

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	#21 Tea Lane	Owner's Name	Elizabeth Wojdak Revocable Living
Map/Parcel#	12-39	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#	

VLSE#891-1

Type of Building **Residential** Lot Size **±5.16 acres** sq. ft.
 Dwelling - No. of Bedrooms **6 (Six)** Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____ **660** gpd Calculated design flow **660** Design flow provided **698** gpd
 Design Flow (~~7122/2021~~) _____ gpd
 Plan: Date **Septic Plan for a Proposed 4 Bedroom Dwelling with Future 2 Bedroom Addition** Revision Date **2/1/2024**
 Title **SEE PLAN**
 Description of Soil(s) **11** Name of Soil Evaluator **Reid Silva** Date of Evaluation **3/27/2021**
 Soil Evaluator Form No. _____

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  Date **2/1/24**

Inspections _____

No. _____ FEE **\$25.00**

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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: **#21 Tea Lane, AP 12-39** 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**

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 DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at **#21 Tea Lane, AP 12-39** 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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