



# TOWN OF LAKEVILLE MEETING POSTING & AGENDA

Town Clerk's Time Stamp  
received & posted:

LAKEVILLE TOWN CLERK  
ROD 2023 OCT 30 AM 8:41

48-hr notice effective  
when time stamped

Notice of every meeting of a local public body must be filed and time-stamped with the Town Clerk's Office at least 48 hours prior to such meeting (excluding Saturdays, Sundays and legal holidays) and posted thereafter in accordance with the provisions of the Open Meeting Law, MGL 30A §18-22 (Ch. 28-2009). Such notice shall contain a listing of topics the Chair reasonably anticipates will be discussed at the meeting.

Name of Board or Committee:	<b>BOARD OF HEALTH</b>
Date & Time of Meeting:	<b>Wednesday, November 1, 2023 @ 6:00 p.m.</b>
Location of Meeting:	<b>Lakeville Police Station 323 Bedford Street, Lakeville, MA</b>
Clerk/Board Member posting notice:	<b>Fran Lawrence</b>

Cancelled/Postponed to: \_\_\_\_\_ (circle one)

Clerk/Board Member Cancelling/Postponing: \_\_\_\_\_

## A G E N D A

*Please ask if anyone is recording the meeting and announce that LakeCAM is recording*

1. **40 Lakeside Avenue** – Meet with Foresight Engineering to discuss Lakeville Regulation Variance Request
2. **63 Kingman Street** – Meet with Zenith Consulting Engineers, LLC to discuss Requested Lakeville BOH Waiver
3. **8 Second Avenue** – meet with Zenith Consulting Engineers, LLC to discuss requested Local Upgrade Approvals
4. **348-350 Bedford Street** – meet with Zenith Consulting Engineers, LLC to discuss requested Local Upgrade Approvals
5. **19 Johnson Drive** – Discuss with owners a requested 4 Bedroom Deed Restriction
6. **Two Day Temporary Food Permit**  
Jeffrey's House of Pizza event @ John Paun Park on November 11<sup>th</sup> & 12<sup>th</sup>
7. Discuss the recent BOH Agent's pending items

*Any other business that may properly come before the Board of Health*

*Please be aware that this agenda is subject to change. Should other issues arise requiring immediate attention by the Board of Health after the posting of this Agenda, they may be addressed at this meeting.*

# Foresight Engineering

518 County Road  
(Wishbone Way)  
West Wareham, MA 02576  
508-245-2148

October 15, 2023

Lakeville Board of Health

RE: 40 Lakeside Ave Variance Request

RECEIVED

OCT 16 2023

BOARD OF HEALTH

Dear Board Members:

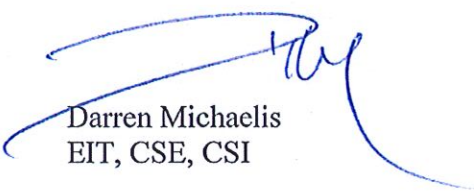
On behalf of the property owner/builder, Matthew Pacheco & Allana DeTerra, we are requesting the following variance for the construction of their single family dwelling.

Lakeville Regulation Variance Request:

1. The property owner, wishes to place the lowest floor elevation 18" below a perched groundwater table at front of foundation and 18" above the perched groundwater table at the rear of foundation. We are willing to install a French drain system with stone under the foundation and an outlet to a small basin down gradient. This is a variance from section 2.6 requiring the lowest floor to be 24" above the watertable.

The French drain and small basin are more than capable of routing the water around the foundation to daylight and eventually down slope to the existing pond. The high groundwater is seasonal and the proposed foundation will be above natural occurring groundwater table. If you should have any questions, please contact my office. Please notify me of the meeting date, time and location.

Sincerely,

  
Darren Michaelis  
EIT, CSE, CSI

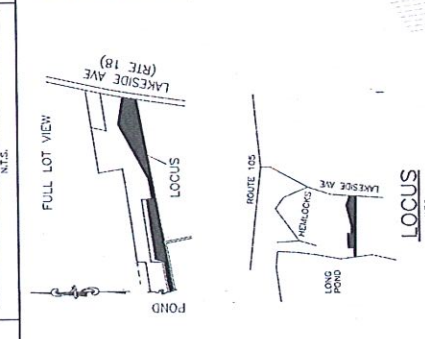
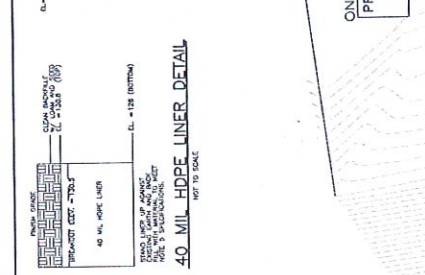
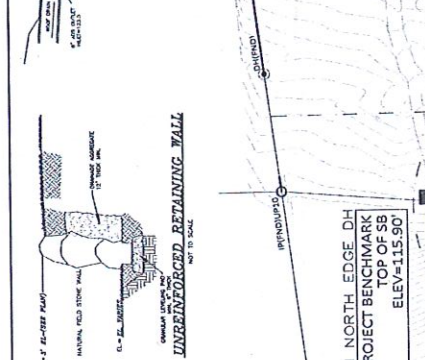
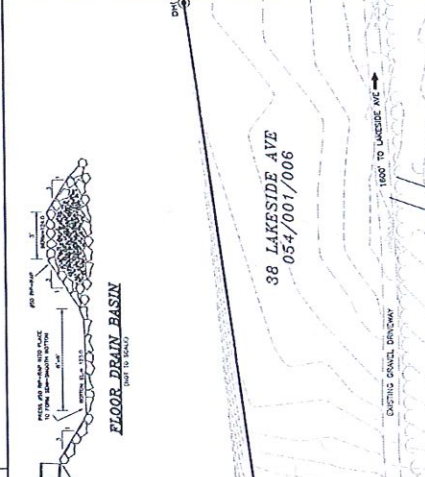
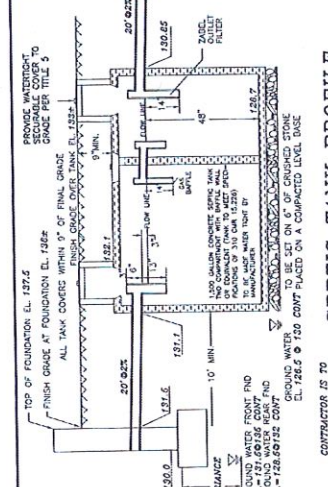
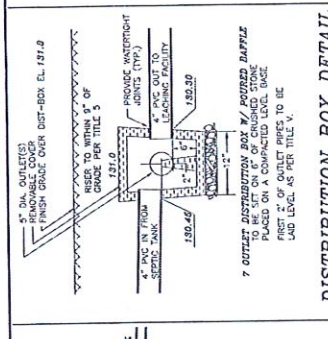
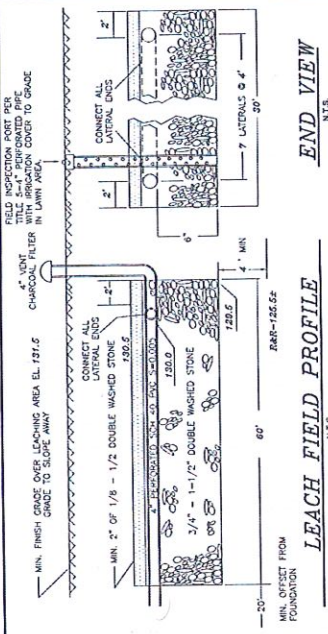
### SOIL DATA

INSPECTOR: ED O'LEARY, DCM  
 DATE: 8/10/22  
 PERFORMED BY: DAREN MCMULLEN

TEST PIT # 1 A  
 EL. TOP = 127.2  
 EL. BOTTOM = 123.3  
 POOR BULK = 10 UPR  
 DEPTH OF PORE = 28-40"

