

## Bourne Board of Health

### Variance or waiver request checklist:

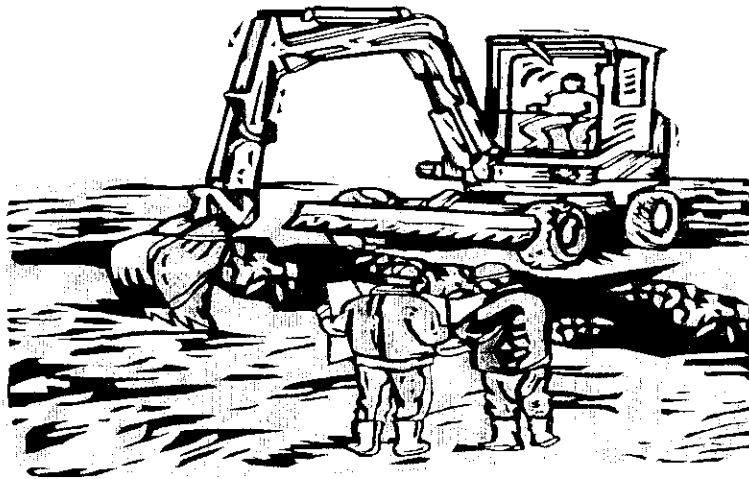
- \_\_\_\_\_ Signed and dated request letter (6)
- \_\_\_\_\_ Set of septic plans if proposed system (6)
- \_\_\_\_\_ Set of architecturals, existing and proposed (6)
- \_\_\_\_\_ Nitrogen loading calculations (6)
- \_\_\_\_\_ Table of square footage, existing and proposed with percentage of increase (6)
- \_\_\_\_\_ Copy of certified abutters list
- \_\_\_\_\_ \$25.00 filing fee

### Add to folder from office:

- \_\_\_\_\_ Assessor's card (6)- for Board
- \_\_\_\_\_ Any existing septic permit(s)
- \_\_\_\_\_ Any existing Title transfer report or septic certification (6)
- \_\_\_\_\_ Any pertinent minutes from prior hearings (6)
- \_\_\_\_\_ Check for any older folders for same address
- \_\_\_\_\_ If existing alternative, check for compliance with testing, etc.

# **BOARD OF HEALTH PACKET**

## **REQUEST FOR VARIANCE**



and

## **REQUEST FOR A WAIVER TO USE THE EXISTING SEPTIC SYSTEM FOR A PROPOSED BUILDING PROJECT**



**VARIANCE** – Installation of a new Title 5 septic system.

**WAIVER** – Repair or upgrade of existing system and components

**Please read carefully and follow all the instructions.**

If you are asking for a variance/waiver **you must:**

1. Address the Board of Health members with a letter requesting **all the exact variance(s)** you need. **Example:** (See sample Board of Health Members Letter attached) you must provide **6** copies of this letter.
2. Obtain a **CERTIFIED ABUTTER'S LIST** from the Assessor's Office. Notify your abutters (front, back, side and side) by **CERTIFIED RETURN RECEIPT MAIL**. Your letter to your abutters **must be postmarked 10 days before the date of the hearing**. It is now required that a copy of the certified abutters list be part of your **complete filing**. Please send to me by mail or fax (508-759-0679) a copy of the certified abutters list at your earliest convenience. You will need to bring the **"green cards"** with you to the meeting in order to be heard. Your letter to your abutters must state why you are being heard, the date of the meeting, time and location of the meeting. Sample letter attached.
3. Provide **6 copies** of the proposed septic design drawn by an engineer and stamped with his/her seal.
4. Provide **6 copies** of the architectural designs for the existing dwelling and 6 copies of the architectural plans for the proposed project. **NOTE:** hand drawn plans that show the dwelling to scale are also acceptable in place of registered architectural design plans for both existing and proposed.
5. Please complete the attached worksheet stating **EXISTING, PROPOSED AND PERCENTAGE OF INCREASE**. Please make 5 copies of this worksheet to submit to the board members. See attached sample of a floor plan showing each room labeled and total square footage, which must also be copied and attached to this worksheet for the proposed project.
6. Provide **6 copies** of the attached Nitrogen Calculations worksheet.
7. Complete packets must be received no later then **12:00 PM the Thursday** before the scheduled meeting.
8. Board of Health meets regularly at **7:00 PM** on the **2<sup>nd</sup> and 4<sup>th</sup> Wednesday** of each month in the Lower Conference Room at Town Hall, 24 Perry Avenue Buzzards Bay.

