

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 / DIAMOND COVE | 2008-6015 | |
| Street or Road | SPRING COVE LANE | PORTLAND | PERMIT # 9535 TOWN COPY |
| Subdivision, Lot # | LOT NO. 31 | Date Permit Issued: 19 23 05 | \$ 11100 FEE <input type="checkbox"/> Double Fee Charged |
| OWNER/APPLICANT INFORMATION | | L.P.I. # 0244 | |
| Name (last, first, MI) | RICKARBYE, RYAN <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | Local Plumbing Inspector Signature | |
| Mailing Address of Owner/Applicant | 3 COUNTRY FARM RD. STRATHAM, N.H. 03885 | 83EA 31 | |
| Daytime Tel. # | 1-603-772-4446 | Municipal Tax Map # 83E-A Lot # 31 | |
| OWNER OR APPLICANT STATEMENT | | CAUTION: INSPECTION REQUIRED | |
| 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. | | 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: <u>Chadwick Rickarbye</u> Date: <u>7.7.05</u> | | Local Plumbing Inspector Signature: _____ (1st) date approved: _____ | |

| PERMIT INFORMATION | | |
|--|---|--|
| TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <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 <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 | DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & aft. 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 |
| SIZE OF PROPERTY 40,743 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES | DISPOSAL SYSTEM TO SERVE <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"/> 13. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | 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 |
| SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

| 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>1000</u> GAL | DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. duster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load 3 4. Other: _____ SIZE: <u>900</u> <input 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 type="checkbox"/> d. Filter on Tank Outlet | DESIGN FLOW <u>270</u> 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 |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>2, AUC/C, 1</u> at Observation Hole # _____ Depth <u>22"</u> of Most Limiting Soil Factor <u>BEDROCK</u> | DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. R. / 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 | EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 1 3. Required Specify only for engineered systems: DOSE: _____ gallons | <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA |

| SITE EVALUATOR STATEMENT | | |
|--|------------------|----------------------|
| certify that on <u>4/15/05</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). | | |
| Site Evaluator Signature: <u>David A. Kamila</u> | SE #: <u>185</u> | Date: <u>4/15/05</u> |
| Site Evaluator Name Printed: <u>DAVID A. KAMILA</u> | | |
| Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. | | |

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Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5872 FAX (207) 287-4172

Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

PORTLAND/DIAMOND COVE

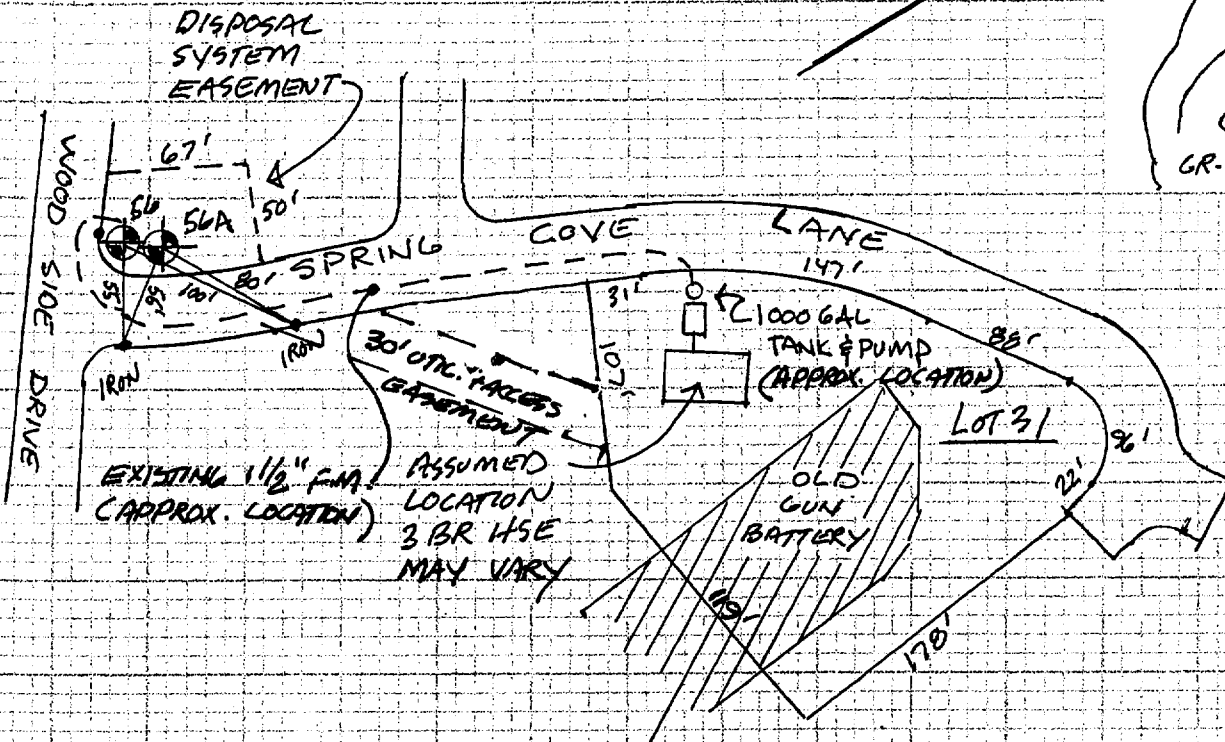
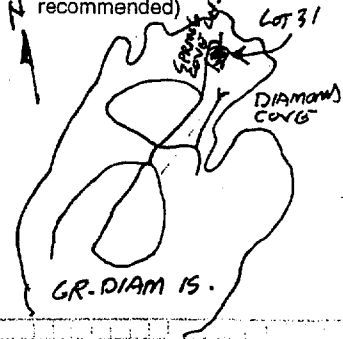
SPRING COVE LANE

RYAN RICKERBIE

SITE PLAN

Scale: 1" = 100 Ft.
 or as shown

SITE LOCATION PLAN
 (Map from The Maine Atlas
 recommended)



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 56 Test Pit Boring
2" Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | Texture | Consistency | Color | Mottling |
|---|---------|-------------|------------|----------|
| 0 | | | DARK BROWN | |
| 6 | FINE | FRIABLE | | |
| 10 | SANDY | LOOSE | REDDISH | NOBLE |
| 15 | LOAM | | BROWN | |
| 20 | X X | X X | X X | X X |
| 30 | BEDROCK | | | |

| | | | | |
|--------------|-------------|------------|-----------------|---|
| Soil Profile | Class | Slope | Limiting Factor | <input type="checkbox"/> Ground Water |
| <u>Z</u> | <u>AUIC</u> | <u>7</u> % | <u>22</u> | <input type="checkbox"/> Restrictive Layer |
| | | | | <input checked="" type="checkbox"/> Bedrock |

Observation Hole 56 A Test Pit Boring
2" Depth of Organic Horizon Above Mineral Soil

| DEPTH BELOW MINERAL SOIL SURFACE (Inches) | Texture | Consistency | Color | Mottling |
|---|-------------|-------------|------------|----------|
| 0 | | | DARK BROWN | |
| 6 | FINE | FRIABLE | | |
| 10 | SANDY | LOOSE | BROWN | |
| 15 | LOAM | | | |
| 20 | { | { | | |
| 30 | X X X | X X X | X X X | X X X |
| 36 | COMM. DIST. | | | |
| 40 | BEDROCK | | | |

| | | | | |
|--------------|-------------|------------|-----------------|--|
| Soil Profile | Class | Slope | Limiting Factor | <input checked="" type="checkbox"/> Ground Water |
| <u>Z</u> | <u>AUIC</u> | <u>7</u> % | <u>20</u> | <input type="checkbox"/> Restrictive Layer |
| | | | | <input type="checkbox"/> Bedrock |

