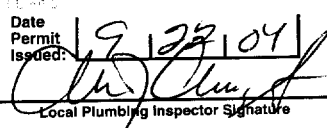
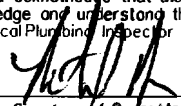


84 C 009

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	Date Permit Issued: <u>9/23/04</u>  Local Plumbing Inspector Signature	\$ <u>1100.00</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>06540</u>
Street or Road	WOODS ROAD		
Subdivision, Lot *			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	HASSON RICHARD		
Mailing Address of	64 NEW ISLAND AVENUE		
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	PEAKS ISLAND, ME 04106		
Daytime Tel. *	766-5004	Municipal Tax Map *	92 Lot * 36-38

<p>Owner or Applicant Statement</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> Signature of Owner/Applicant</p> <p style="text-align: right;"><u>9/22/04</u> Date</p>	<p style="text-align: center;">Caution: Inspections Required</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 style="text-align: right;">(1st) Date Approved _____</p> <p style="text-align: center;">Local Plumbing Inspector Signature</p> <p style="text-align: right;">(2nd) Date Approved _____</p>
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PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p>1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>OVERBOARD DISCHARGE</u> Year Installed: <u>PRE-1974</u></p> <p>3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion</p> <p>4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p>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</p> <p>3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p>1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & airt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only _____ Gallons) 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) 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</p>
<p>SIZE OF PROPERTY</p> <p><u>52,000</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p>1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: & 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units. _____ 3. <input type="checkbox"/> Other: _____</p> <p style="text-align: center;">SPECIFY</p>	<p>SEASONAL TYPE OF WATER SUPPLY</p> <p>1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private</p>
<p>SHORELAND ZONING</p>		

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____</p> <p>CAPACITY <u>1000</u> gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary device a. <input type="checkbox"/> Cluster or array c. <input type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded</p> <p>4. <input type="checkbox"/> Other: _____</p> <p>SIZE <u>1008</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>2 ELJEN IN-DRAIN UNITS</u></p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below</p> <p>a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet</p>	<p>DESIGN FLOW</p> <p>270 gallons per day BASED ON</p> <p>1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p> <p>3 BEDROOMS AT 90 GALLONS PER DAY EACH = 270 GPD</p> <p>3. <input type="checkbox"/> Section 503.0 (meter readings)</p> <p>ATTACH WATER-METER DATA</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE <u>2</u> / CONDITION <u>A/C</u> / DESIGN <u>1</u></p> <p>AT Observation Hole * <u>TB C</u> Depth <u>16</u>"</p> <p>OF MOST LIMITING SOIL FACTOR</p>	<p>DISPOSAL FIELD SIZING</p> <p>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</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems</p> <p>DOSE: _____ Gallons</p>	

SITE EVALUATOR STATEMENT

I certify that on 8/23/04 (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)

<p> Site Evaluator Signature</p>	<p><u>163</u> SE *</p>	<p><u>9/15/2004</u> Date</p>	<p>PERMIT ISSUED NOV 17 2004 OF PORTLAND</p>
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ALBERT FRICK Site Evaluator Name Printed Telephone Number (207) 839-5563 E-mail Address ALBERTFRICK@WORLDNET.ATT.NET

