

V#-3320 \$265-

No. 2020-101

THE COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

TOWN OF DUXBURY

RECEIVED  
OCT 26 2020

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

534 WASHINGTON STREET Location	JOHN & HEATHER CULLY Owner's Name
118 Map/Parcel #	534 WASHINGTON ST. DUXBURY MA 02332 Address
009-207 Lot #	781-424-6379 Telephone #
Installer's Name	GRADY CONSULTING LLC Designer's Name
Address	71 EVERGREEN ST. KINGSTON MA 02364 Address
Telephone #	781 585 2300 Telephone #

Type of Building: RESIDENCE Lot Size 21,475 Sq. feet  
Dwelling — No. of Bedrooms 5 Garbage Grinder ( )  
Other — Type of Building No. of persons Showers ( ), Cafeteria ( )  
Other fixtures

Design Flow (min. required) 550 gpd Calculated design flow 550 gpd Design flow provided 508 gpd  
Plan: Date 10-15-20 Number of sheets 1 Revision Date  
Title SEPTIC REPAIR PLAN

Description of Soil(s)  
Soil Evaluator Form No. Name of Soil Evaluator F. BOYNTON III Date of Evaluation 9-15-17

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 not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed [Signature] Date 10/19/20

Inspections

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

No. 2020-101

THE COMMONWEALTH OF MASSACHUSETTS

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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 ( ), Abandoned ( )

by:

at 534 Washington St.

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. 2020-101 dated 10/26/2020. Approved Design Flow (gpd)

Installer

Designer: Grady Consulting 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

BOARD OF HEALTH

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 Board of Health

FORM 2 - DSCP DEP APPROVED FORM 5/96