

RECEIVED

FEB 23 2023

Bourne Health Department  
24 Perry Avenue  
Buzzards Bay MA 02532

H. EARL LANTERY, PE  
Consulting Civil / Environmental Engineers  
18 RT 6-A, SANDWICH, MA 02563  
1-774-313-9547

February 10, 2023

Bourne Board of Health  
24 Perry Avenue  
Buzzards Bay, MA

Re: Variance request for 140 Wings Neck Rd. for proposed upgrade of the on-site waste water treatment system.

Dear Members:

In accordance with the State Environmental Code, Title 5:310CMR 15.410, Please accept this letter of request to be heard before the Board of health at their next available meeting to discuss Title 5 and/or Board of Health Regulations for the installation of a nitrogen reduction system to replace a failed cesspool.

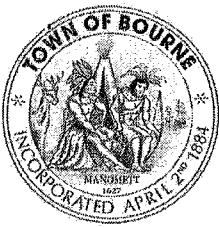
We respectfully request consideration of the following variance to accommodate our project:

A. variance of 1' from the depth to groundwater regulation of 5' in soils less than two minutes per inch. (5' - 1' = 4').

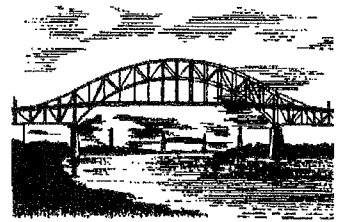
Enclosed is the completed variance application, innovative/alternative septic system forms and design plans. We have notified the abutters by reg. mail. Thank you for your consideration of this request.

Sincerely,

H. Earl Lantery, PE



# 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, or increases in flow to on-site sewage disposal systems with design flows of less than 10,000 gallons/ day.

1. Facility Name and Address:

Owner's Name

PETER & SUSAN OHANIAN

Facility's Street Address

140 WINGS NECK RD, BOURNE, MA

Owner's Telephone Number

603-560-3755

Owner's E-mail Address

PETER.OHANIAN @ YAHOO.COM

Owner's Mailing Address

25 NORTH SHORE ROAD  
WINDHAM, NH 03087

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

Preparer's Name

H. EARL LANTERN P.E.

Company

LANTERN ASSOC.

Telephone Number

774-313-9547

E-mail Address

earl@lantern@gmail.com

Mailing Address

P.O. BOX 99 E. SANDWICH, MA 02537

State/ Zip Code

MA 02537

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

- Residential     Commercial     Institutional     School     Industrial

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

SINGLE FAMILY COTTAGE

5. Type of System (check all that apply):

- Conventional Title 5     I/A System  
 Pumped System     Gravity System     Pressure Dosed     Existing     Proposed

6. Describe the existing/ proposed septic system components: REPLACING EXISTING CESSPOOL WITH NITROGEN REDUCTION SYSTEM (SINGULAIR) MODEL 960-600 GPD

7. Design Flow per 310 CMR 15.203 (in gallons/ day):  
440 GALLONS/DAY  
Design flow of system:  
Total design flow of facility:

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:

- Application Fees paid to the Town of Bourne.
- Letter of request describing nature of variances (see samples)
- Six sets of complete plans and specifications. One with original stamp of design engineer.
- Nitrogen Loading Calculation Sheet(s) if applicable
- 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 for all 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 \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of Preparer  \_\_\_\_\_

Date 2/15/23

Print Name EARL LANTERY

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24 Perry Avenue  
Buzarris Bay MA 02532

H. EARL LANTERY, PE  
Consulting Civil / Environmental Engineers  
18 RT 6-A, SANDWICH, MA 02563  
1-774-313-9547

March 10, 2023

RE: Notice of Public Hearing

To: The Abutters of 140 Wings Neck Road, Bourne

In accordance with MA Sanitary Code, Title 5: 310CMR 15.00, you are hereby notified that Mr. & Mrs. Peter Ohanian has requested a hearing before the Bourne Board of Health for relief from Title 5 and/or the Bourne Board of Health Regulations to install a nitrogen reduction septic system to replace a failed cesspool at 140 Wings Neck Road, Bourne. At the hearing the Board will discuss and possible vote on:

- a variance of 1 ft. reduction from the depth to groundwater regulation of 5 ft.
- (5' - 1'=4'). .
- installation of a Singulair nitrogen reduction system.

The hearing is tentatively scheduled for March 8, 2023 @ 5:30pm at the Bourne Community Center, 239 Main St, Room 2. Information on the meeting and agenda is posted on the Town's website, [www.townofbourne.com/health](http://www.townofbourne.com/health). Please confirm the date, time and location of hearing with the Health department. 508-759-0600 ext. 1513. You can contact me if you have any questions.

