

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS

Town Or Jurisdiction: **PORTLAND (GADAM. 15)**

Street Subdivision Lot #: **LOT 10 WEST SHORE DRIVE**

PROPERTY OWNERS NAME: **McLoudrick, First RICHARD**

Applicant Name: **Same**

Mailing Address of Owner/Applicant (if Different): **100 SILVER ST. PORTLAND, ME 04101**

Date Permit Issued: **10/27/95** Fee: **\$1100** Double Fee Charged:

Local Plumbing Inspector's Signature: **[Signature]** LPL # **0124**

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 Inspector to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: **Arthur Rowe** Date Approved: **9-27-95**

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P#</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE* Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>5. <input type="checkbox"/> Require State and Local Plumbing Inspector Approval</p> <p>6. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PERMITIVE SYSTEM (Provides Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC</p>
<p>SIZES OF PROPERTY ZONING</p> <p>1.5± AC CONTRACT</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON FACE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: 1000 GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOMS</p> <p>MIN. FLOWS</p>
<p>SOIL CONDITIONS (E.C.) FOR DESIGN PURPOSES</p> <p>PROFILE: B CONDITION: C</p> <p>DEPTH TO FACTOR: 18"</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input checked="" type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq. Ft.</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input checked="" type="checkbox"/> OTHER: INLET/OUTLET 6' x 18" x 4' DIA.</p>	<p>DESIGN FLOW 270 GALLONS/DAY</p>

SITE EVALUATOR STATEMENT

On **10-26-94** (date) I conducted a site evaluation for this project and certify that this data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: **Daniel A. Keirul** **185** Date: **10-31-94**

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS		PORTLAND 5371 TOWN COPY Date Permit Issued: <u>10/12/95</u> Fee: <u>60</u> <input type="checkbox"/> Double Fee Charged LPI # <u>01-24</u> Signature: <u>[Signature]</u> Local Plumbing Inspector Signature
Town Or Plan Location	<u>PORTLAND (GR. DAM. IS.)</u>	
Street Subdivision Lot #	<u>LOT 10 WEST SHORE DRIVE</u>	
PROPERTY OWNERS NAME		
Last Name	<u>McLORDRILL First RICHARD</u>	
Applicant Name	<u>Same</u>	
Mailing Address of Owner/Applicant (M.D. or Toram)	<u>100 SILVER ST. PORTLAND, ME 04101</u>	

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 Inspector to deny a Permit.

Signature of Owner/Applicant _____ Date _____

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Signature: Arthur Rowe Date Approved: 9-29-95
 Local Plumbing Inspector Signature

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - 1/2" 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requiring State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS. 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAULTED SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER _____ SIZE OF PROPERTY _____ ZONING _____ <u>1.5 ± AC.</u> <u>CONTRACT</u>	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY <u>PUBLIC</u>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: <u>1000</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>100</u> GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>6 BEDROOMS</u> <u>MIN. FLOWS</u>
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>B</u> CONDMON <u>C</u> LEACH TO WATER TABLE FACTOR <u>13H</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input checked="" type="checkbox"/> OTHER, <u>INLET CHAMBERS</u> <u>6 ROOMS 4' DIA.</u>	
DESIGN FLOW <u>270</u> (GAL./DAY)			

SITE EVALUATION STATEMENT

On 10-26-95 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. If a system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: Daniel A. Rowland Date: 10-31-95
 Site Evaluator Signature SEJ

(Local Plumbing Inspector's signature if permit is for Seasonal Conversion.)

