



Truro Board of Health

Tuesday June 7, 2022

Regular Meeting- 4:30 PM

REGULAR MEETING

Remote Meeting Access Instructions

This will be a remote meeting. Citizens in Truro can view the meeting on Channel 18 and on the homepage of the Town of Truro website on the "Truro TV Channel 18" button found under "Helpful Links". To view, click on the green "Watch" button in the upper right of the page. **To provide comment during the meeting, please call in toll free at 1-866-899-4679 and enter the following access code when prompted: 972-302-709; or access the meeting from your computer, tablet or smartphone. <https://global.gotomeeting.com/join/972302709>** There may be a slight delay (15-30 seconds) between the meeting and the live-stream and television broadcast. If you are watching the meeting and calling in, please lower the volume on your computer or television during public comment so that you may be heard clearly. We ask that you identify yourself when calling in to help us manage multiple callers effectively. Citizens may also provide public comment for this meeting by emailing the Health Agent Emily Beebe at ebecbe@truro-ma.gov with your comments.

- I. PUBLIC COMMENT:** *Please note that the Commonwealth's Open Meeting Law limits any discussion by members of the Board of an issue raised to whether that issue should be placed on a future agenda*

II. AGENDA ITEMS

1. **Water Resources Discussion**
2. **Waiver of time:** 9 Moses Way
3. **New Farmers Market Permits:** *NAHUI Foods, Laura Espinoza*
4. **Change of Manager:** Lexvest 104 LLC; 104 Shore Road (*Formerly the Prince of Whales - continued from 5/17/2022*)
5. **Change of Manager:** Harborview Condos, 168 Shore Road; addition of off-site manager and co-managers
6. **Variance Request/Local Upgrade Approval:** 121 Slough Pond Road, MacDonald-Truro Trust
7. **Local Board of Health Regulation Review**
 - i. **Section VI – local title 5, ACO regulation-draft**

III. MINUTES: April 19, May 3, 2022

IV. REPORTS

- o Report of the Chair-reorganization scheduled for 6/21
- o Health Agent's Report – Health Needs Assessment survey



Department of Environmental Protection

Charles D. Baker
Governor

Karyn E. Polito
Lieutenant Governor

Bethany A. Card
Secretary

Martin Suuberg
Commissioner

Fact Sheet

MassDEP Regulatory Strategy for Estuaries Impaired by Nitrogen June 1, 2022

1. Nitrogen Sensitive Area Designations: A primary source of nitrogen contamination of coastal estuaries in Southeastern Massachusetts and Cape Cod and the Islands are on-site septic systems. MassDEP, in conjunction with local Boards of Health, regulates these systems through “Title 5” regulations, 310 CMR 15.00.

To ensure the Title 5 regulations are protective of the environment, particularly in relation to the impact of nitrogen discharges on surface water quality, MassDEP is proposing the following revisions to Title 5:

Establish New Nitrogen Sensitive Areas (NSAs)

To more effectively address nitrogen impacting estuaries, MassDEP is proposing to establish new “Natural Resource Area” NSAs for:

- any watershed to an embayment or sub-embayment that is the subject of a Nitrogen Total Maximum Daily Load (TMDL) approved by the EPA pursuant to the federal Clean Water Act and an Area-Wide Water Quality Management Plan pursuant to Section 208 of the Clean Water Act addressing nitrogen pollution:
 - A “TMDL” is an EPA-approved calculation of the maximum amount of a pollutant allowed to enter a waterbody so that the waterbody will meet and continue to meet water quality standards for that particular pollutant. A TMDL determines a pollutant reduction target and allocates load reductions necessary to the sources of the pollutant.
 - All Cape Cod communities are subject to the “208 Plan” approved by EPA in 2015.
 - There are currently 30 watersheds across Cape Cod with EPA-approved nitrogen TMDLs.

- For these watersheds, the NSA designation is effective on the effective date of the final regulations.
- any watershed to an embayment or sub-embayment that is the subject to an EPA-approved TMDL or determined to be nitrogen sensitive by the Department based on scientific evaluation and adopted through a public process involving public notice, including the scientific and regulatory rationale for the designation, and a 60-day public comment period.
 - For these watersheds, the NSA designation is effective upon completion of the public process and MassDEP's issuance of the final designation.

New Requirements for Natural Resource Area NSAs

MassDEP is proposing new requirements for these new NSAs to more effectively address the specific problems related to septic systems contaminating coastal estuaries.

- Unless a community is the subject of a Watershed Permit described below, any system serving a new construction, or an existing facility must incorporate Best Available Nitrogen Reducing Technology within five years of the effective date of the NSA designation of the watershed in which they are located.
- Best Available Nitrogen Reducing Technology is an alternative system certified by MassDEP for general use pursuant to Title 5 which has the lowest effluent Total Nitrogen performance value. An alternative system granted provisional or pilot approval by MassDEP may also be utilized as long as such system has a Total Nitrogen performance value less than or equal to the lowest alternative system certified by the Department for general use.

Exemption from Enhanced Treatment Requirements in Watersheds with Watershed Permits

While the enhanced treatment requirements for septic systems will result in significant reductions in nitrogen pollution, they may not be the most effective and efficient way to restore the impacted estuaries and achieve established water quality goals. Therefore, MassDEP is also proposing a second, concurrent regulatory revision to formally establish a "watershed permit process." If communities take advantage of this approach, and obtain a watershed permit that covers an area that would be subject to new "Nitrogen Sensitive Area" regulations, the above Title 5 NSA requirements would not become effective for that area.

However, if a Watershed Permit is terminated by the permittee or revoked by MassDEP, new systems installed after the date of termination/revocation would have to install Best Available Nitrogen Reducing Technology and existing systems would have to install such technology within five years from the effective date of the new NSA regulations or two years of the date of termination/revocation, whichever is longer.

- 2. Watershed Permit Regulations:** The Watershed Permitting regulations are a new, innovative approach to provide communities the opportunity to develop and implement the most effective

and efficient solutions to addressing water quality challenges. This approach provides the opportunity for communities to employ a greater range of solutions to address their water quality needs, including alternative or innovative approaches. The Watershed Permit is a 20-year permit instead of the traditional five-year permit which utilizes an adaptive management approach, requiring permittees to monitor, evaluate and report results, and adjust and modify the strategies and practices as needed to address conditions that are causing the water quality impairments.

Watershed Management Plan

The Watershed Permit is based on a "Watershed Management Plan" a long-term plan to address an existing water quality impairment to restore and protect water quality. The Watershed Management Plan must be approved by town meetings of each respective watershed permit applicant, and is based on a Comprehensive or Targeted Watershed Management Plan. The Plan provides a schedule and description of actions to restore the waterbody to applicable Water Quality Standards in accordance with any applicable TMDL and/or any other applicable scientific evaluation, such as the Massachusetts Estuaries Project (MEP) report.

For watersheds where a TMDL has been established, the Watershed Management Plan must achieve compliance with the Water Quality Standards required by the TMDL and demonstrate that at a minimum, 75% of the necessary pollutant reduction levels will be achieved within 20 years, unless MassDEP determines an alternative schedule is appropriate based on watershed-specific issues.

Watershed Permit Application

- Any Local Government Unit or Regional Local Government Unit can file for a watershed permit. Multiple local government units that share a watershed or sub-watershed may apply jointly for a Watershed Permit, provided they have entered into an enforceable agreement (e.g., Intermunicipal Agreement) that confirms each permittee's percentage share of the aggregate pollutant removal responsibility and provides a framework to coordinate resource management decision-making and arrangements relating to the receipt and expenditure of funds for implementation.
- The Watershed Permit authorizes work needed to implement the Permittee's mitigation strategy for the watershed or sub-watershed, therefore the Application must include the Watershed Management Plan for the watershed or sub-watershed including:
 - maps depicting the regulated area (watershed boundary) and a narrative describing the area proposed to be covered under a Watershed Permit;
 - a description of the current and historic water quality conditions, including short- (daily/seasonal) and long- (annual) term variability, proposed sentinel sampling locations within the watershed/stations, sampling frequency, parameters and sampling technique (e.g., grab/observation);

- the earlier planning approaches taken prior to filing the application, including any related findings and recommendations;
- the types, locations, and timing of any on-going and proposed TMDL or alternative TMDL implementation activities within the watershed or sub-watershed proposed for coverage;
- a table identifying the nitrogen load that the area proposed for coverage under the watershed permit contributes to the surface waters of the watershed for the past 10 years and projected loads for the following 10 and depicting the necessary load reductions (removal requirements) within the watershed to meet the TMDL or TMDLs and a concise description of the means of achieving those specified reductions during the term of the permit;
- the Conventional Control Technologies and Alternative Control Approaches or Technologies selected for pollutant load reductions, the area covered by these approaches, and identification of the permittee who will be responsible for implementing each activity;
- the estimated load reductions needed to meet the threshold concentration(s) at the sentinel station(s) for each of the selected Conventional Control Technologies and Alternative Control Approaches or Technologies;
- the implementation schedule for each Alternative Control Approach or Technology proposed, including a timeframe for demonstration, testing, and acceptance or abandonment of such approaches or technologies;
- the Core Sewer Area and the service areas prioritized for wastewater collection and treatment after accounting for implementation of the selected Alternative Control Approaches and Technologies;
- if Alternative Control Approaches and Technologies are proposed, a contingency plan for a back-up Conventional Control Technology in the event that the Alternative Control Approaches and Technologies selected do not function as predicted;
- the proposed approach to control 100% of all future pollutant loads to ensure that loads will always stay below the applicable threshold levels cost estimates for the infrastructure and programs associated with the proposed actions, if available;
- an implementation schedule, not to exceed 20 years, currently envisioned by the applicant(s), including a designated set of activities that will occur in the first 5-year block of time, and the results of which will enable the permittee to revise the implementation plans for the next 5-year period as necessary to meet load reduction requirements as specified.

