

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town or Plantation: Portland-Boothbay Island
 Street: 89-4-16th Avenue Road, Rd
 Subdivision Lot #: 89-4-16th Avenue Road, Rd

PROPERTY OWNER'S NAME

Last: Cary First: Robert
 Applicant Name: Robert Cary
 Mailing Address of Owner/Applicant (if different): 64 Magnolia Terrace, Boothbay Harbor, ME 04515

0202 PORTLAND *** 05170 **

Date Permit Issued: 3/31/83 FEE: 4.00
 L.P.I. #: 1123 Double Charge

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: Robert Cary Date: 3/31/83

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Act.

Local Plumbing Inspector Signature: [Signature] Date Approved: MAY 29 1984

PERMIT INFORMATION

| | | |
|--|--|--|
| <p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" 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</p> | <p>THIS APPLICATION REQUIRES:</p> <p>1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p> | <p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>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</p> |
| <p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED: _____ THE FAILING COMPONENTS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p> | <p>DISPOSAL SYSTEM TO SERVE:</p> <p>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 _____</p> | <p>TYPE OF WATER SUPPLY <u>Public Water Available</u></p> |
| <p>SIZE OF PROPERTY: <u>91,792 SF</u> ZONING: <u>R-3</u></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 2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p> | <p>WATER CONSERVATION</p> <p>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</p> <p>SPECIFY _____</p> | <p>PUMPING</p> <p>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</p> <p>DOSE: _____ GALS</p> | <p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>2 Bedroom</u></p> |
| <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>H</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>46"</u></p> | <p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE</p> | <p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED <u>8-00</u> Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER _____</p> | <p>DESIGN FLOW <u>300</u> GALLONS/DAY</p> |

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On 3/12/83 (date) I conducted a site evaluation for this project and certify that the data reported is accurate system proposal in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator or Professional Engineer's Signature: [Signature] SE # / PE # 0003/9814 Date: 3/11/83

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

TOWN COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

| | | |
|--|---|--|
| PROPERTY ADDRESS | | <p>Caution: Permit Required</p> <p>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.</p> |
| Town Or Plantation | PORTLAND - PEAKS ISLAND | |
| Street Subdivision Lot # | TAX MAP 69 BLOCK H LOT 6 | |
| PROPERTY OWNERS NAME | | |
| CARY ROBERT | | |
| Last: | First: | <p>Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> |
| Applicant Name: | | |
| ROBERT CARY | | |
| Mailing Address of Owner/Applicant (if different) | 64 MAGNOLIA TERRACE SPRINGFIELD MASS 01108 | |
| Owner/Applicant Statement | | |
| <p>I certify that the information submitted is correct to the best of my knowledge and understanding. I have no justification or reason for the Local Plumbing Inspector to deny the permit.</p> | | <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> |
| <p>Signature of Owner/Applicant: <u>Robert Cary</u> Date: <u>8/12/83</u></p> | | <p>Local Plumbing Inspector Signature: _____ Date Applied: _____</p> |

| | | |
|--|---|--|
| 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>PUBLIC WATER IF AVAILABLE</p> |
| <p>SIZE OF PROPERTY: _____ SQ FT</p> <p>26,792 SF</p> | <p>ZONING: _____</p> <p>R-3</p> | |

| | | | |
|--|---|---|---|
| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
| <p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> 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 SLATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM CONSERVATIVE NO LAUNDRY NO DISPOSAL NO DISHWASHER</p> <p>DESIGN FLOW: <u>300</u> (CALCULATED)</p> |
| <p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>4</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>40</u></p> | <p>SIZINGS 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"/> EXTRALARGE</p> | <p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input checked="" type="checkbox"/> BED <u>800</u> Sq Ft</p> <p>2. <input type="checkbox"/> CHAMBER _____ 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> | |

SITE EVALUATOR STATEMENT SITE EVALUATION WAIVED BY LOCAL OPTION

On 8/12/83 (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.

