

Truro Board of Health

Tuesday June 18, 2024 at 4:30 PM

AMENDED

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. <u>Appeal of a Health Agents Decision</u>: 2 Pine Ridge End, Marcia Medeiros Life Estate- re: upgrade of non-conforming system
- 2. <u>Title 5 local upgrade requests and Local BoH regulations variance requests</u> 4 Second Landing Lane, Estate of Elias E. and Laura K.Manuelidis, re: upgrade from cesspools
- 3. <u>Approval of Mobile Food Truck permit</u> Taco Town LLC, Joseph Rugo- Head of the Meadow Beach, Mobile Vendor, based in Eastham

III. MINUTES

IV. REPORTS

Report of the Chair Health Agent's Report



JUN 1 1 2024

RECEIVED BY:



TOWN OF TRURO

Board of Health

P.O. Box 2030, Truro, MA 02666

REQUEST TO APPEAR BEFORE THE BOARD OF HEALTH

Applicant's Name: Noncy Gross + Stacey White. Mailing Address P.O. Box Blok. North Truro, HA 02652
Phone Number email address 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:Presentation: Topic to be discussed:
Requesting approval of present system with a reverse Engineered plan - 2 Pine Ridge End -
The case include existing and proposed floor plans 11 years project involves floor plans 6/10/2024 12 years project involves floor plans 6/10/2024 12 years project involves floor plans 6/10/2024 13 years project involves floor plans 6/10/2024 14 years project involves floor plans 6/10/2024 15 years project involves floor plans 6/10/2024 16 years project involves floor plans 6/10/2024 17 years project involves floor plans 6/10/2024 18 years project involves floor plans 6/10/2024 19 years project floor plans 6/10/2024 19 years
Scheduled Board of Health Meeting Date: 6/18/2024 Time: 4:80
Signature Life Date

Please return this application to fruito Health Agent. 24 Town Hall Road. P.O. Box 2030. Truto. MA 02600

Arozana Davis

From:

Nancy Gross <

Sent:

Monday, June 10, 2024 7:43 PM

To:

Arozana Davis

Cc:

STACEY WHITE

Subject:

Re: Order to Correct - 2 Pine Ridge End

Attachments:

Request to appear before BOH.pdf; SBuildingDe24061013030.pdf

Importance:

High

Arozana,

Please see our request to appear before the BOH in response to the received Order to Correct for 2 Pine Ridge End.

Thank you

Nancy Gross

Stacey White

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.



On Jun 10, 2024, at 2:03 PM, Arozana Davis <ADavis@truro-ma.gov> wrote:

Good Afternoon Nancy,

Attached you will find the Order to Correct that we discussed via phone. You have 7 days from today to appeal this Order, should you so choose.

Please let me know if you have any questions.

Best.

Arozana



TOWN OF TRURO

HEALTH DEPARTMENT

P.O. Box 2030, Truro MA 02666

Tel: 508-349-7004 Fax: 508-349-5508

June 10, 2024

BY EMAIL

MEDEIROS MARCIA M LIFE ESTATE RMNDR: STACEY WHITE ET AL PO BOX 224 NO TRURO, MA 02652

RE: 2 Pine Ridge End, (36-1)

ORDER TO CORRECT: UPGRADE SEPTIC SYSTEM

Dear Ms. White,

Upon receipt of a septic system inspection report from Christopher Lucy, Massachusetts Licensed Inspector, on June 4, 2024, it has come to our attention that your system is considered failed per Section VI: Article 1.4 Definitions: Failed System (h): any systems that were not designed to accommodate the present existing use of the facility served. According to our files, the property received a design waiver back in 1995. This means that the system that was installed was not designed by a certified professional as required per 310 CMR 15.000 Title 5.

You are hereby ordered within 6 months (180) days receipt of this letter to complete the upgrade of your septic system. This process includes the submission of the following documents:

- (1) Site and sewage plan prepared by a registered professional engineer or registered sanitarian for the upgrade of the system in conformance with Title 5.
- (2) Application for the installation of the system submitted by a licensed installer.
- (3) A set of stamped floor plans or you can schedule a walk through so that our department can confirm the bedroom count of the existing dwelling.

Failure to address this Order will result in the following fines: First Offense: \$100; Second Offense: \$200; Third and Subsequent Offenses: \$300. Each day or portion thereof shall constitute a separate offense.

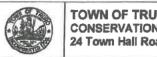
Please reach out to us within 10-days receipt of this Order to discuss.

Should you be aggrieved by this order, you have a right to request a hearing before the Board of Health. A request must be received in writing to the Office of the Board of Health within seven (7) days receipt of this order.

Sincerely,

Arozana Davis Assistan Health Agent, RS/REHS

ADDENDUM TO MASSACHUSETTS TITLE 5 INSPECTION FORM



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

> HEALTH DEPARTMENT TOWN OF TRURO

Truro Board of Health Requirements for Title 5 Inspections (This form shall be submitted in addition to the MA title inspection form)	TOWN OF TRURO
ADDRESS: MAP 36 PARCEL OI 2 PINE PIDE END	JUN 0 4 2024
PASSING CONDITIONAL PASS NEEDS FURTHER EVALUATION FAILE	RECEIVED BY:
System has been pumped within the last three years (Section 6.5.2.b)	
If not, System was pumped as a part of the inspection OR System does not ne	
*Statement supporting determination (please include last date of pumping)	5. *
All system components have been inspected. If a component cannot be found or uncovered inspector must provide evidence for the system's success or failure. (Section 6.5.2.a)	d, the SNUT REQUIRED
Replacement or installation of a component is required; a septic permit is required (Section	6.5.2.d)
Sanitary tees are present. (The replacement of sanitary tees requires a septic permit)	
Leach pit has > 6" of leaching capacity and half of one day of design flow. (Determined by sidewall absent of staining/solids or evidence of high water) PLEASE NOTE: If the liquid leach pit is less than 6" from the inlet pipe invert or the remaining available volume within above the liquid depth to the invert of the outlet pipe is less than ½ of one day's design flow SYSTEM IS CONSIDERED FAILED. (Section 6.5.2.c)	d depth in a a leach pit
Leaching area has more than 4' vertical separation to groundwater. This needs to be measurable; "per plan" is not acceptable. PLEASE NOTE: If the leaching area has less than 4' vertical separation to observed groundwater, THE SYSTEM IS FAILED (6.1.4 definition of "failed and Section 6.5.2.)	ertical
Access ports for: septic tank inlet & outlet, d-box, and SAS are within 6" of grade (Section	6.5.2.e)
If not, risers have been installed.	
Existing bedroom count matches the GPD on design plan. PLEASE NOTE: If the bedroom inside the building does not match the basis for the approved design flow PLEASE CHEC "NEEDS FURTHER EVALUATION" ABOVE. (Section 6.5.2.h)	m count
Please attach the lab results of private well water sample analysis. For Real Estate Transfer the routine and VOC are required. Results must be from no more than 1 year from date of s of this report. (section 8.6.5)	s BOTH ubmission
Comments and observations: NO D-BOY, WANTER TEST TO FOLLOW	
If there is a deficiency in any of these items, please submit this form as "NFE" (needs further examples to the exception of a failure).	nination)
Last undate: May 14 2021	



Owner

page.

