

No. 2020-0108

FEE \$200-  
CK# 3315

COMMONWEALTH OF MASSACHUSETTS

Board of Health, WEST TISBURY, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

|                                     |                                            |
|-------------------------------------|--------------------------------------------|
| Location <u>20 ALBERT'S POND LN</u> | Owner's Name <u>WALKER ROMAN</u>           |
| Map/Parcel# <u>ASSR PCL 25-4</u>    | Address <u>90 SBTH, INC Box 339 VT, MA</u> |
| Lot#                                | Telephone# <u>508-693-2281</u>             |
| Installer's Name                    | Designer's Name <u>SBTH, INC</u>           |
| Address                             | Address <u>Box 339 Vineyard Haven, MA</u>  |
| Telephone#                          | Telephone# <u>508-693-2281</u>             |

Type of Building \_\_\_\_\_ Lot Size 4.42± AC sq. ft.  
 Dwelling - No. of Bedrooms 3+1 EXISTING + 2 PROPOSED = 6 TOTAL Garbage grinder ( )  
 Other - Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other Fixtures \_\_\_\_\_  
 Design Flow (min. required) 330 gpd Calculated design flow 660 Design flow provided 699 gpd  
 Plan: Date APRIL 16, 2020 Number of sheets ONE Revision Date \_\_\_\_\_  
 Title PROPOSED SEWAGE DISPOSAL SYSTEM  
 Description of Soil(s) SEE PLAN  
 Soil Evaluator Form No. 11 Name of Soil Evaluator C. ALLEY Date of Evaluation 1/23/20

DESCRIPTION OF REPAIRS OR ALTERATIONS REPLACEMENT OF TRUNK PIT WITH NEW TITEL 5 SYSTEM TO SERVE EXISTING 3-BR HOUSE, EXISTING BARN (LOWER BEDROOM) AND PROPOSED 2-BR DWELLING.

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] Date 4/23/20  
(Alley)

Inspections \_\_\_\_\_  
\_\_\_\_\_

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

COMMONWEALTH OF MASSACHUSETTS

FEE \_\_\_\_\_

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

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System

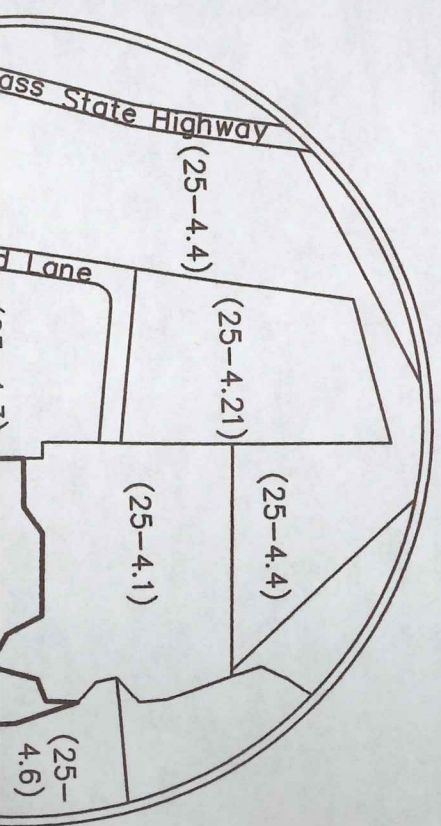
The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded ( ), Abandoned ( )

by: \_\_\_\_\_  
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)

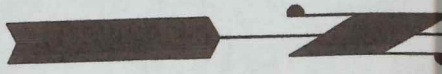
Installer: \_\_\_\_\_  
Designer: \_\_\_\_\_  
Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

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

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



Assessor Parcel 25-4.5



mt of Con Com Jurisdiction  
 (200' from Mill Brook  
 & 100' from wetlands)