

235 Iduna Lane



No. 08-03

#235
FEE 150.00 pd.

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT



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

Location <u>235 Iduna Ln.</u>	Owner's Name <u>Peter Macconell</u>
Map/Parcel# <u>24A/66</u>	Address <u>235 Iduna Ln.</u>
Lot#	Telephone# <u>256-6761</u>
Installer's Name <u>Addair's</u>	Designer's Name <u>Alan Weiss, RS.</u>
Address <u>Potum Lake</u>	Address <u>Belchertown</u>
Telephone#	Telephone# <u>323-5957</u>

Type of Building Residence Lot Size 0.82 AC +/-
 Dwelling - No. of Bedrooms 4 Bedroom Garbage grinder (✓)
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided _____ gpd
 Plan: Date 3/10/08 Number of sheets _____ Revision Date _____
 Title Septic Tank + D Box Replacement Plan.
 Description of Soil(s) Class I - Sand.
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Septic Tank Replacement (collapsed) + D. Box (only).

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 [Signature] Date 3-10-08
for Peter Macconell

Inspections _____

No. 08-03

FEE 0

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

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: Addair's
at 235 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. _____, dated _____, Approved Design Flow _____ (gpd)

Installer [Signature] 3/10/08
Designer: [Signature] Inspector: Alan Weiss, RS. Date: 3/10/08

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

No. 08-03

FEE 150.00

COMMONWEALTH OF MASSACHUSETTS

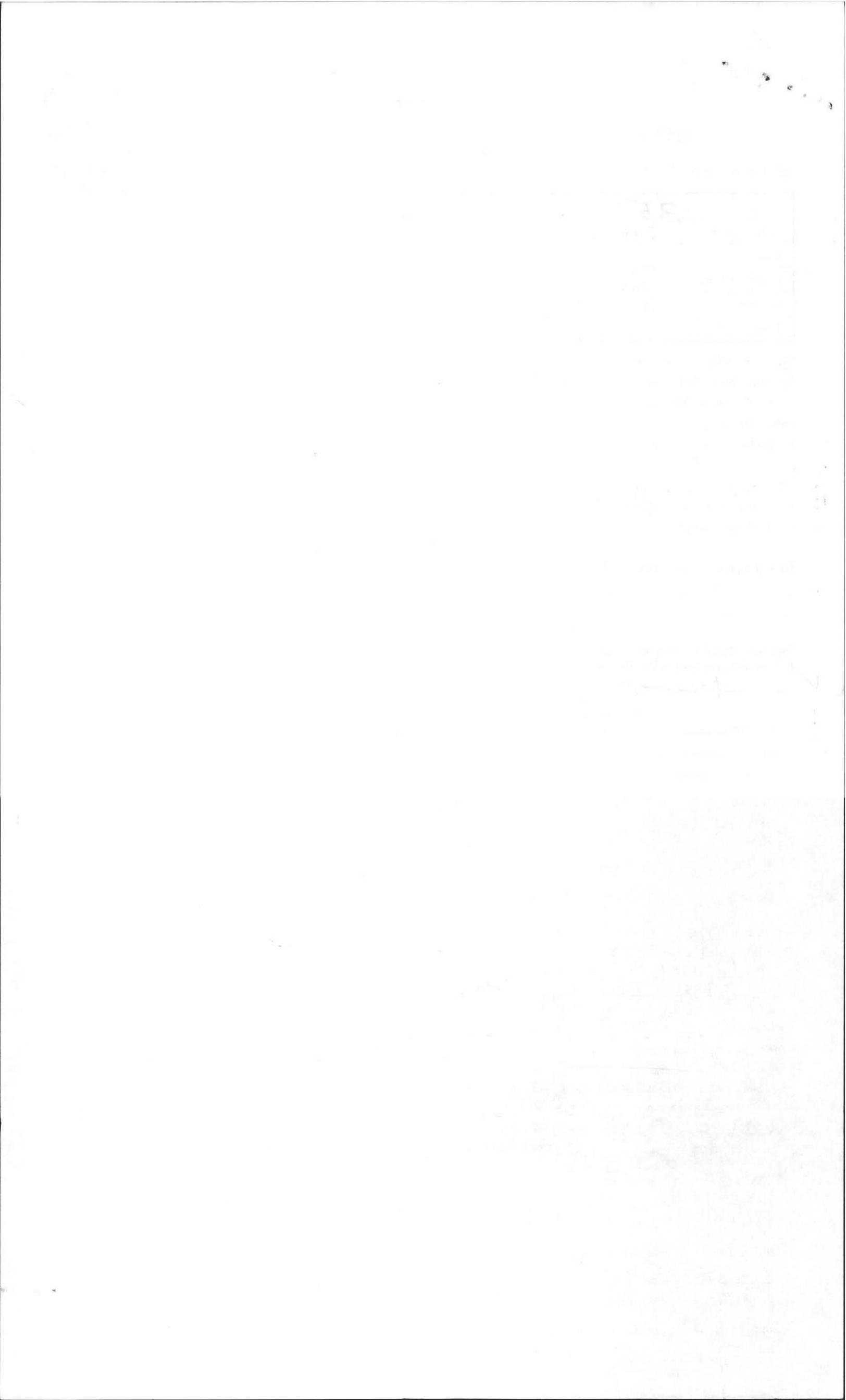
Board of Health, Amherst, MA.

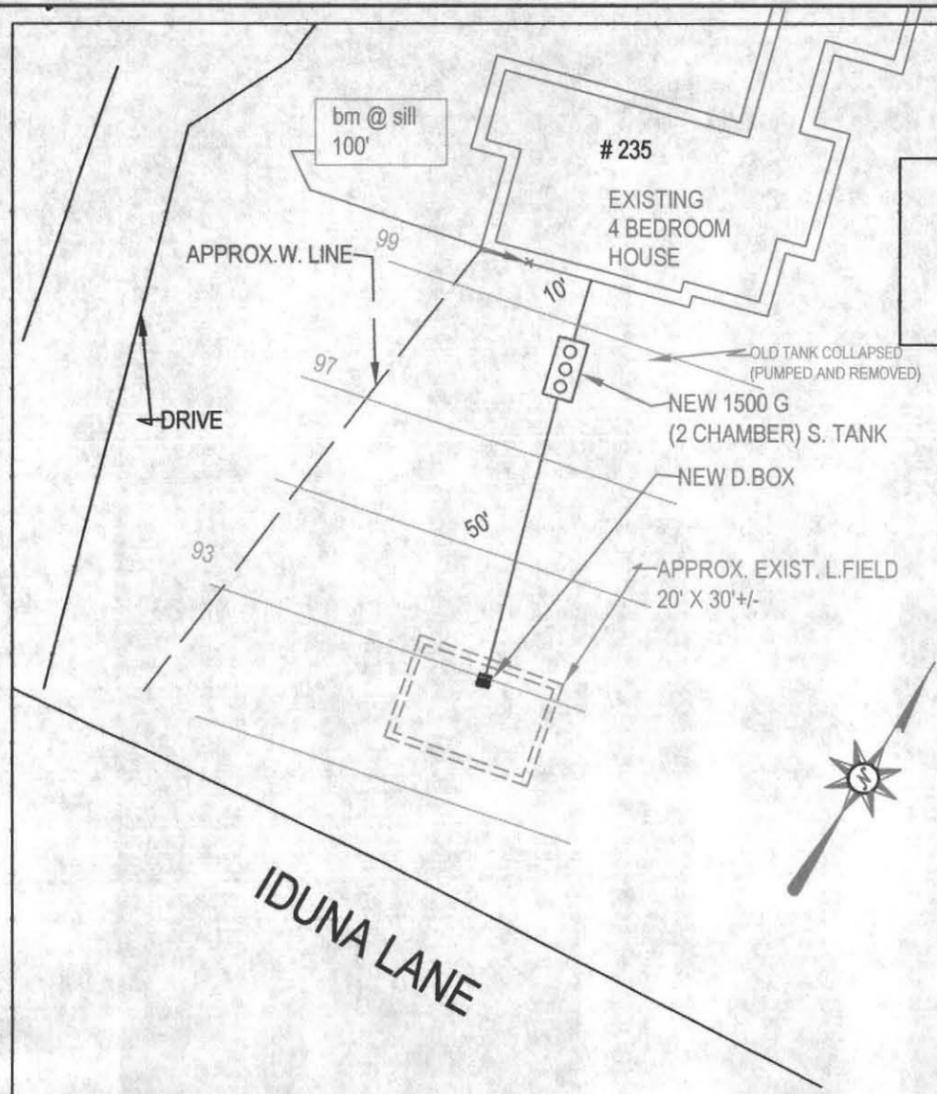
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair (✓) Upgrade () Abandon () an individual sewage disposal system at 235 Iduna Ln. as described in the application for Disposal System Construction Permit No. 08-03, dated 3-10-08.

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

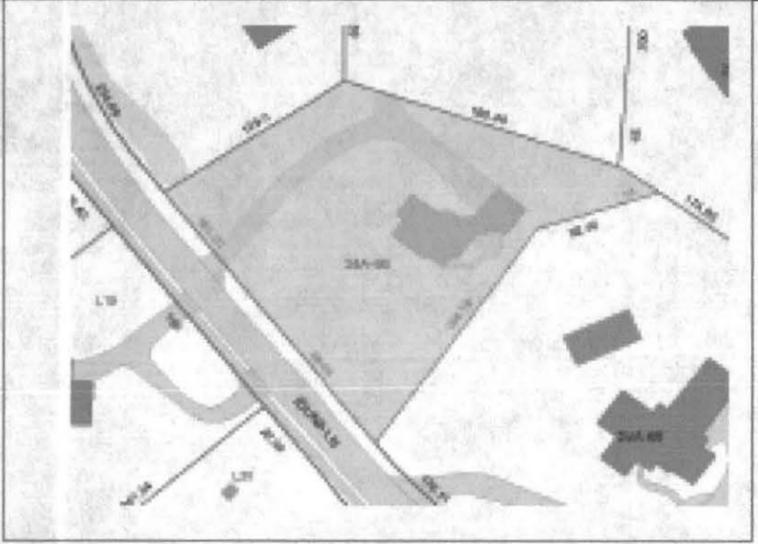
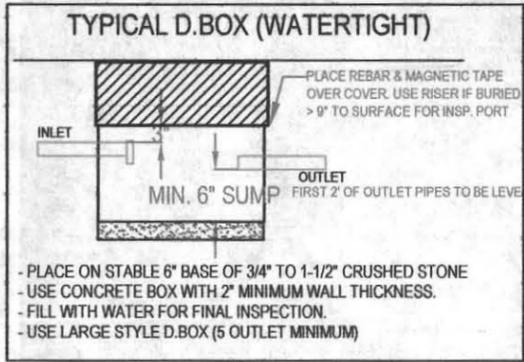
Date 3-10-08 Board of Health [Signature] DC, MPH, RS



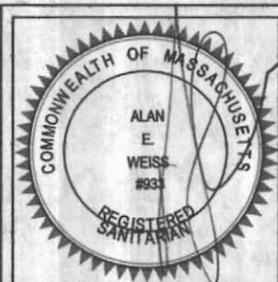
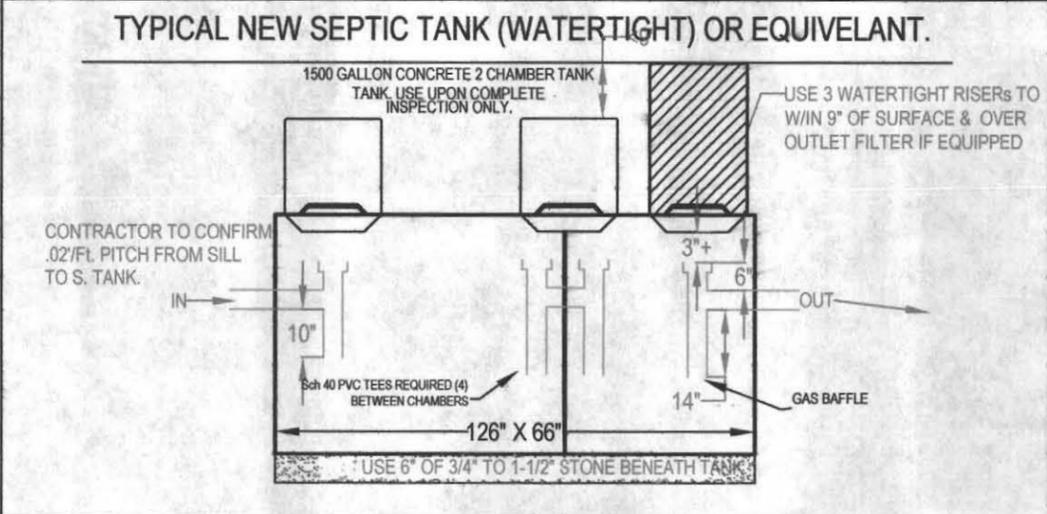
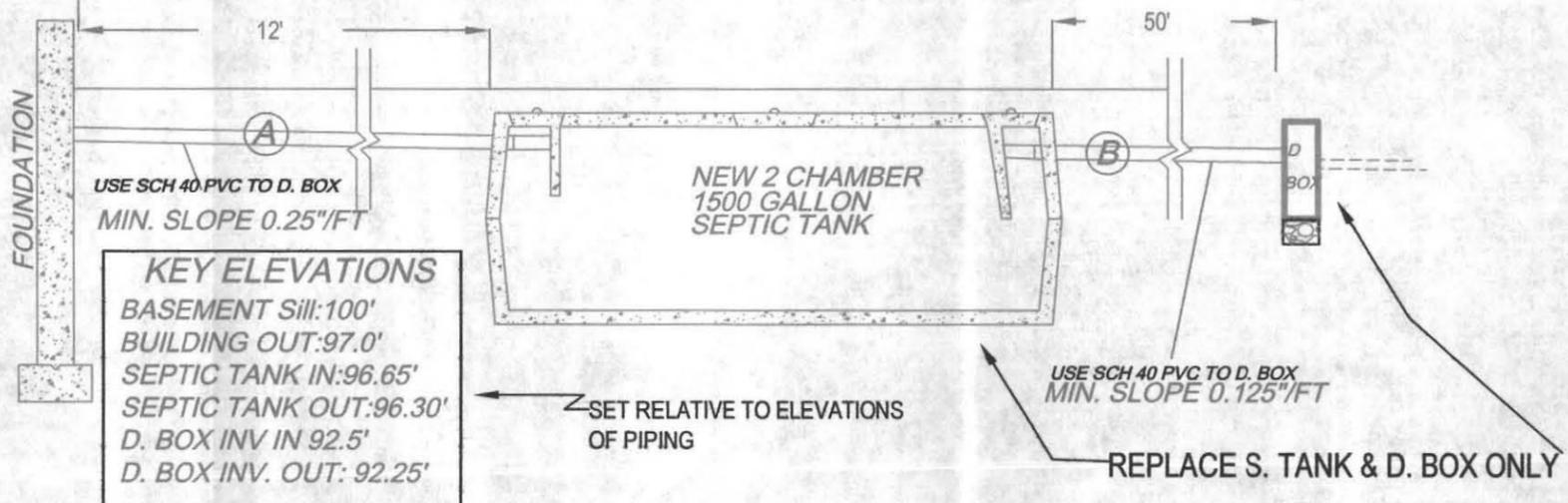


NOT AN ACTUAL SURVEY!!
 LINES DRAWN FOR SEPTIC
 LOCATION PURPOSES ONLY!

