

*Sheet* *William D. Green*

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required – Attach in Space Below &lt;&lt;</b>	
City, Town, or Plantation	<i>Great Diamond Island</i>		
Street or Road	<i>Great Diamond Rd</i>		
Subdivision, Lot #	PORTLAND PERMIT # 10101 STATE COPY		
<b>OWNER/APPLICANT INFORMATION</b>		Date Permit Issued: <i>11/28/06</i>	FEE \$ <i>1110.10</i> <input type="checkbox"/> Double Fee Charged
Name (last, first, MI)	<u>Owner</u> <i>Bartlett Nancy</i>	Local Plumbing Inspector Signature: <i>Thomas H. Mahley</i> L.P.I. # <i>01744</i>	
Mailing Address of	<i>118 Maine Mall Road</i>		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	<i>South Portland, Maine 04106</i>		
Daytime Tel. #	<i>774 5766 Ext 297</i>		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
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.		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 _____ Date _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____	
		Local Plumbing Inspector Signature _____ (2nd) Date Approved _____	

**PERMIT INFORMATION**

<b>TYPE OF APPLICATION</b> 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (gray water & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
<b>SIZE OF PROPERTY</b> <i>0.41</i> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <i>2</i> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input checked="" type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY _____ gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input checked="" type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ (SIZE <i>594</i> sq. ft. <input type="checkbox"/> lin. ft.) <i>(14) Type B Eljen InDraws</i>	<b>GARBAGE DISPOSAL UNIT</b> 1. <input type="checkbox"/> No 3. <input checked="" type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input checked="" type="checkbox"/> Filter on Tank Outlet	<b>DESIGN FLOW</b> <i>180</i> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- <i>2 Bedrooms @ 90 gpd = 180 gpd</i> 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <i>2 / A11 / 1 /</i> at Observation Hole # <i>IP162</i> Depth <i>18"</i> Elevation _____ OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	<b>PUMPING</b> 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	

**SITE EVALUATOR STATEMENT**

I Certify that on *June 7, 2005* (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).

*John M. Toothaker* #347 *June 8, 2005*  
 Site Evaluator Signature SE # Date  
*John M. Toothaker* 839-5746  
 Site Evaluator Name Printed Telephone #

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

Town, City, Plantation  
*Great Diamond Island Plantation*

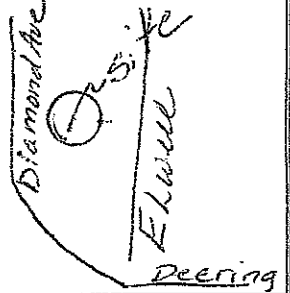
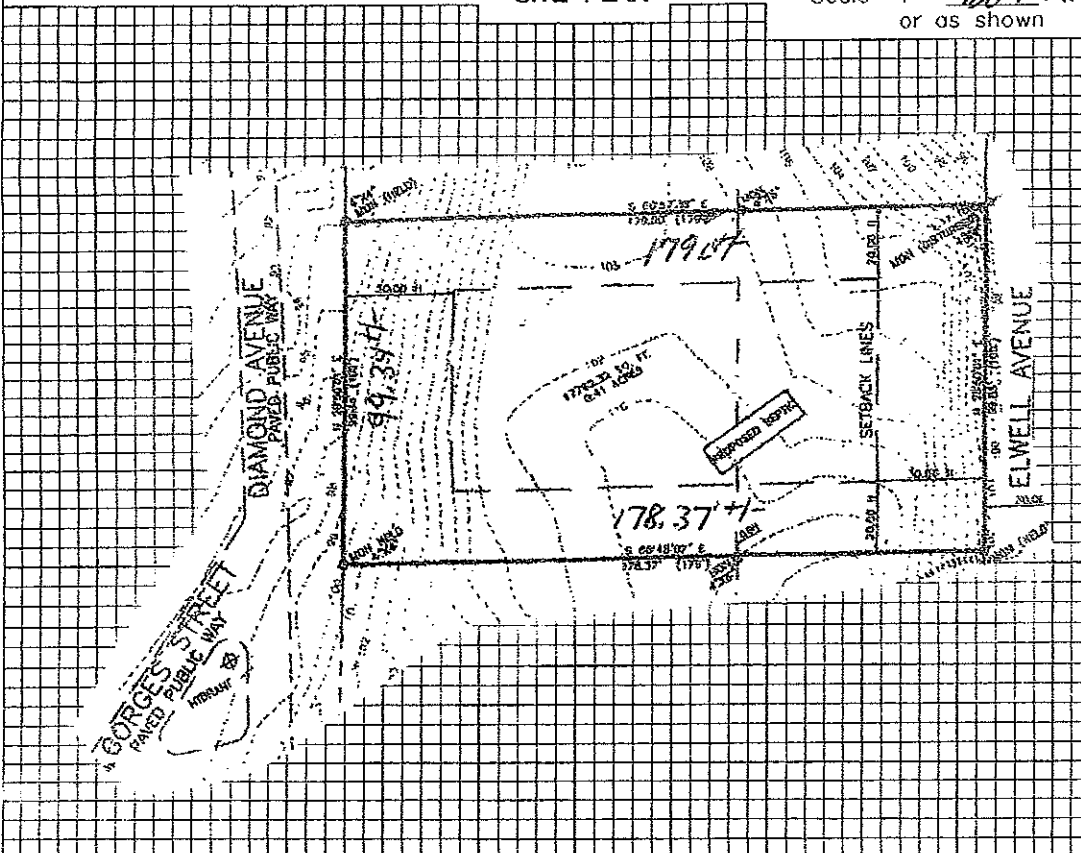
Street, Road Subdivision  
*Shoreline*

