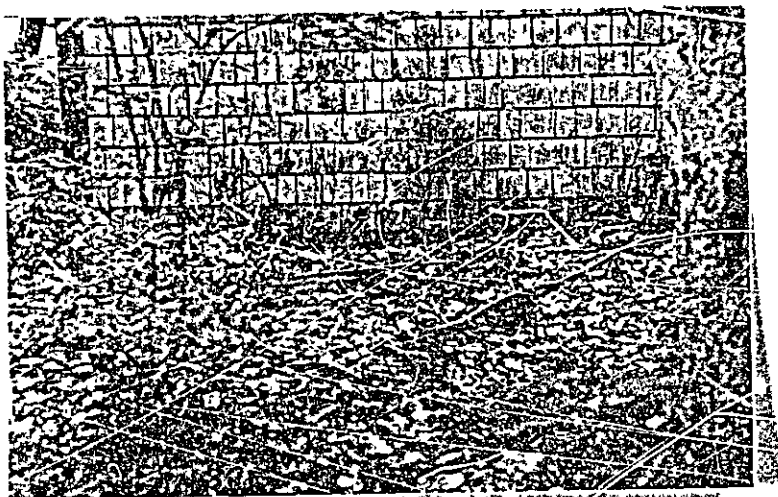




WEST HOT LINE LOOKING SOUTH



TEST PIT 1 APPROXIMATELY 7' FROM QUICROP



BASIN OVERFLOW POINT @ HANSON GARAGE

PHOTOGRAPHS OCTOBER 1989

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND PERMIT # 3,407 TOWN COPY Date Permit Issued: 5, 5, 89 140 L.P.I. # _____ Local Plumbing Inspector Signature: _____
Town Or Plantation	PORTLAND PEAKS ISLAND	
Street	WOODS ROAD	
Subdivision Lot #	TAX MAP 92 BLOCK 3 LOT 31	
PROPERTY / OWNERS NAME		
MACISAAC STEVEN Last First		
Applicant Name: STEVEN McISAAC		
Mailing Address of Owner/Applicant (if different): 13 FRANKINE ROAD FRAMINGHAM MASS 01701		
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: <i>Steven Mc Isaac</i> Date: _____		
Local Plumbing Inspector Signature: _____ Date Approved: _____		

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

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 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		
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED: _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 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: 25,600 SF.		ZONING: R-1						

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: 1000 GALS		WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input checked="" type="checkbox"/> LOW VOLUME TOILET 3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 3 CONDITION: AIII DEPTH TO LIMITING FACTOR: 16		SIZING 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	
PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS		CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET - 45 SEPARATED LAUNDRY - 90 DESIGN FLOW: 315 (GALLONS/DAY)	
DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 775* 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 * USED 22 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION
 On MARCH 27 1989 (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. Johnson 0003/4814 5/2/89
 Site Evaluator of Professional Engineer's Signature SEI/PE# Date
 * Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option SITE EVALUATION WAIVED BY LOCAL OPTION

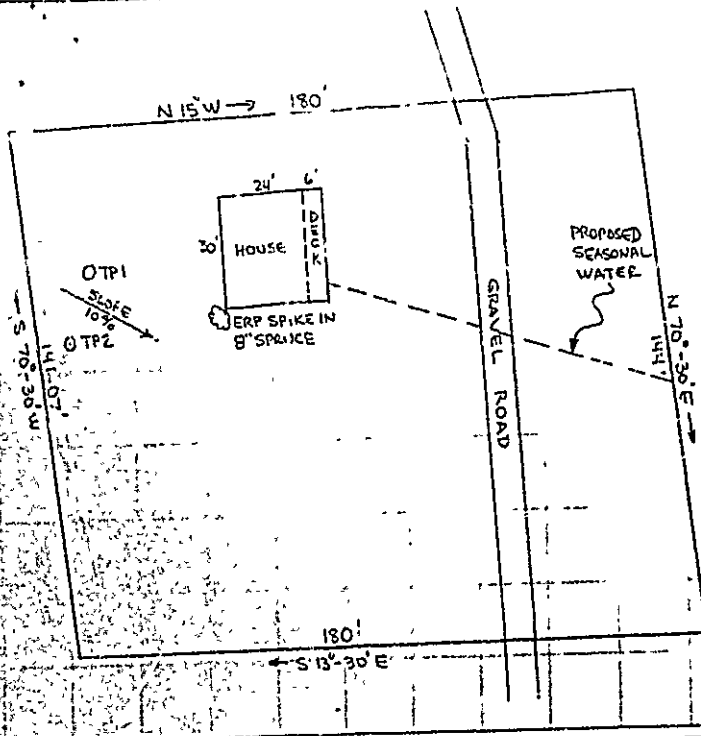
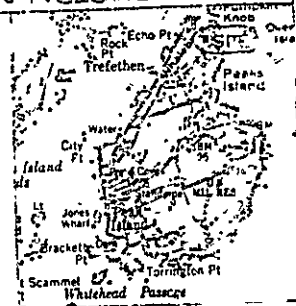
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

To: City, Plantation
PORTLAND WISCONSIN ISLAND WOODS ROAD 92-6-31

Owners Name
STEVEN MACISAAC

SITE PLAN

Scale 1" = 40 Ft.



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

Observation Hole 2 Test Pit Boring

2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRIABLE	DARK BROWN	
SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE
SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	COMMON
	FRIABLE	RED GRAY	FEW

Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRIABLE	DARK BROWN	
SANDY LOAM	FRIABLE	GRAY BROWN	
SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	COMMON
	FRIABLE	RED GRAY	FEW

Soil Profile <u>3</u>	Classification <u>AIII</u> Condition	Slope <u>10%</u>	Limiting Factor <u>18</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock
Soil Profile <u>3</u>	Classification <u>AIII</u> Condition	Slope <u>10%</u>	Limiting Factor <u>16</u>	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock

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

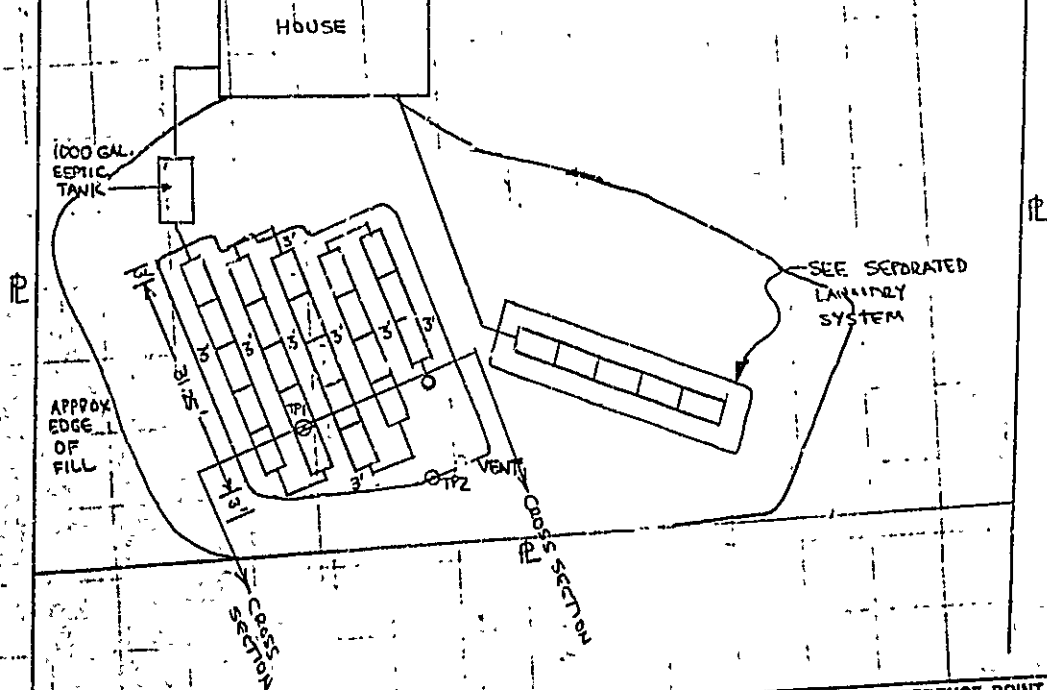
0003/4814
SE / PE #

5/2/89
Date

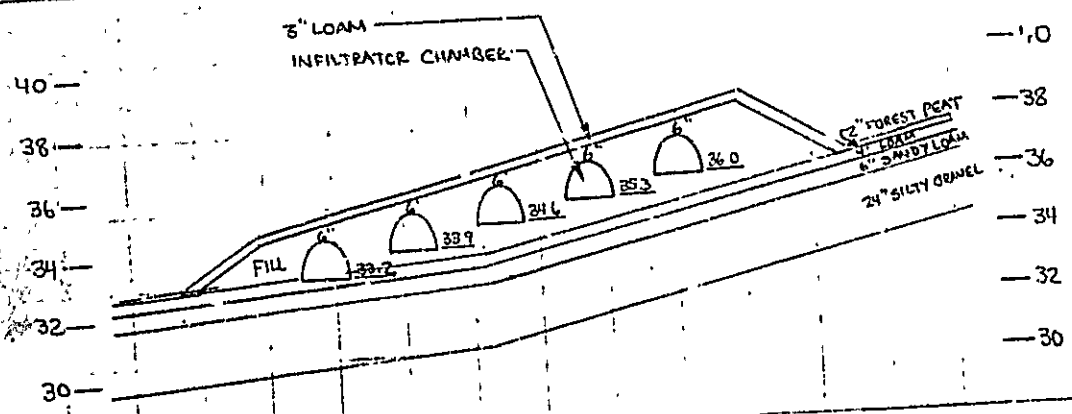
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Parish	Street, Road, Subdivision	Owners Name
FORKLAND PEAKS ISLAND	WOODS ROAD 92-6-31	STEVEN MACISAAC
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 30"	Reference Elevation is 31.09	SPIKE IN 8" SPACE NEAR HOUSE
Depth of Fill (Downslope) 19"	Bottom of Disposal Area SEE X SECTION	
	Top of Distribution Lines or Chambers SEE Y SECTION	Scale:
		Vertical: 1 inch = 5' FL
		Horizontal: 1 inch = 10' FL



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

0003/4814
SE # / PE #

5/2/89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 289-3826

PROPERTY ADDRESS	
Town Or Plantation	PORTLAND PEAKS ISLAND
Street Subdivision/Lot #	WOODS ROAD TAX MAP 72 BLOCK G LOT 31
PROPERTY OWNERS NAME	
MACISAAC	STEVEN
Last:	First:
Applicant Name	STEVEN MACISAAC
Mailing Address of Owner/Applicant (if Different)	13 FRANCINE ROAD FRAMINGHAM MASS 01701

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.

Steven MacIsaac
 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> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative To #1)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 cfd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p>Public Water</p>
<p>SIZE OF PROPERTY: 25,600 SF</p> <p>ZONING: R1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT:</p> <p>1. <input type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AERobic</p> <p>SIZE: N/A GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, E.C.):</p> <p>SEPARATED LAUNDRY SYSTEM</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 3 CONDITION: AIII</p> <p>DEPTH TO LIMITING FACTOR: 16</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 150" Sq Ft</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: 90 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * USER'S INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On March 27 1984 (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 0003/4814 5/2/84
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

* Local Plumbing Inspector Signature is a Local Site Evaluator Signature under a Local Option

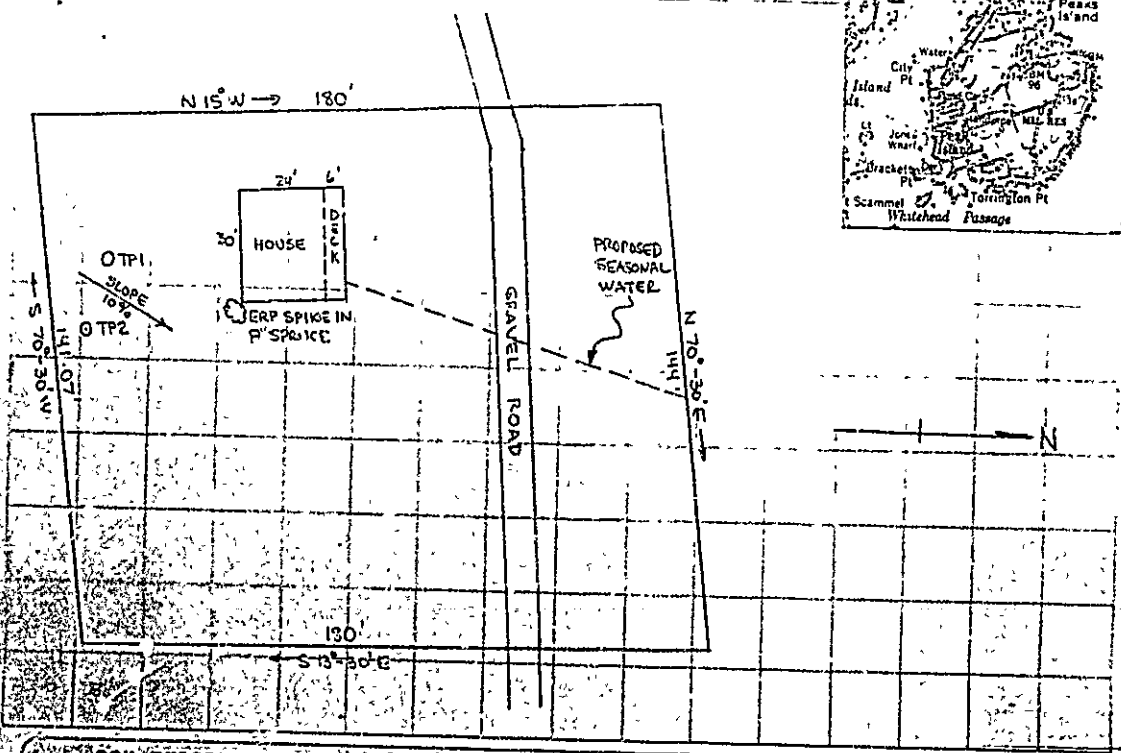
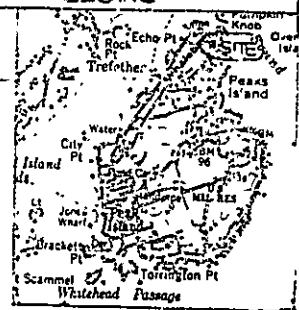
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plan: **PORTLAND PEAKS ISLAND WOODS ROAD** St. Road, Subdivision: **92-E-31** Owners Name: **STEVEN MACISAAC**

SITE PLAN

Scale 1" = 40 Ft.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole 1		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST FEAT		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRIABLE	DARK BROWN	
SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE
SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	COMMON
	FRIABLE	RED GRAY	FEW
Soil Profile	Classification AIII	Slope 10%	Liming Factor 18
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Fractured <input type="checkbox"/> Bedrock			
Observation Hole 2		<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST FEAT		Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
JAM	SLIGHTLY FRIABLE	DARK BROWN	
SANDY LOAM	FRIABLE	GRAY BROWN	
SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	COMMON
	FRIABLE	RED GRAY	FEW
Soil Profile	Classification AIII	Slope 10%	Liming Factor 16
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Fractured <input type="checkbox"/> Bedrock			