Commonwealth of Massachusetts

Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

JRO	MA	02652	05/15/2024	
WEDIEROS LIFE ESTATE,	NIVINDR STACE	ET VVIII E EL A		_
MEDIEROS LIFE ESTATE,	MINIMUM OTACI	et vvnile eta		
MEDIEDOS LICE ESTATE	DMNIDD STACE	V MUITE ALA	1	
SS				
	ND			
	ss	88	88	RCEL 01, 2 PINE RIDGE END ss MEDIEROS LIFE ESTATE, RMNDR STACEY WHITE et al

information is required for every

> 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





MA	02666
State	Zip Code
SI3864	
License Number	
	State SI3864

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.	\boxtimes	Needs Further Evaluation by the Local Approvin	g Authority
4.		Fails	
		05	JUNE 02, 2024
	Insp	eclor's Signature	Date

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

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



Commonwealth of Massachusetts

y	Property Address MARCIA M. MEDIEROS LIFE ESTATE, RM Owner's Name NORTH TRURO City/Town	MA State	EY WHITE et a	05/15/2024 Date of Inspection	
	D. System Information (cont.) 14. Sketch Of Sewage Disposal System: Provide a view of the sewage disposal significant landmarks or benchmarks. Locate all we the building. Check one of the boxes below a crawing attached separately	ystem, inclu	ding ties to at le	east two permanent r	eference apply enters
	39'	RAGE.			PINE RIDGE END RO



page.

Commonwealth of Massachusetts

Title 5 Official Inspection Form

HEALTH DEPARTMENT TOWN OF TRUBO

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments JUN 0 4 2024

MAP 36, PARCEL 01, 2 PINE RIDGE EN	ID		RECEIVED RV
Property Address			
MARCIA M. MEDIEROS LIFE ESTATE, I	RMNDR STACE	EY WHITE et a	
Owner's Name			
NORTH TRURO	MA	02652	05/15/2024
City/Town	State	Zip Code	Date of Inspection

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

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





Inspector Information		
CHRISTOPHER LUCY		
Name of Inspector		
Company Name		
PO BOX 944		
Company Address		
TRURO	MA	02666
City/Town	State	Zip Code
508-349-1810	\$13864	
Telephone Number	License Number	

B. Certification

Passes

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:

	Inspector's Signature	Date
		JUNE 02, 2024
4.	☐ Fails	
3.	Needs Further Evaluation by the Local Approving	g Authority
2.	☐ Conditionally Passes	

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

			IE RIDGE END					
	perty Address				-> < > < > < > < > < > < > < > < > < > <			
		MEDIEROS LIF	E ESTATE, RMN	DR STACE	EY WHITE et a			
-	ner's Name	00		MA	02652	05/15/2024		
NORTH TRURO City/Town				State	Zip Code	Date of Inspection		
_		41 a.a. C		01010				
C.	inspec	tion Sum	mary					
	Inspection	n Summary: C	omplete 1, 2, 3, or	5 and all c	of 4 and 6.			
1)	System F	asses:						
	in 310	e not found any CMR 15.303 ited below.	y information whic or in 310 CMR 15	h indicates i.304 exist.	that any of the Any failure crite	failure criteria described eria not evaluated are		
	Comment	s:						
	-							
	-							
2)	System C	onditionally	Passes:					
	replac	or more system sed or repaired pard of Health,	. The system, upo	lescribed in on completi	n the "Condition on of the replac	nal Pass" section need to be cement or repair, as approved by		
	Check the	box for "yes", d," please exp	"no" or "not detern lain.	etermined" (Y, N, ND) for the following statements. If "not				
The septic tank is metal and over 20 years old* or the septic tank (wunsound, exhibits substantial infiltration or exfiltration or tank failure inspection if the existing tank is replaced with a complying septic tan Health.						is imminent. System will pass		
	* A metal Complian	septic tank will ce indicating th	pass inspection it at the tank is less	f it is structi than 20 ye	urally sound, no ears old is avail	ot leaking and if a Certificate of able.		
	□ Y	□N	☐ ND (Expla	ain below):				



Commonwealth of Massachusetts

	MAP 36, PARCEL 01, 2 PINE RIDGE END										
		Address	EDIEROS LIFE ESTATE, RMND	R STAC	FY WH	ITF et al	1				
Ow	ner's	Name									
		H TRUR	.0	MA State	026 Zip	552 Code	05/15/2024 Date of Inspection				
C. Inspection Summary (cont.)											
•	••••	noposion summary (some)									
2)	•										
		Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.									
		to brok	vation of sewage backup or break ten or obstructed pipe(s) or due to espection if (with approval of Boa	o a broke	n, setti	tic water ed or und	level in the distribution box deven distribution box. System	ue ı will			
			broken pipe(s) are replaced		□ Y	□ N	☐ ND (Explain below):				
			obstruction is removed		□ Y	□N	☐ ND (Explain below):				
		distribution box is leveled or replace			□ Y	□N	□ ND (Explain below):				
	☐ The system required pumping more th system will pass inspection if (with app		stem required pumping more that will pass inspection if (with appro	n 4 times oval of th	a year	due to b	proken or obstructed pipe(s).	The			
			broken pipe(s) are replaced		□ Y	□N	ND (Explain below):				
			obstruction is removed		☐ Y	□N	ND (Explain below):				
	_										
3)	Further Evaluation is Required by the Board of Health:										
	\boxtimes	Condition the sys	ons exist which require further ev tem is failing to protect public hea	aluation alth, safe	by the I	Board of e enviror	Health in order to determine nment.	if			
		15.303	tem will pass unless Board of I (1)(b) that the system is not fur and the environment:	Health de	etermir 3 in a m	nes in ac nanner v	ccordance with 310 CMR which will protect public hea	alth,			



Commonwealth of Massachusetts

			2 PINE RIDGE END			
	perty Address					
		/IEDIERO	S LIFE ESTATE, RMN	DR STACE	Y WHITE et al	
	ner's Name	D O		BAA	02652	05/15/2024
	/Town	RO		MA State	Zip Code	Date of Inspection
		41 C		Otate	Zip Code	Dute of moperation
C,	. Inspec	tion S	ummary (cont.)			
		Cessp	ool or privy is within 50	feet of a su	rface water	
		Cessp	ool or privy is within 50	feet of a bo	ordering vegeta	ted wetland or a salt marsh
	deter	mines th	l fail unless the Board at the system is funct vironment:	l of Health ioning in a	(and Public Warmanner that	later Supplier, if any) protects the public health,
	100 fe	eet of a su	urface water supply or to	ributary to	a surface water	
	suppl	y.	·			n a Zone 1 of a public water n 50 feet of a private water
	suppl	y well.				than 100 feet but 50 feet or
	more	from a pr	ivate water supply well* o determine distance:	*.	10 0/10 10 1000	
	7710071		18			
	coliform b	acteria in than 5 pp	dicates absent and the m, provided that no oth	presence of	of ammonia nitr	certified laboratory, for fecal ogen and nitrate nitrogen is equal ered. A copy of the analysis must
	c. Other:					
	DESIGNE BY THE H	D SYSTE	EM DID NOT REQUIRE AGENT WITH WAIVER	A D-BOX S, SYSTE	TO BE INSTAL II PASSES OTI	LED, SYSTEM WAS DESIGNED HERWISE
4)	System F	ailure Cr	iteria Applicable to Al	l Systems	:	
	You must	t indicate	"Yes" or "No" to eac	h of the fo	llowing for <u>all</u>	inspections:
	Yes	No				
		\boxtimes	clogged SAS or cess	pool		onent due to overloaded or
		\boxtimes		of effluen	t to the surface d SAS or cessp	of the ground or surface waters ool



