

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 #8 Sams Way	Owner's Name Travis Lenker
Map/Parcel# 24-29.3	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 #2066

Type of Building **Residential** Lot Size **14.5 AC** sq. ft.
 Dwelling - No. of Bedrooms **Four (4)** Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) **440** gpd Calculated design flow **440** Design flow provided **444** gpd
 Plan: Date **10/20/2022** Number of sheets **1** Revision Date _____
 Title **Proposed septic 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 Wynn-Lenker (AGENT) Date 10/20/2022

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

by: _____
 at **#8 Sams Way, AP 24-29.3**
 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)

VLSE Job #2066

Installer _____ Date: _____
 Designer: _____ Inspector: _____
 The issuance of this permit shall not be construed as a guarantee that the system will function as designed.
 No. _____ FEE \$50.00

COMMONWEALTH OF MASSACHUSETTS
 Board of Health, Chilmark, MA.
 DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct Repair () Upgrade () Abandon () an individual sewage disposal system at **#8 Sams Way, AP 24-29.3** as described in the application for _____
 Disposal System Construction Permit No. _____, dated _____.

VLSE Job #2066

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.