

15 Valley View Dr. 6-1-09

See:

Title 5 Betterment
Program.

15 Valley View Dr.
2002 connected to
Town Sewer

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

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

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

INDIVIDUAL WATER SUPPLY SYSTEM

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

Properties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems.
 Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line, _____ feet.
 Individual water supply from: Drilled well. Driven well. Dug well. Bored well.
 Distance of well from:
 Building foundation, _____ feet; nearest lot line at front, side, rear, _____ feet;
 cast iron sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet;
 seepage pit, _____ feet; cesspool, _____ feet; other sources of possible pollution, _____ feet.

Well construction:
 Diameter, _____ inches. Total depth, _____ feet. Type of casing, _____ Depth of casing, _____ feet.
 Approximate depth of pumping level of water in well, _____ feet. Approximate yield, _____ gallons per minute.
 Sealed watertight to depth of _____ feet.
 Exterior space around casing sealed with: Cement grout. Puddled clay. Ordinary backfill.
 Well cover: Concrete. Wood. Metal. Openings in well cover watertight: Yes. No.
 Pump: Shallow well. Deep well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.
 Located in: Basement. Pump room off basement. Pump house above ground. Pump pit.
 Pump room properly drained: Yes. No. Pump mounting watertight: Yes. No.
 Type of storage: Pressure. Gravity. Capacity, _____ gallons.
 Has bacteriological examination of water been made? Yes. No. If answer is "yes," give date _____, 19____.

Quality of water is is not satisfactory for human consumption.
 Installation does does not comply with approved exhibits, if any.

INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of Septic tank. Cesspool.

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

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

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

Tile disposal field:
 Distance from: Well, _____ feet; foundation, 25 feet; nearest lot line at front, side, rear, 25 feet.
 Total length of tile lines, 176 feet. Number of lines, 2. Distance between lines, 15 feet.
 Total effective absorption area in bottom of trenches, 528 square feet. Trench width, 36 inches.
 Length of each line, 88 feet. Depth, top of tile to finish grade, 10 inches.
 Type of filter material: Gravel. Broken stone. Cinders. Other Washed Gravel Stone
 Depth of filter material beneath tile, 10 inches. Depth of filter material over tile, 2 inches.

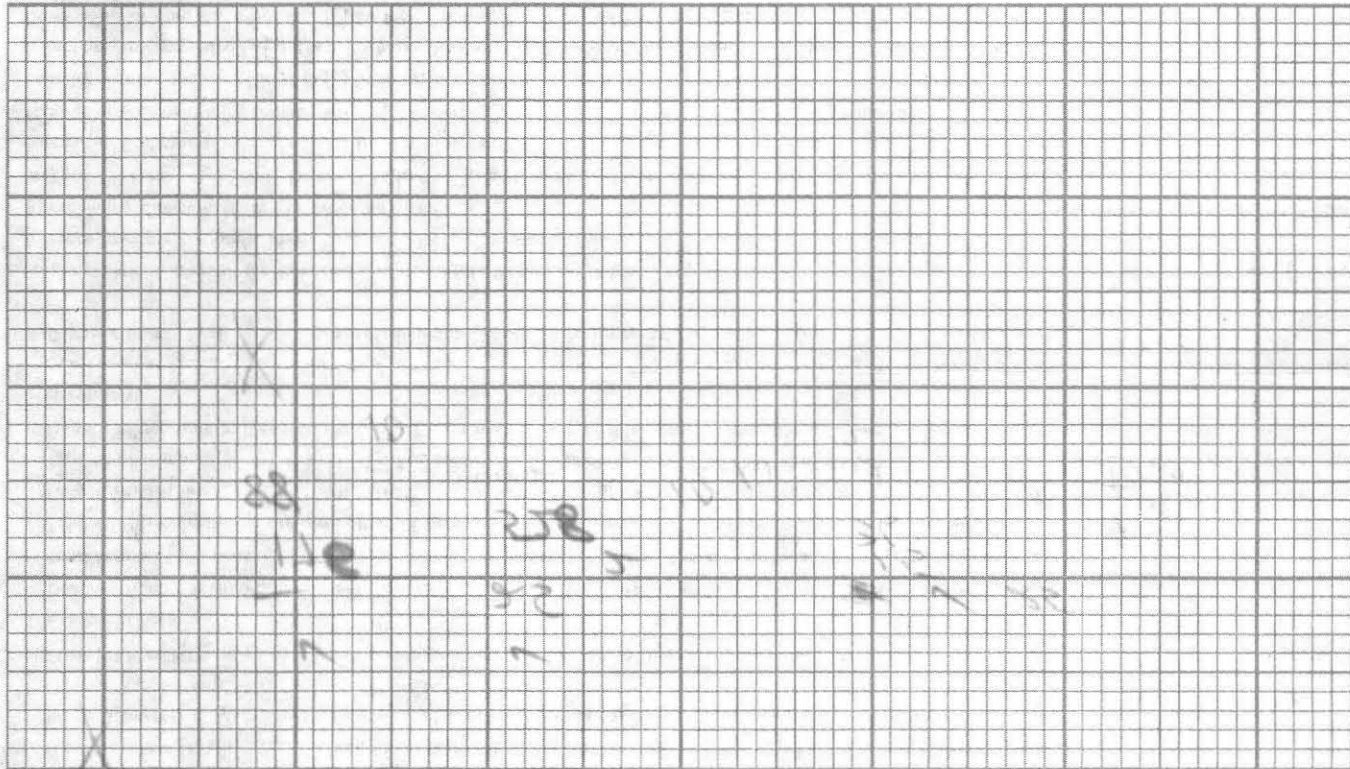
Seepage pits:
 Number of pits, X Outside diameter, _____ feet. Depth, _____ feet. Lining material _____
 Distance from: Well, X feet; foundation, _____ feet; nearest lot line at front, side, rear, _____ feet.

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 checked="" type="checkbox"/> LOCAL HEALTH AUTHORITY <input type="checkbox"/> VA COMPLIANCE INSPECTOR	7/12/63
SIGNATURE OF INSPECTING OFFICIAL	TITLE
<i>Dir of Public Health</i>	<i>G. A. Linn</i>

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	<input type="checkbox"/> SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY
THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS:	<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	<input checked="" type="checkbox"/> CAN BE EXPECTED TO FUNCTION SATISFACTORYLY AND IS NOT LIKELY TO CREATE AN INSANITARY CONDITION
THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE:	<input type="checkbox"/> CANNOT BE EXPECTED TO FUNCTION SATISFACTORYLY
REMARKS	

DATE	SIGNATURE OF REVIEWING OFFICIAL	TITLE
8/29/63	<i>Frederick A. Linn</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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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. 251-015574		
MORTGAGOR OR SPONSOR Keddy Bldrs.				PROPERTY ADDRESS Lot 32 Valley View Drive, Amherst, Mass.				
SUBDIVISION NAME						BLOCK NO.		LOT NO.
TOTAL NUMBER:			BASEMENT		<input checked="" type="checkbox"/> New installation		Can attic or other area be made into additional bedrooms? <small>(If Yes, how many?)</small>	
LIVING UNITS	BEDROOMS	BATHS	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
1	3	1						
WATER SUPPLY BY:						SYSTEM DESIGNED FOR		
<input checked="" type="checkbox"/> Public system			<input type="checkbox"/> Community system			<input type="checkbox"/> Individual		
SEWAGE DISPOSAL BY:						NO. OF BDRMS.		GARBAGE DISPOSAL
<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 8/29/63	SIGNATURE <i>Frederick A. Lewis</i>	TITLE Director of Public Health
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NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the spaces provided.
 Use of the above grid for Health Department Inspector's sketch as well as use of the back of this form is at the option of the health authority.

PART III.—FOR USE OF FHA OFFICE

TO THE CHIEF UNDERWRITER:

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

Individual water-supply system be considered Acceptable Not Acceptable

Sewage disposal be considered Acceptable Not Acceptable.

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

PRIMARY TREATMENT consists of Septic tank. Cesspool.

Septic Tank:

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

Cesspool:

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

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

Tile Disposal Field:

Distance from: Well, _____ feet; foundation, 25 feet; nearest lot line at front, side, rear, 25 feet.
 Total length of tile lines, 176 feet. Number of lines, 2. Distance between lines, 15 feet.
 Trench width, 36 inches. Total effective absorption area in bottom of trenches, 528 square feet.
 Length of each line, 88 feet. Depth, top of tile to finish grade, 12 to 18 inches.
 Type of filter material: Gravel. Broken stone. Other Washed sand stone
 Depth of filter material beneath tile, 10-12 inches. Depth of filter material over tile, 2 inches.

Seepage Pits:

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

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

Inspected by G. G. Shino
 Director of Public Health
 (TITLE)

Date of inspection July 19, 1967

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____

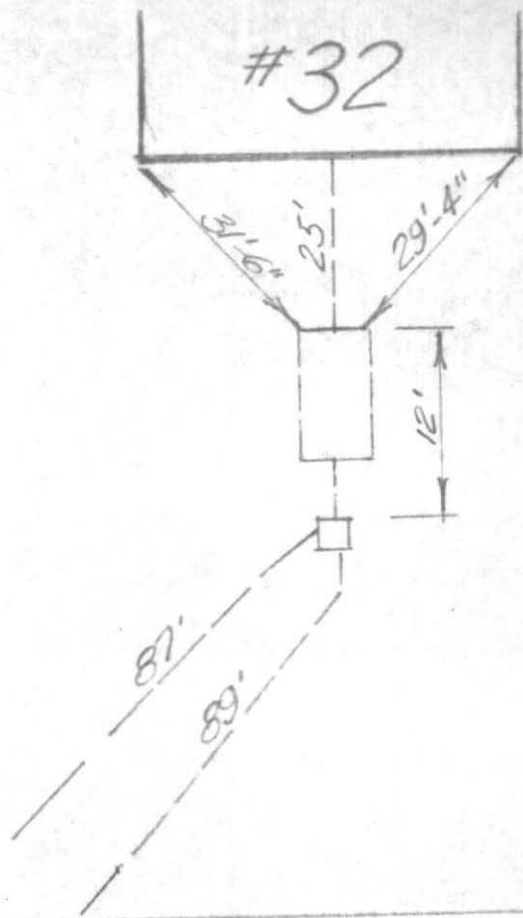
Quality of water is is not satisfactory for human consumption.

