

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **ALDER BROOK ROAD**

Subdivision Lot #: **TAX MAP 25 BLOCK M LOT 10**

**PROPERTY OWNERS NAME**

Last: **CARIGNAN** First: **DENNIS**

Applicant Name: **DENNIS CARIGNAN**

Mailing Address of Owner/Applicant (if Different): **BACKETT AVENUE  
PEAKS ISLAND MAINE 04108**

**PORTLAND** PERMIT # **3,347** APPLICANTS COPY

Date Permit Issued: **3 29 89** FEE  Double Fee Charge

*[Signature]*  
Local Plumbing Inspector Signature

L.P.I. # \_\_\_\_\_

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

**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]*  
Signature of Owner/Applicant

**3/29/89**  
Date

**Caution: Inspection Required**

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

*[Signature]*  
Local Plumbing Inspector Signature

**MAY 3 0 1989**  
Date Approved

PERMIT INFORMATION		REPT. OF BUILDING INSPECTIONS
<p><b>THIS APPLICATION IS FOR:</b></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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATIONS AND COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED      2. <input type="checkbox"/> TRENCH</p> <p>3. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY</b></p> <p>PRIVATE WATER LINE CONNECTED TO PUBLIC SYSTEM</p>
<p><b>SIZE OF PROPERTY</b> 18,289 SF</p> <p><b>ZONING</b> IR 1</p>		

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

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <b>1000</b> GAL 3.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>4 BEDROOM CONSERVATIVE <b>600</b></p> <p>LOW VOLUME TOILET <b>-60</b></p> <p>SEPARATED LAUNDRY <b>-120</b></p> <p>DESIGN FLOW: <b>420</b> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <b>4</b>   CONDITION: <b>AIII</b></p> <p>DEPTH TO UNSATURATED FACTOR: <b>24</b></p>	<p><b>SIZERATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <b>530</b> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

**SITE EVALUATOR STATEMENT** \* USED 22 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On **MAY 10 1986** (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.

*[Signature]*  
Site Evaluator or Professional Engineer's Signature

**0003 / 4814** SE # / PE #

**3/20/89** Date

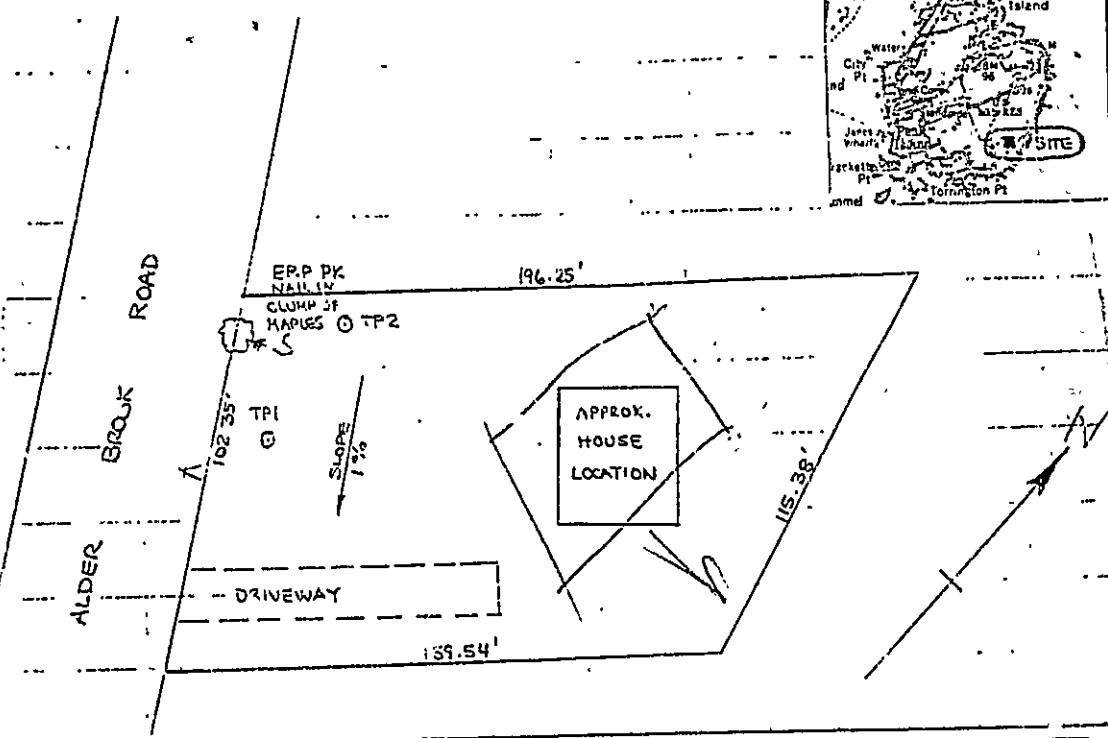
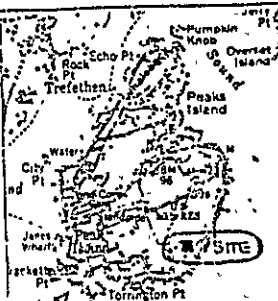
\* Local Plumbing Inspector Signature & Local Site Evaluation Waiver under a Local Option

SE WASTEWATER DISPOSAL SYSTEM

Street, Road, Subdivision: **ALDER BROOK RD 85-M-10**      Owners Name: **DENNIS CARIGNAN**

SITE PLAN

Scale 1" = 40' FL.



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

Observation Hole 1       Test Pit     Boring

FOREST PEAT      Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	LOOSE	DARK BROWN	
10	LOAMY SAND	MODERATELY FRIABLE	RED BROWN	NONE
20				COMMON
30	BEDROCK			

Soil: 4      Classification: AH      Slope: 1%      Factor:  Groundwater     Residual Layer     Bedrock

Observation Hole 2       Test Pit     Boring

FOREST PEAT      Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	LOOSE	DARK BROWN	
10	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	NONE
20				COMMON
30	BEDROCK			

Soil: 4      Classification: AH      Slope: 1%      Limiting Factor: 24       Groundwater     Residual Layer     Bedrock

*William B. Gaudin*  
Site Evaluator or Professional Engineer's Signature

0703/4814

3/20/89

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HHE-200-R4-483

# FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

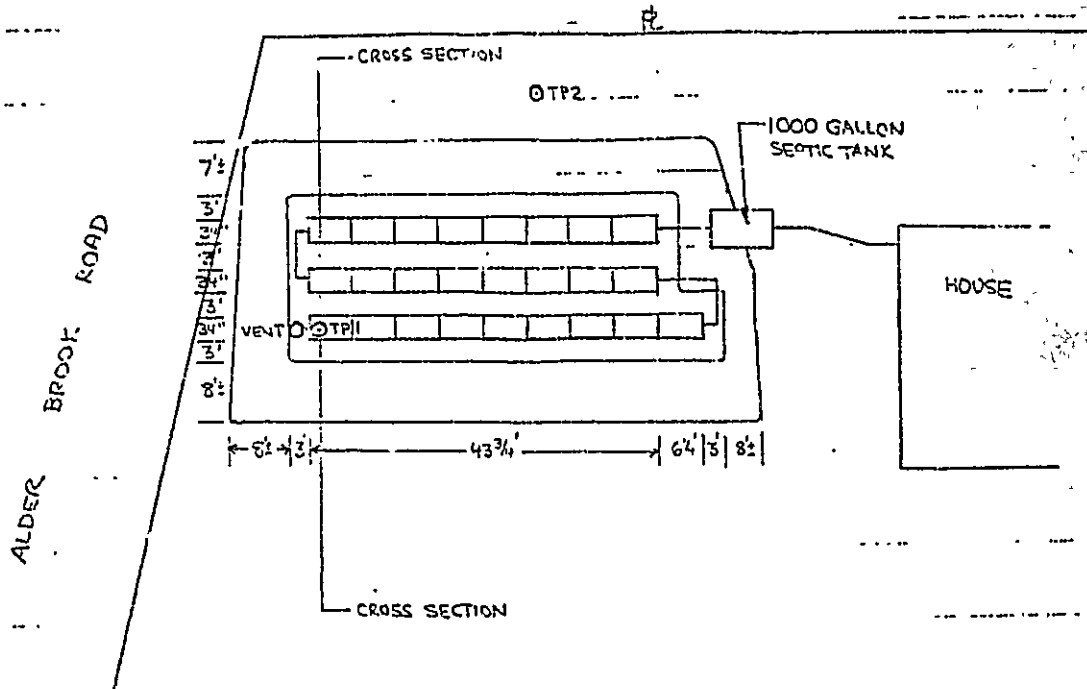
Department of Human Services  
Division of Health Engineering

LAND PEAKS ISLAND ALDER BROOK RD. 85-14-10

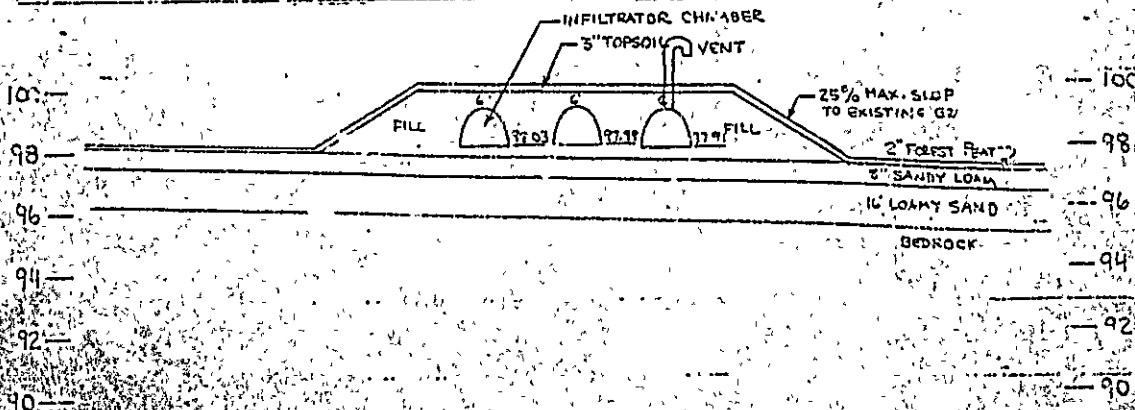
Owners Name  
DENNIS CARIGNANI

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale = 20' FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Up to 10')	28"	Reference Elevation is	100.00	PK NAIL IN CLUMP OF MAPLES NEAR STREETLINE IN NORTHWEST CORNER.	
Depth of Fill (Over 10')	28"	Bottom of Disposal Area	SEE Y-SECTION		
		Top of Distribution Lines or Chambers	SEE Y-SECTION		
DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical: 1 inch = 5' FL.	
				Horizontal: 1 inch = 10' FL.	



*William B. Gorman*  
Site Evaluator or Professional Engineer's Signature

0003/4314  
SE # PE #

3/20/82  
Date

Page 3 of 3  
HHE 200 - Rev. 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: PORTLAND PEAKS ISLAND  
Street: ALDER BROOK ROAD  
Subdivision Lot #: TAX MAP 85-BLOCK M-LOT 10

**PROPERTY OWNERS NAME**

TUTTLE WALTER  
Last: First:

Applicant Name: WALTER TUTTLE

Mailing Address of Owner/Applicant (If Different): P.O. Box 185  
PORTLAND, MAINE 04112

revised - moved location

11/17/89

40.00  
pd-3129159

*William B. Jordan*

#3,347

**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.

*Walter D. Tuttle* 11/17/89  
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.

*C. J. Rubin* 6/5/89  
Local Plumbing Inspector Signature Date Approved

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM  
2.  REPLACEMENT SYSTEM  
3.  EXPANDED SYSTEM  
4.  SEASONAL CONVERSION  
5.  EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1.  NO RULE VARIANCE REQUIRED  
2.  NEW SYSTEM VARIANCE  
Attach New System Variance Form  
 REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form  
3.  Requires only Local Plumbing Inspector Approval  
4.  Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

1.  NON ENGINEERED SYSTEM  
2.  PRIMITIVE SYSTEM (Includes Alternative Toilet)  
3.  ENGINEERED (+2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

4.  TREATMENT TANK (ONLY)  
5.  HOLDING TANK  
6.  ALTERNATIVE TOILET (ONLY)  
7.  NON-ENGINEERED DISPOSAL AREA (ONLY)  
8.  ENGINEERED DISPOSAL AREA (ONLY)  
9.  SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**

YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_

**THE FAILING SYSTEM IS:**

1.  BED 3.  TRENCH  
2.  CHAMBER 4.  OTHER: \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING  
2.  MODULAR OR MOBILE HOME  
3.  MULTIPLE FAMILY DWELLING  
4.  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**SIZE OF PROPERTY**  
18,289 SF

**ZONING**  
IR 1

**TYPE OF WATER SUPPLY**  
PRIVATE LINE CONNECTED TO PUBLIC WATER SYSTEM

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

**TREATMENT TANK**

1.  SEPTIC:  Regular  Low Profile  
2.  AEROBIC

SIZE: 1500 GALS.

**WATER CONSERVATION**

1.  NONE  
2.  LOW VOLUME TOILET  
3.  SEPARATED LAUNDRY SYSTEM  
4.  ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

1.  NOT REQUIRED  
2.  MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)  
3.  REQUIRED

DOSE: \_\_\_\_\_ GALS

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)**

3 BEDROOM 450  
CONSERVATIVE

LOW VOLUME - 45  
TOILET

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: 4 | CONDITION: AIII

DEPTH TO LIMITING FACTOR: 26

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.  SMALL  
2.  MEDIUM  
3.  MEDIUM LARGE  
4.  LARGE  
5.  EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

1.  BED \_\_\_\_\_ Sq. Ft.  
2.  CHAMBER 525\* Sq. Ft.  
 REGULAR  H-20  
3.  TRENCH \_\_\_\_\_ Linear Ft.  
4.  OTHER: \_\_\_\_\_

**DESIGN FLOW:** 405 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT** \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION.  SITE EVALUATION WAIVED BY LOCAL OPTION.

On OCTOBER 21 1989 (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.

*William B. Jordan* 0003/4814 11/7/89  
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

Page 1 of 3  
HHE-200 Rev 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		revised - moved location. 11/7/89 <i>Walter Tuttle</i> #3,347 40 00 pd-3129159
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	ALDER BROOK ROAD	
Subdivision Lot #	TAX MAP 25- BLOCK 14 - LOT 10	
PROPERTY OWNERS NAME		
TUTTLE WALTER		
Last: First		
Applicant Name		
WALTER TUTTLE		
Mailing Address of Owner/Applicant (If Different)		
P.O. Box 185 PORTLAND, MAINE 04112		

<p><b>Owner/Applicant Statement</b></p> <p>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.</p> <p><i>Walter Tuttle</i> 11/7/89 Signature of Owner/Applicant Date</p>	<p><b>Caution: Inspection Required</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> <p><i>C. J. Rubin</i> Local Plumbing Inspector Signature</p> <p>6/5/89 Date Approved</p>
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PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR ORIGINAL SYSTEM INSTALLED _____</p> <p><b>THE FAILING SYSTEM IS:</b></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><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY</b></p> <p>PRIVATE LINE CONNECTED TO PUBLIC WATER SYSTEM</p>
<p><b>SIZE OF PROPERTY</b> 18,289 SF</p>	<p><b>ZONING</b> IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1500 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CPI REQUIRED FOR DESIGN</b> (3 BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE 450</p> <p>LOW VOLUME - 45 TOILET</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE 4      CONDITION AIII</p> <p>DEPTH TO LIMITING FACTOR 26</p>	<p><b>SIZING RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525* Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW 405 (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT** \* USED 21 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION.  SITE EVALUATION WAIVED BY LOCAL OPTION

