

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering
(207) 289-3626

PROPERTY ADDRESS	
Town or Plantation	PORTLAND PEAKS ISLAND
Street	SARGANT ROAD D LOT 1,2
Subdivision Lot #	TAX MAP 91 BLOCK E LOT 31 (PT.)
PROPERTY OWNERS NAME	
CASEY	EDWARD
Last	First
Applicant Name:	EDWARD CASEY
Mailing Address of Owner/Applicant (if Different)	ISLAND AVE PEAKS ISLAND, MAINE 04108

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 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

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> 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>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> 1. <input checked="" 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 	<p>INSTALLATION IS COMPLETE SYSTEM</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) <p>NECESSARY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> 4. <input type="checkbox"/> SEWAGE TANK (ONLY) 5. <input type="checkbox"/> SEWAGE 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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> 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 _____ 	<p>TYPE OF WATER SUPPLY</p> <p>PUBLIC WATER</p>
<p>SIZE OF PROPERTY _____</p> <p>30,600±SF</p>	<p>ZONING _____</p> <p>IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED <p>DOSE: 15 GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>SEASONAL COTTAGE</p> <p>> BEDROOM</p> <p>MODERATE</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td>4</td> <td>C</td> </tr> </table> <p>DEPTH TO LIMITING FACT: 22</p>	PROFILE	CONDITION	4	C	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> 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 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> BED 700 Sq. Ft. 2. <input 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>DESIGN FLOW: 270 (GALLONS-DAY)</p>
PROFILE	CONDITION						
4	C						

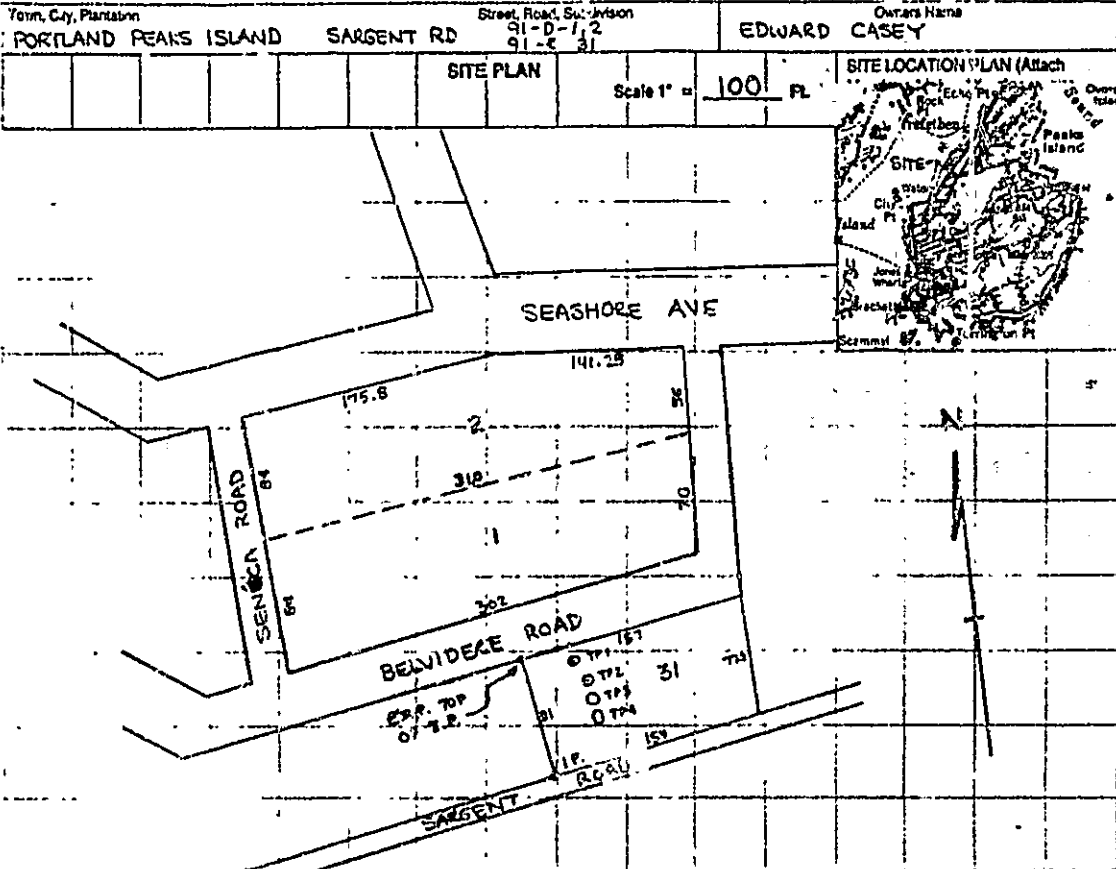
SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On SEPTEMBER 21 1985 (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 003/9816 5/13/87
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

Page 1 of 3
HHE-200 Rev 4/83



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil		2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0		DYER BROWN	
0-4			
4-6		YELLOW BROWN	
6-10	LOOSE	RED BROWN	NONE
10-15			
15-20			
20-30	COMPACT	YELLOW BROWN	
30-40			FEW
40-50			
50			
Soil <u>4</u>		Classification <u>C</u>	
Slope <u>0</u>		Limiting Factor <u>26</u>	
		<input checked="" type="checkbox"/> Ground Water	
		<input type="checkbox"/> Reserve Layer	
		<input type="checkbox"/> Hardpan	

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>2</u>		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil		2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0			
0-6		BROWN	
6-10			
10-15	LOOSE		NONE
15-20		RED BROWN	
20-30			COMMON
30-40			
40-50	MODERATELY FRIABLE	GRAY	NONE
50			
Soil <u>4</u>		Classification <u>C</u>	
Slope <u>0</u>		Limiting Factor <u>22</u>	
		<input checked="" type="checkbox"/> Ground Water	
		<input type="checkbox"/> Reserve Layer	
		<input type="checkbox"/> Hardpan	

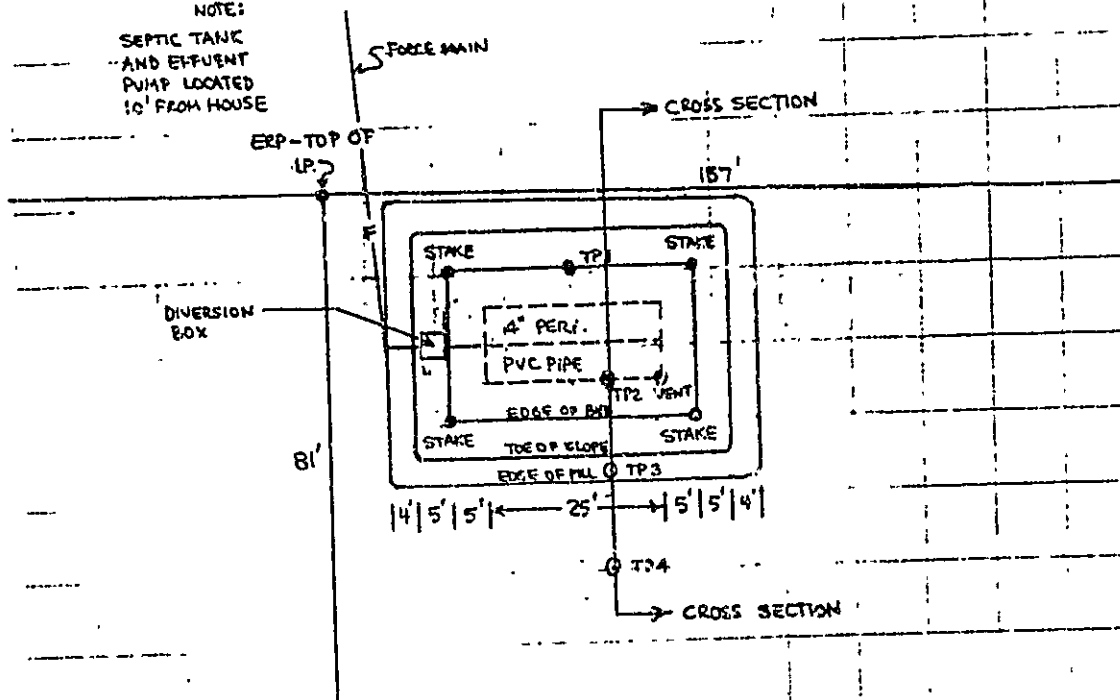
William B. Grolwin 003/481R 5/13/27
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Parish PORTLAND PEAKS ISLAND	Street, Road, Subdivision SARGENT RD 91-B-112	Owner Name EDWARD CASEY
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20 Ft.

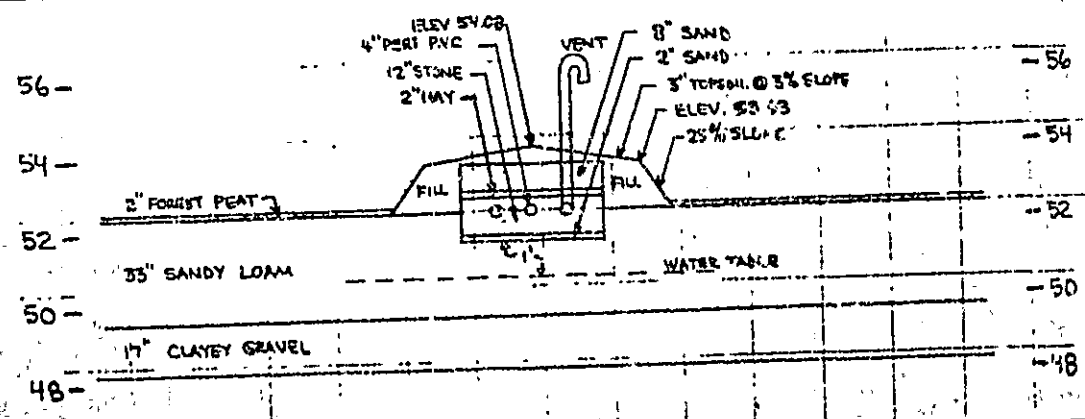
NOTE:
SEPTIC TANK
AND EFFLUENT
PUMP LOCATED
10' FROM HOUSE



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	14'	Reference Elevation is	50.41	TOP OF 160N PIPE	
Depth of Fill (Downslope)	14'	Bottom of Disposal Area	51.63	SW CORNER OF LOT 31	
		Top of Distribution Lines or Chambers	52.71		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4 FT
Horizontal: 1 inch = 20 FT



Edward Casey 003/BB/A 5/12/07 Page 3 of 3
 State Engineer or Professional Engineer's Signature SE 91 PE 8 D-2 1HE-200 Rev. 4/0

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

REPUBLICAN OF NEW HAMPSHIRE
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS	
Town or Plantation	PORTLAND PEAKS ISLAND
Street	SARGENT ROAD D LOT 1,2
Block/Section/Lot #	TAX MAP 91 BLOCK E LOT 31 (PT.)
PROPERTY OWNERS NAME	
Casey	EDWARD
Last	First
Applicant Name	EDWARD CASEY
Mailing Address of Owner/Applicant (if Different)	ISLAND AVE PEAKS ISLAND, MAINE 04108

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 understand that any false/carbon 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 _____ Date _____ Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NEW SYSTEM <input 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 checked="" 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 <ul style="list-style-type: none"> <input type="checkbox"/> Requires only Local Plumbing Inspector Approval <input type="checkbox"/> Requires both State and 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"/> PRIMITIVE 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 (ONLY) <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 _____ THE FAILING SYSTEM IS</p> <ol style="list-style-type: none"> <input type="checkbox"/> MED <input type="checkbox"/> TRENCH <input type="checkbox"/> CHAMBER <input type="checkbox"/> OTHER _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ <small>SPECIFY</small> 	<p>TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> PUBLIC WATER</p>
<p>SIZE OF PROPERTY 30,600[±] SF</p>	<p>ZONING IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)							
<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" 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 (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED <p>DOSE: 15 GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>SEASONAL COTTAGE</p> <p>2 BEDROOM MODERATE</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td>4</td> <td>C</td> </tr> </table> <p>DEPTH TO LAYING FACTOR 22</p>	PROFILE	CONDITION	4	C	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA-LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED 700 Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <ul style="list-style-type: none"> <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ LxWx Ft. <input type="checkbox"/> OTHER _____ 	<p>DESIGN FLOW 270 (GALLONS/DAY)</p>
PROFILE	CONDITION						
4	C						

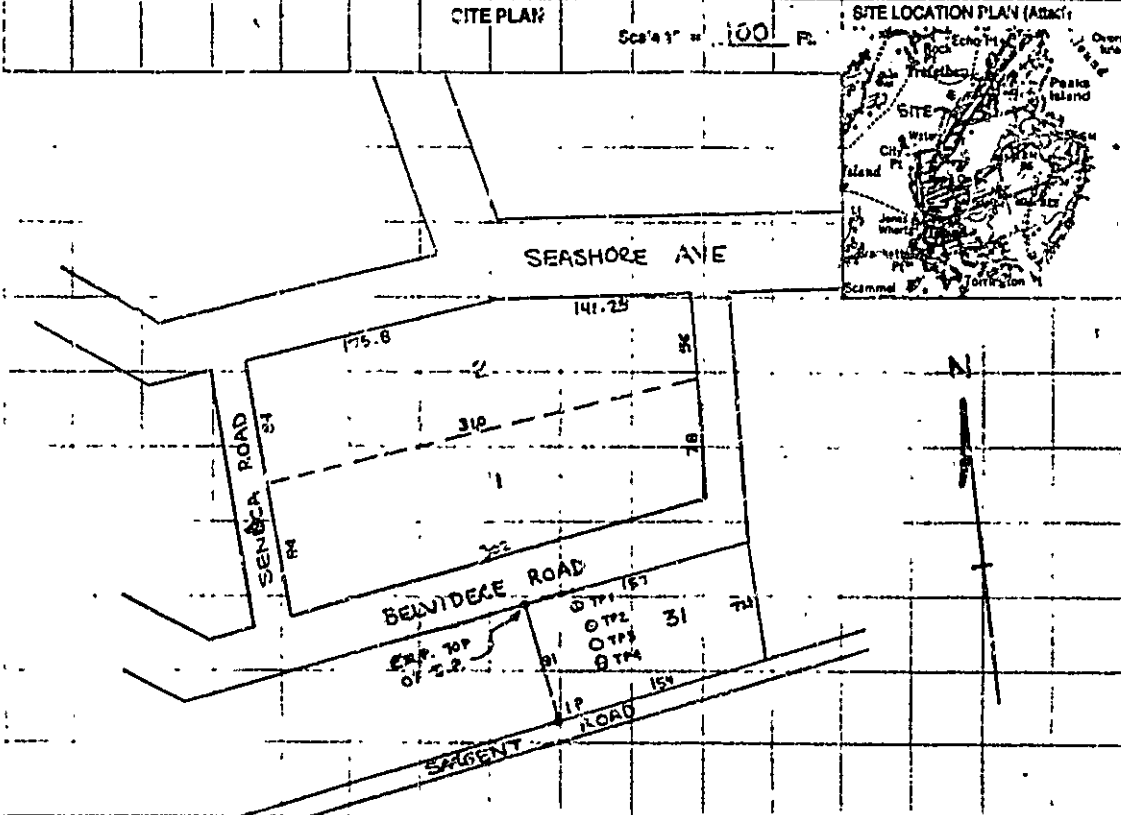
SITE EVALUATOR STATEMENT

On SEPTEMBER 21 1985 (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 003-221A 3/13/87
 Site Evaluator or Professional Engineer's Signature Date

Page 1 of 3
184-200 Rev. 4/83

Town, City, Plantation: PORTLAND PEAKS ISLAND SARGENT RD Street, Road, Subdivision: 91-D-112 91-E-21 Owners Name: EDWARD CASEY



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST PEAT * Depth of Organic horizon Above Mineral Soil		2" FOREST PEAT * Depth of Organic horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0 SANDY LOAM		DARK BROWN	
4 LOAMY GRAVEL	LOOSE	YELLOW BROWN RED BROWN	NONE
10 COARSE GRAVEL	COMPACT	YELLOW BROWN	FEW
40 CLAYEY GRAVEL	MODERATELY FRIABLE	GRAY	NONE
Soil <u>4</u>	Classification <u>C</u>	Slope <u>0%</u>	Linking Factor <u>26</u>
Soil <u>4</u>	Classification <u>C</u>	Slope <u>0%</u>	Linking Factor <u>22</u>

William B. Grobin 003/1818 5/13/87
 Soil Evaluator or Professional Engineer's Signature Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation
PORTLAND PEAKS ISLAND

Street, Road, Subdivision
SARGENT RD

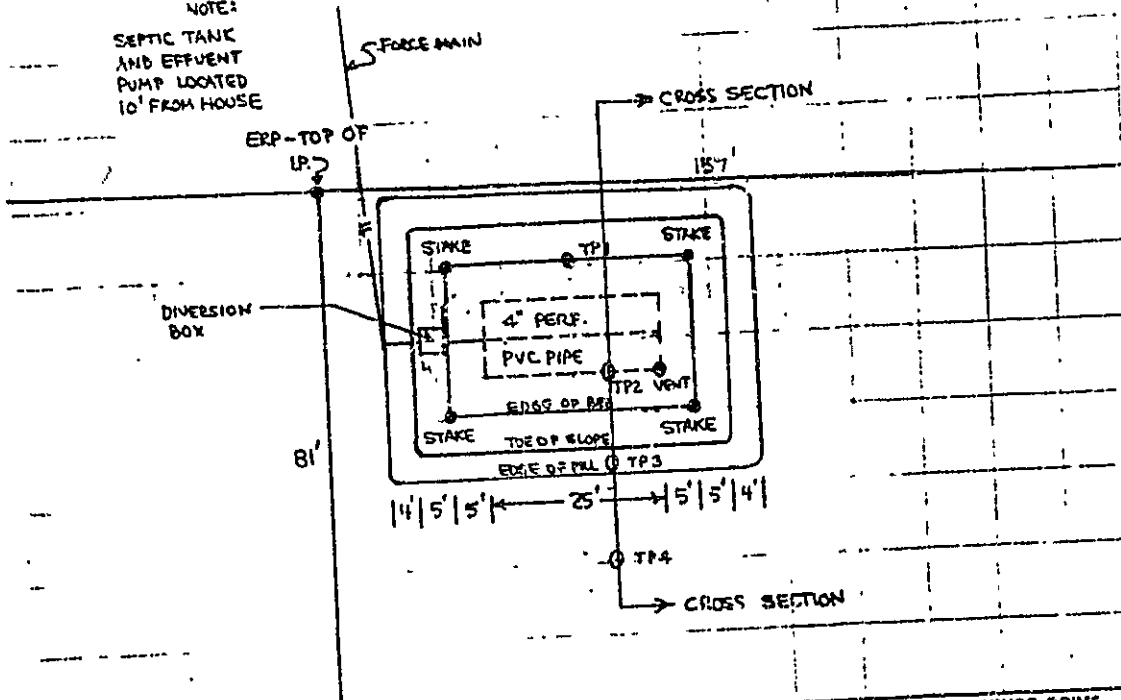
91-D-172
91-E-31

Owners Name
EDWARD CASEY

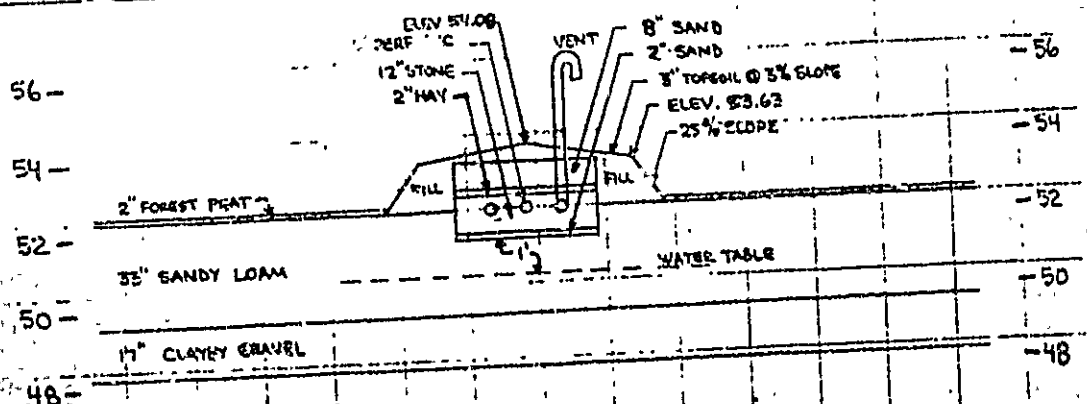
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = **20** FT.

NOTE:
 SEPTIC TANK
 AND EFFLUENT
 PUMP LOCATED
 10' FROM HOUSE



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	14'	Reference Elevation is	50.41	TOP OF 12" PIPE	
Depth of Fill (Downslope)	14'	Bottom of Disposal Area	51.63	SW CORNER OF LOT 31	
		For Distribution Lines or Chambers	52.71		
DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical:	1 inch = 4 FT.
				Horizontal:	1 inch = 20 FT.



[Signature]
 Site Evaluator or Professional Engineer's Signature

003/0818
 SE # PE #

5/13/07
 Date

Page 3 of 3
 HHC-200 Rev. 48

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(707) 289-3026

PROPERTY ADDRESS		PORTLAND PERMIT # 2,456 TOWN COPY \$ 1,140 FEE L.P.I. # 123 Local Plumbing Inspector Signature
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	SARGENT ROAD D LOT 1,2 TAX MAP 91 BLOCK E LOT 31	
Subdivision Lot #		
PROPERTY OWNERS NAME		
Last: Mc Tighe First: Robert T		
Applicant Name	Robert T. Mc Tighe	
Mailing Address of Owner/Applicant (if different)	BRACKETT, Ave. PEAKS ISLAND, MAINE 04108	

Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and I understand that any false information is reason for the Local Plumbing Inspector to deny a Permit. Signature of Owner/Applicant: <i>Robert T. Mc Tighe</i> Date: <i>8-4-87</i>	Caution: Inspection Required I have inspected the installation authorized above and found it to comply with the Subsurface Wastewater Disposal Rules. Local Plumbing Inspector Signature: <i>William B. Goodwin</i> Date Approved: AUG 20 1987
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PERMIT INFORMATION			
THIS APPLICATION IS FOR: 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 6. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input checked="" 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 <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 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: _____	TYPE OF WATER SUPPLY PUBLIC WATER	
SIZE OF PROPERTY: 30,600[±] SF ZONING: IR 1			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input checked="" 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 checked="" type="checkbox"/> REQUIRED DOSE: 15 GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) SEASONAL COTTAGE 2 BEDROOM MODERATE
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4 CONDITION: C DEPTH TO UNSATURATED ZONE: 22	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 375 Sq. Ft. Infiltrator 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT SITE EVALUATION MADE BY LOCAL OFFICE

On SEPTEMBER 21 1985 (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. Goodwin 003/4814 June 1, 1987
 Site Evaluator (Professional Engineer's Signature) SE # / P.E. Date

Page 1 of 3
HSE-200 Rev. 4/83

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

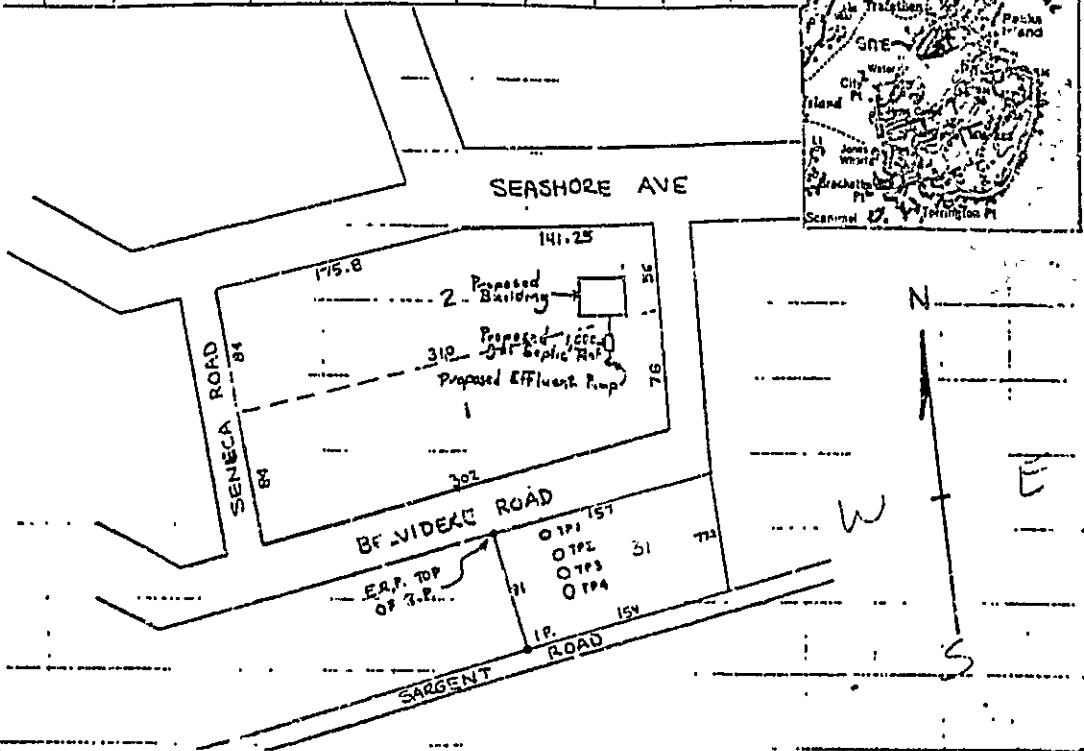
Department of Human Services
Division of Health Engineering

City, Plantation
ATLAND PEAKS ISLAND SARGENT RD Street, Road, Subdivision
91-D-1,2
91-E 31
Owner's Name
Robert T. Mc Tighe

SITE PLAN

Scale 1" = 100 Ft.

SITE LOCATION PLAN (Attach)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 2 Test Pit Boring
2" FOREST PEAT • Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-2	SANDY LOAM		DARK BROWN	
2-10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
10-20				
20-30	COARSE SAND	COMPACT	YELLOW BROWN	FEW
30-50				

Soil Classification: C Slope: 0% Limiting Factor: 26

Ground Water
 Rooting Layer
 Buried

Observation Hole 2 Test Pit Boring
2" FOREST PEAT • Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-2	SANDY LOAM		BROWN	
2-10		LOOSE		NONE
10-20	LOAMY SAND		RED BROWN	
20-30				COMMON
30-50	CLAYEY GRAVEL	MODERATELY FRIABLE	GRAY	NONE

Soil Classification: C Slope: 0% Limiting Factor: 22

Ground Water
 Rooting Layer
 Buried

William B. Jordan 005/1-14
Professional Engineer, Sign. SEC. 729

June 1, 1987
Date

Form 203
HE-20C Rev. 6/75

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

PORTLAND PEARS ISLAND

Street, Road, Subdivision

SARGENT RD

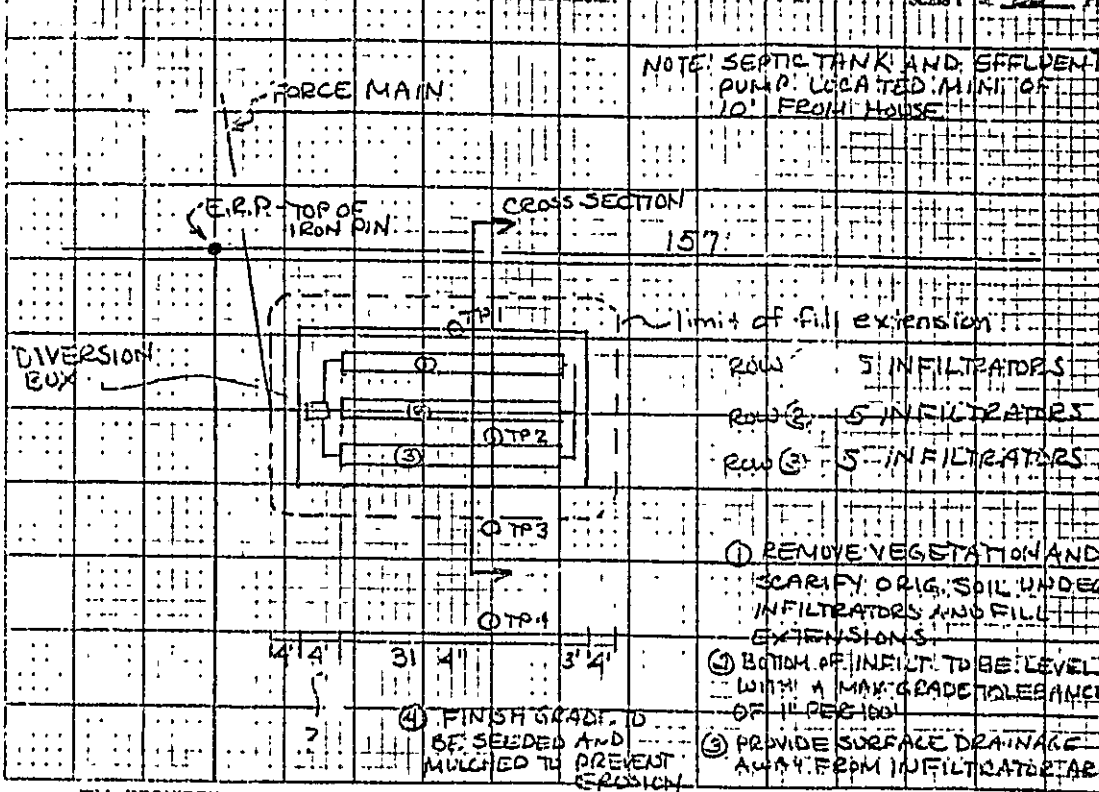
91-D-12
91-E-31

Owner's Name

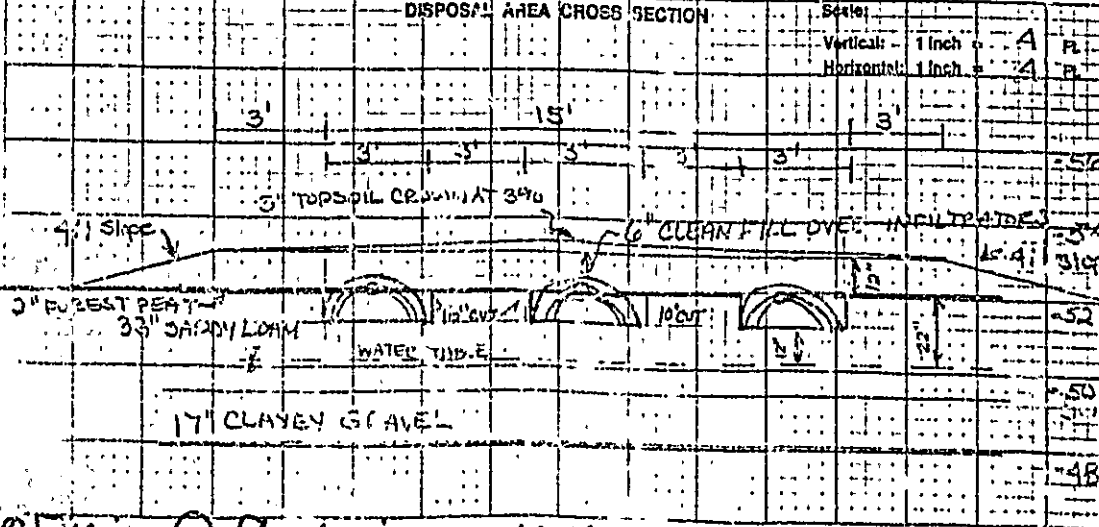
ROBERT T. MCTIGUE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' A



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	12"	Reference Elevation is	50.41	TOP OF IRON PIPE	
Depth of Fill (Downslope)	12"	Bottom of Disposal Area	51.63	SW CORNER OF LOT 31	
		Top of Distribution Lines or Chambers	52.80		



William B. Goodman 003/4814 June 1, 1987
 Sr. Engineer Date Page 3 of 3
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