David A. Kainle
 Site Evaluator Signature

185
 SE #

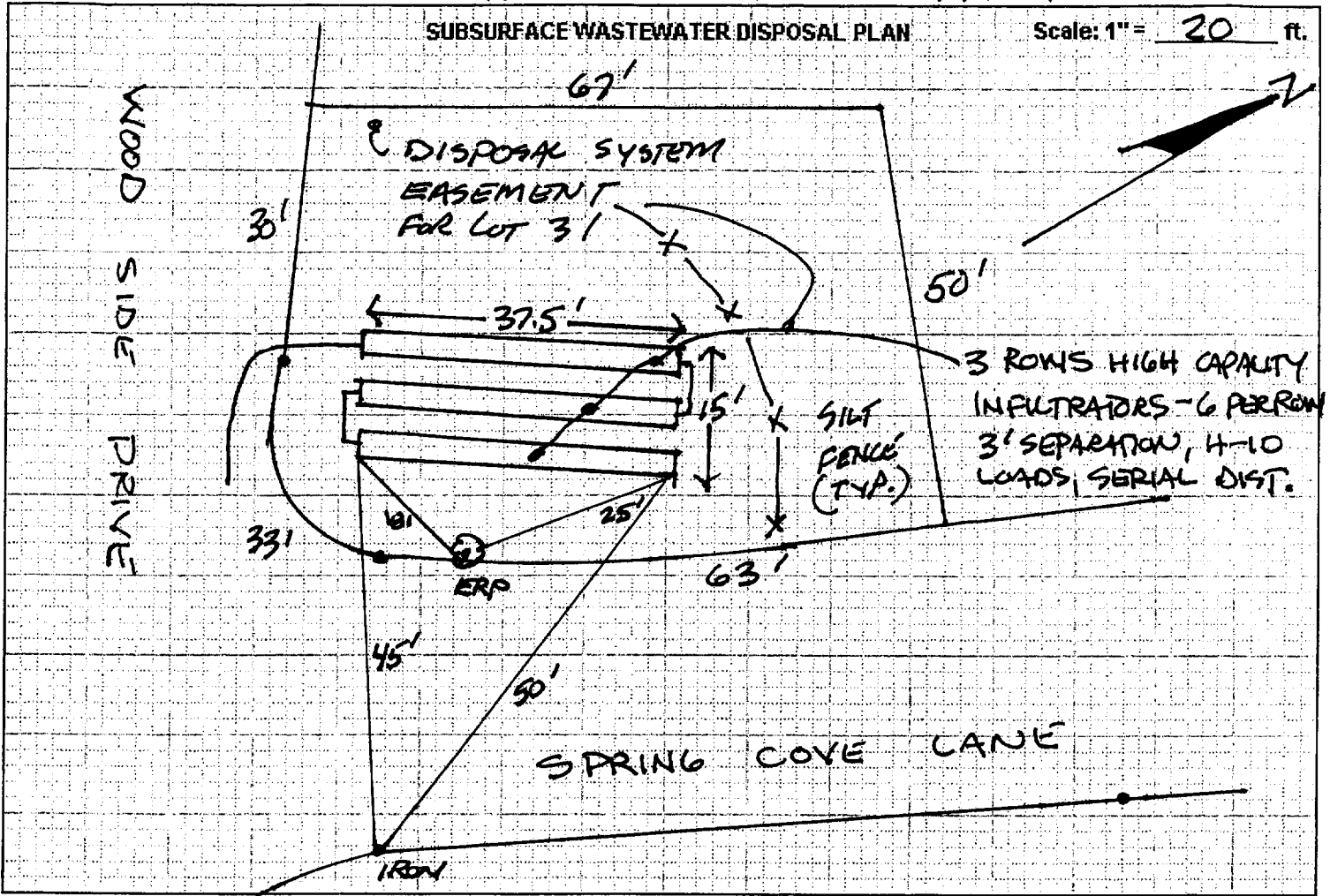
4/15/05*
 Date

*ORIG. TEST PITS EVALUATED 10/17/84 CONFIRMED 4/15/05

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BACKFILL REQUIREMENTS

Depth of Backfill (upslope) **36"**
 Depth of Backfill (downslope) **24"**
 DEPTHS AT CROSS-SECTION (shown below)

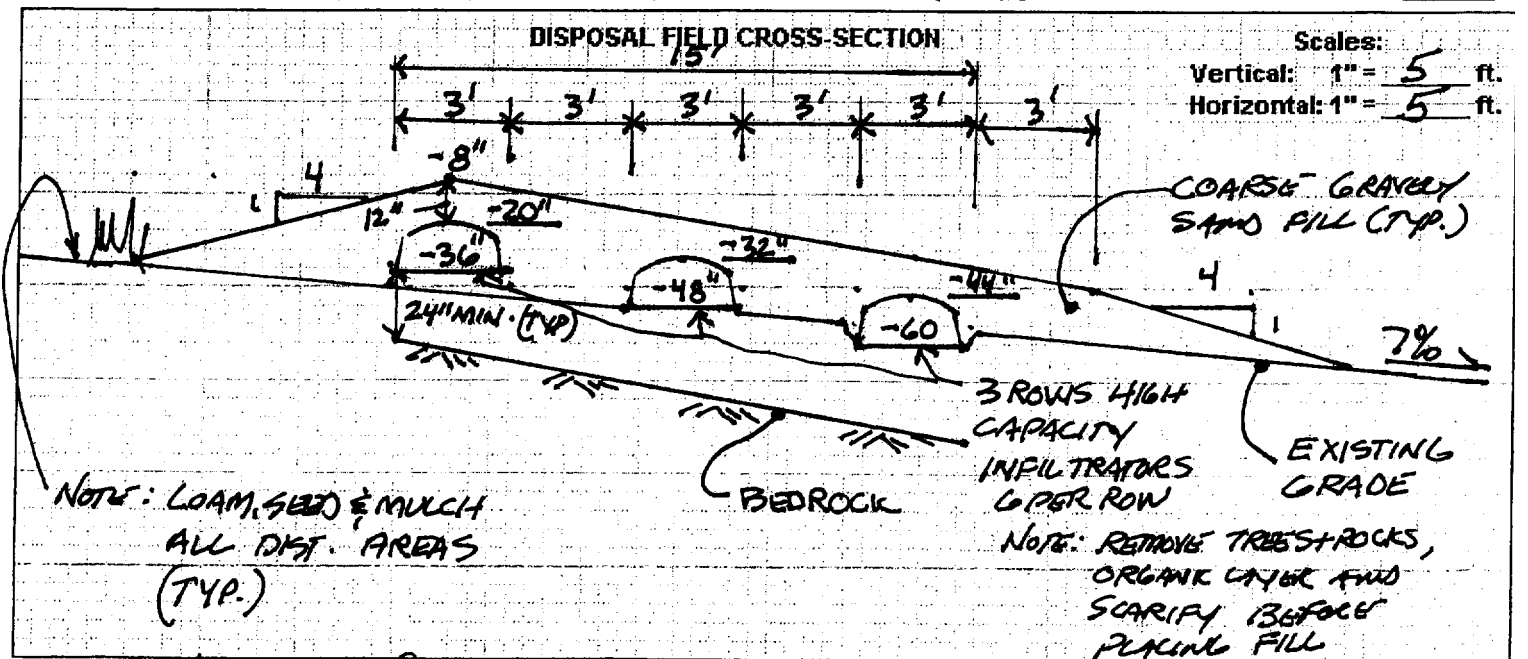
CONSTRUCTION ELEVATIONS

Finished Grade Elevation **SEE**
 Top of Distribution Pipe or Proprietary Device **ERT**
 Bottom of Disposal Field **BELOW**

ELEVATION REFERENCE POINT

Location & Description: **HARD NAIL IN 8" BIRCH 54" ABOVE GROUND**
 Reference Elevation is: **0.0"** or _____

DISPOSAL FIELD CROSS-SECTION



NOTE: LOAM, SAND & MULCH ALL DIST. AREAS (TYP.)

NOTE: REMOVE TREES + ROCKS, ORGANIC MATTER AND SCARIFY BEFORE PLACING FILL

Daniel A. Kird
 Site Evaluator Signature

185
 SE #

4/15/05
 Date