

- SPRING COVE AVE. CUSHING ISLAND.
106A-C-21-22 & D-2

CERTIFICATE OF APPROVAL

FOR SEWAGE DISPOSAL FOR THE TOWN/CITY OF Winterville

OWNER: Stanley Marchant
 ADDRESS: 106A-2-D Spryline Cove Ave, MAINE
 Location where system was installed and inspected

Installer's Name: MEANTE F.I. M.I.

Cert. of App. Number: **No. 2292 EC**
 Date C.O.A. Issued: 8-16-78
 Date Inspected: AUG 14 1978
 Date Permit Issued: 8-14-78

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.

Ernest R. Goodwin
 Signature of LPI

State Office Use Only
 Date Received

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 Winterville

Town/City Code: 001174 PI Number: 00123 License Number: 00003 Date Issued: 8-14-78 PERMIT NUMBER: **No. 2292 EP**

Address of System's Location: 106A-2-D Spryline Cove Ave St./Lot Number: 106A-2-D Street, Road Name/Division: Cush. Isl. St. Rd Av/Lot: 106A-2-D

Name of Applicant: MEANTE Last Name of Applicant: MEANTE Mailing Address: 106A-2-D Spryline Cove Ave Zip Code: 04987

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

Type of System: 1. New 2. Replacement 3. Expansion 4. Experiment. Code: 1 Units: 1 Design Flow: 1

System to Serve: 1. Single (Res) 2. Multi Fam (Res) 3. Mobile Home 4. Commercial 5. School 6. Other (Specify) Code: 1 Quant: 1 Fee: 1

Complete System (Tank with): 1. Trench 2. Bed 3. Chamber 4. Mound 5. Special System (Includes one Waterless Toilet) Code: 1 Quant: 1 Fee: 1

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

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

Waterless Toilets: 1. Pit Privy 2. Vault Privy 3. Compost Toilet (\$10 each) Code: 2 Quant: 1 Fee: 20

Other Systems: 1. Laundry Waste 2. Solid Chamber (50 gal. each) Code: 3 Quant: 1 Fee: 30

STATE OFFICE USE ONLY
 Signature of LPI: Ernest R. Goodwin Administrative Fee: 3
 Total or Double Fee: 27
 Double Fee: Yes No

Form 200 LPI Insert soil Category (L) (H) HHE-210-377

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. 26 for Fee Schedule on Systems over 2000 Gal/Day

Applications For: New System Conversion Permit Replacement Of Entire System Disposal Area Only
 Expanded System Experimental System

This is NOT A Permit, This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

Application For Subsurface Sewer Water Disposal Permit

Property: **Portland-Cushings Island** Street, Road, Etc. **Spring Cove Ave.** Plumbing Permit **229269** Date Of Submission **8/10/78**

Owner Of Property: **Stendish Neacham, Jr.** Tel. No. **327-1178** Name Of Applicant/Owner's Agent **Lionel Plante** Tel. No. **766-2508**

Address: **1111 Red Bud Trail** Street **Island Ave.**

City: **Austin** State **Texas** Zip Code **78746** Town **Peaks Island** State **Maine** Zip Code **04108**

Applicant's Signature: *Lionel Plante* Date **Aug 9/78**

Subdivision Name: **Portland Assessors Plan 106A Block C & D** Lot No. **C-22, 21, D-2**

Water Supply For This Property is: Dug Well, depth _____ Drilled Well, depth _____ Spring, depth _____
 Surface water: Body Course with disinfection without disinfection Public Utility, name **Portland Water District**

SITE INVESTIGATION Show Location Of Pits on Site Plan on Page 2

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
Organic Strata 4" Sod	Organic Strata	Organic Strata	Organic Strata
1st Strata Dk. Br. Sandy Loam Inches 3"	1st Strata	1st Strata	1st Strata
2nd Strata Dk. Rd. Br. Very Rocky Sandy Loam Inches 6"	2nd Strata	2nd Strata	2nd Strata
3rd Strata Et. Rd. Br. Very Rocky Sandy Loam Inches 29"	3rd Strata	3rd Strata	3rd Strata
4th Strata NONE EVIDENT Inches	4th Strata	4th Strata	4th Strata
Total Depth of Observation Hole Inches 38"	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches	Total Depth of Observation Hole Inches
Max. Seasonal Water Table Mottling <input checked="" type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident	Max. Seasonal Water Table Mottling <input type="radio"/> None Evident
Impervious Layer Clay, Etc. <input checked="" type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident	Impervious Layer Clay, Etc. <input type="radio"/> None Evident
Bedrock <input type="radio"/> None Evident Shale Type of Bedrock	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident	Bedrock <input type="radio"/> None Evident
Surface Slope 2.0 %	Surface Slope %	Surface Slope %	Surface Slope %
Soil Group 4 Soil Condition A Per Table 9-1 Code II	Soil Group Soil Condition	Soil Group Soil Condition	Soil Group Soil Condition

On **8/3/78** (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. Groshen* Site Evaluator License Number **00003**

Date Signed **August 9, 1978**

DISPOSAL SYSTEM PROPOSED Show Location of System and Details on Disposal Plan on Page 2

SYSTEM: <input checked="" type="radio"/> Combined System <input type="radio"/> Separated System If separated system—type of human waste disposal system to be used: Sealed, Vent. Dry Open Pit Compost Toilet Chamber Toilet Incinerator Toilet	TREATMENT TANK: <input type="radio"/> Aerobic Tank <input checked="" type="radio"/> Septic Tank <input type="radio"/> Concrete <input type="radio"/> Fiberglass <input type="radio"/> Metal Size in Gallons 750 gal	SURFACE ABSORPTION AREA TYPE: <input checked="" type="radio"/> Bed System No. of Beds 1 Length 34 ft Width 20 ft <input type="radio"/> Chamber System Number _____ <input type="radio"/> Type A <input type="radio"/> Single File <input type="radio"/> Type B <input type="radio"/> Cluster <input type="radio"/> Separated System Length _____ ft <input type="radio"/> Other System Type A _____ <input type="radio"/> Other System Type B _____	SIZE: <input type="radio"/> Small <input checked="" type="radio"/> Medium <input type="radio"/> Med. Large <input type="radio"/> Large <input type="radio"/> Extra Large Design Flow 264 GPD	SITE MODIFICATION: Fill will be 10" in depth 15" in, downhill DETAILS: <input type="radio"/> A Distribution Box is required Pumping is <input type="radio"/> required <input checked="" type="radio"/> is not required The flow will be _____ Gallons DISTANCES: <input checked="" type="radio"/> Yes <input type="radio"/> 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, marsh, swamps, marshes, and bogs) <input checked="" type="radio"/> Yes <input type="radio"/> 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 LOCATION MAP: **WHITEHEAD CUSHING IS. SPRING COVE CASCO BAY**

WARREN: State Variance Required Replacement Variance Required None Required

FORTH THE USE OF LPI ONLY

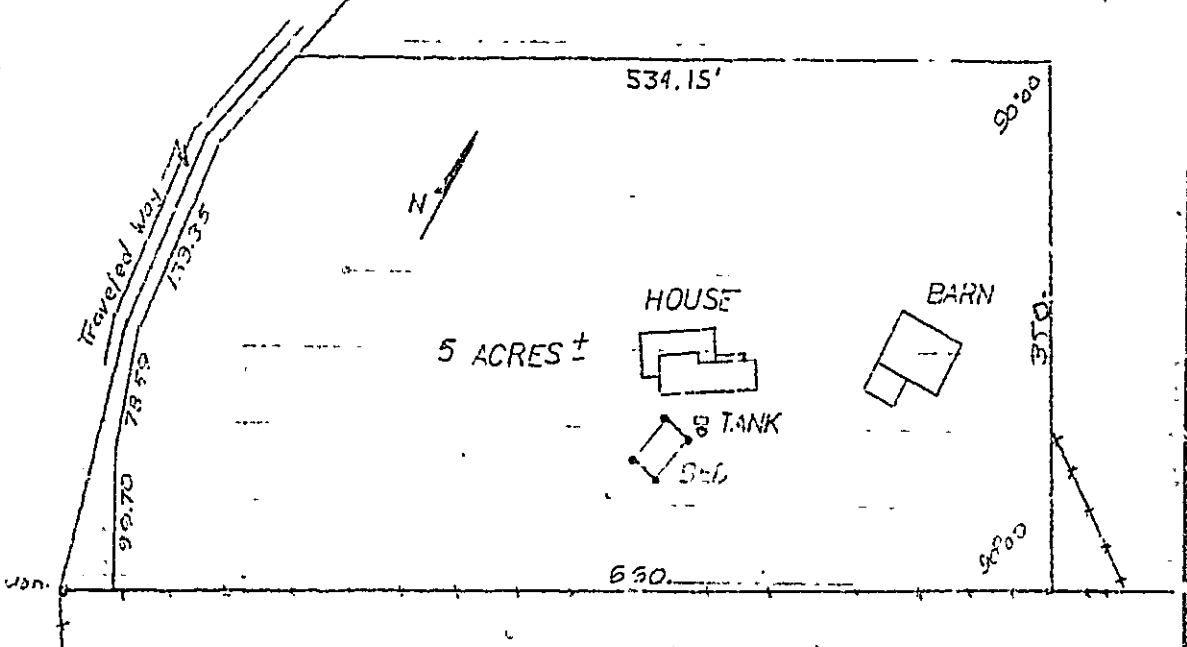
Denial: Application is denied for the following reasons, portions of the Code II are cited:
 Form is incomplete _____, pg. 1 as to _____ info. Site Investigation System Proposed, Site Plan, Disposal System Plan, Cross Section Statement, See section 4.1
 Site Investigation indicates site is unsuitable for disposal system unsuitable for system proposed
 System Proposed does not conform to Code _____
 Site Investigation indicates site modifications are necessary
 Acceptance: Application for permit is approved with condition specified comply with Section _____ without condition

Signed LPI: *W B Groshen* Date **8/10/78**

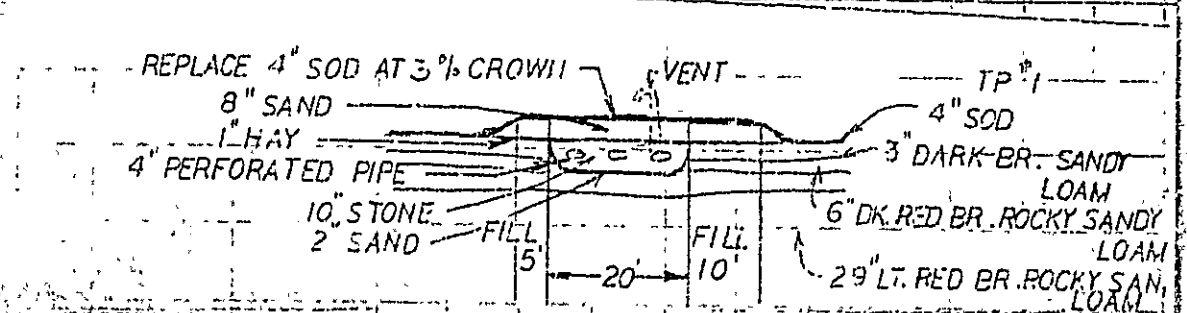
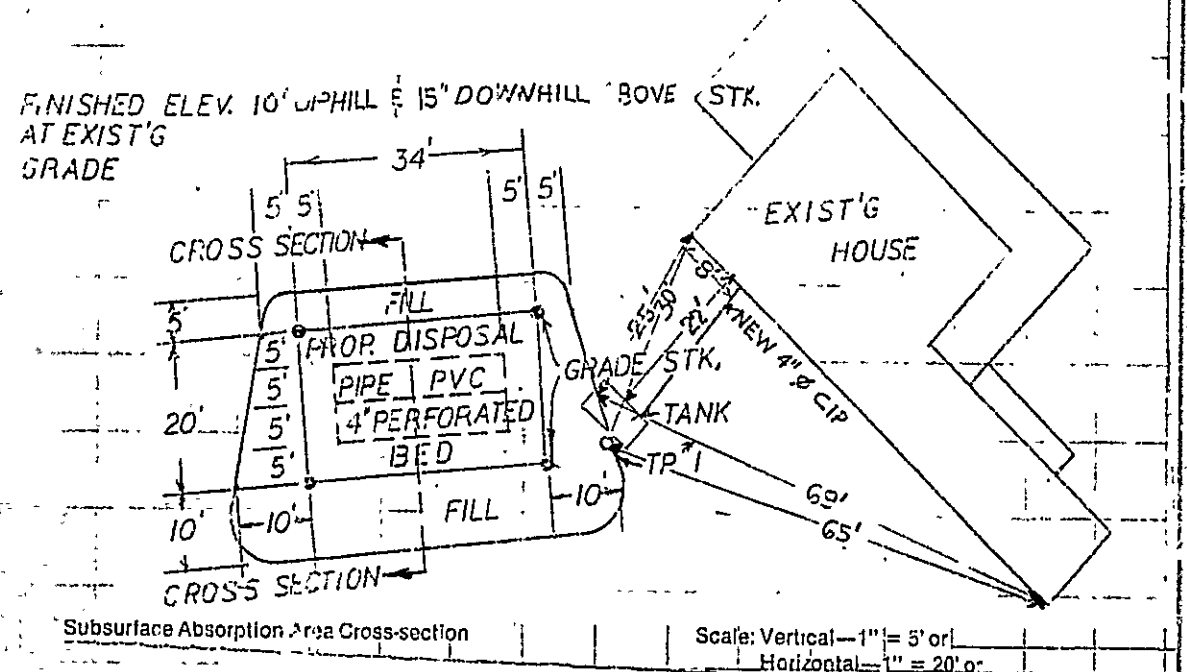
APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT
(For systems disposing of less than 2000 gallons per day)

P2202417

Town: Portland-Cushings Is. Street, Road, etc: Spring Cove Ave. Owner of Property: Standish Meacham, Jr.
 If on water body, give name: _____
 Site Plan Scale 1" = 100.00 ft.



Private Sewage Disposal Plan Scale 1" = 20' or
 SHALLOW BED SYSTEM, SEE SECTION 9 OF THE MAINE STATE PLUMBING CODE



Site Evaluation Report Date: August 9, 1978 License Number: 7-3

I certify that all the information submitted to be true and correct; and understand that the 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 of this State.

Date: Aug 9, 1978 Signature Required: _____
 Applicant: Standish Meacham, Jr.
 Owner: _____

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