

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3823

PROPERTY ADDRESS
Town Or Plantation: Portland
Street: _____
Subdivision Lot #: 90-0-23113

PROPERTY OWNER'S NAME
Last: Neal First: James
Applicant Name: James Neal
Mailing Address of Owner/Applicant (if different): Island Ave. Portland, Me.

PORTLAND PERMIT # 472 TOWN COPY

Date: 5/31/84 \$ 410 FFE
Local Plumbing Inspector Signature: [Signature] License # 123

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: [Signature] Date: 5/31/84

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: JUN 18 1984

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> SEASONAL CONVERSION <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NO RULE VARIANCE REQUIRED <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <input type="checkbox"/> Requires only Local Plumbing Inspector Approval <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval 	<p>INSTALLATION IS COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PERMITIVE SYSTEM (includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ON-LY) <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED: <u>1910</u> THE FAILING SYSTEM IS: <input type="checkbox"/> BED <input type="checkbox"/> TRENCH <input checked="" type="checkbox"/> CHANGER <input type="checkbox"/> OTHER <u>See notes</u></p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>TYPE OF WATER SUPPLY <u>Public</u></p>
<p>SIZE OF PROPERTY <u>16,148 sq ft</u> <u>77,000 sq ft</u> <u>R-3</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: <u>1000</u> GALS</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND EVALUATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedr. moderate 360</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>A</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>34</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRALARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <u>1000</u> Sq Ft <input type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 <input type="checkbox"/> TRENCH _____ Linear Ft <input type="checkbox"/> OTHER _____ 	

DESIGN FLOW (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 5/27/84 (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 or Professional Engineer's Signature: [Signature] SE # 7761 Date: 5/27/84

* Local Plumbing Inspector Signature & a Local Site Evaluation Waiver is a Local Option

TOWN COPY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: **PORTLAND PEAKS ISLAND**

Street: **TAX MAP 90-Q-2,3,11,13**

Subdivision Lot #

PROPERTY OWNERS NAME

Last: **NEAL** First: **JAMES**

Applicant Name: **JAMES NEAL**

Mailing Address of Owner/Applicant (if different): **PLEASANT AVENUE PEAKS ISLAND, MAINE 04103**

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 is accurate in all respects. I 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 _____ 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: **1910**

TYPE FAILING SYSTEMS:

- BED
- CHAMBER
- TRENCH
- OTHER: **CESSPOOL**

SIZE OF PROPERTY **ZONING**

16,148 S.F. **R-3 RESIDENTIAL**

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

DISPOSAL SYSTEM TO SERVE:

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

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilets)
- ENGINEERED (+200 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

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

TYPE OF WATER SUPPLY

PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: **1000** GALS

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATE LAUNDRY SYSTEM
- ALTERNATIVE TOILET

EFFICIENCY: _____

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 FEEDS, ETC.)

3 BEDROOM MODERATE

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **4** CONDITION: **C**

DEPTH TO UNSATURATED ZONE: **34**

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED: **1000** Sq Ft
- CHAMBER _____ Sq Ft
- TRENCH _____ Linear Ft
- OTHER: _____

DESIGN FLOW: **360** (GALLONS/DAY)

SITE EVALUATION STATEMENT

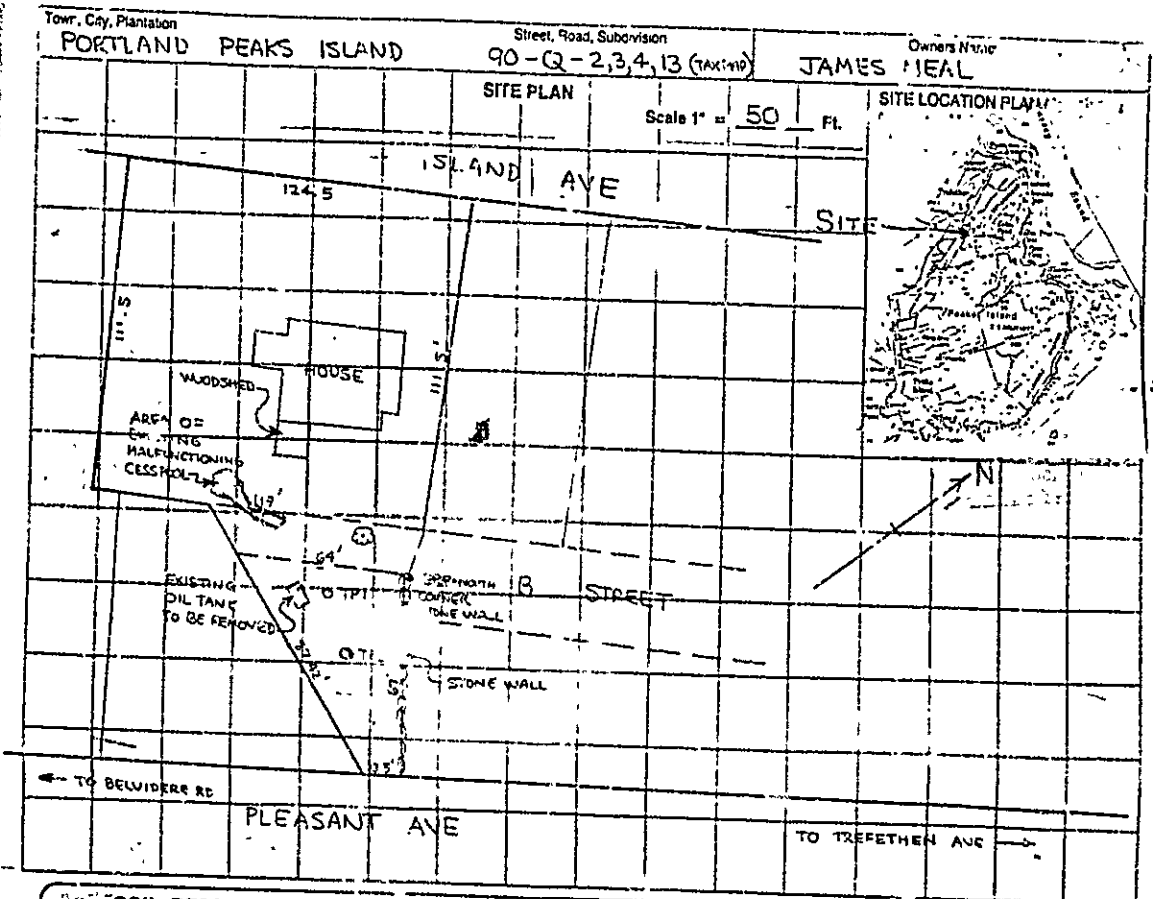
On **MAY 7, 1974** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

William B. ... **0003/4814** **5/11/84**

Site Evaluator or Professional Engineer's Signature SE # / PE # Date

* Local Plumbing Inspector Signature # if Local Site Evaluation Waiver under a Local Order

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

Observation Hole 3" SOB				Observation Hole 2			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
SANDY LOAM		DARK BROWN		SANDY LOAM		DARK BROWN	
		YELLOW BROWN					
			NONE				
SANDY GRAVEL	LOOSE	RED BROWN		GRAVEL		RED BROWN	
					LOOSE		NONE
SILTY GRAVEL	MODERATELY FRAGILE	GRAY BROWN	FEW	SANDY GRAVEL		YELLOW BROWN	
				SILTY GRAVEL	MOD FRAGILE	GRAY BROWN	FEW

Soil 4	Classification C	Slope 1%	Limiting Factor 34	<input checked="" type="checkbox"/> Ground Water
Probe	Carbon			<input type="checkbox"/> Perched Layer
				<input type="checkbox"/> Surface

Soil 4	Classification C	Slope 1%	Limiting Factor 37	<input checked="" type="checkbox"/> Ground Water
Probe	Carbon			<input type="checkbox"/> Perched Layer
				<input type="checkbox"/> Surface

William B. Parker 0003/4814 5/11/84 Page 2 of 3
 Site Evaluator or Professional Engineer's Signature Date RHE 200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Street, Road Subdivision

Division of Health Engineering

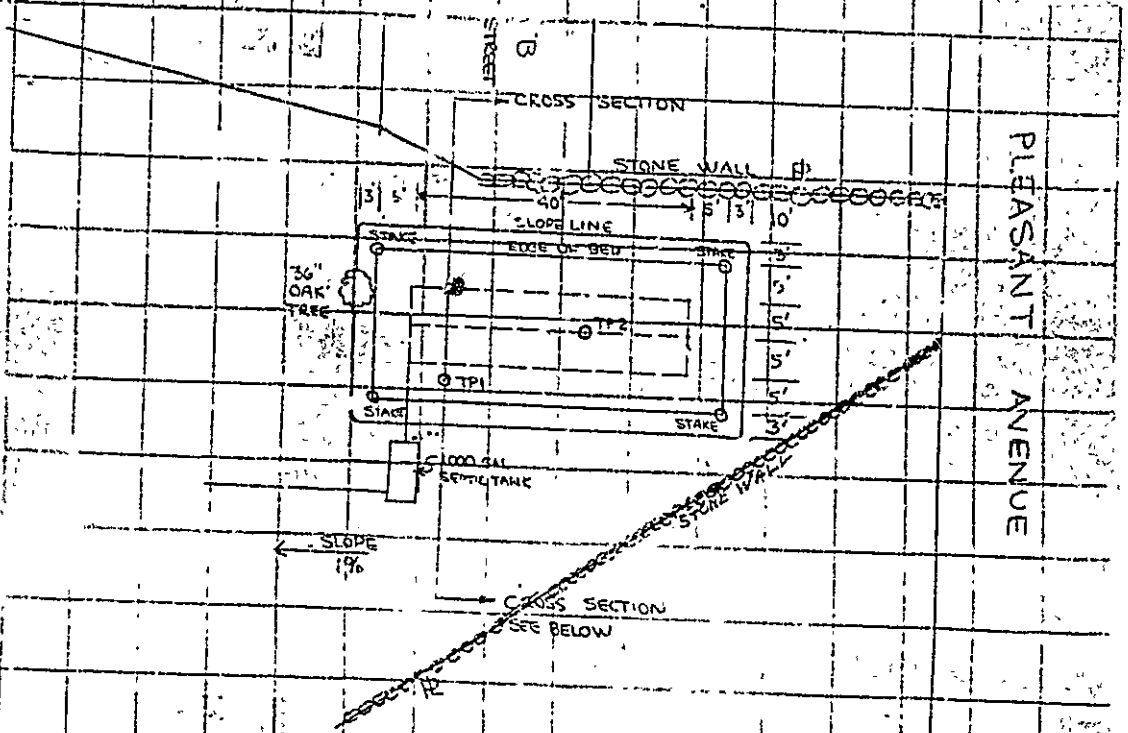
PORTLAND PEAKS ISLAND

TAX MAP 90-Q-2,3,4,13

Owner's Name
JAMES NEAL

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' F.



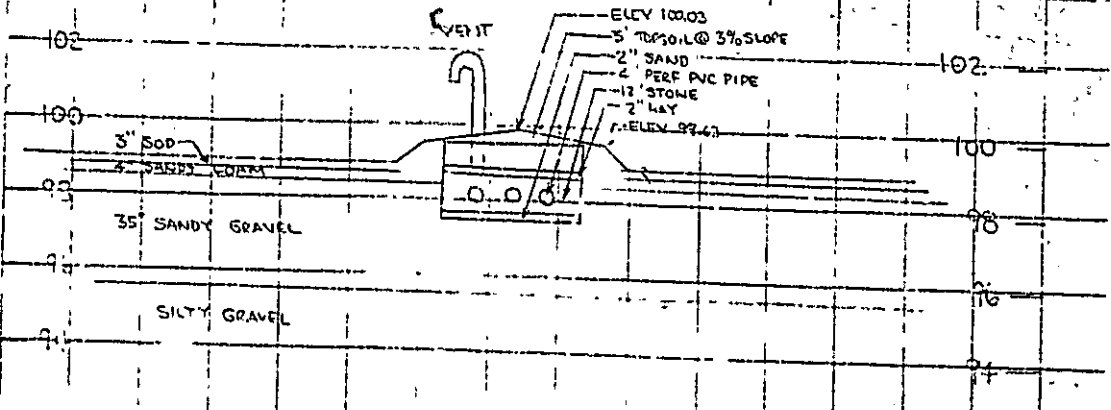
FILL REQUIREMENTS	
Depth of Fill (Upslope)	0'
Depth of Fill (Downslope)	6'

CONSTRUCTION ELEVATIONS	
Reference Elevation is	100.00
Bottom of Disposal Area	97.63
Top of Distribution Lines or Chambers	98.71

ELEVATION REFERENCE POINT
LOCATION & DESCRIPTION
NORTHERLY CORNER AT
END OF STONE WALL

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4' F.
Horizontal: 1 inch = 20' F.



[Signature]
City of Professional Engineer's Signature

0003/4814
SE #/PE #

5/11/68

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APPLICATION FOR PERMIT

B.O.C.A. SE GROUP

B.O.C.A. TYPE OF CONSTRUCTION

ZONING LOCATION

PORTLAND, MAINE

SE 4 1981

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

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or improve the following building, structure, equipment or change in accordance with the Law, c. 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: Laurin Jean Wilcox, French Ridge, Bucks Island, Maine
2. Lessee's name and address
3. Contractor's name and address: C&M

Proposed use of building: single fam. & living
Material: No stories, Heat, Style of roof, Roofing
Estimated contractual cost: \$1,000.00

FIELD INSPECTOR—Mr. @ 775-5451
Apper. Fees \$
Base Fee
Late Fee
TOTAL \$ 18.00

1/2 acre single family, 24' x 30', from lot 90-4-8 to 10-17-6, 5 (B). Within the next two weeks, locate here, Bucks Island, as per plot plan.

USE: HOME TO #1

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Permit 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, on 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 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

How cars or vehicles to be accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing or done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: BUILDING INSPECTION—PLAN EXAMINER
ZONING
BUILDING CODE
Fire Dept.
Health Dept.
MISCELLANEOUS
Will work require disturbing of any on a public street?
Will the in charge of the above work be on competent to meet the Standard City requirements pertaining thereto are observed?

Signature of Applicant: Laurin Jean Wilcox
True Name of above

FIELD INSPECTOR COPY APPLICANT'S COPY OFFICE FILE COPY