

323 Montague Road
Cherry Hill Golf Course



TYPE OR PRINT ONLY

Well Completion Report

1. WELL LOCATION GPS (Required) North 42° 25' 21.2 West 72° 31' 43.8

Address at Well Location: 325 Montague Rd Property Owner/Client: Town of Amherst Cherry Hill Golf Course
 Subdivision Name: _____ Mailing Address: 325 Montague Rd
 City/Town: Amherst, MA 01002 City/Town: Amherst, MA 01002
 Assessors Map _____ Assessors Lot #: _____ NOTE: Assessors Map and Lot # mandatory if no street address available
 Board of Health permit obtained: Yes Not Required Permit Number _____ Date Issued _____

2. WORK PERFORMED N W **3. WELL TYPE** I R B G **4. DRILLING METHOD** Overburden: A H Bedrock: A H **6. CASING**

From (ft)	To (ft)	Type	Thickness	Diameter
<u>+2</u>	<u>38</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>19"</u>	<u>6</u>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

5. WELL LOG

From (ft)	To (ft)	OVERBURDEN LITHOLOGY		Water Bearing Zone	Loss or Addition of Fluid	Drop in Drill Stem	Extra Fast or Slow Drill Rate
		Code	Color				
<u>0</u>	<u>3</u>	<u>SI</u>	<u>BG</u>		<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>
<u>3</u>	<u>20</u>	<u>CL</u>	<u>BG</u>		<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>
<u>20</u>	<u>28</u>	<u>SG</u>	<u>BR</u>		<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>

7. SCREEN

From (ft)	To (ft)	Type	Slot Size	Diameter
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>---</u>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>---</u>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<u>---</u>	

8. ANNULAR SEAL/FILTER PACK/ABANDONMENT MTL.

From (ft)	To (ft)	Material Description	Purpose
<u>0</u>	<u>5</u>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<u>5</u>	<u>38</u>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

WELL LOG

From (ft)	To (ft)	BEDROCK LITHOLOGY		Water Bearing Zone	Drop in Drill Stem	Extra Large Chips	Extra Fast or Slow Drill Rate	Visible Rust Staining	Loss or Addition of Fluid	# of Fractures per foot
		Code	Comment							
<u>28</u>	<u>100</u>	<u>GR</u>			<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
<u>100</u>	<u>200</u>	<u>GR</u>		<input checked="" type="checkbox"/>	<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
<u>200</u>	<u>300</u>	<u>GR</u>			<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
<u>300</u>	<u>700</u>	<u>GR</u>			<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
<u>700</u>	<u>502</u>	<u>GR</u>		<input checked="" type="checkbox"/>	<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	
					<u>Y/N</u>	<u>Y/N</u>	<u>F/S</u>	<u>Y/N</u>	<u>Y/N</u>	

9. SITE SKETCH

10. WELL TEST DATA (ALL SECTIONS MANDATORY FOR PRODUCTION WELLS)

Date	Method	Yield (GPM)	Time Pumped (hrs & min)	Pumping Level (Ft. BGS)	Time to Recover (hrs & min)	Recovery (Ft. BGS)
<u>8/10/11</u>	<u>Air</u>	<u>5 1/2</u>	<u>2:00</u>	<u>502</u>	<u>7:00</u>	<u>0</u>

11. STATIC WATER LEVEL (ALL WELLS)

Date Measured	Depth Below Ground Surface (ft)
<u>8/10/11</u>	<u>0</u>

12. PERMANENT PUMP (IF AVAILABLE)

Pump Description: Horsepower: _____
 Pump Intake Depth: _____ (ft) Nominal Pump Capacity: _____ (gpm)

13. ADDITIONAL WELL INFORMATION

Developed Fracture Enhancement
 Disinfected Surface Seal Type

14. COMMENTS No Pump at Present Total Well Depth 502 Depth to Bedrock 28

15. WELL DRILLER'S STATEMENT This well was drilled, altered, 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: Mike Sanders Supervising Driller Signature: [Signature] Registration #: 55011

Firm: L. G. CUSHING & SONS, INC. Date Complete: 9/13/11 Rig Permit #: 100631

Well Completion Report Codes

Section 2

Work Performed	Work Performed Code
Decommission	DC
Deepen	DP
Hydrofracture	HF
New Well	NW
Repair	RP
Replacement	RE

Section 3

Well Type	Well Type Code
Cathodic Protection	CTPR
Domestic	DMST
Geoconstruction	GCON
Geothermal Closed Loop	GTCL
Geothermal Open Loop	GTOL
Industrial	INDS
Injection	INJC
Irrigation	IRRG
Monitoring	MONT
Public Water Supply	PBWS
Recovery	RCVR
Test Wells	TSTW

Section 4

Drilling Method	Drilling Method Code
Air Hammer	AH
Air Rotary	AR
Auger	AG
Cable Tool	CT
Casing Advancement	CA
Core	CR
Direct Push	DP
Drive and Wash	DW
Dug	DG
Mud Rotary	MR
Reverse Rotary	RR
Sonic	SN

Section 5

Overburden Lithology Name	Overburden (OB) Code	Overburden Color	Overburden Color Code	Bedrock Name	Bedrock (BR Code)
Artificial Fill	AF	Black	BL	Amphibolite	AM
Boulders	B	Bluish Gray	BG	Basalt	BS
Clay	CL	Brown	BR	Conglomerate/Breccia	CG/BR
Coarse Sand	CS	Dark Gray	DG	Diorite	DI
Cobbles	C	Greenish Gray	GG	Gabbro	GB
Fine Sand	FS	Light Gray	LG	Gneiss	GN
Fine to Coarse Sand	FCS	Reddish Brown	RB	Granite	GR
Gravel	G	Yellowish Brown	YB	Limestone	LS
Medium Sand	MS			Marble	MA
Organics	O			Quartzite	QZ
Sand & Gravel	SG			Rhyolite	RH
Silt	SI			Sandstone	SS
Silty Clay	SICL			Schist	SC
Silty Sand	SIS			Shale	SH
Silty Sand & Gravel	SISG			Slate/Phyllite	SL/PH
Till	T			Pegmatite	PM

Section 6

Casing Type	Casing Type Code	Thickness	Thickness (NO CODE)
Certa-Lok	CTL	Schedule 5	
Fiberglass	FBG	Schedule 10	
Galvanized Pipe	GLP	Schedule 40	
HDPE	HDP	Schedule 80	
NSF Coated Steel	NCS	Schedule 160	
PVC	PVC	SDR 13.5	
Stainless Steel	SST	SDR 17	
Steel	STL	SDR 21	
		SDR 26	
		SDR 32.5	
		SDR 40	
		17#	
		19#	

Section 7

Screen Type	Screen Code
Carbon Steel	CST
Continuous Wire PVC	CWP
Galvanized Wire Wrapped	GWW
Perforated Pipe	PPF
Pre-pack PVC	PPP
Pre-pack Stainless	PPS
Slotted PVC	SLP
Stainless Steel Vee Wire	SSV
Stainless Steel Well Point	SSP

Section 8

Annular Seal/Filter Pack/Abandonment	Annular Seal/Filter Pack/Abandonment Material Code	Purpose	Purpose Code
Bentonite Chips/Pellets	BC	Fill	FL
Bentonite Grout	BG	Filter	FT
Cement/Bentonite Grout	CB	Seal	AS
Concrete	CT		
Sand	SD		
Native Material	NM		

Section 10

Method	Method Code
Air Blow with Drill Stem	AB
Air Lift	AL
Bailing	BL
Constant Rate Pump	CR
Variable Rate Pump	VR
Slug	SG

Section 12

Pump Description	Pump Description Code	Horsepower
3 Wire Variable Speed Submersible	3WVS	1/2 20
2 Wire Variable Speed Submersible	2WVS	3/4 25
2 Wire Constant Speed Submersible	2WSS	1 30
3 Wire Constant Speed Submersible	3WSS	1 1/2 40
Constant Speed Submersible Turbine	CSST	2 50
Variable Speed Submersible Turbine	VSST	3 60
Jet	JET	5 75
Line Shaft Turbine	LST	7 1/2 100
Centrifugal	GENT	10 125
		15 150
		20 200

Section 13

Surface Seal Type	Well Seal Type Code
Cement	CM
Cement/Bentonite	CB
Concrete	CT
None	NO

This was approved
by the BOH. Not
sure what permit it
should be assigned.
I thought there was
a running list on the
S drive, but I can't
find it.

