

DURHAM PLANNING BOARD
VIRTUAL REGULAR MEETING
AGENDA
April 7, 2021

Town of Durham Planning Board: Anne Torregrossa, Chair; Juliet Caplinger, Vice Chair; Wesley Grover; Allan Purinton; and Ron Williams.

1. Call to Order, 6:30 p.m.

2. Conditional Use Permit Application:

Planche Daycare
1052 Royalsborough Rd.

3. Subdivision Application:

Royalsborough Road Subdivision
1330 Royalsborough Rd.

4. Other Business

5. Adjourn

The meeting will be accessible at: <https://us02web.zoom.us/j/86866764890>. The meeting ID is: **868 6676 4890**.

Zoom meetings are also accessible via telephone at: (929)205-6099.

Supporting materials for the Royalsborough Road Subdivision application may be found at:

<https://bit.ly/3wmv0hZ>



Town of Durham
CONDITIONAL USE & SITE
PLAN REVIEW
Final Findings

Conditional Use Application of: Cindy & Troy Planche

Location: 1052 Royalsborough Road, Durham, Maine

Date: 4/22/2020

In consideration of the criteria below, the Planning Board finds that the application meets these criteria and is approved.

Article 7 Conditional Use

1. Public Health Impacts: The proposed use will not create unsanitary or unhealthful conditions by reason of sewage disposal, emissions to the air or water, or other aspects of its design or operation;

Motion:

The proposed use will not create unsanitary or unhealthful conditions by reason of sewage disposal because it includes the construction of an appropriately permitted subsurface wastewater disposal system; the use does not create emissions to the air or water. No other aspects of the operation are anticipated to create unsanitary or unhealthful conditions. A condition shall be added that the upgraded septic, as designed, shall be completed before the daycare opens.

M. Simoneau; Second Purington. 5-0.

2. Traffic Safety Impacts: The proposed use will not create unsafe vehicular or pedestrian traffic conditions when added to existing and foreseeable traffic in its vicinity;

Motion:

The proposed use will not create unsafe vehicular or pedestrian traffic conditions when added to existing and foreseeable traffic in its vicinity; the applicant indicates that the use will generate 12-15 vehicles per day, which is less than prior uses in the building.

M. Simoneau; Second Caplinger. 5-0

3. Public Safety Impacts: The proposed use will not create public safety problems which

would be substantially different from those created by existing uses in the neighborhood or require a substantially greater degree of municipal services than existing uses in the neighborhood;

Motion:

The proposed use will not create public safety impacts substantially different from those created by other uses or require a substantially greater degree of municipal services than existing uses in this area of the town; the project includes upgrades to the life safety systems in the building and State permits for the Daycare include routine inspections by the Fire Marshals Office. Waste generated will be disposed by a private hauling contract.

M. Simoneau; Second Purington. 5-0.

4. Environmental Impacts: The proposed use will not result in sedimentation or erosion, or have an adverse effect on water supplies;

Motion:

The proposed use will not result in sedimentation or erosion, or have an adverse effect on water supplies; it is an existing stabilized site with no erosion issues and the changes to the site are minimal.

M. Simoneau; Second Purington. 5-0.

5. Scale & Intensity of Use: The proposed use will be compatible with existing uses in the neighborhood, with respect to physical size, visual impact, intensity of use, and proximity to other structures;

Motion: The proposed use will be compatible with existing uses in the neighborhood, with respect to physical size, visual impact, intensity of use, and proximity to other structures; the building is existing at the site, there is a 36'X50' play area being added with a stockade fence to screen it from the public way and intensity of use will be less than previous uses.

M. Simoneau; Second Purington. 5-0.

6. Noise & Hours of Operation: The proposed use will be compatible with existing uses in the neighborhood, with respect to the generation of noise and hours of operation;

Motion: The proposed use will be compatible with existing uses in the neighborhood, with respect to the generation of noise and hours of operation; the daycare will operate from 7:00 AM to 5:30 PM, Monday through Friday, noise generation will consist of vehicle doors during drop off and pick-up, plus children playing, which is not incompatible with the residential and other businesses uses in the neighborhood.

M. Torregrossa; Second Simoneau. 5-0.

7. Right, Title, or Interest: The applicant has sufficient right, title or interest in the site of the proposed use to be able to carry out the proposed use; and,

Motion: The applicant has sufficient right, title or interest in the site of the proposed use to be able to carry out the proposed use, as demonstrated by the deed submitted as part of the application.

M. Simoneau; Second Torregrossa. 5-0.

8. Financial & Technical Ability: The applicant has the financial and technical ability to meet the standards of this Section and to comply with any conditions imposed by the Planning Board pursuant to subsection 7.5.

Motion: The applicant has the financial ability to install the septic system as designed, which is estimated to cost \$16,000 and the fencing, which is estimated to cost \$4,000. The applicant has provided a bank letter showing available funds in excess of those amounts. The septic will be installed by a professional installation company and the applicant has sufficient technical experience to install the fencing.

M. Torregrossa; Second Simoneau. 5-0.

Conditions:

1. The upgraded septic, as designed, shall be completed before the daycare opens.
2. The installation of the fencing, as shown on the site plan, shall be completed prior to opening.
3. Applicant shall obtain all state approvals prior to opening.

M. Torregrossa; Second Simoneau. 5-0.

Motion to grant conditional use approval, with the listed conditions.

M. Torregrossa; Second Simoneau. 5-0.



Town of Durham CONDITIONAL USE PERMIT

Date: April 22, 2020

Permit No.: 2015

Applicant(s): Troy and Cindy Planche

Location: 1052 Royalsborough Road
Map 007 Lot 104

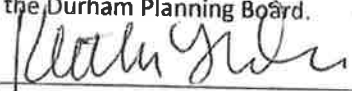
As of this date, the Durham Planning Board hereby grants conditional approval to applicant for the purpose of conducting a Daycare Center as described and presented in the applicant's Conditional Use Permit Application, with the following conditions:

1. The upgraded septic, as designed, shall be completed before the daycare opens.
2. The installation of the fencing, as shown on the site plan, shall be completed prior to opening.
3. Applicant shall obtain all state approvals prior to opening.

This approval shall remain in effect on a continuing basis so long as the use remains as requested. If the conditions upon which this permit is granted change, the applicant is required to request an amendment. Should the activity cease for a period of more than one year, this approval will no longer be in effect.

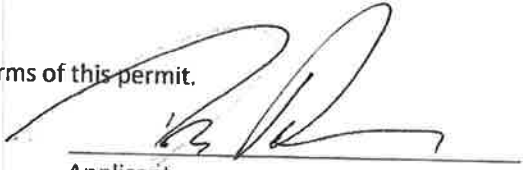
This permit is issued consistent with the decision and findings of the Durham Planning Board.

Date: 5/7/2020


Secretary, Durham Planning Board

I (we) have read, understand and agree to abide by the terms of this permit.

Date:


Applicant

Date:


Applicant



TOWN OF DURHAM
630 Hallowell Road
Durham, Maine 04222

Office of Codes Enforcement

Tel. (207) 376-6558

Fax: (207) 353-5367

**CONDITIONAL
USE
PERMIT
APPLICATION**

CONDITIONAL USE PERMIT APPLICATION

map 7 lot 104

Applicants name Troy & Cindy Planché Phone 207 402-0515

property address 1052 Rogersborough Rd Durham

mailing address same

zoning district

overlay district

are you the property owner yes no

evidence of right, title, or interest, yes no

residential commercial

is this property in a subdivision yes no

is this property in a flood zone yes no

are there any wetlands on or near the property yes no

are there current or incomplete permits on this property yes no

intended use of property, dwelling, or structure (be specific)

Childcare for 4-5 kids

present use of land and buildings childcare

will this constitute a change of use yes no

OTHER PERMITS

Army Corps of Engineers yes no

Dept of Environmental Protection yes no

Environmental Protection Agency yes no

Maine Department of Transportation yes no

other _____

FEE PAID \$ 50 DATE 3/4/21

Note; inspections are required at all phases of construction. Contact the CEO at 207-376-6558 to schedule inspections. No work shall continue until a notice to proceed has been issued by the CEO following each inspection.

No building hereafter erected shall be occupied or used, in whole or in part, without a **CERTIFICATE OF OCCUPANCY** or a temporary certificate of occupancy issued by the CEO of the TOWN of DURHAM ME. In accordance with the laws and ordinances of the town of Durham Me

I hereby acknowledge that I have read this application and state that my answers are correct and agree to comply with all town ordinances and State and Federal laws regarding building construction and land use.

I further agree that no work shall commence until all applicable permits are issued and in place .

I agree to keep my permit posted at the location indicated and visible to the public.

[Signature] date received 3/4/21
signature of applicant

[Signature]
signature of CEO



TOWN OF DURHAM
630 Hallowell Road
Durham, Maine 04222

Office of Code Enforcement
and Planning

Tel. (207) 376-6558
Fax: (207) 353-5367

CONDITIONAL USE PERMIT APPLICATION

Please read the Conditional User Permit Application Instructions and meet with the Code Enforcement Officer before completing this Application.

PART I. PROPERTY INFORMATION

Applicant's name and address:

Troy & Lindsey Planché
197 Rabbit Rd
Durham ME 04222

Owner's name and address: (if different than applicant)

Property address: 1052 Royalborough Rd

Property tax map: 7 and lot: 104

Property zone(s) (list all):

Property overlay zone(s) (list all):

Current approved property use: child care

Is this property in a subdivision: Yes No

Is any part of this property in a flood plain: Yes No

Will there be any new structures, expansions of existing structures, or the construction or expansion of parking areas: Yes No

PART II. PROPOSED USE

Please fully describe the proposed use; including all of the following (you may attach separate or additional sheets):

- Describe the proposed use in detail
- Hours of operation
- Plans for waste disposal
- Anticipated traffic (deliveries, customers, etc.)
- Other relevant information on the proposed use

- we plan to use the property for forty children.
we currently are licensed for twenty.

- we will be open from 7-5:30

- we installed a fifty person septic, designed attached

- 25 vehicles

no other information

PART III. CONDITIONAL USE STANDARDS

For each standard, describe how what potential impacts your project might have, how your project meets the standard, and what documents the Planning Board should refer to that support your position.

- A. **Public Health Impacts:** The proposed use will not create unsanitary or unhealthful conditions by reason of sewage disposal, emissions to the air or water, or other aspects of its design or operation.

Please include how you will address any sewage disposal (septic, etc.), any fumes or air emissions, any discharge or runoff that might pollute water, trash, and other potential public health impacts.

Why your project won't create any public health impacts:

All trash goes into a dumpster, as required by the Town of Durham.

All sewage is disposed into the town approved septic installed august 2020, which is rated for fifty people.

Relevant documents:

plot plan & septic design

- B. Traffic Safety Impacts:** The proposed use will not create unsafe vehicular or pedestrian traffic conditions when added to existing and foreseeable traffic in its vicinity.

Please include how much and the type of traffic you anticipate, hours of traffic, type of traffic currently on the road, any entrance permits, entrance sight distances, hazardous intersections in the area, traffic studies, etc.

Why your project won't create any traffic safety impacts:

See plot plan for distances

hours 7-8 : 430-530

NO Intersections in the area

Relevant documents:

Plot plan

- C. **Public Safety Impacts:** The proposed use will not create public safety problems which would be substantially different from those created by existing uses in the neighborhood or require a substantially greater degree of municipal services than existing uses in the neighborhood.

Please include a description of the types of surrounding uses (residential, home businesses, commercial businesses, farms, etc.); the types of public safety problems your use might pose and how you will address them; and the types of municipal services your use will require (education, trash disposal, fire protection, law enforcement protection, etc.).

Why your project won't create public safety problems that are substantially different from the surrounding uses:

Residential & commercial, we don't then will be not public safety for this use. Trash removal is done by waste management

Why your project won't require a substantially greater degree of municipal services than the surrounding uses:

We don't require municipal services

Relevant documents:

- D. Environmental Impacts:** The proposed use will not result in sedimentation or erosion, or have an adverse effect on water supplies.

Please identify any nearby natural resources (ponds, streams, vernal pools, etc.) and describe whether your project could have an impact on any of those resources and the steps you are taking to prevent any such impact. If you are removing any vegetation or doing any site work, describe those plans and what erosion or sedimentation control procedures you will be taking. If your project could have runoff or leaching, identify the nearby wells and resources that could be impacted and the measures you are taking to prevent any impact.

Why your project won't result in sedimentation or erosion:

There are no ponds or streams on the property

Why your project won't have an adverse effect on water supplies:

We have installed a new septic system, which was approved by the Town of Durham (August 2020)

Relevant documents:

F. Noise & Hours of Operation: The proposed use will be compatible with existing uses in the neighborhood, with respect to the generation of noise and hours of operation.

Please describe your hours of operation and any noise that your use may generate. Describe the impact those hours and noise could have on surrounding uses and how your use will not be incompatible with the surrounding uses.

Why your project will be compatible with existing uses in terms of noise and hours of operation:

7-530
Noise from outdoor play is 11:00-12:00 and
330-430
There is ~~be~~ no impact, as we have installed
a stockade fence as required by the
Town of Durham in our last meeting.

Relevant documents:

E. **Scale & Intensity of Use:** The proposed use will be compatible with existing uses in the neighborhood, with respect to physical size, visual impact, intensity of use, and proximity to other structures.

Please include a description of the types of surrounding uses (residential, home businesses, commercial businesses, farms, etc.), how close they will be to your project, and whether and how much those surrounding uses will be able to see your operations. Describe how your project fits in with the neighborhood and identify any screening or other steps you will take to minimize the impact on surrounding uses.

Why your project will be compatible with surrounding uses:

As proposed by the Town of Durham, we installed a barrier wood stockade fence to reduce sound & visual impact on the surrounding properties.
Residential & Commercial

Relevant documents:

[Empty box for relevant documents]

Evidence of financial capacity:

N/A

Evidence of technical capacity:

N/A

Relevant documents:

- G. Right, Title, or Interest:** The applicant has sufficient right, title or interest in the site of the proposed use to be able to carry out the proposed use.

Identify the type of right, title, and interest that you hold in the property (deed, purchase and sale agreement, lease, easement, etc.).

Right, title, and interest:

Deed

Relevant documents:

enclosed

- H. Financial & Technical Ability:** The applicant has the financial and technical ability to meet the standards of this Section and to comply with any conditions imposed by the Planning Board pursuant to subsection 7.5.

Please identify the cost of the project and any required compliance measures. Provide evidence that you have the financial capacity to meet those standards. Please also identify the experience that you have with the type of proposed use. If your project involves building construction and/or site development, what types of professional services have you or will you employ to address technical design issues like wetland mapping and storm drainage analysis? Who will be inspecting the work to ensure that it meets required regulatory performance standards and industry quality standards? The details of construction and financial & technical capacity will be reviewed during site plan approval (if required), but a general indication and discussion is needed for conditional use review and also for implementation of required conditions of approval (if any).

Estimated cost of the project and compliance:

Ø

PART IV. SPECIFIC PERFORMANCE STANDARDS

Per Section 7.4.B., please identify any additional performance standards contained in the Land Use Ordinance that apply to your project and identify how you meet those standards (add additional standards/sheets as required). As an example, if your project is a campground, you need to document how you meet the specific standards of Section 5.8 as well as the general criteria for a conditional use review. If your project requires separate site plan review and approval, you can address the site plan performance standards in your site plan application.

A. **Specific Standard: (Section Reference)**

Performance standard:

N/A Already in operation as a childcare

How you meet that standard:

N/A

Relevant documents:

Janet T Mills
Governor



**Maine Department of Public Safety
State Fire Marshal's Office
52 State House Station
Augusta, Maine 04333-0052**



Michael Sauschuck
Commissioner
Chief Joseph Thomas
State Fire Marshal
Phone: 207-626-3870
Fax: 207-287-6251

Statement of Deficiencies and Plan of Corrections

Facility Name: Little Owl's Day Care
Location: 1052 Royalsborough Rd.
Durham, ME 04222
Facility Type: Day Care Center – 83 children
Telephone : 207-402-0515
Resource ID : 740834 File: 86453

Owner Name:
Address:

Date:

During an inspection of your facility a certified State Inspector has found the following violations.

In this right hand column you are required to indicate how and when you will have these violations corrected. Complete this information and return this "Plan of Correction" to the above address within 10 days of receipt of this statement.

Maximum capacity 83 children
Main Room – 35 children
Indoor Play Room – 14 children
2 – 5 year old's Room – 15 children
Infant Room – 19 children

Pending P.O.C.

Date of Inspection: 1/22/21
Inspector: Brittany M. White
cc:

Owner/Occupant Signature:
Date:

SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: 7/31/2020 10:00am Inspection/Test Completion Date/Time: 7/31/2020 10:45am

Supplemental Form(s) Attached: yes (yes/no)

1. PROPERTY INFORMATION

Name of property: American Kicks/ Little Owls Early Learning

Address: 1052 Royalsborough Road Durham, Maine

Description of property: Gym/School

Name of property representative: Troy Planche

Address: N/A

Phone: 603-440-9761 Fax: N/A E-mail: troy@actglass.com

2. TESTING AND MONITORING INFORMATION

Testing organization: Seacoast Security

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: service@seacoastsecurity.com

Monitoring organization: Seacoast Security - West Rockport, ME 04865

Address: 290 West Street, PO Box A - West Rockport, ME 04865

Phone: 800-654-8800 Fax: 207-236-4051 E-mail: data@seacoastsecurity.com

Account number: SLK-1027 Phone line 1: N/A Phone line 2: N/A

Means of transmission: Starlink LTE

Entity to which alarms are retransmitted: Seacoast Security Phone: 800-654-8800

3. DOCUMENTATION

On-site location of the required record documents and site-specific software: Unknown

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: Firelite Model number: MS-10JD

4.2 Software and Firmware

Firmware revision number: 3.1

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: 122V Amps: _____ Location: In FACP

Overcurrent protection type: Breaker Amps: 15 Disconnecting means location: Office Panel Ckt

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Type: Battery Location: In FACP

Battery type (if applicable): Sealed Lead Acid (2 12V 7Ah)

Calculated capacity of batteries to drive the system:

In standby mode (hours): Unknown In alarm mode (minutes): Unknown

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: <u>Seacoast Security</u>	Time: <u>10:00am</u>
Building management	Contact: <u>Troy</u>	Time: <u>10:00am</u>
Building occupants	Contact: <u>Yes</u>	Time: <u>10:00am</u>
Authority having jurisdiction	Contact: <u>Durham Fire Department</u>	Time: <u>10:00am</u>
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDs/LCDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Ground-fault monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Supervision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Local annunciator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Communicator	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	New 7/2020
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Charger test	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	N/A

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

6. TESTING RESULTS (continued)

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:45am	
Alarm restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:45am	
Trouble signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:45am	
Trouble restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10:45am	
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		N/A
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		N/A

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: <u>Seacoast Security</u>	Time: <u>10:45am</u>
Building management	Contact: <u>Troy</u>	Time: <u>10:45am</u>
Building occupants	Contact: <u>Yes</u>	Time: <u>10:45am</u>
Authority having jurisdiction	Contact: <u>Durham Fire Department</u>	Time: <u>10:45am</u>
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: 7/31/2020 Time: 10:45am

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: _____ Printed name: Haven Nelson Date: 7/31/2020

Organization: Seacoast Security Title: Alarm Technician Phone: 800-654-8800

Qualifications (refer to 10.5.3): _____

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

ZONE	DEVICE #	DEVICE	DESCRIPTION	TEST RESULTS
1	1-1	SMOKE DETECTOR	EARLY LEARNING ENTRY BY FACP	Pass
1	1-2	SMOKE DETECTOR	EARLY LEARNING NORTH	Pass
1	1-3	SMOKE DETECTOR	EARLY LEARNING CENTER	Pass
1	1-4	SMOKE DETECTOR	EARLY LEARNING SOUTH	Pass
2	2-1	PULL STATION	EARLY LEARNING ENTRY	Pass
2	2-2	PULL STATION	EARLY LEARNING SOUTH DOOR	Pass
3	3	HEAT DETECTOR	EARLY LEARNING BATHROOM	Pass
4	4	CO DETECTOR	EARLY LEARNING CENTER	Pass
5	5-1	SMOKE DETECTOR	GYM ENTRY	Pass
5	5-2	SMOKE DETECTOR	GYM HALL	Pass
5	5-3	SMOKE DETECTOR	GYM BIG WEIGHT ROOM	Pass
5	5-4	SMOKE DETECTOR	GYM SMALL WEIGHT ROOM	Pass
5	5-5	SMOKE DETECTOR	GYM TREADMILL ROOM	Pass
5	5-6	SMOKE DETECTOR	GYM OFFICE	Pass
6	6-1	PULL STATION	GYM ENTRY	Pass
6	6-2	PULL STATION	GYM SMALL WEIGHT ROOM	Pass
7	7-1	HEAT DETECTOR	GYM HVAC CLOSET	Pass
7	7-2	HEAT DETECTOR	GYM BATHROOM	Pass

DEVICE	DESCRIPTION	TEST RESULTS
HORN/STROBE	EARLY LEARNING ENTRY	Pass
HORN/STROBE	EARLY LEARNING NORTH	Pass
HORN/STROBE	EARLY LEARNING SOUTH	Pass
STROBE	EARLY LEARNING BATHROOM	Pass
HORN/STROBE	GYM ENTRY	Pass
HORN/STROBE	GYM BIG WEIGHT ROOM	Pass
HORN/STROBE	GYM SMALL WEIGHT ROOM	Pass
HORN/STROBE	GYM TREADMILL ROOM	Pass
STROBE	GYM BATHROOM	Pass

p
p

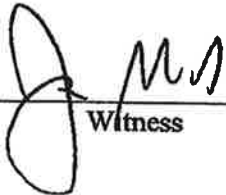
MAINE SHORT FORM WARRANTY DEED

I, **CLIFTON H. LARRABEE, Sr.** of Durham, Androscoggin County, Maine, for consideration paid, grant to **TROY D. PLANCHE and CINDY L. PLANCHE**, whose mailing address is 197 Rabbit Road, Durham, Maine, 04222, as joint tenants, with **WARRANTY COVENANTS as JOINT TENANTS**, a certain lot or parcel of land, with any buildings thereon, situated in Durham, County of Androscoggin, and State of Maine, being further described in the attached Exhibit A.

The premises are conveyed subject to any easements and restrictions of record, and this deed includes all rights, easements, privileges and appurtenances belonging to the premises hereinabove described.

WITNESS my hand this 30th day of July, 2010.

MAINE REAL ESTATE
TRANSFER TAX PAID



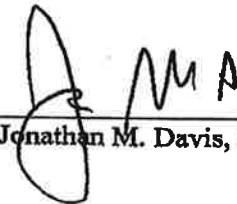
Witness



Clifton Larrabee, Sr.

STATE OF MAINE
COUNTY OF CUMBERLAND, SS

Then personally appeared the above named Clifton H. Larrabee, Sr., known to me, this 30th day of July, 2010 and acknowledged before me the foregoing instrument to be his free act and deed.



Jonathan M. Davis, Attorney At Law

EXHIBIT A

A certain lot or parcel of land, with any buildings thereon, situated in Durham of Androscoggin and State of Maine, bounded and described as follows:

Commencing at a point on the easterly side of Route 136, said point being at the northwesterly corner of the Town Lot; thence proceeding in a general northerly direction along said Route 136 for a distance of two hundred (200) feet, more or less to an iron pin; thence in a general easterly direction for a distance of three hundred (300) feet, more or less to an iron pin; thence in a general southerly direction and parallel with Route 136 to the Town Lot for a distance of two hundred (200) feet, more or less; thence in a general westerly direction along said Town Lot for a distance of three hundred (300) feet, more or less, and the point of beginning.

Being the same premises conveyed to Clifton H. Larrabee, Sr., by warranty deed from Charles W. Larrabee, Jr. and Ellen M. Larrabee dated July 26, 1994 and recorded in the Androscoggin County Registry of Deeds in Book 3304, Page 59.

Grantor and Grantees further covenant and agree as follows:

1. Grantor or his assigns will have the right to use the garage, the third bay and parts room located on the premises for a term of one (1) year from date of closing, and shall have the right to park vehicles between the woodshed and sewer system located on the premises for the same period.
2. Within one (1) year from the date of closing, Grantor will re-gravel the premises' parking area and remove any soiled gravel.

TOP
clp

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Durham	Town/City	<u>Durham</u> Permit # <u>2137</u>
Street or Road	1052 Royalsborough Road	Date Permit Issued	<u>7/27/20</u> Fee: \$ <u>295</u> Double Fee Charged []
Subdivision, Lot #		<i>Robert Foub</i>	L.P.I. # <u>1266</u>
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	Planche, Cindy & Troy	[Owner [Town [State	
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	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.	
Mailing Address of Owner/Applicant	197 Rabbit Road Durham, ME 04222		
Daytime Tel. #	(603) 440-9161		
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.		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant <i>Cindy Planche</i> Date <u>2/24/20</u>		Local Plumbing Inspector Signature <i>Robert Foub</i> <u>8/6/20</u> (1st) date approved <u>8/6/20</u> (2nd) date approved	

PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: <u>unknown</u> Year installed: <u>unknown</u> <input checked="" type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion (minor) <input checked="" type="checkbox"/> b. ≥ 25% Expansion (major) <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" 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 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 1.5± SQ. FT. XACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>Daycare/Health Club</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,500</u> GAL. *See notes p.2	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster arra <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1,375</u> Xsq. ft. 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 type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>510</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 45 kids/partic. @ 10gpd = 450gpd 5 employess @ 12gpd = 60gpd <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5 / D</u> at Observation Hole # <u>B-1/B-2</u> Depth <u>10</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 2. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Existing (see note p.2) Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>57</u> m <u>44</u> s Lon. <u>70</u> d <u>07</u> m <u>22</u> s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>2/14/2020</u> (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).		
<i>Bonnie J. Cobb</i> Site Evaluator Signature	368 SE #	<u>2/18/2020</u> Date
Bonnie J. Cobb Site Evaluator Name Printed	(207) 899-8397 Telephone Number	b.cobb@comcast.net E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

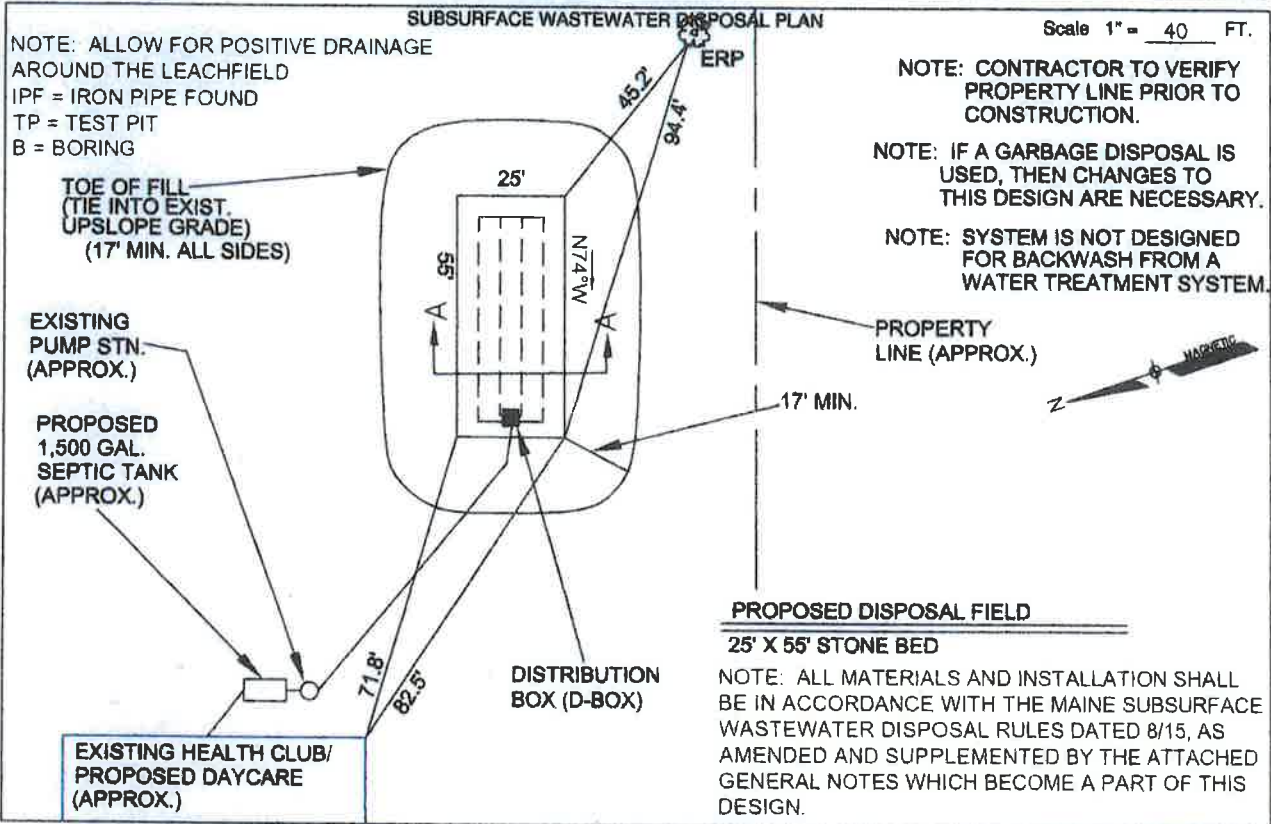
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Town, City, Plantation
 Durham

Street, Road, Subdivision
 1052 Royalsborough Road

Owner or Applicant Name
 Cindy & Troy Planche



BACKFILL REQUIREMENTS

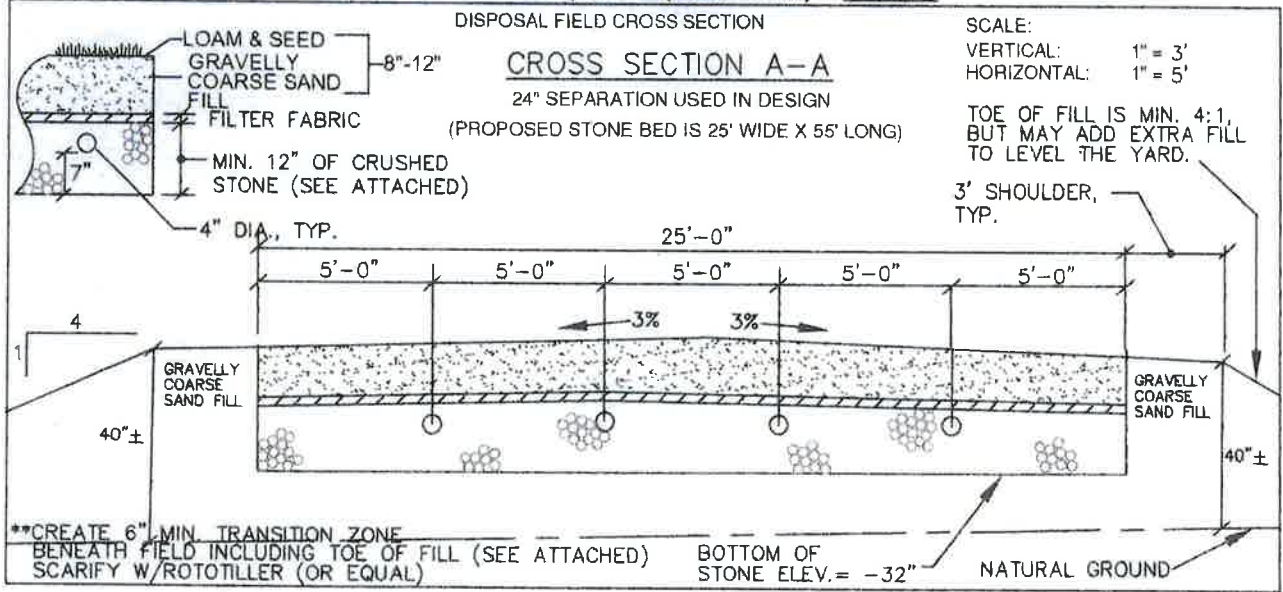
Depth of Fill (Upslope)	40"+
Depth of Fill (Downslope)	40"+

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-8"
Top of Distribution Pipe or Proprietary Device	-21"
Bottom of Disposal Area (Bottom of Stone)	-32"

ELEVATION REFERENCE POINT

Location & Description	Nail up 62" in a 4" dia. Poplar.
Reference Elevation	0"



Bainbridge
 Site Evaluator Signature

368
 SE #

Revised 4/10/2020
 2/18/20
 Date

