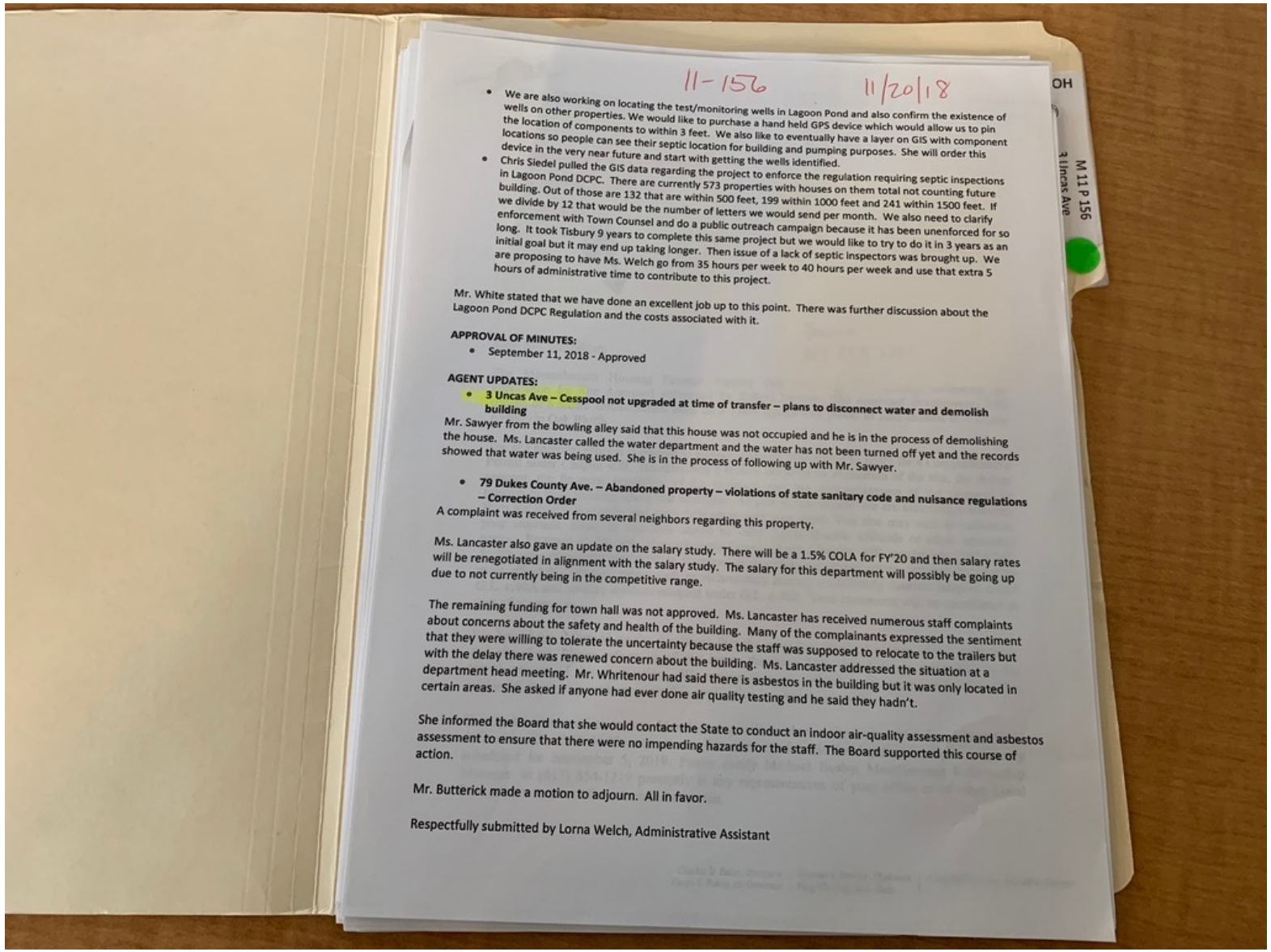


- We are also working on locating the test/monitoring wells in Lagoon Pond and also confirm the existence of wells on other properties. We would like to purchase a hand held GPS device which would allow us to pin the location of components to within 3 feet. We also like to eventually have a layer on GIS with component locations so people can see their septic location for building and pumping purposes. She will order this device in the very near future and start with getting the wells identified.
- Chris Siedel pulled the GIS data regarding the project to enforce the regulation requiring septic inspections in Lagoon Pond DCPC. There are currently 573 properties with houses on them total not counting future building. Out of those are 132 that are within 500 feet, 199 within 1000 feet and 241 within 1500 feet. If we divide by 12 that would be the number of letters we would send per month. We also need to clarify enforcement with Town Counsel and do a public outreach campaign because it has been unenforced for so long. It took Tisbury 9 years to complete this same project but we would like to try to do it in 3 years as an initial goal but it may end up taking longer. Then issue of a lack of septic inspectors was brought up. We are proposing to have Ms. Welch go from 35 hours per week to 40 hours per week and use that extra 5 hours of administrative time to contribute to this project.

Mr. White stated that we have done an excellent job up to this point. There was further discussion about the Lagoon Pond DCPC Regulation and the costs associated with it.

APPROVAL OF MINUTES:

- September 11, 2018 - Approved

AGENT UPDATES:

- **3 Uncas Ave – Cesspool not upgraded at time of transfer – plans to disconnect water and demolish building**

Mr. Sawyer from the bowling alley said that this house was not occupied and he is in the process of demolishing the house. Ms. Lancaster called the water department and the water has not been turned off yet and the records showed that water was being used. She is in the process of following up with Mr. Sawyer.

- **79 Dukes County Ave. – Abandoned property – violations of state sanitary code and nuisance regulations – Correction Order**

A complaint was received from several neighbors regarding this property.

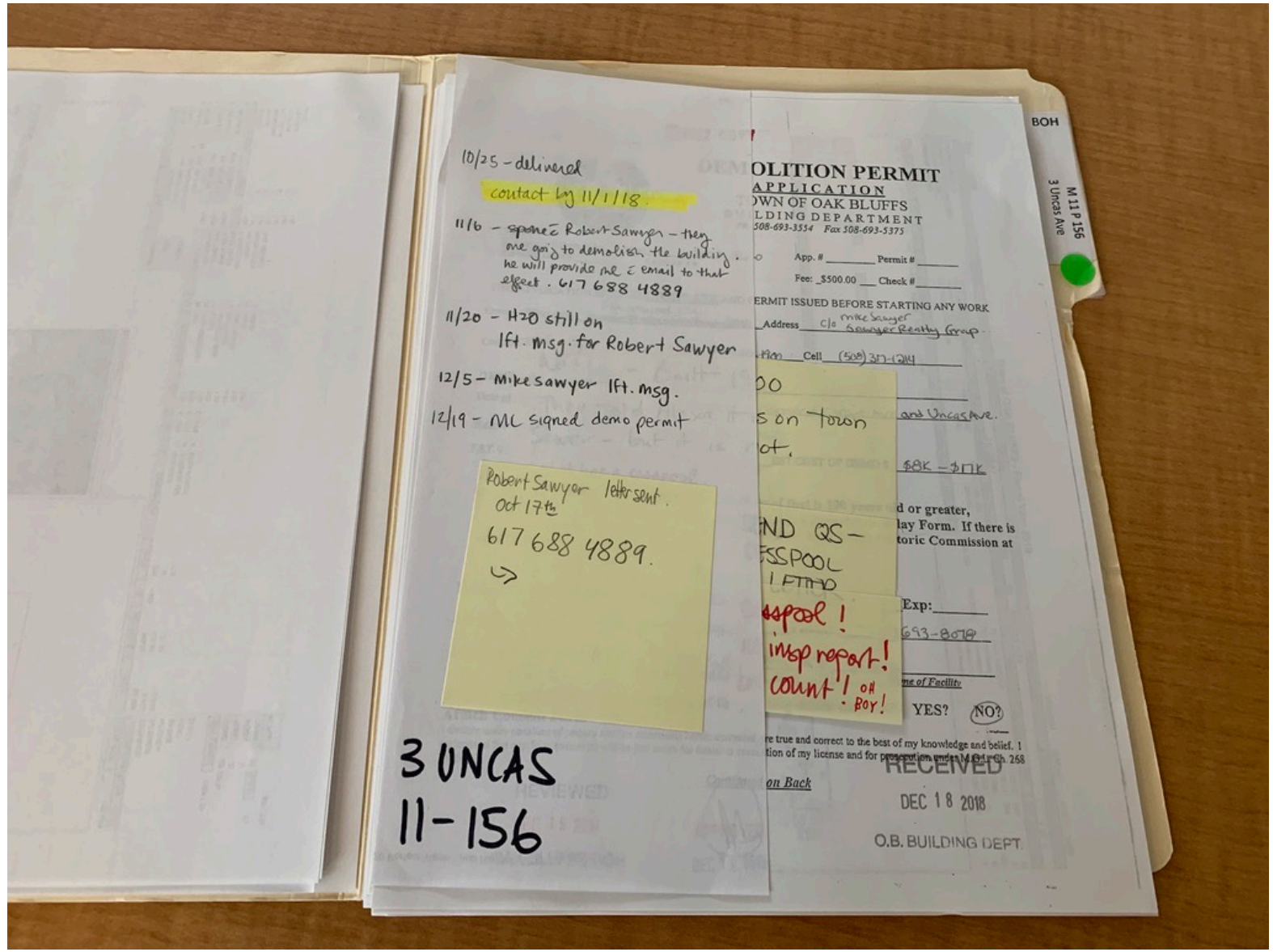
Ms. Lancaster also gave an update on the salary study. There will be a 1.5% COLA for FY'20 and then salary rates will be renegotiated in alignment with the salary study. The salary for this department will possibly be going up due to not currently being in the competitive range.

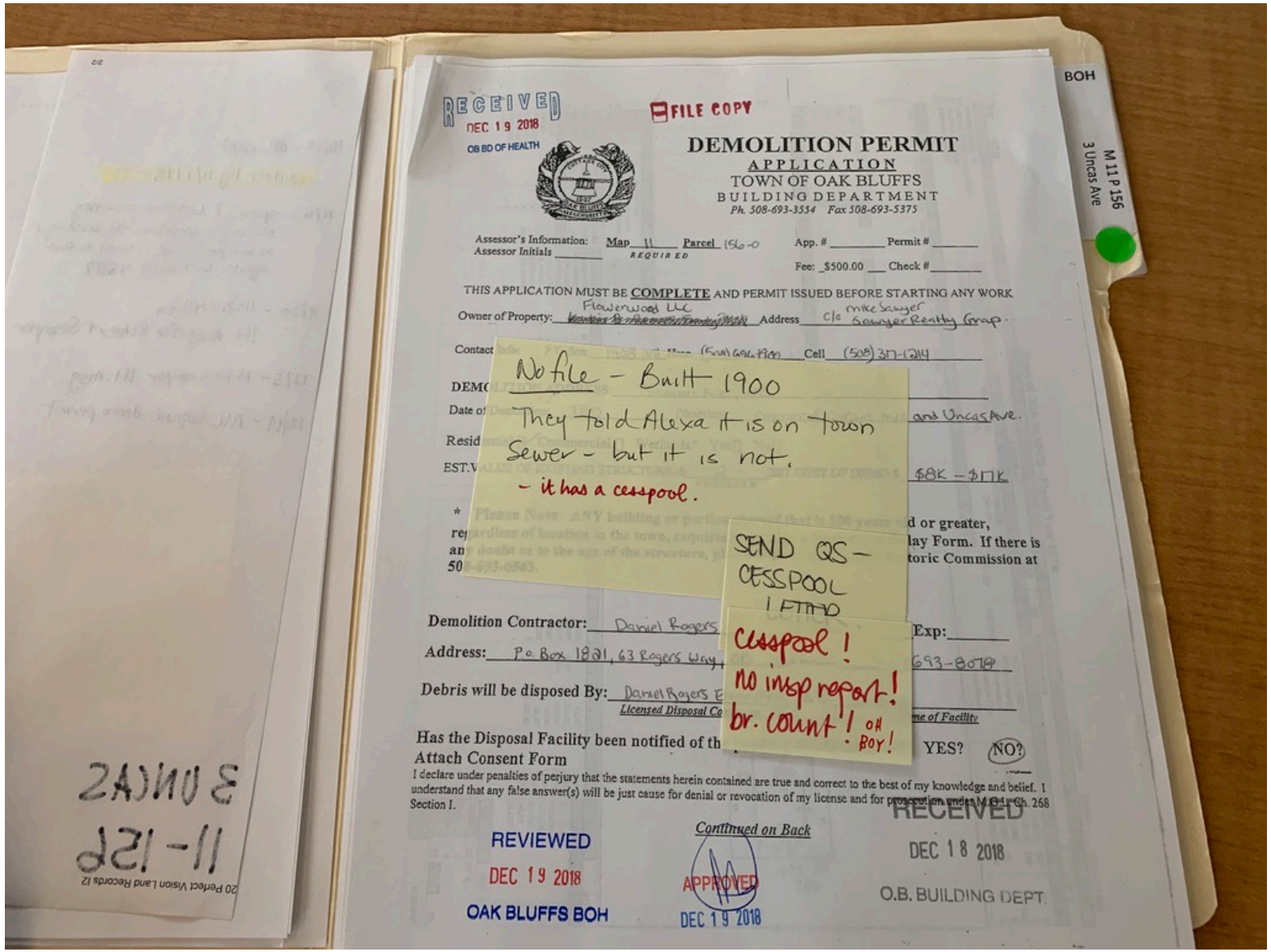
The remaining funding for town hall was not approved. Ms. Lancaster has received numerous staff complaints about concerns about the safety and health of the building. Many of the complainants expressed the sentiment that they were willing to tolerate the uncertainty because the staff was supposed to relocate to the trailers but with the delay there was renewed concern about the building. Ms. Lancaster addressed the situation at a department head meeting. Mr. Whritenour had said there is asbestos in the building but it was only located in certain areas. She asked if anyone had ever done air quality testing and he said they hadn't.

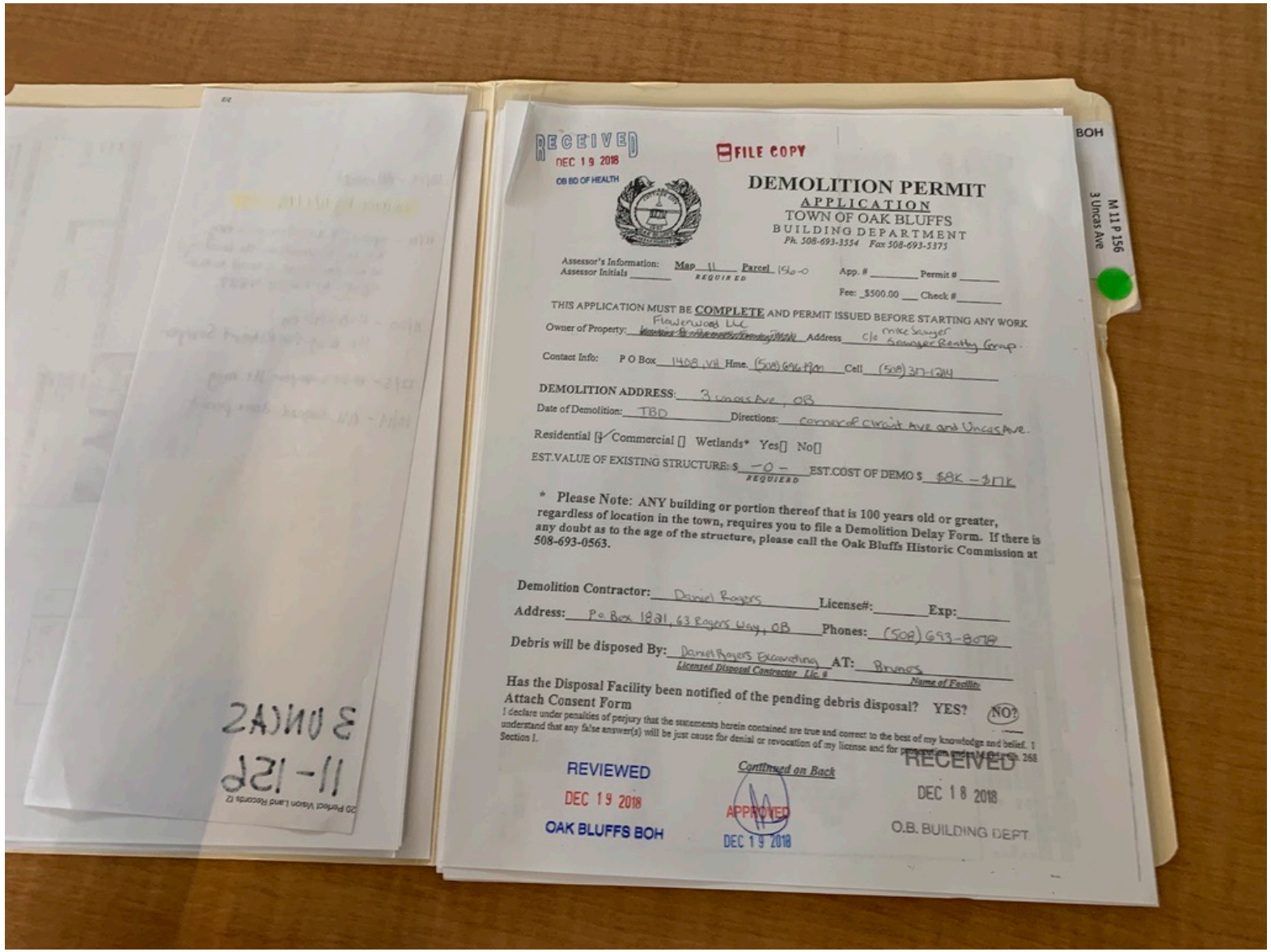
She informed the Board that she would contact the State to conduct an indoor air-quality assessment and asbestos assessment to ensure that there were no impending hazards for the staff. The Board supported this course of action.