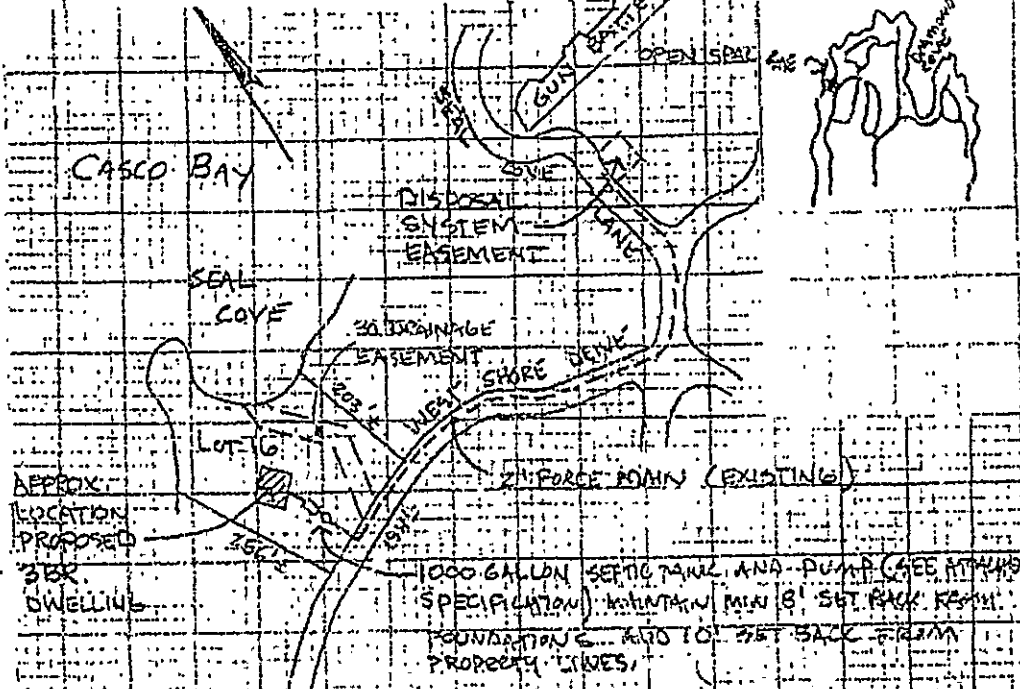
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Portland (G.R. D.I.A.N.D.S.) Lot 16 WEST SHORE DRIVE
 STREET, FLOOR, SUBDIVISION
 SITE PLAN

RICHARD McLOUDSIECK
 Owners Name
 SITE LOCATION PLAN (Attach
 Map from Maine Atlas for
 New System Variance)

Scale 1" = 200' FT.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Hole: Street Address)

Observation Hole Test Pit Boring

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Depth of Organic Horizon Above Mineral Soil			
	Texture	Consistency	Color	Mottling
0				
2				
4				
6				
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				

SEE ATTACHED SOILS LOGS

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
			<input type="checkbox"/> Rock/Gravel
			<input type="checkbox"/> Frost

