

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 285-3826

PROPERTY ADDRESS		0146 PORTLAND SEP 14 1983 <i>Amelita J. Gosselin</i> Local Plumbing Inspector Signature FEE \$410.00 L.P.I. # 1143 Date Approved SEP 16 1983
Town Or Plantation	PORTLAND - PEAKS ISLAND	
Street	JAY PAL 91 BLOCK K LOTS 14, 16 & 21	
Subdivision Lot #		
PROPERTY OWNERS NAME		
MORTENSEN DONALD		
Applicant Name: DONALD MORTENSEN		
Mailing Address of Owner/Applicant (if Different)		
THURSTON ROAD PEAKS ISLAND, MAINE 04106		

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.
Donald H. Mortensen
Signature of Owner/Applicant Date

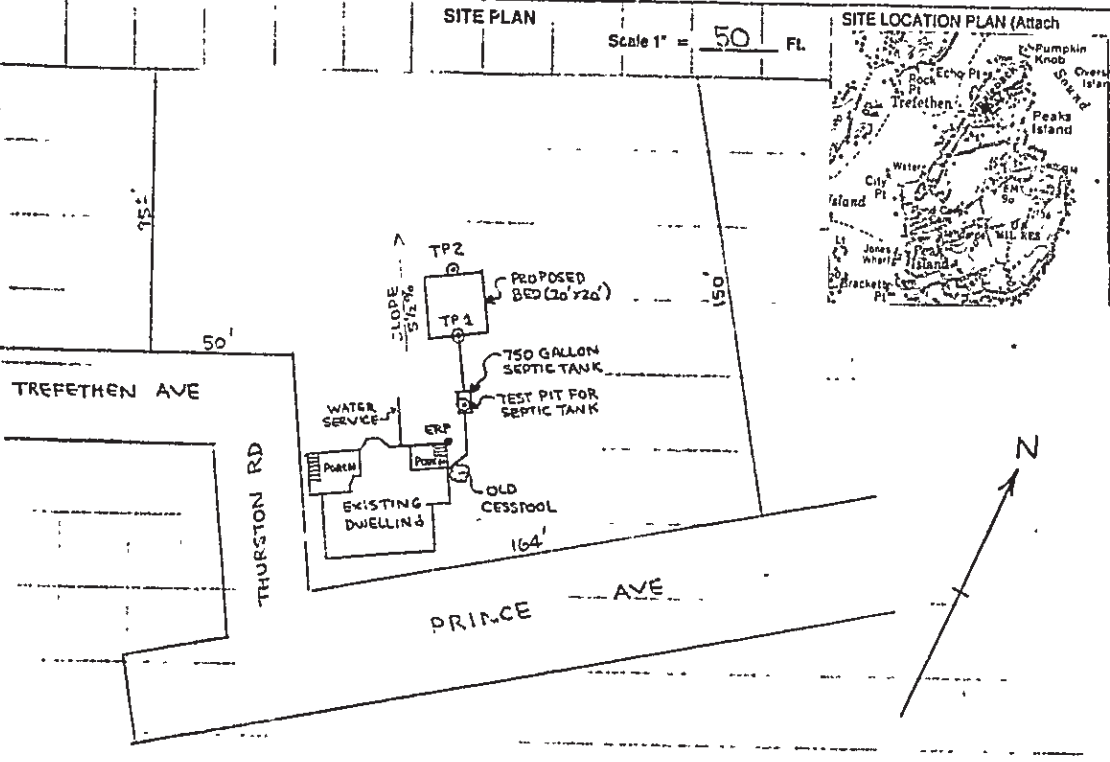
Caution: Inspection Required
I have inspected the installation authorized above and certify that it is in compliance with the Subsurface Wastewater Disposal Rules.
Amelita J. Gosselin
Local Plumbing Inspector Signature Date Approved SEP 16 1983

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" 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 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	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 TYPE OF WATER SUPPLY PUBLIC UTILITY
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED 1908 THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 4. <input checked="" type="checkbox"/> OTHER CESSPOOL	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	
SIZE OF PROPERTY 29,409 ZONING R-3		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 750 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 checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC) 2 BEDROOM CONSERVATIVE DESIGN FLOW: 300 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE 6 CONDITION C DEPTH TO LIMITING FACTOR 38	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input checked="" 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 checked="" type="checkbox"/> BED 400 Sq. Ft. 2. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-C 3. <input type="checkbox"/> TRENCH _____ Lin. Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT
 On August 27, 1983 (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. Gaudin
 Site Evaluator or Professional Engineer's Signature
 0003/2814
 SE/PEE
 8/31/83
 Date
 Page 1 of 3
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Town, City, Plantation: **PORTLAND - PEAKS ISLAND** TAC MAP 91 - BLOCK K LOTS 14, 16, 21
 Street, Road, Subdivision: _____
 Owners Name: **DONALD MORTENSEN**



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>3</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			
* Depth of Organic Horizon Above Mineral Soil				* Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
LOAMY GRAVEL		DARK BROWN		LOAMY GRAVEL		DARK BROWN	
		LIGHT BROWN				BROWN	
GRAVEL		YELLOW BROWN	NONE	GRAVEL	LOOSE	YELLOW BROWN	NONE
	LOOSE						
STRATIFIED COARSE SAND AND GRAVEL		RED BROWN		STRATIFIED COARSE SAND AND GRAVEL		RED BROWN	
			FEW				FEW
BEDROCK				BEDROCK			
Soil <u>C</u>	Classification <u>C</u>	Slope <u>5 1/2%</u>	Limiting Factor <u>38</u>	Soil <u>C</u>	Classification <u>C</u>	Slope <u>5 1/2%</u>	Limiting Factor <u>41</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Barren				<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Barren			

William B. Stodolen 0003/4814 0/31/83
 Site Evaluator or Professional Engineer's Signature SE # 1 PE # Date
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Division of Health Engineering

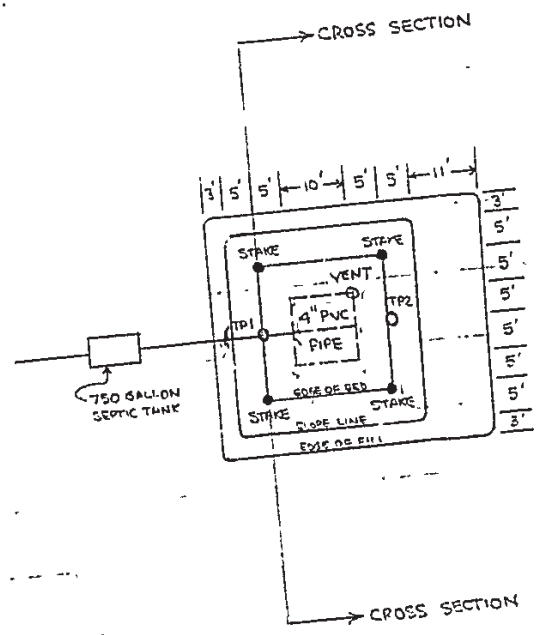
Town, City, Plantation
PORTLAND - PEAKS ISLAND

Street, Road, Subdivision
 TAX MAP 91 B OCCY K LOTS 14, 16 to 21

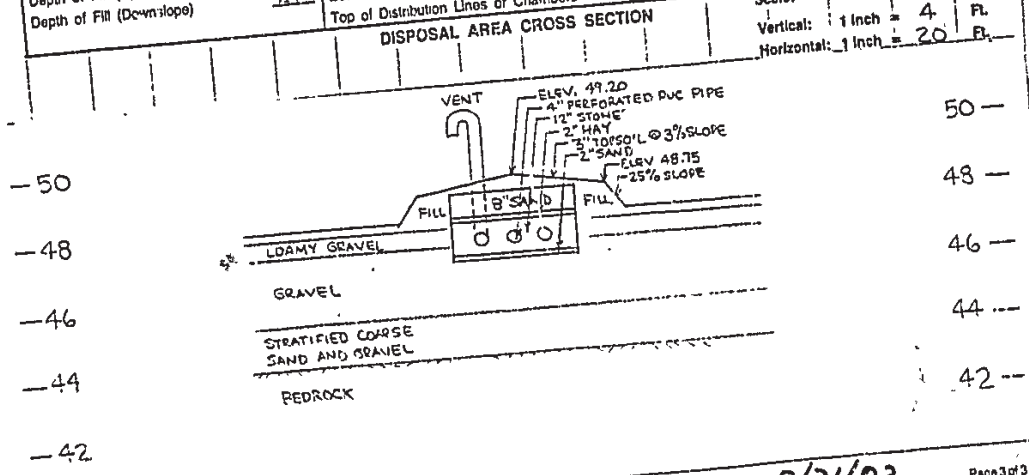
Owners Name
DONALD MORTENSEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	10'	Reference Elevation is	50.00	NORTHEAST CORNER CONCRETE SLAB AT BOTTOM OF STAIRS IN REAR	
Depth of Fill (Downslope)	74'	Bottom of Disposal Area	46.75		
		Top of Distribution Lines or Chambers	47.25		



William B. Woodman
 Site Evaluator or Professional Engineer's Signature

0003/48/4
 SE # 1 PE #

8/31/83
 Date

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APPLICATION FOR PERMIT

PERMIT ISSUED

B.O.C.A. USE GROUP
B.O.C.A. TYPE OF CONSTRUCTION 00019

JAN 6 1983

ZONING LOCATION PORTLAND, MAINE Dec. 6, 1982

CITY of PORTLAND

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

The undersigned hereby applies for a permit to erect, alter, repair, demolish, move or install the following building, structure, equipment or change use in accordance with the Laws 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. LOCATION ... 91-1/2 of Seasons Ave., Peaks Island Fire District #1 , #2
1. Owner's name and address ... Edward L. Casey - Isl. Ave. Peaks Isl. Telephone ... 766-5537.
2. Lessee's name and address Telephone
3. Contractor's name and address ... Case Telephone

Proposed use of building ... Dwelling No. of sheets
Last use No. families ... 1
Material No. stories Heat Style of roof Roofing
Other buildings on same lot
Estimated contractual cost \$... 30,000

FIELD INSPECTOR—Mr. @ 775-5451
Appeal Fees \$ 50.00
Base Fee 160.00
Late Fee 100.00
TOTAL \$

To construct 36' x 22' single family dwelling without garage

Site Plan Review

Stamp of Special Conditions

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

DETAILS OF NEW WORK

Is any plumbing involved in this work? Is any electrical work involved in this work?
Is connection to be made to public sewer? If not, what is proposed for sewage?
Has septic tank notice been sent? Form 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, top bottom collar
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 carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.
Joists and rafter: 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

No. cars now accommodated on same lot to be accommodated number commercial cars to be accommodated
Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building?

APPROVALS BY: DATE MISCELLANEOUS
BUILDING INSPECTION—PLAN EXAMINER Will work require disturbing of any tree on a public street?
ZONING:
BUILDING CODE: Will there be in charge of the above work a person competent
Fire Dept.: to see that the State and City requirements pertaining thereto
Health Dept.: are observed?
Others:

Signature of Applicant Phone # same
Type Name of above Edward L. Casey for 1 2 3 4
Jackson & Casey
Other
and Address

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FIELD INSPECTOR'S COPY

APPLICANT'S COPY

OFFICE FILE COPY