



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.

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APR 16 2024

1. Facility Name and Address:

Bourne Health Department
24 Perry Avenue
Buzzards Bay MA 02532

Owner's Name BRIAN DEVELLIS
Facility's Street Address 9 WABASH AVE
Owner's Telephone Number 781-8799210
Owner's E-mail Address _____
Owner's Mailing Address 21 FAWN LANE BILLERICA MA. 01821

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

Preparer's Name JAMES MOORE
Company MOORE CARPENTRY
Telephone Number 508 527 1030
E-mail Address MOORE TRACY 35 AT YAHOO
Mailing Address 15 GOELEMA DR EAST FALMOUTH MA. 02536

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): SINGLE FAMILY
2 BEDROOM 1 BATH

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

Pumped System Gravity System Pressure Dosed Tight Tank Other

EXISTING

6. Describe the existing and proposed septic system components: EXISTING

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

EXISTING

PROPOSED

Design flow of system:

Total design flow of facility:

(if more than one system on subject property)

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.
- N/A 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.
- N/A Six copies of Nitrogen Loading Calculation Worksheet *required for all applications.
- 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).
- N/A 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.
- N/A Hydrogeologic data may be required for new leaching facilities proposed within 100ft of a wetland/watercourse.
- N/A 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 of fine and/or imprisonment for deliberate violations."

Facility Owner's Signature Brian Develis Date 4-11-24

Print Name BRIAN DEVELIS

Signature of Preparer James Moore Date 4-10-2024

Print Name JAMES MOORE

JAMES MOORE
15 GOELETTA DRIVE
EAST FALMOUTH, MA 02536
MOORETRACY35@YAHOO.COM

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APR 16 2024

Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532

Dear Mr. Abutter:

In accordance with the state environmental code title 5, Brian Devellis has requested a hearing before the Bourne Board of Health.

The location is 9 Wabash Ave.

Scope of work:

Interior remodeling of 2 bedroom, one bath which will remain 2 bedroom 1 bath and the footprint will not change.

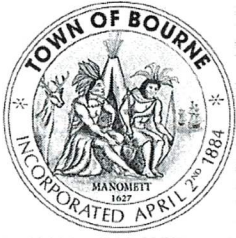
Reason for the variance is due to the existing setbacks are in violation. NOTE: we are not proposing any changes to the existing system.

The hearing is tentatively scheduled for April 24, 2024, Bourne 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 Ave, Buzzards Bay, Monday through Friday from 8:30 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, ex 1513.

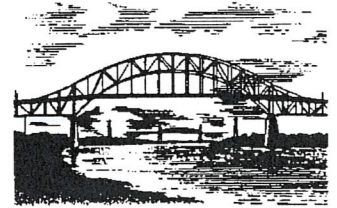
Sincerely,

James Moore
508-527-10230



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

Subject 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)			RECEIVED APR 16 2024 Bourne Health Department 24 Perry Avenue Buzzards Bay, MA 02532
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.

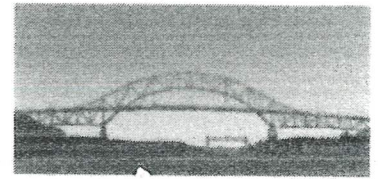
Formula for total increase percentage:

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



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 3, 2024

James Moore
15 Goeletta Dr
Falmouth, MA 02536

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APR 16 2024

Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532

Re: Abutters List for Map 43.3 Parcel 161
Property address: 9 Wabash Avenue

As required by the Bourne Board of Health, pursuant with section 310 CMR 15.411(1), this is to certify that the attached list of names and addresses constitutes all of the parties in interest as shown on the most recent tax list of the Town of Bourne.

Abutting properties are: Map 43.3 Parcels 58, 59, 60, 62 & 65.

Your filing fee of \$25.00 has been received by the Bourne Assessor's Office.

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 for abutters mailing addresses.

