



# Office of the Town Clerk

## Town of Leicester

3 Washburn Square • Leicester, Massachusetts 01524-1333  
Telephone (508) 892-7011 • Fax: (508) 892-7070

**DEBORAH K. DAVIS**  
TOWN CLERK  
E-mail: davisd@leicesterma.org

**Susan M. Zuscak**  
ASSISTANT TOWN CLERK  
E-mail: zuscaks@leicesterma.org

**April 22, 2019**



Bk: 60350 Pg: 161  
Page: 1 of 4 05/01/2019 02:52 PM WD

### SPECIAL PERMIT DECISION

I hereby certify that the twenty (20) days have elapsed from the date the Decision was filed in my office by the **Zoning Board**, which **APPROVED** the petition of Pyramids DGC, 103 Marshall Street, Leicester, MA 01524. The applicant seeks to modify an existing disc golf operation (Pyramids DGC) by building a 100"x40" structure to be used as a commercial disc golf pro shop and to allow this structure between the existing dwelling and the front lot line on the property. Owner: same as applicant. The applicant requests a Special Permit under 6.4.02 (Special Permit) and Section 3.2.06.3 The property is located in the Suburban Agricultural (SA) District. Special Permit of the Leicester Zoning Bylaws. See Attached.

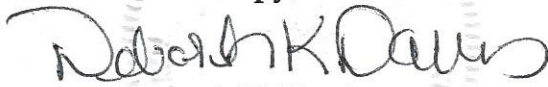
Deed Reference: Book: 51300 Page: 383

Map: 5 Parcel: A3.1

Special Permit Filed: April 1, 2019

No Appeal has been filed with my office against this Decision.

A True Copy, Attest:

  
Deborah K. Davis



## Town of Leicester ZONING BOARD OF APPEALS

3 Washburn Square  
Leicester, Massachusetts, 01524-1333  
Phone: 508-892-7007 Fax: 508-892-7070  
www.leicesterma.org

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2019 APR - 1 PM 12:42  
TOWN CLERK'S OFFICE  
LEICESTER, MASS.

### Certificate of Decision on Special Permit

Approval Date: March 27, 2019  
Project Name: Pyramids DGC  
Location of Project: 103 Marshall Street, Leicester  
Assessors Reference: Map 5, Parcel A3.1  
Deed Reference: Book 51300/Page 383  
Zoning District: Suburban-Agricultural (SA)  
Total Acreage: 12.17 acres  
Type of Use: To modify an existing disc golf operation (Pyramids DGC) by building a 100'x 40' structure to be used as a commercial disc golf pro shop and to allow this structure between the existing dwelling and the front lot line on the property.  
Building Area: 100' x 40' (steel building)  
Applicant(s): Jason Southwick  
103 Marshall Street  
Leicester, MA 01524  
Owner(s): Same as Applicant  
Plans Prepared by: Finlay Engineering Services  
Plans Dated: May 2, 2018, revised January 3, 2019  
Application Date: February 20, 2019  
Public Hearing: March 27, 2019 duly noticed and posted in accordance with the provisions of the Zoning Act, MGL c.40A and the Open Meeting Law, MGL c. 39, §23A - §23C.  
Voting Members: Vaughn Hathaway, Jim Buckley, Richard Johnston, Mary Moore, and Jim Reinke  
ZBA Action: **Approved**

**Summary Description of Application:**

The Applicant was granted a Special Permit April 26, 2004 under Section 3.2.06.3 to operate a disc golf course and pro shop (Pyramids DGC) on this site in the Suburban Agriculture (SA) district. The existing pro shop is located inside the single-family home on the premises. The applicant requests a Special Permit under Section 6.4.02 (Special Permits) and Section 1.5.01 (Accessory Buildings). The proposed project is to modify the existing disc golf operation by building a 100'x 40' structure to be used as a commercial disc golf pro shop. The existing pro shop is proposed to be relocated to the new structure. A special permit is required to allow this modification and to allow a structure between the existing dwelling and the front lot line on the property (Section 1.5.01). The proposed building will be served by the existing well and septic system on the site, subject to Board of Health review and approval. The proposed project will also require Site Plan Approval by the Planning Board.

