

No. _____

FEE **\$50.00**

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	#140 State Road	Owner's Name	Gene Leibet
Map/Parcel#	33-17	Address	Vineyard Land Surveying & Eng.
Lot#		Telephone#	P.O. Box 421
Installer's Name		Designer's Name	West Tisbury, MA 02575
Address		Address	(508) 693-3774
Telephone#		Telephone#	

Residential

Four (4)

Lot Size **±1.38 AC** sq. ft.

Dwelling - No. of Bedrooms

Garbage grinder ()

Other - Type of Building

No. of persons

Showers (), Cafeteria ()

Other Fixtures

440

gpd Calculated design flow

440

Design flow provided

430

gpd

Plan: Date

6/23/2023

Number of sheets

1

Revision Date

Title **Proposed septic system tie in for a proposed detached bedroom**

SEE PLAN

Description of Soil(s)

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. [Signature] (AGENT) Date 6/23/2023

Inspections

No. _____

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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: #140 State Road, AP 33-17

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.

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DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at #140 State Road, AP 33-17 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.