

92636 ← 84 C009 *curie*

<b>SUBSURFACE WASTEWATER DISPOSAL</b>			
Street or Road	WOODS ROAD	<small>LOCAL MAP</small>	<small>TOWN</small>
Subdivision, Lot *		Date Permit Issued: <u>9/22/04</u>	\$ <u>100.00</u> <input type="checkbox"/> If Double Fee Charged
<b>OWNER/APPLICANT INFORMATION</b>		<b>Local Plumbing Inspector Signature</b>	
Name (last, first, MI)	Owner	L.P.I. #	# <u>20046024</u>
<b>HASSON</b>	<b>RICHARD</b>		
Mailing Address of	64 NEW ISLAND AVENUE		
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	PEAKS ISLAND, ME 04106		
Daytime Tel. *	766-5004		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
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.		I have inspected the installation authorized above and found it to with the Subsurface Wastewater Disposal Rules Application.	
<i>[Signature]</i> Signature of Owner/Applicant		<i>[Signature]</i> Local Plumbing Inspector Signature	
9/22/04 Date		(2nd) Date Approved	
		Municipal Tax Map * <b>92</b>	Lot * <b>36-38</b>

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>OVERBOARD DISCHARGE</u> Year Installed: <u>PRE-1974</u> 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Exponion b. <input type="checkbox"/> Major Exponion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Vorionce 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"/> Stote & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Sire Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENTS</b> 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 (2000gpd+) 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
<b>SIZE OF PROPERTY</b> <u>52,000</u> <input checked="" type="checkbox"/> sq. ft. _____ <input type="checkbox"/> acres <b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>DISPOSAL SYSTEM TO SERVE</b> 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 checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>SEASONAL TYPE OF WATER SUPPLY</b> 1. <input type="checkbox"/> Drilled Well   2. <input type="checkbox"/> Dug Well   3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public   5. <input type="checkbox"/> Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 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	<b>DISPOSAL FIELD MPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed   2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array   c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular     d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other _____ SIZE <u>1008</u> <input checked="" type="checkbox"/> sq ft <input type="checkbox"/> lin. ft. <b>ELJEN IN-DRAIN UNITS</b>	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No    3.0 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	<b>DESIGN FLOW</b> <b>270</b> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -  <b>3 BEDROOMS AT 90 GALLONS PER DAY EACH= 270 GPD</b>  3. n Section 503.0 (meter readings ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>2</u> CONDITION <u>A/C</u> DESIGN <u>1</u> AT Observation Hole * <u>TB C</u> Depth <u>16</u> OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 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	<b>PUMPING</b> 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems  DOSE: _____ Gallons	

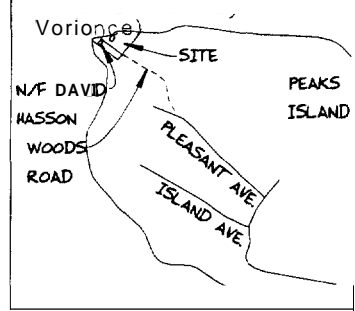
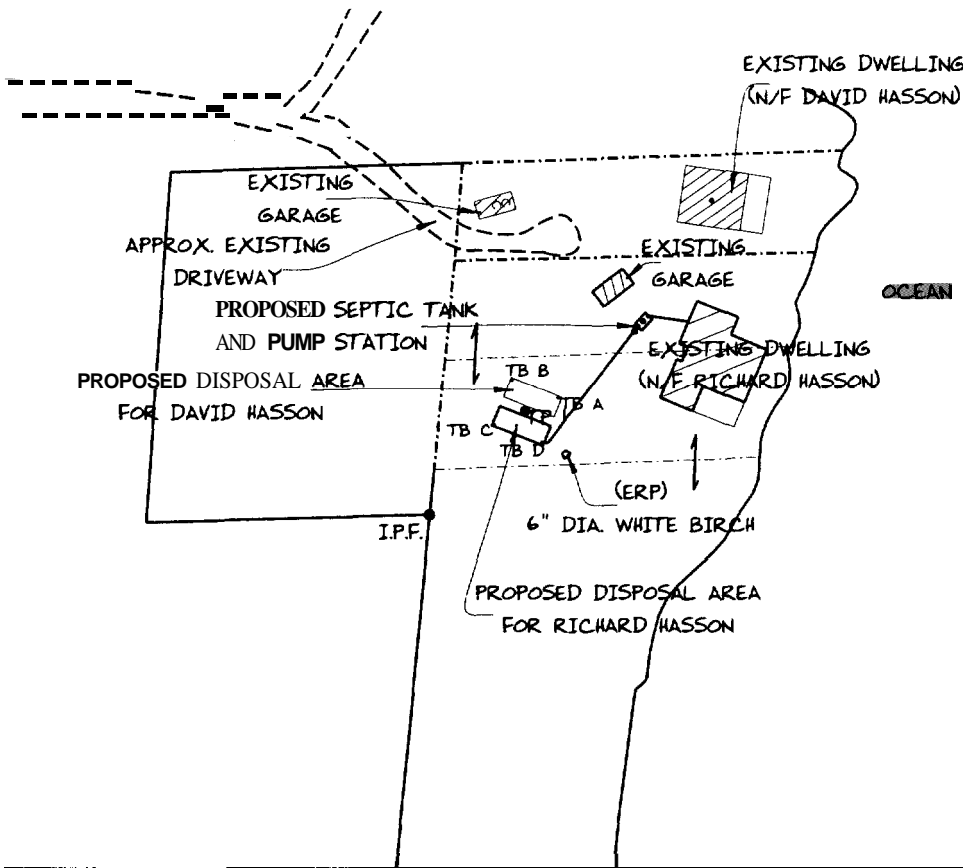
SITE EVALUATOR STATEMENT		
I certify that on <u>8/23/04</u> (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
<i>[Signature]</i> Site Evaluator Signature	63 SE *	<u>9/15/2004</u> Date
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	ALBERTFRICK@WORLDNET.ATT.NET E-mail Address
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563		
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		



Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

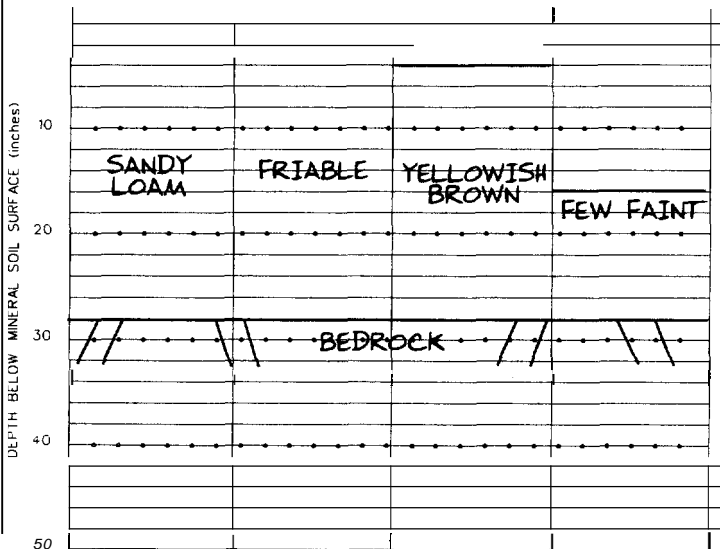
Street, Road, Subdivision  
**WOODS ROAD**

Owner's Name  
**RICHARD HASSON**



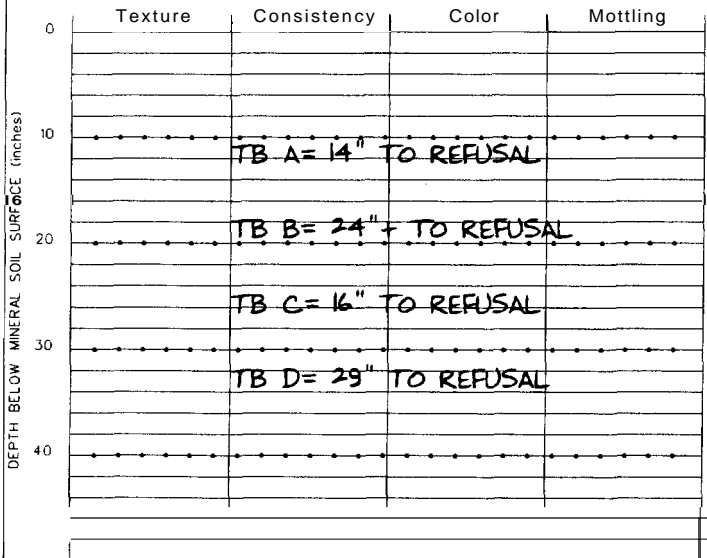
**SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)**

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



Soil Classification: **2 A/C**  
 Profile: **2** Condition: **A/C**  
 Slope: \_\_\_\_\_ %  
 Limiting Factor: **16**  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

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



Soil Classification: \_\_\_\_\_  
 Profile: \_\_\_\_\_ Condition: \_\_\_\_\_  
 Slope: \_\_\_\_\_ %  
 Limiting Factor: \_\_\_\_\_  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*Albert Frick*  
 Site Evaluator Signature

163  
 SE •

9/15/2004  
 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

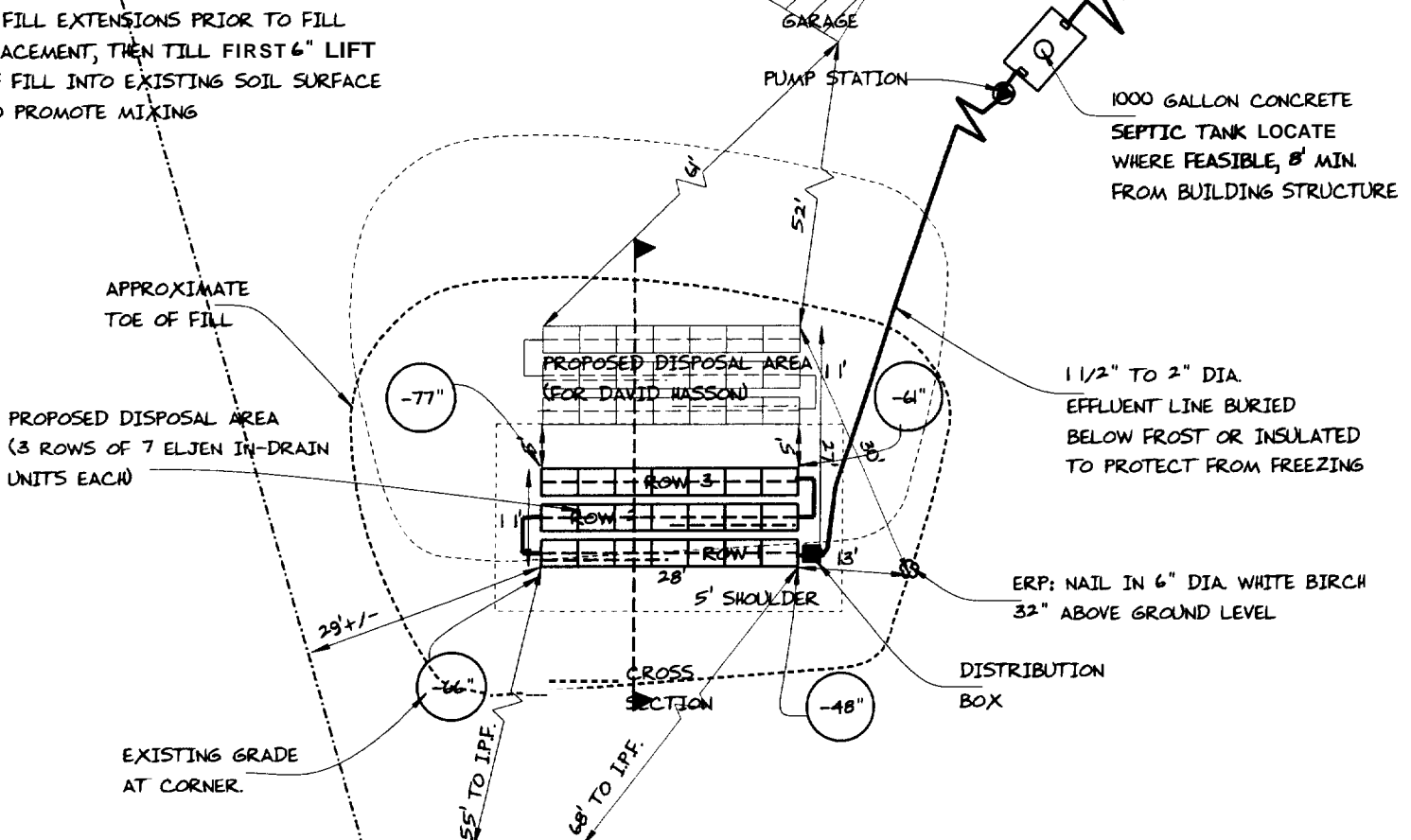
Street, Road, Subdivision  
**WOODS ROAD**

Owner's Name  
**RICHARD HASSON**

NOTE: THOROUGHLY ROTOTILL ENTIRE AREA UNDER DISPOSAL FIELD & FILL EXTENSIONS PRIOR TO FILL PLACEMENT, THEN TILL FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING

## SUBSURFACE WASTEWATER DISPOSAL PLAN EXISTING

SCALE 1" = 20 FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) : 19" - 37"  
 Depth of Fill (Downslope) : 24" - 40"  
 DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation  
 Top of Distribution Pipe or Proprietary Device  
 Bottom of Disposal Area

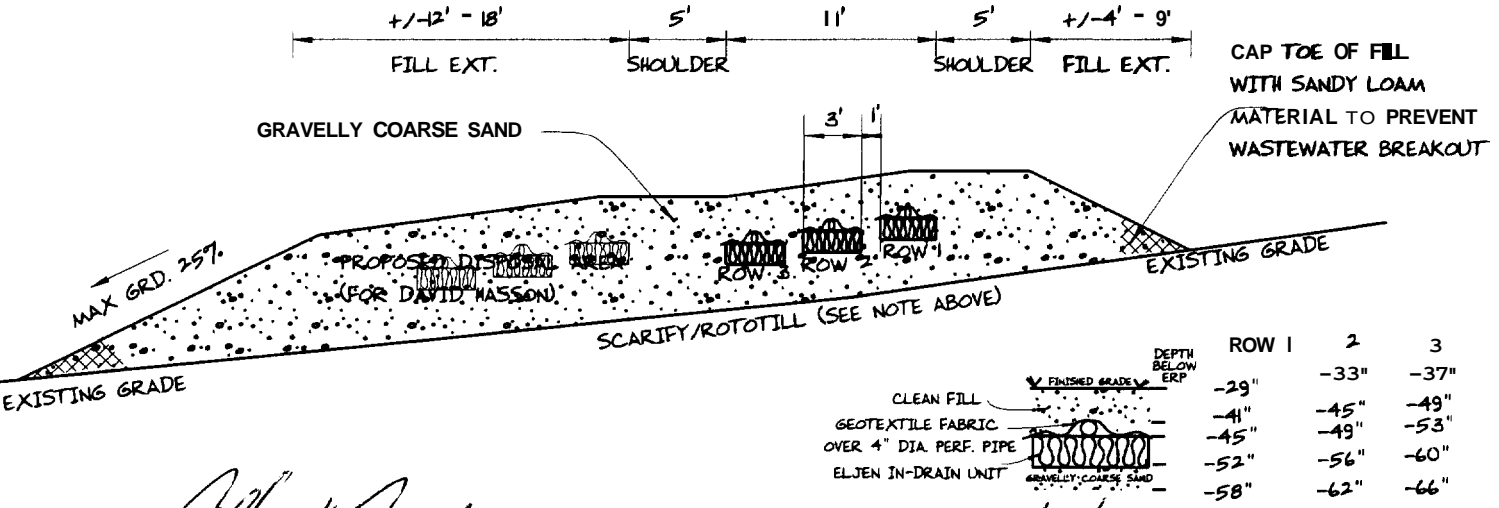
SEE  
 DETAIL  
 BELOW

### ELEVATION REFERENCE POINT

Location & Description 6" DIA. WHITE BIRCH, NAIL 32" ABOVE BASE  
 Reference Elevation is: 0.0' or -----

### DISPOSAL AREA CROSS SECTION

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



*Albert Frick*  
 Site Evaluator Signature

163  
 SE \*

9/15/2004  
 Date

Page 3 of 3  
 HHE-200 Rev. 10/02



**Albert Frick Associates, Inc.**  
**Soil Scientists & Site Evaluators**

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

PORTLAND, PEAKS ISLAND	WOODS ROAD	RICHARD HASSON
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 ~~not~~ introduce 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.

PORTLAND, PEAKS ISLAND

WOODS ROAD

RICHARD HASSON

TOWN

LOCATION

APPLICANT'S NAME

6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in **no** event should the septic tank be pumped less often than every three years.

7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu. ft.) x **7.48** cu. ft. (gallons per cu. ft.) divided by the # of days in period).

8) The general minimum setbacks between a well and septic system serving a single family residence is **100-300** feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.

9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirement. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least **4** inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required of a chamber system, install a "**T**" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.

10) **On** all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. **On** sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment **on** the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers **no** deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment **on** the scarified soil area until after **12** inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.

11) Unless noted otherwise, fill shall be gravelly coarse sand which contains **no** more than **5%** fines (silt and clay).

12) Do not install systems **on** loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.

