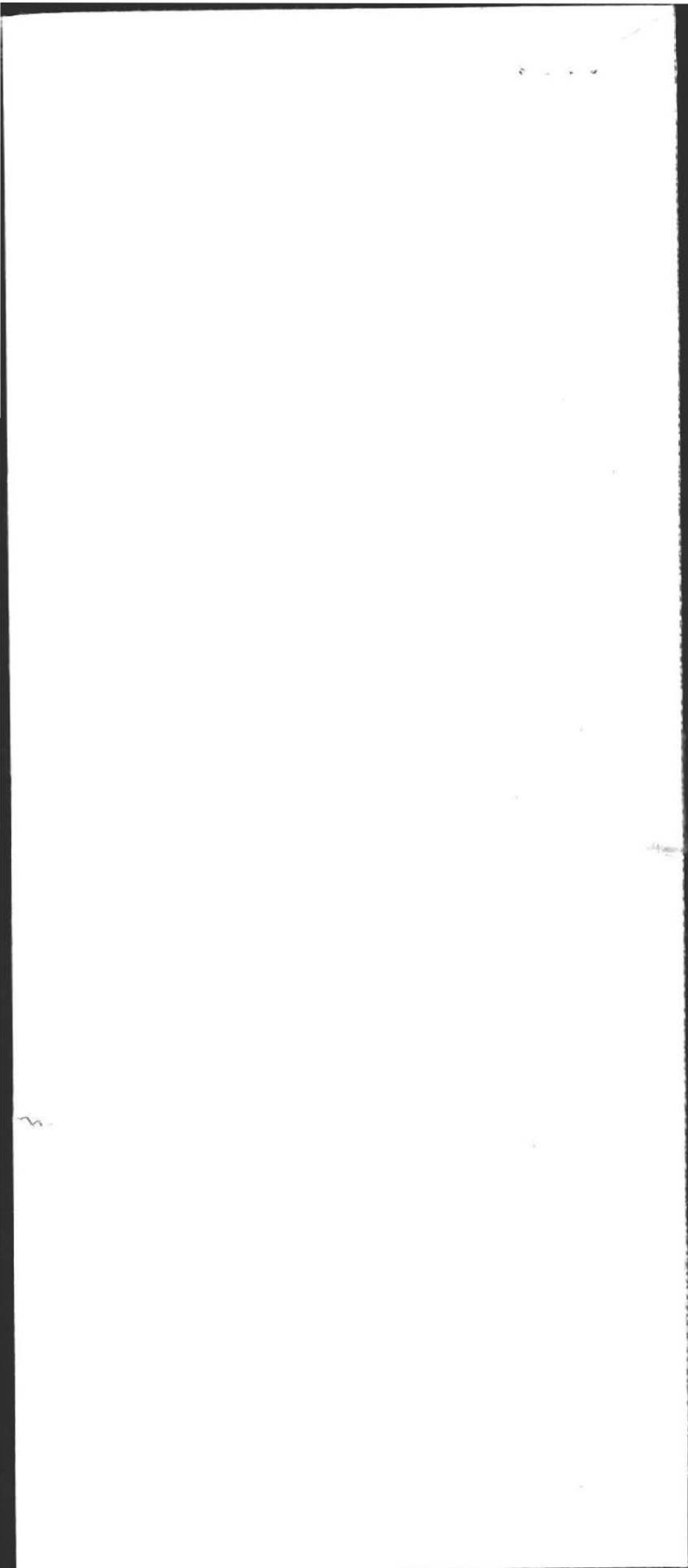
<b>ON-SITE SEWAGE DISPOSAL SYSTEM</b> 281 POTWINE LANE, AMHERST, MA 01002		
<b>ANTHONY SIRACUSA</b> 281 POTWINE LANE, AMHERST, MA 01002		
SCALE: AS SHOWN	APPROVED BY:	DRAWN BY: R.C.
DATE: 8/27/98		
AMHERST CIVIL ENGINEERING RICHARD COSTA, P.E. / ROBERT STOVER		
P.O. BOX 3312, AMHERST, MA 01004-3312	413-256-3400	DRAWING NUMBER

S  
Anthony Siracusa  
281 Potwine Ln  
Amherst, MA 01002



DAVID ZAROZINSKI  
INSPECTION SERVICES  
TOWN HALL  
4 Boltwood Ave  
Amherst, MA 01002







# TOWN OF AMHERST

## INSPECTION SERVICES

4 BOLTWOOD AVENUE  
Amherst, MA 01002  
(413) 256-4030 TEL  
(413) 256-4076 FAX

David Zarozinski  
Sanitarian

### SEPTIC SYSTEM REPAIR PROGRAM

FORMS

### APPLICATION PACKET

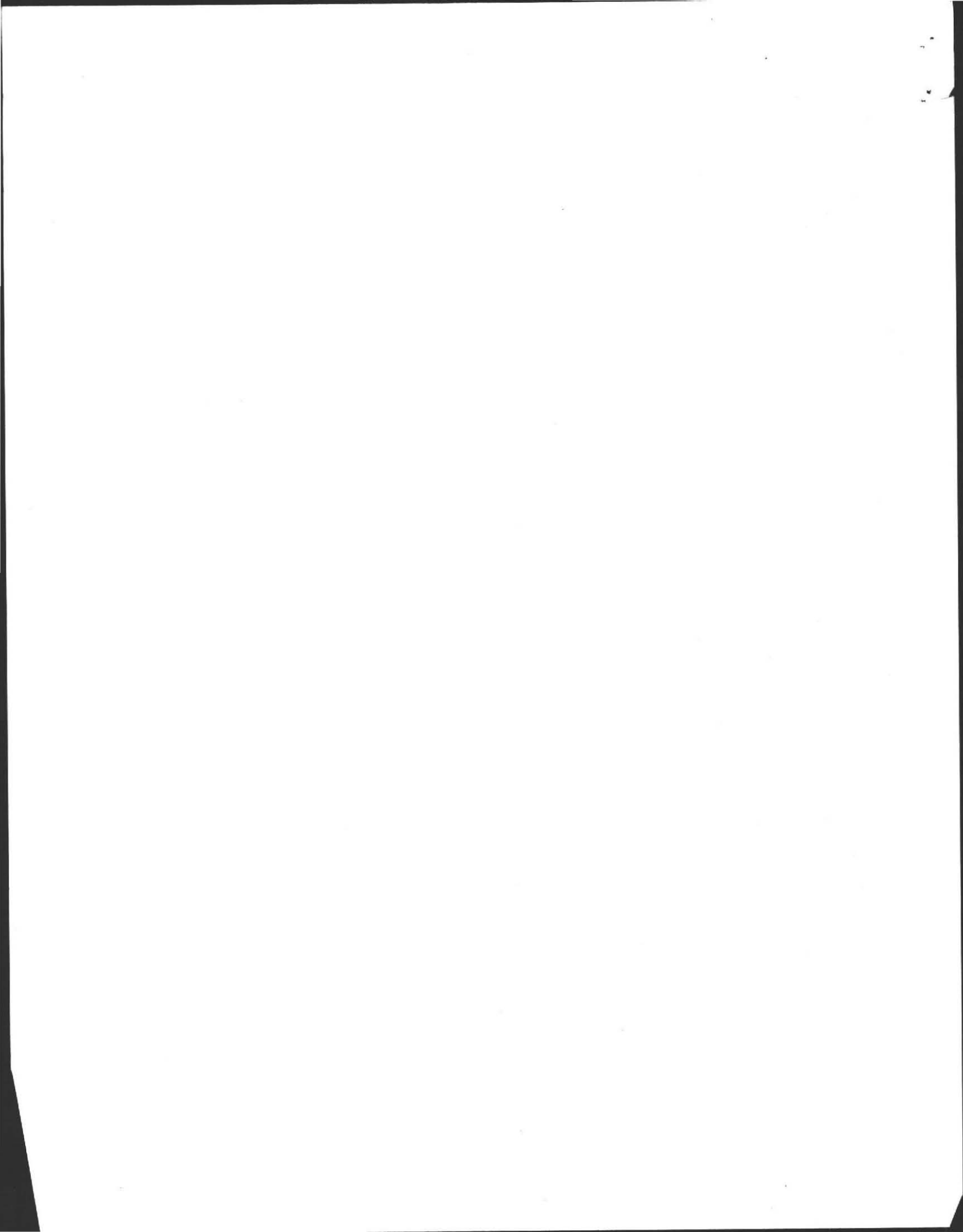
### CONTENTS

- ✓1. APPLICATION—TO BE FILLED OUT BY APPLICANT, SIGNED AND DATED.
- ✓2. LOT PLAN OF DWELLING, (This can be obtained by Town Assessors Office).
- ✓3. CERTIFICATION OF TITLE, (This information can be obtained in Assessors Office).
- ✓4. TAX COLLECTORS CERTIFICATION, (If outstanding assessments are due Town). *None*
- ✓5. ASSESSOR'S statement of property valuation.
6. STATEMENT OF FACT as to why the septic system needs repair/replacement.
7. BETTERMENT CONTRACT
8. STATEMENT FROM TOWN ENGINEER THAT SITE CAN NOT CONNECT TO SEWER.
9. BUDGET FORM FOR ENTIRE PROJECT
10. REVIEW BY SANITARIAN, APPROVAL OF BOARD OF HEALTH

----- PHASE II -----

- A. BIDDING FOR DESIGN CONTRACT FORM
- B. BIDDING FOR CONSTRUCTION CONTRACT FORM







# TOWN OF AMHERST

## INSPECTION SERVICES

4 BOLTWOOD AVENUE

Amherst, MA 01002

(413) 256-4030 TEL

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David Zarozinski  
Sanitarian

FORM 1

### SEPTIC SYSTEM REPAIR APPLICATION

#### 1. OWNER HOUSEHOLD INFORMATION

A. Name of Owner(s): ANTHONY SIRACUSA AND SUSAN HILLMAN

Mailing address: 281 POTWINE LANE

Home Telephone: (413) 253-3431 Work: (413) 458-9600

#### B. PROPERTY INFORMATION

Property Location: 281 POTWINE LANE

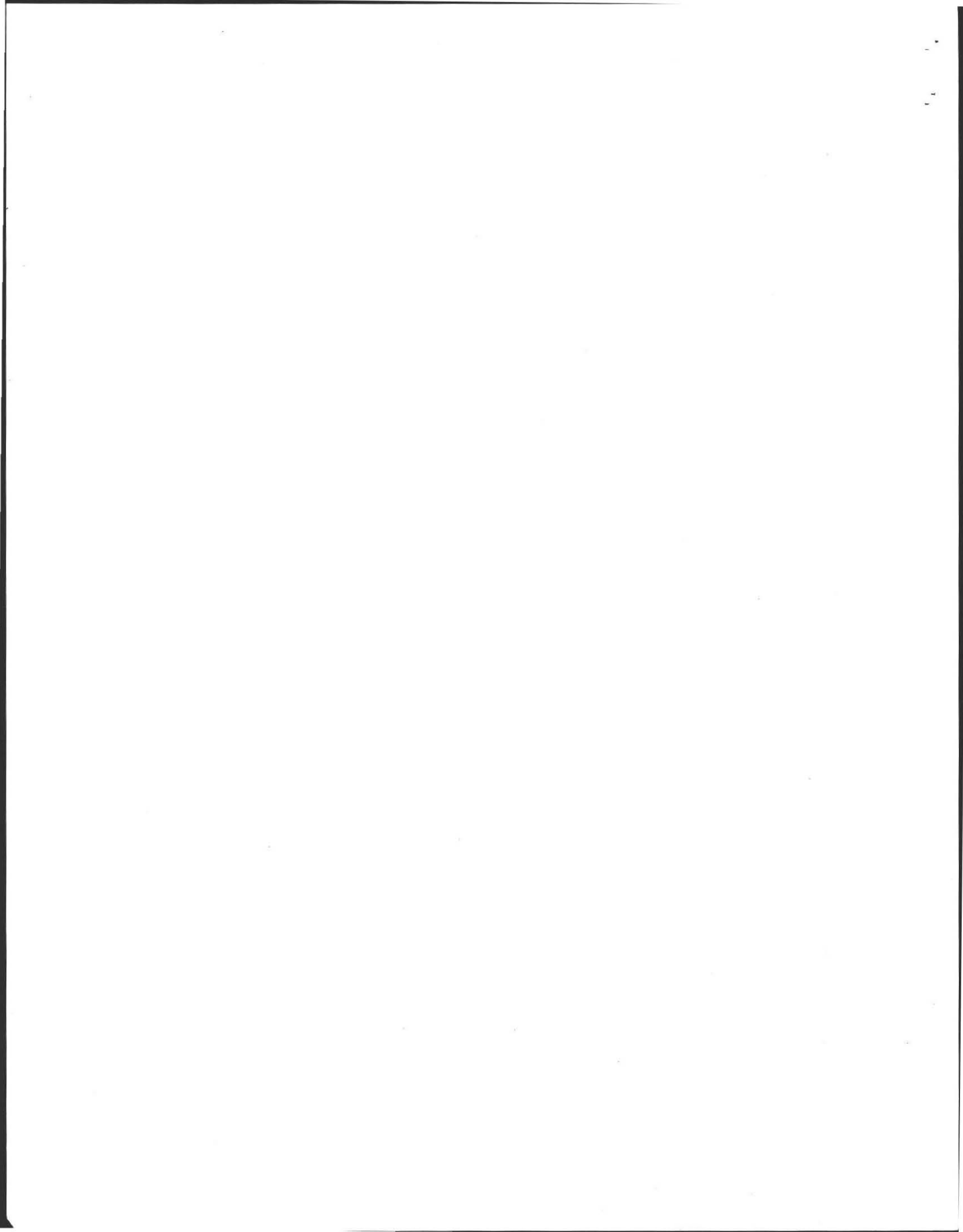
Number of Occupants: 3 Bedroom\* 2 Now Used  
\*4 bedrooms in all.

C. Has the Board of Health or a Certified Inspector determined your system to be "FAILING"? (ATTACH REPORT)

D. HAS A PERCOLATION TEST AND OR DESIGN BEEN PREPARED OR CONDUCTED? (ATTACH REPORT)

E. ARE THERE CURRENTLY ANY LIENS OR ATTACHMENTS RECORDED AGAINST YOUR PROPERTY? IF SO PLEASE EXPLAIN.

SIGNATURE OF OWNER: Anthony J. Siracusa DATE: 1/19/98  
Susan Hillman 1/19/98





# TOWN OF AMHERST

## INSPECTION SERVICES

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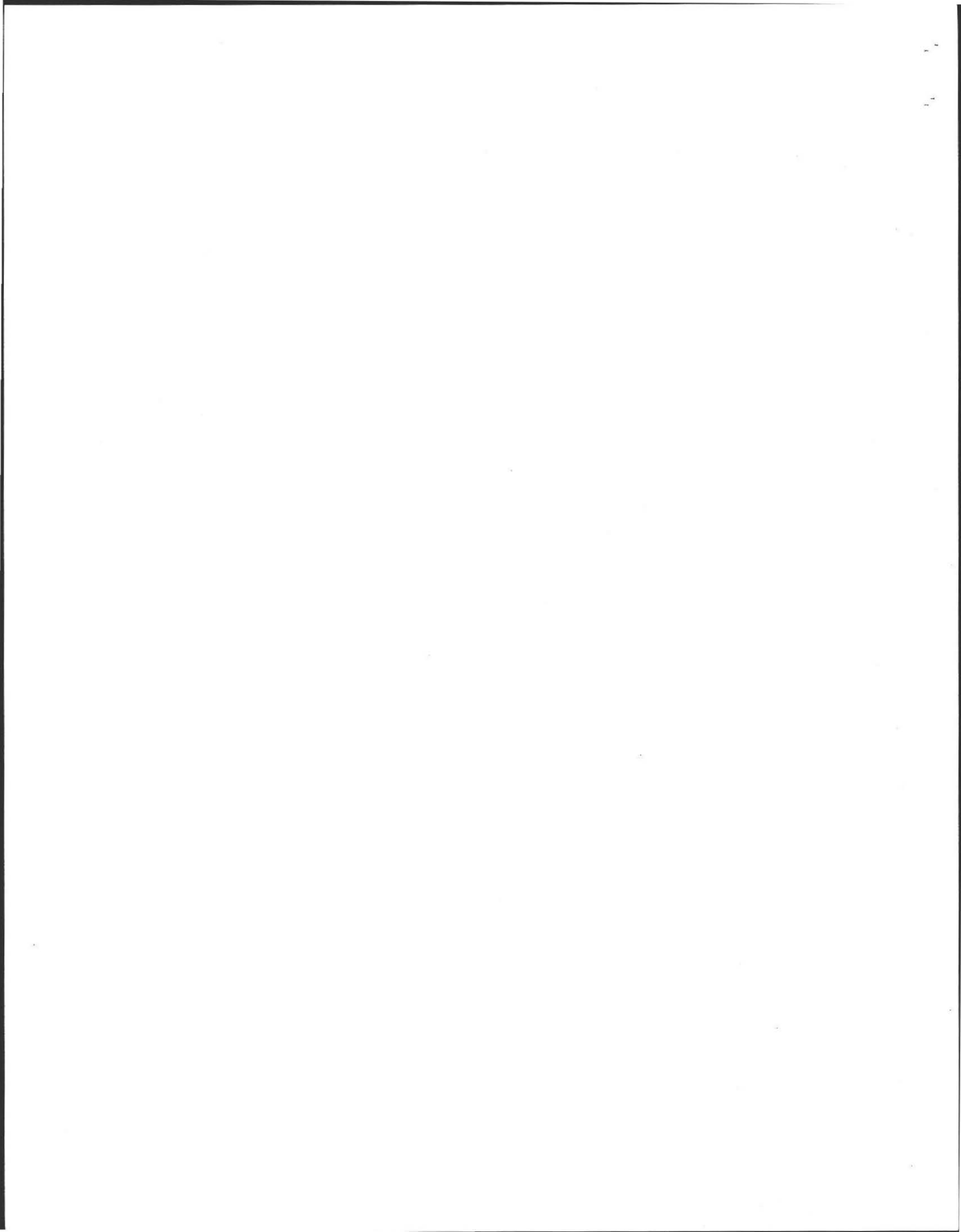
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FORM 2