NOTE: NO PROPERTY LINES
 WITHIN 25 FT OF PROPOSED
 D. BOX REPLACEMENT



EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



EMERGENCY SEPTIC TANK & DIST BOX PLAN FOR PETER MACCONNELL

235 IDUNA LANE
 AMHERST, MA

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007

PHONE: (413) 323-5957
 FAX: (413) 323-4916
 e-Mail: ACEWCS@charter.net

DATE: 03.10.2008	DRAWN BY: ALAN WEISS	REVISED:
SCALE: 1"=30'		DRAWING NUMBER: 109-2926-0307

108-3058-0300

108-3058-0300

AGAN WEISS

108-3058-0300

108-3058-0300

108-3058-0300



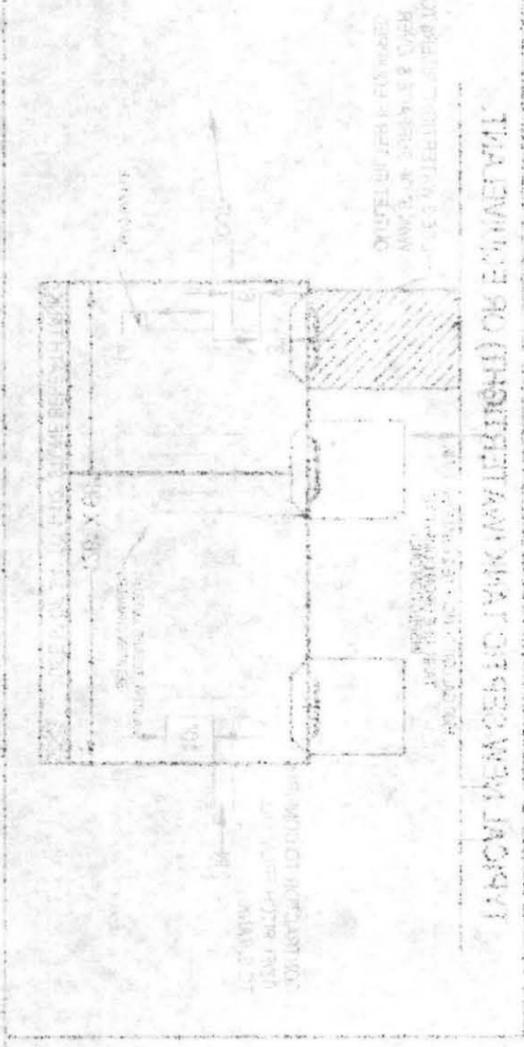
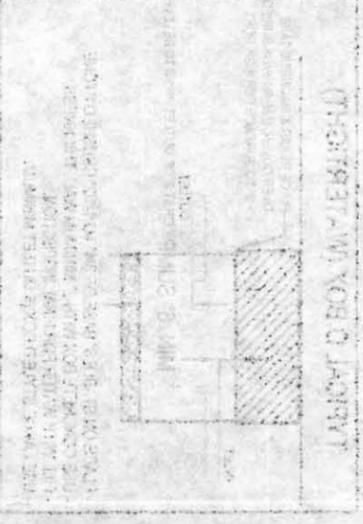
AMERICAN ENGINEERING CORPORATION
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AMERICAN ENGINEERING CORPORATION
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EMERGENCY SERVICE UNIT & CONTROL ROOM



EMERGENCY SERVICE UNIT & CONTROL ROOM



EMERGENCY SERVICE UNIT & CONTROL ROOM

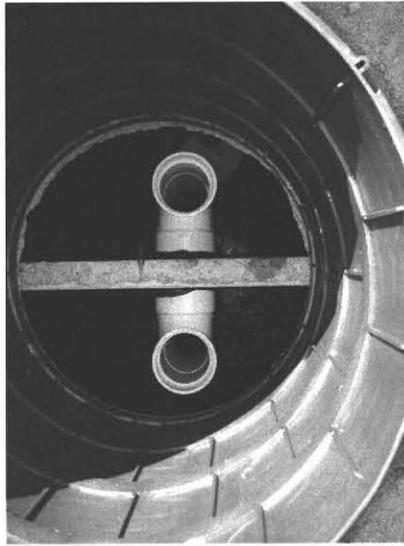
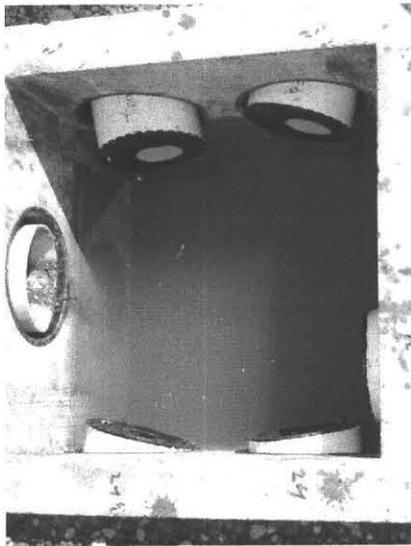
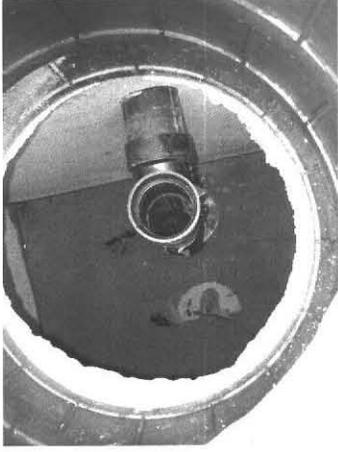


