

No. 21-35

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>73 Quenemes Rd</u>	Owner's Name <u>Makena B. Hergel 1983 Trust</u>
Map/Parcel# <u>Map 17 Parcel 51</u>	Address <u>Po Box 884, New Castle, NH 03854</u>
Lot#	Telephone#
Installer's Name	Designer's Name <u>George Soutari, PE.</u>
Address	Address <u>Po Box 4458, Vineyard Haven</u>
Telephone#	Telephone#

Type of Building single family residence Lot Size 315, 103 ± sq. ft. Garbage grinder ()

Dwelling - No. of Bedrooms 6 No. of persons _____ Showers (), Cafeteria ()

Other - Type of Building _____

Other Fixtures _____ Design flow provided 660 gpd

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

Plan: Date Dec. 22, 2021 Number of sheets _____ Revision Date _____

Title Site Plan

Description of Soil(s) rla Name of Soil Evaluator _____ Date of Evaluation _____

Soil Evaluator Form No. _____

DESCRIPTION OF REPAIRS OR ALTERATIONS The project consists of tying in a sink in a proposed pool cabana with kitchen into an existing six-bedroom sewage disposal 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 George Soutari (Signature & Print) Date 12/23/2021

Inspections _____

No. _____ FEE _____

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Board of Health, _____, 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: _____

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.

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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 73 Quenemes as described in the application for

Disposal System Construction Permit No. 21-35, dated 12/23/2021

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

Date 12/2/2022 Board of Health Warren Soutari