

Omar Johnson

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**From:** cmsmailer@civicplus.com on behalf of Contact form at West Tisbury, MA <cmsmailer@civicplus.com>  
**Sent:** Friday, June 26, 2020 12:30 PM  
**To:** boh@westtisbury-ma.gov  
**Subject:** [West Tisbury, MA] Grange rental for outdoor craft sales (Sent by Carolyn Stoeber, stoeber@alumni.upenn.edu)

Hello ojohnson,

Carolyn Stoeber ([stoeber@alumni.upenn.edu](mailto:stoeber@alumni.upenn.edu)) has sent you a message via your contact form (<https://www.westtisbury-ma.gov/user/25/contact>) at West Tisbury, MA.

If you don't want to receive such e-mails, you can change your settings at <https://www.westtisbury-ma.gov/user/25/edit>.

Message:

Hi!

In the past few summers, we (World Market Mondays, a collective of 4 global women's empowerment projects) have rented the Grange and held a pop-up sale of the crafts that benefit our global women's empowerment projects. We are hoping to hold these events this year again, but realize that we may need to change the format to accommodate social distancing best practices. We are hoping you can provide guidance on what this would look like and what it would mean for each of us to participate safely this summer. How do we find out the new rules and who do we contact about fulfilling our obligations to public safety? We need details before we can proceed with renting the Grange. Thank you for your time. My phone number is 508-627-2420, if contact by phone is easier.

-Carolyn

## World Market Mondays - Plan for beginning pop-up shops at the Grange

Submitted to the West Tisbury Board of Health  
To commence on Mondays beginning July 20<sup>th</sup> or July 27<sup>th</sup>, pending approval

It is our hope to begin sale of products from our global women's empowerment projects on either July 20<sup>th</sup> or July 27<sup>th</sup>. We will be displaying all items outside on the porch and under tents in front of the porch and on the grass in front of the Grange. The foyer of the building will be open to allow for frequent handwashing, but without products for sale inside.

### Social Distancing

- All persons, including customers and vendors will remain at least six feet apart to the greatest extent possible, both inside and outside the Grange
- Protocols to ensure that vendors can practice adequate social distancing from each other and from customers as follows:
  - Porch "squares" will be designated to be used by one group only between columns on the porch, which are greater than 6 feet apart, and the porch is over 10 feet wide
  - Each side of each tent will be accessible to only one customer group at a time.
  - Tents will be placed 12 feet from the front of the porch to allow for customers on the edge of the porch and on the edge of each tent.
  - The ramp will be used by only one person at a time as is possible.
- Proposed signage for safe social distancing including:
  - Signage will indicate that mask usage is required for all persons at the Grange during WMM
  - Signage will indicate that each column-width of the Grange porch can be occupied by only one customer group at a time.
  - Signage will indicate that 6 foot distance must be maintained on the grounds of the Grange during WMM
- Require face coverings or masks for all vendors

### Hygiene Protocols

- Hand washing capabilities are available in the bathrooms inside the Grange. The doors to the single sex bathrooms can be propped open to eliminate the need to touch door handles.
- We will bring disinfectant spray to provide regular sanitization of high touch areas

### Staffing and Operations

- Any vendor who is displaying COVID19-like symptoms will not participate in WMM
- Symptomatic vendors will be tested for COVID-19 before returning to WMM

### Cleaning and Disinfecting

- The MV Preservation Trust has established cleaning protocols specific to the Grange
- If a vendor is diagnosed with COVID19, we will notify the MV Preservation Trust to perform cleaning and disinfecting
- If a vendor is diagnosed with COVID19, we will notify the West Tisbury Board of Health immediately

