

#20

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

No. 21-63 Date 5/8/63 Fee 3.00 Date Rec'd. 5/10/63 By FAS

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

Location—Address Valley View Circle or Lot No. 18
 Owner Keddy Builders Inc. Address 200 N. Main St. E. Long. Mass.

Contractor Same Address Same

Type of Building Residence Dimensions 27'x40' Size Lot 36,991 sq ft

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

Other No. of persons spec Showers ()

Other fixtures complete bath, laundry, kitchen

Town Water? yes Type of Well none

Design Flow 50 gallons per person per day. Total daily flow 600 gallons

Septic Tank—Liquid capacity 900 gallons Dimensions: L 10'-3" W 3" D 4"

Disposal Trench—No. 3 Width 36" Total Length 200 Total leaching area 600 sq. ft.

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

Dry Well—No. Diameter Depth below inlet Dimensions: x x

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

(Depth of Soil Line Below finished grade at foundation 12" or less)

Percolation Test Results Performed by Smith and Wallen Engineering Date 4/30/63

Test Pit No. 1 20 minutes per inch Depth of Test Pit 3 feet

Test Pit No. 2 minutes per inch Depth of Test Pit

Description of Soil sandy clay Depth to Ground Water see affidavit

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.

[Signature] 5/8/63
 Owner or builder date

Application Approved by F.A. Siino

5/8/63
 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 (X) or repaired () by Keddy Builders Inc at Lot No. 18 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. 21-63 dated 5/8/63

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

DATE 7/19/63

Inspector [Signature]

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 21-63
 Permission is hereby granted Keddy Builders Inc. to construct (X) or repair () an Individual Sewage Disposal System at Lot 18 - Valley View Circle as shown on the application for Disposal Works Construction Permit No. 21-63

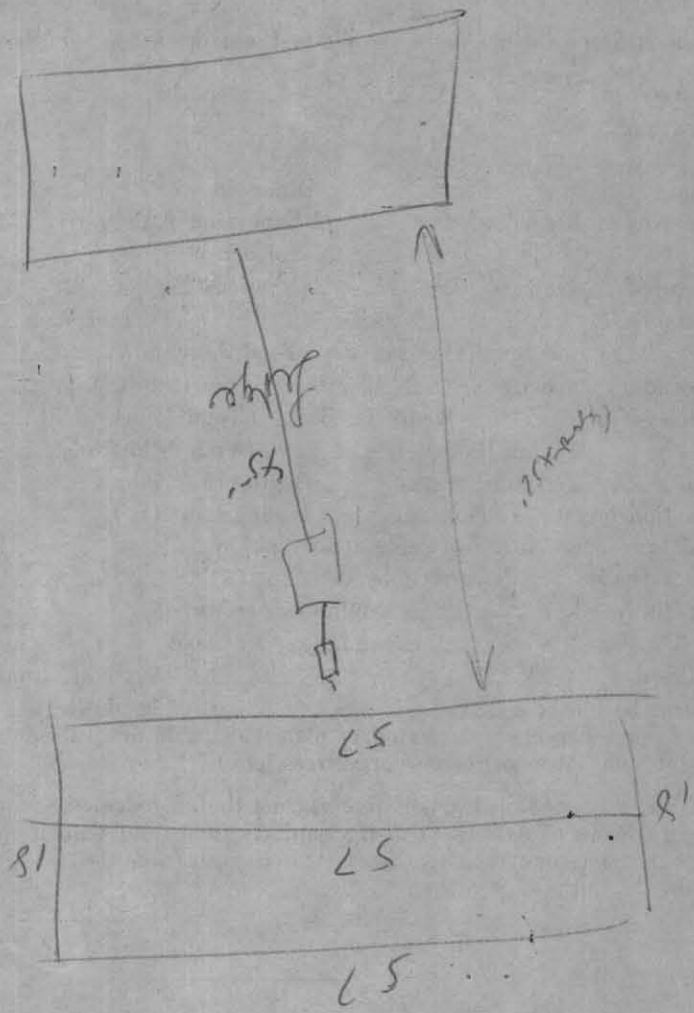
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation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

