

TOWN OF GRANBY  
NOTICE OF MEETINGS OF TOWN DEPARTMENT AND ALL TOWN BOARDS  
AS REQUIRED BY CHAPTER 39, SECTION 23 M.G.L.

NAME OF DEPARTMENT, BOARD OR COMMISSION & GENERAL PURPOSE OF MEETING

Granby Board of Health

DATE OF MEETING:

August 16, 2023

TIME: 7:00pm

<https://us02web.zoom.us/j/83604074099?pwd=TkdZQ0l3S2l3a3RyZnBPU092YWttUT09>

Meeting ID: 836 0407 4099

Passcode: 963536

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Dial by your location

- +1 305 224 1968 US
- +1 309 205 3325 US
- +1 929 205 6099 US (New York)

DATE OF NOTICE

August 14, 2023

*Colleen Aberdale*

**CLERK OF BOARD/ OR BOARD MEMBER**

Timestamp all copies in Town Clerk's Office-leave three copies to Clerk, (two for posting)

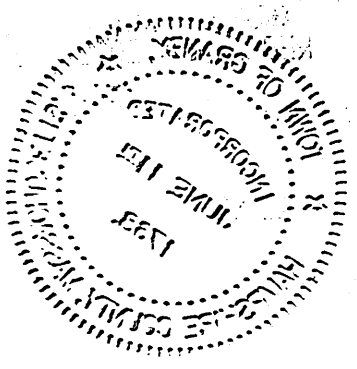
- Keep a copy for your Records.

**LISTINGS OF TOPICS**

Please check if Action will be taken or Information

|   | Action   | Information |
|---|----------|-------------|
| 1. 21 West Street, septic design  | <u>X</u> | <u>X</u>    |
| 2. 95 Cold Hill, septic design  | <u>X</u> | <u>X</u>    |
| 3. 183 West Street, septic design   | <u>X</u> | <u>X</u>    |
| 4. 51 Forge Pond Rd, septic design  | <u>X</u> | <u>X</u>    |
| 5. 291 East State Street, septic design   | <u>X</u> | <u>X</u>    |
| 6. Union Mart hearing   | <u>X</u> | <u>X</u>    |
| 7. DSCP for 120 Easton Street   | <u>X</u> | <u>X</u>    |
| 8. COC for 120 Easton Street  | <u>X</u> | <u>X</u>    |
| 9. 2023 Hauler's Permit for O'Hala Sanitation, Latour-Wilson                                    | <u>X</u> | <u>X</u>    |
| 10. Temporary food license for Church of Christ   | <u>X</u> | <u>X</u>    |
| 11. Temporary food license for IHM, Holiday Bazaar  | <u>X</u> | <u>X</u>    |
| 12. Temporary food license for IHM, Veterans Dinner   | <u>X</u> | <u>X</u>    |
| 13. 2023 Food Establishment for Wine Haus & Vineyard  | <u>X</u> | <u>X</u>    |
| 14. Well Water Contamination  | <u>X</u> | <u>X</u>    |
| 15. Determine components that require replacement, in spite of an acceptable Title 5 Inspection | <u>X</u> | <u>X</u>    |
| 16. Title 5 Reports   | <u>X</u> | <u>X</u>    |
| 17. Meeting Minutes   | <u>X</u> | <u>X</u>    |
| 18. <b>Other Business</b>   | <u>X</u> | <u>X</u>    |

*If more space is needed please fill out an additional Agenda form*



UNIVERSITY OF CAMBRIDGE  
FACULTY OF EDUCATION  
DEPARTMENT OF CURRICULUM AND INSTRUCTION

NAME: \_\_\_\_\_  
MAY 1987

PLEASE PRINT YOUR NAME AND ADDRESS IN BLOCK CAPITALS  
AND SIGNATURE IN FULL HANDWRITING

DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

*[Handwritten Signature]*

PLEASE PRINT YOUR NAME AND ADDRESS IN BLOCK CAPITALS  
AND SIGNATURE IN FULL HANDWRITING

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