Standard Watershed Permit Provisions

- The Department shall not issue a Watershed Permit if the Watershed Management Plan does not provide for achievement of the Surface Water Quality standards applicable to the

water bodies covered by the permit or if the permit does not provide for reasonable progress in achievement of the TMDL load reductions necessary to meet water quality standards.

- Consistent with the Watershed Management Plan, the permit shall require that 75% of the necessary pollutant reduction levels will be achieved within 20 years, unless MassDEP determines an alternative schedule is appropriate based on watershed-specific issues.
- The proposed activities, implementation schedule for such activities, and facilities set forth in the applicant's Watershed Management Plan shall be enforceable requirements, incorporated in a Watershed Permit.
- Subject to Department approval, a permittee is granted pollutant reduction credit for Alternative Control Approaches and Technologies only if the permittee implements and maintains such approaches and/or technologies in accordance with the terms and conditions of the Watershed Permit.
- The permittee shall provide a Contingency Plan in its Watershed Management Plan that relies on Conventional Control Technologies to achieve the target threshold concentrations identified in the Watershed Management Plan.
- The permittee shall monitor water quality in accordance with the permittee's monitoring plan and report the results in the Annual Reports required by the Watershed Permit.
- The Permit requires annual reporting, with 5-Year Reports evaluating results of program and proposed adjustments through adaptive management.
- Any prospective changes to the Watershed Management Plan or the approved implementation schedule shall be identified in the Annual Reports required by the Watershed Permit. Any such proposed changes to the Watershed Management Plan shall be subject to the Department's review and approval.
- For a permittee(s) to terminate permit coverage, they must provide public notice and hold a public meeting.
- Any permits issued by the Department that comprise a component of the implementation activities or are applicable to the pollutant discharges in the watershed shall be incorporated by reference into the Watershed Permit.

Watershed Permit Process

- The applicant shall publish public notice of the Watershed Permit proceeding in the MEPA Environmental Monitor and in a newspaper circulated within the area that will be affected by the Watershed Permit. The Department will post the notice on the Department's webpage.
- Public notice will afford a comment period of at least 60 days.
- A public hearing will be held if requested by the applicant, or if the Department determines a public hearing to be in the public interest.

- After the conclusion of the 60-day public comment period, the Department may issue or deny a final Watershed Permit.
 - If no comments objecting to the issuance or terms of the Watershed Permit were received by the Department during the public comment period, then the Watershed Permit shall take effect upon issuance.
 - If comments objecting to the issuance or the terms and conditions of the Watershed Permit were received by the Department during the public comment period, then the final Watershed Permit shall become effective 21 days after issuance, unless a request for an adjudicatory hearing is timely filed.
 - During the 21-day period following issuance of the Watershed Permit or determination to deny, any person aggrieved by the decision may file a request for an adjudicatory hearing with the Department.

Watershed Permit Modification/Suspension/Revocation

- The Department may propose and determine to modify, suspend or revoke any Watershed Permit, in whole or in part, for cause including, but not limited to, violation of any permit, obtaining a permit by misrepresentation, or failure to disclose fully all relevant facts or any change in or discovery of conditions that calls for reduction or discontinuance of the authorized discharge or activity.
- The Department shall process a Watershed Permit modification, suspension or revocation in the same manner as an application for a Watershed Permit; provided, however, that the Department may revise a schedule in a Watershed Permit at the request of a permittee if the Department determines that good and valid cause, for which the permittee is not at fault, exists for such revision, and in such cases the provision for public notice and hearing shall not apply.
- Any one or more of the permittees may terminate coverage under this Permit by providing written notice to the Department at least 60 days in advance of the date such termination is to take effect. Such notice will include public notice of a public hearing to be held at least 30 days prior to the termination date. Such notice will be published in the MEPA Environmental Monitor and in a newspaper circulated within the area affected by the Watershed Permit at least 30 days prior to the hearing.

Fee: \$75.00



TRURO HEALTH & CONSERVATION DEPARTMENT
24 Town Hall Road, Truro 02666

APPLICATION FOR BOARD OF HEALTH WAIVER OF TIME

BOH Reg. Section VI, Article 3(1)a. Required Upgrade Upon Property Transfer

Conservation Commission
TOWN OF TRURO
JUN 01 2022

Date: May 6, 2022 Board of Health Hearing Date: May 17, 2022

Address of Property: 9 Moses way

Map & Parcel: 40-55

Anticipated Date of Property Transfer: JUNE 15, 2022

Length of Time Requested to Complete Upgrade: _____

Design Engineer/Sanitarian: Down Cape Engineer Phone #: [Redacted]

SELLER'S INFORMATION:

Seller/Property Owner's Name: Marjorie A Childs

Mailing Address: PO Box 218 North Truro 02652

Phone #: [Redacted] Fax: _____ Email: [Redacted]

Seller's R.E. Broker: Rick Torger & Devin Court Phone #: [Redacted]

Email: [Redacted]

BUYER'S INFORMATION:

Buyer's Name: Felipe M. Venegas

Mailing Address: [Redacted]

Phone #: _____ Fax: _____ Email: _____

Buyer's R.E. Broker: Kathleen Morris Phone #: _____

Email: _____

Please attach the following to this form: (1) a narrative explaining why you can't comply with Section VI, Article 3(1)a, Required Upgrade Upon Property Transfer, and (2) a statement from your engineer/designer, stating that they have been retained by the seller/buyer to complete the Title 5 upgrade.

Marjorie A Childs
Signature (Property Owner)

DocuSigned by:
FELIPE VENEGAS
Signature (Buyer)

May 6, 2022
Date

5/12/2022
Date

Fee: \$75.00



APPLICATION FOR BOARD OF HEALTH WAIVER OF TIME
BOH Reg. Section VI, Article 3(1)a. Required Upgrade Upon Property Transfer

HEALTH DEPARTMENT
TOWN OF TRURO
MAY 13 2022
RECEIVED BY:

Date: May 6, 2022 Board of Health Hearing Date: May 17, 2022
Address of Property: 9 Moses way
Map & Parcel: 40-55
Anticipated Date of Property Transfer: June 15, 2022
Length of Time Requested to Complete Upgrade: _____
Design Engineer/Sanitarian: Down Cape Engineers Phone #: 508-362-4541

SELLER'S INFORMATION:

PAID
5419

Seller/Property Owner's Name: Marjorie A. Childs
Mailing Address: P.O. Box 218 North Truro 02652
Phone #: [REDACTED] Fax: _____ Email: [REDACTED]
Seller's R.E. Broker: Rick Torgue + Devin Couto Phone #: [REDACTED]
Email: TheBBTeam@GibsonSIR.com

BUYER'S INFORMATION:

Buyer's Name: Felipe M. Venegas
Mailing Address: [REDACTED]
Phone #: [REDACTED] Fax: [REDACTED] Email: _____
Buyer's R.E. Broker: Kathleen Morris Phone #: _____
Email: _____

Please attach the following to this form: (1) a narrative explaining why you can't comply with Section VI, Article 3(1)a, Required Upgrade Upon Property Transfer, and (2) a statement from your engineer/designer, stating that they have been retained by the seller/buyer to complete the Title 5 upgrade.

Marjorie A Childs
Signature (Property Owner)
May 6, 2022
Date

Signature (Buyer)

Date

wiley childs [REDACTED]

5/6/2022 5:57 AM

Waiver of time request

To [REDACTED]

Health Agent Emily Beebe
Truro Board of Health

I am the owner of 9 Moses Way in North Truro. I am requesting a waiver of time to get my septic installed. My husband Leo "Skip" Childs was killed in accident in 2020, a few weeks after celebrating our 49th wedding anniversary. I have been in a period of declining health suffering from peripheral neuropathy. I can no longer access my laundry in the basement. Climbing in and out of the tub is difficult. I can no longer live safely in this home. I have suffered two falls, the most recent sent me to Cape Cod Hospital with a broken nose.

While at my daughter's home over Easter, we found a home in Yarmouth unexpectedly. The home has been modified to assist with mobility issues. It is minutes from the homes of my children. I am purchasing that home and am under contract to sell 9 Moses Way. I have hired Down Cape Engineering to prepare septic plans. The new owner will be responsible for the installation. The tentative closing is the third week of June. I am hopeful that you can assist me in this endeavor.

Margie Childs

Margie A Childs May 6, 2022



FM
2022-006

HEALTH DEPARTMENT
TOWN OF TRURO

MAY 06 2022

SUBMIT COMPLETED FORM TO THE HEALTH DEPARTMENT

Town of Truro

RECEIVED BY:

Farmers Market/Ag Fair/Temporary Food Service Permit

PAID
192

Applicant (check one) private individual, organization or business non-profit organization
[must attach copy of Form 501(3)(c)]

Name of Business/Organization: NAHUI Foods

Address: _____

Authorized Representative or Contact:

Name: Laura Elisa Olvera Espinoza

Email: _____

Address: 725 N Sunken Meadow rd.

Telephone Days: (508)514 9246 Evenings: () Fax _____

Requested Location/Facility Farmers Market

Requested Dates Mondays June 6th-Sept. 12 2022

Requested Times 7am-12pm Rain Dates/Times (Must be completed) 7am-12pm

Before completing this application, read the temporary food service "Are You Ready?" Checklist. Have you read this material?
 YES NO

Foods to be Sold/Served

- Packaged Baked Goods (breads, pies, cookies, cakes and confectionaries). Cream filled pastries, cheese cake or custard type pastries prohibited.
- Seed sprouts
- Jams or Jellies
- Shellfish: Lobster, Crab, Oysters, Clams
- Finfish
- Vinegar with or without herbs
- Dairy: Milk or milk products such as cheese.
- Meat or Poultry(processed in a federal/state licensed inspected facility)
- Other: Almond-Based non-dairy Cheese wheels and sauce

Food Sampling: or N If yes, attach sampling protocol.