David A. Kiel
 Site Evaluator Signature

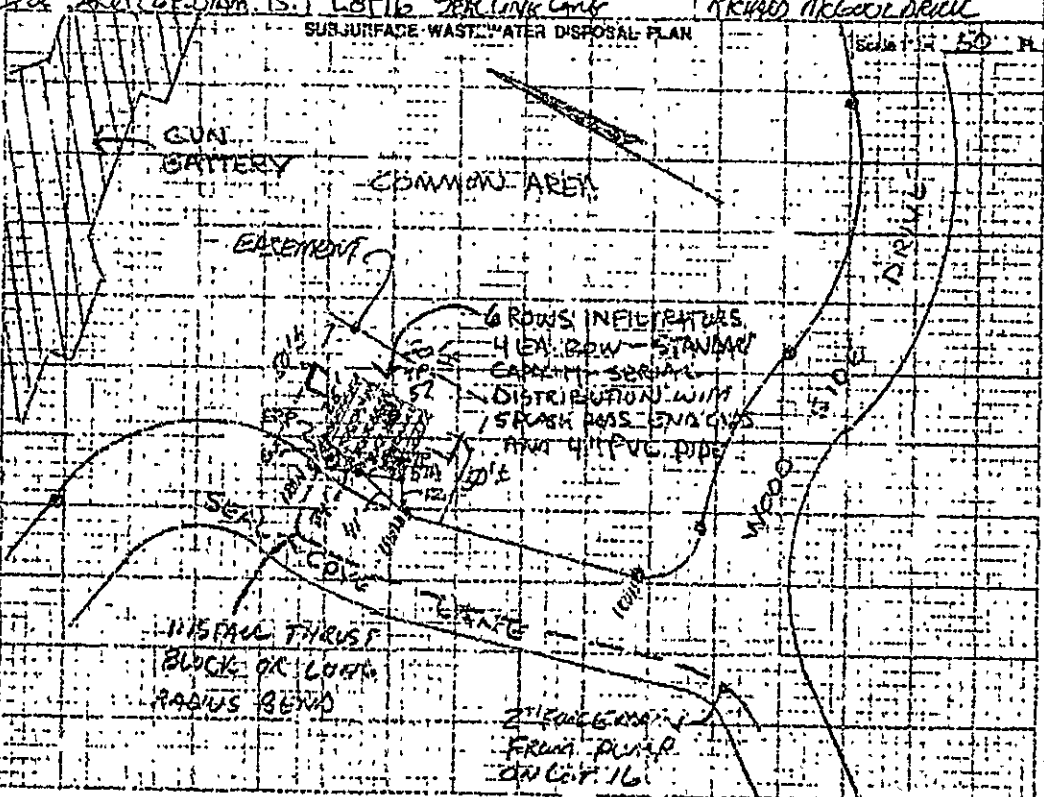
185
 SE#

10-3-94
 Date

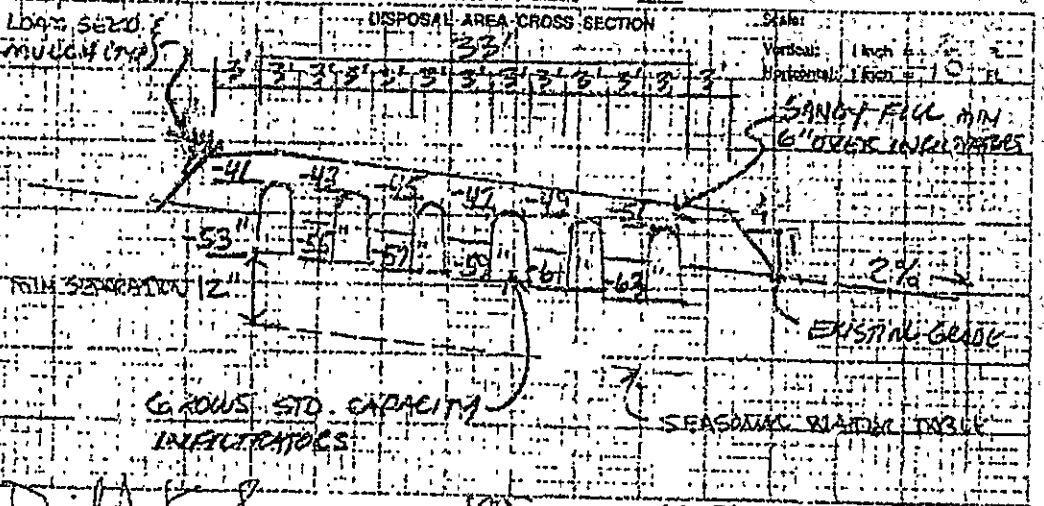
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Top of City Reference: 125.016 Street, Plot, Subdivision: SEA LINK LANE Owners Name: RICHARD McGOVERN DRILL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	14"	Reference Elevation to	0"	SEE X5012 HORIZ NAIL	
Depth of Fill (Downslope)	12"	Bottom of Disposal Area	SEE X5012		
Top of Distribution Lines or Chambers					



