

Ryder & Wilcox

SURVEYING · ENGINEERING
HOME PLANNING & DESIGN

January 25, 2023

Wellfleet Board of Health
220 West Main St.
Wellfleet, MA 02667

RE: 3064 Baker Avenue (Assr's. Map 20 Parcel 54)

Dear Board Members,

On behalf of our clients, Shirley and Steve Blanchard, please reserve time on your February 8, 2023 meeting to consider a request for variances from the State Environmental Code, Title 5, and the Wellfleet Board of Health Regulations. The variances are being requested to allow the installation of a sewage disposal system ("SDS") at 3064 Baker Avenue.

The existing 3-bedroom dwelling is located on a lot containing approximately 11,500 SF. The property slopes fairly steeply from the north to the south. The existing building, constructed in 1975, is located on the low side of the lot. The building sewers exit beneath the basement slab and discharge to a converted cesspool and leaching pit located in the southwest corner of the lot. The existing well is located to the east of the building.

In order to maximize the separation between the proposed soil absorption system ("SAS") and all existing wells while maintaining gravity flow from the existing building sewers, the proposed SDS is located in the southwest corner of the lot. As there is limited space in this location, the proposed components encroach into the minimum required setbacks from lot lines and the existing locus well.

The proposed SDS, as shown on the attached Site Plan, will comply with all State and local requirements with the following exceptions:

Local Upgrade Approval:

310 CMR 15.211: Minimum Setback Distances (1)

The proposed septic tank is located approximately 5' from the cellar wall where 10' is required. (5' reduction)

The proposed septic tank is located approximately 7' from the westerly lot line where 10' is required. (3' reduction)

The proposed SAS is located approximately 5' from the westerly lot line and 2' from the southerly lot line where 10' is required. (5' and 8' reductions, respectively)

The proposed SAS is located approximately 53' from the existing locus well where 100' is required. (47' reduction)

310 CMR 15.203: System Sewage Flow Design Criteria (1) and (2)

The capacity of the proposed soil absorption system is 256 GPD where 330 GPD is required. (22% reduction)

310 CMR 15.221: General Construction Requirements for All System Components (7)


The proposed soil absorption system is to be approximately 6' below grade where 3' maximum is allowed. (3' variance)

3 GIDDIAH HILL ROAD · P.O. BOX 439
SO. ORLEANS, MASSACHUSETTS 02662-0439
TEL: 508.255.8312 FAX: 508.240.2306
EMAIL: info@ryder-wilcox.com