### SEPTIC SYSTEM REPAIR APPLICATION

### MAP OF PROPERTY FROM ASSESSORS

*See Attached*





# TOWN OF AMHERST

## INSPECTION SERVICES

4 BOLTWOOD AVENUE

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Sanitarian

FORM 3

### SEPTIC SYSTEM REPAIR PROGRAM

### CERTIFICATION OF TITLE

PROPERTY LOCATION: 281 POTWINE LANE  
( STREET NUMBER AND ADDRESS )

#### OWNER(S) OF RECORD

NAME: ANTHONY SIRACUSA ADDRESS: 281 POTWINE LANE

NAME: SUSAN HILLMAN ADDRESS: 281 POTWINE LANE

I HEREBY CERTIFY THE ABOVE ARE ALL THE OWNER(S) OF RECORD FOR THE SUBJECT PROPERTY AND ARE LISTED AT THE HAMPSHIRE COUNTY REGISTRY OF DEEDS, NORTHAMPTON, MASSACHUSETTS IN:

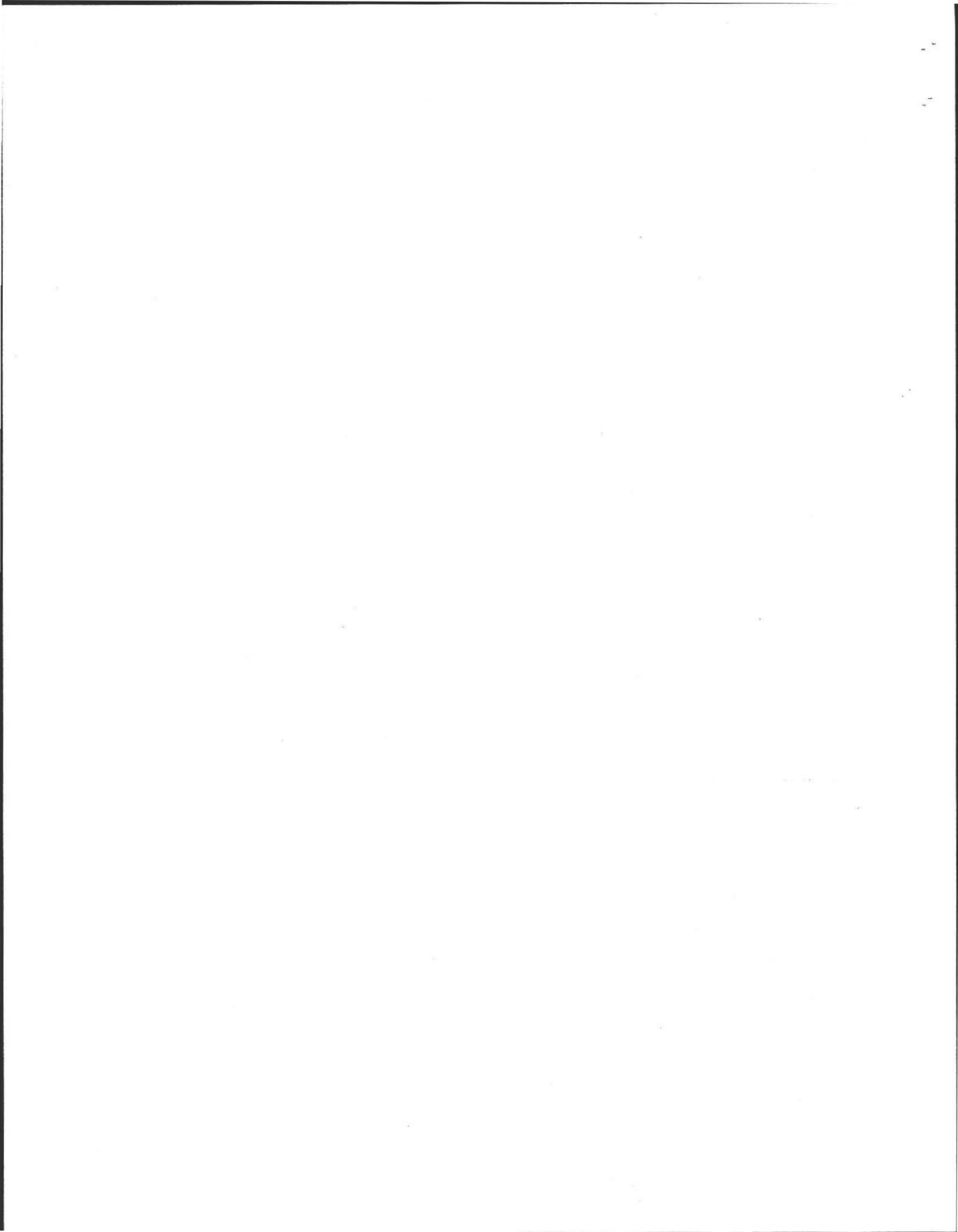
BOOK# 11022

PAGE# 288

David W. Byers  
Signature

Principal Assessor  
Title

Date: 1/29/98





# TOWN OF AMHERST

## INSPECTION SERVICES

4 BOLTWOOD AVENUE

Amherst, MA 01002

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Sanitarian

FORM 4

### SEPTIC SYSTEM REPAIR PROGRAM

### TAX COLLECTOR'S CERTIFICATION

**PROPERTY:**

OWNER(S) OF RECORD: ANTHONY SIRACUSA

SUSAN HILLMAN

STREET: 281 POTWINE LANE

ITEM	STATUS	
WATER ASSESSMENTS	\$	<u>paid to date</u>
SEWER ASSESSMENTS ( ANY OTHER PROPERTIES)		<u>paid to date</u>
REAL ESTATE TAXES		<u>paid to date</u>
OTHER (DESCRIBE):		

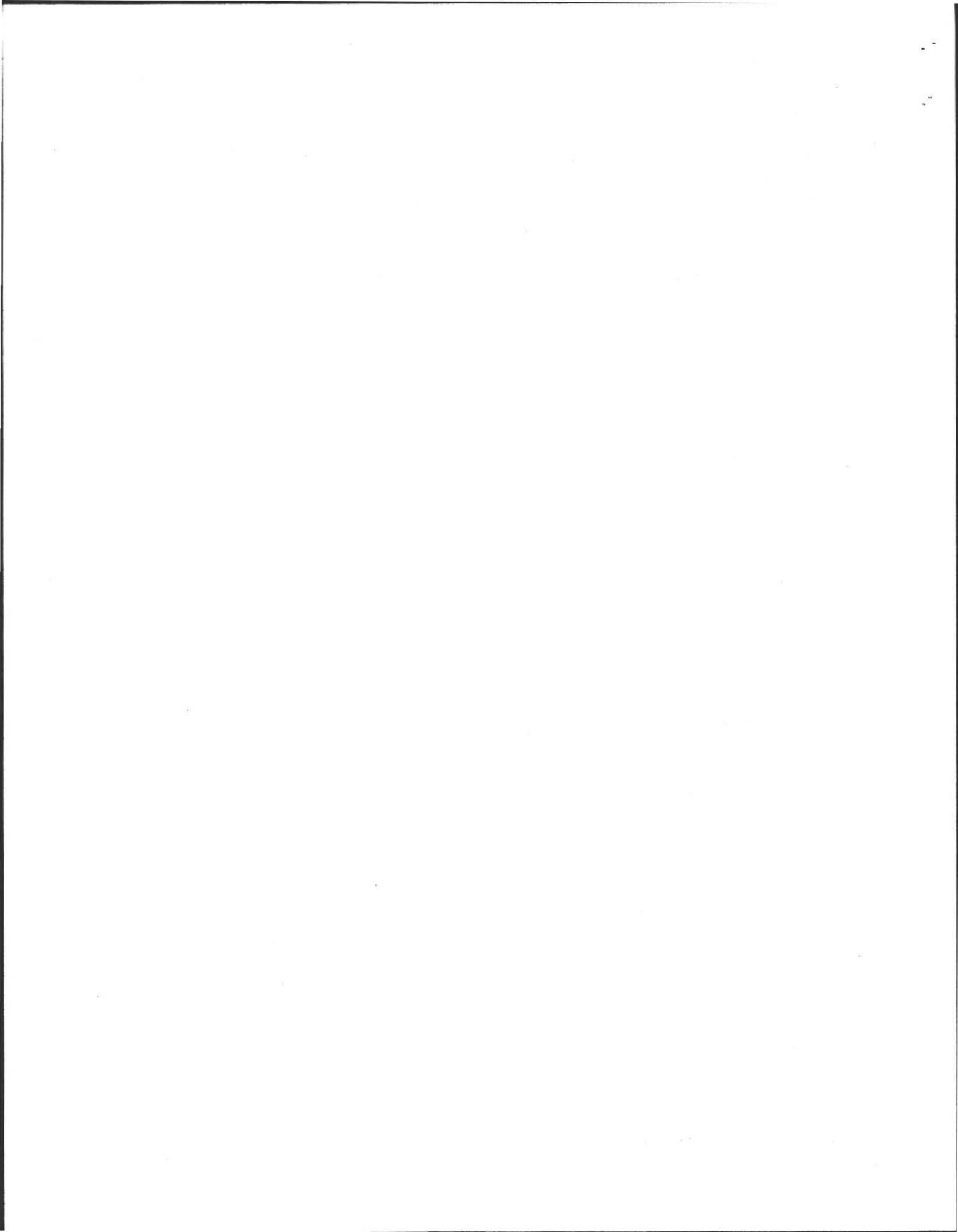
TAX COLLECTOR (SIGNATURE):

Norma Lynch  
(Norma Lynch)

DATE: 1-29-98

COMMENTS: \_\_\_\_\_







# TOWN OF AMHERST

## INSPECTION SERVICES

4 BOLTWOOD AVENUE

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Sanitarian

FORM 5

### ***SEPTIC SYSTEM REPAIR PROGRAM***

### **ASSESSOR'S STATEMENT OF VALUE**

**PROPERTY:**

**STREET:** 281 POTWINE LANE **MAP** 23A **LOT#** 20

**OWNER(S) OF RECORD:** ANTHONY SIRACUSA  
SUSAN HILLMAN

**ADDRESS** 281 POTWINE LANE

**THE ABOVE REFERENCED PROPERTY IS VALUED AT \$** 172,300  
**ACCORDING TO THE TOWN OF AMHERST ASSESSOR'S RECORDS.**

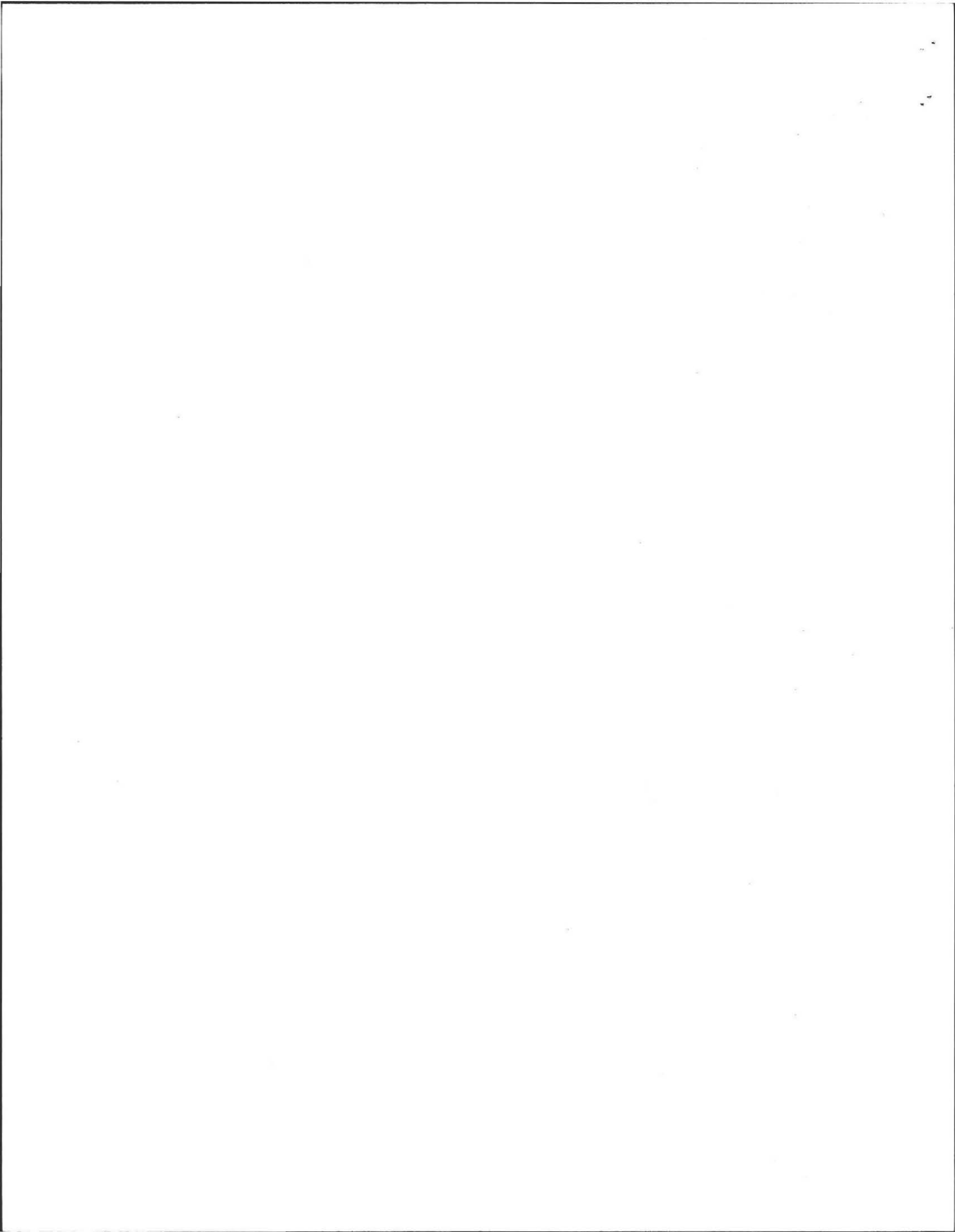
**SIGNATURE:** April A Kupras **TITLE:** Administrative Asst.