6 ROWS STD. CAPACITY INFILTRATORS

SEASONAL WATER TABLE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

PROPERTY ADDRESS		PORTLAND 5236 TOWN COPY Date Permit Issued: <u>11.2.94</u> \$ <u>160</u> <input type="checkbox"/> Double Fee Charged L.P.I. # <u>0124</u> Local Plumbing Inspector Signature
Town Or Platination	<u>PORTLAND (GR. DAM. 15)</u>	
Street Subdivision Lot #	<u>LOT 16 WEST SHORE DRIVE</u>	
PROPERTY OWNERS NAME		
Last <u>McGOURDIE</u> First <u>RICHARD</u>		
Applicant Name	<u>Same</u>	
Mailing Address of Owner/Applicant (if different)	<u>100 SILVER ST- PORTLAND, ME 04101</u>	
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 Inspector to deny a Permit.		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules <u>Arthur Howe</u> Local Plumbing Inspector Signature
Signature of Owner/Applicant	Date	Date Approved <u>8-1-96</u>

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requiring State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS. 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____
SIZE OF PROPERTY <u>1.5± AC</u> ZONING <u>CONTRACT</u>		TYPE OF WATER SUPPLY <u>PUBLIC</u>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEPUBLIC SIZE: <u>1000</u> GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: <u>100</u> GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) <u>3 BEDROOMS</u> <u>MIN. FLOWS</u>
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE <u>B</u> CONDITION <u>C</u> DEPTH TO LIMITING FACTOR <u>18</u>	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM-LARGE 4. <input checked="" type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> 1120 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input checked="" type="checkbox"/> OTHER: <u>INJECTORS</u> <u>6 ROWS 4 FT.</u>	
			DESIGN FLOW: <u>270</u> (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 10-26-94 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

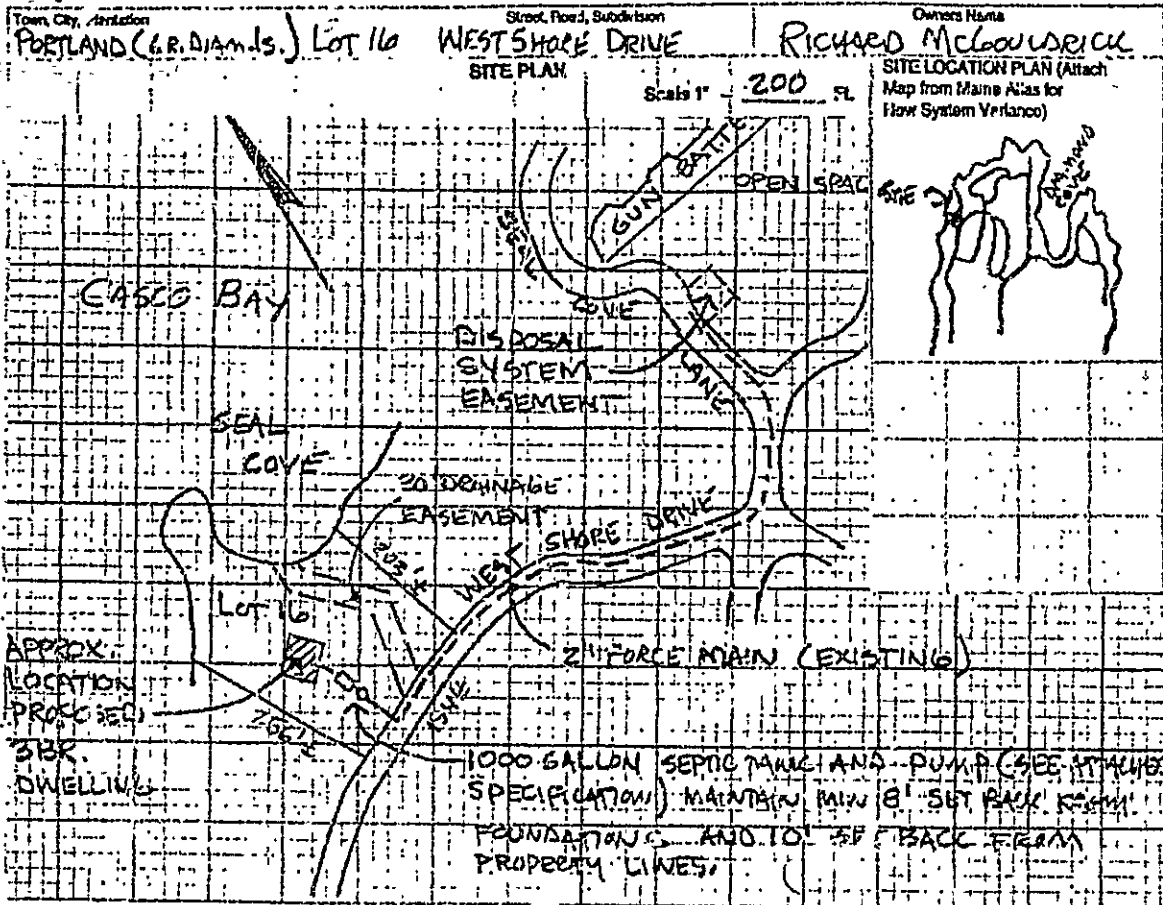
Daniel A. Keen 185 10-31-94
 Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