Base of Operations

- Foods prepared/processed at a Truro licensed facility. Name of licensed facility: Pure Joy Farm
- Foods prepared/processed outside Truro. Please attach a copy of your state or local food processing facility license, food establishment permit, food manufacturing license or residential kitchen permit and copy of your most recent inspection report.

I agree to any conditions specified by the Board of Health, Board of Health Farmer's Market Policy, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code.

PLEASE ATTACH COPY OF YOUR FOOD MANAGER CERTIFICATION AND ALLERGY AWARENESS TRAINING CERTIFICATE WITH THIS APPLICATION

Laura
APPLICANT'S SIGNATURE

05/04/2022
DATE

Market Manager Approval

As the Market Manager for the Truro Farmer's Market, I have authorized the applicant to participate as a vendor.

Anna Cole 05/06/2022
Market Manager Signature Date

AGRICULTURAL FAIR/TEMPORARY FOOD SERVICE

Menu: Attach or list all items. Any changes must be submitted and approved by the Health Department prior to the event.

Organizations Conducting Food Preparation:

List Names of all staff with a Food Manager Certification: (non-profit organizations, school events, church suppers and fairs exempt).

1. Laura Elisa Olvera Espinoza Exp. Date: 04 / 30 / 2027
2. _____ Exp. Date: ____ / ____ / ____

List Names of all staff with an Allergen Awareness Certification: (non-profit organizations, school events, church suppers and fairs exempt).

1. Laura Elisa Olvera Espinoza Exp. Date: 05 / 02 / 2027
2. Kevin Coakley Exp. Date: 03 / 19 / 2025

Base of Operation: (licensed fixed food establishment): Pure Joy Farm

List each potentially hazardous food item, and for each item check which preparation procedure will occur.

Menu Items	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1. Cheese wheels		✓			✓			✓
2. Cheese sauce		✓	✓		✓			✓
3.								
4.								
5.								

SECTION B: At the booth:

Menu Items	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1. Cheese wheels					✓			
2.								
3. Cheese sauce					✓			
4.								
5.								

Note: If your food preparation procedures cannot fit these charts, please list all of the steps in preparing each menu item on an attached sheet.

Food Sampling: or N If yes, attach sampling protocol.

I agree to any conditions specified by the Board of Health, 105 CMR 590.000 Minimum Sanitation Standards for Food Establishments - Chapter X, and the Federal 1999 Food Code. The above described establishment will be operated and maintained in accordance with the regulations.

Laura
APPLICANT'S SIGNATURE

05/04/2022
DATE

HEALTH DEPARTMENT APPROVAL

Board of Health Comments or Conditions:

Approved _____ Not Approved _____

BOH or Health Agent

Date

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

LAURA OLVERA

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI—Confidence for Food Protection (CFP)).

10776
CERTIFICATION NUMBER

10776
EXAM FORM NUMBER

4/30/2022

4/30/2027

DATE OF EXPIRATION
Local laws apply. Check with your local health department for recertification requirements.

DATE OF EXPIRATION



#0655

Sherman
Sherman

Sherman & Associates, National Restaurant Association Solutions



In accordance with the ServSafe logo are trademarks of the NRAEF, National Restaurant Association® and the arc design.

Created in with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6383 or ServSafe@restaurant.org



TOWN OF TRURO

Health Department
P.O. Box 2030, Truro, MA 02666

PH: 508-349-7004, Ext. 131 Fax: 508-349-5508
Email: eb@truro-ma.gov or adavis@truro-ma.gov

HEALTH DEPARTMENT
TOWN OF TRURO

APR 12 2022
RECEIVED BY:

APPLICATION TO NAME A MANAGER

This application is used for a Change of Manager, Add Co-Managers or to Name a Property Management Company as Manager with the Board of Health

PAID
10/2

Section 1 - Business Information

Date: 3/10/2022

Print Name of Applicant: Lexvest 104 Shore, LLL

Business Name or DBA to be managed: Prince Of Whales

Street Address of Business: 104 Shore Rd, Truro, MA 02652

Number of Units: 25

Mailing Address of Business: (Check if New Address)

Section 2 - Manager Information

Name of Previous Manager:

On-Site Manager Unit #:

Name of New Onsite Manager: John Paul Jordan

On-Site Manager Unit # 20

Name of Property Management (10 Units or less): The Lexvest Group

Mailing Address of New Manager and/or Property Management Company:

Phone (24 hours/day):

Email:

Name of Co-Managers:

Matthew Blackham

Unit #

Phone (24hrs/day):

John Paul Jordan

Unit #

Phone (24hrs/day):

Susan Casper

Unit #

Phone (24hrs/day):

I have read & understand the Board of Health Manager Regulation, Section III, Article 4. Signature of New Manager, Co-Managers or Contact Person for Property Management is required.

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

Section 3 - **Office Use Only**

Team Inspection
(if over 3yrs since last one)

Scheduled

Date

Fee

Paid



5/17/22

\$45.00



Board of Health Hearing



5/17/22

\$75.00





TOWN OF TRURO

Health Department

P.O. Box 2030, Truro, MA 02666

PH: 508-349-7004, Ext. 131 Fax: 508-349-5508

Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov

APPLICATION TO NAME A MANAGER

This application is used for a Change of Manager, Add Co-Managers or to Name a Property Management Company as Manager with the Board of Health

Section 1 - Business Information

Date: 5/24/22

Print Name of Applicant: Jack Peck

Business Name or DBA to be managed: HARBOR VIEW Village Number of Units: 13

Street Address of Business: 168 Shore Rd Business Email: harborviewvillagecondominium@gmail.com

Mailing Address of Business: (Check if New Address) [Redacted]

Section 2 - Manager Information

Name of ^{current} Previous Manager: Jack Peck, Joan Ford On-Site Manager Unit #: 13

Name of New ^{OFF SITE} Onsite Manager: Randall Floyd ^{OFF} On-Site Manager Unit #: 6

Name of Property Management (10 Units or less): _____

Mailing Address of New Manager and/or Property Management Company: [Redacted]

Phone (24 hours/day): [Redacted] Email: [Redacted]

Name of Co-Managers:	Unit #	Phone (24hrs/day):
<u>Jen Sewell</u>	<u>2</u>	[Redacted]
<u>Cathleen Fitzgerald</u>	<u>11</u>	[Redacted]
<u>Peter Lindner</u>	<u>3</u>	[Redacted]

I have read & understand the Board of Health Manager Regulation, Section III, Article 4. Signature of New Manager, Co-Managers or Contact Person for Property Management is required.

Jen Sewell
SIGNATURE

Jen Sewell
PRINT NAME

5/22/22
DATE

Cathleen Fitzgerald
SIGNATURE

Cathleen Fitzgerald
PRINT NAME

5/22/22
DATE

Peter Lindner
SIGNATURE

Peter Lindner
PRINT NAME

5/22/22
DATE

Section 3 - **Office Use Only**

Team Inspection
(If over 3yrs since last one)

Scheduled 4/12/20yr rmd Date 4/12/20yr rmd Fee \$45.00

Paid N/A

Board of Health Hearing

6/7/22 \$75.00

PAID
2063

TOWN OF TRURO

Health Department

P.O. Box 2030, Truro, MA 02666

PH: 508-349-7004, Ext. 131 Fax: 508-349-5508

Email: ebeebe@truro-ma.gov or adavis@truro-ma.gov



APPLICATION TO NAME A MANAGER

This application is used for a Change of Manager, Add Co-Managers or to Name a Property Management Company as Manager with the Board of Health

Section 1 - Business Information

Date: 5/24/22

Print Name of Applicant: Jack Peak

Business Name or DBA to be managed: HARBOR VIEW Village Number of Units: 13

Street Address of Business: 168 Shore Rd Business Email: harborviewvillagecondominium@gmail.com

Mailing Address of Business: (Check if New Address) [REDACTED]

Section 2 - Manager Information

Name of ^{current} Previous Manager: Jack Peak, Joan Ford On-Site Manager Unit #: 13

Name of New ^{OFF SITE} Onsite Manager: Randal Floyd On-Site Manager Unit #: _____

Name of Property Management (10 Units or less): _____

Mailing Address of New ^{OFF-SITE} Manager and/or Property Management Company: [REDACTED]

Phone (24 hours/day): [REDACTED] Email: [REDACTED]

Name of Co-Managers: Robert Stubbs Unit # 5 Phone (24hrs/day): 203 206-8607

Jean Sagerian Unit # 7 Phone (24hrs/day): 508-735-9126

Unit # _____ Phone (24hrs/day): _____

I have read & understand the Board of Health Manager Regulation, Section III, Article 4. Signature of New Manager, Co-Managers or Contact Person for Property Management is required.

