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By Bourne Health Department at 11:59 am, Apr 17, 2024

3 Main Street Lakeville, MA 02347
(508) 947-4208 - www.zcellc.com

- Civil Engineering
- Septic Design (Title 5)
- Septic Inspections (Title 5)
- Commercial and Industrial Site Plans
- Chapter 91 Permitting



March 28, 2024

Town of Bourne
24 Perry Avenue
Bourne, MA 02532

RE: **Existing Septic System Approval for a Building Permit Application
122 Wings Neck Road in Bourne MA**

Dear Ms. Shea and Board Members,

On behalf of the property owner, Zenith Consulting Engineers, LLC. is requesting written approval for the existing septic system from the Board of Health. This request is being made in accordance with the Conversion/Addition Regulation section of the Town of Bourne Board of Health Subsurface Sewage Disposal System Regulations. We are requesting this written approval to allow the property owner to proceed with an application for a building permit. The building permit is for an addition to the existing single family residential dwelling. This addition does not add bedrooms nor does it propose any increase in flow to the existing septic system. A title inspection was performed at the property (copy of report is attached to application package) with the health agent as witness.

The applicant is requesting the following variances for the existing system from the Bourne Board of Health Subsurface Sewage Disposal System Regulations:

1. A variance to allow a leaching field (existing field) less than 150' but greater than 75' to a wetland resource area.
2. A variance to allow a subsurface sewage disposal system (existing system) in a Special Flood Hazard Zone. The existing lot is completely in the special flood hazard zone. The existing system is located at the highest point on the property.
3. A variance is requested to not require a hydrogeologic study for a leaching facility within 100' of a wetland.

Should you have any questions regarding this request, please do not hesitate to call the office at 508-947-4208 or email jamie@zcellc.com.

Sincerely,
Zenith Consulting Engineers, LLC

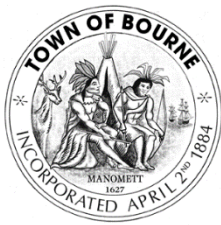
Jamie Bissonnette, PE
Manager/Senior Engineer

Locus: 122 Wings Neck Road Bourne, MA
Assessors ID 37.4-34-0

Board of Health Variance Attachments

- 1 Towns Application**
- 2 11" x 17" Engineered Plan (full size plan also submitted)**
- 3 Percentage of Increase Worksheet and Floor plans by Rescom**
- 4 Nitrogen Loading Worksheet**
- 5 Title V Inspection Report**
- 6 Proof of Payment**
- 7 Certified Abutters List**
- 8 Abutter Notification**
- 9 Proof of Abutter Notification**

Towns Application



Bourne Board of Health Application for Septic Variance or Waiver Requests



In accordance with the established procedures of the Bourne Board of Health, this application is for septic variances and waivers which have not been approved administratively and require approval at a public meeting. Please use the following application form for guidance on how to apply for variances and waivers which serve new construction, changes in use, increases in flow, or repairs and upgrades to on-site sewage disposal systems with design flows of less than 10,000 gallons/ day.

1. Facility Name and Address:

Owner's Name

Facility's Street Address

Owner's Telephone Number

Owner's E-mail Address

Owner's Mailing Address

2. Applicant or Preparer's Name and Address (if different from above):

Preparer's Name

Company

Telephone Number

E-mail Address

Mailing Address

3. Type of Facility (check all that apply):

Residential Commercial Institutional School Industrial Mixed Use

4. Describe Facility (i.e. single-family dwelling, 45 seat restaurant): _____

5. Type of System Proposed (check all that apply): Conventional Title 5 I/A System

Pumped System Gravity System Pressure Dosed Tight Tank Other

6. Describe the existing and proposed septic system components: Septic tank, d-box and leaching field

7. Design Flow per 310 CMR 15.203 (in gallons/ day):

	EXISTING	PROPOSED
Design flow of system:	4 Bedroom	4 Bedroom
Total design flow of facility: <i>(if more than one system on subject property)</i>	4 Bedroom	4 Bedroom

8. Enclose a letter of request for variances/waivers which makes reference to the specific provisions of Title 5 and/ or the Board Bourne of Health Regulations for which a variance is sought. Please use this opportunity to demonstrate compliance with 310 CMR 15.410, and to justify the relevant facts and circumstances of the individual case. Note that with regard to variances for new construction, enforcement of the provision from which a variance is sought must be shown to deprive the applicant of substantially all beneficial use of the subject property in order to be manifestly unjust. Be sure to explain why full compliance with the applicable regulations is not feasible, and how a level of environmental protection that is at least equivalent to that provided under Title 5 and the Board of Health Regulations can be achieved without strict application of said regulations.

9. In order for this Application to be deemed complete, it must be accompanied by the following:

- \$125 filing fee + any other applicable permit application fees paid to the Town of Bourne.
- Application for a Disposal System Construction Permit (may be filled out by installer).
- Six copies of Letter of Request describing nature of variances.
- Six sets of complete engineered plans and specifications, one with original stamp of design engineer; plus, one electronic copy. All variances/ waivers must also be listed on the plans per 310 CMR 15.220(4).
- Six sets of floor plans, existing and proposed.
- Six copies of Nitrogen Loading Calculation Worksheet *required for all applications.
- If abutter notification is required, one of each of the following must be submitted:
 - A copy of the certified list of abutters from the Assessor's Department.
 - Sample letter for abutter notification postmarked 10 days prior to meeting date.
 - Proof of certified mailing (receipts) meeting requirements of 310 CMR 15.405(2).
- Proposals for installation of Innovative/Alternative septic systems must be accompanied by:
 - A copy of the Certification for Use including technology specific conditions.
 - Draft disclosure notice for the I/A technology to be recorded in the deed.
- Hydrogeologic data may be required for new leaching facilities proposed within 100ft of a wetland/watercourse.
- Percentage of Increase Worksheet may be required for waivers or increases in flow.

10. Certification:

"I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there may be significant consequences for submitting false information, including, but not limited to, penalties or fine and/or imprisonment for deliberate violations."

