

Mickles
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
 Division of Health Engineering
 (207) 289-2826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND LITTLE DIAMOND ISLAND
 Street: ELIZABETH ROAD
 Subdivision/Lot #: TAX MAP 105-BLOCK A-LOTS 14, 15

PROPERTY OWNERS NAME

Last: MICKLES First: MARTHA

Applicant Name: MARTHA MICKLES

Mailing Address of Owner/Applicant (If Different): 15 LINDENWOOD ROAD
 CAPE ELIZABETH, MAINE 04107

PORTLAND PERMIT # 3,443 TOWN COPY

Date Permit Issued: 5/31/89
 Local Plumbing Inspector Signature: [Signature]
 L.P.I. # 1 163

Double Fee Charged

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: *Martha Mickles* Date: 5/31/89

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: [Signature] Date Approved: JAN 5 1990

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>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</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>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</p>
<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED: _____ THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH OVERLOADED OLD 4. <input checked="" type="checkbox"/> OTHER COMMUNITY SYSTEM</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>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 _____</p>	<p>TYPE OF WATER SUPPLY PUBLIC WATER</p>
<p>SIZE OF PROPERTY 17,233 SF</p> <p>ZONING IR2</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>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 -SPECIFY: _____</p>	<p>PUMPING</p> <p>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</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA SET FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>4 BEDROOM CONSERVATIVE 600 LOW VOLUME - 60 TOILET</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 3 CONDITION: C DEPTH TO LIMITING FACTOR: 27</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>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"/> EXTRALARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft. 2. <input checked="" type="checkbox"/> CHAMBER 925 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW: 540 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT * USED 37 INFILTRATOR CHAMBERS IN TRENCH CONFIGURATION

On: OCTOBER 15, 1989 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator or Professional Engineer's Signature: *William B. Gardner* SE# / PE# 0003 / 4814 Date: 11/15/88

* Local Plumbing Inspectors Signature & Local Site Evaluator Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

PORTLAND LITTLE DIAMOND ISLAND ELIZABETH RD 105-A-14, 15

Owners Name
MARTHA MICKLES

SITE PLAN

Scale 1" = 50' FL.

CASCO BAY

ELIZABETH ROAD

180.12'

TP2

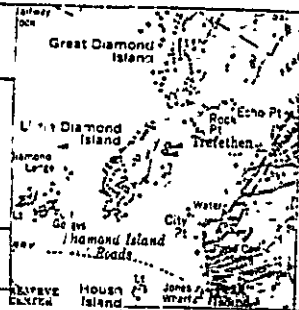
TP1

215.47'

SANDY BEACH ROAD

CITY VIEW ROAD

Sonnen STRAHL ROAD



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring

3" SOD Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-10		LOOSE		
10-15	FINE SANDY GRAVEL		YELLOW BROWN	NONE
15-23	CLAYEY GRAVEL	TERMINAL	GRAY BROWN	
23-30				FEW
30-40	CLAY	PLASTIC	GRAY	NONE
40-50				

Soil Classification: C Slope: 10% Limiting Factor: 27

Ground Water Rooting Layer Bedrock

Observation Hole 2 Test Pit Boring

3" SOD Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM		DARK BROWN	
6-10		LOOSE		
10-15	SANDY GRAVEL		RED BROWN	NONE
15-23	CLAYEY GRAVEL		GRAY BROWN	
23-30				FEW
30-40	CLAY	PLASTIC	GRAY	NONE
40-50				

Soil Classification: C Slope: 10% Limiting Factor: 30

Ground Water Rooting Layer Bedrock

William B. Jordan
Professional Engineer's Signature

0003/4814
SL# / PE#

11/15/88
Date

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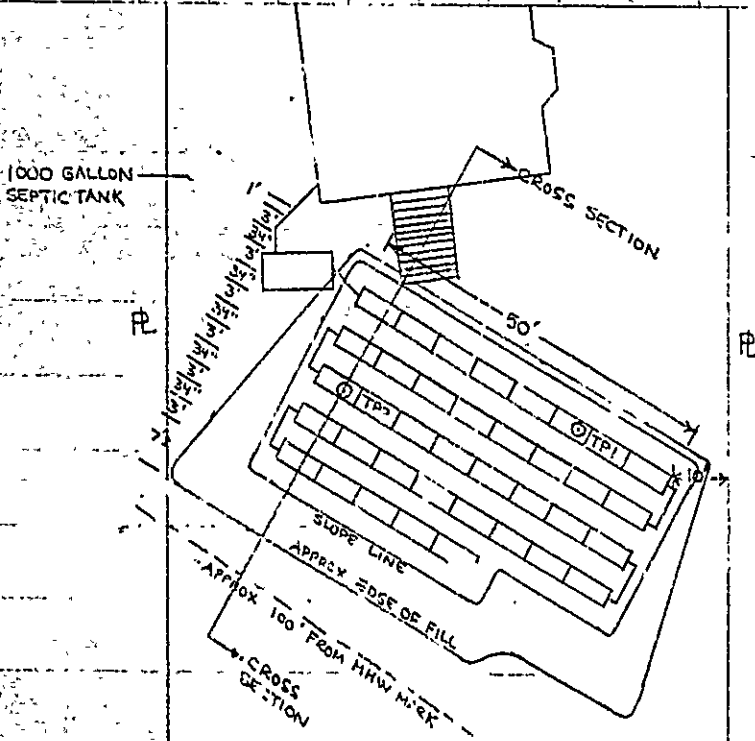
Owners Name

PORTLAND LITTLE DIAMOND ISLAND ELIZABETH ROAD 105-A-14, 15

MARTHA MICKLES

SUBSURFACE WASTEWATER DISPOSAL PLAN

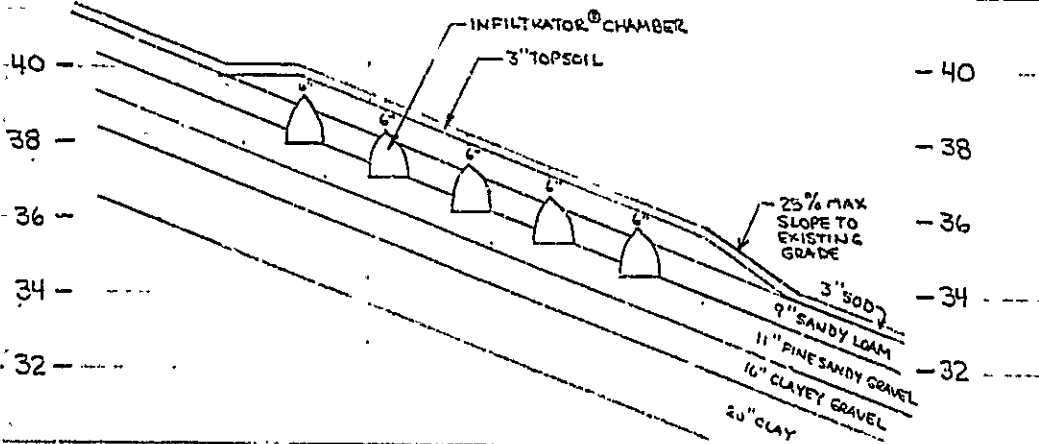
Scale 1" = 20' FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	9"	Reference Elevation 11	50.00	PK NAIL IN CMP POLE 4.1 NORTHERLY CORNER OF LOT	
Depth of Fill (Downslope)	9"	Bottom of Disposal Area	See cross section		
		Top of Distribution Lines or Chambers	See cross section		

DISPOSAL AREA CROSS SECTION

Scale
Vertical: 1 inch = 4' FL.
Horizontal: 1 inch = 10' FL.



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

0003/4814
SE # / FE #

11/15/88
Date

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



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

Date Sept. 13, 1990
 Receipt and Permit num. ser 01584

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:
 The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of
 Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:
 LOCATION OF WORK: 105-A-14, 15 Elicabeth Road-Sandy Beach Rd., Little Diamond Island
 OWNER'S NAME: Sharon Rounds ADDRESS: same

OUTLETS:	Receptacles _____	Switches _____	Plug-n-hold _____	ft. TOTAL _____	FEES _____
FIXTURES: (number of)	Incandescent _____	Flourescent _____	Strip Flourescent _____	(not strip) TOTAL _____	_____
SERVICES:	Overhead <input checked="" type="checkbox"/> _____	Underground _____	Temporary _____	TOTAL amperes <u>100</u>	<u>3.00</u>
METERS: (number of)	_____				<u>.50</u>
MOTORS: (number of)	_____				_____
	Fractional _____	_____			_____
	1 HP or over _____	_____			_____
RESIDENTIAL HEATING:	Oil or Gas (number of units) _____	_____			_____
	Elect. (number of rooms) _____	_____			_____
COMMERCIAL OR INDUSTRIAL HEATING:	Oil _____	_____			_____
	Gas (by a main boiler) _____	_____			_____
	Gas (by separate units) _____	_____			_____
	Under 20 kws _____	Over 20 kws _____			_____
APPLIANCE:	_____	_____			_____
	Water Heaters _____	_____			_____
	Cook Tops _____	_____			_____
	Wall Ovens _____	_____			_____
	Dryers _____	_____			_____
	Fans _____	_____			_____
	TOTAL _____	_____			_____
MISCELLANEOUS: (number of)	Branch Panels _____	_____			_____
	Transformers _____	_____			_____
	Air Conditioners Central Unit _____	_____			_____
	Separate Units (windows) _____	_____			_____
	Signs 20 sq. ft. and under _____	_____			_____
	Over 20 sq. ft. _____	_____			_____
	Swimming Pools Above Ground _____	_____			_____
	In Ground _____	_____			_____
	Fire/Burglar Alarms Residential _____	_____			_____
	Commercial _____	_____			_____
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	_____			_____
	over 30 amps _____	_____			_____
	Circus, Fairs, etc. _____	_____			_____
	Alterations to wires _____	_____			_____
	Repairs after fire _____	_____			_____
	Emergency Lights, etc. _____	_____			_____
	Emergency Generator _____	_____			_____

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT INSTALLATION FEE DUE:
 FOR REMOVAL OF A 'STOP ORDER' (304-16.b) DOUBLE FEE DUE:
 TOTAL AMOUNT DUE: 5.00

INSPECTION: _____
 Will be ready on Sept. 13, 1990 or Will Call _____
 CONTRACTOR'S NAME: Willie Elman
 ADDRESS: Peaks Island, Maine
 TEL: 766-2180
 MASTER LICENSE NO.: 4548 SIGNATURE OF CONTRACTOR: _____
 LIMITED LICENSE NO.: _____

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