**Findings:**

Leicester Zoning Board of Appeals made the following findings as required by M.G.L. Chapter 40A, Section 9 and Section 6.4.02 of the Leicester Zoning Bylaws:

1. That the proposed use is in harmony with the general purpose and intent of the Zoning Bylaw (MGL40A§9).
2. That the site is an appropriate location for the use or structure, is adequately served by water and sewer (or septic), will not cause adverse effect on the neighborhood, will not cause nuisance or serious hazard to vehicles or pedestrians, and has adequate and appropriate facilities to ensure the operation of the proposed use, structure, or condition (Zoning Bylaw §6.4.02).

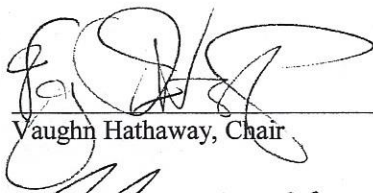
Based on these findings, the Leicester Zoning Board of Appeals, as the Special Permit Granting Authority, pursuant to Section 6.4 of the Leicester Zoning Bylaws, voted **4 in favor/1 opposed** to **approve** the Special Permit as herein described, with the following conditions:

**Conditions:**

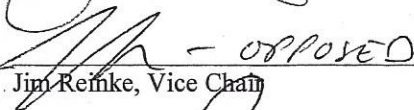
1. No outside storage of items between the proposed building and the road.
2. No outside waste dumpster.
3. The building shall be a neutral color.



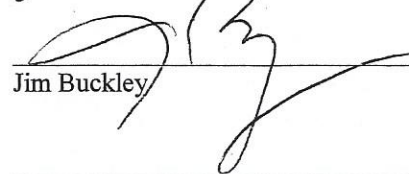
Leicester Zoning Board of Appeals:



Vaughn Hathaway, Chair

 - OPPOSED

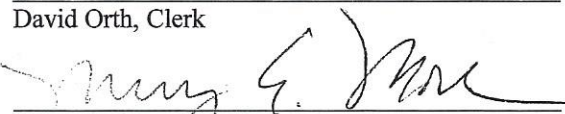
Jim Reinke, Vice Chair



Jim Buckley

- Alternate

David Orth, Clerk

  
Mary Moore  
Richard Johnston - Alternate

- Alternate

This **Special Permit** shall not take effect until a copy is recorded with the Worcester District Registry of Deeds Pursuant to MGL, Chapter 40A§11. Any construction authorized hereunder must commence no later than one year from the granting of the Special Permit.

Notice of this Decision will be sent by the Board to persons notified of the hearing (parties in interest) pursuant to MGL Chapter 40A§9.

Any appeal to this Decision must be made to the Superior Court within 20 days after the filing of this Decision with the Town Clerk, in accordance with MGL Chapter 40A§17.

**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner  
information is  
required for  
every page.

103 Marshall Street

Property Address

Jason Southwick

Owner's Name

Leicester

City/Town

MA

State

01524

Zip Code

May 22, 2019

Date of Inspection

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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

**A. Inspector Information**

John E. Finlay II, P.E.

Name of Inspector

Finlay Engineering Services

Company Name

625 Chandler Street

Company Address

Worcester

City/Town

508-757-1595

Telephone Number

MA

State

01602

Zip Code

SI1210

License Number

**B. Certification**

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

1. ☐ Passes
2. ☒ Conditionally Passes
3. ☐ Needs Further Evaluation by the Local Approving Authority
4. ☐ Fails

Inspector's Signature

Date

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 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 form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

**Please note: 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.**



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## C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

### 1) System Passes:

- ☐ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

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### 2) System Conditionally Passes:

- ☒ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old\* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

\* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

☐ Y      ☐ N      ☐ ND (Explain below):

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## C. Inspection Summary (cont.)

### 2) System Conditionally Passes (cont.):

☐ Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

☒ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

☒ distribution box is leveled or replaced ☐ Y ☐ N ☐ ND (Explain below):

The distribution box is damaged and needs to be replaced.

