

REED AVENUE PEAKS ISLAND
91-U-6 & 92-G-33-34

PERMIT TO INSTALL PLUMBING

Encl. of Bell Ave. 92/G/33-34 15639

Date 10/7/63
 Issued 10/7/63
 Portland Plumbing Inspector
 By E. R. Goodwin

Address Pucker Branch Lane, Pease Island PERMIT NUMBER
 Installation For: Dann Jacynth
 Owner of Bldg. Dann Jacynth
 Owner's Address Same
 Plumber: Harold Z. Heit Date 10/7/63

App. First Insp. ERNOLO R. GOODWIN
 Date 10 16 63
 By CHIEF PLUMBING INSPECTOR
 App. Final Insp. ERNOLO R. GOODWIN
 Date 10 16 63
 By CHIEF PLUMBING INSPECTOR

New	Rep	No.	Fee
1		1	2.00
1		1	2.00
1		1	2.00
1		1	2.00
1		1	2.00
1		1	2.00

Type of Bldg.
 Commercial
 Residential
 Single
 Multi Family
 New Construction
 Remodeling

TOTAL \$ 10.00

PORTLAND HEALTH DEPT. PLUMBING INSPECTION

CITY OF PORTLAND, MAINE
Application for Permit to Install Wires

Permit No. **54229**

Issued
 Portland, Maine **Sept. 24**, 19**65**

To the City Electrician, Portland, Maine:

The undersigned hereby applies for a permit to install wires for the purpose of conducting electric current, in accordance with the laws of Maine, the Electrical Ordinance of the City of Portland, and the following specifications:

(This form must be completely filled out - Minimum Fee, \$1.00)

Owner's Name and Address **Dana Jagwith Peaks Isl.** Tel.
 Contractor's Name and Address **Roland S. Hoar** " " Tel. **516-2864**
 Location **Read Ave** Use of Building **Dwelling**
 Number of Families **1** Apartments Stores Number of Stories **1**
 Description of Wiring: New Work Additions Alterations

Phase Cable Metal Molding BX Cable Plug Molding (No. of feet)
 No. Light Outlets **8** Plugs **31** Light Circuits **2** Plug Circuits **4**
 F. JRES: No. Light Switches Fluor. or Strip Lighting (No. feet)
 SERVICE: Pipe Cable Underground No. of Wires **3** Size **#3**
 METERS: Relocated Added Total No. Meters **1**
 MOTORS: Number Phase H. P. Amps Volts Starter
 HEATING UNITS: Domestic (Oil) No. Motors Ph. L.P.
 Commercial (Oil) No. Motors " H.P.
 Electric Heat (No. of Rooms) **1**
 APPLIANCES: No. Ranges Watts Brand Feeds (Size No.)
 Elec. Heaters Watts
 Miscellaneous Watts Extra Cabinets or Panels **1**
 Transformers Air Conditioners (No. Units) Signs (No. Units)
 Will commence **19** Ready to cover in **17** Inspection **Oct. 15 1965**
 Amount of Fee \$ **6.75**

Signed **Roland S. Hoar**

DO NOT WRITE BELOW THIS LINE

SERVICE <input checked="" type="checkbox"/>	METER	GROUND <input checked="" type="checkbox"/>
VISITS: 1 2 3 4 5 6		
7 8 9 10 11 12		

REMARKS:

CO 223

INSPECTED BY

F. W. Hubbard
 Dana Butterfield
 (OVER)

*3 no
 7 no
 75
 1 no
 6.75*

PEAKS Island.

LOCATION Reed Av.

INSPECTION DATE 10/15/65

WORK COMPLETED 10/15/65

TOTAL NO. INSPECTIONS 1

REMARKS:

91-10-16
92-H-33-34

FEES FOR WIRING PERMITS EFFECTIVE JULY 31, 1963

WIRING

1 to 30 Outlets	(including switches)	\$ 2.00
31 to 60 Outlets	(including switches)	3.00
Over 60 Outlets, each Outlet	(including switches)	.05
(Each twelve feet, or fraction thereof of fluorescent lighting or any type of plug molding will be classed as one outlet-)		

SERVICES

Single Phase		2.00
Three Phase		4.00

MOTORS

Not exceeding 50 H.P.		3.00
Over 50 H.P.		4.00

HEATING UNITS

Domestic (Oil)		2.00
Commercial (Oil)		4.00
Electric Heat (Each Room)		.75

APPLIANCES

Ranges, Cooking Tops, Ovens, Water Heaters, Disposals, Dishwashers, etc. — Each Unit		1.50
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TEMPORARY WORK (Limited to 6 months from date of permit)

Service, Single Phase		1.00
Service, Three Phase		2.00
Wiring, 150 Outlets		1.00
Wiring, each additional outlet over 50		.02

Charges, Cautions, Fines, etc.

10.00

(COPY)

CITY OF PORTLAND, MAINE
Department of Building Inspection



Certificate of Occupancy

LOCATION Good Hope Peak (1917)

Date of Issue September 12, 1966

Issued to Mr. and Mrs. Dana Jacquith
Harrington Rhode Island

This is to certify that the building, premises, or part thereof, at the above location, built—altered—changed as to use under Building Permit No. 65/708, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

Entire

APPROVED OCCUPANCY

One family cottage.

Limiting Conditions:

This certificate supersedes
certificate issued

Approved:

Nelson F. Partridge

(Date)

Inspector

Gerald E. Mayberry

Inspector of Buildings

Notice: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner or lessee for one dollar.

6-29-65

This property is located on left hand side
down near the point, the former owner was
people by the name of Ramsey.

Road Avenue, Peaks Island

July 9, 1965

Mr. Roland Hear
Island Ave.,
Peaks Island

cc to: Mr. & Mrs. Dana Jaquith
Barrington, Rhode Island

Dear Mr. Hear:

Permit to construct a 1-story frame cottage 24'x18' is being issued subject to plans received with application and in compliance with Building Code restrictions as follows:

1. Cedar posts under sill need to be anchored to concrete footings. Each cedar post will need a knee brace fastened to the floor joists.
2. Rafters not supported by structural ridge shall be spaced not less than 20 inches on centers.
3. Header over picture window on a six foot span will need to be a 4x8 inch or 6x6 inch solid member or larger.
4. Van Packer chimneys shall be installed so as to allow the necessary clearances and other requirements that are given in the manufacturers directions.

Very truly yours,

A. Allan Soule
Inspector

AAS:m

7. Ave. P.Ks. 1st

7000

9
113

CHECK AGAINST ZONING ORDINANCE

- ✓ Date - Nov 7 1951
- ✓ Zone location -
- ✓ Interior or corner-Lot - 5.9.
- ✓ 40 ft. setback area (Section 21) -
- ✓ Use -
- ✓ Sewage Disposal -
- ✓ Rear Yards - 11' - 0"
- ✓ Side Yards - 70' - 0"
- ✓ Front Yards - 40' - 0"
- ✓ Projections - None - 0"
- ✓ Height - 5' - 0"
- ✓ Lot Area - 28,112' - 0"
- ✓ Building Area - 7,112' - 0"
- ✓ Area per Family - 0' - 0"
- ✓ Width of Lot - 54' - 0"
- ✓ Lot Frontage - 145' - 0"
- ✓ Off-street Parking -

CITY OF PORTLAND, MAINE

Department of Building Inspection

NOTICE RELATING TO SEWAGE DISPOSAL

x means copy sent to the parties (Assessors 91-0-6 & 92-G-33-34) (date) July 7, 1965

Location Reed Ave., Peaks Island Description Cottage

Owner and Address Mr. & Mrs. Dana Jacquith, Barrington, R. I.

x Contractor and Address Roland Hoar, Island Ave., Peaks Island

Architect or Engineer and Address J. Bradbury Minott, Peaks Island

Actual Area of Lot 36,970 Sq. Ft. Zone R-3 Residence

Area required by Zoning Ord. if sewer were available 6500 sq. ft.

Where septic tank systems are required for sewage disposal, the Zoning Ordinance provides that the least allowable area of the lot shall be determined by the rate of percolation of the soil, this being the capacity of the soil to allow liquids to pass through as determined by ... The Building Code directs that, where a septic tank is to be used, a building permit shall not be issued unless the proposed method of sewage disposal has been approved by the Director of Health.

Since application for the above permit indicates that connection to a sewer is not possible, it is necessary for the owner or his agent to file a site plan with the Health Department, to explain the method of sewage disposal proposed, and to make arrangements for a percolation test to be made under supervision of that department.

After the rate of percolation has been determined, the Director of Health will notify this department of the area of lot required on the basis of the results of the test. If the lot area required by the tests is equal to or less than the actual area of the lot and not less than the minimum lot area required in the zone in which the property is located for cases where connection to a sewer is available, the building permit can be issued; otherwise the permit cannot be issued unless authorization is secured from the Board of Appeals.

Albert J. Seass Director of Building Inspection

2 copies to Health Director

***** (This space for Health Department use) *****

(This space for Health Department use)

Inspector of Buildings

Rate of Percolation is 11 minutes. On this basis area required by Zoning

Ordinance is 11800 sq. ft.

Comments in event zoning appeal is filed:

Bernard Yarnold Director of Health



R3 RESIDENCE ZONE

APPLICATION FOR PERMIT

Class of Building or Type of Structure Third Class

Portland, Maine, June 29 1965

PERMIT ISSUED
JUL 3 1965
CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

The undersigned hereby applies for a permit to erect alter repair demolish install the following building structure equipment in accordance with the Laws of the State of Maine, the Building Code and Zoning Ordinance of the City of Portland, plans and specifications, if any, submitted herewith and the following specifications:

Location Reed Avenue Peaks Island (41-22-6 S) Within Fire Limits? Yes Dist. No. _____

Owner's name and address Mr. & Mrs. Dana Jaquith, Barrington Rhode Island Telephone _____

Lessee's name and address _____ Telephone _____

Contractor's name and address Roland, Hoar, Island Ave. Peaks Island Telephone 766-2864

Architect _____ Specifications _____ Plans Yes No. of sheets 6

Proposed use of building Cottage No. families 1

Last use _____ No. families _____

Material Frame No. stories 1 Heat _____ Style of roof _____ Roofing _____

Other buildings on same lot _____

Estimated cost \$ 7800.00 Fee \$ 16.00

General Description of New Work

To construct 1-story frame cottage 24' x 48'

Permit Issued With Letter

It is understood that this permit does not include installation of heating apparatus which is to be taken out separately by and in the name of the heating contractor. PERMIT TO BE ISSUED TO contractor

Details of New Work

Is any plumbing involved in this work? Yes Is any electrical work involved in this work? Yes

Is connection to be made to public sewer? No If not, what is proposed for sewage? septic tank

Has septic tank notice been sent? _____ Form notice sent? Yes

Height average grade to top of plate 16' Height average grade to highest point of roof 21'

Size, front 48' depth 24' No. stories 1 solid or filled land? solid earth or rock? ledge

Material of foundation concrete footings 10x10 at least 4' below grade

Kind of roof pitch Rise per foot 4" Roof covering Asphalt Class C Und Label.

No. of chimneys 1 Material of chimneys Van Packer of lining tile Kind of heat stove fuel _____

Framing Lumber—Kind hemlock & spruce dressed or full size? dressed Corner posts 3-2x4 Sills 8x8

Size Girder 8x10 Columns under girders I Beam 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 rafters: 1st floor 2x10, 2nd 2x8 ceiling timb., 3rd _____, roof 2x8

On centers: 1st floor 16", 2nd 24", 3rd _____, roof 24"

Maximum span: 1st floor 12', 2nd _____, 3rd _____, roof 13'

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? _____

APPROVED:
A.E. 19/65 - Allan W. Keller

Miscellaneous

Will work require disturbing of any tree on a public street? No

Will there be in charge of the above work a person competent to that the State and City requirements pertaining thereto are observed? Yes

Mr. & Mrs. Dana Jaquith
Roland Hoar

Signature of owner, by: Roland Hoar

NOTES

1/15/65 - Can permit
 2/2/66 - Good not
 9-15-66 Completed
 X

Permit No. 65/708
 Location Reserve, Pennsylvania
 Owner Franklin Stone
 Date of permit 7/19/65
 Notif. closing-in
 Inspn. closing-in
 Final Notif.
 Final Inspn.
 Cert. of Occupancy issued 9/12/66
 Staking Out Notice
 Form Check Notice

B. heart of bank
in the (bracket) address
on floor & wall for
Franklin Stone
 1/16

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3828

PROPERTY ADDRESS		PORTLAND 4477 TOWN COPY Date Permit Issued: 6/5/94 Fee: \$1,600 Chief Plumbing Inspector: [Signature] Date: 6/12/94
Town Or Plantation	PORTLAND (PEAKS ISLAND)	
Street	MAP 910-6	
Subdivision Lot #	REED AVENUE	
PROPERTY OWNER'S NAME		
Last: <u>JAQUITH</u> First: <u>MARY & DANA E.</u>		
Applicant Name:		
Mailing Address of Owner/Applicant (if Different)		
2A MERRIMAC PLACE CAPE ELIZABETH, ME. 04107		
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that a falsification is reason for the Local Plumbing Inspector to deny a Permit. Island Bay Services Inc. [Signature] Date: _____ Signature of Owner/Applicant		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. A. Rowe [Signature] Date: 6-6-94 Local Plumbing Inspector Signature Date Approve

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"/> EXPERIMENTAL SYSTEM SEASONAL CONVERSION to be completed by the LPI 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach Form # [] Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input checked="" type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	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 (GAL) 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: <u>PRE 1974</u> 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 _____	TYPE OF WATER SUPPLY PUBLIC WATER
SIZE OF PROPERTY: <u>28,750</u> sq. ft. ZONING: _____	SPECIFY: _____	

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: <u>1000</u> 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.) SINGLE FAMILY DWELLING (3 BEDROOM) DESIGN FLOW: <u>270</u> (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>FILLED LAND</u> CONDITION: _____ DEPTH TO LIMITING FACTOR: _____	SIZE RATINGS USED FOR DESIGN PURPOSES 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	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BCL _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER <u>450</u> Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

On SEPT. 4, 1994 (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.

[Signature] 163 9/23/91
 Site Evaluator/Signature SF# Date

(Local Plumbing Inspector signature if permit is for Seasonal conversion.)

Page 1 of 3
HHE-200 Rev 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation **MAP 90U-6** Street, Road, Subdivision **REED AVENUE** Owners Name **JACQUITH, MARY S. DANA E.**

PORTLAND (PEAKS ISLAND) **SITE PLAN** Scale 1" = **100** FL.

SITE LOCATION PLAN: (Attach Map from Maine Atlas for New System Variance) **SITE PEAKS ISLAND**

TO SEASHORE AVE.

PROPOSED DISPOSAL AREA

JOSIAH'S COVE (ATLANTIC OCEAN)

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

Observation Hole **TP1** Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

Texture	Consistency	Color	Mottling
		DARK	
		BROWN	
SANDY	FRIABLE		
LOAM			
LIMIT OF EXCAVATION (REFUSAL)			

Soil Classification **FILLED LAND** Slope _____ Limiting Factor _____ Ground Water Restrictive Layer Bedrock

Observation Hole **TP2** Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

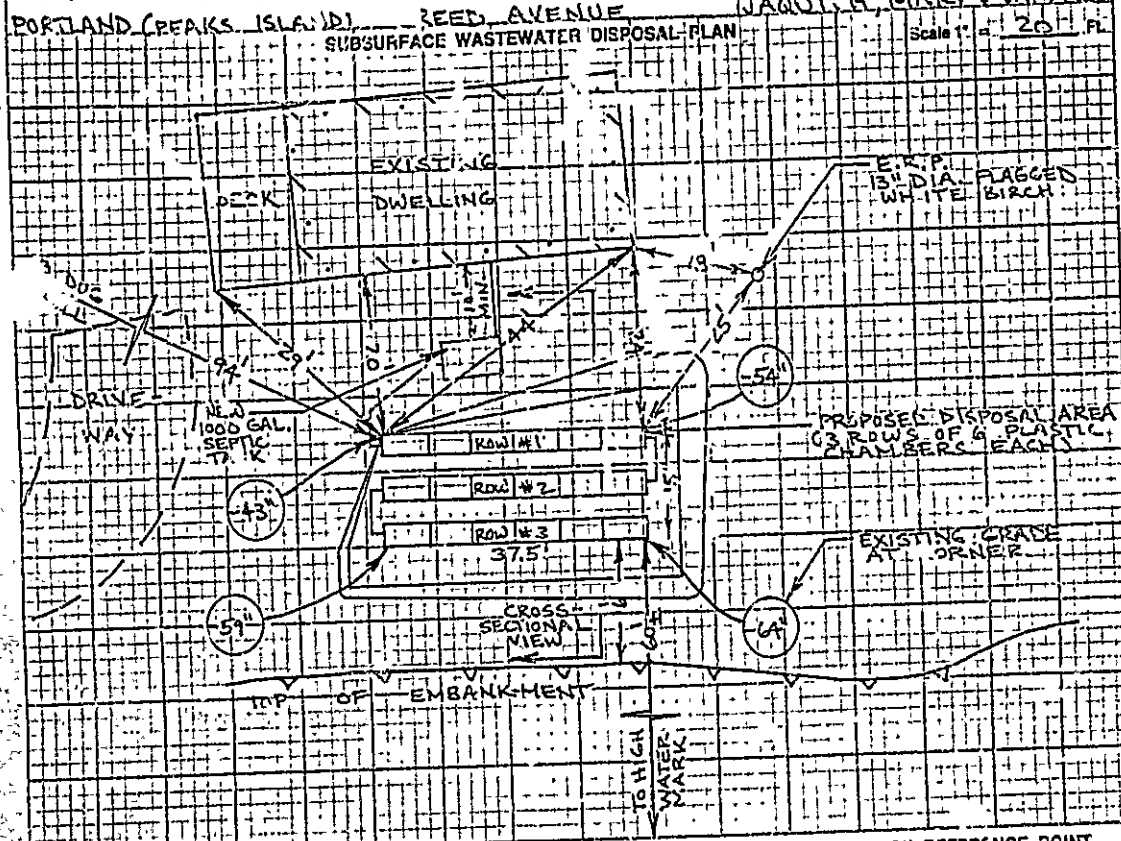
Texture	Consistency	Color	Mottling
		DARK	
		BROWN	
SANDY	FRIABLE		
LOAM			
CORBLY SANDY LOAM			
LIMIT OF EXCAVATION (REFUSAL)			

Soil Classification **FILLED LAND** Slope _____ Limiting Factor _____ Ground Water Restrictive Layer Bedrock

Albert Jerick
Site Evaluator Signature

163
SE#

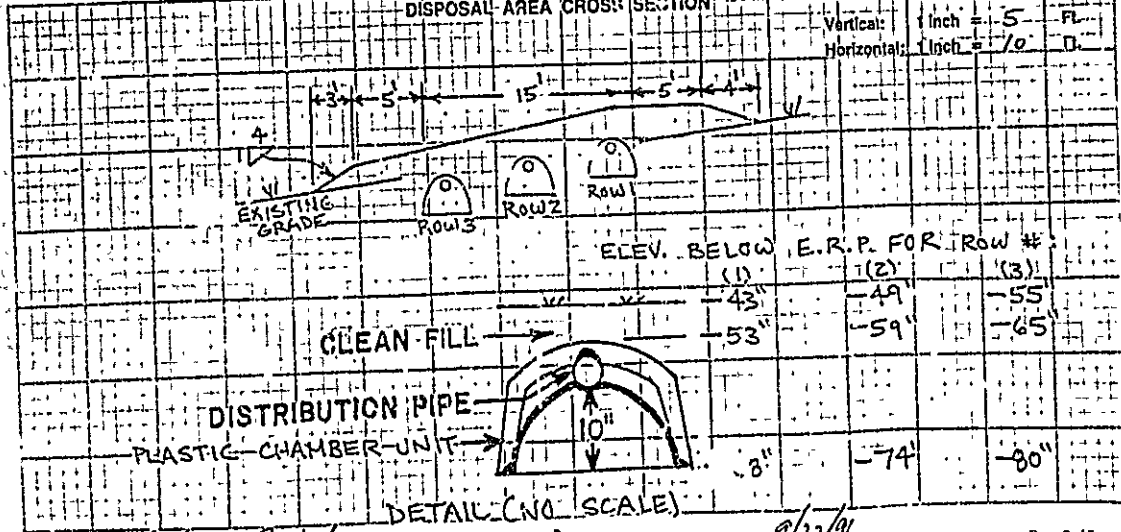
9/23/91
Date



FILL REQUIREMENTS
 Depth of Fill (Upslope) 0'-11"
 Depth of Fill (Downslope) 4'-9"

CONSTRUCTION ELEVATIONS
 Reference Elevation is 00
 Bottom of Disposal Area SEE DETAIL (BELOW)
 Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
 NAIL IN 1 3/4" DIA. WHITE BIRCH 32" ABOVE BASE OF TREE



Albert Frick
 Site Evaluator Signature

163
 SE#

9/23/91
 Date

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System, from the rules.
2. A system cannot be designed to take full compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Permit No. _____ E Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: Jacquith, Mary & Dana E. Tel. No. _____

System's Location: MARQU-6 REED AVENUE
STREET

PORTLAND (PEAKS ISL.) Maine _____
TOWN ZIP

Property Owner's Address: # 24 MERRIMAC PLACE
STREET

(if different from above) CAPE ELIZABETH ME. 04107
TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

LPI:
If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, they you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:
If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:
It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

PROPERTY OWNER'S SIGNATURE

DATE

HEM-204 RV200

VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
		TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
SOILS				FILLED LAND	
Soil Profile	Ground Water Table		to 6"		inches
Soil Condition	Restrictive Layer		to 6"		inches
from HHE-200	Bedrock		to 10"		inches
SETBACK DISTANCES (IN FEET)	FROM:				
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		94'
	b. Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		60'±
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		

OTHER

1. Fill extension Grade—to 3:1

2.

3.

NOTES:

- a. This setback distance cannot be reduced by variance. See Table 6-2.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 feet but closer to the well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the top of the fill does not extend to the 3:1 slope.

Albert Zeick
SITE EVALUATOR'S SIGNATURE

9/23/91
DATE

LPI STATEMENT

I, _____, LPI for the Town of _____, have conducted an on-site inspection for the proposed replacement system and have determined to the best of my knowledge, that it cannot be installed in total compliance with the Rules, applicable Municipal Wastewater Disposal Ordinances, or the Local Shoreland Zoning Ordinance. As a result of my review of the Replacement System Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

a. (approve, disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.

b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (recommend do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

LPI'S SIGNATURE

DATE

FOR USE BY THE DEPARTMENT ONLY

The Department has reviewed the variance(s) and (does does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT

DATE