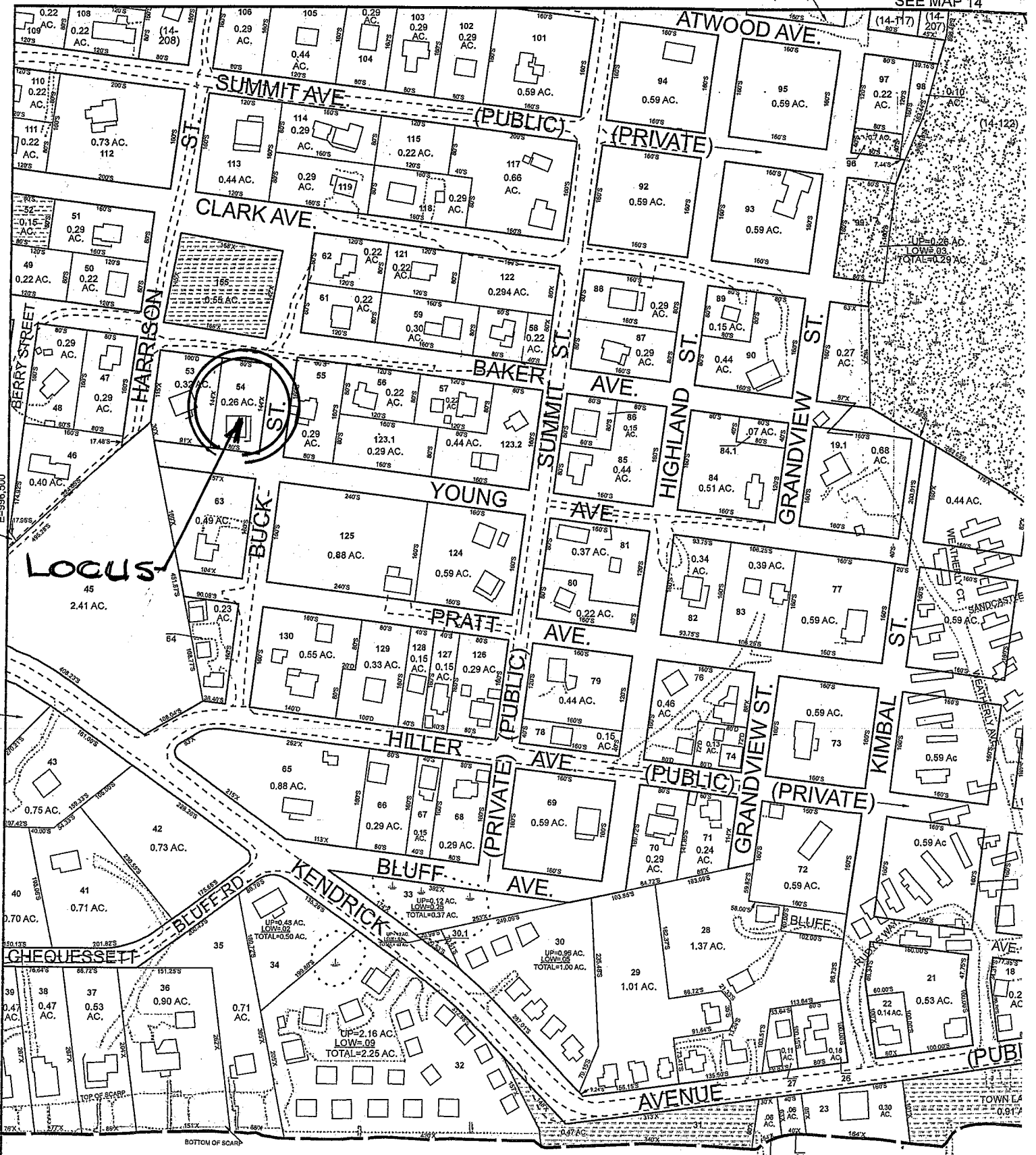
According to regional groundwater contour maps, the groundwater in this area is flowing in a southwesterly direction. Therefore, effluent from the proposed SAS will flow away from the existing well.

I have included a list of abutters, a copy of the Abutter Notification letter, engineered plans, floor plans, and an Application for Disposal Works Construction Permit with a check for \$200.00. Please feel free to contact Ryder & Wilcox if you have any questions or require additional information.

Respectfully submitted,


Stephanie J. Sequin, P.E.

cc: Steve and Shirley Blanchard
R&W #13062



SEE MAP 20

WELLFLEET HARBOR

ASSESSMENT PURPOSES. IT IS NOT VALID FOR LEGAL CONVEYANCE.
 DATUM IS THE MASSACHUSETTS STATE PLANE STEM, NAD 83.