William B. Gardner 0003/4814
Site Evaluator or Professional Engineer's Signature

5/2/89
Date

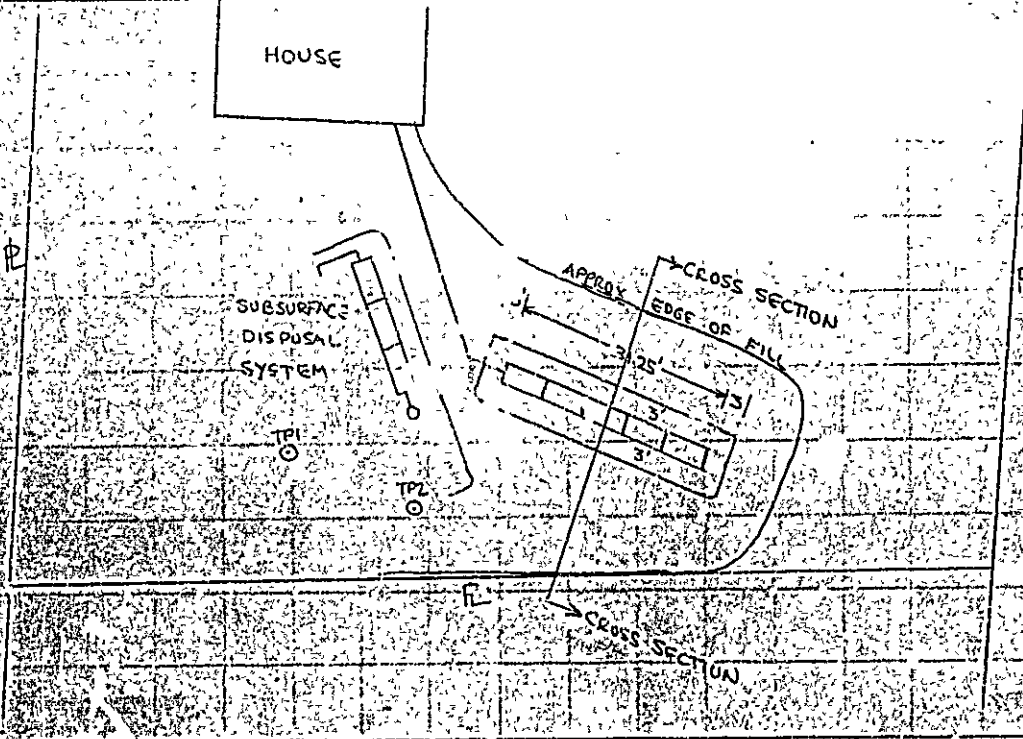
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **WOODS RD 92-G-31** Owners Name: **STEVEN MACISAAC**

SUBSURFACE WASTEWATER DISPOSAL PLAN

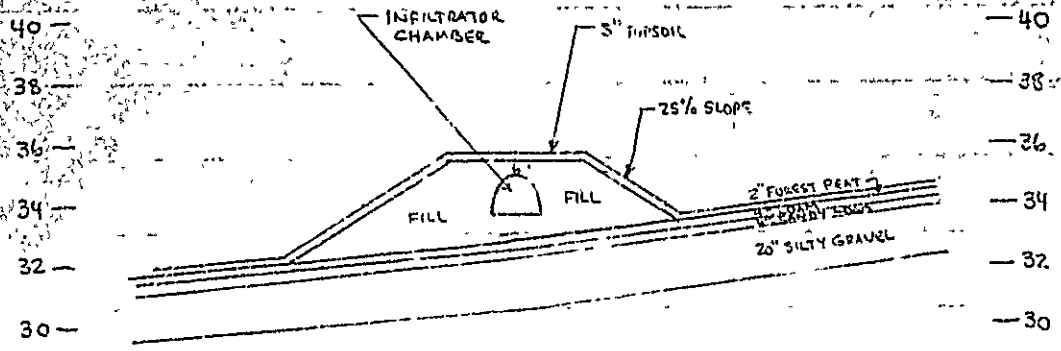
Scale 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	37'	Reference Elevation is	34.09	SPIKE IN 8" SPRUCE NEAR HOUSE	
Depth of Fill (Downslope)	32'	Bottom of Disposal Area	33.64		
		Top of Distribution Lines or Chambers	34.91		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4 Ft.
Horizontal: 1 inch = 10 Ft.



DeVill...
Site Eng. Professional Engineer's Signature

0003/4814
SE # 171 E #

5/2/89
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3420

PROPERTY ADDRESS		PORTLAND PERMIT # 3,407 TOWN COPY Date Permitted: <u>5, 5, 89</u> \$ <u>140</u> FEE Local Plumbing Inspector Signature: _____
Town Or Plat/Date:	PORTLAND PEAKS ISLAND	
Street Subdivision Lot #	WOODS ROAD TAX MAP 92 BLOCK 6 LOT 31	
PROPERTY OWNERS NAME		
First Last:	McISAAC STEVEN First	
Applicant Name:	STEVEN McISAAC	Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Mailing Address of Owner/Applicant (if Different)	13 FRANCINE ROAD FRAMINGHAM MASS 01701	
Owner/Applicant's Statement		
I certify that this information as entered 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: _____
		Local Plumbing Inspector Signature: _____ Date Approved: _____

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 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
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: 25,600 SF ZONING: IR1		

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: <u>1000</u> GALS.	WATER CONSERVATION 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input checked="" 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 (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING, EMPLOYEES, WATER RECORDS, ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET - 45 SEPARATED LAUNDRY - 90 DESIGN FLOW 315 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: <u>3</u> CONDITION: <u>AIII</u> DEPTH TO LAYING FACTOR: <u>16</u>	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"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER <u>175*</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 * USED 22 IN. INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On MARCH 27 1989 (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.

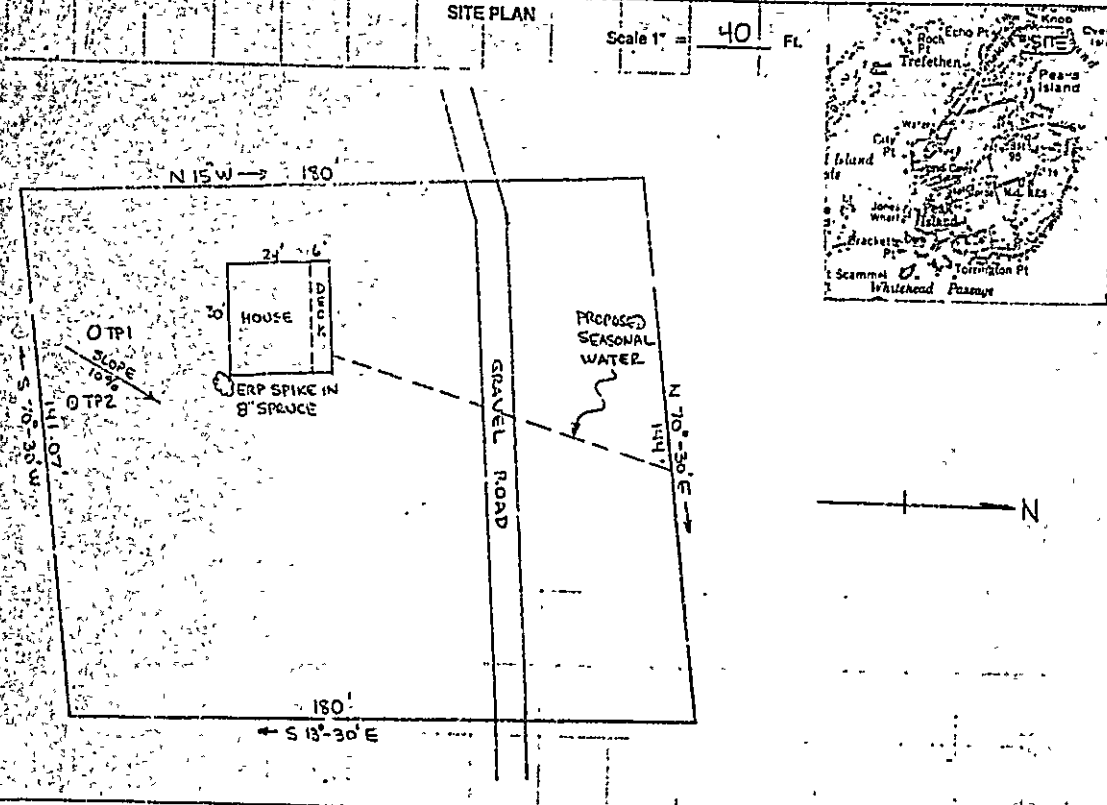
William B. Johnson 0003/4814 5/2/89
 Site Evaluator or Professional Engineer's Signature SE# / IPE# Date

