

Permit Number _____

MAP 04B

LOT 039

Town of Stonington Building Permit Application

This is an application only! You may not start your project until the application is complete and the appropriate issuing authority has signed this application and issued a permit. For more information please either leave a message for the Code Enforcement Officer at the Town Office or call her at ~~320-4700~~

Brian Billings - 207-266-1547

Check-Off List for Complete Application

All applications must include:

- ☐ **Application:** Complete both pages of this application form and sign on second page.
- ☐ **Drawing:** Attach 2 drawings/sketches (#1: plot plan showing exact location of the construction within your lot & distance to property lines, roads, ocean, other structures, etc. #2 is a sketch or sketches of the floor plans and side views)
- ☐ **Permit Fee:** Permit fee must be paid prior to review. Please see attached fee schedule.
Automatic 5X permit fee if applying for a permit after construction has begun (in addition to other possible fines)
- ☐ **Plumbing Permits:** Depending on your project you may need a septic permit (for new or expanded systems), internal plumbing permit (for new, expanded, or changed internal plumbing and fixtures), and/or a Sanitary District permit (if tying into the Town Sewer). Contact Roger Stone, LPI, at the Town Office: 367-2351. Attach a copy of all applicable permits.
- ☐ **Other Permits:** Depending on your project, you may need other permits as well, such as from the DEP (for certain projects near the water), Subdivision approval (for lots and structures), etc.
- ☐ **Stonington Sanitary District Permit:** Fill in and sign page 3.
- ☐ **FEMA Flood Hazard Permit**

Owner's Name Carlisle Glezen Tel.# 832-916-0843
Mailing Address 102 Arrowhead Dr., Fort Davis, TX 79734
Contractor Paul Carter Tel.# 207-359-4493
Property Street/Area 19 Mivister Field Rd. Stonington, ME
Tax Map 04B Lot 039 Lot Size 3 Acres Feet to shore 170 Closest Distance to Property Line ~20 ft
Closest Distance to Road _____ Subdivision [] Yes [X] No Structure in Floodplain [] Yes [X] No
Project Description Put in private driveway, a septic drainage field and private well. The end of the driveway is ~170' from shore. Septic drainage field is ~300' from shore.
[X] Private Well [] Town Water
[X] Private Septic [] Town Septic
Estimated Project Cost \$60,000 Est. Start Date 9-1-24 Est. Completion Date 1-5-25
Approximately 26 trees will be removed within the 250' shoreland zone.
Driveway will be ~456' long, and gravel.

Stonington Sanitary District (SSD)
PO Box 175, Stonington, ME 04681
Telephone # 207-367-5161

-SSD Permit Application-

IMPORTANT – PLEASE READ CAREFULLY: A SSD Permit must be obtained prior to submitting a Town Building Permit Application, Plumbing Permit Application and/or Change of Use Proposal if such building is served by the SSD or within the SSD's boundaries. This also applies to any private sewer or drain, which directly or indirectly, is connected thereto or is carrying wastewater, commercial or industrial waste at any point within 200 feet of a sewer main of the SSD or within its boundaries.

Property Owner: Carlisle Glezen
Mailing Address: 102 Arrowhead Drive
Fort Davis, TX 79734
Telephone: 832-916-0843 E-Mail Address (optional): cglezen@yahoo.com
Location of Property: Tax Map 043 Lot Number _____
Local Street Address: 19 Minister Field Rd.

Description of Proposed Work must be attached to this application and must include existing and proposed floor plans and any Change of Use of a present structure if applicable. A Property Boundary Sketch showing the location of all existing and proposed structures must also be attached.

Please indicate and attach other document(s) that are to be filled with the Town:

☒ Building Permit Application ☐ Plumbing Permit Application
☒ Subsurface Wastewater Disposal ☐ Change of Use Proposal

A \$25.00 Application Fee is charged. Payment must accompany permit applications. Please make check payable to: Stonington Sanitary District.

Please Take Note: If you application requires the installation of a septic tank to be connected to the SSD system, a Pipeline and Septic Tank Easement must be signed once the plumbing inspector has approved the installation.

Date: June 26, 2024 Carlisle Glezen Carlisle Glezen
Owner's Printed Name Owner's or Agents Signature

District Use Only

Permit ☐ Approved
☐ Denied
☐ More Information Required
☐ Inspection Required
☐ N/A (Not Applicable)

Permit Conditions: _____

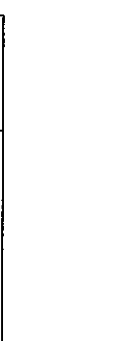
Hook-Up Fee: _____

Date: _____ SSD Board Member: _____

Inspection ☐ Satisfactory ☐ Unsatisfactory

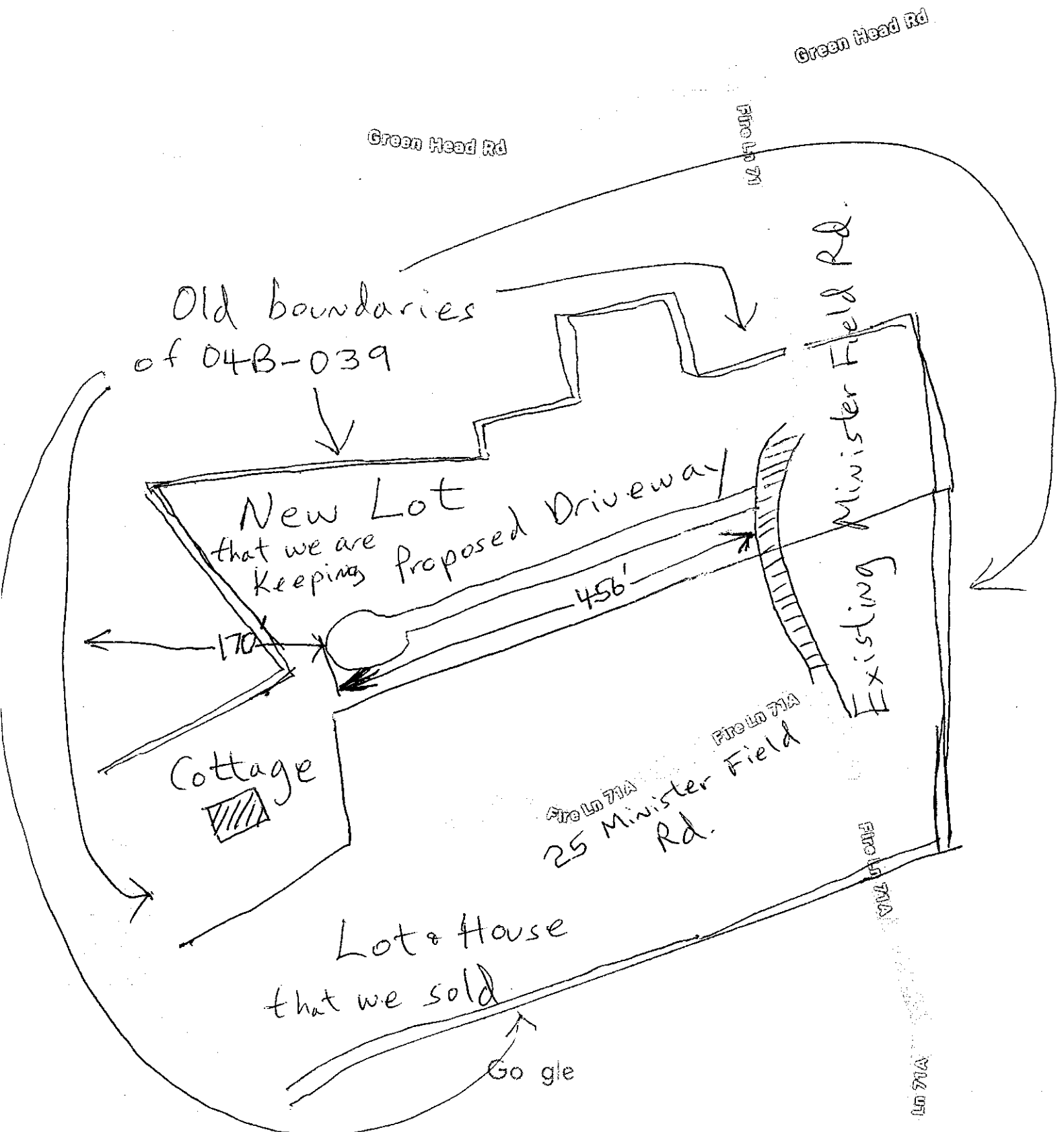
Date: _____ SSD Board Member: _____

Approved: 8-26-15



Go gle Maps

Glezen Green Head Property



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	Stonington
Street or Road	Minister Field Rd (19)
Subdivision, Lot #	04B, 0398

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City	Permit #	
Date Permit Issued	Fee: \$	Double Fee Charged []
Local Plumbing Inspector Signature		L.P.I. #

[] Owner [] Town [] State

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Glezen, Carl, B	
Mailing Address of Owner/Applicant	102 Arrowhead Dr Fort Davis, TX 79734
Daytime Tel. #	(832)-916-0843

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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.

Municipal Tax Map # Lot #

OWNER OR APPLICANT STATEMENT

I state and acknowledge 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.

Carlisle Glezen 6-26-24
Signature of Owner or 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 Application.