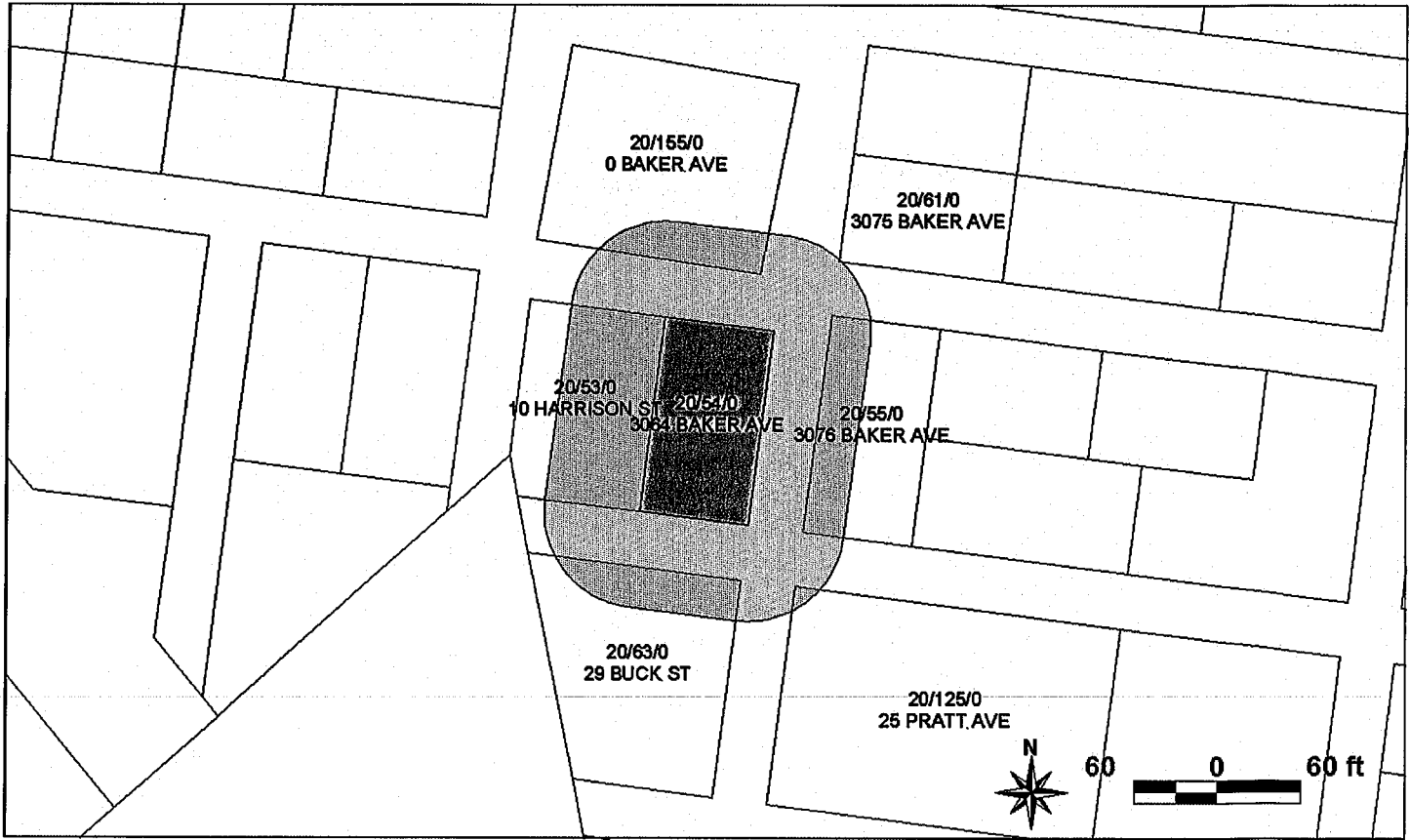
REVISED & REPRINTED BY
CAI Technologies

LEGEND	
AREA	Ac
RECORD DIMENSION	100'D
SCALED DIMENSION	100'X
RIGHT OF WAY/ACCESS	OR
COMMON OWNERSHIP	OR

FEET
100

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

Abutters List Within 70 feet of Parcel 20/54/0



Key	Parcel ID	Owner	Location	Mailing Street	Mailing City	ST	ZipCd/Country
1910	20-53-0-R	PARKER DONALD W & AMY W	10 HARRISON ST	22 SEARLE AVE	BROOKLINE	MA	02445
1911	20-54-0-R	BLANCHARD SHIRLEY B & BLANCHARD J STEVENS	3064 BAKER AVE	3064 BAKER AVE	WELLFLEET	MA	02667
1912	20-55-0-R	BLISS STEVEN	3076 BAKER AVE	57 HOOVER ST	BURLINGTON	VT	05401
1918	20-61-0-R	GRANNIS JOHN C & ORNELLA C	3075 BAKER AVE	3075 BAKER AVE	WELLFLEET	MA	02667
1920	20-63-0-R	COX MEGAN MARIE	29 BUCK ST	29 BUCK ST	WELLFLEET	MA	02667
1981	20-125-0-R	STAMATIS DAVID M & DONNA M	25 PRATT AVE	25 PRATT AVE	WELLFLEET	MA	02667
2007	20-155-0-E	TOWN OF WELLFLEET FIRST BURIAL GROUND	0 BAKER AVE	300 MAIN STREET	WELLFLEET	MA	02667

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SO. ORLEANS, MASSACHUSETTS 02662-0439
TEL: 508.255.8312 FAX: 508.240.2306
EMAIL: info@ryder-wilcox.com

January 25, 2023

Re: Proposed septic system upgrade
3064 Baker Avenue - Wellfleet, Mass. (Assr's. Map 20 Pcl. 54)

Dear Abutter:

You are being notified pursuant to the State Environmental Code Title 5 and the Wellfleet Board of Health Regulations that the Board of Health will hold a public hearing to hear requests for variances from applicable State and Local regulations. The variances are being requested to allow the installation of a sewage disposal system to serve an existing dwelling.