Pam

Sadler, Pam Field

From: Federman, Julie
Sent: Thursday, August 19, 2010 12:13 PM
To: Sadler, Pam Field
Subject: FW: SMOKING DISCLOSURE DRAFT
Attachments: 8p#\$01!.DOC

Follow Up Flag: Follow up
Flag Status: Flagged

Julie Federman RN

Health Director
Amherst Health Department
70 Boltwood Walk
Amherst MA, 01002
(413)-259-3101
federmanj@amherstma.gov

From: Brian J. Winner [mailto:BWinner@k-plaw.com]
Sent: Thursday, August 19, 2010 12:04 PM
To: Federman, Julie
Cc: Joel Bard
Subject: RE: SMOKING DISCLOSURE DRAFT

Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK,
AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX

APPLICATION FOR A WELL CONSTRUCTION PERMIT

I hereby petition the Board of Health of the Town of Amherst for a Well Construction Permit (WCP) to install a private well in the Town of Amherst. **ATTACHED IS A PLAN SHOWING THE PROPOSED LOCATION OF THE WELL (WITH ORIGINAL DATE, STAMP AND SIGNATURE OF AN ENGINEER, REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) AND ALL OTHER REQUIREMENTS OF THE AMHERST BOARD OF HEALTH REGULATIONS FOR PRIVATE WELLS.**

- Address of Property: CHERRY HILL GOLF COURSE, 323 MONTAGUE RD., AMHERST, MA
- Assessor of Parcel Number: UNKNOWN
- Name of Owner: TOWN OF AMHERST Telephone Number: BARBARA BILZ 413-259-3138
Address of Owner: C/O LSSE, 70 BOLTWOOD WALK, AMHERST, MA 01002
- Name of Well Driller: CUSHING & SONS Reg. # 558
(Must be registered with Massachusetts Water Resources Commission)
- Purpose of Well: *Drinking () Agricultural Only () Ground Source Heat Pump ()
\$100.00 \$50.00 \$50.00

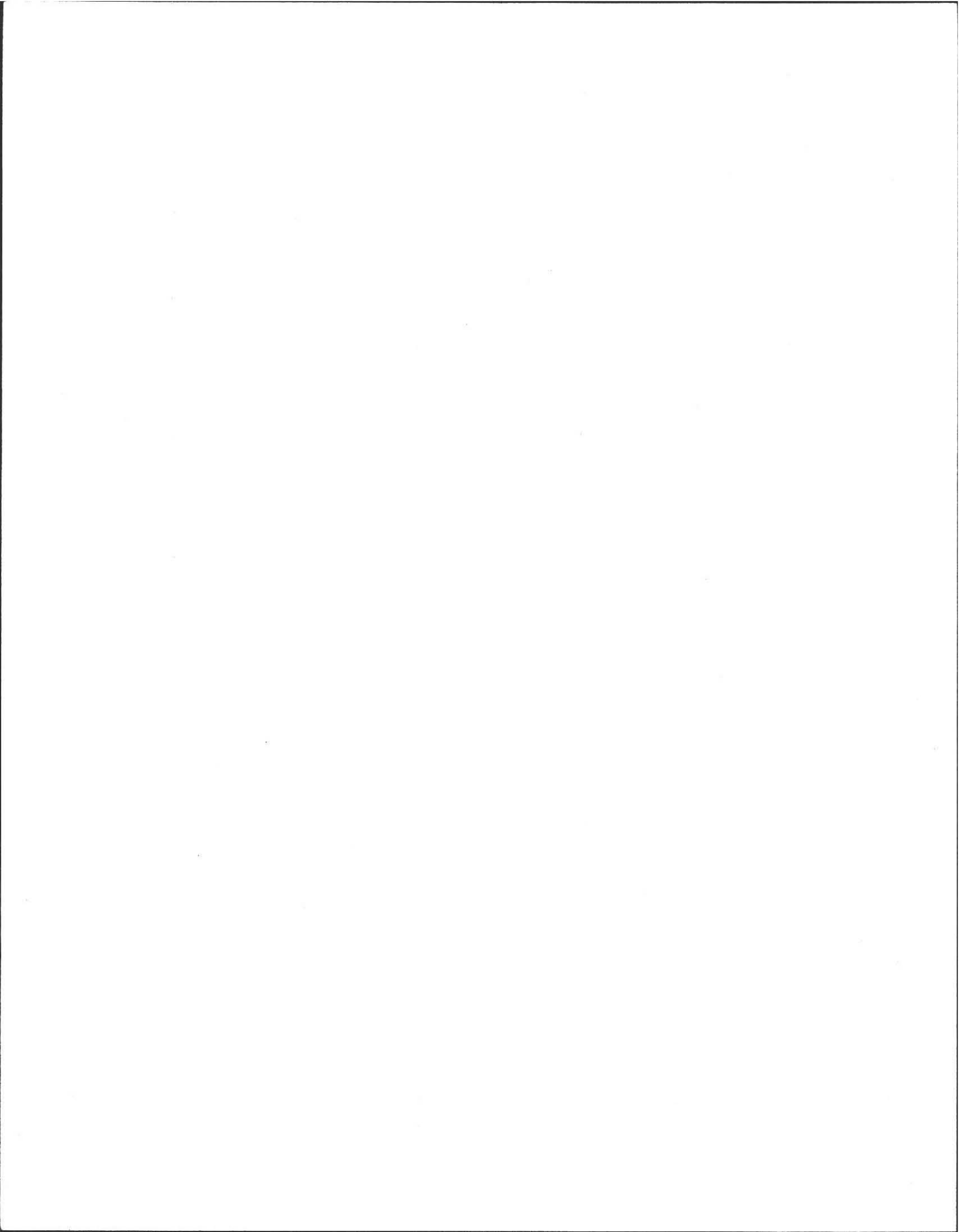
The undersigned acknowledges that he must, before commencing construction or use of the system which is the matter of this application, secure any and all other permits which may be required by the laws of the Town of Amherst and the Commonwealth of Massachusetts, and agree to abide by all regulations of the Town of Amherst and the Commonwealth of Massachusetts concerning private wells.

The undersigned also understands that if a private well is to be used for drinking purposes, a **BUILDING PERMIT** affecting the structure the well is to serves **WILL NOT BE ISSUED UNTIL A** Water Supply Certificate has been granted by the Amherst Board of Health.

Name of Applicant: BARBARA BILZ

Applicant Signature: *Barbara Bilz* Date: 6-27-11

For Office Use Only	
<input checked="" type="checkbox"/> Permit Issued By: <u>Amherst Board of Health</u>	<input type="checkbox"/> Permit Denied By: _____
PERMIT NUMBER: _____	REASON: _____
DATE ISSUED: <u>7-28-11</u>	DATE DENIED: _____
Inspected By: _____	Fee Paid: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Amount <u>\$50.00</u>
Inspection Date: _____	Cash/Check# <u>00175477</u>
	Date of Payment <u>7-8-11</u>





Cherry Hill Golf Course – Well for Irrigation

To whom it may concern:

I have assisted in spotting the well site at Cherry Hill Golf Course. The well is going to be in an area of the golf course where it appears that there are no contaminating factors for 200' around the well site to include:

Buried fuel storage tanks

Leach fields

Buildings

Roadways / cart paths

There is an above ground fuel storage tank which I understand will be moved

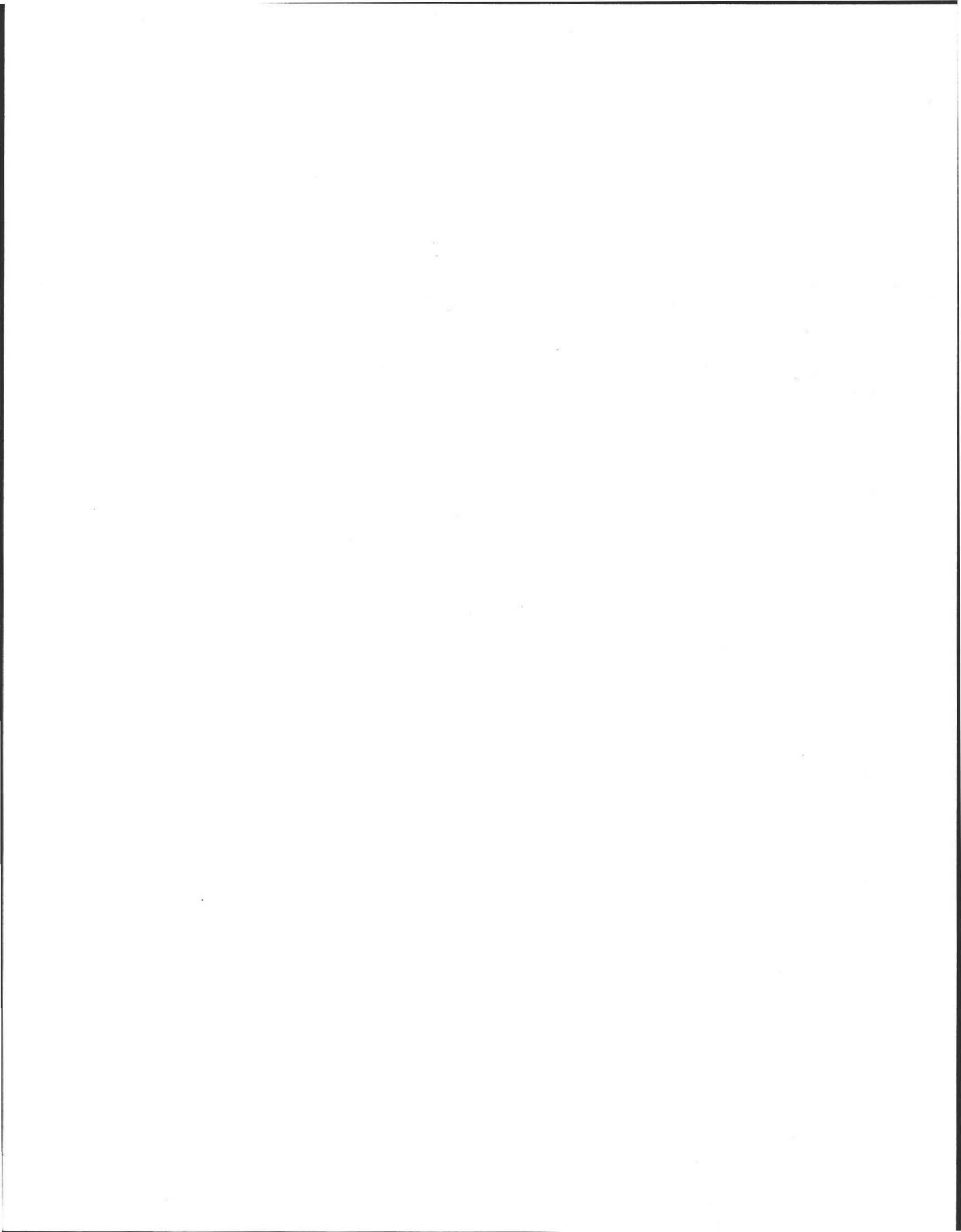
There is a pond 150'+/- is used for irrigation but the well is above grade of said pond.

The well is planned to be used for just irrigation and irrigation only

There is a well stake on site for your inspection if necessary

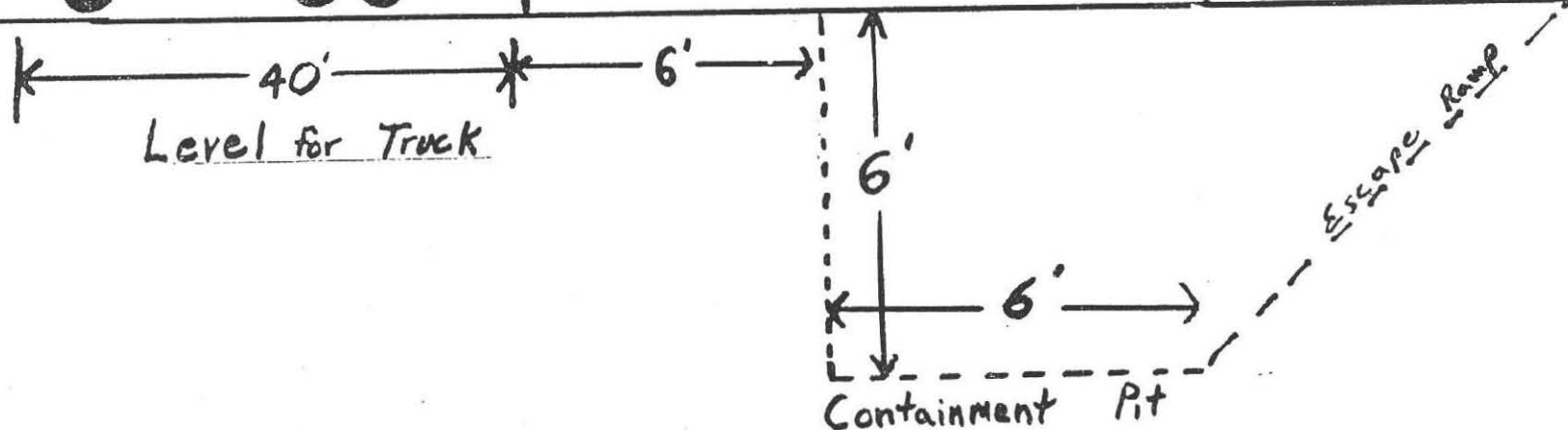
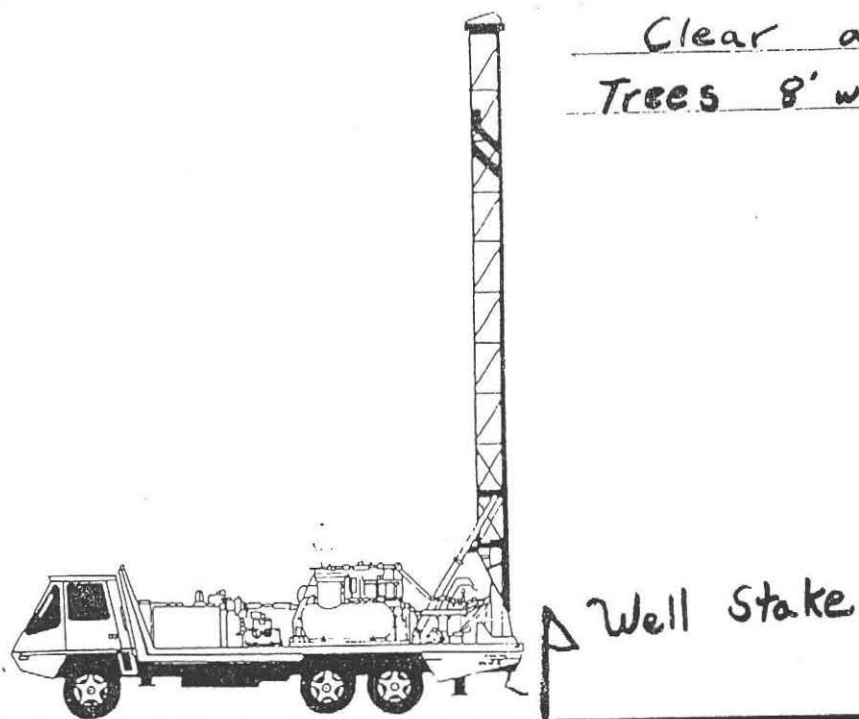
I can be reached by cell (603) 313-9975 if there are any questions

Sincerely, Rich Chevalier Project Manager for Cushing & Sons Water Wells



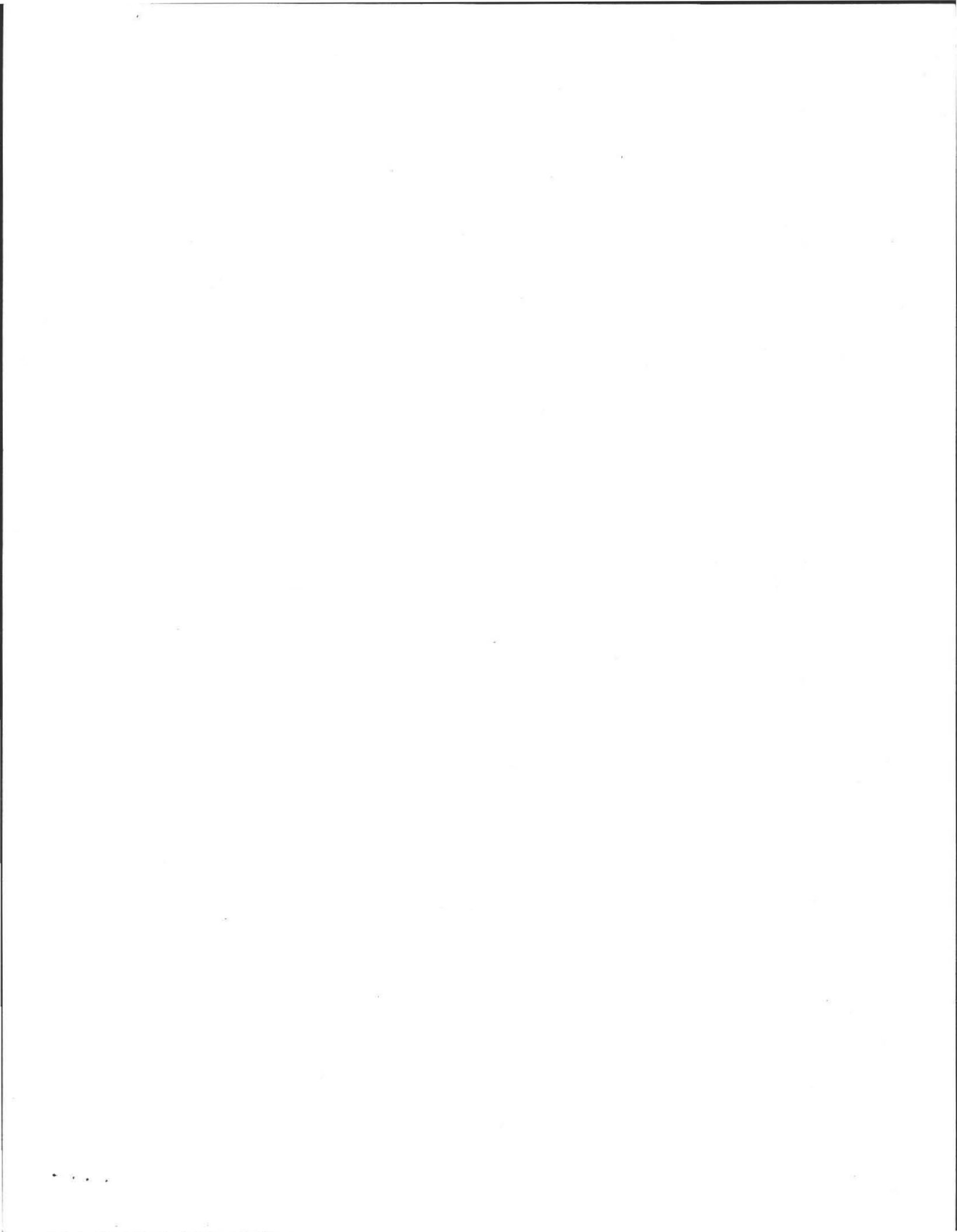
Water Well Site Preparation/Placement

Clear above for tower 40' high
Trees 8' wide, Wires 20' off stake center



Larry G. Cushing & Sons, Inc.
(603) 352-8866 / Rte.12, Keene, N.H. 03431
(802) 254-4850 / Brattleboro, VT.
Fax: (603) 357-8572
Cell: (603) 313-9975 Res:(603) 357-9396
1-800-831-8883

Rich Chevalier

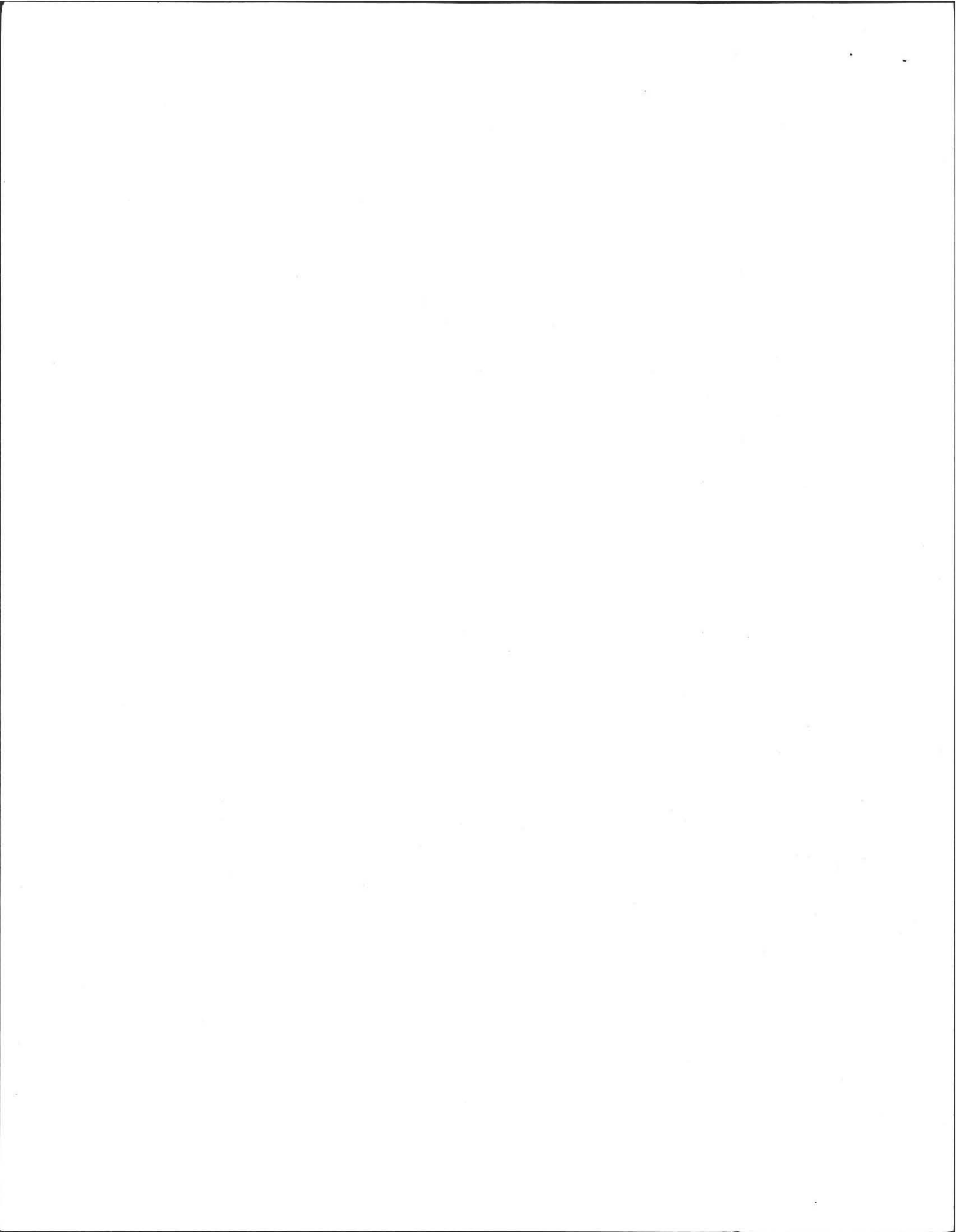




Cherry Hill
Golf Course

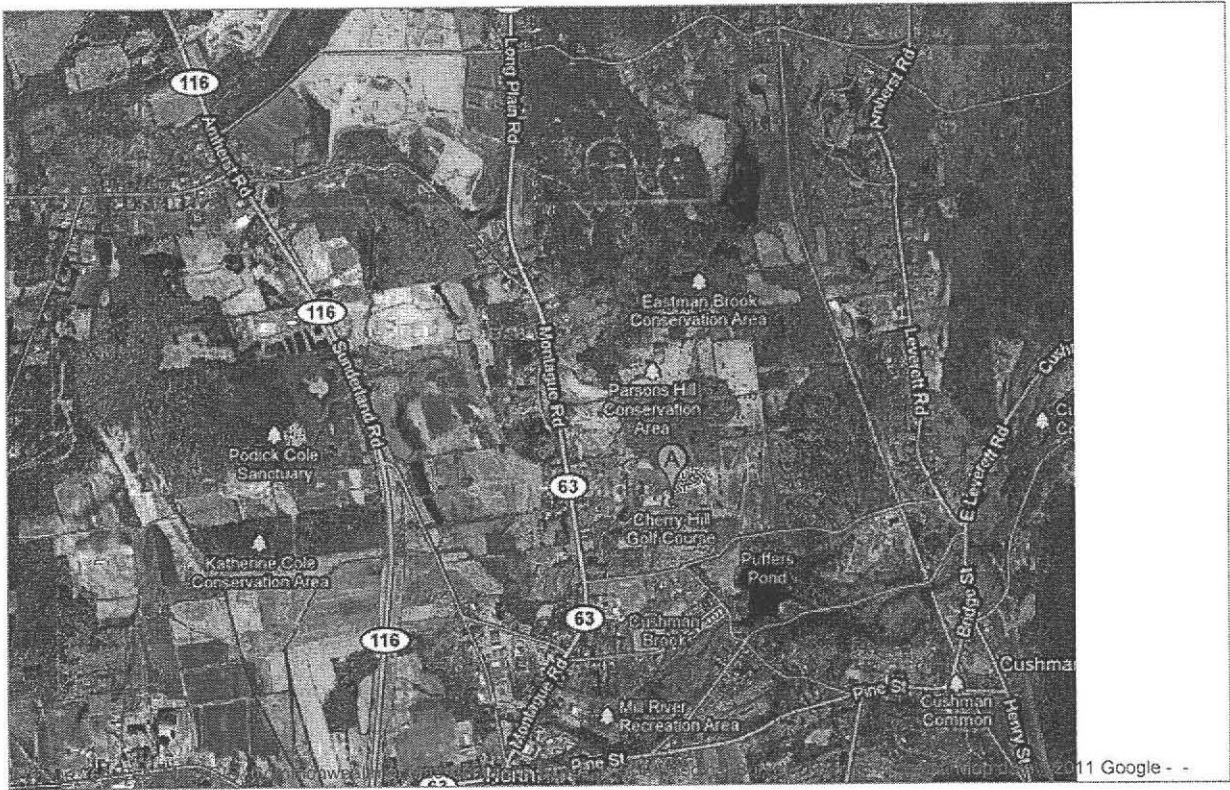


0-0-1

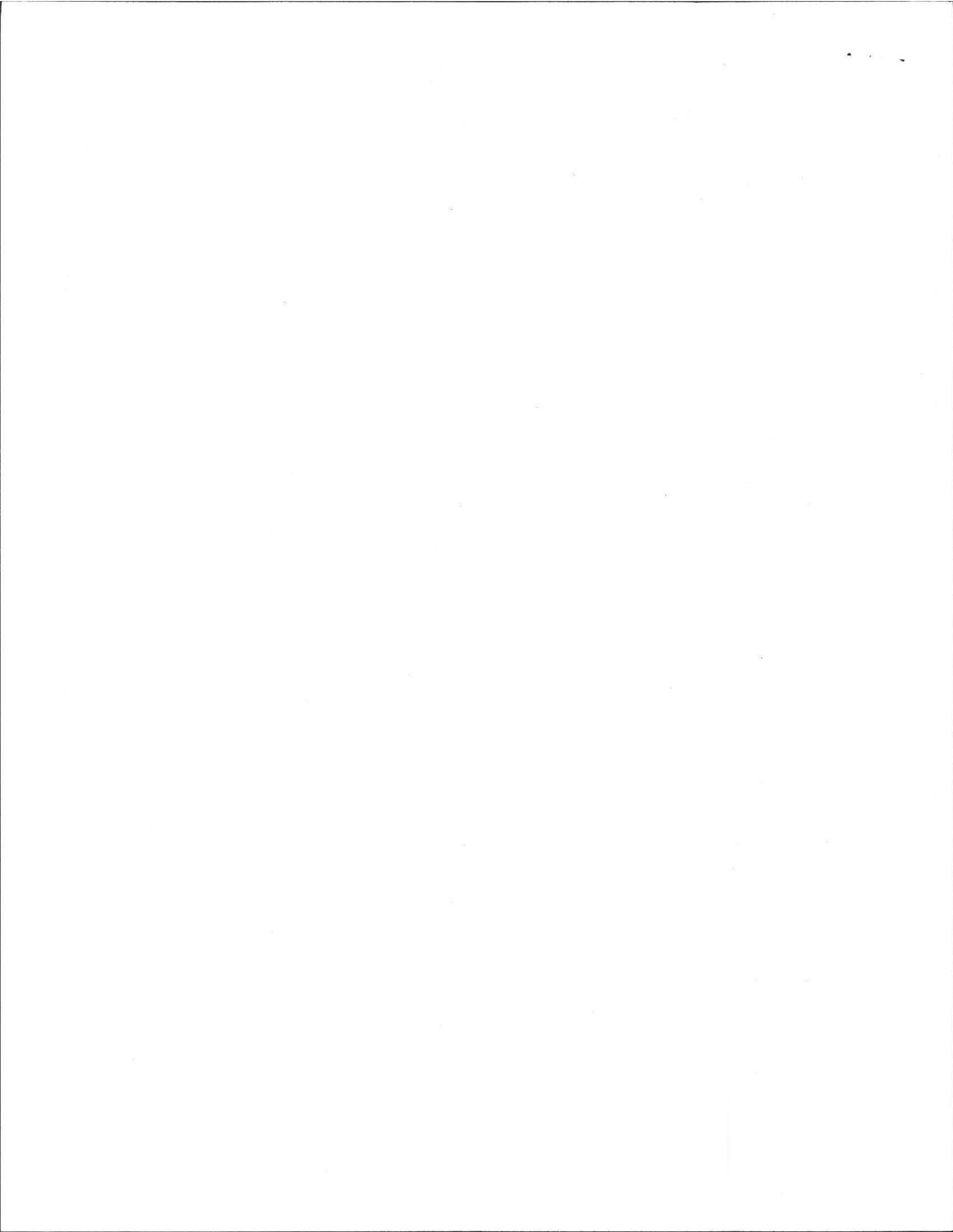


Google maps

To see all the details that are visible on the screen, use the "Print" link next to the map.



Report a problem





DEPARTMENT OF ENVIRONMENTAL PROTECTION

MASSACHUSETTS WELL DRILLERS CERTIFICATE

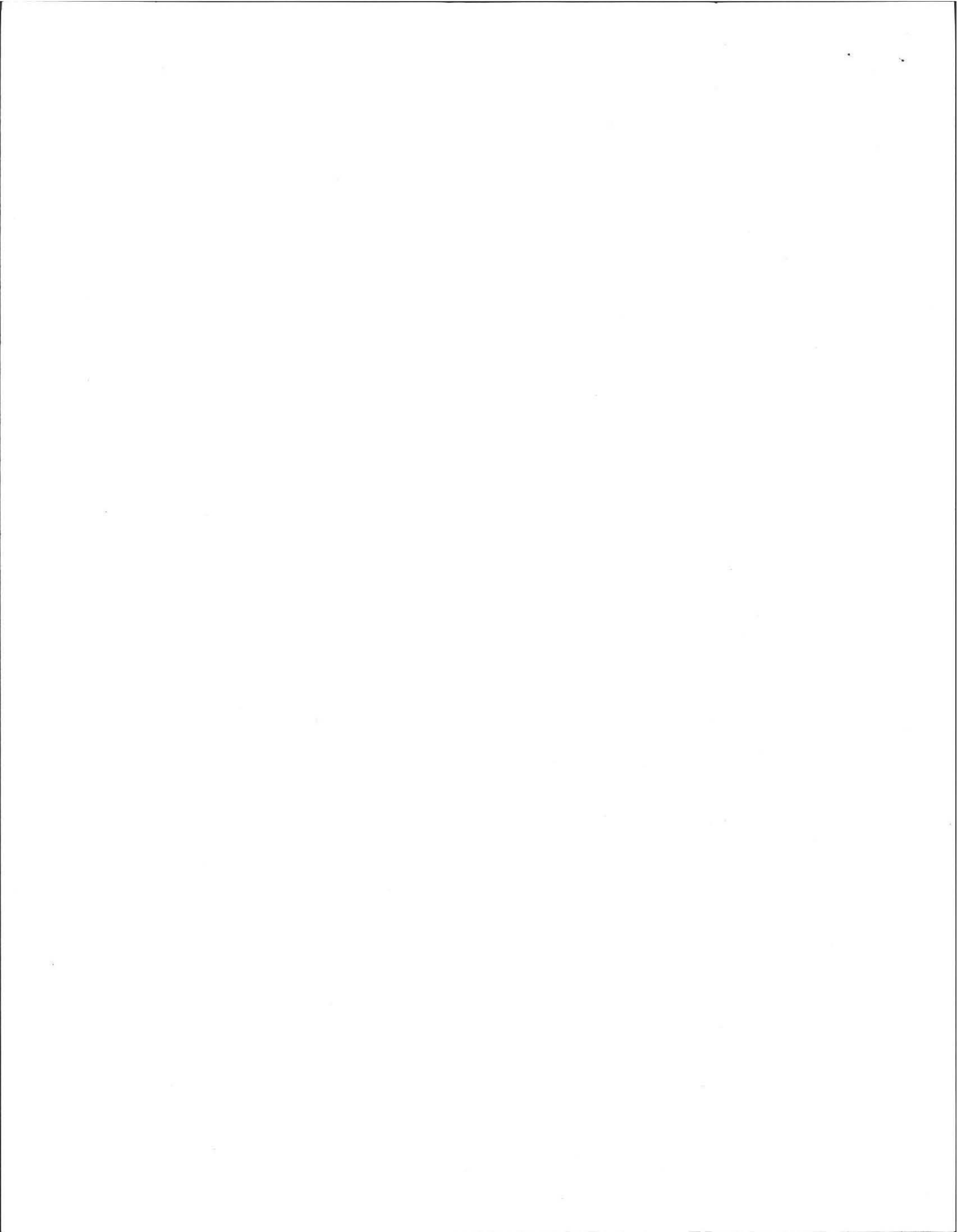
Pursuant to the provisions of
Massachusetts General Laws Chapter 21G Section 20
Expires Dec 31, 2011

Bart Cushing #558

is authorized to dig or drill all types of wells
in the Commonwealth of Massachusetts during the period

Ann Conroy

Commissioner / Designee



Town of



AMHERST

Massachusetts

AMHERST HEALTH DEPARTMENT, 70 BOLTWOOD WALK, AMHERST, MA 01002
(413) 259-3077 (413) 259-2404 - FAX Environmental Health Division (413) 259-3078

July 28, 2011

RE: Cherry Hill Golf Course; 323 Montague Road, Amherst, MA. 01002

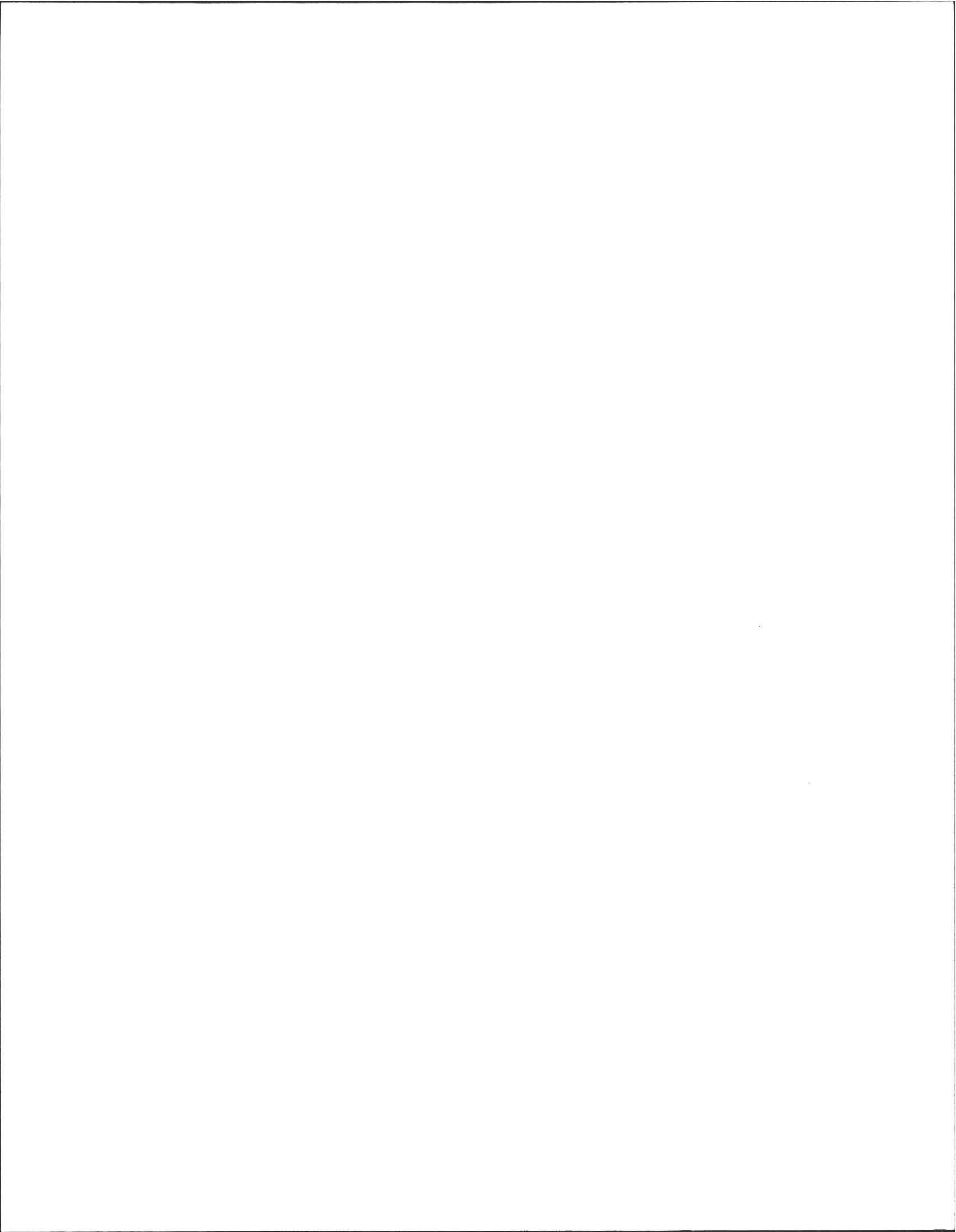
Dear Amherst Board of Health:

I have reviewed the plan for the installation of the irrigation well at Cherry Hill Golf Course located at 323 Montague Road currently owned by Town of Amherst. In my opinion the proposed well plan design meets the requirements of the Amherst Board of Health Regulations for Private Wells as adopted on October 30, 2008, with amendments effective on March 15, 2011.

Both Julie Federman and I visited the site with Barbara Billz of Town of Amherst Leisure Services and Supplemental Education on Friday, July 22, 2011. We observed an above ground fuel storage tank within 200 feet of the proposed well location. In regards to that, we were informed that Amherst Department of Conversation and Massachusetts Department of Environmental Protection have addressed that in their attached report.

Respectfully submitted by,

Javeria Mir
Sanitarian





Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Determination (cont.)

The following Determination(s) is/are applicable to the proposed site and/or project relative to the Wetlands Protection Act and regulations:

Positive Determination

Note: No work within the jurisdiction of the Wetlands Protection Act may proceed until a final Order of Conditions (issued following submittal of a Notice of Intent or Abbreviated Notice of Intent) or Order of Resource Area Delineation (issued following submittal of Simplified Review ANRAD) has been received from the issuing authority (i.e., Conservation Commission or the Department of Environmental Protection).

1. The area described on the referenced plan(s) is an area subject to protection under the Act. Removing, filling, dredging, or altering of the area requires the filing of a Notice of Intent.
- 2a. The boundary delineations of the following resource areas described on the referenced plan(s) are confirmed as accurate. Therefore, the resource area boundaries confirmed in this Determination are binding as to all decisions rendered pursuant to the Wetlands Protection Act and its regulations regarding such boundaries for as long as this Determination is valid.
- _____
- _____
- _____

- 2b. The boundaries of resource areas listed below are not confirmed by this Determination, regardless of whether such boundaries are contained on the plans attached to this Determination or to the Request for Determination.
- _____
- _____
- _____

3. The work described on referenced plan(s) and document(s) is within an area subject to protection under the Act and will remove, fill, dredge, or alter that area. Therefore, said work requires the filing of a Notice of Intent.
4. The work described on referenced plan(s) and document(s) is within the Buffer Zone and will alter an Area subject to protection under the Act. Therefore, said work requires the filing of a Notice of Intent or ANRAD Simplified Review (if work is limited to the Buffer Zone).

5. The area and/or work described on referenced plan(s) and document(s) is subject to review and approval by:

Town of Amherst

Name of Municipality

Pursuant to the following municipal wetland ordinance or bylaw:

Town of Amherst Wetlands Protection Bylaw

Name

Ordinance or Bylaw Citation



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

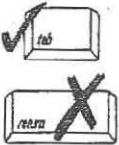
WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40
& THE TOWN OF AMHERST WETLANDS PROTECTION BYLAW

File copy
RFD10-1205
M6706

A. General Information

Important:
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



From:

Amherst
Conservation Commission

To: Applicant

Town of Amherst Leisure Services (John Coelho)
Name
70 Boltwood Walk
Mailing Address
Amherst MA 01002
City/Town State Zip Code

Property Owner (if different from applicant):

Name

Mailing Address

City/Town State Zip Code

1. Title and Date (or Revised Date if applicable) of Final Plans and Other Documents:

<u>Untitled Sketch</u>	_____
Title	Date
<u>untitled GIS map</u>	_____
Title	Date
_____	_____
Title	Date

2. Date Request Filed:

August 25, 2010

B. Determination

Pursuant to the authority of M.G.L. c. 131, § 40, the Conservation Commission considered your Request for Determination of Applicability, with its supporting documentation, and made the following Determination.

Project Description (if applicable):

Installation of a well, electrical connection to an existing pumphouse and outlet pipe installation within the riverfront resource area and buffer zone of bordering vegetated wetlands.

Project Location:

323 Montague Road
Street Address
2D
Assessors Map/Plat Number

Amherst
City/Town
2
Parcel/Lot Number



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Determination (cont.)

5. The area described in the Request is subject to protection under the Act. Since the work described therein meets the requirements for the following exemption, as specified in the Act and the regulations, no Notice of Intent is required:

Exempt Activity (site applicable statutory/regulatory provisions)

6. The area and/or work described in the Request is not subject to review and approval by:

Name of Municipality

Pursuant to a municipal wetlands ordinance or bylaw.

Name

Ordinance or Bylaw Citation

C. Authorization

This Determination is issued to the applicant and delivered as follows:

by hand delivery on

by certified mail, return receipt requested on

Date September 10, 2010

Date

This Determination is valid for **three years** from the date of issuance (except Determinations for Vegetation Management Plans which are valid for the duration of the Plan). This Determination does not relieve the applicant from complying with all other applicable federal, state, or local statutes, ordinances, bylaws, or regulations.

This Determination must be signed by a majority of the Conservation Commission. A copy must be sent to the appropriate DEP Regional Office (see Attachment) and the property owner (if different from the applicant).

Signatures:

Barbara Agos
Sarah W.
David E. Brennan
Christina H.

Harvey D. Allen
Todd G. Allen
Jim Hill

September 8, 2010

Date



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

B. Determination (cont.)

6. The following area and/or work, if any, is subject to a municipal ordinance or bylaw but not subject to the Massachusetts Wetlands Protection Act:
-
-

7. If a Notice of Intent is filed for the work in the Riverfront Area described on referenced plan(s) and document(s), which includes all or part of the work described in the Request, the applicant must consider the following alternatives. (Refer to the wetland regulations at 10.58(4)c. for more information about the scope of alternatives requirements):

- Alternatives limited to the lot on which the project is located.
- Alternatives limited to the lot on which the project is located, the subdivided lots, and any adjacent lots formerly or presently owned by the same owner.
- Alternatives limited to the original parcel on which the project is located, the subdivided parcels, any adjacent parcels, and any other land which can reasonably be obtained within the municipality.
- Alternatives extend to any sites which can reasonably be obtained within the appropriate region of the state.

Negative Determination

Note: No further action under the Wetlands Protection Act is required by the applicant. However, if the Department is requested to issue a Superseding Determination of Applicability, work may not proceed on this project unless the Department fails to act on such request within 35 days of the date the request is post-marked for certified mail or hand delivered to the Department. Work may then proceed at the owner's risk only upon notice to the Department and to the Conservation Commission. Requirements for requests for Superseding Determinations are listed at the end of this document.

1. The area described in the Request is not an area subject to protection under the Act or the Buffer Zone.
2. The work described in the Request is within an area subject to protection under the Act, but will not remove, fill, dredge, or alter that area. Therefore, said work does not require the filing of a Notice of Intent.
3. The work described in the Request is within the Buffer Zone, as defined in the regulations, but will not alter an Area subject to protection under the Act. Therefore, said work does not require the filing of a Notice of Intent, subject to the following conditions (if any).
-
-

4. The work described in the Request is not within an Area subject to protection under the Act (including the Buffer Zone). Therefore, said work does not require the filing of a Notice of Intent, unless and until said work alters an Area subject to protection under the Act.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 2 – Determination of Applicability

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

D. Appeals

The applicant, owner, any person aggrieved by this Determination, any owner of land abutting the land upon which the proposed work is to be done, or any ten residents of the city or town in which such land is located, are hereby notified of their right to request the appropriate Department of Environmental Protection Regional Office (see Attachment) to issue a Superseding Determination of Applicability. The request must be made by certified mail or hand delivery to the Department, with the appropriate filing fee and Fee Transmittal Form (see Request for Departmental Action Fee Transmittal Form) as provided in 310 CMR 10.03(7) within ten business days from the date of issuance of this Determination. A copy of the request shall at the same time be sent by certified mail or hand delivery to the Conservation Commission and to the applicant if he/she is not the appellant. The request shall state clearly and concisely the objections to the Determination which is being appealed. To the extent that the Determination is based on a municipal ordinance or bylaw and not on the Massachusetts Wetlands Protection Act or regulations, the Department of Environmental Protection has no appellate jurisdiction.



PERMITS/INSP PAYMENT RECPT#: 12002128
TOWN OF AMHERST
TOWN HALL
4 BOLTWOOD AVENUE
AMHERST MA 01002

DATE: 07/08/11 TIME: 10:56
CLERK: publichea DEPT:

PAID BY: TOWN OF AMHERST
PAYMENT METH: CHECK 00175477

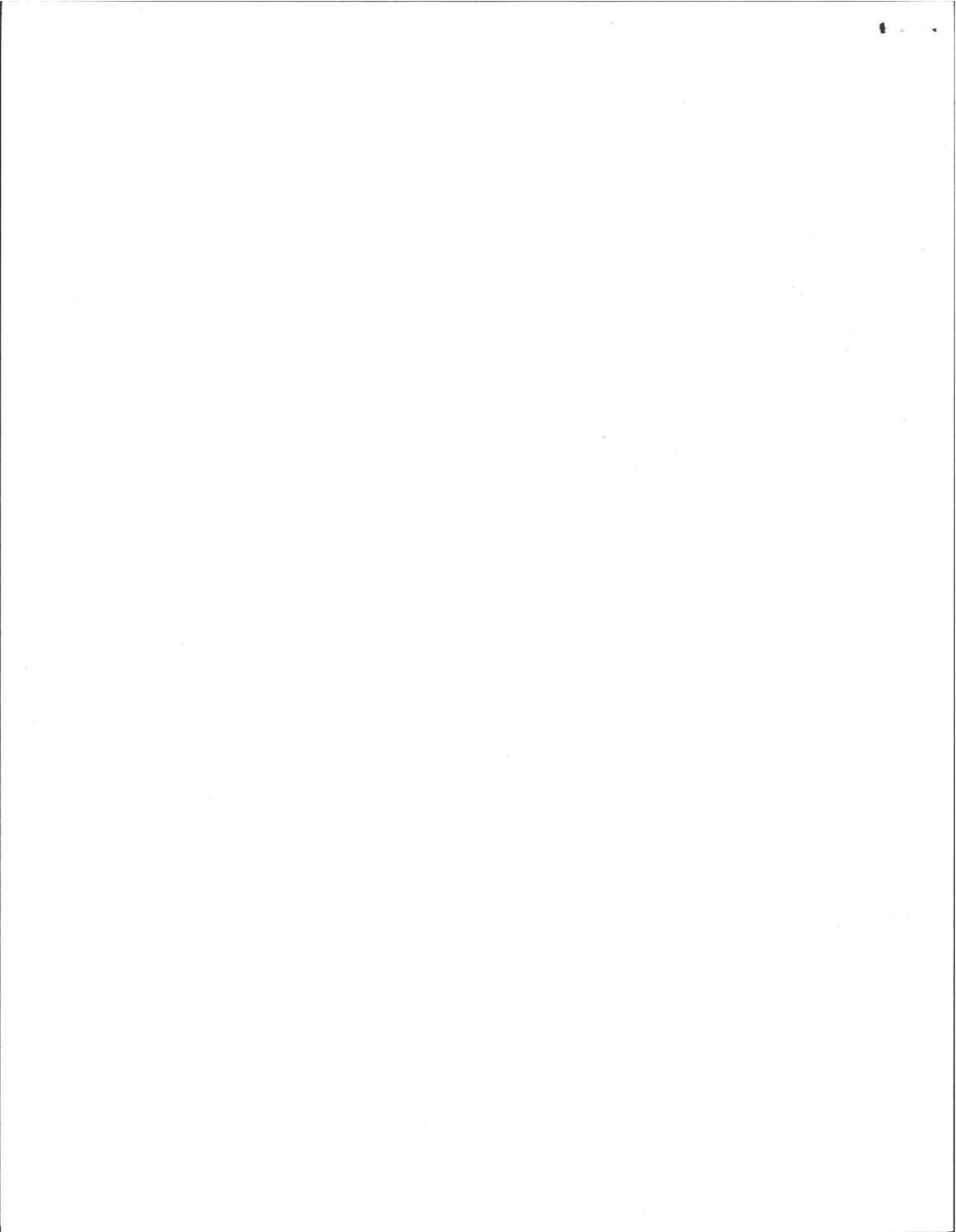
REFERENCE: 9809

AMT TENDERED: 50.00
AMT APPLIED: 50.00
CHANGE: .00

SITE ADDRESS: CHERRY HILL GOLF COU

FEES:
HEA059 50.00

TOTAL PAID: 50.00



Invoice Date	Invoice Number	Description	Invoice Amount
06/27/2011	062711	WELL CONTRUCTION PERMIT	\$50.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
137	TOWN OF AMHERST	00175477	07/07/2011	\$50.00

