

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

No. 14-63 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. 11
Owner Keddy Builders Inc.. Address 200 N. Main St. East Long. Mass.

Contractor Same Address Same
Type of Building RESIDENCE Dimensions 38'x26'x33' Size Lot 67,008 Sq Ft.

Dwelling—No. of Bedrooms 4 Expansion Attic (no) Garbage Grinder (no)

Other _____ No. of persons Spec Showers ()

Other fixtures Complete bath, kitchen and laundry

Town Water? Yes Type of Well No

Design Flow 50 gallons per person per day. Total daily flow 600 gallons

Septic Tank—Liquid capacity 1200 gallons Dimensions: 10'-3" W 4' D 4'

Disposal Trench—No. 3 Width 36" Total Length 170.00' Total leaching area 40600+ 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 & Wallen Engineering Co. Date 4/30/63

Test Pit No. 1 12 minutes per inch

Depth of Test Pit See affidavit

Test Pit No. 2 _____ minutes per inch

Depth of Test Pit See affidavit

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 afordescribed 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.

Geo. Sussanari 5/8/63
Owner or builder

Application Approved by F.A. Siino

date
5/8/63
date

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. 11 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. 14-63 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 G.A. Siino

**BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT**

No. 14-63
Permission is hereby granted Keddy Builders Inc. to construct (X) or repair () an Individual Sewage Disposal System at Lot 11 - Valley View Dr.

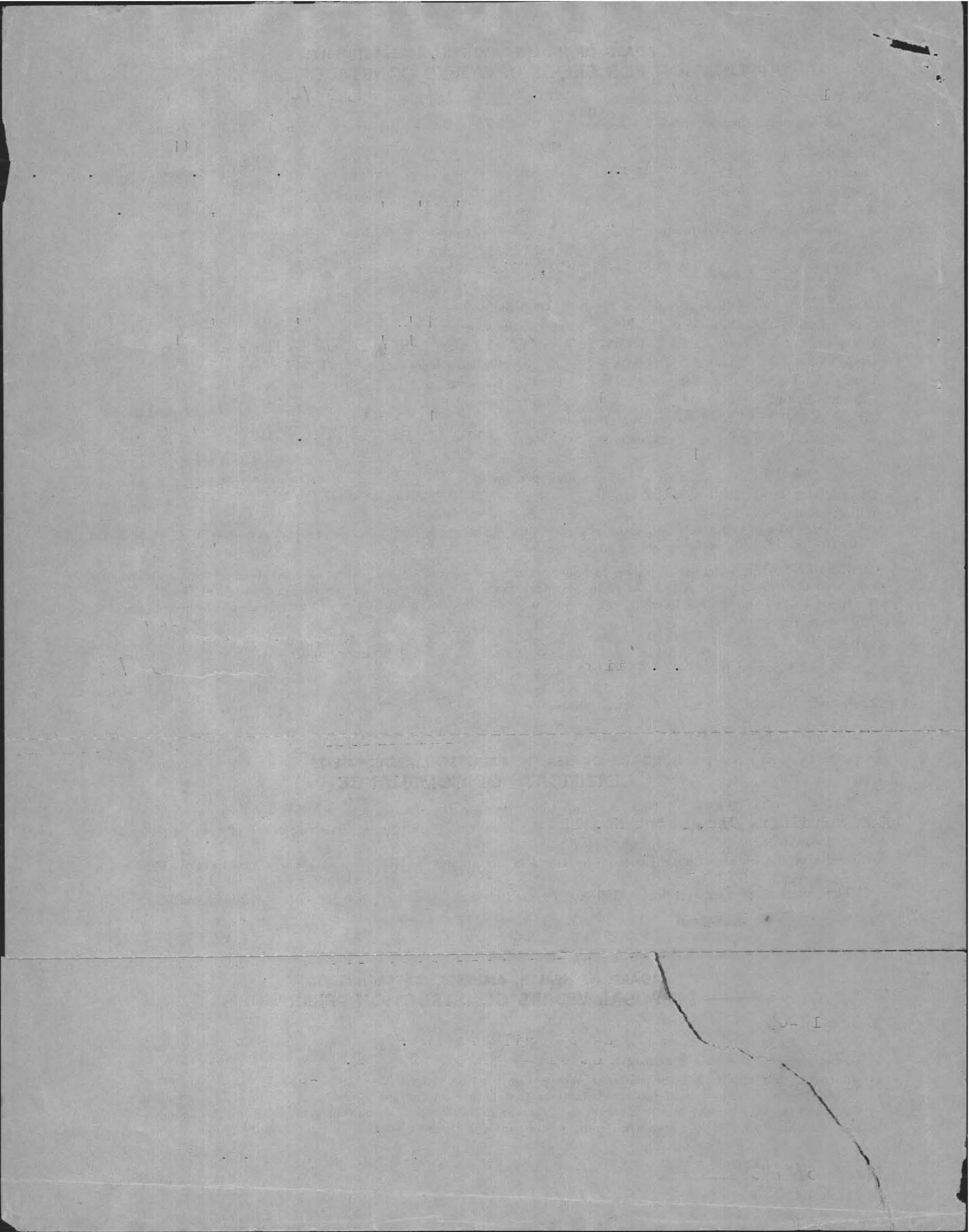
as shown on the application for Disposal Works Construction Permit No. 14-63