13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent



**Albert Frick Associates, Inc.**  
Soil Scientists & Site Evaluators

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

92717

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION** Maine Department of Human Services  
Division of Health Engineering, Station 10, SHS  
(207) 287-5672 FAX (207) 287-4172

>> Caution: Permit Required - Attach In Space Below <<

<b>PROPERTY LOCATION</b>		PORTLAND PERMIT # 9312 TOWN COST  Date Permit Issued: <u>3/24/05</u> \$ <u>1100.00</u> <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>0640</u>
City, Town, or Plantation	PEAKS ISLAND	
Street or Road	7 EVERGREEN AVE	
Subdivision, Lot #		

<b>OWNER/APPLICANT INFORMATION</b>	
Name (last, first, MI)	Owner KENWORTHY ALFRED Applicant
Mailing Address of	389 PORTER STREET MELROSE, MA 02176
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Daytime Tel #	781-665-8235
Municipal Tax Map #	Lot #

<b>Owner or Applicant Statement</b>	<b>Caution: Inspections Required</b>
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.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Signature of Owner / Applicant: <u>[Signature]</u> Date: <u>11/19/04</u>	Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____

**PERMIT INFORMATION**

<b>TYPE OF APPLICATION</b> 1 <input type="checkbox"/> First Time System 2 <input checked="" type="checkbox"/> Replacement System Type Replaced <u>STRAIGHT PIPE</u> Year Installed <u>PRE 1950S</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	1 <input type="checkbox"/> No Rule 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 checked="" type="checkbox"/> State & Local Plumbing Inspector Approval 4 <input type="checkbox"/> Minimum Lot Size Variance	<b>DISPOSAL SYSTEM COMPONENTS</b> 1 <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & old toilet) 3 <input type="checkbox"/> Alternative Toilet, specify: 4 <input type="checkbox"/> Non-Engineered Treatment Tank (only 5 <input checked="" type="checkbox"/> Holding Tank, <u>1500 (or 3000)</u> 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. 0 Miscellaneous components
<b>SIZE OF PROPERTY</b> 4,300 <input checked="" type="checkbox"/> sq ft <input type="checkbox"/> acres	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 _____	<b>NPE OF WATER SUPPLY</b> 1 <input type="checkbox"/> Drilled Well 2 <input type="checkbox"/> Dug Well 3 <input type="checkbox"/> Private 4 <input type="checkbox"/> Public 5 <input checked="" type="checkbox"/> Other <u>SUMMER WATER</u>
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>SPECIFY</b> Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Pound <input type="checkbox"/> Undeveloped	

<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>2 / A / 2</u> AT Observation Hole • <u>TP1</u> Depth <u>21</u> " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 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	<b>GARBAGE DISPOSAL UNIT</b> 1 <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below <input type="checkbox"/> b. <input type="checkbox"/> _____ tanks in series 2 2 d <input type="checkbox"/> Filter on tank outlet	<b>PUMPING</b> 1 <input type="checkbox"/> Not required 2 <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: 3 <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
--	--	---	--

**SITE EVALUATOR STATEMENT**

I certify that on 11/20/03 (date) I completed a site evaluation on this property and store that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10 144A CMP 2A1).

Site Evaluator Signature: <u>[Signature]</u>	SE # <u>163</u>	Date: <u>11/12/2004</u>
Site Evaluator Name Printed: <u>ALBERT FRICK</u>	Telephone Number: <u>(207) 839-5563</u>	E-mail Address: <u>ALBERTFRICK@WORLDNET.ATT.NET</u>

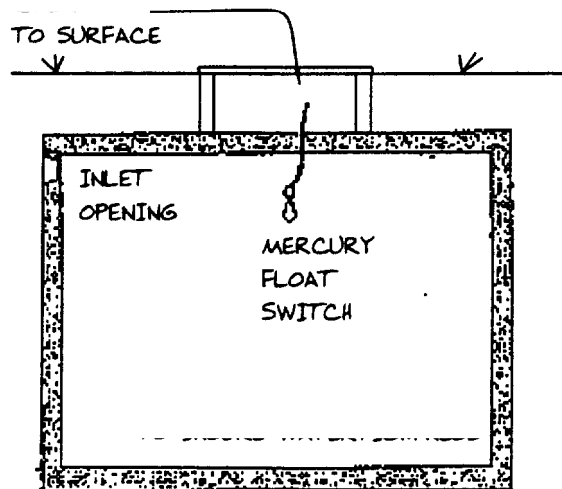
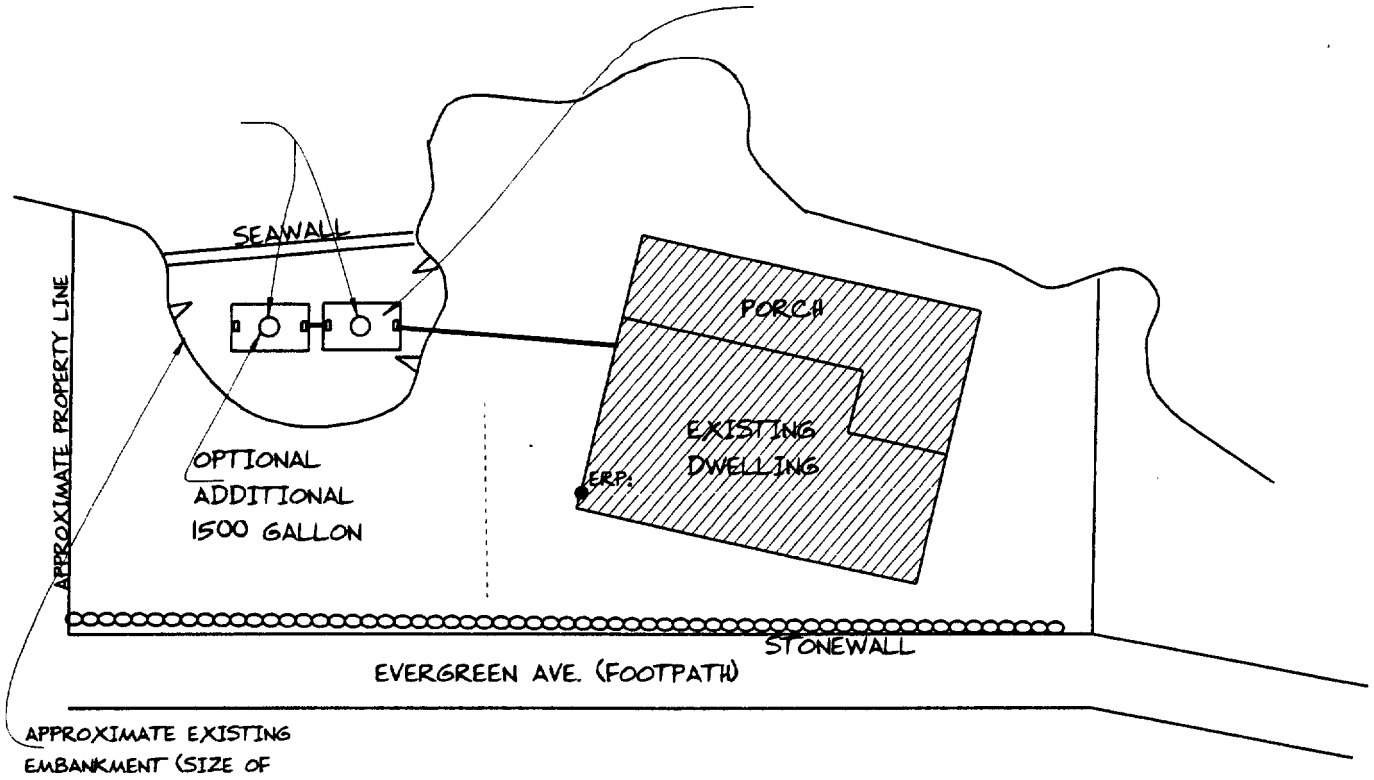
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563  
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator



Town, City, Plantation  
**PEAKS ISLAND**

Street, Road, Subdivision  
**7 EVERGREEN AVE**

Owner's Name  
**ALFRED KENWORTHY**



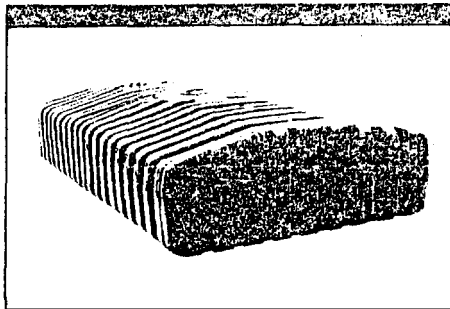
*Alfred Kenworthy*

NY R



# YOUR ONE-STOP SEPTIC TANK SUPPLIER!

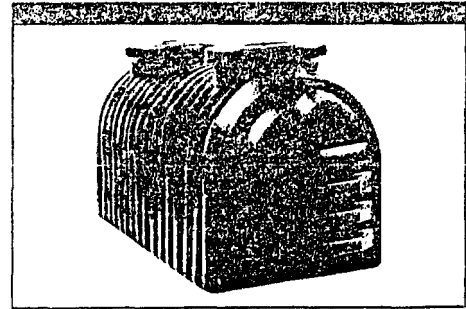
There are Wedco Septic Tanks for virtually every size and type of application and installation. Wedco Tanks have been designed to conform to all local codes and regulations.



5211 SURFACE HOLDING TANK



5250 PUMPING CHAMBER



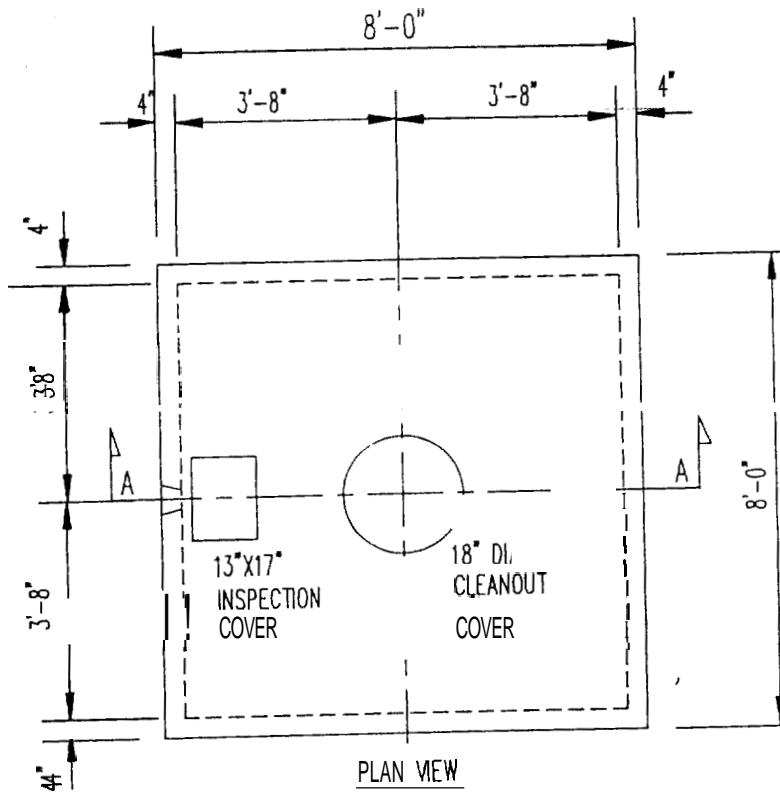
STANDARD WEDCO SEPTIC TANK  
AVAILABLE IN SEVERAL SIZES

## WEDCO SEPTIC AND SURFACE HOLDING TANKS

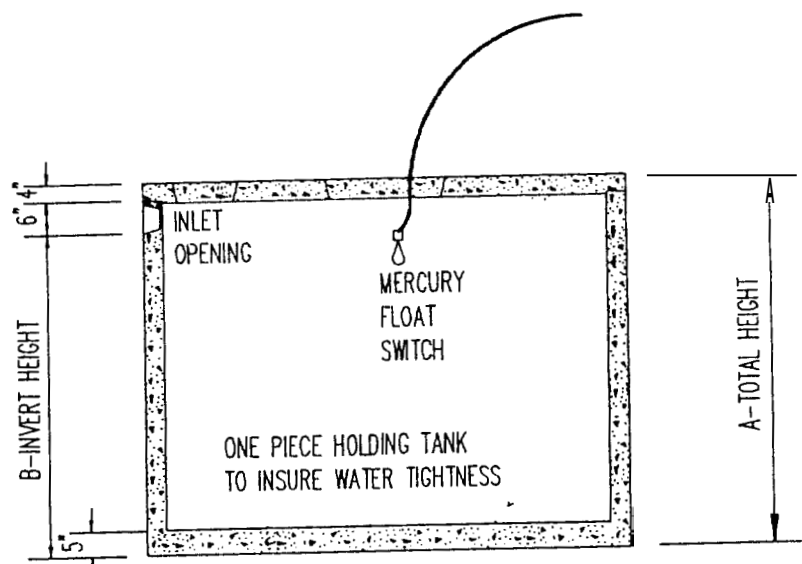
MODEL	WEIGHT		LENGTH		WIDTH		HEIGHT		LIQUID LEVEL AT OUTLET		INLET HEIGHT		MAN-V.I. HOLES DIAMETER		CAPACITY		
	KG	LBS	CM	IN	CM	IN	CM	IN	CM	IN	CM	IN	CM	IN	LITRES	IMP GALS	US GALS
WP2300	140	310	305	120	107	42	127	50	92	36	107	42	51	20	2300	500	600
WP2700	160	350	300	118	127	50	135	53	89	36	102	40	51	20	2700	600	730
WP3400	166	365	310	122	124	49	135	53	89	36	102	40	51	20	3400	750	900
WR3400	166	365	241	95	124	49	163	64	132	52	147	56	51	20	3400	750	900
WP3600	220	485	371	146	127	50	135	53	99	39	112	44	51	20	3600	800	1000
WR4000	181	400	272	107	135	53	173	68	132	52	147	58	51	20	4000	880	1050
WP5000	272	600	368	145	130	51	164	64	122	48	135	53	51	20	5000	1100	1300
5211/SURFACE HOLDING TANK	227	500	401	158	201	79	76	30	-	-	69	27	51	20	5000	1100	1300

All Wedco Septic Tanks may be converted to holding tanks

All U.S. Wedco Septic Tanks are equipped with gas deflectors, to comply with regulatory requirements.



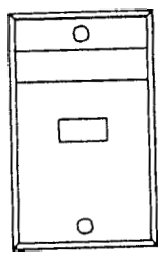
PLAN VIEW



SECTION A-A

ITEM NO.	1450	1451	1452
GALLONS	1000	1500	2000
A	56"	66"	76"
B	46"	56"	66"
TOTAL WEIGHT	12,600	14,500	15,800

OR EQUIVALENT



PEABODY BARNES

HIGH WATER ALARM  
INCLUDES STAINLESS  
STEEL WALL PLATE  
WITH RED JEWEL LIGHT  
AND ONE MERCURY FLOAT  
SWITCH WITH 10' OF  
18/2 CORD.

NOTES:

1. CONCRETE: 5000 PSI AFTER 28 DAYS.
2. REINFORCING: 6X6/10/10 W.W.M WITH ADDITIONAL NO. 4 BAR AROUND OPENINGS.
3. TANKS ARE AVAILABLE WITH 8" THICK, H20 LOADED COVERS.



SUPERIOR  
CONCRETE CO., INC.  
AUBURN, ME.

RESIDENTIAL  
HOLDING TANK



# Portland Water District

225 Douglass St. • P.O. Box 3553 • Portland, ME 04104-3511

(207) 774-5966

FAX (207) 761-8333

www.pwd.com

November 10, 2004

Mr. Alfred Kenworthy  
389 Porter Street  
Melrose, MA 02176

Dear Mr. Kenworthy,

**As** per our phone conversation on November 8, 2004, please accept this letter as confirmation that the Peaks Island Wastewater Treatment Facility will accept trucked in holding tank waste contingent upon the following procedures:

#### 1. Scheduling

- All loads delivered *to* the facility will have to be scheduled **24** hours in advance to assure that an operator is present during off loading. To schedule delivery contact Rob Waterman at 774-5961 extension 3698 or call the Peaks Island treatment facility at 766-5821.
- All deliveries should be scheduled between the hours of 9:00 **AM** and 1:00 **PM**.
- An operator is present at the facility Monday through Friday during the period between May 15 and September 30. From September 30 through May 15, we expect to staff the facility on Monday, Wednesday and Friday. Full day staffing of the facility can not be expected on holidays.
- The District may alter its schedule during the September through May time period so advance scheduling becomes more important during that period.

#### 2. Off Loading

- The nature of the treatment process at the Peaks Island facility will require controlled off loading of all holding tank deliveries. The hauler should be prepared to control the discharge rate from his vehicle to 50 gallons per minute. Therefore, a 3000 gallon load will require approximately one hour to discharge.
- Off loading will be restricted to the appropriate location at the Peaks Island WWTF.

#### 3. Pricing

- The Portland Water District will bill the hauler of holding tank wastes at the rate of \$16.00 per load plus, \$5.00 per thousand gallons. The hauler must clearly prove to the PWD operator present, the volume of any delivery less than a full truck.. Billing will be adjusted to the nearest 100 gallons based on the hauler submitting a District issued manifest.

#### 4. Other Requirements

- **All** haulers discharging loads at District facilities must be licensed by the Portland Water District and provide a Certificate of Insurance that meets District criteria.

*2001 Governor's Award for Environmental Excellence*



# Portland Water District

225 Douglass St. • P.O. Box 3553 • Portland, ME 04104-3553

(207)774-5961

FAX (207)761-8333  
www.pwd.org

- Only holding tank wastes will be accepted at the Peaks Island facility. Holding tank waste is defined as, “Any waste derived from the temporary storage of sanitary waste including those derived from sinks and sanitary plumbing fixtures. Holding tank wastes are expected to exhibit pollutant concentrations similar to that of typical domestic wastewater”. At no time will septage, defined as “any waste, refuse, effluent, sludge or other material derived from a septic tank, cesspool, vault privy or similar source which concentrates wastes or to which chemicals have been added” be allowed to be discharged at the Peaks Island WWTF.
- The Portland Water District requires the hauler to provide a sample of each load delivered to District facilities.

I would not expect any problems with the handling of holding tank wastes at the Peaks Island facility. However, the District will have to reserve the right to direct all loads to the mainland if it is determined that the Peaks Island facility is incapable of handling holding tank waste. If you should have any further questions, please don't hesitate to contact me at 207-774-5961 extension 3075.

Regards,  
Portland Water District

Michael Greene  
Plant/Systems Manager, Wastewater  
[mgreene@pwd.org](mailto:mgreene@pwd.org)

cc: Stuart Rose, Maine DEP  
Craig Butterfield, Chief Operator EEWTF  
Bob Waterman, Operations Foreman

F

Name Alfred W. Kenworthy Jr TRUSTEE, / Barbara H Kenworthy, Trustee  
 Mailing Address 389 Porter Street  
 City/Town Melrose State MA Zip 02176  
 Daytime telephone number 781 - 665 - 8235

PROPERTY LOCATION

Street, Road, Route 7 Evergreen Avenue  
 City/Town Portland, Pecks Island Zip 02148

APPLICATION FOR (check one)

- First Time Installation (If this is checked, give Town's Ordinance adoption date 1 / 1)
- First Time Installation, non-residential only, less than 100 gpd or 500 gal/week
- Replacing an existing overboard discharge, surface wastewater discharge or malfunctioning subsurface wastewater system
- Replacing an existing holding tank

CONDITIONS FOR APPROVAL

- The installation of a conventional disposal system is not possible due to unacceptable site and/or soil conditions, lot configuration, or other constraints
- Public sewer is not available.
- All existing or proposed plumbing fixtures shall be installed or modified for water conservation and all water closets shall meet the Federal standard of 1.0 gallons per flush.

REQUIREMENTS FOR APPROVAL

- A Completed Application shall consist of:
- This form (HHE-304) completed with all signatures.
  - A completed **Subsurface Wastewater Disposal System Application (HHE-200)** prepared by a Licensed Site Evaluator.

PROPERTY OWNER INFORMATION AND REQUIREMENTS

- I (we) ALFRED KENWORTHY JR own the property described in this Application/Agreement.
1. Holding tanks require regular pumping by a licensed pumper. The owner must pay this service.
  2. The holding tank will be pumped at least once a year by the pumper listed on this application. Another pumper may be used if the listed pumper is notified and the LPI approves the change. The new pumper will then be listed on an attachment to this agreement.
  3. A water meter shall be installed at the owner's expense if required by the LPI.
  4. All records of pumping and water use (if required) must be kept for at least three years and shall be made available to the LPI or other official if requested.
  5. A holding tank for new construction can only be replaced by a system meeting first time system requirements.
  6. Once approved this form must be recorded at the Registry of Deeds, cross referenced to the owner's deed.
  7. We agree to comply with any additional requirements of the Town.

We state that all the information presented with this application is true and accurate, we acknowledge the foregoing items and agree to comply with all the requirements.

Property Owner(s) Signature Alfred Kenworthy TRUSTEE Date 1/20/05  
 Property Owner(s) Signature Barbara H Kenworthy Trustee Date 1/20/05

**SITE EVALUATION STATEMENT**

I, ALBERT FRICK, state that I have evaluated the subject property and found that a subsurface wastewater disposal system is not practical. Secondly, I have completed a *Subsurface Wastewater Disposal System Application (HHE-200)* proposing a holding tank installation for the property's wastewater disposal.

Site Evaluator's Signature Albert Frick Date 11/12/2004

**HOLDING TANK PUMPER INFORMATION**

Business owner's name T. Livingston Johnson License # South Dakota  
Business name Island Bay Services DC NEW  
Mailing address PO Box 48  
City Peaks Island State ME Zip 04108  
Business telephone 766 2375  
Max. truck hauling capacity 300 gallons  
Can pump: \_\_\_\_\_ seasonally 1 yearround  
DEP licensed disposal site location Portland Site # Peak Bay OR PEAKS ISL

**HOLDING TANK PUMPER STATEMENT**

I, T. Livingston Johnson, own and operate a septage pumping business named in this Application/Agreement, and have contracted with the property owner(s) to pump and properly dispose of the tank's waste. I further state that the tank, and that the wastewater will be disposed of at a Department of Environmental Protection licensed disposal location.

Holding Tank Pumper's Signature T. Livingston Johnson Date 11/17/05

**Municipal Officers Statement**

- I (we) have reviewed **the** information submitted in support of this application.
- I (we) find that the installation of the holding **tank** will not violate any local ordinances.
- I (we) will authorize the **LPI** to enforce **the** requirements of this agreement, the Subsurface Wastewater Disposal Rules and any local ordinances, including recordkeeping and required pumping.
- I (we) recommend that the LPI issue the necessary permits for the installation of the holding tank.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

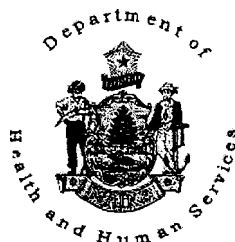
**Local Plumbing Inspector's Statement**

I have reviewed **this** application and find that the issuance of a permit for the holding tank complies with the Subsurface Wastewater Disposal Rules and all pertinent local ordinances.  
Additional Requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**John Elias Baldacci**  
Governor



**John R. Nicholas**  
Commissioner

**Maine Department of Health and Human Services**  
**11 State House Station**  
**Augusta, Maine 04333-0011**  
**Division of Health Engineering**  
October 26, 2004

Handwritten initials: "98" and "FX" with a checkmark.

Mr. Alfred Kenworthy  
389 Porter Street  
Melrose, MA

**Subject: Site Visit – Kenworthy Property – Peaks Island – Portland, Maine**

Dear Mr. Kenworthy:

On Friday October 22, 2004 I visited your property to review the subsurface wastewater disposal design prepared by Albert Frick Associates dated December 12, 2003. Also present were Mr. Frick, Philip Garwood and Stuart Rose of the Maine Department of Environmental Protection, yourself and your wife. A representative of the city of Portland was invited but did not attend. The design was disallowed in our letter of January 23, 2004 due to recommendations from the local plumbing inspector.

It is our understanding that a license for the existing overboard discharge cannot be considered by the DEP as the past use of the property does not fit the criteria established by past attorney general rulings. As the public sewer does not serve this part of the island, subsurface wastewater disposal is the only remaining option to eliminate the unlicensed discharge.

As Section 1906.1.7 classifies overboard discharges, whether licensed or not, as replacement systems the design prepared by Mr. Frick can be considered given the limitations of the site. A holding tank would also be appropriate given the seasonal use of the property; and would seem to be a more financially and environmentally acceptable solution. As soon as a complete holding tank application is received we will process same for approval.

Sincerely,

**Russell G. Martin, PE, F.NSPE**  
Program Director, Wastewater & Plumbing Control  
Division of Health Engineering

Handwritten notes: "62" and other illegible scribbles.

CC Michael Nugent, LPI  
Phil Garwood, MDEP  
Stuart Rose, MDEP  
Albert Frick, LSE

Physical Location of:  
Division Office  
161 Capitol Street  
Augusta, Maine 04333-0011

(207) 287-5689  
Fax: (207) 287-3165  
TTY: (207) 287-5550



JOHN ELIAS BALDACCI  
GOVERNOR

STATE OF MAINE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
161 CAPITOL STREET  
11 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0011

NICHOLAS  
CHIEF

**HOLDING TANK DEED**

*Handwritten notes:*  
# 7 E025 new A/C  
781-665-8030  
Alfred Kenworthy  
92 F 17

**Property Owner:** Complete and record this form with your Cour  
recorded deed covenant to your municipality's Local Plumbing Ins

**County Registrar:** Please cross-reference this document with book

**Property Owner Statement:** I (we), BARBARA H KENWORTH  
ALFRED W. KENWORTH  
TRUSTEE OF EVERGREEN REALTY  
owner(s) of the property located at 7 EVERGREEN RD

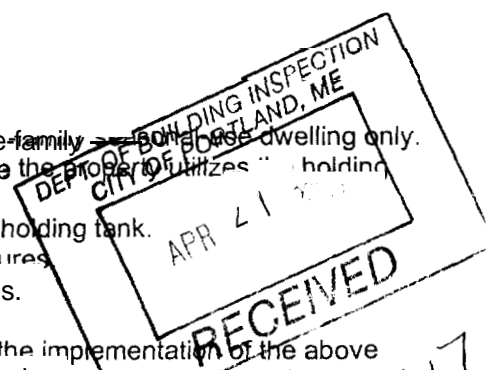
PORTLAND

The property's deed is recorded in book no. #207, page no. 4, 1 & 150

We state that the holding tank installation for the aforementioned property received approval by the town of  
PORTLAND and its officials.

**Stipulations of Covenant:**

1. The 1,500 gallon holding tank(s) shall serve one three-bedroom single-family ~~dwelling~~ *→ 3000 sq ft dwelling only.*
2. There shall be no conversion of use from seasonal to year-round while the property utilizes a holding tank for wastewater disposal.
3. There shall be no additional bedrooms or **structures connected to the holding tank.**
4. All fixtures within the structure shall be *low-flow, water-conserving fixtures.*
5. The holding tank shall be equipped with both audible and visual alarms.



**Municipal Approval Conditions:** This approval has been granted subject to the implementation of the above conditions and said approval will become null and void if the **required and stated conditions** of approval are violated.

Property Owner signature(s)

Alfred W Kenworthy Jr  
Barbara H Kenworthy  
BARBARA H KENWORTH

*Handwritten:* 92 F 17

State of ~~Maine~~ Massachusetts  
County of ~~Cumberland~~ Middlesex

Date 4/20/05

Received  
Recorded Register of Deeds  
Apr 21, 2005 09:35:10A  
Cumberland County  
John B OBrien

Then personally appeared the above named Alfred W Kenworthy Jr (and)  
Barbara H Kenworthy (severally) acknowledged the foregoing instrument to be his or her (or their)  
free act and deed.

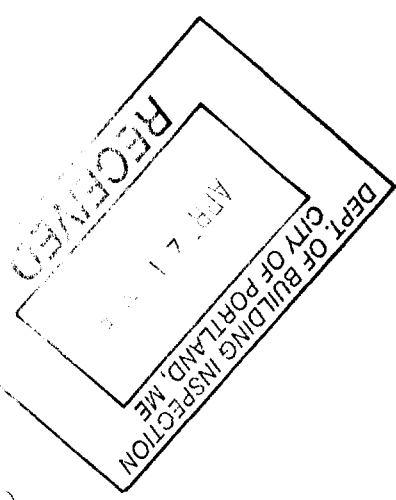
Before me Paul J Yanakakis  
Justice of the Peace or Notary Public

PAUL JOHN YANAKAKIS  
Notary Public, Massachusetts  
My Commission Expires October 23, 2009

HHE-300 Rev. 3/97



L1 ± 66



-----\*  
Official Receipt for Recording in:

Cumberland County Registry Of Deeds  
142 Federal Street  
PORTLAND, MAINE 04101

Issued To:  
ALFRED KENWORTHY  
389 PORTER ST  
  
MELROSE MA 02176-

Recording Fees

Document Description	Number	Vol#	Page	Recording Amount
MISC	24404	22546	51	\$11.00
1-STATE OF MAINE DEPT OF HEALTH & HUMAN SE				
2-KENWORTHY, ALFRED W JR				
09:35:10a				

\$11.00

Collected Amounts

Payment Type	Check Number	Amount
CASH		\$11.00
		\$11.00

Total Received : \$11.00  
 Less Total Recordings: \$11.00  
 -----  
 Change Due \$ .00

Thank You  
 JOHN G OBRIEN - Register of Deeds  
 By - Jen Allen

Receipt# Date Time  
 0218130 04/21/2005 09:38a