

200 Brickstone Square, Suite 403
Andover, MA 01810

T: 978.794.0336

ROCHESTER TOWN CLERK
OCT 2 '23 AM 8:50



September 13, 2023

Mr. Mark Dakers, Section Chief
Solid Waste Management Section
Department of Environmental Protection
Southeast Regional Office
20 Riverside Drive
Lakeville, Massachusetts 02347

Subject: Bi-Monthly Third-Party Inspection Report
CMW Landfill

Dear Mr. Dakers:

On behalf of Covanta as it relates to the CMW Landfill, Carver, MA, enclosed is the Third-Party Operation and Maintenance Inspection Report for August 2023.

If you should have any questions, please contact me at 508.819.1437 or via email at jkotowski@brwncauld.com.

Very truly yours,

Brown and Caldwell

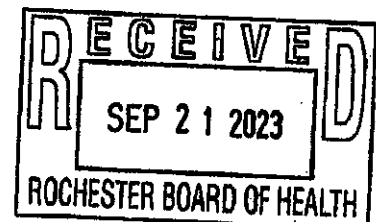
A handwritten signature in cursive script that reads "Julie Kotowski".

Julie Kotowski
Senior Associate

cc: Kevin Forgue, Town of Carver
James Kane, Wankinco River, Inc. via email
Ryan Green, Weston and Sampson via email
Michael Scipione, Weston and Sampson via email
Hank Ouimet, Renewable Energy Development Partners via email
Steven Melloni, Covanta via email
Dan Peters, Covanta SEMASS via email

Attachments (1)

- Operation and Maintenance Inspection Report





Massachusetts Department of Environmental Protection Bureau of Waste Prevention / Solid Waste Management

Third-Party Inspection Report – 310 CMR 19.018(8) Operation & Maintenance

Important: When completing this form on a computer, use only the Tab key to move your cursor – not the Return key.



Instructions

Use this form to record and report the results of a Third-Party Operation and Maintenance Inspection conducted pursuant to 310 CMR 19.018. Be sure to obtain the most recent version of this form. All applicable sections of the submitted form must be completed to be accepted by MassDEP.

Pursuant to 310 CMR 19.018(8)(a), the third-party inspector and facility owner/operator must sign this Third-Party Inspection Report form and submit the completed report to the appropriate MassDEP regional office and one copy of each completed report to the board of health of the municipality in which the facility is located.

In the event that this inspection report contains a recommendation for corrective action(s), the owner/operator shall also submit the information required by 310 CMR 19.018(8)(c)2.

Forms and instructions are available online:

<http://www.mass.gov/eea/agencies/massdep/recycle/approvals/solid-waste-applications-and-forms.html#8>

Note: This form does not identify all of the requirements applicable to each solid waste management facility; other requirements and/or policies may apply to the operation, maintenance and monitoring for each facility.

MassDEP Use Only
Rec'd Date:
FMF #:
RO #:
Reviewer:
Comments:

I. Facility Information

Facility Type (check one):

- Transfer Station/Handling Facility
 C&D Waste Processor or C&D Waste Transfer Station
 Municipal Waste Combustor
 Active Landfill
 Closed Landfill
 Other: _____
 Specify _____

Facility:

Carver-Marion-Wareham (CMW) Landfill

Facility Name

Carver

City/Town

508-295-1744

Telephone Number

MA

State

172399

Regulated Object Account Number

02330

ZIP Code

39145

FMF Number

Operator:

SEMASS Partnership

Operator Name (Doing Business As/Company Name)

508-291-4408

Telephone Number

141 Cranberry Highway

Mailing Address

West Wareham

City/Town

smelloni@convanta.com

Email Address

MA

State

02576

ZIP Code

Permittee:

SEMASS Partnership

Permittee Name (Entity Identified on Facility Permit)

141 Cranberry Highway

Mailing Address

West Wareham

City/Town

MA

State

02576

ZIP Code

Responsible Official for the Facility:

Steven Melloni

Responsible Official Name (Individual)

SEMASS Partnership

Responsible Official Company Name

smelloni@covanta.com

Responsible Official Email Address

508-291-4408

Responsible Official Telephone Number



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Third-Party Inspection Report – 310 CMR 19.018(8)
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II. Third-Party Inspector

Andrew Bushman
Third-Party Inspector Name
SW48-0000140
MassDEP Third-Party Inspector Identification Number
508-819-1437
Telephone Number
200 Brickstone Square Suite 403
Mailing Address
Andover
City/Town

Brown and Caldwell
Company Name
07/09/2025
MassDEP Third-Party Inspector Expiration Date (MM/DD/YYYY)
abushman@brwncald.com
Email Address
MA 01810
State ZIP Code

Construction and Demolition Waste (C&D Waste) Processing Facility or C&D Waste Transfer Station Only:
Identify the qualified individual that conducted the observation of incoming waste loads and collection of samples of suspect asbestos-containing materials during the inspection [pursuant to 310 CMR 19.018(6)(f)]. If the entire inspection was conducted by the third-party inspector listed above, then check the box and enter only the Asbestos Inspector Certification Number.

Same as above. Provide Asbestos Certification Number ▶

MA Dept. of Labor Standards Asbestos Inspector Certification Number

Asbestos Inspector Name
Telephone Number
Mailing Address
City/Town

Company Name
Email Address
State ZIP Code

III. Inspection Details

A. FREQUENCY

Indicate the scheduled inspection frequency for this facility as required by 310 CMR 19.018(6)(b), or a more frequent schedule set forth in the Facility Permit/Other Approval:

- Bi-Monthly Quarterly Semi-Annual Annual Biennial
 Other (include permit/approval type and date of issuance):

B. DATE, TIME & PERSONNEL

Inspection Date (MM/DD/YYYY): 08/23/2023

Inspection Start Time: 8:20 AM PM

Facility Representatives in Attendance During Inspection: Joel Mello

C. CONDITIONS

<p>Air Temperature: <u>Approximately 69 degrees F.</u></p> <p>Weather: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Rain <input type="checkbox"/> Snow</p> <p>Wind Speed: <input type="checkbox"/> Calm <input checked="" type="checkbox"/> Breeze <input type="checkbox"/> Moderate <input type="checkbox"/> Strong</p>	<p>Wind Direction (direction from which the wind is blowing):</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td><input type="checkbox"/> NW</td> <td><input type="checkbox"/> N</td> <td><input type="checkbox"/> NE</td> </tr> <tr> <td><input type="checkbox"/> W</td> <td style="background-color: #cccccc;">Wind</td> <td><input type="checkbox"/> E</td> </tr> <tr> <td><input checked="" type="checkbox"/> SW</td> <td><input type="checkbox"/> S</td> <td><input type="checkbox"/> SE</td> </tr> </table>	<input type="checkbox"/> NW	<input type="checkbox"/> N	<input type="checkbox"/> NE	<input type="checkbox"/> W	Wind	<input type="checkbox"/> E	<input checked="" type="checkbox"/> SW	<input type="checkbox"/> S	<input type="checkbox"/> SE
<input type="checkbox"/> NW	<input type="checkbox"/> N	<input type="checkbox"/> NE								
<input type="checkbox"/> W	Wind	<input type="checkbox"/> E								
<input checked="" type="checkbox"/> SW	<input type="checkbox"/> S	<input type="checkbox"/> SE								



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IV. Pre-Inspection Preparation

1. FACILITY-SPECIFIC O&M REQUIREMENTS

During each third-party inspection, the third-party inspector shall examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures, and records relevant to the type of third-party inspection being conducted in order to determine the facility's compliance with all applicable requirements as set forth in 310 CMR 19.018(6)(a)1.

