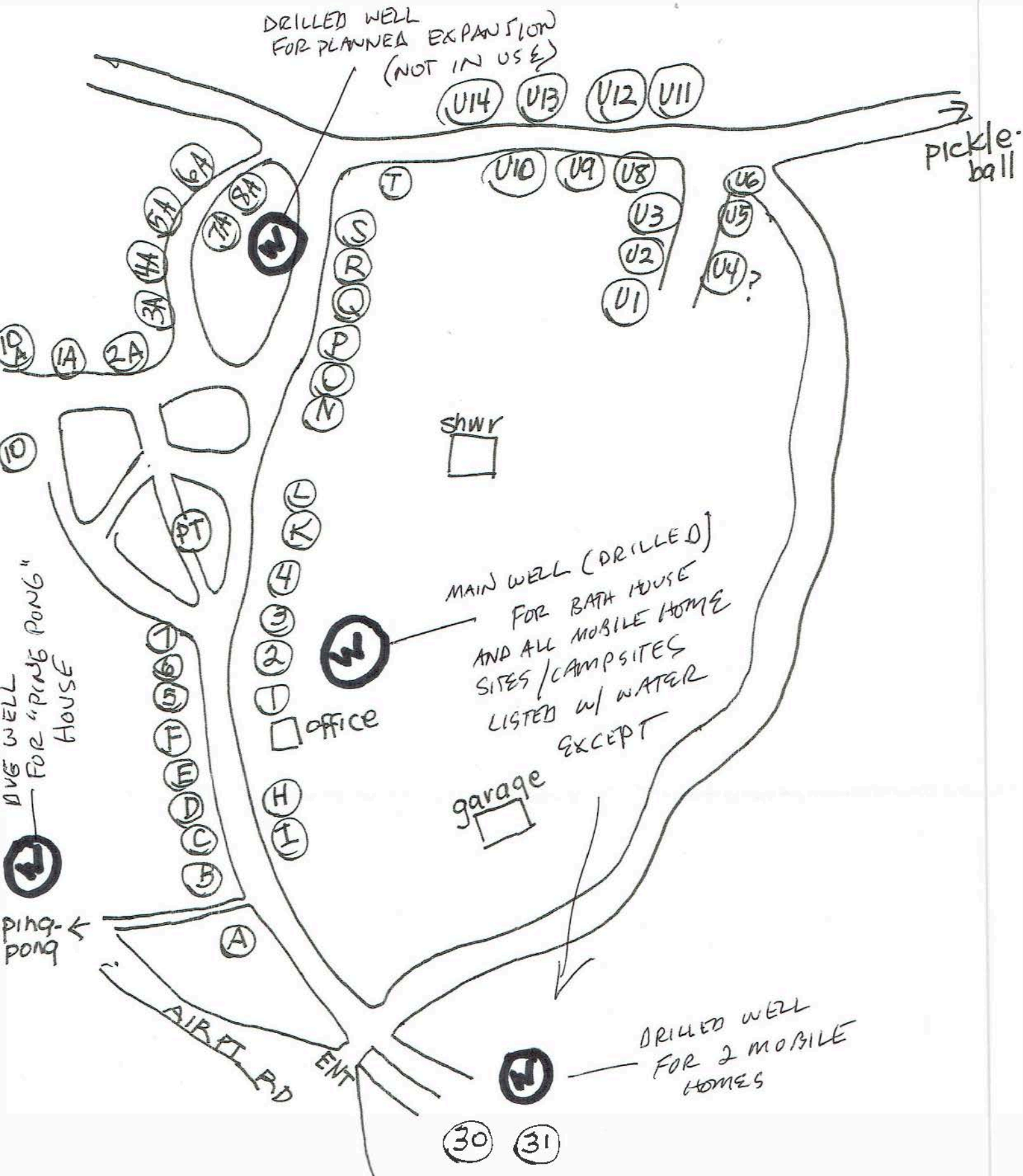
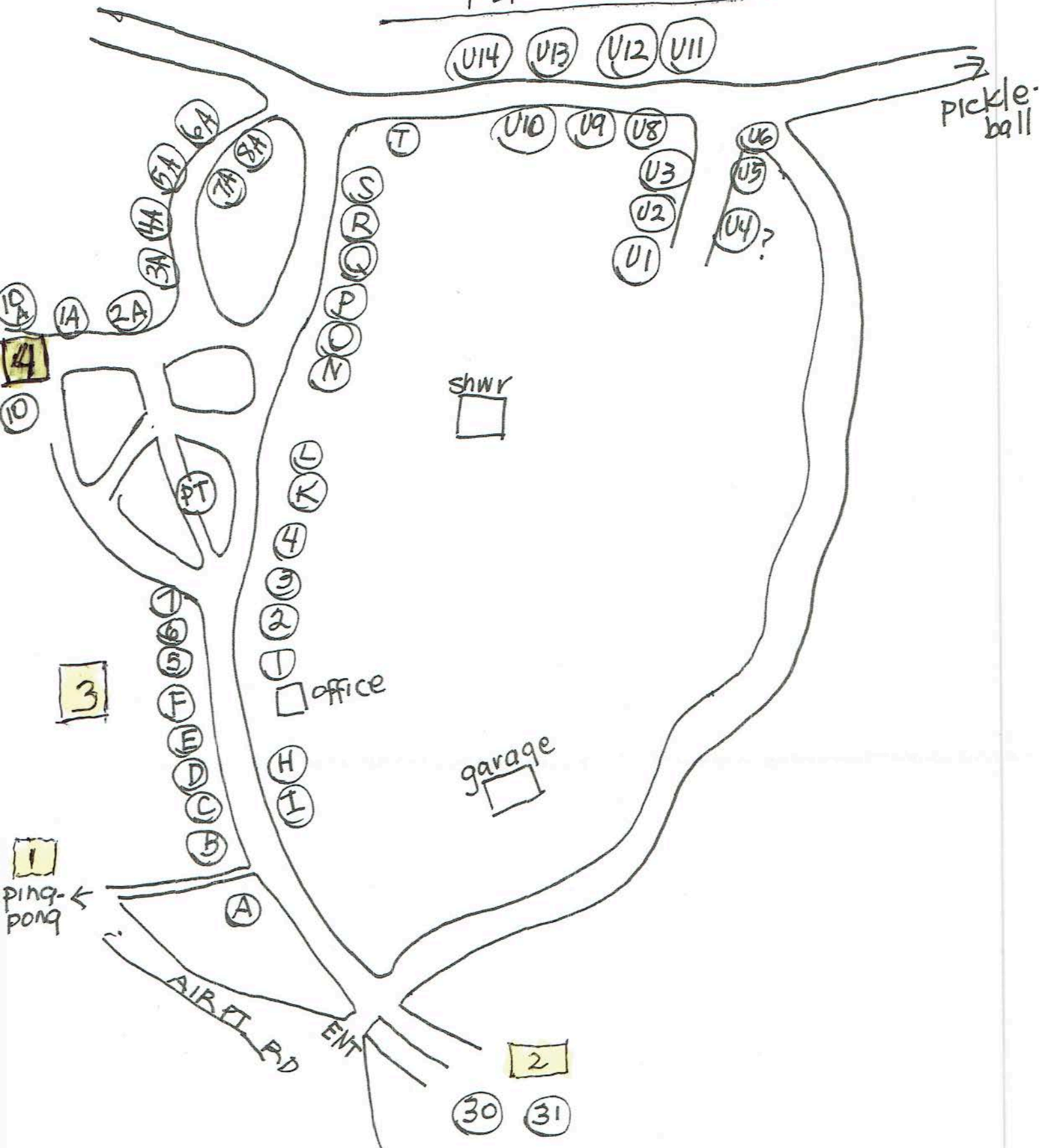


LOCATION OF WELLS



V14 V13 V12 V11



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

 Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION

 City, Town,
or Plantation

Stonington

Street or Road

Airport Rd.

Subdivision, Lot #

>> Caution: Permit Required -- Attach in Space Below <<

STONINGTON

PERMIT # 1019 APPLICANTS COPY

Date

 Permit
Issued:

7.13.99

\$ 1,000.00

 FEE ☐ Double Fee
Charged

 Robert Pade
 Local Plumbing Inspector Signature

L.P.I. # 0131412

 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 INFORMATION

Name (last, first, MI)

Green/AW Bruce

 Owner
Applicant

 Mailing Address
of

 P.O. Box 72
 Stonington, ME 04681

☒ Owner
☐ Applicant

Daytime Tel. #

Municipal Tax Map # Lot #

Owner or Applicant Statement

 I state that the information submitted is correct to the best of my
 knowledge and understand that any falsification is reason for the
 Department and/or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant Date 7-13-99

Caution: Inspections Required

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

Robert Pade

7.15.99

(1st) Date Approved

Local Plumbing Inspector Signature

(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☒ First Time System
- ☐ Replacement System

Type Replaced:

Year Installed:

- ☐ Expanded System
 - ☐ One-time exempted
 - ☐ Non-exempted
- ☐ Experimental System
- ☐ Seasonal Conversion

THIS APPLICATION REQUIRES

- ☒ No Rule Variance
- ☐ First Time System Variance
 - ☐ Local Plumbing Inspector Approval
 - ☐ State & Local Plumbing Inspector Approval
- ☐ Replacement System Variance
 - ☐ Local Plumbing Inspector Approval
 - ☐ State & Local Plumbing Inspector Approval
- ☐ Minimum Lot Size Variance
- ☐ Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENT(S)

- ☒ Complete Non-engineered System
- ☐ Primitive System (graywater & alt toilet)
- ☐ Alternative Toilet, specify:
- ☐ Non-Engineered Treatment Tank (only)
- ☐ Holding Tank, gallons
- ☐ Non-engineered Disposal Field (only)
- ☐ Separated Laundry System
- ☐ Complete Engineered System (2000 gpd or more)
- ☐ Engineered Treatment Tank (only)
- ☐ Engineered Disposal Field (only)
- ☐ Pre-treatment, specify:
- ☐ Miscellaneous components

SIZE OF PROPERTY

 75 ☐ sq. ft.
☒ acres

DISPOSAL SYSTEM TO SERVE

- ☒ Single Family Dwelling Unit, No. of Bedrooms: 2
- ☐ Multiple Family Dwelling, No. of Units:
- ☐ Other: SPECIFY

SHORELAND ZONING

☐ Yes ☒ No

TYPE OF WATER SUPPLY

- ☐ Drilled Well
- ☒ Dug Well
- ☐ Private
- ☐ Public
- ☐ Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ Concrete
 - ☒ Regular
 - ☐ Low Profile
- ☐ Plastic
- ☐ Other: CAPACITY 1000 gallons

DISPOSAL FIELD TYPE & SIZE

- ☐ Stone Bed
- ☐ Stone Trench
- ☒ Proprietary Device
 - ☐ Cluster array
 - ☒ Regular load
 - ☐ Linear
 - ☐ H-20 load
- ☐ Other: SIZE 500 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

- ☒ No
- ☐ Maybe
- ☐ Yes >> Specify one below:
 - ☐ Multi-compartment Tank
 - ☐ Tanks in Series
 - ☐ Increase in Tank Capacity
 - ☐ Filter on Tank Outlet

DESIGN FLOW

 180 gallons per day
 BASED ON:

- ☒ Table 501.1 (dwelling unit(s))
 - ☐ Table 501.2 (other facilities)
- SHOW CALCULATIONS
-
- for other facilities --

 SOIL DATA & DESIGN CLASS
 PROFILE CONDITION DESIGN

 5 / B / 1
 at Observation Hole # 1
 Depth N/A * Elevation
 OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING

- ☐ Small -- 2.0 sq. ft./gpd
- ☒ Medium -- 2.6 sq. ft./gpd
- ☐ Medium-Large -- 3.3 sq. ft./gpd
- ☐ Large -- 4.1 sq. ft./gpd
- ☐ Extra Large -- 5.0 sq. ft./gpd

PUMPING

- ☐ Not Required
- ☒ May Be Required
- ☐ Required >> Specify only for
engineered or experimental systems:
DOSE: gallons

- ☐ Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

 I Certify that on 6-30-99 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed
 system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

 Robert G. Vile Jr.
 Site Evaluator Signature

 Robert G. Vile Jr.
 Site Evaluator Name Printed

204

SE #

234-2451

Telephone #

7-2-99

Date


Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Street, Road Subdivision
Airport Rd.

Owner's Name
Bruce Greenhaw

SITE PLAN

Scale 1" = 50 Ft.
or as shown

SITE LOCATION PLAN
(Map from Maine Atlas
recommended) 

Note:
All permits and/or notifications
required prior to construction
are the responsibility of the
owner.

A hand-drawn map showing a road labeled "Airport Rd." with an arrow pointing to it. To the right of the road, there is a small square labeled "SITE". Below the road, there is a line labeled "Greenland's TIMBER PARK".

Elevation Reference Point:
Nail 4' up from BASE
OF A 5 1/2" DIAMETER
HACKMATTACK TREE

NOTE:
Proposed Dry
Well to be 5'100'
from Septic TANK
AND Infiltrators.

Proposed to
high capacity
Infiltration Disposal
Area.

(Location of Observation Holes Shown Above)

Observation Hole _____ ☐ Test Pit ☐ Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)

0	Texture	Consistency	Color	Mottling
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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47				
48				
49				
50				

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile	Condition	%	"	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Robert H. Hile
Site Evaluator Signature

204
SF

7-2-98
Date

11/10/88
First Hill, New Parkers
SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

Town Or Plantation: STONINGTON
Street Subdivision Lot #: AIRPORT ROAD
PROPERTY OWNERS NAME:
Last: GREENLAW First: BRUCE
Applicant Name: SAME
Mailing Address of Owner/Applicant (If Different): P.O. BOX 72
STONINGTON, ME. 04681

STONINGTON PERMIT # 295 APPLICANTS COPY
Date Permit Issued: 11/2/89 \$ 150.00 FEE ☐ Double Fee Charged
Edward Southgate L.P.I. # 18103
Local Plumbing Inspector Signature

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.

Caution: Inspection Required

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

THIS APPLICATION IS FOR:

1. ☒ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED - P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

1. ☐ BED 3. ☐ TRENCH N/A
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY

ZONING

50 AC±

N/A

THIS APPLICATION REQUIRES:

1. ☒ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
a. ☐ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

1. ☐ SINGLE FAMILY DWELLING
2. ☒ MODULAR OR MOBILE HOME (2)
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____
SPECIFY _____

INSTALLATION IS:

COMPLETE SYSTEM

1. ☒ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM
(Includes Alternative Toilet)
3. ☐ ENGINEERED (+ 2000 gpd)
INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
PROPOSED
DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ SEPTIC: ☒ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 4-1000 GALS.

WATER CONSERVATION

1. ☒ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET
SPECIFY: _____

PUMPING

1. ☐ NOT REQUIRED
2. ☒ MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED
DOSE: _____ GALS.

CRITERIA USED FOR
DESIGN FLOW (BEDROOMS, SEATING,
EMPLOYEES, WATER RECORDS, ETC.)

2-2 BEDROOM
MOBILE HOMES

SOIL CONDITIONS USED FOR
DESIGN PURPOSES

PROFILE CONDITION

3

C

DEPTH TO
LIMITING
FACTOR:

15

SIZE RATINGS USED FOR
DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☐ BED _____ Sq. Ft.
2. ☒ CHAMBER 600 Sq. Ft.
☒ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN
FLOW:

3600

(GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 11/7/88 (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.

Site Evaluator Signature

SE#

Date

(Local Plumbing Inspector's Signature
if permit is for Seasonal Conversion.)

5/18/89

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

STONINGTON

AIRPORT ROAD

BRUCE GREENLAW

SITE PLAN

Scale 1" = 50 Ft.

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

ELEV. REF. PT. - NAIL -
3'-9" UP FROM BASE OF
8" FIR TREE. BOTTOM OF
STONE TO BE 4'-0"
BELOW NAIL

PROPOSED
MOBILE HOME

PROPOSED
MOBILE
HOME

PROPOSED
DRILLED
WELL

PROPOSED
SYSTEM - 24
INFILTRATORS

-PROPOSED 1000 GAL.
SEPTIC TANK

WOODS ROAD

FILTER TRENCH

AIRPORT ROAD

(Location of Observation Holes Shown Above)

Observation Hole 1 ☒ Test Pit ☐ Boring

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Depth of Organic Horizon Above Mineral Soil			
	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				
60				
70				
80				
90				
100				
110				
120				
130				
140				
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970				
980				
990				
1000				

Gregory H. Perkins

Site Evaluator Signature

96

SE#

11-10-88

Date _____

Page 2 of 3

HHE-200 Rev.1/84

REVISER 5-17-89

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation	STONINGTON
Street	AIRPORT ROAD
Subdivision Lot #	
PROPERTY OWNERS NAME	
Last: GREENLAW First: BRUCE	
Applicant Name:	SAME
Mailing Address of Owner/Applicant (if Different)	PO Box 72 STONINGTON, ME, 04681

Caution: Permit Required

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached here by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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.

Caution: Inspection Required

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

THIS APPLICATION IS FOR:

- ☒ NEW SYSTEM
- ☐ REPLACEMENT SYSTEM
- ☐ EXPANDED SYSTEM
- ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

- ☐ SYSTEM COMPLIES WITH RULES
- ☐ CONNECTED TO SANITARY SEWER
- ☐ SYSTEM INSTALLED - P#
- ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED

THE FAILING SYSTEM IS:

- ☐ BED
- ☐ CHAMBER
- ☐ TRENCH
- ☐ OTHER: N/A

SIZE OF PROPERTY

ZONING

150 ACS

N/A

THIS APPLICATION REQUIRES:

- ☒ NO RULE VARIANCE
- ☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
- ☐ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - ☐ Requiring Local Plumbing Inspector Approval
 - ☐ Requires State and Local Plumbing Inspector Approval
- ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

- ☐ SINGLE FAMILY DWELLING
- ☒ MODULAR OR MOBILE HOME (8)
- ☐ MULTIPLE FAMILY DWELLING
- ☐ OTHER

SPECIFY

INSTALLATION IS:

COMPLETE SYSTEM

- ☒ NON-ENGINEERED SYSTEM
 - ☐ PRIMITIVE SYSTEM
(Includes Alternative Toilet)
 - ☐ ENGINEERED (+ 2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS:
- ☐ TREATMENT TANK (ONLY)
 - ☐ HOLDING TANK _____ GAL
 - ☐ ALTERNATIVE TOILET (ONLY)
 - ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
 - ☐ ENGINEERED DISPOSAL AREA (ONLY)
 - ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

EXISTING DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

2 TREATMENT TANK'S

- ☒ SEPTIC: Regular
☐ Low Profile
- ☐ AEROBIC

SIZE: 2000 GALS.
EACH

WATER CONSERVATION

- ☒ NONE
- ☐ LOW VOLUME TOILET
- ☐ SEPARATED LAUNDRY SYSTEM
- ☐ ALTERNATIVE TOILET

SPECIFY:

PUMPING

- ☐ NOT REQUIRED
- ☒ MAY BE REQUIRED
(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

8 mobile homes
at 225

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE CONDITION

3

C

DEPTH TO LIMITING FACTOR:

16

SIZE RATINGS USED FOR DESIGN PURPOSES

- ☐ SMALL
- ☐ MEDIUM
- ☒ MEDIUM-LARGE
- ☐ LARGE
- ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- ☐ BED _____ Sq. Ft.
- ☒ CHAMBER 3050 Sq. Ft.
☒ REGULAR ☐ H-20
- ☐ TRENCH _____ Linear Ft.
- ☐ OTHER:

DESIGN FLOW: 1800

(GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 7-3-91 (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.

Robert A. Unke

Site Evaluator Signature

204

SE#

7-10-91

Date

(Local Plumbing Inspector's Signature
if permit is for Seasonal Conversion.)

TOWN

ROAD

OWNERS NAME

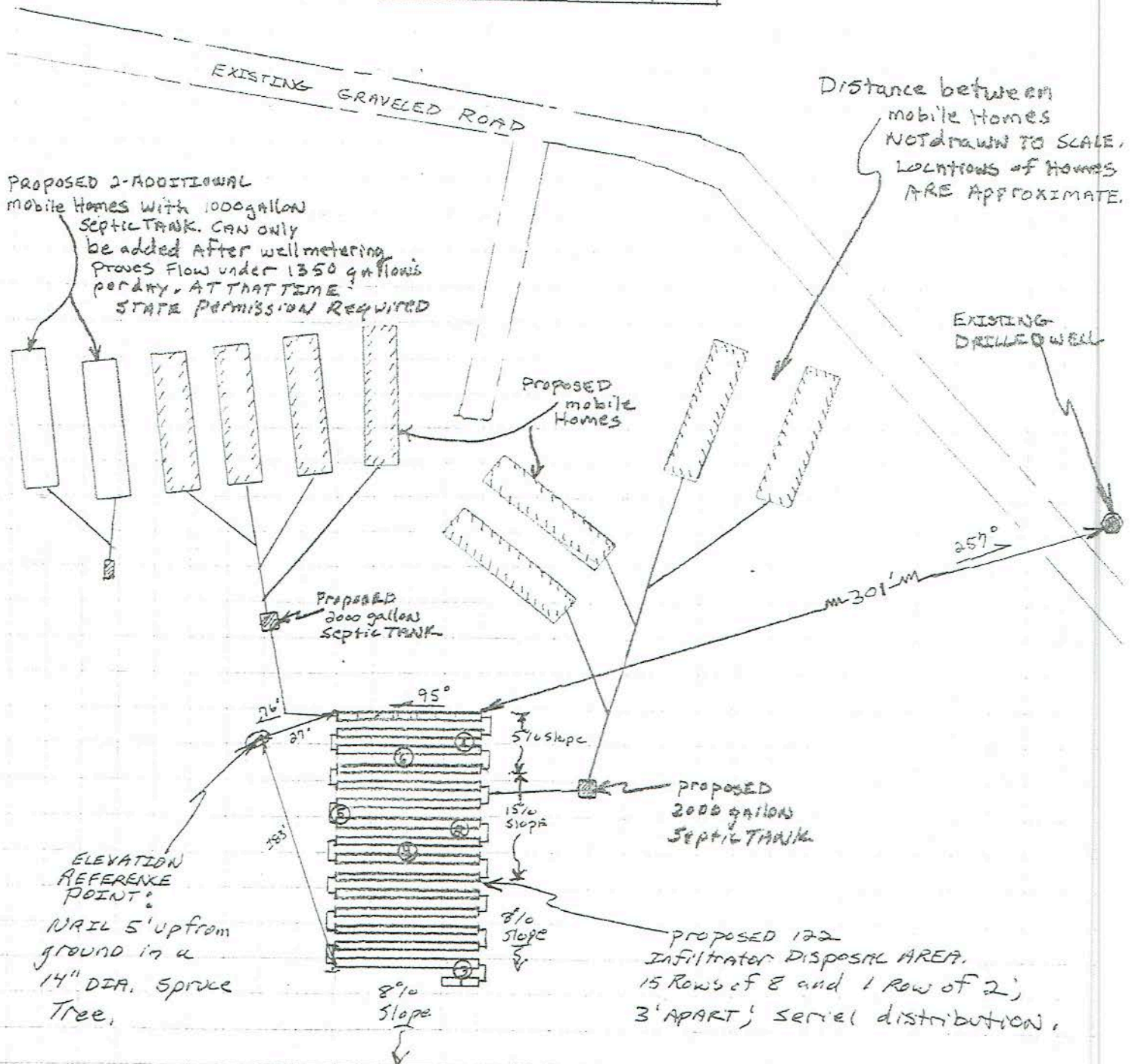
STONINGTON

AIRPORT RD.

BRUCE GREENLAW

SCALE 1" = 50' UNLESS NOTED ———

SITE PLAN



O = TEST PIT

Robert & Wilej

LSE # 204

7-10-91

3 Site # 3 **FACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation: **STONINGTON**

Street Subdivision Lot #: **AIRPORT ROAD SITE # 1**

PROPERTY OWNERS NAME

STONINGTON PERMIT # **488** APPLICANTS COP

Date Permit Issued: **8/31/92** \$ **100.00** FEE ☐ Double Fee Charged

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **1818**

Last: **GREENLAW** First: **BRUCE**

Applicant Name: **SAME**

Mailing Address of Owner/Applicant (If Different): **P.O. Box 72 STONINGTON, Me. 04681**

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.

Signature of Owner/Applicant: *[Signature]* Date: _____

Caution: Inspection Required

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

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"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</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>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>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 _____ GAL</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>SEASONAL CONVERSION</p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</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 N/A</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input checked="" type="checkbox"/> MODULAR OR MOBILE HOME (8)</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____</p> <p style="text-align: center;">SPECIFY</p>
<p>SIZE OF PROPERTY</p> <p>± 50 ACRES</p>	<p>ZONING</p> <p>N/A</p>	<p>TYPE OF WATER SUPPLY</p> <p>Existing Drilled Well</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>2 TREATMENT TANK'S</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: 2000 GALS. EACH</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" 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>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input checked="" 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>8 mobile Homes at + 225 gallons per day</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 3 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 16</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</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>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 3375 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>	<p>DESIGN FLOW: 1,985 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

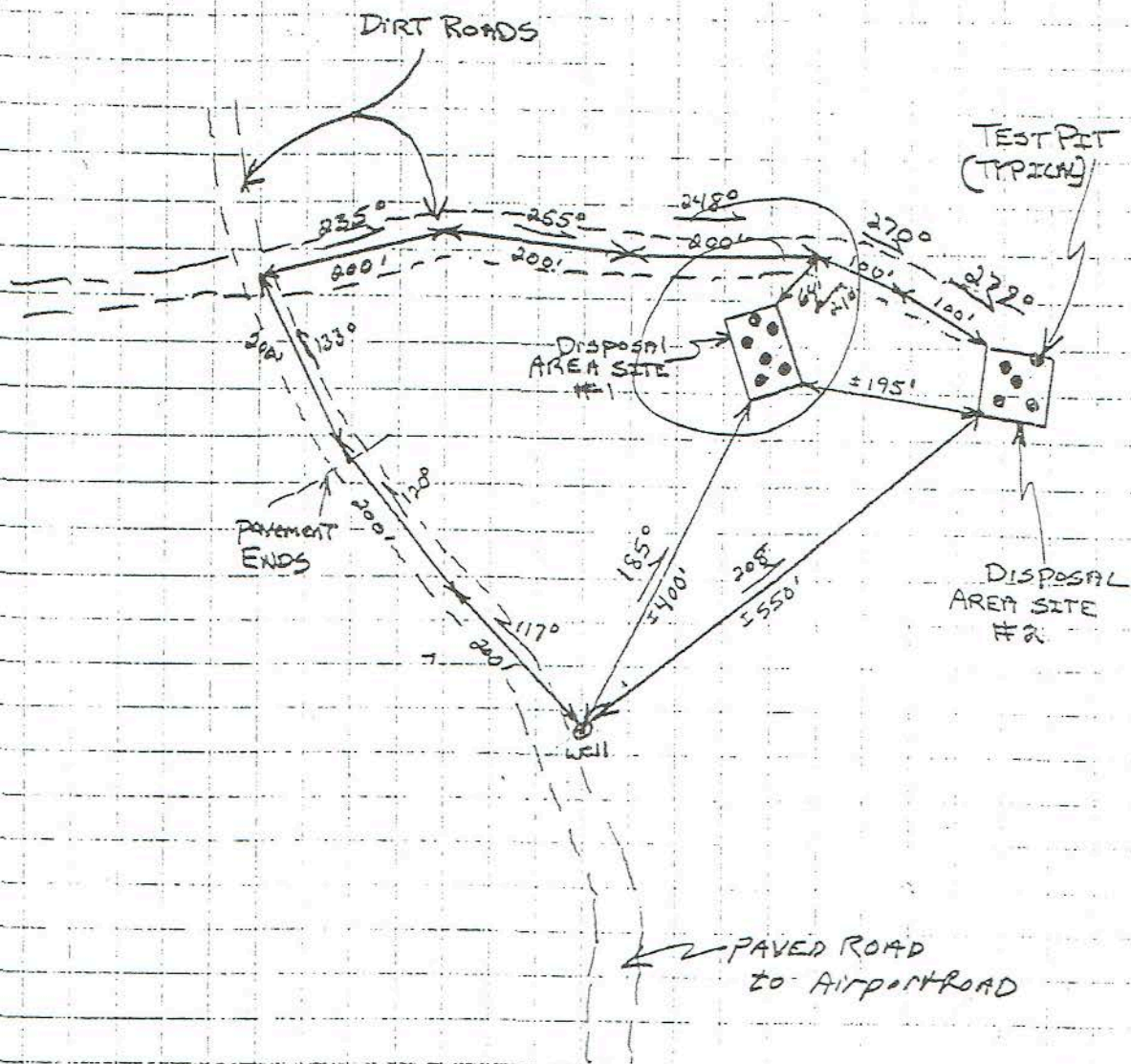
On **8-14-92** (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: *[Signature]*

SE# **204**

Date: **8-18-92**

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion)



LOCATION OF PROPOSED DISPOSAL AREAS
ON THE ± 50 ACRE LOT OFF THE
AIRPORT ROAD, STONINGTON
FOR BRUCE GREENLAW
8-18-92

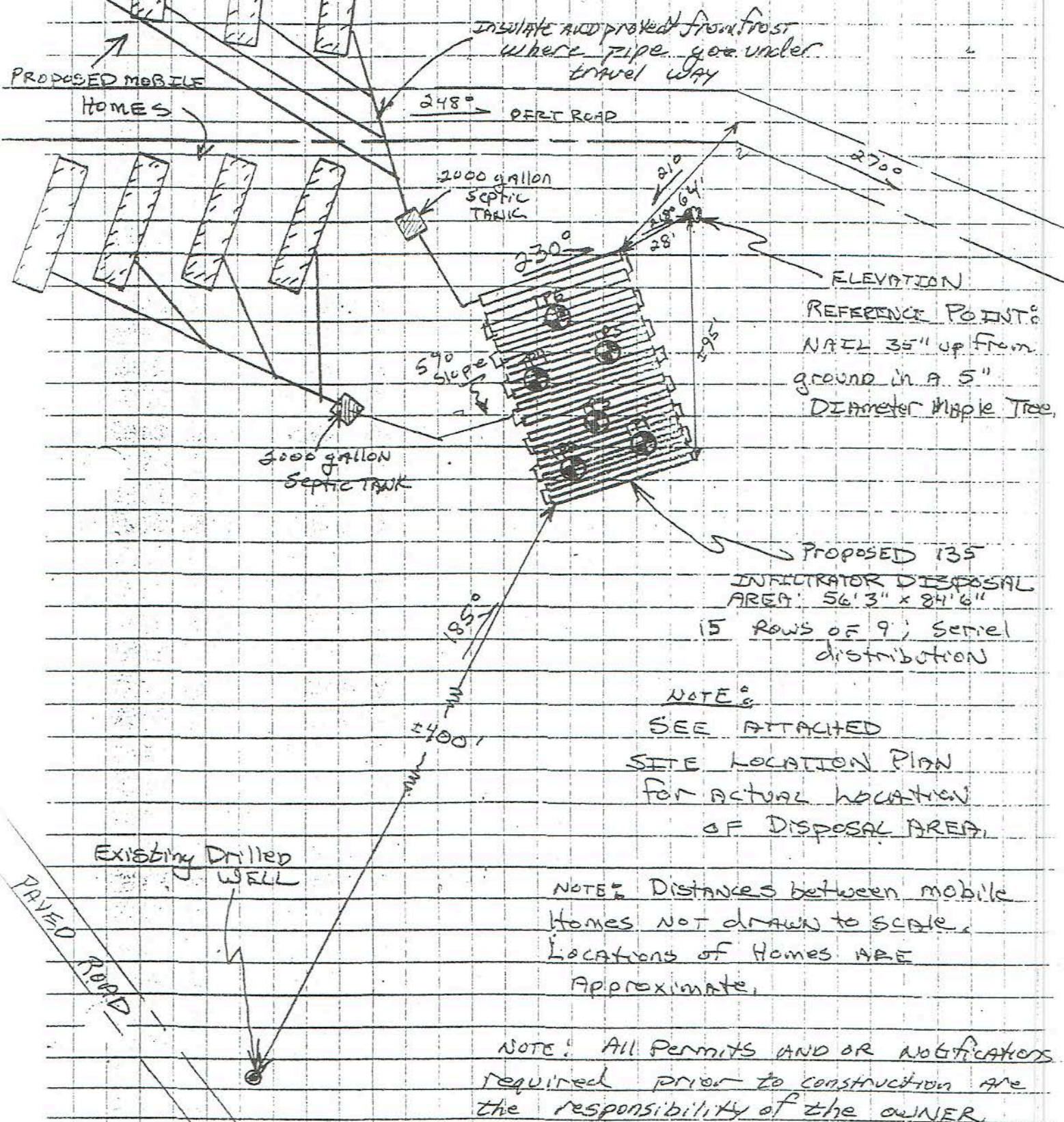
STONINGTON

AIRPORT RD, SITE #1

BRUCE GREENLAW

SCALE 1" = 50' UNLESS NOTED

SITE PLAN



Robert Stelzy SE # 204 8-18-92