



# 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, increases in flow, or repairs and upgrades to on-site sewage disposal systems with design flows of less than 10,000 gallons/ day.

## 1. Facility Name and Address:

Owner's Name

Facility's Street Address

Owner's Telephone Number

Owner's E-mail Address

Owner's Mailing Address

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

Preparer's Name

Company

Telephone Number

E-mail Address

Mailing Address

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

Residential    Commercial    Institutional    School    Industrial    Mixed Use

4. Describe Facility (i.e. single-family dwelling, 45 seat restaurant): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Pumped System    Gravity System    Pressure Dosed    Tight Tank    Other

6. Describe the existing and proposed septic system components: \_\_\_\_\_

\_\_\_\_\_

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

	EXISTING	PROPOSED
Design flow of system:		
Total design flow of facility: <i>(if more than one system on subject property)</i>		

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).
- Six copies of Letter of Request describing nature of variances.
- Six sets of complete engineered plans and specifications, one with original stamp of design engineer; plus, one electronic copy. All variances/ waivers must also be listed on the plans per 310 CMR 15.220(4).
- Six sets of floor plans, existing and proposed.
- Six copies of [Nitrogen Loading Calculation Worksheet](#) \*required for all applications.
- 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 may be required for new 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 \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

# Sample of Letter to Direct Abutters for Septic Variances/Waivers

*Certified Mail # - Must be post marked at least 10 days prior to the meeting date.*

*Date*

*Abutter Name*

*Mailing Address*

*Per Assessor's Records*

RE: Notice of Public Hearing

Dear *Mr. Abutter*:

In accordance with the [State Environmental Code, Title 5: 310 CMR 15.00](#), you are hereby notified that *Name of Applicant* 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/new](#) septic system. The location of the property for this proposal is [123 Address Street, Bourne, MA](#) where you are listed as an abutter. At said hearing the Board will discuss and possibly vote on:

- [List reason or reasons for the hearing being as specific as possible, for example...](#)
- [A 5 foot reduction in the required 10 foot setback distance from the proposed leaching facility to the rear property line \(310 CMR 15.211\).](#)
- [A 10 foot variance from the Bourne Board of Health 150 Foot Setback Regulation for the placement of a leaching facility within 140 feet of the coastal bank.](#)

This hearing is tentatively scheduled for *Date* at *Time* in the *Location*. 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](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 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,

*Name of Applicant*

*Telephone Number*

*E-mail Address*