On OCTOBER 21 1989 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

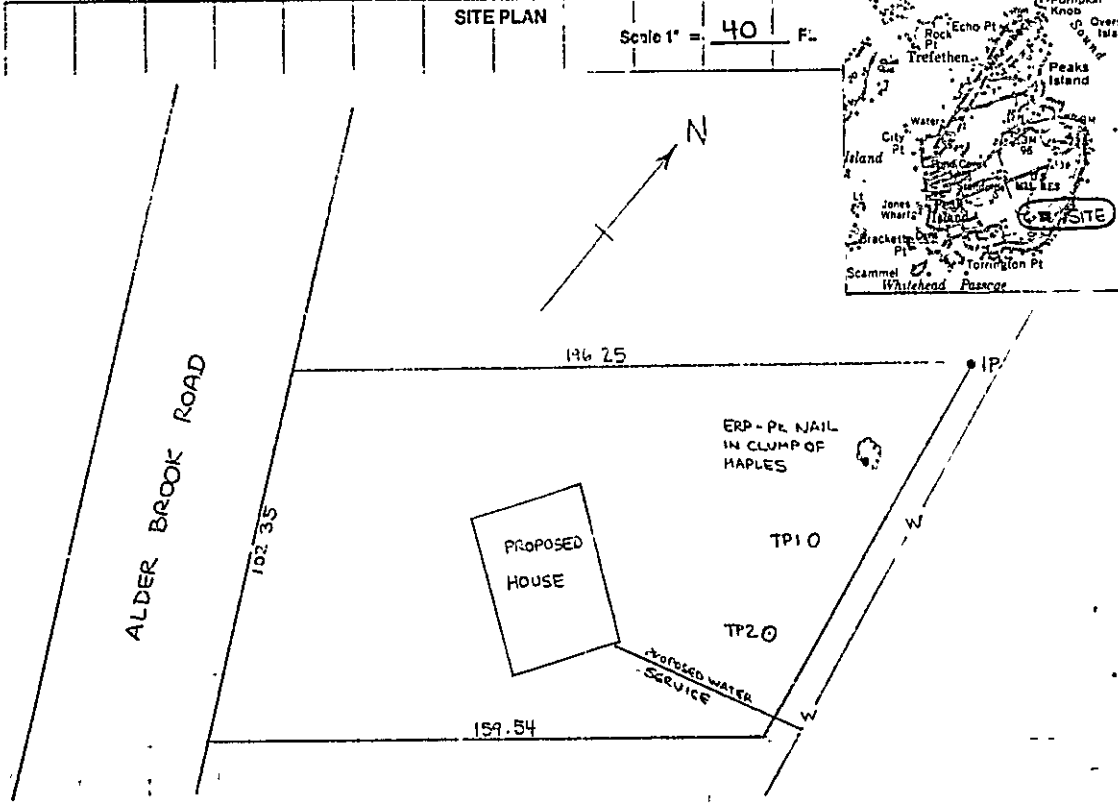
*William B. Goodwin* 0003/4814 11/7/89  
Site Evaluator or Professional Engineer's Signature SE#1PE# Date

\* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **ALDER BROOK ROAD 85-M-10** Owners Name: **WALTER TUTTLE**



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2" FOREST PEAT • Depth of Organic Horizon Above Mineral Soil				2" FOREST PEAT • Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
GRAVELLY LOAM		BROWN		GRAVELLY LOAM	SLIGHTLY FRIABLE	DARK BROWN	
		RED BROWN	NONE	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
	SLIGHTLY FRIABLE	LIGHT BROWN		GRAVEL	LOOSE	LIGHT BROWN	
SILTY GRAVEL		GRAY BROWN	FEW				FEW
BEDROCK				CLAYEY GRAVEL	SLIGHTLY FRIABLE	GRAY BROWN	
Soil Profile: <u>4</u>	Classification: <u>AIII</u>	Slope: <u>2</u> %	Limiting Factor: <u>27</u>	Soil Profile: <u>4</u>	Classification: <u>C</u>	Slope: <u>2</u> %	Limiting Factor: <u>26</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Reactive Layer <input type="checkbox"/> Bedrock				<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Reactive Layer <input type="checkbox"/> Bedrock			

*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE # / PE #

11/7.99  
Date

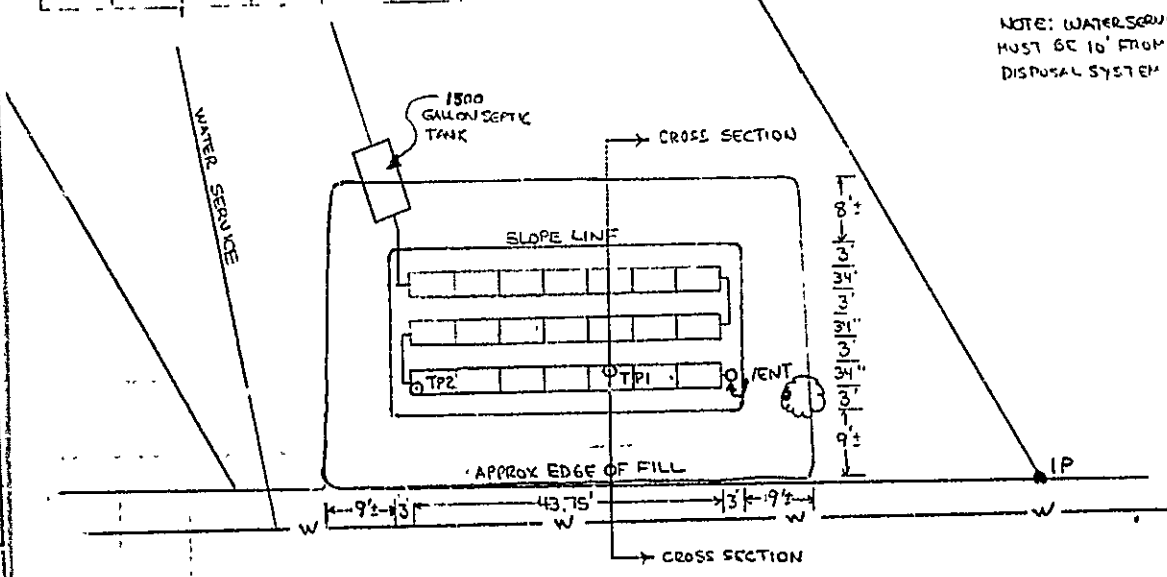
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **ALDER BROOK ROAD 85-M-10** Owners Name: **WALTER TUTTLE**

