

DISPLAY THIS CARD ON PRINCIPAL FRONTAGE OF WORK



# CITY OF PORTLAND

# BUILDING PERMIT

This is to certify that BEV & CY TOMPSON LLC

Located At 372 PRESUMPCOT ST

Job ID: 2012-10-5272-SUBSRF

CBL: 422- B-013-001

has permission to install a Complete non-engineered Subsurface Wastewater System (Warehouse).  
provided that the person or persons, firm or corporation accepting this permit shall comply with all of the provisions of  
the Statues of Maine and of the Ordinances of the City of Portland regulating the construction, maintenance and use of  
the buildings and structures, and of the application on file in the department.

Notification of inspection and written permission procured  
before this building or part thereof is lathed or otherwise  
closed-in. 48 HOUR NOTICE IS REQUIRED.

A final inspection must be completed by owner  
before this building or part thereof is occupied. If a  
certificate of occupancy is required, it must be

11/07/2012

\_\_\_\_\_  
**Fire Prevention Officer**

\_\_\_\_\_  
**Code Enforcement Officer / Plan Reviewer**

THIS CARD MUST BE POSTED ON THE STREET SIDE OF THE PROPERTY  
PENALTY FOR REMOVING THIS CARD

## BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

or email: [buildinginspections@portlandmaine.gov](mailto:buildinginspections@portlandmaine.gov)

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the city of Portland Inspections Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
  
  - **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue.**
1. Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.
  2. Backfill inspection of septic field for approved materials, stabilization, slopes and extensions.
  3. Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.

**THE PROJECT CANNOT MOVE TO THE NEXT PHASE PRIOR TO THE REQUIRED INSPECTION AND APPROVAL TO CONTINUE, REGARDLESS OF THE NOTICE OF CIRCUMSTANCES.**

**IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.**



# PORTLAND MAINE

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Director of Planning and Urban Development  
Jeff Levine

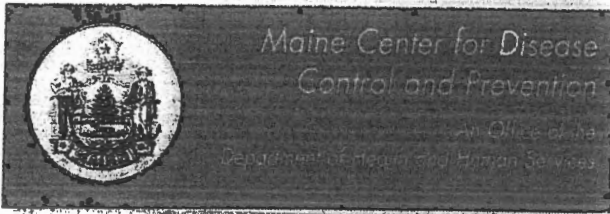
**Job ID:** 2012-10-5272-SUBSRF

**Located At:** 372 PRESUMPCOT  
ST

**CBL:** 422- B-013-001

## **Conditions of Approval:**

1. Septic field and extension inspection for bottom preparation/ scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.
2. Backfill inspection of septic field for approved materials, stabilization, slopes and extensions.
3. Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, plumbing station and system design prior to covering.



Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

<b>GENERAL INFORMATION</b>		Town of	<u>Portland</u>
Property Owner's Name:	<u>372 Presumpscot St LLC</u>	Tel. No.:	<u>207-233-3699</u>
System's Location:	<u>372 Presumpscot Street</u>		
Property Owner's Address:	<u>PMB 376 190 US Rt 1 Falmouth</u>	Zip Code:	<u>04105</u>
e-mail address:	<u>Colby@mechanicalservices.com</u>		

The subsurface wastewater disposal system design for the subject property requires a replacement system variance first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires local approval local and state approval.

<b>SPECIFIC VARIANCE REQUESTED</b> (To be filled in by Site Evaluator. Use additional sheets if needed.)	<b>SECTION OF RULE</b>
1. <u>Reduce property line setback from 10 to 5 feet</u>	<u>Table 8A</u>
2. _____	_____
3. _____	_____

### SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

The proposed disposal field is downslope from the property line, so drainage is away from the line.

I, Richard A. Sweet, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Richard A. Sweet

SIGNATURE OF SITE EVALUATOR

07-31-12

DATE

### PROPERTY OWNER

I, Colby Green, am the owner agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with 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.

Colby Green

SIGNATURE OF OWNER  
AGENT FOR THE OWNER

10/24/12

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax (207) 287-3165

PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: Portland  
Street or Road: 372 Presumpscot Street  
Town/City: Portland  
Date Permit Issued: 11/18/12  
Fees: \$250  
Double Fee Charged:   
Local Plumbing Inspector Signature: [Signature]  
L.P.I. #: 1081

OWNER/APPLICANT INFORMATION

Name (last, first, MI): 372 Presumpscot St LLC  
Mailing Address of Owner/Applicant: PMB 376 190 US Rt 1 Falmouth, ME 04105  
Daytime Tel. #: 207-233-3699  
Owner  Applicant   
The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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: [Signature] Date: 10/24/12  
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] (1st) date approved: [Blank] (2nd) date approved: [Blank]