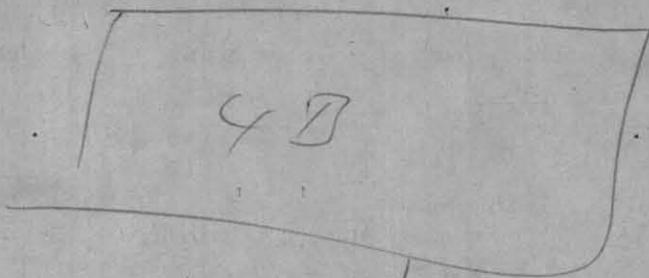
This permit is issued with the understanding that future alterations or additions will be made if necessary. This permit shall not be construed as permission to create or maintain any sewage nuisance and in the issuance of this permit the Board of Health assumes no responsibility for the future operation or maintenance of the system.

F.A. Siino

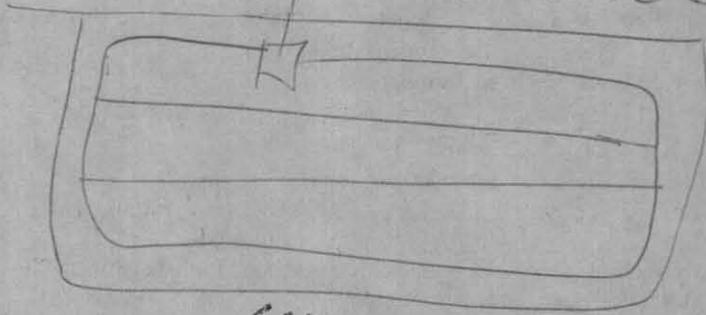
DATE 5/8/63

Board of Health ly





Level Bed.



$$\begin{array}{r} 60 \\ 48 \\ \hline 2400 \end{array}$$

$$\begin{array}{r} 50 \quad 60' \\ \quad 4 \\ \hline \quad 240 \\ \hline \quad 270 \end{array}$$

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 #19 Valley View Circle Amherst, Massachusetts			SUBDIVISION NAME Briar Cliff Manor		
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?		
LIVING UNITS	BEDROOMS	BATHS	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> YES	<input type="checkbox"/> YES	WATER SUPPLY AND SEWAGE DISPOSAL (Check)		
1	4	1 1/2	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	PUBLIC COMMUNITY INDIVIDUAL		
						WATER SUPPLY BY		
						SEWAGE DISPOSAL BY		

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, 1200 gallons. Capacity inlet compartment, 1200 gallons.
 Inside length, 8 feet. Inside width, 4 feet. Liquid depth, 6 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 _____

