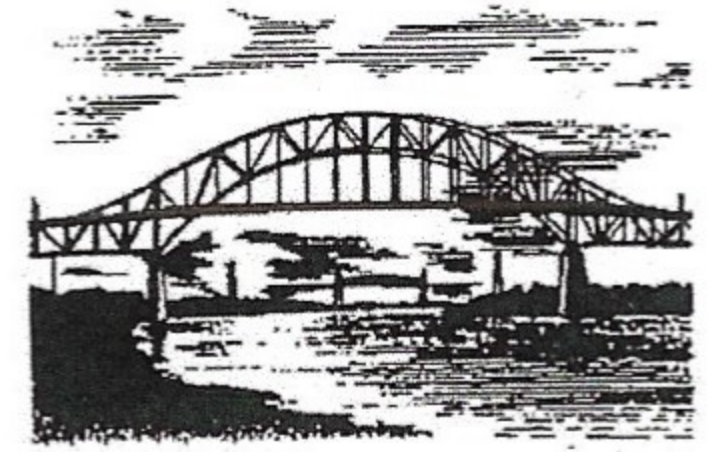


Bourne Board of Health
Application for Septic
Variance Requests



In accordance with the established procedures of the Bourne Board of Health, this application for septic variances and waivers is relevant to requests for relief 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 Samuel Carchidi, e/o Mark Carchidi
Facility's Street Address 64 Williams Ave, Pocasset
Owner's Telephone Number 508-362-2000
Owner's E-mail Address mark@carchidi-law.net
Owner's Mailing Address 370 Cotuit Rd, Sandwich, MA 02563

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

Preparer's Name Peter McEntee
Company Engineering Works Inc
Telephone Number 508-737-4768
E-mail Address peter.mcentee@gmail.com
Mailing Address 12 W. Crossfield Rd, Forestdale MA
State/ Zip Code 02644

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 Dwelling

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

Pumped System Gravity System Pressure Dosed Other

6. Describe the proposed septic system components: 1500 gallon septic tank, distribution box and 2-500 gallon precast leaching chambers surrounded with stone

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

Design flow of proposed system: 330

Total design flow of facility: 330

8. Enclose a letter of request for variances which makes reference to the specific provisions of Title 5 and 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 the regulations.

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

- Application Fees paid to the Town of Bourne.
- Letter of request (see samples)
- Six sets of complete plans and specifications. One with original stamp of design engineer.
- Nitrogen Loading Calculation Sheet(s)
- 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)
- ^{NA} Proposals for installation of Innovative/ Alternative 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
- ^{NA} Hydrogeologic data for all leaching facilities proposed within 100ft of a wetland/ watercourse
- Percentage of Increase Worksheet is 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

Print Name

For Office Use Only

Completed Application Received: _____

Reviewed By: _____

Hearing Date: _____

Permit #: _____

Circle all that apply:

Approved

Continued

Disapproved

Other

Notes: _____
