



TOWN OF HINGHAM
BOARD OF HEALTH
210 Central Street, Hingham, MA 02043-2762
(781) 741-1466 Fax (781) 740-0239

FROM: Office of the Executive Health Officer
DATE: November 6, 2019
SUBJECT: **Waste Water Treatment Fees**

Enclosed is your invoice for January 2020 – December 2020

Your septic system has a wastewater treatment plant as part of it. This plant requires a signed contract with a licensed operator and a yearly Plant Permit from our office in order to be in compliance with regulations established by the Town of Hingham.

This annual fee covers quarterly review costs of plant test data, maintenance contracts and maintenance reports submitted to the Board of Health as part of the annual permitting process.

A copy of this invoice, along with the appropriate fee and maintenance contract should be returned to the Health Department by Friday, December 6, 2019.

If you don't have a contract you should contact your previous operator and have one signed or contact your septic hauler for a referral. If you're still unable to find anyone please contact our office and we can provide you with several names.

All checks should be made payable to *The Town of Hingham Board of Health*. We appreciate your prompt attention to this matter.

Sincerely,

Susan Sarni, MPH
Executive Health Officer

JEB Group, LLC
430 E 1st St
South Boston, MA 02127

Citizens Bank
28 State Street
Boston, MA 02109

1802

**** ONE HUNDRED FIFTY AND 00/100 DOLLARS

TO THE
ORDER OF

TOWN OF HINGHAM
BOARD OF HEALTH
210 CENTRAL STREET
HINGHAM, MA 02043

11/21/2019

\$150.00*****

NON-NEGOTIABLE

COPY



TOWN OF HINGHAM
BOARD OF HEALTH
210 Central Street, Hingham, MA 02043-2762
(781) 741-1466 Fax (781) 740-0239

FROM: Office of the Executive Health Officer
DATE: November 7, 2018
SUBJECT: **Waste Water Treatment Fees**

Enclosed is your invoice for January 2019 – December 2019.

Your septic system has a wastewater treatment plant as part of it. This plant requires a signed contract with a licensed operator and a yearly Plant Permit from our office in order to be in compliance with regulations established by the Town of Hingham.

This annual fee covers quarterly review costs of plant test data, maintenance contracts and maintenance reports submitted to the Board of Health as part of the annual permitting process.

A copy of this invoice, along with the appropriate fee and maintenance contract should be returned to the Health Department by Wednesday, December 5, 2018.

If you don't have a contract you should contact your previous operator and have one signed or contact your septic hauler for a referral. If you're still unable to find anyone please contact our office and we can provide you with several names.

All checks should be made payable to *The Town of Hingham Board of Health*. We appreciate your prompt attention to this matter.

Sincerely,

Susan Sarni, MPH
Executive Health Officer



TOWN OF HINGHAM
BOARD OF HEALTH
210 Central Street, Hingham, MA

WASTEWATER TREATMENT PLANT RENEWAL APPLICATION - 2019

***THIS FORM MUST BE RETURNED WITH YOUR
PAYMENT***

Owner: JEB Group LLC

Address: 430 East 1st Street, P.O. Box E-6, Boston, MA
02127

REQUIRED DOCUMENTS (Attach to this application):

- Copy of Maintenance Contract (This contract is required in order to be in compliance under Title 5 of the State Environmental Code.)
- Check for appropriate fee made payable to *Town of Hingham Board of Health*

Type of Building: Residential Commercial Industrial

Number of Bedrooms: N/A

Most Recent Septic Tank Pumping: October 2018

Septic Company Used: Clearwater Recovery

Owner's Signature: [Signature]

Date: 11/14/18

Stephen B. Nelson, LLC d/b/a Clearwater Recovery
175 Spring Street Rockland, Massachusetts 02370

Tel: 781-878-3849

Fax: 781-871-4918

OPERATIONS CONTRACT

Agreement is made this day, November 01, 2016 by and between:

FILE

Casey & Hayes, Inc.
Attn: Attn: Accounts Payable
P.O. Box E-62
South Boston, MA 02127

and

Stephen B. Nelson, LLC d/b/a Clearwater Recovery (Operator)
175 Spring Street
Rockland, Massachusetts 02370
781-878-3849.

Agree as follows:

1. Term: For a period of 2 Years from this date, the Operator shall operate and maintain the Activated Sludge on-site wastewater treatment system located at:

100 Industrial Park Road (Property)
Hingham, MA 02043

*Auto Renewal
see Par. 17*

2. Operator's Obligations: Operator shall perform regularly scheduled maintenance and preventive maintenance in accordance with the factory service manual as follows:

Item	O/M required
A. Primary Compartment	General Inspection four times per year, inspect depth of sludge and scum layer annually, recommend pumping, when necessary.
B. Aerobic Treatment Reactor	Observe Treatment Characteristics
C. Blower or Aerator	Inspect for proper operation
D. Controls	Check for proper operation
E. Effluent Pump (if inst)	Inspect four times per year.
F. Effluent Quality	Inspect for clarity, suspended solids and odor.

Effluent sampling and laboratory testing, as required:
Effluent - BOD, TSS, pH, Total Nitrogen, alkalinity
Influent - BOD₅, TSS, pH, Total Nitrogen, alkalinity

Please note effluent limits:
Nitrogen limit - 25 mg/l
BOD limit - 30 mg/l
TSS limit - 30 mg/l

If follow-up inspection, laboratory analysis, and field testing indicate failure to meet effluent limits, corrective actions are required.

Operator shall submit an operational report to Owner and to the Board of Health. Operator shall submit a summary report of system performance to the Massachusetts Department of Environmental Protection, as required by law. The report shall include an operation and maintenance summary and analysis of water quality sampling.

JEB

(Give me check to Mail)



INVOICE for Alternative Septic System

Invoice Date = 11/6/2018

PAYMENT DUE DATE = 12/5/2018

Town of Hingham
Board of Health
210 Central Street
Hingham, MA 02043

Casey and Hayes
100 Industrial Park Road
Hingham, MA 02043

22

PERMIT

PRICE

**Waste Water Treatment
Plant Permit**

\$150

Total Due = \$150

The annual fee covers quarterly review costs of plant test data, maintenance contracts and maintenance reports submitted to the Board of Health as part of the annual permitting process.

**PAYMENTS MADE AFTER 12/15/18
WILL BE CHARGED A \$50 LATE FEE**

Questions? Call 781-741-1466

HIS MULTI-TONE AREA OF THE DOCUMENT CHANGES COLOR GRADUALLY AND EVENLY FROM DARK TO LIGHT WITH THE DARKER AREAS AT THE TOP AND BOTTOM.

JEB Group LLC

430 East First Street
Boston, MA 02127

Citizens Checking Account

1701

DATE AMOUNT

11/19/2018 \$ 150.00

PAY * ONE HUNDRED FIFTY AND XX / 100 *

TO THE ORDER OF TOWN OF HINGHAM
BOARD OF HEALTH
210 CENTRAL STREET
HINGHAM, MA 02043-2762

AUTHORIZED SIGNATURE


Not Valid After 180 Days

⑈001701⑈ ⑆211070175⑆ 110818⑈709⑈6⑈

Date	Invoice Number	Invoice Description	Invoice Amount	Discount Taken	Amount Paid
11/06/18	22		\$150.00	\$0.00	\$150.00

Vendor: 1040 Check #: 1701 Check Date: 11/19/18 \$150.00 \$0.00 \$150.00
 TOWN OF HINGHAM JEB Group LLC