

**Appendix B - Sewer Service Area Expansion Application**  
**Town of Orleans, Massachusetts**  
**Board of Water and Sewer Commissioners**

Name:

A. Name Requesting Sewer System Area Expansion:

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B. Property Address:

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C. Mailing Address:

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D. Telephone Number/Email/Cell Phone Number:

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Check all boxes below marking any that are not applicable with "N/A". Incomplete forms will be returned.

Application made:

As an individual

As a government body (attach Certificate of Authorization Representative)

On behalf of an organization or association (attach Certificate of Authorization Representative, and By-Laws authorizing)

On behalf of multiple property owners (attach Certificate of Authorization Representative)

All properties approved for inclusion shall pay all associated fees and, where appropriate, any assessment covering all costs associated with sewer construction, including engineering, administrative, technical and legal review fees, financing charges and any other fees in effect at the time of the application.

A Public Hearing on the Sewer Service Area Modification application shall be held by the Commission. The Applicant shall notify all abutters located within 100 feet of the Sewer Expansion and Property Owners per Chapter 40B Provision in the Planning Notification two (2) weeks prior to the Public Hearing. In addition, the Applicant shall advertise the Public Hearing in a local newspaper with general circulation two (2) weeks prior to the Public Hearing.

Work under the permit must be completed within two years until the permit expires unless an extension is granted. If the Commission approves such adjustment, the Department will, if required, direct the applicant to file a Notice of Project Change in accordance with Massachusetts Environmental Policy Act (MEPA).

All costs and expenses for any Applicant seeking to alter the Sewer Service Area shall be the responsibility of the Applicant.

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## Evaluation Criteria

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### Section 1 – Adequate Capacity

Adequate capacity in Town's wastewater system must be available for the proposed additional flow.

- A. Capacity within the existing infrastructure (pipelines, pump stations, and force mains) is available to meet the proposed additional flow as certified by the Department:

Yes    No

- B. Capacity at the existing wastewater treatment facility and effluent disposal locations is available to meet the proposed additional flow as certified by the Department:

Yes    No

If either of the above is "No" the application is Disqualified. Please consult with the Department to discuss remedial action.

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### Section 2 – Supplemental Requirements

The applicant must attach to this application complete documents that are the basis of his/her answers.

- A. Failed Septic System - Property must already be developed and have evidence of no feasible replacement. Property owner must demonstrate hardship related to the following conditions:

<u>Condition</u>	<u>Description</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Soil Type	Property contains a majority of soils not suitable for on-site disposal per Title 5 (310 CMR 15).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groundwater	Between zero (0) to five (5) feet below surface of the property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetlands	Wetlands within one hundred (100) feet of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B. Land Use - Properties must be evaluated in accordance with the following zoning and land use conditions:

<u>Condition</u>	<u>Description</u>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lot size	Property is less than forty thousand (40,000) square feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zoning	Property is less than or one hundred fifty (150) percent of minimum lot size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location	Property is located within two hundred fifty (250) feet of a Surface Water Body (fresh or salt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wellhead                                      Property is located within a Zone 2 area of a public wellhead                                       Yes     No     N/A

C.    Special Consideration - The Commission may consider an applicant based upon the following documented conditions:

Condition and Description

Location - Subject property or groups of properties is/are located between or surrounded by identified sewer district and/or needs areas.                                       Yes     No     N/A

Voluntary - Voluntary reduction of development potential directly related to the system extension that offers the following restrictions to the Town:

a.    A lot that exceeds 150 percent of the minimum area required by the zoning in which it is located and agrees to restrict all further division, except for minor lot line adjustments that will not result, directly or indirectly, in the creation of new buildable lots.                                       Yes     No     N/A

b.    A lot that exceeds 200 percent of the minimum area required by the zoning in which it is located and agrees to rezoning if applicable.                                       Yes     No     N/A

c.    Restriction in the size and total bedrooms of a second dwelling to no more than 1,000 gross square feet of living space (not including garage or mechanical space) and two (2) bedrooms.                                       Yes     No     N/A

d.    Limitation of total bedrooms to no more than currently allowed by Title 5 (310 CMR 15) and Orleans Board of Health Subsurface Sewage Disposal Regulations.                                       Yes     No     N/A

e.    Limitation of total ground cover to maximum allowed by zoning for a minimum sized lot where lot exceeds 150 percent of minimum size lot.                                       Yes     No     N/A

f.    A dedication of a portion of land for conservation purposes, dedication of building envelopes or other restrictions to an organization authorized to receive and enforce such restriction that reduce the net impact of future development to the wastewater system by at least 30 percent.                                       Yes     No     N/A

Compliance - A proposal that: (i) documents compliance with all of the above three criteria; (ii) demonstrates a threat to public health and welfare; and (iii) contains a comprehensive strategy to address a problem affecting more than two adjacent properties.

Yes     No     N/A

I hereby certify under the penalties of perjury that this application is in all respects bona fide, fair and made without collusion or fraud with any other person and that the information is to the best of my knowledge true and complete. The word "person" shall mean any natural person, joint venture, partnership, corporation, or other business or legal entity.

In addition, if said property or groups of properties are included into the Sewer Service Area, I hereby certify that I shall adhere to the Town's **Sewer Use Rules and Regulations** and I understand that failure to adhere to all discharge limitations and to the Town's **Sewer Use Rules and Regulations** will be cause for the Town to revoke the connection permit and plug the connection to the Town's wastewater system.

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Signature of Applicant

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Name

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Title

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Date

DO NOT WRITE BELOW THIS LINE – FOR OFFICIAL USE ONLY  
TO BE COMPLETED BY THE DEPARTMENT

Application Complete:  Yes  No

Supporting Documentation Attached, Complete, and Adequate:  Yes  No

Application Fee Paid:  Yes  No

Connection Permit Fee Paid:  Yes  No  N/A

Privilege Fee Paid:  Yes  No  N/A

Compensatory Sewer Privilege Fee Paid:  Yes  No  N/A

Flow Offset Fee Paid:  Yes  No  N/A

Reserve Capacity Fee Paid:  Yes  No  N/A

Drain Layer's License Valid:  Yes  No

Street Opening Permit Obtained:  Yes  No  N/A

Trench Permit Obtained:  Yes  No  N/A

State Highway Opening Permit Obtained:  Yes  No  N/A

Condition	Approval	Signature	Date
Section 1			
Adequate Capacity	Department	_____	_____
Section 2			
Failed Septic System	Health Agent	_____	_____
Land Use	Planning Director	_____	_____
Special Consideration	Board of Water and Sewer Commission	_____	_____

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- We recommend the inclusion of the property or group of properties into the Sewer Service Area.
- We do not recommend inclusion the property or group of properties into the Sewer Service Area.

If no, Why?

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Signature of Department Staff

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Signature of Board of Health Staff

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Name of Department Staff

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Name of Board of Health Staff

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Title of Department Staff

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Title of Board of Health Staff

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Date

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Date

Board of Water and Sewer Commissioners

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Chair

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Vice-Chair

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Member

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Member

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Member

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Member

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Associate Member

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Associate Member

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Associate Member

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Date

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