For your benefit, please find attached helpful information regarding the above.

1. Variance Request Guideline
2. Sample plot plan of direct abutters (Side, Side, Front and Back)
3. Nitrogen Calculation Worksheet

## **ATTENTION:**

Information received **LATE, INCOMPLETE** or **INCORRECT** will result in a delay of your scheduled hearing. Your variance request will be moved **to the next available meeting. All abutters will need to be re-notified of the hearing date.**

Please call the Board of Health Office with any questions at 508-759-0615 Ext 1.

Your Name  
Mail Address  
Your Town, State and Zip Code  
Your Telephone Number

Date:

Bourne Board of Health  
24 Perry Avenue  
Buzzards Bay, MA 02532  
508-759-0615 ext. 513

RE:

Dear Members:

Please accept this letter as a variance/waiver request to the Town of Bourne Board of Health Regulations for the above referenced project.

Please use this section to describe the dwelling, as it exists today and what is being proposed for the variance. Please include number of bedrooms existing and proposed, description of the addition/renovation/alteration proposed for the property and description of the septic system proposed.

Please list the variance (s) below:

**Ex. Variance to a coastal bank = Setback is 150 feet**  
**Proposed is 125 feet from the bank**  
**Request is for a 25 foot variance**

Sincerely,

Sample Waiver Request letter to Board Members

Date:

Bourne Board of Health  
24 Perry Avenue  
Buzzards Bay, MA 02532

508-759-0615 ext. 513

Re:

Dear Members:

Please accept this letter as a request for a waiver to use the existing septic system at the address listed above for this proposed project.

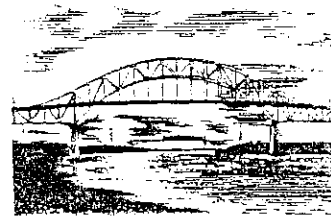
The existing house has \_\_\_\_\_ bedrooms. I am proposing to renovate/add/alter the following:

Sincerely.



Cynthia A. Coffin,  
Health Agent

TOWN OF BOURNE  
BOARD OF HEALTH  
24 Perry Avenue  
Buzzards Bay, MA 02532  
Phone (508) 759-0615 x513  
Fax (508) 759-8026



**CERTIFIED MAIL – abutter notification must be post marked 10 days prior to the date of the hearing**

**RE: NOTICE OF PUBLIC HEARING**

Dear Abutter:

In accordance with Title 5, 310 CMR 15.411, you are hereby notified that

(Name of applicant) \_\_\_\_\_

has filed with the Town of Bourne Board of Health a request for a:

\_\_\_\_\_ Waiver to use the existing septic system

\_\_\_\_\_ Variance(s) to install a new septic system

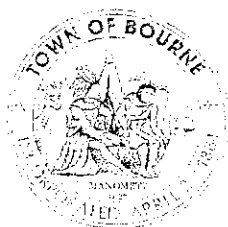
\_\_\_\_\_ Variance(s) to install a new septic system with an alternative testing system

The location of the property for this proposal is: \_\_\_\_\_

**This hearing is scheduled for \_\_\_\_\_ at \_\_\_\_\_ in the lower conference room at the Town Hall.** Information about the Public Hearing and/or copies of the septic design plans may be examined at the Bourne Board of Health located at 24 Perry Avenue, Buzzards Bay, MA 02532. The office hours for the Town Hall are Monday through Friday from 8:30 A.M. until 4:30 P.M.

Notice of this Public Hearing, including its date, time and place will be posted at the Town of Bourne Town Hall not less than 48 hours in advance of the hearing.

Sincerely,



# TOWN OF BOURNE BOARD OF HEALTH

24 Perry Avenue  
Buzzards Bay, MA 02532



Cynthia A. Coffin  
Health Agent

Request for variances or waivers that include renovations, alterations, or additions to the existing dwelling, architectural of the existing house and the proposed house must be submitted to the Board of Health at the time of the variance request and shall include the following:

A plan of the existing layout of the house, to scale, with rooms properly labeled. Each room is to have dimension measurements with the total square footage of each room shown on the plan. (see attached example)

A plan of the proposed layout of the house, to scale, with room properly labeled. Each room is to have dimension measurements with the total square footage of each room shown on the plan. (see attached example)

On these plans or on a separate piece of paper include the following summary table:

	<u>Existing</u>	<u>Proposed</u>	<u>% increase</u>
Bedroom Square footage (Any labeled bedroom or room which provides minimum seclusion- as per BOH definition)			
Non-bedroom space (Living room, kitchen, bath, closets, hallway, etc.)			





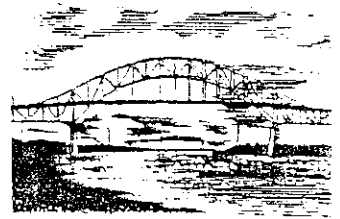
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	



Cynthia A. Coffin  
Health Agent

## TOWN OF BOURNE BOARD OF HEALTH

24 Perry Avenue  
Buzzards Bay, MA 02532



### VARIANCE REQUEST GUIDELINES

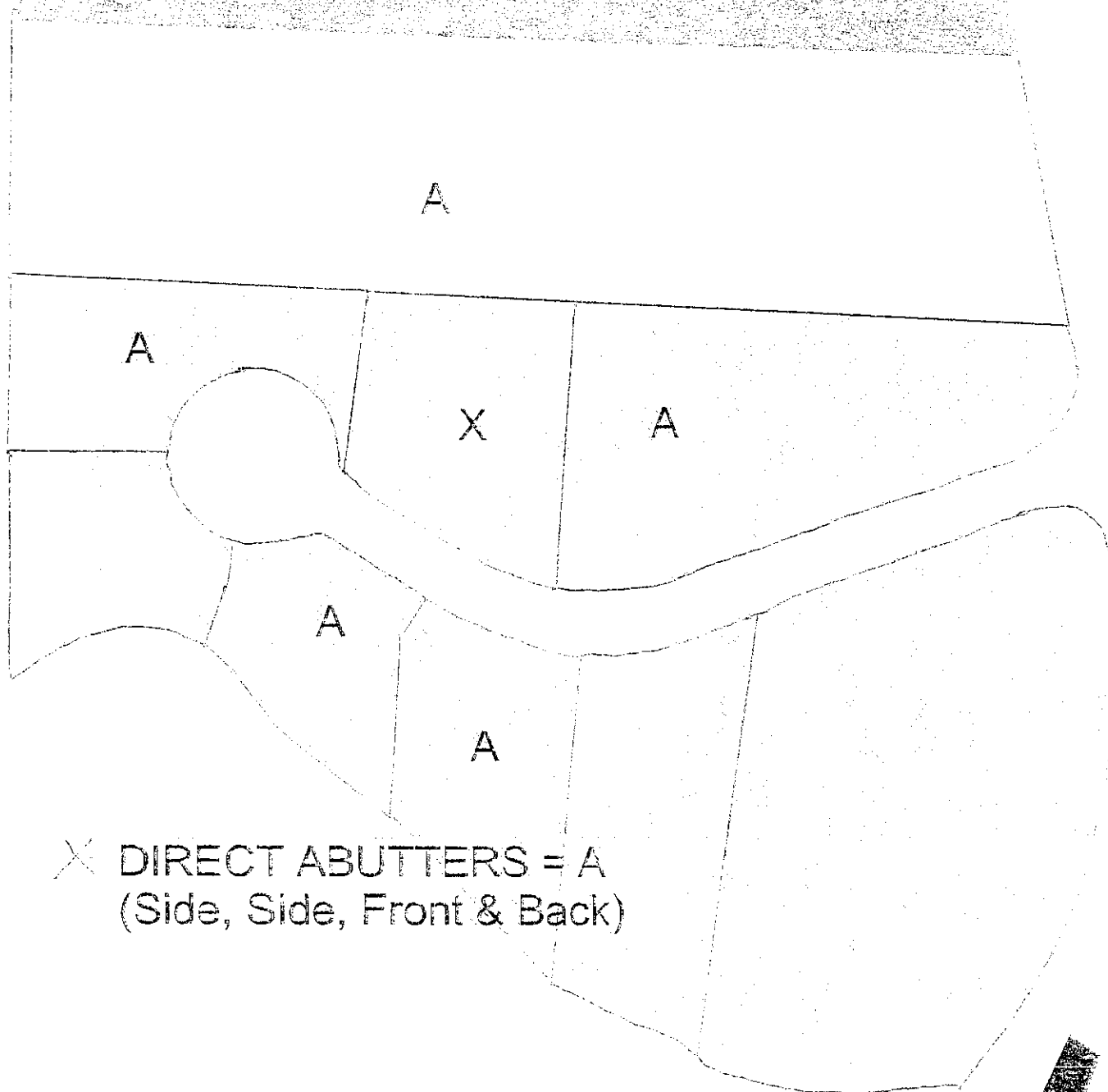
For the purposes of any variance request for a reduction in the 150-foot setback to wetlands/ top of coastal bank, which includes a proposal for renovations, alterations or additions, the following guidelines shall apply:

For projects where the renovations or additions result in an increase of bedroom space, by Board of Health definition, of 25% or greater, a septic system which includes nitrogen removal, i.e. some type of Alternative Technology System, with pressure dosing or ultraviolet disinfection shall be required.

For projects where the renovations or additions result in an increase of non-bedroom (such as kitchen, living room, bathroom) of 50% or greater, some virus attenuation may be required in the form of pressure dosing or ultraviolet disinfection (which will require a clarified effluent such as results from an alternative technology system).

\*\*\* This is for informational purposes only

accepted 4/27/2005



X DIRECT ABUTTERS = A  
(Side, Side, Front & Back)

Town of Bourne  
CONSERVATION COMMISSION

Nitrogen Loading Calculation Sheet for Residential Housing

The following calculation sheet is based upon Technical Bulletin 91-001 issued by the Cape Cod Commission and deals with nitrate nitrogen ( $\text{NO}_3\text{-N}$ ). Use the information from your PLAN OF RECORD to provide the following:

Number of bedrooms (Title 5 definition) = \_\_\_\_\_ bedrooms

Lot size (in square feet) = \_\_\_\_\_ sq. ft.

Impervious surfaces; \*\*Roof area = \_\_\_\_\_ sq. ft. \*\*Paved area = \_\_\_\_\_ sq. ft.

Natural Area = lot area minus all impervious surfaces = \_\_\_\_\_ sq. ft.

Lawn area in sq. ft. = \_\_\_\_\_ sq. ft.

TITLE 5 FLOW = 110 GAL. / DAY PER BEDROOM

WASTEWATER FLOWS (NITROGEN LOAD & WATER LOAD)

Nitrogen from Title 5 design = 14,572 mg  $\text{NO}_3\text{-N}$  / day / bedroom

Water from Title 5 design = 416.3 L  $\text{H}_2\text{O}$  / day / bedroom

1a) Number of bedrooms = \_\_\_\_\_ X 14,572 = \_\_\_\_\_ mg.  $\text{NO}_3\text{-N}$  / day

1b) Number of bedrooms = \_\_\_\_\_ X 416 = \_\_\_\_\_ L  $\text{H}_2\text{O}$  / day

Actual Nitrogen load = 6071.5 mg  $\text{NO}_3\text{-N}$  / day / bedroom

Actual Water load = 173.5 L  $\text{H}_2\text{O}$  / day / bedroom

\*Note: This assumes 2.5 people / unit average occupancy within the Town.

2a) Number of bedrooms = \_\_\_\_\_ X 6071.5 = \_\_\_\_\_ mg.  $\text{NO}_3\text{-N}$  / day

2b) Number of bedrooms = \_\_\_\_\_ X 173.5 = \_\_\_\_\_ L  $\text{H}_2\text{O}$  / day

IMPERVIOUS SURFACES (NITROGEN LOAD & WATER LOAD)

$\text{NO}_3\text{-N}$  load number sq. ft. of roof surface X 0.19395 mg  $\text{NO}_3\text{-N}$  / sq. ft.

$\text{H}_2\text{O}$  load number sq. ft. of roof surface X 0.2586 L / sq. ft.

3a) Roof surface = \_\_\_\_\_ sq. ft. X 0.19395 = \_\_\_\_\_ mg  $\text{NO}_3\text{-N}$

3b) Roof surface = \_\_\_\_\_ sq. ft. X 0.2586 = \_\_\_\_\_ L  $\text{H}_2\text{O}$

$\text{NO}_3\text{-N}$  load number sq. ft. of paved surface X 0.388 mg / sq. ft.

$\text{H}_2\text{O}$  load number sq. ft. of paved surface X 0.2586 L / sq. ft.

4a)  $\text{NO}_3\text{-N}$  = \_\_\_\_\_ sq. ft. paved surface X 0.388 mg / sq. ft. = \_\_\_\_\_ mg  $\text{NO}_3\text{-N}$

4b)  $\text{H}_2\text{O}$  = \_\_\_\_\_ sq. ft. paved surface X 0.2586 L / sq. ft. = \_\_\_\_\_ L  $\text{H}_2\text{O}$

LAWN NITROGEN LOAD = 0.933 mg / sq. ft. lawn surface

5) sq. ft. of lawn = \_\_\_\_\_ X 0.933 = \_\_\_\_\_ mg

#### NATURAL AREA WATER LOADING

Natural area = lot size - impervious surface = \_\_\_\_\_ sq. ft.

6) Natural area = \_\_\_\_\_ X water recharge factor = \_\_\_\_\_ L  
(0.1358 L / sq. ft. for Bourne)<sup>1</sup>

#### SUMMARY OF NITROGEN LOADING

##### Estimated Title 5 Nitrogen & Water Loading

7a) ADD the above NO<sub>3</sub>N load:

1a + 3a + 4a + 5  
\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ mg NO<sub>3</sub>-N / day

7b) ADD the above water (H<sub>2</sub>O) load:

1b + 3b + 4b + 6  
\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ L H<sub>2</sub>O / day

7c) DIVIDE 7a by 7b = \_\_\_\_\_ ppm NO<sub>3</sub>-N\*\*\*\*\*

##### Actual Nitrogen & Water Loading

8a) ADD the above NO<sub>3</sub>N load:

2a + 3a + 4a + 5  
\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ mg NO<sub>3</sub>-N / day

8b) ADD the above water (H<sub>2</sub>O) load:

2b + 3b + 4b + 6  
\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_ L H<sub>2</sub>O / day

8c) DIVIDE 8a by 8b = \_\_\_\_\_ ppm NO<sub>3</sub>-N\*\*\*\*\*

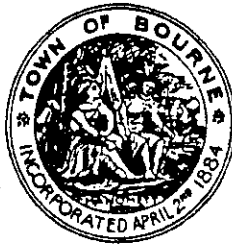
FINAL CALCULATION ADD 7c & 8c (ppm) = \_\_\_\_\_ divide by 2 = \_\_\_\_\_ ppm NO<sub>3</sub>-N

This is the actual nitrate nitrogen load for the project as designed. The target for coastal areas is 5 ppm nitrate nitrogen. Certain critical embayments may require a LOWER figure to prevent degradation.

