

2004-6016

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	PORTLAND	PORTLAND Date Permit Issued: 7/13/04	PERMIT # 8998 STATE COPY \$1109.00 <input type="checkbox"/> If Double Fee Charged
Street or Road	SPRING COVE LANE		
Subdivision, Lot #	DIAMOND COVE - LOT 24	L.P.I. # 0,7,3,2	
OWNER/APPLICANT INFORMATION		Municipal Tax Map # _____ Lot # _____	
Name (last, first, MI)	MOLYNEUX, RICHARD A. <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	Signature of Local Plumbing Inspector: Jeanine Bonca	
Mailing Address of Owner/Applicant	255 RIVER STREET TROY, N.Y. 12180	83-EA-24	
Daytime Tel. #	1-518-880-0380		

OWNER OR APPLICANT STATEMENT
I have read and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department or Local Plumbing Inspector to deny a Permit.

Signature of Owner or Applicant: *[Signature]* Date: 6/14/04

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: _____
(2nd) date approved: _____

Local Plumbing Inspector Signature: _____

PERMIT INFORMATION	
TYPE OF APPLICATION	THIS APPLICATION REQUIRES
<input type="checkbox"/> First Time System <input type="checkbox"/> Replacement System Replaced: _____ Re-installed: _____ <input type="checkbox"/> Expanded System a. Minor Expansion b. Major Expansion <input type="checkbox"/> Experimental System <input type="checkbox"/> Seasonal Conversion	<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 & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE
3,040 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 6 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped
SHORELAND ZONING	DISPOSAL SYSTEM COMPONENTS
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<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 Disposal Area <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
	TYPE OF WATER SUPPLY
	<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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW 540 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
Concrete Regular Low Profile Plastic Other: _____ CAPACITY: 1500 GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input checked="" type="checkbox"/> 4. Other: INFILTRATES, Infiltr Cap. SIZE: 1800 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<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	
DATA & DESIGN CLASS DESIGN CLASS: B Perforation Hole # 1 Limiting Soil Factor	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
	<input type="checkbox"/> 1. Small---2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium---2.6 sq. ft. / gpd <input checked="" 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	<input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT
I certify that on 6-4-04 (date) I completed a site evaluation on this property and state that the data reported are accurate and a proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Signature: David A. Kamila
Site Evaluator Signature

185 SE #
6/10/04 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND

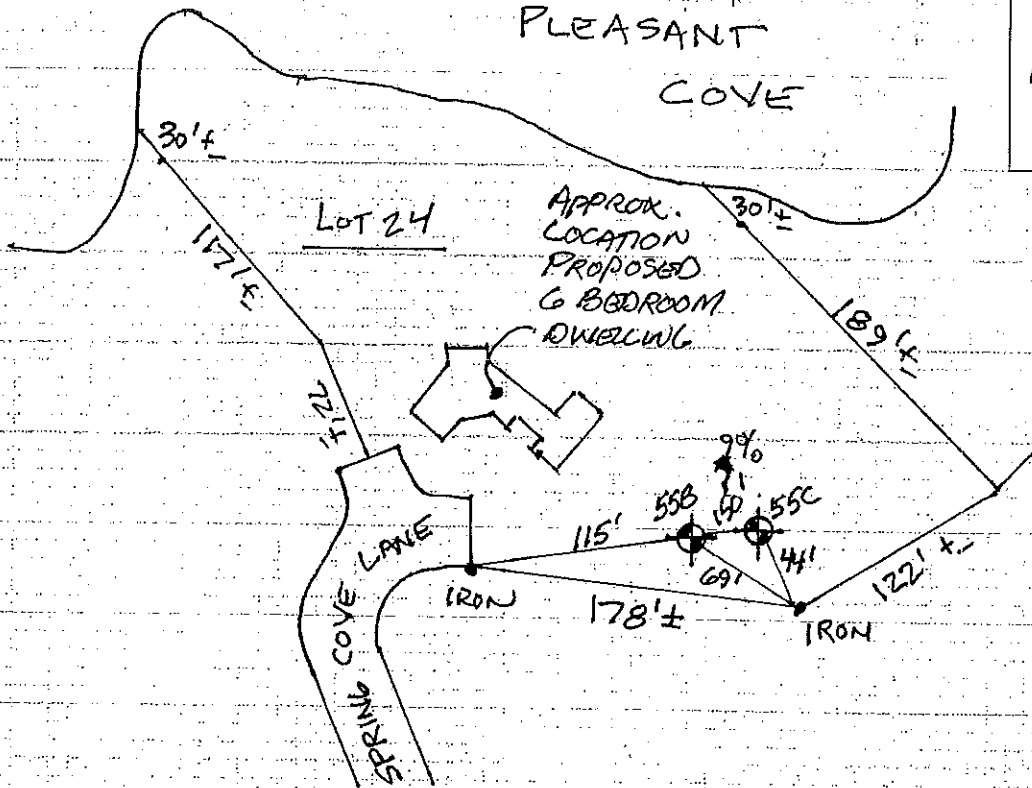
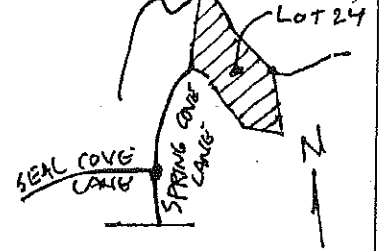
Street, Road, Subdivision
SPRING COVE LANE - LOT 24

Owner or Applicant Name
RICHARD A. MOLYNEUX

SITE PLAN

Scale: 1" = 100 ft.

SITE LOCATION MAP
 (Attach map from Maine Atlas
 for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # 55B Test Pit Boring

2 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	COAMY	FRIABLE	MED.	NONE
12	SAND	+ LOOSE	BROWN	EVIDENT
18	w/			
24	10-20%			
30	COARSE			
36	FRAGS.			
42	(OLD FILL)			
48				

Observation Hole # 55C Test Pit Boring

2 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	COAMY	FRIABLE	MED.	NONE
12	SAND	+	BROWN	EVIDENT
18	FILL			
24	w/	LOOSE		
30	10-20%			
36	COARSE			
42	FRAGS.			
48	(OLD FILL)			

Soil Profile 2 Classification B Slope 9 Limiting Factor 748"
 Condition Percent Depth

Soil Profile 2 Classification B Slope 9 Limiting Factor 748"
 Condition Percent Depth

David A. Kirl
 Site Evaluator Signature

185
 SE #

6-11-04
 Date

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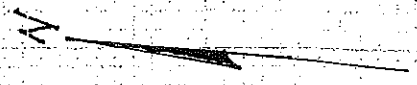
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Owner or Applicant Name
RICHARD A. MOLYNEUX

