

TOWN OF LAKEVILLE MEETING POSTING & AGENDA

Town Clerk's Time Stamp
received & posted:
LAKEVILLE TOWN CLERK
JUN 5 2023 JUN 5 AM 11:54
K. Lawrence
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:	BOARD OF HEALTH
Date & Time of Meeting:	Wednesday, June 7, 2023 @ 6:00p.m.
Location of Meeting:	Lakeville Police Station 323 Bedford Street, Lakeville, MA
Clerk/Board Member posting notice:	Fran Lawrence

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 taping (if present)

- 311 Pond Lane** - Meet with Foresight Engineering, Inc. to discuss requested local upgrades
- 24 Beechwood Avenue** – Meet with SFG Associates, Inc. to discuss requested local upgrades
- ECCO, Inc. dba Muckey's Liquors** – *New Ownership*
 - Tobacco Permit
 - Food Service – retail-prepackaged Food only
- Re-Appointments of Assistant Board of Health Agents***
for the period (July 1, 2023 through June 30, 2024)
- Recommend to the Board of Selectmen to appoint Edward Cullen as the Inspector of Milk*** for the period (July 1, 2023 through June 30, 2024)
- Approve meeting minutes**
 - April 5, 2023
 - April 19, 2023
- Discuss recent BOH Agent pending items***

CORRESPONDENCE

Covid19 update

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.



Commonwealth of Massachusetts
City/Town of Lakeville

RECEIVED

#1

Form 9A – Application for Local Upgrade Approval

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 your local Board of Health to determine the form they use.

Form 9A is to be submitted to the Local Board of Health for the upgrade of a failed or nonconforming septic system with a design flow of less than 10,000 gpd, where full compliance, as defined in 310 CMR 15.404(1), is not feasible.

System upgrades that cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the requirements of 310 CMR 15.000, require a variance pursuant to 310 CMR 15.410 through 15.415.

NOTE: Local upgrade approval shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

A. Facility Information

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



1. Facility Name and Address:

Sepersky Family Investment Trust

Name

311 Pond Lane

Street Address

Lakeville

City/Town

MA

State

02347

Zip Code

2. Owner Name and Address (if different from above):

3511 Creekview Dr

Name

Street Address

Bonita Spring

FL

City/Town

State

34134

Zip Code

Telephone Number

3. Type of Facility (check all that apply):

Residential Institutional Commercial School

4. Describe Facility:

Single Family 3 bedroom residence

5. Type of Existing System:

Privy Cesspool(s) Conventional Other (describe below):

6. Type of soil absorption system (trenches, chambers, leach field, pits, etc):

Unknown



Commonwealth of Massachusetts

City/Town of Lakeville

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A. Facility Information (continued)

7. Design Flow per 310 CMR 15.203:

Design flow of existing system:	300
	gpd
Design flow of proposed upgraded system	347
	gpd
Design flow of facility:	330
	gpd

B. Proposed Upgrade of System

1. Proposed upgrade is (check one):

Voluntary Required by order, letter, etc. (attach copy)

Required following inspection pursuant to 310 CMR 15.301: _____
date of inspection

2. Describe the proposed upgrade to the system:

1500 gallon H2O 2 Compartment Septic tank with Microfast 0.5 Unit, 1000 gallon H2O Monolithic pump chamber, 15'x35' raised leach field with retaining walls

3. Local Upgrade Approval is requested for (check all that apply):

Reduction in setback(s) – describe reductions:

See Letter Attached

Reduction in SAS area of up to 25%: SAS size, sq. ft. % reduction

Reduction in separation between the SAS and high groundwater:

Separation reduction	3
	ft.
Percolation rate	30
	min./inch
Depth to groundwater	4
	ft.



Commonwealth of Massachusetts

City/Town of Lakeville

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B. Proposed Upgrade of System (continued)

[] Relocation of water supply well (explain):

[] Reduction of 12-inch separation between inlet and outlet tees and high groundwater

[x] Use of only one deep hole in proposed disposal area

[x] Use of a sieve analysis as a substitute for a perc test

[] Other requirements of 310 CMR 15.000 that cannot be met – describe and specify sections of the Code:

If the proposed upgrade involves a reduction in the required separation between the bottom of the soil absorption system and the high groundwater elevation, an Approved Soil Evaluator must determine the high groundwater elevation pursuant to 310 CMR 15.405(1)(h)(1). The soil evaluator must be a member or agent of the local approving authority.

High groundwater evaluation determined by:

Ed Cullen

Evaluator's Name (type or print)

Signature

4/11/23

Date of evaluation

C. Explanation

Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

1. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

Due to site limitations

2. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible:

Proposed



Commonwealth of Massachusetts

City/Town of Lakeville

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C. Explanation (continued)

3. A shared system is not feasible:

Not available

4. Connection to a public sewer is not feasible:

Not available

5. The Application for Local Upgrade Approval must be accompanied by all of the following (check the appropriate boxes):

Application for Disposal System Construction Permit

Complete plans and specifications

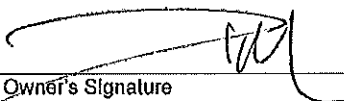
Site evaluation forms

A list of abutters affected by reduced setbacks to private water supply wells or property lines. Provide proof that affected abutters have been notified pursuant to 310 CMR 15.405(2).

Other (List):

D. Certification

"I, the facility owner, certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."



Facility Owner's Signature

5/22/23

Date

Darren Michaelis- Rep

Print Name

Foresight Engineering Inc.

Name of Preparer

5/22/23

Date

518 County Road (Wishbone Way)

Preparer's address

West Wareham

City/Town

MA/02576

State/ZIP Code

508-245-2148

Telephone

FORESIGHT ENGINEERING INC.

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

May 22, 2023

RE: Septic System Upgrade @ 311 Pond Ln

To Whom It May Concern:

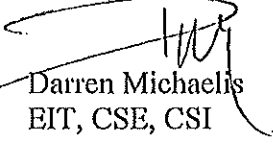
On behalf of the property owner, Sepersky Family Investment Trust, we are requesting the following Local Upgrade Requests due to site limitations, surface water supply proximity and limited area available.

LOCAL UPGRADE REQUESTS:

1. A reduction of the setback of the septic tank from the property line from 10' to 8' per 310CMR Section 15.405(1)(a).
2. A reduction of the setback of the pump tank from the property line from 10' to 8' per 310CMR Section 15.405(1)(a).
3. A reduction of the setback of the leach field from the property line from 10' to 6' per 310CMR Section 15.405(1)(a).
4. A reduction of the setback of the septic tank from the surface water supply from 400' to 50' minimum per 310CMR Section 15.405(1)(g).
5. A reduction of the setback of the pump tank from the surface water supply from 400' to 50' minimum per 310CMR Section 15.405(1)(g).
6. A reduction of the setback of the leach field from the surface water supply from 400' to 135' minimum per 310CMR Section 15.405(1)(g).
7. A reduction of the separation of the leach field from the high groundwater table from 4' to 3' per the installation of an I/A system per 310CMR Section 15.405(1)(h).
8. To allow the substitution of a sieve analysis in lieu of a percolation test due to saturated conditions at time of testing per 310CMR Section 15.405(1)(i).
9. To allow a single deep observation hole due to site limitations per 310CMR Section 15.405(1)(k).

BOARD OF HEALTH MEETING TO BE HELD

Sincerely,



Darren Michaelis
EIT, CSE, CSI

Date: 4/11/2023

Commonwealth of Massachusetts

Soil Suitability Assessment for On-site Sewage Disposal

Performed By: Darren Michaelis, CSE

Witnessed By: Ed Cullen ,BOH

Location: frontyard

Address: 311 Pond Ln

Owner: Sepersky

New Construction: Repair:

Office Review

Published Soil Survey Available:

Year Published:	1969
Drainage Class:	Moderate
Publication Scale:	
Soil Limitations:	None
Soil Map Unit:	

Surface Geologic Report Available:

Year Published:	
Geological Material:	Till
Landform:	Ridge
Publication Scale:	
Map Unit:	
Soil Map Unit:	

Flood Insurance Rate Map:

Above 500 year flood boundary:	<input type="checkbox"/>
Within 500 year flood boundary:	<input type="checkbox"/>
Within 100 year flood boundary:	<input type="checkbox"/>

Wetland Area:

National Wetland Inventory Map (Map Unit):	<input type="checkbox"/>
Wetland Conservancy Program Map (map Unit):	<input type="checkbox"/>

Current Water Resource Conditions (USGS)

Range:	Above Normal	<input type="checkbox"/>	Normal	<input checked="" type="checkbox"/>	Below Normal	<input type="checkbox"/>
Month	April					

Other References Reviewed:

On-site Review

Deep Hole Number:	1	Date:	4/11/2023
Location (identify on site plan)	see plan	Time:	8:30
Land Use:	Residential		
Vegetation:	Lawn		
Weather:	50/Sunny		
Surface Stones:	Few		
Slope(%):	0-2		
Landform:	Ridge		
Position on landscape(sketch on the back)			
Distances from:			

Open Water Body	> 100 ft	Drainage Way	> 25 ft
Possible Wet Area	> 100 ft	Property Line	> 10 ft
Drinking Water Well	> 100 ft	Other	

DEEP OBSERVATION HOLE LOG

Depth from surface (Inches)	Soil Horizon	Soil Texture(USDA)	Soil Color	Soil Mottling	Other(Structure, Stones, Boulders, Consistency, % Gravel)
0-30"	AC	Fill			Massive, Friable
30-40"	Bb	Sandy Loam	10YR 5/6		Massive, Loose
40-120"	C	Sandy Loam	2.5Y 6/2	48", Many, Med	Single Grain, Packed
				Distinct	
Parent Material (geologic)		Till	Depth to Bedrock		>120"
Depth to Groundwater:		48"			

Standing Water in the Hole:	120"	Weeping from Pit Face:	60"
-----------------------------	------	------------------------	-----

Estimated Seasonal High Groundwater:	48"
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Commonwealth of Massachusetts

Percolation Test

		Date:	4/11/2023	Time:	9:00	
Observation Hole #		1				
Depth of Perc		42-60"				
Start Pre-soak						
End Pre-soak						
Time at 12"						
Time at 9"						
Time at 6"						
Time from 9"-6"						
Rate Min./Inch		Too Saturated				

Site Passed: Yes Site Failed:

Performed By:

Witnessed By:

Comments:

DETERMINATION FOR SEASONAL HIGH WATER TABLE

Method Used:

<input type="text"/>	Depth observed standing in observation hole	<input type="text"/>	inches
<input type="text"/>	Depth weeping from side of observation hole	<input type="text" value="60"/>	inches
<input type="text"/>	Depth to soil mottles	<input type="text" value="48"/>	inches
<input type="text" value="None"/>	Ground water adjustment	<input type="text"/>	feet

Index Well Number
Reading Date
Index Well Level
Adjustment Factor
Adjusted Ground Water level

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system?

If not, what is the depth of the naturally occurring pervious material in the area?

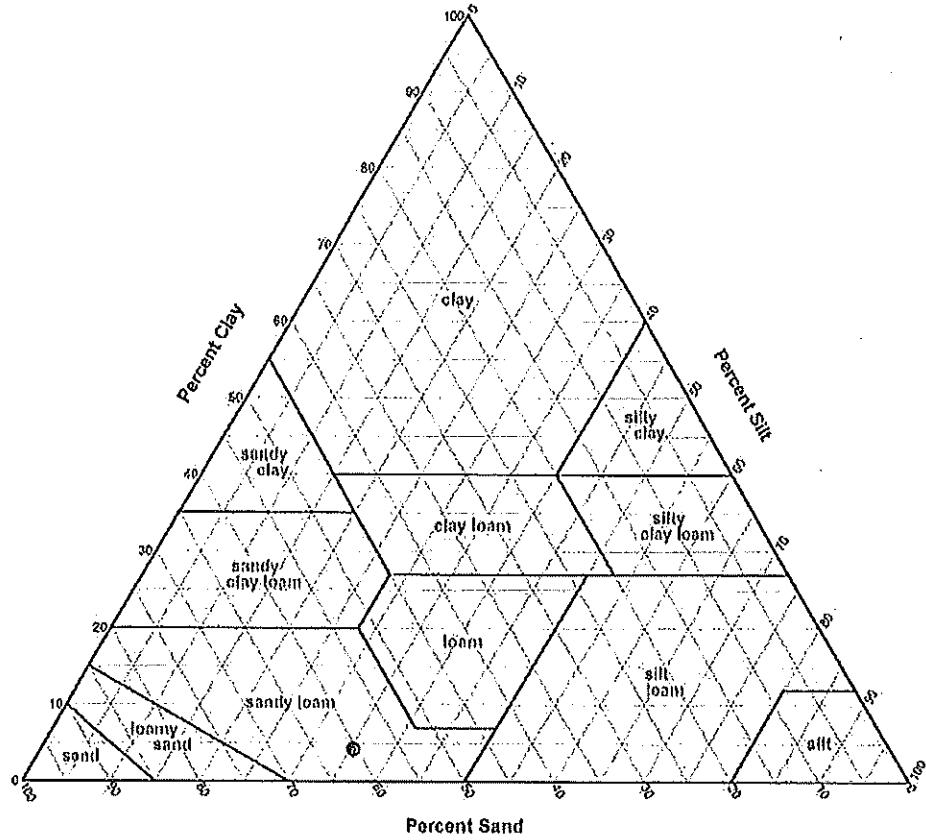
Certification

I certify that on 5/6/97 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise, and experience described in 310 CMR 15.017.

Signature  Date 4/11/2023

These results are for the exclusive use of the client for whom they were obtained. They apply only to the samples tested and are not indicative of apparently

USDA Soil Classification



SOIL DATA						
Source	Sample No.	Depth	Percentages From Material Passing a #10 Sieve			Classification
			Sand	Silt	Clay	
●	OEL-1397-H		60.4	35.4	4.2	Sandy loam



Client: Foresight Engineering
 Project: 311 Pond Ln. Lakeville, MA
 Project No.: OEL-1397-H

Figure

Checked By:
 Jason Youngquist - P.E.

GRAIN SIZE DISTRIBUTION TEST DATA

4/24/2023

Client: Foresight Engineering
 Project: 311 Pond Ln. Lakeville, MA
 Project Number: OEL-1397-H
 Location: 311 Pond Ln. Lakeville, MA
 Sample Number: OEL-1397-H

Date Sampled: 4/24/2023

Checked by: Jason Youngquist - P.E.

Test Date: 4/24/2023 Technician: M.G.S.

Specimen Weights

Dry specimen+tare (gms.) = 1411.10

Tare (gms.) = 517.60

Sieve Opening Size	Weight Retained (grams)	Sieve Weight (grams)	Percent Retained
1"	500.00	500.00	0.0
3/8"	565.60	517.20	5.4
#4	522.20	483.70	9.7
#10	529.10	449.15	18.7
#20	505.00	413.05	29.0
#40	460.70	359.75	40.3
#60	421.50	341.35	49.2
#100	442.15	378.85	56.3
#140	394.30	540.00	62.4
#200	435.80	398.20	66.6
#270	362.60	352.10	67.8

Pan + tare = 607 Tare = 349, Loss during sieving = 3.3%

Test Date: 4/24/2023 Technician: M.G.S.

