

#39

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

No. 30-63 Date 5/8/63 Fee 3.00 Date Rec'd. 5/10/63 By FAS

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

Location—Address Valley View Circle or Lot No. 27

Owner Keddy Builders Inc. Address 200 N. Main St. E. Long.

Contractor Same Address Samr

Type of Building Residence Dimensions 40'x27' Size Lot 26,121 sq ft

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

Other No. of persons Showers ()

Other fixtures complete bath, kitchen and laundry

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 4' D 4'

Disposal Trench—No. 3 Width 36" Total Length 150' Total leaching area 450 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 (x) No. 1 Dosing tank () 12" or less

(Depth of Soil Line Below finished grade at foundation)

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

Test Pit No. 1 10 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.

 5/8/63
Owner or builder date
5/8/63
date

Application Approved by F.A.Siino

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 27 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. 30-63 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 F.A.Siino

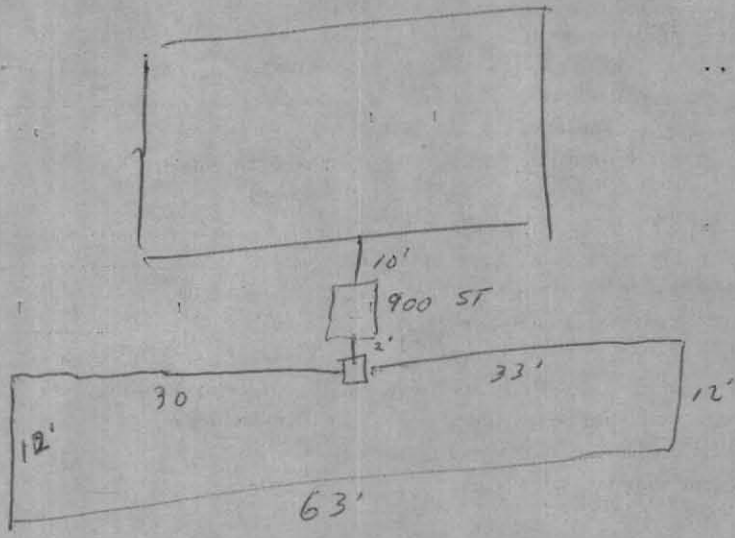
BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 30-63
Permission is hereby granted Keddy Builders Inc. to construct (x) or repair () an Individual Sewage Disposal System at Lot 27 - Valley View Circle as shown on the application for Disposal Works Construction Permit No. 30-63

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



3 ft Trench

$$\begin{array}{r}
 63 \\
 126 \\
 \underline{24} \\
 150
 \end{array}$$

I - 58

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 # 27 Valley View Circle Amherst, Massachusetts	SUBDIVISION NAME Briar Cliff Manor
NAME OF BUILDER Keddy Builders, Inc..	NAME OF LENDER Amherst Savings Bank	BLOCK NO. Section II LOT NO.
		CASE NO.
		TYPE OF INSTALLATION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> EXISTING

TOTAL NUMBER LIVING UNITS: 1 BEDROOMS: 3 BATHS: 1	BASEMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, HOW MANY?	WATER SUPPLY AND SEWAGE DISPOSAL (Check)			
				WATER SUPPLY BY	PUBLIC	COMMUNITY	INDIVIDUAL
				SEWAGE DISPOSAL BY			XXX

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, **9'** feet; nearest lot line at front, side, rear, **10** feet.
 Total length of tile lines, **150** feet. Number of lines, **6**. Distance between lines, **12** feet.
 Total effective absorption area in bottom of trenches, **420** square feet. Trench width, **36** inches.
 Length of each line, **2=12 2=63** feet. Depth, top of tile to finish grade, **18-20** 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, **2-4** inches.

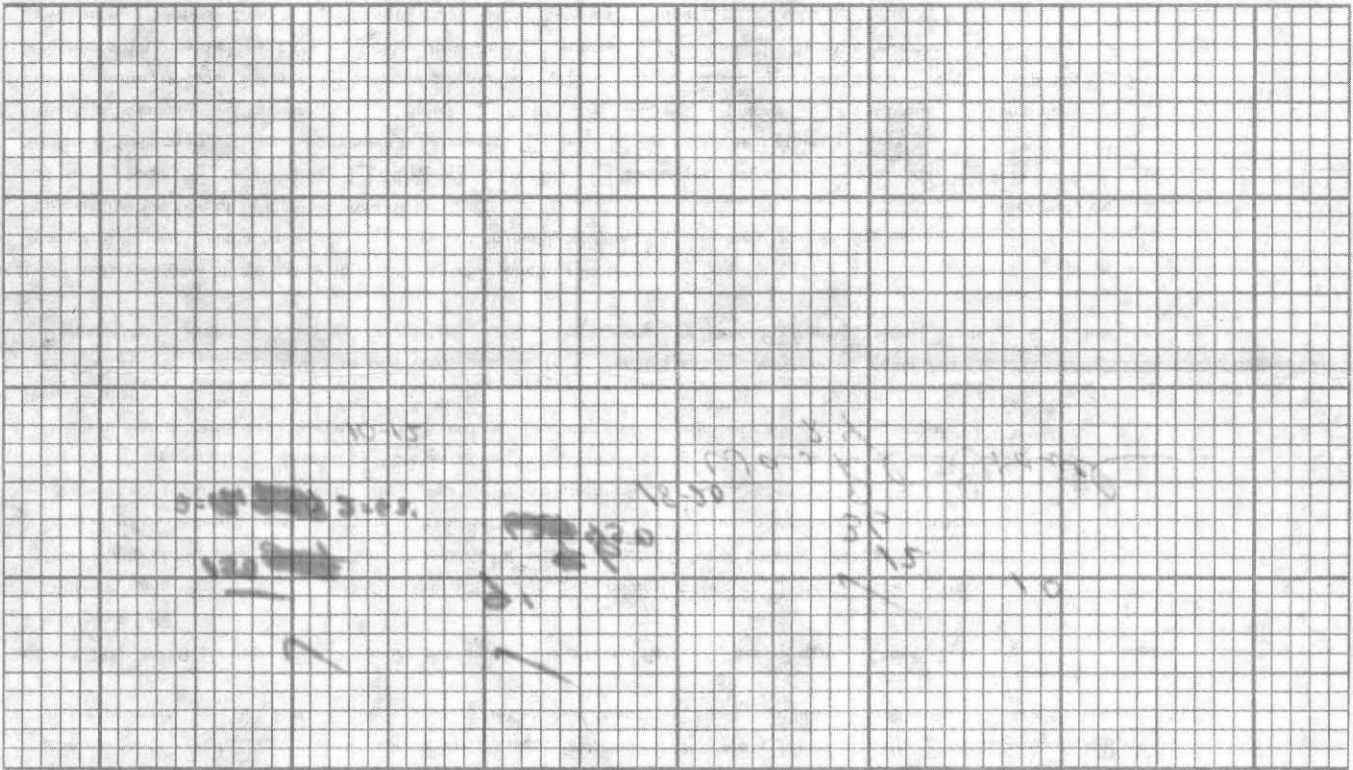
Seepage pits:
 Number of pits, _____ Outside diameter, _____ feet. Depth, _____ feet. Lining material _____
 Distance from: Well, _____ feet; foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.

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

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

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 UNSANITARY CONDITION <input type="checkbox"/> CANNOT BE EXPECTED TO FUNCTION SATISFACTORYLY

REMARKS

DATE 7/30/63	SIGNATURE OF REVIEWING OFFICIAL <i>Frederick C. Linn</i>	TITLE Director 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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#27

