

No. 23-6 Rev 1

FEE \$ 25.00
REVISION

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	#29 Youngs Way	Owner's Name	Max Stone
Map/Parcel#	29-22	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 Job #1079-2

Type of Building **Residential** Lot Size **±3.58 AC** sq. ft.
 Dwelling - No. of Bedrooms **Seven (7)** Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) **770** gpd Calculated design flow **770** Design flow provided **785** gpd
 Plan: Date **8/5/2021** Number of sheets **1** Revision Date **1/26/2023**
 Title **Proposed septic system for an existing 2br. Guest house and 4br. Main house with future addition**
 Description of Soil(s) **SEE PLAN**
 Soil Evaluator Form No. _____ Name of Soil Evaluator _____ Date of Evaluation _____

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 place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed M. J. Lat. (AGENT) Date 2/7/2023

Inspections _____

No. 23-6 Rev 1

FEE \$50.00

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: **#29 Youngs Way, AP 29-22**
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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