

No. _____

BOARD OF HEALTH
TOWN OF NANTUCKET

Fee \$ 850.00

APPLICATION FOR DISPOSAL WORKS CONSTRUCTION PERMIT

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

94 Quindnet Rd
Location - Address

21-107
Assessors map and parcel no.

Ann Swart
Owner

40 Seafirth Place, Tiburon CA 94920
Address

Strong LLC
Installer

10 Industry Rd Nantucket MA 02554
Address

Type of Building Dwelling X No. of Bedrooms 5 Expansion Attic () Size Lot 25,029 (7,361) Sq. feet
Garbage Grinder ()

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

Other fixtures

Design Flow gallons per person per day. Total daily flow 550 gallons.

Septic Tank 2 Liquid capacity 2000 1500 gallons Length see plan Width Diameter Depth

Disposal French X No. 1 Width 17' Total Length 31.2' Total Leaching area 888 sq. ft.
Field

Seepage Pit No. Diameter Depth below inlet Total Leaching area gal.

Other Distribution box () Dosing tank ()

Percolation Test Results Performed by Dan Mulloy, PE Date 1-6-16

Test Pit No. 1 < 2 minutes per inch Depth of Test Pit 120" Depth to ground water > 120"

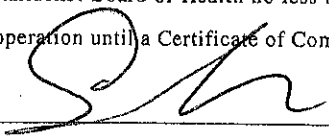
Test Pit No. 2 minutes per inch Depth of Test Pit 148" Depth to ground water > 148"

Description of Soil Sands in TP-1, some loamy sand/silt in TP-2

Nature of Repairs or Alterations — Answer when applicable Construction of new I/A system

Agreement:

- (1) The undersigned agrees to install the aforescribed Individual Sewage Disposal System in accordance with the provisions of new Title 5 of the State Sanitary Code.
- (2) A representative of the Nantucket Board of Health shall be present at all percolation tests whenever possible. The undersigned agrees to notify a representative of the Nantucket Board of Health no less than 24 hours prior to performing the percolation test.
- (3) A representative of the Nantucket Board of Health shall inspect the Individual Sewage Disposal System prior to covering. The undersigned agrees to notify a representative of the Nantucket Board of Health no less than 24 hours prior to covering the system.
- (4) 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 6-25-21

Application Approved By _____ Date _____

Application Disapproved for the following reasons: _____

NOTES:

Issued _____ Date _____