

PERMIT TO INSTALL PLUMBING

4716

Date Issued **8-9-76**
 Portland Plumbing Inspector
 By **ERNOLD R GOODWIN**

Address **105-A-13** **2200 WOODLAWN CEMETERY**
 Installation For **one family**
 Owner of Bldg: **George L. Johnston**
 Owner's Address: **22 Saddle Ridge** **Cover, Miss.**
 Plumber: **Ted Rand** **date 8-9-76**
 INO. **FILE**

App. First Insp.
 Date By **9/22/76**
 App. Final Insp.
 Date By **[Signature]**
 Type of Bldg.
 Commercial
 Residential
 Single
 Multi Family
 New Construction
 Remodeling

NEW	REPL			
			SINKS	
			LAVATORIES	
			TOILETS	
			BATH TUBS	
			SHOWERS	
			DRAINS FLOOR SURFACE	
			HOT WATER TANKS	
			TANKLESS WATER HEATERS	
			GARBAGE DISPOSALS	
			SEPTIC TANKS	
1			HOUSE SEWERS leaching bed	1 25.00
			ROOF LEADERS	
			AUTOMATIC WASHERS	
			DISHWASHERS	
			OTHER base fee	3.00
TOTAL				29.00

Building and Inspection Services Dept. Plumbing Inspection

MAINE DEPARTMENT OF HEALTH AND WELFARE
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

(For systems disposing of less than 2000 gallons per day) This is NOT a permit; this form when completed and presented to the Local Plumbing Inspector to obtain a permit.

Town: Fairfax Street, Road, etc: City View Ave Permit No: 4716 Date: 8/9/76

Owner of property: George L. Webster 22 Southside Rd. Duxen Mass. Owner's address: 42070 Site of lot: 1572

Name & type of establishment: Summer Residence Is lot Zoned? Yes No Type of Zoning: Residential Commercial Resource Protection

Name of applicant: Dustin If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following:
 Deed restriction re private sewage disposal
 Copy of the subdivision's soils report
 Soils report from a State Agency

Applicant's address: _____ Tel No: _____
Town: _____ Name: _____
Applicant's signature: _____ Date: 8/9/76
Owner's signature: _____ Date: 8/9/76

Subdivision name: _____ Lot No.: 105-1
-13

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank Only Disposal Area Only

The water supply for this property is: Dug well, depth _____ lining _____ Drilled well, depth _____ lining _____ Spring Surface water - Body, Course - with disinfection without disinfection Public Utility, name Duxen Dist. Co.

SITE INVESTIGATION Show loc. loc of pits and/or borings on sketch on page 2, and refer to completed sample form and Chapter 4 of the Code, II.

Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata Inches <u>0"</u>	Organic strata Inches <u>1"</u>	Organic strata Inches <u>1"</u>	Organic strata Inches <u>0"</u>	Organic strata Inches <u>0"</u>
1st strata Inches <u>7.5"</u>	1st strata Inches <u>1.5"</u>	1st strata Inches <u>1.5"</u>	1st strata Inches <u>1.5"</u>	1st strata Inches <u>1.5"</u>
2nd strata Inches <u>1.5"</u>	2nd strata Inches <u>1.5"</u>	2nd strata Inches <u>1.5"</u>	2nd strata Inches <u>1.5"</u>	2nd strata Inches <u>1.5"</u>
3rd strata Inches <u>1.5"</u>	3rd strata Inches <u>1.5"</u>	3rd strata Inches <u>1.5"</u>	3rd strata Inches <u>1.5"</u>	3rd strata Inches <u>1.5"</u>
Total Depth of observation hole inches	Total Depth of observation hole inches <u>6.4</u>	Total Depth of observation hole inches <u>4.5</u>	Total Depth of observation hole inches	Total Depth of observation hole inches
Max. Ground water table - molting Inches	Max. Ground water table - molting Inches <u>4.9"</u>	Max. Ground water table - molting Inches	Max. Ground water table - molting Inches	Max. Ground water table - molting Inches
Impervious layer, clay, etc Inches	Impervious layer, clay, etc Inches <u>2"</u>	Impervious layer, clay, etc Inches	Impervious layer, clay, etc Inches	Impervious layer, clay, etc Inches
Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock
Surface slope %	Surface slope <u>5%</u>	Surface slope <u>5%</u>	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II <u>B-7</u>	Soil Group & Condition per Table 9-1 of the Code, II <u>B-7</u>	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On 7-7-76 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: William L. Johnson Registration/Certification Number: PE # 11-13 Date signed: 7-9-76

Soil Scientist
 Geologist
 Soil Engineer
 Other, must show current letter of certification to LPI

PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed sample form

SYSTEM	TREATMENT TANK	SUBSURFACE ABSORPTION AREA	SITE MODIFICATION
<input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input checked="" type="checkbox"/> Separated system - type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open/Flush Privy <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: <u>METALCO</u> Size in gallons: <u>117</u> <input type="checkbox"/> Aerobic Tank Manufacturer: <u>Model 10A</u> Size in gallons: _____	Type: <input type="checkbox"/> Trench System: Total trench length _____ <input type="checkbox"/> Bed System: Length _____ Width _____ <input type="checkbox"/> Chamber System: Number _____ Type A _____ Type F _____ <input type="checkbox"/> Mound System: Length _____ Width _____ at base <input type="checkbox"/> Special System: Length _____ Width _____ <input type="checkbox"/> Non-discharge System: Bed Length _____ Width _____ Holding Tank Size _____ Gal. Manufacturer _____ <input type="checkbox"/> Alarm device provided, type _____	Fill is: <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required Fill will be _____ inches deep DETAILS: <input type="checkbox"/> A Distribution Box is required. Pumping is: <input type="checkbox"/> required, <input checked="" type="checkbox"/> not required. The Dose will be _____ gallons per _____ DISTANCES: <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from any and all wells, springs, surface water, "A" and "C" courses (lake, pond, ocean, brook, stream, river, swamps, marshes) and bogs. <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

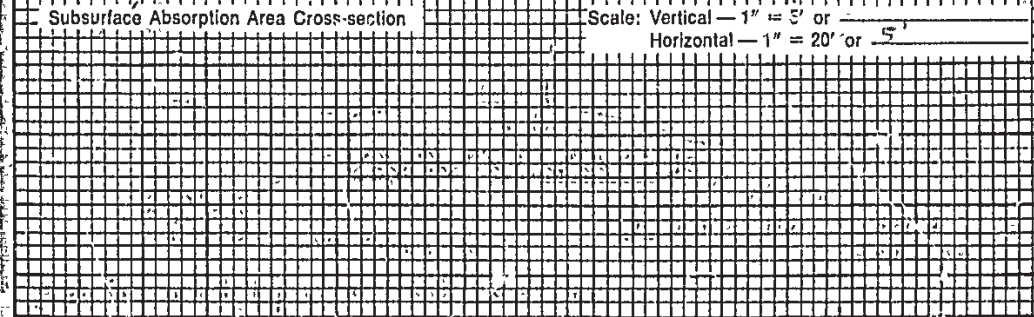
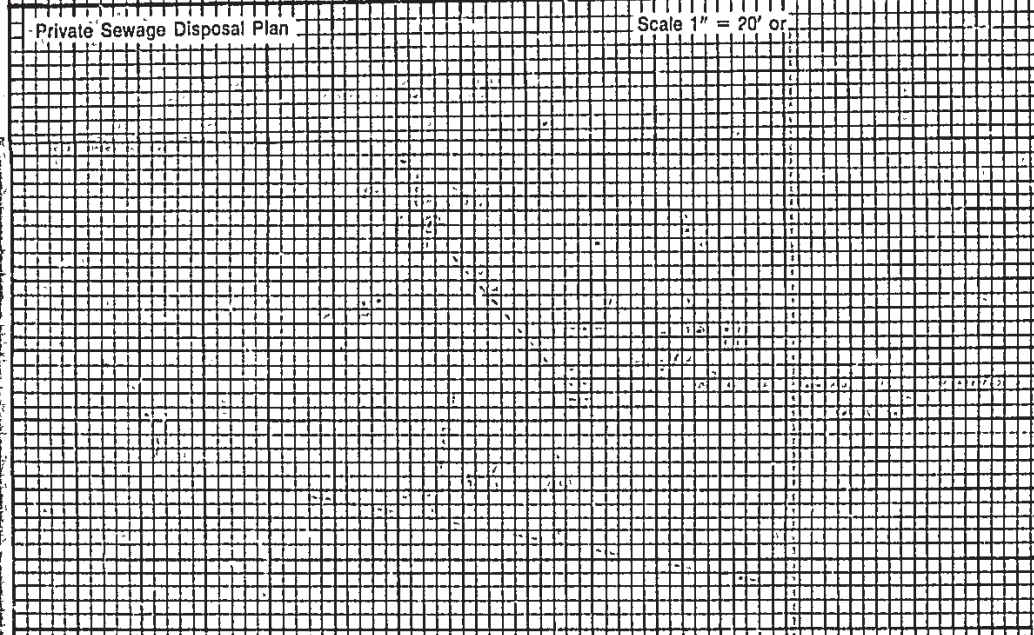
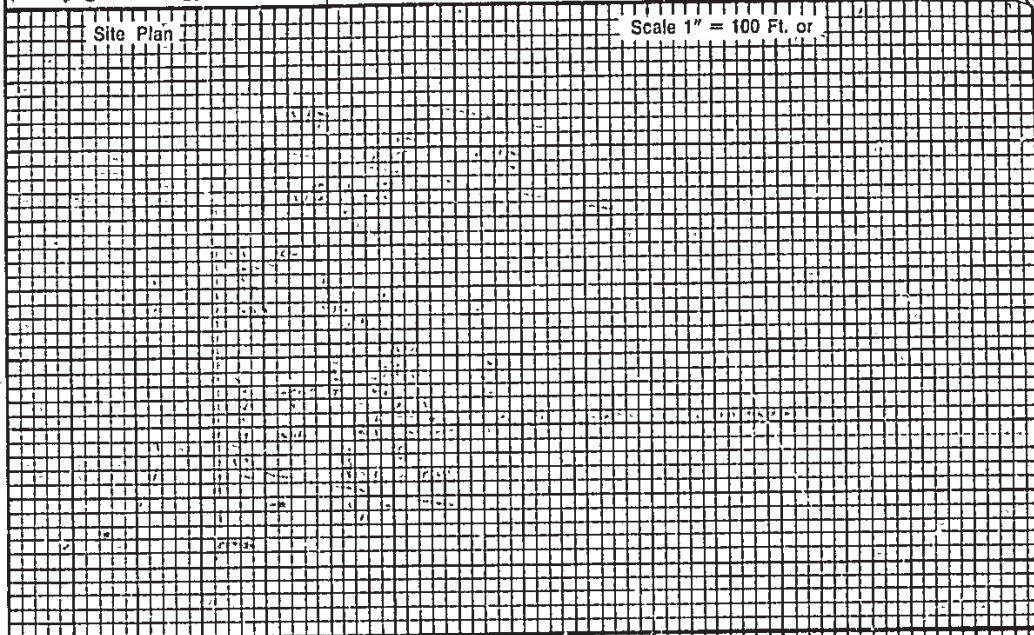
PROPERTY/LOT LOCATION MAP

FOR THE USE OF LPI ONLY

Denial: Application is denied for following reasons; portions of the Code II are cited:
 Form is incomplete (____ pg) as to: General Info. Site Investigation System Proposed
 Site Plan Disposal System Plan Cross Section Statement See Section 2.3
 Site Investigation indicates site is: totally suitable for disposal system; Sections 4.5 and 9.5, Table 9-1, Group 1 and 10.2. Unsuitable for system proposed; Sections 4.3, 4.6, 9.5, Table 9-1.
 System Proposed does not conform to Code; See Sections 9
 Site Investigation indicates site modifications are necessary; See Sections 9, 4.3, 4.4, 4.6, 9.5, 9.7.
 Miscellaneous: _____ See Section _____
 Acceptance: Application for permit is approved with condition specified, comply with Section _____
 without condition.
 Signed LPI: [Signature] Date: 8/9/76 MHE-200 7/74

THIS COPY — To be retained by the Owner
 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town: <u>Portland</u>	Street, Road, etc. <u>City View Ave</u> If on water body, give name.	Owner of property <u>George & Julia Jan</u>
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Statement: (no permit may be issued unless signed)
 I certify that all the information submitted to be true and correct; and I understand that issuance of a permit is based upon the information and plans submitted by the applicant. I also understand that any falsification of this application is reason to deny a permit to install a private sewage disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I understand that no guarantee is intended or implied by reason of any advice or approval given by the Administrative Authority or its agent.

Signature Required

Date: 11/20/74

Applicant: [Signature]

Owner: [Signature]

HHE-200 7/74