(1st) date approved

Local Plumbing Inspector Signature (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: Tank Year installed: Pre 1974 <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 3 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: <input type="checkbox"/> 3. Other: (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Private <input type="checkbox"/> <input type="checkbox"/> Public <input type="checkbox"/> Other Drilled in front of Neighboring House
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: 1000 GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input checked="" type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: Concrete Chambers SIZE: 320 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. tanks in series <input type="checkbox"/> c. increase in tank capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 180 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE: CONDITION 3 / D/III at Observation Hole # TP-1 Depth 12" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44 d 9 m 7 s Lon. 68 d 40 m 35 s if g.p.s, state margin of error: 30'

SITE EVALUATOR STATEMENT

I certify that on 10/17/23 (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).

Aaron Leighton
Site Evaluator Signature

00439

SE #

11/3/23

Date

Aaron Leighton

Site Evaluator Name Printed

(207)-598-6515

Telephone Number

aleighton94@outlook.com

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

Page 1 of 3
HHE-200 Rev. 08/2011

SUBSURFACE WASTE WATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207)287-5672 Fax:(207)287-3165

Town, City, Plantation

Stonington

Street, Road, Subdivision

1925 Minister Field Rd

Owner's Name

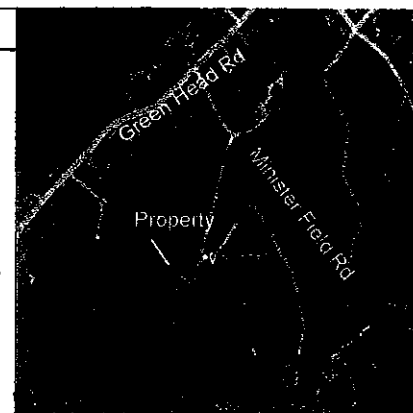
Carl Glezen

SITE PLAN

Scale 1"= 50 ft. or as shown

ERP 1 - A nail with a pink ribbon in an 10" Spruce tree that is 24" up from the ground.
ELEV: 0"

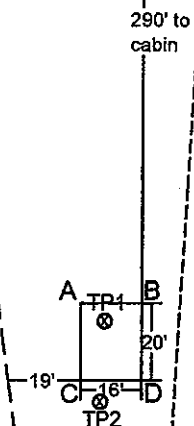
ERP 2 - A nail with a pink ribbon in an 8" Ash tree that is 32" up from the ground.
ELEV : 0"



Corner Reference from ERP

	ERP 1	ERP 2
A	29'-6"	40'-2"
B	41'-5"	48'-8"
C	19'-0"	23'-3"
D	34'-8"	35'-10"

Approximate new property line location per owner.



Potential Driveway Location

A-B 1° N

A-C 89° E

Install (10) H-20 4X8 Side Feed Flow Diffuser Concrete Chambers

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

Observation Hole TP 1 ☒ Test Pit ☐ Boring
3 "Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loam	Friable	Dark Brown	Non Evident
Loamy Sand	Firm	Dark Brown	Common Concentrations
Bedrock			
Limit of Investigation			

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
3 D/AIII	4 %	12 "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole TP 2 ☒ Test Pit ☐ Boring
1 "Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
	Friable	Dark Brown	Non Evident
Sandy Loam	Firm	Very Dark Grayish Brown	Common Concentrations
Bedrock			
Limit of Investigation			

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
3 C/AIII	10 %	22 "	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Ann Leight

Site Evaluator Signature

00439

SE#

11/3/23

Date

Page 2 of 3
HHE-200Rev.02/11

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207)287-5672 Fax: (207)287-3165

