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COMMONWEALTH OF MASSACHUSETTS

Board of Health, Chilmark

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct) Repair() Upgrade() Abandon() X 🗆 Complete System 🗀 Individual Components

	All local conditions must be met.		Provided: Construction shall be completed within three years of the date of this permit.	ll be completed within th	ionstruction sha	Provided: (
VLSI	as described in the application for	l u	, dated	at Marion Way, AP 13-41 Disposal System Construction Permit No.	at Marion Way, AP 13-41 Disposal System Construction Permit No.	at Marion Disposal Sys
E Job	Abandon () an individual sewage disposal system	andon() ar	Repair() Upgrade() Ab:		s hereby granted	Permission i
#177		AREA NO	DISPOSAL SYSTEM CONSTRUCTION PERMIT	DISPOSAL SYST		
' 3		, MA.	Chilmark	Board of Health,		
		HUSETTS	COMMONWEALTH OF MASSACHUSETTS	COMMONWE		
	FEE \$150.00					No.
	igned.	mction as desi	The issuance of this permit shall not be construed as a guarantee that the system will function as designed.	Il not be construed as a gua	of this permit sha	The issuance
	Date:		O1:	Inspector:		Designer:
VLS	built plans relating to	he approved c (gpd)	has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as application No(gpd) Traceller	e with the provisions of 31	alled in accordanc	has been install application No.
se J	SEJ		White 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Marion way, AF 13-41	by: Wand
DD #1	ograded (), Abandoned () #1	aired (), Up	The undersigned hereby certify that the Sewage Disposal System; Constructed (*), Repaired (*), Upgraded (*), Abandoned	by certify that the Sewage Disposal S	ned hereby certify	The undersigned her
15	773	NCE	CERTIFICATE OF COMPLIANCE	CERTIFIC		
		, MA.) Chilmark	Board of Health,		
) FEE DISM.OR	SILISOUH	COMMONWEALTH OF MASSACHUSETTS	COMMONWE		No.
			1		!	
						mspecaons
			,			nspections *
	The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to upot to place the system in operation until a Certificate of Compliance has been issued by the Board of Health. Date 3 20 2023	n in accordanchas been issue	vidual Sewage Disposal Syster a Certificate of Compliance Date 3 30 202	Il the above described Indive e system in operation until	ned agrees to insta	The undersigne further agrees is
				RALTERATIONS	DESCRIPTION OF REPAIRS OR ALTERATIONS	DESCRIPTIO
	of Evaluation 12/22/2022	Date	Name of Soil Evaluator Reid Silva		Form No11	Soil Evaluator Form No.
			SEE PLAN	**		Description of Soil(s)
	Revision Date	Revisio	3br. House	System for a proposed 3br. House	Proposed septic s	Plan: Date 3
	w provided _	De	Calculated design flow	gpd Ca	Design Flow (min. required)	Design Flow (
	797	10. O. J. J. C. O. B.	1 1		s Demonis	Other Fixtures
	Showers () Cafeteria ()	No of persons			ms	Owelling - No.
		***************************************		ial Three (3)	1 =	Type of Building
AFC	VLS		Telephone#			Telephone#
البيار		(508) 693-3774	Address			Address
UU #	5	West Tisbi	Designer's Name West Tisbury, MA 0257		ame	Installer's Name
		P.O. Box 421	Telephone#			Lot#
	Vineyard Land Surveying & Eng.	Vineyard L	Address		# 13-41	Map/Parcel#
		Clark Golf	Owner's Name	У	Marion Way	Location

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA

Date

Board of Health