



Nashoba Associated Boards of Health
Environmental Health Service
30 Central Avenue, Ayer, MA 01432

Commonwealth of Massachusetts
Certificate of Compliance
Lunenburg, Massachusetts

This is to certify that the installation, allowed by the Sewage Disposal Works Construction Permit for:

LOCAL UPGRADE APPROVAL AND LOCAL VARIANCE(S)

At the following address: 337 WEST ST

has been constructed/abandoned in accordance with the provisions of Title 5 (310 CMR 15.000) and of the aforementioned Sewage Disposal Works Construction Permit.

This permit has been issued on the plans submitted by: **MCCARTY ENGINEERING**
(Design Engineer)

Plan Number: **416**

Approved on: **11/6/2023**

This Certificate of Compliance is for the use intended by the Sewage Disposal Works Construction Permit as described below:

THREE (330GPD) BEDROOM HOUSE

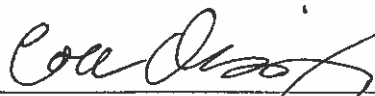
The issuance of this Certificate shall not be construed as a guarantee that the system will function as designed. This Certificate expires on **3/5/2026** or as otherwise provided per Title 5 15.301.

Design Engineer of Record: **MCCARTY ENGINEERING**

Installer of System: **ROBERT DESPRES**

THE SEPTIC TANK AND PUMP CHAMBER ARE EQUIPPED WITH TEE FILTER; THESE FILTERS REQUIRE PERIODIC MAINTENANCE, AT LEAST ANNUALLY.

For the Approving Authority


James Garreffo, RS

Date: **3/4/2024**

(978) 772-3335

(800) 427 9762

FAX (978) 772-4947

(Massachusetts Department of Environmental Protection (DEP) approved form. See approval letter from DEP dated 3/5/99)



**NASHOBA ASSOCIATED BOARDS OF HEALTH
ENVIRONMENTAL HEALTH DIVISION**

AYER, MA 01432

978 772-3338

SEWAGE DISPOSAL WORKS CONSTRUCTION PERMIT

Permit For: LOCAL UPGRADE APPROVAL AND LOCAL VARIANCE(S)

ISSUED FOR THE

Lunenburg

BOARD OF HEALTH

OWNER: TYLER POPP

(Not transferable - transfer permit order must be requested upon change of ownership)

LOCATION OF LOT: 337 WEST ST

MAP/PARCEL:

Date Permit Issued: November 08, 2023

Lot Size: 20350SF

Soil Description: 0-28" FILL; 28-80" C SL; ESHWT 18"

Groundwater: ESHWT 18"

PERC RATE: 25 MPI

ENGINEERING OR SPECIAL PREPARATION:

System to be installed according to engineered plan No: 416

Dated: 9/7/2023

Rev.: 11/6/2023

By: **MCCARTY ENGINEERING**

Bedroom Count: THREE (330GPD) BEDROOM HOUSE

Water Supply: ☐ Well ☒ Town

Primary Installation: 1500 GALLON 2-COMP SEPTIC TANK W/TEE FILTER; 1000 GALLON PUMP CHAMBER W/FILTER

Secondary Installation: 12' X 39' GEOMAT LEACHFIELD

Special Notes:

NO BARRIER USED

FINAL FILL AND GRADING AND THE BARRIER LOCATION/ELEVATION TO BE NOTED ON THE ENG AS-BUILT PLAN. ALL CONDITIONS OF THE DEP APPROVAL OF THE GEOMAT SYSTEM TO BE SUBMITTED PRIOR TO THE ISSUANCE OF THE CERT. OF COMP. LOCAL UPGRADE APPROVAL AND VARS. TO LBOH REGS. GRANTED (GWO OFFSET SAS, SIEVE ANALYSIS, INNOVATIVE SYSTEM)

PERMIT PREPARED FOR BOARD BY NASHOBA HEALTH DEPARTMENT AGENT:

George Edward
Leahy

Paul Pitt

[Signature]

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.

SIGNED:

[Signature]

☒ Owner

☒ Contractor

☒ Licensed Installer

Record of Inspections

NABH Licensed Installer:

Rob

Despres

INSPECTIONS REQUIRED

- | | |
|---|---|
| <input checked="" type="checkbox"/> FIELD excavation, before fill/stone by | <input checked="" type="checkbox"/> Eng. <input checked="" type="checkbox"/> NABH |
| <input checked="" type="checkbox"/> Fill in place by <input type="checkbox"/> Engineer <input checked="" type="checkbox"/> NABH | |
| <input checked="" type="checkbox"/> Completed system prior to backfill | |
| <input checked="" type="checkbox"/> Final fill and grading ON ENG AS-BUILT PLAN | |
| <input checked="" type="checkbox"/> Engineer certification in writing of completed system | |
| <input checked="" type="checkbox"/> As built plans <input checked="" type="checkbox"/> by design engineer | <input checked="" type="checkbox"/> [Signature] |
| <input type="checkbox"/> Well completion report and water test submitted to this office | |
| <input checked="" type="checkbox"/> Recorded deed/fill easements submitted to this office | |
| <input checked="" type="checkbox"/> TEST PUMP/ALARM, FILTERS INSP PORT | |
| <input checked="" type="checkbox"/> DEP GEOMAT APPROVAL CONDS. | |
| <input checked="" type="checkbox"/> All inspections completed | |

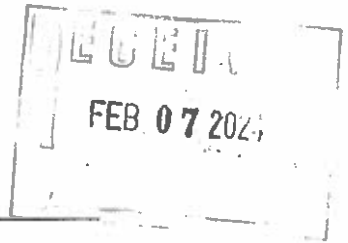
Insp. Date

Insp. By:

<u>12/14/2023</u>	<u>amo</u>
<u>1/4/2024</u>	<u>amo</u>
<u>1/4/2024</u>	<u>amo</u>
<u>1/27/24</u>	<u>amo</u>
<u>2/22/24</u>	<u>amo</u>
<u>3/4/24</u>	<u>amo</u>
<u>1/4/24</u>	<u>amo</u>
<u>3/4/24</u>	<u>amo</u>
<u>3/4/24</u>	<u>amo</u>

A NEW HOUSE CANNOT BE OCCUPIED OR SOLD UNTIL A CERTIFICATE OF COMPLIANCE IS OBTAINED.