FOUNDATION

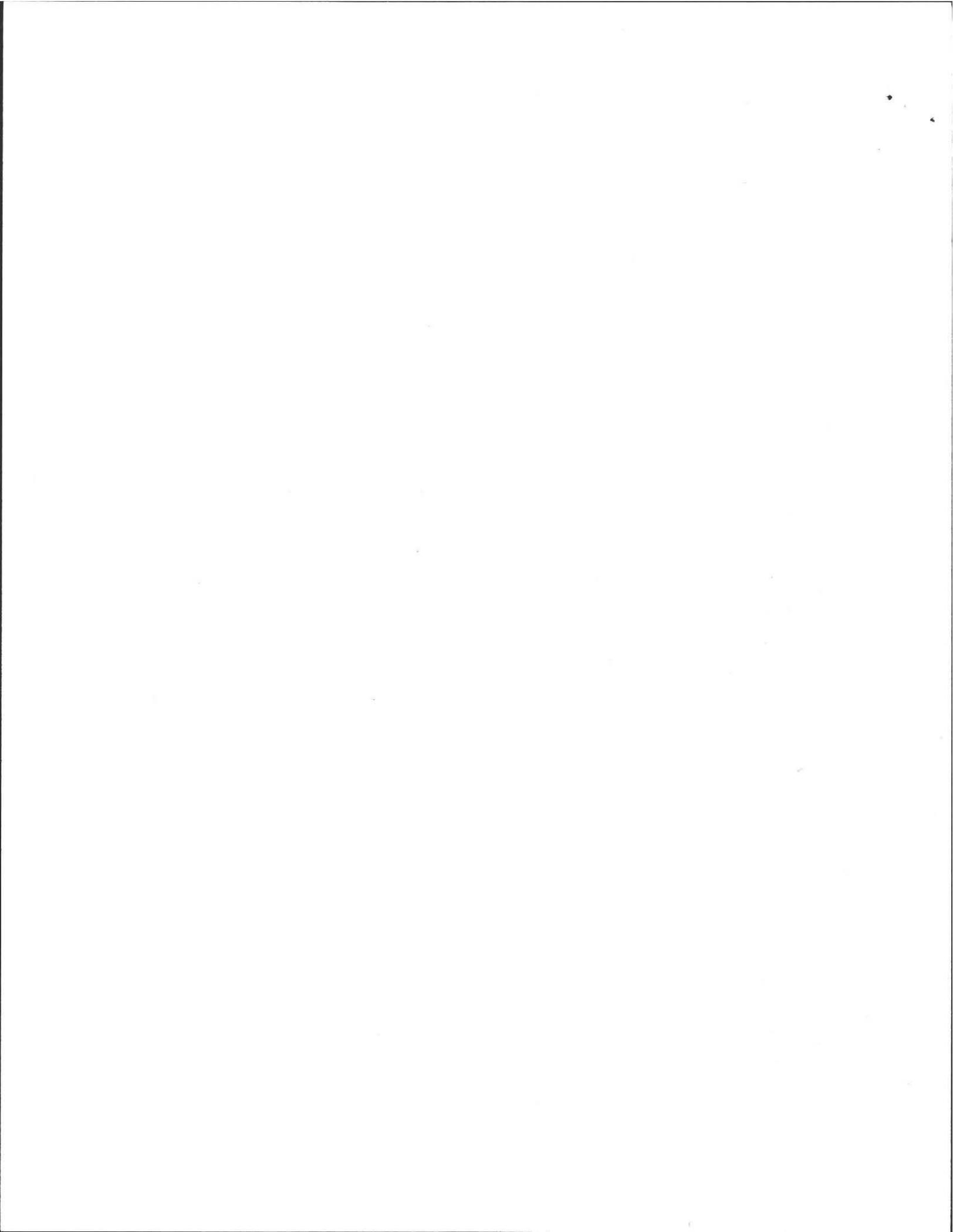
EMERGENCY SERVICE UNIT & CONTROL ROOM

EMERGENCY SERVICE UNIT & CONTROL ROOM

EMERGENCY SERVICE UNIT & CONTROL ROOM



235 Iduna Lane
Repair 3/10/08
New tank and D box
Installer: Rob Adair
Engineer Alan Weiss



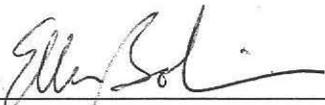
TOWN OF AMHERST
AMHERST HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION

08-313

Name on payment: Peter Macconel Address on payment: 235 Iduna Lane
Amherst, MA 01002

Business/Property location: Same Address Same Owner

<p>HEA009 Bakery R6510 443508 _____</p> <p>HEA001 Bed & Breakfast R6510 443516 _____</p> <p>HEA042 Body Arts & Tattoo R6510 443521 _____</p> <p>HEA002 Catering License R6510 443507 _____</p> <p>HEA047 Fines R6510 482000 _____</p> <p>HEA003 Food Handler R6510 443515 _____</p> <p>HEA004 Frozen Deserts R6510 443501 _____</p> <p>HEA005 Health Dept. Housing Insp. R6510 432302 _____</p> <p>HEA045 Ice Rinks R6510 443522 _____</p> <p>HEA034 Immunization Clinic R6510 432307 _____</p> <p>HEA006 Massage Therapy R6510 443504 _____</p> <p>HEA008 Motel R6510 443506 _____</p> <p>HEA011 Percolation Test R6510 432300 _____</p> <p>HEA043 Plan Review R6510 432308 _____</p> <p>HEA044 Porta Pottie R6510 432309 _____</p>	<p>HEA013 Recreation Camp R6510 443503 _____</p> <p>HEA010 Removal of Offal R6510 443513 _____</p> <p>HEA021 Removal of Rubbish R6510 443520 _____</p> <p>HEA046 Rental Registration R6510 432310 _____</p> <p>HEA014 Retail Store R6510 443514 _____</p> <p>HEA015 Sanitary Code Booklets R6510 432305 _____</p> <p>HEA016 Septic Tank Installer R6510 443511 _____</p> <p>HEA017 Septic System Plan & Final <u>\$150-</u> R6510 443510 _____</p> <p>HEA018 Septic System Reinspection R6510 432301 _____</p> <p>HEA026 Smoking & Tobacco Fines R6510 443518 _____</p> <p>HEA019 Sub-Division Review Fee R6510 432306 _____</p> <p>HEA012 Swimming Pool Permits R6510 443512 _____</p> <p>HEA020 Tanning Services R6510 443509 _____</p> <p>HEA022 Tobacco Permits R6510 443505 _____</p> <p>HEA _____ R6510 _____</p> <p>HEA _____ R6510 _____</p>
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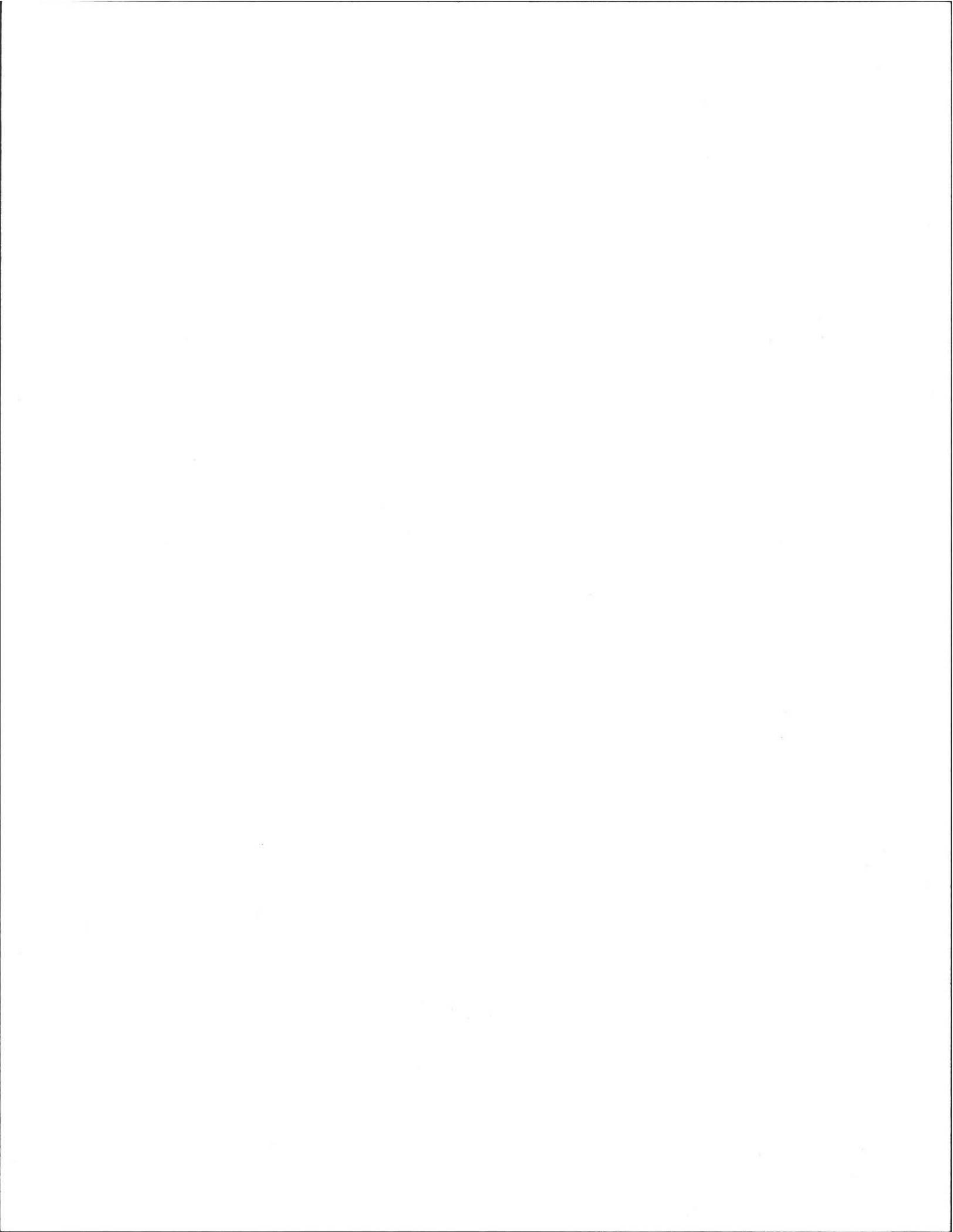

AMHERST HEALTH DEPARTMENT SIGNATURE

PAID
MAR 12 2008
Town of Amherst

TOTAL FEE: \$150-
03-42-08
DATE

Must Be Validated By The Collector's Office To Be Considered Paid

OFFICE USE ONLY	
CHECK#	CASH
1231	



received
3-12-08

AS-BUILT



COMMONWEALTH OF MASSACHUSETTS

Board of Health, Amherst, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>235 Iduna Ln.</u>	Owner's Name <u>Peter Macconnell</u>
Map/Parcel# <u>24A/66</u>	Address <u>235 Iduna Ln.</u>
Lot#	Telephone# <u>256-7670</u>
Installer's Name <u>Addair's</u>	Designer's Name <u>Alan Weiss, R.S.</u>
Address <u>Potowomut La.</u>	Address <u>Belchertown</u>
Telephone#	Telephone# <u>323-5957</u>

Type of Building Residence Lot Size 0.82 AC ± 1- sq. ft.
 Dwelling - No. of Bedrooms 4 Bedroom Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 440 Design flow provided → gpd
 Plan: Date 3/10/08 Number of sheets _____ Revision Date _____
 Title Septic Tank + D Box Replacement Plan.
 Description of Soil(s) Class I - Sand.
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Septic Tank Replacement (all prod) + D. Box (cost).

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 [Signature] Date 3-10-08
for Peter Macconnell

Inspections _____

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

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: _____ at _____

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 _____, Approved Design Flow _____ (gpd)

Installer _____ Designer: _____ Inspector: _____ Date: _____

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

No. _____ FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

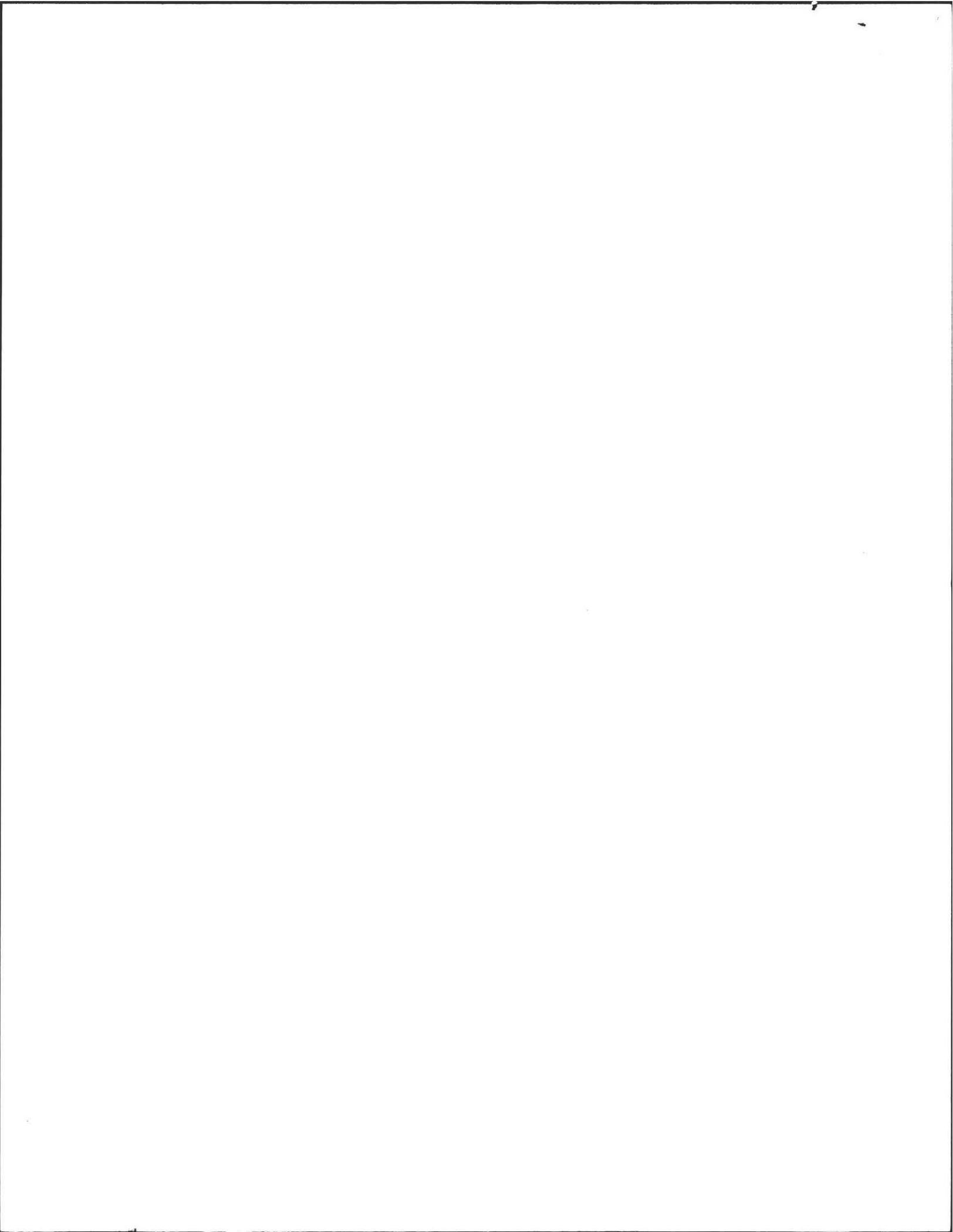
Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at _____ as described in the application for

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.



235 Iduna Lane New Septic Tank
03.10.2008
A. Weiss, Soil Evalutator.





235 Iduna Lane, Before box change
3.7.2008

100

BOARD OF HEALTH TOWN OF AMHERST, MASSACHUSETTS

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner PETER Mac COWELL Address 100 NA LANE

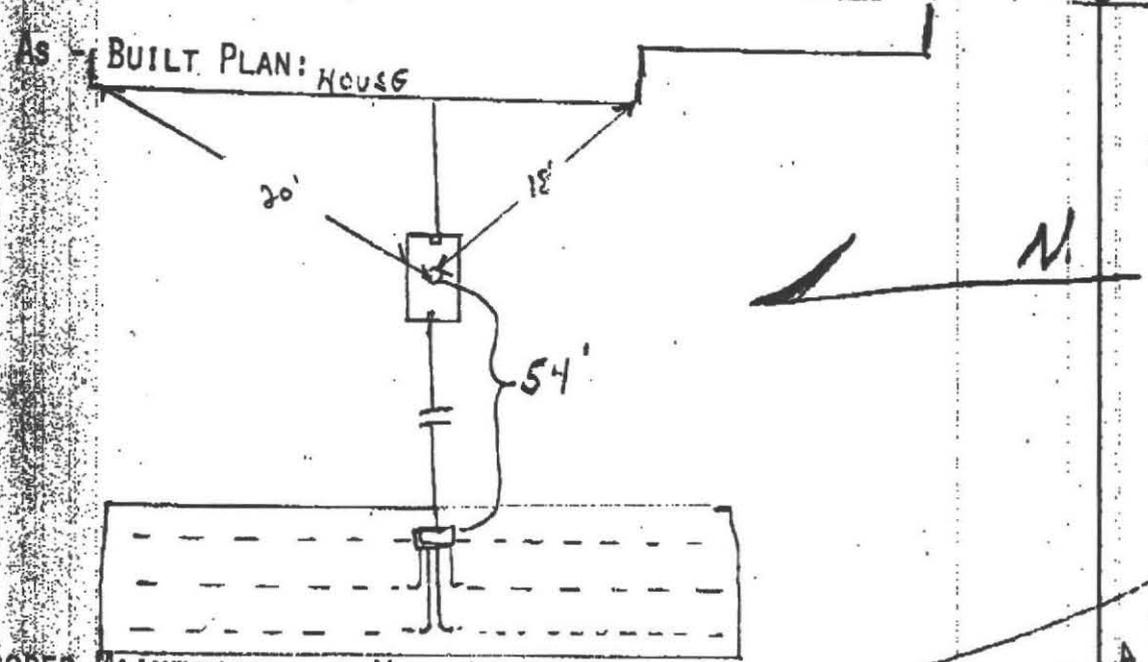
Installer BARRY ROBERTS Address 50 ORCHARD DR.

Date Installation Inspected and Approved 6-29-77

Description of System: Tank Capacity: 1500

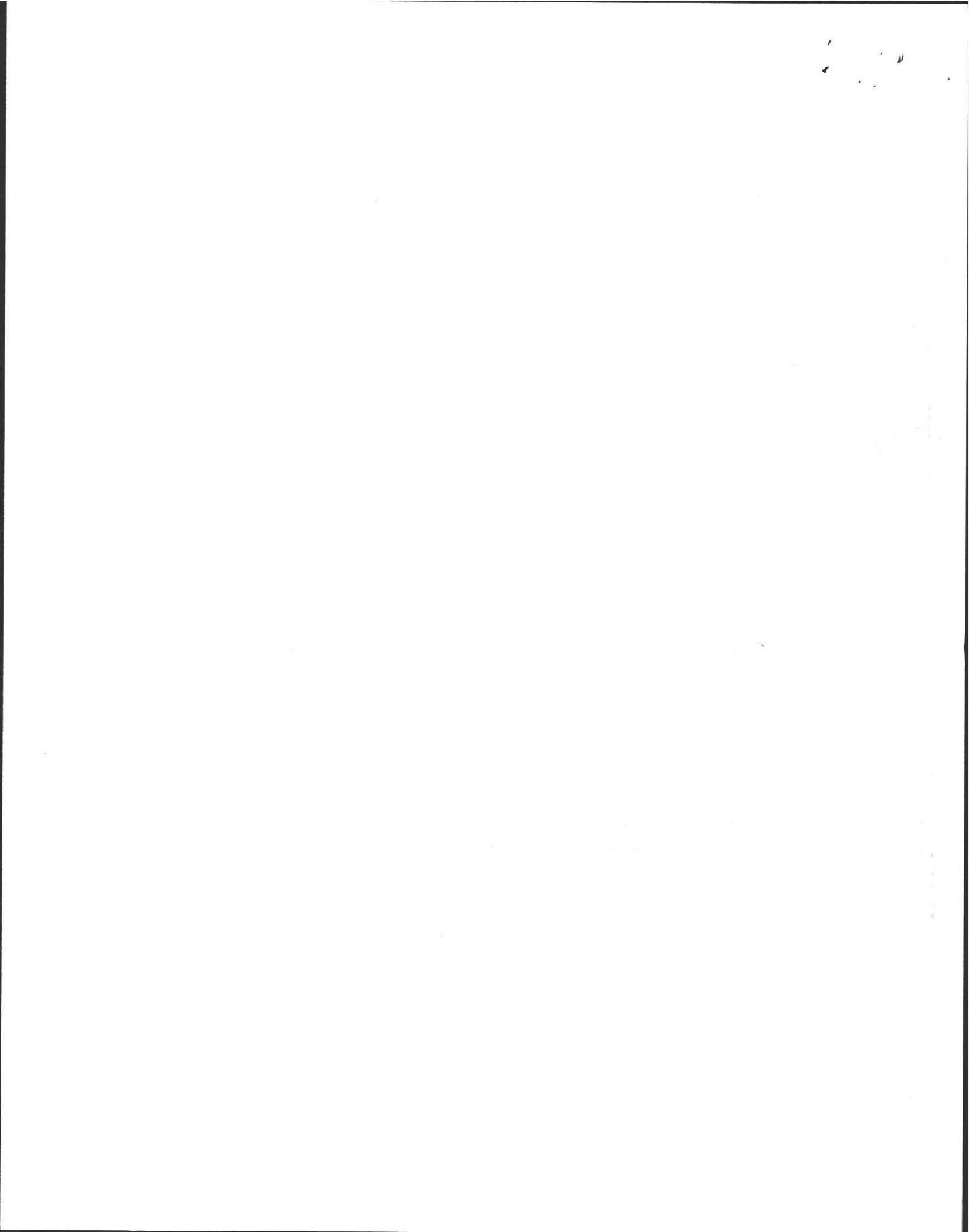
Leach Field () Bed (X) Seepage Pit () Square Feet: 750