Therefore, pursuant to 310 CMR 19.018(6)(a)1, prior to conducting a third-party facility operation and maintenance inspection, the third-party inspector shall, without limitation, complete all of the following:

- Review and become familiar with the regulations set forth at 310 CMR 19.000 – *Massachusetts Solid Waste Regulations*.
- Identify, review and become familiar with all solid waste permits, plans, approvals, and orders (or other enforcement documents issued to the facility by the Department), and the solid waste requirements applicable to the operation and maintenance of the facility.

Relevant requirements may include, without limitation, specific practices and procedures for the operation, maintenance and monitoring of the facility, waste acceptance/storage limits, and other requirements related to the facility's solid waste activities. Without limitation, these facility-specific requirements may be contained in the Facility Permit, Authorization to Construct, Authorization to Operate, Operation and Maintenance Plan, Closure/Post-Closure Plans and Approvals, Facility Modification Approvals, Beneficial Use Determinations, Administrative Consent Orders, and other determinations, authorizations or enforcement actions issued by the Department.

I, *Andrew Bushman*, have identified, reviewed and understand all of the aforementioned requirements that are applicable to this facility and the following are my observations and recommendations related to the facility-specific requirements. ▶ ACB
Inspector Initials

2. SOLID WASTE PERMITS, PLANS, APPROVALS & ORDERS

List all relevant solid waste permits, plans, approvals, orders or other enforcement actions issued to the facility by the Department that contain specific practices, procedures and other requirements still in effect for the operation, maintenance and monitoring or closure/post-closure of the facility. Where applicable, provide the plan or issue date for each item. For enforcement actions, include the document number, effective date, and status of implementation by the facility.

Discussion: Listed below are relevant solid waste permits and approvals.

1. Permit Transfer Application, SW 49, dated April 20, 2023.
2. Phase VIII-Stage 2B Final Cover Repair, SW 45, dated March 28, 2023.
3. Site Assignment Modification for Phase VIII Expansion, Town of Carver Board of Health, February 28, 2011.

Permits submitted to MassDEP awaiting approval:

4. Comprehensive Site Assessment, SW 22, April 17, 2022



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V. Performance Standards

Examine and evaluate the facility's solid waste activities, equipment, operations, practices, procedures and records relevant to the type of solid waste facility.

Using the tables below, identify all areas evaluated by the inspector during the inspection by checking the box in the first column. Describe all deviations noted during the inspection in the third column. Provide recommendations for corrective action to return to compliance with the applicable performance standard in the fourth column.

Facility Type	Performance Standards
Transfer Station/Handling Facility (Including C&D Facility)	Complete Section A. If C&D Handling/ Processing Facility, then also complete Section B.
Municipal Waste Combustor	Complete Section A.
Active Landfill	Complete Sections C. and F. If active ash landfill, then also complete Section D.
Closed Landfill	Complete Sections E. and F.

A. TRANSFER STATION, HANDLING FACILITY, OR MUNICIPAL WASTE COMBUSTOR (INCLUDING C&D FACILITY)

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.205(1) Storm Water Controls.		
<input type="checkbox"/>	19.205(2) Equipment.		
<input type="checkbox"/>	19.205(3) Weighing Facilities.		
<input type="checkbox"/>	19.207(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.207(2) Supervision of Operation.		
<input type="checkbox"/>	19.207(3) Access to Facilities.		
<input type="checkbox"/>	19.207(4) Security.		
<input type="checkbox"/>	19.207(5) Posting of Handling Facility.		
<input type="checkbox"/>	19.207(6) Unloading of Refuse.		
<input type="checkbox"/>	19.207(7) Special Wastes.		
<input type="checkbox"/>	19.207(8) Banned/Restricted Wastes.		
<input type="checkbox"/>	19.207(9) Hazardous Waste.		
<input type="checkbox"/>	19.207(10) Household Hazardous Waste and Waste Oil Collections.		
<input type="checkbox"/>	19.207(11) Bulky Waste.		
<input type="checkbox"/>	19.207(12) Liquid Wastes.		



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Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.207(13) Bird Hazards.		
<input type="checkbox"/>	19.207(14) Dust Control.		
<input type="checkbox"/>	19.207(15) Vector Control.		
<input type="checkbox"/>	19.207(16) Control of Wind-blown Litter.		
<input type="checkbox"/>	19.207(17) Staffing.		
<input type="checkbox"/>	19.207(18) Employee Facilities.		
<input type="checkbox"/>	19.207(19) Accident Prevention/Safety.		
<input type="checkbox"/>	19.207(20) Fire Protection.		
<input type="checkbox"/>	19.207(21) Recycling Operations.		
<input type="checkbox"/>	19.207(22) Records for Operational and Plan Execution.		
<input type="checkbox"/>	19.207(23) Screening and/or Fencing.		
<input type="checkbox"/>	19.207(24) Open Burning.		
<input type="checkbox"/>	19.207(25) Inspections.		
<input type="checkbox"/>	19.207(26) End-of-Life Mercury-added Products.		

B. CONSTRUCTION AND DEMOLITION (C&D) WASTE PROCESSING FACILITY OR C&D WASTE TRANSFER STATION

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.206(1) Enclosed Operations.		
<input type="checkbox"/>	19.206(2) Storage.		
<input type="checkbox"/>	19.206(3) Contact Water.		
<input type="checkbox"/>	Suspect Asbestos-Containing Material (ACM) Inspection and Management Protocol.		
<input type="checkbox"/>	Sample collection of suspect ACM from incoming loads.	Discuss sample results: ▶ <input type="checkbox"/> Attach analytical reports.	



