

NASHOBA ASSOCIATED BOARDS OF HEALTH

ENVIRONMENTAL HEALTH DIVISION
AYER, MA 01432 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

- To install a new Sewage Disposal system
 To repair existing Sewage Disposal system this permit is issued under the
Emergency Section 11.05 of 310 CMR 11.00 Environmental Code, Title 1

ISSUED FOR THE Lancaster BOARD OF HEALTH

OWNER Mountain Laurel Realty Co., William Daniel Chisholm, Tr.

(NOT TRANSFERABLE - FORMAL PERMIT TRANSFER MUST BE REQUESTED UPON CHANGE OF OWNERSHIP)

LOCATION OF LOT OR INSTALLATION 38 Grant Way LOT NO. 15

DATE PERMIT ISSUED July 3, 1997 LOT SIZE 60,100 s.f.

SOIL DESCRIPTION 0-7"-A-sandy loam, 7-16"-B-sandy loam, 16-48"-C1-sandy loam with gravel,
48-126"-C2d sandy loam, no groundwater observed on 4/12/95, mottling observed at
36" on 11/23/94. PERC. RATE 30 min/inch

ENGINEERING OR SPECIAL PREPARATION: System to be installed according to engineered plan No. L-4045
by David Ross Assoc., Inc.

A variance to Lancaster BOH reg. 5.2.B, fill limitation, reg. 6.2 trenches in fill,
& reg. 6.4, distances is required.

SYSTEM DESIGNED FOR: 4 bedroom dwelling WATER SUPPLY: Town Well

PRIMARY INSTALLATION 1500 gallon septic tank

SECONDARY INSTALLATION 4 - 2' deep x 2' wide x 56' long leaching trenches as designed

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT: WJB

James R. Davis
BOARD OF HEALTH

Clark Christoff
BOARD OF HEALTH

WJB
BOARD OF HEALTH

I agree upon accepting this PERMIT to comply with all Board of Health regulations and the State Environmental Code during all phases of installing the septic system; and if I am the contractor installing this system, I further agree to correct any fault caused by defective material or workmanship appearing in this system within one year from date of occupancy.

SIGNED [Signature] Owner Contractor Licensed Installer

(X) Eng. to stk SDS location CERTIFICATE OF COMPLIANCE

INSPECTIONS REQUIRED: 3130198-D. Ross Assoc., Inc. installer

<input checked="" type="checkbox"/> Bed and trench excavation, before fill / stone by eng. <u>NASH</u>	Date: <u>4/13/98</u>	By: <u>WJB</u>
<input checked="" type="checkbox"/> Fill in place by eng. <u>NASH</u>	Date: <u>5/5/98</u>	By: <u>WJB</u>
<input checked="" type="checkbox"/> Completed system prior to backfill <u>vent trenches</u>	Date: <u>5/11/98</u>	By: <u>WJB</u>
<input checked="" type="checkbox"/> Final fill and grading by eng. <u>NASH</u> <u>on Eng. as-built</u>	Date: <u>4/12/99</u>	By: <u>D. Ross Assoc., Inc.</u>
<input checked="" type="checkbox"/> Engineer certification in writing of completed system	Date: <u>4/12/99</u>	By: <u>" "</u>
<input checked="" type="checkbox"/> As built plan <input type="checkbox"/> By Design Engineer <input type="checkbox"/> By Installer <u>5/18/98 WJB</u>	Date: <u>4/12/99</u>	By: <u>" "</u>
<input type="checkbox"/> Water supply (if well) <u>Nashoba over septic tank</u>	Date: _____	By: _____
<input type="checkbox"/> Recorded deed easements	Date: _____	By: _____
<input checked="" type="checkbox"/> All piping to be schd. 40	Date: <u>5/11/98</u>	By: <u>WJB</u>
<input checked="" type="checkbox"/> Eng. as-built must show water line location <u>4/12/99</u>	Date: <u>4/12/99</u>	By: <u>D. Ross Assoc., Inc.</u>
<input type="checkbox"/> Inspection completed	Date: <u>5/18/98</u>	By: <u>WJB</u>

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL THIS CERTIFICATE IS COMPLETED.

IMPORTANT NOTES

1. THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED A GUARANTEE THAT THE SYSTEM WILL FUNCTION PROPERLY.
2. INSTALLATION OR REPAIR MUST BE PERFORMED BY NASHOBA LICENSED INSTALLER.
3. FAILURE BY INSTALLER TO CONFORM TO ALL REQUIREMENTS OF THIS PERMIT MAY LEAD TO SUSPENSION OR REVOCATION OF INSTALLER'S PERMIT.
4. THE OWNER SHOULD BE AWARE OF WETLANDS PROTECTION REQUIREMENTS OF THE LOCAL CONSERVATION COMMISSION.
5. THE SYSTEM IS NOT DESIGNED FOR GARBAGE DISPOSAL.
6. THE SYSTEM IS DESIGNED FOR USE STATED ABOVE.
7. PERMIT IS VOID TWO YEARS AFTER DATE OF ISSUE.
8. LEACH SYSTEMS MUST BE KEPT 100 FEET FROM ALL WELLS.
9. PROPER MAINTENANCE OF A SYSTEM REQUIRES ANNUAL PUMPING.
- *10. COLIFORM BACTERIA TEST REQUIRED, COMPLETE POTABILITY TEST RECOMMENDED.