

6 WILDFLOWER—





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

6 WILDFLOWER DRIVE

Property Address

RALPH MURPHY

Owner's Name

AMHERST

City/Town

MA

State

01002

Zip Code

04/17/2012

Date of Inspection

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

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



A. General Information

1. Inspector:

NEIL JACKSON

Name of Inspector

J & P ENGINEERING SERVICES

Company Name

30 MOUNTAINVIEW DRIVE

Company Address

BELCHERTOWN

City/Town

(413) 896-6607

Telephone Number

MA

State

01007

Zip Code

SI 3579

License Number

B. Certification

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

[X] Passes

[ ] Conditionally Passes

[ ] Fails

[ ] Needs Further Evaluation by the Local Approving Authority

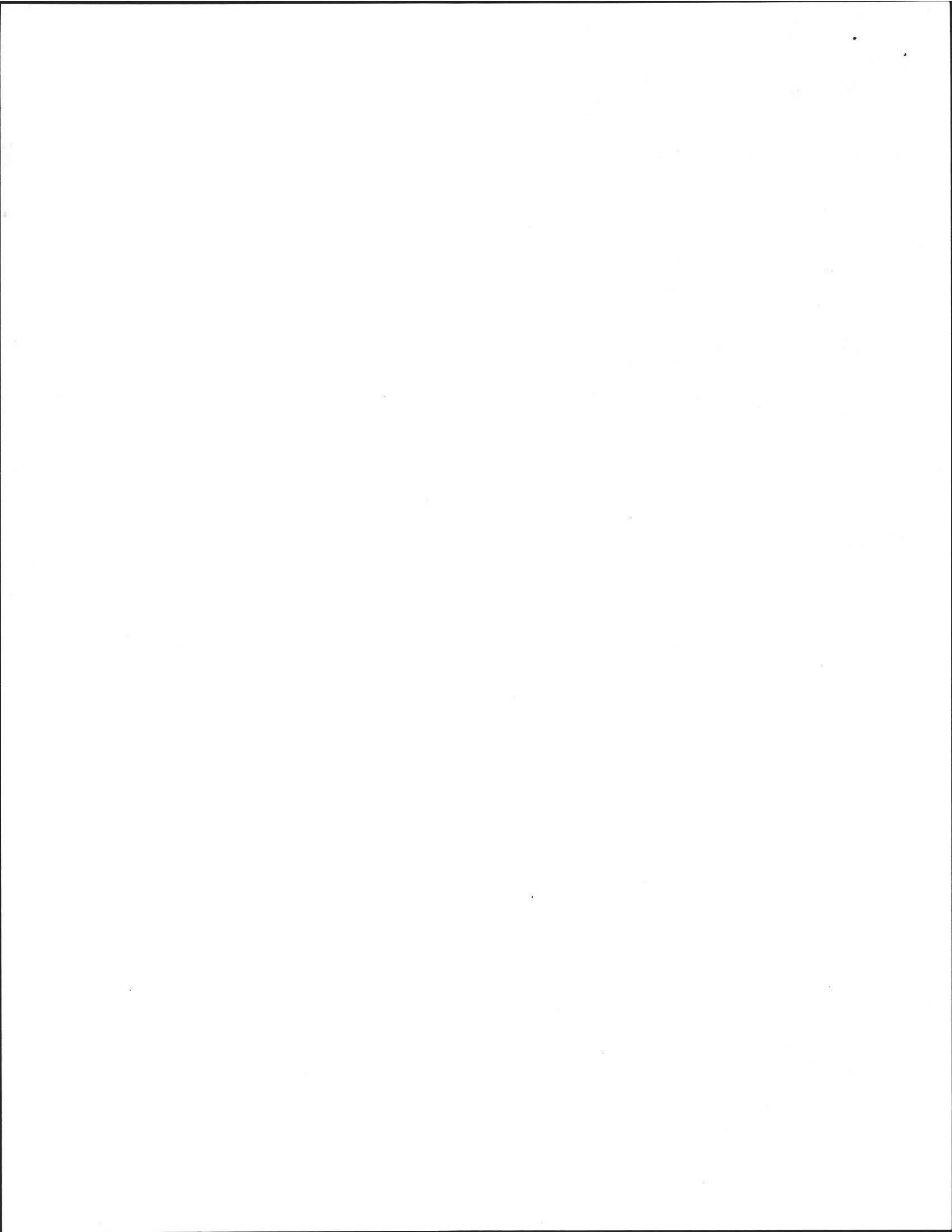
Inspector's Signature

04/17/2012

Date

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

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





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## B. Certification (cont.)

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

### A) System Passes:

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

Comments:

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### B) System Conditionally Passes:

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

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

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

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

- Y
- N
- ND (Explain below):

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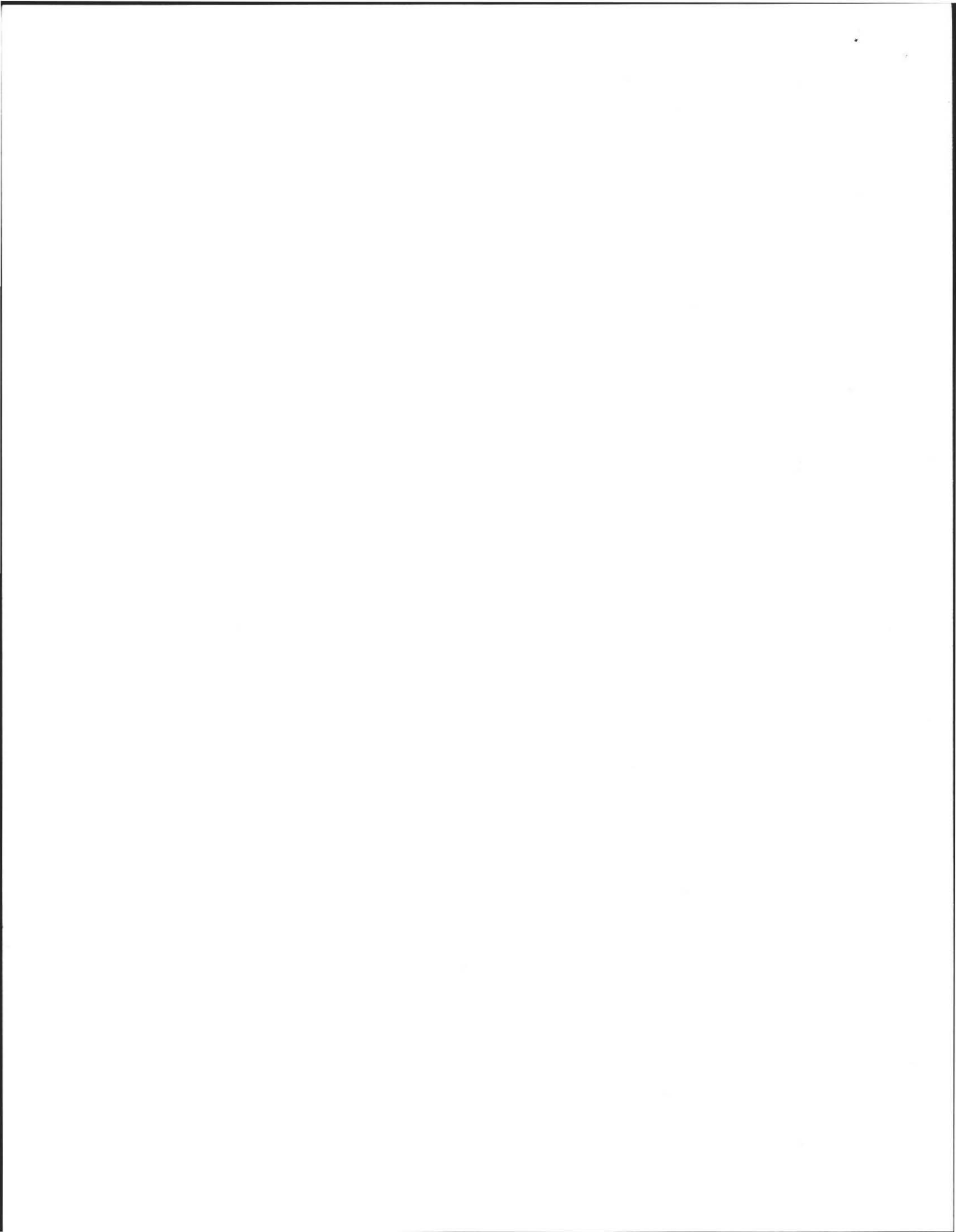
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B. Certification (cont.)

B) System Conditionally Passes (cont.):

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

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

The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

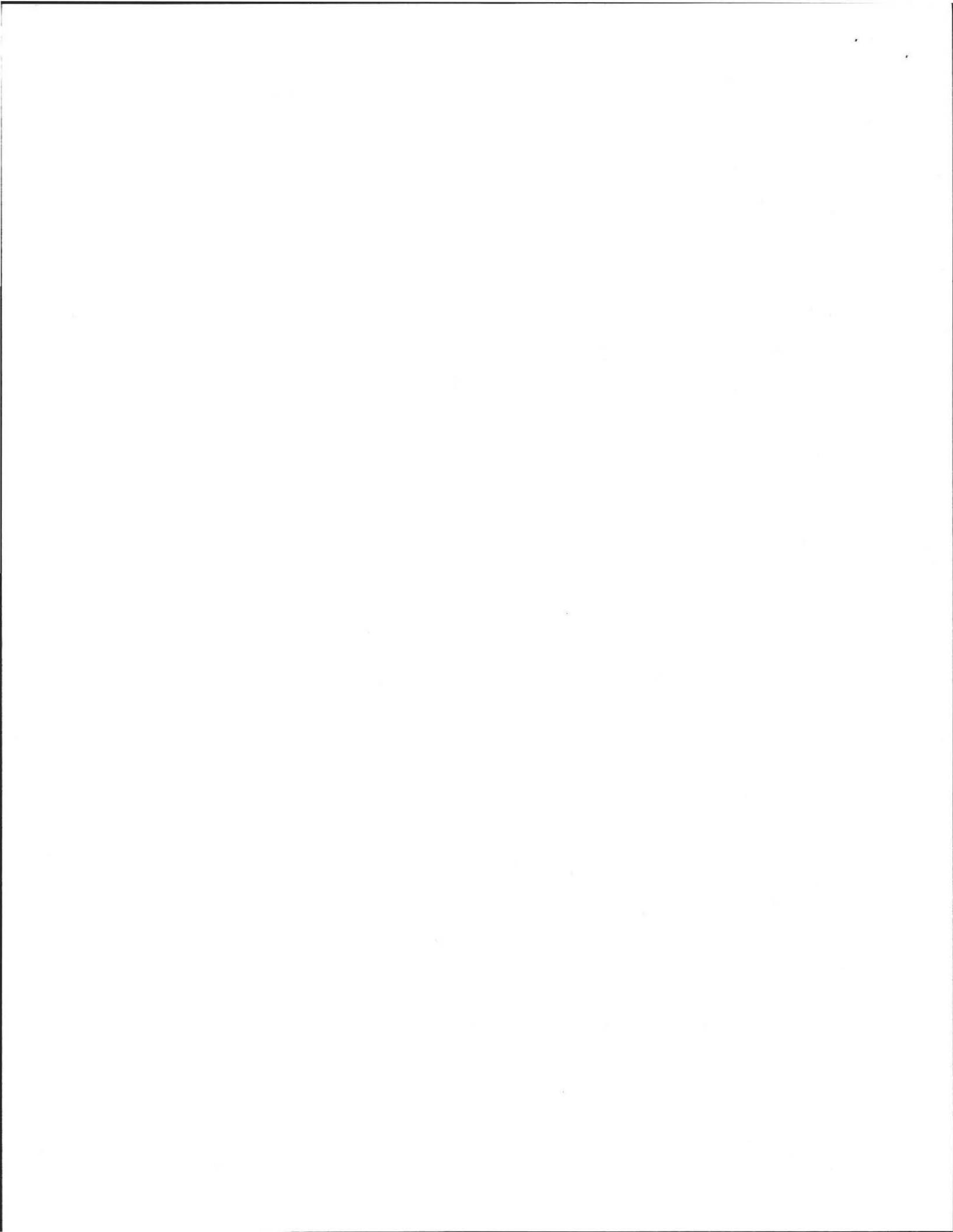
- broken pipe(s) are replaced
obstruction is removed

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

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

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

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







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## B. Certification (cont.)

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

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
  - The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
  - The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
  - The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.
- Method used to determine distance: \_\_\_\_\_

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

3. Other:

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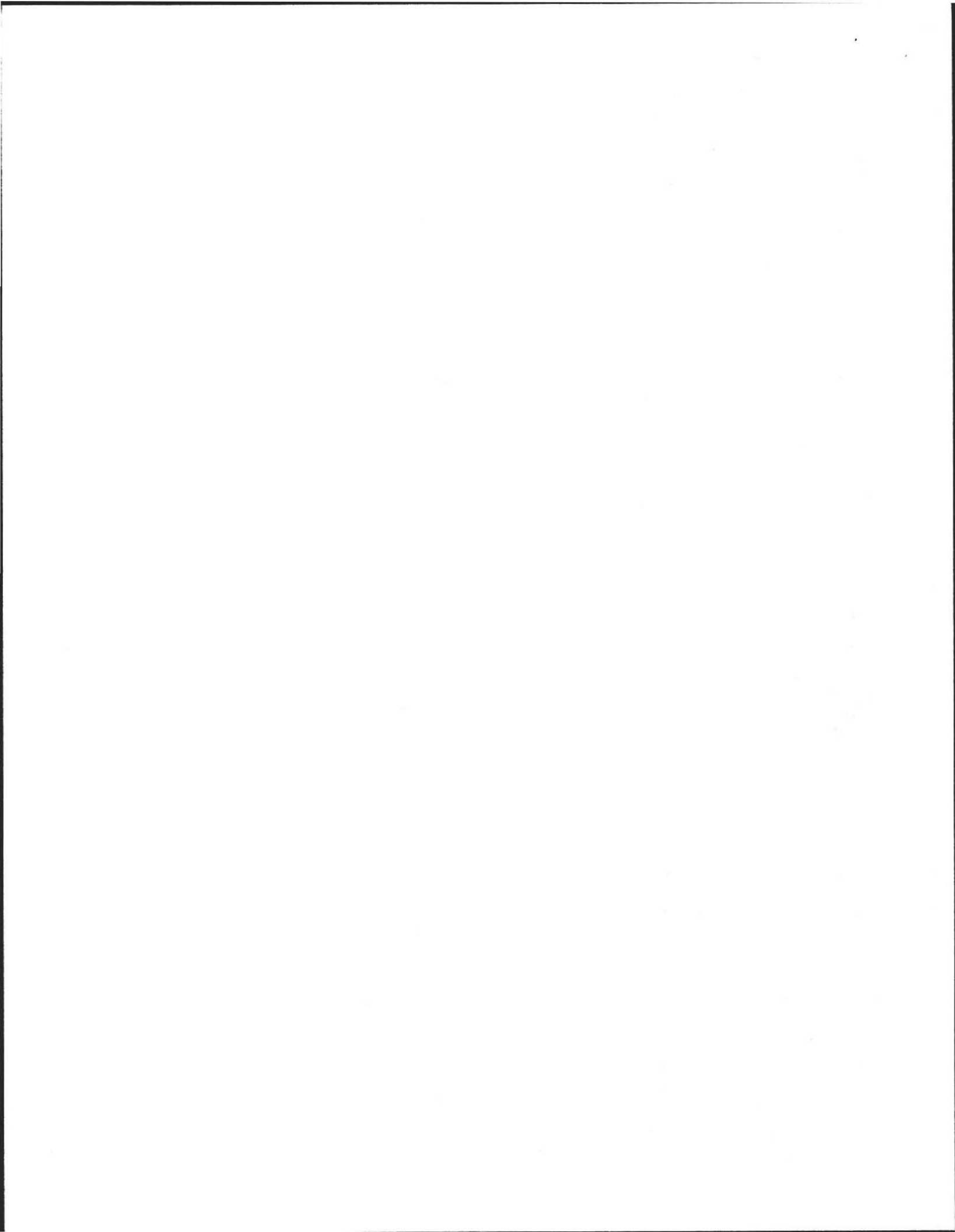


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### D) System Failure Criteria Applicable to All Systems:

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

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow                             |





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B. Certification (cont.)

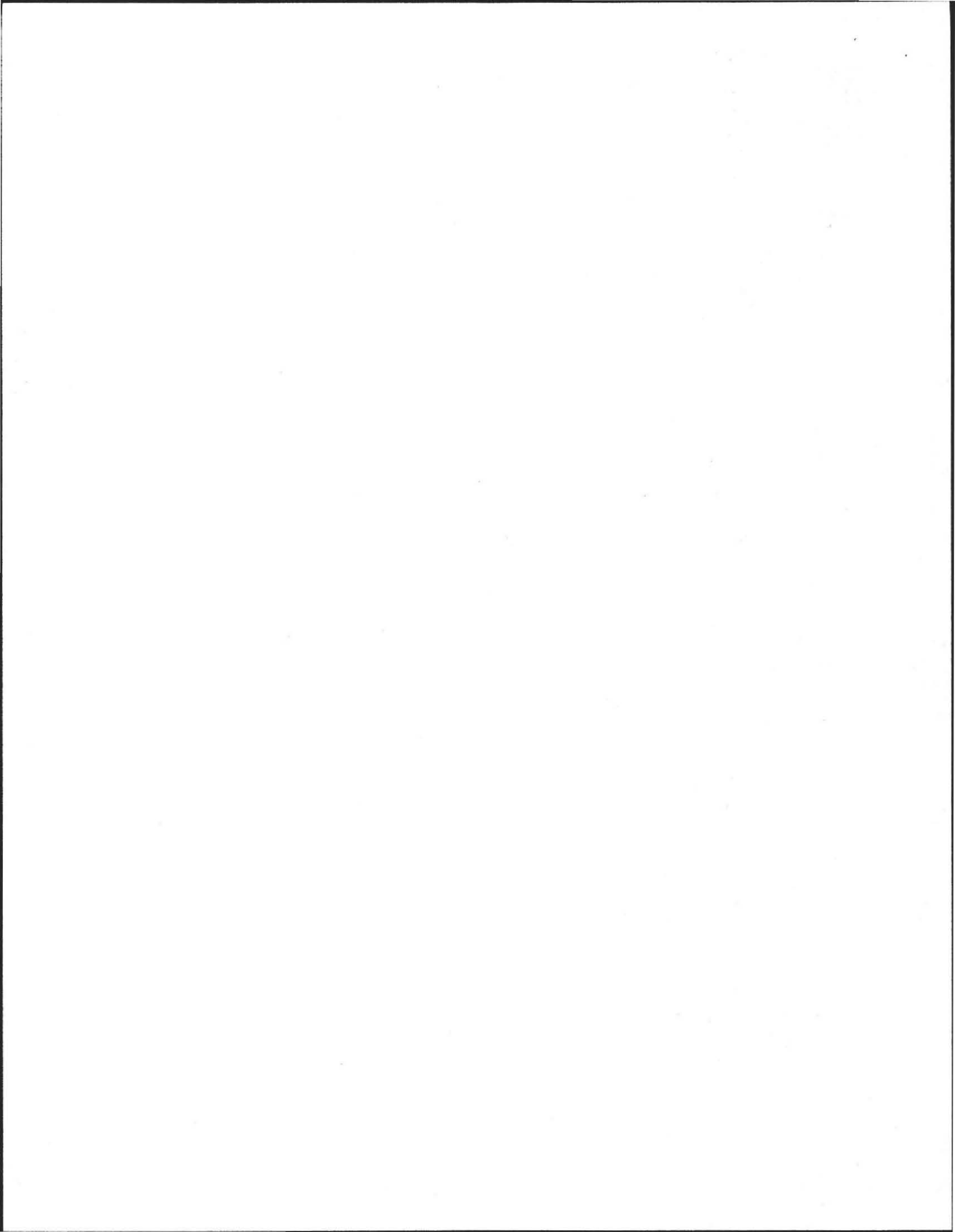
- Yes No Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: \_\_\_\_
Any portion of the SAS, cesspool or privy is below high ground water elevation.
Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
Any portion of a cesspool or privy is within a Zone 1 of a public well.
Any portion of a cesspool or privy is within 50 feet of a private water supply well.
Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

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

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

- Yes No the system is within 400 feet of a surface drinking water supply
the system is within 200 feet of a tributary to a surface drinking water supply
the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well

