

No. _____

FEE _____

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	#12 Harbor Hill Road	Owner's Name	Sara Khedouri
Map/Parcel#	27-1-102	Address	c/o Vineyard Land Surveying & Engineering
Lot#		Telephone#	P.O. Box 421, W. Tis., MA 02575
Installer's Name		Designer's Name	
Address		Address	
Telephone#		Telephone#	508-693-3774

VLS&E #1480-3

Type of Building Residential Lot Size ±1,478 sq. ft.
 Dwelling - No. of Bedrooms One (1) Garbage-grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 110 gpd Calculated design flow 110 Design flow provided 116 gpd
 Plan: Date March 15, 2024 Number of sheets _____ Revision Date April 18, 2024
 Title Proposed Septic System Upgrade
 Description of Soil(s) See Plan
 Soil Evaluator Form No. 11 Name of Soil Evaluator Reid Silva Date of Evaluation Jan. 19, 2024

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 Maddy Taha (owner) Date 4-27-24

Inspections _____

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 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: #12 Harbor Hill Road (Assr.Pcl. 27.1-102)

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 Vin. Land Surveying & Eng. Inspector: _____ Date: _____

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

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

Permission is hereby granted to; Construct (Repair () Upgrade () Abandon ()) an individual sewage disposal system at #12 Harbor Hill Road (Assr.Pcl. 27.1-102) 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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