

Bob Fournier

P.O. Box 367

Rochdale, MA 01542

Phone: 508-885-5232



Veteran Sea-going U.S. Marine

Offering

Environmental

Services

Fax: 774-745-8210

BATTLESHIPS USS WISCONSIN BB-64 | USS MISSISSIPPI EAG-128

WORLD WAR II—KOREAN WAR—PERSIAN GULF

Fax To: 508-892-7070 April 8, 2019

Public Record Request

Board of Health

Kindly transmit by Fax any and all
information regarding the Astorian
Well - The Sewer System and Good
Honding Licenses or Permits.

Thank you
Bob Fournier

HANNA JOSEPHS

OR

JOE'S DRIVE-IN RESTAURANT

1673 Main St. (Route 9)

Leicester, MA 01524

(508) 892-1900

RECEIVED
2019 APR -8 PM 1:35
TOWN OF LEICESTER OFFICE
LEICESTER, MASS.

RECEIVED

APR 08 2019

Town of Leicester
Development & Inspectional Services

M17-045

\$10.00

2017 FOOD PERMIT

Milk/Cream

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LEICESTER

is hereby granted to

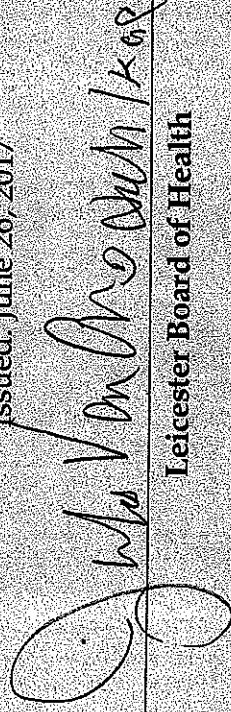
JOE'S DRIVE-IN RESTAURANT, LLC

1673 MAIN STREET, LEICESTER MA 01524

This permit is granted in conformity with the Statutes and Ordinances relating thereto, and expires 12/31/17 unless sooner suspended or revoked.

POST THIS LICENSE IN A CONSPICUOUS PLACE
THIS LICENSE SHALL NOT BE SOLD, ASSIGNED OR TRANSFERRED

Issued: June 26, 2017


Leicester Board of Health

FS 17-068

\$ 125.00

2017 FOOD PERMIT

Food Service - Restaurant

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF LEICESTER

is hereby granted to

JOE'S DRIVE-IN RESTAURANT, LLC
1673 MAIN STREET, LEICESTER MA 01524

This permit is granted in conformity with the Statutes and Ordinances relating thereto, and expires 12/31/17 unless sooner suspended or revoked.

Issued: June 26, 2017



Leicester Board of Health



OFFICE OF THE BOARD OF HEALTH
TOWN OF LEICESTER

3 WASHBURN SQUARE • LEICESTER, MASSACHUSETTS 01524-1333
TELEPHONE: (508) 892-7008 • FAX: (508) 892-1163
www.leicesterma.org



Revised 10/2015

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT # ISSUED
---------------	----------------	-------------	-----------------

APPLICATION TO OPERATE A FOOD ESTABLISHMENT

ESTABLISHMENT

Name:	Email:
Joe's Drive-In Restaurant, LLC	Milanna10@gmail.com
Address:	
11673 Main St., Leicester	
Telephone:	Fax:
(508) 892-1900	
Address to send permit to:	

OWNER

Owning entity is a(n):	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Association	<input type="checkbox"/> Individual	<input type="checkbox"/> Other legal entity
Name of owning entity:					
Marilyn Joseph					
Responsible person:			Title:		
Maria Joseph			Proprietor		
Address:					
11669 Main St., Leicester					
Telephone:			Emergency Telephone:		
(508) 579-8800 or (508) 951-9599			(508) 579-8800 or (508) 951-9599		

TYPE OF FACILITY/PERMIT

<input type="radio"/> Caterer	<input type="radio"/> Food Storage Warehouse	<input type="radio"/> Retail Food (over 0-1,000 sq. ft.)
<input type="radio"/> Churches	<input type="radio"/> Mobile Food Server	<input type="radio"/> Retail Food (1,000-5,000 sq. ft.)
<input type="radio"/> Concession Stand	<input type="radio"/> Non-profit and Clubs	<input type="radio"/> Retail Food (5,000-10,000 sq. ft.)
<input checked="" type="radio"/> Food Service (less than 100 seats)	<input type="radio"/> Residential Kitchen	<input type="radio"/> Retail Food (10,000-15,000 sq. ft.)
<input type="radio"/> Food Service (100-250 seats)	<input type="radio"/> Farmer's Market	<input type="radio"/> Retail Food (greater than 15,000 sq. ft.)
<input type="radio"/> Food Service (greater than 250 seats)	<input checked="" type="radio"/> ****Milk**** \$10.00	<input type="radio"/> Seasonal Food Service

HOURS OF OPERATION

Monday: _____ to _____	Tuesday: _____ to _____	Wednesday: 11a to 7p
Thursday: 11a to 7p	Friday: 11a to 7p	Saturday: 11a to 7p
Sunday: 11a to 7p	Notes:	

PERSON IN CHARGE (PIC)

Name: <u>Maria Joseph</u>	Age: <u>51</u>
Food handler training provider (if applicable): <u>Maria Joseph</u>	
Date of training / refresher: <u>6/24/17</u>	
(Include a copy of Food Protection Manager Certificate (example ServSafe AND Allergen Awareness Certificate))	

PERSON CERTIFIED IN ANTI-CHOKING PROCEDURES (for food establishments with seating for 25 or more)

Name: <u>N/A</u>	
Anti-choking training provider:	Date of training:
Name:	
Anti-choking training provider:	Date of training:
Number of food service employees:	

MAINTENANCE

Portable water source:	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> On-site well (requires DEP approval)	<input type="checkbox"/> Other
Sewerage disposal:	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Approved on-site	<input type="checkbox"/> Other
Chemical sanitizer used:			
Rodent / Insect control company: <u>Dave's Pest Control</u>			
Solid waste disposal company: <u>Restland Sanitation</u>			
Grease trap maintenance / pumping: <u>n</u> <u>n</u>			

Copies of 105 CMR 590.000 can be obtained at the State House Book at the State House, Boston MA 02133 or contact be telephone at 617-727-2384.

