

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

FEE \$50.00

COMMONWEALTH OF MASSACHUSETTS

Chilmark

Board of Health, \_\_\_\_\_, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Table with 2 columns: Field Name and Value. Fields include Location, Map/Parcel#, Lot#, Installer's Name, Address, Telephone#, Owner's Name, Address, Telephone#, Designer's Name, Address, Telephone#.

Type of Building Commercial Lot Size \_\_\_\_\_ sq. ft. Dwelling - No. of Bedrooms \_\_\_\_\_ Garbage grinder ( ) Other - Type of Building Restaurant No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( ) Other Fixtures Existing Existing Existing Design Flow (3/18/2024) \_\_\_\_\_ gpd Calculated design flow \_\_\_\_\_ Design flow provided \_\_\_\_\_ gpd Plan: Date Proposed septic system vent for and existing FAST tank. Revision Date \_\_\_\_\_ Title SEE PLAN 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 [Signature] (AGENT) Date 3/19/2024

Inspections \_\_\_\_\_

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

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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: #512 North Road, AP 271-85 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 #512 North Road, AP 271-85 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.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA Date \_\_\_\_\_ Board of Health \_\_\_\_\_

VLSE Job #988

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