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C. ACTIVE LANDFILL

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input checked="" type="checkbox"/>	19.130(1) General.	Discuss in Section VI.	The facility stopped accepting solid waste on 12/31/2020 and is no longer operating.
<input checked="" type="checkbox"/>	19.130(2) Operator Supervision.		The facility is not currently in operation. However, full-time supervision of the facility is conducted by Covanta personnel.
<input checked="" type="checkbox"/>	19.130(3) Special Wastes.		None observed.
<input type="checkbox"/>	19.130(4) Banned/Restricted Wastes.		Not applicable. The facility has ceased operations.
<input checked="" type="checkbox"/>	19.130(5) Hazardous Waste.		None observed.
<input checked="" type="checkbox"/>	19.130(6) Bulky Wastes.		None observed.
<input checked="" type="checkbox"/>	19.130(7) Liquid Wastes.		None observed.
<input type="checkbox"/>	19.130(8) Solid Waste Handling.		Not applicable. The facility has ceased operations.
<input checked="" type="checkbox"/>	19.130(9) Bird Hazards.		No bird hazards observed during inspection.
<input checked="" type="checkbox"/>	19.130(10) Equipment and Shelter.		According to Covanta, all landfill equipment has been relocated to other facilities. Equipment is provided on an as-needed basis.
<input checked="" type="checkbox"/>	19.130(11) Staffing.		Covanta performs daily inspections at the facility.
<input checked="" type="checkbox"/>	19.130(12) Employee Facilities.		Good. Maintenance garage is currently used by Makepeace, the landowner.
<input checked="" type="checkbox"/>	19.130(13) Accident Prevention/Safety.		Good.
<input type="checkbox"/>	19.130(14) Spreading and Compacting of Solid Waste.		Not applicable. The facility has ceased operations.
<input type="checkbox"/>	19.130(15) Cover Material.		Not applicable. The facility has ceased operations.
<input checked="" type="checkbox"/>	19.130(16) Vector, Dust and Odor Control.		No issues observed.
<input checked="" type="checkbox"/>	19.130(17) Litter Control.		Manual litter pickup is conducted as needed.
<input checked="" type="checkbox"/>	19.130(18) Top Slope and Side Slopes.		Good.
<input checked="" type="checkbox"/>	19.130(19) Storm Water Drainage.		Good.
<input checked="" type="checkbox"/>	19.130(20) Erosion Control.		Good.
<input checked="" type="checkbox"/>	19.130(21) Boundary/Elevation Markers.		Good.



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Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input checked="" type="checkbox"/>	19.130(22) Access Roads.		Good.
<input checked="" type="checkbox"/>	19.130(23) Security.		Good. Facility gate kept locked when not in use by Covanta.
<input checked="" type="checkbox"/>	19.130(24) Posting of the Landfill.		"No Trespassing" signs are posted at entrance gate and on the perimeter fence.
<input checked="" type="checkbox"/>	19.130(25) Open Burning.		None observed.
<input checked="" type="checkbox"/>	19.130(26) Fire Protection and Control.		Good.
<input type="checkbox"/>	19.130(27) Convenience and Recycling Drop-off Areas at Landfills.		Not applicable.
<input type="checkbox"/>	19.130(28) Waste Oil Collections at Landfills.		Not applicable.
<input type="checkbox"/>	19.130(29) Household Hazardous Waste Collections at Landfills.		Not applicable.
<input checked="" type="checkbox"/>	19.130(30) Leachate Collection, Treatment and Disposal.		Good.
<input checked="" type="checkbox"/>	19.130(31) Phase Completion of the Landfill.		The last final cover phase, Phase VIII-Stage 2B, was completed on August 20, 2021.
<input checked="" type="checkbox"/>	19.130(32) Disruption of Landfilled Areas.		None.
<input type="checkbox"/>	19.130(33) Construction of Buildings.		Not applicable.
<input checked="" type="checkbox"/>	19.130(34) Records for Operational and Plan Execution.		Leachate records reviewed for previous two months.
<input checked="" type="checkbox"/>	19.130(35) Inspections.		Bi-Monthly inspections are continuing, even though the facility is not operating. Inspection frequency will change to biennial once the pending permit modification application is approved by MassDEP.
<input type="checkbox"/>	19.130(36) Re-circulation of Leachate.		Not applicable.
<input type="checkbox"/>	19.130(37) End-of-Life Mercury-added Products.		None observed.



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D. ASH LANDFILL

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input checked="" type="checkbox"/>	19.131(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input checked="" type="checkbox"/>	19.131(2) Fugitive Emissions.		None observed.
<input type="checkbox"/>	19.131(3) Ash Moisture Content.		Not applicable. The facility has ceased operations.
<input type="checkbox"/>	19.131(4) Spreading/Compacting of Ash.		Not applicable. The facility has ceased operations.
<input type="checkbox"/>	19.131(5) Vehicle Washdown / Wheelwash / Other Measures.		Not applicable. The facility has ceased operations.

E. CLOSED LANDFILL

Evaluated	Performance Standard	Deviation(s)	Comments/Observations and Recommended Corrective Action(s)
<input type="checkbox"/>	19.016 Post-closure Use.		
<input type="checkbox"/>	19.142(1) General.	Discuss in Section VI.	Discuss in Section VI.
<input type="checkbox"/>	19.142(2) Post-closure Period.		
<input type="checkbox"/>	19.142(3) Post-closure Period Waiver.		
<input type="checkbox"/>	19.142(4) Post-closure Period Extension.		
<input type="checkbox"/>	19.142(5) Post-closure Requirements.		
<input type="checkbox"/>	19.142(6) Inspection Requirements.		
<input type="checkbox"/>	19.142(7) Additional Measures.		
<input type="checkbox"/>	19.142(8) Termination of the Post- Closure Period.		
<input type="checkbox"/>	19.143(1) Applicability.		
<input type="checkbox"/>	19.143(2) Submission of Post-closure Use Plans.		
<input type="checkbox"/>	19.143(3) Criteria for Approval of Post- closure Use.		
<input type="checkbox"/>	19.143(4) Post-closure Construction.		



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F. ADDITIONAL LANDFILL REQUIREMENTS

Evaluated	Performance Standard	Comments/Observations and Recommended Corrective Action(s)
<input checked="" type="checkbox"/>	<p>19.132 Environmental Monitoring Requirements.</p> <p>Is the monitoring of surface water, ground water, landfill gas and any other media as determined by the Department, including without limitation, soil and sediment, being conducted on the schedule established in the permit or as otherwise required by the Department? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are the analytical results of the environmental monitoring submitted to the Department within 60 days after the date of sample collection or as otherwise specified by the Department? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Environmental Monitoring conducted on quarterly basis as required in permit.</p> <p>The third quarter 2023 monitoring event was conducted from July 10 - 13, 2023 and the environmental monitoring report was submitted to MassDEP on September 8, 2023.</p>
<input checked="" type="checkbox"/>	<p>19.133 Maintenance of Environmental Control and Monitoring Systems.</p> <p>Are the facility operations conducted in a manner which protects all environmental control systems as approved in the Operation and Maintenance plan and monitoring systems as approved in the Operation and Maintenance plan or permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is regular maintenance of all landfill environmental control systems performed as approved in the Operation and Maintenance plan or permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Has the Department been notified of the existence and extent of damaged or destroyed environmental control systems, monitoring devices, or surface water sampling location markers in accordance with 310 CMR 19.133(1)(c) and/or 19.133(1)(e)? <input checked="" type="checkbox"/> N/A (if no damage to report) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>According to discussion with Covanta staff, maintenance of the environmental control and monitoring system is being conducted when necessary.</p> <p>One gas vent riser on the western sideslope was observed to be leaning. However, according to Covanta, the vent is still operational.</p>

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F. ADDITIONAL LANDFILL REQUIREMENTS – Continued

