



Truro Board of Health

Tuesday May 16, 2023
Remote Meeting- 4:30 PM

Remote Meeting Access Instructions

This will be a remote meeting. Citizens in Truro can view the meeting on Channel 18 and on the web on the "Truro TV Channel 18" button found under "Helpful Links" on the homepage of the Town of Truro website. To view, click on the green "Watch" button in the upper right of the page. **To provide comment during the meeting, please call in toll free at 1-866-899-4679 and enter the following access code when prompted: 972-302-709; or access the meeting from your computer, tablet or smartphone. <https://global.gotomeeting.com/join/972302709>**

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

II. AGENDA ITEMS

1. **Request for Local Upgrade Approval:** 70 Shore Road (*continued from 5/2/2023*)
 - a. **Request for waiver of time:** 70 Shore Road, owner Dorothy Mowry
2. **Request for Local Upgrade Approval:** 4 Old Pamet Rd, Map 50- Parcel 234
3. **Tier III Bathing Beach Sampling Variance Requests:** Ballston, Coast Guard, Corn Hill, Fisher, Great Hollow, Head of the Meadow, Longnook, & Ryder
4. **Change of Manager:** 510 Shore Road, Sea Haven, RKM, proposed new manager, will be off-site, (3units) (*continued from 5/2/2023*)
5. **Change of Manager:** 82 Shore Rd, Salt Air Condos – Arnold Greenfield (on-site) & RKM (off-site)
6. **New Farmers Market Permit:** Cape Cakes, Geri Leonard
7. **Water Resources Update**

III. PUBLIC HEARING

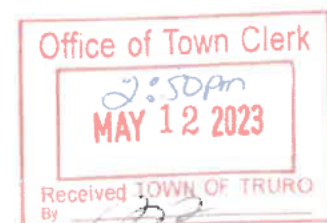
Proposed amendments to Board of Health regulations

- a. **Section VI**-local septic regulations to supplement title 5
- b. **Section VI – Article 4** – rental registration well water test (4 months to 1 year)

IV. MINUTES

V. REPORTS

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





P.O. Box 201
Brewster, MA 02631

Phone: (508) 896-1783
linda@csn-eng.com

DATE: April 28, 2023

Board of Health
24 Town Hall Rd.
Truro, MA 02666



To Whom it May Concern:

We respectfully request that the Board of Health review and approve a variance for the proposed Title 5 sewage disposal system at the above referenced property under the Local Code. Due to site constraints the proposed sewage disposal system cannot meet the local requirements.

A new Title 5 septic system is being proposed to upgrade the failed leach pit now in place. A variance is being requested for relief from Local Regulation: Article 9: Required Setbacks for System Components:

2.) SAS not 150' from Edge of Wetland.

105' Held

45' Variance Requested

Sincerely yours,

Linda J. Cronin, P.E.
CSN Engineering

LJC/l

Fee: \$75.00



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

APPLICATION FOR BOARD OF HEALTH VARIANCES

Date: April 28, 2023

Property Owner's Name: Keith Thurlow

Mailing Address: P.O. Box 503, Truro, MA 02666

Address of Property: 4 Old Pamet Rd.

Map and Parcel Number: Map # 50 Parcel # 234

Design Engineer/Sanitarian Linda J. Cronin

Firm/Company Name: CSN Engineering Phone #: 508-896-1783

Address: P.O. Box 201, Brewster, MA 02631

Please check type of variance requested:

☐ **Title 5 Variance Request: Section** _____

☒ **Board of Health Variance Request: Section/Article** Article 9: Required Setbacks

SAS not 150' from Edge of Wetland 105' Held 45' Variance requested

Linda J. Cronin

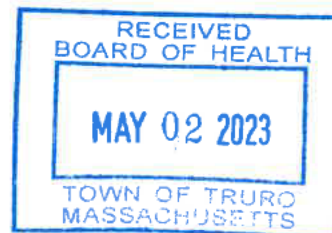
Signature (Representative)

Keith Thurlow

Signature (Property Owner)

