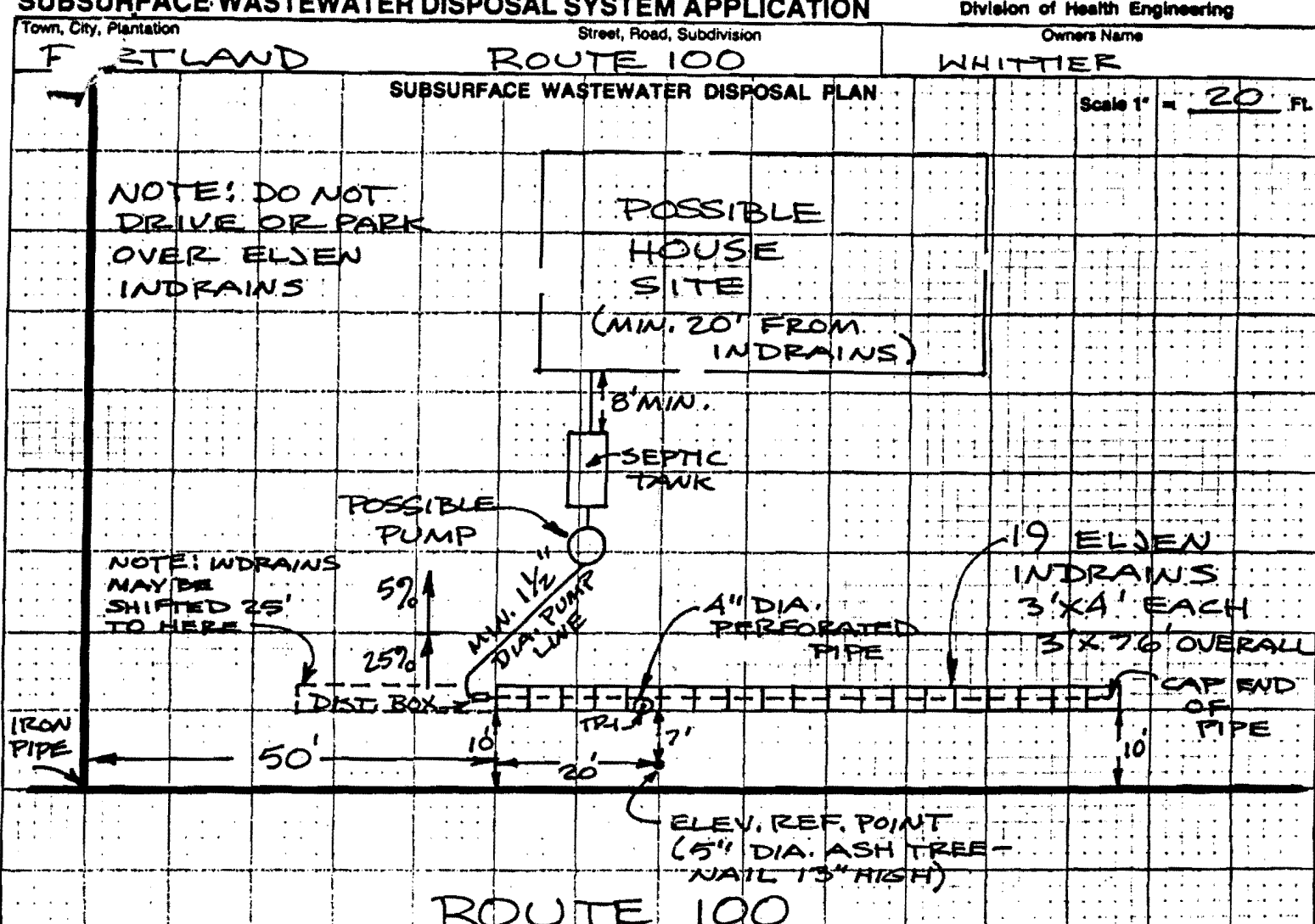


called 11-2-98 left message 382A-C-005

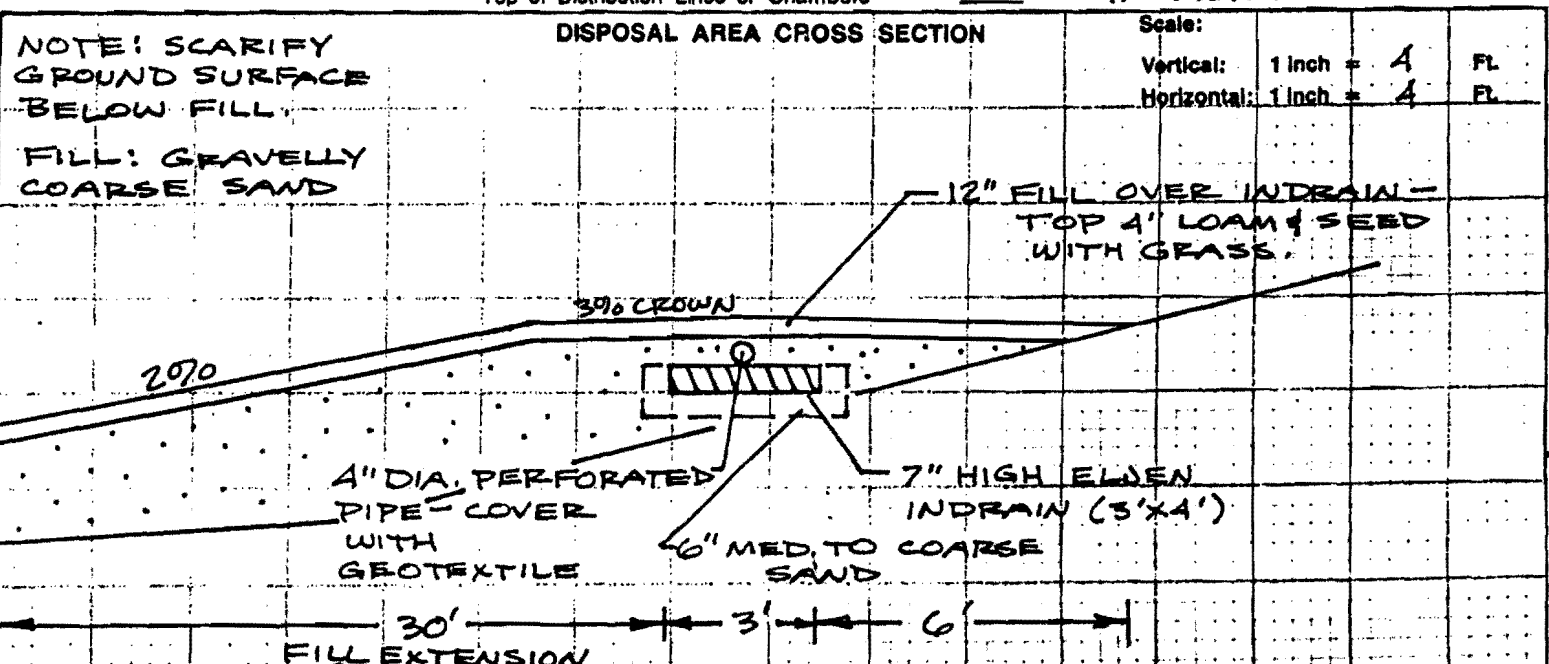
| SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION | | Department of Human Services Division of Health Engineering (207) 287-5672 FAX (207) 287-4172 | | | | | | | | | | | | | | | |
|--|--|--|--|----------|------------|---|------------|------|--------|----|----------|---------|----------|------|-------|------|--|
| PROPERTY LOCATION | | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: x-small;">Permit #</td> <td style="font-size: x-small;">ISSUED #</td> <td style="font-size: x-small;">STATE COPY</td> <td style="font-size: x-small;">#</td> <td style="font-size: x-small;">Double Fee</td> </tr> <tr> <td style="font-size: x-small;">Date</td> <td style="font-size: x-small;">Issued</td> <td style="font-size: x-small;">\$</td> <td style="font-size: x-small;">L.P.I. #</td> <td style="font-size: x-small;">Charged</td> </tr> <tr> <td>10-29-98</td> <td>6653</td> <td>110.0</td> <td>2129</td> <td></td> </tr> </table> | Permit # | ISSUED # | STATE COPY | # | Double Fee | Date | Issued | \$ | L.P.I. # | Charged | 10-29-98 | 6653 | 110.0 | 2129 | |
| Permit # | ISSUED # | | STATE COPY | # | Double Fee | | | | | | | | | | | | |
| Date | Issued | | \$ | L.P.I. # | Charged | | | | | | | | | | | | |
| 10-29-98 | 6653 | | 110.0 | 2129 | | | | | | | | | | | | | |
| Town or Plantation | PORTLAND | | | | | | | | | | | | | | | | |
| Street | ROUTE 100 | | | | | | | | | | | | | | | | |
| Subdivision Lot # | 550 Auburn St | | | | | | | | | | | | | | | | |
| PROPERTY OWNER'S NAME | | | | | | | | | | | | | | | | | |
| Last: WHITTIER | First: BRETT & MICHELLE | | | | | | | | | | | | | | | | |
| Applicant's Name | | | | | | | | | | | | | | | | | |
