

BOARD OF HEALTH MEETING - Tuesday, May 23, 2017 6:22 p.m.

Present- James Consolati, Matthew Puntin, & Michael Curtin
Others present - Molly Curtin-Schaefer & (see attached list)

Mail was read.

PUBLIC COMMENT:

Michael Curtin stated he would like to witness septic repairs, new installs and after he obtains a soil evaluators certification he can witness perc tests. He stated not right away but in the future.

SEPTIC & WELL PERMITS:

Matthew Puntin made a motion to approve the septic plan for Mrs. Freeman, 14 Cooper Creek Road as well as K. Harding of 19 Webster Road, Michael Curtin seconded, no opposition.

Anthony Chiaravolloti of Main Road (on the Otis line) was issued a septic permit, well permit and a curb cut. Unanimously approved.

Town Pond

James Wilusz completed the sanitary survey for the 2017 season. (the entire report is on file in the Town Office). Water tests for the Memorial Day opening were completed and a permit issued.


BEAVERS: It was unanimously approved to issue a "breach" of dam permit on Beach Road and Sodom Road.


RE-ORGANIZATION:

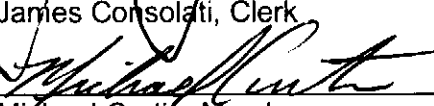
James Consolati made a motion to appoint Matthew Puntin Chairman of the Board of Health, Michael Curtin, seconded, no opposition. James Consolati as Clerk and Michael Curtin as Member.

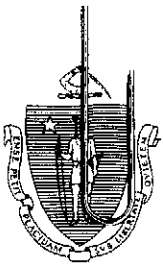
Mr. Bernard of CAMELOT FARM: ECO Dynamics submitted an operation and maintenance form for Recirculating Sand Filter system located at 74 Main Road.

Adjourned: 7:08 p.m.


Matthew Puntin, Chairman


James Consolati, Clerk


Michael Curtin, Member



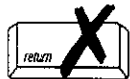
Commonwealth of Massachusetts
City/Town of Tyringham
Disposal System Construction Permit
Form 2A

17-05
Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

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



Name _____ Name of Company _____
Address _____
City/Town _____ State _____ Zip Code _____

to perform the following work on an on-site sewage disposal system:

- ☐ Construction
☒ Repair or replacement
☐ Repair or replacement of system components

14 Lakeside Drive

Facility Address

Tyringham

City/Town

Joan Freeman

Owner

MA

State

01264

Zip Code

Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

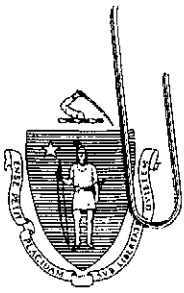
As per plan 4-26-2017.

All construction must be completed within three years of the date below.

Approved by

Title

Date



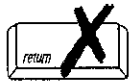
Commonwealth of Massachusetts
City/Town of Tyringham
Disposal System Construction Permit
Form 2A

17-04
Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

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TBD
Name _____ Name of Company _____
Address _____
City/Town _____ State _____ Zip Code _____

to perform the following work on an on-site sewage disposal system:

- ☐ Construction
☒ Repair or replacement
☐ Repair or replacement of system components

19 Webster Road

Facility Address

Tyringham

City/Town

Margaret C. Harding

Owner

MA

State

01264

Zip Code

Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

As per plandated 4/7/2017

All construction must be completed within three years of the date below.

Approved by

Title

Date

5/23/17

B.O.H. CHARMAN



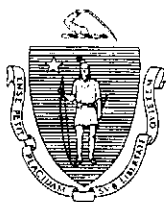
Town of Tyringham

116 Main Rd • PO Box 442 • Tyringham, MA 01264

Phone: (413) 243-1749 Fax: (413) 243-4942 E-Mail: townhall@bcn.net

Well Driller – Site Permit

NUMBER	FEE
<u>17-01</u>	<u>50.00</u> <u>pd ck 129</u>
THE COMMONWEALTH OF MASSACHUSETTS Town of Tyringham	
This is to certify that: <u>Anthony Chiaravalloti / Henshaw</u> NAME	
<u>Main Road "Wildwood" Map 409 15-1</u> ADDRESS	
IS HEREBY GRANTED A SITE PERMIT TO DRILL A WELL	
Effective July 1, 2006	
1.) GPS Coordinates will be required on all wells in addition to the traditional well location information.	
2.) Rock and soil classification will comply with the new standardized reporting requirements.	
3.) Both paper and electronic copies of well reports will be in use.	
This permit is granted in conformity with the Statutes and ordinances relating thereto, and Expires December 31, 2017 unless sooner suspended or revoked.	
BOARD OF HEALTH:	
By: <u>Matthew P. T...</u>	
<u>James J. Rosolato</u>	
<u>May 23, 2017</u> DATE	



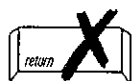
Commonwealth of Massachusetts
City/Town of Tyringham
Disposal System Construction Permit
Form 2A

17-06
Number

DEP has provided this form for use by local Boards of Health. Other forms may be used, but the information must be substantially the same as that provided here. Before using this form, check with the local Board of Health to determine the form they use.

Permission is hereby granted to:

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Chris Chaffee

Chaffee Excavation, LLC

Name

Box 396

East Otis

MA

01029

City/Town

State

Zip Code

to perform the following work on an on-site sewage disposal system:

- ☒ Construction
☐ Repair or replacement
☐ Repair or replacement of system components

"Wildwood" Assessors Map 409 15-1

Facility Address

Tyringham

MA

01264

City/Town

State

Zip Code

Anthony Chiaravalloti

401-465-9506

Owner

Telephone Number

The work to be performed is further described in the Application for Disposal System Construction Permit. The applicant recognizes his/her duty to comply with Title 5 and the following local provisions or special conditions:

As per plan dated 03/10/2017

All construction must be completed within three years of the date below.

Matthew Austin (MCS)

05/23/2017

Approved by

Date

Chairman Board of Health

Title

NUMBER

THE COMMONWEALTH OF MASSACHUSETTS

FEE

17-17

Town of Tyngham

0

This is to certify that

Town of Tyngham

NAME

116 Main Road Tyngham Ma 01264

ADDRESS

IS HEREBY GRANTED A LICENSE

For

Operate a Betting Beach

This license is granted in conformity with the Statutes and ordinances relating thereto, and expires Sept. 2017 unless sooner suspended or revoked.

May 23 2017

Board of Health

William J. ...

William J. ...

James J. ...



Massachusetts Department of Environmental Protection
Bureau of Resource Protection - Title 5

RSF System Operation and Maintenance Inspection Checklist

A. Installation & Service Information

74 MAIN RD. ("CAMELOT")
Facility Street Address
TYRINGHAM, MA
City

MAY 2, 2017
Date of Service
ROBERT A. TYMAN / ECO-DYNAMICS
Operator/O&M Firm

Inspect & note
if pumping is
required.
Inspect & clean
effluent tee
filter.

B. Septic tank(s)

Sludge Pumping Required: Yes ☐ No ☒

☒ Sludge Depth: WT-1 WT-2
12" 8"

Effluent tee filter: Yes ☒ No ☐

If yes, inspect ☒ & clean at least yearly ☒

Clean as
necessary.
Inspect for
sludge.

C. Recirculation tank

☒ Check if sludge accumulating

Pumping required: Yes ☐ No ☒

Odor problems: Yes ☐ No ☒

If yes, description

Inspect for
sludge.

D. Equalization tank (if installed)

☒ Check if sludge accumulating

Pumping required: Yes ☐ No ☒

Inspect pumps
& electrical
switches, test
as necessary.
Run pumps in
manual mode.
Record
readings from
meters &
counters.

E. Pumps, switches, floats, alarm system

- ☒ Pump Inspections (all units)
- ☒ Test pump alternator, or record hours
- ☒ Float switches
- ☒ Test alarm

If problems, describe
334, 25
Hours of operation
ALL FLOAT SWITCHES ARE OPERATIONAL
Check all switches for operation
ALL ALARMS ARE OPERATIONAL
If non-functioning, corrective action(s)

Note if weeds &
debris are
present on bed.
Clean/maintain
bed surface to
allow proper
operation of the
system.

F. Recirculation Sand Filter

☒ Inspect for ponding

Ponding Present: Yes ☐ No ☒

☒ Clean bed: Yes ☐ No

☒ Distribution pipes

Flush: Yes ☒ No ☐

Brush: Yes ☐ No ☒

☒ Check head loss in pipes

Headloss and comments

G. Sample Collection

Yes ☒ No ☐

If yes: ☒ BOD ☒ TSS ☒ pH ☐ TN ☐ Other

5-23-17

Sign in

Time

William Poole

6:00

Brian Coney

6:00

Apw Alente

6pm

Noah Choquette

6:00

Mark D. Cortia

6pm

JOE JANIS

6:20