

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHG  
(207) 287-5672 FAX (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>&gt;&gt;CAUTION: LPI APPROVAL REQUIRED&lt;&lt;</b>	
City, Town, or Plantation	PORTLAND, GREAT DIAMOND ISLAND	Town/City	Permit #
Street or Road	VALLEY ROAD/ DEERING STREET	Date Permit Issued / /	Fee \$
Subdivision, Lot #			Double Fee Charged [ ]
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature	
Name (last, first, MI)	MCANDREW PETER & LAURA	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	P.O. BOX 224 GRANBY, CT 06035		
Daytime Tel. #	860-595-8430	Municipal Tax Map #	Lot #

<p style="text-align: center;"><b>OWNER OR APPLICANT STATEMENT</b></p> <p>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.</p> <p><i>Handwritten Signature: Danielle M. Mulken</i>      5-21-13 Signature of Owner/Applicant      Date</p>	<p style="text-align: center;"><b>CAUTION: INSPECTION REQUIRED</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p>Local Plumbing Inspector Signature: _____      (1st) Date Approved: _____</p> <p>Local Plumbing Inspector Signature: _____      (2nd) Date Approved: _____</p>
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<b>PERMIT INFORMATION</b>		
<p><b>TYPE OF APPLICATION</b></p> <p><input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____</p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. &lt;25% Expansion <input type="checkbox"/> b. &gt;25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p> <p><b>SIZE OF PROPERTY</b></p> <p>3 ACRES      <input type="checkbox"/> SQ. FT.      <input type="checkbox"/> ACRES</p> <p><b>SHORELAND ZONING</b></p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p><input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State &amp; Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State &amp; Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit</p> <p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)</p> <p>Current Use    <input type="checkbox"/> Seasonal    <input type="checkbox"/> Year Round    <input checked="" type="checkbox"/> Undeveloped</p>	<p><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p><input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater &amp; 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 (2000gpd+) <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</p> <p><b>TYPE OF WATER SUPPLY</b></p> <p><input type="checkbox"/> 1. Drilled Well    <input type="checkbox"/> 2. Dug Well    <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public    <input type="checkbox"/> 5. Other:</p>

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<p><b>TREATMENT TANK</b></p> <p><input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: <u>1000</u> GAL</p>	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p><input type="checkbox"/> 1. Stone Bed    <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array    <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular    <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <u>960</u> sq. ft.    <input type="checkbox"/> lin. ft.</p> <p>20 ELJEN IN DRAIN UNITS</p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p><input checked="" type="checkbox"/> 1. No    <input type="checkbox"/> 2. Yes    <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><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</p>	<p><b>DESIGN FLOW</b></p> <p><u>270</u> gallons per day</p> <p>BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p> <p>3 BEDROOMS AT 90 GALLONS PER DAY EACH</p>
<p><b>SOIL DATA &amp; DESIGN CLASS</b></p> <p>PROFILE    CONDITION <u>2</u>      <u>A</u></p> <p>at Observation Hole # <u>TP 1</u> Depth <u>40</u>" of Most Limiting Soil Factor</p>	<p><b>DISPOSAL FIELD SIZING</b></p> <p><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</p>	<p><b>EFFLUENT/EJECTOR PUMP</b></p> <p><input type="checkbox"/> 1. Not required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: _____</p> <p>DOSE: _____ gallons</p>	<p><b>LATITUDE AND LONGITUDE</b> at center of disposal area</p> <p>Let. <u>43</u> d <u>40</u> m <u>38</u> s Lon. <u>70</u> d <u>11</u> m <u>56</u> s</p> <p>If g.p.a., state margin of error</p>

**SITE EVALUATOR STATEMENT**

I Certify that on 7/3/12 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

*Handwritten Signature: Albert Frick*      63      7/18/2012  
Site Evaluator Signature      SE #      Date

ALBERT FRICK      (207) 839-5563      ALBERT@ALBERTFRICK.COM  
Site Evaluator Name Printed      Telephone Number      E-mail Address