Robert Stubbs
SIGNATURE

Robert Stubbs
PRINT NAME

5/22/2022
DATE

[Signature]
SIGNATURE

Jean Sagerian
PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

Section 3 - **Office Use Only**

	Scheduled	Date	Fee	Paid
Team Inspection (if over 3yrs since last one)	<input checked="" type="checkbox"/> N/A	<u>4/12/20yr rmd</u>	\$45.00	<input checked="" type="checkbox"/> N/A
Board of Health Hearing	<input checked="" type="checkbox"/>	<u>6/7/22</u>	\$75.00	<input checked="" type="checkbox"/>

PAID
2063

Section 3 - MANAGER INFORMATION

Check if New Manager (if checked, MUST submit Application to Name a Manager)

Name of Onsite Manager:

Name: Jack Peak, Joan Ford Unit Number: 13

Mailing Address: [REDACTED]

Phone: (24 Hour Contact): 800-280-7000 Email Address: [REDACTED]

Jack Peak Joan M Ford
Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: Randall Floyd Business Name: [REDACTED]

Business Address: [REDACTED]

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

Randall Floyd
Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: Jean Sagestan Business Name: address: [REDACTED]

Business Address: Unit 7

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

Jean Sagestan
Co-Manager's Signature (REQUIRED)

Section 4 - ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

John Peak
Signature of Applicant

John Peak
Print Name

5/20/20
Date

Additional Applications & Documentation

REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS

- Smoke detector/CO detector/fire protection certification
- IF YOU HAVE EMPLOYEES- Workers Compensation Affidavit & Certificate of Insurance
- IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit

ADDITIONAL (SEPARATE) APPLICATIONS THAT MAY PERTAIN TO YOUR OPERATION

- Application for Pool or Hot Tub Permit Application to Name a Manager
- Entertainment License Application to sell Tobacco Application for Food Service Permit
- Business certificate with the clerk's office
- Septic System Inspection Report (submitted every 3 years)

Section 3 - MANAGER INFORMATION

Check if New Manager (if checked, MUST submit Application to Name a Manager)

Name of Onsite Manager:

Name: Jack Peak, Joan Ford Unit Number: 13

Mailing Address: PO Box 136, N. Truro, MA 02652

Phone: (24 Hour Contact): [REDACTED] Email Address: harbor-view-village-condominium@gmail.com

[Signature]
Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: Randall Floyd Business Name: _____

Business Address: [REDACTED]

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

✓ [Signature]
Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: Cathleen Fitzgerald Business Name: [REDACTED]

Business Address: Unit 11, Harbor-view

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

✓ [Signature]
Co-Manager's Signature (REQUIRED)

Section 4 - ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

[Signature]
Signature of Applicant

John Peak
Print Name

5/24/22
Date

Additional Applications & Documentation

REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS

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- Business certificate with the clerk's office
- Septic System Inspection Report (submitted every 3 years)

Section 3 - MANAGER INFORMATION

Check if New Manager (if checked, MUST submit Application to Name a Manager)

Name of Onsite Manager:

Name: Jack Peak, Joan Ford Unit Number: 13

Mailing Address: [REDACTED]

Phone: (24 Hour Contact): [REDACTED] Email Address: harborviewvillagecondominium@gmail.com

[Signature]
Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: Randall Floyd Business Name: _____

Business Address: [REDACTED]

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

✓ [Signature]
Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: Jan Sewell Business Name: [REDACTED]

Business Address: Unit 2, Harbor View

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

[Signature]
Co-Manager's Signature (REQUIRED)

Section 4 - ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

[Signature]
Signature of Applicant

Randall Floyd
Print Name

5-23-22
5/24/22
Date

Additional Applications & Documentation

REQUIRED FOR ALL MOTELS, COTTAGE COLONIES, CONDOMINIUMS & CAMPGROUNDS

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- IF YOU DO NOT HAVE EMPLOYEES- Workers Compensation Affidavit

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- Business certificate with the clerk's office
- Septic System Inspection Report (submitted every 3 years)

Section 3 - MANAGER INFORMATION

Check if New Manager (if checked, MUST submit Application to Name a Manager)

Name of Onsite Manager:

Name: Jack Peak, Joan Ford Unit Number: 13

Mailing Address: [REDACTED]

Phone: (24 Hour Contact): [REDACTED] Email Address: harborviewvillagecondominium@gmail.com

[Signature]
Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: Randall Floyd Business Name: _____

Business Address: [REDACTED]

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

[Signature]
Manager's Signature (REQUIRED)

Name of Co-Manager:

Name: Peter Lindner Business Name: [REDACTED]

Business Address: Unit 3, Harbor View

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

[Signature]
Co-Manager's Signature (REQUIRED)

Section 4 - ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

[Signature]
Signature of Applicant

Jack Peak
Print Name

5/27/22
Date

Additional Applications & Documentation

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- Septic System Inspection Report (submitted every 3 years)

Section 3 - MANAGER INFORMATION

Check if New Manager (if checked, MUST submit Application to Name a Manager)

Name of Onsite Manager:

Name: Jack Peak, Joan Ford Unit Number: 13

Mailing Address: [REDACTED]

Phone: (24 Hour Contact): [REDACTED] Email Address: harborviewvillagecondominium@gmail.com

[Signature]
Manager's Signature (REQUIRED)

Name of Offsite Manager:

Name: Randall Floyd Business Name: _____

Business Address: 586 Commercial St, Providence, RI 02908

Phone (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

[Signature]
Manager's Signature (REQUIRED)

Name of Co- Manager:

Name: Robert Stubbs Business Name: [REDACTED]

Business Address: Unit 5

Phone: (24 Hour Contact): [REDACTED] Email Address: [REDACTED]

[Signature]
Co-Manager's Signature (REQUIRED)

Section 4 - ATTESTATION

Pursuant to M.G. L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all local state taxes required under law and the information I have provided is true and accurate. Any misstatement in this application, or violation of state or applicable town bylaws or regulations, shall be considered sufficient cause for refusal, suspension or revocation of the license.

[Signature]
Signature of Applicant

John Peak
Print Name

5/24/27
Date

Additional Applications & Documentation

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- Application to sell Tobacco
- Application for Food Service Permit
- Business certificate with the clerk's office
- Septic System Inspection Report (submitted every 3 years)

Note to Bd of Health

Lynne

We are applying to add an Off Site Manager and several co- managers for Harbor View Village. My wife and I will continue as on site managers temporarily during a transition period this season.

Off Site Manager: Randall Floyd

Co- Managers:

- Jen Sewell, Unit 2
- Cathleen Fitzgerald, Unit 11
- Peter Lindner, Unit 3
- Jean Sagerian, Unit 7
- Robert Stubbs, Unit 75

All have signed except Jean Sagerian who is out of the area at the moment but has verbally agreed to serve as a co-manager. Her papers are in transit and should be available before the June 7 meeting. If that is not ok, we can drop her name and add it at another time.

Best,

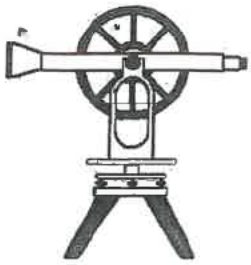


Jack Peak

Harbor View Village Condominium

860 380 7999

Harborviewvillagecondominium@gmail.com



J.C. ELLIS DESIGN COMPANY, INC.

SEPTIC SYSTEM DESIGN & ENGINEERING – SEPTIC INSPECTION –
SITE PLANNING – WETLAND CONSULTATION & PERMITTING
P.O. BOX 81, NORTH EASTHAM, MA 02651 PHONE 508-240-2220 FAX 508-240-2221
EMAIL jcellisdesign@verizon.net

April 25, 2022

Truro Board of Health
24 Town Hall Road
P.O. Box 2030
Truro, MA 02666

HEALTH DEPARTMENT
TOWN OF TRURO

APR 26 2022

RECEIVED BY:

Re: Variance Requests – Septic System Upgrade
Nicholas MacDonald, 121 Slough Pond Road, Truro, MA, Assessor's Map 61 Parcel 7

Dear Board,

Nicholas MacDonald is proposing an upgrade of the existing cesspools at 121 Slough Pond Road. Due to the shape of the lot and proximity to wetland resource areas (Bordering Vegetated Wetland to Slough Pond), variances are required to install the new septic system:

Specifically, the following 9 variances are sought to install the new septic system.

310 CMR 15.211

1. 5' from proposed s.a.s. to lot line (road).
(10' required, 5' provided, 5' variance requested)
2. 5' from proposed s.a.s. to lot line (pcl. 4).
(10' required, 5' provided, 5' variance requested)
3. 9' from proposed septic tank to well.
(50' required, 41' provided, 9' variance requested)
4. 9' from proposed pump chamber to well.
(50' required, 41' provided, 9' variance requested)
5. 17' from proposed orenco treatment unit to well.
(50' required, 33' provided, 17' variance requested)

310 CMR 15.248

6. No reserve area provided.

Truro Board of Health Regulations – Section VI, Article 9

7. 31' from proposed soil absorption system to wetland (BVW)
(150' required, 119' provided, 31' variance requested)
8. 60' from proposed septic tank to wetland (BVW)
(100' required, 40' provided, 60' variance requested)
9. 61' from proposed pump chamber to wetland (BVW)
(100' required, 39' provided, 61' variance requested)

Thank you for your attention to this matter.

Sincerely,

Jason C. Ellis, R.S., L.S.I.T.
J.C. Ellis Design Co., Inc.

Cc: file

Fee: \$75.00

V# 2022-06



TRURO HEALTH & CONSERVATION DEPARTMENT
24 Town Hall Road, Truro 02666

APPLICATION FOR BOARD OF HEALTH VARIANCES

Date: April 25, 2022

Property Owner's Name: Nicholas MacDonald

Mailing Address: [REDACTED]

Address of Property: 121 Slough Pond Road

Map and Parcel Number: Map # 61 Parcel # 7

Design Engineer/Sanitarian Jason C. Ellis, R.S.