Board of Assessors

Ellen Doyle Sullivan
Donna Barakauskas
Michael Leitzel

Extract: ABUTTERS LIST
 Database: LIVE
 Filter: Key IN 9357,9358,9359,9361,9363
 Sort:

Report #24: Owner Listing Report
 Fiscal Year 2025

Bourne MA

Key	Parcel ID	Owner	Location	LC/CI	Bk-Pg(Cert)/Dt	Mailing Street	Mailing City	ST	Zip Cd/County
9357	43.3-58-0	MCDERMOTT GREGORY F ✓	10 WABASH AVE	N	30570/295	PO BOX 708	POCASSET	MA	02559
9358	43.3-59-0	KAPPLER STEVEN & MELISSA KAPPLER ✓	2 WABASH AVE	N	34260/325	1724 SW KINGLET WAY	PALM CITY	FL	34990
9359	43.3-60-0	SHEPHERD RICHARD J & JANIS L SHEPHERD ✓	14 CANONICUS AVE	N	13441/130	148 RUSSELL LANE	ABINGTON	MA	02351
9361	43.3-62-0	HUTZLER SCOTT ETUX DOMINIQUE HUTZLER ✓	214 CIRCUIT AVE	Y	207473	20 SWARTHMORE RD	WELLESLEY	MA	02482
9363	43.3-65-0	LAURENCE WILLIAM M & SUSAN E LAURENCE	224 CIRCUIT AVE	N	10774/289	11 SOUTHFIELD COURT	NEEDHAM	MA	02492
					1010	5/30/1997			

Total Records 5

7022 0410 0002 3361 2722

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Wellesley, MA 02482

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Certified Mail Fee \$4.40

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

- Return Receipt (hardcopy) \$0.00
- Return Receipt (electronic) \$0.00
- Certified Mail Restricted Delivery \$0.00
- Adult Signature Required \$0.00
- Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To

SCOTT HUTZLER

Street and Apt. No., or PO Box No. 20 SWARTHMORE RD

City, State, ZIP+4® WELLESLEY MA 02482

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- Certified Mail Restricted Delivery \$0.00
- Adult Signature Required \$0.00
- Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To

GREGORY McDERMOTT

Street and Apt. No., or PO Box No. PO BOX 708 POCASSET MA

City, State, ZIP+4® 02559

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- Certified Mail Restricted Delivery \$0.00
- Adult Signature Required \$0.00
- Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To

RICHARD SHEPHERD

Street and Apt. No., or PO Box No. 148 RUSSELL LANE

City, State, ZIP+4® ABINGTON MA. 02351

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Needham, MA 02492

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- Return Receipt (electronic) \$0.00
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Postage \$0.68

Total Postage and Fees \$5.08

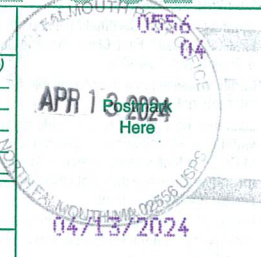
Sent To

WILLIAM LARIBANCE

Street and Apt. No., or PO Box No. 11 SOUTHFIELD COURT

City, State, ZIP+4® NEEDHAM MA 02492

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Palm City, FL 34990

OFFICIAL USE

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

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- Return Receipt (electronic) \$0.00
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- Adult Signature Required \$0.00
- Adult Signature Restricted Delivery \$0.00

