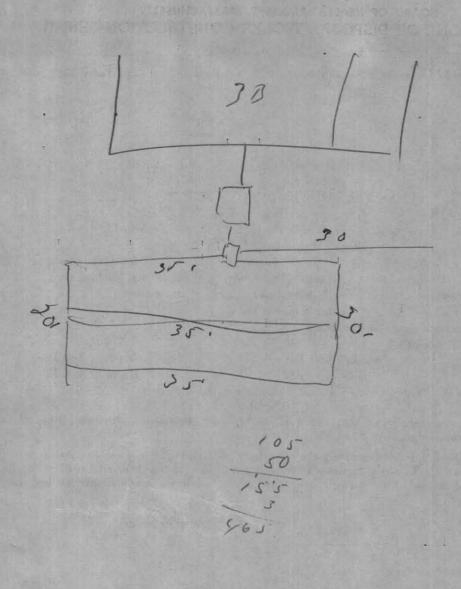
#74

Board of Health &

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

No. 18-63 Date 5/8/63 Fee 3.00 Date Rec'd. 5/10/63 By FAS
Application is hereby made for a permit to Construct (x) or Repair () an Individual Sewage Disposal
System at: Location Address Valley View Drive or Lot No. 15
Location—Address Valley View Drive or Lot No. 15 Owner Keddy Builders Inc. Address 200 N. Main St. East Long.
Contractor Same Address Same
Residence n: 42 x26 s: 1 18.385 So Ft
Dwelling—No. of Bedrooms Expansion Attic (no Garbage Grinder (no Other No. of persons Spec Showers () Other fixtures Complete bath and laundry fixtures, Kitchen
Other No. of persons Showers ()
Other fixtures
Design Flow 50 gallons per person per deu Total deily flow 600 gallons
Design Flow 50 gallons per person per day. Total daily flow 600 gallons Septic Tank—Liquid capacity 900 gallons Dimensions: L 101-32W 41 D 41
Disposal Trench—No. 3 Width 36 Total Length 150 Total leaching area 300 sq. ft.
Disposal Bed—No Diameter Depth below inlet Total leaching area sq. ft.
Disposal Trench—No. 3 Width 36 Total Length 150 Total leaching area 300 sq. ft. Disposal Bed—No. Diameter Depth below inlet Total leaching area sq. ft. Dry Well—No. Diameter Depth below inlet Dimensions: x x x Other: Distribution box (x) No. 1 Dosing tank ()
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 Dit No. 1 10 minutes per inch Denth of Test Dit 3 feet
Test Pit No. 1 10 minutes per inch Test Pit No. 2 minutes per inch Depth of Test Pit 10 Depth
Description of Soil Gravel and 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 aforedescribed 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 un-
dersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by this
board of health. 5/8/63
Uwner or builder date
Application Approved by F.A. Siino Owner or builder 5/8/63
Application Approved by F.A. Siino 5/8/63 date
Application Approved by F.A. Siino Application Disapproved for the following reasons:
Application Approved by F.A. Siino 5/8/63 date
Application Approved by F.A. Siino Application Disapproved for the following reasons: BOARD OF HEALTH, AMHERST, MASSACHUSETTS
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
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DATE _5/8/63



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HEALTH AUTHORITY APPROVAL INDIVIDUAL WATER SUPPLY AND SEWAGE DISPOSAL SYSTEM

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Kedo	dy Bldrs					Ţ.	nt 15	Valley	View I	r. Amha	rst, Mass.	
SUBDIVISION	-	CHA.					00 17	Value	ATOM T	BLOCK NO.	LOT NO.	
TC	TAL NUMBE	R:							Can attic	or other area	ha mada lata	
LIVING UNITS	BEDROOMS	BATHS	BASEMEN	ντ	UN	ew insta	llation			bedrooms?		
1	3	11/2	Yes] No					Yes	No	(If Yes, how m	ianys)
Public			ПСоп	nmunity s	system	1		□ Ind	lividual	SYSTE NO. OF BDRMS.	M DESIGNED FOR	-
SEWAGE DISE	POSAL BY:		PER TEXT	nmunity s					lividual	NO. OF BOXING.	Yes D	No
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Can b	e expected	to function	n satisfactorily, a	and A				Cannot l	be expecte	ed to function	n satisfactorily	
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			ority should compl	ete the ap	propriate	opinion	statemen	t above a	nd affix da	te, signature	and title in the	
spac	es provided Use of the		for Health Depart	ment Inspe	ector's ske	etch as w	ell as use	of the b	ack of this	form is at th	e option of the	
heal	th authority		Contraction and	or the to	e Ha	4.75	teled to	1	1			
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In	dividual wa	ater-supply	system bé consid	dered	Accept	able	Not A	Acceptab	le			
Se	wage dispo	sal be cons	idered Acc	ceptable	☐ Not	Accept	able.					
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DATE	1	SIGNATURE	- Sphone	Spirit i	RYLL IX			and in	11.3	CHIEF A	RCHITECT	
		387.7				7				C AFRICA	TOD CHIEF ADDITION	-

REPORT OF INSPECTION—INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

	Septic Tank:	4
	Distance from well, none feet. Material, concrete Number of compartments	1
	Total liquid capacity, 900 gallons. Capacity inlet compartment, 900 Inside length, 8 feet. Inside width, 4 feet. Liquid depth, 4 feet.	_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,	
	Inside diameter,feet. Depth,feet. Liquid capacity,gallons. Lining material	_
	SECONDARY TREATMENT consists of Tile disposal field. Seepage pits. Other Distribution Box	
42.0	Tile Disposal Field:	
	Distance from: Well,feet; foundation,feet; nearest lot line at front,	feet
/	Total length of tile lines, feet. Number of lines, Distance between lines,	feet
/	Total length of tile lines,	uare feet
	Length of each line 30 - 35 feet. Depth top of tile to finish grade.	inches
	Type of filter material: Gravel. Broken stone. Other Washell Have	
	Depth of filter material beneath tile, / o - / a inches. Depth of filter material over tile,	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,	fee
	Inspection made by: State. County. Local Health Authority.	
	Inspected by San G. Klimo	
	. /. /.	
	Date of inspection	
	Distance to nearest public water main,feet. Size of main,inches. Individual wells are are not customary in neighborhood.	
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	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
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	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	feet

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

REPORT OF INSPECTION, INDI	VETERANS ADMINIST		SEWAGE-DISPO	SAL SY	STEM	
REPORT OF INSPECTION, INDI-	(THIS SECTION FOR VA	Charles Control of the Control	SEWAGE-DIST O	JAL JI	JILIM	
REGIONAL OFFICE	PROPERTY ADDRESS			SUBDIVISIO	CITT	Manor
Boston, Massachusetts	Amherst, Mas				tion II	
NAME OF BUILDER	NAME OF LENDER			CASE NO.		
Keddy Builders, Inc.	Amherst	, Savings	Bank	TYPE OF IN	STALLATION EXIST	ING
TOTAL NUMBER BASEMENT CAN ATTIC OR C	OTHER AREA BE MADE INTO	IF YES, HOW MANY?	WATER SUPPLY A			
LIVING LIMITS REDDOOMS BATHS	COMST	MANT?	our cuarties are	PUBLIC	COMMUNITY	INDIVIDUAL
1 3 1½ NO VES B	No	ong 7	SEWAGE DISPOSAL BY	200		xx
PART I—FOR USE OF INSPECTING C	The state of the s	nformation app	The second section of the second section is a second section of the second section of the second section is a second section of the second section sec	stallation)		
INSTRUCTIONS: If new installation, inspect for compliance	with approved exhibits and	record any obs	served information not	shown on,	or which va	
the approved exhibits. If existing installation, furnish as n	NDIVIDUAL WATER SUP		e. As applicable use	inspector's	sketch on re	verse.
Distance to nearest public water main,feet. Size Individual wells are are not customary in neighborhood. Give most recent record of failure of wells in immediate vicinit Properties in neighborhood are are not being developed. Lot size:feet wide,feet.	of main,inches . ty to furnish adequate suppl d with both individual water deep. Dwelling set back fro	y of water	line,	feet.		
Individual water supply from: Drilled well. Driven we	II. Dug well. Borer	d well.	electrons version in	A SHOT	AND MINE	
Distance of well from:	President Control of the Control of					
Building foundation,feet; tile sewer,						
seepage pit,feet; cesspool,						
Well construction:						
Diameter,inches. Total depth,f Approximate depth of pumping level of water in well,		AND RESTREET AND ADDRESS OF THE PARTY.		_ Depth of	casing,	feet.
Sealed watertight to depth offeet. Exterior space around casing sealed with:	nings in well cover watertigle,feet. Pump ca Pump house above gramounting watertight: Ye gallons. s No. If answer is "yeption.	ht: Yes. pacity,ound. Pump	No. _gallons per minute. pit.	, 19		
IND	IVIDUAL SEWAGE-DISP	OSAL SYSTEM				
PRIMARY TREATMENT consists of Septic tank. Cesspool Septic tank: Distance from well, feet. Material, gallor Inside length, feet. Inside width, Cesspool: Distance from: Well, feet; foundation, feet. Depth, feet.	ns. Capacity inlet comparts feet. Liquid depth, 4	at 🗌 front, 🗌 s	00 gallon:		artments	1
SECONDARY TREATMENT consists of Distribution box and	Tile disposal field. 5	Seepage pits. C	ther	- 51		
Tile disposal field: Distance from: Well,	feet: nearest lot line lines, Distance #6	at front, s between lines, nch width, vinches.	feet. feet. feet. finches. inches.			
If existing installation, give all the following additional information Distance to nearest: Public sewer,feet. Come Approximate direction of surface drainage of lot, Soil is: Loam Sandy loam Clay Sandy Number of bathrooms, Is there a basement? Fixtures in basement: Laundry tray Toilet Laundry waste disposal: Direct to Seepage pit. Other Is footing drain provided? Yes No. Drains to:	dy clay.	or gravel.	drain. Sump pum _ Through sump pit to:	her p.		
Downspouts or areaway drain to: Surface discharge.	. Dry well. Other					
Depth of house sewer below finish grade at foundation,_	feet.	0.51.2				

INSPECTOR'S SVETCH (Show he shotch		Continued)	
INSPECTOR'S SKETCH (Show by sketch	below any pertinent findings not fully described on other	HOE.)	
	NG-ME		
COMMENTS (Note any supplemental	pertinent information. If conditions are found which ma	y result in an opinion that the system is unsai	tisfactory, describe in detail.)
part in part, the			white the sales
automatic process of contact of	Weeken and the second state of the		
INSPECTION OF INDIVIDUAL WATER S	UPPLY SYSTEM MADE BY:		DATE OF INSPECTION
	LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR	
STATE COUNTY		TA COMPLIANCE INSPECTOR	
SIGNATURE OF INSPECTING OFFICIAL		TITLE	TWO INTEREST AND AND
			DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL INSPECTION OF INDIVIDUAL SEWAGE			DATE OF INSPECTION
SIGNATURE OF INSPECTING OFFICIAL INSPECTION OF INDIVIDUAL SEWAGE	E-DISPOSAL SYSTEM MADE BY:	TITLE	DATE OF INSPECTION
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY	E-DISPOSAL SYSTEM MADE BY:	VA COMPLIANCE INSPECTOR	DATE OF INSPECTION
INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY	E-DISPOSAL SYSTEM MADE BY: LOCAL HEALTH AUTHORITY	VA COMPLIANCE INSPECTOR TITLE	
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INSPECTION OF INDIVIDUAL SEWAGE STATE COUNTY SIGNATURE OF INSPECTING OFFICIAL	E-DISPOSAL SYSTEM MADE BY: LOCAL HEALTH AUTHORITY PART II—FOR USE OF THE HEALTH DEP	VA COMPLIANCE INSPECTOR TITLE ARTMENT OFFICIAL REVIEWING REPO	
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