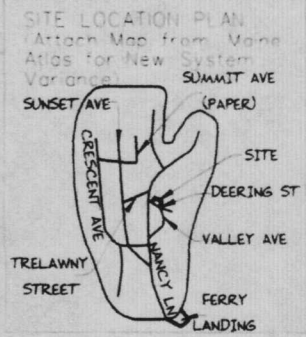
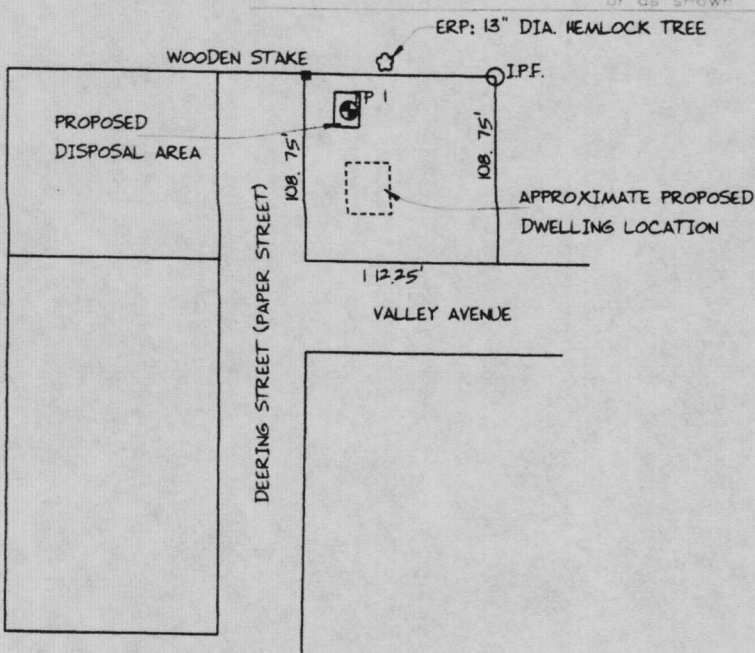
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563  
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Health Engineering, Station 10, 515  
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: **PORTLAND, GREAT DIAMOND ISLAND** Street, Road, Subdivision: **VALLEY ROAD/ DEERING STREET** Owner's Name: **PETER & LAURA MCANDREW**

SITE PLAN Scale: 1" = 100 Ft. or as shown



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

Observation Hole: TP 1  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil: \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Matting
0			BROWN	
10	STONY SANDY LOAM			
20		FRIABLE	YELLOW BROWN	NONE EVIDENT
30	GRAVELLY LOAMY SAND			
40	REFUSAL			
50				

Soil Classification: 2 Profile A Condition 7 Slope 40 Limiting Factor 40

Ground Water  Restrictive Layer  Bedrock  Pit Depth

Observation Hole: \_\_\_\_\_  Test Pit  Boring  
 Depth of Organic Horizon Above Mineral Soil: \_\_\_\_\_

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Matting
0				
10				
20				
30				
40				
50				

Soil Classification: \_\_\_\_\_ Profile \_\_\_\_\_ Condition \_\_\_\_\_ Slope \_\_\_\_\_ Limiting Factor \_\_\_\_\_

Ground Water  Restrictive Layer  Bedrock  Pit Depth

*Albert Frick*  
 Site Evaluator Signature

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 SE

7/18/2012  
 Date

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# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
 Division of Public Engineering, Station 10 SHS 1  
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND, GREAT DIAMOND ISLAND

VALLEY ROAD/ DEERING STREET

PETER & LAURA MCANDREW

WOODEN STAKE

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

CAPPED IRON PIN FOUND

NOTE: DOUBLE PERFORATED PIPE 1/2 LENGTH OF ROW FOR OVERFLOW LAID ADJACENT TO DISTRIBUTION PIPE (SEE DETAIL BELOW)

3' SHOULDER

EXISTING GRADE AT CORNER

APPROXIMATE TOE OF FILL

(4) FLAGS AS STAKED IN FIELD

DEERING STREET (PAPER STREET)

IF PUMPING USE 1 1/2" TO 2" DIA EFFLUENT LINE BURIED BELOW FROST OR INSULATE TO PROTECT FROM FREEZING OR IF GRAVITY FLOW USE 4" DIA SDR35 SOLID PVC

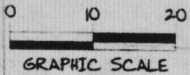
ERP: 13" DIA. HEMLOCK TREE

CROSS SECTION

DISTRIBUTION BOX, INSULATE WITH MIN. 2" INSULATION PER CODE

NEW 1000 GALLON CONCRETE OR PLASTIC SEPTIC TANK LOCATE WHERE FEASIBLE, 8' MIN. FROM BUILDING STRUCTURE SET AT HIGH ENOUGH ELEVATION TO PROVIDE GRAVITY FLOW OR PROVIDE PUMP STATION

APPROXIMATE PROPOSED DWELLING LOCATION 25.8' X 30' (20' MIN. FROM DISPOSAL AREA WITH FULL FOUNDATION)



### FILL REQUIREMENTS

Depth of Fill (Upslope) : 5" - 7"  
 Depth of Fill (Downslope) : 6" - 13"  
 DEPTHS AT CROSS SECTION (shown below)

### CONSTRUCTION ELEVATIONS

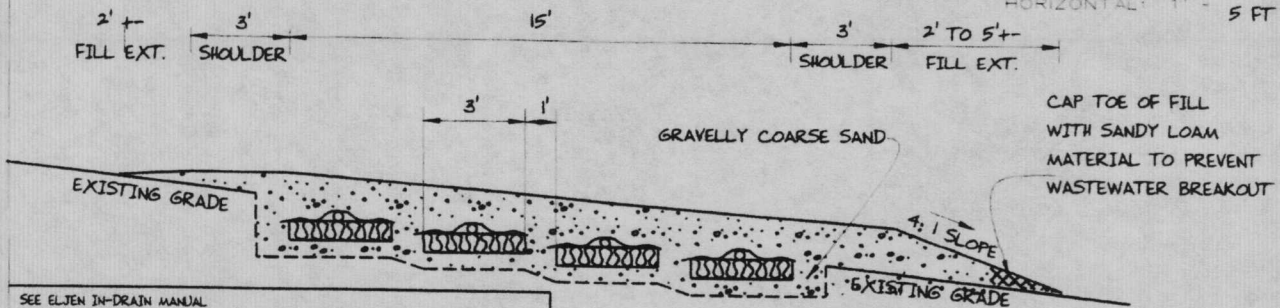
Finished Grade Elevation  
 Top of Distribution Pipe or Proprietary Device  
 Bottom of Disposal Area

SEE  
 DETAIL  
 BELOW

ELEVATION REFERENCE POINT  
 NAIL IN 13" DIA HEMLOCK TREE  
 Location & Description  
 46" ABOVE BASE OF TREE  
 Reference Elevation is: 0.0" or -----

### DISPOSAL AREA CROSS SECTION

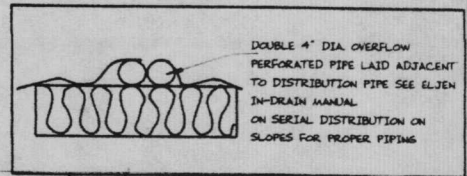
SCALE:  
 VERTICAL: 1" = 5 FT  
 HORIZONTAL: 1" = 5 FT



CAP TOE OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT

SEE ELJEN IN-DRAIN MANUAL ON SERIAL DISTRIBUTION ON SLOPES FOR PROPER PIPING

DEPTH BELOW ERP:	ROW 1 (2) (3) (4)			
	FINISHED GRADE	-46"	-50"	-54"
CLEAN FILL	-58"	-62"	-66"	-70"
GEOTEXTILE FABRIC OVER 4" DIA. PERF. PIPE	-62"	-66"	-70"	-74"
ELJEN IN-DRAIN UNIT	-69"	-73"	-77"	-81"
GRAVELLY COARSE SAND	-75"	-79"	-83"	-87"



*Albert Frick*  
 Site Evaluator Signature

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 SE =

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 Date

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