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

HHE-200 Rev. 8/01

Town, City, Plantation
PORTLAND, PEAKS ISLAND

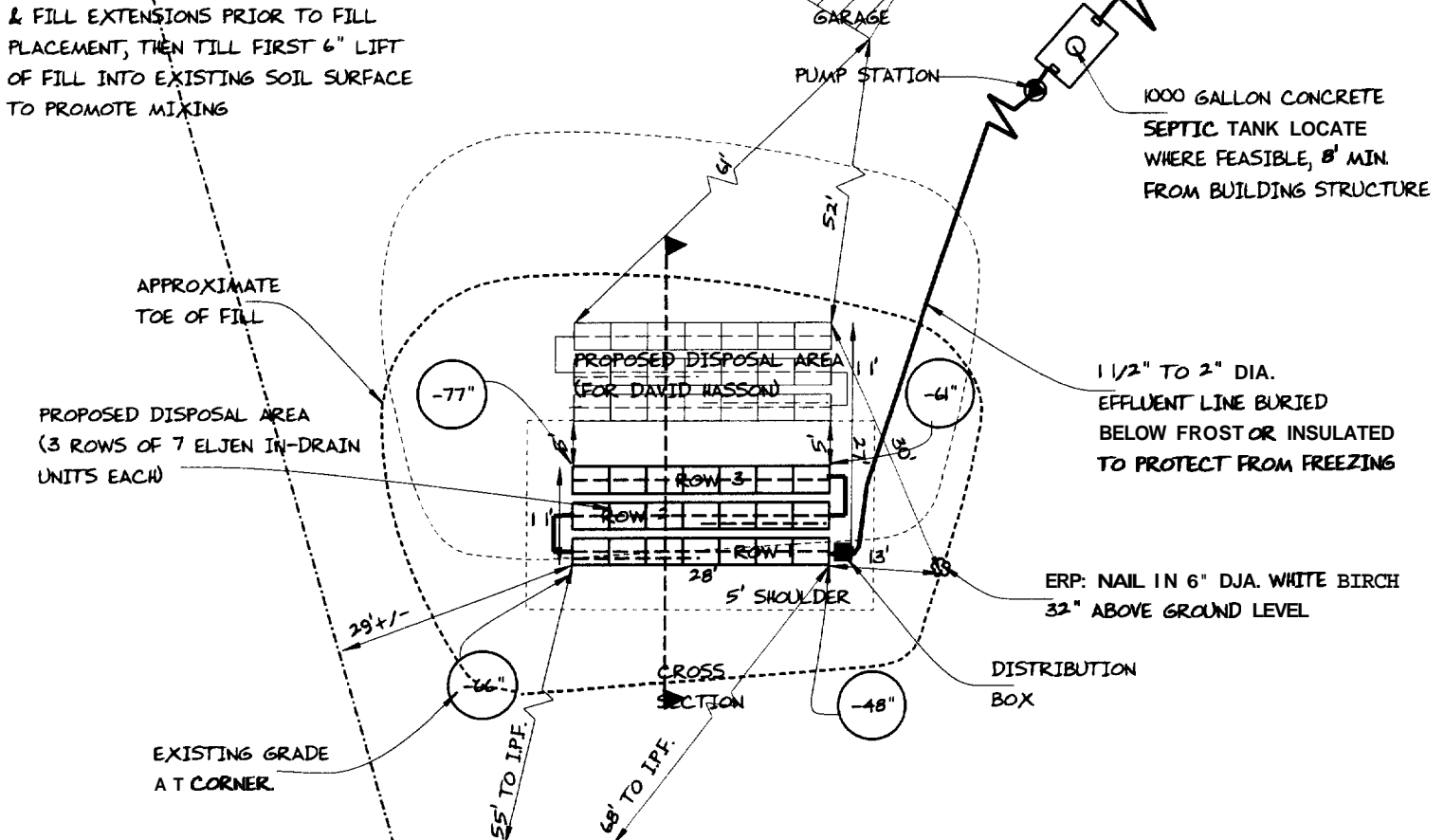
Street, Road, Subdivision
WOODS ROAD

Owner's Name
RICHARD HASSON

NOTE: THOROUGHLY ROTOTILL ENTIRE AREA UNDER DISPOSAL FIELD & FILL EXTENSIONS PRIOR TO FILL PLACEMENT, THEN TILL FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING

SUBSURFACE WASTEWATER DISPOSAL PLAN
 EXISTING

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 19" - 37"
 Depth of Fill (Downslope) : 24" - 40"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

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

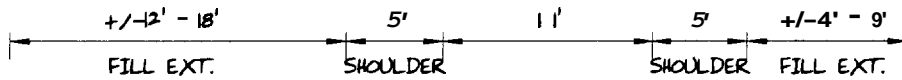
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

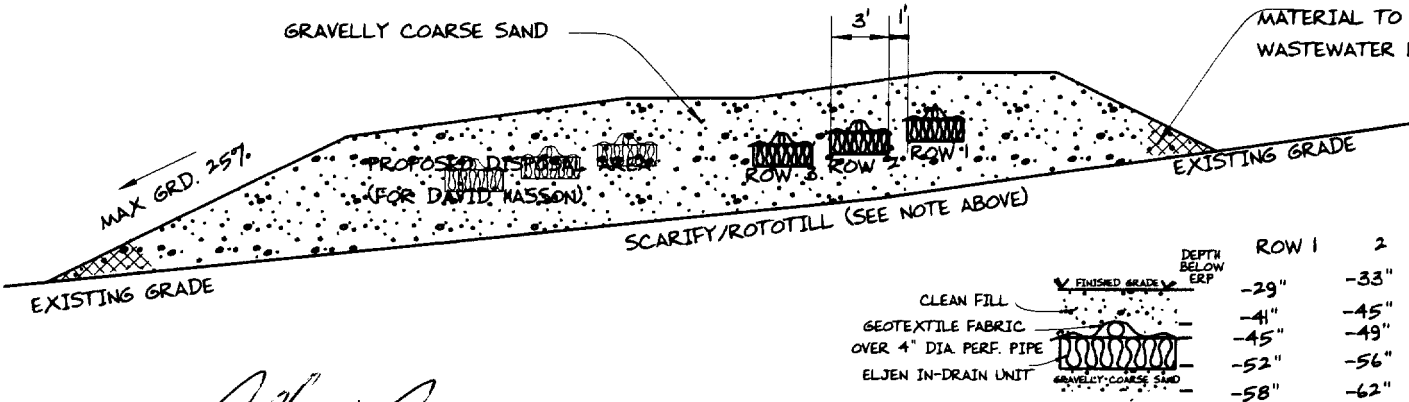
Location & Description 6" DIA. WHITE BIRCH, NAIL 32" ABOVE BASE
 Reference Elevation is: 0.0' or -----

SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 10 FT

DISPOSAL AREA CROSS SECTION



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



DEPTH BELOW ERP	ROW 1	2	3
FINISHED GRADE	-29"	-33"	-37"
CLEAN FILL	-41"	-45"	-49"
GEOTEXTILE FABRIC	-45"	-49"	-53"
OVER 4" DIA. PERF. PIPE	-52"	-56"	-60"
ELJEN IN-DRAIN UNIT	-58"	-62"	-66"
GRAVELLY COARSE SAND			

Albert Frick
 Site Evaluator Signature

163
 SE *

9/15/2004
 Date



Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563

PORTLAND, PEAKS ISLAND	WOODS ROAD	RICHARD HASSON
TOWN	LOCATION	APPLICANT'S NAME

1) **The** Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and ma& a part of **this** application and shall be consulted by the **owner/applicant**, the system **installer** and/or building contractor for further **construction** details and material specifications. The system Installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system **installer** and/or building contractor **installing** the system shall be solely responsible for compliance with **the** Rules and with **all** state and municipal **law** and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.

2) This application is intended to represent facts pertinent to the **Rules** only. It shall be the responsibility of the **owner/applicant**, system Installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations.

Prior to the commencement of **construction/installation**, the local plumbing inspector shall **inform** the **owner/applicant** and Albert Frick Associates, Inc of any local ordinances which are more restrictive **than** the Rules in order that the design may be amended All designs are subject to review by local, **state** and/or federal authorities. Albert Frick Associates, Inc.'s liability **shall** be limited to revisions required by regulatory agencies pursuant to **law** or regulations in effect at **the time** of preparation of **this** application.

3) **All information** shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as utility **lines**, drains, septic systems, water lines, etc.) are based solely upon information provided by the **owner/applicant** and **has been** relied upon by Albert Frick Associates, Inc. in preparing this application. The **owner/applicant** shall review this application prior to the **start** of construction and **confirm** this information.

4) Installation of a garbage (grinder) disposal is not recommended If **one is** installed, an additional 1000 **gallon** septic tank or a septic tank filter should be connected in series to the proposed septic **tank**.

5) The **system user** shall avoid introducing kitchen grease or fats into this **system**. **Chemicals such as** septic tank cleaners and/ or **chlorine (such as** from water treatment) and controlled or hazardous substances **shall** not be disposed of in this **system**.

PORTLAND, PEAKS ISLAND

WOODS ROAD

RICHARD HASSON

TOWN

LOCATION

APPLICANT'S NAME

- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than every three years.
- 7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu. ft.) x 7.48 cu. ft. (gallons per cu. ft.) divided by the # of days in period).
- 8) The general minimum setbacks between a well and septic system serving a single family residence is **100-300** feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirement. In gravity systems, the invert of the septic tank(s) outlet(s) shall be at least **4** inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. **Also**, when pumping is required of a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least **8** inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.
- 11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than **5%** fines (silt and clay).
- 12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent



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