

<u>Location</u>	<u>Parcel ID</u>	<u>Record Owner</u>	<u>Septic Information</u>	<u>BoH Complaints/Violations</u>
92 Greenville Road	6-3-0	Mattson Aino M	nothing	
91 Meadow Road	36-10-0	Lynch James R Trustee	yes	
106 Haynes Rd	43-7-0	Hannigan Carl J.	yes	
182 Warren Rd	31-36-0	Chingros Joseph J	yes	
Tyler Rd	15-25-3	Elbthal Arthur R Et Al		
Fitchburg Rd	16-23-1	Funaiole Walter F Et Al		
U 405, 46 Fitchburg Rd	17-39-77	Bijiani Roger P	nothing	
Mason Road	5-6-0	Larson Lee J		
42 Gilchrist Rd	23-12-0	Caisse Sharron A		
Haynes Rd	43-5-0	Hannigan Carl J.	nothing	
Brookline Road	29-2-0	Michalczyk Brian		
7 Partridge Cr	17-24-17	O Grady Daniel J. +	yes	
Greenville Rd	6-7-0	Giglia Stephen + Palmira		
U 502, 46 Fitchburg Rd	17-39-98	MLQ Investors	nothing	
Seaver Road	23-4-0	Lurvey B & Robichaud M TR		
53 Old City Rd	7-18-0	Cote Bertrand E. +	nothing	
Warren Rd	32-15-0	Thompson Clifford L. Jr.		
14 West Meadow Estates Dr	5-1-14	Newell Christie A	nothing	
Fitchburg Rd	16-37-1	Keough Gerald Jr.		
Warner Road	36-23-3	Hamilton James A		
Spaulding St	34-82-4	Serio Joseph Jr.		
Haynes Road	44-5-0	Anderson Lavina		
Bayberry Hill Road	17-5-3	Prudhomme Steven R		
Edward Rd	34-96-0	Savage John W.		
54 West Meadow Rd	4-17-0	Deroian Hardy Trustee of	nothing	
Edward Rd	42-12-0	Savage John W.		
Spaulding St	34-82-3	Serio Joseph Jr.		
Clement Rd	16-58-0	Zufelt Zachary		

NASHOBA ASSOCIATED BOARDS OF HEALTH

ENVIRONMENTAL HEALTH DIVISION
AYER, MA 01432 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

☒ To install a new Sewage Disposal system

#10.00
To Town
10-19-98

ISSUED FOR THE Townsend BOARD OF HEALTH

OWNER JE-SH Realty Trust

(NOT TRANSFERABLE - FORMAL PERMIT TRANSFER MUST BE REQUESTED UPON CHANGE OF OWNERSHIP)

LOCATION OF LOT OR INSTALLATION West Meadow Road

LOT NO. 1

DATE PERMIT ISSUED February 26, 1999

LOT SIZE 18.25 acres

SOIL DESCRIPTION 0-20" top & subsoil, 20-46" sand, 46-66" sandy loam, 66-93" fine sandy loam, 93-105" loam, ESHWT @ 30"

PERC. RATE 8 min/inch

ENGINEERING OR SPECIAL PREPARATION: ☒ System to be installed according to engineered plan No. L-4894

by David E. Ross Assoc

Revised 2/15/99

Variance required to Townsend BOH regulations sect. 9.3

SYSTEM DESIGNED FOR: Three bedrooms maximum

☒ Town
WATER SUPPLY: ☐ Well

PRIMARY INSTALLATION 1500 gallon septic tank, 1000 gallon pump chamber

SECONDARY INSTALLATION Three - 47' L x 2' W x 1' eff. depth trenches with vent

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT: JS

[Signature]
BOARD OF HEALTH

[Signature]
BOARD OF HEALTH

[Signature]
BOARD OF HEALTH

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system; and if I am the contractor installing this system, I further agree to correct any fault caused by defective material or workmanship appearing in this system within one year from date of occupancy.

SIGNED [Signature]

☒ Owner ☐ Contractor ☐ Licensed Installer

CERTIFICATE OF COMPLIANCE

INSPECTIONS REQUIRED:

- ☒ Bed and trench excavation, before fill / stone by eng./NABH
- ☒ Fill in place by eng./NABH
- ☒ Completed system prior to backfill
- ☒ Final fill and grading by eng./NABH
- ☒ Engineer certification in writing of completed system
- ☒ As built plan ☒ By Design Engineer ☒ By Installer
- ☐ Water supply (if well) *
- ☒ Recorded deed easements restrictions
- ☒ Eng. to stk system
- ☐
- ☒ Inspection completed

Installer _____

Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL THIS CERTIFICATE IS COMPLETED.

IMPORTANT NOTES

1. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED A GUARANTEE THAT THE SYSTEM WILL FUNCTION PROPERLY.
2. INSTALLATION OR REPAIR MUST BE PERFORMED BY NASHOBA LICENSED INSTALLER.
3. FAILURE BY INSTALLER TO CONFORM TO ALL REQUIREMENTS OF THIS PERMIT MAY LEAD TO SUSPENSION OR REVOCATION OF INSTALLER'S PERMIT.
4. THE OWNER SHOULD BE AWARE OF WETLANDS PROTECTION REQUIREMENTS OF THE LOCAL CONSERVATION COMMISSION.
5. THE SYSTEM IS NOT DESIGNED FOR GARBAGE DISPOSAL.
6. THE SYSTEM IS DESIGNED FOR USE STATED ABOVE.
7. [Redacted]
8. LEACH SYSTEMS MUST BE KEPT 100 FEET FROM ALL WELLS.
9. PROPER MAINTENANCE OF A SYSTEM REQUIRES ANNUAL PUMPING.
- *10. COLIFORM BACTERIA TEST REQUIRED, COMPLETE POTABILITY TEST RECOMMENDED.

#13-022
owe #126

NASHOBA ASSOCIATED BOARDS OF HEALTH
ENVIRONMENTAL HEALTH DIVISION

AYER, MA 01432 978 772-3338
SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT
Permit For: INCREASE IN DESIGN FLOW

ISSUED FOR THE Townsend BOARD OF HEALTH

OWNER: Frank J. Gorman Sr.

(not transferable - for most permit transfer must be requested upon change of ownership)

LOCATION OF LOT: 106 HAYNES RD.

MAP/PARCEL: 43/5&7

Date Permit Issued: August 12, 2013

Lot Size: 37.17 Ac.

Soil Description: 0-24" T&S, 24-120" C Sand; ESHWT > 120"

Groundwater: ESHWT > 120"

PERC RATE: 2 MPI

ENGINEERING OR SPECIAL PREPARATION:

System to be installed according to engineered plan No: M732SDS

Dated: 6/24/2013 Rev.: 7/18/2013

By: ROSE LAND SURVEY INC.

Bedroom Count: Existing Two (2), Proposed Three (3) Bedroom Dwelling

Water Supply: ☒ Well ☐ Town

Primary Installation: 2500 Gallon Two-Compartment ST

Secondary Installation: 2 - 2' D x 2' W x 38' L Leaching Trenches - Capped

Special Notes:

Final fill & grading & trench bottom elevations must be noted on the engineer's as-built plan. A DEP approved effluent filter shall be placed in the outlet tee of the second compartment of the septic tank. Existing well to be destroyed (separate permit required).
PERMIT EXPIRES 8/12/2016.

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT AGENT: REM

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system.

SIGNED: _____ ☒ Owner ☒ Contractor ☒ Licensed Installer

Record of Inspections

NABH Licensed Installer: _____

INSPECTIONS REQUIRED

- | | |
|--|--|
| <input checked="" type="checkbox"/> Trench excavation, before fill/stone by | <input checked="" type="checkbox"/> Eng <input checked="" type="checkbox"/> NABH |
| <input checked="" type="checkbox"/> Fill in place by <input checked="" type="checkbox"/> Engineer <input type="checkbox"/> NABH | |
| <input checked="" type="checkbox"/> Completed system prior to backfill | |
| <input checked="" type="checkbox"/> Final fill and grading on engineer as-built plan | |
| <input checked="" type="checkbox"/> Engineer certification in writing of completed system | |
| <input checked="" type="checkbox"/> As built plans <input checked="" type="checkbox"/> by design engineer <input checked="" type="checkbox"/> by installer | |
| <input checked="" type="checkbox"/> Well completion report and water test submitted to this office | |
| <input type="checkbox"/> Recorded deed/fill easements submitted to this office | |
| <input checked="" type="checkbox"/> Magnetic Tape, Inspection Port, Risers, Filter | |
| <input checked="" type="checkbox"/> WELL DESTRUCTION PERMIT/REPORT | |
| <input checked="" type="checkbox"/> All inspections completed | |

Insp. Date

Insp. By:

Nashoba Associated Boards of Health

30 Central Avenue Ayer, MA 01432

(978) 772-3335 (800) 427-9762

- ☒ \$150.00-Application & Plan Review (note: fee depends on system size)
☐ \$175.00-Application & Plan Review (if I/A technology use)
(note: fee depends on system size)
☐ \$250.00-Application & Plan Review/Perc Rate Exceeds 30 min/inch
(unless \$100 retesting fee previously paid)
☒ \$200.00-Permit Issue & System Inspection (note: size dependent)
☐ \$250.00-I/A Permit Issue & System Inspection (note: size dependent)
☐ \$75.00-Permit for Septic Tank, Sewer Line or D-box replacement

PAID
JUL 2 - 2013
BY: Mac \$350

Application for a Sewage Disposal Works Construction Permit

Town TOWNSEND MA Assessor's Map# 43 Parcel # # 5+7

Street Location 106 HAYNES RD TOWNSEND MA Lot#

Directions to Property RT 119 TO PROCTOR RD TO HAYNES RD

- | | |
|--------------------------|--|
| New | Existing |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> Dwelling |
| <input type="checkbox"/> | <input type="checkbox"/> Business |
| <input type="checkbox"/> | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> | <input type="checkbox"/> Other |
| <input type="checkbox"/> | <input type="checkbox"/> Restaurant |

Number of Bedrooms 3

Number of Employees Square Feet of Floor Space

Describe (Business) Food Service ☐ yes ☐ no

Number of Seats Food Service

Lot Size 35 ACRES Water Supply ☐ Town ☒ Well on Property ☐ Community Water Supply

Name of Engineer Timothy Benuchemin Telephone 978 -

Please submit 2 copies of the Engineered Plan for this lot

Name of Owner Robert White ESQ Telephone 978-454-5751

Address 20 Williams Town Lowell MA 01852

*Applicant's Name (must be owner or prospective owner) FRANK J GORMAN SR

Address 1105 LAKEVIEW AVE Town DRAUT MA Telephone 978 265 7772

Daytime Telephone Number 978 265 7772 ☒ Business ☐ Residence

Email Address: FRANK@GORMANMANAGEMENT.COM (for use by this office/BOH offices for correspondence)

THE INFORMATION GIVEN ABOVE IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT

Date 7.2.13
Rev. 4/6/11

Signature of Applicant [Signature]

*NAME TO APPEAR ON PERMIT-The Owner/Applicant is aware of their requirement of the permit and approvals. There is a 15% processing charge on all refunds.



Office of the
BOARD OF HEALTH
272 Main Street
Townsend, Massachusetts 01469

Robert S. Martin, *Chairman*
Office (978) 597-1713

James Le'Cuyer, *Vice Chairman*

Linda Tarantino, *Clerk*
Fax (978) 597-8135

December 30, 2003

Faun Mac Donald
C/o Century 21 Nashoba Associates
P.O. Box 391
Pepperell, MA. 01463

Dear Ms. Mac Donald,

Per your request, this letter will confirm the status of the permit issued for 91 Meadow Road, Townsend, MA.

A permit to install a new sewage disposal system was issued on March 18, 2002 by the Townsend Board of Health. A condition of this permit is the need to receive a "Certificate of Compliance" prior to the permits expiration date of March 18, 2005.

One other condition is the need for language on the deed restricting the property to a 2-bedroom home. This restriction shall be incorporated with the deed to be recorded upon transfer of ownership.

Other variances as stipulated on the permit will be required for a "Certificate of Compliance".

I have attached a copy of the permit and the language needed for the 2-bedroom deed restriction. If you need further assistance, please do not hesitate to contact our office.

Respectfully,

Sue Boggs-Lightfoot, Administrative Assistant
For the Board of Health

Cc: Ms. Donna Murphy
File

"REDUCE, REUSE, RECYCLE"

**NASHOBA ASSOCIATED BOARDS OF HEALTH
ENVIRONMENTAL HEALTH DIVISION**

AYER, MA 01432

978 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

Permit For: System in Full Compliance with Title 5

RENEWED 6/29/04

ISSUED FOR THE

Townsend

BOARD OF HEALTH

OWNER: JAMES R. LYNCH (ORIG. PERMIT W.FORS & L.BROWN TRANSFERRED 7/6/04)

(not transferable - formal permit transfer must be requested upon change of ownership)

LOCATION OF LOT: 91 MEADOW RD.

MAP/PARCEL:

Date Permit Issued: March 18, 2002

Lot Size: 1.21 ACRES

Soil Description: 0-24" TOP & SUBSOIL, 24-120" C SL; ESHWT @ 20"

Groundwater: 20"

PERC RATE: 18 MPI

ENGINEERING OR SPECIAL PREPARATION:

System to be installed according to engineered plan No: **L-7008**

Dated: 11/1/2001 Rev.: 3/6/2002

By: DAVID E. ROSS ASSOCIATES, INC.

Bedroom Count: TWO (2) BEDROOM DWELLING

Water Supply: ☒ Well ☐ Town

Primary Installation: 1500 GALLON SEPTIC TANK

Secondary Installation: (3) - 24' LONG X 2' WIDE X 2' DEEP LEACH TRENCHES

Special Notes:

-VARIANCES REQUIRED TO TOWNSEND BOH REGS.: SEC. 7.1-35' TO ROAD LINE REQUIRED (30' PROPOSED); SEC. 9.3 - TITLE 5 GRADING PROPOSED. -TWO (2) BEDROOM RESTRICTION MUST BE RECORDED ON DEED TO PROPERTY & A COPY TO THIS OFFICE PRIOR TO ISSUANCE OF A CERTIFICATE OF COMPLIANCE. -CLEAN OUT ON FORCEMAIN PER PLAN. -PERMIT RENEWED 6/29/04. PERMIT TO EXPIRE 3/18/06. THE CERTIFICATE OF COMPLIANCE MUST BE OBTAINED PRIOR TO THE PERMITS EXPIRATION.

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT AGENT: BC

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system.

SIGNED [Signature]

☒ Owner ☒ Contractor ☒ Licensed Installer

Record of Inspections

NABH Licensed Installer: _____

INSPECTIONS REQUIRE

- ☒ TRENCH excavation, before fill/stone by ☐ Eng. ☒ NABH
- ☒ Fill in place by ☐ Engineer ☒ NABH
- ☒ Completed system prior to backfill
- ☒ Final fill and grading NABH & ON ENG. AS-BUILT PLAN
- ☒ Engineer certification in writing of completed system
- ☒ As built plans ☒ by design engineer ☒ by installer
- ☒ Well completion report and water test submitted to this office
- ☒ Recorded deed/fill easements submitted to this office
- ☒ FORCEMAIN TO BE INSULATED
- ☒ ENG. TO STAKE SDS LOCATION
- ☒ All inspections completed

Insp. Date

Insp. By:

A NEWHOUSE CANNOT BE OCCUPIED OR SOLD UNTIL A CERTIFICATE OF COMPLIANCE IS OBTAINED.

KIMBERLE A LYNCH SUPPLEMENTAL NEEDS TRUST
TRUSTEE JAMES R LYNCH



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments

Subsurface Sewage Disposal System Form

Inspection results must be submitted on this form or on the official Title 5 Inspection Form dated 6/15/2000. Inspection forms may not be altered in any way.

A. Certification

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



1. Property Information:

91 MEADOW RD

Property Address

KIMBERLE LYNCH

Owner's Name

91 MEADOW RD

Owner's Address

TOWNSEND

City/Town

MA

State

01469

Zip Code

2/27/2006

Date

Date of Inspection:

2. Inspector:

N. Timothy White

Name of Inspector

Homepro North Shore

Company Name

P. O. Box 101

Company Address

Rowley

City/Town

MA

State

01969

Zip Code

978-948-8428

Telephone Number

AS BUILT PLANS OF SEPTIC SYSTEM AT 91 MEADOW
TOWNSEND

Certification Statement:

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

☐ Passes

☐ Conditionally Passes

☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority

N. Timothy White

Inspector's Signature

Date

2/27/2006

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

KIMBENLY A LYNCH SUPPLEMENTAL NEEDS TRUST

TRUSTEE JAMES R LYNCH



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Not for Voluntary Assessments
Subsurface Sewage Disposal System Form

C. System Information (cont.)

91 MEADOW RD

Property Address

TOWNSEND

City/Town

KIMBENLY LYNCH

Owner's Name

Ma

State

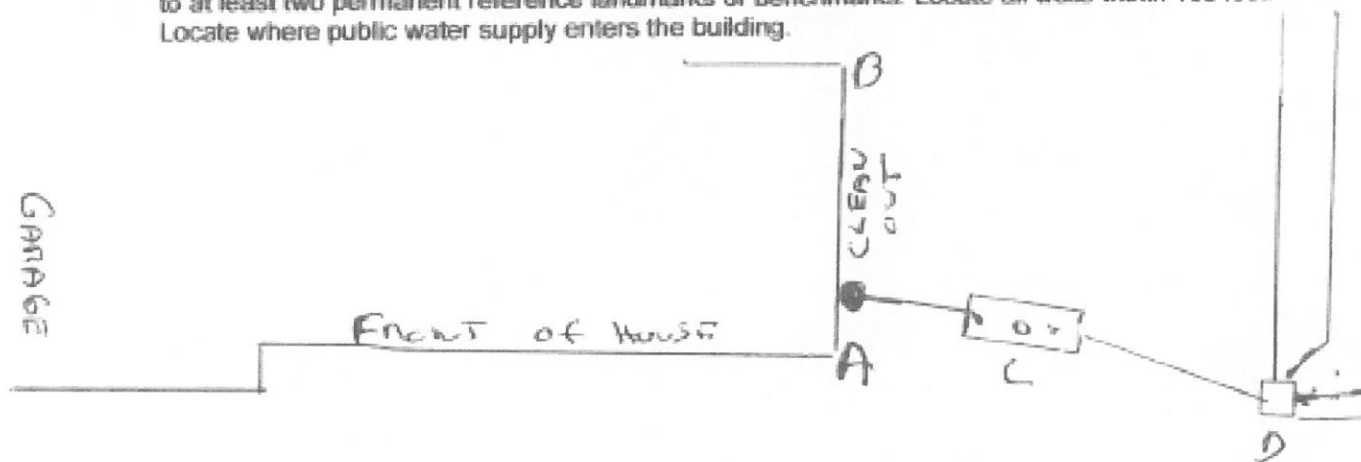
01469

Zip Code

2/27/2006

Date of Inspection

Sketch Of Sewage Disposal System: Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



A-C 38' 11"

A-D 89' 8"

B-C 51' 8"

B-D 102' 9"

1,500 GAL SEPTIC TANK

220-440 G.P.D. DESIGN FLOW

LEACH FIELD 528 SQ FT

GROUNDWATER AT 90"

S.H.G.W. 20"

RAISED LEACH FIELD



**THE COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BE IT KNOWN THAT**

N. Timothy White

Has satisfied the Department's qualifications as required and is hereby
authorized to use the title

CERTIFIED TITLE 5 SYSTEM INSPECTOR

as provided in 310 CMR 15.340 and Section 13 of Chapter 21A of the
General Laws. Issued by The Department of Environmental Protection.

April 28, 1995

A handwritten signature in dark ink, appearing to read "John J. [unclear]", is written over two horizontal lines.

Acting Director of the Division of Water Pollution Control

NASHOBA ASSOCIATED BOARDS OF HEALTH
ENVIRONMENTAL HEALTH DIVISION

AYER, MA 01432

978 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

Permit For: System in Full Compliance with Title 5

TRANSFER

ISSUED FOR THE

Townsend

BOARD OF HEALTH

OWNER: JAMES R. LYNCH (ORIG. PERMIT ISS. W.FORS & L.BROWN 3/18/02)

(not transferable - formal permit transfer must be requested upon change of ownership)

LOCATION OF LOT: 91 MEADOW RD.

MAP/PARCEL:

Date Permit Issued: June 07, 2004

Lot Size: 1.21 ACRES

Soil Description: 0-24" TOP & SUBSOIL, 24-120" C BL; ESHWT @ 20"

Groundwater: 20"

PERC RATE: 10 MPI

ENGINEERING OR SPECIAL PREPARATION:

System to be installed according to engineered plan No: L-7008

Dated: 11/1/2001 Rev.: 3/6/2002

By: DAVID E. ROSS ASSOCIATES, INC.

Bedroom Count: TWO (2) BEDROOM DWELLING

Primary Installation: 1500 GALL

Secondary Installation: (3) - 24' LO

Special Notes:

-VARIANCES REQUIRED TO TOWNSE
9.3 - TITLE 5 GRADING PROPOSED. -1
PROPERTY & A COPY TO THIS OFFICE
FORCEMAIN PER PLAN. -PERMIT TO IN

Water Supply: ☒ Well ☐ Town

WATER (30' PROPOSED); SEC.
RECORDED ON DEED TO
COMPLIANCE. -CLEAN OUT ON
E 3/18/03.

PERMIT PREPARED FOR BOARD BY NASHOBA

James R. Lynch

I agree upon accepting this PERMIT to comply with all
the septic system.

1-800-TRY-TO-STOP
www.trytostop.org

SIGNED

☒ Owner

☒ Contractor

☒ Licensed Installer

Record of Inspections

NABH Licensed Installer:

INSPECTIONS REQUIRE

- ☒ TRENCH excavation, before fill/stone by ☐ Eng ☒ NABH
- ☒ Fill in place by ☐ Engineer ☒ NABH
- ☒ Completed system prior to backfill
- ☒ Final fill and grading NABH & ON ENG. AS-BUILT PLAN
- ☒ Engineer certification in writing of completed system
- ☒ As built plans ☒ by design engineer ☒ by installer
- ☒ Well completion report and water test submitted to this office
- ☒ Recorded deed/fill easements submitted to this office
- ☒ FORCEMAIN TO BE INSULATED
- ☒ ENG. TO STAKE SDS LOCATION
- ☒ All inspections completed

Insp. Date

Insp. By:

A NEWHOUSE CANNOT BE OCCUPIED OR SOLD UNTIL A CERTIFICATE OF COMPLIANCE IS OBTAINED.

NASHOBA ASSOCIATED BOARDS OF HEALTH

ENVIRONMENTAL HEALTH DIVISION
AYER, MA 01432 772-3338

\$125 TO TNSN

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

☒ To install a new Sewage Disposal system

☐

02-023

ISSUED FOR THE Townsend

BOARD OF HEALTH

OWNER: William Fors & Linda Brown

(NOT TRANSFERABLE - FORMAL PERMIT TRANSFER MUST BE REQUESTED UPON CHANGE OF OWNERSHIP)

LOCATION OF LOT: 91 Meadow Road

LOT NO.: _____

DATE PERMIT ISSUED: March 18, 2002

LOT SIZE: 1.21 acres

SOIL DESCRIPTION: 0-24" top & subsoil, 24-120" C SL; ESHWT @ 20"

PERC.RATE: 18 min/inch

ENGINEERING OR SPECIAL PREPARATION: ☒ System to be installed according to engineered plan No. L-7008

by David E. Ross Associates, Inc.

Revised 3/06/02

-Variances required to Townsend BOH Regulations: Sec. 7.1 - 35' to road line required (30' proposed); Sec. 9.3 - Title 5 grading proposed;

-Two (2) bedroom restriction must be recorded on deed to property and a copy to this office prior to issuance of a Certificate of Compliance.

-Clean out on forcemain per plan.

SYSTEM DESIGNED FOR: Two (2) bedroom dwelling

WATER SUPPLY: ☒ Well
☐ Town

PRIMARY INSTALLATION: 1500 gallon septic tank

SECONDARY INSTALLATION: (3) 24' long x 2' wide x 2' deep leach trenches

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT: RKD

BOARD OF HEALTH

BOARD OF HEALTH

BOARD OF HEALTH

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system.

SIGNED

William L. Fors

☐ Owner ☐ Contractor ☐ Licensed Installer

Record of Inspections

NABH Licensed Installer

INSPECTIONS REQUIRED:

- ☒ Bed or trench excavation, before fill/stone by Eng. NABH
- ☒ Fill in place by Eng. NABH
- ☒ Completed system prior to backfill
- ☒ Final fill and grading by NABH To be shown on Eng. as-built plan
- ☒ Engineer certification in writing of completed system
- ☒ As built plans ☒ By Design Engineer ☒ By Installer
- ☒ Well completion report and water test submitted to this office
- ☒ Recorded deed / fill easements submitted to this office
- ☒ Forcemain to be insulated
- ☒ Engineer to stake SDS location
- ☒ All inspections completed

Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____
Date: _____	By: _____

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL A CERTIFICATE OF COMPLIANCE IS OBTAINED.

Thorstensen Laboratory, Inc.

88 LITTLETON ROAD, WESTFORD, MA 01886

Report Number 65920

Client:

Skillings and Sons
269 Proctor Hill Road
Hollis

NH 03049

Sampled by: NBOH

(978) 692-8395

FAX (978) 692-0023

1-800-648-TEST

Report Date: 7/3/02

Sample Information:

Received in sealed Envelope

#15624 Donna Murphy

91 Meadow Rd

Townsend MA

Date Received: 6/28/02

Date Sampled: 6/28/02

Certificate of Analysis

Test Parameter	EPA Limit	Results	Units
Total Coliform (P)	0	0*	per100ml
Fecal Coliform/ E.coli (P)	Absent	Absent	per100ml
Arsenic (P)	0.05	<0.005	mg/L
Calcium	Not Spec.	20.1	mg/L
Copper (S)	1.3	<0.02	mg/L
Iron (S)	0.3	# 0.80	mg/L
Lead (P)	0.015	<0.001	mg/L
Magnesium	Not Spec.	2.2	mg/L
Manganese (S)	0.05	0.03	mg/L
Potassium	Not Spec.	3.1	mg/L
Sodium	See Note	14.2	mg/L
Alkalinity (S)	Not Spec.	49.5	mg/L
Ammonia-N	Not Spec.	<0.03	mg/L
Chloride (S)	250	22.6	mg/L
Chlorine	Not Spec.	<0.02	mg/L
Color (S)	15	# 100	CUU
Conductivity	Not Spec.	260	umhos/cm
Fluoride (S)	4.0		mg/L
Hardness	Not Spec.	59	mg/L
Nitrate-N (P)	10	0.42	mg/L
Nitrite-N (P)	1	<0.01	mg/L
Odor	3	0	TON
pH (S)	6.5-8.5	8.0	SU
Sulphate (S)	250	9.4	mg/L
Turbidity	Not Spec.	21.3	NTU
Sediment	pos/nug	Neg	

Legends:

(P)=Primary EPA Standard, (S)=Secondary EPA Standard, #=Exceeds EPA Limit,
 TNTC=Too Numerous to Count, *Background Bacteria Noted, * = Exceeds Advisory Limit
 Sodium Advisory Limits, Mass.=20, NH.=250.

This water sample as submitted is considered SAFE to drink according to EPA/FDA guidelines.
 However, one or more parameters exceeds secondary limits as denoted by the # sign.

Massachusetts Certification # M18048

Michael P. Carlson, for

Thorstensen Laboratory Inc

Thorstensen Laboratory, Inc.

66 LITTLETON ROAD, WESTFORD, MA 01886

(978) 692-8395 FAX (978) 692-0023 1-800-649-TEST

Report Number 65920

Client:

Skillings and Sons

269 Proctor Hill Road

Hollis NH 03049

Report Date: 7/3/02

Sample Information:

Received In sealed Envelope

#15624 Donna Murphy

91 Meadow Rd

Townsend MA

Sampled by: NBOH

Date Received: 6/28/02

Date Sampled: 6/28/02

Certificate of Analysis

<u>Test Parameter</u>	<u>Advisory Limit</u>	<u>Results</u>	<u>Units</u>
Radon	2,000-20,000	17000	pCi/L

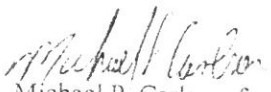
The U.S. Environmental Protection Agency has not set guidelines for acceptable levels of Radon in private wells, but various states have set action guidelines of 2,000-20,000 picoCuries of Radon per liter of water (pCi/L).

2,000 -New Hampshire

10,000-Massachusetts

20,000-Maine

Massachusetts Certification # MA048


Michael P. Carlson, for

Thorstensen Laboratory Inc.

Thorstensen Laboratory, Inc.

86 LITTLETON ROAD, WESTFORD, MA 01888

(978) 692-8396 FAX (978) 692-0023 1-800-649-TEST

Report Number: C-ks-65920

Client:

Skillings and Sons
269 Proctor Hill Rd.
Hollis NH 03049

Report Date: July 3, 2002

Sample taken at:

#15624/Received in sealed Envelope
Donna Murphy
91 Meadow Rd.
Townsend, MA

Sample taken by: NBOH

On: 6/28/02

EPAS24 2	MCL	RESULTS	PARAMETER	MCL	RESULTS
Benzene	5.0	ND	1,1-Dichloroethane		
Carbon Tetrachloride	5.0	ND	1,1,2,2-Tetrachloroethane	--	ND
1, 1-Dichloroethylene	7.0	ND	1,3-Dichloropropane	--	ND
1, 2-Dichloroethane	5.0	ND	Chloromethane	--	ND
p-Dichlorobenzene	5.0	ND	Bromomethane	--	ND
Trichloroethylene	5.0	ND	1,2,3-Trichloropropane	--	ND
1,1,1-Trichloroethane	200.0	ND	1,2,4-Trimethylbenzene	--	ND
Vinyl Chloride	2.0	ND	1,1,1,2-Tetrachloroethane	--	ND
Chlorobenzene	100.0	ND	Chloroethane	--	ND
o-Dichlorobenzene	600.0	ND	1,2,3-Trichloropropane	--	ND
trans-1,2-Dichloroethylene	100.0	ND	2,2-Dichloropropane	--	ND
cis-1,2-Dichloroethylene	70.0	ND	o-Chlorotoluene	--	ND
1,2-Dichloropropane	5.0	ND	p-Chlorotoluene	--	ND
Ethylbenzene	700.0	ND	Bromobenzene	--	ND
Styrene	100.0	ND	1,3-Dichloropropane	--	ND
Tetrachloroethylene	5.0	ND	n-Propylbenzene	--	ND
Toluene	1000.0	2	n-Butylbenzene	--	ND
Xylene (total)	10000.0	ND	Naphthalene	--	ND
Dichloromethane	5.0	ND	Hexachlorobutadiene	--	ND
1,2,4-Trichlorobenzene	70.0	ND	1,3,5-Trimethylbenzene	--	ND
1,1,2-Trichloroethane	5.0	ND	p-Isopropyltoluene	--	ND
Chloroform	--	2	Isopropylbenzene	--	ND
Bromodichloromethane	--	ND	tert-Butylbenzene	--	ND
Chlorodibromomethane	--	ND	sec-Butylbenzene	--	ND
Bromotoluene	--	ND	Fluorotrichloromethane	--	ND
m-Dichlorobenzene	--	ND	Dichlorodifluoromethane	--	ND
Dibromomethane	--	ND	Bromochloromethane	--	ND
Methylene Chloride	--	ND	1,2-Dibromo-3-Chloropropane	--	ND
1,1-Dichloropropene	--	ND	1,2-Dibromoethane	--	ND
MIBK	--	ND			

Recovery of Internal Standards

4-Bromofluorobenzene 83

1,2-Dichlorobenzene-d4 84

Detection Limit=0.5 ug/L

ND=None Detected

MCL=Maximum Contamination Level

Results are in ug/L

Michael P. Carlson, for
Thorstensen Laboratory Inc.**COPY**

MASSACHUSETTS QUITCLAIM DEED

I, Donna L. Murphy of 39 Penacook Terrace, Merrimack, New Hampshire 03054, for consideration paid, and in full consideration of ONE HUNDRED TEN THOUSAND AND 00/100 Dollars (U.S. \$110,000.00) grant to James R. Lynch, Trustee of the Kimberle A. Lynch Irrevocable Supplemental Needs Trust, of PO Box 1383, Pepperell, Massachusetts 01463 with *quitclaim* conveys the following property in Middlesex County, Massachusetts.

A certain parcel of land with any buildings thereon in the easterly part of Townsend, Middlesex County, Massachusetts and situated on the southerly side of Meadow Road, so called bounded and described as follows:

Beginning at an iron pipe in the wall on the southerly side of said Meadow Road, which iron pipe is four hundred (400) feet westerly or southwesterly from the intersection of Meadow Road, an easterly road leading over Wallace Hill, known as the Townsend Hill Road, and which iron pipe is at the northerly corner of land conveyed by Howard B. Morse to Donald E. Brown, in 1960;

Thence running in about a westerly or southwesterly direction along the southerly side of said Meadow Road to a stone wall at land of Annie Laurie Bagley;

Thence running southerly by land of Annie Laurie Bagley about one hundred eighty five (185) feet to an iron pin bound in an opening in said wall;

Thence running in about an easterly or northeasterly direction by land now or formerly of Robert J. Brown to an iron pipe bound at the southwest corner of land conveyed by Howard B. Morse to the said Donald E. Brown;

Thence running about northerly by land of said Donald E. Brown about two hundred fifty (250) feet to an iron pipe in the wall on the southerly side of said Meadow Road, which iron pipe is

Subject to the following restriction:

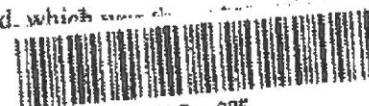
Such restriction to run with the land.

The buildings and improvements presently existing and hereafter constructed in accordance with alterations to 91 Meadow Road, Townsend, MA shall not contain in excess of two (2) bedrooms as determined by the Department of Environmental Protection and Board of Health Regulations, until such time as approval is obtained from the regional and local Board of Health for expansion of the septic system capacity.

It is agreed that this Deed Restriction cannot be released by the owner of the premises with approval by the Townsend Board of Health.

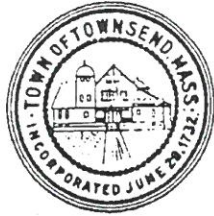
For my title see deed dated August 14, 2002, recorded at Middlesex South District Registry of Deeds Book 36133, Page 72.

Property Address: 91 Meadow Road, Townsend, MA 01469 DATE 11/3/04 NC 8959



Bk: 41770 Pg: 295

Recorded: 05/13/2004
Document: 00008959 Page: 1 of 2



Office of the
CONSERVATION COMMISSION

Town of Townsend,
272 Main Street
Townsend, Massachusetts 01469
978-597-1723 978/597-1722 fax

L. Michele Cannon, Chairman

Stanley Vladyka, Clerk

Jennifer Pettit, Member

Kimberley Fafel, Vice-Chairman

Patricia McCloy, Member

Linda Fasciani, Member

TO: William Fors and Linda Brown

RE: DEP # 308-426

DATE: April 25, 2002

*M36 P10
91 MEADOW RD.*

Enclosed herewith please find the Order of Conditions issued by the Townsend Conservation Commission under the Massachusetts Wetlands Protection Act, Chapter 131, Section 40, and under the General Wetlands By-Law, Town of Townsend. Please be advised that the Orders must be recorded in the Middlesex South District Registry of Deeds.

Upon careful review of the enclosed Orders, would you kindly sign the enclosed notice indicating that you have read the Orders and understand them fully.

You may contact one of the Commission members or the undersigned with any questions regarding these Orders or to comply with the conditions regarding site inspections.

Please be advised that if you wish to appeal to the Department of Environmental Protection the Orders as issued by this Commission, you have ten (10) days from the date of issuance in which to do so.

Very truly yours,

Leslie W. Gabriliska

Leslie W. Gabriliska
Administrator
Townsend Conservation Commission

Encl.

Date 4/25 Agenda: () Yes () No
Chairman ✓ V Chairman ✓ Clk ✓

Comments.

NOTICE TO CONSERVATION COMMISSION RE: DEP #308-426

I hereby acknowledge receipt of the originals of the Orders of Conditions issued to my by the Townsend Conservation Commission. I also acknowledge that I have reviewed carefully the Orders of Conditions and the additional conditions set forth therein and understand them fully. I agree to notify the Commission upon commencement of the work as outlined in the Notice of Intent and as set forth in the Orders of Conditions. Minimum inspections to be (1) commencement of work; (2) prior to completion; (3) upon completion. I also understand that I must record these Orders of Conditions in the Middlesex South District Registry of Deeds and notify the Conservation Commission of the recording information of the same.

DATE

SIGNATURE

Property address: Meadow Road (Map 36, Parcel 10)

Please print name:



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 5 – Order of Conditions

Massachusetts Wetlands Protection Act M.G.L. c. 131, §40
Town of Townsend General Wetlands Bylaw

DEP File Number:

308-426

Provided by DEP

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:

Townsend
Conservation Commission

This issuance is for (check one):

☒ Order of Conditions

☐ Amended Order of Conditions

To: Applicant:

William Fors & Linda Brown
Name

280 Townsend Hill Road
Mailing Address

Townsend MA 01469
City/Town State Zip Code

Property Owner (if different from applicant):

Name

Mailing Address

City/Town State Zip Code

1. Project Location:

Meadow Road
Street Address

Map 36
Assessors Map/Plat Number

Townsend
City/Town

Parcel 10
Parcel/Lot Number

2. Property recorded at the Registry of Deeds for:

Middlesex
County

NA
Certificate (if registered land)

22286
Book

196
Page

3. Dates:

3-13-02
Date Notice of Intent Filed

4-17-02
Date Public Hearing Closed

4-25-02
Date of Issuance

4. Final Approved Plans and Other Documents (attach additional plan references as needed):

Sewage Disposal System for Meadow Road Assessor's Map 36, Parcel 10 in
Townsend, Mass. designed for William Fors & Linda Brown, Plan No. L-7008

Nov. 2001, last
revised 3-06-02

Title

Title

Date

Date

5. Final Plans and Documents Signed and Stamped by:

David E. Ross Associates, Inc., signed by Daniel B. Wolfe, Civil Engineer
Name

6. Total Fee:

\$250.00

(from Appendix B: Wetland Fee Transmittal Form)



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

DEP File Number:

308-426

Provided by DEP

B. Findings

Findings pursuant to the Massachusetts Wetlands Protection Act:

Following the review of the above-referenced Notice of Intent and based on the information provided in this application and presented at the public hearing, this Commission finds that the areas in which work is proposed is significant to the following interests of the Wetlands Protection Act. Check all that apply:

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Public Water Supply | <input type="checkbox"/> Land Containing Shellfish | <input checked="" type="checkbox"/> Prevention of Pollution |
| <input checked="" type="checkbox"/> Private Water Supply | <input checked="" type="checkbox"/> Fisheries | <input checked="" type="checkbox"/> Protection of Wildlife Habitat |
| <input checked="" type="checkbox"/> Groundwater Supply | <input checked="" type="checkbox"/> Storm Damage Prevention | <input checked="" type="checkbox"/> Flood Control |

Furthermore, this Commission hereby finds the project, as proposed, is: (check one of the following boxes)

Approved subject to:

- ☒ the following conditions which are necessary, in accordance with the performance standards set forth in the wetlands regulations, to protect those interests checked above. This Commission orders that all work shall be performed in accordance with the Notice of Intent referenced above, the following General Conditions, and any other special conditions attached to this Order. To the extent that the following conditions modify or differ from the plans, specifications, or other proposals submitted with the Notice of Intent, these conditions shall control.

Denied because:

- ☐ the proposed work cannot be conditioned to meet the performance standards set forth in the wetland regulations to protect those interests checked above. Therefore, work on this project may not go forward unless and until a new Notice of Intent is submitted which provides measures which are adequate to protect these interests, and a final Order of Conditions is issued.
- ☐ the information submitted by the applicant is not sufficient to describe the site, the work, or the effect of the work on the interests identified in the Wetlands Protection Act. Therefore, work on this project may not go forward unless and until a revised Notice of Intent is submitted which provides sufficient information and includes measures which are adequate to protect the Act's interests, and a final Order of Conditions is issued. A description of the specific information which is lacking and why it is necessary is attached to this Order as per 310 CMR 10.05(6)(c).

General Conditions (only applicable to approved projects)

1. Failure to comply with all conditions stated herein, and with all related statutes and other regulatory measures, shall be deemed cause to revoke or modify this Order.
2. The Order does not grant any property rights or any exclusive privileges; it does not authorize any injury to private property or invasion of private rights.
3. This Order does not relieve the permittee or any other person of the necessity of complying with all other applicable federal, state, or local statutes, ordinances, bylaws, or regulations.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

DEP File Number:

308-426

Provided by DEP

B. Findings (cont.)

4. The work authorized hereunder shall be completed within three years from the date of this Order unless either of the following apply:
 - a. the work is a maintenance dredging project as provided for in the Act; or
 - b. the time for completion has been extended to a specified date more than three years, but less than five years, from the date of issuance. If this Order is intended to be valid for more than three years, the extension date and the special circumstances warranting the extended time period are set forth as a special condition in this Order.
5. This Order may be extended by the issuing authority for one or more periods of up to three years each upon application to the issuing authority at least 30 days prior to the expiration date of the Order.
6. Any fill used in connection with this project shall be clean fill. Any fill shall contain no trash, refuse, rubbish, or debris, including but not limited to lumber, bricks, plaster, wire, lath, paper, cardboard, pipe, tires, ashes, refrigerators, motor vehicles, or parts of any of the foregoing.
7. This Order is not final until all administrative appeal periods from this Order have elapsed, or if such an appeal has been taken, until all proceedings before the Department have been completed.
8. No work shall be undertaken until the Order has become final and then has been recorded in the Registry of Deeds or the Land Court for the district in which the land is located, within the chain of title of the affected property. In the case of recorded land, the Final Order shall also be noted in the Registry's Grantor Index under the name of the owner of the land upon which the proposed work is to be done. In the case of the registered land, the Final Order shall also be noted on the Land Court Certificate of Title of the owner of the land upon which the proposed work is done. The recording information shall be submitted to this Conservation Commission on the form at the end of this Order, which form must be stamped by the Registry of Deeds, prior to the commencement of work.
9. A sign shall be displayed at the site not less than two square feet or more than three square feet in size bearing the words,

"Massachusetts Department of Environmental Protection" [or, "MA DEP"]
"File Number 308-426 "
10. Where the Department of Environmental Protection is requested to issue a Superseding Order, the Conservation Commission shall be a party to all agency proceedings and hearings before DEP.
11. Upon completion of the work described herein, the applicant shall submit a Request for Certificate of Compliance (WPA Form 8A) to the Conservation Commission.
12. The work shall conform to the plans and special conditions referenced in this order.
13. Any change to the plans identified in Condition #12 above shall require the applicant to inquire of the Conservation Commission in writing whether the change is significant enough to require the filing of a new Notice of Intent.
14. The Agent or members of the Conservation Commission and the Department of Environmental Protection shall have the right to enter and inspect the area subject to this Order at reasonable hours to evaluate compliance with the conditions stated in this Order, and may require the submittal of any data deemed necessary by the Conservation Commission or Department for that evaluation.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 5 – Order of Conditions

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

DEP File Number:

308-426

Provided by DEP

B. Findings (cont.)

15. This Order of Conditions shall apply to any successor in interest or successor in control of the property subject to this Order and to any contractor or other person performing work conditioned by this Order.
16. Prior to the start of work, and if the project involves work adjacent to a Bordering Vegetated Wetland, the boundary of the wetland in the vicinity of the proposed work area shall be marked by wooden stakes or flagging. Once in place, the wetland boundary markers shall be maintained until a Certificate of Compliance has been issued by the Conservation Commission.
17. All sedimentation barriers shall be maintained in good repair until all disturbed areas have been fully stabilized with vegetation or other means. At no time shall sediments be deposited in a wetland or water body. During construction, the applicant or his/her designee shall inspect the erosion controls on a daily basis and shall remove accumulated sediments as needed. The applicant shall immediately control any erosion problems that occur at the site and shall also immediately notify the Conservation Commission, which reserves the right to require additional erosion and/or damage prevention controls it may deem necessary. Sedimentation barriers shall serve as the limit of work unless another limit of work line has been approved by this Order.

See Attachment A

Findings as to municipal bylaw or ordinance

Furthermore, the Townsend hereby finds (check one that applies):
Conservation Commission

- ☐ that the proposed work cannot be conditioned to meet the standards set forth in a municipal ordinance or bylaw specifically:

Municipal Ordinance or Bylaw

Citation

Therefore, work on this project may not go forward unless and until a revised Notice of Intent is submitted which provides measures which are adequate to meet these standards, and a final Order of Conditions is issued.

- ☒ that the following additional conditions are necessary to comply with a municipal ordinance or bylaw, specifically:

Townsend Wetlands Bylaw

1989, updated 1997

Municipal Ordinance or Bylaw

Citation

The Commission orders that all work shall be performed in accordance with the said additional conditions and with the Notice of Intent referenced above. To the extent that the following conditions modify or differ from the plans, specifications, or other proposals submitted with the Notice of Intent, the conditions shall control.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 5 – Order of Conditions

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

DEP File Number:

308-426

Provided by DEP

B. Findings (cont.)

Additional conditions relating to municipal ordinance or bylaw:

See Attachment A

This Order is valid for three years, unless otherwise specified as a special condition pursuant to General Conditions #4, from the date of issuance.

4-25-05
Date

This Order must be signed by a majority of the Conservation Commission. The Order must be mailed by certified mail (return receipt requested) or hand delivered to the applicant. A copy also must be mailed or hand delivered at the same time to the appropriate Department of Environmental Protection Regional Office (see Appendix A) and the property owner (if different from applicant).

Signatures:

[Signature]
Stanley E. Vladyka
[Signature]
[Signature]

On 24th
Day

Of April, 2002
Month and Year

before me personally appeared

all of the above

to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

[Signature]
Notary Public

November 21, 2008
My Commission Expires

This Order is issued to the applicant as follows:

☒ by hand delivery on

☐ by certified mail, return receipt requested, on

April 25, 2002
Date

Date



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands

WPA Form 5 – Order of Conditions

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

DEP File Number:

308-426

Provided by DEP

C. Appeals

The applicant, the owner, any person aggrieved by this Order, any owner of land abutting the land subject to this Order, 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 DEP Regional Office to issue a Superseding Order of Conditions. The request must be made by certified mail or hand delivery to the Department, with the appropriate filing fee and a completed Appendix E: Request of Departmental Action Fee Transmittal Form, as provided in 310 CMR 10.03(7) within ten business days from the date of issuance of this Order. 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 Order which is being appealed and how the Order does not contribute to the protection of the interests identified in the Massachusetts Wetlands Protection Act, (M.G.L. c. 131, § 40) and is inconsistent with the wetlands regulations (310 CMR 10.00). To the extent that the Order is based on a municipal ordinance or bylaw, and not on the Massachusetts Wetlands Protection Act or regulations, the Department has no appellate jurisdiction.

D. Recording Information

This Order of Conditions must be recorded in the Registry of Deeds or the Land Court for the district in which the land is located, within the chain of title of the affected property. In the case of recorded land, the Final Order shall also be noted in the Registry's Grantor Index under the name of the owner of the land subject to the Order. In the case of registered land, this Order shall also be noted on the Land Court Certificate of Title of the owner of the land subject to the Order of Conditions. The recording information on Page 7 of Form 5 shall be submitted to the Conservation Commission listed below.

Townsend Conservation Commission
Conservation Commission



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Wetlands
WPA Form 5 – Order of Conditions
Massachusetts Wetlands Protection Act M.G.L. c. 131, §40

DEP File Number:

308-426

Provided by DEP

D. Recording Information (cont.)

Detach on dotted line, have stamped by the Registry of Deeds and submit to the Conservation Commission.

To:

Townsend Conservation Commission
Conservation Commission

Please be advised that the Order of Conditions for the Project at:

Meadow Road (Map 36, Parcel 10)
Project Location

308-426
DEP File Number

Has been recorded at the Registry of Deeds of:

County

Book

Page

for:

Property Owner

and has been noted in the chain of title of the affected property in:

Book

Page

In accordance with the Order of Conditions issued on:

Date

If recorded land, the instrument number identifying this transaction is:

Instrument Number

If registered land, the document number identifying this transaction is:

Document Number

Signature of Applicant



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

WPA Appendix E – Request for Departmental Action Fee Transmittal Form

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

A. Request Information

Important:

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



1. Person or party making request (if appropriate, name the citizen group's representative):

Name

Mailing Address

City/Town

State

Zip Code

Phone Number

Fax Number (if applicable)

Project Location

Mailing Address

City/Town

State

Zip Code

2. Applicant (as shown on Notice of Intent (Form 3), Abbreviated Notice of Resource Area Delineation (Form 4A); or Request for Determination of Applicability (Form 1)):

Name

Mailing Address

City/Town

State

Zip Code

Phone Number

Fax Number (if applicable)

3. DEP File Number:

B. Instructions

1. When the Departmental action request is for (check one):

- ☐ Superseding Order of Conditions
- ☐ Superseding Determination of Applicability
- ☐ Superseding Order of Resource Area Delineation

Send this form and check or money order for \$50.00, payable to the *Commonwealth of Massachusetts* to:

Department of Environmental Protection
Box 4062
Boston, MA 02211



Massachusetts Department of Environmental Protection

Bureau of Resource Protection - Wetlands

WPA Appendix E – Request for Departmental Action Fee Transmittal Form

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

B. Instructions (cont.)

2. On a separate sheet attached to this form, state clearly and concisely the objections to the Determination or Order which is being appealed. To the extent that the Determination or Order is based on a municipal bylaw, and not on the Massachusetts Wetlands Protection Act or regulations, the Department has no appellate jurisdiction.
3. Send a **copy** of this form and a **copy** of the check or money order with the Request for a Superseding Determination or Order by certified mail or hand delivery to the appropriate DEP Regional Office (see Appendix A).
4. 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.

“ATTACHMENT A”
under Mass. Wetlands Act. Ch. 131, S. 40
and the Townsend Wetlands Bylaw.

Findings

1. The lot is a pre-existing non-conforming lot. The Conservation Commission might not have issued an Order of Conditions for so much work within the Buffer Zone if the lot was not deemed a pre-existing non-conforming lot by the Building Commissioner.

General Conditions

1. All work must conform to the Notice of Intent dated March 13, 2002, plan entitled Sewage Disposal System for Meadow Road, Assessor's Map 36, Parcel 10 in Townsend, Mass., designed for William Fors & Linda Brown, Plan No. L-7008, dated Nov. 2001, last revised 3-06-02, prepared and signed by Daniel B. Wolfe of David E. Ross Associates, Inc., and all data submitted with the Notice of Intent at the Hearing on 4-03-02 and 4-17-02 except as provided in the following conditions, pursuant to the Wetlands Protection Act, Massachusetts General Laws Chapter 131, Section 40, and the Wetlands Bylaw, Town of Townsend, and the Rules and Regulations promulgated thereunder.
2. Any modifications or revisions to the plan(s) referenced, or any new plan(s), must be submitted to the Townsend Conservation Commission for review and a determination as to whether a new Notice of Intent is required. This Order may be amended if this procedure is not followed. The Commission reserves the right to require the applicant to file a new Notice of Intent for any appropriate plan changes or submittals, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
3. Before any work commences on the site it is the applicants/owner's responsibility to schedule a pre-construction meeting with the Conservation Commission or the Conservation Agent for inspection and approval of the erosion and sedimentation control barrier.
- 3a. **The existing piles of stockpiled materials must be removed prior to construction.**
4. The Townsend Conservation Commission shall be notified, in writing, at the time of all transfers of title to this property. At the time of conveyance of land, the new owners shall inform the Conservation Commission that they have read the Order of Conditions for the property, pursuant to the Town of Townsend Wetlands By-Law, and the Rules and Regulations promulgated thereunder.
5. No spoils of construction, construction material, or construction equipment shall be stored, placed, or operated in the wetland areas or within 100' of the wetland except as herein permitted, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
6. There shall be no discharge or spillage of fuel, oil, or other pollutants onto any part of this site. The applicant shall take all reasonable care and precautions to prevent the release of pollutants by ignorance, accident, or vandalism. In the event an accident does occur, the Conservation Commission shall be notified immediately, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.

7. No fill shall be stored within 100' of the wetland without adequate erosion control methods, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
8. Any erosion control devices (such as haybales or siltation fences) must be in place prior to any work on the site. Any such devices shall be installed in accordance with the details in the above-referenced plan(s) and shall be maintained in good working order until all adjacent disturbed areas are revegetated, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
9. There shall be no disturbance beyond the erosion control devices, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
- 9a. **The 35 ft. Buffer Zone must remain undisturbed with naturally occurring vegetation in perpetuity.**
- 9b. **There shall be a permanent demarcation of the 35 ft. Buffer Zone. Prior to installation, the applicant must propose a medium for the demarcation and obtain written approval from the Conservation Commission**
10. The proposed limit of work shall be clearly marked with stakes or flags. Such markers shall be maintained until the issuance of the Certificate of Compliance. Workers shall be informed that no-construction activity shall occur beyond this line at any time. A copy of the Order of Conditions shall be on the site at all times and be made a part of any contractor's agreement, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
11. No additional new construction or disturbance of the wetland not covered by the above-referenced plan(s) shall be permitted on this site until a determination has been made by the Conservation Commission, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
12. No construction site "bury holes" shall be located within 100' of the wetland, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
13. Only clean fill shall be used on this site, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
14. Water shall not be diverted from the wetland, nor shall anything be discharged into the wetland, during construction, pursuant to the Wetlands By-Law, Town of Townsend and the Rules and Regulations promulgated thereunder
15. Any storm drainage system, detention basins, compensatory storage areas, and erosion control devices shall be constructed during the initial phase of the project so that they are functional during construction, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.
16. No chemical pesticides, herbicides or insecticides shall be used within 100' of the wetland. No chemical de-icers shall be used on the driveway within 100' of the wetland, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.

17. By acceptance of the conditions of this Order of Conditions, the applicant concurs and agrees for itself and all assigns and successors in interest that the conditions of this Order of Conditions shall run with the land herein permitted and be binding upon and enforceable against the applicant and all assigns and successors in interest, pursuant to the Wetlands By-Law, Town of Townsend, and the Rules and Regulations promulgated thereunder.

PERMIT STANDARDS AND LIMITS:

18. This Order of Conditions regulates all activities for the referenced parcel under jurisdiction of the Wetlands Protection Act (M3L Ch. 131 sec. 40). Any activity not expressly proposed in the Notice of Intent or permitted by special condition under this Order of Conditions is prohibited.
19. Members and agents of the Department and/or the Townsend Conservation Commission, have the right to enter and inspect the premises to evaluate compliance with the conditions stated in this Order of Conditions, and may require the submittal of any data deemed necessary by the Commission for that evaluation.
20. All restrictions imposed by this Order of Conditions shall continue in force until compliance with its conditions is certified by the issuance of valid Certificate and said Certificate of Compliance has been recorded in Registry of Deeds or the Land Court for the district in which the land is located, within the chain of title of the affected property.
21. The general performance standards found at 310 CMR 10.54 (4), 10.55 and 10.56 (4) and the Definitions found at 310 CMR 10.04 are hereby incorporated by reference.
22. All work must conform to the Notice of Intent and all other additional plans and information submitted on behalf of the applicant.
23. At no time shall any solid waste or wood waste be buried within the resource areas or the buffer zone.

ADMINISTRATION:

24. A full copy of this Order of Conditions shall be on the site at all times while activities regulated by his Order are being performed.
25. During the construction phase of this project the on-site foreman, directing engineer, and designated construction manager, shall have copies of this permit at the site, familiarize themselves with the conditions of this permit, and adhere to its conditions.
26. This Order of Conditions shall apply to any successor in control or successor in interest of the property described in the Notice of Intent and accompanying plans.
27. To dispose of wood waste (stumps, logs, brush, etc.) on-site, the applicant must obtain a site assignment pursuant to M.G.L. Chapter 111, Section 150A, from the Townsend Board of Health with approval from the Department of Environmental Protection. Otherwise all waste products, grubbed stumps, slash, construction materials etc. shall be disposed at an approved landfill and shall not be in any manner incorporated into the project site with the exception of the reduction of stumps and slash to mulch.

28. Prior to the issuance of a certificate of compliance, the owner of the property covered by this Order of Conditions or their successors in title shall each be solely responsible for the maintenance of all erosion controls; siltation controls; drainage systems and all flood control facilities regulated by this Order of Conditions.

PRE-CONSTRUCTION ACTIVITIES

29. The contractor employed to execute filling and or grading activities within resource areas or the Buffer Zone must be provided a copy of this Order of Conditions and thereafter said contractor may be held jointly responsible for any violation and the penalties under law for such violation.

PLAN CHANGES

30. This Order of conditions regulates activities proposed in the Notice of Intent within the Buffer zone. Any changes or additions made to the plans unless specified otherwise in this order, which will or may, cause an area subject to protection under the Wetlands Protection Act, to be altered, or any changes in the activities permitted subject to regulation under M.G.L. Chapter 131, Section 40, shall require the applicant to inquire of the Commission, in writing, whether the changes are significant enough to require the filing of a new Notice of Intent. Only those changes which have no potential adverse impact to the interests of the Act and those which reduce direct alteration to resource areas will be considered. No change shall be undertaken until approval is given, by the Commission, in writing.

EROSION/SILTATION CONTROL:

31. Erosion and sediment controls shown on the approved plans must be in place prior to earth moving activities. These siltation controls shall be maintained in a state of good repair until all disturbed areas have been stabilized, or until a determination by the Commission stating that control measures are no longer necessary.
32. The siltation control structures shall be entrenched and/or have earth mounded against the up gradient face so as to prevent short circuiting of runoff around these controls.
33. Disturbed or exposed soil surfaces not actively being worked shall be temporarily stabilized with hay, straw, mulch or any other protective covering and/or method approved by the U.S. Department of Agriculture Soil Conservation Service.
34. All disturbed or exposed soil surfaces which have not been actively worked for 60 days shall be permanently stabilized.
35. All soil, debris, fill and excavated material shall be stockpiled outside the buffer zone at least 100 feet from all wetlands, at a location to prevent sediment from surface runoff entering the wetlands and be stabilized.
36. All final earth contours shall be permanently stabilized by the application of loam and seed or sod.
37. The Commission reserves the right to impose additional conditions to protect resource areas and interests as defined in MGL Chapter 131, Section 40 (310 CMR 10.00 and the Wetlands By-Law, Town of Townsend, and the Rules and Regulations Promulgated

thereto, if activity in conjunction with this project results in an un-permitted alteration of wetlands resource areas or any noticeable degradation of surface water quality discharging from the site.

38. The Commission reserves the right to require additional erosion controls or siltation prevention controls if deemed necessary.
39. Erosion control devices may be modified based on experience at the site. All such devices shall be inspected, cleaned, and/or replaced during construction and shall remain in place until such time stabilization of all areas that may impact resource areas is permanent. These devices shall be inspected to assure maximum control has been provided after any rainfall.
40. Construction materials and equipment shall be stored in a manner and location that will minimize the compaction of soils and the concentration of runoff.
41. All siltation control structures will be inspected and maintained as necessary and after every rainfall event equal to or greater than one-inch per hour.
42. The applicant shall make all diligent effort to minimize the area/extent of open, disturbed or exposed soil surfaces.

PROTECTION OF RESOURCE AREAS:

43. The haybale barrier or silt fence shall serve as a work limit line for this project. Under no circumstances is any work allowed to take place on resource area side of the haybale barrier.

POST CONSTRUCTION ACTIVITIES

44. Upon completion of the project all disturbed areas shall be permanent stabilized with rapidly growing cover with sufficient topsoil to assure long term stabilization of disturbed areas.
45. Brush may not be stockpiled within 25 feet of any wetland. [Note: brush should not be stockpiled in violation of Townsend Fire Department regulations].

vel/# 1562H

Massachusetts Department of Environmental Management
Office of Water Resources
Well Completion Report

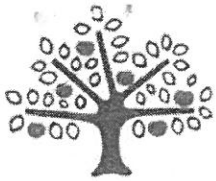
114586

TYPE OR PRINT ONLY

1. WELL LOCATION		2. GPS (OPTIONAL)		LATITUDE		LONGITUDE	
Address at Well Location: <u>91 Meadow Road</u>		Property Owner: <u>Donna Murphy</u>		Mailing Address: <u>10 Harget Drive #12</u>		City/Town: <u>Pepperell, MA 01463</u>	
Subdivision Name: _____		Assessors Map _____		Assessors Lot #: _____		NOTE: Assessors Map and Lot # mandatory if no street address available	
Board of Health permit obtained: Yes <input checked="" type="checkbox"/> Not Required <input type="checkbox"/>		Permit Number: <u>4049</u>		Date Issued: <u>5-1-02</u>			
2. WORK PERFORMED		3. PROPOSED USE		4. DRILLING METHOD			
<input checked="" type="checkbox"/> New Well <input type="checkbox"/> Deepen <input type="checkbox"/> Replace		<input type="checkbox"/> Abandon <input type="checkbox"/> Recondition <input type="checkbox"/> Other _____		<input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Monitoring <input type="checkbox"/> Industrial		<input type="checkbox"/> Irrigation <input type="checkbox"/> Municipal <input type="checkbox"/> Other _____	
				<input type="checkbox"/> Cable <input checked="" type="checkbox"/> Air Hammer <input type="checkbox"/> Mud Rotary		<input type="checkbox"/> Auger <input type="checkbox"/> Direct Push <input type="checkbox"/> Other _____	
5. WELL LOG		6. WELL SKETCH (Use permanent tape/paper with dimensions)					
From (ft) To (ft) <u>0</u> <u>20</u> <u>20</u> <u>520</u>		Unconsolidated Permeability: High <input type="checkbox"/> Low <input type="checkbox"/> Clay <input type="checkbox"/> Silt <input type="checkbox"/> Sand <input checked="" type="checkbox"/> Gravel <input checked="" type="checkbox"/> Cobbles <input type="checkbox"/> Boulders <input type="checkbox"/> Other <input type="checkbox"/> Consolidated Rock Type: <u>Bedrock</u>		Sketch showing well location on Meadow Rd. 75' from corner. Well is 1/8 mile from corner.			
7. WELL CONSTRUCTION		8. SCREEN		9. WELL INFORMATION			
Total Depth Drilled: <u>520</u>		From (ft) To (ft): <u>0</u> <u>40</u>		Casing Type and Material: <u>steel</u>		Size O.D. (in): <u>6 5/8</u>	
Date Drilling Complete: <u>6-10-02</u>						Well Seal Type: <u>drive shoe</u>	
From (ft) To (ft):		Slot Size:		Screen Type and Material:		Screen Diameter:	
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>Hydro</u> Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Date: <u>6-28-02</u>		Yield (GPM): <u>8 gpm</u>		Time Pumped (hrs & min): <u>8 hrs</u>		Drawdown to (Ft. BGS): <u>250'</u>	
Method: <u>pump (temp)</u>				Time Recovery to (hrs & min): <u>24</u>		Recovery to (Ft. BGS): <u>474'</u>	
						Date Measured: <u>6-11-02</u>	
						Depth Below Ground Surface (FT): <u>220 +/-'</u>	
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____			
				Nominal Pump Capacity (gpm): _____			
15. _____		16. _____		17. _____			
Pump Description: _____		Horsepower: _____		Pump Intake Depth (ft): _____</			

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

DRILLER COPY



Nashoba Associated Boards of Health
Environmental Health Service
30 Central Avenue, Ayer, MA 01432

Commonwealth of Massachusetts
Certificate of Compliance
Townsend, Massachusetts

This is to certify that the installation, allowed by the Sewage Disposal Works Construction Permit for:

System in Full Compliance with Title 5

At the following address: 182 WARREN RD. LOT 1

has been constructed/abandoned in accordance with the provisions of Title 5 (310 CMR 15.000) and of the aforementioned Sewage Disposal Works Construction Permit.

This permit has been issued on the plans submitted by: **WHITMAN AND BINGHAM**
(Design Engineer)

Plan Number: **03-40**

Approved on **11/3/2003**

This Certificate of Compliance is for the use intended by the Sewage Disposal Works Construction Permit as described below:

PROPOSED FOUR (4) BEDROOM DWELLING

The issuance of this Certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on: **5/22/2008**

Design Engineer of Record: **WHITMAN AND BINGHAM**

Installer of System: **STEVEN KIDD**

For the Approving Authority


for
Benjamin Cutone

Date: **5/22/2006**

(978) 772-3335

(800) 427 9762

FAX (978) 772-4947

(Massachusetts Department of Environmental Protection (DEP) approved form. See approval letter from DEP dated 3/5/99)

182

NASHOBA ASSOCIATED BOARDS OF HEALTH
ENVIRONMENTAL HEALTH DIVISION

AYER, MA 01432

978 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

Permit For: System in Full Compliance with Title 5

OK #1018 paid 1/16/04
#185701 NSN
03-068

ISSUED FOR THE

Townsend

BOARD OF HEALTH

OWNER: CMG LIMITED PARTNERSHIP

(not transferable - for real permit transfer must be requested upon change of ownership)

LOCATION OF LOT: 182 WARREN RD. LOT 1

MAP/PARCEL: 31-38

Date Permit Issued: November 03, 2003

Lot Size: 3 ACRES

Soil Description: 0-24" TOP & SUBSOIL, 24-96" S & G, ESHWT @ 96", NO OHWT

Groundwater: 96"

PERC RATE: 2 MPI

ENGINEERING OR SPECIAL PREPARATION:

System to be installed according to engineered plan No: 03-40

Dated: 8/26/2003 Revised 0/28/2003

By: WHITMAN AND BINGHAM

Bedroom Count: PROPOSED FOUR (4) BEDROOM DWELLING

Water Supply: ☒ Well ☐ Town

Primary Installation: 1500 GALLON SEPTIC TANK, 1000 GALLON PUMP CHAMBER 1000 gal. S.T.

Secondary Installation: 3 - 50' L X 2' W X 1' D LEACHING TRENCHES

Special Notes:

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT AGENT

John J. Whelan *John L. Whelan*

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system.

SIGNED

☒ Owner

☒ Contractor

☒ Licensed Installer

Record of Inspections

NABH Licensed Installer:

Steven Kidd

INSPECTIONS REQUIRE

- ☒ TRENCH excavation, before fill/stone by ☐ Eng ☒ NABH
- ☐ Fill in place by ☐ Engineer ☐ NABH
- ☒ Completed system prior to backfill
- ☒ Final fill and grading ON ENG. AS-BUILT PLAN
- ☒ Engineer certification in writing of completed system
- ☒ As built plans ☒ by design engineer *BC* ☒ by installer
- ☒ Well completion report and water test submitted to this office
- ☐ Recorded deed/fill easements submitted to this office
- ☒ SDS & WELL TO BE STAKED BY ENG.
- ☒ WELL PERMIT
- ☒ All inspections completed

Inst. Date

Inst. By:

1-13-05

BC

5-16-05

BC

8-8-05

BC

8-8-05

BC

5-22-06

BC

8-8-05

BC

5-22-06

BC

A NEWHOUSE CANNOT BE OCCUPIED OR SOLD UNTIL A CERTIFICATE OF COMPLIANCE IS OBTAINED.

Thorstensen Laboratory, Inc.

LITTLETON ROAD, WESTFORD, MA 01886

(978) 692-8395 FAX (978) 692-0023 1-800-649-TEST

Report Number 89912

Report Date: 2/15/05

Client:

Sample Information:

R & M Contracting

Received in Sealed Envelope

82 West St.

186 Warren Rd.

Pepperell MA 01463

Townsend MA

Sampled by: NBOH Staff

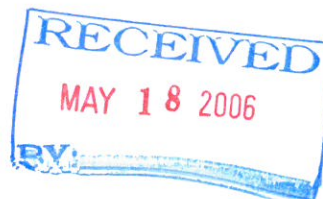
Date Received: 2/14/05

Date Sampled: 2/14/05

Certificate of Analysis

<u>Test Parameter</u>	<u>EPA Limit</u>	<u>Results</u>	<u>Units</u>
Total Coliform (P)	0	0	per100ml
Fecal Coliform (P)	Absent	Absent	per100ml
<i>E. coli</i>	Absent	Absent	per100ml
Chlorine	Not Spec.	<0.02	mg/L

O.K.
BC
2-17-05

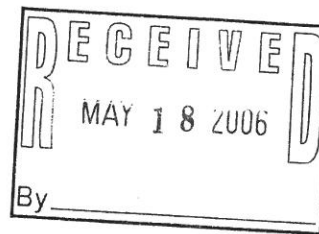
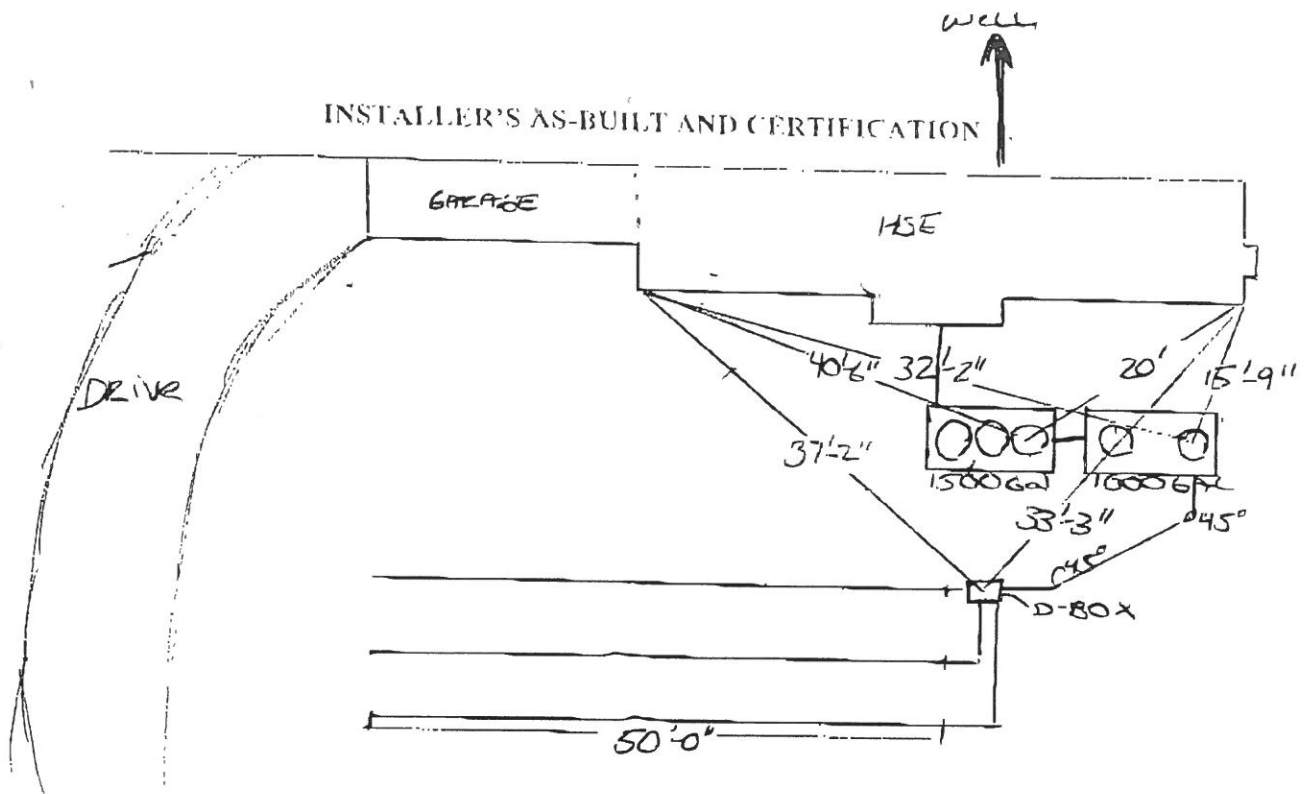


This water sample as submitted, meets all State, Local and Federal (EPA) requirements for Coliform Bacteria.

Massachusetts Certification # MA048

A handwritten signature in cursive script, appearing to read "Michael P. Carlson".

Michael P. Carlson, for
Thorstensen Laboratory Inc.



SKETCH (to include the well and or water line location and the driveway location)

I Steven Kidd CERTIFY THAT ON May 13 2005 INSTALLED
 (Date) 182
 THE ABOVE SEPTIC SYSTEM FOR Rich Megary AT Warren Rd
 (Owner's name) (Street name)
 IN THE TOWN OF Townsend ALSO KNOWN AS LOT 1 IN ACCORDANCE
 WITH TITLE 5, 310 CMR 15.000, THE APPROVED PLAN(S) BY Whitman & Bingham
 (Eng)

03-40 AND THE BOARD OF HEALTH REQUIREMENTS
 (Plan #) (Revised)
Steve M. Kidd 5-13-05
 INSTALLER'S SIGNATURE & DATE
247
 LICENSE NUMBER

Thorstensen Laboratory, Inc.

66 LITTLETON ROAD, WESTFORD, MA 01886

(978) 692-8395 FAX (978) 692-0023 1-800-649-TEST

Report Number: 89360

Report Date: 1/21/05

McKenna Well Drilling

PO Box 458

Jaffrey

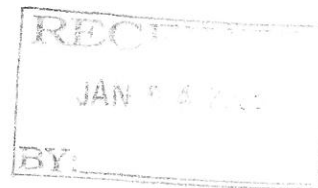
NH 03452

Received in sealed envelope

CMG

186 Warren Rd

Townsend MA



Date Sampled: 1/14/05

Sampled by: NBOH

EPA 524.2

PARAMETER	MCL	RESULT
Benzene	5.0	ND
Carbon Tetrachloride	5.0	ND
1,1-Dichloroethylene	7.0	ND
1,2-Dichloroethane	5.0	ND
p-Dichlorobenzene	5.0	ND
Trichloroethylene	5.0	ND
1,1,1-Trichloroethane	200.	ND
Vinyl Chloride	2.0	ND
Monochlorobenzene	100.	ND
ortho-Dichlorobenzene	600.	ND
trans-1,2-Dichloroethylene	100.	ND
cis-1,2-Dichloroethylene	70.0	ND
1,2-Dichloropropane	5.0	ND
Ethylbenzene	700.	ND
Styrene	100.	ND
Tetrachloroethylene	5.0	ND
Toluene	1000.	ND
Xylenes(Total)	10000.	ND
Dichloromethane	5.0	ND
1,2,4-Trichlorobenzene	70.0	ND
1,1,2-Trichloroethane	5.0	ND
Chloroform	..	3
Bromodichloromethane	..	0.6
Chlorodibromomethane	..	0.6
Bromoform	..	ND
m-Dichlorobenzene	..	ND
Dibromomethane	..	ND
1,1-Dichloropropene	..	ND
1,1-Dichloroethane	..	ND

PARAMETER	MCL	RESULT
1,1,2,2-Tetrachloroethane	..	ND
1,3-Dichloropropane	..	ND
Chloromethane	..	ND
Bromomethane	..	ND
1,2,3-Trichloropropane	..	ND
1,1,1,2-Tetrachloroethane	..	ND
Chloroethane	..	ND
2,2-Dichloropropane	..	ND
o-Chlorotoluene	..	ND
p-Chlorotoluene	..	ND
Bromobenzene	..	ND
1,3-Dichloropropene	..	ND
1,2,4-Trimethylbenzene	..	ND
1,2,3-Trichlorobenzene	..	ND
n-Propylbenzene	..	ND
n-Butylbenzene	..	ND
Naphthalene	..	ND
Hexachlorobutadiene	..	ND
1,3,5-Trimethylbenzene	..	ND
p-Isopropyltoluene	..	ND
Isopropylbenzene	..	ND
t-Butylbenzene	..	ND
sec-Butylbenzene	..	ND
FluoroTrichloromethane	..	ND
Dichlorodifluoromethane	..	ND
Bromochloromethane	..	ND
*MethylTertiaryButylEther	..	ND

% Recovery of Internal Standards:

4-Bromofluorobenzene 94

1,2-Dichlorobenzene-d 109

Detection Limit: 0.5 ug/L

Subcontracted to Mass DEP Lab MA072.

ND=None Detected

MCL= Maximum Contamination Level

Results are in ug/L

*MTBE (Optional)

Michael P. Carlson, for

Thorstensen Laboratory Inc.

Thorstensen Laboratory, Inc.

66 LITTLETON ROAD, WESTFORD, MA 01886

(978) 692-8395 FAX (978) 692-0023 1-800-649-TEST

Report Number 89360

Client:

McKenna Well Drilling

PO Box 458

Jaffrey NH 03452

Report Date: 1/19/05

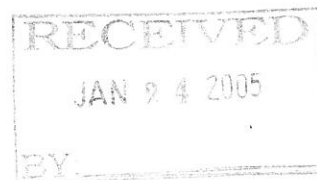
Sample Information:

Received in sealed envelope

CMG

186 Warren Rd

Townsend MA



Sampled by: NBOH

Date Received: 1/14/05

Date Sampled: 1/14/05

Certificate of Analysis

<u>Test Parameter</u>	<u>Advisory Limit</u>	<u>Results</u>	<u>Units</u>
Radon	2,000-20,000	1100	pCi/L

The U.S. Environmental Protection Agency has not set guidelines for acceptable levels of Radon in private wells, but various states have set action guidelines of 2,000-20,000 picoCuries of Radon per liter of water (pCi/L).

2,000 -New Hampshire

10,000-Massachusetts

20,000-Maine

Massachusetts Certification # MA048

Michael P. Carlson, for

Thorstensen Laboratory Inc.

Thorstensen Laboratory, Inc.

66 LITTLETON ROAD, WESTFORD, MA 01886

Report Number 89360

(978) 692-8395 FAX (978) 692-0023 1-800-649-TEST
Report Date: 1/19/05

Client:

Sample Information:

McKenna Well Drilling

Received in sealed envelope

PO Box 458

CMG

Jaffrey NH 03452

186 Warren Rd

Townsend MA

Sampled by: NBOH

Date Received: 1/14/05

Date Sampled: 1/14/05

Certificate of Analysis

<u>Test Parameter</u>	<u>EPA Limit</u>	<u>Results</u>	<u>Units</u>
Total Coliform (P)	0	0 ✓	pcr100ml
Fecal Coliform/ E.coli (P)	Absent	Absent ✓	per100ml
Arsenic (P)	0.05	0.005 ✓	mg/L
Calcium	Not Spec.	37.0	mg/L
Copper (S)	1.3	<0.02	mg/L
Iron (S)	0.3	# 2.5	mg/L
Lead (P)	0.015	0.001 ✓	mg/L
Magnesium	Not Spec.	7.9	mg/L
Manganese (S)	0.05	# 0.07	mg/L
Potassium	Not Spec.	1.2	mg/L
Sodium	See Note	30.2	mg/L
Alkalinity (S)	Not Spec.	126	mg/L
Ammonia-N	Not Spec.	<0.03	mg/L
Chloride (S)	250	45.0	mg/L
Chlorine	Not Spec.	0.47	mg/L
Color (S)	15	# 60	CPU
Conductivity	Not Spec.	392	umhos/cm
Fluoride (S)	4.0	0.2	mg/L
Hardness	Not Spec.	125	mg/L
Nitrate-N (P)	10	0.22 ✓	mg/L
Nitrite-N (P)	1	<0.01 ✓	mg/L
Odor	3	# 5	TON
pH (S)	6.5-8.5	7.1	SU
Sulphate (S)	250	7.5	mg/L
Turbidity	Not Spec.	19	NTU
Sediment	pos/neg	pos	

Legends:

(P)=Primary EPA Standard, (S)=Secondary EPA Standard, #=Exceeds EPA Limit,
 TNTC=Too Numerous to Count, *=Background Bacteria Noted, ' = Exceeds Advisory Limit
 Sodium Advisory Limits, Mass.=20, NH.=250.

This water sample as submitted is considered SAFE to drink according to EPA/FHA guidelines.
 However, one or more parameters exceeds secondary limits as denoted by the # sign.

Massachusetts Certification # MA048

Michael P. Carlson

Michael P. Carlson, for

Thorstensen Laboratory Inc.

Thorstensen Laboratory, Inc.

66 LITTLETON ROAD, WESTFORD, MA 01886

Report Number 89360

Client:

McKenna Well Drilling

PO Box 458

Jaffrey NH 03452

Sampled by: NBOH

(978) 692-8395 FAX (978) 692-0023 1-800-649-TEST

Report Date: 1/17/05

Sample Information:

Received in sealed envelope

CMG

186 Warren Rd

Townsend MA

Date Received: 1/14/05 Date Sampled: 1/14/05



Certificate of Analysis

Test Parameter	EPA Limit	Results	Units
Total Coliform (P)	0	0	per100ml
Fecal Coliform/ E.coli (P)	Absent	Absent	per100ml
Arsenic (P)	0.05	0.005	mg/L
Calcium	Not Spec.	37.0	mg/L
Copper (S)	1.3	<0.02	mg/L
Iron (S)	0.3	# 2.5	mg/L
Lead (P)	0.015	0.001	mg/L
Magnesium	Not Spec.	7.9	mg/L
Manganese (S)	0.05	# 0.07	mg/L
Potassium	Not Spec.	1.2	mg/L
Sodium	See Note	30.2	mg/L
Alkalinity (S)	Not Spec.	126	mg/L
Ammonia-N	Not Spec.	<0.03	mg/L
Chloride (S)	250	45.0	mg/L
Chlorine	Not Spec.	0.47	mg/L
Color (S)	15	# 60	CPU
Conductivity	Not Spec.	392	umhos/cm
Fluoride (S)	4.0	0.2	mg/L
Hardness	Not Spec.	125	mg/L
Nitrate-N (P)	10	0.22	mg/L
Nitrite-N (P)	1	<0.01	mg/L
Odor	3	# 5	TON
pH (S)	6.5-8.5	7.1	SU
Sulphate (S)	250	7.5	mg/L
Turbidity	Not Spec.	19	NTU
Sediment	pos/neg	pos	

Legends:

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Sodium Advisory Limits, Mass.=20, NH=250.

This water sample as submitted is considered SAFE to drink according to EPA/FHA guidelines.

However, one or more parameters exceeds secondary limits as denoted by the # sign.

Massachusetts Certification # MA048

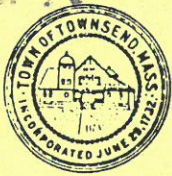
Michael P. Carlson
Michael P. Carlson, for

Thorstensen Laboratory Inc.

*This sample exceeds
the Massachusetts
advisory for sodium.
Persons on a low sodium
diet or with heart
disease should consult
their physician prior
to consumption.

*This sample tested
positive for chlorine, it
will must be resampled
for bacteria + chlorine

Ben C
1-25-05



Town of Townsend

Massachusetts 01469

BEAR DOWN HARD - YOU ARE WRITING ON 5 COPIES

Mail

Name of Owner Dan O'GRADY		Date 7-3-96	Permit # 7-187-96
Address of Applicant SURFSIDE POOL CO		Telephone 597 8531	
Location of Property No 7	Street Partridge	If in a Subdivision-Name	
Side of Street <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Map # 17	Parcel # 24	Size of Lot 1.7
Purchased Property From-Date Name		Check One <input type="checkbox"/> Sq. Ft. <input checked="" type="checkbox"/> Acres	
Date		Are there any bodies of water, streams or swamp areas on or abutting lot <input type="checkbox"/> Yes <input type="checkbox"/> No	

A Plot Plan with Building and Driveway Located must accompany Application for a Permit for a New Building.

Builders Name SURFSIDE POOL	Telephone 342 7362
Builders Address 139 Lumburg St. Fitchburg	License # 031352
Purpose of New Building or Alteration Approved Swimming Pool	If a dwelling Sq. Feet of Living Area:

Overall Dimensions of Building 18x36	No. of Stories	No. of Rooms	No. of Family Units	Is Sewerage System to be: <input type="checkbox"/> Constructed <input type="checkbox"/> Repaired <input type="checkbox"/> Altered	
No. of Bedrooms	No. of Bathrooms	No. of Lavatories	No. of Garbage Disposal Units	Water Supply <input type="checkbox"/> Town Water <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well	
Type of Construction Galv. Steel/Frame	Foundation Material		Type of Heating System		No. of Fireplaces
Garage <input type="checkbox"/> Separate <input type="checkbox"/> Attached <input type="checkbox"/> In Basement	Number of Vehicles	Permit Fee \$50.00	Estimate or Contract Cost 10,500		
Approved by Board of Health		Date 7/15/96	Received Payment PAID IN FULL \$50.00 CR#21776		
Approved by Planning Board		Date	Applicant Agrees to abide by the Rules and Regulations of the Building, Wiring, Gas and Plumbing Inspectors, Board of Health, Zoning Board, Board of Appeals, Highway and Water Departments, Board of Selectmen, Fire Chief and all applicable town By-Laws. No changes or alterations permitted unless revised plans are submitted and approved.		
Approved by Conservation Comm		Date			
Approved by Fire Chief		Date			
Approved by Highway Department		Date			
Approved for Zoning		Date 7/3/96			
Approved by Building Inspector		Date 7/3/96	Signature of Applicant Richard Hays		
Restrictions			Use Group:		

Is there plumbing, heating, electrical associated with this construction? <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> None	Fire Grading:
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Town of Townsend

Massachusetts 01469

BEAR DOWN HARD - YOU ARE WRITING ON 5 COPIES

Name of Owner <i>Daniel and Kathleen Twombly</i>		Date <i>7/10/94</i>	Permit # <i>T-185-96</i>
Address of Applicant <i>4 Partridge Circle</i>		Telephone <i>597-0273</i>	
Location of Property No	Street <i>Same</i>	If in a Subdivision-Name	Lot No <i>15</i>
Side of Street <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West	Map # <i>17</i>	Parcel # <i>24</i>	Size of Lot <i>1.020</i>
Purchased Property From-Date		Are there any bodies of water, streams or swamp areas on or abutting lot <input type="checkbox"/> Yes <input type="checkbox"/> No	

A Plot Plan with Building and Driveway Located must accompany Application for a Permit for a New Building.

Builders Name <i>Owner</i>	Telephone
Builders Address	License #
Purpose of New Building or Alteration <i>Deck 10'x18'</i>	If a dwelling Sq. Feet of Living Area:

Overall Dimensions of Building	No. of Stories	No. of Rooms	No. of Family Units	Is Sewerage System to be: <input type="checkbox"/> Constructed <input type="checkbox"/> Repaired <input type="checkbox"/> Altered
No. of Bedrooms	No. of Bathrooms	No. of Lavatories	No. of Garbage Disposal Units	Water Supply <input type="checkbox"/> Town Water <input type="checkbox"/> New Well <input type="checkbox"/> Existing Well
Type of Construction	Foundation Material	Type of Heating System	No. of Fireplaces	

Garage <input type="checkbox"/> Attached <input type="checkbox"/> Separate <input type="checkbox"/> In Basement	Number of Vehicles	Permit Fee <i>\$20.</i>	Estimate or Contract Cost
---	--------------------	-------------------------	---------------------------

Approved by Board of Health <i>[Signature]</i>	Date <i>7/15/96</i>	Received Payment <i>\$20. check # 840 7/10/96 kh</i>
--	---------------------	--

Approved by Planning Board	Date	Applicant Agrees to abide by the Rules and Regulations of the Building, Wiring, Gas and Plumbing Inspectors, Board of Health, Zoning Board, Board of Appeals, Highway and Water Departments, Board of Selectmen, Fire Chief and all applicable town By-Laws. No changes or alterations permitted unless revised plans are submitted and approved.
Approved by Conservation Comm	Date	
Approved by Fire Chief	Date	
Approved by Highway Department	Date	
Approved for Zoning <i>[Signature]</i>	Date <i>7/15/96</i>	

Approved by Building Inspector <i>[Signature]</i>	Date <i>7/15/96</i>	Signature of Applicant <i>Kathleen Twombly</i>
Restrictions		

Use Group:

Fire Grading:

Are there plumbing, heating, electrical associated with this construction? <input type="checkbox"/> P <input type="checkbox"/> H <input type="checkbox"/> E <input type="checkbox"/> None

NASHOBA ASSOCIATED BOARDS OF HEALTH

\$10.00

ENVIRONMENTAL HEALTH DIVISION
AYER, MA 01432 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

- ☒ To install a new Sewage Disposal system
☐ To repair existing Sewage Disposal system this permit is issued under the
Emergency Section 11.05 of 310 CMR 11.00 Environmental Code, Title 1

#7

ISSUED FOR THE TOWNSEND BOARD OF HEALTH

OWNER Gary Lorden

(NOT TRANSFERABLE - FORMAL PERMIT TRANSFER MUST BE REQUESTED UPON CHANGE OF OWNERSHIP)

LOCATION OF LOT OR INSTALLATION PARTRIDGE CIRCLE LOT NO. 17

Original permit issued to Co-Operative Bank

DATE PERMIT ISSUED November 7, 1988

LOT SIZE 1.73 AC

SOIL DESCRIPTION 0-2' T & S; 2-10' sand & gravel; GWO 7½'

PERC. RATE 2 min/inch

ENGINEERING OR SPECIAL PREPARATION: ☒ System to be installed according to engineered plan No. M-9737
by C.A. Perkins revised 10/31/88

SYSTEM DESIGNED FOR: 4 Bedroom House

WATER SUPPLY: ☒ Town
☐ Well

PRIMARY INSTALLATION 1250 gallon septic tank

SECONDARY INSTALLATION 45' X 18' leaching bed; (816 SF)

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT: JAG

Monica Westerbach
BOARD OF HEALTH

Carol A. Sellers
BOARD OF HEALTH

George J. Ly
BOARD OF HEALTH

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system; and if I am the contractor installing this system, I further agree to correct any fault caused by defective material or workmanship appearing in this system within one year from date of occupancy.

SIGNED [Signature]

☒ Owner ☐ Contractor ☐ Licensed Installer

CERTIFICATE OF COMPLIANCE

INSPECTIONS REQUIRED:

- ☒ Bed and trench excavation, before fill / stone by eng./NABH
☒ Fill in place by eng./NABH
☒ Completed system prior to backfill
☒ Final fill and grading by eng./NABH
☒ Engineer certification in writing of completed system
☒ As built plan ☒ By Design Engineer ☒ By Installer
☒ Water supply (if well) * as-built water line
☐ Recorded deed easements
☒ Eng to stake bed
☐
☒ Inspection completed

Installer _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

Date: _____ By: _____

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL THIS CERTIFICATE IS COMPLETED.

IMPORTANT NOTES

1. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED A GUARANTEE THAT THE SYSTEM WILL FUNCTION PROPERLY.
2. INSTALLATION OR REPAIR MUST BE PERFORMED BY NASHOBA LICENSED INSTALLER.
3. FAILURE BY INSTALLER TO CONFORM TO ALL REQUIREMENTS OF THIS PERMIT MAY LEAD TO SUSPENSION OR REVOCATION OF INSTALLER'S PERMIT.
4. THE OWNER SHOULD BE AWARE OF WETLANDS PROTECTION REQUIREMENTS OF THE LOCAL CONSERVATION COMMISSION.
5. THE SYSTEM IS NOT DESIGNED FOR GARBAGE DISPOSAL.
6. THE SYSTEM IS DESIGNED FOR USE STATED ABOVE.
7. PERMIT IS VOID TWO YEARS AFTER DATE OF ISSUE.
8. LEACH SYSTEMS MUST BE KEPT 100 FEET FROM ALL WELLS.
9. PROPER MAINTENANCE OF A SYSTEM REQUIRES ANNUAL PUMPING.
- *10. COLIFORM BACTERIA TEST REQUIRED, COMPLETE POTABILITY TEST RECOMMENDED.

OWNER

Failure to comply with the Wetlands Protection act MGL C -131S-40 and the town of Townsend bylaws shall make this permit null and void. Changes to this permit without Board of Health approval shall also make this permit null and void.