

FELCO, INC.
ENGINEERING
LAND SURVEYING

Post Office Box 1366 ☐ 1 Namskaket Road ☐ Orleans, MA 02653 ☐ Tel: 508-349-2496 ☐ Email: info@felcoengineering.com

February 23, 2023

Wellfleet Board of Health
220 W. Main Street
Wellfleet, MA 02667

Re: 25 First Avenue & 156 Long Avenue, Wellfleet
Map #30, Parcels #129 & 130
Ruth Anne Dykeman requesting Variances
Deed Ref: Book 10787, Page 71

Dear Board Members:

Project Summary:

The project consists of a septic system upgrade for an existing dwelling and cottage. No increase in design water use is proposed.

Due to the constraints such as lot size, lot configuration, topography, structure location(s), water supplies, and/or existing septic system locations, etc., **FELCO, INC.** requests the following variances to install a new subsurface septic system. These variances, if approved, shall provide to the best degree possible, the same environmental protection as required by the State Sanitary Code #310 CMR 15.000:

310 CMR 15.211 - Setbacks

- 1) 4' from septic tank to property line (A Street)
(10' required - 6' provided)
- 2) 4' from leach area to property line (A Street)
(10' required - 6' provided)

310 CMR 15.404 (2)(d) - Maximum Feasible Compliance

- 3) Leach area capacity - 25% reduction

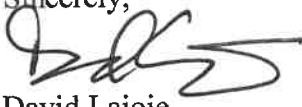
The hearing has been scheduled for Wednesday, March 8, 2023. The agenda begins at approx. 5:30 PM.

This hearing will be held through the Hybrid Platform, using “in person” attendance at the Adult Community Center, 715 Old King’s Highway, Wellfleet OR virtually via a Zoom Video Conference. Instructions for the Zoom Video Conference can be found by clicking the hearing date on the Town Calendar at www.wellfleet-ma.gov. Please confirm the hearing info via the Town Calendar on the website or contact the Health Department at 508-349-0308.

Hillary Lemos, Health Agent
Email: hillary.lemos@wellfleet-ma.gov

Meredith Ballinger, Assistant Health Agent
Email: meredith.ballinger@wellfleet-ma.gov

