

BOARD OF HEALTH
TOWN OF AMHERST, MASSACHUSETTS

#361

Important Information Regarding Your Private Sewage Disposal System

DISPLAY THIS DOCUMENT IN A PROMINENT PLACE

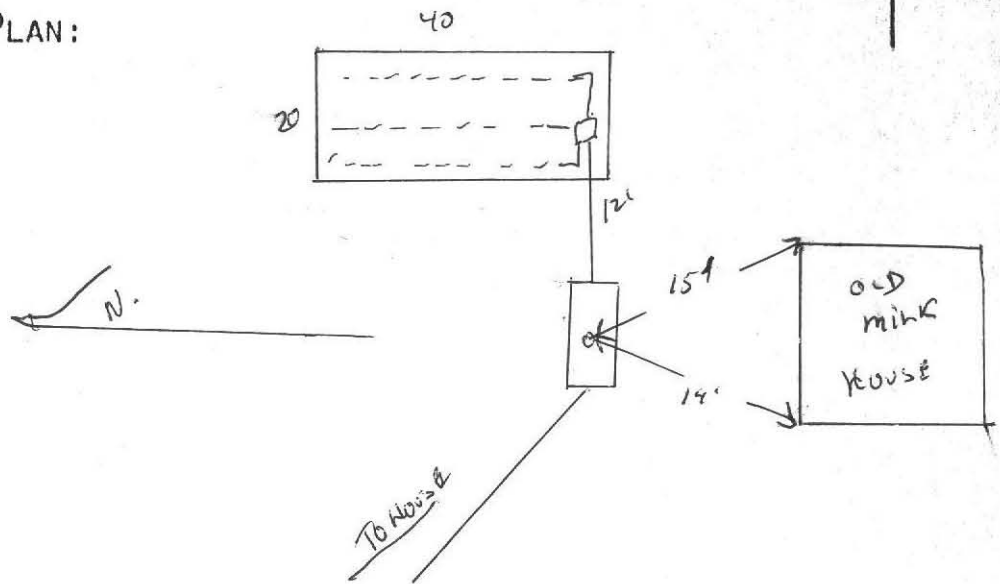
Owner Joe Mitchell Address No. East St.
Installer Karis, Inc. Address River De. Hadley
Date Installation Inspected and Approved 12-6-82

Description of System: Tank Capacity: 1500

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

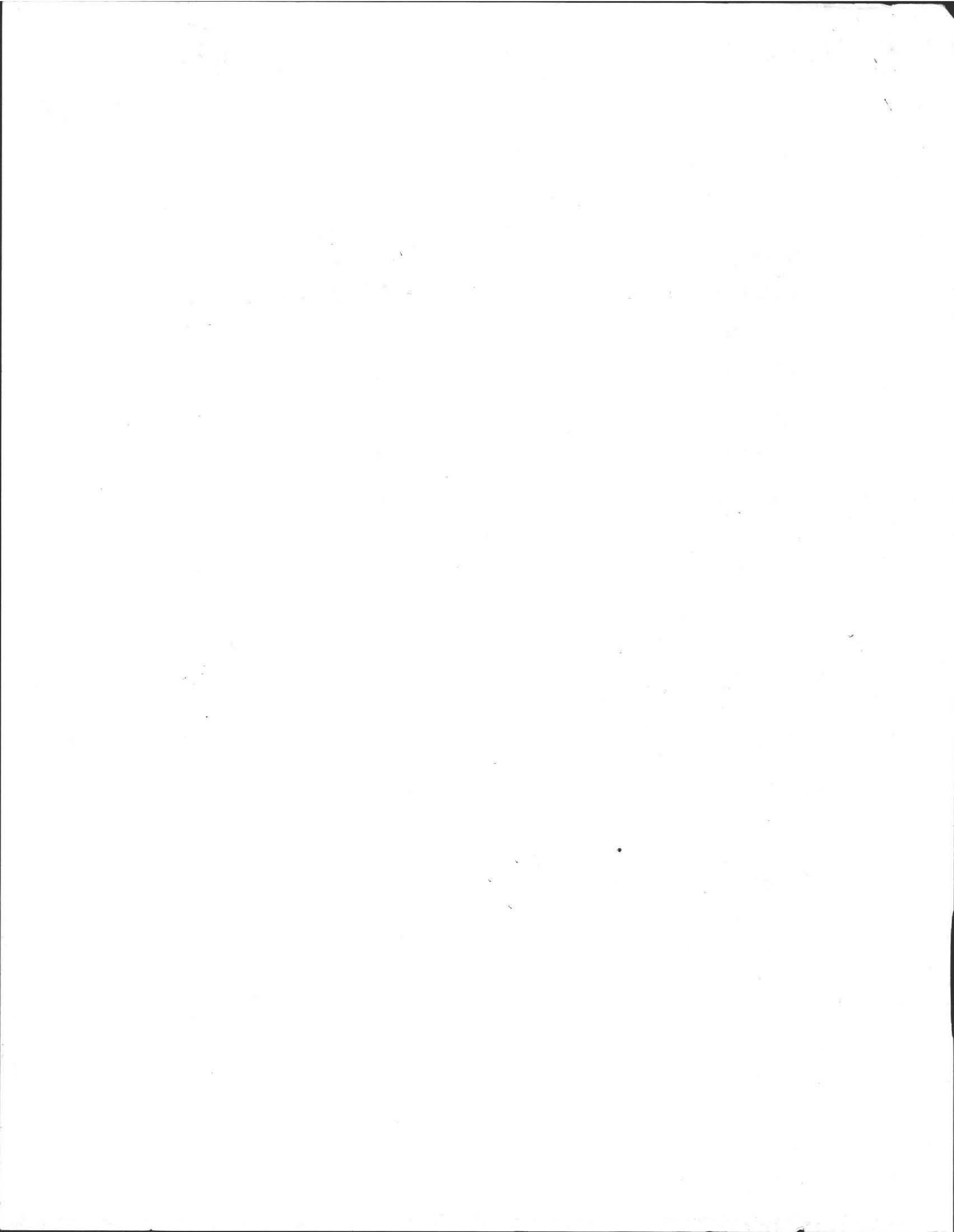
Garbage Grinder Yes () No () No. Bedrooms: 3 No. People 6

