

CERTIFICATE OF APPROVAL

FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF WINTHROP

OWNER John B. ...

Cert of App Number
Nº 2285 EC

ADDRESS ...
Location where system was installed and inspected, MAINE

Date C.O.A. Issued:

11/17/77
Month Day Year

Installer's Name K.A.S.D.
Last Name

Date Inspected

10/25/77
Month Day Year

OCT 20 1977
Date Permit Issued

THE SUBSURFACE SEWAGE DISPOSAL SYSTEM AND/OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE SEWAGE DISPOSAL REGULATIONS.

Signature of L.P.I. [Signature]

State Office Use Only
Date Received

ORIGINAL - To be sent to: Department of Human Services
Division of Health Engineering 221 State Street Augusta, Maine 04333

SUBSURFACE SEWAGE DISPOSAL PERMIT FOR THE TOWN/CITY OF WINTHROP

Town/City Code 05107 LPI Number 1023 License Number 11113 Date Issued 11/21/77 PERMIT NUMBER **Nº 2285 EP**

Address of System's Location 213 AD CROCKFORD LANE GREAT BAY
St./Lot Number Street, Road Name/Subdivision

Name of Applicant BURRILL Last Name of Applicant

Permit Issuance: 1. Regular 2. Local Variance 3. State Variance 4. Local Waiver Option

Type of System: 1. New 2. Replacement 3. Expansion 4. Experimental

System to Serve: 1. Single (Res) 2. Multi-Fam (Res) 3. Mobile Home 4. Commercial 5. School 6. Other (Specify)

Complete System (Tank with): 1. Trench 2. Bed 3. Chamber 4. Mound 5. Special System (Includes one Waterless Toilet)

Treatment Tank (only): 1. Siphon (\$10 each) 2. Aerobic (\$10 each) 3. Holding (\$20 each)

Disposal Area (only): 1. Trench 2. Bed 3. Chamber 4. Mound 5. Other (\$20 each) (Specify)

Waterless Toilets: 1. Pit Privy 2. Vault Privy 3. Compost Toilet (\$10 each)

Other Systems: 1. Laundry Waste 2. Separated Chamber(s) (\$10 each)

STATE OFFICE USE ONLY: Signature of L.P.I. [Signature]

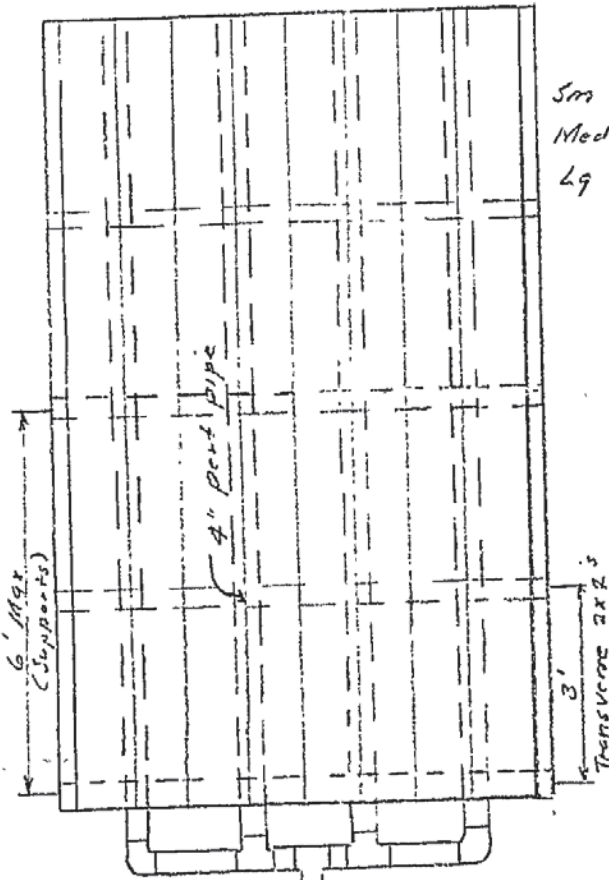
Date Received: Administrative Code Form 200 Receipt Number LPI to Insert soil Category (L) Money Received Administrative Fee Total or Doub's Fee Double Fee

This "Subsurface Sewage Disposal Permit" is invalid if work is not commenced within six (6) months from date of issuance. Original - To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333

Proposed Bed Sizes

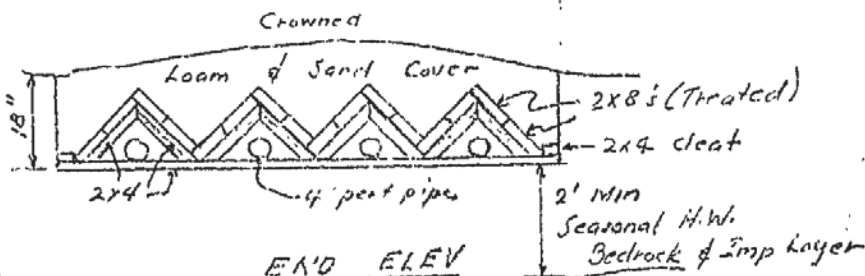
	Seasonal	Year Round
Sm	8' x 12'	12' x 16'
Med	12' x 16'	16' x 24'
Lg	16' x 16'	24' x 24'

RAND
LEACHING
CHAMBER
SYSTEM



PLAN

Scale 1/2" = 1'
 4-21-76
 5-15-76 (Revised)
 T. Rand
 DE 1513





DAVID E. SMITH
COMMISSIONER

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE 04333

May 25, 1976

Mr. Theodora T. Rand, P.E.
Little Diamond Island
Portland, Maine 04109

Dear Ted:

We are in receipt of your revised leaching chamber system dated May 15, 1976.

In principal, we feel that these chamber systems you propose may be a simple and economical answer for the Maine islands where there is difficulty in obtaining stone and sand and constructing conventional disposal systems.

We have several concerns about the sizing of your systems, particular in the Medium and Large Systems where we question whether the size would be adequate if you are installing them directly over silts where percolation rates are in excess of 60 minutes per inch. The 24 x 24 plank chamber systems, assuming the mat is the limiting factor for ultimate failure, appear to be adequate to handle approximately 150 gallons per day.

Persons having these systems installed should be aware of the fact that it may be necessary from time to time to remove the planks and physically remove the mat or at some point in time add on to the systems should a problem occur.

The Department is prepared to permit the installation of these plank chamber systems on the islands in Casco Bay on a trial basis, with the understanding that should they appear to be undersized that they will have to be added onto.

Very truly yours.

Donald C. Hoxie
Donald C. Hoxie, Director
Division of Health Engineering

DCH/emf

cc Mr. Erno R. Goodwin
LPI, 389 Congress St., Portland
Eugene Moreau; Clough Toppan, Russ Martin; Bruce Johnson; Paul Mathieu

**DUPLICATE — To be retained by the Plumbing Inspector
 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)**

Town <i>Portland</i>	Street, Road, etc. <i>Crescent Ave</i> If on water body, give name <i>Griffin Island</i>	Owner of property <i>John Babro 177</i>
Site Plan Scale 1" = 100 Ft. or		
Private Sewage Disposal Plan Scale 1" = 20' or		
Subsurface Absorption Area Cross-section Scale: Vertical — 1" = 5' or Horizontal — 1" = 20' or 5'		

Statement: (no permit may be issued unless signed)
 I certify that all the information submitted to be true and correct, and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system, and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required

Date: *X 11/20/77*

Applicant: *X John Babro 177*

Owner: *X John Babro 177*