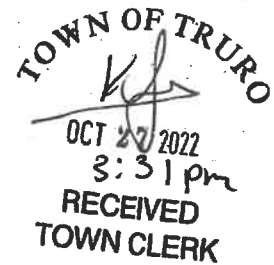




# Truro Board of Health

Tuesday November 1, 2022

Remote 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 [ebeebe@truro-ma.gov](mailto:ebeebe@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. **Request to Appeal Before the Board of Health:** 9 South Highland Rd, Paul Morris
2. **Variance Request/Local Upgrade Approval:** 5 Josephs Rd, Robert Galligan & Abigail Swan
3. **Variance Request/Local Upgrade Approval:** 18 Bay View Rd, Santina & Frank Smith
4. **Variance Request/Local Upgrade Approval:** 5 Ryder Beach Way, Striar Family LLC
5. **Variance Request/Local Upgrade Approval:** 45 Corn Hill Rd, Rose Investment Trust

## III. MINUTES: Sept. 20, 2022

## IV. REPORTS

- o Report of the Chair
- o Health Agent's Report

39-198

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 27 2022

RECEIVED BY:

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**Paul Morris**  
**Po Box 103**  
**North Truro MA 02652**

October 27, 2022

To: The Town of Truro Board of Health

I am requesting to be put on the November 1, 2022 agenda for the purpose of discussing a reverse engineering plan for the property at 9 South Highland Road in North Truro ( the estate of George B Morris Jr.) The inspection has been performed and submitted to Emily Beebe. Jason Ellis has been contracted to do this engineering at this property.

Sincerely,

*Paul a Morris*

Paul Morris



HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 27 2022

RECEIVED BY:

# TOWN OF TRURO

## Board of Health

P.O. Box 2030, Truro, MA 02666

### REQUEST TO APPEAR BEFORE THE BOARD OF HEALTH

Date Submitted: 10/27/22  
 Applicant's Name: PAUL A MORRIS  
 Mailing Address: PO BOX 103 NORTH TRURO MASS 02652  
 Phone Number: 774-487-9988 email address: clatmorris@comcast.net  
Reason for Request to Appear before the Board of Health:  
 Request to review a Septic System Inspection Report  
 Appeal of Health Agent's Decision  
 Plan Review and Approval\* (building, septic etc.)  
 Other: Reverse Engineering  
 Presentation: Topic to be discussed: \_\_\_\_\_

Description of Request:

To discuss a Reverse engineering at 9 South Highland Rd. For the estate of George B. Morris Jr. Inspection has been performed and submitted to Emily Beebe. Jason Ellis Engineering has been contracted to do this.

\*if your project involves floor plans, please include existing and proposed floor plans

Paul A Morris 10/27/22  
 Signature of Applicant Date

\*\*\*OFFICE USE ONLY\*\*\*

Scheduled Board of Health Meeting Date: \_\_\_\_\_ Time: \_\_\_\_\_

Signature/Title

Date



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

**PAID**

10/17/22

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 17 2022

RECEIVED BY:

9 S. Highland Rd

39-198

Property Address

Morris

Owner's Name

Truro

MA

02667

9/10/2022

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

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

Nathan Rose

Name of Inspector

Nauset Septic

Company Name

P.O. Box 2019

Company Address

Wellfleet

City/Town

MA

02667

State

Zip Code

(508)237-3294

SI13981

Telephone Number

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

09/10/2022

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.



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

9 S. Highland Rd

Property Address

Morris

Owner's Name

Truro

City/Town

MA

State

02667

Zip Code

9/10/2022

Date of Inspection

Owner information is required for every page.

## 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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Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**  
 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

9 S. Highland Rd  
 Property Address

Morris  
 Owner's Name

Truro	MA	02667	9/10/2022
City/Town	State	Zip Code	Date of Inspection

**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):

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- 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):

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**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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 Truro MA 02667 9/10/2022  
 City/Town State Zip Code Date of Inspection

**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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

- |                          |                                     |   |
|--------------------------|-------------------------------------|---|
| Yes                      | No                                  |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool                                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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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Truro

City/Town

MA

State

02667

Zip Code

9/10/2022

Date of Inspection

**C. Inspection Summary (cont.)**

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

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year <b>NOT</b> due to clogged or obstructed pipe(s). Number of times pumped: _____.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | 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. <b>[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.]</b> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <b>The system fails.</b> 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                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply   |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 |





Commonwealth of Massachusetts  
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 Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

9 S. Highland Rd  
 Property Address

Morris  
 Owner's Name

Truro MA 02667 9/10/2022  
 City/Town State Zip Code Date of Inspection

**C. Inspection Summary (cont.)**

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 type="checkbox"/>            | <input checked="" 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 type="checkbox"/>            | <input checked="" 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): n/a Number of bedrooms (actual): 5

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

Description:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of current residents: 0

Does residence have a garbage grinder?  Yes  No

Does residence have a water treatment unit?  Yes  No

If yes, discharges to: \_\_\_\_\_

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)): \_\_\_\_\_

Detail:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sump pump?  Yes  No

Last date of occupancy: 2022  
 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: BOH

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:

Were sewage odors detected when arriving at the site?  Yes  No

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

Depth below grade: 42" feet

Material of construction:

cast iron  40 PVC  other (explain):

Distance from private water supply well or suction line: >10' feet

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



Commonwealth of Massachusetts

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## D. System Information (cont.)

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

Depth below grade:

32"

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:

H-10 1,500g

Sludge depth:

less than 1

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

33"

Scum thickness

less than 1"

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

14"

How were dimensions determined?

tape

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

The cement is in good shape and both covers are built to grade. Very small amount of sludge and scum so pumpng would not be justified at this time.



Commonwealth of Massachusetts

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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



Commonwealth of Massachusetts

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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.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* 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.):

The D-Box was full of roots and leaking so we replaced it with permit number #22-060) and the cover was built to grade.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Title 5 Official Inspection Form**  
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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.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* 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:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Type:

- leaching pits                      number: 1 6X6
- leaching chambers                      number: \_\_\_\_\_
- leaching galleries                      number: \_\_\_\_\_
- leaching trenches                      number, length: \_\_\_\_\_
- leaching fields                      number, dimensions: \_\_\_\_\_
- overflow cesspool                      number: \_\_\_\_\_
- innovative/alternative system

Type/name of technology: \_\_\_\_\_





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## 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.):

Six-foot leaching pit with 3.5 feet to four feet of stone around it. The pit was dry but stains on the side wall indicated the water level had risen up to eight inches occasionally. the water level had risen up to eight inchs occasianlly.

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### 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

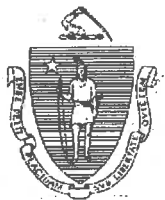
Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

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Morris  
 Owner's Name

Truro	MA	02667	9/10/2022
City/Town	State	Zip Code	Date of Inspection

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.):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

9 S. Highland Rd

Property Address

Morris

Owner's Name

Truro

MA

02667

9/10/2022

City/Town

State

Zip Code

Date of Inspection

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



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

Owner information is required for every page.

9 S. Highland Rd

Property Address

Morris

Owner's Name

Truro

City/Town

MA

State

02667

Zip Code

9/10/2022

Date of Inspection

**D. System Information (cont.)**

**15. Site Exam:**

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

\_\_\_\_\_ 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: \_\_\_\_\_ Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:  
 \_\_\_\_\_
- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:  
 \_\_\_\_\_

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

There are no plans on file but the USGS shows ground elevation in the area to be +/- 90 feet, which would make the bottom of the leachpit to be +/- 80 feet.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

9 S. Highland Rd

Property Address

Morris

Owner's Name

Truro

City/Town

MA

State

02667

Zip Code

9/10/2022

Date of Inspection

Owner information is required for every page.

## 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



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

39-198

Property Address

Owner's Name

State

Zip Code

Date of Inspection

City/Town

**D. System Information (cont.)**

**14. Sketch Of Sewage Disposal System:**

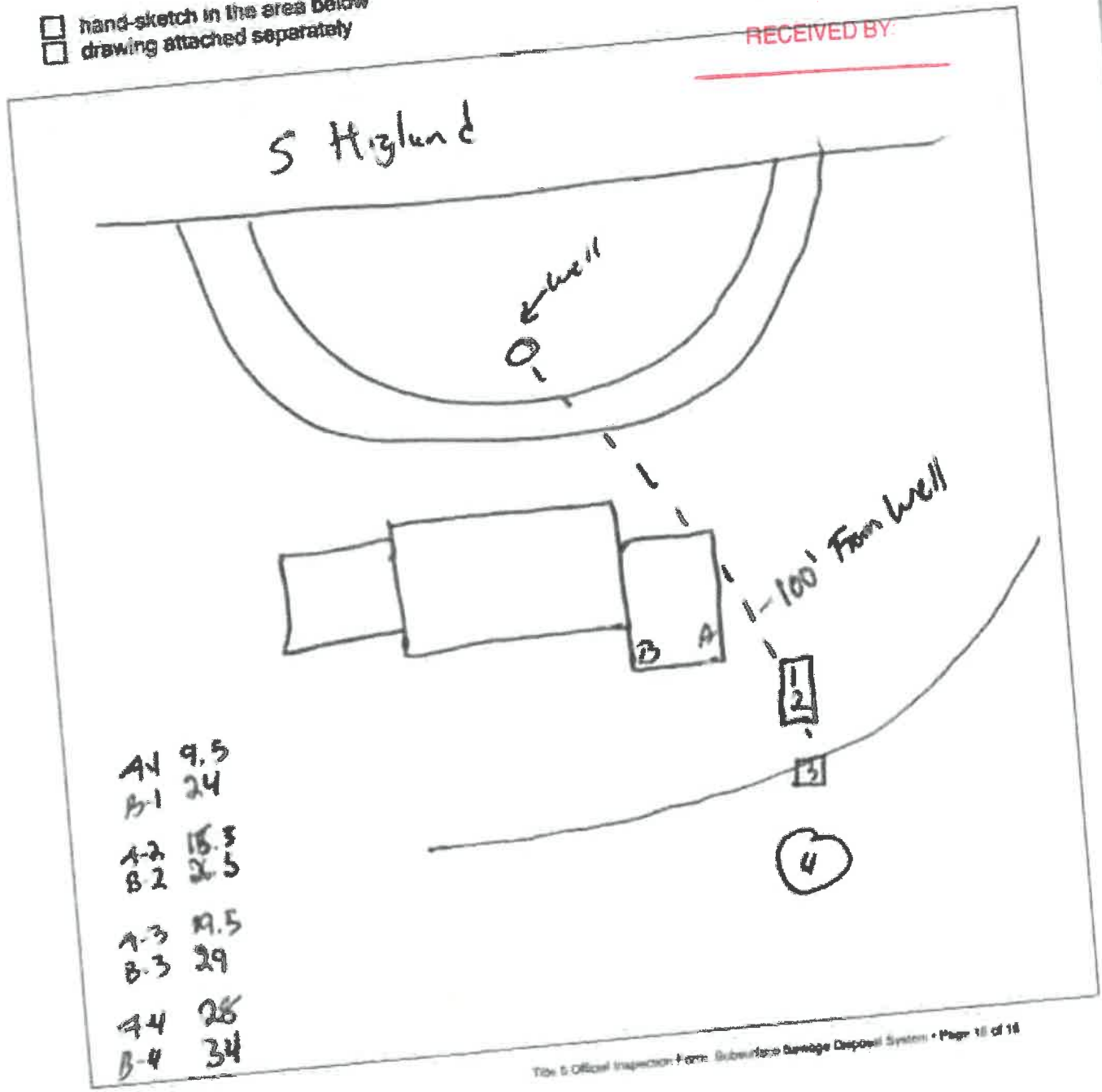
Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below.

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

HEALTH DEPARTMENT  
 TOWN OF TRURO

OCT 17 2022

RECEIVED BY: \_\_\_\_\_





# CERTIFICATE OF ANALYSIS

## Barnstable County Health Laboratory (M-MA009)

**Recipient:** Rose Kennedy  
Rose Kennedy Realtor

**Order No.:** G22235119  
**Report Dated:** 09/30/2022  
**Submitter:** Rose Kennedy  
**Description:** RE Kit - 9 South Highland

**Laboratory ID#:** 22235119-01

**Sample #:**  
**Collection Address:** 9 South Highland, Truro  
**Sample Location:** 39-198

**Matrix:** Water - Drinking Water  
**Sampled:** 09/19/2022 14:00 By: RK  
**Received:** 09/19/2022 15:05 By:  
**Turn Around:** Standard

**Routine**

ITEM	RESULT	UNITS	RL	MCL	METHOD #	ANALYST	TESTED	TIME
Nitrate as Nitrogen	3.5	mg/L	0.10	10	EPA 300.0	CL	09/20/2022	
Copper	0.55	mg/L	0.10	1	EPA 200.8	CL	09/29/2022	12:38
Iron	ND	mg/L	0.10	0.3	EPA 200.8	CL	09/29/2022	12:38
Manganese	ND	mg/L	0.025	0.05	EPA 200.8	CL	09/29/2022	12:38
Sodium	18	mg/L	2.5	20	EPA 200.8	CL	09/29/2022	12:38
Total Coliform	Absent	P/A	0	0	SM 9223B	RG	09/19/2022	17:38
Conductance	190	umohs/cm	2.0		EPA 120.1	LX	09/19/2022	16:28
pH	6.9	PH AT 25C	NA		SM 4500-H-B	LX	09/19/2022	16:28

*Based on the results of the parameters tested, the water is suitable for drinking.*

Attached please find the laboratory certified parameter list.

**Approved By:**   
(Lab Manager)

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 17 2022

RECEIVED BY:



# CERTIFICATE OF ANALYSIS

## Barnstable County Health Laboratory (M-MA009)

**Recipient:** Rose Kennedy  
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**Order No.:** G22235119  
**Report Dated:** 09/30/2022  
**Submitter:** Rose Kennedy  
**Description:** RE Kit - 9 South Highland

**Laboratory ID#:** 22235119-01

**Sample #:**

**Collection Addr:** 9 South Highland, Truro

**Sample Location:**

**Analyst:** LX Method: EPA 524.2 Dilution: 1

**Matrix:** Water - Drinking Water

**Sampled:** 09/19/2022 14:00 By: RK

**Received:** 09/19/2022 15:05 By: jmcnull

**Turn Around:** Standard

**Date Analyzed:** 09/19/2022 @

### EPA 524.2 - Volatile Organics by GC/MS

Parameter	Result ug/L	MCL ug/L	MDL ug/L	Parameter	Result ug/L	MCL ug/L	MDL ug/L
Dichlorodifluoromethane	ND		0.50	Chloroethane	ND		0.50
Chloromethane	ND		0.50	Chloroform	ND	70	0.50
Vinyl chloride	ND	2.0	0.50	cis-1,2-Dichloroethene	ND	70	0.50
Bromomethane	ND		0.50	cis-1,3-Dichloropropene	ND		0.50
1,1,1,2-Tetrachloroethane	ND		0.50	Dibromochloromethane	ND		0.50
1,1,1-Trichloroethane	ND	200	0.50	Dibromomethane	ND		0.50
1,1,2,2-Tetrachloroethane	ND		0.50	Ethylbenzene	ND	700	0.50
1,1,2-Trichloroethane	ND	5.0	0.50	Hexachlorobutadiene	ND		0.50
1,1-Dichloroethane	ND		0.50	Isopropylbenzene	ND		0.50
1,1-Dichloroethene	ND	7.0	0.50	Methylene chloride	ND	5.0	0.50
1,1-Dichloropropene	ND		0.50	Methyl-tert-butyl ether	ND		0.50
1,2,3-Trichlorobenzene	ND		0.50	Naphthalene	ND		0.50
1,2,3-Trichloropropane	ND		0.50	n-Butylbenzene	ND		0.50
1,2,4-Trichlorobenzene	ND	70	0.50	n-Propylbenzene	ND		0.50
1,2,4-Trimethylbenzene	ND		0.50	p-Isopropyltoluene	ND		0.50
1,2-Dibromo-3-chloropropane	ND		0.50	sec-Butylbenzene	ND		0.50
1,2-Dibromoethane (EDB)	ND		0.50	Styrene	ND	100	0.50
1,2-Dichlorobenzene	ND	600	0.50	tert-Butylbenzene	ND		0.50
1,2-Dichloroethane	ND	5.0	0.50	Tetrachloroethene	ND	5.0	0.50
1,2-Dichloropropane	ND		0.50	Toluene	ND	1000	0.50
1,3,5-Trimethylbenzene	ND		0.50	Total xylenes	ND	10000	0.50
1,3-Dichlorobenzene	ND		0.50	trans-1,2-Dichloroethene	ND	100	0.50
1,3-Dichloropropane	ND		0.50	trans-1,3-Dichloropropene	ND		0.50
1,4-Dichlorobenzene	ND	5.0	0.50	Trichloroethene	ND	5.0	0.50
2,2-Dichloropropane	ND		0.50	Trichlorofluoromethane	ND		0.50
2-Chlorotoluene	ND		0.50				
4-Chlorotoluene	ND		0.50				
Benzene	ND	5.0	0.50				
Bromobenzene	ND		0.50				
Bromochloromethane	ND		0.50				
Bromodichloromethane	ND		0.50				
Bromoform	ND		0.50				
Carbon tetrachloride	ND	5.0	0.50				
Chlorobenzene	ND	100	0.50				

Compound	% Recovered	QC Limits (%)	
1,2-Dichlorobenzene-d4	106%	70	130
p-Bromofluorobenzene	103%	70	130

Attached please find the laboratory certified parameter list.

**Approved By:**   
(Lab Director)

ND = None Detected

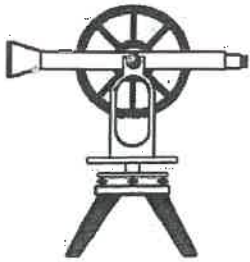
RL = Reporting Limit

MCL = Maximum Contaminant Level

**3195 Main Street, PO. Box 427, Barnstable, MA 02630 Ph: 508-375-6605**

Page 1 of 1





# 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

V 2022-18

October 20, 2022

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

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

**Re: Variance Requests – Septic System Upgrade  
Robert Galligan & Abigail Swan, 5 Joseph’s Road, Truro, MA, Assessor’s Map 46 Parcel 25**

Dear Board,

Robert Galligan & Abigail Swan are proposing an upgrade of the existing septic system at 5 Joseph’s Road. Due to the shape of the lot and proximity to wetland resource areas (Bordering Vegetated Wetland and flood zone), variances are required to install the new septic system:

Specifically, the following 6 variances are sought to install the new septic system.

Truro Board of Health Regulations – Section VI, Article 9

1. Proposed septic tank located within 100’ of wetland (67’)  
(100’ required, 67’ provided, 33’ variance requested)
2. Proposed pump vault located within 100’ of proposed wetland (77’)  
(100’ required, 77’ provided, 23’ variance requested)
3. Proposed s.a.s. located within 150’ of wetland (102’)  
(150’ required, 102’ provided, 48’ variance requested)

310 CMR 15.211

4. Proposed s.a.s. located within 10’ of lot line, pcl. 24 (6’)  
(10’ required, 6’ provided, 4’ variance requested)
5. Proposed s.a.s. located within 10’ of lot line, road (5’)  
(10’ required, 5’ provided, 5’ variance requested)

310 CMR 15.248

6. No reserve area provided.

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**

**PAID**  
8850



**APPLICATION FOR BOARD OF HEALTH VARIANCES**

**Date:** 10-20-2022

HEALTH DEPARTMENT  
TOWN OF TRURO

**Property Owner's Name:** Robert Galligan & Abigail Swan

OCT 21 2022

**Mailing Address:** P.O. Box 175, Truro, MA 02666

RECEIVED BY:

**Address of Property:** 5 Joseph's Road

**Map and Parcel Number:** Map # 46 Parcel # 25

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

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

**Address:** P.O. Box 81, N. Eastham, MA 02651

Please check type of variance requested:

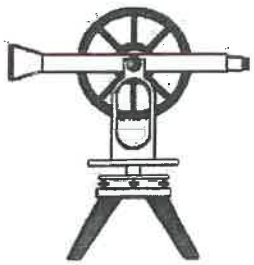
■ **Title 5 Variance Request: Section** 310 CMR 15.211 & 248

■ **Board of Health Variance Request: Section/Article** Section VI - Article 11

\_\_\_\_\_  
Signature (Representative )

\_\_\_\_\_  
Date

\_\_\_\_\_  
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](mailto:jcellisdesign@verizon.net)

October 20, 2022

**Re: Variance Requests – Septic System Upgrade  
Robert Galligan & Abigail Swan, 5 Joseph's Road, Truro, MA, Assessor's Map 46 Parcel 25**

Dear Abutter,

Robert Galligan & Abigail Swan are proposing an upgrade of the existing septic system at 5 Joseph's Road. Due to the shape of the lot and proximity to wetland resource areas (Bordering Vegetated Wetland and flood zone), variances are required to install the new septic system:

Specifically, the following 6 variances are sought to install the new septic system.

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(100' required, 67' provided, 33' variance requested)
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(150' required, 102' provided, 48' variance requested)

310 CMR 15.211

4. Proposed s.a.s. located within 10' of lot line, pcl. 24 (6')  
(10' required, 6' provided, 4' variance requested)
5. Proposed s.a.s. located within 10' of lot line, road (5')  
(10' required, 5' provided, 5' variance requested)

310 CMR 15.248

6. No reserve area provided.

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

The Truro Board of Health will hold a public hearing to consider these variance requests on Tuesday, November 1, 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

5 Josephs Road  
 Map 46, Parcel 25  
 Conservation Commission

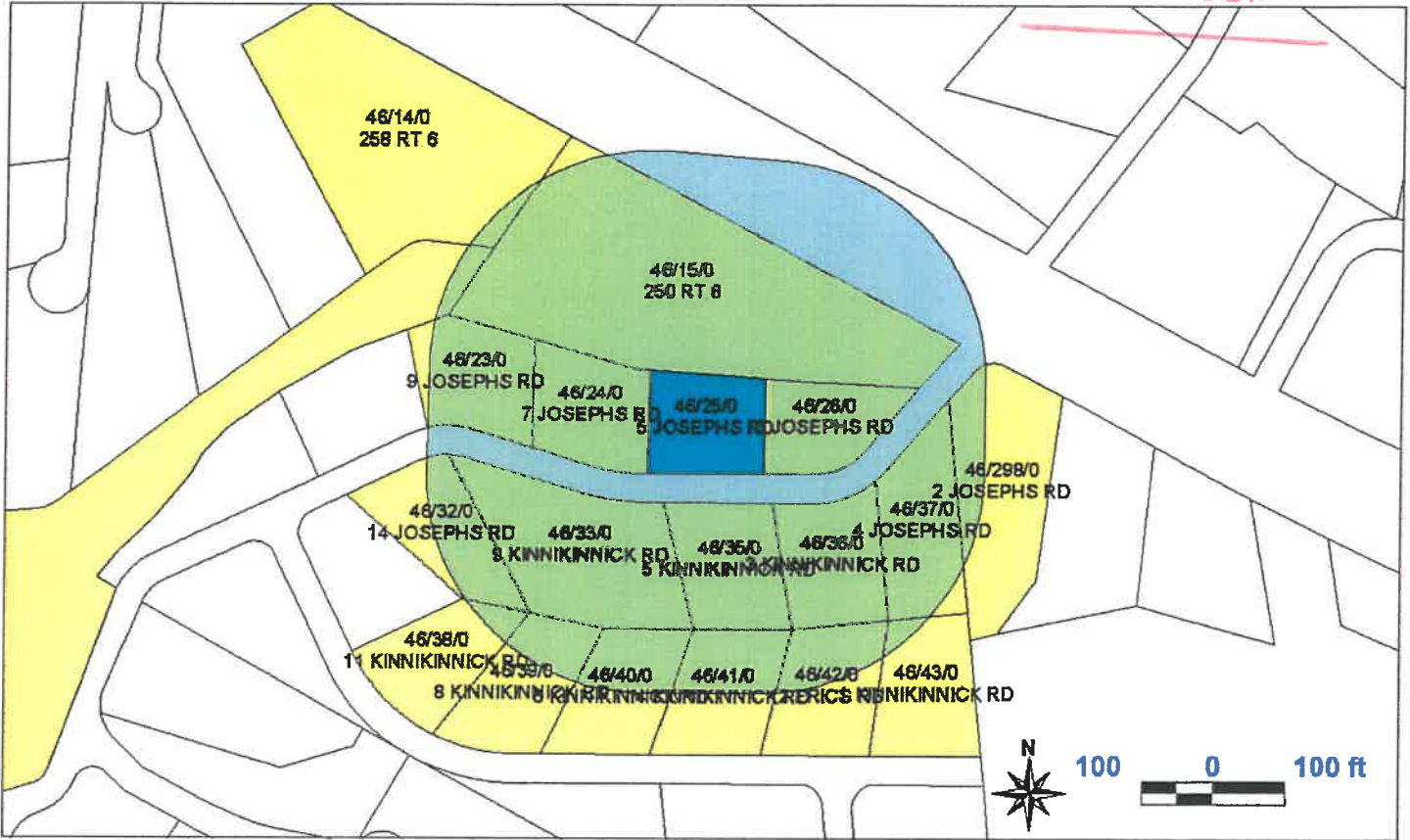
TOWN OF TRURO, MA  
 BOARD OF ASSESSORS  
 P.O. BOX 2012, TRURO MA 02666

HEALTH DEPARTMENT  
 TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

Abutters List Within 300 feet of Parcel 46/25/0



Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	ZipCd/Country
2242	46-14-0-R	LISENBY ARTHUR W	258 RT 6	PO BOX 1147	TRURO	MA	02666-1147
2243	46-15-0-R	PAUL M SOUZA TRUST TRS: PAUL M & DEBRA L SOUZA	250 RT 6	PO BOX 835	TRURO	MA	02666
2251	46-23-0-R	CIRINO MARIA A & DONAHUE PAMELA	9 JOSEPHS RD	C/O DONAHUE PAMELA C PO BOX 380	TRURO	MA	02666-0380
2252	46-24-0-R	ANTHONY T ZEHNDER 2021 LIV TRS TRS: ANTHONY T ZEHNDER	7 JOSEPHS RD	PO BOX 124	TRURO	MA	02666
2253	46-25-0-R	SWAN ABIGAIL G & GALLIGAN ROBERT W JR	5 JOSEPHS RD	PO BOX 175	TRURO	MA	02666-0175
2254	46-26-0-R	DIBENEDETTO LINDA M	3 JOSEPHS RD	12 OLD COLONY WAY, UNIT 12	PROVINCETOWN	MA	02657
2257	46-29-0-E	TRURO CONSERVATION TRUST TRS: BETSEY BROWN ET AL	0 CASTLE RD	PO BOX 327	NO TRURO	MA	02652-0327
2260	46-32-0-R	SKA FAMILY TRUST TRS: RODERICK SUSAN	14 JOSEPHS RD	PO BOX 64	NO TRURO	MA	02652-0064
2261	46-33-0-R	CAPE REALTY TRUST TRS: DANIEL R FABER	9 KINNIKINNICK RD	73 COHASSET ST #2	ROSLINDALE	MA	02131
2263	46-35-0-R	VAN STRATUM FAMILY REALTY TRST TRS: VAN STRATUM PETER W &	5 KINNIKINNICK RD	PO BOX 568	TRURO	MA	02666
2264	46-36-0-R	WILLIAMS JOANNE	3 KINNIKINNICK RD	PO BOX 837	TRURO	MA	02666-0837
2265	46-37-0-R	MEADE CHRISTINE F	4 JOSEPHS RD	PO BOX 525	TRURO	MA	02666
2266	46-38-0-R	KEVIN TREANOR REVOCABLE TRUST TRS: KEVIN TREANOR	11 KINNIKINNICK RD	PO BOX 437	TRURO	MA	02666
2267	46-39-0-R	EMOND JOSH & LAMBERT-EMOND KAREN	8 KINNIKINNICK RD	PO BOX 633	TRURO	MA	02666-0633
2268	46-40-0-R	DUNIGAN ORIN B	6 KINNIKINNICK RD	PO BOX 442	TRURO	MA	02666

*MJD 10/14/2022*

Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	ZipCd/Country
2269	46-41-0-R	SHERMAN BERNARD & LENORE	4 KINNIKINNICK RD	36 NATHANIEL RD	HOLLAND	PA	18966
2270	46-42-0-R	STEVENS SCOTT R	12 ERICS RD	12 ERICS RD	TRURO	MA	02666
2271	46-43-0-R	JO-ELL GUTZLER LIFE ESTATE RMNDRS: MOREA CRAIG M.H. &	1 KINNIKINNICK RD	MOREA ERIC L PO BOX 1062	TRURO	MA	02666
2511	46-298-0-R	MOREA ERIC L	2 JOSEPHS RD	PO BOX 805	TRURO	MA	02666-0805

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

---

*Handwritten signature and date*  
10/14/2022



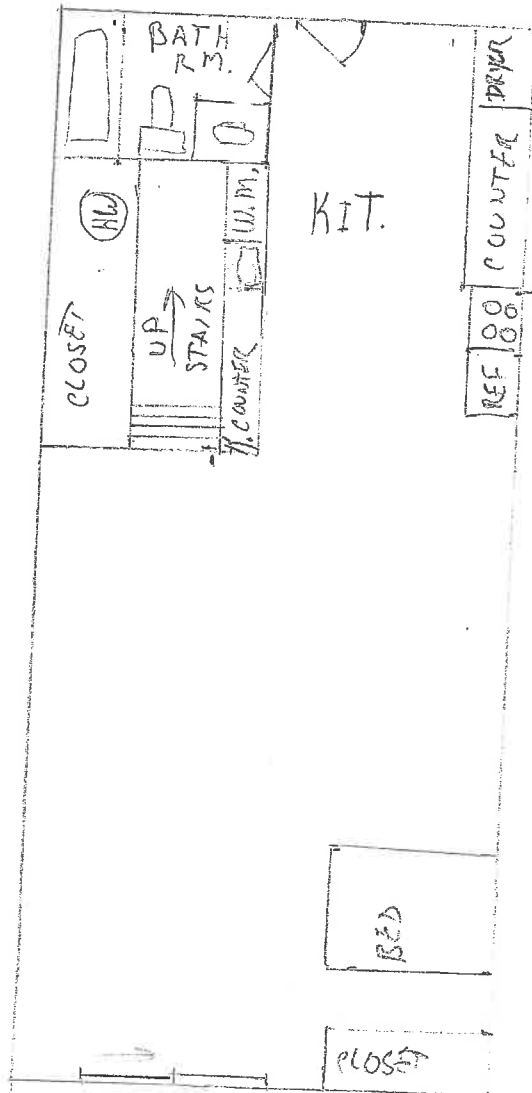
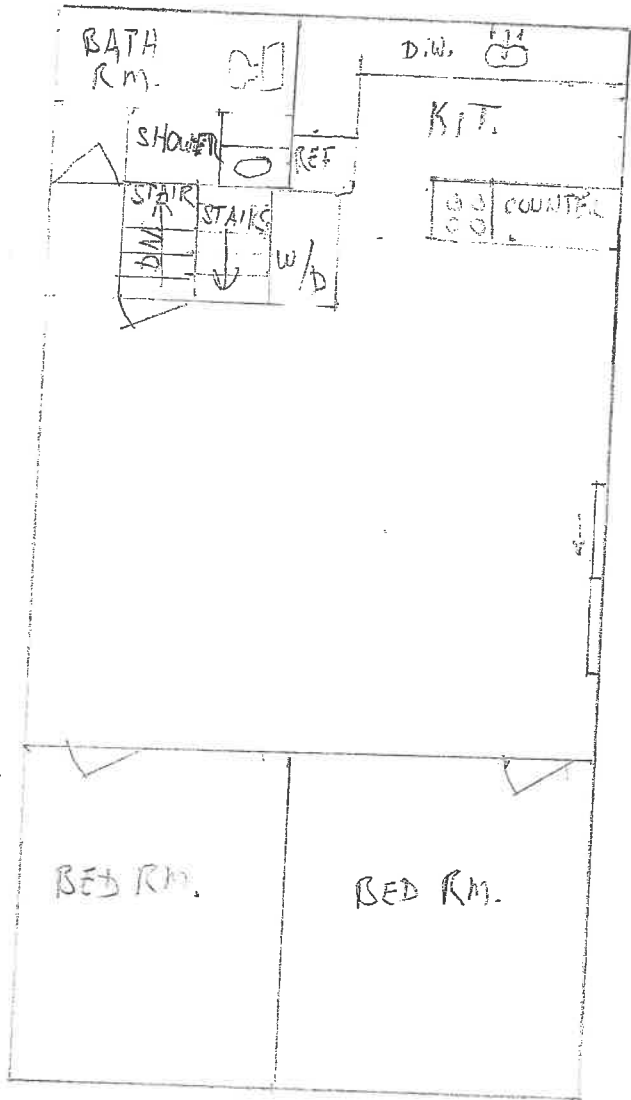
HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY.

24'

20'



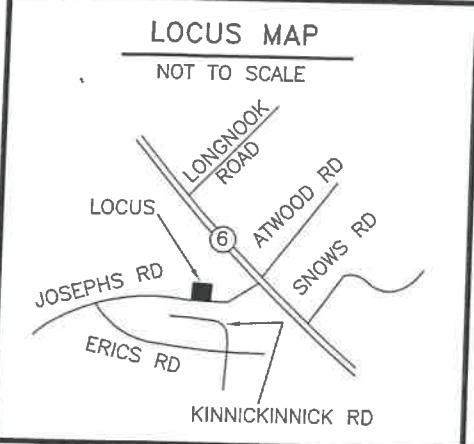
1ST FLOOR

LOWER LEVEL

44'

44'



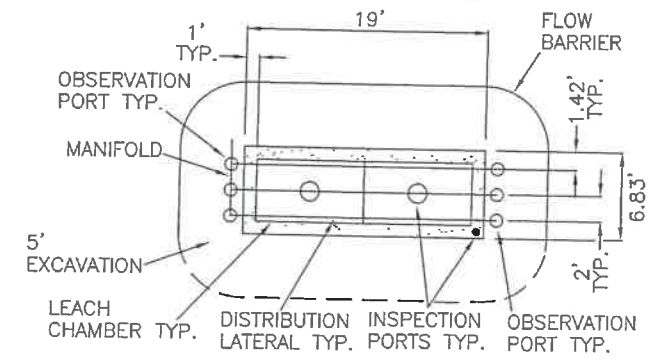
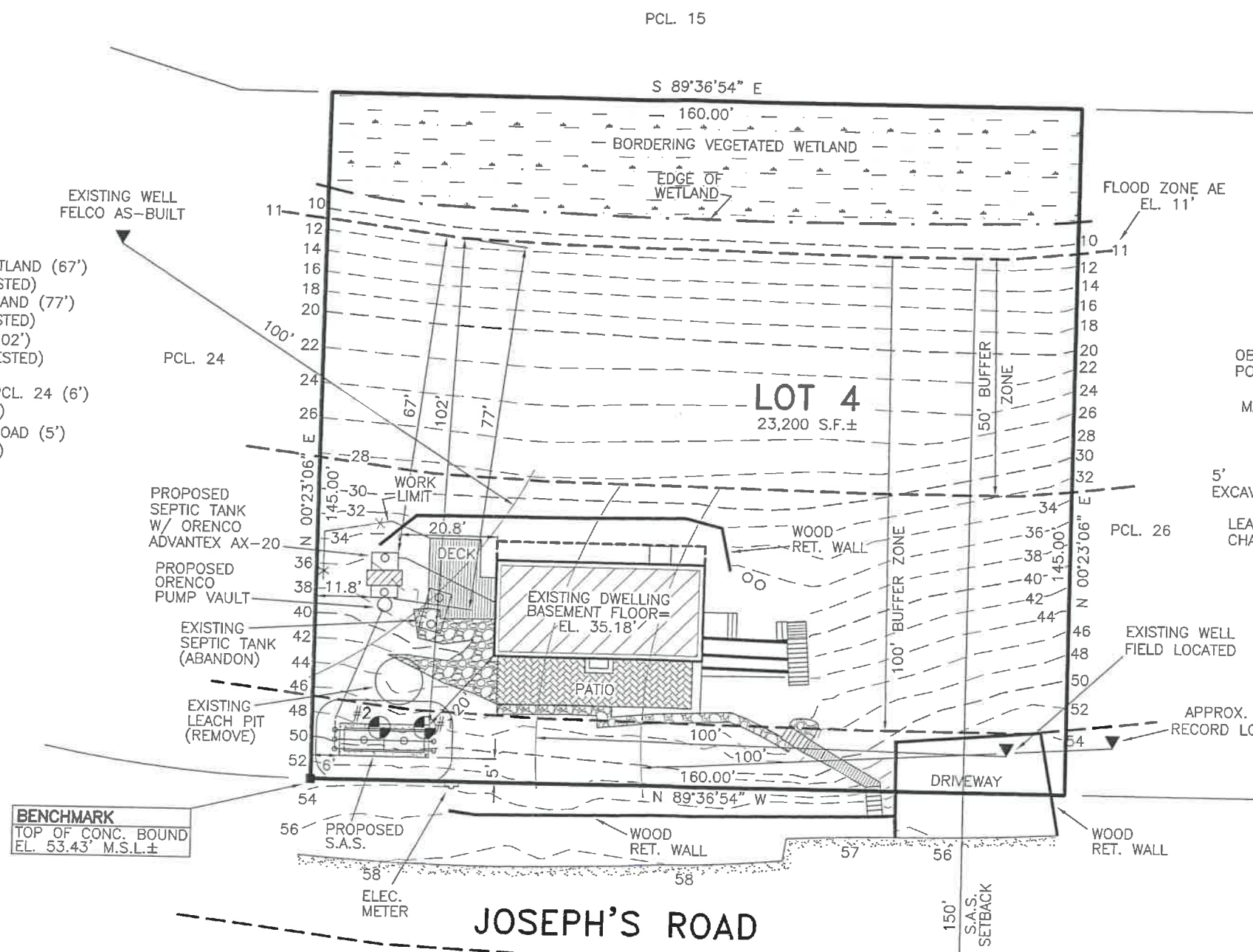


THIS PLAN REQUIRES CONSERVATION COMMISSION APPROVAL. WORK LIMIT TO BE STAKED SILT FENCE AND STRAW WADDLE. DISTURBED AREAS TO BE PLANTED WITH CONSERVATION GRASS SEED MIXTURE. EROSION CONTROL FABRIC TO BE INSTALLED ON SLOPES TO PREVENT EROSION IN DISTURBED AREAS.

HEALTH DEPARTMENT  
TOWN OF TRURO  
  
OCT 21 2022  
RECEIVED BY:

**VARIANCE REQUESTS:**

- TRURO BOARD OF HEALTH REGULATIONS:  
SECTION VI - ARTICLE 9
1. PROPOSED SEPTIC TANK LOCATED WITHIN 100' OF WETLAND (67') (100' REQUIRED, 67' PROVIDED, 33' VARIANCE REQUESTED)
  2. PROPOSED PUMP VAULT LOCATED WITHIN 100' OF WETLAND (77') (100' REQUIRED, 77' PROVIDED, 23' VARIANCE REQUESTED)
  3. PROPOSED S.A.S. LOCATED WITHIN 150' OF WETLAND (102') (150' REQUIRED, 102' PROVIDED, 48' VARIANCE REQUESTED)
  - 310 CMR 15.211
  4. PROPOSED S.A.S. LOCATED WITHIN 10' OF LOT LINE, PCL. 24 (6') (10' REQUIRED, 6' PROVIDED, 4' VARIANCE REQUESTED)
  5. PROPOSED S.A.S. LOCATED WITHIN 10' OF LOT LINE, ROAD (5') (10' REQUIRED, 5' PROVIDED, 5' VARIANCE REQUESTED)
  - 310 CMR 15.248
  6. NO RESERVE AREA PROVIDED.



**BENCHMARK**  
TOP OF CONC. BOUND  
EL. 53.43' M.S.L. ±

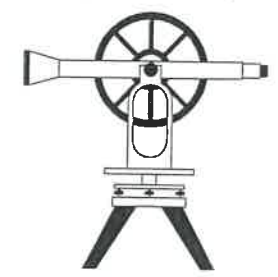
**SEPTIC SYSTEM UPGRADE PLAN**

SUBJECT: <b>5 JOSEPH'S ROAD</b> TRURO, MA	
PREPARED FOR: <b>ROBERT GALLIGAN &amp; ABIGAIL SWAN</b> P.O. BOX 175 TRURO, MA 02666-0175	
ASSESSOR'S MAP 46 PARCEL 25	SCALE: 1"=30'
DATE: SEPTEMBER 25, 2022	SHEET 1 OF 3

**JASON C. ELLIS, R.S.**

SURVEY PLAN REFERENCE:  
PLAN BOOK 246 PAGE 86  
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.

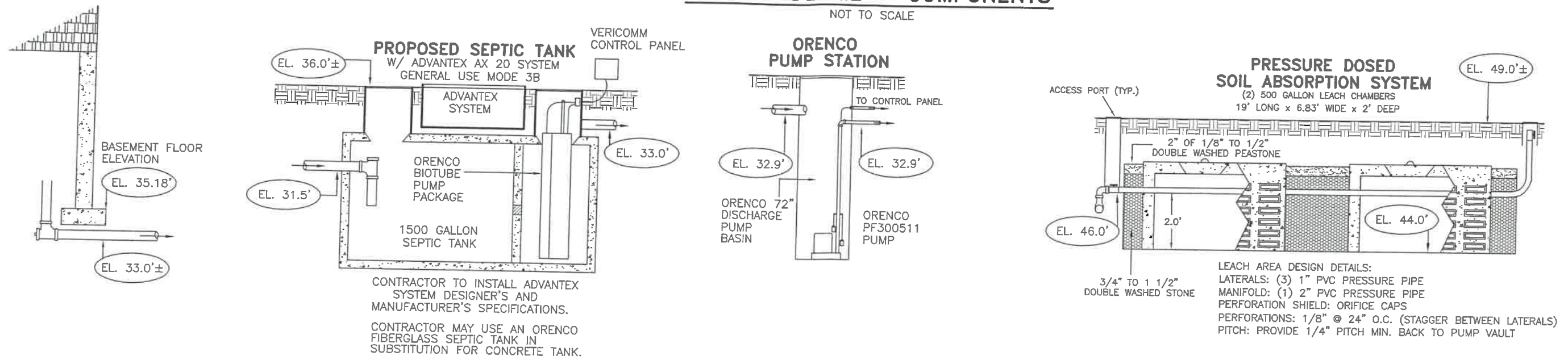
**J.C. ELLIS DESIGN**



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

## SECTION DETAIL – COMPONENTS

NOT TO SCALE



### DESIGN CALCULATIONS

FLOW RATE:

3 BEDROOM DWELLING = 330 G/P/D REQUIRED  
(110 G/P/D PER BEDROOM x 3 BEDROOMS)  
NO GARBAGE GRINDER ALLOWED

SEPTIC TANK:

330 G/P/D x 2 = 660 G/P/D REQUIRED  
USE 1500 GALLON SEPTIC TANK

SOIL ABSORPTION SYSTEM:

PERC RATE = <2 MIN/IN - CLASS I SOIL  
SIDEWALL = (19 + 6.83)(2)(2) = 103.32 S.F.  
BOTTOM: (19)(6.83) = 129.77 S.F.  
(103.32 + 129.77)(0.74) = 172.48 G/P/D PROVIDED  
USE: (2) 500 GALLON LEACH CHAMBERS W/ 2' OF STONE AS SHOWN IN DETAIL.

48% REDUCTION IN REQUIRED SIZE OF S.A.S. PROVIDED PER DEP GENERAL USE APPROVAL.

### NOTES

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 GIS (M.S.L.).
3. MUNICIPAL WATER IS NOT AVAILABLE.
4. ALL CONSTRUCTION TO CONFORM WITH 310 CMR 15.000 AND ALL OTHER APPLICABLE LOCAL, STATE AND FEDERAL 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 COMPONENTS TO BE PROVIDED WITH WATERTIGHT ACCESS PORTS WITHIN 6" OF FINISH GRADE.
10. ALL SEPTIC TANKS, DISTRIBUTION BOXES AND PIPING TO BE INSTALLED WATERTIGHT.
11. NO KNOWN WELLS EXIST WITHIN 100' OF PROPOSED LEACH AREA.
12. SUITABLE SOIL CONDITIONS TO BE VERIFIED IN AREA OF PROPOSED LEACH AREA AT TIME OF INSTALLATION.
13. LEACH AREA TO BE PROVIDED WITH AT LEAST ONE INSPECTION PORT CONSISTING OF A PERFORATED FOUR INCH PIPE PLACED VERTICALLY DOWN INTO THE STONE TO THE NATURALLY OCCURRING SOIL OR SAND FILL BELOW THE STONE. THE PIPE SHALL BE CAPPED WITH A SCREW TYPE CAP AND ACCESSIBLE WITHIN 3" OF GRADE.
14. EXCAVATE ALL UNSUITABLE SOIL, ONLY AS NECESSARY, 5' AROUND AND UNDER S.A.S. DOWN TO C LAYER AND REPLACE WITH CLEAN MEDIUM SAND.
15. INSTALL 40 MIL POLY FLOW BARRIER AS SHOWN AROUND S.A.S. FROM EL. 47.5' DOWN TO EL. 40.0'.
16. CONTRACTOR TO LOCATE AND VERIFY ALL BUILDING SEWER LOCATIONS AND ELEVATIONS PRIOR TO CONSTRUCTION.

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

### DEEP HOLE DATA

PERFORMED BY: JASON C. ELLIS, R.S., S.E.  
WITNESSED BY: AROZANA DAVIS, TRURO B.O.H.  
TEST DATE: SEPTEMBER 23, 2022

#1		#2	
DEPTH	ELEV.	DEPTH	ELEV.
0.00'	47.8'	0.00'	48.1'
0.75'	47.05'	0.66'	47.44'
1.83'	45.97'	2.33'	45.77'
10.0'	37.8'	10.0'	38.1'
NO WATER ENCOUNTERED		NO WATER ENCOUNTERED	

### SEPTIC SYSTEM UPGRADE PLAN

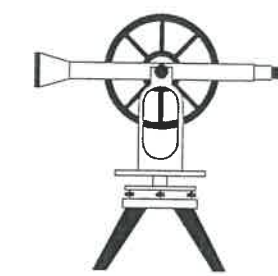
SUBJECT:  
**5 JOSEPH'S ROAD**  
TRURO, MA

PREPARED FOR:  
**ROBERT GALLIGAN & ABIGAIL SWAN**  
P.O. BOX 175  
TRURO, MA 02666-0175

ASSESSOR'S  
MAP 46 PARCEL 25

DATE: SEPTEMBER 25, 2022

SHEET 2 OF 3



**J.C. ELLIS DESIGN**  
P.O. BOX 81  
NORTH EASTHAM, MA 02651  
(508)240-2220  
jason@jcellisdesign.com



JASON C. ELLIS, R.S.



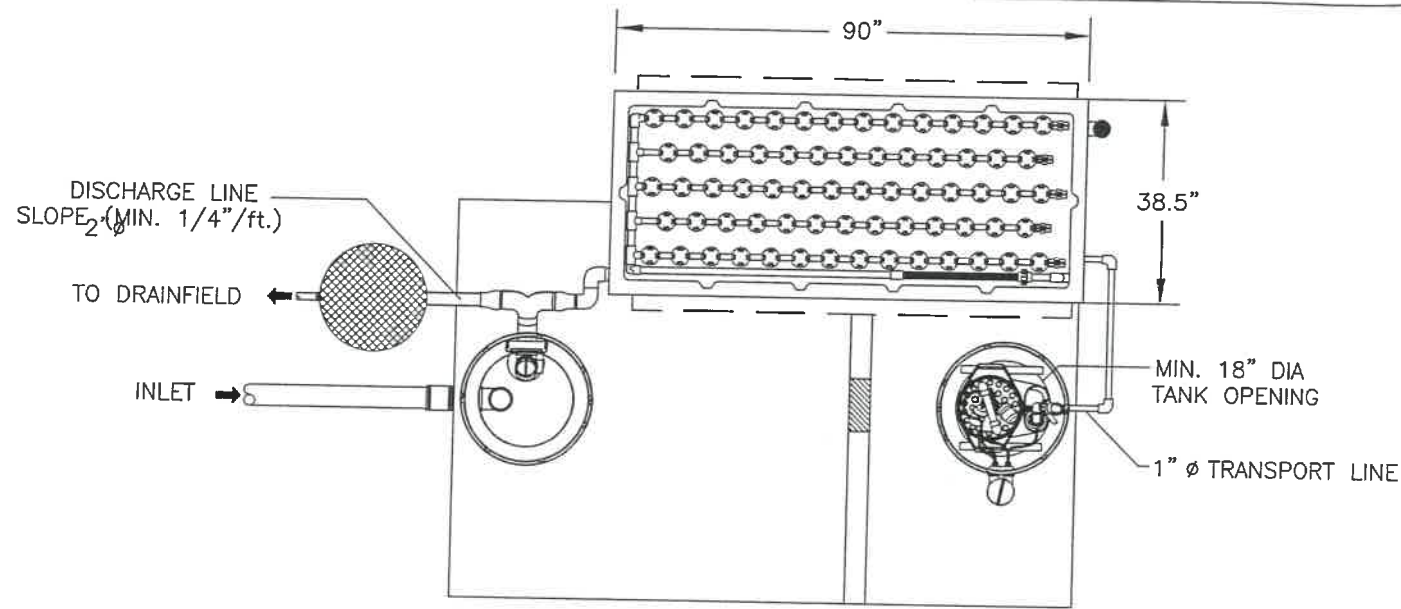
# ADVANTEX® AX20 MODE 3B

## DESIGN NOTES

FOR RESIDENTIAL STRENGTH WASTE UP TO 4-BEDROOMS

INSTALLATION TO BE PERFORMED BY AN ADVANTEX AUTHORIZED INSTALLER ONLY.

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



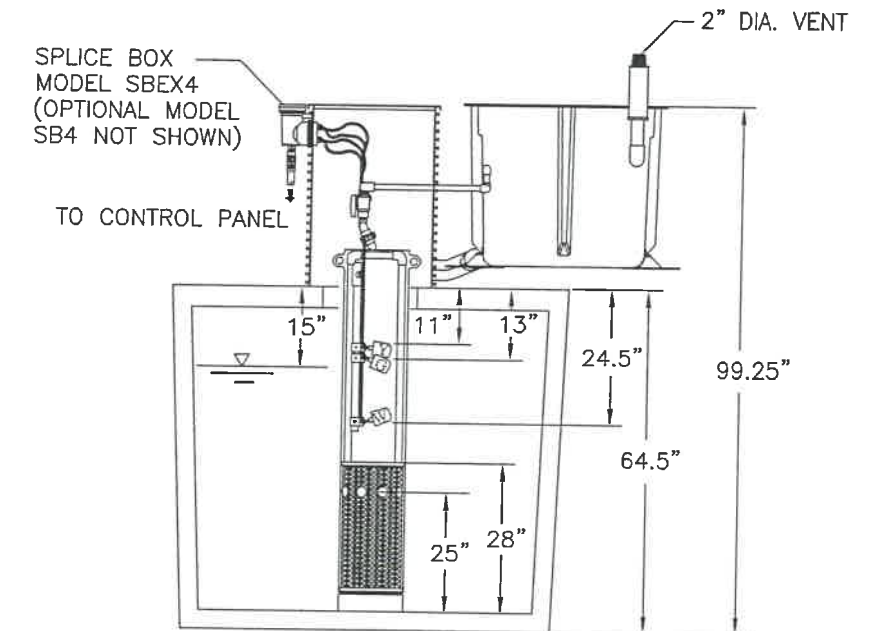
**TOP VIEW**

NOT TO SCALE

HEALTH DEPARTMENT  
TOWN OF TRURO

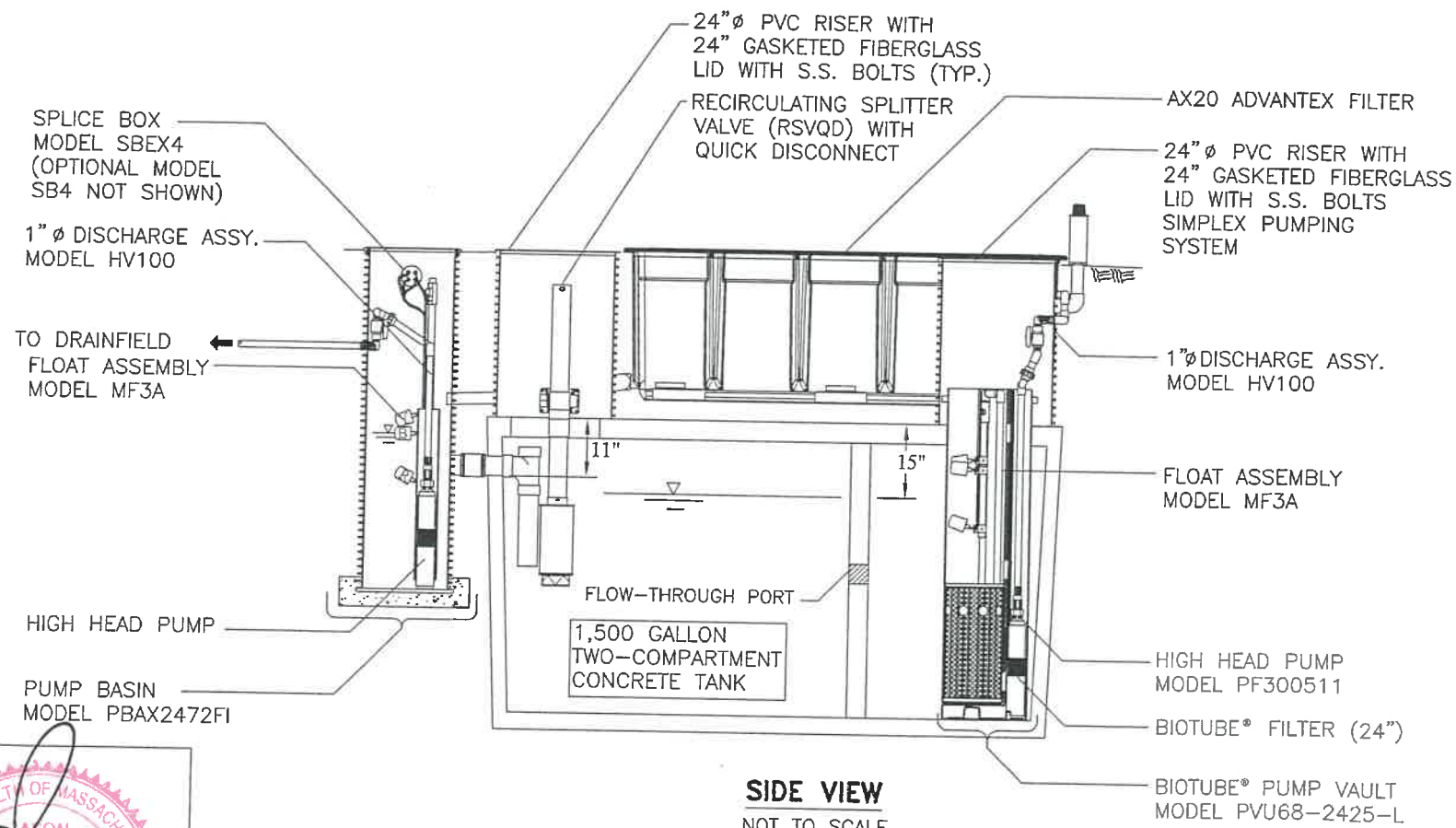
OCT 21 2022

RECEIVED BY:



**END VIEW**

NOT TO SCALE

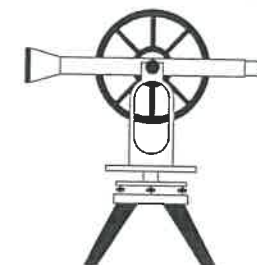


**SIDE VIEW**

NOT TO SCALE

FLOAT FUNCTIONS	
Y	HIGH LEVEL ALARM
G	OVERRIDE TIMER ON/OFF
W	LLA/RO
B	PUMP ON
R	PUMP OFF

J.C. ELLIS DESIGN



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

ADVANTEX AX20 1 POD MODE 3B

SUBJECT:

5 JOSEPH'S ROAD  
TRURO, MA

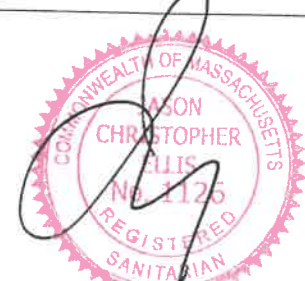
PREPARED FOR:

ROBERT GALLIGAN & ABIGAIL SWAN  
P.O. BOX 175  
TRURO, MA 02666-0175

ASSESSOR'S  
MAP 46 PARCEL 25

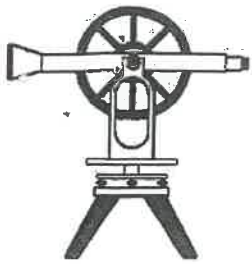
DATE: SEPTEMBER 25, 2022

SHEET 3 OF 3



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JASON C. ELLIS, R.S.



# 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](mailto:jcellisdesign@verizon.net)

October 20, 2022

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

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

Re: **Variance Requests – Septic System Upgrade**  
**Santina & Frank Smith, 18 Bay View Drive, Truro, MA, Assessor's Map 39 Parcel 23**

<sup>33</sup>  
CW

Dear Board,

Santina and Frank Smith are requesting a variance to the requirement to upgrade their cesspool December 31, 2023. The Smiths are experiencing some serious health challenges and are on a fixed retirement income. They have engaged us to design a septic system for them which is complete. The costs of the installation have proved to be out of range financially and the installation of the septic will prove to be a major hardship. The Smiths are looking for an alternative, such as delaying the installation of the new septic system until they transfer the property (either sell it or transfer to another family member).

Specifically, they request a variance to delay the installation of the new septic system.

Truro Board of Health Regulations – Section VI, Article 3, 1 h

1. Cesspools to be to be upgraded prior to December 31, 2023.

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

✓ 2022-17

Fee: \$75.00

**PAID**  
8250



**APPLICATION FOR BOARD OF HEALTH VARIANCES**

Date: October 20, 2022

HEALTH DEPARTMENT  
TOWN OF TRURO

Property Owner's Name: Santina & Frank Smith

OCT 21 2022

Mailing Address: P.O. Box 531

RECEIVED BY:

Address of Property: 18 Bay View Drive

Map and Parcel Number: Map # 39 Parcel # 33

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

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

Address: P.O. Box 81, North Eastham, MA 02651

Please check type of variance requested:

Title 5 Variance Request: Section \_\_\_\_\_

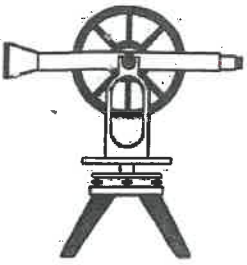
Board of Health Variance Request: Section/Article \_\_\_\_\_

October 20, 2022

\_\_\_\_\_  
Signature (Representative )

\_\_\_\_\_  
Date

\_\_\_\_\_  
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](mailto:jcellisdesign@verizon.net)

HEALTH DEPARTMENT  
TOWN OF TRURO

October 20, 2022

OCT 21 2022

Re: **Variance Requests – Septic System Upgrade**  
**Santina & Frank Smith, 18 Bay View Drive, Truro, MA, Assessor's Map 39 Parcel 23**

RECEIVED BY:

Dear Abutter,

Santina and Frank Smith are requesting a variance to the requirement to upgrade their cesspool December 31, 2023. The Smiths are experiencing some serious health challenges and are on a fixed retirement income. They have engaged us to design a septic system for them which is complete. The costs of the installation have proved to be out of range financially and the installation of the septic will prove to be a major hardship. The Smiths are looking for an alternative, such as delaying the installation of the new septic system until they transfer the property (either sell it or transfer to another family member).

Specifically, they request a variance to delay the installation of the new septic system.

Truro Board of Health Regulations – Section VI, Article 3, 1 h

1. Cesspools to be to be upgraded prior to December 31, 2023.

The Truro Board of Health will hold a public hearing to consider these variance requests on Tuesday, November 1, 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



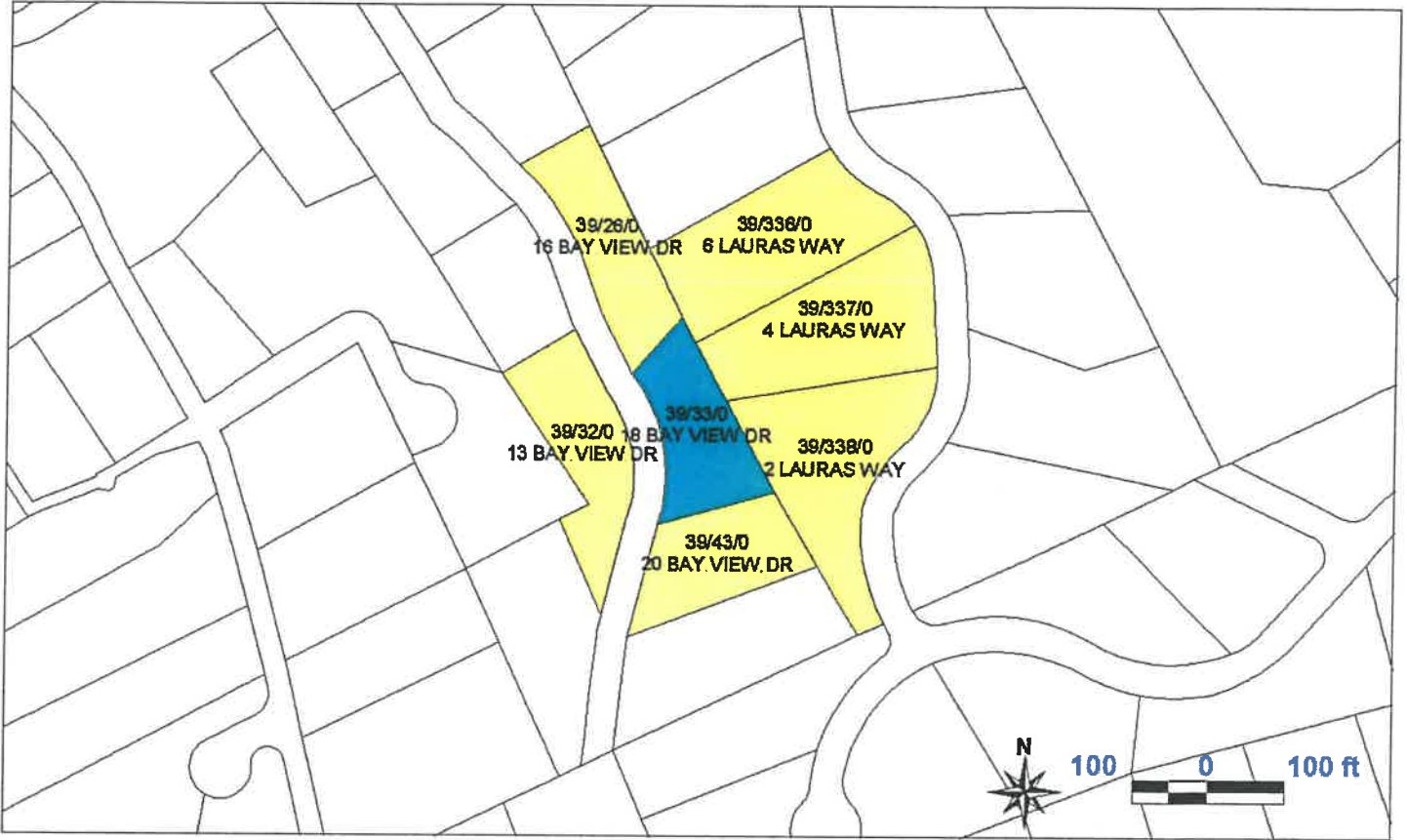
OCT 21 2022

RECEIVED BY

18 Bay View Drive  
Map 39, Parcel 33  
Board of Health

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

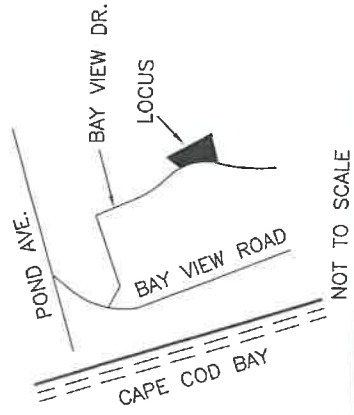
Custom Abutters List



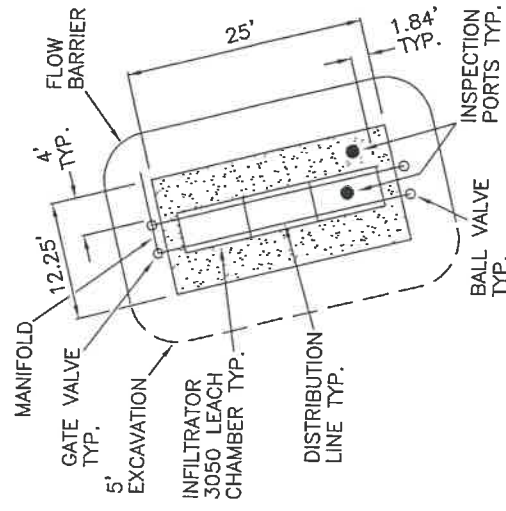
Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	Zip Cd/Country
1161	39-26-0-R	MONDICS MAUREEN	16 BAY VIEW DR	519 123RD ST	COLLEGE POINT	NY	11356-1143
1167	39-32-0-R	SOPEL GEORGE C & GAGAN SARAH K	13 BAY VIEW DR	351 CLINTON ROAD	BROOKLINE	MA	02445
1175	39-43-0-R	WELLER LESLEY ELIZABETH	20 BAY VIEW DR	14 WEST BROADWAY, UNIT 404	BOSTON	MA	02127
6687	39-336-0-R	KEATING PETER B & DEBORAH L	6 LAURAS WAY	8411 SHADOW OAKS	COLLEGE STATION	TX	77845-4603
6688	39-337-0-R	MORAN THERESA & MURPHY MARY ELIZABETH	4 LAURAS WAY	PO BOX 910	NO TRURO	MA	02652
6689	39-338-0-R	EGAN RICHARD M	2 LAURAS WAY	526 COLUMBUS AVE	BOSTON	MA	02118

*Handwritten signature*  
10/14/2022

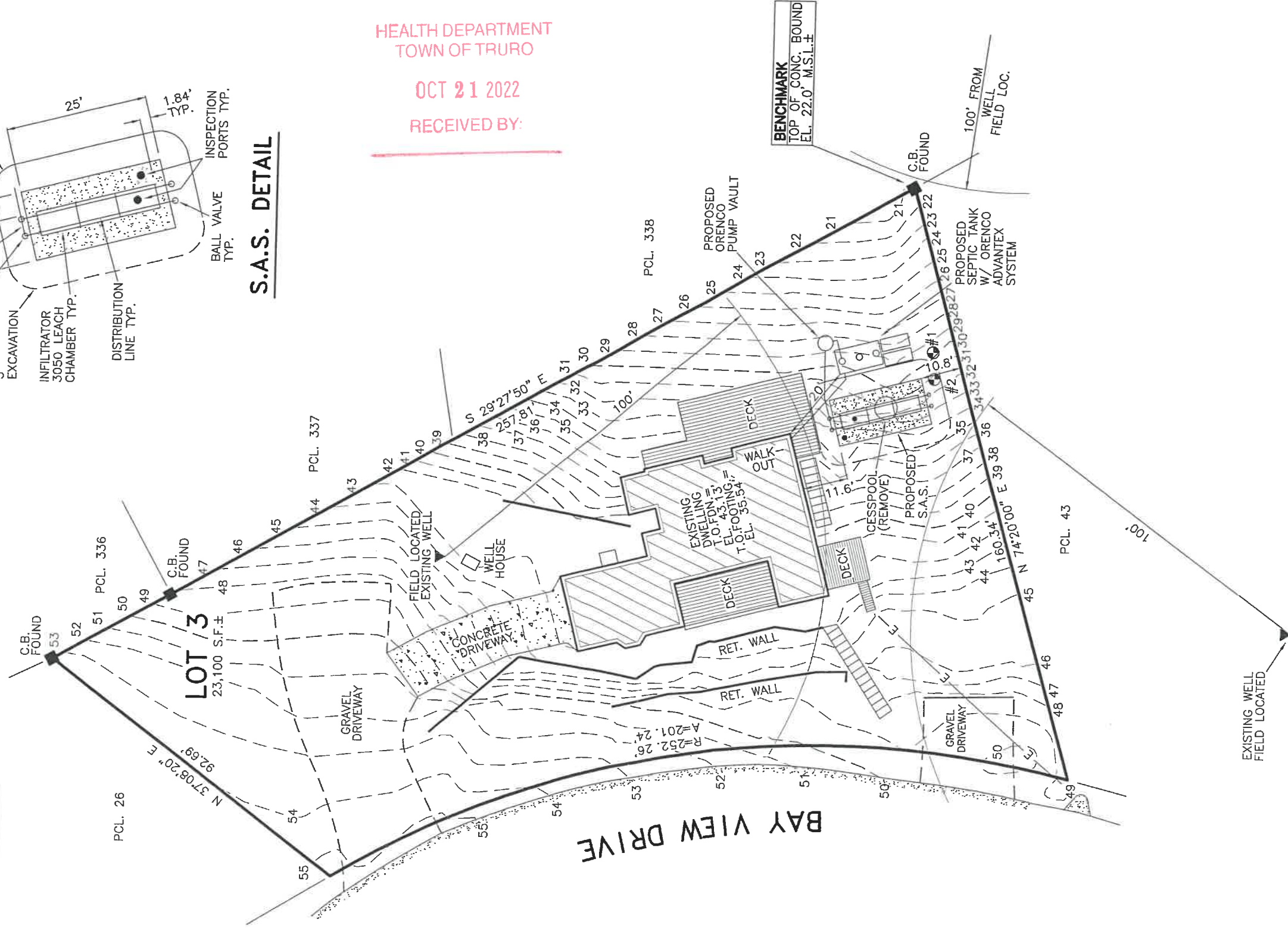
LOCUS MAP



NOT TO SCALE



S.A.S. DETAIL



HEALTH DEPARTMENT  
TOWN OF TRURO

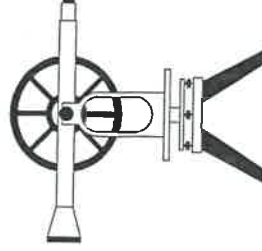
OCT 21 2022

RECEIVED BY:

BENCHMARK  
TOP OF CONC. BOUND  
EL. 22.0' M.S.L. ±

SURVEY PLAN REFERENCE:  
PLAN BOOK 227 PAGE 7  
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.

J.C. ELLIS DESIGN



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

JASON C. ELLIS, R.S.

SEPTIC SYSTEM UPGRADE PLAN

SUBJECT:

18 BAY VIEW DRIVE  
TRURO, MA

PREPARED FOR:

**FRANK & SANTINA SMITH**  
P.O. BOX 531  
NORTH TRURO, MA 02652-0531

ASSESSOR'S

MAP 39 PARCEL 33

SCALE: 1"=30'

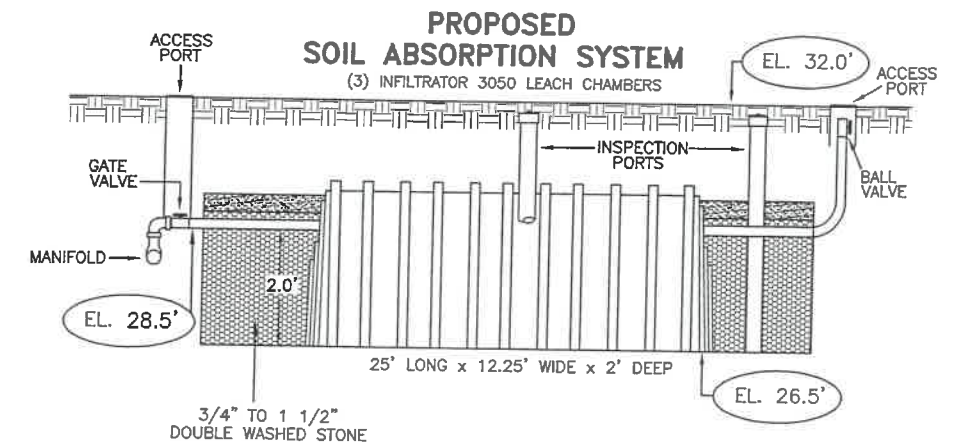
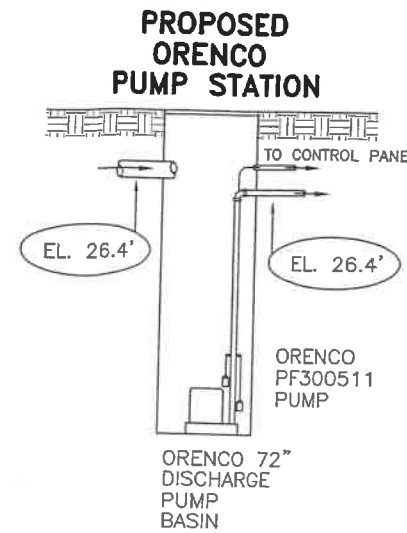
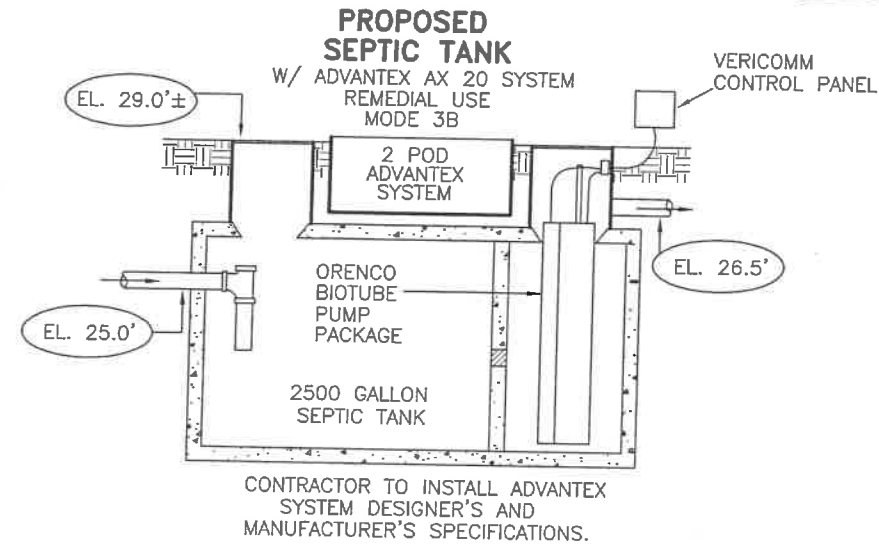
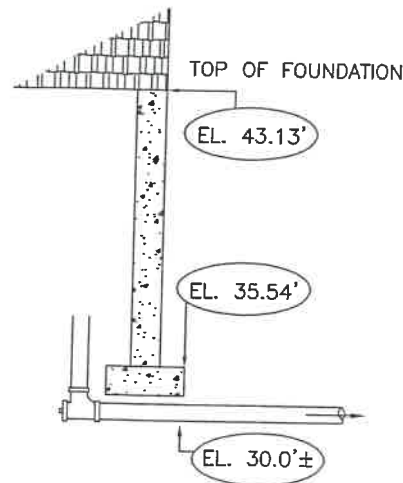
DATE: OCTOBER 10, 2021

SHEET 1 OF 3



# SECTION DETAIL - COMPONENTS

NOT TO SCALE



LEACH AREA DESIGN DETAILS:  
 LATERALS: (2) 27' - 1" PVC PRESSURE PIPE  
 MANIFOLD: (1) 3' - 2" PVC PRESSURE PIPE  
 PERFORATION SHIELD: ORENCO PVC ORIFICE CAPS AS NECESSARY  
 PERFORATIONS: 1/8" @ 24" O.C. (STAGGER BETWEEN LATERALS) POSITIONED UPWARD

## DEEP HOLE DATA

PERFORMED BY: JASON C. ELLIS, R.S., S.E.  
 WITNESSED BY: AROZANA DAVIS, TRURO BOH  
 TEST DATE: SEPTEMBER 20, 2021

#1		#2	
DEPTH	ELEV.	DEPTH	ELEV.
0.00'	29.68'	0.00'	31.27'
1.66'	28.02'	1.0'	30.27'
2.16'	27.52'	2.91'	28.36'
4.0'	25.68'		
10.0'	19.68'	10.0'	21.27'

NO WATER ENCOUNTERED

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

## NOTES

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 AND ALL OTHER APPLICABLE LOCAL, STATE AND FEDERAL 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. ALL COMPONENTS TO BE PROVIDED WITH WATERTIGHT ACCESS PORTS WITHIN 6" OF FINISH GRADE.
11. ALL SEPTIC TANKS, DISTRIBUTION BOXES AND PIPING TO BE INSTALLED WATERTIGHT.
12. NO KNOWN WELLS EXIST WITHIN 100' OF PROPOSED LEACH AREA.
13. EXCAVATE ALL UNSUITABLE SOIL AS NECESSARY 5' AROUND AND UNDER LEACH AREA DOWN TO C LAYER AND REPLACE WITH CLEAN MEDIUM SAND.
14. PROVIDE 40 MIL POLY FLOW BARRIER AS SHOWN AROUND PROPOSED LEACH FIELD FROM EL. 30.0' DOWN TO EL. 26.0'.
15. LEACH AREA TO BE PROVIDED WITH AT LEAST ONE INSPECTION PORT CONSISTING OF A PERFORATED FOUR INCH PIPE PLACED VERTICALLY DOWN INTO THE STONE TO THE NATURALLY OCCURRING SOIL OR SAND FILL BELOW THE STONE. THE PIPE SHALL BE CAPPED WITH A SCREW TYPE CAP AND ACCESSIBLE WITHIN 3" OF GRADE.
16. CONTRACTOR TO TAKE ALL MEANS NECESSARY (FLUSH TESTS ETC.) TO LOCATE ALL EXISTING BUILDING SEWERS PRIOR TO CONSTRUCTION.
17. CONTRACTOR TO TAKE ALL MEANS NECESSARY (FLUSH TESTS ETC.) TO LOCATE ALL EXISTING CESSPOOLS AND REMOVE OR DECOMMISSION CESSPOOLS AS NECESSARY.

## DESIGN CALCULATIONS

### FLOW RATE:

5 BEDROOM DWELLING = 550 G/P/D REQUIRED  
 (110 G/P/D PER BEDROOM x 5 BEDROOMS)  
 NO GARBAGE GRINDER ALLOWED

### EXISTING SEPTIC TANK:

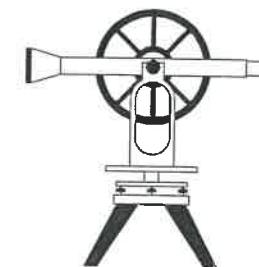
550 G/P/D x 2 = 1100 G/P/D REQUIRED  
 USE PROPOSED 2500 GALLON SEPTIC TANK

### SOIL ABSORPTION SYSTEM:

PERC RATE = <2 MIN/IN - CLASS I SOIL  
 SIDEWALL = (25 + 12.25)(2)(2) = 149 S.F.  
 BOTTOM: (25)(12.25) = 306.25 S.F.  
 (149 + 306.25)(0.74) = 336.88 G/P/D PROVIDED  
 USE: (1) 25' LONG x 12.25' WIDE x 2.0' DEEP  
 LEACH AREA AS SHOWN IN DETAIL.

\*38% REDUCTION IN SIZE OF S.A.S. PROVIDED PER DEP REMEDIAL USE APPROVAL.

J.C. ELLIS DESIGN



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

## SEPTIC SYSTEM UPGRADE PLAN

SUBJECT:

18 BAY VIEW DRIVE  
 TRURO, MA

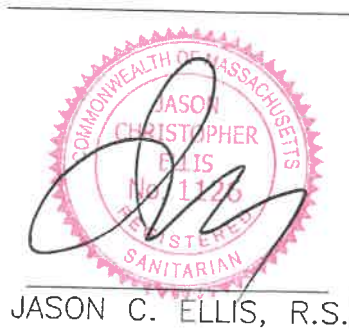
PREPARED FOR:

FRANK & SANTINA SMITH  
 P.O. BOX 531  
 NORTH TRURO, MA 02652-0531

ASSESSOR'S  
 MAP 39 PARCEL 33

DATE: OCTOBER 10, 2021

SHEET 2 OF 3



JASON C. ELLIS, R.S.

# ADVANTE<sup>®</sup> AX20 2 POD MODE 3B

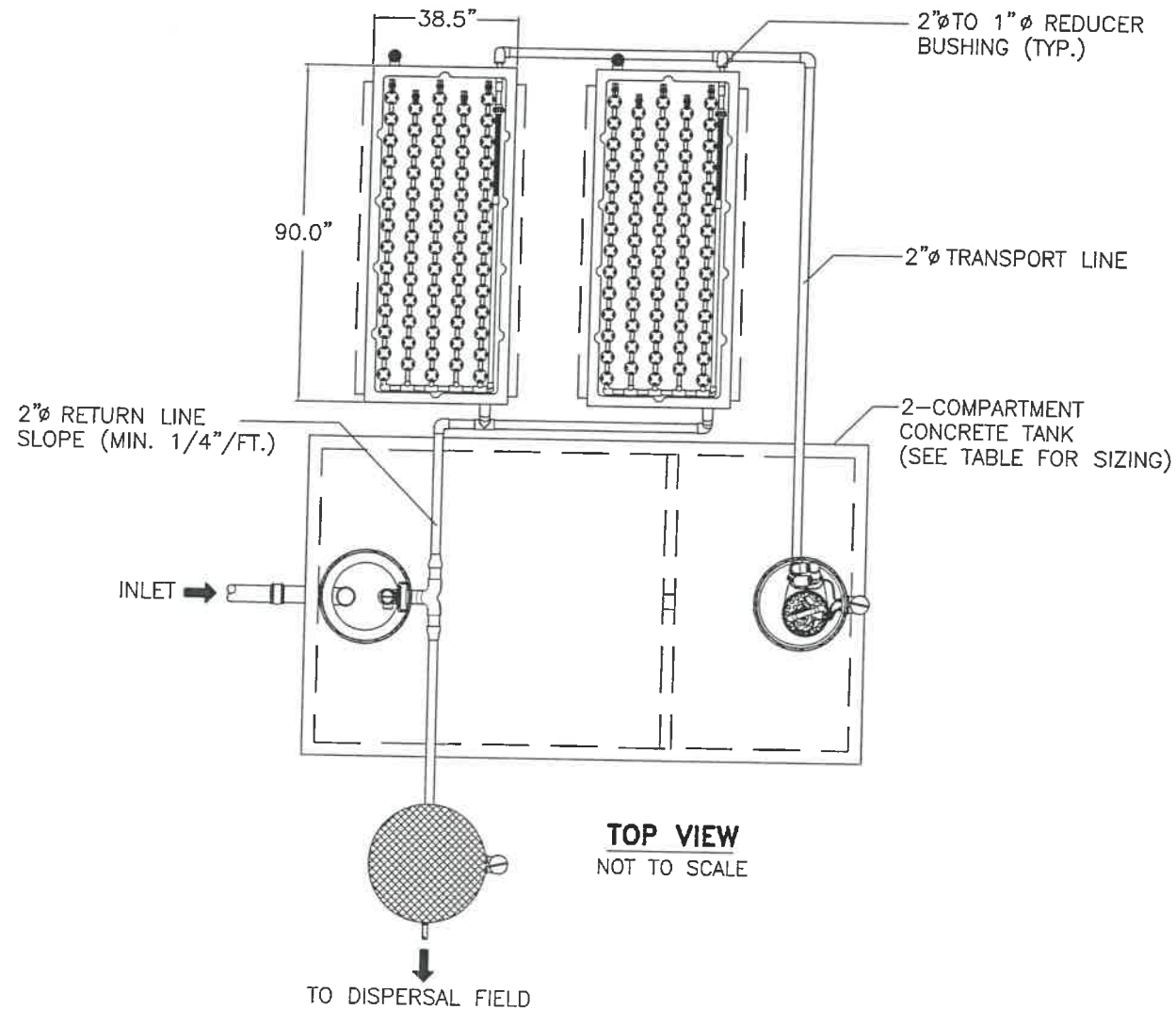
PROCESSING TANK SIZING		
BEDROOMS	OCCUPANTS (MAXIMUM)	2-COMPARTMENT PROCESSING TANK (MIN. GALLONS)
5	10	2,500
6	12	3,000

## DESIGN NOTES

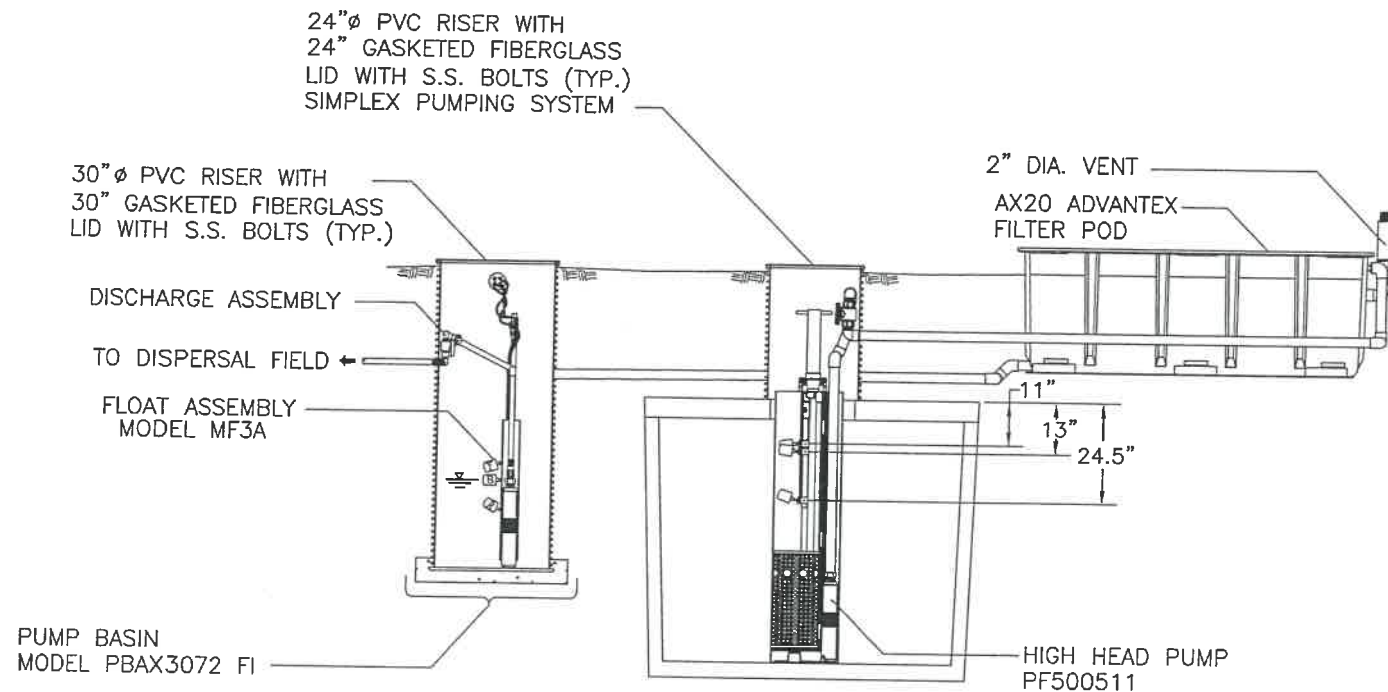
FOR RESIDENTIAL STRENGTH WASTE UP TO 6 BEDROOMS APPLICATIONS GREATER THAN 6 BEDROOMS REQUIRE A DESIGN REVIEW BY ORENCO.

INSTALLATION TO BE PERFORMED BY AN ADVANTE<sup>®</sup> AUTHORIZED INSTALLER ONLY.

START-UP AND SERVICE TO BE PERFORMED BY AN ADVANTE<sup>®</sup> AUTHORIZED SERVICE PROVIDER ONLY.