Percent passing #10 based upon complete sample = 81.3

Weight of hydrometer specimen (gms.) = 37.5

Automatic temperature correction

Composite correction (fluid density and meniscus height) at 20 deg. C = 0

Meniscus correction only = -3.00

Specific gravity of solids = 2.7

Hydrometer type = 151H

Hydrometer effective depth equation: $L = 16.294964 - 0.2645 \times R_m$

Elapsed Time (min.)	Temp. (deg. C.)	Actual Reading	Corrected Reading	Eff. Depth	Diameter (mm.)	Percent Coarser
1.00	20.0	1.00103	1.0010	15.2	0.0525	96.6
2.00	20.0	1.00102	1.0010	15.2	0.0371	96.6
4.00	20.0	1.00102	1.0010	15.2	0.0262	96.6
8.00	20.0	1.00102	1.0010	15.2	0.0186	96.6
15.00	20.0	1.00102	1.0010	15.2	0.0135	96.6
30.00	20.0	1.00101	1.0010	15.2	0.0096	96.6
62.00	20.0	1.00101	1.0010	15.2	0.0067	96.6
131.00	20.0	1.00101	1.0010	15.2	0.0046	96.6
261.00	20.0	1.00101	1.0010	15.2	0.0032	96.6
326.00	20.0	1.00101	1.0010	15.2	0.0029	96.6
2880.00	20.0	1.00101	1.0010	15.2	0.0010	96.6



Commonwealth of Massachusetts
Executive Office of Energy & Environmental Affairs

Department of Environmental Protection

One Winter Street Boston, MA 02108 • 617-292-5500

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

RICHARD K. SULLIVAN JR.
Secretary

KENNETH L. KIMMELL
Commissioner

REVISION OF APPROVAL FOR REMEDIAL USE

Pursuant to Title 5, 310 CMR 15.00

Name and Address of Applicant:

Bio-Microbics, Inc.
8450 Cole Parkway
Shawnee, KS 66227

Trade name of technology and models: MicroFAST® Treatment System Models *MicroFAST® 0.5, 0.75, 0.9, 1.5, 3.0, 4.5 and 9.0*; HighStrengthFAST® Treatment System Models *HighStrength FAST® 1.0, 1.5, 3.0, 4.5 and 9.0* and NitriFAST® Treatment System Models *NitriFAST® 0.5, 0.75, 1.0, 1.5, 3.0, 4.5 and 9.0* (hereinafter called the "System"). Schematic Drawings illustrating each System, a design and installation manual, an owner's manual, an operation and maintenance manual, and an inspection checklist are part of this Approval.

Transmittal Number: W 072367
Date of Issuance: June 16, 2006 (modified January 23, 2008)
Revision date: November 05, 2012

Authority for Issuance

Pursuant to Title 5 of the State Environmental Code, 310 CMR 15.000, the Department of Environmental Protection hereby issues this Approval for Remedial Use to: Bio-Microbics, Inc., 8450 Cole Parkway, Shawnee, KS 66227, (hereinafter "the Company"), approving the System described herein for Remedial Use in the Commonwealth of Massachusetts. The sale, design, installation, and use of the System are conditioned on compliance by the Company, the Designer, the Installer, the Service Contractor, and the System Owner with the terms and conditions set forth below. Any noncompliance with the terms or conditions of this Approval constitutes a violation of 310 CMR 15.000.

David Ferris, Director
Wastewater Management Program,
Bureau of Resource Protection

November 05, 2012

Date

Technology Description

The System is a Secondary Treatment Unit (STU). The Systems, MicroFAST® 0.5, 0.75, 0.9, 1.5, 3.0, 4.5 and 9.0, and HighStrengthFAST® 1.0, 1.5, 3.0, 4.5 and 9.0, and, NitriFAST® 0.5, 0.75, 0.9, 1.5, 3.0, 4.5 and 9.0 units are installed in a tank or tanks having a primary settling zone and an aerobic biological zone. Solids settle in the primary settling zone that is quiescent. In the aerobic zone, the sewage is continually agitated and aerated. Bacteria in the sewage attach to the surface of a submerged plastic media; they reproduce by consuming the organic material in the sewage.

Conditions of Approval

The term "System" refers to the STU in combination with the other components of an on-site treatment and disposal system that may be required to serve a facility in accordance with 310 CMR 15.000.

The term "Approval" refers to the technology-specific Special Conditions, the conditions applicable to all STU's with Remedial Use Approval, the General Conditions of 310 CMR 15.287, and any Attachments.

For Secondary Treatment Units that have been issued Remedial Use Approval for the upgrade or replacement of an existing failed or nonconforming system., the Department authorizes reductions in the effective leaching area (310 CMR 15.242), the depth to groundwater (310 CMR 15.212), and/or the depth of naturally occurring pervious material (310 CMR 15.240(1)) subject to the conditions that apply to all Secondary Treatment Units Approved for Remedial Use and subject to the Special Conditions applicable to the Technology.

Special Conditions

1. The System is Secondary Treatment Unit Approved for Remedial Use. In addition to the Special Conditions contained in this Approval, the System shall comply with all the "Standard Conditions for Secondary Treatment Units Approved for Remedial Use", except where stated otherwise in these Special Conditions.
2. The System is approved for facilities where the local approving authority finds that:
 - a) there is no increase in the actual or proposed design flow;
 - b) the System is for the upgrade of a failed, failing or nonconforming system; and
 - c) a conventional system with a reserve area, designed in accordance with the standards of 310 CMR 15.100 through 15.255, cannot feasibly be built on-site.

3. The MicroFAST® 0.5, 0.75 and 0.9, HighStrengthFAST® 1.0 and NitriFAST® 0.5, 0.75 and 0.9 are installed in the second compartment of a two-compartment tank with a total liquid capacity of at least 1,500 gallons constructed in accordance with 310 CMR 15.226.
4. The MicroFAST®, HighStrengthFAST® and NitriFAST® 1.5 are installed in the second compartment of a two compartment 3,000-gallon tank constructed in accordance with 310 CMR 15.226.
5. The MicroFAST®, HighStrengthFAST® and NitriFAST® 3.0, 4.5, and 9.0 units are installed in a separate tank constructed in accordance with 310 CMR 15.226. The units are located between a standard Title 5 septic tank, designed in accordance with 310 CMR 15.223 and 15.224, and the soil adsorption system (SAS).
6. Access shall be provided to all tanks in the primary settling and aerobic biological zones in accordance with 310 CMR 15.228 (2). The primary settling tank shall have at least three manholes with readily removable impermeable covers of durable material provided at grade. Two manholes, over the inlet and outlet of the primary settling tank, shall have a minimum opening of 20 inches. All access ports and manhole covers shall be installed and maintained at grade to allow for maintenance of the System.

GENERAL NOTES

- 1) THIS SEWER SYSTEM SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REGULATIONS OF THE STATE ENVIRONMENTAL CODE AND THE REGULATIONS OF THE LOCAL BOARD OF HEALTH.
- 2) THE 12" DIAMETER MAINS SHALL BE CONSTRUCTED IN ACCORDANCE WITH THE REGULATIONS OF THE STATE ENVIRONMENTAL CODE AND THE REGULATIONS OF THE LOCAL BOARD OF HEALTH.
- 3) CONTRACTOR TO VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.
- 4) ALL SEWER MAINS SHALL BE CONSTRUCTED WITH A MINIMUM COVER OF 48" UNLESS OTHERWISE NOTED ON THIS PLAN.
- 5) ALL SEWER MAINS SHALL BE CONSTRUCTED WITH A MINIMUM COVER OF 48" UNLESS OTHERWISE NOTED ON THIS PLAN.
- 6) CONTRACTOR SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.
- 7) CONTRACTOR SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.
- 8) CONTRACTOR SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.
- 9) CONTRACTOR SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.
- 10) CONTRACTOR SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.
- 11) CONTRACTOR SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.
- 12) CONTRACTOR SHALL VERIFY ALL UTILITY LOCATIONS PRIOR TO CONSTRUCTION THROUGH DIG SAFE AND OTHER APPROPRIATE AGENCIES. REPORT ANY DISCREPANCIES TO THE ENGINEER IMMEDIATELY.

WELL NOTE:

THESE ARE NOT TYPICAL WELLS WITH SURFACES WITHIN 250 FT. OF THE PROPOSED SYSTEM. THESE ARE NOT PRIVATE WATER SUPPLIES WITHIN 150 FT. OF PROPOSED SYSTEM OTHER THAN ONES SHOWN ON PLAN.

LOCAL UPGRADE REQUIREMENTS:

1. A REDUCTION OF THE SETBACK OF THE SEPTIC TANK FROM THE PROPERTY LINE FROM 10' TO 5' PER 310CMR SECTION 15-405(1)(6).
2. A REDUCTION OF THE SETBACK OF THE PUMP TANK FROM THE PROPERTY LINE FROM 10' TO 5' PER 310CMR SECTION 15-405(1)(6).
3. A REDUCTION OF THE SETBACK OF THE LEACH FIELD FROM THE PROPERTY LINE FROM 10' TO 5' PER 310CMR SECTION 15-405(1)(6).
4. A REDUCTION OF THE SETBACK OF THE SEPTIC TANK FROM A SURFACE WATER SUPPLY FROM 480' TO 50' MINIMUM PER 310CMR SECTION 15-405(1)(6).
5. A REDUCTION OF THE SETBACK OF THE PUMP TANK FROM A SURFACE WATER SUPPLY FROM 480' TO 50' MINIMUM PER 310CMR SECTION 15-405(1)(6).
6. A REDUCTION OF THE SETBACK OF THE LEACH FIELD FROM A SURFACE WATER SUPPLY FROM 480' TO 135' MINIMUM PER 310CMR SECTION 15-405(1)(6).
7. A REDUCTION OF THE DEPTH OF THE LEACH FIELD FROM THE HIGH BROWNEWATER TABLE FROM 4" TO 2" PER THE INSTALLATION OF AN 1/4" SPIDER PER 310CMR SECTION 15-405(1)(6).
8. TO ALLOW THE SUBMITTER OF A SITE ANALYSIS IN LIEU OF A PRECONSTRUCTION TEST DUE TO SATURATED CONDITIONS AT THE TIME OF TESTING PER 310CMR SECTION 15-405(1)(6).
9. TO ALLOW A SINGLE DEEP OBSERVATION HOLE DUE TO SITE LIMITATIONS PER 310CMR SECTION 15-405(1)(10).

MICROFAST 0.5 NOTES:

- 1) ELDER SPRING TO EAST MAY NOT EXCEED 100 FT. TOTAL LENGTH AND USE A MAXIMUM OF 4 ELBOWS IN THE PUMP SECTION & 100 FT. FOR DISTANCE GREATER THAN 100 FT. CONSULT THE FACTORY. ELBOWS MUST BE LOCATED ABOVE FLOOD LEVELS ON CONCRETE BASES WITH 4" THICKNESS.
- 2) VENTS TO BE LOCATED AT LEAST 7.5 FT. IN CLEAR ABOVE THE UNIT. VENTS WITH 4" DIA. AND COVER OPENING WITH VENT CAPS WITH AT LEAST 7.5" DIA. IN OPEN SURFACE AREA. VENTS TO BE LOCATED AT LEAST 7.5 FT. IN CLEAR ABOVE THE UNIT. VENTS WITH 4" DIA. AND COVER OPENING WITH VENT CAPS WITH AT LEAST 7.5" DIA. IN OPEN SURFACE AREA. VENTS TO BE LOCATED AT LEAST 7.5 FT. IN CLEAR ABOVE THE UNIT. VENTS WITH 4" DIA. AND COVER OPENING WITH VENT CAPS WITH AT LEAST 7.5" DIA. IN OPEN SURFACE AREA.
- 3) APPROXIMATELY 10' TO 15' TANK PUMP OVER, ETC. MUST EXTEND TO ALL APPLICABLE COUNTY, STATE, FEDERAL, AND LOCAL PLANNING AND ELECTRICAL CODES. APPROXIMATELY 10' TO 15' TANK PUMP OVER, ETC. MUST EXTEND TO ALL APPLICABLE COUNTY, STATE, FEDERAL, AND LOCAL PLANNING AND ELECTRICAL CODES.
- 4) TANK VOLUME MUST BE INCREASED BY 20% IF MINIMUM OF 10' IS USED BETWEEN THE UNIT AND THE BASE OF THE TANK. CONSULT FACTORY FOR APPROVAL.
- 5) THE PRIMARY COMPARTMENT MAY BE A SEPARATE TANK.
- 6) IF THE UNIT IS TO BE USED WITH A 1" PIPE CAP OR THE BATTLE EXHAUSTING THE TWO ZONING SHALL BE EXTENDED ALL THE WAY TO THE TOP OF THE TANK. LIQUID LEVEL AS SHOWN IN USUAL.
- 7) ALL INSPECTION VIEWING AND PUMP OUT PORTS MUST BE SECURED TO PREVENT ACCIDENTAL OR UNAUTHORIZED ACCESS.
- 8) TANK, PUMP, CONDIT, BLOWER HOUSING PAD AND VENTS ARE PROVIDED BY OTHERS.
- 9) ALL PIPING AND AUXILIARY EQUIPMENT INSTALLED AFTER FACT MUST NOT INTERFERE OR RESTRICT THE FLOW OF EFFLUENT.
- 10) THE AIR SUPPLY LINE INTO THE PUMP UNIT MUST BE SECURED TO PREVENT VIBRATION INDUCED DAMAGE. THE AIR SUPPLY LINE SHOULD BE SECURED WITH NON-CORROSIVE CLAMP AND MUST HAVE APPROVAL FROM FREIGHTSIGHT ENGINEERING INC.
- 11) AIR WORKERS MAY BE REQUIRED. CONSULT FACTORY AND REFER TO SMART-TO-GO-MOBILE-PROCEDURE PDF.

STANDARDS: CONSULT O.S. FOR SEWERAGE TREATMENT PLANTS APPROVED FOR SEWAGE USE.

