

MAIN OFFICE:
49 Herring Pond Road
Buzzards Bay, MA 02532
TEL: (508) 833-0070
FAX: (508) 833-2282



NANTUCKET OFFICE:
19 Old South Road
Nantucket, MA 02554
TEL: (508) 325-0044
www.brackeneng.com

January 25, 2023

RECEIVED

CERTIFIED MAIL

FEB 02 2023

RE : Notice of Public Hearing

Bourne Health Department
24 Perry Avenue
Buzzards Bay MA 02532

Dear Abutter:

In accordance with the State Environmental Code, Title 5: 310 CMR 15.00, you are hereby notified that **Arthur & Katherine Hallam** have requested a hearing before the Bourne Board of Health for relief from the Bourne Board of Health Regulations for the installation of an upgraded Septic System. The location of the property for which approval is sought is **2 Jefferson Road (Map 23.4, Parcel 9), Pocasset** where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on:

- **Reduction in setback distance for the proposed soil absorption system area to a non-water dependent coastal bank from 150' to 21' (129' variance).**
- **Reduction in setback distance for the proposed soil absorption system area to a salt marsh from 150' to 120' (30' variance).**
- **Reduction in setback distance for the proposed soil absorption system area to a salt marsh from 150' to 135' (15' variance)**

This hearing is tentatively scheduled for Wednesday, February 8th at **5:30 p.m.** in Conference Room #2 at the Bourne Veteran's Memorial Community Building, 239 Main Street, Buzzards Bay. Information regarding the hearing may be available for your review one week prior to the meeting by contacting the Bourne Health Department at 508-790-0600, Ext. 1513, Monday through Friday from 8:30 a.m. until 4:30 p.m.

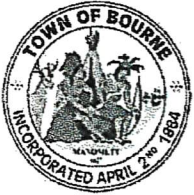
Meeting agendas are posted on the Town of Bourne website, www.townofbourne.com/health no less than 48 hours in advance of the hearing. *Please confirm the date, time, and location of the meeting with the Town, in case of any changes.* Should you have any questions or concerns, please do not hesitate to contact the undersigned at zac@brackeneng.com or the Bourne Health Department at 508-790-0600, Ext. 1513.

Sincerely,

BRACKEN ENGINEERING INC.

A handwritten signature in black ink, appearing to read 'Zachary L. Basinski', written over a horizontal line.

Zachary L. Basinski, PE, C.F.M
Project Manager
Agent for the Applicant



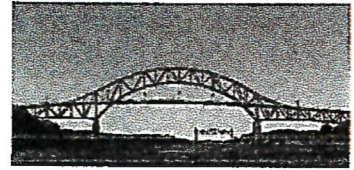
TOWN OF BOURNE

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

December 19, 2022

Arthur R. Hallam III etux
c/o Bracken Engineering, Inc.
49 Herring Pond Rd.
Buzzards Bay, MA 02532

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Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532

Re: Abutters List for Map 23.4 Parcel 9
Property address: 2 Jefferson 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 23.4 Parcels 8 & 10; Map 26.2 Parcel 44.

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:
Database:
Filter:
Sort:

Report #24: Owner Listing Report
Fiscal Year 2023

Bourne MA

Key	Parcel ID	Owner	Location	LCUCI	Bk-Pq(Cert)/DI	Mailing Street	Mailing City	ST	Zip Cd/County
4811	23-4-5-0	SCHOFIELD ALLEN W TR 12 BELL ROAD NOMINEE TR	12 BELL RD N 1090	N	28014/316 3/3/2014	5 SCHOFIELD RD	HOPKINTON	MA	01748
4813	23-4-10-0	SOARES, JOSEPH M JR & ELIZABETH L TRS SOARES FAMILY TRUST	6 JEFFERSON RD N 1010	N	26139/22 3/7/2012	6 JEFFERSON RD	BOURNE	MA	02532
5463	26-2-44-0	COCUZZO JOSEPH D TR OF THE COCUZZO FAMILY RLTY TRUST	78 THORNE RD N 1010	N	15329/60.62 7/2/2002	24 CASTANO CT	NEEDHAM	MA	02484

Total Records 3

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Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532

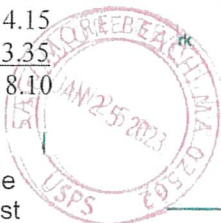
7022 1670 0003 0401 8870

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I Postage: \$.60
I Certified Fee: \$ 4.15
I Return Receipt Fee: \$ 3.35
Total Postage & Fees: \$ 8.10



To: Joseph D. Cocuzzo, Trustee
Cocuzzo Family Realty Trust
24 Castano Court
Needham, MA 02494
2 Jefferson Rd, Bourne - BOH

PS Form 3800, April 2013 PSN 7530-02-000-9047 See reverse for instructions

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Bourne Health Department
24 Perry Avenue
Buzzards Bay MA 02532

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Total Postage & Fees: \$ 8.10



To: Joseph M Soares, Jr. &
Elizabeth L Soares
Soares Family Trust
6 Jefferson Road
Bourne, MA 02532
2 Jefferson Rd, Bourne - BOH

PS Form 3800, April 2013 PSN 7530-02-000-9047 See reverse for instructions

7022 1670 0003 0401 9433

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To: Allen W. Schofield, TR
12 Bell Road Nominee Trust
5 Schofield Road
Hopkinton, MA 01748
2 Jefferson Rd, Bourne - BOH

PS Form 3800, April 2013 PSN 7530-02-000-9047 See Reverse for Instructions

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:

Allen W. Schofield, TR
 12 Bell Road Nominee Trust
 5 Schofield Road
 Hopkinton, MA 01748

2 Jefferson Rd, Bourne - BOH



9590 9402 7721 2152 5068 60

2. Article Number (Transfer from service label)

7022 1670 0003 0401 9433

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

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
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Mail Restricted Delivery (over \$500)

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Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532

Domestic Return Receipt

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:

Joseph M. Jr. &
 Elizabeth L. Soares
 Soares Family Trust
 6 Jefferson Road
 Bourne, MA 02532

2 Jefferson Rd, Bourne - BOH



9590 9402 7721 2152 5068 53

2. Article Number (Transfer from service label)

7022 1670 0003 0401 8863

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

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
- Insured Mail
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Mail Restricted Delivery (over \$500)

Domestic Return Receipt

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1. Article Addressed to:

Joseph D. Cocuzzo, Trustee
 Cocuzzo Family Realty Trust
 24 Castano Court
 Needham, MA 02494

2 Jefferson Rd, Bourne - BOH



9590 9402 7721 2152 5068 46

2. Article Number (Transfer from service label)

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

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

Domestic Return Receipt