BOARD OF HEALTH, AMHERST, MASSACHUSETTS	F15
APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT	D. C
No. 35-63 Date 5/8/63 Fee 3.00 Date Rec'd. 5/10/63 By	
Application is hereby made for a permit to Construct (V) or Repair () an Individual Sewa	
System at: Location—Address Owner Keddy Builders Inc Contractor Same Type of Building Residence Dimensions Valley View Drive Address Address Address Address Address Size Lot 32,565 s	2
Owner Keddy Builders Inc Address 200 N. Main St. E.	. Long.
Contractor Same Same	24
Type of Building Residence Dimensions Size Lot 32,300	54 16
Dwelling—No. of Bedrooms Expansion Attic (no Garbage Grinder (no Other No. of persons Spec Showers ()	
Other No. of personsspec_ Showers ()	
Other fixtures complete bath, kitchen and laundry	
Town Water?	
Sentic Tenk Liquid consciety 900 rellone Dimensions: I 10 -3 W 4 D 4	
Design Flow 50 gallons per person per day. Total daily flow 600 gallons Septic Tank—Liquid capacity 900 gallons Disposal Trench—No. 3 Width 36" Total Length 150 Total leaching area 450	sr. ft.
Disposal Bed—No Diameter Depth below inlet Total leaching area Dry Well—No Diameter Depth below inlet Dimensions: x Other: Distribution box (*\frac{x}{2}) 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 44	sa. ft.
Dry Well—No Diameter Depth below inlet Dimensions: x	_ X
Other: Distribution box (X) No1 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 minutes per inch Depth of Test Pit	3 fe
Test Pit No. 2 minutes per inch Depth of Test Pit	
Test Pit No. 1 10 minutes per inch Test Pit No. 2 minutes per inch Description of Soil Sandy clay Depth to Ground Water Will disposal area be filled? Cut down? Cut down?	5
Will disposal area be filled? Cut down? (On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all	houndonies
Show location of wells, streams, ledge, large trees, etc.)	boundaries.
AGREEMENT: The undersigned agrees to construct the aforedescribed individual sewage disposal system ance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Heal dersigned further agrees not to place the system in operation until a Certificate of Compliance has been is board of health.	lth. The un-
Application Approved by F.A.Siino Owner or builder	5/8 date
Application Approved by	date
Application Disapproved for the following reasons:	uate
BOARD OF HEALTH, AMHERST, MASSACHUSETTS CERTIFICATE OF COMPLIANCE	
THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (x) or repaire	ed () by
Keddy Builders Inc aLot No. 32 has been constructed in accordance with the prinstraller	rovisions of
Article XI of the State Sanitary Code as described in the application for Disposal Works Construction	
35-63 dated 5/8/63	
The issuance of this certificate shall not be construed as a guarantee that the system will function so	
DATE	in
BOARD OF HEALTH, AMHERST, MASSACHUSETTS DISPOSAL WORKS CONSTRUCTION PERMIT	
No. 35-63	()
Permission is hereby granted <u>Keddy Builders Inc.</u> to construct (x) or repaired Individual Sewage Disposal System at Lot 32 - Valley View Drive	nr () an
as shown on the application for Disposal Works Construction Permit No. 35-63	
This permit is issued with the understanding that future alterations or additions will be made if necessary	essary. This
permit shall not be construed as permission to create or maintain any sewage nuisance and in the issue permit the Board of Health assumes no responsibility for the future operation or maintenance of the systematical experiments and the instance of the systematical experiments.	ance of this

