

525 East Pleasant



No. 03-14

ch.# 1641

FEE 275

Subject to Cons
Approval

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

Remove
GARBAGE
GRINDER



APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>525 E. Pleasant St.</u>	Owner's Name <u>George Collison</u>
Map/Parcel# <u>8D / 1</u>	Address <u>525 E. Pleasant St Amherst</u>
Lot# <u># 1</u>	Telephone# <u>978-371-3139</u>
* Installer's Name	Designer's Name <u>Alan Weiss RS.</u>
Address	Address <u>Belchertown MA</u>
Telephone#	Telephone# <u>413-323-5957</u>

Type of Building 1 Residence Lot Size 1,47 ± ^{sq. ft.}

Dwelling - No. of Bedrooms 3 Bedroom Garbage grinder (y)

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

Other Fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 330 Design flow provided 363 gpd

Plan: Date _____ Number of sheets _____ Revision Date _____

Title Septic System Repair Plan

Description of Soil(s) LS: Class I.

Soil Evaluator Form No. _____ Name of Soil Evaluator A. Weiss Date of Evaluation 6/12 + 7/22/2003

DESCRIPTION OF REPAIRS OR ALTERATIONS Install new septic system

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

* Signed George Collison Date 8/5/03 *

Inspections _____

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CERTIFICATE OF COMPLIANCE

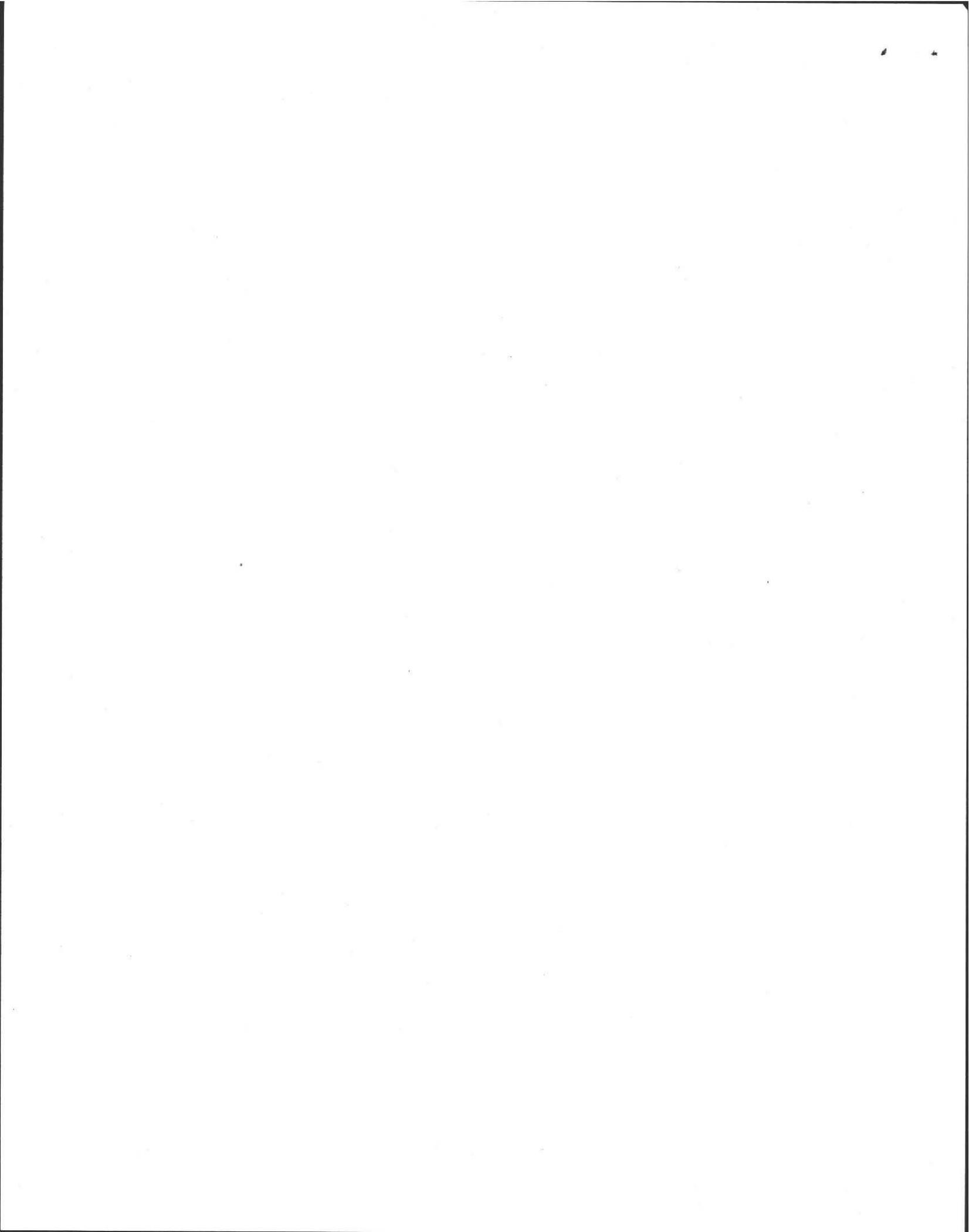
Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (x), Upgraded (), Abandoned ()

by: Rover Dr. Excavating
at 525 E. Pleasant

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated 7-31-03. Approved Design Flow 363 (gpd)

Installer Theresa Wanner Designer: _____ Inspector: David B... Date: 10/15/03



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COMMONWEALTH OF MASSACHUSETTS

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CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired () Upgraded (), Abandoned ()

by: Rwer Dr. Excavating
at 525 E. Pleasant

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated 7-31-03. Approved Design Flow 363 (gpd)

Installer Thayer Wanner
Designer: [Signature] Inspector: [Signature] Date: 10/15/03

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

No. _____

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COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

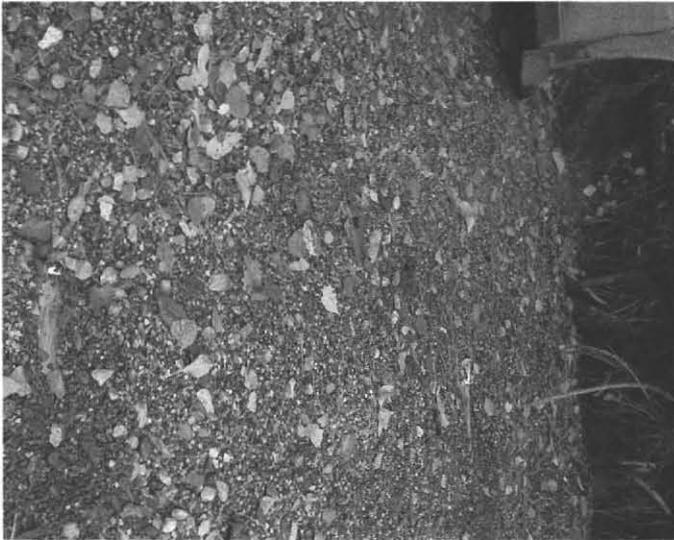
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at _____ as described in the application for

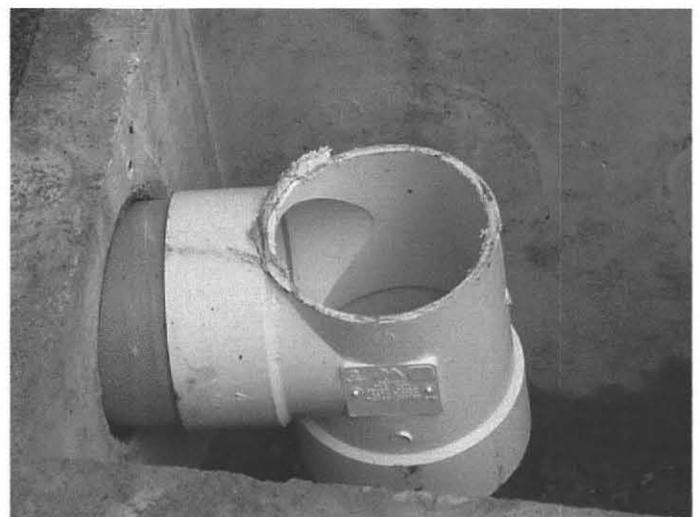
Disposal System Construction Permit No. _____, dated _____.

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

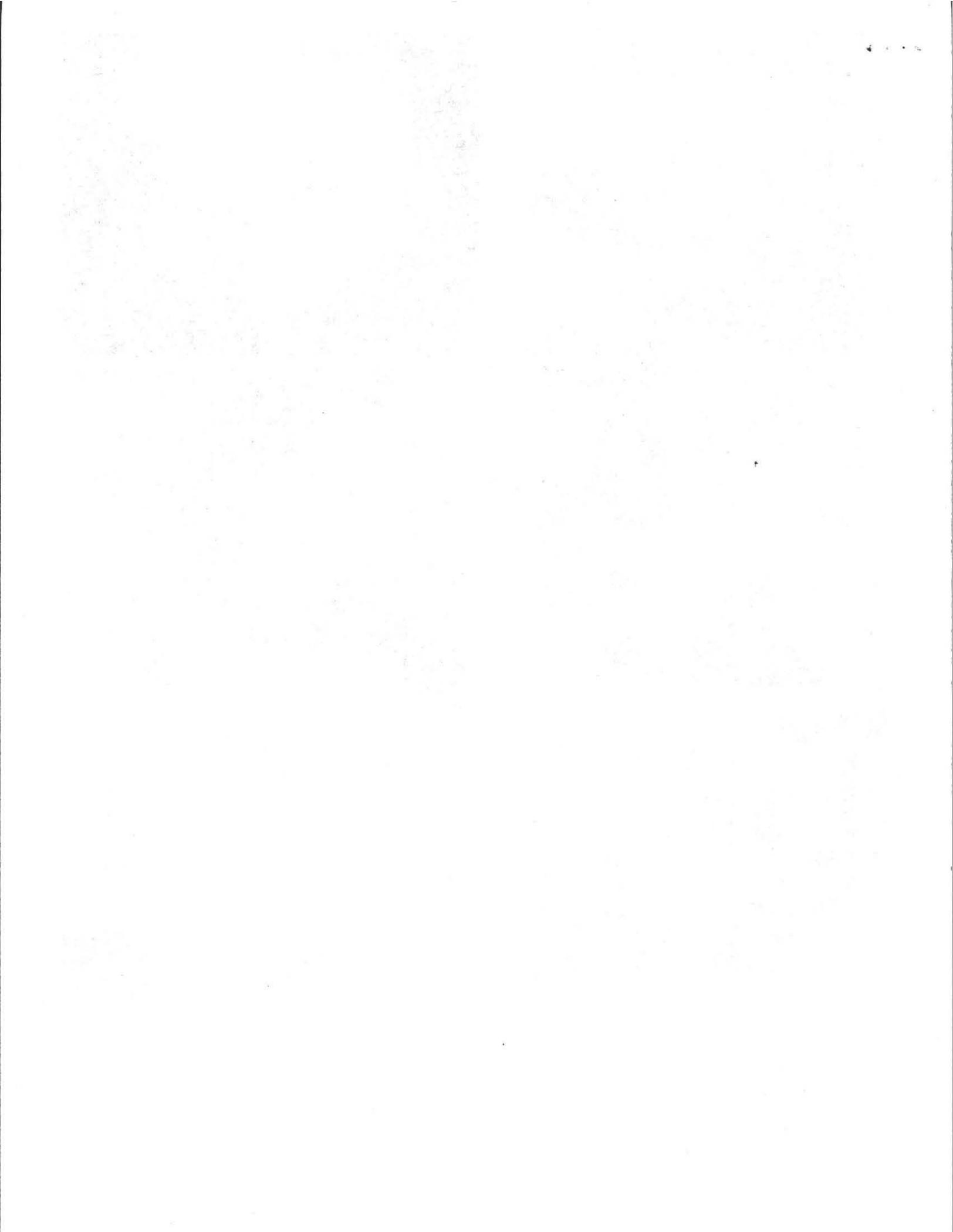
584-0139



525 East Pleasant Street 10/16/03
Engineer: Alan Weiss
Installer: Riverdrive Construction



525East Pleasant Street 10/16/03
Engineer: Alan Weiss
Installer: Riverdrive Construction



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CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired () , Upgraded (), Abandoned ()

by: Roger Dr. Excavating
at 525 E. Pleasant

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____, dated 7-31-03. Approved Design Flow 363 (gpd)

Installer Shayne W. Cannon

Designer: [Signature] Inspector: [Signature] Date: 10/15/03

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

No. _____

FEE _____

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Board of Health, _____, MA.

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