

February 14, 2024

Town of Harvard
Director of Planning
Town Hall
13 Ayer Road
Harvard, MA 01451

Dear Board Members and Town Staff,

Please accept the attached application and narrative statement below. Thank you in advance for your consideration of our project for approval.

NARRATIVE STATEMENT

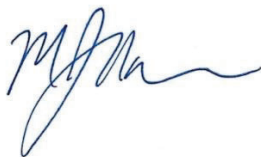
1. The application herein proposes to reestablish a previously approved Special Permit for an Accessory Dwelling Unit which has since expired. The Harvard Board of Appeals approved the same proposed project on June 25, 2014. Due to personal circumstances, the applicant was unable to effectuate the Special Permit within the required two-year permit condition.

2. The attached Special Permit application proposes to convert an existing accessory building into an Accessory Dwelling Unit (ADU). The ADU is proposed to have its own kitchenette, sleeping area, and $\frac{3}{4}$ bathroom, and would be separate from the primary residence. The unit is subordinate and accessory in size (815 sq. ft.) relative to the primary residence (1,748 sq. ft. living area*) in that it is less than one-half the living area of the primary residence, consistent with Section 125-8.1.

We request that the Board re-approve the request to convert the existing accessory structure with the same terms and conditions of those issued as part of the Special Permit granted on June 25, 2014, attached for your reference.

Please let us know if any further information is needed for your review.

Thank you sincerely,



Mike Mena
Owner/Partner

**TOWN OF HARVARD ZONING BOARD OF APPEALS
APPLICATION FOR A HEARING**

Please review the Board of Appeals' Regulations, Chapter 135, The Code of the Town of Harvard, prior to filling out this Application for Hearing. This application, along with the appropriate documents and filing fee, must be filed in the office of the Town Clerk.

Name of Applicant: KENNEDY, MATTHEW S & EVANGELENE O

Mailing Address: 11 Bowers Road, Harvard MA 01451

Telephone Number: 781-307-1030 Email Address: mkennedy.matevapcb.com /evaowens@hotmail.com

Applicant is (check one): ☒ Owner ☐ Tenant ☐ Licensee ☐ Prospective Buyer

Location of Property: 11 Bowers Road, Harvard MA 01451 Assessors Map 26 Parcel: 026-021-00

Registry of Deeds: Book Number _____ Page Number _____ Certificate Number 15864

Owner's Name: Same as above. Tel. No.: _____
(If different than Applicant)

Owner's Address: Same as above

Representative: Mike Mena/ communitymattersma@gmail.com Tel. No.: 530-518-0449

Application (which includes required plans and abutters list) is for:

- | | |
|-------------------------------------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Variance (16 copies) | Fee: \$150.00 + \$6.00/ abutter |
| <input checked="" type="checkbox"/> Special Permit (16 copies) | Fee: \$200.00 + \$6.00/abutter |
| <input type="checkbox"/> Modification/Extension (16 copies) | Fee: \$100.00 + \$6.00/abutter |
| <input type="checkbox"/> Failure to Enforce Administrative Appeal (16 copies) | Fee: \$130.00 |
| <input type="checkbox"/> Other Administrative Appeals (16 copies) | Fee: \$175.00 |
| <input type="checkbox"/> Comprehensive Permit (20 copies) | Fee: 500.00/unit |

Specific Bylaw section (s) being applied for: Special Permit Section 125-18.1 Accessory Apartment

Nature of Application and Justification of Request: Application to reapprove a previously granted Special Permit for an Accessory Apartment (ADU) which has since expired, on a pre-existing non-conforming lot.

The undersigned certifies that he/she has read and examined this application and the Harvard Zoning Board of Appeals Rules and Regulations, Chapter 135 of the Code of the Town of Harvard, and that the proposed project is accurately represented in the statements made in the application.

The applicant will be required to pay a local newspaper of general circulation for the current cost of advertising the hearing. The applicant will be billed directly from the newspaper for the cost of the advertised hearing or all advertising must be paid for in full prior to submittal to the newspaper.

I hereby request a hearing before the Board of Appeals with reference to the above application.

Matthew S. Kennedy
Property Owner's Signature (REQUIRED)

2/11/2024
Date

Quinn
Property Owner's Signature (REQUIRED)

2/11/2024
Date

Mike Mena
Representative Signature (if different from owner)

2/11/2024
Date

11 Bowers Road – Harvard MA
Existing Photos



Existing Front Elevation



Existing Rear Elevation

11 Bowers Road – Harvard MA
Existing Photos



Existing Right Elevation



Existing Left Elevation



Cert: 15864 Bk: 80 Pg: 64
Page: 1 of 1 03/02/2007 12:38 PM

SCHEIER & KATIN, P.C.
103 GREAT ROAD
ACTON, MA 01720

MASSACHUSETTS QUITCLAIM DEED

PRUDENTIAL RELOCATION, INC., A Colorado Corporation with a principal business address of 16260 N. 71st Street, Scottsdale, AZ 85254

for consideration paid of FOUR HUNDRED SEVENTY THOUSAND AND 00/100 (\$470,000.00) DOLLARS

grant to MATTHEW S. KENNEDY AND EVANGELENE O. KENNEDY, HUSBAND AND WIFE, AS TENANTS BY THE ENTIRETY

with Quitclaim Covenants,

A certain parcel of land situate in Harvard, in the County of Worcester, and said Commonwealth, bounded and described as follows:

- EASTERLY by the westerly line of a way shown on a plan hereinafter described, one hundred fifty (150) feet;
- SOUTHERLY by Lots 54 and 38 as shown on said plan, three hundred sixty-nine and 81/100 (369.81) feet;
- WESTERLY by land now or formerly of Mable Sprague, two hundred ten and 77/100 (210.77) feet; and
- NORTHERLY by land now or formerly of Gretchen O. Warren et al, two hundred ninety-six and 61/100 (296.61) feet.

All of said boundaries are determined by the Court to be located as shown on subdivision plan #5604-52, drawn by Charles A. Perkins Co., Civil Engineers, dated June 1956, as modified and approved by the Court filed in the Land Registration Office, a copy of a portion of which is filed with Land Registration Certificate #5154.

Being Lot 77 on said plan.

There is appurtenant to the above described premises, a right of way to pass and repass for all usual purposes over George Road, which is a private way shown on the plan above referred to and is also shown on plan #5604-28, filed with Certificate #4634.

The above described premises are subject to restrictions, recited in a Deed recorded with said Deeds as Document No. 82045, insofar as in force and applicable.

Also, another Parcel of land situate in said Harvard, bounded and described as follows:

MASSACHUSETTS EXCISE TAX
Worcester District ROD #20 001
Date: 03/02/2007 12:38 PM
Ctrl# 061831 12102 Doc# 00091922
Fee: \$2,143.20 Cons: \$470,000.00

PROPERTY: 11 BOWERS ROAD, HARVARD, MA 01451
+ GRANTERS

EASTERLY by the line of Bowers Road, forty-five (45) feet;
SOUTHWESTERLY by Lot 286 as shown on a plan thereafter described, one hundred ninety-six and 87/100 (196.87) feet; and
NORTHERLY by Lot 77 on said plan, one hundred ninety-eight and 46/100 (198.46) feet.

All of said boundaries are determined by the Court to be located as shown on subdivision plan #5604-118, drawn by Charles A. Perkins Co., Inc., Surveyors dated February 1968, as modified and approved by the Court, filed in the Land Registration Office, a copy of a portion of which is filed with Land Registration Certificate #7209. Being Lot 285 on said plan.

For title see Certificate of Title No. 15001 and Document No. 82045 at the Worcester County Registry of Deeds, Land Registration Office. SEE CERT. 15863, DOC. #91920.

THIS TRANSFER DOES NOT CONSTITUTE ALL OR SUBSTANTIALLY ALL
OF THE ASSETS OF SAID CORPORATION.

IN WITNESS WHEREOF, the said PRUDENTIAL RELOCATION, INC., A Colorado Corporation, has caused its corporate seal to be hereto affixed and these presents to be signed, acknowledged, and delivered in its name and behalf by Madeline Coeffler, its Assistant Secretary, this 14 day of Feb, 2007.

PRUDENTIAL RELOCATION, INC., A COLORADO CORPORATION *seal*

M. M. Coeffler
By: Madeline Coeffler

STATE OF: TEXAS

COUNTY: Bexar

DATE: 2/14/07

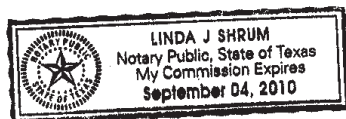
On this 14th day of FEB, 2007, before me, the undersigned notary public, personally appeared Madeline Coeffler (name of signer) proved to me through satisfactory evidence of identification, which was personally known to be the person whose name is signed on the preceding or attached document, and acknowledged to me that he/she signed it voluntarily for its stated purpose.

(as partner for _____, a corporation)

(as Asst Sec for _____, a corporation)

(as attorney in fact for _____, the principal)

(as _____ for _____, (a)(the) _____)



Linda J. Shrum
Notary Public-
My Commission Expires: 9-4-2010
(Official signature and seal of notary)

NASHOBA ASSOCIATED BOARDS OF HEALTH

ENVIRONMENTAL HEALTH DIVISION
AYER, MA 01432 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

☐ To install a new Sewage Disposal system
☒ To repair existing Sewage Disposal system. This permit is issued under the L.U.A.
Emergency Section 40B of Chapter 120C Environmental Code, 40B xxx

ISSUED FOR THE Harvard BOARD OF HEALTH

OWNER William White
(NOT TRANSFERABLE - FORMAL PERMIT TRANSFER MUST BE REQUESTED UPON CHANGE OF OWNERSHIP) Assessor Map 26,
LOCATION OF LOT OR INSTALLATION 11 Bowers Road LOT NO. Parcel 21

DATE PERMIT ISSUED December 12, 1997 LOT SIZE 1.37 acres

SOIL DESCRIPTION 0-6" fine sandy loam, 6-14" fill, 14-114" loamy sand, 114-132" sandy loam, mottling @ 101"

PERC. RATE 3 min/inch

ENGINEERING OR SPECIAL PREPARATION: ☒ System to be installed according to engineered plan No. L-4500
by David E. Ross Assoc.
Variances as noted on plan

SYSTEM DESIGNED FOR: Existing five bedrooms

WATER SUPPLY: ☐ Town
☒ Well

PRIMARY INSTALLATION 1500 gallon septic tank

SECONDARY INSTALLATION 16' W x 63' L leach bed with vent

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT: 16

[Signature]
BOARD OF HEALTH

[Signature]
BOARD OF HEALTH

[Signature]
BOARD OF HEALTH

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system; and if I am the contractor installing this system, I further agree to correct any fault caused by defective material or workmanship appearing in this system within one year from date of occupancy.