PERMIT INFORMATION

TYPE OF APPLICATION:  1. First Time System  
THIS APPLICATION REQUIRES:  1. No Rule Variance  
DISPOSAL SYSTEM COMPONENTS:  1. Complete Non-engineered System  
SIZE OF PROPERTY: 1 +/- ACRES  
SHORELAND ZONING:  Yes  
DISPOSAL SYSTEM TO SERVE:  3. Other: 10 Employees @ 12 gpd  
TYPE OF WATER SUPPLY:  4. Public

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK:  1. Concrete  
DISPOSAL FIELD TYPE & SIZE:  1. Stone Bed  
GARBAGE DISPOSAL UNIT:  1. No  
DESIGN FLOW: 122 gallons per day  
SOIL DATA: PROFILE 3 CONDITION B  
DISPOSAL FIELD SIZING:  1. Medium—2.6 sq. ft. / gpd  
EFFLUENT/EJECTOR PUMP:  3. Required  
LATTITUDE AND LONGITUDE: Lat. N43 d 41 m 40.76 s Lon. W70 d 15 m 34.90 s

SITE EVALUATOR STATEMENT

I certify that on 7-5-12 (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: Richard A. Sweet  
SE #: 034  
Date: 07-31-12  
Site Evaluator Name Printed: Richard A. Sweet  
Telephone Number: 797-2110  
Email Address: dick@sweetassociates.com

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Jonathan Riold, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does does not conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do do not) approve the requested variance. I ( will will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

11/07/12  
\_\_\_\_\_  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( does does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( do do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI 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 THE DEPARTMENT

\_\_\_\_\_  
DATE

- Notes:
1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
  2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One):    Outside Shoreland Zone-50    Inside Shoreland Zone-65    Subdivision-65



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

<b>PROPERTY LOCATION</b>		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland	Town/City	Permit #
Street or Road	372 Presumpscot Street	Date Permit Issued	Fee: \$ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		Local Plumbing Inspector Signature	L.P.I. #
<b>OWNER/APPLICANT INFORMATION</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	372 Presumpscot St LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Municipal Tax Map # Lot #	
Mailing Address of Owner/Applicant	PMB 376 190 US Rt 1 Falmouth, ME 04105	CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Daytime Tel. #	207-233-3699	(1st) date approved _____ (2nd) date approved _____	
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: <u>City &amp; Assoc</u> Date: <u>10/24/12</u>	
		Local Plumbing Inspector Signature _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >= 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> <input type="checkbox"/> SQ. FT. 1+/- <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>10 Employees @ 12 gpd</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>403</u> sq. ft. <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>122</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS — for other facilities — <u>12 gpd x 10 employees</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA</b> PROFILE <u>3</u> CONDITION <u>B</u> at Observation Hole # <u>TP-1</u> Depth <u>24"</u> of Most Limiting Soil Factor Restrictive	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>N43</u> d <u>41</u> m <u>40.76</u> s Lon. <u>W70</u> d <u>15</u> m <u>34.90</u> s if g.p.s. state margin of error: <u>20</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>7-5-12</u> (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).		
Signature: <u>Richard A. Sweet</u> Site Evaluator Signature	SE #: <u>034</u> SE #	Date: <u>07-31-12</u> Date
Name: <u>Richard A. Sweet</u> Site Evaluator Name Printed	Telephone: <u>797-2110</u> Telephone Number	Email: <u>dick@sweetassociates.com</u> Email Address

