
NEW BUSINESS

5-18-09



FP-2
(Rev. 12-2008)

The Commonwealth of Massachusetts
City/Town of MIDDLEBOROUGH
License

Massachusetts General Law, Chapter 148 §13

New License Amended License

After notice and hearing, and in accordance with Chapter 148 of the Mass. General Laws,
a license is hereby granted to use the land herein described for the purposes described.

Location of Land: 2 WEST GROVE STREET, MIDDLEBOROUGH
Street, Number and Assessor's Map and Parcel ID

Owner of Land: COLBEA ENTERPRISES, LLC

Address of Land Owner: 2050 PLAINFIELD PIKE, CRANSTON, RI 02921

Fireworks (Complete this section for the storage of fireworks)

❖ Maximum amount (in pounds) of Class 1.3G: _____

❖ Maximum amount (in pounds) of Class 1.4G: _____

❖ Maximum amount (in pounds) of Class 1.4: _____

Total aggregate quantity of all classes of fireworks to be stored: _____

LP-gas (Complete this section for the storage of LP-gas or propane)

❖ Maximum quantity (in gallons) of LP-gas to be stored in aboveground containers: _____

List sizes and capacities of all aboveground containers used for storage _____

❖ Maximum quantity (in gallons) of LP-gas to be stored in underground containers: _____

List sizes and capacities of all underground containers used for storage _____

Total aggregate quantity of all LP-gas to be stored: _____

Explosives (Complete this section for the storage of explosives)

❖ Maximum amount (in pounds) of Class 1.1: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.2: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.3: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.4: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.5: _____ Number of magazines used for storage: _____

❖ Maximum amount (in pounds) of Class 1.6: _____ Number of magazines used for storage: _____

**THIS LICENSE OR A CERTIFIED COPY THEREOF MUST BE CONSPICUOUSLY
POSTED ON THE LAND FOR WHICH IT IS GRANTED.**

Flammable and Combustible Liquids, Flammable Gases and Solids

Complete this section for the storage of flammable and combustible liquids solids and gases. All tanks and containers are considered full for the purposes of licensing and permitting.

PRODUCT NAME	CLASS	MAXIMUM QUANTITY	UNITS gal., lbs, cubic feet	CONTAINER UST, AST, IBC, drums
GASOLINE	I	22,000	GAL.	UST
WASTE OIL	3B	110	GAL.	AST

Licensing Authority Use:

This license is granted upon the condition that the licensed activity will comply with all applicable laws, codes, rules and regulations, including but not limited to Massachusetts General Law, Chapter 148, and the Massachusetts Fire Code (527 CMR) as amended. The license holder may not store materials in an amount exceeding the capacities herein specified unless and until any amended license has been granted.

ADDITIONAL RESTRICTIONS:

Signature of Licensing Authority _____ Title _____ Date _____

THIS LICENSE OR A CERTIFIED COPY THEREOF MUST BE CONSPICUOUSLY POSTED ON THE LAND FOR WHICH IT IS GRANTED.

EMS SERVICE ZONE PLAN APPLICATION

TOWN OF MIDDLEBOROUGH



REGIONAL OFFICIAL USE ONLY

Plan Date Received	Plan Reviewed	Plan Returned with Recommendations	Recommended To OEMS

OEMS OFFICAL USE ONLY

Plan Date Received	Reviewed By	Plan Approved	Plan Returned with Recommendations	Plan Updated

PART A

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
OFFICE OF EMERGENCY MEDICAL SERVICES
SERVICE ZONE PLAN APPLICATION TEMPLATE**

Town of Middleborough
Name of Local Jurisdiction

4/5/2009
Date

Identify additional jurisdiction(s) in the service zone:

None

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

Authorized Signature _____ **Chairperson** _____
Name *Title*

Location of Authorized Signatory

Street Address: Number, Name, Type, Unit #
10 Nickerson Ave MA 02346
City/Town *State* *Zip*
508-947-0928 508-946-2320
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*
ccristello@middleborough.com
Primary email Address

Local Jurisdiction(s) Contact for Service Zone Plan – Primary Ambulance Service

Lance M. Benjamino Fire Chief
Name First, MI, Last *Title*
125 North Main Street

Street Address: Number, Name, Type, Unit #
Middleborough MA 02346
City/Town *State* *Zip*
508-946-2461 508-946-2464
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*
LBenjamino@middleborough.com
Primary email Address

Name of Person Completing Application

Lance M. Benjamino Fire Chief
Name First, MI, Last *Title*
508-946-2461 508-946-2464
Phone: Area Code, Number, Extension *Fax: Area Code, Number, Extension*
LBenjamino@middleborough.com
Primary email Address

PART A

Person responsible for monitoring compliance of local jurisdiction (s) with the service zone plan

Lance M. Benjamino	Fire Chief
Name First, MI, Last	Title
508-946-2461	508-946-2464
Phone: Area Code, Number, Extension	Fax: Area Code, Number, Extension
LBenjamino@middleborough.com	
Primary email Address	

Authorized Regional Council

Signature _____

Date _____

Print Name: First M Last Title

EMS Region	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
	Western MA	Central MA	Northeast	Metro Boston	Southeast

The chief municipal official of the local jurisdiction covered by the service zone plan must sign this application. If the service zone is comprised of multiple local jurisdictions, the chief municipal official of each local jurisdiction must sign this application.

PART A

For Use with Service Zone Plans that encompass multiple jurisdictions - **ONLY**

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

<hr/> Authorized Signature		<hr/> Jurisdiction Name	
<hr/> Name First, MI, Last		<hr/> Title	
<hr/> Street Address: Number, Name, Type, Unit #			
<hr/> City/Town		<hr/> State	<hr/> Zip
<hr/> Phone: Area Code, Number, Extension		<hr/> Fax: Area Code, Number, Extension	
<hr/> Primary email Address			

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

<hr/> Authorized Signature		<hr/> Jurisdiction Name	
<hr/> Name First, MI, Last		<hr/> Title	
<hr/> Street Address: Number, Name, Type, Unit #			
<hr/> City/Town		<hr/> State	<hr/> Zip
<hr/> Phone: Area Code, Number, Extension		<hr/> Fax: Area Code, Number, Extension	
<hr/> Primary email Address			

I, the undersigned, attest that I am duly authorized to complete and sign this application, that I have read this application in its entirety and that the information contained herein is complete, accurate and true, Signed under the pains and penalties of perjury.

<hr/> Authorized Signature		<hr/> Jurisdiction Name	
<hr/> Name First, MI, Last		<hr/> Title	
<hr/> Street Address: Number, Name, Type, Unit #			
<hr/> City/Town		<hr/> State	<hr/> Zip
<hr/> Phone: Area Code, Number, Extension		<hr/> Fax: Area Code, Number, Extension	
<hr/> Primary email Address			

PART A

Please copy this sheet if additional signatory pages are needed

PART B

Narrative describing the planning and designation process.

The Middleborough Fire Department has been tasked with developing the Town of Middleborough EMS Service Zone Plan, the Town of Middleborough contracts its EMS to a private service (AMR). As such, we met with AMR, Police Department, EMA and all other public officials listed in Part B. We explained the service zone plan process and received their input as it pertained to their role in said plan. Health care facilities were contacted regarding who provides there primary emergency ambulance service and routine transports. It has been determined that there are no health care facilities with other primary provider ambulance contracts. The plan was finalized and reviewed by all participants and subsequently submitted to the regional EMS office and OEMS for their review and acceptance.

PART B

Section	Category	Name of Entity	Contact Person Name (First, MI, Last)	Contact Title	Contact Phone
B (2) a	Elected state/local official	Board of Selectmen	Patrick Rogers	Chairperson	508-946-2405
B (2) b	Emergency Management	Middleborough Fire	Lance Benjamino	Fire Chief	508-946-2461
B (2) c	Law Enforcement	Middleborough Police	Bruce Gates	Police Chief	508-946-2451
B (2) d	Designated primary ambulance Service	American Medical Response	Brendan McNiff	General Manager	508-650-5600
B (2) e	Other Ambulances Services providing Primary Ambulance Service (e.g. primary Advanced Life Support (ALS); ambulance services with provider contracts)	Middleborough Fire Dept	Lance Benjamino	Fire Chief	508-946-2461
B (2) f	Other Ambulance Services Operating in the Service Zone	American Medical Response	Brendan McNiff	General Manager	508-650-5600
B (2) g	Designated EMS first response services (s), if any	None			
B(2) h	Other First Responder Agencies	Middleborough Fire Middleborough Police	Lance Benjamino Bruce Gates	Fire Chief Police Chief	508-946-2461 508-946-2451
B (2) i	Hospital (s)	None			
B (2) j	Other health care facilities, including nursing homes	See Part B			
	Other	None			

Service Zone Application

PART C Section 1

Describe the open, fair, and inclusive process that the service zone has for the selection and changing of EMS service delivery or designated service zone provider.

