

Commonwealth of Massachusetts
Board of Health, Yarmouth, MA
APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Fee
\$55.00

Application for a Permit to: Upgrade - Complete System

Location: 9 MORNING DR, SOUTH YARMOUTH, MA 02664

Map/Parcel#: 042.85.1

Septic System Installer

ROBERT B. OUR CO.

P.O. BOX 1539 HARWICH, MA 02643

Phone:

5084320530

Owner:

ROCKSTROH CARL E

ROCKSTROH PAULA J

7055 OWLS NEST TERR

BRADENTON, FL 34203

Phone:

Designer

BASS RIVER ENGINEERING

P.O. BOX 1163

EAST DENNIS, MA 02641

508-364-9048

Type of Building: Dwelling

Dwelling - No. of Bedrooms: 4

Other Type of Building:

Other Fixtures:

Plan Date: 09/12/2017

Title: SITE PLAN 9 MORNING DRIVE

Design Flow (min.required): 440 gpd

Calculated design flow: 440 gpd

Description of Soils: SEE PLAN

Soil Evaluator Form No.:

Name of Soil Evaluator:

THOMAS MCLELLAN, P.E.

Lot Size: 20,473.00 Sq.Ft.

Garbage Grinder:

No. of persons:

Showers:

Number of Sheets: 1

Cafeteria:

Revision Date:

Design flow provided: 446 gpd

Date of Evaluation: 09/06/2017

DESCRIPTION OF REPAIRS OR ALTERATIONS: SEPTIC DISPOSAL - REPAIR - PROPOSED 1500 GAL SEPTIC TANK, DBOX, 5 FLOWDIFFUSORS W/ STONE 4' SIDES, 1' ENDS

The undersigned agrees to install the above described Individual Sewage Disposal System in accordance with the provisions of TITLE 5 and further agrees not to place in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed

Date

Inspections