☐ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

☐ broken pipe(s) are replaced ☐ Y ☐ N ☐ ND (Explain below):

☐ obstruction is removed ☐ Y ☐ N ☐ ND (Explain below):

### 3) Further Evaluation is Required by the Board of Health:

☐ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

a. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:



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## C. Inspection Summary (cont.)

- ☐ Cesspool or privy is within 50 feet of a surface water
- ☐ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

**b. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:**

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well\*\*.

Method used to determine distance: \_\_\_\_\_

\*\* This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

c. Other:

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## 4) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes      No

☐☒

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

☐☒

Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool



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**C. Inspection Summary (cont.)****4) System Failure Criteria Applicable to All Systems: (cont.)**

Yes No

☐☒

Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool

☐☒

Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow

☐☒Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: 1.☐☒

Any portion of the SAS, cesspool or privy is below high ground water elevation.

☐☒

Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

☐☒

Any portion of a cesspool or privy is within a Zone 1 of a public water supply well.

☐☒

Any portion of a cesspool or privy is within 50 feet of a private water supply well.

☐☒Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**☐☒

The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.

☐☒**The system fails.** I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.**5) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.**

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section C.4.

Yes No

☐☐

the system is within 400 feet of a surface drinking water supply

☐☐

the system is within 200 feet of a tributary to a surface drinking water supply

☐☐

the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well

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If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

**6. You must indicate "yes" or "no" for each of the following for *all* inspections:**

- | Yes                                 | No                                  |  |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Pumping information was provided by the owner, occupant, or Board of Health  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Has the system received normal flows in the previous two week period?  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were as built plans of the system obtained and examined? (If they were not available note as N/A)  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility or dwelling inspected for signs of sewage back up?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the site inspected for signs of break out?   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were all system components, excluding the SAS, located on site?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The <b>size and location of the Soil Absorption System (SAS)</b> on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Existing information. For example, a plan at the Board of Health.  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]   |



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## D. System Information

### 1. Residential Flow Conditions:

Number of bedrooms (design): 3 Number of bedrooms (actual): 2

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 220

Description:

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Number of current residents: 1

Does residence have a garbage grinder? ☐ Yes ☒ No

Does residence have a water treatment unit? ☒ Yes ☐ No

If yes, discharges to: Disposable charcoal filter.

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) ☐ Yes ☒ No

Laundry system inspected? ☐ Yes ☒ No

Seasonal use? ☐ Yes ☒ No

Water meter readings, if available (last 2 years usage (gpd)): Private well

Detail:

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Sump pump? ☐ Yes ☒ No

Last date of occupancy: Current  
Date



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## D. System Information (cont.)

### 2. Commercial/Industrial Flow Conditions:

Type of Establishment:

Design flow (based on 310 CMR 15.203):

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.):

Grease trap present?

☐ Yes ☐ No

Water treatment unit present?

☐ Yes ☐ No

If yes, discharges to:

Industrial waste holding tank present?

☐ Yes ☐ No

Non-sanitary waste discharged to the Title 5 system?

☐ Yes ☐ No

Water meter readings, if available:

Last date of occupancy/use:

Date

Other (describe below):

### 3. Pumping Records:

Source of information:

Property Owner

Was system pumped as part of the inspection?

☐ Yes ☒ No

If yes, volume pumped:

gallons

How was quantity pumped determined?

Reason for pumping:



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## D. System Information (cont.)

### 4. Type of System:

- ☒ Septic tank, distribution box, soil absorption system
- ☐ Single cesspool
- ☐ Overflow cesspool
- ☐ Privy
- ☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):

Approximate age of all components, date installed (if known) and source of information:

Installed in September 2000 according to the as-built plan.

Were sewage odors detected when arriving at the site?

☐ Yes ☒ No

### 5. Building Sewer (locate on site plan):

Depth below grade:

1'  
feet

Material of construction:

☐ cast iron

☒ 40 PVC

☐ other (explain):

Distance from private water supply well or suction line:

24' ±  
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

No sign of leakage





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## D. System Information (cont.)