Postage \$0.68

Total Postage and Fees \$5.08

Sent To

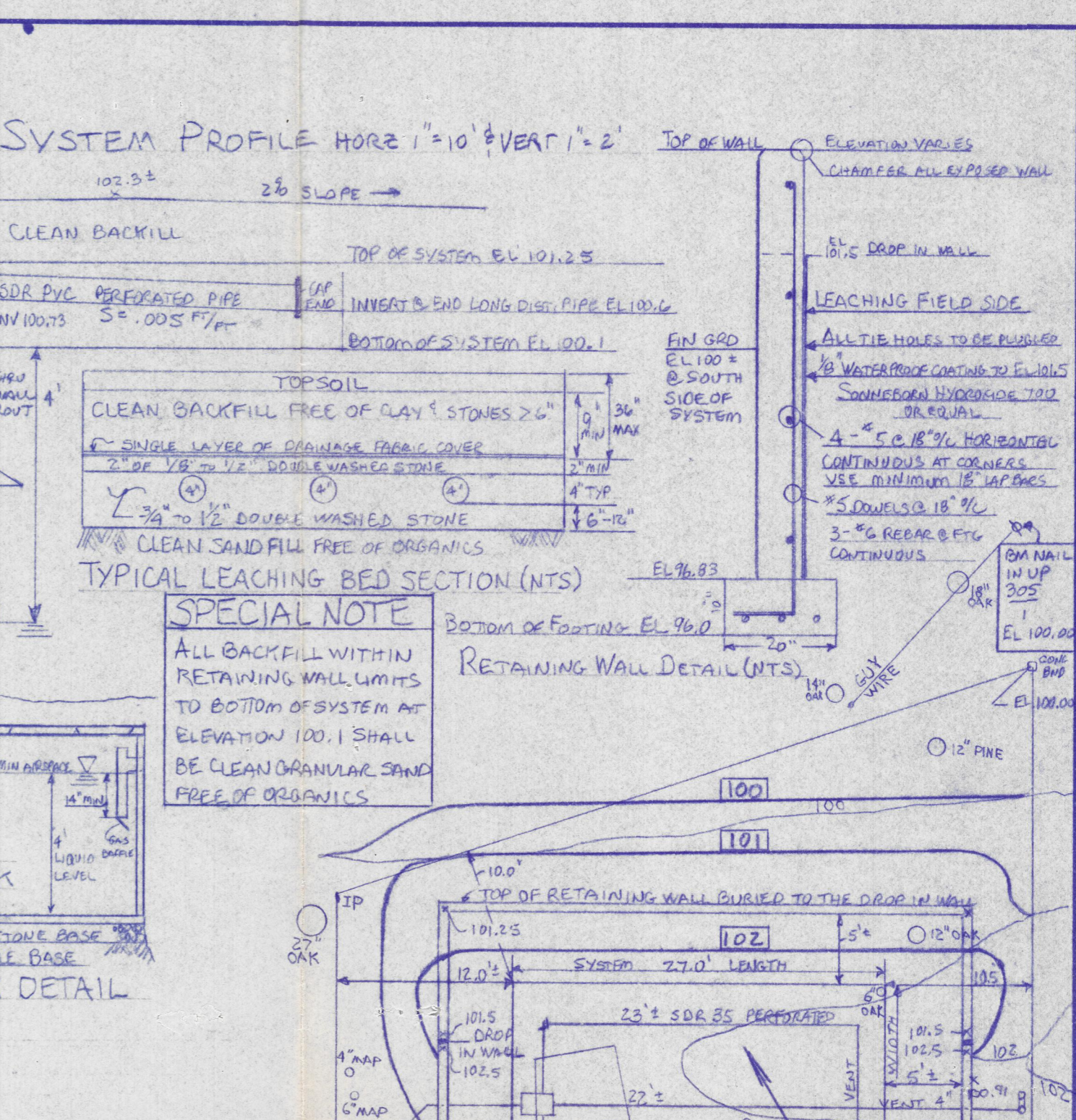