Page 1 of 3
HSE-200 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND, PEAKS ISLAND** Street, Road, Subdivision: **WOODS ROAD 92-6-31** Owners Name: **STEVEN MACISAAC**



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

Observation Hole 1 Test Pit Boring

2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRIABLE	DARK BROWN	
SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE
SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	COMMON
	FRIABLE	RED GRAY	FEW

Soil 3 Classification AIII Slope 10% Limiting Factor 18 Ground Water Rooting Layer Drainage

Observation Hole 2 Test Pit Boring

2" FOREST FEET * Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAM	SLIGHTLY FRIABLE	DARK BROWN	
SANDY LOAM	FRIABLE	GRAY BROWN	
SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	COMMON
	FRIABLE	RED GRAY	FEW

Soil 3 Classification AIII Slope 10% Limiting Factor 16 Ground Water Rooting Layer Drainage

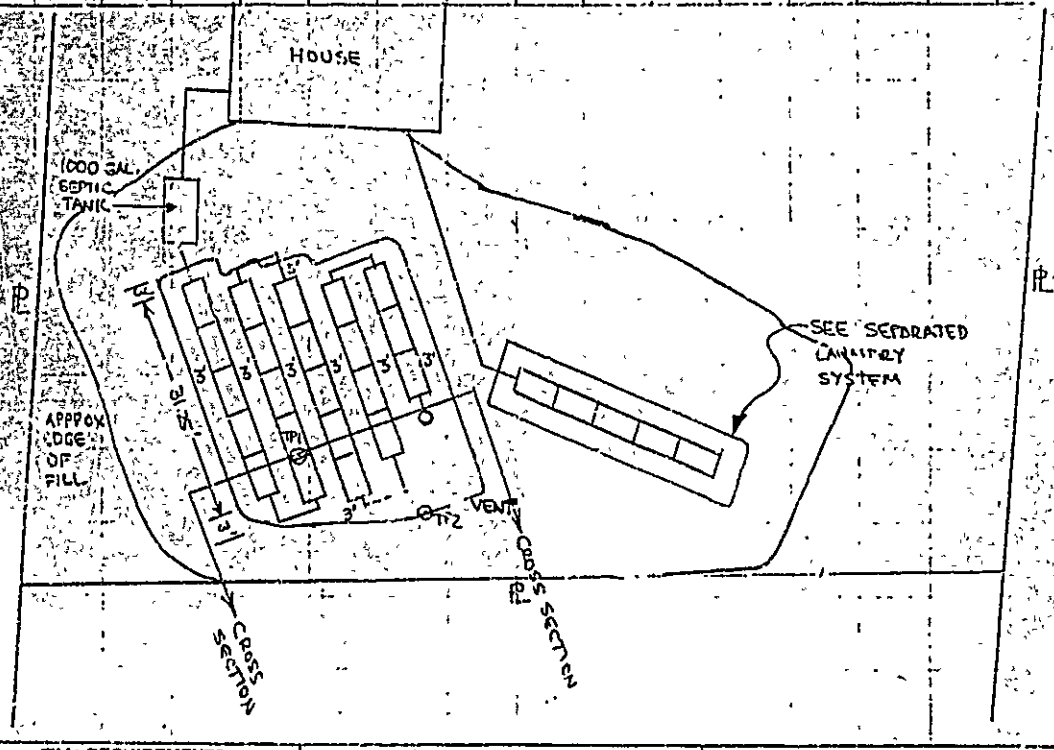
William B. Jordan 0003/4814 5/2/89
Site Evaluator or Professional Engineer's Signature Date

704203 HHC 900 Rev. 483

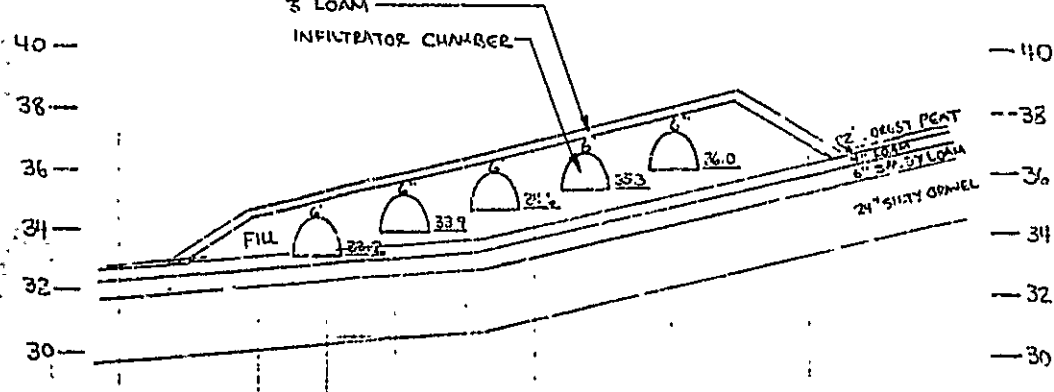
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision WOODS ROAD	Parcel No. 92-6-31	Owner Name STEVEN MACISAAC
SUBSURFACE WASTEWATER DISPOSAL PLAN			Scale 1" = 20' H.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>30'</u>	Reference Elevation is <u>34.09</u>	SPIKE IN 8" SPRUCE NEAR HOUSE
Depth of Fill (Downslope) <u>7'</u>	Bottom of Disposal Area <u>SEE X SECTION</u>	
	Top of Distribution Lines or Chambers <u>SEE X SECTION</u>	
DISPOSAL AREA CROSS SECTION		
Scale: Vertical: 1 inch = 5' FL Horizontal: 1 inch = 10' FL		



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

0003/4814
SITE #

5/2/89
Date

SUBSURFACE WASTEWATER

Department of Human Services
Division of Health Engineering
(207) 289-3326

PROPERTY ADDRESS

Town or Plan: PORTLAND PEAKS ISLAND

Street: WOODS ROAD

Subdivision Lot: TAX MAP 92 - BLOCK G LOT

PROPERTY OWNERS NAME

Last: MACISAAC First: STEVEN

Applicant Name: STEVEN MACISAAC

Mailing Address of Owner/Applicant (if different): 13 FRANCINE ROAD
FRANKINGHAM MASS 01701

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 understanding that any falsification is cause for the Local Plumbing Inspector to deny a Permit.

Steven MacIsaac
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> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval.</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval.</p>	<p>INSTALLATION IS</p> <p>COMPLETE SYSTEM</p> <p>1. <input type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BOD 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>Public Water</u></p>
<p>SIZE OF PROPERTY: <u>25,600 SF</u></p> <p>ZONING: <u>IR1</u></p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>N/A</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input checked="" type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>SEPARATED LAUNDRY SYSTEM</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>3</u> CONDITION: <u>AIII</u></p> <p>DEPTH TO LIMITING FACTOR: <u>16</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BOD _____ Sq Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>150</u> Sq Ft.</p> <p><input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: <u>90</u> (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * Used 5 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

On MARCH 27 1989 (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 0003/4814 5/2/89
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

* Local Plumbing Inspector Signature & Local San Evaluation Waiver or Local Opinion

