

J.E. LANDERS-CAULEY, P.E.
Civil-Environmental Engineering
P.O. Box 364
West Falmouth, MA 02574
(508)-540-7733; 508-540-3344 (fax)
jlandersca@aol.com

Bourne Board of Health
Attention: Terri Guarino
24 Perry Avenue
Buzzards Bay, MA 02532

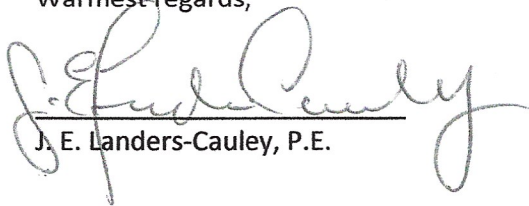
August 22, 2022

Re: Variance(s) Requested For 128 Emmons Road, Bourne, MA 02553
Jonathan Levitt and Marni Levitt, Owners

Dear Members:

As requested, enclosed please find a full and complete updated application package for the property set forth above.

Warmest regards,



J. E. Landers-Cauley, P.E.

Enclosures: 128 Emmons Road BOH Variance

Letter to Board of Health Members requesting waiver or variance

Application For Septic Variance

Copy of Client Authorization and Directive (previously filed)

Copy of Bourne Assessors property card Map 34.0 Parcel 5-3

Copy of Bourne Assessors property card Map 34.0 Parcel 5-2

Letter To Health Agent re Proof of Notice to Abutters

Copy of certified abutters list

Copy of letter sent to abutters

Copies of certified mail slips (dated 08/05/22 and 08/15/22)

Copy of Bio-Microbics Certification for General Use of MicroFAST Treatment System Model 0.9

Copy of Bio-Microbics detail sheets #1-#4

Copy of Disclosure Notice for the I/A technology System-Dates

Copy of Title 5 Bedroom Count Deed Restriction

Nitrogen Loading Calculation Sheets for 4 bedrooms

Nitrogen Loading Calculation Sheets for proposed 6 bedrooms

Architectural Plans for Proposed House and Garage, Sheets #1, #2, #3

Proposed Site Plan Prepared for Jonathan and Marni Levitt of 128 Emmons Road Bourne, MA 08/01/22

Pump calculations sheet

UV Installation and Operation Manual

J.E. LANDERS-CAULEY, P.E.
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Bourne Board of Health
Attention: Terri Guarino
24 Perry Avenue
Buzzards Bay, MA 02532

August 22, 2022

Re: Variance(s) Requested For 128 Emmons Road, Bourne, MA 02553
Jonathan Levitt and Marni Levitt, Owners

Dear Members:

In accordance with the State Environmental Code, Title 5: 310 CMR 15.410, please accept this letter of request to be heard before the Board of Health at their next meeting to discuss relief from Title 5 and/or Board of Health Regulations a **septic system for new construction** "(i.e., the addition of habitable space and an increase in flow)." at 128 Emmons Road, Bourne, MA 02553. We respectfully request consideration of the following variances to accommodate our project.

The Variances requested are:

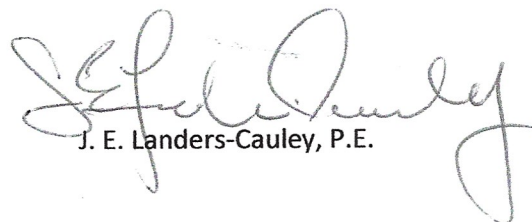
A 49.5-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 100.5 feet of the southeastern coastal bank; and

An 18.5-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 131.5 feet of the mean high water; and

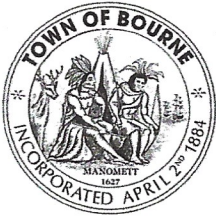
A 50-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 100 feet of the top of coastal bank; and

An 8.9-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement leaching facility SAS within the rocky intertidal zone

According to your request we have reviewed the nitrogen loading calculations and have submitted new nitrogen loading calculations for 4 bedrooms and for a 6 bedrooms design. Also enclosed are updated site plans, uv disinfection specifications, pump calculations and updated architectural plans. We will be notifying all abutters as required and will provide proof of mailing. Thank you in advance for your consideration of this request.