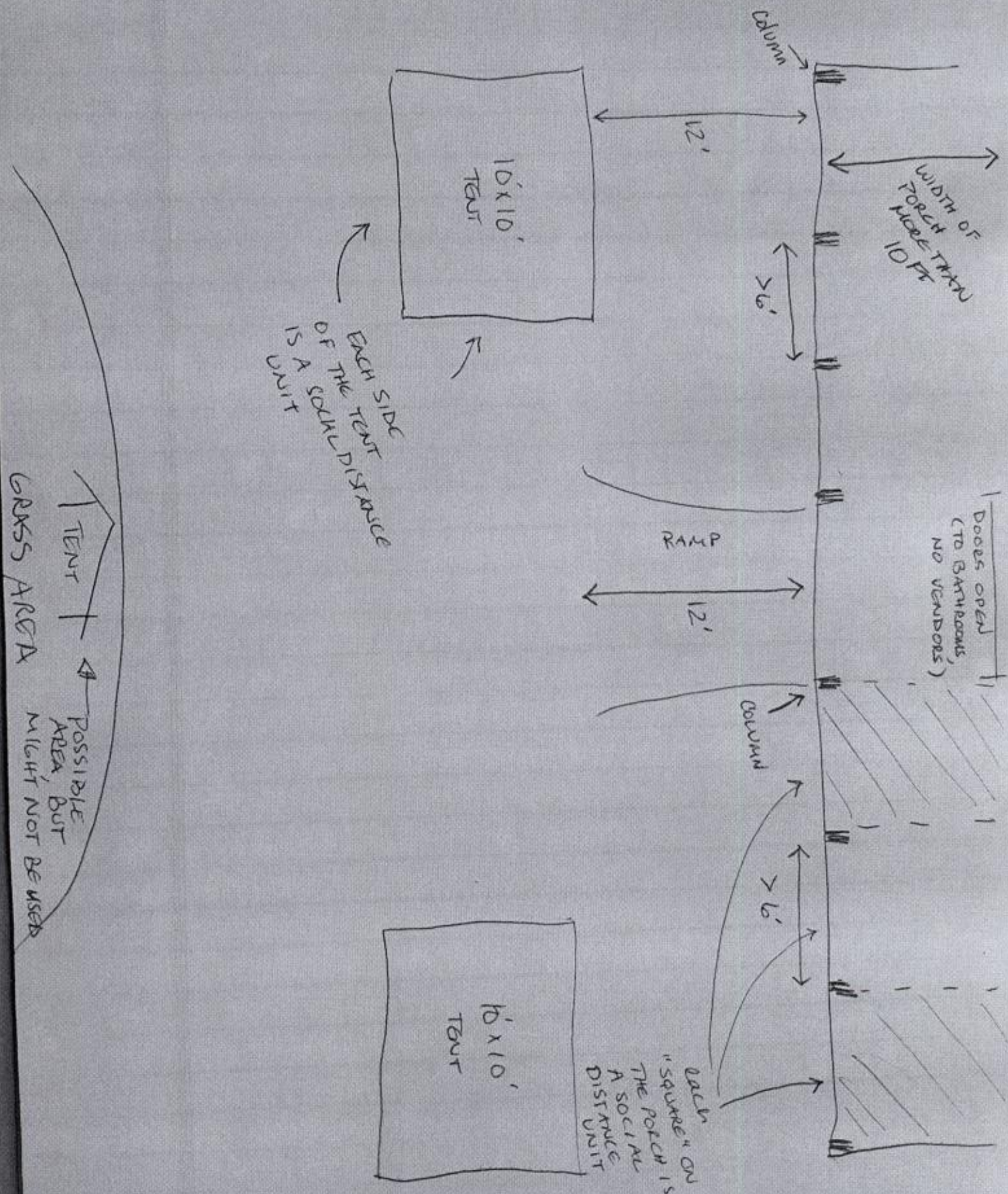




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# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#40 Norton Farm Rd West Tisbury Map 1 Lot 26

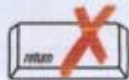
Property Address  
Paul Weiss, Trs. 23 Main St.

Owner information is required for every page.

Owner's Name  
City/Town  
North Easton  
State  
MA  
Zip Code  
02356  
Date of Inspection  
6/22/20

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:  
Name of Inspector  
Douglas E. Cooper  
Company Name  
Cooper Environmental Services, LLC  
Company Address  
#33 Old Dunham's Corner Way  
City/Town  
Edgartown  
State  
MA  
Zip Code  
02539  
Telephone Number  
508-627-9586  
License Number  
2857

## 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

*Douglas E Cooper*  
Inspector's Signature

6/22/20  
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.

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Omar Johnson

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**From:** Kristina West <ed@mvagsoc.org>  
**Sent:** Tuesday, June 23, 2020 11:56 AM  
**To:** Brendan; concomm@westtisbury-ma.gov; Jen Rand; Joe Tierney; Mmincone@wt-pd.com; Omar Johnson  
**Cc:** C. Woodbury Bowman  
**Subject:** 4H Baby Animal Day and Barn Buddies

Hi Everyone,

With all the safety requirements for COVID we have had to cancel or rethink all of our Agricultural programming this year. This included both Barn Buddies and 4H Baby animal day. In an effort to provide some agricultural education and exposure for these kids, we have reworked those activities into a safer alternative.

Starting on July 10<sup>th</sup> we will be doing a weekly pick up of an animal activity packet. This will run for 4 weeks and will be a different animal each Friday. There will be between 20-25 kids per week that will sign up in advance. They will come to the grounds and pick up a packet drive through style. We will also have a small number of the "animal of the week" in pens or cages that they can view safely from their vehicles as they drive through. The entire activity, with set up, hand out and break down, should take about an hour.

Please let me know if you have any questions.

I hope you all are well.

Best  
Kristina

*Put on  
next  
agenda*



Commonwealth of Massachusetts  
**Title 5 Official Inspection Form**

2020 0180  
✓

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

#180 Skiffs La West Tisbury Map 17 Lot 3.21

Property Address

James Anthony & Kelly O'Meara P.O. Box 695

Owner information is required for every page.

Owner's Name

West Tisbury

MA

02575

6/15/20

City/Town

State

Zip Code

Date of Inspection

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**A. General Information**

1. Inspector:

Douglas E. Cooper

Name of Inspector

Cooper Environmental Services, LLC

Company Name

#33 Old Dunham's Corner Way

Company Address

Edgartown

City/Town

508-627-9586

Telephone Number

MA

State

2857

License Number

02539

Zip Code

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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

*Douglas E Cooper*

Inspector's Signature

6/15/20

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.

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No. 2020-0179

THE COMMONWEALTH OF MASSACHUSETTS

FEE 225.-

BOARD OF HEALTH

TOWN OF WEST TISBURY

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct (X) Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Components

<u>50 DR. FISHER ROAD</u>	<u>FARLEY J. PEDLER et al</u>
Location	Owner's Name
<u>AP 21-13.2</u>	<u>PO BOX 1491</u>
Map/Parcel #	Address
<u>LOT 2 FLANDERS SUBD.</u>	<u>WEST TISBURY, MA 02575</u>
Lot #	Telephone #
Installer's Name	<u>SMITH &amp; DOWLING</u>
Address	Designer's Name
Telephone #	<u>PO BOX 1087 VT MA 02568</u>
	Address
	<u>693-4150</u>
	Telephone #

Type of Building: RESIDENTIAL Lot Size 4.78± <sup>AC</sup> Sq. feet  
 Dwelling — No. of Bedrooms SIX (6) Garbage Grinder ( )  
 Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other fixtures \_\_\_\_\_  
 Design Flow (min. required) 660 gpd Calculated design flow 764 gpd Design flow provided \_\_\_\_\_ gpd  
 Plan: Date 6/22/20 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title \_\_\_\_\_

Description of Soil(s) SEE ATTACHED PLAN + SOIL REPORT  
 Soil Evaluator Form No. 11 Name of Soil Evaluator D. DOWLING Date of Evaluation 5/28/20

DESCRIPTION OF REPAIRS OR ALTERATIONS \_\_\_\_\_

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] <sup>PE, PLS</sup> AGENT Date 6/22/20

Inspections \_\_\_\_\_

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. \_\_\_\_\_

THE COMMONWEALTH OF MASSACHUSETTS

FEE 225.-

WEST TISBURY BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (X), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_  
 at 50 DR. FISHER ROAD AP 21-13.2  
 has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_ dated \_\_\_\_\_ Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_ Designer: SMITH & DOWLING Inspector \_\_\_\_\_ Date \_\_\_\_\_

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

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Bolt Mtg f/ Agenda

Omar Johnson

**From:** Kate Warner <kswarner57@gmail.com>  
**Sent:** Wednesday, July 1, 2020 12:12 PM  
**To:** WT Plan Board; WT Board of Health; WT ZBA; WT Afford Hsg; Jen Rand; WT Con Comm; Joe Tierney; Alexandra Pratt; Donna Lowell-Bettencourt; Manuel Estrella; Doug Ruskin; Treasurer; Dawn Barnes  
**Cc:** Russ Hartenstine  
**Subject:** please distribute this to your Boards  
**Attachments:** StormPrep.pdf; att21131.htm; wti\_StormPrep\_Card\_2020.pdf; att15916.htm

Dear All

NOAA has predicted as stronger than normal hurricane season.

In response, the WT Climate Advisory Committee has prepared this handout about Storm Preparedness. It is difficult to distribute it in times of pandemic so I am hoping you will share it with your board members and if they would like copies to distribute around their neighborhood, we can possibly provide them.

Thank you,

Kate Warner

WT Climate Advisory Committee Chair

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# PREPARING FOR A MAJOR STORM

## REGISTER FOR CODE RED

CodeRED is Dukes County's notification system, which delivers alerts before severe weather events. Go to [westtisbury-ma.gov](http://westtisbury-ma.gov), and follow the link

## EMERGENCY SERVICES 9-1-1

To Report Power Outages  
1-800-592-2000

## FOR STORM ADVISORIES & UPDATES

Hurricane Information  
<https://www.nhc.noaa.gov/>

WMVY - 88.7  
[www.wmvy.com](http://www.wmvy.com)

WCAI- 90.1  
[www.capeandislands.org](http://www.capeandislands.org)

## STORM KIT

*It is most likely you will be sheltering in place.*

- Water, one gallon/person/day, plus pets, for a minimum of 3-5 days
- A full bathtub to have water for flushing
- Big pots full of water
- At least 3-5 days of non-perishable foods that don't require cooking
- A can opener and eating utensils
- Flashlight or lantern, with extra batteries
- Candles and matches
- Emergency radio
- Charging devices & batteries for phones & laptops
- Fire extinguisher
- First-aid kit and manual
- Whistle

A list of names and contact information for neighbors

- A list of credit card & bank account numbers
- Vital documents in a dry location, digital backups of records.
- Extra set of house and car keys
- Cash, ID
- A week's supply of medications and duplicate scripts
- Make arrangements IN ADVANCE for special needs (oxygen, insulin..)
- Extra eyeglasses; spare batteries for hearing aids and other devices

## AS THE STORM APPROACHES

- Collect rain in barrels
- Prepare a tool kit for repairs and storm debris removal
- Make sure all doors and windows are securely locked
- Have duct tape, plastic sheeting, or tarp on hand
- Stow lawn furniture & other outside items
- Fill vehicle tanks in case of fuel supply interruptions? (you will have nowhere to go)
- Check in with your neighbors before, during (if safe), and after the storm to see if they need help.
- Share your family contact information with your neighbors.

## FINDING SHELTER IF NEEDED


[westtisbury-ma.gov](http://westtisbury-ma.gov) for information on the Town and Regional shelters.

Listen to **WMVY 88.7** for important emergency information  
See Map on back of card.

## SHELTER KIT

- toiletries, a blanket or sleeping bag, washcloth & towel, clothes for three days- for each person
- things to entertain kids
- food, leash, carrier for pets
- Cash, ID

## Additional Hurricane Preparation Information

 <https://www.mass.gov/doc/homeowners-handbook-to-prepare-for-coastal-hazards/download>

**WEST TISBURY CLIMATE ADVISORY GROUP**

# BOARD Mtg. Review

To: West Tisbury Selectmen

From: John Cain, Lambert's Cove Inn

To keep everyone as safe as possible, including our restaurant guests, inn guests and employees, we would like permission to offer food and alcohol in our English Garden. We feel this request is reasonable and proper at this time.

## Description of the area

- Our English Garden is situated next to (to the left, or northwest) of the main house of the Inn where the restaurant is located
- The Garden is in the shape of a large rectangle and enclosed by a perimeter of evergreen trees and two flowerbeds in the center that create an aisle for wedding ceremonies
- On the other side (the backside) of the English Garden is our carriage house, and barn, where a total of 8 guest rooms are located. There are no neighbors nearby

## Dimensions

- The English Garden is approximately 100 feet in length and 50 feet in width, or 5,000 square feet

## Seating capacity Requested

- 48

## Maximum occupancy

- 70

It is very important to note that we are not asking to expand our 70 seat allowance. Instead, we want to divide those seats between outside and inside.

This request does not change our commitment to all COVID-19 safety precautions, including requiring face masks, disposable menus and temperature checks for employees.