I, the undersigned, attest to the accuracy of the information provided in the application and affirm that the food establishment operation will comply with the 105 CMR 590.000 and all other applicable laws.

I, as applicant, assure agents for the Board of Health access to the licensed/permitted facility and applicable records at all reasonable times to inspect the premises for purposes of investigating communicable diseases, investigating into complaints and otherwise protecting public health.

I have been instructed by the Board of Health on how to obtain copies of the 105 CMR 590.000 and the Federal Food Code.

Signature of applicant: Maria Joseph Date: 7-6-2017
Print name: Maria Joseph

Social Security Number (SSN) or Federal ID Number: ~~000-00-0000~~

PLEASE PROVIDE A LIST OF ALL FOOD AND/OR BEVERAGES TO BE OFFERED

Hamburgers / Cheeseburgers
Fries
Onion Rings
Fried Fish
Ice Cream (+Toppings)
Veggie Burgers
Sodas
Bottled Water
Hot Dogs

☒ YES, I wish to receive my permit via email (please be sure to include your email on page 1)

☐ NO, I do not wish to receive permit via email, please mail to establishment address

If Food Handler is preparing Potential Hazardous Food (PHF's) - example: hot dogs, hamburgers, chicken etc. the below certifications are required:

FOOD PROTECTION MANAGER CERTIFICATION (Example: ServSafe)

ServSafe Food Handler Program

Website: www.servsafe.com/ss/foodhandler/ and click the button that says: "Take Online Course"

ALLERGEN AWARENESS CERTIFICATION

Berkshire Area Health Education Center - Massachusetts Allergen Training

Telephone: 413-447-2417

Website: <http://www.berkshirehec.org/accounts/75/homepage/training/foodallergy>

This is an online video that runs approximately 30 minutes.

The cost is \$10.00

Certificate of Achievement



CREDITED PROGRAM
CERTIFICATE ISSUER
#0655

This certificate is awarded to

MARIA JOSEPH

Congratulations! You have completed

ServSafe® Food Handler

Employee Food Safety Online Course and Exam

National Restaurant Association
Jackson Blvd, Ste. 1500
Chicago, IL 60604-2814
312.715.1010
restaurant.org | ServSafe.com

Certificate Number **2972043**

Date **6/24/2017**

Expiration Date **6/24/2020**



CERTIFICATE OF ALLERGEN AWARENESS TRAINING

Name of Recipient: Maria Joseph

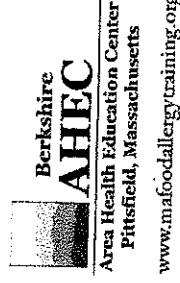
Date of Completion: June 24, 2017

Date of Expiration: June 24, 2022

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

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

Issued By:





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

D-Box Replacement

(Signature)

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

City/Town

MA

State

01524

Zip CODE

11-21-16

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

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



A. General Information

1. Inspector:

THOMAS MEAGHER

Name of Inspector

RUTLAND SANITATION SERVICE INC.

Company Name

144 TURKEY HILL ROAD

Company Address

RUTLAND

City/Town

508-886-4986

Telephone Number

MA

State

01543

Zip Code

SI1928

License Number

B. Certification

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 the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

☐ Passes

☒ Conditionally Passes

☐ Fails

☐ Needs Further Evaluation by the Local Approving Authority

Inspector's Signature

11-21-16

Date

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 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 DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.



Owner information is required for every page.

Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

1673 MAIN STREET			
Property Address			
HANNA JOSEPH			
Owner's Name			
LEICESTER	MA	01524	11-21-16
City/Town	State	Zip CODE	Date of Inspection

B. Certification (cont.)

Inspection Summary: Check A,B,C,D or E / *always* complete all of Section D

A) System Passes:

- ☐ I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. 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.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

- ☐ Y ☐ N ☐ ND (Explain below):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

MA

State

01524

Zip CODE

11-21-16

Date of Inspection

City/Town

Owner information is required for every page.

B. Certification (cont.)

☐ Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

B) System Conditionally Passes (cont.):

☐ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- ☐ broken pipe(s) are replaced
- ☐ Y ☐ N ☐ ND (Explain below):
- ☐ obstruction is removed
- ☐ Y ☐ N ☐ ND (Explain below):
- ☒ distribution box is leveled or replaced
- ☒ Y ☐ N ☐ ND (Explain below):

☐ The system required pumping more than 4 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
- ☐ Y ☐ N ☐ ND (Explain below):
- ☐ obstruction is removed
- ☐ Y ☐ N ☐ ND (Explain below):

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 public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

☐ Cesspool or privy is within 50 feet of a surface water



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner
information is
required for every
page.

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

MA

01524

11-21-16

City/Town

State

Zip CODE

Date of Inspection

B. Certification (cont.)

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- ☐ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- ☐ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- ☐ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- ☐ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.
- Method used to determine distance:

** This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

D) System Failure Criteria Applicable to All Systems:

You must indicate "Yes" or "No" to each of the following for all inspections:

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool



Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner information is required for every page.

1673 MAIN STREET			
Property Address			
HANNA JOSEPH			
Owner's Name			
LEICESTER	MA	01524	11-21-16
City/Town	State	Zip CODE	Date of Inspection

B. Certification (cont.)

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped: _____.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of the SAS, cesspool or privy is below high ground water elevation.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of a cesspool or privy is within a Zone 1 of a public well.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any portion of a cesspool or privy is within 50 feet of a private water supply well.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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. [This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The system is a cesspool serving a facility with a design flow of 2000gpd-10,000gpd.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section D.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	the system is within 400 feet of a surface drinking water supply
<input type="checkbox"/>	<input type="checkbox"/>	the system is within 200 feet of a tributary to a surface drinking water supply
<input type="checkbox"/>	<input type="checkbox"/>	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

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the



Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

1673 MAIN STREET
Property Address
HANNA JOSEPH
Owner's Name
LEICESTER MA 01524 11-21-16
City/Town State Zip CODE Date of Inspection

Owner information is required for every page.

C. Checklist

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): _____ Number of bedrooms (actual): _____
DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____



Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner
information is
required for every
page.