SIGNED [Signature] ☐ Owner ☐ Contractor ☐ Licensed Installer

CERTIFICATE OF COMPLIANCE

INSPECTIONS REQUIRED:

- ☒ Bed and trench excavation, before fill / stone by eng./NABH.
- ☒ Fill in place by eng./NABH.
- ☒ Completed system prior to backfill
- ☒ Final fill and grading by eng./NABH.
- ☒ Engineer certification in writing of completed system
- ☒ As built plan ☒ By Design Engineer ☒ By Installer 9/15/98
- ☒ Water supply (if well) * Coliform
- ☐ Recorded deed easements
- ☒ Eng. to stk system
- ☐
- ☒ Inspection completed

Installer D. Smith

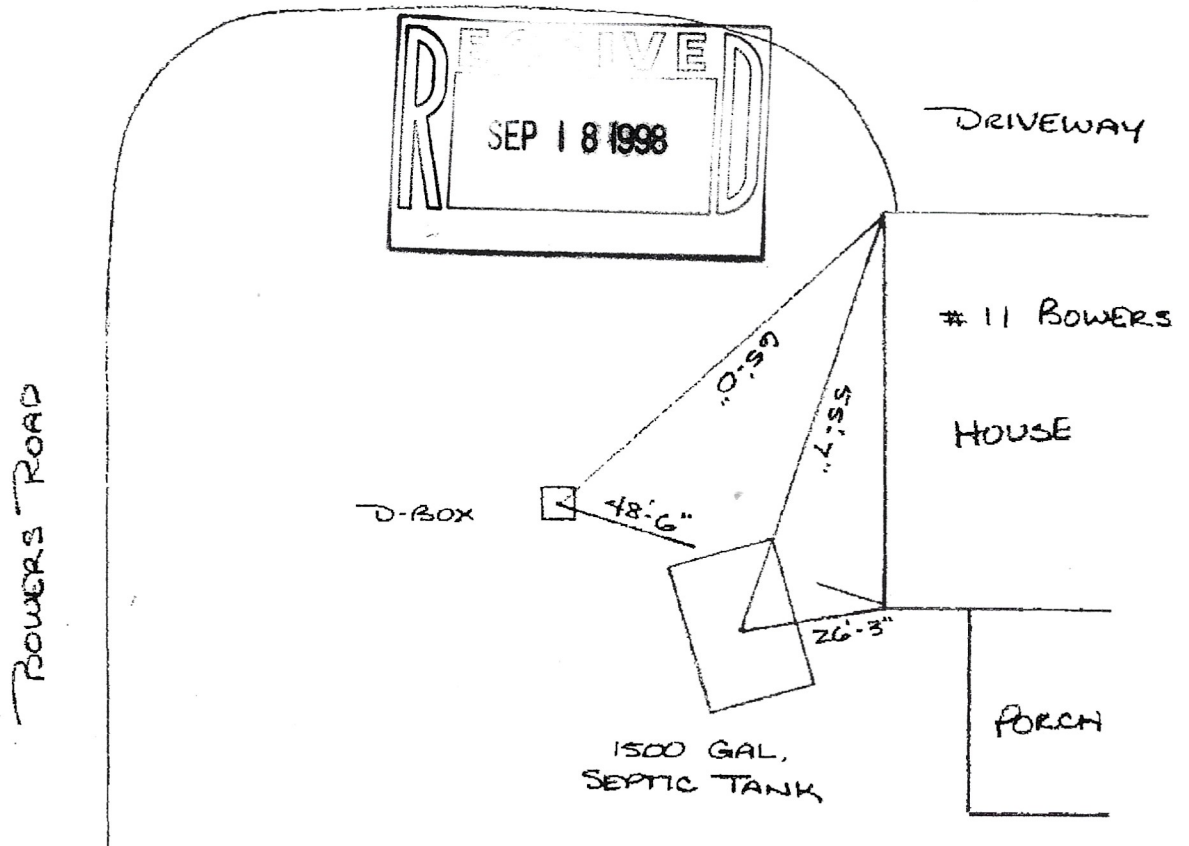
Date: <u>8/98</u>	By: <u>[Signature]</u>
Date: <u>8/98</u>	By: <u>[Signature]</u>
Date: <u>8/98</u>	By: <u>[Signature]</u>
Date: <u>9/98</u>	By: <u>[Signature]</u>
Date: <u>10/2/98</u>	By: <u>[Signature]</u>
Date: <u>10/2/98</u>	By: <u>[Signature]</u>
Date: <u>4/29/99</u>	By: <u>[Signature]</u>
Date: _____	By: <u>[Signature]</u>
Date: _____	By: <u>[Signature]</u>
Date: <u>10/98</u>	By: <u>[Signature]</u>

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL THIS CERTIFICATE IS COMPLETED.

IMPORTANT NOTES

1. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED A GUARANTEE THAT THE SYSTEM WILL FUNCTION PROPERLY.
2. INSTALLATION OR REPAIR MUST BE PERFORMED BY NASHOBA LICENSED INSTALLER.
3. FAILURE BY INSTALLER TO CONFORM TO ALL REQUIREMENTS OF THIS PERMIT MAY LEAD TO SUSPENSION OR REVOCATION OF INSTALLER'S PERMIT.
4. THE OWNER SHOULD BE AWARE OF WETLANDS PROTECTION REQUIREMENTS OF THE LOCAL CONSERVATION COMMISSION.
5. THE SYSTEM IS NOT DESIGNED FOR GARBAGE DISPOSAL.
6. THE SYSTEM IS DESIGNED FOR USE STATED ABOVE.
7. _____
8. LEACH SYSTEMS MUST BE KEPT 100 FEET FROM ALL WELLS.
9. PROPER MAINTENANCE OF A SYSTEM REQUIRES ANNUAL PUMPING.
- *10. COLIFORM BACTERIA TEST REQUIRED, COMPLETE POTABILITY TEST RECOMMENDED.

