

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Chilmark, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>11 Hill Land</u>	Owner's Name <u>The Stone wall Nominee</u>
Map/Parcel# <u>32-41</u>	Address <u>11 Hill Land</u> ^{trst}
Lot#	Telephone# <u>6/0</u>
Installer's Name	Designer's Name <u>SBH Inc</u>
Address	Address <u>PO Box 339 V H MA</u>
Telephone#	Telephone# <u>508 693-2781</u>

Type of Building Residential Lot Size 6.2 Acre

Dwelling - No. of Bedrooms 6 Bedroom Exist Dwelling Garbage grinder ()

Other - Type of Building + 1 Bedroom Dwelling No. of persons _____ Showers (), Cafeteria ()

Other Fixtures + 1 future Bedroom = 8 Bedroom Capacity

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

Plan: Date June 23 2023 Number of sheets 1 Revision Date _____

Title proposed Sewage disposal

Description of Soil(s) _____

Soil Evaluator Form No. _____ Name of Soil Evaluator CPT Date of Evaluation 8/20/98

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

Signed [Signature] Date July 7 2023