Town, City, Plantation

Street, Road, Subdivision

Stonington

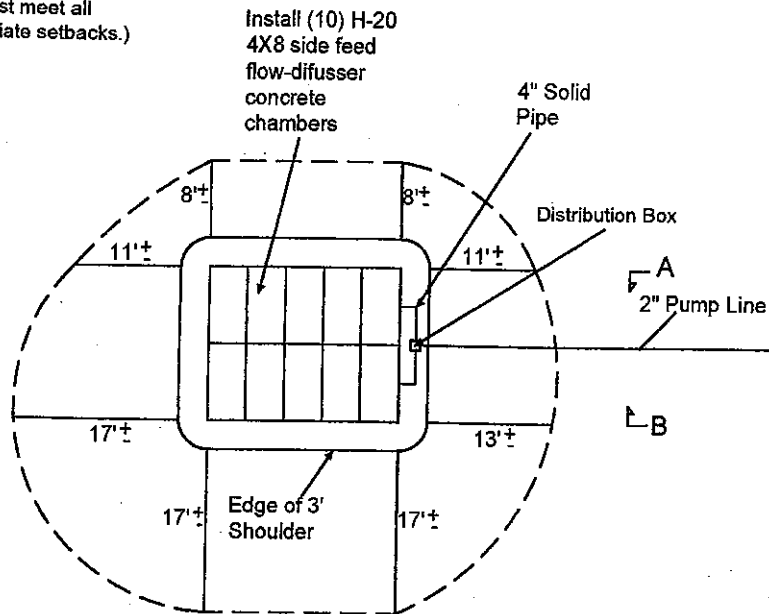
19 ~~25~~ Minister Field Rd

Owner's Name

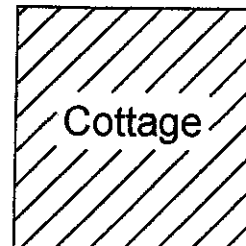
Carl Glezen

SUBSURFACE WASTEWATER DISPOSAL PLAN

Note: Final Location of the Septic Tank and Distribution Box may be determined by the Installer (with approval of LPI, must meet all appropriate setbacks.)



0
SCALE: 1" = 20 FT.



1000 Gallon Septic Tank/ with pump station or a separate pump tank be utilized on the outlet end of the septic tank.

From House: 4" Solid Sch 40 Pipe, Pitch $\frac{1}{4}$ " per foot minimum.

2" Pump Line

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 31"

Finished Grade Elevation (At Corner Stakes) -32"

Location & Description: Pg 2

Depth of Fill (Downslope) 39"-51"

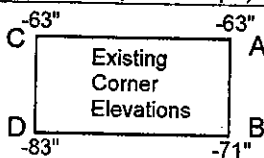
Top of Distribution Pipe or Proprietary Device -44"

-44"

Reference Elevation: 0"

Bottom of Disposal Area -57"

-57"



DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ft.

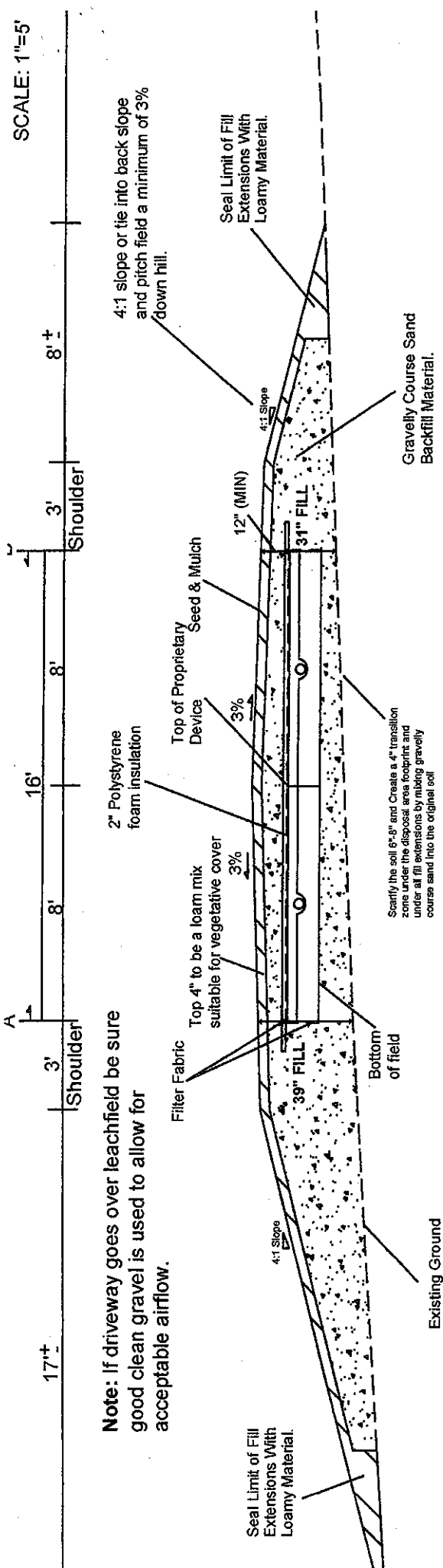
Vertical 1" = ft.

- Install using current eljen (Geotextile Sand Filter) Maine Design & Installation Manual.
- All systems are located within owner/ applicants property as per the owner/ owners representative.
- Install all erosion control methods if needed before construction.
- Septic tank to be 8' minimum from building and water tight (one-piece tank recommended).
- Final grading to be completed so that surface and groundwater are diverted from the disposal field.
- Protect all piping and distribution box from frost/freezing.
- Well to be a minimum of 100' from septic system, 50' minimum from septic tank.
- Septic Tank to have access from finish grade. Pump tank to have access covers at grade. Tank with outlet filter to have access cover at grade on outlet end.
- THIS SYSTEM IS NOT DESIGNED FOR BACKWASH FROM A WATER SOFTNER.
- THIS SYSTEM IS NOT DESIGNED FOR A VEHICULAR LOAD.
- Disposal field to be 20' min from foundation or frost wall, or 15' from slab.

