

18 Wild Flower DC.



PERMITS/INSP PAYMENT RECPT#: 9086429  
\*\*\*TOWN OF AMHERST\*\*\*  
TOWN HALL  
4 BOLTWOOD AVENUE  
AMHERST MA 01002

DATE: 05/04/09 TIME: 12:11  
CLERK: mirj DEPT:

PAID BY:  
PAYMENT METH: CHECK 7126

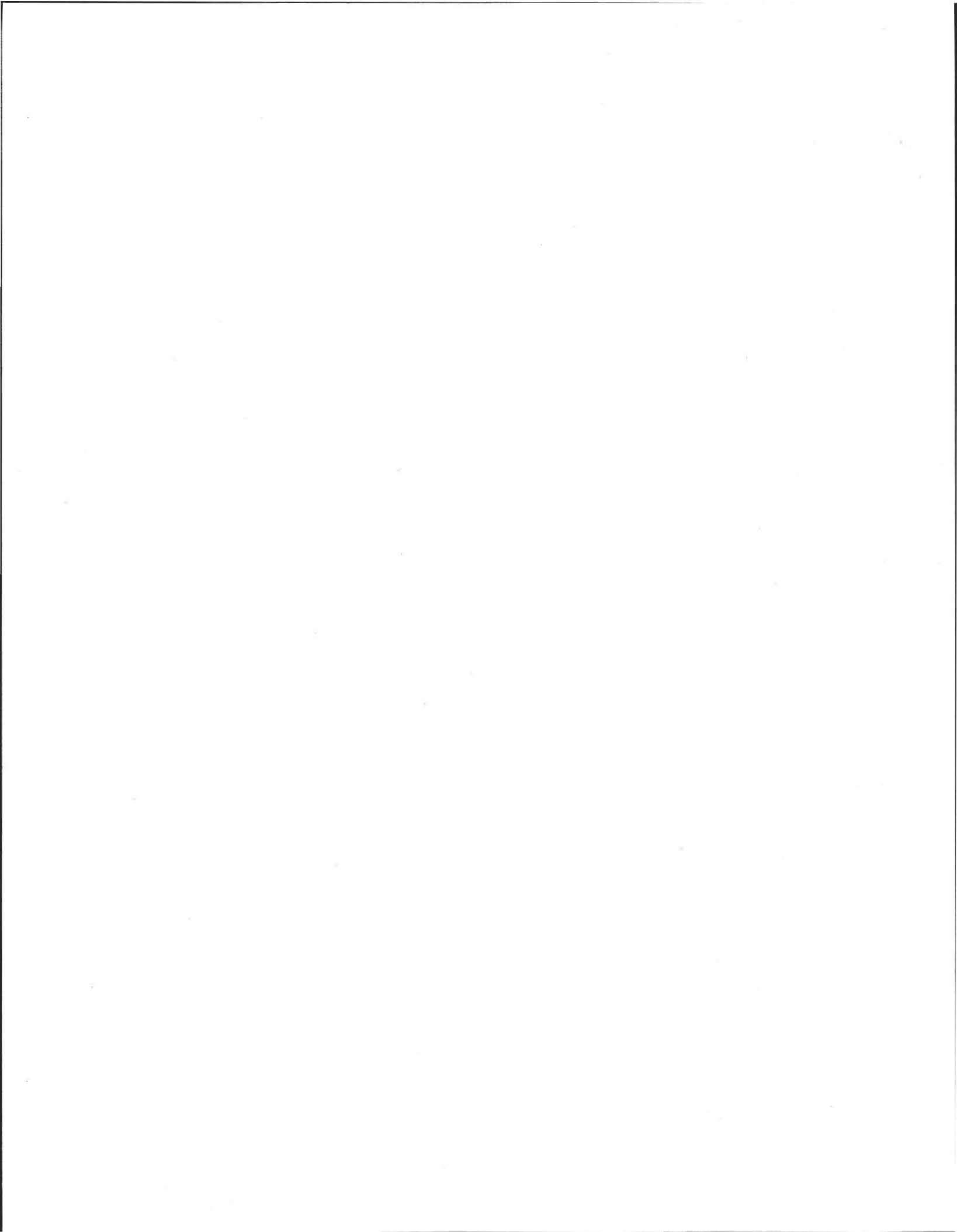
REFERENCE: A

AMT TENDERED: 200.00  
AMT APPLIED: 200.00  
CHANGE: .00

SITE ADDRESS: 18 WILDFLOWER DR AMH

FEES:  
HEA058 TITLE V WITNESS 200.00

TOTAL PAID: 200.00



Title v 18 Wildflower Dr.

4-16-09

18 Wildflower Dr. Title 5

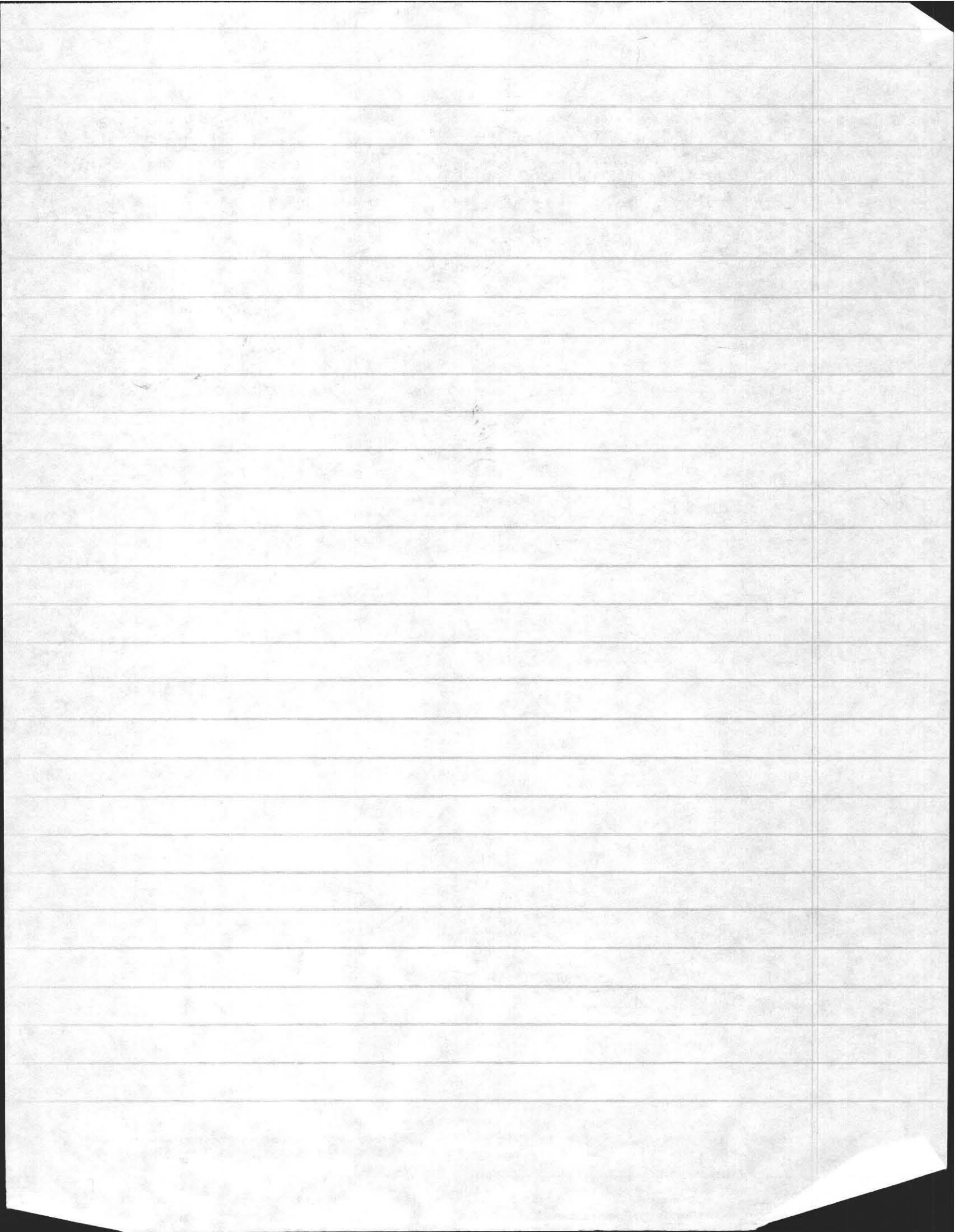
Has Garbage Grinder

— PASSED

~~(not pd)~~ pd 5-9-09  
ck# 7126

Sent bill 4-21-09

EB





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

*True Copy*



Owner information is required for every page.

18 Wildflower Drive

Property Address

Joseph Shaw

Owner's Name

Amherst

City/Town

MA

State

01002

Zip Code

04.16.2009

Date of Inspection

**Inspection results must be submitted on this form. Inspection forms may not be altered in any way.**

**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:

Alan E. Weiss

Name of Inspector

Cold Spring Environmental Consultants Inc.

Company Name

350 Old Enfield Road

Company Address

Belchertown

City/Town

MA

State

01007

Zip Code

413.323.5957

Telephone Number

License Number

## B. Certification

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

Passes

Conditionally Passes

Fails

Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

04.16.2009

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:

All levels were good at inspection, leach & Septic tank are nearly 26 + years old. 1500 gal, S.Tank was pumped. L. tank had good levels 36" liquid, 36" eff. freeboard and no indication of past high staining or ponding, or slope breakout). Garbage grinders are not recommended.

### B) System Conditionally Passes:

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

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

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

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

ND Explain:

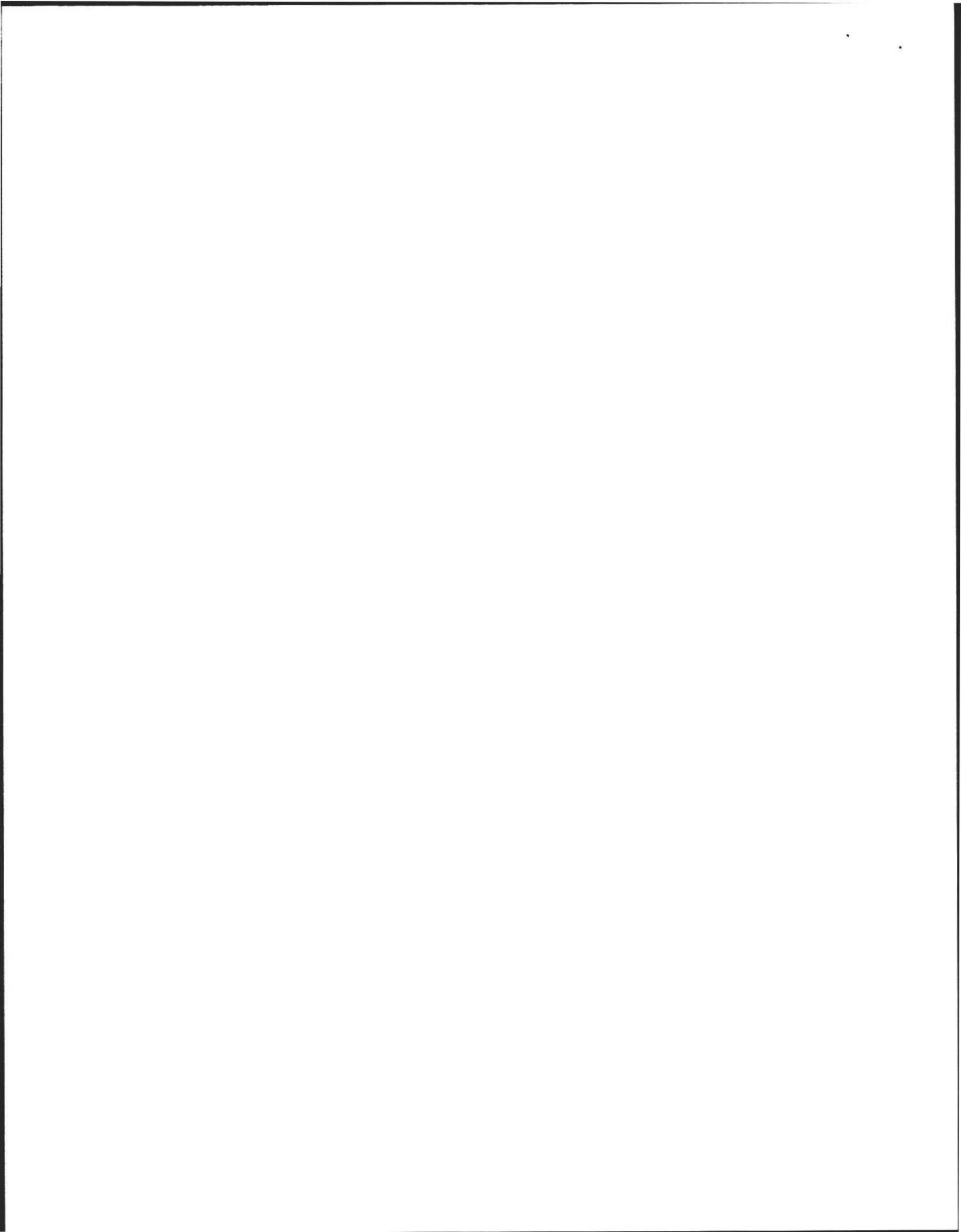
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- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

broken pipe(s) are replaced

obstruction is removed





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## B. Certification (cont.)

### B) System Conditionally Passes (cont.):

- distribution box is leveled or replaced

ND Explain:

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

- broken pipe(s) are replaced

- obstruction is removed

ND Explain:

---

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

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

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

- Cesspool or privy is within 50 feet of a surface water

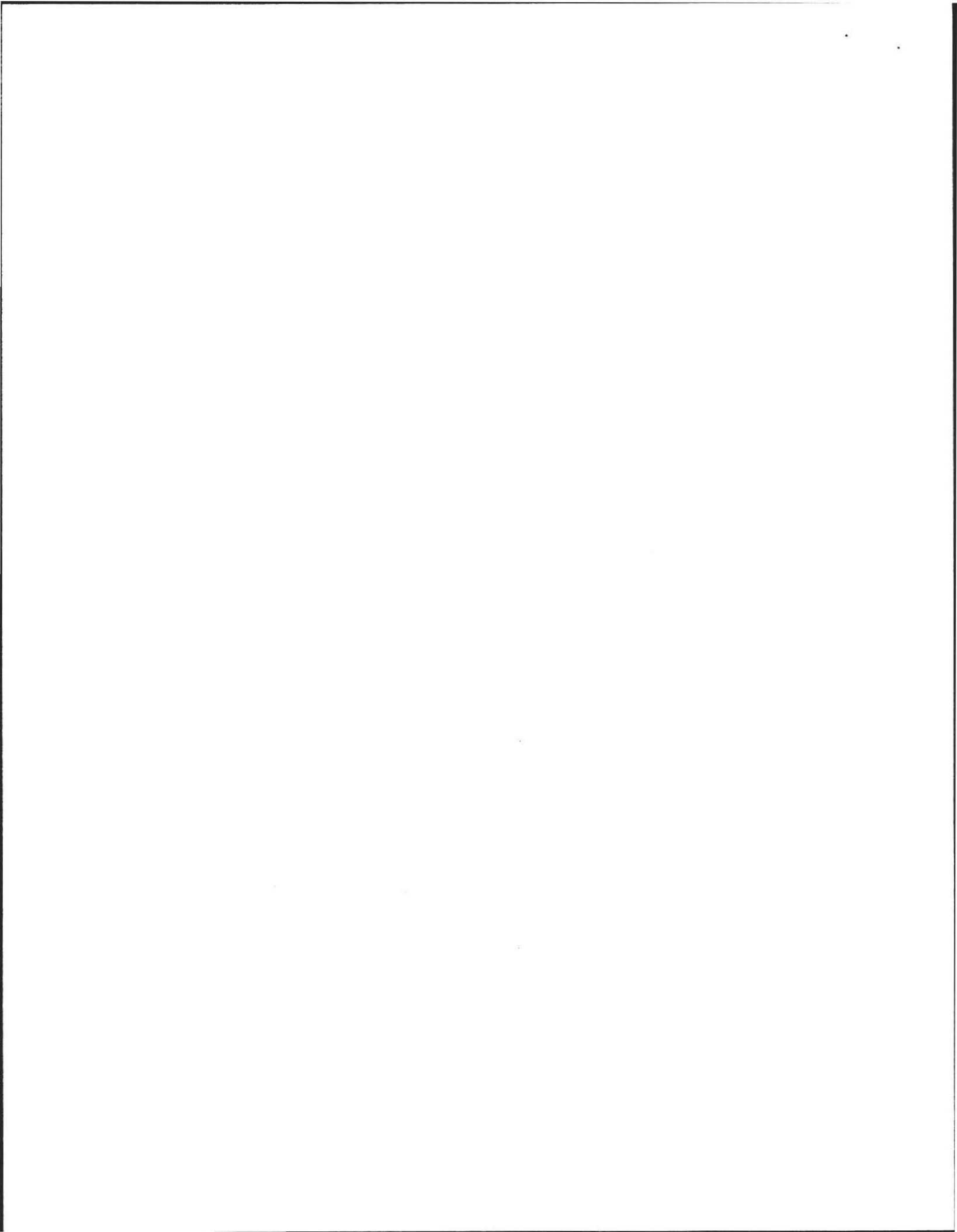
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

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

- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.





Commonwealth of Massachusetts

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B. Certification (cont.)

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

- 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: Measured

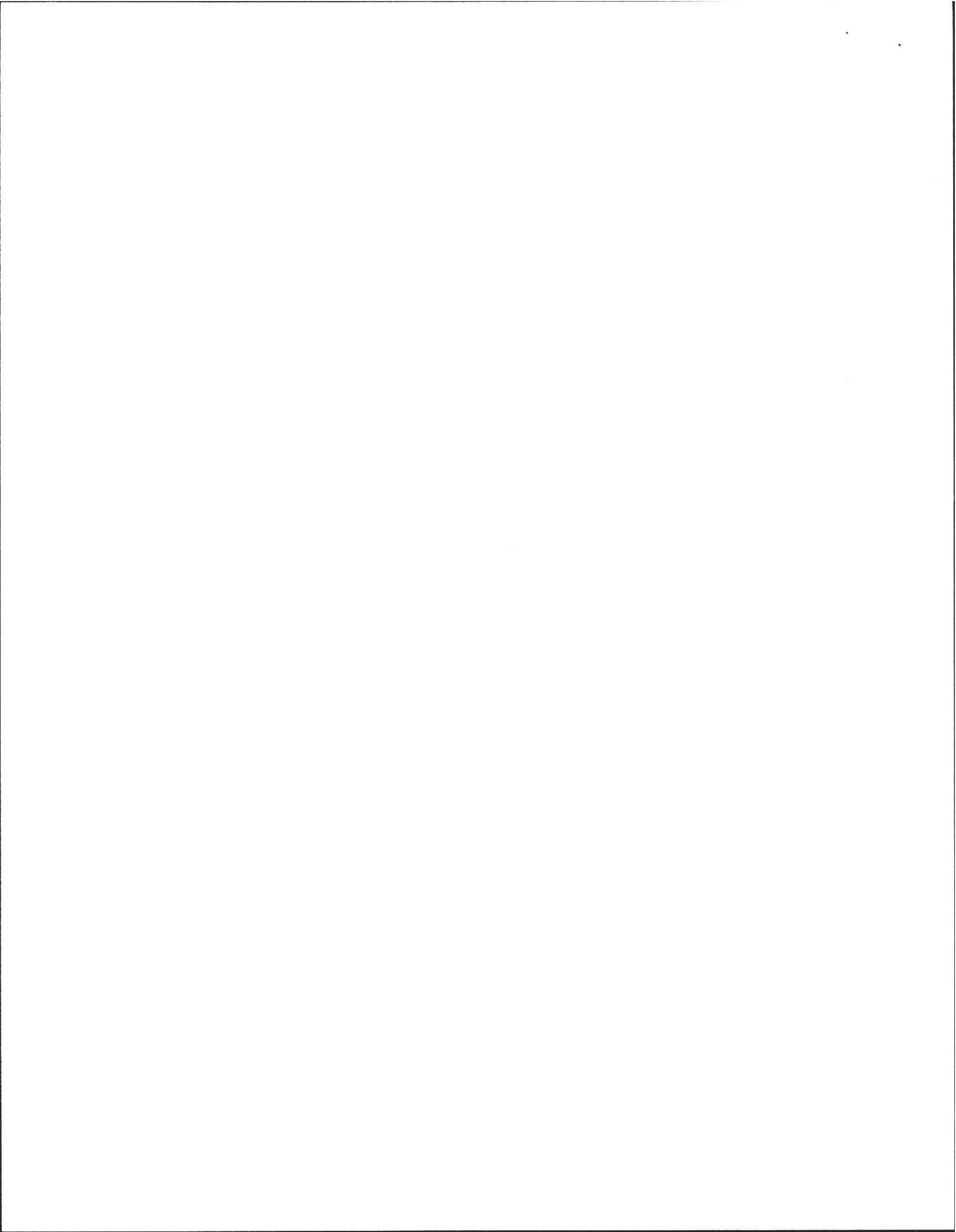
\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must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

3. Other:

D) System Failure Criteria Applicable to All Systems:

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

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





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B. Certification (cont.)

D) System Failure Criteria Applicable to All Systems (cont.):

Yes No

- 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.
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.

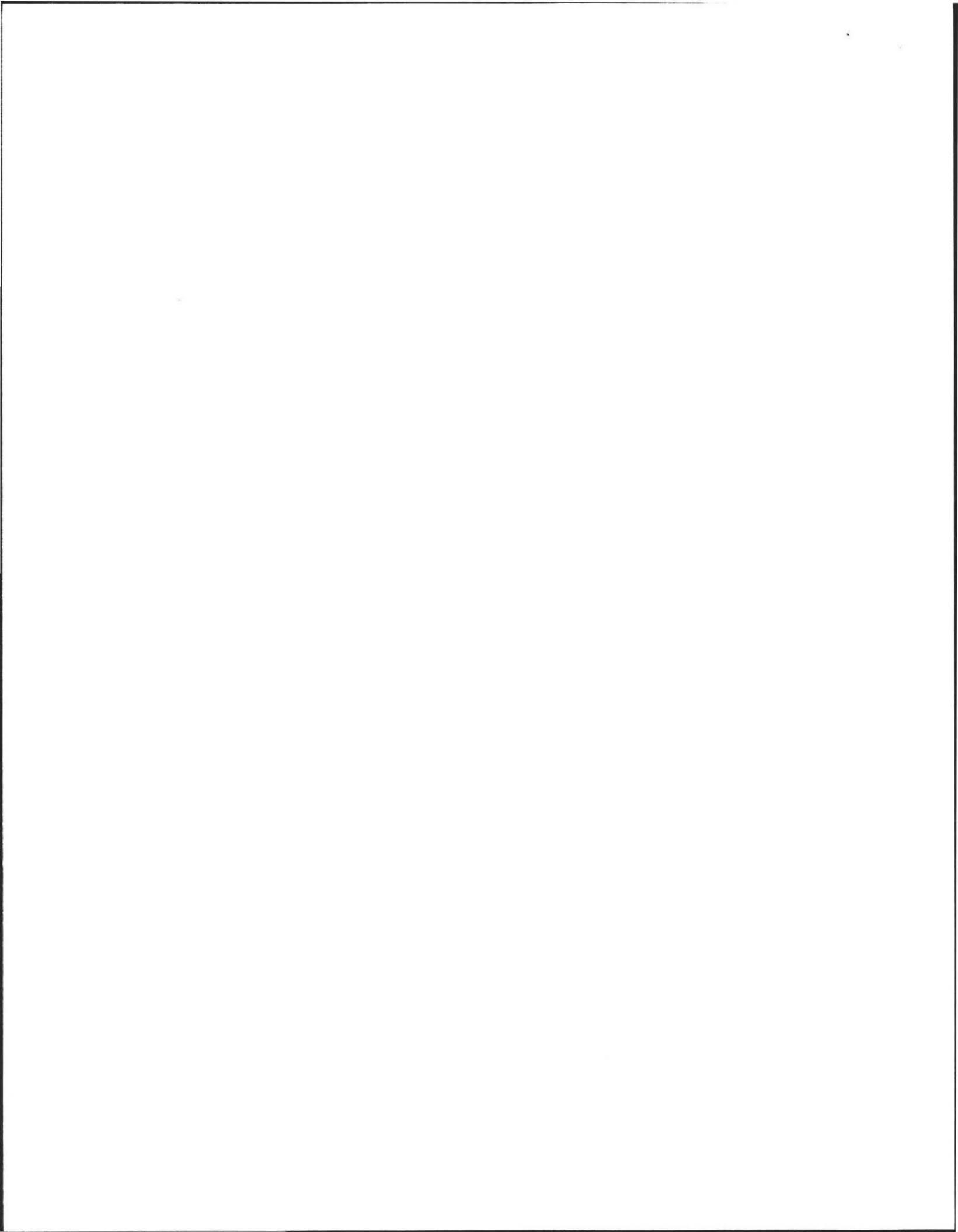
E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

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.







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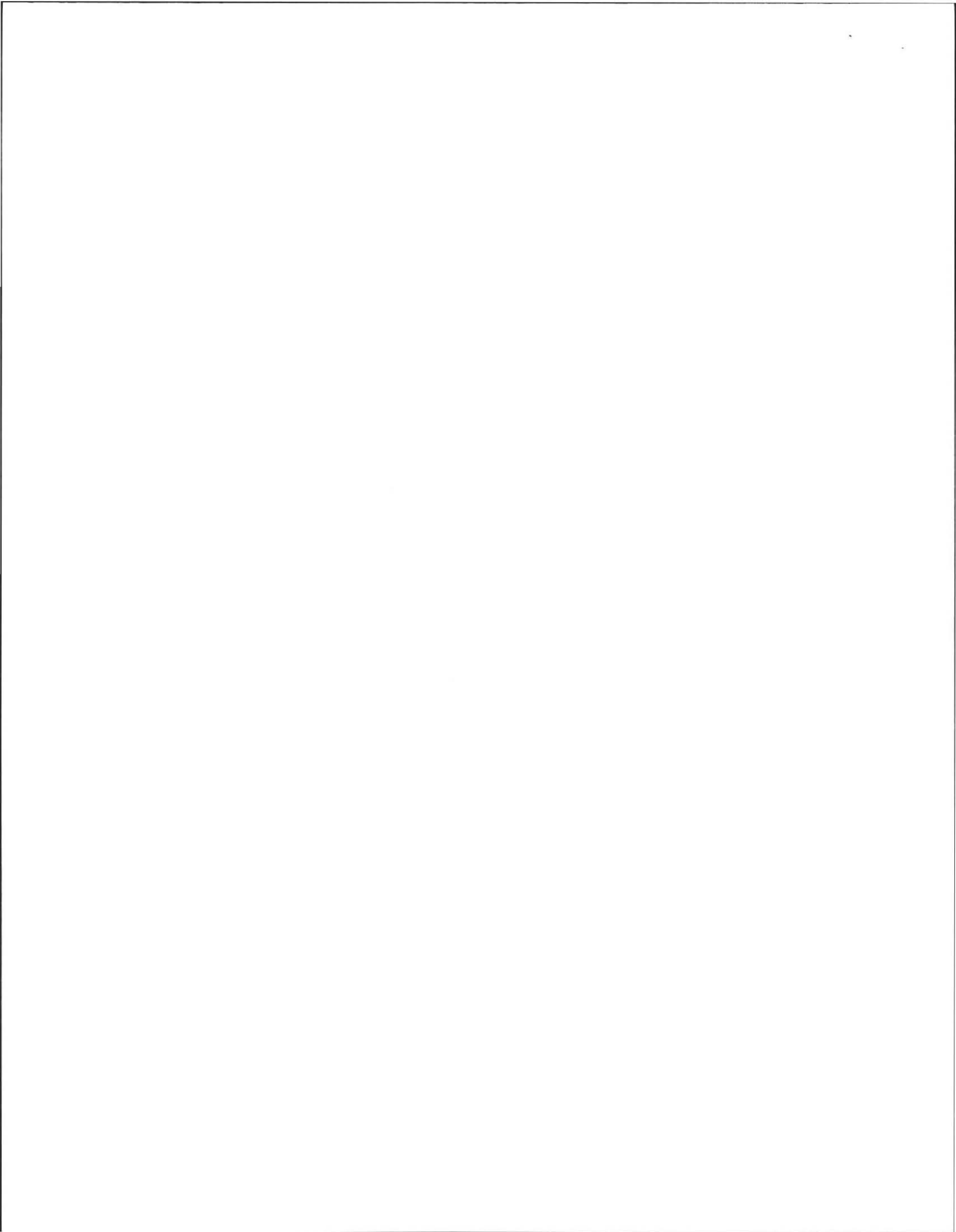
## C. Checklist

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 **size and location of the Soil Absorption System (SAS)** 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 checked="" type="checkbox"/> | <input 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)] |





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## D. System Information

### Residential Flow Conditions:

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

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440

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)): N/A

Sump pump?  Yes  No

Last date of occupancy: Current  
Date

### Commercial/Industrial Flow Conditions:

Type of Establishment: N/A

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

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

Grease trap present?  Yes  No

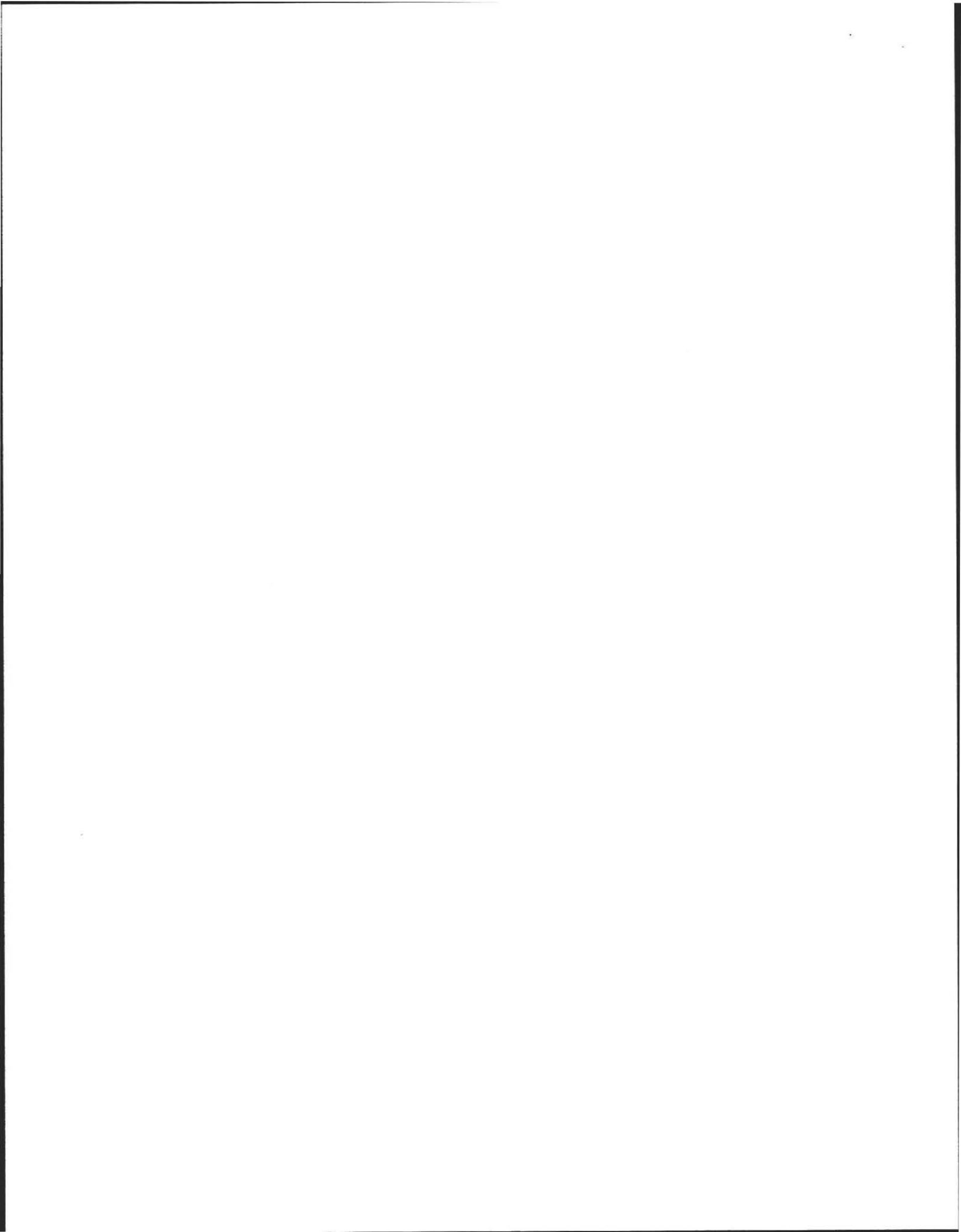
Industrial waste holding tank present?  Yes  No

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

Water meter readings, if available: N/A

Last date of occupancy/use: N/A  
Date

Other (describe): N/A





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## D. System Information (cont.)

### General Information

#### Pumping Records:

Source of information:

Owner: (Unk)

Was system pumped as part of the inspection?

Yes  No

If yes, volume pumped:

1500

gallons

How was quantity pumped determined?

Measured

Reason for pumping:

T-5

#### Type of System:

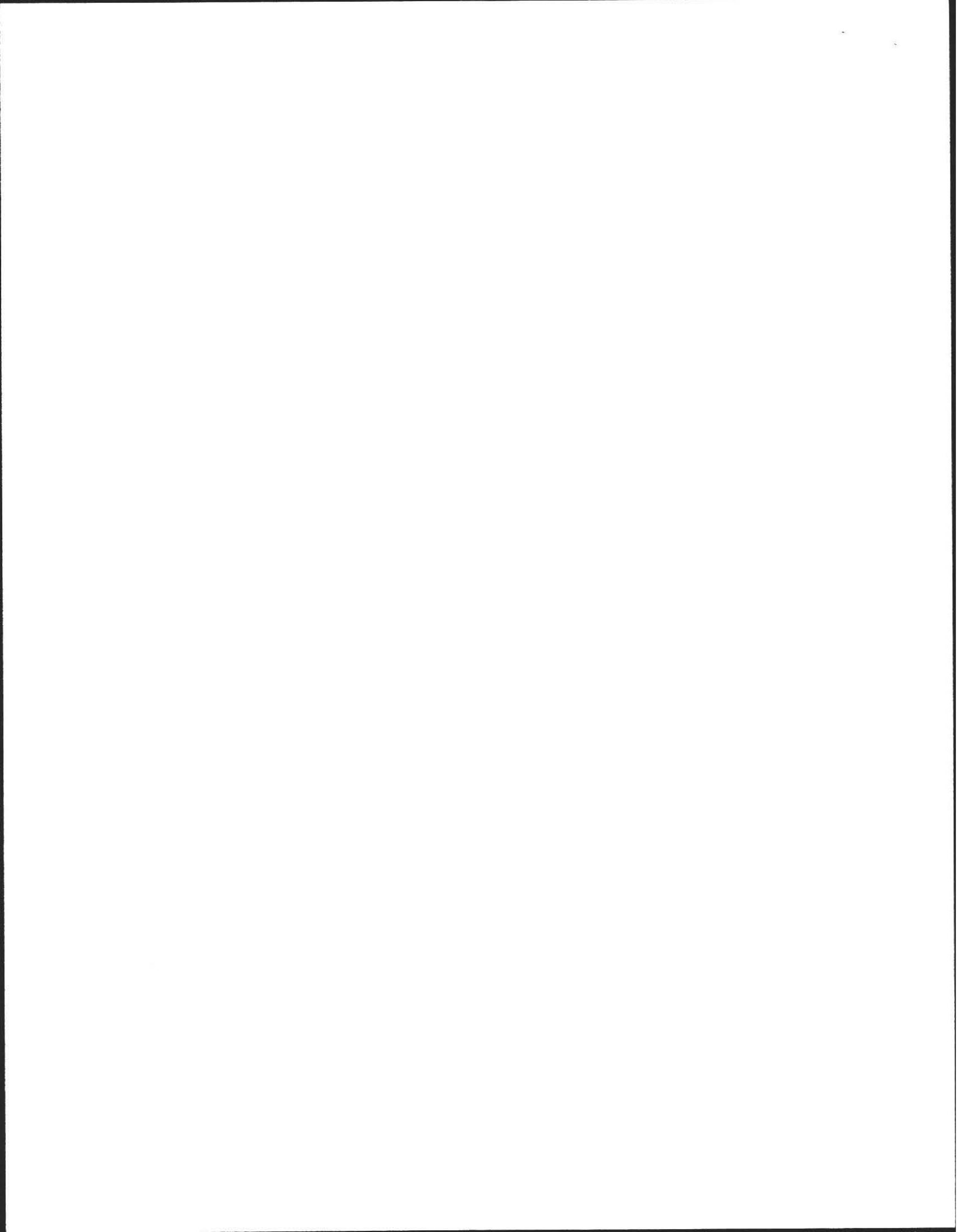
- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from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

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

26+ yrs.

Were sewage odors detected when arriving at the site?

Yes  No





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## D. System Information (cont.)