**TOP VIEW**  
NOT TO SCALE

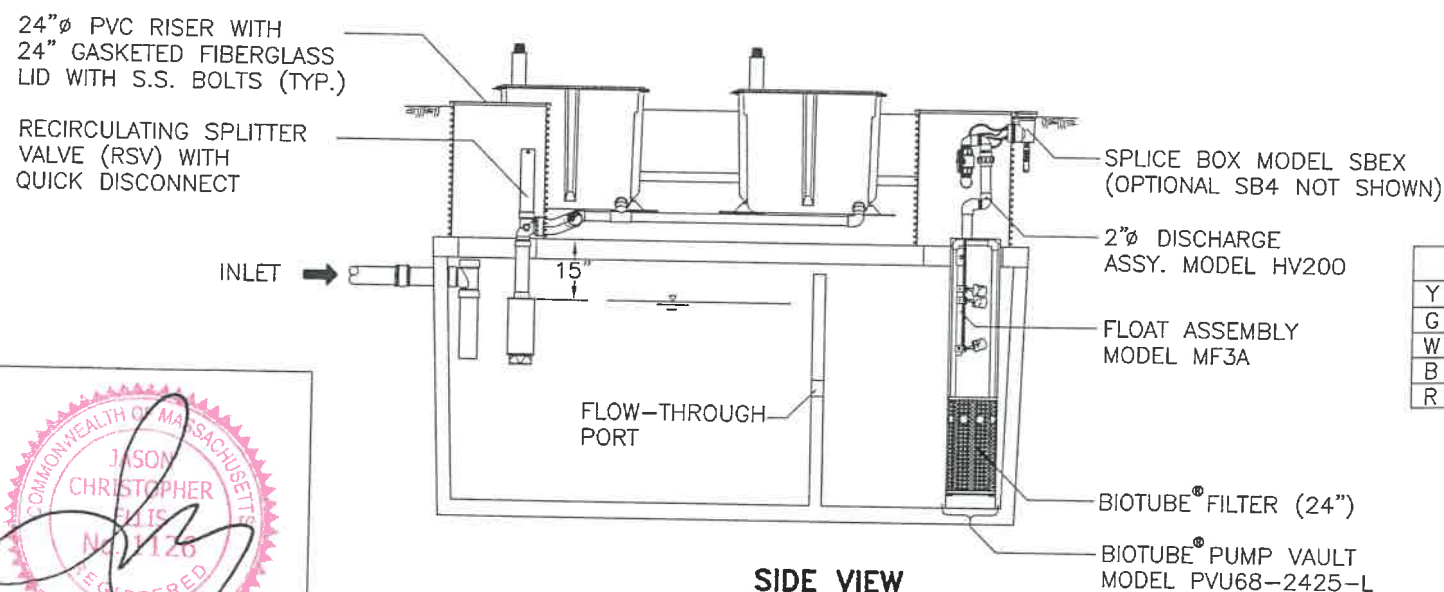


**END VIEW**  
NOT TO SCALE

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

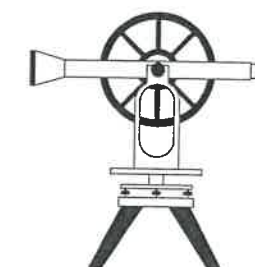
RECEIVED BY:



**SIDE VIEW**  
NOT TO SCALE

FLOAT FUNCTIONS	
Y	High Level Alarm
G	Override Timer ON/OFF
W	LLA/RO
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

## SEPTIC SYSTEM UPGRADE PLAN ADVANTE<sup>®</sup> AX20 2 POD MODE 3B

SUBJECT:  
**18 BAY VIEW DRIVE**  
TRURO, MA

PREPARED FOR:  
**FRANK & SANTINA SMITH**  
P.O. BOX 531  
NORTH TRURO, MA 02652-0531

ASSESSOR'S  
MAP 39 PARCEL 33

DATE: OCTOBER 10, 2021

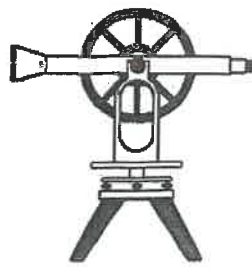
SHEET 3 OF 3



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ORENCO SYSTEMS, INC.

JASON C. ELLIS, R.S.





# 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

October 20, 2022

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

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

**Re: Variance Requests – Septic System Installation  
Striar Family LLC, 5 Ryder Beach Way, Truro, MA, Assessor's Map 63 Parcel 11**

Dear Board,

The Striar Family LLC is proposing to install a new septic system for the construction of a new dwelling at 5 Ryder Beach Way. Due to the shape of the lot and proximity of multiple wetland resource areas (Bordering Vegetated Wetland and flood zone), variances are required to install the new septic system:

Specifically, the following 2 variances are sought to install the new septic system.

Truro Board of Health Regulations – Section VI, Article 9

1. 103' from proposed s.a.s. to wetland (land subject to coastal storm flowage)  
(150' required, 47' provided, 103' variance requested)
2. 113' from proposed reserve area to wetland (land subject to coastal storm flowage)  
(150' required, 37' provided, 113' 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

PAID  
8250

V2022-19



**APPLICATION FOR BOARD OF HEALTH VARIANCES**

Date: October 20, 2022

HEALTH DEPARTMENT  
TOWN OF TRURO

Property Owner's Name: Striar Family LLC

OCT 21 2022

Mailing Address: 141 East 3rd Street 11H, New York, NY 10009

RECEIVED BY:

Address of Property: 5 Ryder Beach Way

Map and Parcel Number: Map # 63 Parcel # 11

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

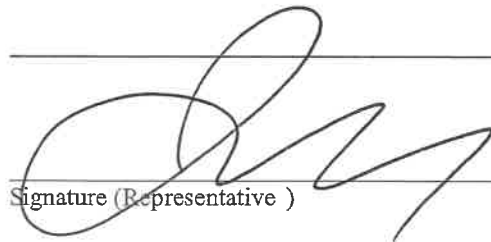
Firm/Company Name: J.C. Ellis Design Co Inc Phone #: 508-240-2220

Address: P.O. Box 81, North Eastham, MA 02651

Please check type of variance requested:

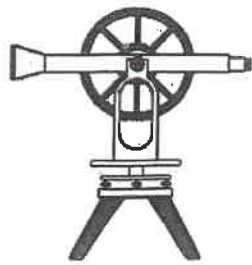
Title 5 Variance Request: Section \_\_\_\_\_

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

  
Signature (Representative )

October 20, 2022  
Date

  
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

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

October 20, 2022

Re: **Variance Requests – Septic System Installation**  
**Striar Family LLC, 5 Ryder Beach Way, Truro, MA, Assessor's Map 63 Parcel 11**

Dear Abutter,

The Striar Family LLC is proposing to install a new septic system for the construction of a new dwelling at 5 Ryder Beach Way. Due to the shape of the lot and proximity of multiple wetland resource areas (Bordering Vegetated Wetland and flood zone), variances are required to install the new septic system:

Specifically, the following 2 variances are sought to install the new septic system.

Truro Board of Health Regulations – Section VI, Article 9

1. 103' from proposed s.a.s. to wetland (land subject to coastal storm flowage)  
(150' required, 47' provided, 103' variance requested)
2. 113' from proposed reserve area to wetland (land subject to coastal storm flowage)  
(150' required, 37' provided, 113' variance requested)

The Truro Board of Health will hold a public hearing to consider these variance requests on Tuesday, November 1, 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.

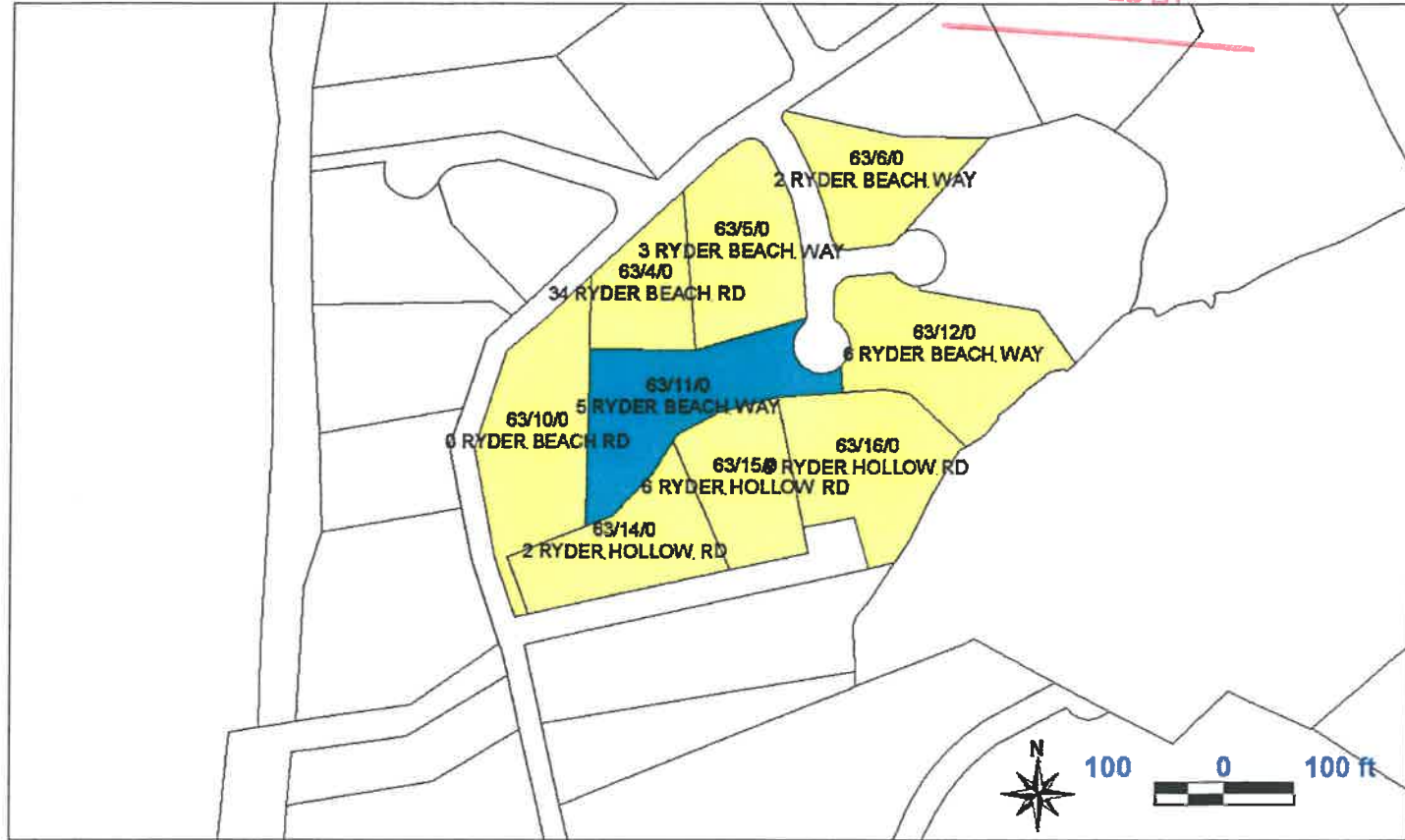
Cc: file

HEALTH DEPARTMENT  
 TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

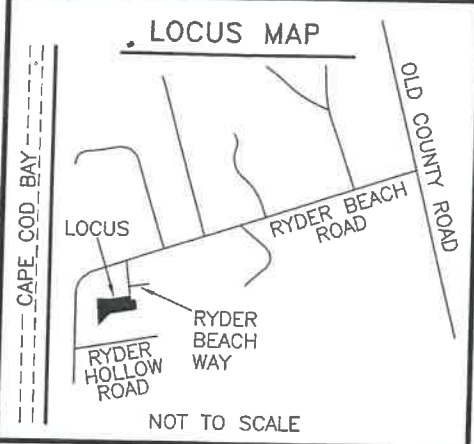
Custom Abutters List



Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	Zip/Cd/Country
3620	63-4-0-R	RYDER BEACH WAY REAL EST TRUST TRS: HILL CRAIG C & HEATHER D	34 RYDER BEACH RD	Care of AMANDA HILL 53 LINCOLN RD / PO BOX 653	LINCOLN	MA	01773
3621	63-5-0-R	RYDER BEACH WAY REAL EST TRUST TRS: HILL CRAIG C & HEATHER D	3 RYDER BEACH WAY	Care of AMANDA HILL 53 LINCOLN RD / PO BOX 653	LINCOLN	MA	01773
3622	63-6-0-E	TRURO CONSERVATION TRUST TRS: BETSEY BROWN ET AL	2 RYDER BEACH WAY	PO BOX 327	NO TRURO	MA	02652-0327
3626	63-10-0-E	TOWN OF TRURO	0 RYDER BEACH RD	PO BOX 2030	TRURO	MA	02666-2030
3628	63-12-0-R	REFFUE ELIANA & DOUGLAS	6 RYDER BEACH WAY	3 WESTON ROAD	HINGHAM	MA	02043-2520
3630	63-14-0-R	BERNSTEIN KIMBERLY S & BRADLEY	2 RYDER HOLLOW RD	146 LARCH RD	CAMBRIDGE	MA	02138
3631	63-15-0-R	GRANT FREDERIC D JR & GRANT BARBARA LEMPERLY	6 RYDER HOLLOW RD	PO BOX 1127	TRURO	MA	02666
3632	63-16-0-R	MOODY NANCY DOW	8 RYDER HOLLOW RD	20 PLACE MOULIN	TIBURON	CA	94920

*Handwritten signature*  
 10/14/2022





SURVEY PLAN REFERENCE:  
 PLAN BOOK 239 PAGE 89  
 PLAN BOOK 225 PAGE 9  
 PLAN BOOK 99 PAGE 127  
 PLAN BOOK 184 PAGE 123  
 PLAN BOOK 220 PAGE 35

NOTE:  
 A UPDATED PERIMETER SURVEY PLAN OF THIS PROPERTY SHOULD BE PREPARED PRIOR TO ANY CONSTRUCTION.

THIS PLAN IS PREPARED BASED ON A CONCEPTUAL HOUSE PLAN AND WILL NEED TO BE UPDATED WHEN ACTUAL HOUSE PLANS ARE COMPLETED.

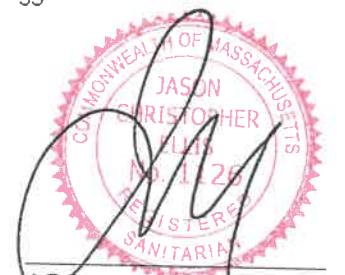
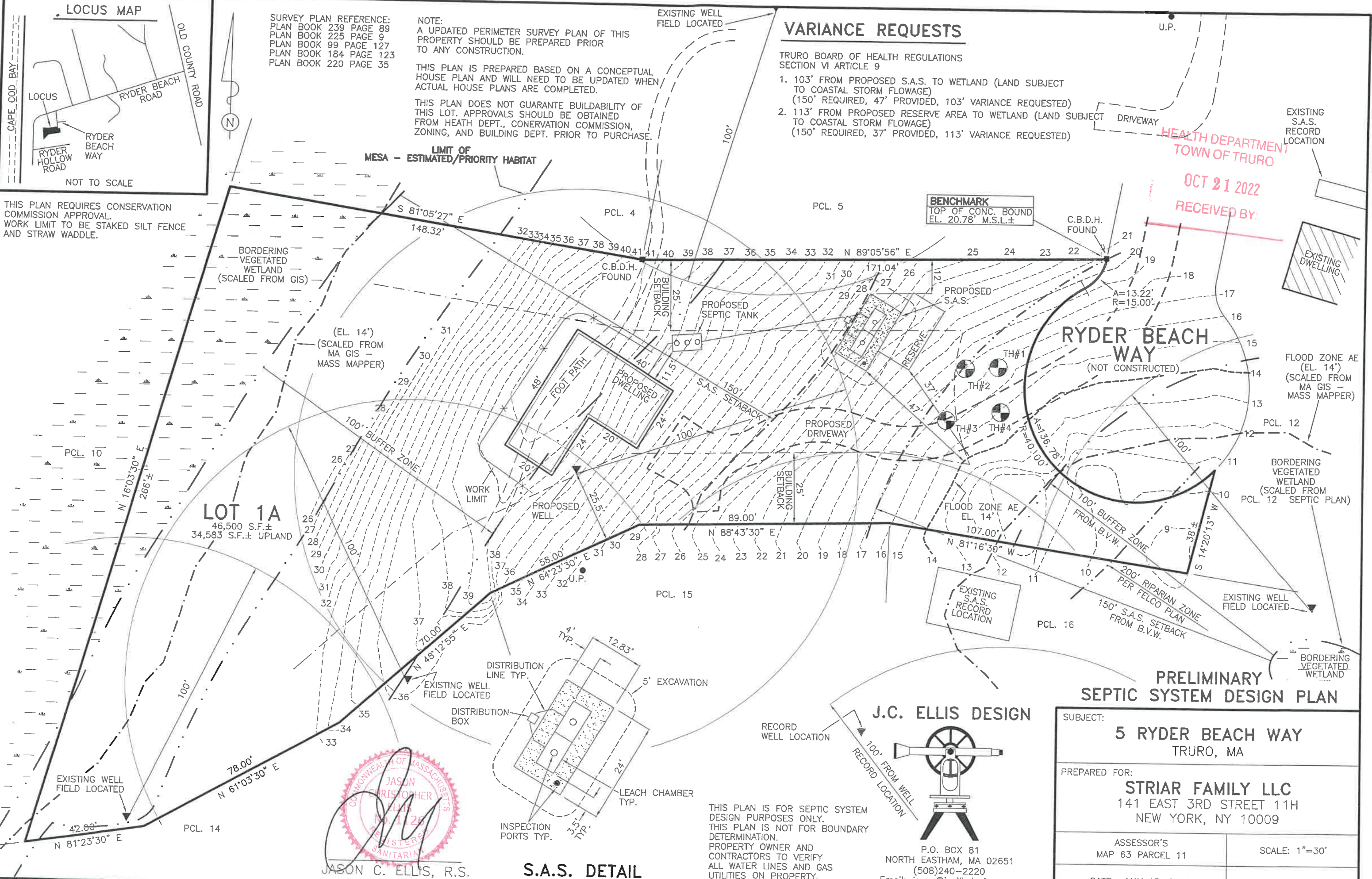
THIS PLAN DOES NOT GUARANTEE BUILDABILITY OF THIS LOT. APPROVALS SHOULD BE OBTAINED FROM HEALTH DEPT., CONSERVATION COMMISSION, ZONING, AND BUILDING DEPT. PRIOR TO PURCHASE.

### VARIANCE REQUESTS

TRURO BOARD OF HEALTH REGULATIONS SECTION VI ARTICLE 9

- 103' FROM PROPOSED S.A.S. TO WETLAND (LAND SUBJECT TO COASTAL STORM FLOWAGE) (150' REQUIRED, 47' PROVIDED, 103' VARIANCE REQUESTED)
- 113' FROM PROPOSED RESERVE AREA TO WETLAND (LAND SUBJECT TO COASTAL STORM FLOWAGE) (150' REQUIRED, 37' PROVIDED, 113' VARIANCE REQUESTED)

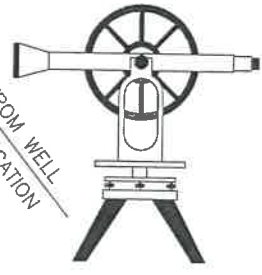
THIS PLAN REQUIRES CONSERVATION COMMISSION APPROVAL. WORK LIMIT TO BE STAKED SILT FENCE AND STRAW WADDLE.



