

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND PERMIT # 3,318 TOWN COPY Date Permit Issued: 12/2/89 \$1410.00 FEE <input type="checkbox"/> Double Fee Charged L.P.I. # 171213 Local Plumbing Inspector Signature: <i>[Signature]</i>
Town or Plantation	PORTLAND PEAKS ISLAND	
Street	574 PROPOSED STREET	
Subdivision Lot #	TAX MAP 25 BLOCK S LOTS 6, 11	
PROPERTY OWNERS NAME		
BOYLE JON		
Last:	First:	
Applicant Name	JON BOYLE	
Mailing Address of Owner/Applicant (if Different)	312 A BOLTON DRIVE BALLWIN MISSOURI 63011	
Owner/Applicant Statement		Caution: Inspection Required
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
<i>[Signature]</i>		<i>[Signature]</i>
Date: _____		Date Approved: AUG 9 1989

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input checked="" type="checkbox"/> Requires only Local Plumbing Inspector Approval 5. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	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 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 FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER: CESSPOOL	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 WELL
SIZE OF PROPERTY: 9875 SF ZONING: IR2		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 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: _____	PUMP/PIPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET 45 DESIGN FLOW 405 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDICTION: A III DEPTH TO LIMITING FACTOR: 24	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" 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 checked="" type="checkbox"/> CHAMBER 525" Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> 11-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

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

On OCTOBER 8, 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.

William R. Jordan 0003/4814 12/12/88
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

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

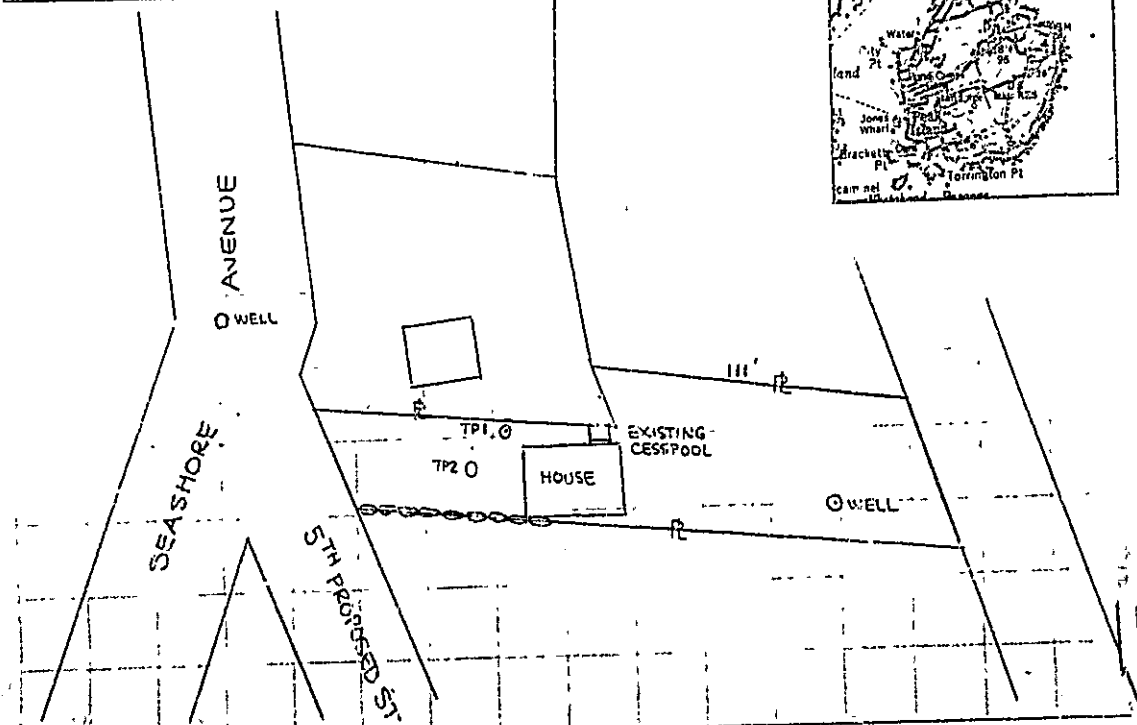
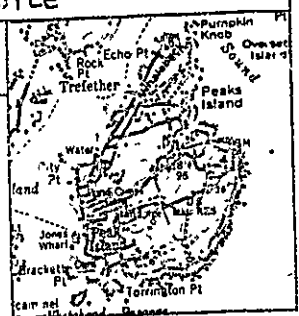
Page 1 of 3
HHC-200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **5TH PROPOSED ST. 85-S-6,11** Owners Name: **JON BOYLE**

