

No. 2018-0546

FEE 225

**Renewal*
2020-0090

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>231 VINEYARD MEADOW FARM RD</u>	Owner's Name <u>MICHAEL DANIELS</u>
Map/Parcel# <u>Assn Dec 37-13</u>	Address <u>62 PARK TERRACE WEST, APT A86, NY, NY</u>
Lot#	Telephone# <u>212-247-2660</u>
Installer's Name	Designer's Name <u>SRH INC</u>
Address	Address <u>802339 Vt. MA 02568</u>
Telephone#	Telephone# <u>528-693-2281</u>

Type of Building _____ Lot Size 65,043 sq. ft.

Dwelling - No. of Bedrooms 4 EXISTING + 1 PROPOSED = 5 TOTAL Garbage grinder ()

Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) 330 gpd Calculated design flow 550 Design flow provided 590 gpd

Plan: Date NOV 28, 2018 Number of sheets ONE Revision Date _____

Title PROPOSAL SUMMER DISPOSAL SYSN

Description of Soil(s) SIE PM

Soil Evaluator Form No. U Name of Soil Evaluator C. ALLEY Date of Evaluation 2/16/99

11/8/18

DESCRIPTION OF REPAIRS OR ALTERATIONS LOCATING PIT TO BE RELOCATED

WITH NEW LOCATED FIELD

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 DEC 3, 2018

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.

Assessor's Parcel 36-39

Assessor's Parcel 37-12

Assr's Pcl 36-38

118.83'

533.89'

550.13'

reserve area

proposed art studio (one bedroom for design)

existing swimming pool

proposed 1500-gallon septic tank

proposed leaching field (see detail)

existing leaching pit (see Note C)

existing 1000-gallon septic tank (see Note A)

+ 37.6

+ 37.7

+ 37.6

+ 36.3

+ 37.9

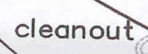
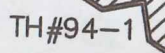
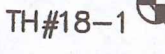
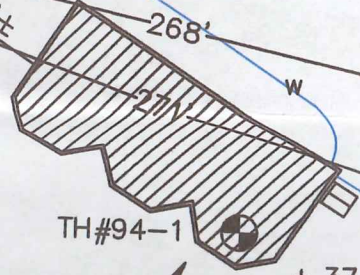
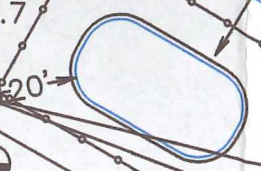
37.1+

268'

+ 36.9

+ 36.0

+ 37.2



13'

5'

30'

20'

80'

29'±

297'

well

well

78'