Sincerely,



H. Earl Lantery, PE  
774-313-9547

Extract: ABUTTERS LIST  
 Database: LIVE  
 Filter: Key IN 7716,7746,7748  
 Sort: Parcel ID

Report #24: Owner Listing Report  
 Fiscal Year 2023

Bourne MA

Key	Parcel ID	Owner	Location	LCVCI	Bk-Pct/Cont ID	Mailing Street	Mailing City	ST	Zip Cd/County
7716	37-0-25-0	FULLUM TIMOTHY J	155 WINGS NECK RD	N	898/88	55 ADIN ST	HOPEDALE	MA	01747
7746	37-4-24-0	SEMERJIAN LEVON	142 WINGS NECK RD	N	129/1987	124 WATERHOUSE RD	BOURNE	MA	02532
7748	37-4-28-0	MARDER ERIC & ELLEN MARDER	138 WINGS NECK RD	N	34110/296 33051/171	PO BOX 1138	LYNNFIELD	MA	01940
Total Records		3							

7017 0660 0001 1599 3681

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**HOPEDALE, MA 02532**

**OFFICIAL USE**

Certified Mail Fee	\$4.15	0563 98
Extra Services & Fees (check box, add fee as appropriate)	\$3.35	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.63	02/22/2023
Total Postage and Fees	\$8.13	

Sent To  
**LEVON SEMERJIAN**  
 Street and Apt. No., or PO Box No.  
**124 WATERHOUSE RD**  
 City, State, ZIP+4®  
**HOARNE, MA 02532**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0001 1599 3667

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**HOPEDALE, MA 01747**

**OFFICIAL USE**

Certified Mail Fee	\$4.15	0563 98
Extra Services & Fees (check box, add fee as appropriate)	\$3.35	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
<input type="checkbox"/> Return Receipt (electronic)	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.63	02/22/2023
Total Postage and Fees	\$8.13	

Sent To  
**TIMOTHY FULLUM**  
 Street and Apt. No., or PO Box No.  
**55 ADIN ST**  
 City, State, ZIP+4®  
**HOPEDALE, MA 01747**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7017 0660 0001 1599 3674

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Certified Mail Fee	\$4.15	0563 98
Extra Services & Fees (check box, add fee as appropriate)	\$3.35	
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00	Postmark Here
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<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00	
Postage	\$0.63	02/22/2023
Total Postage and Fees	\$8.13	

Sent To  
**ERIC & ELLEN MARDER**  
 Street and Apt. No., or PO Box No.  
**P.O. BOX 1138**  
 City, State, ZIP+4®  
**LYNNFIELD MA 01940**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

# NOTICE OF ALTERNATIVE SEWAGE DISPOSAL SYSTEM

M.G.L. c. 21A, § 13 and 310 CMR 15.0287(10)

## ADDRESS OF PROPERTY SERVED BY ALTERNATIVE SYSTEM:

140 WINGS NECK RD  
BOURNE, MA

## TITLE REFERENCE FOR PROPERTY SERVED BY ALTERNATIVE SYSTEM [check and complete each that applies]:

- Deed recorded with the BARNSTABLE Registry of Deeds in Book 33577, Page 266  
 Certificate of Title No. \_\_\_\_\_ issued by the Land Registration Office of the \_\_\_\_\_ Registry District  
 Source of title other than by deed \_\_\_\_\_

## NAME(S) OF OWNER OF PROPERTY SERVED BY ALTERNATIVE SYSTEM:

PETER & SUSAN O'HANIAN

## OWNER(S) MAILING ADDRESS:

25 NORTH SHORE ROAD WINDHAM, N.H. 03087

[If Alternative System Owner(s) is other than Property Owner(s), complete the following:]

Alternative System Owner Name:

Alternative System Owner Address:

Alternative System Owner Telephone Number: 603-560-3755 E-mail Address: PETER.O'HANIAN  
@YOHIO.COM

WHEREAS, Section 15.280 of Title 5 of the State Environmental Code ("Approval of Alternative Systems"), provides for the Massachusetts Department of Environmental Protection (the "Department") to approve or certify, as appropriate, all proposals to construct, upgrade or replace on-site sewage disposal systems using alternative systems;

WHEREAS, owners and/or operators of approved or certified alternative systems are subject to general conditions, as specified in Section 15.287 of Title 5 of the State Environmental Code, 310 CMR 15.287, and may be subject to special conditions, as specified in the Department's approvals or certifications; such general and special conditions potentially including, without limitation, requirements relating to the use of trained operators, periodic inspections, maintenance, sampling, reporting and/or recordkeeping;

WHEREAS, the owners and/or operators this alternative system acknowledges and agrees to comply with the provisions of all of the Bourne Board of Health Alternative Septic System Regulations and any other conditions for the existence of the system;

WHEREAS, Section 15.287(10) of Title 5 of the State Environmental Code, 310 CMR 15.287(10), requires that "prior to obtaining a Certificate of Compliance for installation of a new or upgraded system, the system owner shall record in the chain of title for the property served by the alternative system in the Registry of Deeds and/or Land Registration Office, as applicable, a Notice disclosing both the existence of the alternative on-site system and the Department's approval of the system. The system owner shall also provide evidence of such recording to the Bourne Board of Health [;]" and

WHEREAS, the Property is served by an alternative sewage disposal system.

