TOWN OF BOURNE
HEALTH DEPARTMENT
24 PERRY AVENUE
BUZZARDS BAY, MA 02532
508-759-0600 EXT. 1513
508-759-0679 FAX
www.townofbourne.com/health

BOARD OF HEALTH VARIANCE AND WAIVER PACKET

Terri Guarino – Health Agent
Jamie Butler - Health Inspector
Lisa Collett – Secretary

Kathy Peterson – Chairman of the Board of Health
Stanley Andrews – Vice Chairman of the Board of Health
Donald Uitti – Secretary of the Board of Health
Galon (Skip) Barlow – Member of the Board of Health
Kelly Mastria – Member of the Board of Health.

BOURNE BOARD OF HEALTH
24 PERRY AVENUE
BUZZARDS BAY, MA 02532
508-759-0600 EXT. 1513
508-759-0679 FAX

The Board of Health meets on the second (2nd) and fourth (4th) Wednesday of each month
Location is the Lower Conference Room at Town Hall
Meetings start promptly at 7:00 PM

PLEASE READ CAREFULLY AND FOLLOW ALL THE INSTRUCTIONS.

INFORMATION RECEIVED LATE, OR INCOMPLETE MAY RESULT IN A DELAY OF YOUR SCHEDULED HEARING AND YOUR VARIANCE/WAIVER REQUEST MAY BE MOVED TO THE NEXT AVAILABLE MEETING. IN THAT CASE ALL ABUTTERS WILL NEED TO BE RE-NOTIFIED.

VARIANCE – Installation of a new Title 5 septic system that does not meet the requirements in Title 5 310.CMR 15.000 or the Town of Bourne Regulations

WAIVER – The request to use the existing septic system for a proposed renovation, addition or alteration to the existing dwelling

DEFINITION OF A BEDROOM (HABITABLE SPACE) – Any room that provides minimum seclusion. 4 walls and a doorway with no closet and no windows meet the definition of a bedroom, pursuant to the Bourne Board of Health bedroom definition regulation

DEFINITION OF A NON-BEDROOM (NON HABITABLE SPACE) - Kitchen, living room, bathroom or any room with a 4 foot or wider cased opening.

PACKETS – Are mandatory for every hearing request. **6 copies** of every document pertaining to the variance/waiver are required. One copy is for the file the other 5 copies are for the members of the board. Each packet must contain the following:

A filing fee of $125.00 is due upon submission of documentation to the Town of Bourne.

1. Obtain a **CERTIFIED ABUTTERS LIST** (an application and example lists are attached) from the Assessor's Office. There is a fee for this request. A letter must be sent containing the date of the hearing, the reason for the hearing and the location and time of the hearing to all the abutters on the list (sample letter attached) These letters must be sent by **CERTIFIED MAIL POSTMARKED 10 DAYS PRIOR TO THE DATE OF THE HEARING AND RECEIPT OF CERTIFIED MAILING AT THE TIME OF APPLICATION**. The **"Green Cards"** from the certified mail must be presented at the time of the hearing verified by the Health Agent that all abutters were properly notified before the hearing request is heard. Digital receipts are available.

2. A letter, addressed to "The members of the Board of Health", needs an explanation of the reason you want to be heard. For variances, you must list all variances being request. **SEE EXAMPLE LETTERS ATTACHED**

3. **VARIANCE REQUEST – 1**. Submit 6 copies of the proposed septic design drawn and stamped by a certified engineer. **2**. Submit 6 copies of the architectural designs for what is existing and what is being proposed. Hand drawn non-registered architectural designs are acceptable as long as they are to scale. **3**. Complete the attached PERCENTAGE OF INCREASE worksheet. **4**. Attach a floor plan showing each room labeled with total square footage for that room (see example attached) **5**. Complete the Nitrogen Loading Calculation worksheet that is attached.

4. **WAIVER REQUEST – 1**. Submit 6 copies of the architectural designs for what is existing and what is being proposed. Hand drawn non-registered architectural designs are acceptable as long as they are to scale. **2**. Complete the attached PERCENTAGE OF INCREASE worksheet. **3**. Attach a floor plan showing each room labeled with total square footage for that room (see example attached)

5. Complete packets must be received no later than 4:30 PM the Wednesday before the scheduled meeting. (one week before)

REQUEST FOR CERTIFIED ABUTTERS LIST

REQUESTED BY:

NAME_____

ADDRESS_____

CITY_____ ZIP_____

PHONE_____

PURPOSE OF CERTIFIED ABUTTERS LIST:

SUBJECT PROPERTY:

LOCATION_____

MAP/PARCEL_____

Check appropriate purpose:

Planning Board
- ☐ Special Permit
- ☐ Sub-division
- ☐ Waiver of SP/SPR
- ☐ Site Plan Review

Zoning Board of Appeals
- ☐ Variance
- ☐ Special Permit

☐ Cape Cod Commission

☐ Board of Selectmen:
- ☐ Special Permit
- ☐ Liquor License

☐ Board of Health

☐ Conservation Commission
- ☐ RDA
- ☐ NOI

Assessors Office Use Only

ABUTTERS:

MAP/PARCEL	MAP/PARCEL	MAP/PARCEL

EXAMPLE

TOWN OF BOURNE

Board of Assessors
24 Perry Avenue
Buzzards Bay, MA 02532
(508) 759-0600 Ext. 1510 ♦ Fax (508) 759-8026

Anne Ekstrom, Chairman
Priscilla A. Koleshis, Clerk

Donna L. Barakauskas, MAA,
Director of Assessing

September 18, 2015

Reference: Abutters List for Map 23.3 Parcel 11

Pursuant to the provisions of Massachusetts General Laws Chapter 141, Section 40, as amended, and the Town of Bourne Wetlands Protection Bylaw Article 3.7, enclosed is a list of names and addresses which constitutes abutters submitted by you within 100 feet of the property on the most recent tax list of the Town of Bourne. The purpose of the abutters list is for a Request for Determination of Applicability application for the Conservation Commission.

Abutting properties are: Map 23.1 Parcel 147; Map 23.3 Parcels 10, 12, 20, 21 & 97.

Your payment of $10.00 has been received by the Assessor's Office.

See enclosed Data Base Inquiry Forms for abutters mailing addresses.

Board of Assessors

Anne Ekstrom
Priscilla Koleshis

List Enclosed

Extract: 1 Abutters List
Database: LIVE
Filter: Key IN 4721,4723,4800,4731,4732,4517
Sort:

Report #24: Owner Listing Report

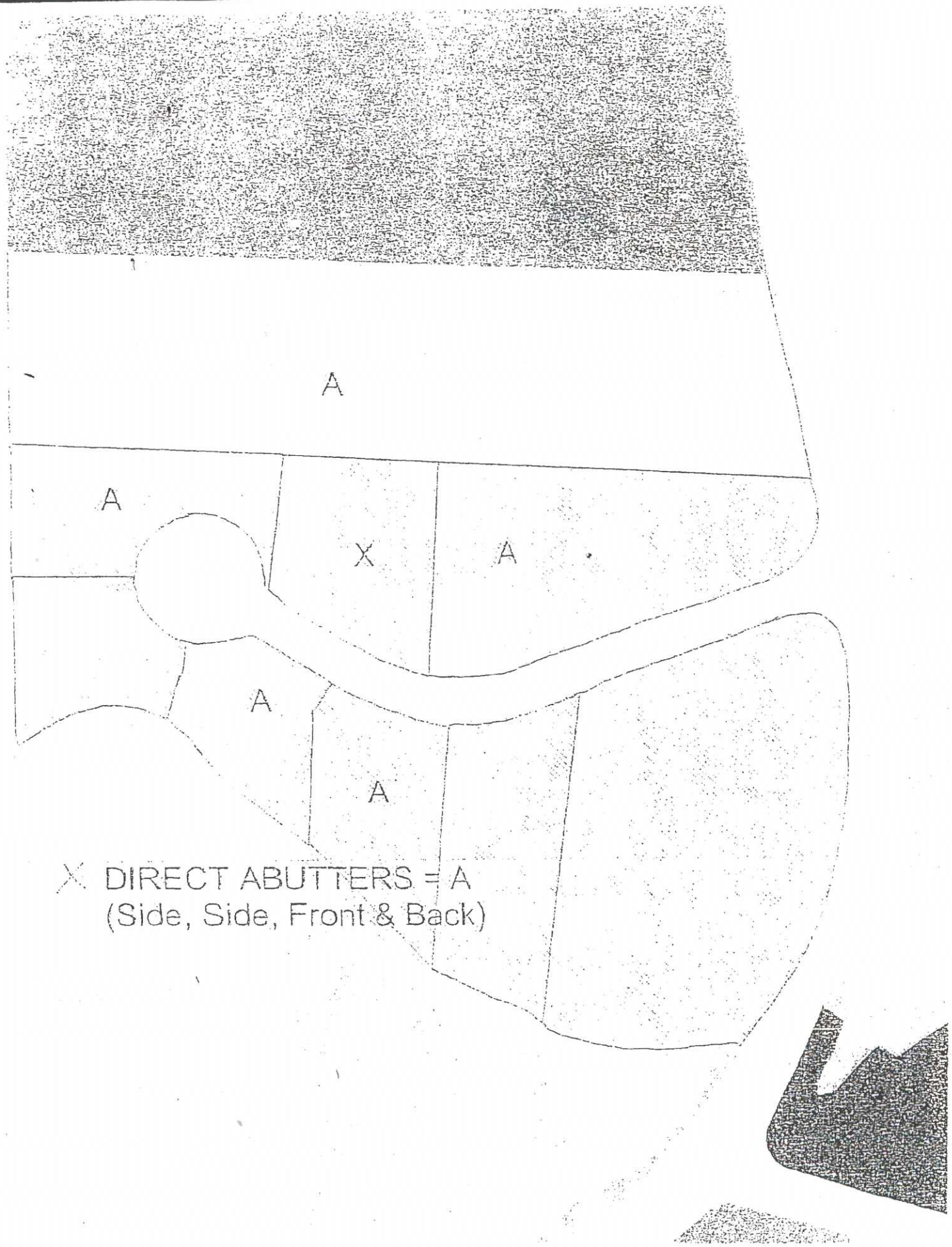
Fiscal Year 2016

Bourne MA

Key	Parcel ID	Owner	Location	LCI/CI	Bk-Pg(Cert) /Dt	Mailing Street	Mailing City	ST	Zip Cd/County
4517	23.1-147-0		0 PLAZA LN	N 9300	1338/679	24 PERRY AVE	BUZZARDS BAY	MA	02532
4721	23.3-10-0		8 SALT WORKS LN	N 1010	07735/00262 10/31/1991	250 WEBSTER AVE	CAMBRIDGE	MA	02141-1362
4723	23.3-12-0		2 SALT WORKS LN	N 1010	15199/264 5/28/2002	PO BOX 812	BUZZARDS BAY	MA	02532
4731	23.3-20-0		5 SALT WORKS LN	N 1010	28438/285 10/10/2014	2409 VALRICO FOREST DR	VALRICO	FL	33594
4732	23.3-21-0		3 SALT WORKS LN	N 1010	9936/223 11/17/1995	3 SALT WORKS LN	BUZZARDS BAY	MA	02532
4800	23.3-97-0		2 PLAZA LN	N 1010	23907/134 7/21/2009	23 FISKE AVE	UPTON	MA	01568-1586

Total Records 6

EXAMPLE


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

SAMPLE OF LETTER TO DIRECT ABUTTERS

CERTIFIED MAIL (must be postmarked 10 days prior to date of meeting)

DATE

RE: NOTICE OF PUBLIC HEARING

DEAR ABUTTER:

In accordance with Title 5, 310 CMR 15.411, you are hearby notified that (name of applicant) has requested a hearing before the Bourne Board of Health. At said hearing the Board will discuss and possibly vote on:

List reason or reasons for the hearing

The location of the property for this proposal is (address of the project). This hearing is scheduled for (date of the hearing) at (time of the hearing) in the Lower Conference Room at the Town Hall.

Information regarding the hearing may be available for your review one week prior to the meeting at the Bourne Health Department, 24 Perry Avenue, Buzzards Bay, Monday through Friday from 8:30am until 4:30pm. Agendas are posted on the Town of Bourne website, www.townofboure.com/health no less than 48 hours in advance of the hearing.

Should you have any questions or concerns, please do not hesitate to contact our office (your business name and phone number) or the Bourne Health Department 508-759-0600 ext. 1513.

Sincerely,

(Name of Applicant)

SAMPLE OF A LETTER TO REQUEST A VARIANCE

DATE:

BOURNE BOARD OF HEALTH
24 PERRY AVE
BUZZARDS BAY, MA 02532

RE: ADDRESS OF THE PROJECT
OWNERS NAME
OWNERS MAILING ADDRESS

DEAR MEMBERS:

PLEASE ACCEPT THIS LETTER AS A REQUEST FOR VARIANCE/VARIANCES FOR THE PROPOSED PROJECT AT (ADDRESS OF PROJECT) FOR (NAME OF OWNER).