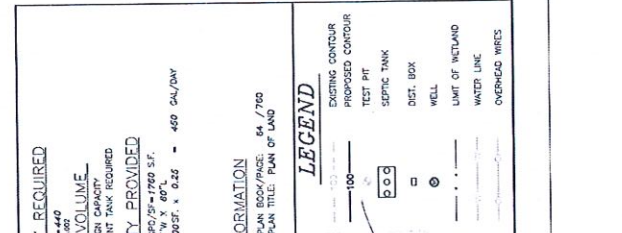
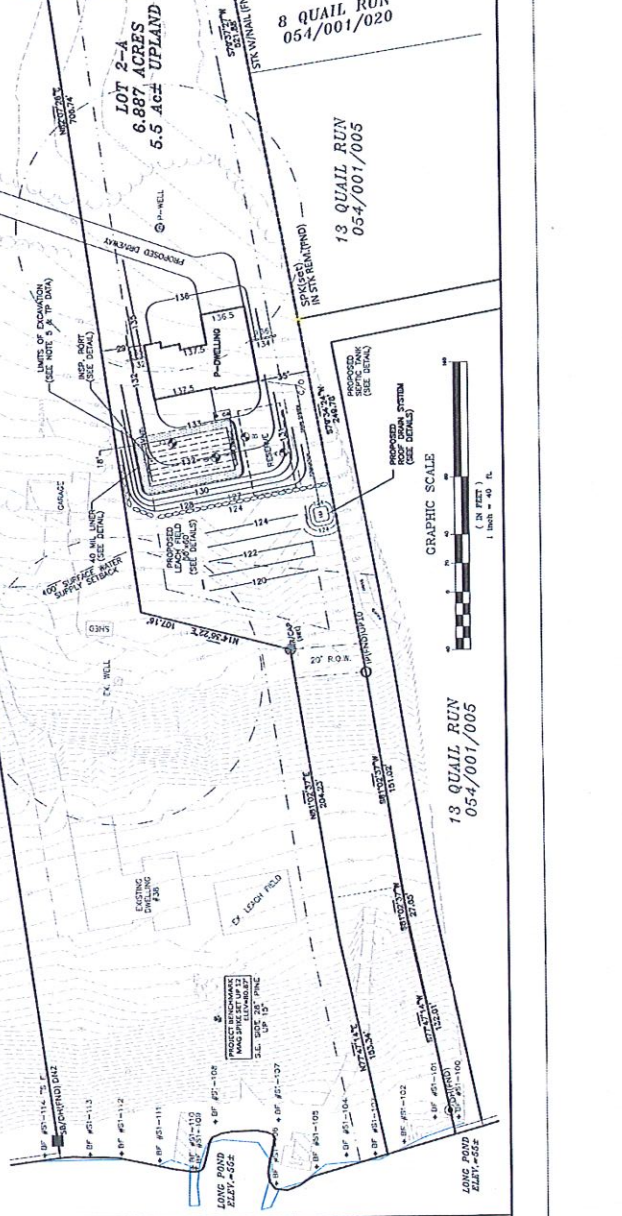
0" - 6"	SHOULDRY LOAM
6" - 18"	LOAMY SAND
18" - 20"	LOAMY SAND
20" - 42"	LOAMY SAND
42" - 45"	LOAMY SAND
45" - 52"	LOAMY SAND
52" - 84"	LOAMY SAND
84" -	ROCK REVEAL

REMOVE & REPLACE TO A MINIMUM ELEVATION NOTED PER TEST #S AND LIMITS OF EXCAVATION SHOWN ON SITE PLAN.



### GENERAL NOTES

- THIS SEWAGE DISPOSAL SYSTEM SHALL BE CONSTRUCTED IN CONFORMANCE WITH THE REGULATIONS OF TITLE 5 OF THE STATE ENVIRONMENTAL CODE AND THE REGULATIONS OF THE LOCAL BOARD OF HEALTH AND THIS FORM ARE TO BE NOTIFIED.
- BEFORE BEING CONSTRUCTION IN THE EXCAVATION FOR THE PURPOSE OF SOIL TESTING, THE CONTRACTOR SHALL OBTAIN APPROVAL FROM THE DESIGN ENGINEER TO BACKFILL THE EXCAVATION FOR THE PURPOSE OF PERFORMING AN AS-BUILT INSPECTION.
- BEFORE CONSTRUCTING THE SYSTEM IN A MANNER OTHER THAN SHOWN ON THIS DESIGN, THE CONTRACTOR SHALL OBTAIN APPROVAL FROM THE DESIGN ENGINEER.
- CONTRACTOR SHALL PROVIDE PROPER TO CONNECTION THROUGH DGS SAFE CONNECTION APPROVED BY THE DESIGN ENGINEER.
- ALL SEPTIC SYSTEM COMPONENTS SHALL WITHSTAND H-10 OR H-30 LOADING AS NOTED ON DRAWING.
- CONTRACTOR SHALL PROVIDE PROPER TO CONNECTION THROUGH DGS SAFE CONNECTION APPROVED BY THE DESIGN ENGINEER.
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<b>DESIGN CAPACITY REQUIRED</b>	
4 BEDROOMS AT 110 GAL/DAY/PERSON	= 440
<b>SEPTIC TANK VOLUME</b>	
440 GALS X 2000 X 889 GALS DESIGN CAPACITY	MINIMUM OF 1500 GALLON 2 COMPARTMENT TANK REQUIRED
<b>SYSTEM CAPACITY PROVIDED</b>	
CAPACITY REQUIRED= 440 GPD, 0.22280/25 = 1760 SF.	
BOTTOM AREA: 30' X 5' 60' L. X 0.16 = 460 GAL/DAY	

RECEIVED  
 BOARD OF HEALTH PROPERTY INFORMATION  
 PLAN BOOK/PAGE: 64, 170  
 PLAN TITLE: PLAN OF LAND  
 ASSESSORS MAP/DAT: 34, 01, 08  
 DESIGNED FOR B.O.H. USE

### SEWAGE DISPOSAL SYSTEM DESIGN

PREPARED FOR:  
 MATT NADZARO & ALLIANCE DEFERRA  
 ZARUBA, MA 02719

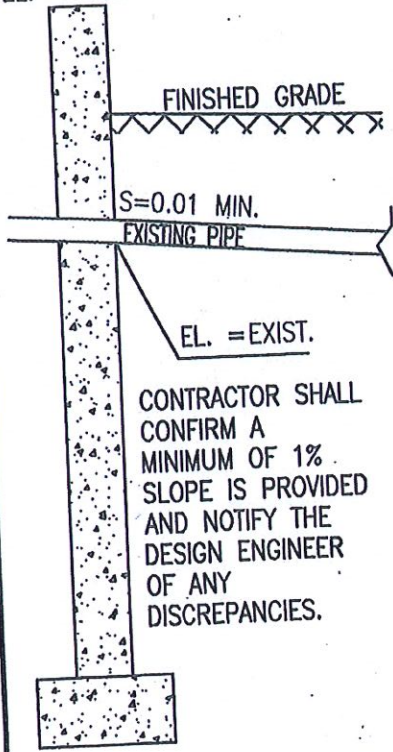
LOCATED AT:  
**40 LAKESIDE AVE**  
 LAKEVILLE, MASSACHUSETTS

DATE: 8/10/22  
 1" = 40' (ELEV.)  
 1" = 40' (PLAN)

