

CITY OF PORTLAND, MAINE
ZONING BOARD OF APPEALS



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Lot 92-G-42
Rear Woods Road, Peaks Island

April 19, 1989

Mr. David W. Hasson
136 Centerwood Road
Newington, Conn. 06111


Dear Mr. Hasson:

Receipt is hereby acknowledged of your application for a space and bulk variance for your property at Lot 92-G-42, Rear Woods Road, Peaks Island to enable you to construct a deck beside your building in the IR-1 Zone.

This space and bulk variance will be scheduled for consideration at the next meeting of the Board of Appeals on Thursday evening, May 11, 1989, at 7 P.M. in Room 209, City Hall, Portland, Maine. A copy of the agenda for that meeting will be sent to you as soon as copies become available for distribution.

Please furnish a plot plan showing the location of the proposed deck in relation to the front side and rear lot lines. This plot plan will be furnished the members in advance of the public hearing.

Sincerely,


William D. Giroux
Zoning Enforcement Officer

cc: Merrill S. Seltzer, Chairman, Board of Appeals
Joseph E. Gray, Jr., Director, Planning & Urban Development
P. Samuel Hoffses, Chief, Inspection Services
Arthur Addato, Code Enforcement Officer
Warren J. Turner, Administrative Assistant
Charles A. Lane, Associate Corporation Counsel



STATE OF MAINE

Department of Environmental Protection

MAIN OFFICE: RAY BUILDING, HOSPITAL STREET, AUGUSTA
MAIL ADDRESS: State House Station 17, Augusta, 04333
207-289-7688

JOHN H. McKERNAN, JR.
GOVERNOR

December 30, 1992

Albert Frick
Albert Frick Associates
95A County Road
Gorham, ME. 04038

*92-6-42
Peaks Island
R Woods Td*

LEON C. MARRIOTT
COMMISSIONER

Re: David Hasson Property, Peaks Island, Portland

Dear Mr. Frick:

The purpose of this letter is to respond to your letter of August 27, 1992 proposing that Mr. Hasson, who has an existing unlicensed untreated seasonal discharge, receive a waste discharge license. You explained the situation thoroughly and advocated in favor of a license or permit for Mr. Hasson.

However, as you pointed out in your letter, Mr. Hasson's discharge fails to meet the licensing criteria in CMR Chapter 596(B), Section 1(e). Furthermore, Mr. Hasson's discharge fails to meet the criteria under Section 2 allowing Conditional Permits. Finally, Section 2 states that any discharges that do not meet the Section 1 criteria or the Section 2 criteria must be terminated. Therefore, the Department concludes Mr. Hasson is not eligible for a waste discharge license or a conditional permit and must remove the discharge.

As connection to the Publically Owned Treatment Works (POTW) currently being planned for Peaks Island is not possible at this time, installation of a holding tank is at this time is Mr. Hassons only wastewater disposal alternative.

If you have any questions, do not hesitate to contact me at 287-7683.

Sincerely,

Melissa Morrill

Melissa Morrill
Division of Licensing, Enforcement & Field Services
Bureau of Water Quality Control

wmmfrick/mwm

printed on recycled paper

REGIONAL OFFICES

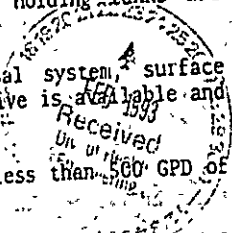
• Portland •

• Bangor •

HOLDING TANK APPLICATION

This form along with a completed HHE-200 form constitutes an application for installation of a holding tank to receive sanitary wastewater. Holding tanks are permitted only for:

- a) the replacement of a malfunctioning subsurface disposal system, surface discharge, or overboard discharge when no other alternative is available and no change in usage is proposed;
- b) for new commercial or industrial facilities generating less than 600 GPD of wastewater when no other alternative is available;
- c) for temporary use by a new single family dwelling when a public sewer will be available within 18 months.



Applications not meeting one of the above criteria will be immediately rejected. Incomplete applications will be returned. Applications for new commercial or industrial facilities require the submission of a \$20.00 review fee. The Department reserves the right to require attachment of deed covenants restricting the use of the property as a condition of approval of any holding tank application.

All appropriate blanks must be completed and all signatures obtained prior to submission for approval.