1673 MAIN STREET
Property Address
HANNA JOSEPH
Owner's Name
LEICESTER MA 01524 11-21-16
City/Town State Zip CODE Date of inspection

D. System Information

Description:

Number of current residents: _____

Does residence have a garbage grinder? ☐ Yes ☐ No

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.) ☐ Yes ☐ No

Laundry system inspected? ☐ Yes ☐ No

Seasonal use? ☐ Yes ☐ No

Water meter readings, if available (last 2 years usage (gpd)): _____

Detail: _____

Sump pump? ☐ Yes ☒ No

Last date of occupancy: _____ Date

Commercial/Industrial Flow Conditions:

Type of Establishment: COFFEE SHOP

Design flow (based on 310 CMR 15.203): EST. 20 GALLON / SEAT

Basis of design flow (seats/persons/sq.ft., etc.): Gallons per day (gpd)
EST. 30 SEATING CAP.

Grease trap present? ☐ Yes ☒ No

Industrial waste holding tank present? ☐ Yes ☒ No

Non-sanitary waste discharged to the Title 5 system? ☐ Yes ☒ No



Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

1673 MAIN STREET
Property Address
HANNA JOSEPH
Owner's Name
LEICESTER MA 01524 11-21-16
City/Town State Zip CODE Date of inspection

Owner information is required for every page.

D. System Information (cont.)

Last date of occupancy/use: EST. 10-12 YEARS
Date

Other (describe below):
NO WATER HAS BEEN USED FOR EST. 12 YEARS

General Information

Pumping Records:

Source of information: OWNER
Was system pumped as part of the inspection? ☐ Yes ☒ No
If yes, volume pumped: _____
gallons
How was quantity pumped determined? _____
Reason for pumping: _____

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)
- ☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- ☐ Tight tank. Attach a copy of the DEP approval.
- ☐ Other (describe):



Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner
information is
required for every
page.

1673 MAIN STREET
Property Address
HANNA JOSEPH
Owner's Name
LEICESTER MA 01524 11-21-16
City/Town State Zip CODE Date of Inspection

D. System Information (cont.)

Approximate age of all components, date installed (if known) and source of information:

BUILT APPROX. 1960 's

Were sewage odors detected when arriving at the site? ☐ Yes ☒ No

Building Sewer (locate on site plan):

Depth below grade: 2 feet

Material of construction:

☐ cast iron ☒ 40 PVC ☐ other (explain):

Distance from private water supply well or suction line: 80 feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

GOOD, CAMERA LINE FROM TANK TO BUILDING, ALSO INSIDE BUILDING FROM TANK, RECOMMEND CLEANING ALL LINES WITH ROTOR ROOTER MACHINE BEFORE USE, STEEL COVER OVER OUTLET DOOR 1/2" THICK.

R

Septic Tank (locate on site plan):

Depth below grade: 6" feet

Material of construction:

☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other (explain)

If tank is metal, list age: years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) ☐ Yes ☐ No

Dimensions: L 8' X W 5' X H 6'



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner
information is
required for every
page.

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

MA

01524

11-21-16

City/Town

State

Zip CODE

Date of Inspection

D. System Information (cont.)

Septic Tank (cont.)

Distance from top of sludge to bottom of outlet tee or baffle

49"

Scum thickness

0"

Distance from top of scum to top of outlet tee or baffle

3"

Distance from bottom of scum to bottom of outlet tee or baffle

7"

How were dimensions determined?

MEASURED AT TIME OF INSPECTION

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Grease Trap (locate on site plan):

Depth below grade:

feet

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner information is required for every page.

1673 MAIN STREET
Property Address
HANNA JOSEPH
Owner's Name
LEICESTER MA 01524 11-21-16
City/Town State Zip CODE Date of Inspection

D. System Information (cont.)

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tight or Holding Tank (tank must be pumped 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 per day

Alarm present: ☐ Yes ☐ No

Alarm level: Alarm in working order: ☐ Yes ☐ No

Date of last pumping: Date

Comments (condition of alarm and float switches, etc.):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner
information is
required for every
page.

1673 MAIN STREET			
Property Address			
HANNA JOSEPH			
Owner's Name			
LEICESTER	MA	01524	11-21-16
City/Town	State	Zip CODE	Date of Inspection

D. System Information (cont.)

Distribution Box (if present must be opened) (locate on site plan):

Depth of liquid level above outlet invert 0"

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

D-BOX APPROX 12-18 BELOW GRADE WITH RISER TO GRADE WITH STEEL COVER, D-BOX HAS HOLES IN SIDES OF CEMENT MUST BE REPLACED TO PASS TITLE V INSPECTION.

Pump Chamber (locate on site plan):

Pumps in working order: ☐ Yes ☐ No*

Alarms in working order: ☐ Yes ☐ No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

* If pumps or alarms are not in working order, system is a conditional pass.

Soil Absorption System (SAS) (locate on site plan, excavation not required):

If SAS not located, explain why:



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner information is required for every page.

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

MA

01524

11-21-16

City/Town

State

Zip CODE

Date of Inspection

D. System Information (cont.)

Type:

☐

leaching pits

number:

☐

leaching chambers

number:

☐

leaching galleries

number:

☒

leaching trenches

number, length:

EST. 3 LINES @ 50 + FEET.

☐

leaching fields

number, dimensions:

☐

overflow cesspool

number:

☐

innovative/alternative system

Type/name of technology:

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):
CONDITIONS DRY, CAMERA LINES FROM D-BOX TO EST. END OF LINES , SOME SCUM ON BOTTOM OF LEACH LINES.

Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration

Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner
information is
required for every
page.