Firm/Company Name: J.C Ellis Design Co Inc Phone #: 508-240-2220

Address: PO Box 81, N. Eastham MA 02651

Please check type of variance requested:

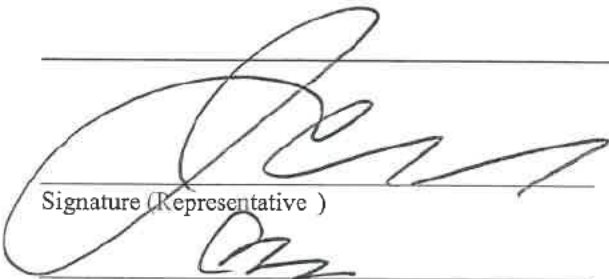
Title 5 Variance Request: Section 310 CMR 15.211, 248

Board of Health Variance Request: Section/Article VI/9

HEALTH DEPARTMENT
TOWN OF TRURO

APR 26 2022

RECEIVED BY: _____



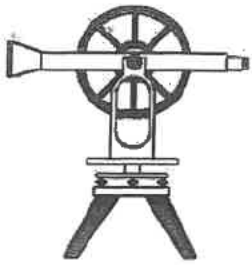
Signature (Representative)

4-25-2022

Date

4-25-2022

Signature (Property Owner)



J.C. ELLIS DESIGN COMPANY, INC.

SEPTIC SYSTEM DESIGN & ENGINEERING – SEPTIC INSPECTION –
SITE PLANNING – WETLAND CONSULTATION & PERMITTING
P.O. BOX 81, NORTH EASTHAM, MA 02651 PHONE 508-240-2220 FAX 508-240-2221
EMAIL jcellisdesign@verizon.net

April 25, 2022

**Re: Variance Requests – Septic System Upgrade
Nicholas MacDonald, 121 Slough Pond Road, Truro, MA, Assessor's Map 61 Parcel 7**

Dear Abutter,

Nicholas MacDonald is proposing an upgrade of the existing cesspools at 121 Slough Pond Road. Due to the shape of the lot and proximity to wetland resource areas (Bordering Vegetated Wetland to Slough Pond), variances are required to install the new septic system:

Specifically, the following 9 variances are sought to install the new septic system.

310 CMR 15.211

1. 5' from proposed s.a.s. to lot line (road).
(10' required, 5' provided, 5' variance requested)
2. 5' from proposed s.a.s. to lot line (pcl. 4).
(10' required, 5' provided, 5' variance requested)
3. 9' from proposed septic tank to well.
(50' required, 41' provided, 9' variance requested)
4. 9' from proposed pump chamber to well.
(50' required, 41' provided, 9' variance requested)
5. 17' from proposed orenco treatment unit to well.
(50' required, 33' provided, 17' variance requested)

310 CMR 15.248

6. No reserve area provided.

Truro Board of Health Regulations – Section VI, Article 9

7. 31' from proposed soil absorption system to wetland (BVW)
(150' required, 119' provided, 31' variance requested)
8. 60' from proposed septic tank to wetland (BVW)
(100' required, 40' provided, 60' variance requested)
9. 61' from proposed pump chamber to wetland (BVW)
(100' required, 39' provided, 61' variance requested)

The Truro Board of Health will hold a public hearing to consider these variance requests on Tuesday, May 17, 2022, at 4:30 p.m. in the Selectmen's meeting room in Truro Town Hall, located at 24 Town Hall Road. If you are interested in attending the hearing, please confirm the hearing date, time and location with the Truro Health Department at 508-349-7004, ext. 32.

Thank you for your attention to this matter.

Sincerely,

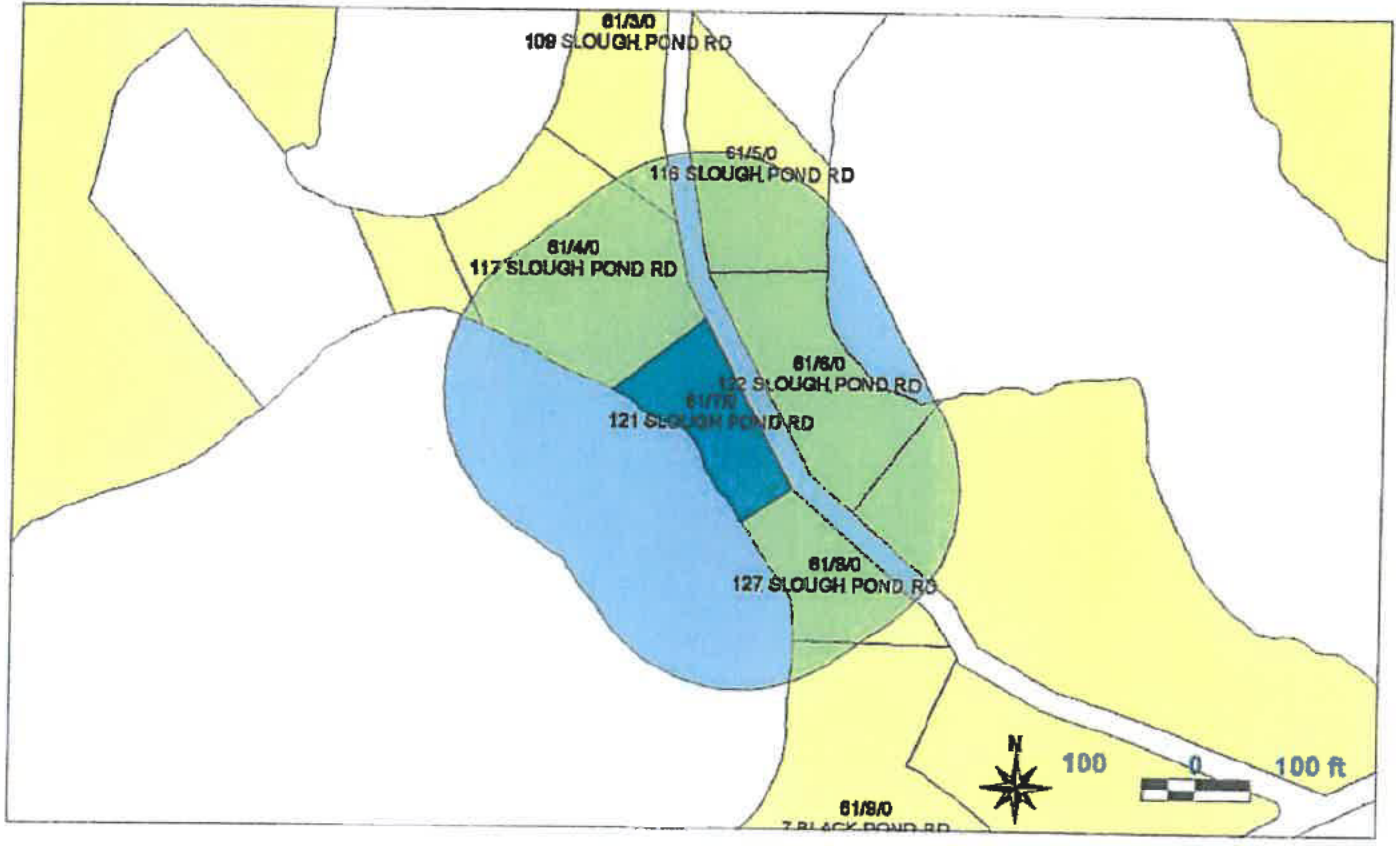

Jason C. Ellis, R.S., L.S.I.T.
J.C. Ellis Design Co., Inc.

Cc: file

121 Slough Pond Road
 Map 61, Parcel 7.
 Conservation Commission

TOWN OF TRURO, MA
 BOARD OF ASSESSORS
 P.O. BOX 2012, TRURO MA 02666

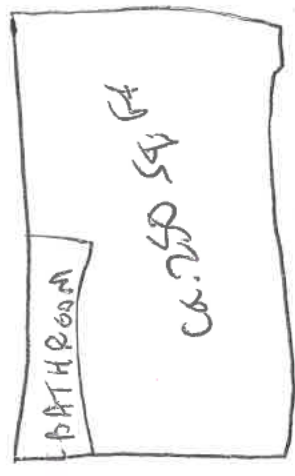
Abutters List Within 300 feet of Parcel 6177/0



Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	ZipCd/Country
7292	40-999-0-E	USA-DEPT OF INTERIOR Cape Cod National Seashore	0 CAPE COD NATIONAL SEASHORE	[REDACTED]	Wellfleet	MA	02667
3593	61-3-0-R	PHILLIPS ANTONIA	[REDACTED]	[REDACTED]	LONDON		W106ET UK
3594	61-4-0-R	ELLEN D GROSSMAN 2011 REV TRST TRS: GROSSMAN RICHARD L ET AL	[REDACTED]	[REDACTED]	TRURO	MA	02666
3595	61-5-0-R	YASUMURA ROBERT & CARLSON-YASUMURA FAM TRUST	[REDACTED]	[REDACTED]	COSTA MESA	CA	92060
3596	61-6-0-R	ROSARIUS KARL & BETTINA	[REDACTED]	[REDACTED]	50968 COLOGNE		GERMANY
3597	61-7-0-R	MACDONALD-TRURO TRUST TRS: MACDONALD NICHOLAS GARDIN	[REDACTED]	[REDACTED]	BROOKLYN	NY	11228
3598	61-8-0-R	PETERSEN VICTORIA L & GUSTAV H & SCHLESINGER STEPHEN C ET AL	[REDACTED]	[REDACTED]	ANDOVER	MA	01810
3599	61-9-0-R	CHERMAYEFF NAN 2007 REV TR & PETERSEN ANDREA & CHERMAYEFF P	[REDACTED]	[REDACTED]	WELLFLEET	MA	02667