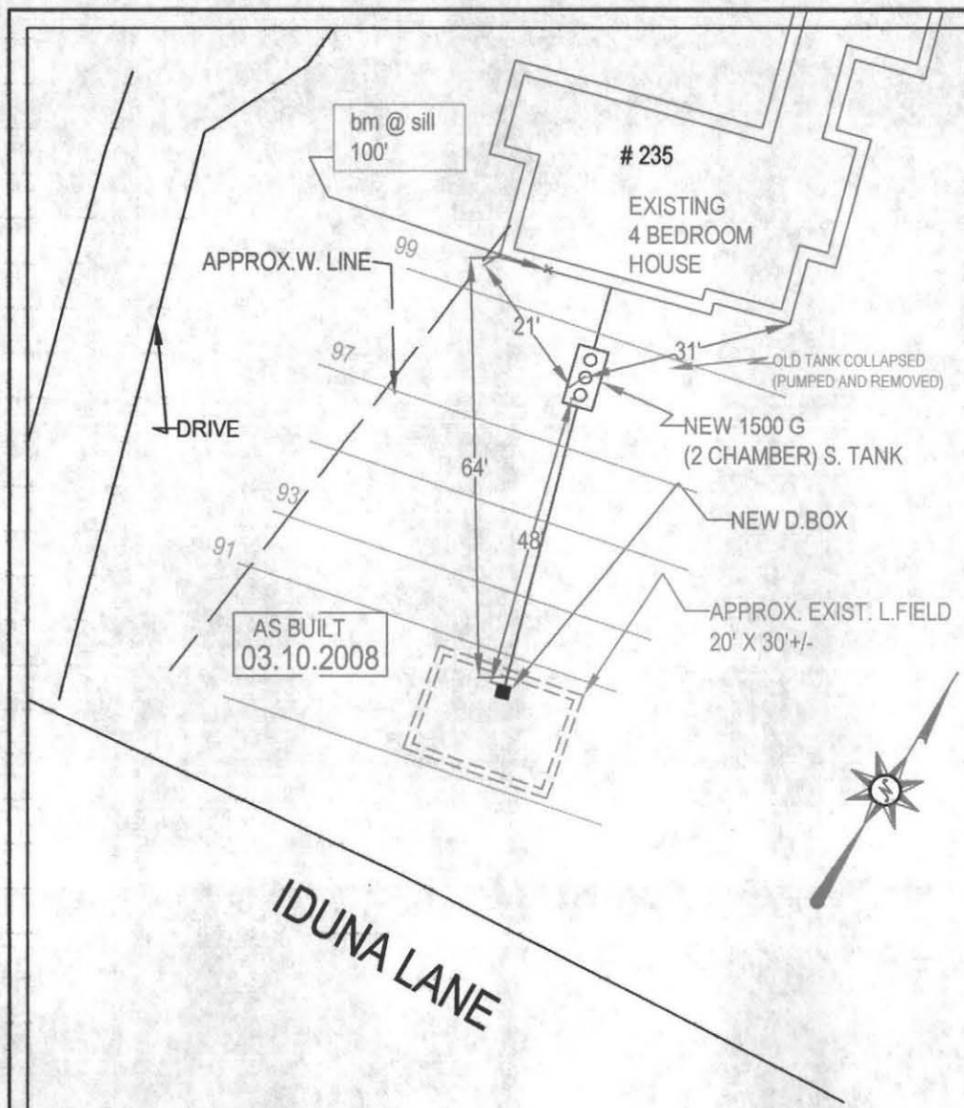
Garbage Grinder Yes (X) No () No. Bedrooms: 4 No. People: 8



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM 100 NA LANE

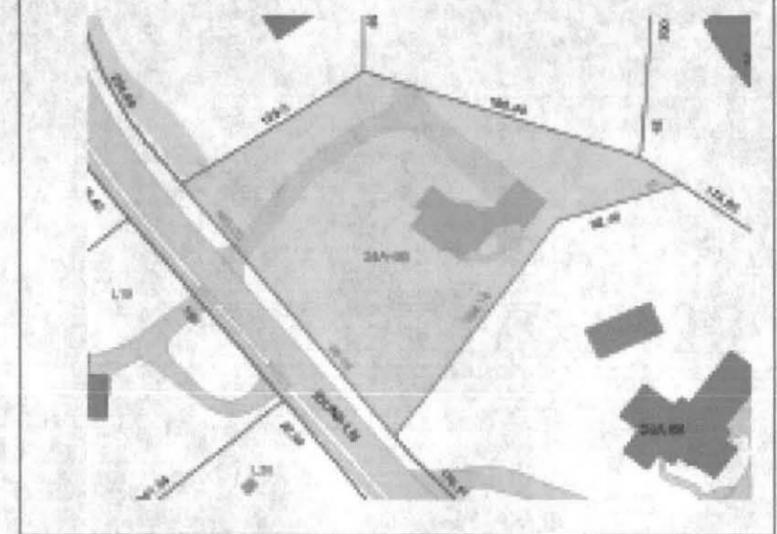
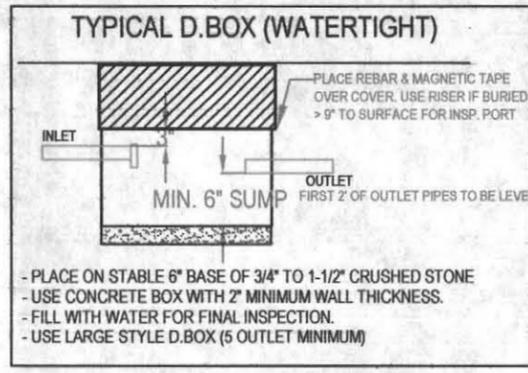
1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into 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.



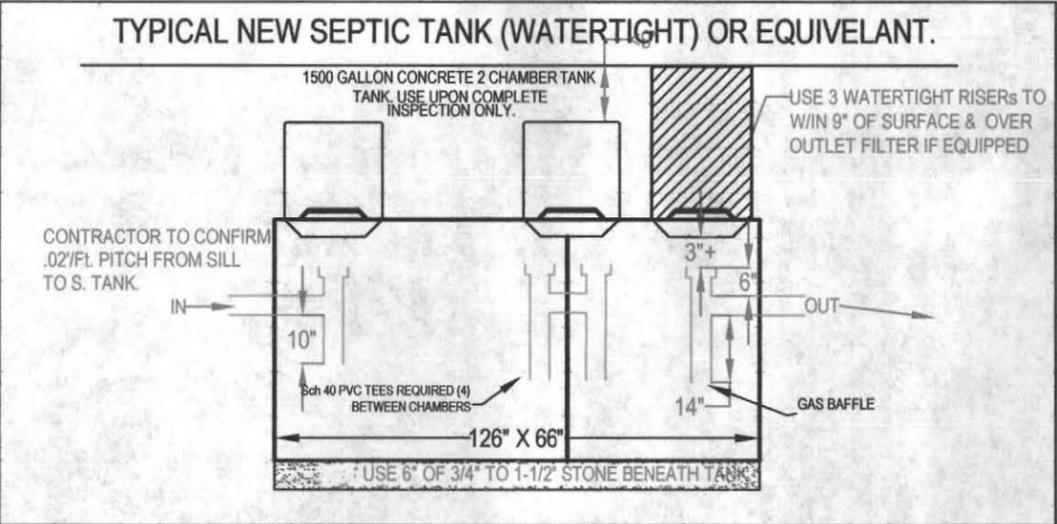
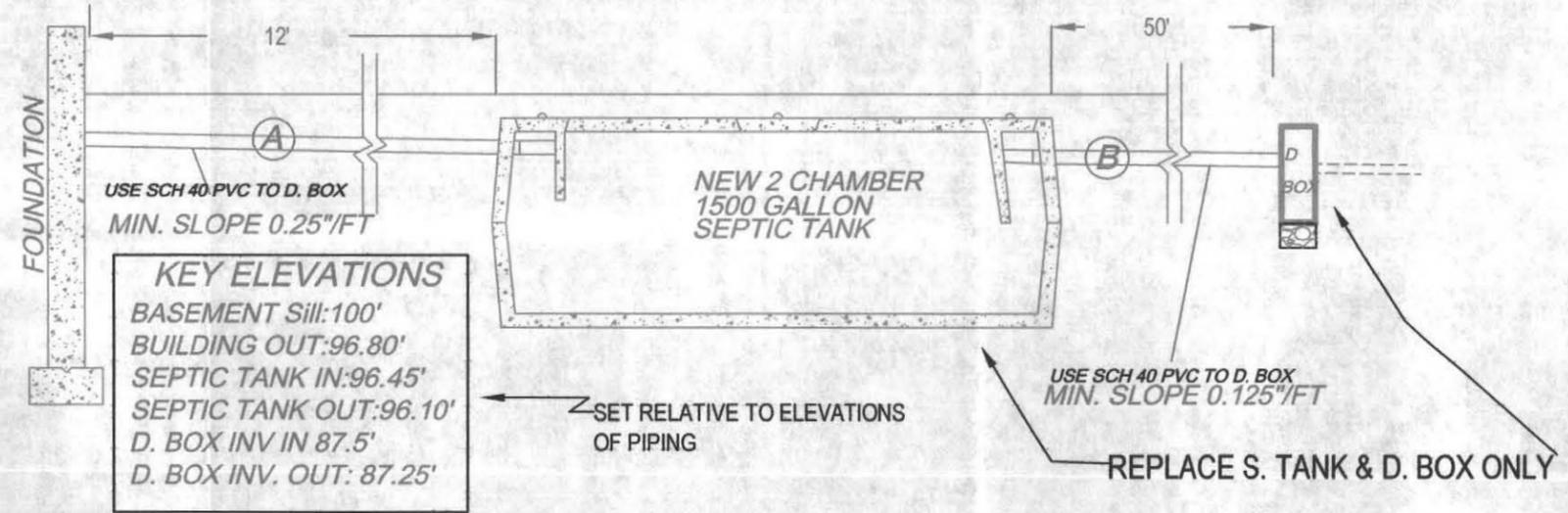


