

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>62 Stonewall Rd</u>	Owner's Name <u>Leonard Bell</u>
Map/Parcel# <u>32-61.2 & 63.5</u>	Address <u>62 Stonewall Rd</u>
Lot#	Telephone# <u>C/O</u>
Installer's Name	Designer's Name <u>SBH INC</u>
Address	Address <u>PO Box 339 VH NM</u>
Telephone#	Telephone# <u>508 693-2781</u>

Type of Building Residential Lot Size 3.05 sq. ft.
 Dwelling - No. of Bedrooms EXIST 5 + 1 future Garbage grinder ()
 Other - Type of Building 4 TOTAL Bedrooms No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 330 gpd Calculated design flow 660 Design flow provided 699 gpd
 Plan: Date 3/2/23 Number of sheets 1 Revision Date _____
 Title proposed sewage disposal
 Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator CPH Date of Evaluation 1/31/23

DESCRIPTION OF REPAIRS OR ALTERATIONS EXIST cesspool to be replaced w/ title V system.

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] Date March 8, 2023

Inspections

7002

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

CAPE COD 5
53-7107/2113


03/06/2023

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

MEMO MV 10809-11 cboh Bell


 AUTHORIZED SIGNATURE

⑈007002⑈ ⑆211371078⑆ 833191810⑈

This permit shall not be construed as a guarantee that the system will function as designed.

No 32-61.2-635

Date: 3/8/23

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

Performed By: C.P.A.

Date: 1/31/23

Location Address Lot # <u>62 Stone Wall Rd</u> <u>32-61.2 & 63.5</u>	Designator Name, Address, or Telephone # <u>Leonard O. Bell</u>
New Construction <input type="checkbox"/> Repair <input checked="" type="checkbox"/>	

Office Review

Published Soil Survey Available: No Yes

Year Published 1980 Publication Scale 1:20,000 Soil Map Unit Fcb
Drainage Class EXC Soil Limitations nu

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 Connectivity 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 ID: 32 6124635

On-site Review

Deep Hole Number 197 Date: 3/2/23 Time: 10:00 Weather: Sunny
 Location (identify on site plan) See plan
 Land Use Res 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: _____ feet See plan
 Drinking Water Well: N/A feet Other _____

DEEP OBSERVATION HOLE LOG

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

MINIMUM OF 7 HOLES REQUIRED AT EVERY PROPOSED DISPOSAL AREA

Parent Material (geologic) Sand/Gravel Depth to bedrock: N/A
 Depth to Groundwater: Standing Water in the Hole: None Weeping from Pit face: None
 Vertical Distance to High Ground Water: 5' Shallow

Location Address of Lot No: 32-61.2 & 63.5

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
- 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 15.012.

Signature: [Signature] Date: March 9, 2023