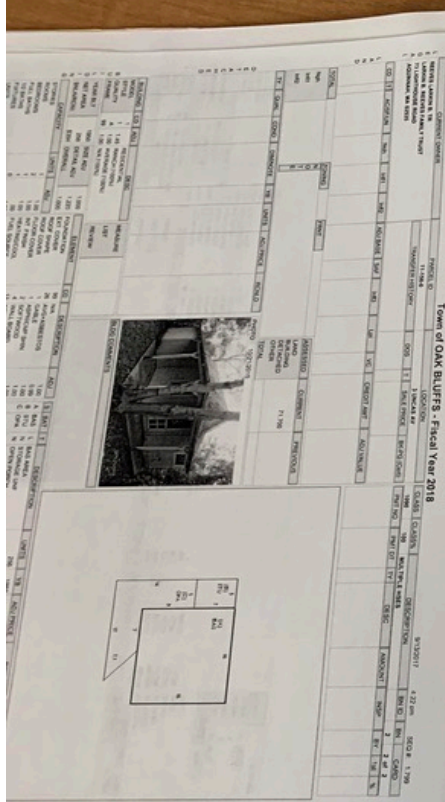
Mr. Butterick made a motion to adjourn. All in favor.

Respectfully submitted by Lorna Welch, Administrative Assistant


BOH
M 11 P 156
3 Uncas Ave
10/25 - delivered
contact by 11/1/18.
11/6 - spoke to Robert Sawyer - they are going to demolish the building. he will provide me c email to that effect. 617 688 4889
11/20 - H20 still on
lft. msg. for Robert Sawyer
12/5 - Mike sawyer lft. msg.
12/19 - MC signed demo permit
Robert Sawyer letter sent. Oct 17th
617 688 4889.
OLITION PERMIT
APPLICATION
OWN OF OAK BLUFFS
LDING DEPARTMENT
508-693-3554 Fax 508-693-5375
App. # Permit #
Fee: $500.00 Check #
ERMIT ISSUED BEFORE STARTING ANY WORK
Address c/o Mike Sawyer Sawyer Realty Group
Cell (508) 317-1214
and Uncas Ave.
$8K - $11K
d or greater,
lay Form. If there is
toric Commission at
Exp:
693-8079
YES? NO?
RECEIVED
DEC 18 2018
O.B. BUILDING DEPT.
3 UNCAS
11-156


RECEIVED
DEC 19 2018
OB BD OF HEALTH
FILE COPY
DEMOLITION PERMIT
APPLICATION
TOWN OF OAK BLUFFS
BUILDING DEPARTMENT
Ph. 508-693-3554 Fax 508-693-5375
Assessor's Information: Map 11 Parcel 156-0
Assessor Initials
REQUIRED
App. # Permit #
Fee: $500.00 Check #
THIS APPLICATION MUST BE COMPLETE AND PERMIT ISSUED BEFORE STARTING ANY WORK
Owner of Property: Flowerwood LLC
Address c/o Mike Sawyer Sawyer Realty Group
Cell (508) 317-1214
No file - Built 1900
They told Alexa it is on Town Sewer - but it is not.
- it has a cesspool.
and Uncas Ave.
$8K - $11K
SEND QS - CESSPOOL
cesspool!
no insp report!
br. count! oh boy!
Demolition Contractor: Daniel Rogers
Address: P.O. Box 1821, 63 Rogers Way
693-8079
Debris will be disposed By: Daniel Rogers
Licensed Disposal Co
Has the Disposal Facility been notified of th
YES? NO?
Attach Consent Form
I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for prosecution under M.G.L. Ch. 268 Section 1.
Continued on Back
REVIEWED
DEC 19 2018
OAK BLUFFS BOH
APPROVED
DEC 19 2018
RECEIVED
DEC 18 2018
O.B. BUILDING DEPT.
BOH
M 11 P 156
3 Uncas Ave
3 UNCAS
11-156
20 Perfect Vision Land Records 12


BOH
M 11 P 156
3 Uncas Ave
RECEIVED
DEC 19 2018
OB BD OF HEALTH
FILE COPY
DEMOLITION PERMIT
APPLICATION
TOWN OF OAK BLUFFS
BUILDING DEPARTMENT
Ph. 508-693-3554 Fax 508-693-5375
Assessor's Information: Map 11 Parcel 156-0
Assessor Initials
REQUIRED
App. # Permit #
Fee: $500.00 Check #
THIS APPLICATION MUST BE COMPLETE AND PERMIT ISSUED BEFORE STARTING ANY WORK
Owner of Property: Flaherwood LLC
Address c/o mike Sawyer Sawyer Realty Group
Contact Info: P O Box 1408, Vil Hme. (508) 696-8700 Cell (508) 317-1214
DEMOLITION ADDRESS: 3 Uncas Ave, OB
Date of Demolition: TBD
Directions: corner of Circuit Ave and Uncas Ave.
Residential [] Commercial [] Wetlands* Yes[] No[]
EST.VALUE OF EXISTING STRUCTURE: $ -0-
REQUIERD
EST.COST OF DEMO $ $8K - $11K
* Please Note: ANY building or portion thereof that is 100 years old or greater, regardless of location in the town, requires you to file a Demolition Delay Form. If there is any doubt as to the age of the structure, please call the Oak Bluffs Historic Commission at 508-693-0563.
Demolition Contractor: Daniel Rogers License#: Exp:
Address: P.o Box 1831, 63 Rogers Way, OB Phones: (508) 693-8078
Debris will be disposed By: Daniel Rogers Excavating AT: Brunos
Licensed Disposal Contractor Lic. # Name of Facility
Has the Disposal Facility been notified of the pending debris disposal? YES? (NO)
Attach Consent Form
I declare under penalties of perjury that the statements herein contained are true and correct to the best of my knowledge and belief. I understand that any false answer(s) will be just cause for denial or revocation of my license and for
Section I.
Continued on Back
REVIEWED
DEC 19 2018
OAK BLUFFS BOH
APPROVED
DEC 19 2018
RECEIVED
DEC 18 2018
O.B. BUILDING DEPT.
3 UNCAS
11-127



Town of OAK BLUFFS - Fiscal Year 2018

Key: 1746

BOH

M 11 P 156
3 Uncas Ave

Meegan Lancaster

From: Robert Sawyer <info@dukesacademy.com>
Sent: Tuesday, November 06, 2018 1:05 PM
To: Meegan Lancaster
Cc: Robert Sawyer; Michael A. Sawyer
Subject: 3 Uncas Ave, OB

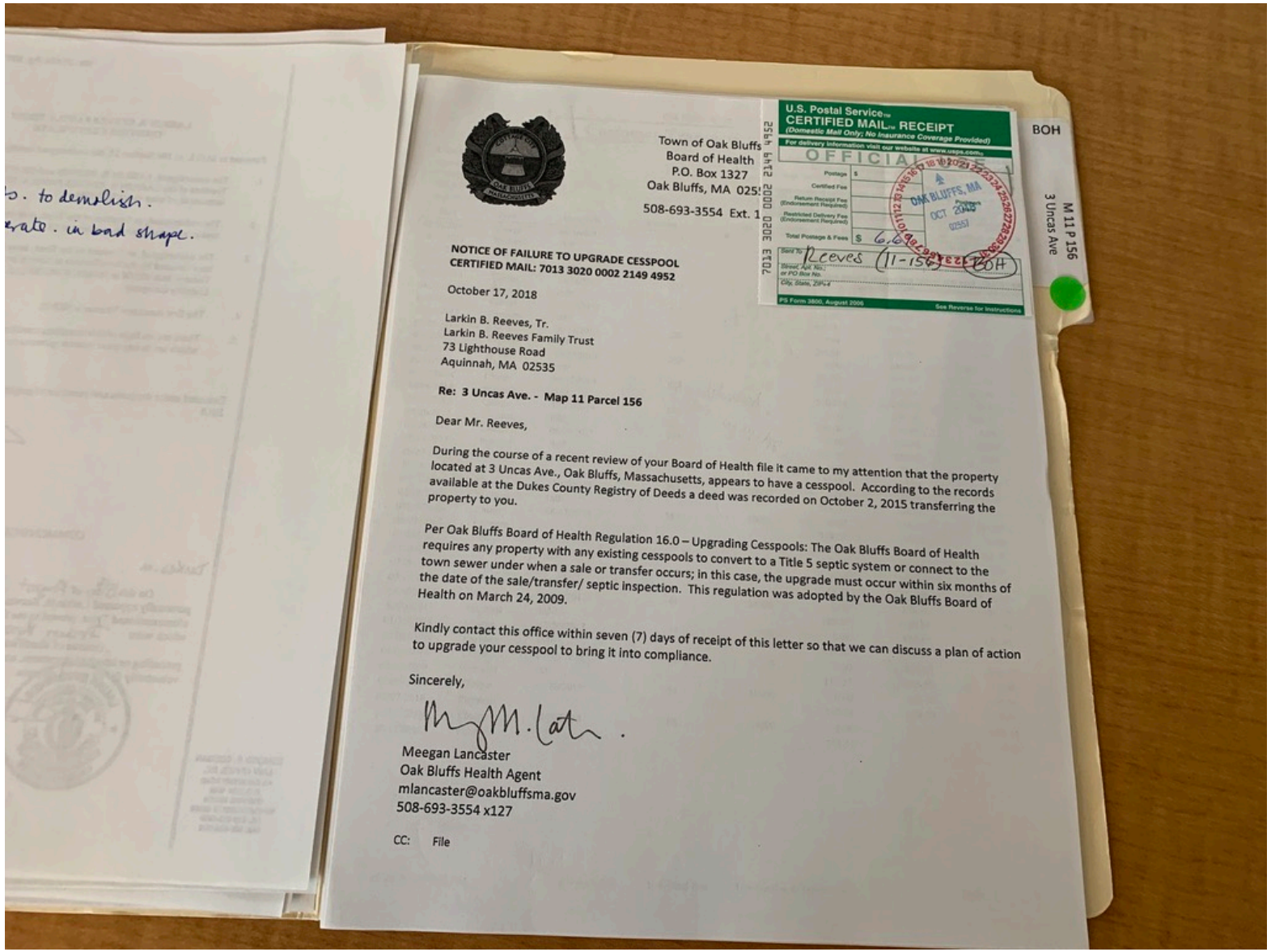
Hi Megan,

Confirming our telephone conversation of today we are proceeding with the process to demolish this building. The building is unoccupied and we are in process of shutting off the water.

As promised, we will keep you posted of our progress on the road to demolition.

Thanks and have a great day.

Robert M. Sawyer
P. O. Box 1408
Vineyard Haven, MA 02568
Office: (508) 696-1900
FAX: 1-509-693-7499
Email: sawyer@dukesacademy.com
Real Estate: Consultant, Writer, Instructor, Broker



. to demolish.
rate. in bad shape.

Town of Oak Bluffs
Board of Health
P.O. Box 1327
Oak Bluffs, MA 025
508-693-3554 Ext. 1

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®
OFFICIAL USE
Postage $
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees $ 6.6
Sent To Reeves (11-156) BOH
Street, Apt. No.; or PO Box No.
City, State, ZIP+4
PS Form 3800, August 2006 See Reverse for Instructions
OAK BLUFFS, MA OCT
02557
7013 3020 0002 2149 4952

BOH
M 11 P 156
3 Uncas Ave

NOTICE OF FAILURE TO UPGRADE CESSPOOL
CERTIFIED MAIL: 7013 3020 0002 2149 4952

October 17, 2018

Larkin B. Reeves, Tr.
Larkin B. Reeves Family Trust
73 Lighthouse Road
Aquinnah, MA 02535

Re: 3 Uncas Ave. - Map 11 Parcel 156

Dear Mr. Reeves,

During the course of a recent review of your Board of Health file it came to my attention that the property located at 3 Uncas Ave., Oak Bluffs, Massachusetts, appears to have a cesspool. According to the records available at the Dukes County Registry of Deeds a deed was recorded on October 2, 2015 transferring the property to you.

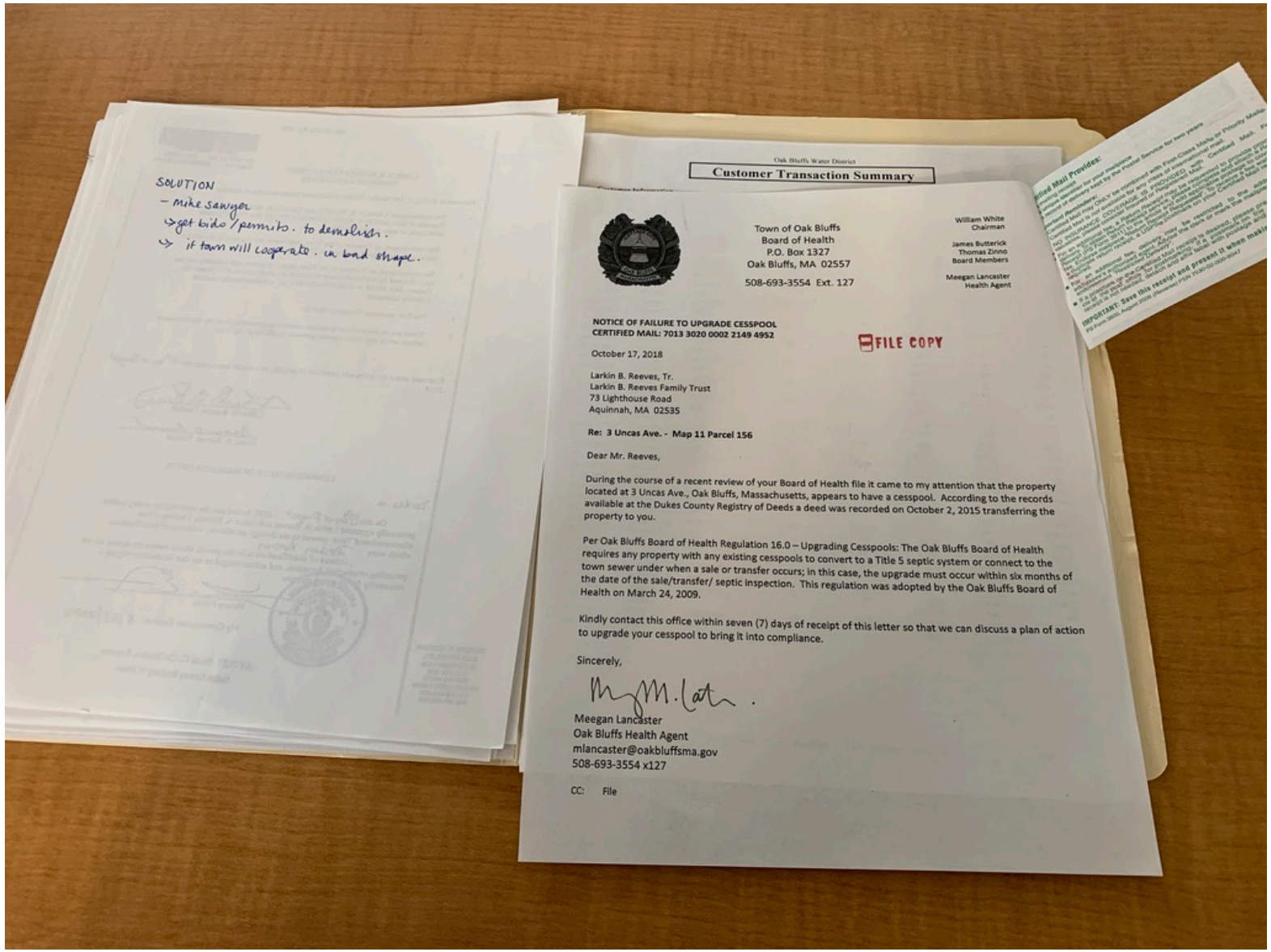
Per Oak Bluffs Board of Health Regulation 16.0 – Upgrading Cesspools: The Oak Bluffs Board of Health requires any property with any existing cesspools to convert to a Title 5 septic system or connect to the town sewer under when a sale or transfer occurs; in this case, the upgrade must occur within six months of the date of the sale/transfer/ septic inspection. This regulation was adopted by the Oak Bluffs Board of Health on March 24, 2009.

Kindly contact this office within seven (7) days of receipt of this letter so that we can discuss a plan of action to upgrade your cesspool to bring it into compliance.

Sincerely,

Meegan Lancaster
Oak Bluffs Health Agent
mlancaster@oakbluffsma.gov
508-693-3554 x127

CC: File



SOLUTION
- Mike Sawyer
→ get bids / permits. to demolish.
→ if town will cooperate. in bad shape.

Oak Bluffs Water District

Customer Transaction Summary

Town of Oak Bluffs
Board of Health
P.O. Box 1327
Oak Bluffs, MA 02557
508-693-3554 Ext. 127

William White
Chairman

James Butterick
Thomas Zinno
Board Members

Meegan Lancaster
Health Agent

NOTICE OF FAILURE TO UPGRADE CESSPOOL
CERTIFIED MAIL: 7013 3020 0002 2149 4952

FILE COPY

October 17, 2018

Larkin B. Reeves, Tr.
Larkin B. Reeves Family Trust
73 Lighthouse Road
Aquinnah, MA 02535

Re: 3 Uncas Ave. - Map 11 Parcel 156

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Kindly contact this office within seven (7) days of receipt of this letter so that we can discuss a plan of action to upgrade your cesspool to bring it into compliance.

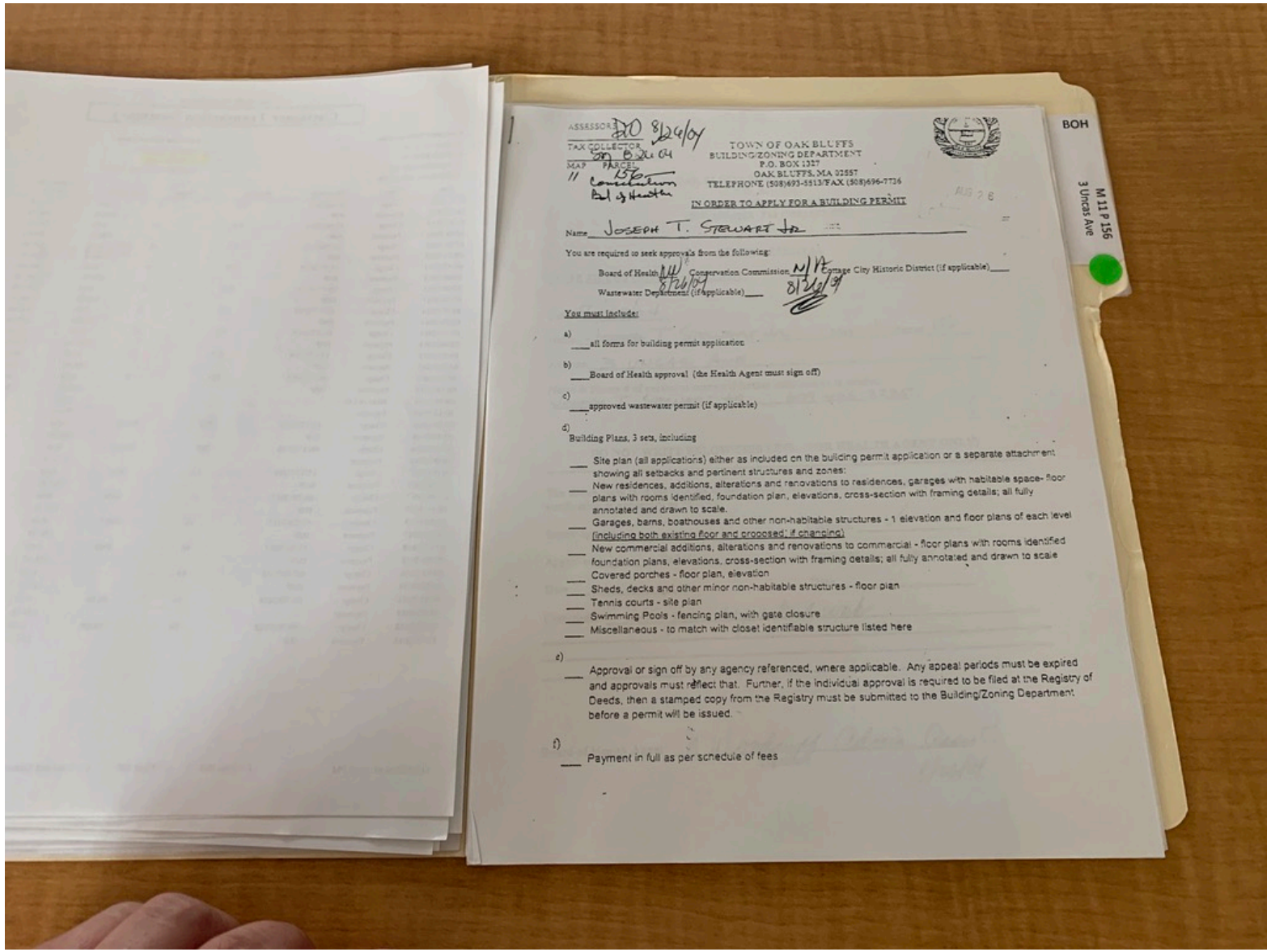
Sincerely,

Meegan Lancaster
Oak Bluffs Health Agent
mlancaster@oakbluffsma.gov
508-693-3554 x127

CC: File

Certified Mail Provides:

IMPORTANT: Save this receipt and present it when maki



ASSESSORS 8/24/07
TAX COLLECTOR
MAP 11 PARCEL 156
Conservation
Bd of Health

TOWN OF OAK BLUFFS
BUILDING/ZONING DEPARTMENT
P.O. BOX 1327
OAK BLUFFS, MA 02557
TELEPHONE (508)693-5513/FAX (508)696-7736

IN ORDER TO APPLY FOR A BUILDING PERMIT

Name JOSEPH T. STEWART JR.

You are required to seek approvals from the following:

Board of Health 8/24/07 Conservation Commission N/A Cottage City Historic District (if applicable)___

Wastewater Department (if applicable)___ 8/24/07

You must include:

a)
___all forms for building permit application

b)
___Board of Health approval (the Health Agent must sign off)

c)
___approved wastewater permit (if applicable)

d)
Building Plans, 3 sets, including

___ Site plan (all applications) either as included on the building permit application or a separate attachment showing all setbacks and pertinent structures and zones;
___ New residences, additions, alterations and renovations to residences, garages with habitable space- floor plans with rooms identified, foundation plan, elevations, cross-section with framing details; all fully annotated and drawn to scale.
___ Garages, barns, boathouses and other non-habitable structures - 1 elevation and floor plans of each level (including both existing floor and proposed, if changing)
___ New commercial additions, alterations and renovations to commercial - floor plans with rooms identified foundation plans, elevations, cross-section with framing details; all fully annotated and drawn to scale
___ Covered porches - floor plan, elevation
___ Sheds, decks and other minor non-habitable structures - floor plan
___ Tennis courts - site plan
___ Swimming Pools - fencing plan, with gate closure
___ Miscellaneous - to match with closet identifiable structure listed here

e)
___ Approval or sign off by any agency referenced, where applicable. Any appeal periods must be expired and approvals must reflect that. Further, if the individual approval is required to be filed at the Registry of Deeds, then a stamped copy from the Registry must be submitted to the Building/Zoning Department before a permit will be issued.

f)
___ Payment in full as per schedule of fees

BOH
M 11 P 156
3 Uncas Ave

BOH

M 11 P 156
3 Uncas Ave

AUG 2 6

OAK BLUFFS BOARD OF HEALTH
P.O. Box 174,
Oak Bluffs, MA 02557
(508) 693-5502 Fax (508) 693-6280

SEPTIC APPROVAL

TO BE FILLED OUT BY APPLICANT:

Date: 8/25/04

Name: JOSEPH T. STEWART JR. Map 11 Parcel 156

Address: 3 UNCAS AVE.

Name & Phone # of person to contact if further information is needed:
JOSEPH T. STEWART JR. 609.466.2235

DO NOT WRITE BELOW THIS LINE. (FOR HEALTH AGENT ONLY)

The above party is in the process of submitting a building permit application, and verification is necessary as follows:

Septic System _____ Cesspool ✓

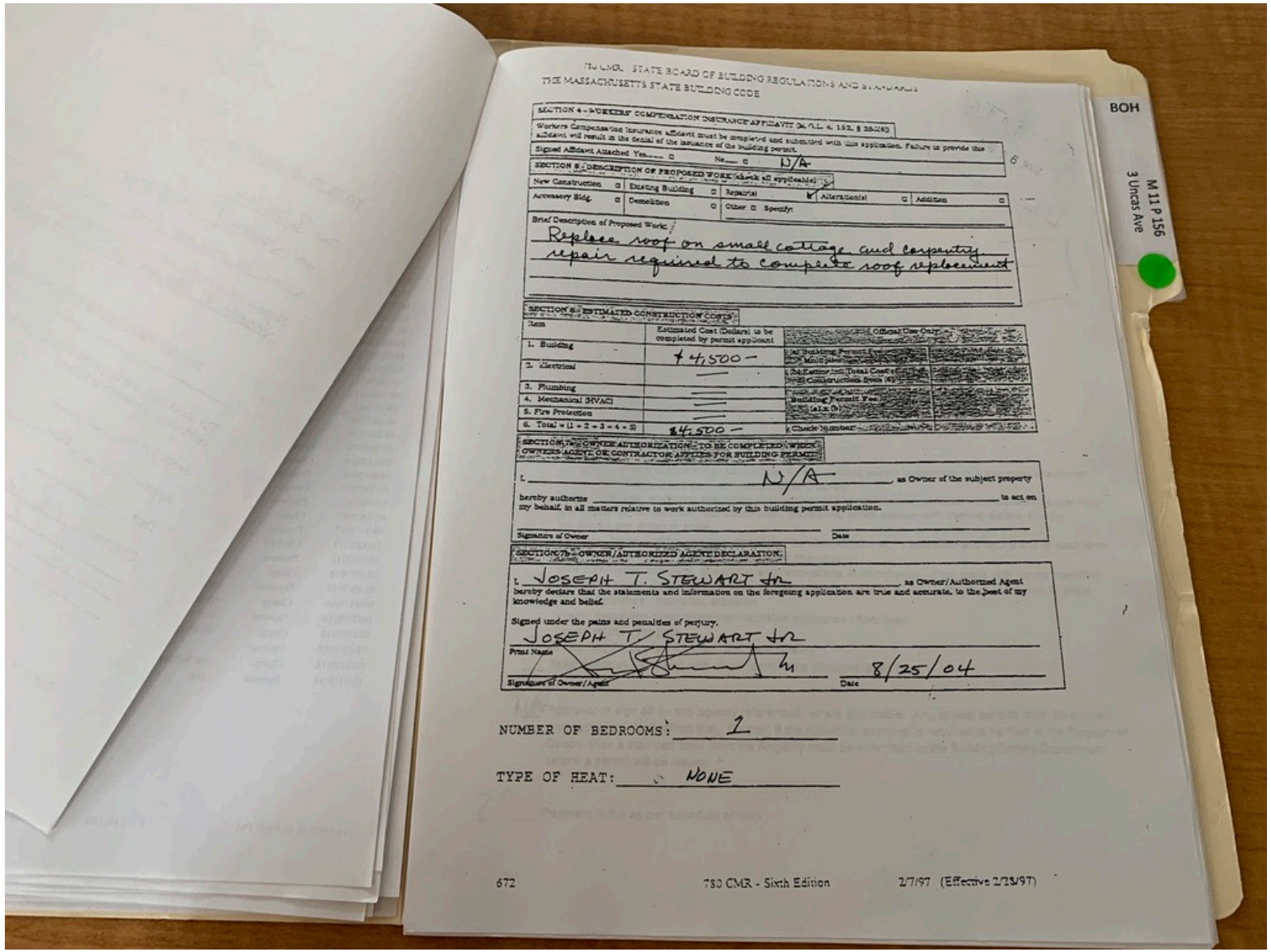
Approved _____ Failed _____ Approved _____ Failed _____

Date _____ Date _____

Comments: OK for requested work

Board of Health Agent: N Woodruff Admin Assist
Signature

8/26/04



780 CMR STATE BOARD OF BUILDING REGULATIONS AND STANDARDS
THE MASSACHUSETTS STATE BUILDING CODE

BOH
M 11 P 156
3 Uncas Ave

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25A(6))

Workers Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this Affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes ☐ No ☐ N/A

SECTION 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction ☐	Existing Building ☐	Repair(s)	Alteration(s) ☐	Addition ☐
Accessory Bldg. ☐	Demolition ☐	Other ☐ Specify:		

Brief Description of Proposed Work:
Replace roof on small cottage and carpentry repair required to complete roof replacement

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	Official Use Only
1. Building	$4,500 -	
2. Electrical		
3. Plumbing		
4. Mechanical (HVAC)		
5. Fire Protection		
6. Total = (1 + 2 + 3 + 4 + 5)	$4,500 -	

SECTION 7a - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, N/A, as Owner of the subject property hereby authorize _____ to act on my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner _____ Date _____

SECTION 7b - OWNER/AUTHORIZED AGENT DECLARATION

I, JOSEPH T. STEWART III, as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

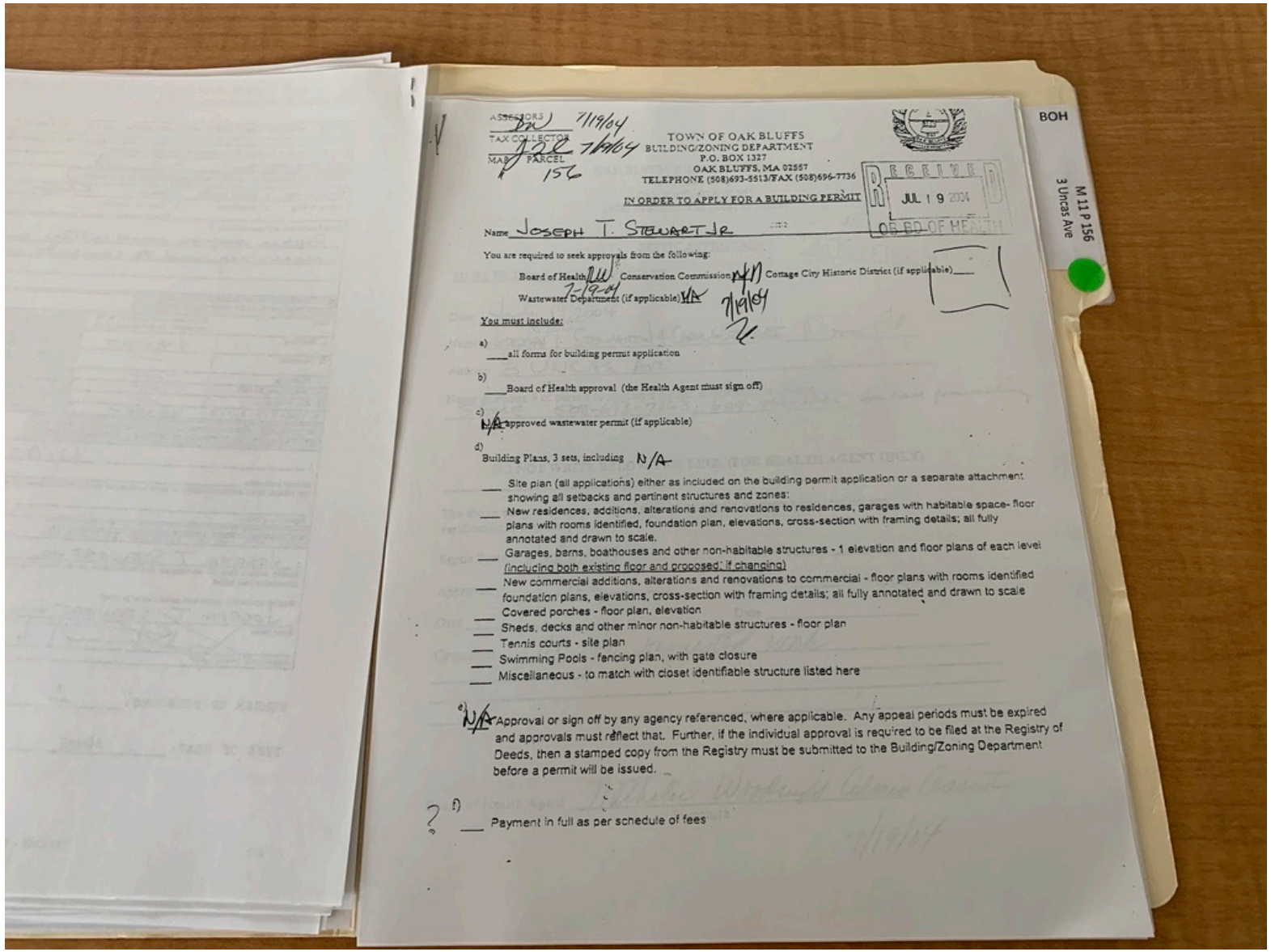
Signed under the pains and penalties of perjury.

