

#65

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

No. 27-63 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. 24

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

Contractor Same Address Same

Type of Building Residence Dimensions 26'x38'x33' Size Lot 39.327 Sq Ft

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

Other spec No. of persons spec 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 450sq. 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 ()

(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 10 minutes per inch Depth of Test Pit 3 feet

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

Description of Soil sand and 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 afordescribed 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. 24 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. 27-63 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. 27-63

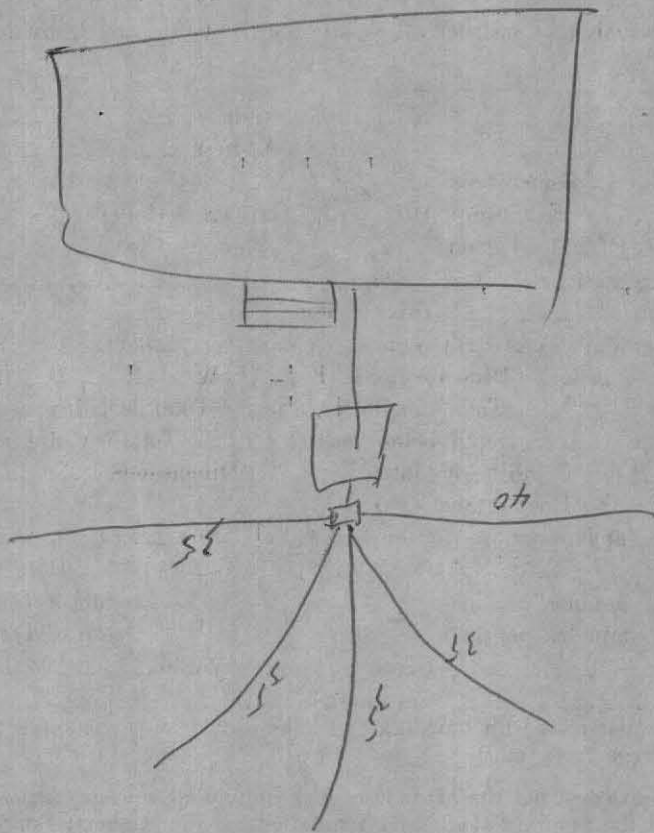
Permission is hereby granted Keddy Builders Inc. to construct (x) or repair () an Individual Sewage Disposal System at Lot 24 - Valley View Circle

as shown on the application for Disposal Works Construction Permit No. 27-63

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]



$$\begin{array}{r} 2180 \\ 340 \\ \hline \end{array}$$

1/1

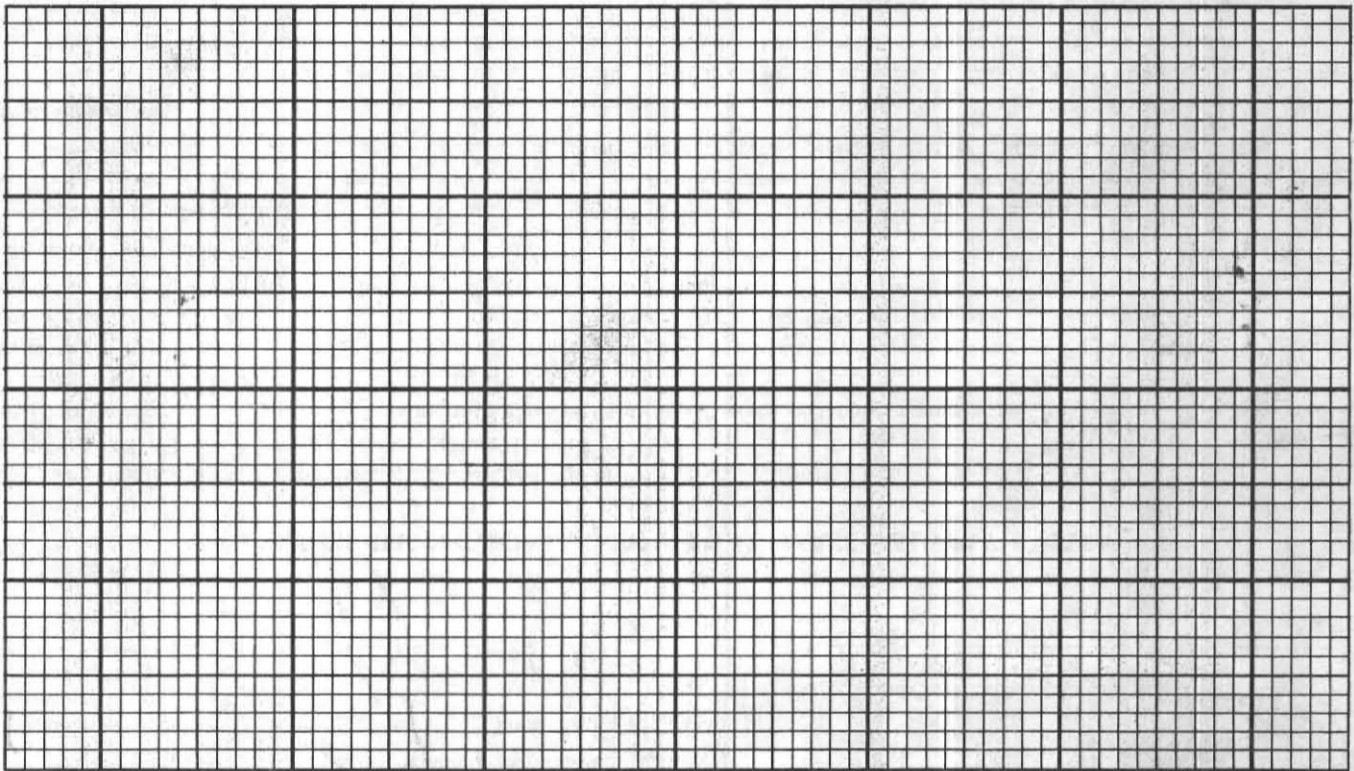
HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE Boston, Mass.			MORTGAGEE Amherst Savings Bank			SERIAL NO. 251-015566		
MORTGAGOR OR SPONSOR Keddy Const. Co.					PROPERTY ADDRESS Lot 24 Valley View Circle, 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 1	BEDROOMS 3	BATHS 1	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
WATER SUPPLY BY:					SYSTEM DESIGNED FOR			
<input checked="" type="checkbox"/> Public system			<input type="checkbox"/> Community system		<input type="checkbox"/> Individual		NO. OF BDRMS. 3	GARBAGE DISPOSAL
SEWAGE DISPOSAL BY:								
<input type="checkbox"/> Public system			<input type="checkbox"/> Community system		<input checked="" type="checkbox"/> Individual		<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>Geraldine G. Simo</i>	TITLE Director of Public Health
------------------------	---------------------------------------	---

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	<input type="checkbox"/> CHIEF ARCHITECT <input type="checkbox"/> DEPUTY FOR CHIEF ARCHITECT
------	-----------	---

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, 12 feet; nearest lot line at front, side, rear, 55 feet.
 Total length of tile lines, 150 feet. Number of lines, 5. Distance between lines, 12-15 feet.
 Trench width, 36 inches. Total effective absorption area in bottom of trenches, 540 square feet.
 Length of each line, 35 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, 2-4 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 Fredrick A. Shinn
 Director of Public Health
 (TITLE)

Date of inspection 7/10, 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.
 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.

Inspected by _____
 (TITLE)

Date of inspection _____, 19____