Evaluated	Performance Standard	Comments/Observations and Recommended Corrective Action(s)
<input checked="" type="checkbox"/>	<p>19.121(4) Landfill Gas Recovery Operation and Maintenance Requirements.</p> <p>Is condensate generation kept to a minimum and condensate recirculation, if proposed, performed in accordance with the permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are the sampling and analysis of condensate conducted on the schedule established in the permit or as otherwise required by the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Are the analytical results of condensate monitoring reported to the Department as established in the permit or as otherwise required by the Department? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Is an annual report on the operation of the landfill gas recovery facility submitted to the Department as specified in the permit? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Condensate is not required to be sampled and analyzed.</p> <p>LFG Flare reporting completed as part of annual GHG reporting.</p>



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VI. Inspection Observations

A. FACILITY CONDITION AND OPERATIONS

Examine and evaluate the facility condition and operations as observed during the inspection, including the following:

- Describe any evidence of the following conditions observed at the time of the inspection:
 - Unpermitted discharges to air, water, land or other natural resources of the Commonwealth; and
 - Dust, odors, litter, and/or other nuisance conditions.
 - Document and discuss all deviations from any specific requirements for the facility that are not addressed in the previous section (*Section V. – Performance Standards*), including without limitation, the requirements set forth in the facility's operation and maintenance plan, orders or other enforcement documents, and other solid waste permits, approvals, and authorizations issued to the facility by MassDEP.
 - List the types and estimated quantities of all waste and materials stored at the facility at the time of the inspection.
 - Provide a narrative that describes the overall status of the general condition, operation and performance of the facility as observed at the time of the inspection.
- ⇒ Attach photographs taken during the inspection that depict the general condition and operation of the facility. At a minimum, include photographs, as applicable, of the waste unloading (tipping) area, waste storage areas, recyclable material storage and, for transfer stations, the waste reloading activity.

Discussion: At the time of inspection, the Facility appeared to be adhering to the applicable conditions of permits, approvals, and Operation & Maintenance Plan. There was no evidence of unpermitted discharges to air, water, land, or other natural resources. No dust, odors, litter, or other nuisance conditions were identified.

The landfill stopped accepting waste on December 31, 2020. Phase VIII Stage 2B final cover construction was completed on August 20, 2021. Landfill signage posted at the entrance gate has been removed. Covanta conducts daily inspections to make sure the leachate collection system and gas flares are working. AD Makepeace utilizes the maintenance garage for equipment repairs. The Phase VIII Stage 2B final closure certification report was approved on April 11, 2022. Pending MassDEP approval of a permit modification application to reduce the environmental monitoring frequency, the landfill will be in post-closure mode.

The leachate collection system was operational at the time of the inspection.

B. RECORD REVIEW

Examine and evaluate the facility's record-keeping. Without limitation, document the status of the facility's compliance with, and any deviations from, the record-keeping required by 310 MCR 19.000; the facility's operation and maintenance plan; orders or other enforcement documents issued to the facility; and other solid waste permits, approvals, determinations and authorizations issued to the facility by the Department, including the following:

- Discuss the evaluation of the Facility's "daily log" such as, daily tonnage records.
- List and discuss any special incidents that have occurred since the previous inspection such as exceedances of the facility's permitted waste acceptance limits, nature and outcome of complaints reported to the facility operator (including the identity of the complainant, if known), fires, emergencies, or other disruptions to the routine operation of the facility.

Discussion: The total volume of leachate removed from the Landfill was 231,714 gallons for June 2023 and 242,052 gallons for July 2023.

The Secondary Leachate Collection System (SLCS) flow rate did not exceed the 50 GPAD (rolling 30-day average) Notification Flow Rate (NFR) for the months of June and July 2023 for any of the phases. According to the records provided by Covanta, all leakage rate conditions are met, including other NFRs as required in the permits, such as the 100 GPAD NFR for any single day flow or 200 GPAD Action Flow Rate (AFR) for any single day flow.



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VII. Summary and Recommendations

Pursuant to 310 CMR 19.018(6)(a)4., where a third-party inspector observes that the operation or maintenance of the facility deviates from the aforementioned applicable requirements, he or she shall document all such deviations and recommend corrective actions for the facility to take to return to compliance.

A. INSPECTION RESULTS

Based on the examinations and evaluations conducted in Sections V. and VI., please summarize the inspection results by checking one of the following determinations:

No deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection.
If no deviations were identified during the inspection, check this box and proceed to Section VII.B.

Deviations from the applicable performance standards or additional requirements listed at 310 CMR 19.018(6) were identified during this inspection and are discussed further in this report.
If deviations were identified during the inspection, check this box and ensure that each deviation and the recommended corrective actions are discussed in the applicable section(s) below.

B. STATUS OF PREVIOUS RECOMMENDATIONS FOR CORRECTIVE ACTION

If a previous inspection report identified deviations with recommendations for corrective action, please describe the action(s) taken since the last inspection to return the facility to compliance with the applicable requirements.

Discussion: N/A

C. RECOMMENDATIONS FOR CORRECTIVE ACTION

Based on the results of this inspection, please list all deviations noted during the inspection and provide recommendations for corrective action to return to compliance with the applicable requirement.

Recommendations: None

D. ADDITIONAL COMMENTS

Comments:

VIII. Additional Information Checklist

Attach the following additional information, as applicable, to complete the inspection report.*

Attach photographs taken during the inspection that depict the general condition and operation of the facility, as required in Section VI.A.

For C&D Waste facilities only, attach the analytical results, as required in Section V.B.

*Note: Pursuant to 310 CMR 19.018(8), MassDEP may request additional information.

Continue to Certification Statement on Next Page ►



**Massachusetts Department of Environmental Protection
Bureau of Waste Prevention / Solid Waste Management**

Third-Party Inspection Report – 310 CMR 19.018(8)
Operation & Maintenance

IX. Certification – THIRD-PARTY INSPECTOR

"I attest under the pains and penalty of perjury that:

1. I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this certification statement;
2. Based on my inquiry of those persons responsible for obtaining the information, the information contained in this submittal is, to the best of my knowledge, true, accurate and complete;
3. I have been able to conduct the third-party inspection and prepare the third-party inspection report without being influenced by the facility owner or operator and, (if I am a municipal employee) without being influenced by my municipal employer, by any coworker or by any elected or appointed official of the municipality; and
4. I am aware that there are significant penalties, including, but not limited to, possible administrative and civil penalties for submitting false, inaccurate, or incomplete information and possible fines and imprisonment for knowingly submitting false, inaccurate, or incomplete information."

Andrew Bushman

Signature of Third-Party Inspector

Andrew Bushman

Print Full Name

Brown and Caldwell

Company Name

08/30/2023

Date (MM/DD/YYYY)

X. Certification – FACILITY OWNER/OPERATOR

Does the facility maintain a Financial Assurance Mechanism (FAM) pursuant to 310 CMR 19.051?

YES NO

If yes: • Enter the amount of the current FAM:

\$6,071,264

• Enter the date of the last revision of the FAM amount, pursuant to 310 CMR 19.051(6):

June 8, 2023

As a reminder, pursuant to 310 CMR 19.051(6), the estimate of the cost of closure and post-closure maintenance must be revised every year, and every second year shall be submitted to the Department.

"I certify under the penalty of law:

1. That I have personally examined and am familiar with the information submitted in this third-party inspection report, including but not limited to the statements above concerning the financial assurance mechanism in place in accordance with any facility permit and 310 CMR 19.051, and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties both civil and criminal for submitting false information including possible fines and imprisonment.
2. That, in the event that this inspection report contains a recommendation for corrective action(s), I have completed and attached to this report a Corrective Action Plan and Schedule*, pursuant to 310 CMR 19.018(8)(c)2."

**Note: The owner or operator may elect to correct deviations identified in the Third-Party Inspection Report in a manner that is different than that recommended by the Third-Party Inspector, so long as the facility is brought back into compliance with applicable requirements.*

Steve L. Melloni

Signature of Responsible Official

Steven Melloni

Print Full Name

Area Residuals Manager

Title

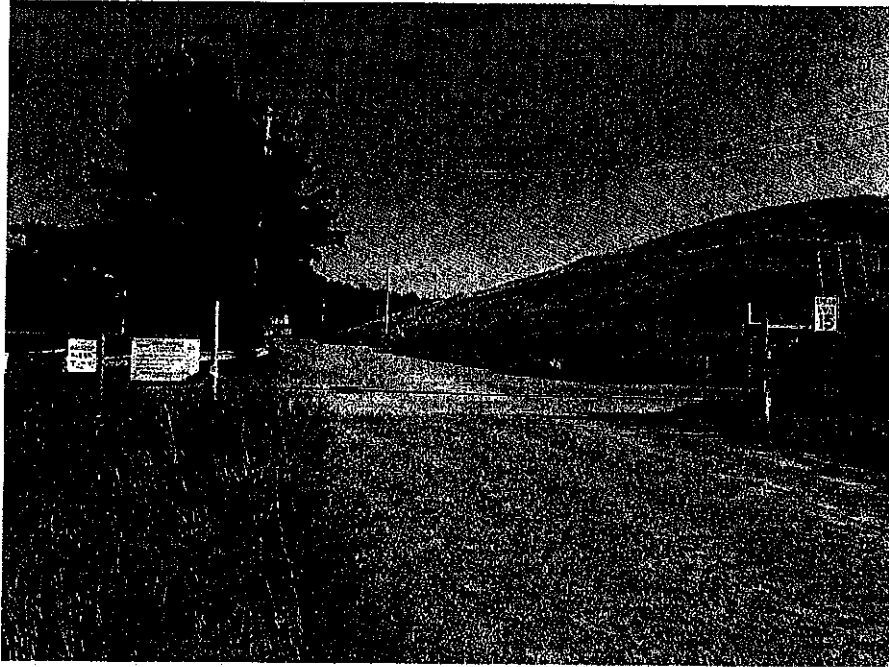
09/13/2023

Date (MM/DD/YYYY)

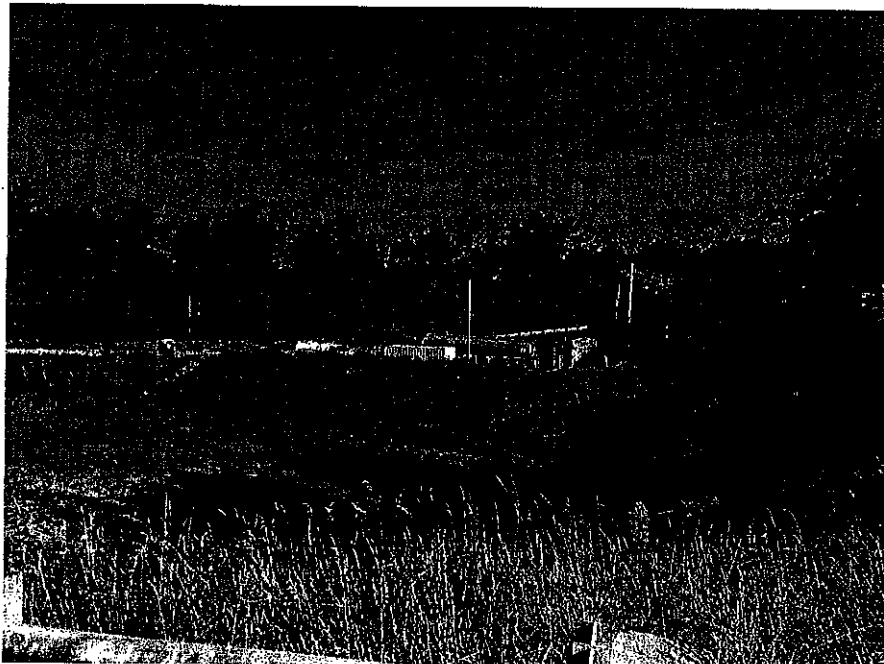
► Pursuant to 310 CMR 19.018(8)(c), a copy of each third-party inspection report shall be maintained at the facility in accordance with the requirements of 310 CMR 19.000. The owner and operator shall make third-party inspection reports available to personnel or authorized representatives of the Department for review at the facility upon request.

<p>Within 30 days of the inspection date:</p>	<ul style="list-style-type: none"> • Mail this completed form to the MassDEP Regional Office that serves the municipality in which the facility is located. (Attention: Solid Waste Management) • Send one copy to the local board of health for the municipality in which the facility is located. 	<p>A list of municipalities and MassDEP Regional Offices is available online at: http://www.mass.gov/eea/agencies/massdep/about/contacts/find-the-massdep-regional-office-for-your-city-or-town.html</p>
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**Covanta
Carver-Marion-Wareham Landfill
August 2023 BI-Monthly Inspection**



Photograph 1 - Facility entrance gate

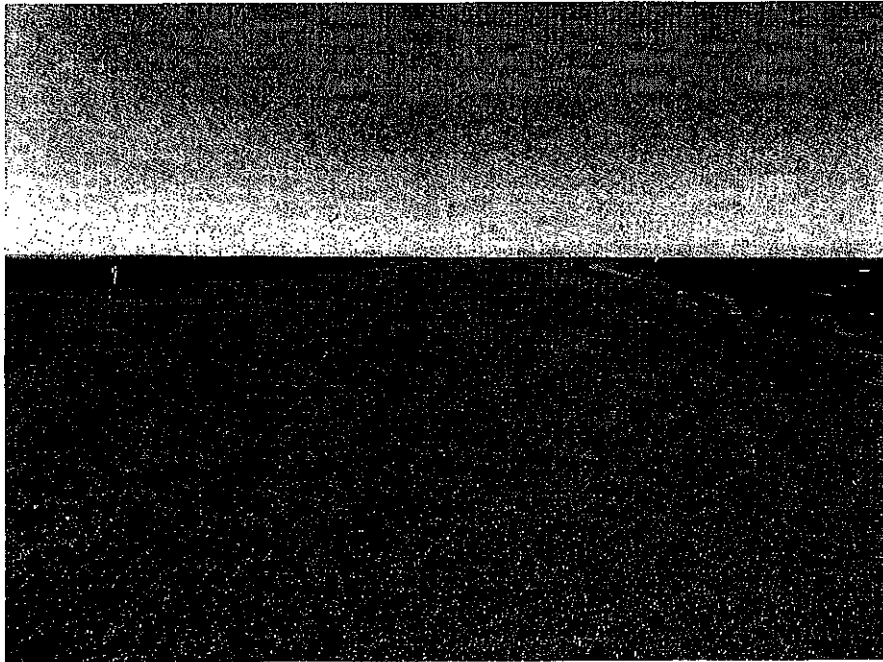


Photograph 2 - Stormwater basin in southwest corner of site and leachate tank in background on right-hand side

Covanta
Carver-Marion-Wareham Landfill
August 2023 Bi-Monthly Inspection



Photograph 5 - Gate at the top of the landfill



Photograph 6 - Closure Turf final cover

Meeting called to order by Matt Armendo, Westport Director of Public Health & SCPHC Lead Community Representative.

