

No. _____

FEE **\$150.00**

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	#76 State Road	Owner's Name	Heather Sommers
Map/Parcel#	30-21	Address	c/o Vineyard Land Surveying & Engineering
Lot#		Telephone#	P.O. Box 421, W. Tis., MA 02575
Installer's Name		Designer's Name	
Address		Address	
Telephone#		Telephone#	508-693-3774

VLS&E #2391

Type of Building **Residential** Lot Size **±1.0 Acres** 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 **458** gpd

Plan: Date **March 13, 2024** Number of sheets _____ Revision Date _____

Title **Proposed Septic Upgrade**

Description of Soil(s) _____

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 Michael Torkin (Assess) Date March 19, 2024

Inspections _____

No. _____ FEE **\$150.00**

COMMONWEALTH OF MASSACHUSETTS

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: #76 State Road (Assr.Pcl. 30-21)

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 Vin. Land Surveying & Eng. Inspector: _____ Date: _____

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

No. _____ FEE **\$150.00**

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 #76 State Road (Assr.Pcl. 30-21) 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.

VLS&E #2391

VLS&E #2391