April 28, 2023

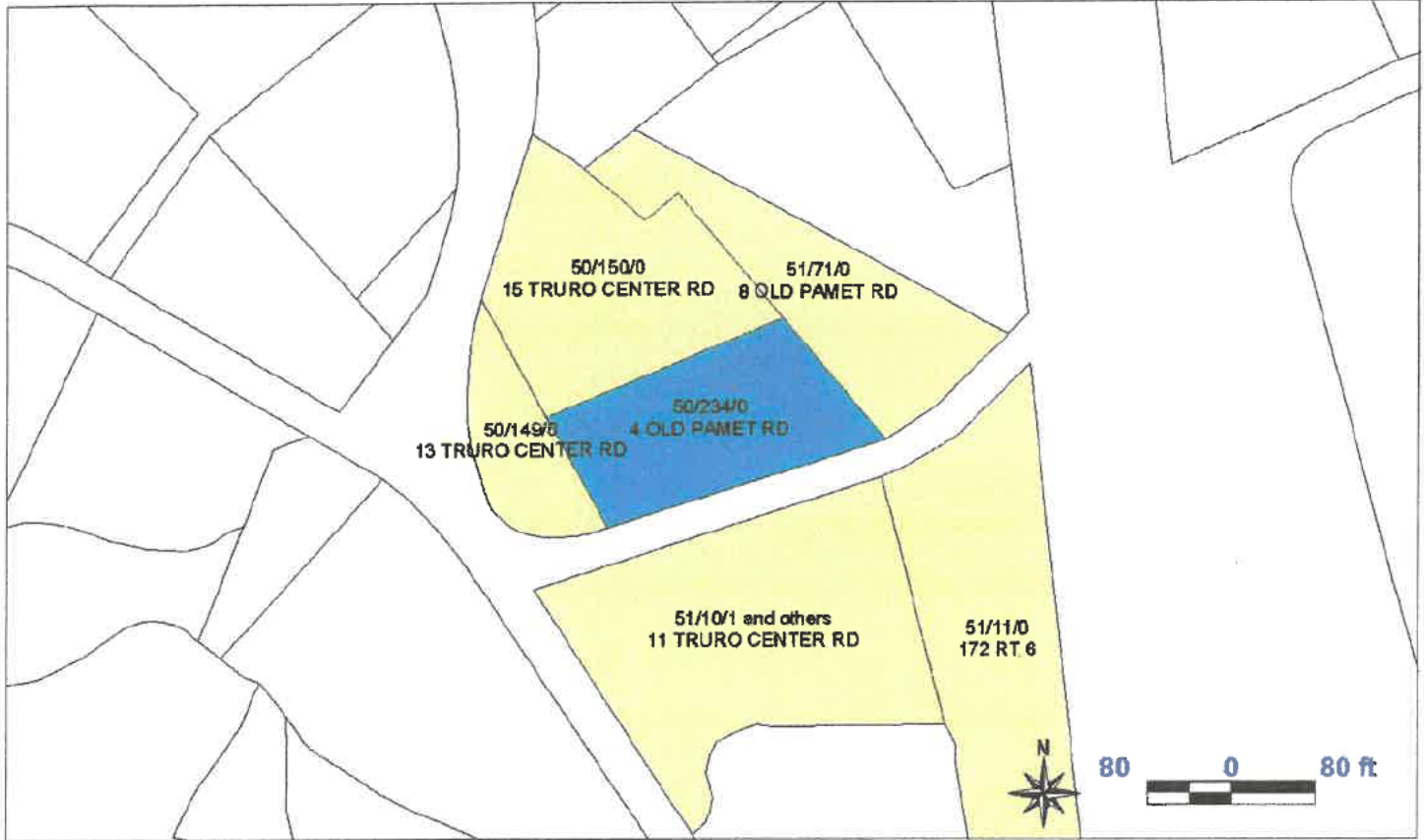
Date



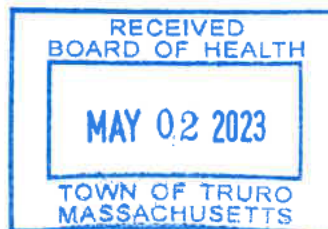
4 OLD PAMET ROAD
MAP 50, PARCEL 234
BOARD OF HEALTH

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
2928	50-149-0-E	TOWN OF TRURO	13 TRURO CENTER RD	PO BOX 2030	TRURO	MA	02666-2030
2929	50-150-0-R	WILLIAMS STEPHEN & SEDGWICK MARTHA ELLEN	15 TRURO CENTER RD	PO BOX 1111	TRURO	MA	02666-1111
6157	51-10-1-R	HAMLETT SARAH B & JORDAN JAMES	11 TRURO CENTER RD	PO BOX 66	PERU	VT	05152
6158	51-10-2-R	JOSEPH R FIORELLO TRUST TRS: JOSEPH R FIORELLO	11 TRURO CENTER RD	PO BOX 211	TRURO	MA	02666
6934	51-10-3-E	11 TCR CONDO TRUST	11 TRURO CENTER RD	11 TRURO CENTER RD	TRURO	MA	02666
3058	51-11-0-R	172 ROUTE 6 REALTY TR TRS: GAINNEY JOHN	172 RT 6	PO BOX 848	TRURO	MA	02666-0848
3116	51-71-0-R	CYR ADRIAN & ANNETTE	8 OLD PAMET RD	PO BOX 8	TRURO	MA	02666-0008