Sincerely,

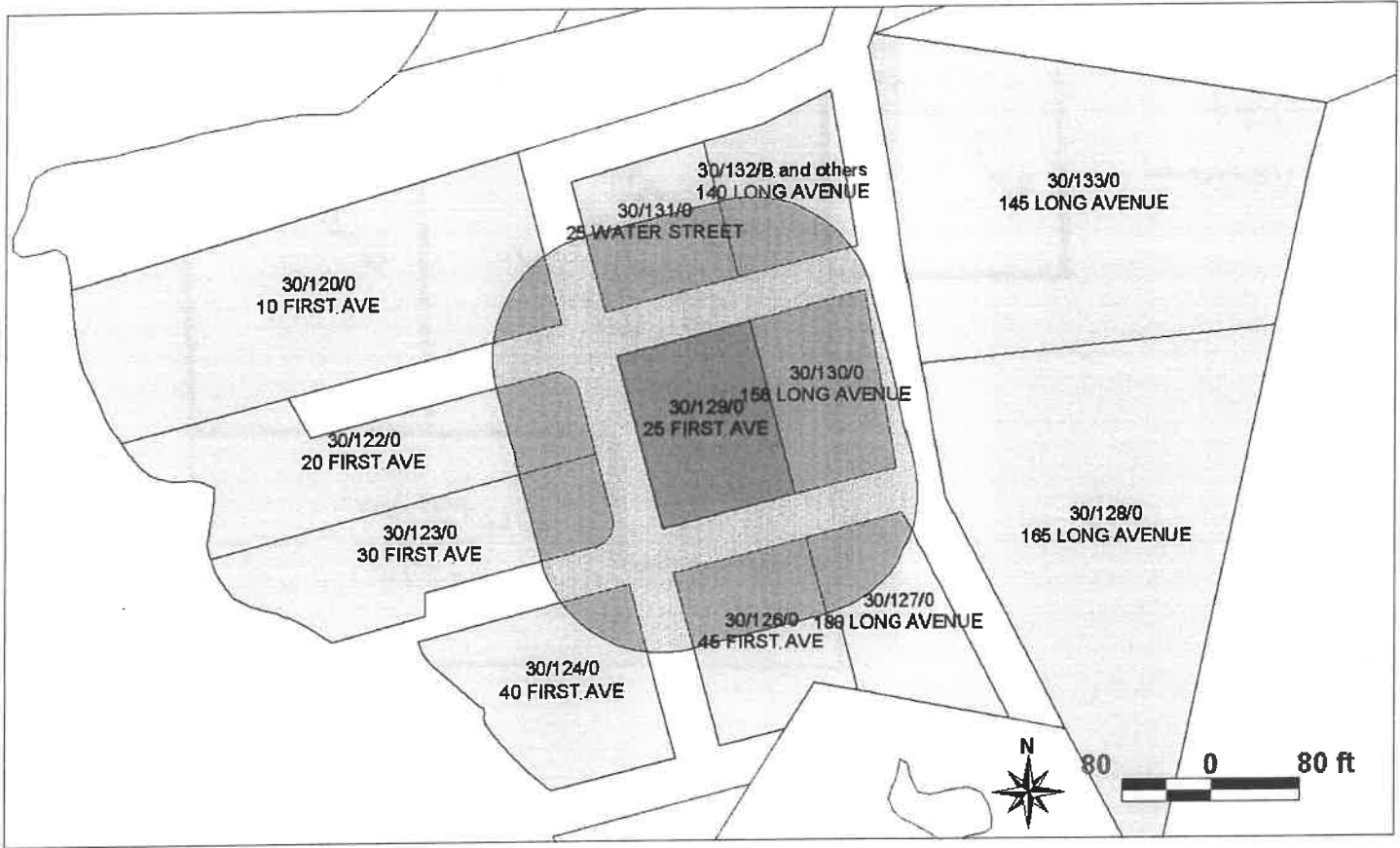


David Lajoie
FELCO, INC.

