



APPLICATION FOR PERMIT
 DEPARTMENT OF BUILDING INSPECTIONS SERVICES
 ELECTRICAL INSTALLATIONS

CODE
 COMPLIANCE
 COMPLETED
 DATE 11/5/86 CR

Date July 17, 19 86
 Receipt and Permit number p 24328

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: Beech Avenue Long Island, Lot 94-B-15-13
 OWNER'S NAME: Pater Stevens ADDRESS: same

OUTLETS:		FEES
Receptacles _____	Switches _____	Plugmold _____ ft. TOTAL _____
FIXTURES: (number of)		
Incandescent _____	Flourescent _____ (not strip)	TOTAL _____
Strip Flourescent _____ ft.		
SERVICES:		
Overhead _____	Underground _____	Temporary <u>1</u> TOTAL amperes <u>60</u>
METERS: (number of) <u>1</u>		<u>3.00</u>
MOTORS: (number of)		<u>.50</u>
Fractional _____		
<u>1 HP</u> or over _____		
RESIDENTIAL HEATING:		
Oil or Gas (number of units) _____		
Electric (number of rooms) _____		
COMMERCIAL O. INDUSTRIAL HEATING:		
Oil or Gas (by a 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 Outlet. 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 _____		

INSTALLATION FEE DUE: _____
 FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT DOUBLE FEE DUE: _____
 FOR REMOVAL OF A "STOP ORDER" (304-16.b)
 TOTAL AMOUNT DUE: 5.00 (min.)

INSPECTION:
 Will be ready on July 17, 19 86 or Will Call _____
CONTRACTOR'S NAME: Sea Coast Electric Co.
ADDRESS: Long Island, Maine
TEL: 766-3372
MASTER LICENSE NO.: 03386 **SIGNATURE OF CONTRACTOR:** _____
LIMITED LICENSE NO.: _____

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS

Town Or Planation	PORTLAND LONG ISLAND
Street	BEACH AVENUE
Section/Lot #	TAX MAP 94 BLOCK B LOTS 15, 18
PROPERTY OWNERS NAME	
Last	STEVENS
First	PETER
Applicant Name:	PETER STEVENS
Mailing Address of Owner/Applicant (If Different)	5 HIGHLAND TRAIL ALLEN TOWN N. I. 03075

PORTLAND PERMIT # 3659 APPLICANTS COPY

Date Permit Issued: 10.16.89

Local Plumbing Inspector Signature: [Signature] L.P.I. # 123

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

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.

Peter Stevens 6 SEPT 89
Signature of Owner/Applicant Date

Caution: Inspection Required

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

[Signature] 3 1990
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input 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>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</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>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> FSD 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</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>TYPE OF WATER SUPPLY</p> <p>DRILLED WELL</p>
<p>SIZE OF PROPERTY 22,200</p>	<p>ZONING IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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>PUMPING</p> <p>1. <input checked="" 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, EMPLOYEES, WATER RECORDS, ETC)</p> <p>2 BEDROOM CONSERVATIVE 300</p> <p>LOW VOLUME TOILET - 30</p> <p>DESIGN FLOW: 270 (GALLONS/DAY)</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 6 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: >50"</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input checked="" type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 200* Sq Ft.</p> <p><input checked="" 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>	

SITE EVALUATOR STATEMENT USED 3 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAIVED BY LOCAL OPTION

On November 4, 1986 (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.

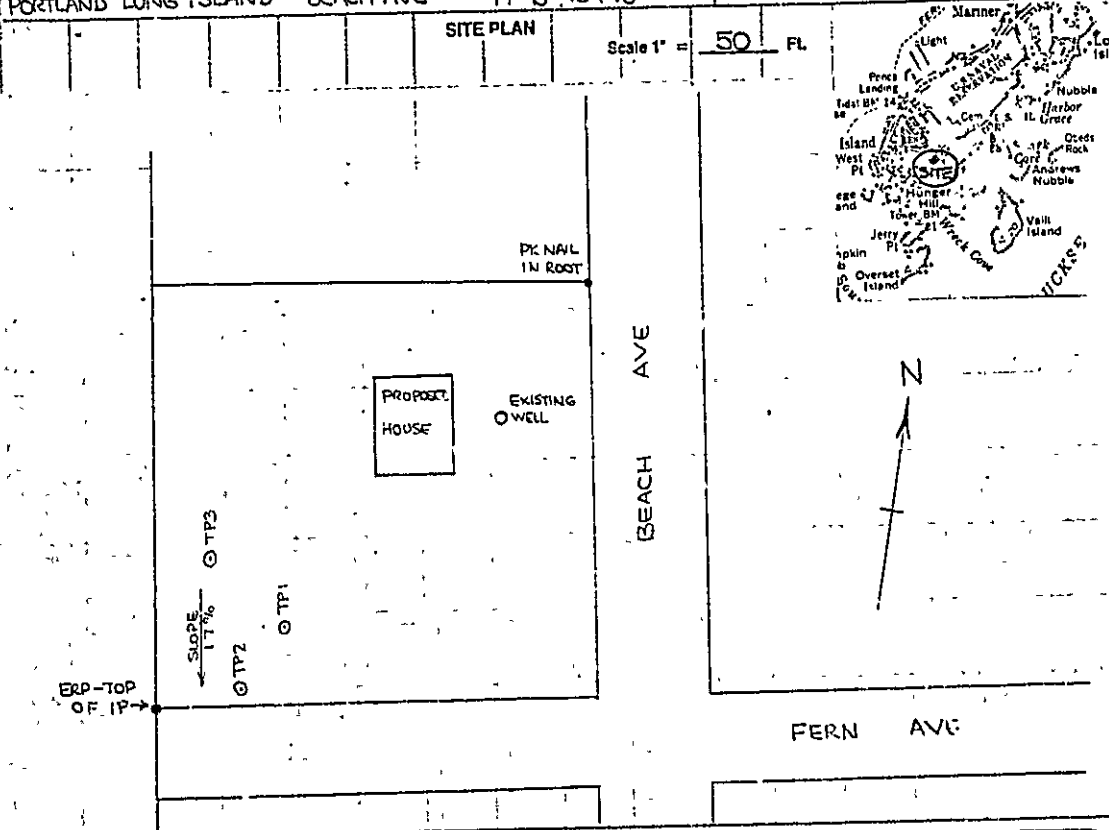
William Q. Goodrum 0103/4814 8/9/87
Site Evaluator or Professional Engineer's Signature SEI/PE# Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND LONG ISLAND** Street, Road, Subdivision: **BEACH AVE 94-B-15 & 18** Owners Name: **PETER STEVENS**



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	
2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil		2" FOREST PEAT * Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
LOAMY SAND		DARK BROWN	
LOAMY COARSE SAND	LOOSE	RED BROWN	
COARSE SAND		YELLOW	NONE
STRATIFIED COARSE SAND AND GRAVEL	LOOSE	YELLOW / RED BROWN	FEW
LOAMY SAND		DARK BROWN	
COARSE SAND	LOOSE	RED YELLOW	
SANDY GRAVEL	LOOSE	YELLOW	NONE
STRATIFIED COARSE SAND AND GRAVEL		YELLOW / RED / BROWN	COMMON
Soil Profile: <u>G</u>	Classification: <u>C</u>	Slope: <u>1.7</u> %	Limiting Factor: <u>36</u>
<input checked="" type="checkbox"/> Ground Water	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock	<input checked="" type="checkbox"/> Ground Water
<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock		<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock

Site Evaluator or Professional Engineer's Signature: William B. Jordan 0003 / 4814 Date: 8/9/87 Page 2 of 3 NHE-203 Rev 4/83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND LONG ISLAND BEACH AVE 94-B-15#18

PETER STEVENS

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

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes (shown Above))																																																																																																																																																																																																									
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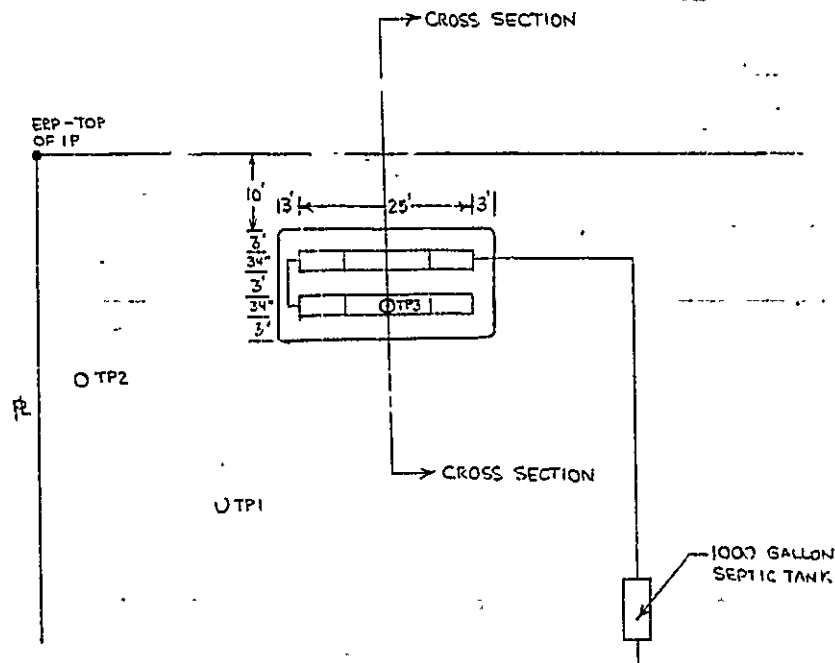
William B. Judwin 0003 / 4814
 Site Evaluator or Professional Engineer's Signature SE# / PE#

8/9/87
 Date

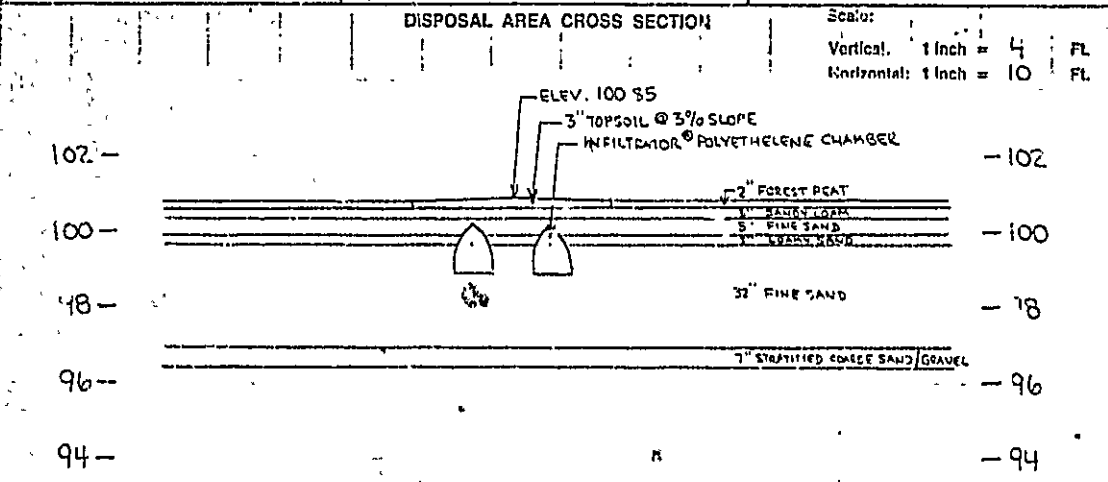
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND LONG ISLAND	Street, Road, Subdivision BEACH AVE 94-B-15 & 18	Owners Name PETER STEVENS
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = <u>20</u> FT.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) <u>-3</u>	Reference Elevation is <u>100.00</u>	TOP OF IRON PIPE AT SOUTHWEST CORNER
Depth of Fill (Downslope) <u>3</u>	Bottom of Disposal Area <u>98.25</u>	
	Top of Distribution Lines or Chambers <u>100.1</u>	



William B. Goodwin
Site Evaluator or Professional Engineer's Signature

0003/4814
SE #/PE #

8/9/07
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3326

PROPERTY ADDRESS	
Town Or Plantation	PORTLAND LONG ISLAND
Street	BEACH AVENUE
Subdivision Lot #	TAX MAP 94 BLOCK B LOTS 15, 18
PROPERTY OWNERS NAME	
Last	STEVENS
First	PETER
Applicant Name	PETER STEVENS
Mailing Address of Owner/Applicant (if Different)	5 HIGH RIDGE TRAIL MILLETOWN N.H. 03075

PORTLAND 3659 TOWN COPY

Date Forfeiture Issued: 10/16/89 \$140 FEE

Local Plumbing Inspector Signature: [Signature] L.P.I. # 1231

<p>Owner/Applicant Statement</p> <p>I hereby 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.</p> <p><i>Peter Stevens</i> 6 SEPT 87 Signature of Owner/Applicant Date</p>	<p>Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.</p> <p>[Signature] 5 1990 Local Plumbing Inspector Signature Date Approved</p>
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PERMIT INFORMATION		
<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input 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>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</p> <p><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>6. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</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 type="checkbox"/> OTHER _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</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>TYPE OF WATER SUPPLY</p> <p>DRILLED WELL</p>
<p>SIZE OF PROPERTY</p> <p>22,200</p>	<p>ZONING</p> <p>IR 1</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)							
<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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>PUMPING</p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT 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, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>2 BEDROOM CONSERVATIVE 300</p> <p>LOW VOLUME TOILET - 30</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td>6</td> <td>C</td> </tr> </table> <p>DEPTH TO LIMITING FACTOR > 50"</p>	PROFILE	CONDITION	6	C	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input checked="" type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 200* Sq. Ft. <input checked="" 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: 270 (GALLONS/DAY)</p>
PROFILE	CONDITION						
6	C						

SITE EVALUATOR STATEMENT USED 8 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On NOVEMBER 4, 1986 (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.

William B. Jordan 0003/4814 8/9/87
Site Evaluator or Professional Engineer's Signature SE#/PE# Date

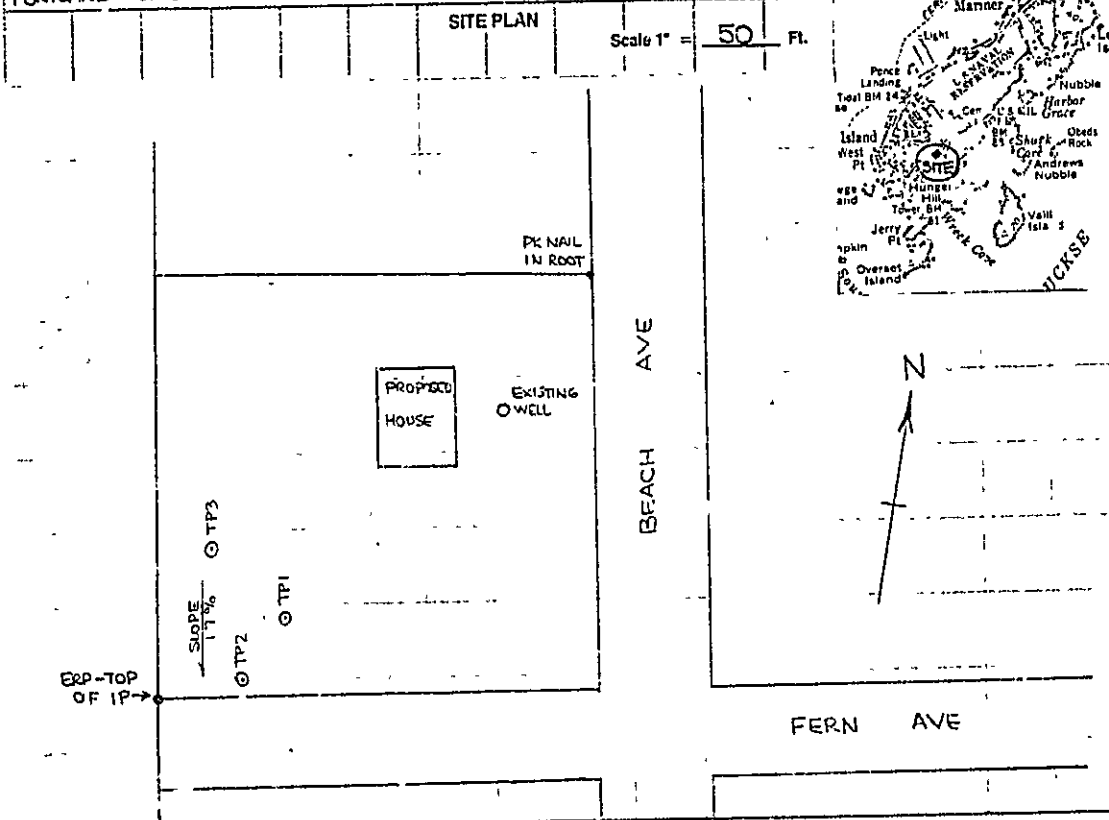
* Local Plumbing Inspector's Signature # & Local Sub. Eng. Nation Worker under a Local Option

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plants on: **PORTLAND LONG ISLAND** Street, Road, Subdivision: **BEACH AVE 94-B-15 & 18** Owners Name: **PETER STEVENS**



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)			
Observation Hole <u>1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring	Observation Hole <u>2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
1. FOREST PEAT - Depth of Organic Horizon Above Mineral Soil		2. FOREST PEAT - Depth of Organic Horizon Above Mineral Soil	
Texture	Consistency	Color	Mottling
0-2		DARK BROWN	
2-6		RED BROWN	
6-10	LOOSE	RED BROWN	
10-15			NONE
15-20		YELLOW	
20-30	LOOSE		
30-40		YELLOW	
40-50		YELLOW / RED BROWN	FEW
Soil Profile: <u>6</u>	Classification: <u>C</u>	Slope: <u>1.7%</u>	Limiting Factor: <u>37</u>
<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Bedrock			

William B. Goodwin 0003/4514 8/9/87
Site Evaluator or Professional Engineer's Signature SE # / P.E. Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Public Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND LONG ISLAND BEACH AVE 94-8-15#18

PETER STEVENS

SITE PLAN								Scale 1" = _____ FL	

SITE LOCATION PLAN (Attach Map from Malmo Atlas for New System Variance)

SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole <u>3</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
2' FOREST PEAT * Depth of Organic Horizon Above Mineral Soil				_____ * Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0 SANDY LOAM		DARK BROWN					
1 FINE SAND		GRAY					
2 LOAMY SAND	LOOSE	RED BROWN					
3							
4							
5 FINE SAND		YELLOW	NONE EVIDENT				
6							
7							
8	LOOSE						
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100							
Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water	<input type="checkbox"/> Remove Layer	<input type="checkbox"/> Detect	
6	B	1.7%	750"				

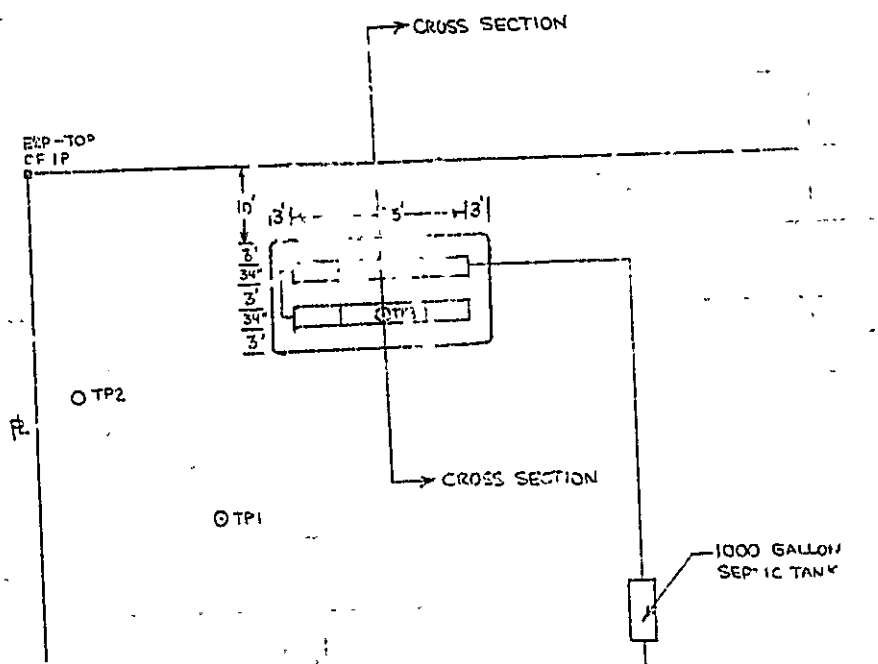
William B. Jonhson 0003/48114 8/9/97
Site Evaluator or Professional Engineer's Signature

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

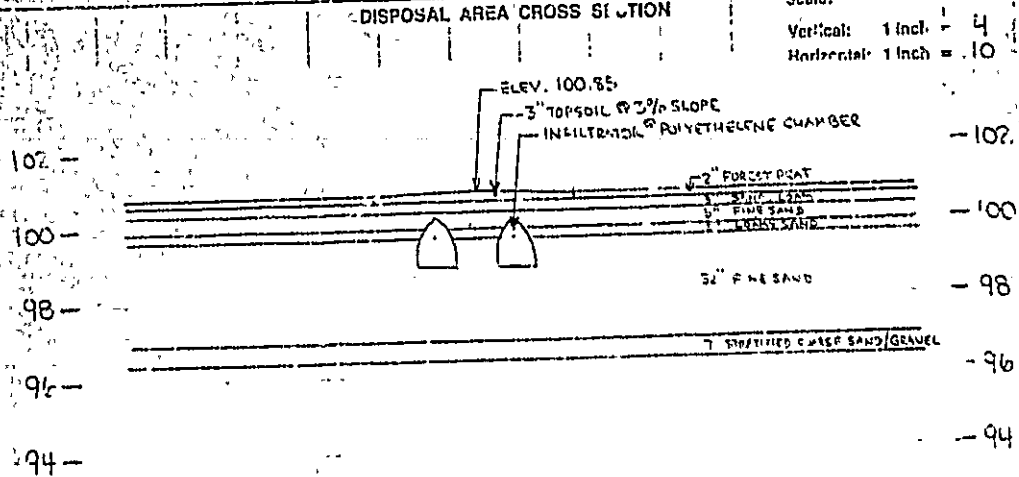
Department of Human Services
Division of Health Engineering

Town, City, or Village: **KIRTLAND LONG ISLAND** Street, Road, Subdivision: **BEACH AVE 94-B-15 #18** Owners Name: **PETER STEVENS**

SUBSURFACE WASTEWATER DISPOSAL PLAN Scale: 1" = 20 FL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Up slope) <u>3</u>	Reference Elevation is <u>100.00</u>	TOP OF IRON PIPE AT SOUTHWEST CORNER
Depth of Fill (Down slope) <u>3</u>	Bottom of Disposal Area <u>98.25</u>	
	Top of Distribution Lin. or Chambers <u>100.1</u>	



William B. Goodwin
Site Engineer or Professional Engineer's Signature

COO3/4814
SE #1168

8/9/87
Date

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