

No. \_\_\_\_\_

FEE **\$50.00**

REVISED

# 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	<b>#8 Sams Way</b>	Owner's Name	<b>Travis Lenkner</b>
Map/Parcel#	<b>24-29.2</b>	Address	<b>Vineyard Land Surveying &amp; Eng.</b>
Lot#		Telephone#	<b>P.O. Box 421</b>
Installer's Name		Designer's Name	<b>West Tisbury, MA 02575</b>
Address		Address	<b>(508) 693-3774</b>
Telephone#		Telephone#	

VLSE Job #2066

Type of Building **Residential** Lot Size **±4.5 AC** sq. ft.  
 Dwelling - No. of Bedrooms **Four (4)** Garbage grinder ( )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_ 440 gpd Calculated design flow **440** Design flow provided **444** gpd  
 Design Flow (min. required) \_\_\_\_\_ gpd  
 Plan: Date **10/20/2022** Number of sheets **1** Revision Date **2/10/2023**  
 Title **Proposed septic system tie-in for a proposed pool house**  
 Description of Soil(s) \_\_\_\_\_ **SEE PLAN**  
 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 W. J. M. Pat. (ATENT) Date 2/10/2023

Inspections \_\_\_\_\_

No. \_\_\_\_\_ FEE **\$50.00**

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### CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Components)  Complete System

The undersigned hereby certify that the Sewage Disposal System: Constructed (  ), Repaired ( ), Upgraded ( ), Abandoned ( )  
by: **#8 Sams Way, AP 24-29.2**

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.

No. \_\_\_\_\_ FEE **\$50.00**

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### DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct (  ) Repair ( ) Upgrade ( ) Abandon ( ) an individual sewage disposal system at **#8 Sams Way, AP 24-29.2** 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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