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

MA

01524

11-21-16

City/Town

State

Zip CODE

Date of Inspection

D. System Information (cont.)

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

Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

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



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

MA

01524

11-21-16

City/Town

State

Zip CODE

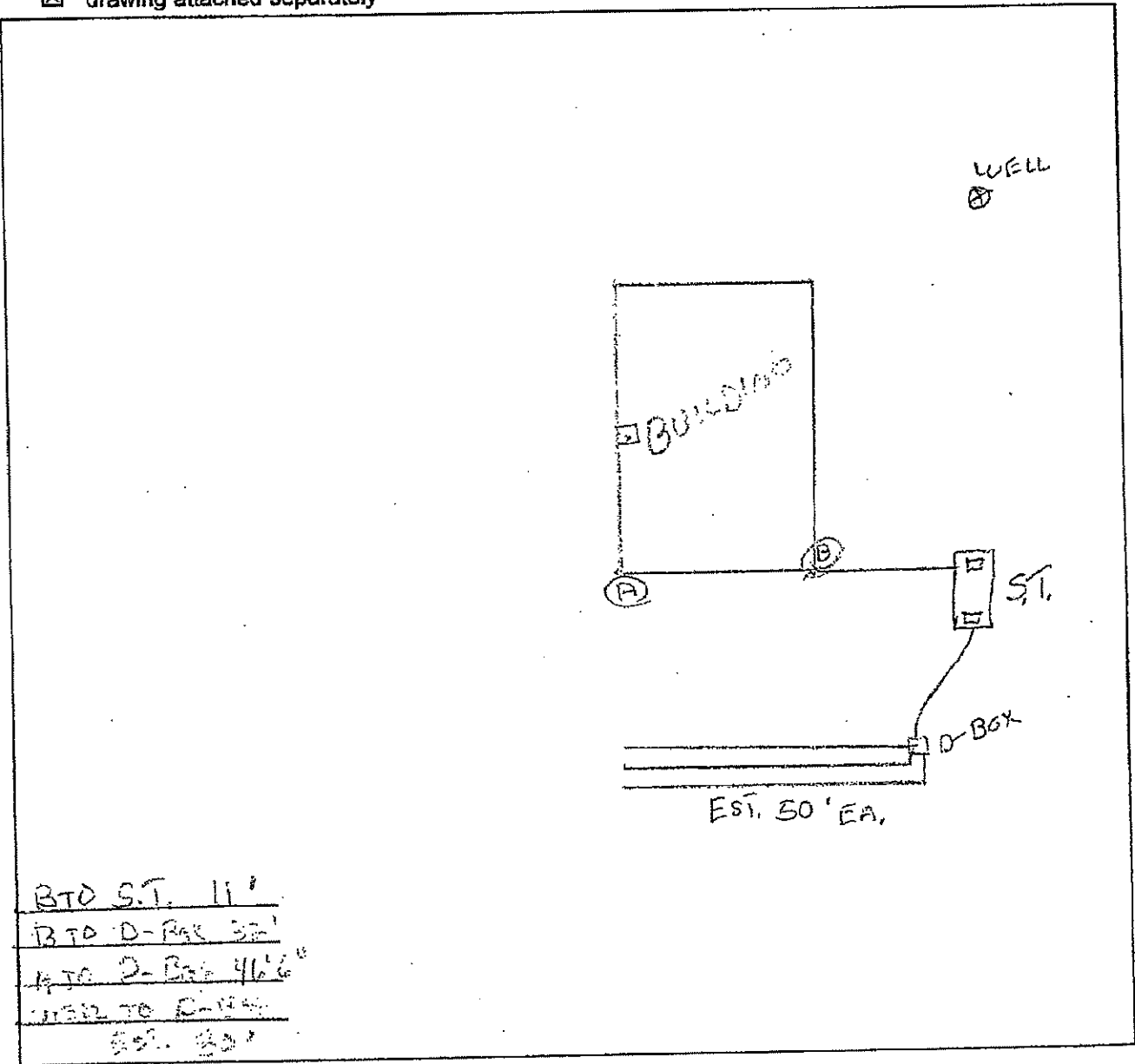
Date of Inspection

Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view 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. Check one of the boxes below:

- ☒ hand-sketch in the area below
- ☒ drawing attached separately





Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

Owner
information is
required for every
page.

1673 MAIN STREET

Property Address

HANNA JOSEPH

Owner's Name

LEICESTER

MA

01524

11-21-16

City/Town

State

Zip CODE

Date of Inspection

D. System Information (cont.)

Site Exam:

- ☐ Check Slope
- ☐ Surface water
- ☐ Check cellar
- ☐ Shallow wells

Estimated depth to high ground water:

4

feet

Please indicate all methods used to determine the high ground water elevation:

- ☐ Obtained from system design plans on record
- If checked, date of design plan reviewed:

Date
- ☐ Observed site (abutting property/observation hole within 150 feet of SAS)
- ☐ Checked with local Board of Health - explain:
-
- ☐ Checked with local excavators, installers - (attach documentation)
- ☐ Accessed USGS database - explain:
-

You **must** describe how you established the high ground water elevation:

INFORMATION TAKEN FROM REPAIRS IN AREA



Owner
information is
required for every
page.

Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessment

1673 MAIN STREET			
Property Address			
HANNA JOSEPH			
Owner's Name			
LEICESTER	MA	01524	11-21-16
City/Town	State	Zip CODE	Date of Inspection

E. Report Completeness Checklist

- ☒ Inspection Summary: A, B, C, D, or E checked
- ☒ Inspection Summary D (System Failure Criteria Applicable to All Systems) completed
- ☒ System Information – Estimated depth to high groundwater
- ☒ Sketch of Sewage Disposal System either drawn on page 15 or attached in separate file



Commonwealth of Massachusetts
City/Town of LEICESTER
**Application for Disposal System
Construction Permit**
Form 1A

517-007
Number 00
\$ 100
Fee pd cash
4/12/17

DEP has provided this form for use by local Boards of Health if they choose to do so. Before using the form, check with your local Board of Health to make sure that they will accept it.

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.



Application is hereby made for a permit to: ☐ Construct a new on-site sewage disposal system
☐ Repair or replace an existing on-site sewage disposal system
☒ Repair or replace an existing system component

1. Location of Facility:

1673 Main Street (Joseph's)
Address or Lot #
Leicester MA 01524
City/Town State Zip Code

2. Owner Information

Name

Address (if different from above)

City/Town

State

Zip Code

Telephone Number

3. Installer Information

DANNY BURTT
Name

same
Name of Company

PO BOX 403
Address

Leicester
City/Town

MA
State

01524
Zip Code

(508) 892-4920
Telephone Number

4. Designer Information

Name

Name of Company

Address

City/Town

State

Zip Code



Commonwealth of Massachusetts
City/Town of _____
**Application for Disposal System
Construction Permit**
Form 1A

Number _____

\$ _____
Fee

A. Facility Information (continued)

5. Type of Building:

☐ Dwelling

☐ Garbage Grinder (check if present)

Other: Type of Building

Restaurant

Number of Persons Served _____

☐ Showers

Number of showers _____

☐ Cafeteria

☐ Other fixtures

Specify other fixtures: _____

6. Design Flow:

UNK
Gallons per Day

Calculated Daily Flow:

Gallons

7. Plan:

UNK
Date of Original

Number of Sheets _____

Revision Date _____

Title of Plan _____

8. Description of Soil:

UNK

9. Nature of Repairs or Alterations (if applicable):

D-BOX Replacement



Commonwealth of Massachusetts
City/Town of _____
**Application for Disposal System
Construction Permit**
Form 1A

Number _____

\$ _____
Fee

B. Agreement

The undersigned agrees to ensure the construction and maintenance of the aforescribed on-site sewage disposal system in accordance with the provisions of Title 5 of the Environmental Code and not to place the system in operation until a Certificate of Compliance has been issued by this Board of Health.