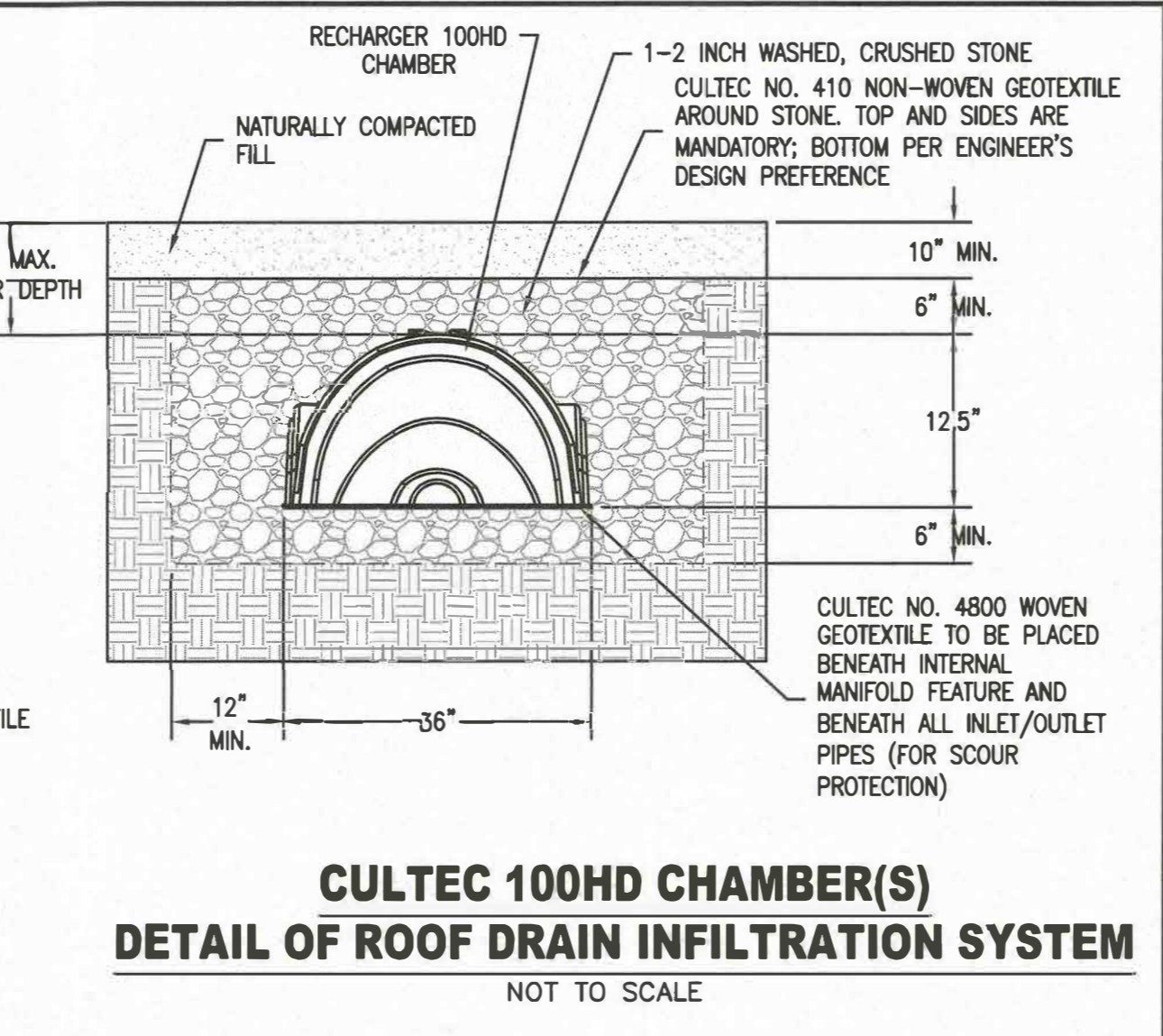
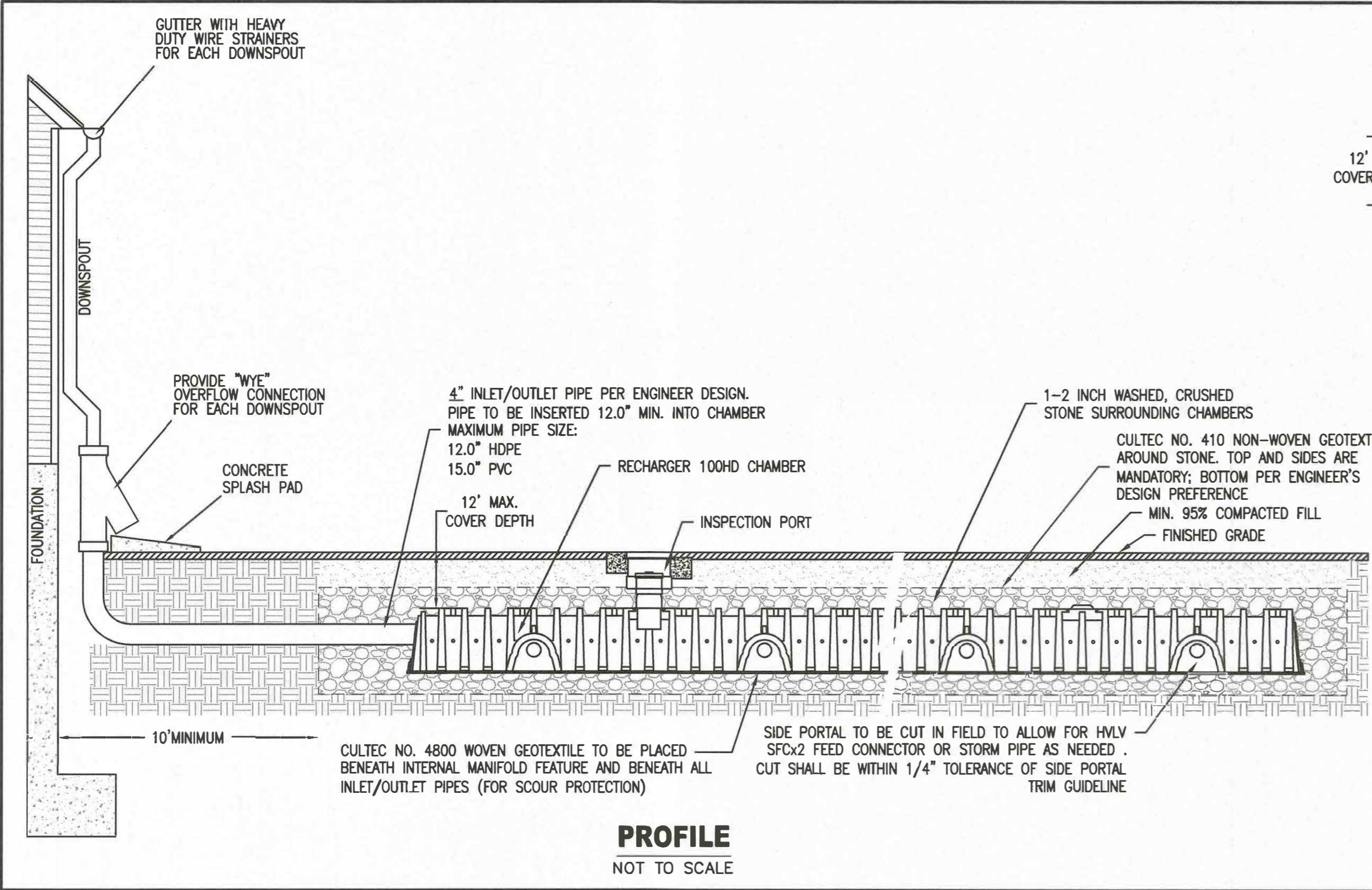
Facility Owner's Signature Mary E Vendice Date 3/29/2024

Print Name Mary E Vendice

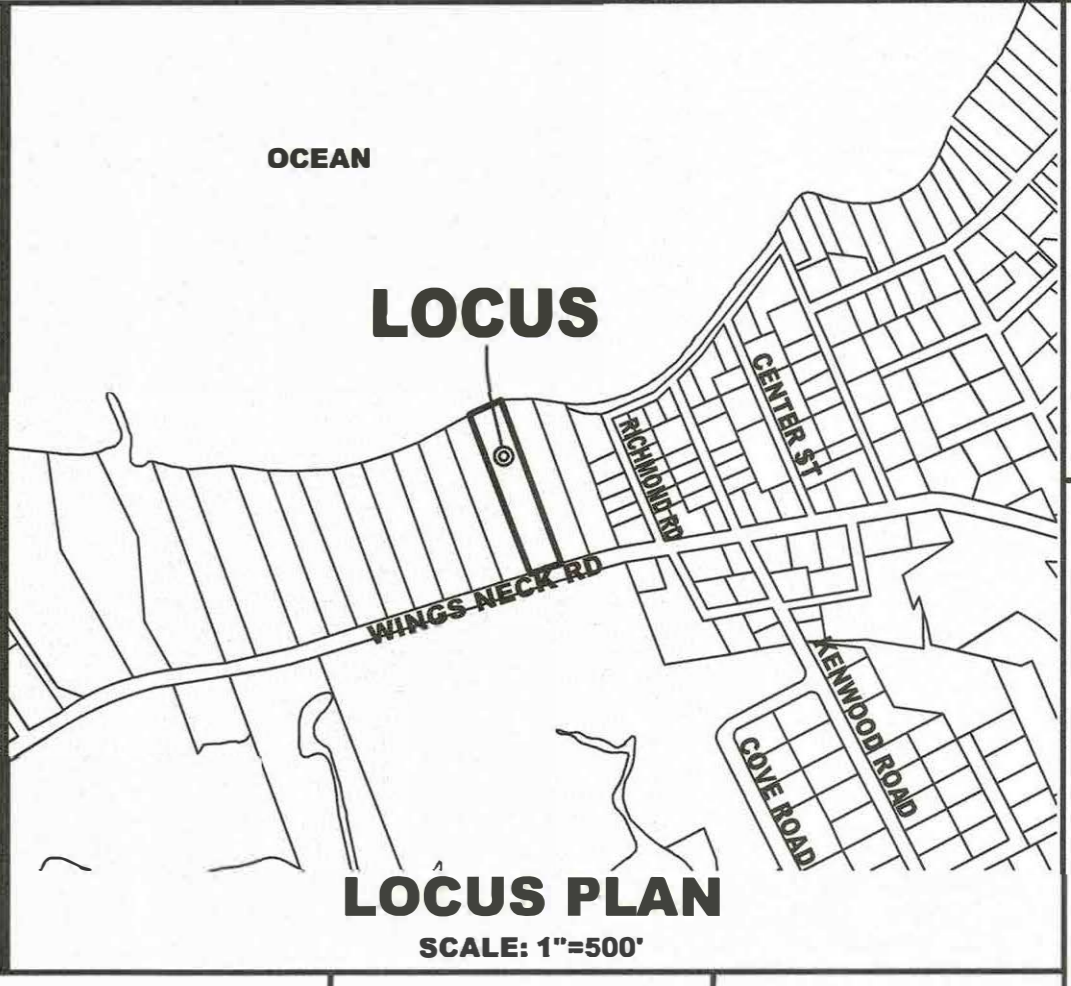
Signature of Preparer Jamie Bissonnette Date 3-30-2024