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





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**C. Checklist**

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

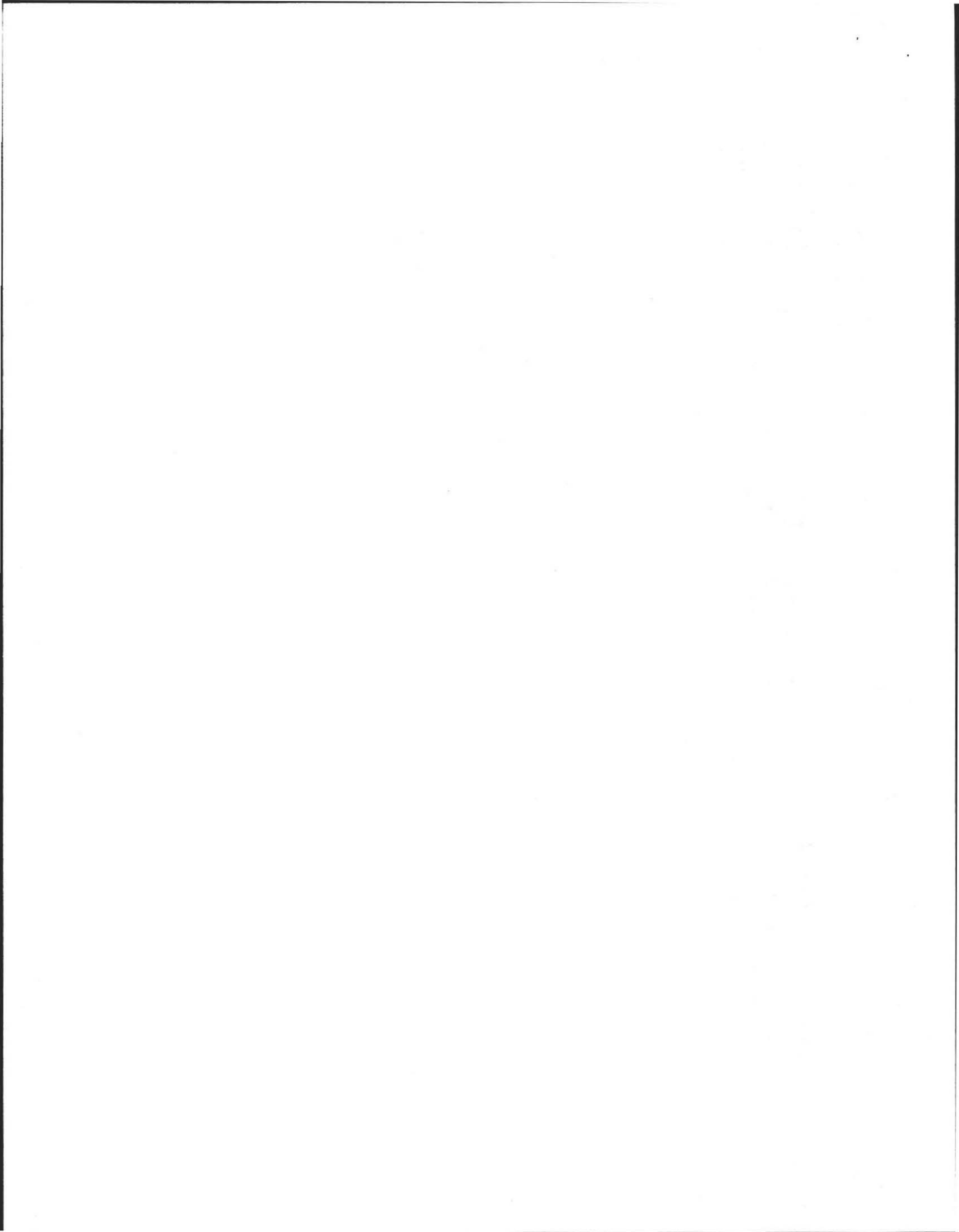
- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]   |

**D. System Information**

**Residential Flow Conditions:**

Number of bedrooms (design): 3 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330





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## D. System Information

Description:

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

Number of current residents: 2

Does residence have a garbage grinder?  Yes  No

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

Laundry system inspected?  Yes  No

Seasonal use?  Yes  No

Water meter readings, if available (last 2 years usage (gpd)): NOT AVAILABLE

Detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sump pump?  Yes  No

Last date of occupancy: PRESENT  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: \_\_\_\_\_

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

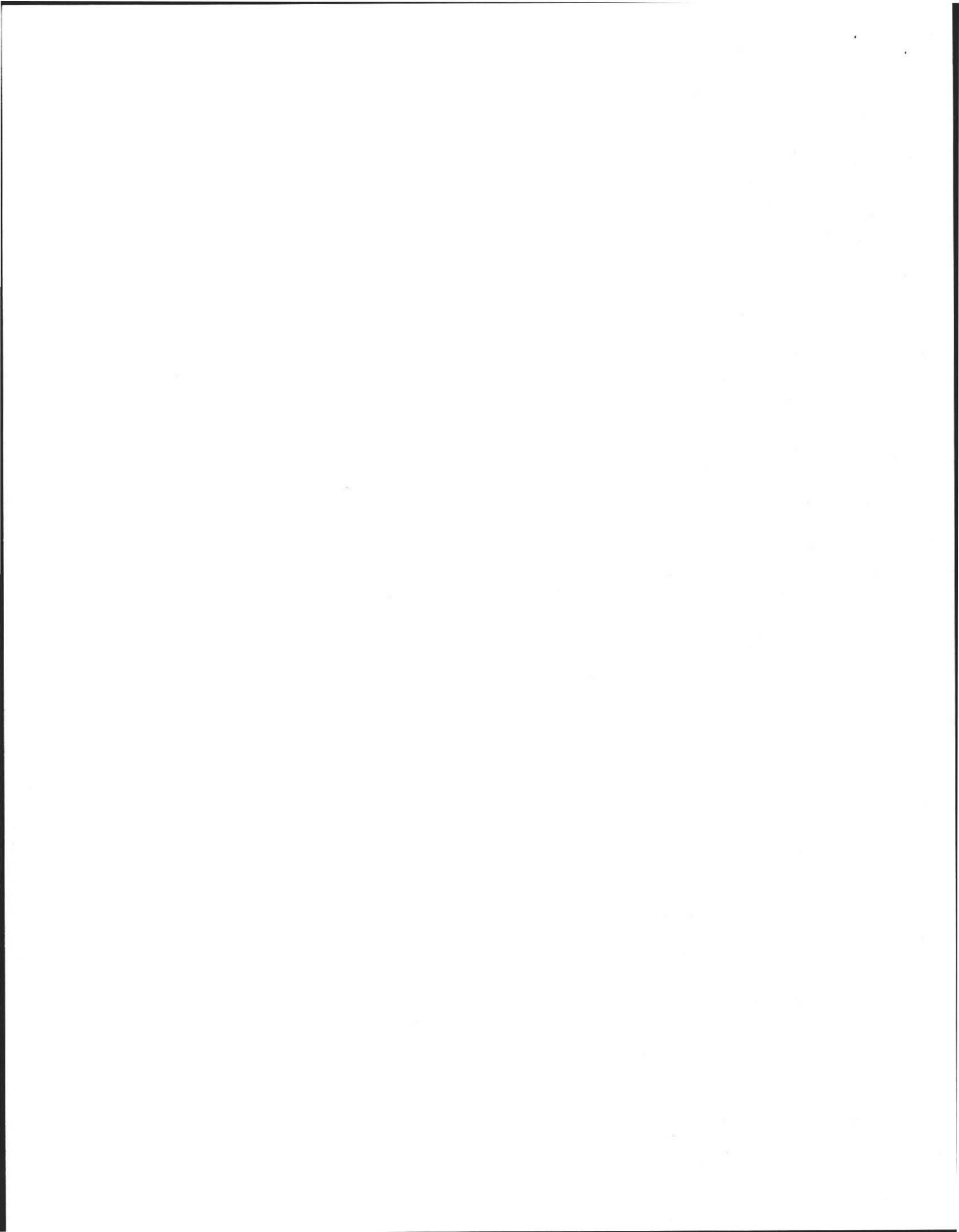
Basis of design flow (seats/persons/sq.ft., etc.): \_\_\_\_\_

Grease trap present?  Yes  No

Industrial waste holding tank present?  Yes  No

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

Water meter readings, if available: \_\_\_\_\_







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D. System Information (cont.)

Last date of occupancy/use:

Date

Other (describe below):

General Information

Pumping Records:

Source of information:

DECEMBER 2011, PER OWNER

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped:

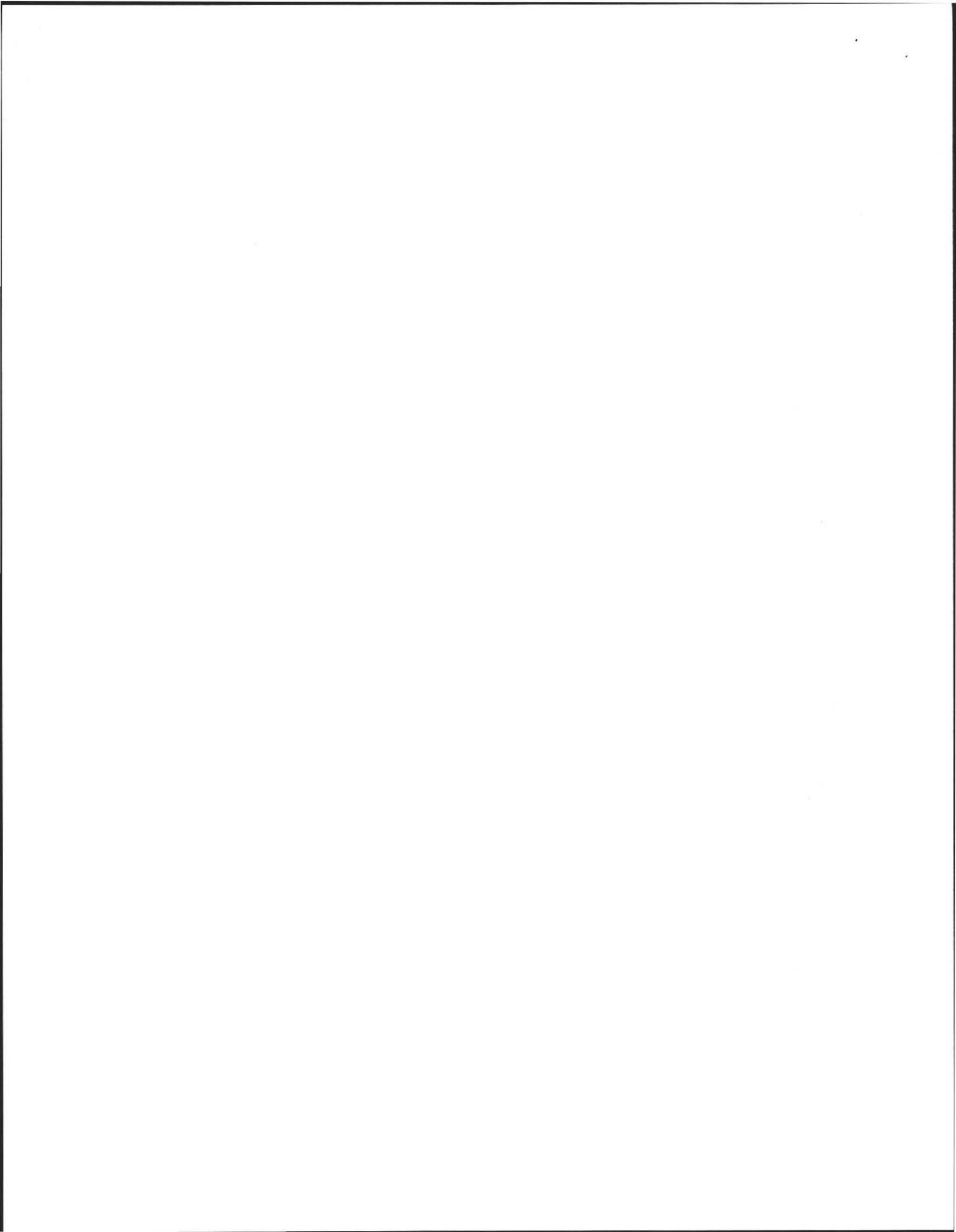
gallons

How was quantity pumped determined?

Reason for pumping:

Type of System:

- Septic tank, distribution box, soil absorption system
Single cesspool
Overflow cesspool
Privy
Shared system (yes or no) (if yes, attach previous inspection records, if any)
Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract...
Tight tank. Attach a copy of the DEP approval.
Other (describe):





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D. System Information (cont.)

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

JUNE 2, 1983, CERTIFICATE OF COMPLIANCE ON RECORD

Were sewage odors detected when arriving at the site?

Yes No

Building Sewer (locate on site plan):

Depth below grade:

2.25' feet

Material of construction:

cast iron 40 PVC other (explain):

Distance from private water supply well or suction line:

>20' feet

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

Septic Tank (locate on site plan):

Depth below grade:

2.25' feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age:

years

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

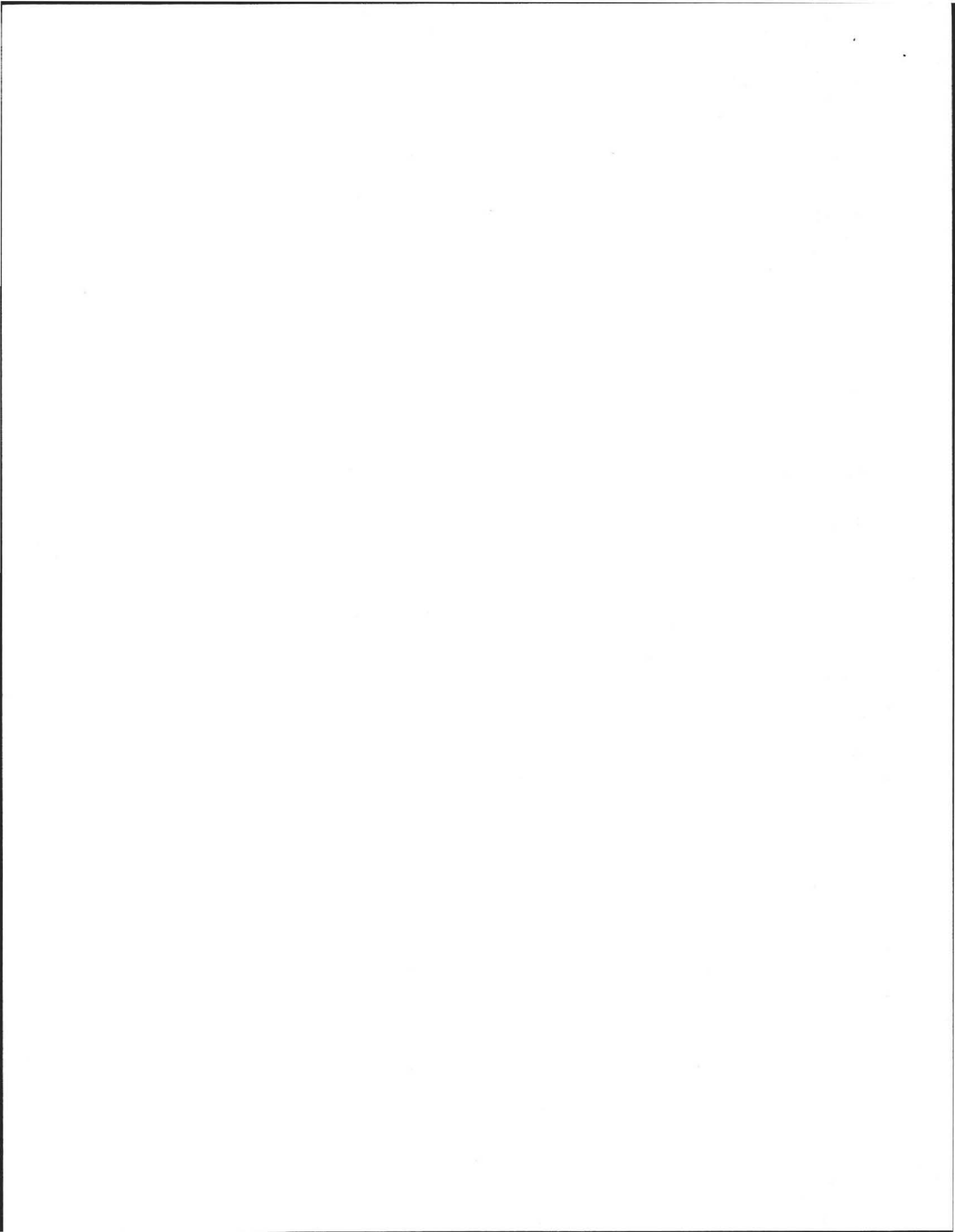
Yes No

Dimensions:

1500 GALLONS, 5' X 10'

Sludge depth:

1"





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

**Septic Tank (cont.)**

Distance from top of sludge to bottom of outlet tee or baffle 32"

Scum thickness 1"

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

Distance from bottom of scum to bottom of outlet tee or baffle 15"

How were dimensions determined? MEASURED

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

PUMP EVERY 2 - 3 YEARS IN FUTURE, INLET & OUTLET BAFFLES IN GOOD CONDITION, NO SIGNS OF LEAKAGE

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

Depth below grade: \_\_\_\_\_ feet

Material of construction:

concrete       metal       fiberglass       polyethylene       other (explain):

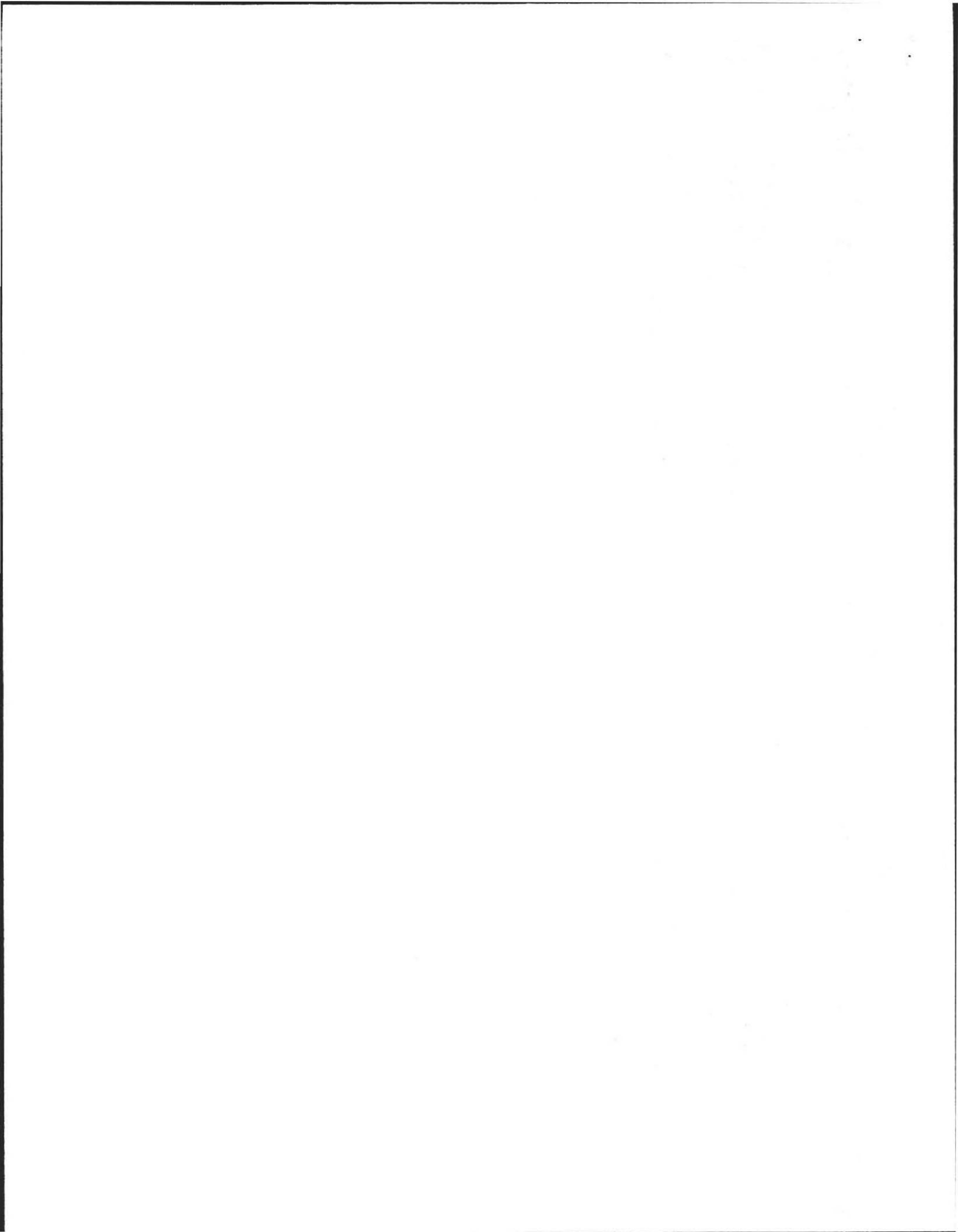
Dimensions: \_\_\_\_\_

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

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

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

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





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

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

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

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

Depth below grade: \_\_\_\_\_

Material of construction:

concrete     metal     fiberglass     polyethylene     other (explain):