INSTALLER'S AS-BUILT AND CERTIFICATION



I DAVID A. SMITH CERTIFY THAT ON 9/8/98 I
(Date)

INSTALLED THE ABOVE SYSTEM FOR WILLIAM WHITE AT
(Owner's Name)

LOT # 11 BOWERS RD., IN ACCORDANCE WITH THE APPROVED DESIGN
(Street)

BY DAVID E. ROSS - ASSOC. L-4500 12/12/97
Eng. or San. Plan # Revised

AND PERMIT ISSUED BY THE HARVARD BOARD OF HEALTH.
(Town)

[Signature]
Installer's Signature & Date

284
License Number



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

TITLE 5
OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM FORM
PART A
CERTIFICATION

Property Address: 11 Bowers RD.

Owner's Name: Harvard
ANNE LYNES

Owner's Address: 11 Bowers RD.

Date of Inspection: 6/27/05

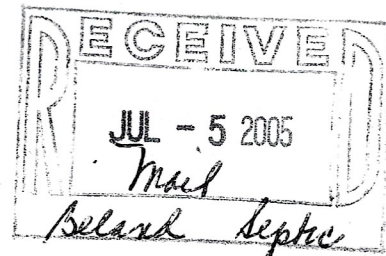
Name of Inspector: (please print) Frank Murphy

Company Name: Beland Septic

Mailing Address: 6 main st Grafton

Mass 01560

Telephone Number: 1508-838-7303



CERTIFICATION STATEMENT

I certify that I have personally inspected the sewage disposal system at this address and that the information reported below is true, accurate and complete as of the time of the inspection. The inspection was performed based on my training and experience in the proper function and maintenance of on site sewage disposal systems. I am a DEP approved system inspector pursuant to Section 15.340 of Title 5 (310 CMR 15.000). The system:

- ☐ Passes
☒ Conditionally Passes
☐ Needs Further Evaluation by the Local Approving Authority
☐ Fails

Inspector's Signature: [Signature]

Date: 6/27/05

The system inspector shall submit a copy of this inspection report to the Approving Authority (Board of Health or DEP) within 30 days of completing this inspection. If the system is a shared system or has a design flow of 10,000 gpd or greater, the inspector and the system owner shall submit the report to the appropriate regional office of the DEP. The original should be sent to the system owner and copies sent to the buyer, if applicable, and the approving authority.

Notes and Comments

septic system working good
but well less than 100' but more than 50'
Need water test

****This report only describes conditions at the time of inspection and under the conditions of use at that time. This inspection does not address how the system will perform in the future under the same or different conditions of use.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: _____

Owner: _____

Date of Inspection: _____

Inspection Summary: Check A,B,C,D or E / ALWAYS complete all of Section D

A. System Passes:

X I have not found any information which indicates that any of the failure criteria described in 310 CMR 15.303 or in 310 CMR 15.304 exist. Any failure criteria not evaluated are indicated below.

Comments:

septic ok at this time

B. System Conditionally Passes:

_____ One or more system components as described in the "Conditional Pass" section need to be replaced or repaired. The system, upon completion of the replacement or repair, as approved by the Board of Health, will pass.

Answer yes, no or not determined (Y,N,ND) in the _____ for the following statements. If "not determined" please explain.

_____ The septic tank is metal and over 20 years old* or the septic tank (whether metal or not) is structurally unsound, exhibits substantial infiltration or exfiltration or tank failure is imminent. System will pass inspection if the existing tank is replaced with a complying septic tank as approved by the Board of Health.

*A metal septic tank will pass inspection if it is structurally sound, not leaking and if a Certificate of Compliance indicating that the tank is less than 20 years old is available.

ND explain:

_____ Observation of sewage backup or break out or high static water level in the distribution box due to broken or obstructed pipe(s) or due to a broken, settled or uneven distribution box. System will pass inspection if (with approval of Board of Health):

- _____ broken pipe(s) are replaced
- _____ obstruction is removed
- _____ distribution box is leveled or replaced

ND explain:

_____ The system required pumping more than 4 times a year due to broken or obstructed pipe(s). The system will pass inspection if (with approval of the Board of Health):

- _____ broken pipe(s) are replaced
- _____ obstruction is removed

ND explain:

OFFICIAL INSPECTION FORM - NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART A
CERTIFICATION (continued)

Property Address: 11 Bowers Rd.
Harvard

Owner: _____

Date of Inspection: 6/27/05

C. Further Evaluation is Required by the Board of Health:

_____ Conditions exist which require further evaluation by the Board of Health in order to determine if the system is failing to protect public health, safety or the environment.

1. System will pass unless Board of Health determines in accordance with 310 CMR 15.303(1)(b) that the system is not functioning in a manner which will protect public health, safety and the environment:

- ____ Cesspool or privy is within 50 feet of a surface water
____ Cesspool or privy is within 50 feet of a bordering vegetated wetland or a salt marsh

2. System will fail unless the Board of Health (and Public Water Supplier, if any) determines that the system is functioning in a manner that protects the public health, safety and environment:

____ The system has a septic tank and soil absorption system (SAS) and the SAS is within 100 feet of a surface water supply or tributary to a surface water supply.

____ The system has a septic tank and SAS and the SAS is within a Zone 1 of a public water supply.

____ The system has a septic tank and SAS and the SAS is within 50 feet of a private water supply well.

☒ The system has a septic tank and SAS and the SAS is less than 100 feet but 50 feet or more from a private water supply well**. Method used to determine distance Tap

**This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.

3. Other:

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM

PART A CERTIFICATION (continued)

Property Address: _____

Owner: _____

Date of Inspection: _____

D. System Failure Criteria applicable to all systems:

You must indicate "yes" or "no" to each of the following for all inspections:

- | Yes | No | |
|-------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Backup of sewage into facility or system component due to overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Discharge or ponding of effluent to the surface of the ground or surface waters due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Static liquid level in the distribution box above outlet invert due to an overloaded or clogged SAS or cesspool |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Liquid depth in cesspool is less than 6" below invert or available volume is less than ½ day flow |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Required pumping more than 4 times in the last year NOT due to clogged or obstructed pipe(s). Number of times pumped _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of the SAS, cesspool or privy is below high ground water elevation. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of cesspool or privy is within 100 feet of a surface water supply or tributary to a surface water supply. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within a Zone 1 of a public well. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any portion of a cesspool or privy is within 50 feet of a private water supply well. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Any portion of a cesspool or privy is less than 100 feet but greater than 50 feet from a private water supply well with no acceptable water quality analysis. [This system passes if the well water analysis, performed at a DEP certified laboratory, for coliform bacteria and volatile organic compounds indicates that the well is free from pollution from that facility and the presence of ammonia nitrogen and nitrate nitrogen is equal to or less than 5 ppm, provided that no other failure criteria are triggered. A copy of the analysis must be attached to this form.] |

No (Yes/No) The system fails. I have determined that one or more of the above failure criteria exist as described in 310 CMR 15.303, therefore the system fails. The system owner should contact the Board of Health to determine what will be necessary to correct the failure.

E. Large Systems:

To be considered a large system the system must serve a facility with a design flow of 10,000 gpd to 15,000 gpd.

You must indicate either "yes" or "no" to each of the following:

(The following criteria apply to large systems in addition to the criteria above)

- | yes | no | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 400 feet of a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is within 200 feet of a tributary to a surface drinking water supply |
| <input type="checkbox"/> | <input type="checkbox"/> | the system is located in a nitrogen sensitive area (Interim Wellhead Protection Area – IWPA) or a mapped Zone II of a public water supply well |

If you have answered "yes" to any question in Section E the system is considered a significant threat, or answered "yes" in Section D above the large system has failed. The owner or operator of any large system considered a significant threat under Section E or failed under Section D shall upgrade the system in accordance with 310 CMR 15.304. The system owner should contact the appropriate regional office of the Department.

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART B
CHECKLIST

Property Address: 11 Bowlers RD.
Harvard

Owner: _____

Date of Inspection: 6/27/05

Check if the following have been done. You must indicate "yes" or "no" as to each of the following:

Yes No

☒ ☐ Pumping information was provided by the owner, occupant, or Board of Health

☐ ☒ Were any of the system components pumped out in the previous two weeks?

☒ ☐ Has the system received normal flows in the previous two week period?

☐ ☒ Have large volumes of water been introduced to the system recently or as part of this inspection?

☒ ☐ Were as built plans of the system obtained and examined? (If they were not available note as N/A)

☒ ☐ Was the facility or dwelling inspected for signs of sewage back up?

☒ ☐ Was the site inspected for signs of break out?

☒ ☐ Were all system components, excluding the SAS, located on site?

☒ ☐ Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum?

☐ ☒ Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems?

The size and location of the Soil Absorption System (SAS) on the site has been determined based on:

Yes no

☒ ☐ Existing information. For example, a plan at the Board of Health.

☒ ☐ Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(3)(b)]

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION

Property Address: _____

Owner: _____

Date of Inspection: _____

FLOW CONDITIONS

RESIDENTIAL

Number of bedrooms (design): 5 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 550

Number of current residents: 2

Does residence have a garbage grinder (yes or no): NO

Is laundry on a separate sewage system (yes or no): NO [if yes separate inspection required]

Laundry system inspected (yes or no): _____

Seasonal use: (yes or no): NO

Water meter readings, if available (last 2 years usage (gpd)): N/A

Sump pump (yes or no): YES

Last date of occupancy: same

COMMERCIAL/INDUSTRIAL

Type of establishment: _____

Design flow (based on 310 CMR 15.203): _____ gpd

Basis of design flow (seats/persons/sqft, etc.): _____

Grease trap present (yes or no): _____

Industrial waste holding tank present (yes or no): _____

Non-sanitary waste discharged to the Title 5 system (yes or no): _____

Water meter readings, if available: _____

Last date of occupancy/use: _____

OTHER (describe): _____

GENERAL INFORMATION

Pumping Records

Source of information: _____

Was system pumped as part of the inspection (yes or no): YES

If yes, volume pumped: 1500 gallons -- How was quantity pumped determined? TRUCK

Reason for pumping: TITLE 5

TYPE OF SYSTEM

☒ Septic tank, distribution box, soil absorption system

☐ Single cesspool

☐ Overflow cesspool

☐ Privy

☐ Shared system (yes or no) (if yes, attach previous inspection records, if any)

☐ Innovative/Alternative technology. Attach a copy of the current operation and maintenance contract (to be obtained from system owner)

☐ Tight tank ☐ Attach a copy of the DEP approval

☐ Other (describe): _____

Approximate age of all components, date installed (if known) and source of information:

10/2/08

Were sewage odors detected when arriving at the site (yes or no): NO

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 11 Bowers Rd
Harvard

Owner: _____

Date of Inspection: 6/27/05

BUILDING SEWER (locate on site plan)

Depth below grade: 4' 6"
Materials of construction: cast iron ☒ 40 PVC other (explain): _____
Distance from private water supply well or suction line: _____
Comments (on condition of joints, venting, evidence of leakage, etc.): _____

SEPTIC TANK: _____ (locate on site plan)

Depth below grade: 42"
Material of construction: ☒ concrete ☐ metal ☐ fiberglass ☐ polyethylene
other(explain) _____
If tank is metal list age: _____ Is age confirmed by a Certificate of Compliance (yes or no): _____ (attach a copy of certificate)
Dimensions: 1500 x 21
Sludge depth: 2"
Distance from top of sludge to bottom of outlet tee or baffle: 38"
Scum thickness: 1"
Distance from top of scum to top of outlet tee or baffle: 5"
Distance from bottom of scum to bottom of outlet tee or baffle: 12"
How were dimensions determined: Tape
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):
Looks good

GREASE TRAP: _____ (locate on site plan)

Depth below grade: _____
Material of construction: ☐ concrete ☐ metal ☐ fiberglass ☐ polyethylene ☐ other
(explain): _____
Dimensions: _____
Scum thickness: _____
Distance from top of scum to top of outlet tee or baffle: _____
Distance from bottom of scum to bottom of outlet tee or baffle: _____
Date of last pumping: _____
Comments (on pumping recommendations, inlet and outlet tee or baffle condition, structural integrity, liquid levels as related to outlet invert, evidence of leakage, etc.):

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: _____

Owner: _____

Date of Inspection: _____

TIGHT or HOLDING TANK: ____ (tank must be pumped at time of inspection)(locate on site plan)

Depth below grade: _____

Material of construction: ____ concrete ____ metal ____ fiberglass ____ polyethylene ____ other(explain): _____

Dimensions: _____

Capacity: _____ gallons

Design Flow: _____ gallons/day

Alarm present (yes or no): _____

Alarm level: _____ Alarm in working order (yes or no): _____

Date of last pumping: _____

Comments (condition of alarm and float switches, etc.): _____

DISTRIBUTION BOX: ✓ (if present must be opened)(locate on site plan)

Depth of liquid level above outlet invert: 0

Comments (note if box is level and distribution to outlets equal, any evidence of solids carryover, any evidence of leakage into or out of box, etc.): _____
D-Box ok

PUMP CHAMBER: ____ (locate on site plan)

Pumps in working order (yes or no): _____

Alarms in working order (yes or no): _____

Comments (note condition of pump chamber, condition of pumps and appurtenances, etc.): _____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 11 Bowers Rd.
Harvard

Owner: _____

Date of Inspection: 6/27/06

SOIL ABSORPTION SYSTEM (SAS): ____ (locate on site plan, excavation not required)

If SAS not located explain why: _____

Type

____ leaching pits, number: ____

____ leaching chambers, number: ____

____ leaching galleries, number: ____

____ leaching trenches, number, length: ____

☒ leaching fields, number, dimensions: 1,000 sq ft 63 x 16

____ overflow cesspool, number: ____

____ innovative/alternative system Type/name of technology: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, damp soil, condition of vegetation, etc.): _____

CESSPOOLS: ____ (cesspool must be pumped as part of inspection)(locate on site plan)

Number and configuration: _____

Depth – top of liquid to inlet invert: _____

Depth of solids layer: _____

Depth of scum layer: _____

Dimensions of cesspool: _____

Materials of construction: _____

Indication of groundwater inflow (yes or no): ____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.): _____

PRIVY: ____ (locate on site plan)

Materials of construction: _____

Dimensions: _____

Depth of solids: _____

Comments (note condition of soil, signs of hydraulic failure, level of ponding, condition of vegetation, etc.): _____

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

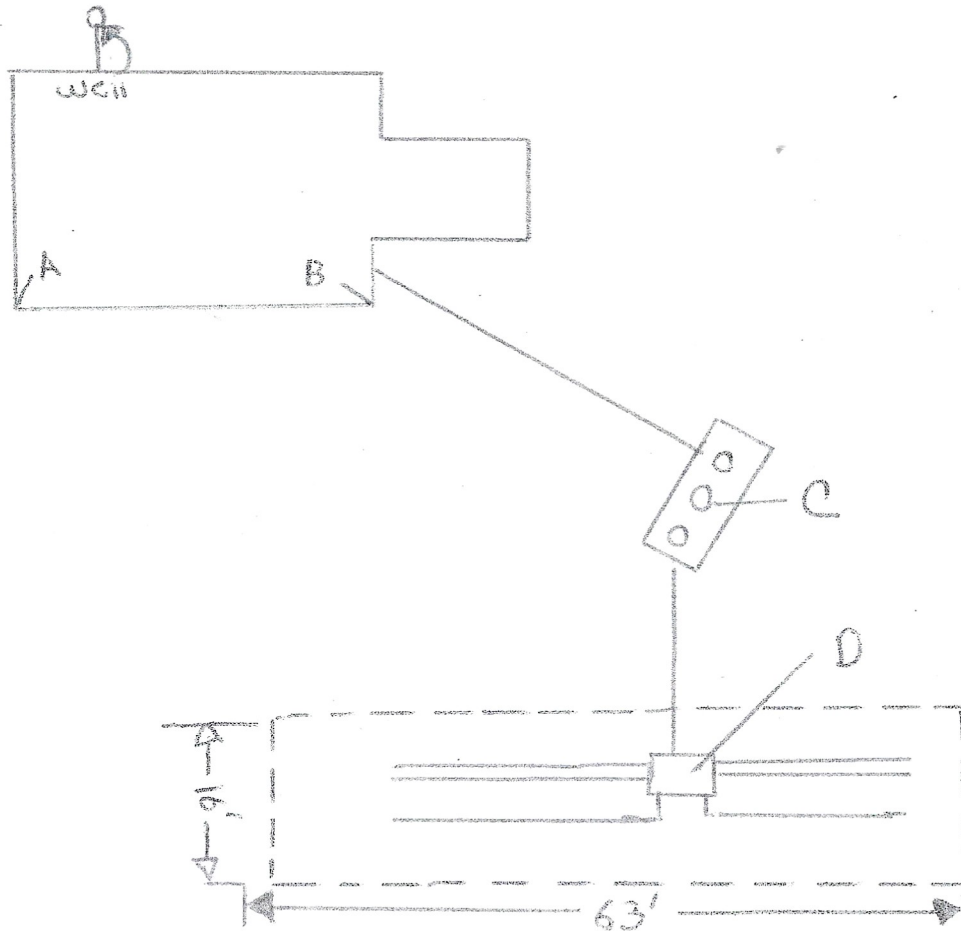
Property Address: _____

Owner: _____

Date of Inspection: _____

SKETCH OF SEWAGE DISPOSAL SYSTEM

Provide a sketch of the sewage disposal system including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building.



