

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND	Date Permit Issued: <u>8/18/09</u> \$ <u>1100.00</u> <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>06410</u>	
Street or Road	SEASHORE AVE.		
Subdivision, Lot *	PEAKS ISLAND		
OWNER/APPLICANT INFORMATION		Municipal Tax Map * <u>91-196-H</u> Lot * <u>9165</u>	
Name (last, first, MI)	McTIGUE ROBERT <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Caution Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) Date Approved _____ (2nd) Date Approved _____	
Mailing Address of Owner/Applicant	#97 BRACKETT AVE. PEAKS ISLAND, ME 04108		
Daytime Tel. *	730-1083		

Owner or Applicant Statement
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a permit.

Signature of Owner or Applicant _____ Date _____

DEPT. OF HUMAN SERVICES
 DIVISION OF HEALTH ENGINEERING
 AUG 25 2009
 LOCAL PLUMBING INSPECTOR

PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: <u>2004</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input checked="" type="checkbox"/> Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY +/- <u>30,000</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit. No of Bedrooms <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling. No of Units _____ 3. <input type="checkbox"/> Other _____ (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster orroy c. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. 0 Other: _____ SIZE: <u>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>300</u> gallons per day EASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities - 3 BEDROOMS AT 100 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings ATTACH WATER METER DATA)
SOIL DATA & DESIGN CLASS PROFILE <u>2</u> / CONDITION <u>AIII</u> / DESIGN <u>2</u> at Observation Hole * <u>TP-3</u> Depth <u>34</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. 0 May be required 3. <input checked="" type="checkbox"/> Required Specify only for engineered systems DOSE: <u>75-150</u> Gallon/6	

SITE EVALUATOR STATEMENT

I certify that on 8/6/09 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: [Signature] SE # 348 Date: 8/12/09

NORMAN 'BUD' HARRIS (HARRIS LAND SOLUTIONS, INC.) (207) 892-2435
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

Permit # 046020

11379

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

town, City, Plantation
PORTLAND

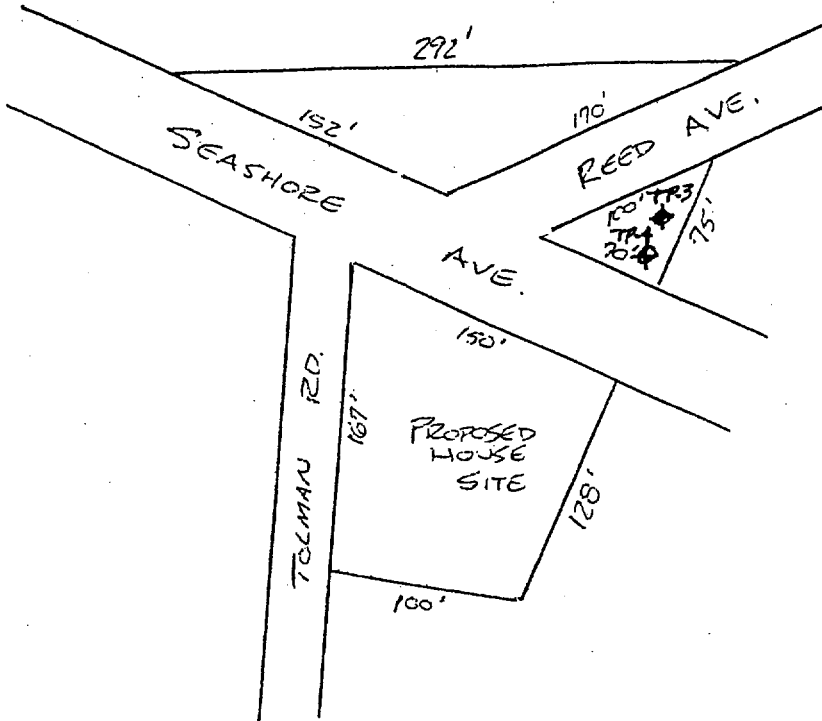
Street, Road Subdivision
SEASHORE AVE., PEAKS ISLAND

Owner or Applicant Name
ROBERT McTIGUE

SITE PLAN

Scale 1" = 100 Ft.

