

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**PROPERTY ADDRESS**

Town Or Plantation: CUSHING ISLAND

Street: WHITEHEAD AVE.

Subdivision Lot #: \_\_\_\_\_

**PROPERTY OWNERS NAME**

Last: CARSON First: RICHARD

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (if Different): \_\_\_\_\_

PORTLAND PERMIT # 2,380 TOWN COPY

Date Permitted: 8/27 \$ 1140 Fee Charged

Richard Carson L.P.I. # 01123

Local Plumbing Inspector Signature

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a violation of the Local Plumbing Inspector to deny a Permit.

Richard Carson Date \_\_\_\_\_

Signature of Owner/Applicant

**Caution: Inspection Required**

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

Richard Carson Date Approved: JUL 10 1987

Local Plumbing Inspector Signature

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO FULL VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (includes Alternatives Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED <u>20--yes</u></p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>PUBLIC</u></p>
<p>SIZE OF PROPERTY APPROX. <u>2 ACRES</u></p> <p>ZONING _____</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEE, WATER RECORDS, ETC.)</p> <p><u>3 BEDROOMS</u></p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE <u>2</u>   CONDITION <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>36</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE SIZE</b></p> <p>1. <u>16</u> BED <u>900</u> Sq Ft.</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq Ft.</p> <p>   <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	<p>DESIGN FLOW: <u>273</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**  SITE EVALUATION REQUIRED BY LOCAL OPTION

On 8-25-86 (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.

Richard Sweet 034 8-29-86

Site Evaluator Signature SE# Date

Page 1 of 3 HHE-209 Rev. 1/84

**SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

City, Plantation: USHING ISLAND Street, Road, Subdivision: WHITEHEAD AVE. Owners Name: RICHARD CARSON

SITE PLAN Scale 1" = 50 FT. SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

HOUSE  
SEPTIC TANK  
DRAIN  
ERP (POPLAR)  
NOTE: ASSOCIATION PERMISSION REQUIRED TO LOCATE SYSTEM HERE.  
BED: 20' X 45'  
OCEAN

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

Observation Hole TP-1  Test Pit  Boring

Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Texture	Consistency	Color	Mottling
SANDY		DK	
Loam (FILL?)	LOOSE TO FRIABLE	BRN.	
			ROOTS TO 36"

Soil 2 Classification C Slope 3 % Limiting Factor 36

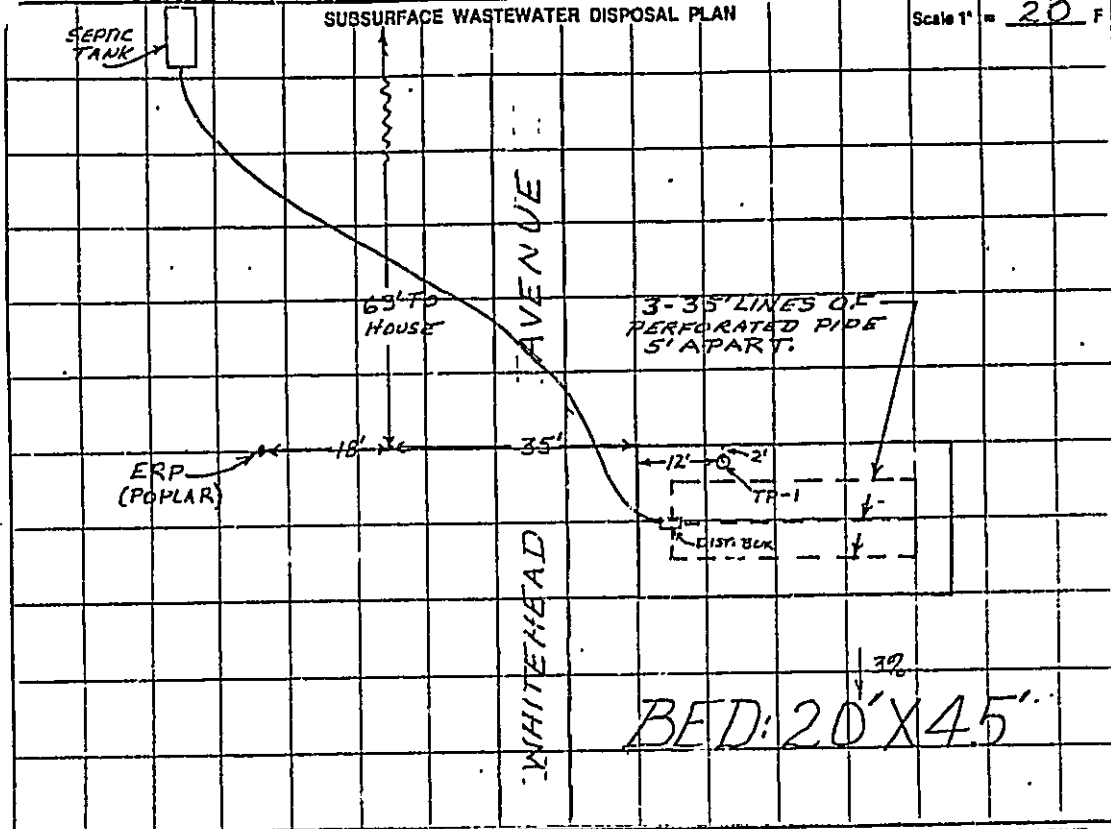
Ground Water  Permeable Layer  Bedrock

Richard Shwert Site Evaluator Signature 054 GE# 8-29-86 Date Page 2 of 3 MHE-200 Rev. 1/84

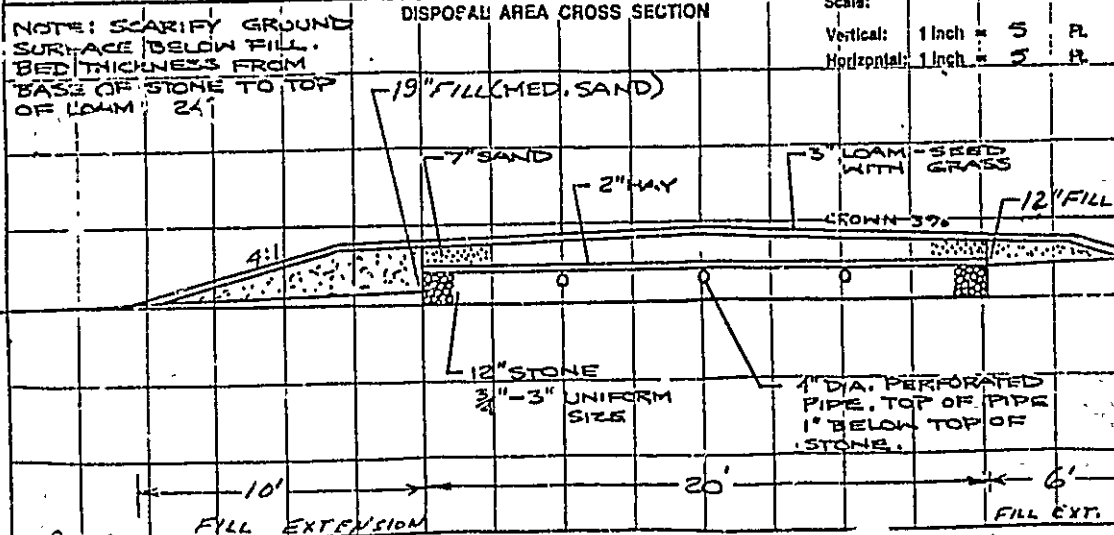
**SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

City, Plantation **CUSHING ISLAND** Street, Road, Subdivision **WHITEHEAD AVE.** Owners Name **RICHARD CARSON**



<b>FILL REQUIREMENTS</b>	<b>CONSTRUCTION ELEVATIONS</b>	<b>ELEVATION REFERENCE POINT LOCATION &amp; DESCRIPTION</b>
Depth of Fill (Upslope) <u>12'</u>	Reference Elevation is <u>0</u>	CENTER OF ORANGE CROSS ON POPLAR TREE.
Depth of Fill (Downslope) <u>19'</u>	Bottom of Disposal Area <u>-42"</u>	
	Top of Distribution Lines or Chambers <u>-31"</u>	



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

034  
SE #1 PE #

8-29-86  
Date

Page 3 of 3  
LIC #



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

Date June 5, 1992  
 Receipt and Permit number 3695

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: Whitehead Ave. Lot 30 Cushings Island, ME (Boat House next to Government Wharf)  
 OWNER'S NAME: Peter Murray ADDRESS: 48 West St. Ptld

	FEES
<b>OUTLETS:</b>	
Receptacles <u>2</u> Switches _____ Plugmold _____ ft. TOTAL _____	.40
<b>FIXTURES:</b> (number of)	
Incandescent _____ Fluorescent _____ (not strip) TOTAL _____	
Strip Fluorescent _____ ft. _____	
<b>SERVICES:</b>	
Overhead <u>1</u> Underground _____ Temporary _____ TOTAL amperes <u>100</u>	\$15.00
<b>METERS:</b> (number of) <u>1</u>	1.00
<b>MOTORS:</b> (number of)	
Fractional _____	
1 HP or over _____	
<b>RESIDENTIAL HEATING:</b>	
Oil or Gas (number of units) _____	
Electric (number of rooms) _____	
<b>COMMERCIAL OR INDUSTRIAL HEATING:</b>	
Oil or Gas (by a main boiler) _____	
Oil or Gas (by separate units) _____	
Electric Under 20 kws _____ Over 20 kws _____	
<b>APPLIANCES:</b> (number of)	
Ranges _____	Water Heaters _____
Cook Tops _____	Disposals _____
Wall Ovens _____	Dishwashers _____
Dryers _____	Compactors _____
Fans _____	Others (denote) _____
<b>TOTAL</b> _____	
<b>MISCELLANEOUS:</b> (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" (304-13.b) _____	DOUBLE FEE DUE:
	<b>TOTAL AMOUNT DUE: \$16.40</b>

**INSPECTION:**  
 Will be ready on 6/5, 1992; or Will Call \_\_\_\_\_  
**CONTRACTOR'S NAME:** John A. Perry Electric Co., Inc.  
**ADDRESS:** 381 Danforth St. Ptld 04102  
**TEL.:** 773-5824  
**MASTER LICENSE NO.:** 3695 **SIGNATURE OF CONTRACTOR:** \_\_\_\_\_  
**LIMITED LICENSE NO.:** \_\_\_\_\_

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



**PLUMBING APPLICATION**

PROPERTY ADDRESS  
Town Or Plantation: Portland (Cushing)  
Street Subdivision Lot #: 1 GUNTE ROAD AVE  
PROPERTY OWNERS NAME  
Last: Hampton First: \_\_\_\_\_  
Applicant Name: DENNIS V. STURFAD  
Mailing Address of Owner/Applicant (if different): 100 ROSE ST. A4103

PORTLAND  
Date Permit Issued: 11/16/89  
Local Plumbing Inspector (Reg. No.): [Signature]  
L.P.I. # \_\_\_\_\_  
3697 TOWN COPY  
\$ 115 FEE  Double Fee Charged

**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]  
Signature of Owner/Applicant Date: 5/19/89

**Caution: Inspection Required**  
I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.  
[Signature]  
Local Plumbing Inspector Signature Date Approved: JAN 5 1990

**PERMIT INFORMATION**

This Application is for:  
1.  NEW PLUMBING  
2.  RELOCATED PLUMBING

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 BURNERMAN  
3.  MFG'D HOUSING DEALER/MECHANIC  
4.  PUBLIC UTILITY EMPLOYEE  
5.  PROPERTY OWNER  
LICENSE # L 9192 G

Hook-Up & Piping Relocation Maximum of 1 Hook-Up	Column 2 Type of Fixture		Column 1 Type of Fixture	
	Number	Type of Fixture	Number	Type of Fixture
<p><b>HOOK-UP:</b> to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District</p> <p><b>OR</b></p> <p><b>HOOK-UP:</b> to an existing subsurface wastewater disposal system</p> <p><b>PIPING RELOCATION:</b> of sanitary lines, drains, and piping without new fixtures</p>		Hosebibb / Silcock		Bathtub (and Shower)
		Floor Drain		Shower (Separate)
		Urinal	1	Sink
		Drinking Fountain	2	Wash Basin
		Indirect Waste	1	Water Closet (Toilet)
		Water Treatment Softener, Filter, etc		Clothes Washer
		Grease/Oil Separator	1	Dish Washer
		Dental Cuspidor		Garbage Disposal
		Bidet		Laundry Tub
		Other: _____		Water Heater
Number of Hook Ups & Relocations	Fixtures (Subtotal) Column 2		Fixtures (Subtotal) Column 1	
Hook-Up & Relocation Fee			Fixtures (Subtotal) Column 2	
<p><b>SEE PERMIT FEE SCHEDULE FOR CALCULATING FEE</b></p>			Total Fixtures	
			Fixtures Fee	
			Hook-Up & Relocation Fee	
			Permit Fee (Total)	
			\$ <u>15.</u>	