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HHE-200 Rev. 11/85

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION				Location of Observation Holes (shown Above)			
Observation Hole <input 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			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
SEE ATTACHED SOIL LOGS							
0				0			
5				5			
10				10			
15				15			
20				20			
25				25			
30				30			
35				35			
40				40			
45				45			
50				50			
55				55			
60				60			

Soil Classification: _____ Slope: _____ Limiting Factor: _____ Ground Water Rooting Layer Bedrock

Soil Classification: _____ Slope: _____ Limiting Factor: _____ Ground Water Rooting Layer Bedrock

Soil Profile: _____ Location: _____

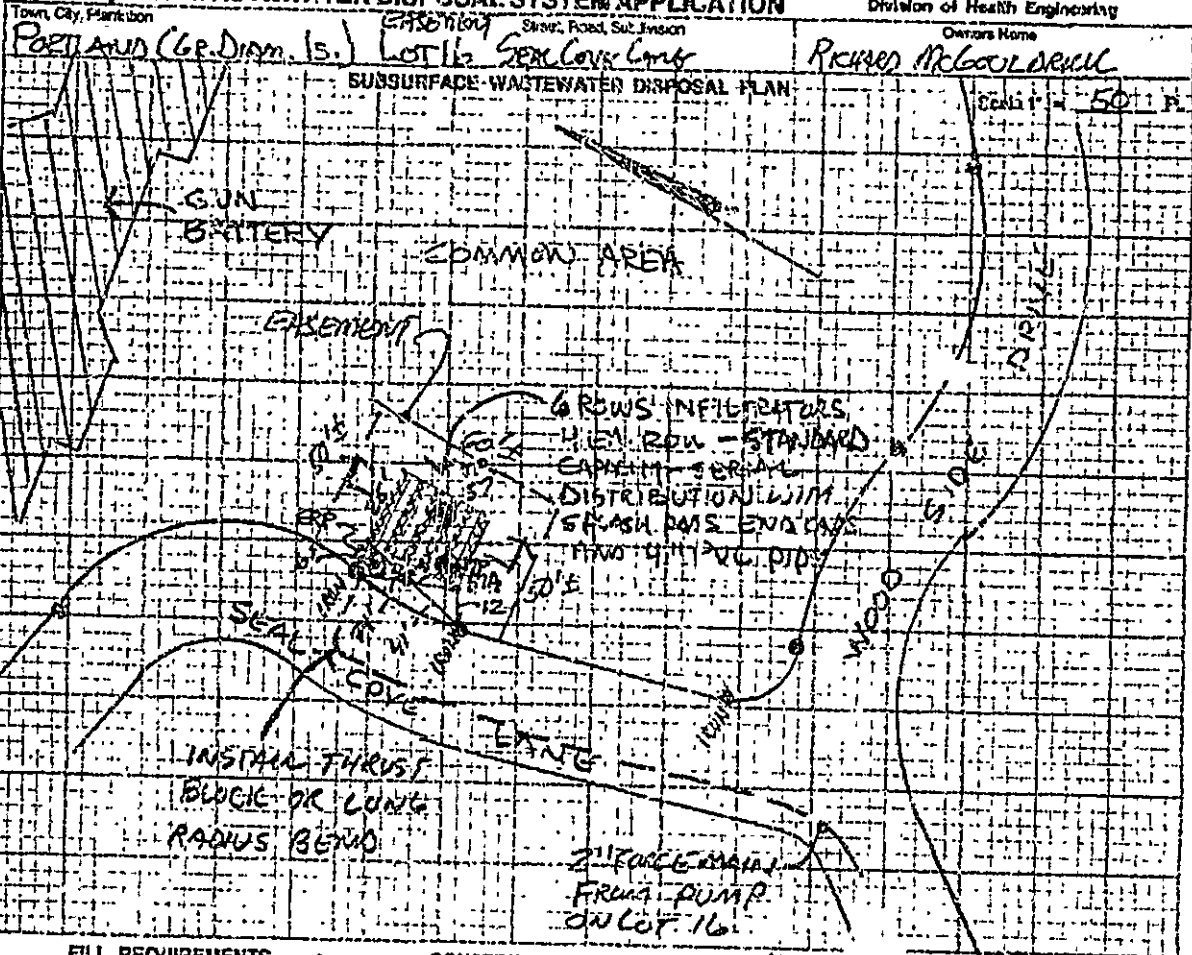
185 SE# 10-31- Date

David A. Kurl Site Evaluator Signature

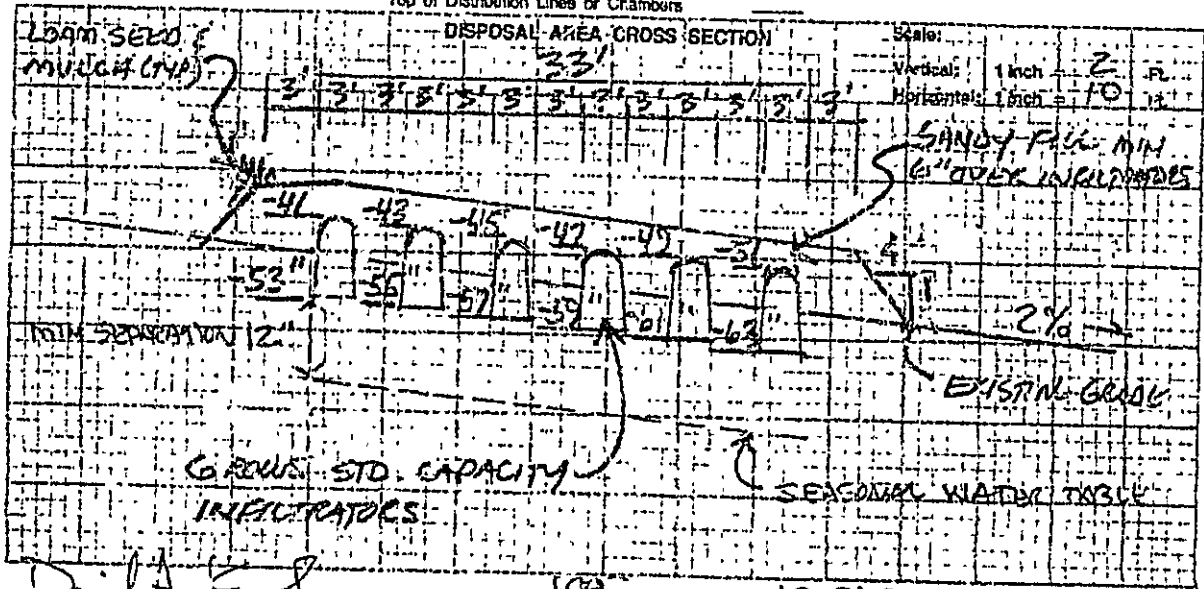
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	14"	Reference Elevation is	0"	Hoerz NAIL	
Depth of Fill (Downslope)	12"	Bottom of Disposal Area	SEE X-SECTION		
		Top of Distribution Lines or Chambers			



David A. [Signature]

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10-31-94