**Building Sewer** (locate on site plan):

Depth below grade:

1'

feet

Material of construction:

cast iron

40 PVC

other (explain):

Distance from private water supply well or suction line:

10'

feet

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

**Septic Tank** (locate on site plan):

Depth below grade:

10"

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:

10.5'X6.5'X4.5'

Sludge depth:

4"

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

42"

Scum thickness

4"

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

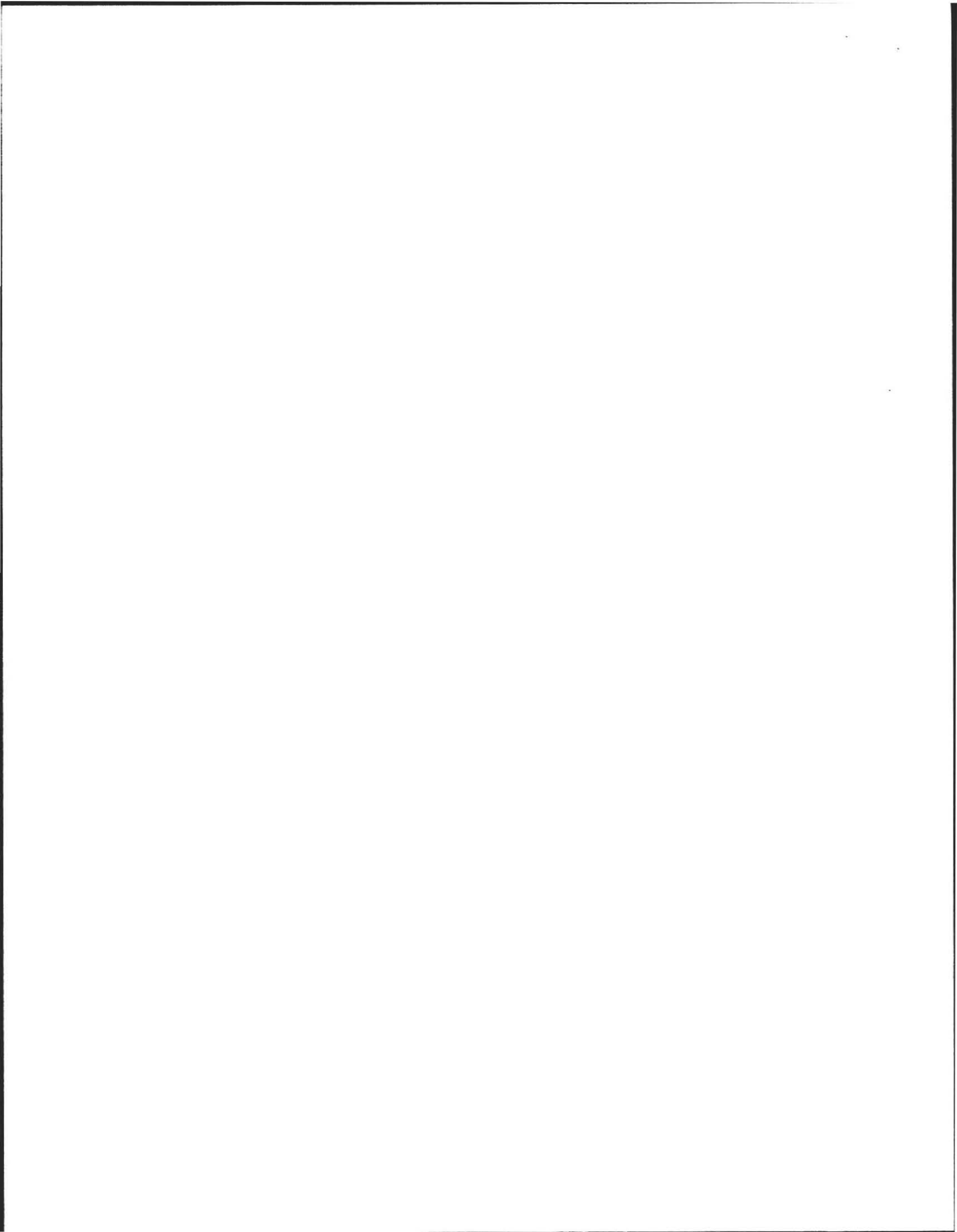
6"

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

12"

How were dimensions determined?

Measured







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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.):

Tank levels good. Structural integrity appeared ok at time of inspection. (baffles in place),

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

Depth below grade:

N/A  
feet

Material of construction:

concrete

metal

fiberglass

polyethylene

other (explain):

Dimensions:

N/A

Scum thickness

N/A

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

N/A

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

N/A

Date of last pumping:

N/A  
Date

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

N/A

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

Depth below grade:

N/A

Material of construction:

concrete

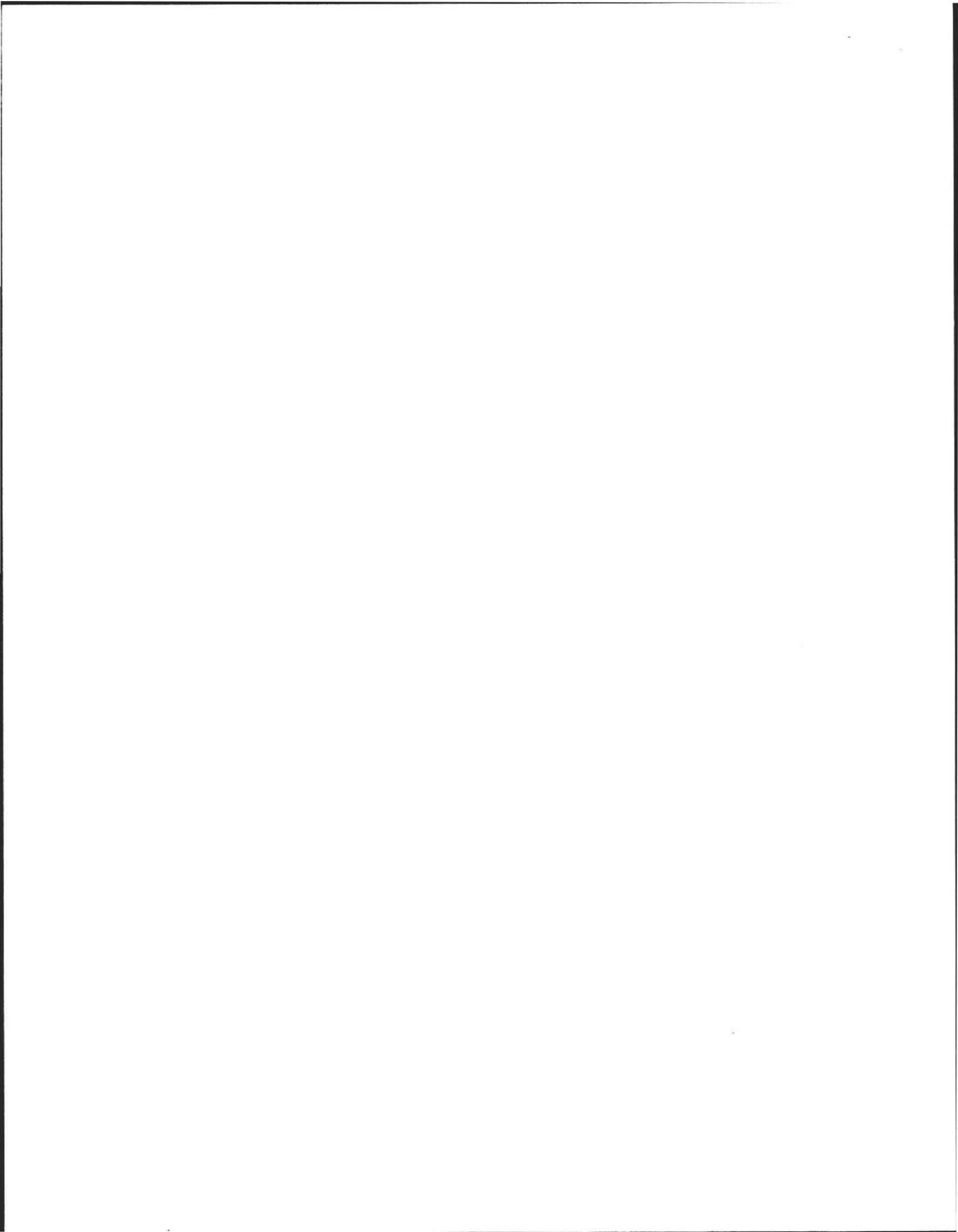
metal

fiberglass

polyethylene

other (explain):

N/A





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## D. System Information (cont.)

### Tight or Holding Tank (cont.)

Dimensions: N/A

Capacity: N/A  
gallons

Design Flow: N/A  
gallons per day

Alarm present:  Yes  No

Alarm level: N/A Alarm in working order:  Yes  No

Date of last pumping: N/A  
Date

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

N/A

\_\_\_\_\_

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

### 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.):

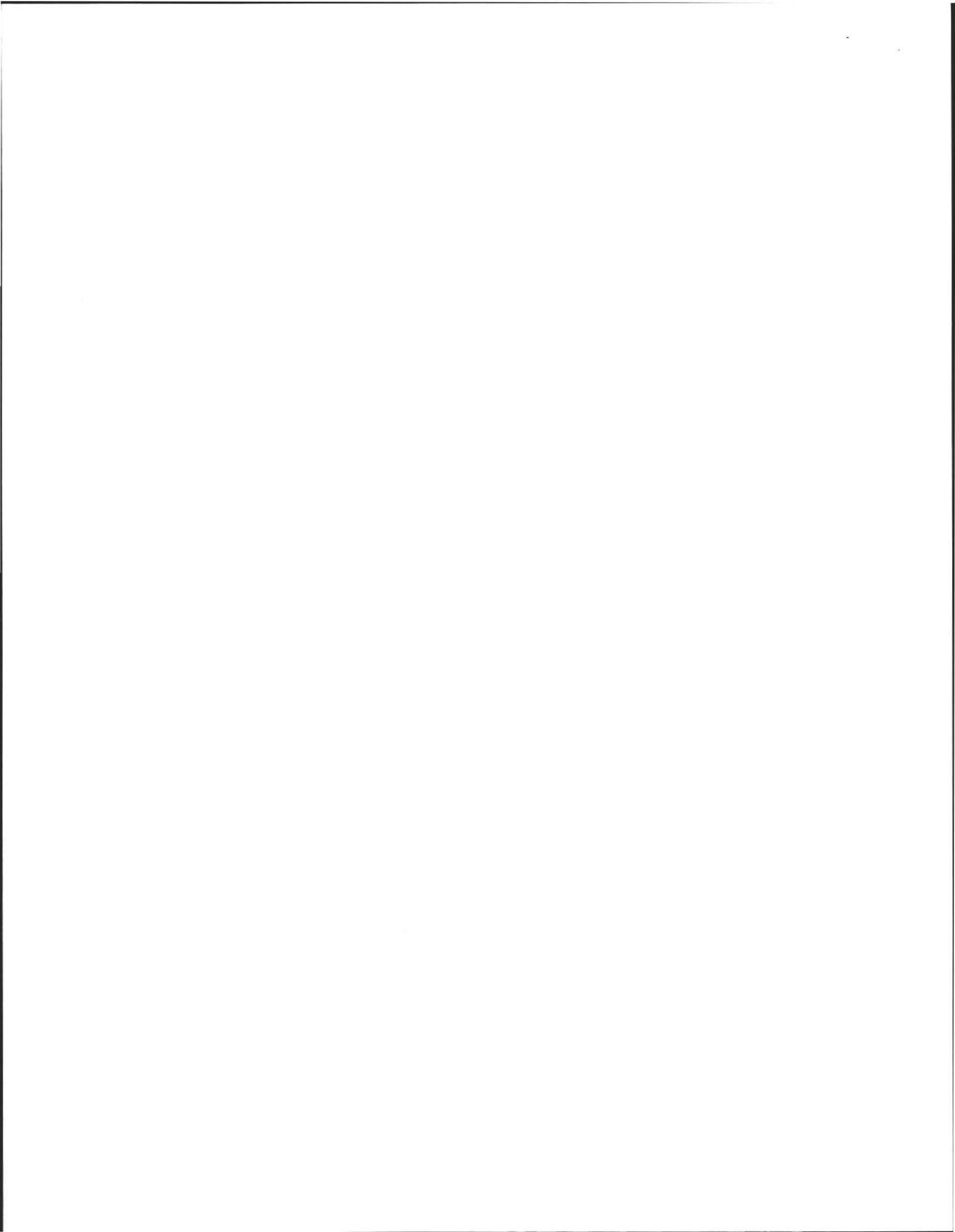
\_\_\_\_\_

\_\_\_\_\_

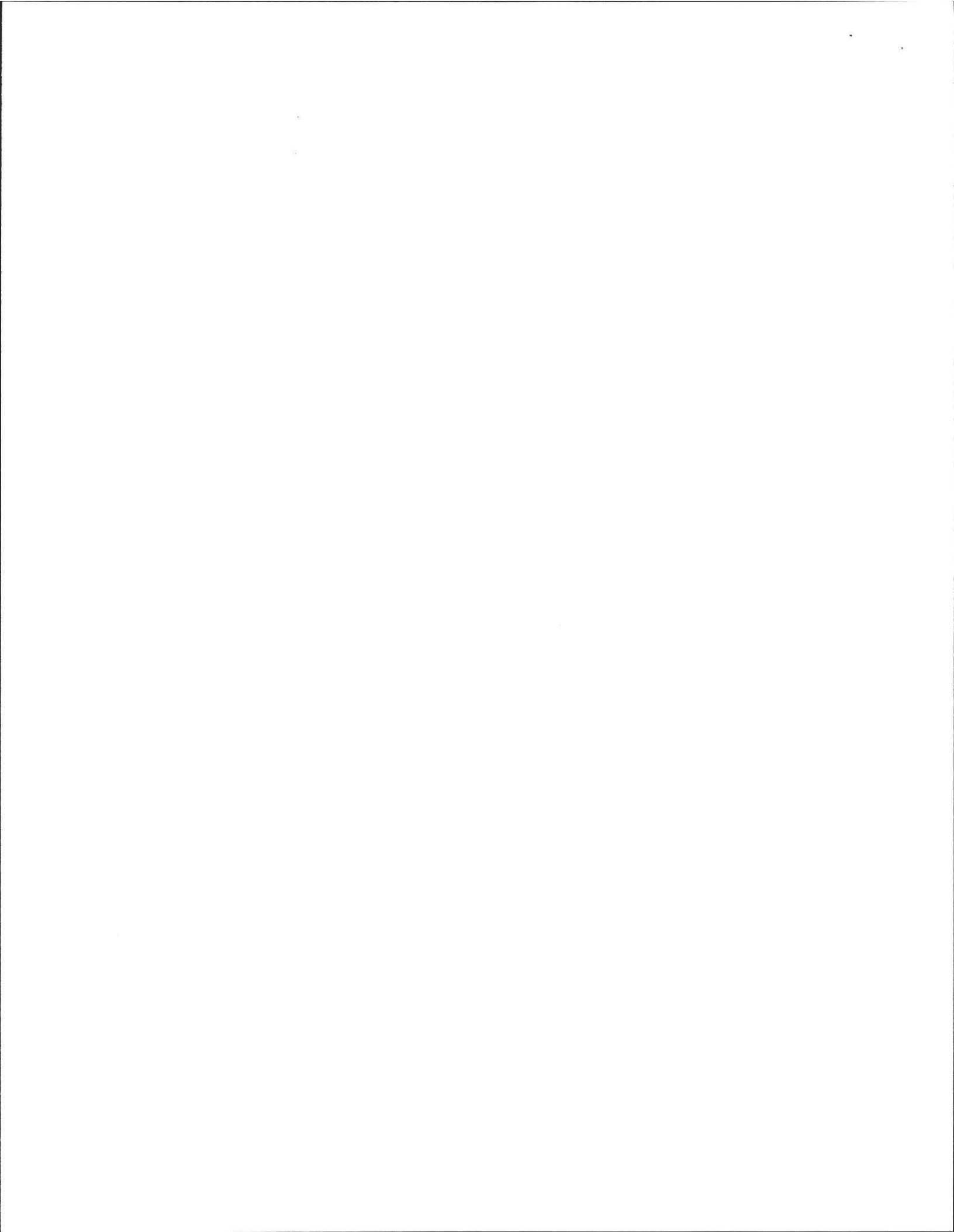
### Pump Chamber (locate on site plan):

Pumps in working order:  Yes  No

Alarms in working order:  Yes  No









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## D. System Information (cont.)

**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

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

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---

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

Materials of construction:

N/A

Dimensions

N/A

Depth of solids

N/A

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

N/A

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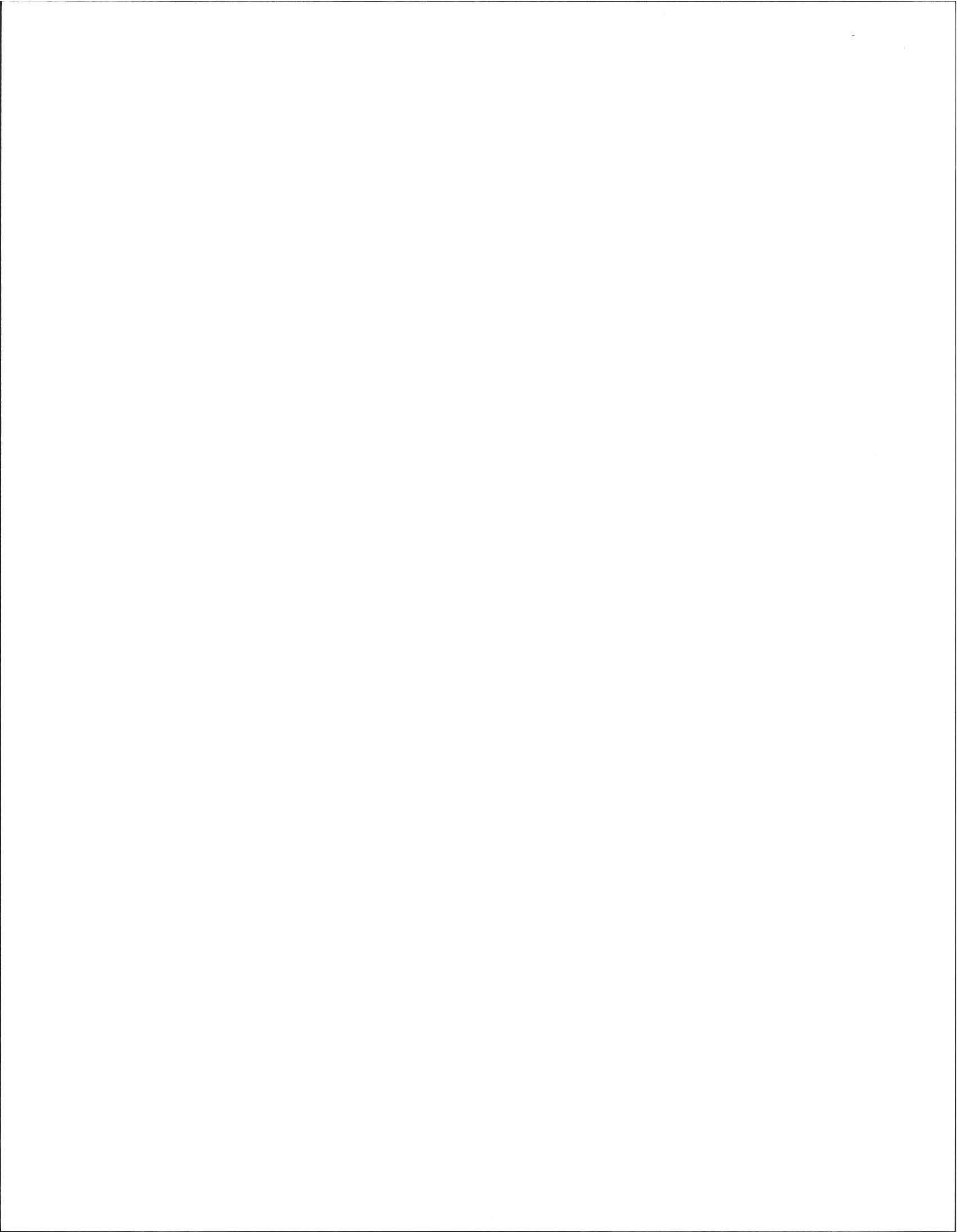
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## D. System Information (cont.)