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

Observation Hole TP-3 Test Pit Boring
1" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (feet)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	GRAYISH BROWN	
10				
20	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
30	MIXED SHALE & MEDIUM SAND	FRIABLE	PALE BROWN	FAINT & FEW
40	BEDROCK AT -34"			
50				

Soil Classification 2 Profile	Slope 2-4%	Limiting Factor 34"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
AIII Condition			

Observation Hole TP-4 Test Pit Boring
2" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (in feet)	Texture	Consistency	Color	Mottling
0	STONY LOAMY SAND	FRIABLE	MEDIUM BROWN	
10				
20				
30	MIXED SHALE & MEDIUM SAND	FRIABLE	DARK YELLOW BROWN	FAINT & FEW
40	BEDROCK AT -40"			
50				

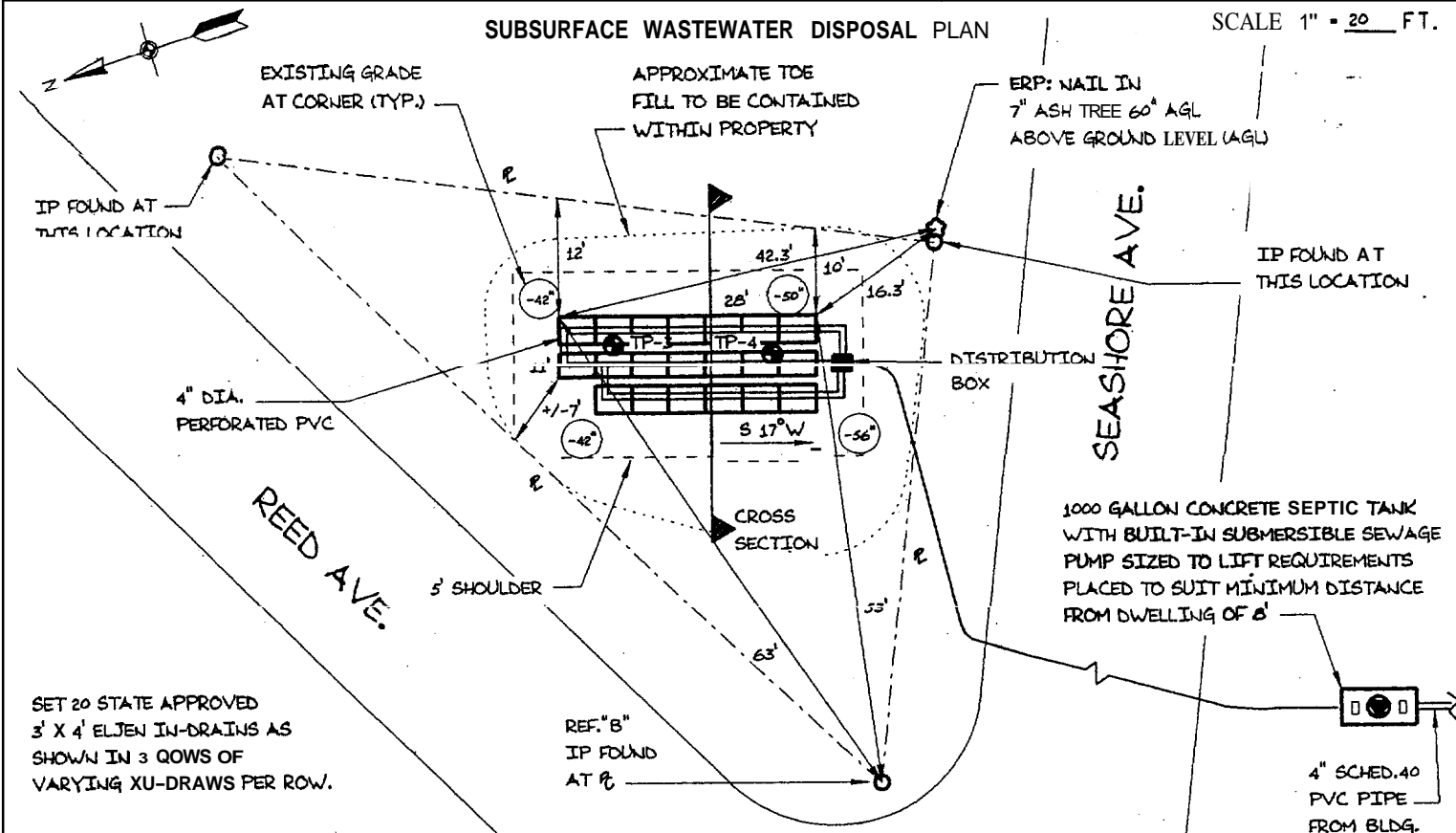
Soil Classification 2 Profile	Slope 0-3%	Limiting Factor 40"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
AIII Condition			