Enclosures
cc: Abutters

TOWN OF WELFLEET, MA
 BOARD OF ASSESSORS
 300 Main Street, MA 02667

Abutters List Within 110 feet of Parcel 30/129/0

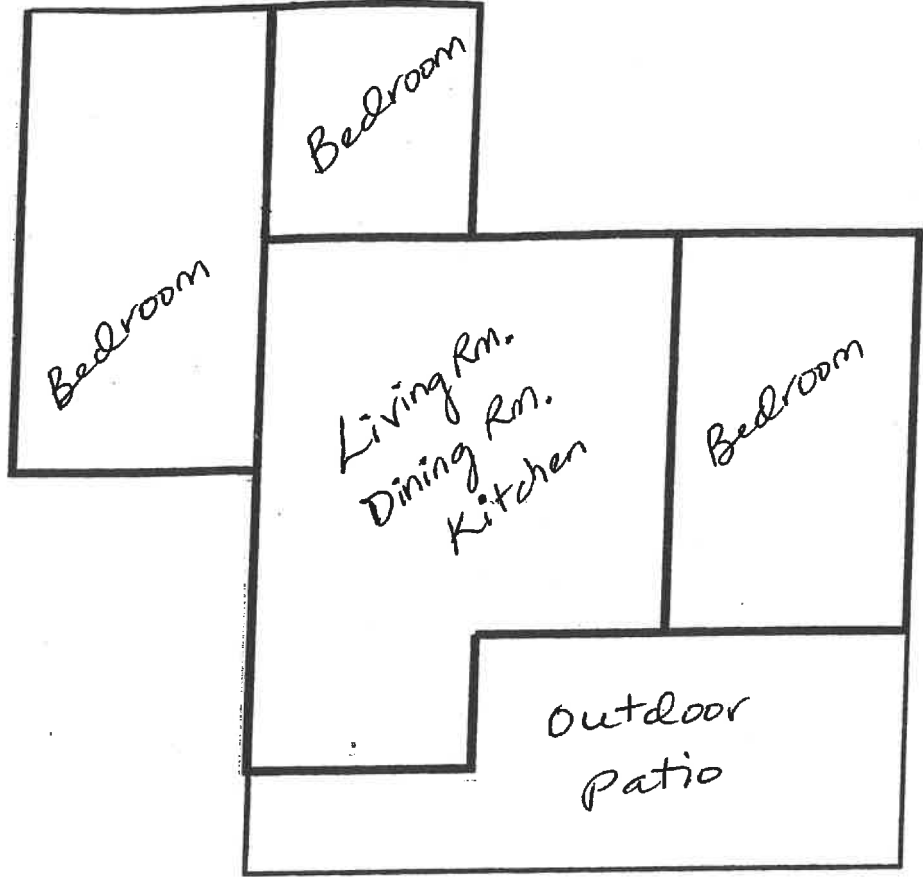


Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	ZipCd/Country
3502	30-120-0-R	COATES JOHN C IV TRUSTEE SCHEIBLER INGRID H TRUSTEE	10 FIRST AVE	647 COMMONWEALTH AVE	NEWTON	MA	02459
3504	30-122-0-R	MILLER LANCE A	20 FIRST AVE	BOX 1649	WELFLEET	MA	20007
3505	30-123-0-R	LANFRANCHI PIERRE S & REGINE G	30 FIRST AVE	24 GINN RD	WINCHESTER	MA	01890
3506	30-124-0-R	COHN THOMAS A TRUSTEE COHN LISA F TRUSTEE	40 FIRST AVE	50 LINDEN LANE	BEDFORD CORNERS	NY	10549
3508	30-126-0-R	MIRABELLO JOSEPH A	45 FIRST AVE	BOX 1088	S WELFLEET	MA	02663
3509	30-127-0-R	BILCHIK BRIAN & SHMUKLER KAREN A	180 LONG AVENUE	41 KENWOOD ST #1	BROOKLINE	MA	02446
3510	30-128-0-R	DOWNES NANCY TRUSTEE WINSLOW ERIC TRUSTEE	165 LONG AVENUE	BOX 740	WELFLEET	MA	02667
3511	30-129-0-R	DYKEMAN RUTH ANN LIFE ESTATE DYKEMAN DAWN & LAJOIE HOLLY	25 FIRST AVE	MOORE HEATHER & SCHMIDT VICKI BOX 234	SOUTH WELFLEET	MA	02663
3512	30-130-0-R	DYKEMAN RUTH ANNE LIFE ESTATE	156 LONG AVENUE	BOX 234	SOUTH WELFLEET	MA	02663
3513	30-131-0-R	HIRST GEORGE D & NAN V	25 WATER STREET	BOX 814	S WELFLEET	MA	02663
3514	30-132-A-R	BAYTOSH CATHERINE M TRUSTEE BAYTOSH SCOTT W TRUSTEE	140 LONG AVENUE	3305 CAROLINA PLACE	ALEXANDRIA	VA	22305
3515	30-132-B-R	APPEL DAVID & WEINSTEIN ELEANOR	140 LONG AVENUE	34 NANNAHAGAN RD	PLEASANTVILLE	NY	10570
3516	30-133-0-R	WINSLOW NANCY & ERIC TRUSTEES	145 LONG AVENUE	BOX 740	WELFLEET	MA	02667

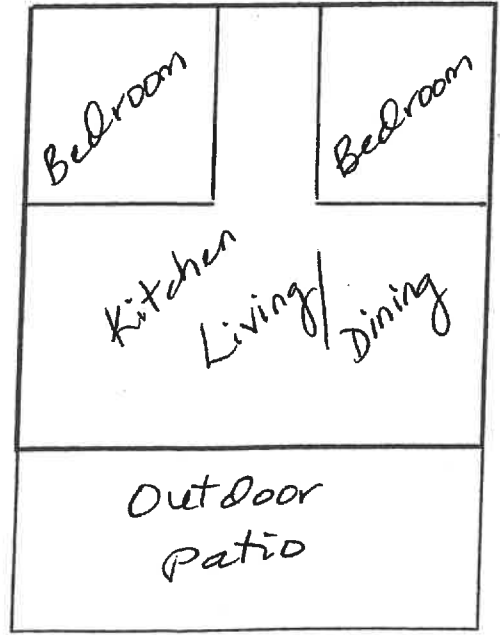
2-22-2023 Certified Abutters list - BOH
 Welfleet Assessors office
 JenKane

