

106A-C-35

Department of Human Services  
Division of Health Engineering  
(207) 289-3825

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

PROPERTY ADDRESS		PORTLAND PERMIT # 3,383 TOWN COPY Date Permit Issued: 4/24/89 \$14,000 FEE Local Plumbing Inspector Signature: [Signature] L.P.I. # 11213
Town Or Plantation	PORTLAND Spring Creek	
Street Subdivision Lot #	CUSHINGS ISLAND	
PROPERTY OWNERS NAME		
Last	First	
Applicant Name	Row David	
Mailing Address of Owner/Applicant (if different)	476 BROADWAY N.Y., N.Y. 10013	
Owner/Applicant Statement		Caution: inspection Required
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Signature of Owner/Applicant	Date	Local Plumbing Inspector Signature
		Date Approved

PERMIT INFORMATION		
<b>THIS APPLICATION IS FOR:</b> 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	<b>THIS APPLICATION REQUIRES:</b> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval	<b>INSTALLATION IS COMPLETE SYSTEM</b> 1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <b>INDIVIDUALLY INSTALLED COMPONENTS:</b> 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
<b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BFD    3. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER    4. <input type="checkbox"/> OTHER _____	<b>DISPOSAL SYSTEM TO SERVE:</b> 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> MUNICIPAL
SIZE OF PROPERTY: 100'    ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)		
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	<b>WATER CONSERVATION</b> 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 _____	<b>PUMPING</b> 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.
<b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b> 3 BR HOME	<b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b> PROFILE: 2    CONDITION: C DEPTH TO LIMITING FACTOR: 16	<b>SIZE RATINGS USED FOR DESIGN PURPOSES</b> 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE
<b>DISPOSAL AREA TYPE/SIZE:</b> 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER 450' Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER: 400' x 100' TRENCH	<b>DESIGN FLOW:</b> 270 (GALLONS/DAY)	

**SITE EVALUATOR STATEMENT**

On 12/18/87 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. This system proposal is in accordance with the Subsurface Wastewater Disposal Rules.

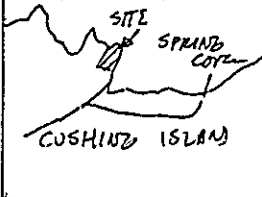
Site Evaluator or Professional Engineer's Signature: [Signature]    116    4/1/88    Date

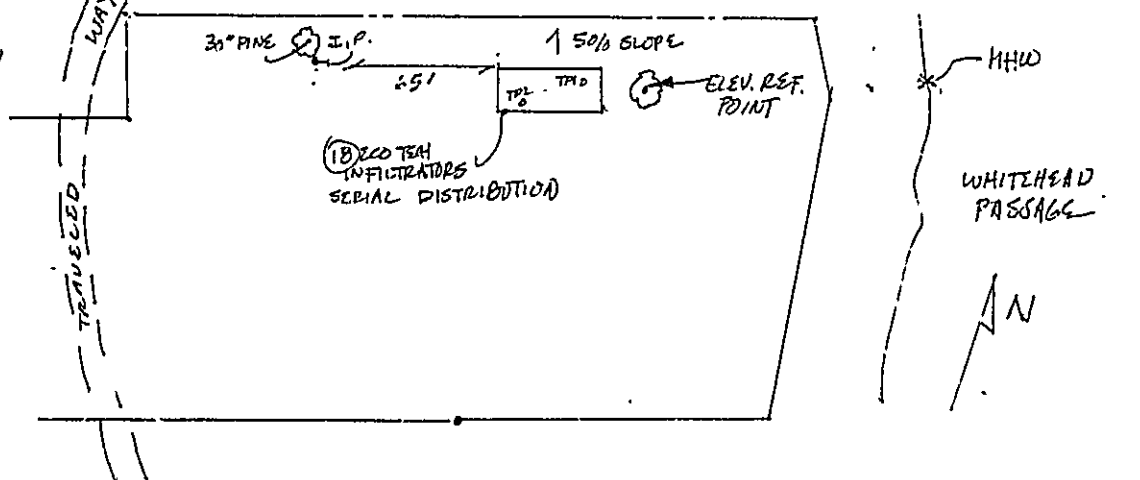
Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

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**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation <b>PORTLAND</b>	Street, Road, Subdivision <b>CUSHINGS ISLAND</b>	Owners Name <b>DAVID E. W.</b>
SITE PLAN		Scale 1" = 50 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 <u>TPI</u>	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Observation Hole <u>TPL</u>	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring				
Depth of Organic Horizon Above Mineral Soil			Depth of Organic Horizon Above Mineral Soil						
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling		
0-10: SANDY LOAM	FRIABLE	BROWN	None	0-10: SANDY LOAM	FRIABLE	red brown	None		
10-15: SANDY LOAM	FRIABLE	YELLOW BROWN	None	10-15: SANDY LOAM	FRIABLE	orange brown	None		
15-20: SANDY LOAM	FRIABLE	BROWN	None	15-20: SANDY LOAM	FRIABLE	orange brown	None		
20-30: SANDY LOAM	FRIABLE	BROWN	Common	20-30: SANDY LOAM	FRIABLE	orange brown	Common		
30-40: SANDY LOAM	FRIABLE	BROWN	Common	30-40: SANDY LOAM	FRIABLE	orange brown	Common		
40-50: SANDY LOAM	FRIABLE	BROWN	Common	40-50: SANDY LOAM	FRIABLE	orange brown	Common		
Soil Type: <u>2</u>	Classification: <u>C</u>	Slope: <u>5%</u>	Limiting Factor: <u>12</u>	Ground Water: <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock	Soil Type: <u>2</u>	Classification: <u>C</u>	Slope: <u>5%</u>	Limiting Factor: <u>16</u>	Ground Water: <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock

*[Handwritten signatures and dates]*  
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**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

City, Plantation  
**PORTLAND**

Street, Road, Subdivision  
**COSHINGS ISLAND**  
SUBSURFACE WASTEWATER DISPOSAL PLAN

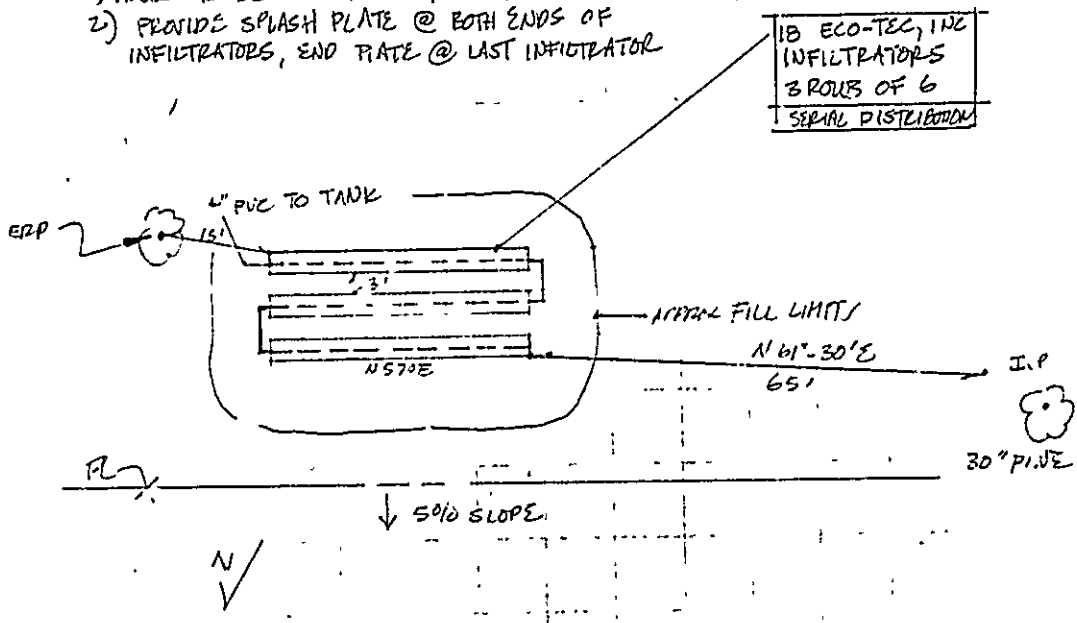
Department of Human Services  
Division of Health Engineering

Owners Name  
**DAVID LOW**

Scale 1" = 20 Ft.

**NOTES:**

- 1) HOUSE TO BE 20' MIN FROM LEACHING AREA
- 2) PROVIDE SPLASH PLATE @ BOTH ENDS OF INFILTRATORS, END PLATE @ LAST INFILTRATOR



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	_____	Reference Elevation is	_____	NAIL IN 12" ASP. 12" DE	
Depth of Fill (Downslope)	_____	Bottom of Disposal Area	_____		
		Top of Distribution Lines or Chambers	_____		
<b>DISPOSAL AREA CROSS SECTION</b>					
		Scale:			
		Vertical: 1 inch =		ft.	
		Horizontal: 1 inch =		ft.	

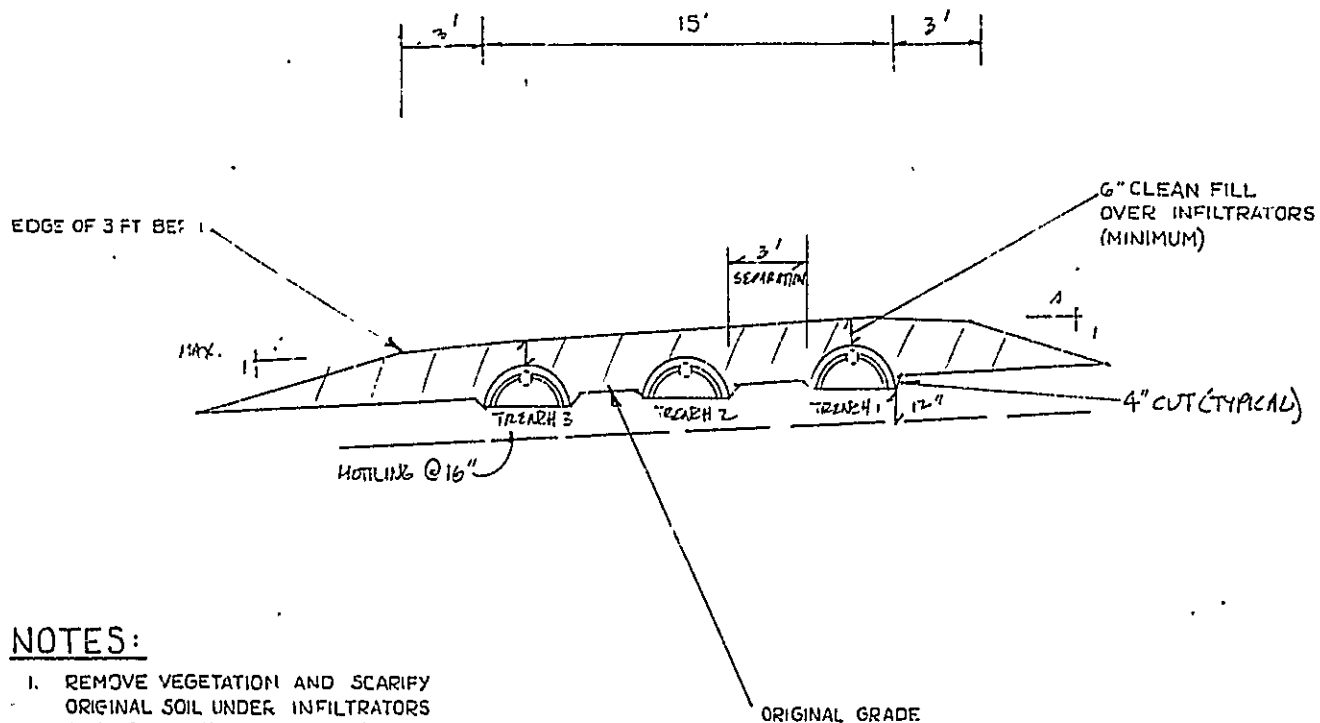
SEE SHEET 7

*Shen-Tan*

110

7/1/88

## INFILTRATOR CROSS SECTION 5-6%



### NOTES:

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER INFILTRATORS AND FILL EXTENSION AREAS.
2. BOTTOM OF INFILTRATORS TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM INFILTRATOR AREA
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

FILL UNDER INFILTRATORS TO BE N/A TEXTURE.  
 FILL AROUND INFILTRATORS TO BE SANDY LOAM TEXTURE.

SITE EVALUATOR: <b>STEPHEN TIBBETTS (725-2067)</b>		
OWNER: <b>DAVID ROW</b>	NUMBER OF INFILTRATORS: <u>12</u>	PERCENT SLOPE: <u>5%</u>
LOCATION: <b>COEHINES ISLAND / PUD</b>	ELEVATIONS:	
DATE: <b>4/1/88</b>	SCALE: 1 INCH = 5 FEET	REFERENCE PT. <u>0.00</u> BOTTOM TRENCH #1 <u>-40"</u>
		BOTTOM TRENCH #2 <u>-44.5"</u> BOTTOM TRENCH #3 <u>-49"</u>



**APPLICATION FOR PERMIT**  
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES  
 ELECTRICAL INSTALLATIONS

Date Sept. 17, 1990  
 Receipt and Permit number 01591

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 106A-C-35 Spring Cove Avenue, Long Island  
 OWNER'S NAME: David Rowe ADDRESS same

OUTLETS:		FEE	
Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____
FIXTURES: (number of)			
Incandescent _____	Flourescent _____	(not strip) TOTAL _____	
Strip Flourescent _____	ft. _____	TOTAL _____	
SERVICES:			
Overhead _____	Underground _____	X	Temporary _____
TOTAL amperes <u>200</u>			<u>3.00</u>
METERS: (number of) <u>1</u> <u>.50</u>			
MOTORS: (number of)			
Fractional _____	_____		
1 HP or over _____	_____		
RESIDENTIAL HEATING:			
Oil or Gas (number of units) _____	_____		
Electric (number of rooms) _____	_____		
COMMERCIAL OR INDUSTRIAL HEATING:			
Oil or Gas (by main boiler) _____	_____		
Oil or Gas (by separate units) _____	_____		
Electric Under 20 kws _____	Over 20 kws _____	_____	
APPLIANCES: (number of)			
Ranges _____	Water Heaters _____	_____	
Cook Tops _____	Disposals _____	_____	
Wall Ovens _____	Dishwashers _____	_____	
Dryers _____	Compactors _____	_____	
Fans _____	Others (denote) _____	_____	
TOTAL _____			
MISCELLANEOUS: (number of)			
Branch Panels _____	_____		
Transformers _____	_____		
Air Conditioners Central Unit _____	_____		
Separate Units (windows) _____	_____		
Signs 20 sq. ft. and under _____	_____		
Over 20 sq. ft. _____	_____		
Swimming Pools Above Ground _____	_____		
In Ground _____	_____		
Fire/Burglar Alarms Residential _____	_____		
Commercial _____	_____		
Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	over 30 amps _____	_____	
Circus, Fairs, etc. _____	_____		
Alterations to wires _____	_____		
Repairs after fire _____	_____		
Emergency Lights, battery _____	_____		
Emergency Generators _____	_____		

FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT ..... INSTALLATION FEE DUE:  
 FOR REMOVAL OF A "STOP ORDER" (304-18b) ..... DOUBLE FEE DUE:  
 TOTAL AMOUNT DUE: 5.00 Min.

INSPECTION: Will be ready on Sept. 17, 1990 or Will Call \_\_\_\_\_  
 CONTRACTOR'S NAME: Darrell S. Plummer  
 ADDRESS: 205 Rochester St., Westbrook, ME 04092  
 TEL.: 854-9543  
 MASTER LICENSE NO.: 13850 SIGNATURE OF CONTRACTOR: \_\_\_\_\_  
 LIMITED LICENSE NO.: \_\_\_\_\_

INSPECTOR'S COPY — WHITE  
 OFFICE COPY — CANARY  
 CONTRACTOR'S COPY — GREEN