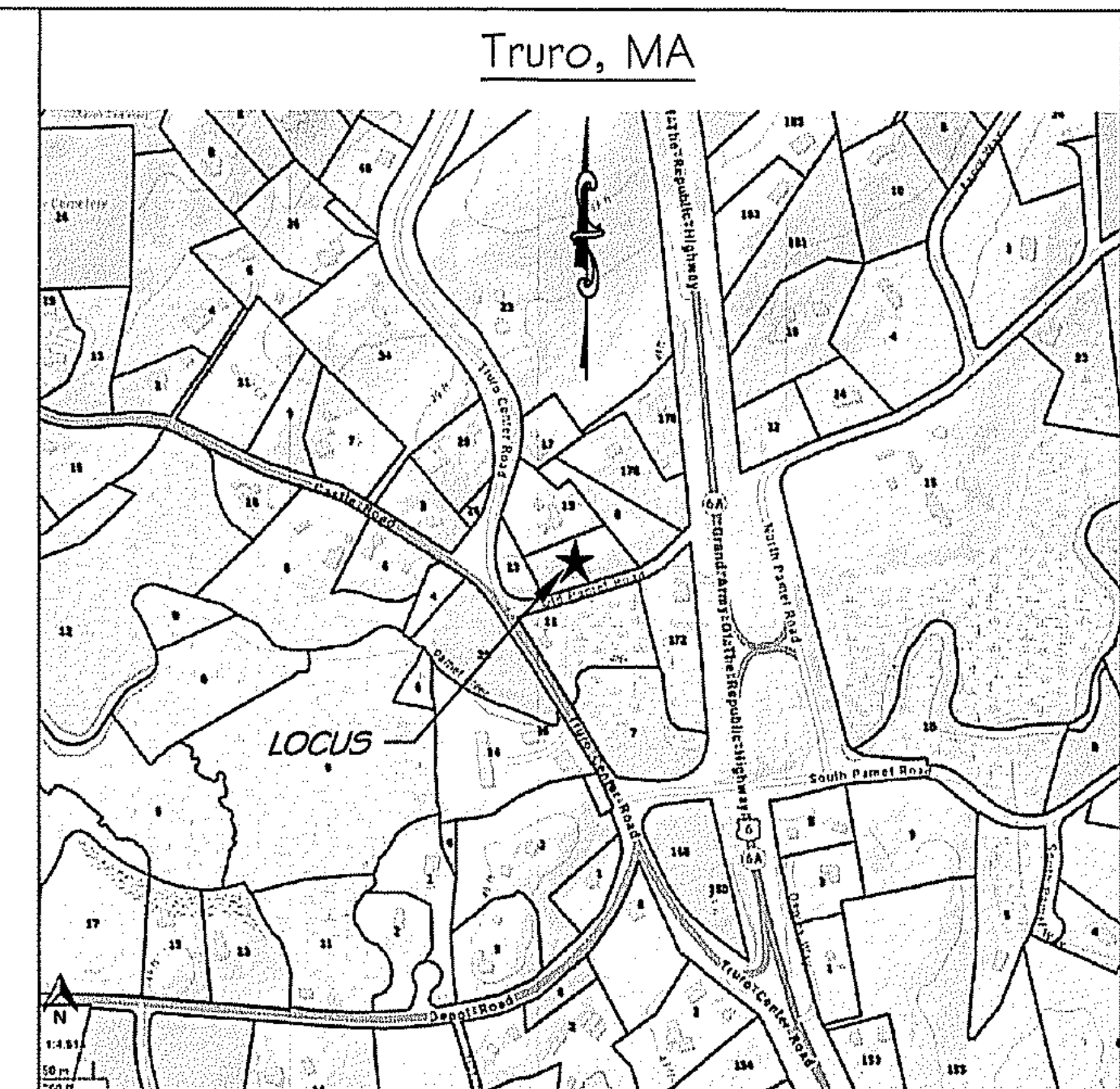
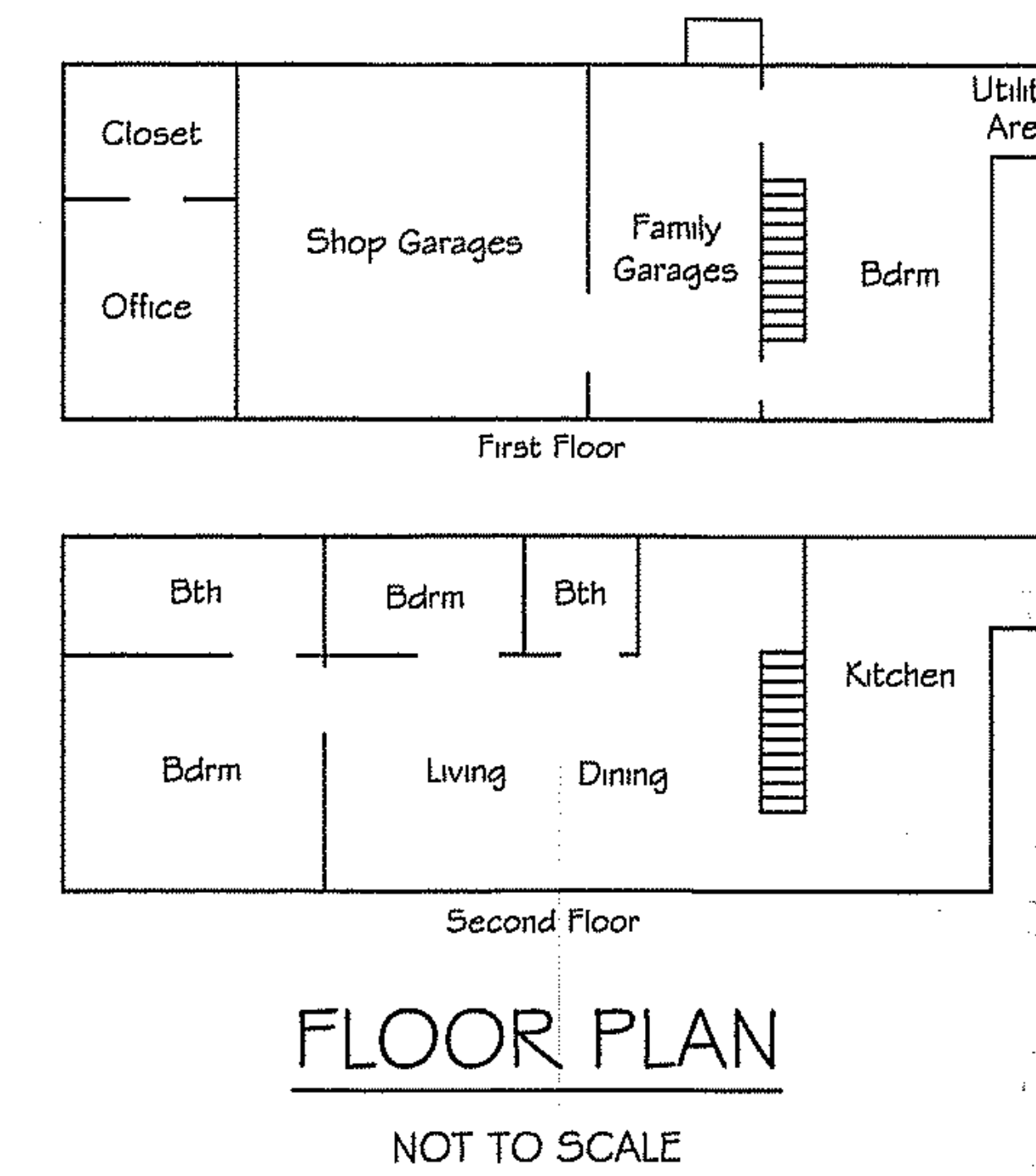
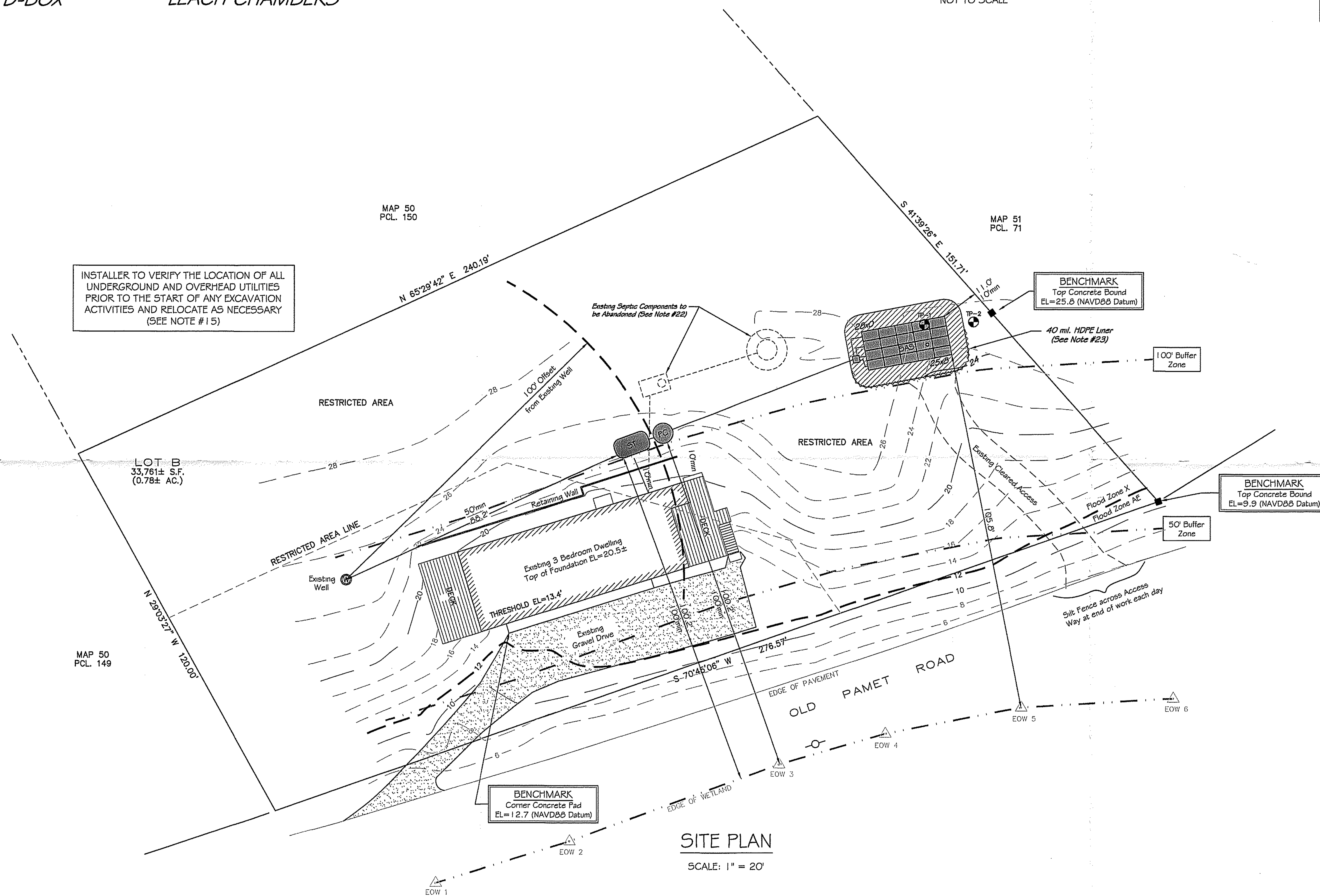