Print Name Jamie Bissonnette

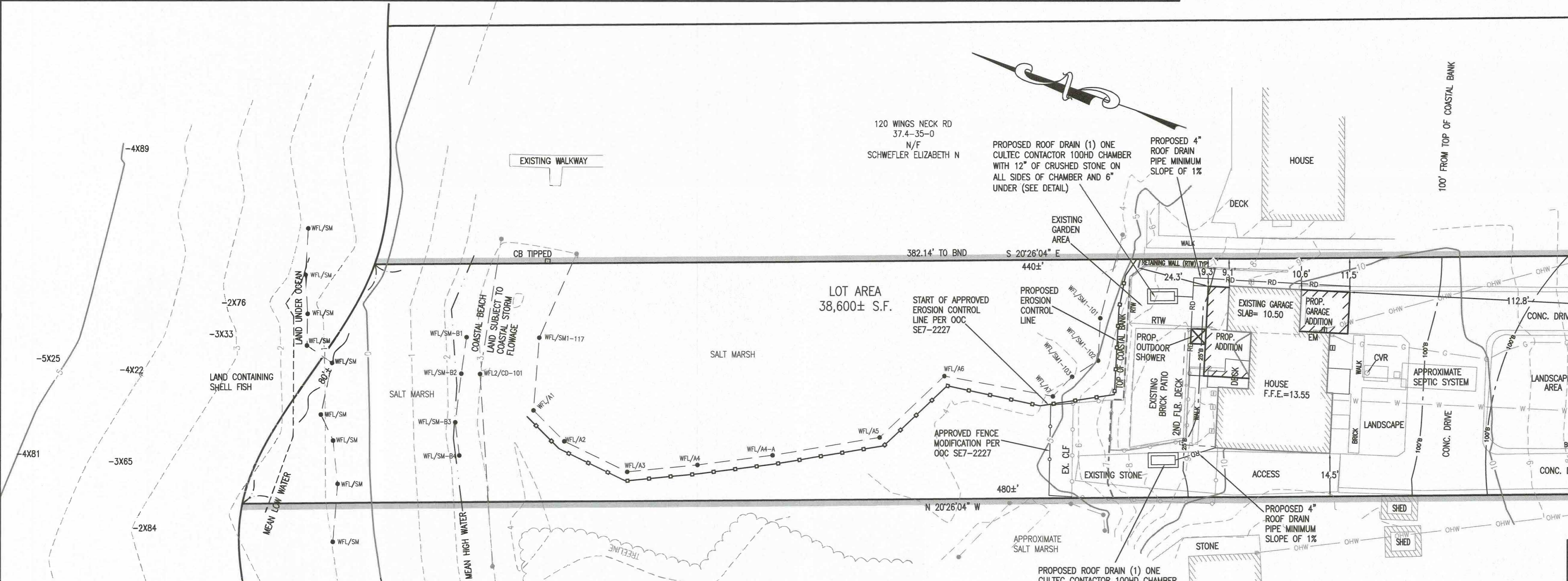
11" x 17" Engineered Plan
(full size plan also submitted)



- SITE NOTES:**
- THE SITE IS LISTED ON THE TOWN OF BOURNE ASSESSORS PROPERTY RECORD CARDS AS PARCEL ID 37.4-34-0.
 - PROPERTY LINE AND EXISTING CONDITIONS INFORMATION WAS TAKEN FROM A FIELD SURVEY BY ZENITH LAND SURVEYORS, LLC.
 - BARNSTABLE COUNTY REGISTRY OF DEEDS:
DEED REFERENCE: BOOK 26964 PAGE 304
 - THE SUBJECT PROPERTY IS LOCATED IN ZONE VE17, AS SHOWN ON THE FLOOD INSURANCE RATE MAP (F.I.R.M.) MAP NUMBER 25001C0484, MAP EFFECTIVE DATE 7/16/2014.
 - THE PROPOSED PROJECT IS NOT LOCATED IN A PRIORITY HABITAT AND ESTIMATED HABITAT AS SHOWN ON THE MASSACHUSETTS NATURAL HERITAGE ATLAS 15TH EDITION EFFECTIVE DATE AUGUST, 2021.
 - THE PROJECT IS NOT LOCATED WITHIN AN AREA OF CRITICAL ENVIRONMENTAL CONCERN (ACEC).
 - THE SITE IS NOT LOCATED IN A ZONE II TO A PUBLIC WATER SUPPLY WELL.
 - THE SITE IS NOT IN A ZONE A TO A SURFACE WATER SUPPLY AREA.
 - THE SITE IS NOT LOCATED IN AN OUTSTANDING RESOURCE WATER AREA (ORW)
 - THE SITE IS NOT SHOWN IN A WATER RESOURCE DISTRICT ON THE TOWN OF BOURNE WATER RESOURCE DISTRICTS AND ZONE II ZONING BY-LAW SECTION 4700 MAP DATED MAY 2019.
 - EXISTING SEPTIC SYSTEM LOCATION TAKEN FROM TITLE 5 INSPECTION REPORT MAP DATED NOVEMBER 19, 1999 ON FILE AT THE BOURNE BOARD OF HEALTH. SYSTEM LOCATION SHOWN IS TO BE CONSIDERED APPROXIMATE.
 - ANY CHANGES ARE TO BE PRESENTED TO THE ARCHITECT, DESIGN ENGINEER AT ZCE, BUILDING INSPECTOR AND THE BOURNE CONSERVATION COMMISSION PRIOR TO CONSTRUCTION.
 - ARCHITECTURAL PLANS TO CONTAIN FEMA COMPLIANT DESIGN MEASURES IF REQUIRED.
 - ZONING DISTRICT R40
 - BUILDING COVERAGE:
15.1. EXISTING BUILDING AND DECK(S) = 2,309± SF (2,309 / 38,600 = 5.9%)
15.2. PROPOSED BUILDING AND DECK(S) = 2,636± SF (2,636 / 38,600 = 6.8%)

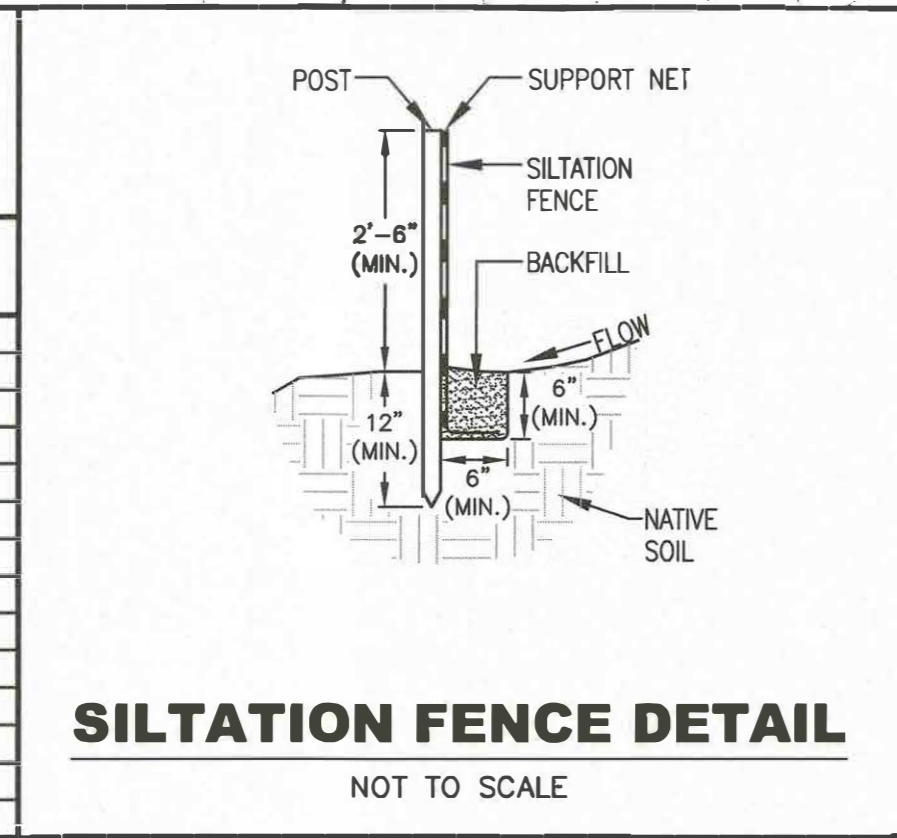


ZCE ZENITH CONSULTING ENGINEERS, LLC
3 MAIN STREET LAKEVILLE, MA 02347
PHONE: (508) 947-4208



GRAPHICS SCALE
1 inch = 20 feet

LEGEND	
EXISTING	DESCRIPTION
(Symbol)	BUILDING
(Symbol)	CONTOUR
(Symbol)	SPOT GRADE
(Symbol)	GAS MAIN
(Symbol)	GAS SERVICE
(Symbol)	OVERHEAD WIRES
(Symbol)	UTILITY POLE
(Symbol)	LIGHT POLE
(Symbol)	SEWER MANHOLE
(Symbol)	WATER MAIN
(Symbol)	WATER SERVICE
(Symbol)	HYDRANT
(Symbol)	WATER GATE/VALVE



SURVEY COMPANY OF RECORD:

ZLS
ZENITH LAND SURVEYORS, LLC
1162 ROCKDALE AVE. NEW BEDFORD, MA 02740
PHONE: (508) 995-0100

REGISTERED LAND SURVEYOR
WILLIAM JOSEPH McGOVERN 39692

January 31, 2024

SHEET NAME:	PROJECT SITE:	OWNER INFO:	DATE		REV.		DESCRIPTION		BY		APP.
			DATE	PROJECT NUMBER	DATE	DESCRIPTION	JLB	JLB	JLB	JLB	
PLAN TO ACCOMPANY A NOTICE OF INTENT	122 WINGS NECK ROAD BOURNE, MASSACHUSETTS	MARY VENDICCE P.O. BOX 1173 POCASSETT, MA 02569	1/2/2024	0101-10-01	1	1/22/24	ROOF DRAINS PER CONSERVATION	JLB	JLB	JLB	
			1/20/24	0101-10-01	2	1/20/24	CORRECT SCALE BLOCK	JLB	JLB	JLB	
							DRAWING SCALE AS NOTED				
							AS NOTED				
							NOI				

S:\Civil Engineering Projects\Bourne\Wings Neck Rd\122 Wings Neck Road\DWG\Building Permit_Plan.dwg

Percentage of Increase Worksheet and Floor plans by Rescom



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, architectural 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)	791 SF.	850 SF.	7.45%
Non-Bedroom Space (living room, kitchen, bathrooms, closets, hallways etc.)	2,021 SF.	2,072 SF.	2.52%

