

On 10-5-87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The form (proposed) is in accordance with the Subsurface Wastewater Disposal Rules.

SITE EVALUATOR STATEMENT

□ SITE EVALUATION WARRANT BY LOCAL OPTION

SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: #1 CONDITION: #3 FACTOR: 35	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input checked="" type="checkbox"/> MEDIUM-LARGE 3. <input type="checkbox"/> LARGE 4. <input type="checkbox"/> EXTRA-LARGE 5. <input type="checkbox"/>	TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1500 GALS 1000
DESIGN PURPOSES 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER DESIGN FLOW (GALLONS/DAY): 860 Seasonal Church 500 gpd 11-1 Dwelling 360 gpd Seasonal	DISPOSAL AREA TYPE/SIZE 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER DOSE: _____ GALS PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED 3. <input checked="" type="checkbox"/> REQUIRED (DEPENDENT ON ELEVATION LOCATION AND TREATMENT)	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: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

IF REPLACEMENT SYSTEM: 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION IS FOR: 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE 3. <input type="checkbox"/> Attach New System Variance Form 4. <input type="checkbox"/> Attach Replacement System Variance Form 5. <input type="checkbox"/> REPAIRS only Local Plumbing Inspector Approval 6. <input type="checkbox"/> Repairs both State and Local Plumbing Inspector Approval	DISPOSAL SYSTEM TO SERVE: 1. <input type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input checked="" type="checkbox"/> OTHER: Seasonal Church Hall SPECIFY: _____
INSTALLATION IS: 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) 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	TYPE OF WATER SUPPLY: Portland Water District	REPLACEMENT SYSTEM: 1. <input type="checkbox"/> BED 2. <input type="checkbox"/> TRENCH 3. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER SIZE OF PROPERTY: 102,000 sq ft Location: Shoreland

PERMIT INFORMATION

Local Plumbing Inspector Signature: _____ Date: 10/18/87

Signature of Owner/Applicant: _____

City of Portland, Oregon

Caution: Inspection Required

I have inspected the system authorized above and found it to be in accordance with the Subsurface Wastewater Disposal Rules.

DEC 23 1987

Department of Human Services
 Division of Health Engineering
 (503) 271-2590

PROPERTY ADDRESS: 605 Stevens Ave, Portland, ME 04103

OWNER/APPLICANT STATEMENT: I certify that the information submitted is correct to the best of my knowledge and understand that any false information is cause for the local plumbing inspector to deny a permit.