INSTALLER'S AS-BUILT AND CERTIFICATION



see Attached sketch

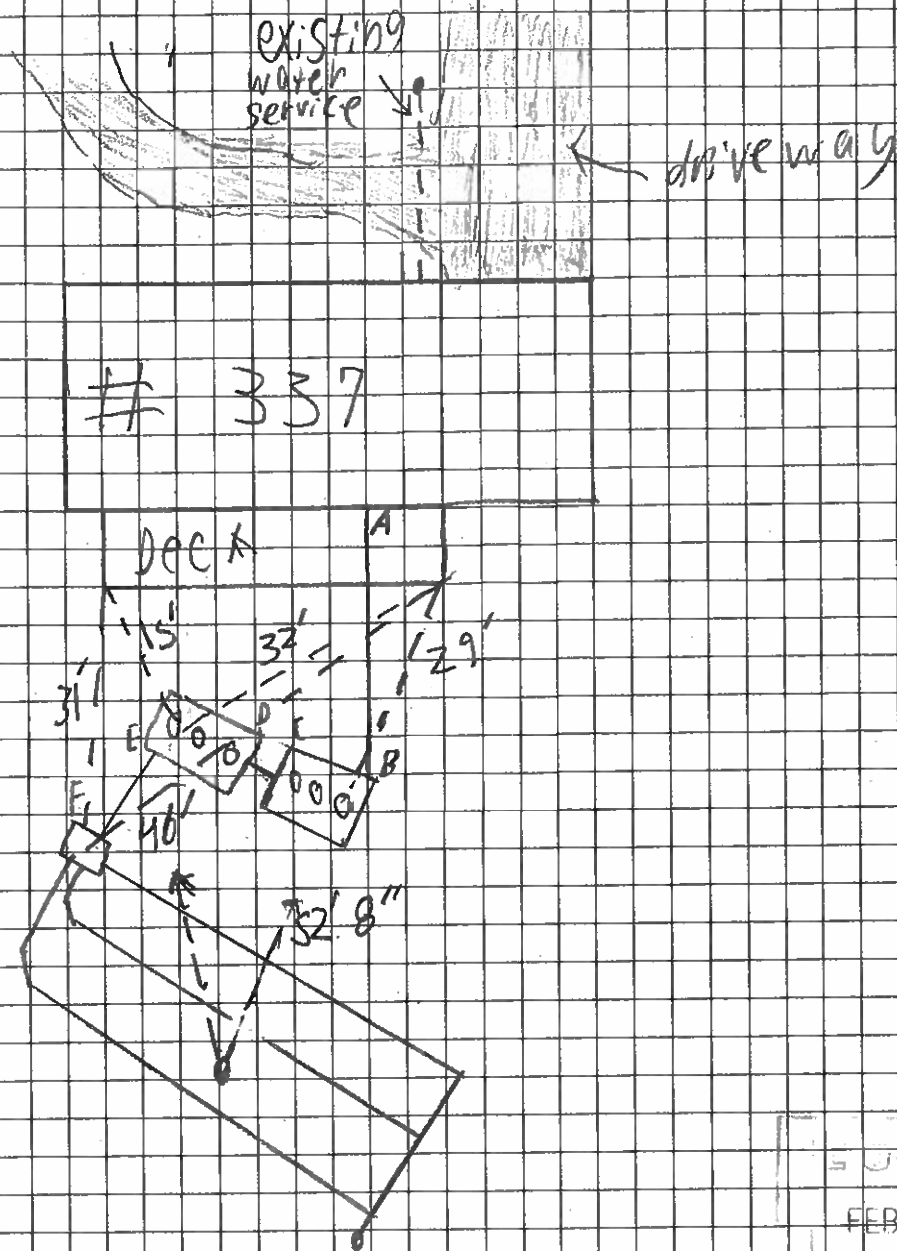
SKETCH (to include the driveway, well and or water line locations.)

I Robert Despres CERTIFY THAT ON 1/15, 2024 I INSTALLED
(Date)
THE ABOVE SEPTIC SYSTEM FOR Tyler Popp AT 337 West St
(Owner's name) (Street name)
Lunenburg
IN THE TOWN OF _____, ALSO KNOWN AS LOT 29, IN ACCORDANCE
WITH TITLE 5, 310 CMR 15.000, THE APPROVED PLAN(S) 416 AND THE
(Plan #)
BOARD OF HEALTH REQUIREMENTS AND FURTHERMORE, I CERTIFY THAT THE
SYSTEM HAS BEEN CONSTRUCTED IN COMPLIANCE WITH THE TERMS OF THE
INNOVATIVE TECHNOLOGY SYSTEM APPROVAL, WHERE APPLICABLE.

[] I ALSO CERTIFY THAT I HAVE DECOMMISSIONED THE PRE-EXISTING
SUBSURFACE SEWAGE DISPOSAL SYSTEM IN ACCORDANCE WITH TITLE 5.

[Signature] 1-15-24 405
INSTALLER'S SIGNATURE & DATE LICENSE NUMBER

337 WEST ST
INSTALLERS AS-BUILT



A to B = 40'

C to D = 2'

E to F = 15'

Oespres Landscape and Excavation
978-600-5872

FEB 07 2024