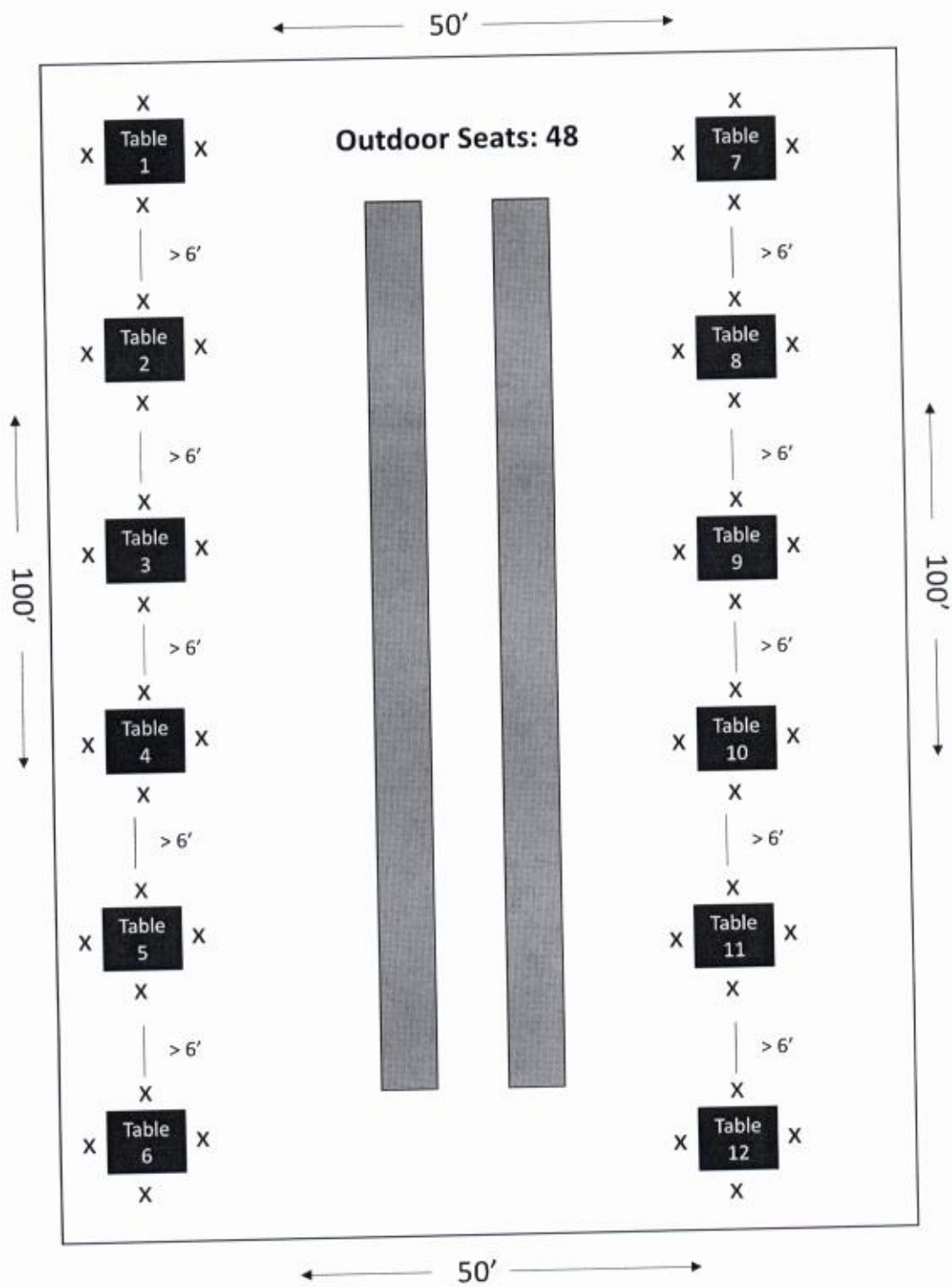
We have received permission from health inspector Omar Johnson for the Garden dining.

As is the case with many other small businesses, we are fighting for survival during the global pandemic, so expediency with this request is appreciated.

On page 2, there is a schematic of how the tables and seats will be setup.



English Garden



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# BOARD Mtg. Update



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Infectious Disease and Laboratory Sciences  
305 South Street, Jamaica Plain, MA 02130

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

Tel: (617) 983-6550  
Fax: (617) 983-6925  
[www.mass.gov/dph](http://www.mass.gov/dph)

MARYLOU SUDDERS  
Secretary  
MONICA BHAREL, MD, MPH  
Commissioner

**To:** Healthcare Providers, Clinical Laboratories and Local Boards of Health  
**From:** Catherine M. Brown, DVM, MSc, MPH, State Epidemiologist  
Larry Madoff, MD, Medical Director, BIDLS  
Sandra Smole, PhD, Director, State Public Health Laboratory  
**Date:** July 3, 2020  
**RE:** Testing of Persons with Suspect COVID-19

This document includes guidance about appropriate use of laboratory testing for COVID-19. In addition, it indicates which subset of specimens can be submitted to the MA State Public Health Laboratory (SPHL). This guidance is not intended to replace or supersede clinical judgment; clinicians concerned that their patient has COVID-19 or has been exposed to COVID-19 should utilize testing as they deem appropriate.

### **RECOMMENDATIONS FOR DIAGNOSTIC COVID-19 TESTING:**

To evaluate individuals for current infection, a molecular diagnostic test to detect the presence of the virus by polymerase chain reaction (PCR) or other nucleic acid amplification methodology is preferred. A second method to detect the presence of viral proteins is a diagnostic antigen test. Although the newer diagnostic antigen tests are faster to run, they are less sensitive and a negative antigen test result still requires a molecular test to confirm a negative result due to their decreased sensitivity.

