

No. _____

FEE **\$50.00**

COMMONWEALTH OF MASSACHUSETTS
Board of Health, Chilmark, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	#10 Overview Road	Owner's Name	Kevin Morano
Map/Parcel#	18-88	Address	Vineyard Land Surveying & Eng.
Lot#		Telephone#	P.O. Box 421
Installer's Name		Designer's Name	West Tibsbury, MA 02575
Address		Address	(508) 693-3774
Telephone#		Telephone#	

VLSE Job #1338

Type of Building **Residential** Lot Size **±3.0 AC** sq. ft.

Dwelling - No. of Bedrooms _____ Garbage grinder ()

Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) _____ gpd Calculated design flow 1 Design flow provided _____ gpd

Plan: Date **11/7/2023** Number of sheets 1 Revision Date _____

Title **To tie a proposed house into the existing 5 bedroom septic system**

Description of Soil(s) _____ **SEE PLAN**

Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

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 not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed WJVM/pt. (MORANO) Date 11/28/2023

Inspections _____

No. _____ FEE **\$25.00**

COMMONWEALTH OF MASSACHUSETTS
Board of Health, Chilmark, MA.
CERTIFICATE OF COMPLIANCE

Description of Work: Individual Component(s) Complete System

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

by: **#10 Overview Road, AP 18-88**

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: _____ Inspector: _____ Date: _____

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

No. _____ FEE **\$25.00**

COMMONWEALTH OF MASSACHUSETTS
Board of Health, Chilmark, MA.
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct () Repair () Upgrade (X) Abandon () an individual sewage disposal system at **#10 Overview Road, AP 18-88** 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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