

- SPRING COVE AVE. CUSHING ISLAND -
106C-A-4, 106C-A-5, 106C-A-10

CERTIFICATE OF APPROVAL

FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF _____

OWNER _____

Cert of App Number
Nº 2280 EC

ADDRESS _____, MAINE
Location where system was installed and inspected

Date C.O.A. Issued
Month Day Year

Installer's Name _____
Last Name F.I. M.I.

Date Inspected
8/28/77
Month Day Year

Date Permit Issued

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 Wiscasset

Town/City Code 15710 LPI Number 1123 License Number 3 Date Issued 8/10/77 PERMIT NUMBER **Nº 2280 EP**

Address of System Location 106-C-A-4 St/Lot Number 106-C-A-4 Soil Evaluator _____ Street, Road Name/Subdivision DRIVE W. CLOVE FAIR St Rd Av/Lot _____
1. Owner 2. Builder 3. Installer 4. Developer 5. Realtor 6. Other Code L2 Issued

Name of Applicant DLAMITH Last Name of Applicant F.I. M.I. L Mailing Address _____ Zip Code _____

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	Code Units Design Flty
System to Serve	1 Single (Res) 3 Mobile Home 5 School 2 Multi-Fam (Res) 4 Commercial 6 Other (Specify)	
Complete System (Tank with)	1 Trench 3 Chamber 5 Special System (Includes one Waterless Toilet) 2 Bed 4. Mound (\$25 Each)*	Code Quant Fee
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 _____ Administrative Fee <u>3</u>	
Date Received	Receipt Number _____ Money Received _____ Total or Double Fee <u>3</u>	
Administrative Code	Form 200 <input type="checkbox"/> LPI to Insert soil Category (L) <input type="checkbox"/> = (H) <input type="checkbox"/> Double Fee 1. Yes <input type="checkbox"/>	

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. HHE-210 377
Original—To be sent to: Department of Human Services, Division of Health Engineering 221 State Street, Augusta, Maine 04333
*Refer to Sec. 2 6 for Fee Schedule on Systems over 2000 Gal/Day

MAINE DEPARTMENT OF HEALTH SERVICES
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

This is NOT a permit. This form when completed must be presented to the Local Planning Inspector to obtain a permit.

Page 1 of 2

Town: **Portland** Street, Road, etc: **Spring Cove Ave.** Plumbing Permit No: **2280** Date of Plumbing Permit: **F/15/77**

City: **Cushings Island** If on water body give name: _____

Owner of property: **The Island Company** Owner's address: **Spring Cove Ave.** Size of lot: **15,209** Sq. feet Acres

Name & type of establishment if other than private home: **Year-round caretaker's Residence** Is lot Zoned? Yes No Type of Residence: **Residential** Singleland Multiple Protection

Name of applicant or owner's agent: **Lionel Plante** If you plan to use a previous submission approval in lieu of site investigation, please submit one of the following:
 Dead-restriction re private sewage disposal
 Copy of the submission & soils report
 Soils report from a State Agency **NA**

Applicant's address: **Island Ave.** Tel No: **766-2508**

Town: **Peaks Island** Zip Code: **04108** Submission name: **City of Portland Assessors Plan 106C** Lot No.: **106C-A-4**

Applicant's signature: *Lionel Plante* Date: _____

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: City main supply Boring Drilled well depth _____ Spring Other _____

Disposal: Surface water Body Course with disinfection without disinfection Public Utility, name **Port. Wa. 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.	
	<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 type="checkbox"/> Pit	<input type="checkbox"/> Boring
Organic strata	Top Soil		Top Soil		Top Soil		Organic strata	
Inches	2"		2"		2"		Inches	
1st strata	Loam		Dr. Br. Loam		Dr. Br. Loam		1st strata	
Inches	10"		10"		10"		Inches	
2nd strata	Red Brown Sandy Loam		Red Br. Silty Loam		Red Br. Gravelly Loam		2nd strata	
Inches	30"		18"		30"		Inches	
3rd strata	Silty Sand		Red Br. Silty Loam with Shale		Lt. Red Br. Silty Loam		3rd strata	
Inches	8"		12"		10"		Inches	
Total Depth of observation hole	Inches 48"		Inches 48"		Inches 62"		Total Depth of observation hole	
Max. Ground water table—mottling	<input checked="" type="checkbox"/> None Evident		<input checked="" type="checkbox"/> None Evident		<input checked="" type="checkbox"/> None Evident		Max. Ground water table—mottling	
Impervious layer, clay, etc.	<input checked="" type="checkbox"/> None Evident		<input checked="" type="checkbox"/> None Evident		<input checked="" type="checkbox"/> None Evident		Impervious layer, clay, etc.	
Bedrock	48 inches		40 inches		None Evident		Bedrock	
Type of Bedrock	Shale		Shale		Type of Bedrock		Type of Bedrock	
Surface slope	1.0 %		0.5 %		1.0 %		Surface slope	
Soil Group & Condition per Table 9-1 of the Code, II	2B		2B		2B		Soil Group & Condition per Table 9-1 of the Code, II	

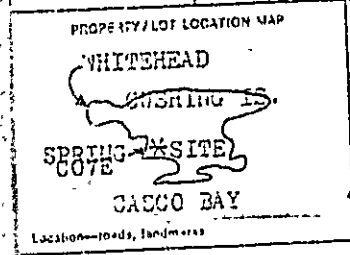
On **July 18, 1977** (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I also recommend the following type and size of private sewage disposal system. I also recommend the proposed private sewage disposal system layout and location shown on page 2.

Signature: **William B. Goodwin** Health Engineering License No. **00003**

Date signed **August 3, 1977**

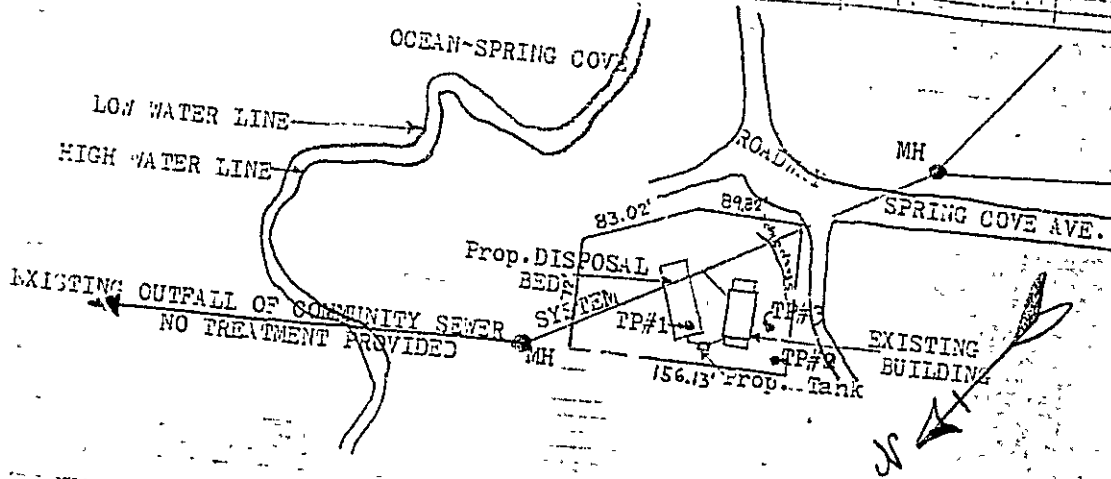
PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2 and refer to completed sample form

SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM If separate 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 2 of the Code, II	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons: 750 Gallons <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No: _____ Size in gallons: NOT APPLICABLE	SUBSURFACE ABSORPTION AREA Type: <input type="checkbox"/> Trench System, Total trench length: NOT APPLICABLE <input checked="" type="checkbox"/> Bed System Length: 50' Width: 20' <input type="checkbox"/> Chamber System (Type A) NA (Type B) NA <input type="checkbox"/> Mound System Length: NOT APPLICABLE Width: NOT APPLICABLE <input type="checkbox"/> Special System Length: NOT APPLICABLE Width: NOT APPLICABLE WAIVER <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required	SITE MODIFICATION Full will be NOT APPLICABLE in uphill; _____ in downhill. DETAILS NOT APPLICABLE <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 DISTANCES <input checked="" 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 type="checkbox"/> Yes. 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, portions of the Code are cited. Form is incomplete (_____ 93) is to _____ General info. <input type="checkbox"/> Site investigation. <input type="checkbox"/> System Proposed, <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement See Section 23 <input type="checkbox"/> Site investigation indicates site is totally unsuitable for disposal system, Sections 43 and 95, Table 9-1 Group 2 and 3. <input type="checkbox"/> Unsuitable for system proposed, Sections 43, 14, 95, Table 9-1 <input type="checkbox"/> System Proposed does not conform to Code, See Sections 9 <input type="checkbox"/> 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 Signature: <i>William B. Goodwin</i> Date: AUG 18 1977 LINE-200	

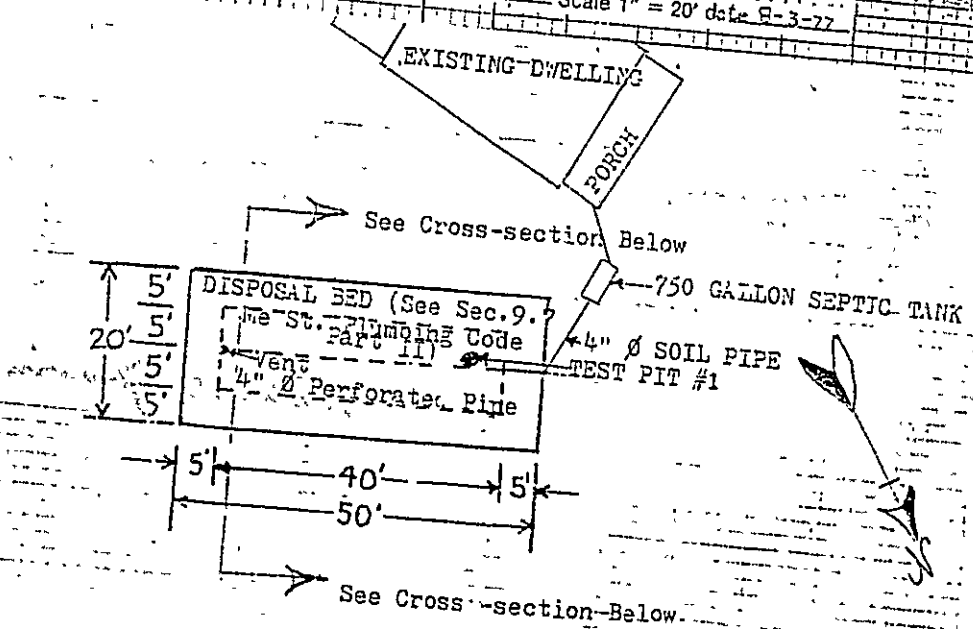


APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
 (For systems disposing of less than 2000 gallons per day)

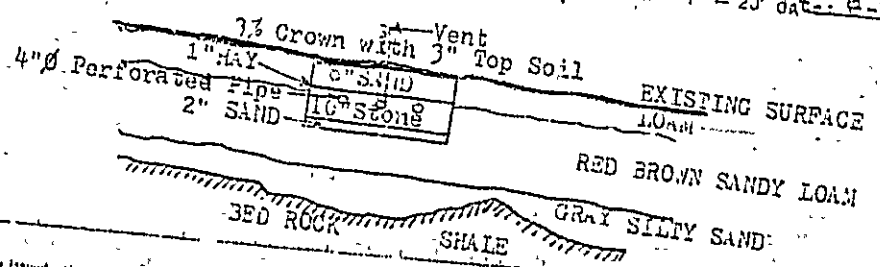
City Portland	Street, Road, etc. Spring Cove Ave.	Owner of property The Island Company
County Cushings Island	If on water body Ocean-Spring Cove	
Site Plan #		Scale 1" = 100 Ft. dr. by: <i>W. G. O.</i>



Private Sewage Disposal Plan	Scale 1" = 20' date: 8-3-77
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Subsurface Absorption Area Cross-section	Scale: Vertical - 1" = 5' dr. by: <i>W. G. O.</i>
	Horizontal - 1" = 20' date: 8-3-77



(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 the issuance of a permit does not constitute a warranty by the State of Maine to install a private sewage disposal system and that the permit is valid for a (3) month period from the date of permit issuance. I understand that no fee is granted for interest, or imposition of any rules or approval given by the Administrative Authority or its agent.

Signature: *W. G. O.*
 Date: *8/15/77*
 Applicant: *Island Co.*
 Owner:

Date Issued

6-23-77

Portland Plumbing Inspector

ERNOLD R GOODWIN

App. First Insp.

App. Final Insp.

Type of Bldg.

- Commercial
- Residential
- Single
- Multi-Family
- New Construction
- Remodeling

JUL 7 1977
ERNOLD R. GOODWIN
PLUMBING INSPECTOR

PERMIT TO INSTALL PLUMBING

Address 106-2-2010 Cushing Island Spring Cove PERMIT NUMBER **1225**

Installation For. one family

Owner of Bldg Howard Dana Jr.

Owner's Address RMB

Plumber Lionel Plante - 1st. Ave. Date: 6-23-77

NEW	REPL		NO	PRICE
		SINKS		
		LAVATORIES		
		TOILETS		
		BATH TUBS		
		SHOWERS		
		DRAINS FLOOR SURFACE		
		HOT WATER TANKS		
		TANKLESS WATER HEATERS		
		GARBAGE DISPOSALS		
x		SEPTIC TANKS		
		HOUSE SEWERS	1	25.00
		ROOF LEADERS		
		AUTOMATIC WASHERS		
		DISHWASHERS		
		OTHER		
		base fee		3.00
		TOTAL		28.00

Building and Inspection Services Dept.; Plumbing Inspection

28.00

ORIGINAL To be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		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 Cushing Island	Crest, Road, etc. Spring Cove Ave.	Plumbing Permit No. 1225	Date of Plumbing Permit 6-23-77	
Owner of property Howard H. & Susan E. Dana Jr. Spring Cove Ave.		Size of lot 3,575	30 Sq. Feet <input type="checkbox"/> Acres	
Name & type of establishment if other than private home		Is lot Zoned? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning Residential	Other Resource Protection
Name of applicant Owner's agent Lionel Plante		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Used restriction re. private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. Island Ave.		Tel No. 756-1503		Subdivision name City of Portland Assessor's 1060-A-10 Plan 1060
Town Packs Island		Zip Code 04103		
Applicant's signature <i>Howard H. Dana Jr.</i>		Date	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 _____ ft. Boring _____ ft. Drilled well, depth _____ ft. Spring City

depth _____ ft. Surface water Pond, 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 4 of the Code, II.

Thickness and description of each soil strata encountered	Soil Profile No. 1	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
	<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	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
Organic strata Top Soil Inches 2"	Organic strata Inches	Organic strata Inches	Organic strata Inches	Organic strata Inches	Organic strata Inches
1st strata Dr. Br. Sand Inches 10"	1st strata Inches	1st strata Inches	1st strata Inches	1st strata Inches	1st strata Inches
2nd strata Dr. Br. Gravel Inches 2"	2nd strata Inches	2nd strata Inches	2nd strata Inches	2nd strata Inches	2nd strata Inches
3rd strata Lt. Br. Gravelly Loam Inches 40"	3rd strata Inches	3rd strata Inches	3rd strata Inches	3rd strata Inches	3rd strata Inches
Total Depth of observation hole Inches 62"	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches
Max. Ground water table molting Inches	Max. Ground water table molting Inches	Max. Ground water table molting Inches	Max. Ground water table molting Inches	Max. Ground water table molting Inches	Max. Ground water table molting Inches
Impervious layer, clay, etc. Inches 60"	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches
Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock	Bedrock Type of Bedrock
Surface slope 5%	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %
Soil Group & Condition per Table 9-1 of the Code, II B-2	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	Soil Group & Condition per Table 9-1 of the Code, II	Soil Group & Condition per Table 9-1 of the Code, II

On June 10, 1977 (date), a site investigation for this project was completed. I conducted 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 *William B. Jordan* Health Engineering License No. 00003
Date signed June 1, 1977

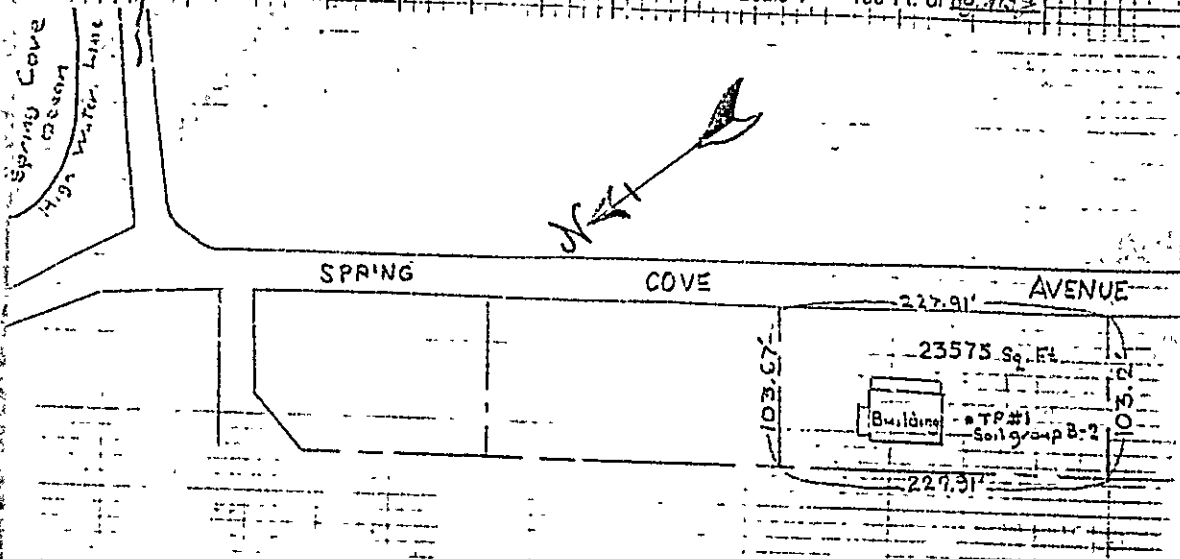
PRIVATE SEWAGE DISPOSAL SYSTEM PROPOSED Show location of system and details on sketches on page 2, and refer to completed sample form

SYSTEM: <input checked="" type="checkbox"/> COMBINED SYSTEM <input type="checkbox"/> SEPARATED SYSTEM <input type="checkbox"/> Sealed Vault <input type="checkbox"/> Open Pit <input type="checkbox"/> Compost Toilet <input type="checkbox"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons 750 gallons <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION
		Type <input type="checkbox"/> Trench System: Total trench length: NA <input type="checkbox"/> Bed System: Length 50' Width 20' <input type="checkbox"/> Chamber System: Number _____ Type A _____ Type B _____ <input type="checkbox"/> Mound System: Length _____ Width _____ at base <input type="checkbox"/> Special System: Length _____ Width _____	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	Fill will be: <input type="checkbox"/> APPLICABLE _____ in. uphill; _____ in. downhill DETAILS: <input type="checkbox"/> NOT APPLICABLE <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 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.
PROPERTY/LOT LOCATION MAP 		FOR THE USE OF LPI ONLY <input type="checkbox"/> Denial: Application is denied for following reasons: portions of the Code II are cited. <input type="checkbox"/> Form is incomplete (_____) as to: <input type="checkbox"/> General Info. <input type="checkbox"/> Site Investigation. <input type="checkbox"/> System Proposed, <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross-Section, <input type="checkbox"/> Statement. See Section 2.3. <input type="checkbox"/> Site investigation indicates site is: <input type="checkbox"/> totally unsuitable for disposal systems; Sections 4.5 and 9.5, Table 9-1 Group 9 and 10. <input type="checkbox"/> Unsuitable for system proposed, Sections 4.3, 4.8, 9.5, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9._____ <input type="checkbox"/> Site investigation indicates site modifications are necessary; See Sections: <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.8, <input type="checkbox"/> 9.7. <input type="checkbox"/> Miscellaneous: _____ See Section _____ <input type="checkbox"/> Acceptance application for permit is: <input type="checkbox"/> with condition specified, comply with Section _____ <input type="checkbox"/> without condition. Signature <i>William B. Jordan</i> Date 6/22/77		

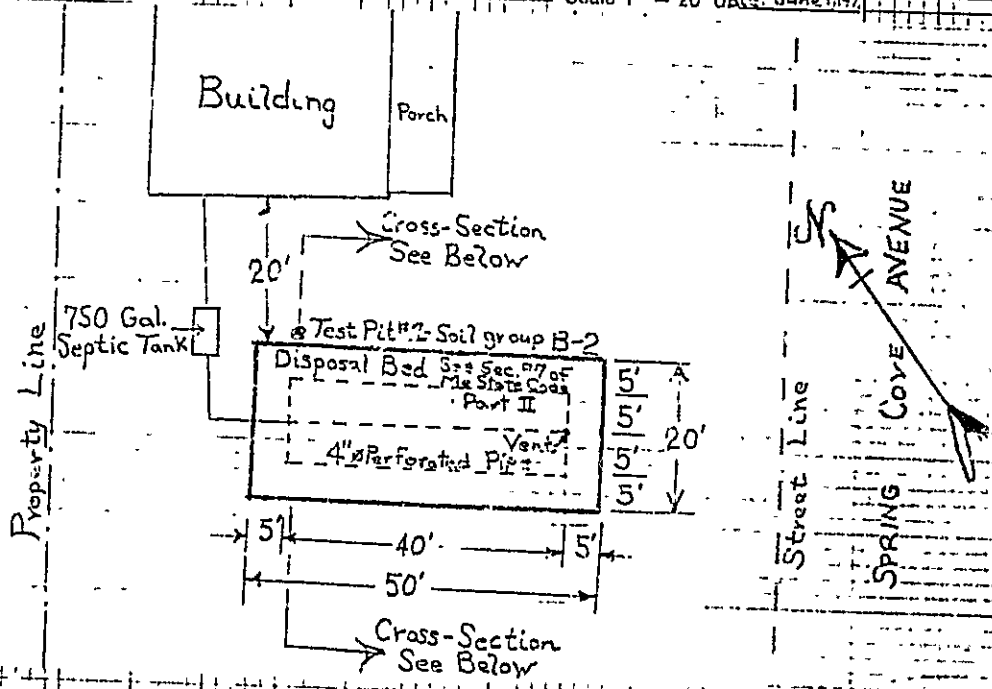
Acceptance application for permit is: with condition specified, comply with Section _____
 without condition.
Signature *William B. Jordan* Date 6/22/77

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

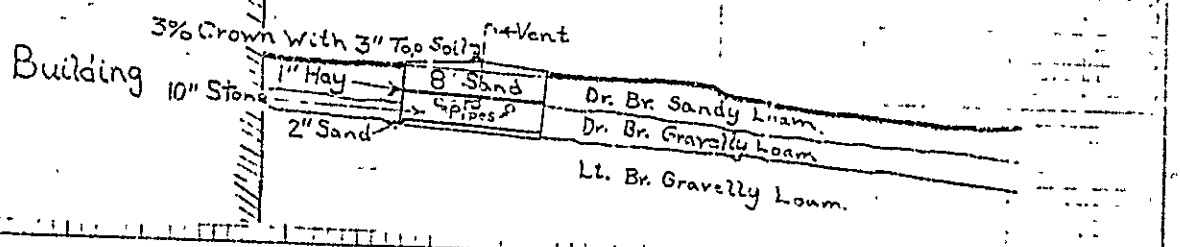
Town: Portland Street, Road, etc.: Spring Cove Vc. Owner of property: Edward H. & Susan B. Dean
 If on water body, give name: _____
 Site Plan Scale 1" = 100 Ft. or by: ASZ



Private Sewage Disposal Plan Scale 1" = 20' date: June 1, 1977



Subsurface Absorption Area Cross-section Scale: Vertical - 1" = 5' or by: ASZ
 Horizontal - 1" = 20' date: June 1, 1977



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 that 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.

DATE: _____ Signature Required _____
 Applicant: _____
 Owner: _____

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		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. Spring Cove Ave.	Plumbing Permit No.	Date of Plumbing Permit	
Owner of property Howard H. & Susan B. Dean Jr. Spring Cove Ave.		Size of lot 3,375	20 sq feet 0 Acres	
Name & type of establishment if other than private home		Is lot Zoned? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Type of Zoning <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Industrial <input type="checkbox"/> Other	
Name of applicant Owner's agent Lionel Plante		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction re private sewage disposal <input type="checkbox"/> Copy of the subdivision's soils report <input type="checkbox"/> Soils report from a State Agency		
Applicant's address Street, Box, etc. Island Ave.		Tel No. 736-1500		Subdiv on name City of Portland Assessor: 1060-A-10 Lot No. 1060
Town Bucks Island		Zip Code 04102		
Applicant's signature		Date		
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 _____, lining _____ Drilled well, depth _____, lining _____ Spring Depth _____, lining _____; Surface water Body, Course— with disinfection, without disinfection. Public Utility, name _____, No. _____

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 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
Description of each soil strata encountered	Organic strata Top Soil Inches 2"	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata	Organic strata
	1st strata Dr. Br. Sand Inches 10"	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata	1st strata
	2nd strata Dr. Br. Grave 8" Loam-Fill Inches 8"	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata	2nd strata
	3rd strata Gravelly Loam Inches 4.5"	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata	3rd strata
Depth from bottom of organic horizon to:	Total Depth of observation hole Inches 6.7"	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole 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	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 60"	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches	Impervious layer, clay, etc. Inches
	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches	Bedrock Type of Bedrock Inches
Surface slope 0.5 %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	
Soil Group & Condition per Table 9-1 of the Code, II B-2	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	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	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	Soil Group & Condition per Table 9-1 of the Code, II

On May 19, 1977 (date), a site investigation for this project was completed. I conducted the 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: _____
Date signed: June 1, 1977
Health Engineering License No. 00003

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"/> Incinerator 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 type="checkbox"/> Metal Size in gallons: <u>750 Gallons</u> <input type="checkbox"/> Aerobic Tank Manufacturer— Model No. Size in gallons	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Fill will be: <input type="checkbox"/> UP <input type="checkbox"/> APPLICABLE <input type="checkbox"/> DOWN In uphill: _____ In downhill: _____ DETAILS NOT APPLICABLE <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 DISTANCES <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No: The proposed subsurface absorption area will be located at least 100 feet from and all wells; springs; surface water bodies and courses (lake, pond, ocean, brook, stream, river); swamps; marshes; and bogs. <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.
		Type <input type="checkbox"/> Trench System: Total trench length _____ <input type="checkbox"/> Bed System Length <u>50'</u> Width <u>20'</u> <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A _____ <input type="checkbox"/> Single File <input type="checkbox"/> Type B _____ <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length _____ Width _____ at base <input type="checkbox"/> Special System Length _____ Width _____ WAIVER <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required	SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	

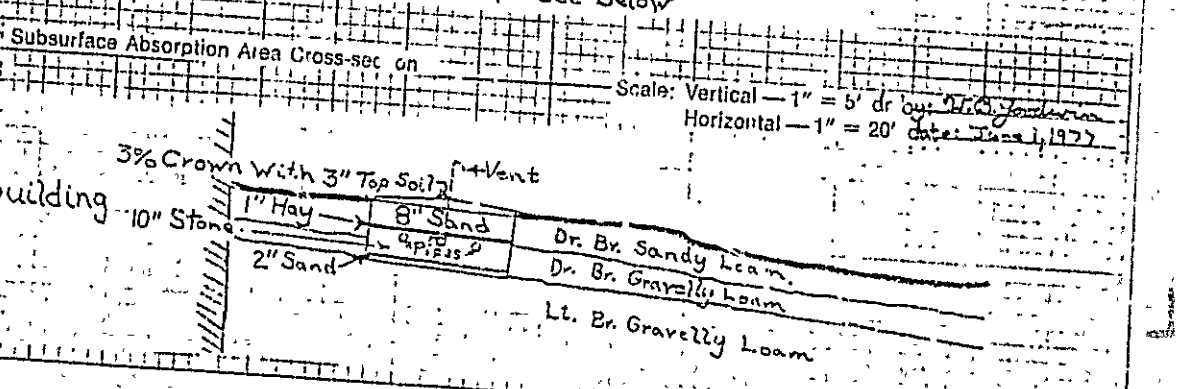
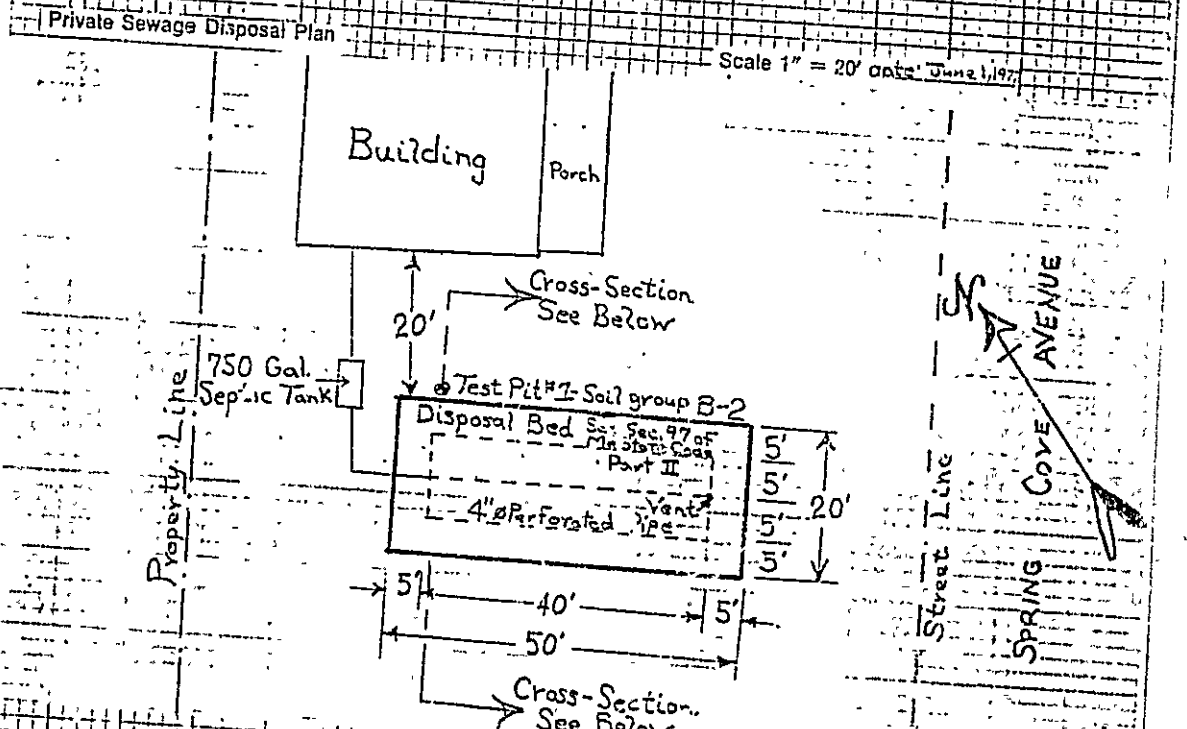
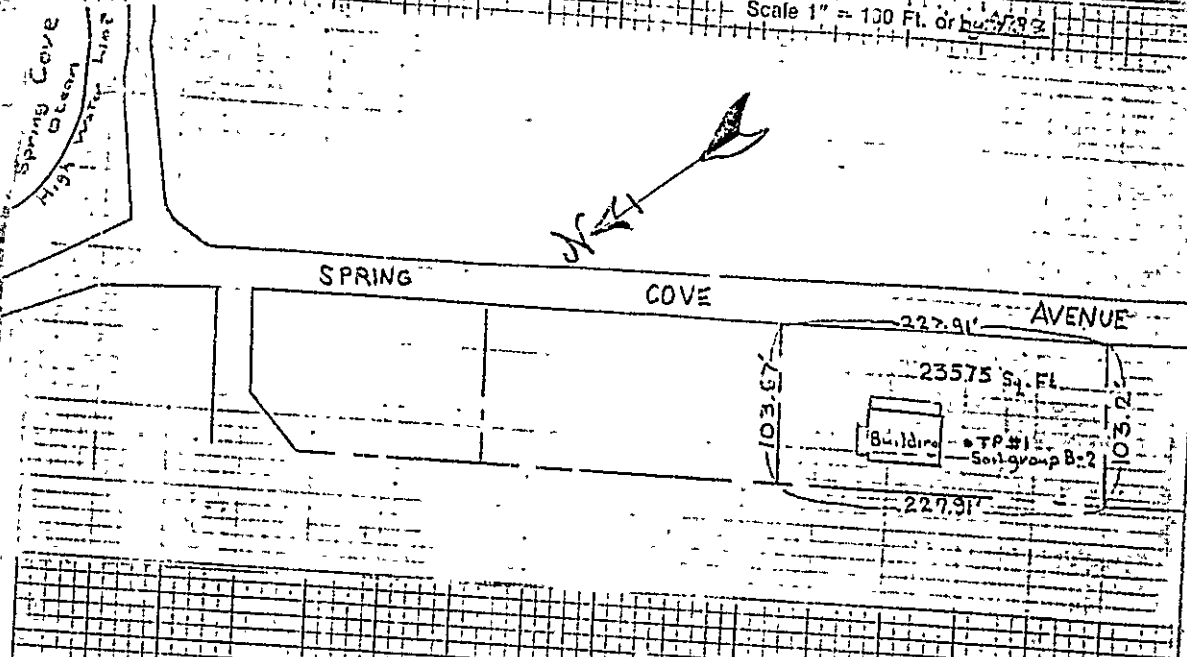
PROPERTY/LOT LOCATION MAP

FOR THE USE OF LPI ONLY

Denial. Application is denied for following reason—Sections of the Code II are cited
 Form is incomplete _____ as to General Info, Site Investigation, System Proposed,
 Site Plan, Disposal System Plan, Cross-Section, Statement, See Section 2.3
 Site Investigation indicates site is totally unsuitable for disposal system; Sections 4.5 and 8.5, Table 9-1 Group 9 and 19 Unsuitable for system proposed, Sections 4.3, 4.6, 9.5, Table 9-1
 System Proposed does not conform to Code, See Sections 8,
 Site Investigation indicates site modifications are necessary; See sections 4.3, 4.4, f
 Miscellaneous _____ See Section _____
 Acceptance: Application for permit is approved with condition specified, comply with _____
 without condition.
 Signed LPI _____ Date _____

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town: Portland
 Street, Road, etc.: Spring Cove Ave.
 If on water body, give name:
 Owner of property: Edward H. & Susan B. Dana
 Scale 1" = 100 Ft. or by *1/2" = 100'*



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 violation of this application is cause to deny a permit to install a private sewage disposal system and that the permit is void if reason of any advice or approval given by the Administrative Authority of its age.

Signature Required
 Date:
 Applicant:
 Owner:

NHE-200-177

CERTIFICATE OF APPROVAL

FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF PORTLAND

OWNER CARMEL L. DAVY
 ADDRESS 61 THOMAS ST. PORTLAND, MAINE
 Location where system was installed and inspected

Cert. of App. Number
No. 2276 EC
 Date C.O.A. Issued
JUL 17 1977
 Month Day Year
 Date Inspected
JUL 17 1977
 Month Day Year
 Date Permit Issued
7/16/77
 Month Day Year

Installer's Name PLANTE F M
 Last Name

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.

ERNOLD R. GOODWIN
 CHIEF PLUMBING INSPECTOR

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

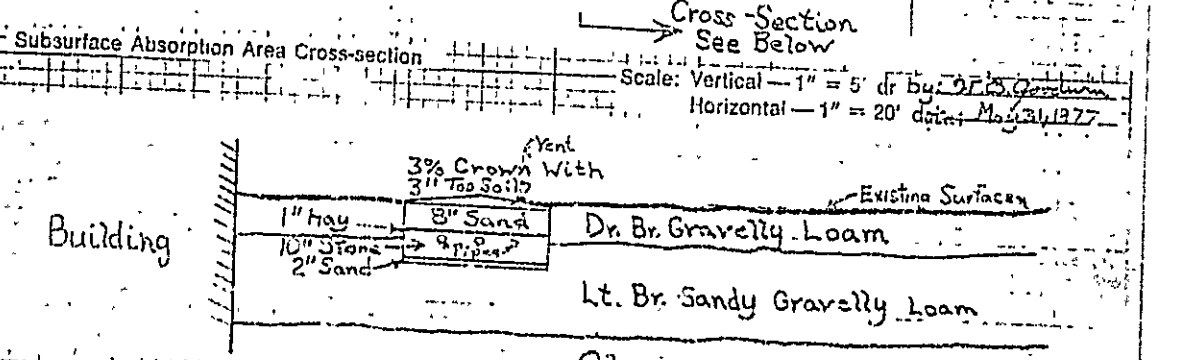
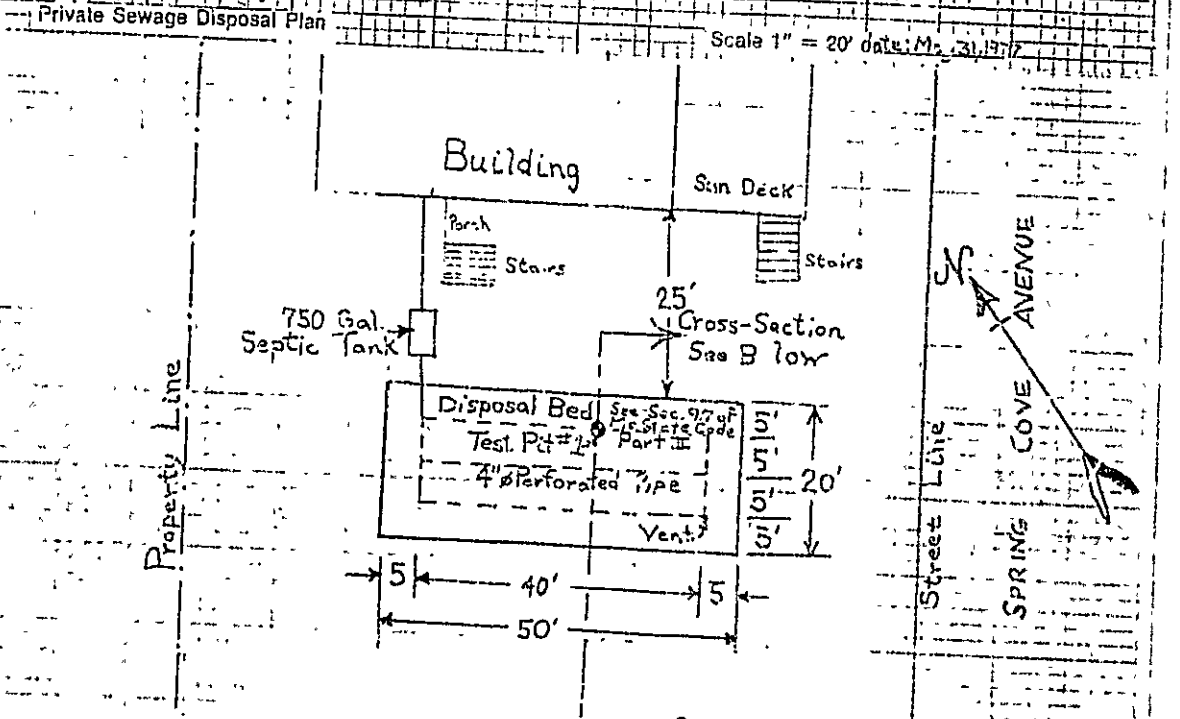
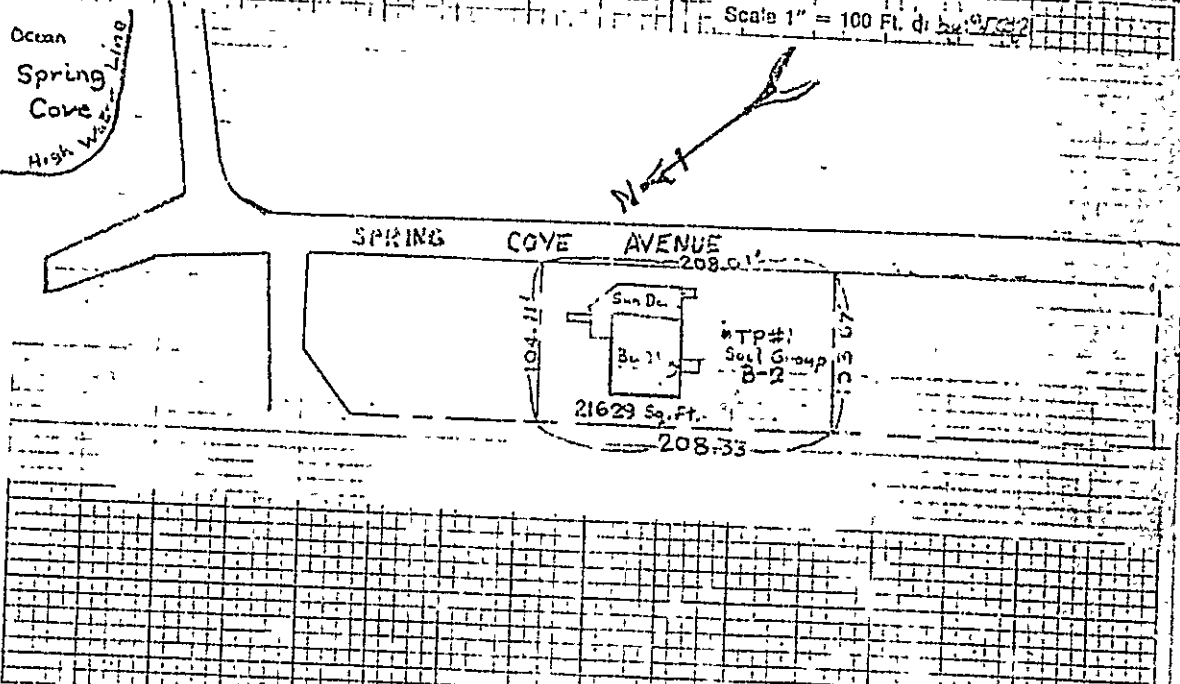
Town/City Code <u>65710</u>	LPI Number <u>1123</u>	License Number <u>00103</u>	Date Issued M: <u>7</u> Day: <u>16</u> Year: <u>77</u>	PERMIT NUMBER No. 2276 EP
Address of System & Location <u>106C</u>	Street, Road Name/Subdivision <u>N. PRUDYAC ST. E. A.</u>	City/Town St. Rd. Av/Lot <u>Portland</u>	1 Owner 2 Builder Code 3 Installer 4 Developer Issued 5 Realtor 6 Other <input type="checkbox"/>	
Name of Applicant <u>DAVY</u>	Last Name of Applicant	FT <input type="checkbox"/> MI <input type="checkbox"/>	Mailing Address <u>61 Thomas St. Portland, Me.</u>	Zip Code
Permit Issuance	1. Regular 2. Local Variance 3. State Variance 4. Local Waiver Option <input type="checkbox"/>			
Type of System	1. New 2. Replacement 3. Expansion 4. Experimental <input type="checkbox"/>			
Sys. to be Served	1 Single (Res) 2 Multi-Fam (Res) 3 Mobile Home 4 Commercial 5 School 6 Other (Specify) <input type="checkbox"/> Code Units Design Flow			
Complete System (Tank with)	1. Trench 2. Bed 3. Chamber 4. Mound 5. Special System (Includes one Waterless Toilet) <input type="checkbox"/> Code Quant Fee			
Treatment Tank (only)	1. Septic (\$10 each) 2. Aerobic (\$10 each) 3. Holding (\$20 each) <input type="checkbox"/> Code Quant Fee			
Disposal Area (only)	1. Trench 2. Bed 3. Chamber 4. Mound 5. Other (Specify) <input type="checkbox"/> Code Quant Fee			
Waterless Toilets	1. Pit Privy 2. Vault Privy 3. Compost Toilet (\$10 each) <input type="checkbox"/> Code Quant Fee			
Other Systems	1. Laundry Waste 2. Separated Chamber(s) (\$10 each) <input type="checkbox"/> Code Quant Fee			
STATE OFFICE USE ONLY	Signature of LPI: <u>Ernold R. Goodwin</u> Administrative Fee: <u>3</u> Date Received: <u>7/16/77</u> Total Double Fee: <u>3</u> Receipt Number: <u> </u> Money Received: <u> </u> Administrative Code: <input type="checkbox"/> Form 210 <input type="checkbox"/> LPI to Insert soil Category (L) <input type="checkbox"/> -- (#) <input type="checkbox"/> Double Fee: 1. Yes <input type="checkbox"/>			

*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
 *Refer to Sec. 251c Fee Schedule on Systems over 2000 Gal/Day
 HHE-210377

MAINE DEPARTMENT OF HUMAN SERVICES APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT		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 <i>(Municipal Island)</i>	Street, Road, etc. Spring Cove Ave. <i>(If on water body give name)</i>	Plumbing Permit No. 2276	Date of Plumbing Permit 7/6/77		
Owner of property Carmel L. Davy		Owner's address 61 Thomas, Portland		Size of lot 21,600 <input type="checkbox"/> Sq. feet <input type="checkbox"/> Acres	
Name & type of establishment If other than private home _____ god		Is lot Zoned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Type of Zoning Residential <input type="checkbox"/> Shoreland <input type="checkbox"/> Anticorrosive Protection		
Name of applicant Owner's name Lionel Davy		If you plan to use a previous subdivision approval in lieu of site investigation, please submit one of the following: <input type="checkbox"/> Deed restriction for private sewage disposal <input type="checkbox"/> Copy of the subdivision's title report <input type="checkbox"/> Soils report from a State Agency NA			
Applicant's address Street, Box, etc. Island Ave.		Tel. no. 766-2500		Subdivision name City of Portland Assessors Plan 105C	
Town Island		Zip Code 04108			
Applicant's signature <i>John Davy</i>		Date 6/22/77		Locality 080-A-9	
Owner's signature <i>Carmel Davy</i>		Date 6/22/77			
This application is for: <input checked="" type="checkbox"/> New System <input type="checkbox"/> Expanded System <input type="checkbox"/> Replacement System <input type="checkbox"/> Replacement of Treatment Tank Only <input type="checkbox"/> Disposal Area Only					
The water supply for this property is: <input type="checkbox"/> Dug well, depth _____ ft. <input type="checkbox"/> Drilled well, depth _____ ft. <input type="checkbox"/> Spring <input type="checkbox"/> _____					
depth _____ ft. lining _____; Surface water <input type="checkbox"/> Body, <input type="checkbox"/> Course— <input type="checkbox"/> with disinfection, <input type="checkbox"/> without disinfection. <input checked="" type="checkbox"/> Public Utility, name _____, in _____					
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.					
Thickness and description of each soil strata encountered	Soil Profile No. 1	Soil Profile No.	Soil Profile No.	Soil Profile No.	Soil Profile No.
	<input checked="" type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> P <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring	<input type="checkbox"/> P <input type="checkbox"/> Boring	<input type="checkbox"/> Pit <input type="checkbox"/> Boring
	Organic strata Top Soil Inches 2"	Organic strata	Organic strata	Organic strata	Organic strata
	1st strata Dr. Br. Inches 12"	1st strata	1st strata	1st strata	1st strata
Depth from bottom of organic horizon to:	Total Depth of observation hole Inches 50"	Total Depth of observation hole Inches	Total Depth of observation hole Inches	Total Depth of observation hole 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
	Imperious layer, clay, etc. Inches 48"	Imperious layer, clay, etc. Inches	Imperious layer, clay, etc. Inches	Imperious layer, clay, etc. Inches	Imperious layer, clay, etc. Inches
	Bedrock Type of Bedrock <input checked="" type="checkbox"/> None Evident	Bedrock Type of Bedrock <input type="checkbox"/> None Evident	Bedrock Type of Bedrock <input type="checkbox"/> None Evident	Bedrock Type of Bedrock <input type="checkbox"/> None Evident	Bedrock Type of Bedrock <input type="checkbox"/> None Evident
Surface slope 0.5 %	Surface slope %	Surface slope %	Surface slope %	Surface slope %	
Soil Group & Condition per Table 9-1 of the Code, II D-1	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	Soil Group & Condition per Table 9-1 of the Code, II	
On May 17, 1977 (date), a site investigation for this project was completed. I conducted 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 William B. Goodwin Date signed June 1, 1977			Health Engineering License No. 00003
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"/> Incinerator Toilet <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Other, describe _____	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons 750 gallons <input type="checkbox"/> Aerobic Tank Manufacturer _____ Model No. _____ Size in gallons _____	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION	
		Type <input type="checkbox"/> Trench System: Total trench length _____ ft. <input type="checkbox"/> Bed System: Length 30' Width 20' <input type="checkbox"/> Chamber System: Number _____ <input type="checkbox"/> Type A <input type="checkbox"/> Single File <input type="checkbox"/> Type B <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System: Length NOT APPLICABLE Width _____ at base <input type="checkbox"/> Special System: Length _____ Width _____		SIZE <input type="checkbox"/> Very Small <input type="checkbox"/> Small <input type="checkbox"/> Medium <input checked="" type="checkbox"/> Medium Large <input type="checkbox"/> Large <input type="checkbox"/> Extra Large	
PROPERTY/LOT LOCATION MAP 		FOR THE USE OF LPI ONLY <input type="checkbox"/> Denial. Application is denied for following reasons, portions of the Code II are cited: <input type="checkbox"/> Form is incomplete (____ pg) as to <input type="checkbox"/> General Info, <input type="checkbox"/> Site Investigation, <input type="checkbox"/> System Proposed, <input type="checkbox"/> Site Plan, <input type="checkbox"/> Disposal System Plan, <input type="checkbox"/> Cross Section, <input type="checkbox"/> Statement. See Section 2.3. <input type="checkbox"/> Site Investigation indicates site is <input type="checkbox"/> initially unsuitable for disposal system; Sections 4.5 and 9.5, Table 9-1 Group 9 and 15 <input type="checkbox"/> unsuitable for system proposed; Sections 4.3, 4.9, 9.3, Table 9-1. <input type="checkbox"/> System Proposed does not conform to Code; See Sections 9 <input type="checkbox"/> Site Investigation indicates site modifications are necessary; See Sections <input type="checkbox"/> 4.3, <input type="checkbox"/> 4.4, <input type="checkbox"/> 4.6, <input type="checkbox"/> 8.7. <input type="checkbox"/> Simultaneous Acceptance Application for permit is approved with condition specified, comply with Section _____ Signed Edward J. [Signature] Date 7/15/77			

APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

Town Portland
Cushing Island
 Street Road, etc. Spring Cove Ave. Owner of property Carmel J. Davy
 If on water body, give name



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 in 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, its agent.

Date: _____
 Applicant: _____
 Owner: _____

114E-260 17

ORIGINAL To be sent to Division of Health Engineering, Augusta, Maine 04333 by the LPI

MAINE DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR PRIVATE SEWAGE DISPOSAL PERMIT

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, Pond, etc.: Spring Cove Ave. Plumbing Permit No.: _____ Date of Plumbing Permit: _____

Owner of property: Carnel L. Davy Owner's address: 51 Thomas, Portland Size of lot: 21,690 Sq. feet

Name & type of establishment if other than private home: _____

Name of applicant: Richard Plance Is lot Zoned? Yes No Type of Zoning: Residential Shoreland Shoreland Resource Protection

Applicant's address: Island Ave. Tel No: 76-1510 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 signature: _____ Date: _____ Subdivision name: City of Portland Assessors Lot No: 1000-A-9

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, ditch lining Drilled well depth lining Spring

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 4 of the Code, II.

Soil Profile No.	Soil Profile No. <u>1</u>		Soil Profile No.		Soil Profile No.		Soil Profile No.	
	<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	Top Soil		Organic strata		Organic strata		Organic strata	
Inches	2 1/2"		Inches		Inches		Inches	
1st strata	Dr. Br. Sandy Loam 1'		1st strata		1st strata		1st strata	
Inches	12"		Inches		Inches		Inches	
2nd strata	Lt. Br. Sandy Loam 36"		2nd strata		2nd strata		2nd strata	
Inches	36"		Inches		Inches		Inches	
3rd strata	Clay		3rd strata		3rd strata		3rd strata	
Inches	12"		Inches		Inches		Inches	
Total Depth of observation hole	Inches <u>50"</u>		Total Depth of observation hole	Inches	Total Depth of observation hole	Inches	Total Depth of observation hole	Inches
Max. Ground water table mottling	<input checked="" 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
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
Bedrock	<input checked="" 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	
Surface slope	<u>0.5 %</u>		Surface slope	%	Surface slope	%	Surface slope	%
Soil Group & Condition per Table 9-1 of the Code, II	<u>B-7</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 May 12, 1972, a site investigation for this project was completed. I conducted 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: _____ Health Engineering License No. 00003

Date signed: June 1, 1977

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

SYSTEM: <input 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.	TREATMENT TANK: <input checked="" type="checkbox"/> Septic Tank <input type="checkbox"/> Concrete <input type="checkbox"/> Fiberglass <input type="checkbox"/> Metal Size in gallons: <u>750 gallons</u> <input type="checkbox"/> Aerobic Tank Manufacturer: _____ Model No. _____ Size in gallons _____	SUBSURFACE ABSORPTION AREA		SITE MODIFICATION Full fill back <input type="checkbox"/> APPLICABLE _____ in uphill; _____ in downhill DETAILS: NOT APPLICABLE <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
		Type: <input type="checkbox"/> Trench System: Total trench length _____ ft <input type="checkbox"/> End System Length <u>50'</u> Width <u>20'</u> <input type="checkbox"/> Chamber System Number _____ <input type="checkbox"/> Type A _____ <input type="checkbox"/> Single File <input type="checkbox"/> Type B _____ <input type="checkbox"/> Cluster <input type="checkbox"/> Mound System Length <u>NOT APPLICABLE</u> Width _____ at base <input type="checkbox"/> Special System Length _____ Width <u>NOT APPLICABLE</u> WAIVER <input type="checkbox"/> Required <input checked="" type="checkbox"/> Not Required		

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 (____ pg) 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 45 and 95, Table 9-1 Group 9 and 10
 System proposed does not conform to Code; See Sections 43, 46, 95, Table 9-1
 Site investigation indicates site modifications are necessary. See Sections 43, 44, 46, 87.
 Miscellaneous _____
 Accepts Application for permit is approved with condition specified, comply with Section _____
 without condition.
 Signed LPI: _____ Date: _____ HHE-200/1977



APPLICATION FOR PERMIT

Class of Building or Type of Structure _____
Portland, Maine, Sept. 19, 1972

PERMIT ISSUED

SEP 19 1972

01099

CITY OF PORTLAND

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

Ref
1066

Location Portland, Cushing Island Fire Limits? 06430 Dist. No. _____
Owner's name and address Dale McNulty, 47 Brookbend R., Fairfield, Conn. Telephone _____
Lessee's name and address _____ Telephone _____
Contractor's name and address Foreside Contractors Inc. 10 Cumberland Foreside, Portland, Telephone _____
Architect _____ Specifications _____ Plans yes No. of sheets 2
Proposed use of building summer residence No. families _____
Last use _____ " " _____ No. families _____
Material _____ No. stories _____ Heat _____ Style of roof _____ Roofing _____
Other buildings on same lot _____
Estimated cost \$ 3,000. Fee \$ 9.00

General Description of New Work

To construct a roof dormer as per plans

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** NEWBURYTON 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 _____ collar _____
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:

OK 9-19-72 - N.F.C.

Miscellaneous

Will work require disturbing of any tree on a public street? _____
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 By: James C. Crain

Foreside Contractors Inc.

Permit No. 78/ 1099

Location ~~78/7~~ Fort Leavitt, Cushing, Ia.

Owner Dale Mc. Nulty

Date of permit 9/19/72

Notif. closing-in _____

Inspn. closing-in _____

Final Notif. _____

Final Inspn. _____

Cert. of Occupancy issued _____

Staking Out Notice _____

Form Check Notice _____

NOTES

9-19-72

Completed
JH