

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PEAKS ISLAND, PORTLAND	NOI LATE	
Street or Road	12 ONWAY AVENUE	PORTLAND	PERMIT # 10426 TOWN COPY
Subdivision, Lot *		Date Permit Issued: <u>8/28/07</u>	\$ <u>100</u> <input type="checkbox"/> Double Fee <input checked="" type="checkbox"/> FEE Charged
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>10691</u>	
Name (last, first, MI)	DETMER EDWARD & JILL Applicant	SSCCY	
Mailing Address of	C/O HARVEY JOHNSON THOMPSON JOHNSON WOODWORKS 115 ISLAND AVE PEAKS ISLAND, ME	Municipal Tax Map • 85 Lot CC 4,5 Lot N 43 39' 20" Lon. W 70 10' 57"	
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant		Owner or Applicant Statement	
Daytime Tel *	232-5833	Caution: Inspections 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/Applicant: <u>Terrence J. Mulhern</u> Date: <u>9-21-07</u>		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____	

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>PLASTIC CHAMBER</u> Year Installed: <u>?</u> 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 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. <input type="checkbox"/> 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	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & 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) 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
SIZE OF PROPERTY <u>11,650 SQ. FT.</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 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: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>1008</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>24 ELJEN IN DRAIN UNITS</u>	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input 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 type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>270</u> 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 -
SOIL DATA & DESIGN CLASS PROFILE <u>2</u> CONDITION <u>A</u> DESIGN <u>1</u> AT Observation Hole • <u>TP 1</u> Depth <u>24</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 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	EFFLUENT/EJECTOR PUMP 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: DOSE: _____ Gallons	EXISTING 2 BEDROOM EXPANDING TO 3 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 8/15/07 (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 CMP 41).

Site Evaluator Signature: <u>Albert Frick</u>	SE • <u>163</u>	Date: <u>8/31/2007</u>
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	AFA@MAINERR.COM E-mail Address

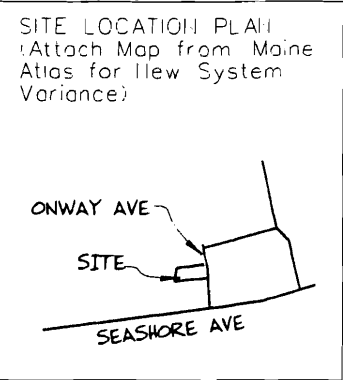
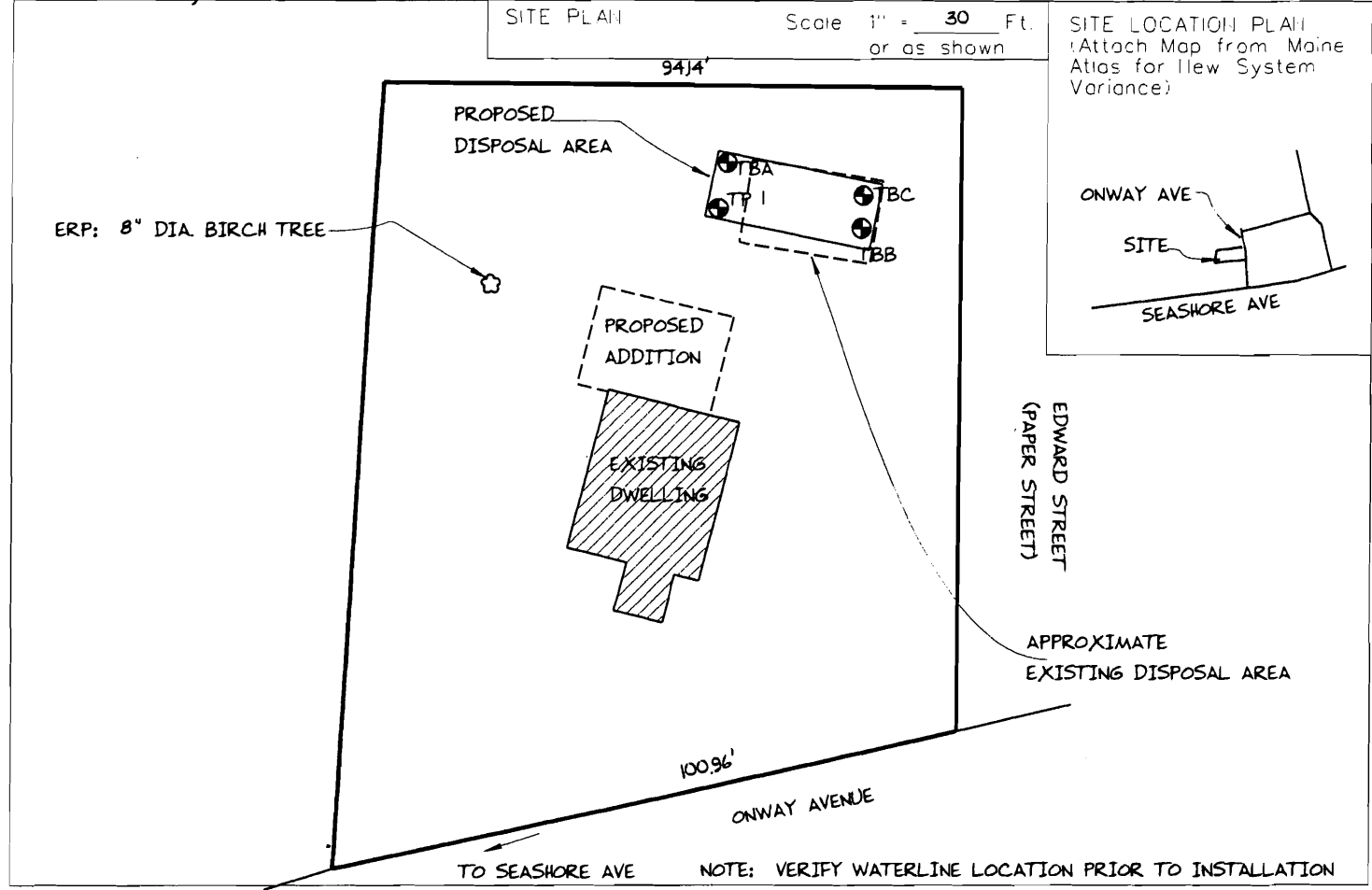
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
PEAKS ISLAND, PORTLAND

Street, Road Subdivision
12 ONWAY AVENUE

Owner's Name
EDWARD & JILL DETMER



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

Observation Hole TP I Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			BROWN	
10	STONY SANDY LOAM	FRIABLE		
20			YELLOW BROWN	
30	BEDROCK			
40				
50				

Soil Classification: Profile 2 Condition A
 Slope: _____ Limiting Factor: 24"
 Ground Water Restrictive Layer
 Bedrock Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification: Profile _____ Condition _____
 Slope: _____ Limiting Factor: _____
 Ground Water Restrictive Layer
 Bedrock Pit Depth

Albert Frick
 Site Evaluator Signature

163
 SE

8/31/2007
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

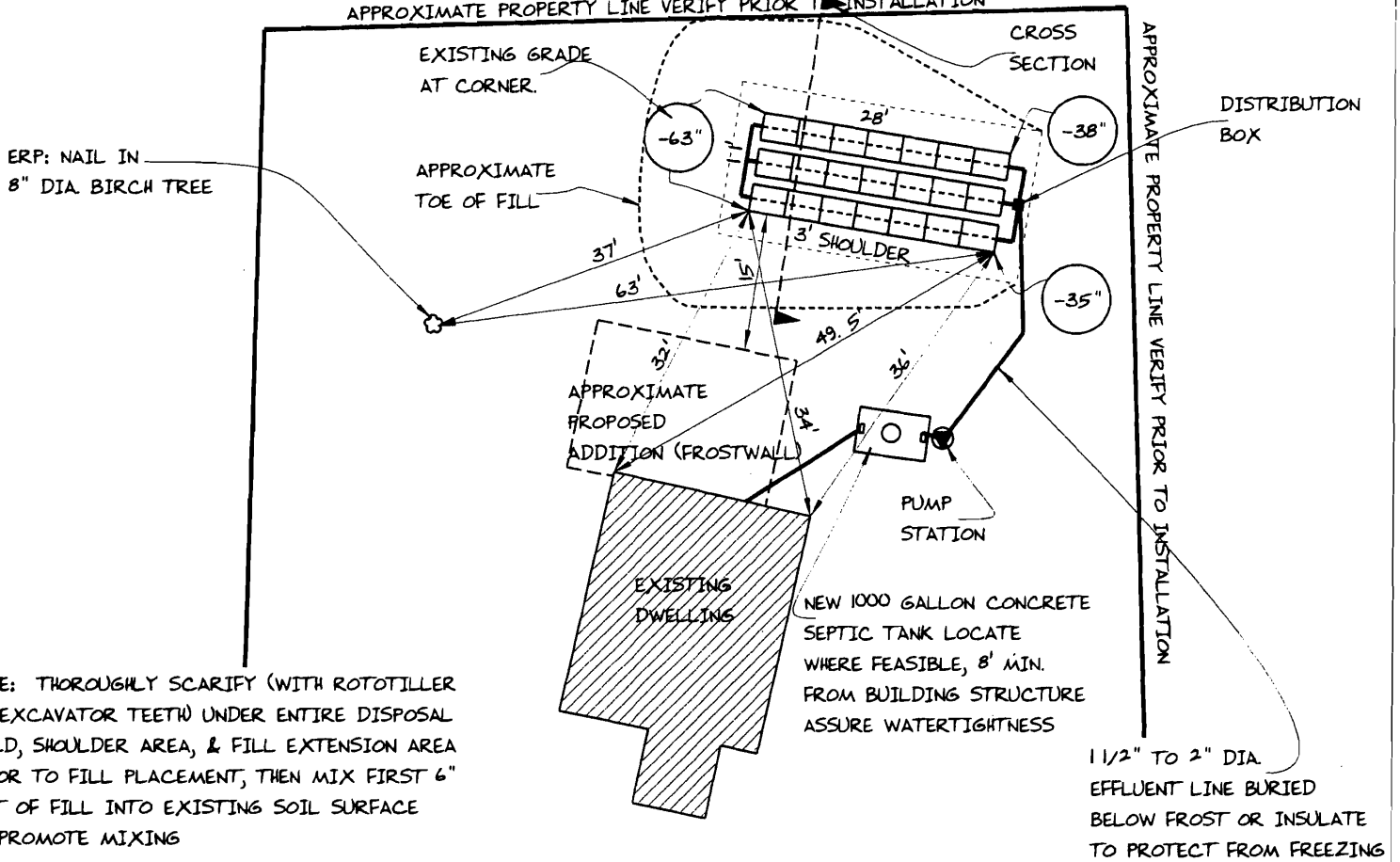
Town, City, Plantation
PEAKS ISLAND, PORTLAND

Street, Road, Subdivision
12 ONWAY AVENUE

Owner's Name
EDWARD & JILL DETMER

SUBSURFACE WASTEWATER DISPOSAL PLAN APPROXIMATE PROPERTY LINE VERIFY PRIOR TO INSTALLATION

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 0" - 23"
 Depth of Fill (Downslope) : 0" - 23"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