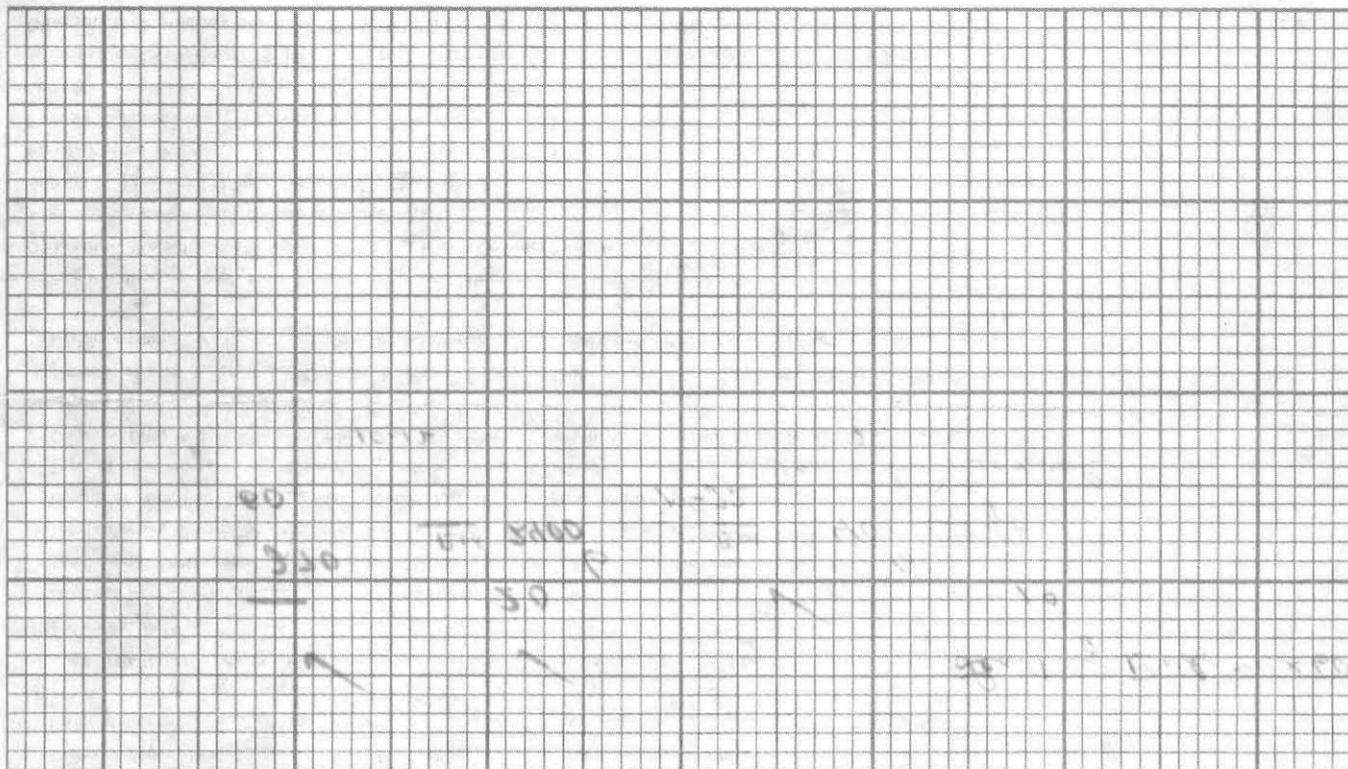
SECONDARY TREATMENT consists of Distribution box and Tile disposal field. Seepage pits. Other Leaching Bed 40x60'
 Tile disposal field:
 Distance from: Well, _____ feet; foundation, 20 feet; nearest lot line at front, side, rear, 10 feet.
 Total length of tile lines, 270 feet. Number of lines, 6. Distance between lines, 6 feet.
 Total effective absorption area in bottom of trenches, 2400 square feet. Trench width, 40 inches.
 Length of each line, 60 feet. Depth, top of tile to finish grade, 18-22 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 checked="" type="checkbox"/> LOCAL HEALTH AUTHORITY	<input type="checkbox"/> VA COMPLIANCE INSPECTOR	7/18/63
SIGNATURE OF INSPECTING OFFICIAL <i>G. G. Lino</i>			TITLE <i>D. J. H.</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 THAT THIS INDIVIDUAL WATER SUPPLY SYSTEM IS:	<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
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 THAT THIS INDIVIDUAL SEWAGE-DISPOSAL SYSTEM, WITH PROPER MAINTENANCE:	<input checked="" type="checkbox"/> CAN BE EXPECTED TO FUNCTION SATISFACTORYLY AND IS NOT LIKELY TO CREATE AN INSANITARY CONDITION <input type="checkbox"/> CANNOT BE EXPECTED TO FUNCTION SATISFACTORYLY

REMARKS

DATE 7/30/63	SIGNATURE OF REVIEWING OFFICIAL <i>G. G. Lino</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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