JOSEPH T. STEWART III
Print Name

Signature of Owner/Agent _____ Date 8/25/04

NUMBER OF BEDROOMS: 1

TYPE OF HEAT: NONE



ASSESSORS 7/19/04
TAX COLLECTOR 7/19/04
MAP 12 PARCEL 156

TOWN OF OAK BLUFFS
BUILDING/ZONING DEPARTMENT
P.O. BOX 1327
OAK BLUFFS, MA 02557
TELEPHONE (508)693-5513/FAX (508)696-7736

RECEIVED
JUL 19 2004
OB BD OF HEALTH

IN ORDER TO APPLY FOR A BUILDING PERMIT

Name JOSEPH T. STEWART JR

You are required to seek approvals from the following:

Board of Health W Conservation Commission N/A Cottage City Historic District (if applicable)___
7-19-04
Wastewater Department (if applicable) N/A 7/19/04

You must include:

a) ___all forms for building permit application

b) ___Board of Health approval (the Health Agent must sign off)

c) N/A approved wastewater permit (if applicable)

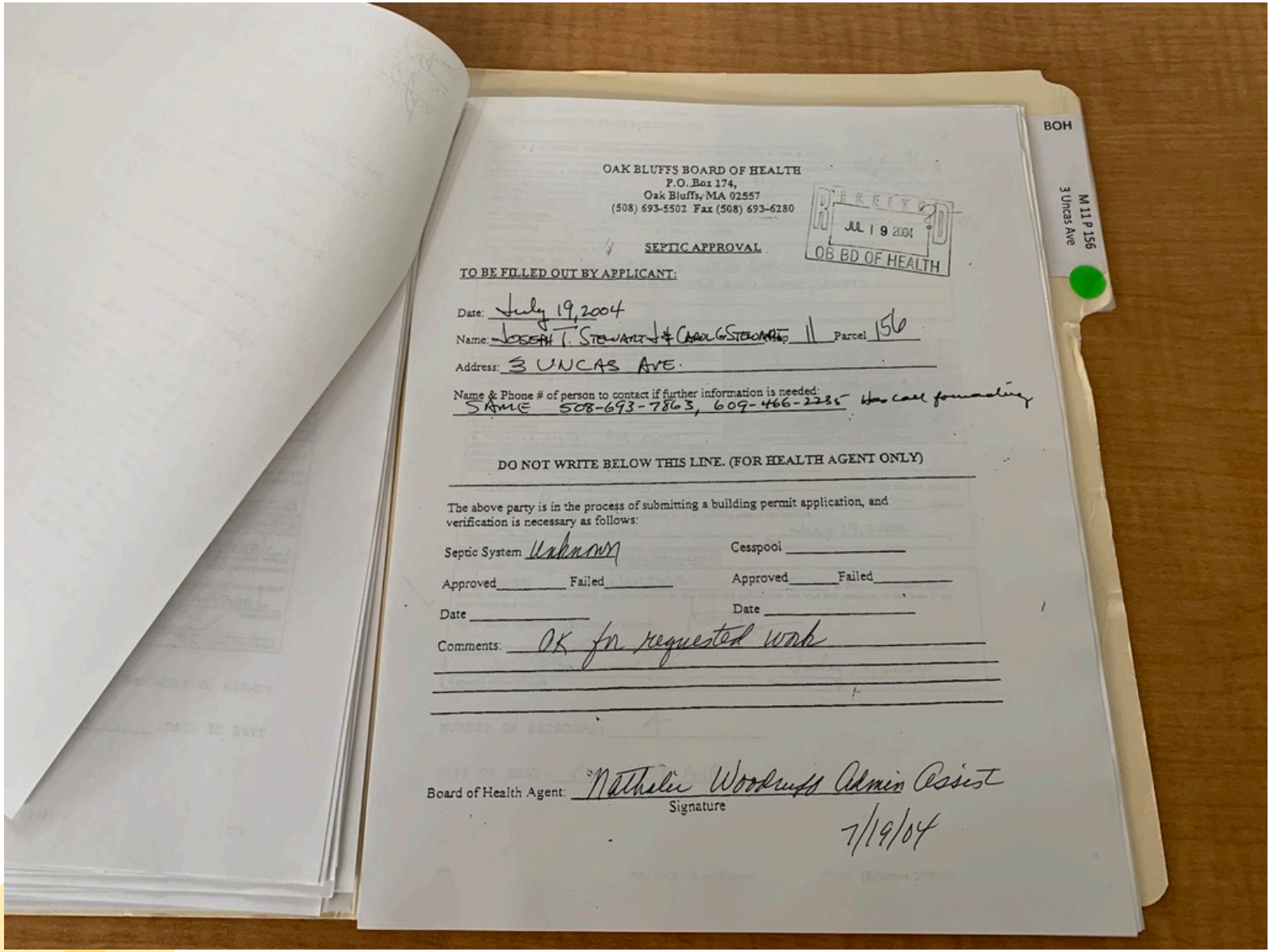
d) Building Plans, 3 sets, including N/A

___ Site plan (all applications) either as included on the building permit application or a separate attachment showing all setbacks and pertinent structures and zones:
___ New residences, additions, alterations and renovations to residences, garages with habitable space- floor plans with rooms identified, foundation plan, elevations, cross-section with framing details; all fully annotated and drawn to scale.
___ Garages, barns, boathouses and other non-habitable structures - 1 elevation and floor plans of each level (including both existing floor and proposed, if changing)
___ New commercial additions, alterations and renovations to commercial - floor plans with rooms identified foundation plans, elevations, cross-section with framing details; all fully annotated and drawn to scale
___ Covered porches - floor plan, elevation
___ Sheds, decks and other minor non-habitable structures - floor plan
___ Tennis courts - site plan
___ Swimming Pools - fencing plan, with gate closure
___ Miscellaneous - to match with closet identifiable structure listed here

e) N/A Approval or sign off by any agency referenced, where applicable. Any appeal periods must be expired and approvals must reflect that. Further, if the individual approval is required to be filed at the Registry of Deeds, then a stamped copy from the Registry must be submitted to the Building/Zoning Department before a permit will be issued.

f) ___ Payment in full as per schedule of fees

BOH
M 11 P 156
3 Uncas Ave



OAK BLUFFS BOARD OF HEALTH
P.O. Box 174,
Oak Bluffs, MA 02557
(508) 693-5502 Fax (508) 693-6280

RECEIVED
JUL 19 2004
OB BD OF HEALTH

SEPTIC APPROVAL

TO BE FILLED OUT BY APPLICANT:

Date: July 19, 2004

Name: JOSEPH T. STEWART Jr & CAROL G STEWART Tr Map 11 Parcel 156

Address: 3 UNCAS AVE.

Name & Phone # of person to contact if further information is needed:
SAME 508-693-7863, 609-466-2236 Has cell forwarding

DO NOT WRITE BELOW THIS LINE. (FOR HEALTH AGENT ONLY)

The above party is in the process of submitting a building permit application, and verification is necessary as follows:

Septic System Unknown

Approved _____ Failed _____

Date _____

Cesspool _____

Approved _____ Failed _____

Date _____

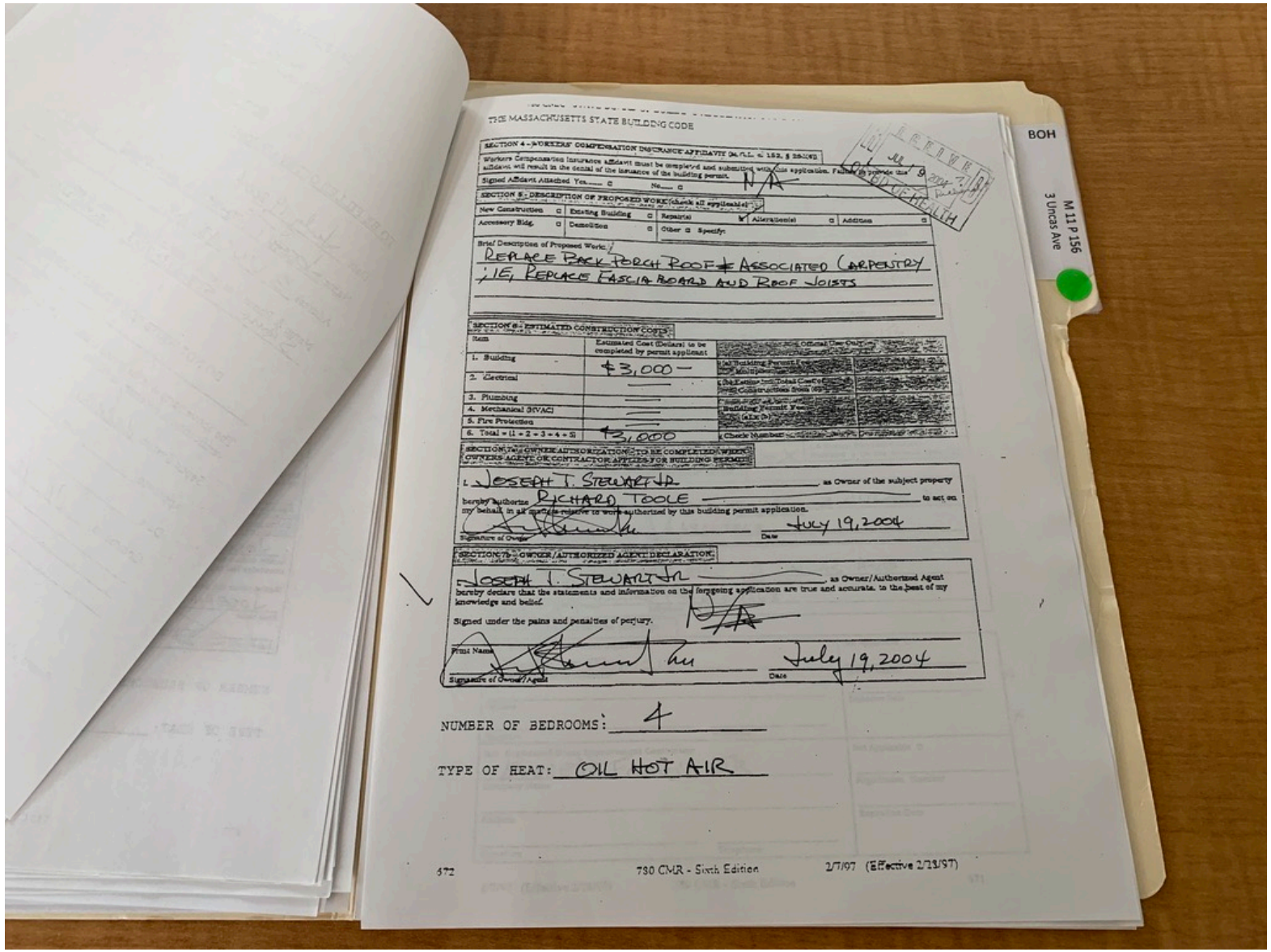
Comments: OK for requested work

Board of Health Agent: Nathalie Woodruff Admin Assist
Signature

7/19/04

BOH

M 11 P 156
3 Uncas Ave



THE MASSACHUSETTS STATE BUILDING CODE

SECTION 4 - WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152, § 25A(6))

Workers Compensation Insurance Affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes ☐ No ☐ N/A

SECTION 5 - DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction ☐ | Existing Building ☐ | Repair(s) ☐ | Alteration(s) ☑ | Addition ☐

Accessory Bldg. ☐ | Demolition ☐ | Other ☐ Specify:

Brief Description of Proposed Work:

REPLACE BACK PORCH ROOF & ASSOCIATED CARPENTRY
IE, REPLACE FASCIA BOARD AND ROOF JOISTS

SECTION 6 - ESTIMATED CONSTRUCTION COSTS

Item	Estimated Cost (Dollars) to be completed by permit applicant	For Building Official Use Only
1. Building	$3,000 —	
2. Electrical	—	
3. Plumbing	—	
4. Mechanical (HVAC)	—	
5. Fire Protection	—	
6. Total = (1 + 2 + 3 + 4 + 5)	$3,000	

SECTION 7 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNER'S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, JOSEPH T. STEWART JR. as Owner of the subject property hereby authorize RICHARD TOOLE to act on my behalf in all matters relative to work authorized by this building permit application.

Signature of Owner — Date: July 19, 2004

SECTION 8 - OWNER/AUTHORIZED AGENT DECLARATION

I, JOSEPH T. STEWART JR. as Owner/Authorized Agent hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Print Name

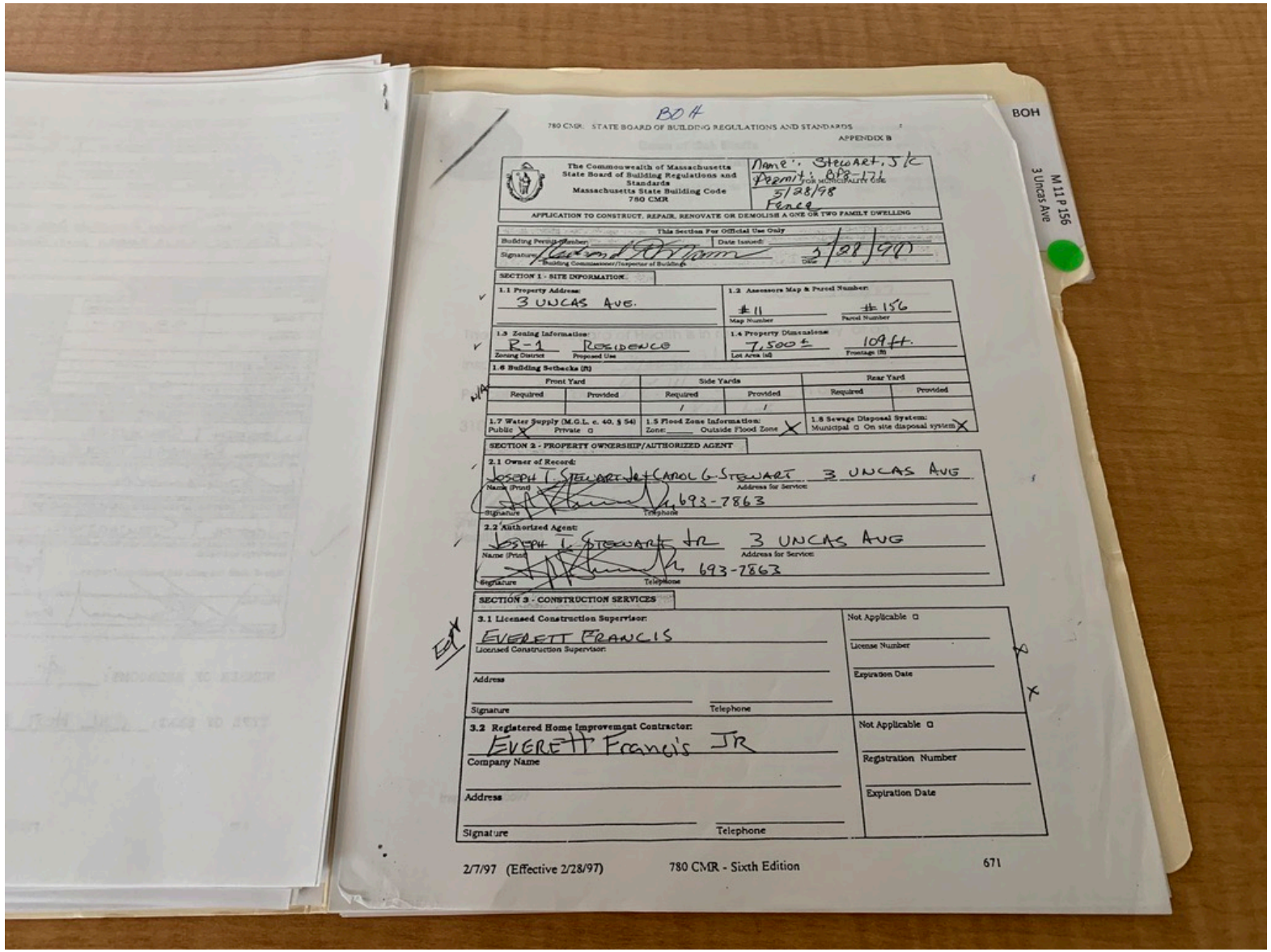
Signature of Owner/Agent — Date: July 19, 2004