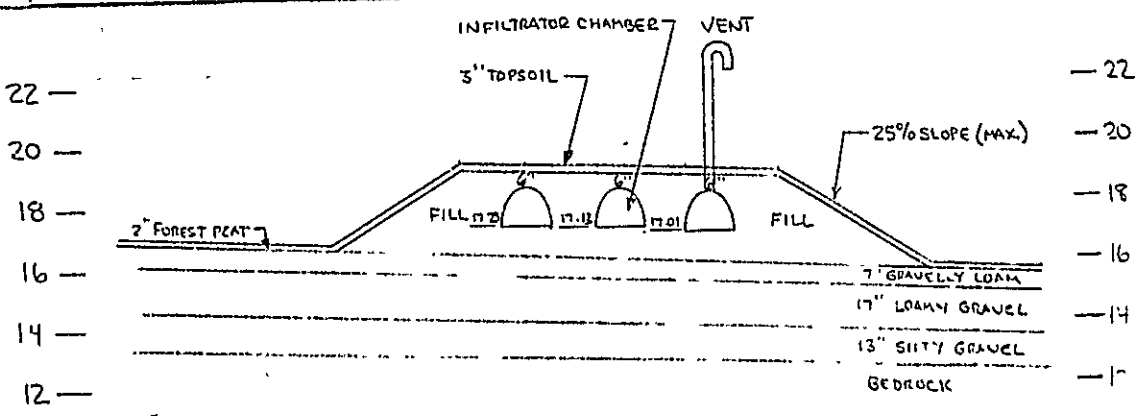
**SUBSURFACE WASTEWATER DISPOSAL PLAN** Scale 1" = **20** FL

NOTE: WATER SERVICE MUST BE 10' FROM DISPOSAL SYSTEM



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>22'</u>	Reference Elevation is <u>20.00</u>	PK NAIL IN CLUMP OF MAPLES
Depth of Fill (Downslope) <u>22'</u>	Bottom of Disposal Area SEE CROSS SECTION	25' SOUTHERLY OF TP1
	Top of Distribution Lines or Chambers " " "	

<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 Inch = 5 FL
		Horizontal: 1 Inch = 10 FL



*William B. Goshorn*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE # / PE #

11/7/89  
Date

Page 3 of 3  
HHE-200 Rev. 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **ALDER BROOK ROAD**

Subdivision Lot #: **TAX MAP 23 BLOCK N LOT 10**

**PROPERTY OWNERS NAME**

Carignan, Dennis

Applicant Name: **DENNIS CARIGNAN**

Mailing Address of Owner (Applicant if Different): **BRACKETT AVENUE PEAKS ISLAND MAINE 04108**

PORTLAND PERMIT # **3,347** TOWN COPY

Date Permit Issued: **3, 29, 89** \$ **140** Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # \_\_\_\_\_

**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]* Date: **11-28-89**

**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: *[Signature]* Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+ 2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**  
YEAR FAILING SYSTEM INSTALLED \_\_\_\_\_  
THE FAILING SYSTEM IS:  
1.  BED 3.  TRENCH  
2.  CHAMBER 4.  OTHER \_\_\_\_\_

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIF \_\_\_\_\_

**TYPE OF WATER SUPPLY**  
PRIVATE WATER LINE  
CONNECTED TO PUBLIC SYSTEM

SIZE OF PROPERTY: **18,287 SF** ZONING: **IR 1**

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

**TREATMENT TANK**

- SEPTIC:  Regular  Low Profile
- AEROBIC

SIZE: **1000** GALS

**WATER CONSERVATION**

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: \_\_\_\_\_ GALS

**CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)**

4 BEDROOM CONSERVATIVE **600**

LOW VOLUME TOILET **-60**

SEPARATED LAUNDRY **-120**

DESIGN FLOW: **420** (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: **4** CONDITION: **AIII**

DEPTH TO LIMITING FACTOR: **24**

**SIZE RATINGS USED FOR DESIGN PURPOSES**

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRA LARGE

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER **53C** Sq. Ft.  REGULAR  H 20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER \_\_\_\_\_

**SITE EVALUATOR STATEMENT** \* USED 22 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On **MAY 10 1986** (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.

