

Michael

TOWN OF GREENWICH
DEPARTMENT OF HEALTH

Activity: _____

Complied: _____

Recheck on: _____

OWNER: James DEAN Phone: 625-0110 (w)

Address: 6 CARPENTER'S BECK RD.

COMPLAINANT: Mr. McNameis Phone: 914 232-5171
946-0695

Address: DEP - New York State

LOCATION OF CONDITION: 6 Carpenter Beck Rd - Steam

Complaint: out checking out a steam nearby

found plastic pipe which he
feels the steam have connected to
them 575 (pipe near rackwell)

DYE TEST POSITIVE

Received by: DM Inspected by: MR

Date & Time: 10:25 5-31-91 Date & Time: 6/4/91 1:30



DEPARTMENT OF HEALTH
-GREENWICH, CONNECTICUT-



NOTICE OF VIOLATION

OFFICE OF DIRECTOR OF HEALTH

TO: Mr. James Dean DATE June 4, 1991
6 Carpenters Brook Road
Greenwich, CT 06831

You are hereby notified of the existence of a public health law violation upon the premises owned by you, or under your charge, located at 6 Carpenters Brook Road, in the town of Greenwich and described as follows:

A dye test was performed at 6 Carpenters Brook Road on the sewage disposal system on June 4, 1991. A positive result was observed the same day. This is a violation of the Greenwich Municipal Code, Article 8, Sec. 4.90(a)(2), (5) "A sewage disposal system shall be deemed a public nuisance if: sewage effluent, as evidenced by a positive result on a dye test, reaches the ground surface at any time of the year....."

LAW VIOLATIONS: Connecticut Public Health Code Sec. 19-13-B103 c (f)
Greenwich Municipal Code, Art 8, Sec. 4.90 (a) (2), (5)

AUTHORITY: Connecticut General Statutes sections 19a-206; 19a-207

PENALTY: Connecticut General Statutes sections 19a-36; 19a-206; 19a-230

APPEAL: Connecticut General Statutes section 19a-229 (formerly Section 19-103)
(See Reverse Side)

It is hereby ordered that the said violation(s) be removed, abated or otherwise corrected on or before the 21st day of June, 1991

James Lieberman
DIRECTOR OF HEALTH, Greenwich, Connecticut
James Lieberman, D.V.M., M.P.H.

Duly served this _____ day of _____, 19__ at _____ AM-PM

True copy received by _____

Served by CERTIFIED MAIL RRR Title _____

TOWN OF GREENWICH
DEPARTMENT OF HEALTH

Activity SEPTIC OVERFLOW

INSPECTION REPORT

Page ___ of ___

Complaint _____

Routine

Recheck _____

Inspection Site: 6 CARPENTER'S BROOK

Owner: JAMES DEAN Address: 6 CARPENTERS BROOK

Tenant: _____ Address: _____

Person(s) Interviewed: _____

FINDINGS: THE DEANS HAD ED BARTO LOOK AT PIPE DISCHARGING
EFFLUENT. HE FOUND IT TO BE A DRIVEWAY DRAIN RUNNING
THROUGH THE FIELDS. HE REMOVED THE DRAINAGE PIPE IN THE
AREA OF THE SYSTEM. I FOLLOWED UP WITH MONTHLY INSPECTIONS
TO DETERMINE WHETHER OR NOT THE SYSTEM WAS REPAIRED.
INSPECTIONS WERE MADE ON 7/1, 8/5, 9/18, 10/21 AT THE
TIME OF ALL INSPECTIONS THE GROUND WAS DRY. THERE
DID NOT APPEAR TO BE A BREAKOUT OF SEWAGE EFFLUENT
IN THE AREA OF THE SYSTEM.

RECOMMENDATIONS: AN INSPECTION DURING MARCH OR APRIL OF 1992
COULD REVEAL A POSSIBLE FAILURE.

Received by *Leah L. Perry*
Signature

Date 10-23-91

Inspector *Paul S. Long*
Signature

Date 10/21/91

TOWN OF GREENWICH DEPARTMENT OF HEALTH

PERMIT 10071

ISSUED 2/13/69

PERMIT TO USE AND/OR OPERATE

Drilled Well

TO SERVE

Building

Owner: F. F. ROYCE of 235 East 60th Street, N. Y.

Location: Locust Road

Type: Future Dwelling in the section

IN ACCORDANCE WITH

Approved Exhibits A-F1

Nos. 10071 A-F1

This permit indicates conformance with State and local minimum sanitary requirements. Proper functioning of these facilities is the responsibility of the owner.

And All Mandatory Sanitary Requirements and all rules and regulations pursuant thereto.

Provisos:

(1) that no nuisance or condition detrimental to health shall be created or maintained and (2) that additions and alterations to and/or changes in the use or operation of these facilities shall be made when in the opinion of the Director of Health such are deemed necessary.

4 JC

c.c. Bldg. Div.

Town of Greenwich
 Department of Health
 Greenwich, Connecticut

WELL COMPLETION REPORT

This report must be completed and submitted to Greenwich Health Dept., upon completion of well.

Well
 Owner Felix Boyce Locust Rd. Greenwich, Conn.
 (name) (street address) (city or town)

Well
 Driller Inter-State Artesian Well Co. Post Rd. Greenwich, Conn.
 (name) (street address) (city or town)

Proposed use or uses (check):

Domestic Irrigation Stock
 Municipal Industrial Test Well

CASTING DETAILS	PUMPING TEST	WATER LEVEL	SCREEN DETAILS	
Length: 66 Ft.	Duration: 4 Hrs.	(measure from land surface) Static: 15 Ft.	Make:	Slot Size
Diameter: 6 Ins.	Pumping Rate: 8 G. P. M.	When Pumping: 250 Ft.	Length: Ft.	
Kind: steel			Diameter: In.	

WELL LOG

Depth from Ground Surface	Give details of formations penetrated, such as: peat, silt, sand, gravel, clay, hardpan, shale, stone, rock. Include size of gravel (diameter) and sand (fine, medium, coarse), color of material, structure (loose, packed, cemented, soft, hard)
0 Ft. to 5 Ft.	Loose clay
5 Ft. to 56 Ft.	Clay Hardpan
56 Ft. to 250 Ft.	Bedrock
Ft. to Ft.	
Ft. to Ft.	
Ft. to Ft.	
Ft. to Ft.	
Ft. to Ft.	
Ft. to Ft.	

HEALTH DEPT.
 RECEIVED
 JAN 2 1968

Date Well was completed: 12-8-67

Date of Report 12-28-67

Well Driller [Signature]
 (signature)

Certificate No. 2619