Percentage of Total Increase 9.97

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:

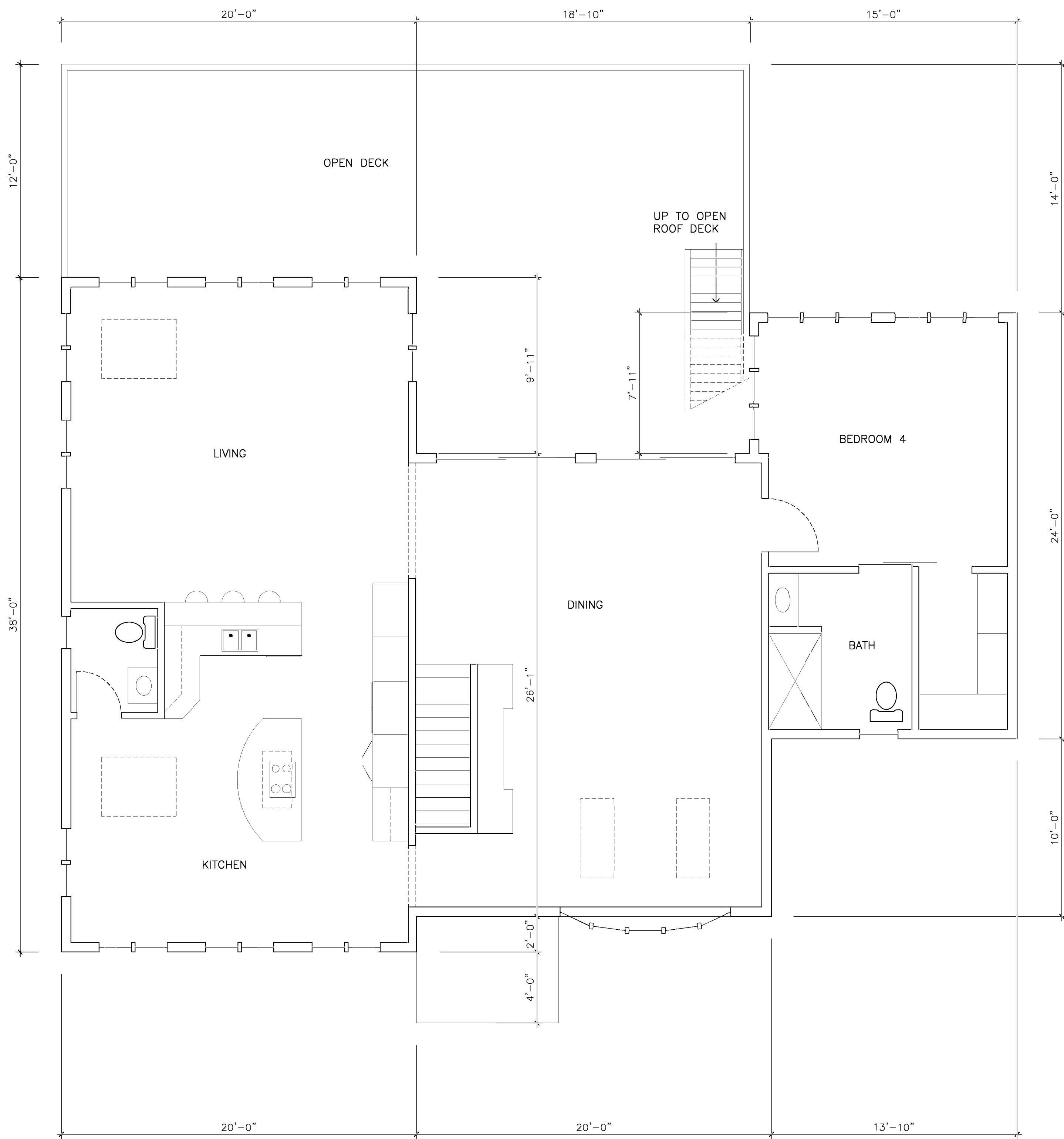
For projects where the renovations, alterations or additions result in an increase of bedroom space by Board of Health definition, of 25% or greater, a septic system which includes nitrogen removal, i.e. some type of Alternative Technology System with pressure dosing shall be required

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.

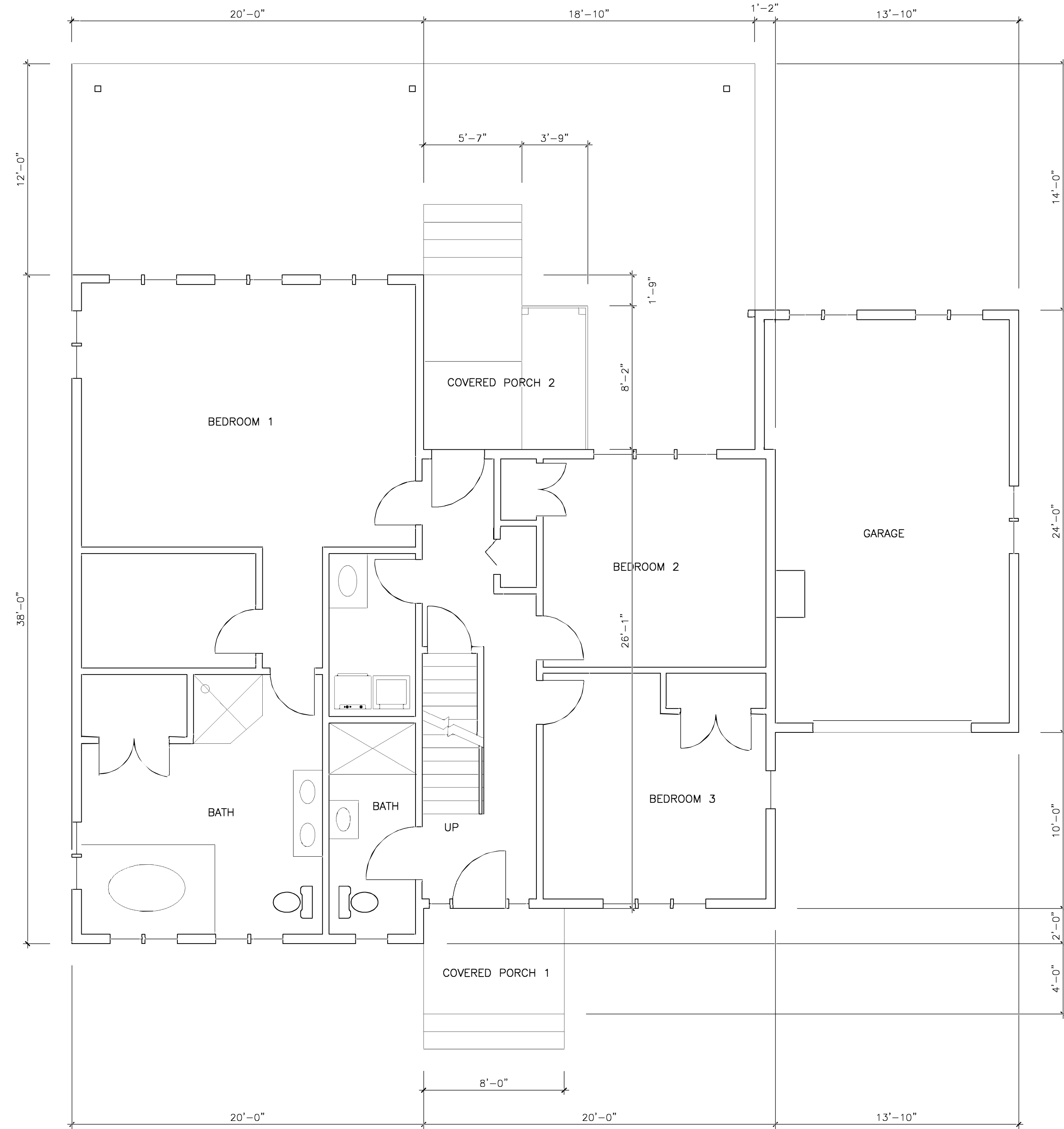
Formula for total increase percentage:

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



SECOND FLOOR PLAN
 1/4" = 1'-0"
 EXISTING SQUAREFEET



EXISTING BEDROOM
 SQUARE FOOTAGE: 791 SF
 EXISTING NON-BEDROOM
 SQUARE FOOTAGE: 2,021 SF

FIRST FLOOR PLAN
 1/4" = 1'-0"
 EXISTING SQUAREFEET

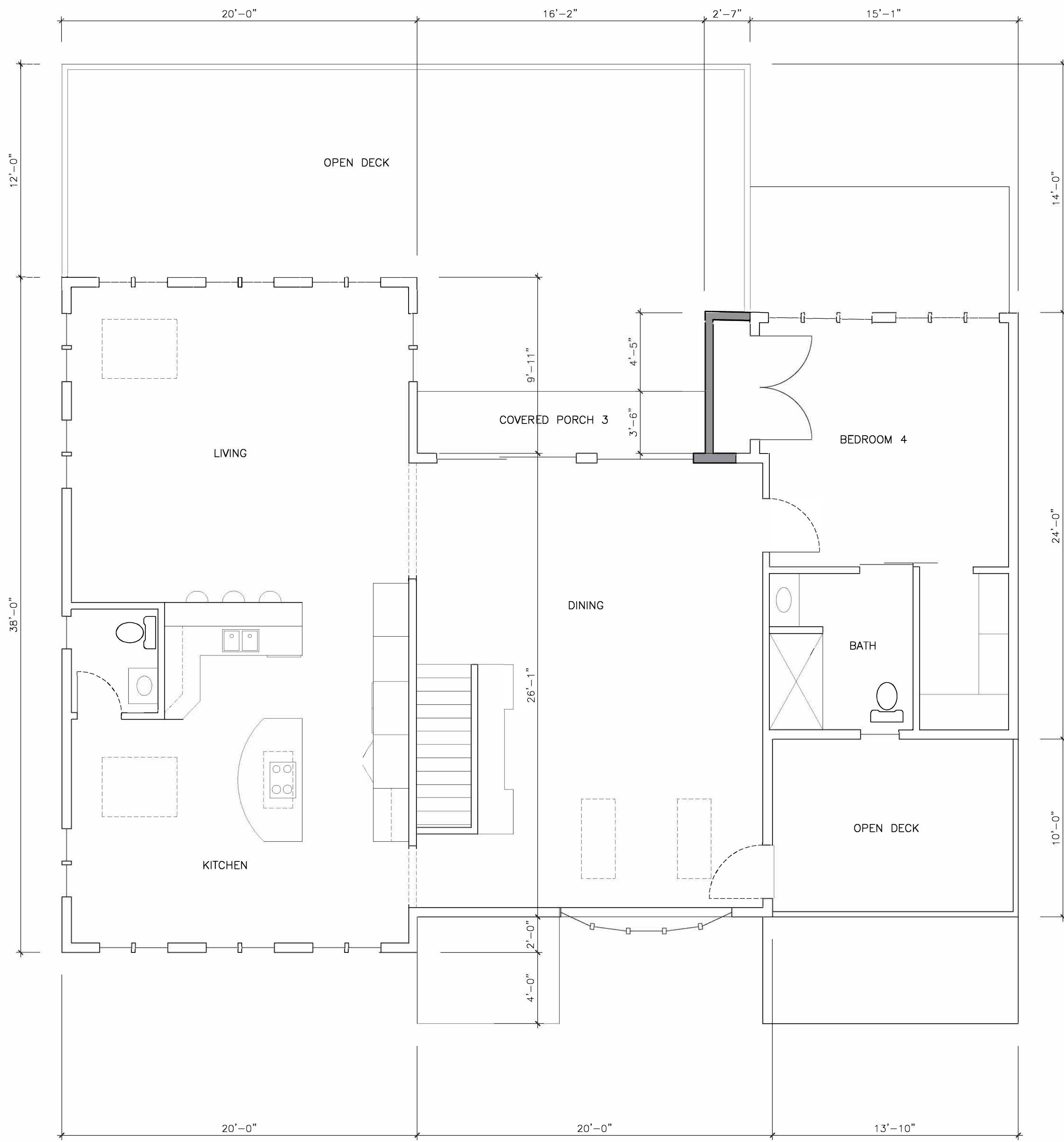
Architect:
RESCOM
 ARCHITECTURAL, INC
 118 Waterhouse Road, Suite F, Bourne, MA 02532
 Ph: (508) 759-8828 Fax: (508) 759-8802

VENICE RESIDENCE
 122 WINGS NECK ROAD
 POCASSETT, MASSACHUSETTS

DISCLAIMER: THESE DRAWINGS HAVE BEEN PREPARED BY A REGISTERED PROFESSIONAL ARCHITECT AND SHALL BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREON. ANY OTHER USE OF THESE DRAWINGS WITHOUT THE WRITTEN PERMISSION OF THE ARCHITECT IS STRICTLY PROHIBITED. THE ARCHITECT ASSUMES NO LIABILITY FOR ANY DAMAGE OR INJURY TO PERSONS OR PROPERTY ARISING FROM THE USE OF THESE DRAWINGS OTHER THAN THAT AUTHORIZED BY THE ARCHITECT.

REVISIONS		
NO.	DATE	DESCRIPTION

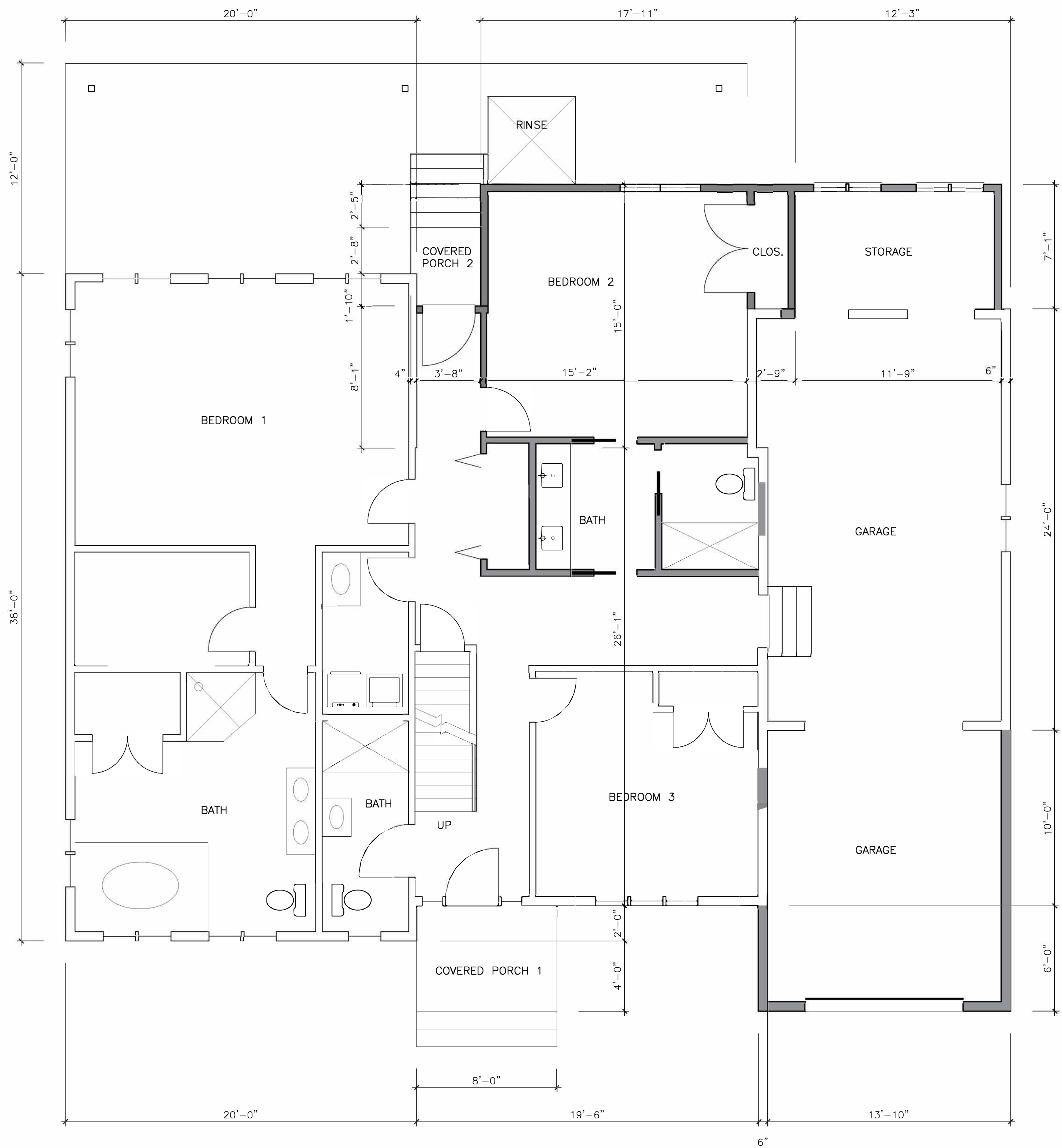
JOB NUMBER:
 DATE: 01-02-2024



SECOND FLOOR PLAN

1/4" = 1'-0"

PROPOSED BEDROOM SQUARE FOOTAGE:	850 SF
PROPOSED NON-BEDROOM SQUARE FOOTAGE:	2,072 SF
PERCENTAGE OF TOTAL INCREASE:	9.97%



FIRST FLOOR PLAN

1/4" = 1'-0"

PROPOSED

Architect:
RESCOM
 ARCHITECTURAL, INC
 118 Waterhouse Road, Suite F, Bourne, MA 02532
 Ph: (508) 759-9828 Fax: (508) 759-9802

VENICE RESIDENCE
 122 WINGS NECK ROAD
 POCASSETT, MASSACHUSETTS

CONSTRUCTION: THESE DRAWINGS HAVE BEEN PREPARED BY MEET RESIDENCE. MEET RESIDENCE HAS BEEN LICENSED BY THE BOARD OF ARCHITECTURE FOR THE STATE OF MASSACHUSETTS. MEET RESIDENCE IS NOT PROVIDING ANY DESIGN OR CONSTRUCTION SERVICES TO ANY OTHER PARTY. THE ARCHITECT'S RESPONSIBILITY IS TO THE ARCHITECT AND NOT TO THE CLIENT. THE ARCHITECT IS NOT PROVIDING ANY DESIGN OR CONSTRUCTION SERVICES TO ANY OTHER PARTY. CHECK WITH THE ARCHITECT FOR MORE INFORMATION.