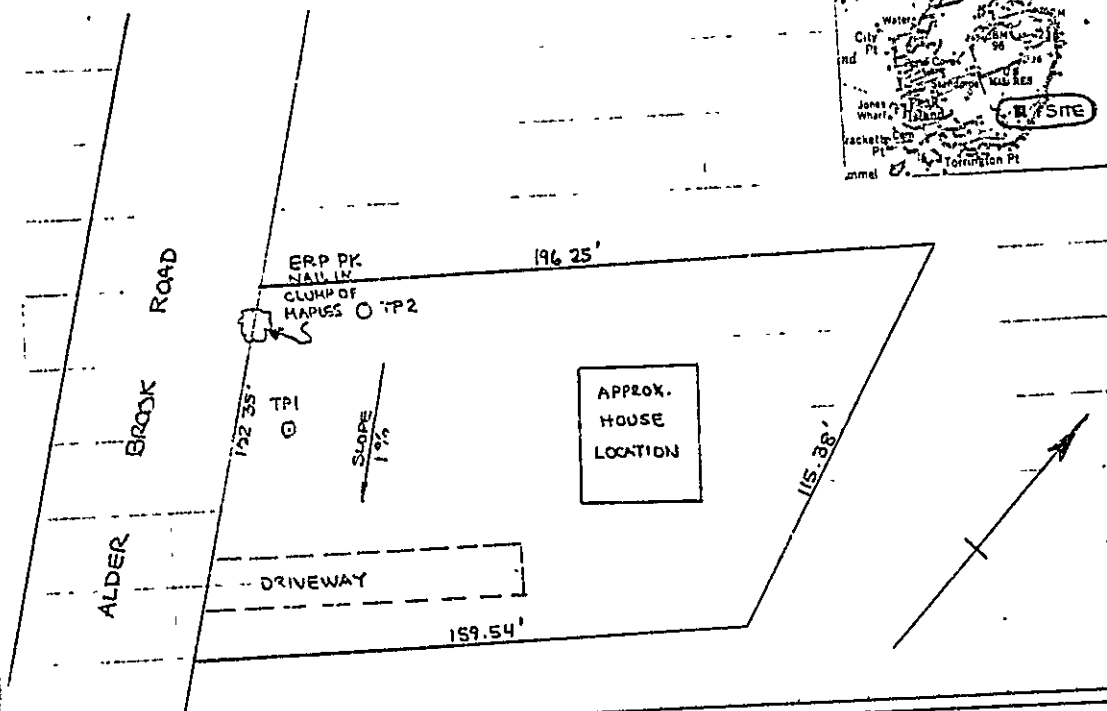
*[Signature]* 0003 / 4814 3/20/89  
Site Evaluator or Professional Engineer's Signature SE# / PE# Date

Page 1 of 3  
HHE-201 Rev 4/83



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City Plantation: **PORTLAND PEAKS ISLAND**  
 Street, Road, Subdivision: **ALDER BROOK RD 85-M-10**  
 Owner's Name: **DENNIS CARRIGAN**  
 Scale: 1" = **40** FL.



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

Observation Hole 2  Test Pit  Boring

2' FOREST PEAT \* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SANDY LOAM	LOOSE	DARK BROWN	
LOAMY SAND	MODERATELY FRIABLE	RED BROWN	NONE
BEDROCK			COMMON

DEPTH BELOW MINERAL SOIL SURFACE (inches)

3' FOREST PEAT \* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
SANDY LOAM	LOOSE	DARK BROWN	
LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	NONE
BEDROCK			COMMON

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Profile: <u>4</u>	Classification: <u>AIII</u>	Slope: <u>1%</u>	Limiting Factor: <u>22</u>	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Reseptive Layer
				<input type="checkbox"/> Bedrock

*William B. Gardner*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE# IPE#

3/20/89  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Precinct

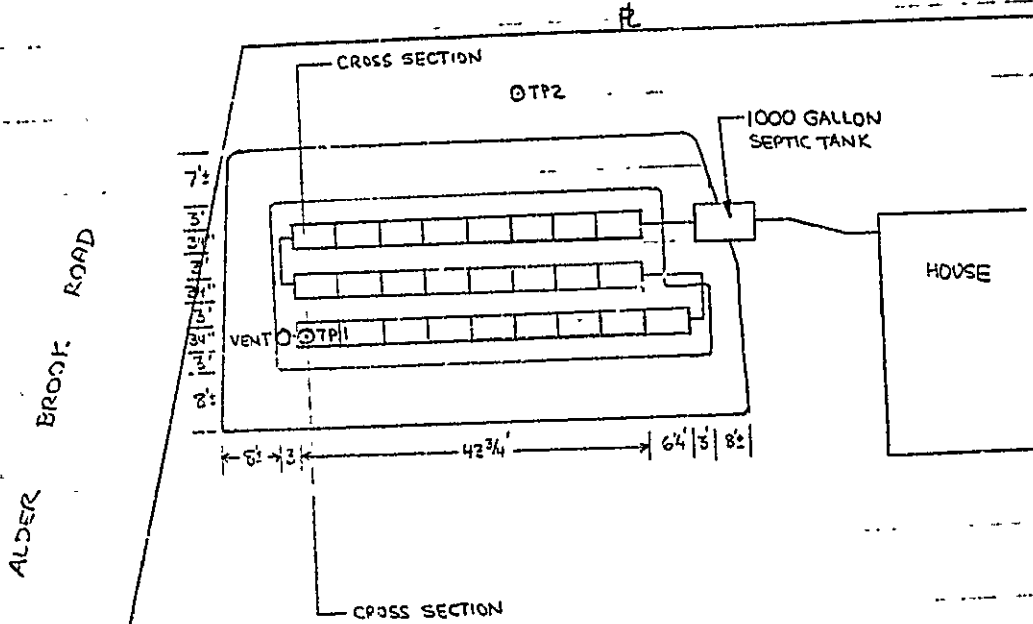
PORTLAND PEAKS ISLAND ALDER BROOK RD.

