

No. _____

FEE \$ 150 -

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	<u>4 Tilton Rd</u>	Owner's Name	<u>Richard & Tracy Li</u>
Map/Parcel#	<u>4-9</u>	Address	<u>4 Tilton Rd</u>
Lot#		Telephone#	<u>919 345 3317</u>
Installer's Name		Designer's Name	<u>SBH Inc po</u>
Address		Address	<u>PO Box 339, VILNA</u>
Telephone#		Telephone#	

Type of Building Residential Lot Size 3.25± sq. ft.

Dwelling - No. of Bedrooms EXIST 4 + 2 future = 6 total bedrooms Garbage grinder ()

Other - Type of Building _____ of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow 660 Design flow provided 787 gpd

Plan: Date 3/11/23 Number of sheets 1 Revision Date _____

Title proposed sewage disposal

Description of Soil(s) _____

Soil Evaluator Form No. _____ Name of Soil Evaluator CPT Date of Evaluation 12/12/22

DESCRIPTION OF REPAIRS OR ALTERATIONS Exist leachup pit to be replaced w/ 6 Bedroom field future replacement of 4000 gallon tank to 1500 gallon septic tank

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 [Signature] Date March 17, 2023

7032

SCHOFIELD BARBINI AND HOEHN INC
PO BOX 339
VINEYARD HAVEN, MA 02568-0339

CAPE COD 5
53-7107/2113

03/16/2023

PAY TO THE ORDER OF Town of Chilmark

\$ ****150.00**

One hundred fifty and 00/100*****

DOLLARS

Town of Chilmark
P.O. Box 119
Chilmark, MA 02535



[Signature]
AUTHORIZED SIGNATURE

MEMO
MV 2442 cbob Li

007032 211371078 833191810

Designer: _____ Inspector: _____ Date: _____

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No 4-9

Date: 3/17/23

Commonwealth of Massachusetts
Chilmark, Massachusetts
Soil Suitability Assessment for On-site Sewage Disposal

Performed By: CRA

Witnessed By: _____ Date: 12/12/22

Location Address Lot # <u>4-9</u> <u>4-9</u> New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	Draft Name: <u>Richard & Tracy G</u> Address: <u>45 Dogwood Ln</u> Telephone: _____ <u>Needham MA 02499</u>
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Office Review

Published Soil Survey Available: No Yes
Year Published 1980 Publication Scale 1:20,000 Soil Map Unit EDD
Drainage Class _____ Soil Limitations _____

Surficial Geologic Report Available: No Yes
Year Published 1980 Publication Scale 1" = 2 miles
Geologic Material (Map Unit) _____

Landform _____

Flood Insurance Rate Map:

- Above 500 year flood boundary No Yes
- Within 500 year flood boundary No Yes
- Within 100 year flood boundary: No Yes

Wetland Area:
National Wetland Inventory Map (map unit) _____
Wetlands Conservation Program Map (map unit) _____

Current Water Resource Conditions (USGS): Month _____
Range: Above Normal Normal Below Normal

Other Reference Reviewed: Ground Water Hydrology of MV.



Location Address or Lot No: 4-9

On-site Review

Deep Hole Number 182 Date: 12/12/22 Time: 10:00 Weather: Sunny
 Location (Identify on site plan) See plan
 Land Use As Slope (%) 0 Surface Stones None
 Vegetation oak
 Lendform _____
 Position on landscape (sketch on the back) _____

Distances from:

Open Water Body N/A feet Drainage way N/A feet
 Possible Wet Area: N/A feet Property Line See plan feet
 Drinking Water Well: N/A feet Other _____

DEEP OBSERVATION HOLE LOG

Depth from Surface (Inches)	Soil Horizon	Soil Texture (USDA)	Soil Color (Munsell)	Soil Moisture	Other (Structures, Stones, Boulders, Consistency, % Gravel)
<u>see design plan</u>					

MINIMUM OF 3 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geological) Sand/Gravel Depth to Bedrock: N/A
 Depth to Groundwater: Standing Water in the Hole: None Weeping from Pit face: None
 Depth to Estimated High Ground Water: 5' below

Location Address or Lot No: _____

H-9

Determination for Seasonal High Water Table

Method Used:

- Depth observed standing in observation hole _____ inches None
- Depth weeping from side of observation hole _____ inches None
- Depth to soil mottles _____ inches None
- Ground water adjustment _____ feet None

Index Well Number _____ Reading Date _____ Index well level _____

Adjustment factor _____ Adjusted ground water level _____

Depth of Naturally Occurring Pervious Material

Does at least four feet of naturally occurring pervious material exist in all areas observed throughout the area proposed for the soil absorption system? yes

If not, what is the depth of naturally occurring pervious material? _____

Certification

I certify that on April 1996 (date) I have passed the soil evaluator examination approved by the Department of Environmental Protection and that the above analysis was performed by me consistent with the required training, expertise and experience described in 310 CMR 15.01.

Signature

[Handwritten Signature]

Date

3/17/23