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Su	bsurface \$	Sewage I	Disposal System Form	- Not for \	oluntary Asses	ssments
	AP 36, PAR		2 PINE RIDGE END			
M/	ARCIA M. N		S LIFE ESTATE, RMN	DR STACE	Y WHITE et al	
-	ner's Name ORTH TRUI	80		MA	02652	05/15/2024
_	y/Town			State	Zip Code	Date of Inspection
C.	. Inspec	tion S	ummary (cont.)			
4)	System F	ailure C	riteria Applicable to A	II Systems	: (cont.)	
	Yes	No				
		\boxtimes	or clogged SAS or c	esspool		outlet invert due to an overloaded
		\boxtimes	than 1/2 day flow			invert or available volume is less
		\boxtimes	Required pumping mobstructed pipe(s). N	nore than 4 lumber of t	times in the latimes pumped:	st year <i>NOT</i> due to clogged or
		\boxtimes				elow high ground water elevation.
		\boxtimes	tributary to a surface	water sup	ply.	eet of a surface water supply or
		\boxtimes	Any portion of a cess well.	spool or pri	vy is within a Z	one 1 of a public water supply
		\boxtimes	Any portion of a cess	spool or pri	vy is within 50	feet of a private water supply well.
			from a private water system passes if th laboratory, for feca of ammonia nitroge	supply well e well wat I coliform en and nitr her failure	with no accep er analysis, po bacteria indica ate nitrogen is criteria are tri	100 feet but greater than 50 feet table water quality analysis. [This erformed at a DEP certified ates absent and the presence sequal to or less than 5 ppm, aggered. A copy of the analysis his form.]
		\boxtimes	The system is a cess 10,000 gpd.	spool servir	ng a facility with	a design flow of 2000 gpd-
			The system fails. It	ribed in 310 d contact th	CMR 15.303, e Board of Hea	or more of the above failure therefore the system fails. The alth to determine what will be
5)	design flo	ow of 10, systems,	000 gpd to 15,000 gpd you must indicate eithe			ust serve a facility with a
	Yes	No				
		\boxtimes	the system is within 4	100 feet of	a surface drink	ing water supply
		\boxtimes	the system is within 2	200 feet of	a tributary to a	surface drinking water supply
		\boxtimes	the system is located Area – IWPA) or a m			ea (Interim Wellhead Protection water supply well

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

MAP 36, PARCEL 01, 2 PINE RIDGE END			
Property Address			
MARCIA M. MEDIEROS LIFE ESTATE, RMN	DR STACE	EY WHITE et a	l
Owner's Name			
NORTH TRURO	MA	02652	05/15/2024
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	
\boxtimes		Pumping information was provided by the owner, occupant, or Board of Health
	\boxtimes	Were any of the system components pumped out in the previous two weeks?
	\boxtimes	Has the system received normal flows in the previous two week period?
	\boxtimes	Have large volumes of water been introduced to the system recently or as part of this inspection?
\boxtimes		Were as built plans of the system obtained and examined? (If they were not available note as N/A)
\boxtimes		Was the facility or dwelling inspected for signs of sewage back up?
		Was the site inspected for signs of break out?
\boxtimes		Were all system components, excluding the SAS, located on site?
\boxtimes		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?
		Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on:
\boxtimes		Existing information. For example, a plan at the Board of Health.
\boxtimes		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)]

Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

MAP 36, PARCEL 01, 2 PINE RIDGE END Property Address MARCIA M. MEDIEROS LIFE ESTATE, RMNDR STACEY WHITE et al Owner's Name MA 02652 05/15/2024 NORTH TRURO Zip Code Date of Inspection State City/Town D. System Information 1. Residential Flow Conditions: Number of bedrooms (actual): Number of bedrooms (design): 330 GPD DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): Description: DESIGNED BY HEALTH AGENT AT THE TIME WITH WAIVERS AS DESCRIBED ON THE EXISTING PLAN AND ON THE BACK OF THE AS BUILT CARD Number of current residents: Does residence have a garbage grinder? ☐ Yes ⊠ No ☐ Yes
☐ No Does residence have a water treatment unit? If yes, discharges to: Is laundry on a separate sewage system? (Include laundry system inspection ☐ Yes ☒ No information in this report.) ☐ Yes ☒ No Laundry system inspected? ☐ Yes ☒ No Seasonal use? PRIVATE WELL Water meter readings, if available (last 2 years usage (gpd)): Detail: ☐ Yes ⊠ No Sump pump? CURRENT Last date of occupancy: Date

Commonwealth of Massachusetts

_	AP 36, PARCEL 01, 2 PINE RIDGE END							
	perty Address ARCIA M. MEDIEROS LIFE ESTATE, RMNDF	R STACE	Y WHI	TE et al				
Ow NC	ner's Name DRTH TRURO y/Town	MA State	026 Zip C	52	05/15/20 Date of Ins	_		
D.	. System Information (cont.)							
2.	Commercial/Industrial Flow Conditions:							
	Type of Establishment:			S 				
	Design flow (based on 310 CMR 15.203):			Gallons p	er day (gpd)			
	Basis of design flow (seats/persons/sq.ft., etc	c.):		·				
	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:	PUMF	PED 20	23				
	Was system pumped as part of the inspection	n?				Yes	☐ No	
	If yes, volume pumped:	gallons						
	How was quantity pumped determined?							-
	Reason for pumping:	-						

Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

MAP 36, PARCEL 01, 2 PINE RIDGE END Property Address MARCIA M. MEDIEROS LIFE ESTATE, RMNDR STACEY WHITE et al Owner's Name 05/15/2024 02652 NORTH TRURO MA Date of Inspection City/Town State Zip Code

). S	ystem Inf	iormation (cont.)					
Ту	pe of Syster	n:					
	\boxtimes	Septic tank, distribution box, soil absorption sy	stem				
		Single cesspool					
		Overflow cesspool					
		Privy					
		Shared system (yes or no) (if yes, attach previous	ous inspecti	ion 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):					
-		Other (describe): ge of all components, date installed (if known) ar 1/06/1995 PER SEPTIC PERMIT #95-53	nd source of	f information:			
INS	oproximate ag	e of all components, date installed (if known) ar	nd source of	f information: ☐ Yes ☑ No			
INS We	oproximate ag STALLED 07/ ere sewage o	ge of all components, date installed (if known) ar 106/1995 PER SEPTIC PERMIT #95-53 dors detected when arriving at the site?	nd source o				
We Bu	oproximate ag STALLED 07/ ere sewage o	pe of all components, date installed (if known) are not of all components, date installed (if known) are not of all components, date installed (if known) are not of all components of all compo	3				
We Bu	oproximate ag STALLED 07/ ere sewage o uilding Sewe	ne of all components, date installed (if known) are /06/1995 PER SEPTIC PERMIT #95-53 dors detected when arriving at the site? If (locate on site plan):					
We Bu De Ma	oproximate ag STALLED 07/ ere sewage o uilding Sewer	ne of all components, date installed (if known) are /06/1995 PER SEPTIC PERMIT #95-53 dors detected when arriving at the site? If (locate on site plan):	3				
We Bu De Ma	pproximate ag STALLED 07, ere sewage o silding Sewel epth below gra aterial of cons	ge of all components, date installed (if known) are /06/1995 PER SEPTIC PERMIT #95-53 dors detected when arriving at the site? If (locate on site plan): Indeediction:	3				