REVISIONS

NO.	DATE	DESCRIPTION

JOB NUMBER:

DATE: 01-02-2024

Nitrogen Loading Worksheet



Town of Bourne - Water Resources Nitrogen Loading and Mitigation Worksheet

See Cape Cod Commission Technical Bulletin 91-001 for further details:
https://capecodcommission.org/resource-library/file/?url=/dept/commission/team/Website_Resources/regulatory/NitrogenLoadTechbulletin.pdf

Facility Address: 122 Wings Neck Road Bourne
 Preparer's Name: Jamie Bissonnette
 Date:
 Watershed:

Project Nitrogen Load

Proposed Wastewater

1. Project Title-5 wastewater flows: gpd (a)

Actual wastewater flows: gpd (b)

Average wastewater flows: gpd (a)+(b) ÷2= (A)

* Actual water use flows per unit in Bourne

Place in applicable box:

Yes No Will the project be connected to sewer ?

Yes No Is project Title-5 wastewater flow 10,000 gpd or greater ?

Place in applicable box and multiply unsewered wastewater flow by applicable conversion factor:

<input checked="" type="checkbox"/>	Standard Title-5 System (35-ppm-N)	x	0.048359	} Type of system: _____
<input type="checkbox"/>	DEP-approved I/A System (25-ppm-N)	x	0.034542	
<input type="checkbox"/>	DEP-approved I/A System (19-ppm-N)	x	0.026252	
<input type="checkbox"/>	DEP-approved Enhanced I/A (12-ppm-N)	x	0.016580	

Wastewater nitrogen load (Title-5 flows) = kg-N/yr (B)

Wastewater nitrogen load (Actual flows) = kg-N/yr (C)

Existing Conditions

Calculate (A) through (P) as w/ (A) through (P):

Title-5 wastewater flows: gpd

Actual wastewater flows: gpd

Avg. wastewater flows: gpd (A')

Place in applicable box:

Yes No Is existing development on sewer ?
(If 'Yes', then go to line 2.)

Standard Title-5 System

DEP-approved I/A System (commercial)

DEP-approved I/A System (residential)

DEP-approved enhanced I/A

kg-N/yr (B')

kg-N/yr (C')
wastewater offsets

Stormwater Runoff

Town of Bourne Recharge rate for Bourne (inches; for natural areas from Technical Bulletin 91-001): (RECH)

Project site area: acres (D)

Project site wetland area: acres (E)

Project site upland area: acres (F)

Pervious unpaved upland: acres (G)

% using LID Paved area: s.f. (H)

Factor may be adjusted for employment of LID → LID = low impact development x 1.4158E-04 = kg-N/yr (I)

Roof area: s.f. (J)

x 7.0792E-05 = kg-N/yr (K)

Project site area: acres (D')

Project site wetland area: acres (E')

Project site upland area: acres (F')

Pervious unpaved upland: acres (G')

Paved area: s.f. (H')

Paving runoff offset: kg-N/yr (I')

Roof area: s.f. (J')

Roof runoff offset: kg-N/yr (K')

Fertilizer

Previous unpaved upland - roof area =

Managed turf/ lawn area s.f.

x 3.4019E-04 = kg-N/yr (L)

Managed Turf/ lawn area: s.f.

Fertilizer offset: kg-N/yr (L')

Total Nitrogen Load

Total project nitrogen load (Title-5 flows): kg-N/yr (M)= (B)+(I)+(K)+(L)

Total project nitrogen load (Actual flows): kg-N/yr (N)= (C)+(I)+(K)+(L)

Nitrogen load per acre (Average): kg-N/yr/acre (O)= (M)+(N) ÷2 + (D)

Existing nitrogen load (Title-5 flows): kg-N/yr (M')

Existing nitrogen load (Actual flows): kg-N/yr (N')

Nitrogen offset per acre: kg-N/yr/acre (O')

Proposed Nitrogen Loading Concentration

Project nitrogen loading concentration (Title-5 flows): ppm-N (P)= $\frac{(M)}{(a)+723.76 + (G)x(RECH)+9.7286 + (H)+10,594 + (K)+0.75}$

Project nitrogen loading concentration (Actual flows): ppm-N (Q)= $\frac{(N)}{(b)+723.76 + (G)x(RECH)+9.7286 + (H)+10,594 + (K)+0.75}$

Existing nitrogen loading concentrations:

Title-5 flows ppm-N (P')

Actual flows ppm-N (Q')

Project nitrogen loading concentration (Average): ppm-N

(R)= (P)+(Q) +2

Average ppm-N (R')

next page -->

Resource/ Impact Based Criteria

Marine Water Recharge Areas / Coastal Embayments

2. Yes No Is the project located in any of the following watersheds: **Buttermilk Bay Basins, Phinneys Harbor / Back River / Eel Pond, Pocasset River Basin, Pocasset Harbor / Hen Cove / Red Brook Harbor, Megansett / Squeteague Harbors** ?**
(If 'No', then go to line 3.)

Name of Watershed
(from Regional Policy Plan Data Viewer):

Critical Nitrogen-loading limit** : kg-N/year/acre (S)

Yes No Does project's nitrogen load (O) exceed the existing load (O') AND the critical nitrogen load (S) ?
(If 'No', then go to line 3.)

Excess project nitrogen load to be mitigated: kg-N/yr (T)= LESSER OF (O)-(S) x(F) AND (O)-(O') x(F)

** When a nitrogen-loading limit has been determined through either a Total Maximum Daily Load (TMDL), a Massachusetts Estuaries Project-accepted technical report, or specified by a Commission-approved comprehensive wastewater management plan pursuant to Objective WR3, or if impaired water quality has been documented for the receiving coastal waters, the nitrogen loading limit shall be 0 kg-N/yr per acre pursuant to Objective WR3.

Groundwater Quality

3. Yes No Does the project's nitrogen loading concentration in groundwater (R) exceed the greater of 5 ppm or the existing concentration (R') ?
(If 'Yes', the project will need to provide an alternative strategy for meeting these thresholds by using another worksheet)

Potential Public Water Supply Areas

4. Yes No Is project in a Potential Public Water Supply Area (PPWSA) ?
(If 'No', then go to line 5.)

Yes No Does the project's nitrogen loading concentration (R) exceed the greater of 1 ppm or the existing concentration (R') ?
(If 'Yes', the project must provide an alternative strategy for meeting Objective WR1)

Yes No Does the project use, treat, generate, store or dispose of hazardous materials in excess of the greater of a) household quantities or b) existing quantities ?
(If 'Yes', the project must provide an alternative strategy for meeting Objective WR1)

Wellhead Protection Areas

5. Yes No Is project in a Wellhead Protection Area (WHPA) ?

Yes No Does the project's nitrogen loading concentration (R) exceed the greater of 5 ppm or the existing concentration (R') ?
(If 'Yes', the project must provide an alternative strategy for meeting Objective WR1)

Yes No Does the project use, treat, generate, store or dispose of hazardous materials in excess of the greater of a) household quantities or b) existing quantities ?
(If 'Yes', the project must provide an alternative strategy for meeting Objective WR1)

Fresh Water Recharge Areas

6. Yes No Is project wastewater disposed of within 300 feet of a stream or fresh surface water body?
(If 'No', then go to line 7.)

Yes No Is the project located in a freshwater recharge area (FWRA) hydraulically upgradient of a stream or fresh surface water body?
(If 'Yes', the project must provide an alternative strategy for meeting Objective WR2)

Other Potential Impacts

Yes No

7.

Will the project withdraw more than 20,000 gallons of water per day ?

(If 'Yes', then the project must provide documentation demonstrating that there will not be significant impacts to water levels, surface waters and wetlands)

8.

The project must demonstrate compliance with Objective WR4, including use of Low Impact Development to mitigate impacts of stormwater runoff and O & M plans for maintaining stormwater infrastructure and landscaping.

Title V Inspection Report



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

122 Wings Neck Rd

Property Address

VENDICE MARY E & NANCY P TRS
VINCENT & CLAIRE VENDICE IRRTR

Owner's Name

Pocasset

City/Town

MA

State

02559

Zip Code

3/1/24

Date of Inspection

Owner information is required for every page.

Inspection results must be submitted on this form. Inspection forms may not be altered in any way. Please see completeness checklist at the end of the form.

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



A. Inspector Information

Alan Quagliari

Name of Inspector

B.I.G. Septic Service

Company Name

P.O. Box 657

Company Address

Walpole

City/Town

508-660-1300

Telephone Number

MA

State

02081

Zip Code

SI 595

License Number

B. Certification

I certify that: I am a DEP approved system inspector in full compliance with Section 15.340 of Title 5 (310 CMR 15.000); I have personally inspected the sewage disposal system at the property address listed above; the information reported below is true, accurate and complete as of the time of my inspection; and the inspection was performed based on my training and experience in the proper function and maintenance of on-site sewage disposal systems. After conducting this inspection I have determined that the system:

1. Passes
2. Conditionally Passes
3. Needs Further Evaluation by the Local Approving Authority
4. Fails

Inspector's Signature

Date

3.1.24

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original form should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

122 Wings Neck Rd

Property Address

VENDICE MARY E & NANCY P TRS
VINCENT & CLAIRE VENDICE IRRTR

Owner's Name

Pocasset

MA

02559

3/1/24

City/Town

State

Zip Code

Date of Inspection

Owner information is required for every page.