Diagram illustrating the SAG (Sediment Accumulation Gauge) layout. The SAG is a rectangular grid of 5 rows and 5 columns of cells, each measuring 5' 0" by 5' 0". The total width is 25' and the total height is 25'. The SAG is connected to a D-Box. An inspection port is located at the bottom center of the SAG. A 40 mil HDPE liner is shown at the bottom. A note indicates that the 5' 0" removal is per Note #231.

INSTALLER TO VERIFY THE LOCATION OF ALL UNDERGROUND AND OVERHEAD UTILITIES PRIOR TO THE START OF ANY EXCAVATION ACTIVITIES AND RELOCATE AS NECESSARY (SEE NOTE #15)

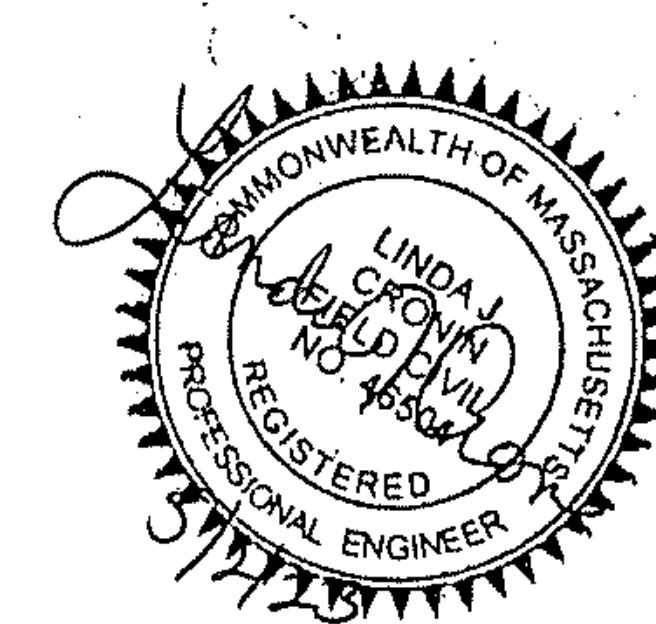
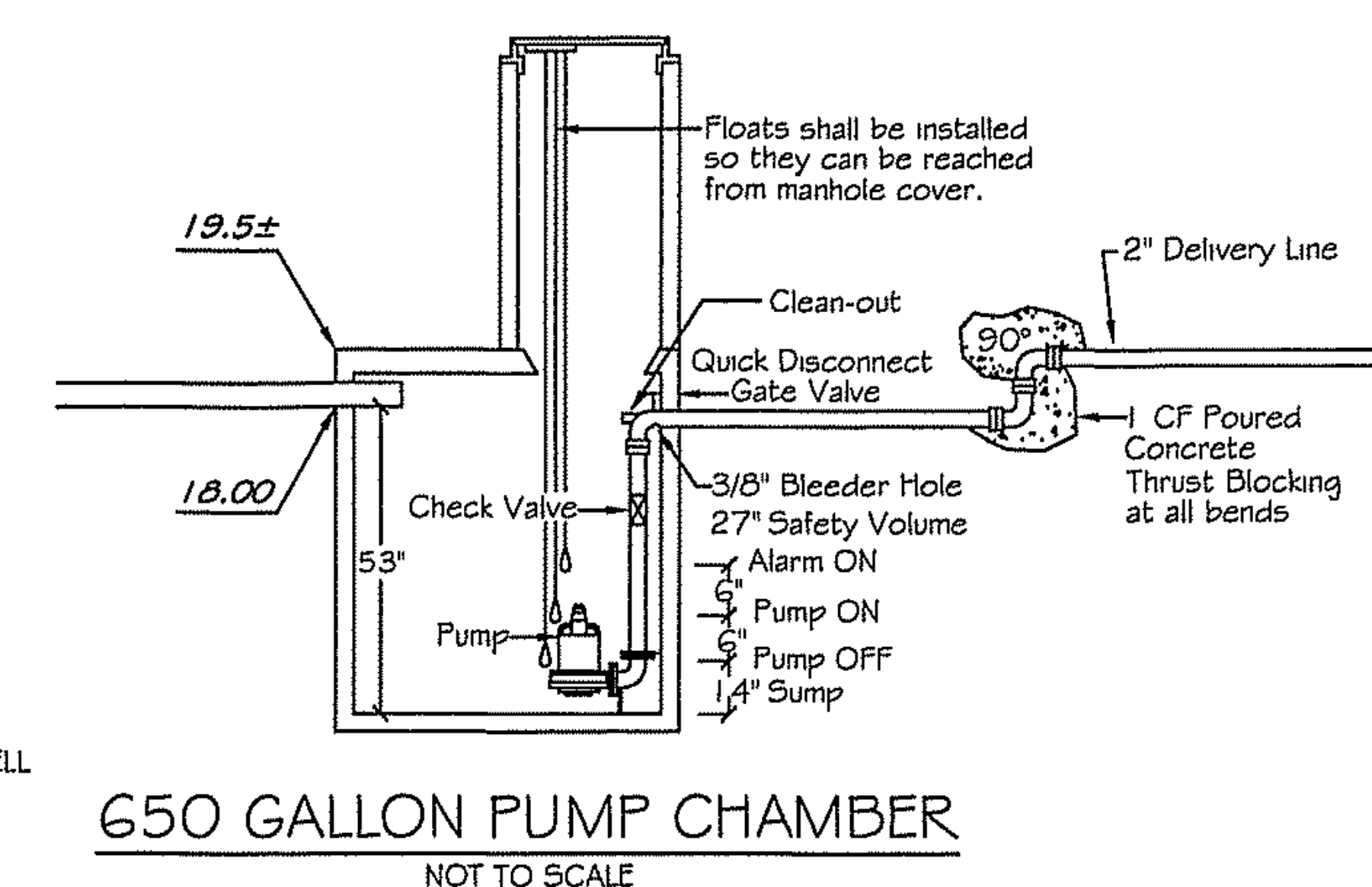


Test Hole #1 (EL=25.4±)				
Depth	Layer	Soil Class	Soil Color	Comments
0"-10"	Fill			
10"-24"	A	Loamy Sand	10YR 3/4	
	B	Loamy Sand	10YR 7/6	
60"-132"	C1	Medium-Coarse Sand	10YR 8/3	

Test Hole #2 (TL=25.2±)				
Depth	Layer	Soil Class	Soil Color	Comments
0'-12"	A	Loamy Sand	10YR 3/4	Perc @ 5.5"
12'-40"	B	Loamy Sand	10YR 7/6	
40'-132'	C1	Medium-Coarse Sand	10YR 8/3	

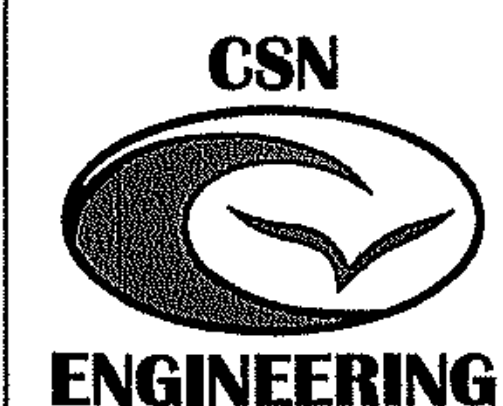
NO GROUNDWATER ENCOUNTERED

- 1.) USE A MYERS SRM4 (1/10 HP) PUMP OR EQUIVALENT, CAPABLE OF PASSING A 2" SOLID AND PUMPING 13.4 FT OF HEAD AT 20 GPM.
- 2.) ALARM SHALL BE A RED WARNING LIGHT WITH AUDIBLE ALARM LOCATED WITHIN THE BUILDING BEINGS SERVED.
- 3.) THE CORDS FOR THE FLOATS SHALL BE ONE CONTINUOUS PIECE FROM THE PUMP CHAMBER TO THE DISCONNECT PULL BOX. THE CORDS SHALL BE ENCASED IN 1-1/2" TO 3" CONDUIT.
- 4.) ALARM AND PUMP TO BE WIRED TO DIFFERENT CIRCUITS.
- 5.) ALL PUMP, WARNING, ALARM, AND FLOAT INSTALLATIONS SHALL CONFORM TO MASSACHUSETTS STATE PLUMBING AND MASSACHUSETTS STATE ELECTRICAL CODES AS WELL AS TO MANUFACTURERS SPECIFICATIONS.



Proposed Sewage Disposal System
4 Old Pamet Rd., Truro, MA

Prepared for:
Keith Thurlow &
Susan Stinson
P.O. Box 503
Truro, MA 02666



*P.O. Box 201
Brewster, MA 02631
Phone: (508) 896-1783*

DATE: 04/28/2023	SCALE: AS SHOWN	DESIGN: LJC	CHECK: KM	JOB NO: 2022331
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INSPECTION NOTE:

PRIOR TO FINAL INSPECTION BY THE ENGINEER, SYSTEM NEEDS TO BE COMPLETE INCLUDING BUILDUP FOR COVERS

Application for Extension of Sampling Variance for a Massachusetts Tier 3 Beach

City/Town: Truro _____ Beach name: Ballston _____

Original variance granted on: 06/14/2007 _____

Expiration of most recent variance or variance extension: 04/16/2023 _____

Water Quality Over the Past Four Years:

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	5	5
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Over the past four years, have there been any changes to the beach or surrounding area that could impact the water quality, either positively or negatively? (Examples: construction of a wastewater treatment plant in the area or a recent bylaw that prohibits dogs on the beach [positive], or construction of a marina lacking pump out facilities or a suspected failing septic system in the area [negative].)

The undersigned hereby believes that reduced testing at this beach does not constitute a greater risk to public health than swimming at beaches sampled on a weekly basis under Massachusetts regulations 105 CMR 445.000.

Extension granted by: _____
Name Dept.

Recommended sampling frequency: _____

Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

MDPH approval: _____
Name Date

Application for Extension of Sampling Variance for a Massachusetts Tier 3 Beach

City/Town: Truro _____ Beach name: Coast Guard Town _____

Original variance granted on: 06/14/2007 _____

Expiration of most recent variance or variance extension: 04/16/2023 _____

Water Quality Over the Past Four Years:

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	6.25	10
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Over the past four years, have there been any changes to the beach or surrounding area that could impact the water quality, either positively or negatively? (Examples: construction of a wastewater treatment plant in the area or a recent bylaw that prohibits dogs on the beach [positive], or construction of a marina lacking pump out facilities or a suspected failing septic system in the area [negative].)

The undersigned hereby believes that reduced testing at this beach does not constitute a greater risk to public health than swimming at beaches sampled on a weekly basis under Massachusetts regulations 105 CMR 445.000.

Extension granted by: _____
Name Dept.

Recommended sampling frequency: _____

Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

MDPH approval: _____
Name Date

Application for Extension of Sampling Variance for a Massachusetts Tier 3 Beach

City/Town: Truro _____ Beach name: Corn Hill _____

Original variance granted on: 06/14/2007 _____

Expiration of most recent variance or variance extension: 04/16/2023 _____

Water Quality Over the Past Four Years:

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	8.75	20
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Over the past four years, have there been any changes to the beach or surrounding area that could impact the water quality, either positively or negatively? (Examples: construction of a wastewater treatment plant in the area or a recent bylaw that prohibits dogs on the beach [positive], or construction of a marina lacking pump out facilities or a suspected failing septic system in the area [negative].)

The undersigned hereby believes that reduced testing at this beach does not constitute a greater risk to public health than swimming at beaches sampled on a weekly basis under Massachusetts regulations 105 CMR 445.000.

Extension granted by: _____

Name

Dept.

Recommended sampling frequency: _____

Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

MDPH approval: _____

Name

Date

Expiration of most recent variance or variance extension: 04/16/2023

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	6.25	10
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Extension granted by: _____

Name	Dept.
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Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

Reviewed 2017

Application for Extension of Sampling Variance for a Massachusetts Tier 3 Beach

City/Town: Truro _____ Beach name: Great Hollow _____

Original variance granted on: 06/14/2007 _____

Expiration of most recent variance or variance extension: 04/16/2023 _____

Water Quality Over the Past Four Years:

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	6.25	10
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Over the past four years, have there been any changes to the beach or surrounding area that could impact the water quality, either positively or negatively? (Examples: construction of a wastewater treatment plant in the area or a recent bylaw that prohibits dogs on the beach [positive], or construction of a marina lacking pump out facilities or a suspected failing septic system in the area [negative].)

The undersigned hereby believes that reduced testing at this beach does not constitute a greater risk to public health than swimming at beaches sampled on a weekly basis under Massachusetts regulations 105 CMR 445.000.

Extension granted by: _____
Name Dept.

Recommended sampling frequency: _____

Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

MDPH approval: _____
Name Date

Reviewed 2017

Application for Extension of Sampling Variance for a Massachusetts Tier 3 Beach

City/Town: Truro _____ Beach name: Head of the Meadow (Town)_____

Original variance granted on: 06/14/2007_____

Expiration of most recent variance or variance extension: 04/16/2023_____

Water Quality Over the Past Four Years:

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	6.25	10
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Over the past four years, have there been any changes to the beach or surrounding area that could impact the water quality, either positively or negatively? (Examples: construction of a wastewater treatment plant in the area or a recent bylaw that prohibits dogs on the beach [positive], or construction of a marina lacking pump out facilities or a suspected failing septic system in the area [negative].)

The undersigned hereby believes that reduced testing at this beach does not constitute a greater risk to public health than swimming at beaches sampled on a weekly basis under Massachusetts regulations 105 CMR 445.000.

Extension granted by: _____

Name Dept.

Recommended sampling frequency: _____

Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

MDPH approval: _____

Name Date

Reviewed 2017

Application for Extension of Sampling Variance for a Massachusetts Tier 3 Beach

City/Town: Truro _____ Beach name: Longnook _____

Original variance granted on: 06/14/2007 _____

Expiration of most recent variance or variance extension: 04/16/2023 _____

Water Quality Over the Past Four Years:

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	5	5
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Over the past four years, have there been any changes to the beach or surrounding area that could impact the water quality, either positively or negatively? (Examples: construction of a wastewater treatment plant in the area or a recent bylaw that prohibits dogs on the beach [positive], or construction of a marina lacking pump out facilities or a suspected failing septic system in the area [negative].)

The undersigned hereby believes that reduced testing at this beach does not constitute a greater risk to public health than swimming at beaches sampled on a weekly basis under Massachusetts regulations 105 CMR 445.000.

Extension granted by: _____
Name Dept.

Recommended sampling frequency: _____

Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

MDPH approval: _____
Name Date

Reviewed 2017

Application for Extension of Sampling Variance for a Massachusetts Tier 3 Beach

City/Town: Truro _____ Beach name: Ryder _____

Original variance granted on: 06/14/2007 _____

Expiration of most recent variance or variance extension: 04/16/2023 _____

Water Quality Over the Past Four Years:

Year	Number of Samples Collected	Average Sample Result	Highest Sample Result
2022	4	8.75	20
2021	4	7.5	10
2020	4	5	<10
2019	4	6.25	18

Over the past four years, have there been any changes to the beach or surrounding area that could impact the water quality, either positively or negatively? (Examples: construction of a wastewater treatment plant in the area or a recent bylaw that prohibits dogs on the beach [positive], or construction of a marina lacking pump out facilities or a suspected failing septic system in the area [negative].)

The undersigned hereby believes that reduced testing at this beach does not constitute a greater risk to public health than swimming at beaches sampled on a weekly basis under Massachusetts regulations 105 CMR 445.000.

Extension granted by: _____
Name Dept.

Recommended sampling frequency: _____

Variance extension granted by the Board of Health on _____ and ends on _____, pending a recertification of the survey.

MDPH approval: _____
Name Date



TOWN OF TRURO

Health Department

P.O. Box 2030, Truro, MA 02666

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

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

HEALTH DEPARTMENT
TOWN OF TRURO

APR 21 2023

RECEIVED BY:

APPLICATION TO NAME A MANAGER

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

Section 1 – Business Information

Date: 4/20/2023

Print Name of Applicant: RKM Property Management

Business Name or DBA to be managed: Sea Haven Condominium Trust Number of Units: 3

Street Address of Business: 510 Shore Rd, N. Truro Business Email: info@rkmpropertymanagement.com

Mailing Address of Business: (☒ Check if New Address) 74 Shank Painter Rd, Provincetown, MA 02657

Section 2 – Manager Information

Name of Previous Manager: Russell Braun On-Site Manager Unit #: _____

Name of New Onsite Manager: RKM Property Management On-Site Manager Unit #: _____

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

Mailing Address of New Manager and/or Property Management Company: 74 Shank Painter Rd, Provincetown, MA 02657

Phone (24 hours/day): 508-487-1621 Email: info@rkmpropertymanagement.com

Name of Co-Managers:

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

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.

Priscilla Silva
SIGNATURE

Priscilla Silva
PRINT NAME

4/20/23
DATE

SIGNATURE

PRINT NAME

DATE

SIGNATURE

PRINT NAME

DATE

Section 3 - **Office Use Only**

Team Inspection
(If over 3yrs since last one)

Scheduled ☒

Date

Fee
\$45.00

Paid
☐

Board of Health Hearing

☒

5/21/23

875.00

103



TOWN OF TRURO

Health Department

P.O. Box 2030, Truro, MA 02666

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

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



DEC 14 2022

RECEIVED BY

APPLICATION TO NAME A MANAGER

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

Section 1 - Business Information

Date: 12/14/22

Print Name of Applicant: Salt Air Cottages Condominium

Business Name or DBA to be managed: _____

Number of Units: 12

Street Address of Business: 82 Shore Rd, Truro, MA

Business Email: info@rkmpropertymanagement.com

Mailing Address of Business: (☒ Check if New Address) 74 Shank Painter Rd, Provincetown, MA 02657

Section 2 - Manager Information

Name of Previous Manager: Peter's Property Management

On-Site Manager Unit #: 12

Name of New Onsite Manager: RKM Property Management

On-Site Manager Unit #: 12

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

Mailing Address of New Manager and/or Property Management Company: 74 Shank Painter Rd, Provincetown, MA 02657 Phone (24 hours/day): 508-487-1621 Email: info@rkmpropertymanagement.com

Name of Co-Managers:

Arnold Greenfield

Unit # 8

Phone (24hrs/day): 508-487-1621

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**

Team Inspection
(If over 3yrs since last one)

Scheduled ☒

Fee
\$45.00

Paid ☒

Board of Health Hearing

☒

75.00

PAID



FM# 2023-007

HEALTH DEPARTMENT
TOWN OF TRURO

APR 28 2023

RECEIVED BY:

SUBMIT COMPLETED FORM TO THE HEALTH DEPARTMENT

Town of Truro

Farmers Market/Ag Fair/Temporary Food Service Permit

Applicant (check one) ☒ private individual, organization or business

☐ non-profit organization
[must attach copy of Form 501(3)(c)]

Name of Business/Organization:

Cape Cakes Ccric

Address:

20 Priscilla Way Brewster MA

Authorized Representative or Contact:

Name:

Gerri Leonard

Email:

Address:

20 Priscilla Way Brewster MA 02631

Telephone

Days:

(239) 293-3490

Evenings:

(239) 293-

Fax

3490

Requested Location/Facility

Truro Farmers Market

Requested Dates

June 5 - Sept. 25 - Mondays

Requested Times

8am - 12

Rain Dates/Times (Must be completed)

Before completing this application, read the temporary food service "Are You Ready?" Checklist. Have you read this material?

☒ YES

☐ NO

FARMERS MARKET FOODS TO BE SOLD/SERVED

Foods to be Sold/Served

☒ Packaged Baked Goods (breads, pies, cookies, cakes and confectionaries). Cream filled pastries, cheese cake or custard type pastries prohibited.

☐ Seed sprouts

☒ Jams or Jellies

☐ Shellfish: Lobster, Crab, Oysters, Clams

☐ Finfish

☐ Vinegar with or without herbs

☐ Dairy: Milk or milk products such as cheese.

☐ Meat or Poultry (processed in a federal/state licensed inspected facility)

☐ Other:

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

See page 2

Base of Operations

☐ Foods prepared/processed at a Truro licensed facility. Name of licensed facility: _____

☒ Foods prepared/processed outside Truro. Please attach a copy of your state or local food processing facility license, food establishment permit, food manufacturing license or residential kitchen permit and copy of your most recent inspection report.

Brewster

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

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

4/2/2023
DATE

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

Market Manager Signature

4/20/23
Date

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

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

1. Gerri Leonard Exp. Date: / /
2. Michael Leonard Exp. Date: / /

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

1. _____ Exp. Date: ____/____/____
2. _____ Exp. Date: ____/____/____

Base of Operation: (licensed fixed food establishment): 20 Priscilla Way Brewster MA
Certified by Brewster

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

no TC S items

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

SECTION B: At the Booth:								
Menu Items	Thaw	Cut/ Assemble	Cook	Cool	Cold Holding	Reheat	Hot Holding	Portion Package
1.								
2.								
3.								
4.								
5.								

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

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

All items For sample
will be prewrapped at certified
Kitchen.

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

APPLICANT'S SIGNATURE

4/2/2023
DATE

Cape Cakes Menu Items

***variety depends on what's in season how busy market is, what is popular etc

1. Bundt type cakes: (lemon with lemon glaze, blueberry with glaze, chocolate, cinnamon, apple)
2. Sweet Breads: banana, carrot, zucchini, blueberry, pumpkin, cranberry
3. Yeast breads (ciabatta, sourdough, wheat seeded bread, milk rolls, rosemary)
4. Bars and brownies (raspberry, brookies, brown butter white chocolate, oat streusel)
5. ***on occasion jam,

HEALTH DEPARTMENT
TOWN OF TRURO

MAY 09 2023

RECEIVED BY:

HEALTH DEPARTMENT APPROVAL

Board of Health Comments or Conditions:

Approved _____ Not Approved _____

BOH or Health Agent

Date

ServSafe® CERTIFICATION

GERMAINE LEONARD

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

16526721

CERTIFICATE NUMBER

6/4/2018

DATE OF EXAMINATION

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

10591

EXAM FORM NUMBER

6/4/2023

DATE OF EXPIRATION



#0655

Sherron Brown
Sherron Brown
Executive Vice President, National Restaurant Association Solutions



CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: GERMAINE LEONARD

Certificate Number: 4233791

Date of Completion: 1/15/2020

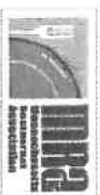
Date of Expiration: 1/15/2025



Issued By:

*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).*

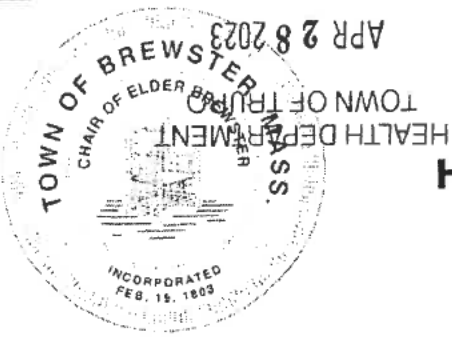
This certificate will be valid for five (5) years from date of completion.



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

RECEIVED BY



**TOWN OF
BREWSTER
HEALTH DEPARTMENT**

2198 MAIN STREET
BREWSTER MA 02631

PHONE:

(508) 896-3701 EXT
1120

EMAIL:

HEALTH@BREWSTER-
MA.GOV

FOOD ESTABLISHMENT PERMIT

THE COMMONWEALTH OF
MASSACHUSETTS

FEE: \$85.00

PERMIT# FS-23-32

TOWN OF BREWSTER
BOARD OF HEALTH

IN ACCORDANCE WITH REGULATIONS PROMULGATED UNDER AUTHORITY OF CHAPTER 94, SECTION
305A

AND CHAPTER 111, SECTION 5 OF THE GENERAL LAWS, A PERMIT IS HEREBY GRANTED TO:

Cakes by Geri & Mike

Whose Place of business is: 20 Priscilla Way

Type of Business: Residential Kitchen - Cottage Food Operations Number of seats

To operate a food establishment in the Town of Brewster, Massachusetts

Permit expires on December 31, 2023

Date: January 30, 2023

Annette Graczewski
Kimberley Crocker
Pearson
Penny Holeman
Dave Bennett
Casey D. Chatelain

Board
Of
Health

Amy L. von Hone, R.S., C.H.O. - Health
Director

- d. An acceptable sample of well water shall be of raw (untreated) water from the facility, using the approved water sampling bottles provided by a certified lab. The sample must be taken in accordance with standard methods and the protocol of a certified lab relative to chain-of-custody.
3. Plans
- a. For new construction: Site and Sewage Plans, stamped by a Professional Engineer and/or Registered Land Surveyor and/or a Registered Sanitarian, showing the location of the proposed well and septic system must be submitted to ensure that adequate setbacks between well and septic are being provided.
 - b. For all other construction: the well driller must submit a plan of the land, accurately depicting the location of all septic system components and the location of the proposed well. The well driller must also sign a statement on the well permit application attesting to the fact that the well as installed will meet the required setbacks to the septic tank and soil absorption system defined in 310 CMR 15.211.

Article 5 Well Completion Report

New wells shall not be placed into use for human consumption until the Health Agent has approved the potability and quantity of the water provided and the well driller has filed a Well Completion Report with the Truro Health Department.

Article 6 - Required Water Quality Testing

1. Upon Transfer of Real Estate

Prior to selling, conveying, or transferring title to real property (a "transfer" of real property is defined in these Board of Health regulations section 6.5) in the Town of Truro, the owner thereof shall:

- a. Test the water of every private potable well serving that property. A water sample from each well shall be submitted to a certified laboratory for testing for the parameters outlined above in Article 4. This water quality test shall be performed not more than one year prior to transfer of the property.

- b. the owner shall provide copies of all water test results of which they have knowledge (regardless of age of results) for the private potable well in question to any buyer and/or broker identified with the transfer. In the event that there is no buyer at the time the water is tested, a copy of all water test results must be given by the owner to the buyer before the property is put under agreement.

2. Upon applying for a building permit, other than an express permit.

A water quality analysis result from sampling completed within one calendar year of the date of submitted application for a building permit shall be provided with the application. The analysis must be of a water sample taken from the private well serving the facility and shall be submitted to a certified laboratory to analyze the following parameters: Sodium, Nitrate N, pH, iron, conductivity, coliform bacteria) and sampled as described in Article 4.2.d.

3. Upon applying for a disposal works construction permit.

- a. A water quality analysis result from sampling completed within one calendar year of the date of submitted application for a disposal works construction permit shall be provided with the application. The analysis must be of a water sample taken from the private well serving the facility and shall be submitted to a certified laboratory to analyze the following parameters: Sodium, Nitrate N, pH, iron, conductivity, coliform bacteria), and sampled as described in Article 4.2.d.

- b. This applies to construction, upgrade and replacement of tanks, pump-chambers and leaching facilities. The replacement of the building sewer, tees, pumps, and distribution boxes, and the sealing of tanks are exempt from this requirement.

4. **Upon applying for or renewing a rental registration certificate from the Town of Truro.**
 - a. A water quality analysis result from sampling completed within 4 months of the application shall be submitted with the application for a rental registration renewal. The analysis must be of a water sample taken from the private well serving the facility and shall be submitted to a certified laboratory to analyze the following parameters: Sodium, Nitrate N, pH, iron, conductivity, coliform bacteria), and sampled as described in Article 4.2.d.
 - b. This analysis result must be provided prior to issuance of an annual rental registration certificate (as described in the Truro general bylaws Chapter 2 section 1).
5. **Upon submitting a septic Inspection report to the Town of Truro for a facility served by a private well.**

Article 7 Decommissioning of Water Wells

1. Abandoned wells, test holes and borings shall be decommissioned so as to prevent the well, including the annular space outside the casing, from being a channel allowing the vertical movement of water. Test holes to be filled and packed prior to completion of a finished well and done during location search do not require a "decommissioning."
2. The property owner shall be responsible for ensuring that all abandoned wells and test holes or borings associated with private well installation are properly plugged. Only registered well drillers may plug abandoned wells, test holes and borings.
3. In the case of new well construction, all test holes and borings shall be plugged before the well driller completes work at the site.
4. The owner of a private well shall decommission the well if the well meets any of the following criteria:
 - a. construction of the well is terminated prior to completion of the well;
 - b. the well owner notifies the Board that the use of the well is to be permanently discontinued;
 - c. the well is a potential hazard to the public health or safety and the situation cannot be corrected;
 - d. the well is in such a state of disrepair that its continued use is impractical.
5. The Department of Environmental Protection Private Well Guidelines for Decommissioning Abandoned Wells, Test Holes and Dry or Inadequate Borings shall be followed by registered well drillers.
6. A well decommissioning report shall be submitted to the Board of Health by the registered well driller within thirty (30) days of the completion of the decommissioning.

Article 8 Enforcement and Penalties

The Board shall have the authority to enforce these regulations and permits issued thereunder via all procedure set forth in Section I of these regulations.

SECTION IX – Regulations for the Operation of a Swimming Pool

1. Application for a permit shall be made to the Board of Health at least 15 days before the expiration of an existing permit, or otherwise at least 15 days before the opening of a swimming, wading, or special purpose pool.
2. Prior to the opening of the swimming, wading, or special purpose pool, a water sample must be