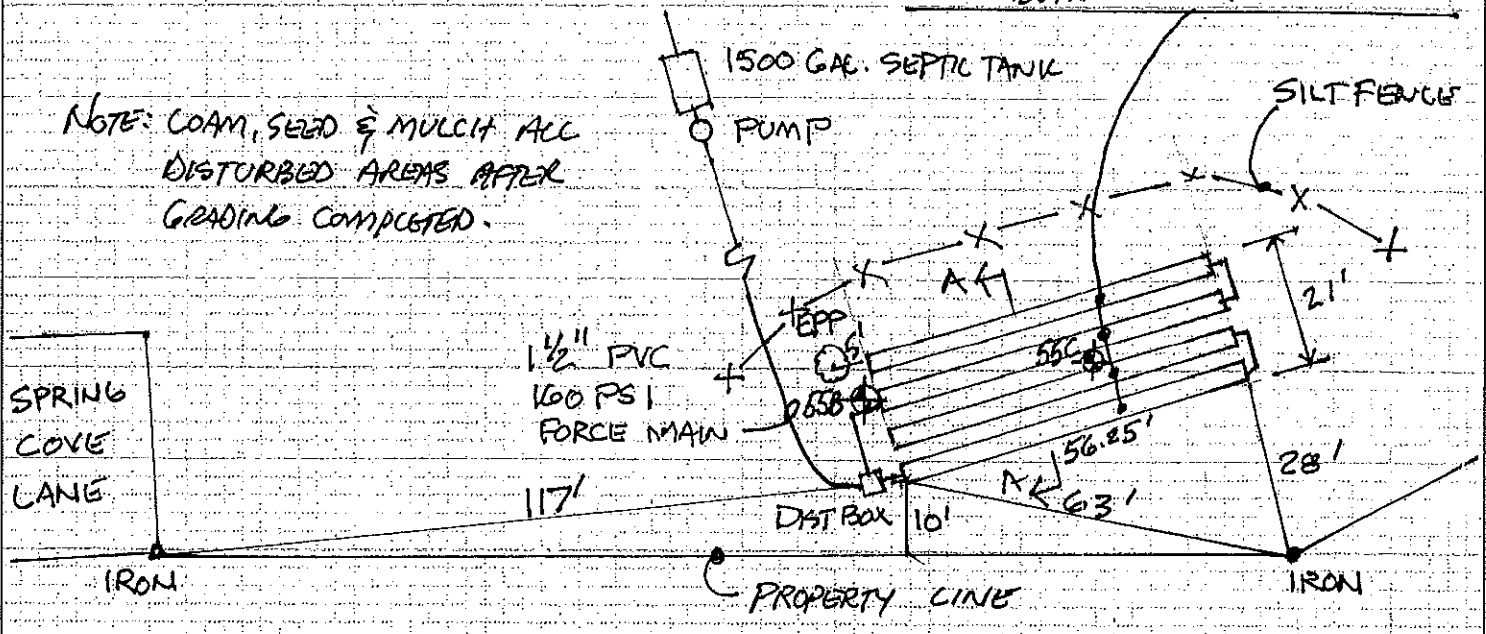
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 30 ft.



**4 ROWS HIGH CAPACITY INFILTRATORS
 9 PER ROW, 36 TOTAL, SERIAL
 DISTRIBUTION EVERY OTHER ROW**

NOTE: COAM, SEED & MULCH ACC
 DISTURBED AREAS AFTER
 GRADING COMPLETED.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 0 "
 Depth of Backfill (downslope) 0 "
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation SEE X-SECT "
 Top of Distribution Pipe or Proprietary Device " "
 Bottom of Disposal Field " "" "