	A	B
C	55'	26.5
D	655'	49'

OFFICIAL INSPECTION FORM – NOT FOR VOLUNTARY ASSESSMENTS
SUBSURFACE SEWAGE DISPOSAL SYSTEM INSPECTION FORM
PART C
SYSTEM INFORMATION (continued)

Property Address: 11 Bowers RD.
Harvard

Owner: _____
Date of Inspection: 6/27/05

SITE EXAM

Slope
Surface water
Check cellar
Shallow wells

Estimated depth to ground water _____ feet

Please indicate (check) all methods used to determine the high ground water elevation:

- ☒ Obtained from system design plans on record - If checked, date of design plan reviewed: 10/11/02
☐ Observed site (abutting property/observation hole within 150 feet of SAS)
☐ Checked with local Board of Health-explain: _____
☐ Checked with local excavators, installers- (attach documentation)
☐ Accessed USGS database-explain: _____

You must describe how you established the high ground water elevation:

Plans Septic System not in water

Commonwealth of Massachusetts
LAND COURT

Worcester ss.

I hereby certify that the foregoing is a true copy of Document
No. 108668 registered 4-22-2016 at 9 o'clock 43 A M
and noted on Certificate of Title, No. 15864 in the
Worcester District Registry of Deeds.

IN TESTIMONY WHEREOF, I have hereto set my hand,
this 22nd day of April 2016 A.D.



Assistant Recorder

OFFICE OF THE
TOWN CLERK

13 AYER ROAD • HARVARD, MASSACHUSETTS 01451-1458
(978)456-4100 • FAX: (978)456-4113



2016 00108668

Cert: 15864 Bk: 00080 Pg: 64
Page: 1 of 0 04/22/2016 09:43 AM WD

REF: Harvard Zoning Board of Appeals
Owner: Mathew & Evangelene Kennedy
Applicant: Mathew & Evangelene Kennedy
11 Bowers Road, Harvard, MA
Map 26, Parcel 21
Special Permit: Case #02-SP-14
Worcester County Register of Deeds,
Certificate #15864, Book #80 Page #64
Granted with conditions on June 25, 2014

CERTIFICATE OF NO APPEAL

The undersigned, being the Town Clerk of the Town of Harvard, hereby certifies that the foregoing decision was filed with the Town Clerk on July 1, 2014, that twenty (20) days have elapsed after filing of the decision, and that no notice of any action appealing the decision has been filed with the Office of the Town Clerk during this twenty (20) day period.

Certified this 4th day of August, 2014,

Mary C. Reluc *Signature*

Janet A. Vellante
Harvard Town Clerk



MS

OFFICE OF THE

HARVARD ZONING BOARD OF APPEALS

13 AYER ROAD HARVARD, MA 01451 978-456-4100 EXT.321 FAX: 978-456-4119

**NOTIFICATION OF SPECIAL PERMIT DECISION**

Date:	July 14, 2014
Applicant:	Matthew & Evangelene Kennedy
Property Owner:	Matthew & Evangelene Kennedy
Premises Affected:	11 Bowers Road (Map 26 Parcel 21)
Upon Request for:	Special Permit, §125-18.1 Accessory Apartment

The Harvard Zoning Board of Appeals opened a public hearing on June 25, 2014, pursuant to notice thereof, published in the Harvard Press and mailed to all parties-in-interest, all abutting Towns, and posted in the Harvard Town Hall. The hearing was closed on June 25, 2014.

On June 25, 2014, the Harvard Zoning Board **granted** the Special Permit; details of the decision are stated in the Decision dated June 25, 2014 and filed in the Office of the Town Clerk on July 14, 2014.

Appeals, if any, shall be made pursuant to §17 Chapter 40A MGL and notice of appeal shall be filed within twenty (20) days after the filing of the Special Permit in the Office of the Town Clerk.

Liz Allard,
Land Use Administrator/Conservation Agent

7/14/14
(6)

OFFICE OF THE

HARVARD ZONING BOARD OF APPEALS

13 AYER ROAD HARVARD, MA 01451 978-456-4100 EXT.321 FAX: 978-456-4119



14 JUL 2014 02:02

FINDINGS & DECISION OF MATTHEW & EVANGELENE KENNEDY

11 Bowers Road, (Map 26 Parcel 21)
Special Permit: Case #02-SP-14
Worcester County Register of Deeds,
Certificate#15864, Book #80 Page #64
June 25, 2014

PROCEDURAL HISTORY

On May 15, 2014 Matthew and Evangelene Kennedy (the "Applicants") filed an application (the "Application") with the Zoning Board of Appeals (the "Board") for a Special Permit (the "Permit") under sections 125-4 and 125-18.1 of the Harvard Protective Bylaw (the "Bylaw") for the purpose of an accessory apartment use on pre-existing non-conforming lot at 11 Bowers Road, Harvard (the "Site").

In addition to the application, the following documents were submitted to the Board and entered into the file: A narrative, undated; Property History, undated; an email from William S. Warren, dated 5/21/2014; Letter from Robert Lerner and Mary Lou Dopyera, dated November 17, 2009; Copy of a Nashoba Associated Boards of Health Sewage Disposal Works Construction Permit issued to William White, dated December 12, 1997; Nashoba Associated Boards of Health Certificate of Compliance, dated 10/98; Perspectives plan, Matthew & Eva Kennedy, 11 Bowers Road, Harvard, MA, prepared by Giattino Design, dated 3/4/14; Floor Plans, Matthew & Eva Kennedy, 11 Bowers Road, Harvard, MA, prepared by Giattino Design, dated 3/4/14; Left & Front Elevations, Matthew & Eva Kennedy, 11 Bowers Road, Harvard, MA, prepared by Giattino Design, dated 3/4/14; Back & Right Elevations, Matthew & Eva Kennedy, 11 Bowers Road, Harvard, MA, prepared by Giattino Design, dated 3/4/14; Section A-A Plan, Matthew & Eva Kennedy, 11 Bowers Road, Harvard, MA, prepared by Giattino Design, dated 3/4/14; Structural Plan, Kennedy, prepared by Warren Design Build, dated 02/15/08; Undated photos showing view from back of main house, front view of secondary structure, back view of secondary structure, inside front entry and room, full bathroom in secondary structure, electrical panel and water heater, inside front right of door and room, upstairs room of secondary structure, street view from front, and street view at side angles; Certified List of Abutters from the Town of Harvard, dated May 1, 2014, Assessor's field cards, dated 5/12/2014; and check in the amount of \$225.00.

Also as part of the record, was input from the Town of Harvard: a letter from the Conservation Commission, dated June 11, 2014; and a note from the Building Commissioner dated June 2, 2014; an email from the Harvard Fire Chief, Rick Sicard, dated May 28, 2014; a letter from the Town of Harvard Town Planner, William Scanlan, dated June 16, 2014.

A revised "Floor Plans", dated June 18, 2014, which indicates the floor area ratio for the accessory apartment and the primary residence as required by the conditions set forth during the public hearing was received on July 2, 2014.

A duly noticed public hearing was held on the application on Wednesday June 25, 2014, on which date the public hearing was closed. The legal notice ran in "The Harvard Press" for two consecutive weeks on June 6, 2014 and June 13, 2014. Sitting for the Zoning Board of Appeals were Acting Chairman Robert Capobianco, Associate Members Theodore Maxant and Orville Dodson.

The application was presented by the Applicant.

The Board reviewed the application, the plan, and all other materials and information submitted prior to the close of the public hearing. The Board received and gave due consideration to the testimony given at the public hearing.

FINDINGS

1. The Applicant agreed was amenable to reducing the size of the "Upper Level" to be able to achieve the requirement under 125-18.1A(3), which states an accessory apartment may not exceed one-third of the useable floor area of the accessory apartment and the primary residence. The floor area of the accessory apartment has been reduced from 880 square feet to 815 square feet to meet this requirement.
2. The "office" on the upper level shall only be used by residents of the property.
3. The proposed new accessory apartment conforms to the Requirements and Limitations of section 125-18.1 A and B of the Protective Bylaw.
4. The proposed accessory apartment will be in harmony with the general purpose and intent of the Protective Bylaw including the requirements of section 125-46C which are pertinent to this application.
5. The proposed additions will comply with the requirements of 125-4 as pre-existing non-conforming lot.
6. No abutter spoke in opposition to the application.

DECISION

After reviewing the Application, the plan and other materials and information submitted and after giving due consideration to testimony given at the public hearing, the Board made the above-referenced findings of fact and, based upon those findings, the Board hereby determines the Property is suitable for an accessory apartment use pursuant to

§125-18.1 on a pre-existing non-conforming lot, §125-4 of the Harvard Protective Bylaw and that all the required criteria for a Special Permit have been met.

Accordingly, the Board hereby **GRANTS** the Special Permit to Matthew and Evangelene Kennedy for an accessory apartment use on a pre-existing non-conforming lot at 11 Bowers Road, Harvard in accordance with Findings and the Terms and Conditions below.

TERMS AND CONDITIONS

This Special Permit shall lapse two years from its date of issuance, but shall not include such time require to pursue or await the determination of an appeal referenced to in M.G.L. Chapter 40A, §17, if substantial use of the Special Permit has not sooner commenced except for good cause or, in the case of a permit for construction, if construction has not begun by such date, except for good cause.

This decision is not valid until after the Town Clerk of Harvard has certified it with respect to appeal provided in §9 of MGL Chapter 40A and a copy so certified has been recorded in the Worcester Registry of Deeds, referenced to the land.

An appeal may be made pursuant to §17 of MGL Chapter 40A within 20 (twenty) days after the decision is filed with the Town Clerk.

This decision does not waive or otherwise alter the requirements of the Harvard Protective Bylaw or any other law or ordinance. A copy of this decision showing book and page number of recording shall accompany an application for a building permit.

Signed:

Robert Capobianco

Robert Capobianco, Acting Chairman

Theodore Maxant

Theodore Maxant, Associate Member

Commonwealth of Massachusetts
LAND COURT

Orville Dodson

Orville Dodson, Associate Member

This is to certify that as of August 4th, 2014 no notice of appeal has been filed with this office in regard to this decision.

Signed:

Mary Relic

Mary Relic, Assistant Town Clerk

Town Clerk
True Copy Attest

ATTEST: WORC. Anthony J. Vigliotti, Register

Official Receipt for Recording in:

Worcester District Registry of Deeds
90 Front St.

Worcester, Massachusetts 01608

Issued To:
MATTHEW S KENNEDY
978 456 5237

Recording Fees

Document Description	Number	Cert Number	Recording Amount
DECN	00108668	15864	\$75.00
			\$75.00

Collected Amounts

Payment Type		Amount
Check	3187	\$75.00
		\$75.00

Total Received :	\$75.00
Less Total Recordings:	\$75.00
Change Due :	\$.00

Thank You
ANTHONY J. VIGLIOTTI - Register of Deeds

By: A Sheehy

Receipt# Date Time
0925075 04/22/2016 09:43a