

No. \_\_\_\_\_

FEE **\$150.00**

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	<b>#12 Harbor Hill Road</b>	Owner's Name	<b>Sara Khedouri</b>
Map/Parcel#	<b>27.1-102</b>	Address	<b>c/o Vineyard Land Surveying &amp; Engineering</b>
Lot#		Telephone#	<b>P.O. Box 421, W. Tis., MA 02575</b>
Installer's Name		Designer's Name	
Address		Address	
Telephone#		Telephone#	<b>508-693-3774</b>

VLS&E #1480-3

Type of Building **Residential** Lot Size **±1,478** sq. ft.  
 Dwelling - No. of Bedrooms **Three (2)** Garbage-grinder ( )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) **220** gpd Calculated design flow **220** Design flow provided **158** gpd  
 Plan: Date **March 15, 2024** Number of sheets \_\_\_\_\_ Revision Date \_\_\_\_\_  
 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 Reid Silva (owner) Date 3-23-24

Inspections \_\_\_\_\_

No. \_\_\_\_\_ FEE **\$150.00**

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

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: **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.

No. \_\_\_\_\_ FEE **\$150.00**

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.

VLS&E #1480-3

VLS&E #1480-3