NUMBER OF BEDROOMS: 4

TYPE OF HEAT: OIL HOT AIR

RECEIVED JUL 21 2004 BOARD OF HEALTH

BOH
M 11 P 156
3 Uncas Ave



BOH

M 11 P 156

3 Uncas Ave

BOH

780 CMR: STATE BOARD OF BUILDING REGULATIONS AND STANDARDS

APPENDIX B

The Commonwealth of Massachusetts
State Board of Building Regulations and Standards
Massachusetts State Building Code
780 CMR

Name: Stewart, Jr
Permit: BP-176 FOR MUNICIPALITY USE
5/28/98
Fence

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: | Date Issued:

Signature: Building Commissioner/Inspector of Buildings | Date: 5/28/98

SECTION 1 - SITE INFORMATION

1.1 Property Address: 3 UNCAS AVE.

1.2 Assessors Map & Parcel Number: #11 Map Number | #156 Parcel Number

1.3 Zoning Information: R-1 Zoning District | RESIDENCE Proposed Use

1.4 Property Dimensions: 7,500± Lot Area (sf) | 109ft. Frontage (ft)

1.6 Building Setbacks (ft)

Front Yard		Side Yards		Rear Yard	
Required	Provided	Required	Provided	Required	Provided
N/A		/	/		

1.7 Water Supply (M.G.L. c. 40, § 54): Public X Private ☐

1.5 Flood Zone Information: Zone: _____ Outside Flood Zone X

1.8 Sewage Disposal System: Municipal ☐ On site disposal system X

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record:
JOSEPH T STEWART JR & CAROL G STEWART | 3 UNCAS AVE
Name (Print) | Address for Service:
Signature | Telephone: 693-7863

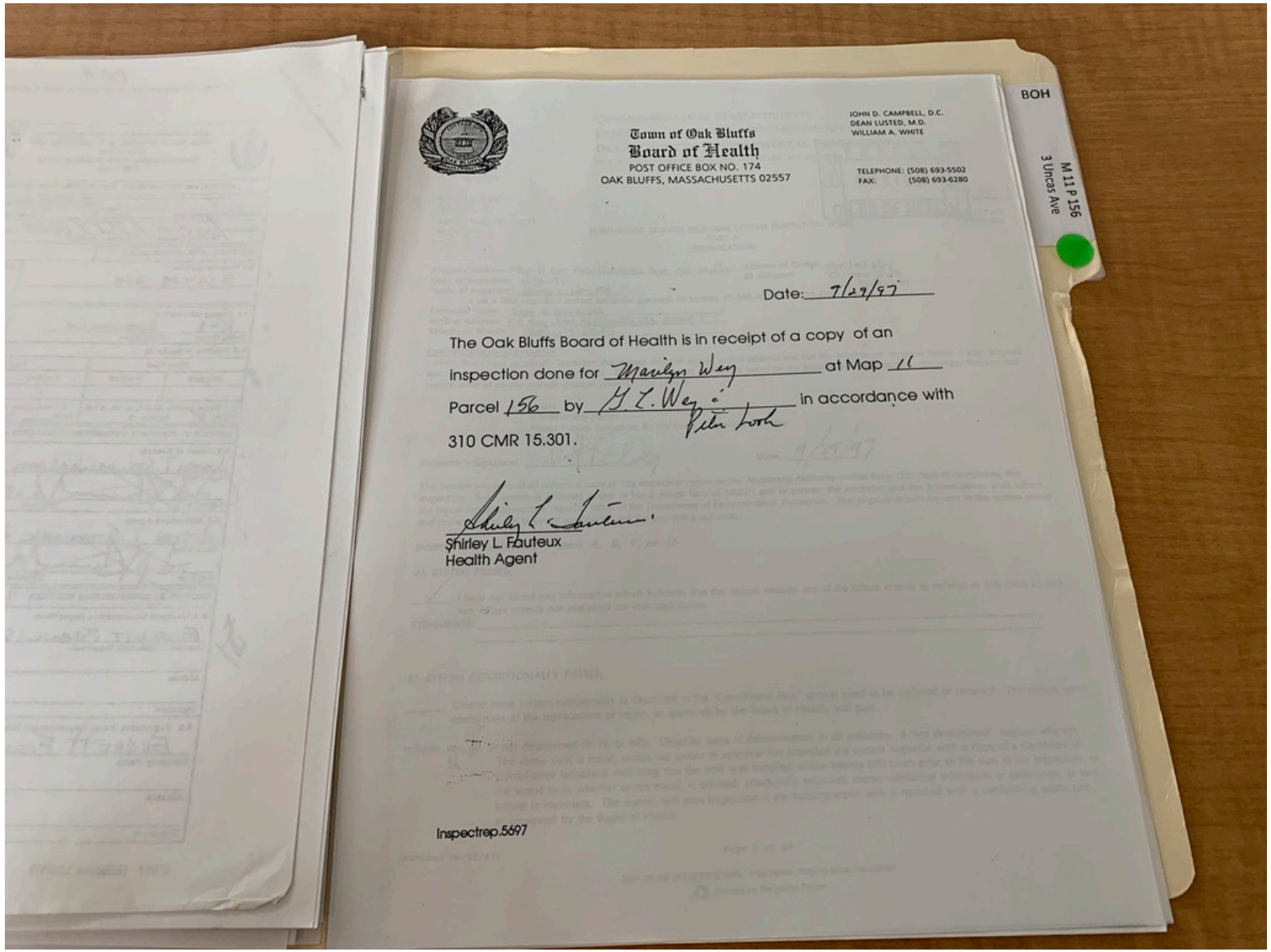
2.2 Authorized Agent:
JOSEPH T STEWART JR | 3 UNCAS AVE
Name (Print) | Address for Service:
Signature | Telephone: 693-7863

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:
EVERETT FRANCIS
Licensed Construction Supervisor:
Address:
Signature | Telephone
Not Applicable ☐
License Number
Expiration Date

3.2 Registered Home Improvement Contractor:
EVERETT FRANCIS JR
Company Name:
Address:
Signature | Telephone
Not Applicable ☐
Registration Number
Expiration Date

2/7/97 (Effective 2/28/97) 780 CMR - Sixth Edition 671



Town of Oak Bluffs
Board of Health
POST OFFICE BOX NO. 174
OAK BLUFFS, MASSACHUSETTS 02557

JOHN D. CAMPBELL, D.C.
DEAN LUSTED, M.D.
WILLIAM A. WHITE

TELEPHONE: (508) 693-5502
FAX: (508) 693-6280

BOH
M 11 P 156
3 Uncas Ave

Date: 7/29/97

The Oak Bluffs Board of Health is in receipt of a copy of an inspection done for Marilyn Way at Map 11 Parcel 156 by G.L. Weyé Peter Loth in accordance with 310 CMR 15.301.

Shirley L. Fauteux
Health Agent

Inspectrep.5697

BOH

M 11 P 156
3 Uncas Ave

COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION
ONE WINTER STREET, BOSTON, MA 02108 617-292-5500

RECEIVED
OCT 27 1997
OB BD OF HEALTH

WILLIAM F. WELD
Governor

ARGEO PAUL CELLUCCI
Lt. Governor

TRUDY COXE
Secretary

LAUREN STRUHS
Commissioner

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION

Property Address: MAP 11, LOT 156, HIAWATHA AVE., OAK BLUFFS
Date of Inspection: 9.26.97
Name of Inspector: GEORGE L. WEY, P.E.
Address of Owner: (If different) MARITAL WEY, P.O. BOX 1168, OAK BLUFFS, MA

I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000)

Company Name: WEY ENGINEERING
Mailing Address: P.O. BOX 1892, OAK BLUFFS, MA 02557
Telephone Number: (508) 693-2545

CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. The system:

- ✓ Passes
- ___ Conditionally Passes
- ___ Needs Further Evaluation By the Local Approving Authority
- ___ Fails

Inspector's Signature: _____ Date: 9/29/97

The System Inspector shall submit a copy of this inspection report to the Approving Authority within thirty (30) days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the Department of Environmental Protection. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

INSPECTION SUMMARY: Check *A, B, C, or D*:

A] SYSTEM PASSES:

✓ I have not found any information which indicates that the system violates any of the failure criteria as defined in 310 CMR 15.303. Any failure criteria not evaluated are indicated below.

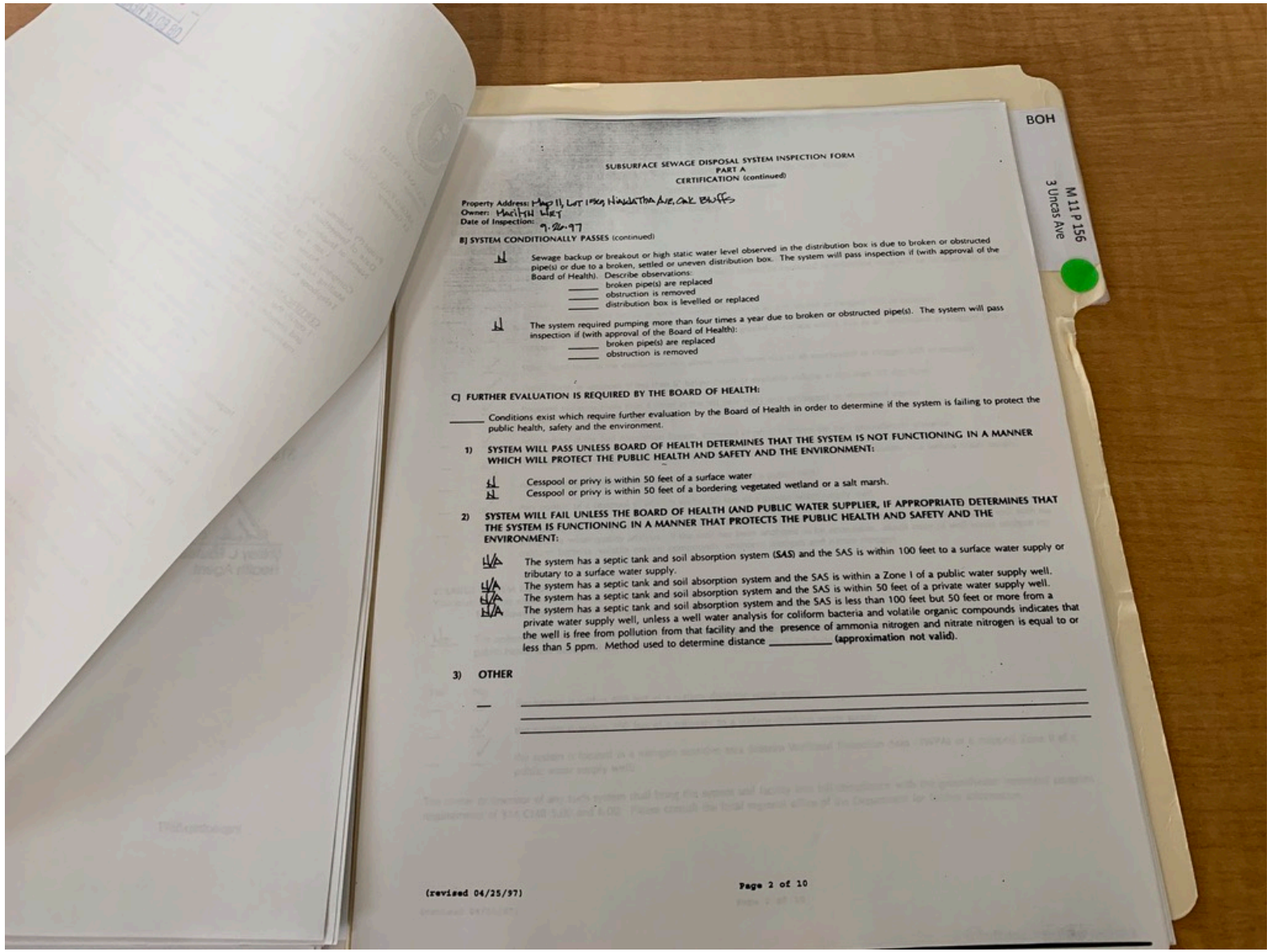
COMMENTS: _____

B] SYSTEM CONDITIONALLY PASSES:

___ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Indicate yes, no, or not determined (Y, N, or ND). Describe basis of determination in all instances. If "not determined", explain why not.

N The septic tank is metal, unless the owner or operator has provided the system inspector with a copy of a Certificate of Compliance (attached) indicating that the tank was installed within twenty (20) years prior to the date of the inspection; or the septic tank, whether or not metal, is cracked, structurally unsound, shows substantial infiltration or exfiltration, or tank failure is imminent. The system will pass inspection if the existing septic tank is replaced with a conforming septic tank as approved by the Board of Health.



BOH

M 11 P 156
3 Uncas Ave

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: Map 11, Lot 156, Hiawatha Ave, Oak Bluffs
Owner: Martin Lilly
Date of Inspection: 9.26.97

B] SYSTEM CONDITIONALLY PASSES (continued)

N Sewage backup or breakout or high static water level observed in the distribution box is due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. The system will pass inspection if (with approval of the Board of Health). Describe observations:
_____ broken pipe(s) are replaced
_____ obstruction is removed
_____ distribution box is levelled or replaced

N The system required pumping more than four times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
_____ broken pipe(s) are replaced
_____ obstruction is removed

C] FURTHER EVALUATION IS REQUIRED BY THE BOARD OF HEALTH:

_____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect the public health, safety and the environment.

1) SYSTEM WILL PASS UNLESS BOARD OF HEALTH DETERMINES THAT THE SYSTEM IS NOT FUNCTIONING IN A MANNER WHICH WILL PROTECT THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

N Cesspool or privy is within 50 feet of a surface water
N Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh.

2) SYSTEM WILL FAIL UNLESS THE BOARD OF HEALTH (AND PUBLIC WATER SUPPLIER, IF APPROPRIATE) DETERMINES THAT THE SYSTEM IS FUNCTIONING IN A MANNER THAT PROTECTS THE PUBLIC HEALTH AND SAFETY AND THE ENVIRONMENT:

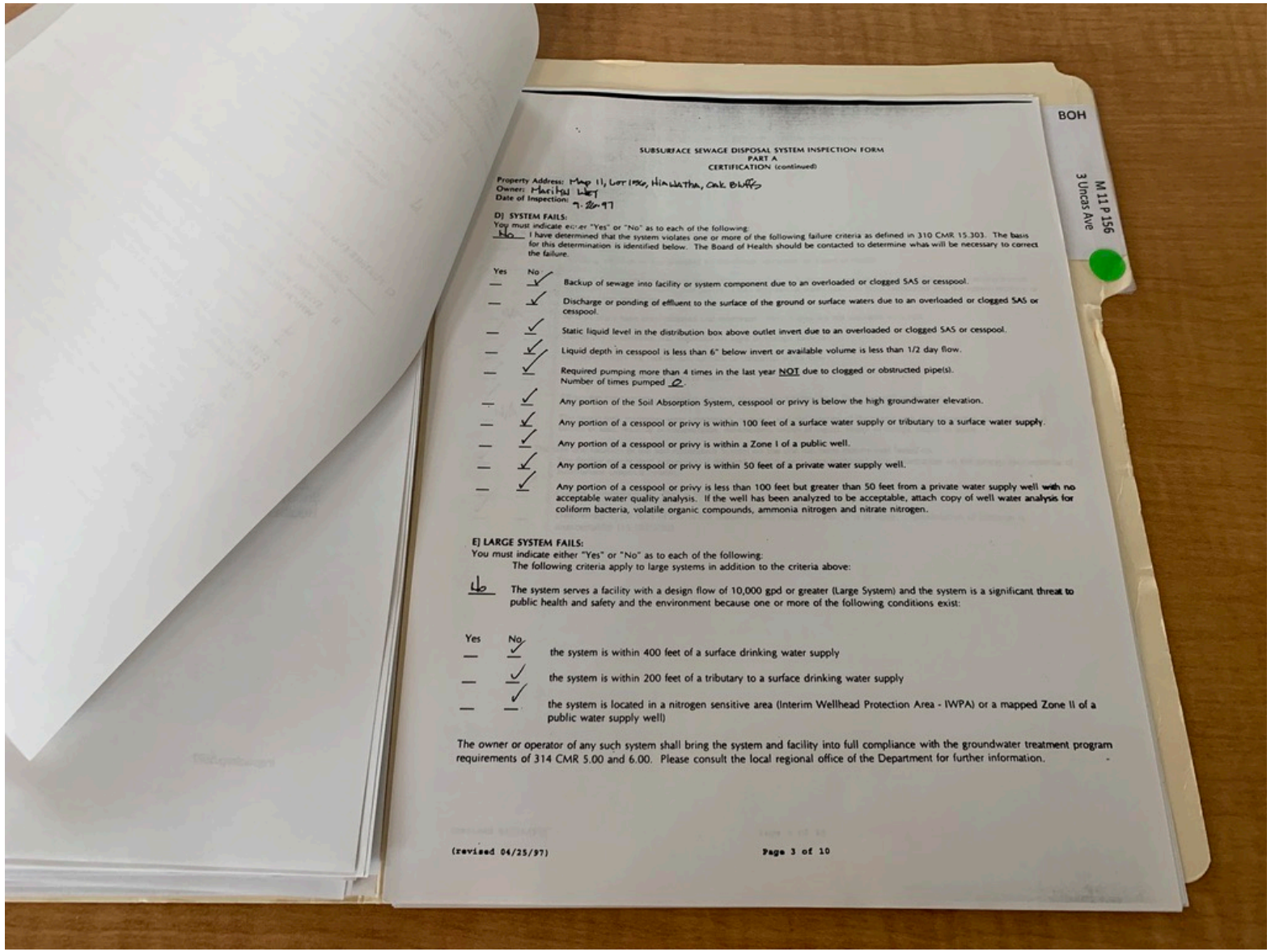
N/A The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet to a surface water supply or tributary to a surface water supply.
N/A The system has a septic tank and soil absorption system and the SAS is within a Zone I of a public water supply well.
N/A The system has a septic tank and soil absorption system and the SAS is within 50 feet of a private water supply well.
N/A The system has a septic tank and soil absorption system and the SAS is less than 100 feet but 50 feet or more from a private water supply well, unless a well water analysis for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm. Method used to determine distance _____ (approximation not valid).