DATE 5/8/63

F.A. Siino
 Board of Health [Signature]

$$\begin{array}{r} 171 \\ 36 \\ \hline 207 \end{array}$$

$$\begin{array}{r} 207 \\ 36 \\ \hline 171 \\ 3 \\ \hline 57 \\ 2 \end{array}$$



$$\begin{array}{r} 18+18=36 \\ 57 \\ \hline 225 \end{array}$$

HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE Boston, Mass.			MORTGAGEE Amherst Savings Bank			SERIAL NO. 251-015560		
MORTGAGOR OR SPONSOR Keddy Bldrs.				PROPERTY ADDRESS Lot 18 Valley View Drive, Amherst, Mass.				
SUBDIVISION NAME						BLOCK NO.		LOT NO.
TOTAL NUMBER:			BASEMENT		<input checked="" type="checkbox"/> New installation		Can attic or other area be made into additional bedrooms?	
LIVING UNITS 1	BEDROOMS 3	BATHS 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If Yes, how many?)</small>	
WATER SUPPLY BY:			SEWAGE DISPOSAL BY:			SYSTEM DESIGNED FOR		
<input type="checkbox"/> Public system			<input type="checkbox"/> Community system			<input type="checkbox"/> Individual		
<input type="checkbox"/> Public system			<input type="checkbox"/> Community system			<input type="checkbox"/> Individual		
						NO. OF BDRMS. 3	GARBAGE DISPOSAL <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH

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It is the opinion of the State County Local Department of Health that this individual water-supply system is is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the State County Local Department of Health that this individual sewage-disposal system with proper maintenance:

Can be expected to function satisfactorily, and is not likely to create an insanitary condition Cannot be expected to function satisfactorily

DATE 7/30/63	SIGNATURE <i>Gundrich G. Sims</i>	TITLE Director of Public Health
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NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.
Use of the above grid for Health Department Inspector's sketch as well as use of the back of this form is at the option of the health authority.

PART III.—FOR USE OF FHA OFFICE

TO THE CHIEF UNDERWRITER:

I have reviewed the foregoing and the pertinent FHA Compliance Inspection Report, and recommend that the

Individual water-supply system be considered Acceptable Not Acceptable

Sewage disposal be considered Acceptable Not Acceptable.

DATE	SIGNATURE <i>[Signature]</i>	<input type="checkbox"/> CHIEF ARCHITECT <input type="checkbox"/> DEPUTY FOR CHIEF ARCHITECT
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REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of Septic tank. Cesspool.

Septic Tank:

Distance from well, none feet. Material, concrete Number of compartments 1
 Total liquid capacity, 900 gallons. Capacity inlet compartment, 900 gallons.
 Inside length, 8 feet. Inside width, 4 feet. Liquid depth, 4 feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.
 Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of Tile disposal field. Seepage pits. Other Dist. Box

Tile Disposal Field:

Distance from: Well, _____ feet; foundation, 45 feet; nearest lot line at front, side, rear, 15 feet.
 Total length of tile lines, 207 feet. Number of lines, 5. Distance between lines, 9 feet.
 Trench width, 36 inches. Total effective absorption area in bottom of trenches, 621 square feet.
 Length of each line, 2=18' + 3=57 feet. Depth, top of tile to finish grade, 18-24 inches.
 Type of filter material: Gravel. Broken stone. Other Washed Gravel
 Depth of filter material beneath tile, 10-12 inches. Depth of filter material over tile, 2 inches.

Seepage Pits:

Number of pits _____ Outside diameter, _____ feet. Depth, _____ feet. Lining material _____
 Distance from: Well, _____ feet; building foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.

Inspection made by: State. County. Local Health Authority.

Date of inspection July 15, 1963

Inspected by [Signature]
 Director of Public Health
 (TITLE)

REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.
 Individual wells are are not customary in neighborhood.
 Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems.
 Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.
 Individual water supply from: Drilled well. Driven well. Dug well. Bored well.

Distance of well from:

Building foundation, _____ feet; nearest lot line at front, side, rear, _____ feet,
 cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;
 seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.
 Approximate depth to pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.
 Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: Cement grout. Puddled clay. Ordinary backfill.
 Well cover: Concrete. Wood. Metal. Openings in well cover watertight: Yes. No.

Pump: Shallow well. Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: Basement. Pumproom off basement. Pumphouse above ground. Pump pit.
 Pumproom properly drained: Yes. No. Pump mounting watertight: Yes. No.

Type of storage: Pressure. Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? Yes. No. If answer is "yes," give date _____, 19____

Quality of water is is not satisfactory for human consumption.

Installation does does not comply with approved exhibits, if any.

Inspection made by: State. County. Local Health Authority.

Date of inspection _____, 19____ Inspected by _____
 (TITLE)

VETERANS ADMINISTRATION REPORT OF INSPECTION, INDIVIDUAL WATER SUPPLY AND SEWAGE-DISPOSAL SYSTEM

(THIS SECTION FOR VA USE ONLY)

REGIONAL OFFICE Boston, Massachusetts			PROPERTY ADDRESS Lot # 18 Valley View Circle Amherst, Massachusetts			SUBDIVISION NAME Briar Cliff Manor Section II		
NAME OF BUILDER Keddy Builders, Inc..			NAME OF LENDER Amherst Savings Bank			CASE NO.		
TOTAL NUMBER			BASEMENT			CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS?		
LIVING UNITS			<input checked="" type="checkbox"/> YES			IF YES, HOW MANY?		
BEDROOMS			<input type="checkbox"/> NO			WATER SUPPLY AND SEWAGE DISPOSAL (Check)		
BATHS			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			PUBLIC <input checked="" type="checkbox"/> COMMUNITY <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/>		
1			3			1		
						WATER SUPPLY BY <input checked="" type="checkbox"/>		
						SEWAGE DISPOSAL BY <input checked="" type="checkbox"/>		

PART I—FOR USE OF INSPECTING OFFICIAL (Fill in below information applicable to subject installation)

INSTRUCTIONS: If new installation, inspect for compliance with approved exhibits and record any observed information not shown on, or which varies from, the approved exhibits. If existing installation, furnish as much of the information as may be available. As applicable use inspector's sketch on reverse.

INDIVIDUAL WATER SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual wells are are not customary in neighborhood.

Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.

Individual water supply from: Drilled well. Driven well. Dug well. Bored well.

Distance of well from:

Building foundation, _____ feet; nearest lot line at front, side, rear, _____ feet;

cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;

seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.

Approximate depth of pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.

Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: Cement grout. Puddled clay. Ordinary backfill.

Well cover: Concrete. Wood. Metal. Openings in well cover watertight: Yes. No.

Pump: Shallow well. Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: Basement. Pump room off basement. Pump house above ground. Pump pit.

Pump room properly drained: Yes. No. Pump mounting watertight: Yes. No.

Type of storage: Pressure. Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? Yes. No. If answer is "yes," give date _____, 19____.

Quality of water is is not satisfactory for human consumption.

Installation does does not comply with approved exhibits, if any.

INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of Septic tank. Cesspool.

Septic tank:

Distance from well, none feet. Material, concrete Number of compartments 1

Total liquid capacity, 900 gallons. Capacity inlet compartment, 900 gallons.

Inside length, 8 feet. Inside width, 4 feet. Liquid depth, 4 feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.

Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of Distribution box and Tile disposal field. Seepage pits. Other _____

Tile disposal field:

Distance from: Well, _____ feet; foundation, 45 feet; nearest lot line at front, side, rear, 15 feet.

Total length of tile lines, 207 feet. Number of lines, 5. Distance between lines, 9 feet.

Total effective absorption area in bottom of trenches, 621 square feet. Trench width, 36 inches.

Length of each line, 2-1/2 x 3-5/8 feet. Depth, top of tile to finish grade, 18-24 inches.

Type of filter material: Gravel. Broken stone. Cinders. Other Washed Gravel

Depth of filter material beneath tile, 10-12 inches. Depth of filter material over tile, 2 inches.

Seepage pits:

Number of pits, _____ Outside diameter, _____ feet. Depth, _____ feet. Lining material _____

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.

If existing installation, give all the following additional information available:

Distance to nearest: Public sewer, _____ feet. Community system, _____ feet.

Approximate direction of surface drainage of lot, _____ Approximate slope, _____ feet per 100 feet.

Soil is: Loam. Sandy loam. Clay. Sandy clay. Coarse sand or gravel. Hardpan. Rock. Other _____

Number of bathrooms, _____. Is there a basement? Yes. No. Basement drains to _____

Fixtures in basement: Laundry tray. Toilet. Bathtub. Shower. None. Floor drain. Sump pump.

Laundry waste disposal: Direct to Seepage pit. Other _____ Through sump pit to: Septic tank. Seepage pits.

Is footing drain provided? Yes. No. Drains to: Surface. Dry well. Sump in basement. Other _____

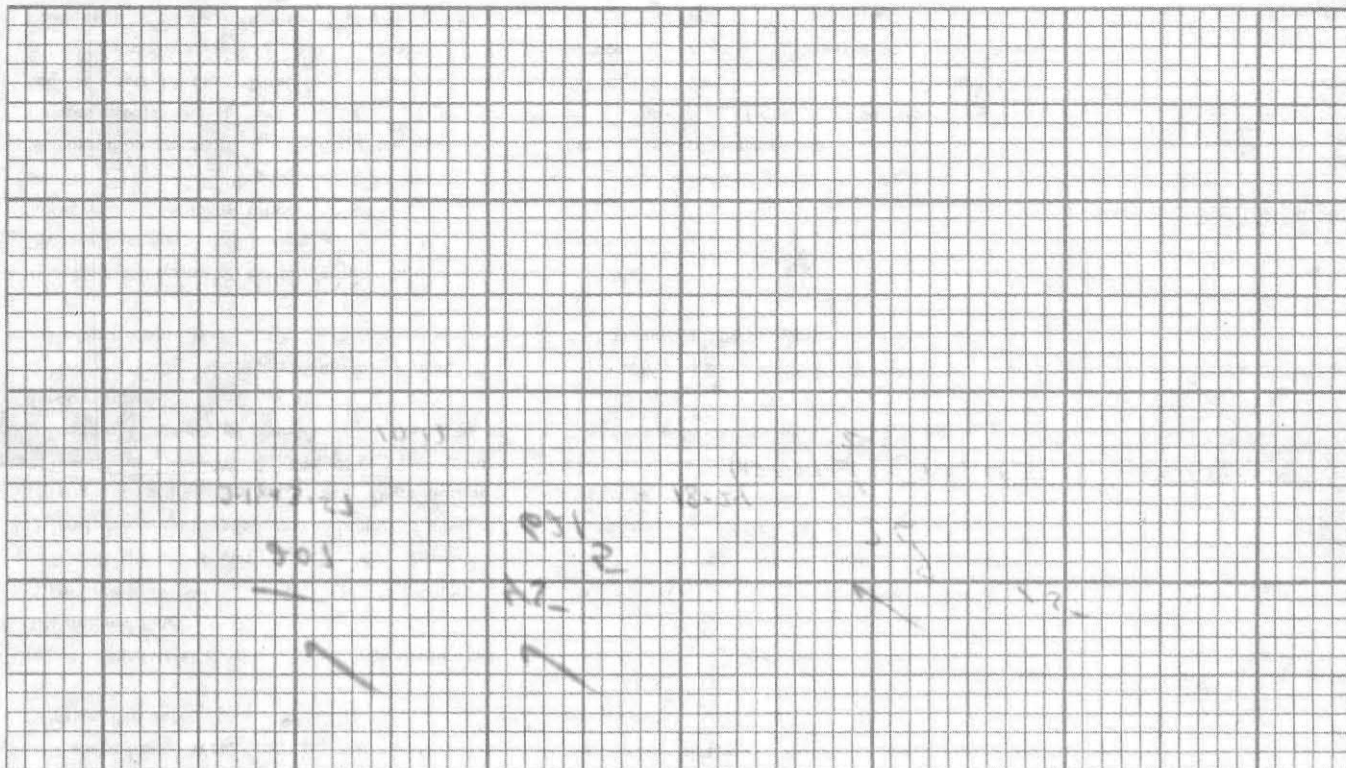
Downspouts or areaway drain to: Surface discharge. Dry well. Other _____