Handwritten signature: [Signature]
 4/8/2022

UPPER STUDIO on hill



1/5/22

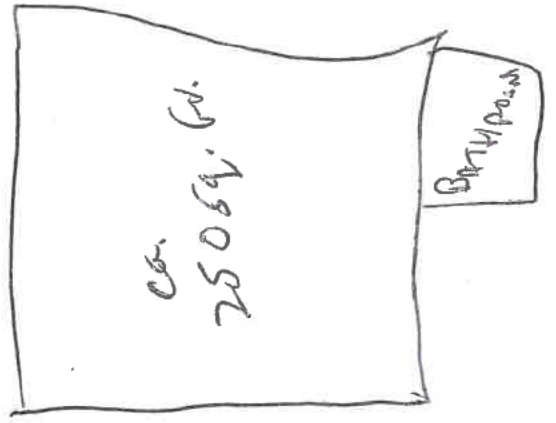
578.96

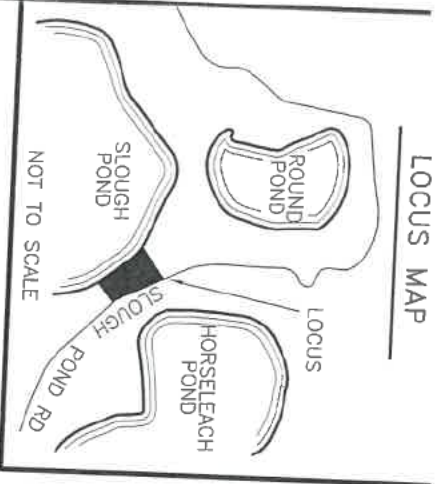
MACDONALD-TAupo TAOST
 (5 bedrooms + estimated square footage)

MAIN



LOWER STUDIO





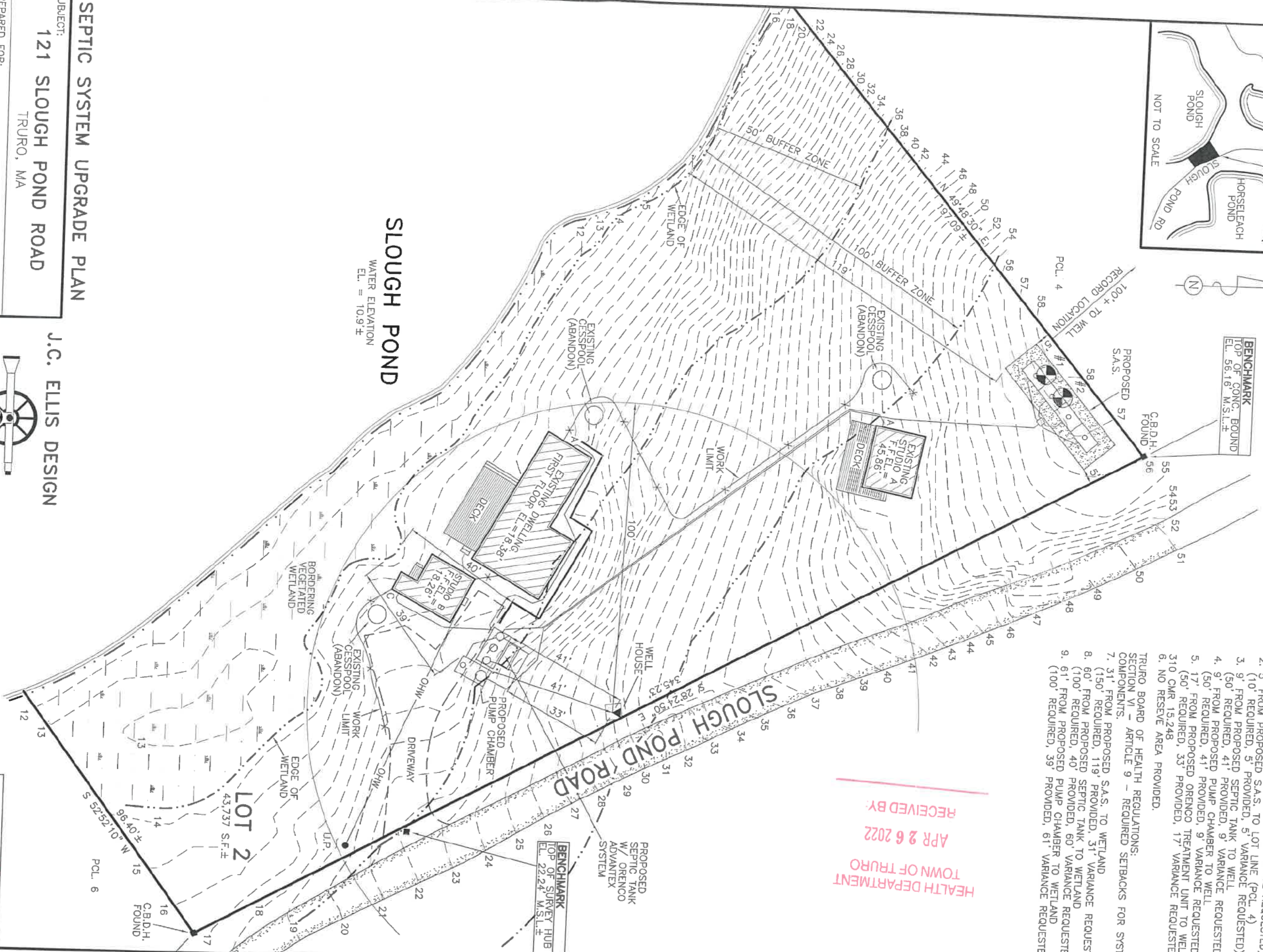
THIS PLAN REQUIRES CONSERVATION COMMISSION APPROVAL. WORK LIMIT TO BE STAKED SILT FENCE AND STRAW WADDE. DISTURBED AREAS IN BUFFER ZONE TO BE REVEGETATED WITH NATIVE VEGETATION.

BENCHMARK
TOP OF CONC. BOUND
EL. 56.16' M.S.L.±

VARIANCE REQUESTS:

- 310 CMR 15.211
- 1. 5' FROM PROPOSED S.A.S. TO LOT LINE (ROAD) (10' REQUIRED, 5' PROVIDED, 5' VARIANCE REQUESTED)
- 2. 5' FROM PROPOSED S.A.S. TO LOT LINE (PCL 4) (10' REQUIRED, 5' PROVIDED, 5' VARIANCE REQUESTED)
- 3. 9' FROM PROPOSED SEPTIC TANK TO WELL (50' REQUIRED, 41' PROVIDED, 9' VARIANCE REQUESTED)
- 4. 9' FROM PROPOSED PUMP CHAMBER TO WELL (50' REQUIRED, 41' PROVIDED, 9' VARIANCE REQUESTED)
- 5. 17' FROM PROPOSED ORENCO TREATMENT UNIT TO WELL (50' REQUIRED, 33' PROVIDED, 17' VARIANCE REQUESTED)
- 6. NO RESERVE AREA PROVIDED.
- TRURO BOARD OF HEALTH REGULATIONS:
- SECTION VI - ARTICLE 9 - REQUIRED SETBACKS FOR SYSTEM COMPONENTS.
- 7. 31' FROM PROPOSED S.A.S. TO WETLAND (150' REQUIRED, 119' PROVIDED, 31' VARIANCE REQUESTED)
- 8. 60' FROM PROPOSED SEPTIC TANK TO WETLAND (100' REQUIRED, 40' PROVIDED, 60' VARIANCE REQUESTED)
- 9. 61' FROM PROPOSED PUMP CHAMBER TO WETLAND (100' REQUIRED, 39' PROVIDED, 61' VARIANCE REQUESTED)

HEALTH DEPARTMENT
 TOWN OF TRURO
 APR 26 2022
 RECEIVED BY:



SLOUGH POND
WATER ELEVATION
EL. = 10.9'±

SEPTIC SYSTEM UPGRADE PLAN

SUBJECT:
121 SLOUGH POND ROAD
TRURO, MA

PREPARED FOR:

NICHOLAS MACDONALD
55 PARADE PLACE E-7
BROOKLYN, NY 11226

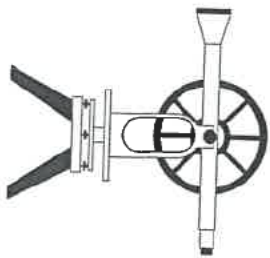
ASSESSOR'S
MAP 61 PARCEL 7

SCALE: 1"=30'

DATE: APRIL 12, 2022

SHEET 1 OF 3

J.C. ELLIS DESIGN



P.O. BOX 81
NORTH EASTHAM, MA 02651
(508)240-2220
Email: jason@jcellisdesign.com

SURVEY PLAN REFERENCE:
PLAN BOOK 104 PAGE 129
PLAN BOOK 318 PAGE 98
THIS PLAN IS FOR SEPTIC SYSTEM DESIGN PURPOSES ONLY.
THIS PLAN IS NOT FOR BOUNDARY DETERMINATION.
PROPERTY OWNER AND CONTRACTORS TO VERIFY ALL WATER LINES AND GAS UTILITIES ON PROPERTY.

COMMONWEALTH OF MASSACHUSETTS
 JASON CHRISTOPHER ELLIS
 REGISTERED PROFESSIONAL SURVEYOR
 No. 256
 State of Massachusetts
 JASON C. ELLIS, R.S.