Please note: This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform

C. Inspection Summary

Inspection Summary: Complete 1, 2, 3, or 5 and all of 4 and 6.

1) System Passes:

- I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

2) System Conditionally Passes:

- One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Check the box for "yes", "no" or "not determined" (Y, N, ND) for the following statements. If "not determined," please explain.

The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

* A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

- Y N ND (Explain below):



Commonwealth of Massachusetts

Title 5 Official Inspection Form

Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

122 Wings Neck Rd

Property Address

VENDICE MARY E & NANCY P TRS
VINCENT & CLAIRE VENDICE IRRTR

Owner's Name

Pocasset

City/Town

MA

State

02559

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Owner information is required for every page.

C. Inspection Summary (cont.)

2) System Conditionally Passes (cont.):

- Pump Chamber pumps/alarms not operational. System will pass with Board of Health approval if pumps/alarms are repaired.

- Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):
 - broken pipe(s) are replaced Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):
 - distribution box is leveled or replaced Y N ND (Explain below):

- The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):
 - broken pipe(s) are replaced Y N ND (Explain below):
 - obstruction is removed Y N ND (Explain below):

3) Further Evaluation is Required by the Board of Health:

- Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.



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Subsurface Sewage Disposal System Form - Not for Voluntary Assessments

122 Wings Neck Rd

Property Address

VENDICE MARY E & NANCY P TRS
VINCENT & CLAIRE VENDICE IRRTR

Owner's Name

Pocasset

City/Town

MA
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a. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

C. Inspection Summary (cont.)

- Cesspool or privy is within 50 feet of a surface water
- Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

b. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

- The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.
- The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.
- The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.
- The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**.

Method used to determine distance: _____

** This system passes if the well water analysis; performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

c. Other:

4) System Failure Criteria Applicable to All Systems:



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You must indicate "Yes" or "No" to each of the following for all inspections:

Yes No

Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool

Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool

C. Inspection Summary (cont.)

4) System Failure Criteria Applicable to All Systems: (cont.)

Yes No

Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool

Liquid depth in cesspool is less than 6" below invert or available volume is less than 1/2 day flow

Required pumping more than 4 times in the last year **NOT** due to clogged or obstructed pipe(s). Number of times pumped: _____.

Any portion of the SAS, cesspool or privy is below high ground water elevation.

Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply.

Any portion of a cesspool or privy is within a Zone 1 of a public water supply well.

Any portion of a cesspool or privy is within 50 feet of a private water supply well.

Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. **[This system passes if the well water analysis, performed at a DEP certified laboratory, for fecal coliform bacteria indicates absent and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis and chain of custody must be attached to this form.]**

The system is a cesspool serving a facility with a design flow of 2000 gpd-10,000 gpd.

The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

5) Large Systems: To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.



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For large systems, you must indicate either "yes" or "no" to each of the following, in addition to the questions in Section C.4.

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

C. Inspection Summary (cont.)

If you have answered "yes" to any question in Section C.5 the system is considered a significant threat, or answered "yes" to any question in Section C.4 above the large system has failed. The owner or operator of any large system considered a significant threat under Section C.5 or failed under Section C.4 shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

6. You must indicate "yes" or "no" for each of the following for *all* inspections:

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |



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Existing information. For example, a plan at the Board of Health.

Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)]

D. System Information

1. Residential Flow Conditions:

Number of bedrooms (design): _____

Number of bedrooms (actual):

4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): _____

Description:

Number of current residents:

3

Does residence have a garbage grinder?

Yes No

Does residence have a water treatment unit?

Yes No

If yes, discharges to: _____

Is laundry on a separate sewage system? (Include laundry system inspection information in this report.)

Yes No

Laundry system inspected?

Yes No

Seasonal use?

Yes No

Water meter readings, if available (last 2 years usage (gpd)): _____

Detail:



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Sump pump?

Yes No

Last date of occupancy:

current
Date

D. System Information (cont.)

2. Commercial/Industrial Flow Conditions:

Type of Establishment: _____

Design flow (based on 310 CMR 15.203): _____

Gallons per day (gpd)

Basis of design flow (seats/persons/sq.ft., etc.): _____

Grease trap present?

Yes No

Water treatment unit present?

Yes No

If yes, discharges to: _____

Industrial waste holding tank present?

Yes No

Non-sanitary waste discharged to the Title 5 system?

Yes No

Water meter readings, if available: _____

Last date of occupancy/use: _____

Date

Other (describe below):



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3. Pumping Records:

Source of information: _____

Was system pumped as part of the inspection?

Yes No

If yes, volume pumped: _____

gallons

How was quantity pumped determined? _____

Reason for pumping: _____

D. System Information (cont.)

4. Type of System:

- Septic tank, distribution box, soil absorption system
- Single cesspool
- Overflow cesspool
- Privy
- Shared system (yes or no) (if yes, attach previous inspection records, if any)
- Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner) and a copy of latest inspection of the I/A system by system operator under contract
- Tight tank. Attach a copy of the DEP approval.
- Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:

D-box was replaced in 2000. System is approximately 40 years old.

Were sewage odors detected when arriving at the site?

Yes No



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5. **Building Sewer** (locate on site plan):

Depth below grade: 2' 3"
feet

Material of construction:

cast iron 40 PVC other (explain): _____

Distance from private water supply well or suction line: 10+
feet

Comments (on condition of joints, venting, evidence of leakage, etc.):

Joints good-venting okay- no evidence of leaking

D. System Information (cont.)

6. **Septic Tank** (locate on site plan):

Depth below grade: _____
feet

Material of construction:

concrete metal fiberglass polyethylene other (explain)

If tank is metal, list age: _____
years

Is age confirmed by a Certificate of Compliance? (attach a copy of certificate) Yes No

Dimensions: _____

Sludge depth: 3"

Distance from top of sludge to bottom of outlet tee or baffle 31"

Scum thickness 1"



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Distance from top of scum to top of outlet tee or baffle 6"

Distance from bottom of scum to bottom of outlet tee or baffle 12"

How were dimensions determined? Tape

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

Tank appears structurally sound. The liquid level is at the outlet invert, Zabel Filter in outlet.

D. System Information (cont.)

7. Grease Trap (locate on site plan):

Depth below grade: _____ feet

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Scum thickness _____

Distance from top of scum to top of outlet tee or baffle _____

Distance from bottom of scum to bottom of outlet tee or baffle _____

Date of last pumping: _____ Date

Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):



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8. **Tight or Holding Tank** (tank must be pumped at time of inspection) (locate on site plan):

Depth below grade: _____

Material of construction:

concrete metal fiberglass polyethylene other (explain):

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons per day

D. System Information (cont.)

8. **Tight or Holding Tank (cont.)**

Alarm present: Yes No

Alarm level: _____ Alarm in working order: Yes No

Date of last pumping: _____ Date

Comments (condition of alarm and float switches, etc.):

* Attach copy of current pumping contract (required). Is copy attached? Yes No

9. **Distribution Box** (if present must be opened) (locate on site plan):



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Depth of liquid level above outlet invert 0"

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.):

D box is level and appears structurally sound. No evidence of solid carryover or leaking.

D. System Information (cont.)

10. Pump Chamber (locate on site plan):

Pumps in working order:

Yes No*

Alarms in working order:

Yes No*

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.):

* If pumps or alarms are not in working order, system is a conditional pass.

11. Soil Absorption System (SAS) (locate on site plan, excavation not required):



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If SAS not located, explain why:

Type:

- leaching pits number: _____
- leaching chambers number: _____
- leaching galleries number: _____
- leaching trenches number, length: _____
- leaching fields number, dimensions: appr. 10x26
- overflow cesspool number: _____
- innovative/alternative system

Type/name of technology: _____

D. System Information (cont.)

11. Soil Absorption System (SAS) (cont.)

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.):

Soil is a coarse sand. Sent video pipe camera down both leach lines. Pipes are empty of liquid. System is functioning as originally designed. SAS in good working order. No signs of hydraulic failure ponding or damp soil.

12. Cesspools (cesspool must be pumped as part of inspection) (locate on site plan):

Number and configuration _____



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Depth – top of liquid to inlet invert

Depth of solids layer

Depth of scum layer

Dimensions of cesspool

Materials of construction

Indication of groundwater inflow

Yes No

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):

D. System Information (cont.)

13. Privy (locate on site plan):

Materials of construction:

Dimensions

Depth of solids

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.):



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D. System Information (cont.)

14. Sketch Of Sewage Disposal System:

Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately



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See Attached

D. System Information (cont.)

15. Site Exam:

- Check Slope
- Surface water
- Check cellar
- Shallow wells

Estimated depth to high ground water:

5.17
feet



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Please indicate all methods used to determine the high ground water elevation:

- Obtained from system design plans on record
If checked, date of design plan reviewed: _____ Date
- Observed site (abutting property/observation hole within 150 feet of SAS)
- Checked with local Board of Health - explain:

- Checked with local excavators, installers - (attach documentation)
- Accessed USGS database - explain:

You **must** describe how you established the high ground water elevation:

Reviewed engineered plan by ZLS Land Surveyors dated 3/8/22 for subject property. Water 120' +/- away is EL.3. Sill for 122 Wings Neck is EL. 13.55 per plan. Grade at the septic is EL. 12 +/- .Bottom of SAS is 46" below grade.-EL. 8.17 +/-

EL. 8.17 Bottom of S.A.S
 EL. 3 water 120' +/- away
 5.17 separation

Before filing this Inspection Report, please see Report Completeness Checklist on next page.