NOT AN ACTUAL SURVEY!!
 LINES DRAWN FOR SEPTIC
 LOCATION PURPOSES ONLY!

**NOTE: NO PROPERTY LINES
 WITHIN 25 FT OF PROPOSED
 D. BOX REPLACEMENT**



EFFLUENT DISPOSAL SYSTEM (CROSS SECTION - NOT TO SCALE)



EMERGENCY SEPTIC TANK & DIST BOX PLAN FOR PETER MACCONNELL
 235 IDUNA LANE
 AMHERST, MA

Cold Spring Environmental Consultants Inc.
 350 Old Enfield Road
 Belchertown, MA. 01007

PHONE: (413) 323-5957
 FAX: (413) 323-4916
 e-Mail: ACWETS@charter.net

DATE: 03.10.2008	DRAWN BY: ALAN WEISS	AS BUILT 03.10.2008
SCALE: 1"=30'		DRAWING NUMBER: 109-2926-0307

100-3359-0300
100-3359-001

DATE: 08/10/2008

SCALE: 1"=30'

PROJECT: 100-3359-0300

CLIENT: AIGUI WEISS

PROJECT: 100-3359-0300

DATE: 08/10/2008

SCALE: 1"=30'

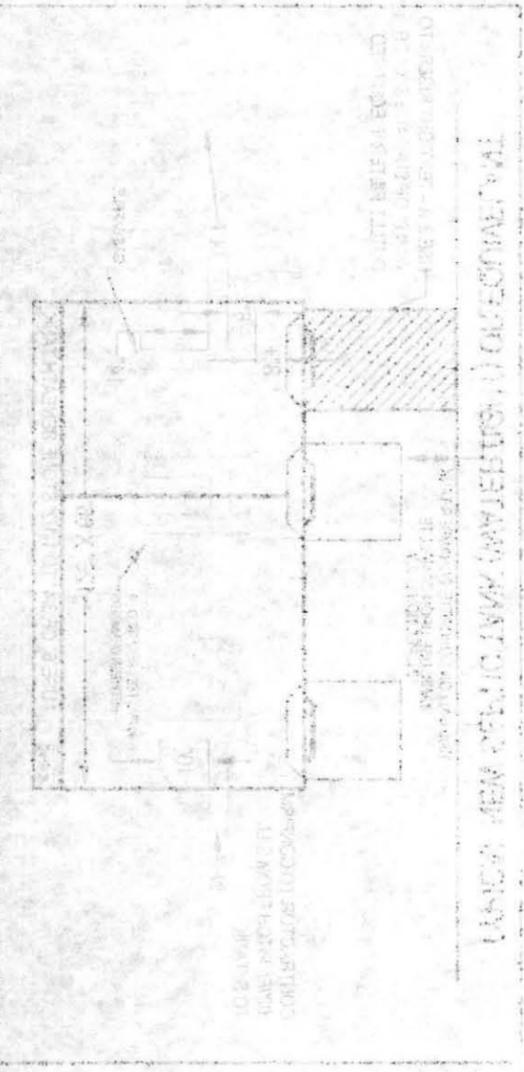
PROJECT: 100-3359-0300

CLIENT: AIGUI WEISS



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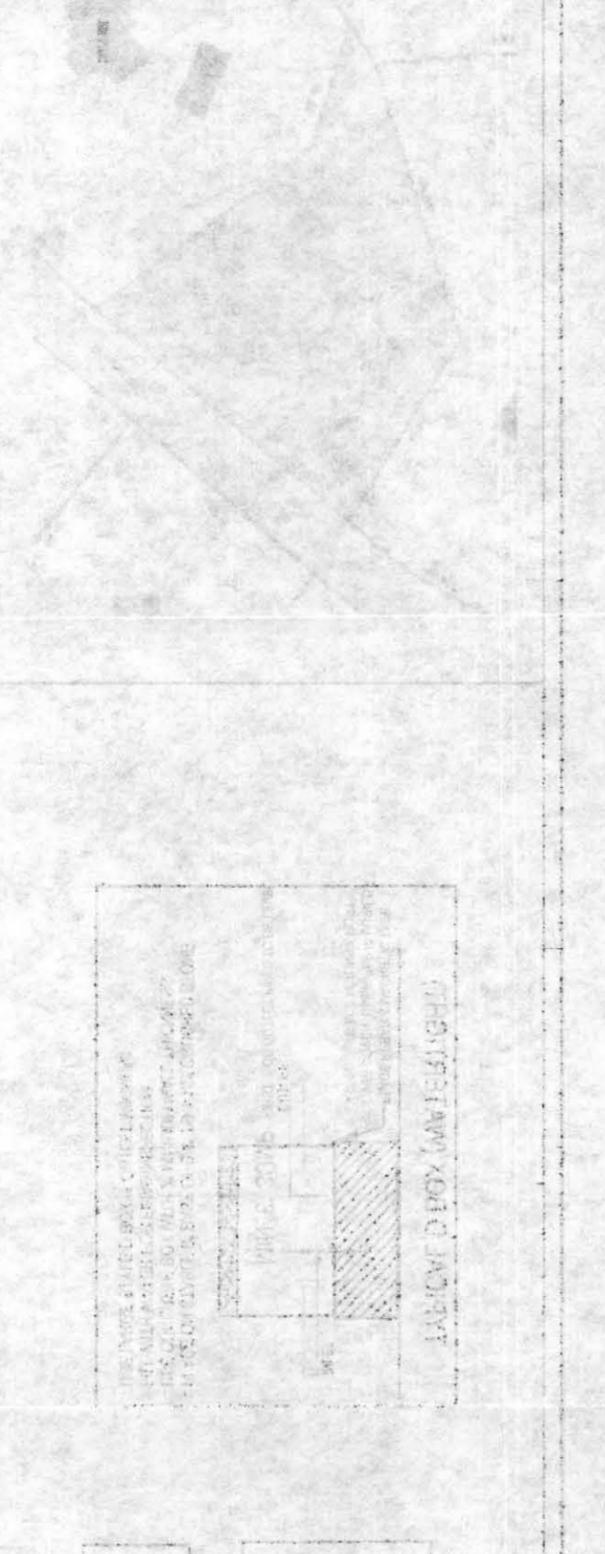
PROJECT: 100-3359-0300

CLIENT: AIGUI WEISS

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PROJECT: 100-3359-0300

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235 Iduna Lane New Dist. box
03.10.2008
A. Weiss, Soil Evalutator.