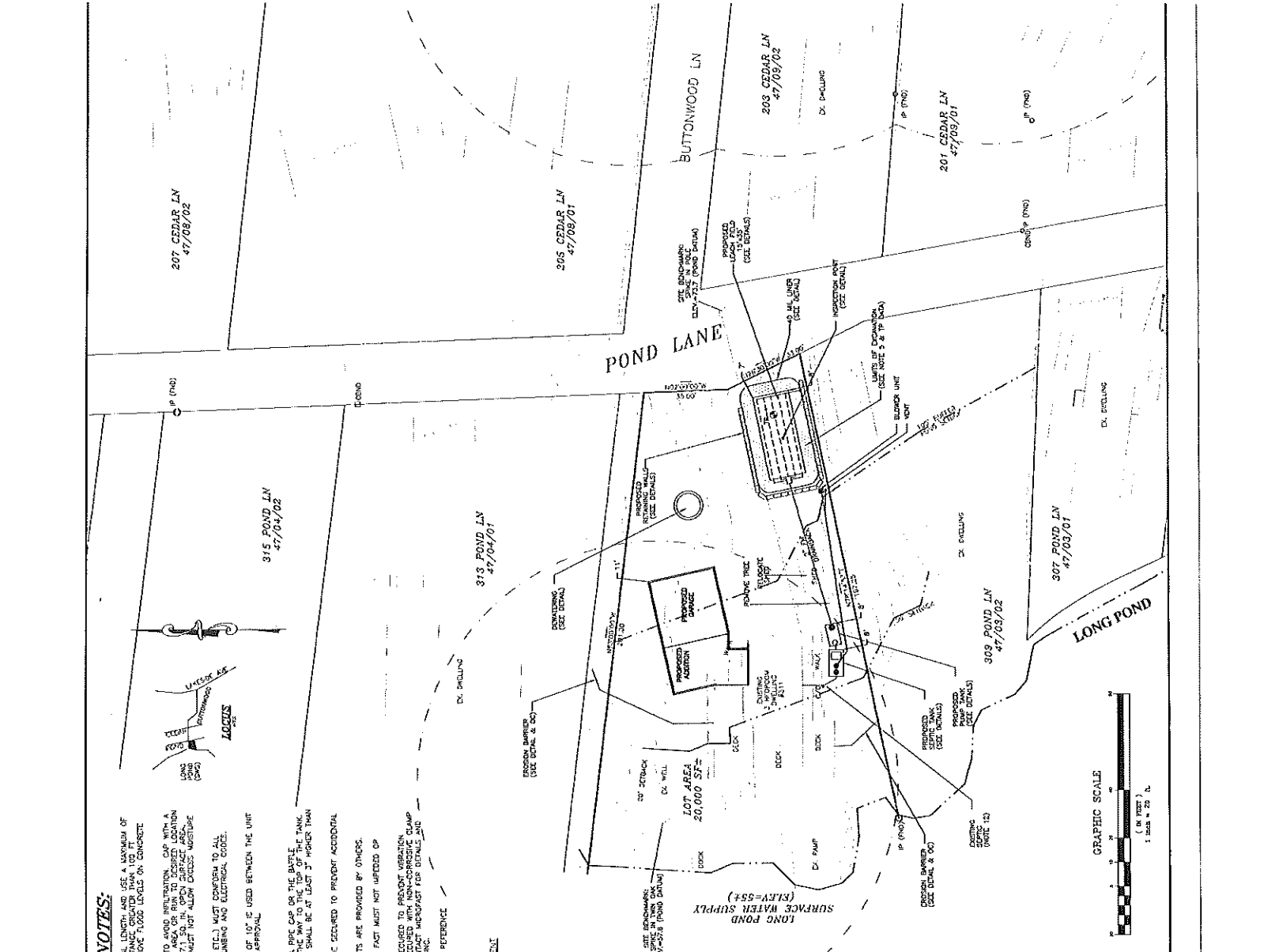
IN SYSTEM OWNER REQUIREMENTS: 1-22

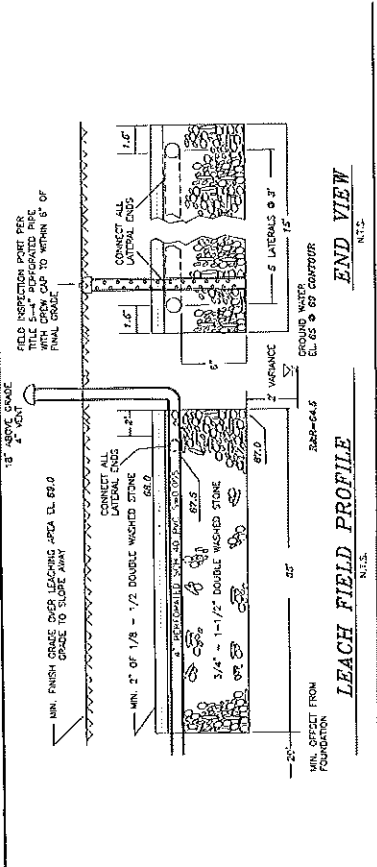
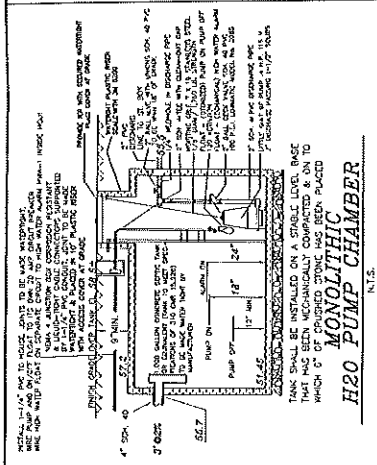
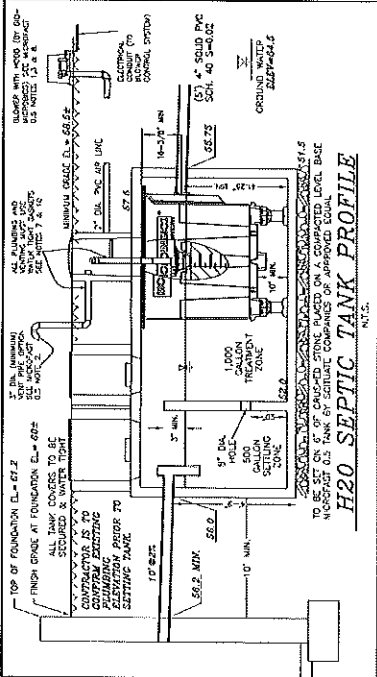
SEE NOTICE TO BE RECORDED

OWN CONTRACT REQUIRED

MAINTAIN ALL INSPECTION RECORDS SUBMITTED BY YOU!

<p>DESIGN CAPACITY REQUIRED</p> <p>3 BEDROOMS AT 110 GAL/DAY/PERSON = 330 GAL/DAY/PERSON</p> <p>SEPTIC TANK VOLUME</p> <p>330 GALS x 2.25 = 742.5 GALS DESIGN CAPACITY</p> <p>MINIMUM OF 1500 GALLON 2 COMPARTMENT TANK REQUIRED FOR MICROFAST 0.5</p> <p>SYSTEM CAPACITY PROVIDED</p> <p>SYSTEM AREA REQUIRED: 800 SQ FT x 0.85 = 680 SQ FT (80% ABSORPTION)</p> <p>SYSTEM SIZE: LEACH FIELD 8.5 FT x 10 FT = 85 SQ FT x 6 (6) = 510 GAL/DAY</p> <p>SYSTEM DEPTH: 15" x 4" x 30" = 1,800 SQ. FT. x 0.65 = 1,170 GAL/DAY</p>	
<p>PROPERTY INFORMATION</p> <p>DEED BOOK/PAGE: 42386/239</p> <p>PLAN BOOK/PAGE: 05/922 06/258</p> <p>FLOOR CONG. AC.: 6104/5100</p> <p>ASSESSORS MAP/LOT: 047/002/005 MAP RECORDATION DATED 7-19-2015</p>	
<p>LEGEND</p> <p>○ DITCHING CONTINUED</p> <p>○ TEST PIT</p> <p>○ SEPTIC TANK</p> <p>○ PUMP CHAMBER</p> <p>○ BLOWER UNIT</p> <p>○ UNIT OF WELING</p> <p>○ WATER LINE</p> <p>○ GROUND WITNES</p>	
<p>SEWAGE DISPOSAL SYSTEM UPGRADE DESIGN</p> <p>PREPARED FOR: SEVERSON FAMILY INVESTMENT TRUST 3511 CHESTNUT DRIVE BOSTON, MASSACHUSETTS 02118</p>	
<p>311 POND LANE MASSACHUSETTS</p> <p>LAKEVILLE, MASSACHUSETTS</p>	
<p>FORESIGHT ENGINEERING INC.</p> <p>100 WEST MAIN STREET, SUITE 201 LAKEVILLE, MASSACHUSETTS 01841</p>	





SYSTEM MAINTENANCE

1. The septic tank and pump chamber shall be inspected and maintained as follows:

- The septic tank and pump chamber shall be inspected and maintained as follows:
- The septic tank and pump chamber shall be inspected and maintained as follows:

BIOWAY CALCULATIONS: 1,000 GALLON SEPTIC TANK

DOWNWARD FORCE: 1,000 LB (1000 GALLONS)

UPWARD FORCE: 1,000 LB (1000 GALLONS)

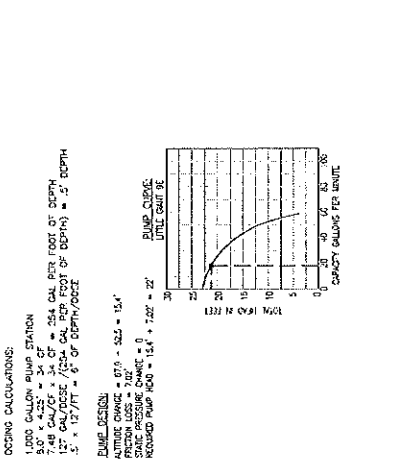
NET FORCE: 0 LB

BIOWAY CALCULATIONS: 1,000 GALLON SEPTIC TANK

DOWNWARD FORCE: 1,000 LB (1000 GALLONS)

UPWARD FORCE: 1,000 LB (1000 GALLONS)

NET FORCE: 0 LB



SOIL DATA

CLASS II SANDY LOAM

CLAY: 10%

SILT: 15%

SAND: 75%

PERCENTAGE OF SAND: 75%

PERCENTAGE OF SILT: 15%

PERCENTAGE OF CLAY: 10%

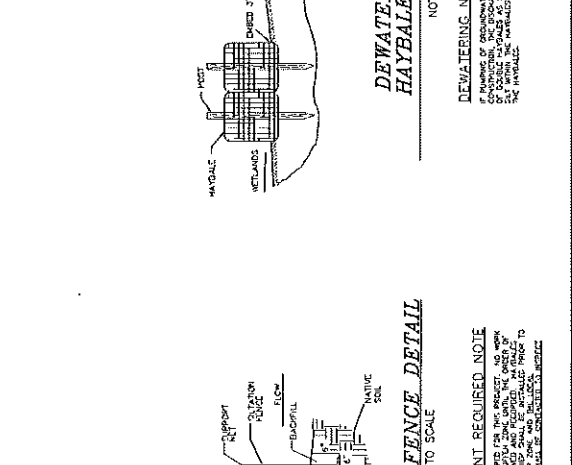
DEWATERING HAYBALES DETAIL

NOT TO SCALE

SILTATION FENCE DETAIL

NOT TO SCALE

PROPERTY INFORMATION	
DEED BOOK/PAGE	02289/229
FLOOD ZONE	08/256
MAP SHEET/DATE	02/23/2015
ASSESSORS MAP/LOT	047/003/003
SEWAGE DISPOSAL SYSTEM UPGRADE DESIGN	
PREPARED FOR	SEPEREST FAMILY INVESTMENT TRUST
REPORT NO.	047/003/003
DATE	08/25/2015
LOCATION	311 POND LAKE
	LAKEVILLE, MASSACHUSETTS
FORESIGHT ENGINEERING & ARCHITECTURE, INC. 100 SOUTH MAIN STREET, SUITE 200 LAKEVILLE, MASSACHUSETTS 01455	



UNREINFORCED RETAINING WALL

NOT TO SCALE

DEWATERING HAYBALES DETAIL

NOT TO SCALE

SILTATION FENCE DETAIL

NOT TO SCALE

40 MIL HDPE LINER DETAIL

NOT TO SCALE

DISTRIBUTION BOX DETAIL

NOT TO SCALE

MONOLITHIC H2O PUMP CHAMBER

NOT TO SCALE

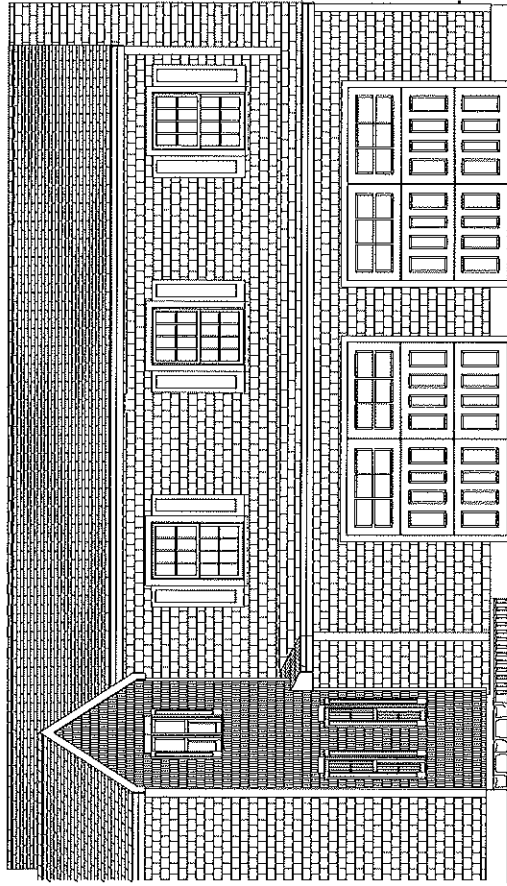
LEACH FIELD PROFILE END VIEW

NOT TO SCALE

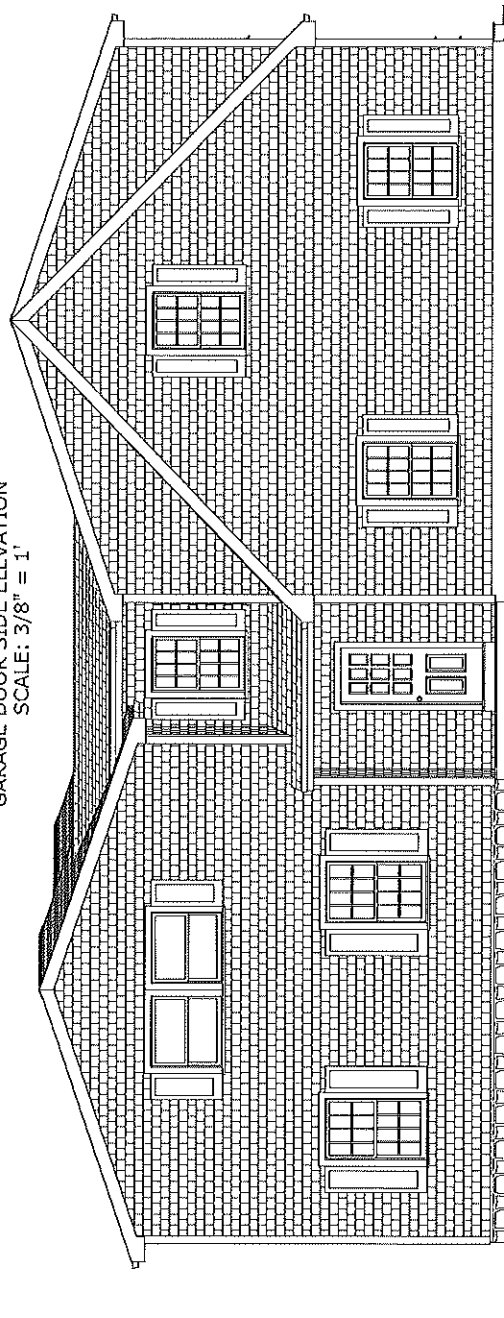
H2O SEPTIC TANK PROFILE

NOT TO SCALE

PLANS INCOMPLETE, NOT FOR CONSTRUCTION



GARAGE DOOR SIDE ELEVATION
SCALE: 3/8" = 1'