House
at
25 First
Avenue

Also
Bedroom in Basement



Cottage
at
156 Long Avenue



FELCO JOB # 91059

Map # 30

PERC TESTS: ① ②

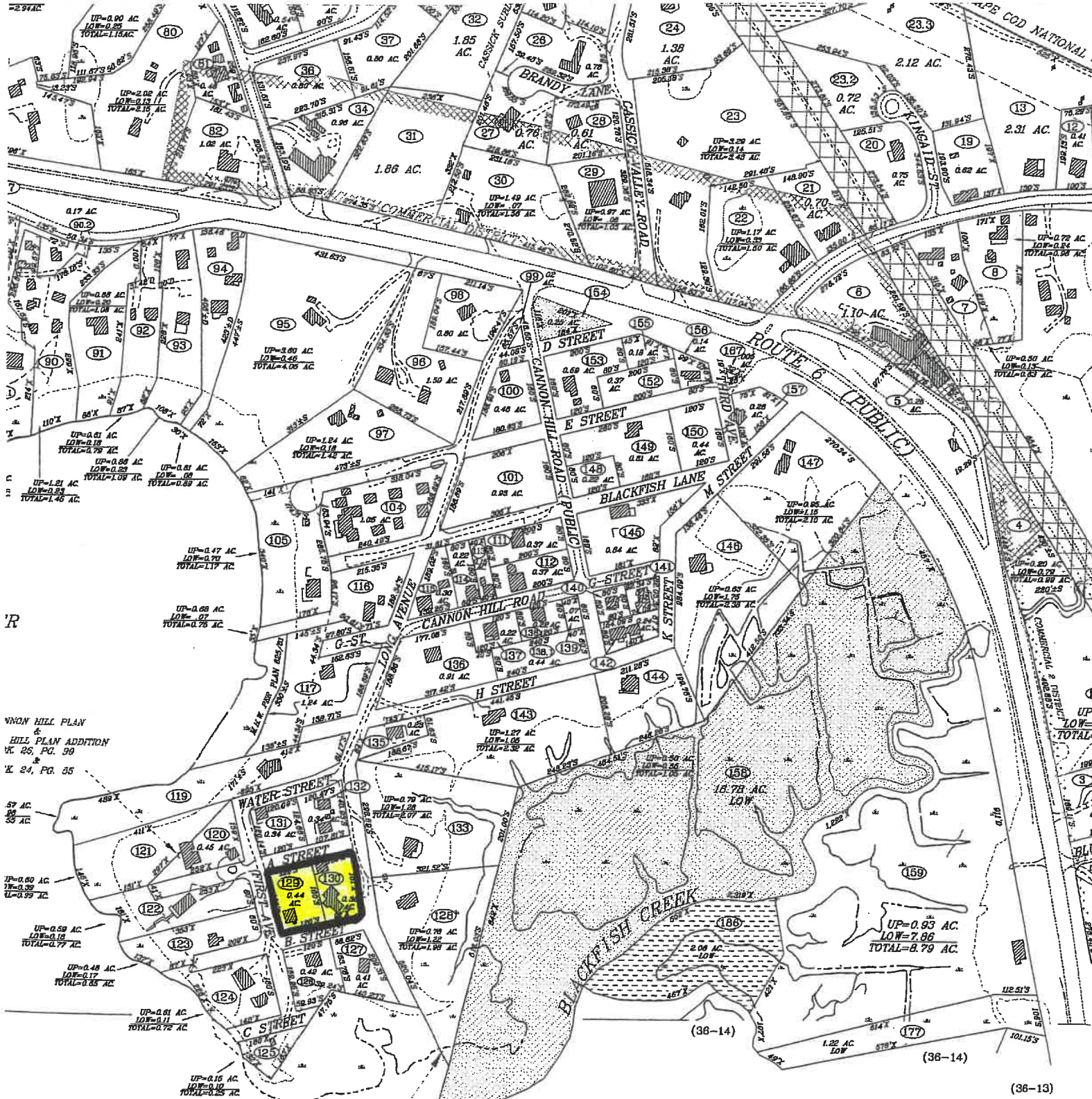
Owner Ruth Anne

Pcl # 129+130 Date: _____

Client Dykeman

Time: _____

Street # 25 First Ave. + Town Wellf Digsafe: # _____ # _____
156 Long Ave.