E. Report Completeness Checklist

Complete all applicable sections of this form inclusive of:

- A. Inspector Information: Complete all fields in this section.
- B. Certification: Signed & Dated and 1, 2, 3, or 4 checked
- C. Inspection Summary:

1, 2, 3, or 5 completed as appropriate



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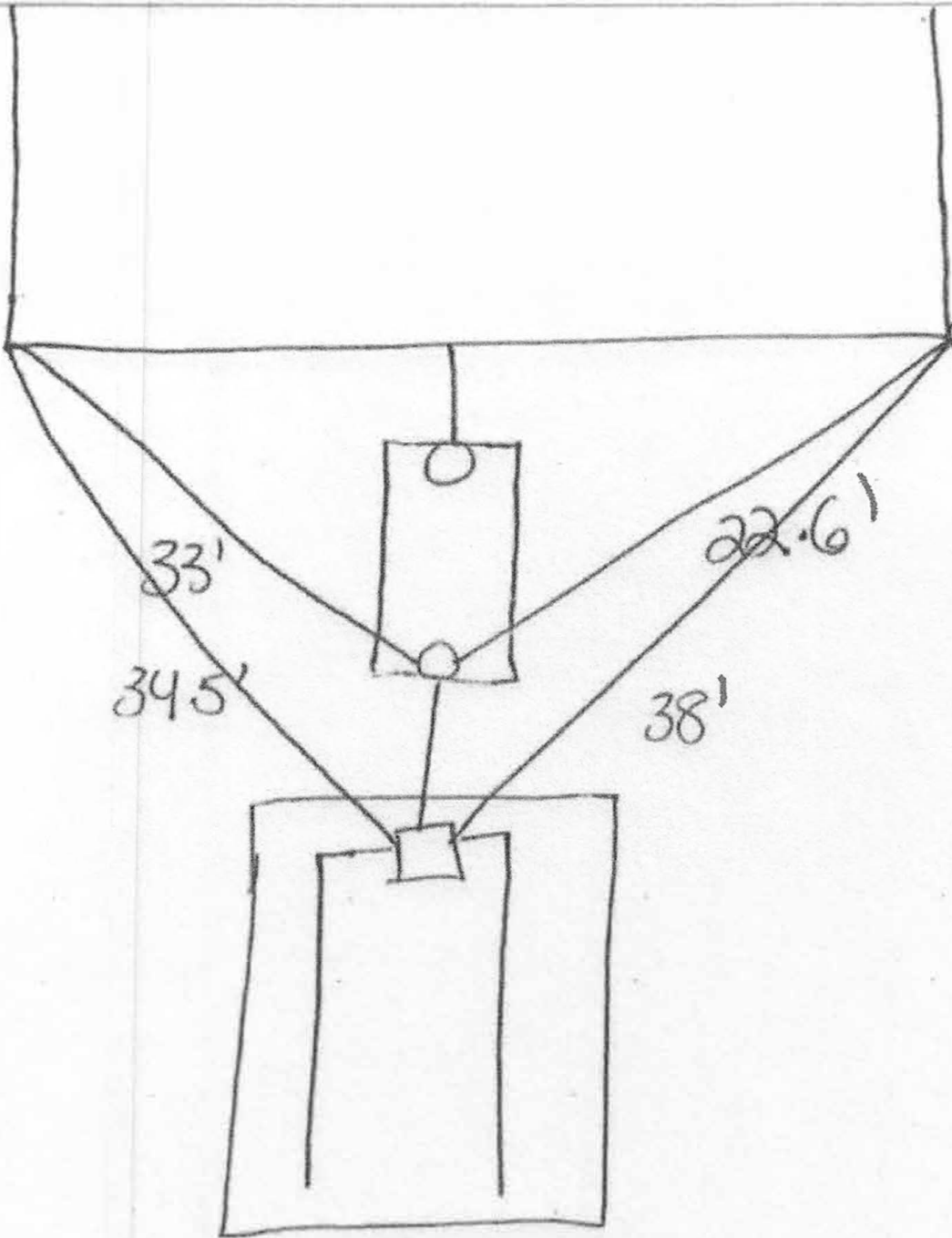
4 (Failure Criteria) and 6 (Checklist) completed

D. System Information:

For 8: Tight/Holding Tank – Pumping contract attached

For 14: Sketch of Sewage Disposal System drawn on pg. 16 or attached

For 15: Explanation of estimated depth to high groundwater included



Certified Abutters List



TOWN OF BOURNE
Board of Assessors
24 Perry Avenue
Buzzards Bay, MA 02532
(508) 759-0600 Ext. 1510



Michael Leitzel, Chairperson
Ellen Doyle Sullivan, Clerk
Donna Barakauskas, Member

Rui Pereira, MAA
Director of Assessing

April 5, 2024

Mary Vendice
122 Wings Neck Rd
Pocasset, MA 02559

Reference: Abutters List for Map 37.4 Parcel 34
Subject Property: 122 Wings Neck Road

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 within 100 feet of the subject property on the most recent tax list of the Town of Bourne. The purpose of the abutters list is for a Notice of Intent application for the Conservation Commission.

Abutting properties are: Map 37.4 Parcels 32, 33, 35, 36 & 169.

The Assessor's Office has received your filing fee of \$25.00.

Please be advised that this abutters list is only good for 30 days from the date on this letter. Expired abutters list can be recertified for an additional filing fee.

See enclosed Data Base Inquiry Forms for abutters mailing addresses.

Board of Assessors

*Ellen Doyle Sullivan -
Donna Barakauskas
Michael Leitzel*

Extract: ABUTTERS LIST
 Database: LIVE
 Filter: Key IN 7754,7755,7757,7758,8143
 Sort:

Report #24: Owner Listing Report
 Fiscal Year 2025

Bourne MA

Key	Parcel ID	Owner	Location	LC/CI	Bk-Pa(Cert) /Dt	Mailing Street	Mailing City	ST	Zip Cd/County
7754	37.4-32-0	VO NHA ETUX DIEU LY	126 WINGS NECK RD	N 1010	24284/288 1/5/2010	8 WATKINS LANE	SOUTHBOROUGH	MA	01772
7755	37.4-33-0	KENT CHRISTOPHER T & DONNA P	124 WINGS NECK RD	N 1010	30873/326 11/3/2017	PO BOX 620	CATAUMET	MA	02534
7757	37.4-35-0	SCHWEFLER ELIZABETH N	120 WINGS NECK RD	N 1010	32804/251-3 4/2/2020	120 WINGS NECK RD	POCASSET	MA	02559
7758	37.4-36-0	MOHAN ARNI N & ANN C MOHAN TR WINGS NECK RLTY TRUST	118 WINGS NECK RD	N 1010	24117/315 10/26/2009	173 OAK ST	NEWTON	MA	02464
8143	38.3-169-0	PELUSI FAITH R	45-47 COVE LN	Y 1090	222210 3/30/2020	115 CHURCH ST	WINCHESTER	MA	01890

Total Records 5

Abutter Notification

3-28-2024

Elizabeth Schwefler
120 Wings Neck Road
Pocasset MA, 02559

RE: Notice of Public Hearing

Dear *Abutter*:

In accordance with the [State Environmental Code, Title 5: 310 CMR 15.00](#), you are hereby notified that *Vincent C. Vendice and Claire M. Vendice Irrevocable Trust* has requested a hearing before the Bourne Board of Health for relief from [Title 5 and/or the Bourne Board of Health Regulations](#) for an existing septic system. The location of the property for this proposal is *122 Wings Neck Road, Bourne, MA* where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on:

- A variance to allow a leaching field less than 150' but greater than 75' to a wetland resource area.
- A variance to allow a subsurface sewage disposal system in a special flood hazard zone.
- A variance to not require a hydrogeologic study for a leaching field within 100' of a wetland.

This hearing is tentatively scheduled for *April 10th* at 5:30 in the *Conference Room 2 Bourne Veteran's Memorial Community Building 239 Main Street, Buzzards Bay, MA*.

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.

Meeting agendas are posted on the Town of Bourne website, www.townofbourne.com/health no less than 48 hours in advance of the hearing. Please confirm the date, time, and location of the meeting with the Town, in case of any changes. Should you have any questions or concerns, please do not hesitate to contact me or the Bourne Health Department at 508-759-0600 ext. 1513.

Sincerely,

Mary Vendice,
508-280-1506
aquagbigcorp@gmail.com

Proof of Abutter Notification

02 6110 5921 0225 0120 6956

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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City, State

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P.O. Box 620
Cataumet, MA 02534

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE

Certified Mail Fee
\$

Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Schwefler Elizabeth N
120 Wings Neck Rd
Pocasset, MA 02559

PS Form 3800, January 2023 PSN 7530-02-000-9047 See Reverse for Instructions

ET 6110 5921 0225 0120 6956

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<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Mo Nha Etux
Die Ly
8 Watkins Lane
Southborough, MA 01772

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44 6110 5921 0225 0120 6956

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<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postage
\$

Total Post
\$

Sent To
Street and
City, State

Mohan Arni N & Ann C Mohan
Wings Neck Rlty Trust
173 Oak St
Newton, MA 02464

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