Depth of house sewer below finish grade at foundation, _____ feet.

PART I (Continued on reverse)

PART I (Continued)

INSPECTOR'S SKETCH (Show by sketch below any pertinent findings not fully described on other side.)



COMMENTS (Note any supplemental pertinent information. If conditions are found which may result in an opinion that the system is unsatisfactory, describe in detail.)

INSPECTION OF INDIVIDUAL WATER SUPPLY SYSTEM MADE BY: <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL HEALTH AUTHORITY <input type="checkbox"/> VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL	TITLE

INSPECTION OF INDIVIDUAL SEWAGE-DISPOSAL SYSTEM MADE BY: <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> LOCAL HEALTH AUTHORITY <input type="checkbox"/> VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL <i>Frederick A. Lino</i>	TITLE Director of Public Health

PART II—FOR USE OF THE HEALTH DEPARTMENT OFFICIAL REVIEWING REPORT

BASED ON THE INFORMATION REPORTED HEREON AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE (Check) <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL DEPARTMENT OF HEALTH THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS:	<input type="checkbox"/> SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY <input type="checkbox"/> NOT SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY
BASED ON THE INFORMATION REPORTED HEREON, AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE (Check) <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> LOCAL DEPARTMENT OF HEALTH THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE:	<input checked="" type="checkbox"/> CAN BE EXPECTED TO FUNCTION SATISFACTORYLY AND IS NOT LIKELY TO CREATE AN INSANITARY CONDITION <input type="checkbox"/> CANNOT BE EXPECTED TO FUNCTION SATISFACTORYLY

REMARKS

DATE 7/30/63	SIGNATURE OF REVIEWING OFFICIAL <i>Frederick A. Lino</i>	TITLE Dir. of Public Health
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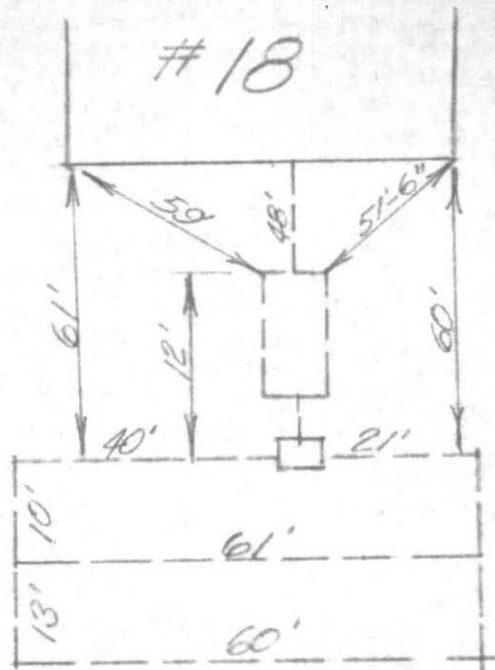
PART III—FOR USE OF VA OFFICE

I have reviewed the foregoing and the pertinent VA Compliance Inspection Report and recommend that the

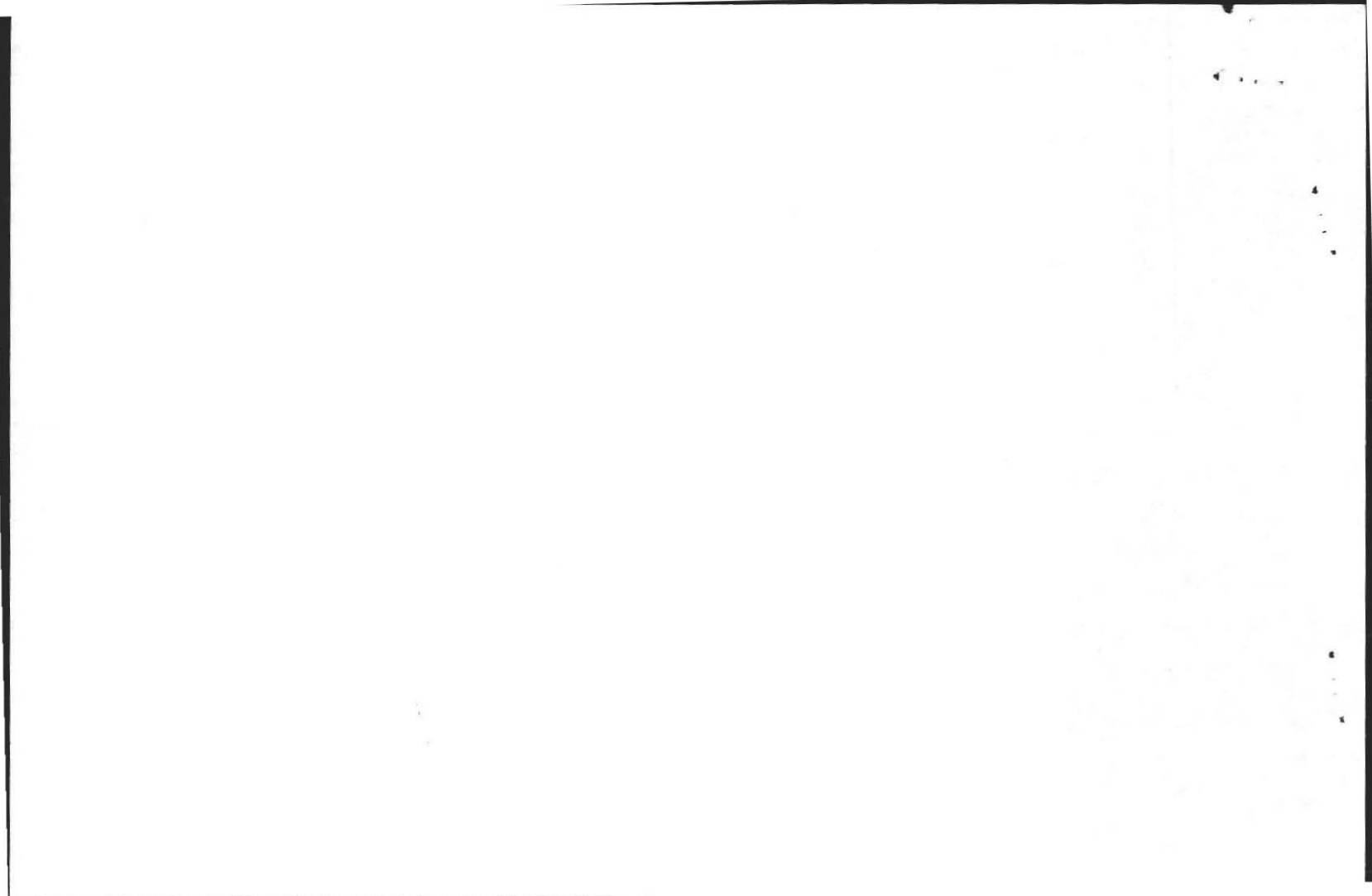
individual water supply system be considered	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not acceptable
individual sewage-disposal system be considered	<input type="checkbox"/> Acceptable	<input type="checkbox"/> Not acceptable

REMARKS

DATE	SIGNATURE OF CHIEF, APPRAISAL SECTION
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AGRIOS



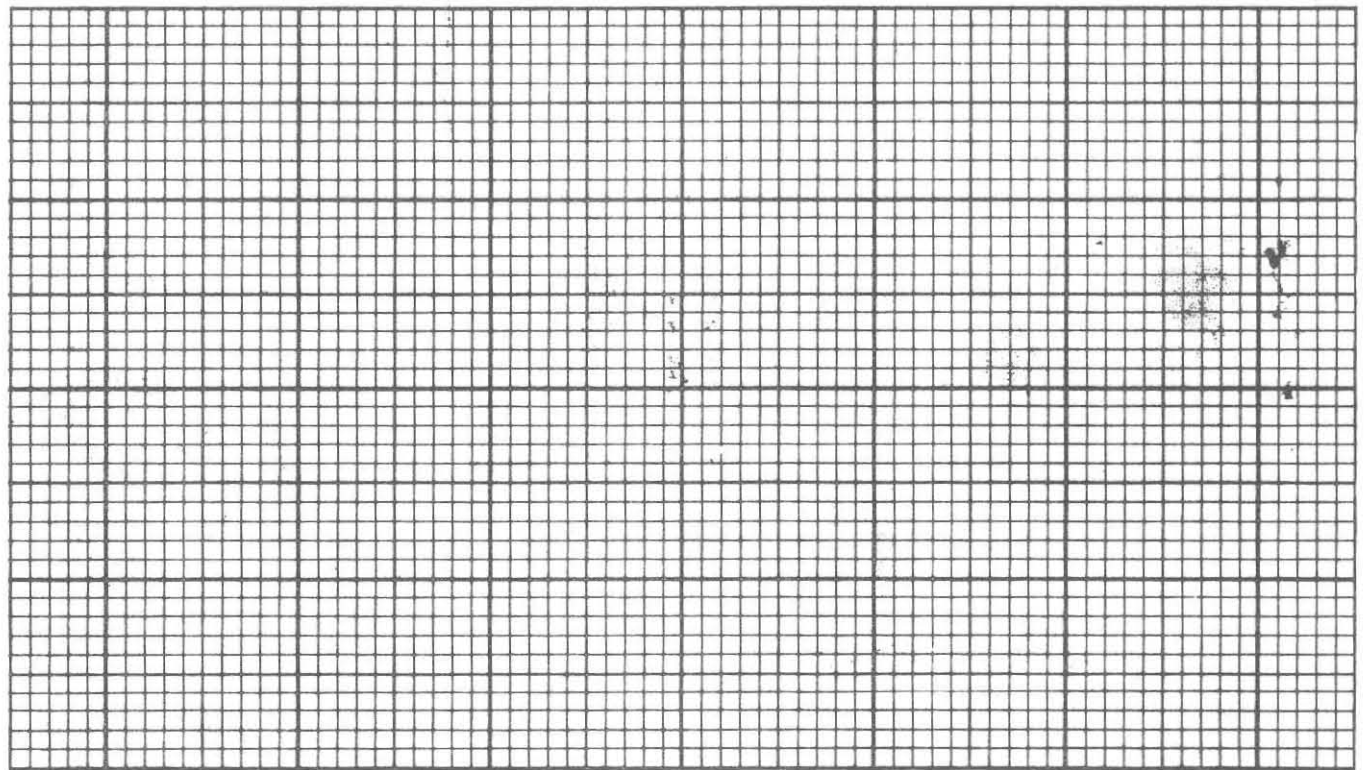
HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE Boston, Mass.			MORTGAGEE Amherst Savings Bank			SERIAL NO. 251-015560		
MORTGAGOR OR SPONSOR Keddy Bldrs.				PROPERTY ADDRESS Lot 18 Valley View Drive, Amherst, Mass.				
SUBDIVISION NAME						BLOCK NO.		LOT NO.
TOTAL NUMBER:			BASEMENT		<input checked="" type="checkbox"/> New installation		Can attic or other area be made into additional bedrooms? <small>(If Yes, how many?)</small>	
LIVING UNITS	BEDROOMS	BATHS						
1	3	1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
WATER SUPPLY BY:			<input type="checkbox"/> Public system			<input type="checkbox"/> Community system		
			<input type="checkbox"/> Individual			SYSTEM DESIGNED FOR		
SEWAGE DISPOSAL BY:			<input type="checkbox"/> Public system			<input type="checkbox"/> Community system		
			<input type="checkbox"/> Individual			NO. OF BDRMS. 3		GARBAGE DISPOSAL
						<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No

PART II.—TO BE COMPLETED BY HEALTH DEPARTMENT

HEALTH DEPARTMENT INSPECTOR'S SKETCH



It is the opinion of the State County Local Department of Health that this individual water-supply system is is not satisfactory as a domestic water supply for the subject property.

It is the opinion of the State County Local Department of Health that this individual sewage-disposal system with proper maintenance:
 Can be expected to function satisfactorily, and is not likely to create an insanitary condition Cannot be expected to function satisfactorily

DATE 7/30/63	SIGNATURE <i>G. Andrew G. Sims</i>	TITLE Director of Public Health
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NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.

Use of the above grid for Health Department Inspector's sketch as well as use of the back of this form is at the option of the

REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of Septic tank. Cesspool.

Septic Tank:

Distance from well, none feet. Material, concrete Number of compartments 1
 Total liquid capacity, 900 gallons. Capacity inlet compartment, 900 gallons.
 Inside length, 8 feet. Inside width, 4 feet. Liquid depth, 4 feet.

Cesspool:

Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.
 Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons. Lining material _____

SECONDARY TREATMENT consists of Tile disposal field. Seepage pits. Other Dist. Box

Tile Disposal Field:

Distance from: Well, _____ feet; foundation, 45 feet; nearest lot line at front, side, rear, 15 feet.
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 Type of filter material: Gravel. Broken stone. Other Washed Gravel
 Depth of filter material beneath tile, 10-12 inches. Depth of filter material over tile, 2 inches.

Seepage Pits:

Number of pits _____ Outside diameter, _____ feet. Depth, _____ feet. Lining material _____
 Distance from: Well, _____ feet; building foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.

Inspection made by: State. County. Local Health Authority.

Inspected by [Signature]
 Director of Public Health
(TITLE)

Date of inspection July 15, 1963

REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.
 Individual wells are are not customary in neighborhood.
 Give most recent record of failure of wells in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.

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Distance of well from:

Building foundation, _____ feet; nearest lot line at front, side, rear, _____ feet,
 cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;
 seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:

Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.
 Approximate depth to pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.
 Sealed watertight to depth of _____ feet.
 Exterior space around casing sealed with: Cement grout. Puddled clay. Ordinary backfill.
 Well cover: Concrete. Wood. Metal. Openings in well cover watertight: Yes. No.

Pump: Shallow well. Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: Basement. Pumproom off basement. Pumphouse above ground. Pump pit.

Pumproom properly drained: Yes. No. Pump mounting watertight: Yes. No.

Type of storage: Pressure. Gravity. Capacity, _____ gallons.

Has bacteriological examination of water been made? Yes. No. If answer is "yes," give date _____, 19____

Quality of water is is not satisfactory for human consumption.

Installation does does not comply with approved exhibits, if any.

Inspection made by: State. County. Local Health Authority.

Inspected by _____

Date of inspection _____, 19____