MAILING ADDRESS OF OWNER/APPLICANT: 605 STEVENS AVE, PORTLAND, ME 04103

NAME: DISTRICT OF MERCY

LAST NAME: SISTEN, FIRST NAME: MARYDENNIS

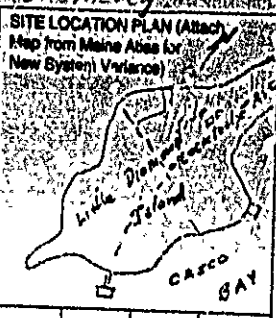
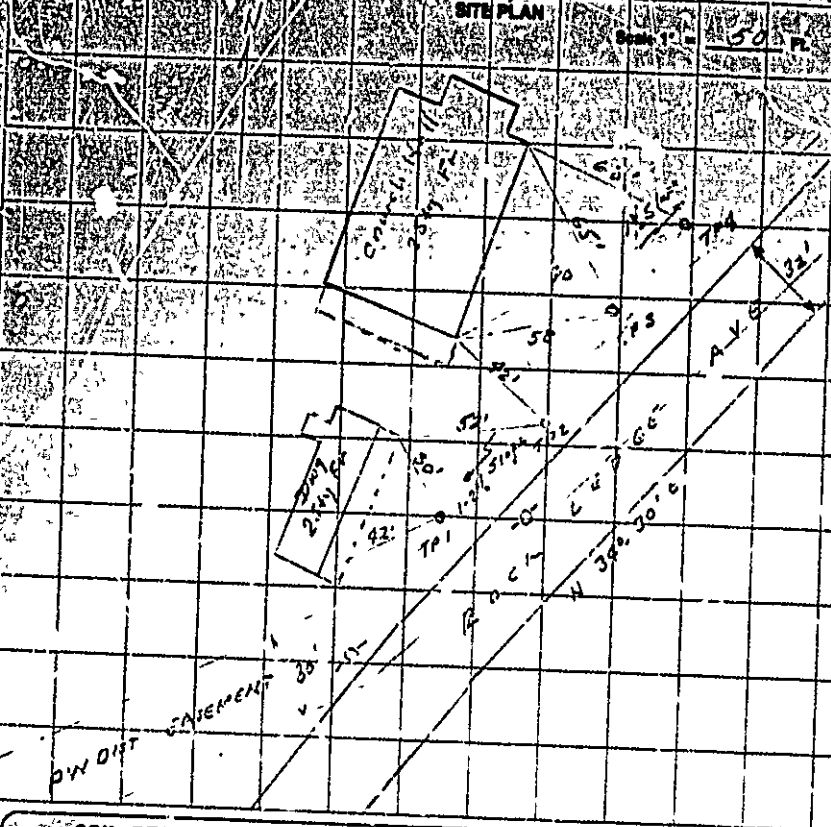
PROPERTY OWNERS NAME: SISTEN, MARYDENNIS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Rockledge, Volusia County, FL Street, Road, Subdivision: Sisters of Mercy Owners Name: Sisters of Mercy



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

Observation Hole 1 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil: 0

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	FSC	Fine	2.8	
6-15	Sand	Fine	Yellow	
15-30	Silt	Firm	2.5	
30-40	Sand			
40-50	Silt			
50-60	Silt			

Soil Profile: 3 Classification: C Slope: 1-2% Limiting Factor: 2.3

Ground Water
 Restrictive Layer
 Bedrock

Observation Hole 2 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil: 0

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	SL	Hard	2.8	
6-10	Sand	Fine	2.5	
10-15	CLC	Firm	Yellow	
15-20	Sand			
20-30	Silt	Firm	2.5	Roots
30-40	Silt			
40-50	Silt			
50-60	Silt			

Soil Profile: 4 Classification: C Slope: 1-2% Limiting Factor: 2.5

Ground Water
 Restrictive Layer
 Bedrock

Site Evaluator or Professional Engineer's Signature: [Signature]

SE# PE#

Date: 12-10-27

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

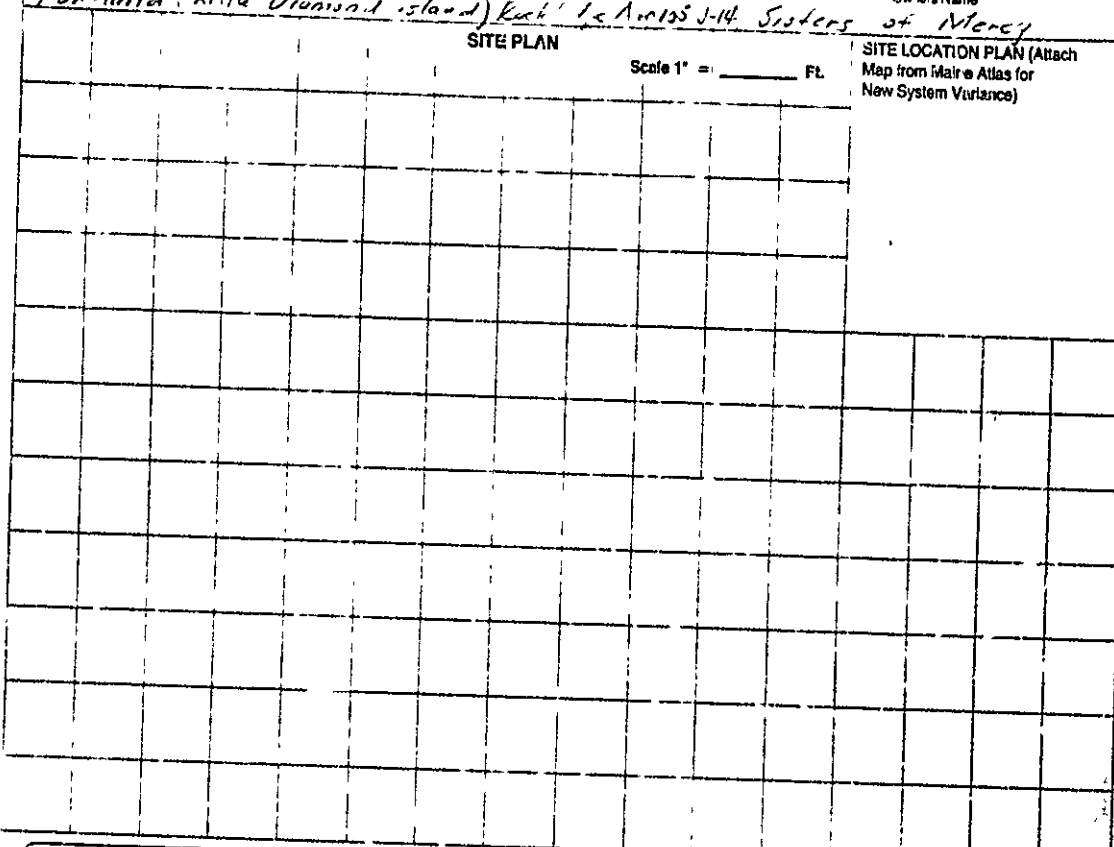
Owners Name

Portland (Little Diamond Island) East 1st Ave 105 S-14 Sisters of Mercy

SITE PLAN

Scale 1" = _____ Ft.

SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 3 Test Pit Boring

0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
FSL	Frangible	DB. n	
Me-t	Frangible	Lt. Brn	
Sand			Roots
Sand & Silt	Stiff	Lt. Brn	
Silty	Stiff	Dr. Brn	

Soil Classification: SC Slope: 1-2% Limiting Factor: CS

Ground Water: Present at eye level Below

Observation Hole 4 Test Pit Boring

0 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
FSL	Frangible	wt. Brn	
Me-t	Fr. water		
Sand		Yel. Brn	
Silty Sand	Frangible	Dr. Brn	Roots

Soil Classification: SC Slope: 1-2% Limiting Factor: CS

Ground Water: Present at eye level Below

Site Engineer or Professional Engineer's Signature: _____ Date: _____

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

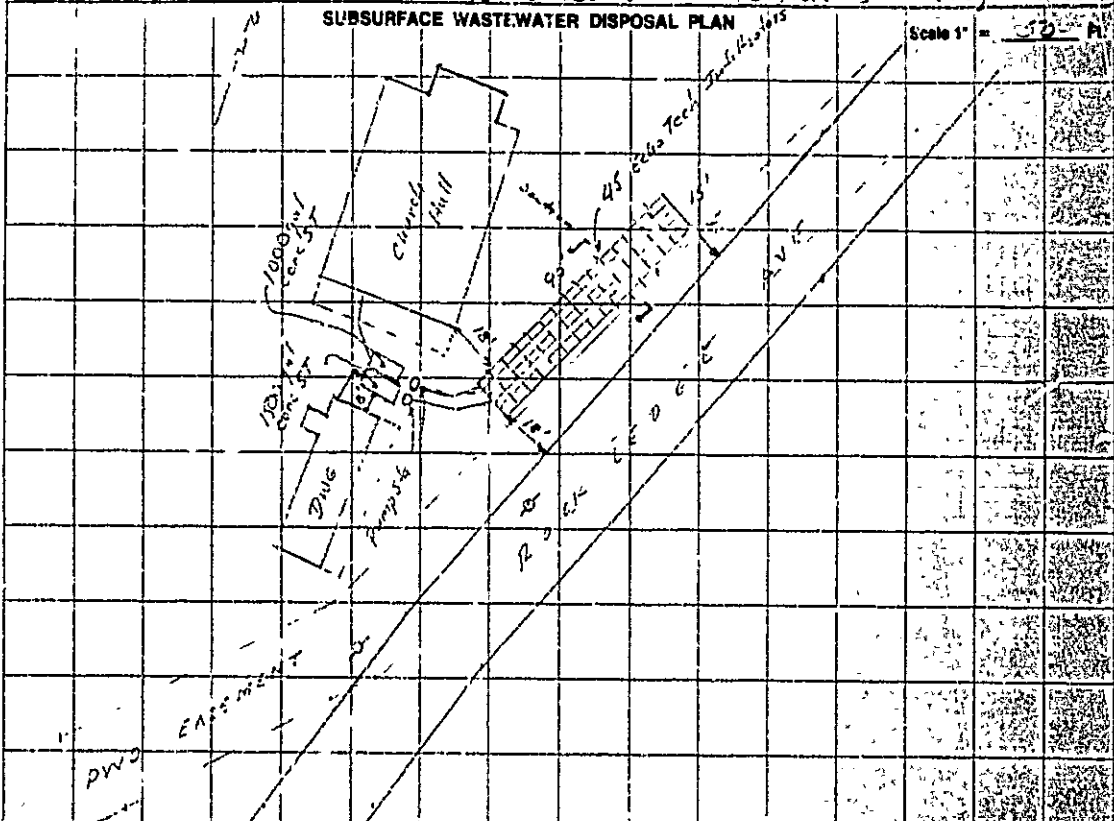
Owner's Name

Plantation (Art's Drammatic Theatre) Rockledge Ave 105-J-14

Sisters of Mercy

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30' H



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	0'	Reference Elevation Is	100.0	CAMP #6149 Non-011 Elev 100.0	
Depth of Fill (Downslope)	0'	Bottom of Disposal Area	96.0		
		Top of Distribution Lines or Chambers	97.25		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1" = 5'
Horizontal: 1" = 10'



105-12-187
11-6-200 / R.S. 1-00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Portland (Little Diamond)

Street: Rockledge Ave

Subdivision Lot #: 10-2-3

PROPERTY OWNERS NAME

Last: Davis First: Richard A

Applicant Name: Same

Mailing Address of Owner/Applicant (if Different): 415 Congress Street Portland Maine 04101

PORTLAND PERMIT # 2,565 TOWN COPY

Date Permit Issued: 10/13/87 \$ 10 FEE Double Fee Charged

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

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: [Signature] Date: 10-13-87

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: MAR 24 1988 O&P Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

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

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both 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 _____

DISPOSAL SYSTEM TO SERVE:

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

SIZE OF PROPERTY: 35,000 sq. ft.

ZONING: Three land

TYPE OF WATER SUPPLY

Portland Water District

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS

WATER CONSERVATION

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

SPECIFY: _____

PUMPING

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

DOSE: _____ GALS

CRITERIA USED FOR DESIGN: LOW BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.

3 Bedrooms

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: C

DEPTH TO LIMITING FACTOR: 32"

SIZE RATINGS USED FOR DESIGN PURPOSES

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

DISPOSAL AREA TYPE/SIZE

- BED 5' x 6' Sq. Ft.
- CHAMBER 4' x 6' Sq. Ft.
- TRENCH _____ Linear Ft.
- OTHER _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 10-29-87 (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.

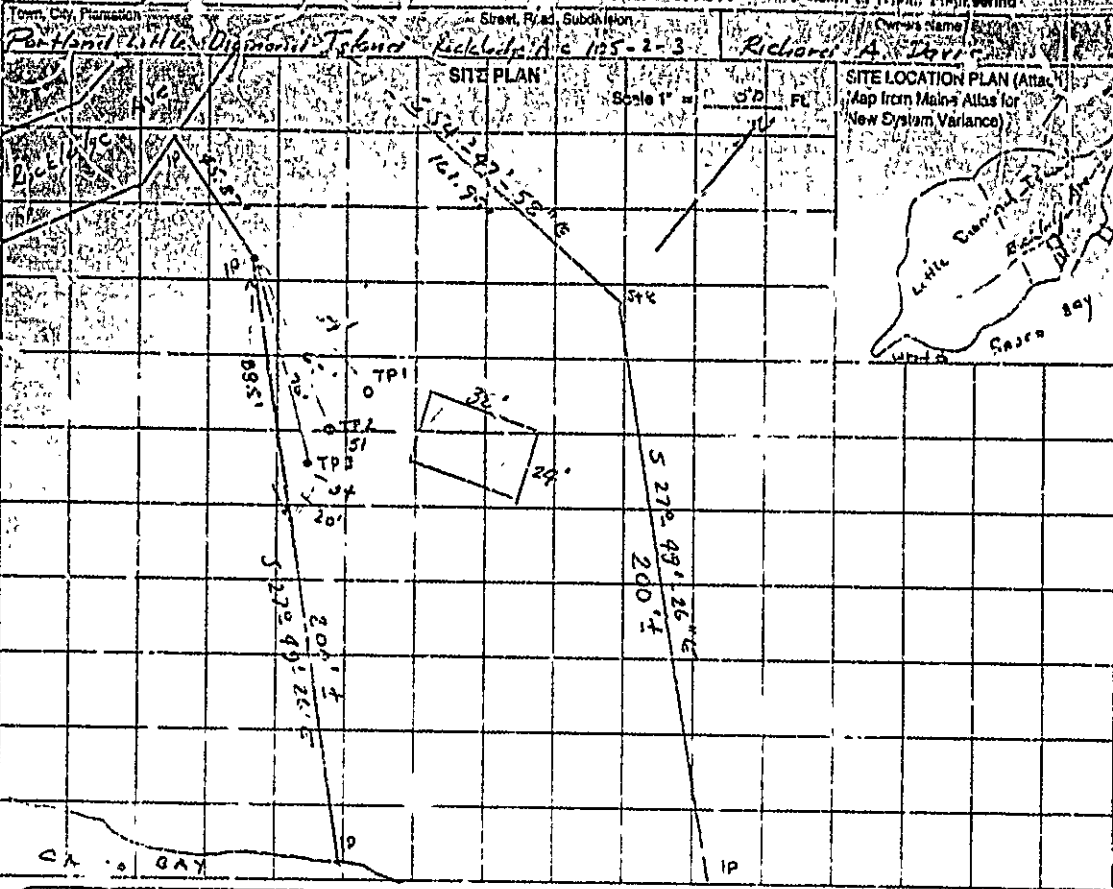
Site Evaluator or Professional Engineer's Signature: [Signature] Date: 10/29/87

Number of Copies of this Form: _____

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering



SOIL DESCRIPTION AND CLASSIFICATION

Observation Hole 1 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
PSL	Frable	DB	
Sand		Lt Brn	
Sandy Stony Loam	Frable	lt Brn	
Silty Loam		lt Brn	
Silty Loam		lt Brn	

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
1	SC	3%	2	<input type="checkbox"/> Redox Layer
None	Common			<input type="checkbox"/> Bedrock

Location of Observation Holes Shown Above)

Observation Hole 2 Test Pit Boring

* Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
PSL	Frable	DB	
Loamy Silt			
Stony	Frable	lt Brn	
Silty Loam		lt Brn	
Silty Loam		lt Brn	

Soil	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
2	SC	3%	2	<input type="checkbox"/> Redox Layer
None	Common			<input type="checkbox"/> Bedrock

Richard A. [Signature]
Site Evaluator or Professional Engineer's Signature

11-1-1972
SE# PE# Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Portland, 116 Leonard Blund, Ridge Ave, AS-2-3

Owner Name
FL On V

SITE PLAN										Scale 1" = 10'	FL	SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)
[Grid area for site plan drawing]												

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

Observation Hole 1 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0-6	<i>FSL</i>	<i>Loose</i>	<i>D B</i>	
6-10	<i>Med Soil</i>	<i>Loose</i>	<i>R3</i>	
10-15				
15-20				
20-30	<i>Fine</i>	<i>Loose</i>	<i>Light</i>	
30-40	<i>Soil</i>		<i>Grey</i>	
40-50				

Soil Classification: _____ Slope: _____ Limiting Factor: _____

Ground Water
 Feenore 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				
6-10				
10-15				
15-20				
20-30				
30-40				
40-50				

Soil Classification: _____ Slope: _____ Limiting Factor: _____

Ground Water
 Feenore Layer
 Bedrock

Thomas Blund
Site Evaluator or Professional Engineer's Signature

142
SE# / PE#

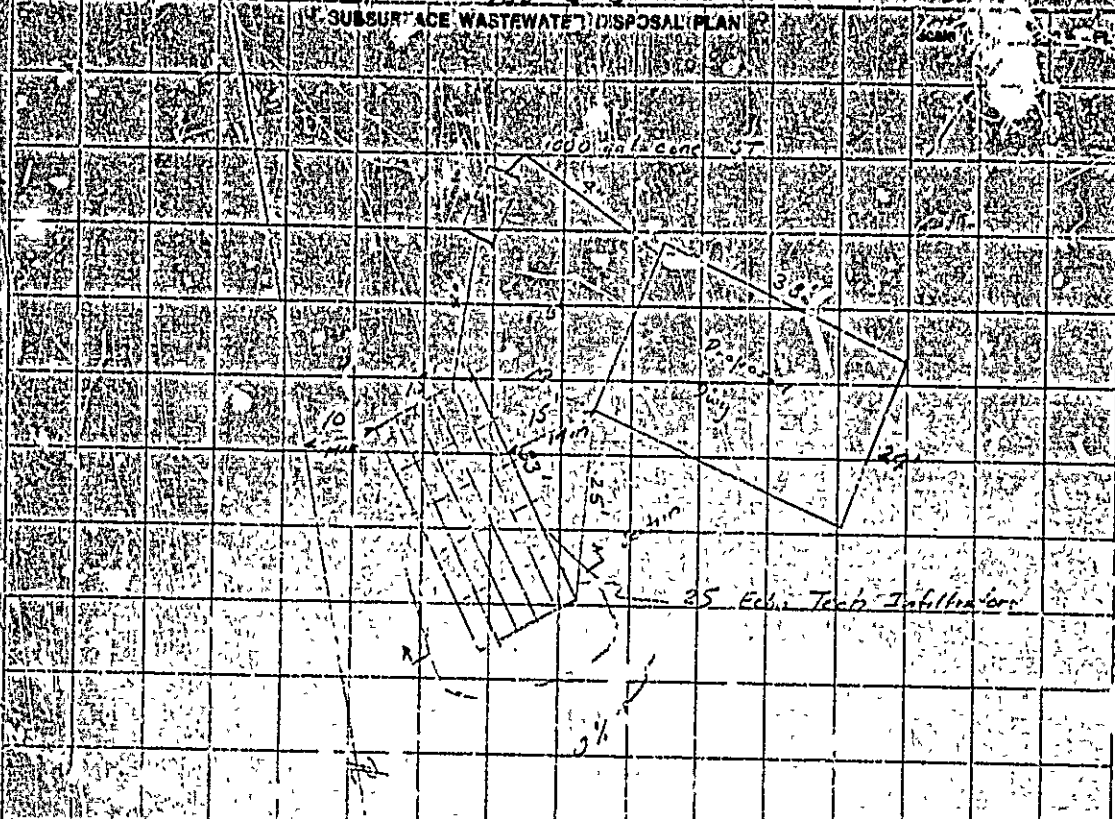
10-5-87
Date

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Page Total
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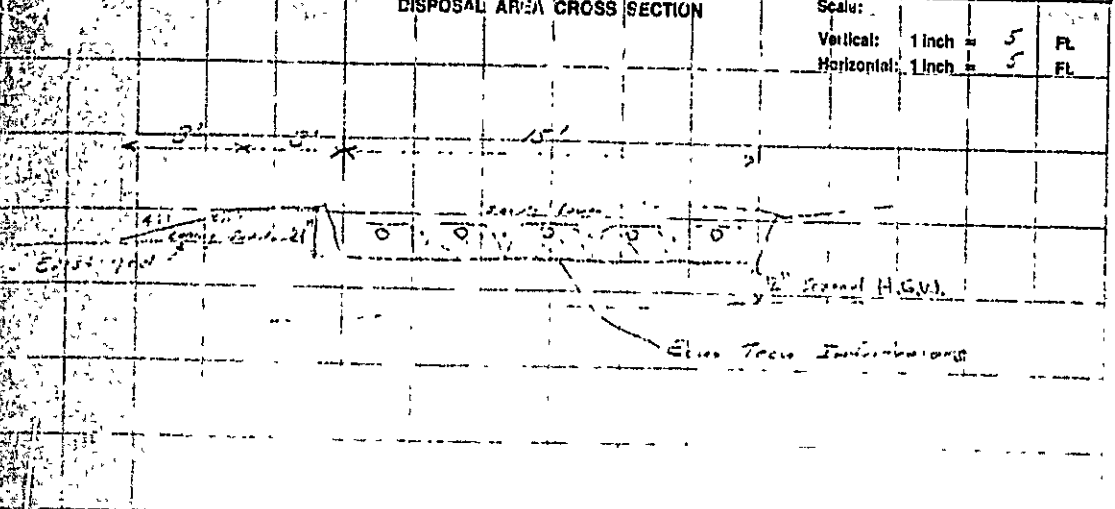
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, P.O. Address: 1000 1st St. S. E. Richmond, Va. Street, Road, Subdivision: Richmond, Va. Owners Name: Richard A. De...



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	<u>0'</u>	Reference Elevation is	<u>100.0</u>	<u>Nail in Birch (Temp. Power Pole)</u> <u>elev 100.0'</u>	
Depth of Fill (Downslope)	<u>12"</u>	Bottom of Disposal Area	<u>93.5'</u>		
Depth of Fill (Average)	<u>6"</u>	Top of Distribution Lines or Chambers	<u>94.7'</u>		



Site Evaluator or Professional Engineer's Signature: [Signature] SE #/PE # 103151 Date 10-5-97 Page 2 of 3
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PLUMBING APPLICATION

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

105-01-0
105-01-10

Town District: ROCKLEDGE AVE
Plantation:
Street:
Subdivision Lot #:
PROPERTY OWNERS NAME:
Last: H. GELINS First: CHARLES
Applicant Name: PAUL F. G.
Mailing Address of Owner/Applicant (If Different): ELIZABETH ST BRIDGE

PORTLAND PERMIT # 2,264 TOWN COPY
FEE \$ 17.87
L.P.I. # 105-01-10
Signature: Paul F. G.

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: Paul F. G. Date: 4-17-87

Caution: Inspection Required
I have inspected this work and found it to be in compliance with the Code.
Local Plumbing Inspector Signature: _____ Date: _____

PERMIT INFORMATION

This Application is for:
1. NEW PLUMBING
2. RELOCATED PLUMBING
5-20-87

Type Of Structure To Be Served:
1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER - SPECIFY _____

Plumbing To Be Installed By:
1. MASTER PLUMBER
2. OIL BURNER MAN
3. MFGD HOUSING DEALER/MECHANIC
4. PUBLIC UTILITY EMPLOYEE
5. PROPERTY OWNER
LICENSE # 21745

Hook-Up & Piping Relocation Maximum of 1 Hook-Up		Number	Column 2 Type of Fixture	Number	Column 1 Type of Fixture
HOOK-UP to public water supply as on-site where the connection is not regulated and inspected by the local Sanitary District.	OR		Hosebib / Sillcock		Bathub (and Shower)
			Floor Drain		Shower (Separate)
HOOK-UP to an existing subsurface water distribution system.	OR		Urinal		Sink
			Drinking Fountain		Wash Basin
PIPING RELOCATION of sanitary lines, drains, and piping without new fixtures.	OR		Indirect Waste		Water Closet (Toilet)
			Water Treatment Device, Filter, etc.		Clothes Washer
Number of Hook-Ups & Relocations	OR		Grease/Oil Separator		Dish Washer
			Dental Cusplator		Garbage Disposal
Hook-Up & Relocation Fee	OR		Bidet		Laundering Tub
			Other		Water Heater
			Fixtures (Be noted in Column 2)		

SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE