

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 Distribution 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, 124 feet. Number of lines, 4 Distance between lines, 12 feet.
 Trench width, 36 inches. Total effective absorption area in bottom of trenches, 372 square feet.
 Length of each line, av. 30 feet. Depth, top of tile to finish grade, 18-22 inches.
 Type of filter material: Gravel. Broken stone. Other Washed Gravel
 Depth of filter material beneath tile, 10-12 inches. Depth of filter material over tile, 2 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. A. Smith
 Director of Public Health
 (TITLE)

Date of inspection 7/16, 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)

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 # 16 Valley View Drive Amherst, Massachusetts	SUBDIVISION NAME Brain Cliff Manor Section II BLOCK NO. _____ LOT NO. _____
NAME OF BUILDER Keddy Builders, Inc.	NAME OF LENDER Amherst, Massachusetts	CASE NO. _____ TYPE OF INSTALLATION <input checked="" type="checkbox"/> NEW <input type="checkbox"/> EXISTING

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	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PUBLIC	COMMUNITY	INDIVIDUAL
1				<input checked="" type="checkbox"/>		
BEDROOMS				WATER SUPPLY BY		
3				<input checked="" type="checkbox"/>		
BATHS				SEWAGE DISPOSAL BY		<input checked="" type="checkbox"/>
1						

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, 124 feet. Number of lines, 4. Distance between lines, 12 feet.

Total effective absorption area in bottom of trenches, 372 square feet. Trench width, 36 inches.

Length of each line, or 30 feet. Depth, top of tile to finish grade, 18-24 inches.

Type of filter material: Gravel. Broken stone. Cinders. Other Washed Gravel

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; 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 type="checkbox"/> LOCAL HEALTH AUTHORITY	<input type="checkbox"/> VA COMPLIANCE INSPECTOR	
SIGNATURE OF INSPECTING OFFICIAL			TITLE	

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 INSANITARY 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	SIGNATURE OF REVIEWING OFFICIAL	TITLE
7/30/63	<i>Fredrick G. Seino</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 Acceptable Not acceptable

individual sewage-disposal system be considered Acceptable Not acceptable

REMARKS

DATE	SIGNATURE OF CHIEF, APPRAISAL SECTION