\*\*\*\*\*If your nitrate nitrogen load exceeds the target limit USE A SECOND CALCULATION SHEET TO SHOW ALTERNATIVES IN TRYING TO ACHIEVE THE 5 PPM NITRATE NITROGEN LEVEL\*\*\*\*\*

<sup>1</sup> Water recharge factors for data line 6: @21" / yr. use 0.1358 in Bourne and Falmouth; @ 19" / yr. use 0.1228 for Mashpee & Sandwich; @ 18" / yr. 0.1164 for Barnstable, Dennis & Yarmouth; @ 17" / yr. use 0.1101 for Brewster & Harwich; @ 16" / yr. use 0.1031 for Chatham, Eastham, Orleans, Provincetown, Truro & Wellfleet.

J. Malcolm Whitney, MAA, Chairman  
Priscilla A. Koleshis, Clerk  
Anne Ekstrom, Member  
Donna L. Barakauskas, MAA,  
Principal Assessor



24 Perry Avenue  
Buzzards Bay, MA 02532-3496  
(508) 759-0600 Ext. 16  
(508) 759-8026 Fax

TOWN OF BOURNE  
Board of Assessors

EXAMPLE CERTIFIED LIST

May 10, 2006

Upper Cape Tech H.S.  
220 Sandwich Rd  
Bourne, MA 02532

Reference: Abutters List for Map 25 Parcel 1

Pursuant to the provisions of Massachusetts General Laws Chapter 40A, Section 11, as amended, this is to certify that the enclosed list of names and addresses constitutes all of the abutters to abutters within 300 feet of the property and abutters directly across the street on the most recent tax list of the Town of Bourne. The purpose of the abutters list is for an application of a Special Permit from the Planning Board.

Abutting properties are: Map 16 Parcel 14; Map 21 Parcels 12, 12.01, 12.02, 12.03, 12.04, 12.05, 12.06, 12.07, 12.08, 12.09, 12.10, 12.11, 12.12, 12.13, 12.14, 12.15, 12.16, 12.17, 12.18, 12.19, 12.20, 12.21, 12.22, 12.23, 12.24, 12.25, 12.26, 12.27, 12.28, 12.29, 12.30, 12.31, 12.32, 12.33, 12.34, 12.35, 12.36, 12.37, 12.38, 12.39, 12.40, 12.41, 12.42, 12.43, 12.44, 12.45, 12.46, 12.47, 12.48, 12.49, 12.50, 12.51, 12.52, 12.53, 12.54, 12.55, 12.56, 12.57, 12.58, 12.59, 12.60, 12.61, 12.62, 12.63, 12.64, 12.65, 12.66, 12.67 and 12.68; Map 24 Parcels 11, 12 and 12.01; Map 25 Parcels 2, 3, 7, 9, 14, 15, 16, 17, 26, 27, 28, 29 and 30; Map 44 Parcels 50 and 51; Map 48 Parcel 82.

Your payment of \$25.00 has been received by the Assessors Office.

See enclosed Data Base Inquiry Forms for abutters mailing addresses.

Board of Assessors

J. Malcolm Whitney  
Priscilla Koleshis  
Anne Ekstrom

Extract: Abutters M2/P12 Schooner Pass  
 Database: LIVE  
 Filter: Key IN  
 15987 4256 4257 4258 4259 4260 4261 4262 4263 4264 4265 4266 4