As - BUILT PLAN:



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.



TYPE OR PRINT ONLY

Well Completion Report

1. WELL LOCATION		GPS (OPTIONAL) _____		LATITUDE _____		LONGITUDE _____		
Address at Well Location: <u>361 North East Street</u>		Property Owner: <u>Mary Ann Mitchell</u>						
Subdivision Name: _____		Mailing Address: <u>361 North East Street</u>						
City/Town: <u>Amherst</u>		City/Town: <u>Amherst, MA 01002</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 type="checkbox"/> Abandon <input type="checkbox"/> Deepen <input type="checkbox"/> Recondition <input checked="" 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 checked="" type="checkbox"/> Air Hammer <input type="checkbox"/> Direct Push <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Other _____		
5. WELL LOG		6. SITE SKETCH (Use permanent landmarks with distances)						
		Unconsolidated		Consolidated				
From (ft)	To (ft)	WATER		Rock Type				
		Permeability	Clay	Silt	Sand			Gravel
		High	Low					
0	42				X			X
42	485							Bedrock
				Red rock				
				Soft				
7. WELL CONSTRUCTION			8. CASING					
Total Depth Drilled <u>485'</u>			From (ft)	To (ft)	Casing Type and Material	Size O.D. (in)	Well Seal Type	
Date Drilling Complete <u>January 3, 2003</u>				<u>73'</u>	<u>17 lb Steel</u>	<u>6"</u>	<u>Drive Shoe</u>	
9. SCREEN								
From (ft)	To (ft)	Slot Size	Screen Type and Material			Screen Diameter		
			NONE					
10. FILTER PACK / GROUT / ABANDONMENT MATERIAL						11. ADDITIONAL WELL INFORMATION		
From (ft)	To (ft)	Material Description			Purpose			
						Developed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						Fracture Enhancement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
						Method <u>Single Packer</u>		
						Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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 (hrs & min)	Recovery to (Ft. BGS)	Date Measured	
<u>1/10/03</u>	<u>BUCKET</u>	<u>7 1/2</u>	<u>4H 0M</u>	<u>210'</u>	<u>0H 48M</u>	<u>65'</u>	<u>1/10/03</u>	
						Depth Below Ground Surface (FT) <u>65'</u>		
14. PERMANENT PUMP (IF AVAILABLE)						15. NAME/ADDRESS OF PUMP INSTALLATION COMPANY		
Pump Description _____ Horsepower _____						Mountain Springs Pumps & Service		
Pump Intake Depth _____ (ft) Nominal Pump Capacity _____ (gpm)						Pelham MA		
16. COMMENTS								
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>Kenneth C. Lynde</u>		Supervising Driller Signature: <u>Kenneth C. Lynde</u>		Registration #: <u>4 8 0</u>				
Firm: <u>Lynde Well Drilling, Inc.</u>		Date: <u>1/13/03</u>		Rig Permit #: <u>0 1 4</u>				

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

1. Well Location: _____
 2. Address of Well Location: _____
 3. Subdivision Name: _____
 4. City/Town: _____
 5. Assessor's Map: _____
 6. Board of Health permit obtained: Yes No

7. Well Purpose: New Well Abandon Recondition Repair Other
 Domestic Industrial Other
 Irrigation Mining Other
 Cooling Air Heating Air Conditioning Other

From (ft) To (ft)	Bottom		Diameter (in)	Length (ft)	Material	Remarks
	Actual	Design				
0	0	0				
10	10	10				
20	20	20				
30	30	30				
40	40	40				
50	50	50				
60	60	60				
70	70	70				
80	80	80				
90	90	90				
100	100	100				

8. Well Construction: _____
 9. Total Depth (ft): _____
 10. Date Boring Conducted: _____
 11. From (ft) To (ft): _____
 12. Well Size: _____

13. Additional Well Information: _____
 14. Remarks: _____
 15. Method: _____
 16. Date: _____

Date	Method	Yield (gpm)	Time (min)	Remarks
11/15/01
...
...
...

17. Comments: _____
 18. Signature: _____
 19. Date: _____