

CITY VIEW AVE. & FORT GORGES RD. —  
105C-5-6 - LITTLE DIAMOND ISL.



R2 RESIDENCE ZONE  
**APPLICATION FOR PERMIT**

**PERMIT ISSUED**  
 00940  
 AUG 4 1964  
**CITY OF PORTLAND**

Class of Building or Type of Structure Third Class  
 Portland, Maine, July 31, 1964

To the INSPECTOR OF BUILDINGS, PORTLAND, MAINE

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

Location Little Diamond Island (Lots 22-24) 145-C-5 (Within Fire Limits?) \_\_\_\_\_ Dist. No. \_\_\_\_\_  
 Owner's name and address A. E. Wallgren, Little Diamond Island Telephone \_\_\_\_\_  
 Lessee's name and address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Contractor's name and address Burrows Manufacturing Corp., 768 Free St. Telephone \_\_\_\_\_  
 Architect \_\_\_\_\_ Specifications \_\_\_\_\_ Plans no No. of sheets \_\_\_\_\_  
 Proposed use of building Cottage No. families \_\_\_\_\_  
 Last use \_\_\_\_\_ " \_\_\_\_\_ No. families \_\_\_\_\_  
 Material \_\_\_\_\_ No. stories \_\_\_\_\_ Heat \_\_\_\_\_ Style of roof \_\_\_\_\_ Roofing \_\_\_\_\_  
 Other buildings on same lot \_\_\_\_\_  
 Estimated cost \$ 375 Fee \$ 3.00

**General Description of New Work**

To glass-in existing front piazza.

Rx Piazza existing with roof over same prior to June 5, 1957. More than half of the area of the vertical enclosing walls all consist of window sash or glass area of doors.

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

**Details of New Work**

Is any plumbing involved in this work? \_\_\_\_\_ Is any electrical work involved in this work? \_\_\_\_\_  
 Is connection to be made to public sewer? \_\_\_\_\_ If not, what is proposed for sewage? \_\_\_\_\_  
 Has septic tank notice been sent? \_\_\_\_\_ Form notice sent? \_\_\_\_\_  
 Height average grade to top of plate \_\_\_\_\_ Height average grade to highest point of roof \_\_\_\_\_  
 Size, front \_\_\_\_\_ depth \_\_\_\_\_ No. stories \_\_\_\_\_ solid or filled land? \_\_\_\_\_ earth or rock? \_\_\_\_\_  
 Material of foundation \_\_\_\_\_ Thickness, top \_\_\_\_\_ bottom \_\_\_\_\_ cellar \_\_\_\_\_  
 Kind of roof \_\_\_\_\_ Rise per foot \_\_\_\_\_ Roof covering \_\_\_\_\_  
 No. of chimneys \_\_\_\_\_ Material of chimneys \_\_\_\_\_ of lining \_\_\_\_\_ Kind of heat \_\_\_\_\_ fuel \_\_\_\_\_  
 Framing Lumber—Kind \_\_\_\_\_ Dressed or full size? \_\_\_\_\_ Corner posts \_\_\_\_\_ Sills \_\_\_\_\_  
 Size Girder \_\_\_\_\_ Columns under girders \_\_\_\_\_ Size \_\_\_\_\_ Max. on centers \_\_\_\_\_  
 Studs (outside walls and carrying partitions) 2x4-16" O. C. Bridging in every floor and flat roof span over 8 feet.  
 Joists and rafters: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
 On centers: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
 Maximum span: 1st floor \_\_\_\_\_, 2nd \_\_\_\_\_, 3rd \_\_\_\_\_, roof \_\_\_\_\_  
 If one story building with masonry walls, thickness of walls? \_\_\_\_\_ height? \_\_\_\_\_

**If a Garage**

No. cars now accommodated on same lot \_\_\_\_\_ to be accommodated \_\_\_\_\_ number commercial cars to be accommodated \_\_\_\_\_  
 Will automobile repairing be done other than minor repairs to cars habitually stored in the proposed building? \_\_\_\_\_

APPROVED:

8/4/64 O.K. Allen

**Miscellaneous**

Will work require disturbing of any tree on a public street? no  
 Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? yes

CS 301

INSPECTION COPY

Signature of owner

A. E. Wallgren

9/11

Permit No. 644,940

Location Pete's Restaurant & Bar (Rising)

Owner A. E. Mallard

Date of permit 8/4/64

Notif. closing-in

Inspn. closing-in

Final Notif.

Final Inspn.

Cert. of Occupancy issued

Staking Out Notice

Form Check Notice

NOTES:

2/5/64 - MO maps received  
RM



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207)289-3626

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND**  
 Street: **CITY VIEW ROAD MAP105,05,6**  
 Subdivision Lot #: **LITTLE DIAMOND ISLAND**

**PROPERTY OWNERS NAME**

Last: **BARTON** First: **ROBERT**

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (If Different): **8 WOODS KNOLL DRIVE  
CAPE ELIZABETH, ME. 04107**

**PORTLAND** Caution: Permit No. **40332** TOWN COPY

Fee: **10.00** + **23.90** = **33.90**

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **01123**

**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

**105-C-5,6**

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.

*[Signature]* **6-10-91**

Local Plumbing Inspector Signature \_\_\_\_\_ Date Approved \_\_\_\_\_

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

**SEASONAL CONVERSION**  
to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P#
- SYSTEM DESIGN RECORDED AND ATTACHED

**THIS APPLICATION REQUIRES:**

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE  
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE  
Attach Replacement System Variance Form
  - Requiring Local Plumbing Inspector Approval
  - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE  
**0' TO PROPERTY LINE  
78' TO HIGH WATER MARK**

**INSTALLATION IS:**

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM  
(Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)  
INDIVIDUALLY INSTALLED COMPONENTS:
  - TREATMENT TANK (ONLY)
  - HOLDING TANK \_\_\_\_\_ GAL
  - ALTERNATIVE TOILET (ONLY)
  - NON ENGINEERED DISPOSAL AREA (ONLY)
  - ENGINEERED DISPOSAL AREA (ONLY)
  - SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**  
YEAR FAILING SYSTEM INSTALLED **PRE-1974**

**THE FAILING SYSTEM IS:**

- BED
- CHAMBER
- TRENCH
- OTHER

**DISPOSAL SYSTEM TO SERVE:**

- SINGLE FAMILY DWELLING  
**SEASONAL**
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**TYPE OF WATER SUPPLY:**  
**PUBLIC WATER**

**SIZE OF PROPERTY** **20,000 ±**

**ZONING** **SHORELAND**

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

- SEPTIC  Regular  Low Profile
- AEROBIC PLASTIC MINIMUM

SIZE: **750** GALS.  
**1000 GAL. IF FEASIBLE**

**WATER CONSERVATION**

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

SPECIFY: \_\_\_\_\_

**PUMPS**

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

DOSE: \_\_\_\_\_ GALS.  
**RAISE PLUMBING**

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

**SINGLE FAMILY DWELLING (3 BEDROOM)**

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE	CONDITION
<b>FILLED 2</b>	<b>A</b>

DEPTH TO LIMITING FACTOR: **36"**

**SIZE RATINGS USED FOR DESIGN PURPOSES**

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

**DISPOSAL AREA TYPE/SIZE**

- BED \_\_\_\_\_ Sq. Ft.
- CHAMBER **300** Sq. Ft.
  - REGULAR  1:20
- TRENCH \_\_\_\_\_ Linear Ft.
- OTHER: \_\_\_\_\_

**DESIGN FLOW:** **125** (GALLONS/DAY)

## SITE EVALUATOR STATEMENT

On **AUGUST 27, 1990** (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.