Report #24: Owner Listing Report  
 Fiscal Year 2007

Bourne, MA

Key	Parcel ID	Owner	Location	LC	Book/Page(Cert)	Deed	Mailing Street	Mailing City	ST	Zip Code	Country
15987	21-0-12-0-R	SCHOONER PASS CONDO ASSOCIATIO C/O BETRO & CO PC	250 SANDWICH RD	Y	C-18/453-115		PO BOX 330	N FALMOUTH	MA	02556-0330	
4256	21-0-12-1-R	AMARAL DIANE M	1 SHIPS VIEW TERR	Y	C18-1A	5/16/2005	1 SHIPS VIEW TERR	BOURNE	MA	02532	
4257	21-0-12-2-R	MCGRAH USA A	2 SHIPS VIEW TERR	Y	C18-2A	11/18/2003	2 SHIPS VIEW TERRACE	BOURNE	MA	02532	
4258	21-0-12-3-R	DISPIRITO EMILIO C/O LALRA COUSINEAU	3 SHIPS VIEW TERR	N	00000/0000	4/9/1996	97 COLUMBUS DRIVE	FALL RIVER	MA	02720	
4259	21-0-12-4-R	MOULTON C FRED & JEAN P MOULTON	4 SHIPS VIEW TERR	Y		8/25/1999	4 SHIPS VIEW TERRACE	BOURNE	MA	02532 3649	
4260	21-0-12-5-R	SELLSTONE EVELYN A	5 SHIPS VIEW TERR	Y	C18-5	1/4/2001	5 SHIPS VIEW TERRACE	BOURNE	MA	02532-3649	
4261	21-0-12-6-R	MISTARK DOROTHY R	6 SHIPS VIEW TERR	N	00000/0000	10/16/1995	6 SHIPS VIEW TERR	BOURNE	MA	02532	
4262	21-0-12-7-R	TORRUELLA SHARON E	7 SHIPS VIEW TERR	Y	C18-7	2/28/2002	7 SHIPS VIEW TERR	BOURNE	MA	02532	
4263	21-0-12-8-R	KACIK PERRY M	8 SHIPS VIEW TERR	Y	C18-8 A	5/3/2000	210 JACOBS COURT	CRANBERRY TWP	PA	16066	
4264	21-0-12-9-R	ROBOHM ROBERT E & GRACE ANN ROBOHM	9 BOWSPRIT PLACE	N	N/A/0000		9 BOWSPRIT LANE	BOURNE	MA	02532-3630	
4265	21-0-12-10-R	MAYER KENNETH A & MARQUES RUTHANN	10 BOWSPRIT PLACE	Y	DOC #978715	8/31/2004	10 BOWSPRIT PLACE	BOURNE	MA	02532	
4266	21-0-12-11-R	MACALLY JANET M	11 BOWSPRIT PLACE	Y	C18-11	12/7/2001	11 BOWSPRIT LANE	BOURNE	MA	02532 3630	
4267	21-0-12-12-R	JOYCE CONSTANCE H TR OF THE JOYCE NOMINEE TRUST	12 BOWSPRIT PLACE	N	C18-12B	4/7/1997	12 BOWSPRIT PLACE	BOURNE	MA	02532-3630	
4268	21-0-12-13-R	DOYLE DAGMAR A	13 BOWSPRIT PLACE	N	00000/0000		13 BOWSPRIT PLACE	BOURNE	MA	02532-3630	
4269	21-0-12-14-R	KOSARICK KATHLEEN J	14 BOWSPRIT PLACE	Y	C18-14C	7/23/2004	14 BOWSPRIT PLACE	BOURNE	MA	02532	
4270	21-0-12-15-R	NASH WILLIAM F & MILICENT A NASH	15 BOWSPRIT PLACE	N	00000/0000		15 BOWSPRIT LANE	BOURNE	MA	02532-3630	
4271	21-0-12-16-R	MOBILIA LAWRENCE J & HELEN MOBILIA	16 BOWSPRIT PLACE	N	N/A/E	6/27/1997	C/O DIANE B SAXTON 91 BLUNT RD	GREAT BARRINGTON	MA	01230 9048	
4272	21-0-12-17-R	DURKIN JOHN J JR & ELINOR M DURKIN	17 BOWSPRIT PLACE	N	C18-17C	11/13/1996	17 BOWSPRIT PLACE	BUZZARDS BAY	MA	02532 3630	
4273	21-0-12-18-R	ODONNELL BERNARD J & PATRICIA ODONNELL	18 BOWSPRIT PLACE	N	00000/0000		18 BOWSPRIT PLACE	BOURNE	MA	02532-3630	
4274	21-0-12-19-R	CARLEEN PRISCILLA	19 BOWSPRIT PLACE	Y		12/12/2000	19 BOWSPRIT PLACE	BOURNE	MA	02532	
4275	21-0-12-20-R	PAWLOSKI MATTHEW P & MARLUS A KLINE	20 BOWSPRIT PLACE	Y	C18-20C	11/30/2001	20 BOWSPRIT LANE	BOURNE	MA	02532-3630	