

PERMIT # 001719 CITY OF Portland BUILDING PERMIT APPLICATION MAP # \_\_\_\_\_ LOT# \_\_\_\_\_

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Otis Thompson - 799-5131

Address: 48 Vincent St., S. Portland, Me 04106

LOCATION OF CONSTRUCTION Lot #4, Seashore Avenue, Peaks Island

CONTRACTOR: OWNER SUBCONTRACTORS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Est. Construction Cost: \$122,415 Type of Use: single family

Past Use: \_\_\_\_\_

Building Dimensions: L \_\_\_\_\_ W \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ # Stories \_\_\_\_\_ Lot Size \_\_\_\_\_

Is Proposed Use: \_\_\_\_\_ Seasonal \_\_\_\_\_ Condominium \_\_\_\_\_ Apartment \_\_\_\_\_

Conversion - Explain Minor, Minor site plan, and to construct new.

COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 set construction and

Residential Buildings Only: \_\_\_\_\_ 2: site plans submitted.

# Of Dwelling Units \_\_\_\_\_ # Of New Dwelling Units \_\_\_\_\_

Foundations:

1. Type of Soil: \_\_\_\_\_
2. Set Backs - Front \_\_\_\_\_ Rear \_\_\_\_\_ Side(s) \_\_\_\_\_
3. Footings Size: \_\_\_\_\_
4. Foundation Size: \_\_\_\_\_
5. Other \_\_\_\_\_

Floor:

1. Sills Size: \_\_\_\_\_ Sills must be anchored.
2. Girder Size: \_\_\_\_\_
3. Lally Column Spacing: \_\_\_\_\_ Size: \_\_\_\_\_
1. Joists Size: \_\_\_\_\_ Spacing 16" O.C.
5. Bridging Type: \_\_\_\_\_ Size: \_\_\_\_\_
6. Floor Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_
7. Other Material: \_\_\_\_\_

Exterior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. No. windows \_\_\_\_\_
3. No. Doors \_\_\_\_\_
4. Header Sizes \_\_\_\_\_ Span(s) \_\_\_\_\_
5. Bracing: Yes \_\_\_\_\_ No \_\_\_\_\_
6. Corner Posts Size \_\_\_\_\_
7. Insulation Type \_\_\_\_\_ Size \_\_\_\_\_
8. Sheathing Type \_\_\_\_\_ Size \_\_\_\_\_
9. Siding Type \_\_\_\_\_ Weather Exposure \_\_\_\_\_
10. Masonry Materials \_\_\_\_\_
11. Metal Materials \_\_\_\_\_

Interior Walls:

1. Studding Size \_\_\_\_\_ Spacing \_\_\_\_\_
2. Header Size \_\_\_\_\_ Span(s) \_\_\_\_\_
3. Wall Covering Type \_\_\_\_\_
4. Fire Wall if required \_\_\_\_\_
5. Other Materials \_\_\_\_\_

For Official Use Only	
Date: <u>February 22, 1989</u>	Subdivision: Yes / No _____
Inside Fire Limits: _____	Name: _____
Bldg Code: _____	Loc: _____
Time Limit: _____	Block: _____
Estimated Cost: <u>\$122,415</u>	Permit Expiration: _____
Value/Structure: _____	Ownership: _____ Public _____ Private _____
Fee: <u>\$50.00 - minor; minor site plan</u>	

\$635.00 - building fee

Ceiling: 1. Ceiling Joists Size: \_\_\_\_\_ Spacing: \_\_\_\_\_ **PERMIT ISSUED**  
 2. Ceiling Strapping Size: \_\_\_\_\_  
 3. Type Ceilings: \_\_\_\_\_  
 4. Insulation Type: \_\_\_\_\_ MAR 6 1989  
 5. Ceiling Height: \_\_\_\_\_

Roof: 1. Truss or Rafter Size: \_\_\_\_\_ **City Of Portland**  
 2. Sheathing Type: \_\_\_\_\_ Size: \_\_\_\_\_  
 3. Roof Covering Type: \_\_\_\_\_  
 4. Other: \_\_\_\_\_

Chimneys: Type: \_\_\_\_\_ Number of Fire Places: \_\_\_\_\_

Heating: Type of Heat: \_\_\_\_\_

Electrical: Service Entrance Size: \_\_\_\_\_ Smoke Detector Required Yes \_\_\_\_\_ No \_\_\_\_\_

Plumbing: 1. Approval of soil test if required Yes \_\_\_\_\_ No \_\_\_\_\_  
 2. No. of Tube or Showers \_\_\_\_\_  
 3. No. of Flushes \_\_\_\_\_  
 4. No. of Lavatories \_\_\_\_\_  
 5. No. of Other Fixtures \_\_\_\_\_

Swimming Pools: 1. Type: \_\_\_\_\_  
 2. Pool Size: \_\_\_\_\_ x \_\_\_\_\_ Square Footage \_\_\_\_\_  
 3. Must conform to National Electrical Code and State Law.

