

No. 2020-113

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>49 Kaitlyn Way</u>	Owner's Name	<u>Victoria Thurber</u>
Map/Parcel#	<u>10 - 192.5</u>	Address	<u>49 Kaitlyn Way</u>
Lot#		Telephone#	<u>90</u>
Installer's Name		Designer's Name	<u>SBH Inc</u>
Address		Address	<u>PO Box 339 VT MA 02888</u>
Telephone#		Telephone#	<u>509 693 2781</u>

Type of Building Residential Lot Size 3.01 Acres
 Dwelling - No. of Bedrooms proposed 2 bedroom dwelling w/ 4 bedroom capacity Garbage grinder
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 330 gpd Calculated design flow 220 Design flow provided 523 gpd
 Plan: Date Jan 10, 2020 Number of sheets 1 Revision Date _____
 Title proposed sewage disposal plan
 Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator CPTA Date of Evaluation 11/14/19

DESCRIPTION OF REPAIRS OR ALTERATIONS proposed two bedroom dwelling w/ 4 bedroom capacity on beach

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 Jan 10, 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: _____

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



Assessor Parcel 10-192.4

Benchmark:
Top of bound found
elevation : 101.72'

483.48'

L=176.06'



proposed
two-bedroom
dwelling

proposed
driveway

proposed
1500 gallon
septic tank

proposed
leaching area

reserve
area

proposed
well

th#3

th#2

th#1

414.04'

125'

511.58'

Assessor Parcel 10-192.6