

City of Portland, Maine – Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 9 Sandpiper Rd Lot 7 Peaks Island		Owner: 085-7976(w) Rick Barnhuff & Linda Malmquist	Phone: 283-0753	Permit No: 990144
Owner Address: ** 61 Dyer St Saco 04072		Lessee/Buyer's Name:	Phone:	BusinessName:
Contractor Name: SAA		Address:		Phone:
Past Use: Vacant	Proposed Use: 1-Family	COST OF WORK: \$ 50,000	PERMIT FEE: \$ 270.00	<div style="border: 2px solid black; padding: 5px; text-align: center;"> PERMIT ISSUED Permit Issued: FEB 24 CITY OF PORTLAND </div>
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied	INSPECTION: Use Group: R-3 Type: 53 200996	
Proposed Project Description: Construct 1-fam dwelling		Signature:	Signature: <i>[Signature]</i>	
		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		Zone: IR-1 CBL: 085-M-007
		Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with Conditions <input type="checkbox"/> Denied		Zoning Approval: <i>ok with counting in</i> Special Zone or Reviews: <i>2/22/99</i> <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <i>Zone C</i> <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan maj <input type="checkbox"/> minor <input type="checkbox"/> mm <input type="checkbox"/>
Permit Taken By: SP	Date Applied For: February 10, 1999			

1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: February 10, 1999 PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

- Zoning Appeal**
- Variance
 - Miscellaneous
 - Conditional Use
 - Interpretation
 - Approved
 - Denied

- Historic Preservation**
- Not in District or Landmark
 - Does Not Require Review
 - Requires Review

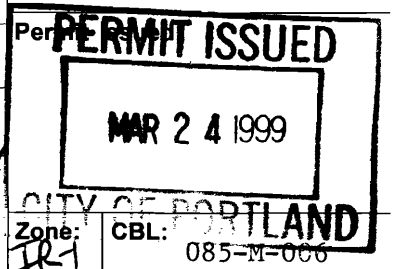
- Action:**
- Approved
 - Approved with Conditions
 - Denied

Date: *[Signature]*

CEO DISTRICT 3

Location of Construction: 17 Sandpiper Rd Peaks Island		Owner: Donald & Gretchen Steere		Phone: 766-0014/766-4483	
Owner Address: ***** 97 New Island Ave Peaks Island		Lessee/Buyer's Name:		Phone:	
Contractor Name: TBD		Address:		Phone:	
Past Use: 1-fam dwelling		Proposed Use: Same		COST OF WORK: \$ 30,000.00 PERMIT FEE: \$ 170.00 FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: <i>u sheet</i> Use Group: <i>R3</i> Type: <i>50</i> <i>800 # 96</i> Signature: <i>[Signature]</i>	
Proposed Project Description: Construct Addition (14 x 28/6) Bedroom, bath, storage Construct Shed (12 x 16)		PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: Approved <input type="checkbox"/> Approved with Conditions: <input type="checkbox"/> Denied: <input type="checkbox"/> Signature: _____ Date: _____		Signature: <i>[Signature]</i> Date: _____	
Permit Taken By: SP		Date Applied For: 19 March 1999			

Permit No:
990250



Zoning Approval:
OK with conditions

Special Zone or Reviews:

- Shoreland *MTA 3/23/99*
- Wetland
- Flood Zone *zmc*
- Subdivision
- Site Plan maj minor mm

23,807

Zoning Appeal

- Variance
- Miscellaneous
- Conditional Use
- Interpretation
- Approved
- Denied

PERMIT ISSUED WITH REQUIREMENTS

CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

22 March 1999

SIGNATURE OF APPLICANT _____ ADDRESS: _____ DATE: _____ PHONE: _____

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE _____ PHONE: _____

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

Historic Preservation

- Not in District or Landmark
- Does Not Require Review
- Requires Review

Action:

- Approved
- Approved with Conditions
- Denied

Date: *[Signature]*

CEO DISTRICT **3**
TR/mw

Inspection Services
Michael J. Nugent
Manager



Department of Urban Development
Joseph E. Gray, Jr.
Director

CITY OF PORTLAND

February 26, 1999

Steven & Kimberly MacIsaac
PO Box 93
Peaks Island ME 04108

RE: 140 REED AVE
CBL: 091- - U-003-001-01
DU: 1

Certified Mail Receipt # P 373 388 875

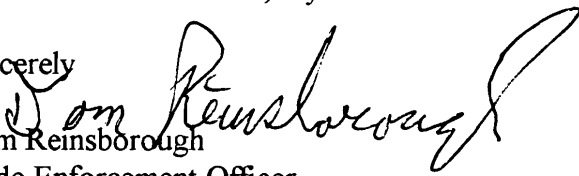
Dear Mr & Mrs. MacIsaac,

An inspection of your property at 140 Reed Ave on February 23, 1999 revealed that the Subsurface Wastewater Disposal System has failed. Your disposal area has been damaged and wastewater is puddling adjacent to the bed. This condition constitutes a malfunction as defined and a violation of Section 100.8 of the Maine Subsurface Wastewater Disposal Rules. It is required that you, within 14 days, provide this office with a new septic plan, from your site evaluator, which shows the following: 1) Septic Tank & Disposal Area 2) Setback from High water mark 3) Location & Size of Dwelling 4) Whether you have a pump system 5) Location of your well

This is a notice of violation pursuant to Section 113.2 of the Code. A reinspection of the premises will occur on March 31, 1999 at which time compliance will be required. Failure to comply will result in this office referring the matter to the City of Portland Corporation Counsel for legal action and possible civil penalties, as provided for in Section 1-15 of the Code and in Title 30-A M.R.S.A. ss 4452.

This constitutes an appealable decision pursuant to Chapter 21 of the Rules. Please feel free to contact me at 874-8709, if you wish to discuss the matter or have any questions.

Sincerely


Tom Reinsborough
Code Enforcement Officer

/mag

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND (PEAKS ISLAND.)

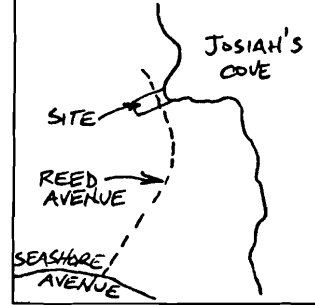
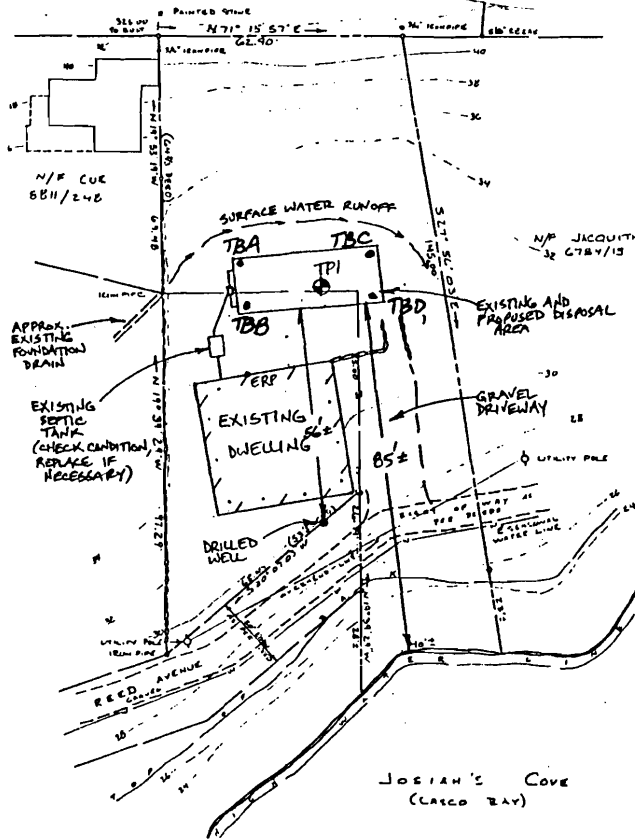
Street, Road Subdivision
REED AVENUE

Owner's Name
MACISAAC, STEVEN & KIMBERLY

SITE PLAN

Scale 1" = 50. ± Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas recommended)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TPI Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil
(TEST PIT OBSERVED JUNE 1, 1995)

Texture	Consistency	Color	Mottling
SANDY		DARK BROWN	
LOAM	FRIABLE		
WITH COBBLE FRAGMENTS (FILL)			
AAA FREE WATER			
BEDROCK			

Soil Classification 12 A/C	Slope ___%	Limiting Factor 10"	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile 12	Condition A/C		

Observation Hole TBA-D Test Pit Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
TBA = 48" TO BEDROCK			
TBB = 756" TO BEDROCK			
TBC = 54" TO BEDROCK			
TBD = 52" TO BEDROCK			

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition	___%	

Albert Frid
Site Evaluator Signature

163
SE

3/5/99
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

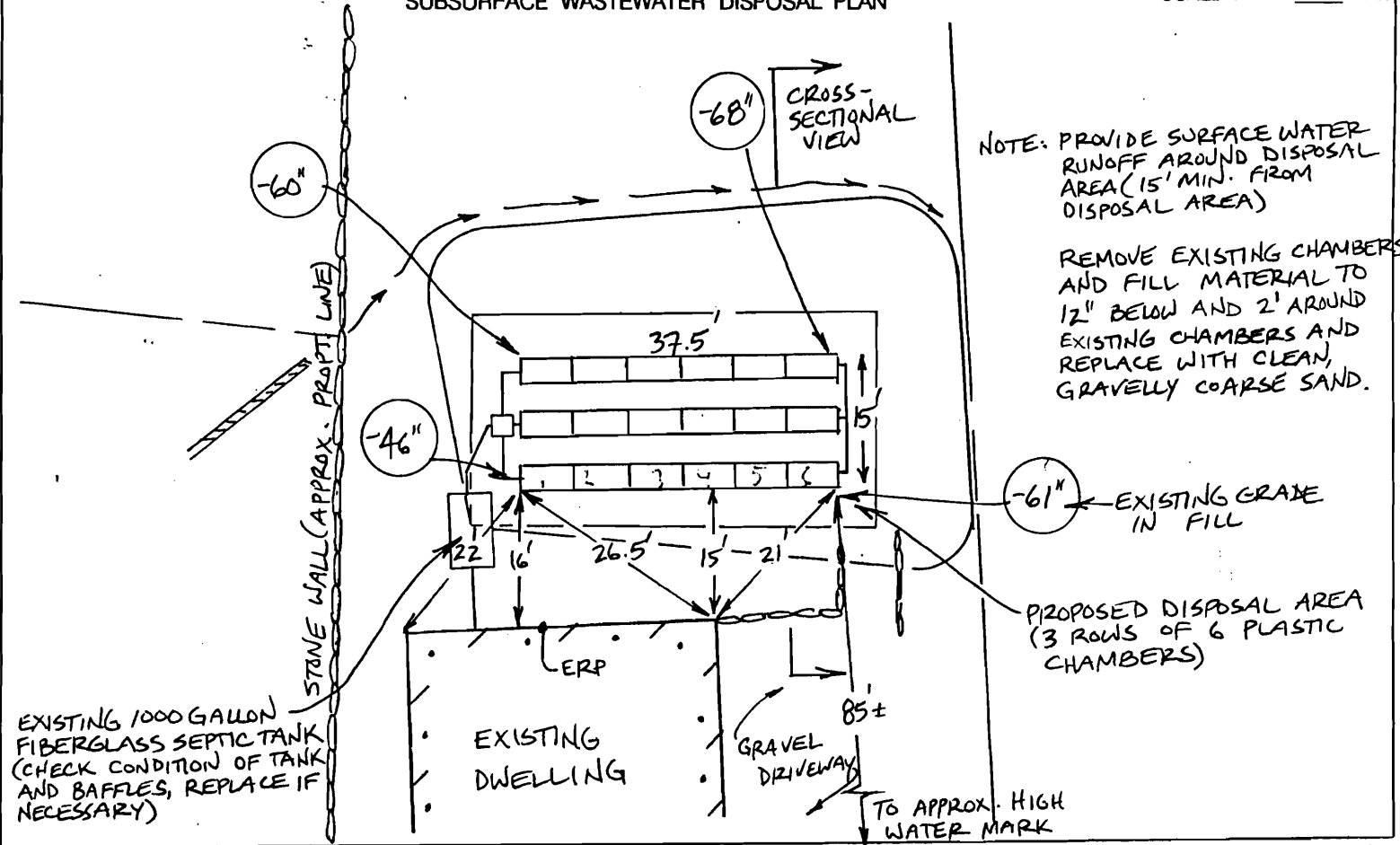
Town, City, Plantation
PORTLAND (PEAKS ISLAND)

Street, Road, Subdivision
REED AVENUE

Owner's Name
MACISAAC, STEVEN F. KIMBERLY

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope)	0" - 11"
Depth of Fill (Downslope)	10" - 18"

CONSTRUCTION ELEVATIONS

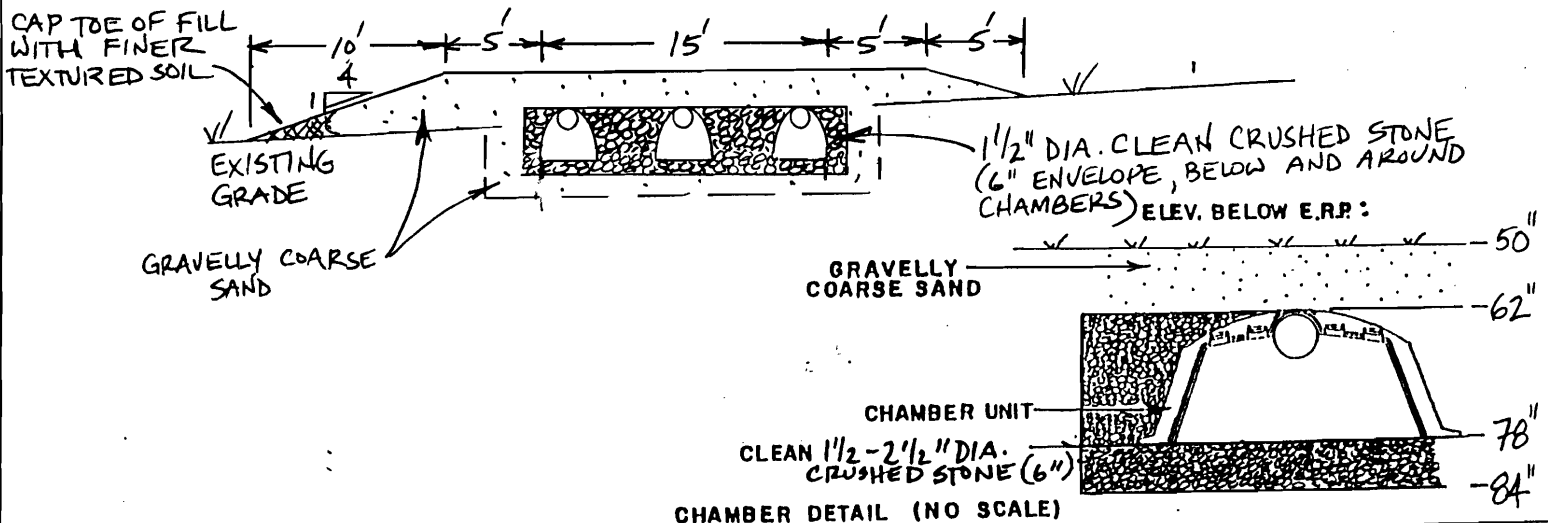
Finished Grade Elevation	-50"
Top of Distribution Pipe or Proprietary Device	-62"
Bottom of Disposal Area	-78"

ELEVATION REFERENCE POINT

Location & Description: BOTTOM OF IVORY TRIM BOARD ON REAR OF DWELLING 26" ABOVE GRADE
Reference Elevation: 00"

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 10'



Albert Frick
Site Evaluator Signature

163
SE

3/5/99
Date

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					12 A/D	
Soil Profile	Ground Water Table		to 7'		10 inches	
Soil Condition	Restrictive Layer		to 7'		inches	
from HHE-200	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	Less Than 1000 gpd	1000 to 2000 gpd	To	To
Wells with water usage of 2000 or more gpd	300 ^a ft	300 ^a ft	100 ^a ft	100 ^a ft		
Owner's wells	100 down to 50 ft	200 down to 100 ft	100 ^b down to 50 ft	100 down to 50 ft	56'±	50'±
Neighbor's wells	100 ^b down to 60 ft	200 ^b down to 120 ft	100 ^b down to 50 ft	100 ^b down to 75 ft		
Water supply line	10 ft ^a	20 ft ^a	10 ft ^a	10 ft ^a		
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100 down to 60 ft	200 down to 120 ft	100 down to 50 ft	100 down to 50 ft	85'±	90'±
Water course, minor	50 down to 25 ft	100 down to 50 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	25 down to 12 ft	25 down to 12 ft	15' MIN.	
Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25 ft ^d	25 ft ^d	25 ft ^d	25 ft ^d		
Slopes greater than 3:1	10 ft	18 ft	N/A	N/A		
No full basement [e.g. slab, frost wall, columns]	15 down to 7 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Full basement [below grade foundation]	20 down to 10 ft	30 down to 15 ft	8 down to 5 ft	14 down to 7 ft		
Property lines	10 down to 5 ^c ft	18 ft down to 9 ^c ft	10 ft down to 4 ^c ft	15 ft down to 7 ^c ft		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft		

OTHER

1. Fill extension Grade - to 3:1 NEAR SIDE PROPERTY LINE, IF NECESSARY

2. _____

3. _____

Footnotes:

- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing.
- 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.

Albert Feick

 SITE EVALUATOR'S SIGNATURE

3/5/99

 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 THE DEPARTMENT

 DATE

140 Reed Ave 091-U-003

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation	PORTLAND (PEAKS ISLAND)
Street	REED AVENUE
Subdivision Lot #	

PROPERTY OWNERS NAME

773-3521

Last: MACISAAC First: STEVEN & KIMBERLY

Applicant Name:

Mailing Address of Owner/Applicant (If Different):

PORTLAND 5708 TOWN COPY

Date Permit Issued: *[Signature]* \$601.00 Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # 0124

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant

Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK _____ GAL
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____

TYPE OF WATER SUPPLY

PRIVATE WELL

SIZE OF PROPERTY

ZONING

10,000 SFT

SHORELAND

SPECIFY

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
 - AEROBIC (IF NECESSARY)
- SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
 - LOW VOLUME TOILET
 - SEPARATED LAUNDRY SYSTEM
 - ALTERNATIVE TOILET
- SPECIFY: _____

PUMPING

- NOT REQUIRED
 - MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
 - REQUIRED
- DOSE: 100 ± GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

SINGLE FAMILY DWELLING (3 BEDROOM)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE | CONDITION

12

A/C

DEPTH TO LIMITING FACTOR:

10

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 900 Sq. Ft. REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

DESIGN FLOW:

270

(GALLONS/DAY)

18 PLASTIC CHAMBERS

SITE EVALUATOR STATEMENT

On JUNE 1, 1995 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature

SE#

Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Address: **PORTLAND (PEAKS ISLAND)**

Street, Road, Subdivision: **REED AVENUE**

Owners Name: **MACISAAC, STEVEN & KIMBERLY**

City, State: **PORTLAND (PEAKS ISLAND)**

SUBSURFACE WASTEWATER DISPOSAL PLAN

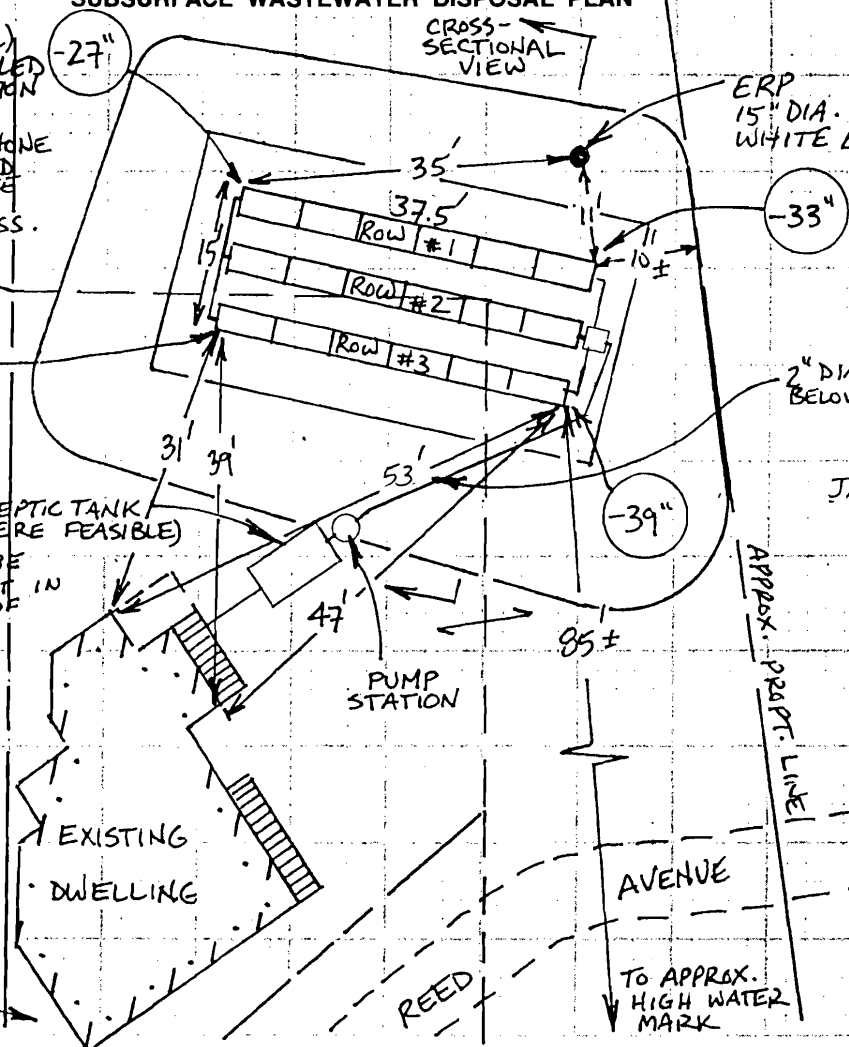
Scale 1" = 20 Ft.

NOTE: WELL TO BE BACKFILLED (w/CLAY FILL) PRIOR TO INSTALLATION OF SYSTEM.
LOW POWER & TELEPHONE LINES OVER PROPOSED DISPOSAL AREA TO BE RAISED TO ALLOW EQUIPMENT ACCESS.

EXISTING GRADE AT CORNER

1000 GALLON SEPTIC TANK (LOCATE WHERE FEASIBLE)
TESTED TO BE WATER TIGHT IN PRESENCE OF L.P.I.

POTENTIAL WELL LOCATION (SEE WELL SETBACK CHART ON PAGE 2 OF 3)



FILL REQUIREMENTS

Depth of Fill (Upslope) **28"-34"**
Depth of Fill (Downslope) **33"-40"**

CONSTRUCTION ELEVATIONS

Reference Elevation is **00**
Bottom of Disposal Area **-25"**
Top of Distribution Lines or [Chambers] **-09"**

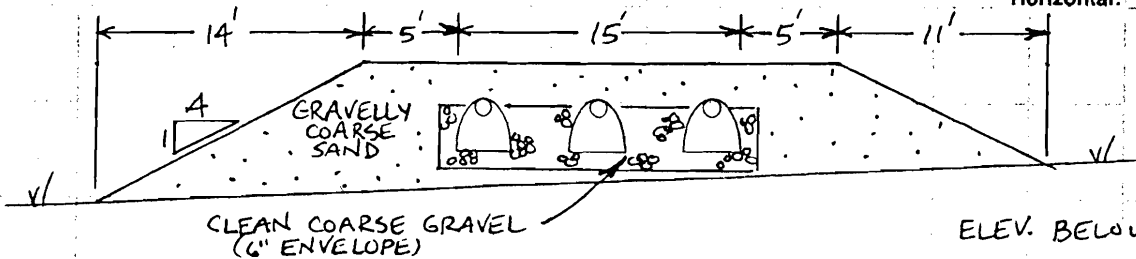
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

00
NAIL IN 15" DIA. WHITE BIRCH, 27" ABOVE BASE OF TREE.

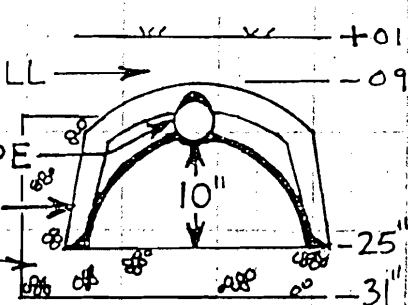
DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



CHAMBER DETAIL (no scale)



CHAMBER DETAIL (no scale)

Albert Fried

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9/8/95

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application 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 from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of PORTLAND (PEAKS ISLAND)

Permit No. _____ E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: STEVEN & KIMBERLY MACISAAC Tel. No. _____

System's Location: REED AVENUE
STREET

PORTLAND Maine _____
TOWN ZIP

Property Owner's Address: _____
(if different from above) STREET

_____ TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

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, they 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, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

It 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.

The **OWNER** shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner

Kimberly MacIsaac
PROPERTY OWNER'S SIGNATURE

4/11/96
DATE



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563 FAX (207) 839-5564

Albert Frick SS, SE
James Logan SS, SE
Matthew Logan SE

PORTLAND (PEAKS ISLAND) REED AVE. STEVEN MACISAAC
TOWN LOCATION APPLICANT'S NAME

1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact **Albert Frick Associates, Inc.** 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of construction/installation, the local plumbing inspector shall inform the owner/applicant and Albert Frick Associates, Inc. of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.

3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as, utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information.

4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter should be connected in series to the proposed septic tank.

5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment) and controlled or hazardous substances shall not be disposed of in this system.

091-U-003

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

Town or Plantation: PORTLAND
Street Subdivision Lot: PEAKS ISLAND
146 REED AVENUE
PROPERTY OWNER'S NAME: MACISAAC
Last: MACISAAC First: STEVEN & KIMBERLY
Applicant's Name: STEVEN MAC ISAAC
Mailing Address of Owner: BOX 93
Daytime Tel.: PEAKS ISLAND, ME 04108

PORTLAND Date Permit Issued: 3, 15, 99 PERMIT # 6801
STATE COPY \$ 75 FEE Double Fee Charged
L.P.I. # 0124
Local Plumbing Inspector Signature: [Signature]
Municipal Tax Map Lot

Owner Statement

I state 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/Applicant: [Signature] Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application

Local Plumbing Inspector Signature: [Signature] Date Approved: 4-7-99 See Back

PERMIT INFORMATION

TYPE OF APPLICATION: 1. First Time System 2. Replacement System Type Replaced: Year Installed: 3. Expanded System a. one time exempted b. non exempted 4. Experimental System 5. Seasonal Conversion
THIS APPLICATION REQUIRES: 1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector approval b. State & Local Plumbing Inspector approval 3. Replacement System Variance a. Local Plumbing Inspector approval b. State & Local Plumbing Inspector approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Approval
DISPOSAL SYSTEM COMPONENT(S): 1. Non-Engineered System 2. Primitive System (graywater & alt toilet) 3. Alternative Toilet 4. Non-Engineered Treatment Tank 5. Holding Tank Gallons 6. Non-Engineered Disposal Area (only) 7. Separated Laundry System 8. Engineered System (+2000 gpd) 9. Engineered Treatment Tank (only) 10. Engineered Disposal Area (only) 11. Pretreatment
SIZE OF PROPERTY: 11,585 S.F. ±
SHORELAND ZONING: Yes No
DISPOSAL SYSTEM TO SERVE: 1. Single Family Dwelling Unit 2. Multiple Family Dwelling: Number of Units 3. Other
TYPE OF WATER SUPPLY: DRILLED WELL (SEASONAL PUBLIC WATER)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK: 1. Concrete a. Regular b. Low Profile 2. Plastic (EXISTING) 3. Other
SIZE: 1000 Gallons (INSTALL OUTLET BAFFLE)
PROFILE & DESIGN CLASS: PROFILE 12 DESIGN A/D
DEPTH TO MOST LIMITING FACTOR 10" (FILLED LAND)
DISPOSAL AREA TYPE / SIZE: 1. Bed Sq. Ft. 2. Proprietary Device 900 Sq. Ft. Cluster Linear Regular H-20 3. Trench 4. Other
18 PLASTIC CHAMBERS
DISPOSAL AREA SIZING: 1. Small - 2.00 2. Medium - 2.60 3. Medium-Large - 3.30 4. Large - 4.10 5. Extra-Large - 5.20
GARBAGE DISPOSAL UNIT: 1. No 2. Yes Multi-compartment tank Tank in series Increase in tank capacity Filter on tank outlet
PUMPING: 1. Not required 2. May be required 3. Required
DOSE: Gallons
CRITERIA USED FOR DESIGN FLOW (Show Calculations): SINGLE FAMILY DWELLING (3 BEDROOM)
DESIGN FLOW: 270 (Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 3/3/99 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Albert Frick
Site Evaluator Signature
ALBERT FRICK ASSOC., INC.
Site Evaluator Name Printed

163
SE
839-5563
Telephone

3/5/99
Date

Mat Logan Site Evaluator