Signature _____

Date _____

Application Approved By _____

Name _____

Date 7/4/17

Application **Disapproved** for the following reasons:



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

ARGEO PAUL CELLUCCI
Governor

JANE SWIFT
Lieutenant Governor

BOB DURAND
Secretary

LAUREN A. LISS
Commissioner

DWS Policy 94-02
Determination Of Public Or Private Water System Type
For Establishments Serving Food
(Year 2000 Printing)

Effective Date: 9-21-95
Supersedes Policy, SOP or Guidance #:
Approved by: David Y. Terry

Policy, SOP or Guideline # 94-02

This policy is intended to provide guidance in determination of Water system type for systems serving food to the public, as either public water systems or private systems.

Background

Many small water systems and Boards of Health (BOH) have requested Department of Environmental Protection, Division of Water Supply's (DEP/DWS) interpretation concerning the effects of certain practices at food establishments on the status of the water system; whether these systems are classified as public or private; and therefore whether such systems are regulated by DEP or by local Boards of Health (BOH) and the Department of Public Health (DPH).

Policy

It is the policy of DEP/DWS to not regulate a water system (facility) as a public water supply when and if it is documented to DEP's satisfaction with the concurrence of the local BOH that the facility (1) employs fewer than 25 persons and (2) does not use piped water on its premises for human consumption, including but not limited to, drinking, food preparation, beverage preparation, ice making, soda making, bathing, dishwashing, etc., and that (3) the general public does not have access to water from the water system, including the bathrooms (with associated faucets). The local BOH in cooperation with DEP/DWS will ensure that the facility does not change its practices in the future and become a public water system without DEP's review and approval.

Rationale and Discussion

A public water system is defined by the federal Safe Drinking Water Act (42 U.S.C. 300f et seq.) and the Massachusetts drinking water regulations at 310 CMR 22.02 as "a system for provision to the public of piped water for human consumption if such a system has at least 15 service connections.....or regularly serves an average of at least twenty five (25) individuals daily for at least sixty (60) days per year." DEP/DSW regulates public water systems. Private water systems are those which do not meet the definition of a Public Water System and are regulated by municipal Boards of Health and the State Department of Public Health.

This policy is limited to the specific situation described. If a system with its own source of ground or surface water does not serve its piped water to the public, does not provide access to bathroom facilities or other access to its water to the public, does not use the water for preparation of food served to the public or for any other use for human consumption, and does not employ more than 25 people, DEP/DWS considered the system to be a private water system under the jurisdiction of the local Board of Health and DPH. This policy may apply to gas stations, convenience stores, etc.

This is the policy of the Department of Environmental Protection's Division of Water Supply. Other State and/or municipal bodies (e.g. the State Plumbing Board and the Department of Public Health) may have other related requirements for food establishments which are not addressed by this policy.

1) DPH/DEP document entitled "Regulations relative to well water supplies in food establishments." Dated November 93.

2) DEP/DWS Policy on recommended private well monitoring.

Approved: 9-21-95
Effective: 9-21-95

David Y. Terry, Director
Division of Water Supply

The Commonwealth of Massachusetts Executive Office of Health and Human Services
Department of Public Health Division of Food and Drugs
305 South Street
Jamaica Plain, Mass 02130
(617) 727-2670

WELL WATER SUPPLIES IN FOOD ESTABLISHMENTS

Prepared by: MA Dept of Public Health - Division of Food and Drugs
MA Dept of Environmental Protection - Division of Water Supply

Section 590.015, Water Supply, of Massachusetts regulation 105 CMR 590.000, Minimum Sanitation Standards for Food Establishments Article X, requires all licensed food establishments to have sufficient potable water for the needs of the operation from a source which is constructed, maintained and operated in accordance with applicable laws. The potential of contaminated well water in food establishments is a serious public health issue that must be closely monitored by all involved agencies.

Public Water Supply Systems

Because regulations and laws for private and public water supply systems differ, the water system category for a licensed food establishment must first be identified as private or public. The federal Safe Drinking Water Act as amended by Congress in 1986 and the Drinking Water Regulation 310 CMR 22.02, promulgated and enforced by the Massachusetts Department of Environmental Protection (DEP), provide the legal definition of a regulated "public" water supply. This definition of a regulated public water system is as follows:

PUBLIC WATER SYSTEM means a system for the provision to the public of piped water for human consumption, if such system has at least fifteen (15) service connections or regularly serves an average of at least twenty-five (25) individuals daily at least sixty (60) days of the year. Such term includes (1) any collection, treatment, storage and distribution facilities under control of the operator of such a system and used primarily in connection with such system, and (2) any collection or pretreatment storage facilities not under such control which are used primarily in connection with such systems. A public water system is either a "community water system" or a "non-community system".

Community water system means a public water system which serves at least (15) service connections used by year-round residents or regularly serves at least twenty-five (25) year-round residents. An example of a food operation with a community water system is a nursing home with 25 or more year-round residents.

Transient Non-community water system or (TNC) means a public water system that is not a community water system. Examples of food establishment operations with a TNC water system may include campgrounds, gas stations, convenience stores and small restaurants.

Non-transient Non-community Water System or (NTNC) means a public water system that is not a community water system and that regularly serves at least 25 people or more approximately four or more hours per day, four or more days per week, more than 6 months or 180 days per year, such as schools, hospitals, large restaurants and supermarkets and workplaces providing water to its employees.

Private Water Supply Systems

Commercial food establishments with private water systems are regulated by the local board of health. Periodic testing of water from private water systems in food service and retail food establishments should be required by local boards of health.

In 1989, DEP issued "Private Well Guidelines" and "Model Board of Health Regulations for Private Wells"

Boards of health are encouraged to adopt locally appropriate private well regulations which take into consideration local geology, land uses and zoning regulations.

