



Town of West Tisbury

BOARD OF HEALTH

P. O. Box 278

West Tisbury, Massachusetts 02575

Telephone 508-696-0105

Email: boh@westtisbury-ma.gov

Permit Fee (\$75)

Permit #: 2020-0043

CHANGE OF USE FORM

Date: March 16, 2020

Applicant: Rosalie H. Powell, Trustee of The Rosalie H. Powell Trust

Address: 49 Old Courthouse Road

Map & Lot: 22-17 Current Septic Capacity: 550 GPD Current # of Bedrooms: 6

Contact Person & Phone (To Arrange Site Visit if Necessary):

Sourati Engineering Group, (508) 693-9933

Description of Changes:

Add one bedroom in an existing six bedroom house for a total of seven bedrooms.

* Please provide a copy of the building plan showing proposed changes

*APPLICANT'S SIGNATURE: _____ DATE: _____

*****OFFICE USE ONLY*****

Bedroom Count Required (Y/N) Bedrooms Confirmed: _____

Date Site Visit Completed: _____ Confirmed Septic Capacity _____

Additional Notes and/or Title 5 Requirements (If Any):

Follow-Up required (Y/N):

Date Approved: _____ Building Dept. Notified (Y/N) Date: _____

No. 2020-

FEE 200.00
PK
CHK# 7879

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Town of West Tisbury, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location <u>49 Old Courthouse Road</u>	Owner's Name <u>Rosalie H. Powell, Trustee of</u>
Map/Parcel# <u>Map 22, Parcel 17</u>	Address <u>the Rosalie H. Powell Trust</u>
Lot#	Telephone# <u>32 Wentworth Road, Canton, MA 02021</u>
Installer's Name	Designer's Name <u>George Sourati</u>
Address	Address <u>P.O. Box 4458, Vineyard Haven, MA 02568</u>
Telephone#	Telephone# <u>(508) 693-9933</u>

Type of Building Existing Six Bedroom House + Proposed One Bedroom Addition Lot Size 70,597± sq. ft.
 Dwelling - No. of Bedrooms 6+1 = 7 Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 770 gpd Calculated design flow 770 Design flow provided 770 gpd
 Plan: Date March 11, 2020 Number of sheets 1 Revision Date _____
 Title New Sewage Disposal System
 Description of Soil(s) See Soils Log
 Soil Evaluator Form No. _____ Name of Soil Evaluator G. Sourati Date of Evaluation 2-24-2020

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 George Sourati (Representative) Date 3/13/20

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: _____

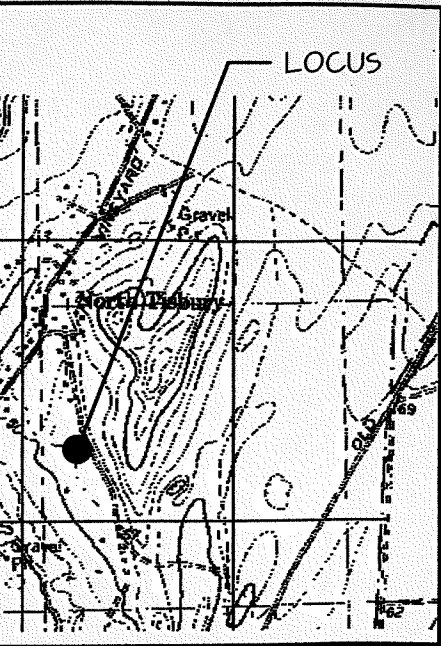
at _____

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.