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

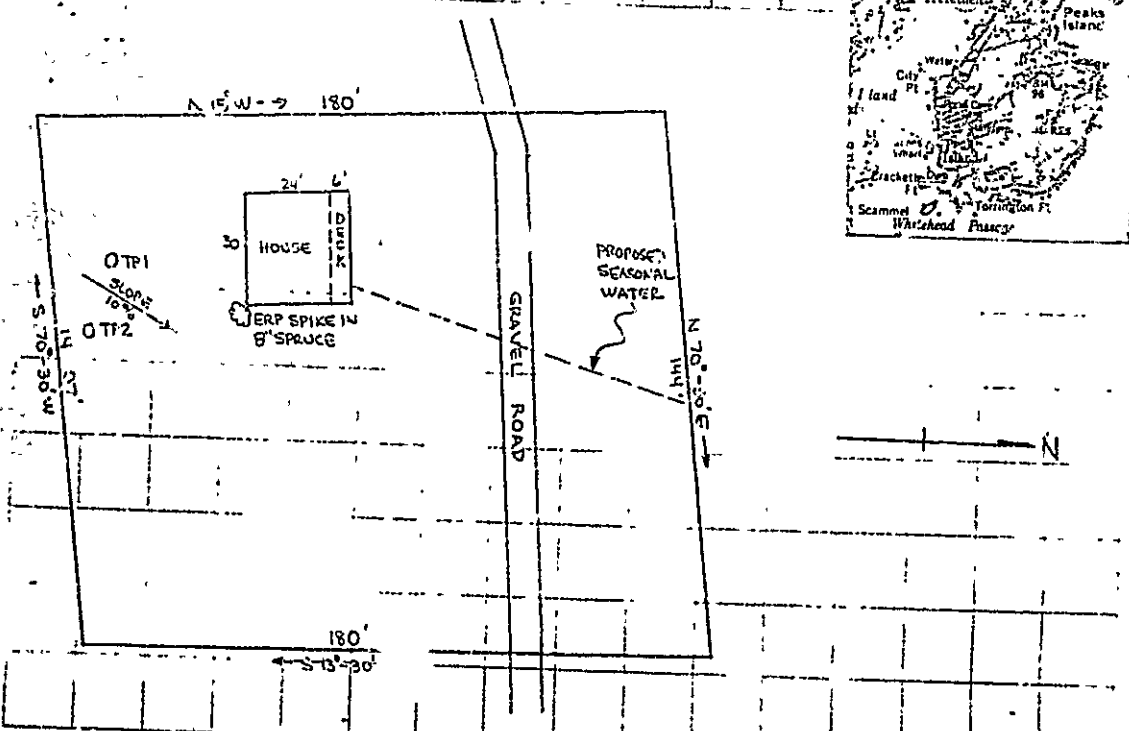
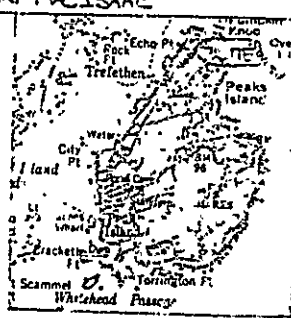
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation
PORTLAND PEAKS ISLAND WOODS ROAD Street, Road, Subdivision
92-6-31
Owners Name
STEVEN MACISAAC

SITE PLAN

Scale 1" = 40' Ft.



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

Observation Hole 1 Test Pit Boring
2" FOREST PEAT Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAM	SLIGHTLY FRIABLE	DARK BROWN	
2	SANDY LOAM	FRIABLE	MEDIUM BROWN	
10				NONE
15	SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	
20				COMMON
30		FRIABLE	RED GRAY	FEW
40				
60				

SN 113
No. 113
Classification **A.III**
Slope 17%
Limiting Factor 18
 Ground Water
 Rooting Layer
 Bedrock

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	LOAM	SLIGHTLY FRIABLE	DARK BROWN	
2	SANDY LOAM	FRIABLE	GRAY BROWN	
10				
15	SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	
20				COMMON
30		FRIABLE	RED GRAY	FEW
40				
60				

SN 113
No. 113
Classification **A.II**
Slope 10%
Limiting Factor 16
 Ground Water
 Rooting Layer
 Bedrock

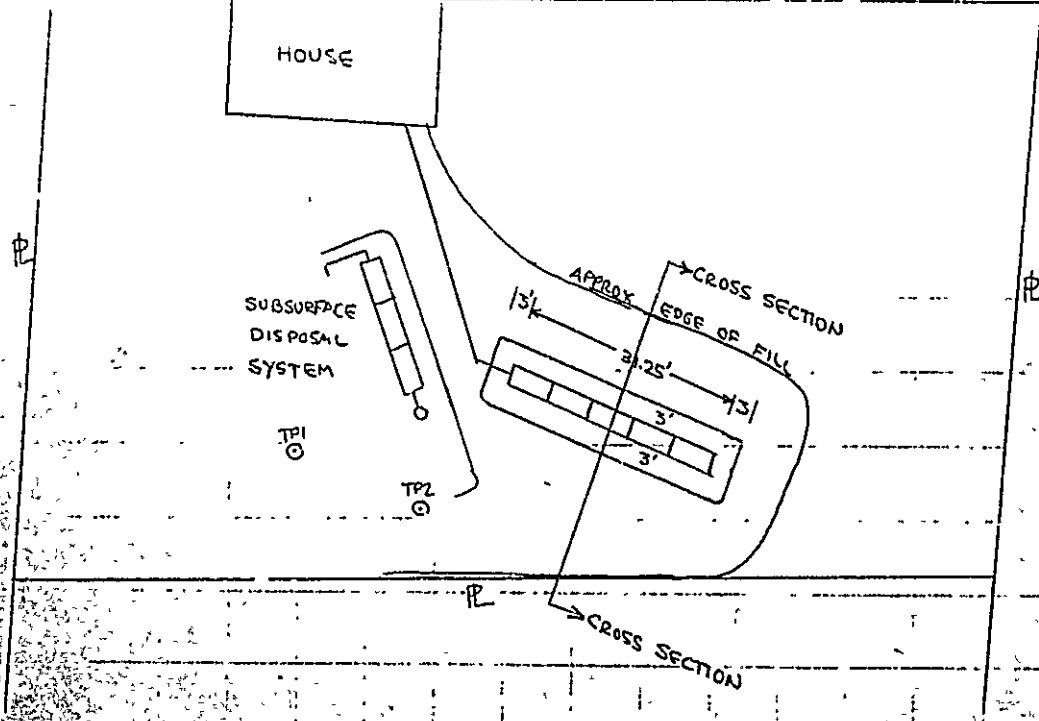
William B. Johnson 0003/4814
Soil Evaluator or Professional Engineer's Signature SEP, PE#

5/2/94
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

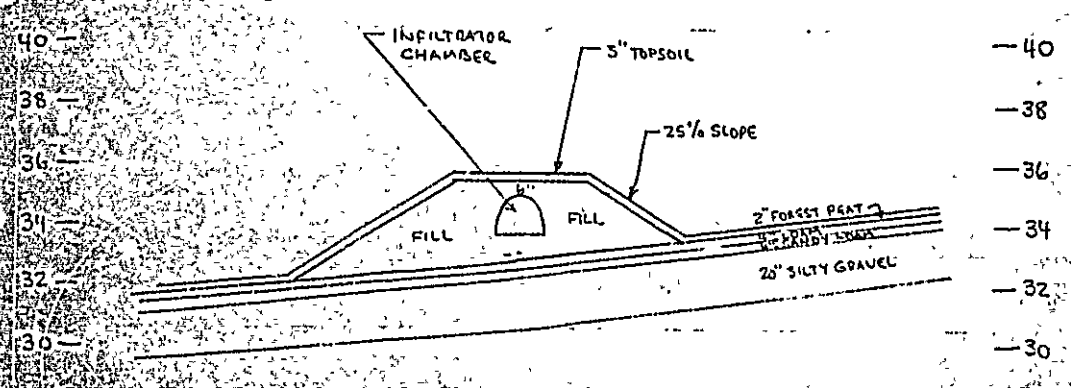
Town, City, Plantation PEAK ISLAND PEAK ISLAND	Street, Road, Subdivision WOODS RD 92-G-3	Owners Name STEVEN MARISFAC
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> Ft.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>32</u>	Reference Elevation is <u>34.07</u>	SPIKE IN 8" SPRUCE NEAR HOUSE
Depth of Fill (Downslope) <u>32</u>	Bottom of Disposal Area <u>33.64</u>	
	Top of Distribution Lines or Chambers <u>34.91</u>	

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4 Ft.
Horizontal: 1 inch = 10 Ft.



Drawn by: B. Gardner 0003/4814 5/2/89
 Site Engineer's Professional Engineer's Signature SE #/PE # Date
 Page 3 of 3 HHE-200 Rev. 4-83

CITY OF PORTLAND, MAINE

389 CONGRESS STREET
PORTLAND MAINE 04101
(207)874-8300



DEPARTMENT OF PLANNING & URBAN DEVELOPMENT

P. SAMUEL HOFFSES, CHIEF
INSPECTION SERVICES DIVISION

March 8, 1990

RE: 92-G-31 Woods Road, Peaks Island, Maine

Mr. Steven MacIsaac
13 Francine Road
Framingham, Mass. 01701

Dear Sir:

I received your letter dated February 12, 1990 with an attached page 3 of the HHE-200 form that was revised from the original dated 5/2/89. Please be advised that I can not approve this revision because the originator did not do this work.

I have talked with Mr. William Goodwin about this and he stated "he has revised the original out can not give it to me because of conflict he has with the City."

Therefore, until I receive and approve the revised HHE-200 no work is to be done on your proposed project at 92-G-31 Wood Rd., Peaks Island, Maine. This also includes the proposed building.

If you have any questions regarding this matter, please call this office.

Sincerely,

P. Samuel Hoffses
Chief of Inspection Services

/cl

13 Francine Rd.
Framingham, Ma.
01701
Feb. 12, 1990

Mr. Samuel Hoffses
Chief of Inspection Dept.
Portland City Hall
389 Congress St.
Portland, Maine 04101

RE: 92-6-31
PEAKS ISLAND

Dear Mr. Hoffses:

Attached is revised plot plan for my Woods Road, Peaks Island lot. As can be seen, the profiles are much more detailed and outline the ledge Mr. Swain was concerned about. As discussed the septic tank and house have been moved away from the ledge and the twenty-three (23) chambers reconfigured to accommodate the move. (See attached HHE-200 color coded plan). The test pits have been labeled and a culvert has been placed under the road to drain the run-off water down the existing natural channel, the access to which was cut off when fill was dumped in the roadbed. Finally, the existing wetland area caused by the elimination of access to the aforementioned natural channel is indicated.

Hopefully, this resubmission will meet your needs. If further information is required please contact Bill Goodwin.

Sincerely,

Steve MacIsaac
Steve MacIsaac

cc: W. Goodwin

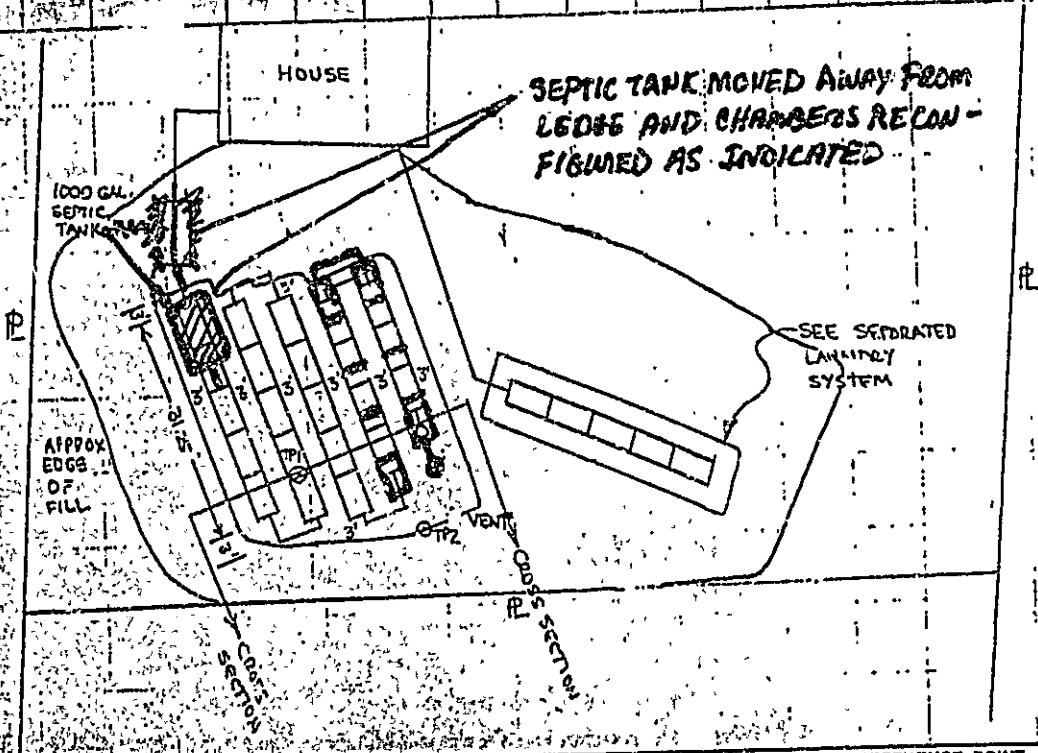
FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

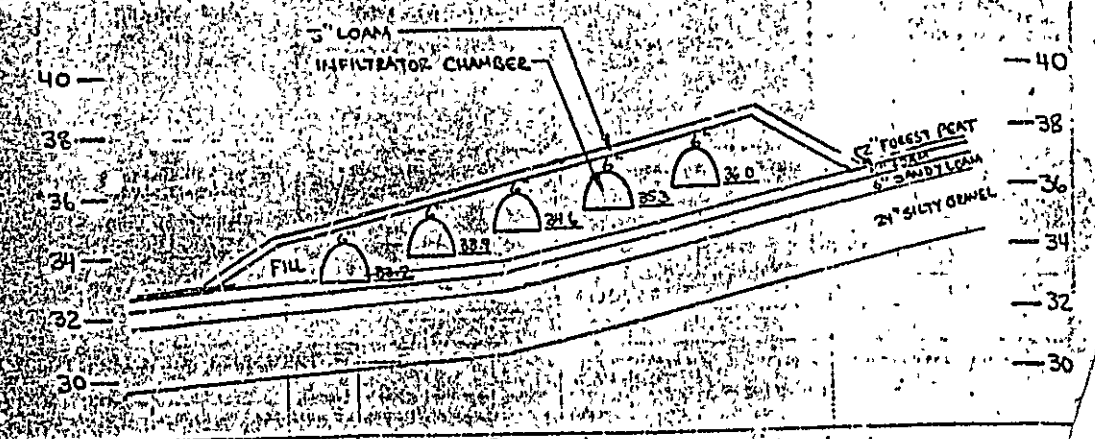
Plantation: **LAND PEAKS ISLAND** Street, Road, Subdivision: **WOODS ROAD 92-6-31** Owners Name: **STEVEN McISAAC**


SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	30'	Reference Elevation is	31.91	LOCATION & DESCRIPTION	
Depth of Fill (Down)	19'	Bottom of Disposal Area	SEE SECTION	SPIKE IN 5" SPIKE	
		Top of Distribution Lines or Chambers	SEE SECTION	NEAR HOUSE	
DISPOSAL AREA CROSS SECTION				Scale:	
				Vertical:	1 inch = 5' PL
				Horizontal:	1 inch = 10' PL



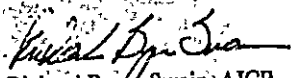


Mr. Robert Ganley
Building Permit Revocation
March 1, 1990
Page 2

Fourth, Section 14-145.5 of the Portland Zoning Ordinance indicates that "Lots of Record" need not meet a minimum frontage requirement provided "access is available by means of a permanent easement or right-of-way which existed as of July 15, 1985," and continues to describe the minimum standards applicable to such access ways as "an easement or right-of-way providing access for three (3) or more lots ... shall be a minimum of thirty-two (32) feet wide and meet the construction requirements of Article III of Chapter 25 (Street Acceptances) of this Code." The historical easement known as Woods Road providing access to our property and the MacIsaac lot certainly predates 1985 and there are eight lots between Pleasant Avenue, the nearest paved road, and the MacIsaac lot which rely upon this easement for their only access. The historical nature of Woods Road notwithstanding, it predates this century, reliance upon a narrow, occasionally impassable, gravel path as access for currently proposed residential construction does not appear compliant with City standards.

I trust that had accurate and complete information been presented in the original permit applications, these permits would not have been issued. However, they were issued and, despite reasonable evidence and statutory obligations that they should be rescinded, have not been revoked. I would appreciate your assistance in resolving this situation.

Sincerely,
Daylor Consulting Group, Inc.



Richard Bryan Swain, AICP

copy: Mr. P. Samuel Hoffses
Mr. Joseph E. Gray, Jr.
Attorney Charles A. Lane
Attorney Richard A. Shinay, DWP&M

Daylor
Consulting
Group
Inc.

March 1, 1990

Mr. Robert Ganley
City Manager
City of Portland
389 Congress Street
Portland, Maine 04101

Subject: Building Permit Revocation

Dear Mr. Ganley,

I want to bring to your attention an administrative situation which I find increasingly intolerable.

I had challenged the issuance of Subsurface Wastewater Disposal Permit #3407 and Building Permit #002275 for property of Steve MacIsaac on Peaks Island abutting land of my family last September. The fundamental basis for my concerns were that the soil valuation and site plan prepared for the permit applications were erroneous or significantly incomplete and indicated a system design which was not conforming to the state regulations. The City responded to the concerns expressed by myself and our attorneys and conducted site inspections in October and November, with assistance of staff from the state Department of Environmental Protection and Department of Human Services, Division of Health Engineering. The conclusion of the on-site inspections by the City and Mr. Jay Hardcastle, Director of Site Evaluation for the Department of Human Engineering, was that the subsurface disposal system was not compliant with applicable regulations and should be revoked. My understanding is that neither Subsurface Wastewater Disposal Permit #3407 nor Building Permit #002275, for which a valid sewage disposal permit is a prerequisite, have been revoked.

I have reached several conclusions during review of land use regulations of the State of Maine and City of Portland, and the materials of record upon which the permits were granted which I want to bring to your attention. First, significant information which is required by the applicable regulations to be provided, and which significantly affect the City's permit review process, was in fact not provided. The missing information includes large rock outcrops within the proposed sewage disposal field, intermittent streams, wetlands, and land subject to periodic inundation; all obvious in the field and all relevant to the permitting process.

Second, a review of the site should have detected the incomplete nature of permit application materials and scrutiny of the submitted design plans should have detected the noncompliance with the state Subsurface Wastewater Disposal Rules.

Third, I do not believe that the Subsurface Wastewater Disposal Permit was validly issued for the system. The "permit required" space is blank on the "gray wastewater" system application and has been filled with a label indicating approval on the "blackwaste" system permit. However, the approval label is not signed, nor is the Local Plumbing Inspector identification number provided. Copies of the first page of both permits forms are attached for your reference.

Suite 216
World Trade Center
Boston, MA 02210
617 439 5525

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Plantation: PORTLAND PEAKS ISLAND

Street: WOODS ROAD

Submission Lot #: TAX MAP 92 BLOCKS LOT 31

PROPERTY OWNERS NAME

Last: MACISAM First: STEVE J

Applicant Name: STEVE J McISAM

Mailing Address of Owner/Applicant (if different): 13 FRANKIE ROAD FRAMINGHAM MASS 01701

PORTLAND PERMIT # 3,407 TODAY COPY

Date Permit Issued: 5, 5, 89 FEE: \$140 Double Fee Charged

L.P.I. # _____

Local Plumbing Inspector Signature _____

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understanding and that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] 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: _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER

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 Toilet)
- ENGINEERED (+2000 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

SIZE OF PROPERTY: 25,600 SF ZONING: IR1

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

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

SPECIFY _____

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 RECORDS, ETC.)

3 BEDROOM 450

1 CONSERVATIVE 45

1 LOW VOLUME 45

1 TOILET 90

1 SEPARATED LAUNDRY 90

DESIGN FLOW: 315 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: AIII

DEPTH TO LIMITING FACTOR: 16

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 775 Sq. Ft. REGULAR H 20
- TRENCH _____ Linear Ft.
- OTHER: _____

SITE EVALUATOR STATEMENT * USED 22 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

On MARCH 27 1989 (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 of Professional Engineer: [Signature] Date: 5/2/89

Site Evaluator or Professional Engineer's Signature: [Signature] SE# JPE# 0003/4814

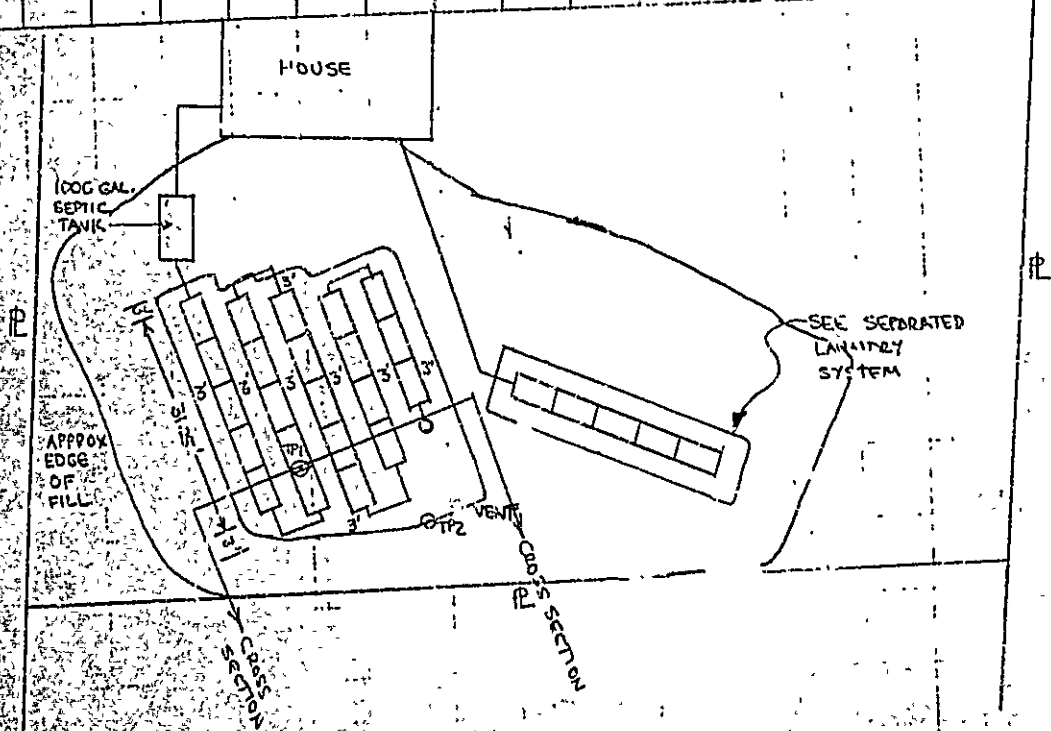
Local Plumbing Inspector Signature if a Local Site Evaluation Was used a Local Option

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

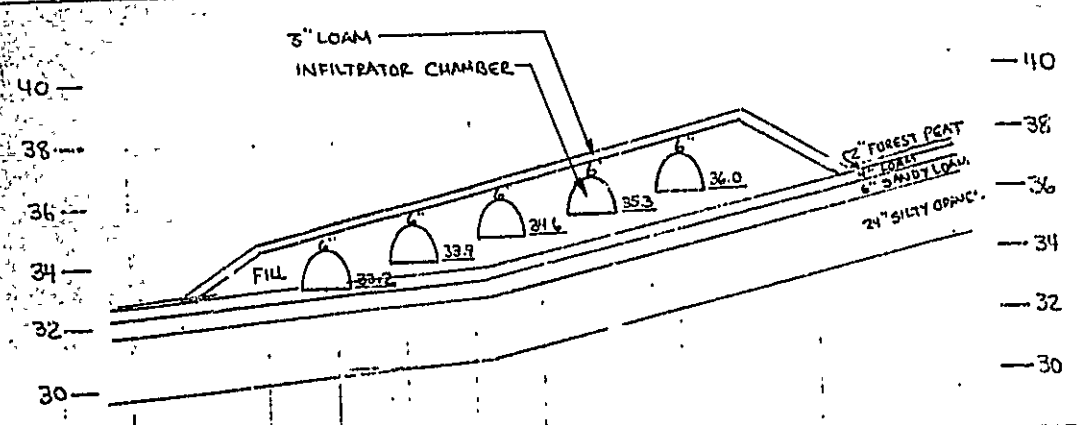
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision WOODS ROAD	92-6-31	Owner's Name STEVEN MACISAAC
SUBSURFACE WASTEWATER DISPOSAL PLAN			Scale 1" = 20 FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 36"	Reference Elevation Is 34.09	SPIKE IN 8" SPRUCE NEAR HOUSE
Depth of Fill (Downslope) 19"	Bottom of Disposal Area SEE X SECTION	
	Top of Distribution Lines or Chambers SEE Y SECTION	



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

0003/4814
SE # / PE #

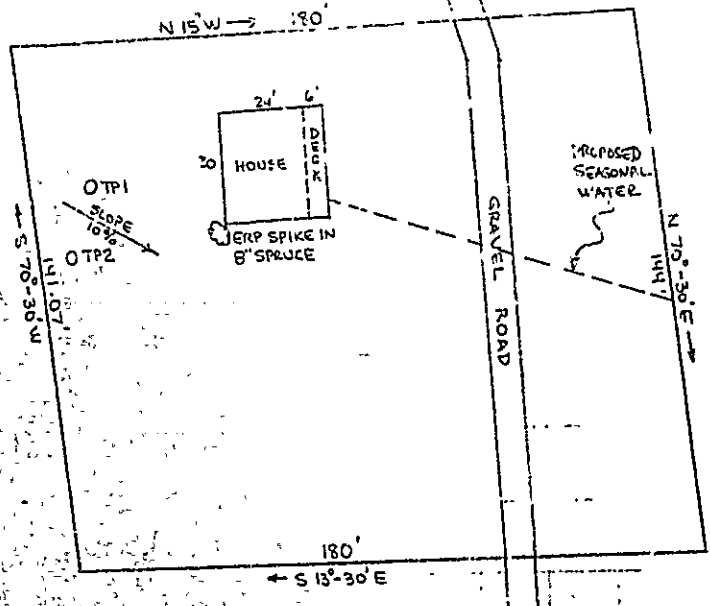
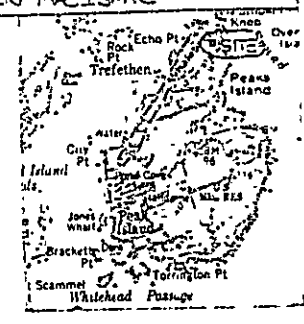
5/2/89
Date

Page 3 of 3
HNE-200 Rev. 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision WOODS ROAD 92-6-31	Owners Name STEVEN MACISAAC
SITE PLAN		Scale 1" = 40' Ft.



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	Observation Hole <u>2</u>	<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring												
<u>1' FOREST FEAT</u>	Depth of Organic Horizon Above Mineral Soil	<u>2' FOREST FEAT</u>	Depth of Organic Horizon Above Mineral Soil												
Text	Consistency	Color	Mottling												
LOAM	SLIGHTLY FRIABLE	DARK BROWN													
SANDY LOAM	FRIABLE	MEDIUM BROWN	NONE												
SILTY GRAVEL	SLIGHTLY FRIABLE	RED BROWN	COMMON												
	FRIABLE	RED GRAY	FEW												
<table border="1"> <tr> <td>Soil Classification</td> <td>Slope</td> <td>Limiting Factor</td> <td><input checked="" type="checkbox"/> Groundwater</td> </tr> <tr> <td><u>3</u></td> <td><u>10%</u></td> <td><u>1B</u></td> <td><input type="checkbox"/> Permeability</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Borings</td> </tr> </table>				Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater	<u>3</u>	<u>10%</u>	<u>1B</u>	<input type="checkbox"/> Permeability				<input type="checkbox"/> Borings
Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater												
<u>3</u>	<u>10%</u>	<u>1B</u>	<input type="checkbox"/> Permeability												
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Text	Consistency	Color	Mottling												
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Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater												
<u>3</u>	<u>10%</u>	<u>1B</u>	<input type="checkbox"/> Permeability												
			<input type="checkbox"/> Borings												

William B. Jordan 0003/4814 5/2/89
 Site Evaluator or Professional Engineer's Signature SE# / PE# Date

Page 2 of 3
HHE-200 Rev 4-83

C570
for

Steven MacIsaac
169 Warwick St
P/m. 04102

1989

PERMIT # 002275 CITY OF Portland BUILDING PERMIT APPLICATION MAP # _____ LOT# _____

Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Steven MacIsaac - 617-877-7824
Address: 13 Francine Rd., Framingham, MA 01701
LOCATION OF CONSTRUCTION: 27-G-31 Woods Rd., Peaks Island
CONTRACTOR: owner SUBCONTRACTORS: ~~XXXXXXXXXXXXXXXXXX~~

Est. Construction Cost: \$50,000.00 Type of Use: Summer Cottage
Past Use: Vacant Lot
Building Dimensions: 18' x 30' Sq Ft, 900 sq ft Stories: 2 Lot Size: 75,676 sq ft
Is Proposed Use: Summer Cottage Seasonal: _____ Condominium: _____ Apartment: _____

Conversion - Explain: To construct Summer Cottage, 2 site plans and
COMPLETE ONLY IF THE NUMBER OF UNITS WILL CHANGE 1 construction plans/
Residential Building: Only: _____
Of Dwelling Units: _____ # Of New Dwelling Units: _____

Foundations:
1. Type of Soil: _____
2. Set Backs - Front: _____ Rear: _____ Side(s): _____
Foundation Size: _____
a. _____

Floors:
1. Sills Size: _____ Sills must be anchored.
2. Girder Size: _____
3. Lally Column Spacing: _____ Size: _____
Joint Size: _____ Spacing 10" C.C.
4. Bridging Type: _____ Size: _____
5. Floor Sheathing Type: _____ Size: _____
6. Other Material: _____

Exterior Walls:
1. Studding size: _____ Spacing: _____
2. No. windows: _____
3. No. Doors: _____
4. Header Size: _____ Span(s): _____
5. Bracing: Yes _____ No _____
6. Corner Posts Size: _____
7. Insulation Type: _____ Size: _____
8. Sheathing Type: _____ Size: _____
9. Siding Type: _____
10. Masonry Material: _____
11. Metal Materials: _____

Interior Walls:
1. Studding Size: _____ Spacing: _____
2. Header Size: _____ Spacing: _____
3. Wall Covering Type: _____
4. Fire Wall If required: _____
5. Other Material: _____

For Official Use Only
Date: May 1989 Subdivision: Yes / No
Inside Fire Lines: _____ Name: _____
Blq Code: _____ Lot: _____
Time Limit: _____ Block: _____
Estimated Cost: 550,000.00 Permit Expiration: _____
Value Structure: _____
Fee: \$270.00 + \$50.00 Site Plan Review

Ceiling:
1. Ceiling Joists Size: _____
2. Ceiling Strapping Size: _____ Spacing: _____
3. Type Ceiling: _____
4. Insulation Type: _____ Size: _____
5. Ceiling Height: _____
PERMIT ISSUED
JUN 27 1989

Roof:
1. Truss or Rafters Size: _____ Span: _____
2. Sheathing Type: _____
3. Roof Covering Type: _____
4. Other: _____
City Of Portland

Chimneys:
Type: _____ Number of Fire Places: _____

Heating:
Type of Heat: _____

Electrical:
Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:
1. Approval of soil test if required: Yes _____ No _____
2. No. of Tubs or Showers: _____
3. No. of Fixtures: _____
4. No. of Lavatories: _____
5. No. of Other Fixtures: _____

Swimming Pools:
1. Type: _____
2. Pool Size: _____ x _____ Square Footage: _____
3. Must conform to National Electrical Code or State Law.

Zoning:
District: _____ Street Frontage Req: _____ Provided: _____
Required Setbacks: Front: _____ Back: _____ Side: _____

Review Required:
Zoning Board Approval: Yes _____ No _____ Date: _____
Planning Board Approval: Yes _____ No _____ Date: _____
Conditional Use: _____ Variance: _____ Site Plan: _____
Shore and Floodplain Mgmt: _____ Special Exception: _____
Other: _____ (Explain) _____
Date Approved: _____

Permit Received By: RRELY Nancy Grossman

Signature of Applicant: Steven MacIsaac Date: 5-5-89

Signature of CEO: _____ Date: _____

Inspection Dates: 5/22