

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	#4 North Ridge Road	Owner's Name	Frederick Kheodun
Map/Parcel#	18-32	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 #599-70

Type of Building **Residential** Lot Size **44.12 AC** sq. ft.

Dwelling - No. of Bedrooms **Six (6)** Garbage grinder ()

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

Other Fixtures _____

Design Flow (min. required) **660** gpd Calculated design flow **660** Design flow provided **660** gpd

Plan: Date **1/17/2023** Number of sheets **1** Revision Date _____

Title **Proposed septic system tie-in for an existing 1br. Studio**

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 W. J. McDevitt (AGENT) Date 1/24/2023

Inspections _____

No. _____ FEE **\$50.00**

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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: **#4 North Ridge Road, AP 18-32**

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, **Chilmark**, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct (Repair () Upgrade () Abandon ()) an individual sewage disposal system at **#4 North Ridge Road, AP 18-32** 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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