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





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## D. System Information (cont.)

### Site Exam:

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

Estimated depth to ground water: 8.'+ ( records in area)  
feet

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

- Obtained from system design plans on record

If checked, date of design plan reviewed: \_\_\_\_\_  
Date

- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
\_\_\_\_\_

- Checked with local excavators, installers - (attach documentation)

- Accessed USGS database - explain:  
\_\_\_\_\_

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

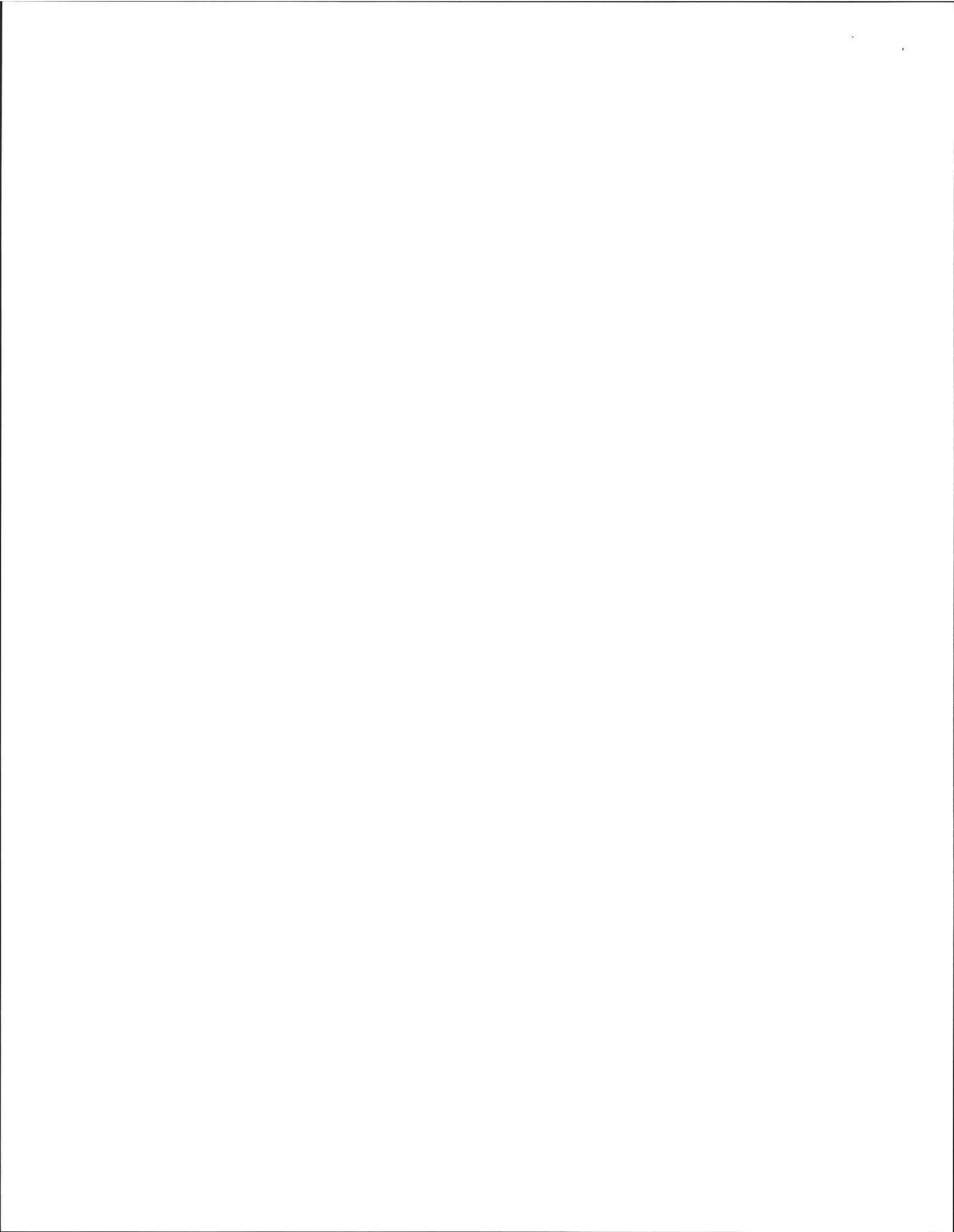
Topo evaluation with work adjacent in recent past & existing data at site.( 1983)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PERMIT  
~~SEP 2008 - 00008~~  
SEP 2008 - 00008

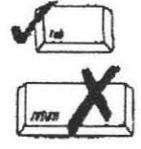


# Commonwealth of Massachusetts City/Town of Amherst System Pumping Record Form 4

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with your local Board of Health to determine the form they use. The System Pumping Record must be submitted to the local Board of Health or other approving authority within 14 days from the pumping date in accordance with 310 CMR 15.351.

## A. Facility Information

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



1. System Location:  
 Address: 18 wildflower Dr  
 City/Town: Amherst State: MA Zip Code: \_\_\_\_\_

2. System Owner:  
 Name: Joseph Shaw  
 Address (if different from location): \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: 375-8565

## B. Pumping Record

1. Date of Pumping: 4/18/9 2. Quantity Pumped: 1500 Gallons

3. Type of system:  Cesspool(s)  Septic Tank  Tight Tank  Grease Trap  
 Other (describe): \_\_\_\_\_

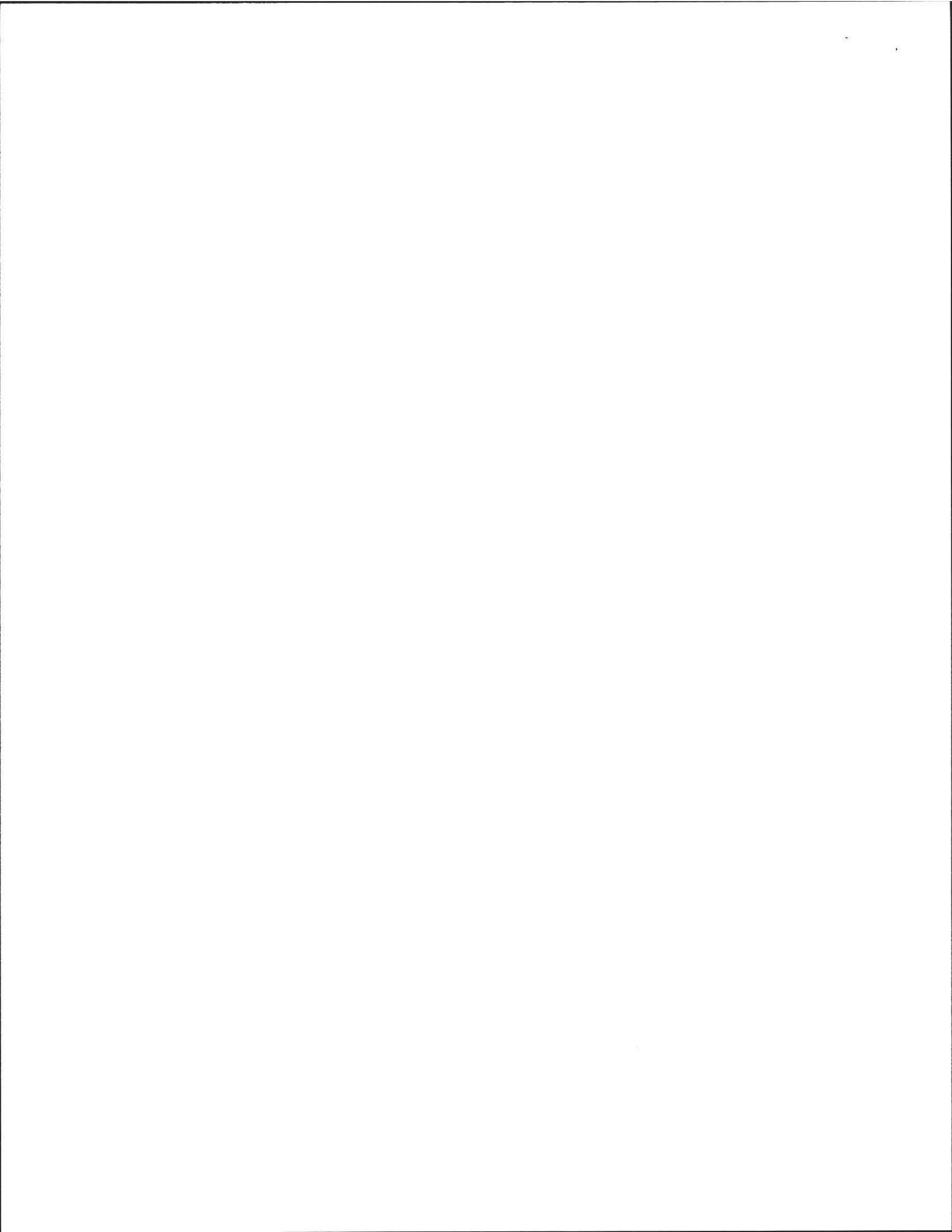
4. Effluent Tee Filter present?  Yes  No If yes, was it cleaned?  Yes  No

5. Condition of System: Good - T.S. by Alan Weiss

6. System Pumped By:  
 Name: [Signature] Vehicle License Number: H97-380  
 Company: KARIS Site work

7. Location where contents were disposed: Amherst WWT

Signature of Hauler: [Signature] Date: 4/18/9  
 Signature of Receiving Facility: \_\_\_\_\_ Date: \_\_\_\_\_



# # 18 WildFlowers: From BOARD OF HEALTH

## TOWN OF AMHERST, MASSACHUSETTS

### Lot 19 - 20

#### Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner BERGLUND c/o JA. Wright & Co. Address INDUSTRIAL PARK NORTHAMPTON

Installer LA VALLEY & SOARS Address RYAN RD. FLORENCE MA

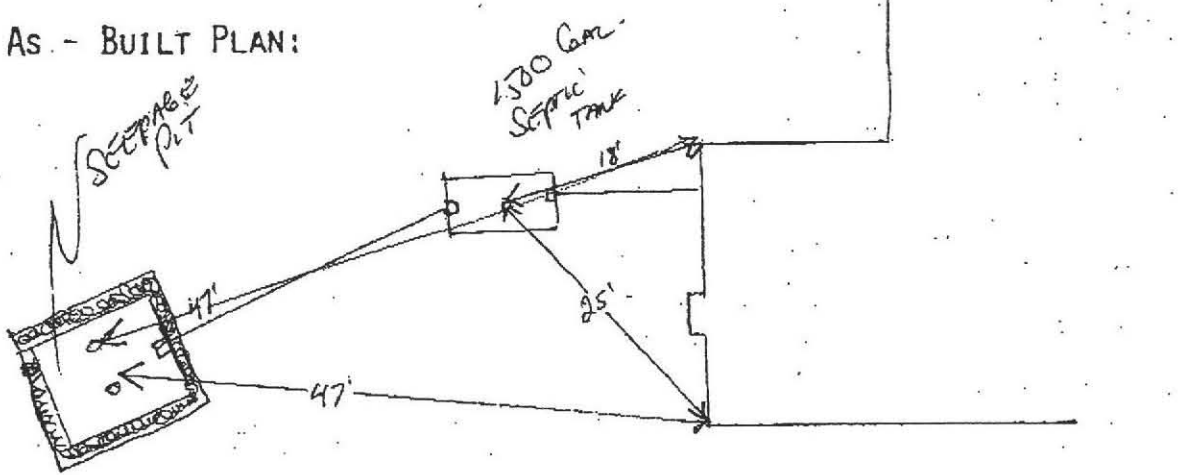
Date Installation Inspected and Approved MAY 1983

Description of System: Tank Capacity: 1500  Slope

Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 595<sup>sq</sup> 92 Bottom

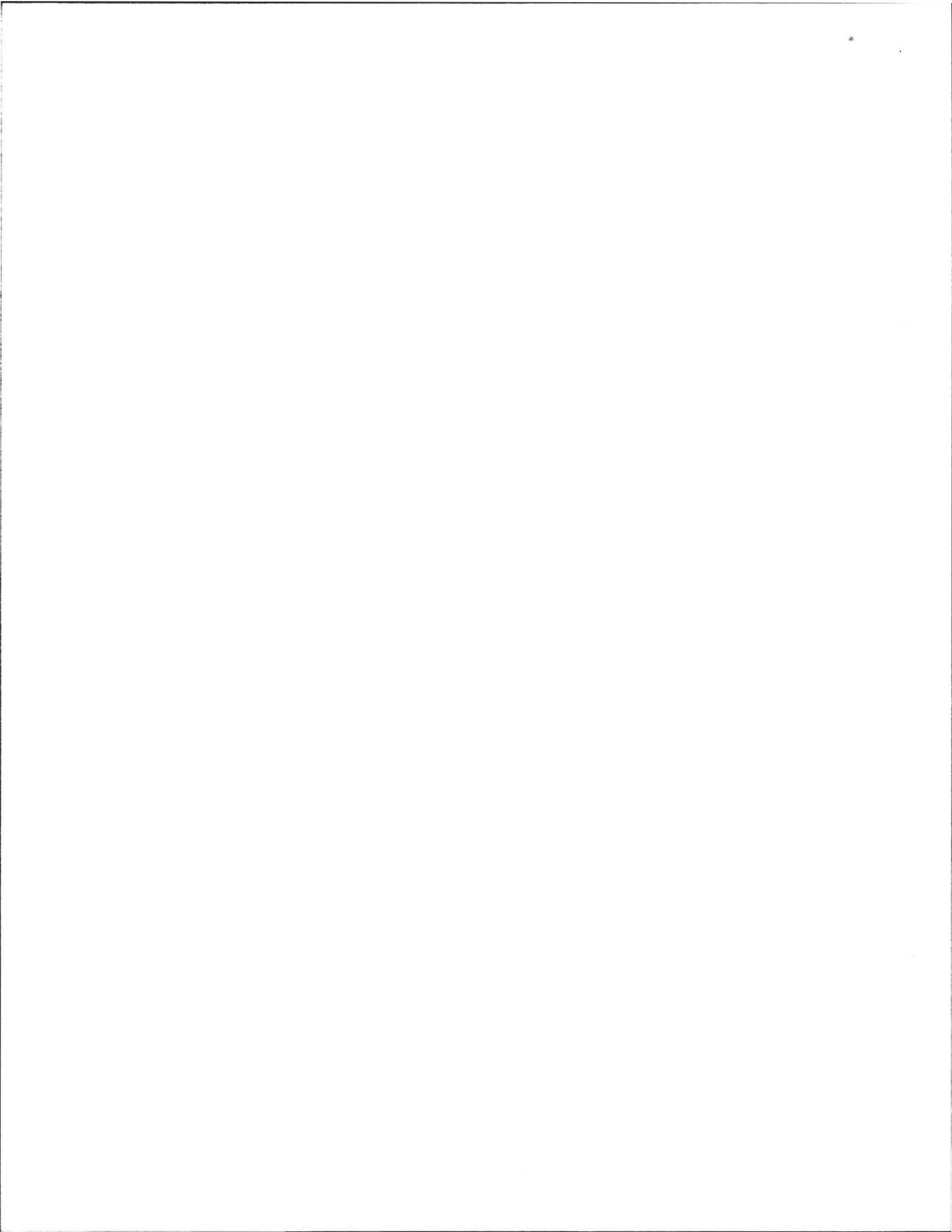
Garbage Grinder Yes ( ) No ( ) No. Bedrooms:      No. People     

#### 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.





No. 83-6

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

System at:  
18 Wildflower Drive  
J.A. Wright Co Inc.  
Location - Address  
Owner  
Installer

19, 20  
or Lot No  
115 Industrial Dr. Northampton  
Address  
Address 19-1863 A

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

Design Flow 55 gallons per person per day. Total daily flow 490 gallons.  
Septic Tank — Liquid capacity 1500 gallons Length \_\_\_\_\_ Width \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_  
Disposal French — No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.  
Seepage Pit No. 2 Diameter 11 1/2 x 8 Depth below inlet 6 Total leaching area 575 sq. ft. Sides bottom  
Other Distribution box ( ) \_\_\_\_\_ Dosing tank ( ) \_\_\_\_\_  
Percolation Test Results Performed by Frederick Filips Date Mar 16 1981  
Test Pit No. 1 3 minutes per inch Depth of Test Pit 8 Depth to ground water none  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_ Depth to ground water \_\_\_\_\_