FRONT ELEVATION
SCALE: 3/8" = 1'

PLANS DOCUMENTED BY:
DESIGN DOCUMENTATION LLC
STU NORTON - PRINCIPAL

SCALE: 1/4" = 1'
UNLESS OTHERWISE NOTED

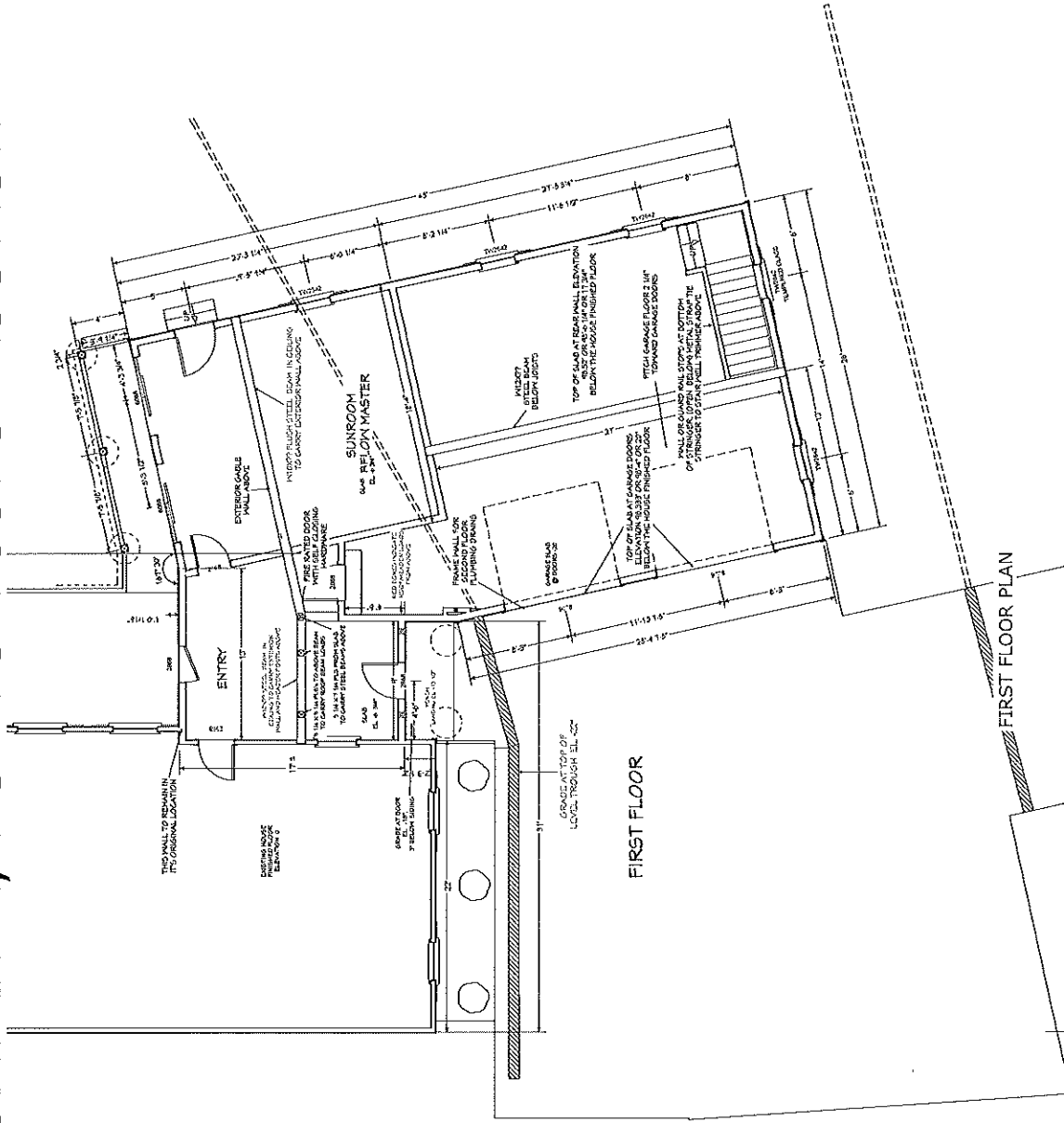
DATE:
12/20/2022

GARAGE MASTER BEDROOM
ADDITION FOR:
DR. ROBERT SEPERSKY

HOUSE LOCATION:
911 POND LANE
LAKEVILLE, MA

THESE PLANS PREPARED AS A DRAFTING/DOCUMENTATION SERVICE ONLY. NO RESPONSIBILITY FOR
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ALL PERMITS AND LOCAL, STATE AND FEDERAL REGULATIONS AND STANDARDS. CONFIRM
DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FEES.

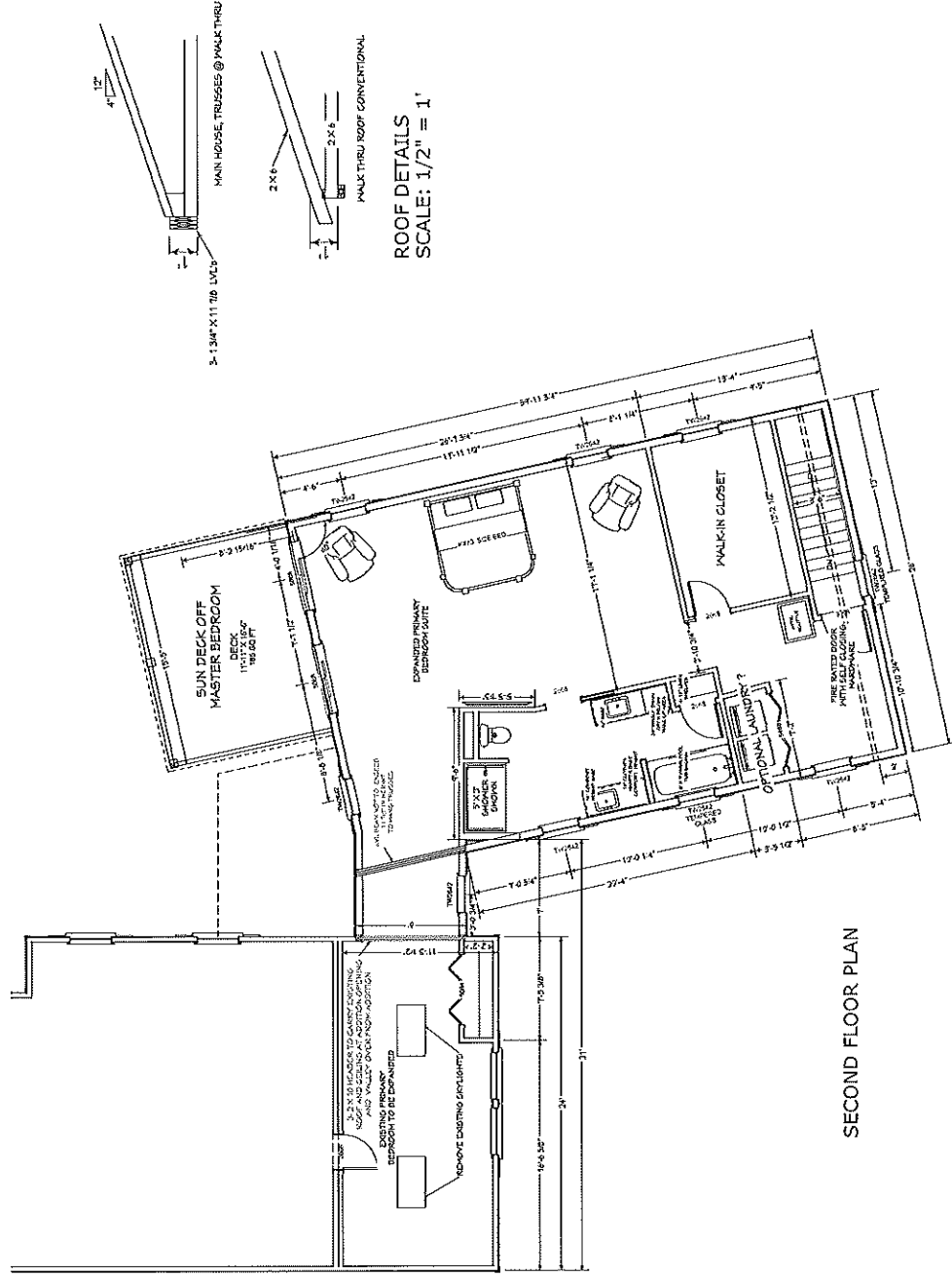
PLANS INCOMPLETE, NOT FOR CONSTRUCTION



FIRST FLOOR PLAN

<p>PLANS DOCUMENTED BY: DESIGN DOCUMENTATION LLC STU NORTON - PRINCIPAL</p>	<p>ASHLEY BROOK LANE ROCHESTER, MA 02110 714-211-1212</p>	<p>SCALE: 1/4" = 1' UNLESS OTHERWISE NOTED</p>	<p>DATE: 12/20/2022</p>	<p>GARAGE MASTER BEDROOM ADDITION FOR: DR. ROBERT SEPERSKY</p>	<p>HOUSE LOCATION: 311 POND LANE LAKEVILLE, MA</p>	<p>THESE PLANS PREPARED AS A DRAFTING/DOCUMENTATION SERVICE ONLY. NO RESPONSIBILITY FOR ERRORS IN THE INFORMATION IS STATED OR IMPLIED. IT IS THE BUILDERS RESPONSIBILITY TO CONFIRM ALL PERMITS, REGULATIONS AND LOCAL REQUIREMENTS AND TO OBTAIN ALL NECESSARY PERMITS AND APPROVALS. DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FEES.</p>
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PLANS INCOMPLETE, NOT FOR CONSTRUCTION



SECOND FLOOR PLAN

THESE PLANS PREPARED AS A DRAFTING/DOCUMENTATION SERVICE ONLY. NO RESPONSIBILITY FOR ERRORS IN THESE PLANS IS STATED OR IMPLIED. IT IS THE USER'S RESPONSIBILITY TO VERIFY ALL INFORMATION AGAINST ALL APPLICABLE FEDERAL, REGULATIONS AND STANDARDS. DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FEES.

