

No. 211-02

FEE 60.-

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Bourne, MA.

APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

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

Location	4 Ylmanumet Reef Drive	Owner's Name	William Mac Donald
Map/Parcel#		Address	
Lot#		Telephone#	
Installer's Name	Bouquard Sanitary	Designer's Name	
Address		Address	
Telephone#		Telephone#	

Type of Building _____ Lot Size _____ sq. ft.

Dwelling - No. of Bedrooms _____ Garbage grinder ()

Other - Type of Building _____ No. of persons _____ Showers (), Cafeteria ()

Other Fixtures _____

Design Flow (min. required) _____ gpd Calculated design flow _____ Design flow provided _____ gpd

Plan: Date _____ Number _____

Title _____

Description of Soil(s) _____

Soil Evaluator Form No. _____

DESCRIPTION OF REPAIRS OR ALTERATIONS _____

Brett has the money for the Micro Fast. He will get signed maintenance agreement.

8-28th

The undersigned agrees to install the above described system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Date 8-28-02

Inspections _____

COMMONWEALTH OF MASSACHUSETTS

Board of Health, Bourne, 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 ()

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 _____

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

No. 162-93

4 Bedrooms

FEE 25.-

THE COMMONWEALTH OF MASSACHUSETTS BOARD OF HEALTH TOWN OF BOURNE

Application for Disposal Works Construction Permit

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

4 Ylmanumet Reef Drive P.O. Box 1088

Charles Quirk Location: Address: Bourne, MA 02539

Paul Bouquard Owner: Address: P.O. Box 1088

Installer: Address: Bourne, MA 02539

Type of Building _____ Expansion Attic () _____ Sq. feet _____

Dwelling - No. of Bedrooms _____ No. of persons _____ Showers () - Cafeteria ()

Other - Type of Building _____ Other fixtures _____

Design Flow _____ gallons per person per day. Total daily flow _____ gallons.

Septic Tank - Liquid capacity _____ gallons Length _____ Width _____ Diameter _____ Depth _____

Disposal Trench - No. _____ Width _____ Total Length _____ Total leaching area _____ sq. ft.

Seepage Pit No. _____ Diameter _____ Depth below inlet _____ Total leaching area _____ sq. ft.

Other Distribution box () _____ Dosing tank () _____

Percolation Test Results _____ Performed by _____ Date _____

Test Pit No. 1 _____ minutes per inch _____ Depth to ground water _____

Test Pit No. 2 _____ minutes per inch _____ Depth of Test Pit _____

Description of Soil _____

Nature of Repairs or Alterations - Answer when applicable: Pump + pump station, septic tank + 3 septic tanks / 4 elevators

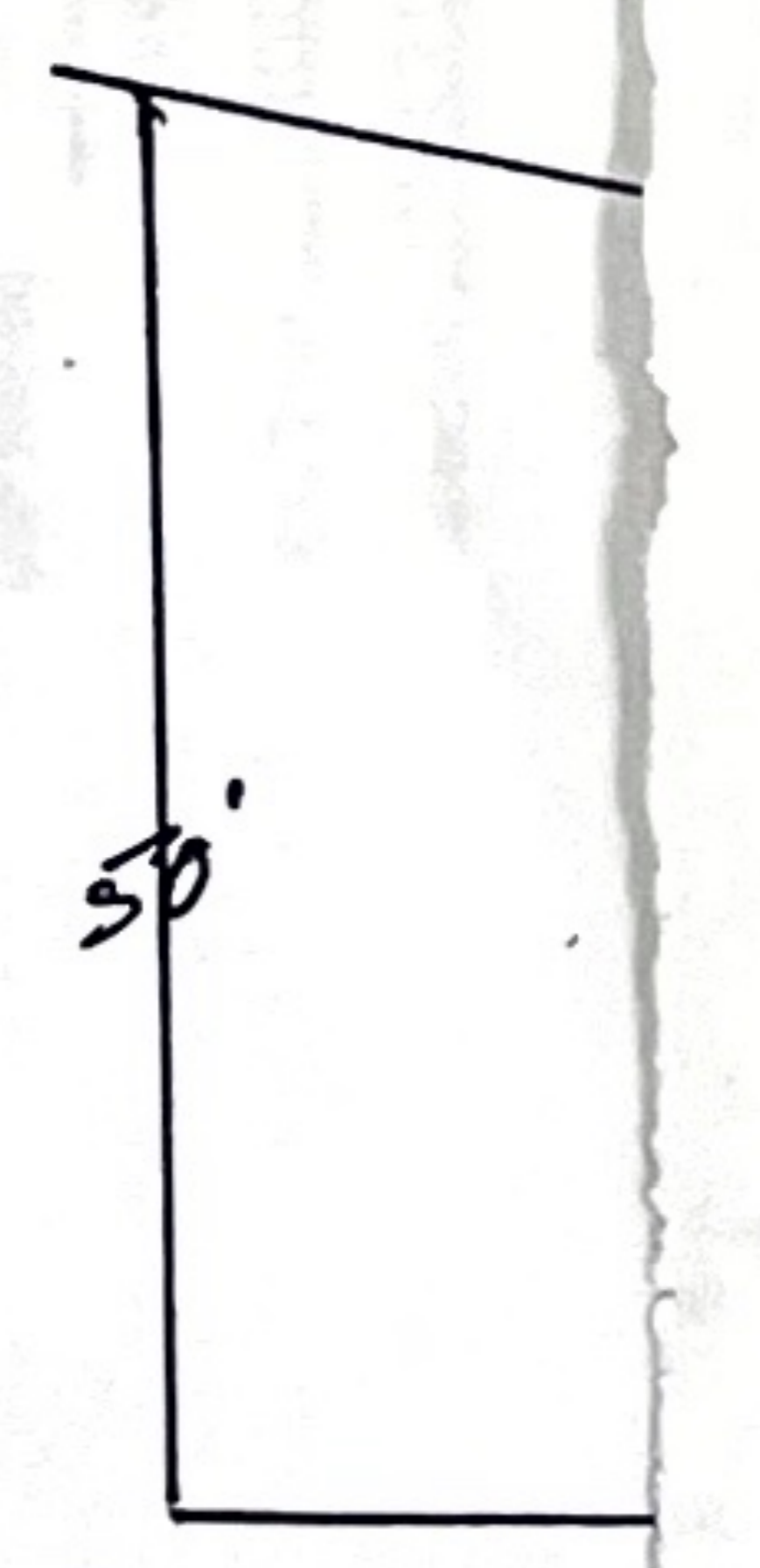
Agreement: The undersigned agrees to install the aforesaid Individual Sewage Disposal System in accordance with the provisions of TITLE 5 of the State Sanitary Code - The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the board of health.

Signed _____ Date 7-22-93

Application Approved By: _____ Date 8-4-93

Application Disapproved for the following reasons: _____

Permit No. 162-93 Issued August 4, 1993



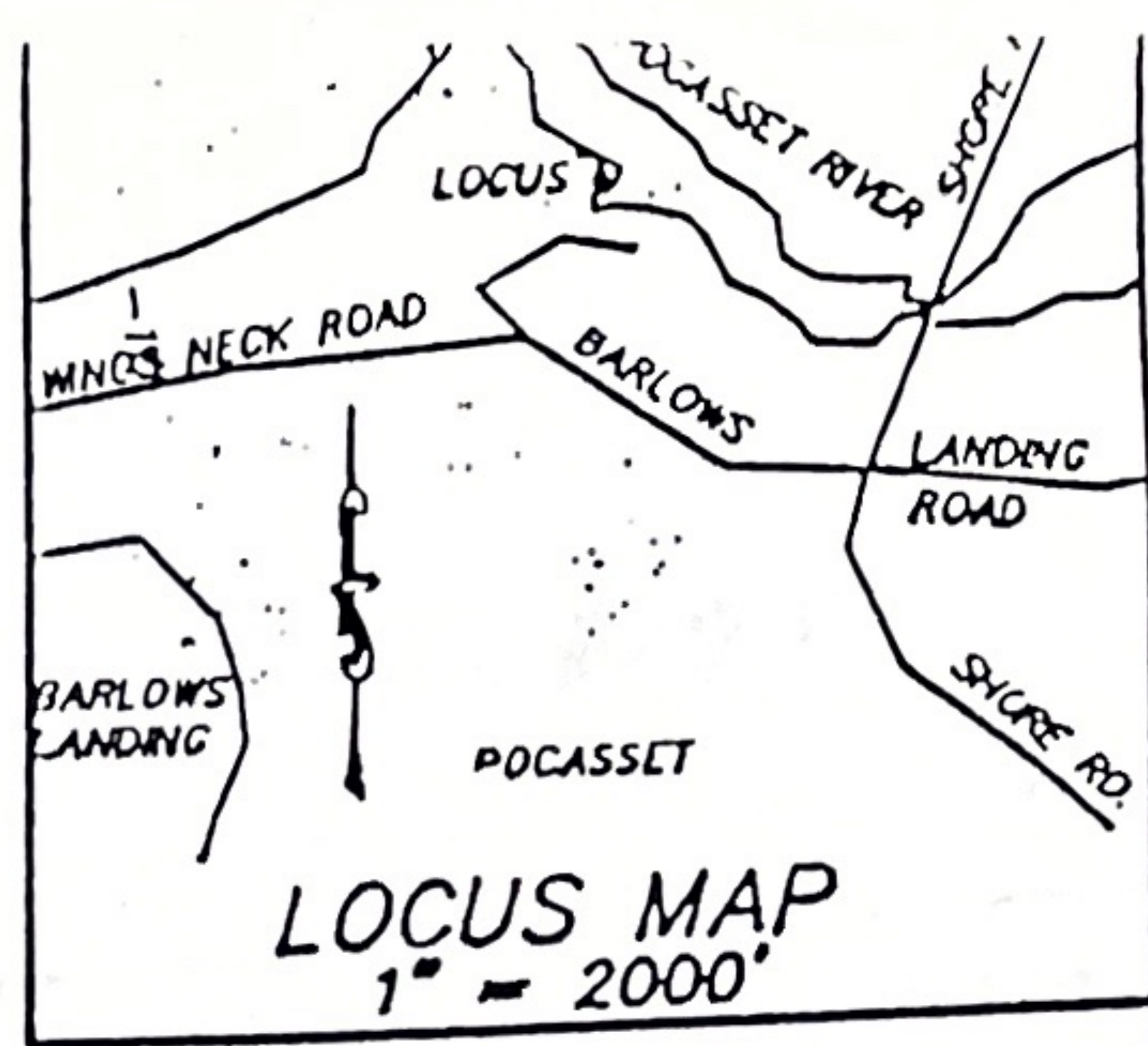
CHECK OR FILL IN WHERE APPLICABLE

CC00-13

DIANE E. KILDUFF
BOX 3652
POCASSET, MA.
02559

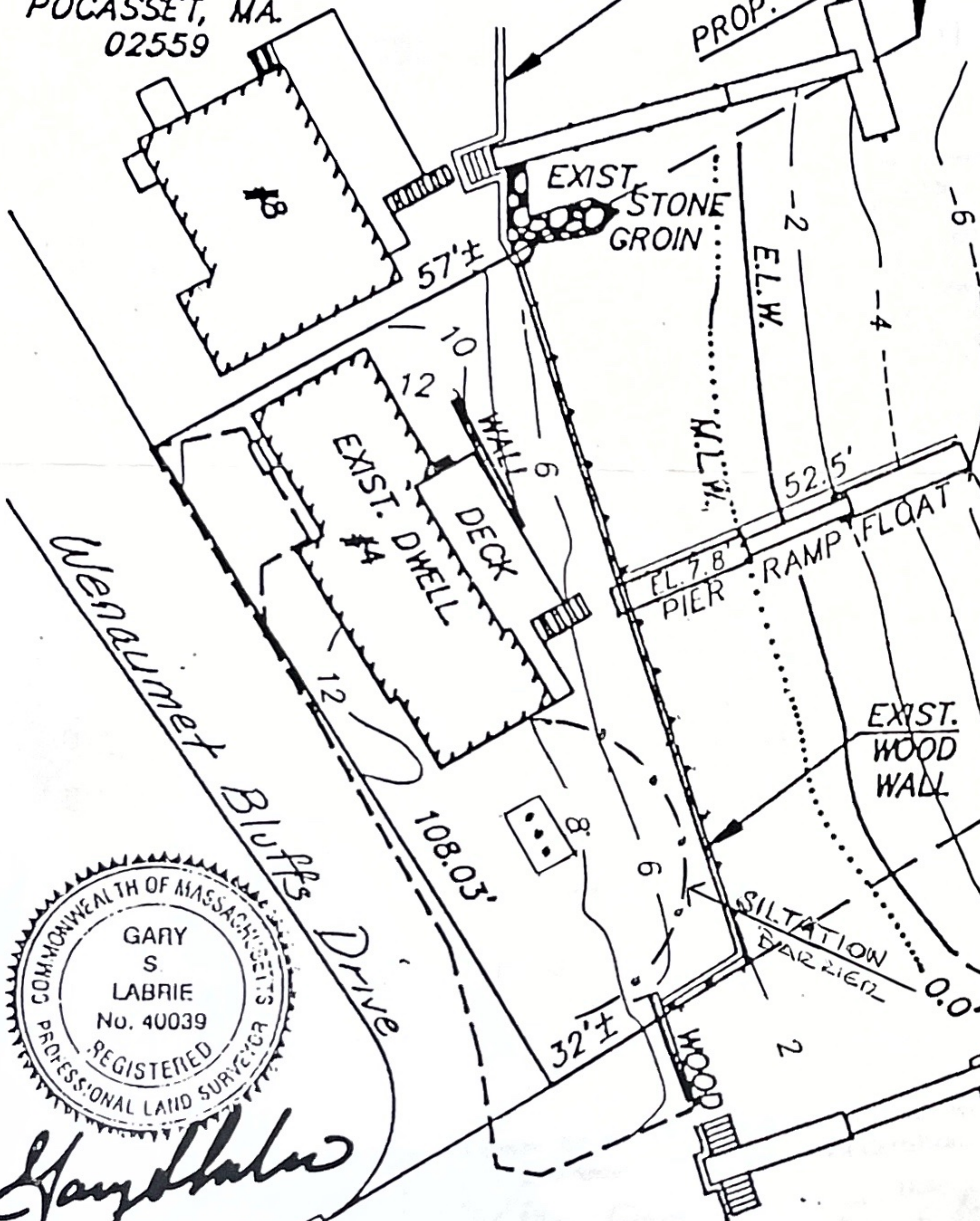
EXIST. CONG. WALL

PROP. LINE EXT.



POCASSET RIVER

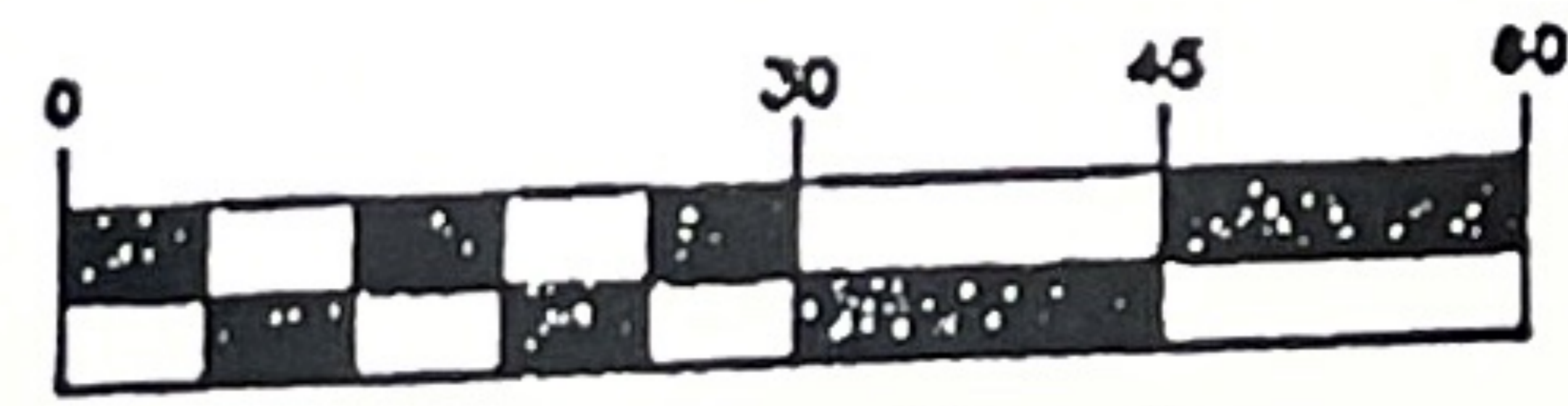
PROPOSED
REPLACE EXISTING 1000 Gal. TANK WITH 1500 Gal. TANK W/"MICROFAST" UNIT



Gary S. Labrie

TIDE WAY

ROBERT WILLIS
P.O. BOX 433
W. BRIDGEWATER
MA. 02375



1 inch = 30 ft

" SITE PLAN "

Accompanying Petition of
DR. WILLIAM McDONALD

Revised: 1/31/00

4 WENAUMET BLUFFS RD. IN BOURNE, MASS.
SCALE: 1"=30' DATE: 1/8/98
Wm. M. Warwick & Assoc. Inc.
Box 801 N. Falmouth, Mass.

cannot meet setback
wetland/water
a break out req.

Final 9-14-93
GC

