

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	Peaks Island	2004-6030 PORTLAND PERMIT # 9281 TOWN COPY Date Permit Issued: 12/13/04 \$ 1210.00 Double Fee Charged L.P.I. # 0680 Local Plumbing Inspector Signature: <i>[Signature]</i>	
Street or Road	19 Woods Rd.	91-K-11 Municipal Tax Map # 091K Lot # 09	
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	McKowen Deborah	Signature of Owner or Applicant: <i>[Signature]</i> Date: 12/9/04	
Mailing Address of	85 E Street South Portland, ME 04106		
Daytime Tel. #	207-699-2310		
Owner or Applicant Statement		Caution: Inspections Required	
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 or Applicant: <i>[Signature]</i> Date: 12/9/04		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: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____	

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 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. Replacement System Variance a. <input 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 COMPONENT(S) 1. <input 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 or more) 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 checked="" type="checkbox"/> Miscellaneous components <i>White Knight</i>
SIZE OF PROPERTY <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY	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 type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" type="checkbox"/> Plastic <i>EXISTING</i> 3. <input type="checkbox"/> Other: _____ CAPACITY <u>750</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE _____ sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input 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 _____ gallons per day BASED 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 –
SOIL DATA & DESIGN CLASS PROFILE _____ CONDITION _____ DESIGN _____ at Observation Hole # _____ Depth _____ * Elevation _____ 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 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	PUMPING 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I Certify that on _____ (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 _____	SE # _____	Date _____
Site Evaluator Name Printed _____	Telephone # _____	Page 1 of 3 HHE-200 Rev. 1/99

PLUMBING APPLICATION

091-K-011 (3)

Department of Human Sciences
Division of Health Engineering

WR

PROPERTY ADDRESS

Town or Plantation: Portland

Street Subdivision Lot #: 17 WOOD'S ROAD Pent's Isl

PROPERTY OWNERS NAME

Last: KLOSTERIDIS First: Billy/Basil

Applicant Name: S.P. Plumbing & Heat

Mailing Address of Owner/Applicant (If Different): 112 HUNTERS AVE
So. Portland ME

PORTLAND 7137 TOWN COPY

Date Permit Issued: 1/14/2000 \$ 102 If Double Fee Charged

[Signature] L.P.I. # 0124

Local Plumbing Inspector Signature

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 Inspectors to deny a Permit.

[Signature] Date: 1/14/2000

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Local Plumbing Inspector Signature

Date Approved

PERMIT INFORMATION

This Application is for

- NEW PLUMBING
- RELOCATED PLUMBING

Type of Structure To Be Served:

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

Plumbing To Be Installed By:

- MASTER PLUMBER
 - OIL BURNERMAN
 - MFG'D. HOUSING DEALER/MECHANIC
 - PUBLIC UTILITY EMPLOYEE
 - PROPERTY OWNER
- LICENSE # 2709

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2		Column 1	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District. OR HOOK-UP: to an existing subsurface wastewater disposal system.	<u>3</u>	Hosebibb / Sillcock	<u>2</u>	Bathtub (and Shower)
		Floor Drain	<u>1</u>	Shower (Separate)
OR PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures.		Urinal	<u>1</u>	Sink
		Drinking Fountain	<u>4</u>	Wash Basin
		Indirect Waste	<u>3</u>	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	<u>1</u>	Clothes Washer
		Grease / Oil Separator	<u>1</u>	Dish Washer
		Dental Cuspidor	<u>1</u>	Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
		Fixtures (Subtotal) Column 2	<u>14</u>	Fixtures (Subtotal) Column 1
			<u>3</u>	Fixtures (Subtotal) Column 2
			<u>17</u>	Total Fixtures
				Fixture Fee
				Transfer Fee
				Hook-Up & Relocation Fee
			<u>102</u>	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

ELECTRICAL PERMIT

City of Portland, Me.

Single family
91 K 011



UB

To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 3/8/00
Permit # 190
CBL# 91-K-11-48
~~92-6-37~~

SITE LOCATION: 17 Woods Rd Peaks Island

OWNER BASK KLOSTER IDIS TENANT _____

TOTAL EACH FEE

Category	Item	Qty	Unit Price	Total	Handwritten Total
OUTLETS	Receptacles	60			
	Switches	35			
	Smoke Detectors	8	103	.20	20.60
FIXTURES	incandescent	50			
	fluorescent				
SERVICES	Overhead	1			
	Underground				
Temporary Service	Overhead				
	Underground				
METERS	(number of)	1			
	(number of)				
RESID/COM	Electric units				
	oil/gas units	1			
HEATING	Interior				
	Exterior				
APPLIANCES	Ranges				
	Insta-Hot				
MISC. (number of)	Air Cond/win				
	Air Cond/cent				
PANELS	Service				
	Remote	1			
TRANSFORMER	0-25 Kva				
	25-200 Kva				
				TOTAL AMOUNT DUE	
				MINIMUM FEE/COMMERCIAL 35.00	
				MINIMUM FEE	2

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME William Flynn MASTER LIC. # _____
ADDRESS 24 Centennial St Peaks Is LIMITED LIC. # _____
TELEPHONE 766 2780 756 4588

SIGNATURE OF CONTRACTOR [Signature]

ELECTRICAL PERMIT

City of Portland, Me.

*Single family
91 K 011*



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To the Chief Electrical Inspector, Portland Maine:
The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the City of Portland Electrical Ordinance, National Electrical Code and the following specifications:

Date 3/8/00
Permit # 190
CBL# 91-K-11-48
~~92-6-37~~

SITE LOCATION: 17 Woods Rd Peaks Island

OWNER BASIL KLOSTER 1015 TENANT _____

						TOTAL EACH FEE				
OUTLETS	Receptacles	<u>60</u>	Switches	<u>35</u>	Smoke Detectors	<u>8</u>	<u>103</u>	.20	<u>20.60</u>	
FIXTURES	incandescent	<u>50</u>	fluorescent		Strips	<u>5</u>	<u>55</u>	.20	<u>11.00</u>	
SERVICES	Overhead	<u>1</u>	Underground		TTL AMPS	<800	<u>1</u>	15.00	<u>15.00</u>	
	Overhead		Underground			>800		25.00		
Temporary Service	Overhead		Underground		TTL AMPS			25.00		
								25.00		
METERS	(number of)	<u>1</u>				<u>1</u>		1.00	<u>1.00</u>	
MOTORS	(number of)							2.00		
RESID/COM	Electric units	<u>1</u>						1.00		
HEATING	oil/gas units	<u>1</u>	Interior		Exterior		<u>1</u>	5.00	<u>5.00</u>	
APPLIANCES	Ranges		Cook Tops		Wall Ovens			2.00		
	Insta-Hot		Water heaters		Fans	<u>3</u>	<u>3</u>	2.00	<u>6.00</u>	
	Dryers	<u>1</u>	Disposals		Dishwasher	<u>1</u>	<u>2</u>	2.00	<u>4.00</u>	
	Compactors		Spa		Washing Machine	<u>1</u>	<u>1</u>	2.00	<u>2.00</u>	
	Others (denote)							2.00		
MISC. (number of)	Air Cond/win							3.00		
	Air Cond/cent				Pools			10.00		
	HVAC		EMS		Thermostat			5.00		
	Signs							10.00		
	Alarms/res							5.00		
	Alarms/com							15.00		
	Heavy Duty(CRKT)							2.00		
	Circus/Carnv							25.00		
	Alterations							5.00		
	Fire Repairs							15.00		
	E Lights							1.00		
	E Generators							20.00		
	PANELS	Service		Remote	<u>1</u>	Main		<u>1</u>	4.00	<u>4.00</u>
	TRANSFORMER	0-25 Kva							5.00	
25-200 Kva								8.00		
Over 200 Kva								10.00		
						TOTAL AMOUNT DUE				
						MINIMUM FEE/COMMERCIAL 35.00				
						MINIMUM FEE		<u>25.00</u>	<u>68.60</u>	

INSPECTION: Will be ready _____ or will call _____

CONTRACTORS NAME William Flynn MASTER LIC. # 4548
 ADDRESS 24 Centennial St Peaks Id LIMITED LIC. # _____
 TELEPHONE 766 2780 756 4588

SIGNATURE OF CONTRACTOR [Signature]