

No. 2020-0106

FEE \$200-

# 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>220 VINEYARDS MEADOW FARMS</u>	Owner's Name <u>DEREK AVAKIAN</u>
Map/Parcel# <u>Assn PCL 36-291</u>	Address <u>220 VMF RD, WT, MA 02573</u>
Lot# <u>37-21</u>	Telephone# <u>774-521-9747</u>
Installer's Name	Designer's Name <u>SBTH, INC</u>
Address	Address <u>Box 339 Vineyards Haven</u>
Telephone#	Telephone# <u>608-693-2781</u>

Type of Building \_\_\_\_\_ Lot Size 61,005± sq. ft.  
 Dwelling - No. of Bedrooms 4+2=6 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 SEPT 30, 2019 Number of sheets ONE Revision Date APRIL 4, 2020  
 Title PROPOSAL SEWAGE DISPOSAL SYSTEM  
 Description of Soil(s) SEE PLAN  
 Soil Evaluator Form No. 11 Name of Soil Evaluator C. ALBY Date of Evaluation 8-30-19

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] Date APRIL 13, 2020

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: \_\_\_\_\_