Commonwealth of Massachusetts

	AP 36, PARCEL 01, 2	PINE RIDGE END								
	perty Address ARCIA M. MEDIEROS	SLIFE ESTATE, RM	INDR STACEY	WHITE et	al					
	ner's Name	ZEII Z ZOTATZ, TAI	MINDIN OTTIOL!	***************************************						
	RTH TRURO		MA	02652	05/15/20					
	/Town		State	Zip Code	Date of In	spection				
D.	System Inforr	nation (cont.)								
6.	Septic Tank (locate	on site plan):								
	Depth below grade:			-	1 feet					
	Material of construct	ion:								
	⊠ concrete	metal metal	fiberglass	□ p	olyethylene	other (explain)				
	If tank is metal, list age: years									
	Is age confirmed by a Certificate of Compliance? (attach a copy of certificate)									
	Dimensions:			10'6" X 5'8", 1500 GAL H-10						
	Sludge depth:				2"					
	Distance from top of	sludge to bottom of	f outlet tee or ba	ıffle	34"					
	Scum thickness				0"					
	Distance from top of	scum to top of outle	et tee or baffle		10"					
	Distance from botton	o of cours to bottom	of outlet tee or	haffle	14"					
	How were dimension		or outlet lee of	Dame	ROD & PROBE					
	Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrit liquid levels as related to outlet invert, evidence of leakage, etc.): COVERS AT GRADE UNDER LEAVES, TEES IN AND OUT, GOOD CONDITION, NO SIGNS OF BACKUP OR FAILURE									

Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

	AP 36, PARCEL 01 perty Address	I, 2 PINE RIDGE EI	ND			
		OS LIFE ESTATE,	RMNDR STACE	Y WHITE e	t al	
	ner's Name	,				
	RTH TRURO		MA State	02652 Zip Code	05/15/20 Date of Ins	
_	/Town	ormation (conf		Zip Code	Date of ins	pection
υ.	. System mile	Jillacion (com)			
7.	Grease Trap (loc	cate on site plan):				
	Depth below grad	de:			feet	
	Material of constr	ruction:				
	☐ concrete	☐ metal	☐ fiberglas	ss 🗆	polyethylene	other (explain):
	Dimensions:					
	Scum thickness					
	Distance from top	o of scum to top of o	outlet tee or baffle			
	Distance from bo	ttom of scum to bot	tom of outlet tee	or baffle		
	Date of last pump	oing:			Date	
	Comments (on pu liquid levels as re	umping recommend lated to outlet inver	lations, inlet and o t, evidence of lea	outlet tee or kage, etc.):	baffle condition	n, structural integrity,
8.	Tight or Holding	Tank (tank must be	e pumped at time	of inspection	on) (locate on s	ite plan):
	Depth below grad	le:				
	Material of constr	uction:				
	concrete	☐ metal	☐ fiberglas	s 🗌	polyethylene	other (explain):
	Dimensions:		-			
	Capacity:		g	allons		
	Design Flow:		<u>a</u>	allons per day		

8.



Commonwealth of Massachusetts

	AP 36, PARCEL UT, 2 PINE RIDGE END					
	perty Address					
MA	RCIA M. MEDIEROS LIFE ESTATE, RMNI	DR STAC	EY WHITE et al			
	ner's Name					
NO	RTH TRURO	02652	05/1	5/2024		
_	/Town	MA State	Zip Code	Date of	of Inspection	
	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 sw	ritches, et	tc.):			
	* Attach copy of current pumping contract ((required)	. Is copy attached	1 ?	☐ Yes	☐ No
9.	Distribution Box (if present must be open	ed) (locat	te on site plan):			
	Depth of liquid level above outlet invert		N/A			
Comments (note if box is level and distribution to evidence of leakage into or out of box, etc.): D-BOX DOES NOT EXIST AS A RESULT OF THE HEALTH AGENT AT THE TIME, WAS NOT RECORDED TO THE SINGLE LEACH PIT			DESIGN PLANS	BEING	DESIGNED	BY THE

Commonwealth of Massachusetts

MAP 36, PAR	RCEL 01, 2 PINE RIDGE END									
	MEDIEROS LIFE ESTATE, RM	NDR STACE	Y WHITE et al							
Owner's Name										
NORTH TRU	RO	MA State	02652 Zip Code	05/15/2024 Date of Inspe						
City/Town	- Information (seet)	State	Zip Code	Date of Inspe						
D. System Information (cont.)										
10. Pump Ch	namber (locate on site plan):									
Pumps in	working order:			☐ Yes	☐ No*					
Alarms in	working order:			☐ Yes	☐ No*					
Comment	ts (note condition of pump chan	nber, conditio	n of pumps and	appurtenand	ces, etc.):					
-										
	orption System (SAS) (locate of the located, explain why:	on site plan, e	excavation not re	equired):						
Type:	leaching pits		number:		1, 6' X 6' w/					
\boxtimes					STONE					
	leaching chambers		number:							
	leaching galleries		number:							
	leaching trenches		number, len	gth:	-					
	leaching fields		number, din	nensions:						
	overflow cesspool		number:							
	innovative/alternative syst	em								
	Type/name of technology:	-								



Commonwealth of Massachusetts

MAP 36, PARCEL 01, 2 PINE RIDGE END

Pro	perty Address								
MA	RCIA M. MEDIEROS LIFE ESTATE, F	RMNDR STACE	Y WHITE et a						
	Owner's Name								
	RTH TRURO	MA	02652	05/15/202					
_	Town	State	Zip Code	Date of Inspe	ection				
 D. System Information (cont.) 11. Soil Absorption System (SAS) (cont.) Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condivegetation, etc.): COVER AT GRADE, 1 6' DIAMETER X 6' DEEP PRECAST LEACH PIT WITH 3' OF STONE 									
	SURROUNDING BY DEIGN, 46" OF DEPTH FROM BOTTOM OF INLET F FAILURE OF SAS	STANDING LIC	UID IN PIT AT	TIME OF INS	SPECTION, 60"				
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			E					
	Indication of groundwater inflow			☐ Yes	☐ No				
	Comments (note condition of soil, sign etc.):	ns of hydraulic fa	ailure, level of p	oonding, condi	ition of vegetation,				
									