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 Fax: (207) 287-3165

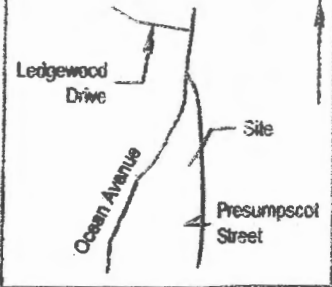
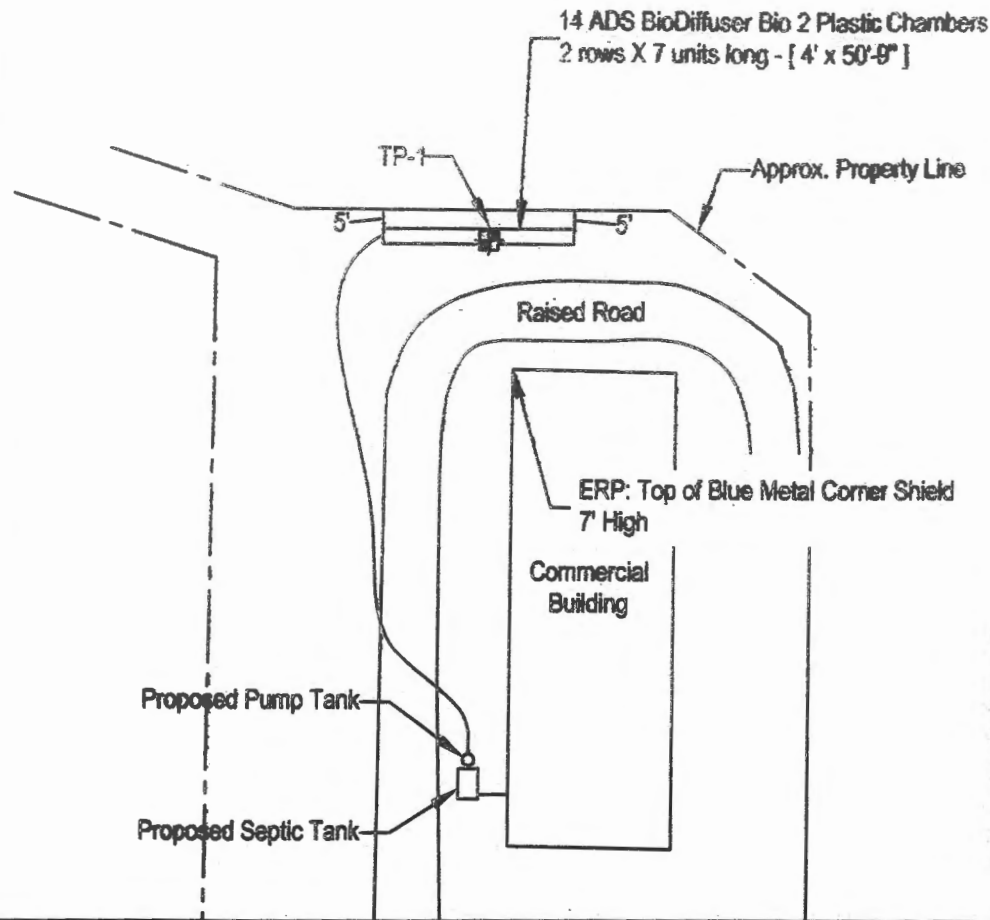
Town, City, Plantation  
**Portland**

Street, Road, Subdivision  
**372 Presumpscot Street**

Owner or Applicant Name

**SITE PLAN** Scale 1" = 50 ft.

**SITE LOCATION PLAN**



**NOTES:**

1. This is not a survey. All property lines, building locations and site features have been approximately located, unless otherwise shown.
2. Scarify all ground to be filled.
3. Insulate the Distribution Box (D-Box).
4. Raise road around the back of the building by 2'.
5. Septic Tank minimum 8' from bldg.

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

Observation Hole # TP-1  Test Pit  Boring  
" Depth of organic horizon above mineral soil

Observation Hole # \_\_\_\_\_  Test Pit  Boring  
" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy Loam	Friable	Dark Brown	
6				
12			Red/olive	
18				
24				
30		Firm	Olive	
36				
42				
48				

Limit of Excavation at 26 inches

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater
3	B	40	24"	<input checked="" type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