Am Leight

00439

11/3/23

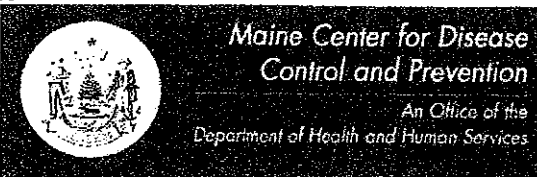


Bearings		
	ERP 1	ERP 2
A	122 SE	107 E
B	141 SE	123 SE
C	166 S	126 SE
D	168 S	144 SE

Backfill Textural Gradation	
Sieve Size	Percent Passing by Weight
3 inches	100
#4	75-100
#10	50-100
#60	10-50
#100	2-20
#200	2-8
Clay Fraction	0-2

Additional Notes:

1. Remove organic duff or turf layer as well as trees, stumps, and large rocks; scarify soil beneath bed fill and fill extensions before adding backfill.
2. Do not install if ground is wet or frozen.
3. All materials and installation shall be in accordance with the Maine Subsurface Wastewater Disposal Rules dated 09/23/2023 and the most current Eljen Design & Installation manual.
4. If more than 18" of cover is placed over bed, than system must be vented.
5. Fill extension length may vary do to irregularities on the ground.



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION		Town of <u>Stonington</u>
Property Owner's Name: <u>Carl Glezen</u>	Tel. No.: <u>(832)-416-0843</u>	
System's Location: <u>19 Minister Field Rd Stonington, ME</u>		
Property Owner's Address: <u>102 Arrowhead Dr Port Davis, TX</u>	Zip Code <u>79734</u>	
e-mail address: <u>cglezen@yahoo.com</u>		

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)		SECTION OF RULE
1. <u>Septic / dosing tank setback to Ocean be reduced from 100' to 50'</u>		<u>Section 9 septic tank to major waterbody</u>
2. _____		
3. _____		
SITE EVALUATOR		
<p>When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.</p>		
<u>The septic tank and dosing tank to be water tight. water tight</u>		
I, <u>Aaron Leighton</u> , S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.		<u>11/11/23</u>
SIGNATURE OF SITE EVALUATOR		DATE

PROPERTY OWNER	
I, <u>Carlisle Glezen</u> , am the <input checked="" type="checkbox"/> owner <input type="checkbox"/> agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.	
<u>Carlisle Glezen</u>	<u>6-26-24</u>
<input checked="" type="checkbox"/> SIGNATURE OF OWNER	DATE
<input type="checkbox"/> AGENT FOR THE OWNER	

LOCAL PLUMBING INSPECTOR - Approval at local level

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) approve the requested variance. I (☐ will ☐ will not) issue a permit for the system's installation as proposed by the application.

LPI Signature_____
Date**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, _____, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (☐ does ☐ does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (☐ do ☐ do not) recommend the issuance of a permit for the system's installation as proposed by the application.

LPI Signature_____
Date**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (☐ does ☐ does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

SIGNATURE OF THE DEPARTMENT_____
DATE

- Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)
2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One): ☐ Outside Shoreland Zone-50 ☐ Inside Shoreland Zone-65 ☐ Subdivision-65