Commonwealth of Massachusetts

MARCIA M. MEDIEROS LIFE ESTATE,	RMNDR STAC	EY WHITE et a		
Owner's Name		00050	05/45/0004	
NORTH TRURO City/Town	MA State	02652 Zip Code	05/15/2024 Date of Inspection	
D. System Information (cont.		Z.p oddo		
13. Privy (locate on site plan):				
Materials of construction:	-			
Dimensions				
Depth of solids	-			
Comments (note condition of soil, sig etc.):	ns of hydraulic	failure, level of	ponding, condition of vegetation	n,



Commonwealth of Massachusetts

MA	P 36, PARCEL 01, 2 PINE RIDGE EI	ND							
Prop	perty Address	dress							
MA	MARCIA M. MEDIEROS LIFE ESTATE, RMNDR STACEY WHITE et al								
Owner's Name									
	RTH TRURO	MA	02652	05/15/2024					
-	Town	State	Zip Code	Date of Inspection					
D.	System Information (cont)							
	Sketch Of Sewage Disposal Syste Provide a view of the sewage dispos landmarks or benchmarks. Locate al the building. Check one of the boxes hand-sketch in the area below drawing attached separately	m: ał system, includ I wells within 100	ling ties to at le feet. Locate w	ast two permanent reference here public water supply enters					



Commonwealth of Massachusetts

Title 5 Official Inspection Form Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

MAP 36, PARCEL 01, 2 PINE RIDGE END				
Property Address				
MARCIA M. MEDIEROS LIFE ESTATE, RI	INDR STACE	EY WHITE et a		
Owner's Name				
NORTH TRURO	MA	02652	05/15/2024	
City/Town	State	Zip Code	Date of Inspection	

D. System Information (cont.)

	-,0	(dona)			
15.	Site E	Site Exam:			
	Surface water ■ Control of the control				
	Shallow wells				
	Estimated depth to high ground water: 9+ BELOW BOTTOM OF SAS 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:				
	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:				
		ASSESSORS DATABASE CONTOURS			
	You m	nust describe how you established the high gro	und water elevation:		
	DEPTH TO ESTIMATED HIGH GROUNDWATER DETERMINED USING CONTOURS IN THE AREA FOR ESTIMATION, ELEVATION 20 EXISTS AT PIT LOCATION, 7' TO BOTTOM OF PIT, WATER ESTIMATED AT 4' MSL				
2					
,					

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

MAP 36, PARCEL 01, 2 PINE RIDGE END

Property Address

MARCIA M. MEDIEROS LIFE ESTATE, RMNDR STACEY WHITE et al

Owner's Name

NORTH TRURO

City/Town

MA State 02652 Zip Code 05/15/2024

Date of Inspection

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

1000 GAL T.S VAULT

6×6 LEACH W/3'STONE = 639 GPD



1

#2 PIME RIDGE ROAD SHEET 36 Parcel 1

(REC 3/2 STONE FOR 660 6PD)

#53

RECEIVED BY

25000

BUILDING DEPARTMENT DECEIVED MAR 27 1995

H. G. Eastern 3-27-85 Z. isi St 100 latton

0005

CHECK OR FILL IN WHERE APPLICABLE

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF TRURO

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (X) or Repa	ir () an Individual Sewage Disposal
System at:	() III IIII Seriage Disposar
#2 DINE RIDGE KDAD ~ SHS	ST 36 parcel 1
#2 PINE RIDGE ROAD ~ SHE William Location Medicales EIROS	or Lot No.
Donald Owner Joons	Address
Type of Building	Address
Dwelling — No. of Bedrooms. 3 Expansion Att	Size Lot 0.77
Other Type of Building No. of Section And	tic () Garbage Grinder ()
Other — Type of Building	Showers () — Cafeteria ()
Other fixtures	778
Design Flow 330 gallons per person per day. Total d	aily flow gallons.
Septic Tank — Liquid capacity 1K gallons Length Width	Diameter Depth
Disposal Trench — No	Total leaching areasq. ft.
Seepage Pit No Diameter Depth below inlet 6	Total leaching area. 600 sq. ft.
Other Distribution box () Dosing tank () \(\omega / 3'/2 \) Percolation Test Results Performed by	STOUS
Percolation Test Results Performed by	Date
lest Pit No. 1minutes per inch Depth of Test Pit	Depth to ground water
Test Pit No. 2minutes per inch Depth of Test Pit	Depth to ground water
71	
Description of Soil NOTE BOH Waws	r 14R-27-95
Nature of Repairs or Alterations — Answer when applicable	
A	
Agreement:	
	age Disposal System in assendance with
The undersigned agrees to install the aforedescribed Individual Sewa	age Disposal System in accordance with
The undersigned agrees to install the aforedescribed Individual Sewathe provisions of TITLE 5 of the State Environmental Code — The undersigned agrees to install the aforedescribed Individual Sewathe	ersigned further agrees not to place the
The undersigned agrees to install the aforedescribed Individual Sewathe provisions of TITLE 5 of the State Environmental Code — The undersystem in operation until a Certificate of Compliance has been issued by the	ersigned further agrees not to place the e board of health.
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The undersigned agrees to install the aforedescribed Individual Sewathe provisions of TITLE 5 of the State Environmental Code — The undersystem in operation until a Certificate of Compliance has been issued by the Signed Application Approved By Signed Application Disapproved for the following reasons: Permit No. THE COMMONWEALTH OF MASSACHUSE BOARD OF HEALTH TOWN OF JOYCO Certificate of Compliance THIS IS TO CERTIFY, That the Individual Sewage Disposal System by William Reduced For the Installer at Delegation for Disposal Works Construction Permit No. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTI	Date

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

508-349-7004 x119

To: Truro Board of Health

From: Emily Beebe, Health & Conservation Agent

Date: June 14, 2024

Re: June 18 meeting: proposed waivers, septic upgrades- review notes

2 Pine Ridge End (map 36, parcel 1)- Discussion on non-conforming system

An appeal of the Health Agents decision has been made regarding the septic system at this location. The packet includes the request to present this appeal; the Order to Correct issued by our office pursuant to TBoH regulations; a copy of the inspection report dated 5-15-2024; an unstamped sketch plan of the system from 1995; and a copy of the permit (July 1995) and certificate of compliance (March 2000).

The system is a 1978 code system, installed without a stamped plan; this makes it a non-conforming system, as it did not meet the code in place when it was installed. Numerous waivers appear to have been given for this installation: no engineered plan/no stamp; permit issued 4 months after the new code was in place for a system with 1978 code components (leaching pit and 1000-gallon tank). To put this in context, we know that "Waivers", which might also be "variances" can be granted, and we try not to re-litigate past decisions. However, the rationale for our local regulation requiring an engineered plan be on file for each property is based on consistency, and compliance that will protect drinking water quality.

The questions raised by the situation require us to construct a frame around what actions the Board wants to pursue with properties served by non-conforming septic systems. The goals of the Board have been to upgrade whenever possible, to ensure that systems in the ground are properly sited, properly sized and properly functioning. That being said, it appears that the Board is willing to meet folks "in the middle" when possible, to minimize their costs and acknowledge that sometimes there is a way to simplify the path forward without making compromises that impact public health or environmental protection.

The concept of the engineered as-built is to provide the Board with evidence of code compliance, so the property can be sold without an upgrade. Setting aside the Waivers that were granted, where was the system was installed, relative to wells, property lines and the dwelling?

In the past 2 years, we have had 2 cases where we were asked to allow reverse engineering, absent engineered plans at time of transfer. In the first case, the plan that was developed showed the on-site well was not 100-feet from the leaching area. The Board determined that the plan could be approved, because both the as-built plan and inspection report provided a new owner with full knowledge of the location and condition of the existing septic system. Additionally, the on-site well showed no evidence of impact from the reduced separation. In the second case, a reverse-engineered plan was allowed for a 23,023 sf property with 5-bedrooms and a 1978 code title 5 system. The plan showed the existing leaching pit was 60-feet from an abutting well and 97-feet from the locus well. The septic tank was also too close to the foundation of the house. In this second case, the owner opted to upgrade the system to move the process along faster and not interfere with a pending sale, so, the Board did not need to weigh-in on the results of the "reverse engineering" product, that is, the engineered as-built plan.

Should you decide to move forward with allowing "reverse engineering" at this location, it must be to demonstrate compliance with the code. The engineered as-built plan must show: Location of components and dwelling; Invert elevations; All setbacks to wells, structures, property lines; a reserve area compliant with the 1995 Title V code; Design calculations and a minimum of one test hole with a perc test.

The locus property is 33, 471 sf with 3 bedrooms, and is located in the zone 2 of the Knowles Heights public water supply.

Land Surveying and Environmental Permitting 161 Cranberry Highway P.O. Box 101 Orleans, MA 02653-0101 508-255-2098 - 508-240-1215 (fax)

E-mail: schobro@capecod.net

June 7, 2024

Truro Board of Health 24 Town Hall Road Truro, MA 02666

RE: Four Second Landing Way

Dear Members of the Board;

Enclosed please find the following with respect to a septic system upgrade requiring local variances at the above referenced address:

- Town of Truro Application for Board of Health Variances Form
- Filing Fee in the amount of \$75.00
- Certified Abutters List from Truro Assessors Office
- Copy of Abutter Notification Letter sent by Certified Mail to abutters
- Floor Plan of Existing Dwelling
- Septic System Design Plan entitled "Proposed Sewage Disposal System for an Existing Four Bedroom Dwelling at 4 Second Landing Way Truro, Massachusetts" dated June 7, 2024.

The subject property is a 23,522± square foot lot at the end of Second Landing Way accessible via an easement. A four bedroom dwelling built in 1870 exists on the site. The existing dwelling is a seasonal cottage. The dwelling is currently served by a cesspool and is being upgraded to comply with the Truro Board of Health Regulations.

Situated in the very northern corner of the property, the house overlooks Cape Cod Bay. A coastal bank runs across the property as shown on the site plan. Land Subject to Coastal Storm Flowage, a dune system, and coastal beach associated with Cape Cod Bay are seaward of the coastal bank. The subject property does not abut Cape Cod Bay and so these resource areas are westerly of the property.

The proposed septic system is comprised of a 1500 gallon septic tank, a distribution box and a soil absorption system comprised of leaching galleys in a trench configuration.

Due to site constraints including the presence of the coastal bank, the location of the existing private water supply well and the existing topography of the subject property it is not possible to comply with all the requirements of Title 5 and the Truro Board of Health Regulations and therefore Local upgrade approvals from Title 5 and variances from the Truro Board of Health Regulations are requested.

Land Surveying and Environmental Permitting

Local upgrade approval requested pursuant to Title V, the State Environmental Code:

- 15.405(1)(a) Reduction of the required 10 foot separation to property lines from septic system components as follows:
 - 5 feet provided between soil absorption system and easterly property line
 - 6 feet provided between soil absorption system and northerly property line
 - 8 feet provided between septic tank and easterly property line
- 15.405(1)(b) An increase in the maximum allowable depth of system components required by 310 CMR 15.221(7) from 36" to 58"max for the soil absorption system and 49" max for the distribution box.
- 15.405(1)(c) to allow a 21% reduction in the required subsurface disposal area design requirements.
- 15.405(1)(g) Reduction of the required 100 foot separation between a private water supply well and a leaching facility:

 100 feet required 85 feet min. provided to well serving Map 45 Parcel 43.

 70 feet min. provided to well serving locus parcel.

Variances Requested from Town of Truro Board of Health Regulations:

Section VI- Local Regulations to Supplement Title 5, State Environmental Code: Relief is requested temporarily from Article 8 – Innovative Alternative Technology (1)Applicability (d) for upgrades of previously approved systems that exceed current nitrogen loading standards of 110 gpd/10,000 sf of lot area and from Article 13 – Nitrogen Loading Limitations (2) Upgrades for systems that exceed current nitrogen loading shall include the use of I/A technology.

Variances from the Town of Truro Board of Health Regulations Section VI, Article 9 are required for the minimum setback distances for the septic tank and soil absorption system as follows:

Minimum setback distance between a septic tank and wetland: 100' required 68' provided between proposed septic tank and coastal bank

Minimum setback distance between a soil absorption system and a wetland: 150 feet required 88' provided between proposed SAS and Coastal Bank

The septic system has been designed and located to maximize the distance between the proposed system components and the adjacent coastal bank. The location of the proposed soil absorption system is within the outer setback to the private water supply well serving Map 45 Parcel 43 but is located downstream of the well with respect to the directional flow of groundwater. The soil absorption system is also within the private well setback to the locus well. There is no opportunity to relocate the well to provide a greater horizontal separation to the well on the property. The proposed Title 5 septic system offers greater treatment of the effluent over the existing cesspool and provides a greater horizontal separation than the existing separation between the cesspool and the well. Lastly, the design allows for the future installation of an

Land Surveying and Environmental Permitting

enhanced innovative/alternative if there is an issue with the quality of the locus well water, or the property changes hands, becomes used as a year round residence or until the regulations require an enhanced I/A at this location.

In our opinion, the proposed septic system is a vast improvement over the current cesspool and approval of the requested variances is respectfully requested on behalf of our client.

Please do not hesitate to contact our office if you have questions or concerns. Thank you.

Sincerely,

Schofield Brothers of Cape Cod

Laura Schofuld Laura Schofield, RS, SE

Project Manager

cc: Laura Manuelidis

enc



APPLICATION FOR BOARD OF HEALTH VARIANCES

Date: May 28, 2024 Property Owner's Name: Estate of El	ias E Manuelidis & Laura K Manuelidis
Mailing Address: 585 Ellsworth Ave	nue New Haven, CT 06511
Address of Property: 4 Second Land	ling Way
Map and Parcel Number: Map # 45	Parcel # 45
Design Engineer/Sanitarian Laura S	
Firm/Company Name: Schofield Brot	
Address: PO Box 101 Orleans, M	1A 02653
Please check type of variance requested: Title 5 Variance Request: Section	Please refer to attached sheet
■ Board of Health Variance Request: S	Section/Article Please refer to attached sheet
Pauva Schalis 1d	5)30/24
Signature (Representative)	Date
Laura Manuelidis	05/30/2024
Signature (Property O	wner)

Land Surveying and Environmental Permitting 161 Cranberry Highway P.O. Box 101 Orleans, MA 02653-0101 508-255-2098 - 508-240-1215 (fax)

E-mail: schobro@capecod.net

Truro Board of Health Variance Form Attachment For 4 Second Landing Way, Truro:

Local upgrade approval requested pursuant to Title V, the State Environmental Code:

- 15.405(1)(a) Reduction of the required 10 foot separation to property lines from Septic system components as follows:
 - 5 feet provided between soil absorption system and easterly property line
 - 6 feet provided between soil absorption system and northerly property line
 - 8 feet provided between septic tank and easterly property line
- 15.405(1)(b) An increase in the maximum allowable depth of system components required by 310 CMR 15.221(7) from 36" to 58"max for the soil absorption system and 49" max for the distribution box.
- 15.405(1)(c) to allow a 21% reduction in the required subsurface disposal area design requirements.
- 15.405(1)(g) Reduction of the required 100 foot separation between a private water supply well and a leaching facility:

100 feet required – 85 feet min. provided to well serving Map 45 Parcel 43.