**PRINT NAME:** APRIL A. KUPRAS **DATE:** 1/23/98

**COMMENTS:**

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# TOWN OF AMHERST

## INSPECTION SERVICES

4 BOLTWOOD AVENUE

Amherst, MA 01002

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Sanitarian

FORM 6

### SEPTIC SYSTEM REPAIR PROGRAM STATEMENT OF FACT

PROPERTY LOCATION: 281 POTWINE LANE

NAME(S) OF OWNER: ANTHONY SIRACUSA AND SUSAN HILLMAN

#### 15.303: Systems Failing to Protect Public Health and Safety and the Environment

(a) Criteria applicable to all systems:

1. There is backup of sewage into the facility served by the system or any component of the system as a result of an overloaded and/or clogged soil absorption system or cesspool;

YES  NO

2. There is a discharge of effluent directly or indirectly to the surface of the ground through ponding, surface breakout or damp soils above the disposal area or to a surface water of the Commonwealth;

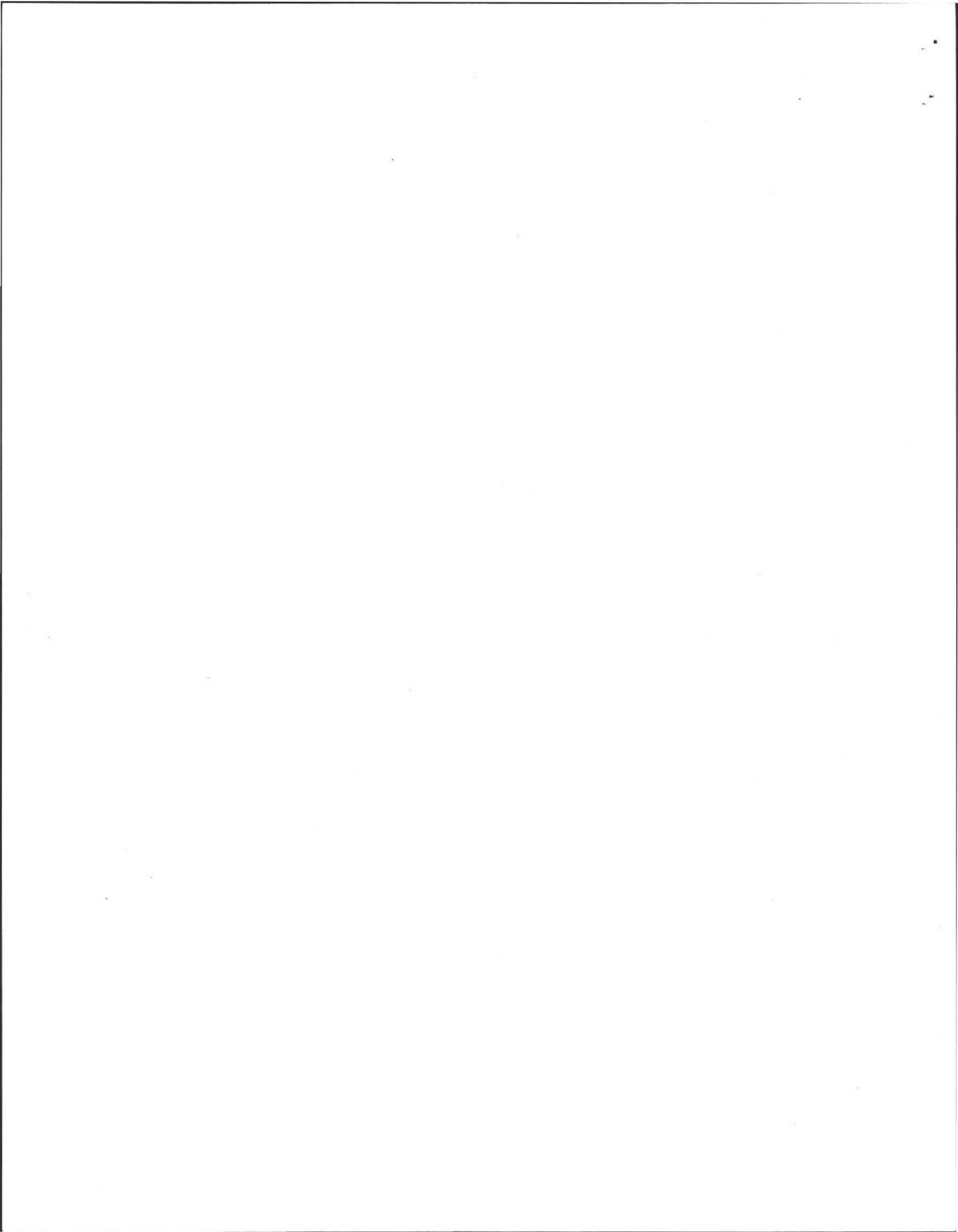
YES  NO

3. The static liquid level in the distribution box is above the level of the outlet invert;

YES  NO

4. The liquid depth in a cesspool is less than six inches from the inlet pipe invert or the remaining available volume within a cesspool above the liquid depth is less than 1/2 of one day's design flow;

YES  NO





# TOWN OF AMHERST

## INSPECTION SERVICES

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5. The septic tank or cesspool requires pumping more than four times a year;

YES \_\_\_\_\_ NO \_\_\_\_\_

6. The septic tank is cracked or is otherwise structurally unsound, indicating that substantial infiltration or exfiltration is occurring or is imminent;

YES \_\_\_\_\_ NO \_\_\_\_\_

7. A cesspool, privy or any portion of the soil absorption system extends below the high groundwater elevation;

YES \_\_\_\_\_ NO NP

8. Other reason as to why system is not working or has failed:

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IS YOUR YEARLY INCOME \$150,000 OR GREATER YES \_\_\_\_\_ NO

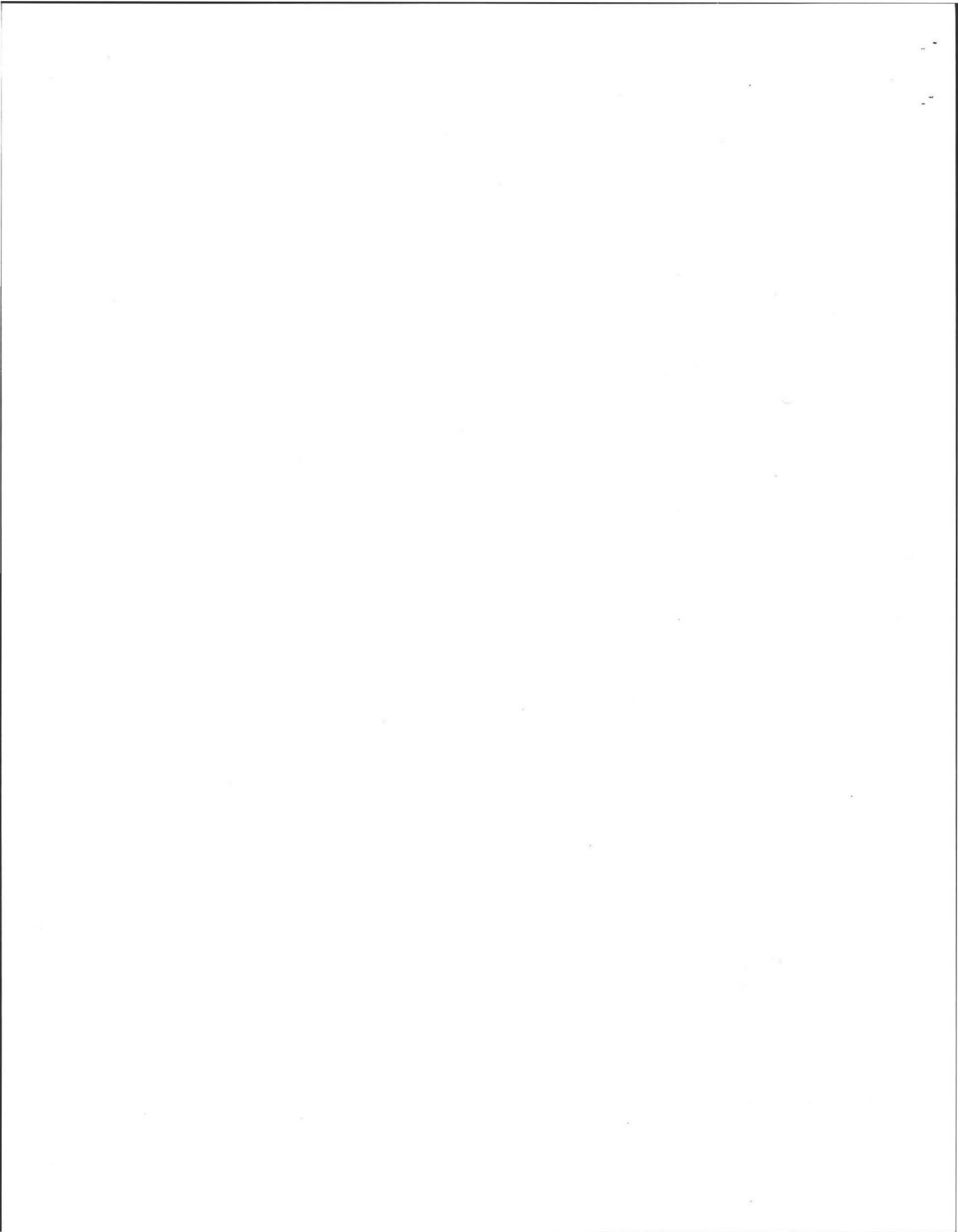
Owner of Property:

SIGNED AND CERTIFIED UNDER THE  
PAINS AND PENALTIES OF PERJURY

By Anthony J. Sorceiro & Susan Hill Date: 1/19/98

Please attach any reports you may have on this septic system.

=====STOP=====STOP=====





# TOWN OF AMHERST

## INSPECTION SERVICES

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Sanitarian

DETERMINATION BY BOARD OF HEALTH :

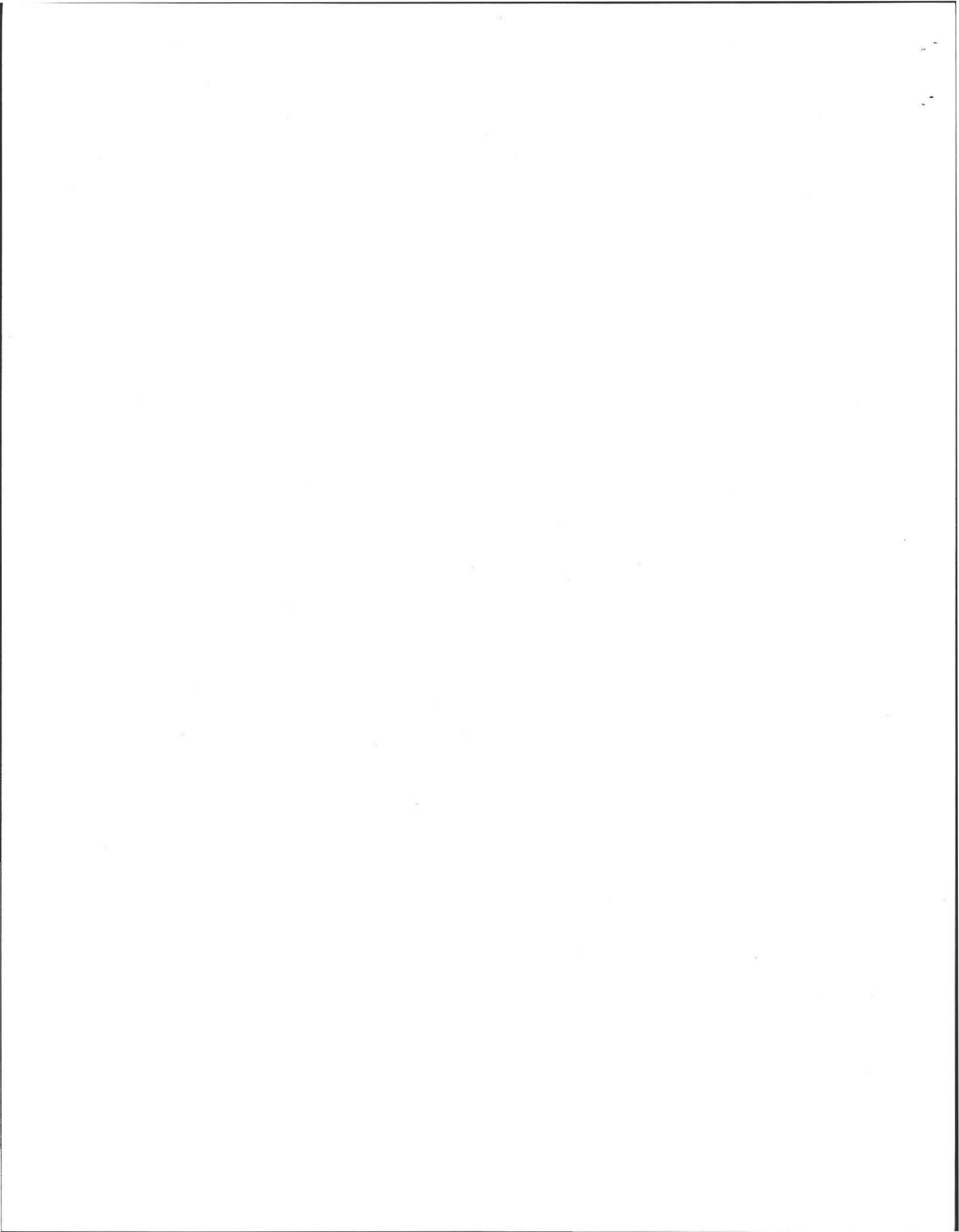
SIGNED: David Zarozinski DATE: 1/29/1998  
SANITARIAN

SIGNED: Valerie Estenberg DATE: 8/17/98  
CHAIR, BOARD OF HEALTH

OR

\_\_\_\_\_  
CO-CHAIR, BOARD OF HEALTH DATE: \_\_\_\_\_







# TOWN OF AMHERST

## INSPECTION SERVICES

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Sanitarian

FORM 7

### SEPTIC SYSTEM REPAIR PROGRAM

### TOWN ENGINEER OR SEWER COMMISSIONERS STATEMENT OF SEWER CONNECTION

**PROPERTY:**

**STREET:** POTWINE LANE **MAP** \_\_\_\_\_ **LOT#** \_\_\_\_\_

**OWNER(S) OF RECORD:** ANTHONY SIRACUSA  
SUSAN HELLMAN

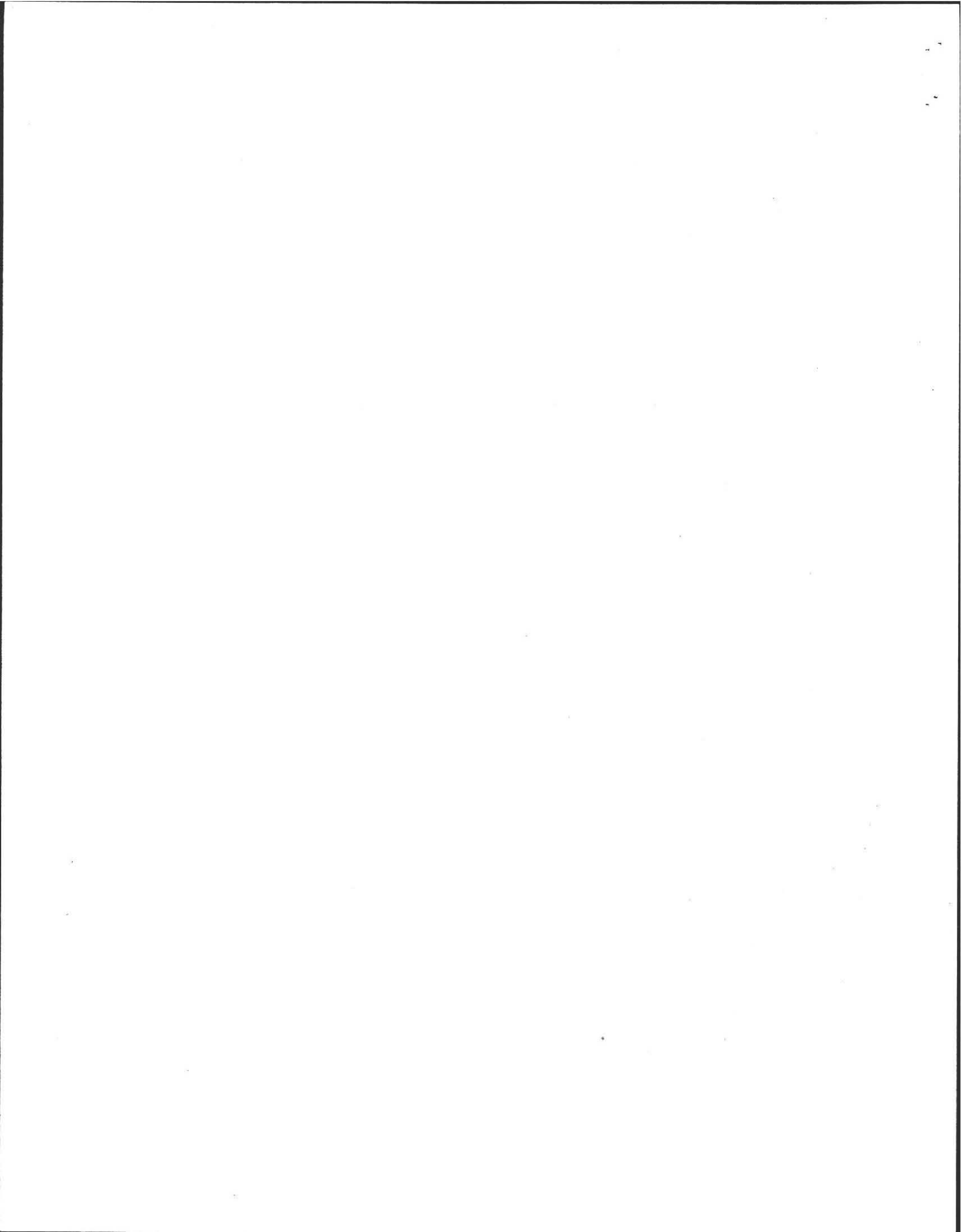
**ADDRESS** 281 POTWINE LANE

**IT IS THE DETERMINATION OF THIS DEPARTMENT THAT THE PROPERTY IN QUESTION IS UNABLE TO BE CONNECTED TO THE TOWN SEWER SYSTEM FOR THE FOLLOWING REASON(S):**

No sanitary sewerage exists in this area

**SIGNATURE:** James A. Smith PE **TITLE:** Town Engineer

**PRINT NAME:** James A Smith **DATE:** 30 January 1998





# TOWN OF AMHERST

## INSPECTION SERVICES

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FORM 8

### ***SEPTIC SYSTEM REPAIR PROGRAM***

### **CONTRACT**

This agreement is entered into by and between The Town of AMHERST, by its Board of Health and Treasurer, and \_\_\_\_\_ (the Owner) this \_\_\_\_ day of \_\_\_\_\_ 1998.