3) OTHER

_____

(revised 04/25/97)

Page 2 of 10



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: Map 11, Lot 156, Hiawatha, Oak Bluffs
Owner: Marilyn Libby
Date of Inspection: 9-26-97

D) SYSTEM FAILS:
You must indicate either "Yes" or "No" as to each of the following:

No I have determined that the system violates one or more of the following failure criteria as defined in 310 CMR 15.303. The basis for this determination is identified below. The Board of Health should be contacted to determine what will be necessary to correct the failure.

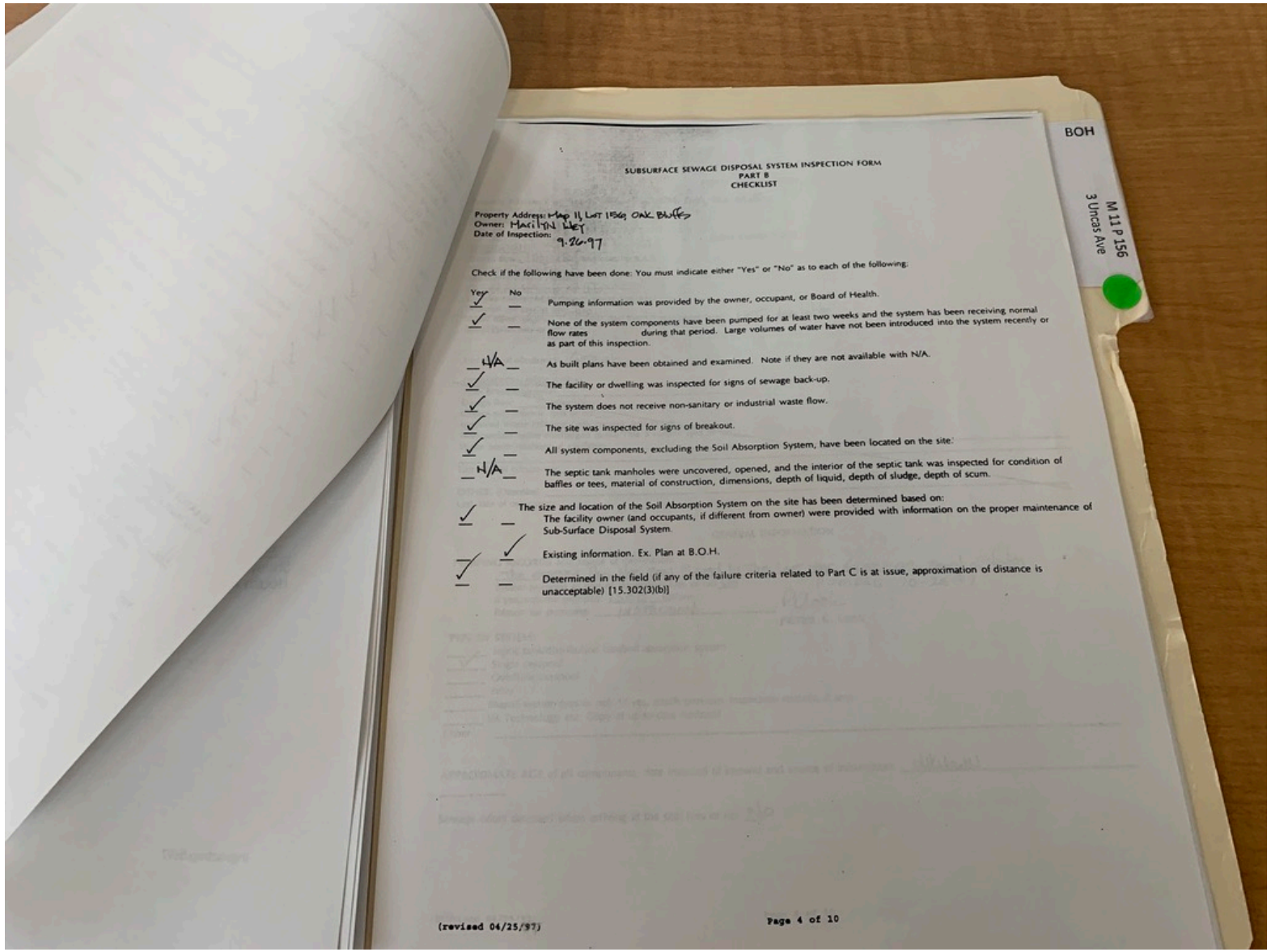
Yes	No	
—	✓	Backup of sewage into facility or system component due to an overloaded or clogged SAS or cesspool.
—	✓	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool.
—	✓	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool.
—	✓	Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow.
—	✓	Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped 0.
—	✓	Any portion of the Soil Absorption System, cesspool or privy is below the high groundwater elevation.
—	✓	Any portion of a cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
—	✓	Any portion of a cesspool or privy is within a Zone I of a public well.
—	✓	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
—	✓	Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. If the well has been analyzed to be acceptable, attach copy of well water analysis for coliform bacteria, volatile organic compounds, ammonia nitrogen and nitrate nitrogen.

E) LARGE SYSTEM FAILS:
You must indicate either "Yes" or "No" as to each of the following:
The following criteria apply to large systems in addition to the criteria above:

No The system serves a facility with a design flow of 10,000 gpd or greater (Large System) and the system is a significant threat to public health and safety and the environment because one or more of the following conditions exist:

Yes	No	
—	✓	the system is within 400 feet of a surface drinking water supply
—	✓	the system is within 200 feet of a tributary to a surface drinking water supply
—	✓	the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area - IWPA) or a mapped Zone II of a public water supply well)

The owner or operator of any such system shall bring the system and facility into full compliance with the groundwater treatment program requirements of 314 CMR 5.00 and 6.00. Please consult the local regional office of the Department for further information.



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

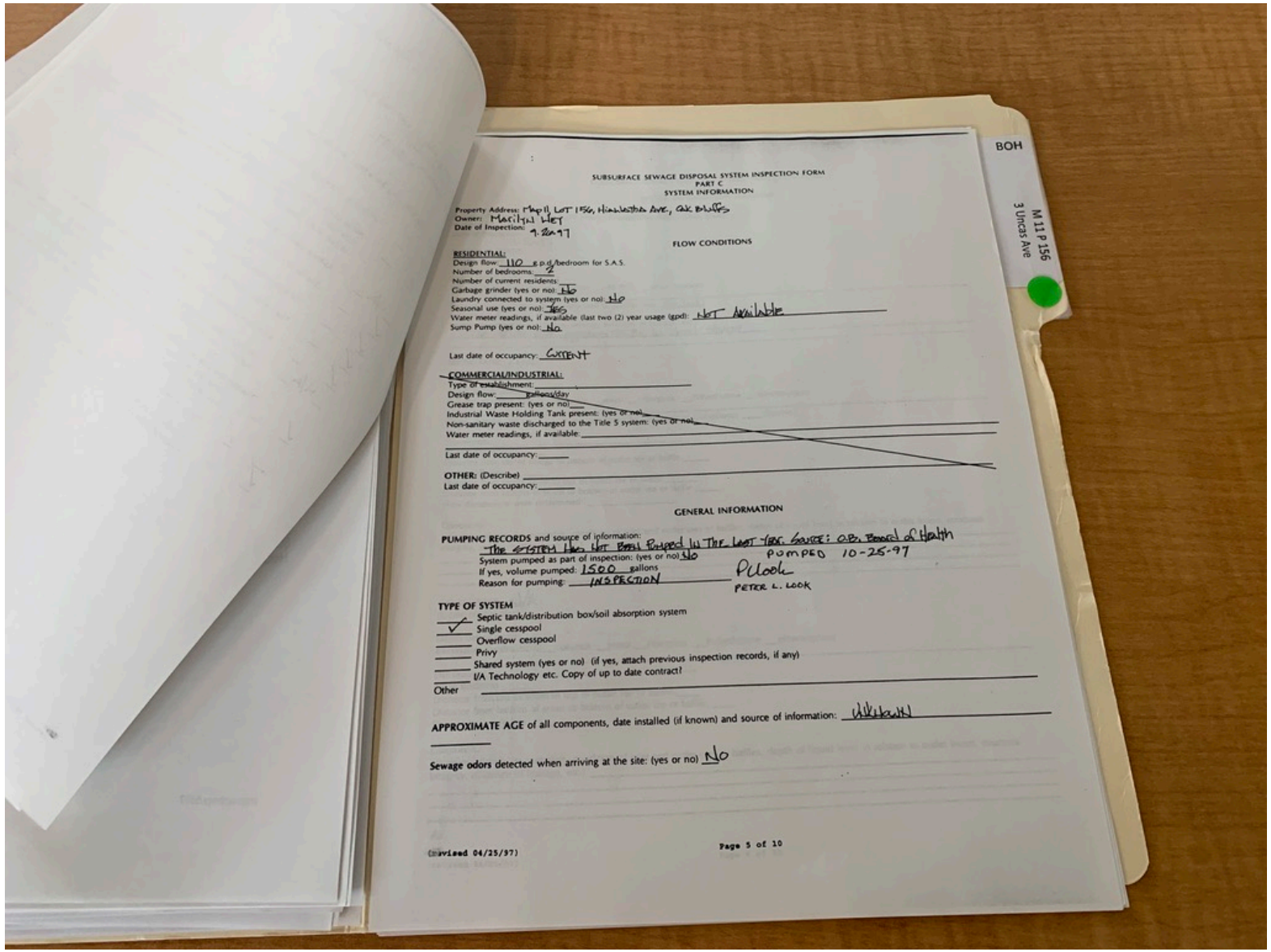
Property Address: Map 11 Lot 156, OAK Bluffs
Owner: Marilyn Liley
Date of Inspection: 9.26.97

Check if the following have been done: You must indicate either "Yes" or "No" as to each of the following:

Yes	No	
✓		Pumping information was provided by the owner, occupant, or Board of Health.
✓		None of the system components have been pumped for at least two weeks and the system has been receiving normal flow rates during that period. Large volumes of water have not been introduced into the system recently or as part of this inspection.
N/A		As built plans have been obtained and examined. Note if they are not available with N/A.
✓		The facility or dwelling was inspected for signs of sewage back-up.
✓		The system does not receive non-sanitary or industrial waste flow.
✓		The site was inspected for signs of breakout.
✓		All system components, excluding the Soil Absorption System, have been located on the site.
N/A		The septic tank manholes were uncovered, opened, and the interior of the septic tank was inspected for condition of baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge, depth of scum.

The size and location of the Soil Absorption System on the site has been determined based on:

✓		The facility owner (and occupants, if different from owner) were provided with information on the proper maintenance of Sub-Surface Disposal System.
	✓	Existing information. Ex. Plan at B.O.H.
✓		Determined in the field (if any of the failure criteria related to Part C is at issue, approximation of distance is unacceptable) [15.302(3)(b)]



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: Mapll, LOT 156, Hiawatha Ave, Oak Bluffs
Owner: Marilyn Hey
Date of Inspection: 9.2497

FLOW CONDITIONS

RESIDENTIAL:
Design flow: 110 g.p.d./bedroom for S.A.S.
Number of bedrooms: 2
Number of current residents:
Garbage grinder (yes or no): No
Laundry connected to system (yes or no): No
Seasonal use (yes or no): Yes
Water meter readings, if available (last two (2) year usage (gpd): Not Available
Sump Pump (yes or no): No

Last date of occupancy: Current

COMMERCIAL/INDUSTRIAL:
Type of establishment:
Design flow: gallons/day
Grease trap present: (yes or no)
Industrial Waste Holding Tank present: (yes or no)
Non-sanitary waste discharged to the Title 5 system: (yes or no)
Water meter readings, if available:

Last date of occupancy:

OTHER: (Describe)
Last date of occupancy:

GENERAL INFORMATION

PUMPING RECORDS and source of information:
The system has not been pumped in the last year. Source: OB. Board of Health
System pumped as part of inspection: (yes or no) No
If yes, volume pumped: 1500 gallons
Reason for pumping: Inspection
pumped 10-25-97
PLook
PETER L. LOOK

TYPE OF SYSTEM
___ Septic tank/distribution box/soil absorption system
✓ Single cesspool
___ Overflow cesspool
___ Privy
___ Shared system (yes or no) (if yes, attach previous inspection records, if any)
___ I/A Technology etc. Copy of up to date contract?
Other

APPROXIMATE AGE of all components, date installed (if known) and source of information: Unknown

Sewage odors detected when arriving at the site: (yes or no) No

(Revised 04/25/97)

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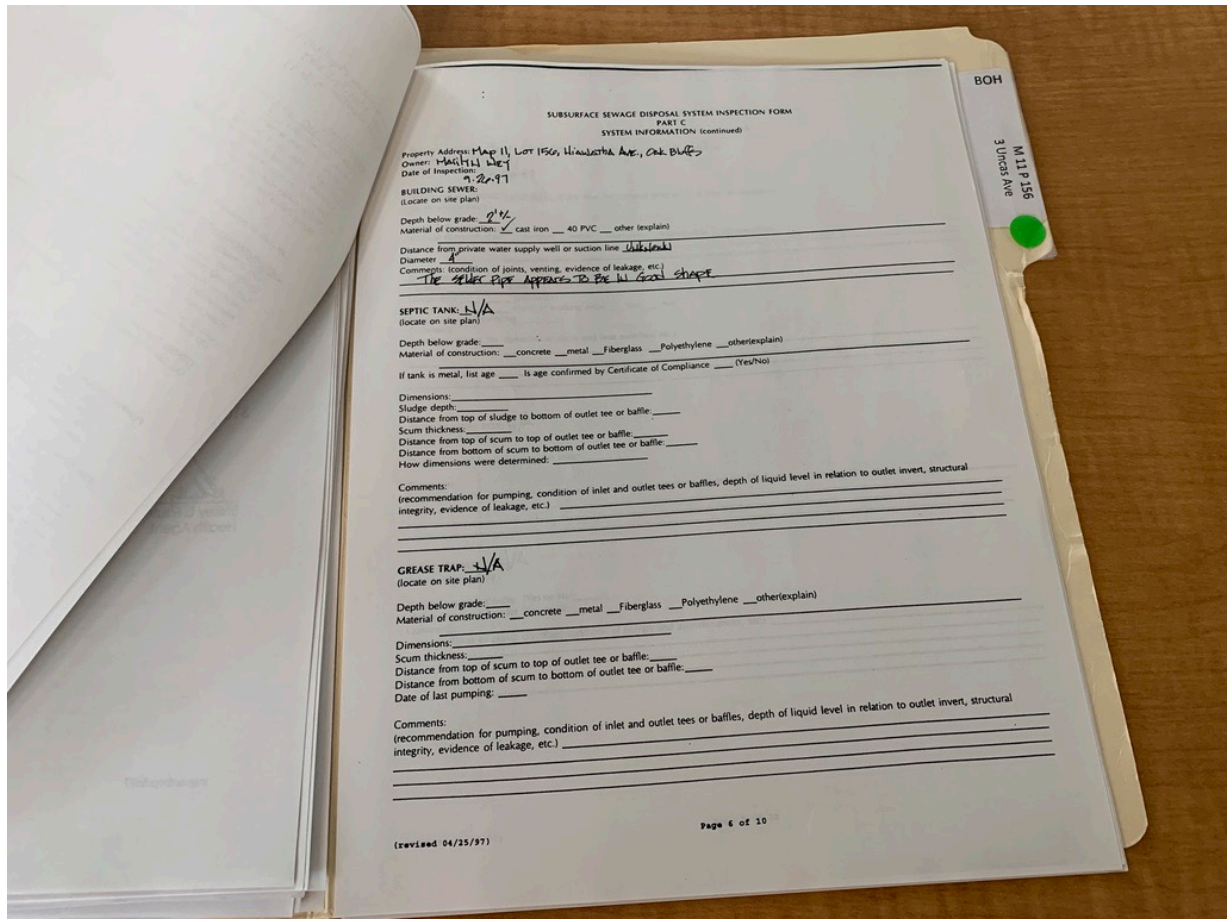


