

135 Iduna Lane

Ultimate Frisbee
r



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: 135 Iduna Lane
Amburst, Ma
 Owner's Name: Joe & Kathy Gambello
 Owner's Address: same
253-3001
 Date of Inspection: 5/18/04

Name of Inspector: (please print) Pamela / Cary Bissell
 Company Name: Affordable Home and Septic Inspections Inc
 Mailing Address: 51 Laurel St.
Holyoke Ma. 01040
 Telephone Number: 413-532-8600

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 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:

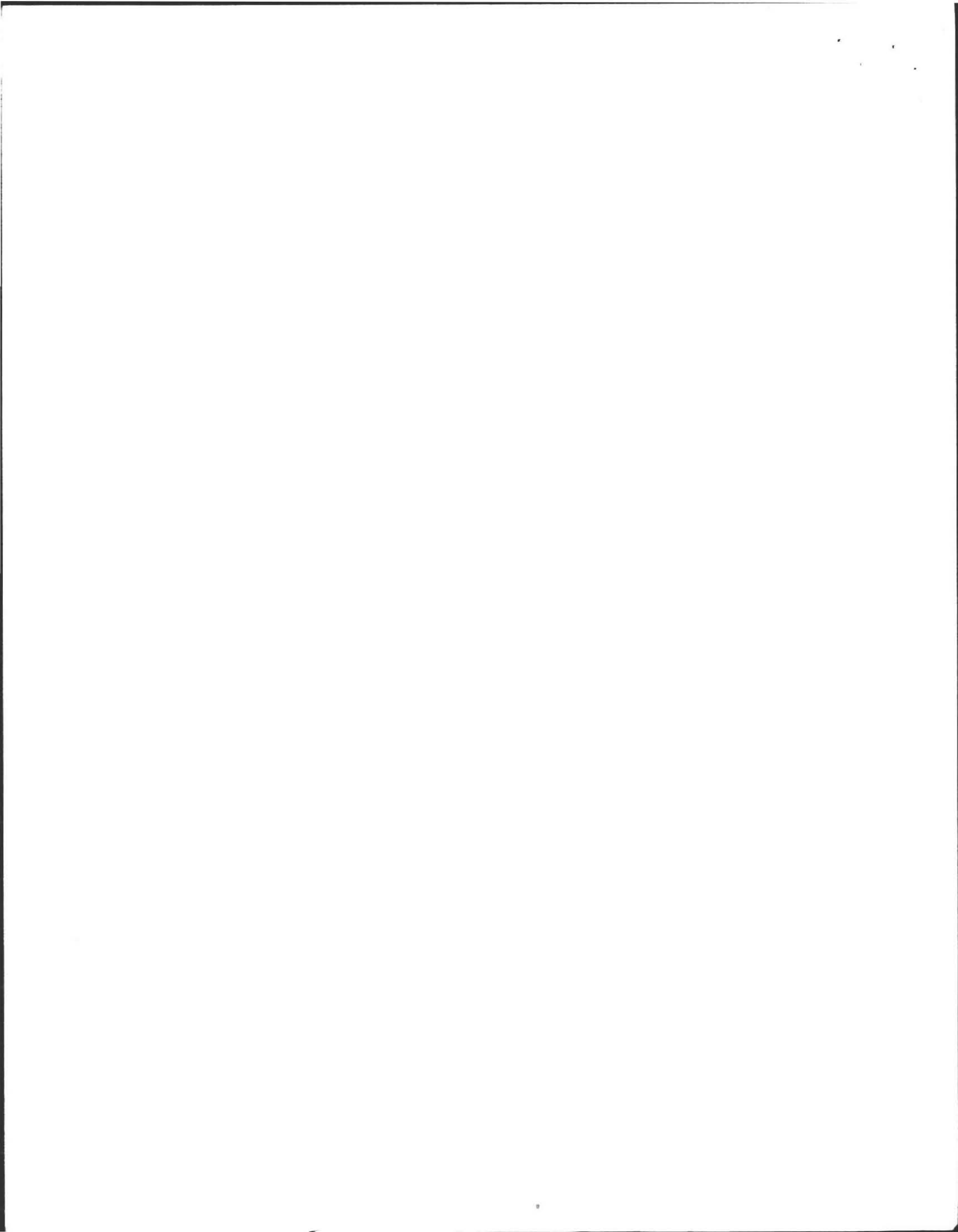
- Passes
- Conditionally Passes
- Needs Further Evaluation by the Local Approving Authority
- Fails

Inspector's Signature: Pamela Bissell Date: 5/18/04

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.

Notes and Comments Conditional Pass: Recommend replace D-Box.

***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: 135 Idunahane

Amherst, Ma

Owner: Zambello

Date of Inspection: 5/19/04

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

A. System Passes:

No 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:

Yes 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.

No 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:

Yes 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):

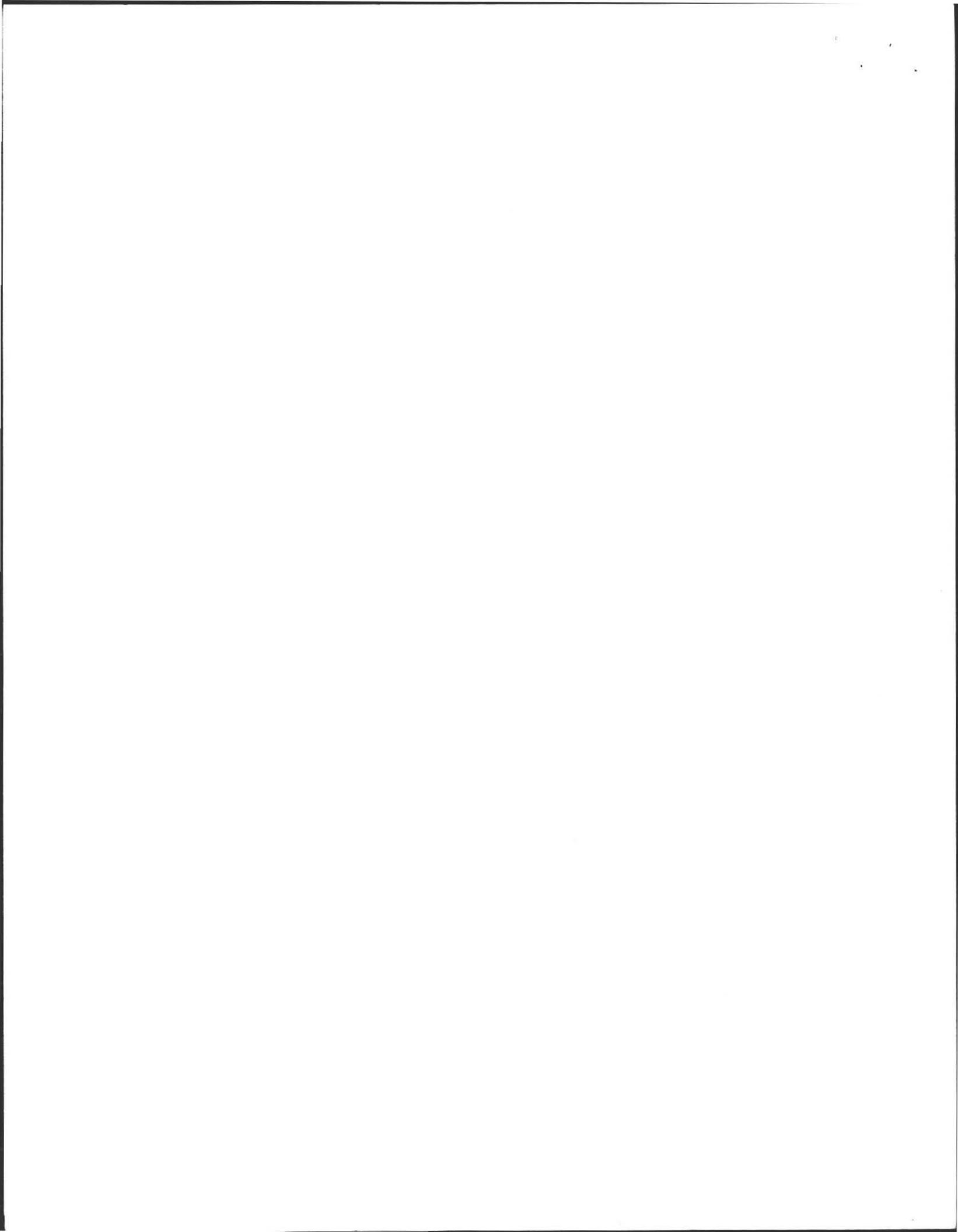
- broken pipe(s) are replaced
- obstruction is removed
- distribution box is leveled or replaced

ND explain:

No 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:



OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A
CERTIFICATION (continued)

Property Address: 135 Iduna Lane
Amherst, Ma
Owner: Zambello
Date of Inspection: 5/19/04

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:

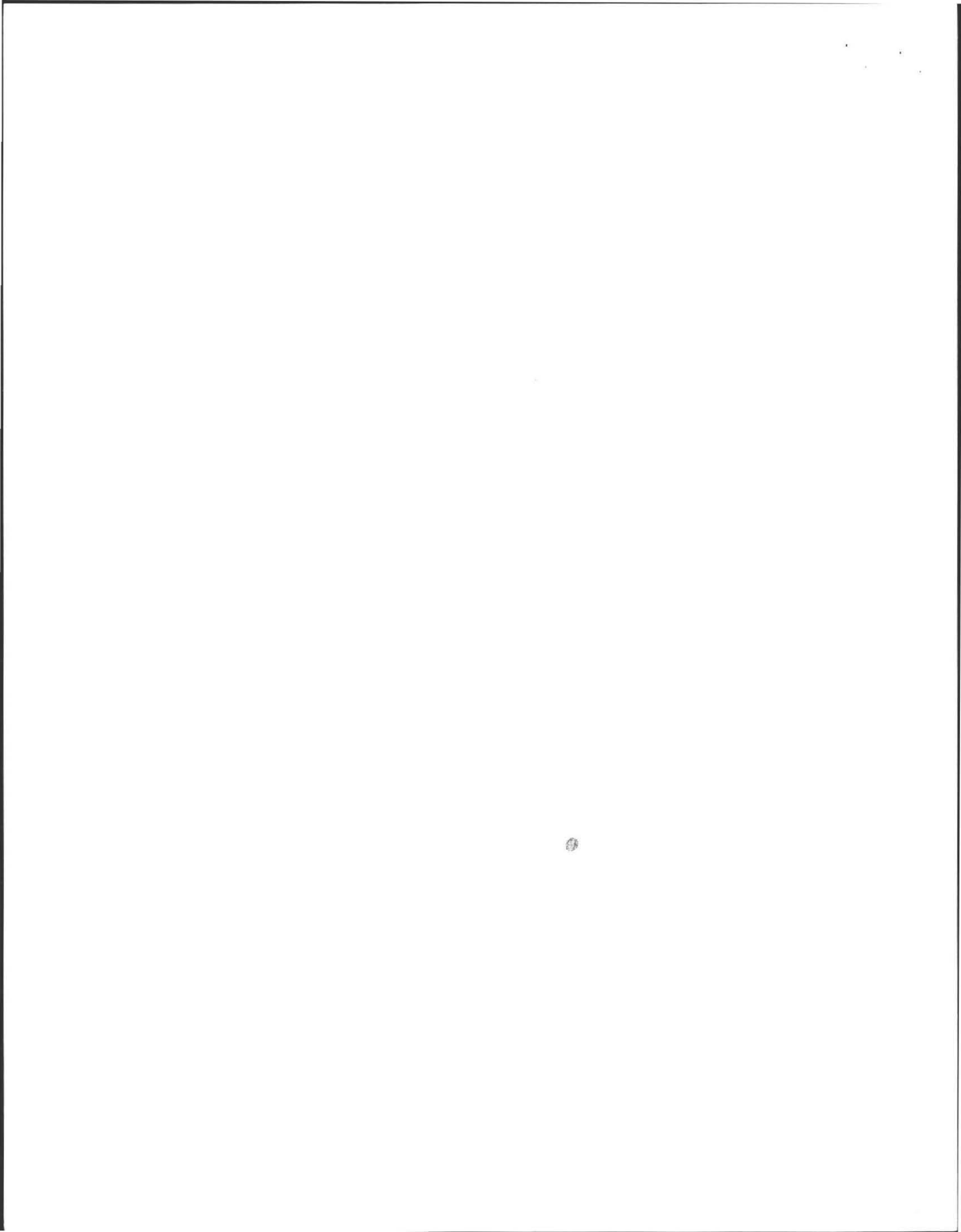
- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

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: 135 Iduna Lane
Amherst, Ma
Owner: Zambello
Date of Inspection: 5/18/04

**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 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <u>NOT</u> due to clogged or obstructed pipe(s). Number of times 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 checked="" 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 checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input type="checkbox"/> | <input checked="" 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 with 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 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.] |

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 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.

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**

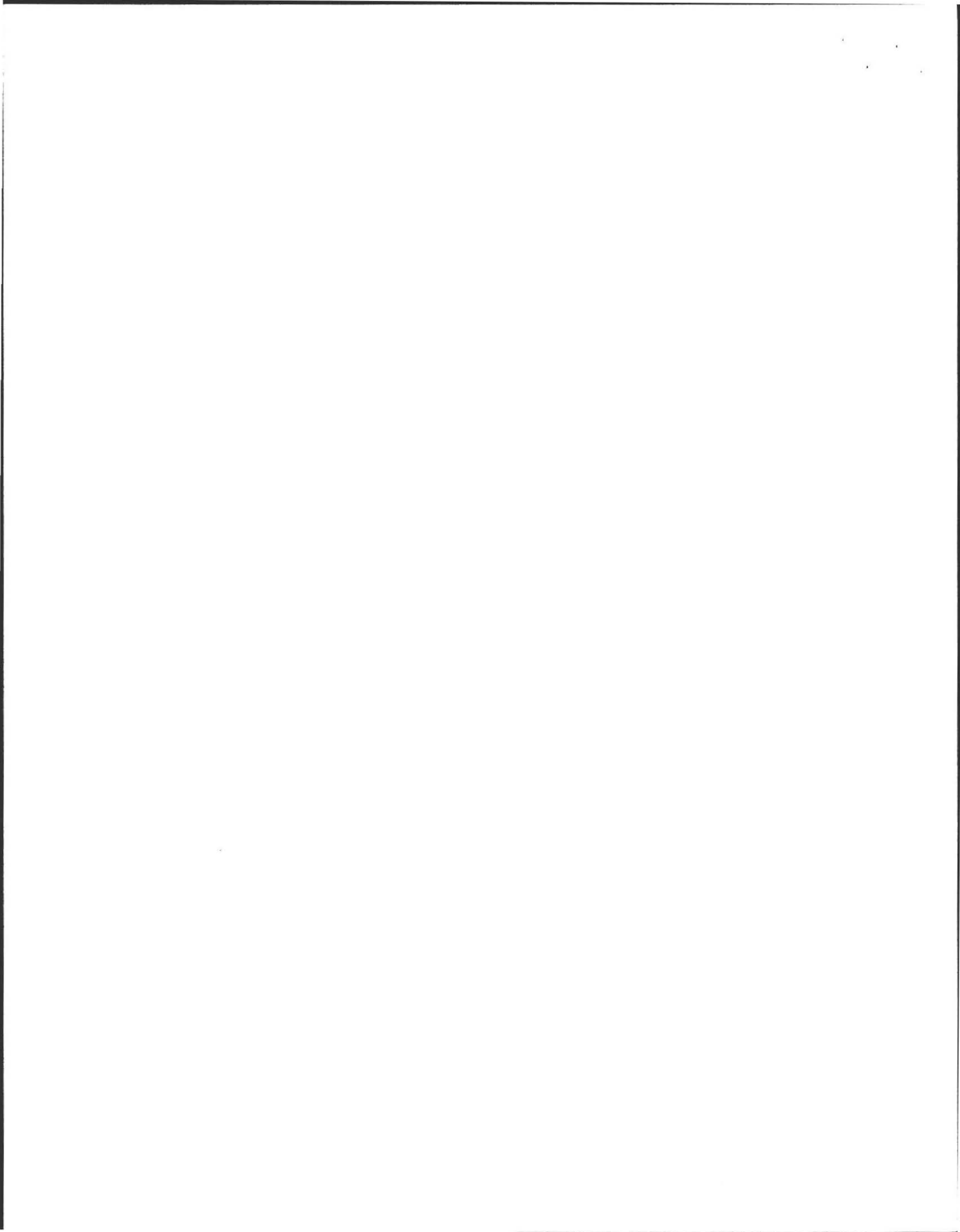
Property Address: 135 Idina Lane
Andover, Ma
Owner: Zambello
Date of Inspection: 5/19/04

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 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:

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



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

Property Address: 135 Iduna Lane
Amherst, Ma
Owner: Jambello
Date of Inspection: 5/19/04

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): unk
Number of current residents: 2
Does residence have a garbage grinder (yes or no): Yes - recommend removal
Is laundry on a separate sewage system (yes or no): No [if yes separate inspection required]
Laundry system inspected (yes or no): YA
Seasonal use: (yes or no): No
Water meter readings, if available (last 2 years usage (gpd)): 1 year water
Sump pump (yes or no): No
Last date of occupancy: Presently

COMMERCIAL/INDUSTRIAL

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

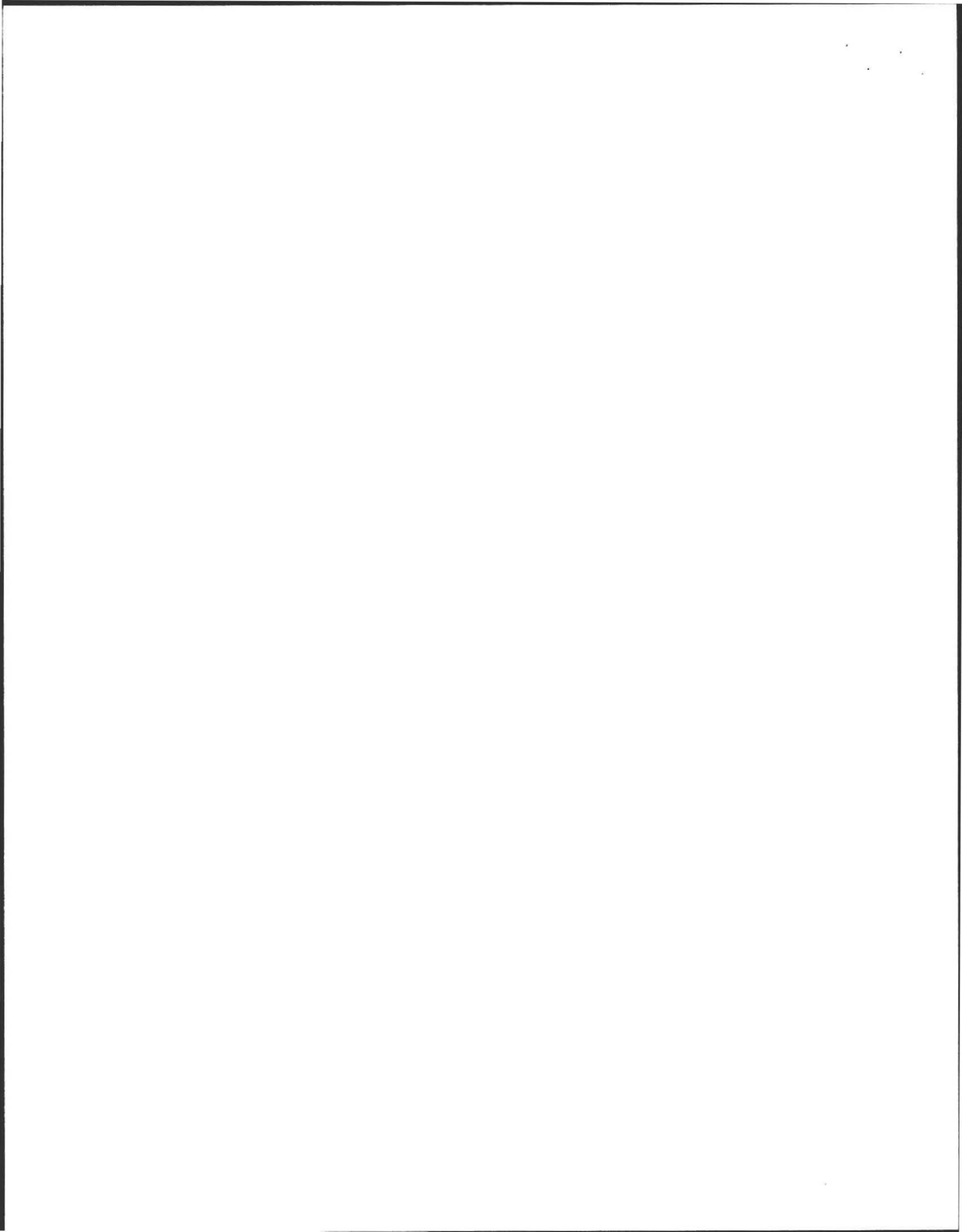
Source of information: Approx 5 yrs ago - APO
Was system pumped as part of the inspection (yes or no): No
If yes, volume pumped: _____ gallons -- How was quantity pumped determined? _____
Reason for pumping: _____

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 (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:
1975 APO

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: 135 Iduna Lane
Amherst, Ma
Owner: Pamballo
Date of Inspection: 5/19/04

BUILDING SEWER (locate on site plan)

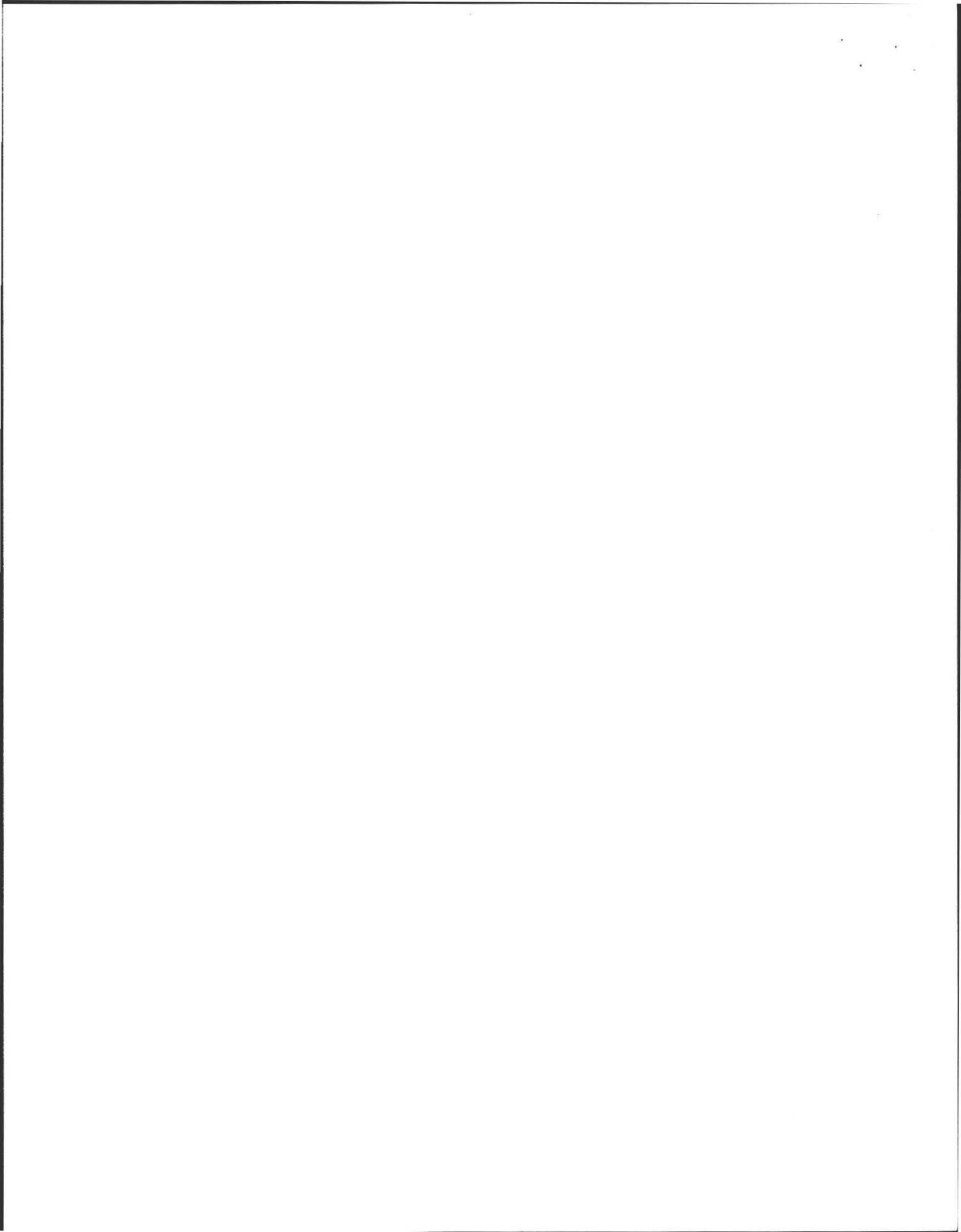
Depth below grade: 2 1/2'
Materials of construction: cast iron 40 PVC other (explain): _____
Distance from private water supply well or suction line: N/A
Comments (on condition of joints, venting, evidence of leakage, etc.):
Limited access to plumbing, finished basement

SEPTIC TANK: P (locate on site plan)

Depth below grade: 18"
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: 10 x 5 x 5
Sludge depth: 7"
Distance from top of sludge to bottom of outlet tee or baffle: 27"
Scum thickness: 3"
Distance from top of scum to top of outlet tee or baffle: 4"
Distance from bottom of scum to bottom of outlet tee or baffle: 14"
How were dimensions determined: Sludge Judge / Tape
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Septic tank appears round. Baffles intact. Mild spalling noted. Recommend pumping tank.

GREASE TRAP: _____ (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: 135 Pdingane
Ardenet, Pa
Owner: Zambello
Date of Inspection: 5/19/04

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):

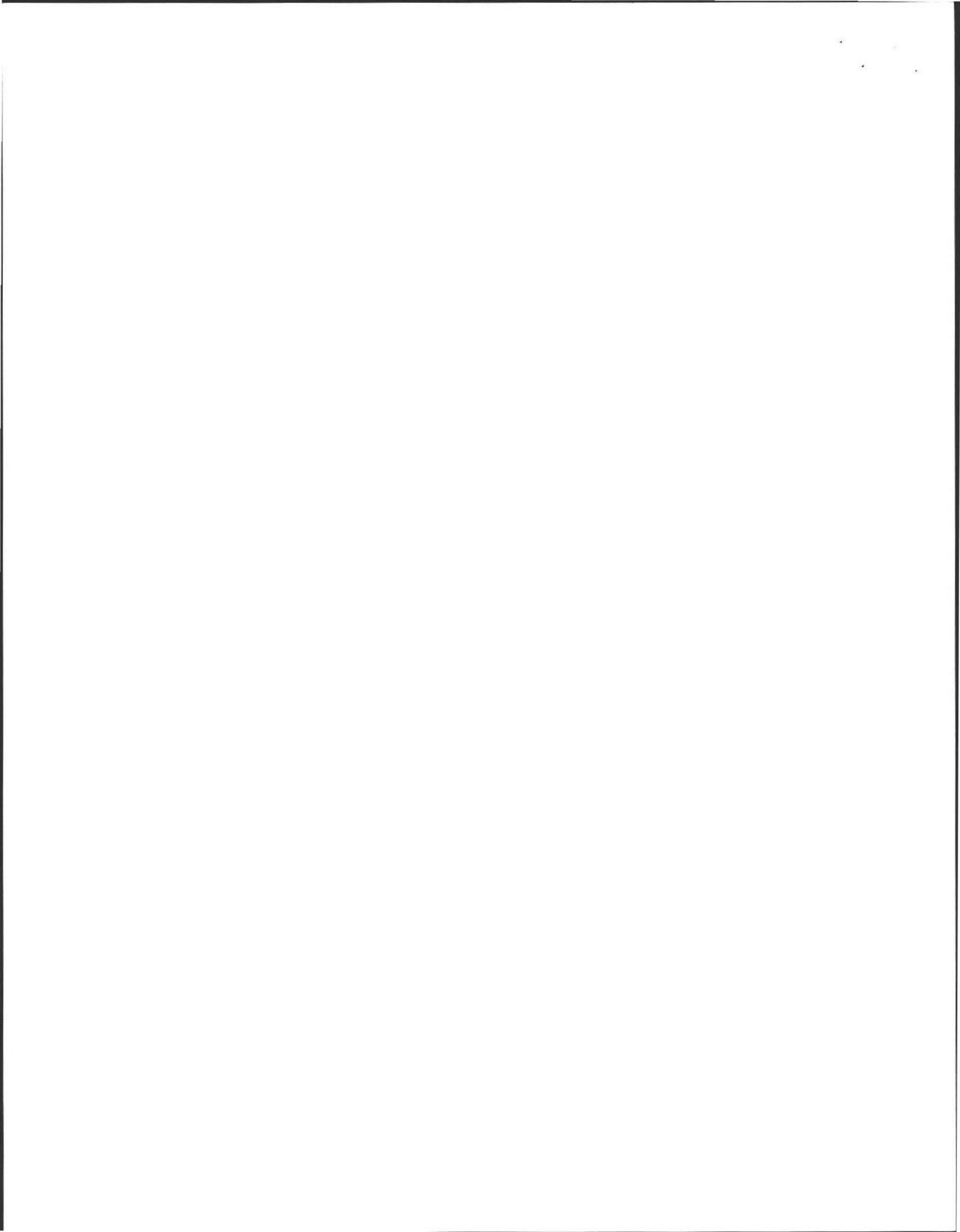
Dimensions: _____
Capacity: _____ gallons
Design Flow: _____ gallons/day
Alarm present (yes or no): ___
Alarm level: ___ Alarm in working order (yes or no): ___
Date of last pumping: ___
Comments (condition of alarm and float switches, etc.):

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

Depth of liquid level above outlet invert: 0
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.):
Inlet invert to D-Box set low. Box deteriorating. Mild
carryover noted. (2) Speed leveler needed. Recommend
new D-Box.

PUMP CHAMBER: ___ (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: 135 Tduna Lane

Owner: Zambello
Amherst, MA

Date of Inspection: 5/19/04

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

If SAS not located explain why:

Type

 leaching pits, number:

 leaching chambers, number:

 leaching galleries, number:

2 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.):

2 leach trench lines present approx 30-35' long.
No signs of SAS failure. No ponding or breakout visible.

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 or no):

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

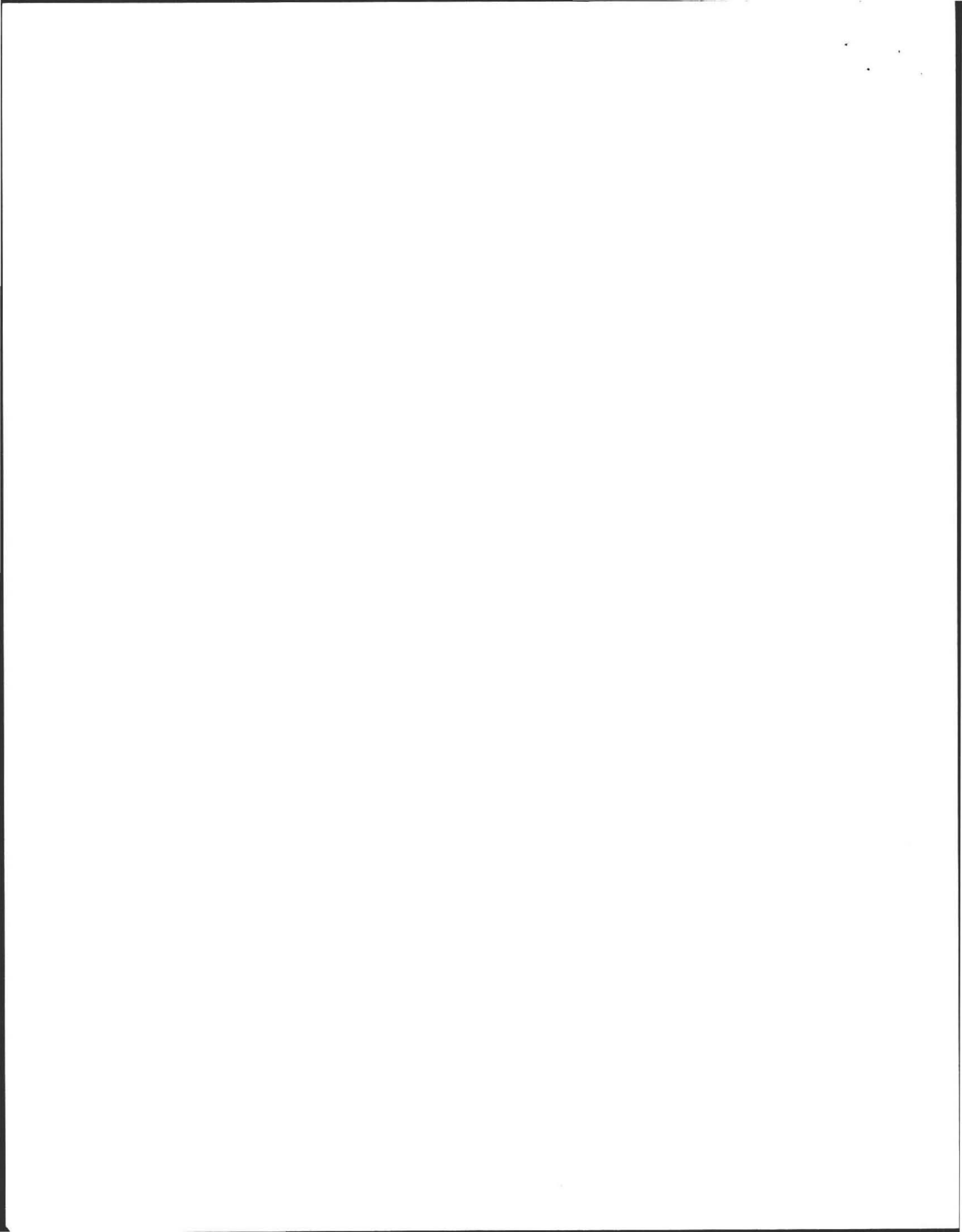
PRIVY: (locate on site plan)

Materials of construction:

Dimensions:

Depth of solids:

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

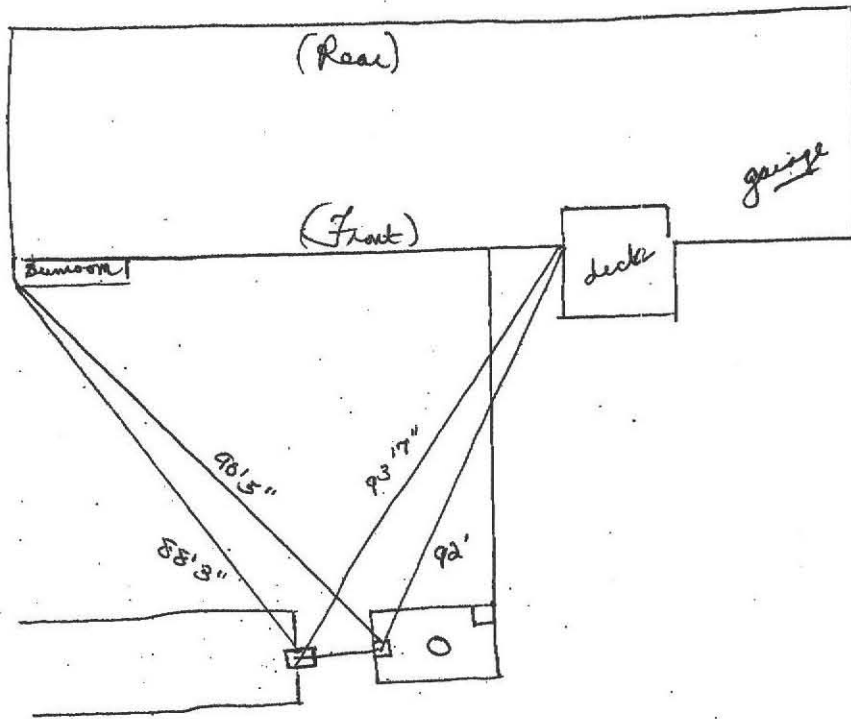


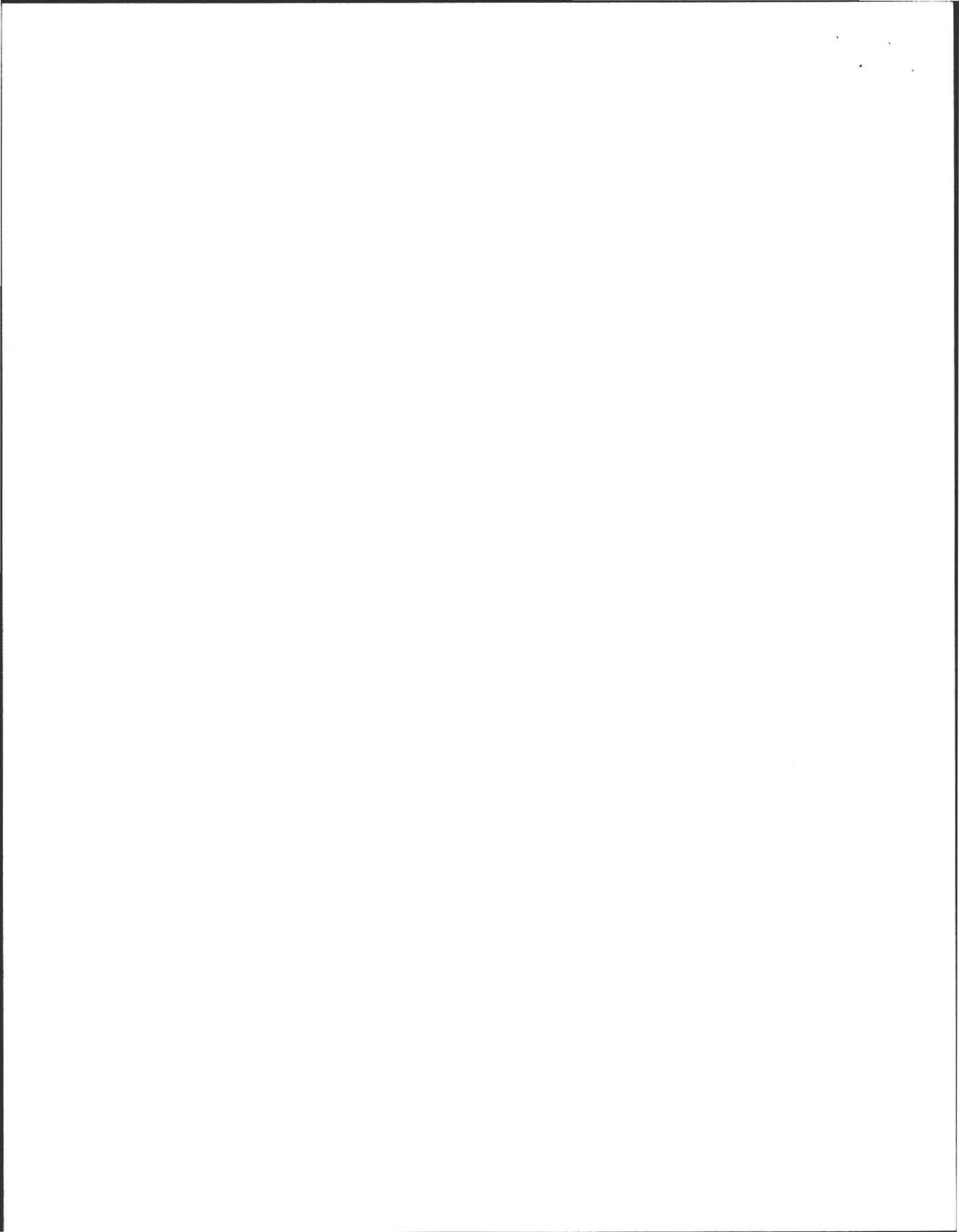
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 135 Idemia Lane
Amherst, Ma
Owner: Zambello
Date of Inspection: 5/19/04

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.





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

Property Address: 135 Iduna Lane

Amherst, Ma.

Owner: Zambello

Date of Inspection: 5/19/04

SITE EXAM

Slope

Surface water

Check cellar

Shallow wells

Estimated depth to ground water 78' 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: _____

Observed site (abutting property/observation hole within 150 feet of SAS)

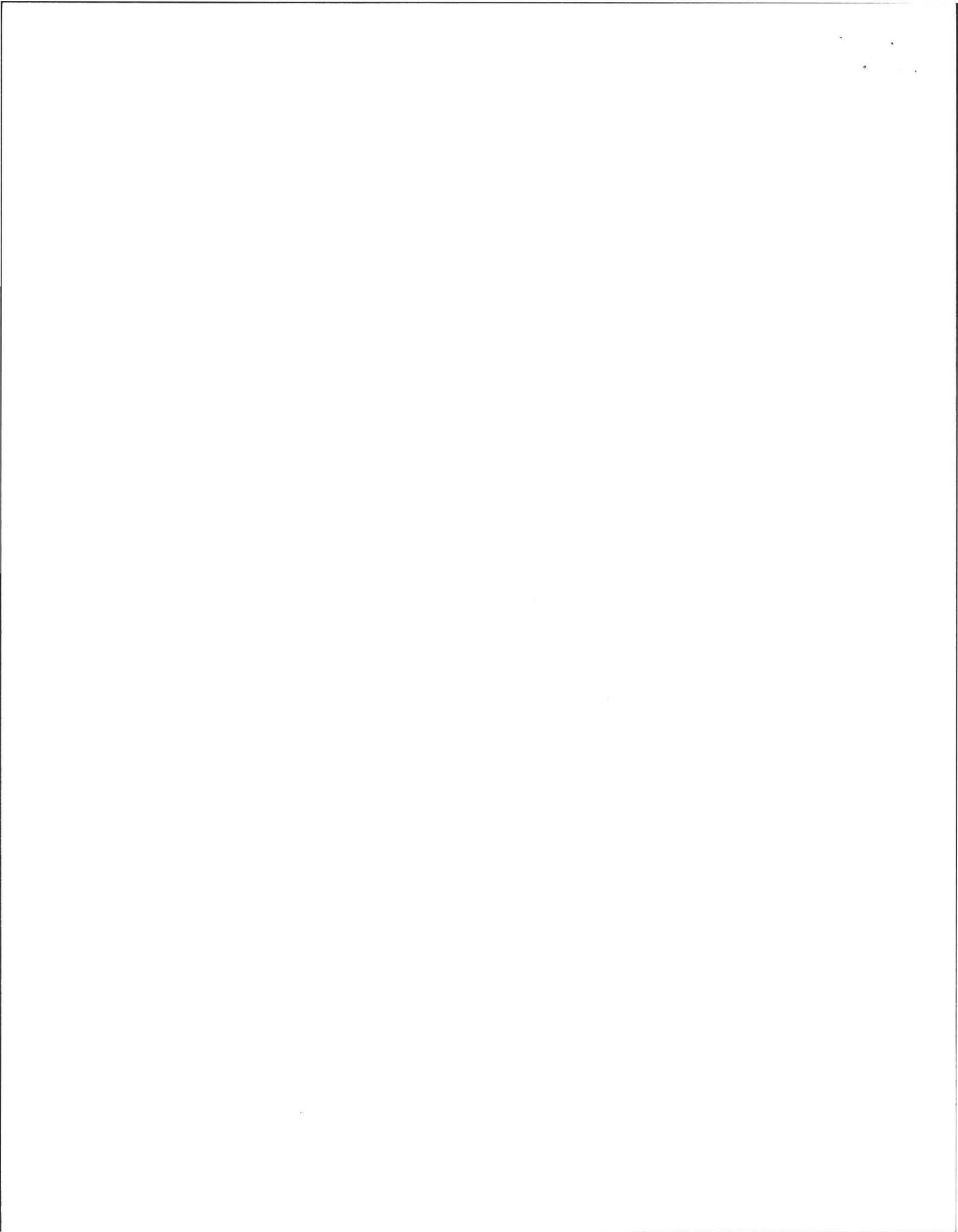
Checked with local Board of Health-explain: _____

Checked with local excavators, installers- (attach documentation)

Accessed USGS database-explain: _____

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

Sandy, gravel soil. Sloping lot. No signs of effluence
in basement. No sump pump.



Affordable Home Inspections
Title 5 Septic Inspection Evaluation Agreement

- I.) Affordable Home Inspections represented by Cary/Pamela Bissell as the septic inspectors has been contracted for:
- 1.) To inspect the property septic system located at 135 Iduna Lane
Amherst
 - 2) By client Lou Zambello
 - 3) for the fee of \$ 400⁰⁰ this fee represents the standard time schedule of three hours for the onsite inspection. Time exceeding this shall be charged at \$45.00 per hour. On site inspection commences at the time of arrival at the above address.
 - 4.) By your signature, it is understood that this inspection does not serve as a warranty implied or expressed. Nor any form of surety, and does not absolve the seller of any possible liability.
 - 5.) Further more it is understood that this inspection and the opinion contained within the report are performed and based upon the abilities, knowledge and experience of the named inspector regarding Title 5 Septic Inspections.

II.) The Inspector Intends To:

- 1.) Visually inspect all major structural components of the septic system relative to Title 5 requirements.
- 2.) Visually identify obvious, existing problems and where possible indicate areas of potential problems.

III.) Inspector will not :

- 1) Make repairs, nor enter septic, nor be responsible for any damage to the septic system or property.

IV.) Inspector is not a guarantor of the future life, adequacy or performance of the septic system.

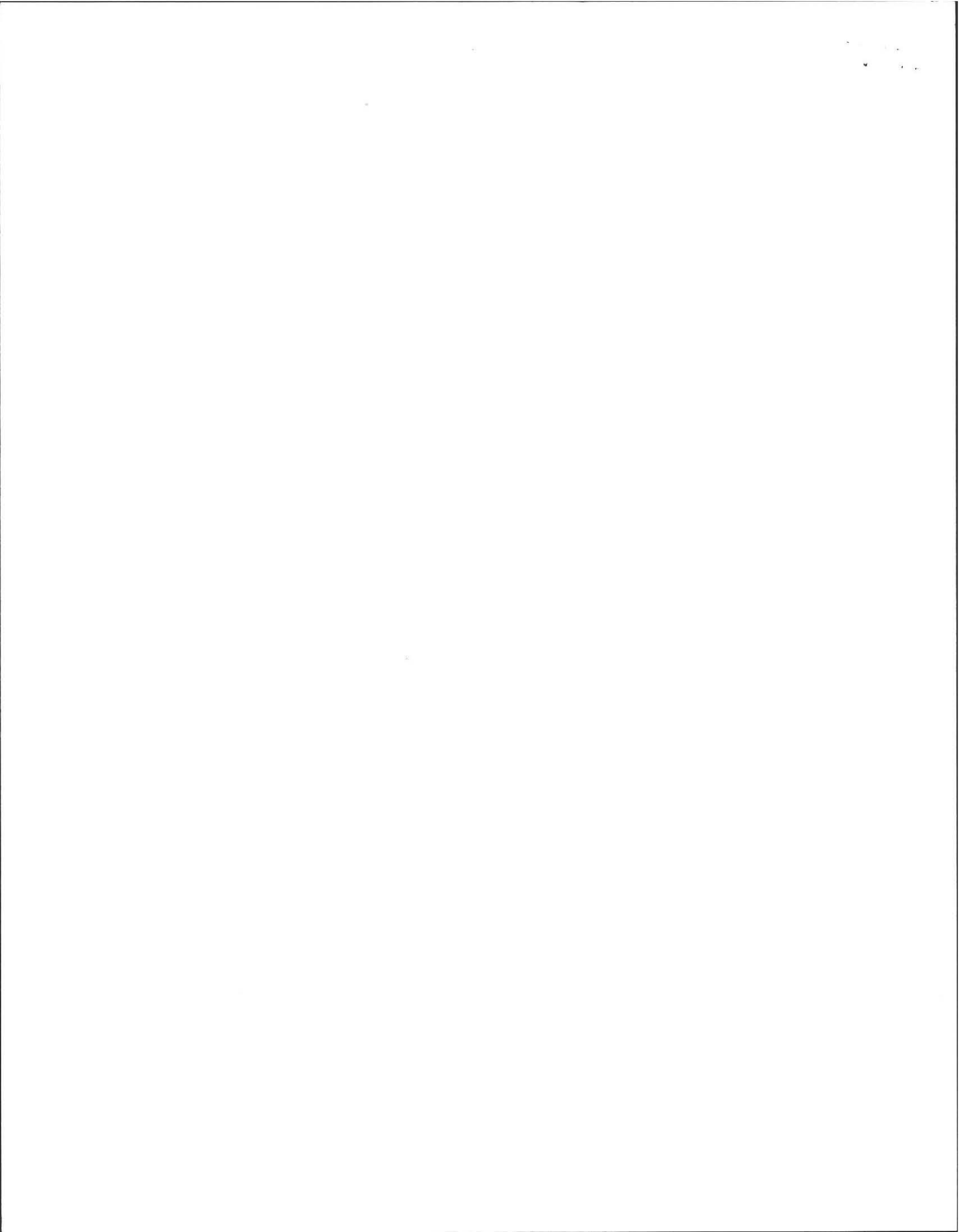
V.) Inspections are limited to visual defect and general appearance of the septic system and property at the time of the inspection.

VI.) Neither the contents of this report nor any representations made herein are assignable without the expressed written consent of Affordable Home Inspections

VII.) Affordable Home Inspections liability is limited to the cost of the inspection.

VIII.) Septic inspection results are filed with the local Board of Health as required by Title V Regulations.

Signed Kathleen C. Zambello Date 5-19-04
Affordable Home Inspections representative _____



**AMHERST HEALTH DEPT.
TOWN OF AMHERST
HEALTH PERMITS**

1124

Received of Louis V. Zambello of 135 Tduna Ln.
Name Address

For Property Located at: same same
Street Address Owner

- | | | | |
|--|-------|--|-----------------|
| HEA009 Bakery
R6510 443509 | _____ | HEA016 Septic Tank Permit-Installers
R6510 443511 | _____ |
| HEA001 Bed & Breakfast
R6510 443516 | _____ | HEA017 Septic Tank Permit-Private
R6510 443510 | <u>① 100.00</u> |
| HEA002 Catering License
R6510 443507 | _____ | HEA018 Septic Tank Reinspection Fee
R6510 432301 | _____ |
| HEA003 Food Handler
R6510 443515 | _____ | HEA019 Sub-Division Review Fee
R6510 432306 | _____ |
| HEA004 Frozen Deserts
R6510 443501 | _____ | HEA012 Swimming Pool Permits
R6510 443512 | _____ |
| HEA005 Health Dept. Housing Isp.
R6510 432302 | _____ | HEA020 Tanning License
R6510 443509 | _____ |
| HEA006 Massage Therapy License
R6510 443504 | _____ | HEA034 Immunization Clinic
R6510 432307 | _____ |
| HEA008 Motel License
R6510 443506 | _____ | HEA026 Smoking & Tobacco Reg. Violations
R6510 443518 | _____ |
| HEA010 Removal of Offal
R6510 443513 | _____ | HEA022 Tobacco License
R6510 443505 | _____ |
| HEA021 Removal of Rubbish
R6510 443520 | _____ | HEA042 Body Arts / Tatoo
R6510 443521 | _____ |
| HEA011 Percolation Test Fees
R6510 432300 | _____ | HEA043 Food Service Plan Review
R6510 432308 | _____ |
| HEA013 Recreation Camp License
R6510 443503 | _____ | HEA044 Porta Potties
R6510 432309 | _____ |
| HEA014 Retail Store Permit
R6510 443514 | _____ | HEA045 Ice Rinks
R6510 443522 | _____ |
| HEA015 Sanitary Code Booklets
R6510 432305 | _____ | HEA046 Rental Registration
R6510 432310 | _____ |
| | | HEA047 Fines
R6510 48200 | _____ |
| | | HEA | _____ |
| | | HEA | _____ |

TOTAL FEE: \$100.00

K. King
Amherst Health Department

11/11/09
Date

Must be Validated by the Collector's Office to be considered paid

OFFICE USE ONLY

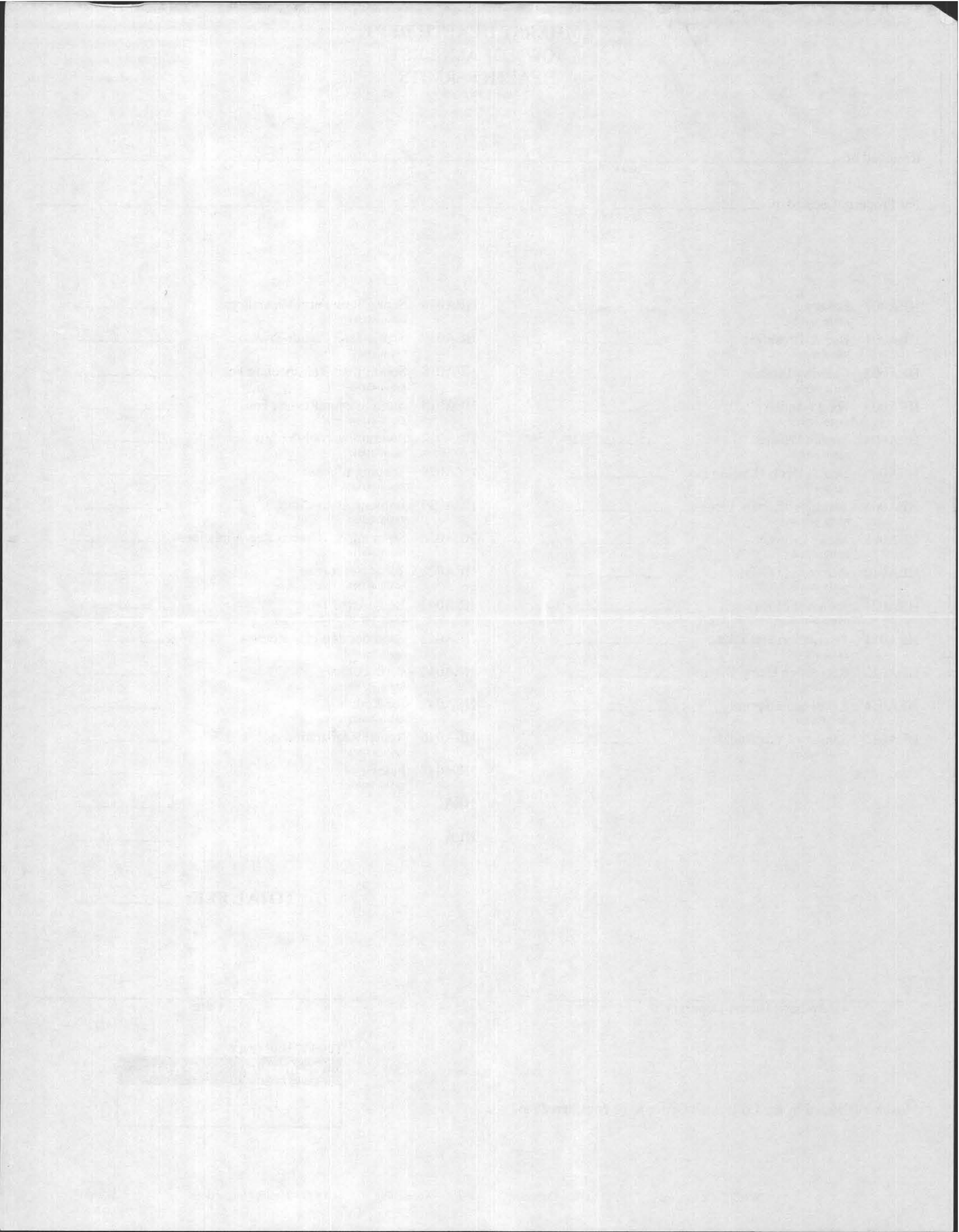
CHECK #	CASH	
		T1146
MISC CASH RECEIPTS		
Date	Time	
06/11/09	13:51	
Payment	:	\$100.00
Receipt #	:	98329
Check/Credit Card #	:	3321
Paid by		LOUIS V. ZAMBELLO

WHITE - Applicant

YELLOW - Collector

PINK - Accounting

GOLD - Health / Inspections



No. 04-06

THE COMMONWEALTH OF MASSACHUSETTS

FEE 100

BOARD OF HEALTH

Town OF Amherst

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>135 Iduna Lane</u>	Owner's Name <u>Louis + Kathleen Zambello</u>
Map/Parcel #	Address <u>135 Iduna Ln. Amherst, MA</u>
Lot #	Telephone # <u>(413) 253-3001</u>
Installer's Name	Designer's Name <u>Richard E. Costa PE</u>
Address	Address <u>P.O. Box 3312, Amherst, MA</u>
Telephone #	Telephone # <u>(413) 256-3400</u>

Type of Building: SFH Lot Size 68,924 Sq. feet
 Dwelling — No. of Bedrooms 3 Garbage Grinder Yes
 Other — Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow _____ gpd Design flow provided _____ gpd
 Plan: Date 6/9/04 Number of sheets 1 Revision Date _____
 Title "Plan to Replace Distribution Box"

Description of Soil(s) not apply
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS replace distribution box

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

Signed Kathleen C. Zambello Date 6/9/04
 Inspections _____

No. 04-06

THE COMMONWEALTH OF MASSACHUSETTS

Amherst BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

by: Louis + Kathleen Zambello
at 135 Iduna Ln.

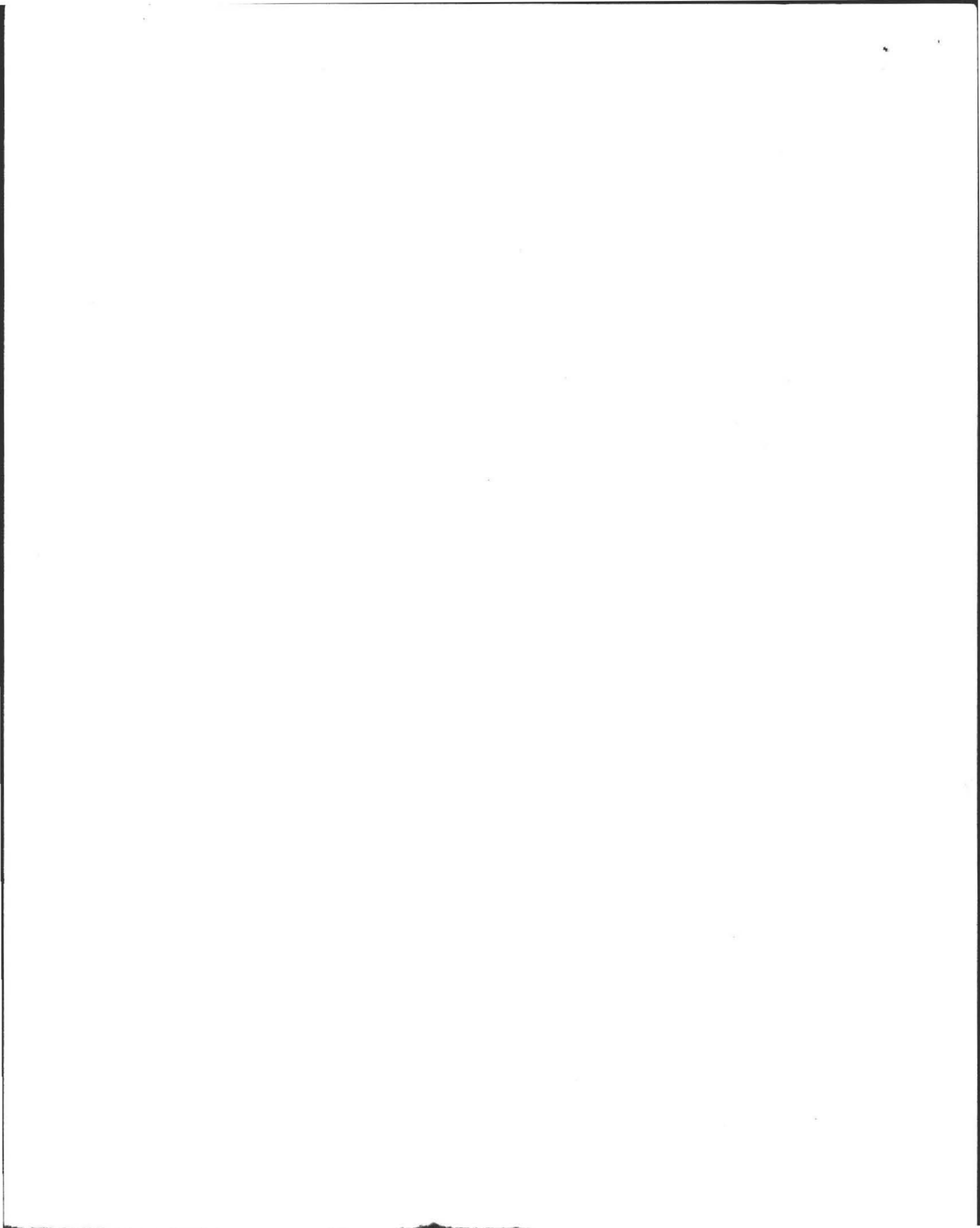
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. 06104 dated 6/9/04. Approved Design Flow _____ (gpd)

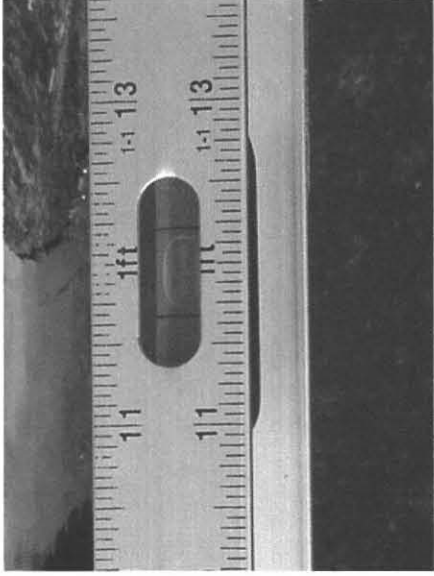
Installer River Drive Ex.
Designer: Robert Stover for Amherst Civil Eng. Inspector Sharon Dun Date 7/2/04

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

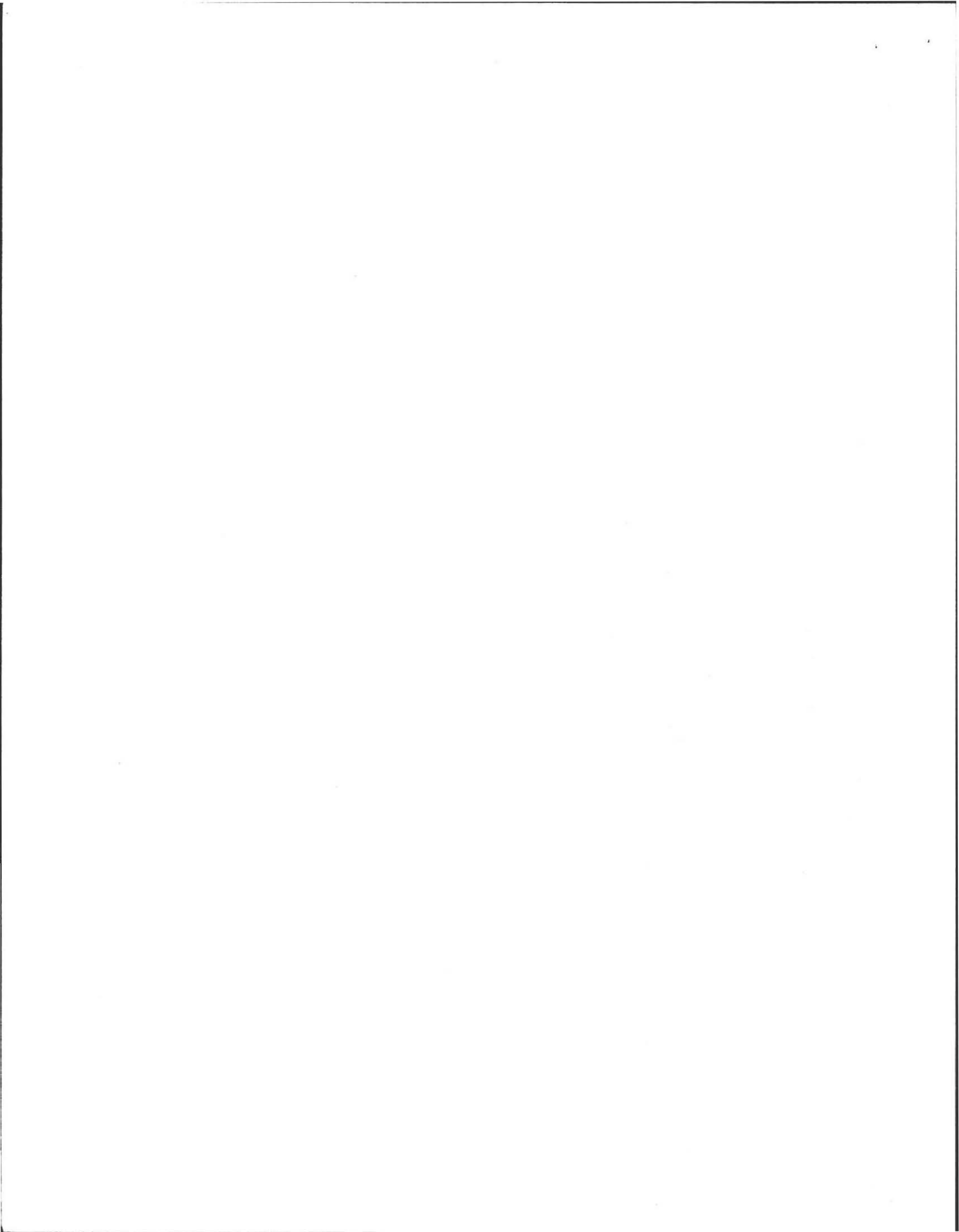


Nett 6/10/04





135 Iduna Lane new D-Box 7/21/04



No. 04-06

THE COMMONWEALTH OF MASSACHUSETTS

FEE 100.00
hd 3321

BOARD OF HEALTH

Town OF Amherst

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

<u>135 Iduna Lane</u> Location	<u>Louis + Kathleen Zambello</u> Owner's Name
<u>24B/69</u> Map/Parcel #	<u>135 Iduna Ln. Amherst, MA</u> Address
<u>River Drive</u> Lot #	<u>(413) 253-3001</u> Telephone #
<u>Richard E. Costa PE</u> Installer's Name	<u>Robert Stover</u> Designer's Name
<u>Amherst Civil Engineering</u> Address	<u>P.O. Box 3312, Amherst, MA</u> Address
<u>(413) 256-3400</u> Telephone #	<u>01004-3312</u> Telephone #

Type of Building: SFH Lot Size 68,924 Sq. feet
 Dwelling — No. of Bedrooms 3 Garbage Grinder (Y) (Y)
 Other — Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow _____ gpd Design flow provided _____ gpd
 Plan: Date 6/9/04 Number of sheets 1 Revision Date _____
 Title "Plan to Replace Distribution Box"

Description of Soil(s) not apply
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS replace distribution box

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

Signed Kathleen C. Zambello Date 6/9/04

Inspections _____

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

No. 04-06

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

Amherst BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

by: Louis + Kathleen Zambello
at 135 Iduna Ln.

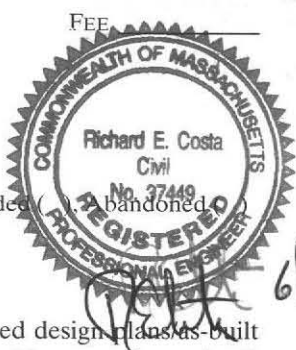
has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans as-built plans relating to application No. 04-06 dated _____ Approved Design Flow _____ (gpd)

Installer _____

Designer: Robert Stover 7/21/04 Inspector: Shawn Jen Date 7/21/04

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

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



6/10/04

No. 04-06

THE COMMONWEALTH OF MASSACHUSETTS

FEE 100.00

Amherst BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

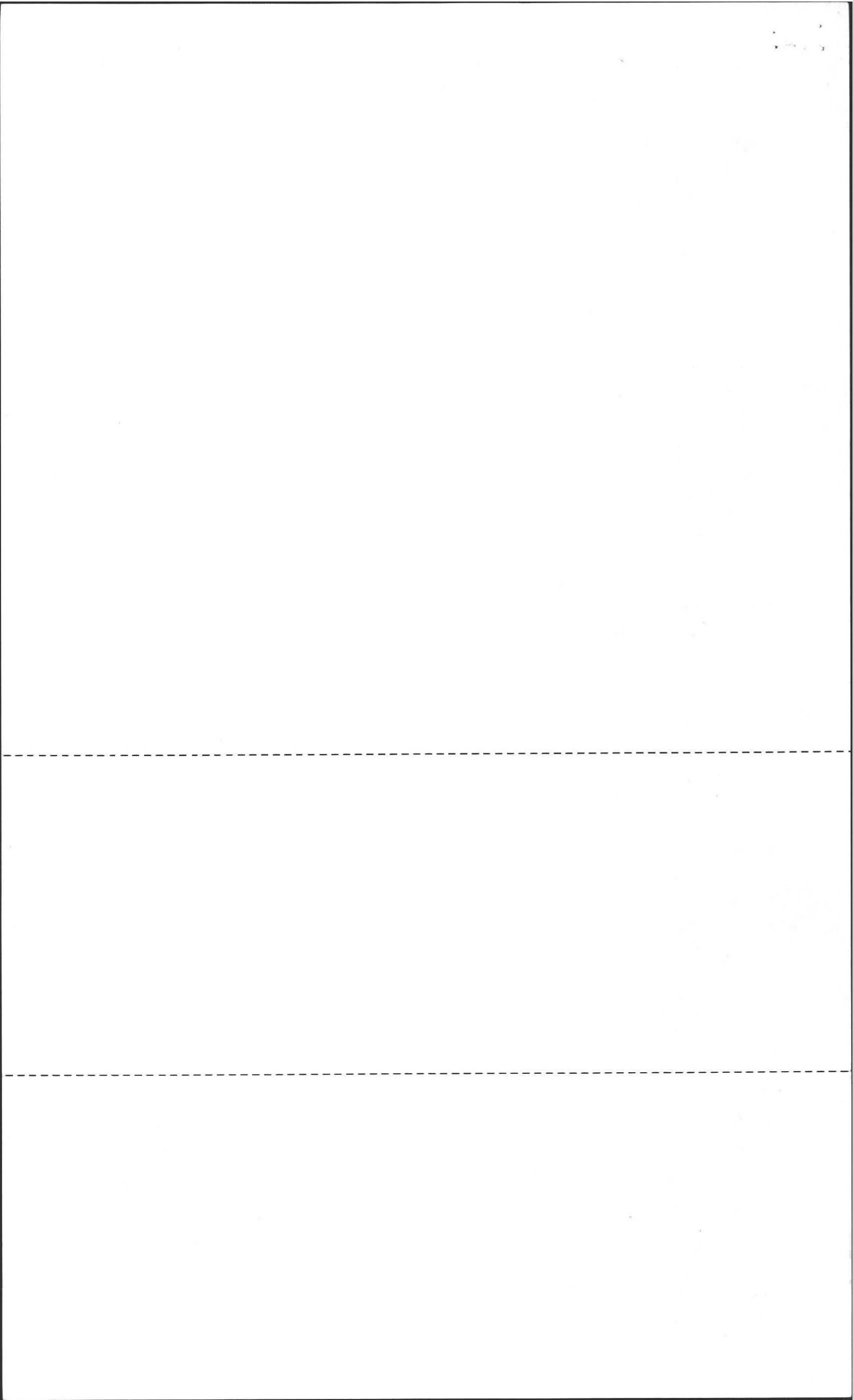
Permission is hereby granted to Construct () Repair (X) Upgrade () Abandon () an individual sewage disposal system at 135 Iduna Ln. as described

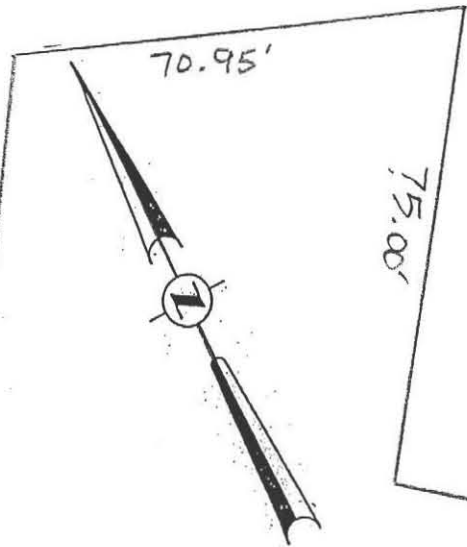
in the application for Disposal System Construction Permit No. 04-06, dated 6/9/04.

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

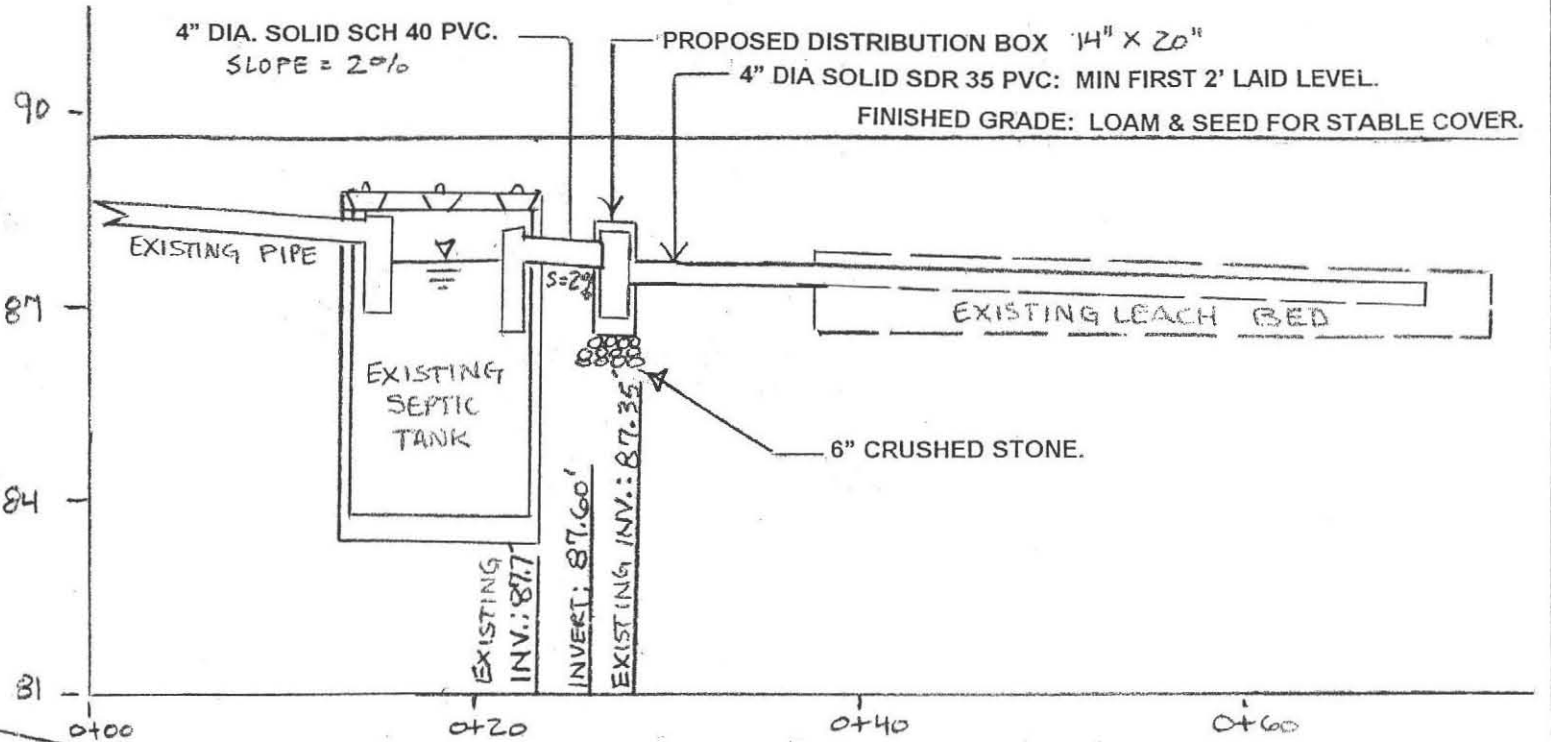
Date 6/11/04 Board of Health Shawn Jen

FORM 2 - DSCP DEP APPROVED FORM 5/96

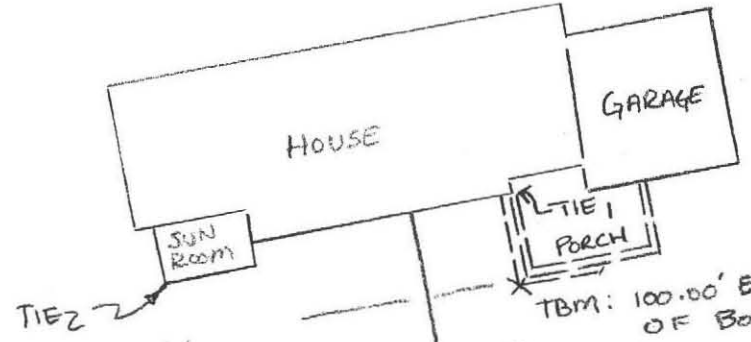




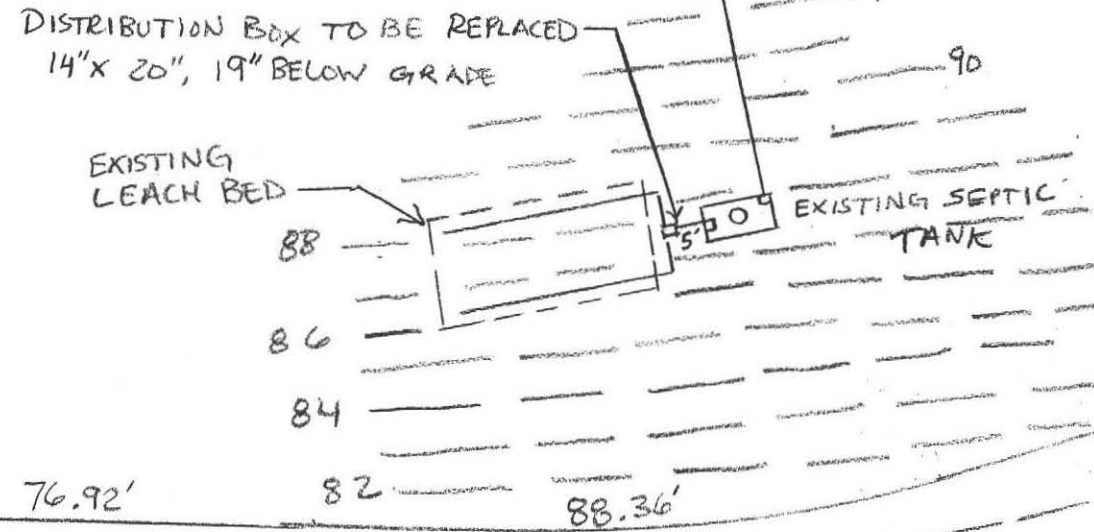
PLANVIEW
SCALE: 1" = 30'



PROFILE OF DISTRIBUTION BOX
SCALE: H: 1" = 10'; V: 1" = 3'



TIES TO PERMANENT LANDMARKS		
SYSTEM COMPONENT	TIE # 1	TIE # 2
TANK OUTLET	92'	90'5"
DISTRIBUTION BOX	94'	88'6"



NOTE: AT D. BOX OUTLETS USE 2 NEW STUB ENDS OF SOLID 4" DIA SDR 35 PVC LEVEL MIN. FIRST 2' CONNECT TO EXISTING PIPES WITH FERNCO COUPLINGS.



Richard E. Costa
6/10/04

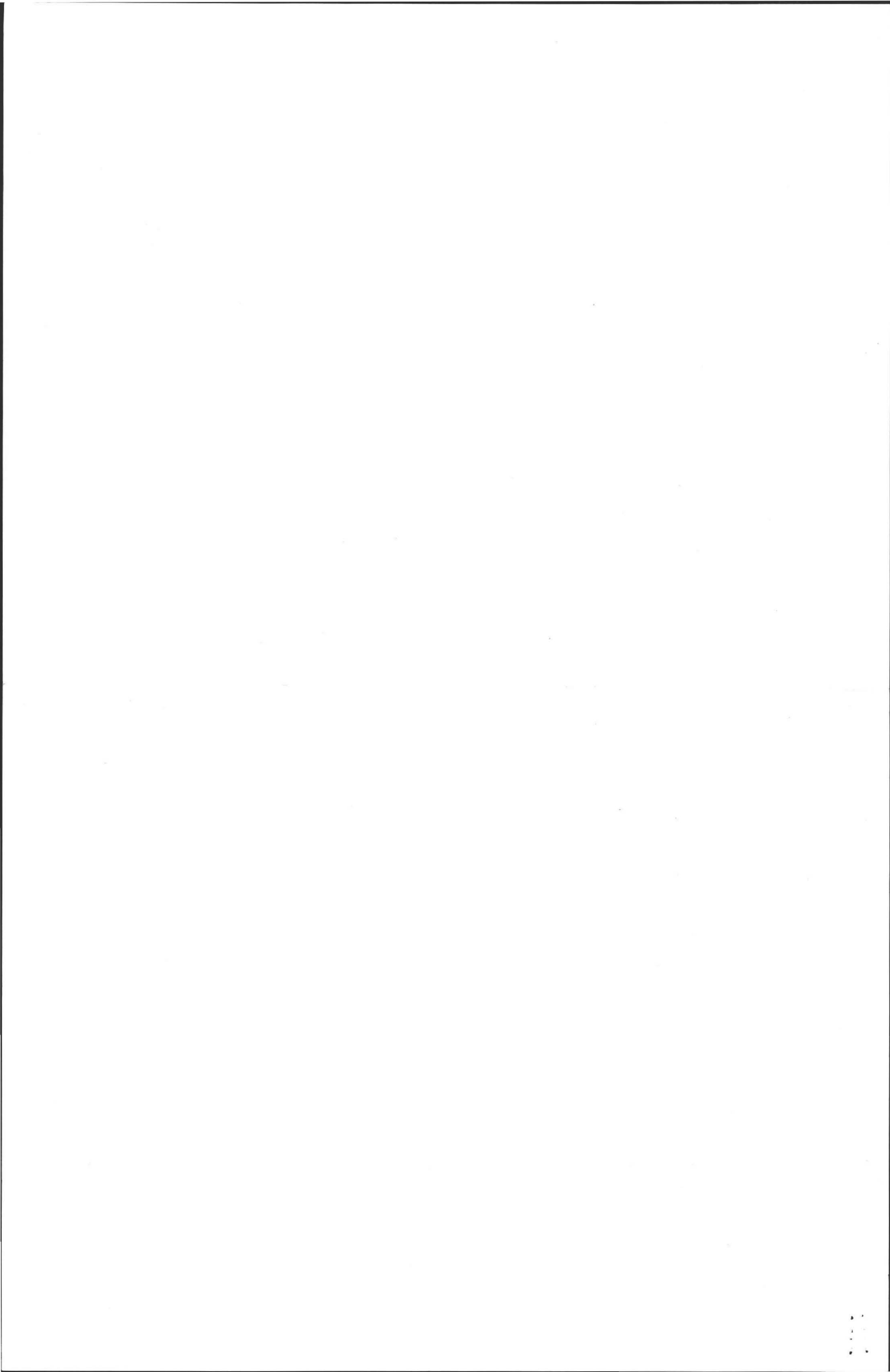
PLAN TO REPLACE DISTRIBUTION BOX
135 IDUNA LANE, AMHERST, MASSACHUSETTS

LOUIS AND KATHLEEN ZAMBELLO
135 IDUNA LANE, AMHERST, MA 01002

SCALE: AS SHOWN APPROVED BY _____ DRAWN BY RWS
DATE: 6/19/04

AMHERST CIVIL ENGINEERING
RICHARD COSTA, P.E. / ROBERT STOVER

P.O. BOX 3312, AMHERST, MA 01004-3312 DRAWING NUMBER _____
(413)256-3400



Note: Certification is to test results only. See attached sheets for design.

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

#135

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 774-19 Date 3-25-75 Fee 3.00 Date Rec'd. 3-25-75 By CEO

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

Location—Address 135 Iduna Lane or Lot No. 14

Owner LOUIS ZAMBELLO Address _____

Contractor James Malindrinis Address 33 Phillips St., Amherst

Type of Building SINGLE FAMILY DWELLING Dimensions _____ Size Lot 1-AC+ "

Dwelling—No. of Bedrooms 3 Expansion Attic () Garbage Grinder (x)

Other _____ No. of persons 5 Showers (3)

Other fixtures _____

Town Water? YES Type of Well _____

Design Flow 50 gallons per person per day. Total daily flow 300 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. 1 Width 15 Total Length 40 Total leaching area 600 sq. ft.

Disposal Bed—No. 1 Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Dry Well—No. 1 Diameter 6' Depth below inlet 8' Dimensions: 6 x 8 x 8 400 A

Other: Distribution box (x) No. 1 Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by R. Brazeau - Huntley Engineering Date 4-26-73

Test Pit No. 1 0.34 minutes per inch

Depth of Test Pit 3'-0"

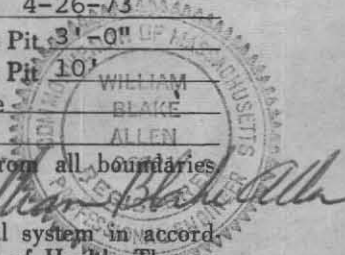
Test Pit No. 2 _____ minutes per inch

Depth of Test Pit 10'

Description of Soil OTS-6", silt-1'6", sand&gravel Depth to Ground Water _____ None

Will disposal area be filled? _____ Cut down? _____

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)



AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

Application Approved by CEO James M. Malindrinis Owner or builder 3-25-75 date

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ has been constructed in accordance with the provisions of

INSTALLER

Article XI 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 satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS

DISPOSAL WORKS CONSTRUCTION PERMIT

No. 774-19 Permission is hereby granted James M. Mameris - Kreis & to construct (x) or repair () an Individual Sewage Disposal System at Lot 14, Iduna Lane as shown on the application for Disposal Works Construction Permit No. 774-19

This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

DATE 3-25-75

CEO Board of Health

1933

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8-22-33

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PROPOSED DOMESTIC SUB-SURFACE DISPOSAL SYSTEM DESIGN

Prepared for: Jim Malandrinos

Location: Iduna Lane, Lot 14, Amherst, Ma.

Number of Bedrooms: 3 Garbage Disposal: yes

LEACH AREA DESIGN

3 Bedrooms X 2 persons/bedroom = 6 persons

6 Persons X 50 gallons of waste water/person per day =

300 total gallons waste water per day

Percolation Rate: 0.34 min./in.

Square feet of leach area required/gallon of waste water for a

Percolation Rate of 0.34 min./in. = 1.0 S.F./gallon

* If a leach bed is to be installed, one S.F./gallon is the minimum area that can be used for a Perc. rate of 10 min./in. or less.

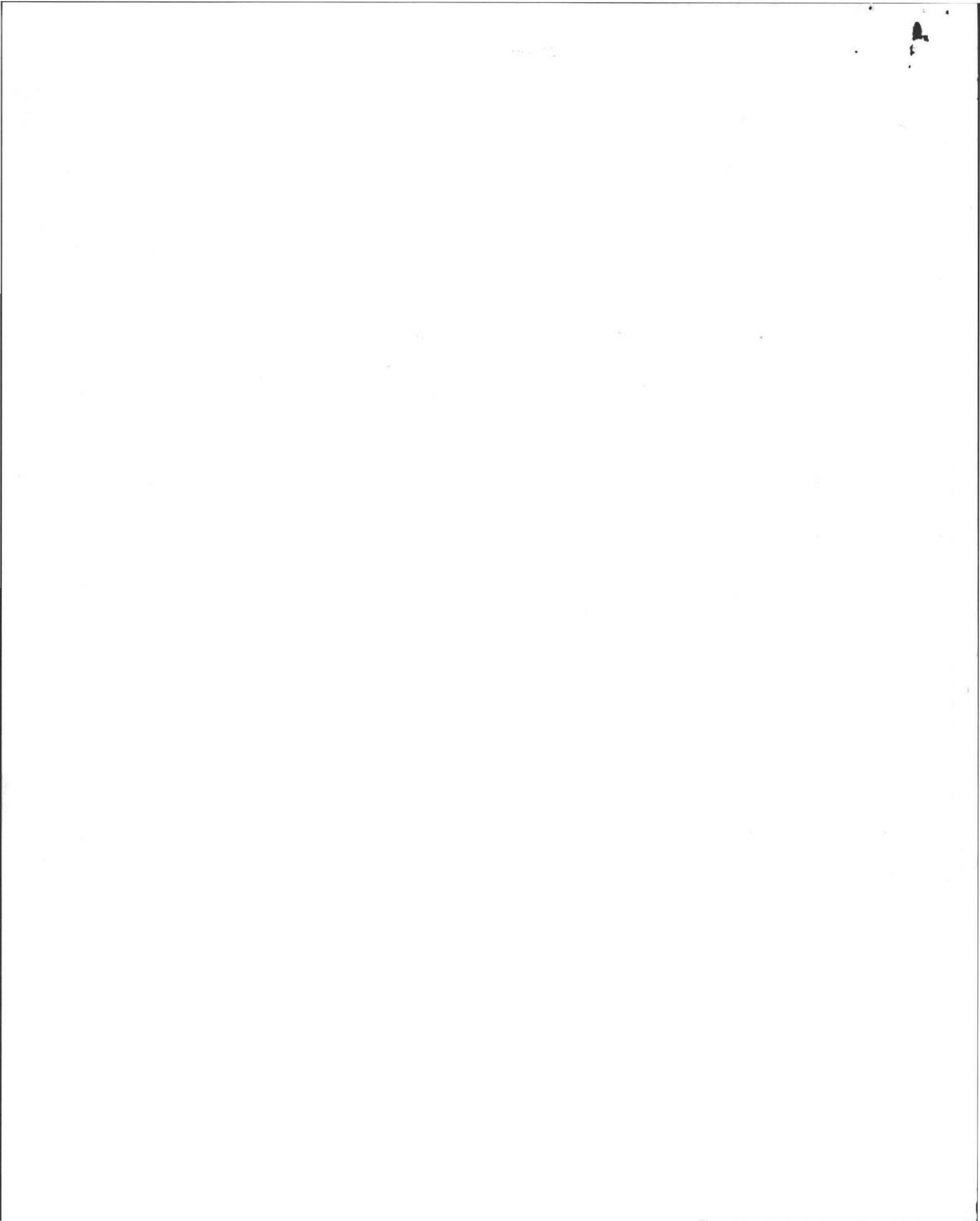
300 Total gallons of waste water per day X 1.0 S.F./gallon

= 300 S.F. of leach area (required)

* If a garbage disposal is installed, leach area will be increased by 25%

300 S.F. of leach area X 125% = 375 S.F. of leach area

RECOMMENDED LEACH AREA: 600 S.F.



SEPTIC TANK

* without Garbage Disposal

_____ Gallons of waste water per day X 150% =

_____ Required effective liquid capacity of septic tank

RECOMMENDED: _____ Septic Tank

* In no case will the septic tank be less than 750 gallons
(effective liquid capacity).

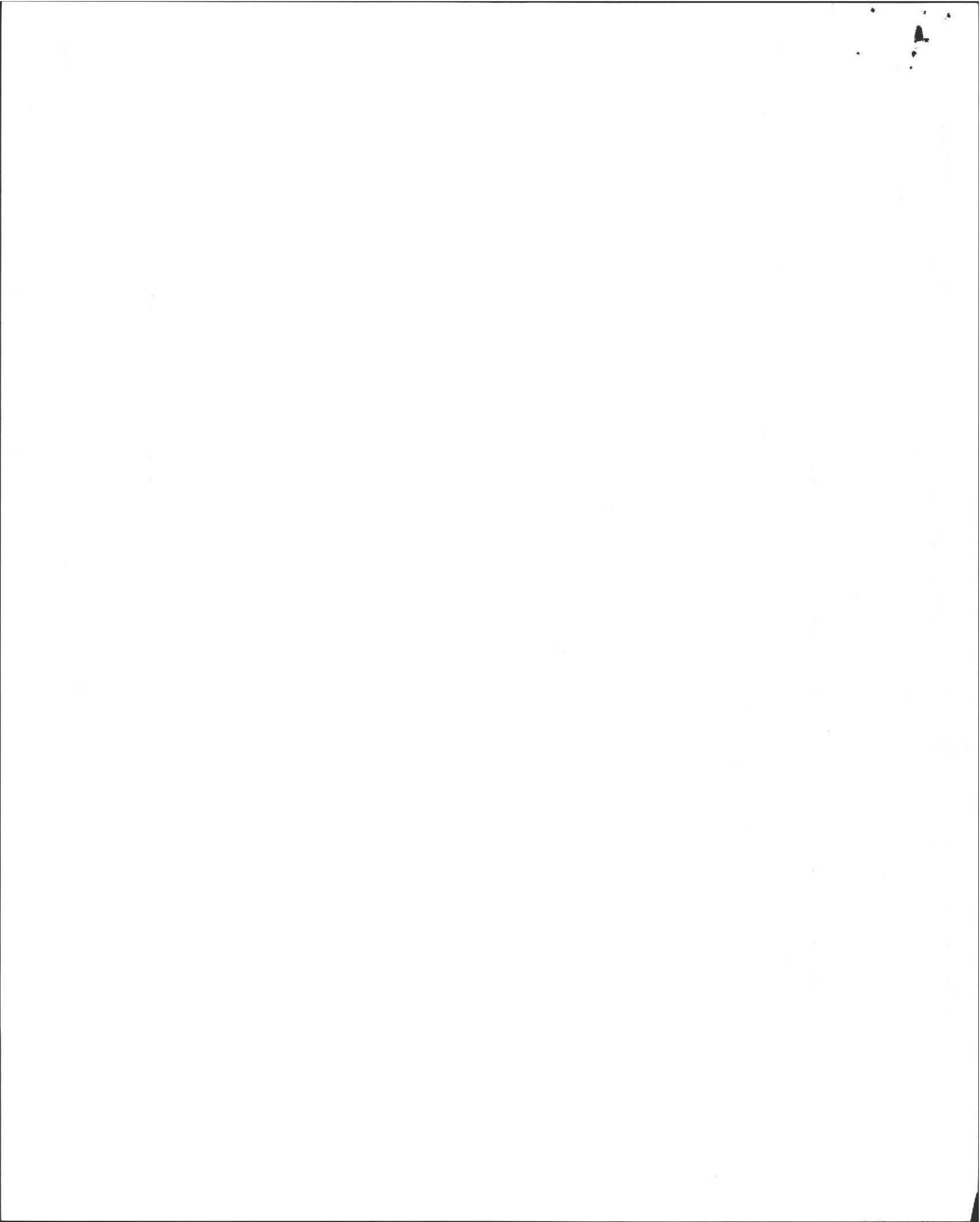
** with Garbage Disposal

300 Gallons of waste water per day X 200% =

600 Required effective liquid capacity of septic tank

RECOMMENDED: 1200 Septic Tank

** In no case will the septic tank be less than 1000 gallons
(effective liquid capacity).



TYPE OF SYSTEM

LEACH
BED

Recommended Leach Area 600 S.F.

L = 30'

W = 20'

- * The minimum lines per field is 2
- ** The maximum length per line is 100'
(75' when daily flow is greater than 2000 gal.)

LEACH
TRENCH

Recommended Leach Area _____ S.F.

÷ 3' wide = _____ feet of trench

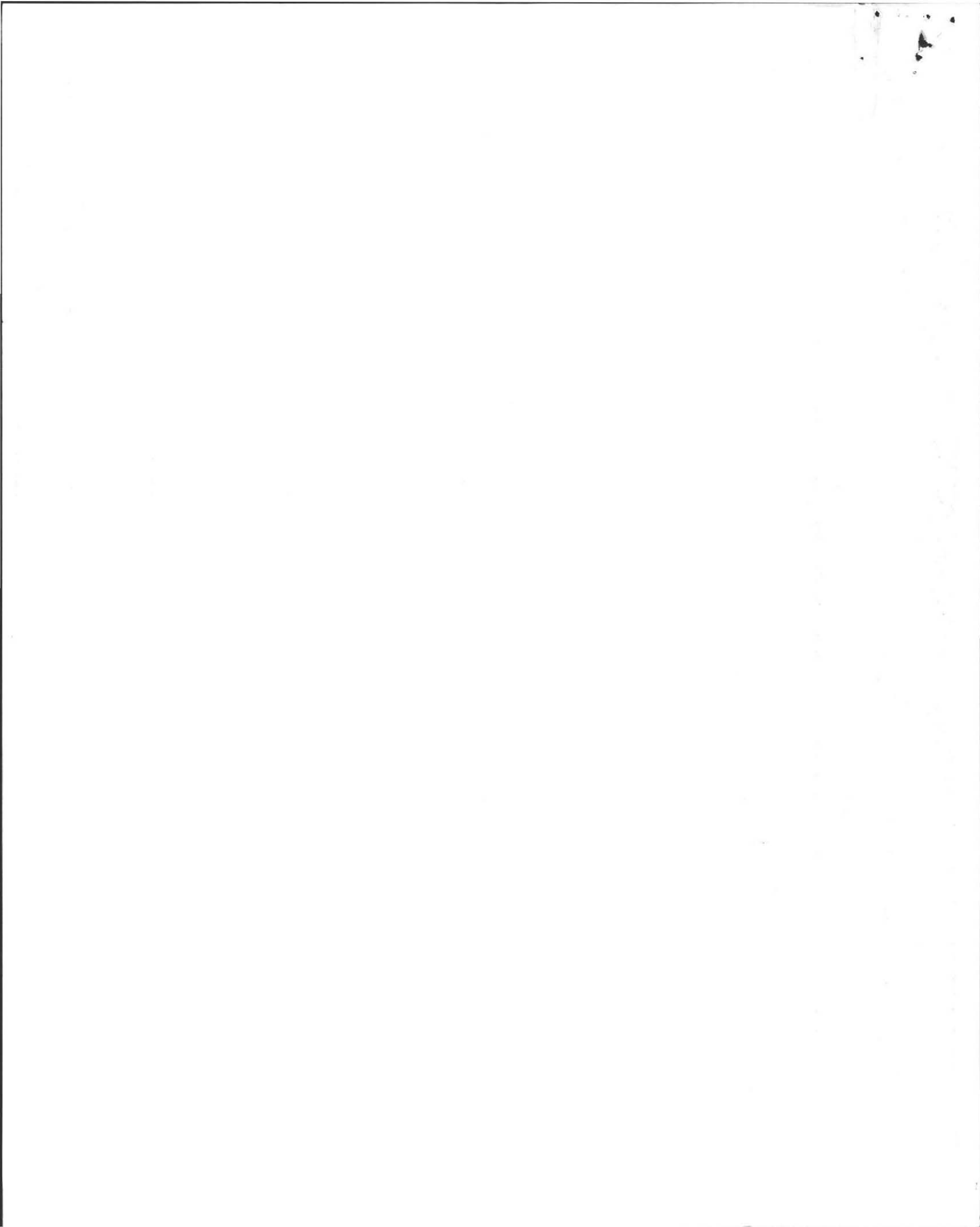
_____ trench lines, _____ feet long

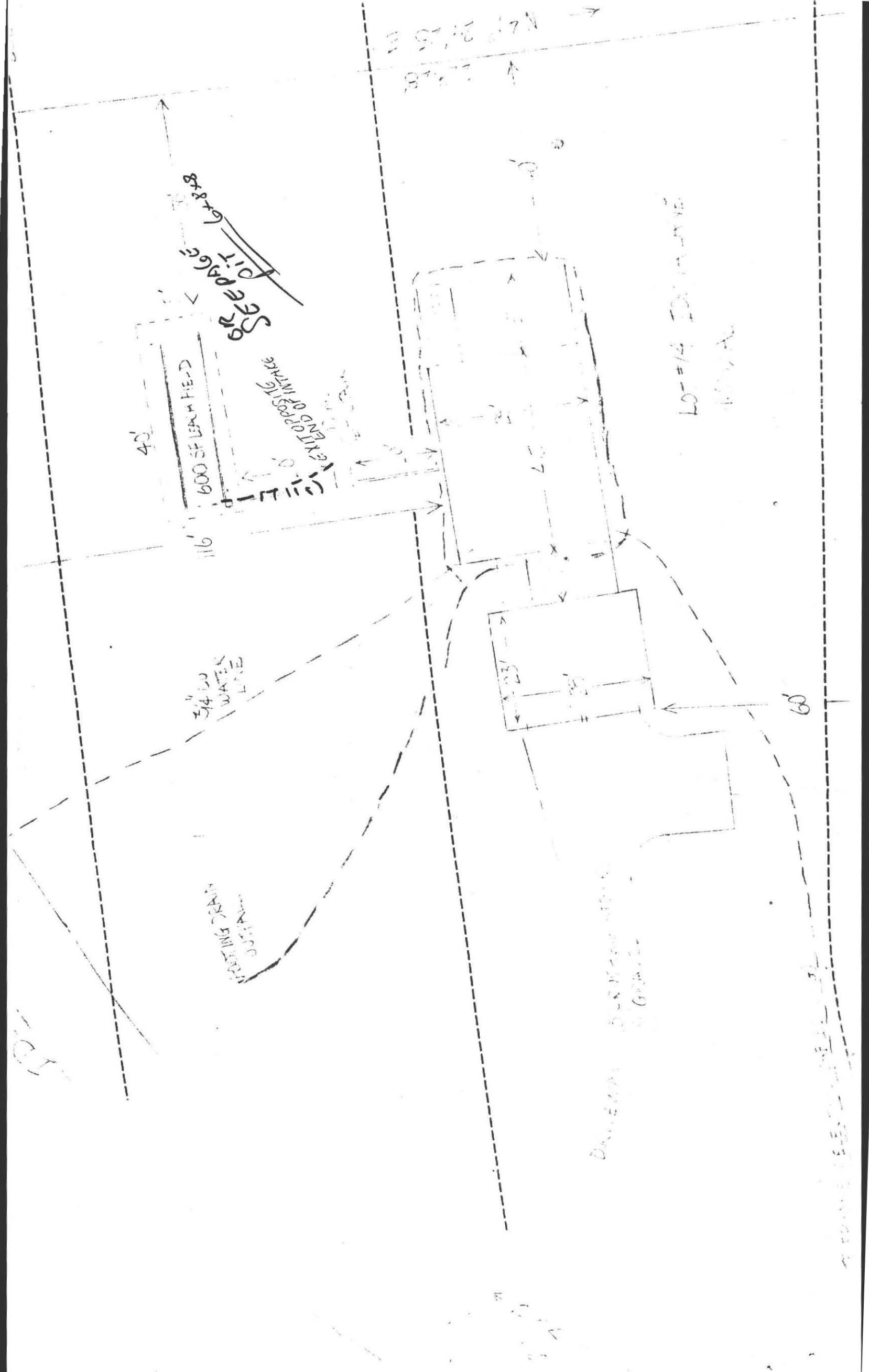
- * The minimum lines per field is 2
- ** The maximum length per line is 100'
(75' when daily flow is greater than 2000 gal.)

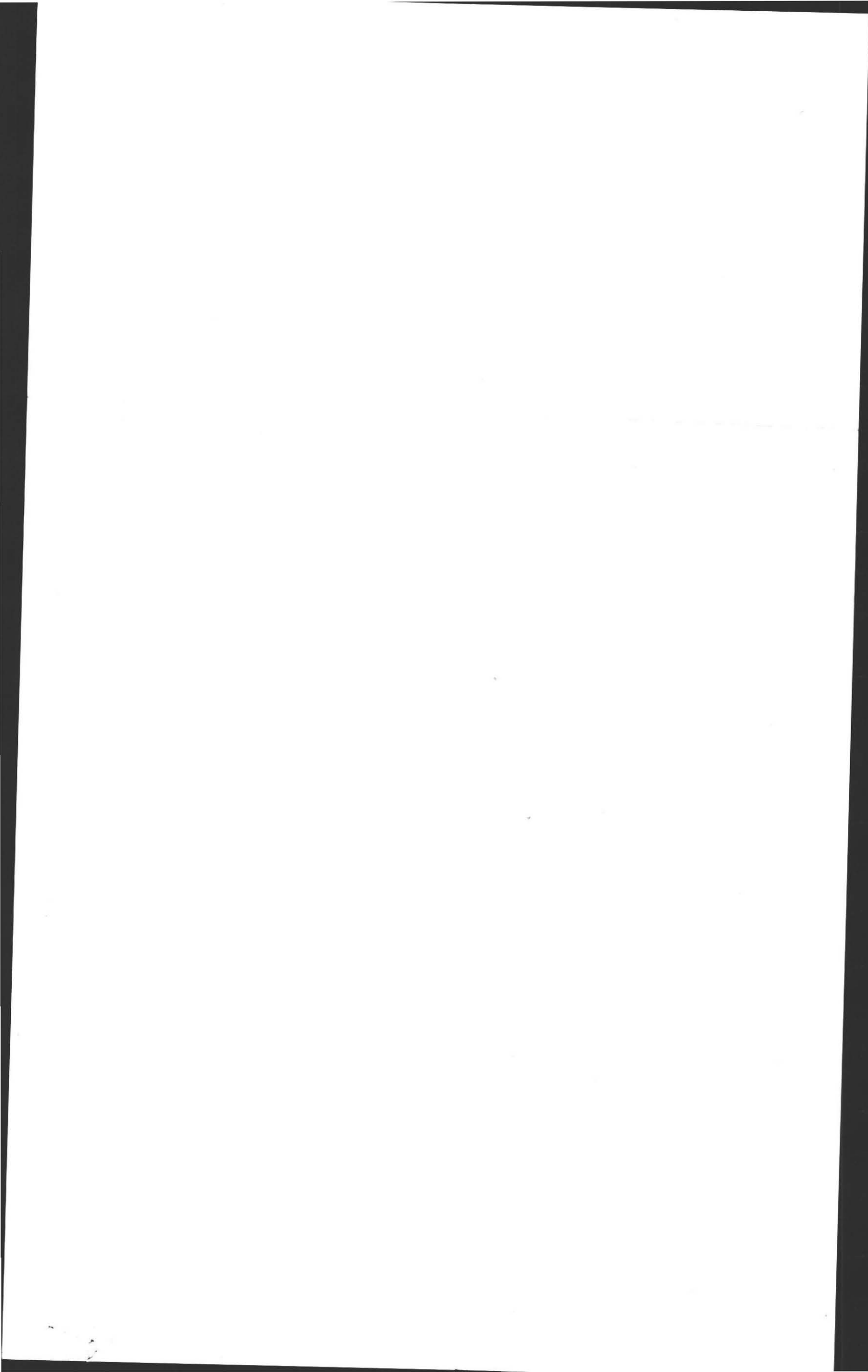
LEACH
PIT

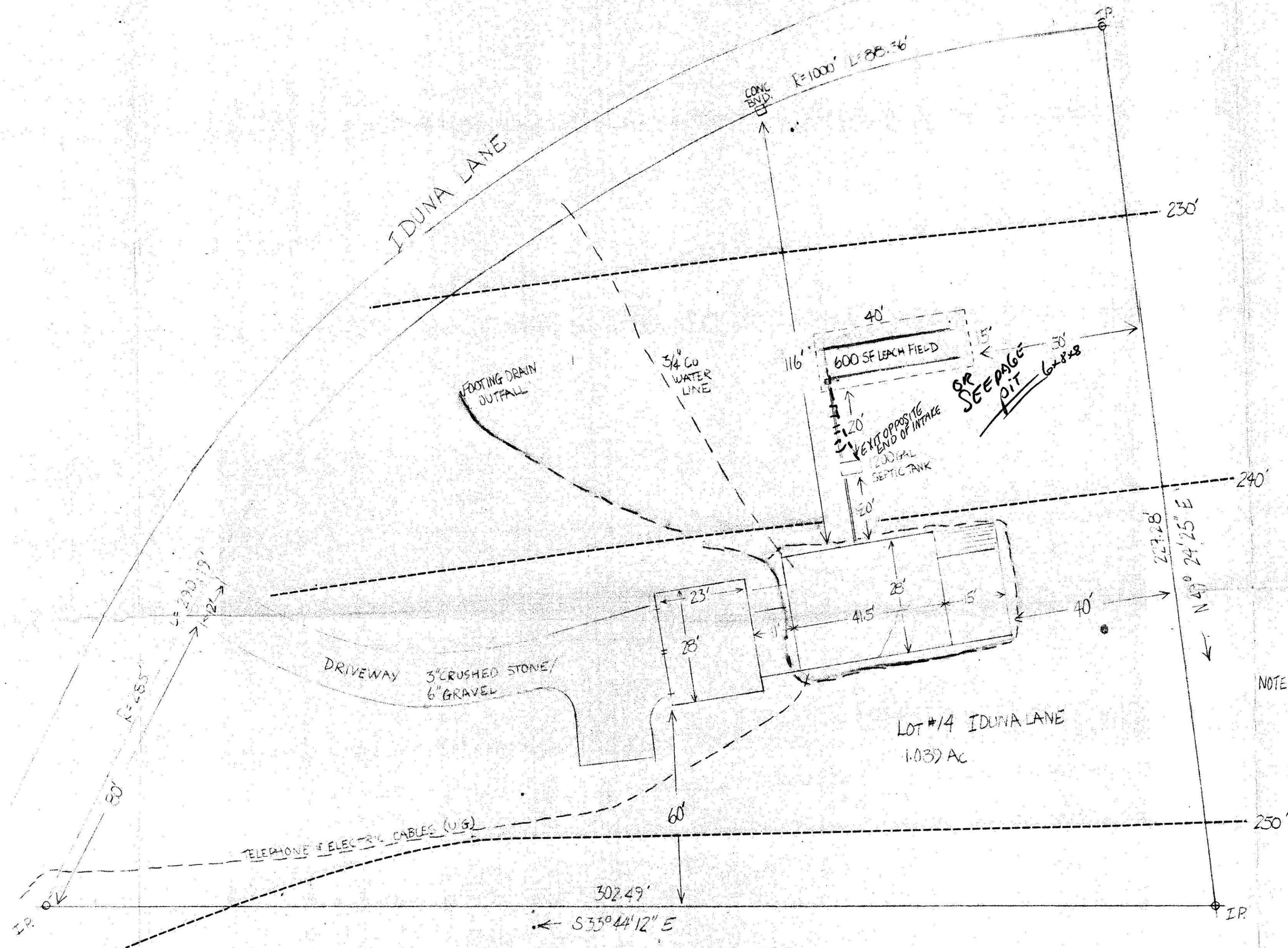
Recommended Leach Area 400 S.F.

Check attached sheets for type of Pit and amount of stone









NOTE:
 LOT DIMENSIONS, BEARINGS, & GRADES
 FROM "DEFINITIVE SUBDIVISION OF LAND IN
 AMHERST, BELONGING TO HOWARD W. ATKINS,"
 PAGE 2, BY ALMER HUNTLEY JR. & ASSOC., INC.,
 DATED 11-7-72

8	SCALE 1" = 20'	ZAMBELLO RESIDENCE IDUNA LANE AMHERST, MA	SITE PLAN	J. M. MALANDRINOS AND COMPANY AMHERST, MASSACHUSETTS 01002
	DATE			
	DRAWN			
	REVISED			