J. E. Landers-Cauley, P.E.



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

Jonathan Levitt and Marni Levitt

Facility's Street Address

128 Emmons Road, Bourne MA

Owner's Telephone Number

617-548-1289

Owner's E-mail Address

jlevitt36@gmail.com

Owner's Mailing Address

128 Emmons Road, Bourne MA

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

Preparer's Name

J. E. Landers-Cauley

Company

J. E. Landers-Cauley, PE

Telephone Number

508-540-7733

E-mail Address

jlandersca@aol.com

Mailing Address

Box 364

State/ Zip Code

West Falmouth, Ma 02574

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

☒ Residential ☐ Commercial ☐ Institutional ☐ School ☐ Industrial

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

Four bedroom single family house with existing septic system to be replaced with microfast system and conventional S.A.S. for proposed six bedroom house and garage

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: Existing: Conventional Title V system for four bedroom house
Proposed: I/A for six bedroom system with 2,500 gallon tank, microfast system with S.A.S. & reserve area

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

660 gallons per day

Design flow of system:

660 gallons per day

Total design flow of facility:

667 gallons per day

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:

- ☒ Supplemental permit application
- ☒ \$125 filing fee + applicable permit application fees paid to the Town of Bourne.
- ☒ Letter of request describing nature of variances (see samples)
- ☒ Six sets of complete plans and specifications, plus one electronic copy. 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 Marni Levitt Date 8-22-22

Print Name Jonathan Levitt Marni Levitt

Signature of Preparer J. E. Finkel-Curley Date 08/22/22

Print Name J. E. Landers-Cauley

For Office Use Only

Completed Application Received: _____

Reviewed By: _____

Hearing Date: _____

Permit #: _____ Existing
_____ Proposed

Septic Plans Dated: _____

Floor Plans Dated: _____

Drawn By: _____

Drawn By: _____

Before BOH in past: NO YES

If yes, enclose copy of minutes. (Date _____)

Notes: _____

Circle all that apply: _____ Approved _____ Continued _____ Disapproved _____ Other

Notes: _____

Key: 7080

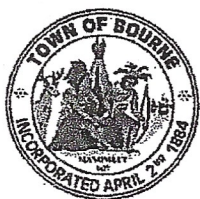
Town of Bourne - Fiscal Year 2022

12/11/2021

7:56 pm

SEQ #: 7.221

CURRENT OWNER										PARCEL ID										LOCATION																													
LEVITT JONATHAN PHILIP & MARIN LEVITT 40 THORNDIKE ST UNIT 2 BROOKLINE, MA 02446										34.0-5-2 TRANSFER HISTORY LEVITT JONATHAN PHILIP & DURANT JOAN S AND										0 EMMONS RD DOS 12/15/2020 04/27/1998 J										2,000,000 33577-274 45,000 11383-141																			
CD	T	AC/SE/UN	Nbhd	Inf1	N	Index	ADJ	BASE	SAF	Topo	Lpi	VC	CREDIT	AMT	ADJ	VALUE																																	
300	A	0.500	10	1.00	100	1.00	100	1.00	62,230	1.00	A	1.00	BEX	4.90		31,120																																	
325	A	0.733	10	1.00	100	1.00	100	1.00	21,805	1.00	A	1.00	BEX	4.90		15,980																																	
325	A	2.467	10	1.00	100	1.00	100	1.00	2,181	1.00	90	0.10	BEX	4.90		5,380																																	
TOTAL		3.700 Acres		ZONING		1	FRNT		0																																								
Nbhd TOB ISL Inf1 N_Index AVG										N parcel is in a velocity zone / owner has 1/3 interest of this parcel, assessed as 1/3 excess and 1/3 wetlands E										ASSESSED LAND BUILDING DETACHED OTHER TOTAL										CURRENT 52,500 0 0 0 52,500										PREVIOUS 208,500 0 0 0 208,500									
TY	QUAL	COND	DIM	NOTE	YB	UNITS	ADJ	PRICE	RCNLD	PHOTO																																							
										BLDG COMMENTS																																							
BUILDING CD ADJ DESC										MEASURE LIST REVIEW																																							
MODEL STYLE QUALITY FRAME																																																	
YEAR BLT NET AREA SNLA(RCN)										SIZE ADJ DETAIL ADJ OVERALL										ELEMENT CD DESCRIPTION ADJ																													
CAPACITY UNITS ADJ																				S BAT T DESCRIPTION UNITS YB ADJ PRICE RCN																													
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																				EFF.YRAGE										COND FUNC ECON DEPR										% GD									



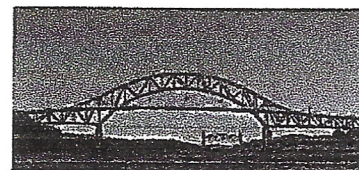
TOWN OF BOURNE

Board of Assessors

24 Perry Avenue

Buzzards Bay, MA 02532

(508) 759-0600 Ext. 1510 ♦ Fax (508) 759-8026



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

Rui Pereira, MAA
Director of Assessing

August 5, 2022

JE Landers-Cauley, PE
PO Box 364
West Falmouth, MA 02574

Re: Abutters List for Map 34 Parcel 5.3
Property address: 128 Emmons Road

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 34 Parcels 4, 5 & 5.2.

Your payment of \$10.00 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 7077,7076,7080
Sort:

Report #24: Owner Listing Report
Fiscal Year 2023

Bourne MA

Key	Parcel ID	Owner	Location	LC/CI	Bk-Pd/Cert/Dt	Mailing Street	Mailing City	ST	Zip Cd/Country
7077	34.0-4-0	JACKSON TIMOTHY & DOSORIS TRUS TRS SALLY P JACKSON REV/TRUST	130 EMMONS RD 1010	N	288/10/23/1 4/21/2015	22 OLD FARM RD	DEDHAM	MA	02026
7078	34.0-5-0	COFFIN PETER B & RICHARD MAKLER TR POINT HOUSE NOM RLTY	128 EMMONS RD 1010	N	28158/15/4 5/22/2014	PO BOX 77	POCASSET	MA	02559
7080	34.0-5-2	LEVITT JONATHAN PHILIP & MARINI LEVITT	0 EMMONS RD 1320	N	33577/27/4 12/15/2020	40 THORNDIKE ST UNIT 2	BROOKLINE	MA	02446
Total Records		3							

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Civil-Environmental Engineering
P.O. Box 364
West Falmouth, MA 02574
(508)-540-7733; 508-540-3344 (fax)
jlandersca@aol.com

August 5, 2022

Re: 128 Emmons Road, Pocasset, MA
NOTICE OF PUBLIC HEARING

Dear Abutter:

In accordance with the State Environmental Code, Title 5, 310 CMR 15.00, you are hereby notified that the owners, Jonathan Levitt and Marni Levitt, have requested a hearing before the Bourne Board of Health for relief from Title 5 and/or the Bourne Board of Health Regulations for the installation of an upgraded septic system. The location of the property for this proposal is 128 Emmons Road, Bourne, MA 02553 where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on:

A 49.5-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 100.5 feet of the southeastern coastal bank; and

An 18.5-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 131.5 feet of the mean high water; and

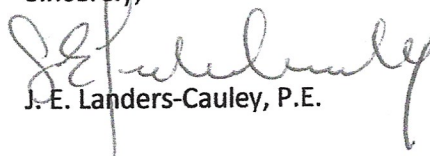
A 50-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 100 feet of the top of coastal bank; and

An 8.9-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement leaching facility SAS within the rocky intertidal zone

This hearing is tentatively scheduled for August 24, 2022, at 5:30 p.m. in the Bourne Community Center, 239 Main Street, Buzzards Bay, MA 02532. 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 8:30 a.m. until 4:30 p.m.

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 our office, J. E. Landers-Cauley, P.E., 508 540-7733, or the Bourne Health Department at 508 759-0600, ext. 1513.

Sincerely,



J. E. Landers-Cauley, P.E.

J.E. LANDERS-CAULEY, P.E.
Civil-Environmental Engineering
P.O. Box 364
West Falmouth, MA 02574
(508)-540-7733; 508-540-3344 (fax)
jlandersca@aol.com

August 15, 2022

Re: 128 Emmons Road, Pocasset, MA
NOTICE OF PUBLIC HEARING
Amended Notification

Dear Abutter:

In accordance with the State Environmental Code, Title 5, 310 CMR 15.00, you are hereby notified that the owners, Jonathan Levitt and Marni Levitt, have requested a hearing before the Bourne Board of Health for relief from Title 5 and/or the Bourne Board of Health Regulations for a **septic system for new construction "(i.e. the addition of habitable space and an increase in flow)." .** The location of the property for this proposal is 128 Emmons Road, Bourne, MA 02553 where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on:

A 49.5-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 100.5 feet of the southeastern coastal bank; and

An 18.5-foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility SAS within 131.5 feet of the mean high water; and

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Sincerely,

J. E. Landers-Cauley, P.E.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Timothy J. Davis Jackson
22 Old Farm Rd
Dedham, MA 02026



9590 9402 6851 1060 5338 55

2. Article Number (Transfer from service label)

7020 3160 0000 4118 4795

PS Form 3811, July 2020 PSN 7530-02-000-9053

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A. Signature

X *Do R 12 CIP*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/6/22

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

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1. Article Addressed to:

Peter; Richard Coffin
P.O. Box 77
Pocasset, MA 02559



9590 9402 6851 1060 5338 62

2. Article Number (Transfer from service label)

120 3160 0000 4118 4801

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Richard Coffin*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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1. Article Addressed to:

Jonathan; Marni Levitt
40 Thorndike St
Brookline, MA 02446



9590 9402 6851 1060 5338 48

2. Article Number (Transfer from service label)

20 3160 0000 4118 4788

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *JML*

- ☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

Jonathan; Marni Levitt

3. Service Type

- ☐ Adult Signature
☐ Adult Signature Restricted Delivery
☐ Certified Mail®
☐ Certified Mail Restricted Delivery
☐ Collect on Delivery
☐ Collect on Delivery Restricted Delivery
☐ Insured Mail
☐ Insured Mail Restricted Delivery (over \$500)
- ☐ Priority Mail Express®
☐ Registered Mail™
☐ Registered Mail Restricted Delivery
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Brookline, MA 02446

Certified Mail Fee \$4.00
\$3.25
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 \$0.60

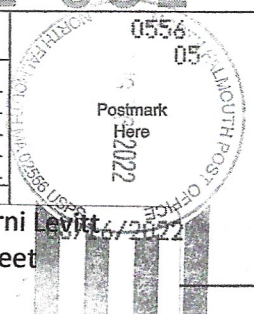
Total \$

Sent 1

Street

City, State

Jonathan Philip & Marni Levitt
740 Thorndike Street
Unit 2
Brookline, Ma 02446



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Pocasset, MA 02559

Certified Mail Fee \$4.00
\$3.25
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 \$0.60

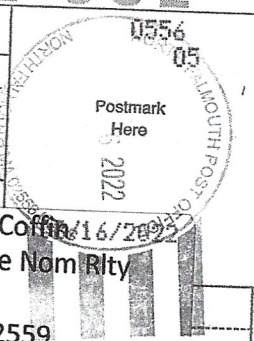
Total Pos \$

Sent To

Street and

City, State

Peter & Richard Coffin
Markle TR Point House Nom Rlty
PO Box 77
Pocasset, Ma 02559



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

Dedham, MA 02026

Certified Mail Fee \$4.00
\$3.25
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 \$0.60

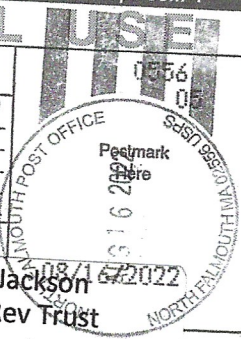
Total Pr \$

Sent To

Street and

City, State

Timothy & Dosoris Jackson
TRS Sally P Jackson Rev Trust
22 Old Farm Road
Dedham, Ma 02026



PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

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1. Article Addressed to:

Peter & Richard Coffin
Makler TR Point House Nom Rlty
PO Box 77
Pocasset, Ma 02559



9590 9402 6851 1060 5330 08

2. Article Number (Transfer from service label)

7020 3160 0000 4118 4887

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
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- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ed Mail
ed Mail Restricted Delivery
(\$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

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Timothy & Dosoris Jackson
TRS Sally P Jackson Rev Trust
22 Old Farm Road
Dedham, Ma 02026



9590 9402 6851 1060 5329 95

2. Article Number (Transfer from service label)

7020 3160 0000 4118 4894

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

d Mail
d Mail Restricted Delivery
(\$500)

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt