

CAKLAWN AVENUE
90-J-1

PEAKS ISLAND

Sprint

No. 153C

HARTINGE, MN
LOS ANGELES-CHICAGO-LOS AN, OH
MCGREGOR, TX-LOCUST GROVE, GA
U.S.A.

CERTIFICATE OF APPROVAL

FOR WASTEWATER DISPOSAL FOR THE TOWN/CITY OF Portland

Town/City Code 05170 LPI Number 00123 Date Issued 11/13/80 Certificate of App. Number 3702 EC

Installer's Name PLANTEA Last Name F.I. M.I.

Owner Sher Pl. Ct.

Address Rockwood Rd Maine
Location where system was installed and inspected

Installer Code: 1 Owner, 2 Bulker, 3 Installer, 4 Developer, 5 Realtor, 6 Other

THE SUBSURFACE WASTEWATER DISPOSAL SYSTEM OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE WASTEWATER DISPOSAL RULES AND THE HHE-200 FORM PERFORMED BY

3 ON 11/13/80
(Site Evaluator Number) (Month/Day/Year)

TOWN'S COPY

Signature of LPI _____
Date Inspected _____

SUBSURFACE WASTEWATER DISPOSAL PERMIT FOR THE TOWN/CITY OF Portland

Town/City Code 05170 LPI Number 00123 Date Issued 11/13/80 Evaluator Number 010203 PERMIT NUMBER 31062 EP

Address of System's Location 90-T-1 OAKLANDWAY AVE Issue Code: 1 Owner, 2 Bulker, 3 Installer, 4 Developer, 5 Realtor, 6 Other

Name of Owner FELTON Last Name F.I. M.I. Mailing Address Zip Code

Permit Issuance	1. No Variance Required	2. Replacement Variance	3. New System Variance	4. Local Site Evaluation Waiver Option	<input type="checkbox"/>	
Type of System	1. New	2. Replacement	3. Expansion	4. Experimental	5. Engineered	
Replacement or Malfunction	If system is being replaced or is a malfunction, enter year of original system installation					
System to Serve	1. Single (Res)	2. Multi-Fam (Res)	3. Mobile Home	4. Commercial	5. School	6. Other (Specify)
Complete System	1. Bed	2. Chamber	3. Special System (Includes one waterless toilet)	4. Other (Specify)	5. Trench	
Treatment Tank ONLY	1. Septic	2. Aerobic	3. Holding			
Disposal Area ONLY	1. Bed	2. Chamber	3. Laundry Waste	4. Other (Specify)		
Waterless Toilets	1. Pit Privy	2. Vault Privy	3. Compost Toilet	4. Other (Specify) (\$10 each)		

TOWN'S COPY

LPI to Insert Profile Soil Conditions Total Fee 40.00

IMPORTANT: Note the following conditions
1. This Permit is non-transferable to another person or party.
2. If construction has not started within 6 months from the Date of Issue, this Permit becomes invalid.

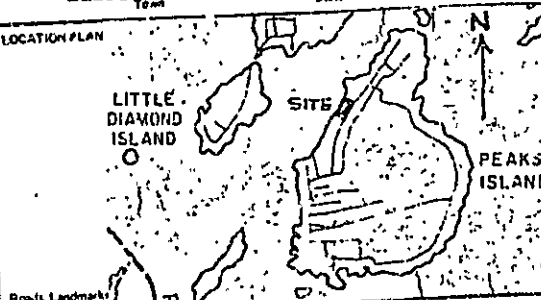
If Double Fee Check Box

Signature of LPI _____

Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT
This is NOT A Permit; This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

HHE-200
Page 1 of 2

This Application is For <input checked="" type="checkbox"/> New System <input type="checkbox"/> Replacement Of Entire System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement Of Disposal Area Only <input type="checkbox"/> Conversion Permit		Variance <input checked="" type="checkbox"/> None Requested <input type="checkbox"/> Reclamation System Variance With <input type="checkbox"/> DEP Approval <input type="checkbox"/> Dept. Review <input type="checkbox"/> New System Variance	
PROPERTY LOCATION Portland-Peaks Island Town, Plantation	Island Ave. @ Oaklawn Rd Street, Road	Tax Map 90 Block J Subdivision Name	1 Lot No.
PROPERTY OWNER or APPLICANT Sherman L. Pelton		TYPE OF STRUCTURE, DESIGN FLOW <input checked="" type="checkbox"/> Single Family Dwelling Number of Bedrooms 2 Design Flow 300 GPD Design Flow based on <input type="checkbox"/> Minimum <input type="checkbox"/> Master's <input checked="" type="checkbox"/> Consumption <input type="checkbox"/> Reduction in Design Flow due to Water Conservation If so, specify type (s)	
Mailing Address 8 Fore Road Street	207-439-4471 Tel No.	<input type="checkbox"/> Other Establishment - Specify _____ Type of Facility _____ (Number of Employees, Seating Capacity, Working Site, etc.) Design Flow _____ GPD If greater than 2000 GPD, Specify Professional Engineer	
Eliot Town	Maine State	03903 Zip Code	
LOCATION PLAN 		PROPERTY INFORMATION Area of Property 39,210 Sq. Ft. Acres <input type="checkbox"/> Zoned <input type="checkbox"/> Not Zoned If zoned, type of zoning Residential Property on Water Body, If so, Name of Water Body _____ Water Supply Is: <input checked="" type="checkbox"/> Public Utility <input type="checkbox"/> Drilled Well _____ depth <input type="checkbox"/> Dug Well _____ depth <input type="checkbox"/> Well Point <input type="checkbox"/> Spring <input type="checkbox"/> Surface Water	

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2			
TEXTURAL DESCRIPTION OF EACH SOIL STRATS ENCOUNTERED	Observation Hole No. 1 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole No. 2 <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Coring	Observation Hole No. 3 <input type="checkbox"/> Test Pit <input type="checkbox"/> Coring
	Organic Strata or (Existing Fill) Topsoil Thickness _____	Organic Strata or (Existing Fill) Topsoil Thickness 4	Organic Strata or (Existing Fill) Thickness _____
	1st Original Mineral Soil Strata Brown Sandy Loam Depth from 0 to 6" Thickness 6	1st Original Mineral Soil Strata Brown Sandy Loam Depth from 0 to 6" Thickness 6	1st Original Mineral Soil Strata _____ Depth from _____ to _____ Thickness _____
	2nd Red Yellow Fine Sandy Gravel Depth from 6 to 22" Thickness 16	2nd Red Yellow Fine Sandy Gravel Depth from 6 to 21" Thickness 15	2nd _____ Depth from _____ to _____ Thickness _____
	3rd Yellow Fine Sandy Gravel Depth from 22 to 33" Thickness 11	3rd Gray Yellow Clayey Gravel Depth from 21 to 36" Thickness 15	3rd _____ Depth from _____ to _____ Thickness _____
	4th Gray Yellow Clayey Gravel Depth from 33 to 44" Thickness 10	4th Gray Clay Depth from 36 to 41" Thickness 5	4th _____ Depth from _____ to _____ Thickness _____
Total Depth of Observation Hole 53	Total Depth of Observation Hole 41	Total Depth of Observation Hole _____	
Maximum Seasonal High Ground <input type="checkbox"/> None evident <input checked="" type="checkbox"/> Water Table Depth 43	Maximum Seasonal High Ground <input type="checkbox"/> None evident <input checked="" type="checkbox"/> Water Table Depth 36	Maximum Seasonal High Ground <input type="checkbox"/> None evident <input type="checkbox"/> Water Table Depth _____	
Depth to Restrictive Layer <input checked="" type="checkbox"/> None evident 43	Depth to Restrictive Layer <input type="checkbox"/> None evident 16	Depth to Restrictive Layer <input type="checkbox"/> None evident _____	
Depth to Unconsolidated Soil <input checked="" type="checkbox"/> None evident	Depth to Unconsolidated Soil <input type="checkbox"/> None evident	Depth to Unconsolidated Soil <input type="checkbox"/> None evident _____	
PROFILE CONDITION SLOPE 7 B 4%	PROFILE CONDITION SLOPE 7 C 4%	PROFILE CONDITION SLOPE _____ _____ _____	

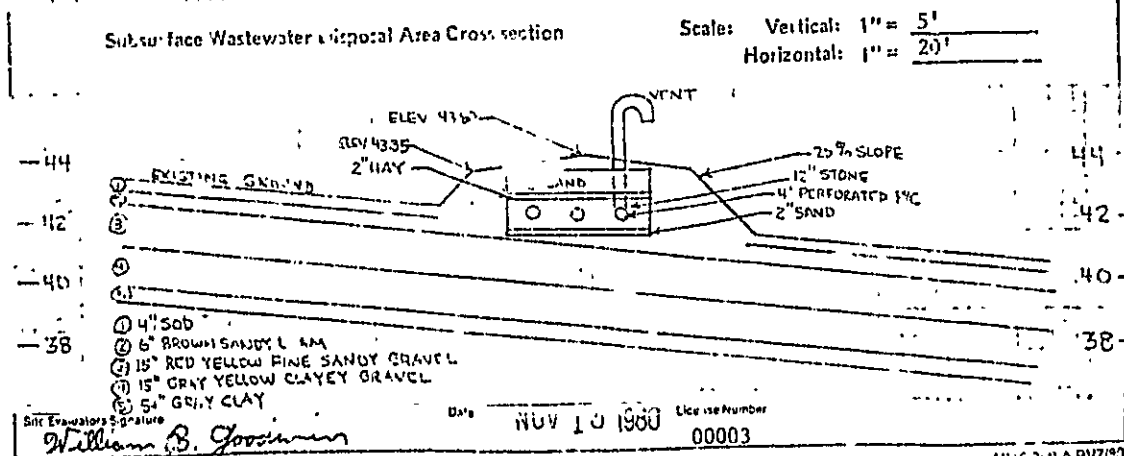
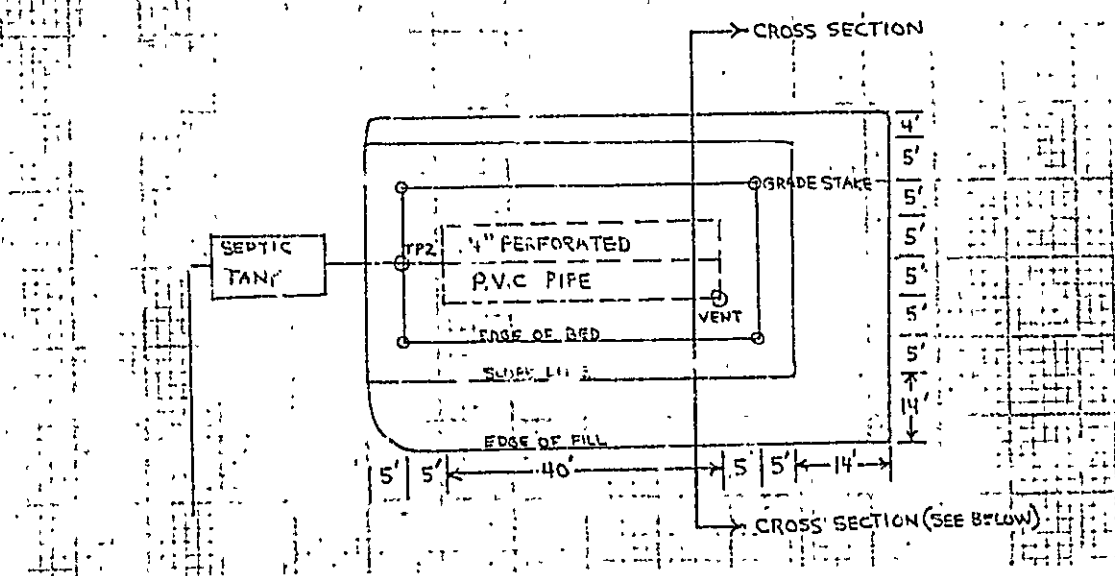
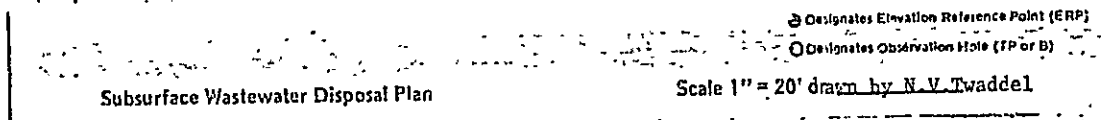
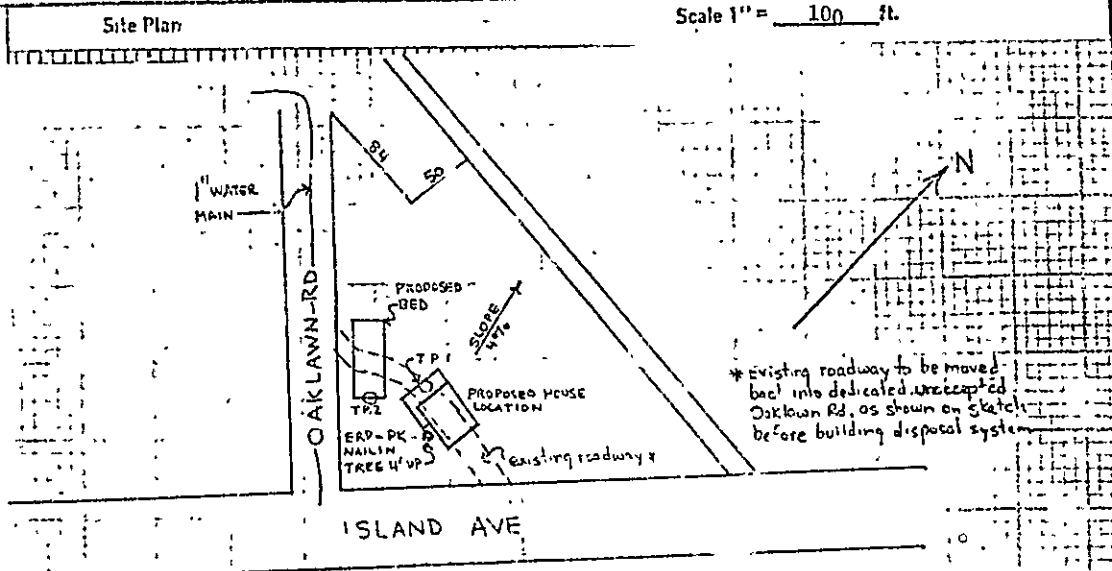
DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2			
TYPE OF SYSTEM <input checked="" type="checkbox"/> Combined System <input type="checkbox"/> Separated System If separated system, type of (s) waste disposal system to be used <input type="checkbox"/> Composting <input type="checkbox"/> Pit Privy <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Other _____ If used Laundry System (the System) _____	TREATMENT TANK <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Aerobic Tank Size 750 Gall. DOSAGE <input type="checkbox"/> Pumping is not required <input type="checkbox"/> Pumping is required The dose should be _____ Gall. Dosage chamber capacity shall be _____ Gall. <input checked="" type="checkbox"/> System should be vented	SUBSURFACE DISPOSAL AREA TYPE <input type="checkbox"/> 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="checkbox"/> Bed Disposal Area Total bed area 10.0 sq. ft. Number of beds 1 Width 20 ft. Length 50 ft. <input type="checkbox"/> Chamber Disposal Area Total chamber area _____ sq. ft. Number of chambers _____ Width _____ ft. Length _____ ft. <input type="checkbox"/> If 20 required	SYSTEM SIZE RATING <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large DISPOSAL AREA ELEVATION Depth of Upslope Fill required _____ inches Depth of Downslope Fill required 24 inches Reference Elevation Point established at 50.00 Elevation Disposal Area Bottom to be established at 41.70 Elevation Top of Distribution Lines or Top of Chambers 42.78 Elevation <input type="checkbox"/> Yes <input type="checkbox"/> 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="checkbox"/> Yes <input type="checkbox"/> 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 the proposed disposal system layout and location shown on page 2.	Signature of Site Evaluator William E. Jenkins Date signed NOV 13, 1980	Evaluator License Number 00003
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 valid for six (6) months period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.	Signature of Owner/Applicant Sherman L. Pelton Date Signed 11/20/80	PERMIT NO. 85791911
FOR USE BY LPI This Application is approved, if conditions, specify <input type="checkbox"/> This Application is Denied due to <input type="checkbox"/> System is not in accordance with Rules <input type="checkbox"/> Application is incomplete <input type="checkbox"/> Application is unclear <input type="checkbox"/> Develop one is in violation of other regulations. Specify _____	Date 4/27/81	Forwarded 1/18

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

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PROPERTY LOCATION Portland-Peaks Island	Island Ave. @ Oaklawn Rd.	Tax Map 80 Block J	Lot No. 1
PROPERTY OWNER / APPLICANT Sherman L. Pelton	DISPOSAL AREA ELEVATION Depth of Underflow Fill required: 0 inches Depth of Underflow Fill required: 24 inches	Reference Elevation Point established at: 30.00 Elevation Disposal Area Bottom to be established at: 41.70 Elevation Top of Distribution Lines or Top of Chamber: 42.78 Elevation	



HP-20-A RV7/80