No. 111-A

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF OAK BLUFFS

Application for Disposal Works Construction Permit

Application is hereby made for a Permit to Construct (✓) or Repair ( ) the Individual Sewage Disposal System at:

OCEAN PARK ROAD — Date 191 June 16
(Street Address)

THOMAS LAWN ESTATE — Box 1628 OAK BLUFFS
(Owner) (Address)

(Tenant) (Address)

Type of Building — Size Lot 11700 sq. ft.

Dwelling — No. of Bedrooms 4+1 — Sleeping Area ( ) — Cottage Colony ( )

Other — Type of Building ..... No. of persons ..... Showers ( ) — Cleaners ( )

Other Equipment .....

Design Flow 1104 gallons per day — Total soil area 637 sq. ft.

Septic Tank — Liquid capacity 200 gallons — Length 9 — Width 4 — Diameter 6 — Depth 5

Disposal Trench — No. ..... — Total length ..... — Total trench area ..... sq. ft.

Seepage Pit No. 1 — Diameter 13 — Depth below outlet 4 — Total bottom area 377 sq. ft.

Other Distribution Box ( ) — Operation ( )

Percolation Test Results — Performed by Earl A. Hall — Date 9/9/00

Test Pit No. 1 — Minutes per inch ..... — Depth of Test Pit 12 — Depth to ground water .....

Test Pit No. 2 ..... — Minutes per inch ..... — Depth of Test Pit ..... — Depth to ground water .....

Description of Soil — Fine sand — Sand

Nature of Repairs or Alterations — Answer when applicable — Add leaching pit to accommodate additional plumbing

Agreement:

The undersigned agrees to install the above-described Individual Sewage Disposal System in accordance with the provisions of Title 5 of the State Sanitary Code — The undersigned to the system to be placed the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Earl A. Hall Jr. 9/6/00

Application Approved: [signature] 9-6-00

Application Disapproved for the following reasons: .....

Permit No. ..... Issued ..... Date

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

OF

Certificate of Compliance

THIS IS TO CERTIFY that the Individual Sewage Disposal System constructed ( ) or Repaired ( ) by ..... Date .....

at ..... in accordance with the provisions of Title 5 of the State Sanitary Code and pursuant to the application for Disposal Works Construction Permit No. ..... Date .....

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY.

..... Board of Health

THE COMMONWEALTH OF MASSACHUSETTS

No. 111-A — BOARD OF HEALTH OF [signature]

Disposal Works Construction Permit

Permission is hereby granted to Construct ( ) or Repair ( ) an Individual Sewage Disposal System at ..... in accordance with the application for Disposal Works Construction Permit No. ..... Date .....

DATE ..... [signature]

CHECK, OR FILL IN WHERE APPLICABLE