*Richard Stewart*  
Site Evaluator Signature

034  
SE #

07-31-12  
Date



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
**Portland**

Street, Road, Subdivision  
**372 Presumpscot Street**

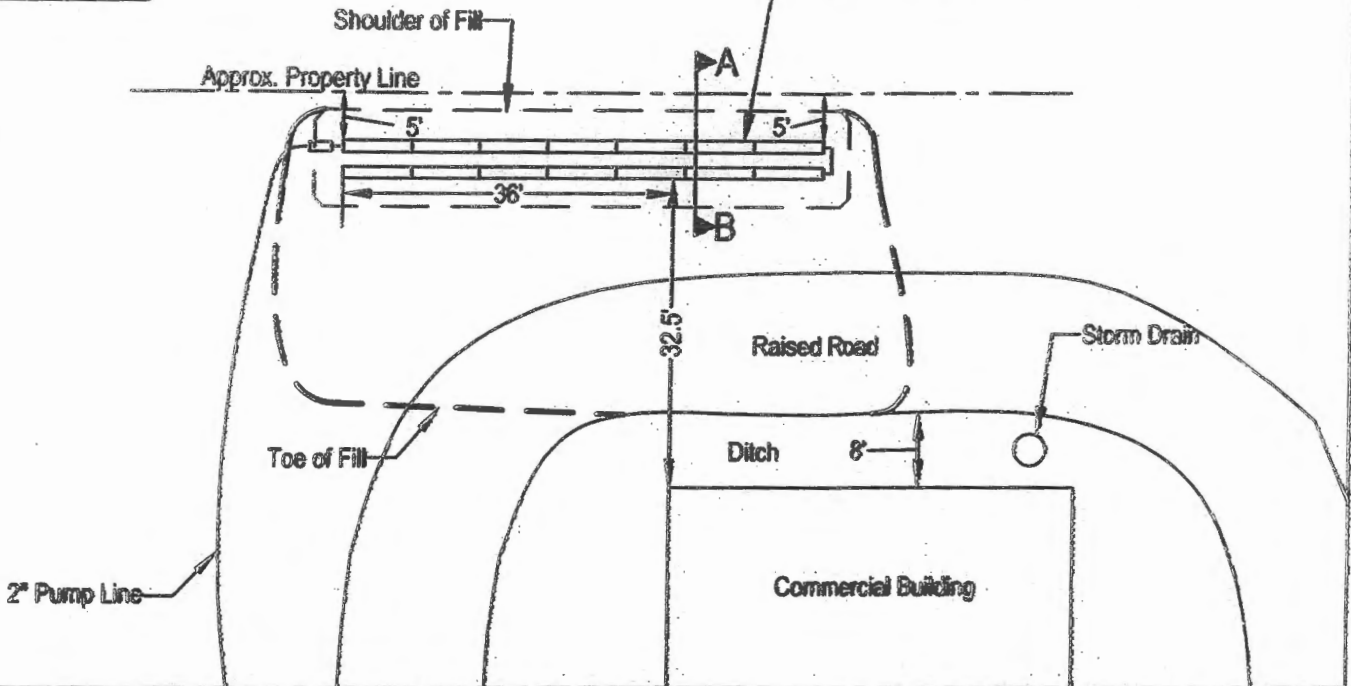
Owner or Applicant Name

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20' ft

**Existing Grade Elevations**  
-33" -33"  
-52" -52"  
FIELD CORNERS

14 ADS BioDiffuser Bio 2 Plastic Chambers  
2 rows X 7 units long - [ 4' x 50'-9" ]



**BACKFILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Backfill (upslope) 8"  
Depth of Backfill (downslope) 26"

Finished Grade Elevation (at Row 1) -25"  
Top of Proprietary Device (at Row 1) -33"  
Bottom of Disposal Field (at Row 1) -45"

Location & Description: Top of Blue Metal

Corner Shield 7' High

Reference Elevation is 0.0' or: \_\_\_\_\_

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF CHAMBERS. REMAINING FILL: LOAMY SAND (no clay)

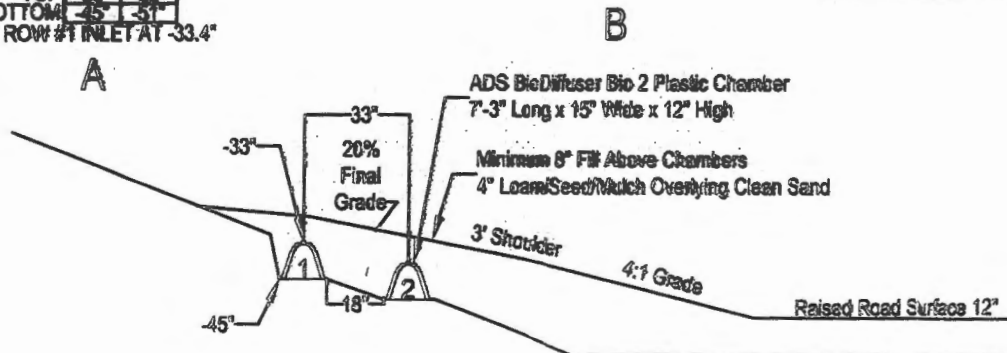
**DISPOSAL FIELD CROSS SECTION**

Scales:

Vertical: 1" = 5'  
Horizontal: 1" = 5'

ROW #	1	2
TOP	-33"	-33"
BOTTOM	-45"	-31"

TOP OF ROW #1 INLET AT 33.4"



**Notes:**

1. Raise surface of existing access road by 12".

Current Road Surface



*Richard O'Connell*  
Site Evaluator Signature

034  
SE #

07-31-12  
Date

Page 3 of 3  
HHE-200 Rev. 2/11



# PORTLAND MAINE

*Strengthening a Remarkable City, Building a Community for Life • [www.portlandmaine.gov](http://www.portlandmaine.gov)*

## Receipts Details:

**Tender Information:** Check , Check Number: 905251

**Tender Amount:** 10.00

## Receipt Header:

**Cashier Id:** bsaucier

**Receipt Date:** 10/25/2012

**Receipt Number:** 49641

## Receipt Details:

Referance ID:	8527	Fee Type:	BPPLAD
Receipt Number:	0	Payment Date:	
Transaction Amount:	10.00	Charge Amount:	10.00
Job ID: Job ID: 2012-10-5272-SUBSRF - Subsurface Wastewater			
Additional Comments: 372 Presumpscot			

**Thank You for your Payment!**