Attendees:

1. Matt Armendo, Westport
2. Tanja Ryden, Westport
3. Emily Field, Mattapoissett
4. Carmello Nicolosi, Mattapoissett
5. Connie Dolan, Rochester
6. Karen Walega, Rochester
8. Lori Desmarais, Marion
9. Ed Cullen, Lakeville
10. Olive Wichenski, Shared Services Coordinator
11. Gabrielle Ameida, Shared Services Health Specialist
12. Shailyn Rodriguez, Shared Services Specialist

Shared Positions Update/Introductions to new hires

- Full-time Shared Services Coordinator: Olive Wichenski
- Full-time Shared Health Specialist: Gabrielle Almeida
- Part-time Shared Health Specialist: Shailyn Rodriguez

Streamline Meetings Documentation

- Only the lead community, Westport, is required to post meetings.

SCPHC Website development

- Matt and Olice have been working with a local website development firm to create a site for SCPHC. A paper mock-up should be ready by the next meeting. The domain name, SCPHC, was registered.

Hoarding Task Force

- The creation of a task force is needed. It should include public and private agencies. For example, housing, protective agencies, medical providers, mental health providers, first responders, Public Health Nurses, justice system, clean-up agencies, lived experience hoarder.

SCPHC Governance Board Meeting
9/21/2023 09:00 AM Westport Town Hall

Serve Safe Class

- Coming up in November. Free to SCPHC members. \$130 pp otherwise.

MHOA training for Board of Health members is offered twice a year and is coming up soon.

Set Next Meeting Date and Time

- The next meeting will be held on Thursday, November 2nd at 9 am and will be virtual.



Home

Trials

Email & collab

Review

Reports

Settings

Customize nav



Fwd: Great News in the MA tax relief bill

Source

Hello All,
There's great news from Beacon Hill today.

I wanted to let you know that the House/Senate conference committee filed a final compromise version of the tax relief bill this afternoon as HB4104. The changes to the septic system tax credit which were included in the Senate's bill DID make it into this final version of the bill.

The relevant language can be found in Sections 12-16 (attached), and will increase the maximum eligible expenditure for a septic project to \$30,000, and allow a maximum yearly credit of up to \$4,000, for a total of up to \$18,000 over subsequent years. They are also striking existing language which reduces the credit amount based on any interest subsidies or grants which were already received. They also replaced the language that tied actions to the DEP regulations from 1995 and simply refers to the State Environmental Code.

Senator Michael Rodrigues, Chair of the Senate Ways & Means Committee, deserves great credit — and our thanks — for making this happen. It will be a big help for everyone pressed to replace or repair their failed septic system.

And YOU have our great thanks and appreciation for getting behind the legislation and signing on to the letter of support to the conferees.

At this point, the House and Senate must both vote to approve the bill and then it will go to the Governor for her signature. That is all expected to happen this week.

Help spread the Good News!

Warmly,

Wendy Nicholas, Advocacy Chair
Westport River Watershed Alliance
617-872-0696

Karen Walega

From: Wendy Nicholas <wendynicholas23@gmail.com>
Sent: Tuesday, September 26, 2023 10:17 PM
To: Deborah Weaver; cmacourt@coastalstudies.org; rsurette@esplanadeassociation.org; jenmergel@esplanadeassociation.org; Ivan Ussach; Samuel Anderson; Michelle Manion; Heidi Ricci; kmcpherson@savebay.org; rrrhodes@ctriver.org; eric.grumebaum@gmail.com; rob@oceanriver.org; myeomans@gbtu.org; caroline.b.reeves@icloud.com; joecallahan71@gmail.com; Stephen Silva; brian.yellin@gmail.com; Patrick Herron; Jen Ryan; snyder@neponset.org; Bradley M. Campbell; Julia Blatt; anne.slugg@gmail.com; armendom@westport-ma.gov; ecullen@lakevillema.gov; Karen Walega; health@freetownma.gov; Connie Dolan; tanja.ruden@gmail.com; philip weinberg; ldesmarais@marionma.gov; gjoseph@mattapoissett.net; Efield@mattapoissett.net; srodriguez@marionma.gov; orel@thetrustees.org; Mark Rasmussen; lynnha@hotmail.com; pine@jonesriver.org; stratamodel@gmail.com; apetras@frwa.org; Stephen Long; lundybancroft@juno.com; Katharine Lange; Michael Sullivan
Subject: Fwd: Great News in the MA tax relief bill
Attachments: H4104.pdf

Hello All,
There's great news from Beacon Hill today.

I wanted to let you know that the House/Senate conference committee filed a final compromise version of the tax relief bill this afternoon as HB4104. The changes to the septic system tax credit which were included in the Senate's bill DID make it into this final version of the bill.

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Help spread the Good News!

Warmly,

Wendy Nicholas, Advocacy Chair
Westport River Watershed Alliance
617-872-0696

COMMONWEALTH OF MASSACHUSETTS ~ STANDARD CONTRACT FORM



This form is jointly issued and published by the Office of the Comptroller (CTR), the Executive Office for Administration and Finance (ANF), and the Operational Services Division (OSD) as the default contract for all Commonwealth Departments when another form is not prescribed by regulation or policy. The Commonwealth deems void any changes made on or by attachment (in the form of addendum, engagement letters, contract forms or invoice terms) to the terms in this published form or to the **Standard Contract Form Instructions, Contractor Certifications and Commonwealth Terms and Conditions** which are incorporated by reference herein. Additional non-conflicting terms may be added by Attachment. Contractors are required to access published forms at CTR Forms; <https://www.macomptroller.org/forms>. Forms are also posted at OSD Forms; <https://www.mass.gov/lists/osd-forms>.

