DOWN CAPE ENGINEERING, INC.

939 Main Street Yarmouth Port, MA 02675 508-362-4541

Transmittal

DCE Job # 22-250

Date: December 6, 2022

To: Terri Guarino, R.S., C.H.O., Health Agent Stacey Burgess, Secretary II Town of Bourn 24 Perry Avenue Buzzards Bay, MA 02532

From: Priscilla Leclerc

Enclosed for Christine Moscatiello, 7 Wales Drive, Pocasset, is a Board of Health application including the following:

Application Letter from Daniel A. Ojala, PE, PLS Title 5 Site Plan of 7 Wales Drive, Pocasset, MA, prepared for Christine Moscatiello, dated November 15, 2022; (6 full-size plans, 1 with original stamp & signature) Floor plans (six sets)

Nitrogen Loading Calculations Abutters map & list Abutters Notification Letter Certified Mail Receipts from Abutters Notification Mailing Copy of General Use Certification for MicroFAST Draft Disclosure Notice \$125.00 fee

Please feel free to call if you have any questions.

DOWN CAPE ENGINEERING, INC. 939 Route 6A, Suite C Yarmouth Port, MA 02675 telephone: 508-362-4541 priscilla@downcape.com



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:

1	Owner's Name CHRISTINE M. MOSCATIELLO
	Facility's Street Address 7 WALES DRIVE, POCASSET MA
	Owner's Telephone Number
	Owner's E-mail Address
	Owner's Mailing Address 7 WALES DRIVE, POCASSET, MA 02559
2. Appli	cant or Preparer's Name and Address (if different from above):
	Preparer's Name DANIEL A. OJALA, PE, PL3
	Company DOWN CAPE ENGINEERING, INC.
	Telephone Number $508 - 3102 - 4541$
	E-mail Address info@ downcape.com
	Mailing Address 939 ROUTE GA, YARMOUTH PORT, MA 02675 State/Zin Code
	State/Zip Code MA 02675
 3. Туре	of Facility (check all that apply):
[🖬 Residential 🔲 Commercial 🔲 Institutional 🔲 School 🔲 Industrial
4. Desc	ribe Facility (i.e. single-family dwelling, 45 seat restaurant): <u>SINGLE FAMILY DWELLING</u>
-	/
5. Type	of System (check all that apply): Conventional Title 5 I/A System
I	🗆 Pumped System 🗆 Gravity System 🗹 Pressure Dosed 🗖 Tight Tank 🔲 Other

6. Describe the existing/ proposed septic system components: Two existing Cesspools to be replaced with a Micro FAST 0.5 septic tank, 1000 gal, pump champer and 301 S.F. pressure Josed leaching field.

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

220 GPD

Design flow of system:

Total design flow of facility: 220 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 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 PLEASE SEE NARPATIVE

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 Constine M. Moentielle	_ Date _	12-1-2022
Print Name Christine M. Moscatiello	-	
Signature of Preparer	_ Date _	12-6.22
Print Name DANIEL A- OJALA PE, PLS DEE, INC.	_	

Rev. 10/26/22

	For Office Use Only	<u>, , , , , , , , , , , , , , , , , , , </u>
Completed Application Received:	Reviewed By:	
Hearing Date:	Permit #:	. .
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:		



Date: 11-29-22

TO: Town of Bourne Board of Health

FROM: Daniel A. Ojala, PE, PLS down cape engineering, inc.

RE: 7 Wales Drive, Pocasset

Dear Board Members:

Enclosed is a variance filing request for a septic upgrade for the existing 2-bedroom dwelling at the above referenced site. Due to the small size of the lot and presence of wetland resource areas located on the east portion of the lot we are requesting variances from the setback of the lot line to the soil absorption system, reduction from the setback of the foundation to the soil absorption system & septic tank/pump chamber, reduction from the setback of the BVW to the soil absorption system & septic tank/pump chamber, reduction from the setback of the coastal bank to the soil absorption system & septic tank/ pump chamber and reduction in the lateral removal of unsuitable soil. No increase in flow is planned, so not "new construction" as defined by Title 5, this is a septic upgrade/repair only. The property is not located within a State Zone II.

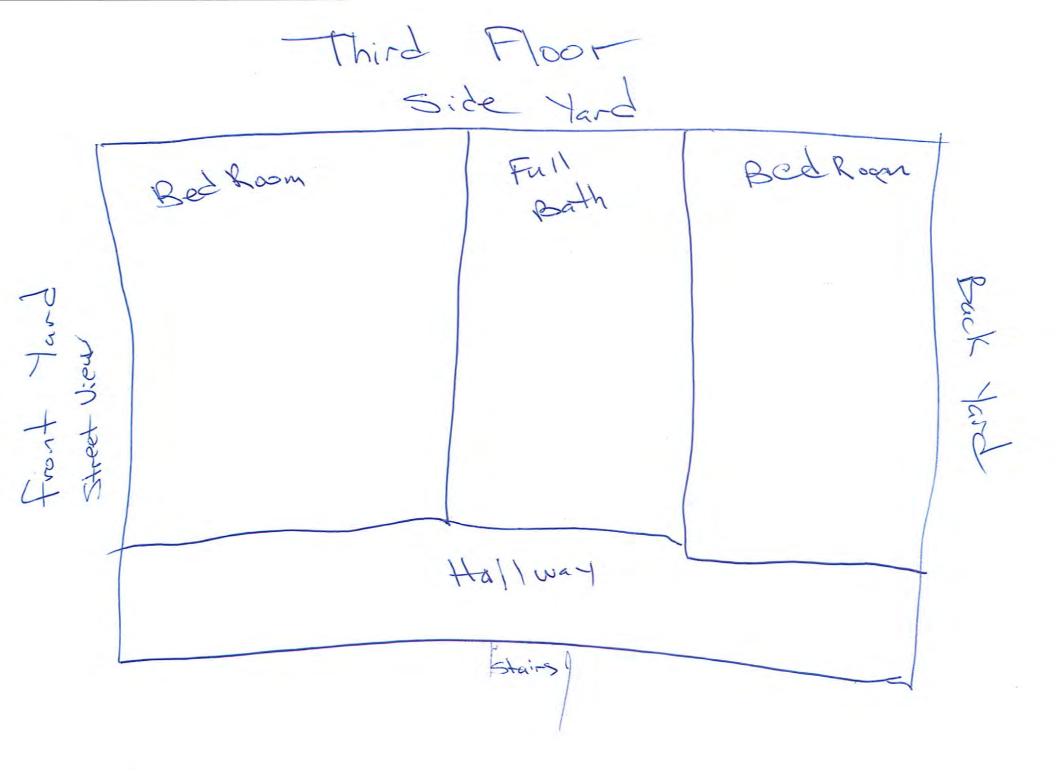
Currently two cesspools serve the existing dwelling and are located on either end of the house in the backyard. The cesspools are located within the coastal bank and are beginning to fail. The site is small and the presence of a wetland in the backyard leaves us with limited space for the new leaching facility. The proposed leaching field will be located in the front yard as far away from the wetland resource areas as practical. A MicroFAST innovative alternative septic tank is proposed to help reduce the Nitrogen in the effluent. The leaching field will be pressure dosed and the bottom of the field will be located greater than 5' to groundwater. Under the DeFeo and Waite extensive study of Title 5 in the 90's, it was found that the separation to groundwater was more important than horizontal setback to resource areas, as adequate vertical separation provided the necessary biological treatment of effluent prior to its eventual encounter with groundwater. We encountered medium sand with a perc rate of less than 2 minutes per inch during the perc test procedure. We dug down to a depth of 14' below grade and no groundwater was encountered. The bottom of the proposed leaching field is 11.33' to the elevation of the bottom of the test hole. A soil removal will be required to remove the A and B soil layers. The soil is mapped as a Plymouth loamy coarse sand based on the USDA web soil survey. The site consists of glacial sand and gravel deposits typical of the area.

The property is bordered to the east by the Pocasset River marsh system which flows to the Pocasset River and eventually out to Buzzards Bay. A request for Determination of Applicability has been filed with the Bourne Conservation Commission for work within their jurisdiction.

The depth of dry sand beneath the leaching area will exceed the depth set by local and state guidelines, helping assure protection of the aquifer. The added I/A septic tank and pressure dosed leaching field will provide additional environmental protection. With the proposed system being located further away from the wetland than existing, and the added separation from the bottom of the SAS to groundwater we feel that this design provides a significant improvement over current conditions.

First Floor Back Yard Bay Windw leach 1 Doo Famil Down Side Yord Door a servent full Basemente to Basen Nota full Basemente craw ISpace Stavstadow Floor indor 100 madace Street wel Front Yard Street V:en

Second Floor Book Yard Kitchen side Yard Living Stairs Y2 Bath Room Sink Kaliet Front Doof Front Yard Street view Street Level



RESIDENTIAL NO3-N LOADING

PROJECT:	7 Wales Drive, Bourne
	EXISTING

TOWN Average Occupancy Bedrooms Units	2.3 2 1	ppl/unit	ASSUMED VALUES		
onits	-		Impervious Recharge Rate =	40	in/yr
Title V Wastewater Flow =	220.0	gpd	Roof Runoff Concentration	0.75	mg/L
Actual Wastewater Flow =	126.5	gpd	Road Runoff Concentration	1.50	mg/L
			Lawn Nitrogen Leaching	25	%
Total Land Area =	8179	ft2	Wastewater Concentration =	35	mg/L
Paved Area =	832	ft2	Average Lawn Size =	5000	ft2
Roof Area =	1201	ft2	Recharge Rate =	18	in/yr
Lawn Area =	0	ft2	Fertilizer Application Rate	3 1	os/1000ft2
Natural Area =	6146	ft2			

CALCULATIONS

Actual Wastewater Loading	16758.09	mg	Actual Wastewater Recharge	478.80	liters
Title V Wastewater Loading	29144.50	mg	Title V Wastewater Recharge	832.70	liters
Total Impervious Loading	555.73	mg			
Roof Loading	232.96	mg	Roof Recharge	310.61	liters
Paved Loading	322.77	mg	Paved Recharge	215.18	liters
Lawn Loading	0.00	mg	Natural Area Recharge	715.29	liters
Actual Total Loading	17313.82	mg	Actual Total Recharge	1719.89	liters
Title V Total Loading	29700.23	mg	Title V Total Recharge	2073.79	liters
2					

TITLE V NITROGEN LOADING CONCENTRATION = ACTUAL NITROGEN LOADING CONCENTRATION =

14.32	ppm
10.07	ppm

Mean =	12.19 ppm

Actual loading Title 5 loading 6.32 kg/yr 10.84 kg/yr

Mean=

8.58 kg/yr

RESIDENTIAL NO3-N LOADING

PROJECT: 7 Wales Drive, Bourne PROPOSED

TOWN Average Occupancy Bedrooms Units	2.3 2 1	ppl/unit	ASSUMED VALUES
			Impervious Recharge Rate : 40 in/yr
Title V Wastewater Flow =	220.0	gpd*	Roof Runoff Concentration 0.75 mg/L
Actual Wastewater Flow $=$	126.5	gpd	Road Runoff Concentration 1.50 mg/L
			Lawn Nitrogen Leaching 25 %
Total Land Area =	8179	ft2	Wastewater Concentration = 19 mg/L*
Paved Area =	832	ft2	Average Lawn Size = 5000 ft2
Roof Area =	1201	ft2	Recharge Rate = 18 in/yr
Lawn Area =	0	ft2	Fertilizer Application Rate 3 lbs/1000ft2
Natural Area =	6146	ft2	

*With F.A.S.T. I/A system

CALCULATIONS

Actual Wastewater Loading	9097.25	mg	Actual Wastewater Recharge	478.80	liters
Title V Wastewater Loading	15821.30	mg	Title V Wastewater Recharge	832.70	liters
Total Impervious Loading	555.73	mg			
Roof Loading	232.96	mg	Roof Recharge	310.61	liters
Paved Loading	322.77	mg	Paved Recharge	215.18	liters
Lawn Loading	0.00	mg	Natural Area Recharge	715.29	liters
Actual Total Loading Title V Total Loading	9652.98 16377.03	mg mg	Actual Total Recharge Title V Total Recharge	1719.89 2073.79	liters liters

TITLE V NITROGEN LOADING CONCENTRATION = ACTUAL NITROGEN LOADING CONCENTRATION =

7.90 ppm 5.61 ppm

Mean =	6.75 ppm
-	

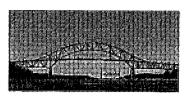
Actual loading Title 5 loading

3.52	kg/yr
5.98	kg/yr

Mean= 4.75 kg/yr



TOWN OF BOURNE Board of Assessors 24 Perry Avenue Buzzards Bay, MA 02532 (508) 759-0600 Ext. 1510 ♦ Fax (508) 759-8026



Rui Pereira, MAA Director of Assessing

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

November 15, 2022

Down Cape Engineering, Inc. Priscilla Leclerc 939 Route 6A Yarmouth Port, MA 02675

Re: Abutters List for Map 38.4 Parcel 41 Property address: 7 Wales Drive

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 Parcel 6; Map 38.2 Parcel 108; Map 38.3 Parcel 365; Map 38.4 Parcels 42 & 47.

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

Em June Sin -Dinna Burukawskia Micha Stiff

Extract; Database: Filter: Sort:	ABUTTERS LIST LIVE Key IN 4379,7977,8326,8376,8382	Report #24: Owner Fiscal Year		Bourne: MA				
Key Parcel ID	Owner:	Location	LCVCI	Sk-Pg(Cert) /Di	Mailing Street	Mailing City	(T	Zip Cd/County
4379 23.0-6-0	COMMONWEALTH OF MASSACHUSETTS EXEC OFFICE OF TRANS & CONSTR	0 OLD MONUMENT NECK RD	N 9240	03498/0092	10 PARK PLAZA SUITE 170	BOSTON	MA	02116
7977 38:2-108-0	TOWN OF BOURNE LOT E3 WALES DR	741 SHORE RD	N 9300	3205/303 12/8/1980	24 PERRY AVE	BUZZARDS BAY	МА	02532
8326 38,3-365-0	FRANKEL MELISSA & JAMES BOYCE TRS JWB & MKF REV TRUST	0 WALES DR			11220 LUCERNE AVE	CULVER CITY	ÇA	90230
8376 38.4-42-0	JOHNSON PAUL S	11 WALES DR		26109/139 2/27/2012	116 HILL STREET	TOPSFIELD	MA	01983
8352 38.4.47-0	REARDON TIMOTHY E & LISA B REARDON	0 WALES DR			16 WALES DR	POCASSET	MA	02559
Total Records	5							

.

939 main street rte 6a yarmouth port mass 02675

land court surveys

structural design

site planning

sewage system designs

inspections

permits

down cape engineering, inc

civil engineers & land surveyors

tel. fax

tel. (508) 362-4541 fax (508) 362-9880

Daniel A. Ojala, P.E., P.L.S. Arne H. Ojala, P.E., P.L.S. Daniel E. Gonsalves, P.E., S.E. Cralg J. Ferrari, E.I.T., S.E.

November 29, 2022

ABUTTERS NOTIFICATION OF

BOURNE BOARD OF HEALTH PUBLIC HEARING

RE: BOH Variance Request for 7 Wales Drive, Pocasset, MA

Dear Abutter:

In accordance with the State Environmental Code, Title 5: 310 CMR 15.00, you are hereby notified that Down Cape Engineering, Inc., on behalf of our client Christine Moscatiello, 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 7 Wales Drive, Pocasset (Bourne), MA where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on the following requested variances under Title 5 and the Town of Bourne:

15-.405 (1a): Reduction in setback, SAS to Lot Line (10' to 5.1')

15-.405 (1b): Reduction in setback, SAS to Foundation (20' to 7.0') & Septic Tank to Foundation (10' to 5.0')
15-.405 (1e): Reduction in setback, SAS to BVW (50' to 26.2') & Septic Tank to BVW (25' to 14.8')
15-.405 (1f): Reduction in setback, SAS to Coastal Bank (50' to 16.2') & Septic Tank to Coastal Bank (25' to 6.4')
15.555 (5): Reduction in lateral removal of unsuitable material (5' to 3')
Bourne Regs: Reduction in setback, SAS to Watercourse (Coastal Bank) (150' to 16.2')

This hearing is tentatively scheduled for December 14, 2022, at 5:30 PM in the Bourne Veteran's Memorial Conference Building. 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 8:30am 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,

Down Cape Engineering, Inc. 508-362-4541 Info@downcape.com

Technology Description

The System is a Secondary Treatment Unit (STU). The System, MicroFAST® 0.5, 0.75, 0.9, 1.5, 3.0, 4.5 and 9.0, and HighStrengthFAST® 1.0, 1.5, 3.0, 4.5 and 9.0, and, NitriFAST® 0.5, 0.75, 0.9, 1.5, 3.0, 4.5 and 9.0 units are installed in a tank or tanks having a primary settling zone and an aerobic biological zone. Solids settle in the primary settling zone that is quiescent. In the aerobic zone, the sewage is continually agitated and aerated. Bacteria in the sewage attach to the surface of the submerged plastic media; they reproduce by consuming the organic material in the sewage.

Conditions of Approval

The term "System" refers to the STU in combination with the other components of an on-site treatment and disposal system that may be required to serve a facility in accordance with 310 CMR 15.000.

The term "Approval" refers to the technology-specific Special Conditions, the Standard Conditions for General Use Certification of Secondary Treatment Units, the General Conditions of 310 CMR 15.287, and any Attachments.

For Secondary Treatment Units that have been issued General Use Certification for the installation of a System to serve a facility where the site meets the requirements for new construction and the design flow is less than 2,000 gpd, the Department authorizes reductions in the effective leaching area (310 CMR 15.242), subject to the Standard Conditions that apply to all Secondary Treatment Units with General Use Certification and subject to the Special Conditions below applicable to this Technology.

Special Conditions

- 1. The System is Secondary Treatment Unit with General Use Certification. In addition to the Special Conditions contained in this Approval, the System shall comply with all the "Standard Conditions for General Use Certification of Secondary Treatment Units", except where stated otherwise in these Special Conditions.
- 2. The System is approved for facilities where the design flow is less than 10,000 gpd and where a conventional system with a reserve area exists or can be built on-site in full compliance with the new construction requirements of 310 CMR 15.000 and has been approved by the local approving authority.
- 3. The MicroFAST® 0.5, 0.75 and 0.9, HighStrengthFAST® 1.0 and NitriFAST® 0.5, 0.75 and 0.9 are installed in the second compartment of a two-compartment tank with a total liquid capacity of at least 1,500 gallons constructed in accordance with 310 CMR 15.226.
- 4. The MicroFAST®, HighStrengthFAST® and NitriFAST® 1.5 are installed in the second compartment of a two compartment 3,000-gallon tank constructed in accordance with 310 CMR 15.226.

- 5. The MicroFAST®, HighStrengthFAST® and NitriFAST® 3.0, 4.5, and 9.0 units are installed in a separate tank constructed in accordance with 310 CMR 15.226. The units are located between a standard Title 5 septic tank, designed in accordance with 310 CMR 15.223 and 15.224, and the soil adsorption system (SAS).
- 6. Access shall be provided to all tanks in the primary settling and aerobic biological zones in accordance with 310 CMR 15.228 (2). The primary settling tank shall have at least three manholes with readily removable impermeable covers of durable material provided at grade. Two manholes, over the inlet and outlet of the primary settling tank, shall have a minimum opening of 20 inches. All access ports and manhole covers shall be installed and maintained at grade to allow for maintenance of the System.



Department of Environmental Protection

One Winter Street Boston, MA 02108 • 617-292-5500

DEVAL L PATRICK Governor

TIMOTHY P. MURRAY Lieutenant Governor RICHARD K. SULLIVAN JR. Secretary

> KENNETH L. KIMMELL Commissioner

GENERAL USE CERTIFICATION Pursuant to Title 5, 310 CMR 15.00

Name and Address of Applicant:

Bio-Microbics, Inc. 8450 Cole Parkway Shawnee, KS 66227

Trade name of technology and models: MicroFAST® Treatment System, Models: *MicroFAST*® 0.5, 0.75, 0.9, 1.5, 3.0, 4.5 and 9.0; HighStrengthFAST® Treatment System Models *HighStrength FAST*® 1.0, 1.5, 3.0, 4.5 and 9.0 and NitriFAST® Treatment System Models *NitriFAST*® 0.5, 0.75, 1.0, 1.5, 3.0, 4.5 and 9.0 (all hereinafter called the "System"). Schematic drawings illustrating each System, a design and installation manual, an owner's manual, an operation and maintenance manual, and an inspection checklist are part of this Approval.

Transmittal Number: Date of Issuance: X236074 Revised February 12, 2013

Authority for Issuance

Pursuant to Title 5 of the State Environmental Code, 310 CMR 15.000, the Department of Environmental, Protection hereby issues this General Use Certification to Bio-Microbics, Inc. 8450 Cole Parkway, Shawnee, KS 66227 (hereinafter "the Company"), certifying the System described herein for General Use in the Commonwealth of Massachusetts. The sale, design, installation, and use of the System are conditioned on compliance by the Company, the Designer, the Installer, the Service Contractor, and the System Owner with the terms and conditions set forth below. Any noncompliance with the terms or conditions of this Certification constitutes a violation of 310 CMR 15.000.

David Ferris, Director Wastewater Management Program, Bureau of Resource Protection

February 19, 2013

Date

This information is available in alternate format. Call Michelle Waters-Ekanem, Diversity Director, at 617-292-5751. TDD# 1-866-539-7622 or 1-617-574-6868 MassDEP Website: www.mass.gov/dep

Printed on Recycled Paper

NOTICE OF ALTERNATIVE SEWAGE DISPOSAL SYSTEM

M.G.L. c. 21A, § 13 and 310 CMR 15.0287(10)

ADDRESS OF PROPERTY SERVED BY ALTERNATIVE SYSTEM:

7 WALES DR. POCASSET, MA

TITLE REFERENCE FOR PROPERTY SERVED BY ALTERNATIVE SYSTEM [check and *complete each that applies*]:

Deed recorded with the BARNHTABLE COUNTY Registry of Deeds in Book 22569, Page 109

Certificate of Title No. ______ issued by the Land Registration Office of the ______ Registry District □ Source of title other than by deed

NAME(S) OF OWNER OF PROPERTY SERVED BY ALTERNATIVE SYSTEM: CHRISTINE M. MOSCATIELLO

OWNER(S) MAILING ADDRESS:

7 WALES DR., POCASSET, MA 02559

[If Alternative System Owner(s) is other than Property Owner(s), complete the following:]

Alternative System Owner Name:

Alternative System Owner Address:

Alternative System Owner Telephone Number: _____ E-mail Address: _____

WHEREAS, Section 15.280 of Title 5 of the State Environmental Code ("Approval of Alternative Systems"), provides for the Massachusetts Department of Environmental Protection (the "Department") to approve or certify, as appropriate, all proposals to construct, upgrade or replace on-site sewage disposal systems using alternative systems;

WHEREAS, owners and/or operators of approved or certified alternative systems are subject to general conditions, as specified in Section 15.287 of Title 5 of the State Environmental Code, 310 CMR 15.287, and may be subject to special conditions, as specified in the Department's approvals or certifications; such general and special conditions potentially including, without limitation, requirements relating to the use of trained operators, periodic inspections, maintenance, sampling, reporting and/or recordkeeping;

WHEREAS, the owners and/or operators this alternative system acknowledges and agrees to comply with the provisions of all of the Bourne Board of Health Alternative Septic System Regulations and any other conditions for the existence of the system;

WHEREAS, Section 15.287(10) of Title 5 of the State Environmental Code, 310 CMR 15.287(10), requires that "prior to obtaining a Certificate of Compliance for installation of a new or upgraded system, the system owner shall record in the chain of title for the property served by the alternative system in the Registry of Deeds and/or Land Registration Office, as applicable, a Notice disclosing both the existence of the alternative on-site system and the Department's approval of the system. The system owner shall also provide evidence of such recording to the Bourne Board of Health [;]" and

WHEREAS, the Property is served by an alternative sewage disposal system.

NOW, THEREFORE, Notice of an alternative sewage disposal system is hereby given for the abovereferenced Property, as follows:

1. Existence. An alternative system has been installed as a new or upgraded alternative sewage disposal system, on or adjacent to the Property, and serves the Property. The trade name and model number(s) of the alternative system are as follows:

Trade name of technology:

MICRO FASTO TREATMENT SYSTEM

Manufacturer Name:

Model number(s):

A copy of the Department of Environmental Protection's Approval/Certification is available online at the Department's website:

https://www.mass.gov/guides/title-5-innovativealternative-technology-approval-letters

2. Approval/Certification. On ______ [date], the Department, pursuant to its authority under the section of Title 5 as specified below, approved or certified the technology used in the above referenced alternative system, under MassDEP Transmittal Number _____ [Transmittal Number].

[Check one of the following, as applicable:]

□ Approved for remedial use under 310 CMR 15.284

□ Approved for piloting under 310 CMR 15.285

□ Provisionally approved under 310 CMR 15.286

□ Certified for general use under 310 CMR 15.288

This Notice of Alternative Sewage Disposal System must be submitted to the Bourne Board of Health

WITNESS the execution hereof under seal this _____ day of _____, 20____, made by the abovenamed Alternative System Owner(s).

[Alternative System Owner(s) Signature(s)]

Print Name(s): CHRISTINE M. MOSCATIELLO

COMMONWEALTH OF MASSACHUSETTS

, SS

On this ______day of ______, 20___, before me, the undersigned notary public, personally appeared _______(name of document signer), proved to me through satisfactory evidence of identification, which were ______, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

(official signature and seal of notary)

[Complete the following Property Owners Consent if Alternative System Owner is other than the Property Owner:]

CONSENTED TO:

[Property Owner(s)]

Print Name(s):

COMMONWEALTH OF MASSACHUSETTS

_____, SS

On this _____ day of ______, 20___, before me, the undersigned notary public, personally appeared ______ (name of document signer), proved to me through satisfactory evidence of identification, which were ______, to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

(official signature and seal of notary)

Approved and Accepted By:

Agent of the Board of Health Health Department Town of Bourne

Attachment: Bourne Board of Health Variance Approval Notice