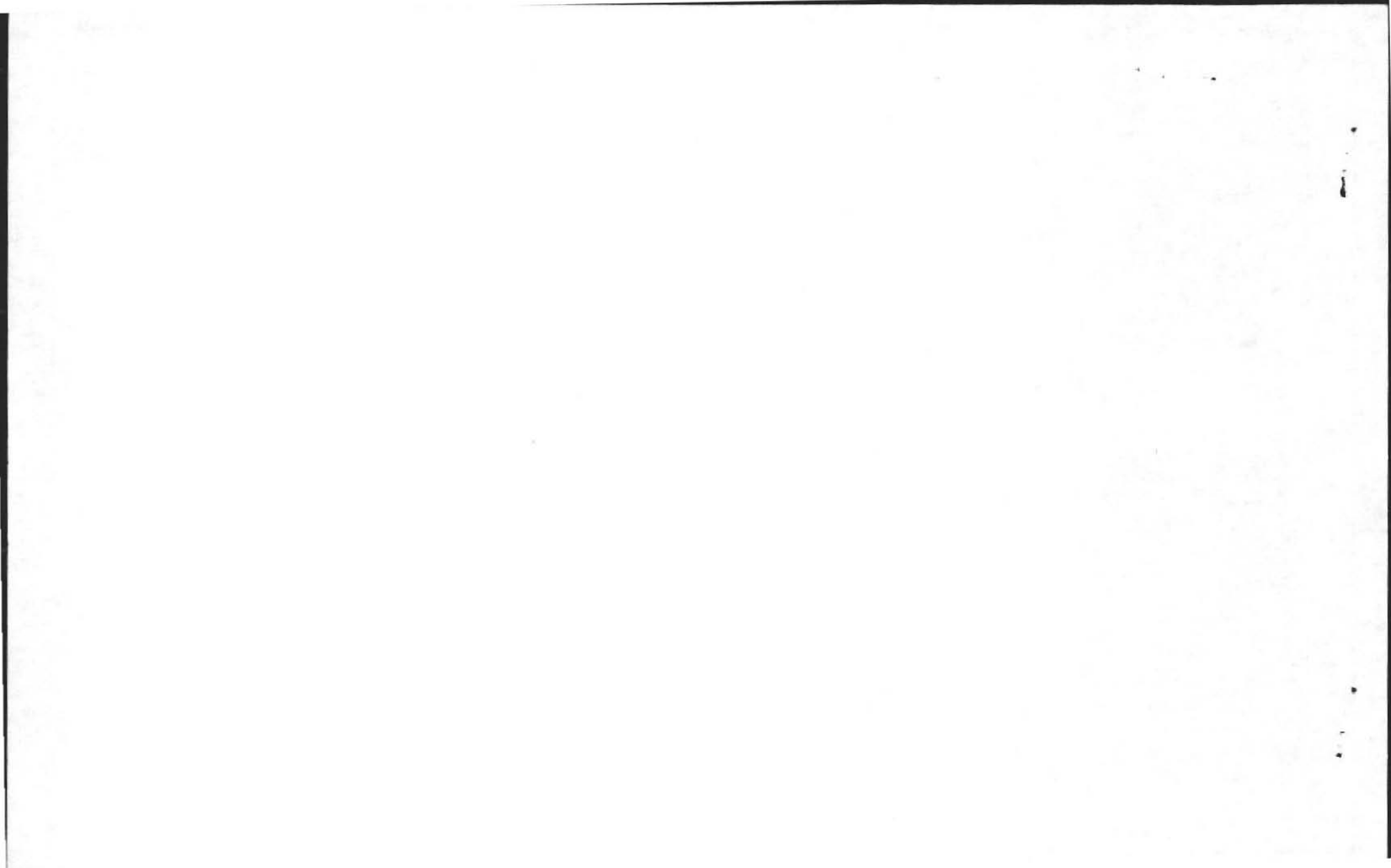
Installation does does not comply with approved exhibits, if any.

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

Inspected by _____
 (TITLE)

Date of inspection _____, 19____





GLORIA ORTIZ

#15 Feb 9, 1998

15 Valley View Drive

This home is now hooked up
TO TOWN Sewer. Mrs. ORTIZ
Used the Title II Betterment
Program.