**FORESIGHT ENGINEERING, INC.**  
 100 WILLOW STREET  
 LAKEVILLE, MA 02450

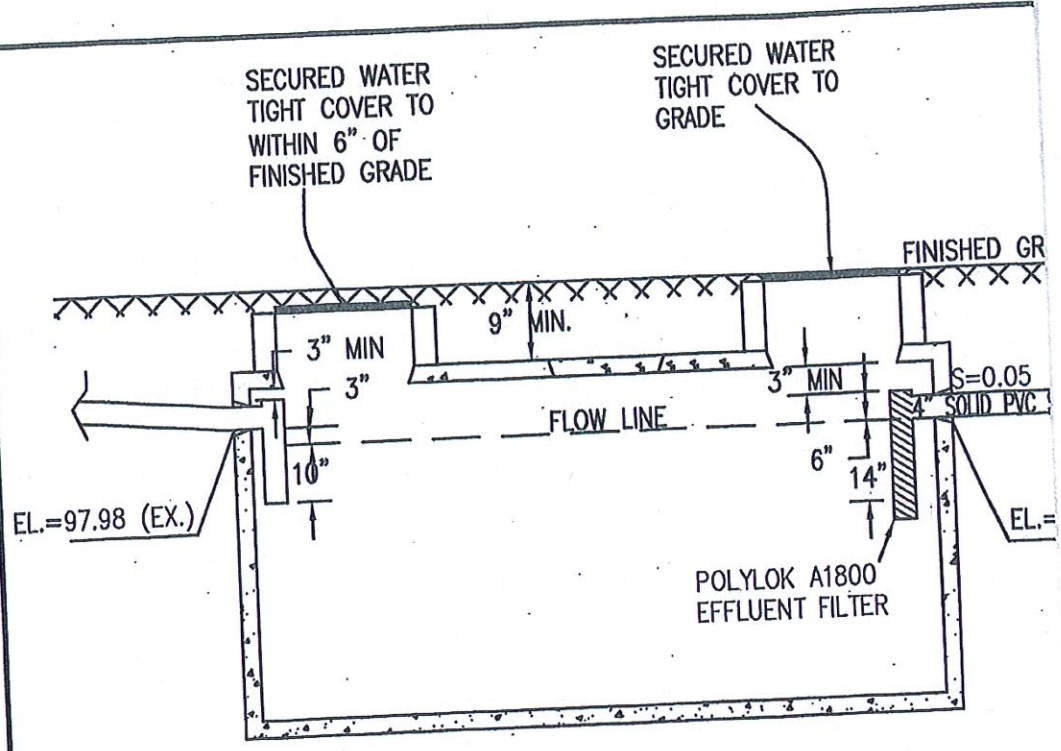
**FILE COPY**

TOP OF FND  
EL. = 100.84



CONTRACTOR SHALL CONFIRM A MINIMUM OF 1% SLOPE IS PROVIDED AND NOTIFY THE DESIGN ENGINEER OF ANY DISCREPANCIES.

**BUILDING PLUMBING**  
NOT TO SCALE



THE EXISTING 1,500 GAL. PRECAST CONCRETE SEPTIC TANK SHALL BE INSPECTED. OUTLET PIPE ELEVATION ADJUSTED IF NEEDED TO PROVIDE A MINIMUM OF 2" I ACROSS THE TANK. IF TANK IS FOUND TO NOT BE WATER TIGHT AND STRUCTUR SOUND, A NEW 1,500 GALLON SEPTIC TANK SHALL BE INSTALLED AND SET TANK OF CRUSHED STONE OR APPROVED LEVEL BASE (TANK BY SHEA CONCRETE MK TK-1500 OR APPROVED EQUAL)

**SEPTIC TANK**  
NOT TO SCALE

**LAKEVILLE BOH WAIVER REQUEST:**

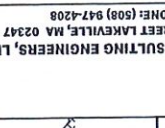
1. A WAIVER FROM SECTION 3.7 OF THE LAKEVILLE BOARD OF HEALTH REGULATIONS WHICH REQUIRES EXISTING 1000 GALLON SEPTIC TANKS TO BE LESS THAN 20 YEARS OLD.

63 Kingman St



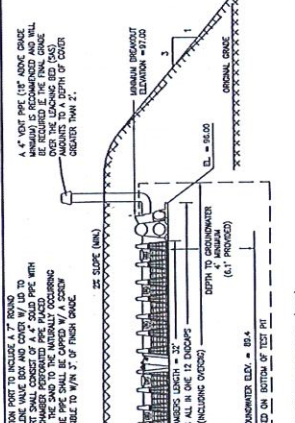
100' RADIUS FROM EX. WELL

**ZCF**  
ZENITH CONSULTING ENGINEERS, LLC  
3 MAIN STREET LAKEVILLE, MA 02347  
PHONE: (508) 947-4208  
P.E. STAMP



REV.	DATE	DESCRIPTION	BY	APP.
0	9-26-23	PROJECT MARRER		
1	11/15/24	PROJECT MARRER		
2	1-22-25	PROJECT MARRER		

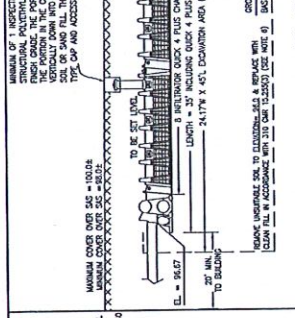
**63 KINGMAN STREET  
LAKEVILLE, MASSACHUSETTS  
REPAIR  
SUBSURFACE SEWAGE DISPOSAL SYSTEM**



**DESIGN CALCULATIONS:**  
DESIGN FLOW = 110 GPD/WPERSON = 440 GPD  
DESIGN FLOW = 110 GPD/WPERSON = 440 GPD  
DESIGN FLOW = 110 GPD/WPERSON = 440 GPD  
DESIGN FLOW = 110 GPD/WPERSON = 440 GPD

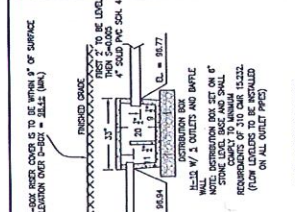
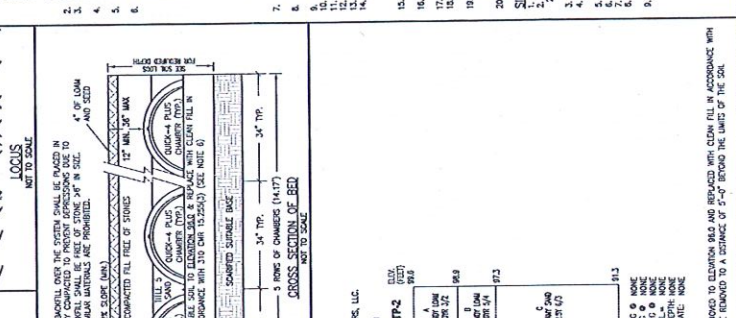
**NOTES:**  
1. CONSTRUCTION SHALL VERIFY THE EXISTING HEALTH AND SANITATION RECORDS, U.S. AT LOT 19...  
2. AFTER EACH FIELD DRAINAGE PRIOR TO PACKING OF SAND...  
3. THE SOIL IN THE FIELD SHOULD BE PROTECTED BY THE USUAL DRAINAGE...

**RECEIVED**  
OCT 22 2023  
BOARD OF HEALTH  
LAKEVILLE, MASSACHUSETTS



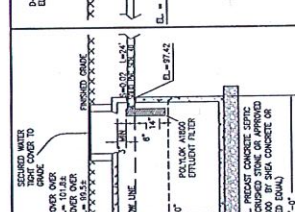
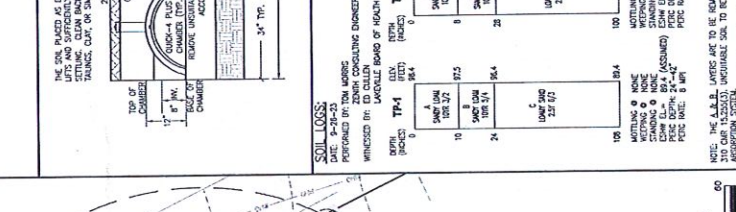
**LEGEND**

1-24	EXISTING SANITATION
1-25	PROPOSED SANITATION
1-26	PROPOSED SEWAGE
1-27	PROPOSED SEWAGE
1-28	PROPOSED SEWAGE
1-29	PROPOSED SEWAGE
1-30	PROPOSED SEWAGE



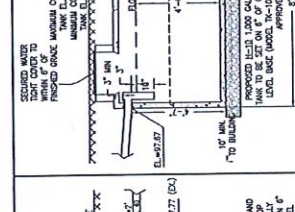
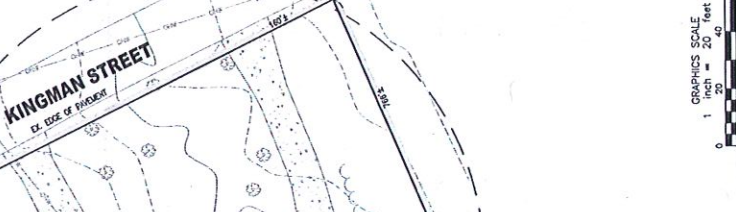
**LEGEND**