### 6. Septic Tank (locate on site plan):

Depth below grade:

At grade

feet

Material of construction:

☒ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain)

If tank is metal, list age:

years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)

☐ Yes ☐ No

Dimensions:

10.3' x 5.6' x 4.3' (liquid depth)

Sludge depth:

0"±

Distance from top of sludge to bottom of outlet tee or baffle

29"±

Scum thickness

0"±

Distance from top of scum to top of outlet tee or baffle

6" ±

Distance from bottom of scum to bottom of outlet tee or baffle

19"±

How were dimensions determined?

Field measured.

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Inlet & outlet tees in place. Liquid level at outlet invert, no signs of leakage or infiltration.



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## D. System Information (cont.)

### 7. Grease Trap (locate on site plan):

Depth below grade:

feet

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Scum thickness

Distance from top of scum to top of outlet tee or baffle

Distance from bottom of scum to bottom of outlet tee or baffle

Date of last pumping:

Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

### 8. Tight or Holding Tank (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade:

Material of construction:

☐ concrete

☐ metal

☐ fiberglass

☐ polyethylene

☐ other (explain):

Dimensions:

Capacity:

gallons

Design Flow:

gallons per day



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## D. System Information (cont.)

### 8. Tight or Holding Tank (cont.)

Alarm present:

☐ Yes

☐ No

Alarm level: \_\_\_\_\_

Alarm in working order:

☐ Yes

☐ No

Date of last pumping:

\_\_\_\_\_ Date

Comments (condition of alarm and float switches, etc.):

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\* Attach copy of current pumping contract (required). Is copy attached?

☐ Yes

☐ No

### 9. Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert

0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

Distribution box is damaged and must be replaced.

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## D. System Information (cont.)

### 10. Pump Chamber (locate on site plan):

Pumps in working order:

☐ Yes

☐ No\*

Alarms in working order:

☐ Yes

☐ No\*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

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\* If pumps or alarms are not in working order, system is a conditional pass.

### 11. Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:

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Type:

☐

leaching pits

number:

---

☐

leaching chambers

number:

---

☐

leaching galleries

number:

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☐

leaching trenches

number, length:

---

☒

leaching fields

number, dimensions:

60' x 15'

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☐

overflow cesspool

number:

---

☐

innovative/alternative system

Type/name of technology:

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Property Address

Jason Southwick

Owner's Name

Leicester

MA

State

01524

Zip Code

May 22, 2019

Date of Inspection

## D. System Information (cont.)

### 11. Soil Absorption System (SAS) (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

No signs of hydraulic failure or ponding. Consistent soils and vegetation. No signs of breakout.

### 12. Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

☐ Yes ☐ No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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Owner  
information is  
required for  
every page.

## D. System Information (cont.)

### 13. Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):



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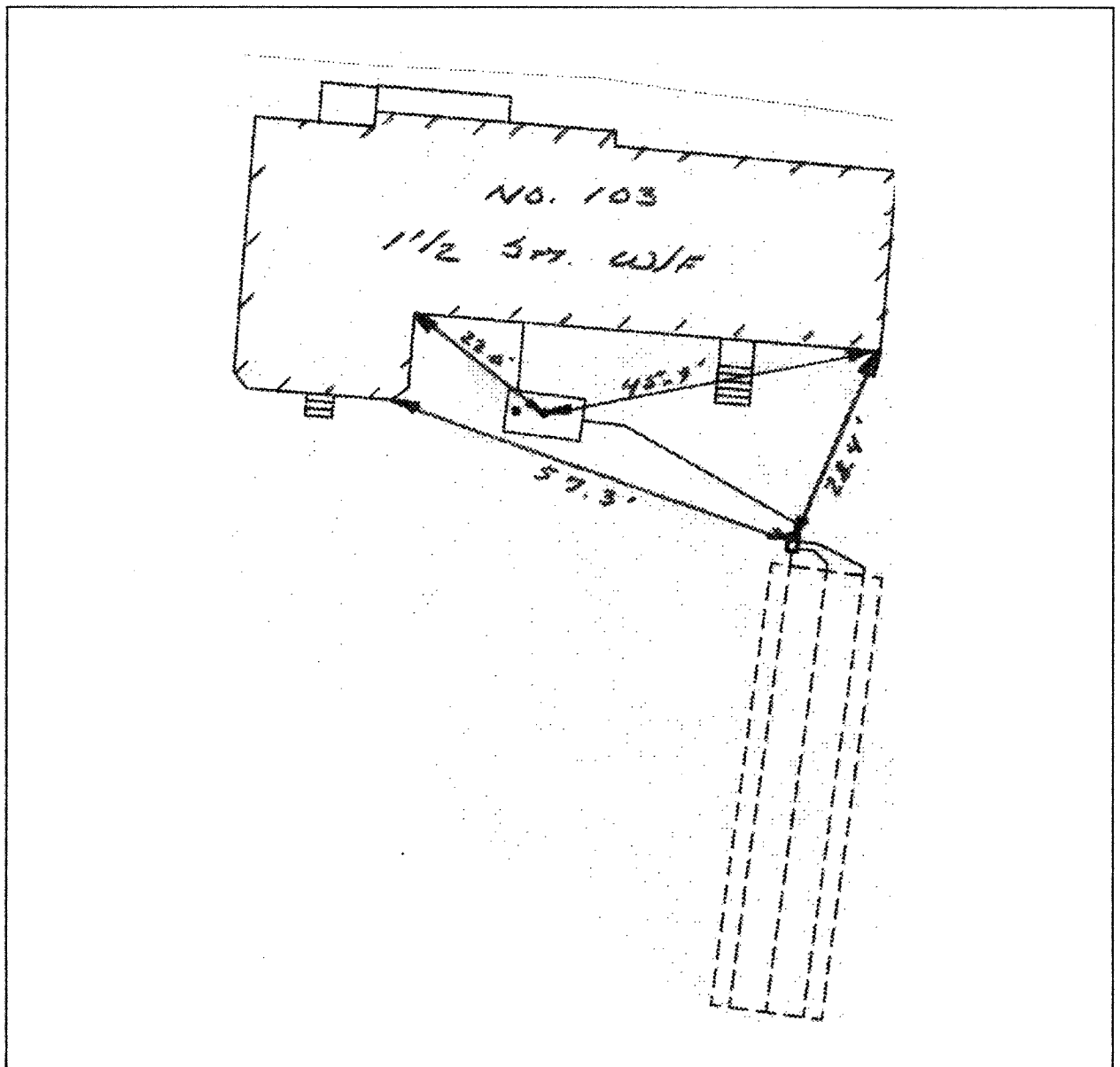
Owner  
information is  
required for  
every page.

## D. System Information (cont.)

### 14. Sketch Of Sewage Disposal System:

Provide a view 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. Check one of the boxes below:

- ☒ hand-sketch in the area below  
☐ drawing attached separately





# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

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## D. System Information (cont.)

### 15. Site Exam:

☒ Check Slope

☒ Surface water

☒ Check cellar

☐ Shallow wells

Estimated depth to high ground water:

24"-26"  
feet

Please indicate all methods used to determine the high ground water elevation:

☒ Obtained from system design plans on record

If checked, date of design plan reviewed:

April 11, 2000  
Date

☒ Observed site (abutting property/observation hole within 150 feet of SAS)

☒ Checked with local Board of Health - explain:

Previous inspection reports.

☐ Checked with local excavators, installers - (attach documentation)

☐ Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

The design plan by J.P. Engineering dated 4/11/00 indicates that mottles were found between 24"-26" below the ground surface.

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**Before filing this Inspection Report, please see Report Completeness Checklist on next page.**



Commonwealth of Massachusetts

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## E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

☒ A. Inspector Information: Complete all fields in this section.

☒ B. Certification: Signed & Dated and 1, 2, 3, or 4 checked

☒ C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate

4 (Failure Criteria) and 6 (Checklist) completed

☒ D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included