(LIST ALL VARIANCES NEEDED)

SINCERELY,

YOUR NAME
NAME OF COMPANY
ADDRESS
MAILING ADDRESS
TELEPHONE NUMBER
EMAIL ADDRESS

SAMPLE OF A LETTER TO REQUEST A WAIVER

Date

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

RE: ADDRESS OF PROPERTY
OWNERS NAME
OWNERS MAILING ADDRESS

DEAR MEMBERS:

PLEASE ACCEPT THIS LETTER AS A REQUEST FOR A WAIVER TO CONTINUE TO USE THE EXISTING SEPTIC SYSTEM FOR THE PROPOSED ADDITIONS, RENOVATIONS AND/OR ALTERATIONS AT (ADDRESS OF THE EXISTING DWELLING) FOR (OWNERS NAME).

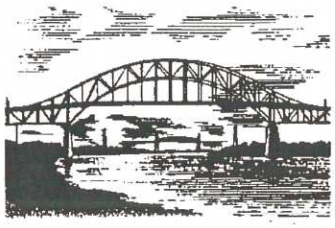
SINCERELY,

YOUR NAME
NAME OF COMPANY
ADDRESS
MAILING ADDRESS
TELEPHONE NUMBER
EMAIL ADDRESS

Terri A. Guarino
Health Agent

TOWN OF BOURNE
BOARD OF HEALTH

24 Perry Avenue
Buzzards Bay, MA 02532
www.townofbourne.com/health
Phone (508) 759-0600 ext. 1513
Fax (508) 759-0679



PERCENTAGE OF INCREASE WORKSHEET

DATE OF HEARING:
ADDRESS OF HEARING:
OWNERS MAILING ADDRESS:

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

	EXISTING	PROPOSED	% INCREASE
Bedroom Square Footage (any labeled bedroom and or room which provides minimum seclusion as per Board of Health definition)			
Non-Bedroom Space (living room, kitchen, bathrooms, closets, hallways etc.)			

PERCENTAGE OF TOTAL INCREASE _____

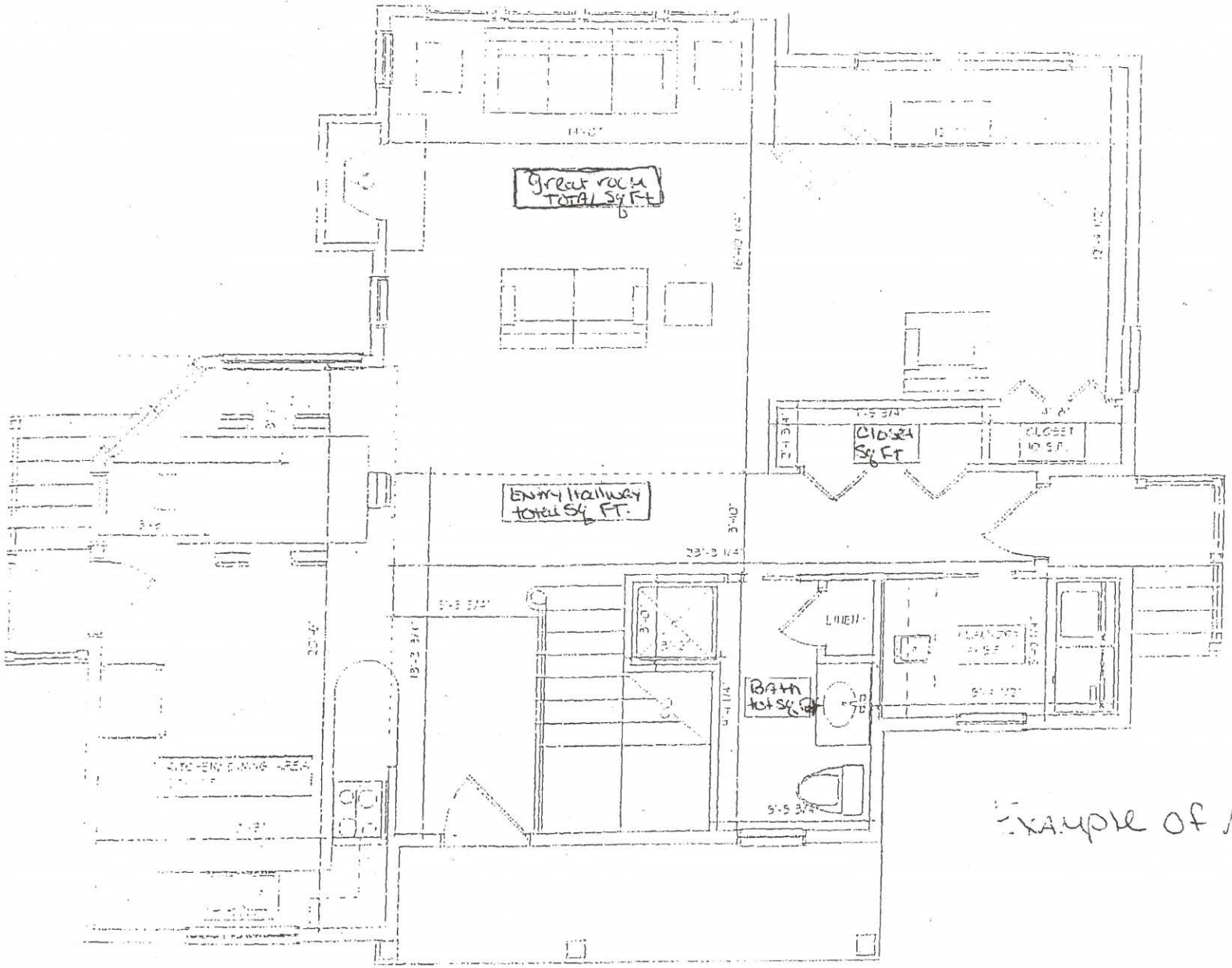
For the purpose of any variances or waiver requests for a reduction in the 150 foot setback to the wetlands/top of coastal bank, which includes a proposal for renovations, alterations or additions to the existing dwelling, the following guidelines shall apply:

For projects where the renovations, alterations 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 shall be required

For projects where the renovations, alterations or additions result in an increase of non-bedroom space such as kitchen, living room, bathroom etc. of 50% or greater an Alternative Technology system may be required.

Formula for total increase percentage:
Subtract existing from proposed = square footage added
Divide square footage added by existing = % increase

800 existing 1200 proposed
1200 – 800 = 400 square footage added
400 / 800 = 50% increase



Example of A Floor Plan

FIRST FLOOR PLAN

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 (NO_3-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 NO_3-N / day / bedroom
Water from Title 5 design = 416..3 L H_2O / day / bedroom

1a) Number of bedrooms = _____ X 14,572 = _____ mg. NO_3-N / day

1b) Number of bedrooms = _____ X 416 = _____ L H_2O / day

Actual Nitrogen load = 6071.5 mg NO_3-N / day / bedroom
Actual Water load = 173.5 L H_2O / day / bedroom
*Note: This assumes 2.5 people / unit average occupancy within the Town.

2a) Number of bedrooms = _____ X 6071.5 = _____ mg. NO_3-N / day

2b) Number of bedrooms = _____ X 173.5 = _____ L H_2O / day

IMPERVIOUS SURFACES (NITROGEN LOAD & WATER LOAD)

NO_3-N load number sq. ft. of roof surface X 0.19395 mg NO_3-N / sq. ft.
H_2O load number sq. ft. of roof surface X 0.2586 L / sq. ft.

3a) Roof surface = _____ sq. ft. X 0.19395 = _____ mg NO_3-N

3b) Roof surface = _____ sq. ft. X 0.2586 = _____ L H_2O

NO_3-N load number sq. ft. of paved surface X 0.388 mg / sq. ft.
H_2O load number sq. ft. of paved surface X 0.2586 L / sq. ft.

4a) NO_3-N = _____ sq. ft. paved surface X 0.388 mg / sq. ft. = _____ mg NO_3-N

4b) H_2O = _____ sq. ft. paved surface X 0.2586 L / sq. ft. = _____ L H_2O

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)[1]

SUMMARY OF NITROGEN LOADING

Estimated Title 5 Nitrogen & Water Loading

7a) ADD the above NO_3N load:

1a + 3a + 4a + 5

_____ + _____ + _____ + _____ = _____ mg NO_3-N / day

7b) ADD the above water (H_2O) load:

1b + 3b + 4b + 6

_____ + _____ + _____ + _____ = _____ L H_2O / day

7c) DIVIDE 7a by 7b = _____ ppm NO_3-N*****

Actual Nitrogen & Water Loading

8a) ADD the above NO_3N load:

2a + 3a + 4a + 5

_____ + _____ + _____ + _____ = _____ mg NO_3-N / day

8b) ADD the above water (H_2O) load:

2b + 3b + 4b + 6

_____ + _____ + _____ + _____ = _____ L H_2O / day

8c) DIVIDE 8a by 8b = _____ ppm NO_3-N*****

FINAL CALCULATION ADD 7c & 8c (ppm) = _____ divide by 2 = _____ ppm NO_3-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*****

[1] 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.