

No. _____

FEE _____

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 **Studio (45 GPD)** No. of persons _____ Showers () ; Cafeteria ()

Other Fixtures _____ Design Flow (min. required) **485** gpd Calculated design flow **485** gpd

Design Flow (min. required) _____ gpd Design flow provided **523** gpd

Plan: Date **March 13, 2024** Number of sheets _____ Revision Date **April 18, 2024**

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 Melinda Tokki (Meehan) Date 4-24-24

Inspections _____

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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.

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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.

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