

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	Portland	2006-6019	
Street or Road	East Side Drive	PORTLAND	PERMIT # 10296 TOWN COPY
Subdivision, Lot #	Diamond Cove Lot 68 Phase #2	Date Permit Issued: 2/28/07	\$ 1100 <input type="checkbox"/> If Double Fee Charged
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature: <u>Cheryl M. [Signature]</u> L.P.I. # 10615	
Name (last, first, MI)	Anable Karen <input type="checkbox"/> Owner <input type="checkbox"/> Applicant	83 FA 68	
Mailing Address of Owner/Applicant	Dean McBeth 12 things Mill Road		
Daytime Tel. #	Shapleigh Me 04076		
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>Deane McBeth</u> Date: <u>2/28/07</u>		Municipal Tax Map # <u>83 FA # 68</u>	
		Local Plumbing Inspector Signature: _____ (1st) date approved: _____	
		Local Plumbing Inspector Signature: _____ (2nd) 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 septic easement on lot 67 <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 53636 <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"/> 3. Other: _____ (specify)	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	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		

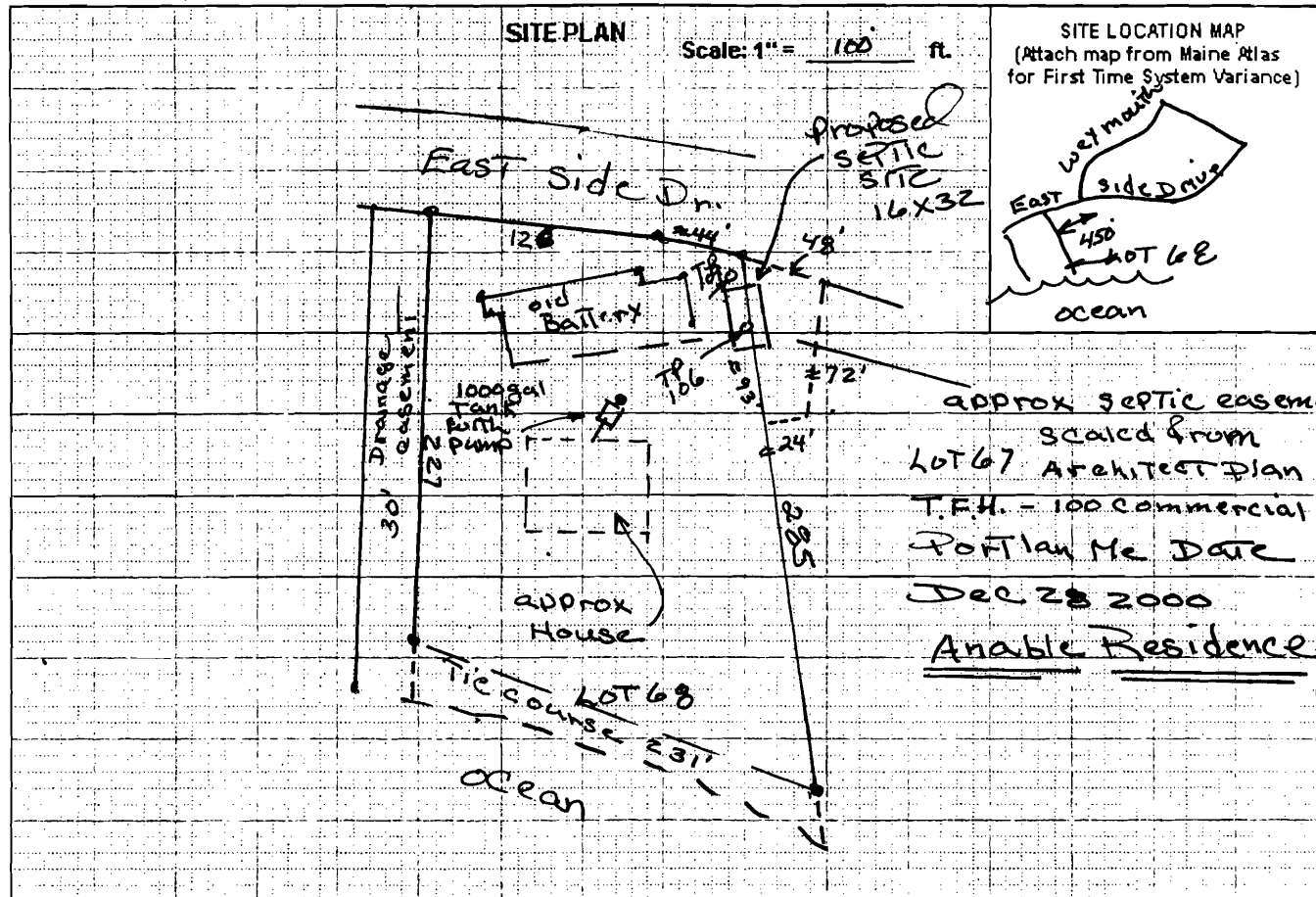
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device concrete chambers <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 type="checkbox"/> 4. Other: _____ SIZE: <u>512</u> <input checked="" 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 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>1147 A</u> at Observation Hole # <u>106</u> Depth <u>20"</u> AI FNCK of Most Limiting Soil Factor <u>10-1-98</u>	DISPOSAL FIELD SIZING <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. f.t / 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 Specify only for engineered systems: DOSE: _____ gallons	N43°40.783' W 70°11.399' 20 FTI <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT			
I certify that on <u>10-1-98</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>Kenneth R. Gardner</u>	SE #: <u>73</u>	Date: <u>8-30-06</u>	
Site Evaluator Name Printed: <u>Kenneth R. Gardner</u>	Telephone Number: <u>207-637-2260</u>	E-mail Address: _____	
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
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation Portland Great Diamond Island Street, Road, Subdivision East Side Dr. LOT 68 Great Diamond Island Owner or Applicant Name Karen Anable



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

Observation Hole # 109 Test Pit Boring
 Depth of organic horizon above mineral soil Albert Frick 10-1-98

Texture	Consistency	Color	Mottling
0			
6	Gravelly	Dark	
12	loamy sand	Brown	
18	fill	Amiable	None
24			
30			
36			
42			
48			

Soil Profile 11 Classification A Slope 40 Limiting Factor 40 Groundwater Restrictive Layer Bedrock

Observation Hole # 106 Test Pit Boring
 Depth of organic horizon above mineral soil Albert Frick 10-1-98

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Soil Profile 11 Classification A Slope 21 Limiting Factor 21 Groundwater Restrictive Layer Bedrock

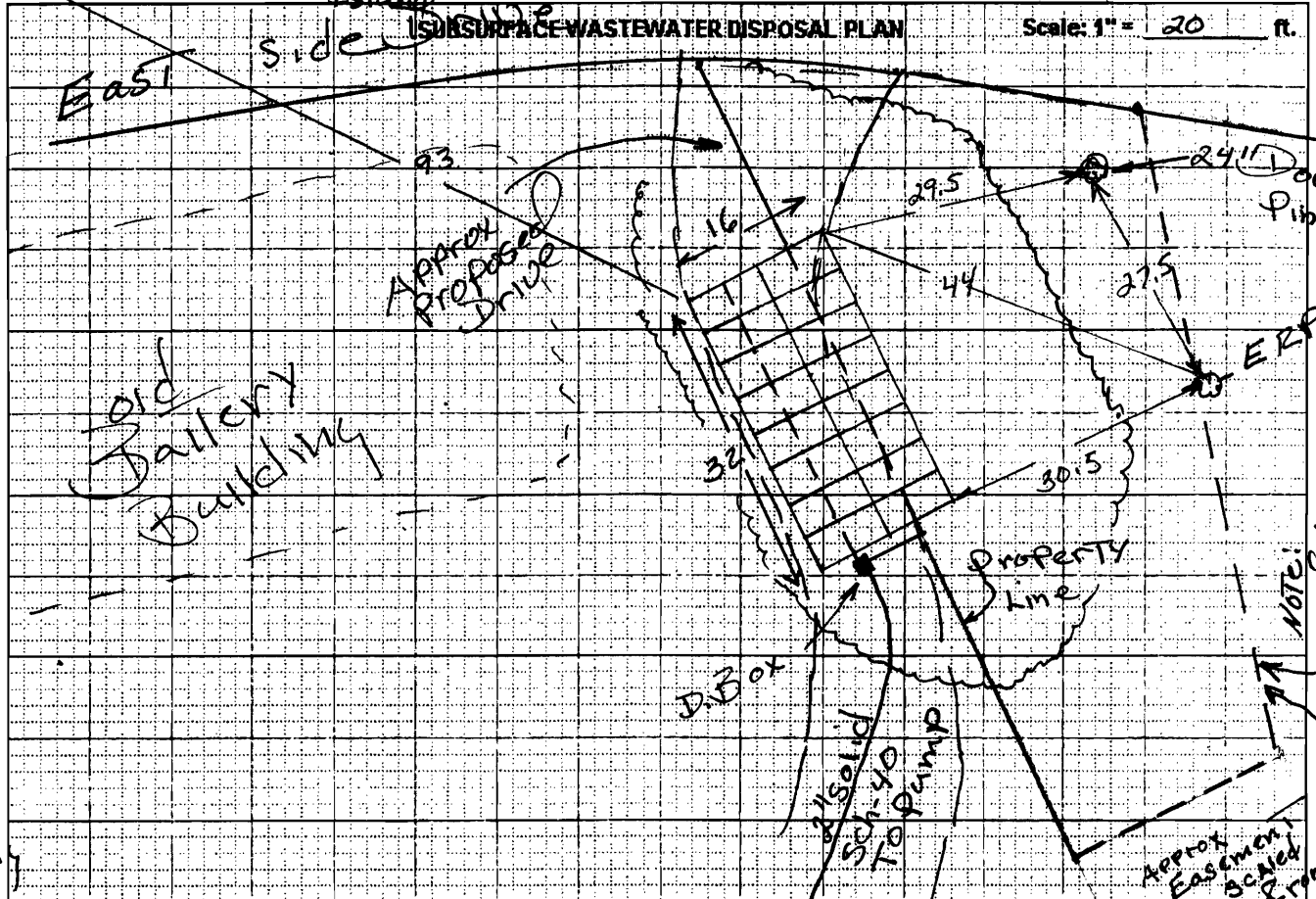
Samuel J. Lander
Site Evaluator Signature

73 SE # 8-29-04 Date

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Town, City, Plantation Great Portland Diamond Island Street, Road, Subdivision Lot 68 East Side Drive Owner or Applicant Name Karen Anable



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Backfill (upslope)	<u>33</u>	Finished Grade Elevation	<u>-17</u>	Location & Description:	<u>3" Pine Tree with a nail 62" above the ground</u>
Depth of Backfill (downslope)	<u>50</u>	Top of Distribution Pipe or Proprietary Device	<u>-23</u>	Reference Elevation is:	<u>0.0" or</u>
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	<u>-36</u>		