BOH

M 11 P 156
3 Uncas Ave

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: MAP 11, LOT 156, Hiawatha Ave., Oak Bluffs
Owner: MARTIN WEY
Date of Inspection: 9.22.97

BUILDING SEWER:
(Locate on site plan)

Depth below grade: 2'½
Material of construction: ✓ cast iron __ 40 PVC __ other (explain)

Distance from private water supply well or suction line UNKNOWN
Diameter 4"
Comments: (condition of joints, venting, evidence of leakage, etc.)
THE SEWER PIPE APPEARS TO BE IN GOOD SHAPE

SEPTIC TANK: N/A
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

If tank is metal, list age ____ Is age confirmed by Certificate of Compliance ____ (Yes/No)

Dimensions:_____
Sludge depth:
Distance from top of sludge to bottom of outlet tee or baffle:_____
Scum thickness:_____
Distance from top of scum to top of outlet tee or baffle:_____
Distance from bottom of scum to bottom of outlet tee or baffle:_____
How dimensions were determined: _____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

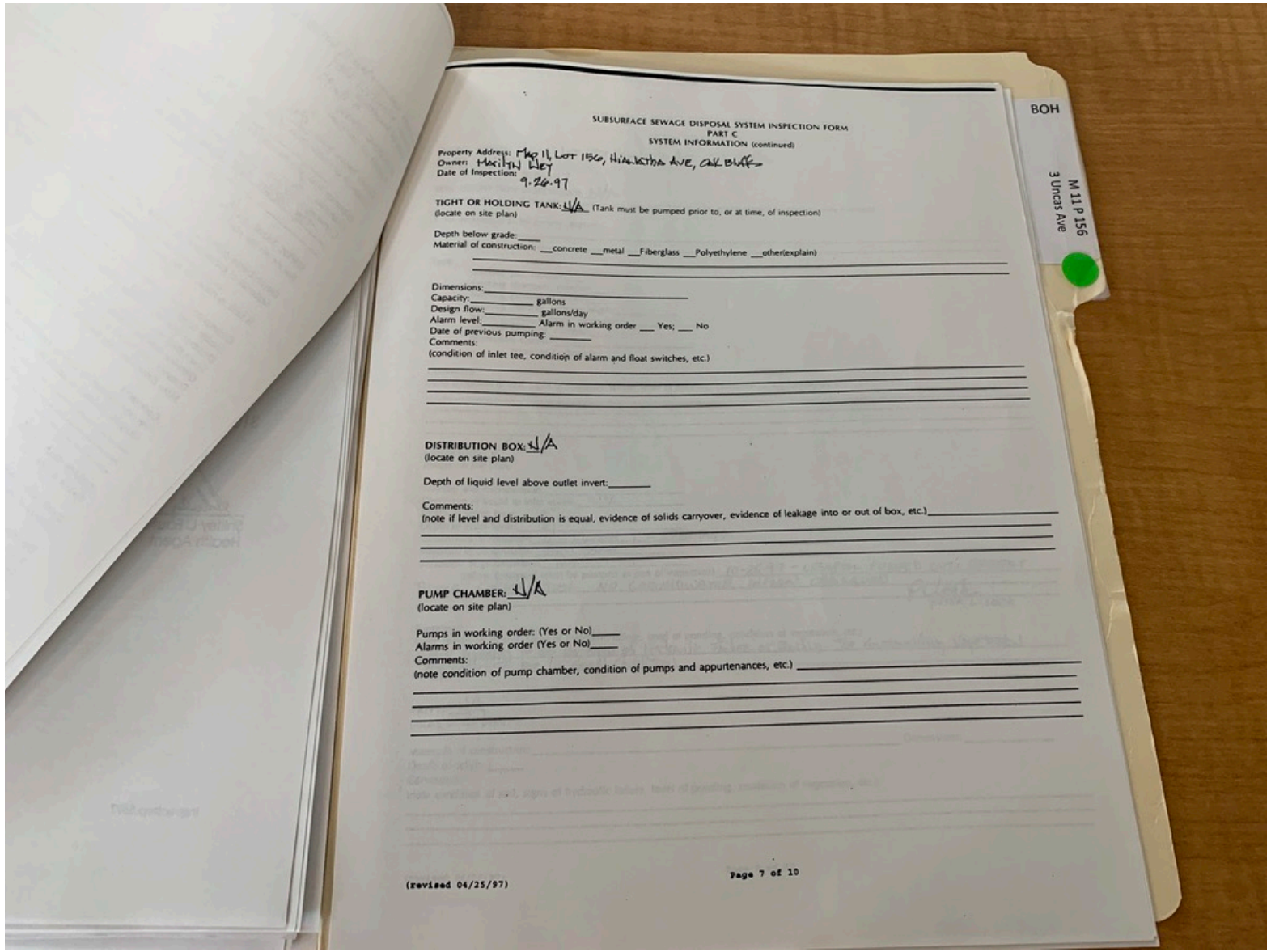
GREASE TRAP: N/A
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:_____
Scum thickness:_____
Distance from top of scum to top of outlet tee or baffle:_____
Distance from bottom of scum to bottom of outlet tee or baffle:_____
Date of last pumping: _____

Comments:
(recommendation for pumping, condition of inlet and outlet tees or baffles, depth of liquid level in relation to outlet invert, structural integrity, evidence of leakage, etc.) _____

(revised 04/25/97)



BOH

M 11 P 156
3 Uncas Ave

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: Map 11, Lot 156, Hiawatha Ave, Oak Bluffs
Owner: Marilyn Ley
Date of Inspection: 9.26.97

TIGHT OR HOLDING TANK: N/A (Tank must be pumped prior to, or at time, of inspection)
(locate on site plan)

Depth below grade:____
Material of construction: __concrete __metal __Fiberglass __Polyethylene __other(explain)

Dimensions:
Capacity:_____ gallons
Design flow:_____ gallons/day
Alarm level:_____ Alarm in working order ___ Yes; ___ No
Date of previous pumping: _____
Comments:
(condition of inlet tee, condition of alarm and float switches, etc.)

DISTRIBUTION BOX: N/A
(locate on site plan)

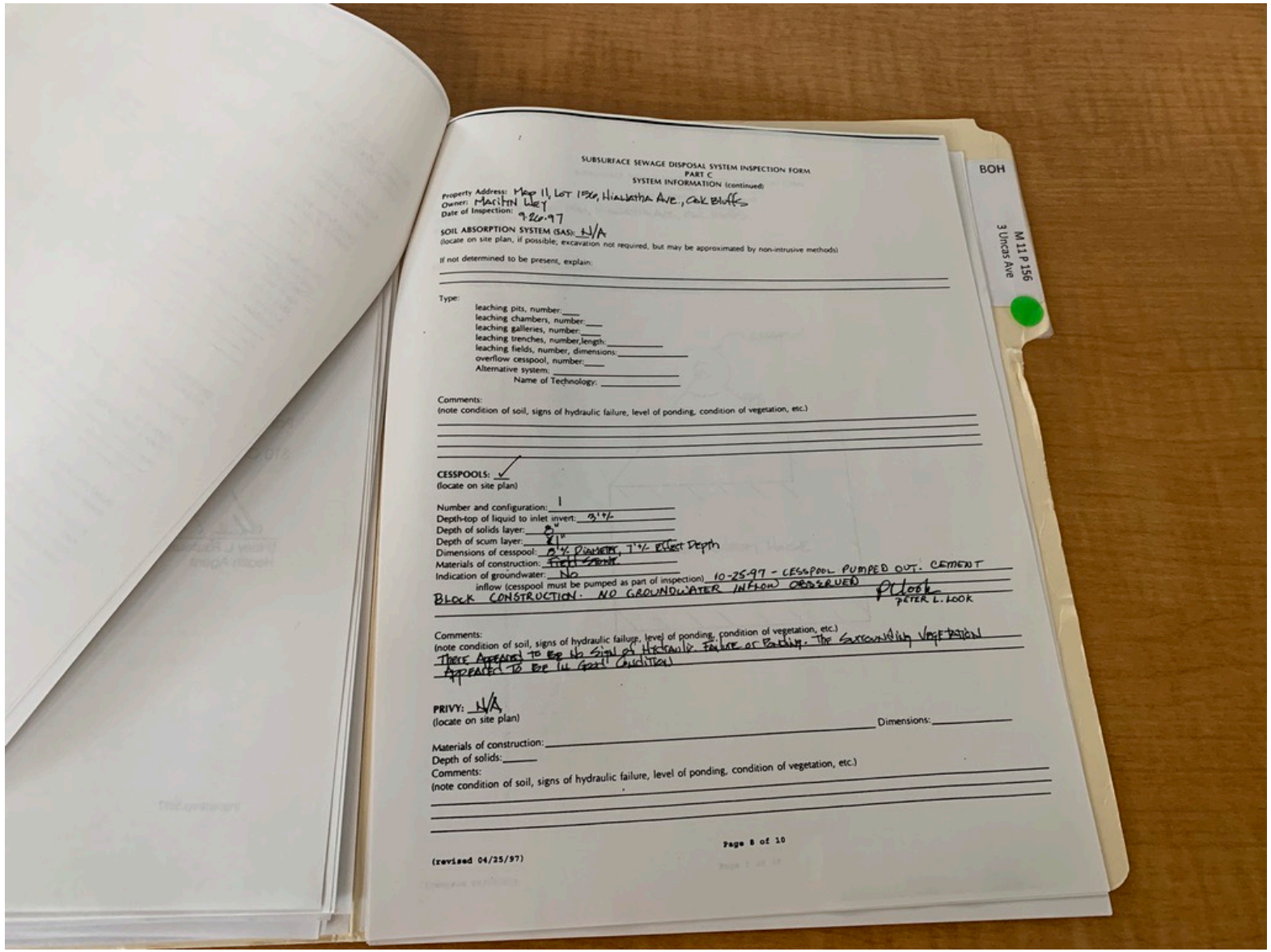
Depth of liquid level above outlet invert:_____

Comments:
(note if level and distribution is equal, evidence of solids carryover, evidence of leakage into or out of box, etc.)

PUMP CHAMBER: N/A
(locate on site plan)

Pumps in working order: (Yes or No)____
Alarms in working order (Yes or No)____
Comments:
(note condition of pump chamber, condition of pumps and appurtenances, etc.)

(revised 04/25/97)



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: Map 11, Lot 156, Hiawatha Ave., Oak Bluffs
Owner: Martin Luey
Date of Inspection: 9.20.97

SOIL ABSORPTION SYSTEM (SAS): N/A
(locate on site plan, if possible; excavation not required, but may be approximated by non-intrusive methods)

If not determined to be present, explain:

Type:
leaching pits, number:___
leaching chambers, number:___
leaching galleries, number:___
leaching trenches, number,length:___
leaching fields, number, dimensions:___
overflow cesspool, number:___
Alternative system:___
Name of Technology: ___

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

CESSPOOLS: ✓
(locate on site plan)

Number and configuration: 1
Depth-top of liquid to inlet invert: 3'+/-
Depth of solids layer: 0"
Depth of scum layer: 8"
Dimensions of cesspool: 8'+ Diameter, 7'+/- Effect Depth
Materials of construction: ~~Field Stone~~
Indication of groundwater inflow (cesspool must be pumped as part of inspection): No
10-25-97 - CESSPOOL PUMPED OUT. CEMENT BLOCK CONSTRUCTION. NO GROUNDWATER INFLOW OBSERVED
PL Look
PETER L. LOOK

Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)
~~There Appeared~~ To Be No Sign Of Hydraulic Failure Of Ponding. The Surrounding Vegetation Appeared To Be In Good Condition

PRIVY: N/A
(locate on site plan)
Dimensions:___

Materials of construction:___
Depth of solids:___
Comments:
(note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.)

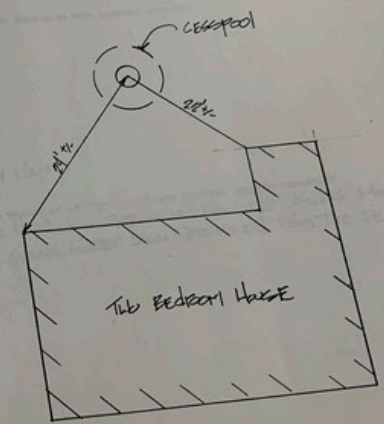
(revised 04/25/97)

BOH
M 11 P 156
3 Uncas Ave

SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

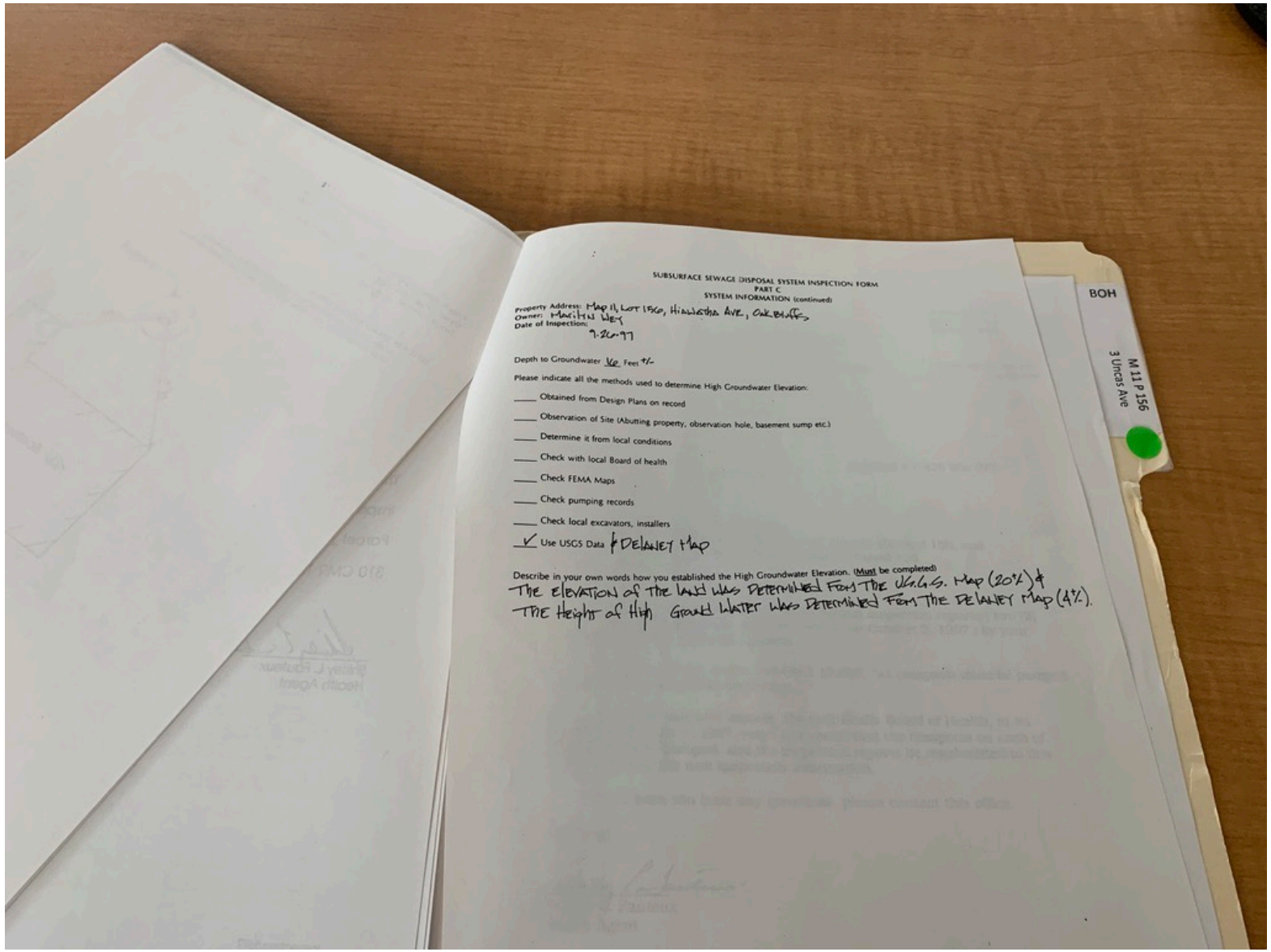
Property Address: Map 11, Lot 156, Hiawatha Ave., Oak Bluffs
Owner: Marilyn Ley
Date of Inspection: 9.26.97

