

#57

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

No. 33-63 Date 5/8/63 Fee 3.00 Date Rec'd. 5/10/63 By FAS

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

Location—Address Valley View Drive or Lot No. 30

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

Contractor Same Address Same

Type of Building Residence Dimensions 27'x40' Size Lot 23,738 sq. ft.

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

Other complete bath, laundry and kitchen No. of persons spec Showers ( )

Other fixtures yes Type of Well none

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 165 Total leaching area 495 sq. ft.

Disposal Bed—No.        Diameter        Depth below inlet        Total leaching area        sq. ft.

Dry Well—No.        Diameter        Depth below inlet        Dimensions:        x        x       

Other: Distribution box (x) No. 1 Dosing tank ( )

(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 12 min minutes per inch Depth of Test Pit 3 feet

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

Description of Soil sandy clay Depth to Ground Water see affidavit

Will disposal area be filled?        Cut down?       

(On reverse side or separate sheet, show plot plan with building. Include dimensions, distances from all boundaries. Show location of wells, streams, ledge, large trees, etc.)

AGREEMENT: The undersigned agrees to construct the aforescribed individual sewage disposal system in accordance with the provisions of Article XI of the Sanitary Code and regulations of the Amherst Board of Health. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this board of health.

[Signature]  
Owner or builder

5/8/63  
date  
5/8/63  
date

Application Approved by F.A. Siino

Application Disapproved for the following reasons:

BOARD OF HEALTH, AMHERST, MASSACHUSETTS  
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed (x) or repaired ( ) by Keddy Builders Inc at Lot No. 30 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. 33-63 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. 33-63

Permission is hereby granted Keddy Builders Inc. to construct (x) or repair ( ) an Individual Sewage Disposal System at Lot 30 - Valley View Drive as shown on the application for Disposal Works Construction Permit No. 33-63

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 8/63

F.A. Siino  
Board of Health [Signature]

THE UNIVERSITY OF CHICAGO

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## VETERANS ADMINISTRATION REPORT OF INSPECTION, INDIVIDUAL WATER SUPPLY AND SEWAGE-DISPOSAL SYSTEM

(THIS SECTION FOR VA USE ONLY)

REGIONAL OFFICE <b>Boston, Massachusetts</b>		PROPERTY ADDRESS <b>Lot # 30 Valley View Drive Amherst, Massachusetts</b>			SUBDIVISION NAME <b>Briar Cliff Manor Section II</b>	
NAME OF BUILDER <b>Keddy Builders, Inc.</b>		NAME OF LENDER <b>Amherst Savings Bank</b>			BLOCK NO.	LOT NO.
TOTAL NUMBER		BASEMENT	CAN ATTIC OR OTHER AREA BE MADE INTO ADDITIONAL BEDROOMS?	IF YES, HOW MANY?	WATER SUPPLY AND SEWAGE DISPOSAL (Check)	
LIVING UNITS	BEDROOMS	BATHS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> NEW <input type="checkbox"/> EXISTING	
1	3	1			WATER SUPPLY BY <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> COMMUNITY <input type="checkbox"/> INDIVIDUAL	
					SEWAGE DISPOSAL BY <input checked="" type="checkbox"/> PUBLIC <input type="checkbox"/> COMMUNITY <input checked="" type="checkbox"/> INDIVIDUAL	

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

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

### INDIVIDUAL WATER SUPPLY SYSTEM

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

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

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

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

### INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of  Septic tank.  Cesspool.

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

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

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

Tile disposal field:  
 Distance from: Well, \_\_\_\_\_ feet; foundation, 10 feet; nearest lot line at  front,  side,  rear, 30 feet.  
 Total length of tile lines, 214 feet. Number of lines, 3+. Distance between lines, 12 feet.  
 Total effective absorption area in bottom of trenches, 642 square feet. Trench width, 36 inches.  
 Length of each line, 55 feet. Depth, top of tile to finish grade, 12-18 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.

