

Massachusetts Department of Environmental Management
Office of Water Resources

RECEIVED 134908
6/21/05

Well Completion Report

TYPE OR PRINT ONLY

1. WELL LOCATION		GPS (OPTIONAL) _____		LATITUDE _____		LONGITUDE _____																																																																																																																													
Address at Well Location: <u>312 Leverett St.</u>				Property Owner: <u>Kittredge Properties</u>																																																																																																																															
Subdivision Name: _____				Mailing Address: <u>40 EMB, 375 Harvard St., Leominster, MA</u>																																																																																																																															
City/Town: <u>Amherst MA</u>				City/Town: <u>LEOMINSTER, MA. 01453</u>																																																																																																																															
Assessors Map _____ Assessors Lot #: _____				NOTE: Assessors Map and Lot # mandatory if no street address available																																																																																																																															
Board of Health permit obtained: Yes <input type="checkbox"/> Not Required <input checked="" type="checkbox"/>				Permit Number _____ Date Issued _____																																																																																																																															
2. WORK PERFORMED				3. PROPOSED USE		4. DRILLING METHOD																																																																																																																													
<input type="checkbox"/> New Well <input checked="" type="checkbox"/> Abandon <input type="checkbox"/> Deepen <input type="checkbox"/> Recondition <input type="checkbox"/> Replace <input type="checkbox"/> Other _____				<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitoring <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Other _____		<input type="checkbox"/> Cable <input type="checkbox"/> Auger <input type="checkbox"/> Air Hammer <input type="checkbox"/> Direct Push <input type="checkbox"/> Mud Rotary <input checked="" type="checkbox"/> Other <u>6" DIA UNKNOWN</u>																																																																																																																													
5. WELL LOG		6. SITE SKETCH (Use permanent landmarks with distances)																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th rowspan="2">From (ft)</th> <th rowspan="2">To (ft)</th> <th colspan="2">WATER</th> <th colspan="7">Unconsolidated</th> <th>Consolidated</th> </tr> <tr> <th>High</th> <th>Low</th> <th>Clay</th> <th>Silt</th> <th>Sand</th> <th>Gravel</th> <th>Cobbles</th> <th>Boulders</th> <th>Other</th> <th>Rock Type</th> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		From (ft)	To (ft)	WATER		Unconsolidated							Consolidated	High	Low	Clay	Silt	Sand	Gravel	Cobbles	Boulders	Other	Rock Type																																																																																																												
From (ft)	To (ft)			WATER		Unconsolidated							Consolidated																																																																																																																						
		High	Low	Clay	Silt	Sand	Gravel	Cobbles	Boulders	Other	Rock Type																																																																																																																								
7. WELL CONSTRUCTION		8. CASING																																																																																																																																	
Total Depth Drilled _____		From (ft) _____ To (ft) _____		Casing Type and Material _____		Size O.D. (in) _____ Well Seal Type _____																																																																																																																													
Date Drilling Complete _____																																																																																																																																			
9. SCREEN																																																																																																																																			
From (ft) _____ To (ft) _____		Slot Size _____		Screen Type and Material _____		Screen Diameter _____																																																																																																																													
10. FILTER PACK / GROUT / ABANDONMENT MATERIAL						11. ADDITIONAL WELL INFORMATION																																																																																																																													
From (ft) _____ To (ft) _____		Material Description _____		Purpose _____		Developed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Fracture Enhancement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Method _____ Disinfected? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																													
2 BG 168 BG		Bentonite, bottom of hole to grade		Property Abandonment																																																																																																																															
		830/165 MATERIAL used.																																																																																																																																	
12. WELL TEST DATA (PRODUCTION WELLS)						13. STATIC WATER LEVEL (ALL WELLS)																																																																																																																													
Date	Method	Yield (GPM)	Time Pumped (hrs & min)	Drawdown to (Ft. BGS)	Time Recovery to (Ft. BGS)	Date Measured	Depth Below Ground Surface (FT)																																																																																																																												
14. PERMANENT PUMP (IF AVAILABLE)						15. NAME/ADDRESS OF PUMP INSTALLATION COMPANY																																																																																																																													
Pump Description _____				Horsepower _____																																																																																																																															
Pump Intake Depth _____ (ft)				Nominal Pump Capacity _____ (gpm)																																																																																																																															
16. COMMENTS <u>Well properly sealed with bentonite, concrete plug install on csg.</u>																																																																																																																																			
17. WELL DRILLER'S STATEMENT				This well was drilled and/or abandoned under my supervision, according to applicable rules and regulations, and this report is complete and correct to the best of my knowledge.																																																																																																																															
Driller: <u>WIDE TOWNLEY</u>		Supervising Driller Signature: <u>[Signature]</u>		Registration #: <u>558</u>																																																																																																																															
Firm: <u>L & G CUSHING & SONS, INC.</u>		Date: <u>6-15-05</u>		Rig Permit #: <u> </u>																																																																																																																															

NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.

BOARD OF HEALTH COPY

134908

Well Completion Report

TYPE OR PRINT ONLY

WELL LOCATION: 312 CENTRAL ST. Prince, Davis

Subdivision Name: [Blank] City/Town: [Blank] Assessor's Map: [Blank]

Drill Date: [Blank] Drilled By: [Blank] Not Drilled: ☒ Yes ☐ No

Drill Depth (ft): [Blank] Screen Type and Size: [Blank]

Drill Method: ☒ New Well ☐ Re-drill ☐ Re-liner ☐ Other

Drill Bit: ☒ Domestic ☐ Industrial ☐ Other

Drill Fluid: ☐ Water ☐ Oil ☐ Other

Drill Log: [Blank]

Drill Log: [Blank]

Drill Log: [Blank]

Drill Log: [Blank]

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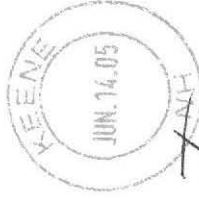
Drill Log: [Blank]



WATER WELL DRILLERS
P.O. Box 200, Walpole, N.H. 03608



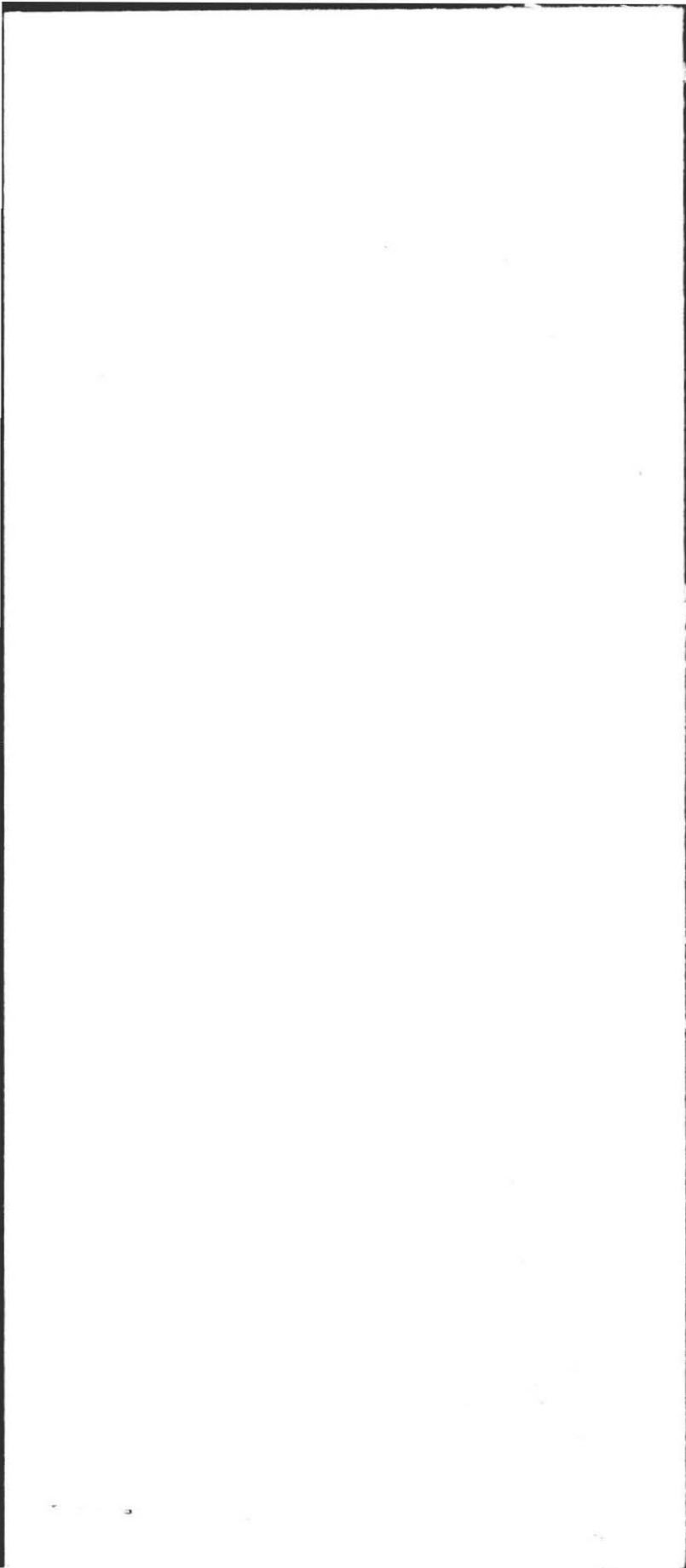
0000016605



Town of Amherst
Board of Health
Amherst, MA

01002

01002/2302



#312

121688

Board of Health
Town of Amherst
Amherst, MA 01002

December 15, 1988

To the Board of Health,

It has come to my attention through communications with the Amherst Conservation Services that Mr. Jeff Wood (of 312 Leverett Road) is moving forward with plans to develop a portion of his land (Assessor's lot 62, map 3A) on Leverett Road. As an abutter to this parcel I have some serious concerns regarding the soil testing for waste disposal system or systems on that property.

According to the information I have from Conservation Services, two homes are being proposed. I have, in the past, contacted both Mr. Drake and later Mr. Pinski regarding what tests had been done, and where, and in the case of Mr. Pinski, I asked to be shown a plan which would locate the site of perc tests and deep observation holes. He informed me after some time that he could find no records of test holes which had been observed by the Town Sanitarian or that person's representative, as required by law, in the area in question (see accompanying map).

My concerns are two: First, if the proper tests were done and passed, where were they done? The boundary line (A to B) on the enclosed map had never been physically set (with survey pins or anything else) until I had it surveyed and staked in September of this year. This is a hilly, wooded area in which the property line has never been clear, until now. I frankly question whether a site suitable for a leachfield exists on Mr. Wood's land (allowing also the ten-foot minimum setback from property lines). Second, I question whether results of any tests performed in the past would be acceptable according to Amherst's more stringent regulations adopted in March 1987.

I request that I be informed promptly in the event that a waste disposal permit is applied for for any part of lot 62. I would also like to be informed, at your convenience, as to the procedure I would have to follow in order to appeal an approval of such application by the Board of Health.

Thank you for your time.

Sincerely,



Joseph J. Giandalone
324 Leverett Road
Amherst, MA 01002

549-0184

cc: Amherst Town Sanitarian



LE
☐ CONCR
☐ UNMAF
☐ IRON

5000
at 25
the ground

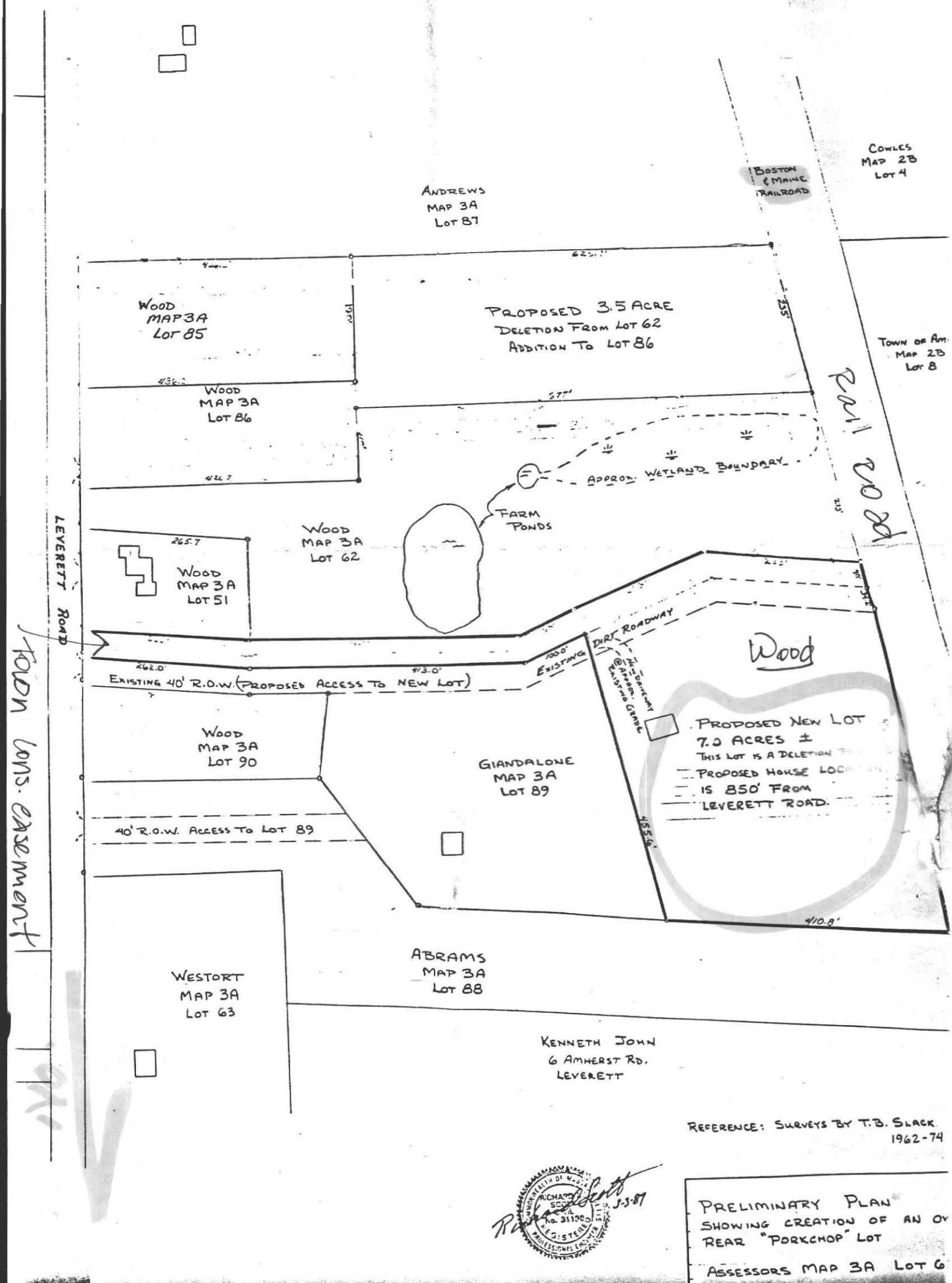
2nd 2d
2nd 2d

④ →

222

⑤ →

122018
Rec'd from Carl Gm



153098
153098
153098

Amherst Town Sanitarian
Town of Amherst
Amherst, MA 01002

December 15, 1988

To the Amherst Town Sanitarian,

It has come to my attention through communications with the Amherst Conservation Services that Mr. Jeff Wood (of 312 Leverett Road) is moving forward with plans to develop a portion of his land (Assessor's lot 62, map 3A) on Leverett Road. As an abutter to this parcel I have some serious concerns regarding the soil testing for waste disposal system or systems on that property.

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Thank you for your time.

Sincerely,



Joseph J. Giandalone
324 Leverett Road
Amherst, MA 01002

549-0184

cc: Amherst Board of Health

Rec'd 12/16/88
OG



LE
☐ CONCR
☐ UNMAF
☐ IRON 1

600W
50 Tol
At 900W

900/900W
50 Tol

→ (H)

→ (B)

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

No. 79-4 Date 4/17/79 Fee \$15.00 Date Rec'd. 4-18-79 By CEH

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

Location—Address 312 Leverett RD, Amherst or Lot No. _____

Owner Jeffrey Wood Address 312 Leverett RD, Amherst

Contractor Same Address Same

Type of Building wood frame Dimensions 26x40x27x29 Size Lot 2 1/4 Acres +

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

Other _____ No. of persons 4 Showers (3)

Other fixtures _____

Town Water? no Type of Well dug

Design Flow 55 gallons per person per day. Total daily flow 330 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L 4 W 8 D 4

Disposal Trench—No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Disposal Bed—No. 1 Diameter 20x30 Depth below inlet _____ Total leaching area 600 sq. ft.

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

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation)

Percolation Test Results Performed by M. J. Huber Date 3-8-79

Test Pit No. 1 3.5 minutes per inch Depth of Test Pit _____

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

Description of Soil CLAY CRACK Depth to Ground Water 5 feet

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.

Application Approved by CEH

Owner or builder Jeffrey Wood

4/17/79

date

4-18-79

date

Application Disapproved for the following reasons:

Bottom of System MUST BE 4' ABOVE MAX GROUNDWATER

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
CERTIFICATE OF COMPLIANCE

THIS IS TO CERTIFY, That the individual Sewage Disposal System installed () or repaired () by _____ at _____ 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. _____

dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____

Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 79-4 Permission is hereby granted JEFF WOOD to construct (X) or repair () an

Individual Sewage Disposal System at 312 LEVERETT RD

as shown on the application for Disposal Works Construction Permit No. 79-

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 4-18-79

CEH
Board of Health

69 Pelham Rd
Amhurst Mass.
Mar. 8, 1974

Board of Health
Amhurst Mass.

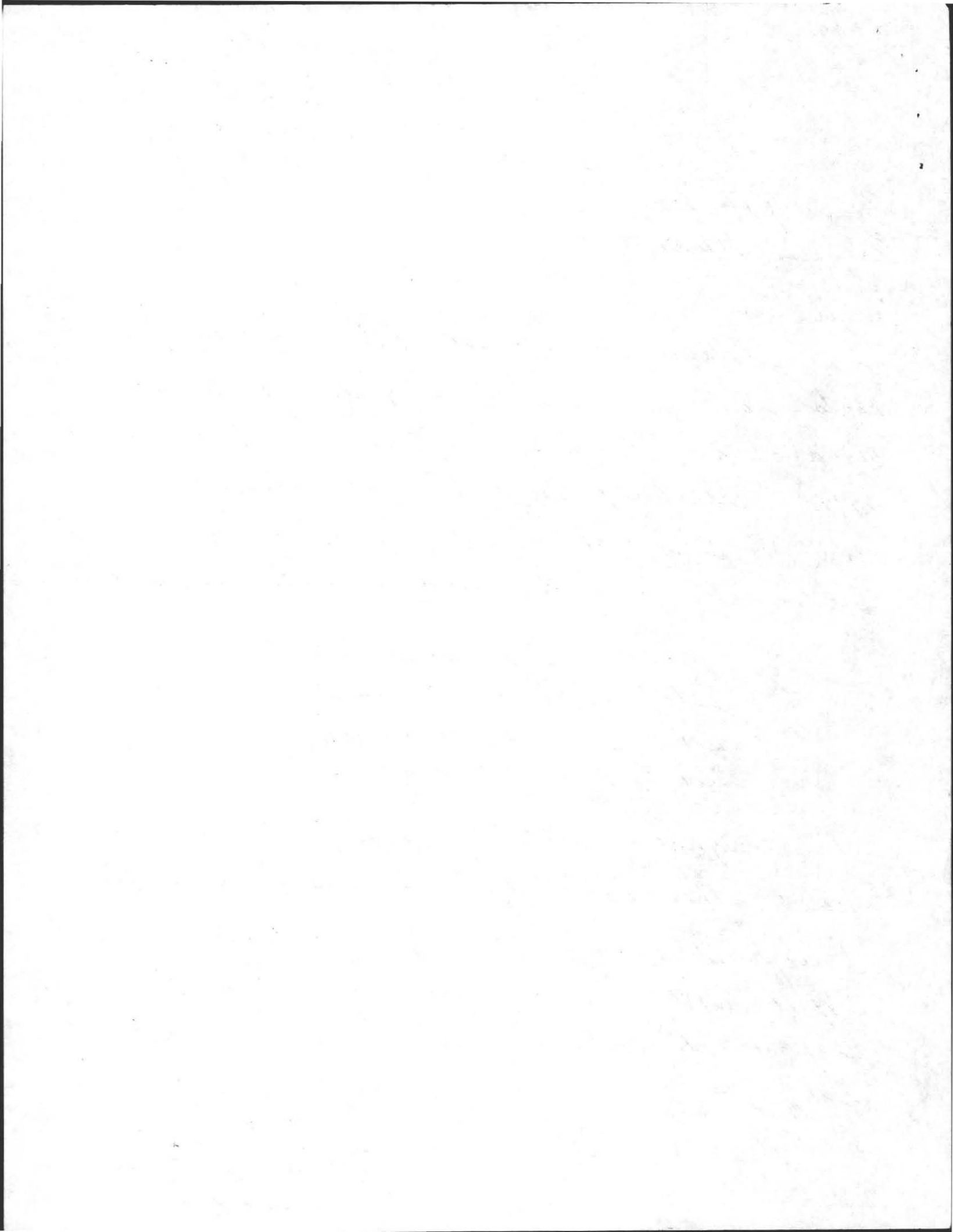
Dear Sirs:

Please be advised that percolation tests were made on the properties of Mr. Jeff. Wood, of Leverett Road, by me on Mar 6 and 7 1974. Also deep test pits were observed by me and Mr. Drake the health officer, on Mar. 5, 1974. Enclosed are soil logs and percolation rates are:

Lot #1	-	17 min/inch
Lot #2	-	20.8 min/inch
Lot #3	-	27 min/inch
Lot #4	-	3.5 min/inch

Lot designations are according to the enclosed sketch. These are subject to change since the development plan is not yet in hand. It is expected within a few days. "Applications for Sewage Disposal Works Construction Permit", will be submitted later.

Sincerely
Frederick A. Folios
Soil Scientist



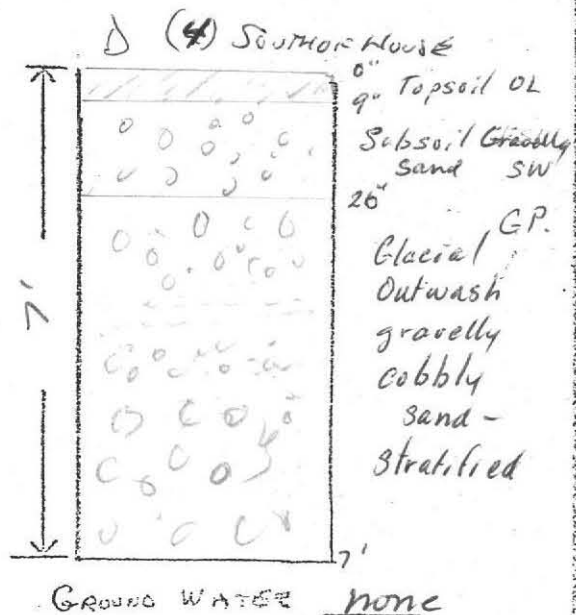
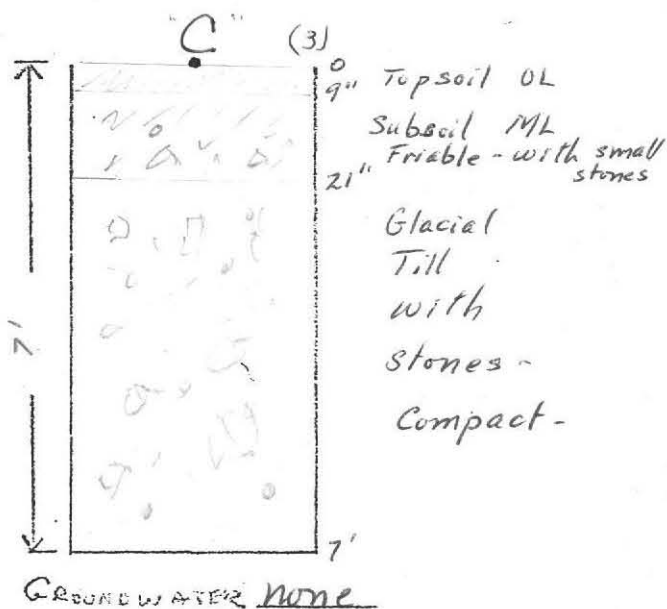
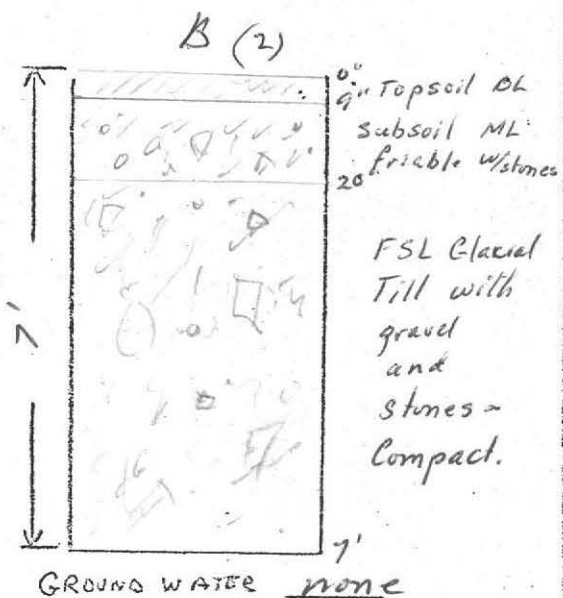
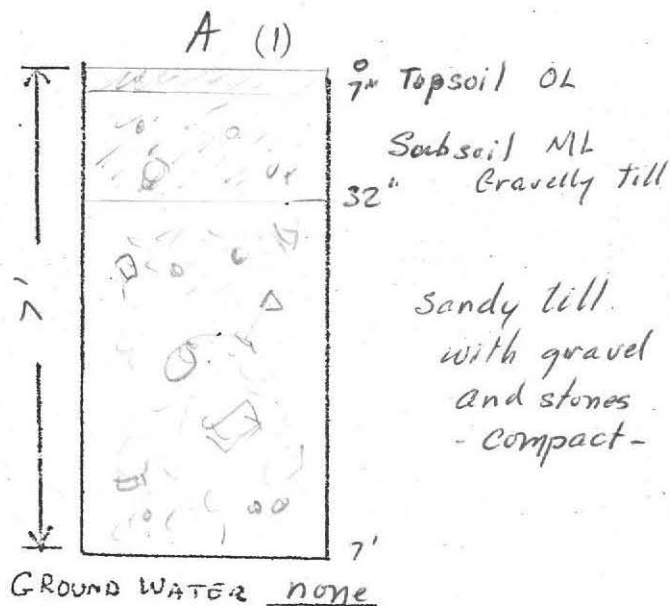
DEEP SOIL LOGS

OWNER Mr. Jeff Wood

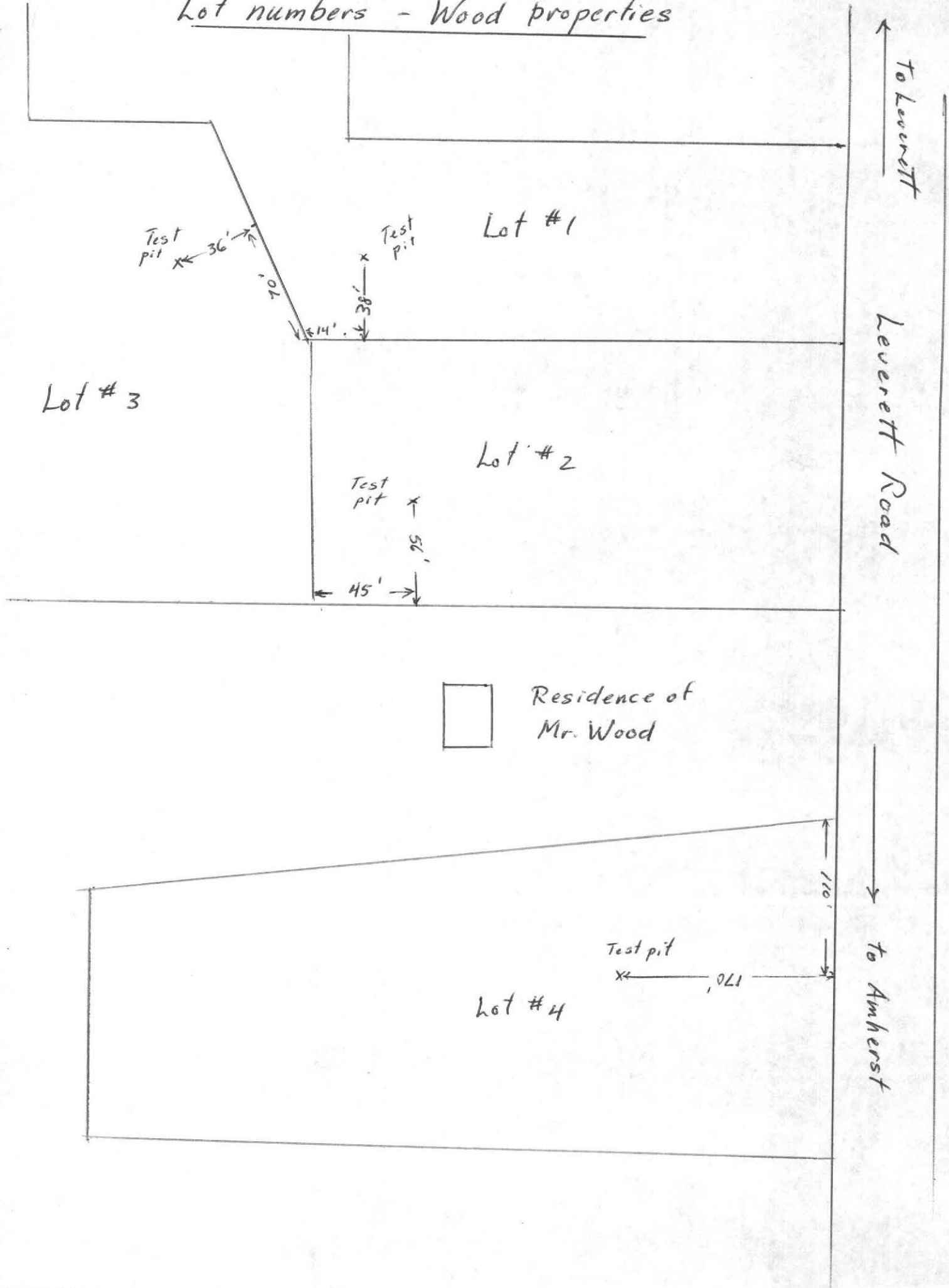
DATE Mar 5, 1974

LOCATION Leverett Road

OBSERVER FA. Filios

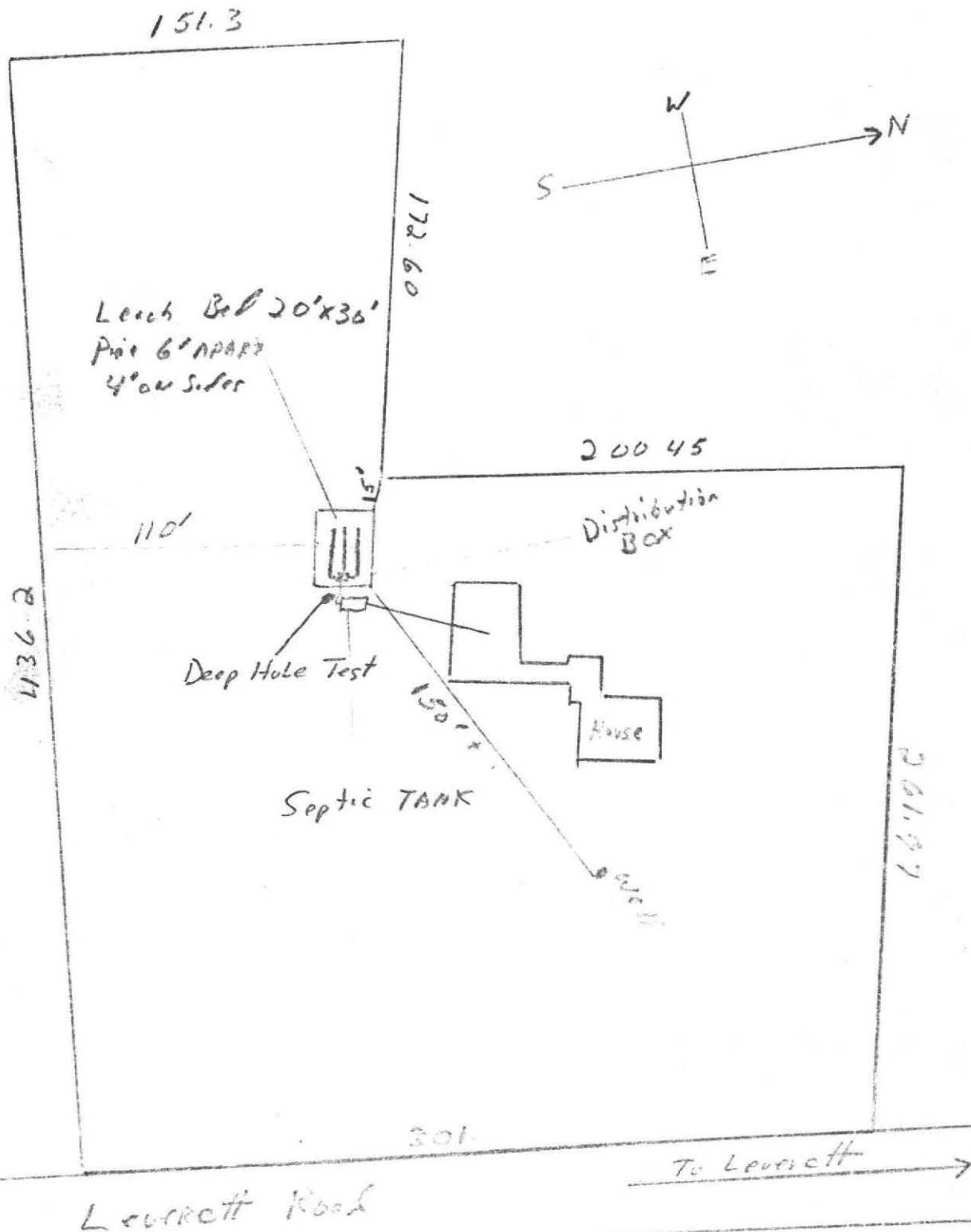


Lot numbers - Wood properties



PLAN SHOWING SEWAGE DISPOSAL

Jeffrey Wood
312 Leverett Road
Amherst MA.
APRIL 17, 1979
Scale 1" = 40'



584-1632

BOARD OF HEALTH

TOWN OF AMHERST, MASSACHUSETTS

312 LEVERETT RD

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

Owner JEFF WOOD Address 312 LEVERETT RD.

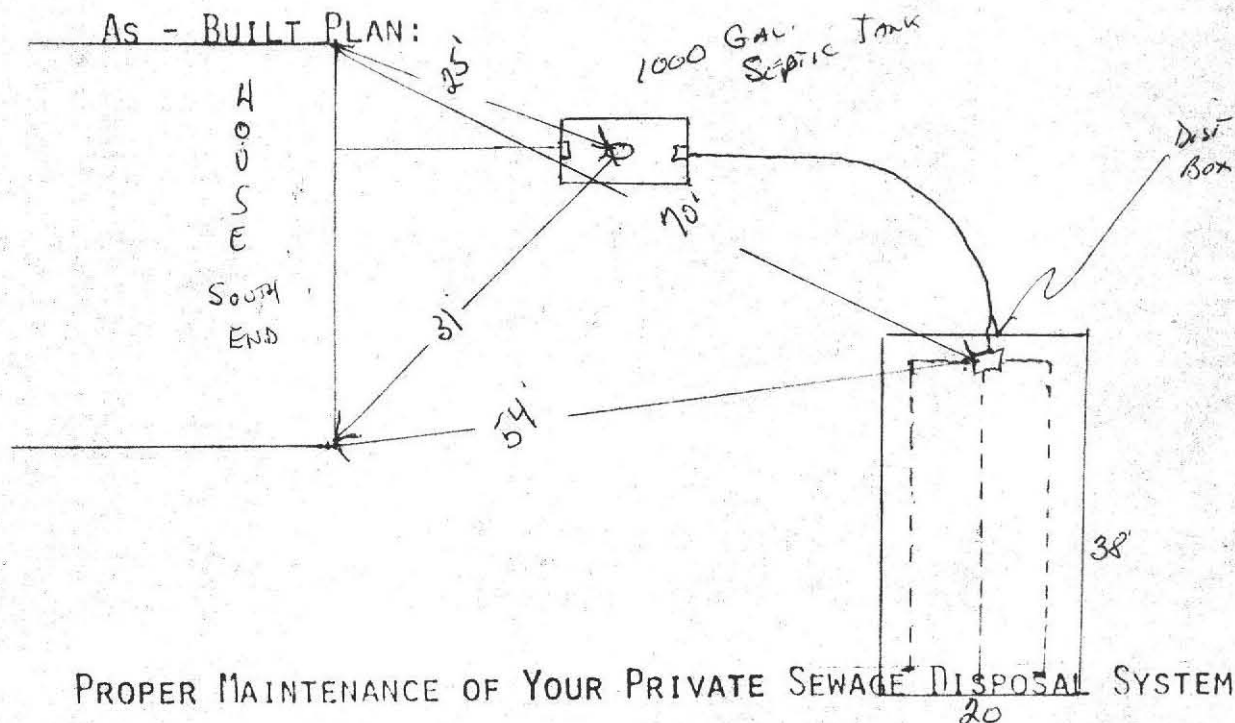
Installer KARLS E.C. Address RIVER DR., HAOLEY

Date Installation Inspected and Approved 6/20/79

Description of System: Tank Capacity: 1000

Leach Field () Bed (X) Seepage Pit () Square Feet: 800 ⁷⁶⁰

Garbage Grinder Yes () No (X) No. Bedrooms: 3 No. People 6



PROPER MAINTENANCE OF YOUR PRIVATE SEWAGE DISPOSAL SYSTEM

1. This system must be inspected periodically and the tank pumped out at an interval not to exceed 3 years.
2. For your protection sanitary pumpers are licensed by the Amherst Board of Health.
3. Regular pumping is crucial to avoid early failure and costly repairs of the system.
4. DO NOT dispose into the system such items as rags, string, sanitary napkins, coffee grounds as they can cause it to clog and fail.
5. Further information can be obtained by contacting your Health Department at 253-7077.

111

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

No. 74-23 Date 3/13/74 Fee \$3.00 Date Rec'd. 3/13/74 By DGF

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

System at:

Location—Address 312 Leverett Road or Lot No. Parcel C of ASSESSOR'S LOT # 5-62

Owner Jeffrey Wood Address 312 Leverett Road

Contractor _____ Address _____

Type of Building Dwelling Dimensions 25' x 35' Size Lot 9 Ac ±

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

Other _____ No. of persons _____ Showers ()

Other fixtures _____

Town Water? No Type of Well _____

Design Flow 50 gallons per person per day Total daily flow 300 gallons

Septic Tank—Liquid capacity 1000 gallons Dimensions: L _____ W _____ D _____

Disposal Trench—No. _____ Width 50" Total Length _____ Total leaching area 600 sq. ft. 1200

Disposal Bed—No. 1 Diameter 20' x 30' Depth below inlet 1' Total leaching area 800 sq. ft. MIN.

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

Other: Distribution box () No. _____ Dosing tank ()

(Depth of Soil Line Below finished grade at foundation _____)

Percolation Test Results Performed by Frederick Filios Soil Scientist Date Mar. 5, 1974

Test Pit No. 1 27 minutes per inch Depth of Test Pit 20-38"

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

Description of Soil See Profile #9 poor percolation Depth to Ground Water none

Will disposal area be filled? no Cut down? no

(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.

Application Approved by CE Drake Jeffrey Wood Owner or builder March 12, 1974 date 3-14-74 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 () or repaired () by _____ at _____ 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. _____

dated _____

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

DATE _____ Inspector _____

BOARD OF HEALTH, AMHERST, MASSACHUSETTS
DISPOSAL WORKS CONSTRUCTION PERMIT

No. 74-23
Permission is hereby granted Jeffrey Wood to construct (X) or repair () an Individual Sewage Disposal System at Parcel C off Leverett Rd.

as shown on the application for Disposal Works Construction Permit No. 74-23

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 3-14-74

CE Drake
Board of Health

TO : SAC, NEW YORK (100-100000)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible text follows, appearing to be a memorandum body with several paragraphs of text that is mostly illegible due to the quality of the scan.]

[Illegible signature]

[Illegible date]

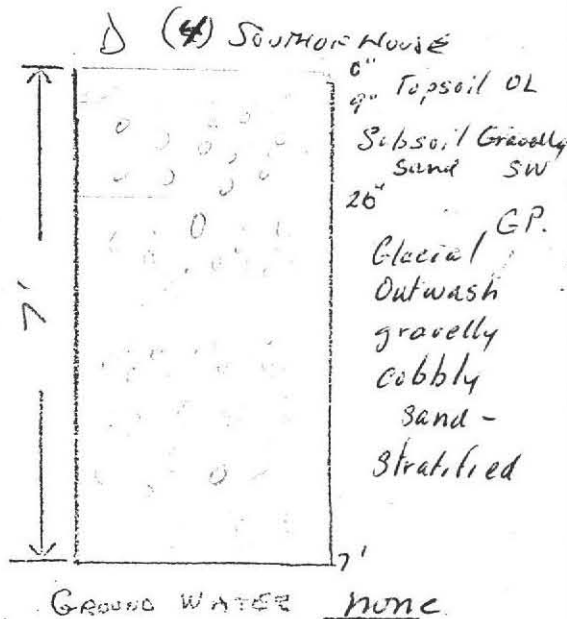
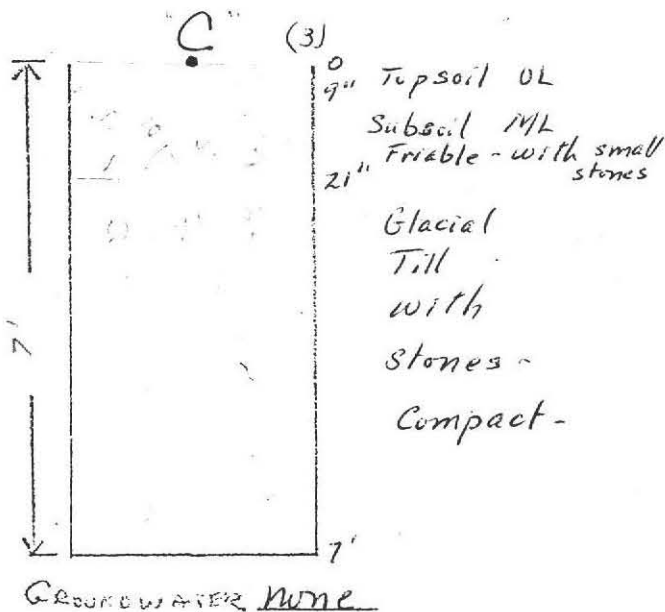
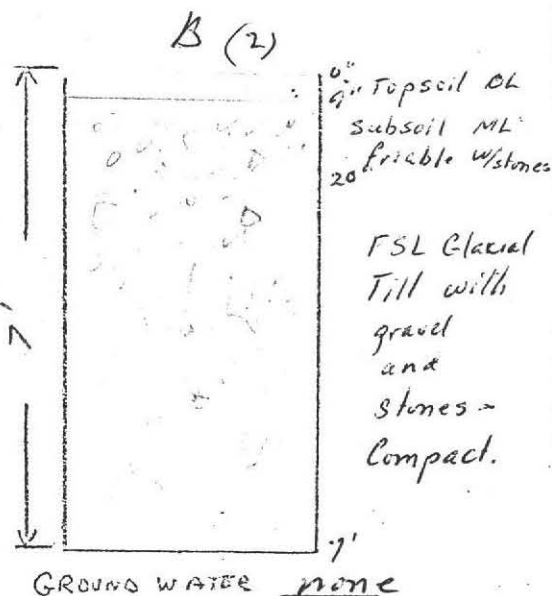
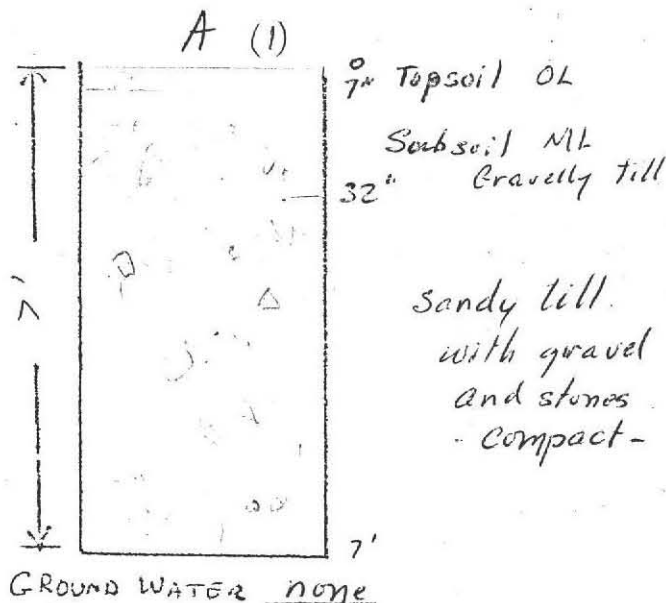
DEEP SOIL LOGS

