

PLUMBING APPLICATION

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

PROPERTY ADDRESS
 Town Or Plantation: Peaks Island
 Street Subdivision Lot #: Alberbrook Road
PROPERTY OWNERS NAME
 Last: Kinner First: Barry
 Applicant Name: Barry Kinner
 Mailing Address of Owner/Applicant (if Different):

PORTLAND PERMIT # 3,192 TOWN COPY
 Date Permit Issued: 11/21/88 \$ 5,181.02 FEE
 L.P.I. # 11213
 Local Plumbing Inspector Signature: _____

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: Barry Kinner Date: 11/21/88

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.
 Local Plumbing Inspector Signature: _____ Date Approved: 11/26/1989

PERMIT INFORMATION

This Application is for: 1. <input checked="" type="checkbox"/> NEW PLUMBING 2. <input type="checkbox"/> RELOCATED PLUMBING	Type Of Structure To Be Served: 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 _____	Plumbing To Be Installed By: 1. <input type="checkbox"/> MASTER PLUMBER 2. <input type="checkbox"/> OIL BURNERMAN 3. <input type="checkbox"/> MFG'D HOUSING DEALER/MECHANIC 4. <input type="checkbox"/> PUBLIC UTILITY EMPLOYEE 5. <input checked="" type="checkbox"/> PROPERTY OWNER LICENSE # _____
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Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
HOOK-UP to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District OR HOOK-UP to an existing subsurface wastewater disposal system PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures		Hosebibb / Silcock	2	Bath/Tub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	3	Sink
		Drinking Fountain		Wash Basin
		Indirect Waste	2	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc.	1	Clothes Washer
		Grease/Oil Separator	1	Dish Washer
	Dental Cuspidor	1	Garbage Disposal	
	Bidet		Laundry Tub	
	Other: _____		Water Heater	
Number of Hook-Ups & Relocations			1	
Hook-Up & Relocation Fee		Fixtures (Subtotal) Column 2	1.1	Fixtures (Subtotal) Column 1
			1.1	Total Fixtures
			\$ 39.	Fixture Fee
			\$ 6.	Hook-Up & Relocation Fee
			\$ 38.	Permit Fee (Total)

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

TOWN COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 283-3826

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **ALDER BROOK ROAD**

Subdivision/Lot #: **TAX MAP 85 BLOCK M PART LOT 12**

PROPERTY OWNERS NAME

KINNER
Last: **BARRY & BRIDGET**
First: _____

Applicant Name: **BARRY & BRIDGET KINNER**

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

PORTLAND PERMIT # **3,207** TOWN COPY

Date Permit Issued: **12/29/88** Fee: **\$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 of Owner/Applicant: *Bridget R. Kinner* Date: **11/29/88**

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: **12/15/88**

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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</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>INSTALLATION IS COMPLETE SYSTEM:</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>INDIVIDUALLY INSTALLED COMPONENTS:</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>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>PROPOSED WELL</p>
<p>SIZE OF PROPERTY: 40,000 ±</p> <p>ZONING: IR1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</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: 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 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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 24</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</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>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 400* 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 type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: 300 (GALLONS/DAY)</p>

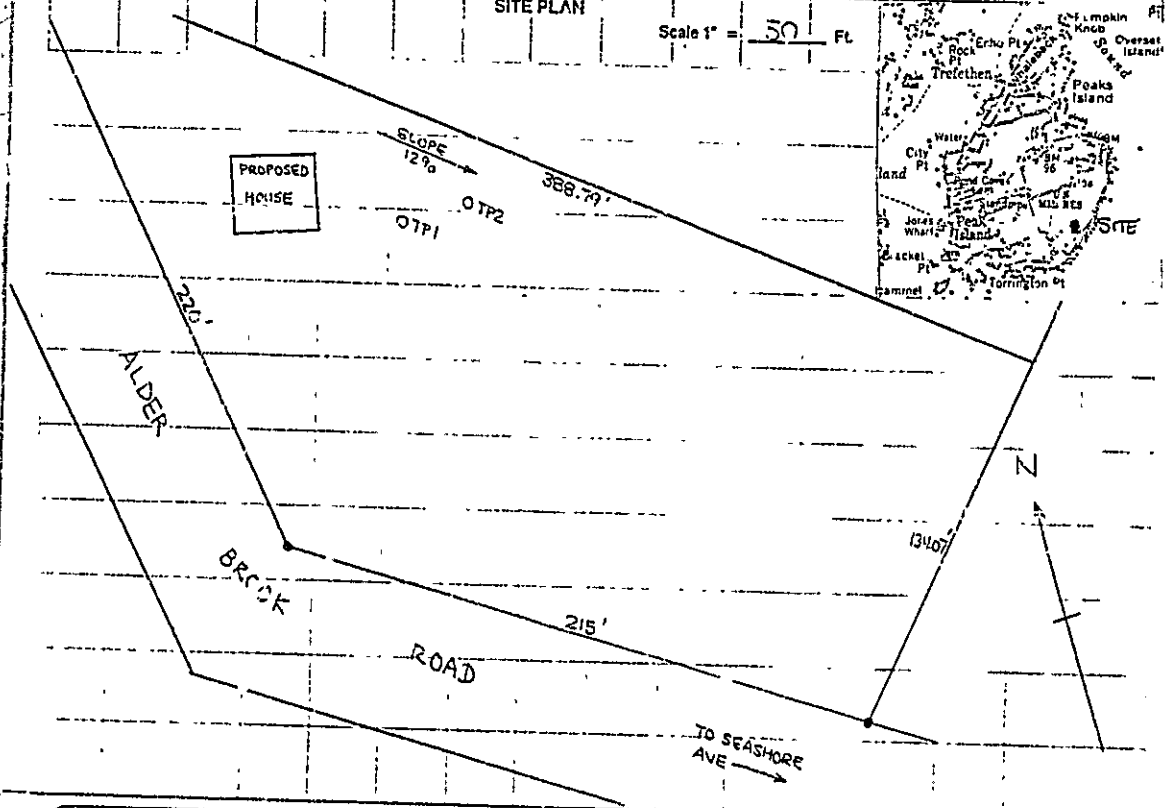
SITE EVALUATOR STATEMENT * USED 16 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

On **March 26 1988** (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.

Site Evaluator or Professional Engineer's Signature: *William B. Goodwin* SE # / PE # **0003 / 4814** Date: **4/27/89**

* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Ord.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Department of Human Services
 Division of Health Engineering
 Town, City, Plantation: **PORTLAND PEAKS ISLAND ALDER BROOK RD** Street, Road, St. Address: **85-M-PT. 12** Owners Name: **BARRY & BEJOGET KINNER**



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

Observation Hole 1		Observation Hole 2	
2" FOREST PEAT		2" FOREST PEAT	
<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		<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
SANDY LOAM		DARK BROWN	
LOAMY SAND	LOOSE	RED BROWN	NONE EVIDENT
BEDROCK			
Soil Profile: U		Soil Profile: U	
Classification: AIII		Classification: AIII	
Slope: 12%		Slope: 12%	
Limiting Factor: 24		Limiting Factor: 24	
<input type="checkbox"/> Ground Water		<input type="checkbox"/> Ground Water	
<input type="checkbox"/> Resonance Layer		<input type="checkbox"/> Resonance Layer	
<input checked="" type="checkbox"/> Bedrock		<input checked="" type="checkbox"/> Bedrock	

William B. Goodwin 0003/4814 4/27/88
 Site Evaluator or Professional Engineer's Signature Date
 SE# 1 PE#

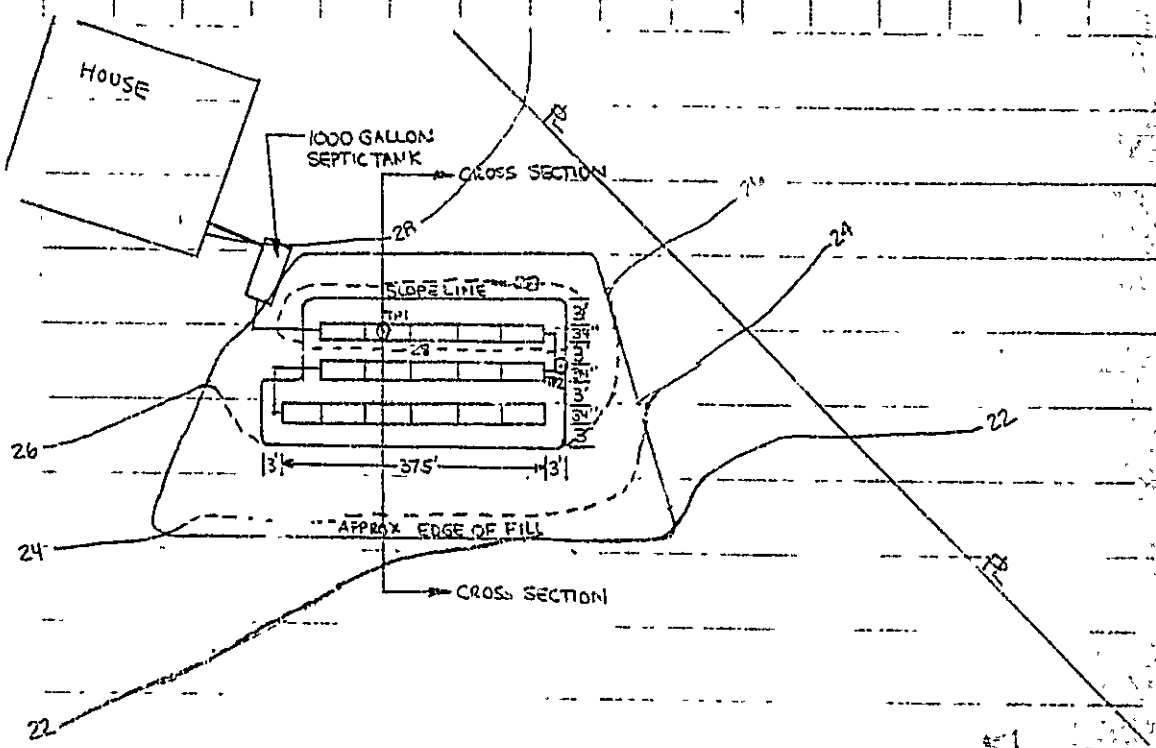
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **A-DER BROOK RD. 85-M-PT. 12** Owners Name: **BARRY & BRIDGET KINNER**

SUBSURFACE WASTEWATER DISPOSAL PLAN

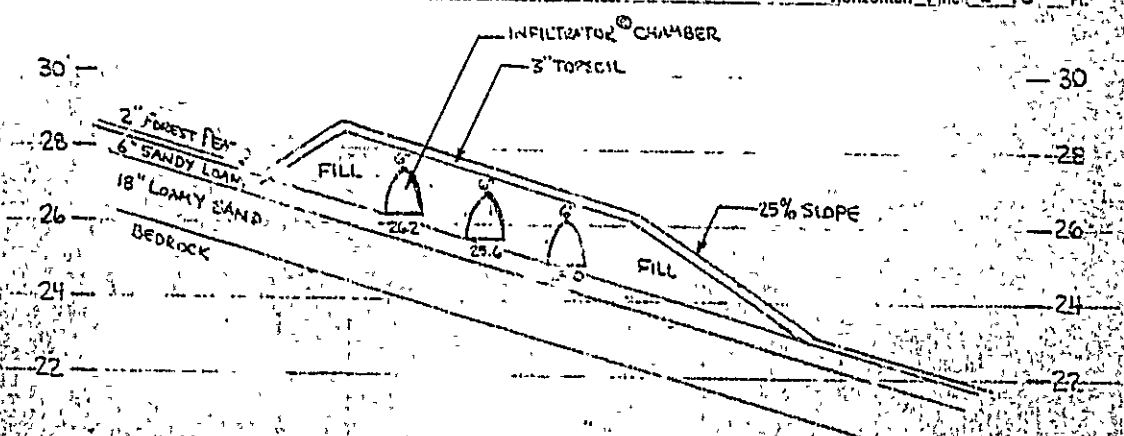
Scale 1" = 20' Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	Reference Elevation is	
Depth of Fill (Downslope)	Bottom of Disposal Area OFFERED TO US	76.20
	Top of Distribution Lines or Chamber	27.45

DISPOSAL AREA (CROSS SECTION)

Scale:
Vertical: 1 inch = 4' Ft.
Horizontal: 1 inch = 10' Ft.



William B. Goehner
Site Evaluator or Professional Engineer's Signature

0003/4814
SE 1/PE 2

4/27/88
Date

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