



Truro Board of Health

Tuesday January 21, 2025 at 4:30 PM

Truro Board of Health Notice of Regular (Hybrid) Meeting

Meeting will open at 4:30 PM in the Select Board Chambers at Truro Town Hall on the 2nd floor.
The Truro Town Hall is located at 24 Town Hall Road

This will be a hybrid meeting (in-person and remote access). Citizens in Truro can view the meeting on Channel 8 and on the homepage of the Town of Truro website on the "Truro TV Channel 8" button found under "Helpful Links". Once the meeting has started, click on the green "Watch" button in the upper right of the page. **To join the meeting by phone or to provide comment during the meeting, please call-in toll free at 1-305-224-1968 and enter the following Meeting ID when prompted: Meeting ID: 884 7580 5887** To join this Zoom meeting from your computer, tablet or smartphone enter <https://us02web.zoom.us/j/88475805887> Please note that there may be a slight delay 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; citizens may also provide public comment for this meeting by emailing the Health Agent at 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

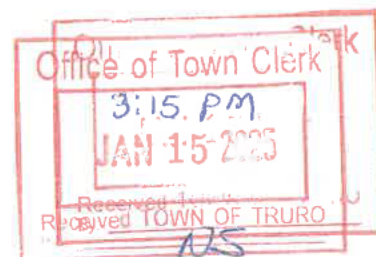
1. **Change of Manager:** Anchorage on the Bay, 596 Shore Road – Henry Stoll
2. **New Business Application:** Kung Fu Dumplings, 8 Highland Rd, Unit E
3. **Reorganization of Board**
4. **Water Resources Report**

III. MINUTES

IV. REPORTS

Report of the Chair

Health Agent's Report:



JAN 02 2025

RECEIVED BY: _____

TOWN OF TRURO

Health Department

P.O. Box 2030, Truro, MA 02666

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

Email: _____ or _____

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: 1/2/2025Print Name of Applicant: Anchorage, On The Bay - Henry StollBusiness Name or DBA to be managed: Anchorage On The Bay Number of Units: 14Street Address of Business: 596 Shore Rd. Business Email: _____Mailing Address of Business: (☐ Check if New Address) _____

Section 2 - Manager Information

Name of Previous Manager: AMY KELLY On-Site Manager Unit #: BName of New Onsite Manager: HENRY STOLL On-Site Manager Unit #: 3

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

Mailing Address of New Manager and/or Property Management Company: Peters Property Management
Laune Lemari Phone (24 hours/day): 508-487-0399 Email: _____Name of Co-Managers: _____ Unit # _____ Phone (24hrs/day): info@peterspropertymgmt.com

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

_____ 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**

	Scheduled	Date	Fee	Paid
Team Inspection (If over 3yrs since last one)	<input type="checkbox"/>	_____	\$45.00	<input type="checkbox"/>
Board of Health Hearing	<input type="checkbox"/>	_____	\$75.00	<input type="checkbox"/>

FS# 2025-070

HEALTH DEPARTMENT
TOWN OF TRURO

JAN 15 2025

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**Town of Truro
Board of Health**

24 Town Hall Road, P.O. Box 2030, Truro, MA 02666
Tel: 508-349-7004, Extension: 131 Fax: 508-349-5508
Email: lbudnick@truro-ma.gov or nrichy@truro-ma.gov

PAID
5201

APPLICATION FOR FOOD SERVICE – COMMON VICTUALER

Name of Business: Lin Mamas Food Inc.

