

Wildflower Drive - Completed

833.11 /

1877

#15



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION



TITLE 5
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 15 Wildflower Lane
Amherst, MA 01002

Owner's Name: Jeffery & Patricia Sedgwick

Owner's Address: 2111 Jefferson Davis Hwy
Apartment 715S

Arlington, Virginia 22202

Date of Inspection: 7/3/06 & 7/20/06 (pumping)

Name of Inspector: (please print) John J. Higgins

Company Name: Northeast Environmental Corporation

Mailing Address: 68 Fairview Street
South Hadley, MA 01075

Telephone Number: (413) 532-6131

CERTIFICATION STATEMENT

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 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:

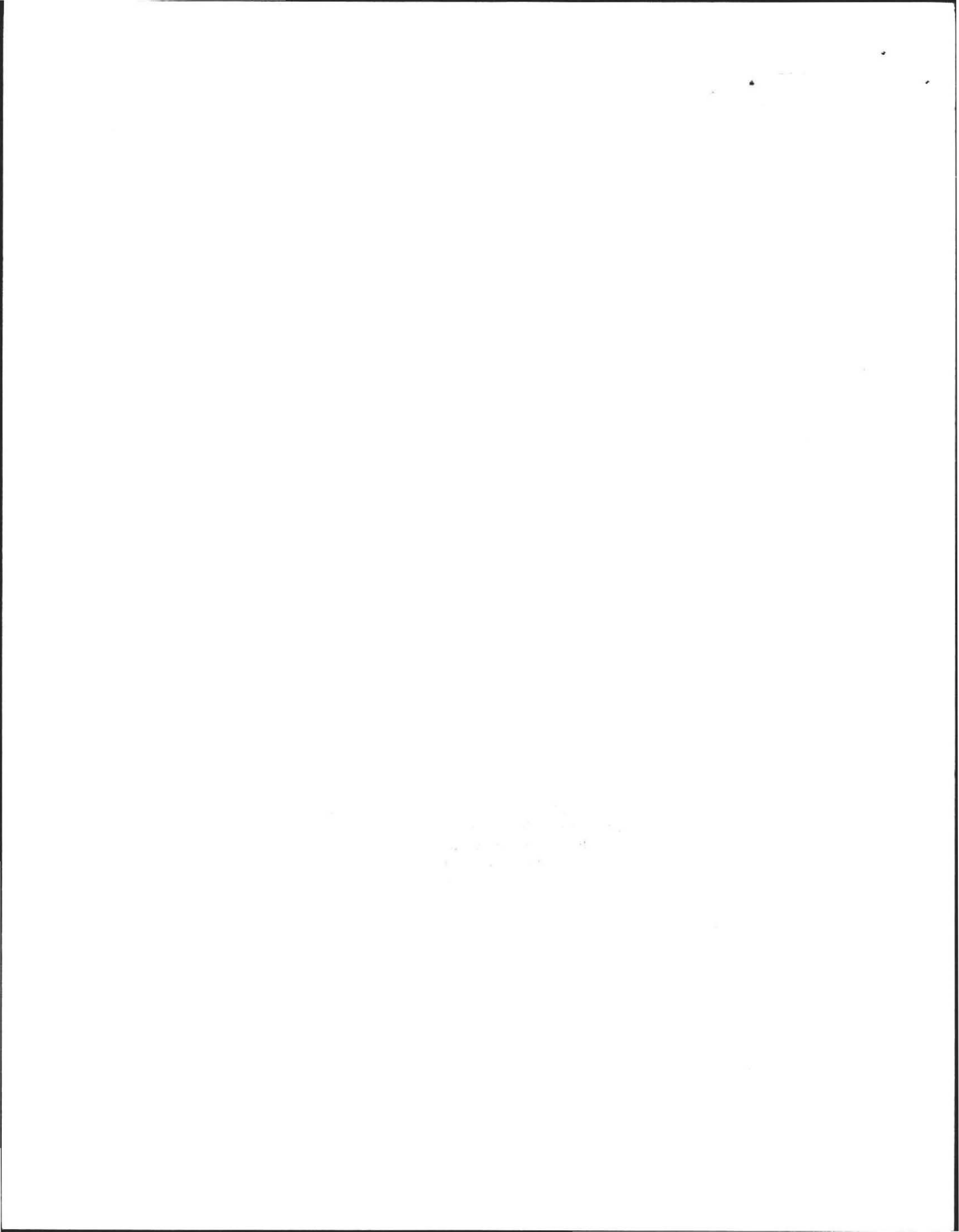
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: *John J. Higgins* Date: 7/21/06

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 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.

Notes and Comments: concrete in tank is in very good condition for 20+ years of use.

****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.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002
Owner: Jeffery & Patricia Sedgwick
Date of Inspection: 7/3/06&7/20/06

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:

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:

_____ 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):

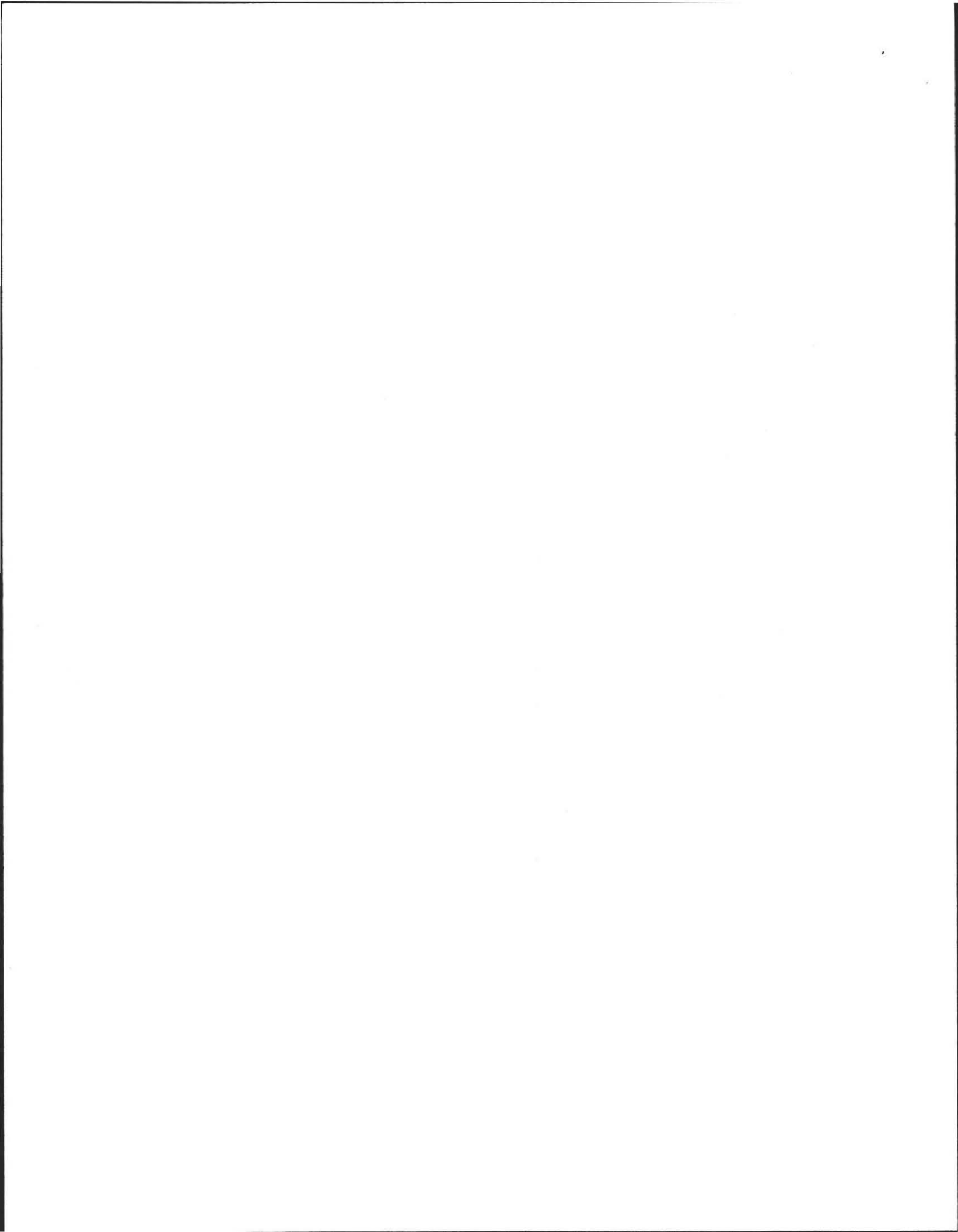
- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

ND explain:

_____ 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:



PART A
CERTIFICATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002

Owner: Jeffery & Patricia Sedgwick

Date of Inspection: 7/3/06&7/20/06

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:

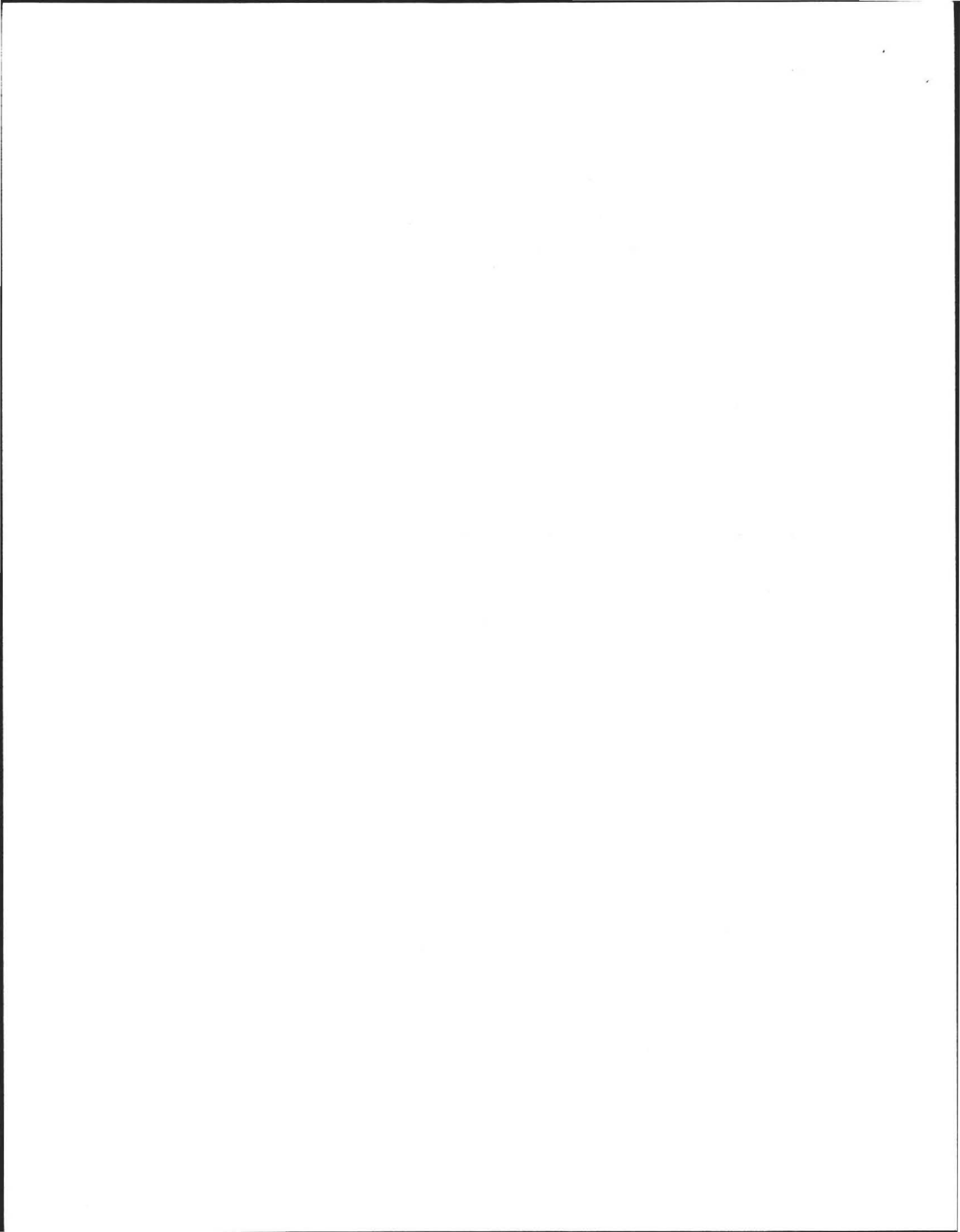
- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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.
- 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 and volatile organic compounds indicates that the well is free from pollution from that facility 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:



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002
Owner: Jeffery & Patricia Sedgwick
Date of Inspection: 7/3/06&7/20/06

D. System Failure Criteria applicable to all systems:
You **must** indicate “yes” or “no” to each of the following for **all** inspections:

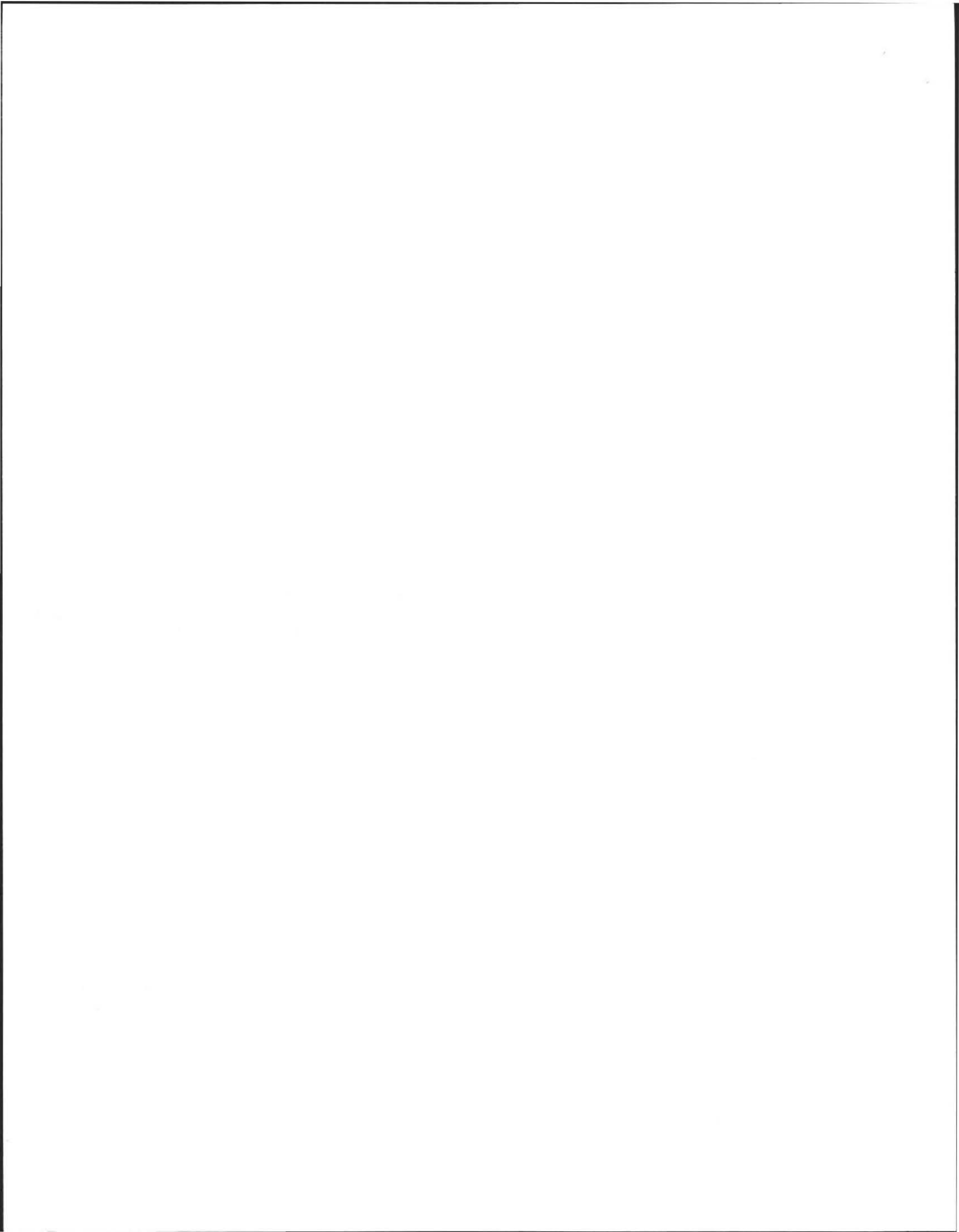
- | | | |
|--------------------------|-------------------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" 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 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 type="checkbox"/> | Liquid depth in cesspool is less than 6” below invert or available volume is less than ½ day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of time pumped <u> </u> . |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well & no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollutants from that facility 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.] |

No (Yes/No) **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 be necessary to correct the failure.

E. Large Systems: NA
To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.
You must indicate either “yes” or “no” to each of the following:
(The following criteria apply to large systems in addition to the criteria above)

- | | | |
|--------------------------|--------------------------|--|
| yes | no | |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | 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.



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

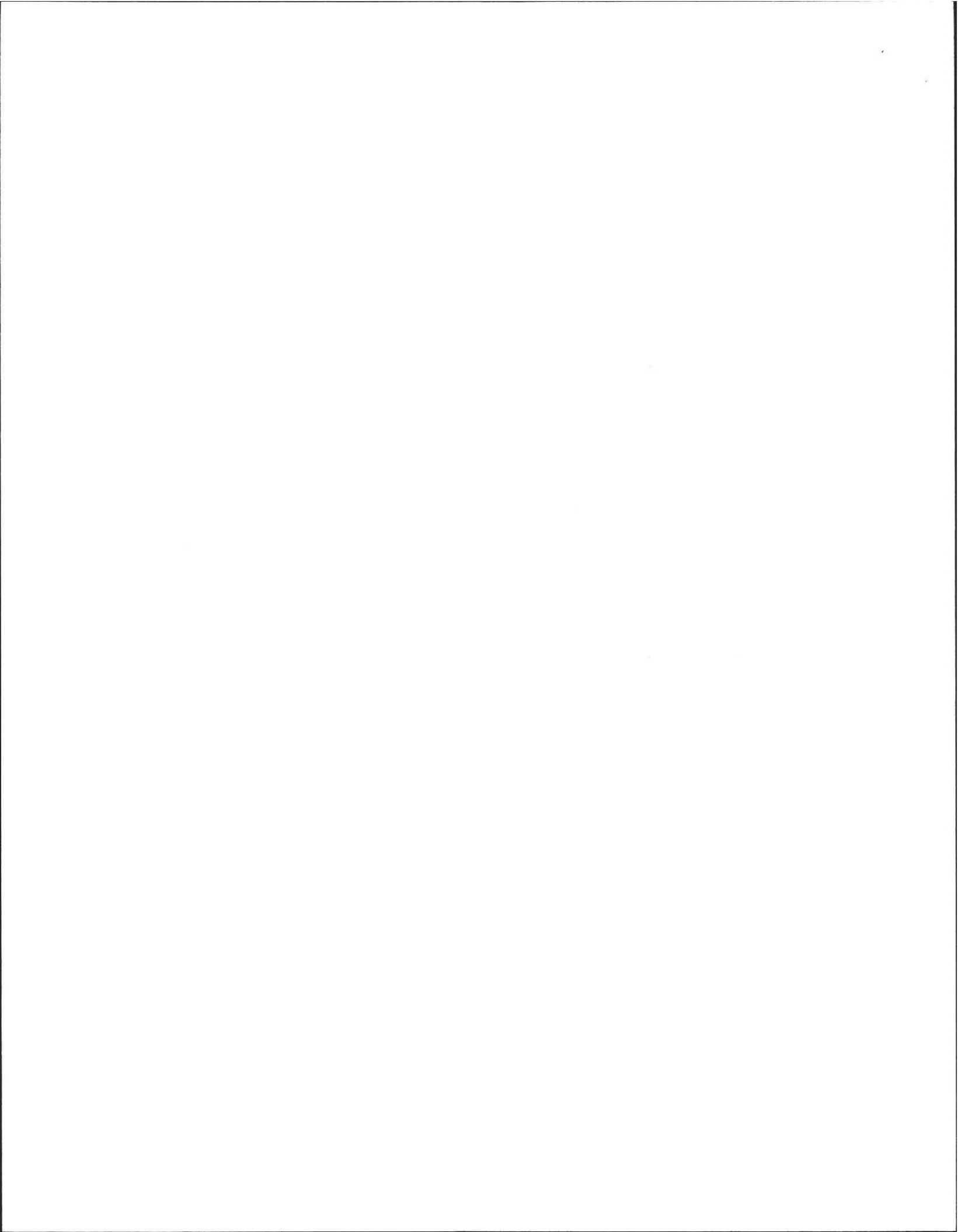
Property Address: 15 Wildflower Lane
Amherst, MA 01002
Owner: Jeffery & Patricia Sedgwick
Date of Inspection: 7/3/06&7/20/06

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 <u>owner</u> , 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 type="checkbox"/> | <input checked="" 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:

- | Yes | no | |
|-------------------------------------|--------------------------|---|
| <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(3)(b)] |



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION**

Property Address: 15 Wildflower Lane
Amherst, MA 01002
Owner: Jeffery & Patricia Sedgwick
Date of Inspection: 7/3/06&7/20/06

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 3 Number of bedrooms (actual): 3
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 330gpd
Number of current residents: 2
Does residence have a garbage grinder (yes or no): Yes
Is laundry on a separate sewage system (yes or no): No [if yes separate inspection required]
Laundry system inspected (yes or no): NA
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): see attached...owner indicates most readings were estimated an not actual
Sump pump (yes or no): No
Last date of occupancy: present

COMMERCIAL/INDUSTRIAL NA

Type of establishment: _____
Design flow (based on 310 CMR 15.203): _____ gpd
Basis of design flow (seats/persons/sqft,etc.): _____
Grease trap present (yes or no): _____
Industrial waste holding tank present (yes or no): _____
Non-sanitary waste discharged to the Title 5 system (yes or no): _____
Water meter readings, if available: _____
Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

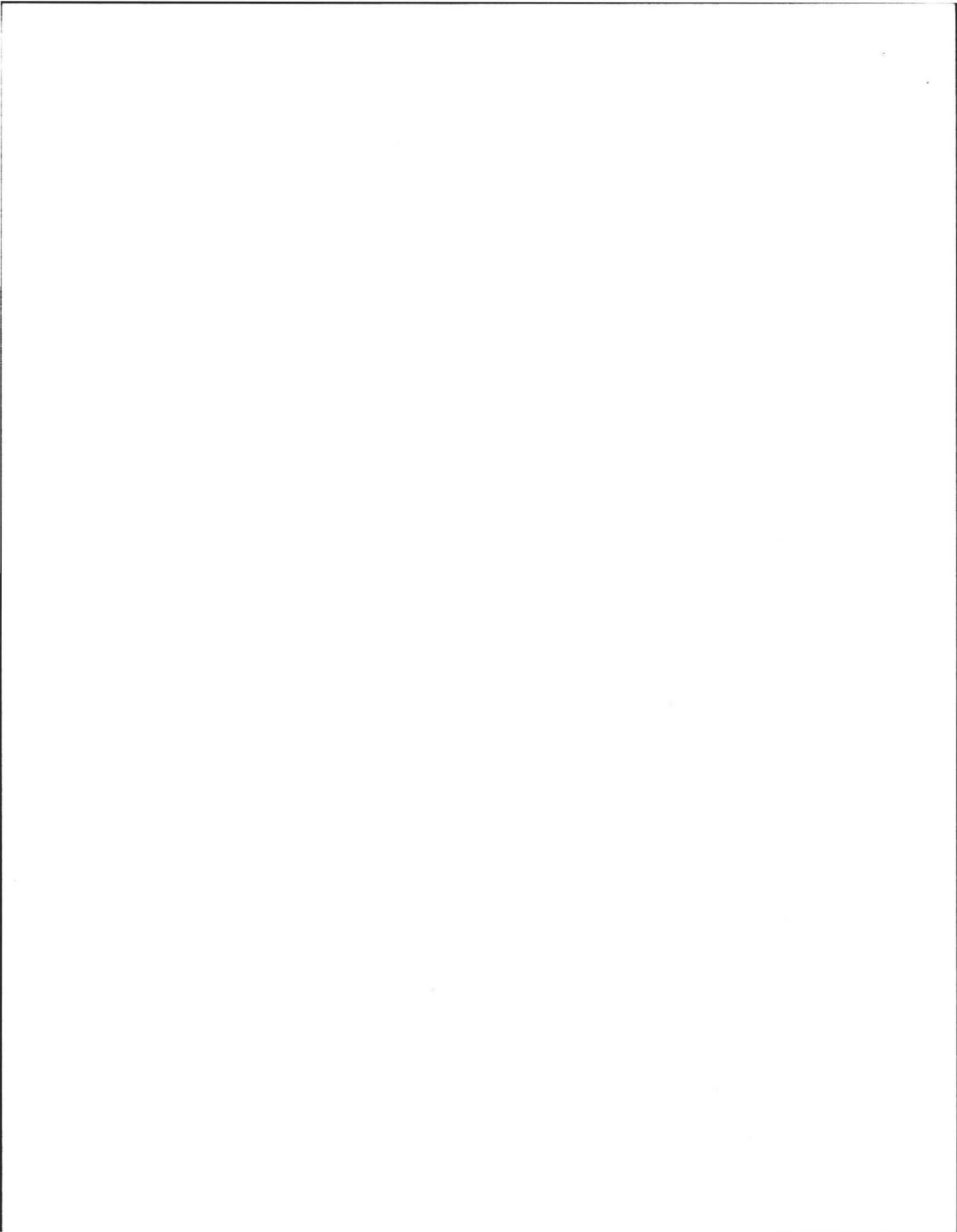
Source of information: owner
Was system pumped as part of the inspection (yes or no): Yes
If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? tank volume
Reason for pumping: sludge level was at 12 inches

TYPE OF SYSTEM

Septic tank, distribution box, soil absorption system (tank & leaching pit)
 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: 1983 – as built plan

Were sewage odors detected when arriving at the site (yes or no): No



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002
Owner: Jeffery & Patricia Sedgwick
Date of Inspection: 7/3/06&7/20/06

BUILDING SEWER (locate on site plan)

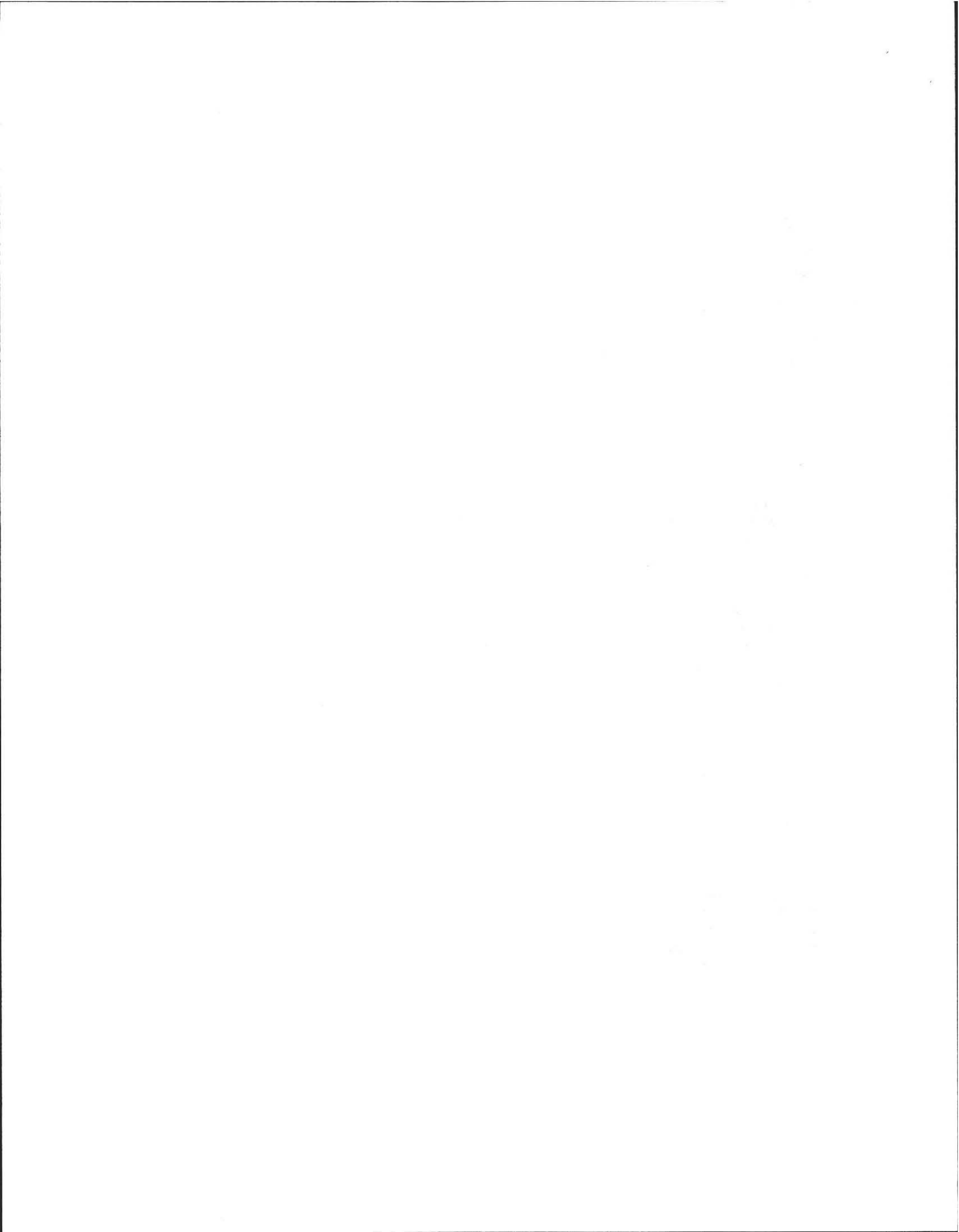
Depth below grade: 12 inches
Materials of construction: cast iron 40 PVC other (explain): _____
Distance from private water supply well or suction line: NA
Comments (on condition of joints, venting, evidence of leakage, etc.):

SEPTIC TANK: ___ (locate on site plan)

Depth below grade: 3"-12"
Material of construction: concrete metal fiberglass polyethylene
 other(explain) _____
If tank is metal list age: ___ Is age confirmed by a Certificate of Compliance (yes or no): ___ (attach a copy of certificate)
Dimensions: 5x10x6
Sludge depth: 12"
Distance from top of sludge to bottom of outlet tee or baffle: >12 inches
Scum thickness: <1 inch
Distance from top of scum to top of outlet tee or baffle: NA
Distance from bottom of scum to bottom of outlet tee or baffle: NA
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.): tank had not been pumped in many years according to owner. Tank in very good condition...no evidence of spalling.

GREASE TRAP: NA (locate on site plan)

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



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C**

SYSTEM INFORMATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002

Owner: Jeffery & Patricia Sedgwick

Date of Inspection: 7/3/06&7/20/06

TIGHT or HOLDING TANK: NA (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/day

Alarm present (yes or no): _____

Alarm level: _____ Alarm in working order (yes or no): _____

Date of last pumping: _____

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

DISTRIBUTION BOX: NA (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: _____

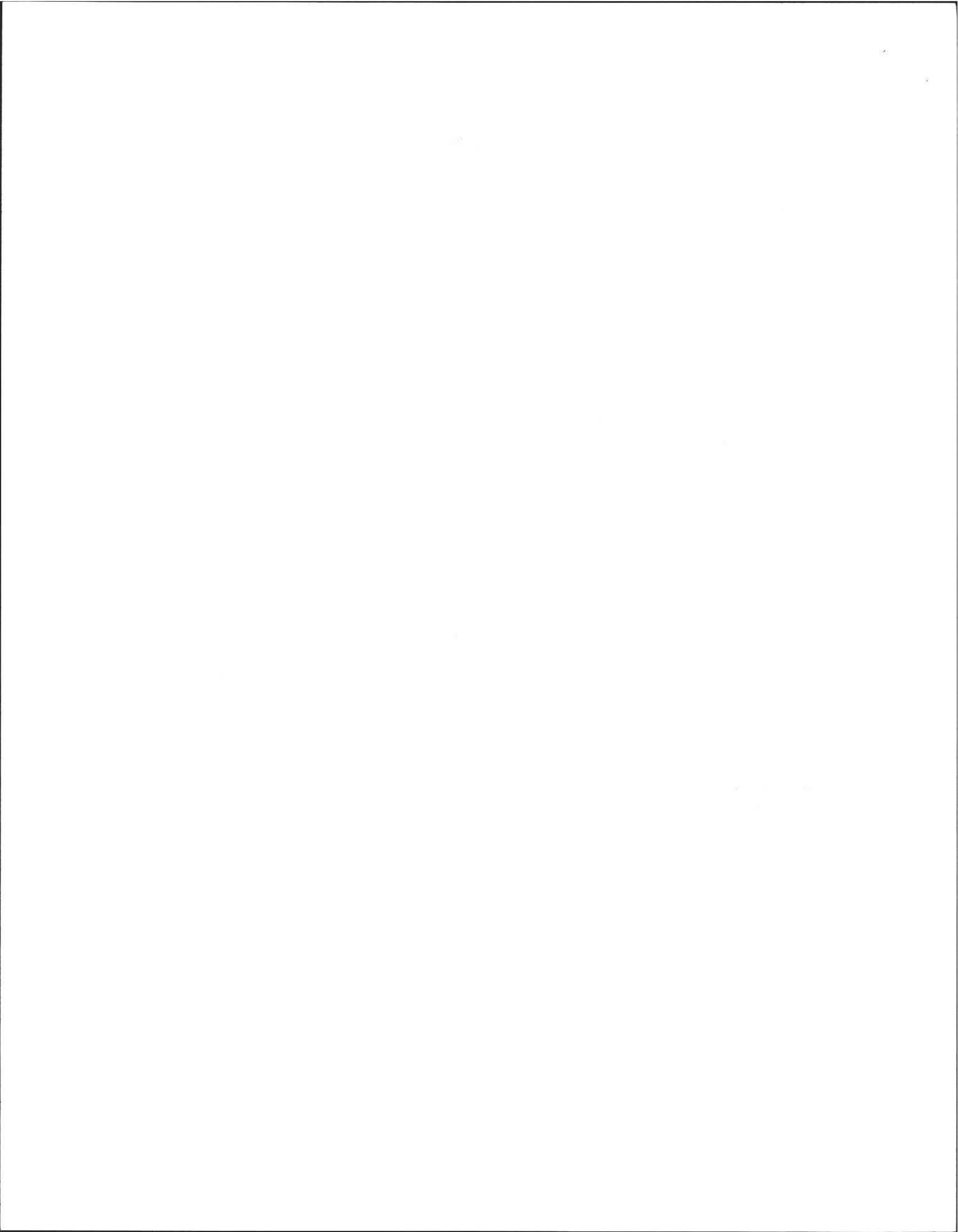
Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into out of box, etc.): _____

PUMP CHAMBER: NA (locate on site plan)

Pumps in working order (yes or no): _____

Alarms in working order (yes or no): _____

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



**OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C**

SYSTEM INFORMATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002

Owner: Jeffery & Patricia Sedgwick

Date of Inspection: 7/3/06&7/20/06

SOIL ABSORPTION SYSTEM (SAS): X (locate on site plan, excavation not required)

If SAS not located explain why:

Type

X leaching pits, number: _____

_____ 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
sign of breakout or other problems

CESSPOOLS: NA (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 or no): _____

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

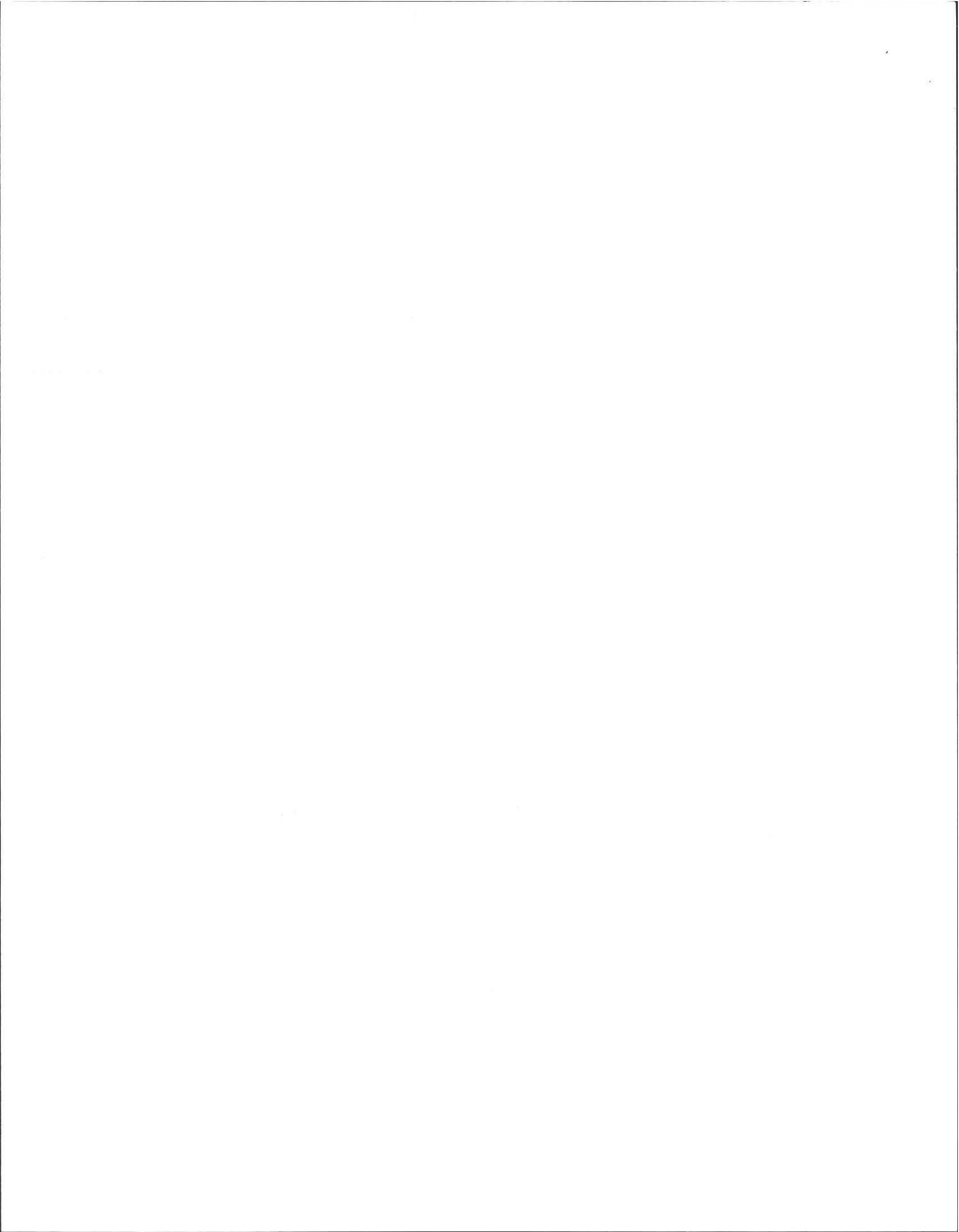
PRIVY: NA (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

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

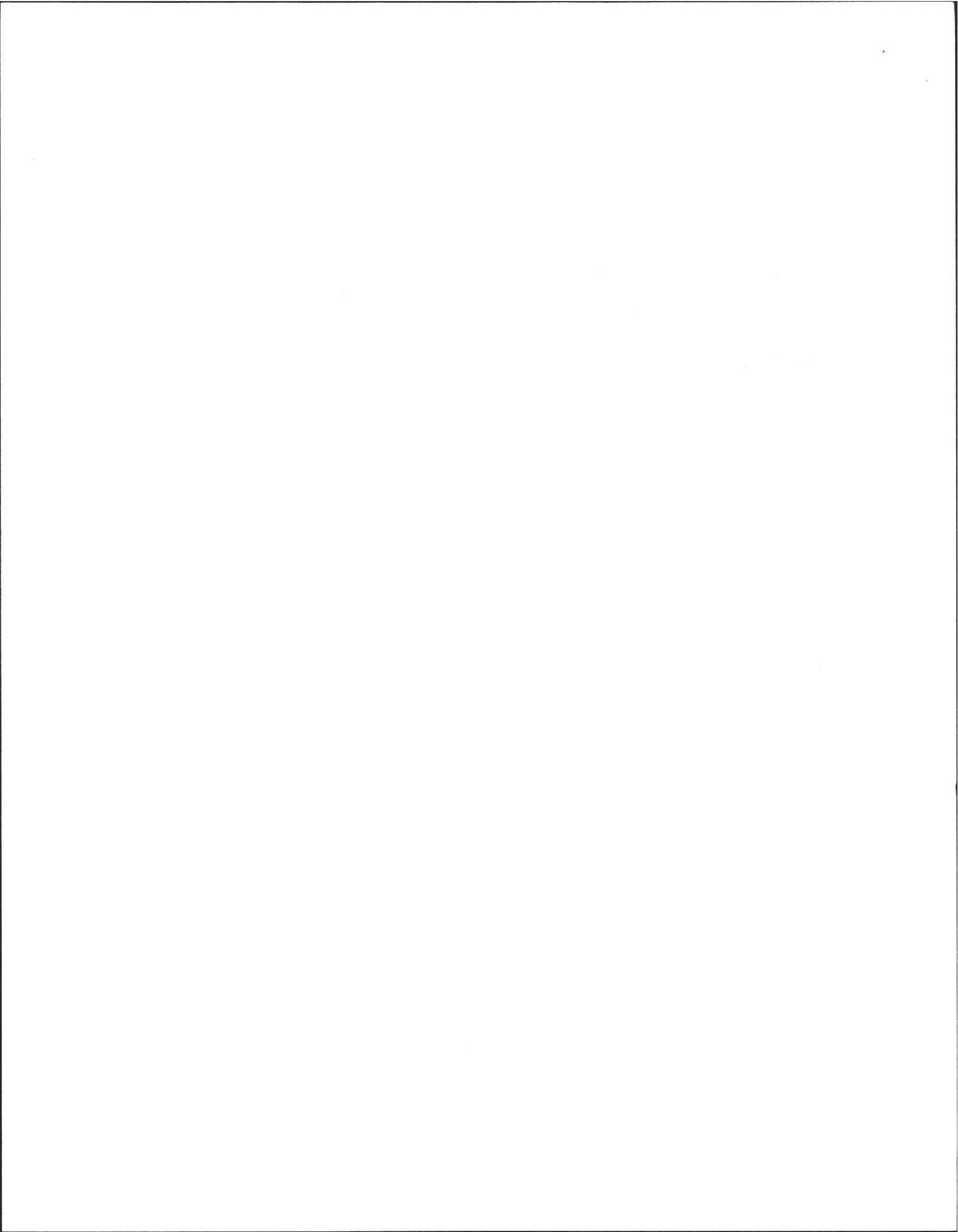


OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002
Owner: Jeffery & Patricia Sedgwick
Date of Inspection: 7/3/06&7/20/06

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.
See attached as built plan



OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C

SYSTEM INFORMATION (continued)

Property Address: 15 Wildflower Lane
Amherst, MA 01002

Owner: Jeffery & Patricia Sedgwick

Date of Inspection: 7/3/06&7/20/06

SITE EXAM

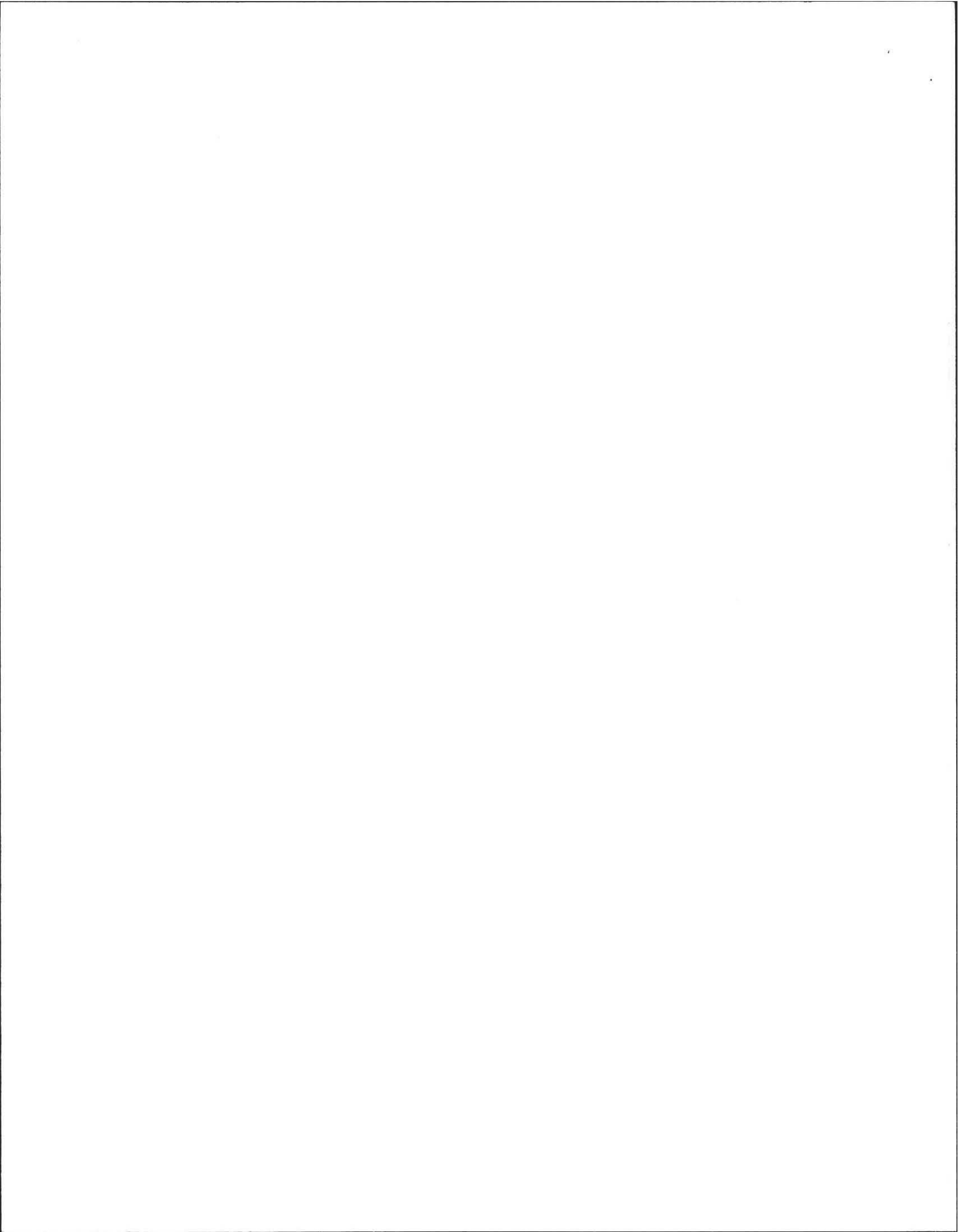
- Slope X
- Surface water X
- Check cellar X
- Shallow wells X

Estimated depth to ground water <10 feet feet

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

- Obtained from system design plans on record - If checked, date of design plan reviewed: 10/13/83
- 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**: site is steeply sloped. Hillside continues down or other side of road. No sign of groundwater seeps on slopes despite high levels of rainfall over preceding several weeks.



No. 83-22

#15



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:

15 Wildflower Dr. Putnam Rd Amherst Woods lot #4
Location - Address or Lot No.
Donald LaVerdiere 700 Station Rd Amherst Ma.
Owner Address
X Ed Stone ? Installer

CHECK OR FILL IN WHERE APPLICABLE

Type of Building
Dwelling — No. of Bedrooms 3 Expansion Attic () Garbage Grinder (✓)
Other — Type of Building _____ No. of persons _____ Showers () — Cafeteria ()
Other fixtures _____
Design Flow 5.5 gallons per person per day. Total daily flow 330 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 10 1/2 x 7 Depth below inlet 5' Total leaching area 54 sq ft bottom 175' 13.5'
Other Distribution box () Dosing tank ()
Percolation Test Results Performed by Frederick Filios Date Mar 15, 1981
Test Pit No. 1 1.2 minutes per inch Depth of Test Pit 1.0 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 Frederick Filios Date 10/14/83

Application Approved By _____ Date _____

Application Disapproved for the following reasons: _____

Permit No. 83-22 Issued 10-13-83 Date

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

OF _____
Certificate of Compliance

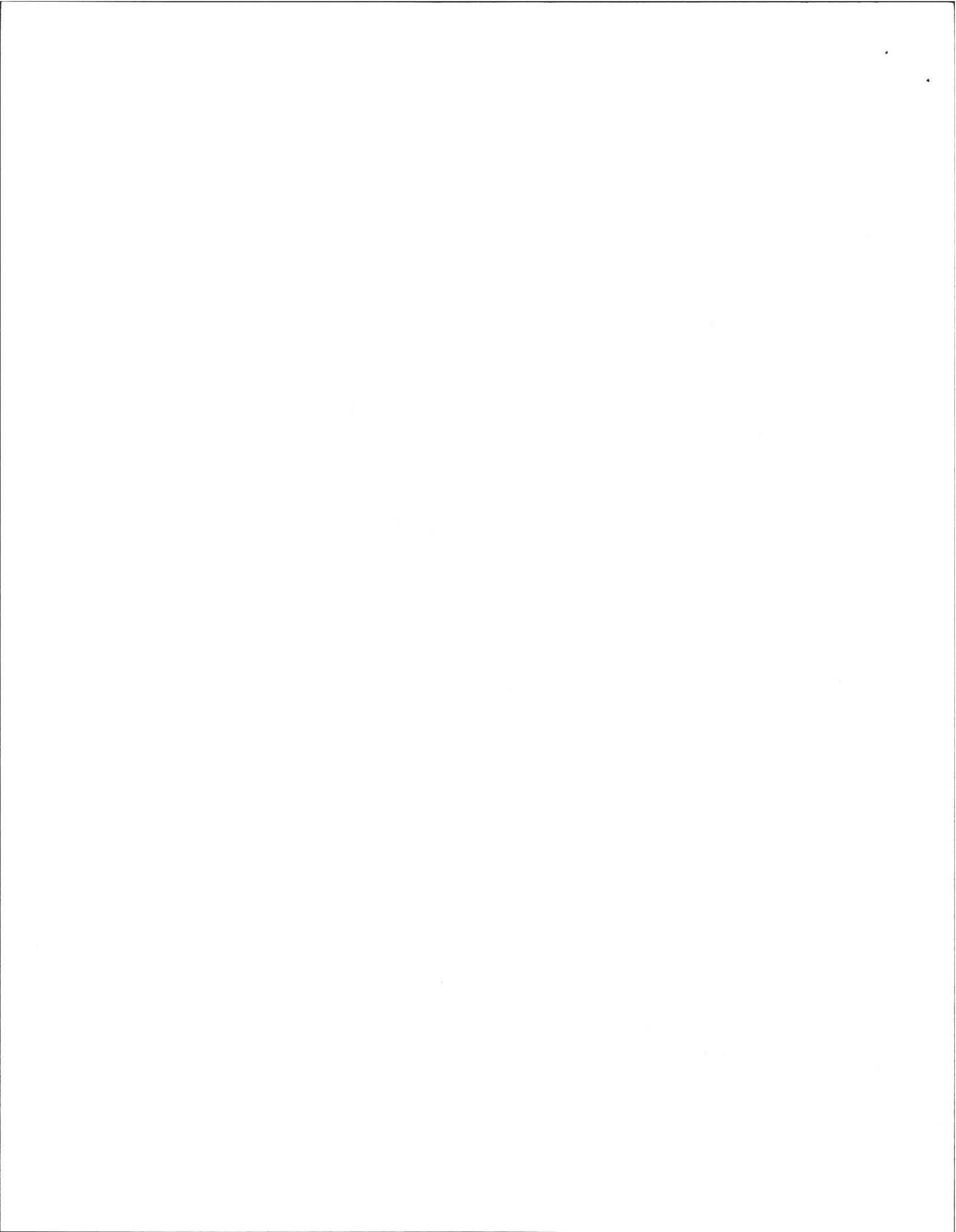
THIS IS TO CERTIFY, That the Individual Sewage Disposal System constructed () or Repaired () by _____

at _____
Installer

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

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

DATE _____



BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

Lot 4 Wildflower
Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner Doris Vignone SADDY CAMP Address 700 SADDY RD

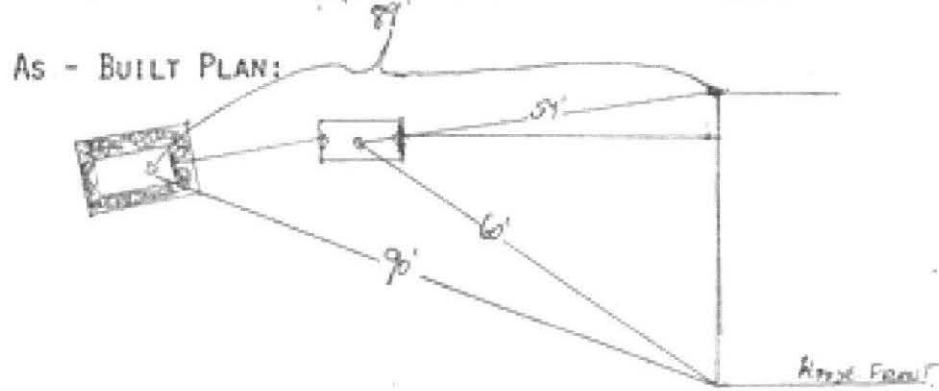
Installer EO STONE Address NEWTON

Date Installation Inspected and Approved 9-22-81, PLS

Description of System: Tank Capacity: 1500

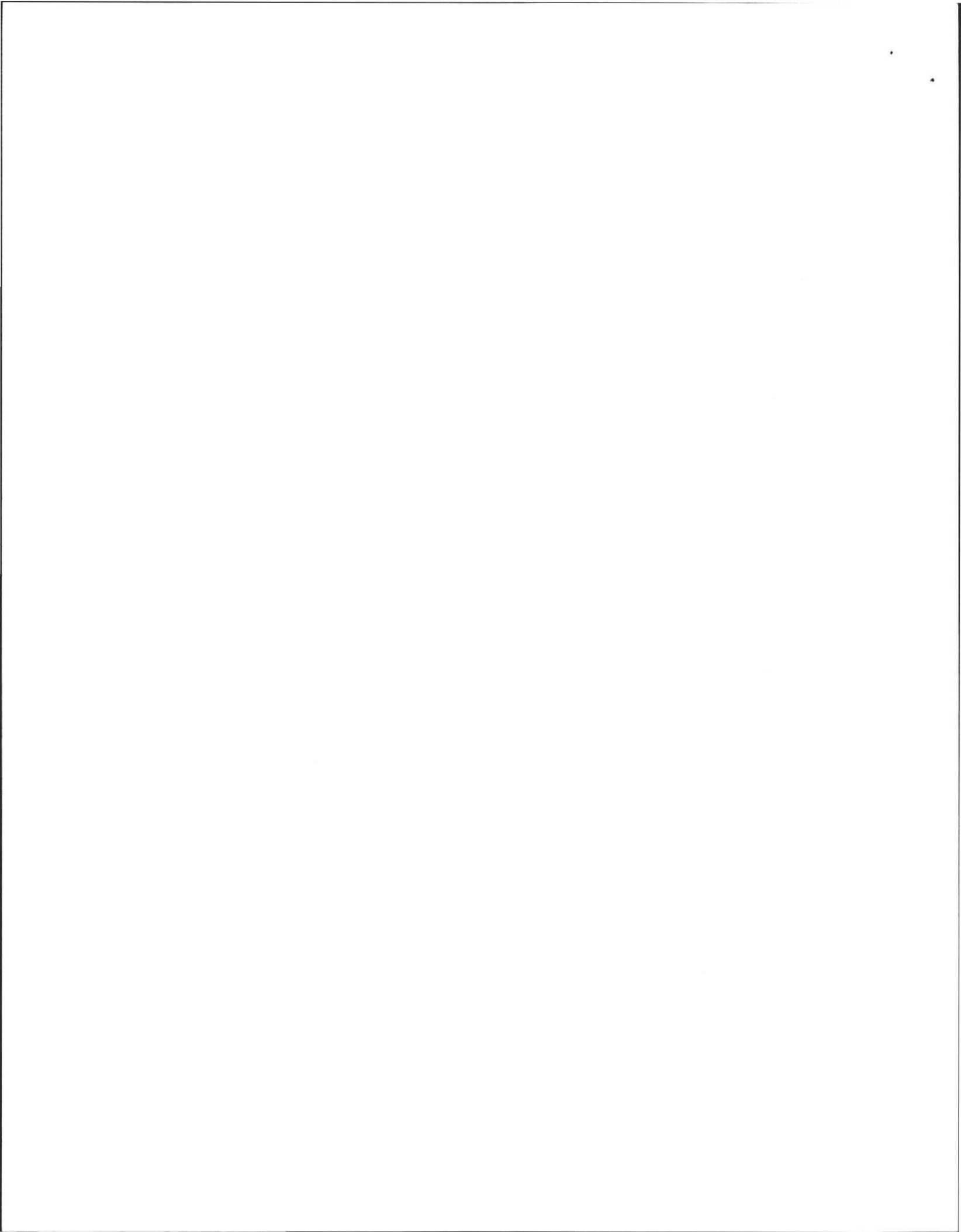
Leach Field () Bed () Seepage Pit (X) Square Feet: 900⁺

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



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.



CONSUMPTION HISTORY REPORT - TOWN OF ALBERT

File Edit Tools Help

Tier History Replace Hist Demand Inq

Account: Account 468901 Customer 22578
 Parcel 21D000030 SEDGWICK, JEFFREY
 Location 15 WILDFLOWER DR Status ACTIVE

Service: SERVICE WATER 001 WATER RATE MAN OTH METER # 28958082

1 of 1

Consumption History

READ DATE	BILL#	R	CURRENT	USAGE	REPL USE	USE DAYS	BILL AMT	CHARGE AMT	ADJ BILL AMT
08/20/2003	289345 E		2019	19	0	79	39.00	38.00	3
06/02/2003	283237 E		2000	19	0	81	33.30	32.30	3
03/13/2003	276934 E		1981	19	0	124	33.30	32.30	3
11/09/2002	271052 E		1962	17	0	59	29.90	28.90	2
09/11/2002	265048 E		1945	19	0	119	33.30	32.30	3
05/15/2002	259658 E		1926	20	0	91	35.00	34.00	3
02/13/2002	253637 P		1906	18	0	112	31.60	30.60	3
10/24/2001	247201 P		1888	9	0	76	16.30	15.30	1
08/09/2001	241137 E		1879	80	0	73	52.00	51.00	5
06/28/2001	235133 E		1849	23	0	70	40.10	39.10	4
03/19/2001	229116 E		1826	22	0	101	38.40	37.40	3
12/08/2000	223139 E		1804	24	0	88	41.80	40.80	4

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OVR

start Counter Sched... Connection of ... 205.246.6.104... Counter-Mail C... deposit record 8:54 AM

CONSUMPTION HISTORY REPORT - TOWN OF ALBERT

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Tier History Replace Hist Demand Inq

Account: Account 468901 Customer 22578
 Parcel 21D000030 SEDGWICK, JEFFREY
 Location 15 WILDFLOWER DR Status ACTIVE

Service: SERVICE WATER 001 WATER RATE MAN OTH METER # 28958082

1 of 1

Consumption History

READ DATE	BILL#	R	CURRENT	USAGE	REPL USE	USE DAYS	BILL AMT	CHARGE AMT	ADJ BILL AMT
05/05/2005	357181 C		2304	25	0	86	39.00	190.00	3
02/08/2005	350977 E		2209	19	0	84	39.00	38.00	3
11/16/2005	344742 E		2190	19	0	100	39.00	39.00	3
08/08/2005	338532 E		2171	19	0	82	39.00	38.00	3
05/18/2005	332339 E		2152	19	0	96	39.00	38.00	3
02/11/2005	325243 E		2133	19	0	94	39.00	39.00	3
11/09/2004	320027 E		2114	19	0	89	39.00	38.00	3
08/12/2004	313915 E		2095	19	0	90	39.00	38.00	3
05/14/2004	307685 E		2076	19	0	78	39.00	38.00	3
02/26/2004	301591 E		2057	19	0	111	39.00	38.00	3
11/07/2003	295458 E		2038	19	0	79	39.00	38.00	3
08/20/2003	289345 E		2019	19	0	79	39.00	38.00	3

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