

REQUEST FOR VARIANCE FROM BOARD OF HEALTH
DECISION NEEDED BY August 24, 2023

STREET ADDRESS: 738 Mayflower Street

CURRENT BEDROOMS: 5 DSCP REQUESTED BEDROOMS: 5

PARCEL #: 056-100-002

CURRENT OWNER: Robert and Alice Korey

MOVE: To **Grant/Deny** a variance to Duxbury Supplementary Rules & Regulations 1.10(1)(a), allowing the proposed soil absorption system to be located 119.6' from a wetland vs. the required 150'.

COMMENTS/FINDINGS:

1. This is an existing 5 bedroom dwelling with no proposed increase in flow.
2. This property is located in a Zone II Wellhead Protection Area.
3. This system is not designed for a garbage grinder.
4. Due to site constraints, this is the best location for the replacement of the leaching field.

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

BOARD OF HEALTH

Town OF Duxbury



APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct (X) Repair () Upgrade () Abandon () - Complete System (X) Individual Component(s) ()

Table with 2 columns: Location (738 Mayflower St), Map/Parcel # (100-002), Lot #, Installer's Name (Duxbury Construction LLC), Address (P.O. Box 2514, Duxbury), Telephone # (781-934-0000); Owner's Name (Robert Kexay), Address (738 Mayflower St, Duxbury), Telephone # (281-665-0224); Designer's Name (Freeman Boynton III), Address (P.O. Box 2514, Duxbury), Telephone # (781-934-0000)

Type of Building: S.F.D. Lot Size: .96 ac Sq. feet Dwelling - No. of Bedrooms: 5 Garbage Grinder (X) Other - Type of Building: No. of persons: Showers (), Cafeteria () Other fixtures:

Design Flow (min. required) 550 gpd Calculated design flow 550 gpd Design flow provided 553.56 gpd Plan: Date 1-27-23 Number of sheets 1 Revision Date Title

Description of Soil(s) See Soil Log Soil Evaluator Form No. Name of Soil Evaluator Freeman Boynton III Date of Evaluation 5-5-23

DESCRIPTION OF REPAIRS OR ALTERATIONS Install 1500 Gallon tank P-box and connect to 31.17 x 19.50 leaking trench using 20" acc 26 chambers and 5 couplings

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 [Signature] Date 7-10-23 Inspections

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

Duxbury BOARD OF HEALTH CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) () Complete System (X)

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

by: Duxbury Construction LLC at 738 Mayflower St

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: Duxbury Construction LLC Designer: Freeman Boynton III 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

No. _____

THE COMMONWEALTH OF MASSACHUSETTS

FEE _____

Duxbury BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct (X) Repair () Upgrade () Abandon () an individual sewage disposal system at 738 Mayflower St as described in the application for Disposal System Construction Permit No. dated

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date Board of Health

FORM 2 - DSCP DEP APPROVED FORM 5/96