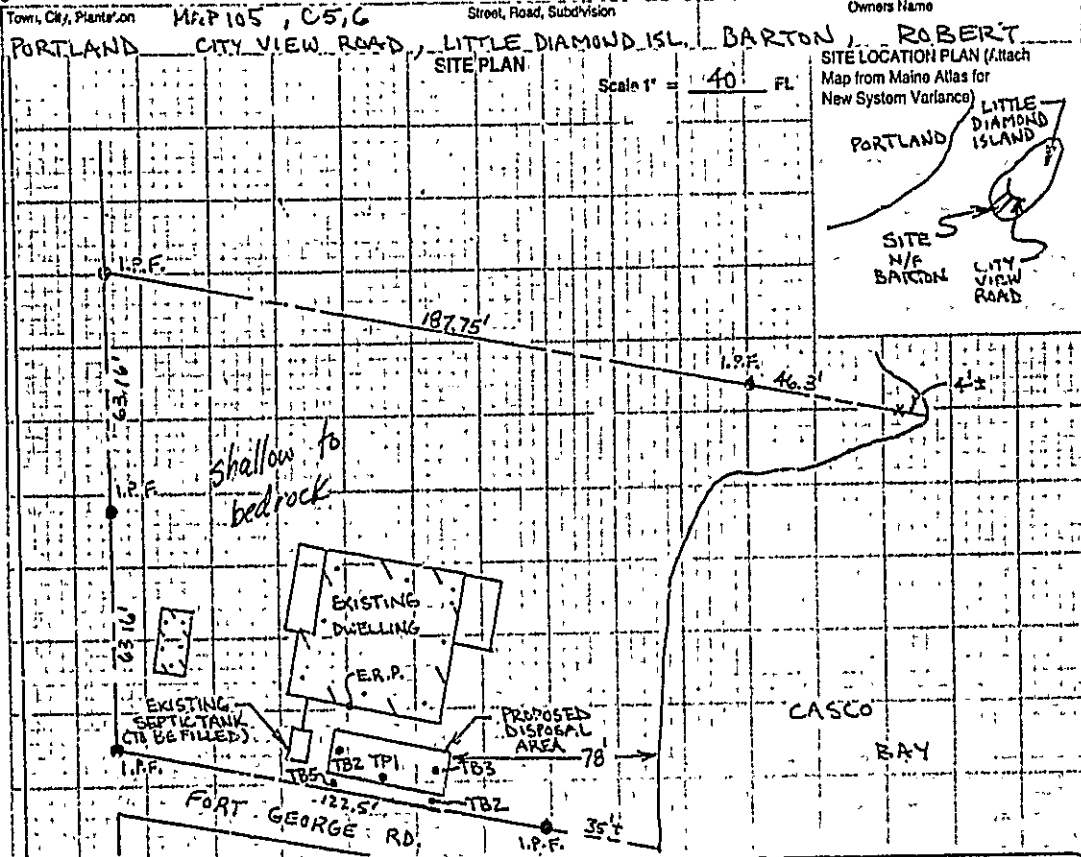
Site Evaluator Signature: *[Signature]* SE# **167** Date: **8/21/90**

Page 1 of 3  
HHE 200 Rev. 11/86

**REVISED 9/18/90**

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering



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

Observation Hole: TB1  Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-15	SANDY LOAM (FLU)	FRITABLE	BROWN	
15-20			MYR 3/3	
20-30				
30-40				
40-50				
40-50	BEDROCK			

Soil Profile: 2 Classification: A (Common) Slope:      % Limiting Factor: 33

Ground Water  Restrictive Layer  Bedrock

Observation Hole: TB2  Test Pit  Boring

\* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-15	SANDY LOAM (FLU)			
15-30				
30-40				
40-50				
40-50	BEDROCK			

Soil Profile: 2 Classification: A (Common) Slope:      % Limiting Factor: 30

Ground Water  Restrictive Layer  Bedrock

*Albert Frick*  
Site Evaluator Signature

163  
SE#

8/3/90  
Date



**Albert Frick Associates, Inc.**  
 Soil Scientists & Site Evaluators  
 95A County Road Gorham, Maine 04038  
 (207) 839-5563

Town, City, Plantation MAP 105, C5, 6 Street, Road, Subdivision PURTLAND CITY VIEW ROAD, LITTLE DIAMOND ISLAND Owners Name BARTON, ROBERT

**SOIL DESCRIPTION AND CLASSIFICATION**

Observation Hole TB3  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10	<u>SANDY</u>			
15	<u>LOAM</u>			
20				
30	<u>///</u>	<u>///</u>		
35	<u>BEDROCK</u>			
40				
50				

Soil Profile Z Classification A Condition \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor 30  
 Ground Water  
 Restrictive Layer  
 Bedrock

Observation Hole TB4  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10	<u>SANDY</u>			
15	<u>LOAM</u>			
20				
30	<u>///</u>	<u>///</u>		
35	<u>BEDROCK</u>			
40				
50				

Soil Profile Z Classification A Condition \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor 36  
 Ground Water  
 Restrictive Layer  
 Bedrock

**SOIL DESCRIPTION AND CLASSIFICATION**

Observation Hole TB5  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10	<u>SANDY</u>			
15	<u>LOAM</u>			
20				
30	<u>///</u>	<u>///</u>		
35	<u>BEDROCK</u>			
40				
50				

Soil Profile Z Classification A Condition \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor 30  
 Ground Water  
 Restrictive Layer  
 Bedrock

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

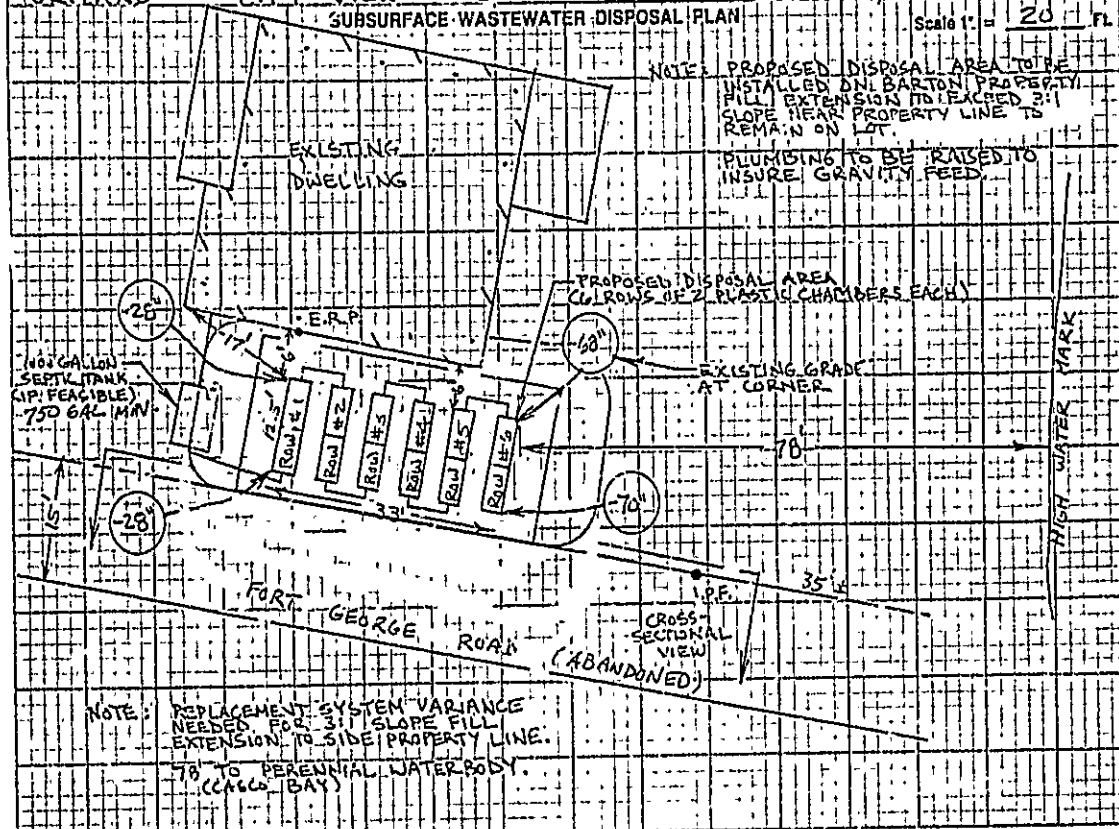
Soil Profile \_\_\_\_\_ Classification \_\_\_\_\_ Condition \_\_\_\_\_ Slope \_\_\_\_\_ % Limiting Factor \_\_\_\_\_  
 Ground Water  
 Restrictive Layer  
 Bedrock

Albert Frick 163 8/21/90  
 Site Evaluator SE# Date

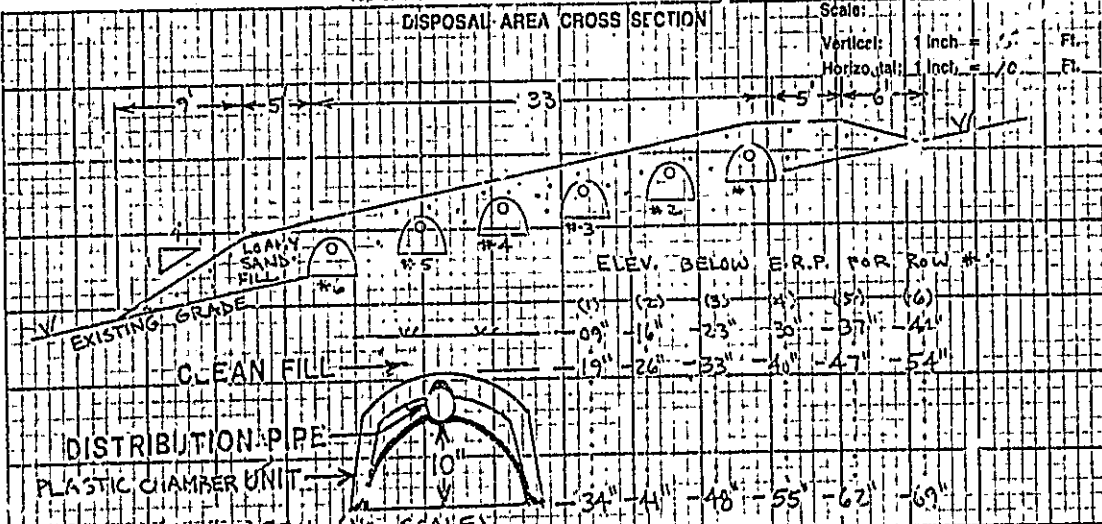
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation **LITTLE DIAMOND ISLAND** Street, Road, Subdivision  
**PORTLAND CITY VIEW ROAD** Owners Name **BARTON, ROBERT**



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation Is	00	TOP OF WATER FAUCET ON	SIDE OF HOUSE.
Depth of Fill (Downslope)	24" - 26"	Bottom of Disposal Area	SEE DETAIL BELOW		
		Top of Distribution Lines or Chambers			



Site Engineer's Signature Albert Grick 163 Date 8/21/90 REVISED 9/11/90  
 Page 3 of 3 HH2-200 Rev. 1/34

# REPLACEMENT SYSTEM VARIANCE REQUEST

## THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

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

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

### GENERAL INFORMATION

Permit No. \_\_\_\_\_ E \_\_\_\_\_ Date Permit Issued \_\_\_\_\_ MONTH/DAY/YEAR  
Property Owner's Name: Elizabeth H. Barton Tel. No. \_\_\_\_\_  
System's Location: MAP 105, C 16  
CITY VIEW ROAD, LITTLE DIAMOND ISLAND  
STREET  
PORTLAND Maine ZIP \_\_\_\_\_  
TOWN  
Property Owner's Address: 8 WOODS KNOLL DRIVE  
(if different from above) STREET  
CAPE ELIZABETH ME 04107  
TOWN STATE ZIP

### SPECIFIC INSTRUCTIONS TO THE:

#### LPI:

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

#### SITE EVALUATOR:

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

#### PROPERTY OWNER:

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

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

Elizabeth H. Barton  
PROPERTY OWNER'S SIGNATURE

10/8/90  
DATE



VARIANCE CATEGORY	VARIANCE REQUESTED	LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:	
SOILS					
Soil Profile	Ground Water Table	to 6"		Inches	
Soil Condition	Restrictive Layer	to 6"		Inches	
from HHE-200	Bedrock	to 10"		Inches	
SETBACK DISTANCES (IN FEET)	FROM:	TREATMENT TANK	DISPOSAL AREA	TREATMENT TANK	DISPOSAL AREA
Potable Water Supplies	1. Well: > 2000 gal/day	100'	300'		
	2. Well: < 2000 gal/day				
	a. Neighbor's	50'	60'		
	Property Owner's	25'	50'		
	3. Water Supply Line	See note 'a'			
Waterbodies	1. Perennial	50'	60'		78'
	2. Intermittent	15'	20'		
	3. Manmade drainage ditch	10'	15'		
Downhill Slope	Greater than 3:1 (33%)	5'	10'		
Buildings	1. With Basement	5'	10'		
	2. Without Basement	5'	10'		
Property Line		4'	5'		4'

**OTHER**

GREATER THAN

1. Fill extension Grade--to 3:1 NEAR SIDE PROPERTY LINE.

2. To allow fill extension to extend into abandoned FORT GORGES ROAD r.o.w.

3. To allow a design flow for a 3-bedroom seasonal cottage to be 125 gpd based on water records for 1989 at 110 gals/day

Footnotes:

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

*Albert Frick*  
SITE EVALUATOR'S SIGNATURE

8/31/90  
REVISED 9/18/90 DATE

**LPI STATEMENT**

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

- a. (  approve,  disapprove ) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant.
- b. find that one or more of the requested Variance exceeds my approval authority as LPI. I (  recommend  do not recommend ) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, he shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments:

*Ernest A. Fisher*  
LPI'S SIGNATURE

10/1/90  
DATE

**FOR USE BY THE DEPARTMENT ONLY**

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

SIGNATURE OF THE DEPARTMENT

DATE

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

PROPERTY ADDRESS		TOWN COPY PORTLAND 4171 FEE Double Fee Charged L.P.L.# 01,234 Chief Plumbing Inspector
Town Or Plantation	PORTLAND	
Street	CITY VIEW ROAD MAP105,CS,1/2	
Subdivision Lot #	LITTLE DIAMOND ISLAND	
PROPERTY OWNERS NAME		
Last	BARTON	
First	ROBERT	
Applicant Name:	105-C-005/006	
Mailing Address of Owner/Applicant (if Different)	8 WOODS KNOLL DRIVE CAPE ELIZABETH, ME. 04107	
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.		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Signature of Owner/Applicant		Date
		Local Plumbing Inspector Signature
		Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b. <input checked="" type="checkbox"/> Requiring State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 0' TO PROPERTY LINE 78' TO HIG WATER MARK	INSTALLATION IS: COMPLETE SYSTEM 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LP: 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED PRE-1974 THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BCD    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 SEASONAL 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____
SIZE OF PROPERTY 20,006 ± ZONING SHORELAND	TYPE OF WATER SUPPLY PUBLIC WATER	

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 PLASTIC MINIMUM SIZE: 750 GALS. LOC. GAL. IF FEASIBLE	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED BOSE-RAISE PLUMBING _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)  SINGLE FAMILY DWELLING (3 BEDROOM)  DESIGN FLOW: 125 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: FILLED 2 CONDITION: A DEPTH TO LIMITING FACTOR: 36"-36"	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 300 Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: _____	

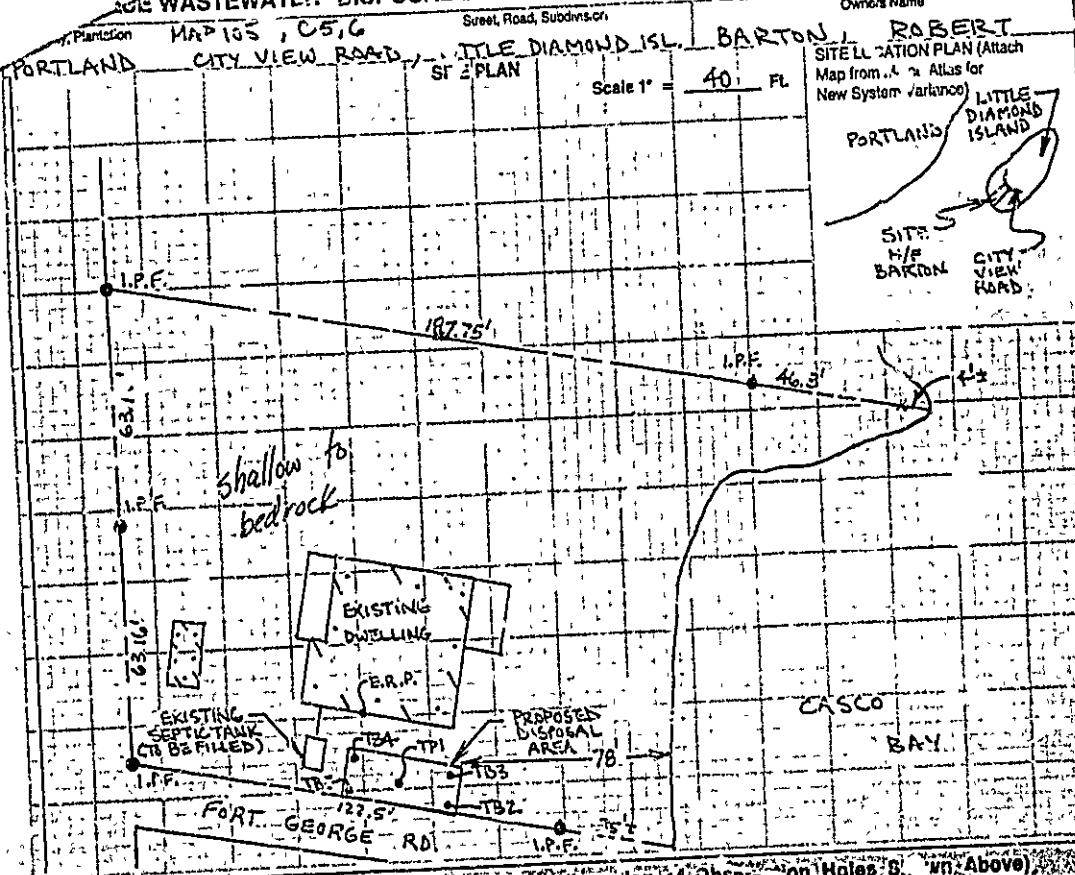
**SITE EVALUATOR STATEMENT**

On AUGUST 27, 1990 (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.

Albert Fried Site Evaluator Signature      163 SE#      8/27/90 Date

WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



**SOIL DESCRIPTION AND CLASSIFICATION** (Location of Observation Holes: TPI  Test Pit  Boring)

Observation Hole: TPI  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil: \_\_\_\_\_

Texture	Consistency	Color	Mottling
SANDY	FRABLE	DARK	
LOAM		BROWN	
(PU)		10YR 3/3	
BEDROCK			

Texture	Consistency	Color	Mottling
SANDY			
LOAM			
(FILL)			
BEDROCK			

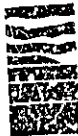
  

Soil Profile: <u>2</u>	Classification: <u>A</u>	Slope: _____	Limiting Factor: <u>33</u>	<input type="checkbox"/> Over Water
				<input type="checkbox"/> Under Layer

*Albert Frick*  
Site Evaluator Signature

163  
SE#

8/2/90  
Date



**Albert Frick Associates, Inc.**  
 Soil Scientists & Site Evaluators  
 95A County Road Gorham, Maine 04038  
 (207) 839-5563

Town, City, Plantation P.O. Box 105, C5, 6 Street, Road, Subdivision PORTLAND CITY LEW ROAD, LITTLE DIAMOND ISLAND Owners Name BARTON, ROBERT

**SOIL DESCRIPTION AND CLASSIFICATION**

Observation Hole TB3  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10	SANDY			
15	LOAM			
30				
35				
40				
45				
50				

Soil 2 Classification A Slope \_\_\_\_\_ Limiting Factor 30  Groundwater  Rootzone Layer  Bedrock

**SOIL DESCRIPTION AND CLASSIFICATION**

Observation Hole TB4  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10	SANDY			
15	LOAM			
30				
35				
40				
45				
50				

Soil 2 Classification A Slope \_\_\_\_\_ Limiting Factor 36  Groundwater  Rootzone Layer  Bedrock

**SOIL DESCRIPTION AND CLASSIFICATION**

Observation Hole TB5  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10	SANDY			
15	LOAM			
30				
35				
40				
45				
50				

Soil 2 Classification A Slope \_\_\_\_\_ Limiting Factor 30  Groundwater  Rootzone Layer  Bedrock

**SOIL DESCRIPTION AND CLASSIFICATION**

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \* Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

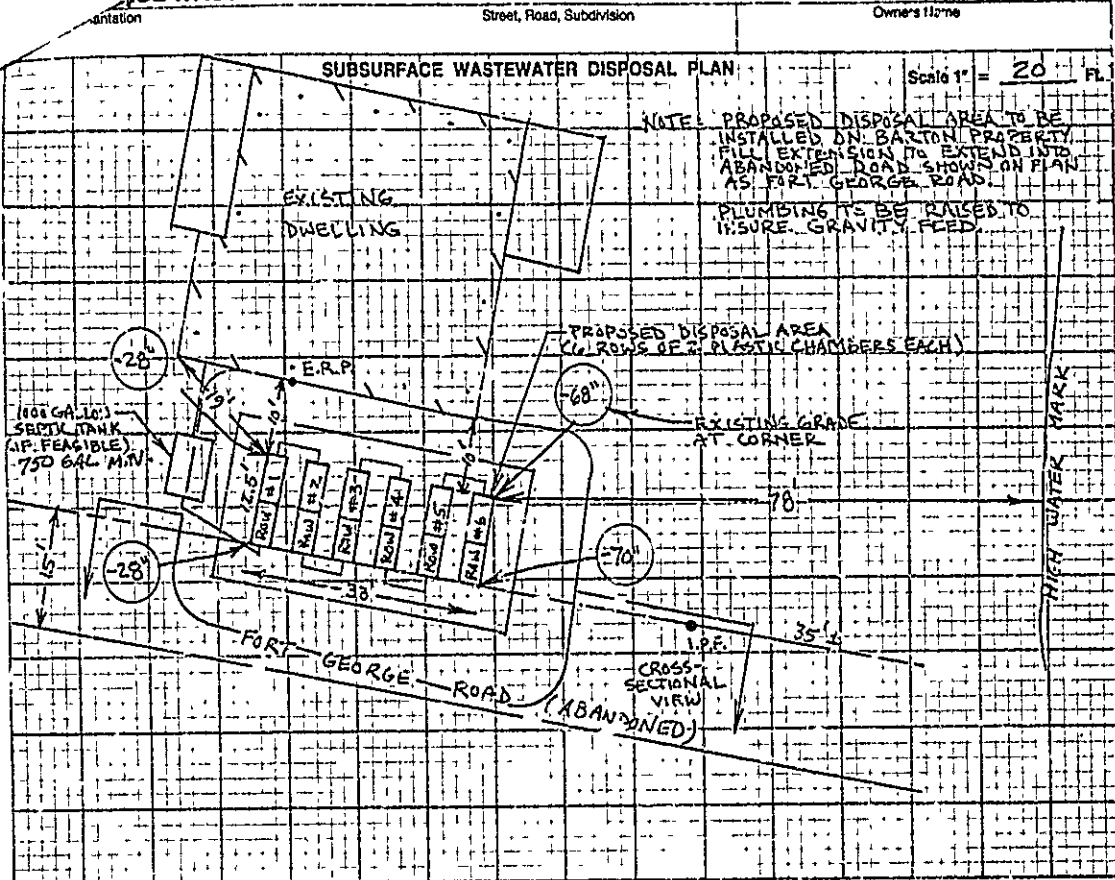
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil \_\_\_\_\_ Classification \_\_\_\_\_ Slope \_\_\_\_\_ Limiting Factor \_\_\_\_\_  Groundwater  Rootzone Layer  Bedrock

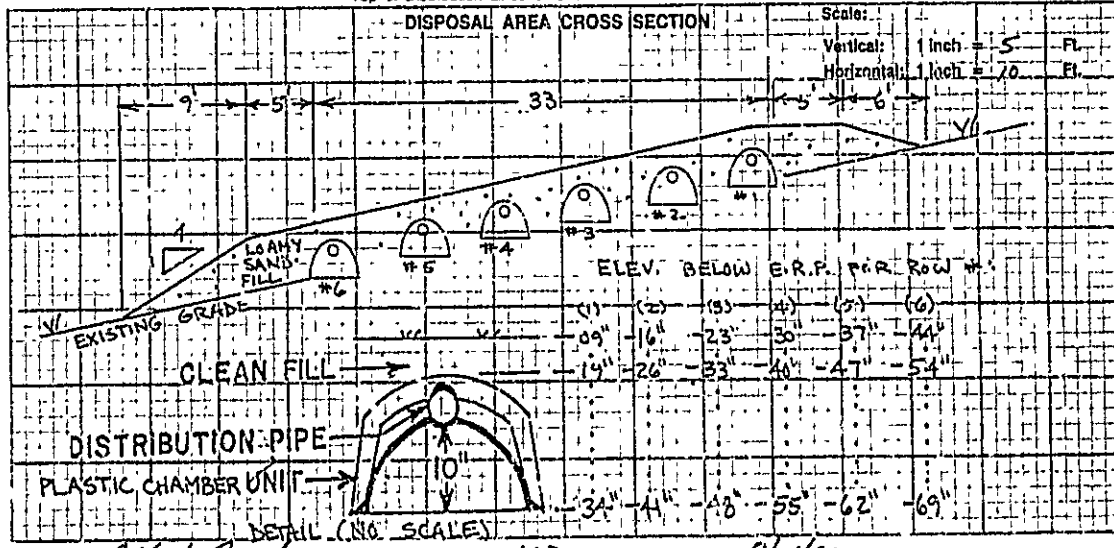
Site Evaluator Albert Frick SE# 163 Date 8/31/90

WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation is	00	TOP OF WATER FAUCET ON	SIDE OF HOUSE,
Depth of Fill (Downslope)	21" 26"	Ex. tom of Disposal Area	SEE DETAIL BELOW		
		Top of Distribution Lines or Chambers			



Albert Reich  
Site Evaluator Signature

163  
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8/31/90  
Date