C. ELLIS, R.S.

DATE: APRIL 12, 2022
 MAP 61 PARCEL 7
 ASSESSOR'S
 55 PARADE PLACE E-7
 BROOKLYN, NY 11226
 PREPARED FOR:
NICHOLAS MACDONALD
 121 SLOUGH POND ROAD
 TRURO, MA
 SUBJECT: **SEPTIC SYSTEM UPGRADE PLAN**

J.C. ELLIS DESIGN

 P.O. BOX 81
 NORTH EASTHAM, MA 02651
 (508)240-2220
 Email: jason@jcellisdesign.com

1. ALL PRECAST COMPONENTS TO BE H-10 RATED. ALL COMPONENTS WITH ANY ANTICIPATED VEHICULAR TRAFFIC TO BE H-20 RATED.
2. ELEVATION DATUM IS FROM USGS QUAD MAP.
3. MUNICIPAL WATER IS NOT AVAILABLE.
4. ALL CONSTRUCTION TO CONFORM WITH 310 CMR 15.000 CODES AND REGULATIONS.
5. INSTALLER/CONTRACTOR TO REVIEW & VERIFY ALL ELEVATIONS AND DETAILS AND REPORT ANY DISCREPANCIES TO DESIGNER PRIOR TO CONSTRUCTION OR ASSUME ALL RESPONSIBILITY.
6. INSTALLER/CONTRACTOR IS RESPONSIBLE FOR MAINTAINING SAFE WORK AREA, VERIFYING ALL UTILITIES AND NOTIFYING DIG SAFE PRIOR TO CONSTRUCTION.
7. ANY CHANGES TO OR DEVIATIONS FROM THIS PLAN MUST BE APPROVED IN WRITING BY J.C. ELLIS DESIGN CO. AND BOARD OF HEALTH.
8. FINISH COVER OVER COMPONENTS IS NOT TO EXCEED 3" PER 310 CMR 15.000.
9. ALL ABANDONED SEPTIC SYSTEM COMPONENTS TO BE PUMPED DRY AND FILLED WITH CLEAN SAND OR REMOVED AND REPLACED WITH CLEAN SAND.
10. ACCESS PORTS WITHIN 6" OF FINISH GRADE. ALL SEPTIC TANKS, DISTRIBUTION BOXES AND PIPING TO BE INSTALLED WATERTIGHT.
12. NO KNOWN WELLS EXIST WITHIN 100' OF PROPOSED LEACH AREA.
13. THIS IS NOT A CERTIFIED PLOT PLAN AND UNDER NO CIRCUMSTANCES IS THIS PLAN TO BE USED FOR BUILDING OR ZONING PURPOSES.
14. LEACH AREA TO BE PROVIDED WITH AT LEAST ONE INSPECTION PORT CONSISTING OF A PERFORATED FOUR INCH PIPE PLACED VERTICALLY DOWN INTO SAND FILL BELOW THE STONE. NATURALLY OCCURRING SOIL OR SAND FILL BELOW THE STONE ACCESSIBLE WITHIN 3" OF GRADE.
15. EXCAVATE ALL UNSUITABLE SOIL, ONLY IF NECESSARY, 5' AROUND AND UNDER S.A.S. DOWN TO C LAYER AND REPLACE WITH CLEAN MEDIUM SAND.
16. INSTALL 40 MIL POLY FLOW BARRIER AS SHOWN AROUND S.A.S. FROM EL. 55.0' DOWN TO EL. 51.0'.
17. CONTRACTOR TO LOCATE AND VERIFY ALL EXISTING BUILDING SEWER LOCATIONS AND ELEVATIONS PRIOR TO CONSTRUCTION.
18. SEPTIC TANK AND PUMP CHAMBER TO BE INSTALLED WATER PROOF.
19. PROVIDE 1 C.F. OF CONCRETE AT ALL BENDS ALONG PRESSURE LINE AS THRUST BLOCKING.

USE (1) 1,500 GALLON SEPTIC TANK
 USE LIBERTY PUMP 1 HP OR EQUIVALENT
 PUMP OFF = 10" ALARM ON = 16"
 STORAGE CAPACITY PROVIDED = 1029 GALLONS
 MINIMUM 4 CYCLES REQUIRED PER DAY
 MAXIMUM VOLUME REQUIRED PER DOSE CYCLE: 137.5 GALLONS
 VOLUME PROVIDED PER DOSE CYCLE: 128.67 GALLONS
 TRANSPORT PIPE VOLUME = 36 GALLONS

USE (4) 500 GALLON LEACH CHAMBERS W/ STONE
 AS SHOWN IN DETAIL.
 PUMP CHAMBER:
 USE (1) 1,500 GALLON SEPTIC TANK
 USE LIBERTY PUMP 1 HP OR EQUIVALENT
 PUMP OFF = 10" ALARM ON = 16"
 STORAGE CAPACITY PROVIDED = 1029 GALLONS
 MINIMUM 4 CYCLES REQUIRED PER DAY
 MAXIMUM VOLUME REQUIRED PER DOSE CYCLE: 137.5 GALLONS
 VOLUME PROVIDED PER DOSE CYCLE: 128.67 GALLONS
 TRANSPORT PIPE VOLUME = 36 GALLONS

PROPOSED SOIL ABSORPTION SYSTEM:
 PERC RATE = <2 MIN/IN - CLASS 1 SOIL
 SIDEWALL = (41.5 + 12.83)(2)(2) = 217.32 S.F.
 BOTTOM: (41.5)(12.83) = 532.44 S.F.
 (217.32 + 532.44)(0.74) = 554.82 G/P/D PROVIDED
 550 G/P/D x 2 = 1100 G/P/D REQUIRED
 USE PROPOSED 2500 GALLON SEPTIC TANK

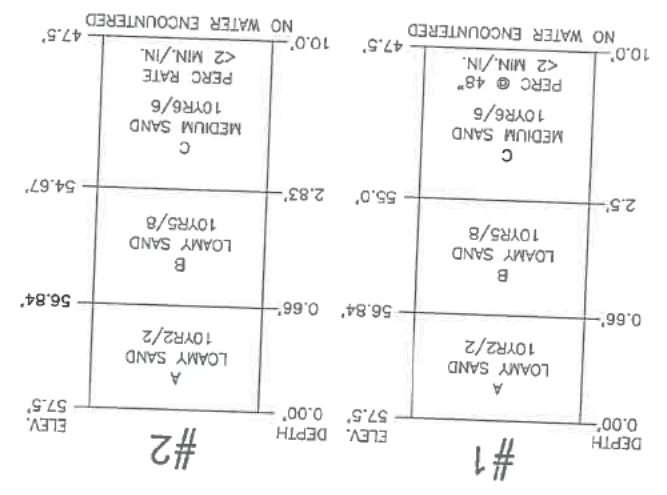
PROPOSED SEPTIC TANK:
 3 BEDROOM DWELLING = 350 G/P/D REQUIRED
 1 BEDROOM COTTAGE A = 110 G/P/D REQUIRED
 1 BEDROOM COTTAGE B = 110 G/P/D REQUIRED
 1 BEDROOM COTTAGE C = 110 G/P/D REQUIRED
 1 BEDROOM COTTAGE D = 110 G/P/D REQUIRED
 TOTAL FLOW = 550 G/P/D REQUIRED
 NO GARBAGE GRINDER ALLOWED

DESIGN CALCULATIONS

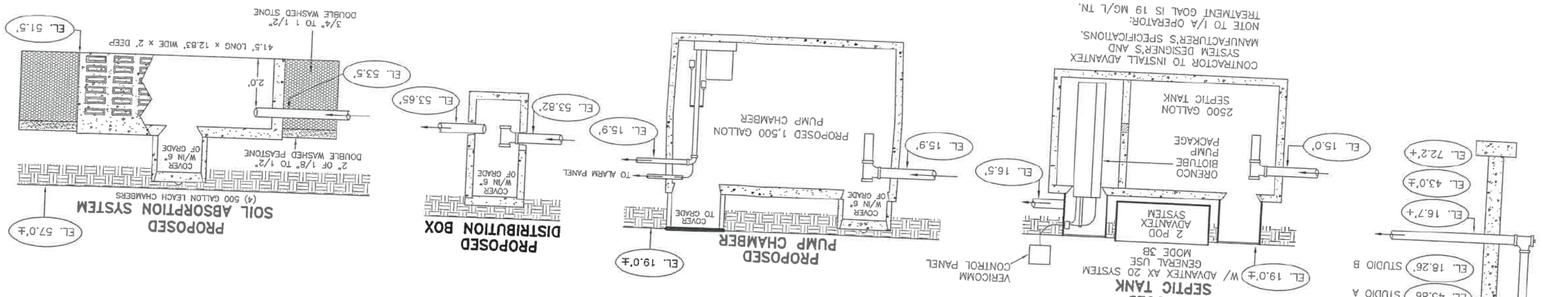
NOTES

PERFORMED BY: JASON C. ELLIS, R.S., S.E.
 WITNESSED BY: AROZANA DAVIS, TRURO BOH
 TEST DATE: APRIL 11, 2022

DEEP HOLE DATA



SECTION DETAIL - COMPONENTS
 NOT TO SCALE



CONTRACTOR TO INSTALL ADVANTEX SYSTEM DESIGNER'S AND MANUFACTURER'S SPECIFICATIONS.
 NOTE TO I/A OPERATOR:
 TREATMENT GOAL IS 19 MG/L TN.