A copy of the letter requesting the variances is enclosed. Copies of the Site Plan will be on file with the Health Department and may be viewed prior to the public hearing. The Health Department is located in the D.P.W. Facilities, 220 West Main Street. **A public hearing will be held on February 8, 2023.** Variance hearings begin at 5:30 P.M. The estimated time of the hearing for this project may be obtained by contacting the Health Department at 508-349-0308.

Due to COVID-19, the meeting will be held remotely via ZOOM. Information regarding Public access to the hearing will be made available on the Town of Wellfleet website.

Sincerely,



Stephanie J. Sequin, P. E.

cc: Blanchard

Job #13062



Blanchard #13062

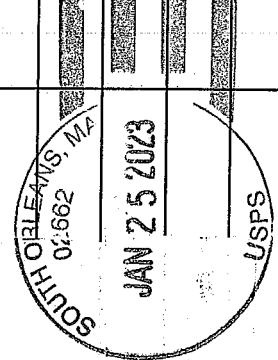
Name and Address of Sender

Indicate type of mail

Check appropriate block for Registered Mail

Affix stamp here if issued as certificate of mailing or for additional copies of this bill.

Line	Article Number	Name of Addressee, Street, and Post Office Address	Postage	Fee	Handling Charge	Act. Value (if Regis.)	Insured Value	Due Sender if COD	R. R. Fee	S. D. Fee	S. H. Fee	Rest. Del. Fee	Remarks
1	7021 0350 0001 8038 1068												
2	" " 1075	PARKER DONALD W & AMY W 22 SEARLE AVE BROOKLINE, MA 02445											
3	" " 1082												
4	" " 1099	GRANNIS JOHN C & ORNELLA C 3075 BAKER AVE WELLFLEET, MA 02667											
5	" " 1105												
6	" " 1112	TOWN OF WELLFLEET FIRST BURIAL GROUND 300 MAIN STREET WELLFLEET, MA 02667											
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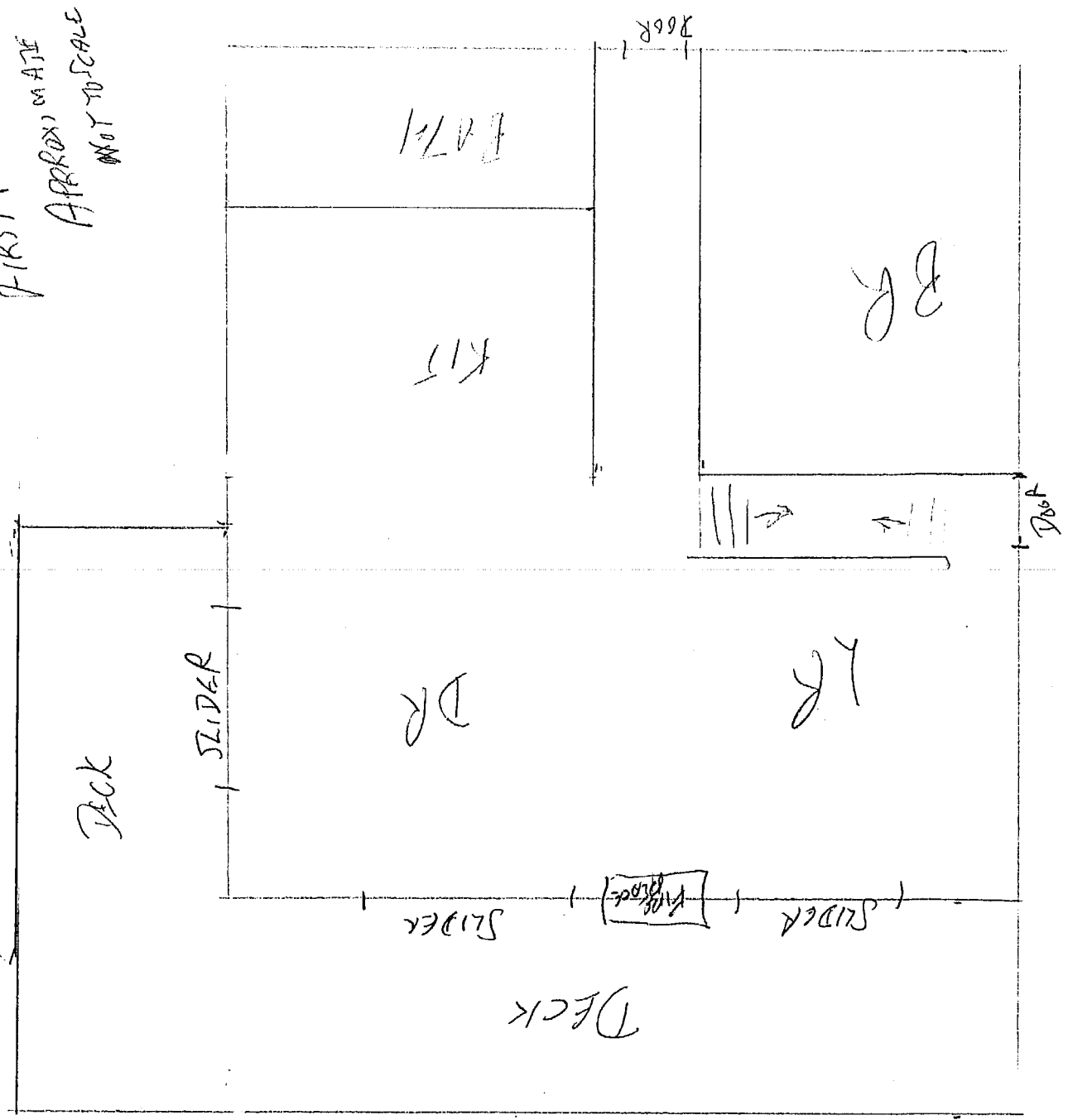
Total Number of Pieces Received at Post Office: 6