DATE 35-63

F.A. Siino

Board of Health 4

15 Valley V. ewil v. 6-1-09 See: Title 5 Belterment Program.

15 Valley View Dr. 2002 connected to Town Sewer

REPORT OF	INSPECT		VETERANS ADMINIS	SUPPLY AND	SEWAGE-DISP	OSAL SYS	TEM	
REGIONAL OFFICE	200		PROPERTY ADDRESS	USE UNLI)		SUBDIVISION	UYYFr:	Manor
Boston, Massachus	etts	e die Jen	Iot # 32	Valley V	iew Drive	Section BLOCK NO.	n II	NO.
NAME OF BUILDER	100			. Massachi		CASE NO.		
						TYPE OF ING	THEFTON	
Keddy Builders	Inc		Amherst S	avings Bar	nk	TYPE OF INS	EXIST	TING
TOTAL NUMBER LIVING UNITS BEDROOMS BATHS	BASEMENT	ADDITIONAL BEDE		IF YES, HOW MANY?	WATER SUPPLY	AND SEWAC	E DISPOSA	
LIVING UNITS BEDICOOMS BATTIS	XES		de la company	y galles i jo doj to Literatura	WATER SUPPLY BY	PUBLIC		INDIVIDUAL
1 3 A	FOR USE OF	INSPECTING OF	FICIAL (Fill in below	information an	SEWAGE DISPOSAL B			XXX
INSTRUCTIONS: If new installat	ion, inspect	for compliance w	vith approved exhibits a	nd record any ol	oserved information ne	ot shown on,		
the approved exhibits. If exist	ing installati		och of the information a		ole. As applicable us	e inspector's	sketch on re	verse.
Distance to nearest public water m Individual wells are are not Give most recent record of failure	customary i of wells in i	feet. Size of n neighborhood.	of main,inch to furnish adequate sup	pply of water	and disposal systems			
Properties in neighborhood are Lot size:feet wi Individual water supply from: Distance of well from:	de, Drilled well.	feet de	eep. Dwelling set back . Dug well. Bor	from front proper red well.	ty line,	feet.		
Building foundation,			_feet; nearest lot line at					
seepage pit,							HE CENTRAL	AUC LE
Well construction:	Total dept	thfe	et. Type of casing,			Depth of c	osina.	feet.
Pump: Shallow well. Deep Located in: Basement. Pump room properly drained: Type of storage: Pressure Has bacteriological examination of Quality of water is is is not sa Installation does does not co	Pump roo Yes. Gravi water been	m off basement. No. Pump moity. Capacity, made? Yes. r human consumpt	Pump house above gounting watertight: \(\) gallons. \(\) No. If answer is "tion.	ground. Pum Yes. No.	p pit.	, 19		
	43.3	INDIN	IDUAL SEWAGE-DIS	POSAL SYSTE	W			
PRIMARY TREATMENT consists of Septic tank: Distance from well, no Total liquid capacity, Inside length, 8 fe Cesspool: Distance from: Well, Inside diameter, Inside diameter,	et. Inside v	gallons yidth, 4 fo	. Capacity inlet compa eet. Liquid depth,	feet.	900 galla		rtments	1
SECONDARY TREATMENT consists Tile disposal field: Distance from: Well, Total length of tile lines, Total effective absorption of Length of each line, Type of filter material: Depth of filter material beto Seepage pits: Number of pits, Distance from: Well,	feet; feed in botto feet. [Gravel. [neath tile,	foundation, 2 et. Number of line om of trenches, 5 Depth, top of tile Broken stone. inches.	feet; nearest lot line nes,	e at front, etc between lines, ench width, sover tile, feet. Lining n	feet. inches. inches.	Stone		
If existing installation, give all the Distance to nearest: Public : Approximate direction of surf Soil is: Loam. Sand Number of bathrooms,	face drainag	feet. Comme of lot,	v clay. Coarse sand	or gravel. 🔲 H	. Approximo			er 100 feet.
Fixtures in basement: La Laundry waste disposal: Dir Is footing drain provided? Downspouts or areaway drain Depth of house sewer below	ect to	epage pit. Other No. Drains to: rface discharge.	r		Through sump pit t		tank. S	eepage pits.
	4 11 11		PART I (Continued o	· · · · · · · · · · · · · · · · · · ·	Value of the same			14 () () () () () () ()