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

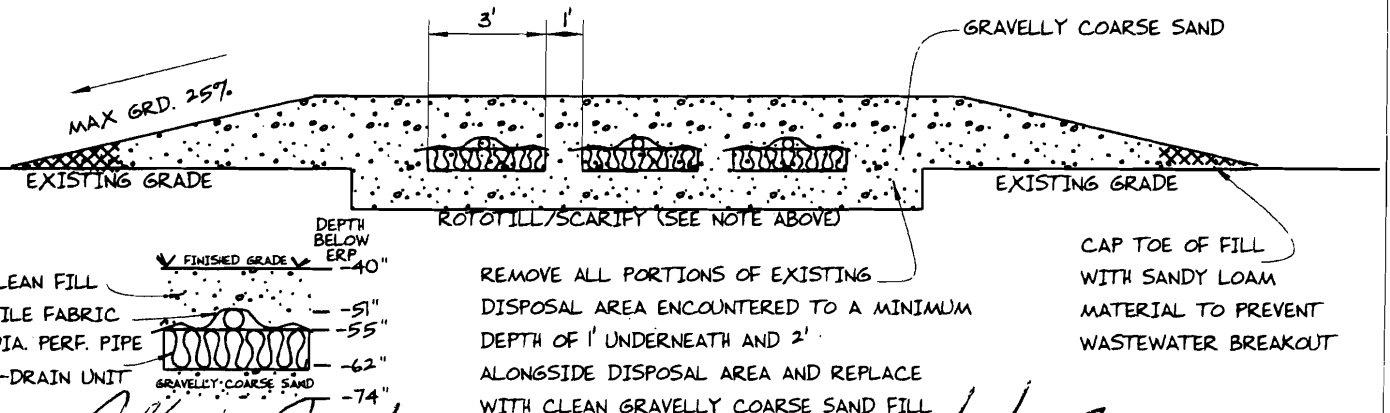
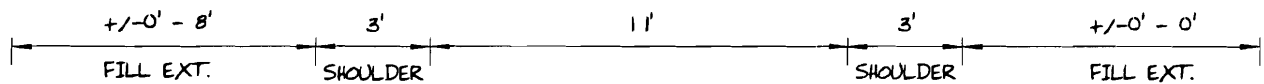
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description
 8" DIA. BIRCH TREE
 NAIL 72" ABOVE BASE OF TREE
 Reference Elevation is: 0.0' or -----

DISPOSAL AREA CROSS SECTION

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



Albert Frick
 Site Evaluator Signature

163
 SE

8/31/2007
 Date

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 HHE-200 Rev. 10.02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10, SHS

PROPERTY LOCATION

City, Town, or Plantation: **PEAKS ISLAND, PORTLAND**

Street or Road: **12 ONWAY AVENUE**

Subdivision, Lot #:

PORTLAND PERMIT # **10426** APPLICANTS COPY

Date Permit Issued: **9/28/07** \$ **100** FEE If Double Fee Charged

Chad N.
Local Plumbing Inspector Signature

L.P.I. # **1069**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **DETMER EDWARD & JILL** Owner

Mailing Address of: **C/O HARVEY JOHNSON THOMPSON JOHNSON WOODWORKS 115 ISLAND AVE PEAKS ISLAND, ME**

Daytime Tel #: **232-5833**

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Owner or Applicant Statement

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.

Terrence J. Mulhern
Signature of Owner/Applicant

9-21-07
Date

Caution: Inspections Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Thomas M. Madley
Local Plumbing Inspector Signature

12/6/07
(1st) Date Approved

(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
2. Replacement System
Type Replaced: **PLASTIC CHAMBER**
Year Installed: **?**

3. Expanded System
a. Minor Expansion
b. Major Expansion
4. Experimental System
5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance
2. First Time System Variance
a. Local Plumbing Inspector Approval
b. State & Local Plumbing Inspector Approval
3. Replacement System Variance
a. Local Plumbing Inspector Approval
b. State & Local Plumbing Inspector Approval
4. Minimum Lot Size Variance
5. Seasonal Conversion Approval

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-Engineered System
2. Primitive System (gray water & all toilet)
3. Alternative Toilet, specify: _____
4. Non-Engineered Treatment Tank (only)
5. Holding Tank, _____ Gallons
6. Non-Engineered Disposal Field (only)
7. Separated Laundry System
8. Complete Engineered System (2000 gpd)
9. Engineered Treatment Tank (only)
10. Engineered Disposal Field (only)
11. Pre-treatment, specify: _____
12. Miscellaneous components

SIZE OF PROPERTY

11,650 SQ. FT. +/- sq. ft. acres

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: **3**
2. Multiple Family Dwelling, No. of Units: _____
3. Other: _____

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
4. Public 5. Other: _____

SHORELAND ZONING

Yes No

SPECIFY

Current Use Seasonal Year Round Undeveloped

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
OR
a. Regular
b. Low Profile
2. Plastic
3. Other: _____
CAPACITY **1000** gallons

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
3. Proprietary Device
a. Cluster array c. Linear
b. Regular d. H-20 loaded
4. Other: _____
SIZE **1008** sq. ft. lin. ft.
21 ELJEN IN DRAIN UNITS

GARBAGE DISPOSAL UNIT

1. No 3. Maybe
2. Yes >> Specify one below:
a. Multi-compartment tank
b. _____ tanks in series
c. Increase in tank capacity
d. Filter on tank outlet

DESIGN FLOW

270 gallons per day
BASED ON:
1. Table 501.1 (dwelling units)
2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilities.

SOIL DATA & DESIGN CLASS

PROFILE **2** CONDITION **A** DESIGN **I**

AT Observation Hole # **TP 1**
Depth **24**
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD SIZING

1. Small - 2.0 sq.ft. gpd
2. Medium - 2.6 sq.ft. gpd
3. Medium-Large - 3.3 sq.ft. gpd
4. Large - 4.1 sq.ft. gpd
5. Extra-Large - 5.0 sq.ft. gpd

EFFLUENT/EJECTOR PUMP

1. Not required
2. May be required
3. Required >> Specify only for engineered or experimental systems:
DOSE _____ Gallons

EXISTING 2 BEDROOM EXPANDING TO 3 BEDROOMS AT 90 GALLONS PER DAY EACH

3. Section 503.0 (meter readings)
ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on **8/15/07** (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 CMP 411).

Albert Frick
Site Evaluator Signature

163
SE #

8/31/2007
Date

ALBERT FRICK (207) 839-5563 AFA@MAINERR.COM
Site Evaluator Name Printed Telephone Number E-mail Address

NOTE: Changes to or deviations from the design should be confirmed with the Site Evaluator

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 Division of Health Engineering, Station 10, SHS
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Town, City, Plantation
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12 ONWAY AVENUE

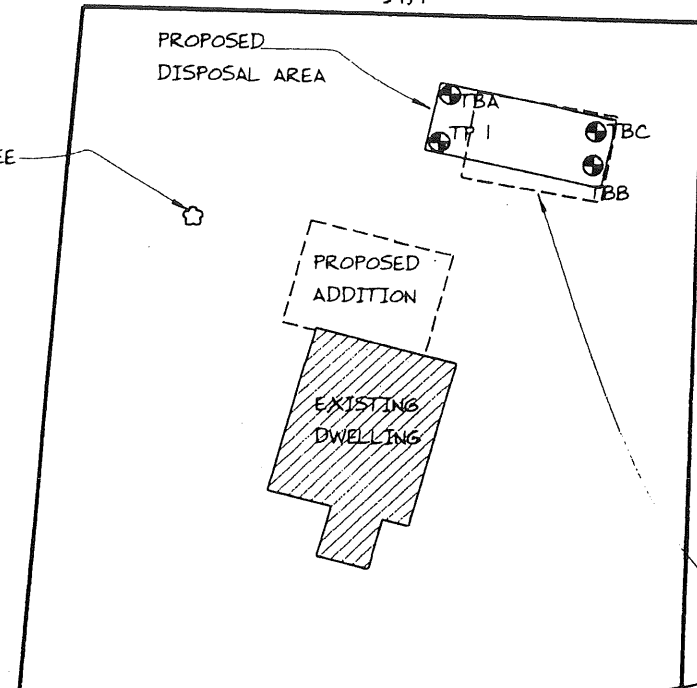
Owner's Name
EDWARD & JILL DETMER

SITE PLAN

Scale 1" = 30 Ft.
 or as shown

SITE LOCATION PLAN
 (Attach Map from Maine
 Atlas for New System
 Variance)

ERP: 8" DIA. BIRCH TREE



ONWAY AVE

SITE

SEASHORE AVE

EDWARD STREET
 (PAPER STREET)

APPROXIMATE
 EXISTING DISPOSAL AREA

100.96'

ONWAY AVENUE

TO SEASHORE AVE

NOTE: VERIFY WATERLINE LOCATION PRIOR TO INSTALLATION

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

Observation Hole TP 1 Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			BROWN	
10	STONY SANDY LOAM	FRIABLE		
20			YELLOW BROWN	
30	BEDROCK			
40				
50				

Soil Classification 2	Slope	Limiting Factor 24"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

TBA = 23" TO BEDROCK
 TBB = 32" TO BEDROCK
 TBC = 32" TO BEDROCK

Albert Frick
 Site Evaluator Signature

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 SE

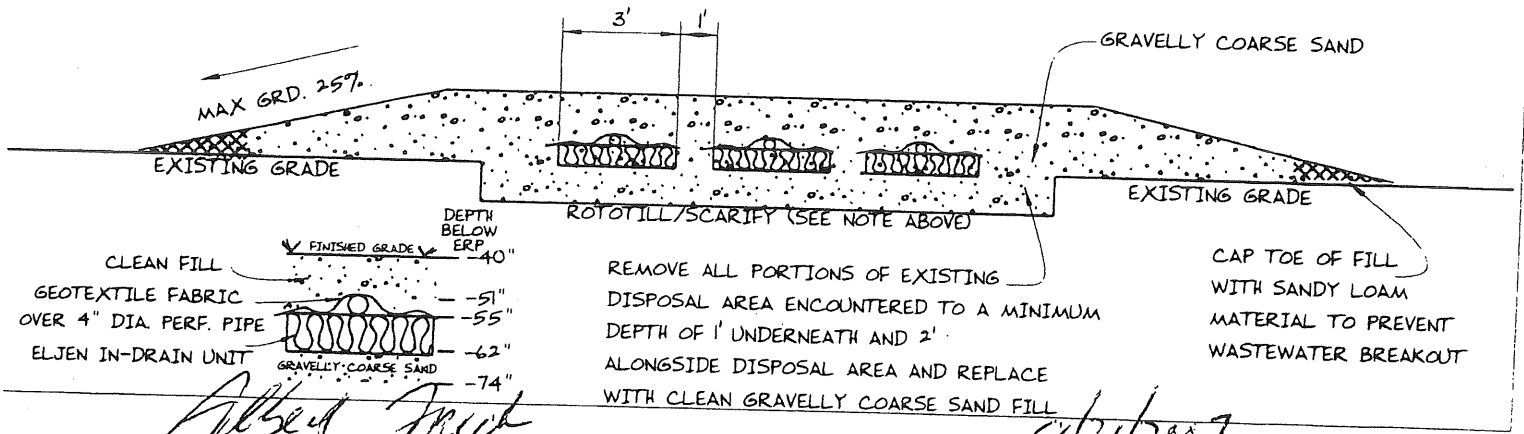
8/31/2007
 Date

FILL EXT.

SHOULDER

SHOULDER

FILL EXT.



REMOVE ALL PORTIONS OF EXISTING DISPOSAL AREA ENCOUNTERED TO A MINIMUM DEPTH OF 1' UNDERNEATH AND 2' ALONGSIDE DISPOSAL AREA AND REPLACE WITH CLEAN GRAVELLY COARSE SAND FILL

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

- CLEAN FILL
- GEOTEXTILE FABRIC
- OVER 4" DIA. PERF. PIPE
- ELJEN IN-DRAIN UNIT

- DEPTH BELOW ERP
- 40"
- 51"
- 55"
- 62"
- 74"

Albert Frick
Site Evaluator Signature

163
SE

8/31/2007
Date