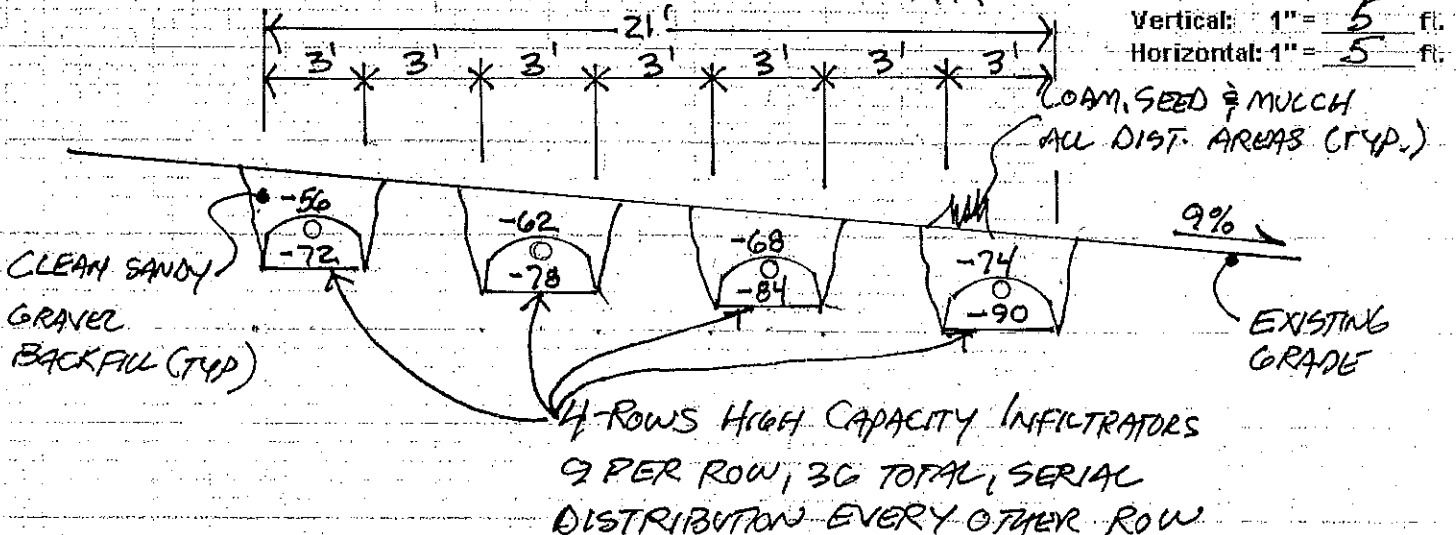
ELEVATION REFERENCE POINT

Location & Description: NAIL IN 12" BIRCH, 60" ABOVE GRADE
 Reference Elevation is: 0.0" or:

DISPOSAL FIELD CROSS-SECTION A-A

Scales:

Vertical: 1" = 5 ft.
 Horizontal: 1" = 5 ft.



Daniel A. Feil
 Site Evaluator Signature

185
 SE #

6-11-04
 Date

OWNER/APPLICANT/INSTALLER RESPONSIBILITIES

(revised March 17, 2000)

1. The owner/applicant named on this sub-surface wastewater disposal system application shall be responsible for the accuracy of the property line, well, underground utility, easement, dwelling size, bedroom count and other information depicted on this application which is not readily apparent and shall verify this information prior to signing this application. Land Use Consultants, Inc.(LUC) has relied on the representations by the owner/applicant for this information, and, if it is determined to be incorrect, the application shall be considered null and void. The owner/applicant shall indemnify and hold harmless LUC from any liability for any subsequent damages resulting therefrom. All costs associated with revisions, amendments and re-designs necessary to correct any owner/applicant misinformation will be billed to the owner/applicant.
2. The Maine Subsurface Waste Water Disposal Rules adopted by the State of Maine Department of Human Services pursuant to Title 22 MRSA §42 (State Plumbing Code) are incorporated in this application by reference and it is the responsibility of the owner/applicant and the installer to comply with all the requirements therein. The owner/applicant and the installer shall contact LUC with any questions related to this application. Any changes made to this application without the written consent of LUC shall render this application null and void and shall relieve LUC from any liability for any damages resulting therefrom.
3. The owner/applicant and the installer shall be responsible for compliance with all other applicable rules under local, state and federal jurisdiction including but not limited to; local zoning including Shoreland Zoning and flood plain ordinances, Natural Resources Protection Act, wetland regulations, subdivision regulations, Site Location of Development Law, Minimum Lot Size Law, Occupational Safety and Health Administration, and Dig Safe.
4. The owner/applicant or installer shall inform LUC if any local rules are more restrictive than the State Plumbing Code prior to construction and LUC will make any necessary revisions at no additional cost to the owner/applicant.
5. Garbage Disposals should not be installed without notifying LUC and will require increasing the septic tank size by 50% or installing a second tank in series.
6. You should have your septic tank pumped out and inspected every 3 years or sooner if signs of a malfunction occur such as slow draining, soft spots over the disposal bed or surfacing effluent.
7. Do not pour grease, oils, paint, chemicals or any commercial cleaners or additives to the system as they can cause premature failure.
8. Do not connect roof drains, foundation drains or water softeners to your system as they will

LAND USE CONSULTANTS INC

Cause hydraulic overload and failure of your system.

9. Keep a record of the location of your septic tank and the pumping schedule for future Reference.
10. Do not allow any vehicles or heavy loads over your septic tank or system unless they are Designed to handle them.
11. This application was prepared based on information provided by the owner/applicant at the Time of the site evaluation and any subsequent changes which may materially affect this design such as but not limited to installation of wells by an abutter within the required set-back distance should be reported to LUC or this application shall be null and void.