Owner's Name  
*Nancy Bartlett*

**SITE PLAN**

Scale 1" = *60 Ft.*  
or as shown

**SITE LOCATION PLAN**  
(Map from Maine Atlas recommended)



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

Observation Hole TP#1  Test Pit  Boring  
*0-11"* Depth of Organic Horizon Above Mineral Soil

Observation Hole TP#2  Test Pit  Boring  
*0-11"* Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	<i>Fine Sandy Loam</i>	<i>Friable</i>	<i>Brown</i>	<i>None</i>
10			<i>Yellow</i>	
			<i>Brown</i>	
20	<i>Ledge</i>			
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	<i>Fine Sandy Loam</i>	<i>Friable</i>	<i>Brown</i>	<i>None</i>
10			<i>Yellow</i>	
			<i>Brown</i>	
20	<i>Ledge</i>			
30				
40				
50				

Soil Classification *2* *AIII* Slope \_\_\_\_\_ %  
Profile Condition Limiting Factor *18"*  
 Ground Water  Restrictive Layer  Bedrock  Pit Depth

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Profile Condition Limiting Factor *18"*  
 Ground Water  Restrictive Layer  Bedrock  Pit Depth

*John M. Toothaker* #347  
Site Evaluator Signature SE =

*June 8, 2005*  
Date

*Handwritten mark*

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

*Chest Diamond Island*

*Beach Diamond Avenue*

*Nancy Bartlett*

### LEGEND:

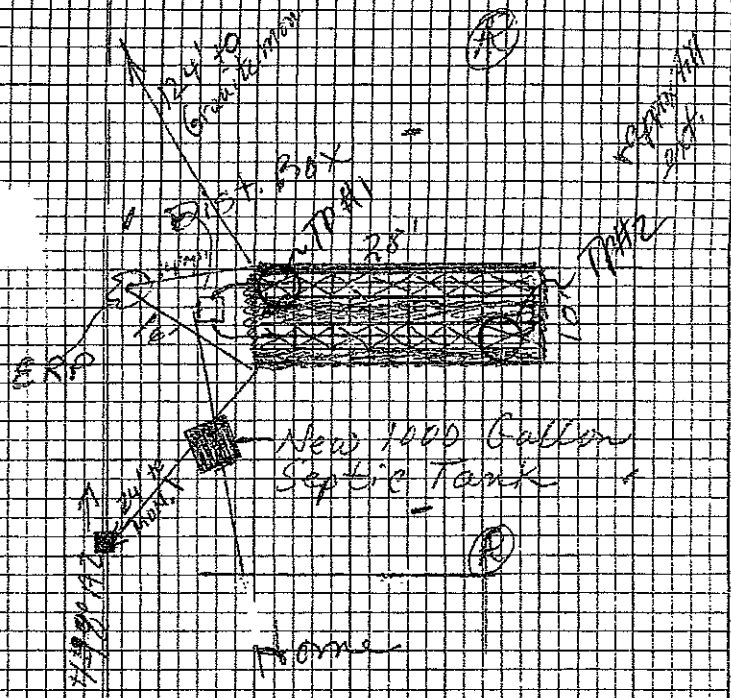
- MON = GRANITE MONUMENT
- IRF = IRON ROD FOUND
- IRP = IRON PIPE FOUND
- TF = TEST PIT

### SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

### NOTES:

1. IF A GARBAGE DISPOSAL IS USED, THEN CHANGES TO THIS DESIGN ARE NECESSARY. ADD A LABEL A-1800 RESIDENTIAL FILTER
2. ALLOW FOR POSITIVE DRAINAGE AROUND THE LEACHFIELD.
3. ALL MATERIALS AND INSTALLATION SHALL BE IN ACCORDANCE WITH THE MAINE SUBSURFACE WASTEWATER DISPOSAL RULES DATED 6/02, AS AMENDED, AND SUPPLEMENTED BY THE ATTACHED GENERAL NOTES WHICH BECOME A PART OF THIS DESIGN.



*Proposed 2 Rows of 7 = 14  
Type B Eljen-Indrains  
w/ 1/2" Specified sand underneath  
9' around it. Inside  
Cluster Configuration*

### FILL REQUIREMENTS

Depth of Fill (Upslope) \_\_\_\_\_  
Depth of Fill (Downslope) \_\_\_\_\_

### CONSTRUCTION ELEVATIONS

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

### ELEVATION REFERENCE POINT

Location & Description *Nailup*  
Reference Elevation *48" in a 14" pipe*  
*0'*

### DISPOSAL AREA CROSS SECTION

SCALE:  
VERTICAL: 1" = 3'  
HORIZONTAL: 1" = 5'

*see provided sheet*

*follow all Eljen-Indrains Rules*

*John M. Lortaker*  
Site Evaluator Signature

*CF 347*  
SE "

*June 8, 2005*  
Date

TOWN CITY PLANTATION  
 Street Hammond Island

STREET ROAD SUBDIVISION  
 Street Hammond Island

OWNERS NAME  
 Nancy Bayliff

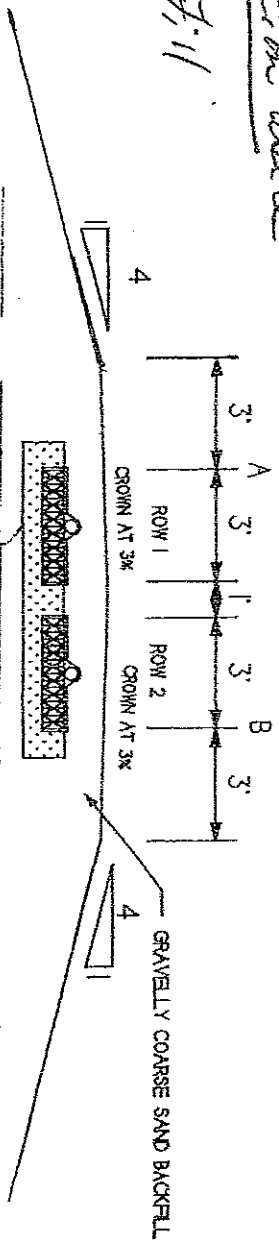
SCALE:  
 VERT: 1" = 5'  
 HORIZ: 1" = 5'

NOTES:

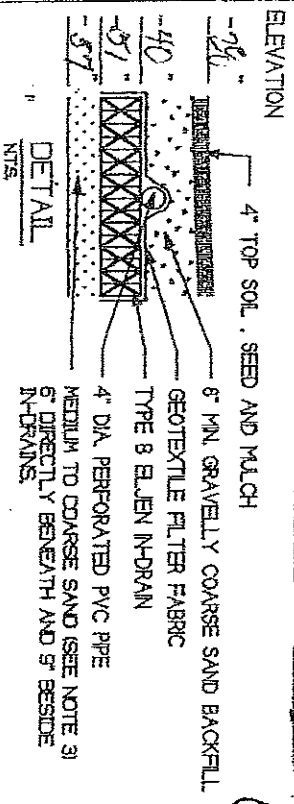
1. FILL REQUIREMENTS VARY GREATLY BECAUSE OF BED LOCATION. CONTRACTOR SHALL FIELD CHECK ALL SLOPES BEFORE DETERMINING ACTUAL FILL REQUIREMENTS.
2. NOTES ON PAGE 4 OF 4 ARE HEREBY MADE PART OF THIS HHE-200 FORM. *2516 Gene Note 5*
3. THE FIRST 6" DIRECTLY BENEATH THE IN-DRAINS SHALL BE MEDIUM TO COARSE TEXTURED SAND, WITH AN EFFECTIVE SIZE OF 0.25 TO 2.0 MM, NO GREATER THAN 5% PASSING A #200 SIEVE, AND NO PARTICLES LARGER THAN 3/4 INCH OR MATERIALS MEETING THE ASTM C-33 SPECIFICATION. CONCRETE OR WASHED SAND IS A RELIABLE CHOICE. SUITABILITY OF BANK RUN SAND OR SITE DISPOSAL AREA SOIL MUST BE VERIFIED.
4. ROTO-TILL ORIGINAL SURFACE THOROUGHLY IN ALL AREAS OF THE SYSTEM INCLUDING FILL EXTENSIONS BEFORE PLACING FILL. REMOVE ALL ORGANIC LAYER IN AREA OF SYSTEM.
5. ROWS SHOULD BE LEVEL WITH A TOLERANCE OF 1/100 FT.
6. SECTION SHOWN IS BASED ON AN AVERAGE EXISTING GROUND SLOPE OF 1-3%.

