



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 #21 Valley View Circle Amherst, Massachusetts		SUBDIVISION NAME Brair Cliff Manor	
NAME OF BUILDER Keddy Builders, Inc.		NAME OF LENDER Amherst Savings Bank		BLOCK NO. Section III	LOT NO.
TOTAL NUMBER		BASEMENT	CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS?	WATER SUPPLY AND SEWAGE DISPOSAL (Check)	
LIVING UNITS	BEDROOMS	<input checked="" type="checkbox"/> YES	IF YES, HOW MANY?	PUBLIC	COMMUNITY
1	3	<input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BATHS	WATER SUPPLY BY		SEWAGE DISPOSAL BY		
1	ISC		ISC		

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, 10 feet; nearest lot line at front, side, rear, 30 feet.
 Total length of tile lines, 150 feet. Number of lines, 4. Distance between lines, 15 feet.
 Total effective absorption area in bottom of trenches, 450 square feet. Trench width, 36 inches.
 Length of each line, 30+40 feet. Depth, top of tile to finish grade, 18-22 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. Bath tub. 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 type="checkbox"/> LOCAL HEALTH AUTHORITY <input type="checkbox"/> VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL	TITLE

7/10/63

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
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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 SATISFACTORILY AND IS NOT LIKELY TO CREATE AN UNSANITARY CONDITION <input type="checkbox"/> CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY
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REMARKS

DATE	SIGNATURE OF REVIEWING OFFICIAL	TITLE
7/30/63	<i>[Signature]</i>	Director of Public Health

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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