[Signature]
Site Evaluator Signature

#348
SE

8/10/04
Date

own, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
-----------------------	---------------------------	-------------------------



• IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
 • ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

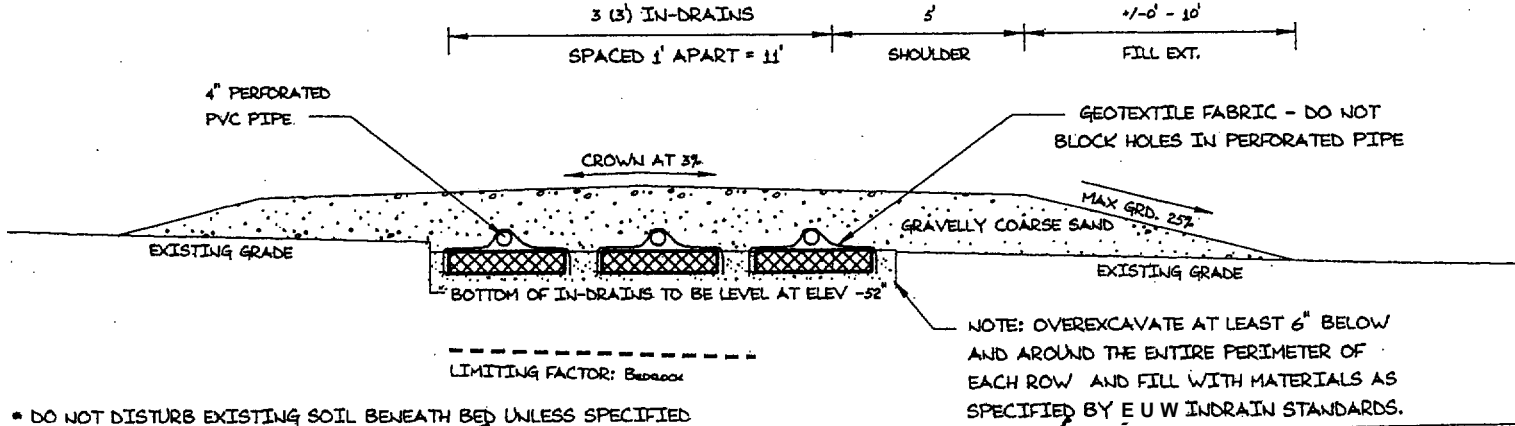
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	13" - 21"	-29"
Depth of Fill (Downslope)	13" - 27"	-41"
	Finished Grade Elevation	Location & Description NAIL IN 7"
	Top of Distribution Pipe or Proprietary Device	ASH TREE 60" AGL Reference Elevation -0"
	Bottom of Disposal Area	Reference Elevation -0"

DISPOSAL FIELD CROSS-SECTION

NOTES:

- IN-DRAINS TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
- BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
- FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
- ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE RANGING BETWEEN 1 1/2" TO 2 1/2" IN DIAMETER.

SCALES:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 5 FT



• DO NOT DISTURB EXISTING SOIL BENEATH BED UNLESS SPECIFIED

Site Evaluator Signature
 NORMAN 'BUD' HARRIS (HARRIS LAND SOLUTIONS, INC.) (207) 892-2435

#348
 SE
 8/12/04

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/25/2004

PRODUCER (2 07) 774-2617 FAX (207) 774-2869
DANIEL T. HALEY AGENCY
 Daniel T. Haley Agency
 21 1/2 Eastern Promenade
 Portland, ME 04101

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED **Robert T McTigue Db**
McTigue Construction
 97 Brackett Street
 Peaks Island, ME 04108

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A Middlesex Assurance	
INSURER B	
INSURER C	
INSURER D	
INSURER E	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	470706	03/16/2004	03/16/2005	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident)
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
		OTHER				

DESCRIPTION

ADDED AS ADDITIONAL INSURED
 LOCATION: 924 SEASHORE AVENUE, PEAKS ISLAND, MAINE 04108

CERTIFICATE HOLDER

CITY OF PORTLAND, MAINE
 ATTN: PENNY
 389 CONGRESS STREET
 PORTLAND, ME 04101

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Timothy Haley

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s)

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the Certificate holder in lieu of such endorsement(s)

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 2006)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent.

GENERAL INFORMATION	Town of <u>PORTLAND</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>ROBERT METIGUE</u>	Tel. No.: <u>730-1083</u>
System's Location: <u>SEASHORE AVE. - PEAKS ISLAND</u>	
Property Owner's Address: <u>#97 BRACKETT AVE.</u>	
(if different from above) <u>PEAKS ISLAND, ME. 04108</u>	

SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.


SIGNATURE OF OWNER

11/18/04
DATE

LOCAL PLUMBING INSPECTOR

I, MIKE WIGENT, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

(Approve, Disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant. - OR -

find that one or more of the requested Variances exceeds my approval authority as LPI. I (Recommend, Do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____


LPI SIGNATURE

11/18/04
DATE

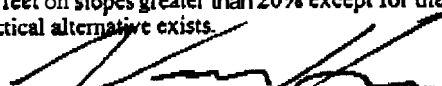
Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
SOILS								
Soil Profile	Ground Water Table			to 7"				inches
Soil Condition from HHE-200	Restrictive Layer			to 7"				inches
	Bedrock			to 12"				inches
SETBACK DISTANCES (in feet)	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
From	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	Less than 1000 gpd	1000 to 2000 gpd	Over 2000 gpd	To	To
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft [a]	300 ft [a]	300 ft [a]	100 ft [a]	100 ft [a]	100 ft [a]		
Owner's wells	100 down to 60 ft	200 down to 100 ft	300 down to 150 ft	100 down to 50 ft [b]	100 down to 50 ft	100 down to 50 ft		
Neighbor's wells	100 down to 60 ft [b]	200 down to 120 ft [b]	300 down to 180 ft [b]	100 down to 50 ft [b]	100 down to 75 ft [b]	100 down to 75 ft [b]		
Water supply line	10 ft [a]	20 ft [a]	25 ft [a]	10 ft [a]	10 ft [a]	10 ft [a]		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]	25 ft [d]		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft [c]	18 down to 9 ft [c]	20 down to 10 ft [c]	10 down to 4 ft [c]	15 down to 7 ft [c]	20 down to 10 ft [c]		±7'
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - 10:3:1 AS NEEDED TO CONTAIN FILL

- 3.
- Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
 b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.
 c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
 d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.