The Town has a Board of Selectmen and Town Meeting form of government. If the delivery of Emergency Medical Services were to change, whether to another municipal department or to a private service, it would be the responsibility of the Selectmen and Town Meeting to make the final decision. All applicable Massachusetts General Laws would be adhered to during this process.

PART C Section 1

PART C Section 1

Section	Type of Provider	Standard Response Time (Minutes) ¹ <i>X minutes, % of the time</i>	How is Response Time Measured?		Licensure Level (s)		
			Starting Point <i>MATRIS Data Point</i>	Ending Point <i>MATRIS Data Point</i>	BLS <i>X or Blank</i>	ALS-Intermediate <i>X or Blank</i>	ALS-Paramedic <i>X or Blank</i>
C (1) a	Designated primary ambulance service	95% within 6:59 or less	PSAP Call Date/Time	Unit Arrived on Scene Date/Time			X
C (1) b	Other ambulance services providing primary ambulance service (e.g. Primary ALS)	90% within 6:59 or less	PSAP Call Date/Time	Unit Arrived on Scene Date/Time	X		
C (1) c	Ambulance Services providing back up to primary ambulance service	90% within 10:59 or less	Unit Notified by Dispatch Date/Time	Unit Arrived on Scene Date/Time			X
C (1) d	Designated EMS first response (EFR) service (s) if any	None					
C (1) e	Other first responder agencies	PD 90% within 4:59 or less PD 90% within 6:59 or less	PSAP Call Date/Time	Unit Arrived on Scene Date/Time	FR		

¹ Any calls that fall outside of this range will be evaluated for correctable issues.

PART C Section 2

A Staffing Requirements (170.305) The staffing standard for the Town of Middleborough is a minimum of one Paramedic and one Basic, under a DPH/OEMS staffing waiver. The Initial arriving Paramedic is authorized to request additional paramedic providers at anytime based upon the needs of the patient(s).
B Deployment of Resources EMS resources will be based at the Middleborough Fire Department and deployed as follows; 1 ALS ambulance with 1 first responder police unit and either a Class V BLS Engine or a first responder engine company will respond to each EMS call.
C Adequate Backup (170.385) AMR, Lakeville FD, E. Bridgewater FD, Wareham FD, Carver FD, Raynham FD and any additional resources will be requested from Plymouth County C-Med. If AMR is in a contracted facility they will provide backup for 911 EMS if an emergency arises. If they are a BLS crew they will call 911 to the town contracted ambulance respond with ALS. The BLS crew will treat and if necessary transport the patient if waiting for ALS will delay transport. The services can intercept if appropriate
D Medical Control [170.300, 170.330(C)] [Medical control means the clinical oversight by a qualified physician to all components of the EMS system, including, without limitation, the Statewide Treatment Protocols, medical direction, training of and authorization to practice for EMS personnel, quality assurance and continuous quality improvement.] Stephan Becker M.D. of Morton Hospital, Taunton, MA. Is the affiliate Medical Director for AMR and Middleborough Fire Dept.
E Health Care Facility Destinations Morton Hospital, Tobey Hospital, Brockton Hospital, Jordan Hospital, Good Samaritan Hospital, South Shore Hospital.
F Other EMS performance standards established by the service zone Please indicate any other standards are in place for performance measures on which the local jurisdiction(s) wish to set standards and use as selection criteria for EMS providers: All transports within the Service Zone will be to the closest appropriate Facility following State EMS System Regulations and OEMS/Regional approved POE; Morton Hospital, Toby Hospital, Brockton Hospital, Jordan Hospital.

PART D

EMS and Public Safety Providers

105 CMR 170.510 (A): Inventory of resources available in the service zone. Please complete the following table indicating all EMS providers in the service zone.

Category	Name of EMS Service	Number of Vehicles	24 Hour <i>or</i> Hours of Operation (Start – End Times -Military)	Contact Person (First, MI, Last)	Contact Title	Contact Phone
1	Designated primary ambulance service (can only be 1 per service zone)	2	24/7/365	Brendan McNiff	General Manager	508-650-5614
2	Other ambulance services providing primary ambulance service (e.g. primary ALS; ambulance services with provider contracts)	3	24/7/365	Lance Benjamino	Chief	508-946-2461
3	Ambulance services providing backup to primary ambulance service	5 1 1 1 1 1	24/7/365 24/7/365 24/7/365 24/7/365 24/7/365 24/7/365	Brendan McNiff Dan Hopkins George Rogers David Evans James Januse Tom Walsh	Gen. Manager Chief Chief Director Chief Director	508-650-5614 508-947-4121 508-697-0900 508-295-6725 508-824-2713 508-866-3433
4	Other ambulance services operating in the service zone	1	24/7/365	Brendan McNiff	GM	508-560-6500
5	Designated EFR service(s), if any					
6	Other first responder agencies	5 5	24/7/365 24/7/365	Lance Benjamino Bruce Gates	Chief Chief	508-946-2461 508-946-2451

Service Zone Application

PART E
Health Care Facility Resources / Facilities with Health Care Capabilities

105 CMR 170.510(A)(5): As part of the inventory of EMS-related resources, please complete the following table for all health care facilities or facilities with health care capabilities on site within the service zone.

Service Zone Application

PART E

	Type of Facility	Name of Facility	Address/Location (Street, City, State, Zip	Hours of operation <u>or</u> Event Date	Summary of Care Capabilities	Contact Name and Title	Contact Phone
E (1)	All hospitals in service zone	None					
E (2)	All receiving hospitals	None					
E (3)	Affiliate hospital for primary ambulance service	None					
E (4)	Designated speciality care hospitals (i.e. MDPH designated trauma and stroke centers)	None					
E (5)	Nursing Homes	Oak Hill Fairhaven Serenity at Greenery at Forest Manor Shaw Home Nemasket Healthcare	76 North St, Middleborough, MA 334 Marion Rd, Middleborough, MA 98 S. Main St, Middleborough, MA 23 Isaac St, Middleborough, MA 299 Wareham St, Middleborough, MA 314 Marion Rd, Middleborough, MA	24/7/365 24/7/365 24/7/365 24/7/365 24/7/365 24/7/365	RN/AED RN/AED RN/AED RN/AED RN/AED RN/AED	Paul Doane Basem Shawk Steve Lindolfi Bob Salomaa Ken Duchame	508-947-4774 508-947-1660 508-947-2155 508-947-9295 508-947-0332 508-947-8632
E (6)	Assisted living centers	Montgomery Home Conway House	64 S. Main St, Middleborough, MA 14 E. Grove St, Middleborough, MA	24/7/365 24/7/365	RN Days RN Days	Marge Christie	508-947-0059 508-946-8505
E (7)	Entertainment venues	None					
E (8)	Special Events	None					
E (9)	Other	Chamberlin School Council On Aging Burkland School Early Childhood Mary Goode Nichols High School Read's Academy Read's Academy Read's Academy	11 Pleasant St, Middleboro, MA 558 Plymouth St, Middleboro, MA 41 Mayflower Ave, Middlebor, MA 219 N. Main St, Middleboro, MA 31 Mayflower Ave, Middleboro, MA 112 Tiger Dr, Middleboro, MA 71 E.Grove St, Middleboro, MA 101 E. Grove St, Middleboro, MA 105 E. Grove St, Middleboro, MA 6 School St, Middleboro, MA	24/7/365 8hrs/day 8hrs/day 8hrs/day 8hrs/day 8hrs/day 8hrs/day 8hrs/day 8hrs/day 8hrs/day	RN/AED AED RN/AED RN/AED RN/AED RN/AED RN/AED RN/AED RN/AED RN/AED	Baritt White Andrea Priest Beth Hawkins Beth Hawkins Beth Hawkins Beth Hawkins Beth Hawkins Donna Richards Donna Richards Donna Richards	508-947-7825 508-946-2490 508-946-2010 508-946-2010 508-946-2010 508-946-2010 508-946-2010 508-947-8530 508-947-8530 508-947-8530

PART F

Inventory of Communications Systems

105 CMR 170.510(A)(8): As part of the inventory of EMS-related resources, local jurisdictions need to identify emergency medical dispatch and public safety answering points (PSAPs).

Section I: Primary PSAP Center (the main emergency call receiving center)

Middleborough Police Department

Name of Primary PSAP Center

99 North Main Street

Street Address: Number, Name, Type, Unit #

Middleborough,

MA

02346

City/Town

State

Zip

Bruce Gates

Police Chief

Name First, MI, Last

508-947-1212

Title

508-947-1009

Phone: Area Code, Number, Extension

bgates@middleborough.com

Fax: Area Code, Number, Extension

Primary email Address

PSAP Information

PSAP Operation

Fire

Police

Other

If Other – who?

Number of Dispatcher(s) or Call Takers per Shift

1

Dispatchers Trained in EMD?

Yes

No

Name of EM D System in Use at Center

APCO-EMD calls transferred to AMR
Natick for EMD

Section II: Secondary PSAP Center, if any (an alternate answering point for emergency calls)

Middleborough Fire Department

Name of Primary PSAP Center

125 North Main St

Street Address: Number, Name, Type, Unit #

Middleborough

MA

02346

City/Town

State

Zip

Lance Benjamino

Fire Chief

Name First, MI, Last

508-946-2461

Title

508-946-2464

Phone: Area Code, Number, Extension

lbenjamino@middleborough.com

Fax: Area Code, Number, Extension

Primary email Address None

PSAP Information

PSAP Operation

Fire

Police

Other

If Other – who?

Number of Dispatcher(s) or Call Takers per Shift

1

Dispatchers Trained in EMD?

Yes

No

Name of EM D System in Use at Center

APCO-EMD calls transferred to AMR

Service Zone Application

PART F

Section III: Alternate PSAP Center, (the backup to the primary PSAP, in case it is not available)

Wareham Police

Name of Primary PSAP Center

2515 Cranberry Highway

Street Address: Number, Name, Type, Unit #

Wareham

MA

02571

City/Town

State

Zip

Thomas Joyce

Police Chief

Name First, MI, Last

Title

508-295-1212

508-295-9505

Phone: Area Code, Number, Extension

Fax: Area Code, Number, Extension

Thomas.joyce@warehampolice.com

Primary email Address

PSAP Information

PSAP Operation

Fire Police Other

If Other – who?

Number of Dispatcher(s) or Call Takers per Shift

1

Dispatchers Trained in EMD?

Yes No

Name of EM D System in Use at Center

None

PART G

	Name of Provider	Name of Affiliate Hospital Providing Medical Control in the Service Zone	Name of Affiliate Hospital Medical Director	Contact Phone
1	American Medical Response	Morton Hospital, Taunton, MA	Stephan Becker MD	508-828 -7000
2	Middleborough FD (3) BLS Engines Non-Transport	Morton Hospital, Taunton, MA	Stephan Becker MD	508-828 -7000 Ext.
3				() - Ext.
4				() - Ext.
6				() - Ext.
7				() - Ext.
8				() - Ext.
9				() - Ext.
10				() - Ext.

Service Zone Application

PART H

Operational Plan for EMS Response

All calls for 911 service for the town of Middleborough are received at The Middleborough 911 PSAP located at the Police Department, 99 North Main Street, Middleborough, MA. When a request for an ambulance the call is transferred to the Middleborough Fire Department (If the caller needs pre arrival instructions the dispatcher forwards the call to AMR EMD dispatchers for such instructions). the dispatcher processes the call and then dispatches 1 ALS-Paramedic level ambulance, 1 Class V BLS Fire Engine and 1 First Responder police cruiser.

In the event the AMR ambulance responds with personnel certified at a level less than EMT-Paramedic, the Dispatcher per protocol will dispatch the closest available EMT-Paramedic unit from a mutual aid community closest to the district the incident is in to provide ALS-Paramedic services. The Town of Middleborough is divided into four districts. In the event the Middleborough dedicated AMR ambulances are unavailable to respond, the Dispatcher per protocol will dispatch the closest available EMT-Paramedic unit from a mutual aid community closest to the district the incident is in to provide ALS-Paramedic services through the Plymouth County Control Center utilizing the pre arranged mutual aid running cards and Middleborough Fire will dispatch either 1 Class V Engine or 1 FR Engine.

PART I

Procedures for Delivery of Trip Records and Unprotected Exposure Forms

Delivery of Trip Records

In accordance with the EMS system regulations, 105 CMR 107.345(C), EMT's on each transporting ambulance in the service zone shall leave a copy of the trip record at the receiving hospital with the patient at the time of transport. All EMS personnel who respond as first responders and who fill out a patient care report as part of their department policy will if possible give a copy of that report to the transporting ambulance service for delivery with the patient. If for any reason the transporting service cannot leave a copy of the trip report at the hospital or the EMS first responders cannot give a copy of their trip report to the transporting service, these reports must be delivered to the receiving facility within four (4) hours of the time the initial EMS call was received. They can be delivered in person or secure fax line to the hospital ER.

Exposure Reporting

In accordance with 105 CMR 180.345 (C), EMS personnel at the scene who are not transporting the patient shall ensure that an unprotected exposure form, when appropriate, is timely delivered to the receiving hospital within (six) hours of the time exposure has been identified to have occurred. The EMTs on each transporting ambulance shall submit an unprotected exposure form, as appropriate, to the receiving health care facility at the time of patient delivery.



