

No. 50-77

FEE 250

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Oak Bluffs, MA.

PAID 5/24

RECEIVED JUN 23 2022

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Apply to Construct () Repair () Upgrade () Abandon () - Complete System Individual Components

Location <u>45 Menahan St</u>	Owner's Name _____
Map/Parcel# <u>7-151</u>	Address _____
Lot# _____	Telephone# _____
Installer's Name _____	Designer's Name <u>SBH Inc</u>
Address _____	Address <u>PO Box 339 Vt</u>
Telephone# _____	Telephone# <u>808 693-2781</u>

Type of Building Residential Lot Size 5,002 sq. ft.
 Dwelling - No. of Bedrooms Proposed 4 Bedroom Garbage grinder ()
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 330 gpd Calculated design flow 440 Design flow provided 546 gpd
 Plan: Date May 24 22 Number of sheets 1 Revision Date _____
 Title Proposed Sewage disposal
 Description of Soil(s) _____
 Soil Evaluator Form No. _____ Name of Soil Evaluator CPT Date of Evaluation 3/11/03

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 Steve Smile Date Jun 21 2022

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.

No. _____

COMMONWEALTH OF MASSACHUSETTS

FEE _____

Board of Health, _____, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at _____ as described in the application for Disposal System Construction Permit No. _____, dated _____.

Provided: Construction shall be completed within three years of the date of this permit. All local conditions must be met.

Date 6/27/22 Board of Health G. H. H. M.