

No. _____

FEE \$25.00

REVISION

COMMONWEALTH OF MASSACHUSETTS

Chilmark

Board of Health, _____, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct (X) Repair () Upgrade () Abandon () - Complete System Individual Components

Table with 2 columns: Location, Map/Parcel#, Lot#, Installer's Name, Address, Telephone# and Owner's Name, Address, Telephone#, Designer's Name, Address, Telephone#. Includes handwritten entries like #34 Old Farm Road, Steve Warner, Vineyard Land Surveying & Eng., etc.

Residential ±3.1 AC
Type of Building Seven (7) Lot Size sq. ft.
Dwelling - No. of Bedrooms Garbage grinder ()
Other - Type of Building No. of persons Showers (), Cafeteria ()
Other Fixtures 770 770 873
Design Flow (min. required) 770 gpd Calculated design flow 770 Design flow provided 873 gpd
Plan: Date 12/19/2023 Number of sheets 1 Revision Date 1/4/2024
Title Proposed septic system tie in for a proposed pool house
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 to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date _____

Inspections _____

No. _____

FEE \$50.00

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

by: #34 Old Farm Road, AP 7-90
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 \$50.00

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Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct (X) Repair () Upgrade () Abandon () an individual sewage disposal system #34 Old Farm Road, AP 7-90 at _____ 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.

VLSE Job #1418-3

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