1-31	EXISTING SANITATION
1-32	PROPOSED SANITATION
1-33	PROPOSED SEWAGE
1-34	PROPOSED SEWAGE
1-35	PROPOSED SEWAGE
1-36	PROPOSED SEWAGE
1-37	PROPOSED SEWAGE
1-38	PROPOSED SEWAGE
1-39	PROPOSED SEWAGE
1-40	PROPOSED SEWAGE



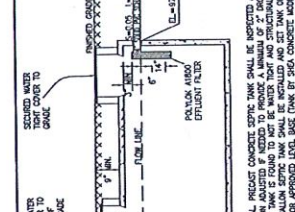
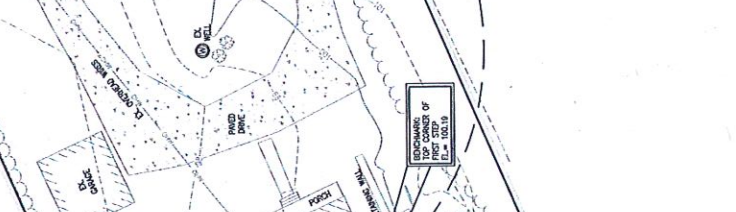
**LEGEND**

1-41	EXISTING SANITATION
1-42	PROPOSED SANITATION
1-43	PROPOSED SEWAGE
1-44	PROPOSED SEWAGE
1-45	PROPOSED SEWAGE
1-46	PROPOSED SEWAGE
1-47	PROPOSED SEWAGE
1-48	PROPOSED SEWAGE
1-49	PROPOSED SEWAGE
1-50	PROPOSED SEWAGE



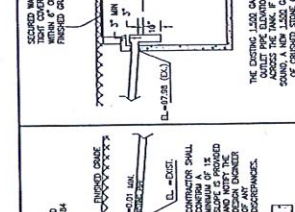
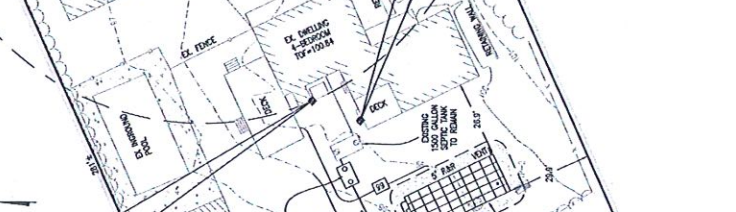
**LEGEND**

1-51	EXISTING SANITATION
1-52	PROPOSED SANITATION
1-53	PROPOSED SEWAGE
1-54	PROPOSED SEWAGE
1-55	PROPOSED SEWAGE
1-56	PROPOSED SEWAGE
1-57	PROPOSED SEWAGE
1-58	PROPOSED SEWAGE
1-59	PROPOSED SEWAGE
1-60	PROPOSED SEWAGE



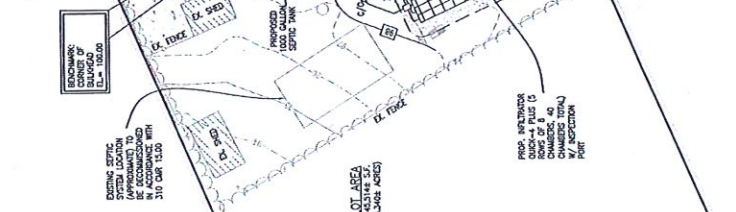
**LEGEND**

1-61	EXISTING SANITATION
1-62	PROPOSED SANITATION
1-63	PROPOSED SEWAGE
1-64	PROPOSED SEWAGE
1-65	PROPOSED SEWAGE
1-66	PROPOSED SEWAGE
1-67	PROPOSED SEWAGE
1-68	PROPOSED SEWAGE
1-69	PROPOSED SEWAGE
1-70	PROPOSED SEWAGE



**LEGEND**

1-71	EXISTING SANITATION
1-72	PROPOSED SANITATION
1-73	PROPOSED SEWAGE
1-74	PROPOSED SEWAGE
1-75	PROPOSED SEWAGE
1-76	PROPOSED SEWAGE
1-77	PROPOSED SEWAGE
1-78	PROPOSED SEWAGE
1-79	PROPOSED SEWAGE
1-80	PROPOSED SEWAGE



**LAKEVILLE BOYHANGER REQUEST:**  
1. WHEN RECORDS EXISTING 1000 GALLON SEPTIC TANKS TO BE LESS THAN 20 FEET OLD.

**NOTES:**  
THE S.E. CORNER OF THE SEPTIC TANK IS TO BE TOOK TO ELEVATION 9.82 AND REPAIRED WITH CLEAN FILL BY APPROXIMATE WITH THE S.E. CORNER OF THE SEPTIC TANK. TO BE REPAIRED TO A SURFACE OF 8'-0" BELOW THE SURFACE OF THE GROUND.

GRAPHICS SCALE  
1" = 20'-0"

FILE COPY



3 Main Street Lakeville, MA 02347  
(508) 947-4208 - [www.zcellc.com](http://www.zcellc.com)

- Civil Engineering
- Septic Design (Title 5)
- Septic Inspections (Title 5)
- Commercial and Industrial Site Plans
- Chapter 91 Permitting

October 19, 2023

Town of Lakeville Board of Health  
346 Bedford Street  
Lakeville, MA 02347

RE: Local Upgrade Approval Request  
8 Second Ave Lakeville, MA 02347

RECEIVED  
OCT 19 2023  
BOARD OF HEALTH

Dear Board Members:

On behalf of our client, Bryant Hill Farms, Zenith Consulting Engineers, LLC. respectfully requests local upgrade approvals from the following provisions of 310 CMR 15.00 Title V:

LOCAL UPGRADE APPROVALS REQUESTED:

1. Reduction of the required number of deep holes per disposal area from 2 to 1 per 310 CMR 15.405(1)(k).
2. Reduction of the required setback between the proposed SAS and a private water supply well from 100' to 80' per 310 CMR 15.405(1)(g). (n/f Montrond)
3. Reduction of the required setback between the proposed SAS and existing crawl space from 20' to 10' per 310 CMR 15.405(1)(b).
4. Reduction of the required setback between the proposed septic tank and existing crawl space from 10' to 7' per 310 CMR 15.405(1)(b).

Should you have any questions regarding these requests, please do not hesitate to contact the office at 508-947-4208 or email [nyles@zcellc.com](mailto:nyles@zcellc.com).

Sincerely,  
Zenith Consulting Engineers, LLC

Nyles Zager, PE  
Manager/Senior Engineer



3 Main Street Lakeville, MA 02347  
(508) 947-4208 - [www.zcellc.com](http://www.zcellc.com)

- Civil Engineering
- Septic Design (Title 5)
- Septic Inspections (Title 5)
- Commercial and Industrial Site Plans
- Chapter 91 Permitting

RECEIVED

OCT 19 2023

BOARD OF HEALTH

October 19, 2023

RE: Subsurface Sewage Disposal System Local Upgrade Approval Requests  
8 Second Ave Lakeville, MA 02347

Dear Abutter:

The owner of 8 Second Ave, Lakeville, MA, has requested local upgrade requests from certain provisions of 310 CMR 15.00 (Title V). In accordance with 310 CMR 15.411(1)(b), as an affected abutter to 8 Second Ave, you are required to be notified of the specific provisions of 310 CMR 15.000 from which a local upgrade is sought and the date, time and place where the application will be discussed.

LOCAL UPGRADE APPROVALS REQUESTED:

1. Reduction of the required number of deep holes per disposal area from 2 to 1 per 310 CMR 15.405(1)(k).
2. Reduction of the required setback between the proposed SAS and a private water supply well from 100' to 80' per 310 CMR 15.405(1)(g). (n/f Montrond)
3. Reduction of the required setback between the proposed SAS and existing crawl space from 20' to 10' per 310 CMR 15.405(1)(b).
4. Reduction of the required setback between the proposed septic tank and existing crawl space from 10' to 7' per 310 CMR 15.405(1)(b).