WAGON HILL PLAN & HILL PLAN ADDITION K 25, PG. 99 X 24, PG. 95

McKAY PLAN, BK 305, PG. 28
McKAY PLAN, BK 346, PG. 94

(36-13)



CERTIFICATE OF ANALYSIS

Barnstable County Health Laboratory (M-MA009)

Recipient: Holly Lajoie
 Holly Lajoie
 PO Box 1076
 S. Wellfleet, MA 02663

Order No.: G23236998
Report Dated: 02/27/2023
Submitter: Holly Lajoie
Description: Routine - 25 First Ave. - 5 Day RUSH

Laboratory ID#: 23236998-01

Sample #:
Collection Address: 25 First Ave., Wellfleet, MA
Sample Location:

Matrix: Water - Drinking Water
Sampled: 02/16/2023 8:30 By: DL
Received: 02/16/2023 11:00 By: jmcnull
Turn Around: 120Hr Rush

Routine

ITEM	RESULT	UNITS	RL	MCL	METHOD #	ANALYST	TESTED	TIME
Nitrate as Nitrogen	ND	mg/L	0.10	10	EPA 300.0	CL	02/17/2023	
Copper	0.19	mg/L	0.10	1	EPA 200.8	CL	02/22/2023	11:15
Iron	0.20	mg/L	0.10	0.3	EPA 200.8	CL	02/22/2023	11:15
Manganese	ND	mg/L	0.025	0.05	EPA 200.8	CL	02/22/2023	11:15
Sodium	32	mg/L	2.5	20	EPA 200.8	CL	02/22/2023	11:15
Total Coliform	Absent	P/A	0	0	SM 9223B	RG	02/16/2023	16:04
Conductance	210	umohs/cm	2.0		EPA 120.1	LX	02/16/2023	12:26
pH	6.0	PH AT 25C	NA		SM 4500-H-B	LX	02/16/2023	12:26

Based on the results of the parameters tested, the water is suitable for drinking. However, the sodium concentration exceeds the MassDEP guideline limit (ORSG) and those on a low sodium diet may wish to consult a physician.

Attached please find the laboratory certified parameter list.

Approved By: 
 (Lab Manager)

No. _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF WELFLEET

Fee \$200.00

Application for Disposal Works Construction Permit

Application is hereby made for a permit to Construct () or Repair () an Individual Sewage Disposal System at:

CHECK OR FILL IN WHERE APPLICABLE

25 First Ave. + 156 Long Ave.
Location - Street, Road, Etc.

Map 30, Parcels 129 + 130
Map & Parcel Number

Ruth Anne Dykeman
Owner / Own Telephone

c/o Holly Lajoie
Address

Installer / Installer Telephone

P.O. Box 1076, S. Wellfleet, MA 02663
Address

Type of Building Dwelling 4

Size Lot 34,925 ± Sq. feet

Dwelling - No. of Bedrooms cottage 2

Other - Type of Building _____

Design Flow 660 gallons per day.

Septic Tank - Capacity 2,000 (2 compartment) gallons

Disposal Trench No. 1 Width 6' Total Length 37' Total Leaching Provided 497 G.P.D.

Repairs or Alterations - (When Applicable) _____

Agreement:

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

Signed: [Signature] (David Lajoie) 2/27/23
Date

Application Approved by _____
Date

Issued _____
Date

No. _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF WELFLEET

Certificate of Compliance

THIS IS TO CERTIFY, that the Individual Sewage Disposal System Constructed () or Repaired ()

by _____ at _____
Installer

Has been installed in accordance with the provisions of TITLE 5 of The State Sanitary Code as described in the Application for Disposal Works Construction

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY.

Date _____ Inspector _____

No. _____

THE COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH
TOWN OF WELFLEET

Fee _____

Water Test Required _____ Yes
_____ No

Disposal Works Construction Permit

Permission is hereby granted _____
to Construct () or Repair () an Individual Disposal System.

at No. _____
Street

Board of Health _____ Date _____

FELCO INC
PO BOX 1366
ORLEANS, MA 02653

1126

53-7054/2113
179

DATE 2/27/23


CHECK AGAINST
TRAUD PROTECTION

PAY
TO THE
ORDER OF

Town of Wellfleet

\$ 200.00

Two hundred 00/100

DOLLARS  Photo Safe Deposit® Details on back

TD Bank

America's Most Convenient Bank®

FOR DWP fee - Job # 91059
25 First Ave. + 156 Long Ave.

Holly R. Lajoie

⑆000122⑆ ⑆1213205⑆ ⑆28174550⑆

FELCO, INC.

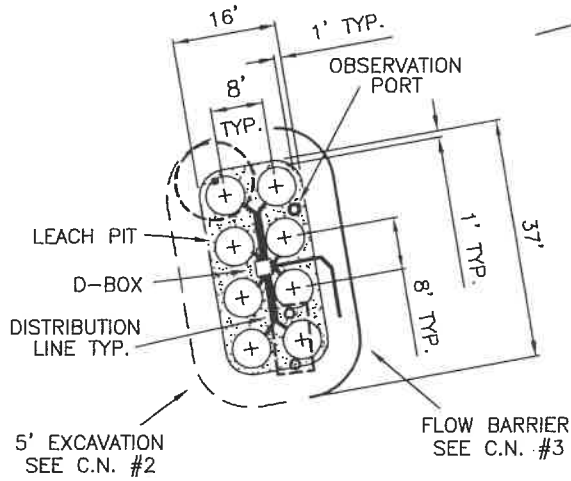
ENGINEERING - LAND SURVEYING

P.O. BOX 1366 ORLEANS, MA 02653
 (508) 237-3801 WWW.FELCOENGINEERING.COM

PLAN REFERENCES:

DEED BOOK 10787 PAGE 71
 PLAN BOOK 24 PAGE 55
 LOTS 1 - 12

BENCHMARK
 CONCRETE BOUND
 EL. 53.9'± MSL±



FLOW BARRIER
 SEE C.N. #3

PROPOSED
 LEACH AREA

SEE C.N. # 1
 EXISTING
 LEACH PIT
 (REMOVE)

EXISTING
 SEPTIC TANK
 (REMOVE)
 SEE C.N. # 1

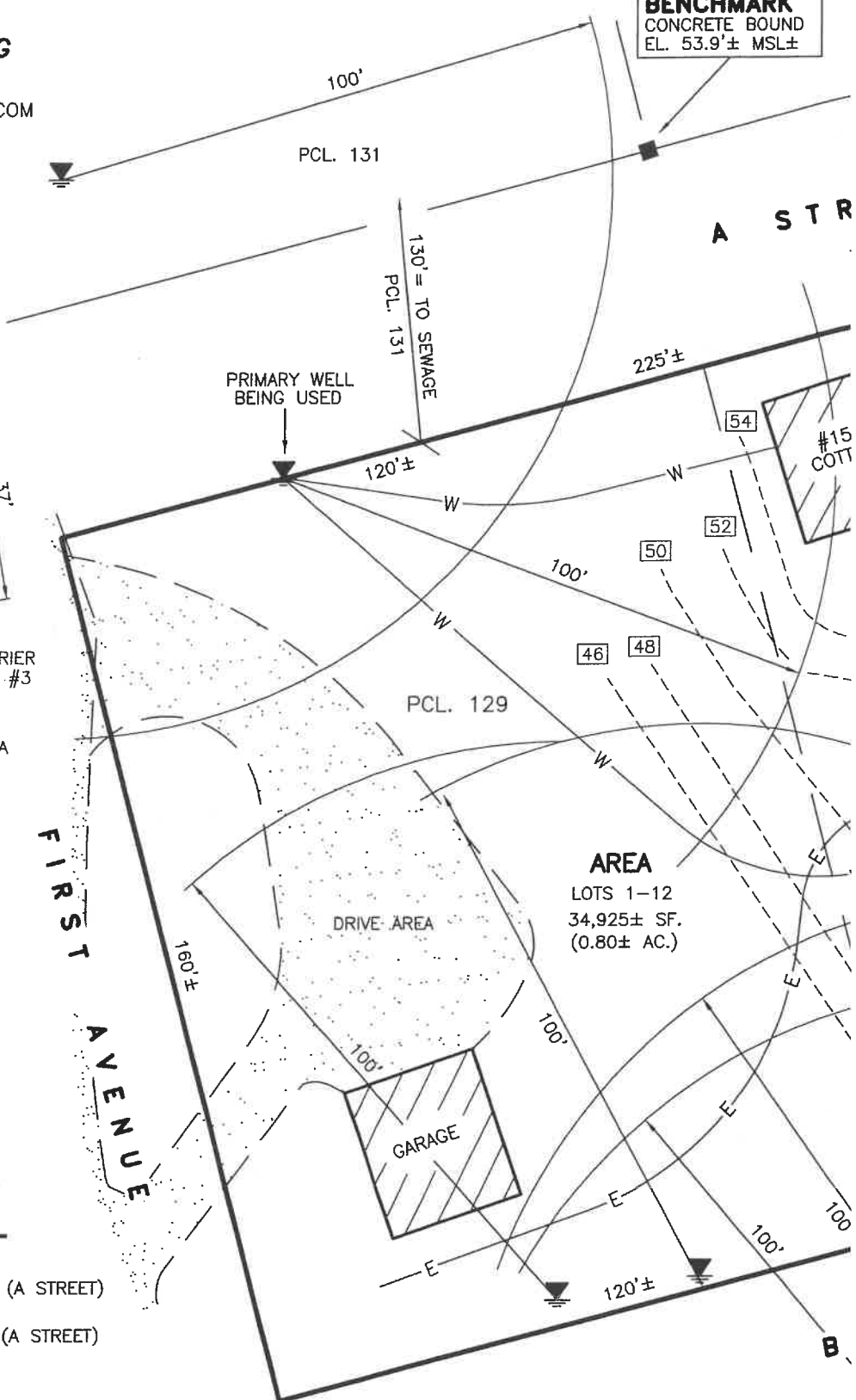
LEACH AREA DETAILS NO SCALE

VARIANCE REQUESTS

- 310 CMR 15.211 SETBACKS
1. 4' FROM SEPTIC TANK TO PROPERTY LINE (A STREET)
 10' REQUIRED - 6' PROVIDED
 2. 4' FROM LEACH AREA TO PROPERTY LINE (A STREET)
 10' REQUIRED - 6' PROVIDED

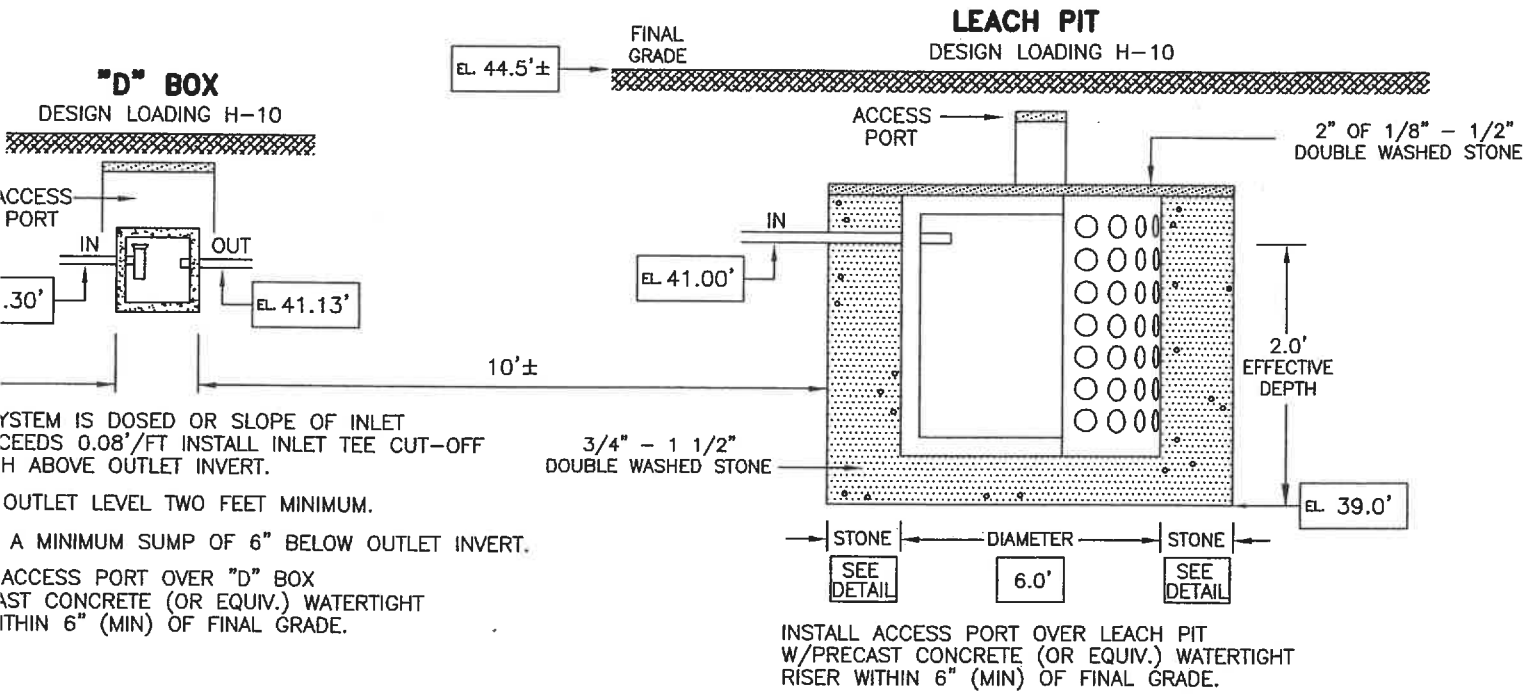
MAXIMUM FEASIBLE COMPLIANCE
 310 CMR 15.404(2)(d)

3. LEACH AREA CAPACITY - 25% REDUCTION



PCL. 126

THIS PLAN IS PREPARED FOR COMPLIANCE WITH 310 CMR 15.000.
 ALL WELLS NOT SHOWN EXCEED 200' FROM LOCUS SEWAGE.
 VERIFY ZONING AND UTILITY SETBACK DIMENSIONS PRIOR TO CONSTRUCTION.



SEPTIC SYSTEM COMPONENTS (N. T. S.)

VISIBLE FOR
 UTILITY LOCATIONS
 SERVICE LINE LOCATIONS
 STATE SANITARY
 REQUIREMENTS.
 N.G.V.D.
 BY FELCO, INC. AND
 WITH CLEAN MEDIUM
 AND DISTRIBUTION
 PIPES, AND DISTRIBUTION
 PIPE BASE WHICH HAS
 WITH A 6" CRUSHED
 SHALL NOT EXCEED 36".
 SERVICE LINES, BOTH PIPES
 PIPE OR EQUIV. AND
 FITNESS.
 MAGNETIC MARKING TAPE
 MUST BE ONCE BURIED.
 INSPECTION PORT PLACED
 RESEAL TYPE CAP

DESIGN

- FLOW DETERMINATION
- 4 EXISTING BEDROOM DWELLING
 - 2 EXISTING BEDROOM COTTAGE
 - 6 BEDROOM TOTAL

FLOW RATE = GAL/DAY
 GARBAGE GRINDER NO YES

SEPTIC TANK SIZING:

x 2.0 = GAL/DAY 1ST COMP.
 x 1.0 = GAL/DAY 2ND COMP.

USE: 2,000 GAL (2) COMPARTMENT TANK

LEACHING FACILITY CALCULATIONS:

PERCOLATION RATE IS < MIN/INCH CLASS
 SIDEWALL = (S.F.)
 x = GAL/DAY
 BOTTOM = (S.F.)

660 GAL/DAY X .75 = 495 GAL/DAY REQUIRED
 VARIANCE REQUIRED MAXIMUM FEASIBLE COMPLIANCE

USE: (8) 6' X 1.5' LEACH PITS W/ STONE
 0.5' UNDER AND 1' AROUND TO MAKE
 498 S.F. LEACH AREA (SEE DETAIL SHT. 1)

NOTE: RESERVE AREA NOT SHOWN. VARIANCE REQUEST NOT REQUIRED PER DEP POLICY LETTER DATED JANUARY 3, 1996 FOR REPAIR DESIGNS ONLY.

CONSTRUCTION NOTES

1. EXISTING SEPTIC TANK, LEACH PIT AND ALL CONTAMINATED SOIL TO BE REMOVED AND REPLACED WITH CLEAN MEDIUM SAND.
2. EXCAVATE ALL UNSUITABLE SOIL 5' AROUND LEACH AREA DOWN TO MEDIUM SAND AND REPLACE WITH CLEAN MEDIUM SAND.
3. INSTALL 40 MIL POLYVINYL FLASHING OR EQUIV. AS FLOW BARRIER AS SHOWN IN LEACH AREA DETAIL FROM EL. 41.5' DOWN TO EL. 37.5'.
4. ALL NECESSARY MEASURES MUST BE TAKEN INCLUDING SHUTTING OFF ALL ELECTRICAL POWER AT AND NEAR UTILITY POLE FOR PROTECTION DURING SEPTIC SYSTEM INSTALLATION.
5. PROVIDE CLEANOUT TO GRADE EVERY 50' MIN. ALONG BUILDING SEWER PIPE.
6. REGRADE OVER LEACH AREA TO PROVIDE EL. 44.5' MAXIMUM COVER OVER LEACH AREA.

CAUTION!!!



JOB No : 91059	NAME : DYKEMAN
DATE : 2-10-2023	SHEET 2 OF 2
REVISIONS :	