70 feet min. provided to well serving locus parcel.

Variances Requested from Town of Truro Board of Health Regulations:

Section VI- Local Regulations to Supplement Title 5, State Environmental Code:

Relief is requested temporarily from Article 8 – Innovative Alternative Technology (1) *Applicability (d)* for upgrades of previously approved systems that exceed current nitrogen loading standards of 110 gpd/10,000 sf of lot area and from Article 13 – Nitrogen Loading Limitations (2) Upgrades for systems that exceed current nitrogen loading shall include the use of I/A technology.

Variances from the Town of Truro Board of Health Regulations Section VI, Article 9 are required for the minimum setback distances for the septic tank and soil absorption system as follows:

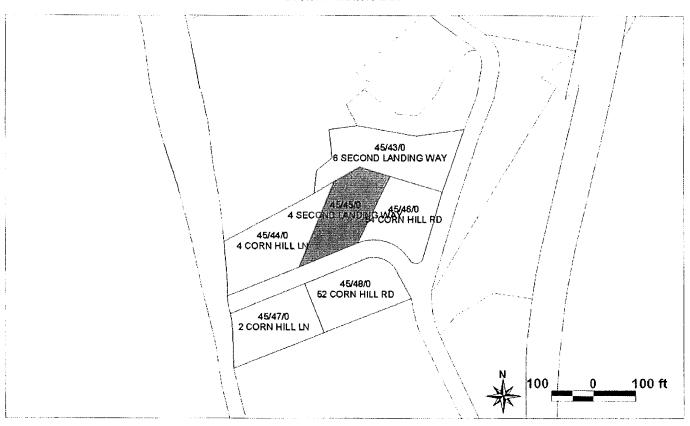
Minimum setback distance between a septic tank and wetland: 100' required 68' provided between proposed septic tank and coastal bank

Minimum setback distance between a soil absorption system and a wetland: 150 feet required 88' provided between proposed SAS and Coastal Bank

4 Second Landing Way Map 45 Parcel 45) 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	ZipCd/Country
2141	45-43-0-R	DIMOTTA SUSAN C/O ANSON E WRIGHT REV TRUST 2	6 SECOND LANDING WAY	77 INMAN ST	CAMBRIDGE	MA	02139
2142	45-44-0-R	TELLER FAMILY REALTY TR TRS: TELLER SAMUEL H & JOAN D	4 CORN HILL LN	27 SHODDY MILL RD	BOLTON	СТ	06043
2144	45-46-0-R	DONALD M MUSZYNSKI REVOC.TRUST TRSTEES: MUSZYNSKI DONALD M &	54 CORN HILL RD	PO 80X 374	SIMSBURY	ст	06070-0374
2145	45-47-0-R	FORTIER GERALD & DEBRA C/O GERALD FORTIER 2019 TRUST	2 CORN HILL LN	49 SOUTH SUMMER ST	NOTTINGHAM	NH	03290
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

5/31/2024

Land Surveying & Environmental Permitting 161 Cranberry Highway P.O. Box 101 Orleans, MA 02653-0101 508-255-2098 - 508-240-1215 (fax)

E-mail: schobro@capecod.net

June 7, 2024

RE: 4 Second Landing Road Septic System Upgrade

Dear Abutter;

You are being notified pursuant to Title 5, the Massachusetts State Environmental Code, and the Truro Board of Health Regulations that the Truro Board of Health will hold a public hearing to hear a request for local upgrade approvals from Title 5 and variances from local regulations for a septic system upgrade at the above referenced address.

Local upgrade approval requested pursuant to Title V, the State Environmental Code:

15.405(1)(a) Reduction of the required 10 foot separation to property lines from Septic system components as follows:

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Variances from the Town of Truro Board of Health Regulations Section VI, Article 9 are required for the minimum setback distances for the septic tank and soil absorption system as follows:

Minimum setback distance between a septic tank and wetland: 100' required 68' provided between proposed septic tank and coastal bank

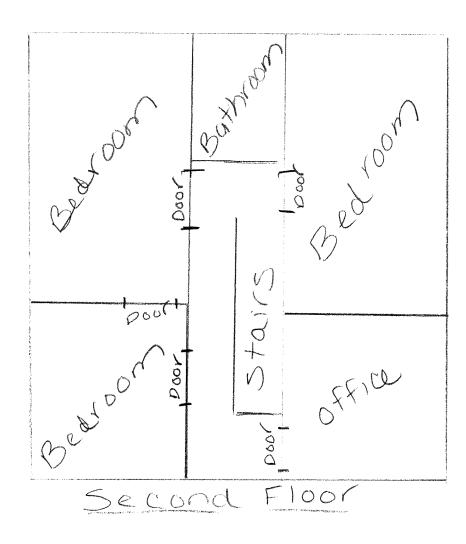
Minimum setback distance between a soil absorption system and a wetland: 150 feet required 88' provided between proposed SAS and Coastal Bank

SCHOFIELD BROTHERS OF CAPE COD Land Surveying and Environmental Permitting

Copies of the site plan are on file at the Board of Health and may be viewed prior to the public hearing to be held on June 18, 2024. The variance hearing begins at 4:30 pm and will be a hybrid meeting (in person and remote access).

Remote Meeting Access Instructions: For citizens in Truro the meeting may be viewed on Channel 8. It may also be found at the Town web-site home page at www.Truro-ma.gov. Please refer to the published meeting agenda at the Town of Truro website for access codes and further information.

In Person: The public hearing will open at 4:30 pm in the Select Board Chambers at the Truro Town Hall on the 2nd floor. The Truro Town Hall is located at 24 Town Hall Road.



Diving and

The same that the

Floor Plan Layout 4 Second Landing Way Truro, MA

Note: Rooms are

Land Surveying & Environmental Permitting 161 Cranberry Highway P.O. Box 101 Orleans, MA 02653-0101 508-255-2098 - 508-240-1215 (fax)

E-mail: schobro@capecod.net

June 10, 2024

REVISED NOTICE

RE: 4 Second Landing Way Septic System Upgrade

Dear Abutter;

You are being notified pursuant to Title 5, the Massachusetts State Environmental Code, and the Truro Board of Health Regulations that the Truro Board of Health will hold a public hearing to hear a request for local upgrade approvals from Title 5 and variances from local regulations for a septic system upgrade at the above referenced address.

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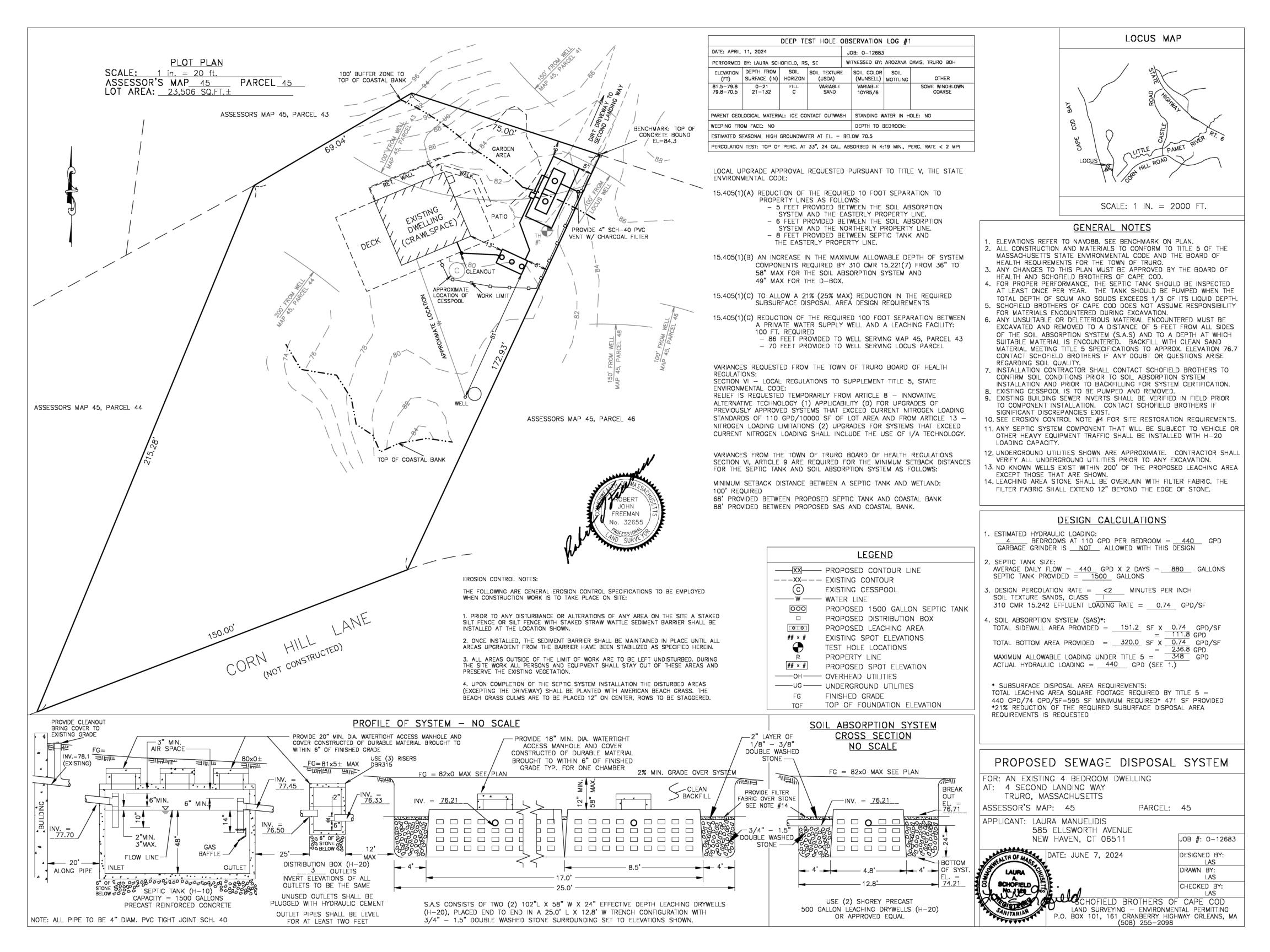
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F6#2024-102

HEALTH DEPARTMENT TOWN OF TRURO

JUN 1 0 2024

RECEIVED BY:



TOWN OF TRURO

BOARD OF HEALTH

24 Town Hall Read P D Box 2030 Truro, MA: 02666 Tel: 508-349-7004 v131 Fax: 508-349-5508

I mail glocole a trute pia goy or adays, a trute nia goy

PROPATED
APPLICATION FOR MOBILE FOOD SERVICE PERMIT
New Renewal
Section 1 - Type of Mobile Food Service
Mobile Food Truck (potentially hazardous foods) key Cream Truck Pushcart (limited to non-potentially hazardous foods)
Section 2 - Business/Owner/Manager Information
Business Name TACO TOWN LUC Owner Name Accept Rugo Email Address Mailing Address 4885 N5 6 (MSTHAM MA 02CYZ Phone No Hour Emergency: Certified Food Manager(s) (attach copy): Loseph Rugo Allergen Awareness Certification (attach copy): Desert Rugo List fixed or stationary location(s) where food will be sold: High Meadow Brack
Has your ment changed from last year? [Yes SNo If yes please attach copy of mention provide description of food to be prepared and sold:
Section 3 - Base of Operations (All Mobile Field Vendors must operate mit of a fixed Licensed Establishment) Same Figure 41 Address 1115 45 Figure Owner Manager Ry Av Premide 3 Type of Fight Islands linear

Lynne Budnick

From:

Lynne Budnick

Sent:

Tuesday, June 11, 2024 9:19 AM

To:

Joey Rugo

Cc: Subject: Emily Beebe; Nicole Tudor; Noelle Scoullar FW: TOWN OF TRURO Food Service Packet

Hello again, Joey

For the Board of Health Mobile Food license, you will need to provide the following:

- 1. License, base of operations from Eastham.
- 2. ServSafe certification.
- Allergen Awareness certification.
- 4. COI for workers' compensation.

Thank you!

Best regards,

Lynne G. Budnick

Lynne G Budnick

Principal Office Assistant/Building/Conservation/Health Town of Truro P.O. Box 2030 24 Town Hall Road Truro, MA 02666

Phone: (508) 349-7004, ext. 131 Direct Line: (508) 214-0920

Fax: (508) 349-5508



From: Lynne Budnick

Sent: Monday, June 10, 2024 8:56 AM

To Nicole Tudor <ntudor@truro-ma.gov>; Emily Beebe <EBeeBe@truro-ma.gov>
Cc: Noelle Scoullar <nscoullar@truro-ma.gov>; Courtney Warren <cwarren@truro-ma.gov>; Arozana Davis <ADavis@truro-ma.gov>

Subject: RE: TOWN OF TRURO Food Service Packet

Number: 2024-102 Fee \$75.00

Town of Truro Board of Health 24 Town Hall Road, Truro, MA 02666 Permit To Operate A Food Establishment

In accordance with Regulations promulgated under authority of Chapter 111, Section 127A of the General Laws a Permit is hereby granted to:

Joseph Rugo, mgr., d/b/a Taco Town LLC

Whose base of operations is

4885 Route 6, Eastham, MA 02642

Type of business and any restrictions

Mobile Food Truck

To operate a food establishment in

Truro

(City or Town)

Permit Expires:

December 31, 2024

Date Issued:

Emily Beebe, R.S.,

Truro Board of Health Agent