APPLICANT

First Name: DAVID Last Name: SON

Address: 136 CENTERWOOD ROAD

City/Town: NEWINGTON State: CT. Zip: 06111

PROPERTY

Address: 8 WOODS ROAD

City/Town: PEAKS ISLAND PORTLAND Zip: 04108

Replacement New Commercial Installation (\$20 Review Fee)
Age of old System: _____ Type of Old System: _____

PUMPER

Business Name: Island Bay Services Inc

Address: P.O. Box 48

City: Peaks Island Maine Zip: 04108

Truck Capacity: 2500 Can Pump From 7/1 to 12/1/93

Disposal Site: PWD Plant Peaks Island

PROPERTY OWNER

I, DAVID W. HASSON, am the owner of the property described in this application. I hereby do swear that all information regarding the past, present, and planned future uses of the property is accurate. I understand that a conventional subsurface wastewater disposal system is not feasible on my property and that the holding tank is only a temporary receptical and requires periodic maintenance. I have contracted with the individual specified on the form as the pumper to periodically empty the holding tank. I further agree to file with the Registry of Leeds and to abide by any deed covenants that may be required by the Department as a condition of approval.

David W. Hasson 2/12/93
Property Owner's Signature Date

SITE EVALUATOR

I, ALBERT FRICK, state that I have evaluated the subject property and find that there is no feasible subsurface wastewater disposal system for this property. I have completed an HHE-200 form proposing a holding tank as the only alternative for on-site wastewater disposal.

Albert Frick 2/12/93
Site Evaluator's Signature Date

PUMPER

I, T. Covington Lawson, operate a septage removal service as described on this form and have contracted with the property owner to remove holding tank wastes from the subject property. I state that I have the necessary equipment and capacity to service the subject property and that I will dispose of the wastewater at an appropriate site.

T. Covington Lawson 3/5/93
Pumper's Signature Date

LOCAL PLUMBING INSPECTOR

I, P. Samuel Hoffses, local plumbing inspector for the municipality of Portland, ME have visited the subject property and reviewed this application and concur with the site evaluation that a holding tank is the only feasible option for this property.

P. Samuel Hoffses 9/mar/93
Local Plumbing Inspector's Signature Date

MUNICIPAL OFFICERS

We, municipal officers for Portland, ME have reviewed this application and do state that the installation of a holding tank on the subject property does not conflict with any local ordinances.

Robert Sandy 9/mar/93
Municipal Officer's Signature Title Date

Municipal Officer's Signature Title Date

Municipal Officer's Signature Title Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3226

PROPERTY ADDRESS		<p style="text-align: center;">Caution: Permit Required</p> <p><i>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.</i></p>
Town Or Plantation	PORTLAND (PEAKS ISLAND)	
Street	MAP 92, SEC. G, LOT 42	
Subdivision Lot #	B WOODS ROAD	
PROPERTY OWNERS NAME		
Last: HASSON	First: DAVID	<p style="text-align: center;">Caution: Inspection Required</p> <p><i>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</i></p>
Applicant Name:		
Mailing Address of Owner/Applicant (if Different)	136 CENTERWOOD ROAD NEWINGTON, CT. 06111	
Owner/Applicant Statement		Local Plumbing Inspector Signature _____
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.		Date Approved _____
Signature of Owner/Applicant _____		Date _____

PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> 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 <p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - PH 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ol style="list-style-type: none"> a. <input 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 	<p>INSTALLATION IS: COMPLETE SYSTEM</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input checked="" type="checkbox"/> HOLDING TANK <u>2,250</u> 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
<p>IF REPLACEMENT SYSTEM: 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 checked="" type="checkbox"/> OTHER: <u>OVERBOARD</u> 	<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 _____ <p style="text-align: center;">SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY SEASONAL PUBLIC WATER</p>
<p>SIZE OF PROPERTY <u>9,760</u> sq ft</p>	<p>ZONING</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)							
<p>TREATMENT TANK</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC <p>SIZE: _____ GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> NONE 2. <input checked="" 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: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center; font-size: large;">SINGLE FAMILY DWELLING (3 BEDROOM)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PROFILE</td> <td style="width: 50%; text-align: center;">CONDITION</td> </tr> <tr> <td style="text-align: center;"><u>2</u></td> <td style="text-align: center;"><u>A</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>2-8</u></p>	PROFILE	CONDITION	<u>2</u>	<u>A</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> 1. <input 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 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> BED _____ 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. (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>2</u>	<u>A</u>						

SITE EVALUATOR STATEMENT

On April 21, 1992 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. This system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Albert Pich
 Site Evaluator Signature

163
 SE#

2/12/93
 Date

Page 1 of 3
HHE 200 Rev. 11/86

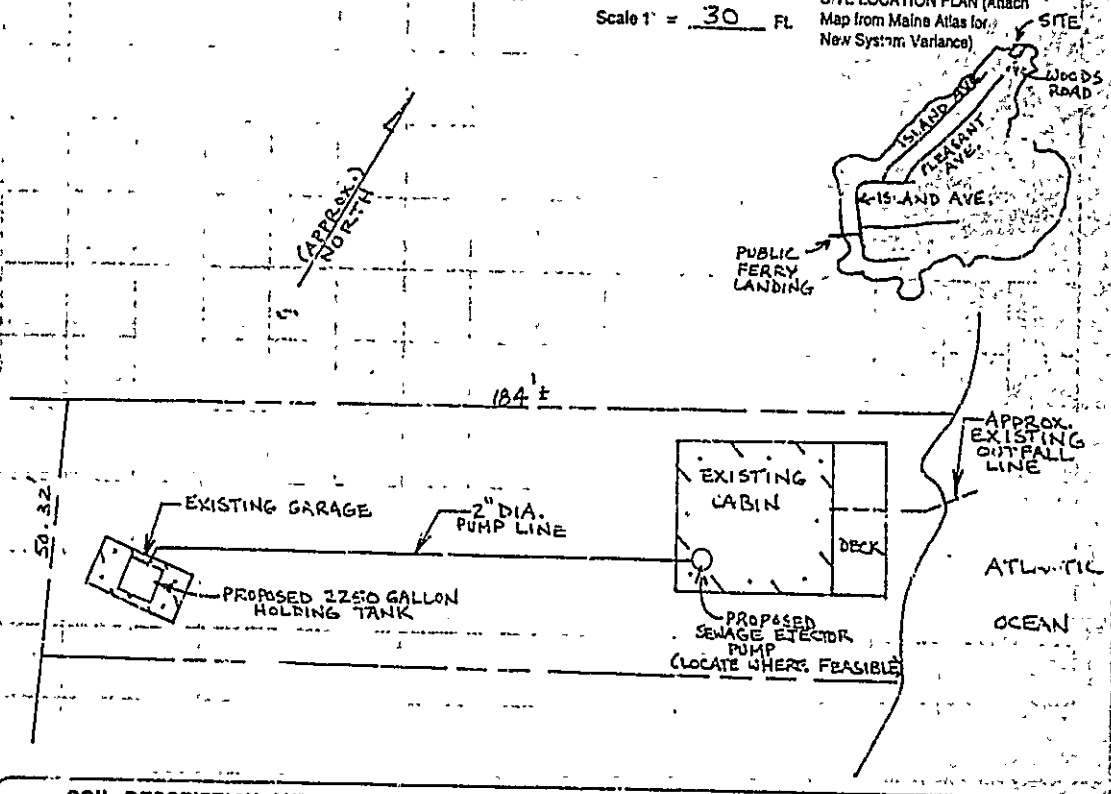
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
PORTLAND (PEAKS ISLAND) Street, Road, Subdivision
B. WOODS ROAD

Owners Name
HASSON, DAVID
SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

Scale 1" = 30 FL.



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

Observation Hole Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
2				
4				
6				
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
From	Section	%		<input type="checkbox"/> Rooted Layer
				<input type="checkbox"/> Barren

Observation Hole Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

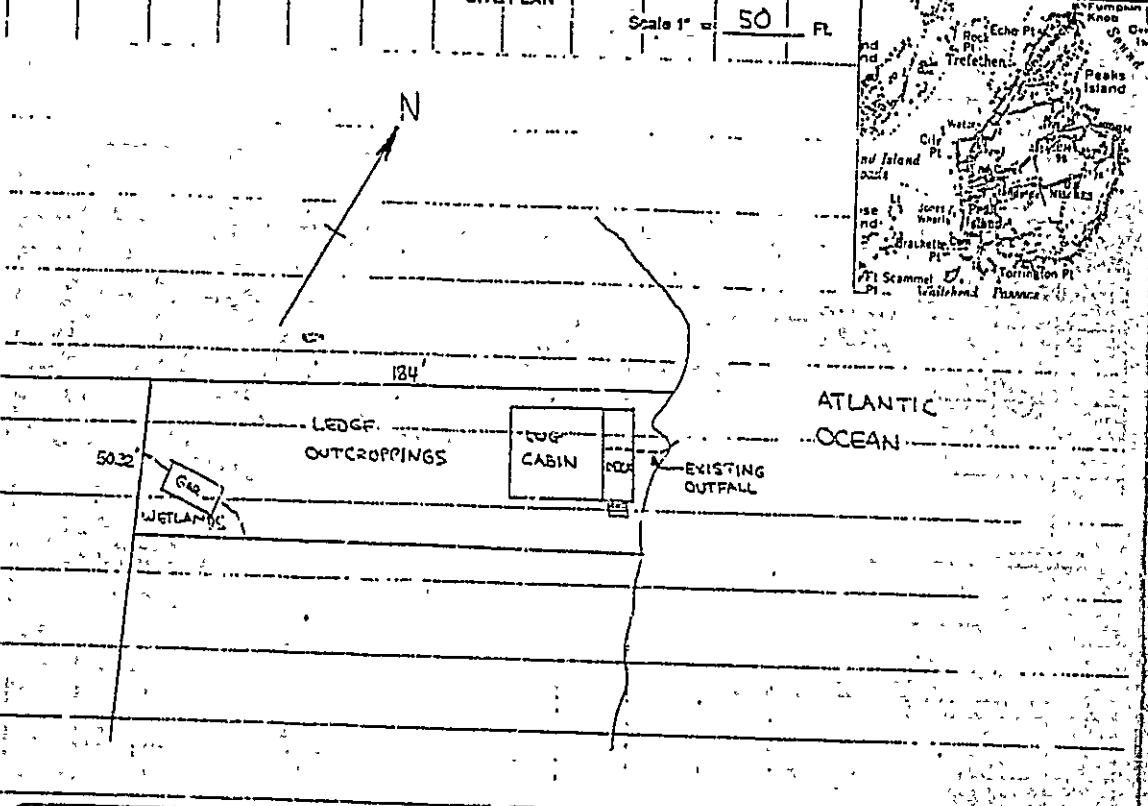
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
2				
4				
6				
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
From	Section	%		<input type="checkbox"/> Rooted Layer
				<input type="checkbox"/> Barren

Albert Feick
Site Evaluator's Signature

163
SE#

2/12/92
Date



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

Observation Hole	Test Pit	Boring	Depth of Organic Horizon Above Mineral Soil
0			
2			
4			
6			
8			

Texture	Consistency	Color	Mottling

Numerous test pits and borings performed on the property indicate that no soils on the property are acceptable for subsurface wastewater disposal. The majority of the property contains ledge outcrops with a typical soil depth of 2" to 8". A smaller area of deeper soils exists near the garage, but seasonal high water table make it also unacceptable.

DEPT	Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Organic Matter <input type="checkbox"/> Fluviatile Layer <input type="checkbox"/> Borings
0					
2					
4					
6					
8					

Thomas R. Adams 277/4798 7/2/91
 Site Evaluator or Professional Engineer's Signature Date

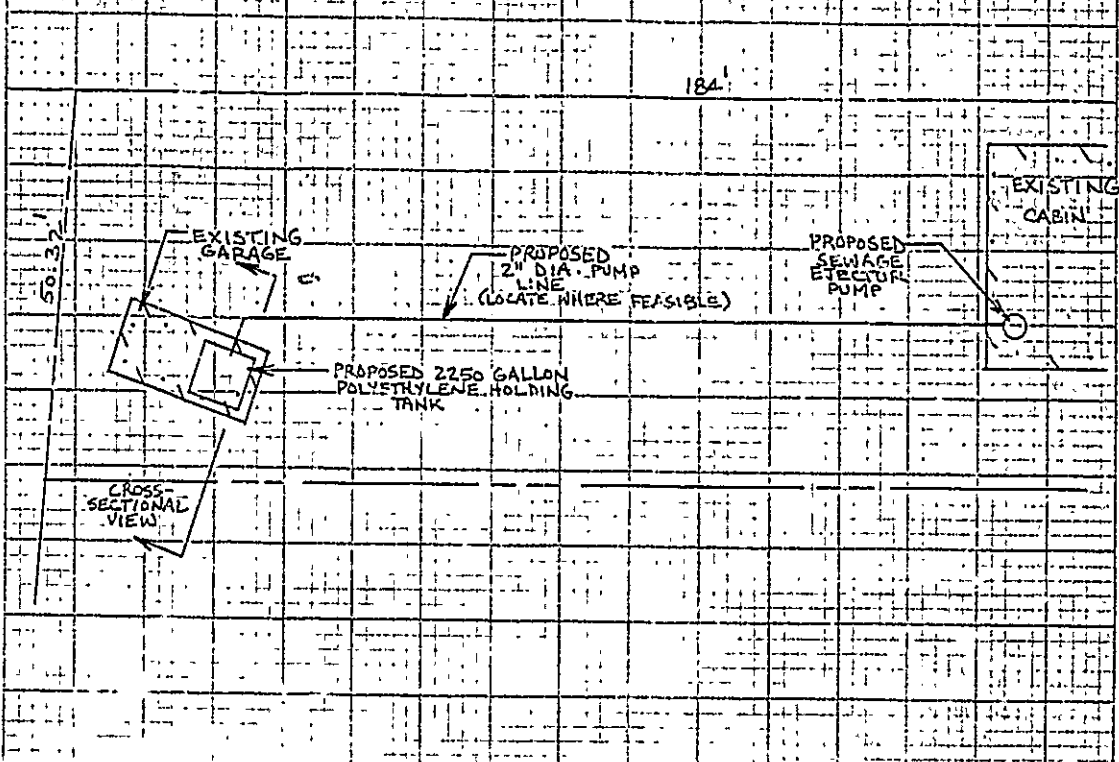
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

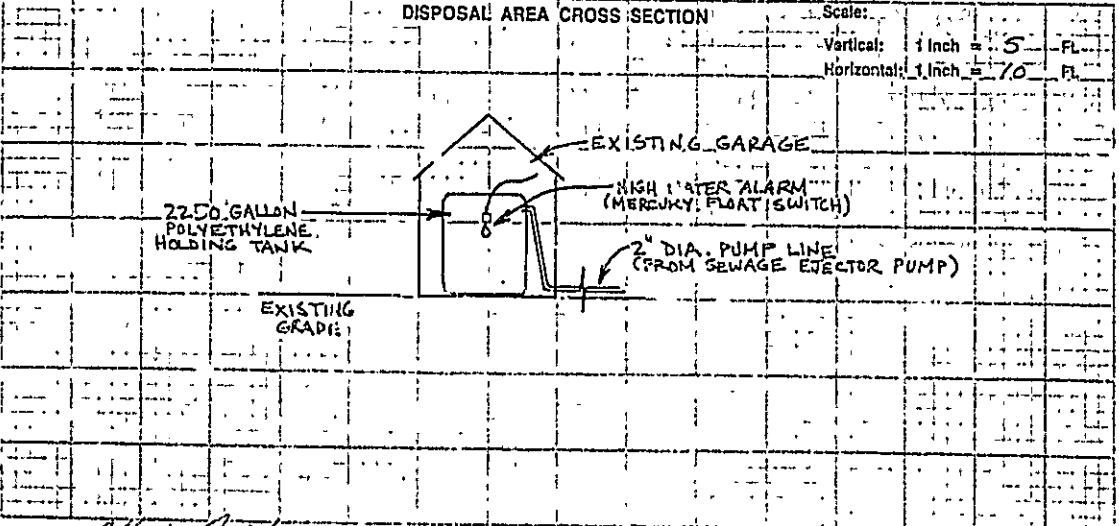
Town, City, Plantation: PORTLAND (PEAKS ISLAND) Street, Road, Subdivision: 8 WOODS ROAD Owners Name: HASSON, DAVID

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



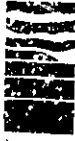
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) _____	Reference Elevation Is _____	
Depth of Fill (Downslope) _____	Bottom of Disposal Area _____	
	Top of Distribution Lines or Chambers _____	



Albert Fried
Site Evaluator Signature

163
SE#

2/12/93
Date



Albert Frick Associates, Inc.

Soil Scientists & Site Evaluators

35A County Road Corham, Maine 04038
(207) 839-5563 FAX (207) 839-5564

Albert Frick SS, SE
James Logan SS, SE
Matthew Logan JE

March 4, 1993

P. Samuel Hoffses
Code Enforcement Officer
City of Portland
City Hall
Portland, ME 04101

Re: David Hasson property, 8 Wood Road (Map 93, Section G, Lot 42), Peaks Island, Portland

Dear Sam:

Enclosed are copies of:

1. Holding Tank Application
2. DEP denial of Overboard Discharge application (December 30, 1992, Mel'ssa Morrill)

Mr. Hasson currently has a seasonal residence at the above referenced property which has an existing direct discharge to Casco Bay. Mr. Hasson applied to DEP for a treated overboard discharge and was denied (see Item 2 letter enclosed). There is no public sewer available to service Mr. Hasson's cottage. The attached holding tank application is the only available option.

Please review the information and sign the Local Plumbing Inspector's statement if you concur that the statement applies to Mr. Hasson's property. If the application meets with your approval and receives your signature, please forward it to the municipal officers used by the City of Portland for the appropriate signatures. The State of Maine, Subsurface Wastewater Disposal Rules defines municipal officers as limited to any of the following: Selectmen, Councilmen, or Aldermen, Mayor, Town Manager.

Subsequent to approval and acquiring the necessary signatures, would you please forward the application to Rick Smith at the Division of Health Engineering for State review and return a copy to me so that I can track its progress? Contact me if you have any questions or matters for additional discussion.

Respectfully,

Albert Frick
AF/ph

copy: David Hasson

92-G-42

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 280-3826

TOWN OR PLANTATION: PORTLAND -- PEAKS CIRCLE
STREET: MAP 92 LOT 42
SUBDIVISION LOT #: P Woods Rd.

WOODS RD PEAKS CIRCLE
 PORTLAND 4776 TOWN COPY
 Date Rec'd: 11-16-92
 L.P.L.E. District #
 Chief Plumbing Inspector

PROPERTY OWNERS NAME:
 Last: HASSON First: DAVID

Applicant Name: AB DUKE NO. 2 HIG.
Mailing Address of Owner/Applicant: 241 #377
 Yarmouth ME 04266

Owner/Applicant Statement:
 I certify that the information furnished is correct to the best of my knowledge and understanding that any false reports is a violation of the Local Plumbing Inspector to carry out a permit.
 Signature of Owner/Applicant: [Signature] Date: 5-5-93

Caution: Inspection Required:
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
 Signature: Arthur Rowe Date: 7-28-93
 Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- SYSTEM VARIANCE + System Variance Form
- REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
- Requiring Local Plumbing Inspector Approval
- Requires State and Local Plumbing Inspector Approval

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

IF REPLACEMENT SYSTEM:
 YEAR FAILING SYSTEM INSTALLED _____
 THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER OVERFLOWED

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY: 9700 SF
ZONING:

TYPE OF WATER SUPPLY:
 Seasonal Public Water

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: _____ GALS.

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DESIGN ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

SINGLE FAMILY DWELLING
 3 BEDROOMS

DESIGN FLOW: _____ (GAL/ONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
2	A

DEPTH TO LIMITING FACTOR: 2-F.

SIZING RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER _____ Sq. Ft.
- REGULAR H-20
- TRENCH _____ feet Ft.
- OTHER: HOLDING TANK

SITE EVALUATOR STATEMENT

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

Site Evaluator Signature: _____ SE# _____ Date: _____

Local Plumbing Inspector Signature (if a Local Site Evaluator Waiver is a Local Option): _____



John R. McKernan, Jr.
Governor

Jane Sheehy
Commissioner

STATE OF MAINE
DEPARTMENT OF HUMAN SERVICES
AUGUSTA, MAINE

March 17, 1993

92-6-112

David Hasson
136 Centerwood Road
Newington, CT 06111

SUBJECT: Replacement System Variance for Holding Tank
Installation, Hasson property, 8 Woods Road, Peaks
Island, Portland

Dear Mr. Hasson:

We have reviewed your HHE-200 form by Albert Frick, SE,
HHE-233 form, and supplemental information.

After review of the information submitted, we approve
the proposed installation with the following conditions:

1. The installation of a 2250 gallon holding tank
with suitable float alarm meeting the construction
standards of CMP 241, Section 17 F.1.
2. The 3 bedroom dwelling is to be used only
seasonally and no expansion allowed.
3. A low volume toilet shall be installed.

Mr. P. Samuel Hoffcos, the Local Plumbing Inspector,
still has to issue a permit prior to the system's
installation. The system needs to be constructed in
compliance with the approved application. This approval
does not release you from having to comply with more
stringent local ordinances and other state laws. The owner
shall on an annual basis, provide the municipal officers or
LIRC with copies of their pumping records.

Yours very truly,

Richard Smith
Rick Smith
Wastewater & Plumbing Control
Division of Health Engineering

RS/sw
cc: P. Samuel Hoffcos, LPI
Albert Frick, SE