Total Number of Pieces Sent by Sender: 6

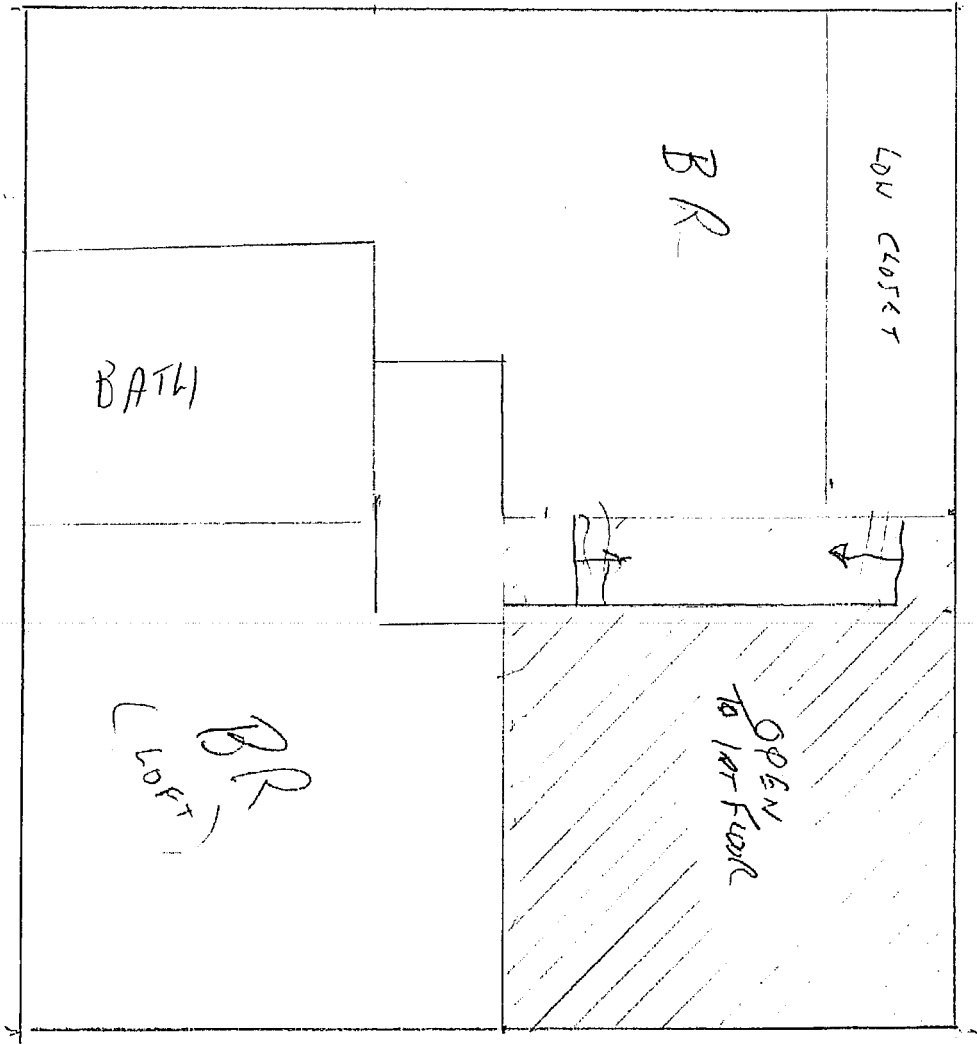
Postmaster, Per (Name of Receiving Employee): *WMSA*

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See *Domestic Mail Manual* R900, S913, and S921 for limitations of coverage on insured and COD mail. See *International Mail Manual* for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

3064 BAKER AVE
FIRST FLOOR

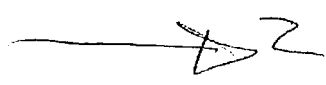


FIRST FLOOR PLAN
APPROXIMATE
NOT TO SCALE



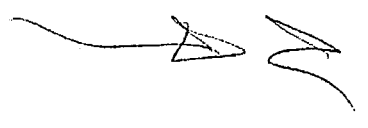
3064 BAKER AVE

2ND FLOOR

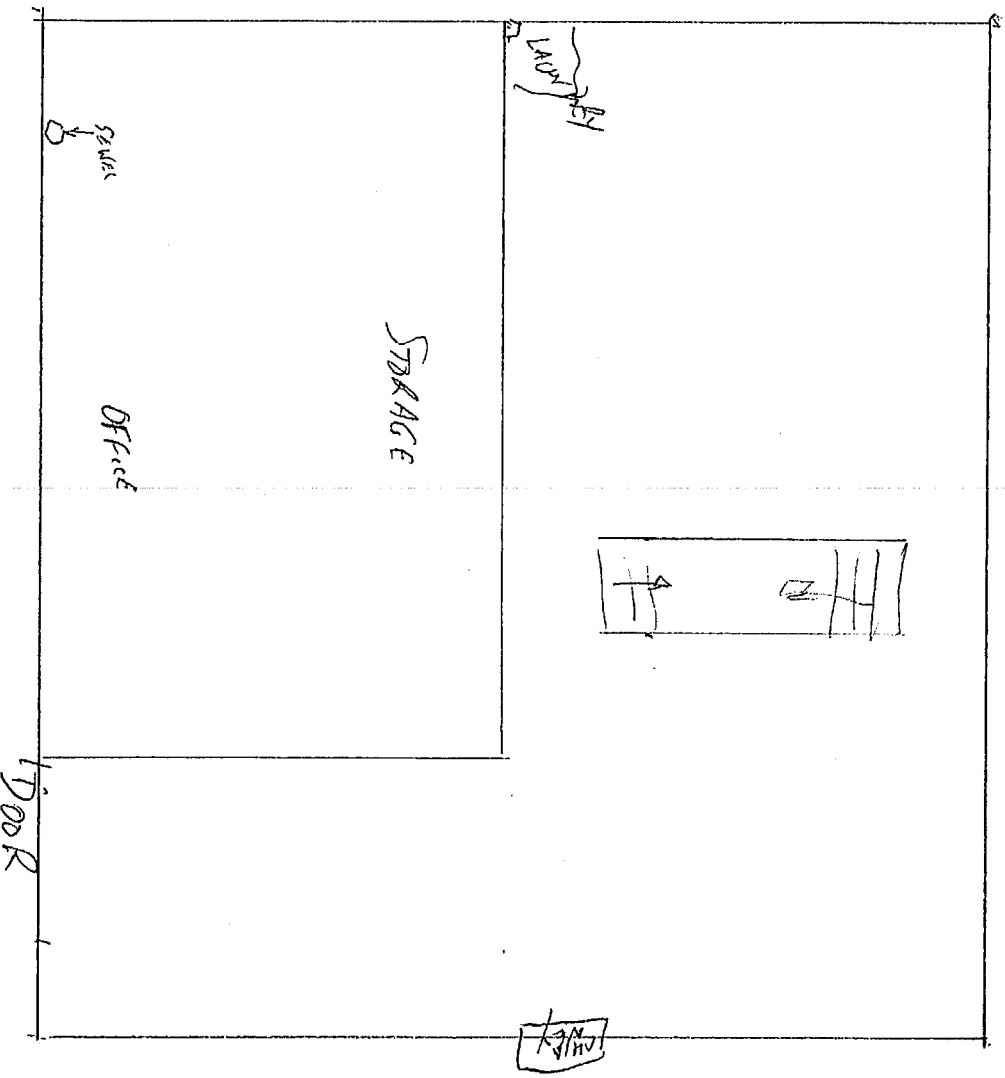


3064 BAKER AVE

CELLAR



CELLAR



No. _____

THE COMMONWEALTH OF MASSACHUSETTS

Fee \$ 200.00

**BOARD OF HEALTH
TOWN OF WELLFLEET**

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

3064 BAKER AVE
Location - Street, Road, Etc.

MAP 20 P.L. 54
Map & Parcel Number

STEVE & SHIRLEY BLANCHARD
Owner / Owner Telephone 413-281-5829

3064 BAKER AVE WELLFLEET
Address

Installer / Installer Telephone _____

Address _____

Type of Building _____

Size Lot 11,499 Sq. feet

Dwelling—No. of Bedrooms 3

Other—Type of Building _____

Design Flow 330 gallons per day.

Septic Tank—Capacity 1500 gallons

Disposal Trench No. 1 Width 3' Total Length 39' Total Leaching Provided 256 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 _____ Date _____

Application Approved by _____ Date _____

Issued _____ Date _____

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

**BOARD OF HEALTH
TOWN OF WELLFLEET**

Certificate of Compliance

THIS IS TO CERTIFY, That the Individual Sewage Disposal System Construct () 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

Fee _____

**BOARD OF HEALTH
TOWN OF WELLFLEET**

Disposal Works Construction Permit

Water Test Required Yes
 No

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

at No. _____
Street

Board of Health _____ Date _____



CERTIFICATE OF ANALYSIS

Barnstable County Health Laboratory (M-MA009)

Recipient:
 Steve Blanchard
 3064 Baker Ave.
 Wellfleet, MA 02667

Order No.: G21128202
Report Dated: 08/24/2021
Submitter: Steve Blanchard
Description: Rourtine - 3064 Baker Ave. Wellfleet

Laboratory ID#: 21128202-01

Sample #:
Collection Address: 3064 Baker Ave., Wellfleet
Sample Location:

Matrix: Water - Drinking Water
Sampled: 08/19/2021 7:30 **By:** Steve
Received: 08/19/2021 11:50 **By:** WalshL
Turn Around: Standard

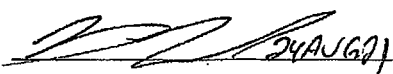
Routine

20/54

ITEM	RESULT	UNITS	RL	MCL	METHOD #	ANALYST	TESTED	TIME
Nitrate as Nitrogen	2.8	mg/L	0.10	10	EPA 300.0	CL	08/20/2021	
Copper	ND	mg/L	0.10	1	EPA 200.8	CL	08/23/2021	13:44
Iron	0.17	mg/L	0.10	0.3	EPA 200.8	CL	08/23/2021	13:44
Manganese	0.070	mg/L	0.025	0.05	EPA 200.8	CL	08/23/2021	13:44
Sodium	23	mg/L	2.5	20	EPA 200.8	CL	08/23/2021	13:44
Total Coliform	Absent	P/A	0	0	SM 9223B	RG	08/19/2021	15:29
Conductance	240	umohs/cm	2.0		EPA 120.1	LX	08/19/2021	15:14
pH	6.5	PH AT 25C	NA	6.5-8.5	SM 4500-H-B	LX	08/19/2021	15:14

Based on the results of the parameters tested, the water is suitable for drinking, but may present aesthetic problems (taste, odor, staining) due to manganese. The sodium concentration exceeds the MassDEP guideline (ORSG) limit 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)

HEALTH DEPARTMENT
 TOWN OF WELLFLEET

AUG 31 2021

RECEIVED BY: _____