Additionally, Chapter 40, Section 21 of the Massachusetts General Laws grants municipalities the authority to adopt ordinances and bylaws which may, for example, require land owners to properly maintain their on-site private water supply systems.

DEP's Drinking Water Regulations, 310 CMR 22.00 include analytical methods which are required to be used by certified laboratories and water quality standards which should be used as guidelines for interpreting the results of analysis performed on water samples obtained from private water systems. In addition to routine testing requirements, the following criteria should be considered in approving and monitoring private well sources in food establishments:

- In accordance with 105 CMR 590.000 – Minimum Sanitation Standards for Food Establishments - Article X, potable water is necessary for drinking, for use as an ingredient in food and beverages, for use in handwashing and warewashing sinks, in dishwashing machines and for general cleaning and maintenance of the physical facility. Non-potable water systems may be used only for air conditioning, equipment cooling and fire protection, and shall be installed according to law. Non-potable water systems must not be cross-connected to any potable water supply.
- In accordance with 105 CMR 590.000 and 310 CMR 22.00, cross connections between a private well and a public water supply are strictly prohibited. Private wells must be physically disconnected from the public water system and the pipes carrying private well and public water must be kept completely separate and durably identified so that they are readily distinguishable from each other.
- Any food establishment intending to install an on-site well should contact their regional DEP Office and the local board of health to determine the type of water system (private or public) before the well is drilled. Plan review including site approval procedures involving communication between the board of health and other departments such as the building, plumbing and zoning is essential in identifying well sources which should be regulated by the board of health. If a public water supply system already serves the facility or is within the nearby area, the public water Supplier which serves that area should also be informed.
- Boards of health in urban areas where the risk for well contamination is high may wish to pass regulations which strictly prohibit wells in food establishments when an existing public water supply system is available.
- Water from newly dug private wells should be sampled and tested prior to the installation of any water treatment device.
- Existing wells in food establishments which are classified as public water systems and require water treatment devices to meet the MCL's, require DEP approval. Such wells must be routinely monitored by a certified water operator as defined by DEP. Food establishments with private wells which require water treatment devices to meet the DEP's maximum contaminant levels (MCL's) are high risk systems and should require additional testing by the establishment and monitoring by the board of health.

For more information, please contact:

MA Division of Food and Drugs (617) 727-2670 Or (617) 727-2671

MA DEP – Division of Water Supply (617) 292-5770

Water Quality Assurance

MA DEP Regional Offices

Northeast Region: Water Supply (978) 661-7600

Central Region: Water Supply (508) 792-7650

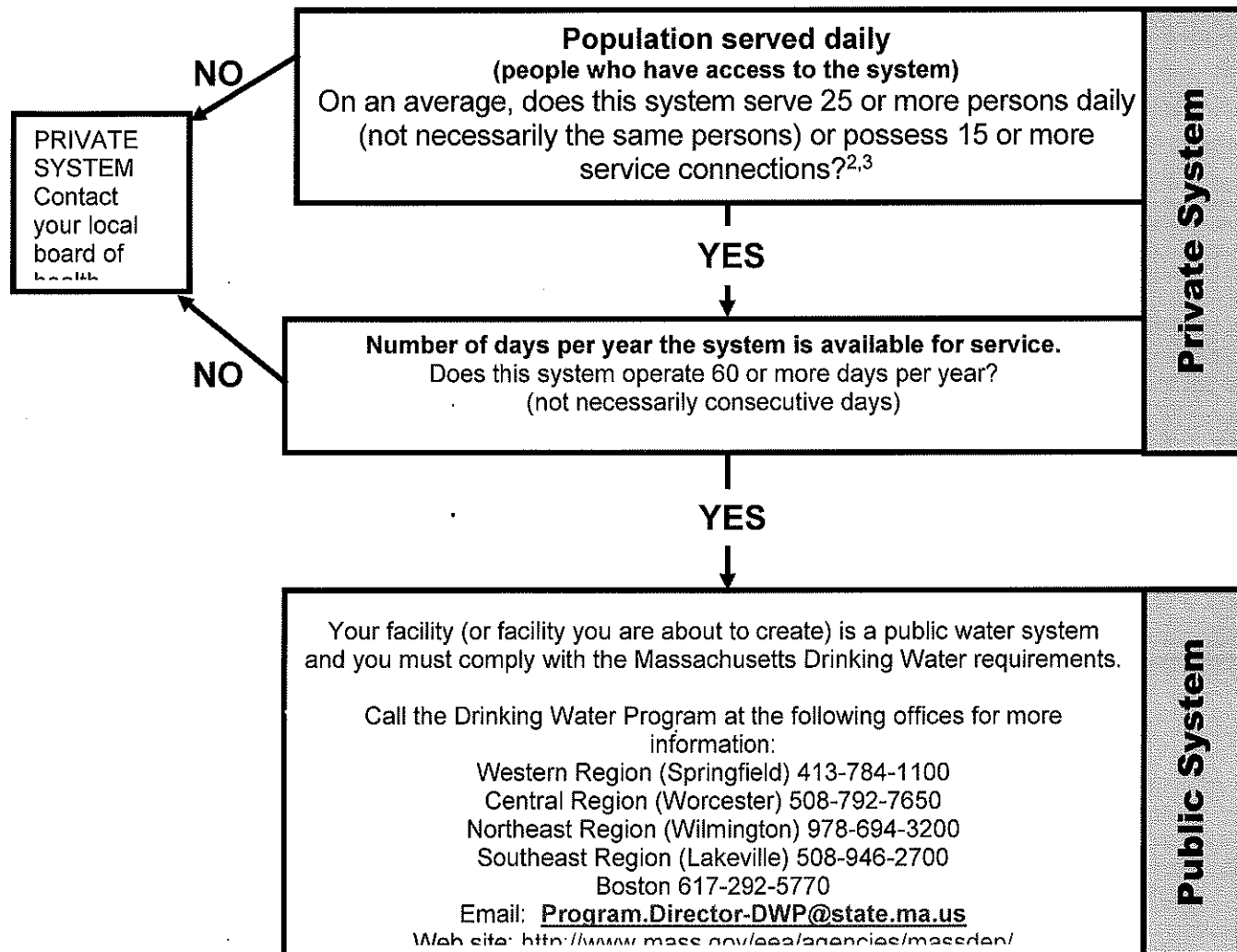
Southeast Region: Water Supply (508) 946-2700

Western Region: Water Supply (413) 784-1100



Is the Facility
(or the facility you are about to create)
a Private or Public Drinking Water System¹?

Follow this flow-chart to determine your drinking water system type.



¹ As defined by the Massachusetts Drinking Water Regulations 310 CMR 22.00 and the Federal Safe Drinking Water Act. Regulations can be found at <http://www.mass.gov/eea/agencies/massdep/water/regulations/310-cmr-22-00-massachusetts-drinking-water-regulations.html>.

Definitions of Public Water Systems:

Public Water System means a system for the provision to the public of water for human consumption, through pipes or other constructed conveyances, if such system has at least 15 service connections or regularly serves an average of at least 25 individuals daily at least 60 days of the year. Such term includes any collection, treatment, storage, and distribution facilities under control of the operator of such a system and used primarily in connection with such system, and any collection or pretreatment storage facilities not under such control, which are used primarily in connection with such system.

The Department may presume that a system is a public water system as defined herein based on the average number of persons using a facility served by the system or on the number of bedrooms in a residential home or facility. The Department reserves the right to evaluate and determine whether two or more wells located on commonly owned property, that individually may serve less than 25 people, but collectively serve more than 25 people for more than 60 days of the year should not be regulated as a public water system, taking into account the risk to public health. A public water system includes a "community water system" or a "non-community water system".

(a) **Community Water System** means a public water system that serves at least 15 service connections used by year-round residents or regularly serves at least 25 year-round residents.

(b) **Non-community Water System** means a public water system that is not a community water system.

1. **Non-transient Non-community Water System** or "NTNC" means a public water system that is not a community water system and that has at least 15 service connections or regularly serves at least 25 of the same persons or more approximately four or more hours per day, four or more days per week, more than six months or 180 days per year, such as a workplace providing water to its employees.

2. **Transient Non-community Water System** or "TNC" means a public water system that is not a community water system or a non-transient non-community water system, but is a public water system that has at least 15 service connections or serves water to 25 different persons at least 60 days of the year. Some examples of these types of systems are: restaurants, motels, camp grounds, parks, golf courses, ski areas, and community centers.

Nashoba Analytical, LLC

Tel: 978-391-4428

Fax: 978-391-4643

Lab Number:

173361

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

Use this number with all correspondence

Client:

Welltech Corporation

16 Legate Hill Road

Sterling, MA 01564

Report Date:

Certificate of Analysis

Joseph, Maria, 1673 Main Street, Leicester MA

DRAFT

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
- Well Head						
<i>Sampled: 12/15/2016 10:45:00 AM by Robert</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM8223	Absent	Absent	Absent	12/15/2016 1:15:00 PM	M-MA1118
Arsenic, Total, MG/L	SM 3113B	0.002	0.01	0.001	12/16/2016	M-MA1118
Calcium, MG/L	EPA 200.7	120	Not Spec	0.2	12/16/2016	M-MA1118
Copper, MG/L	EPA 200.7	0.006	1.3	0.003	12/16/2016	M-MA1118
Iron, MG/L	EPA 200.7	# 1.39	0.3	0.003	12/16/2016	M-MA1118
Lead, MG/L	SM 3113B	ND	0.015	0.001	12/16/2016	M-MA1118
Magnesium, MG/L	EPA 200.7	10	Not Spec	0.1	12/16/2016	M-MA1118
Manganese, MG/L	EPA 200.7	# 2.11	0.05	0.002	12/16/2016	M-MA1118
Potassium, MG/L	EPA 200.7	15.3	Not Spec	0.1	12/16/2016	M-MA1118
Sodium, MG/L	EPA 200.7	29.4	See Note	0.2	12/16/2016	M-MA1118
Alkalinity, MG/L	SM 2320B	204	Not Spec	1	12/15/2016	M-MA1118
Ammonia as N, MG/L	SM 4500-NH3-D		Not Spec	0.1		M-MA1118
Chloride, MG/L	EPA 300.0	133	250	1	12/15/2016	M-MA1118
Chlorine, Free Residual, MG/L	SM 4500-CL-G	0.03	Not Spec	0.02	12/15/2016	M-MA1118
Color Apparent, CU	SM 2120B	# 25	15	0	12/15/2016	M-MA1118
Conductivity, UMHOS/CM	SM 2510B	905	Not Spec	1	12/15/2016	M-MA1118
Fluoride, MG/L	EPA 300.0	ND	4	0.1	12/15/2016	M-MA1118
Hardness, Total, MG/L	SM 2340B	341	Not Spec	1	12/16/2016	M-MA1118
Nitrate as N, MG/L	EPA 300.0	ND	10	0.05	12/15/2016	M-MA1118
Nitrite as N, MG/L	EPA 300.0	ND	1	0.02	12/15/2016	M-MA1118
Odor, TON	SM 2150B	0	3	0	12/15/2016	RAS
pH, PH AT 25C	SM 4500-H-B	6.7	6.5 - 8.5	NA	12/15/2016	M-MA1118
Sediment, pos/neg		POS		NEG	12/15/2016	RAS
Sulfate, MG/L	EPA 300.0	38.5	250	1	12/15/2016	M-MA1118
Turbidity, NTU	EPA 180.1	6	Not Spec	0.1	12/15/2016	M-MA1118

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified

Laboratory #M-MA1118

David L. Knowlton
Laboratory Director

Page 1 of 1

Client:

Welltech Corporation

16 Legate Hill Road

Sterling, MA 01564

ReportDate: 5/23/2017

Certificate of Analysis**Joseph, 1673 Main Street, Leicester MA**

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
- Well Head						
<i>Sampled: 5/19/2017 10:00:00 AM by Dan</i>						
Arsenic, Total, MG/L	SM 3113B	0.004	0.01	0.001	5/22/2017	M-MA1118
Calcium, MG/L	EPA 200.7	109	Not Spec	0.2	5/22/2017	M-MA1118
Copper, MG/L	EPA 200.7	0.016	1.3	0.004	5/22/2017	M-MA1118
Iron, MG/L	EPA 200.7	# 1.1	0.3	0.004	5/22/2017	M-MA1118
Lead, MG/L	SM 3113B	0.002	0.015	0.001	5/22/2017	M-MA1118
Magnesium, MG/L	EPA 200.7	9.1	Not Spec	0.1	5/22/2017	M-MA1118
Manganese, MG/L	EPA 200.7	# 2.5	0.05	0.004	5/22/2017	M-MA1118
Potassium, MG/L	EPA 200.7	14.7	Not Spec	0.1	5/22/2017	M-MA1118
Sodium, MG/L	EPA 200.7	30.4	See Note	0.2	5/22/2017	M-MA1118
Alkalinity, MG/L	SM 2320B	203	Not Spec	1	5/19/2017	M-MA1118
Ammonia as N, MG/L	SM 4500-NH3	0.15	Not Spec	0.1	5/22/2017	M-MA1118
Chloride, MG/L	EPA 300.0	128	250	1	5/19/2017	M-MA1118
Chlorine, Free Residual, MG/L	SM 4500-CL-G	ND	4.0	0.02	5/19/2017	M-MA1118
Color Apparent, CU	SM 2120B	# 25	15	0	5/19/2017	M-MA1118
Conductivity, UMHOS/CM	SM 2510B	839	Not Spec	1	5/19/2017	M-MA1118
Fluoride, MG/L	EPA 300.0	ND	4	0.1	5/19/2017	M-MA1118
Hardness, Total, MG/L	SM 2340B	310	Not Spec	1	5/22/2017	M-MA1118
Nitrate as N, MG/L	EPA 300.0	ND	10	0.05	5/19/2017	M-MA1118
Nitrite as N, MG/L	EPA 300.0	ND	1	0.02	5/19/2017	M-MA1118
Odor, TON	SM 2150B	1	3	0	5/19/2017	RAS
pH, PH AT 25C	SM 4500-H-B	7.1	6.5 - 8.5	NA	5/19/2017	M-MA1118
Sediment, pos/neg	-----	NEG	-----	NEG	5/19/2017	RAS
Sulfate, MG/L	EPA 300.0	40	250	1	5/19/2017	M-MA1118
Turbidity, NTU	EPA 180.1	6.1	Not Spec	0.1	5/19/2017	M-MA1118

RECEIVED

JUN 20 2017

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified

Town of Leicester
Development & Inspectional Services

David L. Knowlton

Page 1 of 1

Nashoba Analytical, LLC

Tel: 978-391-4428

Fax: 978-391-4643

LabNumber:

173361

31A Willow Road, Ayer MA 01432

Website: <http://www.NashobaAnalytical.com>

Use this number with all correspondence

Client:

Welltech Corporation

16 Legate Hill Road

Sterling, MA 01564

ReportDate:

Certificate of Analysis

Joseph, Maria, 1673 Main Street, Leicester MA

Parameter	Method	Result	MCL	MRL	Date of Analysis	Analyst
- Well Head						
<i>Sampled: 12/15/2016 10:45:00 AM by Robert</i>						
Total Coliform Bacteria, /100ml	ENZ. SUB. SM9223	Absent	Absent	Absent	12/15/2016 1:15:00 PM	M-MA1118
Arsenic, Total, MG/L	SM 3113B	0.002	0.01	0.001	12/16/2016	M-MA1118
Calcium, MG/L	EPA 200.7	120	Not Spec	0.2	12/16/2016	M-MA1118
Copper, MG/L	EPA 200.7	0.006	1.3	0.003	12/16/2016	M-MA1118
Iron, MG/L	EPA 200.7	# 1.39	0.3	0.003	12/16/2016	M-MA1118
Lead, MG/L	SM 3113B	ND	0.015	0.001	12/16/2016	M-MA1118
Magnesium, MG/L	EPA 200.7	10	Not Spec	0.1	12/16/2016	M-MA1118
Manganese, MG/L	EPA 200.7	# 2.11	0.05	0.002	12/16/2016	M-MA1118
Potassium, MG/L	EPA 200.7	15.3	Not Spec	0.1	12/16/2016	M-MA1118
Sodium, MG/L	EPA 200.7	29.4	See Note	0.2	12/16/2016	M-MA1118
Alkalinity, MG/L	SM 2320B	204	Not Spec	1	12/15/2016	M-MA1118
Ammonia as N, MG/L	SM 4500-NH3-D		Not Spec	0.1		M-MA1118
Chloride, MG/L	EPA 300.0	133	250	1	12/15/2016	M-MA1118
Chlorine, Free Residual, MG/L	SM 4500-CL-G	0.03	Not Spec	0.02	12/15/2016	M-MA1118
Color Apparent, CU	SM 2120B	# 25	15	0	12/15/2016	M-MA1118
Conductivity, UMHOS/CM	SM 2510B	905	Not Spec	1	12/15/2016	M-MA1118
Fluoride, MG/L	EPA 300.0	ND	4	0.1	12/15/2016	M-MA1118
Hardness, Total, MG/L	SM 2340B	341	Not Spec	1	12/16/2016	M-MA1118
Nitrate as N, MG/L	EPA 300.0	ND	10	0.05	12/15/2016	M-MA1118
Nitrite as N, MG/L	EPA 300.0	ND	1	0.02	12/15/2016	M-MA1118
Odor, TON	SM 2150B	0	3	0	12/15/2016	RAS
pH, PH AT 25C	SM 4500-H-B	6.7	6.5 - 8.5	NA	12/15/2016	M-MA1118
Sediment, pos/neg	-----	POS	-----	NEG	12/15/2016	RAS
Sulfate, MG/L	EPA 300.0	38.8	250	1	12/15/2016	M-MA1118
Turbidity, NTU	EPA 180.1	6	Not Spec	0.1	12/15/2016	M-MA1118

RECEIVED

JUN 20 2017

MCL=Maximum Contaminant Level (EPA Limit), MRL = Minimum Reporting Level

Sodium Guidelines- Mass 20, EPA 250, # = Result Exceeds Limit or Guideline

ND = None Detected (<MRL), * = Background Bacteria Noted

Analysis performed according to 310CMR42.00

Massachusetts Certified

Town of Leicester
Development & Inspectional Services

David L. Knowlton

HP OfficeJet Pro 8720 Series

Fax Log for
Building/Board of Health
5088921163
Apr 09 2019 10:23AM

Last Transaction

Date	Time	Type	Station ID	Duration	Pages	Result
				Digital Fax		
Apr 9,	10:03AM	Fax Sent	17747458210	19:14 N/A	37	OK