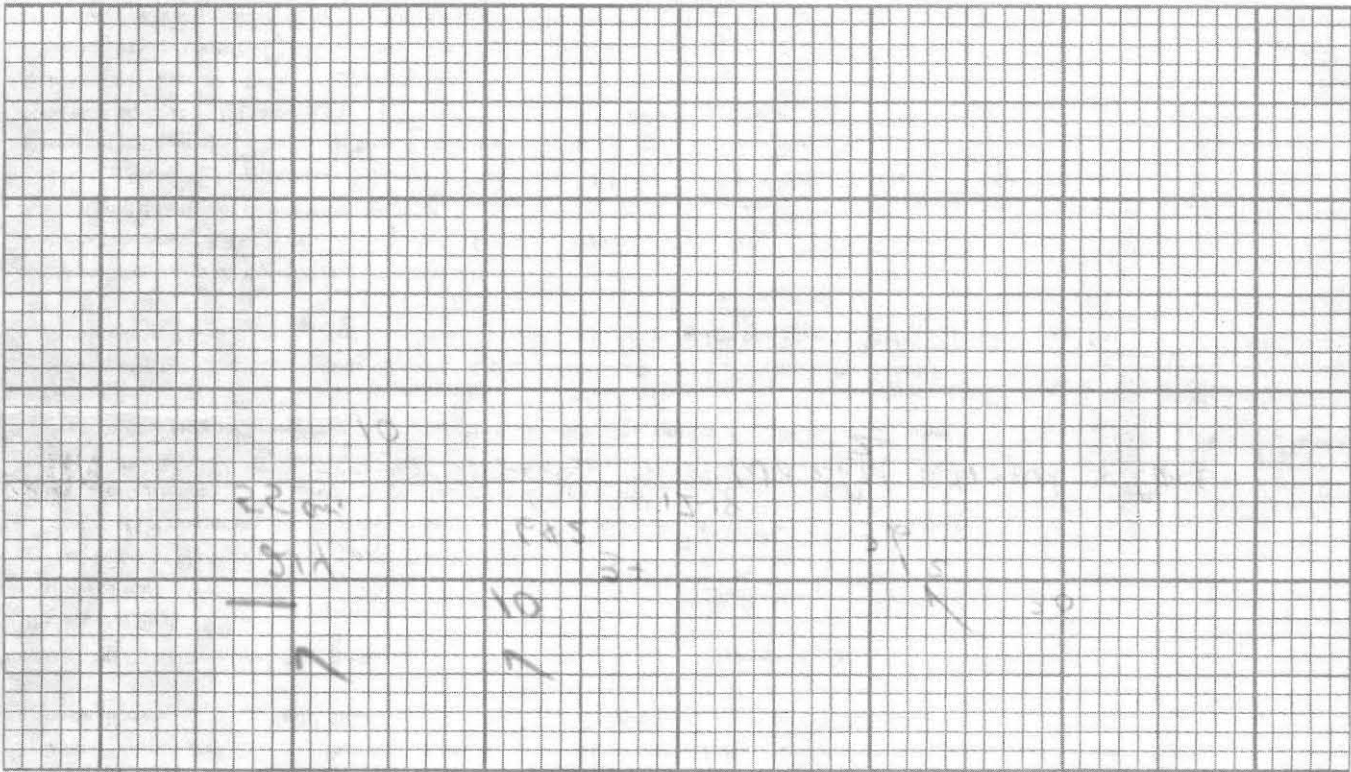
Seepage pits:  
 Number of pits, \_\_\_\_\_ Outside diameter, \_\_\_\_\_ feet. Depth, \_\_\_\_\_ feet. Lining material \_\_\_\_\_  
 Distance from: Well, \_\_\_\_\_ feet; foundation, \_\_\_\_\_ feet; nearest lot line at  front,  side,  rear, \_\_\_\_\_ feet.

If existing installation, give all the following additional information available:  
 Distance to nearest: Public sewer, \_\_\_\_\_ feet. Community system, \_\_\_\_\_ feet.  
 Approximate direction of surface drainage of lot, \_\_\_\_\_ Approximate slope, \_\_\_\_\_ feet per 100 feet.  
 Soil is:  Loam.  Sandy loam.  Clay.  Sandy clay.  Coarse sand or gravel.  Hardpan.  Rock. Other \_\_\_\_\_  
 Number of bathrooms, \_\_\_\_\_. Is there a basement?  Yes.  No. Basement drains to \_\_\_\_\_  
 Fixtures in basement:  Laundry tray.  Toilet.  Bathtub.  Shower.  None.  Floor drain.  Sump pump.  
 Laundry waste disposal: Direct to  Seepage pit. Other \_\_\_\_\_ Through sump pit to:  Septic tank.  Seepage pits.  
 Is footing drain provided?  Yes.  No. Drains to:  Surface.  Dry well.  Sump in basement. Other \_\_\_\_\_  
 Downspouts or areaway drain to:  Surface discharge.  Dry well. Other \_\_\_\_\_  
 Depth of house sewer below finish grade at foundation, \_\_\_\_\_ feet.

PART I (Continued on reverse)

**PART I (Continued)**

INSPECTOR'S SKETCH (Show by sketch below any pertinent findings not fully described on other side.)



COMMENTS (Note any supplemental pertinent information. If conditions are found which may result in an opinion that the system is unsatisfactory, describe in detail.)

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

INSPECTION OF INDIVIDUAL SEWAGE-DISPOSAL SYSTEM MADE BY:				DATE OF INSPECTION
<input type="checkbox"/> STATE	<input type="checkbox"/> COUNTY	<input checked="" type="checkbox"/> LOCAL HEALTH AUTHORITY	<input type="checkbox"/> VA COMPLIANCE INSPECTOR	7/19/63
SIGNATURE OF INSPECTING OFFICIAL <i>E. G. Lewis</i>			TITLE <i>Dir of Public Health</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"/> SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY <input type="checkbox"/> NOT SATISFACTORY AS A DOMESTIC WATER SUPPLY FOR THE SUBJECT PROPERTY
<input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> LOCAL DEPARTMENT OF HEALTH THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS:	
BASED ON THE INFORMATION REPORTED HEREON, AND OTHER AVAILABLE INFORMATION, IT IS THE OPINION OF THE (Check)	<input checked="" type="checkbox"/> CAN BE EXPECTED TO FUNCTION SATISFACTORILY AND IS NOT LIKELY TO CREATE AN UNSANITARY CONDITION <input type="checkbox"/> CANNOT BE EXPECTED TO FUNCTION SATISFACTORILY
<input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input checked="" type="checkbox"/> LOCAL DEPARTMENT OF HEALTH THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE:	

REMARKS

DATE <i>Aug 29, 1963</i>	SIGNATURE OF REVIEWING OFFICIAL <i>E. G. Lewis</i>	TITLE Director of Public Health
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**PART III—FOR USE OF VA OFFICE**

I have reviewed the foregoing and the pertinent VA Compliance Inspection Report and recommend that the  
 individual water supply system be considered  Acceptable     Not acceptable  
 individual sewage-disposal system be considered  Acceptable     Not acceptable

REMARKS

DATE	SIGNATURE OF CHIEF, APPRAISAL SECTION
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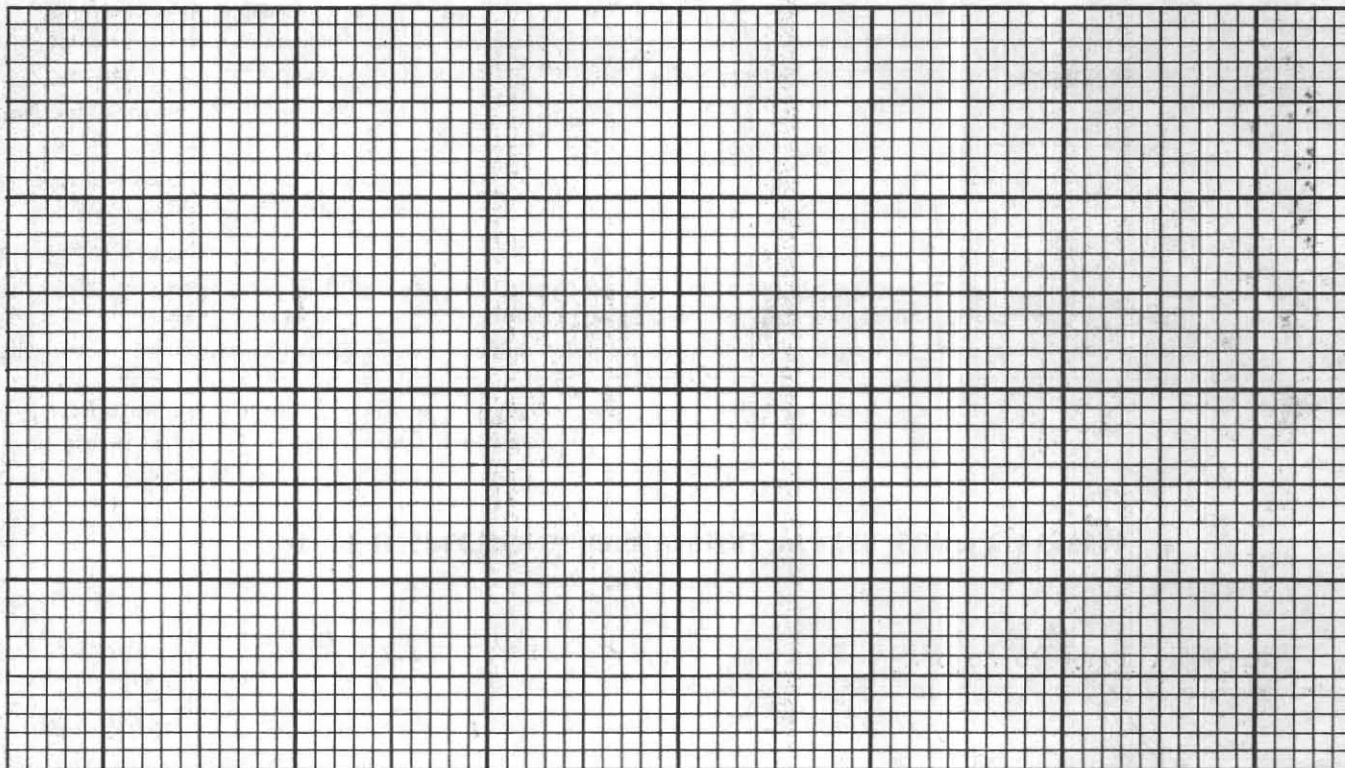
# HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

