



January 22, 2021

Ms. Terri Guarino, R.S., C.H.O.
Bourne Board of Health Agent
24 Perry Avenue
Bourne, MA 02532

RE: Parcel 9-20, 2 Mill Pond Circle, Bourne – Peter H. Cressy, Trustee

Dear Ms. Guarino:

On behalf of our client, Peter H. Cressy, Trustee, we request the Town of Bourne Board of Health approval of a Title 5 Septic Upgrade Design (no increase in flow) at the above referenced address.

Based on a drawing by our firm, dated December 22, 2020, two (2) variances under Section 1 of the Town of Bourne Board Health Regulations and Title 5, requiring a 150-foot setback from the Coastal Bank and Wetland Resource Areas to leaching facility. The property does not contain an area that will meet the local 150' setback to Coastal Bank or Wetlands. Due to these circumstances, the setback distances requested are as follows:

NO	DESCRIPTION	BYLAW REQUIRED	STATE REQUIRED	PROPOSED	WAIVER
1.	S.A.S Setback to Coastal Bank	150'	50'	87'	63'
2.	S.A.S. Setback to Wetland	150'	50'	98'	52'

No additional bedrooms to be created, and therefore no increase in sanitary design flow.

A Request for Determination has been submitted to the Bourne Conservation Commission. The soil absorption system as proposed is 87' away from the Top of Coastal Bank, 98' away from B.V.W. All of these setbacks exceed the state Title 5 minimum requirements of 50' under 310 CMR 15.211 (1).

If you have any questions please feel free to contact me.

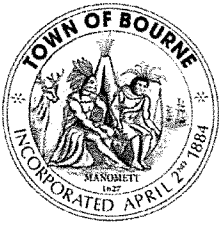
Sincerely,

A handwritten signature in blue ink, appearing to read 'Raul Lizardi-Rivera'.

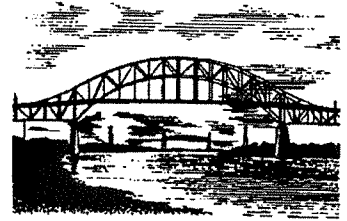
Raul Lizardi-Rivera, P.E.
Director of Engineering

Encl. 7 Copies of Request and Plan
Filing fee

Cc: Peter H. Cressy, Trustee



Bourne Board of Health Application for Local Upgrade Approvals



This application is to be submitted to the office of the Bourne Board of Health for the upgrade of a failed or nonconforming septic system where full compliance, as defined in 310 CMR 15.404(1) and the Bourne Board of Health regulations is not feasible. In accordance with the established procedures of the Bourne Board of Health, this application for local upgrade approval is relevant to requests for relief which have not been approved administratively and require approval at a public meeting.

Please note that local upgrade approvals shall not be granted for an upgrade proposal that includes the addition of a new design flow to a cesspool or privy, or the addition of a new design flow above the existing approved capacity of an on-site system constructed in accordance with either the 1978 Code or 310 CMR 15.000.

If a system upgrade cannot be performed in accordance with 310 CMR 15.404 and 15.405, or in full compliance with the Board of Health Regulations and procedures, a variance will be required. Please visit www.townofbourne.com/health for the full regulations.

1. Facility Name and Address:

Owner's Name	<u>Peter H. Cressy, Trustee, PHC & SAC 2015 Charitable Remainder Trust</u>
Facility's Street Address	<u>2 Mill Pond Circle, Bourne, Ma</u>
Owner's Telephone Number	<u>508-477-7272</u>
Owner's E-mail Address	<u>raul@capeeng.com</u>
Owner's Mailing Address	<u>6419 Waterway Drive, Falls Church, VA 22044-1325</u>

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

Preparer's Name	<u>Raul Lizardi-Rivera, P.E.</u>
Company	<u>Cape & Islands Engineering, Inc.</u>
Telephone Number	<u>508-477-7272</u>
E-mail Address	<u>raul@capeeng.com</u>
Mailing Address	<u>800 Falmouth Road, Suite 301C</u>
State/ Zip Code	<u>Mashpee, MA 02649</u>

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 Residence with three bedrooms. Zoning district = R-40. Assessors Map 47.4 Parcel 9-20.