HOUSE LOCATION:
311 POND LANE
LAKEVILLE, MA

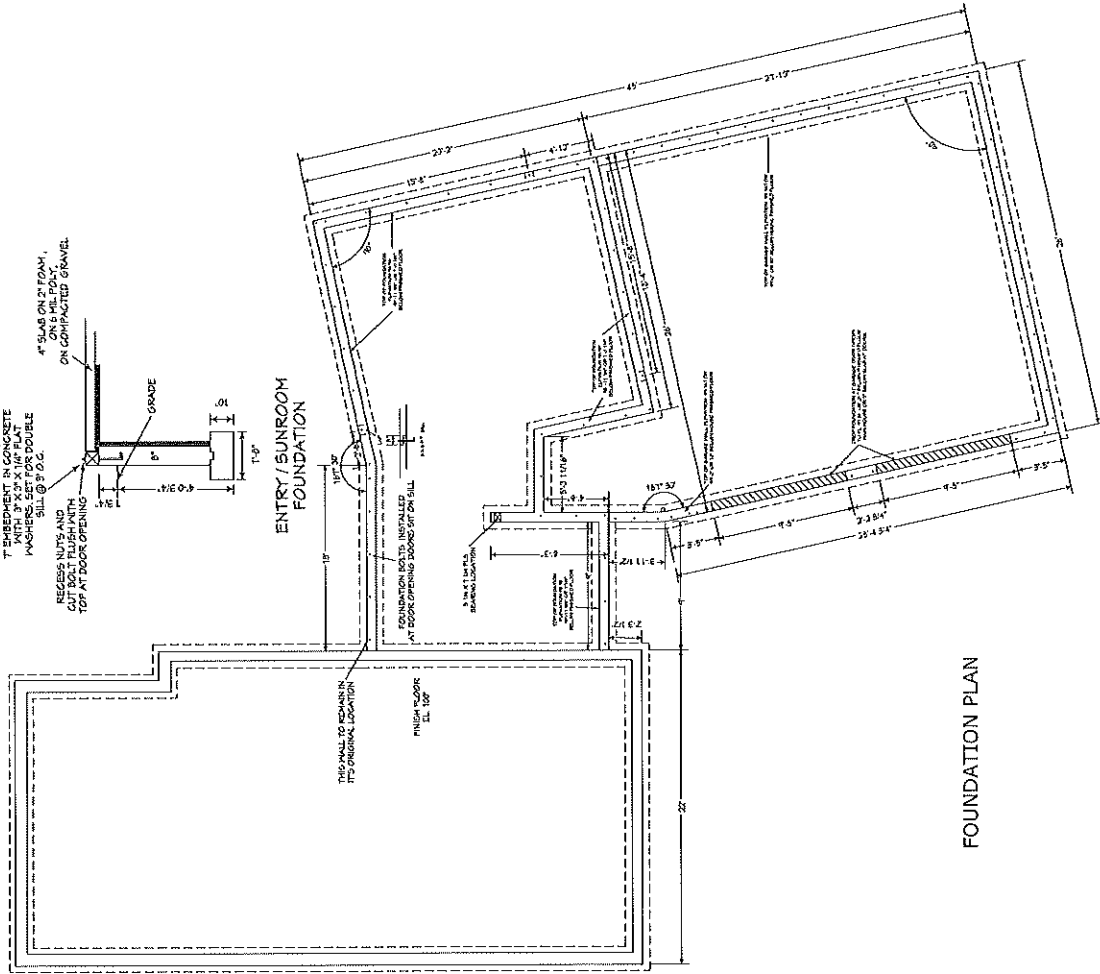
GARAGE MASTER BEDROOM
ADDITION FOR:
DR. ROBERT SEPERSKY

DATE:
12/20/2022

SCALE: 1/4" = 1'
UNLESS OTHERWISE NOTED

PLANS DOCUMENTED BY:
ASHLEY BROOK LANE
ROCHESTER, MA 02110
STU NORTON - PRINCIPAL

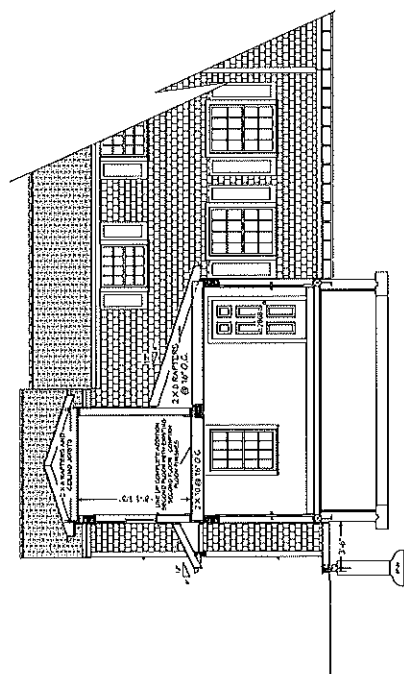
PLANS INCOMPLETE, NOT FOR CONSTRUCTION



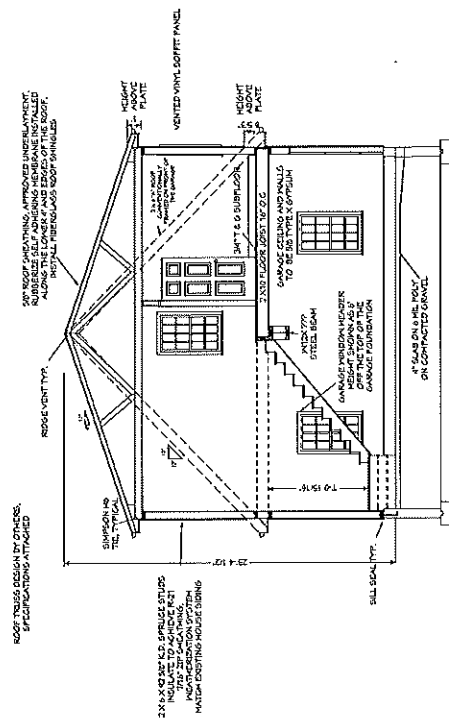
FOUNDATION PLAN

PLANS DOCUMENTED BY: DESIGN DOCUMENTATION LLC STU NORTON - PRINCIPAL	ASHLEY BROOK LANE ROCHESTER, MA 02110 T74 271 1212	SCALE: 1/4" = 1' UNLESS OTHERWISE NOTED	DATE: 12/20/2022	GARAGE MASTER BEDROOM ADDITION FOR: DR. ROBERT SEBERSKY	HOUSE LOCATION: 911 POND LANE LAKEVILLE, MA	THESE PLANS PREPARED AS A DRAFTING/DOCUMENTATION SERVICE ONLY. NO RESPONSIBILITY FOR ERRORS IN THE INFORMATION IS STATED OR IMPLIED. IT IS THE BUILDERS RESPONSIBILITY TO CONFIRM ALL FIELD MEASUREMENTS AND CORRECTLY WITH ALL STATE AND FEDERAL REGULATIONS AND STANDARDS. DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FEES.
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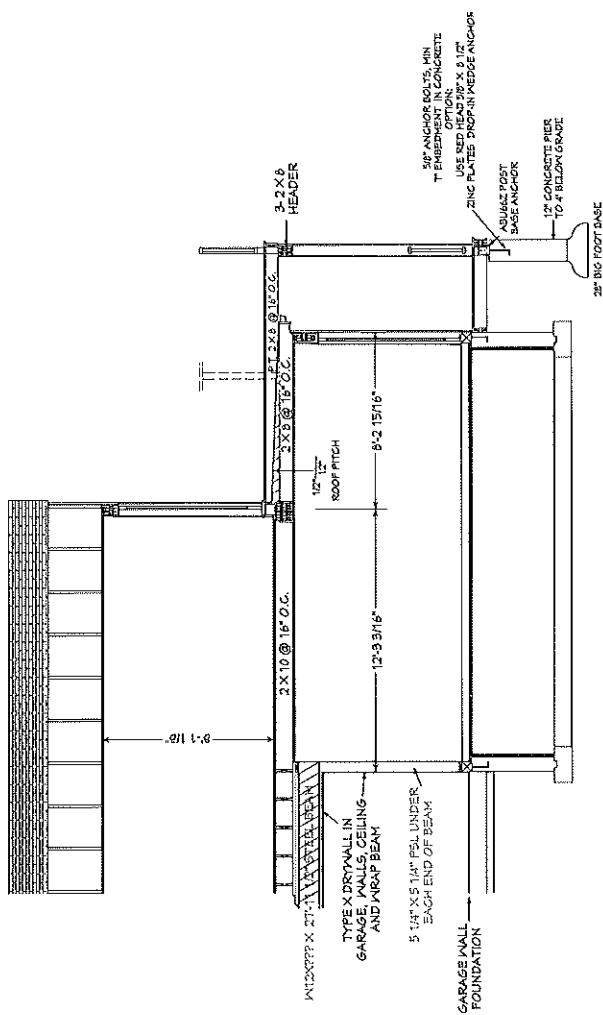
PLANS INCOMPLETE, NOT FOR CONSTRUCTION



SECTION: AA



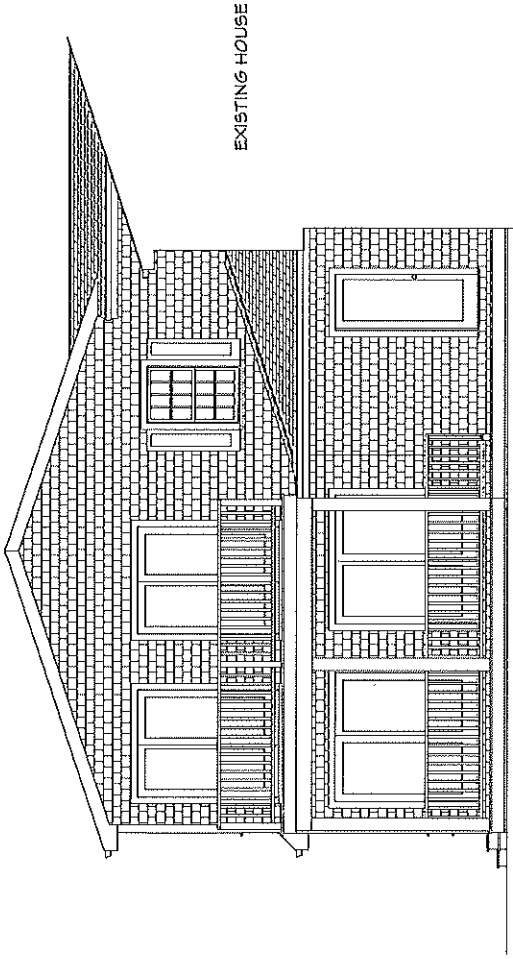
SECTION: BB



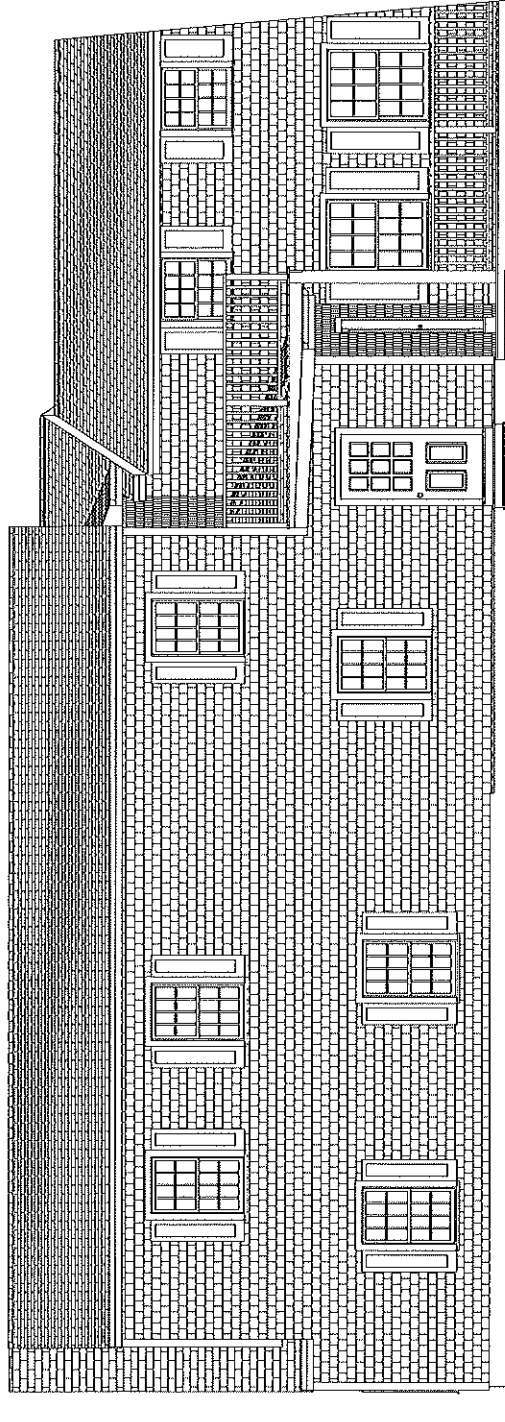
SECTION: CC
SCALE: 3/8" = 1'

PLANS DOCUMENTED BY: ASHLEY BROOK LANE ROCHESTER, MA 02110 STU NORTON - PRINCIPAL	SCALE: 1/4" = 1' UNLESS OTHERWISE NOTED	DATE: 12/20/2022	GARAGE MASTER BEDROOM ADDITION FOR: DR. ROBERT SEPEKSY	HOUSE LOCATION: 311 POND LANE LAKEVILLE, MA	THESE PLANS PREPARED AS A DRAFTING/DOCUMENTATION SERVICE ONLY. NO RESPONSIBILITY FOR ERRORS IN THE INFORMATION IS STATED OR IMPLIED. IT IS THE BUILDERS' RESPONSIBILITY TO CONFIRM ALL FIELD MEASUREMENTS AND CONDITIONS WITH THE ARCHITECT'S OFFICE. DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FEES.
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PLANS INCOMPLETE, NOT FOR CONSTRUCTION



LAKESIDE ELEVATION
SCALE: 3/8" = 1'



GARAGE SIDE ELEVATION
SCALE: 3/8" = 1'

PLANS DOCUMENTED BY:
DESIGN DOCUMENTATION LLC
STU NORTON - PRINCIPAL

ASHLEY BROOK LANE
ROCHESTER, MA 02110
714 271 1212

SCALE: 1/4" = 1'
UNLESS OTHERWISE NOTED

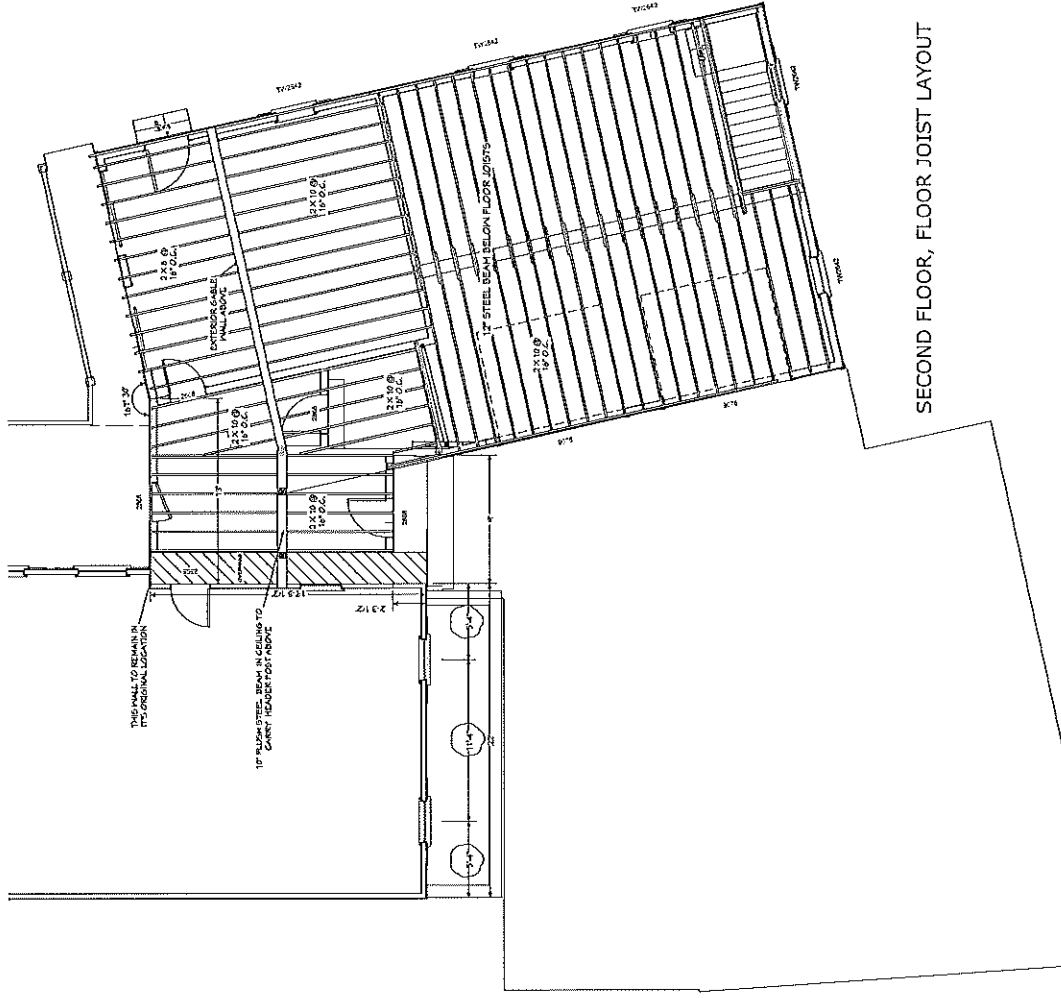
DATE:
12/20/2022

GARAGE MASTER BEDROOM
ADDITION FOR:
DR. ROBERT SEPEFSKY

HOUSE LOCATION:
911 POND LANE
LAKEVILLE, MA

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ALL FIELD MEASUREMENTS AND COMPLY WITH ALL STATE AND FEDERAL REGULATIONS AND STANDARDS.
DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FEES.

PLANS INCOMPLETE, NOT FOR CONSTRUCTION



SECOND FLOOR, FLOOR JOIST LAYOUT

PLANS DOCUMENTED BY:
 DESIGN DOCUMENTATION LLC
 STU NORTON - PRINCIPAL

ASHLEY BROOK LANE
 ROCHESTER, MA 02770
 T4-271-1212

SCALE: 1/4" = 1'
 UNLESS OTHERWISE NOTED

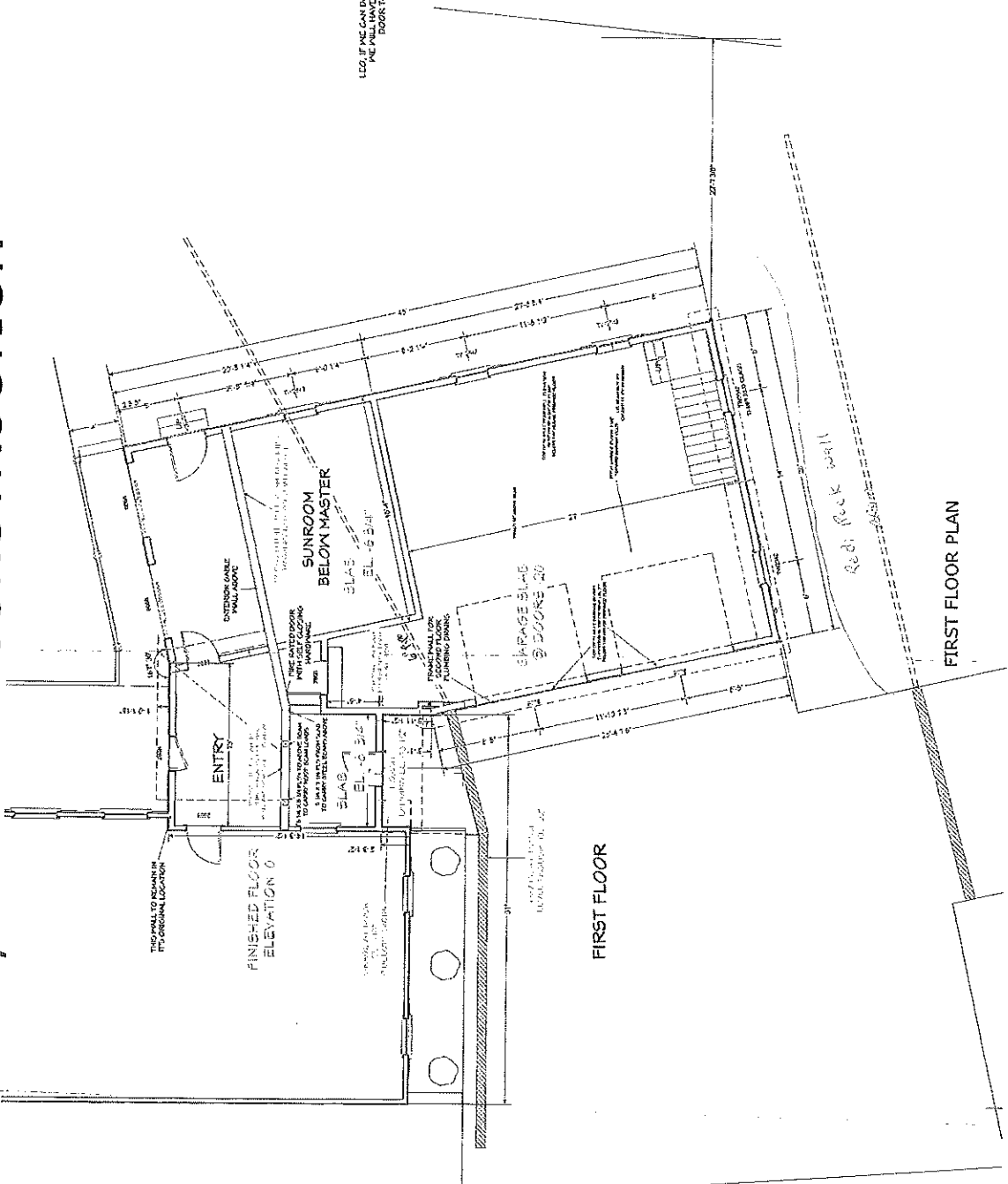
DATE:
 12/20/2022

GARAGE MASTER BEDROOM
 ADDITION FOR:
 DR. ROBERT SEPERSKY

HOUSE LOCATION:
 911 POND LANE
 LAKEVILLE, MA

THESE PLANS PREPARED AS A PRINTING DOCUMENTATION SERVICE ONLY. NO RESPONSIBILITY FOR
 ERRORS OR OMISSIONS IS ASSUMED BY THE DESIGNER. THE DESIGNER'S RESPONSIBILITY IS TO VERIFY
 ALL FIELD MEASUREMENTS AND COMPLY WITH ALL STATE AND FEDERAL REGULATIONS AND STANDARDS.
 DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FEES.

'PLANS INCOMPLETE, NOT FOR CONSTRUCTION



FIRST FLOOR

FIRST FLOOR PLAN

Darren Drape
off
311 Pond LN

REVISION
REV 01/2022
SEAL OF HEALTH

<p>PLANS DOCUMENTED BY: IGN DOCUMENTATION LLC BOSTON - PRINCIPAL</p>	<p>ASHLEY BROOK LANE ROCHESTER, MA 02110 774.211.1212</p>	<p>SCALE: 1/4" = 1' UNLESS OTHERWISE NOTED</p>	<p>DATE: 12/26/2022</p>	<p>GARAGE MASTER BEDROOM ADDITION FOR DR. ROBERT SEPEBSKY</p>	<p>HOUSE LOCATION: 511 POND LANE LAKEVILLE, MA</p>	<p>THESE PLANS PREPARED AS A DRAFTING DOCUMENTATION SERVICE ONLY. NO RESPONSIBILITY FOR ERRORS IN THE INFORMATION IS STATED OR IMPLIED. IT IS THE BUILDERS' RESPONSIBILITY TO CONFIRM ALL FIELD MEASUREMENTS AND COMPLY WITH ALL STATE AND FEDERAL REGULATIONS AND STANDARDS. DESIGN DOCUMENTATION LIABILITY FOR THIS PLAN IS LIMITED TO THE EXTENT OF ITS FILES.</p>
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SENNA FITZGERALD GILBERT ASSOCIATES

CIVIL ENGINEERS & LAND SURVEYORS
28 MAIN STREET, LAKEVILLE, MA 02347

TEL. (508) 946-5258
TEL./FAX (508) 947-1090

#2

May 23, 2023

Lakeville Board of Health
Town Offices
Lakeville, MA 02347

Re: 24 Beechwood Avenue, Map 42, Block 21, Lot 11.

Dear Board members:

Enclosed you will find copies of a septic system repair site plan for the above referenced property. The property owner is Nynelyon, Inc. The plan is dated May 23, 2023.

The existing system is failing and must be replaced. As part of the filing, the following Local Upgrades are requested under Title 5, Section 15.405(1):

- (a) to allow the septic tank to be 3' from the crawl space, instead of the required 10'.
- (a) to allow the s.a.s. to be 5' from the crawl space, instead of the required 20'.
- (g) to allow the s.a.s. to be 53' from the abutting well of Porrino at 26 Beechwood Avenue, instead of the required 100'.
- (g) to allow the s.a.s. to be 368' from a public water supply (Long Pond), instead of the required 400'.
- (k) to allow for one deep hole, instead of the required two.

These Local Upgrades are requested due to site conditions. The lot is very small (50' X 100'), as are the majority of the surrounding lots. The soils are marginal, which resulted in a higher percolation rate (34 MPI), which increases the size of the s.a.s. There is no other area on the property to site the septic system. An Advanced Enviro-Septic pipe system is proposed to provide increased treatment of the effluent. This allows for the s.a.s. to be sized at 60% of the required Title 5 requirement. Despite the smaller s.a.s. size, the system still requires the Local Upgrades being requested.

I hope the information provided is sufficient for you to act on this request and approve the plans. If you should have any questions, please do not hesitate to contact this office at the address and telephone numbers listed above, or by email at sfgassociates@verizon.net. Thank you for your time on this matter.

Sincerely,

Brad Fitzgerald, P.E.
SFG Associates, Inc.

Cc: Nynelyon, Inc.

RECEIVED

MAY 23 2023

LAKEVILLE
BOARD OF HEALTH



SENNA FITZGERALD GILBERT ASSOCIATES

CIVIL ENGINEERS & LAND SURVEYORS
28, MAIN STREET, LAKEVILLE, MA 02347

TEL. (508) 946-5258
TEL/FAX (508) 947-1090

RECEIVED

MAY 23 2023

May 23, 2023

LAKEVILLE
BOARD OF HEALTH

To abutters to 24 Beechwood Avenue, Map 42, Block 21, Lot 11:

Please be advised that a septic system repair site plan has been submitted to the Lakeville Board of Health for the above referenced property. The property owner is Nynelyon, Inc.

As part of the filing, the following Local Upgrades are requested under Title 5, Section 15.405(1):

- (a) to allow the septic tank to be 3' from the crawl space, instead of the required 10'.
- (a) to allow the s.a.s. to be 5' from the crawl space, instead of the required 20'.
- (g) to allow the s.a.s. to be 53' from the abutting well of Porrino at 26 Beechwood Avenue, instead of the required 100'.
- (g) to allow the s.a.s. to be 368' from a public water supply (Long Pond), instead of the required 400'.
- (k) to allow for one deep hole, instead of the required two.

A public hearing will be held by the Lakeville Board of Health, to discuss these requests, on Wednesday, June 7, 2023 at 6:00 p.m. The meeting will be held at the Lakeville Police Department, 323 Bedford Street, Lakeville. For information regarding this hearing, you may contact the Board of Health at (508) 946-3473, or this office at the address and telephone numbers listed above, or by email at sfgassociates@verizon.net.

Please note that this notice is for informational purposes only, and is not a summons to attend.

Affected abutters:

David Porrino
26 Beechwood Avenue
Lakeville, MA 02347

Taunton Water Department
91 Precinct Street
Lakeville, MA 02347

New Bedford Water Department
1 Negus Way
East Freetown, MA 02717

7020 3160 0000 0591 1794
7020 3160 0000 0591 1794

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OFFICIAL USE

Certified Mail Fee \$4.15

Extra Services & Fees (check box, add fee as appropriate) \$3.35

Return Receipt (hardcopy) \$0.00

Return Receipt (electronic) \$0.00

Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$0.63

Total \$8.13

To: Taunton Water Department
91 Precinct Street
Lakeville, MA 02347

Postmark: LAKEVILLE MA 02347 MAY 20 2023

7020 3160 0000 0591 1787
7020 3160 0000 0591 1787

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Certified Mail Restricted Delivery \$0.00

Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$0.63

Total \$8.13

To: David Porrino
26 Beechwood Avenue
Lakeville, MA 02347

Postmark: LAKEVILLE MA 02347 MAY 20 2023

7020 3160 0000 0591 1787
7020 3160 0000 0591 1787

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Adult Signature Required \$0.00

Adult Signature Restricted Delivery \$0.00

Postage \$0.63

Total \$8.13

To: New Bedford Water Department
1 Negus Way
East Freetown, MA 02717

Postmark: LAKEVILLE MA 02347 MAY 20 2023

DATE OF TEST		RESULTS OF HEALTH INSPECTORS	
1	APRIL 19, 2023	1	NO VIOLATIONS OBSERVED.
2	APRIL 20, 2023	2	NO VIOLATIONS OBSERVED.
3	APRIL 21, 2023	3	NO VIOLATIONS OBSERVED.
4	APRIL 22, 2023	4	NO VIOLATIONS OBSERVED.
5	APRIL 23, 2023	5	NO VIOLATIONS OBSERVED.
6	APRIL 24, 2023	6	NO VIOLATIONS OBSERVED.
7	APRIL 25, 2023	7	NO VIOLATIONS OBSERVED.
8	APRIL 26, 2023	8	NO VIOLATIONS OBSERVED.
9	APRIL 27, 2023	9	NO VIOLATIONS OBSERVED.

TEST PIT INFORMATION	
TEST PIT #	TEST PIT #
1	2
3	4
5	6

DESIGN CALCULATIONS

CAPACITY REQUIRED - RESIDENTIAL USE

2 PERSONS @ 110 GALLONS/person-day = 220 Gd/Day

DESIGN FLOW = 220 Gd/Day

DESIGN FLOW PER COMPARTMENT

DESIGN FLOW = 110 Gd/Day

DESIGN FLOW PER PERSON

DESIGN FLOW = 55 Gd/Person-Day

DESIGN FLOW PER CUBIC FOOT

DESIGN FLOW = 110 Gd/Day / 150 CF = 0.73 Gd/Day/CF

DESIGN FLOW PER GALLON

DESIGN FLOW = 110 Gd/Day / 150 GALLONS = 0.73 Gd/Day/Gallon

LOADING FACILITY:

CAPACITY REQUIRED - RESIDENTIAL USE

2 PERSONS @ 110 GALLONS/person-day = 220 Gd/Day

DESIGN FLOW = 220 Gd/Day

DESIGN FLOW PER COMPARTMENT

DESIGN FLOW = 110 Gd/Day

DESIGN FLOW PER PERSON

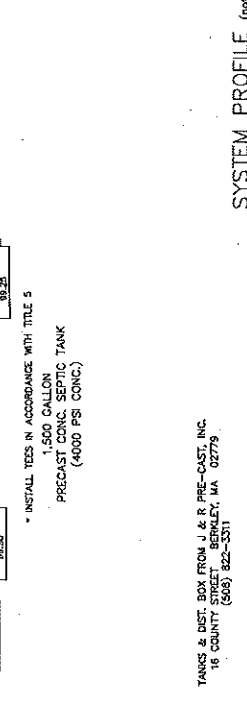
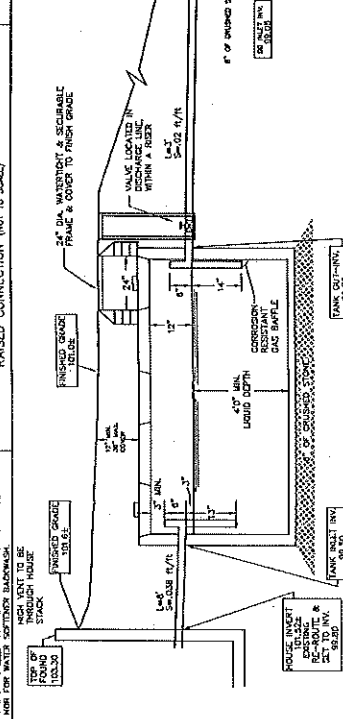
DESIGN FLOW = 55 Gd/Person-Day

DESIGN FLOW PER CUBIC FOOT

DESIGN FLOW = 110 Gd/Day / 150 CF = 0.73 Gd/Day/CF

DESIGN FLOW PER GALLON

DESIGN FLOW = 110 Gd/Day / 150 GALLONS = 0.73 Gd/Day/Gallon



SEPTIC SYSTEM

DESIGN OF HEALTH INSPECTORS

THE LOCATION SHOWN AT THE HIGH POINT IS OUT AT THE HIGH POINT OF THE PROPERTY AND SHOULD BE RECHECKED BY THE OWNER AT THE TIME OF THE HEALTH INSPECTION. AN EFFLUENT FILTER CANNOT BE INSTALLED IN THE SEPTIC TANK. THE SEPTIC TANK MUST BE INSTALLED WITH AN EFFLUENT FILTER. THE SEPTIC TANK MUST BE INSTALLED WITH AN EFFLUENT FILTER. THE SEPTIC TANK MUST BE INSTALLED WITH AN EFFLUENT FILTER. THE SEPTIC TANK MUST BE INSTALLED WITH AN EFFLUENT FILTER. THE SEPTIC TANK MUST BE INSTALLED WITH AN EFFLUENT FILTER.