Zoning: District: \_\_\_\_\_ Street Frontage Req.: \_\_\_\_\_ Provided \_\_\_\_\_  
 Required Setbacks: Front \_\_\_\_\_ Back \_\_\_\_\_ Side \_\_\_\_\_ Side \_\_\_\_\_

Review Required: Zoning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_  
 Planning Board Approval: Yes \_\_\_\_\_ No \_\_\_\_\_ Date: \_\_\_\_\_  
 Conditional Use: \_\_\_\_\_ Variance \_\_\_\_\_ Site Plan \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Shore and Floodplain Mgmt \_\_\_\_\_ Special Exception \_\_\_\_\_  
 Other: (Explain) \_\_\_\_\_  
 Date Approved: \_\_\_\_\_

Permit Received By: Nancy Grossman

Signature of Applicant: Otis Thompson Date: 2/22/89

Signature of CEO: Dea Date: \_\_\_\_\_

Inspection Dates: \_\_\_\_\_

85-D-D-3,4

Department of Human Services  
Division of Health Engineering  
(207) 289-3826

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PORTLAND Date Permitted: 4/23/92 Chief Plumbing Inspector
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	SEASHORE AVE @ ALDER BROOK RD	
Subdivision Lot #	TAX MAP 85- BLOCK DD LOTS 3,4	
PROPERTY OWNERS NAME		
ROBERTS SWELLEN + MICHAEL		
Last:	First:	
Applicant Name:		
MICHAEL ROBERTS		
Mailing Address of Owner/Applicant (if Different)		
3944 SKYCREST DRIVE PASADENA CALIFORNIA 91107		

<b>Owner/Applicant Statement</b> 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. <u>Michael Roberts</u> 4/18/92 Signature of Owner/Applicant Date	<b>Caution: Inspection Required</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. <u>Arthur Rowe</u> 7-28-93 Local Plumbing Inspector Signature Date Approved
---	---

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	<b>THIS APPLICATION REQUIRES:</b> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternatives Table) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 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
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ <b>THE FAILING SYSTEM IS:</b> 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____	<b>DISPOSAL SYSTEM TO SERVE:</b> 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 _____	<b>TYPE OF WATER SUPPLY</b> PUBLIC WATER
<b>SIZE OF PROPERTY</b> 43,960 SF	<b>ZONING</b> IR1	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	<b>WATER CONSERVATION</b> 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	<b>PUMPING</b> 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: 15 GALS	<b>CRITERIA USED FOR DESIGN FLOW (BED, CHAMBER, EMPLOYEES, WATER RECORDS, ETC.)</b> 3 BEDROOM 4150 CONSERVATIVE
<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 2   CONDITION: AIII DESIGN LOAD FACTOR: 24	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	<b>DISPOSAL AREA TYPE/SIZE</b> 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 700 <sup>sq</sup> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	LOW VOLUME TOILET -- 45 DESIGN FLOW: 405 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT** \* USED 28 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OFFICE

On MARCH 29 1992 (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.

Thomas R. Adams 277/4799 4/23/92  
 Site Evaluator or Professional Engineer's Signature (SEP/PE#) Date

\* Local Plumbing Inspector Signatures & Local Site Evaluator Waiver under a Local Option Page 1 of 3 MHE - 200 Rev. 4/93

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE A: # 2 ALDER BROOK RD 85-DD-3,4** Owners Name: **SIELLEN & MICHAEL ROBERTS**

### SITE PLAN

Scale 1" = \_\_\_\_\_ FL

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


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

Observation Hole 5  Test Pit  Boring

Depth of Organic Horizon Above Mineral Unit

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Molding
0	LOAM		DARK BROWN	
2				
4				
6				
8				
10	GRAVELLY LOAM	FRIBLE	REDDISH BROWN	NONE EVIDENT
12				
14				
16				
18				
20				
22				
24	EXTREMELY STONY SANDY LOAM	LOOSE	BROWN	
26				
28				
30	FRAGMENTED SHALY BEDROCK			
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				

