COMMONWEALTH OF MASSACHUSETTS

Board of Health, ________, MA.

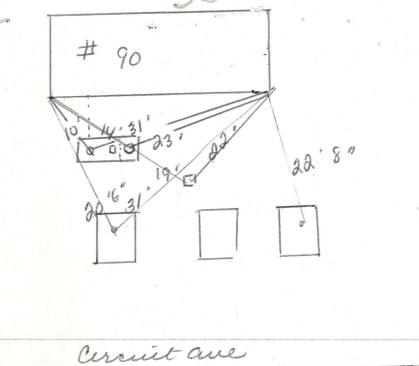
APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Application for a Permit to Construct() Repair() Upgrade() Abandon() - 🖵 Complete System 🗀 Individual Components 90 Cercine ave Robert Morse Location Owner's Name Map/Parcel# 43.3/226 Address Telephone# Lot# Designer's Name Installer's Name Address Address Telephone# Telephone# Lot Size ___ Type of Building Dwelling - No. of Bedrooms _ __ Garbage grinder () No. of persons Showers (), Cafeteria () Other - Type of Building _ Other Fixtures _ Design Flow (min. required) ____ gpd Calculated design flow ___ Design flow provided _____gpd Revision Date Plan: Date Number of sheets ___ Title __ Description of Soil(s) Name of Soil Evaluator Date of Evaluation Soil Evaluator Form No. ex cavation w/ ML POLY Permit valid for repair of septic only - System does not meet all Title 5 provingments and / or local Board of Health requirements adequate for ally additions / renovations / replacement or upgrad nitary sewage facilities / conversions 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 to place the system in operation until a Certificate of Compliance has been issued by the Board of Health. Jag (BIW) Date 5/ Inspections COMMONWEALTH OF MASSACHUSETTS Board of Health, Source requirements of separations of the separation of the separat CERTIFICATE OF COMPLIANCE facilities / conversions. Description of Work: ☐ Individual Component(s) ☐ Complete System The undersigned hereby certify that the Sewage Disposal System; Constructed (), Repaired (), Upgraded (), Abandoned () 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. 91-97, dated 6/23/97. Approved Design Flow 343 (gpd) _ Inspector: _ The issuance of this permit shall not be construed as a guarantee that the system will function as designed. COMMONWEALTH OF MASSAGGIFFUNDS and of Beard of Health requirements - System rick air of septic only - System does not meet all Title f Board of Health, Source and additions / renovations / replacement or upgrades of senitary Modege facilities / conversions. DISPOSAL SYSTEM CONSTRUCTION PERMIT Permission is hereby granted to; Construct() Repair() Upgrade(// Abandon() an individual sewage disposal system as described in the application for 91-97 , dated 6 23 97. Disposal System Construction Permit No. ____

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

Rev. 5/96 A.M. Sulkin Co. Boston, MA

Date 6/23/97 Board of Health Centre (7) ex





TOWN OF BOURNE



BOARD OF HEALTH BOURNE, MASS.

6 23 97

OWNER:

Robert Morse

ADDRESS:

Concord NH

Dear M. Morse

This letter is to inform you that a septic permit # 91~97
for a repair/upgrade of the septic system at 90 Circuit (we has been approved by this office on 6/23/97

Please be advised that the proposed repair/upgrade does not meet all the requirements of 310 CMR 15.00, Title 5, such as setback distances and distance to groundwater, and/or does not meet the Board of Health regulation regarding distance to wetlands. This repair/upgrade is approved solely as an improvement to an existing failed or non-Title 5 system.

The above permit is not valid for any future additions of habitable space or renovations/reconstruction of the referenced dwelling or replacement or upgrades of sanitary waste facilities, i.e. plumbing work. The aforementioned types of work would require a variance(s) from 310 CMR 15.00, Title 5 and/or existing Board of Health regulations.

Please contact this office at 759-0630 if you have any questions.

Sincerely,

Cynthia A. Coffin, R.S., C.H.O. Health Agent