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

Capacity: \_\_\_\_\_ gallons

Design Flow: \_\_\_\_\_ gallons per day

Alarm present:  Yes     No

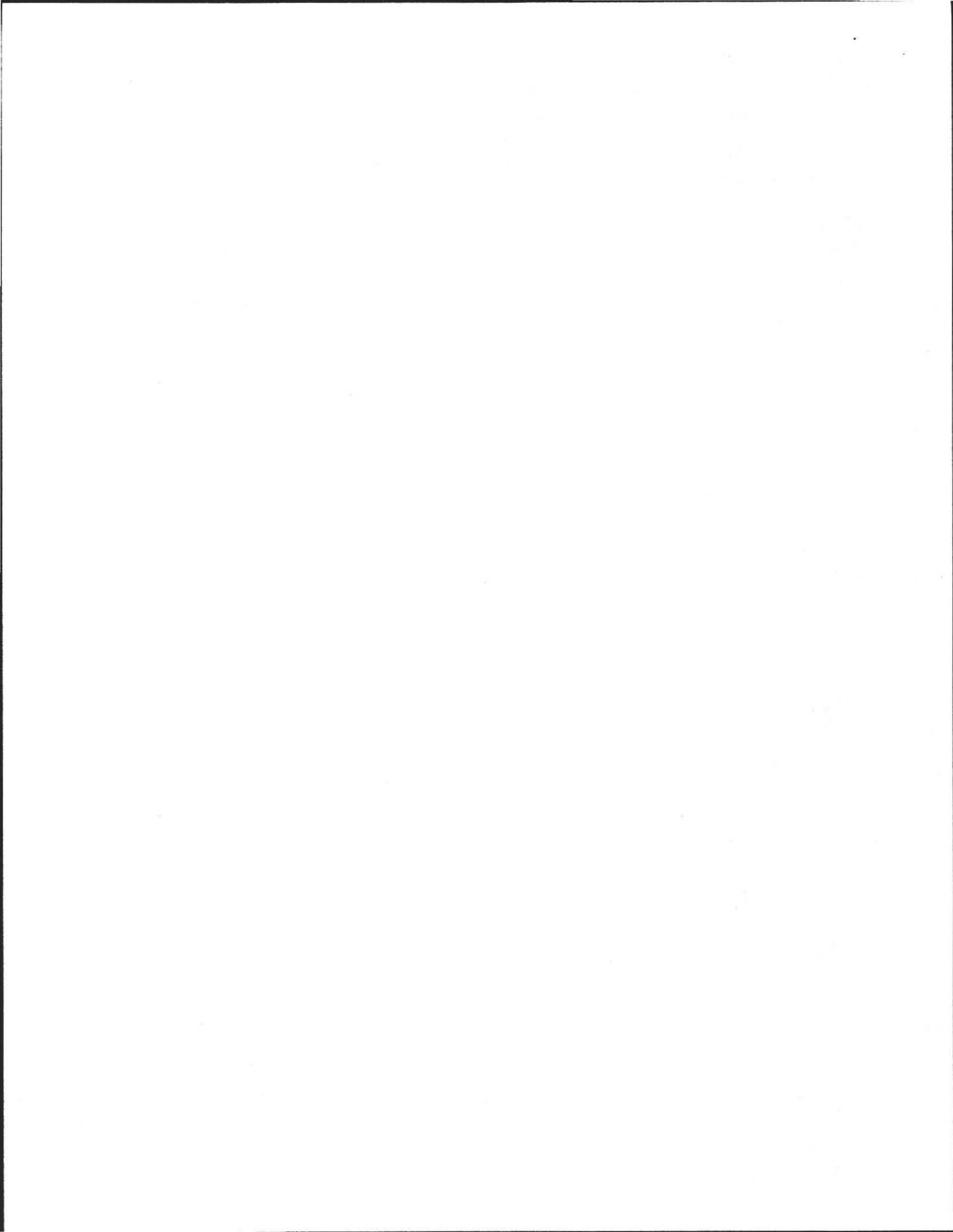
Alarm level: \_\_\_\_\_ Alarm in working order:  Yes     No

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

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

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

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







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

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

Depth of liquid level above outlet invert N/A

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

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**Pump Chamber** (locate on site plan):

Pumps in working order:  Yes  No

Alarms in working order:  Yes  No

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

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

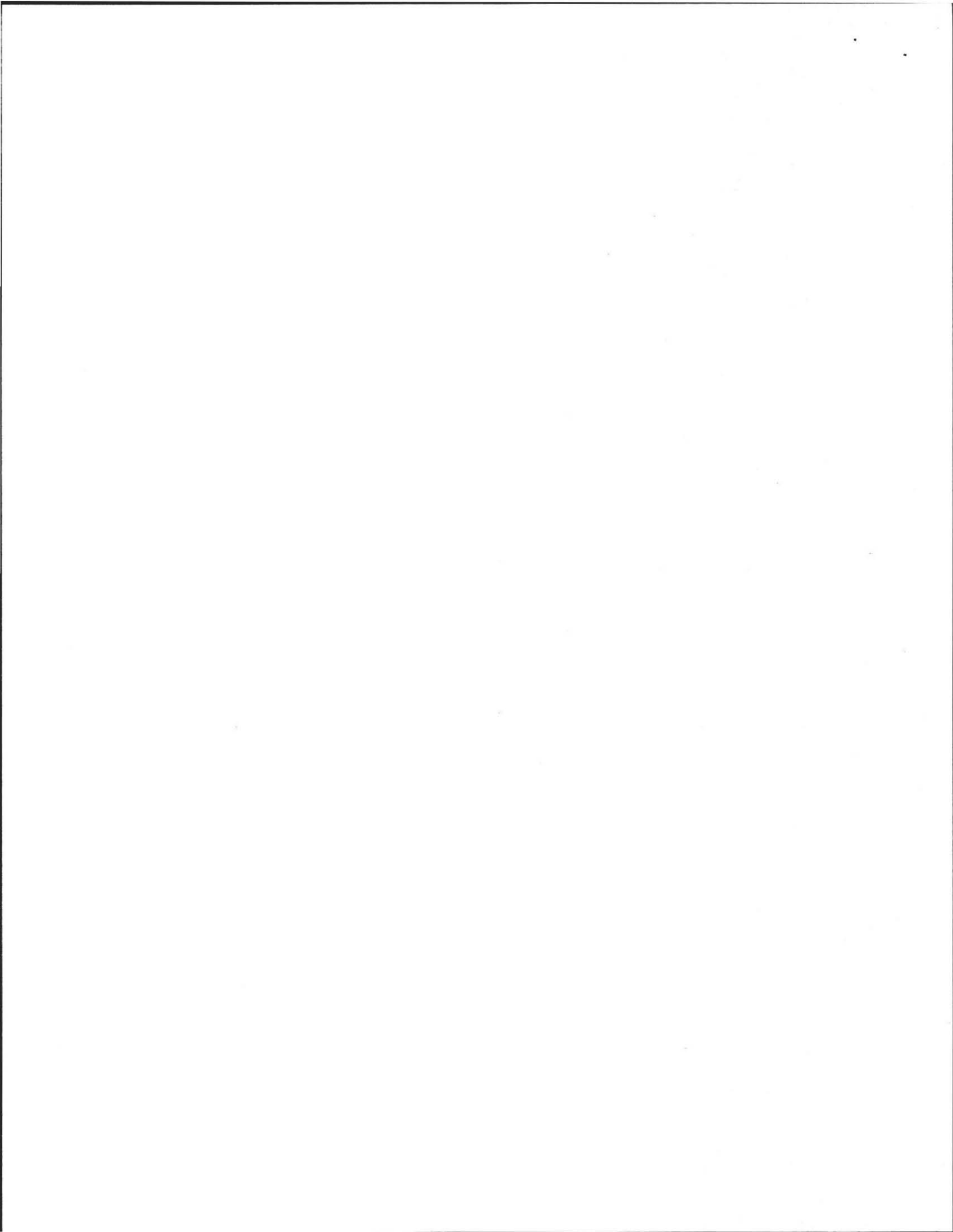
If SAS not located, explain why:

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D. System Information (cont.)

Type:

- leaching pits number: 10' X 10' X 60" DEEP
leaching chambers number:
leaching galleries number:
leaching trenches number, length:
leaching fields number, dimensions:
overflow cesspool number:
innovative/alternative system

Type/name of technology:

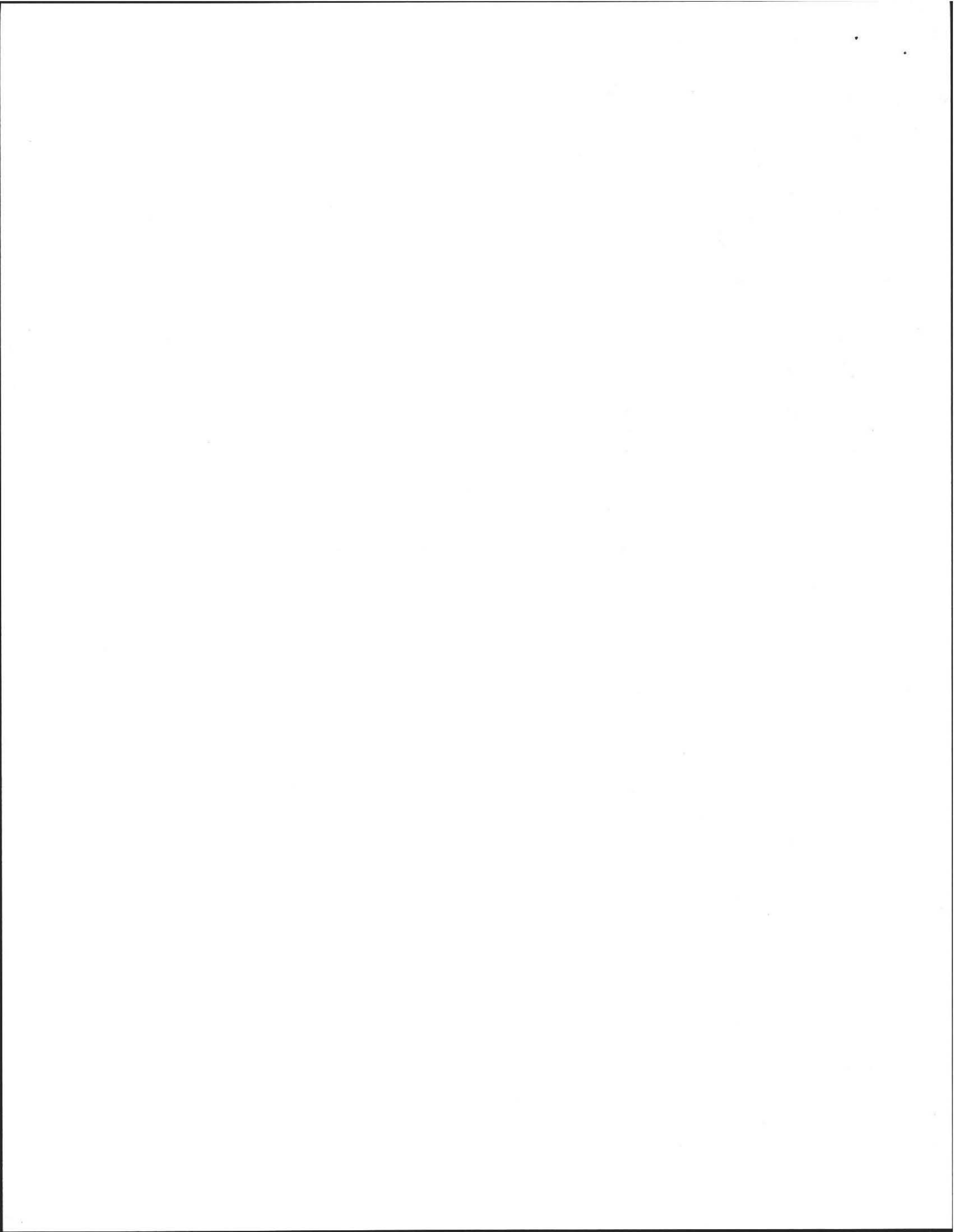
Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

NO SIGNS OF HYDRAULIC FAILURE, NO PONDING, LIQUID LEVEL GREATER THAN 30" BELOW INVERT IN

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

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

Yes No





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## D. System Information (cont.)

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

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**Privy** (locate on site plan):

Materials of construction:

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Dimensions

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Depth of solids

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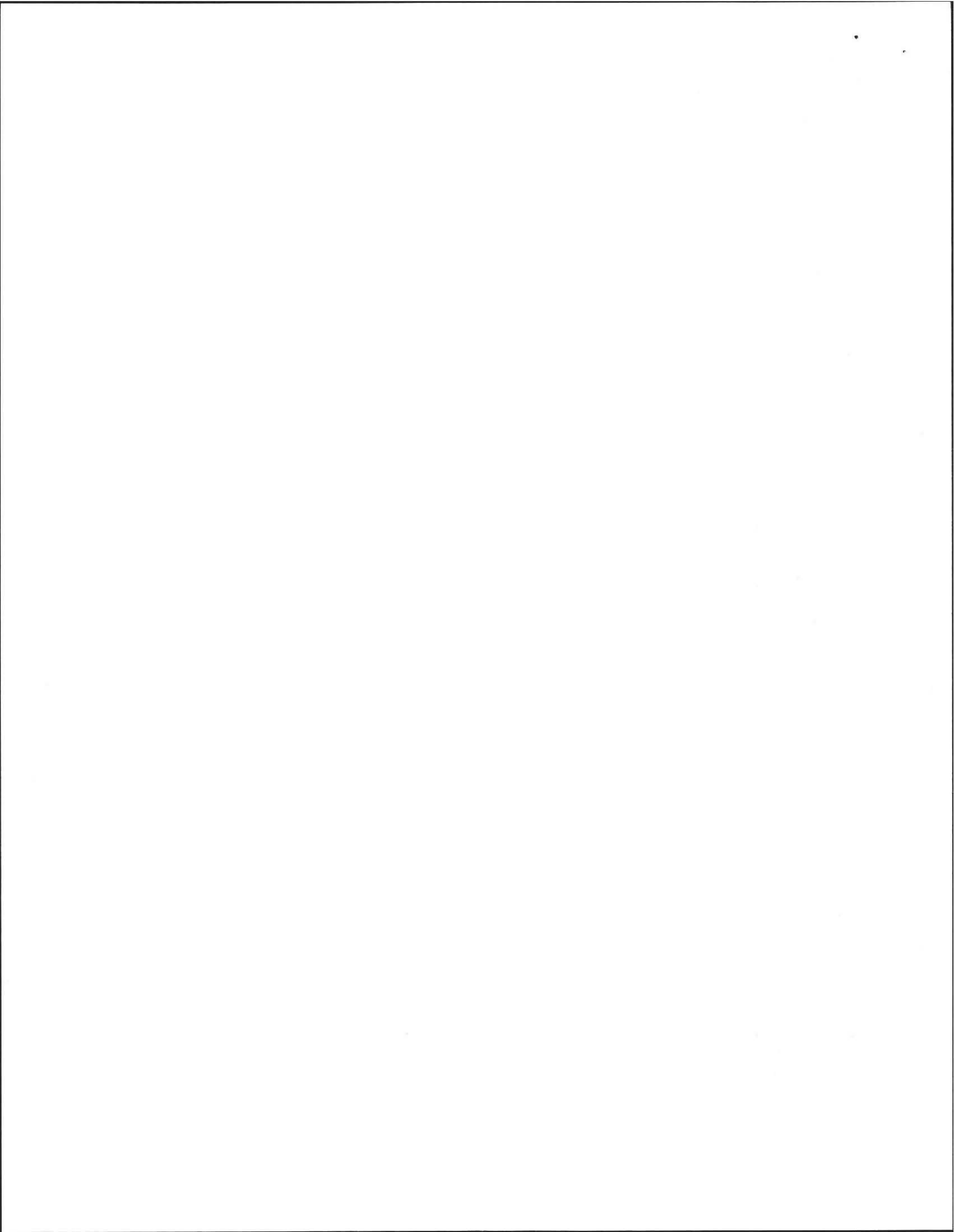
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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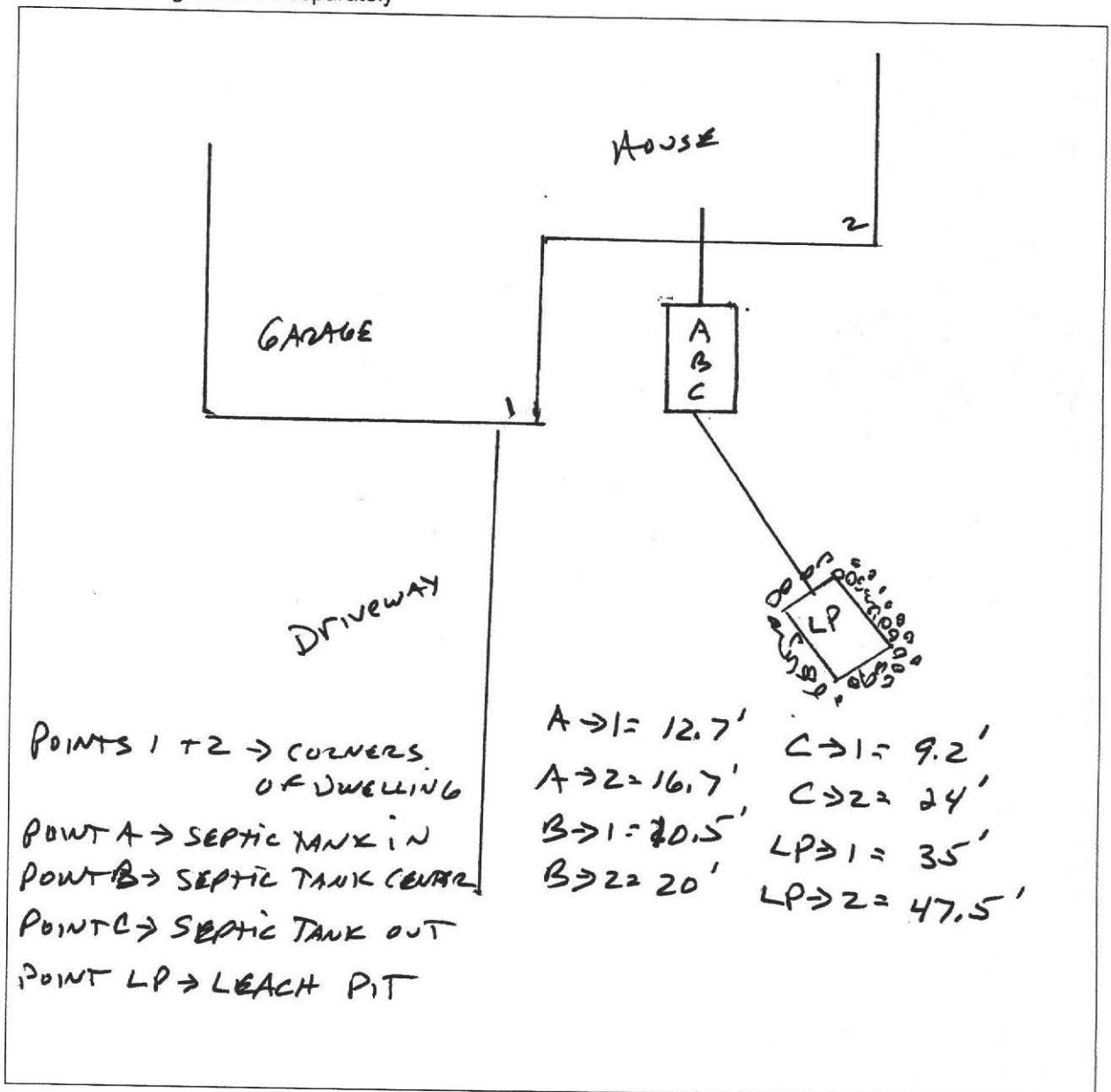
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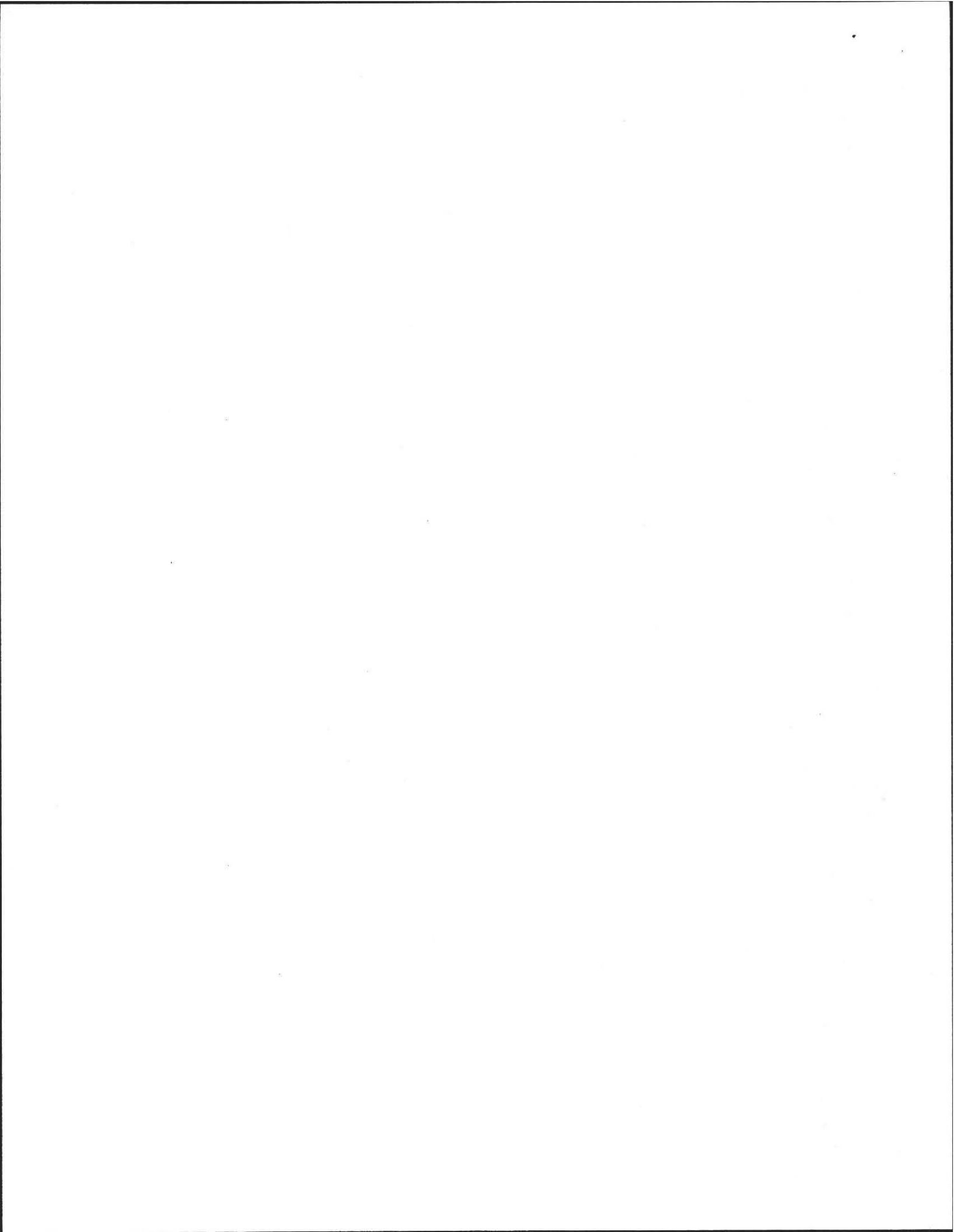
## D. System Information (cont.)