SITE PLAN Scale 1" = **50** FL



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

Observation Hole: 2 Test Pit Boring
 2" SOD * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRIABLE	BROWN	
	LOOSE	LIGHT BROWN	NONE
SANDY LOAM	FRIABLE	RED BROWN	
LOAMY GRAVEL	SLIGHTLY FRIABLE	BROWN	FEW
SHALY BEDROCK			

Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRIABLE	BROWN	
	LOOSE	LIGHT BROWN	NONE
STONY LOAM	FRIABLE	BROWN	NONE
SANDY LOAM	FRIABLE	RED BROWN	
LOAMY GRAVEL	SLIGHTLY FRIABLE	TAN	FEW
SHALY BEDROCK			

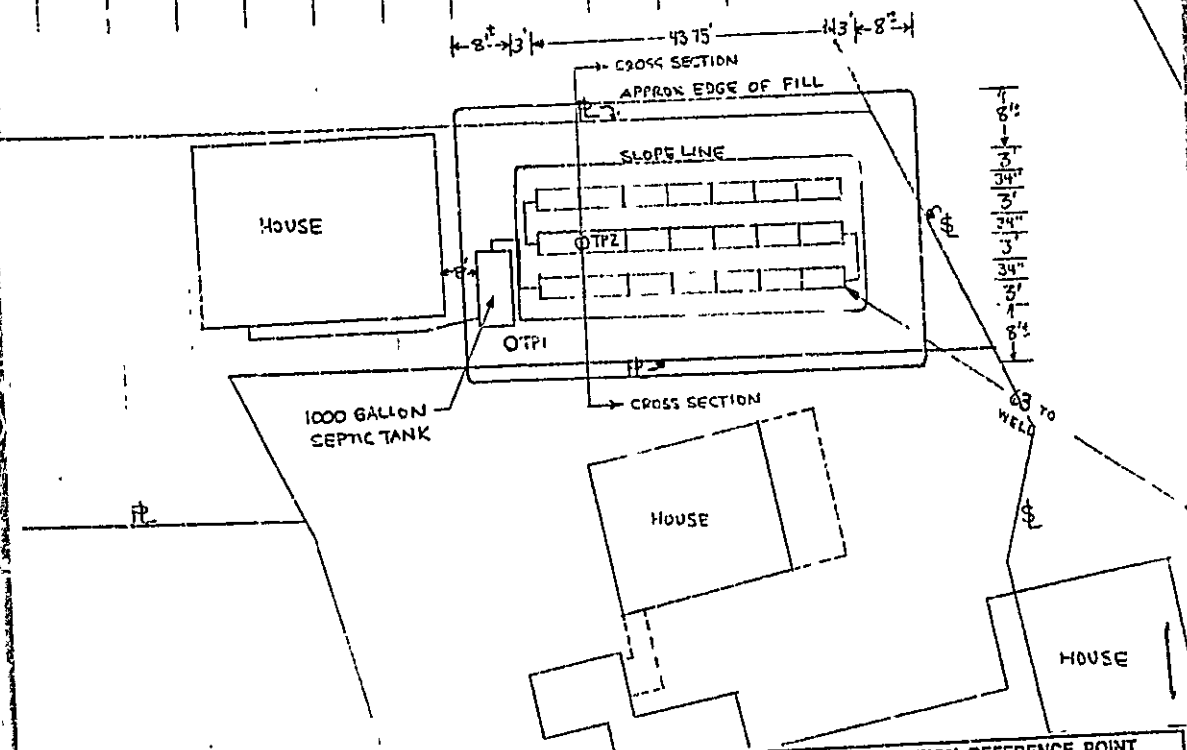
Soil Profile: 4	Classification: AIII	Slope: 0 %	Limiting Factor: 24	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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William B. Goodwin 0002/4814 12/12/98
 Soil Evaluator or Professional Engineer's Signature Date

Page 43
 AHE-201 46"

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

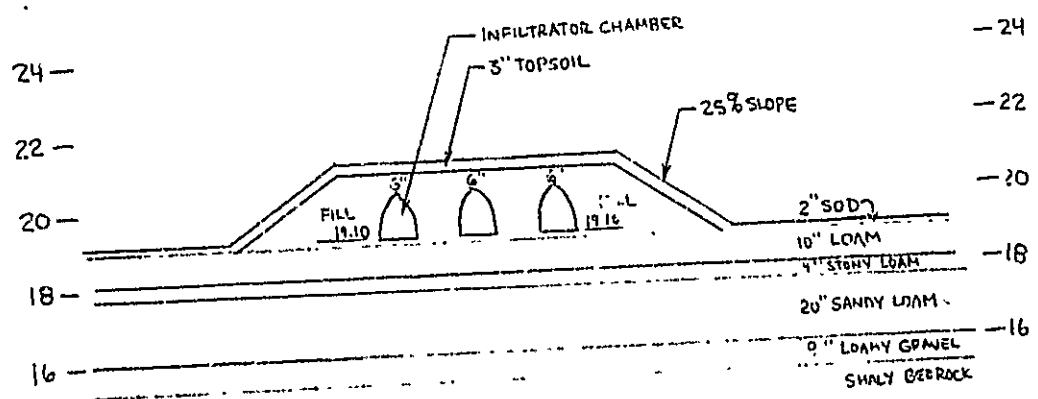
Town, City, Plantation: **PORTLAND PEAKS ISLAND 5th PROPOSED ST** Str #, Room, Subdivision: **8E-5-6, 11** Owners Name: **JON BOYLE**
SUBSURFACE WASTEWATER DISPOSAL PLAN Scale 1" = 20' FL.



FILL REQUIREMENTS	24"	CONSTRUCTION ELEVATIONS	20.00	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	24"	Reference Elevation Is	19.10	LOCATION & DESCRIPTION
Depth of Fill (Downslope)	24"	Bottom of Disposal Area	20.35	SOUTHEAST CORNER OF CEMENT
		Top of Distribution Lines or Chambers		STEP OF FRONT STAIRS

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' FL
Horizontal: 1 inch = 10' FL



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

2003/4814
SE # / FE #

12/12/8R
Date

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. 3318 E City Portland
TOWN OF
 Property Owner's Name: MR. JON BOYLE Date Permit Issued 3/2/89
MONTH/DAY/YEAR
 System's Location: 5TH PROPOSED ST. 3 Assessors Map 85, Block 5, Lots 6 & 11 Tel. No. _____
STREET
Peaks Island Maine 04108
TOWN STATE ZIP
 Property Owner's Address: 312A Bolton Drive
(if different from above) Ballwin, Missouri 63011
TOWN STATE ZIP


SPECIFIC INSTRUCTIONS TO THE:

LPI:
 If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and signature.)

SITE EVALUATOR:
 If, after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:
 It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.



 PROPERTY OWNER'S SIGNATURE

11 Feb 89

 DATE

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO	
SOILS					
Soil Profile	Ground Water Table	to 6"		Inches	
Soil Condition	Restrictive Layer	to 6"		Inches	
from HWE-200	Bedrock	to 10"		Inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well. > 2000 gal/day	100'	300'		
	2. Well. < 2000 gal/day				
	a. Neighbor's	50'	60'		63
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		17
	2. Without Basement	5'	10'		
Property Line		4'	5'	5'	9'

OTHER

1. Fill extension Grade--to 3:1

2.

3.

Footnotes:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to the well than the system it is replacing
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope:

William B. Gordon
SITE EVALUATOR'S SIGNATURE

2/2/89
DATE

LPI STATEMENT

I, *Ernest J. Ford*, LPI for the Town of *Palm*, have conducted an on-site inspection of the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (approve, disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

—OR—

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (recommend do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: _____

Ernest J. Ford
LPI'S SIGNATURE

3/6/89
DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		Portland ME Permit # 4135 STATE COPY	
Town Or Plantation	Portland Me Peaks	Date	3-12-91
Street	5th Street	Local Plumbing Inspector	Chief Plumbing Inspector
Subdivision Lot #	TAY MAP 85 BLOCK 5 LOT 1011		
PROPERTY OWNERS NAME		FEE \$120.00	
Last	Boyle	Local Plumbing Inspector Signature	
First	John	Date Approved 3-12-91	
Applicant Name	Island Bay Services	Local Plumbing Inspector Signature	
Mailing Address of Owner/Applicant (If Different)	PO Box 48 Peaks Island	Local Plumbing Inspector Signature	
Owner/Applicant Statement		Caution: Inspection Required	
I certify that the information furnished is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.		I have inspected this installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.	
Signature of Owner/Applicant: <i>John Boyle</i> Date: 3/11/91		Local Plumbing Inspector Signature: <i>Samuel Hill</i> Date Approved: 3-12-91	

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" 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 type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS:</p> <p>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: 10/8/88</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH</p> <p>3. <input checked="" type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER</p>	<p>DISPOSAL SYSTEM 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>well</p>
<p>SIZE OF PROPERTY: 9875 SF</p> <p>ZONING: RA2</p>	<p>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</p>	

<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: _____ ALS: _____</p>	<p>WATER CONSERVATION</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>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 450 conservative</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: A III</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 5'x5' _____ Sq. Ft.</p> <p> <input type="checkbox"/> REGULAR <input type="checkbox"/> 1'-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: SITE EVALUATION WANTED BY LOCAL OPTION

On _____ (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 Signature: _____ SE#: _____ Date: _____ Page 1 of 3

Local Plumbing Inspector Signature if a Local Site Evaluator Waiver under #1 or 2 Option: _____ HHE-200 Rev 1/84

DATE COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 239-3826

PROPERTY ADDRESS		Del - Proposed Fifth St Portland ME Permit # 1135 STATE COPY Date 12/12/91 Fee \$20.00 Chief Plumbing Inspector	
Town Or Plantation	Portland Me	Local Plumbing Inspector Signature	
Street	5th Street	Date Approved	3-12-91
Subdivision Lot #	Tax Map 85 Block 10 Lot 11	Local Plumbing Inspector Signature	
PROPERTY OWNERS NAME		Applicant Name: Island Boy Services Mailing Address of Owner/Applicant: PO Box 48 Peatis Island	
Last: Buyle First: Sohn 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.	
Signature of Owner/Applicant: [Signature] Date: 3/11/91		Local Plumbing Inspector Signature: [Signature] Date Approved: 3-12-91	

PERMIT INFORMATION			
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE (Attach New System Variance Form) 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE (Attach Replacement System Variance Form) 4. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval 5. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval	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 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 FAILING SYSTEM INSTALLED: 10/5/84 THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH 3. <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: 9875 SF ZONING: RAZ	TYPE OF WATER SUPPLY: well	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEOBIC SIZE: _____ GALS	WATER CONSERVATION 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: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIAL BED FOR DESIGN FLOW (BED ROOMS, SEATING, EMPLOYEES WITH RECORDS, ETC.) - Bedroom - 450 conservative
SOIL CONDITIONS USE FOR DESIGN PURPOSES PROFILE: 4 CONDITION: AITE DEPTH TO LIMITING FACTOR: 24	SIZING RATINGS USE FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" 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 checked="" type="checkbox"/> CHAMBER 525 Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER _____	Low volume 45 Toilet DESIGN FLOW: 405 (GALLON/DAY)

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OFFICE

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Site Evaluator Signature: _____ SE# _____ Date _____ Page 1 of 3
 Local Plumbing Inspector Signature: _____ Date Approved: _____ File: 134

STATE COPY

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		
Town/Ur Plantation	Portland	
Street	85-12th St	4135 TOWN COPY
Subdivision Lot #	85-5-6/11	Date Paid: 12/29/91 Local Plumbing Inspector Signature: [Signature] L.P.I.#: 01241 <input type="checkbox"/> Fee Charged
PROPERTY OWNERS NAME		
Last: Bay	First: Susan	
Applicant Name	Island Bay Services	
Mailing Address of Owner/Applicant (if Different)	PO Box 433	
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] Date: 2/11/91		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. Signature: A. Addato Date: 1/19/91

PERMIT INFORMATION THIS APPLICATION IS FOR: 1 <input type="checkbox"/> NEW SYSTEM 2 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> SEASONAL CONVERSION 5 <input type="checkbox"/> EXPERIMENTAL SYSTEM			THIS APPLICATION REQUIRES: 1 <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2 <input type="checkbox"/> NEW SYSTEM VARIANCE (Attach New System Variance Form) 3 <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE (Attach Replacement System Variance Form) 4 <input type="checkbox"/> Requiring Local Plumbing Inspector Approval 5 <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval			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 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		
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SIZE OF PROPERTY: 9875 ISF		ZONING: 1612						

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		WATER CONSERVATION 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:	
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: A-1 DEPTH TO LIMITING ACTOR: 24		SITE RATIO: SULED 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"/> EXTRALARGE	
PUMPING 1 <input checked="" type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input type="checkbox"/> REQUIRED DOSE: _____ GALS		CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 2 Bedroom 4.50 conservative low volume 4.50 0' BT DESIGN FLOW: 405 (GALLONS/DAY)	
DISPOSAL AREA 1: PE/SIZE 1 <input type="checkbox"/> BED _____ Sq Ft 2 <input checked="" type="checkbox"/> CHAMBER 525' Sq Ft 3 <input type="checkbox"/> TRENCH _____ Linear Ft 4 <input type="checkbox"/> OTHER:			

SITE EVALUATOR STATEMENT

On _____ (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 EVALUATION WAIVED BY LOCAL OPTION

Site Evaluator Signature: _____ SE# _____ Date: _____
 Local Plumbing Inspector Signature # / Local Site Evaluation Waiver under a Local Option: _____

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TOWN COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3825

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND
Street: 5TH PROPOSED STREET
Subdivision Lot #: TAX MAP 85 BLOCK S LOTS 6,11

PROPERTY OWNERS NAME

BOYLE JON
Last: First:

Applicant Name: JON BOYLE

Mailing Address of Owner/Applicant (if Different): 312 A BOLTON DRIVE
BALLWIN MISSOURI 63011

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 Maine Subsurface Wastewater Disposal Rules.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding and 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: *Reference Only* Date Approved: _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED: _____
THE FAILING SYSTEM IS:
1. BED 2. CHAMBER 3. TRENCH 4. OTHER CESSPOOL

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 (+2009 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

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

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER SPECIFY: _____

TYPE OF WATER SUPPLY: WELL

SIZE OF PROPERTY: 9875 SF ZONING: IR2

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 (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

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

3 BEDROOM CONSERVATIVE 450
LOW VOLUME TOILET 45
DESIGN FLOW: 405 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES: PROFILE 4 CONDITION AIII DEPTH TO LASTING FACTOR 24

SIZE RATINGS USED FOR DESIGN PURPOSES:

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE:

- BED _____ Sq. Ft.
- CHAMBER 525 Sq. Ft. REGULAR M-20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT * USED 21 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

On OCTOBER 8, 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.

Signature: *William R. Jacobson* 0003/4814 12/12/88
Site Evaluator or Professional Engineer's Signature SEP/PE# Date

* Local Plumbing Inspector Signature & Local Site Evaluation Waiver Under a Local Order