Street, Road, Subdivision  
85-M-10

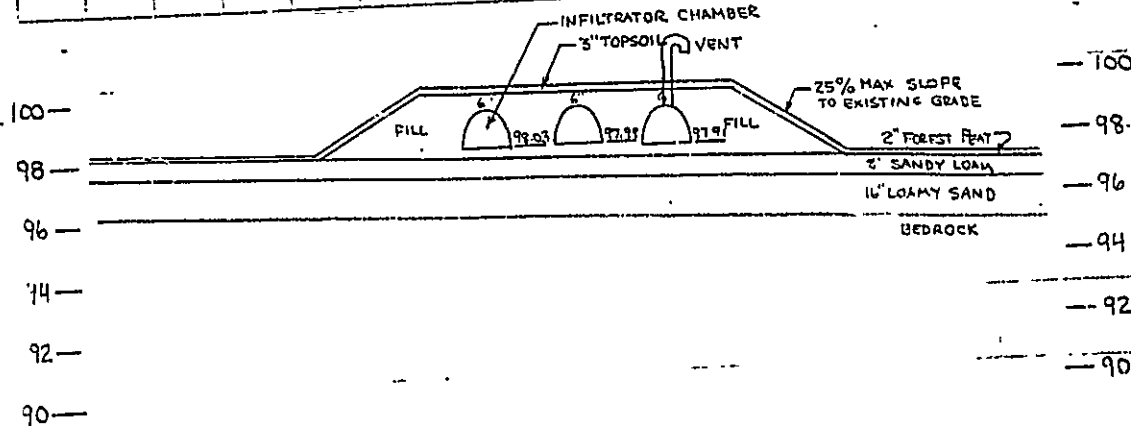
Owners Name  
DENNIS CARIGNAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	28"	Reference Elevation is	100.00	PK NAIL IN CLUMP OF MAPLES NEAR STREETLINE IN NORTHWEST CORNER	
Depth of Fill (Downslope)	28"	Bottom of Disposal Area	SEE X-SECTION		
		Top of Distribution Lines or Chambers	SEE Y-SECTION		
DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical:	1 Inch = 5' FL.
				Horizontal:	1 Inch = 10' FL.



*William B. Gardner*  
Soils Evaluator or Professional Engineer's Signature

0003/4814  
SE # / PE #

3/20/89  
Date

Page 3 of 3  
HHE-200 Rev. 4/83

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PORTLAND	PERMIT # 3,347 APPLICANTS COPY
Town Or Plantation	PORTLAND PEAKS ISLAND	Date Permit Issued	3 29 89 10 40
Street	ALDER BROOK ROAD	FEE	<input type="checkbox"/> Double Fee Charged
Subdivision/Lot #	TAX MAP 2'S BLOCK M LOT 10	L.P.I. #	
PROPERTY OWNERS NAME		Local Plumbing Inspector Signature	
CARIGNAN DENNIS (initials)		L.P.I. #	
Last	First	THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.	
Applicant Name	DENNIS CARIGNAN	D. CARIGNAN	
Mailing Address of Owner/Applicant (If Different)	BRACKETT AVENUE PEAKS ISLAND MAINE 04108		

**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.

*Dennis Carignan* Signature of Owner/Applicant  
Date: *March 28, 1989*

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

*Arthur C. Adams* Local Plumbing Inspector Signature  
Date Approved: *5-30-89*

PERMIT INFORMATION		
<p><b>THIS APPLICATION IS FOR:</b></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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</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><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ 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><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY</b> PRIVATE WATER LINE CONNECTED TO PUBLIC SYSTEM</p>
<p><b>SIZE OF PROPERTY</b> 18,289 SF</p> <p><b>ZONING</b> IR 1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></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: <u>1500</u> <del>1000</del> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>4 BEDROOMS CONSERVATIVE 600</p> <p>LOW VOLUME TOILET - 60</p> <p>SEPARATED LAUNDRY - 120</p> <p>DESIGN FLOW: <u>420</u> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>4</u>      CONDITION: <u>AIII</u></p> <p>DEPTH TO LIMITING FACTOR: <u>24</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>550</u> Sq Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p><input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	

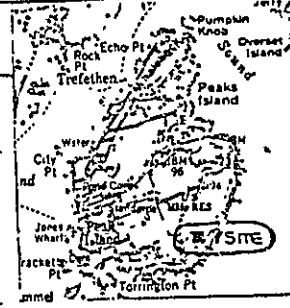
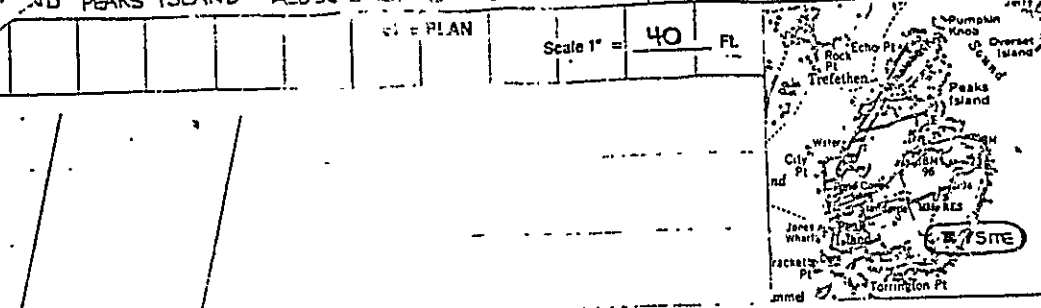
**SITE EVALUATOR STATEMENT** \* USED 2.2 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On MAY 10 1986 (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.

*William R. Goodwin* Site Evaluator or Professional Engineer's Signature      0003 / 4814      3/20/89      Date

Page 1 of 3  
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WASTEWATER DISPOSED AT PEAKS ISLAND ALDER BROOK 65-M-10 Owners Name DENNIS CARRIGAN



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

Observation Hole 1  Test Pit  Boring

2' FOREST FEET \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM	LOOSE	DARK BROWN	
6-10				NONE
10-15	LOAMY SAND	MODERATELY FRIABLE	RED BROWN	
15-20				COMMON
20-30	BEDROCK			
30-50				

Soil 4	Classification AIII	Slope 1%	Limiting Factor 22	<input checked="" type="checkbox"/> Ground water
				<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Bedrock

Observation Hole 2  Test Pit  Boring

3' FOREST FEET \* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM	LOOSE	DARK BROWN	
6-10				NONE
10-15	LOAMY GRAVEL	MODERATELY FRIABLE	RED BROWN	
15-20				COMMON
20-30	BEDROCK			
30-50				

