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 #36996

No. _____
 THE COMMONWEALTH OF MASSACHUSETTS
 BOARD OF HEALTH
 Town OF Dorset

BOARD OF HEALTH
 DUXSBURY, MA 02232

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

<u>142 Oak Street</u> Location <u>861</u> Map/Parcel <u>076-805</u>	<u>Dorset + Doran Bitter</u> Owner's Name <u>142 Oak St Dorset</u> Address <u>781-934-5429</u> Telephone #
<u>Dorbury Construction LLC</u> Lot # Installer's Name <u>P.O. Box 2774 Dorbury</u> Address <u>781-934-8000</u> Telephone #	<u>Robert Crowell</u> Designer's Name <u>981 Long Park Rd</u> Address <u>774-283-2443</u> Telephone #

Type of Building: S.F.D. Lot Size .93 Sq. Feet

Dwelling — No. of Bedrooms 1 Garbage Grinder () Showers () , Cafeteria ()

Other — Type of Building _____ No. of persons _____

Other fixtures _____

Design Flow (min. required) 550 gpd Calculated design flow 510 gpd Design flow provided 577.56 gpd

Plan: Date 9-30-21 Number of sheets 1 Revision Date _____

Title _____

Description of Soil(s) See soil log Name of Soil Evaluator Heena Boppana Date of Evaluation 9-3-21

Soil Evaluator Form No. _____

DESCRIPTION OF REPAIRS OR ALTERATIONS Butt 1500 gallon tank, D-508 good connect to 7.66 x 8.79 backflow traps

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 10-21-2021

Inspections _____

FORM 1 - APPLICATION FOR DSCP DEP APPROVED FORM 5/96

No. _____ THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH

Fee _____

CERTIFICATE OF COMPLIANCE

Individual Component(s) Complete System

Description of Work: _____

The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired () , Upgraded (), Abandoned ()

by: Dorbur Construction LLC

at 142 Oak Street

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 Dorbur Construction LLC

Designer: Robert Crowell Inspector _____ Date _____

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

FORM 3 - CERTIFICATE OF COMPLIANCE DEP APPROVED FORM 5/96

No. _____ THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH

Fee _____

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct (Repair) Upgrade (Abandon ()) an individual sewage disposal system at 142 Oak Street 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 _____ Board of Health _____

FORM 2 - DSCP DEP APPROVED FORM 5/96