Fill in BACK part
of Buddy Appalator

Tues Standalone 25.-

ROAD Permit 50.-

ADDITION - 25.-

+100.-

ROAD - when get to 150.-
250 HAS TO GO TO P/B

102 Arrowhead Dr.
Fort Davis, TX 79734

6-28-24

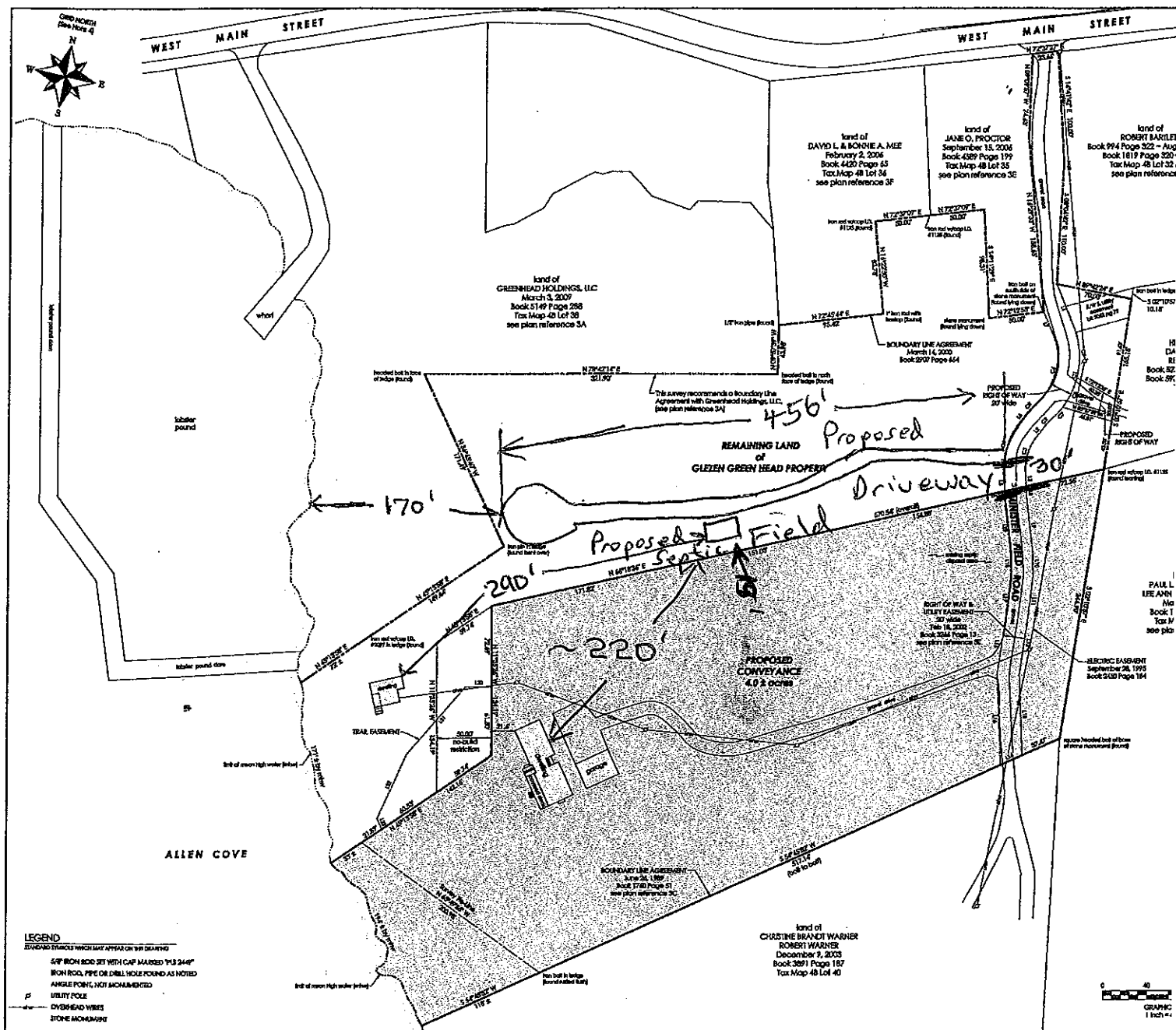
Dear Mr. Billings

Please find my permit applications
for a ~456' gravel driveway and
a septic drainage field attached
for Map 04B - Lot 39 located
on 19 Minister Field Road.

Please give Mr. Betts his 3 copies
of the SSWD System Permit
application and let me know what
the permit fees are.

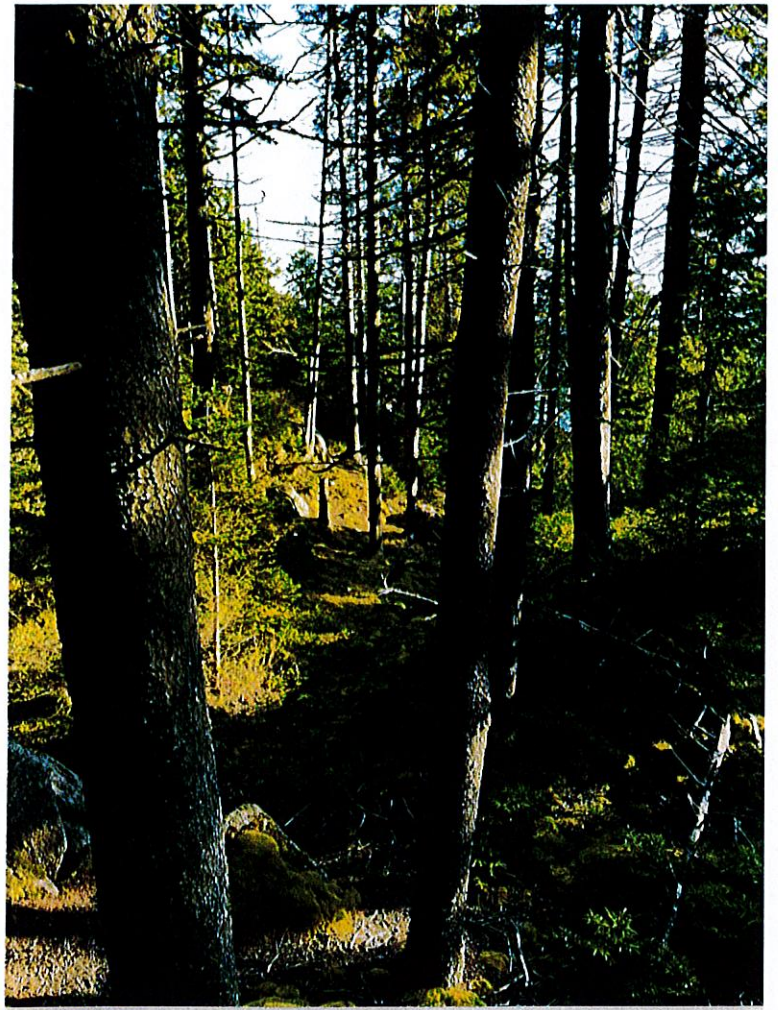
Please feel free to contact me at
832-916-0843 or cglezen@yahoo.com

