

Commonwealth of Massachusetts
Title 5 Official Inspection Form
Subsurface Sewage Disposal System Form - Not for Voluntary Assessments
#49 Oak La West Tisbury Map 10 Lot 26

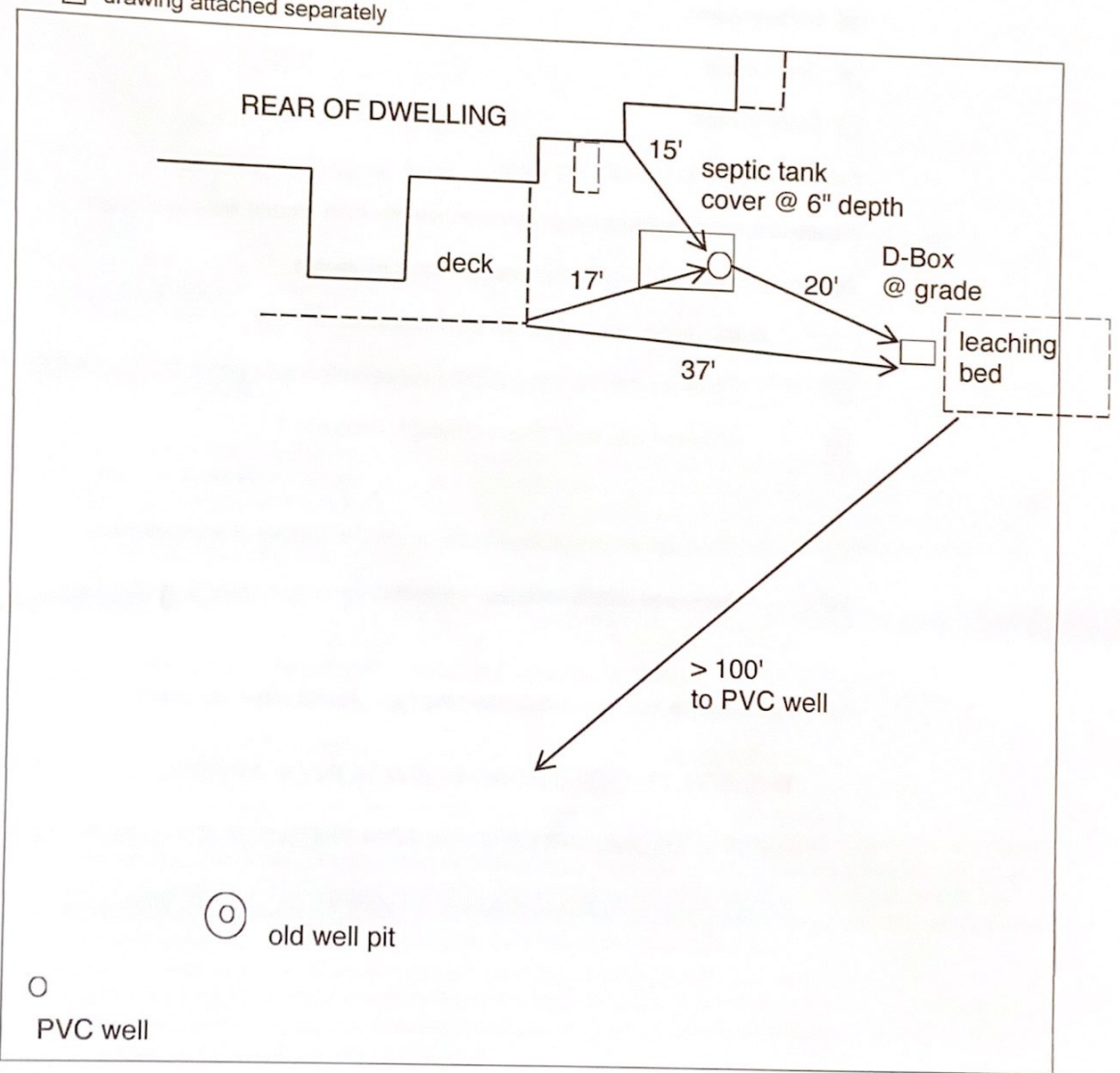
Property Address UMB Bank N.A. Trustee 1010 Grand Boulevard P.O. Box 419692
Owner's Name _____
City/Town Kansas City State MO Zip Code 64106 Date of Inspection 8/29/17

Owner information is required for every page.

D. System Information (cont.)

Sketch Of Sewage Disposal System: Provide a view of the sewage disposal system, including ties to at least two permanent reference landmarks or benchmarks. Locate all wells within 100 feet. Locate where public water supply enters the building. Check one of the boxes below:

- hand-sketch in the area below
- drawing attached separately



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City/Town Kansas City State MO Zip Code 64106 Date of Inspection 8/29/17

C. Checklist

Check if the following have been done. You **must** indicate "yes" or "no" as to each of the following:

- | Yes | No | |
|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Pumping information was provided by the owner, occupant, or Board of Health |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Were any of the system components pumped out in the previous two weeks? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the system received normal flows in the previous two week period? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have large volumes of water been introduced to the system recently or as part of this inspection? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were as built plans of the system obtained and examined? (If they were not available note as N/A) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility or dwelling inspected for signs of sewage back up? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the site inspected for signs of break out? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were all system components, excluding the SAS, located on site? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Were the septic tank manholes uncovered, opened, and the interior of the tank inspected for the condition of the baffles or tees, material of construction, dimensions, depth of liquid, depth of sludge and depth of scum? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Was the facility owner (and occupants if different from owner) provided with information on the proper maintenance of subsurface sewage disposal systems? The size and location of the Soil Absorption System (SAS) on the site has been determined based on: |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Existing information. For example, a plan at the Board of Health. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Determined in the field (if any of the failure criteria related to Part C is at issue approximation of distance is unacceptable) [310 CMR 15.302(5)] |

D. System Information

Residential Flow Conditions:

Number of bedrooms (design): 4 Number of bedrooms (actual): 4

DESIGN flow based on 310 CMR 15.203 (for example: 110 gpd x # of bedrooms): 440 gpd

note: System design flows and bedroom count are based on best available information and may be subject to the review and approval of the local board of health.

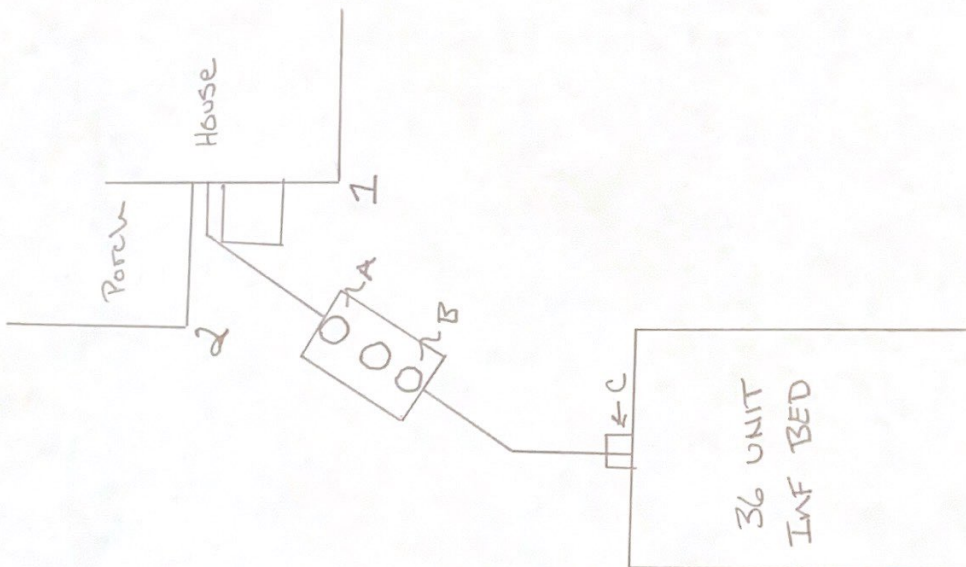


TOWN OF WEST TISBURY BOARD OF HEALTH

TELEPHONE 693-6395
P.O. BOX 278
WEST TISBURY, MA 02575

SEPTIC INSTALLER'S AS BUILT DRAWING

MAP 10 PARCEL 26 ADDRESS 49 OAK LANE
OWNER MARIA VILLIMIZAR
PERMIT NO. 02-63 ENGINEER John Lally Jr NEW REPAIR
INSTALLER RICHARD T. OLSEN & SON Inc DATE 11/5/02
COORDINATE DIAGRAM (Include wells, water & powerlines & fuel storage tanks)



A-1 = 15'
A-2 = 15'
B-1 = 23'
B-2 = 26'
C-1 = 38'
C-2 = 45'

WHITE COPY: BOARD OF HEALTH

MANILA COPY: OWNER'S COPY

NOTE: It is suggested this be kept handy as the septic tank should be pumped periodically for maintenance.

No. 002-03

FEE \$125.00

COMMONWEALTH OF MASSACHUSETTS

Board of Health, W. Tisbury, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	49 OAK LANE	Owner's Name	MARIA VILLAMIZAR
Map/Parcel#	10/26	Address	40 VINEYARD LAND SURVEYING PO BOX 421, W. TISBURY, MA 02575
Lot#		Telephone#	508-693-3774
Installer's Name		Designer's Name	JOHN LOLLEY, JR. PE
Address		Address	SAME AS ABOVE
Telephone#		Telephone#	SAME AS ABOVE

Type of Building DWELLING Lot Size 2.4 ^{ACRES}_{sq ft}
 Dwelling - No. of Bedrooms _____ Barbage grinder () ^{NOT ALLOWED}
 Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
 Other Fixtures _____
 Design Flow (min. required) 440 gpd Calculated design flow _____ Design flow provided 471 gpd
 Plan: Date DEC. 20, 2001 Number of sheets 1 Revision Date _____
 Title PROPOSED SEPTIC SYSTEM (UPGRADE) ON LAND IN WEST TISBURY, MASS
 Description of Soil(s) SEE PLAN
 Soil Evaluator Form No. 11 Name of Soil Evaluator JOHN LOLLEY Date of Evaluation JULY 6, 2001

DESCRIPTION OF REPAIRS OR ALTERATIONS SEE PLAN

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 place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 12-21-01

Inspections _____

VLS JOB #2-4

No. 002-03

FEE 12

COMMONWEALTH OF MASSACHUSETTS

Board of Health, W. Tisbury, 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: R.T. O'Brien + Son

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. 02-03

FEE _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, W. Tisbury, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct () Repair () Upgrade () Abandon () an individual sewage disposal system at 10-26 by R.T. O'Brien + Son as described in the application for Disposal System Construction Permit No. 02-03, dated 12/21/01.

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