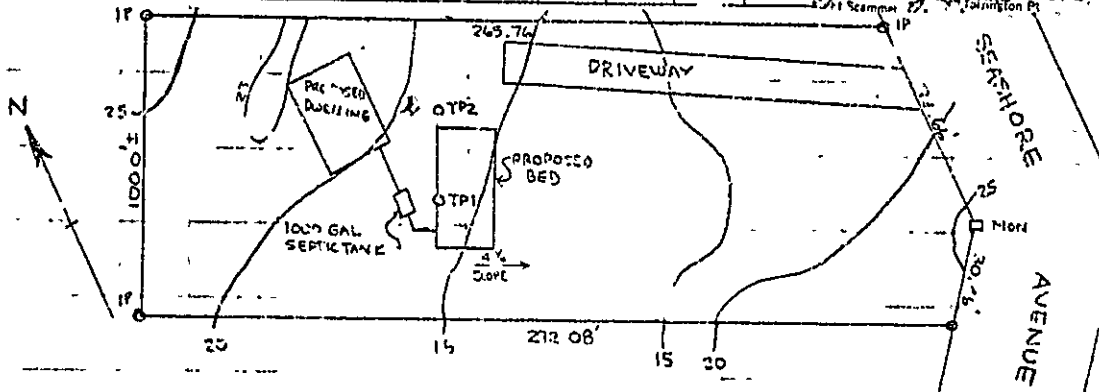
William B. Jordan 0002/4814 8/11/83
 Site Evaluator or Professional Engineer's Signature SE# Date

Page 1 of 7

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

| | | | | | |
|--|--|--|--|------------------------------------|--|
| Town, City, Plantation PORTLAND PEAKS ISLAND | | Street, Road, Subdivision TAX MAP 87 BLOCK H LOT 6 | | Owner's Name ROBERT CARY | |
| SITE PLAN Scale 1" = 20' Ft. | | | | SITE LOCATION PLAN (ALSO) | |



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

| Observation Hole 1 | | | | Observation Hole 2 | | | |
|---|-------------------|-------------|----------|---|-------------|---------------------|----------|
| 3' FOREST FEET | | | | 3' FOREST FEET | | | |
| Depth of Organic Horizon Above Mineral Soil | | | | Depth of Organic Horizon Above Mineral Soil | | | |
| Texture | Consistency | Color | Mottling | Texture | Consistency | Color | Mottling |
| GRAVELLY LOAM | LOOSE | BROWN | | GRAVELLY LOAM | LOOSE | DARK REDDISH BROWN | |
| GRAVEL | VERY LOOSE | RED BROWN | NONE | GRAVEL | VERY LOOSE | LIGHT REDDISH BROWN | |
| SANDY SILTY GRAVEL | SLIGHTLY CEMENTED | YELLOW GRAY | FEW | SANDY GRAVEL | LOOSE | YELLOW BROWN | NONE |
| | | | MANY | SILTY SAND | FRAGILE | GRAY | |
| | | | | GRAVEL | LOOSE | YELLOW GRAY | FEW |

| | | | | |
|--------------|-------------------|-----------|---------------------|--|
| Soil Type: 4 | Classification: C | Slope: 4% | Limiting Factor: 40 | Groundwater: <input checked="" type="checkbox"/> Present |
| Soil Type: 4 | Classification: C | Slope: 4% | Limiting Factor: 40 | Groundwater: <input checked="" type="checkbox"/> Present |

TOTAL DEPTH 50'
 2 William B. Dorelman
 SITE EVALUATOR (P.E.) PROFESSIONAL ENGINEER'S SIGNATURE
 0003/4814
 3/11/82
 Page 2 of 3

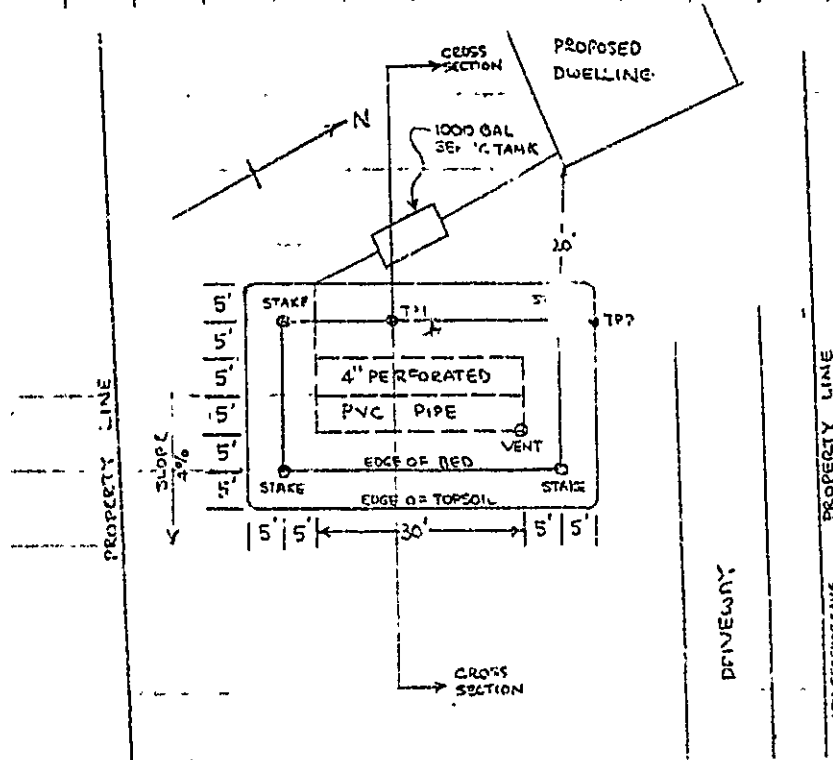
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND - PEAKS ISLAND TAX MAP B7 BLOCK H LOT 6** Street, Road, or Address: **EDMUNDSON** Owners Name: **ROBERT CARY**

SUBSURFACE WASTEWATER DISPOSAL PLAN

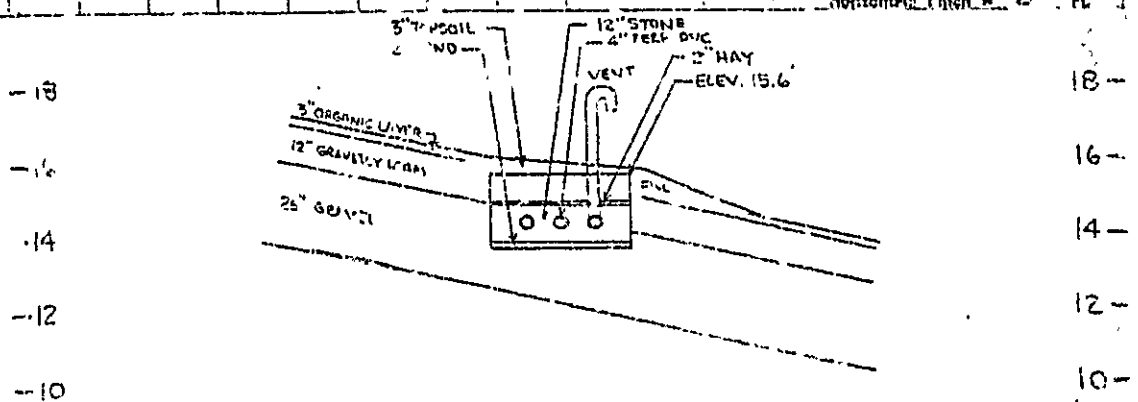
Scale 1" = 20' PL



| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION | |
|---------------------------|---|---------------------------------------|------|---|--|
| Depth of Fill (Upslope) | 0 | Reference Elevation is | 25.0 | COPPER BOLT IN STREETLINE MONUMENT - ASSUMED ELEVATION 25.0 | |
| Depth of Fill (Downslope) | 4 | Bottom of Disposal Area | 13.6 | | |
| | | Top of Distribution Lines or Chambers | 14.7 | | |

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' PL
Horizontal: 1 inch = 20' PL



William B. Goodwin
DATE EVALUATOR'S OR PROFESSIONAL ENGINEER SIGNATURE

0002/4014
OF 11/18

01/11/83
DATE

Page 3 of 3