



Town of Harwich Health Department

Approval of a Nitrogen Aggregation Loading Plan

Board of Health hearing date _____

Any and all areas identified as “restricted” or “credit land” for the purposes of one application for aggregate nitrogen loading cannot be used for another application pursuant to 310 CMR 15.216.

BOH anticipates that preparation of nitrogen loading plans may require both technical (including hydrogeologic) and legal expertise.

A. General Information

1. Applicant:

Name

Doing Business as (dba)

Street Address

City/Town

State

Zip Code

Telephone

2. Facility Address / Location (if different from Applicant):

Address

City/Town

State

Zip Code

3. Contact Person (if different from Applicant):

Contact Person

Consultant Firm

Address

City/Town

State

Zip Code

Telephone



Town of Harwich Health Department
Approval of a Nitrogen Aggregation
Loading Plan

Board of Health hearing date _____

4. Does this project require a filing under 310 CMR 11.00, The Massachusetts Environmental Policy Act?

☐ Yes ☐ No

If yes, has a filing been made?

☐ Yes ☐ No

If yes, EOE File #

5. The Facility Plan may be for a site in either a Nitrogen Sensitive Area or for a new residential construction where the use of both on-site systems and on-site drinking water supply wells are proposed (private well areas). The facility is sited in:

- ☐ A Zone II
☐ An Interim Wellhead Protection Area
☐ Private well area for new residential construction

6. The legal entity which owns or will own this facility is:

- | | |
|---|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Federal |
| <input type="checkbox"/> Municipality | <input type="checkbox"/> State / County |
| <input type="checkbox"/> Private Partnership | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Other (specify): _____ | |

7. Owner names and addresses of land subject to the proposed facility plan:

B. List of Documents Required for Submittal

8. A locus map (USGS topographic at 1:25,000) with all relevant locations (e.g. the proposed facility, credit land, water supplies and nitrogen sensitive areas) is required.

Is the locus map attached? ☐ Yes ☐ No

9. A site map, at a suitable scale, with all relevant topographic features (e.g. the proposed facility with discharge, area of impact, credit land, bedrock, test pits, sensitive receptors within one half mile, etc.) is required.

Is the site map attached? ☐ Yes ☐ No

10. The detailed description of the proposed facility including the credit land, site characteristics, the proposed subsurface disposal system, the nitrogen sensitive area, sensitive receptors within one half mile, etc., is required.

Is the narrative description enclosed? ☐ Yes ☐ No



Town of Harwich Health Department
Approval of a Nitrogen Aggregation
Loading Plan

Board of Health hearing date _____

B. List of Documents Required for Submittal (cont.)

11. The nitrogen loading limitation of 440 gpd per acre equivalency is required.

Are the 440 gpd per acre equivalency calculations enclosed?

☐ Yes

☐ No

12. Are copies of the current deeds (and plans cited) for the facility and credit land enclosed?

☐ Yes

☐ No

13. Are copies of the unexecuted nitrogen loading restrictions on facility and credit land enclosed?

☐ Yes

☐ No

For facilities with sewage design flow of 2000 gpd or greater and, when the local approving authority requires a site-specific mass balance analysis, the following documents are required**. Are they attached?

14. A hydrogeologic assessment

☐ Yes

☐ No

15. A site-specific mass balance analysis

☐ Yes

☐ No

16. A groundwater monitoring plan

☐ Yes

☐ No

17. Zone II nitrogen modeling, if applicable

☐ Yes

☐ No

18. Planning Board comments, if any

☐ Yes

☐ No

**Flows greater than 2000 gpd have additional requirements.

See Harwich Board of Health Regulation 1.211.

C. Filing Fees

Nitrogen Aggregation Plan – to meet Zone II requirements

Single family \$500

Up to 4 Units \$750

> 4 Units \$1,200

D. Certification

"I certify under penalty of law that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Applicant's Signature

Name of Preparer

Print Name

Date