



TOWN OF AQUINNAH
65 STATE RD.
AQUINNAH, MASSACHUSETTS 02535

TEL. 508 645-2300
FAX 508 645-2310

TO: *James Deculos / Mitras + Deculos, Tr Gorda RT*

FROM: Aquinnah Board of Health

DATE: *4/14/11*

RE: Engineer's Approved Disposal Works Application

Enclosed is your Disposal Works Permit, which was approved by the Board of Health. Please take note that you must inspect this system at the time of installation and provide this office with a letter of certification that the system has been completed as drawn.

Thank you for your cooperation.

Sincerely,

AQUINNAH BOARD OF HEALTH

Jerry Wiener, Chairman
Richard Skidmore
Sarah Saltonstall

**TOWN CLERK
and
ASSESSORS
645-2306**

**ACCOUNTANT
645-2305
BUILDING INSPECTOR
645-2307**

**TAX COLLECTOR
and
TREASURER
645-2303**

No. 575FEE 175

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AQUINNAH, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

| | |
|---|---|
| Location <u>OFF MOSHUP TRAIL</u> | Owner's Name <u>KITRAS & DECOULOS TR GORDA PT</u> |
| Map/Parcel# <u>12/38</u> | Address <u>38 BOW RD, BELMONT, MA 02478</u> |
| Lot# <u>232</u> | Telephone# <u>617-489-7795</u> |
| Installer's Name <u>DECA CONSTRUCTION</u> | Designer's Name <u>JAMES J. DECOULOS</u> |
| Address <u>40 PLACEGATE WAY, VINEYARD HAVEN</u> | Address <u>185 ALEWICK BROOK PKWY, CAMBRIDGE</u> |
| Telephone# <u>508-693-5014</u> | Telephone# <u>617-489-7795</u> |

Type of Building RESIDENTIAL DWELLING Lot Size 140,263 sq. ft.
Dwelling - No. of Bedrooms 3 Garbage grinder ()
Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()
Other Fixtures _____
Design Flow (min. required) 330 gpd Calculated design flow 330 Design flow provided 339 gpd
Plan: Date 6/27/01 Number of sheets 2 Revision Date 1/5/11
Title PROPOSED SEPTIC SYSTEM, ASSESSOR MAP 12, PARCEL 38, AQUINNAH, MA
Description of Soil(s) 10 YR 5/6 SANDY LOAM - PARENT MATERIAL
Soil Evaluator Form No. 11 Name of Soil Evaluator JAMES J. DECOULOS Date of Evaluation 4/25/00

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

Signed James J. Decoulos Date 1/5/11

Inspections _____

No. 575FEE 175

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AQUINNAH, 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: _____

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. 575FEE 175

COMMONWEALTH OF MASSACHUSETTS

Board of Health, AQUINNAH, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to; Construct(☒) Repair() Upgrade() Abandon() an individual sewage disposal systemat Moshups Trail Map 12 Lot 38 as described in the application forDisposal System Construction Permit No. 575, dated 3-2-11.

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

No. 575

FEE 175 -

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Aquinnah, MA.

DISPOSAL SYSTEM CONSTRUCTION PERMIT

Permission is hereby granted to: Construct(☒) Repair(☐) Upgrade(☐) Abandon(☐) an individual sewage disposal system at Mishups Trail Map 12, Lot 38 as described in the application for Disposal System Construction Permit No. 575, dated 3-2-11.

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

Date 3-2-11 Board of Health [Signature]