The Meeting will be held at Lakeville Police Station 323 Bedford Street, Lakeville, MA 02347 on November 1st at 6:00pm. If you have any questions or require additional information, please do not hesitate to contact our office at 508-947-4208 or email [nyles@zcellc.com](mailto:nyles@zcellc.com).

Sincerely,  
Zenith Consulting Engineers, LLC

Nyles Zager, PE  
Manager/Senior Engineer

9589 0710 5270 0148 8435 80

# U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

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Return Receipt (electronic)

Certified Mail Restricted Delivery

Adult Signature Required

Adult Signature Restricted Delivery

Postage

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\$

Sent To

Street

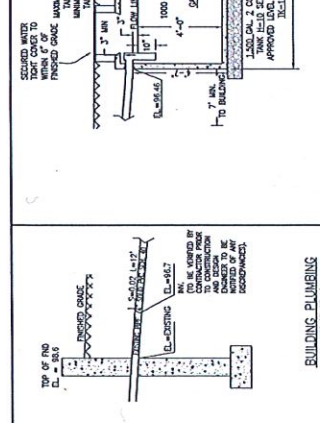
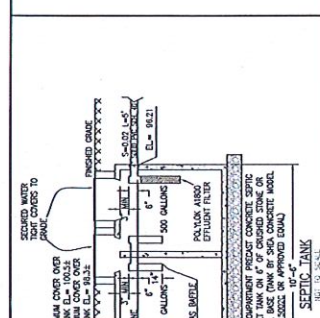
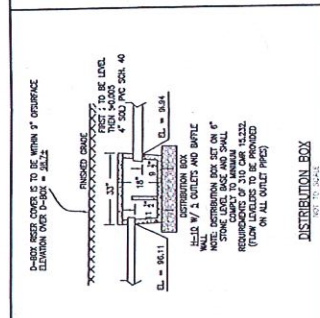
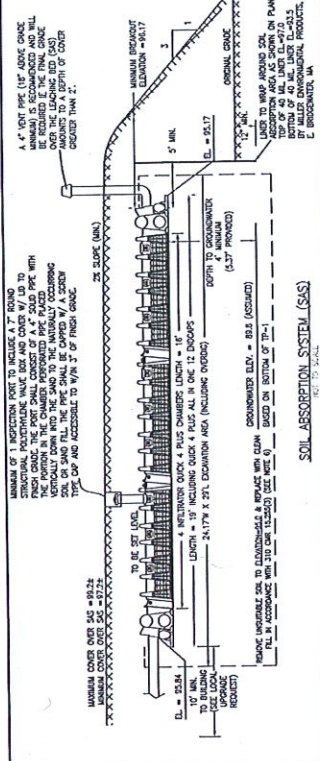
City, St



Wayne Montrond  
5 Third Ave.  
Lakeville, MA 02347

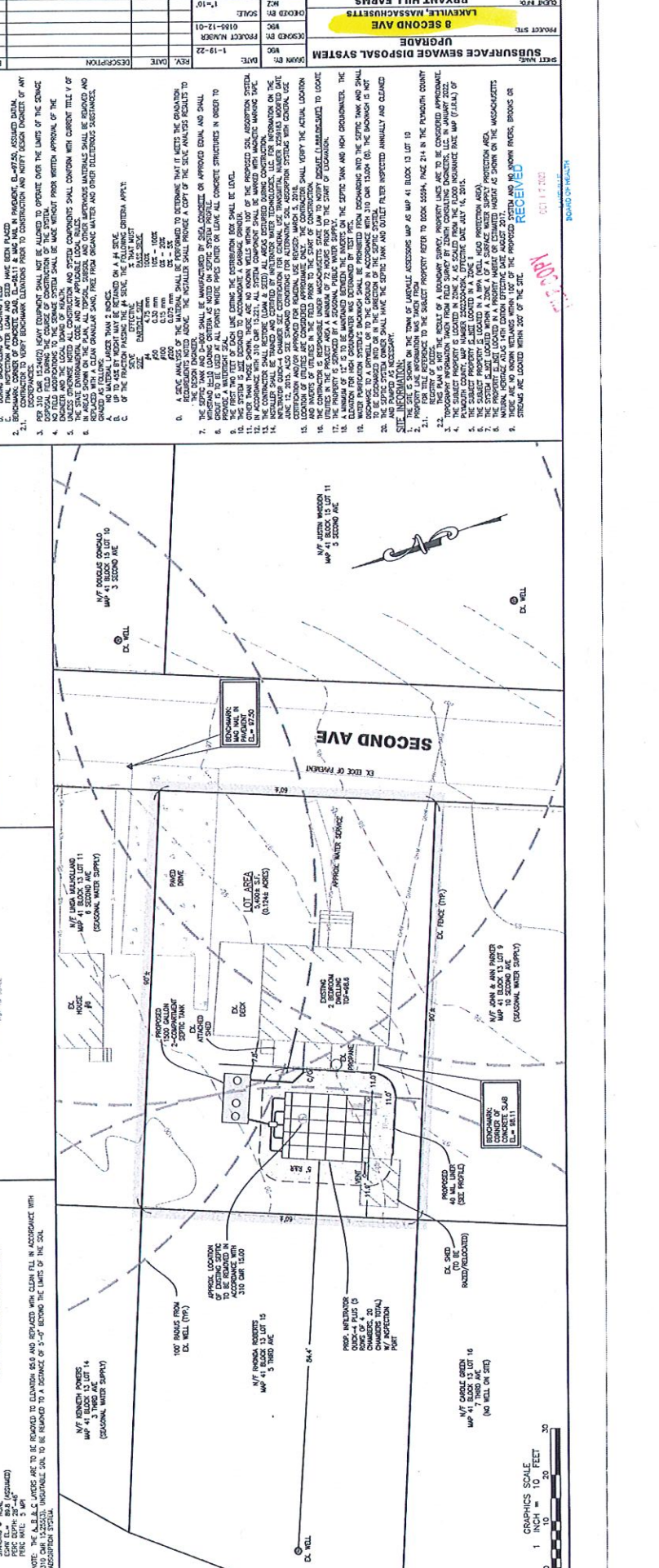
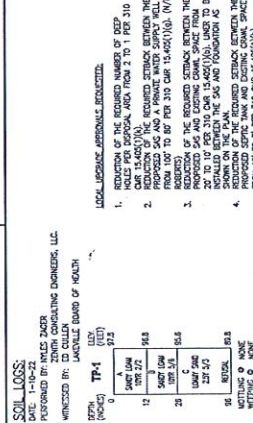
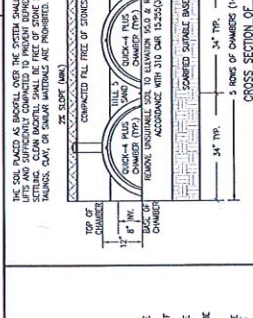
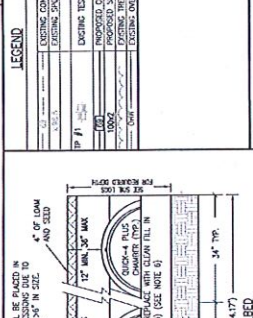
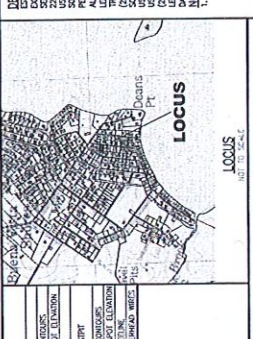


**ZCE**  
 ZENITH CONSULTING ENGINEERS, LLC  
 3 MAIN STREET LAKEVILLE, MA 02347  
 PHONE: (508) 947-4208  
 P.E. STAFF



**DESIGN CALCULATIONS:**

DESIGN 1 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 2 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 3 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 4 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 5 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 6 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 7 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 8 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 9 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)  
 DESIGN 10 BEDROOMS = 110 GPD/BEDROOM = 220 GPD (BED RESTRICTION REQUIRED)



