

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>97 Pasture Road</u>	Owner's Name <u>Henry H. & Carol B. Goldberg, Artery Capital Group LLC</u>
Map/Parcel# <u>Map 20, Parcel 47.13</u>	Address <u>7201 Wisconsin Avenue #600, Bethesda, MD 20814</u>
Lot#	Telephone#
Installer's Name	Designer's Name <u>George Sourati, P.E.</u>
Address	Address <u>P.O. Box 4458, Vineyard Haven, MA 02568</u>
Telephone#	Telephone# <u>508-693-9933</u>

Type of Building Existing Single-Family Residence + Proposed Additions Lot Size 182,952 ± sq. ft.

Dwelling - No. of Bedrooms 7 + 3 = 10 total Garbage grinder ()

Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) 770+330=1,100 gpd Calculated design flow 1,100 Design flow provided 1,100 gpd

Plan: Date April 18, 2024 Number of sheets 1 Revision Date n/a

Title New Sewage Disposal System In The Town of Chilmark

Description of Soil(s) see soils log

Soil Evaluator Form No. _____ Name of Soil Evaluator George Sourati Date of Evaluation April 4, 2024

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 George Sourati Representative Date 4-19-24

Inspections _____

COMMONWEALTH OF MASSACHUSETTS

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.

COMMONWEALTH OF MASSACHUSETTS

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct() Repair() Upgrade() Abandon() an individual sewage disposal system at _____ 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.



Commonwealth of Massachusetts

City/Town of Chilmark

Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

A. Facility Information

Henry H. & Carol B. Goldberg

Owner Name

97 Pasture Road

Street Address

Chilmark

City

MA

State

Map 20, Parcel 47.13

Map/Lot #

02535

Zip Code

B. Site Information

1. (Check one) [X] New Construction [] Upgrade [] Repair

2. Soil Survey Available? [X] Yes [] No

If yes: Soil Survey of Dukes County, Mass. Source Soil Map Unit

Soil Name

Soil Limitations

3. Surficial Geological Report Available? [] Yes [X] No

If yes: Year Published/Source Publication Scale Map Unit

SAND

GLACIAL OUTWASH

Geologic/Parent Material

Landform

4. Flood Rate Insurance Map

Above the 500-year flood boundary? [X] Yes [] No

Within the 100-year flood boundary? [] Yes [X] No

Within the 500-year flood boundary? [] Yes [X] No

Within a velocity zone? [] Yes [X] No

5. Wetland Area: Wetlands Conservancy Program Map

Map Unit Name

6. Current Water Resource Conditions (USGS): Month/Year

Range: [] Above Normal [X] Normal [] Below Normal

7. Other references reviewed: GROUNDWATER HYDROLOGY OF MASSACHUSETTS MAP



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Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (minimum of two holes required at every proposed primary and reserved disposal area)

Deep Observation Hole Number: 1 Date: 4-4-2024 Time: 10:30 AM Weather:

1. Location

Ground Elevation at Surface of Hole: 262.1 Location (identify on plan): SEE PLAN

2. Land Use: RESIDENTIAL (e.g., woodland, agricultural field, vacant lot, etc.) NONE Surface Stones: - Slope (%): -
Vegetation: LAWN Landform: GLACIAL OUTWASH Position on Landscape (attach sheet): SEE PLAN

3. Distances from: Open Water Body: N/A feet Drainage Way: 246± feet Possible Wet Area: N/A feet
Property Line: 106± feet Drinking Water Well: 398± feet Other: - feet

4. Parent Material: SAND Unsuitable Materials Present: [] Yes [X] No

If Yes: [] Disturbed Soil [] Fill Material [] Impervious Layer(s) [] Weathered/Fractured Rock [] Bedrock

5. Groundwater Observed: [] Yes [X] No If yes: Depth Weeping from Pit: Depth Standing Water in Hole:

Estimated Depth to High Groundwater: >168 inches <248.1 elevation



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Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: 1

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
00-42						FILL					
42-50	A					SANDY LOAM					
50-72	B					SANDY LOAM					
72-84	C1					SANDY LOAM					
84-168	C2					LOAMY SAND					

Additional Notes:



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Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: 2 Date: 4-4-2024 Time: 10:30 AM Weather:

1. Location

Ground Elevation at Surface of Hole: 262.9 Location (identify on plan): SEE PLAN

2. Land Use: RESIDENTIAL (e.g., woodland, agricultural field, vacant lot, etc.) NONE Surface Stones - Slope (%) -
LAWN Vegetation GLACIAL OUTWASH Landform SEE PLAN Position on Landscape (attach sheet)

3. Distances from: Open Water Body N/A feet Drainage Way 253± feet Possible Wet Area N/A feet
Property Line 120± feet Drinking Water Well 406± feet Other - feet

4. Parent Material: SAND Unsuitable Materials Present: [] Yes [X] No
If Yes: [] Disturbed Soil [] Fill Material [] Impervious Layer(s) [] Weathered/Fractured Rock [] Bedrock

5. Groundwater Observed: [] Yes [X] No If yes: Depth Weeping from Pit Depth Standing Water in Hole
Estimated Depth to High Groundwater: >168 inches <248.9 elevation



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Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

C. On-Site Review (continued)

Deep Observation Hole Number: 2

Depth (in.)	Soil Horizon/ Layer	Soil Matrix: Color- Moist (Munsell)	Redoximorphic Features (mottles)			Soil Texture (USDA)	Coarse Fragments % by Volume		Soil Structure	Soil Consistence (Moist)	Other
			Depth	Color	Percent		Gravel	Cobbles & Stones			
00-84						FILL					
84-92	A					SANDY LOAM					
92-100	B					SANDY LOAM					
100-168	C					LOAMY SAND					

Additional Notes:



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Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

D. Determination of High Groundwater Elevation

1. Method Used:

Depth observed standing water in observation hole

A. _____
inches

B. _____
inches

Depth weeping from side of observation hole

A. _____
inches

B. _____
inches

Depth to soil redoximorphic features (mottles)

A. N/A *no mottles
encountered to a depth of 168

B. _____
inches

Groundwater adjustment (USGS methodology)

A. _____
inches

B. _____
inches

2.

Index Well Number _____

Reading Date _____

Index Well Level _____

Adjustment Factor _____

Adjusted Groundwater Level _____

E. Depth of Pervious Material

1. Depth of Naturally Occurring Pervious Material

a. 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 No

b. If yes, at what depth was it observed?

Upper boundary: _____
inches

Lower boundary: _____
inches



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Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

F. Certification

I certify that I am currently approved by the Department of Environmental Protection pursuant to 310 CMR 15.017 to conduct soil evaluations and that the above analysis has been performed by me consistent with the required training, expertise and experience described in 310 CMR 15.017. I further certify that the results of my soil evaluation, as indicated in the attached Soil Evaluation Form, are accurate and in accordance with 310 CMR 15.100 through 15.107.

George Sourati

Signature of Soil Evaluator

GEORGE SOURATI, P.E. SE #2290

Typed or Printed Name of Soil Evaluator / License #

MARINA LENT

Name of Board of Health Witness

APRIL 19, 2024

Date

OCTOBER 1997

Date of Soil Evaluator Exam

CHILMARK

Board of Health

Note: In accordance with 310 CMR 15.018(2) this form must be submitted to the approving authority within 60 days of the date of field testing, and to the designer and the property owner with [Percolation Test Form 12](#).



Commonwealth of Massachusetts

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Form 11 - Soil Suitability Assessment for On-Site Sewage Disposal

Field Diagrams

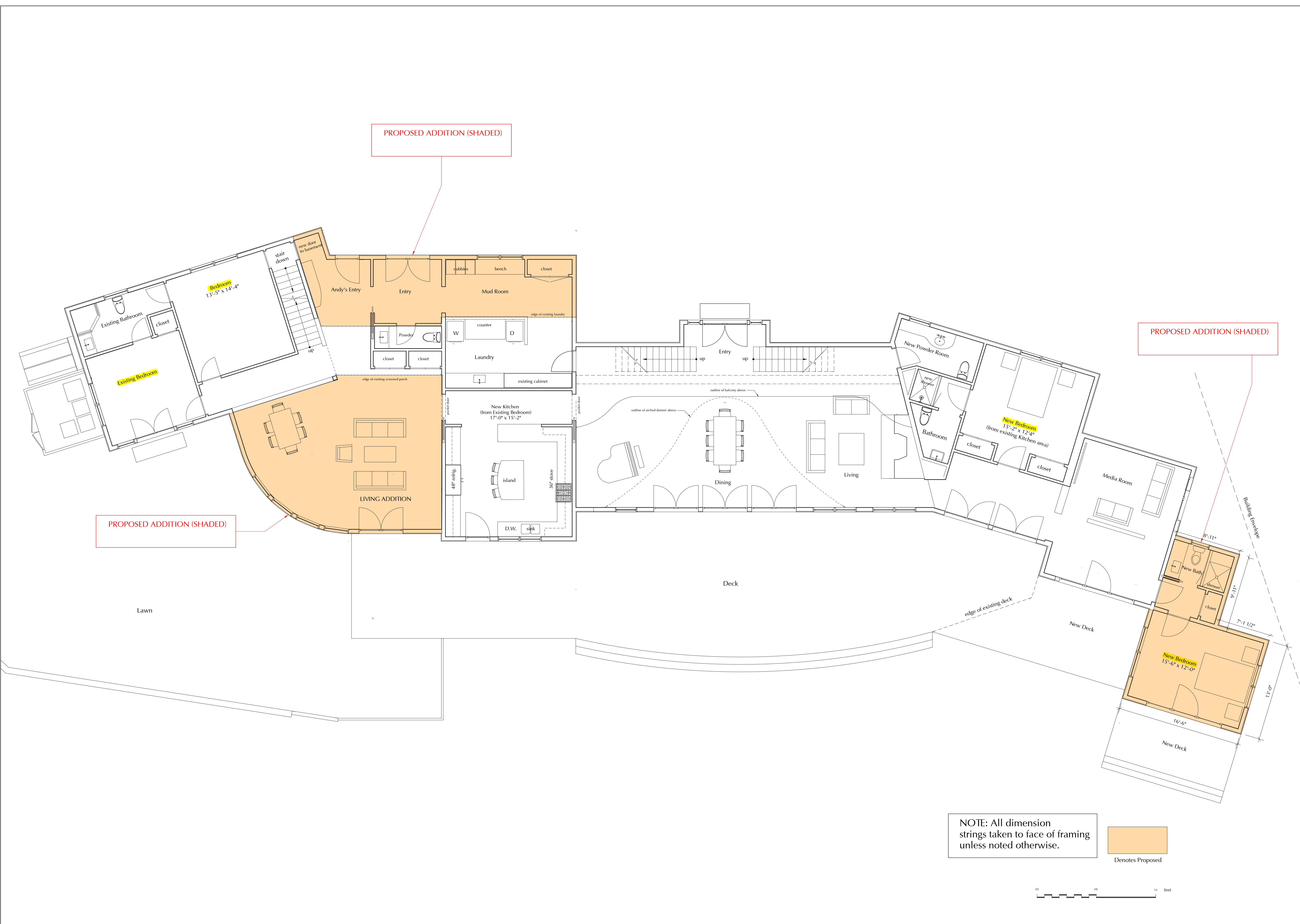
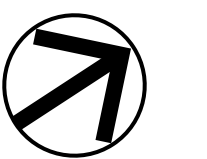
Use this sheet for field diagrams:

DRAWN:
 6 March 2023

REVISED:
 17 April 2023
 4 May 2023
 13 June 2023
 3 August 2023

FIRST FLOOR
 PLAN
 PROPOSED

Scale: 3/16" = 1'-0"



PROPOSED ADDITION (SHADED)

PROPOSED ADDITION (SHADED)

PROPOSED ADDITION (SHADED)

NOTE: All dimension strings taken to face of framing unless noted otherwise.

Denotes Proposed

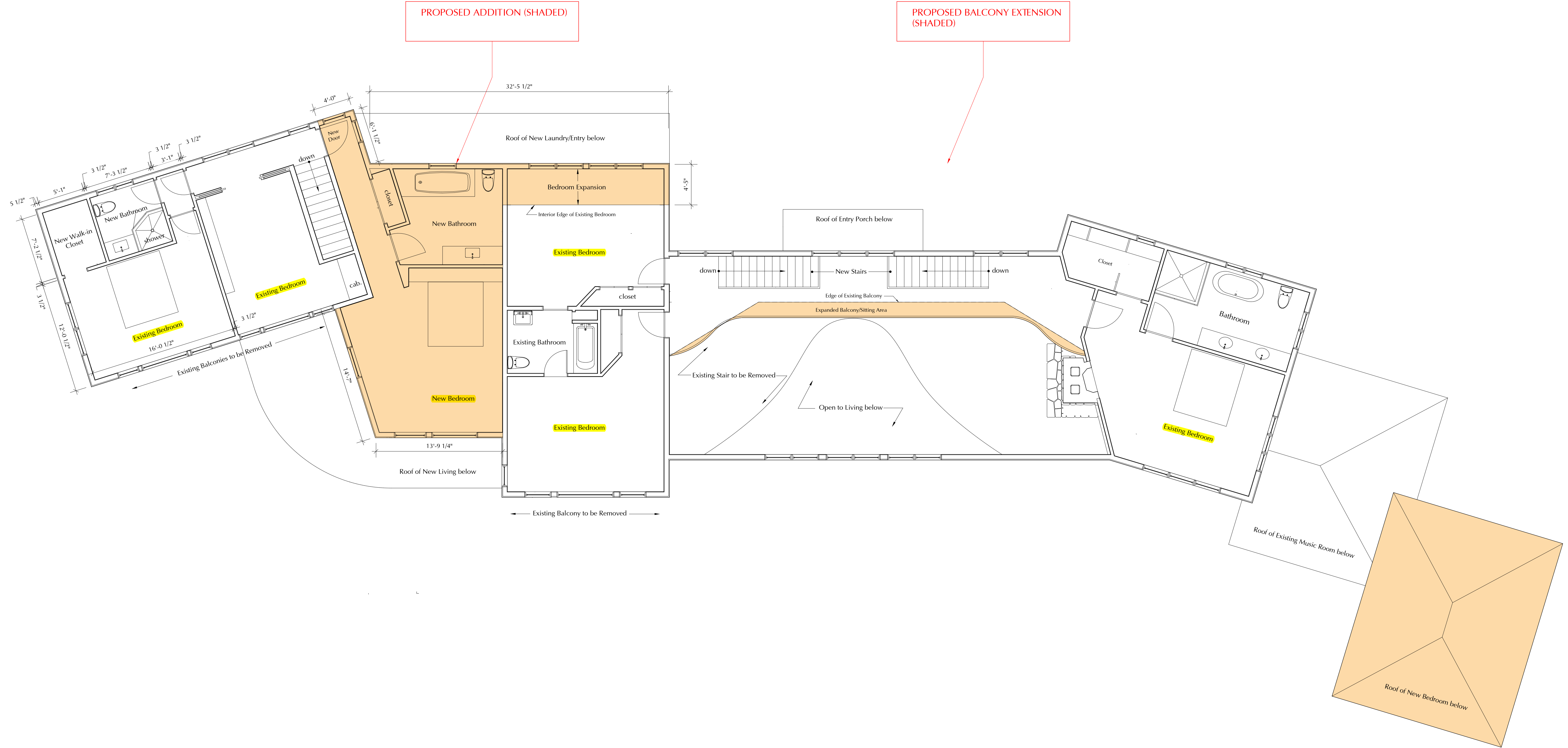
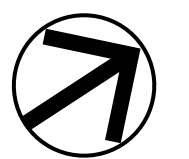


DRAWN:
 6 March 2023

REVISED:
 17 April 2023
 4 May 2023
 3 August 2023

SECOND FL.
 PLAN
 PROPOSED

Scale: 3/16" = 1'- 0"



NOTE: All dimension strings taken to face of framing unless noted otherwise.