NOW, THEREFORE, Notice of an alternative sewage disposal system is hereby given for the above-referenced Property, as follows:

1. **Existence.** An alternative system has been installed as a new or upgraded alternative sewage disposal system, on or adjacent to the Property, and serves the Property. The trade name and model number(s) of the alternative system are as follows:

Trade name of technology:

SINGULAR 960-600 GPD

Manufacturer Name:

NORWEGO, 220 REPUBLIC ST, NORWALK, OH 44857

Model number(s):

960-600 GPD

A copy of the Department of Environmental Protection's Approval/Certification is available online at the Department's website:

<https://www.mass.gov/guides/title-5-innovativealternative-technology-approval-letters>

2. **Approval/Certification.** On \_\_\_\_\_ [date], the Department, pursuant to its authority under the section of Title 5 as specified below, approved or certified the technology used in the above referenced alternative system, under MassDEP Transmittal Number \_\_\_\_\_ [Transmittal Number].

[Check one of the following, as applicable:]

- Approved for remedial use under 310 CMR 15.284
- Approved for piloting under 310 CMR 15.285
- Provisionally approved under 310 CMR 15.286
- Certified for general use under 310 CMR 15.288

**\*\*This Notice of Alternative Sewage Disposal System must be submitted to the Bourne Board of Health\*\***

WITNESS the execution hereof under seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, made by the above-named Alternative System Owner(s).

\_\_\_\_\_  
[Alternative System Owner(s) Signature(s)]

Print Name(s): \_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS



\_\_\_\_\_, SS

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

\_\_\_\_\_  
(official signature and seal of notary)

*[Complete the following Property Owners Consent if Alternative System Owner is other than the Property Owner:]*

CONSENTED TO:

\_\_\_\_\_  
[Property Owner(s)]

Print Name(s):  
\_\_\_\_\_

COMMONWEALTH OF MASSACHUSETTS

\_\_\_\_\_, SS

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer), proved to me through satisfactory evidence of identification, which were \_\_\_\_\_, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

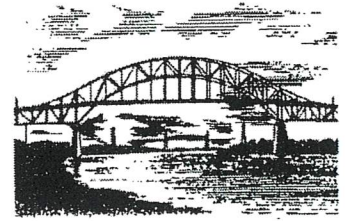
\_\_\_\_\_  
(official signature and seal of notary)

Approved and Accepted By:

\_\_\_\_\_  
Agent of the Board of Health  
Health Department  
Town of Bourne



# TOWN OF BOURNE BOARD OF HEALTH



Terri A. Guarino  
Health Agent

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

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INNOVATIVE/ ALTERNATIVE SEPTIC SYSTEM CHECKLIST AND OWNER CERTIFICATION

FEB 23 2023

Hearing Date: 3/8/23

Bourne Health Department  
24 Perry Avenue  
Buzzards Bay, MA 02532

Property Address:  
140 WINGS NECK ROAD  
BOURNE, MA

Year-round:  Seasonal:  Approximate Dates of Occupancy: SPRING/SUMMER/FALL

Owner's Name: PETER & SUSAN HANIAN Emergency Contact Name: EARL LANTERY

Owner's Telephone Number: 603-560-3755 Emergency Contact Number: 774-313-9547

Owner's E-mail Address: peter.hanian@yahoo.com

Owner's Mailing Address:  
25 NORTH SHORE ROAD  
WINDHAM NH 03087

Designer: EARL LANTERY P.E.

VARIANCES/ WAIVERS APPROVED BY THE BOURNE BOARD OF HEALTH:

VALID FOR      YEAR(S) AND EXPIRE ON                     .

CONDITIONS OF APPROVAL:

- OPERATION AND MAINTENANCE CONTRACT FOR PERPETUITY
- BEDROOM COUNT DEED RESTRICTION
- DEED DISCLOSURE NOTICE
- OTHER:

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FEB 23 2023

Bourne Health Department  
24 Perry Avenue  
Bourne, MA 02532

**SIEGMUND ENVIRONMENTAL SERVICES**

102 West Main St Norton, MA 02766

1-401-785-0130

**MASSACHUSETTS SINGULAIR ANNUAL SERVICE & TESTING CONTRACT**

This contract, entered into and between **Siegmund Environmental Services (SES) (service provider)** and **Mr. and Mrs. Peter Ohanian (homeowners)** shall be binding upon both parties in accordance with the terms and conditions terms set forth below:

**Contract Start: At start up of Singulair to Cancellation**

**Location of Singulair: 140 Wings Neck Rd.**

**Bourne, MA**

**Maintenance and service:**

- a) SES will inspect the homeowner's current onsite Singulair System per MA DEP approval and Manufacturer's requirements and related UV Disinfection System, if any. **Current requirements are 2 times per year.**
- b) Emergency Calls: SES will respond to emergency calls within 2 business days of receiving notification. SES will charge for travel, labor, replacement parts (if necessary) and related shipping costs. Aerator replacement will include adjustments in accordance with the Singulair fifty-year exchange program.
- c) Complete inspection form and submit to Homeowner and local/state authorities, if required.
- d) Cost for Maintenance and service per year..... 0.00 for the first two years with purchase of Singulair
- e) Please review all restrictions per addendum.

**In addition, SES will perform the following laboratory tests as requirement by local ordinance:**

**NO2,NO3,TKN, TSS, BOD(5)**

**To be done 2x per year**

Annual fee: 380.00

**Other charges:**

Barnstable County Recording Fee.....\$ 50.00

**General:**

- a) Information for this contract is based upon current information obtained from your local Board of Health and will be amended if requirements change or are inaccurate.
- b) Contract is transferrable upon sale of property
- c) This contract will renew annually upon payment of annual invoice. Cancellation will occur by non-payment of annual invoice or for non-payment of outstanding service charges as outlined above. Cancellation of this contract can be made at any time upon written request by either party. Upon cancellation SES will notify appropriate regulatory agencies of cancellation (as required).

Homeowner Peter Ohanian Date 2/17/2023

SES Matt Dalton Date 2/17/2023  
Matt Dalton General Manager @ SES Wastewater

**Cost of contract for current year: \$ 430.00**

**Make checks payable to: Siegmund Environmental Services**

**Please sign and return with payment to address above**

**For your convenience, we accept Visa/Master Card please call 401-785-0130 for processing payment.**

**Seswastewater.com**

**Email: matt@seswastewater.com**

**Siegmund Environmental Services**  
**102 West Main Street**  
**Norton, MA 02766**

Date	Invoice #
2/7/2023	4441

Bill To

Service Address

Mr. and Mrs. Peter Ohanian  
 140 Wings Neck Rd  
 Bourne, MA

**RECEIVED**

**FEB 23 2023**

Bourne Health Department  
 24 Perry Avenue  
 Buzzards Bay, MA 02532

Terms	PO #

Description	Qty	Rate	Amount
Maintenace for Singulair Wastewater treatment (1st 2 years included with purchase of Singulair)	2	0.00	0.00
As Required by local ordinance (Nitrogen 2 times per year)	2	190.00	380.00
Barnstable County Recording Fee	1	50.00	50.00
MA Sales Tax		6.25%	0.00

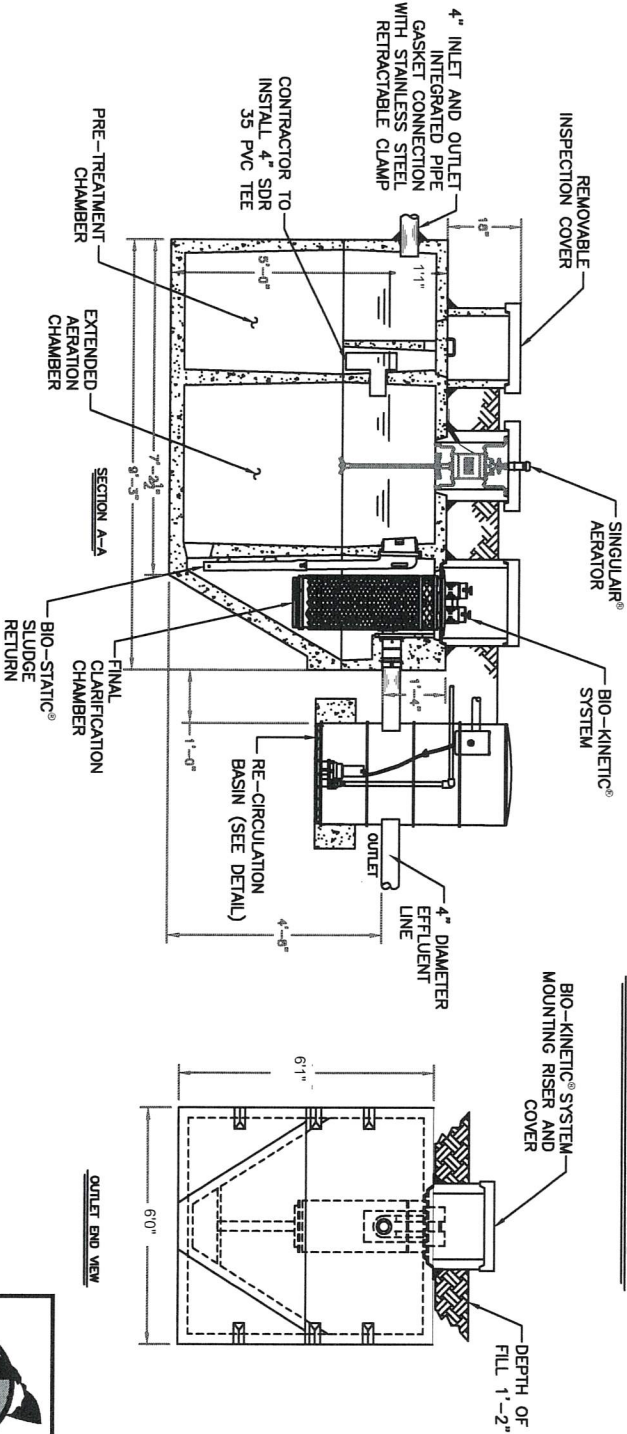
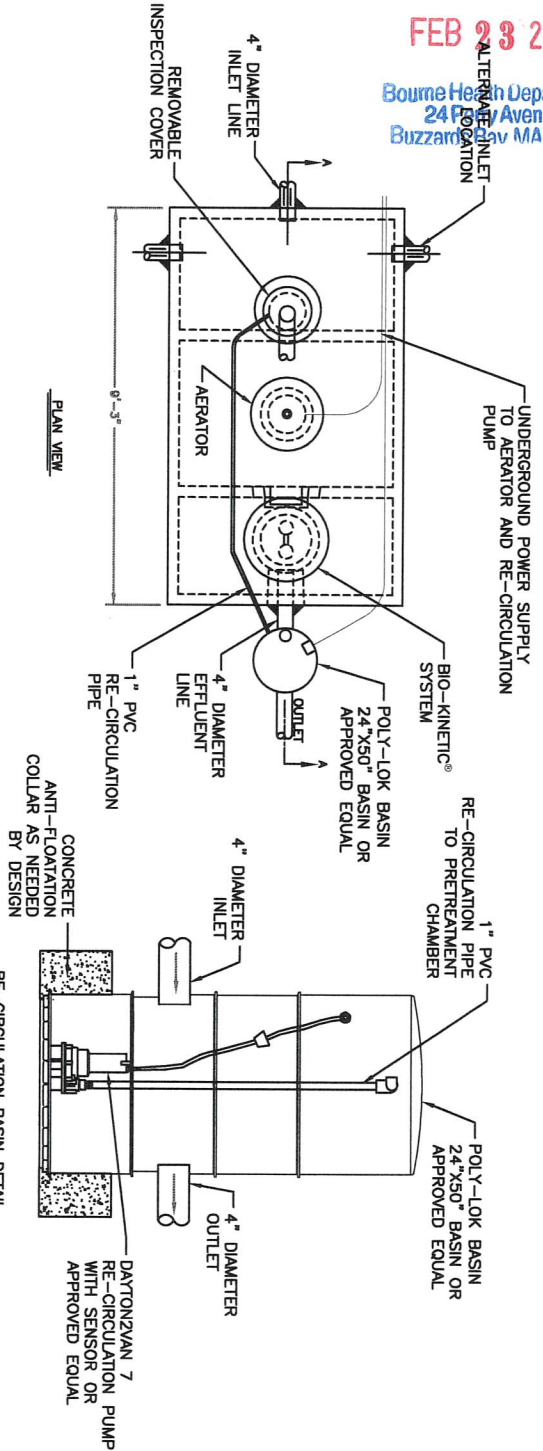
e-mail matt@seswastewater www.siegmundenvironmental.com Tel. (401) 785-0130 Fax (508) 222-2499	<b>Total</b>	<b>\$430.00</b>
	<b>Payments/Credits</b>	<b>\$0.00</b>
	<b>Balance Due</b>	<b>\$430.00</b>

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FEB 23 2023

Bourne Health Department  
24 Buzzards Bay Avenue  
Bourne, MA 02532

SES SINGULAIR 600 GPD DENITRIFICATION SYSTEM, CONCRETE, DN



1. THE AUTHORIZED SINGULAIR REPRESENTATIVE IN RHODE ISLAND, MASSACHUSETTS, NEW HAMPSHIRE, AND MAINE IS SIEGMUND ENVIRONMENTAL SERVICES (SES), D.B.A. SES WASTEWATER. UNITS MUST BE SERVICED BY FACTORY TRAINED SERVICE PERSONNEL.
2. THE SINGULAIR DN 600 CONCRETE SYSTEM IS RATED FOR H10 LOADING. PLEASE CONTACT SES FOR H20 LOAD APPLICATIONS.
3. A REVIEW OF PLANS FOR COMPLIANCE WITH SYSTEM REQUIREMENTS IS AVAILABLE BY SES. DESIGNERS ARE ENCOURAGED TO TAKE ADVANTAGE OF THIS SERVICE.
4. SINGULAIR SYSTEMS UTILIZING CONCRETE TANKAGE MAY BE LOCATED IN PAVED AREAS SUBJECT TO HIGH LOADING IF APPROPRIATELY DESIGNED. SCHEMATIC PLANS ARE AVAILABLE FROM SES FOR CONSIDERATION BY THE DESIGNER.
5. ALL RISERS AND COVERS MUST BE ABOVE GRADE AND ACCESSIBLE FOR SERVICE.
6. CONCRETE TANKS MEET ASTM STANDARD SPECIFICATIONS FOR PRECAST CONCRETE SEPTIC TANKS, C-1227-09.
7. FOR DEEPER THAN NORMAL INSTALLATIONS CONTACT SES FOR SUGGESTED DETAILS.
8. FOR CONDITIONS WITH HIGH WATER TABLE BUOYANCY COMPUTATIONS ARE AVAILABLE FROM SES UPON REQUEST.
9. TOTAL SYSTEM CAPACITY IS 1300 GALLONS. RATED CAPACITY IS 600 GALLONS PER DAY.

REVISED: SEPTEMBER 16, 2019

**NORWECO® SINGULAIR®**  
**MODEL 960 - 600 GPD**

SES 600 GPD DENITRIFICATION  
WASTEWATER TREATMENT SYSTEM,  
CONCRETE, DN

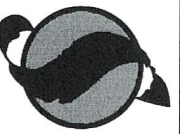
Siegmund Environmental Services

102 West Main St. Norton, MA 02766

www.scswwastewater.com

Tel: 888-999-1389

**Siegmund**  
ENVIRONMENTAL SERVICES, INC.



NOT TO SCALE

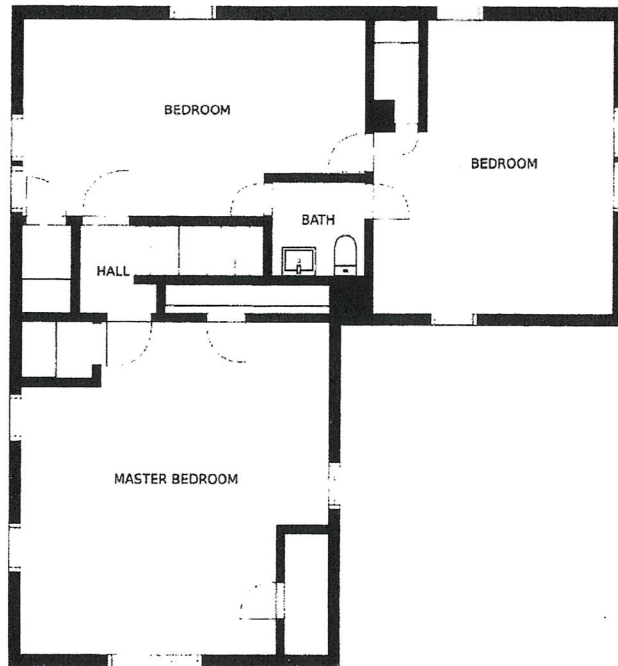
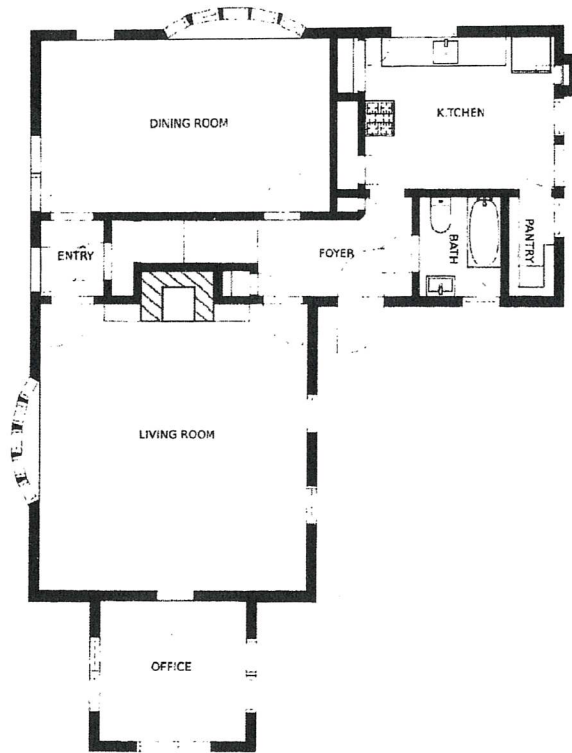
140 WINGS NECK

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Bourne Health Department  
24 Perry Avenue  
Buzzards Bay, MA 02532

First Floor



Second Floor

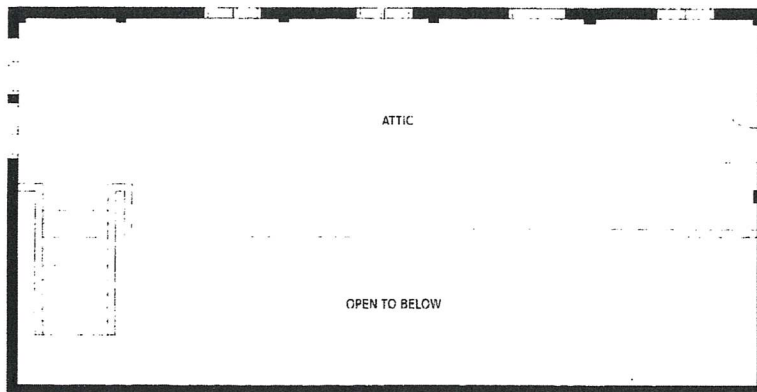
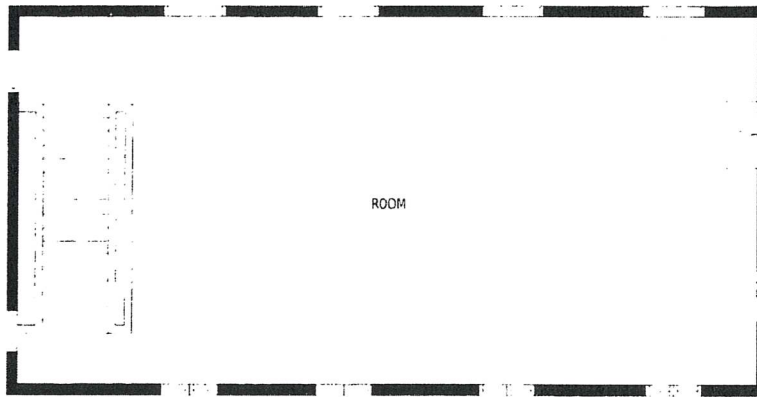
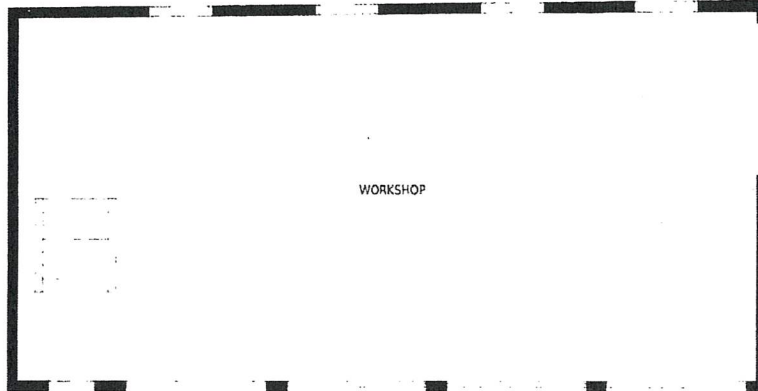
# 140 WINGS NECK

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FEB 23 2023

Bourne Health Department  
24 Perry Avenue  
Buzzards Bay MA 02532

The Barn



Key: 7747

Town of Bourne - Fiscal Year 2023

12/17/2022 11:44 am SEQ #: 7,903

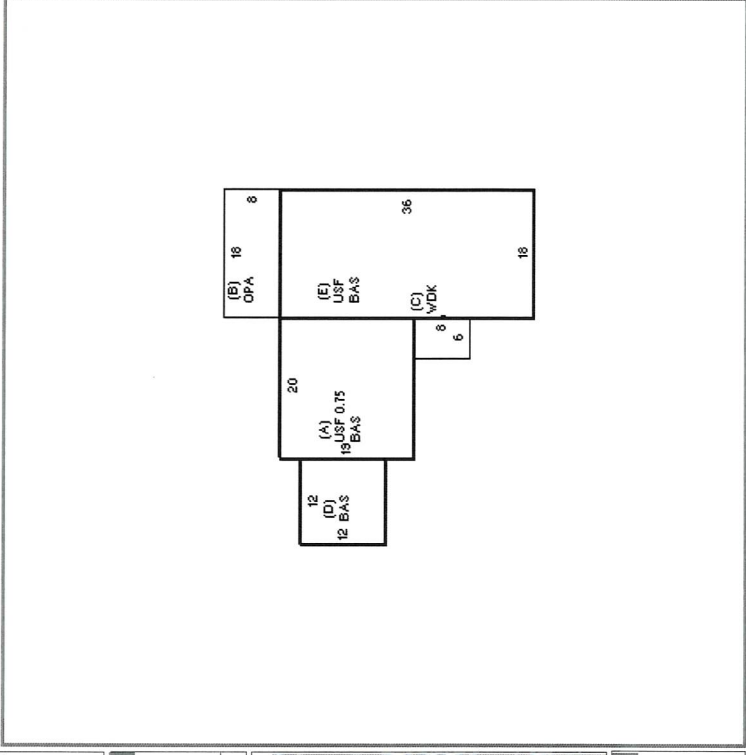
CURRENT OWNER		PARCEL ID		LOCATION						
OHANIAN PETER TRS SUZAN A MESSINA IRREVOC TRUST 25 NORTH SHORE RD WINDHAM, NH 03087		37.4-25-0		140 WINGS NECK RD						
TRANSFER HISTORY		DOS	T	SALE PRICE	BK-PG (Cert)					
OHANIAN PETER TRS SUZAN A MCGETTIGAN JOHN TIMOTHY &		12/15/2020	OS	1,400,000	33577-266 25688-104					
CD	T	AC/SF/UN	Nbhd	N_Index	Inf1	N_Index	Lpi	VC	CREDIT AMT	ADJ VALUE
100	S	40,000	11	1.00	100	1.00	1.00	A	1,189,020	1,091,630
300	A	0.432	11	1.00	100	1.00	1.00	BEX	82,080	35,460
TOTAL		1.350 Acres		ZONING	1	FRNT	0			

ASSESSED	CURRENT	PREVIOUS
LAND	1,127,100	1,049,800
BUILDING	251,300	199,400
DETACHED	0	0
OTHER	193,600	155,300
<b>TOTAL</b>	<b>1,572,000</b>	<b>1,404,500</b>

PHOTO 02/18/2021



BLDG COMMENTS



BUILDING	CD	ADJ	DESC	MEASURE	2/5/2021	RCNLD
MODEL	1		RESIDENTIAL	LIST	2/5/2021	TL
STYLE	7	1.00	CONVENTIONAL [100%]	REVIEW	2/5/2021	EST
QUALITY	A	1.00	AVERAGE [100%]			TL
FRAME	1	1.00	WOOD FRAME [100%]			

YEAR BLT	NET AREA	\$/LA(RGN)	CAPACITY	STORIES	ROOMS	BEDROOMS	BATHROOMS	FIXTURES	GARAGE CAPACITY	% BSMT FINISH	# OF HALF BATHS	# OF UNITS
1925	2,105	\$161	ADJ	2	6	3	8	0	0	1	1	
			OVERALL	1,005	1,000	1,080	1,000	1,000	1,000	1,000	1,000	

ELEMENT	CD	DESCRIPTION	ADJ
FOUNDATION	3	FOUN. WALL	1.00
EXT COVER	1	WOOD SHINGLE	1.02
ROOF SHAPE	1	GABLE	1.00
ROOF COVER	2	WOOD SHINGLES	1.02
FLOOR COVER	1	HARDWOOD	1.00
INT. FINISH	1	PLASTER	1.00
HEATING/COOLING	2	HOT WATER	1.02
FUEL SOURCE	1	OIL	1.00
USE	0		1.00

S	BAT	T	DESCRIPTION	UNITS	YB	ADJ PRICE	RCN	TOTAL RCN	CONDITION ELEM	CD
+	BAS	L	BASE AREA	1,172	1925	184.43	216,151	339,600	EXTERIOR	A
+	USF	L	UPPER STORY FIN	933	1925	103.36	96,432		INTERIOR	A
B	OPA	N	OPEN PORCH	144		65.92	9,493		KITCHEN	A
C	WDK	N	WOOD DECK	48		60.94	2,925		BATHS	A
F	F21	O	FPL 25 TOP	1		8,461.80	8,462		HEAT	A
FIX	O	O	XTRA FIXTURES	3		2,045.63	6,137		ELECT	O

EFF.YR/AGE	1992 / 29
COND	26 26 %
FUNC	0
ECON	0
DEPR	26 % GD 74
RCNLD	\$251,300



CURRENT OWNER		PARCEL ID		LOCATION	
OHAMIAN PETER TRS SUZAN A		37-4-25-0		140 WINGS NECK RD	
MESSINA IRREVOC TRUST		TRANSFER HISTORY		DOS T SALE PRICE BK-PG (Cent)	
25 NORTH SHORE RD					
WINDHAM, NH 03087					

CD	T	AC/SF/UN	Nbhd	Inf1	N Index	ADJ BASE	SAF	Topo	Lpl	VC	CREDIT AMT	ADJ VALUE

TOTAL	ZONING	FRNT	ASSESSED	CURRENT	PREVIOUS

TY	QUAL	COND	DIM/NOTE	YB	UNITS	ADJ PRICE	RCNLD

MODEL	CD	ADJ	DESC	MEASURE	2/2/2021	TL
1			RESIDENTIAL	LIST	2/2/2021	EST
STYLE	QUALITY			REVIEW		
20	G	0.75	GARAGE W/QTRS (100%)			
		1.10	GOOD (100%)			
FRAME						
1		1.00	WOOD FRAME (100%)			

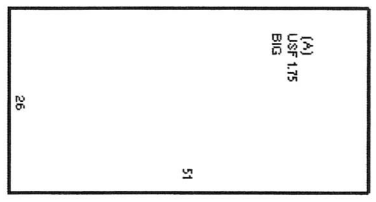
YEAR BLT	2008	SIZE ADJ	1.005
NET AREA	2,321	DETAIL ADJ	1,000
\$NLA(RCN)	\$92	OVERALL	0,740

STORIES	CAPACITY	UNITS	ADJ
ROOMS		1.75	1.00
BEDROOMS		2	1.00
BATHROOMS		0	1.00
FIXTURES		0	1.00
GARAGE CAPACITY		0	1.00
% BSMT FINISH		0	1.00
# OF HALF BATHS		0	1.00
# OF UNITS		1	1.00

ELEMENT	CD	DESCRIPTION	ADJ	S	BAT	T	DESCRIPTION	UNITS	YB	ADJ PRICE	RCN
FOUNDATION	2	SLAB	0.95	A	BIG	N	BUILT-IN GARAGE	1,326	2008	50.70	67,231
EXT COVER	1	WOOD SHINGLE	1.02	A	USF	L	UPPER STORY FIN	2,321		62.70	145,519
ROOF SHAPE	1	GABLE	1.00								
ROOF COVER	1	ASPH/COMP SHIN	1.00								
FLOOR COVER	2	SOFTWOOD	1.02								
INT. FINISH	0	OTHER	1.00								
HEATING/COOLING	0		1.00								
FUEL SOURCE	0		1.00								
USE	0		1.00								

TOTAL RCN	212,751
CONDITION ELEM	CD
EXTERIOR	A
INTERIOR	A
KITCHEN	A
BATHS	A
HEAT	A
ELECT	A

EFF YRAGE	2009 / 12
COND	9 9 %
FUNC	0
ECON	0
DEPR	9 % GD
RCNLD	\$193,600



CLASS	CLASS%	DESCRIPTION	BN ID	BN	CARD		
1010	100	SINGLE FAMILY	2	2	of 2		
PMT NO	PMT DT	DESC	AMOUNT	INSP	BY	1st	%