

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>#35 Menemsha Inn Road</b>	Owner's Name	<b>Stephen and Susan McGhee</b>
Map/Parcel#	<b>21-50</b>	Address	<b>Vineyard Land Surveying &amp; Eng.</b>
Lot#		Telephone#	<b>P.O. Box 421</b>
Installer's Name		Designer's Name	<b>West Tisbury, MA 02575</b>
Address		Address	<b>(508) 693-3774</b>
Telephone#		Telephone#	

Type of Building **Residential**

Lot Size **±1.53 AC** sq. ft.

Dwelling - No. of Bedrooms **Three (3)** Garbage grinder ( )

Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )

Other Fixtures \_\_\_\_\_ Design Flow (min. required) **330** gpd Calculated design flow **330** Design flow provided **354** gpd

Plan: Date **2/1/2023** Number of sheets **1** Revision Date \_\_\_\_\_

Title **Proposed septic system for an existing 2br. Dwelling and 1br. Studio**

Description of Soil(s) **\*SEE PLAN**

Soil Evaluator Form No. **11** Name of Soil Evaluator **Reid Silva** Date of Evaluation **12/22/2022**

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 [Signature] (AGENT) Date 2/3/2023

Inspections \_\_\_\_\_

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

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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: **#35 Menemsha Inn Road, AP 21-50**

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 **\$150.00**

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DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct (  ) Repair (  ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at **#35 Menemsha Inn Road, AP 21-50** 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.