**Symptomatic Individuals:** All symptomatic individuals in Massachusetts, even those with mild symptoms, should be tested. Symptoms of COVID-19 include:

- Fever or chills;
- Signs of a lower respiratory illness (e.g., cough, shortness of breath, lowered oxygen saturation);
- Fatigue, sore throat, runny nose or congestion, headache, body aches/myalgia, or new loss of sense of taste or smell;
- Other less common symptoms can include gastrointestinal symptoms (e.g. nausea, vomiting, diarrhea), rash, inflammatory conditions such as "COVID toes", and thromboembolic events;
- In elderly, chronically ill, or debilitated individuals such as residents of a long-term care facility, symptoms of COVID-19 may be subtle such as alterations in mental status or in blood glucose control; and
- Children with multisystem inflammatory syndrome.

It should be noted that although serology testing is rarely indicated for diagnostic purposes, it is often part of an appropriate diagnostic testing algorithm for suspect pediatric cases of multisystem inflammatory syndrome.

**Close Contacts of confirmed or clinically diagnosed COVID Cases:** All individuals in Massachusetts identified as a close contact should be tested with a diagnostic test. A Local Board of Health, the Massachusetts Department of Public Health, the Community Tracing Collaborative, or a healthcare provider can all recommend testing of a close contact.



Close contact is defined as:

- a) Being less than 6 feet from a confirmed or clinically diagnosed COVID-19 case for at least 10-15 minutes, while the case was symptomatic or within the 48 hours before symptom onset. Close contact can occur anywhere. Examples include caring for, living with, visiting, or sharing a healthcare waiting area or room with a confirmed or clinically diagnosed COVID-19 case.

**OR**

- b) Having direct contact with infectious secretions of a confirmed or clinically diagnosed COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment or PPE (e.g., gown, gloves, facemask, eye protection).

Recommended timing of testing for close contacts:

- Close contacts with any symptom associated with COVID-19 should be tested promptly. Testing should occur at any time during the contact's 14-day quarantine period, even if the person previously had a negative test result within that same period.
- Close contacts without symptoms should be tested as soon as possible after they are notified of their exposure to COVID-19. The contact is required to quarantine for the full 14 days, even following a negative test result.

#### ***Admission to a healthcare facility:***

All individuals should be tested upon admission to a healthcare facility, including but not limited to, a hospital operated or licensed by the Department of Public Health or Mental Health, long-term acute care hospital, or skilled nursing facility.

#### ***Asymptomatic Individuals:***

Asymptomatic individuals not identified as close contacts can be recommended for diagnostic testing at the direction of their healthcare provider, the Department of Public Health or a state agency, or a local Board of Health. Testing generally requires a clinician's order and **asymptomatic individuals are strongly encouraged to contact their insurer to confirm coverage.**

#### ***Previously Positive Individual Cleared from Isolation:***

Individuals previously diagnosed with COVID-19 infection confirmed by molecular diagnostic testing may continue to have PCR detection of viral RNA for several weeks. This does not correlate with the presence or transmissibility of live virus and those who have been cleared from isolation by either the symptom-based or test-based strategy, are not recommended for re-testing within 6 weeks of their original diagnosis. These individuals are also not subject to quarantine during this period.

Until further data are available, individuals who were previously diagnosed with COVID-19, are more than 6 weeks past their release from isolation, and who develop clinically compatible symptoms, should be retested. If viral RNA is detected by PCR testing, the patient should be isolated and considered to be re-infected. Additionally, individuals who were previously diagnosed with COVID-19 and are more than 6 weeks past their release from isolation who are identified as a close contact of a confirmed case, are subject to quarantine.

#### ***Serology Testing:***

Commercially manufactured antibody tests check for SARS-CoV-2 antibodies and are available through healthcare providers and commercial laboratories. Antibody tests may demonstrate whether an individual was previously infected with SARS-CoV-2 and antibody testing is important to help understand how many people in a population have been exposed to the virus. Antibody tests are rarely indicated for diagnostic purposes in adults. However, the test is often part of an appropriate diagnostic testing algorithm for suspect pediatric cases of multisystem inflammatory syndrome. In order to be appropriately interpreted, more data are needed on the performance characteristics of these tests, the immune response to COVID-19, the timing and duration of antibody response, and how antibodies correlate to protective immunity.

# A Gender Itear



**From:** Land Bank Land Management Staff  
**To:** Omar Johnson and the West Tisbury Board of Health  
**Re:** *Reopening Ice House Pond Plan*  
**Date:** July 6, 2020

The Land Bank Land Management and Ecology Staff present a plan for the opening of Ice House Pond at Manaquayak Preserve in West Tisbury for your review and consideration:

Per the recommendation of Mr. Johnson, the Land Bank has kept its Ice House Pond public swimming access closed due to public safety concerns related to the COVID-19 pandemic.

The following is a potential management protocol for how the Land Bank may open the public swimming access to Ice House Pond:

- The swimming dock and ladder access would need to be installed.
- The Land Management Staff would ensure that clear signs are posted throughout all access points to the property and on the stairs to the pond swimming access, informing users of the requirement for social distancing while accessing the pond. A sign will be posted stating that swimming is allowed on a reservation basis..
- Reservation System: To limit the number of people using the pond access at one time the Land Bank Staff would implement a reservation system that restricts swimming access to only 1 household per hour. People with a reserved timeslot will be asked to come no earlier than 15 minutes prior to their swimming reservation to limit the potential for any congestion on trails or trailheads. The pond would be open for swimming for 8 hours each day.
- Staffing: Land Bank Property Attendants would be stationed to monitor the trailheads and pond swimming access area. The attendant's presence would ensure that only people on the reservation system are accessing the pond during their pre-reserved timeslot.



