

RECEIVED

NOV 29 2022

Bourne Health Department  
24 Perry Avenue  
Buzzards Bay MA 02532

Stephen B Nelson  
175 Spring Street  
Rockland, MA 02370

12/1/2022

Bourne Board of Health

24 Perry Avenue

Buzzards Bay, MA

RE: Variance request for proposed septic system repair at 4 Wenaumet Bluffs Drive

Dear Board Members ;

In accordance with the State Environmental Code Title 5: 310CMR15.00, 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 the Bourne Board of Health Regulations for the installation of an upgraded septic system at 4 Wenaumet Bluffs Drive, Pocasset, MA. We respectfully request consideration of the following variance to accommodate our project.

Local Upgrade Approval Request:

A 5 foot reduction in the required 10 foot setback distance from the proposed leaching facility to the front and side property line (310 CMR 15.211)

A 32 foot reduction in the required 50 foot setback distance from the proposed leaching facility to the top of coastal bank

A 132 foot variance from the Bourne Board of Health 150 foot setback regulation for the placement of a leaching facility within 18 feet of coastal bank

Enclosed is the completed variance application and design plans. We have notified all abutters as required and attached proof of mailing. Thank you in advance for your consideration of the request.

Sincerely,



Stephen B Nelson REHS/RS

617 529-2427

IBWaterman@aol.com



**PAID**  
11.29.22

**RECEIVED**

# 24151

NOV 29 2022

Bourne Board of Health  
Application for Septic  
Variance or Waiver Requests

Bourne Health Department  
24 Perry Avenue  
Buzzards Bay, MA 02532



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

Kristin Seastrand

Facility's Street Address

4 Wenaumet Bluffs Drive

Owner's Telephone Number

774 266-4000

Owner's E-mail Address

kseastrand@comcast.net

Owner's Mailing Address

4 Wenaumet Bluffs Drive, Pocasset

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

Preparer's Name

StephenBNelson REHS/RS

Company

Stephen B Nelson LLC

Telephone Number

617 529-2427

E-mail Address

IBWaterman@aol.com

Mailing Address

175 Spring Street, Rockland

State/ Zip Code

MA 02370

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

- Residential    Commercial    Institutional    School    Industrial

4. Describe Facility (i.e. single-family dwelling, 45 seat restaurant): 3 bedroom residence

3 bedroom residence

3 bedroom residence

3 bedroom residence

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

- Pumped System    Gravity System    Pressure Dosed    Tight Tank    Other

6. Describe the existing/ proposed septic system components: 3 bedroom residence  
1000 gallon septic tank to leaching system

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

Design flow of system:  
330 gallons per day  
Total design flow of facility:  
330 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:

- \$125 filing fee + any other applicable permit application fees paid to the Town of Bourne.
- Application for a Disposal System Construction Permit (may be filled out by installer)
- Letter of request describing nature of variances (see samples)
- Six sets of complete engineered plans and specifications, plus one electronic copy. One with original stamp of design engineer.
- Six sets of floor plans; existing and proposed.
- 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 \_\_\_\_\_ Date 11/28/2022

Print Name Kristin Seastrand

Signature of Preparer \_\_\_\_\_ Date 11/28/2022

Print Name Stephen B Nelson

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED

NOV 29 2022

Bourne Health Department  
24 Perry Avenue  
Buzzards Bay MA 02532

Stephen B Nelson  
175 Spring Street  
Rockland, MA 02370

Abutter Name

Mailing Address

RE: Notice of Public Hearing

Dear abutter ;

In accordance with the State Environmental Code Title 5: 310CMR15.00, you are hereby notified that Kristin Seastrand has 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 4 Wenaumet Bluffs Drive, Pocasset, MA where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on:

Local Upgrade Approval Request:

A 5 foot reduction in the required 10 foot setback distance from the proposed leaching facility to the front and side property line (310 CMR 15.211)

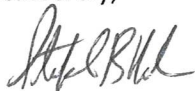
A 32 foot reduction in the required 50 foot setback distance from the proposed leaching facility to the top of coastal bank

A 132 foot variance from the Bourne Board of Health 150 foot setback regulation for the placement of a leaching facility within 18 feet of coastal bank

This hearing is tentatively scheduled for 12/14/2022 at 5:30 PM in the Conference Room 2, Bourne Veteran's Memorial Community Building, 239 Main Street, Buzzards Bay, Mass. 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 AM to 4:30 PM.

Meeting agendas are posted on the Town of Bourne website, [www.townofbourne.com/health](http://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 Town, in case of any changes. Should you have any questions of concerns, please do not hesitate to contact me or the Bourne Health Department at 508-759-0600 ext 1513.

Sincerely,

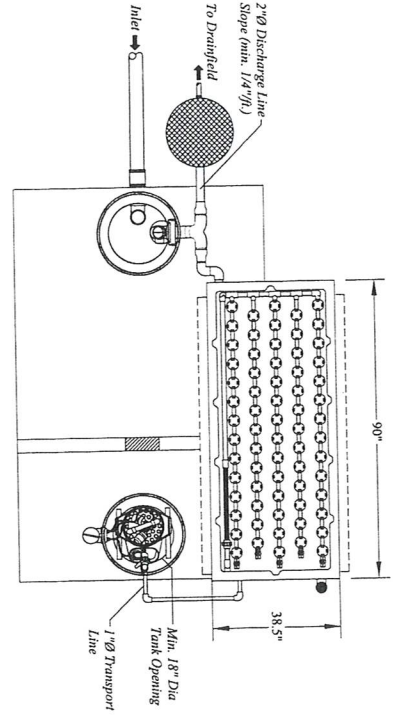


Stephen B Nelson REHS/RS

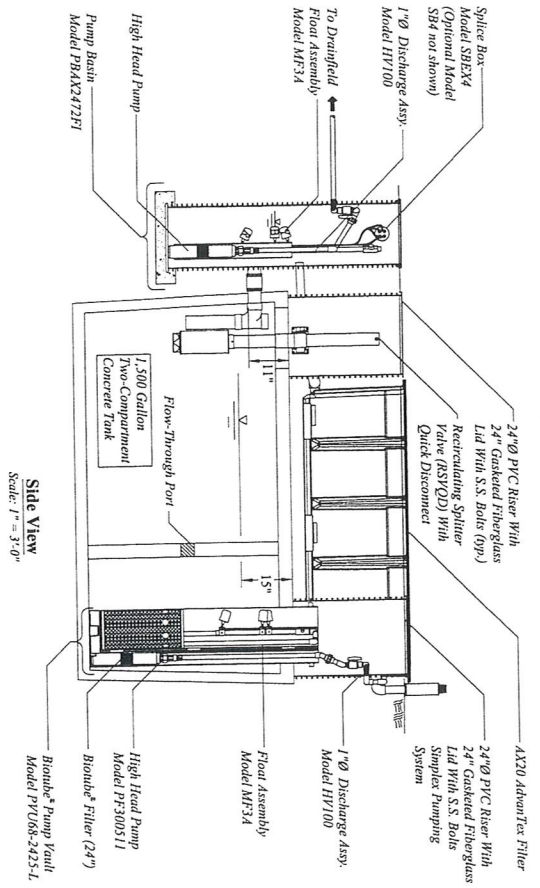
617 529-2427

IBWaterman@aol.com

# Advantex® AX20 Mode 3B

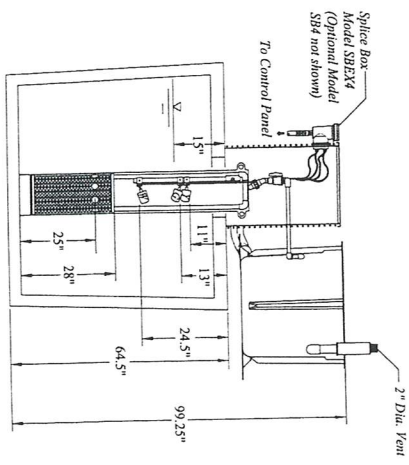


**Top View**  
Scale: 1" = 3'-0"



**Side View**  
Scale: 1" = 3'-0"

Float Functions	
Y	High Level Alarm
G	Override Timer ON/OFF
W	ILIARO
B	Pump On
R	Pump Off



**End View**  
Scale: 1" = 3'-0"

**UNAUTHORIZED CHANGES & USES**  
Orenco has prepared these drawings for use by the design engineer. Any changes to these drawings, including omissions, additions, or alterations, must be made in writing and must be approved by the design engineer.

PRODUCT CONFIGURATION DRAWINGS



Drawn By: BEN SMITH  
Drawn For:

Project: AX20 Mode 3B  
Title: NDW-ATX-BNDR-6

Scale: 1" = 3'-0"  
Sheet: 1 OF 1  
Rev: A-03  
Date: 4/26/2015

Copyright © 2013  
Orenco Systems, Inc.

Note: This drawing is representative of typical residential AX designs. It has been shrunk to fit on letter size paper. For the correct, "B" size version as well as additional drawings, including state-specific designs, go to the Orenco® online Document Library ([www.orenco.com/corporate/doclibrary.cfm](http://www.orenco.com/corporate/doclibrary.cfm)), click the "Standard Drawings" quick link, and select a state or province.

**Design Notes**  
For residential strength waste up to 4 bedrooms.  
Installation to be performed by an Advantex Authorized Installer only.  
Start-up and service to be performed by an Advantex Authorized Service Provider only.

**RECEIVED**  
NOV 29 2022  
Bourne Health Department  
24 Perry Avenue  
P.O. 72818 Rav MA 02539