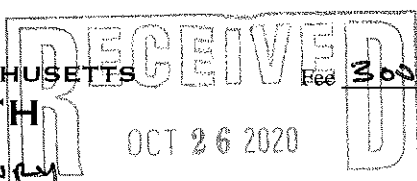


No. 2020-102

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF DUXBURY



Fee 300

V# 16278

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

<u>45 SEABURY POINT ROAD</u> Location	<u>MARILYN COMMANDER</u> Owner's Name
<u>101-962-004</u> Map/Parcel #	<u>45 SEABURY POINT ROAD</u> Address
Lot #	<u>DUXBURY</u> Address
Installer's Name	<u>SHAYNE P. MCGILONE P.S.</u> Designer's Name
Address	<u>211 PEMBROKE STREET</u> Address
Telephone #	<u>KINGSTON 731 683 9527</u> Telephone #

Type of Building: DWELLING Lot Size 45,975 Sq. feet  
 Dwelling — No. of Bedrooms 4 Garbage Grinder ( )  
 Other — Type of Building \_\_\_\_\_ No. of persons \_\_\_\_\_ Showers ( ), Cafeteria ( )  
 Other fixtures \_\_\_\_\_

Design Flow (min. required) 440 gpd Calculated design flow 440 gpd Design flow provided 475 gpd  
 Plan: Date 10.13.2020 Number of sheets 1 Revision Date \_\_\_\_\_

Title PLAN SHOWING PROPOSED SEPTIC SYSTEM UPGRADE  
 Description of Soil(s) SEE LOGS  
 Soil Evaluator Form No. 11 Name of Soil Evaluator S.P. MCGILONE Date of Evaluation 9.25.2020

DESCRIPTION OF REPAIRS OR ALTERATIONS INSTALL 1500 GALLON TANK, P-BOX & 14.15' x 30.00' ADD ALL 36 LEACHING BED

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 \_\_\_\_\_ Date 10/13/2020  
 Inspections \_\_\_\_\_



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

No. \_\_\_\_\_ THE COMMONWEALTH OF MASSACHUSETTS Fee \_\_\_\_\_

DUXBURY BOARD OF HEALTH

CERTIFICATE OF COMPLIANCE

Description of Work:  Individual Component(s)  Complete System  
 The undersigned hereby certify that the Sewage Disposal System; Constructed ( ), Repaired ( ), Upgraded (X), Abandoned ( )

by: \_\_\_\_\_  
 at 45 SEABURY POINT ROAD  
 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 PHILLIPS  
 Designer: MCGILONE 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 Fee \_\_\_\_\_

DUXBURY BOARD OF HEALTH

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to Construct ( ) Repair ( ) Upgrade (X) Abandon ( ) an individual sewage disposal system at 45 SEABURY POINT ROAD 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