



March 11, 2022

Bourne Board of Health
24 Perry Avenue
Buzzards Bay, MA

RECEIVED

MAR 11 2022

Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532

RE: Septic System Upgrade – Variance Requests
50 Tahanto Road, Pocasset, MA

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 Bourne Board of Health regulations for the installation of new septic system at 50 Tahanto Road, Pocasset, MA. This is strictly an upgrade of a failed system for an existing three bedroom dwelling and is not an increase in flow. We respectfully request consideration of the following variances to accommodate our project:

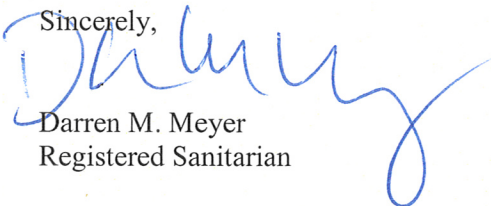
Variances requested are:

- 1) Per 310 CMR 15.405(1)(b), a 9 ft. variance from 310 CMR 15.211, to allow proposed leaching to be 11 ft. from dwelling vs 20 ft. required. (liner provided)
- 2) Per 310 CMR 15.405(1)(a), a 3 ft. variance from 310 CMR 15.211, to allow proposed leaching to be 7 ft. from property line vs. 10 ft. required.
- 3) Per 310 CMR 15.405(1)(b), a 3 ft. variance from 310 CMR 15.211, to allow proposed septic tank to be 7 ft. from dwelling vs. 10 ft. required.
- 4) Per 310 CMR 15.405(1)(a), a 4 ft. variance from 310 CMR 15.211, to allow proposed septic tank to be 6 ft. from property line vs. 10 ft. required.

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

If you have any further questions regarding this application, please feel free to contact me at (508) 360-3311.

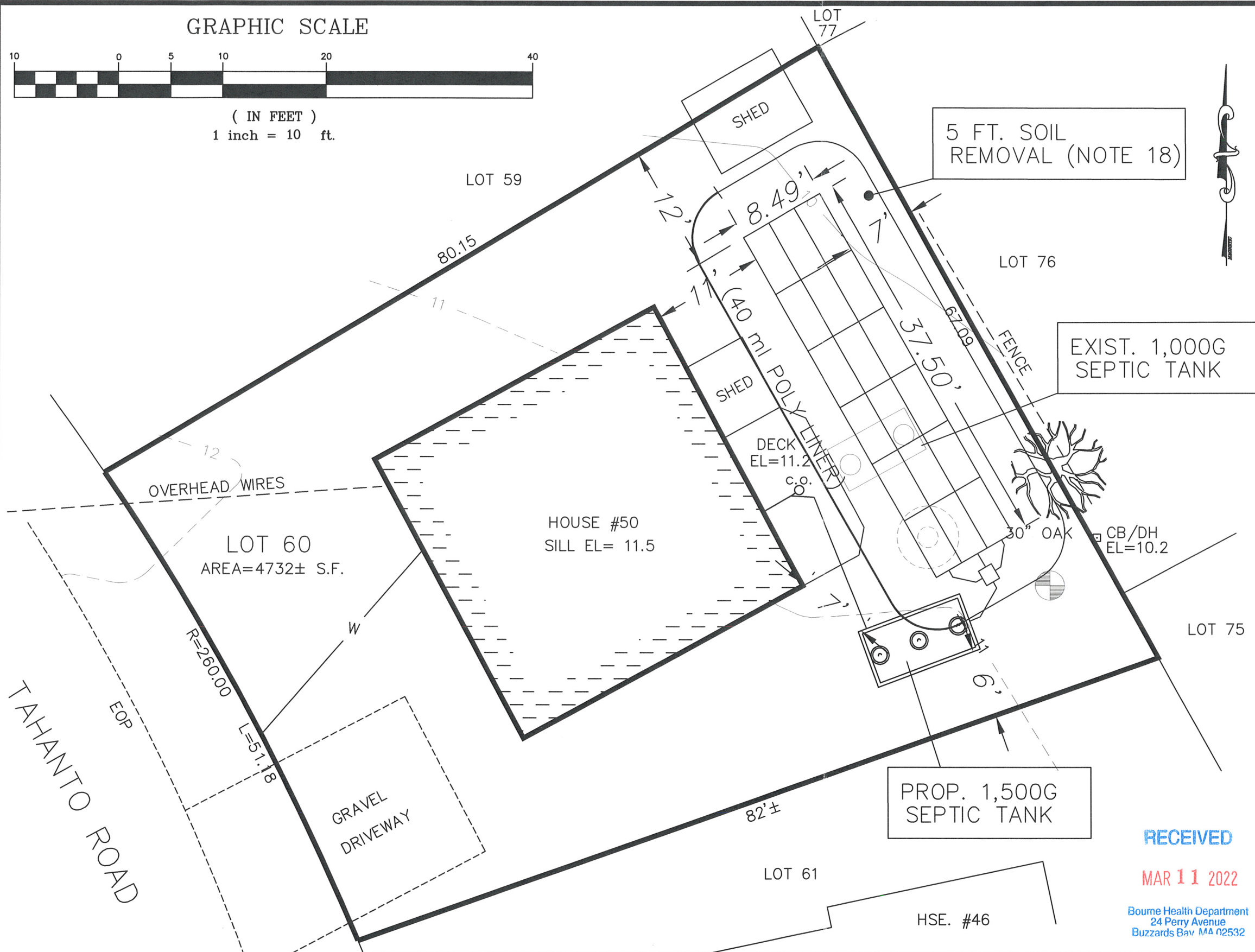
Sincerely,


Darren M. Meyer
Registered Sanitarian

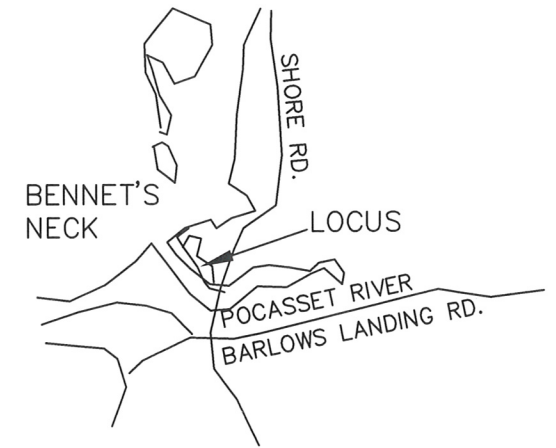
GRAPHIC SCALE



(IN FEET)
1 inch = 10 ft.



POCASSET



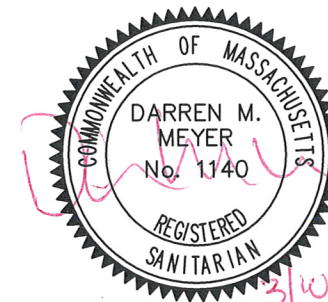
LOCUS MAP

LOCUS INFORMATION

PLAN REF: 9/127
TITLE REF: 25780/149
PARCEL ID: MAP 38.3 PAR. 303
ZONING: R-1
FLOOD ZONE: "AE" (15)
COMMUNITY PANEL: 25001C0503J DATED: 07/16/14

SEPTIC SYSTEM
REPAIR PLAN
LOCATED AT:
50 TAHANTO ROAD
POCASSET, MA.
PREPARED FOR
HARVEY FAMILY REV.
TRUST

AUGUST 18, 2021 REV: 01/10/22, 03/10/22



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MAR 11 2022

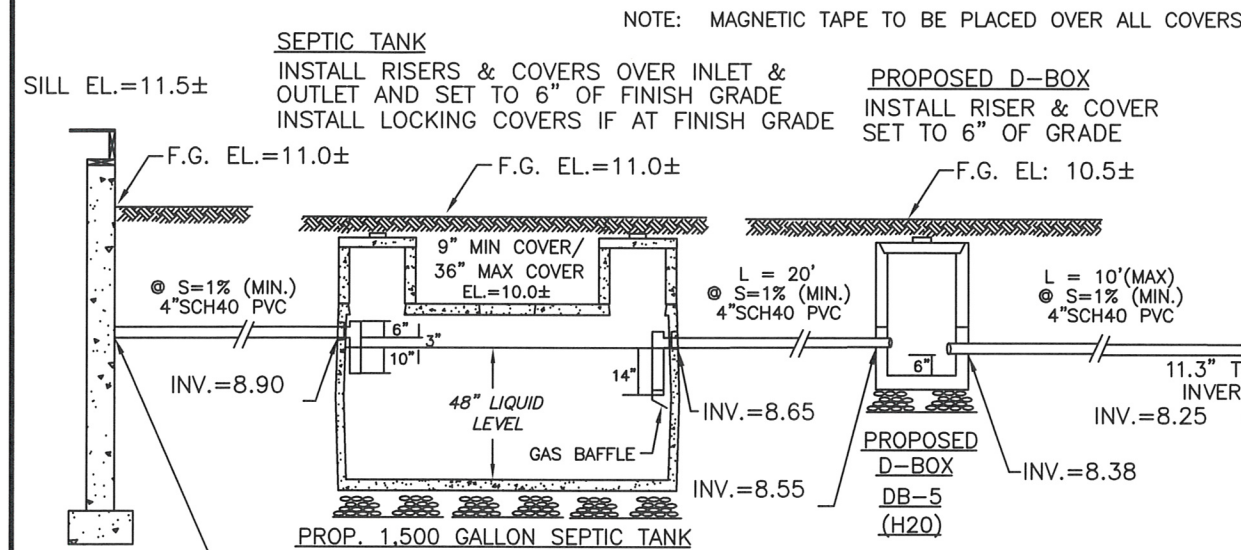
Bourne Health Department
24 Perry Avenue
Buzzards Bay MA 02532

VARIANCE REQUESTS – MAXIMUM FEASIBLE COMPLIANCE

PER 310 CMR 15.405 (1) (A/B)/BOURNE BOH REGULATIONS:

- 1) A 9 FT. VARIANCE FROM 310 CMR 15.211 TO ALLOW PROP. LEACHING TO BE A MIN. OF 11 FT. FROM DWELLING VS. REQUIRED 20 FT. (LINER PROV.)
- 2) A 3 FT. VARIANCE FROM 310 CMR 15.211 TO ALLOW PROP. LEACHING TO BE 7 FT. FROM PROP. LINE VS. REQUIRED 10 FT.
- 3) A 3 FT. VARIANCE FROM 310 CMR 15.211 TO ALLOW PROP. SEPTIC TANK TO BE A MIN. OF 7 FT. FROM DWELLING VS. REQUIRED 10 FT.
- 4) A 4 FT. VARIANCE FROM 310 CMR 15.211 TO ALLOW PROP. SEPTIC TANK TO BE A MIN. OF 6 FT. FROM PROPERTY LINE VS. REQUIRED 10 FT.

MEYER & SONS, INC.
P.O. BOX 981
EAST SANDWICH, MA. 02537
PH: (508)360-3311
FAX: (774)413-9468
meyerandsonsincc@gmail.com

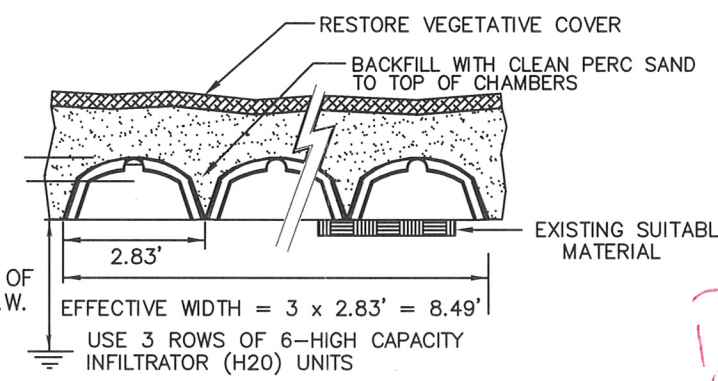


EXIST. SEWER OUTLET
 INV.=70.94

- NOTES:
- CONTRACTOR SHALL VERIFY ALL EXISTING PIPE INVERTS PRIOR TO CONSTRUCTION.
 - TANK/D-BOX SHALL BE SET TRUE TO GRADE ON A MECHANICALLY COMPACTED SIX INCH CRUSHED STONE BASE AS SPECIFIED IN 310 CMR 15.221(2).
 - INSTALL PVC INLET/OUTLET TEES IN SEPTIC TANK AS REQUIRED.
 - GAS BAFFLE TO BE INSTALLED ON OUTLET TEE AS MANUFACTURED BY TUF-TITE, ZABEL OR EQUAL.

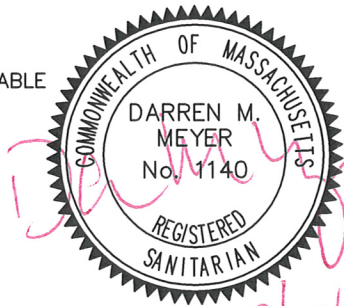
SEPTIC SYSTEM PROFILE

N.T.S.



TYPICAL SECTION

N.T.S.



3/10/22

DESIGN CRITERIA

NUMBER OF BEDROOMS: 3 BEDROOM DESIGN
 DESIGN FLOW: RESIDENTIAL: 3 BEDROOMS @ 110 GPD/BR = 330 GPD
 DESIGN PERCOLATION RATE: <2 MIN/IN SOIL TEXTURAL CLASS: CLASS I (0.74 GPD/SF)
 GARBAGE GRINDER: NO (not designed for garbage grinder)
 DISTRIBUTION BOX: USE DB-5 (H2O)

SEPTIC TANK: 330 gpd x 200% = 660 gpd USE PROP. 1,500G SEPTIC TANK

LEACHING AREA REQUIRED: (330)/.74 = 445.94 S.F.

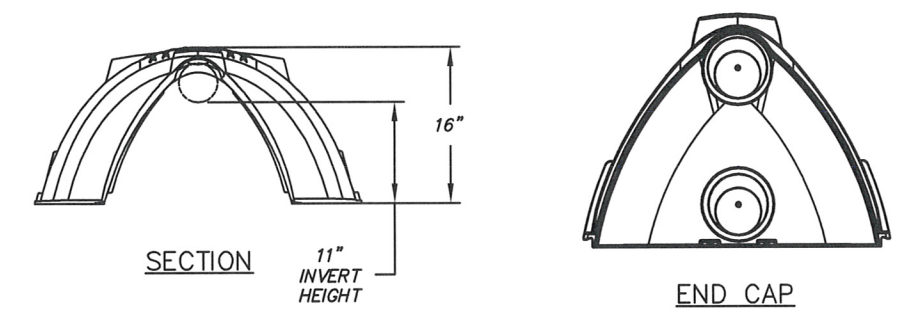
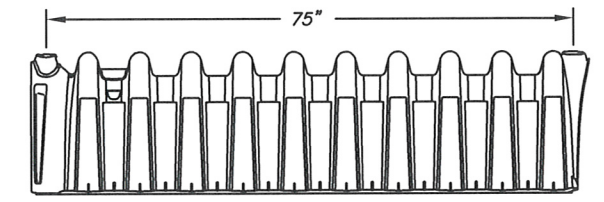
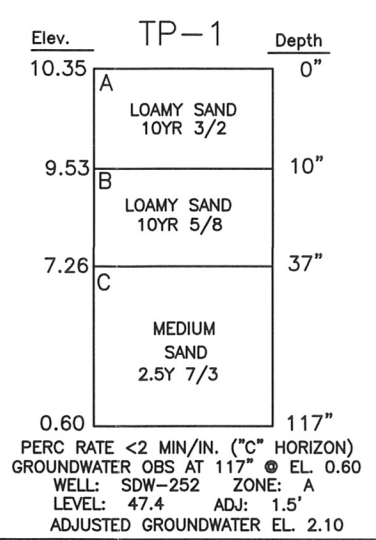
PRIMARY S.A.S.
 USE 3 ROWS OF 6 - HI-CAP INFILTRATOR H-20 UNITS-NO STONE

BOTTOM AREA: (GENERAL USE APPROVAL FOR 4.73 SF/LF OF CHAMBER)
 (CHAMBER) 18 UNITS x 6.25 LF x 4.73 SF/LF = 532 SF
 TOTAL AREA = 532 SF

DESIGN FLOW PROVIDED: 0.74GPD/SF(532SF) = 393 GPD > 330 GPD req'd

SOIL LOGS

DATE: MAY 20, 2021
 SOIL EVALUATOR: DARREN M. MEYER, RS, CSE
 WITNESS: TERRI GUARINO, BOURNE HEALTH AGENT



INFILTRATOR - HI CAPACITY (H2O) CHAMBER

PROPOSED SEPTIC SYSTEM UPGRADE PLAN

50 TAHONTO ROAD, BOURNE, MA

Prepared for: Harvey Family Revocable Trust

System Design and Site Plan by: MEYER & SONS, INC. PO BOX 981 EAST SANDWICH, MA 02537 508-362-2922	SCALE N.T.S.	DRAWN DMM	DATE 08/18/21
	REV DATE 01/10/22	REV DATE 03/10/22	SHEET NO. 2 of 2

* I, Darren M. Meyer, R.S., CSE, hereby certify that I am currently approved by MADEP pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the requirements of 310 CMR 15.017. I further certify that I have passed the Soil Eval. Exam in October, 1999.

7020 1290 0000 0411 8368

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	\$	\$3.05	18
Extra Services & Fees (check box, add fee as appropriate)			
<input type="checkbox"/> Return Receipt (hardcopy)	\$	\$0.00	
<input type="checkbox"/> Return Receipt (electronic)	\$	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00	
Postage	\$0.58		
Total Postage and Fees	\$7.38		

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 03/11/2022

Sent To: Edmund & Mary Jane Mulhall
 Street and Apt. No., or PO Box No. 100 Fox Run Drive
 City, State, ZIP+4® Naples FL 34104

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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<input type="checkbox"/> Adult Signature Required	\$	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00	
Postage	\$0.58		
Total Postage and Fees	\$7.38		

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Sent To: David & Janet Hooper
 Street and Apt. No., or PO Box No. 19 Pocahontas Rd
 City, State, ZIP+4® Pocasset MA 02559

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<input type="checkbox"/> Adult Signature Required	\$	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00	
Postage	\$0.58		
Total Postage and Fees	\$7.38		

Postmark Here
 03/11/2022

Sent To: Janet T Towle
 Street and Apt. No., or PO Box No. 46 Tahanto Rd
 City, State, ZIP+4® Pocasset MA 02559

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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 Cambridge, MA 02148

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Extra Services & Fees (check box, add fee as appropriate)			
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Postage	\$0.58		
Total Postage and Fees	\$7.38		

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 03/11/2022

Sent To: Samuel C Harp
 Street and Apt. No., or PO Box No. 677 Huron Ave
 City, State, ZIP+4® Cambridge MA 02138

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Certified Mail Fee	\$3.75		0644
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<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00	
Postage	\$0.58		
Total Postage and Fees	\$7.38		

Postmark Here
 03/11/2022

Sent To: ROBERT A & DIANE M BAND
 Street and Apt. No., or PO Box No. 54 TAHANTO RD
 City, State, ZIP+4® POCASSET, MA 02559

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

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OFFICIAL USE
 Uxbridge, MA 01569

Certified Mail Fee	\$3.75		0644
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Extra Services & Fees (check box, add fee as appropriate)			
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<input type="checkbox"/> Return Receipt (electronic)	\$	\$0.00	
<input type="checkbox"/> Certified Mail Restricted Delivery	\$	\$0.00	
<input type="checkbox"/> Adult Signature Required	\$	\$0.00	
<input type="checkbox"/> Adult Signature Restricted Delivery	\$	\$0.00	
Postage	\$0.58		
Total Postage and Fees	\$7.38		

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 03/11/2022

Sent To: Jamie & Frances Powers III
 Street and Apt. No., or PO Box No. 90 Sathwasas Dr
 City, State, ZIP+4® Uxbridge MA 01569

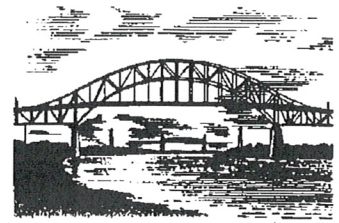
PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Bourne Board of Health **RECEIVED**
Application for Septic
Variance or Waiver Requests

MAR 10 2022

Bourne Health Department
24 Perry Avenue
Buzzards Bay, MA 02532



PAID
3-9-22 SNBA
Pd CK# 3100

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 GEOFF HARVEY - HARVEY FAM REV. TRUST

Facility's Street Address 50 TAHANTO ROAD

Owner's Telephone Number 508 294-9936

Owner's E-mail Address N/A

Owner's Mailing Address 50 TAHANTO ROAD, POCASSET, MA 02559

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

Preparer's Name DARREN M. MEYER R.S.

Company Meyer & Sons Inc

Telephone Number 508 360-3311

E-mail Address meyerandsonstitle@gmail.com

Mailing Address PO Box 981

State/ Zip Code EAST SANDWICH, MA 02537

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- 3 BEDROOM 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: REPLACE EXISTING FAILED TANK/PIT W/ 1,500 G SEPTIC TANK, DB-5 D-BOX & 3 BR LEACHING (3 ROWS OF 6 HI-CAP INFILTRATORS - STONELESS)

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

Design flow of system: 393 GPD
Total design flow of facility: 330 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 _____ Date _____

Print Name _____

Signature of Preparer Darwin _____ Date 2/25/22

Print Name DARREN M. MEYER

Bourne Health Department

50 TAHANTO ROAD
POCASSET, MA

Existing Conditions

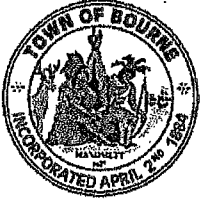
February 25, 2022

NITROGEN LOADING CALCULATIONS

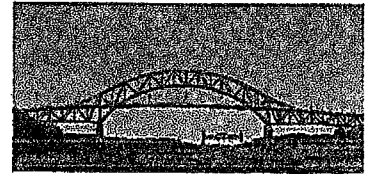
BEDROOMS	3
LOT AREA	4732
ROOF AREA	988
DRIVE AREA	0
LAWN AREA	1500

NITROGEN LOADING

	TITLE 5	ACTUAL
SEWAGE FLOW	43716.75	18215.31
ROOF AREA	191.64	191.64
DRIVE AREA	0.00	0.00
LAWN AREA	1399.32	1399.32
RECHARGE		
SEWAGE FLOW	1249.05	520.44
ROOF AREA	255.53	255.53
DRIVE AREA	0.00	0.00
NATURAL AREA	435.74	435.74
SUMMARY	23.35	16.35
FINAL	19.85	



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

February 18, 2022

Darren M. Meyer
PO Box 981
E. Sandwich, MA 02537

Re: Abutters List for Map 38.3 Parcel 303
Subject Property: 50 Tahanto 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 38.3 Parcels 272, 302, 304, 317, 318 & 319.

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: 1 Abutters List
 Database: LIVE
 Filter: Key IN 8243,8270,8272,8284,8285,8286
 Sort:

Report #24: Owner Listing Report
 Fiscal Year 2023

Bourne MA

Key	Parcel ID	Owner	Location	LCVCI	Bk-PrfCent	BR	Mailing Street	Mailing City	ST	Zip	Co/County
8243	38.3-272-0	POWERS JAMIE ET VIR FRANCIS J POWERS III	51 TAHANTO RD 1010	N	29698342		90 SOUTHWOODS DR	UXBRIDGE	MA	01569	
8270	38.3-302-0	BAND ROBERT A TRUSTEE & BAND DIANE M TRUSTEE	54 TAHANTO RD 1010	N	31132913		54 TAHANTO ROAD	POCASSET	MA	02559	
8272	38.3-304-0	TOWLE JANET T	46 TAHANTO RD 1010	N	13979129		46 TAHANTO RD	POCASSET	MA	02559	
8284	38.3-317-0	MULHALL EDWARD J & MARY JANE TRS OF MULHALL FAM RLTY TRUST	9 POCACONTAS RD 1010	N	0822300239		180 FOX GLEN DR	NAPLES	FL	34104	
8285	38.3-318-0	HARP SAMUEL C	15 POCACONTAS RD 1010	N	3390183		622 HURON AVE	CAMBRIDGE	MA	02138	
8286	38.3-319-0	HOOPER DAVID & JANET	19 POCACONTAS RD 1010	N	315051227		19 POCACONTAS RD	POCASSET	MA	02559	

Total Records 6



SAMPLE

March 11, 2022

Edward J. Mulhall
Mary Jane Mullhall
160 Fox Glen Drive
Naples, FL 34104

RE: Septic System Upgrade – Variance Requests
50 Tahanto Road, Pocasset, MA

Dear Abutter (M38.3, L317, 9 Pochahontas Road),

In accordance with the State Environmental Code, Title 5: 310 CMR 15.00, you are hereby notified that we have requested a hearing before the Bourne Board of Health for relief from Title 5 and/or the Board of Health Regulations for the installation of an upgraded septic system. The location of the property for this proposal is 50 Tahanto Road, Pocasset, MA, where you are listed as an abutter. At said hearing, the Board will discuss and possibly vote on, the following variances are requested:

TITLE 5 (310 CMR 15.00)/BOURNE REGULATIONS FOR SUBSURFACE SEWAGE DISPOSAL

- 1) Per 310 CMR 15.405(1)(b), a 9 ft. variance from 310 CMR 15.211, to allow proposed leaching to be 11 ft. from dwelling vs 20 ft. required. (liner provided)
- 2) Per 310 CMR 15.405(1)(a), a 3 ft. variance from 310 CMR 15.211, to allow proposed leaching to be 7 ft. from property line vs. 10 ft. required.
- 3) Per 310 CMR 15.405(1)(b), a 3 ft. variance from 310 CMR 15.211, to allow proposed septic tank to be 7 ft. from dwelling vs. 10 ft. required.
- 4) Per 310 CMR 15.405(1)(a), a 4 ft. variance from 310 CMR 15.211, to allow proposed septic tank to be 6 ft. from property line vs. 10 ft. required.

This hearing is tentatively scheduled for March 23, 2022 at 5:30pm in Conference Room 2 of the Bourne Veteran's Memorial Community Building, 239 Main Street, Buzzards Bay, MA. Information regarding this 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 8:30am 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 ext. 1513.

Sincerely,

Darren M. Meyer
Registered Sanitarian
508-360-3311
Meyerandsonstitle5@gmail.com