☒ New ☐ Renewal/No Changes (Skip to Section 3)

Section 1 – License Type

Type of License: ☐ Food Service ☒ Common Victualer (\$50)

☒ **Type of Food Service Establishment:**

- ☒ Food Service (restaurant or take out)/ \$75 ☐ Catering/ \$50
☐ Retail Food (commercially prepared foods)/\$15 ☐ Manufacturer of Ice Cream/Frozen Dessert / \$10
☐ Residential Kitchen \$25 ☐ Bakery \$10
☐ Bed & Breakfast w/Continental Breakfast

Section 2 – Business/Owner/Manger Information

Federal Employers Identification Number (FEIN/SS) 33-2205768

Business Name: Lin Mamas Food Inc. d/b/a Kung Fu Dumplings

Owner Name: Chuang Tong & Feng Lin Email Address: [REDACTED]

Mailing Address: 27 Quaker Lane, Harwich, MA 02645

Phone No: [REDACTED]

Section 3 – Business Operation Details

Number of Seats: Inside: 19 Outside: 0 Number of Employees: 2

Length of Permit: ☒ Annual ☐ Seasonal Operation

Hours of Operation: 11 To 11

Days Closed Excluding Holidays: _____

If Seasonal: Approximate Dates of Operation: ____/____/____ To ____/____/____

Person Directly Responsible for Daily Operations: (Owner, Person in Charge, Supervisor, Manager)

Name: same as above Email Address: _____

Mailing Address: _____

Phone No: _____ 24 Hour Emergency: _____

JAN 15 2025

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Certified Food Manager(s) (attach copy): (at least 1 full-time equivalent PER SHIFT required)

Feng Lin

Chuang Tong

Allergen Awareness Certification (attach copy):

Feng Lin

Chuang Tong

Has your menu changed from last year? ☐ Yes ☐ No

If yes please attach copy of menu or provide description of food to be prepared and sold:

N/A

Section 4 - Attestation

Attestation

I, the undersigned, attest to the accuracy of the information provided in this application and further agree to allow the regulatory authority access to the food service establishment as specified under § 8-402.11. I affirm that the food establishment operation will comply with 105 CMR 590.000, Truro Board of Health Regulation Section X, Food Service Regulations and all other applicable laws. Pursuant to MGL Ch. 62C § 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state and local taxes required by law.

Signature of Applicant:

Feng Lin

Date:

1/9/2025

Application Checklist:

☒ **Food Service Permit Application**

☐ **Smoke Detector/Fire Protection Certification**

☒ **Workers Compensation Affidavit/Certificate of Insurance**

☐ **Copy of Inspection of Kitchen Equipment: Commercial Hood and Ventilation System Report**

☐ **Copy of Service report of mechanical washing equipment (Dishwasher)**

☒ **Copy of ServSafe Certification and Allergy Awareness**

☐ **Copy of Choke Saver (for food service establishment w/seating capacity of 25 or more)**

FOR HEALTH DEPARTMENT USE ONLY

Comments: _____

Review by _____

Date _____



TRURO FIRE RESCUE
Truro Public Safety Facility
344 Route 6 Truro, MA 02666

HEALTH DEPARTMENT
TOWN OF TRURO

JAN 15 2025

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**FIRE PROTECTION SYSTEMS
ANNUAL TEST REPORT**

BUSINESS NAME: FARMAID FOOD, INC/ RESIDENTIAL UNITS

OWNER/MANAGER: Katie Reed

ADDRESS: 8 HIGHLAND ROAD N. TRURO, MA 02652

PHONE #: [REDACTED] NUMBER OF UNITS: ONE COMMERCIAL
4 RESIDENTIAL

CONTACT PERSON: Katie Reed

ADDRESS: 8 HIGHLAND ROAD N. TRURO, MA 02652

TESTING COMPANY: Carlos Silva Electrician

TESTING ELECTRICIAN/TECHNICIAN: Carlos Silva

COMPANY PHONE #: 508 487 6218 HOME PHONE #: _____

LICENSE #: E38932

The fire protection system (s) including, but not limited to, (Sprinkler Systems) (Range Hood Systems) (Fire Extinguishers) (Type I II III Fire Alarm Systems) (C.O. Detectors) at the above mentioned business address, were tested, (CERTIFIED) the add parts of the systems, were found to be, or corrected to be, fully operational.

COMMENTS: _____

DATE OF CERTIFICATION: 1/9/25 BY: Carlos A Silva

Signature of Licensed Electrician

**THIS REPORT MUST BE FILLED OUT AND SUBMITTED, PRIOR TO THE ISSUANCE OF,
OR RENEWAL OF A LICENSE TO OPERATE WITHIN THE TOWN OF TRURO.**



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

HEALTH DEPARTMENT
TOWN OF TRURO

JAN 15 2025

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Applicant Information

Please Print Legibly

Business/Organization Name: Lin Mamas Food Inc. d/b/a Kung Fu Dumplings

Address: 8 Highland Road, Unit E

City/State/Zip: Truro

Phone #: 02652

Are you an employer? Check the appropriate box:

1. ☒ I am an employer with 2 employees (full and/or part-time).*
2. ☐ I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. ☐ We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. ☐ We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. ☐ Retail
6. ☒ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (incl. real estate, auto, etc.)
8. ☐ Non-profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: The Hartford

Insurer's Address: 690 Asylum Avenue

City/State/Zip: Hartford, CT 06155

Policy # or Self-ins. Lic. # 08WECBM9YHU Expiration Date: 2/2/2026

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Feng Lin

Date: 1/9/2025

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____



LINMAMA-01

JLOGAN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

1/7/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kaplansky Insurance PO Box 267 154 Shore Rd North Truro, MA 02652	CONTACT NAME:	
	PHONE (A/C No, Ext): (508) 487-6060	FAX (A/C No): (508) 487-2040
INSURED Lin Mamas Food, Inc. 27 Quaker Lane Harwich, MA 02645	E-MAIL ADDRESS: info@kaplansky.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Ategrity Specialty Insurance Co	
	INSURER B: The Hartford	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC#		


COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			01-C-PK-P20129898-0	2/1/2025	2/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	08WECBM9YHU	2/1/2025	2/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	LIQUOR LIABILITY			01-C-PK-P20129898-0	2/1/2025	2/1/2026	EACH OCCURRENCE 1,000,000
A	LIQUOR LIABILITY			01-C-PK-P20129898-0	2/1/2025	2/1/2026	AGGREGATE 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Restaurant: 8 Highland Rd. Unit E, North Truro, MA 02652

HEALTH DEPARTMENT
TOWN OF TRURO

JAN 15 2025

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CERTIFICATE HOLDER Licensing Authority For Informational Purposes Only	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	---

HEALTH DEPARTMENT
TOWN OF TRURO

JAN 15 2025

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CERTIFICATE

of

COMPLETION

FENG LIN

has successfully completed the required Allergen Awareness program for

Allergen Awareness

Date Completed:	2023-1-19	Valid through:	2026-1-19
Certificate Number:	1997342	Exam Form Number :	60



The Always Food Safe Company
899 Montreal Circle, St. Paul, 55102
www.alwaysfoodsafecompany.com



Nick Eastwood
President
The Always Food Safe Company

HEALTH DEPARTMENT
TOWN OF TROY

JAN 15 2025

RECEIVED BY

CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: CHUANG TONG

Certificate Number: 7338310

Date of Completion: 9/20/2024

Date of Expiration: 9/20/2029



*The above-named person is hereby issued this certificate
for completing an allergen awareness training program
recognized by the Massachusetts Department of Public Health
in accordance with 105 CMR 590.009(G)(3)(a).*

This certificate will be valid for five (5) years from date of completion.

Issued By:



Massachusetts Restaurant Association
333 Turnpike Road, Suite 102
Southborough, MA 01772
508-303-9905
www.massrestaurantassoc.org

NATIONAL
RESTAURANT
ASSOCIATION
800.765.2122
www.restaurant.org

HEALTH DEPARTMENT
TOWN OF TRURO

JAN 15 2025

RECEIVED BY

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

CHUANG TONG

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

26249651

CERTIFICATE NUMBER

10863

EXAM FORM NUMBER

9/20/2024

DATE OF EXAMINATION

Local laws apply. Check with your local regulatory agency for recertification requirements.

9/20/2029

DATE OF EXPIRATION



#0655

A handwritten signature in black ink that reads "Sherman Brown".

Sherman Brown
Executive Vice President, Business Services



In accordance with Maritime Labour Convention 2006, Resolution A2013/13 (Regulation 3.2, Standard A3.2).

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

Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.

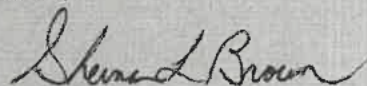
Thank you for participating in the ServSafe Alcohol program. Responsible alcohol service begins with the choices you make, and ServSafe Alcohol training will help you make the right decision when the moment arises.

By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown

Executive Vice President, National Restaurant Association Solutions

HEALTH DEPARTMENT
TOWN OF TROY

JAN 15 2025

RECEIVED BY



ID # 20130637
CARD # 20000000

ServSafe Alcohol® CERTIFICATE

FENG LIN



NAME

12/20/2024

DATE OF EXAMINATION

Card expires three years from the date of examination. Local laws apply.

NOTE: You can access your score and certification information anytime at servsafe.com.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at

ServiceCenter@restaurant.org or
800.765.2122, ext. 6703.

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Executive Vice President, National Restaurant Association Solutions

Sherman Brown

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

In Alaska you must laminate your card for it to be valid.

NATIONAL
RESTAURANT
ASSOCIATION

233 South Wacker Drive
Suite 3600
Chicago, IL 60606-6383
1.800.SERVSAFE
312.713.1010 in the Chicago area
ServSafe.com

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07/18/2017 v.1.01



JAN 15 2025

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Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied and are knowledgeable about how to serve alcohol responsibly.

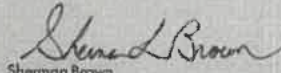
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By completing the ServSafe Alcohol program, you show your dedication to safe and responsible alcohol service. The ServSafe Alcohol program and the National Restaurant Association are dedicated to helping you continue to raise the bar on alcohol safety.

To learn more about our full suite of responsible alcohol service training products, contact your State Restaurant Association, your distributor or visit us at ServSafe.com.

We value your dedication to responsible alcohol service and applaud you for making the commitment to keep your operation, your customers and your community safe.

Sincerely,



Sherman Brown
Executive Vice President, National Restaurant Association Solutions

ServSafe
National Restaurant Association

ServSafe Alcohol® CERTIFICATE

CARD # 1234567890

CHANGING TOPICS

NAME: [Redacted]

DATE OF EXAMINATION: [Redacted]

QR CODE

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The ServSafe Alcohol program is a trademark of the National Restaurant Association. All rights reserved. ServSafe and the ServSafe logo are trademarks of the National Restaurant Association. All rights reserved.

Signature: [Redacted]

This certificate confirms completion of the ServSafe Alcohol® responsible alcohol service program.

NOTE: You can access your score and certification information anytime at ServSafe.com.

If you have any questions regarding your certification please contact the National Restaurant Association Service Center at:
Service Center: www.servsafe.com or
800.765.2122, ext. 6703

In Alaska you must laminate your card for it to be valid.

NATIONAL
RESTAURANT
ASSOCIATION

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www.servsafe.com

HEALTH DEPARTMENT
TOWN OF TRURO

JAN 15 2025

RECEIVED BY

ServSafe
National Restaurant Association

ServSafe® CERTIFICATION

FENG LIN

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

28249852

CERTIFICATE NUMBER

10883

EXAM FORM NUMBER

9/20/2024

DATE OF EXAMINATION

9/20/2029

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655


Sherman L. Brown
Executive Vice President, Business Services

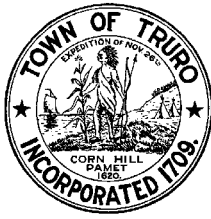


In accordance with Maritime Labour Convention 2006, Resolution ADM N 980 2013 (Regulation 3.2, Standard A3.7).