### S.A.S. DETAIL

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.

J.C. ELLIS DESIGN



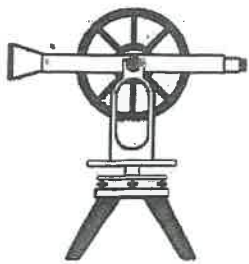
P.O. BOX 81  
 NORTH EASTHAM, MA 02651  
 (508)240-2220  
 Email: jason@jcellisdesign.com

### PRELIMINARY SEPTIC SYSTEM DESIGN PLAN

SUBJECT: <b>5 RYDER BEACH WAY</b> TRURO, MA	
PREPARED FOR: <b>STRIAR FAMILY LLC</b> 141 EAST 3RD STREET 11H NEW YORK, NY 10009	
ASSESSOR'S MAP 63 PARCEL 11	SCALE: 1"=30'
DATE: MAY 15, 2022	SHEET 1 OF 2







# 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](mailto:jcellisdesign@verizon.net)

October 20, 2022

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

**Re: Variance Requests – Septic System Upgrade  
Rose Investment Trust  
45 Corn Hill Road, Truro, MA  
Assessor's Map 45 Parcel 116**

Dear Board,

The Rose Investment Trust is proposing an upgrade of the existing cesspool at 45 Corn Hill Road. Due to the proximity to wetland resource areas, variances are required to install the new septic system:

Specifically, the following 1 variance is sought to install the new septic system.

Truro Board of Health Regulations – Section VI, Article 9

Leach field, septic tank and pump chamber to be installed in “Wetland” as defined in Truro Board of Health Regulations. (Land Subject to Coastal Storm Flowage and Barrier Beach).

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

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY

V2022-20

**Fee: \$75.00**

**PAID**  
8250



**APPLICATION FOR BOARD OF HEALTH VARIANCES**

Date: October 20, 2022

HEALTH DEPARTMENT  
TOWN OF TRURO

Property Owner's Name: Rose Investment Trust

OCT 21 2022

Mailing Address: P.O. Box 776 Truro MA 02666

RECEIVED BY:

Address of Property: 45 Corn Hill Road

Map and Parcel Number: Map # 45 Parcel # 116

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

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

Address: P.O. Box 81, North Eastham, MA 02651

Please check type of variance requested:

**Title 5 Variance Request: Section** \_\_\_\_\_

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

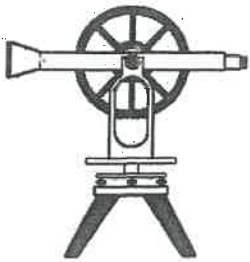
Signature (Representative )

October 20, 2022

Date

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

October 20, 2022

HEALTH DEPARTMENT  
TOWN OF TRURO

**Re: Variance Requests – Septic System Upgrade  
Rose Investment Trust  
45 Corn Hill Road, Truro, MA  
Assessor's Map 45 Parcel 116**

OCT 21 2022

RECEIVED BY

Dear Abutter,

The Rose Investment Trust is proposing an upgrade of the existing cesspool at 45 Corn Hill Road. Due to the proximity to wetland resource areas, variances are required to install the new septic system:

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Sincerely,

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

Cc: file

45 Corn Hill Road  
 Map 45, Parcel 116  
 Board of Health

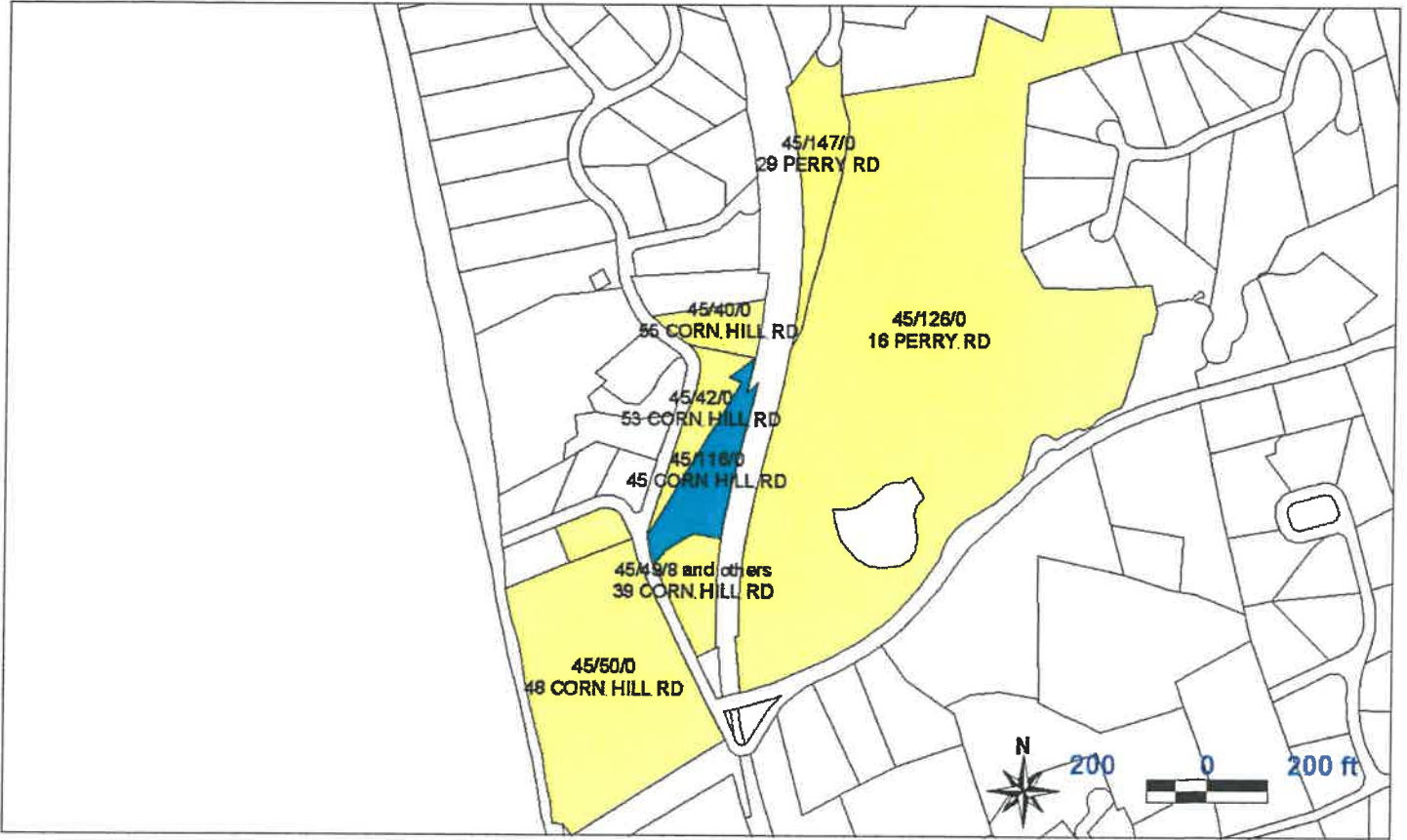
TOWN OF TRURO, MA  
 BOARD OF ASSESSORS  
 P.O. BOX 2012, TRURO MA 02666

HEALTH DEPARTMENT  
 TOWN OF TRURO

OCT 21 2022

RECEIVED BY

Custom Abutters List



Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	ZipCd/Country
2138	45-40-0-E	TRURO CONSERVATION TRUST TRS: BETSEY BROWN ET AL	55 CORN HILL RD	PO BOX 327	NO TRURO	MA	02652-0327
2140	45-42-0-R	CONDIT POLLY	53 CORN HILL RD	27 DOGWOOD LN	POMONA	NY	10970
2146	45-48-0-R	PERRY CLAIRE A LIVING TRUST TRS: PERRY CLAIRE A	52 CORN HILL RD	PO BOX 1016	TRURO	MA	02666-1016
2147	45-49-1-R	RUMBLE JUDY M	39 CORN HILL RD	518 EAST BROADWAY	SOUTH BOSTON	MA	02127
2148	45-49-2-R	MCGIRR RICHARD H & LIDA BANDER	39 CORN HILL RD	50 CHURCH ST	CONCORD	MA	01742
2149	45-49-3-R	CORN HILL REALTY TRUST TRS: ONEIL THOMAS J III ET AL	39 CORN HILL RD	731 UNION ST	ROCKLAND BEACH	MA	02370
2150	45-49-4-R	MACIASZEK SARAH A	39 CORN HILL RD	57 BRIGHAM RD	SOUTH HADLEY	MA	01075
2151	45-49-5-R	BOOTH APRIL N REVOCABLE TRUST TRS: BOOTH APRIL N	39 CORN HILL RD	957 ROUTE 60	GUILFORD	CT	06437
2152	45-49-6-R	TENNYSON LINDA E	39 CORN HILL RD	505 MAIN ST	ACTON	MA	01720
2153	45-49-7-R	MAGUIRE MICHELLE & JOHN F	39 CORN HILL RD	5 LAUREL HILL LN	WINCHESTER	MA	01890
2154	45-49-8-R	ENTICE ENTERPRISES LLC	39 CORN HILL RD	633 ARROWHEAD DR	ORANGE	CT	06477-2306
2155	45-49-9-R	IVES DAVID & ALLISON	39 CORN HILL RD	186 MOSS HILL ROAD	JAMAICA PLAIN	MA	02130
2156	45-49-10-R	KULL DONNA M	39 CORN HILL RD	313 PARTRIDGE RUN	MOUTAINSIDE	NJ	07092
2157	45-49-11-R	CORN HILL ELEVEN LLC MGRS:RICH. CASILLI & C. AVERSA	39 CORN HILL RD	41 OCEAN ST, UNIT 2	LYNN	MA	01902
2158	45-49-12-R	MASTROBATTISTA AMY J	39 CORN HILL RD	34 CROCKER AVE	FRANKLIN	MA	02038

*Handwritten signature*  
 10/14/2022

Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	Zip/Cd/Country
6959	45-49-13-E	ROSEVILLE CONDO TRUST	39 CORN HILL RD	39 CORN HILL RD	TRURO	MA	02666
2159	45-50-0-E	TOWN OF TRURO	48 CORN HILL RD	PO BOX 2030	TRURO	MA	02666-2030
5599	45-126-0-R	PERRY LTD PARTNERSHIP ET AL	16 PERRY RD	PO BOX 127	TRURO	MA	02666
7249	45-147-0-R	CLAIRE A PERRY LIVING TRUST & PERRY SAMANTHA E	29 PERRY RD	PO BOX 228	TRURO	MA	02666

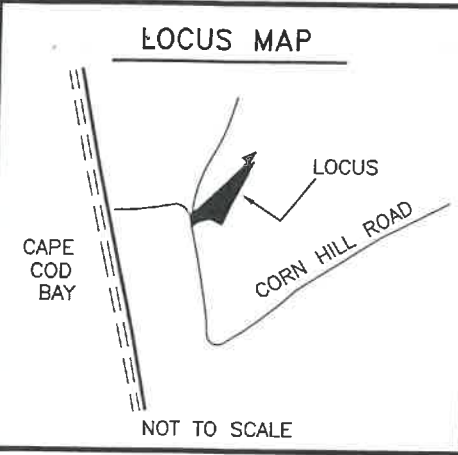
HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY

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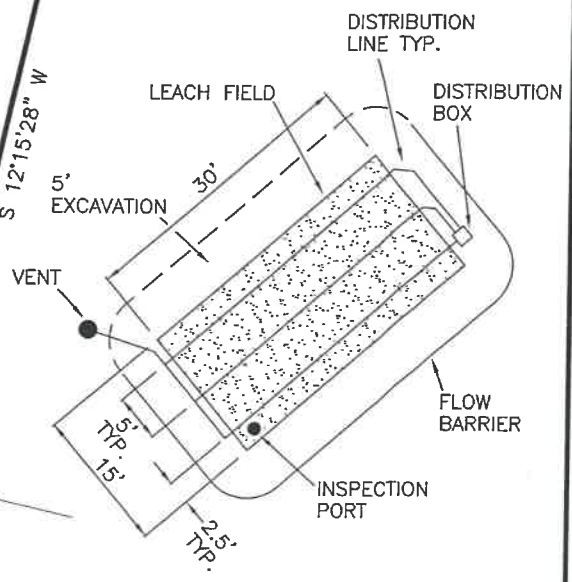




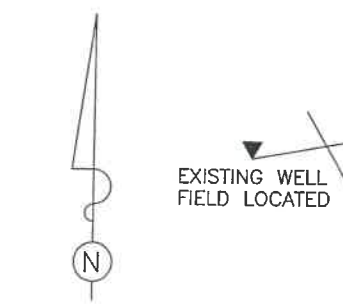
PCL. 46  
 EXISTING WELL >100'  
 FROM PROPOSED S.A.S.  
 EXISTING LEACH PIT  
 >100' FROM  
 PROPOSED WELL

**LOT 1**  
 81,203 S.F.±  
 (16,632 S.F.± UPLAND)

FLOOD ZONE AE  
 (EL. 12')



**S.A.S. DETAIL**

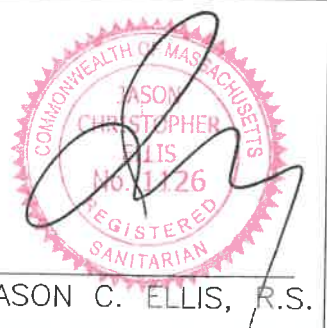


PCL. 48  
 C.B. FOUND (BROKEN)  
 C.B.D.H. FOUND

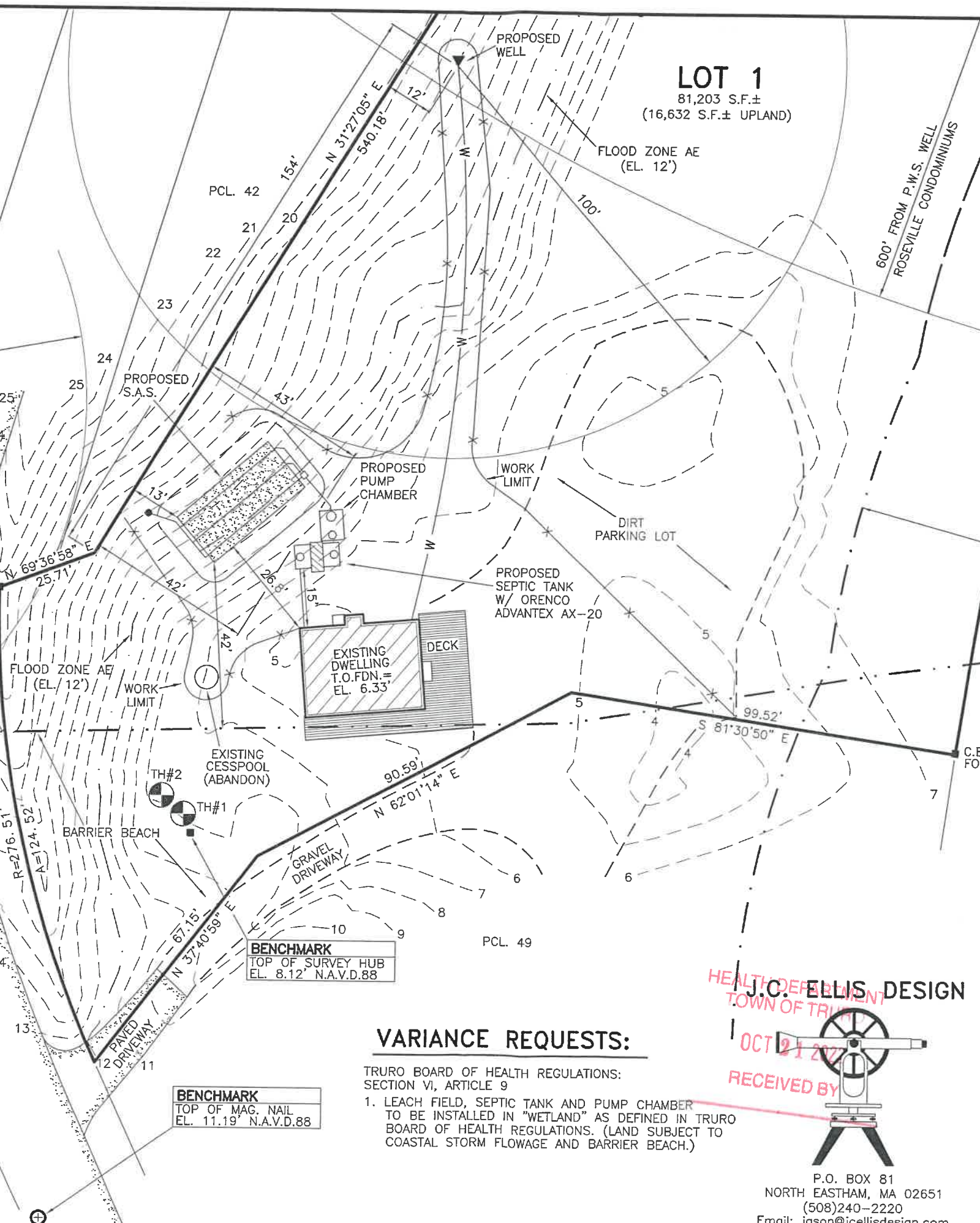
PCL. 50  
 (TOWN OF TRURO)

**CORN HILL ROAD**

THIS PLAN REQUIRES CONSERVATION COMMISSION APPROVAL.  
 WORK LIMIT TO BE STAKED SILT FENCE AND STRAW WADDLE.  
 ALL SLOPES IN EXCAVATED AREA TO BE STABILIZED WITH  
 EROSION CONTROL FABRIC.  
 ALL DISTURBED AREAS TO BE REVEGETATED WITH AMERICAN  
 BEACH GRASS.



SURVEY PLAN REFERENCE:  
 PLAN BOOK 458 PAGE 15  
 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.



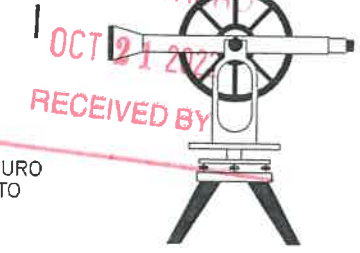
**BENCHMARK**  
 TOP OF SURVEY HUB  
 EL. 8.12' N.A.V.D.88

**BENCHMARK**  
 TOP OF MAG. NAIL  
 EL. 11.19' N.A.V.D.88

**VARIANCE REQUESTS:**

TRURO BOARD OF HEALTH REGULATIONS:  
 SECTION VI, ARTICLE 9  
 1. LEACH FIELD, SEPTIC TANK AND PUMP CHAMBER  
 TO BE INSTALLED IN "WETLAND" AS DEFINED IN TRURO  
 BOARD OF HEALTH REGULATIONS. (LAND SUBJECT TO  
 COASTAL STORM FLOWAGE AND BARRIER BEACH.)

**J.C. ELLIS DESIGN**  
 HEALTH DEPARTMENT  
 TOWN OF TRURO



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

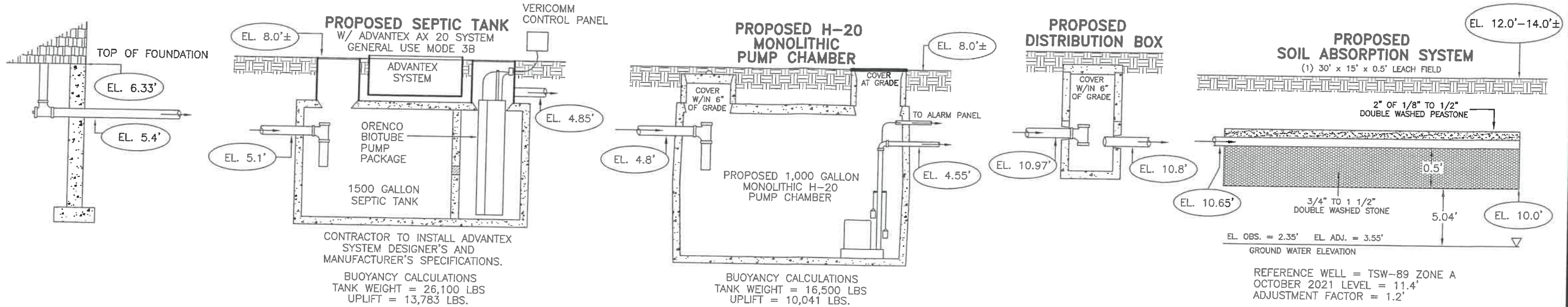
**SEPTIC SYSTEM UPGRADE PLAN**

SUBJECT: <b>45 CORN HILL ROAD</b> TRURO, MA	
PREPARED FOR: <b>ROSE INVESTMENT TRUST</b> C/O MARY ROSE P.O. BOX 776 TRURO, MA 02666-0776	
ASSESSOR'S MAP 45 PARCEL 116	SCALE: 1"=30'
DATE: OCTOBER 15, 2021 REV: FEBRUARY 25, 2022	SHEET 1 OF 3



# SECTION DETAIL - COMPONENTS

NOT TO SCALE



## DESIGN CALCULATIONS

**FLOW RATE:**  
3 BEDROOM DWELLING = 330 G/P/D REQUIRED  
(110 G/P/D PER BEDROOM x 3 BEDROOMS)  
NO GARBAGE GRINDER ALLOWED

**PROPOSED SEPTIC TANK:**  
330 G/P/D x 2 = 660 G/P/D REQUIRED  
USE 1500 GALLON SEPTIC TANK

**PROPOSED SOIL ABSORPTION SYSTEM:**  
PERC RATE = <2 MIN/IN - CLASS I SOIL  
BOTTOM: (30)(15) = 450 S.F.  
(450)(0.74) = 333 G/P/D PROVIDED  
USE: (1) 30' LONG X 15' WIDE X 0.5' DEEP  
LEACH FIELD AS SHOWN IN DETAIL.

**PROPOSED PUMP CHAMBER:**  
USE (1) 1,000 GALLON PUMP CHAMBER  
USE ORENCO PUMP PF300511 OR EQUIVALENT  
FLOAT SETTINGS: PUMP ON = 14" PUMP OFF = 12"  
ALARM ON = 16"  
STORAGE CAPACITY PROVIDED = 790 GALLONS  
MINIMUM 4 CYCLES REQUIRED PER DAY  
MAXIMUM VOLUME REQUIRED PER DOSE CYCLE: 82.5 GALLONS  
VOLUME PROVIDED PER DOSE CYCLE: 41.6 GALLONS

## NOTES

1. PRECAST SEPTIC TANK AND PUMP CHAMBER TO BE H-20 RATED. ALL OTHER COMPONENTS WITH ANY ANTICIPATED VEHICULAR TRAFFIC TO BE H-20 RATED.
2. ELEVATION DATUM IS N.A.V.D. 1988
3. MUNICIPAL WATER IS NOT AVAILABLE.
4. ALL CONSTRUCTION TO CONFORM WITH 310 CMR 15.000 AND ALL OTHER APPLICABLE LOCAL, STATE AND FEDERAL 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 REMOVED AND REPLACED WITH CLEAN MEDIUM SAND.
10. ALL COMPONENTS TO BE PROVIDED WITH WATERTIGHT ACCESS PORTS WITHIN 6" OF FINISH GRADE.
11. 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 THE STONE TO THE NATURALLY OCCURRING SOIL OR SAND FILL BELOW THE STONE. THE PIPE SHALL BE CAPPED WITH A SCREW TYPE CAP AND ACCESSIBLE WITHIN 3" OF GRADE.
15. EXCAVATE ALL UNSUITABLE SOIL, ONLY AS 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 PROPOSED LEACH FIELD FROM EL. 11.5' DOWN TO EL. 6.0'.
17. INSTALL VENT WITH CHARCOAL FILTER ON LEACH FIELD.
18. SEPTIC TANK AND PUMP CHAMBER TO BE INSTALLED WATER TIGHT AND WATER PROOFED. SEPTIC TANK AND PUMP CHAMBER TO BE INSTALLED WITH RUBBER BOOTS AT ALL PIPE INVERTS.
19. ALL EXISTING BUILDING SEWER LINES TO BE CHANGED AS NECESSARY TO LOCATION AND ELEVATION SPECIFIED.
20. SOIL CONDITIONS TO BE VERIFIED IN AREA OF PROPOSED LEACH FIELD AT TIME OF INSTALLATION.

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

## DEEP HOLE DATA

PERFORMED BY: JASON C. ELLIS, R.S., S.E.  
WITNESSED BY: AROZANA DAVIS, TRURO BOH  
TEST DATE: OCTOBER 7, 2021

#1		#2	
DEPTH	ELEV.	DEPTH	ELEV.
0.00'	7.85'	0.00'	7.65'
0.83'	7.02'	1.33'	6.32'
6.16'	1.69'	6.16'	1.49'
GROUND WATER ENCOUNTERED @ 66" (EL. 2.35')		GROUND WATER ENCOUNTERED @ 64" (EL. 2.32')	

## SEPTIC SYSTEM UPGRADE PLAN

SUBJECT: 45 CORN HILL ROAD  
TRURO, MA

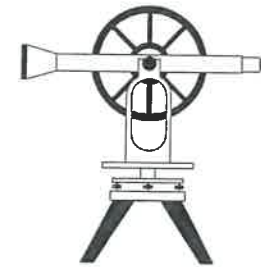
PREPARED FOR:  
**ROSE INVESTMENT TRUST**  
C/O MARY ROSE  
P.O. BOX 776  
TRURO, MA 02666-0776

ASSESSOR'S  
MAP 45 PARCEL 116

DATE: OCTOBER 15, 2021  
REV: FEBRUARY 25, 2022

SHEET 2 OF 3

J.C. ELLIS DESIGN



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



JASON C. ELLIS, R.S.

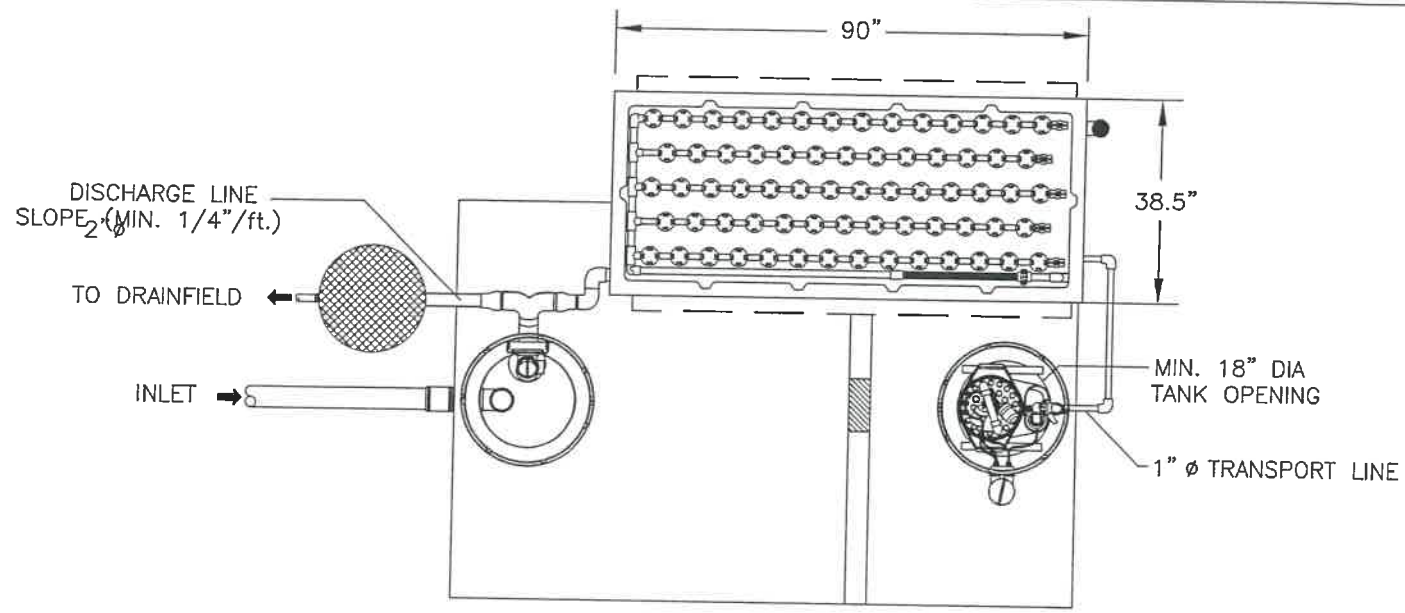
# ADVANTEX® AX20 MODE 3B

## DESIGN NOTES

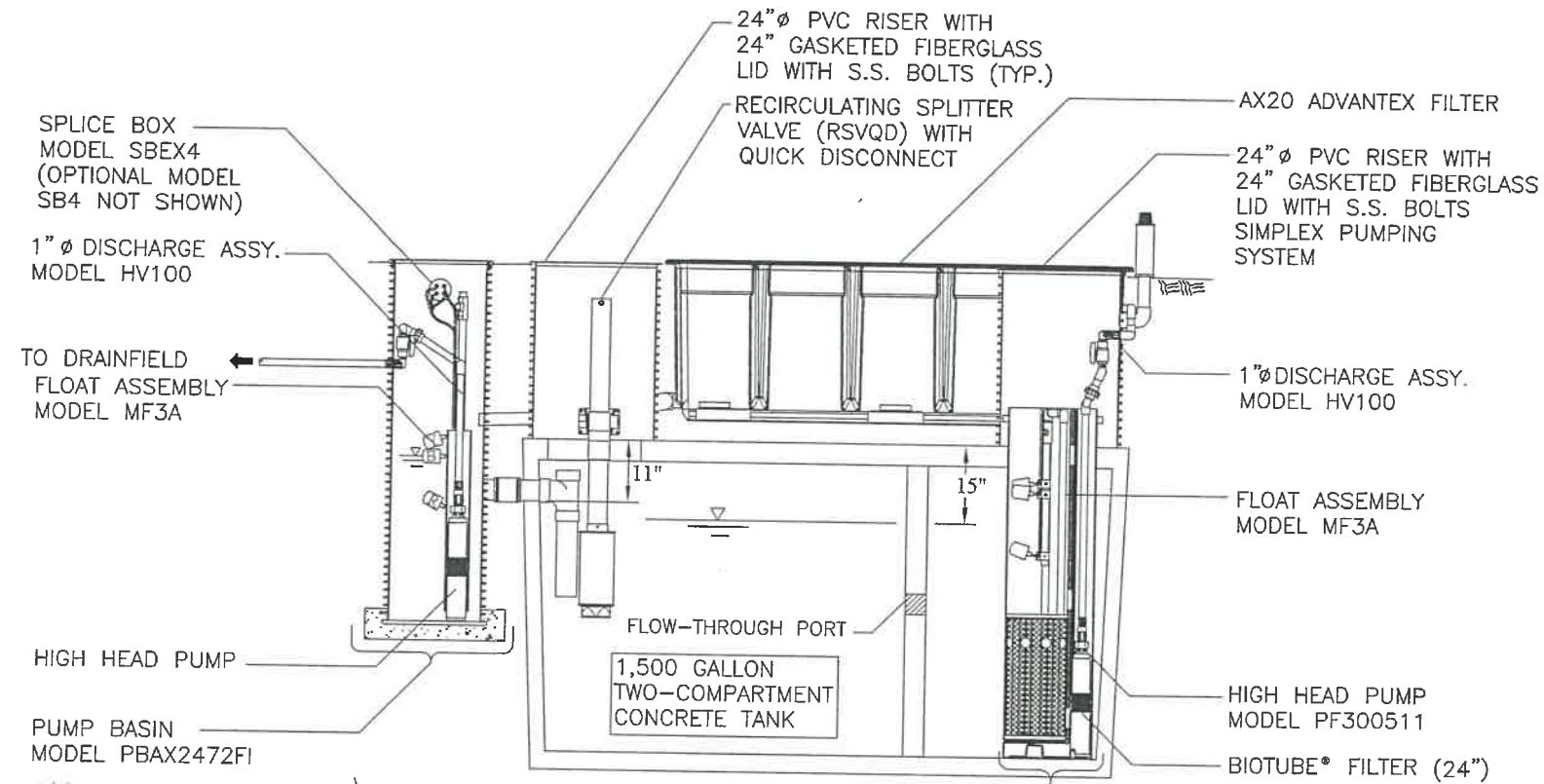
FOR RESIDENTIAL STRENGTH WASTE UP TO 4-BEDROOMS

INSTALLATION TO BE PERFORMED BY AN ADVANTEX AUTHORIZED INSTALLER ONLY.

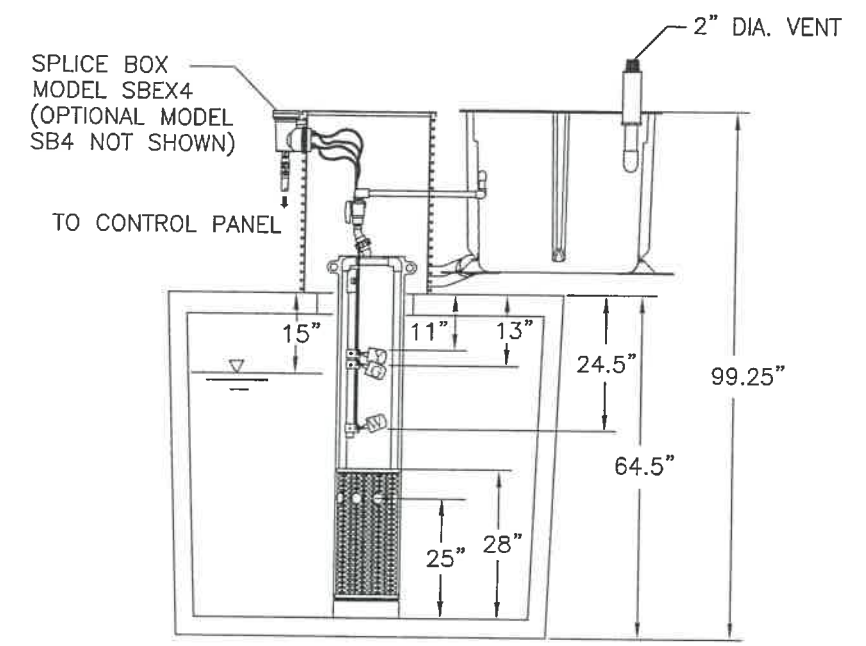
START-UP AND SERVICE TO BE PERFORMED BY AN ADVANTEX AUTHORIZED SERVICE PROVIDER ONLY.



**TOP VIEW**  
NOT TO SCALE



**SIDE VIEW**  
NOT TO SCALE



**END VIEW**  
NOT TO SCALE

HEALTH DEPARTMENT  
TOWN OF TRURO

OCT 21 2022

RECEIVED BY:

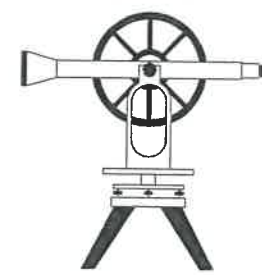
FLOAT FUNCTIONS	
Y	HIGH LEVEL ALARM
G	OVERRIDE TIMER ON/OFF
W	LLA/RO
B	PUMP ON
R	PUMP OFF

## ADVANTEX AX20 1 POD MODE 3B

SUBJECT:  
**45 CORN HILL ROAD**  
TRURO, MA

PREPARED FOR:  
**ROSE INVESTMENT TRUST**  
C/O MARY ROSE  
P.O. BOX 776  
TRURO, MA 02666-0776

J.C. ELLIS DESIGN

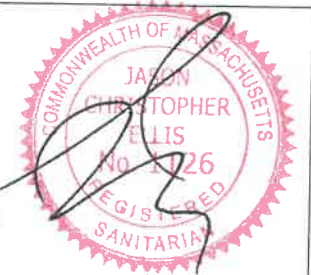


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(508)240-2220  
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ASSESSOR'S  
MAP 45 PARCEL 116

DATE: OCTOBER 15, 2021  
REV: FEBRUARY 25, 2022

SHEET 3 OF 3



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JASON C. ELLIS, R.S.