

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS: _____
 Town or Plantation: DEAKS ISLAND
 Street: _____
 Subdivision Lot #: _____
 PROPERTY OWNERS NAME: _____
 Last: WALLY First: ROBERT
 Applicant Name: LIONEL LA PLANE
 Mailing Address of Owner/Applicant (if different): _____

PORTLAND PERMIT # 705 TOWN COPY
 \$ _____ FEE
 L.P.I. # _____
 Local Plumbing Inspector Signature: [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: _____ 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: [Signature] Date Approved: NOV 2 1984

PERMIT INFORMATION

THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form. 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM: 1. <input 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 2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER	DISPOSAL SYSTEM TO SERVE: 1. <input 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: _____
SIZE OF PROPERTY: _____ ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: _____ GALS	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input 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.) _____
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: _____ CONDITION: _____ DEPTH TO LIMITING FACTOR: _____	SIZE RATINGS USED 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"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Lineal ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: _____ (GALLONS/DAY)

SITE EVALUATOR STATEMENT
 On _____ (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.
 Site Evaluator: _____ Professional Engineer's Signature
 Local Plumbing Inspector Signature & a Local Site Evaluation Waiver under a Local Option: _____
 SE# / PE# _____ Date: _____

TOWN COPY

This Application is For: <input checked="" type="radio"/> New System <input type="radio"/> Replacement Of Entire System <input type="radio"/> Expanded System <input type="radio"/> Assessment Of Disposal Area Only <input type="radio"/> Conversion Permit		Variance: <input type="radio"/> None Required <input type="radio"/> Replacement System Variance With <input type="radio"/> LPI Approval <input type="radio"/> Dept Review <input type="radio"/> New System Variance	
PROPERTY LOCATION Portland-Peaks Island <small>Town, Plantation</small>		Seashore Avenue <small>Street</small>	
PROPERTY OWNER or APPLICANT Robert Hurley		TYPE OF STRUCTURE, DESIGN FLOW <input checked="" type="radio"/> Single Family Dwelling Number of Bedrooms 4 Design Flow 480 GPD Design Flow based on: <input type="radio"/> Minimum <input checked="" type="radio"/> Moderate <input type="radio"/> Conservative <input type="radio"/> Reduction in Design Flow due to Water Conservation If so, specify here (a) _____ <input type="radio"/> Other (b) Attachment _____ Type of Facility _____ (Number of Employees, Seating Capacity, Building Size, etc.) Design Flow _____ GPD If greater than 2000 GPD, Specify Professional Engineer	
Main Address: 335 Washington Street <small>Street</small>		Tax Map: 89 Block F <small>Subdivision Name</small>	
City/State: Glen Ridge, New Jersey		Lot No.: 1A	
Zip Code: 07028		Tel. No.: 201-743 9400	
PROPERTY INFORMATION Area of Property 21416 Sq. Ft. <input type="radio"/> Acres <input checked="" type="radio"/> Zoned <input type="radio"/> Not Zoned If zoned, type of zoning: Residential Property on Water Body, if so, Name of Water Body: Atlantic Ocean Water Supply is: <input checked="" type="radio"/> Public Utility <input type="radio"/> Drilled Well _____ depth _____ <input type="radio"/> Dug Well _____ depth _____ <input type="radio"/> Well Point <input type="radio"/> Spring <input type="radio"/> Surface Water			

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2			
TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED	Observation Hole No. 1 <input checked="" type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring	Observation Hole No. _____ <input type="radio"/> Test Pit <input type="radio"/> Boring
	Organic Strata or (Existing Fill) Top Soil Thickness 2"	Organic Strata or (Existing Fill) Thickness _____	Organic Strata or (Existing Fill) Thickness _____
	1st Original Mineral Soil Strata Lt. Yellow Fine Sandy Loam Depth from 0 to 4 Thickness 4"	1st Original Mineral Soil Strata Depth from _____ to _____ Thickness _____	1st Original Mineral Soil Strata Depth from _____ to _____ Thickness _____
	2nd Red Yellow Fine Sandy Loam Depth from 4 to 11 Thickness 7"	2nd Depth from _____ to _____ Thickness _____	2nd Depth from _____ to _____ Thickness _____
	3rd Very Red Yellow Fine Sandy Loam Depth from 11 to 25 Thickness 14"	3rd Depth from _____ to _____ Thickness _____	3rd Depth from _____ to _____ Thickness _____
	4th _____ Depth from _____ to _____ Thickness _____	4th Depth from _____ to _____ Thickness _____	4th Depth from _____ to _____ Thickness _____
Total Depth of Observation Hole 25"	Total Depth of Observation Hole _____	Total Depth of Observation Hole _____	
Depth from top of ORIGINAL MINERAL SOIL	Maximum Seasonal High Ground <input type="radio"/> None evident <input checked="" type="radio"/> Evident Water Table Depth 22"	Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Evident Water Table Depth _____	Maximum Seasonal High Ground <input type="radio"/> None evident <input type="radio"/> Evident Water Table Depth _____
Depth to Restrictive Layer <input checked="" type="radio"/> None evident <input type="radio"/> Evident	Depth to Restrictive Layer <input type="radio"/> None evident <input type="radio"/> Evident	Depth to Restrictive Layer <input type="radio"/> None evident <input type="radio"/> Evident	
Depth to Bedrock <input type="radio"/> None evident <input checked="" type="radio"/> Evident 25"	Depth to Bedrock <input type="radio"/> None evident <input type="radio"/> Evident _____	Depth to Bedrock <input type="radio"/> None evident <input type="radio"/> Evident _____	
PROFILE	CONDITION	SLOPE	PROFILE
2	A III	1%	9%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2			
TYPE OF SYSTEM <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system, type of black waste disposal system to be used: <input type="radio"/> Compost <input type="radio"/> Pit Privy <input type="radio"/> Sealed Vault Privy <input type="radio"/> Other _____ Specify: _____ <input type="radio"/> Separated Laundry System <input type="radio"/> Primitive System <input type="radio"/> Holding Tank	TREATMENT TANK <input checked="" type="radio"/> Septic Tank <input type="radio"/> Aerobic Tank Size 1000 Gal. DOSAGE <input checked="" type="radio"/> Pumping is not required <input type="radio"/> Pumping is required The dose should be _____ Gal. Dose chamber capacity shall be _____ gal. <input checked="" type="radio"/> System should be vented	SUBSURFACE DISPOSAL AREA TYPE <input type="radio"/> Trench Disposal Area Total linear feet of trench _____ ft. Number of Trench lines _____ ft. Length of each trench line _____ ft. Depth of Stone _____ inches Reduction on trench length due to stone depth _____ % <input checked="" type="radio"/> Chd Disposal Area Total bed area 1600 sq. ft. Number of beds _____ Width 20 ft. Length 80 ft. <input type="radio"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of clusters _____ Width _____ ft. Length _____ ft. <input type="radio"/> If 20 required	SYSTEM SIZE RATING <input type="radio"/> Small <input type="radio"/> Medium <input checked="" type="radio"/> Medium Large <input type="radio"/> Large <input type="radio"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upslope Fill required _____ 20 _____ inches Depth of Downslope Fill required _____ 31 _____ inches Reference Elevation Point established at 25.00 Elevation Disposal Area Bottom to be established at 25.40 Elevation Top of Distribution Lines or Top of Chambers 26.48 Elevation <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs. <input checked="" type="radio"/> Yes <input type="radio"/> No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.
FOR USE BY SITE EVALUATOR On 9-13-80 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend if a proposed disposal system layout and location shown on page 2. FOR USE BY OWNER/APPLICANT I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is void for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of my advice or approval given.			Signature of Site Evaluator William B. Goodwin Date signed SEP 25 1980 Site Evaluator License Number 00003
FOR USE BY LPI <input type="radio"/> This Application is Denied due to <input type="radio"/> System is not in accordance with Rules. <input type="radio"/> Application is incomplete. <input type="radio"/> Application is unclear. <input type="radio"/> Development is in violation of other Regulations. Specify _____			Signature of LPI _____ Date _____ PERMIT NO. [] [] [] [] [] [] Date Issued _____ / _____ / 1980

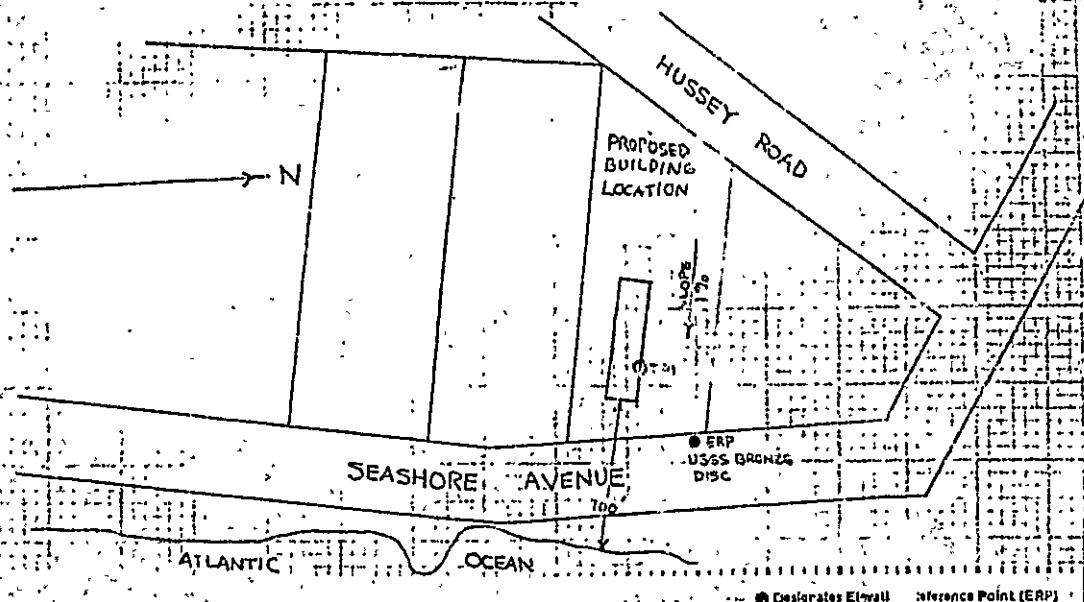
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

Page 2 of 3

PROPERTY LOCATION Portland-Peaks Island (Town, Plantation)	Seashore Ave. (Street Road)	Tax Map 89, Block F	Lot 14
PROPERTY OWNER or APPLICANT Robert Hurley	DISPOSAL AREA ELEVATION Depth of Topsoil Fill required 20 inches. Depth of Downpipe Fill required 31 inches.	Reference Elevation From a Station 2 of 25.00 Elevation. Disposal Area Bottoms to be installed at 25.40 Elevation. Top of Disposal Area to be installed at 26.48 Elevation.	

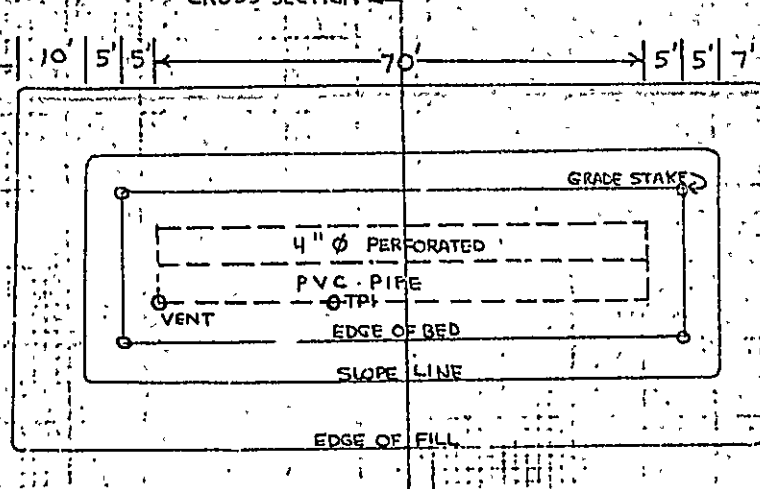
Site Plan

Scale 1" = 100 ft.



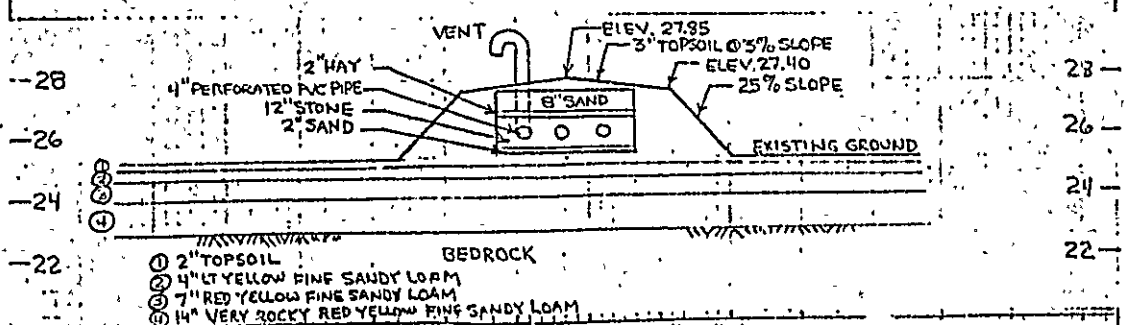
Subsurface Wastewater Disposal Plan

Scale 1" = 20' Drawn by N.V. Twadde



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 5'
Horizontal: 1" = 20'



Engineer's Signature: *William B. Goodwin* Date: **SEP 25 1980** License Number: **00003**

City of Portland, Maine - Building or Use Permit Application 389 Congress Street, 04101, Tel: (207) 874-8703, FAX: 874-8716

Location of Construction: 640 Seashore Ave, Peaks Isl.		Owner: Hurley, Mary & Robert		Phone:
Contractor Name: McTigue Construction		Leases/Buyer's Name:		Business Name:
Past Use: 1-fam		Address: 97 Brackett Ave Peaks Isl, ME C4108		Phone: 766-2676
Proposed Project Description: Construct 2nd story addition - not to exceed existing height		Proposed Use: Same w/addition		COST OF WORK: \$ 15,000.00
				PERMIT FEE: \$ 95.00
		FIRE DEPT. <input type="checkbox"/> Approved <input type="checkbox"/> Denied		INSPECTION: Inspection Group: 33 Type: 5B BOCA 96 Signature: <i>[Signature]</i>
		Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.)		
Permit Taken By: Mary Gresik		Date Applied For: 20 November - 1996		

Permit No: 961159
PERMIT ISSUED
Permit Issued:
NOV 26 1996
CITY OF PORTLAND

Zone: *ER-1* CBL: 089-N-014
Zoning Approval:
012-3 11/25/96
Special Zone or Review:
 Shoreland *but all 315' away*
 Wetland *75' from high water*
 Flood Zone *200' from 315'*
 Subdivision
 Site Plan major minor minor

Zoning Appeal
 Variance
 Miscellaneous
 Conditional Use
 Interpretation
 Approved
 Denied

Historic Preservation
 Not in District or Landmark
 Does Not Require Review
 Requires Review

Action:
 Approved
 Approved with Conditions
 Denied

Date: *11/20/96*

[Signature]

CITY DISTRICT *6*

1. This permit application doesn't preclude the Applicant(s) from meeting applicable State and Federal rules.
2. Building permits do not include plumbing, septic or electrical work.
3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work.

Debris to be hauled by P/U

CERTIFICATION
I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provisions of the code(s) applicable to such permit

SIGNATURE OF APPLICANT: *[Signature]* Bob McTigue ADDRESS: 20 November 1996 DATE: PHONE:

RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE: PHONE:

White-Permit Desk Green-Assessor's Canary-D.P.W. Pink-Public File Ivory Card-Inspector

[Signature]
M. LEAVY