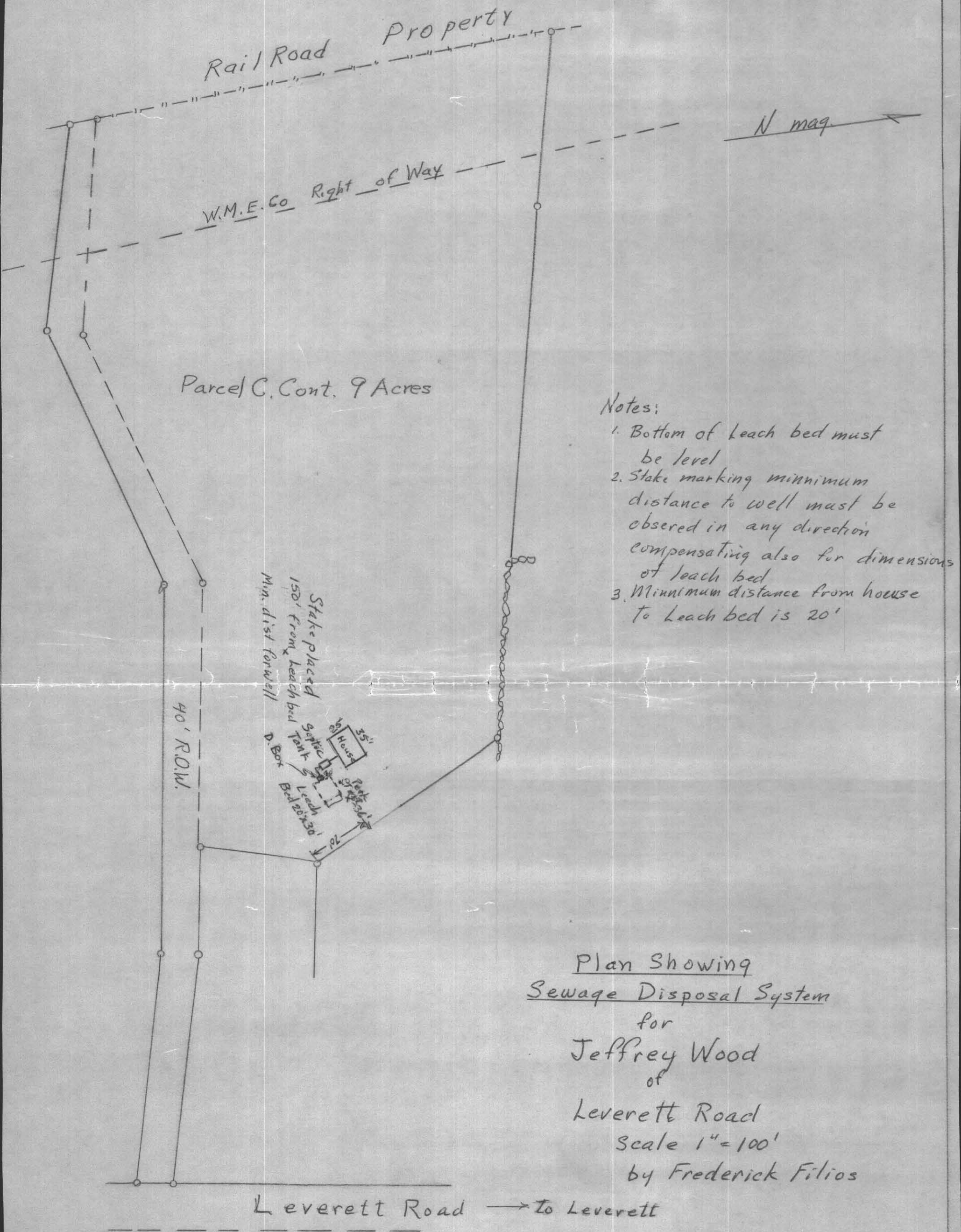
OWNER Mr. Jeff Wood

DATE Mar 5 1974

LOCATION Leverett Road

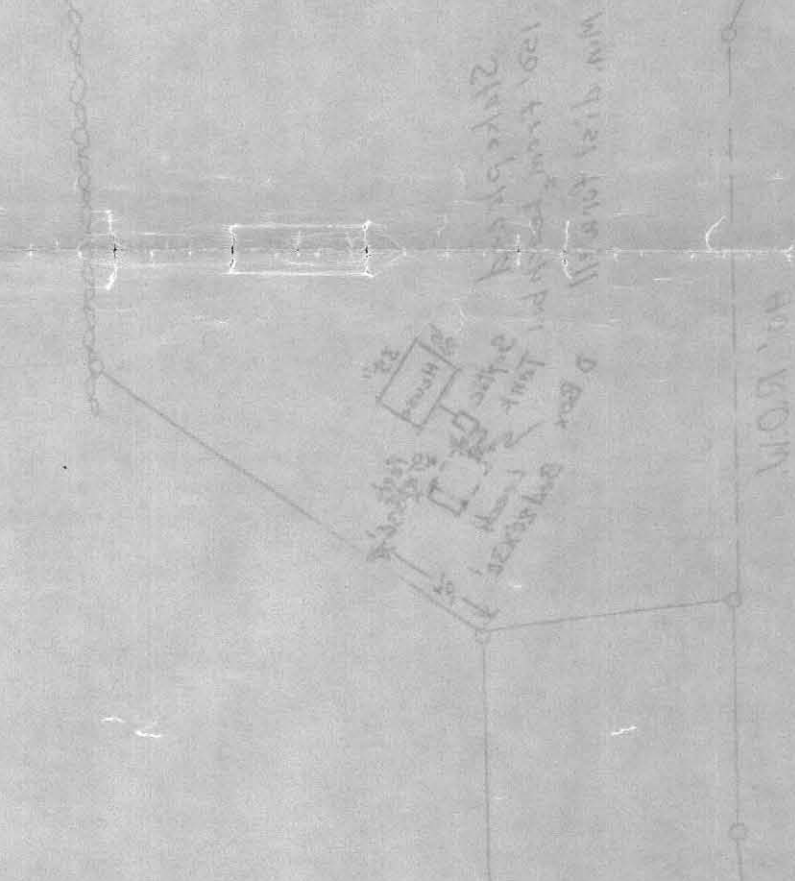
OBSERVER E.A. Filios





Plan Showing
 Sewage Disposal System
 for
 Jeffrey Wood
 of
 Leverett Road
 Scale 1" = 100'
 by Frederick Filios

Everett Road → to Everett
 by Frederick Filios
 Scale 1" = 100'
 Leverett Road
 of
 Jeffrey Wood
 for
 Sewage Disposal System
 Plan Showing



Parcel C, Cont. 9 Acres

Notes:

1. Bottom of leach bed must be level
2. State marking minimum distance to each must be observed in any direction
3. Minimum distance from house to leach bed is 20'

Property

Rail Road

W.M.F. Co. Right of Way

11 May