SKETCH OF SEWAGE DISPOSAL SYSTEM:
include ties to at least two permanent references landmarks or benchmarks
locate all wells within 100' (Locate where public water supply comes into house)



(revised 04/25/97)

BOH
M 11 P 156
3 Uncas Ave



SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: Map 11, Lot 156, Hiawatha Ave., Oakcliffe
Owner: Martin Wey
Date of Inspection:
9-26-97

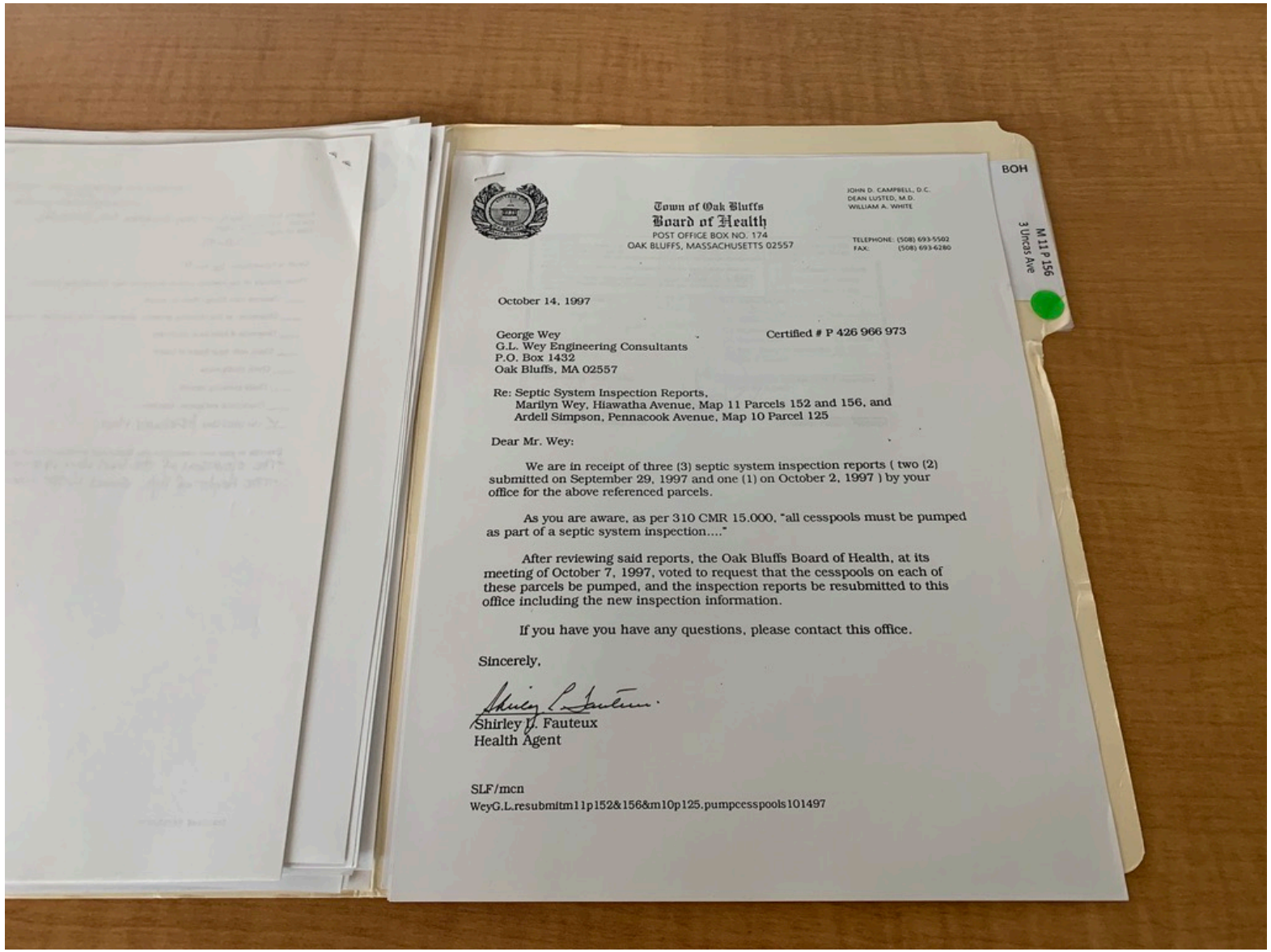
Depth to Groundwater 16 Feet +/-

Please indicate all the methods used to determine High Groundwater Elevation:

____ Obtained from Design Plans on record
____ Observation of Site (Abutting property, observation hole, basement sump etc.)
____ Determine it from local conditions
____ Check with local Board of health
____ Check FEMA Maps
____ Check pumping records
____ Check local excavators, installers
__✓__ Use USGS Data & DELANEY Map

Describe in your own words how you established the High Groundwater Elevation. (Must be completed)
THE ELEVATION of THE LAND WAS DETERMINED FROM THE U.S.G.S. Map (20%) &
THE Height of High Ground WATER WAS DETERMINED FROM THE DELANEY Map (4%).

BOH
M 11 P 156
3 Uncas Ave



BOH

M 11 P 156
3 Uncas Ave

Town of Oak Bluffs
Board of Health
POST OFFICE BOX NO. 174
OAK BLUFFS, MASSACHUSETTS 02557

JOHN D. CAMPBELL, D.C.
DEAN LUSTED, M.D.
WILLIAM A. WHITE

TELEPHONE: (508) 693-5502
FAX: (508) 693-6280

October 14, 1997

George Wey
G.L. Wey Engineering Consultants
P.O. Box 1432
Oak Bluffs, MA 02557

Certified # P 426 966 973

Re: Septic System Inspection Reports,
Marilyn Wey, Hiawatha Avenue, Map 11 Parcels 152 and 156, and
Ardell Simpson, Pennacook Avenue, Map 10 Parcel 125

Dear Mr. Wey:

We are in receipt of three (3) septic system inspection reports (two (2) submitted on September 29, 1997 and one (1) on October 2, 1997) by your office for the above referenced parcels.

As you are aware, as per 310 CMR 15.000, "all cesspools must be pumped as part of a septic system inspection...."

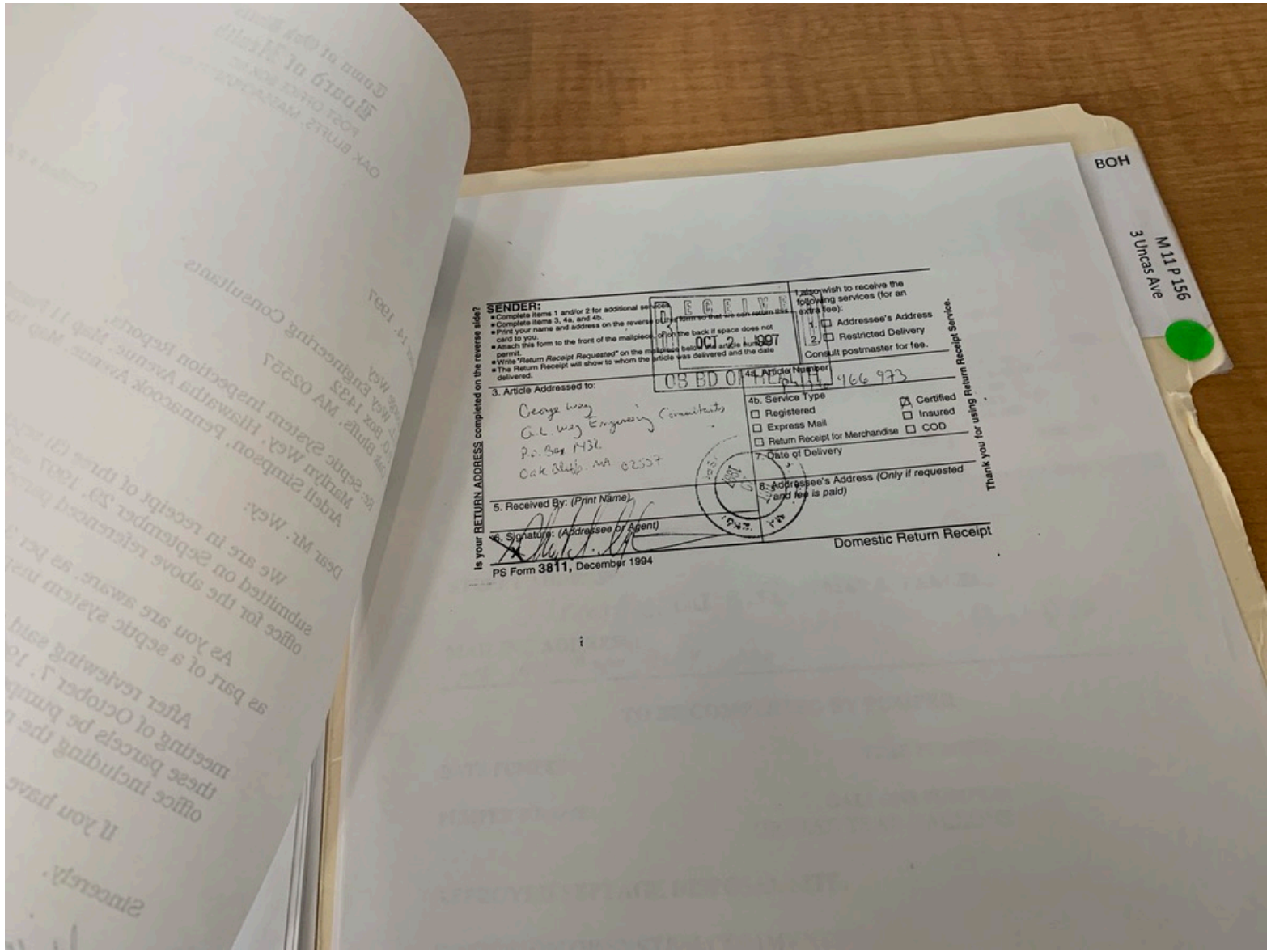
After reviewing said reports, the Oak Bluffs Board of Health, at its meeting of October 7, 1997, voted to request that the cesspools on each of these parcels be pumped, and the inspection reports be resubmitted to this office including the new inspection information.

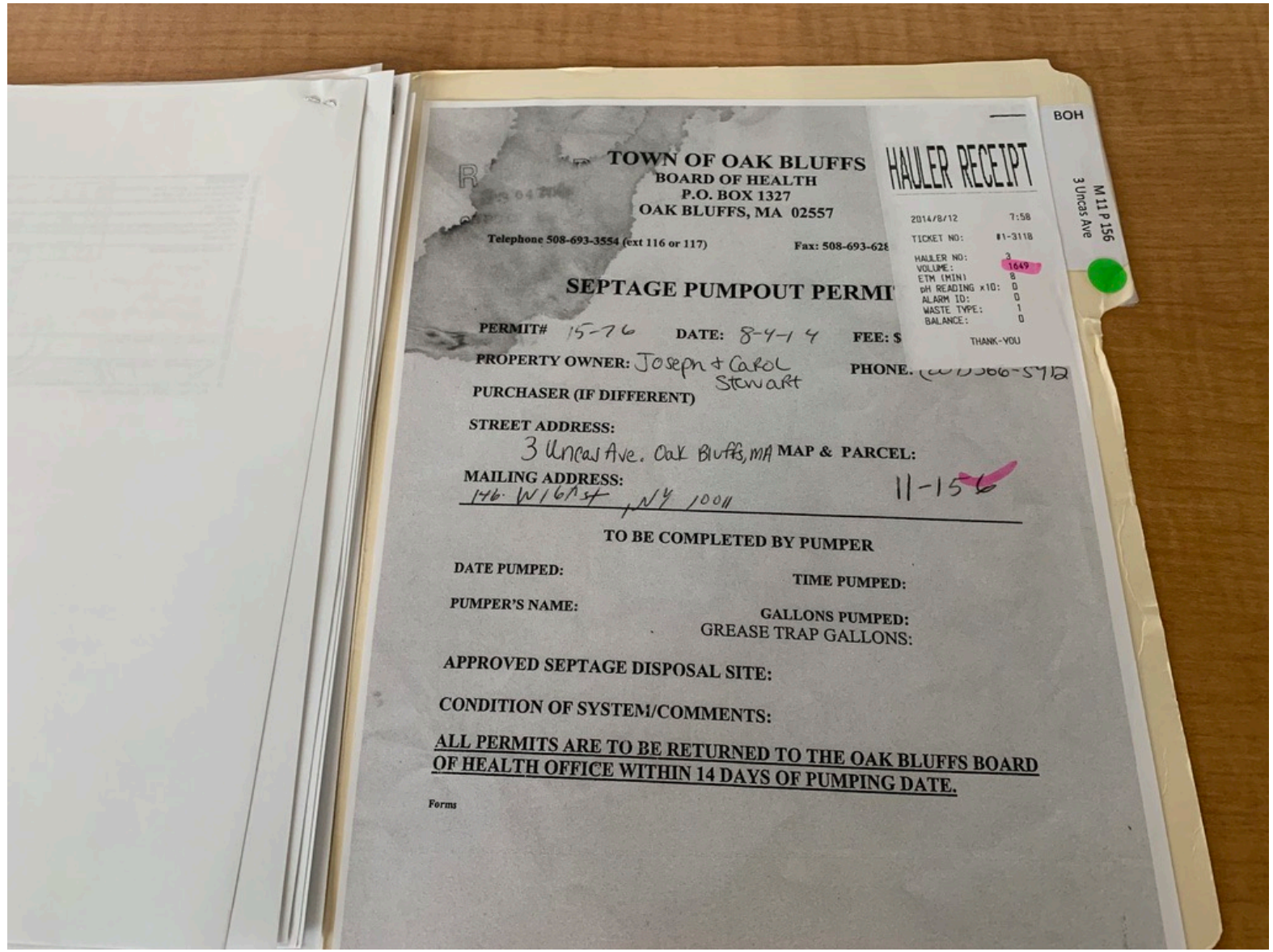
If you have you have any questions, please contact this office.

Sincerely,

Shirley L. Fauteux
Health Agent

SLF/mcn
WeyG.L.resubmitm11p152&156&m10p125.pumpcesspools101497


BOH
M 11 P 156
3 Uncas Ave
SENDER:
Complete items 1 and/or 2 for additional services.
Complete items 3, 4a, and 4b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space does not permit.
Write "Return Receipt Requested" on the mailpiece below the article number.
The Return Receipt will show to whom the article was delivered and the date delivered.
RECEIVED
OCT 2 1997
I also wish to receive the following services (for an extra fee):
1. Addressee's Address
2. Restricted Delivery
Consult postmaster for fee.
4a. Article Number
P 166 973
3. Article Addressed to:
George Way
G.L. Way Engineering Consultants
P.O. Box 481
Oak Bluffs MA 02557
4b. Service Type
Registered
Certified
Express Mail
Insured
Return Receipt for Merchandise
COD
7. Date of Delivery
8. Addressee's Address (Only if requested and fee is paid)
5. Received By: (Print Name)
6. Signature: (Addressee or Agent)
Is your RETURN ADDRESS completed on the reverse side?
Thank you for using Return Receipt Service.
PS Form 3811, December 1994
Domestic Return Receipt



TOWN OF OAK BLUFFS
BOARD OF HEALTH
P.O. BOX 1327
OAK BLUFFS, MA 02557

Telephone 508-693-3554 (ext 116 or 117) Fax: 508-693-628

HAULER RECEIPT

2014/8/12 7:58
TICKET NO: #1-3118
HAULER NO: 3
VOLUME: 1649
ETM (MIN) 8
pH READING x10: 0
ALARM ID: 0
WASTE TYPE: 1
BALANCE: 0
THANK-YOU

BOH

M 11 P 156
3 Uncas Ave

SEPTAGE PUMPOUT PERMI

PERMIT# 15-76 DATE: 8-4-14 FEE: $

PROPERTY OWNER: Joseph & Carol Stewart PHONE. (203)366-5912

PURCHASER (IF DIFFERENT)

STREET ADDRESS:
3 Uncas Ave. Oak Bluffs, MA MAP & PARCEL:

MAILING ADDRESS:
146 W 16th St, NY 10011 11-156

TO BE COMPLETED BY PUMPER

DATE PUMPED: TIME PUMPED:

PUMPER'S NAME: GALLONS PUMPED:
GREASE TRAP GALLONS:

APPROVED SEPTAGE DISPOSAL SITE:

CONDITION OF SYSTEM/COMMENTS:

ALL PERMITS ARE TO BE RETURNED TO THE OAK BLUFFS BOARD OF HEALTH OFFICE WITHIN 14 DAYS OF PUMPING DATE.

Forms