Sincerely,
Carlisle Glezen



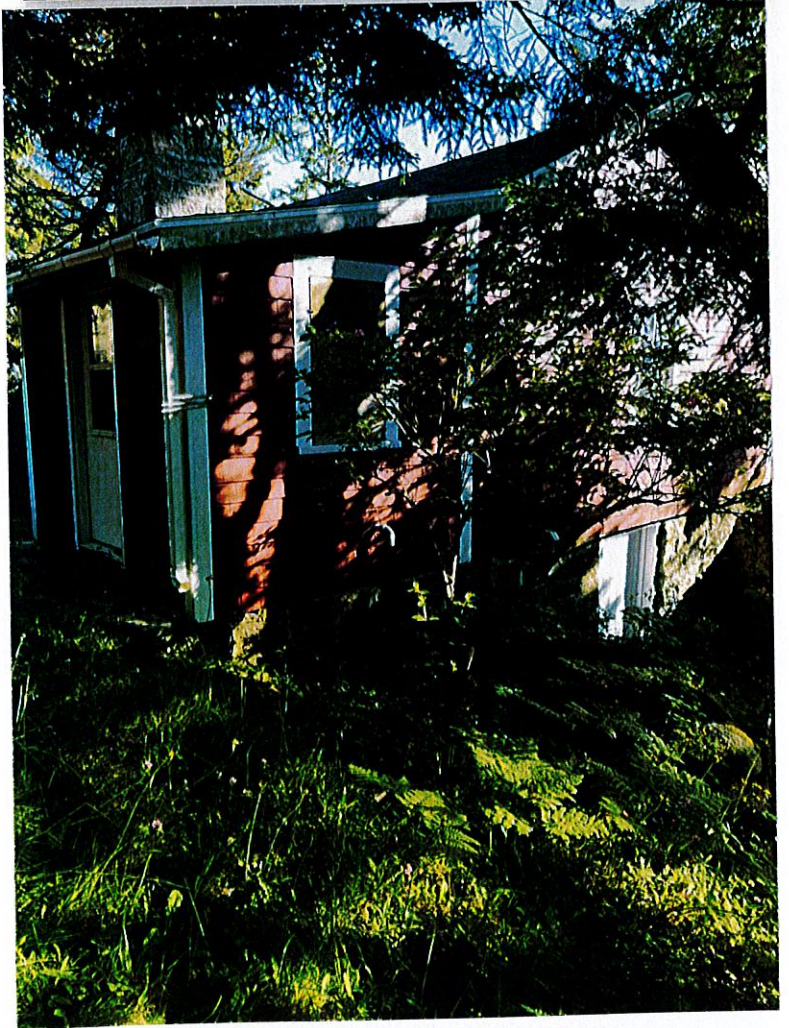
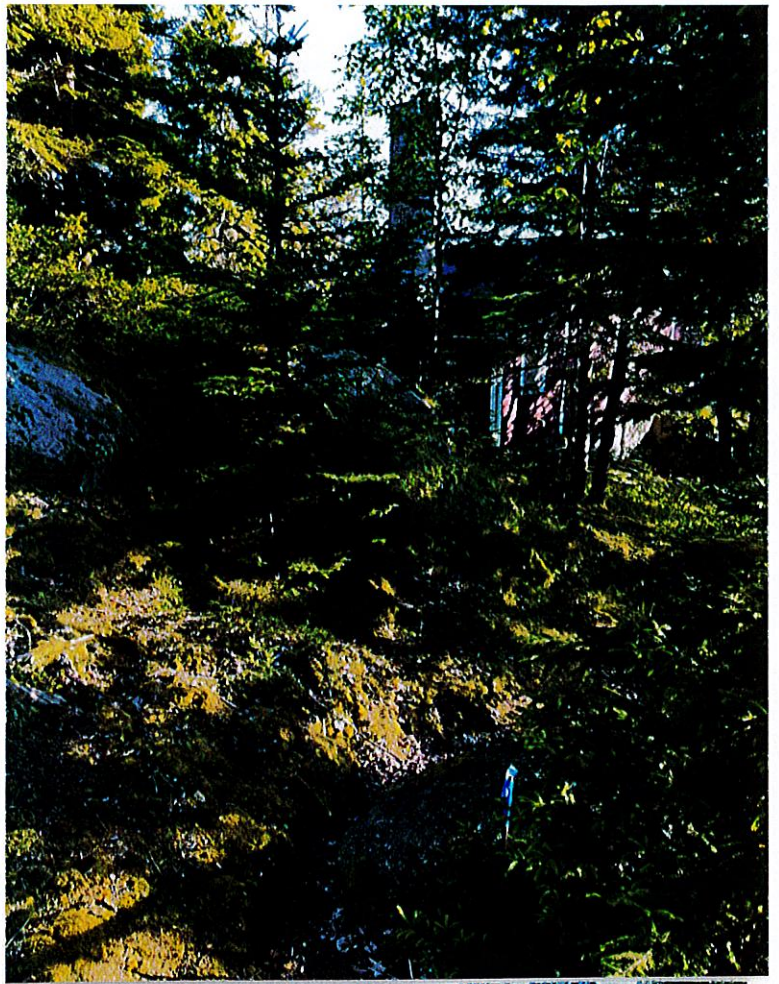
Map D4B Lot 039

Foot Path to Cottage and
cottage



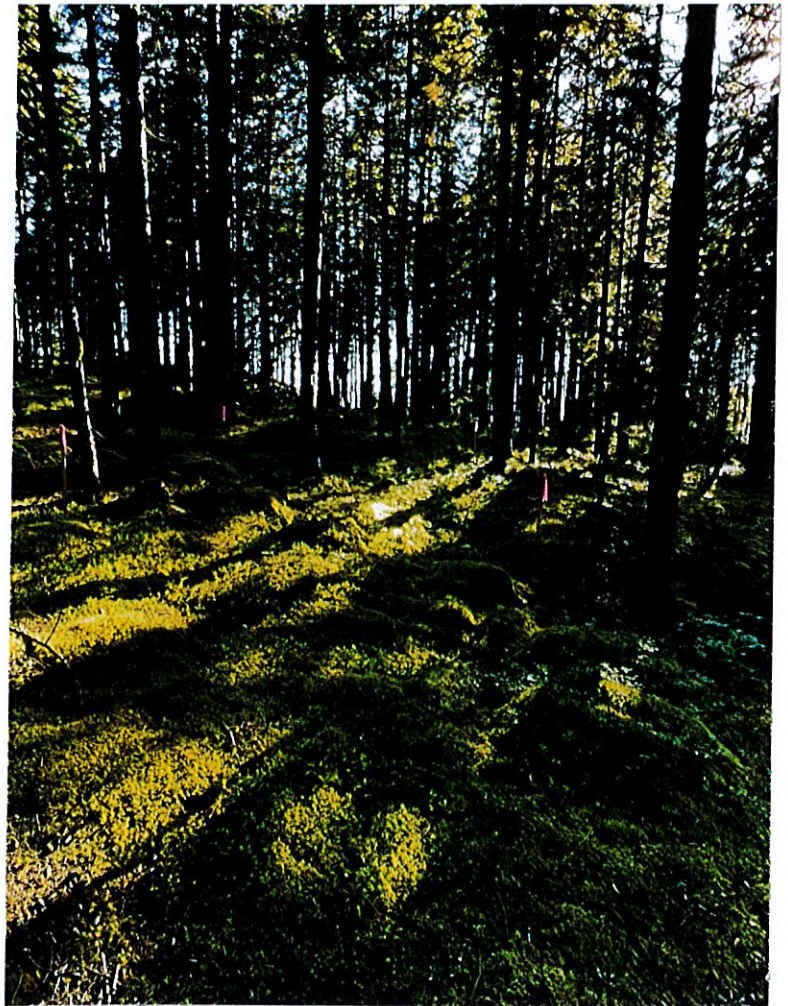
1
Foot path to
cottage from end
of driveway

Southside of Cottage



Footpath 2

Northside of Cottage



Map 04B
Lot 039

Septic Drainage Field



Proposed driveway terminus
and parking area

Proposed driveway entrance¹