Soil 4	Classification AIII	Slope 1%	Limiting Factor 24	<input checked="" type="checkbox"/> Ground water
				<input type="checkbox"/> Rooting Layer
				<input type="checkbox"/> Bedrock

William B. Jordan 0003/4314 3/20/89  
 Site Evaluator or Professional Engineer's Signature SE# IPE# Date

**SEWAGE WASTEWATER DISPOSAL SYSTEM APPLICATION**

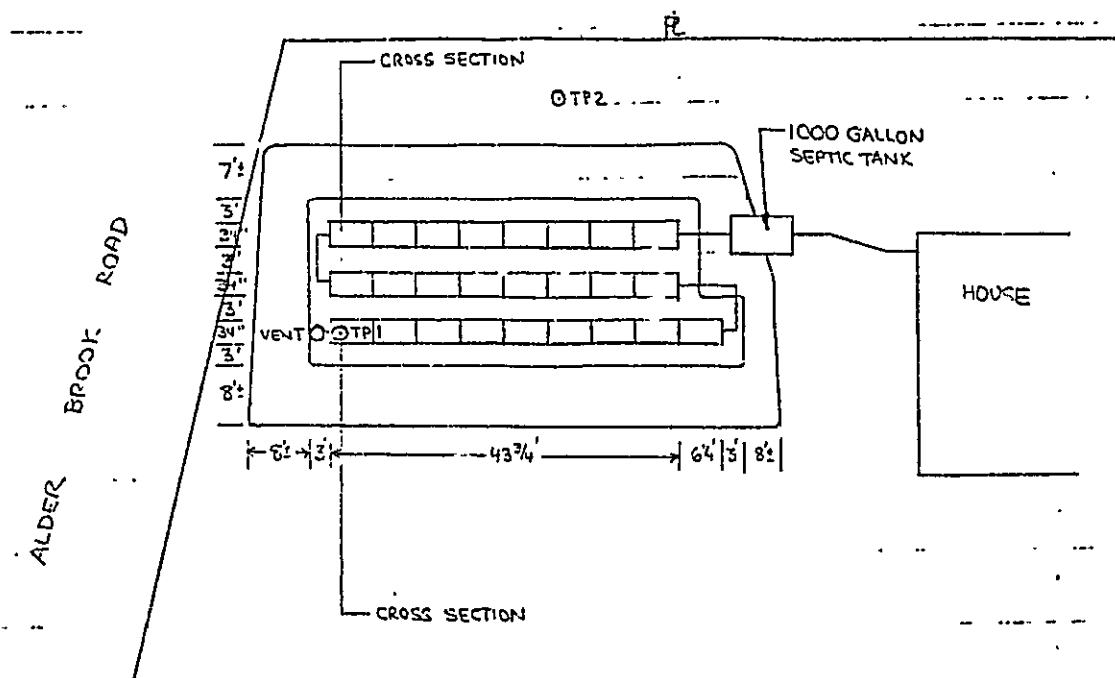
Department of Human Services  
Division of Health Engineering

LAND PEAKS ISLAND ALDER BROOK RD. 85-M-10

Owner's Name  
**DENNIS CARIGNAN**

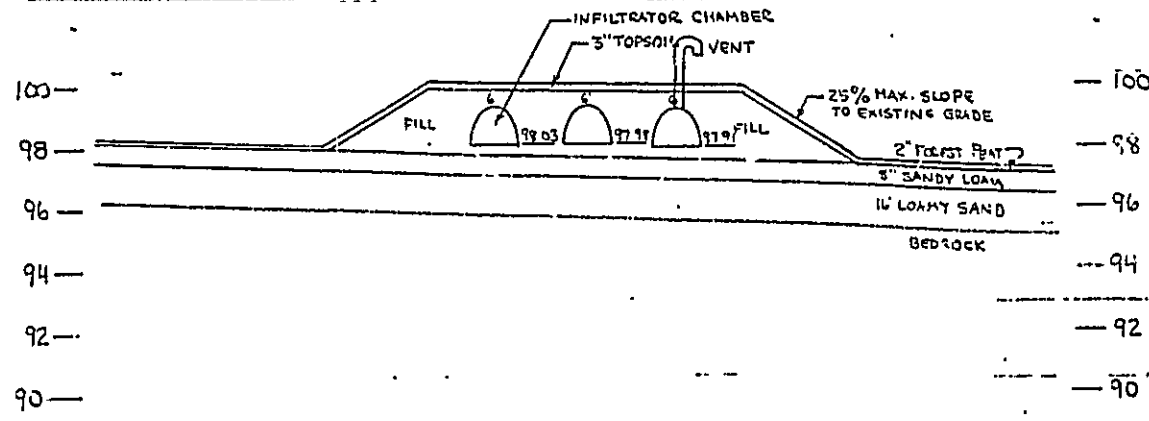
**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 20' FL.



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>28'</u>	Reference Elevation is <u>100.00</u>	PK NAIL IN CLUMP OF MAPLES NEAR STREETLINE IN NORTHWEST CORNER
Depth of Fill (Downslope) <u>28'</u>	Bottom of Disposal Area <u>SEE X-SECTION</u>	
	Top of Distribution Lines or Chambers <u>SEE Y-SECTION</u>	

<b>DISPOSAL AREA CROSS SECTION</b>		Scale:
		Vertical: 1 inch = 5' FL
		Horizontal: 1 inch = 10' FL



*William B. Goodwin*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE # / PE #

3/20/89  
Date