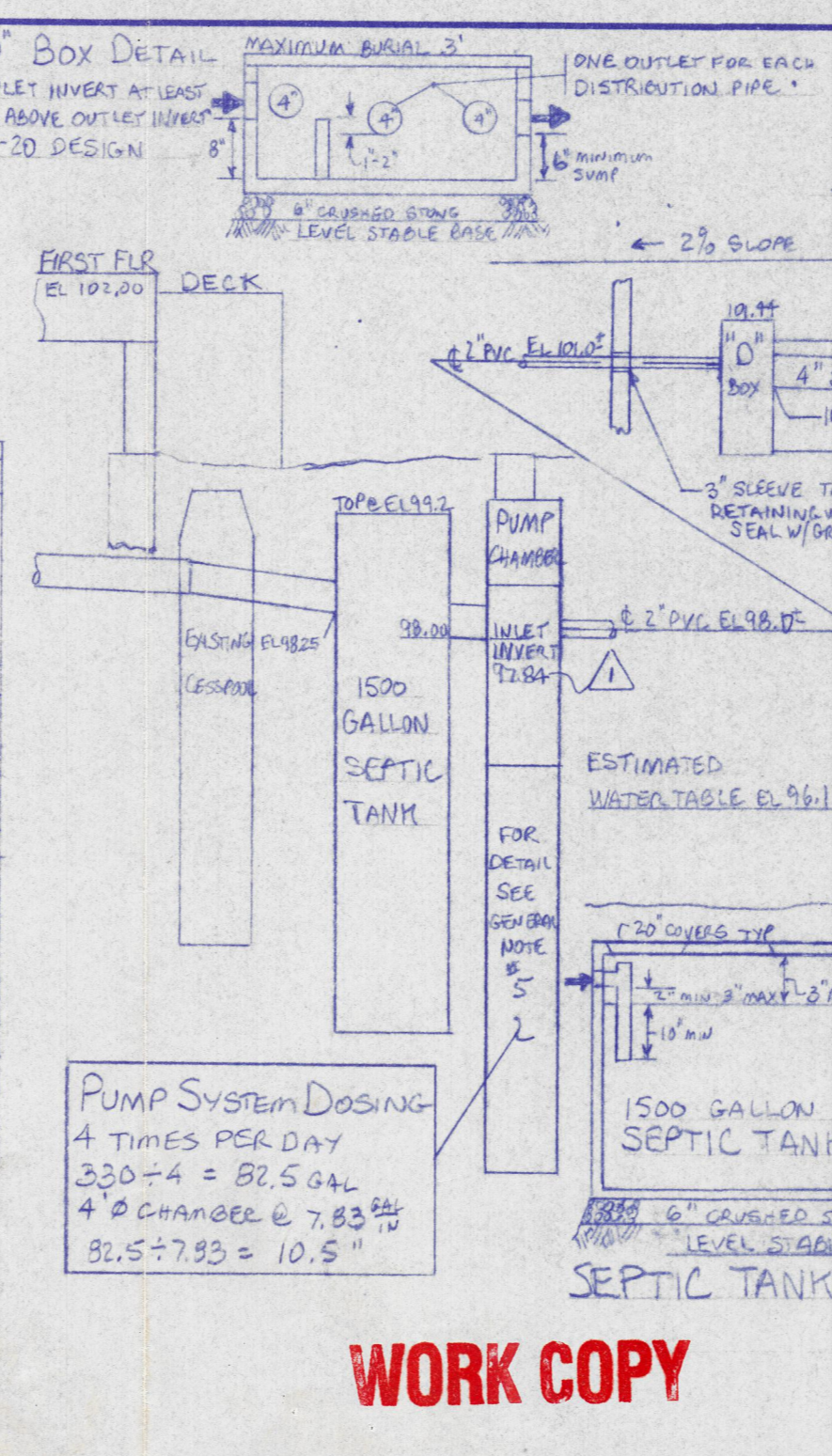
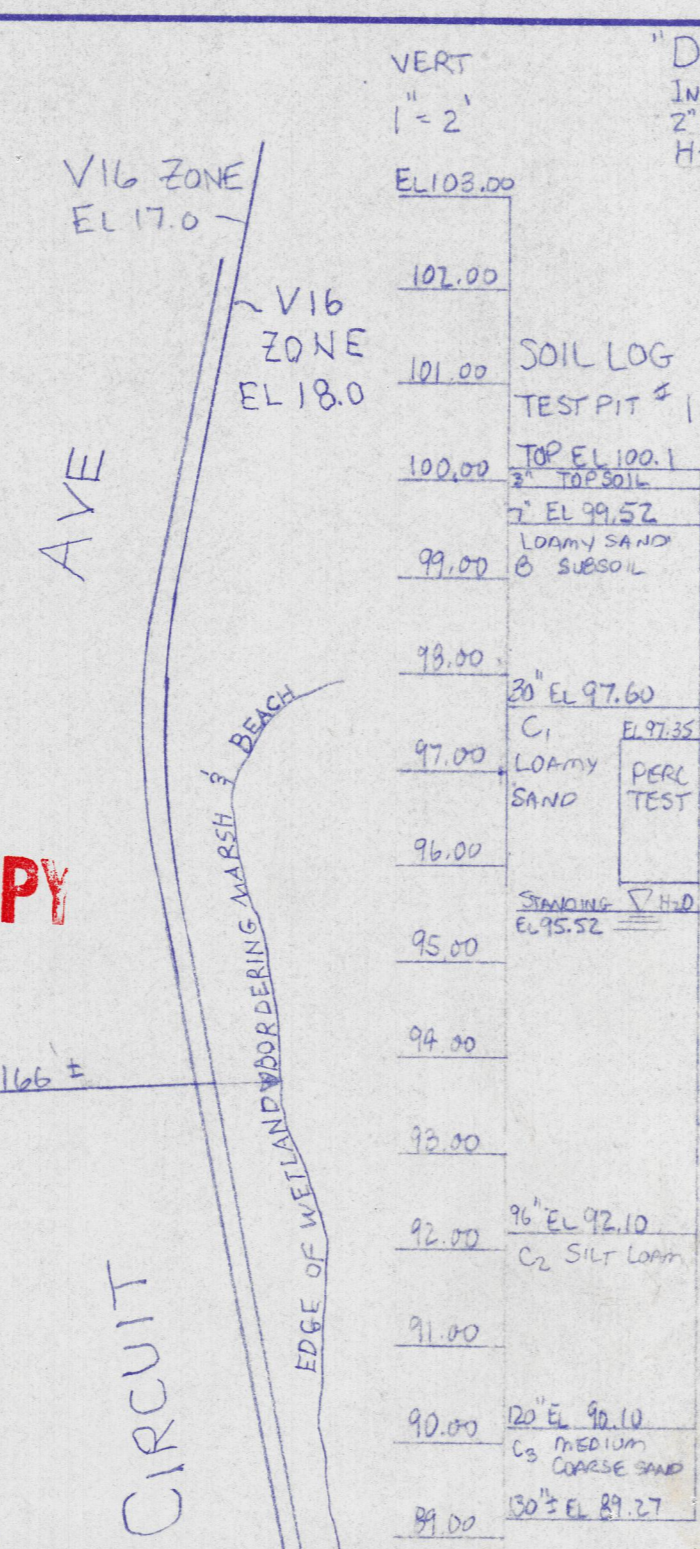
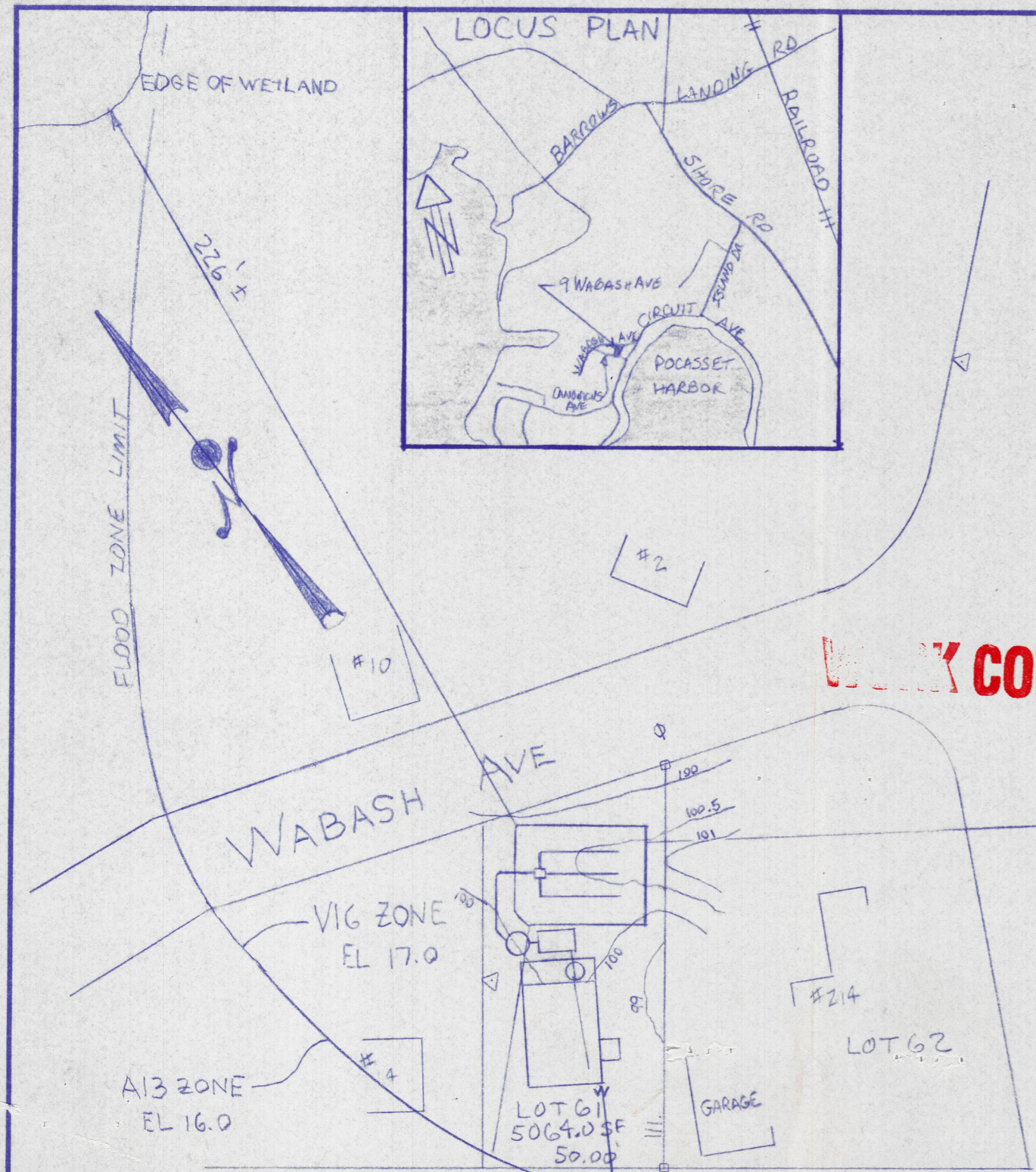
STEVEN KAPPLER

Street and Apt. No., or PO Box No. 1724 SW KINGLET WAY

City, State, ZIP+4® PALM CITY FLORIDA 34990

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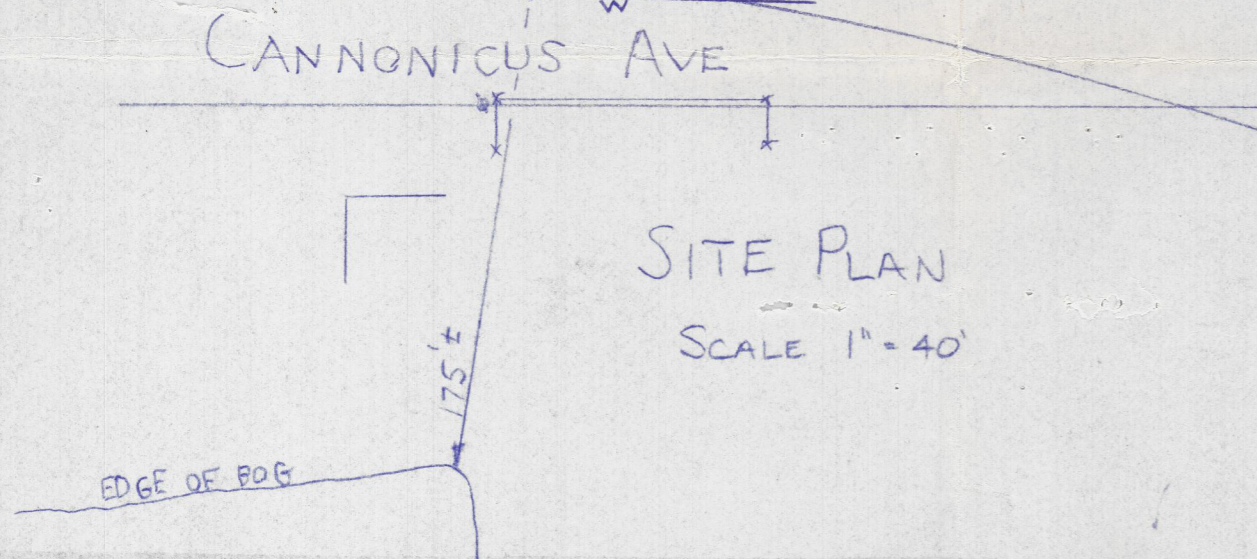
WORK COPY

SYSTEM DESIGN DATA AND NOTES (310 CMR 15.00 11/3/95)

- Estimated Design Flow: Three bedroom X 110 = 330 GPD
- Percolation Test @ TP #1 7/15/98 Witness: Cynthia Coffin.
- Soil evaluation report on file at Bourne Board of Health. Soil evaluator: David Fredette certified May 1997. Soil Evaluation @ Test Pit #1 7/15/98 Witness: Cynthia Coffin.
- Soil: Loamy Sand Textural Class I. Rate @ perc 4.33 min/inch. Design Rate: 7 min/inch. Loading Rate 0.68 GPD/SF
- Minimum proposed leaching area 330 / 0.68 = 486 SF. Leaching bed area provided 18 FT X 27 FT = 486 SF
- This system is not designed for use of a garbage grinder. This system is designed for year round use. These system components are not designed for vehicles or heavy equipment to pass over them, except that the area over the leaching bed may be used for parking of vehicles. This septic system is in compliance with Massachusetts Sanitary Code Title V requirements and is not a guarantee as to longevity of operation or usefulness.
- All system components shall meet Title V requirements current as of November 3, 1998 and any local BOH requirements. The septic tank shall be minimum 1500 gallon capacity meeting Title V requirements 15.223 to 15.228. Septic tank shall be a J&R #TK1500 or equal, Distribution Box shall be an H-20 Loading J&R #B6DBB with baffle or equal. Drainage cloth shall be a minimum 5.0 oz per SY non-woven geotextile fabric. All sewer and distribution piping to be 4" SDR-35 PVC solid or perforated as shown on drawing.
- Access risers shall be provided at the septic tank inlet cover, center cover, outlet cover, and distribution box cover whenever backfill cover exceeds 12".
- Quarry supplied crushed stone to be used for system aggregate shall be specifically approved by the local B.O. Health agent.
- Excavation of unsuitable material to include approximately the top 2.5 FT of soil to approximately Elev. 97.5 within the proposed leaching area down to a uniform layer of virgin soil designated as C1. All septage contaminated soil shall be removed from site. Prior to beginning system construction the excavation bottom shall be subject to inspection by the engineer and/or BOH. Bourne BOH reserves the right to request further test pits within the excavated area to verify the existence of four feet of naturally occurring pervious soil.

REQUEST FOR VARIANCES: This system design complies with all Title V requirements current as of November 3, 1998 with the following variances in accordance with 310 CMR 15.405.

- Reduction of system location setback from the dwelling to the septic tank from 10' to 7', noting that the dwelling has no basement.
- Reduction of the distance from the leaching area to the retaining wall from 10' to 5'.



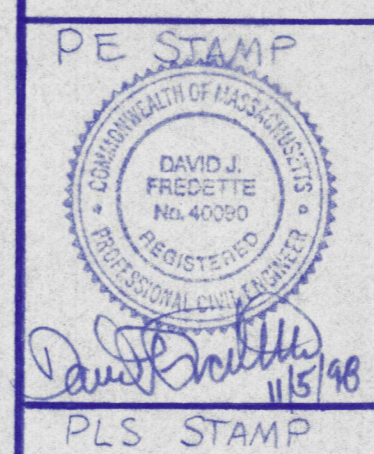
GENERAL NOTES:

- This site plan was prepared using available information including a Land Court Plan #41166-A prepared by John P. Gonzala for Lot 62 @ 214 Circuit Ave, and on instrument survey performed on 9/2/98. Flood zone limits are based on FEMA Flood Map Panel 11 of 15 #255210-0011E. Elevations are based on local benchmark.
- During installation, no modifications shall be made to any system component, orientation, elevation, offset distance or other aspect of the system as shown on this drawing without prior approval by the design engineer and local Board of Health. All system components shall be installed per manufacturers recommendations and/or as shown on this drawing.
- Any unusual or unforeseeable conditions encountered during installation shall be brought to the attention of the BOH and/or the design engineer.
- All existing components are to be abandoned and removed if located in conflict with new components or if located within the area of the proposed soil absorption system.
- Trees located within the excavation area including the overdig perimeter shall be removed inclusive of root stumps. Trees located outside the excavated area shall be preserved if possible.
- For all pertinent information concerning the pump chamber and associated equipment refer to the SEPTIC SYSTEM PUMP CHAMBER DETAIL, PUMP SYSTEM CHAMBER & EQUIPMENT NOTES, and the PUMP SYSTEM EQUIPMENT SPECIFICATION INFORMATION on the attached 8.5" X 11" document to be incorporated with this drawing.

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45
3.9

BOARD OF HEALTH

WORK COPY



SUBSURFACE DISPOSAL SYSTEM REPAIR
9 Wabash Ave Map 43.3 Lot # 61
Bourne, Massachusetts
OWNER: Jeffery & Sharon Pierce
ENGINEER: David Fredette 912 Bristol St. New Bedford MA
Contact Phone Number: 508-998-8897

Drawn by: D. J. Fredette Date: November 3, 1998
Scale: Site Plan 1" = 40' System Profile Vert 1" = 2' & Horz 1" = 10'

SCALE:	APPROVED BY: David J. Fredette P.E. 3/24/99	DRAWN BY: DJF
DATE:		REVISED MAR 24, 1999
△ MOVE SEPTIC TANK, ADJUST GRADES, RECONFIGURE WASTE PUMPING, SHOW ELECTRIC		

REVISED MARCH 24, 1999
 DRAWING NUMBER 98-008