Description of Soil Enclosed

Nature of Repairs or Alterations — Answer when applicable \_\_\_\_\_

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

Application Approved By [Signature] Date 4-11-83  
[Signature] Date 4-11-83

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

Permit No. 83-6 Issued 4-11-83 Date

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

No. 83-6 Town OF Amherst

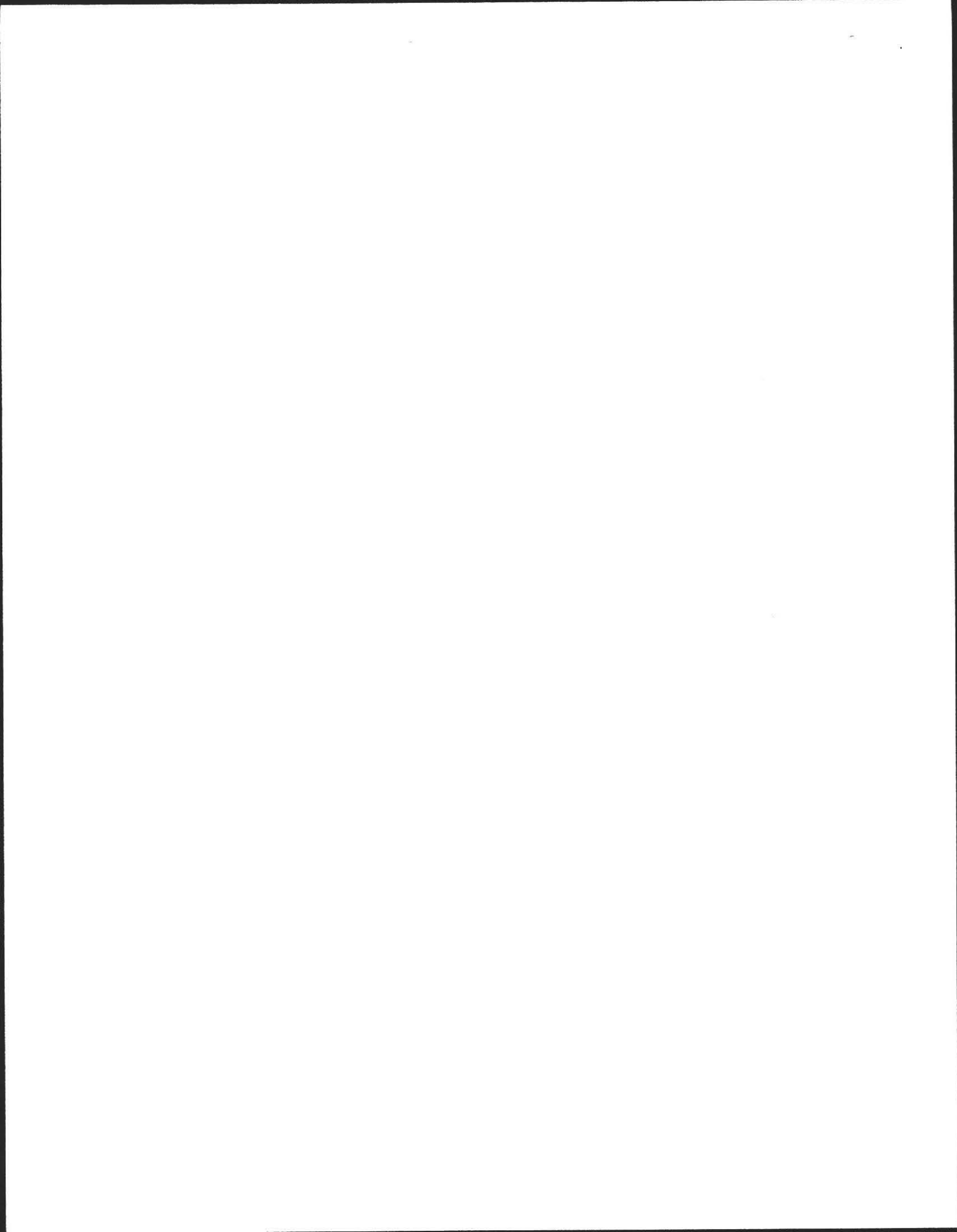
Disposal Works Construction Permit

Fee 90

Permission is hereby granted J.A. Wright Co Inc. B LA VALLEY  
to Construct (✓) or Repair ( ) an Individual Sewage Disposal System  
at No. lot 19-20 Wildflower Dr  
as shown on the application for Disposal Works Construction Permit No. 83-6 Dated 4-11-83

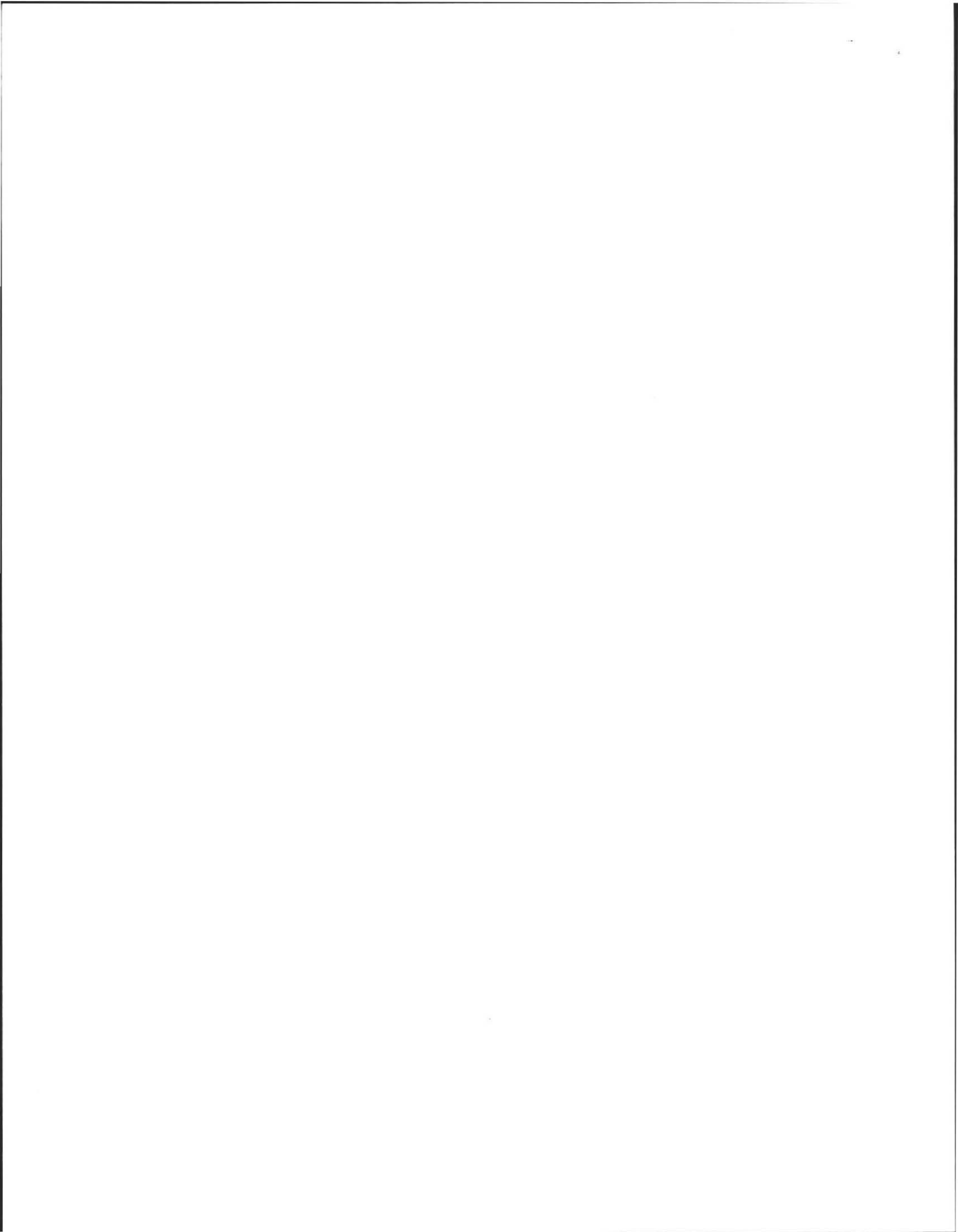
DATE 4-11-83 Board of Health

CHECK OR FILL IN WHERE APPLICABLE



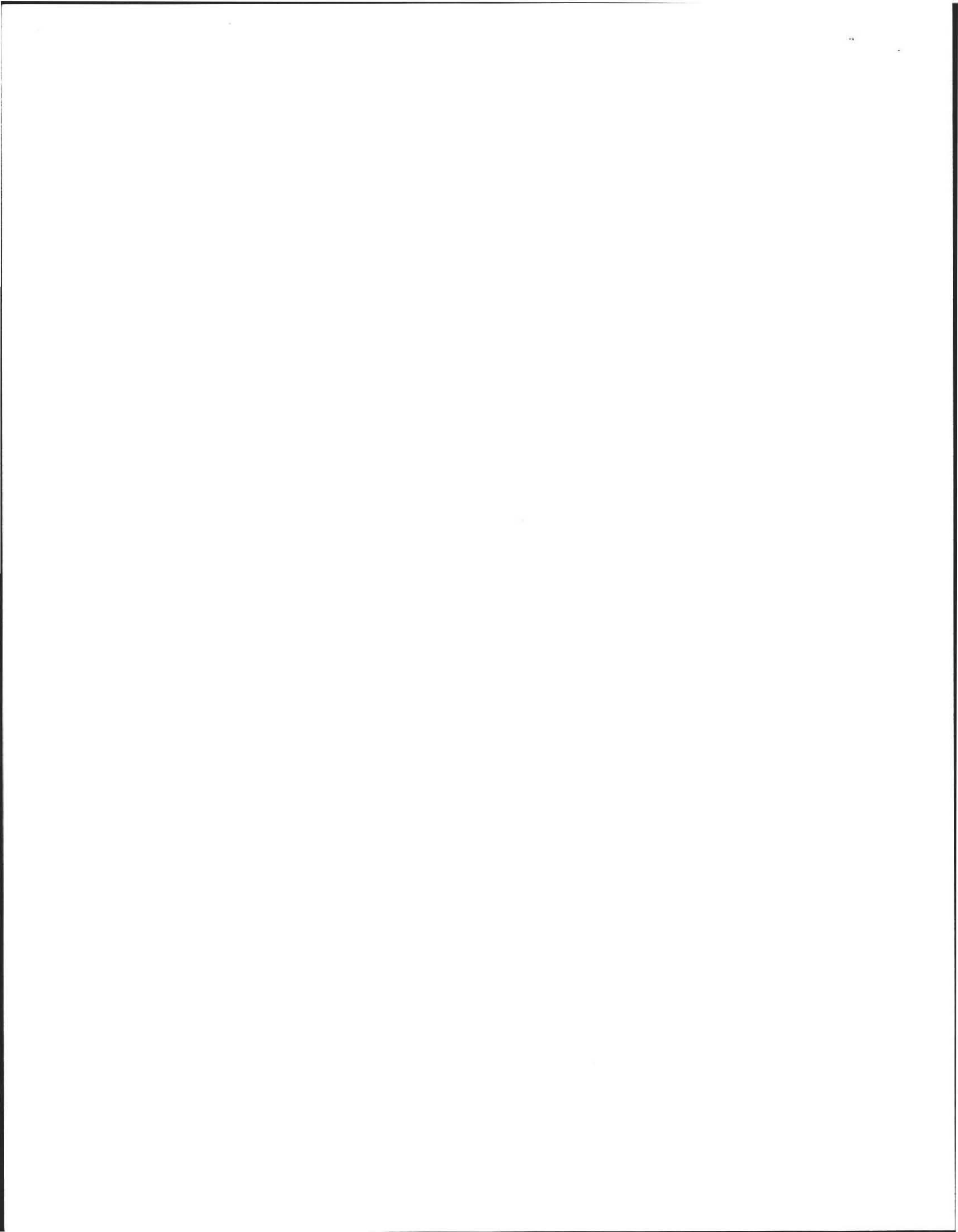


L. tank (liquid 1/2 full)  
18 Wildflower Dr  
Amherst, MA  
04.16.2009





S. Tank Location  
18 Wildflower Dr  
Amherst, MA  
04.16.2009



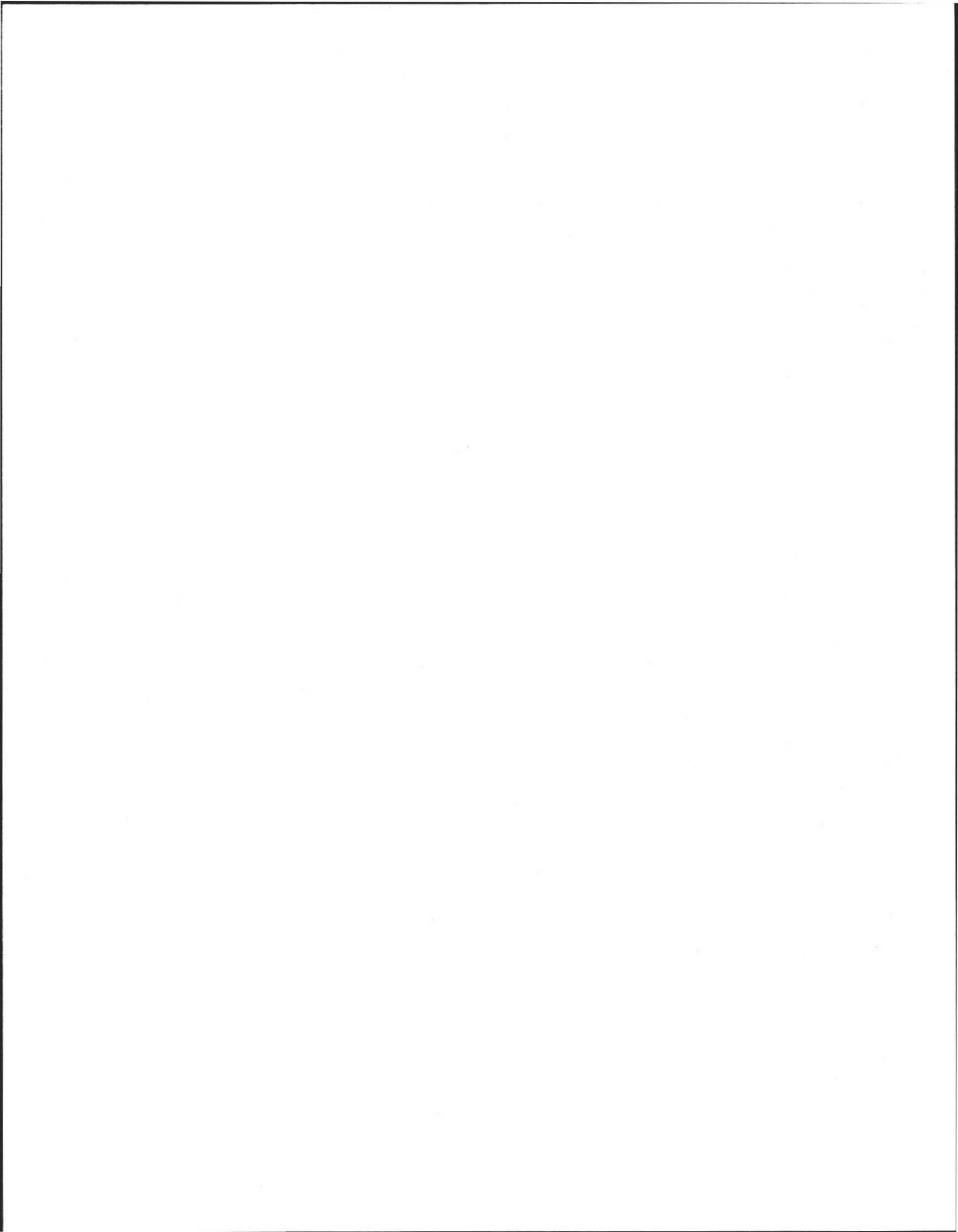
TRANSMISSION VERIFICATION REPORT

To: Alan Weiss

TIME : 04/08/2009 10:53  
NAME : AMHERST HEALTH DEPTT  
FAX : 4132592402  
SER.# : BROJ8F237876

DATE, TIME	04/08 10:52
FAX NO./NAME	914133234916
DURATION	00:01:15
PAGE(S)	03
RESULT	OK
MODE	STANDARD ECM

Titles insp on 4/16/09 @ 12/noon.





No. 83-6

#18  
18 Wildflower Dr.

THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

18 Wildflower Drive 19, 20  
Location - Address or Lot No.  
J.A. Wright Co Inc. 115 Industrial Dr. Northampton  
Owner Address  
Installer

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

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.  
Septic Tank — Liquid capacity 1500 gallons Length \_\_\_\_\_ Width \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_  
Disposal French — No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.  
Seepage Pit No. 1 Diameter 11 1/2 x 8 Depth below inlet 6 Total leaching area 575 sq. ft. *Sides bottom*  
Other Distribution box ( ) Dosing tank ( )  
Percolation Test Results Performed by Frederick Filios Date Mar 16 1981  
Test Pit No. 1 & 2 minutes per inch Depth of Test Pit 8 Depth to ground water none  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_ Depth to ground water \_\_\_\_\_

Description of Soil Enclosed

Nature of Repairs or Alterations — Answer when applicable \_\_\_\_\_

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

Signed Raymond S. Patai 4-11-83  
Application Approved By [Signature] 4-11-83  
Date

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

Permit No. 83-6 Issued 4-11-83  
Date

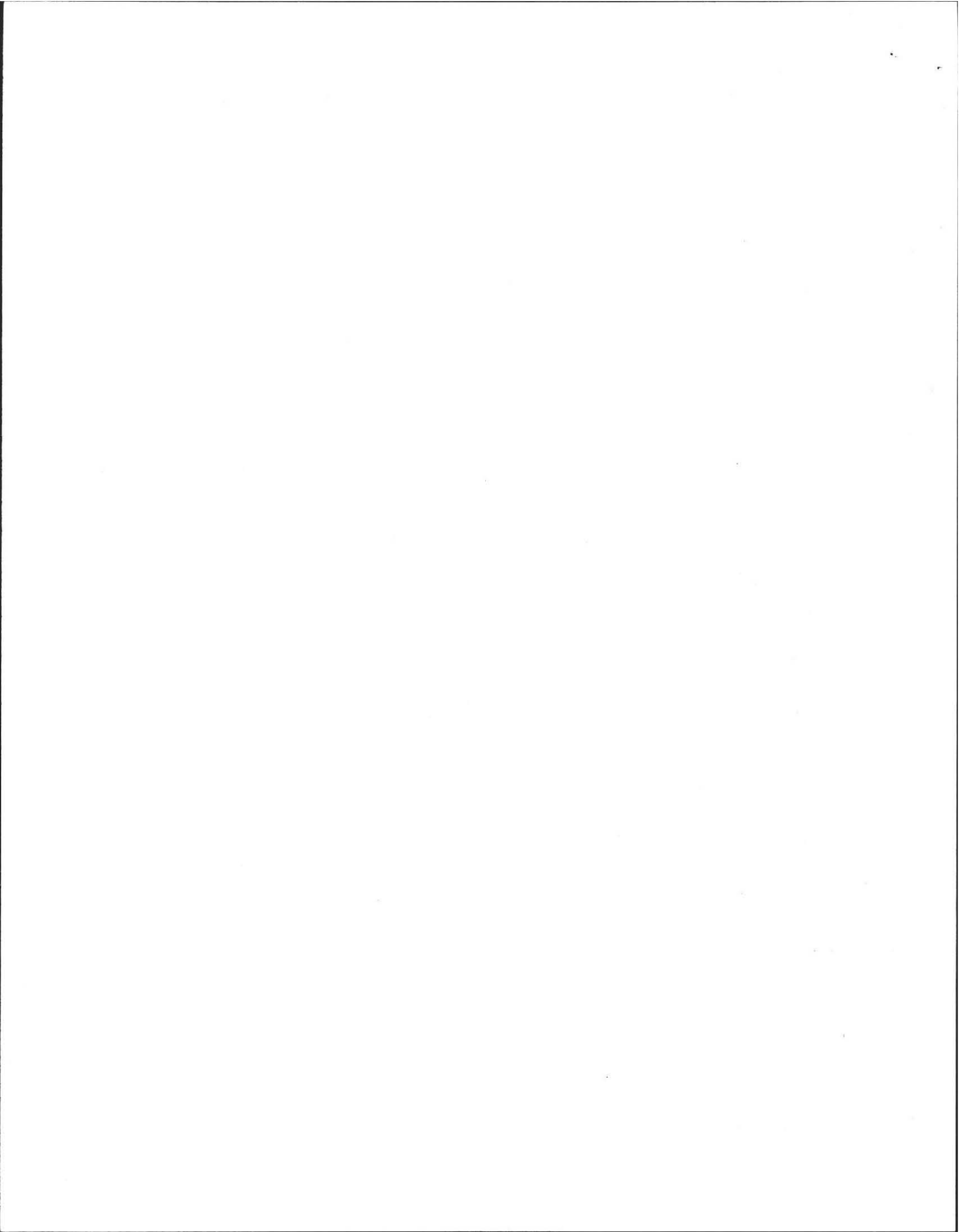
THE COMMONWEALTH OF MASSACHUSETTS  
BOARD OF HEALTH  
No. 83-6 Town OF Amherst

Disposal Works Construction Permit

Permission is hereby granted J.A. Wright Co Inc. B LA VALLEY  
to Construct (X) or Repair ( ) an Individual Sewage Disposal System  
at No. lot 19-20 Wildflower Dr  
Street

as shown on the application for Disposal Works Construction Permit No. 83-6 Dated 4-11-83  
DATE 4-11-83  
Board of Health

CHECK OR FILL IN WHERE APPLICABLE



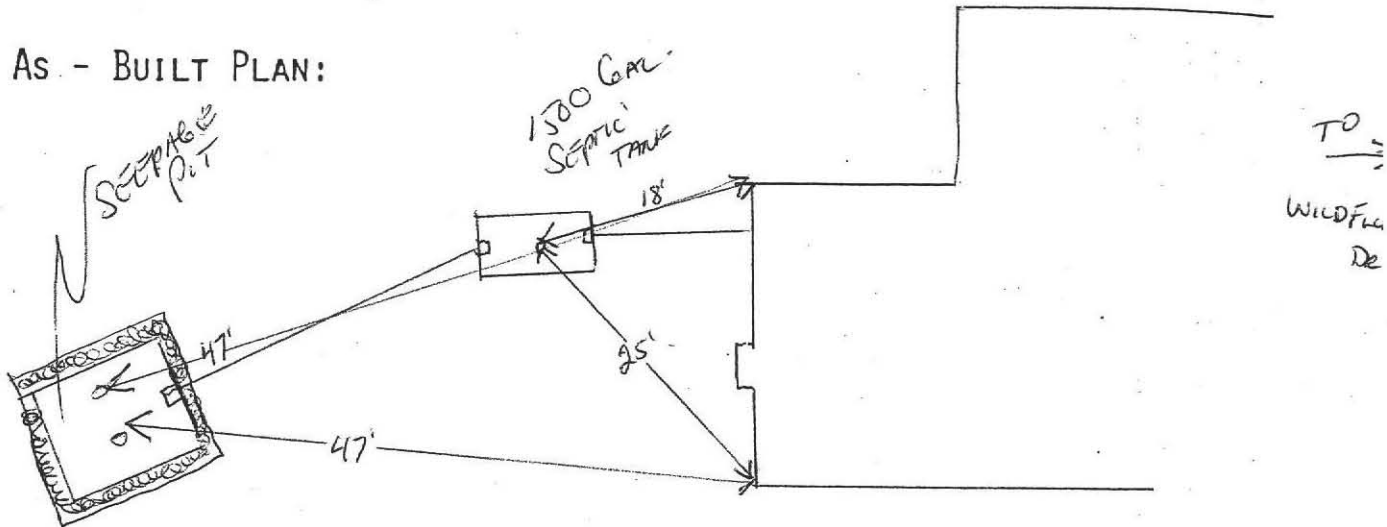
BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS  
LOT 19-20

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

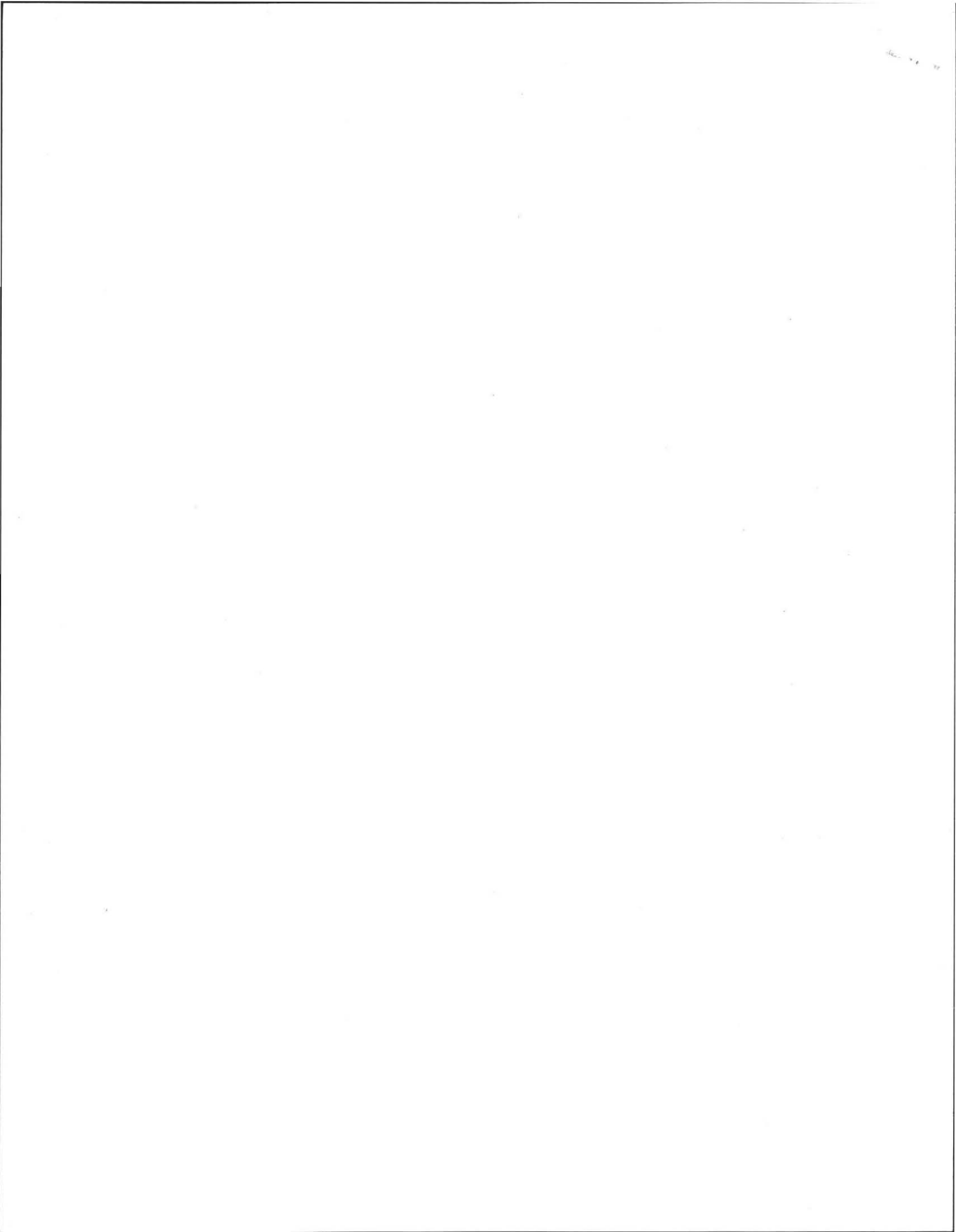
Owner BERGLUND c/o JA. Wright Co. Address INDUSTRIAL PARK NORTHAMPTON  
 Installer LA VALLEY & SONS Address RYAN RD. FLORENCE MA ...  
 Date Installation Inspected and Approved MAY 1983  
 Description of System: Tank Capacity: 1500  Slides  
 Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 595  Bottom  
 Garbage Grinder Yes ( ) No ( ) No. Bedrooms:      No. People     

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.





323-49/6

No. 83-6

# 18 Wildflower Dr #18

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town OF Amherst

Application for Disposal Works Construction Permit



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

18 Wildflower Drive 19, 20  
J.A. Wright Co Inc. 115 Industrial Dr. Northampton  
Location - Address or Lot No.  
Owner Address

Type of Building 19-1863 A  
Size Lot 2-3+6-Ac Sq. feet  
Dwelling — No. of Bedrooms 4 Expansion Attic ( ) Garbage Grinder (✓)  
Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ) — Cafeteria ( )  
Other fixtures \_\_\_\_\_

Design Flow 5.5 gallons per person per day. Total daily flow 44.0 gallons.  
Septic Tank — Liquid capacity 1500 gallons Length \_\_\_\_\_ Width \_\_\_\_\_ Diameter \_\_\_\_\_ Depth \_\_\_\_\_  
Disposal Trench — No. \_\_\_\_\_ Width \_\_\_\_\_ Total Length \_\_\_\_\_ Total leaching area \_\_\_\_\_ sq. ft.  
Seepage Pit No. 1 Diameter 11 1/2 x 8' Depth below inlet 6 Total leaching area 575 sq. ft. sides bottom  
Other Distribution box ( ) Dosing tank ( )  
Percolation Test Results Performed by Frederick Filios Date Mar 16 1981  
Test Pit No. 1 1.2 minutes per inch Depth of Test Pit 8 Depth to ground water nme  
Test Pit No. 2 \_\_\_\_\_ minutes per inch Depth of Test Pit \_\_\_\_\_ Depth to ground water \_\_\_\_\_

Description of Soil Enclosed

Nature of Repairs or Alterations — Answer when applicable \_\_\_\_\_

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

Signed Raymond S. Pater Date 4-11-83  
Application Approved By [Signature] Date 4-11-83  
Application Disapproved for the following reasons: \_\_\_\_\_

Permit No. 83-6 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. 83-6

FEE \$90

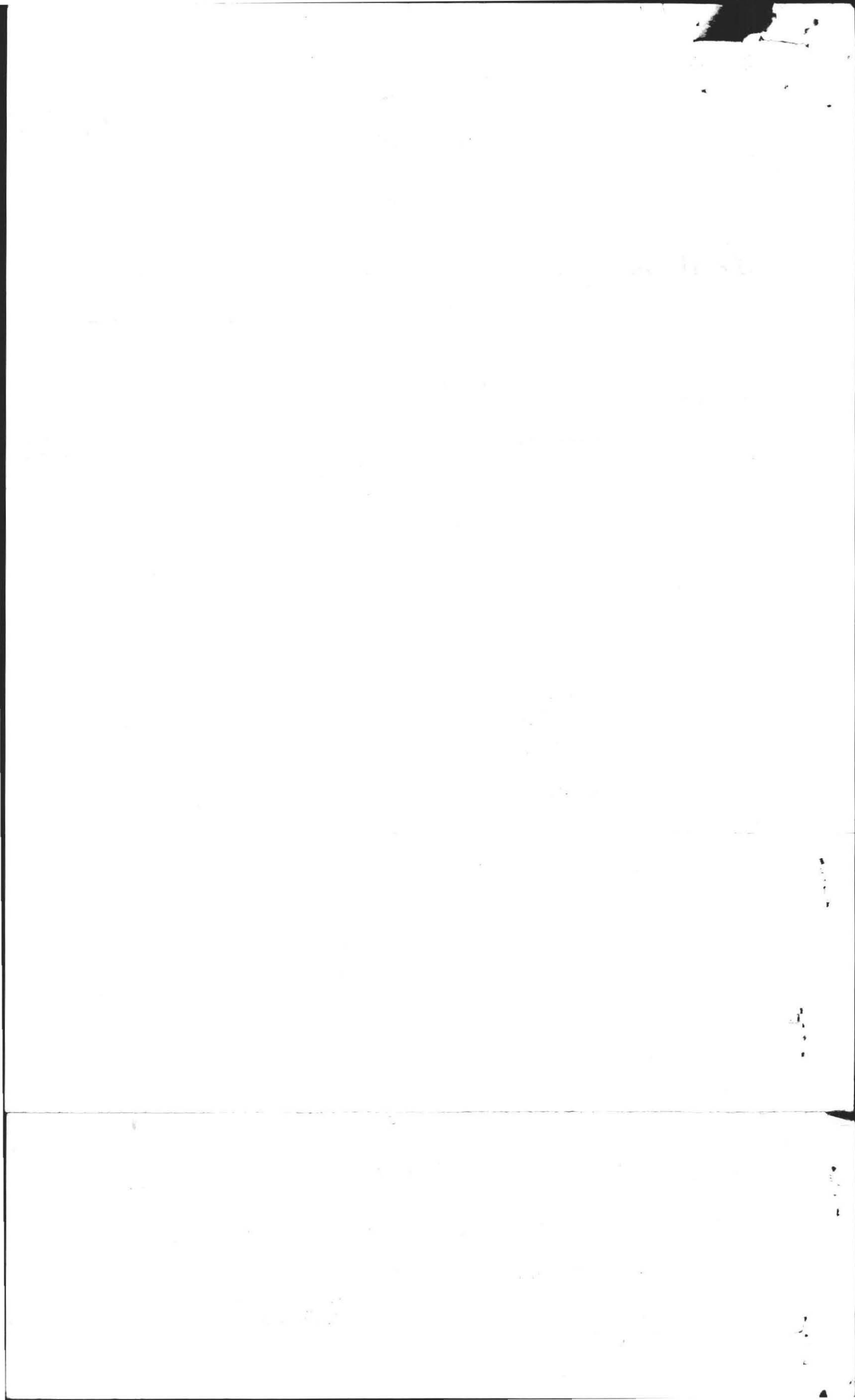
Disposal Works Construction Permit

Permission is hereby granted J.A. WRIGHT Co Inc. B LA VALLEY  
to Construct (X) or Repair ( ) an Individual Sewage Disposal System  
at No. lot 19-20 Wildflower Dr  
Street

as shown on the application for Disposal Works Construction Permit No. 83-6 Dated 4-11-83

DATE 4-11-83 [Signature] Board of Health

CHECK OR FILL IN WHERE APPLICABLE





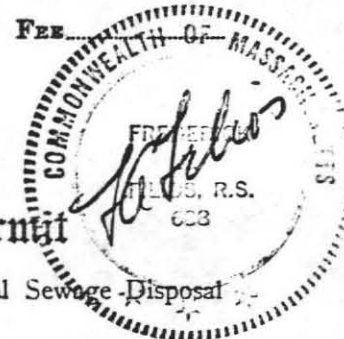
No. \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

Town of Amherst

Application for Disposal Works Construction Permit



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

System at:

Wildflower Drive

19, 20

J.A. Wright Co Inc.

115 Industrial Dr. Northampton

Location - Address

or Lot No.

Owner

Address

Installer

Address 19-1863 A

Type of Building

Size Lot 2.3+6 Ac Sq. feet

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

Other - Type of Building No. of persons Showers ( ) - Cafeteria ( )

Other fixtures

Design Flow 55 gallons per person per day. Total daily flow 440 gallons.

Septic Tank - Liquid capacity 1500 gallons Length Width Diameter Depth

Disposal Trench - No. Width Total Length Total leaching area sq. ft.

Seepage Pit No. 1 Diameter 11 1/2 x 8' Depth below inlet 6' Total leaching area 575 sq. ft.

Other Distribution box ( ) Dosing tank ( )

Percolation Test Results Performed by Frederick Filios Date Mar 16 1981

Test Pit No. 1 2 minutes per inch Depth of Test Pit 8' Depth to ground water none

Test Pit No. 2 minutes per inch Depth of Test Pit Depth to ground water

Description of Soil Enclosed

Nature of Repairs or Alterations - Answer when applicable

Agreement:

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Application Approved By \_\_\_\_\_ Date \_\_\_\_\_

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

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

Issued \_\_\_\_\_ Date \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

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

by \_\_\_\_\_ Installer

at \_\_\_\_\_

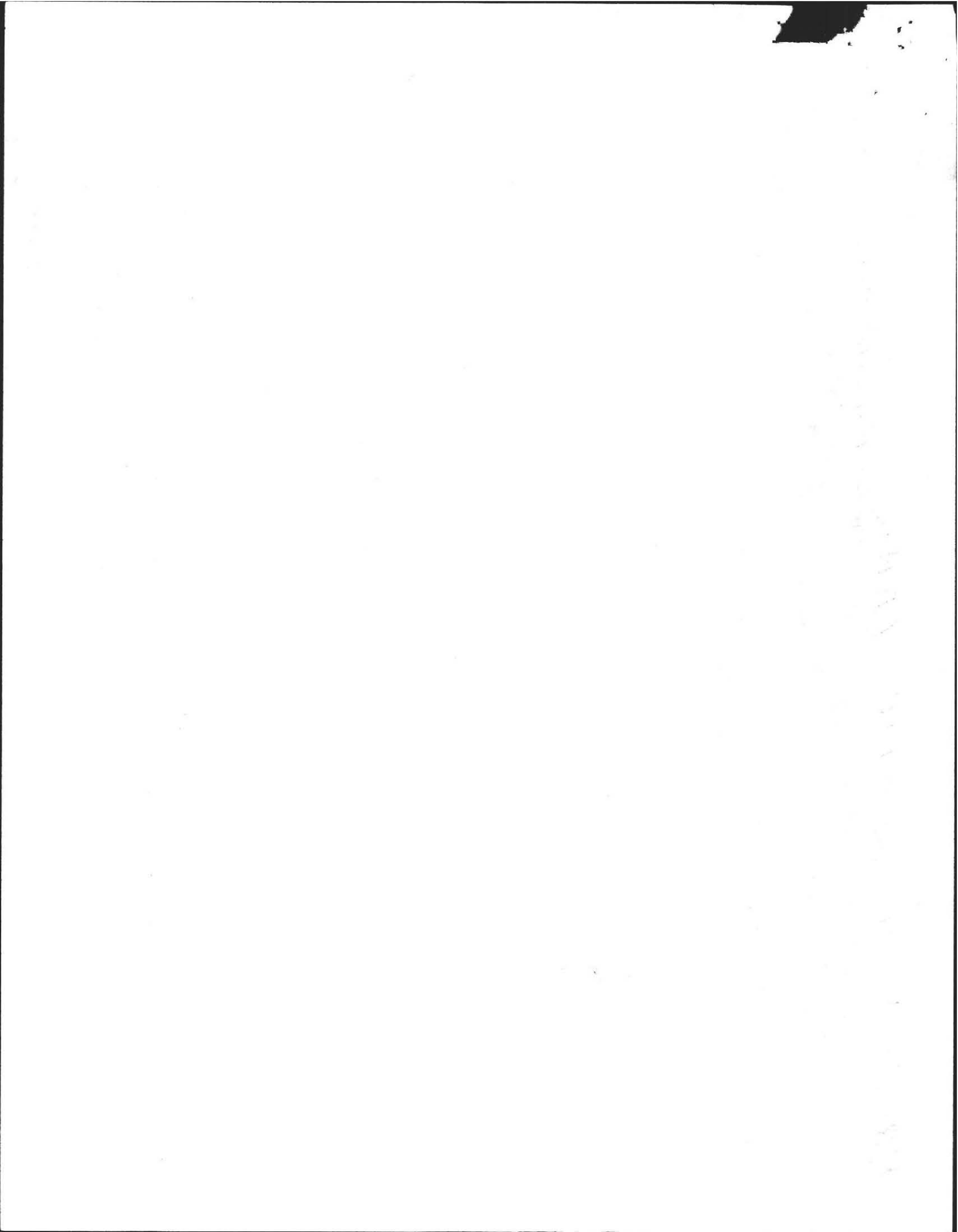
has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the application for Disposal Works Construction Permit No. \_\_\_\_\_ dated \_\_\_\_\_

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORY.

DATE

Inspector

CHECK OR FILL IN WHERE APPLICABLE



# PROFILE OF SEPTIC TANK

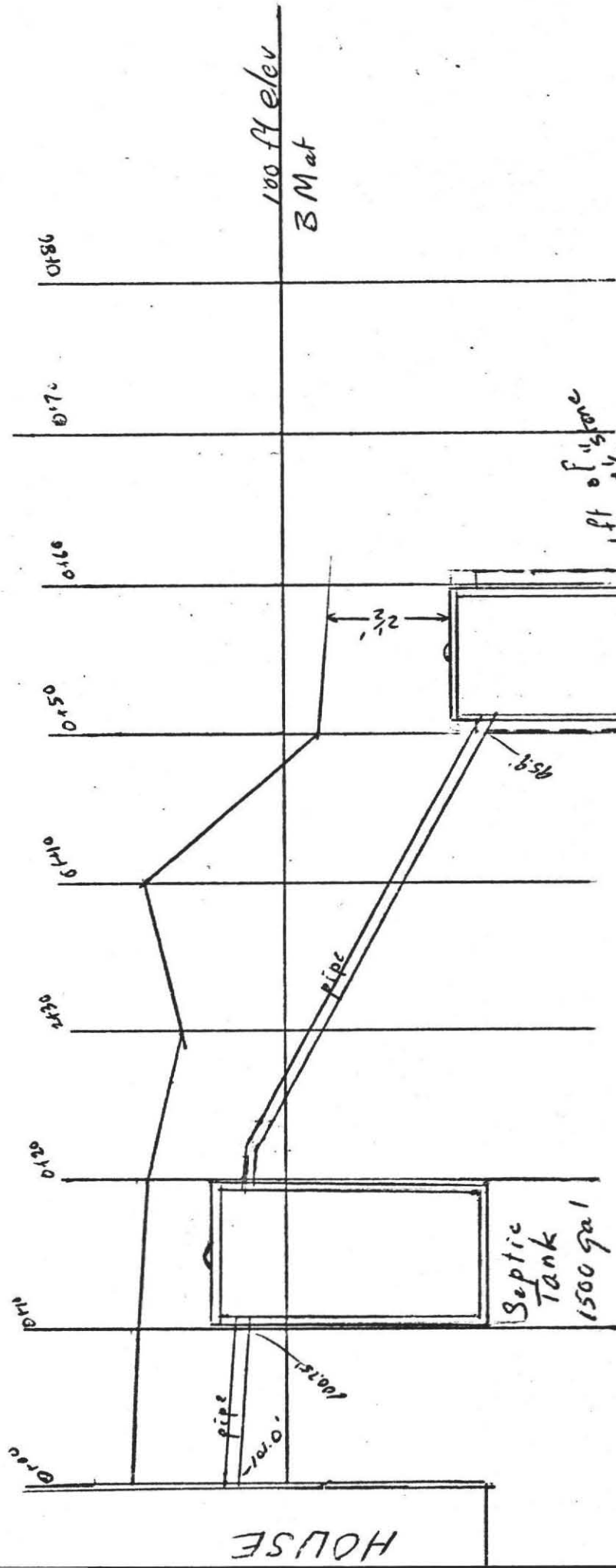
Apr. 7, 1983

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

By: Frederick Filios

For: JA Wright Co Inc.  
115 Industrial Dr.  
Northampton Ma.

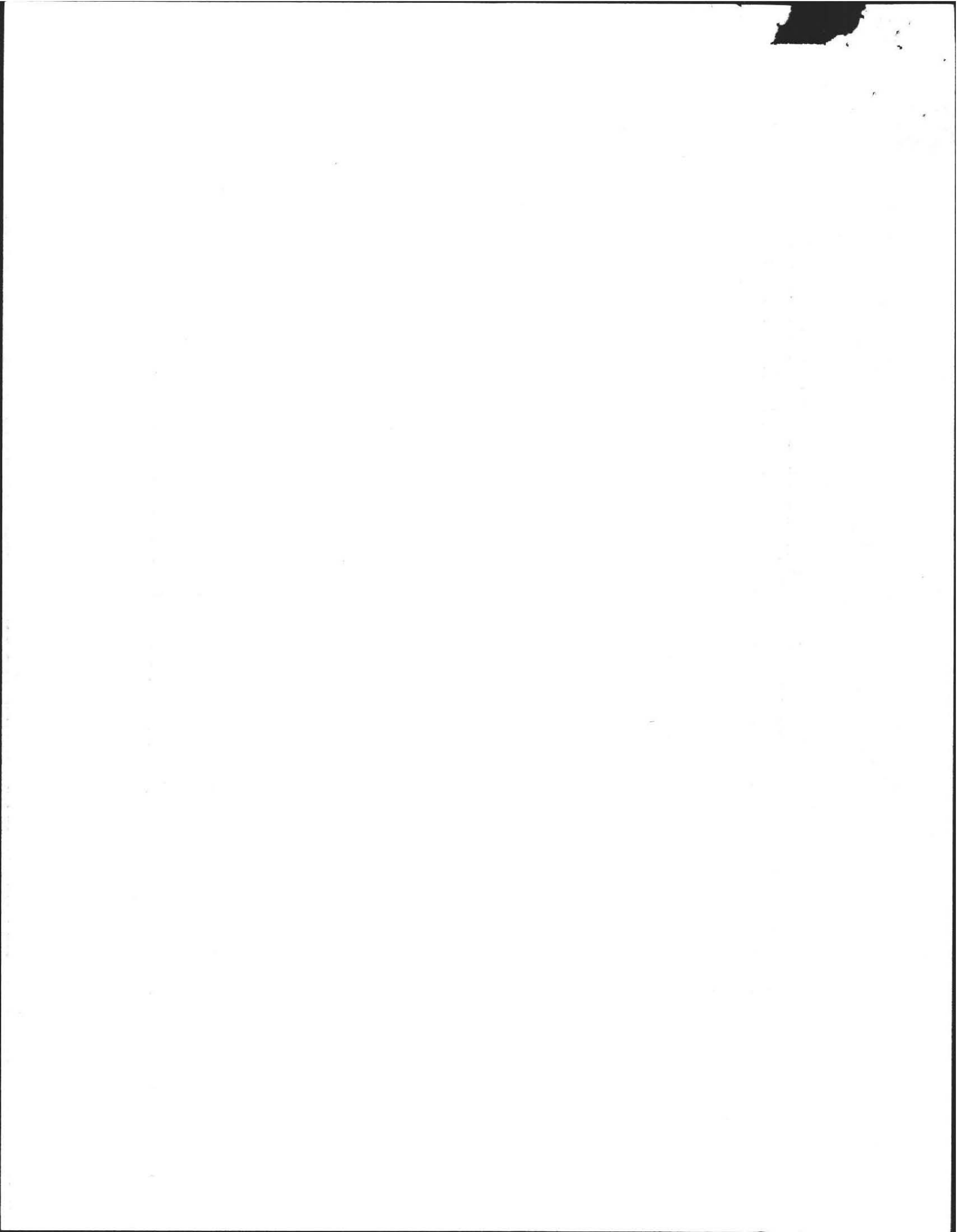
AT: Amherst Woods Lot 19, 20



## Calculations

$$\begin{aligned}
 4 \text{ bdm} \times 110 + 50\% &= 660 \text{ gal. required} \\
 \text{Sides } 11\frac{1}{2} \times 6 \times 2.5 &= 345 \text{ gal} \\
 \text{" } 8 \times 6 \times 2.5 &= 250 \text{ gal} \\
 \text{Bottom } 8 \times 11\frac{1}{2} \times 1 &= 92 \text{ gal} \\
 &= \underline{687 \text{ gal proposed}}
 \end{aligned}$$





# DEEP SOIL LOGS

OWNER JAWright Co Inc  
Amherst Woods Phase I

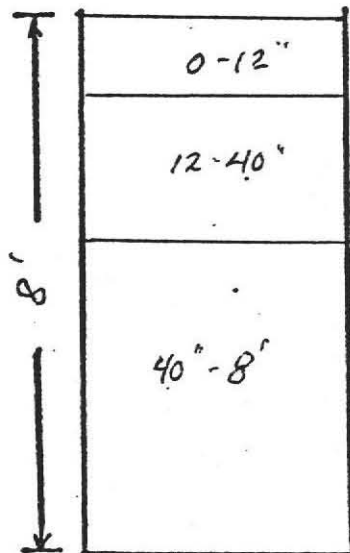
Date Mar. 15, 1981

LOCATION Wildflower Drive

OBSERVER FA Filios

Soil

Lot # 19



Topsoil

0-12"

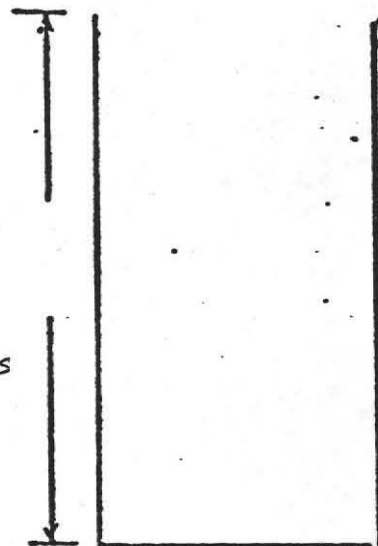
Subsoil; sand

12-40"

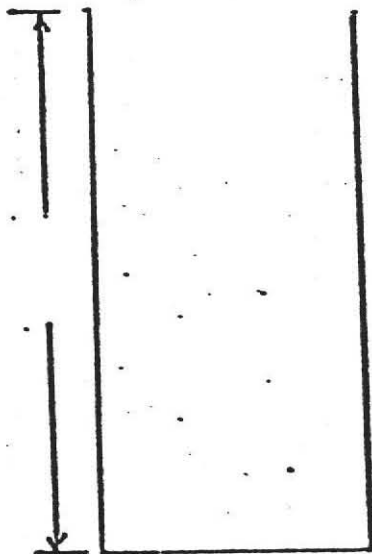
Coarse sand with  
gravel + cobbles

40" - 8'

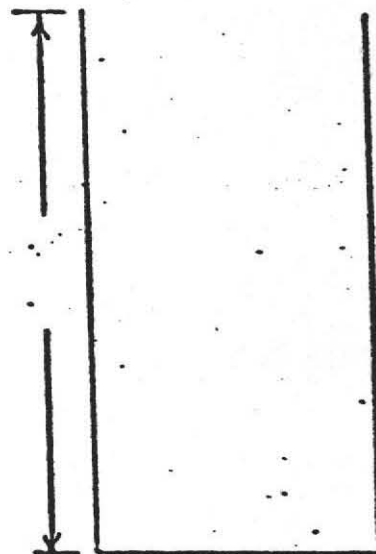
Ground Water none



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



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

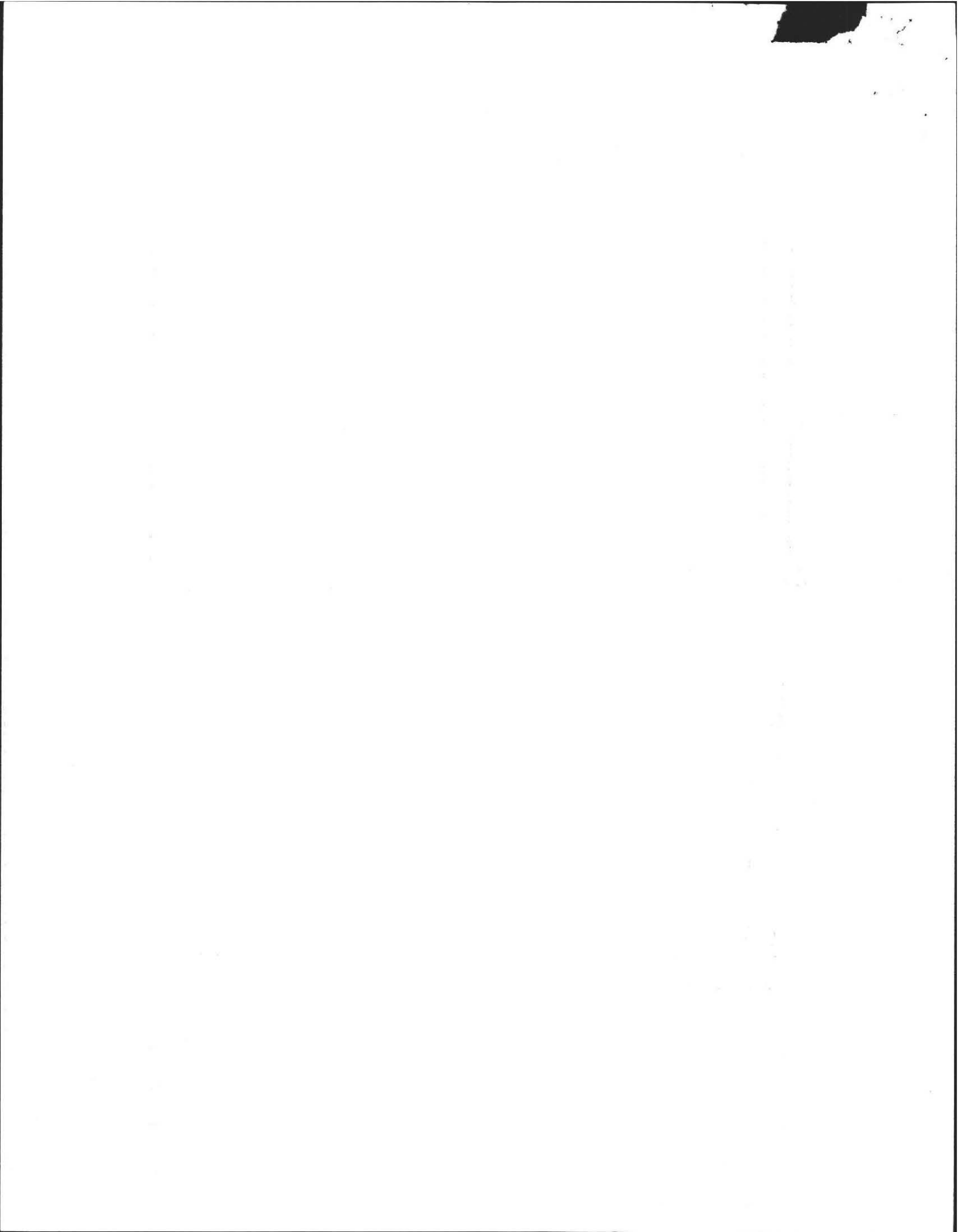


Ground Water \_\_\_\_\_

Percolation at 34"

.25 minutes/inch





# DEEP SOIL LOGS

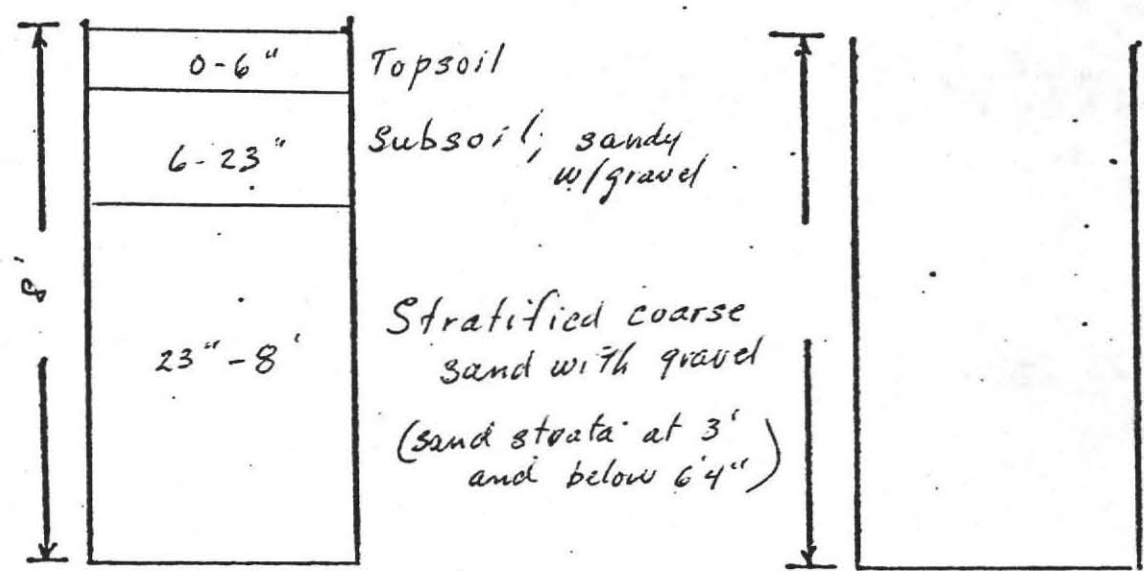
OWNER JA Wright Co Inc  
Amherst Woods

Date Mar 16 1981

LOCATION Wildflower Drive

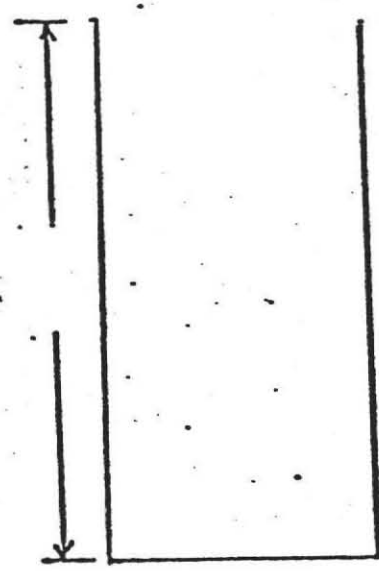
OBSERVER FA Filios

Soil Lot #20

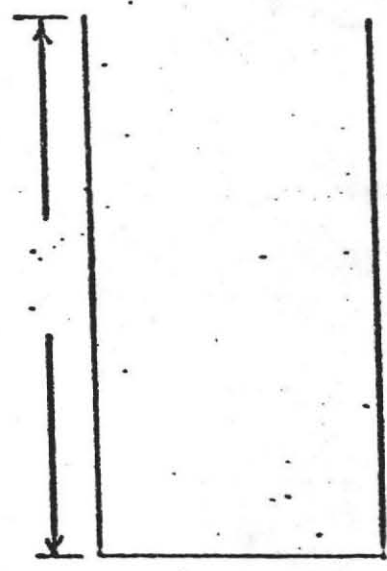


Ground Water none

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



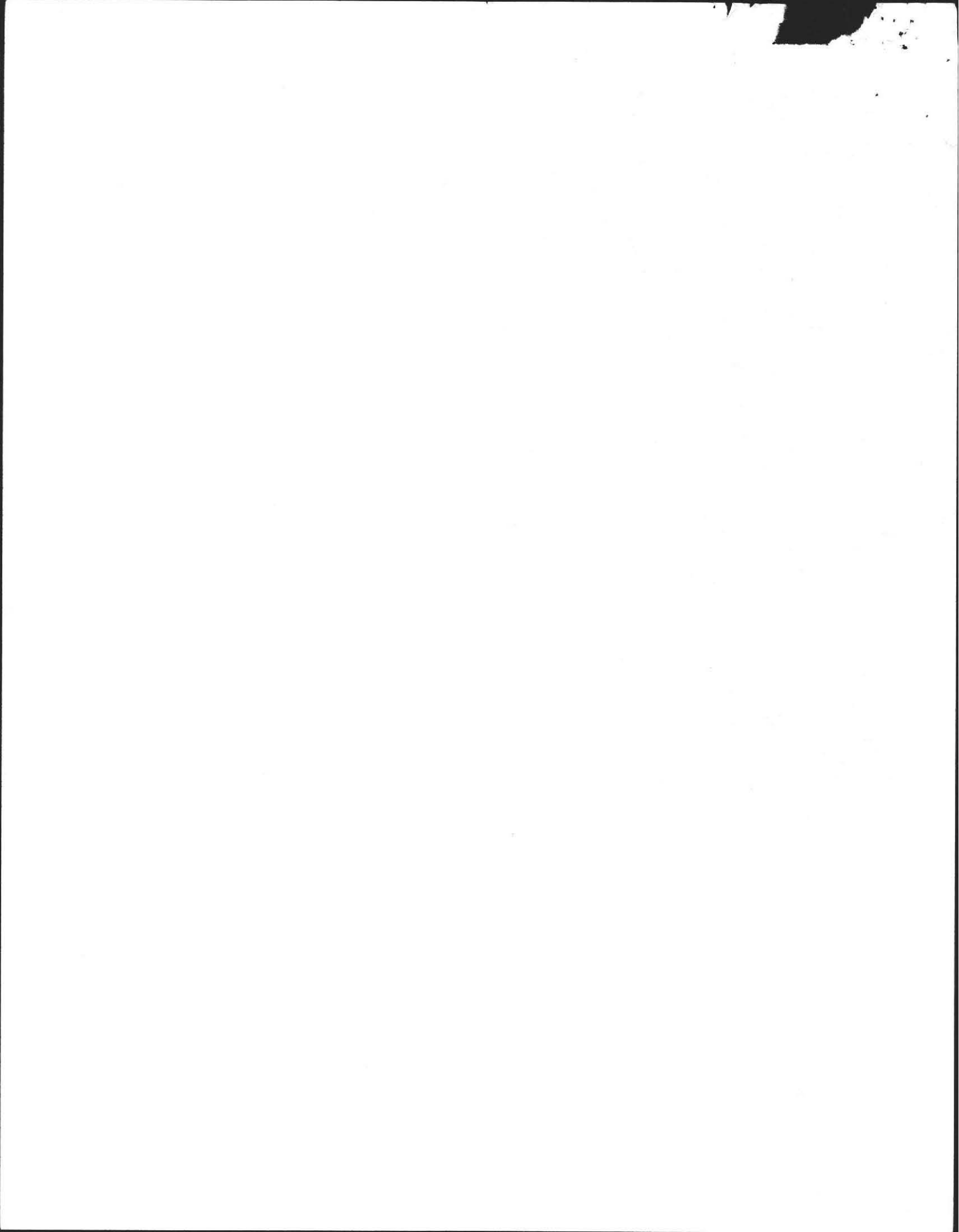
Ground Water \_\_\_\_\_



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

Percolation at 32"  
.9 minutes/inch







WILDFLOWER DRIVE

# PLAN SHOWING SEWAGE DISPOSAL

For: J.A. Wright Co Inc.  
115 Industrial Dr.  
Northampton Mass

At: Amherst Woods

Scale: 1" = 40'

By: Frederick Filios



273.66'

230'

19  
81,166 Sq ft.  
1.863 Ac

P.T. + Perc.  
Δ

445.71'

40'

40'

46.29'

667.36'

GAR. HOUSE

P.T. + Perc.  
Δ

Septic Tank  
1500 gal

pipe

Res Area

Leach P.T.

8' x 11 1/2' x 6' deep

X  
B.M.  
Nail in 2" p.c.

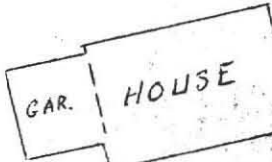
321.83'

20  
100,862 Sq ft.  
2.316 Ac

370'

230'

667.36'



Pit + Perc.  
Δ<sup>o</sup>

Septic Tank  
1500 gal.

pipe



Leach Pit

8' x 11 1/2' x 6' deep

x  
BM  
Nail in 2" pine

Pit + Perc  
Δ<sup>o</sup>

321.83'

370'

20

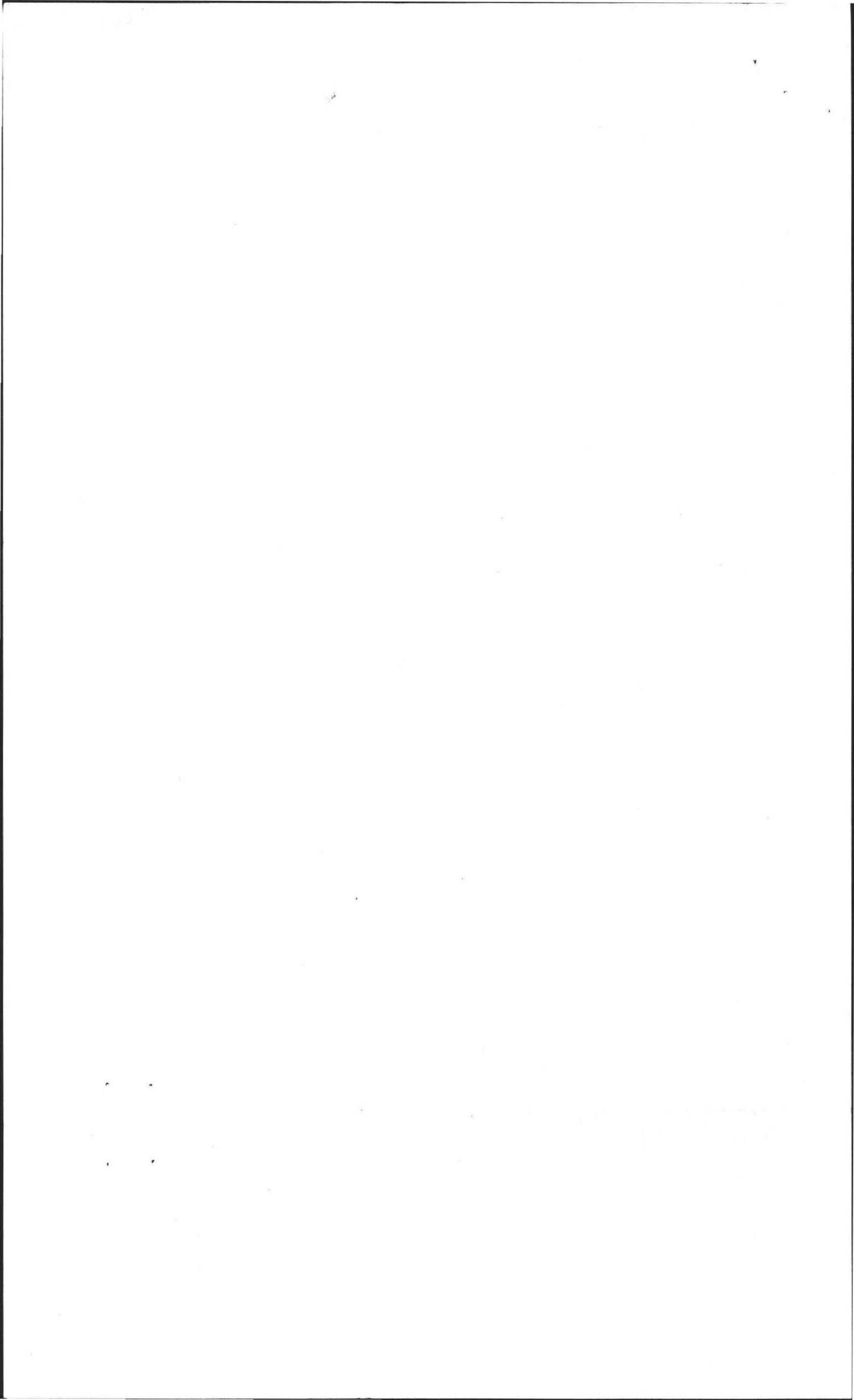
100,862 Sq. ft.  
2.316 Ac.

6 Sq. ft.  
163 Ac

230'

30'

18 Western Drive



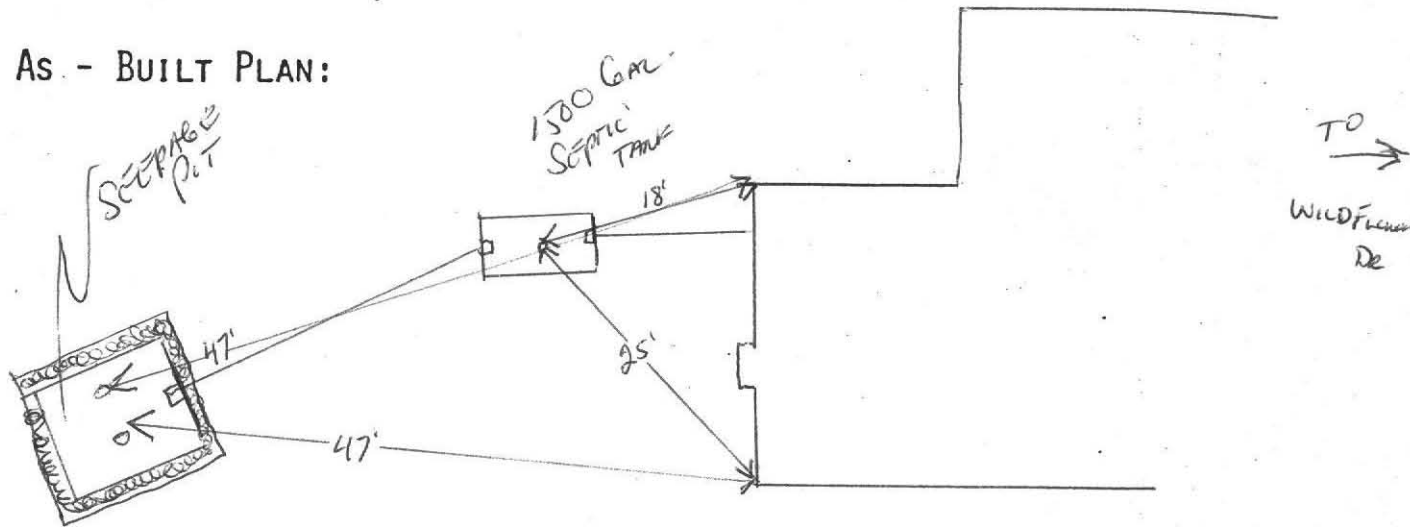
BOARD OF HEALTH  
TOWN OF AMHERST, MASSACHUSETTS  
LOT 19-20

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

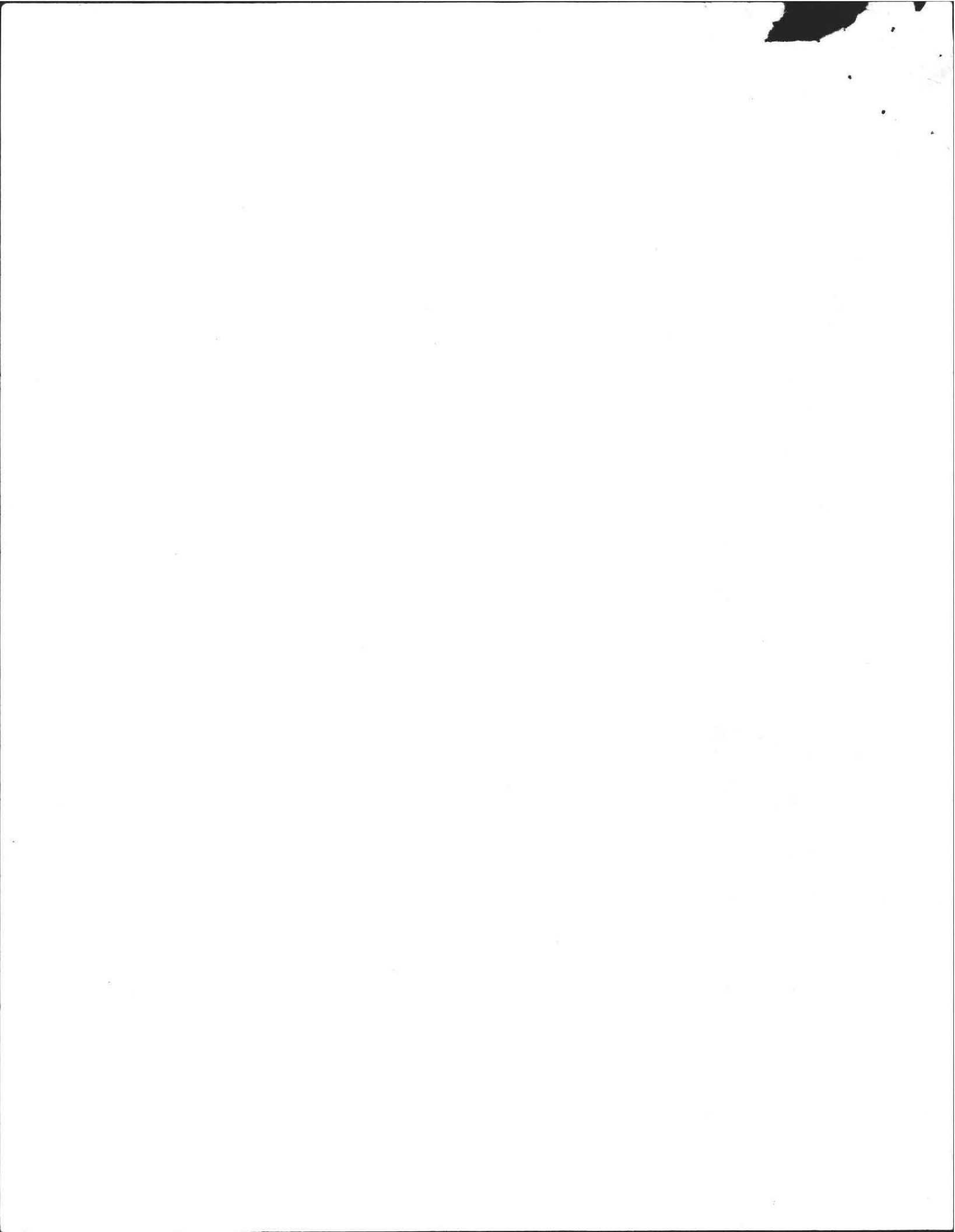
Owner BERGLUND c/o JA. Wright Address INDUSTRIAL PARK NORTHAMPTON  
 Installer LA VALLEY & SONS Address RYAN RD. FLORENCE MA ...  
 Date Installation Inspected and Approved MAY 1983  
 Description of System: Tank Capacity: 1500  
 Leach Field ( ) Bed ( ) Seepage Pit (X) Square Feet: 595<sup>sq</sup> 92' BOTTOM  Slope  
 Garbage Grinder Yes ( ) No ( ) No. Bedrooms: \_\_\_\_\_ No. People \_\_\_\_\_

AS - BUILT PLAN:

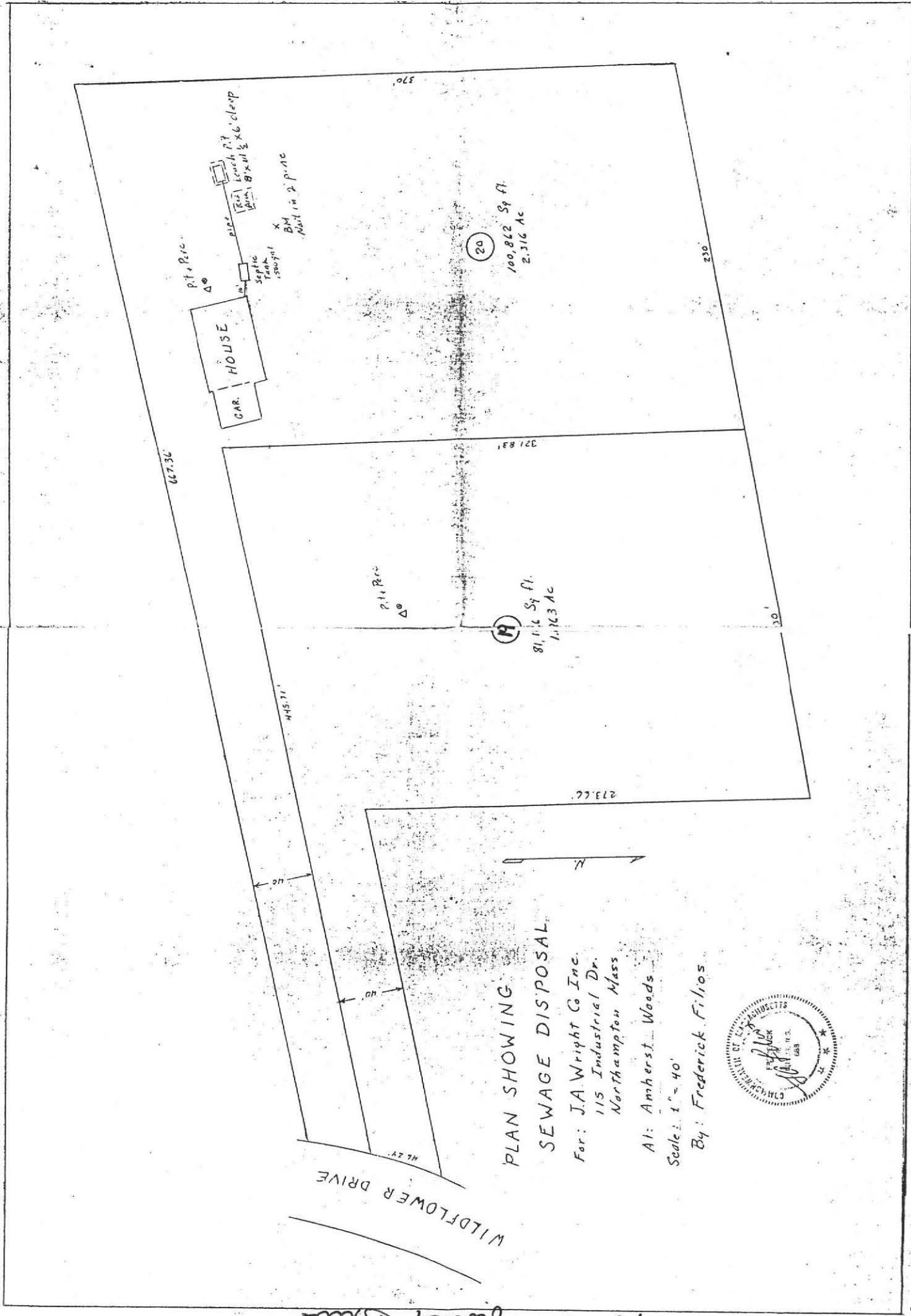


PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

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.



18 Widdflower Drive



PLAN SHOWING  
SEWAGE DISPOSAL

For: J.A. Wright Co Inc.  
115 Industrial Dr.  
Northampton Mass

At: Amherst, Woods

Scale 1" = 40'

By: Frederick Filios