DESIGN CALCULATIONS

CAPACITY REQUIRED - RESIDENTIAL USE

2 PERSONS @ 110 GALLONS/person-day = 220 Gd/Day

DESIGN FLOW = 220 Gd/Day

DESIGN FLOW PER COMPARTMENT

DESIGN FLOW = 110 Gd/Day

DESIGN FLOW PER PERSON

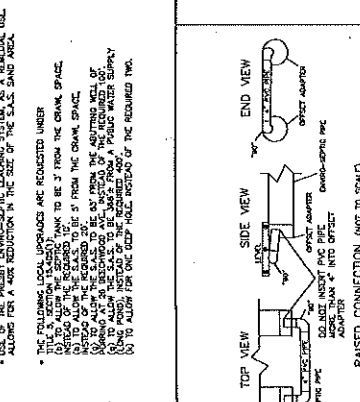
DESIGN FLOW = 55 Gd/Person-Day

DESIGN FLOW PER CUBIC FOOT

DESIGN FLOW = 110 Gd/Day / 150 CF = 0.73 Gd/Day/CF

DESIGN FLOW PER GALLON

DESIGN FLOW = 110 Gd/Day / 150 GALLONS = 0.73 Gd/Day/Gallon

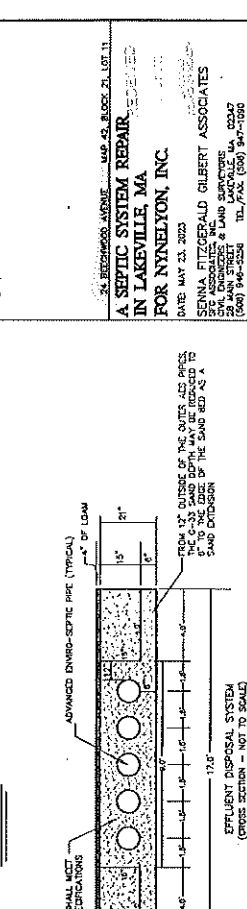
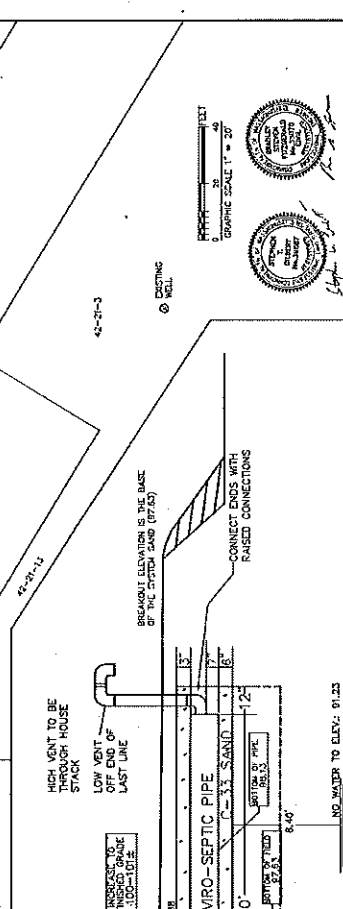
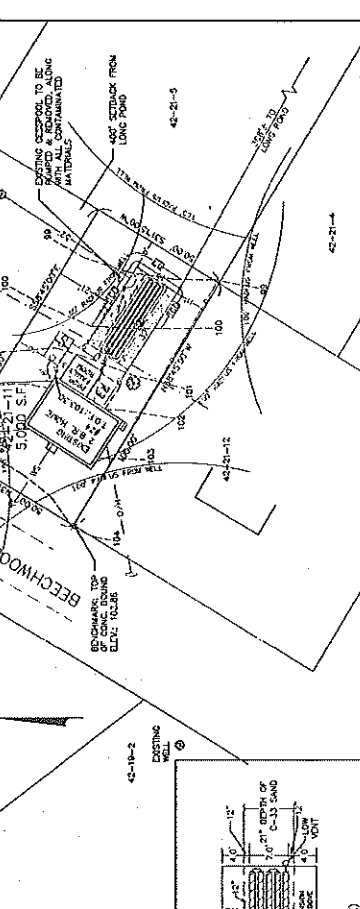
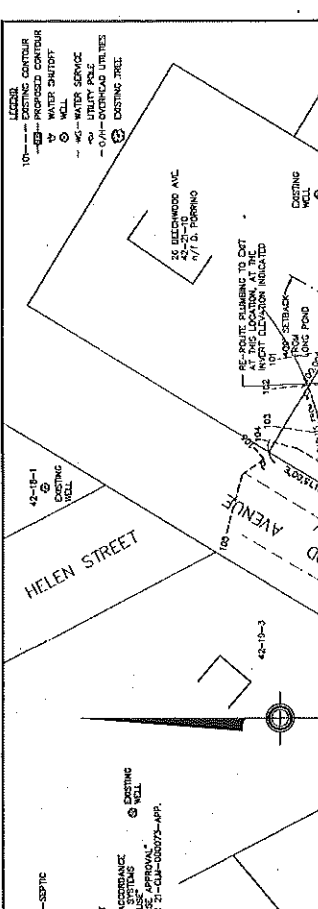


CONTRACTOR NOTES

THE CONTRACTOR IS TO VERIFY ALL RELATIONS AND UTILITIES BEFORE CONSTRUCTION. THE CONTRACTOR IS TO VERIFY ALL RELATIONS AND UTILITIES BEFORE CONSTRUCTION. THE CONTRACTOR IS TO VERIFY ALL RELATIONS AND UTILITIES BEFORE CONSTRUCTION. THE CONTRACTOR IS TO VERIFY ALL RELATIONS AND UTILITIES BEFORE CONSTRUCTION. THE CONTRACTOR IS TO VERIFY ALL RELATIONS AND UTILITIES BEFORE CONSTRUCTION.

PROPERTY NOTES

THE PROPERTY OWNER MUST PROVIDE ACCESS TO THE SEPTIC TANK AT ALL TIMES. THE PROPERTY OWNER MUST PROVIDE ACCESS TO THE SEPTIC TANK AT ALL TIMES. THE PROPERTY OWNER MUST PROVIDE ACCESS TO THE SEPTIC TANK AT ALL TIMES. THE PROPERTY OWNER MUST PROVIDE ACCESS TO THE SEPTIC TANK AT ALL TIMES. THE PROPERTY OWNER MUST PROVIDE ACCESS TO THE SEPTIC TANK AT ALL TIMES.



24 Beechwood Ave

SEWAGE TREATMENT SYSTEM

A SEPTIC SYSTEM REPAIR

FOR NINEYTON, INC.

DATE: MAY 23, 2023

SEANNA FITZGERALD, GILBERT ASSOCIATES

225 ASSOCIATES, INC.

250 MAIN STREET & LAND LAKESIDE, MA 02278

(508) 946-5356 TEL. FAX (508) 947-1050



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

#3

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

RECEIVED

MAY 17 2023

APPLICATION FOR LICENSE TO OPERATE A FOOD ESTABLISHMENT

LAKEVILLE
BOARD OF HEALTH

- 1) Establishment Name: ECCO Inc
- 2) Address: 13 Harding st. Lakeville, MA 02347
- 3) Telephone #: (508) 947-1144 Email: info@muckeysliquors.com
- 4) Mailing Address (if different): _____
- 5) Applicant Name & Title: William Seckinger PH: (781) 389-6516
- 6) Applicant Address: 220 Wood st. Middleboro, MA 02346
- 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
Catherine Pereira, Partner 30%, Treasurer
220 Wood st. Middleboro, MA 02346
- 10) Emergency Response Person:
Name: Catherine Pereira Contact #: (508) 728-0450
- 11) Annual Temporary _____ Seasonal _____
- 12) Dates of Operation, if not Annual _____

Type of Establishment:

- Food Service <25 Seats - \$200 25-50 Seats - \$300 >50 Seats - \$400
- Retail-Prepackaged Food Only \$100 per 5000 sq. ft.
- Retail Pre-Packaged Non-Grocery \$0
- Temporary/Retail-Prepackaged Food Only \$25 per day
- Mobile Food* \$150
- Temporary (Limited to hot dog steamer and popcorn): \$50 per day
- Temporary - (larger scale fairs, multiple food vendors): \$75 per vendor (Not to exceed 1 wk)
- Residential \$150
- Farmers Market (price to be determined)
- Caterer \$150 Address of Function: _____

13) Water Source: Well Sewage Disposal Type: Septic

14) Days & Hours of Operation: M-W 8:30-8pm, Thu-Sat 8³⁰-9pm Sun 10-6pm

15) If Restaurant: N/A Number of Seats: _____

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

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

Name: _____ Certificate Expires: _____

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.

EIN: 92-3432367
Social Security Number or Federal Identification Number

Catherine Pereira
Signature of Individual or Corporate Name

(FOR BOARD OF HEALTH USE ONLY)

License #: _____ Approved on: _____

Fee: _____ CK #: _____



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

RECEIVED

MAY 17 2023

www.mass.gov/dia

LAKEVILLE

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

BOARD OF HEALTH

Applicant Information

Please Print Legibly

Business/Organization Name: ECCO Inc

Address: 13 Harding St.

City/State/Zip: Lakeville, MA 02347 Phone #: (508) 947-1144

Are you an employer? Check the appropriate box:

- 1. I am an employer with 15 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: World Insurance Assoc. LLC ; MA Retail Merchants WC

Insurer's Address: 64 East P.O. Box 809222-9222 Group Inc

City/State/Zip: Braintree, MA 02186-0000

Policy # or Self-ins. Lic. # 014005035782123 Expiration Date: 11/1/24

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: Catherine Rivera Date: 5/10/23

Phone #: (508) 728-0450

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 #: _____

Workers Compensation and Employers Liability Insurance Policy

Insurer ID No (s): 34355
 MA Retail Merchants WC Group Inc.
 PO Box 859222-9222
 Braintree, MA 02185-0000

Carrier Policy #:	Policy Period
014005035782123	05/01/2023 to 01/01/2024

Information Page	New Policy
FEIN: 923432367	
Item 1: Named Insured and Address	Agency
Muckey's Liquors ECCO Inc. 13 Harding St. Lakeville, MA 02347	World Ins Assoc LLC f/k/a J.K. Olivier 64 East Grove Street Middleboro, MA 02346-4270

Other Workplaces Not Shown Above: No Other Workplaces for this Policy
Additional Named Insured: See Additional Named Insureds if Applicable

Type of Business: Corporation	Federal ID#: 923432367
Risk ID: 210712	NCCI / Bureau #: 34355
Unemployment ID #:	File #: 014005035782123

Item 2. Policy Period The policy period is from 12:01 AM on 05/01/2023 to 12:01AM on 01/01/2024 based on the insured's mailing address time zone.

Item 3. Coverage:

- A. Workers Compensation Insurance: Part One of the policy applies to the Workers Compensation Law of the states listed:
MA
- B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident	\$ 100,000.00	each accident
Bodily Injury by Disease	\$ 500,000.00	policy limit
Bodily Injury by Disease	\$ 100,000.00	each employee

C. Other States Insurance:

- D. This policy includes these endorsements and schedules:
 WC000000C(01/15), WC000414A(01/19), WC000422C(01/21), NOE(01/01), WC200102(01/14), WC200301(04/84),
 WC200302A(09/08), WC200303D(08/10), WC200308B(06/13), WC200405(06/01), WC200601A(07/08)

Item 4: Premium

The Premium for the policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code #	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
-----------------	--------	---	-----------------------------------	--------------------------

See Schedule of Operations on Following Page(s)

<u>Minimum Premium</u>	<u>Prorated Premium</u>	<u>Estimated Annual Premium</u>	<u>Expense Constant</u>	<u>Deposit</u>
\$ 209.00	\$ 2,692.00	\$ 4,012.00	\$ 0.00	\$ 0.00

Issuing Office: 35 Braintree Hill Office Park Ste 206
 Braintree MA 02185-0000

Date Printed:
05-01-2023

Countersigned by:

Real S. Flynn

Secretary of the Commonwealth of Massachusetts
William Francis Galvin

Business Entity Summary

ID Number: 001649920

[Request certificate](#)

[New search](#)

Summary for: ECCO INC.

The exact name of the Domestic Profit Corporation: ECCO INC.		
Entity type: Domestic Profit Corporation		
Identification Number: 001649920		
Date of Organization in Massachusetts: 04-11-2023		
Last date certain:		
Current Fiscal Month/Day: 12/31		
The location of the Principal Office: Address: 13 HARDING STREET City or town, State, Zip code, LAKEVILLE, MA 02347 USA Country:		
The name and address of the Registered Agent: Name: WILLIAM J. SECKINGER Address: 13 HARDING STREET City or town, State, Zip code, LAKEVILLE, MA 02347 USA Country:		
The Officers and Directors of the Corporation:		
Title	Individual Name	Address
PRESIDENT	WILLIAM J. SECKINGER	13 HARDING STREET LAKEVILLE, MA 02347 USA
TREASURER	CATHERINE A. PEREIRA	13 HARDING STREET LAKEVILLE, MA 02347 USA
SECRETARY	CATHERINE A. PEREIRA	13 HARDING STREET LAKEVILLE, MA 02347 USA
DIRECTOR	CATHERINE A. PEREIRA	13 HARDING STREET LAKEVILLE, MA 02347 USA
DIRECTOR	WILLIAM J. SECKINGER	13 HARDING STREET LAKEVILLE, MA 02347 USA
Business entity stock is publicly traded: <input type="checkbox"/>		

The total number of shares and the par value, if any, of each class of stock which this business entity is authorized to issue:

Class of Stock	Par value per share	Total Authorized		Total Issued and outstanding
		No. of shares	Total par value	No. of shares
CNP	\$ 0.00	275,000	\$ 0.00	100

Consent
 Confidential Data
 Merger Allowed
 Manufacturing

View filings for this business entity:

- ALL FILINGS ▲
- Administrative Dissolution ▶
- Annual Report
- Application For Revival
- Articles of Amendment ▼

[View filings](#)

Comments or notes associated with this business entity:

[New search](#)

Town of Lakeville - Tobacco and Nicotine Delivery Product Sales Permit Application

The owner must complete both sides of this form. A permit may be issued only after all required information, attachments and signatures are received. All permits must be approved by the Board of Health/Health Department.

RECEIVED

ECCO
Establishment Name

William Seckinger
Owner Name MAY 17 2023

Muckey's Liguors
DBA ("Doing Business As" Name)

LAKEVILLE
BOARD OF HEALTH

781) 389-6516 781) 389-6516
Owner Phone Owner Mobile Phone

(508) 947-1144 (781) 389-6516
Phone Mobile Phone

13 Harding St, Lakeville, MA 02347
Establishment Address (Street, Community, ZIP)

220 Wood St. Middleboro, MA 02346
Owner Address (Street, Community, ZIP)

info@muckeysliquors.com
Establishment Email

bsec35@yahoo.com
Owner Email

Catherine Pereira
Manager Name

ETIN: 92-3432867
Social Security Number or Federal Identification Number

Establishment Information

- | | | |
|--|-------------------------------|---|
| Is this a chain store? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is this an adult only establishment? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is the establishment within 1000 ft. of a school? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Is the establishment within 1000 ft. of a playground? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Check the restricted products sold in the establishment. | <input type="checkbox"/> Keno | <input checked="" type="checkbox"/> Liquor <input type="checkbox"/> Lottery <input type="checkbox"/> Other: |

Check the establishment type

- | | | | |
|---|--|--------------------------------------|--|
| <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Grocery | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Mini-mart | <input checked="" type="checkbox"/> Liquor Store | <input type="checkbox"/> Tobacconist | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Private Club | <input type="checkbox"/> Other: List | |

Check any products sold in your establishment

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> Cigarettes Packs | <input type="checkbox"/> Small Cigars/Cigarillos | <input type="checkbox"/> Roll Your Own | <input type="checkbox"/> Nicotine Delivery Devices (e-cigarettes) |
| <input checked="" type="checkbox"/> Cigarette Cartons | <input type="checkbox"/> Little Cigars (Omega, Winchester) | <input type="checkbox"/> Chewing Tobacco | <input type="checkbox"/> Bunt Wraps |
| <input checked="" type="checkbox"/> Single Cigars <\$5 | <input type="checkbox"/> Pipe Cigars (Black and Mild) | <input type="checkbox"/> Loose Tobacco | <input type="checkbox"/> Flavored Tobacco Products |
| <input checked="" type="checkbox"/> Single Cigars >\$5 | <input type="checkbox"/> Rolling Papers | <input type="checkbox"/> Smokeless Tobacco | <input type="checkbox"/> Other: List |

Permit Information

Does the establishment have a liquor license?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No pending	License /Permit #
Department of Revenue Tobacco Sales Permit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No Please attach.	<u># CGL-21198424-063</u>
Department of Revenue Business Permit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No Please attach.	

Signature

Permit Applicant Signature Catherine Pereira Date 5/17/23

For Internal Use

Permit Fee: \$30.00 Permit # Check # 124

A check mark signifies your understanding and agreement. I understand and agree that:

1. It is against the law to sell any tobacco product and/or nicotine delivery product (e.g. e-cigarettes) to anyone less than 18 years of age, regardless of how old the person looks.
2. Anyone selling tobacco products and/or nicotine delivery products must conclusively establish the customer's age as over 18 years old, by means of government-issued photographic ID.
3. Anyone selling tobacco products and/or nicotine delivery products must check and verify official government photo ID for anyone less than 27 years of age.
4. I must consent to unannounced, periodic inspections and compliance checks of the permitted retail establishment. I understand that the issuance of a Tobacco Product Sales Permit shall be conditioned on an applicant's consent to unannounced, periodic inspections of the retail establishment to ensure compliance with this regulation.
5. Self-service tobacco product and/or nicotine delivery product displays from which the customer may select products are prohibited.
6. The sale of single or loose cigarettes, or cigarettes in packages of fewer than 20 cigarettes is prohibited.
7. I may not distribute any free samples of tobacco products or nicotine delivery products (e.g. e-cigarettes) and I may not accept any means, instruments or devices that allow for the redemption of tobacco products for free or at a reduced price below the minimum retail price determined by the Massachusetts Department of Revenue.
8. Tobacco vending machines are prohibited.
9. Roll Your Own devices are prohibited.
10. I may not sell tobacco products, including multiple packs below state minimum prices as posted on the Massachusetts Department of Revenue (DOR) website, <http://www.mass.gov/dor/businesses/help-and-resources/cigarette-and-tobacco-tax/>
11. Penalties for violation of the regulation include monetary fines and/or suspension of this permit for seven days, thirty days or one year.
12. If I sell the permitted establishment, the buyer will be unable to receive a tobacco and nicotine delivery device sales permit unless any outstanding fines have been paid and any permit suspensions have been served.
13. The Tobacco and Nicotine Delivery Product Sales Permit will not be renewed if the permit holder has failed to pay all fines and served all permit suspension issued and the time period to appeal has expired.
14. I may not allow any employee to sell tobacco products or nicotine delivery products (e.g. e-cigarettes) until such employee reads this regulation and state laws regarding the sale of tobacco and signs a statement, a copy of which will be placed on file, that he/she has read the regulation and applicable state laws.
15. I must prominently display a copy of the "Permit to Sell Tobacco and Nicotine Delivery Devices".
16. I must provide the Board of Health with proof of a current "Cigarette Retailers License" from the Massachusetts Department of Revenue (DOR) and my DOR business permit (Attach a copy of each permit/license).
17. I must display Department of Public Health signs stating, "Sale of tobacco to Minors is prohibited".
18. I must display signs provided by the Board of Health that discloses referral information about cessation.
19. If I sell nicotine delivery devices (e.g. e-cigarettes) I must display signs stating that sale of nicotine delivery devices to minors is prohibited and that the used of e-cigarettes at indoor establishments is prohibited by local law.
20. I have included with my application Copies of our Manufacturers letters certifying that all products being sold are unflavored.

I have received, read and understand the Board of Health regulation "Restricting the Sale of Tobacco Products & Nicotine Delivery Products" and agree to abide by it.

Signature

Catherine Pereira

Date

5/17/23

Print Name

Catherine Pereira



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L0889403680
Notice Date: May 8, 2023
Account ID: CGL-21193424-003



RETAILER LICENSE FOR SALE OF CIGARETTES



ECCO INC
MUCKEY'S LIQUORS
13 HARDING ST
LAKEVILLE MA 02347-1202

000288

Attached below is your Retailer License for Sale of Cigarettes (Form CT-3). Cut along the dotted line and display at your business location. At any time, you can log into your MassTaxConnect account at mass.gov/masstaxconnect to view and re-print a copy of this license.

If you have any questions about your license, call us at (617) 887-6367 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 8:30 a.m. to 4:30 p.m.

RECEIVED
MAY 18 2023
BOARD OF HEALTH

DETACH HERE



MASSACHUSETTS DEPARTMENT OF REVENUE
Retailer License for Sale of Cigarettes

Form CT-3

This license must be posted and visible at all times. The sale of tobacco products to anyone under 21 years of age is prohibited.

ECCO INC
MUCKEY'S LIQUORS
13 HARDING ST
LAKEVILLE MA 02347-1202

Account ID: CGL-21193424-003
License Number: 947880960

This certifies that the taxpayer named above is licensed under Chapter 64C of the Massachusetts General Laws to sell at retail at the address shown above. This license is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

Effective Date: May 8, 2023

Expiration Date: September 30, 2024



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L2127911200
Notice Date: May 4, 2023
Case ID: 0-001-982-606



CERTIFICATE OF GOOD STANDING AND/OR TAX COMPLIANCE



ECCO INC
13 HARDING ST
LAKEVILLE MA 02347-1202

RECEIVED
MAY 18 2023
BOARD OF HEALTH

Why did I receive this notice?

The Commissioner of Revenue certifies that, as of the date of this certificate, ECCO INC is in compliance with its tax obligations under Chapter 62C of the Massachusetts General Laws.

This certificate doesn't certify that the taxpayer is compliant in taxes such as unemployment insurance administered by agencies other than the Department of Revenue, or taxes under any other provisions of law.

This is not a waiver of lien issued under Chapter 62C, section 52 of the Massachusetts General Laws.

What if I have questions?

If you have questions, call us at (617) 887-6400 or toll-free in Massachusetts at (800) 392-6089, Monday through Friday, 9:00 a.m. to 4:00 p.m..

Visit us online!

Visit mass.gov/dor to learn more about Massachusetts tax laws and DOR policies and procedures, including your Taxpayer Bill of Rights, and MassTaxConnect for easy access to your account:

- Review or update your account
- Contact us using e-message
- Sign up for e-billing to save paper
- Make payments or set up autopay

Edward W. Coyle, Jr., Chief
Collections Bureau



Commonwealth of Massachusetts
Department of Revenue
Geoffrey E. Snyder, Commissioner

mass.gov/dor

Letter ID: L1334647072
Notice Date: April 29, 2023
Account ID: SLS-21193424-008



SALES AND USE TAX REGISTRATION CERTIFICATE



ECCO INC
MUCKEY'S LIQUORS
13 HARDING ST
LAKEVILLE MA 02347-1202

RECEIVED

MAY 18 2023

BOARD OF HIGHWAYS

Attached below is your Sales and Use Tax Registration Certificate (Form ST-1). Cut along the dotted line and display at your place of business. You must report any change of name or address to us so that a revised ST-1 can be issued.

At any time, you can log into your MassTaxConnect account at mass.gov/masstaxconnect to view and re-print a copy of this certificate.

DETACH HERE



MASSACHUSETTS DEPARTMENT OF REVENUE

Form ST-1

Sales and Use Tax Registration Certificate

This registration must be posted and visible at all times.

ECCO INC
MUCKEY'S LIQUORS
13 HARDING ST
LAKEVILLE MA 02347-1202

Account ID: SLS-21193424-008
Certificate Number: 1525122048

This certifies that the taxpayer named above is registered under Chapters 62C, 64H and 64I of the Massachusetts General Laws to sell tangible personal property at retail or for resale at the address shown above. This registration is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.

Effective Date: June 2, 2023

16

Town of Lakeville
Board of Health
April 5, 2023 6:00pm

Members present: Chairman Spratt, and Member Maxim, Member Poillucci, and Health Agent Ed Cullen. Chairman Spratt called the meeting to order at 6:00pm. LakeCam was not present to record.

Reorganization of Board of Health Members -

Upon a motion made by Member Poillucci, seconded by Member Maxim, it was:

Voted: to make Chris Spratt Chairman of the Board of Health until the next year's election.
Two in favor, 1 abstain (Spratt).

Upon a motion made by Member Maxim, Chairman Spratt stepped down to second, it was:

Voted: to make Bob Poillucci the second member until April 2024.
Two in favor, 1 abstain (Poillucci).

Upon a motion made by Member Poillucci, Chairman Spratt stepped down to second, it was:

Voted: to make Derek Maxim the third Board member.
Two in favor, 1 abstain (Maxim).

7 Hollis Avenue - Meet with SFG Associates, Inc. to discuss the requested local upgrades. Brad Fitzgerald from SFG was present for discussion. This is an upgrade for an existing three-bedroom house. There are several wells within less than 100' of the existing septic system. The site had a 29-minute perc rate with no water table. They are not within the 400' buffer to the pond. Mr. Fitzgerald pointed out on the plan where the new tank would go, which was the only spot they would be able to get a truck in to drop the tank into the ground. There will be a MicroFast system added for extra treatment. The leaching area will be four rows of six Quick4 Plus chambers. Because of the MicroFast they were able to reduce the size of the field by 50%. Mr. Fitzgerald reviewed the requested local upgrades. Chairman Spratt asked about the property being tied in to the water service. Mr. Fitzgerald said that the owners were not tied in and the cost would be too much to extend the water line down the street. There was a brief discussion. The Vice-President of Clark Shores Water, Steve Melanson, was present and he said he thought there was going to be a project underway because there was interest in continuing the self-funded project down Hollis Avenue. There is an agreement with the homeowner's association that when they bring the water line down a street there will be a stub installed for every house that doesn't have a well. Chairman Spratt said he brought it up because the well is close to the septic system next door. Agent Cullen said that particular well has never been tested. There are no records as to when it was put in, or how deep it is. He said it wasn't a deep well, it was a shallow well. The only one that has records is the one at 5 Hollis, which is a drilled well which is 40' deep. That well had nitrates that were over 15mg/ltr. If the deepest well in the area is at 15, then the wells that are shallower are most likely a lot worse. Member Maxim said there were two huge stumps they built a fence around. He thought those would need to be pulled. There is also a big piece of ledge outcrop sticking out of the ground around where the blower would go. He was concerned that when they put this tank in, how do you get back there to back fill the system and loam the backyard. The plan shows an H-20 tank, but with the external mount blowers you cannot have an H-20 tank, they don't make them. You would have to have

an internal mount for an H-20 tank. He didn't think they would need an H-20 tank; they aren't in the water table or driveway. Mr. Melanson said he thought that the association would request that house be put on the water department's source of water rather than using a well. Member Poillucci said with any approvals made they have put a condition that they must tie in to the water line when it comes down the street. Agent Cullen asked if the new owners knew about the well. Mr. Fitzgerald said he didn't know. The current owners weren't going to be living there so they're not really concerned with the well. If it's a new family with little kids, that's the Board's biggest concern. The new owners can't move into the house until there is a passing water test. There is no certificate of occupancy without a water test that passes all the Board of Health parameters. Member Poillucci said if the water line is only 100' away, they should probably say to hook up to it now. Chairman Spratt said especially if they need to put in a water treatment system that's going to cost more. There was a discussion about seasonal water. Member Maxim thought that if the well stays, it should be tested yearly until they tie in. It should be on the deed. Agent Cullen said there were two options, bring the water line down the street and tie in, or keep the property seasonal. Mr. Melanson said they would have to run the water line down the street themselves, "self-fund". Mr. Fitzgerald said the owners know that the water is available some distance away, but they were balking at bringing it in. If that's the only option they're given, that's what they'll have to do. It would be nice if anyone nearby would chip in too, it's not fair for one person to hold up the sale because the neighbor doesn't want to chip in. Mr. Melanson said the new owners could always tie into the summer water line until they can get the line extended.

Upon a motion made by Member Poillucci, seconded by Member Maxim, it was:

Voted: to continue 7 Hollis Ave. discussion until the next meeting April 19th.

Unanimous approval.

Discussion: Member Maxim said he would not be at that meeting, so there will only be two members.

Approval of Betterment Loan - 7 Paddock Hill Drive, in the amount of \$22,170.00. After some discussion, the Board increased the amount to include engineering and Title 5 inspections.

Upon a motion made by Member Maxim, Chairman Spratt stepped down to second, it was:

Voted: to approve the betterment loan for 7 Paddock Hill Drive in the amount of \$28,840.00.

Two in favor, 1 abstain (Poillucci).

Approve meeting minutes - February 1, 2023.

Upon a motion made by Member Poillucci, seconded by Member Maxim, it was:

Voted: to approve the minutes from the February 1, 2023 meeting as typed.

Unanimous approval.

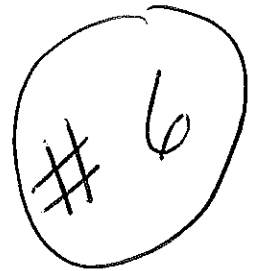
Adjournment - (6:57pm)

Upon a motion made by Member Poillucci, seconded by Member Maxim, it was:

Voted: to adjourn.

Unanimous approval.

Town of Lakeville
Board of Health
April 19, 2023 4:00pm



Members present: Chairman Spratt, Member Poillucci, and Health Agent Ed Cullen. Members absent: Member Maxim. Chairman Spratt called the meeting to order at 4:00pm. LakeCam was not present to record.

7 Hollis Avenue - continued discussion from April 5, 2023.

Upon a motion made by Member Poillucci, Chairman Spratt stepped down to second, it was:
Voted: at the applicant's request, to continue the hearing to May 3, 2023.
Unanimous approval.

Approve meeting minutes - February 16, 2023.

Upon a motion made by Member Poillucci, Chairman Spratt stepped down to second, it was:
Voted: to continue the February 15, 2023 minutes until May 3, 2023.
Unanimous approval.

Announcement - There was a brief discussion regarding the Rabies Clinic at the Lakeville Highway Barn on April 29, 2023.

Adjournment - (4:15pm) -

Upon a motion made by Member Poillucci, Chairman Spratt stepped down to second, it was:
Voted: to adjourn.
Unanimous approval.