

No. _____

FEE \$150.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Chilmark, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

| | | | |
|------------------|-------------------|-----------------|---|
| Location | <u>Marion Way</u> | Owner's Name | <u>Clark Goff</u> |
| Map/Parcel# | <u>13-41</u> | Address | <u>Vineyard Land Surveying & Eng.</u> |
| Lot# | | Telephone# | <u>P.O. Box 421</u> |
| Installer's Name | | Designer's Name | <u>West Tisbury, MA 02575</u> |
| Address | | Address | <u>(508) 693-3774</u> |
| Telephone# | | Telephone# | |

VLSE Job #1773

Type of Building Residential Lot Size ±3.65 AC sq. ft.
 Dwelling - No. of Bedrooms Three (3) Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 330 gpd Calculated design flow 330 Design flow provided 393 gpd
 Plan: Date 3/14/2023 Number of sheets 1 Revision Date _____
 Title Proposed septic system for a proposed 3br. House
 Description of Soil(s) SEE PLAN
 Soil Evaluator Form No. 11 Name of Soil Evaluator Reid Silva Date of Evaluation 12/22/2022

DESCRIPTION OF REPAIRS OR ALTERATIONS

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed W. J. M. V. (MTNT) Date 3/30/2023

Inspections _____

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CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

The undersigned hereby certify that the Sewage Disposal System: Constructed (X), Repaired (), Upgraded (), Abandoned ()

by: Marion Way, AP 13-41

at _____

has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design plans/as-built plans relating to

application No. _____, dated _____, Approved Design Flow _____ (gpd)

Installer _____

Designer: _____ Date: _____

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

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DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct (X) Repair () Upgrade () Abandon () an individual sewage disposal system at Marion Way, AP 13-41 as described in the application for

Disposal System Construction Permit No. _____, dated _____.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

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