INSPECTOR'S SVETCH (Share her shareh	PART 1 (0	City Committee C	
morecion a ancien (andw by sketch	below any pertinent findings not fully described on other s	ue.,	
	9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
COMMENTS (Note any supplemental)	pertinent information. If conditions are found which ma	result in an opinion that the system is unsat	tisfactory, describe in detail.)
			and specific and the second
San Charles Toronto Vision	Color Carlotta Color		
INSPECTION OF INDIVIDUAL WATER S			DATE OF INSPECTION
☐ STATE ☐ COUNTY	LOCAL HEALTH ALITHOPITY		
	LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR	
SIGNATURE OF INSPECTING OFFICIAL		TITLE	
SIGNATURE OF INSPECTING OFFICIAL			DATE OF INSPECTION
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY		VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL INSPECTION OF INDIVIDUAL SEWAGE	-DISPOSAL SYSTEM MADE BY:	TITLE	DATE OF INSPECTION
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY	-DISPOSAL SYSTEM MADE BY:	VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY	DISPOSAL SYSTEM MADE BY: DISPOSAL SYSTEM MADE BY: LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR	7/17/63
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL BASED ON THE INFORMATION REPOR	DISPOSAL SYSTEM MADE BY: DISPOSAL SYSTEM MADE BY: LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR TITLE	7/17/63
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL	LOCAL HEALTH AUTHORITY PART II—FOR USE OF THE HEALTH DEPART	VA COMPLIANCE INSPECTOR TITLE RTMENT OFFICIAL REVIEWING REPO	7/17/63
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL BASED ON THE INFORMATION REPOR IT IS THE OPINION OF THE (Check) STATE COUNTY	PART II—FOR USE OF THE HEALTH DEPARTED HEREON AND OTHER AVAILABLE INFORMATION,	VA COMPLIANCE INSPECTOR TITLE ARTMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT	ORT ER SUPPLY FOR THE SUBJECT PROPERTY
SIGNATURE OF INSPECTING OFFICIAL INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPP	PART II—FOR USE OF THE HEALTH DEPARTED HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	VA COMPLIANCE INSPECTOR TITLE ARTMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT	7/14/63 iins
SIGNATURE OF INSPECTING OFFICIAL INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPP	PART II—FOR USE OF THE HEALTH DEPARTED HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	TITLE VA COMPLIANCE INSPECTOR TITLE ARTMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check)	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, TED HEREON, AND OTHER AVAILABLE INFORMATION, TED HEREON, AND OTHER AVAILABLE INFORMATION,	TITLE VA COMPLIANCE INSPECTOR TITLE ARTMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC	ORT ER SUPPLY FOR THE SUBJECT PROPERTY
BASED ON THE INFORMATION REPORITIES THAT THIS INDIVIDUAL WATER SUPPLIES THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORITIES THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORITIES THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORITIES THE OPINION OF THE (Check)	PART II—FOR USE OF THE HEALTH DEPARTED HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	TITLE VA COMPLIANCE INSPECTOR TITLE ARTMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN
BASED ON THE INFORMATION REPORITIES THAT THIS INDIVIDUAL WATER SUPPLIES THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORITIES THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORITIES THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORITIES THE OPINION OF THE (Check)	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TAIL BY EXPECTED TO FUNCTION SAT INSANITARY CONDITION	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPILIES THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TAIL BY EXPECTED TO FUNCTION SAT INSANITARY CONDITION	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPILIES THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TAIL BY EXPECTED TO FUNCTION SATINSANITARY CONDITION	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPILIES THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TAIL BY EXPECTED TO FUNCTION SATINSANITARY CONDITION	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPILIES THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TAIL BY EXPECTED TO FUNCTION SATINSANITARY CONDITION	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPILIES THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS:	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TATALOF EXPECTED TO FUNCTION SAT CANNOT BE EXPECTED TO FUNCTION	PRT THE SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN R SATISFACTORILY
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPILIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DISTREMARKS	PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, I LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE:	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TATALOF EXPECTED TO FUNCTION SAT CANNOT BE EXPECTED TO FUNCTION	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPILIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DISTREMARKS	PART II—FOR USE OF THE HEALTH DEPART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: SIGNATURE OF REVIEWING OFFICIAL	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC RANDE EXPECTED TO FUNCTION SATINSANITARY CONDITION CANNOT BE EXPECTED TO FUNCTION TITLE	PRT THE SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN R SATISFACTORILY
INSPECTION OF INDIVIDUAL SEWAGES STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPIBASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS REMARKS	DISPOSAL SYSTEM MADE BY: LOCAL HEALTH AUTHORITY PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: SIGNATURE OF REVIEWING OFFICIAL PART III—FOR USE PAR	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TAN BE EXPECTED TO FUNCTION SAT INSANITARY CONDITION CANNOT BE EXPECTED TO FUNCTION TITLE OF VA OFFICE	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY CETOR OF Public Health
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS REMARKS	PART III—FOR USE OF THE HEALTH DEPART III—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: SIGNATURE OF REVIEWING OFFICIAL PART III—FOR USE THE HEALTH DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: PART III—FOR USE THE HEALTH DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE:	VA COMPLIANCE INSPECTOR TITLE SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TITLE NOT SATISFACTORY AS A DOMESTIC CANNOT BE EXPECTED TO FUNCTION CANNOT BE EXPECTED TO FUNCTION TITLE TITLE OF VA OFFICE ection Report and recommend that	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY CETOR OF Public Health
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPI BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS REMARKS	PART III—FOR USE OF THE HEALTH DEPART III—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: PART III—FOR USE OF REVIEWING OFFICIAL ACCEPTABLE OF REVIEWING OFFICIAL PART III—FOR USE OFFICIAL OFFICIAL PART III—FOR USE OFFICIAL OF	VA COMPLIANCE INSPECTOR TITLE RETMENT OFFICIAL REVIEWING REPO SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TAN BE EXPECTED TO FUNCTION SAT INSANITARY CONDITION CANNOT BE EXPECTED TO FUNCTION TITLE OF VA OFFICE	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY CETOR OF Public Health
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPI BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS REMARKS	PART III—FOR USE OF THE HEALTH DEPART III—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: PART III—FOR USE OF REVIEWING OFFICIAL ACCEPTABLE OF REVIEWING OFFICIAL PART III—FOR USE OFFICIAL OFFICIAL PART III—FOR USE OFFICIAL OF	VA COMPLIANCE INSPECTOR TITLE SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TITLE OF VALUE EXPECTED TO FUNCTION TITLE TITLE TITLE TITLE OF VA OFFICE Ection Report and recommend that Not acceptable	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY CETOR OF Public Health
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPITION OF THE COUNTY THAT THIS INDIVIDUAL SEWAGE-DISTREMARKS DATE A G G G I have reviewed the foregoin individual water supply individual sewage-disponance individual s	PART III—FOR USE OF THE HEALTH DEPART III—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: PART III—FOR USE OF REVIEWING OFFICIAL ACCEPTABLE OF REVIEWING OFFICIAL PART III—FOR USE OFFICIAL OFFICIAL PART III—FOR USE OFFICIAL OF	VA COMPLIANCE INSPECTOR TITLE SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TITLE OF VALUE EXPECTED TO FUNCTION TITLE TITLE TITLE TITLE OF VA OFFICE Ection Report and recommend that Not acceptable	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY CETOR OF Public Health
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPITION OF THE COUNTY THAT THIS INDIVIDUAL SEWAGE-DISTREMARKS DATE A G G G I have reviewed the foregoin individual water supply individual sewage-disponance individual s	PART III—FOR USE OF THE HEALTH DEPART III—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: PART III—FOR USE OF REVIEWING OFFICIAL ACCEPTABLE OF REVIEWING OFFICIAL PART III—FOR USE OFFICIAL OFFICIAL PART III—FOR USE OFFICIAL OF	VA COMPLIANCE INSPECTOR TITLE SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TITLE OF VALUE EXPECTED TO FUNCTION TITLE TITLE TITLE TITLE OF VA OFFICE Ection Report and recommend that Not acceptable	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY Cetor of Public Health
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPITION OF THE COUNTY THAT THIS INDIVIDUAL SEWAGE-DISTREMARKS DATE A G G G I have reviewed the foregoin individual water supply individual sewage-disponance individual s	PART III—FOR USE OF THE HEALTH DEPART III—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: PART III—FOR USE OF REVIEWING OFFICIAL ACCEPTABLE OF REVIEWING OFFICIAL PART III—FOR USE OFFICIAL OFFICIAL PART III—FOR USE OFFICIAL OF	VA COMPLIANCE INSPECTOR TITLE SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TITLE OF VALUE EXPECTED TO FUNCTION TITLE TITLE TITLE TITLE OF VA OFFICE Ection Report and recommend that Not acceptable	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY Cetor of Public Health
BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY BASED ON THE INFORMATION REPORIT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPITION OF THE COUNTY THAT THIS INDIVIDUAL SEWAGE-DISTREMARKS DATE A G G G I have reviewed the foregoin individual water supply individual sewage-disponance individual s	DISPOSAL SYSTEM MADE BY: LOCAL HEALTH AUTHORITY PART II—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: SIGNATURE OF REVIEWING OFFICIAL PART III—FOR US system be considered	VA COMPLIANCE INSPECTOR TITLE SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TITLE OF VALUE EXPECTED TO FUNCTION TITLE TITLE TITLE TITLE OF VA OFFICE Ection Report and recommend that Not acceptable	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY Cetor of Public Health
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL BASED ON THE INFORMATION REPOR IT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL WATER SUPPI BASED ON THE INFORMATION REPOR IT IS THE OPINION OF THE (Check) STATE COUNTY THAT THIS INDIVIDUAL SEWAGE-DIS REMARKS DATE I have reviewed the foregoin individual water supply individual sewage-dispo	PART III—FOR USE OF THE HEALTH DEPART III—FOR USE OF THE HEALTH DEPART HEREON AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH LY SYSTEM IS: TED HEREON, AND OTHER AVAILABLE INFORMATION, LOCAL DEPARTMENT OF HEALTH POSAL SYSTEM, WITH PROPER MAINTENANCE: PART III—FOR USE OF REVIEWING OFFICIAL ACCEPTABLE OF REVIEWING OFFICIAL PART III—FOR USE OFFICIAL OFFICIAL PART III—FOR USE OFFICIAL OF	VA COMPLIANCE INSPECTOR TITLE SATISFACTORY AS A DOMESTIC WAT NOT SATISFACTORY AS A DOMESTIC TITLE OF VALUE EXPECTED TO FUNCTION TITLE TITLE TITLE TITLE OF VA OFFICE Ection Report and recommend that Not acceptable	ORT ER SUPPLY FOR THE SUBJECT PROPERTY WATER SUPPLY FOR THE SUBJECT PROPERTY ISFACTORILY AND IS NOT LIKELY TO CREATE AN I SATISFACTORILY Cetor of Public Health