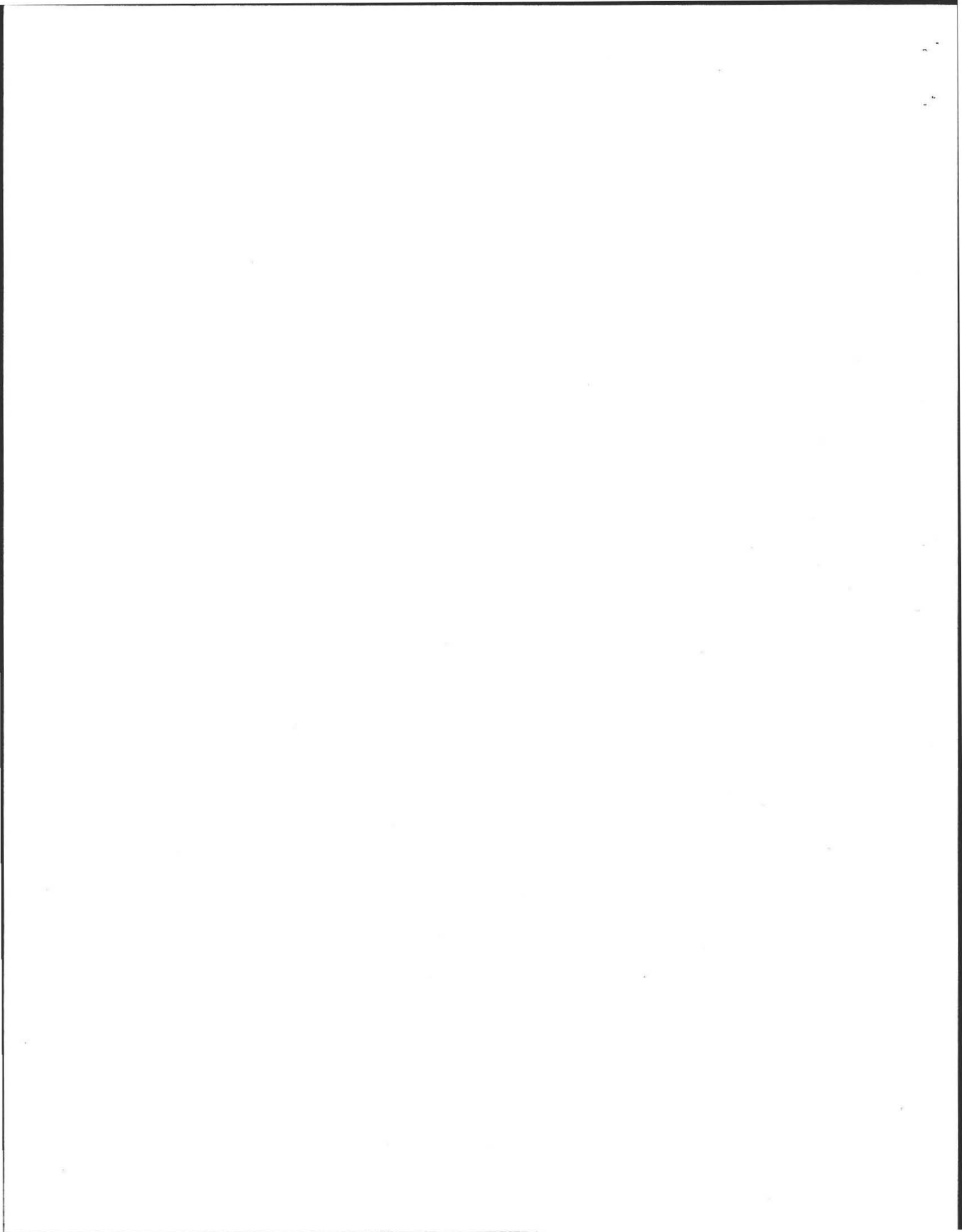
WHEREAS, the Owner owns residential property, including improvements thereon, known as and numbered 281 POTWINE LANE Massachusetts (Assessors Map 23A Lot 20, Page \_\_\_\_\_) and described in a deed dated \_\_\_\_\_ and recorded with the Hampshire County Registry of Deeds in Book \_\_\_\_\_ Page \_\_\_\_\_ [ filed as Document No \_\_\_\_\_ with the Registry District of land Court] (the "Property"). and

WHEREAS, the Owner has petitioned the Town of AMHERST to make finding pursuant to M.G.L. c 111; and

WHEREAS, the Board of Health has adopted an order requiring the Owner to repair, replace or upgrade the failed system to comply with the requirements of said Title 5; and

WHEREAS, the owner has, pursuant to M.G.L. c. 111, s.127B1/2, applied to the Town of AMHERST for financial assistance to repair, replace and/or upgrade the failed system; and

WHEREAS, the Department of Environmental Protection ("DEP") has approved the Town of AMHERST proposed program of offering betterment pursuant to M.G.L. c. 111, s.127B1/2 to homeowners to repair, replace and/or upgrade their failed systems for financing under the Local Septic Management program, and the Town of AMHERST has received a State Revolving Fund ("SRF") loan from the Water Pollution Abatement Trust (the "Trust") to finance said betterment program; and



WHEREAS, the Town of AMHERST intend to provide financial assistance to the owner in the form of a Betterment Agreement made pursuant to said M.G.L. c. 111, s. 127B1/2 and funded from the SRF loan received by the Town of AMHERST under the Local Septic Management program; and

WHEREAS, the parties intend by this Betterment Agreement to cause the repair, replacement and/or upgrade the failed system to comply with Title 5 and other applicable public health and environmental laws and to complete other work directly or indirectly related thereto (the "Project" as described in paragraph 4 hereof); and

WHEREAS, the parties intend to have the project performed by one or more persons under contract to complete the project (the "Contractor(s)"); and

WHEREAS, the public purpose of the project is to protect the public health, safety, welfare and the environment by the repair, replacement and/or upgrade of the failed system.

NOW THEREFORE, the parties, for and in consideration of mutual covenants and other good and valuable consideration, do hereby agree to the terms of this Agreement, as set forth below.

#### 1. THE AGREEMENT

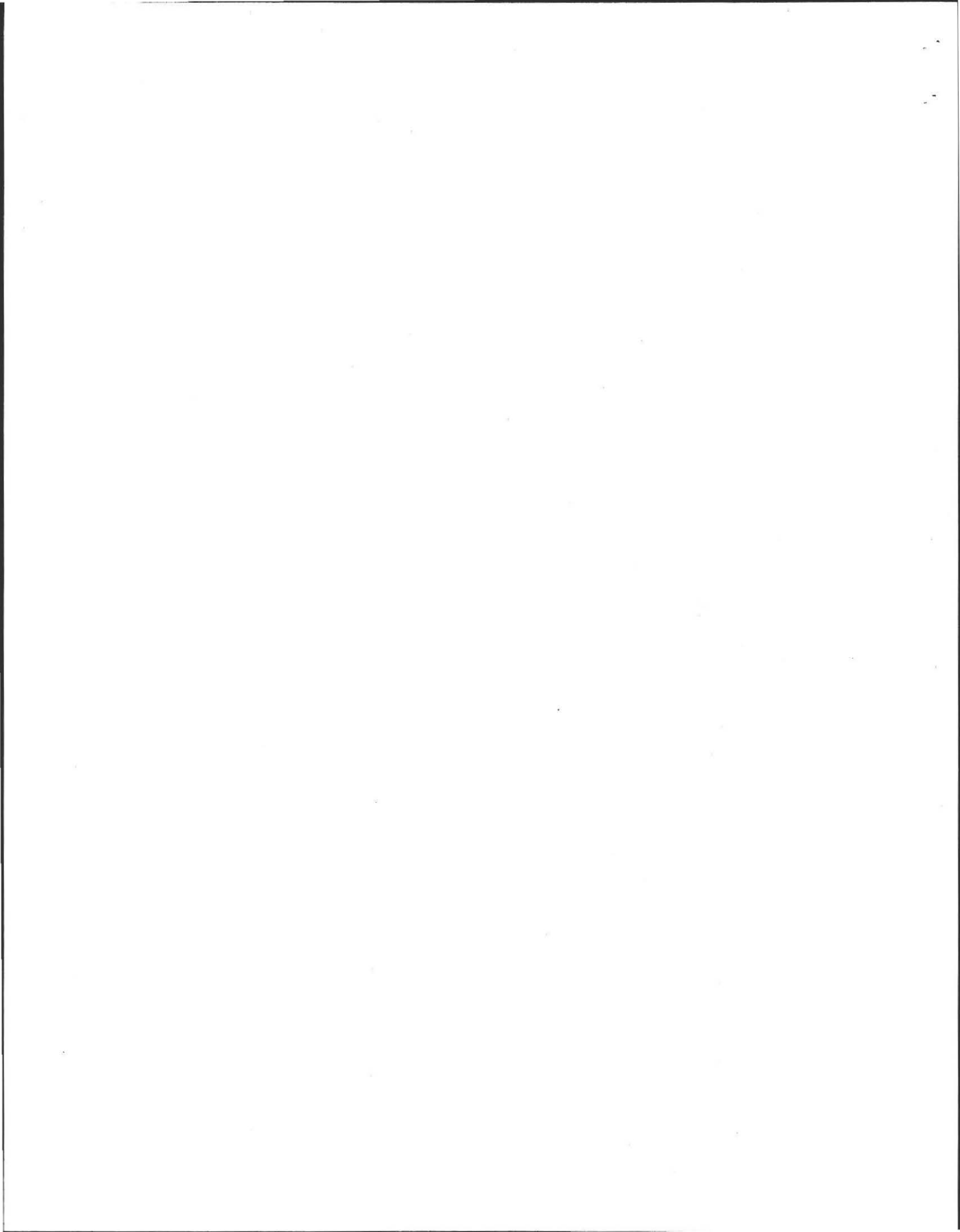
The Town of AMHERST Hereby agrees to provide financial assistance in amount up to \$ \_\_\_\_\_ .00 to be advanced from time to time by the Town of AMHERST to the owner pursuant to the terms of this Agreement. The owner promises to repay, interest as set forth herein, all sums provided to owner by the Town of AMHERST. Following notice to the owner by the Town of AMHERST collector of taxes of the amount of the betterment assessment, an amortization schedule shall be developed and incorporated as an attachment to this Agreement.

Interest on the amounts advanced by the Town of AMHERST to owner shall be computed annually at the rate of FIVE percent (5%) per anum on the outstanding principal balance, accruing from the 30<sup>th</sup> day after the Town Assessor commits the betterment assessment to the Town collector of taxes. The amount to be repaid shall be included on and paid with the (quarterly, semi-annual, or annual) municipal tax bill. Interest amount due hereunder on the tax bill shall be paid pursuant to an interim bill.

All outstanding amounts due to the Town of AMHERST by owner if not prior paid, shall be due and payable on \_\_\_\_\_ [fill in date of term]

Prepayment in full or in part of all amount advanced hereunder may be made by the Owner without penalty.

This Agreement represents the entire and integrated agreement between the parties hereto and supersedes prior negotiations, representations, or agreements, either written or oral. The Agreement may only be amended or modified by a written modification.



## 2. INSTALLMENT PAYMENTS

The Town of AMHERST shall make advances of funds to owners and contractor pursuant to the terms of this Agreement, from time to time to pay for the project. Such advances shall be made solely for the purposes set forth in this Agreement.

The obligation of the Town to advance all or any part of the financial assistance for repair, replacement and/or upgrade of the Failed system is subject to the following:

(A) Inspection of the failed system by a representative of Board of Health or by a DEP Certified Septic System Inspector, as deemed necessary by the Board of Health.

(B) Submission by owner or contractor on behalf of the owner of plans approved by the Board of Health for the project. In the event owner seeks an installment payment to pay for field work and preparation of plans for the project, Owner shall (1.) solicit a bid or bids for the necessary field work and plan preparation from registered professional engineers or registered sanitarians, (2.) shall submit documentation of these bids to Board of Health and (3.) specify Owner's choice of an engineer or sanitarian. The Board of Health may approve an installment payment NOT to exceed the amount of the selected bid. An installment payment for field work and plan preparation shall be made by check payable JOINTLY to owner and the engineer or sanitarian and shall be payable upon presentation and approval of the selected bid. (SEE FORM A).

(C) Submission by Owner or Contractor on behalf of the Owner of the bid or bids for the project in accordance with the plans from licensed (including, but not limited to, a Disposal System Installer's Permit). Insured septic system contractors, which bids contain detailed breakdowns of the cost of the Project by tasks: (SEE FORM B).

(D) Confirmation by Board of Health that the contractor for construction of the Project (the "Contractor") selected by Owner has a valid Disposal System Installer's Permit in effect for the period covering the System upgrade financed under this betterment Agreement:

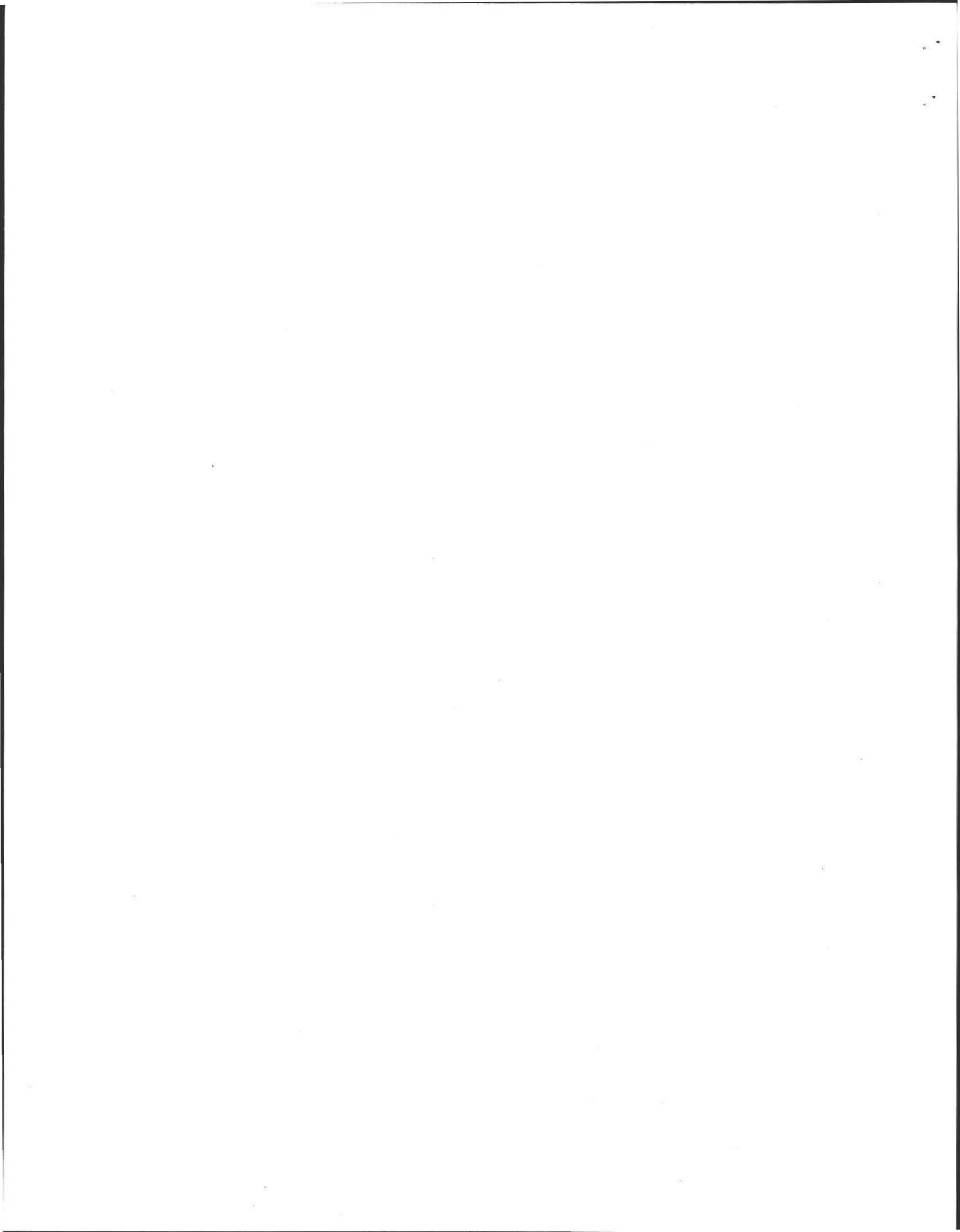
(E) Review by Board of Health of a Project Budget based on the bid submitted by the Contractor,

(F) Execution of a construction contract between the Owner and the Contractor pursuant to the plans and specifications which have been previously approved by the Board of Health.

(G) Issuance by the Board of Health of a Disposal Works Construction Permit with respect to the Project.

## 3. CONDITIONS OF PAYMENT





Installment payments of the financial assistance are to be made by the Town of AMHERST under the following conditions:

(A) An installment payment for field work and preparation of plans shall be made to the Owner and engineer or sanitarian in accordance with Subsection (B) of section 2.

(B) A reasonable time before the date on which any other installment payment is required to be made, the Contractor shall give notice to Owner and Town specifying the total installment payment request. Such notice shall consist of a detailed request describing the value of the completed items of work. The amount of the request shall be equal the amount of the requested installment. The request shall be accompanied by a sworn certificate of the Contractor that all materials, subcontractors and employees have been paid prior work on the Project. The Town of Amherst may request the Owner to provide further documentation in support of a request for an installment payment. Upon approval of any requested installment payment, the Town shall issue a check payable JOINTLY to Owner and Contractor, which check shall be forwarded by the TOWN to Owner.

(C) The Town may require as a condition of any installment payment that Owner submit satisfactory evidence that there are sufficient remaining funds to pay for completion of the Project in accordance with the approved plans.

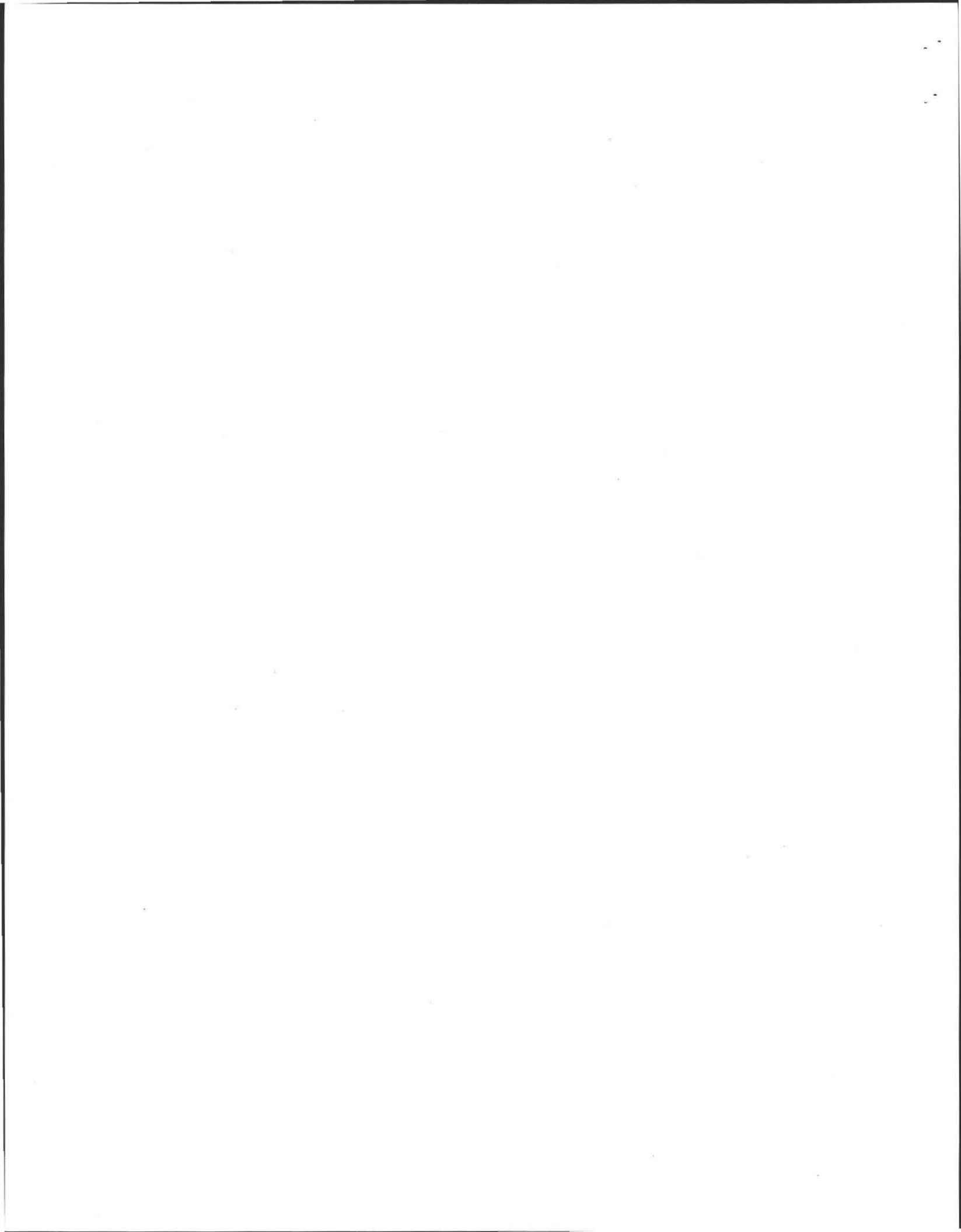
(D) Prior to making an installment payment, the Board of Health may cause the Project to be inspected to verify that the work items described in the request have been actually completed. In any case, the Contractor shall provide verification that the work referred to in the installment request has been completed in accordance with the approved plans.

(E) Prior to paying the final installment, the Contractor shall provide verification that all work has been completed in accordance with the approved plans, a sworn certification that all materials, subcontractors and employees have been paid for work on or materials supplied for the Project and the Board of Health shall have issued a Certificate of Compliance for the Project. (SEE FORM D)

#### 4. SCOPE OF WORK FOR PROJECT

The Owner and the Contractor, pursuant the Disposal System Construction Permit issued by the Board of Health, shall determine the Scope of Work necessary, to bring the Failed System into compliance with Title 5. Such Scope of Work may include, but not be limited to:

- (a) Performing soil and percolation test and other necessary site analyses;
- (b) Specification of the Failed System components to be repaired, replaced and or upgraded;
- (c) Design of the System or components thereof to be repaired, replaced and or upgraded;
- (d) Obtaining all applicable federal, state and local permits and approvals required to complete the work
- (e) Seeking bids and awarding contracts for assessment, design, consulting and construction work and materials in accordance with applicable laws, regulations and requirements.



- (f) Minimizing any disruption of utility service, and reasonably restoring the property to as near its original condition as practicable; and
- (g) Engaging such other service and procuring such other materials as shall be reasonably necessary to complete the Project in a good and workmanlike manner.

All such work shall be performed pursuant to written contracts and agreements, copies of which shall be incorporated by reference into this agreement.

#### 5. TOWN'S RIGHT TO INSPECT

The Owner agrees to allow D.E.P., the Town of AMHERST, including its Board of Health, Health Agent and other officials, employees and agents to enter onto the Property, as is reasonably necessary and reasonable notice, to test, examine and inspect the Project to verify the completion and adequacy of the work.

#### 6. COVENANT NOT TO SUE

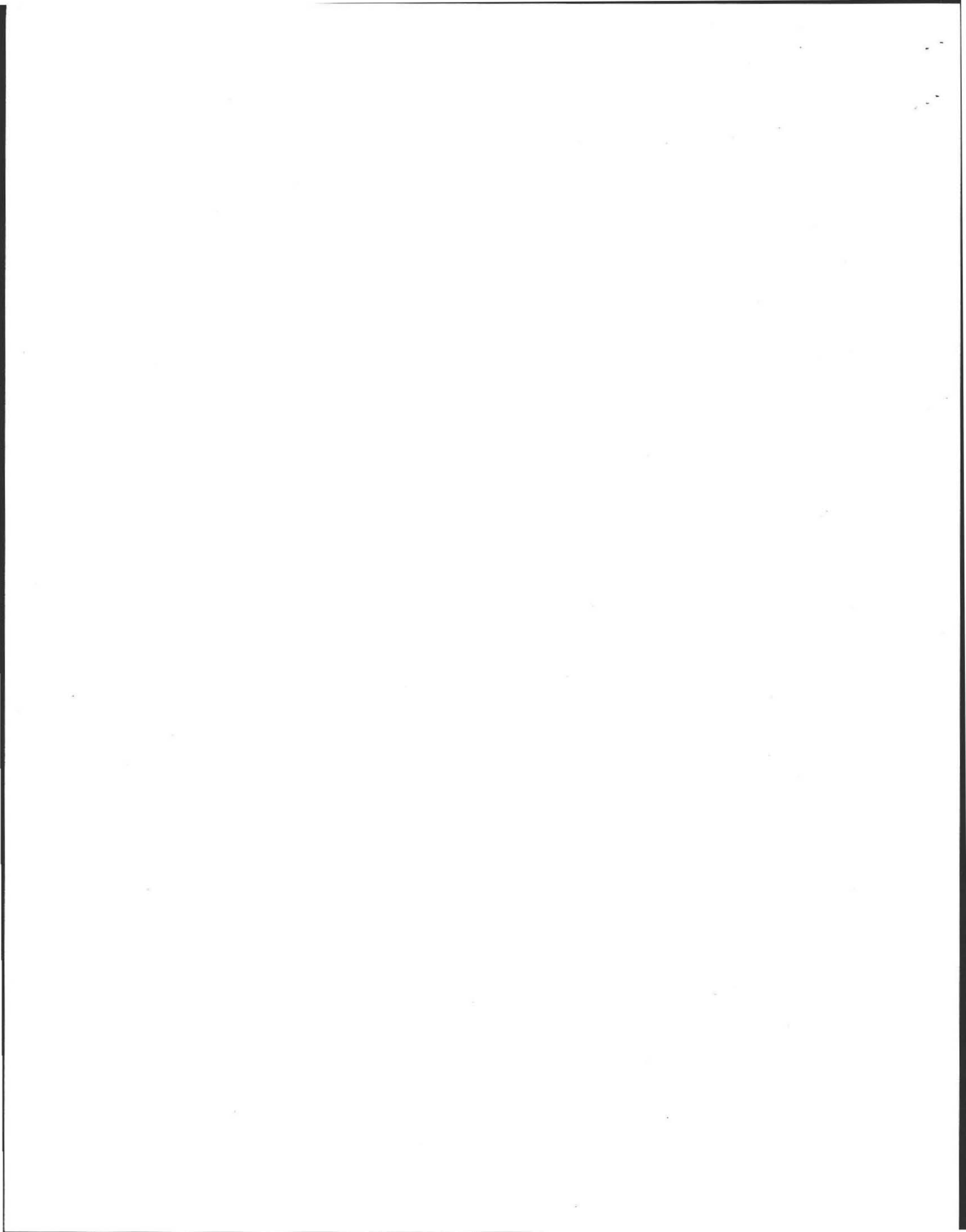
The Owner covenants and agrees not to sue the Town of AMHERST for any claims of damage to loss of property of the Owner or others, or for breach of warranty regarding the performance or condition of the Project, or for injury, illness or death arising out of the performance of any contractors or agents engaged to perform the Work. This covenant Not To Sue provision shall have no application to causes of action which may have arisen prior to the execution of this Agreement, or to causes of action that are unrelated to this Agreement, or to causes of action against any person or entity other than the Town.

#### 7. OWNERS REPRESENTATIONS AND WARRANTIES TO THE TOWN.

The Owner represents and warrants to the Town that:

- (A) Financial information: The Borrower's Affidavit furnished to Town by the Owner is accurate and complete;
- (B) Title: The Owner has good record title to the Property, subject only to the Encumbrances of Record.
- (C) Permits and Compliance With Law: The Owner has obtained or will obtain all necessary governmental permits for the Project. The On-site Sewage Disposal System for the dwelling on the Property, after completion of the Project, will comply with all applicable laws, regulations, codes and ordinances, including but not limited to Title 5; and
- (D) Insurance: The Owner and Contractor have procured or will procure insurance in such forms and in such amounts as shall be satisfactory to the TOWN. Certificates of Insurance shall be attached as Exhibits to this agreement. (SEE FORM C)

Each of the foregoing representations and warranties in this section shall remain force until the financial assistance is repaid in full. The Owner shall indemnify and hold harmless the Town from and against loss, expense, or liability (including cost of defending any claim), directly, or indirectly from the falsity, inaccuracy, or breach of any of the above representations and warranties.



## 8. OWNER'S OBLIGATIONS

During the term of this Betterment Agreement, the Owner agrees that the Owner shall comply with all of the terms and conditions of this and any related agreement and that the Owner shall:

- (A) Completion of Project. Cause the project to be promptly completed in a manner in accordance with the approved plans and with the Project Budget and in compliance with all laws, regulations, codes and ordinances and notify the Town when the project is complete.
- (B) Records and Cooperation with Town. Keep complete records relating to the project, which records shall be available for inspection and copying by the Town, and cooperate fully with any audit of the project if so requested by Town.
- (C) Performance of Other Obligation. Perform all the Owner's obligation and agreement under any present or future mortgage or other Covenant or Agreement which encumbers the property
- (D) Use of financial Assistance. The financial assistance is provided for the public purpose of protecting the public health, safety, welfare and the environment. The Owner shall use the proceeds of the financial assistance solely for cost included in the Project Budget and ensure that the proceeds are not used for any other purpose.

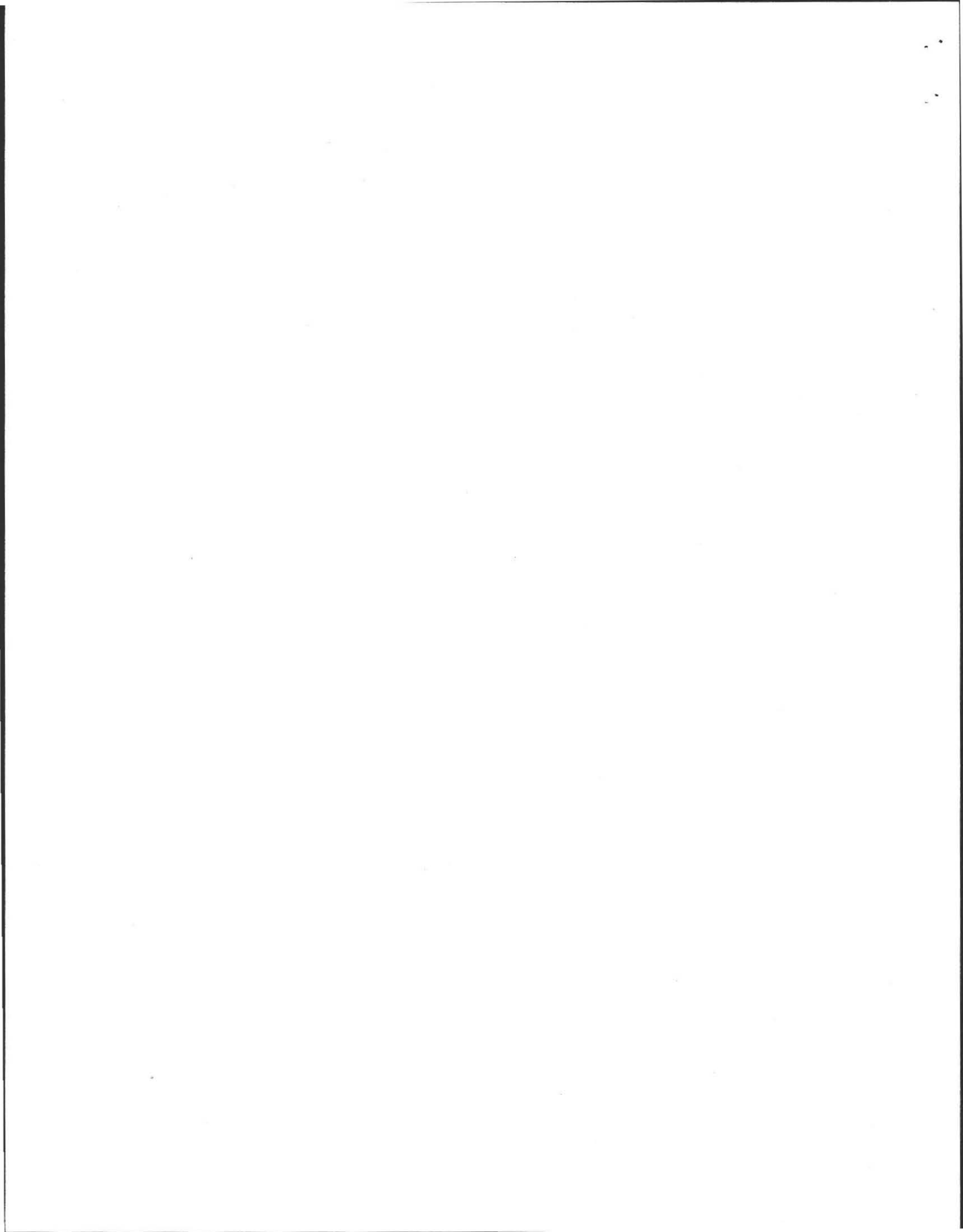
## 9. EVENTS OF DEFAULT

The Owner shall be in default under this Agreement upon the occurrence of any one or more of the following events:

- (A) Sale, Transfer or Assignment Without Approval. The Owner assigns or transfer any money advanced or to be advanced hereunder to any person or entity not approved by Town.
- (B) Cessation of Construction. The owner or contractor ceases construction of the Project for more than 30 consecutive calendar days. The Board of Health may waive this event of default upon application of the Owner and a demonstration that such cessation occurred because of an Act of God, governmental order or restriction, fire or other casualty, or other causes beyond owners reasonable control.
- (C) False Representation or Warranties. Any representation or warranty made herein shall prove to be false or inaccurate in any material respect.
- (D) Breach of an Obligation. The Owner default in the performance of any of Owner's obligations contained herein.

## 10. TOWN'S RIGHT ON DEFAULT

Upon Owner's default, the Town shall have no further obligation to make any further installment payments and all amounts advanced by Town to Owner shall become immediately due and payable.



11. NOTICE OF BETTERMENT AGREEMENT

Upon execution of this Agreement by Owners and the Town a Notice of this Agreement shall be recorded as a betterment and shall be subject to the provisions of M.G.L. c. 80 relative to apportionment, division, reassessment and collection of assessment, abatement and collection of assets, provided however, that the lien which shall arise pursuant to M.G.L. c.111, s. 127B ½ shall take effect by operation of law on the day immediately following the due date of such assessment or apportioned part of such assessment. The betterment Lien, if any, shall be deemed to secure all amounts advanced hereunder, together with interest thereon, and shall include costs of collection and reasonable attorneys fees.

12. IMPROVEMENTS TO THE PROPERTY

Any alteration or improvements to the Property resulting from the project are the property of the Owners, and the Town shall bear no responsibility for the condition of the improvement or its maintenance.

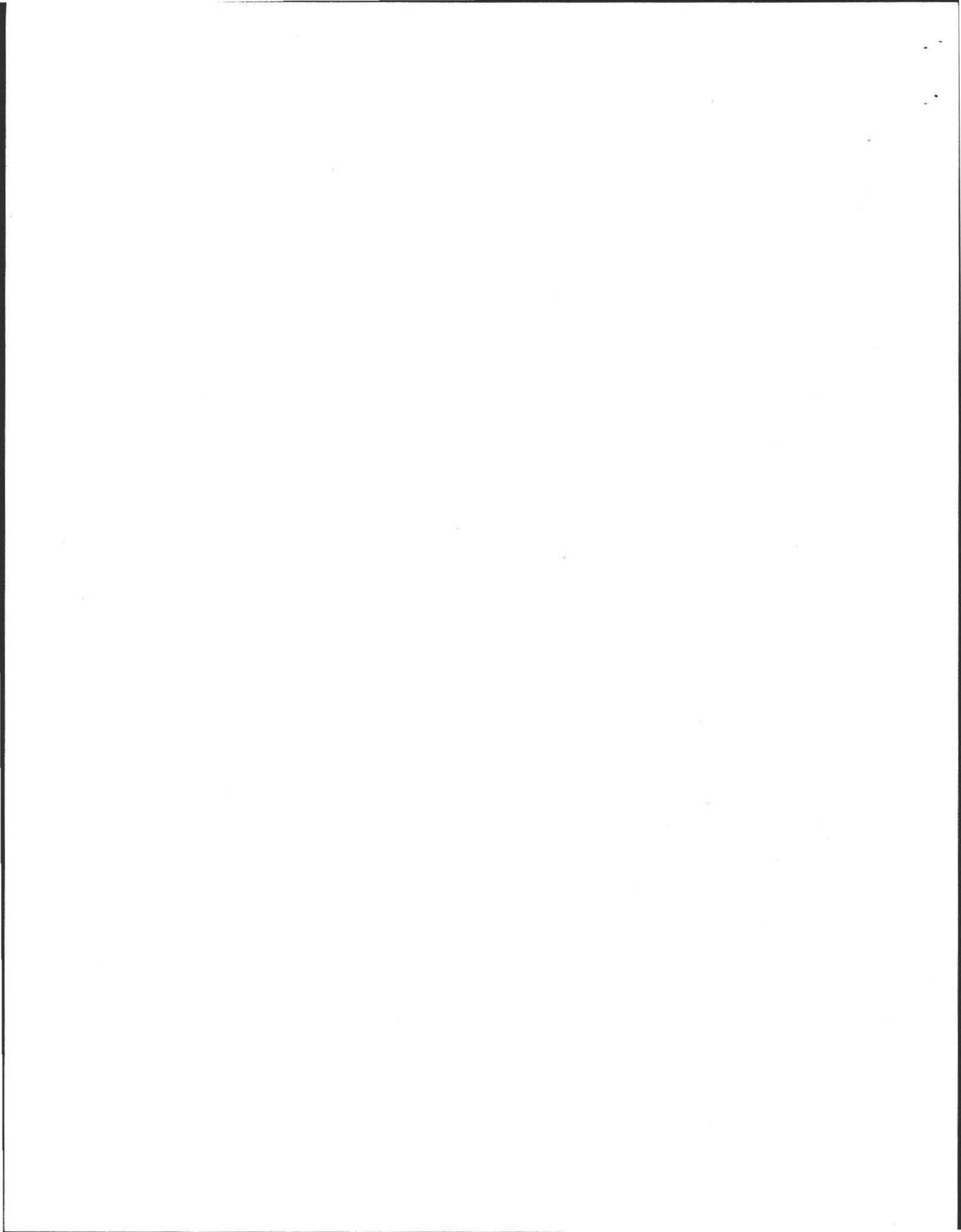
13. CANCELLATION OF THE AGREEMENT BY THE OWNER

The Owner may by written notice to the Board of Health and the Treasurer of the Town cancel Owner's further obligation for repayment under this Agreement at any time prior to the end of ten (10) calendar days following notice in writing to the Town of the Owner's proposed successful construction bid, based on the Owner's evaluation of the proposed scope and cost estimate of the system upgrade derived from the field work, project design and the successful construction bid. However, in the events of such cancellation, the Owner shall remain liable for repayment of all sums advanced by the Town to Owner pursuant to this Agreement. All sums advanced by the Town to Owner shall be repaid with interest and within the term set forth in paragraph 1 hereof. Upon application of the Owner, the Board of Health may revoke the Order for Improvements, provided however, that Owner shall remain liable to comply with the provisions of Title 5.

14. PERSONAL OBLIGATION OF THE OWNER

In addition to those remedies available to the Town regarding the assessment and collection of betterment, the Owner shall be personally liable for the repayment of the amounts advanced, plus interest thereon and the total direct and indirect costs incurred by the Town in the contemplation and the performance of this Agreement or the property, the Town shall permit the assumption of the personal liability hereunder by said purchaser or transferee and shall release the personal liability of the Owner. The assumption and release of liability hereunder shall be in writing and shall be executed prior to the purchase or transfer by the Owner, the purchaser or transferee of said Town.





15. NOTICE

Any notice required to be given under this Agreement shall be made in writing and shall be delivered by either in-hand delivery or by prepaid, first class mail

If notice is made to the Town, it shall be made to: David Zarozinski, Sanitarian  
Inspection Services  
4 Boltwood Avenue  
Amherst, MA 01002  
  
(413) 256-4030

If notice is not made to the Owner, it shall be made to:

Notice shall be deemed given on the day it is hand delivered or three (3) days after the date of posting of first class mail.

16. FUNDING FOR THE AGREEMENT

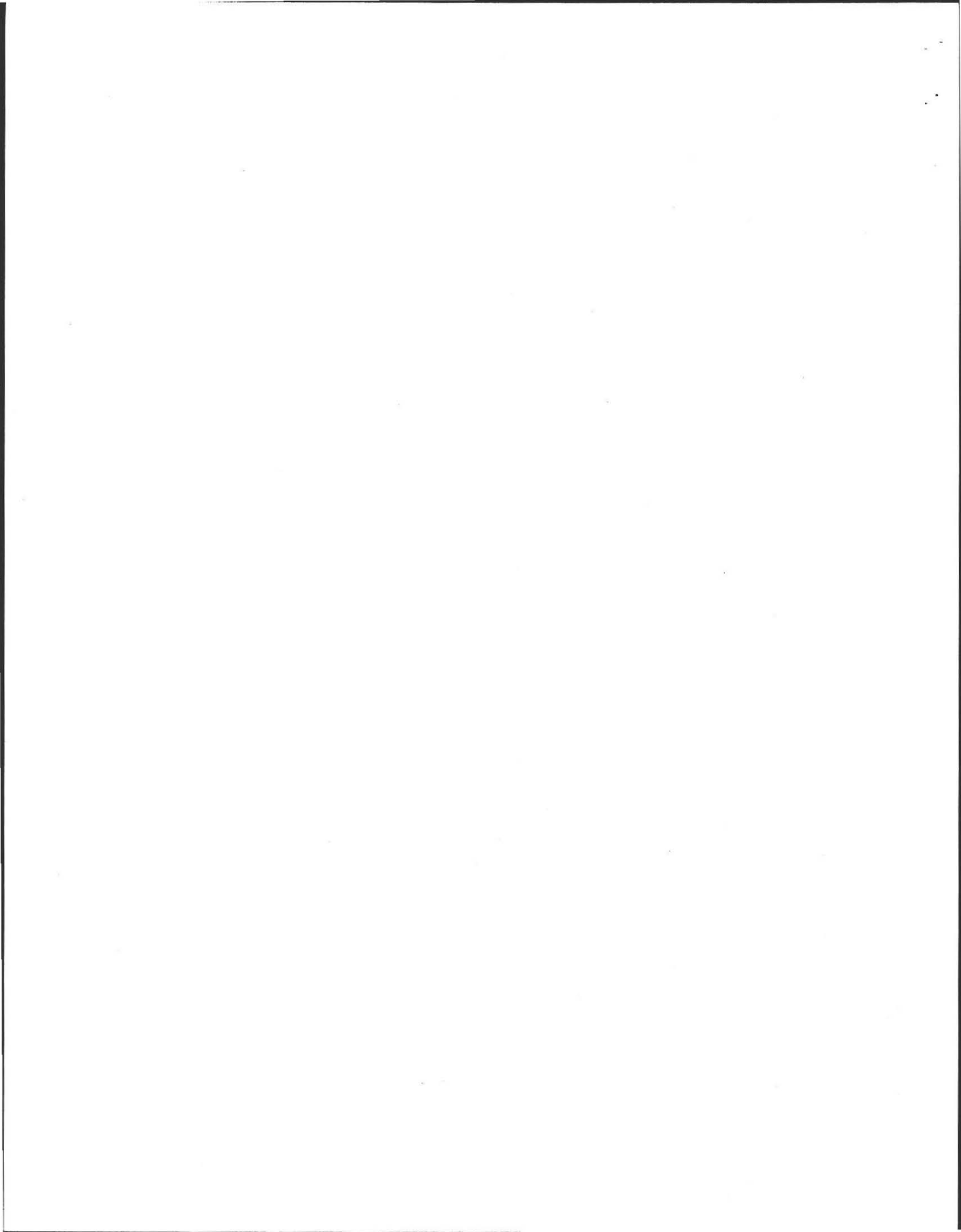
The obligation of the Town are expressly contingent upon funding. In the event that funding for the Town's obligation is unavailable, upon notice to the Owner, this Agreement may be canceled by the Town and all obligations of the Town shall be null and void.

17. ENFORCEMENT OF LAWS

Nothing in this Agreement shall be deemed to stop or effect or a waiver, or otherwise act as a bar or defense, to any legal proceeding by the Town relating to the System of the Property.

18. SEVERABILITY

In the event that one or more provisions of this agreement is deemed unenforceable by a court of competent jurisdiction, the Agreement, except as\_ deemed unenforceable, shall remain in full force and effect.



19. GOVERNING LAW

This Agreement shall be governed by Massachusetts Law.

During the term of this Betterment Agreement, the Owner agrees that the Owner shall comply with all of the terms and conditions of this and any related agreement and that the Owner shall:

IN WITNESS WHEREOF, the undersigned parties have signed this Agreement as an instrument under seal this \_\_\_\_\_ day, of \_\_\_\_\_, 1998

TOWN OF AMHERST  
BY ITS BOARD OF HEALTH

Valerie D. Stebbins  
Chairman, Board of Health

\_\_\_\_\_  
Co-Chair, Board Of Health

OWNER:

\_\_\_\_\_

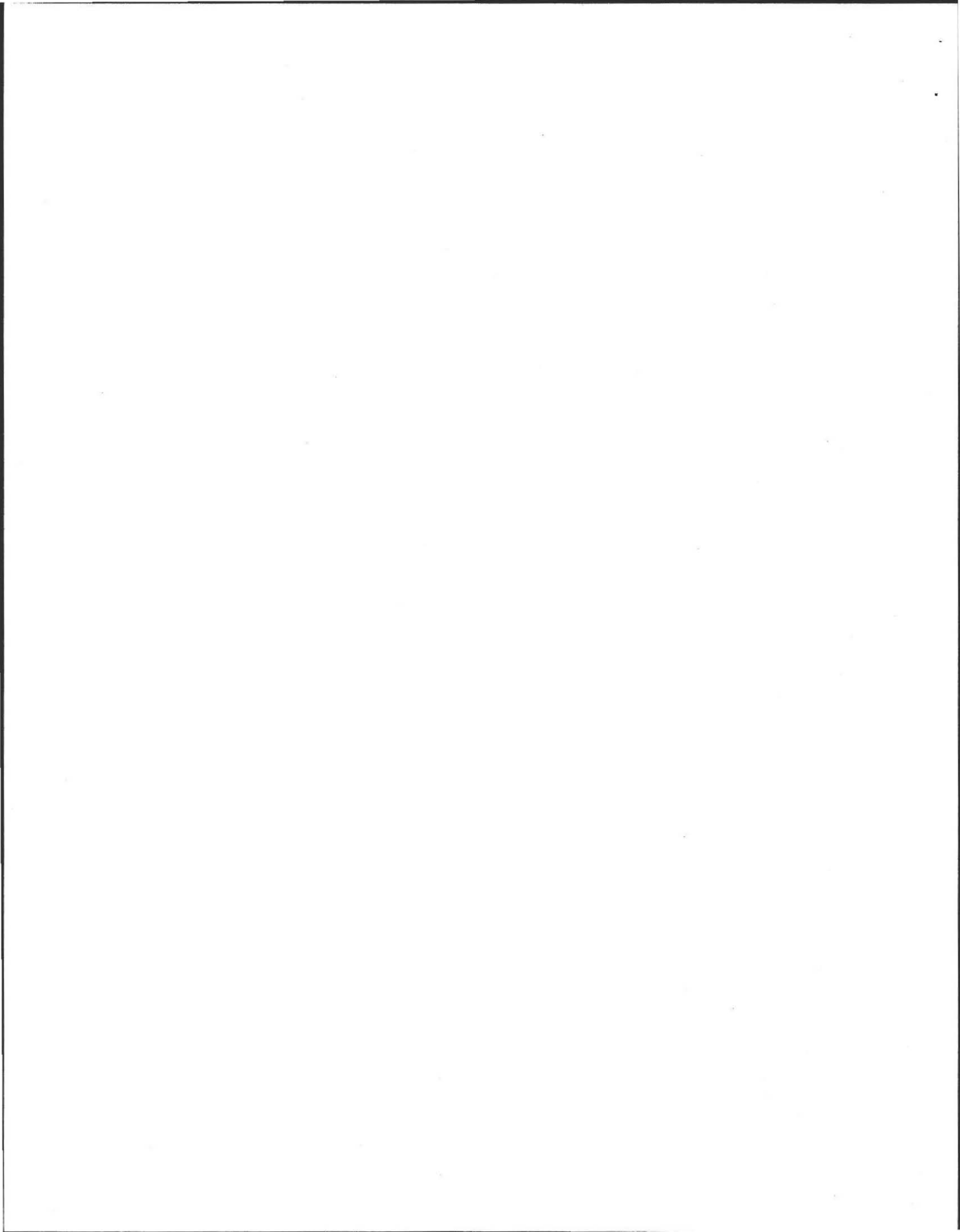
AS TO INTEREST RATE: **5%**  
A TERM OF **10 YEARS**

TOWN OF AMHERST  
BY ITS TREASURER:

\_\_\_\_\_  
Treasurer, Norma Lynch

EXHIBITS

1. Designer Contract
2. System Plans and Design
3. Construction Contract(s)
4. Project Budget
5. Certificate(s) of Insurance
6. Disposal System Construction Permit
7. Other Applicable Permits, Licenses and Agreements
8. Requisitions for payment and support documentation
9. Certificate of Compliance





# TOWN OF AMHERST

## INSPECTION SERVICES

4 BOLTWOOD AVENUE

Amherst, MA 01002

(413) 256-4030 TEL

(413) 256-4076 FAX

David Zarozinski  
Sanitarian

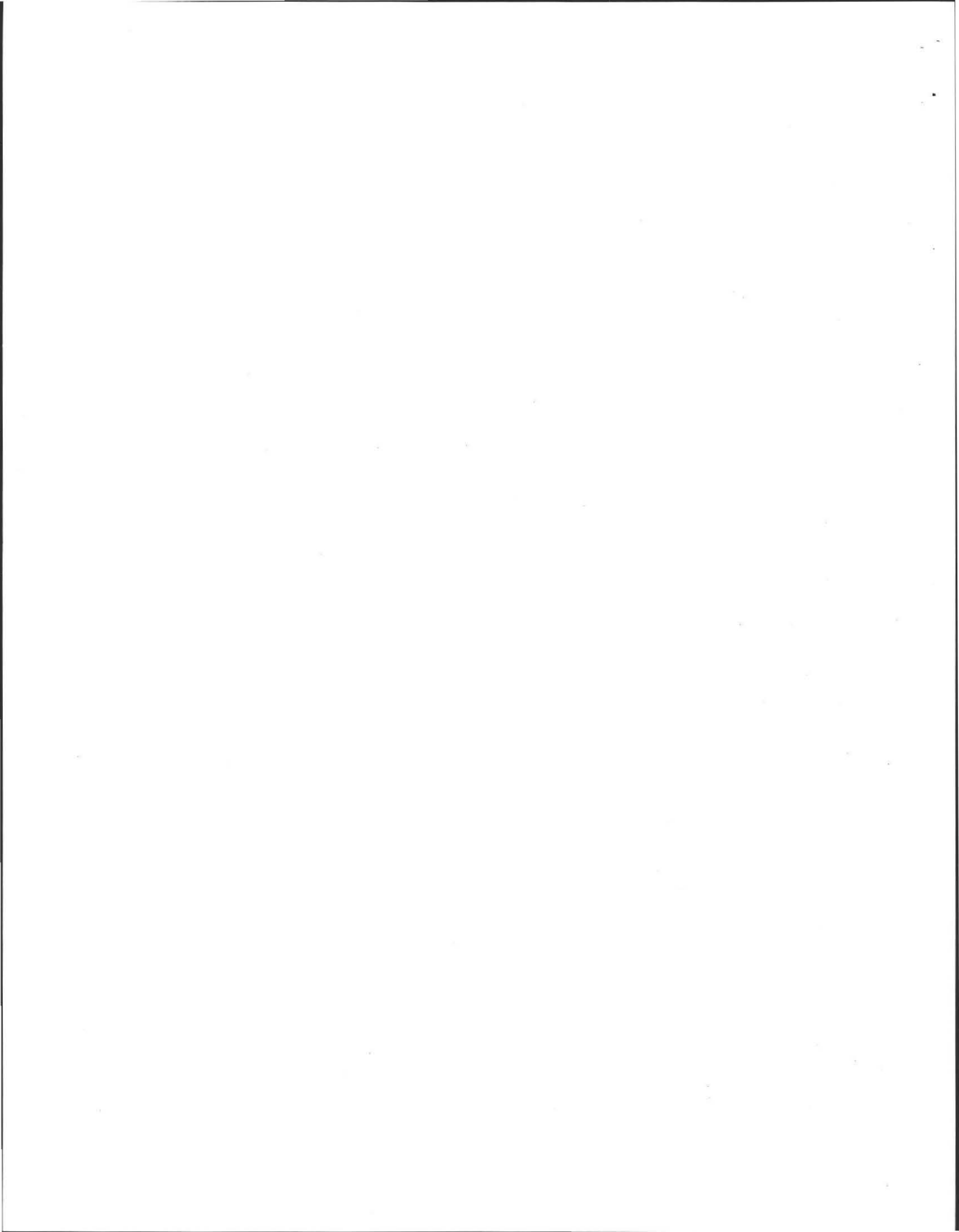
## SEPTIC SYSTEM REPAIR PROGRAM

### APPLICATION PACKET

#### CONTENTS

##### FORMS

1. APPLICATION—TO BE FILLED OUT BY APPLICANT, SIGNED AND DATED.
2. LOT PLAN OF DWELLING, (This can be obtained by Town Assessors Office).
3. CERTIFICATION OF TITLE, (This information can be obtained in Assessors Office).
4. TAX COLLECTORS CERTIFICATION, (If outstanding assessments are due Town).
5. ASSESSOR'S statement of property valuation.
6. STATEMENT OF FACT as to why the septic system needs repair/replacement.
7. STATEMENT FROM TOWN ENGINEER THAT SITE CAN NOT CONNECT TO SEWER.
8. BETTERMENT CONTRACT
9. BUDGET FORM FOR ENTIRE PROJECT, APPROVAL OF BOARD OF HEALTH





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----- PHASE II -----

- A. BIDDING FOR DESIGN CONTRACT FORM
- B. BIDDING FOR CONSTRUCTION CONTRACT FORM 9

### SEPTIC SYSTEM REPAIR PROGRAM

#### PROJECT BUDGET

PROPERTY ADDRESS: 281 POTWINE LANE

PROPERTY OWNER: ANTHONY SIRACUSA AND SUSAN HILLMAN

#### ESTIMATED COST OF:

PERCOLATION TEST & DESIGN: \$ \_\_\_\_\_ .00

CONSTRUCTION OF SYSTEM \$ \_\_\_\_\_ .00

TOTAL AMOUNT REQUESTED \$ \_\_\_\_\_ .00

-----STOP-----

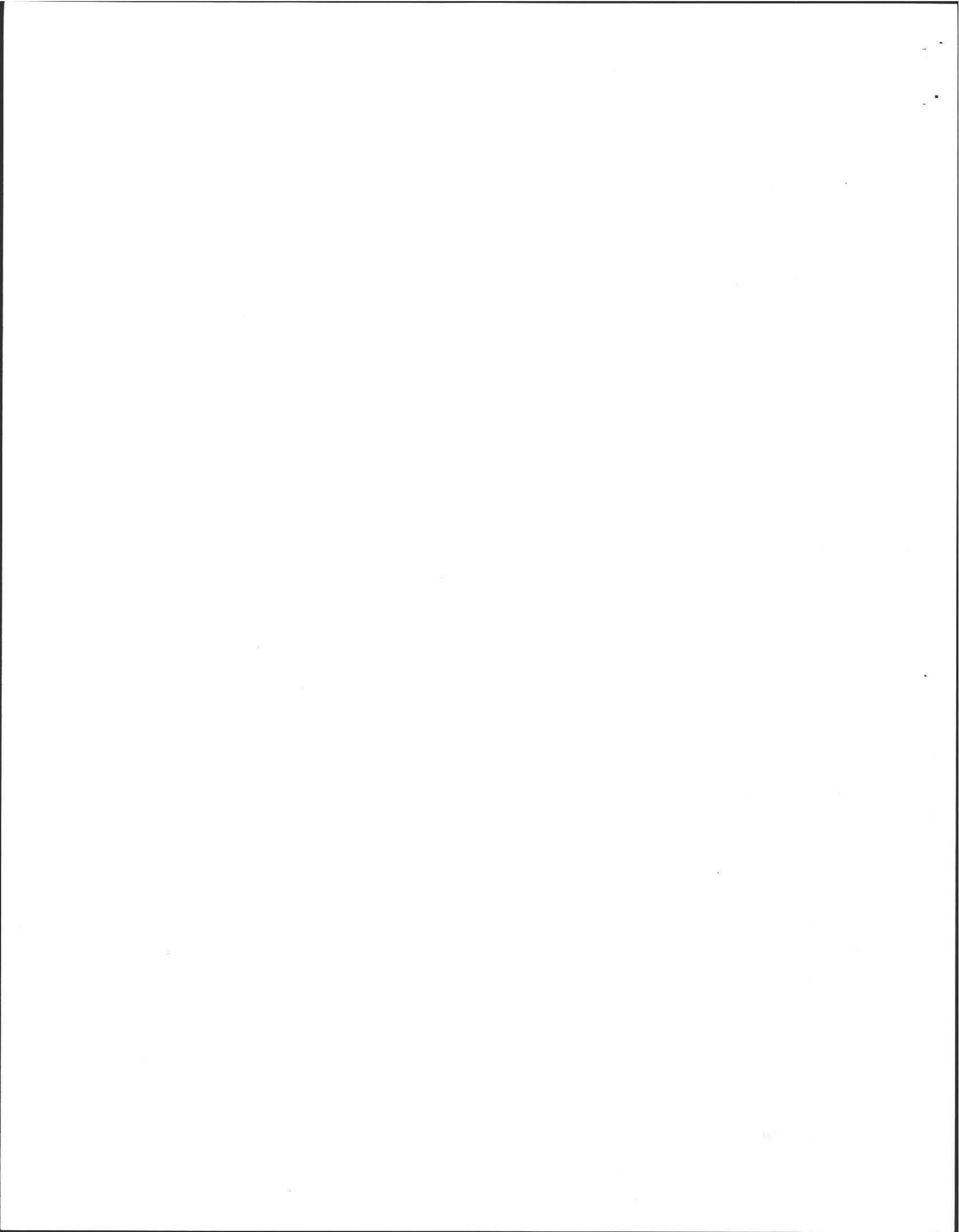
AMOUNT APPROVED BY THE BOARD OF HEALTH \$ \_\_\_\_\_ .00

#### PAYMENT SCHEDULE:

1. SHALL BE 100% AT COMPLETION AND APPROVAL OF DESIGN.
2. SHALL BE 50% UP FRONT TO BEGIN CONSTRUCTION.
3. SHALL BE REMAINING 50% WITHIN 30 DAYS OF LETTER OF COMPLIANCE FROM THE BOARD OF HEALTH.

SIGNED AND APPROVED BY: \_\_\_\_\_  
Amherst Board of Health







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Sanitarian

Date: \_\_\_\_\_

FORM A&B

### SEPTIC SYSTEM REPAIR PROGRAM

### Price Quotes

#### PROPERTY

ADDRESS: 281 POTWINE LANE

#### OWNER:

ANTHONY SIRACUSA AND SUSAN HILLMAN

The following information is optional. You may contact three (3) Engineers or Sanitarians to get prices on designing this septic system. Price needs to include backhoe work and soil evaluation.

1. COMPANY NAME: \_\_\_\_\_ Price \$  
\_\_\_\_\_.00

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO YOU SPOKE WITH: \_\_\_\_\_

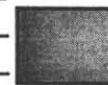


2. COMPANY NAME: \_\_\_\_\_ Price \$  
\_\_\_\_\_.00

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO YOU SPOKE WITH: \_\_\_\_\_



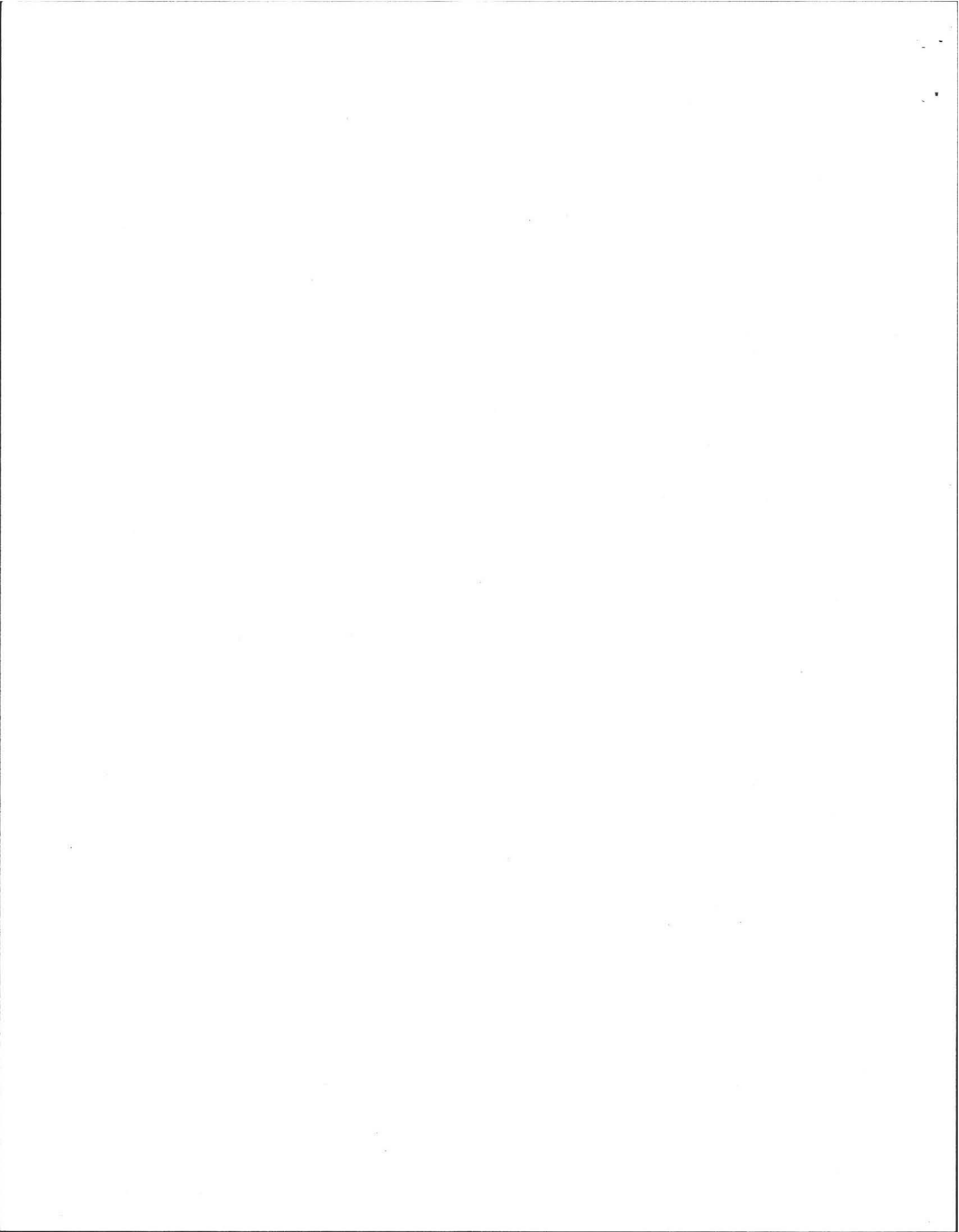
3. COMPANY NAME: \_\_\_\_\_ Price \$  
\_\_\_\_\_.00

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO YOU SPOKE WITH: \_\_\_\_\_







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Sanitarian

The following is optional. You may contact three (3) Septic System Installers to get prices in install the system and complete the project.

1. COMPANY NAME: \_\_\_\_\_ Price \$  
\_\_\_\_\_ .00

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO YOU SPOKE WITH: \_\_\_\_\_



2. COMPANY NAME: \_\_\_\_\_ Price \$  
\_\_\_\_\_ .00

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO YOU SPOKE WITH: \_\_\_\_\_



3. COMPANY NAME: \_\_\_\_\_ Price \$  
\_\_\_\_\_ .00

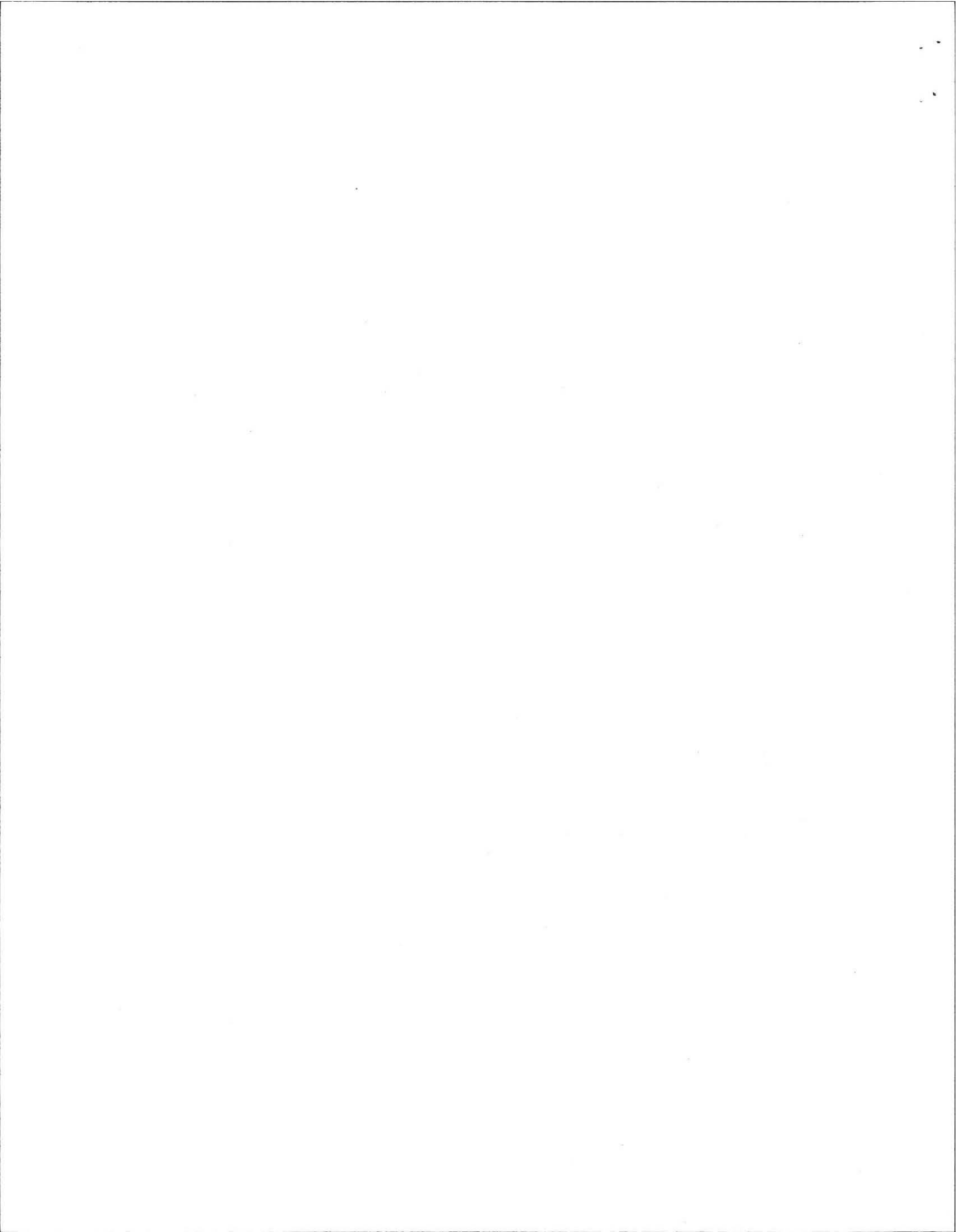
ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WHO YOU SPOKE WITH: \_\_\_\_\_



PLEASE CHECK WHICH CONTRACTOR YOU PLAN TO USE.





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Sanitarian

## SEPTIC SYSTEM REPAIR PROGRAM

### INTRODUCTION

The Town of Amherst invites those in need of septic system repairs or replacement to apply for a Loan under the Town's Septic System Repair program. The proceeds of a \$200,000 loan from the Massachusetts Water Pollution Abatement Trust and the State's Department of Environmental Protection are being utilized to help homeowners (owner-occupants & investor-owners) comply with Title 5 State Regulations. This will be done by repairing or replacing failed on-site sanitary sewage disposal systems or providing connections to the municipal sewer system. The object of the program is environmental and public health.

### SOME PROGRAM DETAILS

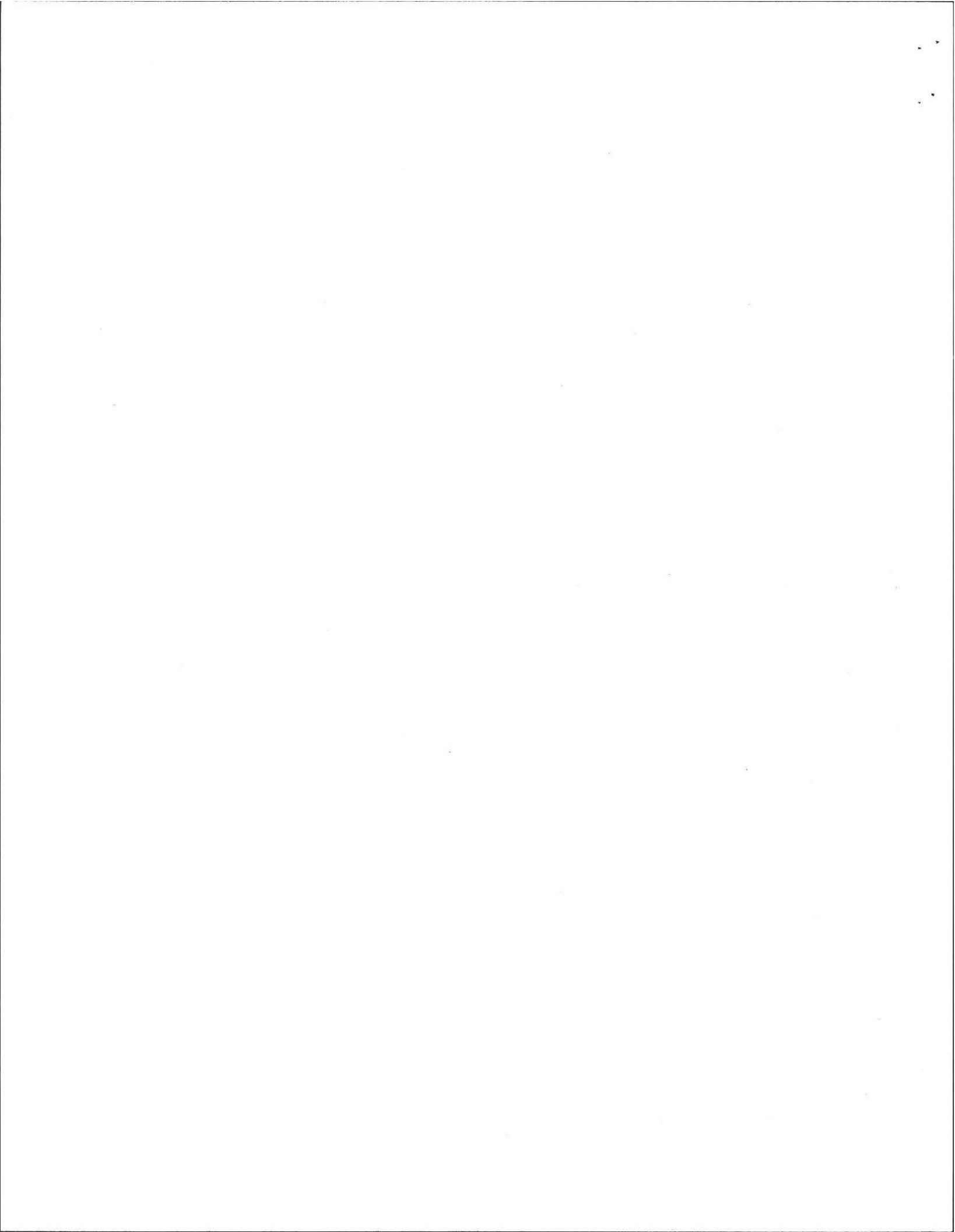
The Town of Amherst program is a low interest loan at 5%. Based on a Ten year payment plan. This allows home owners to repair their septic systems through the payment of a betterment program. The Town does not conduct an equity or credit check for betterment program. The only check is to determine taxes due the Town. (However, this does not prohibit a homeowner from being eligible). The loan application is process through the Board of Health. Payments are made at the time of normal tax payment for the real estate property. The loan is added to your tax bill automatically.

### WHO IS ELIGIBLE?

This program is designed as a TOWN WIDE program to protect the Town's public health and environment.

### HOW DO I APPLY?

To obtain an application or ask questions, call Inspection Services, 4 Boltwood Avenue, Amherst, MA. 01002 (413) 256-4030.





# TOWN OF AMHERST

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Sanitarian

### LOCAL SEPTIC MANAGEMENT PROGRAM

#### APPLICATION

##### 1. General Information

###### 1. For the community/applicant:

###### A. Community/Applicant:

TOWN OF AMHERST

###### B. STREET

4 BOLTWOOD AVENUE

###### C. City, State, Zip Code

AMHERST, MA. 01002

###### D. Contact Person

DAVID ZAROZINSKI

###### E. Title

SANITARIAN

###### F. Telephone Number

(413) 256-4030 Inspection Services

(413)

###### G. Fax Number

(413) 256-4076

###### 2. For the Administrating Entity:

###### A. Administrating Entity

\_\_\_\_\_

###### B. STREET

\_\_\_\_\_

###### C. City, State, Zip Code

\_\_\_\_\_

###### D. Contact Person

\_\_\_\_\_

###### E. Title

\_\_\_\_\_

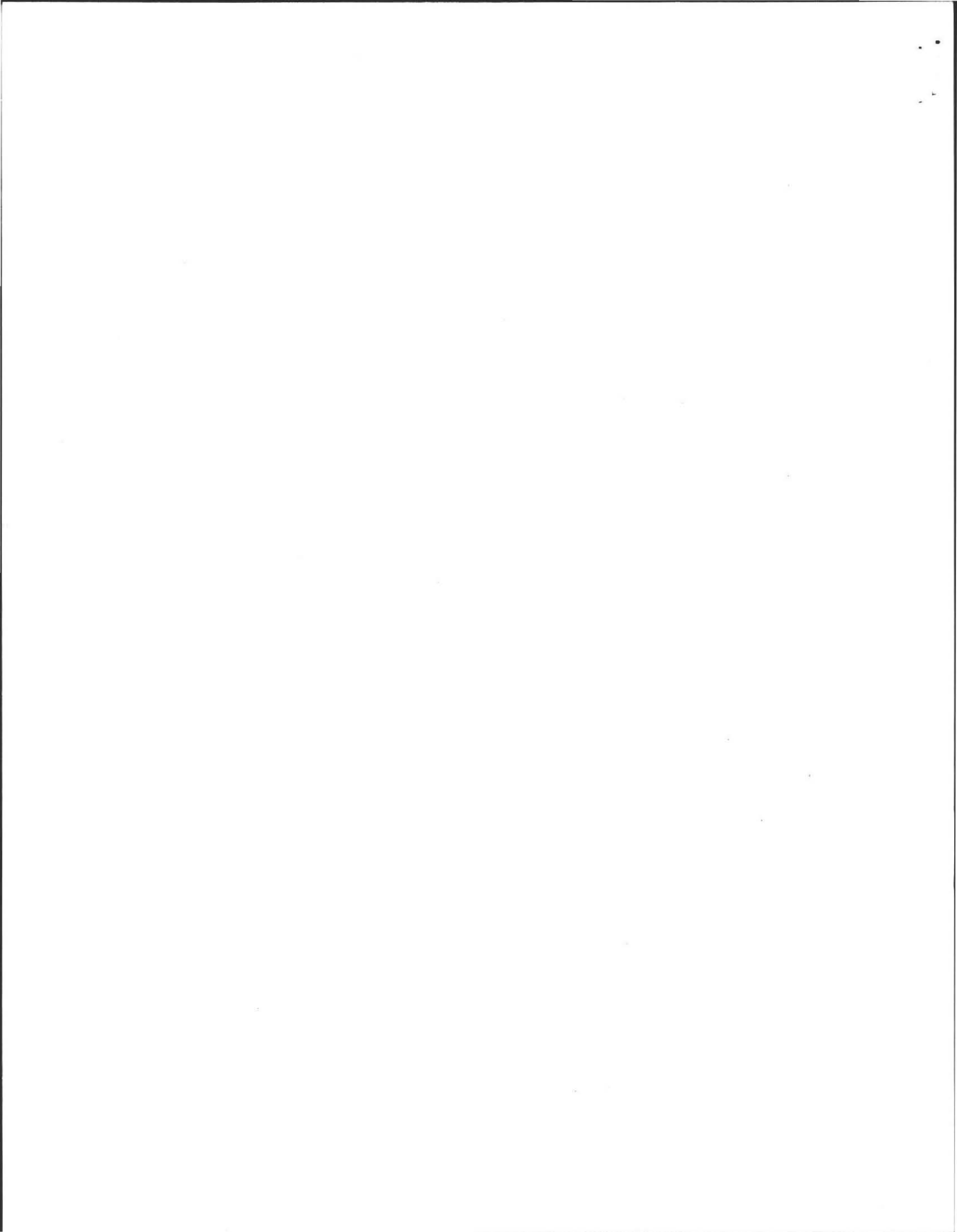
###### F. Telephone Number

\_\_\_\_\_

###### G. Fax Number

\_\_\_\_\_







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Sanitarian

H. Department of Revenue  
Identification Number

046-001-068

H. Department of Revenue  
Identification Number

### 2. Terms of Loan Assistance

A. Option 1 (\$200,000) **XX** or Option 2 (\$100,000.)

B. Repayment Period: 5 years \_\_\_ 10 years **XX** 15 years \_\_\_ 20 years \_\_\_

### 3. Local Appropriation

Attached is a certified copy of Town Meeting Action dated: October 21, 1996

### 4. Project Description

See attached Statement