

CITY VIEW AVE. - LITTLE DIAMOND  
105-N-3-4-6-7-15  
ISL.



# CERTIFICATE OF APPROVAL

## FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF Portland

OWNER Warren Thurston  
 ADDRESS 216 Cottage Rd  
 Location where system was installed and inspected 216 Cottage Rd

Cert. of App. No. **2283 EC**  
 Date COA Issued 9/16/77

Installer's Name RAND Last Name  
 F.I. 7 M.I.

Month 9 Day 16 Year 77

Date Inspected Month  Day  Year

Date Permit Issued 9-16-77

THE SUBSURFACE SEWAGE DISPOSAL SYSTEM AND/OR COMPONENT(S) INSTALLED PURSUANT TO THE ABOVE CERTIFICATE OF APPROVAL NUMBER HAS BEEN PERSONALLY EXAMINED AND HAS BEEN PROPERLY INSTALLED IN COMPLIANCE WITH THE MUNICIPAL AND STATE SUBSURFACE SEWAGE DISPOSAL REGULATIONS.

State Office Use Only  
 Date Received

Signature of LPI \_\_\_\_\_

ORIGINAL—To be sent to: Department of Human Services  
 Division of Health Engineering 221 State Street Augusta, Maine 04333

## SUBSURFACE SEWAGE DISPOSAL PERMIT FOR THE TOWN/CITY OF Portland

Town/City Code 05710 LPI Number 00103 License Number 198 Date Issued 9/16/77 PERMIT NUMBER **2283 EP**

Address of System's Location 105 N 4 City PORTLAND Street, Road No./Subdivision 216 COTTAGE RD St. Rd. Av/Lot AV

Name of Applicant THURSTON Last Name of Applicant WARREN Mailing Address 216 COTTAGE RD ZIP Code 04106

Permit Issuance 1. Regular  2. Local Variance  3. State Variance  4. Local Waiver Option

Type of System 1. New  2. Replacement  3. Expansion  4. Experimental

System to Serve 1. Single (Res)  2. Multi-Fam (Res)  3. Multi Home Commercial  4. School  5. Other (Specify)

Complete System (Tank w. A.) 1. Trench  2. Bed  3. Mound  4. Other (Specify)

Treatment Tank (only) 1. Septic (\$10 each)  2. Aerobic (\$10 each)  3. Holding (\$20 each)

Disposal Area (only) 1. Trench  2. Bed  3. Chamber  4. Mound  5. Other (\$20 each) (Specify)

Waterless Toilets 1. Pit Privy  2. Vault Privy  3. Compost Toilet (\$10 each)

Other Systems 1. Laundry Waste  2. Separated Chamber(s) (\$10 each)

STATE OFFICE USE ONLY  
 Signature of LPI \_\_\_\_\_  
 Date Received \_\_\_\_\_

Administrative Code \_\_\_\_\_ Form 200 \_\_\_\_\_ LPI to Insert soil Category (L)  (P)   
 Receipt Number \_\_\_\_\_ Money Received \_\_\_\_\_ Administrative Fee 3  
 Total or Double Fee 28  
 Double Fee 1. Yes

This "Subsurface Sewage Disposal Permit" is invalid if work is not commenced within six (6) months from date of issuance. Upon completion of work a "Certificate of Approval" must be obtained. Original—To be sent to: Department of Human Services, Division of Health Engineering - 221 State Street, Augusta, Maine 04333. HHE-210-377

\*Refer to Sec. 2.6 for Fee Schedule on Systems over 2000 Gal/Day

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 must be presented to the Local Plumbing Inspector to obtain a permit.

Page 1 of 1

Town: Portland Street, Road, etc: City View Ave Permit No: 2293 Date: 9-16-77  
If on water body, give name: Little Orono Island

Owner of property: W. E. Thurston 216 C. H. Rd. S. Portland, Me. Owner's address: 04106 Size of lot: 8305  Sq feet  Acres

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

Name of applicant: Orono Owner's agent: Orono Tel. No: 799-0485 Mains: Spring

Applicant's address: 799-0485 Date: 9-16-77 Subdivision name: Assessors 105-N-4 Lot No:

Applicant's signature: [Signature] Date: 9-16-77

Owner's signature: [Signature] Date: 9-16-77

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  Public Utility, name DWDS

depth \_\_\_\_\_ lining \_\_\_\_\_ Surface water  Body,  Course  with disinfection,  without disinfection  Public Utility, name DWDS

**SITE INVESTIGATION** Show location 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. <u>1</u>		Soil Profile No. <u>2</u>		Soil Profile No. <u>3</u>		Soil Profile No. <u>4</u>		
	<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	<input type="checkbox"/> Pit	<input type="checkbox"/> Boring	
Organic strata	<u>0"</u>	Organic strata	<u>None</u>	Organic strata	<u>None</u>	Organic strata	<u>None</u>	Organic strata	<u>None</u>
Inches		Inches		Inches		Inches		Inches	
1st strata	<u>DB FSL</u>	1st strata	<u>Dark Dense yellow to blue sand</u>	1st strata	<u>DB FSL</u>	1st strata	<u>Dark Dense Sand</u>	1st strata	<u>None</u>
Inches	<u>6"</u>	Inches	<u>10"</u>	Inches	<u>6"</u>	Inches	<u>6"</u>	Inches	<u>None</u>
2nd strata	<u>Med Brn Sand</u>	2nd strata	<u>Med Brn Sand</u>	2nd strata	<u>Med Brn Sand</u>	2nd strata	<u>Med Brn Sand</u>	2nd strata	<u>None</u>
Inches	<u>26"</u>	Inches	<u>14"</u>	Inches	<u>14"</u>	Inches	<u>14"</u>	Inches	<u>None</u>
3rd strata	<u>40% Brn Sand</u>	3rd strata	<u>40% Brn Sand</u>	3rd strata	<u>40% Brn Sand</u>	3rd strata	<u>40% Brn Sand</u>	3rd strata	<u>None</u>
Inches	<u>12"</u>	Inches	<u>22"</u>	Inches	<u>22"</u>	Inches	<u>22"</u>	Inches	<u>None</u>
Total Depth of observation hole	Inches <u>52"</u>	Total Depth of observation hole	Inches <u>52"</u>	Total Depth of observation hole	Inches <u>48"</u>	Total Depth of observation hole	Inches <u>48"</u>	Total Depth of observation hole	Inches <u>48"</u>
Max. Ground water table - mottling	<input type="checkbox"/> None Evident	Max. Ground water table - mottling	<input type="checkbox"/> None Evident	Max. Ground water table - mottling	<input type="checkbox"/> None Evident	Max. Ground water table - mottling	<input type="checkbox"/> None Evident	Max. Ground water table - mottling	<input type="checkbox"/> None Evident
Inches		Inches	<u>36"</u>	Inches		Inches	<u>40"</u>	Inches	
Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident	Impervious layer, clay, etc.	<input type="checkbox"/> None Evident
Inches		Inches		Inches		Inches		Inches	
Bedrock	<input type="checkbox"/> None Evident	Bedrock	<input type="checkbox"/> None Evident	Bedrock	<input type="checkbox"/> None Evident	Bedrock	<input type="checkbox"/> None Evident	Bedrock	<input type="checkbox"/> None Evident
Type of Bedrock		Type of Bedrock		Type of Bedrock		Type of Bedrock		Type of Bedrock	
Surface slope	% <u>0</u>	Surface slope	% <u>0</u>	Surface slope	% <u>0</u>	Surface slope	% <u>0</u>	Surface slope	% <u>0</u>
Soil Group & Condition per Table 9-1 of the Code, II	<u>6</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>B-6</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>B-6</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>B-6</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>B-6</u>

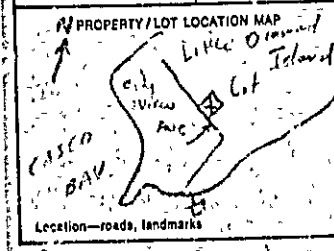
On 9/13/77 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: [Signature] Registration/Certification Number: 146 Date signed: 9-13-77

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
		Type	SIZE	
<input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separated system—type of human waste disposal system to be used: <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit 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 checked="" type="checkbox"/> Metal Manufacturer: <u>Mc Tank Co</u> Size in gallons: <u>750</u> <input type="checkbox"/> Aerobic Tank Manufacturer: <u>NA</u> Model No.: _____ Size in gallons: _____	<input type="checkbox"/> Trench System: _____ trench length: _____ <input type="checkbox"/> Bed System Length: _____ Width: _____ <input type="checkbox"/> Chamber System Num: _____ <input type="checkbox"/> Type A _____ <input type="checkbox"/> Type B _____ <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 Fit 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 DISTANCES <input checked="" 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 bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <input checked="" 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.	



FOR THE USE OF LPI ONLY

Denial. Application is denied for following reasons. (Sections of the Code II are cited.)  
 Form is incomplete (\_\_\_\_\_ pg) as to:  General Info,  Site Investigation,  System Proposed,  Cross Section,  Statement. See Section 2.3.  
 Site Plan,  Disposal System Plan,  Site Investigation indicates site is  totally unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10  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  4.3,  4.4,  4.6,  8.7,  \_\_\_\_\_  
 Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_  
 Acceptance. Application for permit is approved  with condition specified, comply with Section \_\_\_\_\_  
 without condition.  
 Signed LPI: [Signature] Date: 9/16/77 HHE-200 7114



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

Town <u>Dorchester</u>	Street, Road, etc. <u>City View Ave</u> If on water body, give name <u>Little Denmark Ts</u>	Owner of property <u>Warren E. Thurston</u>
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Site Plan	Scale 1" = 100 Ft. or _____
Private Sewage Disposal Plan	Scale 1" = 20' or _____
Subsurface Absorption Area Cross-section	Scale: Vertical — 1" = 5' or _____ Horizontal — 1" = 20' or _____

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: X \_\_\_\_\_  
 Applicant: \_\_\_\_\_  
 Owner: Warren E. Thurston

NHE-200 1/77



DAVID E. SMITH  
COMMISSIONER

STATE OF MAINE  
DEPARTMENT OF HUMAN SERVICES  
AUGUSTA, MAINE 04333

May 25, 1976

Mr. Theodore T. Rand, P.E.  
Little Diamond Island  
Portland, Maine 04109

Dear Ted:

We are in receipt of your revised leaching chamber system dated May 15, 1976.

In principal, we feel that these chamber systems you propose may be a simple and economical answer for the Maine islands where there is difficulty in obtaining stone and sand and constructing conventional disposal systems.

We have several concerns about the sizing of your systems, particularly in the Medium and Large Systems where we question whether the size would be adequate: if you are installing them directly over silts where percolation rates are in excess of 60 minutes per inch. The 24 x 24 plank chamber systems, assuming the mat is the limiting factor for ultimate failure, appear to be adequate to handle approximately 150 gallons per day.

Persons having these systems installed should be aware of the fact that it may be necessary from time to time to remove the planks and physically remove the mat or at some point in time add on to the systems should a problem occur.

The Department is prepared to permit the installation of these plank chamber systems on the islands in Casco Bay on a trial basis, with the understanding that should they appear to be undersized that they will have to be added onto.

Very truly yours,

*D. C. Hoxie*  
Donald C. Hoxie, Director  
Division of Health Engineering

DCH/emf

cc Mr. Harold R. Goodwin  
LPI, 389 Congress St., Portland  
Eugene Moreau; Clough Toppin; Russ Martin; Bruce Johnson; Paul Mathieu

PERMIT TO INSTALL PLUMBING 125-N-6,7,15 PERMIT NUMBER 4710

Date Issued **8-6-76**  
 Portland Plumbing Inspector  
 By **ARNOLD R. GOODWIN**

Address **City View Ave. - Little Diamond**  
 Installation For **Dwelling**  
 Owner of Bldg **Claude Hays**  
 Owner's Address **97 Clemons St. So. Portland**  
 Plumber **Theodore Rand** Date: **8-6-76**

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

NEW	REPL		NO.	FEE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARAGE DISPOSALS		
	<b>1</b>	SEPTIC TANKS <b>leaching system</b>	<b>1</b>	<b>25.00</b>
		HOUSE SEWERS		
		POOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER <b>base fee</b>		<b>3.00</b>
<b>TOTAL</b>				<b>28.00</b>

Building and Inspection Services Dept.: Plumbing Inspection

**DUPLICATE - To be retained by the Plumbing Inspector**

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 must be presented to the Local Plumbing Inspector to obtain a permit.

Town: Portland Street, Road, etc: City View Ave Permit No. \_\_\_\_\_ Date \_\_\_\_\_ Page 1 of 2

Owner of property: Claude Heuss Owner's address: 97 Clemons St So Portland Me 04106

Name & type of establishment: \_\_\_\_\_ Size of lot: 10,509  Sq. feet  Acres

Name of applicant/Owner's agent: \_\_\_\_\_ Is lot Zoned?  Yes  No Type of Zoning: \_\_\_\_\_  Residential  Commercial  Resource Protection

Applicant's address: \_\_\_\_\_ Tel No: \_\_\_\_\_

Town: Maine 799-4691

Applicant's signature: \_\_\_\_\_ Date: 2/13/76 Subdivision name: \_\_\_\_\_ Lot No: 105-N/6,7,15

Owner's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 \_\_\_\_\_  Drilled well, depth \_\_\_\_\_  Surface water  Body,  Course— with disinfection  without disinfection  Public Utility, name \_\_\_\_\_

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

Soil Profile No. <u>1</u>	Soil Profile No. <u>2</u>	Soil Profile No.	Soil Profile No.	Soil Profile No.
Organic strata: <u>Topsoil</u>	Organic strata: <u>Topsoil</u>	Organic strata:	Organic strata:	Organic strata:
Inches: <u>7"</u>	Inches: <u>6"</u>	Inches:	Inches:	Inches:
1st strata: <u>Brn to yellow Sand &amp; Gravel</u>	1st strata: <u>Brn Sand</u>	1st strata:	1st strata:	1st strata:
Inches: <u>20"</u>	Inches: <u>20"</u>	Inches:	Inches:	Inches:
2nd strata: <u>Gravel</u>	2nd strata: <u>Gravel</u>	2nd strata:	2nd strata:	2nd strata:
Inches: <u>23"</u>	Inches: <u>21"</u>	Inches:	Inches:	Inches:
3rd strata: <u>Clay</u>	3rd strata: <u>Clay</u>	3rd strata:	3rd strata:	3rd strata:
Inches: <u>5"</u>	Inches: <u>10"</u>	Inches:	Inches:	Inches:
Total Depth of observation hole: <u>72"</u>	Total Depth of observation hole: <u>57"</u>	Total Depth of observation hole:	Total Depth of observation hole:	Total Depth of observation hole:
Max. Ground water table: <u>None Evident</u>	Max. Ground water table: <u>None Evident</u>	Max. Ground water table: <u>None Evident</u>	Max. Ground water table: <u>None Evident</u>	Max. Ground water table: <u>None Evident</u>
Impervious layer, clay, etc.: <u>None Evident</u>	Impervious layer, clay, etc.: <u>None Evident</u>	Impervious layer, clay, etc.: <u>None Evident</u>	Impervious layer, clay, etc.: <u>None Evident</u>	Impervious layer, clay, etc.: <u>None Evident</u>
Bedrock: <u>None Evident</u>	Bedrock: <u>None Evident</u>	Bedrock:	Bedrock:	Bedrock:
Type of Bedrock:	Type of Bedrock:	Type of Bedrock:	Type of Bedrock:	Type of Bedrock:
Surface slope: <u>0%</u>	Surface slope: <u>0%</u>	Surface slope:	Surface slope:	Surface slope:
Soil Group & Condition per Table 9-1 of the Code, II: <u>B-6</u>	Soil Group & Condition per Table 9-1 of the Code, II: <u>B-6</u>	Soil Group & Condition per Table 9-1 of the Code, II:	Soil Group & Condition per Table 9-1 of the Code, II:	Soil Group & Condition per Table 9-1 of the Code, II:

On 2-25-76 (date), a site investigation for this project was completed. I supervised this soil evaluation and certify that the results 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: Therese K. Kneal Registration/Certification Number: PE # 1513 Date signed: 2-26-76

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

<b>SYSTEM:</b> <input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Separated system type of human waste disposal system to be used <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit 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	<b>TREATMENT TANK:</b> <input type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Manufacturer: _____ Size in gallons: <u>750</u> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: _____	<b>SUBSURFACE ABSORPTION AREA</b>		<b>RITE MODIFICATION</b> Fill is— <input type="checkbox"/> required, <input type="checkbox"/> not required Fill will be _____ inches deep <b>DETAILS</b> <input type="checkbox"/> A Distribution Box is required Pumping is— <input type="checkbox"/> required, <input type="checkbox"/> is not required. The Dose will be _____ gallons <b>DISTANCES</b> <input checked="" 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 bodies and courses (lake, pond, ocean, brook, river); swamps; marshes; and bogs. <input checked="" 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 dry and any public water supplies.
		Type: <input type="checkbox"/> Trench System, Total trench Length: <u>165</u> <input type="checkbox"/> Ber System Length: _____ Width: _____ <input type="checkbox"/> Chamber System Number: _____ <input type="checkbox"/> Type A <input type="checkbox"/> Siryle Pipe <input type="checkbox"/> Cr. str. <input type="checkbox"/> 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 _____	SIZE <input checked="" type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	

**PROPERTY/LOT LOCATION MAP**

**FOR THE USE OF LPI ONLY**

Form is incomplete (\_\_\_\_ pg) as to \_\_\_\_\_ of the Code II are cited.

Site Plan,  Disposal System Plan,  General Info,  Site Investigation,  System Proposed,  Site Investigation indicates site is  totally unsuitable for disposal system; Sections 43 and 25, Table 9-1, Group 9 and 14,  unsuitable for system proposed; Sections 43, 46, 95, Table 9-1, Group 9

System Proposed does not conform to Code, See Sections 9

Site Investigation indicates site modifications are necessary; See Sections 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_

Acceptance: Application for permit is approved  without condition  with condition specified, comply with Section \_\_\_\_\_

Signed: Therese K. Kneal Date: 2/26/76 HHE-200 7174



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

Town <i>Portland</i>	Street, Road, etc. <i>14 Union Ave off of Island</i> If on water body, give name	Owner of property <i>Claude Hews</i>
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Site Plan	Scale 1" = 100 Ft. or <i>21</i>
Private Sewage Disposal Plan	Scale 1" = 20' or <i>5</i>
Subsurface Absorption Area Cross-section	Scale: Vertical — 1" = 5' or Horizontal — 1" = 20' or <i>5</i>

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: *June 7, 1974*

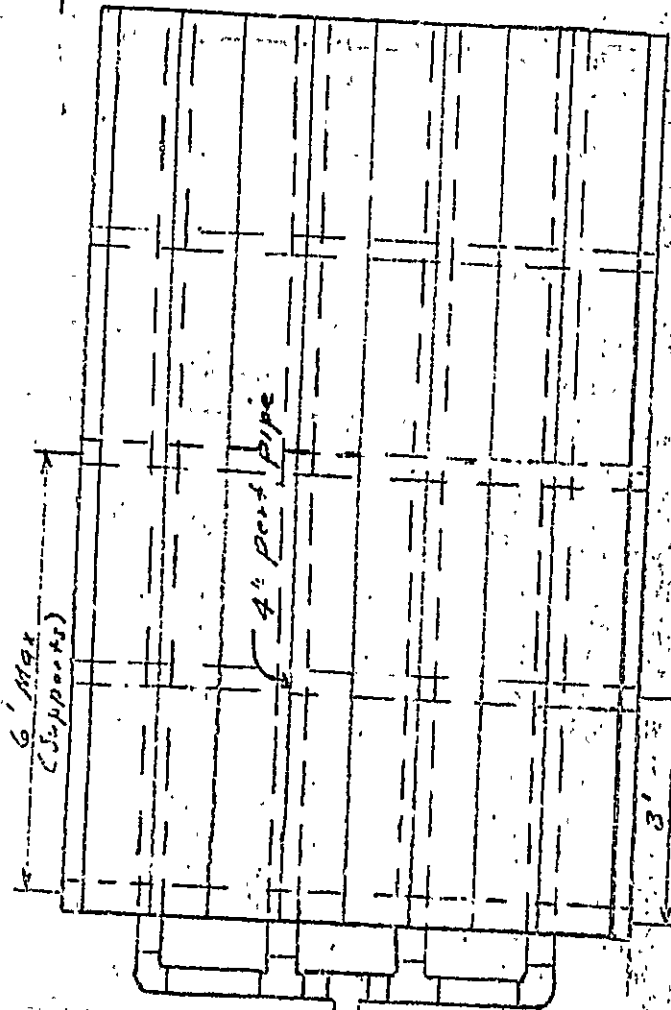
Applicant: *[Signature]*

Owner: *[Signature]*

HEWS

Proposed Bed Sizes

	Seasonal	Year Round
Sm	8x12	12x16
Med	12x16	16x24
Lg	16x16	24x24

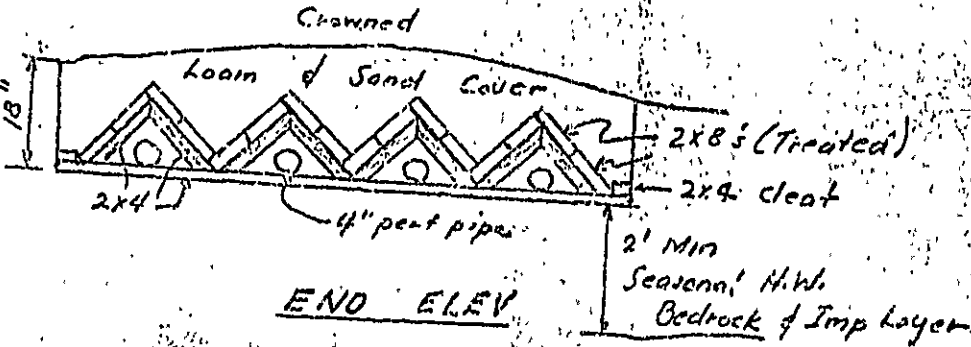


RAND  
LEACHING  
CHAMBER  
SYSTEM

Scale 1/2" = 1'  
4-21-76  
5-15-76 (Revised)  
T. Rand  
PE #1513

PLAN

Septic Tank



END ELEV

2' Min  
Seasonal H.W.  
Bedrock & Imp Layer



DUPLICATE - To be retained by the Plumbing inspector

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 must be presented to the Local Plumbing Inspector to obtain a permit.

Town: Portland Street, Road, etc.: City Vicinity Permit No: 1118 Date: 4/13/77  
 If on back of box, give name: At the Diamond Island

Owner of property: William Day Owner's address: 75205 Dallas Texas Size of lot: 9075  Acre  Acre

Name & type of establishment, or if other than private home: Summer Residence Is lot Zoned?  Yes  No Type of zoning:  Residential  Commercial  Resource Protection

Name of applicant: William Day 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 site report  
 Soils report from a State Agency

Applicant's address: City Vicinity Tel. No.: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: 4/13/77 Subdivision name: \_\_\_\_\_ Lot No: 105-N-3

Owner's signature: \_\_\_\_\_ Date: 4/13/77

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

The water supply to a property is:  Dug well, depth \_\_\_\_\_ lining \_\_\_\_\_  Drilled well, depth \_\_\_\_\_ lining \_\_\_\_\_  Spring  Public Utility, name \_\_\_\_\_

Soil water:  Bore  Core  with disinfection  without disinfection  Public Utility, name \_\_\_\_\_

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

Soil Profile No. 1	Soil Profile No. 2	Soil Profile No. 3	Soil Profile No. 4	Soil Profile No. 5
<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input 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: _____	Organic strata: _____ Inches: _____	Organic strata: _____ Inches: _____	Organic strata: _____ Inches: _____	Organic strata: _____ Inches: _____
1st strata: <u>0.8m FSL</u> Inches: _____	1st strata: <u>5.1m FSL</u> Inches: _____	1st strata: <u>2.0m FSL</u> Inches: _____	1st strata: <u>4.0m silty sand</u> Inches: _____	1st strata: _____ Inches: _____
2nd strata: <u>1.8m FSL</u> Inches: _____	2nd strata: <u>1.0m FSL</u> Inches: _____	2nd strata: <u>1.0m FSL</u> Inches: _____	2nd strata: _____ Inches: _____	2nd strata: _____ Inches: _____
3rd strata: <u>1.0m Silty Sand</u> Inches: _____	3rd strata: <u>1.0m Sand</u> Inches: _____	3rd strata: <u>1.0m Sand</u> Inches: _____	3rd strata: _____ Inches: _____	3rd strata: _____ Inches: _____
Total Depth of observation hole: <u>36</u> inches	Total Depth of observation hole: <u>33</u> inches	Total Depth of observation hole: _____ inches	Total Depth of observation hole: <u>45</u> inches	Total Depth of observation hole: _____ inches
Max. Ground water table-mottling: _____ inches	Max. Ground water table-mottling: _____ inches	Max. Ground water table-mottling: _____ inches	Max. Ground water table-mottling: _____ inches	Max. Ground water table-mottling: _____ inches
Impervious layer, clay, etc.: _____ inches	Impervious layer, clay, etc.: _____ inches	Impervious layer, clay, etc.: _____ inches	Impervious layer, clay, etc.: <u>38</u> inches	Impervious layer, clay, etc.: _____ inches
Bedrock: <u>32</u> inches	Bedrock: <u>26</u> inches	Bedrock: _____ inches	Bedrock: <u>45</u> inches	Bedrock: _____ inches
Type of Bedrock: <u>Siliceous</u>	Type of Bedrock: <u>Sandstone</u>	Type of Bedrock: _____	Type of Bedrock: <u>Sandstone</u>	Type of Bedrock: _____
Surface slope: <u>3%</u>	Surface slope: <u>3%</u>	Surface slope: _____	Surface slope: _____	Surface slope: _____
Soil Group & Condition per Table 9.1 of the Code II: <u>A-5</u>	Soil Group & Condition per Table 9.1 of the Code II: <u>A-5</u>	Soil Group & Condition per Table 9.1 of the Code II: _____	Soil Group & Condition per Table 9.1 of the Code II: <u>C-6</u>	Soil Group & Condition per Table 9.1 of the Code II: _____

I, William Day (date) 4/13/77, as the applicant for this project, was completed, supervised this site investigation, 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: 1.5' dia. 12' deep and the proposed private sewage disposal system layout and location shown on page 2.

Signature: William Day  Soil Scientist  Geologist  Soil Engineer  
 Professional/Certification Number: 2124/77  Other, must show certificate of certification to \_\_\_\_\_  
 Date signed: 4/13/77

**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
		Type	SIZE	
<input type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Sealed Vault Privy <input type="checkbox"/> Open Pit Privy <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____	<input type="checkbox"/> Slopic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Tank <input type="checkbox"/> Aerobic <input type="checkbox"/> Manufacturer: _____ Model No.: _____ Size in gallons: _____	<input type="checkbox"/> Trench System: Total trench length: _____ <input type="checkbox"/> Bed System: Length: _____ Width: _____ <input type="checkbox"/> Chamber System: Number _____ Type _____ <input type="checkbox"/> Mound System: Length _____ at base	<input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	Fill is: <input type="checkbox"/> required, <input 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 type="checkbox"/> not required The Dose will be _____ gallons
		<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 _____	DISTANCES <input type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located _____ at 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bays <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

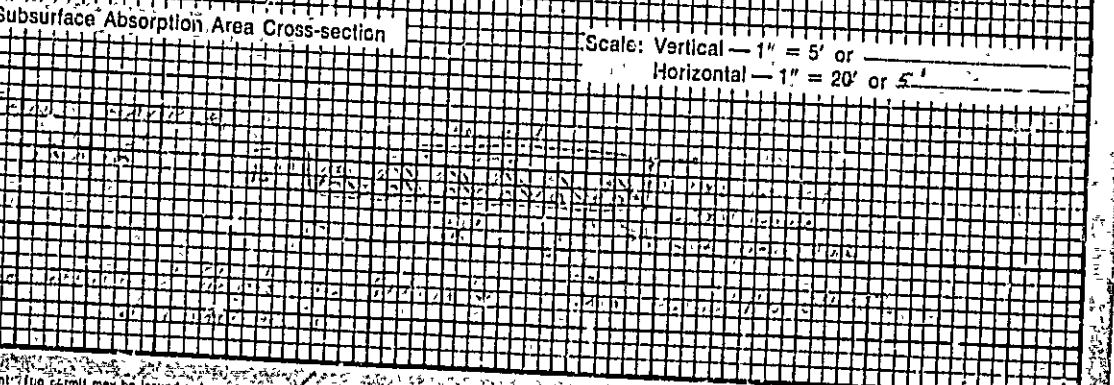
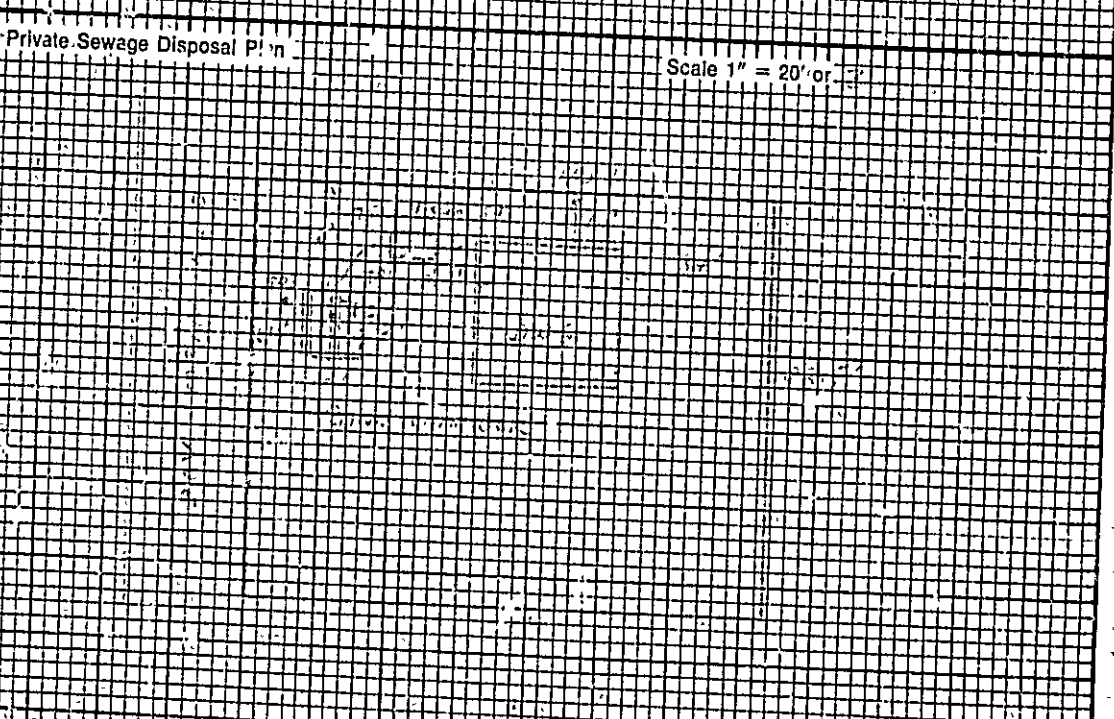
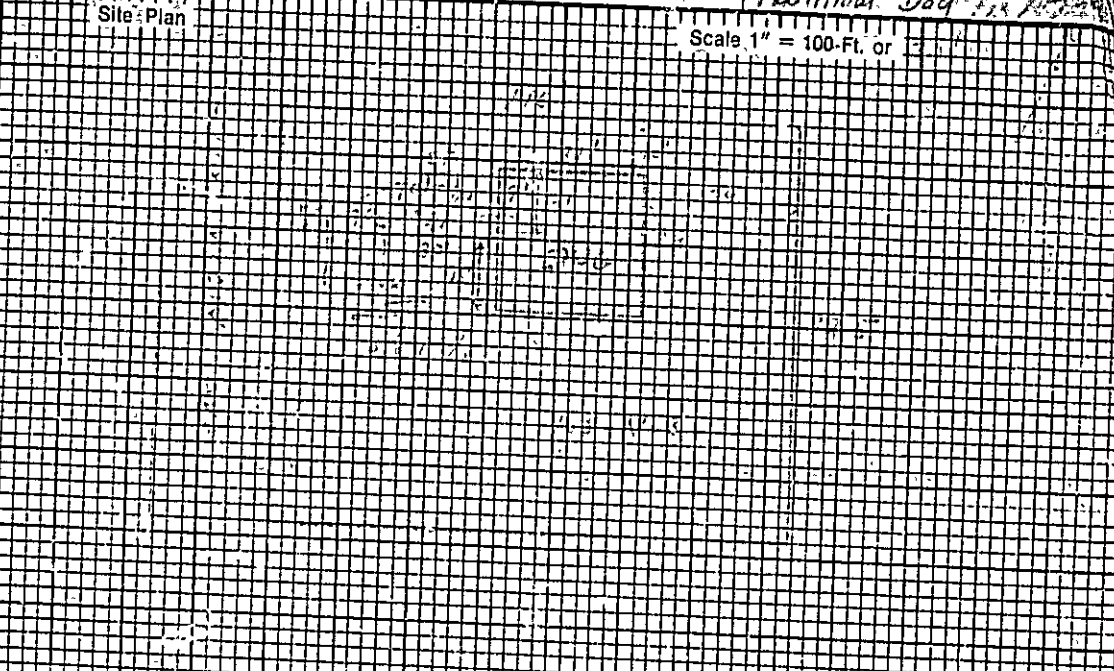
Denial: Application is denied for following reasons; portions of the Code are cited.  
 Form is incomplete ( ) pages to:  General Info.  Site Investigation  System Proposed  
 Site Plan  Disposal System Plan  Cross Section  Statement: See Section 2.3  
 Site Investigation indicates site is  not suitable for disposal system; Sections 4.5 and 5.5, Table 9.1 Group 9 and 10,  Unsuitable for system proposed; Sections 4.3, 4.4, 9.3, Table 9.1  
 System Proposed does not conform to Code; See Section 6.1  
 Site Investigation indicates site modifications are necessary; See Sections  4.3  4.4  4.6  4.7  
 Miscellaneous \_\_\_\_\_ See Section \_\_\_\_\_

Acceptance: Application for permit is approved  with condition specified, comply with Section \_\_\_\_\_  
 without condition

Signed LPI: \_\_\_\_\_ Date: 4/13/77 HPE-20 1114

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

Town Portland Street, Road, etc. 0 by local road  
 if on water body, give name of island William Day Owner of property William Day



Statement: This 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.

HHE-200 7/74

Signature Required \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Applicant: \_\_\_\_\_  
 Owner: \_\_\_\_\_