ADVANTEX® AX20 2 POD MODE 3B

BEDROOMS	OCCUPANTS (MAXIMUM)	2-COMPARTMENT PROCESSING TANK (MIN. GALLONS)
5	10	2,500
6	12	3,000

DESIGN NOTES

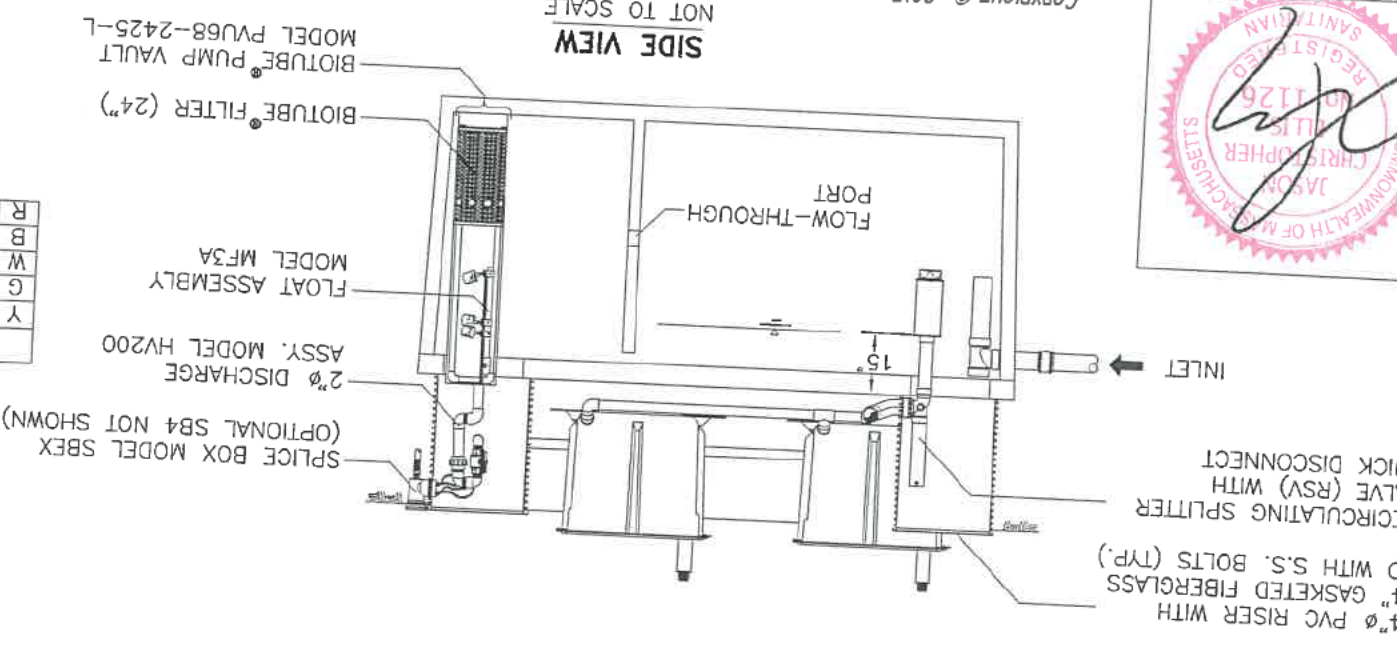
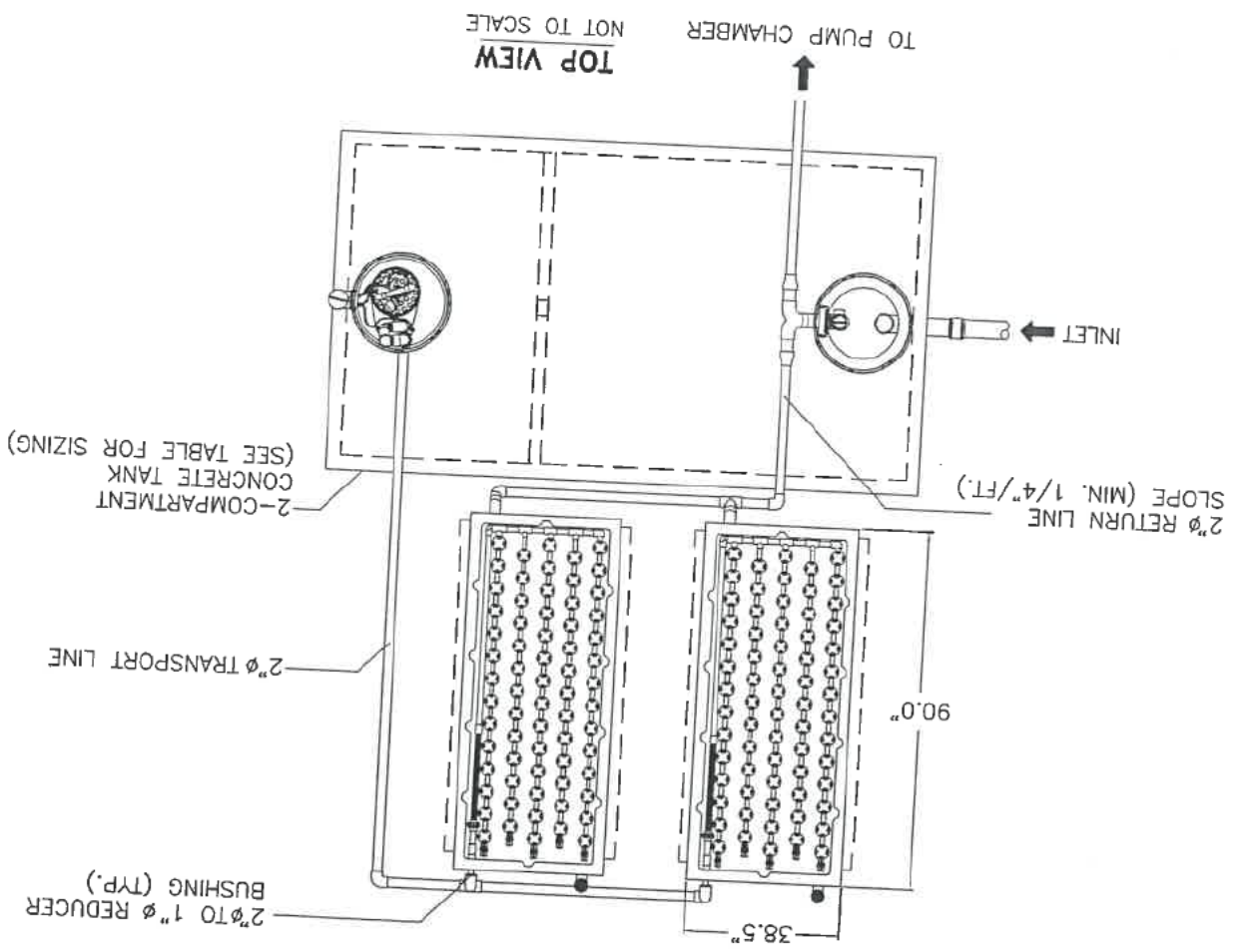
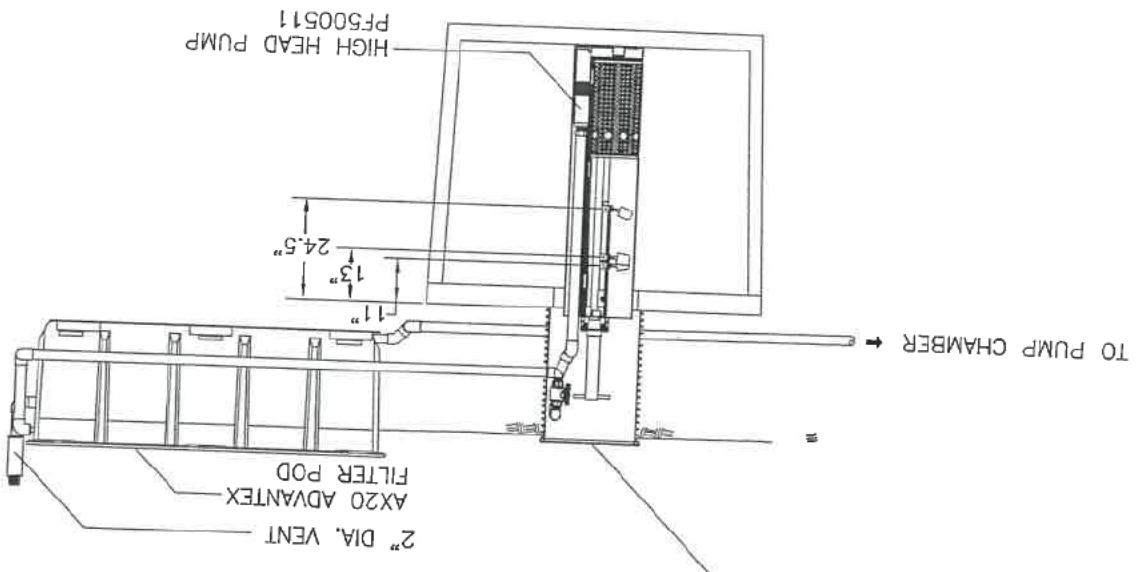
FOR RESIDENTIAL STRENGTH WASTE UP TO 6 BEDROOMS APPLICATIONS GREATER THAN 6 BEDROOMS REQUIRE A DESIGN REVIEW BY ORENCO.

INSTALLATION TO BE PERFORMED BY AN ADVANTEX AUTHORIZED INSTALLER ONLY.

START-UP AND SERVICE TO BE PERFORMED BY AN ADVANTEX AUTHORIZED SERVICE PROVIDER ONLY.

NOTE TO I/A OPERATOR:
TREATMENT GOAL IS 19 MG/L TN.

24" PVC RISER WITH 24" GASKETED FIBERGLASS LID WITH S.S. BOLTS (TYP.)
SIMPLEX PUMPING SYSTEM



Y	High Level Alarm
G	Override Timer ON/OFF
W	L/A/R/O
B	Pump On
R	Pump Off

J.C. ELLIS DESIGN

P.O. BOX 81
NORTH EASTHAM, MA 02651
(508)240-2220
Email: jcellisdesign@verizon.net

SUBJECT: SEPTIC SYSTEM UPGRADE PLAN
ADVANTEX AX20 2 POD MODE 3B

121 SLOUGH POND ROAD
TRURO, MA

NICHOLAS MACDONALD
55 PARADE PLACE E-7
BROOKLYN, NY 11226

PREPARED FOR: ASSESSOR'S
MAP 61 PARCEL 7

DATE: APRIL 12, 2022

SHEET 3 OF 3



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