NOTES:  
 1. THE CONTRACTOR SHALL VERIFY THE LOCATION OF ALL EXISTING UTILITIES AND RECORD THEM ON THE CONSTRUCTION DRAWINGS.  
 2. THE CONTRACTOR SHALL VERIFY THE LOCATION OF ALL EXISTING UTILITIES AND RECORD THEM ON THE CONSTRUCTION DRAWINGS.  
 3. THE CONTRACTOR SHALL VERIFY THE LOCATION OF ALL EXISTING UTILITIES AND RECORD THEM ON THE CONSTRUCTION DRAWINGS.  
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3 Main Street Lakeville, MA 02347  
(508) 947-4208 - [www.zcellc.com](http://www.zcellc.com)

- Civil Engineering
- Septic Design (Title 5)
- Septic Inspections (Title 5)
- Commercial and Industrial Site Plans
- Chapter 91 Permitting

October 10, 2023

RE: Local Upgrade Approval Request  
348-350 Bedford Street Lakeville, MA 02347

Dear Abutter:

The owners of 348-350 Bedford Street, Lakeville, MA, have requested a local upgrade approval from certain provisions of 310 CMR 15.00 (Title V). In accordance with 310 CMR 15.411(1)(b), as an abutter to 348-350 Bedford Street, you are required to be notified of the specific provisions of 310 CMR 15.000 from which a variance is sought and the date, time and place where the application will be discussed.

**LOCAL UPGRADE APPROVALS REQUESTED:**

Reduction of the required setback between the proposed septic tank and a surface water supply from 400' to 185' per 310 CMR 15.405 (1)(g).

The Meeting will be held at Lakeville Police Station 323 Bedford Street, Lakeville, MA 02347 on November 1st at 6:00pm. If you have any questions or require additional information, please do not hesitate to contact our office at 508-947-4208 or email [nyles@zcellc.com](mailto:nyles@zcellc.com).

Sincerely,  
Zenith Consulting Engineers, LLC

Nyles Zager, PE  
Manager/Senior Engineer

RECEIVED  
OCT 10 2023  
BOARD OF HEALTH

9589 0710 5270 0148 8430 23

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<input type="checkbox"/>	Return Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Restricted Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent 7

Street

City, S

New Bedford Water Dept.  
1 Negus Way  
E. Freetown, MA 02717



PS Form 3800, January 2023 (PSN 7530-02-000-9047) See Reverse for Instructions

9589 0710 5270 0148 8430 30

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Certified Mail Fee

\$	Extra Services & Fees (check box, add fee as appropriate)
<input type="checkbox"/>	Return Receipt (hardcopy) \$
<input type="checkbox"/>	Return Receipt (electronic) \$
<input type="checkbox"/>	Certified Mail Restricted Delivery \$
<input type="checkbox"/>	Adult Signature Required \$
<input type="checkbox"/>	Adult Signature Restricted Delivery \$

Postage

\$

Total

\$

Sent

Street

City,

Taunton Water Dept.  
91 Precinct St.  
Lakeville, MA 02347



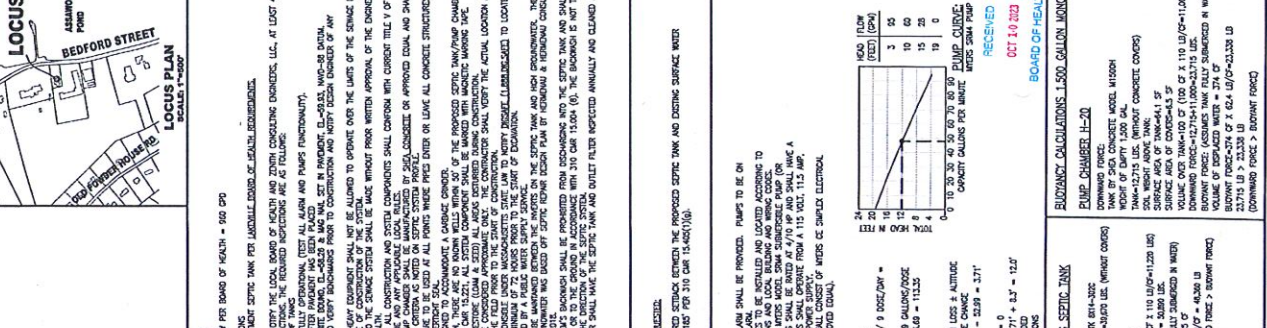
PS Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">New Bedford Water Dept.          1 Negus Way          East Freetown, MA 02717</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8121 2349 6167 88</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 9589 0710 5270 0148 8430 23 Mail Restricted Delivery (100) 348-350 Bedford St BDN Domestic Return Receipt</p>													

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY												
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Jodi Raposa</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p style="text-align: center;"><i>Jodi Raposa</i> 10/16/2023</p>												
<p>1. Article Addressed to:</p> <p style="text-align: center;">Taunton Water Dept.          91 Precinct St.          Lakeville, MA 02347</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p style="text-align: center;">LAKEVILLE          10/16/2023</p>												
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">9590 9402 8121 2349 6168 01</p>	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Collect on Delivery Restricted Delivery	
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<p>PS Form 3811, July 2020 PSN 7530-02-000-9053 9589 0710 5270 0148 8430 30 Mail Restricted Delivery (\$500) 348-350 Bedford St BDN Domestic Return Receipt</p>													



PROJECT NAME: SUBSURFACE SEWAGE DISPOSAL SYSTEM DESIGN  
PROJECT SITE: 348-350 BEDFORD STREET, LAKESVILLE, MASSACHUSETTS  
ARCHIBALD PLUMBING, LAKESVILLE, MASSACHUSETTS  
STOUGHTON, MASSACHUSETTS  
DATE: 10-10-23  
DRAWN BY: RSC  
CHECKED BY: MFC  
DESIGNED BY: MFC  
SCALE: 1" = 20'  
SHEET NO: 24  
DATE: 10-10-23  
DESC: STP-DIM  
BY: MFC