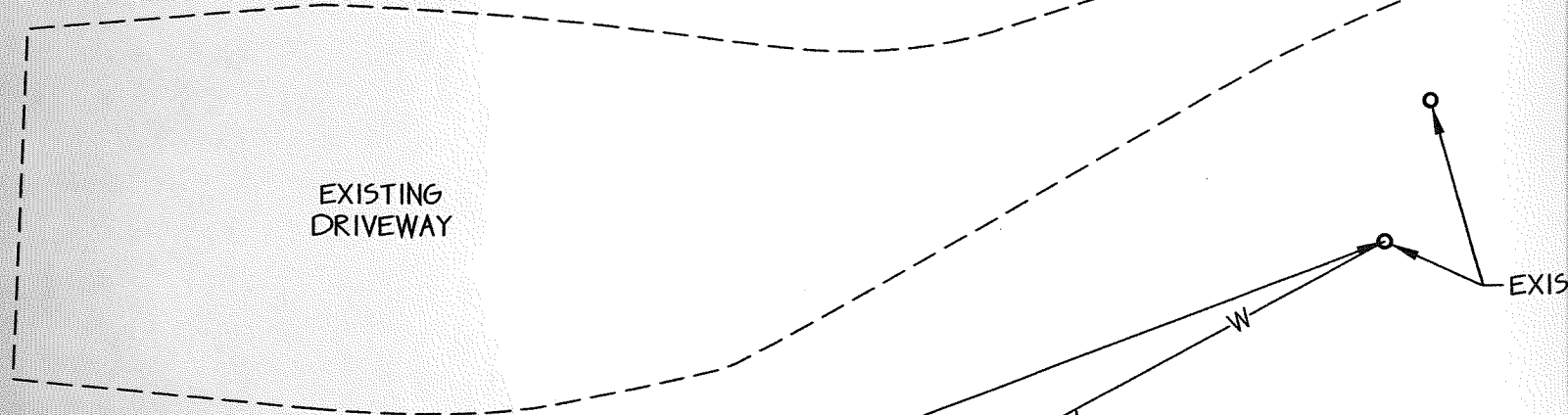
Plan of Land

SCALE: 1"=20'
 MAP NO.: 22
 PARCEL NO.: 17
 AREA: 70,597± S.F.

MAP 22
 PARCEL 21.2

MAP 22
 PARCEL 17.1

306±

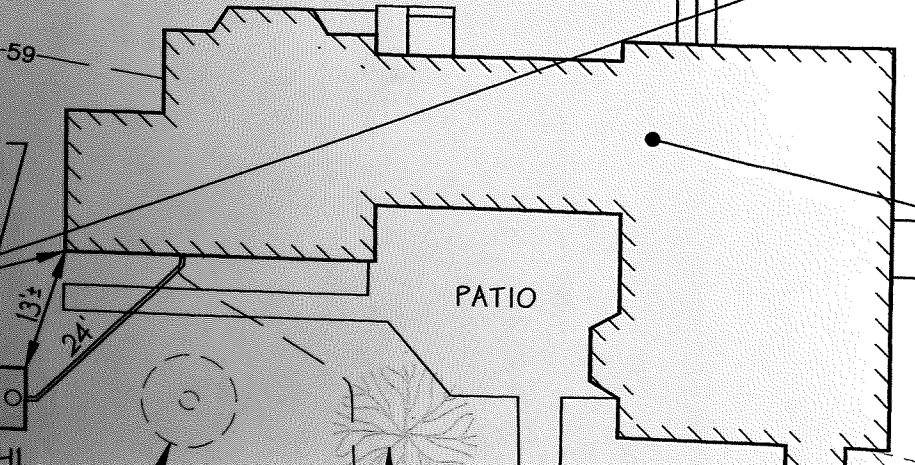
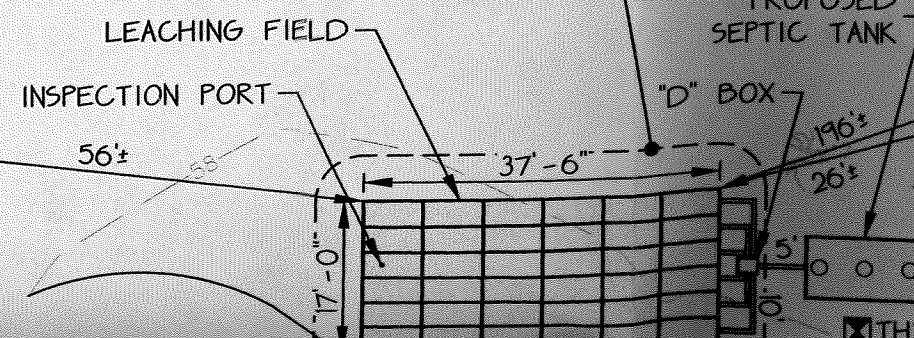


ALL SOILS EXTENDING OUT 5'-0" AROUND
 THE LEACHING FIELD TO BE EXCAVATED
 BETWEEN ELEVATIONS 55.0 AND 53.7 AND
 REPLACED WITH CLEAN, COARSE, COMPACT
 SAND WITH A PERCOLATION RATE OF 2
 MPI BEFORE AND AFTER PLACEMENT.
 SEE CONSTRUCTION IN FILL NOTE.



MAP 22
 PARCEL 21.2

218±



Plot Plan

scale: 1"=50'
lot area: 7.0± acres



Watcha Club Rd

