

PERMIT TO INSTALL PLUMBING
Little Diamond Island

PERMIT NUMBER 0514

Address Cliffetons Rd.

Installation For summer home

Owner of Bldg Richard Sawyer

Owner's Address 10106 Quinby St. - Silver Springs, Md. 20901

Plumber Ted Rand - Little Diamond Is. Date: 11-8-76

Date Issued

Portland Plumbing Inspector
By ERNOLD R GOODWIN

Date App. First Insp.

By

Date App. Final Insp.

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		
		GARBAGE DISPOSALS		
		SEPTIC TANKS & leaching bed	1	25.00
		HOUSE SEWERS		
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		3.00
		OTHER base fee		
			TOTAL	28.00

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 Page 1 of 2

Town: Portland Street, Road, etc: 10106 Oakley St. Silver Springs Hill Permit No.: _____ Date: _____
 If on water body, give name Croft Bay

Owner of property: Richard Saurgen Owner's address: 10106 Oakley St. Silver Springs Hill Size of lot: 20,715 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: _____ Owner's agent: _____ 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: _____ Street, Box, etc: _____ Tol. No.: _____

Town: Maine Subdivision name: 105-2-16, 17 Lot No.: 16, 17

Applicant's signature: _____ Date: _____
 Owner's signature: _____ Date: _____

This application is for: New System Expanded System Replacement System Replacement of Treatment Tank 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: Pub. Dist.

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. 1		Soil Profile No. 2		Soil Profile No. 3		Soil Profile No. 4		Soil Profile No. 5	
	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring	<input checked="" type="checkbox"/> Pit	<input type="checkbox"/> Boring
Description of soil strata and thickness	Organic strata	Inches 0"	Organic strata	Inches 0"	Organic strata	Inches 0"	Organic strata	Inches 0"	Organic strata	Inches 0"
	1st strata	<u>DR FSL</u> Inches 2"	1st strata	<u>DR FSL</u> Inches 3"	1st strata	<u>4 1/2" to 1 1/2" Organic FSL</u> Inches 19"	1st strata	<u>2 1/2" to 1 1/2" Olive VF FSL</u> Inches 19"	1st strata	Inches _____
	2nd strata	<u>MBN FSL</u> Inches 8"	2nd strata	<u>MBN FSL</u> Inches 10"	2nd strata	Inches _____	2nd strata	Inches _____	2nd strata	Inches _____
3rd strata	<u>1 1/2" to Olive VF FSL</u> Inches 26"	3rd strata	<u>1 1/2" to Olive VF FSL</u> Inches 23"	3rd strata	Inches _____	3rd strata	Inches _____	3rd strata	Inches _____	
Total Depth of observation hole	Inches <u>46</u>	Total Depth of observation hole	Inches _____	Total Depth of observation hole	Inches <u>51</u>	Total Depth of observation hole	Inches _____	Total Depth of observation hole	Inches _____	
Max Ground water table	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches <u>30"</u>	Max Ground water table	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____	Max Ground water table	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches <u>34"</u>	Max Ground water table	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____	Max Ground water table	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____	
Impermeable layer, clay, etc.	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches <u>38"</u>	Impermeable layer, clay, etc.	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____	Impermeable layer, clay, etc.	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches <u>36"</u>	Impermeable layer, clay, etc.	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____	Impermeable layer, clay, etc.	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____	
Bedrock	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches <u>46"</u> Type of Bedrock: <u>Sh. Slate</u>	Bedrock	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____ Type of Bedrock: _____	Bedrock	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____ Type of Bedrock: _____	Bedrock	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____ Type of Bedrock: _____	Bedrock	<input type="checkbox"/> None Evident <input checked="" type="checkbox"/> _____ Inches _____ Type of Bedrock: _____	
Surface slope	<u>4%</u>	Surface slope	<u>4%</u>	Surface slope	<u>4%</u>	Surface slope	<u>4%</u>	Surface slope	<u>4%</u>	
Soil Group & Condition per Table 9-1 of the Code, II	<u>A-2</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>A-2</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>A-2</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>A-2</u>	Soil Group & Condition per Table 9-1 of the Code, II	<u>A-2</u>	

On 9-20-76 (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: Arthur Hand Registration/Certification Number: PC #1513 Date signed: 9-27-76

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

SYSTEM <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"/> Generator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____ See Chapter 9 of the Code, II.	TREATMENT TANK <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Metal Manufacturer: <u>McTork</u> Size in gallons: <u>750</u> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No.: _____ Size in gallons: _____	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION 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"/> is 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.
		Type: <input type="checkbox"/> Trench System Length: _____ <input type="checkbox"/> Bed System Length: _____ Width: _____ <input type="checkbox"/> Chamber System Number: _____ Type A: _____ Single File: _____ Type F: _____ Cluster: _____ <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 type="checkbox"/> Very Small <input type="checkbox"/> Small <input checked="" 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

Denial: Application is denied for following reasons; portions of the Code II are cited.
 Form is incomplete (____ pc.) as to: General Info, Site Investigation, System Proposed, Site Plan, Disposal System Plan, Cross Section, Statement See Section 23.
 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, 4.8, 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, _____ See Section _____
 Miscellaneous _____
 Acceptance: Application for permit is approved with condition specified, comply with Section _____
 without condition.
 Signed LPI: Arthur Hand R.S. Date: 9/28/76 HHE 7/74

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 MAINE DEPARTMENT OF HEALTH AND WELFARE
 APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

Town <i>Piscataquis</i>	Street, Road, etc. If on water body, give name <i>115 Route 101 Piscataquis</i>	Owner of property <i>Richard Souner</i>
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Site Plan

Scale 1" = 100 Ft. or $\frac{1}{2}$ "

Private Sewage Disposal Plan

Scale 1" = 20' or $\frac{1}{4}$ "

Subsurface Absorption Area Cross-section

Scale: Vertical — 1" = 5' or $\frac{1}{2}$ "
 Horizontal — 1" = 20' or $\frac{1}{4}$ "

HHE-200 7/74

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 _____
 Applicant: _____
 Owner _____