W

1

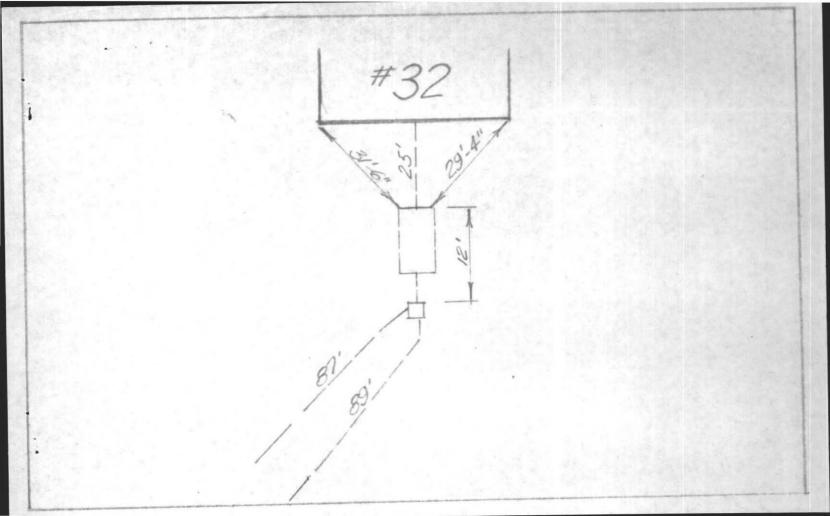
HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

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.				PA	RT I.—TO	BE CO	MPLE	TED BY	FHA				
Reddy Bldrs. Lot 32 Valley View Drive, Ambrest, Mass. SUBDIVISION NAME	INSURING OF	FICE			MORTG	AGEE				S. S.	SERIAL NO.		700
Reddy Bldrs. Lot 32 Valley View Drive, Ambrest, Mass. SUBDIVISION NAME		Panta	m Mass			A-t-	0		Dle		000 037	defeat.	
Lot 32 Valley View Drive, Amberet, Mass. SCOK NO. Of NO.	HODICACOD			•	fig. 1	Amner	Total Control			Tel total	251-015	574	
TOTAL NUMBER: NOW INTERLAMPEN NOW New installation	MORIGAGOR												
TOTAL NUMBER Description New installation		Keddy	Bldrs.	130.00			1	ot 32	Valle	y View		nerst, l	Mass.
New installation New install	SUBDIVISION	NAME									BLOCK NO.	LOT	٧٥.
WATED_REPORT STATES Community system				BAS	EMENT	N	ew inst	allation					
Community system	- 1	3	1	Yes	☐ No					Ye:	No No	(If Yes,	how manyf)
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 water-supply system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Department of Health that this individual sewage-disposal system with proper maintenance: County Local Departmen				100	Community	system			☐ Inc	lividual			
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 water-supply system is is not satisfactory as a domestic water supply for the subject property. It is the opinion of the State County Cou					Community	system			Inc	dividual		Yes	No
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 C			-	PART II.—	TO BE CO	MPLETE	DBY	HEALTH	H DEPA	RTMEN	T		-
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 C	HEALTH DEPAI	RTMENT INSPE	CTOR'S SKETC	H									
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and								1111					_
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and	#							###					\pm
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and	#												#
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													#
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and						1							#
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and	H												
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and							1 4						\blacksquare
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and								341					H
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and	-											30.6	
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and						100							
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and		1			1 4	2 1 2 2							
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and	and the second												
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and		1			1/11/11		+						
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and							1111	++++		11111	+++++		+
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and				0.00									+
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													H
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and	Mary I									1 1 1			
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and													#
It is the opinion of the State County Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and			1				To grand	CYY	11 1	1 1			
It is the opinion of the State County Thosal Department of Health that this individual sewage-disposal system with proper maintenance: Cannot be expected to function satisfactorily, and		-		_						this ind	ividual water	supply sy	stem
TITLE SIGNATURE 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.		-			100	100	10000	100	COLUMN TO SERVICE STATE OF THE PERSON NAMED IN COLUMN TO SERVICE STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAMED STATE OF THE PERSON NAM			1:	
SIGNATURE Cannot be expected to function satisfactorily, and is not likely to create an insanitary condition 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.			2000	tate L C	ounty A	rocal De	partme	nt of He	eaith tha	t this ind	ividual sewag	e-disposa.	sys-
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.		AND THE RESERVE OF THE PARTY OF		- 8-6	1			1		7.0	S F		
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.	200			1 100					Cannot	be expect	ed to function	n satisfact	orily
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.	/ is no	t likely to	create an ir	nsanitary con	dition		· Andrews	with a part of		and the same			Contraction of the contraction o
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	Contractor Contractor	SIGNATURE	N. S.	Statement State Library		17	Machine	TITLE				
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.	8	129/63	il	inde	inda C	1. 0	1:	. 0	Di	rector	of Public	Healt	1
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.		NOTE: The	health auth	ority should co	omplete the as	propriate	opinion	stateme	nt above	and affix d	ate, signature	and title in	the
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.	spa												
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.	hed			for Health De	partment Insp	ector's sk	etch as	well as us	e of the	back of thi	s form is at the	option of	the
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.			-	-						-	406		
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.				P	ART III.—I	FOR US	E OF	HA OI	FFICE		A		
Individual water-supply system be considered Acceptable Not Acceptable Sewage disposal be considered Acceptable Not Acceptable.	TO THE CH	IEF UNDER	WRITER:										
Individual water-supply system be considered Acceptable Not Acceptable Sewage disposal be considered Acceptable Not Acceptable.	I have	reviewed t	the foregoin	ng and the p	ertinent FHA	Compli	ance In	spection	Report,	and recor	nmend that t	he	di.
Sewage disposal be considered Acceptable Not Acceptable.					art -	_		_					
DATE SIGNATURE	Ir	idividual wa	ater-supply	system be co	nisidered [Accept	able	Not	Acceptal	ne .			
DATE SIGNATURE CHIEF ARCHITECT	Se	ewage dispo	sal be cons	sidered	Acceptable	Not	Accep	table.					
DATE SIGNATURE CHIEF ARCHITECT					200		177						37
DATE SIGNATURE CHIEF ARCHITECT	- 7.5							- /				The same	
The factor of th	DATE	1	SIGNATURE		100		10.00	/			CHIEF AR	CHITECT	
			New York					-2 (U-1) 3					100

REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

Building foundation,	D' (11 -	none	conomo	10	12.00		1
Inside length. 8							
Detainer from: Well					/	00	gallon
Detaine from: Well,		feet. Inside width,	4 feet. Liqu	uid depth,	feet.		
Inside_liameter,			1000			The second second	
Seepage pits State County Feet Size of main Inspected by State County Inspected by State County Inspected by State County Inspected by State County Inspected by In							
Tile Disposit Field: Distance from: Well.				Ph.			
Distance from: Well,	ECONDARY TREATMENT of	onsists of Tile disposal	field.	Other	11. 1-0	×	
Total length of tile lines,			25				
Trench width,							
Length of each line,							
Type of filter material Gravel. Broken stone. Other Seepuse Pites							
Depth of filter material beneath tile,	Length of each line,_	88	feet. Depth, top	of tile to finish gra	de to	2 4/8	inche
Seepuge Pitx							
Distance from: Well,feet; building foundation,feet; nearest lot line at front,side, rear,feet Inspection made by:state of inspection made by:state of inspectionstate of inspectionstate of inspection	Depth of filter materia	al beneath tile, (0	inches. De	epth of filter mater	ial over tile,	2_	inche
Distance from: Well,	Seepage Pits:						
Inspection made by: State. County. Inspected by Director of Public Health	Number of pits	. Outside diameter,	feet. Depth,	feet. Lini	ng material		
REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM istance to nearest public water main,	Distance from: Well,_	feet; building fe	oundation,fee	t; nearest lot line	at 🗌 front, 🔲 si	de, 🗌 rear,	fee
REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM istance to nearest public water main,	Inspection made by:	State. County.	ocal Health Authority.	1	- 1.		
REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM istance to nearest public water main,			Inspected	d by	4 Sin	in	
REPORT OF INSPECTION—INDIVIDUAL WATER-SUPPLY SYSTEM istance to nearest public water main,	Date of immertion	Vale 19.	. (7		of Public	Health	
istance to nearest public water main,feet. Size of main,inches. dividual wells are are not customary in neighborhood. ive most recent record of failure of wells in immediate vicinity to furnish adequate supply of water operties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems. of size:	Date of inspection	000	9-3-	DITECTO		IIOGUL GIA	
istance to nearest public water main,feet. Size of main,inches. dividual wells are are not customary in neighborhood. ive most recent record of failure of wells in immediate vicinity to furnish adequate supply of water operties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems. of size:							
tot size:		are not customary in neigh	nborhood.		vater		
dividual water supply from: Drilled well. Driven well. Dug well. Bored well. Building foundation,	Give most recent record of	are not customary in neight failure of wells in immed	aborhood. iate vicinity to furnish a	dequate supply of			
Building foundation,	Give most recent record of roperties in neighborhood	are not customary in neight failure of wells in immed	aborhood. iate vicinity to furnish and developed with both ind	dequate supply of	y and sewage-dis	posal systems.	
Building foundation,	Give most recent record of Properties in neighborhood ot size:feet	failure of wells in immed	aborhood. iate vicinity to furnish a developed with both ind leep. Dwelling set back	dequate supply of valued water-supples from front proper	y and sewage-dis	posal systems.	
cast iron sewer,feet; tile sewer,feet; septic tank,feet; disposal field,feet seepage pit,	Give most recent record of Properties in neighborhood oot size:feet individual water supply from	failure of wells in immed	aborhood. iate vicinity to furnish a developed with both ind leep. Dwelling set back	dequate supply of valued water-supples from front proper	y and sewage-dis	posal systems.	· · · · ·
seepage pit,	Properties in neighborhood ot size:feet ndividual water supply from the properties of well from:	are not customary in neight failure of wells in immed are are are not being wide,feet d m: Drilled well.	aborhood. iate vicinity to furnish and developed with both ind leep. Dwelling set back Driven well. Dug w	dequate supply of valued water-supple from front proper vell. Bored we	y and sewage-dis ty line, II.	posal systems.	,
Diameter,inches. Total depth,feet. Type of casing,feet. Approximate depth to pumping level of water in well,feet. Approximate yield,gallons per minute. Sealed watertight to depth offeet. Exterior space around casing sealed with: \ Cement grout. \ Puddled clay. \ Ordinary backfill. Well cover: \ Concrete. \ Wood. \ Metal. Openings in well cover watertight: \ Yes. \ No. Imp: \ 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. as bacteriological examination of water been made? \ Yes. \ No. If answer is "yes," give date, 19	roperties in neighborhood ot size:feet ndividual water supply from Building foundation,	are not customary in neight failure of wells in immed are are are not being wide,feet d m: Drilled well.	aborhood. iate vicinity to furnish and developed with both ind leep. Dwelling set back Driven well. _feet; nearest lot line as	dequate supply of valued water-supple from front proper vell. Bored we tell front, side,	y and sewage-dis ty line, II.	posal systems. feet.	fee
Diameter,inches. Total depth,feet. Type of casing,	roperties in neighborhood ot size:feet ndividual water supply from: Building foundation, cast iron sewer,	are not customary in neight failure of wells in immed are are not being of wide, feet of m: Drilled well.	hborhood. iate vicinity to furnish and developed with both ind deep. Dwelling set back Driven well. feet; nearest lot line at feet; septi	dequate supply of valued water-supple from front proper vell. from front, side, ic tank,	y and sewage-disty line,	posal systemsfeet.	fee
Approximate depth to pumping level of water in well,	roperties in neighborhood ot size:feet ndividual water supply from: Building foundation, cast iron sewer,	are not customary in neight failure of wells in immed are are not being of wide, feet of m: Drilled well.	hborhood. iate vicinity to furnish and developed with both ind deep. Dwelling set back Driven well. feet; nearest lot line at feet; septi	dequate supply of valued water-supple from front proper vell. from front, side, ic tank,	y and sewage-disty line,	posal systemsfeet.	fee
Sealed watertight to depth of	roperties in neighborhood ot size:feet ndividual water supply from Building foundation, cast iron sewer, seepage pit,	are not customary in neight failure of wells in immed are are not being of wide, feet of m: Drilled well.	hborhood. iate vicinity to furnish and developed with both ind deep. Dwelling set back Driven well. feet; nearest lot line at feet; septi	dequate supply of valued water-supple from front proper vell. from front, side, ic tank,	y and sewage-disty line,	posal systemsfeet.	fee
Exterior space around casing sealed with:	roperties in neighborhood ot size:feet ndividual water supply from: Building foundation, cast iron sewer, seepage pit,	are not customary in neight failure of wells in immed are are not being wide, feet dem: Drilled well. feet; tile sewer, feet; cesspool,	hborhood. iate vicinity to furnish acdeveloped with both indleep. Dwelling set back Driven well. Dug w feet; nearest lot line at feet; septi	dequate supply of value of the control of the contr	y and sewage-disty line,	posal systemsfeet. field,feet.	fee
Well cover: Concrete. Wood. Metal. Openings in well cover watertight: Yes. No. Memp: 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. as bacteriological examination of water been made? Yes. No. If answer is "yes," give date nullity of water is is not satisfactory for human consumption. stallation does does not comply with approved exhibits, if any. spection made by: State. County. Local Health Authority. Inspected by ate of inspection 19— 19— 10— 10— 10— 10— 10— 10—	roperties in neighborhood of size:feet ndividual water supply from: Building foundation, cast iron sewer, seepage pit, Well construction: Diameter, Approximate depth to	are not customary in neight failure of wells in immed are are not being of wide, feet of m: Drilled well. feet; tile sewer, feet; cesspool, feet; cesspool, pumping level of water in	hborhood. iate vicinity to furnish addeveloped with both ind leep. Dwelling set back Driven well. feet; nearest lot line atfeet; septifeet; other sourfeet. Type of contact the contact is a contact to the contact the co	dequate supply of value of the lividual water-supply of the from front proper vell. Bored we we from front, side, in tank, ces of possible pollusing,	y and sewage-dis ty line, ll. rear, feet; disposal ution, Depth	posal systemsfeet. field, feet. of casing,	fee
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. as bacteriological examination of water been made? Yes. No. If answer is "yes," give date, 19uality of water is is not satisfactory for human consumption. stallation does does not comply with approved exhibits, if any. spection made by: State. County. Local Health Authority. Inspected by	Properties in neighborhood of size:feet individual water supply from: Building foundation, cast iron sewer, seepage pit,	are not customary in neight failure of wells in immed are are not being of wide, feet of m: Drilled well. feet; tile sewer, feet; cesspool, feet; cesspool, pumping level of water in puth of feet.	hborhood. iate vicinity to furnish addeveloped with both ind leep. Dwelling set back Driven well. feet; nearest lot line adfect; septimeter; other source. feet. Type of con well, feet.	dequate supply of value of the control of the contr	y and sewage-disty line,	posal systemsfeet. field, feet. of casing,	fee
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. as bacteriological examination of water been made? No. If answer is "yes," give date 19_ uality of water is is not satisfactory for human consumption. stallation does does not comply with approved exhibits, if any. spection made by: State. County. Inspected by Inspected by ate of inspection 19_ ate of inspection 19_ Inspected by Insp	roperties in neighborhood of size:feet ndividual water supply from Building foundation, cast iron sewer, seepage pit,	are not customary in neight failure of wells in immed are are not being of wide, feet of m: Drilled well. feet; tile sewer, feet; cesspool, feet; cesspool, feet; cesspool, feet, casing sealed with: Ces	hborhood. iate vicinity to furnish and developed with both ind leep. Dwelling set back Driven well. Dug w feet; nearest lot line and feet; septiment grout. Puddled ment grout. Puddled	dequate supply of value of the control of the contr	y and sewage-disty line,	posal systemsfeet. field, feet. of casing,	fee
Pumproom properly drained:	roperties in neighborhood of size:feet ndividual water supply from listance of well from: Building foundation, cast iron sewer, seepage pit, Well construction: Diameter, Approximate depth to Sealed watertight to de Exterior space around	are not customary in neight failure of wells in immed are are not being of wide, feet of m: Drilled well. feet; tile sewer, feet; cesspool, feet; cesspool, feet; cesspool, feet, casing sealed with: Ces	hborhood. iate vicinity to furnish and developed with both ind leep. Dwelling set back Driven well. Dug w feet; nearest lot line and feet; septiment grout. Puddled ment grout. Puddled	dequate supply of value of the control of the contr	y and sewage-disty line,	posal systemsfeet. field, feet. of casing,	fee
Type of storage: Pressure. Gravity. Capacity,gallons. as bacteriological examination of water been made? Yes. No. If answer is "yes," give date, 19 uality of water is is not satisfactory for human consumption. stallation does does not comply with approved exhibits, if any. spection made by: State. County. Local Health Authority. Inspected by ate of inspection, 19	roperties in neighborhood of size:feet ndividual water supply from suilding foundation, cast iron sewer, seepage pit,	are not customary in neight failure of wells in immed are are not being wide, feet of m: Drilled well. feet; tile sewer, feet; cesspool, feet; cesspool, feet; casing sealed with: Center. Wood. Metal	hborhood. iate vicinity to furnish and developed with both ind leep. Dwelling set back Driven well. feet; nearest lot line at feet; septiment; other sour feet. Type of continuous feet. ment grout. Puddled on the puddled of the puddled of the puddled. Openings in well covered to furnish and puddled on the puddled of the puddled	dequate supply of value of the lividual water-supply of the from front proper vell. Bored we	y and sewage-disty line,	posal systemsfeet. field, feet. of casing, llons per minute.	fee
as bacteriological examination of water been made?	Properties in neighborhood of size:	failure of wells in immed are are not being of wide,feet of m: Drilled well. I feet; tile sewer, feet; cesspool, inches. Total depth, pumping level of water is the pumping level of water is the pumping sealed with: Center. Casing sealed with: Center. Wood. Metal Deep well. Length of	hborhood. iate vicinity to furnish acdeveloped with both ind leep. Dwelling set back Driven well. feet; nearest lot line atfeet; septifeet; other sourfeet. Type of con well,feet. ment grout. Puddled Con well cover group,feet.	dequate supply of value of the lividual water-supply of the from front proper vell. Bored we water front, side, ic tank, ces of possible pollulasing, Approximate yield clay. Ordinal for watertight: Yeet. Pump capacity	y and sewage-disty line,	posal systemsfeet. field, feet. of casing, llons per minute.	fee
uality of water is is not satisfactory for human consumption. stallation does does not comply with approved exhibits, if any. spection made by: State. County. Local Health Authority. Inspected by	Properties in neighborhood of size:feet individual water supply from the size iron sewer, seepage pit,	failure of wells in immed are are not being of wide,feet of m: Drilled well. I feet; tile sewer,feet; cesspool, inches. Total depth, pumping level of water is opth offeet. casing sealed with: Cente. Wood. Metal Deep well. Length of ont. Pumproom off ba	hborhood. iate vicinity to furnish acdeveloped with both ind leep. Dwelling set back Driven well. feet; nearest lot line at feet; septimete; other sources of the feet. Type of control well, feet. feet. Type of control feet. feet. Puddled. Openings in well covered for pipe, feet.	dequate supply of value of the control of the contr	y and sewage-disty line,	posal systemsfeet. field, feet. of casing, llons per minute.	fee
stallation does does not comply with approved exhibits, if any. spection made by: State. County. Local Health Authority. Inspected by	Properties in neighborhood of size:	failure of wells in immed are are not being of wide,feet of m: Drilled well. I feet; tile sewer, feet; cesspool, inches. Total depth, pumping level of water is opth offeet. casing sealed with: Cente. Wood. Metal Deep well. Length of the int. Pumproom off basined: Yes. No. ressure. Gravity. Cap	hborhood. histe vicinity to furnish acceptable of the property	dequate supply of value of the control of the contr	y and sewage-disty line,	posal systemsfeet. I field, feet. of casing, Illons per minute.	fee
spection made by: State. County. Local Health Authority. Inspected by	Properties in neighborhood Lot size:	failure of wells in immed are are not being of wide,feet of m: Drilled well. I feet; tile sewer, feet; cesspool, inches. Total depth, pumping level of water is opth offeet. casing sealed with: Cente. Wood. Metal Deep well. Length of feet. Deep well. Length of feet. Figure 3. No. Figure 3. No. Figure 3. No. Figure 3. Seesure 1. Gravity. Caption of water been made?	hborhood. iate vicinity to furnish accepted with both indicep. Dwelling set back Driven well.	dequate supply of value of the control of the contr	y and sewage-disty line,	posal systemsfeet. I field, feet. of casing, Illons per minute.	fee
Inspected byate of inspection, 19	Properties in neighborhood Lot size:feet Individual water supply from Distance of well from: Building foundation, cast iron sewer, seepage pit, Well construction: Diameter, Approximate depth to Sealed watertight to de Exterior space around Well cover: Concre Pump: Shallow well Located in: Baseme Pumproom properly dr Type of storage: Pr Has bacteriological examina Quality of water is is	failure of wells in immed are are not being of wide,feet of m: Drilled well. I feet; tile sewer, feet; cesspool, inches. Total depth, pumping level of water is opth offeet. casing sealed with: Cente. Wood. Metal Deep well. Length of mt. Pumproom off basined: Yes. No. ressure. Gravity. Caption of water been made? In the state of the content	hborhood. iate vicinity to furnish acdeveloped with both indileep. Dwelling set back Driven well.	dequate supply of valued water-supply of from front proper vell. Bored we tell. front, front, side, ic tank, ces of possible poll asing, Approximate yiel d clay. Ordinater watertight: Yeet. Pump capacity above ground. ght: Yes. 15.	y and sewage-disty line,	posal systemsfeet. I field, feet. of casing, Illons per minute.	feet
ate of inspection, 19	Properties in neighborhood Lot size:	failure of wells in immed are are not being of wide,feet of m: Drilled well. I feet; tile sewer, feet; cesspool, inches. Total depth, pumping level of water is opth offeet. casing sealed with: Cente. Wood. Metal Deep well. Length of mt. Pumproom off basined: Yes. No. ressure. Gravity. Caption of water been made? In not satisfactory for human on to comply with approved.	developed with both ind deep. Dwelling set back Driven well. Dug w feet; nearest lot line at	dequate supply of valued water-supply of from front proper vell. Bored we tell. front, front, side, ic tank, ces of possible poll asing, Approximate yiel d clay. Ordinater watertight: Yeet. Pump capacity above ground. ght: Yes. 15.	y and sewage-disty line,	posal systemsfeet. I field, feet. of casing, Illons per minute.	feetfeet
	Properties in neighborhood cot size:	failure of wells in immed are are not being of wide,feet of m: Drilled well. I feet; tile sewer, feet; cesspool, inches. Total depth, pumping level of water is opth offeet. casing sealed with: Cente. Wood. Metal Deep well. Length of mt. Pumproom off basined: Yes. No. ressure. Gravity. Caption of water been made? In not satisfactory for human on to comply with approved.	developed with both ind deep. Dwelling set back Driven well. Dug w feet; nearest lot line at	dequate supply of value of the lividual water-supply of the from front proper vell. Bored we water front, side, ic tank, ces of possible pollulating of the lividual water vell. Approximate yiel d clay. Ordinater watertight: veet. Pump capacity e above ground. ght: Yes. I so water is "yes," given	y and sewage-disty line,	posal systemsfeet. I field,feet. of casing,llons per minute.	feet
(TITLE)	Properties in neighborhood of size:	failure of wells in immed are are not being of wide,feet of m:feet of m:feet; tile sewer,feet; cesspool,feet; cesspool,feet. Total depth,feet. pumping level of water is opth offeet. casing sealed with: Cente Wood Metal Deep well. Length of feet No. feessure Gravity. Caption of water been made? Is not satisfactory for humans on the comply with approve te County Local feet County Local feet County	developed with both ind deep. Dwelling set back Driven well. Dug was feet; nearest lot line as feet; septimeter; other sour feet. Type of control well, feet. Type of control puddled. Openings in well covariant drop pipe, feet. Pump mounting watertimeter, gallons of Yes. No. If a sun consumption.	dequate supply of value of the lividual water-supply of the from front proper vell. Bored we water front, side, ic tank, ces of possible pollulating of the lividual water vell. Approximate yiel d clay. Ordinater watertight: veet. Pump capacity e above ground. ght: Yes. I so water is "yes," given	y and sewage-disty line,	posal systemsfeet. I field,feet. of casing,llons per minute.	fee

☆ U. S. GOVERNMENT PRINTING OFFICE : 1957 O-F-42703



and the second s				
			4	
				+:
				1
And the second s				
2.2				
6.6				
5.0				- 27
				- 4

Glorin ORTIZ #15 Feb 9, 1998
15 Valley View Davie

This home is Now hoolfed UP

TO TOWN Sewer. Mrs. ORTIZ

USed The Title # Be Herment

Program.

