



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

Charles Primmerman

Facility's Street Address

110 Circuit Avenue

Owner's Telephone Number

781.275.0139

Owner's E-mail Address

immermanpra@mac.com

Owner's Mailing Address

9 Lane Farm Drive Bedford, MA 01730

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

Preparer's Name

Michael J. Borselli

Company

Falmouth Engineering, Inc.

Telephone Number

508.495.1225

E-mail Address

mike@falmouthengineering.com

Mailing Address

17 Academy Lane, Ste. 200 Falmouth

State/ Zip Code

MA 02540

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 (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: SEE PLAN BY BRACKEN ENGINEERING.

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

Design flow of system: 449 GPD

Total design flow of facility: 449 GPD

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 Charles P. Primmerman Date 11/2/21

Print Name Charles Primmerman

Signature of Preparer Michael J. Borselli Date 11-1-21

Print Name Michael J. Borselli

For Office Use Only

Completed Application Received: _____

Reviewed By: _____

Hearing Date: _____

Permit #: _____

Circle all that apply:

Approved

Continued

Disapproved

Other

Notes: _____