| Mailing Address of Owner 1007 WASHINGTON AVE. PORTLAND, ME 04103 | | | | | | | | | | | | | | | | | |
| Daytime Tel. # | 772-7425 | Municipal Tax Map # | Lot # | | | | | | | | | | | | | | |
| Owner Statement | | Caution: Inspection 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. | | 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>Peter J. Raaz</u> Date: <u>10/29/98</u> | | Local Plumbing Inspector Signature: _____ Date Approved: _____ | | | | | | | | | | | | | | | |
| PERMIT INFORMATION | | | | | | | | | | | | | | | | | |
| TYPE OF APPLICATION: 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced _____ Year installed _____ 3. <input type="checkbox"/> Expanded System a. one time exempted b. non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion | THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. Local Plumbing Inspector approval b. State & Local Plumbing Inspector approval 3. <input type="checkbox"/> Replacement System Variance a. Local Plumbing Inspector approval b. 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 checked="" type="checkbox"/> Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet 4. <input type="checkbox"/> Non-Engineered Treatment Tank 5. <input type="checkbox"/> Holding Tank _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Area (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Engineered System (>2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Area (only) 11. <input type="checkbox"/> Pretreatment | | | | | | | | | | | | | | | |
| SIZE OF PROPERTY 0.8 ACRES | DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit 2. <input type="checkbox"/> Multiple Family Dwelling: Number of Units _____ 3. <input type="checkbox"/> Other _____ | TYPE OF WATER SUPPLY PUBLIC | | | | | | | | | | | | | | | |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | |
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | | | | | | | | | | | | | | | |
| TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. Regular b. Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other _____ SIZE 1000 Gallons | DISPOSAL AREA TYPE / SIZE 1. <input type="checkbox"/> Bed _____ Sq. Ft. 2. <input checked="" type="checkbox"/> Proprietary Device 212 Sq. Ft. a. Cluster <input checked="" type="checkbox"/> Linear b. Regular <input type="checkbox"/> H-20 3. <input type="checkbox"/> Trench 4. <input type="checkbox"/> Other _____ | GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes a. Multi-compartment tank b. Tank in series c. Increase in tank capacity d. Filter on tank outlet | CRITERIA USED FOR DESIGN FLOW (Show Calculations) 3 BEDROOMS | | | | | | | | | | | | | | |
| PROFILE & DESIGN CLASS PROFILE 3 DESIGN D DEPTH TO MOST LIMITING FACTOR 14" | DISPOSAL AREA SIZING 1. <input type="checkbox"/> Small - 2.00 2. <input type="checkbox"/> Medium - 2.60 3. <input checked="" type="checkbox"/> Medium-Large - 3.30 4. <input type="checkbox"/> Large - 4.10 5. <input type="checkbox"/> Extra-Large - 5.20 | PUMPING 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required DOSE _____ Gallons | DESIGN FLOW: 276 (Gallons/Day) | | | | | | | | | | | | | | |
| SITE EVALUATOR'S STATEMENT | | | | | | | | | | | | | | | | | |
| On 7/15/96 (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. | | | | | | | | | | | | | | | | | |
| Signature: <u>Richard Sweet</u> Site Evaluator Name Printed: <u>RICHARD A. SWEET</u> | | SE # <u>034</u> Telephone: <u>797-2110</u> | Date: <u>10-27-98</u> | | | | | | | | | | | | | | |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



| FILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|-------------------------------|--|--|
| Depth of Fill (Upslope) 23' | Reference Elevation is 0 | NAIL IN PINK SQUARE IN ASH TREE |
| Depth of Fill (Downslope) 38' | Bottom of Disposal Area (INDRAIN) -39" | |
| | Top of Distribution Lines or Chambers -28" | |



Richard O'Connell 034 10-27-98
Site Evaluator Signature SF# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, Co., Plantation

Street, Road, Subdivision

Owners Name

ORLAND

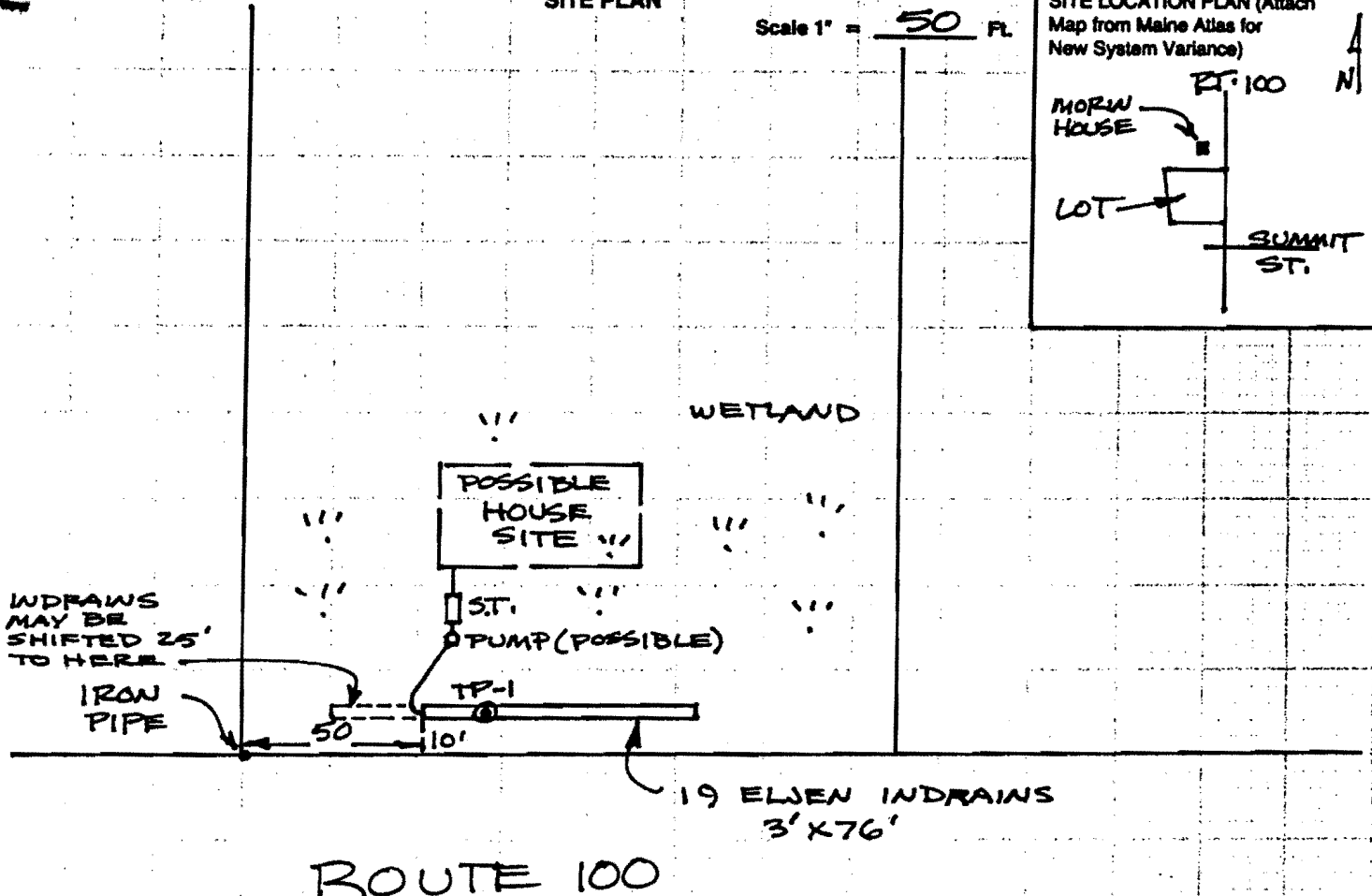
ROUTE 100

WHITTIER

SITE PLAN

Scale 1" = 50 Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



ROUTE 100

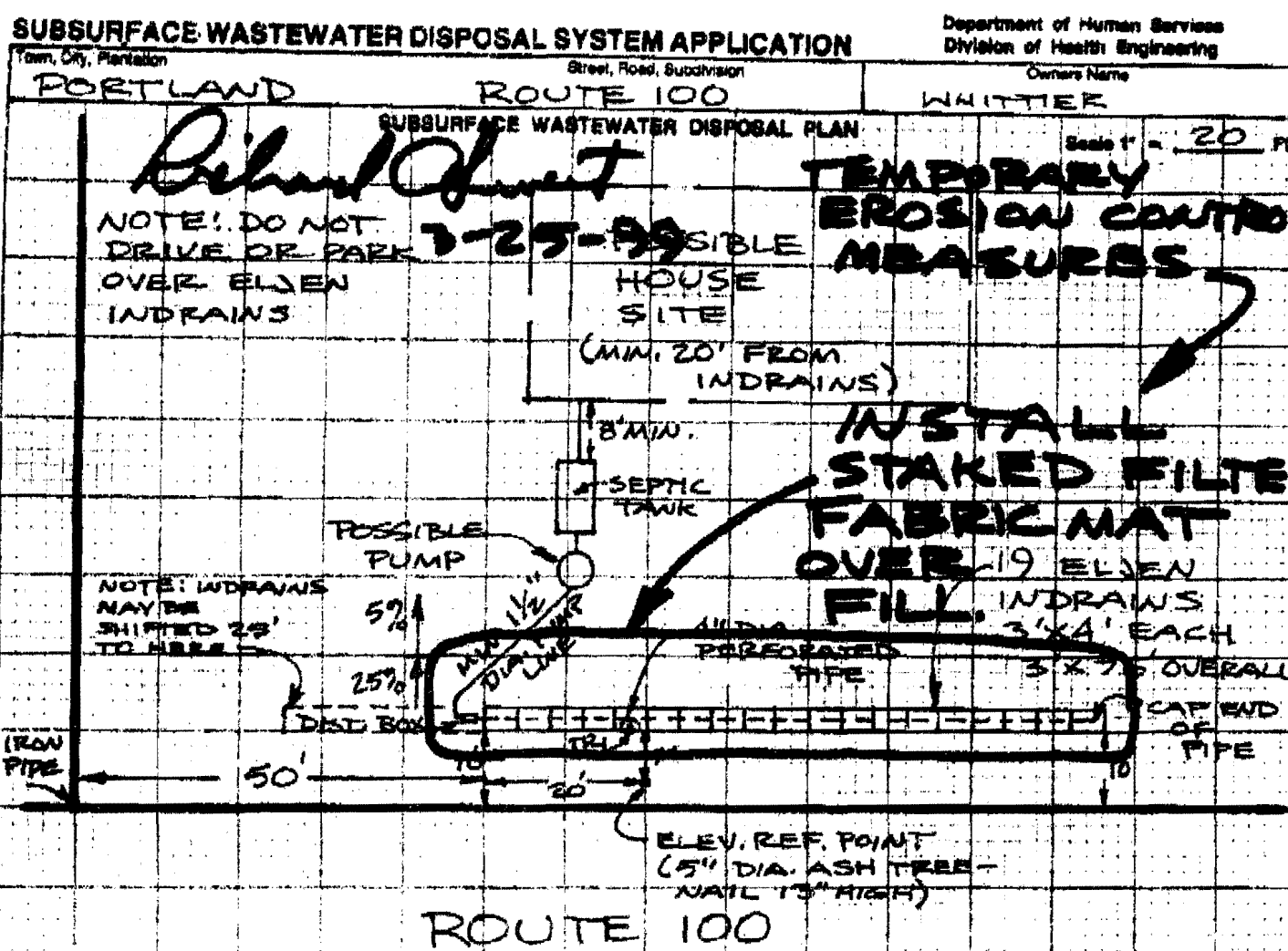
| SOIL DESCRIPTION AND CLASSIFICATION | | | | (Location of Observation Holes Shown Above) | | | | | |
|---|-------------------------|---------------|---------------------------|---|--------------------|----------------------|---------------|-----------------------|---|
| Observation Hole <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring | | | | Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring | | | | | |
| * Depth of Organic Horizon Above Mineral Soil | | | | * Depth of Organic Horizon Above Mineral Soil | | | | | |
| 0 | Texture | Consistency | Color | Mottling | 0 | Texture | Consistency | Color | Mottling |
| 6 | FINE | | DK. | | 6 | | | | |
| 10 | SANDY | FRIABLE | BROWN | | 10 | | | | |
| 15 | LOAM | | RED | COMMON | 15 | | | | |
| 20 | | FIRM | WHITE | | 20 | | | | |
| 30 | | | | | 30 | | | | |
| 40 | | | | | 40 | | | | |
| 50 | | | | | 50 | | | | |
| Soil Profile <u>3</u> | Classification <u>D</u> | Slope _____ % | Limiting Factor <u>14</u> | <input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock | Soil Profile _____ | Classification _____ | Slope _____ % | Limiting Factor _____ | <input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock |

Richard O'Brien
Site Evaluator Signature

03A
SE#

10-27-98
Date

Page 2 of 3
HHE-200 Rev. 1/84



| FILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|-------------------------------|--|--|
| Depth of Fill (Upslope) 23' | Reference Elevation is 0' | NAIL IN PIAK SQUARE IN ASH TREE |
| Depth of Fill (Downslope) 38' | Bottom of Disposal Area (INDRAIN) -39" | |
| | Top of Distribution Lines or Chambers -26" | |