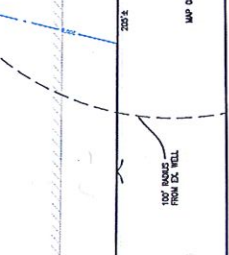
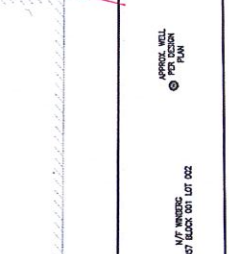
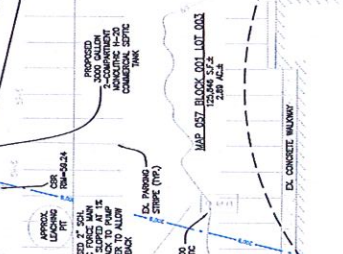
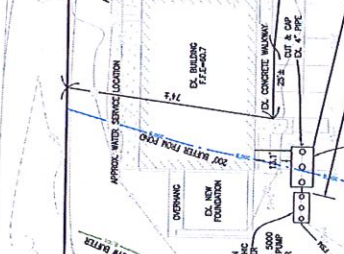
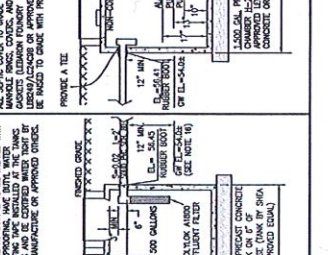
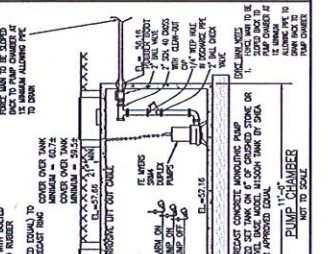
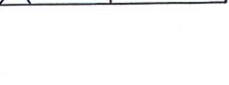
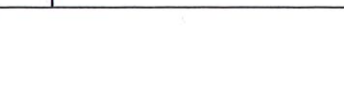
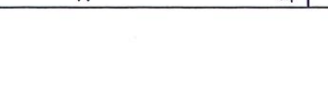
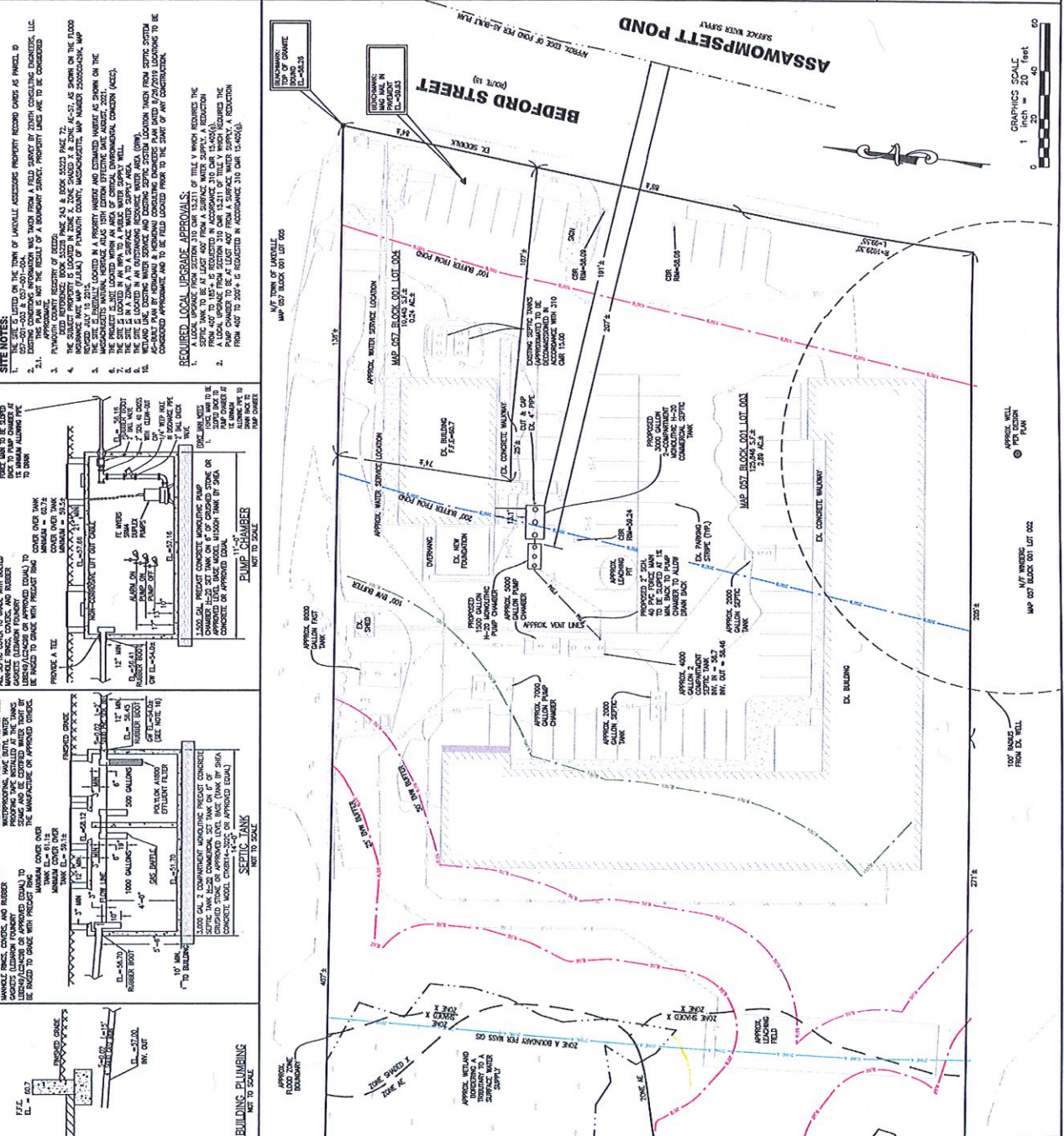


### DESIGN CALCULATIONS:

PERMITTED SEWER DESIGN FLOW PER BOARD OF HEALTH = 800 GPD  
DESIGN FLOW = 800 GPD x 1.5 = 1200 GAL/DAYS  
DESIGN FLOW = 1200 GAL/DAYS / 7-DAYS = 171.42 GAL/DAYS

### REQUIRED LOCAL UPGRADE APPROVALS:

1. THE SITE IS LOCATED ON THE TOWN OF LAKESVILLE'S ZONING ORDINANCES AS PERMITTED. THE SEPTIC TANK SHALL BE AT LEAST 100' FROM A SURFACE WATER SUPPLY. A REDUCTION FROM 400' TO 200' IS REQUIRED IN ACCORDANCE WITH 816 CMR 13.00(1). THE SEPTIC TANK SHALL BE AT LEAST 200' FROM A SURFACE WATER SUPPLY. A REDUCTION FROM 400' TO 200' IS REQUIRED IN ACCORDANCE WITH 816 CMR 13.00(1).



### SITE NOTES:

1. THE SITE IS LOCATED ON THE TOWN OF LAKESVILLE'S ZONING ORDINANCES AS PERMITTED. THE SEPTIC TANK SHALL BE AT LEAST 100' FROM A SURFACE WATER SUPPLY. A REDUCTION FROM 400' TO 200' IS REQUIRED IN ACCORDANCE WITH 816 CMR 13.00(1). THE SEPTIC TANK SHALL BE AT LEAST 200' FROM A SURFACE WATER SUPPLY. A REDUCTION FROM 400' TO 200' IS REQUIRED IN ACCORDANCE WITH 816 CMR 13.00(1).

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### DOSE CALCULATION:

DESIGN DOSE = 800 GPD / 1.000 GPD/DAY = 0.800  
1000 GPD/DAYS  
TOTAL DOSE = 0.800  
TOTAL DOSE = 0.800 / 11.25 = 0.070  
TOTAL DOSE = 0.070

### REVENUE CALCULATIONS 1,500 GALLON MONOLITHIC PUMP CHAMBER H=20

DESIGNING PUMP:  
PUMP CHAMBER H=20  
WEIGHT OF EMPTY TANK: 1000 LB  
MODE OF EMPTY TANK: 1000 LB  
TANK=12.715 US. (WITHOUT CONCRETE CONCRETE)  
200.00 LB NET WEIGHT  
TANK=12.715 US. (WITHOUT CONCRETE CONCRETE)  
SURFACE AREA OF CONCRETE=43.57  
VOLUME OVER TANK=100 OF (100 OF X 110 LB/CF)=11000 LB  
DESIGNING PUMP CHAMBER H=20  
WEIGHT OF EMPTY TANK: 1000 LB  
MODE OF EMPTY TANK: 1000 LB  
TANK=12.715 US. (WITHOUT CONCRETE CONCRETE)  
SURFACE AREA OF CONCRETE=43.57  
VOLUME OVER TANK=100 OF (100 OF X 110 LB/CF)=11000 LB  
DESIGNING PUMP CHAMBER H=20  
WEIGHT OF EMPTY TANK: 1000 LB  
MODE OF EMPTY TANK: 1000 LB  
TANK=12.715 US. (WITHOUT CONCRETE CONCRETE)  
SURFACE AREA OF CONCRETE=43.57  
VOLUME OVER TANK=100 OF (100 OF X 110 LB/CF)=11000 LB

FILE COPY



Town of Lakeville  
Board of Health  
346 Bedford Street  
Lakeville, MA 02347

Board of Health  
(508) 946-3473  
(508) 946-8805  
(508) 946-3971 fax

APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

- 1) Establishment Name: Jeffrey's House of Pizza
- 2) Address: 4326 Acushnet Ave New Bedford MA 02745
- 3) Telephone #: 508 994-0000 Email: HouseofPizza04@gmail.com
- 4) Mailing Address (if different): \_\_\_\_\_
- 5) Applicant Name & Title: Jeffrey Pereira President PH: 508-989-2553
- 6) Applicant Address: 52 Chipaway Road East Freetown MA 02717
- 7) Name of Owner (if different from applicant): \_\_\_\_\_ PH: \_\_\_\_\_
- 8) Owner Address: \_\_\_\_\_
- 9) If Corporation or Partnership, give Name, Title & Home Address of Officers or Partners  
Same
- 10) Emergency Response Person:  
Name: Same Contact #: \_\_\_\_\_
- 11) Annual \_\_\_\_\_ Temporary  Seasonal \_\_\_\_\_
- 12) Dates of Operation, if not Annual Nov 11 & 12

RECEIVED  
OCT 24 2023  
BOARD OF HEALTH

Type of Establishment:

- Food Service     <25 Seats - \$200     25-50 Seats - \$300     >50 Seats - \$400  
 Retail-Prepackaged Food Only    \$100 per 5000 sq. ft.