5. Type of Existing System (check all that apply): ☒ Conventional Title 5 ☐ I/A System ☐ Privy
☐ Pressure Dosed ☐ Single Cesspool ☐ Overflow Cesspool Systems ☐ Other

6. Describe Existing System Components: Existing system: septic tank + dbx + leaching pits system

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

Design flow of existing system: 330 GPD

Design flow of proposed upgraded system: 330 GPD

Total design flow of facility: 334 GPD (Capacity)

8. The proposed upgrade is (check all that may apply):

- ☒ Required following inspection pursuant to 310 CMR 15.301. Date of inspection: 12-14-20
☐ Required by order, letter, for a building permit, etc. (attach copy of correspondence)
☐ Voluntary

9. Describe the proposed upgrade to the system: Proposed removal/abandonment of failed leaching pits and installation of new chamber soil absorption system with 5' separation to groundwater

10. Local Upgrade Approval is requested for (check all that apply & describe on letter of request):

This information must also be listed on the design plans

☒ Reduction in setback(s) – describe and list all reductions or attach separate sheet:

Local only – SAS 63' reduction to Coastal Bank and SAS 52' reduction to wetland.

☐ Reduction in SAS area of up to 25% - describe: _____

☐ Reduction in separation between the SAS and high groundwater – describe in detail: _____

☐ Relocation of water supply well -explain: _____

☐ Reduction of 12-inch separation between inlet and outlet tees and high groundwater

☐ Use of only one deep hole in proposed disposal area

☐ Use of a sieve analysis as a substitute for a perc test (attach copy of sieve results)

☐ Other requirements of 310 CMR 15.000 or Bourne Board of Health Regulations that cannot be met – describe and specify sections of the Code: _____

11. Explain why full compliance, as defined in 310 CMR 15.404(1), is not feasible. (Each section must be completed)

A. An upgraded system in full compliance with 310 CMR 15.000 is not feasible:

A 310 CMR 15 compliant septic system is possible within the property in terms of area available that meets 50' setback to Coastal Bank and Wetlands. But the property does not contain an area that will meet the Town of Bourne Health Regulation 150' wetland setback requirement. Therefore, the furthest area for a system upgrade requires waivers for the septic system.

B. An alternative system approved pursuant to 310 CMR 15.283 to 15.288 is not feasible: The proposed septic system is an upgrade of a failed septic leaching system. The failure criteria for the existing system is inappropriate groundwater setback. As a single component repair the upgrade consists of installing a leaching system than meets Local Upgrade Approval for adequate groundwater separation replacing the failed component (SAS).

C. Shared system is not feasible: Upgrade system with local regulation waivers is possible

D. Connection to a public sewer is not feasible: No public sewer available

12. In order for this Application for Local Upgrade Approval to be deemed complete, it must be accompanied by the following:

- ☒ Any Application or Permit Fees paid to the Town of Bourne.
- ☒ Application for Disposal System Construction Permit signed by licensed septic installer.
- ☒ Seven sets of complete plans and specifications. One with original stamp of design engineer.
- ☒ Cover letter addressed to the Board of Health members describing specific requests.
- ☒ 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
- ☒ Approval from Conservation Commission (if applicable)

13. 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 See attached authorization Date _____

Print Name Peter H. Cressy, Trustee

Signature of Preparer Raul Lizardi-Rivera Date January 22, 2021

Print Name Raul Lizardi-Rivera, P.E., Cape & Islands Engineering, Inc.

For Office Use Only

Completed Application Received: _____

Reviewed By: _____

Hearing Date: _____

Permit #: _____

Notes: _____

January 14, 2021

Ms. Terri Guarino, R.S., C.H.O.
Bourne Board of Health Agent
24 Perry Avenue
Bourne, MA 02532

RE: Application for Local Upgrade Approval, 2 Mill Pond Circle, Bourne, MA

Dear Ms. Guarino:

This letter is in regard the above referenced application.

Please accept this letter as my written authorization to allow Matthew C. Costa, P.L.S., R.S. of Cape & Islands Engineering, Inc. and/or his Associates to represent this property on my behalf.

If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter H. Cressy", with a long horizontal flourish extending to the right.

Peter H. Cressy, Trustee
PHC & SAC 2015 Charitable Remainder Trust
6419 Waterway Drive
Falls Church, VA 22044-1325
pcressy@mountvernon.org

Phc and Sac 2015 Charitable Remainderunt 11-15

Peter H Cressy Trtee

U/a 11/17/2015

6419 Waterway Dr

Falls Church VA 22044-1325

Pay To The
Order Of

Town of Banner

\$ 150.00

One Hundred Fifty & 00/100

Dollars

Bank of America

ACH R/T 051000017

Bank of America fee for payment

⑆051000017⑆ 435035160849⑈0229

Harland Clarke

230

68-1510 VA
11519

Jan 14, 2021

Date

Photo
Deposit
Dollars on back

[Signature]

MP

Phc and Sac 2015 Charitable Remainderunt 11-15

Peter H Cressy Trtee

U/a 11/17/2015

6419 Waterway Dr

Falls Church VA 22044-1325

Pay To The
Order Of

Town of Banner

\$ 125.00

One Hundred twenty five & 00/100

Dollars

Bank of America

ACH R/T 051000017

Bank of America fee for payment

⑆051000017⑆ 435035160849⑈0229

Harland Clarke

229

68-1510 VA
11519

Jan 14, 2021

Date

Photo
Deposit
Dollars on back

[Signature]

MP

QUITCLAIM DEED

We, PETER H. CRESSY and SARAH A. CRESSY, being a married couple, of Falls Church, Virginia

for consideration paid and in full consideration of ONE AND 00/100 (\$1.00) DOLLAR

grant to PETER H. CRESSY, Trustee of PHC AND SAC 2015 CHARITABLE REMAINDER UNITRUST, under a Declaration of Trust dated November 17, 2015, as evidenced by a Trustee Certificate pursuant to M.G.L. Chapter 184, Section 35 to be recorded herewith in the Barnstable Registry of Deeds, of 6419 Waterway Drive, Falls Church, Virginia 22044

with QUITCLAIM COVENANTS

The land with any buildings thereon located in Bourne (Cataumet), Barnstable County, Massachusetts, as hereinafter described:

Being shown as Lot 20 on a plan of land entitled "Subdivision Plan of Land Bourne-Cataumet, Mass., for Alphonse L. and Wanda C. Forziati, Barnstable County Registry of Deeds in Plan Book 262, Page 7.

FOR TITLE, see deed from Carl Forziati, et al, Trustees of Forziati Associates Realty Trust, dated November 21, 1991 and recorded in said Registry of Deeds in Book 7767, Page 333.

Property Address: 2 Mill Pond Circle, Bourne, MA 02534

The grantors herein hereby certifies that they do not occupy the above-described premises as their principal residence and are therefore not entitled to claim the benefit of the estate of homestead in said premises and that no other person is entitled to claim the benefit of an existing homestead.

Witness our hands and common seal this 17th day of December, 2015.


PETER H. CRESSY

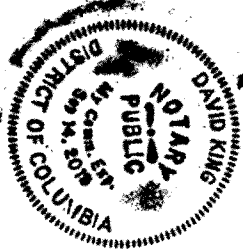

SARAH A. CRESSY

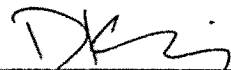
COMMONWEALTH OF VIRGINIA

Washington, DC ss.

December 17, 2015

On this day before me, the undersigned Notary Public, personally appeared PETER H. CRESSY and SARAH A. CRESSY and proved to me through satisfactory evidence of identification, which was a ☐ photographic identification with signature issued by a federal or state governmental agency, ☐ oath or affirmation of a credible witness, ☒ personal knowledge of the undersigned, to be the person(s) whose name(s) is/are signed above, and acknowledged to me that he/she/they signed it voluntarily for its stated purpose and it was his/her/their free act and deed.




Notary Public: DAVID KING
My Commission Expires: 9-14-19
DISTRICT OF COLUMBIA: DC
SUBSCRIBED AND SWORN TO BEFORE ME
THIS 17 DAY OF Dec., 2015.
NOTARY PUBLIC
My Commission Expires 9/14/19

Key: 10384

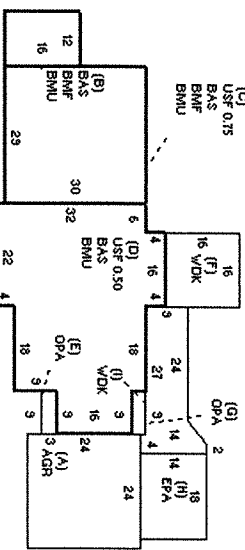
Town of Bourne - Fiscal Year 2020

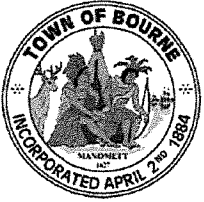
12/6/2019

4:55 pm

SEQ #: 10611

CURRENT OWNER										PARCEL ID										LOCATION																																																																																																																																																																																																																																					
CRESSY PETER H TRS PHC & SAC										47.4.3-20										2 MILL POND CIR																																																																																																																																																																																																																																					
2015 CHARITABLE REMAINDER TR										TRANSFER HISTORY										DOS																																																																																																																																																																																																																																					
6419 WATERWAY DR										CRESSY PETER H TRS PHC &										12/18/2015 F																																																																																																																																																																																																																																					
FALLS CHURCH, VA 22044-1326										CRESSY PETER H &										11/22/1991 OS																																																																																																																																																																																																																																					
CD										T										AC/S/FUN										Nbrhd										Inft										N Index										ADJ BASE										SAF										Topo										Lpi										VC										CREDIT AMT										ADJ VALUE																																																																																																																																	
100										S										32,600										14										1.00										100										1.00										366,080										1.16										A										1.00										PEX										2.20										318,050																																																																																																																							
TOTAL										32,583 SF										ZONING										1										FRNT										0										ASSESSED										CURRENT										PREVIOUS																																																																																																																																																																									
Nbrhd										CATALUMET										LAND										318,100										318,100																																																																																																																																																																																																																	
Inft										AVG										BUILDING										438,800										414,000																																																																																																																																																																																																																	
N_Index										AVG										DETACHED										0										0																																																																																																																																																																																																																	
TOTAL										756,900										732,100																																																																																																																																																																																																																																					
TY										QUAL										COND										DIM/NOTE										YB										UNITS										ADJ PRICE										RCNLD										PHOTO										12/31/2002																																																																																																																																																															
BUILDING										CD										ADJ										DESC										MEASURE										9/25/2008										TL																																																																																																																																																																																													
MODEL										1										RESIDENTIAL										LIST										5/3/2018										EST																																																																																																																																																																																																							
STYLE										4										CAPE (100%)										REVIEW										5/3/2018										TL																																																																																																																																																																																																							
QUALITY										G										1.10										GOOD (100%)										BLDG COMMENTS																																																																																																																																																																																																																	
FRAME										1										1.00										WOOD FRAME (100%)										YEAR BLT										1982										SIZE ADJ										1.000										1.000																																																																																																																																																																									
NET AREA										3,839										DETAIL ADJ										1.070										ELEMENT										CD										DESCRIPTION										ADJ										S										BAT										T										DESCRIPTION										UNITS										YB										ADJ PRICE										RCN																																																																																																			
CAPACITY										UNITS										ADJ										FOUNDATION										4										FLRWALL(FULL)										1.00										A										AGR										N										ATT GARAGE										5/6										44.85										25,834																																																																																																																							
STORIES										1.75										1.00										EXT COVER										1										WOOD SHINGLE										1.02										B										BMU										N										BSMT UNFINISHED										2,478										19.99										49,531																																																																																																																							
ROOMS										7										1.00										ROOF SHAPE										1										GABLE										1.00										B										BMF										N										BSMT FINISH										192										42.37										8,134																																																																																																																							
BEDROOMS										3										1.00										ROOF COVER										1										ASPH/COMP SHIN										1.00										B										BAS										L										BASE AREA										2,478										119.59										296,343																																																																																																																							
BATHROOMS										3										1.00										FLOOR COVER										1										HARDWOOD										1.02										C										BMF										N										BSMT FINISH										870										25.17										21,886																																																																																																																							
FIXTURES										14										1.00										INT. FINISH										2										DRYWALL										1.00										C										USF										L										UPPER STORY FIN										1,361										75.59										102,880																																																																																																																							
GARAGE CAPACITY										2										1.00										HEATING/COOLING										9										WARM-COOL AIR										1.03										H										WOK										N										WOOD DECK										557										15.49										8,627																																																																																																																							
% BSMT FINISH										17										1.00										FUEL SOURCE										2										GAS										1.00										H										F21										O										FPL 2S 10P										47.40										6,402.90										11,944																																																																																																																							
# OF HALF BATHS										1										1.00										ENCLOSED PORCH										1										XTRA FIXTURES										252										6,402.90										6,403																																																																																																																																																																									
# OF UNITS										1										1.00										TOTAL RCN										548,528										CONDITION ELEM										CD										COND										20										20 %										EFF. YR/AGE										1995 / 23										COND										20										20 %										ECON										0										FUNG										0										DEPR										20										% GD										80										RCNLD										\$438,800									

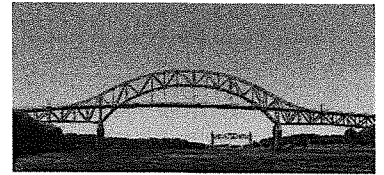




Michael Leitzel, Chairperson
Ellen Doyle Sullivan, Clerk
Donna Barakauskas, Member

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

January 14, 2021

Cape & Islands Engineering, Inc.
Jean E. Duff-Still
800 Falmouth Rd, Ste. 301C
Mashpee, MA 02649

Re: Abutters List for Map 47.4 Parcel 9.20
Subject Property: 2 Mill Pond Circle

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 47.4 Parcels 9.19, 9.21 & 9.22.

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

Report #24: Owner Listing Report

Fiscal Year 2022

1 Abutters List
LIVE
Key IN 10383,10385,10386

Extract:
Database:
Filter:
Sort:

Bourne MA

Key	Parcel ID	Owner	Location	LC/CI	Bk-Pct(Cert)/Dt	Mailing Street	Mailing Ctv	ST	Zip Cdl/County
10383	47.4-9-19	JAEGER SHARON&MARG NICK CO-TRS CENTER MILL REALTY TRUST	3 MILL POND CIR	N 1300	32109/276 6/24/2019	775 EAST FALMOUTH HWY #253	EAST FALMOUTH	MA	02536
10385	47.4-9-21	FORZIATI ARTHUR L	0 RED BROOK POND DR	N 1320	7450/79 2/27/1991	P O BOX 714	CATAUMET	MA	02534
10386	47.4-9-22	FORZIATI ARTHUR L ETUX MAUREEN FORZIATI	1 MILL POND CIR	N 1010	30179/167 12/20/2016	PO BOX 714	CATAUMET	MA	02534

Total Records 3



February 25, 2021

Abutters to referenced property.

RE: Notice of Board of Health Public Hearing, 2 Mill Pond Circle, Bourne, MA

Dear Abutter:

In accordance with the State Environmental Code, Title 5: 310 CMR 15.00, and Section 1 of the Town of Bourne Board of Health Regulations, you are hereby notified that Peter Cressy, Trustee, has requested a hearing before the Bourne Board of Health for relief from Title 5 and/or the Town of Bourne Board of Health Regulations for the installation of an upgraded septic system. The current system has failed. The location of the property for this proposal is 2 Mill Pond Circle, Pocasset (Bourne), MA, where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on:

NO	DESCRIPTION	BYLAW REQUIRED	STATE REQUIRED	PROPOSED	WAIVER
1.	S.A.S Setback to Coastal Bank	150'	50'	87'	63'
2.	S.A.S. Setback to Wetland	150'	50'	98'	52'

This hearing is tentatively scheduled for Wednesday March 10, 2021 at 5:00pm via Zoom. Information regarding the hearing may be available for your review 48 hours prior to the meeting by going to the Town of Bourne website.

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,

Jean E. Duff-Still
Permitting Specialist

Cc: Board of Health

7019 1640 0001 5991 1062

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
Here

02.25.21

Postage

\$

Total Postage and Fees

\$

Sent To

Peter Cressy, Trustee
 16419 Waterway Dr.
 Falls Church, VA 22044-1325

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

See Reverse for Instructions

7020 0640 0000 0050 6255

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
Here

02.25.21

Postage

\$

Total Postage

\$

Sent To

Forziati, Arthur L et ux

Maureen Forziati

PO Box 714

Cataumet, MA 02534

2 Mill Pond-BOH

Street and

City, State,

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

See Reverse for Instructions

7020 0640 0000 0050 6286

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

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

OFFICIAL USE

Certified Mail Fee

\$

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$

Postmark
Here

02.25.21

Postage

\$

Total Po

\$

Sent To

Jaeger, Sharon & Marg Nik Co Trs
 Center Mill Realty Trust

775 East Falmouth Highway #253

East Falmouth, MA 02536

2 Mill Pond-BOH

Street and

City, State,

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

See Reverse for Instructions

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

BOARD OF HEALTH

Town OF Bourne

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct (☒) Repair () Upgrade (☒) Abandon () - ☒ Complete System ☐ Individual Components

<u>2 Mill Pond Circle</u> Location	<u>Peter Cressy</u> Owner's Name
<u>47.4 parcel 9-20</u> Map/Parcel #	Address
Lot #	Telephone #
<u>Graci Septics</u> Installer's Name	<u>Cape & Islands Eng. Inc.</u> Designer's Name
Address	Address
<u>508-548-7500</u> Telephone #	<u>508-477-7272</u> Telephone #

Type of Building: _____

Lot Size 2.8338 ^{upland} Sq. feetDwelling — No. of Bedrooms 3

Garbage Grinder ()

Other — Type of Building _____

No. of persons 6

Showers (), Cafeteria ()

Other fixtures _____

Design Flow (min. required) 110 gpd Calculated design flow 330 gpd Design flow provided 334 gpdPlan: Date 12-22-20 Number of sheets 1 Revision Date 12-22-20Title Septic repair design plan (no increase in flow)Description of Soil(s) 0'-10" Sandy loam, 10"-36" loamy sand, 36"-92" Med sand, 92"-135" coarse sandSoil Evaluator Form No. _____ Name of Soil Evaluator Raul Liguori-Rivera Date of Evaluation 12-14-20DESCRIPTION OF REPAIRS OR ALTERATIONS New 150 gallon tank, d-box & flow diffusers

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed John Graci by Raul Liguori-RiveraDate 1/13/21

Inspections _____

FORM 1 - APPLICATION FOR DSCP

DEP APPROVED FORM 5/96

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work:

☐ Individual Component(s)☐ Complete System

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned ()

by: _____

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to application No. _____ dated _____ Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Inspector _____ Date _____

The issuance of this certificate shall not be construed as a guarantee that the system will function as designed.

FORM 3 - CERTIFICATE OF COMPLIANCE

DEP APPROVED FORM 5/96