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

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



\* NOT TO SCALE







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

**Site Exam:**

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

Estimated depth to high ground water: > 10 FEET  
 feet

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

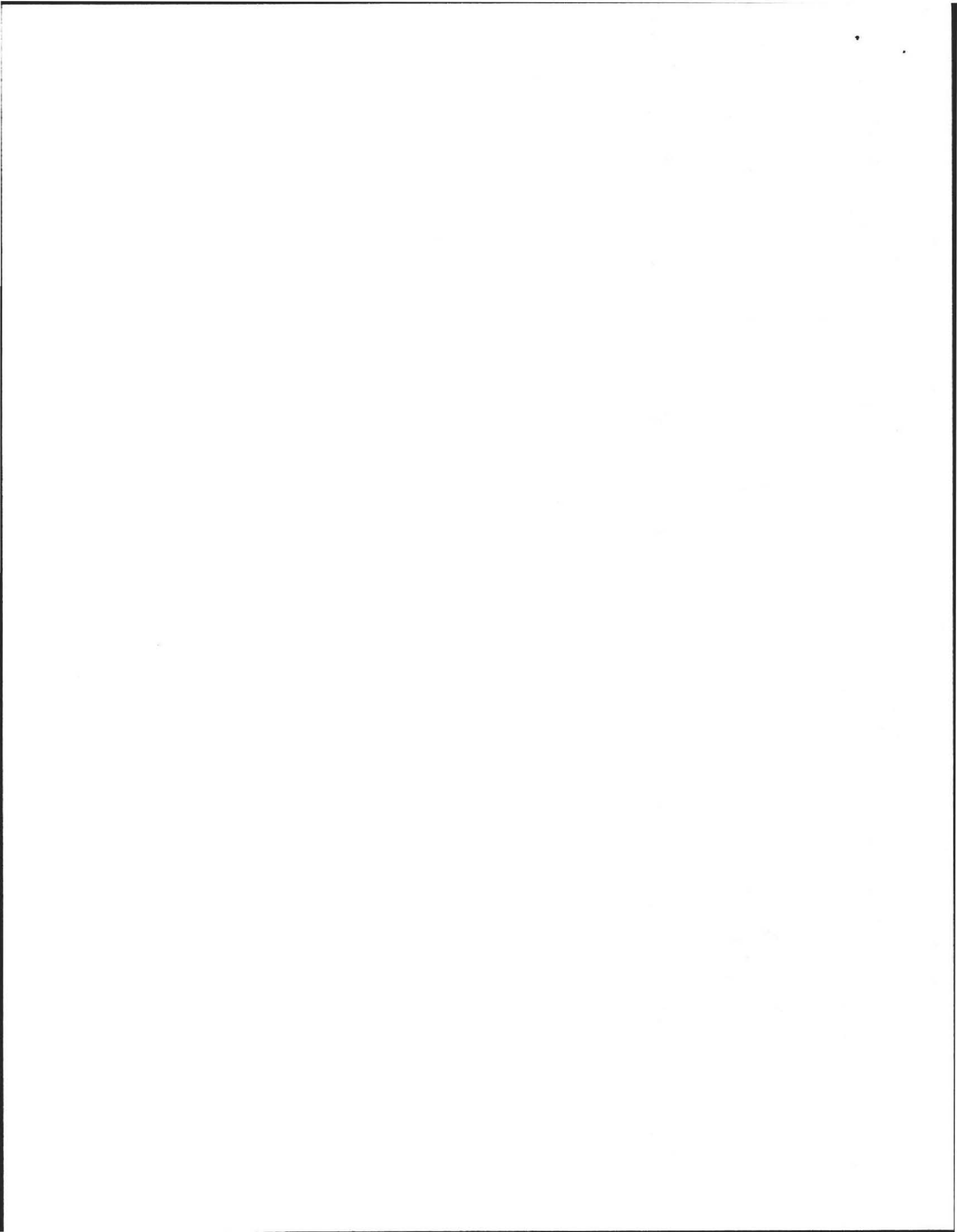
- Obtained from system design plans on record  
 If checked, date of design plan reviewed: 4/11/83  
 Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
 \_\_\_\_\_
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
 \_\_\_\_\_

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

PLAN ON RECORD INDICATES WATER TABLE > 10 FEET BELOW PROPOSED FINISH GRADE.

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

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





Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

6 WILDFLOWER DRIVE

Property Address

RALPH MURPHY

Owner's Name

AMHERST

City/Town

MA

State

01002

Zip Code

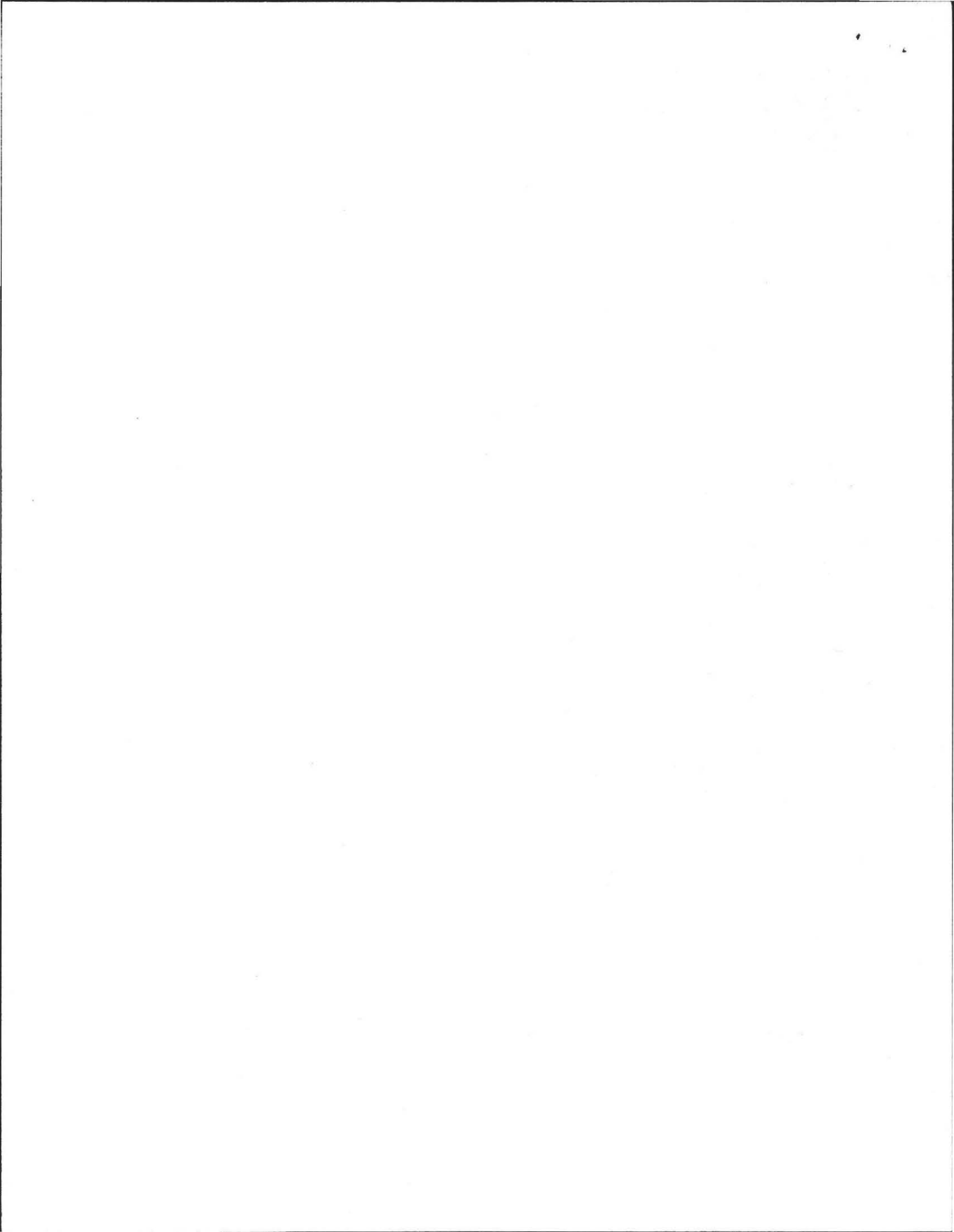
04/17/2012

Date of Inspection

Owner information is required for every page.

## E. Report Completeness Checklist

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



App - 13283  
Batch - 4770

# April 2012 INVOICE

AMHERST PUBLIC HEALTH DEPARTMENT

Bangs Community Center  
70 Boltwood Walk  
Amherst, MA 01002

DATE: April 17, 2012

TO Ralph & Katherine Murphy  
6 Wildflower Drive  
Amherst, MA 01002  
256-0499; murphykc@comcast.net

RE: Invoice for Septic Title V witness

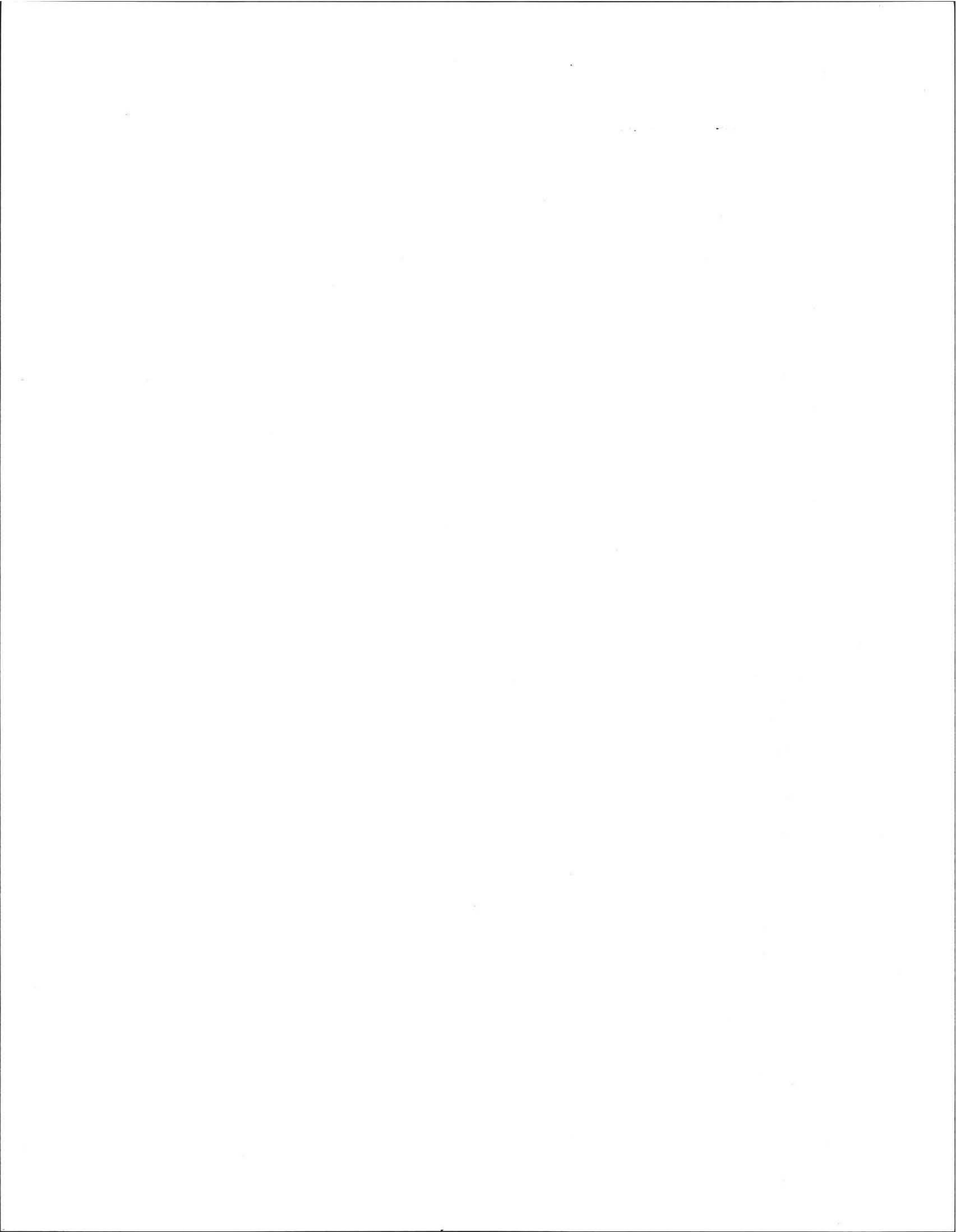
Services provided by Edmund Smith

PAYMENT TERMS: I Paid in Full

QUANTITY	DESCRIPTION	UNIT PRICE	LINE TOTAL
1.00	Septic Title V witness: system passed	\$ 200.00	\$ 200.00
	Rec'd today your check #352 for \$200.00		
	this invoice is paid in full/thank you		

SUBTOTAL	\$ 200.00
SALES TAX	
TOTAL	\$ 200.00

*4.17.12 - receipt emailed today  
to the murphys*



CUST NAME  
4 BOLTWOOD AVENUE  
04/20/12  
CITY, ST, ZIP

\*\*\*TOWN OF A TOWN HAL  
AMHERST M REFERENCE  
DATE/TIME 10:59

CUST NAME

0  
DEPT

DE HEA058

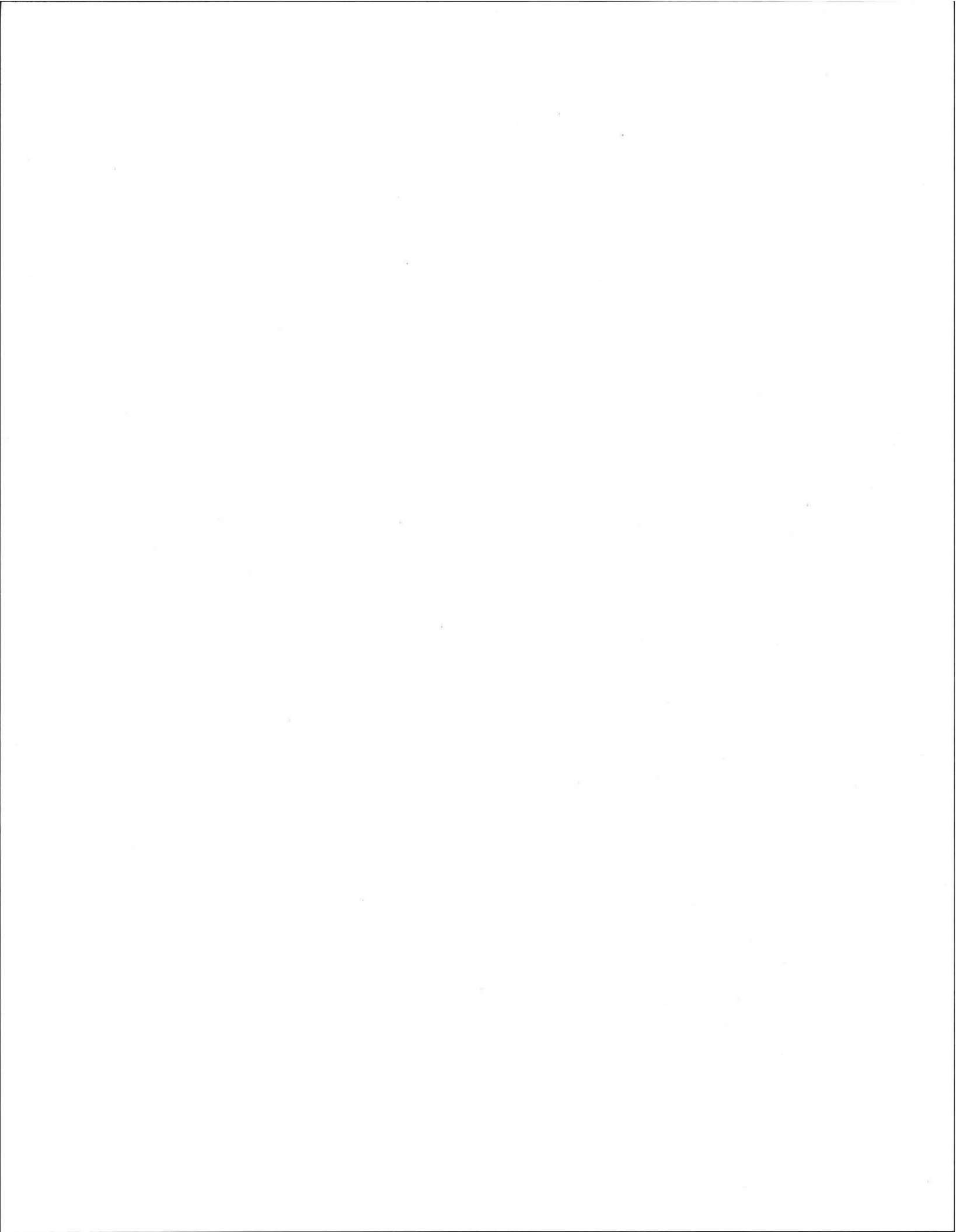
TITLE V WI 200.

RECPT TOTAL

200.00  
RALPH J MU QUA CHECK

352

AMOUNT





No. 83-5

#6  
FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit

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

System at:

System at: WINDFLOWER DRIVE Lot No. LOT 23  
Location Address 401 SHAYS of Lot No. 57 Address Amherst  
Owner TOMLINSON BUILDERS INC. Address RIVER DR. Address HARDWAY  
Installer KARL'S EXCAVATING INC. Address 301 LTD. Sq. feet

Type of Building RESIDENCE Expansion Attic ( ) Garbage Grinder (X)  
Dwelling - No. of Bedrooms 3 No. of persons 3 Showers ( ) - Cafeteria ( )  
Other - Type of Building \_\_\_\_\_

Design Flow 5.5 gallons per person per day. Total daily flow 330 gallons.  
Septic Tank - Liquid capacity 1000 gallons Length 9 Diameter 4 Depth 5  
Disposal Trench - No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.  
Seepage Pit No. 1 Diameter 10x10 Depth below inlet 5 Total leaching area 600 sq. ft.  
Other Distribution box X Dosing tank X  
Percolation Test Results Performed by F.A. Filios Date 3-15-81  
Test Pit No. 1 1.3 minutes per inch Depth of Test Pit 4' Depth to ground water None at 10'  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_ Depth to ground water \_\_\_\_\_

Description of Soil COARSE SAND & GRAVEL

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 Tomlinson Builders Date 3/23/83  
Application Approved By [Signature] Date 4/11/83

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

Permit No. 83-5 Issued 4-11-83 Date

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

No. 83-5 Town of Amherst FEE 90.00

Disposal Works Construction Permit

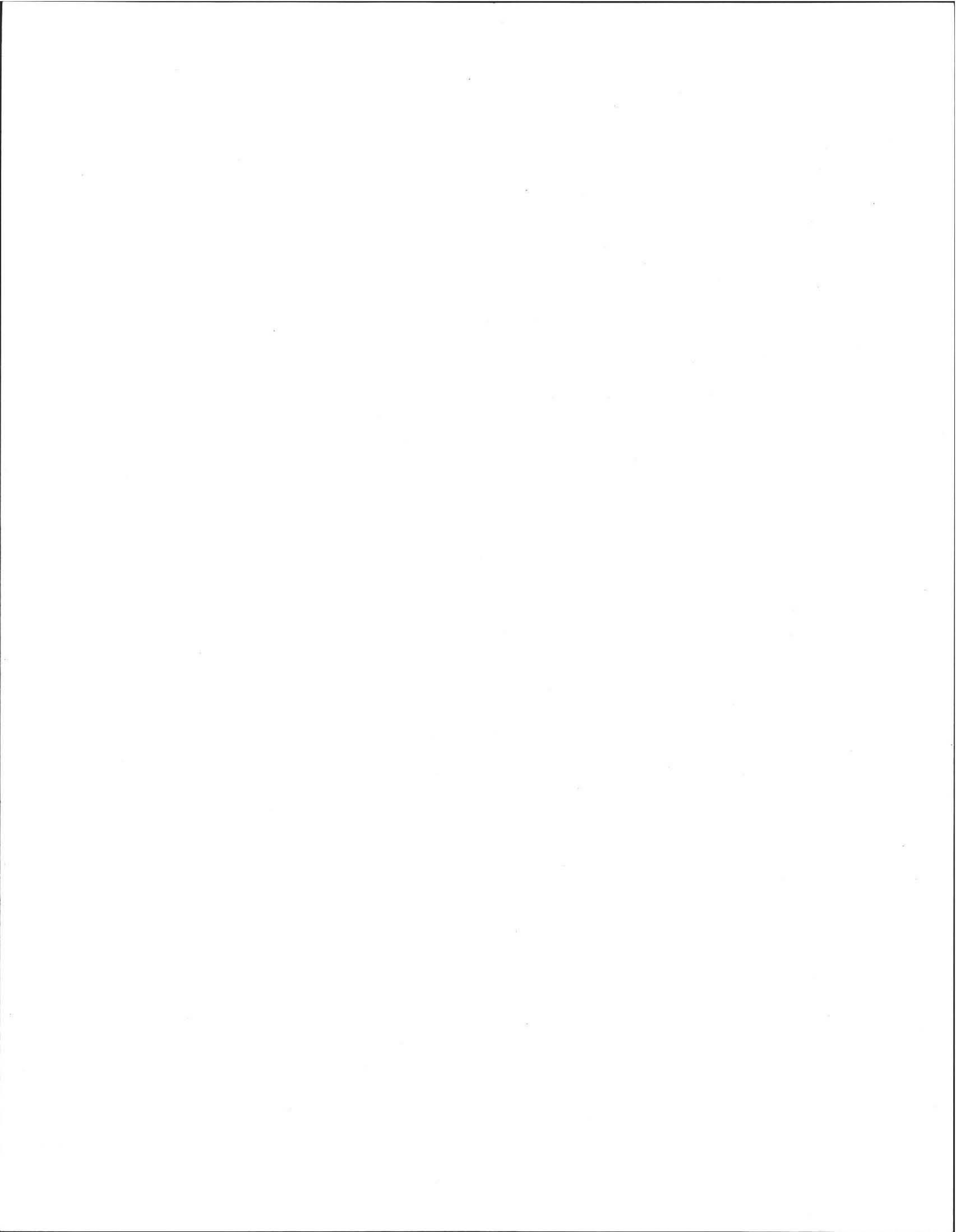
Permission is hereby granted Tomlinson Builders Inc.  
to Construct (X) or Repair ( ) an Individual Sewage Disposal System  
at No. LOT 23 WINDFLOWER DR

as shown on the application for Disposal Works Construction Permit No. 83-5 Dated 4-11-83  
[Signature]  
Board of Health

DATE 4-11-83

CHECK OR FILL IN WHERE APPLICABLE

- tank is 1500 gal, 9'L X 4'W X 5' DEEP  
- 29 years old  
- what does 10x10 seepage pit mean?



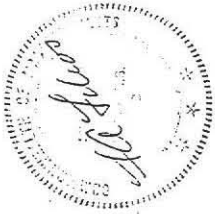
PERCOLATION TEST LOCATION

For: Ambers Woods

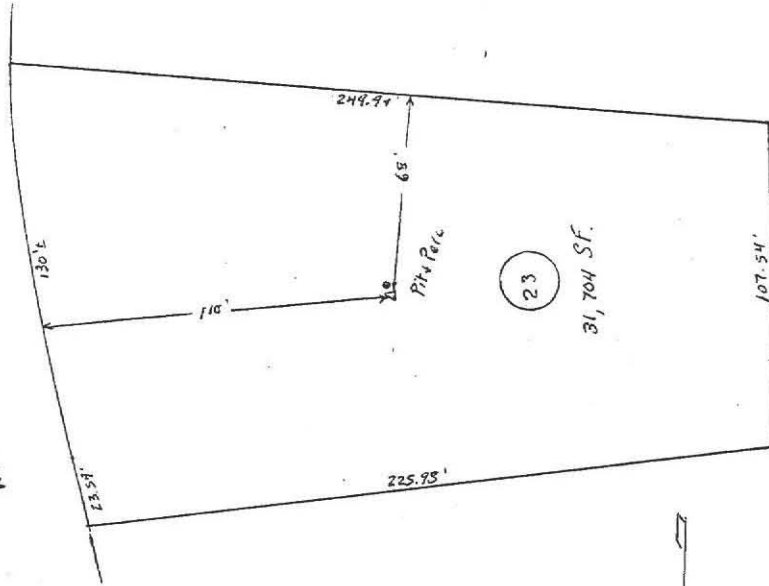
Scale: 1" = 40'

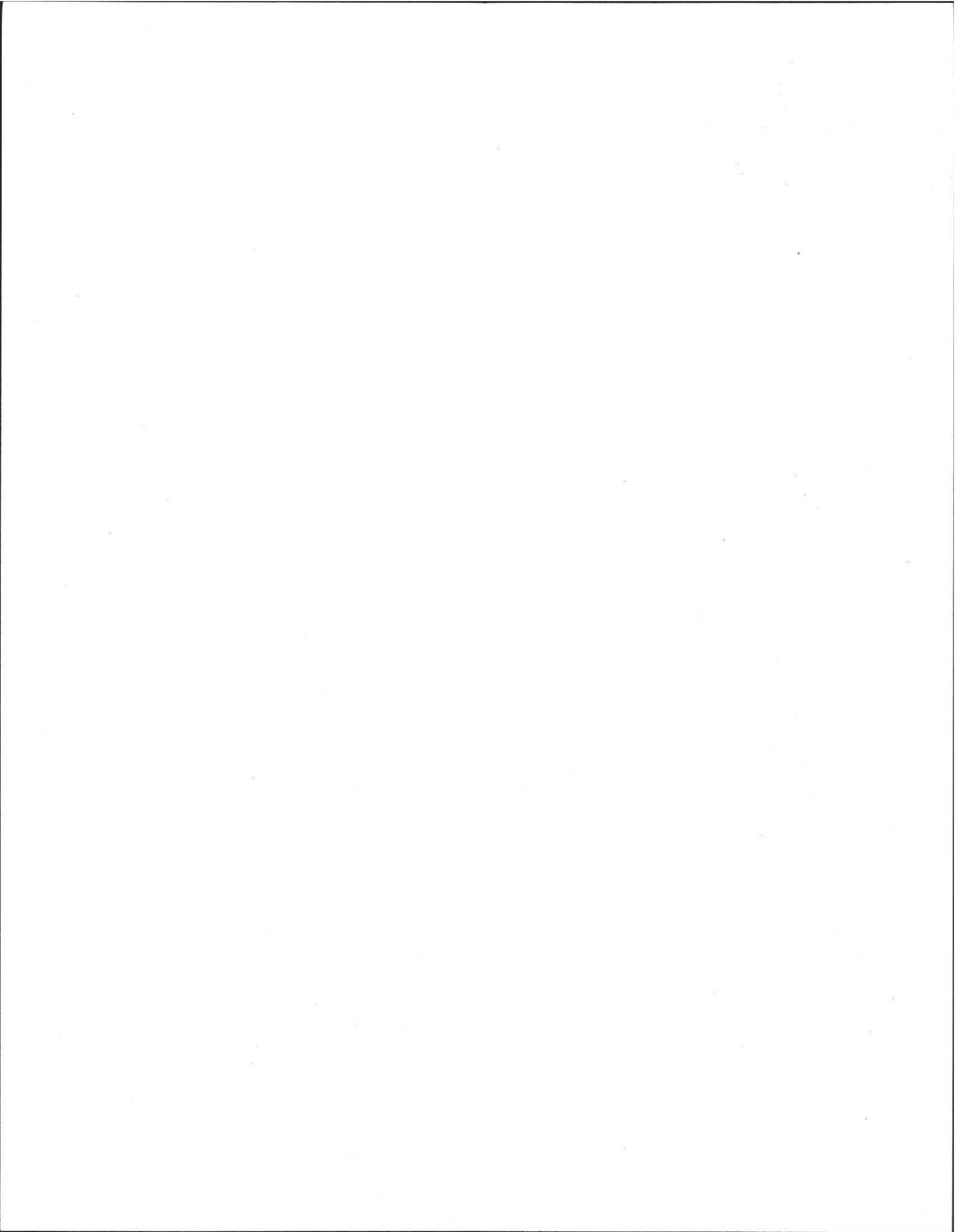
By: Frederick Filios

Lot # 23



WILDFLOWER DRIVE





# DEEP SOIL LOGS

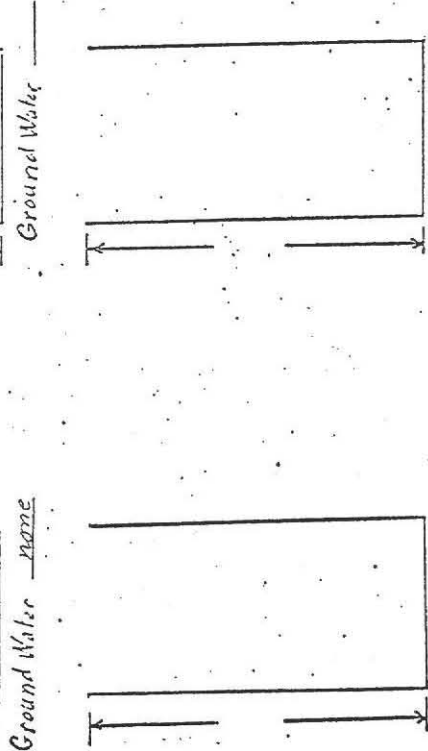
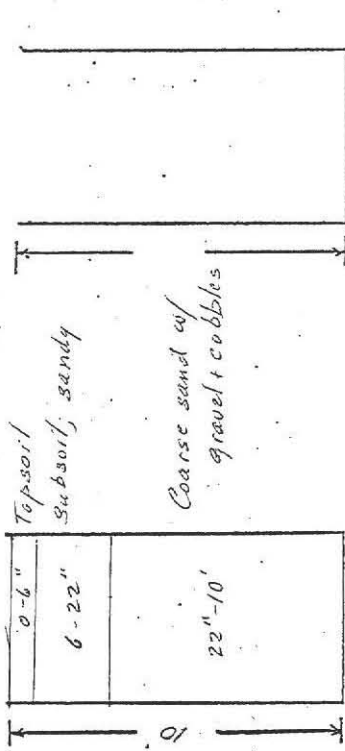
OWNER Amherst Woods Phase I