## PART I.—TO BE COMPLETED BY FHA

INSURING OFFICE <b>Boston, Mass.</b>			MORTGAGEE <b>Amherst Savings Bank</b>			SERIAL NO. <b>251-015572</b>				
MORTGAGOR OR SPONSOR <b>Keddy Bldrs.</b>				PROPERTY ADDRESS <b>Lot 30 Valley View Dr., Amherst, Mass.</b>						
SUBDIVISION NAME						BLOCK NO.		LOT NO.		
<b>TOTAL NUMBER:</b>			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			NO. OF BDRMS.      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  Cannot be expected to function satisfactorily is not likely to create an insanitary condition

DATE <b>8/29/63</b>	SIGNATURE <i>Fredrick G. Lewis</i>	TITLE <b>Director of Public Health</b>
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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 Dist. Box

**Tile Disposal Field:**

Distance from: Well, \_\_\_\_\_ feet; foundation, 10 feet; nearest lot line at  front,  side,  rear, 30 feet.  
 Total length of tile lines, 214 feet. Number of lines, 3+. Distance between lines, 12 feet.  
 Trench width, 36 inches. Total effective absorption area in bottom of trenches, 642 square feet.  
 Length of each line, 55' av. feet. Depth, top of tile to finish grade, 12-18 inches.  
 Type of filter material:  Gravel.  Broken stone. Other Washed Gravel Stone  
 Depth of filter material beneath tile, 10-12 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, \_\_\_\_\_ feet; building foundation, \_\_\_\_\_ feet; nearest lot line at  front,  side,  rear, \_\_\_\_\_ feet.

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

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

Date of inspection 7/19, 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.

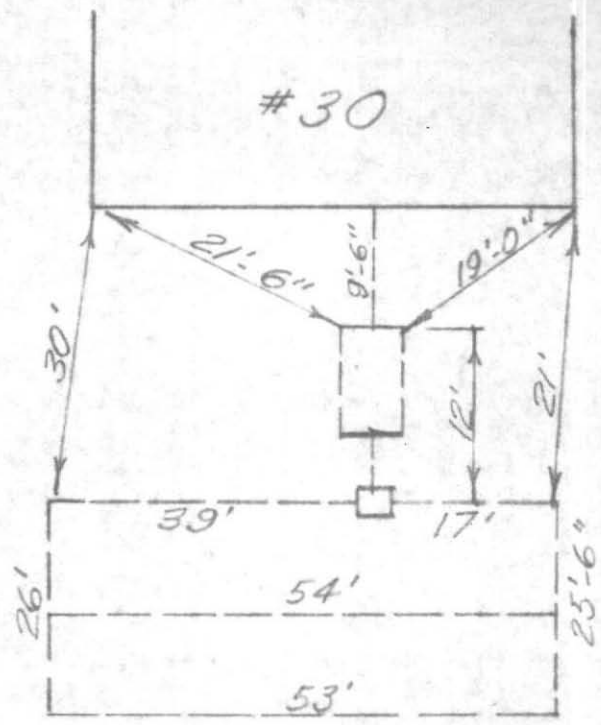
Installation  does  does not comply with approved exhibits, if any.

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

Inspected by \_\_\_\_\_

Date of inspection \_\_\_\_\_, 19\_\_\_\_

(TITLE)



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 56  


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