Soil Profile: <u>2</u>	Classification: <u>AH</u>	Slope: <u>4 1/2%</u>	Limiting Factor: <u>30'</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Rooting Layer
				<input checked="" type="checkbox"/> Bedrock

Observation Hole \_\_\_\_\_  Test Pit  Boring

Depth of Organic Horizon Above Mineral Unit

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Molding
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				

Soil Profile: _____	Classification: _____	Slope: _____%	Limiting Factor: _____	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Bedrock

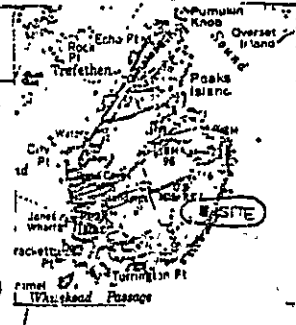
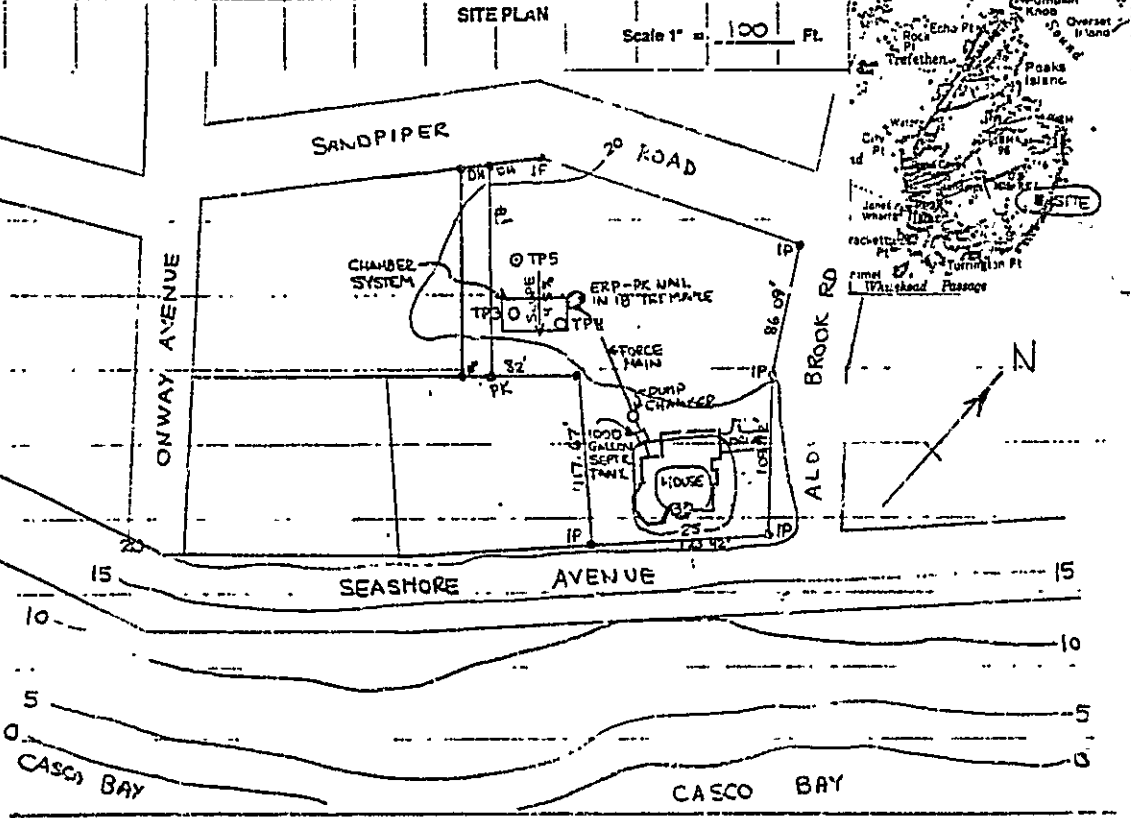
Thomas K. Adams   
 277/4798   
 4/23/92   
 Page 2 of 3

Site Evaluator or Professional Engineer's Signature   
 SEP / PE#   
 Date   
 HHE - 200 Rev. 4/83

**WASTEWATER SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PEAKS ISLAND** Street, Road, Subdivision: **SEASHORE AVE @ ALDER BROOK RD 85-ID-3,4** Owners Name: **SUELLEN & MICHAEL ROBERTS**



