

MAIN OFFICE:
49 Herring Pond Road
Buzzards Bay, MA 02532
TEL: (508) 833-0070
FAX: (508) 833-2282



NANTUCKET OFFICE:
19 Old South Road
Nantucket, MA 02554
TEL: (508) 325-0044
www.brackeneng.com

April 8, 2022

Email: [health@nantucket-ma.gov]

Nantucket Board of Health
131 Pleasant Street
Nantucket, MA 02554

RE: Variance Request – 14 Woodland Drive, Map 79, Parcel 203

Dear Board Members:

Please accept this letter as a variance request to the Nantucket Board of Health Regulations for the above referenced property.

The property is located within the Wellhead Protection District and is subject to nitrogen loading limitations in this district.

The following variance is requested:

Nantucket Board of Health Regulation 64.04 B. 1:

To allow the installation of the sewage disposal system for three bedrooms (2 existing and one proposed) with an approved Innovative/Alternative (I/A) nitrogen reducing system. The maximum flow allowed is 110 gallons per day (GPD) per 10,000 square feet (sf) of lot area. Based on using only the lot area of 20,021± square feet, a flow of 164 GPD per 10,000 sf is proposed.

Justification for Variance

- The system will be in compliance with Title V 310 CMR 15.214 Nitrogen Load Limitations with the use of an approved Innovative/Alternative system using the lot area only;
- The same degree of environmental protection that is equivalent to this regulation can be achieved with a Nitrogen Reduction System; and
- Enforcement of this regulation would be manifestly unjust given the facts and circumstances of this individual case.

Please call our office if you have any questions or require any further information regarding this project. We look forward to presenting this request at the next available meeting.

Sincerely,

Bracken Engineering, Inc.

A handwritten signature in black ink, appearing to read 'Donald F. Bracken, Jr.', written in a cursive style.

Donald F. Bracken, Jr.



NANTUCKET HEALTH DEPARTMENT

3 EAST CHESTNUT STREET
NANTUCKET, MASSACHUSETTS 02554

Telephone 508.228.7200

Fax 508.325.6117

BOARD OF HEALTH REGULATION VARIANCE REQUEST

\$20 per request

I am requesting: (Check one.)

A variance of a Local Board of Health Regulation

A variance of a State Public Health Regulation (310 CMR 15, 105 CMR 590, etc...)

Please write an explanation of the variance requested (use separate paper if needed):

See attached letter dated 4/8/2022.

Requestor Name: Donald F. Bracken, Jr., PE

Company Name: (if applicable) Bracken Engineering, Inc.

Address: 14 Woodland Drive MAP: 79 PARCEL: 203

Phone No. 508-325-0044 Fax No. 508-833-2282

Email: don@brackeneng.com

Requestor's Signature: *Donald F. Bracken, Jr.*

Date: 4-8-22

Please be advised that the Health Department accepts variance requests up to one week before a scheduled Board of Health meeting. Applications received after this deadline will be placed at the subsequent scheduled meeting.

Received by: _____

Date: _____