

No. _____

FEE \$150.00

COMMONWEALTH OF MASSACHUSETTS
Chilmark
Board of Health, _____, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	#7 North Abel's Hill Road	Owner's Name	GEM Realty Trust
Map/Parcel#	Part of 24-161	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#	

VLSE#386-3-1

Residential

Type of Building 4 (Four) Lot Size 13.36 Acres 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 _____ 698 _____ gpd

Design Flow (8/24/2023) _____ gpd _____ gpd
Plan: Date _____ Number of sheets _____ Revision Date _____

Title _____ **Proposed Septic System for a Proposed 4 Bedroom Dwelling** _____
Description of Soil (s) _____ **SEE PLAN** _____

Soil Evaluator Form No. _____ 11 _____ Name of Soil Evaluator Reid G. Silva Date of Evaluation 3/22/2021

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] (AGENTS) Date 8/29/23

Inspections _____

No. _____ FEE \$150.00

COMMONWEALTH OF MASSACHUSETTS
Chilmark
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 (X), Repaired (), Upgraded (), Abandoned ()

by: #7 North Abel's Hill Road, AP Part of 24-161

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 \$150.00

COMMONWEALTH OF MASSACHUSETTS
Chilmark
Board of Health, _____, MA.
DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct (X) Repair () Upgrade () Abandon () an individual sewage disposal system at #7 North Abel's Hill Road, AP Part of 24-161 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.

VLSE#386-3-1