Omar Johnson

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**From:** Omar Johnson <boh@westtisbury-ma.gov>  
**Sent:** Tuesday, July 7, 2020 11:59 AM  
**To:** Peggy Stone  
**Cc:** Schroeder, Joe (joeml@comcast.net); mmincone@wt-pd.com  
**Subject:** RE: parking at LCB

Peggy,

The primary purpose for separating the cars was to insure social distancing first and foremost. Now I am hearing and understanding that when cars are coming or going they are rarely doing it at the same time as the person in the next space. If you can insure that your lot attendants will monitor and/or pay particular attention to this situation and instruct residents to practice strict social distancing when getting in and out of their vehicles, then we can eliminate the greater distance between the parking spaces.

If for some reason the attendants cannot commit to this responsibility then the spacing will need to stay as it is. If you commit your lot attendants to this responsibility, and they will need to be on their toes, I will discuss opening the 7 spots with my Board on Thursday for final approval...and yes the street walkers and bikers are a big concern.

Omar

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**From:** Peggy Stone [<mailto:parkrec@westtisbury-ma.gov>]  
**Sent:** Tuesday, July 7, 2020 11:10 AM  
**To:** Omar Johnson ([boh@westtisbury-ma.gov](mailto:boh@westtisbury-ma.gov))  
**Subject:** parking at LCB

Hi Omar-

As I mentioned I have heard some concerns from people that due to the lack of parking, more people are walking or biking along Lambert's Cove Rd. which is pretty dangerous anyway! We were hoping to open up the few spots we took away in the lot. At our meeting last night, Joe did mention they hit the 200 people limit 3 times last week. He suggest only open the spots we took away along the tree line but leave the parallel parking along the fence. This would open up 7 spots. It may be just enough to curb some street walking.

Let me know what your board thinks.

Thank you for all your doing!

Peggy

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Commonwealth of Massachusetts

# Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

4 Windy Way 1-2  
Property Address

Herget Thomas K & Makena B  
Owner's Name

West Tisbury MA 02575 06/23/2020  
City/Town State Zip Code 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.**

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## A. Inspector Information

Matthew Parker  
Name of Inspector

Parker Septic & Drain  
Company Name

16 Sea Glen Rd  
Company Address

Oak Bluffs MA 02557  
City/Town State Zip Code

(774) 563-5548 SI 14449  
Telephone Number License Number

## B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

1.  Passes
2.  Conditionally Passes
3.  Needs Further Evaluation by the Local Approving Authority
4.  Fails

Inspector's Signature

06/23/2020  
Date

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COMMONWEALTH OF MASSACHUSETTS

Board of Health, West Tisbury, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair ( ) Upgrade (x) Abandon ( ) - [ ] Complete System [x] Individual Components

Table with 2 columns: Applicant/Installer information and Owner/Designer information. Includes fields for Location, Map/Parcel#, Lot#, Installer's Name, Address, Telephone#, Owner's Name, Address, Telephone#, and Designer's Name.

VLS&E #77-41

Building and Design Details section. Includes fields for Type of Building (Residential), Dwelling - No. of Bedrooms (House - Three (3), Studio - One (1)), Lot Size (+1.16 Acres), Design Flow (440 gpd), and Title (Proposed septic tie-in for an existing 1 bedroom detached studio).

DESCRIPTION OF REPAIRS OR ALTERATIONS

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 7/1/2020

Inspections

COMMONWEALTH OF MASSACHUSETTS

Board of Health, West Tisbury, MA.

CERTIFICATE OF COMPLIANCE

Description of Work: [x] Individual Component(s) [ ] Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded (x), Abandoned ( ) by: Cub Luckey at #57 Longview Rd. (Assr.Pcl. 7-74) has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. [ ] dated [ ] Approved Design Flow [ ] (gpd) Installer [ ] Designer: Vin. Land Surveying & Eng. Inspector: [ ] Date: [ ]

VLS&E #77-41



No. 2020-0195

FEE 78

COMMONWEALTH OF MASSACHUSETTS

Board of Health, West Islip, MA

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct ( ) Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Components

Location	690 Old County Rd	Owner's Name	Jevon Reye
Map/Parcel#	31-17.1	Address	of SBA Inc
Lot#		Telephone#	
Installer's Name		Designer's Name	SBA Inc
Address		Address	PO Box 337 UH M
Telephone#		Telephone#	508 693-2781

Type of Building Residential Lot Size 3.99 sq. ft.

Dwelling - No. of Bedrooms \_\_\_\_\_ Garbage grinder ( )

Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )

Other Fixtures \_\_\_\_\_

Design Flow (min. required) 330 gpd Calculated design flow 770 Design flow provided 787 gpd

Plan: Date March 11, 2020 Number of sheets \_\_\_\_\_ Revision Date May 26, 2020

Title Proposed Sewage disposal plan

Description of Soil(s) \_\_\_\_\_

Soil Evaluator Form No. \_\_\_\_\_ Name of Soil Evaluator Sarrati Date of Evaluation 2/7/18

DESCRIPTION OF REPAIRS OR ALTERATIONS Proposed New Construction  
5 Bedroom Main + 1 Bedroom Ass + Bathroom  
Plumbing

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date June 5, 2020

Inspections No change to footprint or layout just total  
bedrooms of 5 + 1 + 1 = 7 total

No. \_\_\_\_\_ COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_, MA.

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_  
at \_\_\_\_\_

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

Installer \_\_\_\_\_

Designer: \_\_\_\_\_ Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

17



No. 2020-0193

FEE \$ 200.00

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, West Tisbury, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct  Repair ( ) Upgrade ( ) Abandon ( ) -  Complete System  Individual Components

Location <u>#16 Old Courthouse Road</u>	Owner's Name <u>Town of West Tisbury - Affordable Housing</u>
Map/Parcel# <u>22-8</u>	Address <u>c/o Vineyard Land Surveying &amp; Engineering</u>
Lot#	Telephone# <u>P.O. Box 421, W. Tis., MA 02575</u>
Installer's Name	Designer's Name
Address	Address
Telephone#	Telephone# <u>508-693-3774</u>

VLS&E #387-6

Type of Building Residential Lot Size +22,154 sq. ft.  
 Dwelling - No. of Bedrooms Three (5) Garbage grinder ( )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 330 gpd Calculated design flow 330 Design flow provided 330 gpd  
 Plan: Date May 27, 2020 Number of sheets 1 Revision Date \_\_\_\_\_  
 Title Proposed septic system for a proposed for 3 bedroom duplex  
 Description of Soil(s) SEE PLAN  
 Soil Evaluator Form No. 11 Name of Soil Evaluator Reid Silva Date of Evaluation See Plan

DESCRIPTION OF REPAIRS OR ALTERATIONS \_\_\_\_\_

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed *Kim Silva* (Agent) Date June 9, 2020

Inspections \_\_\_\_\_

FEE \$ 200.00

No. \_\_\_\_\_

# COMMONWEALTH OF MASSACHUSETTS

Board of Health, West Tisbury, MA.

## CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

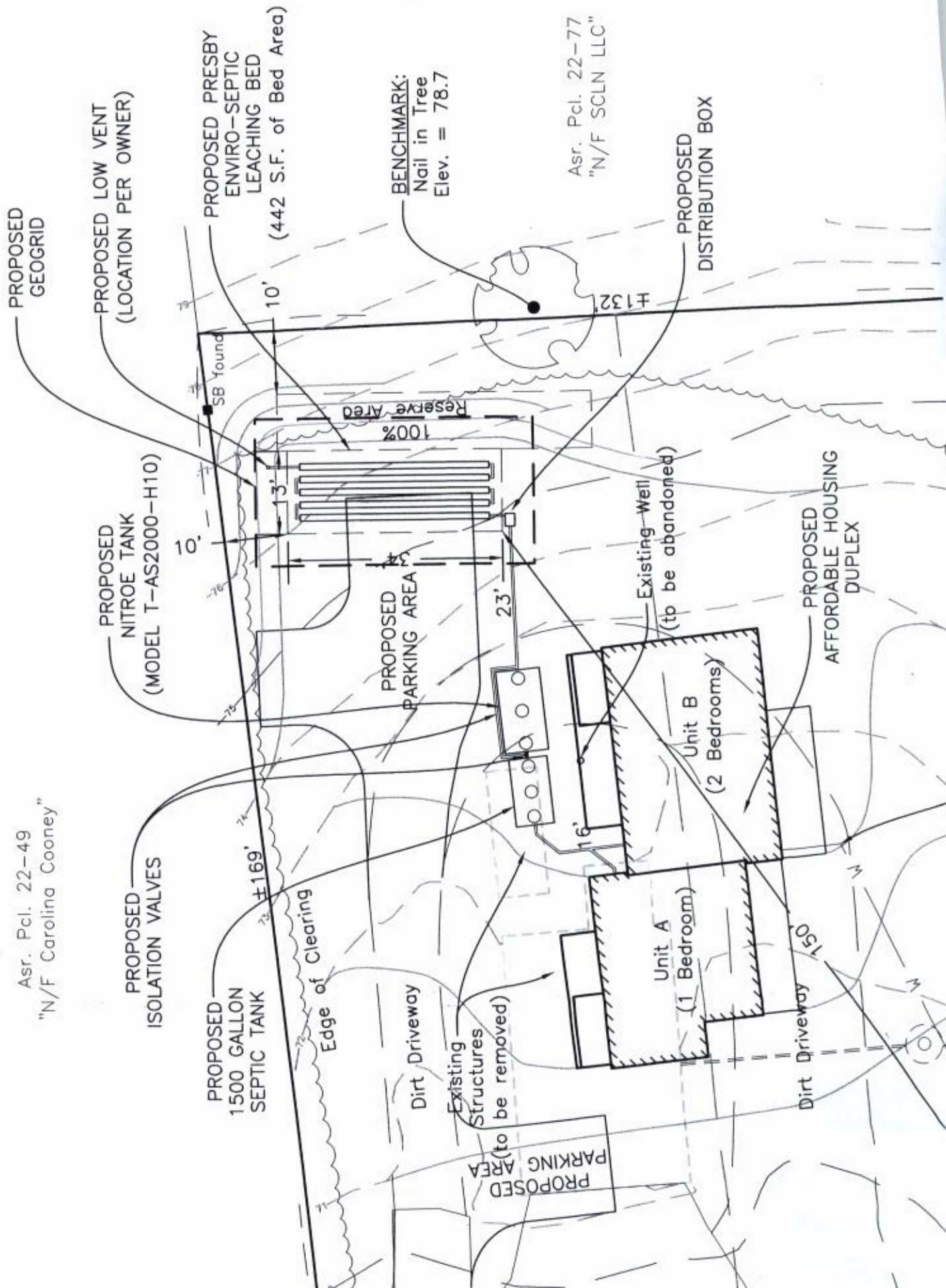
The undersigned hereby certify that the Sewage Disposal System; Constructed , Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_  
 at #16 Old Courthouse Road (Assr.Pcl. 22-8)  
 has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. \_\_\_\_\_, dated \_\_\_\_\_, Approved Design Flow \_\_\_\_\_ (gpd)

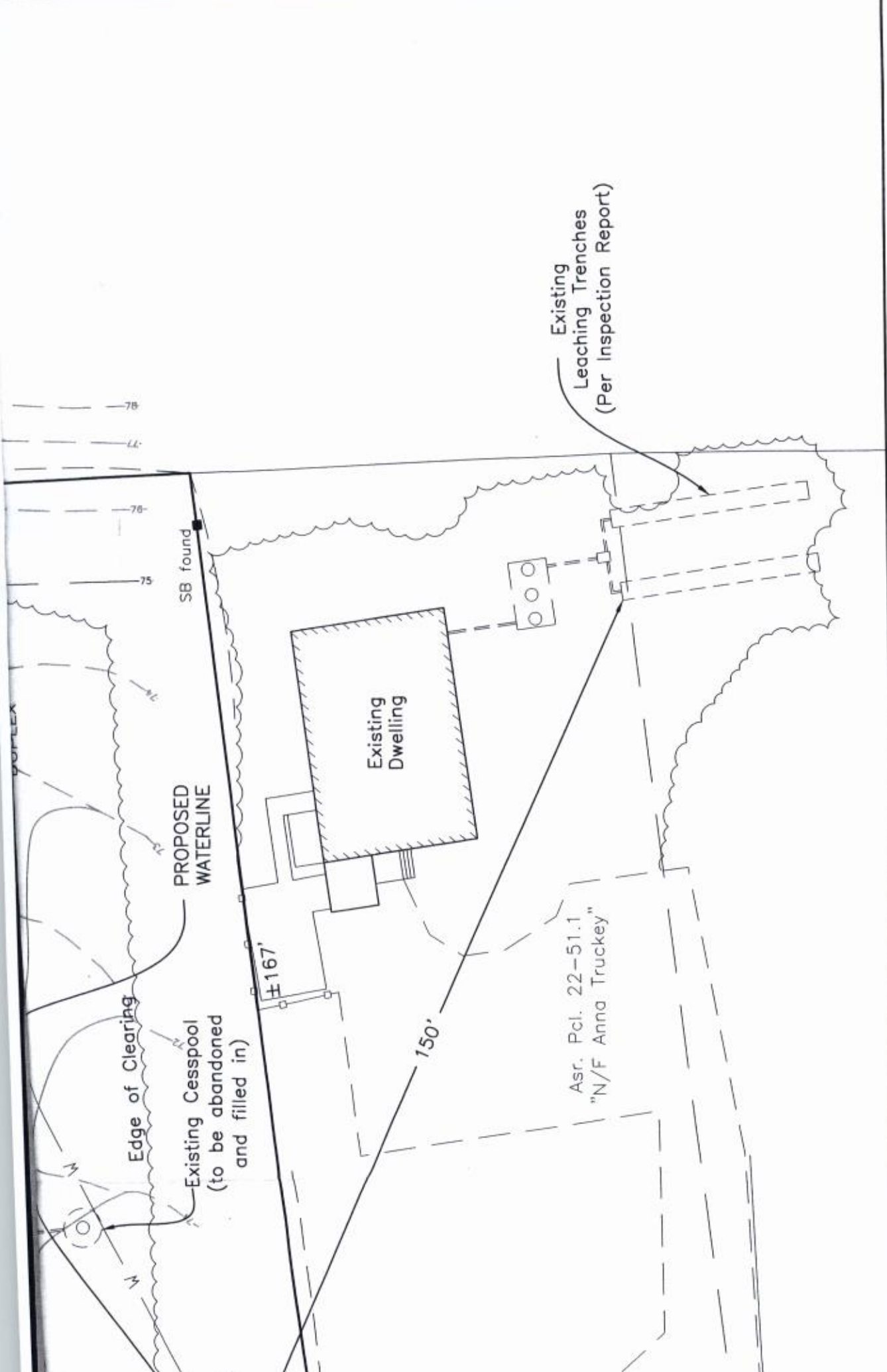
18

Installer \_\_\_\_\_ Date: \_\_\_\_\_  
 Designer: Vin. Land Surveying & Eng. Inspector: \_\_\_\_\_

Asr. Pcl. 22-49  
"N/F Carolina Cooney"







LEGEND

- .....EXISTING SPOT ELEVATION
- ±100.7
- .....WATER SERVICE LINE
- W
- .....TEST HOLE LOCATION



CONTOUR

BOARD OF HEALTH AGENDA  
Meeting will be conducted on the phone  
July 9<sup>th</sup>, 2020

**Instructions to call in:** Dial-in number (US): (425) 436-6317  
Access code: 338655#  
International dial-in numbers: <https://fccdl.in/i/townadmin77>  
Online meeting ID: townadmin77  
Join the online meeting: <https://join.freeconferencecall.com/townadmin77>

For additional assistance connecting to the meeting text "Help" to the Dial-In number above. Message and data rates may apply.

**5:00**

**INVITES:** Keith McGuire (Island Housing Trust)

**WELLS:**

**DWA PLAN REVIEW:**

**DWA:**

Town of West Tisbury (Affordable Housing) 22-8 PUBLIC HEARING  
Cub Luckey 7-74  
Farley Pedler 21-13.2  
Jevon Rego 31-17.1

**SEPTIC INSPECTION REPORTS**

Herget Thomas & Makena B. 1-2  
James Anthony & Kelly O'Meara 17-3.21  
Paul Weiss 1-26

**FOOD PERMITS**

Lambert's Cove Inn Restaurant (Seating Plan);

**LANDFILL REFUSE DISTRICT:**

**BEACHES/EM/MDPH ANIMAL REVIEW FORM:**

Ice House Pond Update  
Lambert's Cove Beach Parking

**PRIVATE/PUBLIC SWIMMING POOL APPLICATION:**



**Old/New Business:** Preparedness (WT Climate Advisory Committee); 4H Baby Animal Day & Barn Buddies; World Market Mondays

**COVID-19 RELATED**

- Covi-19 Case update (Phase III)
- Governors Update
- Testing Suspect Covid-19

**Please Note All business will consist of a discussion and possible vote to take action.**

**48 HOURS IN ADVANCE OR PERCEIVED TO BE AN EMERGENCY IN NATURE**

**PERMITS:**

**CORRESPONDENCE:**

**IN:**

**OUT:**

**Approve Minutes for :**