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Contact us with questions at 233 S. Wacker Drive, Suite 3600, Chicago, IL 60606-6353 or ServSafe@restaurant.org.



TOWN OF TRURO BOARD OF HEALTH

P.O. Box 2030
Truro MA 02666-0630

Board of Health Meeting Minutes: November 19, 2024

This was a hybrid meeting held in person at Truro Town Hall in the Select Board chambers and via Zoom. **Board members present:** In person: Chair Tracey Rose, Vice Chair Jason Silva, Board Members, Helen Grimm and Tim Rose; Remote: Brian Koll and Alternate member John Dundas; Also Present in person: Health Agent Emily Beebe, Assistant Health Agent Courtney Warren; Also Present virtually: Select Board member Susan Girard-Irwin

The meeting was called to order at 4:30 pm by the Chair, who described the remote meeting procedures and the process for public participation.

Public Comment: There was no public comment.

Variance Request/Local Upgrade Approval: 8 Highland Rd, Katharine Reed
Glen Harrington described the property as mixed use with both residential apartments and commercial use. The existing system consists of a 1000-gal. grease trap and a 2500-gal. septic tank which are under the upper parking area, and a 1000-gal. pump chamber. The existing leaching chambers, however, are in failure. The design proposes to reuse the existing grease trap and septic tank. A Micro-FAST system will be added to provide enhanced treatment; the treated wastewater will flow by gravity to the d-box and leaching area in the lower parking lot. The proposal includes a variance to reduce the minimum separation between the leaching area and groundwater to 4 feet. Chair Tracey Rose questioned locating the tanks underneath pavement, the Agent replied that manhole covers will be provided for maintenance access. The Chair then asked the Agent to provide an opinion on the proposed plan. The Agent stated that the site is quite challenging due to the lot area and grades; she appreciated that the plan would re-use some components and would provide advanced treatment to mitigate the requested reduction in the size of the leaching area, and the variance to depth to groundwater. The Agent noted that an abutter had contacted her with concerns about proposed construction inadvertently impacting the retaining wall on the west side of the property. After visiting the site, she found it unlikely that there would be an issue, based on the location of the retaining wall and the fact that no excavation would occur near it. Additionally, an email was received from Clinton Kershaw expressing his concerns about the requested variance to groundwater and suggesting a different configuration of components to avoid this. The Agent explained that although the Board of Health does not require an alternatives analysis, in this case, preliminary designs done by another designer combined with the current design have allowed for a de facto alternatives analysis. As a result, she believes that this is the best design for this property. She noted that the deed notice for the alternative system will need to call out both the remedial and general use approvals for this system to cover both the allowance for the reduced leaching area and the nitrogen reduction required by the local regulations. Glen Harrington noted that the potential

buyer is interested in converting the office space to additional restaurant seats. The Agent noted that this flow is already accounted for but is a change in use. Chair Tracey Rose thanked both the abutter and Clint Kershaw for their comments. Vice Chair Jason Silva stated that this plan will require less disturbance and that keeping the tank where it is will avoid any issues with having the tank itself in groundwater if it were to be placed in the lower parking lot. **Motion:** Board member Helen Grimm moved to approve the variance as requested with the condition that the plan, the I/A deed notice, and the O/M Agreement reference both the Remedial Use Approval and the General Use Approval for the Micro FAST System. **Second:** Board member Tim Rose; **Vote:** 4-0-1 with Chair Tracey Rose abstaining; the motion carried.

Alternate John Dundas left the meeting.

Appeal of Health Agents Decision: 5 Corn Hill Landing, Sarah Lamb & Edward Black (*continued from 10/15/2024*) The Chair stated that she had watched the video of the previous meeting from which she had been absent. She also noted that the engineer had the wrong address on the septic plan. Attorney Ben Zehnder stated that they have provided a better floor plan of both the existing dwelling and the proposed studio, a septic design with I/A treatment, and nitrogen loading calculations with and without I/A. The homeowners are also open to installing a composting toilet in the studio. He suggested some deed restriction language limiting the property to three bedrooms with no overnight habitation in the studio. The Chair reminded the applicants that the Board is charged with protecting the water resources and upholding their own regulations. The Agent re-stated the issue at hand: this is an existing three-bedroom house with a “pass-through” room being used as a bedroom, and a proposed studio that would meet the definition of a bedroom. She suggested the use of a deed restriction to clarify the use of the dwelling: the pass-through room is not an approved bedroom space; and the studio is a working space accessory to the main dwelling with no habitation allowed. She did not believe that the use of I/A at this time was warranted because future regulations will likely require enhanced I/A in this location and the upgrade should happen correctly-- once. She expressed support for the floor plan as proposed with the condition that a deed restriction clearly define the bedroom count and location. The Chair noted that this was a very challenging situation and confirmed with the homeowners that the pass-through room was not being used as a bedroom and that they were comfortable with a deed restriction. Board member Helen Grimm was interested in continuing the conversation on the idea of composting toilets. She also asked where the gray water from the sink would go. The Agent stated that a composting toilet requires a Title 5 system for gray water so a small waste line would flow into the existing septic system. Board member Helen Grimm asked if there are other similar workspaces permitted in Truro. The Agent replied that there are others that also have deed restrictions. **Motion:** Board member Helen Grimm moved to approve the building of a working studio and accepted the floor plans for both the existing dwelling and the proposed studio with the condition that a deed restriction be filed limiting the property to three bedrooms. In addition, the deed restriction shall state that: (1) The studio shall be considered accessory to the main dwelling and is not a bedroom; (2) The pass-through room on the ground floor of the main dwelling shall not be used as a bedroom; (3) No overnight habitation is permitted in the studio. Additionally, the proposed I/A septic system was not approved at this time in anticipation

of future, potentially tighter regulations that will likely impact this location. Instead, a composting toilet and a handwashing sink are approved for the new studio. **Second:** Board member Tim Rose; **Vote:** 5-0-0; the motion carried.

Change of Manager: Sandbars Inn, 570 Shore Road – Jonah Cutter; No representative was present at the meeting. **Motion:** Board member Helen Grimm moved to continue the matter until the December 3, 2024, meeting; **Second:** Board member Jason Silva; **Vote:** 5-0-0; the motion carried.

Water Resources Report – The Agent deferred this report until December.

Minutes: September 3, 2024. **Motion:** Board member Brian Koll moved to approve the minutes from the September 3, 2024 meeting as presented.; **Second:** Board member Helen Grimm; **Vote:** 4-0-1 with Board member Tim Rose abstaining; the motion carried.

Report of the Chair:

The Provincetown Water & Sewer board met on Thursday November 14th. The Chair noted that Wellfleet has postponed an upcoming public hearing on their proposed regulation changes and asked the Agent to give an update on their process. The Wellfleet Board of Health is working on revising their regulations which have not been updated since 2017. Most of Wellfleet has been designated as a Nitrogen Sensitive Area and Wellfleet and to address this, they are proposing to require enhanced I/A on transfer and are requiring upgrade of all existing cesspools. There is some funding available to assist with some of the installation costs. The Chair noted that both APCC and the Cape Cod Commission have good resources on water and nitrogen sensitive areas.

Health Agent's Report:

Staff all attended the MA Health Officers Association conference last week in Springfield. It was a very informative and educational conference. A total of 129 people attended the vaccination clinic held in October. 103 covid boosters were given and 124 flu shots.

Motion: Board member Tim Rose moved to adjourn the meeting; **Second:** Board member Helen Grimm; **Vote:** 5-0-0, the motion carried.

The meeting was adjourned at 5:41 PM.

Respectfully submitted by Courtney Warren