VLSE Job #797-6

COMMONWEALTH OF MASSACHUSETTS

N_o.

Board of Health, Chilmark

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct(X) Repair() Upgrade() Abandon() - 🗆 Complete System X Individual Components

Provided: Construction shall be completed.	Permission is hereby granted to; Construct(X) #140 State Road, AP 33-17 at			No	Designer:	has been install application No.	by: —#140 :	Description of Work: The undersigned her			No			The undersigned agrees to not Signed Signed Signed Inspections	DESCRIPTION OF REPAIRS OR ALTERATIONS	Soil Evaluator Form No.	Description of Soil(s)	7 2 2	Design Flow (min. required) Plan. Date 6/23/2023	Other Fixtures	Dwelling - No. of Bedrooms	Type of Building	Telephone#	Address	Installer's Name	Lot#	Map/Parcel#
m Construction sh	hereby grante			ms permit si		ed in accorda	#140 State Road, AP 33-17	Work: 🔲 Indi ed hereby certi				÷		d agrees to ins	OF REPAIRS	orm No.	šoil(s)	posed septi	in. required) _ 23/2023	bunding	of Bedrooms _	Residential			me	***************************************	33-17
on Fermit N all be compl	33-17	DISPO	CON	all not be con		nce with the p	P 33-17	☐ Individual Component(s) by certify that the Sewage Dis		В	(O)	:		s the system in	OR ALTERATI		ø ;	system tie	1 2	7.30	(A)	tial Entrin					
eted within 1	İ	SAL SYS	MMONWE $_t$	strued as a gu	Inspector:	rovisions of 3		onent(s) □ vage Disposal	CERTIFIC	Board of Health, ₋	EMNOM	:		described Indioperation until	ONS	Name of		in for a pro	gpd C			***************************************				***************************************	
three years c	Repair() Up	TEM CO	EALTH OF h, Chilmark	arantee that t	(O):	10 CMR 15.00 (Title 5) a		☐ Complete System sal System; Construe	CATE OF	Chilmark		i :	:	ividual Sewag il a Certificate		Name of Soil Evaluator	SEE PLAN	posed deta	Calculated design flow							***************************************	
Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.	Upgrade() Ab	DISPOSAL SYSTEM CONSTRUCTION PERMIT	COMMONWEALTH OF MASSACHUSETTS Chilmark MA.	The Estance of this permit shall not be construed as a guarantee that the system will function as designed. No		has been installed in accordance with the provisions of 310 CMR 15.00 (Title 5) and the approved design application No		Description of Work: Individual Component(s) I Complete System X, Repaired (), Upgraded (CERTIFICATE OF COMPLIANCE	T	COMMONWEALTH OF MASSACHUSETTS			The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of Ti further agrees to not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health. Signed Date 0 23 2123 Inspections		†	LAN	Proposed septic system tie in for a proposed detached bedroom	ign flow	1			Telephone#	Address	Designer's Name	Telephone#	Address
his permit. /	Abandon() an	ON PERN	JHUSETTS	unction as des	•	the approved (gpd)		paired (), Up	NCE	MA.	SLLISOH			m in accordan has been issu		Date			5	No. of persons	NI. 6			(508) 693-3774		P.O. Box 421	Vineyard
VII local con) an individual so as described i		91	gnea.	Date:	lesign plans/a		graded (), Ał			9,7	•		ce with the pr ed by the Boa		of Evaluation		on bare	Design flow provided			Lot Size ±	CONTRACTOR OF THE PROPERTY OF	-3774	oury, MA 02	421	Vineyard Land Surve
ditions must	ewage in the			FEE\$		s-built plans		sbandoned (HEH		***************************************	ovisions of TITLE urd of Health.		1			vided	Snowers (), Ca	rbage , ` `	1.38 AC	THE		575		eying & Eng.
be met.	disposal system Examplication for SU			50.00		relating to		 b #797			\$50.00	:		ITLE 5 and					gpd	Careteria ()		sq. ft.			ob#		

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA

Date

Board of Health