

No. 46/2011

FEE \$ 200

RECEIVED

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Edgartown, MA.

Also SEE: SEE! APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

MAY 19 2011

EDGARTOWN BOARD OF HEALTH

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

Location <u>49 LITCHFIELD BEACH</u>	Owner's Name <u>JOHN JOHANNESSEN</u>
Map/Parcel# <u>ASSA PCL 34-29</u>	Address <u>38 Old Indian Trail, Edg., MA</u>
Lot#	Telephone# <u>693-2781</u>
Installer's Name <u>Watercourse Construct.</u>	Designer's Name <u>SBTU, INC</u>
Address	Address <u>Box 339 Vineyard Haven, MA</u>
Telephone# <u>508.693.9458</u>	Telephone# <u>693-2781</u>

Type of Building Residence Lot Size 74,000± sq. ft. Garbage grinder () N/A
 Dwelling - No. of Bedrooms Four No. of persons 2 Showers Cafeteria ()
 Other - Type of Building _____
 Other Fixtures 2-tubs.
 Design Flow (min. required) 330 gpd Calculated design flow 440 Design flow provided _____ gpd
 Plan: Date Mar 13, 2011 Number of sheets one Revision Date _____
 Title PROPOSED SEWAGE DISPOSAL SYSTEM
 Description of Soil(s) _____ Name of Soil Evaluator C. ALLET Date of Evaluation 1.25.06
 Soil Evaluator Form No. _____

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 MAY 13, 2011
 (44687)

Inspections _____
 No. 46/2011 FEE \$ 200.00
 COMMONWEALTH OF MASSACHUSETTS
 Board of Health, Edgartown, MA.
 CERTIFICATE OF COMPLIANCE

Description of Work: Individual Components () Complete System
 The undersigned hereby certify that the Sewage Disposal System; Constructed Repaired (), Upgraded (), Abandoned ()
 by: AFMAP# 34, LOT # 29, LITCHFIELD RD.
 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. 46/2011 dated 5/19/2011 Approved Design Flow _____ (gpd)
 Installer _____
 Designer: _____ Date: _____
 The issuance of this permit shall not be construed as a guarantee that the system will function as designed.

No. 46/2011 FEE \$ 200.00
 COMMONWEALTH OF MASSACHUSETTS
 Board of Health, Edgartown, MA.
 DISPOSAL SYSTEM CONSTRUCTION PERMIT
 Permission is hereby granted to: Construct Repair () Upgrade () Abandon () an individual sewage disposal system at AFMAP# 34, LOT # 29, LITCHFIELD RD. as described in the application for Disposal System Construction Permit No. 46/2011 dated 5/19/2011.
 Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.
 Form 1255 Rev. 5/96 A.M. Sullivan Co. Chelsea, MA Date 5.20.11 Board of Health [Signature]