 #348 8/12/04
 SITE EVALUATOR'S SIGNATURE DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does / does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

 SIGNATURE OF DEPARTMENT

 DATE

LICENSE AND INDEMNITY AGREEMENT
FOR INSTALLATION OF SEPTIC PIPING
RE: 924 Seashore Avenue
Peaks Island, Maine

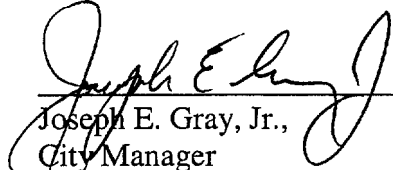
This revocable license is granted by the City of Portland to Robert McTigue, Jr., of 97 Brackett Avenue, Peaks Island, Maine (hereinafter "OWNER") for the installation of a septic system pipe on property owned by the City namely, Seashore Avenue in the vicinity of **924** Seashore Avenue. The installation of the pipe shall be governed by the terms of this License Agreement.

1. The pipe shall be installed in the public right-of-way on Seashore Avenue as shown on Attachment **A**, attached hereto.
2. OWNER is hereby permitted to occupy the land beneath the surface of said public right-of-way for the placement of its septic system pipe.
3. OWNER shall be responsible for the property installation and proper maintenance of said pipe as shall be approved in advance by Portland Public Works Department. In the event of damage to the same, OWNER shall notify the City and OWNER shall promptly repair/restore the pipe.
4. OWNER shall procure and maintain liability insurance in an amount of not less than Four Hundred Thousand Dollars (\$400,000) combined single limit, covering claims fro bodily injury, death and property damage and shall either name the City of Portland as additional insured with respect to such coverage or shall obtain a contractual liability endorsement covering the obligation of OWNER under the terms of this license.
5. OWNER, by execution of this license agreement, hereby agrees to assume responsibility for any and all claims and/or damage to persons or property arising out of or in any way related to his entry upon the City of Portland property, and does hereby forever waive, release, relinquish, remise and discharge the City of Portland, its agents, employees, successors and assigns from any and all losses, costs or expenses (including reasonable attorneys' fees), damages, demands, liabilities, claims, actions, causes of action, suits, or judgments (collectively, "Claims") whatsoever of every name and nature, in law and in equity, including without limitation those related in any manner to any accident or injury to, or death of, any person, or any damage to property occurring on, in or in the vicinity of the area covered by this license agreement, arising out of the presence in and use by the OWNER of the area covered by this license agreement.
6. This license is assignable to any subsequent owners of **924** Seashore Avenue, Peaks Island, Portland, Maine.

- 7. This License is revocable upon **six (6)** months notice to OWNER, however it shall automatically terminate in the event that a building located at 924 Seashore Avenue is not constructed within two **(2)** years from the date of the execution of this license.

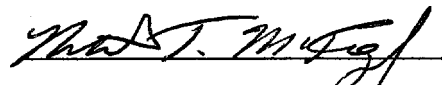
CITY OF PORTLAND

Date 10-6-04



Joseph E. Gray, Jr.,
City Manager

OWNER



Print Name: Robert T. McTigue Jr.

STATE OF MAINE)
County of Cumberland) ss.

October 6, 2004

Personally appeared the above-named Joseph E. Gray, Jr. and gave oath that the foregoing statements made by him are true to the best of his knowledge, information and belief, and where based upon information and belief, he believes the same to be true.

Before me,

~~Notary Public/Attorney-at-Law~~

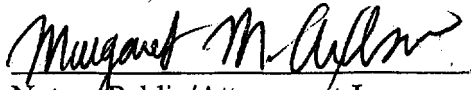
STATE OF MAINE)
County of Cumberland) ss.

Sonia T. Bean
Notary Public, Maine
My Commission Expires January 10, 2010

October 26, 2004

Personally appeared the above-named Robert McTigue, Jr., and gave oath that the foregoing statements made by him are true to the best of his knowledge, information and belief, and where based upon information and belief, he believes the same to be true.

Before me,



Notary Public/Attorney-at-Law
Commission Expires 8-8-09