

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 () Abandon () - Complete System Individual Components

Location	#14 Pinkletink Road	Owner's Name	James Robbins
Map/Parcel#	20-17	Address	Vineyard Land Surveying & Eng.
Lot#		Telephone#	P.O. Box 421
Installer's Name		Designer's Name	West Tisbury, MA 02575
Address		Address	(508) 693-3774
Telephone#		Telephone#	

Type of Building **Residential**

Lot Size **±2.4 AC**

sq. ft.

Dwelling - No. of Bedrooms **Six (6)**

Garbage grinder ()

Other - Type of Building _____

No. of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) **660** gpd Calculated design flow **660** Design flow provided **666** gpd

Plan: Date **10/31/2023**

Number of sheets **1**

Revision Date _____

Title **Proposed septic tank relocation**

SEE PLAN

Description of Soil(s) _____

Name of Soil Evaluator _____

Date of Evaluation _____

Soil Evaluator Form No. _____

DESCRIPTION OF REPAIRS OR ALTERATIONS RELOCATE SEPTIC TANK - EXISTING SYSTEM HAS 6 yr. CAPACITY

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 W. Robbins (AGENT) Date 10/31/2023

Inspections _____

No. _____

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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 (), Repaired (), Upgraded (), Abandoned ()

by: #14 Pinkletink Road, AP 20-17

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.

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DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct (Repair () Upgrade () Abandon () an individual sewage disposal system at #14 Pinkletink Road, AP 20-17 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.