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>4</u> <input checked="" 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
0-6" LOAM		DARK BROWN	
6-10" LOAM WITH MANY FINE SANDY COARSE FRAGMENTS	FRIABLE	REDDISH BROWN	NONE EVIDENT
10-15" EXTREMELY STONY SANDY LOAM			
15-20" EXTREMELY STONY SANDY LOAM	LOOSE	BROWN	
20-30" FRACTURED SLATY BEDROCK			
30-40" FRACTURED SLATY BEDROCK			
40-50" FRACTURED SLATY BEDROCK			
Soil <u>2</u>	Classification <u>AIII</u>	Slope <u>4 1/2%</u>	Living Factor <u>24</u>
Soil <u>2</u>	Classification <u>AIII</u>	Slope <u>4 1/2%</u>	Living Factor <u>34</u>

*Thomas R. Adams* 277/4798 4/23/92  
Site Evaluator or Professional Engineer's Signature SE# IPE# Date

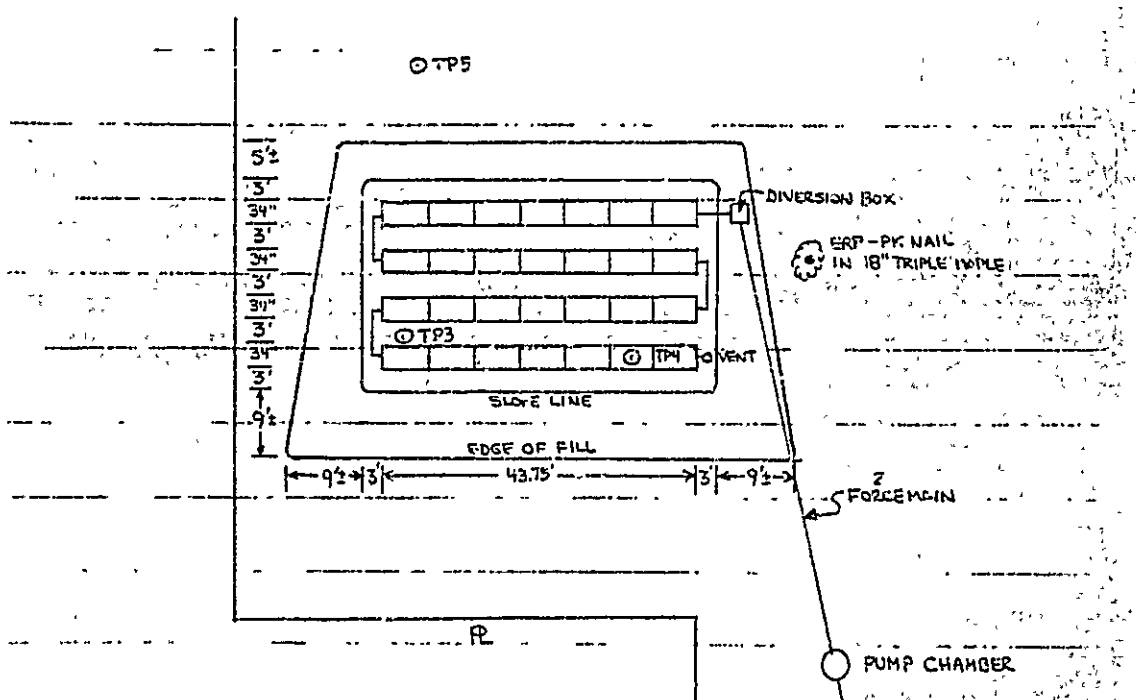
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town City, Portland  
Street Road, Emburyson  
PORTLAND PEAKS ISLAND SEASHORE AVE @ ALDER BROOK RD 85-DD-3,4 SUELEN & MICHAEL ROBERTS  
Owners Name

## SUBSURFACE WASTEWATER DISPOSAL PLAN

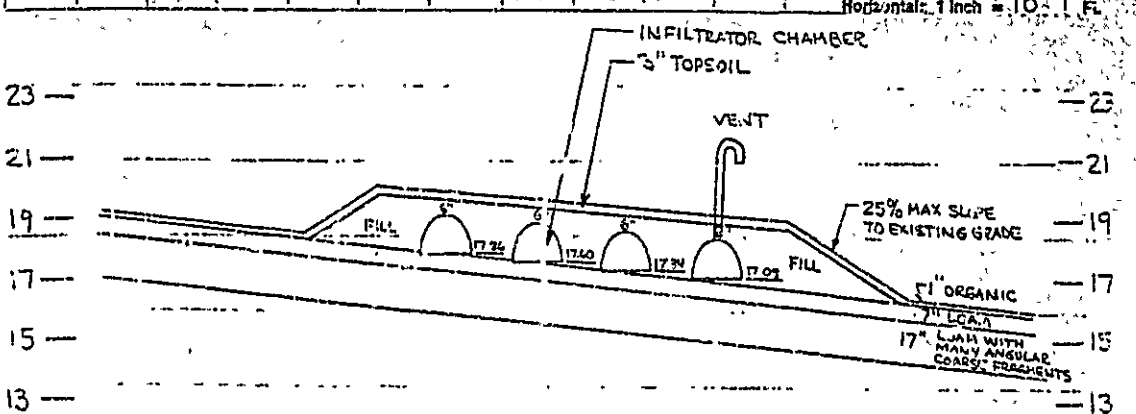
Scale 1" = 20' Fl.



REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>26'</u>	Reference Elevation is <u>20.11</u>	PK NAIL IN 18" TRIPLE TAPLE
Depth of Fill (Downslope) <u>26'</u>	Bottom of Disposal Area SEE X-SECTION	
	Top of Distribution Lines or Chambers " " "	

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = 5' Fl.  
Horizontal: 1 inch = 10' Fl.



*Thomas Adams*  
Site Engineer's Signature

4798  
SL 11PE#

1/23/92  
Date

Page 3 of 3  
HHE-200 Rev. 4/8



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 289-3828

**PROPERTY ADDRESS**

Town Or Plantation: **FORTLAND PEAKS ISLAND**

Street: **SEASHORE AVE @ ALDER @ LOT 22**

Subdivision Lot #: **TAX MAP 85 - BLOCK DD LOTS 3, 4**

**PROPERTY OWNERS NAME**

**ROBERTS SWELFN + MICHAEL**

Last: **ROBERTS** First: **SWELFN**

Applicant Name: **MICHAEL ROBERTS**

Mailing Address of Owner/Applicant (if different): **3944 SKYCRISST DRIVE PASADENA CALIFORNIA 91107**

**Caution: Permit Required**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Subsurface Wastewater Disposal Rules.

**Owner/Applicant Statement**

I hereby certify that the information submitted is correct to the best of my knowledge and understanding and I understand that any false or misleading information is a violation of the Local Plumbing Inspector's Code of Ethics.

Signature of Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Caution: Inspection Required**

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

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NEW SYSTEM</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> SEASONAL CONVERSION</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE <small>Attach New System Variance Form</small></li> <li><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE <small>Attach Replacement System Variance Form</small></li> <li><input type="checkbox"/> Requires only Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</li> </ol>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM <small>(Includes Alternative Toilet)</small></li> <li><input type="checkbox"/> ENGINEERED (+2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER</li> </ol>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ <small>SPECIFY</small></li> </ol>	<p><b>TYPE OF WATER SUPPLY</b></p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY: <b>43,960 SF</b></p> <p>ZONING: <b>IR1</b></p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <b>1000</b> C.U.S.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NONE</li> <li><input checked="" type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input type="checkbox"/> MAY BE REQUIRED <small>(DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</small></li> <li><input checked="" type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: <b>15</b> GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BED ROOMS, SLATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p><b>3 BEDROOM CONSERVATIVE 450</b></p> <p><b>LOW VOLUME TOILET -45</b></p> <p><b>DESIGN FLOW 405 (ALLOWED)</b></p>				
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>PROFILE: <b>2</b></td> <td>CONDITION: <b>AIII</b></td> </tr> <tr> <td>DEPTH TO LIMITING FACTOR: <b>24</b></td> <td></td> </tr> </table>	PROFILE: <b>2</b>	CONDITION: <b>AIII</b>	DEPTH TO LIMITING FACTOR: <b>24</b>		<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input type="checkbox"/> MEDIUM</li> <li><input checked="" type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRALARGE</li> </ol>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED _____ Sq. Ft.</li> <li><input checked="" type="checkbox"/> CHAMBER <b>700</b> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> 11-20</li> <li><input type="checkbox"/> TRENCH _____ Unser. Ft.</li> <li><input type="checkbox"/> OTHER _____</li> </ol>	
PROFILE: <b>2</b>	CONDITION: <b>AIII</b>						
DEPTH TO LIMITING FACTOR: <b>24</b>							

**SITE EVALUATOR STATEMENT** I USED 28 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On **MARCH 29 1992** (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.

E. SITE EVALUATION MADE BY LOCAL OFFICE

*Thomas R. Adams* **277/4798** **4/23/92**

Site Evaluator or Professional Engineer's Signature (SEE PAGE 3) \_\_\_\_\_

Page 1 of 3  
HE-200 Rev. 4/83