Massachusetts
Housing
Partnership

April 22, 2009

Mr. Patrick Rogers
Chairman of the Board of Selectman
Town of Middleborough
10 Nickerson Avenue
Middleborough, MA 02346

160 Federal Street
Boston, Massachusetts 02110
Tel: 617-330-9955
Fax: 617-330-1919

462 Main Street
Amherst, Massachusetts 01002
Tel: 413-253-7379
Fax: 413-253-3002

www.mhp.net

Dear Mr. Rogers:

The purpose of this letter is to both provide the Town of Middleborough with a copy of the final cost certification completed by Amichetti, Deluca & Co., P.C. as well as confirm that Massachusetts Housing Partnership, as subsidizing agent, has reviewed the final cost certification in accordance with MHP's Cost Certification Guidelines ("CCG") and MHP's Limited Dividend Policy for the Residences at the Groves project in Middleborough.

Per the CCG, the Subsidizing Agent shall deliver a copy of the Owner's CPA's report to the municipality with the Subsidizing Agent's determination of the Owner's compliance with the limited dividend requirement. The municipality shall have the option of evaluating the report for accuracy (e.g., absence of material errors). The Subsidizing Agent will reasonably review any inaccuracies identified by the municipality and shall thereafter make a final determination of the Owner's compliance with the limited dividend requirement.

As outlined within the cost certification, below are the findings per MHP's review for this 40B development to determine the following:

- (a) Reasonableness of development costs in projects with related-party transactions;
- (b) Reasonableness of the Builder's Profit, Overhead, and General Requirements; and
- (c) Borrower's Equity contribution.

- (a) Exhibit A – Disclosure of Related Party Transactions reflects two (2) payments made to related parties (1) The Groves Developers, LLC as entity receiving the developer fee (refer to Page 4 of the Cost Certification that details actual fee paid); and (2) Blais Builders, Inc. as the General Contractor accounting for 100% of the Hard Costs as well as builder profit, overhead and general requirements.

Within the CCG it states that if the builder is a related party, the square footage cost should not exceed 110% of the applicable square footage construction costs

Massachusetts

Housing

Partnership

At your earliest convenience, please provide comments in writing within 30 days of receipt of this submission. For your information, the borrower is anxious to close on the permanent financing so any time before this date would be much appreciated. Also, free to give me a call with any questions at (617) 330-9944 x287.

Sincerely,



Nancy McCafferty
Senior Loan Officer

Enclosure

APPLICATION AND UTILIZATION AGREEMENT
TOWN HALL
MIDDLEBOROUGH, MASSACHUSETTS

PLEASE SUBMIT PAYMENT WITH APPLICATION

DATE OF APPLICATION _____

ORGANIZATION/INDIVIDUAL Northbrook Academy / Paul K. Harrison

ADDRESS 20 Rock St.

CITY, STATE, ZIP Middleboro, Ma., 02346 TEL # 508-947-0730 (c) 508-331-5696

CO-APPLICANT (BARTENDING SERVICE) _____

OWNER NAME _____

ADDRESS _____

CITY, STATE, ZIP _____ TEL # _____

DATE(S) OF EVENT 6/5 APPROXIMATE NUMBER OF PARTICIPANTS 200 (est.)
(ATTACH SEPARATE SHEET IF NECESSARY)

TIME OF DAY(S) REQUIRED 2:30 TO 10:30

Be sure to include any set-up or dismantling day(s)/time requirements.

BRIEFLY DESCRIBE TYPE OF ACTIVITY Graduation

ASSIGNED SPACE _____ MEETING ROOM GRAND BALLROOM GROUNDS If using grounds, will building access be required for sanitary facilities? _____

*Note - There is no air conditioning available in the Grand Ballroom

Are you requesting a one-day alcoholic beverage license? No Licensing fee of \$ 20 plus \$100.00 required at time of application. This will be refunded if license denied prior to event or activity.

Food will be served Pot Luck Name of Caterer Parents Telephone # 508-824-5306
*If food is to be served, please contact the Health Department for the appropriate permits.

We expect to bring in the following additional equipment/furnishings _____

Any required insurance policy/indemnification agreement must be attached to application.

Rental Deposit (Bond) \$100.00 Check # _____ (must be tendered with application and will be returned within two weeks if no damage to building, grounds or equipment has been reported).

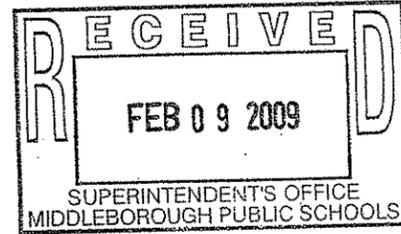
Rental Cost _____ One-day alcoholic beverage license fee _____ Personnel Cost _____ Total Cost _____

Name of Designated Town Official volunteering to perform security service Paul Harrison

Signature of Volunteer Paul Harrison

Application Approved by Board of Selectmen (date) _____ Fees Waived _____ Fees Due _____

I/we _____ hereby acknowledge return of our \$100.00 bond payment.



January 21, 2009

DRAFT

Dr. Robert M. Sullivan
Superintendent
Middleborough Public Schools
30 Forrest Street
Middleborough, MA 02346

RE: Additional DEP Requirements for the Green School

Dr. Sullivan:

As previously discussed, I thought I should notify you of some concerns regarding additional required response actions regarding the heating oil release at the Green School, Massachusetts Department of Environmental Protection (DEP) Release Tracking Number 4-21466. To date we have maintained compliance with the DEP Bureau of Waste Site Cleanup and the Massachusetts Contingency Plan 310 CMR 40.0000 requirements. However, these requirements are designed to become more burdensome as time progresses. A principal trigger date is the one year anniversary of the Release August 25, 2009. Although this is approximately seven months away a good deal of work, permits and reports must be completed by that date and therefore at this time, continuing to move forward is becoming critical.

By August 25, 2009 we must have submitted an Immediate Response Action Completion Report, and documented a condition of No Significant Risk with a Class A Response Action Outcome (RAO) a.k.a "closure"; or completed a Phase I Initial Site Investigation Report with Numerical Ranking Scoresheet for Tier Classification and a Phase II Comprehensive Site Assessment Scope of Work. Estimated costs for the Phase I, NRS & Phase II SOW are around \$6,000 these services would not be required if we can complete a RAO before the August 25, 2009 deadline.

To date we have not detected any petroleum impact in the groundwater at the site but as time progresses it becomes more likely that contaminants will migrate downward through the sandy soils and impact the groundwater. The property is located in a Zone II to a public water supply therefore if groundwater is impacted it will automatically classify the Site as a Tier I Site requiring additional DEP permits, assessment and possibly groundwater remediation to a level suitable for a drinking water supply. At this time we cannot precisely estimate these potential future costs due to the uncertainties however if groundwater is impacted costs could readily exceed \$50,000.

Another concern is that the building has lead paint that is peeling from the siding. We sampled four samples of the paint and submitted the samples for lead analysis which detected between 11,000 and 190,000 mg/Kg (approximately parts per million) of lead as you are aware these are significantly elevated levels and any future

exposures or dispersion of these materials must be mitigated. Complete removal or encapsulation of the lead paint is recommended for future usage or if the building is to be moved. We have not provided costs to complete these services but based on similar projects, costs would exceed \$25,000.

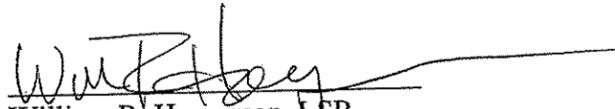
We have had a subcontractor (Atlas Systems of New England) inspect the facility to provide a cost estimate for shoring the facility. He was not able to provide an estimate because of the poor structural condition of the sills and corner of the building caused by rot. The extent of the rot was not visible, so he recommended that a building contractor remove exterior siding, corner boards etc. to evaluate the extent of the rot and estimate costs for replacement. He also noted from his cursory exterior inspection that similar structural concerns were apparent throughout and extensive replacement of dry rotted materials was likely and this may require a close to a complete removal of materials and then reconstruction.

Based on the DEP requirements, exposure concerns with lead paint and poor structural condition of the building it is my opinion that the best option to mitigate future potential exposures is to raze the building. This solution also appears to be the most expeditious and least expensive alternative, especially considering the fact that you already incurred charges of over \$26,000 from us plus Frank Corp and disposal facility charges.

Please let me know if we can be of any further assistance in this matter.

COLER & COLANTONIO, INC.

DRAFT



William R. Hoyerman, LSP
Assistant Division Manager,

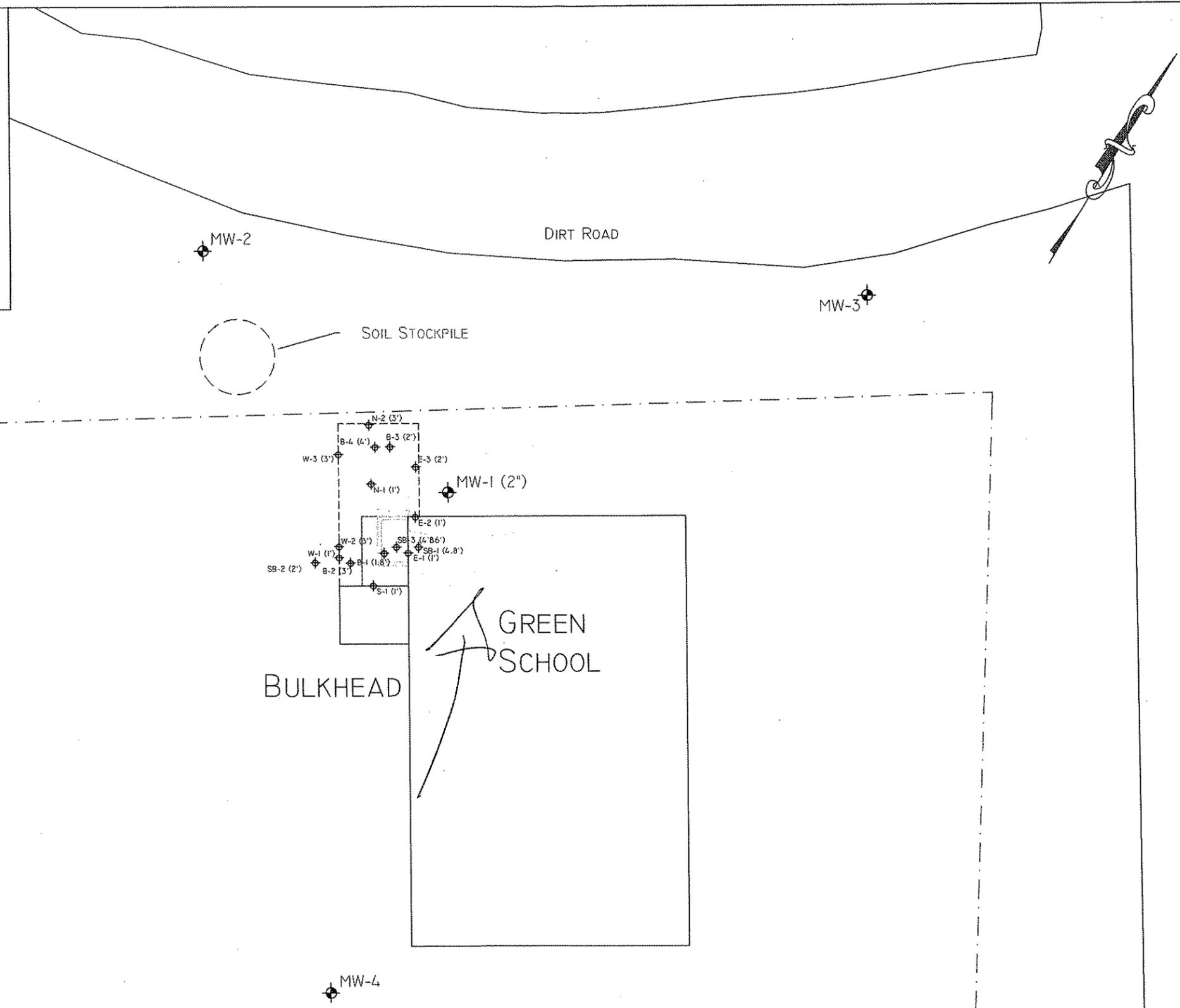
Environmental Services

**COLER &
COLANTONIO**
ENGINEERS AND ARCHITECTS

Middleborough Public Schools
IRA Emergency Response - Groundwater & Paint Assessment
Green School, Middleborough, MA

Legend

-  B-1 (1') Soil Sample
-  Area of Excavation (3')
-  Area of Excavation (1.5')
-  Former Fence
-  Stockpile Area
-  MW-1 Proposed Monitoring Well (1" unless otherwise specified)
-  Property Boundary



REVISIONS:

No.	DATE	

GENERAL NOTES:

1. THE BASE MAP WAS DRAWN FROM AN AERIAL PHOTOGRAPH OF THE SITE

COLER & COLANTONIO
ENGINEERS AND SCIENTISTS

781-982-5400 101 Accord Park Drive
 Fax: 781-982-5490 Norwell, MA 02061-1885

TITLE:

FIGURE 2
 SITE PLAN

Green School
 251 East Main Street
 Middleboro, Massachusetts

RTN: 4-21466
 Project Number: 11-1365.01

DATE: OCTOBER 7, 2008
COMP./DESIGN: MLR
CHECK: WRH
DRAWN: MLR
SCALE: 1" = 10' (Approximate)
JOB NO.: 11-1365
DWG NO.: Site Plan SHEET 1 OF 1

