

**Holland Massachusetts**

**Board of Health**

**Meeting Date:** Tuesday, October 13, 2015

**Members in Attendance:** David Kowalski, Robert Dymon

**Meeting Opened:** 7:26 PM

**Meeting Closed:** 8:30

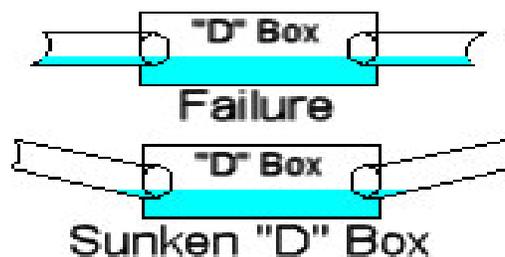
Board of Health Meeting for Date:10/13/2015 Meeting called to order Time:7:26 PM

Members in Attendance: David Kowalski, Robert Dymon

Minutes of Previous Meeting 10/13/2015 were read and accepted as written.

Elde Dutter - 86 Vinton Rd, Slims did Title V inspection in May claimed his septic failed, the property next door was inspected by LeBlanc and passed. Mr. Dutter wondered if "D" box at neighboring septic had been excavated. It was determined that Russ LeBlanc had in fact excavated the "D" box and the neighboring septic inspection was correct and the system did pass.

As far as Mr. Dutter is concerned he had 1/2 inch of water in his "D" box above the inverts, which is an immediate Title V failure. Bob called Russ LeBlanc to talk about the failure. Russ LeBlanc told Bob that frequently the "D" box will settle if the earth under it has not been adequately compressed the result is that water will appear above the inverts indicating failure when one has not actually occurred. Mr. LeBlanc puts a camera in the pipe to see the system is in failure or if the "D" box has just sunken. Bob told Mr. Dutter to get a second opinion and specifically ask for a camera to determine if the system is actually in failure.



\*\*\*\*\* PUBLIC HEARING \*\*\*\*\*

Hearing Called: 10/13/2015 8:08:15 PM

Now comes Mark Farrell for Lynn Wrona of 26 Lake Shore Dr, Holland MA 01521 for the purpose of Septic Plan Review

Abutters in Attendance: None

Green Cards Presented: 2

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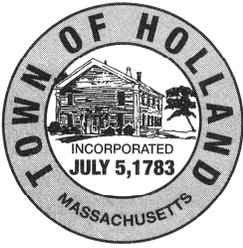
Certified Letters Returned: 1 Letter

- Variance to 310 CMR 15.211 (1) The proposed SAS does not meet the required setback from a well 100ft required (80)ft provided (nf (McDonaldl) well).
- Variance to 310 CMR 15.211 (1) The proposed well does not meet the required setback from a leach field 100ft required (75)ft provided (nf (Wrona well).
- Variance to 310 CMR 15.211 (1) The proposed SAS does not meet the required setback from a well 100ft required (75)ft provided (nf (Ward) well).
- Variance to 310 CMR 15.211 (1) The proposed SAS does not meet the required setback from a well 100ft required (80)ft provided (nf (Wrona) well).
- Variance to 310 CMR 15.211 (1) The proposed SAS does not meet the required setback from a property line 10ft required (6)ft provided (nf (Lake Shore Dr) property line).
- Variance to 310 CMR 15.211 (1) The proposed Recirculating filter does not meet the required setback from a property line 10ft required (5)ft provided (nf (Dymon) property line).

Passed unanimously

Septic Construction Permit 101315-1 issued

Dave Motioned to Adjourn meeting Bob seconded Meeting Adjourned:8:30



## Town of Holland Massachusetts Board of Health

Jamie Batista  
5 Big Tree Ln  
Holland, MA 01521

October 20, 2015

Dear Jamie Batista:

On September 22, 2015 Mr. Russ LeBlanc performed a Title V inspection of the septic system at 5 Big Tree Lane in Holland Massachusetts. At that time the system was determined to be a "Conditional Pass" because of a faulty distribution "D" box. On September 29, 2015, Mr. Arthur Quinn, agent for the Board of Health witnessed the replacement of the distribution box performed by J. Berthiaume Co. Upon further evaluation by the Board of Health the results of that inspection have been changed from a "Conditional Pass" to a "Full Pass".

If you have any further questions please contact the board.

Sincerely,

David C. Kowalski  
Board of Health Chairperson

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards of Fitness for Recreational Camps for Children (State Sanitary Code Chapter IV), all recreational camps in Massachusetts must be inspected and licensed by the local Board of Health or Health Department. In addition, 105 CMR 430.632 requires that the local board of health shall notify the Massachusetts Department of Public Health of all licenses issued to recreational camps within their community. Please complete the required information for each recreational camp licensed.

*Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.*

If you have not licensed any camps in your community, complete the Board of Health/Health Department section and check the "No recreational camps for children were licensed" box. All completed forms must be submitted to:

Massachusetts Department of Public Health  
Bureau of Environmental Health  
Community Sanitation Program  
250 Washington St., 7<sup>th</sup> Floor  
Boston, MA 02108  
FAX # 617.624.5777  
celestine.payne@state.ma.us

<b>Board of Health/Health Department Information</b>			
<b>Holland Board of Health</b>			
Address: <b>27 Sturbridge Road</b>	City: <b>Holland, MA</b>	Zip: <b>01521</b>	
Contact Person: <b>David Kowalski</b>	Tel#: <b>(508) 579-4688</b>	Email: <b>boh@townofholland.necoxmail.com</b>	
<input checked="" type="checkbox"/> <b>No recreational camps for children were licensed</b>		Date: <b>10/20/2015</b>	
<b>RECREATIONAL CAMP INFORMATION</b>			
Camp Name:	Tel#:	Email:	
Owner's Name:	Director's Name:		
In-Season Address (No PO Boxes):	City:	Zip:	
Off-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):
# Staff per season:	# Volunteers per season:	# Campers per season:	

<b>RECREATIONAL CAMP INFORMATION</b>			
Camp Name:	Tel#:	Email:	
Owner's Name:	Director's Name:		
In-Season Address (No PO Boxes):	City:	Zip:	
Off-Season Address:	City:	State:	Zip:
Type of Camp:	<input type="checkbox"/> Residential	<input type="checkbox"/> Day	<input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):
# Staff per season:	# Volunteers per season:	# Campers per season:	

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
RECREATIONAL CAMPS FOR CHILDREN REPORTING FORM**

*Keep a copy of the completed form(s) for your records. They may be used for reporting camp licensing activities next year.*

Board of Health/Health Department Information		
Address:	City:	Zip:
Contact Person:	Tel#:	Email:

RECREATIONAL CAMP INFORMATION		
Camp Name:	Tel#:	Email:
Owner's Name:	Director's Name:	
In-Season Address (No PO Boxes):	City:	Zip:
Off-Season Address:	City:	State: Zip:
Type of Camp:	<input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):	
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Type of Camp:	<input type="checkbox"/> Residential <input type="checkbox"/> Day <input type="checkbox"/> Sports <input type="checkbox"/> Other (specify):	
# Staff per season:	# Volunteers per season:	# Campers per season:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS  
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM  
PART C  
SYSTEM INFORMATION (continued)

Property Address: 16 JOANIE DR.  
HOLLAND  
Owner: SERAFINO VENEZIANO  
Date of Inspection: 9/15/04

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.

JOANIE DR.

WELL +100 FT.  
FROM LEACH