*24" Separation used*

*Clay toe of F-11*



*Bottom of sand - 57'1"*



FILL REQUIREMENTS AT SECTION:	
DEPTH OF FILL (UPSLOPE) <i>Notes 3 &amp; 4</i>	36" / 43"
DEPTH OF FILL (DOWNSLOPE) <i>Notes 3 &amp; 4</i>	36" / 43"

CONSTRUCTION ELEVATIONS:	
ERP REFERENCE ELEVATION IS	0'
<i>Nailing 48" in a 14" B Pipe</i>	
FINISH GRADE	-28"
TOP OF DISTRIBUTION PIPE	-40"
BOTTOM OF IN-DRAINS	-51"

*14" - TYPE B IN-DRAINS (2 ROWS OF 7 EACH ROW)*

*John M. Footstaker*  
 SITE EVALUATOR SIGNATURE

*#347*  
 SEE

*June 8, 2005*  
 DATE

PAGE    OF

General Notes

(attachment to form HHE-200)  
< 1,000 gpd Septic System

1. It is your right to get a second opinion if you don't agree with the professional opinion of Tooth & Associates.
2. Property information is from the owner or applicant and shall be correct and verified prior to signing this HHE-200 application.
3. All work shall be done per the Maine Subsurface Wastewater Disposal Rules dated 6/02 as amended.
4. All work shall be done only in dry conditions for disposal area.
5. No vehicular or equipment traffic to be allowed on disposal area. Construct disposal area outside the corner flags located in the field. Protect down slope area as well.
6. Backfill, if required, is to be gravelly coarse sand to coarse sand texture and to be free of foreign debris. If backfill is coarser than original soil, then mix top 4" of backfill and original soil with rototiller.
7. No neighboring wells are apparent (unless so indicated) within 100' of disposal area. Owner or applicant shall verify this prior to signing the HHE-200 application.
8. The disposal field stone shall be clean, uniform in size and free of fines, dusts, ashes, or clay. It shall be no smaller than ¾ inch and no larger than 2½ inches in size (per Section 805.2.3 of the Maine Subsurface Wastewater Rules).
9. Use minimum separation distances required (unless reduced by variance or special circumstance).
  - a. Wells with water usage of 2,000 or more gpd or public water supply wells:

Disposal fields:	300'
Septic Tanks and Holding Tanks:	100'
  - b. any well to disposal area: 100'
  - c. any well to septic tank 100'
  - d. septic tank or disposal area to lake, river, stream or brook: 100' for major watercourse  
50' for minor watercourse
  - e. house to treatment tank: 8'
  - f. house to disposal area: 20'
  - g. all other separation distances, for less than 1,000 gpd per Maine Subsurface Wastewater Disposal Rules use Table 700.2.
10. Location of septic near a wetland may require a separate permit. As such, the owner or applicant prior to construction of the septic system shall hire a professional wetland scientist to evaluate adjacent wetlands and prepare needed permits.
11. Garbage disposals are not recommended and, if installed, are done so at the owner's risk. Follow Maine State Plumbing Code if installed.
12. Pump Stations shall be water tight to prevent infiltration of ground and surface water.
13. Pressure lines and force mains shall be flushed of any foreign material and pumps shall be checked for proper on/off cycle before being put into service.
14. Force mains, pump stations, and /or gravity piping subject to freezing shall be adequately insulated or installed below the frost line.

*Tooth & Associates 23 Davis Annex, Gorham, Maine 04038 (207)839-5746*