CONTRACTOR LEGAL NAME: TOWN OF ROCHESTER		COMMONWEALTH DEPARTMENT NAME: Department of Public Health MMARS Department Code: DPH	
Legal Address: (W-9, W-4): 1 CONSTITUTION WAY ROCHESTER, MA 027702029		Business Mailing Address: 250 Washington St., Boston, MA, 02108	
Contract Manager: Connie Dolan	Phone: 508-763-5421	Billing Address (if different):	
E-Mail: cdolan@townofrochester.com	Fax:	Contract Manager: Miriam Clementi	Phone:
Contractor Vendor Code: VC6000191958		E-Mail: Miriam.Clementi@mass.gov	Fax: 917-624-5017
Vendor Code Address ID (e.g. "AD001"): AD 001 (Note: The Address ID must be set up for EFT payments.)		MMARS Doc ID(s): MUNICIPALPHSERVICES0 __ __	
<input checked="" type="checkbox"/> NEW CONTRACT		<input type="checkbox"/> CONTRACT AMENDMENT	
PROCUREMENT OR EXCEPTION TYPE: (Check one option only) <input type="checkbox"/> Statewide Contract (OSD or an OSD-designated Department) <input type="checkbox"/> Collective Purchase (Attach OSD approval, scope, budget) <input checked="" type="checkbox"/> Department Procurement (includes all grants <u>815 CMR 2.00</u>) (Solicitation Notice or RFR, and Response or other procurement supporting documentation) <input type="checkbox"/> Emergency Contract (Attach justification for emergency, scope, budget) <input type="checkbox"/> Contract Employee (Attach <u>Employment Status Form</u> , scope, budget) <input type="checkbox"/> Other Procurement Exceptions (Attach authorizing language, legislation with specific exemption or earmark, and exception justification, scope and budget)		Enter Current Contract End Date <u>Prior</u> to Amendment: __, 20__ . Enter Amendment Amount: \$ _____. (or "no change") AMENDMENT TYPE: (Check one option only. Attach details of Amendment changes.) <input type="checkbox"/> Amendment to Scope or Budget (Attach updated scope and budget) <input type="checkbox"/> Interim Contract (Attach justification for Interim Contract and updated scope/budget) <input type="checkbox"/> Contract Employee (Attach any updates to scope or budget) <input type="checkbox"/> Other Procurement Exception (Attach authorizing language/justification and updated scope and budget)	
The Standard Contract Form Instructions, Contractor Certifications and the following Commonwealth Terms and Conditions document is incorporated by reference into this Contract and are legally binding: (Check ONE option): <input checked="" type="checkbox"/> Commonwealth Terms and Conditions <input type="checkbox"/> Commonwealth Terms and Conditions For Human and Social Services			
COMPENSATION: (Check ONE option): The Department certifies that payments for authorized performance accepted in accordance with the terms of this Contract will be supported in the state accounting system by sufficient appropriations or other non-appropriated funds, subject to intercept for Commonwealth owed debts under 815 CMR 9.00. <input checked="" type="checkbox"/> Rate Contract (No Maximum Obligation. Attach details of all rates, units, calculations, conditions or terms and any changes if rates or terms are being amended.) <input type="checkbox"/> Maximum Obligation Contract Enter Total Maximum Obligation for total duration of this Contract (or <u>new</u> Total if Contract is being amended). \$ _____			
PROMPT PAYMENT DISCOUNTS (PPD): Commonwealth payments are issued through EFT 45 days from invoice receipt. Contractors requesting accelerated payments must identify a PPD as follows: Payment issued within 10 days ___% PPD; Payment issued within 15 days ___% PPD; Payment issued within 20 days ___% PPD; Payment issued within 30 days ___% PPD. If PPD percentages are left blank, identify reason: <input type="checkbox"/> agree to standard 45 day cycle <input type="checkbox"/> statutory/legal or Ready Payments (G.L. c. 29, § 23A); <input checked="" type="checkbox"/> only initial payment (subsequent payments scheduled to support standard EFT 45 day payment cycle. See Prompt Pay Discounts Policy.)			
BRIEF DESCRIPTION OF CONTRACT PERFORMANCE or REASON FOR AMENDMENT: (Enter the Contract title, purpose, fiscal year(s) and a detailed description of the scope of performance or what is being amended for a Contract Amendment. Attach all supporting documentation and justifications.) Grants To Public Entities Public Health Services at the Local and Regional Level			
ANTICIPATED START DATE: (Complete ONE option only) The Department and Contractor certify for this Contract, or Contract Amendment, that Contract obligations: <input checked="" type="checkbox"/> 1. may be incurred as of the <u>Effective Date</u> (latest signature date below) and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 2. may be incurred as of __, 20__, a date <u>LATER</u> than the <u>Effective Date</u> below and <u>no</u> obligations have been incurred <u>prior</u> to the <u>Effective Date</u> . <input type="checkbox"/> 3. were incurred as of __, 20__, a date <u>PRIOR</u> to the <u>Effective Date</u> below, and the parties agree that payments for any obligations incurred prior to the authorized to be made either as settlement payments or as authorized reimbursement payments, and that the details and circumstances of all obligations under this Contract are attached and incorporated into this Contract. Acceptance of payments forever releases the Commonwealth from further claims related to these obligations.			
CONTRACT END DATE: Contract performance shall terminate as of <u>06/30</u> , 20 <u>38</u> , with no new obligations being incurred after this date unless the Contract is properly amended, provided that the terms of this Contract and performance expectations and obligations shall survive its termination for the purpose of resolving any claim or dispute, for completing any negotiated terms and warranties, to allow any close out or transition performance, reporting, invoicing or final payments, or during any lapse between amendments.			
CERTIFICATIONS: Notwithstanding verbal or other representations by the parties, the "Effective Date" of this Contract or Amendment shall be the latest date that this Contract or Amendment has been executed by an authorized signatory of the Contractor, the Department, or a later Contract or Amendment Start Date specified above, subject to any required approvals. The Contractor certifies that they have accessed and reviewed all documents incorporated by reference as electronically published and the Contractor makes all certifications required under the Standard Contract Form Instructions and Contractor Certifications under the pains and penalties of perjury, and further agrees to provide any required documentation upon request to support compliance, and agrees that all terms governing performance of this Contract and doing business in Massachusetts are attached or incorporated by reference herein according to the following hierarchy of document precedence, this Standard Contract Form, the Standard Contract Form Instructions, Contractor Certifications, the applicable Commonwealth Terms and Conditions, the Request for Response (RFR) or other solicitation, the Contractor's Response, and additional negotiated terms, provided that additional negotiated terms will take precedence over the relevant terms in the RFR and the Contractor's Response only if made using the process outlined in <u>801 CMR 21.07</u> , incorporated herein, provided that any amended RFR or Response terms result in best value, lower costs, or a more cost effective Contract.			
AUTHORIZING SIGNATURE FOR THE CONTRACTOR: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____		AUTHORIZING SIGNATURE FOR THE COMMONWEALTH: X: _____ Date: _____ (Signature and Date Must Be Handwritten At Time of Signature) Print Name: _____ Print Title: _____	

COMMONWEALTH OF MASSACHUSETTS
CONTRACTOR AUTHORIZED SIGNATORY LISTING

Issued May
2004



CONTRACTOR LEGAL NAME :
CONTRACTOR VENDOR/CUSTOMER CODE:

INSTRUCTIONS: Any Contractor (other than a sole-proprietor or an individual contractor) must provide a listing of individuals who are authorized as legal representatives of the Contractor who can sign contracts and other legally binding documents related to the contract on the Contractor's behalf. In addition to this listing, any state department may require additional proof of authority to sign contracts on behalf of the Contractor, or proof of authenticity of signature (a notarized signature that the Department can use to verify that the signature and date that appear on the Contract or other legal document was actually made by the Contractor's authorized signatory, and not by a representative, designee or other individual.)

NOTICE: *Acceptance of any payment under a Contract or Grant shall operate as a waiver of any defense by the Contractor challenging the existence of a valid Contract due to an alleged lack of actual authority to execute the document by the signatory.*

For privacy purposes **DO NOT ATTACH** any documentation containing personal information, such as bank account numbers, social security numbers, driver's licenses, home addresses, social security cards or any other personally identifiable information that you do not want released as part of a public record. The Commonwealth reserves the right to publish the names and titles of authorized signatories of contractors.

AUTHORIZED SIGNATORY NAME	TITLE

I certify that I am the President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel for the Contractor and as an authorized officer of the Contractor I certify that the names of the individuals identified on this listing are current as of the date of execution below and that these individuals are authorized to sign contracts and other legally binding documents related to contracts with the Commonwealth of Massachusetts on behalf of the Contractor. I understand and agree that the Contractor has a duty to ensure that this listing is immediately updated and communicated to any state department with which the Contractor does business whenever the authorized signatories above retire, are otherwise terminated from the Contractor's employ, have their responsibilities changed resulting in their no longer being authorized to sign contracts with the Commonwealth or whenever new signatories are designated.

Signature

Date:

Title:

Telephone:

Fax:

Email:

[Listing can not be accepted without all of this information completed.]

A copy of this listing must be attached to the "record copy" of a contract filed with the department.

Subject: MUNICIPALPHSERVICES0751- Town of Rochester
Importance: High

Good Morning

Attached is your new master agreement package with the Massachusetts Department of Public Health, Office of Local and Regional Health. These documents include the award letter, standard contract form and contractor Authorized Signatory List. Please review, sign, and scan all required documents on or before close of business February 13, 2023. If you have any questions, please contact Sarah Trager @ sarah.trager@mass.gov.

Thank you,

Debra

Debra Dinkins
Contract Specialist
Department of Public Health
250 Washington St, 2nd floor
Boston, MA 02108

Debra.dinkins@mass.gov

Desk phone: 617-624-5617

Cell phone: 857-262-5757

Karen Walega

From: Connie Dolan
Sent: Thursday, September 28, 2023 12:09 PM
To: Karen Walega; Sue Kucinski; sarahteby@gmail.com; glennlawrence332@gmail.com; barrowsmargie@yahoo.com
Subject: FW: MUNICIPALPHSERVICES0751- Town of Rochester
Attachments: StandardContractForm-Rochester.pdf; AwardLetter-Rochester.pdf; casl-form.single page.docx

Importance: High

FYI. Please read the email below. This was discussed at a recent DPH call. In order to receive state supplied items, for example, covid tests or emergency supplies, this agreement must be in place.

Connie

From: Trager, Sarah (DPH) <Sarah.Trager@mass.gov>
Sent: Wednesday, September 27, 2023 12:16 PM
To: Connie Dolan <cdolan@townofrochester.com>
Cc: Dinkins, Debra (DPH) <debra.dinkins@mass.gov>; Gadecki, Walter (DPH) <Walter.Gadecki1@mass.gov>; Sheehan, Brian W (DPH) <Brian.W.Sheehan@mass.gov>
Subject: FW: MUNICIPALPHSERVICES0751- Town of Rochester
Importance: High

Hi Connie,

Following up to see if Rochester can sign this MSA contract ASAP. It has been pending since last February and we are aiming to get all municipalities on this new Master Service Agreement as we intend to use this mechanism for future procurements at DPH. We want to ensure that Rochester has an opportunity to apply to future RFQs and you will need to be on the MSA in order to be eligible to do so.

There is no funding attached to this contract. This is to get you set up on the vendor list for future procurements.

Please return the attachments here signed at your earliest convenience.

Thanks and best,
Sarah

Sarah Trager, MPH (*she/her/hers*)
Director of Engagement and Policy
Office of Local and Regional Health
Massachusetts Department of Public Health
Sarah.Trager@mass.gov | (781) 915-4681

From: Dinkins, Debra (DPH) <debra.dinkins@mass.gov>
Sent: Wednesday, February 8, 2023 10:08 AM
To: cdolan@townofrochester.com
Cc: Trager, Sarah (DPH) <Sarah.Trager@mass.gov>; Cain, Rachael (DPH) <Rachael.Cain2@mass.gov>; Gadecki, Walter (DPH) <Walter.Gadecki1@mass.gov>

Karen A. Walega mileage

7/10/23 RTH, Robinson Rd, RTH	8 miles
7/17/23 RTH, 6 Robinson Rd, 8 Tabor Lane, RTH	18
7/20/23 RTH, 8 Tabor Lane, Trailside, Tree Talk, RTH	14
RTH, 182 Alley Rd, RTH	6
7/24 RTH, 6 Robinson Road, County Rd, RTH	18
7/25/23 RTH, Connect Woods, RTH	9
7/29/23 RTH, 8 Robinson Road, RTH, 375 County Rd, RTH, Connet Woods	28
7/31/23 RTH, Robinson Road, Lloyds Mkt, RTH	8
8/1/23 RTH, 32 Gerrish, RTH	12
8/2/23 RTH, 8 Robinson Road, RTH	9
8/3/23 RTH, Gerrish Rd, RTH	13
8/8/23 RTH, Hartley Rd, RTH	7
8/10/23 Cushman Rd, Hartley Road, RTH	6
8/22/23 RTH, Clapp Rd, RTH	3
8/28/23 RTH, 494 Rounseville Rd, RTH, 31 Bennett, RTH	16
9/5/23 RTH, 41 Clapp Rd, 343 Neck Rd, County Rd, RTH	19
9/6/23 RTH, Clapp Rd, RTH	13
9/7/23 RTH, Rounseville Rd, RTH	1
9/11/23 RTH, Connect Woods, RTH	10
9/19/23 RTH, Rounseville Rd, RTH	2
9/20/23 RTH, Clapp Rd, RTH	4
9/21/23 RTH, Westport, RTH	49
9/26/23 RTH, Clapp Rd, RTH	4

277 miles. X .655 = \$181.44



Health Director Report

Septic Plan review 2 lots on Clapp Road, 0 Bishops Road, 485 Neck Road

Inspections 343 Neck Road, Clapp Road 2 lots, 373 County Road, Lot 88 Box turtle

Meetings John Maffei, PHEG

ZBA two reviews 85 High St, Bishop Road

Certificate of Compliance 213 marion Road, 32 Gerish Road, 343 Neck Road, 30

Wordell St., 496 Rounseville Rd, Clapp Rd, 8 tabor Lane

Title V center Village, 923 Walnut Plain Rd, 84 New Bedford Rd,

Percs Clapp Road