

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Chilmark, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	#1,#6, & #7 The Yard	Owner's Name	The Yard
Map/Parcel#	26-91, 92, 95	Address	Vineyard Land Surveying & Eng.
Lot#		Telephone#	P.O. Box 421
Installer's Name		Designer's Name	West Tisbury, MA 02676
Address		Address	(508) 693-3774
Telephone#		Telephone#	

VLSE# 1573

Type of Building Residential Lot Size 12.49 Acres sq. ft.

Dwelling - No. of Bedrooms Twelve (12) Garbage grinder ()
No. of persons _____ Showers (), Cafeteria ()

Other - Type of Building _____

Other Fixtures 100 Seat Theatre, 1274 S.F. Offices, &

Design Flow (min. required) 1782 gpd Calculated design flow 1782 Design flow provided 1833 gpd

Plan: Date 1/8/2018 Number of sheets 1 Revision Date 10/13/2022

Title Proposed septic system for 12 Brms in multiple dwellings, offices, 100 seat theatre, and rehearsal studio
SEE PLAN

Description of Soil(s) _____ Name of Soil Evaluator Reid Silva Date of Evaluation 10/5/2018

Soil Evaluator Form No. 11

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 10/28/22

Inspections _____

No. _____ FEE \$150

COMMONWEALTH OF MASSACHUSETTS
Board of Health, Chilmark, 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: #1,#6, & #7 The Yard, AP 26-91, 92, 95

at #1,#6, & #7 The Yard, AP 26-91, 92, 95 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 _____ Inspector: _____ Date: _____

The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. _____ FEE \$150

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

Permission is hereby granted to; Construct (X) Repair () Upgrade () Abandon () an individual sewage disposal system at #1,#6, & #7 The Yard, AP 26-91, 92, 95 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# 1573