<input type="checkbox"/>	only \$25 per day
<input type="checkbox"/>	and popcorn): \$50 per day
<input type="checkbox"/>	eed 1 wk)
<input type="checkbox"/>	)
<input type="checkbox"/>	
<input type="checkbox"/>	

13) Water Source: Bottle Water Crystal Rock Sewage Disposal Type: W.I.N Waste

14) Days & Hours of Operation: Nov 11 & 12 8am - 5pm

15) If Restaurant: Number of Seats: \_\_\_\_\_

16) Name of Person Trained in Allergen Awareness: (Attach copy of certificate)

Jeffrey Pereira

17) ServSafe (2) Manager's Food Safety Certificates: (Attach copies of certificates)

Name: Jeffrey Pereira Certificate Expires: 5/4/26

Name: \_\_\_\_\_ Certificate Expires: \_\_\_\_\_

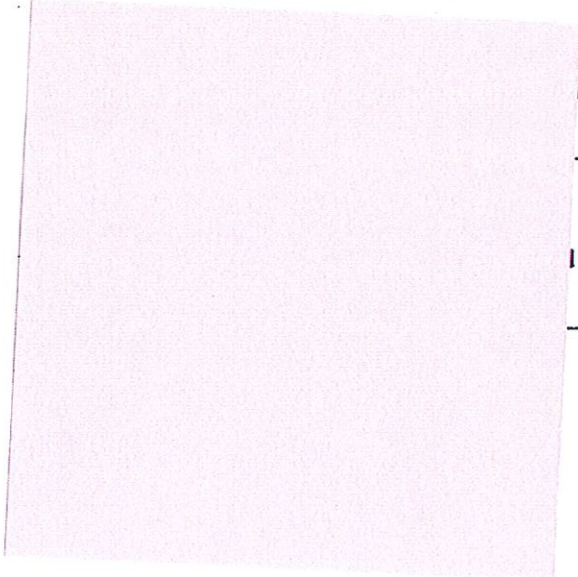
18) Name of Person Trained in Anti-Choking Procedures (For 25 seats or more):

\_\_\_\_\_  
(Attach copy of certificate)

19) Food Handlers: Any cooks, wait staff, dishwashers, bartenders, ice cream servers and anyone else who handles or prepares food within the food service industry  
(Attach copies of certificates)

**THIS SECTION MUST BE COMPLETED FOR ALL APPLICATIONS**

*Pursuant to Massachusetts General Law, Chapter 62C, Section 49A, I certify under the penalties of perjury that I, to my best knowledge and belief have filed all state tax returns and paid all state taxes required under law.*



Number

Jeffrey Pereira  
Signature of Individual or Corporate Name

Address:

\_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

RECEIVED

OCT 24 2023

BOARD OF HEALTH

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: Jeffrey's House of Pizza

Address: 4326 Acushnet Ave

City/State/Zip: New Bedford, MA, 02745 Phone #: 508-994-0000

Are you an employer? Check the appropriate box:

- 1.  I am an employer with 7 employees (full and/or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

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

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

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

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

Insurance Company Name: Wesco Insurance Company / The Fairway Agency, LLC

Insurer's Address: 944 Washington St., Suite 2

City/State/Zip: South Easton, MA, 02375

Policy # or Self-ins. Lic. # WWC 3638044 Expiration Date: 02/10/24

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

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

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

Signature: [Signature]

Date: 2-17-23

Phone #: 508-989-2553

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

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

Issuing Authority (circle one):

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

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_



# Fundraiser Menu

Coffee

Hot Chocolate

Hot Tea

Water

Pepsi Soda products

Gatorade

Donuts

Pretzels

Cheese Pizza Slices (Prepared at Jeffrey's Pizza)

"Willow Tree" Chicken Salad 6" Rolls (Prepared at Jeffrey's Pizza)

6" Linguica Rolls (Prepared at Jeffrey's Pizza)

Prepacked Chips

"Sweet Street" Prepackaged Chocolate Cookie

Candy Bars (KitKat, Reese's, Twix)

RECEIVED

OCT 24 2023

BOARD OF HEALTH

**ServSafe**  
National Restaurant Association

# ServSafe® CERTIFICATION

## JEFFREY PEREIRA

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).



#0655

20577058

CERTIFICATE NUMBER

5/4/2021

DATE OF EXAMINATION

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

10752

EXAM FORM NUMBER

5/4/2026

DATE OF EXPIRATION

*Sherman Brown*

Sherman Brown  
Executive Vice President, National Restaurant Association, Solutions



In accordance with M...

and the ServSafe logo are trademarks of the NRAEF, National Restaurant Association® and the arc design

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

# CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: JEFFREY PEREIRA

Certificate Number: 5627913

Date of Completion: 5/13/2022

Date of Expiration: 5/13/2027



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OCT 24 2023  
BOARD OF HEALTH

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

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

Issued By:



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




800.765.2122  
www.restaurant.org



The Commonwealth of Massachusetts  
 City of New Bedford  
 2023  
 Certificate of Inspection



Issued to DBA	JEFFREY'S HOUSE OF PIZZA		Type:	Certificate of Inspection	Certificate No.
	JEFFREY'S HOUSE OF PIZZA				CI-23-5
Located at	Identify property address including street number, name, city or town and country				Certificate Expiration
	Map/Lot:	137 B 0077	In the City of New Bedford		March 28, 2024
	4326 ACUSHNET AVE				
Location	Use Group Classification(s)			Allowable Occupant Load	
1st Floor	RESTAURANT			11	
1st Floor				25	
				Total Allowable on Promise:	36
This Certificate of Inspection is hereby issued by the undersigned to certify that the premise, structure or portion thereof as herein specified has been inspected for general fire and life safety features. This certificate shall be framed behind clear glass and/or laminated and posted in a conspicuous place within the space as directed by the undersigned. Failure to post or tampering with the contents of the certificate is strictly prohibited.					
Building Commissioner				March 28, 2023	
 <hr/> Building Official				Inspection Date	Date Certificate Issued

RECEIVED  
 OCT 24 2023  
 BOARD OF HEALTH

RECEIVED

OCT 27 2023

BOARD OF HEALTH



Jonathan F. Mitchell  
Mayor

City of New Bedford, Massachusetts

HEALTH DEPARTMENT  
1213 Purchase St  
Tel. (508) 991-6199 Fax. (508) 991-6292



**FOOD ESTABLISHMENT PERMIT**

(must be posted on the Premises of the Food Establishment)

2024

Permit Number: FM-23-208

Permit Fee: \$200.00  
Issued: May 17, 2023

In accordance with Regulations promulgated under authority of MGL c. 94, ss. 305A, 305B, 146, 189A; c. 111 ss. 5, 127A, 105  
CMR590.000 a Permit to operate a food establishment is hereby granted to:

Name of License Holder: Jeffrey Perelra  
Name of Food Establishment: Jeffrey's House of Pizza  
Address of Food Establishment: 4326 ACUSHNET AVE

Operations

Take Out - 50 seats

Permitted:

Permit Length: Fiscal

Restrictions:

**Renewal of Permit**

An annual food establishment permit may be renewed by applying at least thirty (30) days prior to the expiration of the permit.

**Notification of Changes**

A permit holder shall notify the board of health within 48 hours after any change in ownership, and at least 30 days prior to any change in the name or location of the food establishment and shall promptly submit to the board of health an application for a new or amended permit, together with written documentation reflecting such change.

This Permit Expires: June 30, 2024

NON-TRANSFERABLE

*Elizabeth M. Brinkman, M.D.*  
RMB

*Katherine M. Griffith, P.O.D.*

Issued by: