

8TH MAINE AVENUE LEAKS ISLAND  
85-N-8

U.S. GEOLOGICAL SURVEY  
WATER RESOURCES DIVISION

PERMIT TO INSTALL PLUMBING

Address Lot 8, 8th Maine Ave Peaks Island PERMIT NUMBER 4531  
 Installation For single family dwelling  
 Owner of Bldg Ronald Banner

Owner's Address same

Plumber Jackson & Casey

Date April 16, 1976

Date Issued

Portland Plumbing Inspector

By ERNOLD R GOODWIN

App. First Insp.

Date

By

App. First Insp.

Date

By

Type of Bldg.

- Commercial  
 Residential  
 Single  
 Multi Family  
 New Construction  
 Remodeling

NEW	REPL		Date	FIG	FE
		SINKS			
		LAVATOR ES			
		TOILETS			
		BATH TUBS			
		SHOWERS			
		DRAINS FLOOR SURFACE			
		HOT WATER TANKS			
		TANKLESS WATER HEATERS			
		GARBAGE DISPOSALS			
	1	SEPTIC TANKS			
		HOUSE SEWERS		1	\$10.00
		ROOF LEADERS			
		AUTOMATIC WASHERS			
		DISHWASHERS			
		OTHER			
		BASE FEE			3.00
		TOTAL			\$13.00

Building and Inspection Services Dept.; Plumbing Inspection

MAY 27 1976  
 ERNOLD R. GOODWIN  
 PORTLAND PLUMBING INSPECTOR



FILL IN AND SIGN WITH INK

# APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, Nov 19 1953

288 111 188 021  
02150  
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine the Building Code of the City of Portland, and the following specifications:

Location Fish Maine Ave P.I. Use of Building 85-N-8 Dwelling No. Stories 1  New Building  Existing "  
Name and address of owner of appliance Joseph Drake Eight Maine Ave Peck Island  
Installer's name and address Robert Ford 11 School St Portland Telephone B.G. PRIDE Co

General Description of Work  
To install forced warm air furnace - oil fired  
in place of stove heat

### IF HEATER, OR POWER BOILER

Location of appliance basement Any burnable material in floor surface or beneath? NO  
If so, how protected? \_\_\_\_\_ Kind of fuel? oil  
Minimum distance to burnable material, from top of appliance or casing or top of furnace 6" with shield  
From top of smoke pipe 18" From front of appliance 8" From sides or back of appliance 8"  
Size of chimney flue 8x8 Other connection to same flue Kitchen stove  
If gas fired, how vented? \_\_\_\_\_ Rated maximum demand per hour \_\_\_\_\_  
Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion? yes

### IF OIL BURNER

Name and type of burner Chrysler Air Temp I labelled by underwriter's laboratories? yes  
Will operator be always in attendance? no Does oil supply line feed from top or bottom of tank? bottom  
Type of floor beneath burner concrete  
Location of oil storage basement Number and capacity of tanks 1 - 275  
If two 275-gallon tanks, will three-way valve be provided? \_\_\_\_\_  
Will all tanks be more than five feet from any flame? yes How many tanks fire proofed? NONE  
Total capacity of any existing storage tanks for furnace burners none

### IF COOKING APPLIANCE

Location of appliance \_\_\_\_\_ Any burnable material in floor surface or beneath? \_\_\_\_\_  
If so, how protected? \_\_\_\_\_ Kind of fuel? \_\_\_\_\_  
Minimum distance to wood or combustible material from top of appliance \_\_\_\_\_  
From front of appliance \_\_\_\_\_ From sides and back \_\_\_\_\_ From top of smokepipe \_\_\_\_\_  
Size of chimney flue \_\_\_\_\_ Other connections to same flue \_\_\_\_\_  
Is hood to be provided? \_\_\_\_\_ If so, how vented? \_\_\_\_\_ Forced or gravity? \_\_\_\_\_  
If gas fired, how vented? \_\_\_\_\_ Rated maximum demand per hour \_\_\_\_\_

### MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

1/4" Vent  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:  
11-20-53. A.K.McC  
\_\_\_\_\_  
\_\_\_\_\_

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

INSPECTION COPY

Signature of Installer B.G. PRIDE Co Inc  
A.K. McC

1. Fall Pipe
2. Vent Pipe
3. Kind of Heat
4. Burner Rigidity & Supports
5. Name & Label
6. Stack Control
7. High Limit Control
8. Remote Control
9. Piping Support & Protection
10. Valves in Supply Line
11. Capacity of Tanks
12. Tank Rigidity & Supports
13. Tank Distance
14. Oil Gauge
15. Instruction Card
16. Low Water Shut-off

NOTES  
APPLICATION FOR PERMIT OR  
REPAIR WORKING OR REPAIR WORKING

Permit No. 53/2 199  
 Location Edible Me Cues  
 Owner Joseph B. Balle  
 Date of permit 7/23/53  
 Approved \_\_\_\_\_  
 VINCELIUM NUI-CHIP

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# PLUMBING APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **PEAKS ISLAND**

Street: **8TH MAINE AVE SEASIDE**

Subdivisor Lot #

PROPERTY OWNERS NAME

Last: **BEUNER** First: **RONALD**

Applicant Name: **SAME**

Mailing Address of Owner/Applicant (if Different): **SAME**

PORTLAND PERMIT # **2,363** TOWN COPY

Date Permitted: **June 16, 1987**

Local Plumbing Inspector Signature: *Ronald M. Beuner*

FEE: **\$12**

L.P.I. #

**Owner/Applicant Statement**

I hereby 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.

*Ronald M. Beuner*  
Signature of Owner/Applicant Date

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

**JUN 16 1987**  
Date Approved

Local Plumbing Inspector Signature

## PERMIT INFORMATION

**This Application is for:**

1.  NEW PLUMBING

2.  RELOCATED PLUMBING

**Type Of Structure To Be Served:**

1.  SINGLE FAMILY DWELLING

2.  MODULAR OR MOBILE HOME

3.  MULTIPLE FAMILY DWELLING

4.  OTHER - SPECIFY: \_\_\_\_\_

**Plumbing To Be Installed By:**

1.  MASTER PLUMBER

2.  OIL BURNERMAN

3.  MFG'D HOUSING DEALER/MECHANIC

4.  PUBLIC UTILITY EMPLOYEE

5.  PROPERTY OWNER

LICENSE # \_\_\_\_\_

Number	Hook-Ups And Piping Relocation	Number	Column 2 Type Of Fixture	Number	Column 1 Type Of Fixture
	HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District.		Hosebibb / S'cock	1	Bathtub (and Shower)
			Floor Drain		Shower (Separate)
			Urinal	1	Sink
			Drinking Fountain	1	Wash Basin
	HOOK-UP: to an existing curb-side wastewater disposal system.		Indirect Waste	1	Water Closet (Toilet)
			Water Treatment Softener, Filter, etc.		Clothes Washer
	PIPING RELOCATION: of sanitary lines, drains, piping without new fixtures.		Grease/Oil Separator		Dish Washer
			Dental Cuspidor		Garbage Disposal
			Ex'let		Laundry Tub
	Hook-Ups (Subtotal)		Other: _____		Water Heater
	Hook-Up Fee		Fixtures (Subtotal) Column 2	4	Fixtures (Subtotal) Column 1
				0	Fixtures (Subtotal) Column 2
				4	Total Fixtures
				\$	
				\$	
				\$13	

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE

Page 1 of 1  
HHC-211 Rev 4/83

TOWN COPY

10

### APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP .....

JUN 5 1987

B.O.C.A. TYPE OF CONSTRUCTION ..... *636*

ZONING LOCATION ..... PORTLAND, MAINE *June 4, 1987*

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND MAINE

The undersigned hereby apply for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any, submitted herewith and the following specifications:

LOCATION *8th Maine Avenue 85-N-8 Peaks Island* Fire District #1 , #2

1. Owner's name and address *Ronald M. Denner & Susan E. Denner - same* Telephone *766-2925*

2. Lessee's name and address ..... Telephone .....

3. Contractor's name and address *owner* ..... Telephone .....

Proposed use of building *single family dwelling* ..... No. of sheets .....  
Last use ..... No. families *1*

Material ..... No. stories ..... Heat ..... Style of roof ..... Roofing .....

Other buildings on same lot .....

Estimated contractual cost \$ *8,000* ..... Appeal Fees \$ .....

FIELD INSPECTOR—Mr ..... Base Fee .....

@ 775-5451 ..... Late Fee .....

*to install 3 4x8 headers for the windows and 2x4 16" oc wall being moved 10' long, as per plans* TOTAL \$ *60.00*.....

#04168 Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and contractors of heating, plumbing, electrical and mechanicals

#### DETAILS OF NEW WORK

Is any plumbing involved in this work? ..... Is any electrical work involved in this work? .....  
Is connection to be made to public sewer? ..... If not, what is proposed for sewage? .....  
Has septic tank notice been sent? ..... Form notice sent? .....  
Height average grade to top of plate ..... Height average grade to highest point of roof .....  
Size, front ..... depth ..... No. stories ..... solid or filled land? ..... earth or rock? .....  
Material of foundation ..... Thickness, top ..... bottom ..... cellar .....  
Kind of roof ..... Rise per foot ..... Roof covering .....  
No. of chimneys ..... Material of chimneys ..... of lining ..... Kind of heat ..... fuel .....  
Framing Lumber—Kind ..... Dressed or full size? ..... Corner posts ..... Sills .....  
Size Girder ..... Columns under girders ..... Size ..... Max. on centers .....  
Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.  
Joists and rafters: 1st floor ..... 2nd ..... 3rd ..... roof .....  
On centers: 1st floor ..... 2nd ..... 3rd ..... roof .....  
Maximum span, 1st floor ..... 2nd ..... 3rd ..... roof .....  
If one story building with masonry walls, thickness of walls? ..... height? .....

#### IF A GARAGE

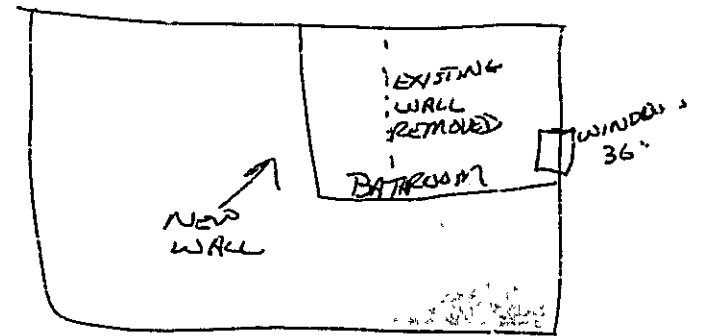
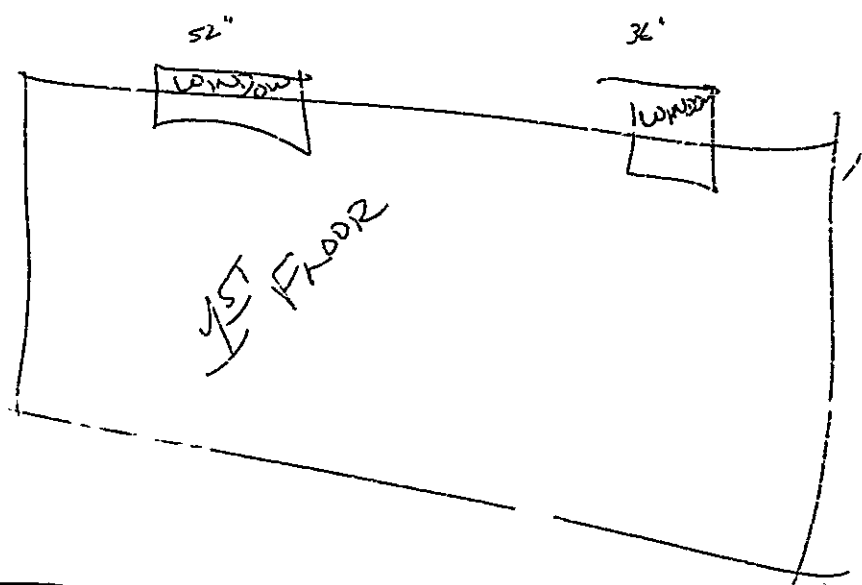
No. cars now accommodated on same lot ..... to be accommodated ..... number commercial cars to be accommodated .....  
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? .....

APPROVALS BY: DATE  
BUILDING INSPECTION—PLAN EXAMINER .....  
ZONING: .....  
BUILDING CODE: .....  
Fire Dept.: .....  
Health Dept.: .....  
Others: .....

MISCELLANEOUS  
Will work require disturbing of any tree on a public street? .....  
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining hereto are observed? .....

Signature of Applicant *Ronald M. Denner* .....  
Type Name of above *Ronald M. Denner* ..... 1  2  3  4

Owner .....  
and Address .....



**RECEIVED**  
JUN - 4 1937  
DEPT. OF BUILDING INSPECTIONS  
CITY OF PORTLAND

APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP .....

B.O.C.A. TYPE OF CONSTRUCTION ..... 0 636

ZONING LOCATION .. R-2 ..... PORTLAND, MAINE June 4, 1987

JUN 5 1987

City Of Portland

To the CHIEF OF BUILDING & INSPECTION SERVICES, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws of the State of Maine, the Portland B.O.C.A. Building Code and Zoning Ordinance of the City of Portland with plans and specifications, if any submitted herewith and the following specifications:

- 1. Owner's name and address .. Bth Mair .. Ave .. 95-N-8 Peaks Island .. Fire District #1 [ ], #2 [ ]
2. Lessee's name and address .. Ronald M. Benner & Susan E. Benner - same .. Telephone .. 766-2925
3. Contractor's name and address .. owner .. Telephone ..

Proposed use of building .. single family dwelling .. No. of stories .. No. of families .. 1
Material .. No. stories .. Heat .. Style of roof .. Roofing ..
Other buildings on same lot ..
Estimated contractual cost \$ .. 8,000 ..

FIELD INSPECTOR - Mr. @ 775-5451

Appeal Fees \$
Base Fee
Late Fee
TOTAL \$ 60.00

to install 3' 4x6 headers for the windows and 2x4, 16" oc wall being moved 10' long, as per plans

404108

Stamp of Special Conditions

NOTE TO APPLICANT: Separate permits are required by the installers and subcontractors of heating, plumbing, electrical and mechanicals.

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form notice sent?
Height average grade to top of plate Height average grade to highest point of roof
Size, front depth No. stories solid or filled land? earth or rock?
Material of foundation Thickness, top bottom cellar
Kind of roof Rise per foot Roof covering
No. of chimneys Material of chimneys of lining Kind of heat fuel
Framing Lumber - Kind Dressed or full size? Corner posts Sills
Size Girder Columns under girders Size Max. on centers
Joists and rafters 1st floor 2nd 3rd roof
On center 1st floor 2nd 3rd roof
Maximum span 1st floor 2nd 3rd roof
If one story building with masonry walls, thickness of walls? height?

IF A GARAGE

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: BUILDING INSPECTION - PLAN EXAMINER DATE
ZONING: D. K. Turner June 4, 1987
BUILDING CODE
Fire Dept.
Health Dept.
Others

MISCELLANEOUS
Will work require disturbing of any tree on a public street?
Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto observed?

Signature of Applicant Ronald M. Benner
Type Name of above Ronald M. Benner
Other
and Address

FIELD INSPECTOR'S COPY APPLICANT'S COPY OFFICE FILE COPY



**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

A part of Human Services  
 Division of Public Engineering  
 170-239-3201

John Of  
 Plantation  
 Street  
 Subdivision Lot  
**Deals Road**  
**5th Avenue**  
 PROPERTY OWNER'S NAME  
 First Subject  
 Mailing Address of  
 Owner/Applicant  
 (if Different)  
**5th Avenue**  
 Owner/Applicant Statement  
 I certify that the information submitted is correct to the best of my  
 knowledge and understand that any falsification is a reason for the Local  
 Plumbing Inspector to deny a Permit.

PORTLAND PERMIT # 2,955 TOWN COPY  
 Date Permit Issued: **6/29/88**  
 Fee: **\$1,200**  
 L.R.I. # **123**  
 Caution: Inspection Required  
 The Installer authorized above and below is  
 in the Subsurface Wastewater Disposal Rules.

Plumbing Inspector Signature  
 Date Approved: **JUN 29 1988**

**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  
 3  REPLACEMENT SYSTEM VARIANCE  
 Attach Replacement System Variance Form  
 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  INTEGRATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**  
 YEAR FAILING SYSTEM INSTALLED: **1980**  
 THE FAILING SYSTEM IS  
 1  DEFECTIVE 2  TRUCK  
 3  OTHER 4  OTHER

**DISPOSAL SYSTEM TO SERVE:**

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

**TREATMENT TANK**

1  SEPTIC  PUMP  
 PUMP  LOW PROFILE  
 2  AEROBIC  
 SIZE \_\_\_\_\_ GALS  
 SOIL BOND PENETRATION TEST  
 DESIGN PURPOSES  
 PHASE \_\_\_\_\_ (CONSTRUCTION)  
 DEPTH \_\_\_\_\_  
 LIMITING FACTOR \_\_\_\_\_

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

**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 INSTALLATION)  
 3  REQUIRED  
 DOSE \_\_\_\_\_ GAL/3

**DISPOSAL AREA TYPE/SIZE**

1  BED \_\_\_\_\_ Sq Ft  
 2  CHAMBER \_\_\_\_\_ Sq Ft  
 3  TRENCH \_\_\_\_\_ Linear Ft  
 4  OTHER \_\_\_\_\_

**CRITERIA USE FOR  
 DESIGN FLOW (BEDROOMS, SEATING  
 EMPLOYEES + "AREA" OF SITE)**

DESIGN FLOW \_\_\_\_\_  
 (IF ALLONS PAV)

**SITE EVALUATOR STATEMENT**

(date) I conducted a site \_\_\_\_\_ for this project and certify that the data reported is accurate. The  
 system I propose \_\_\_\_\_ Subsurface Wastewater Disposal Rules

Signature of Professional Engineer or Signature of Site Evaluator (if under direct supervision)  
 TOWN COPY  
 Date: \_\_\_\_\_  
 HNL 200 Rev 4/83