Date Mar. 15 1981

LOCATION Redbecker Road

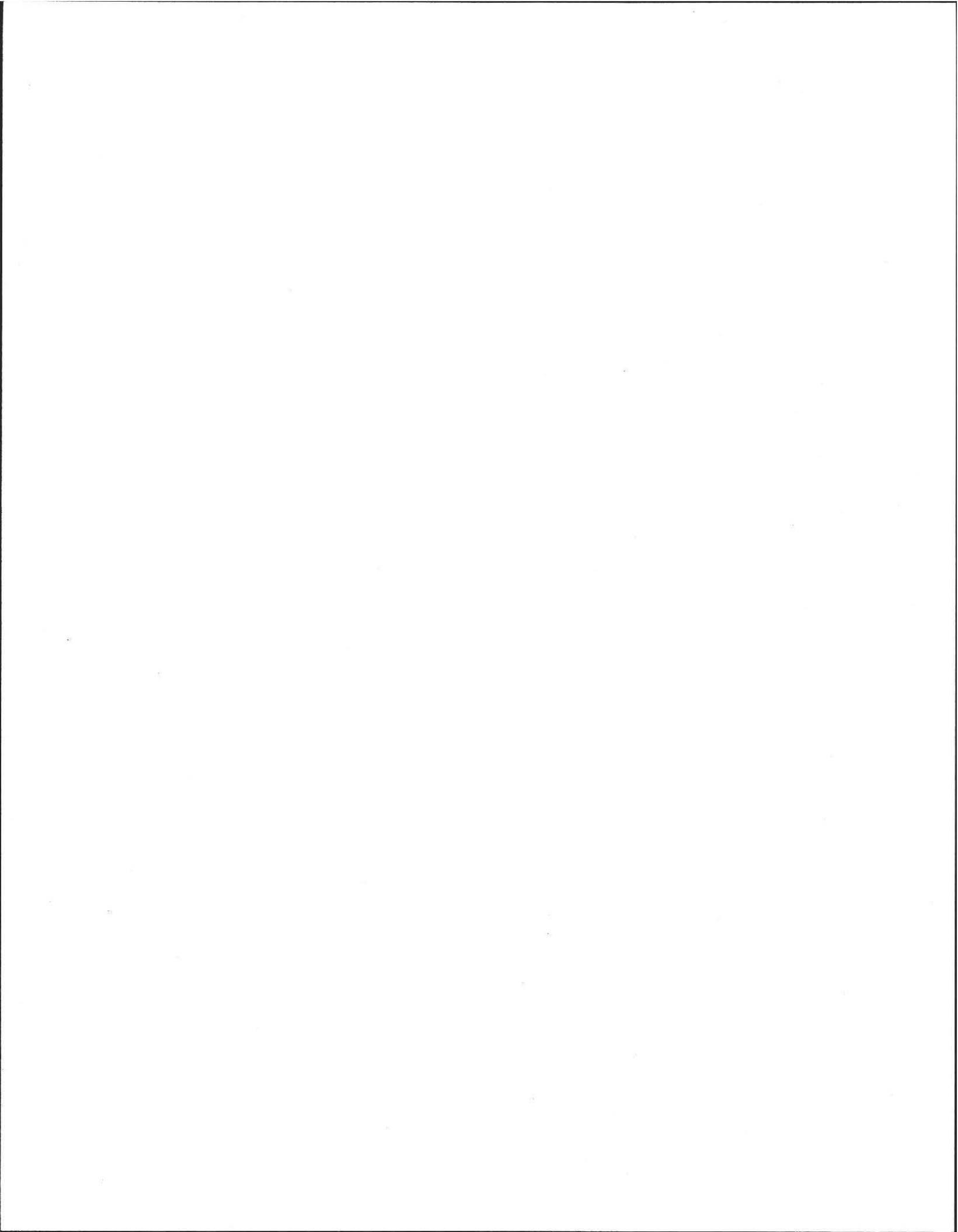
OBSERVER F.A. Filios

Soil lot #23



Percolation at 37"  
1.3 minutes/finch





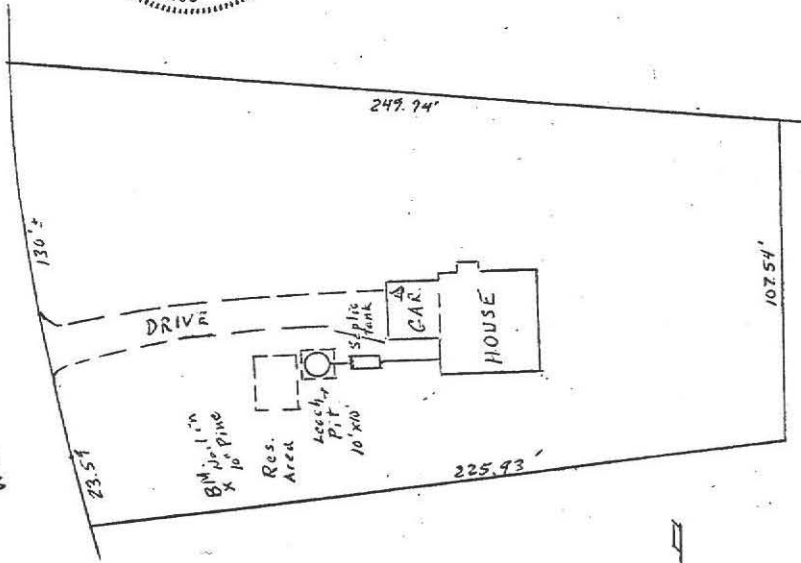
PLAN SHOWING SEWAGE DISPOSAL

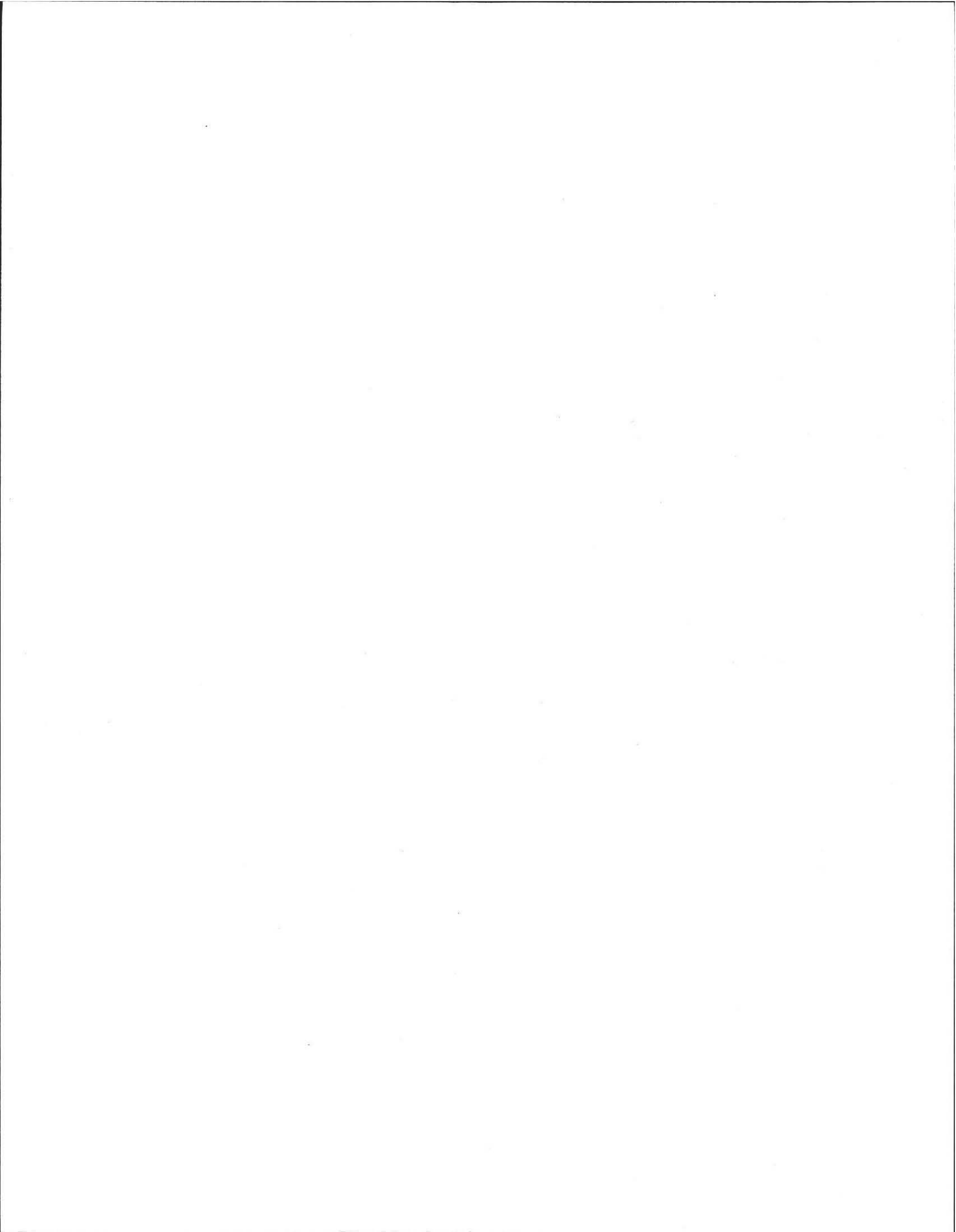
Apr. 5, 1983

For: Tim Tomlinson  
401 Shay St.  
Amherst, Mass

At: Amherst Woods  
Scale: 1" = 40'  
By: Frederick Filios

WILDFLOWER DRIVE







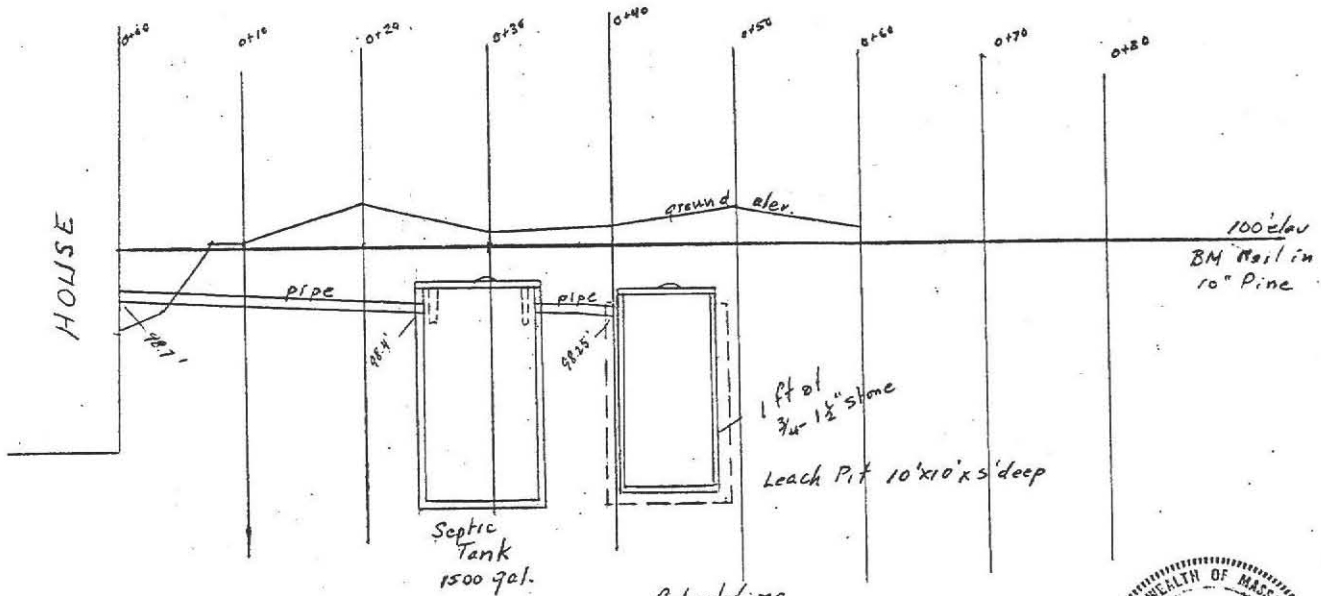
# PROFILE OF SEPTIC SYSTEM

For: Tim Tomlinson  
 401 Shay St.  
 Amherst Mass

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

Apr. 1983

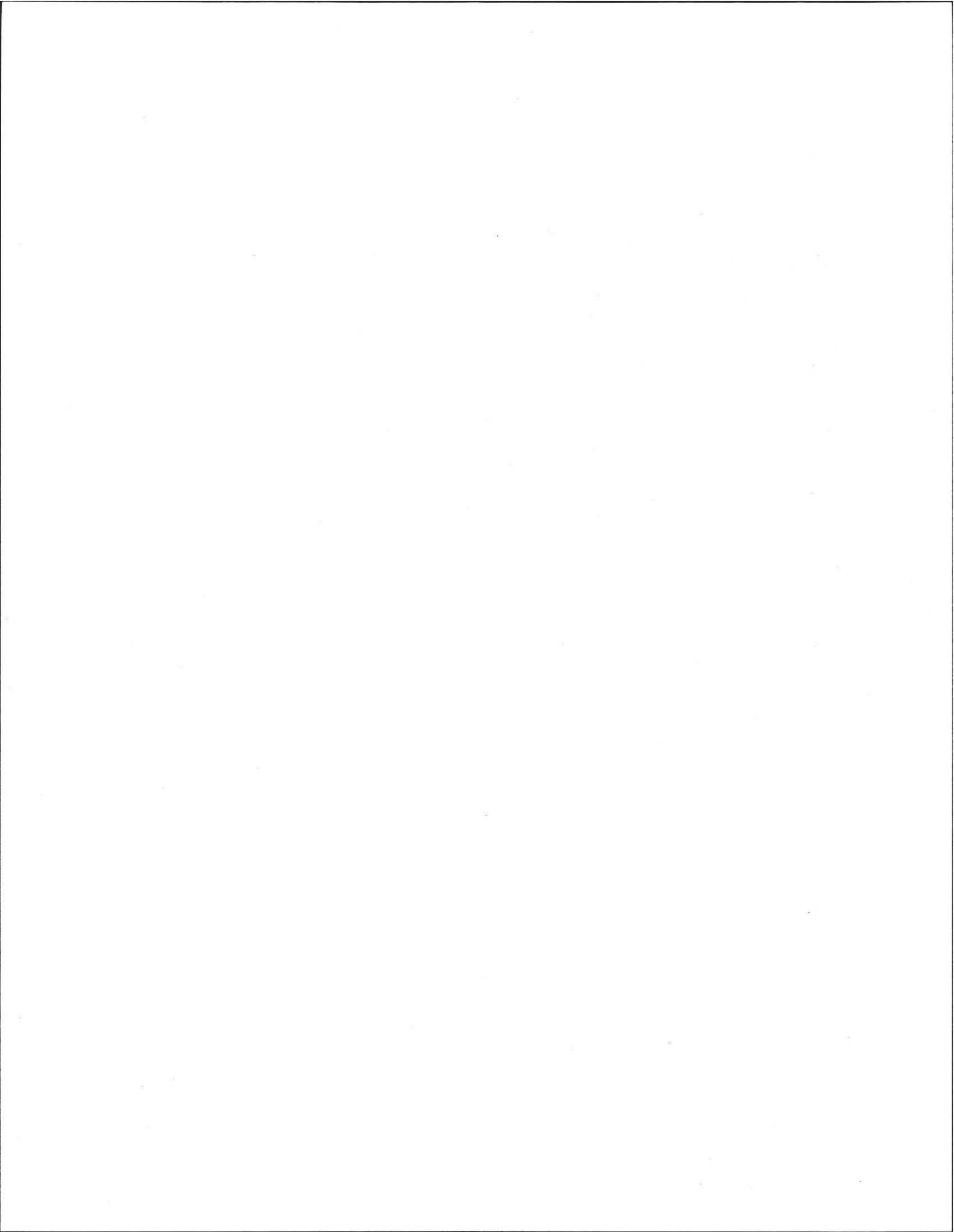
At: Amherst Woods Lot. 23



### Calculations

$3 \text{ bd} \times 110 = 330 \text{ gal}$   
 plus 50% for garbage etc = 495 gal required  
 $\text{Side pit } 10' \times 5' \times 4 = 200 \times 2.5 = 500 \text{ gal}$   
 $\text{bottom of pit } 10' \times 10' = 100 \times 1 = 100 \text{ gal}$   
 Total 600 proposed





# DEEP SOIL LOGS

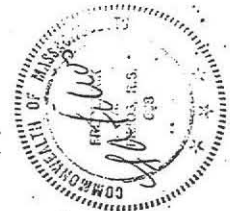
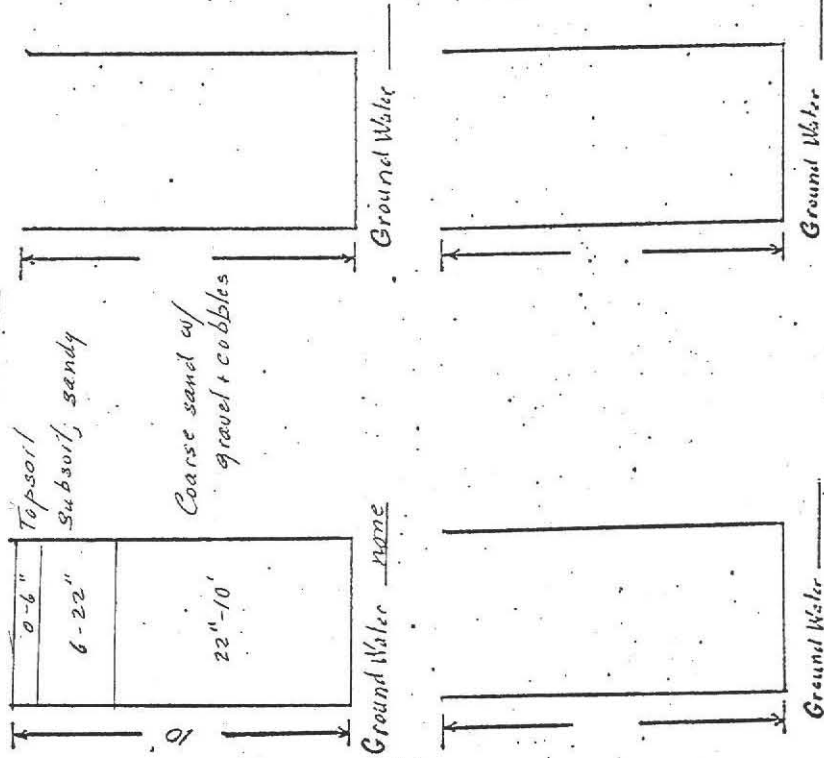
OWNER Amherst Woods Phase I

Date Mar. 15 1981

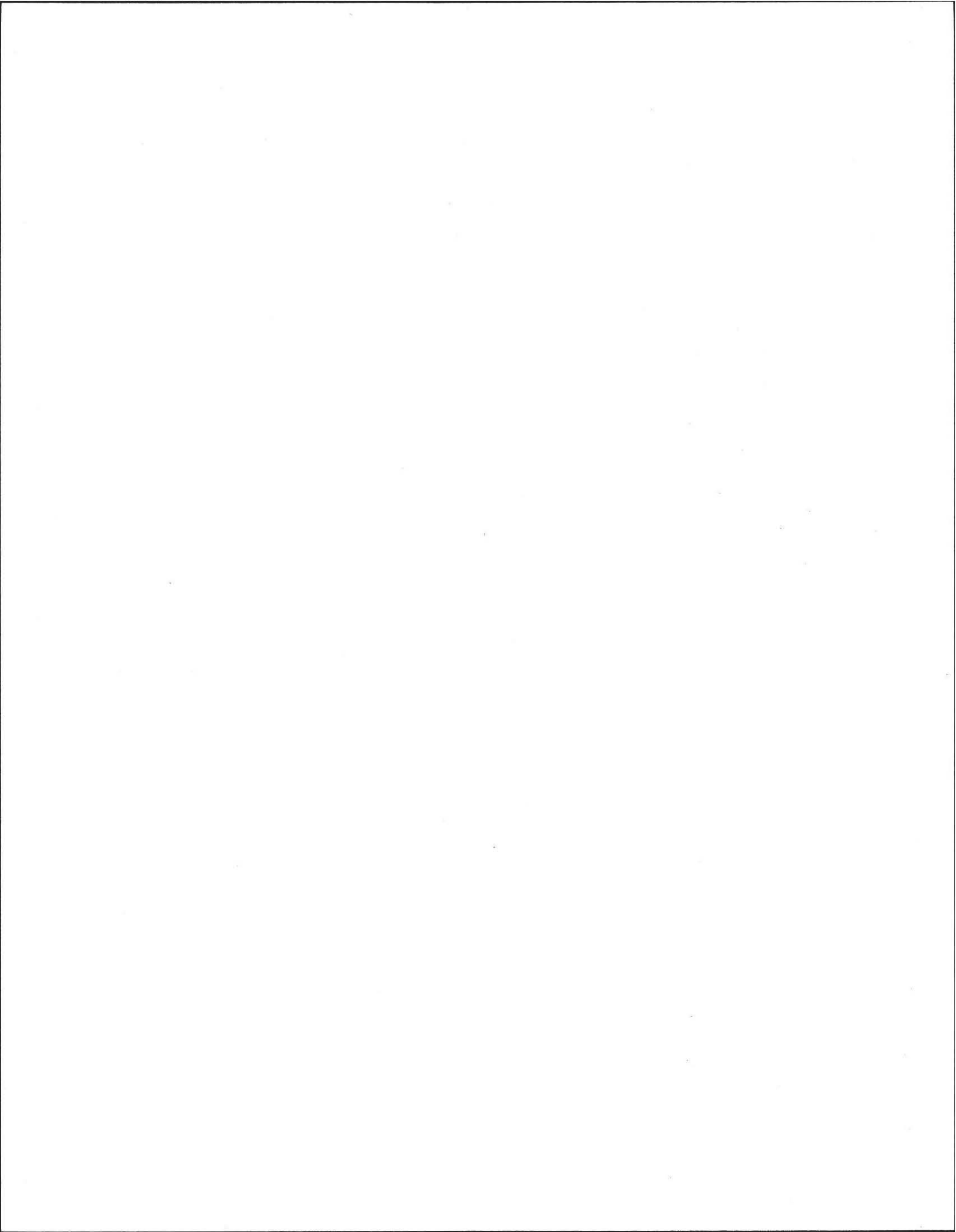
LOCATION Redbeckia Road

OBSERVER E.A. Elias

Lot # 23



Percolation at 37"  
1.3 minutes/inch



le wildflower  
BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

Lot # 23 Wildflower Dr.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TOMLINSON BUILDERS Address 401 SWAYS ST AMHERST

Installer KARLS Exc. Address River Dr Andover

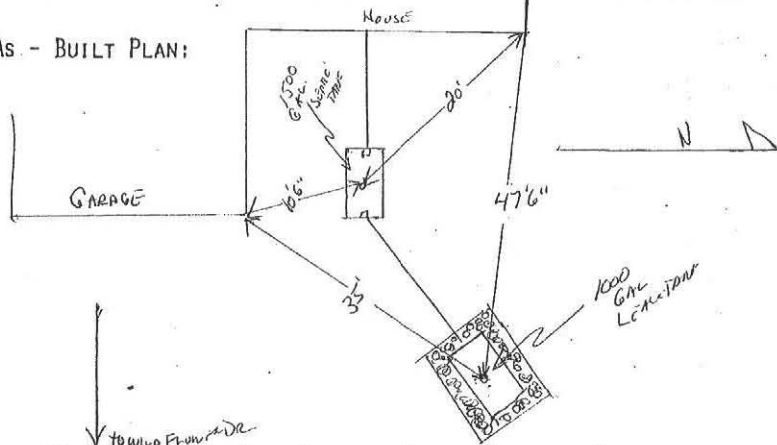
Date Installation Inspected and Approved 6/2/83

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 492 sq

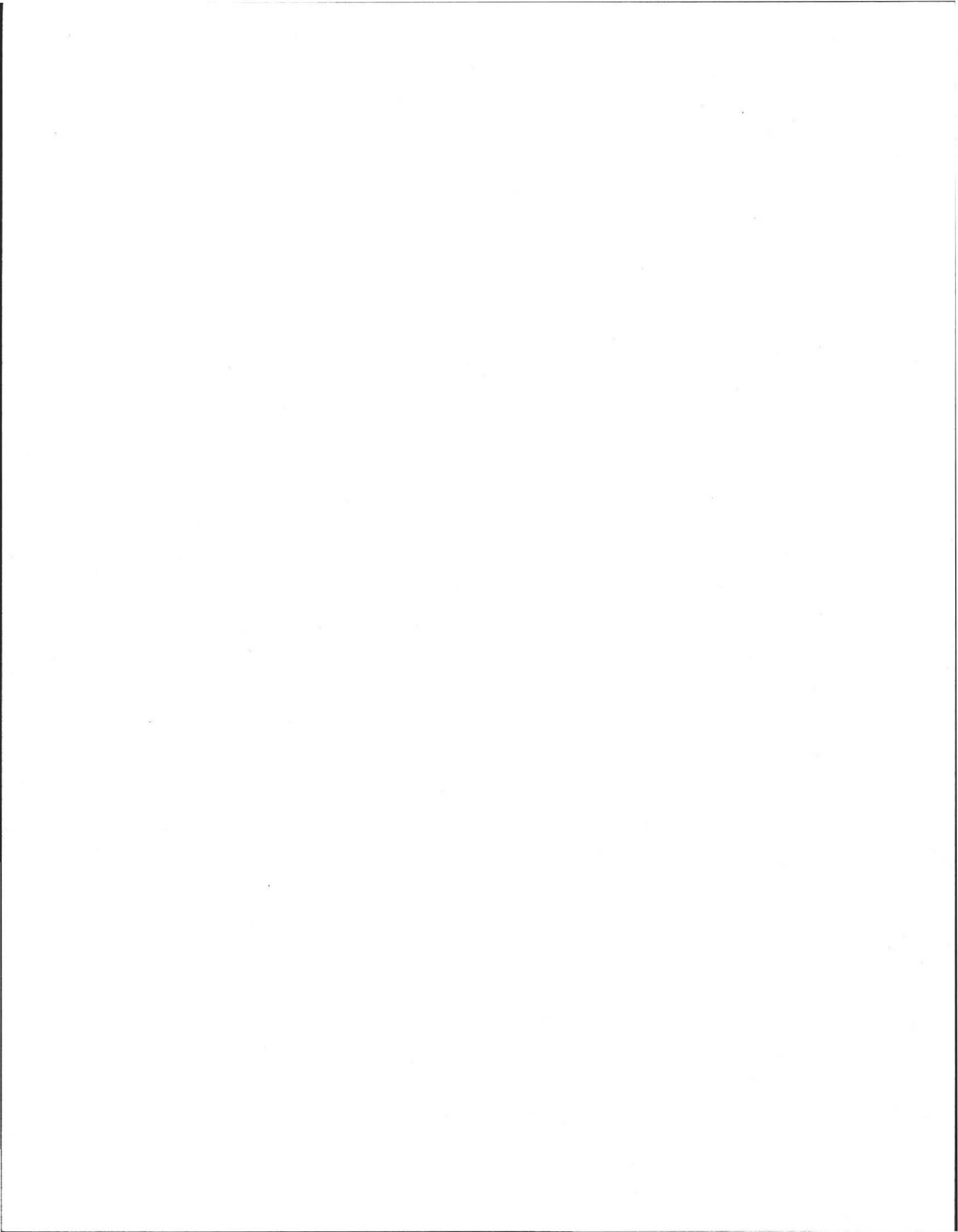
Garbage Grinder Yes (X) No ( ) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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

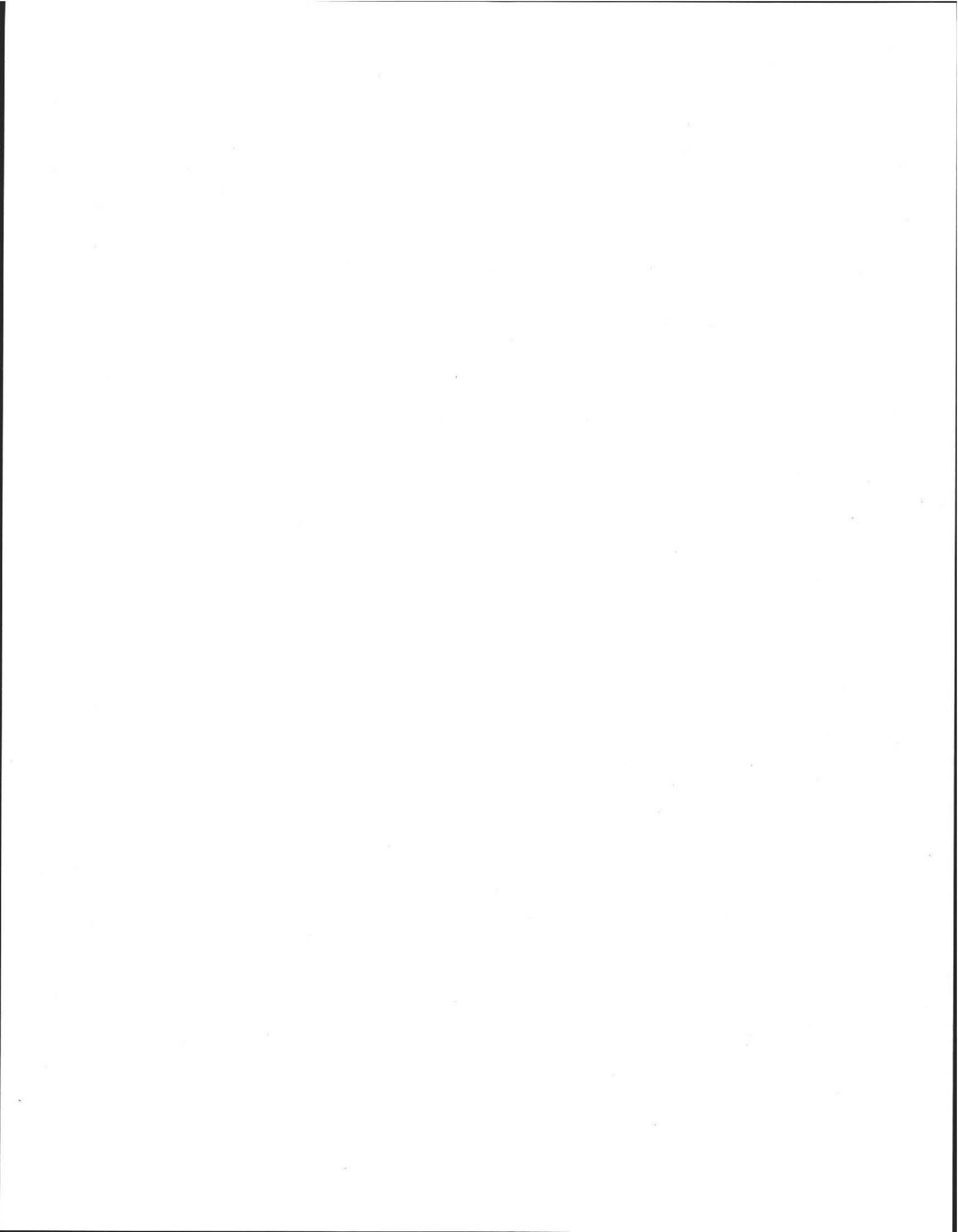


## Smith, Edmund

---

**Subject:** Title V  
**Location:** 6 Wildflower  
  
**Start:** Tue 4/17/2012 3:00 PM  
**End:** Tue 4/17/2012 4:00 PM  
  
**Recurrence:** (none)  
  
**Organizer:** Smith, Edmund

w/Neil Jackson 413.896.6607





No. 83-5

#6

FEE 90.00

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF AMHERST

Application for Disposal Works Construction Permit

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

WILDFLOWER DRIVE LOT 23
TOMLINSON BUILDERS INC. 401 SHAYS ST. Amherst
KARL'S EXCAVATING INC. RIVER DR. HADLEY

Type of Building RESIDENCE
Dwelling - No. of Bedrooms 3 Expansion Attic ( ) Garbage Grinder (X)
Other - Type of Building No. of persons Showers ( ) - Cafeteria ( )

Design Flow 55 gallons per person per day. Total daily flow 330 gallons.
Septic Tank - Liquid capacity 1500 gallons Length 9 Width 4 Diameter 5 Depth 5
Disposal Trench - No. Width Total Length Total leaching area sq. ft.

Seepage Pit No. 1 Diameter 10x10 Depth below inlet 5 Total leaching area 600 sq. ft.
Other Distribution box Dosing tank
Percolation Test Results Performed by F.A. Filios Date 3-15-81

Test Pit No. 1 1.3 minutes per inch Depth of Test Pit 4' Depth to ground water NONE AT 10'
Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil COARSE SAND & GRAVEL

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 [Signature] Date 3/23/83
Application Approved By [Signature] Date 4/11/83

Application Disapproved for the following reasons:

Permit No. 83-5 Issued 4-11-83 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 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

TOWN OF AMHERST

No. 83-5

FEE 90.00

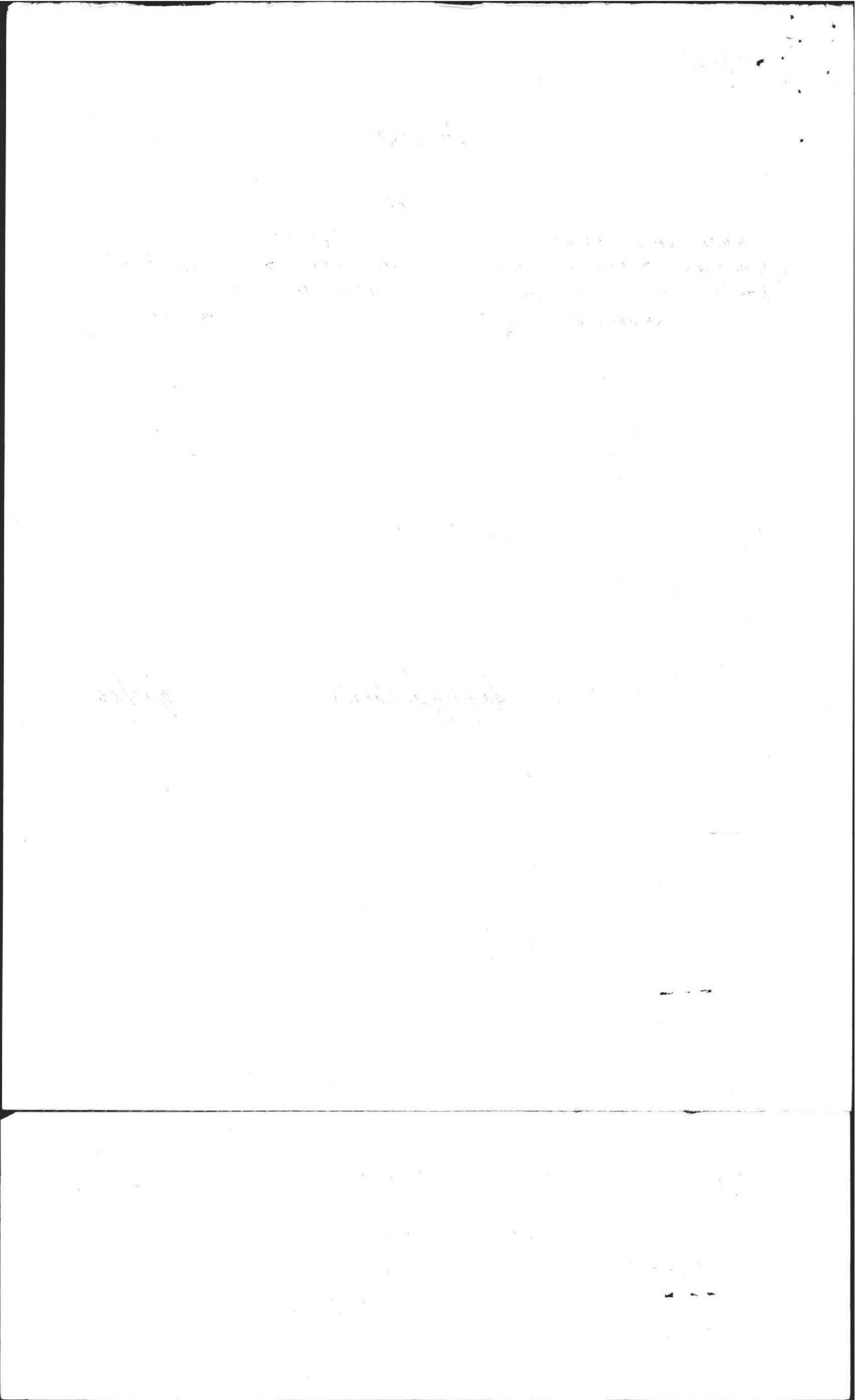
Disposal Works Construction Permit

Permission is hereby granted to Construct (X) or Repair ( ) an Individual Sewage Disposal System at No. LOT # 23 WILDFLOWER DR

as shown on the application for Disposal Works Construction Permit No. 83-5 Dated 4-11-83

DATE 4-11-83 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



# PERCOLATION TEST LOCATION

For: Amherst Woods

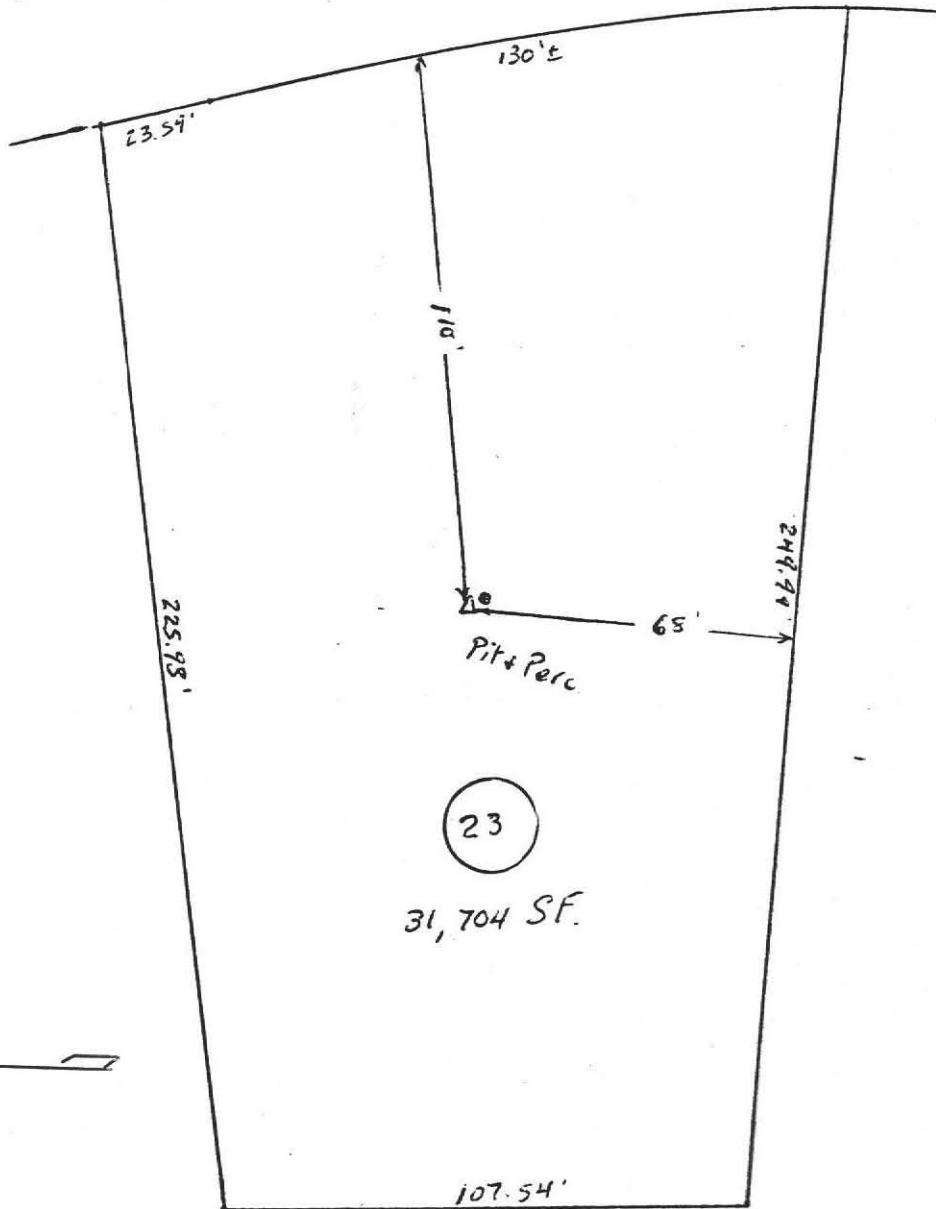
Scale: 1" = 40'

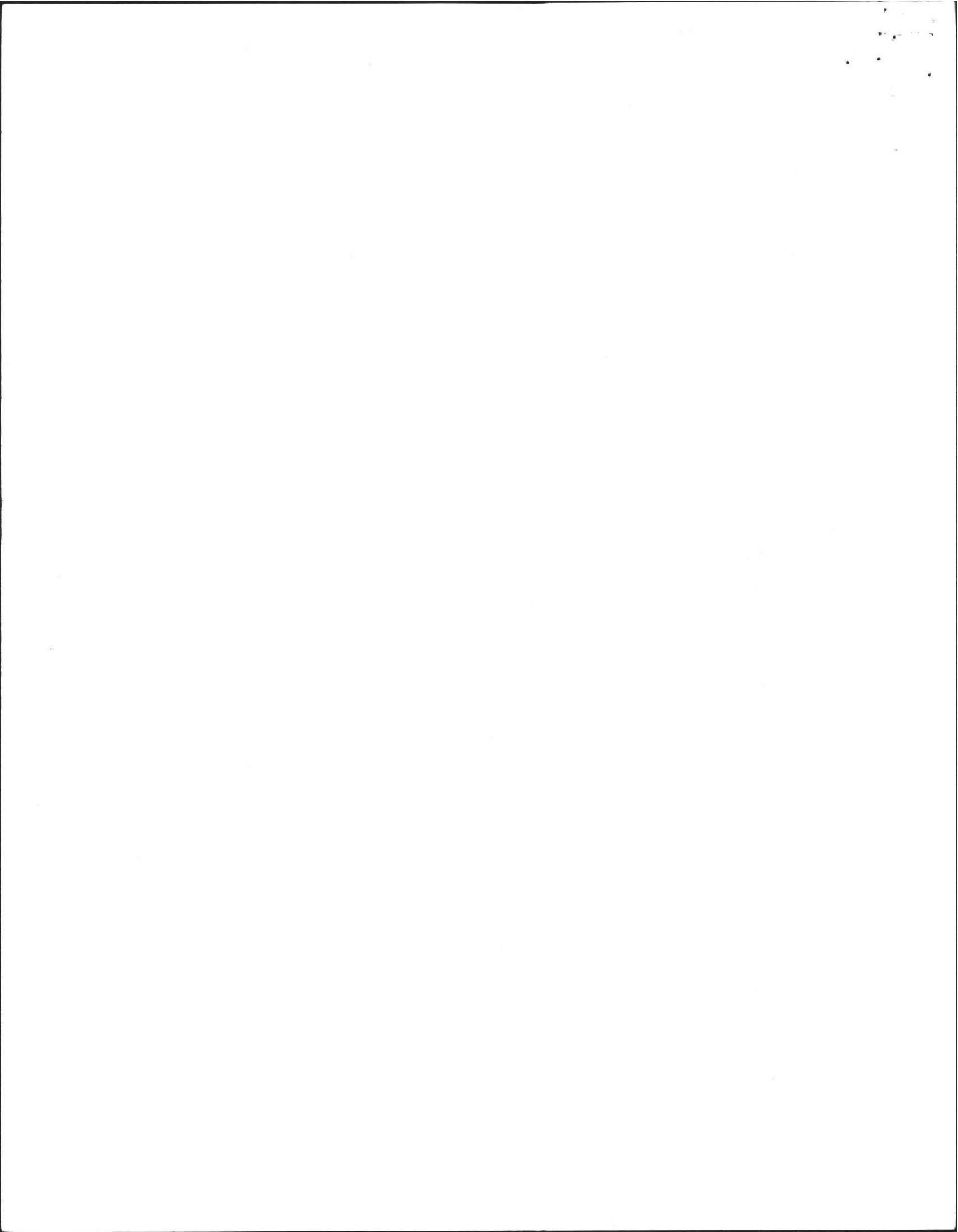
By: Frederick Filios

Lot # 23



WILDFLOWER DRIVE





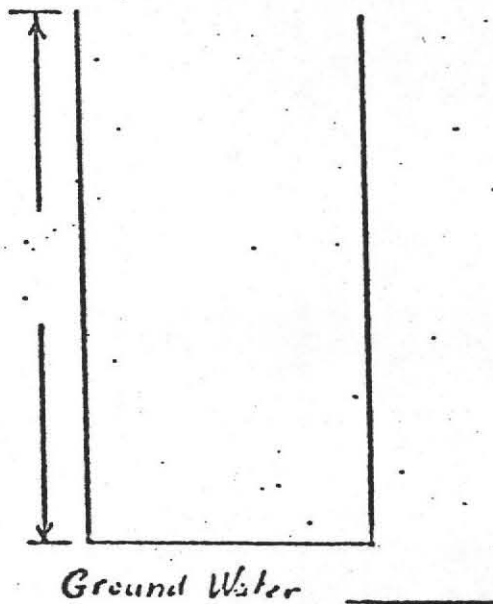
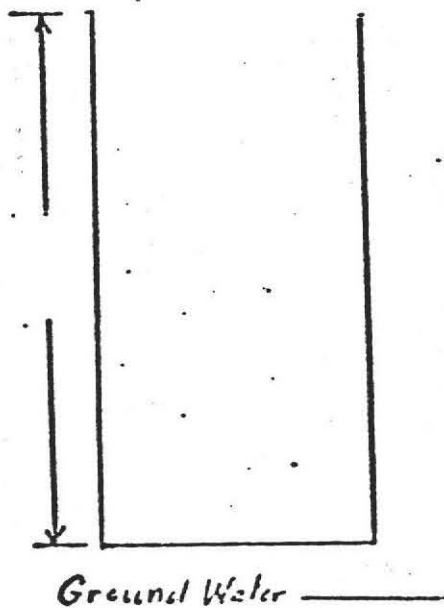
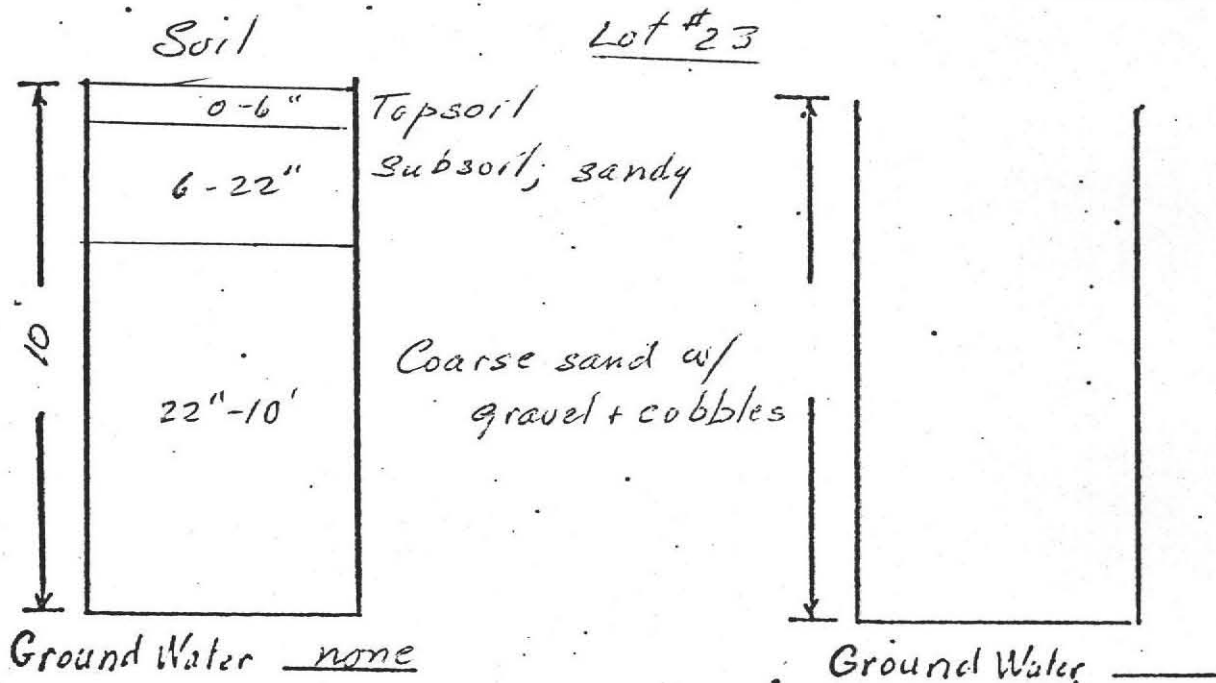
# DEEP SOIL LOGS

OWNER Amherst Woods Phase I

Date Mar. 15 1981

LOCATION Rudbeckia Road

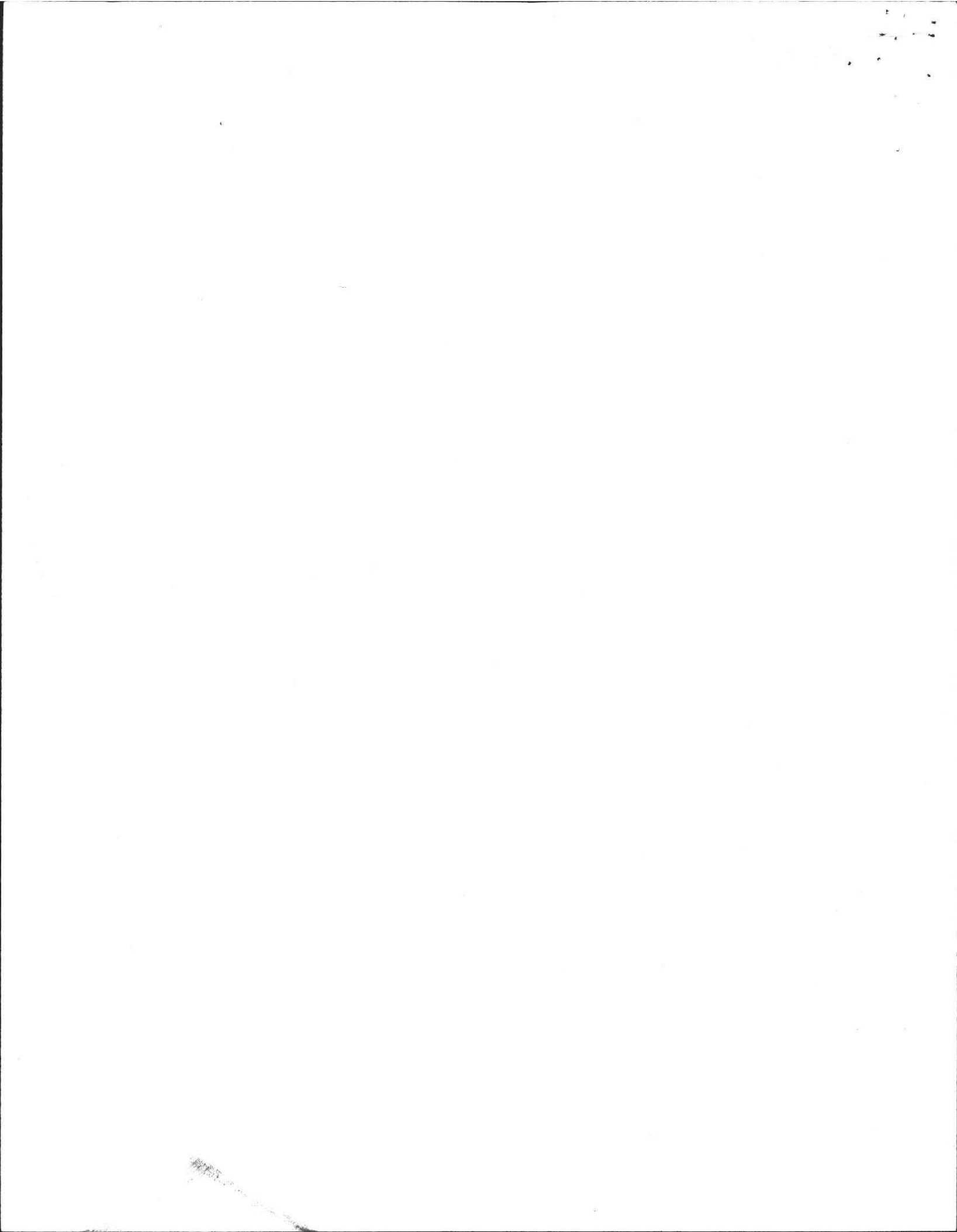
OBSERVER F.A. Filios



Percolation at 37"

1.3 minutes/inch





# PLAN SHOWING SEWAGE DISPOSAL

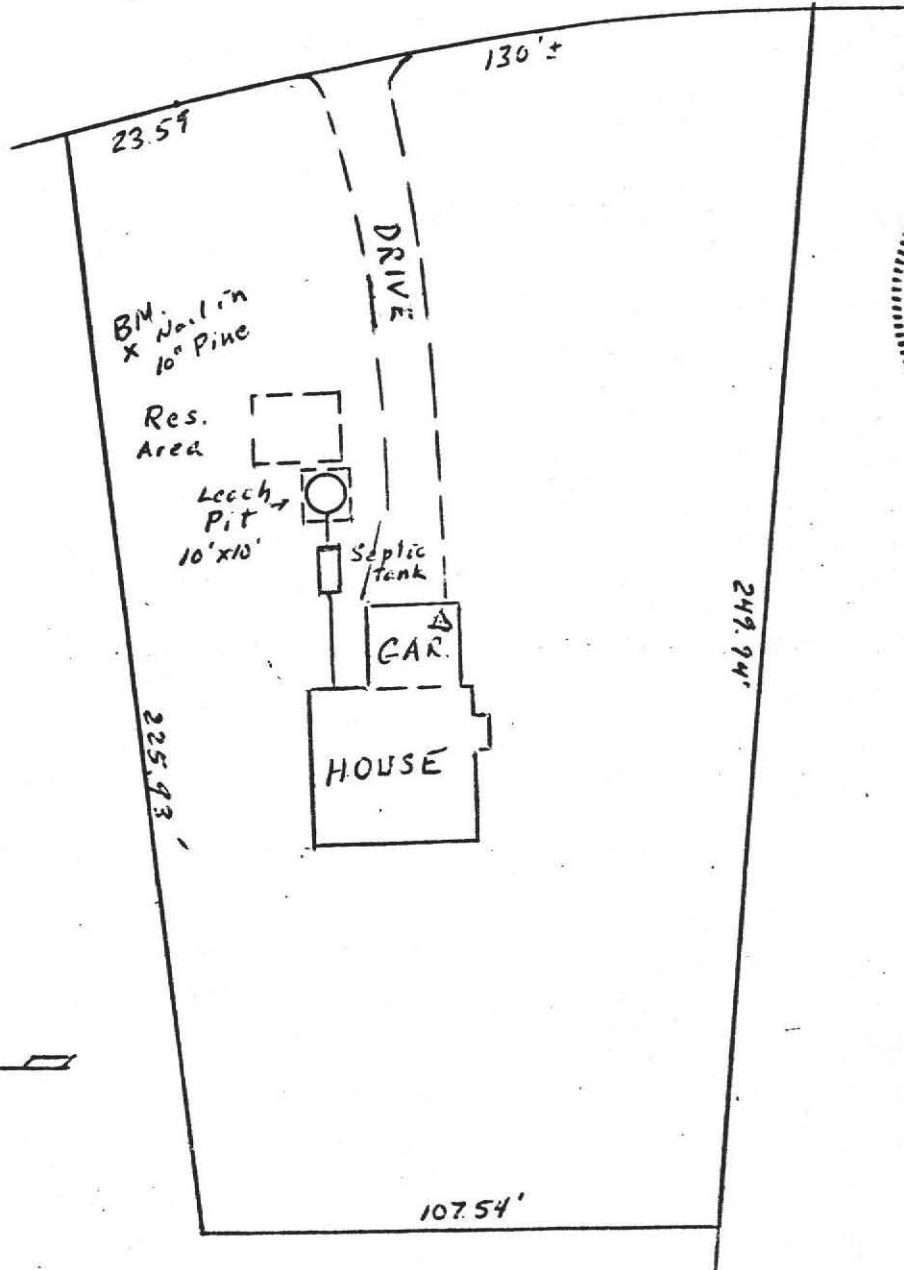
For: Tim Tomlinson  
401 Shay St.  
Amherst Mass

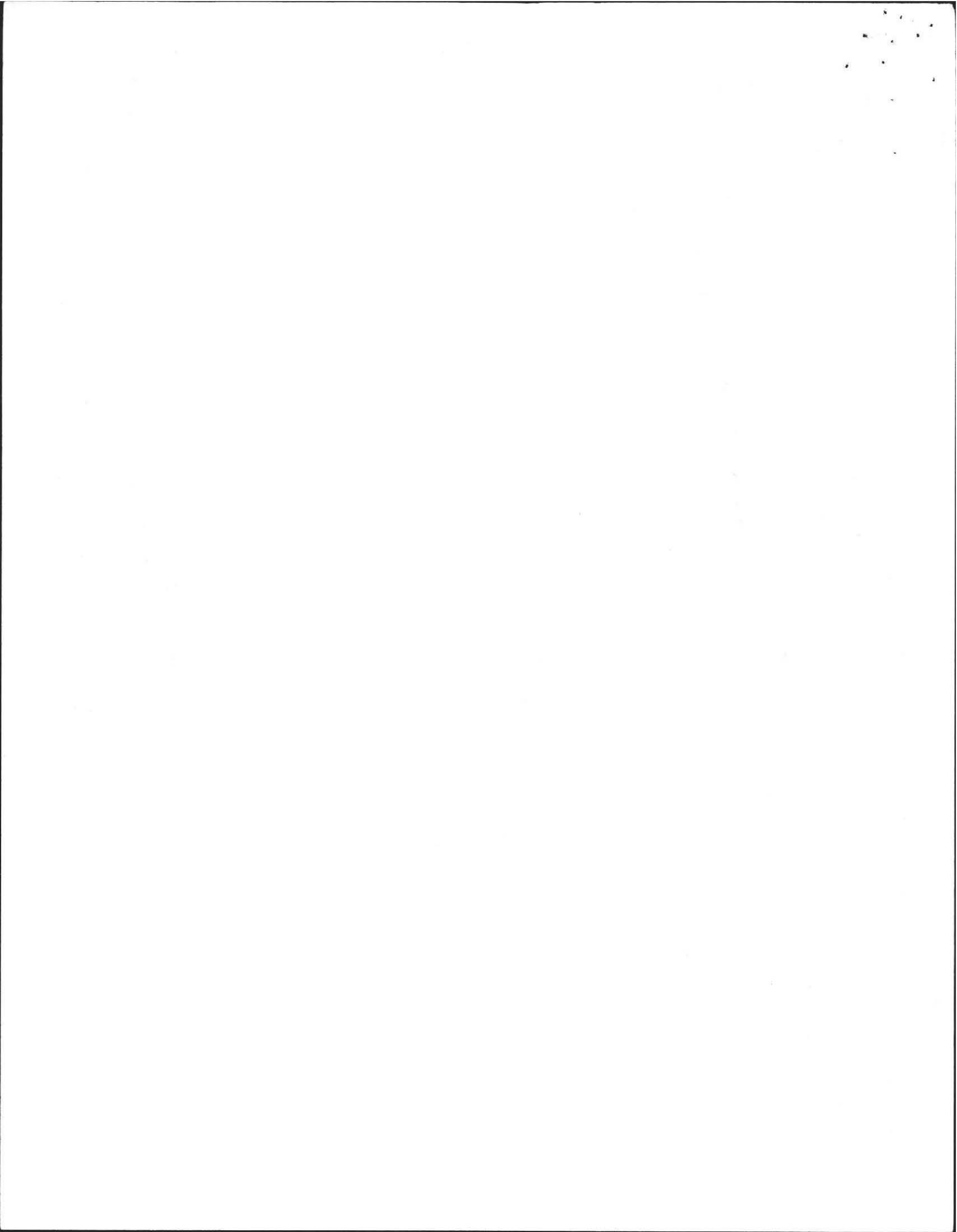
Apr. 5, 1983

Scale: 1" = 40'

By: Frederick Filios

WILDFLOWER DRIVE







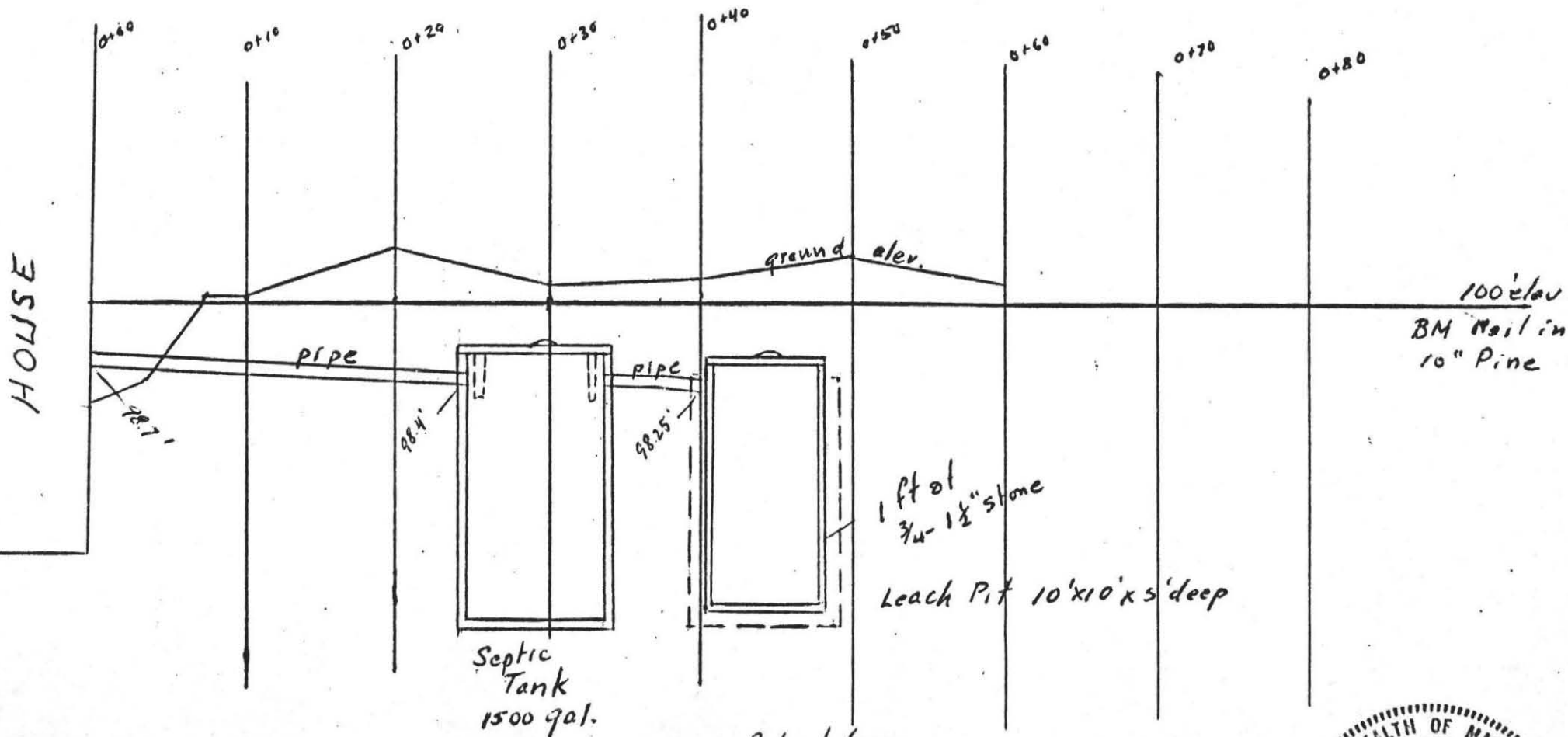
# PROFILE OF SEPTIC SYSTEM

For: Tim Tomlinson  
401 Shay St.  
Amherst Mass

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

Apr. 1983

At: Amherst Woods Lot. 23



## Calculations

$3 \text{ bd} \times 110 = 330 \text{ gal}$   
 plus 50% for garbage fr = 495 gal required  
 Sides of pit  $10' \times 5' \times 4 = 200 \times 2.5 = 500 \text{ gal}$   
 bottom of pit  $10' \times 10' = 100 \times 1 = 100 \text{ gal}$   
 Total 600 proposed





# DEEP SOIL LOGS

OWNER Amherst Woods Phase I

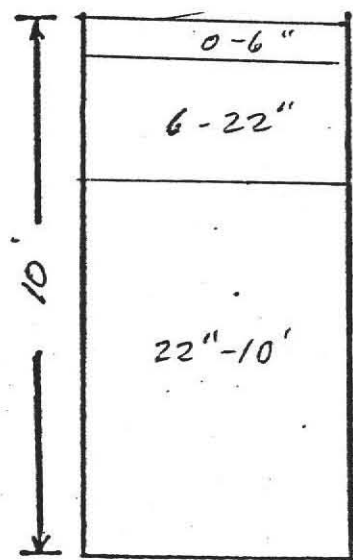
Date Mar. 15 1981

LOCATION Rudbeckia Road

OBSERVER F.A. Filios

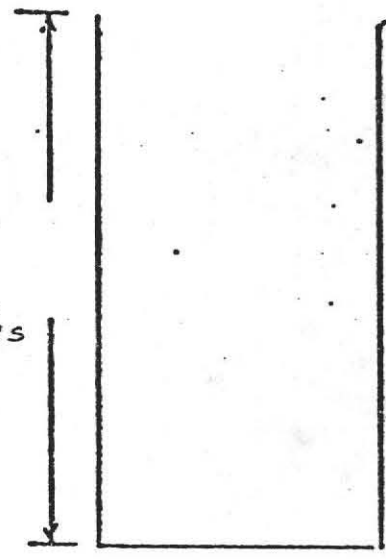
Soil

Lot #23

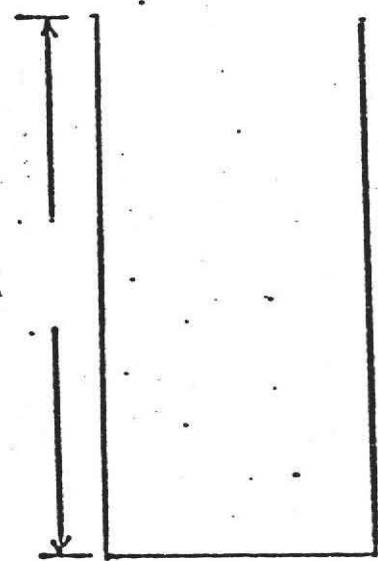


0-6" Topsoil  
6-22" Subsoil, sandy  
22"-10' Coarse sand w/  
gravel + cobbles

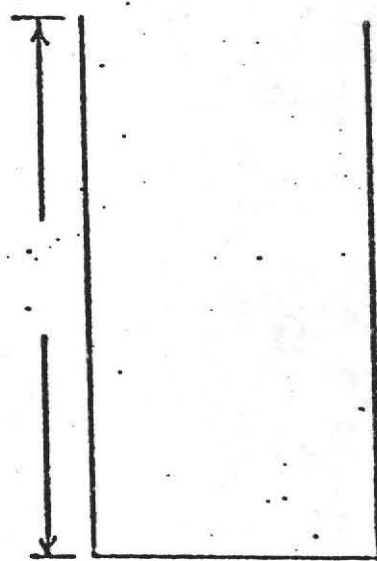
Ground Water none



Ground Water \_\_\_\_\_



Ground Water \_\_\_\_\_

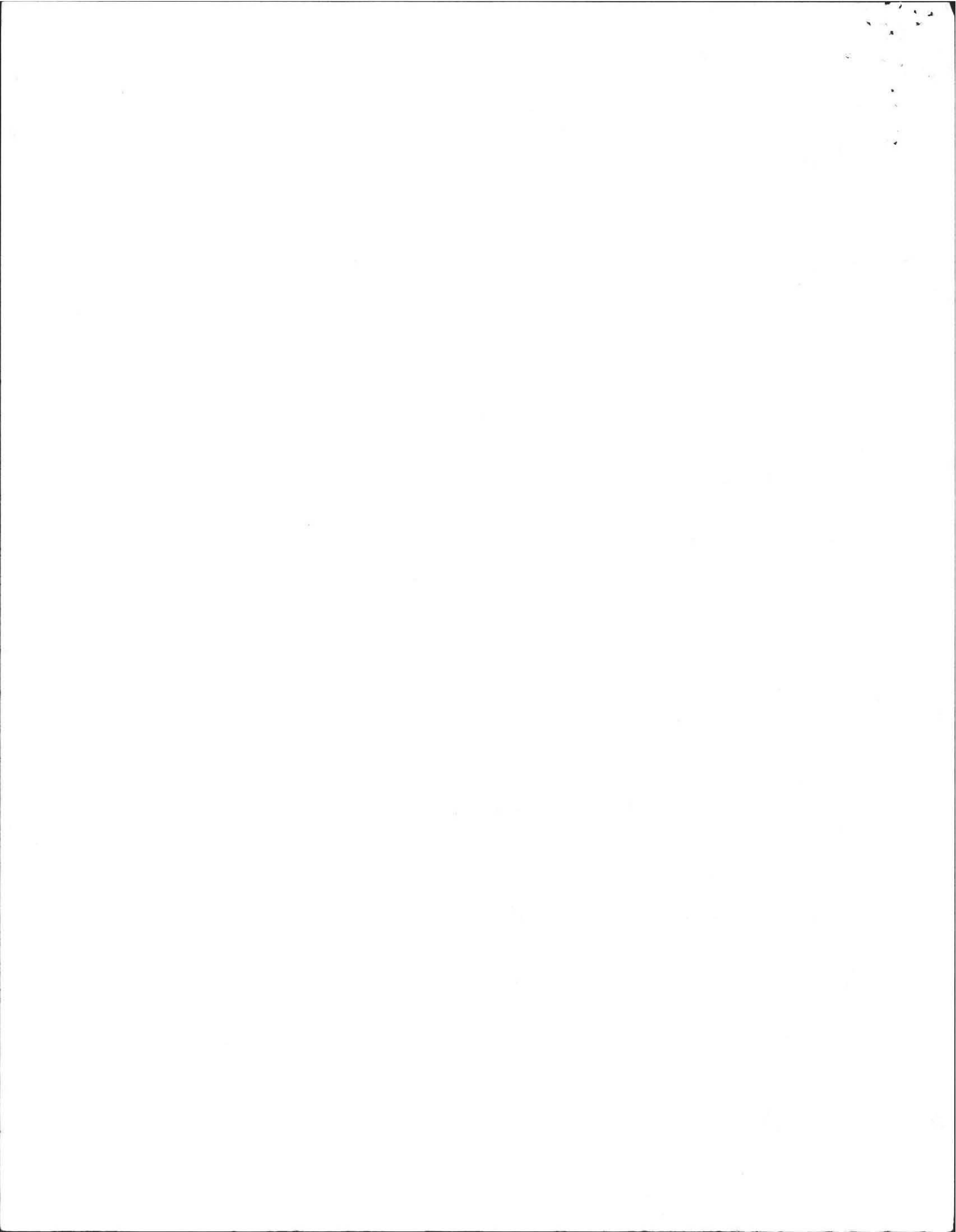


Ground Water \_\_\_\_\_

Percolation at 37"

1.3 minutes/inch





6 Wildflower

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

LOT #23 WILDFLOWER DR.

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner TOMLINSON BUILDERS Address 401 SWAYS ST AMHERST

Installer KARL'S Exc. Address RIVER DR. HADLEY

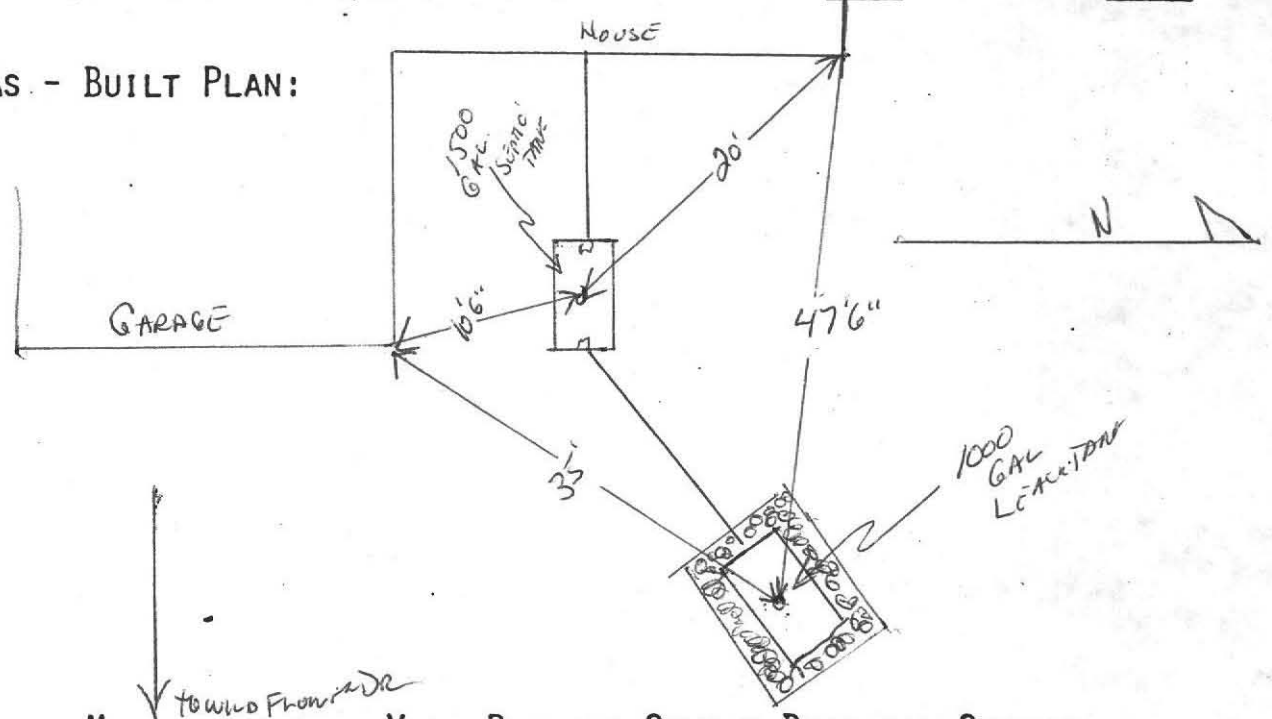
Date Installation Inspected and Approved 6/2/83

Description of System: Tank Capacity: 1500

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 492

Garbage Grinder Yes (X) No ( ) No. Bedrooms: 3 No. People 6

AS - BUILT PLAN:



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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