

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		
Street or Road	12 ONWAY AVENUE		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		PORTLAND PERMIT # 10426 TOWN COPY Date Permit Issued: <u>8/28/07</u> \$ <u>100</u> <input type="checkbox"/> Double Fee <input checked="" type="checkbox"/> FEE Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>10691</u>	
Name (last, first, MI)	Owner: EDWARD & JILL Applicant: DETMER		
Mailing Address of	C/O HARVEY JOHNSON THOMPSON JOHNSON WOODWORKS 115 ISLAND AVE PEAKS ISLAND, ME		
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	85 CC 4		
Daytime Tel #	232-5833		
Owner or Applicant Statement		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: _____ _____ (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

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. 4-05

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

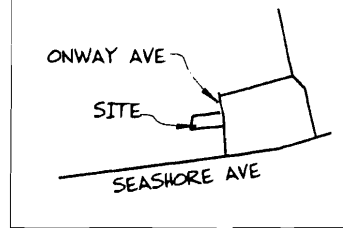
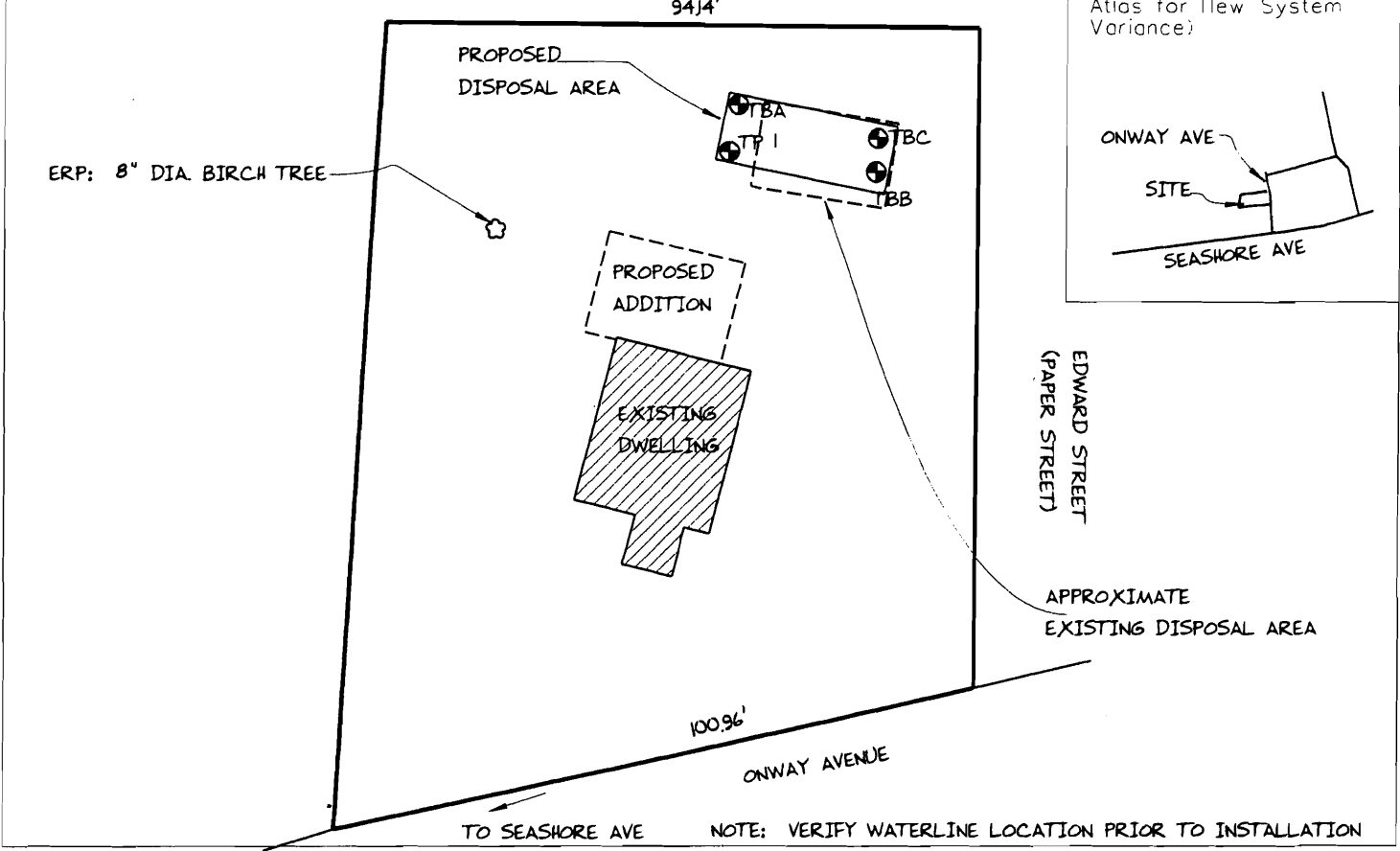
Town, City, Plantation
PEAKS ISLAND, PORTLAND

Street, Road Subdivision
12 ONWAY AVENUE

Owner's Name
EDWARD & JILL DETMER

SITE PLAN Scale 1" = 30 Ft. or as shown

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



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				

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

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

Page 2 of 3
 HHE-200 Rev. 10 02

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

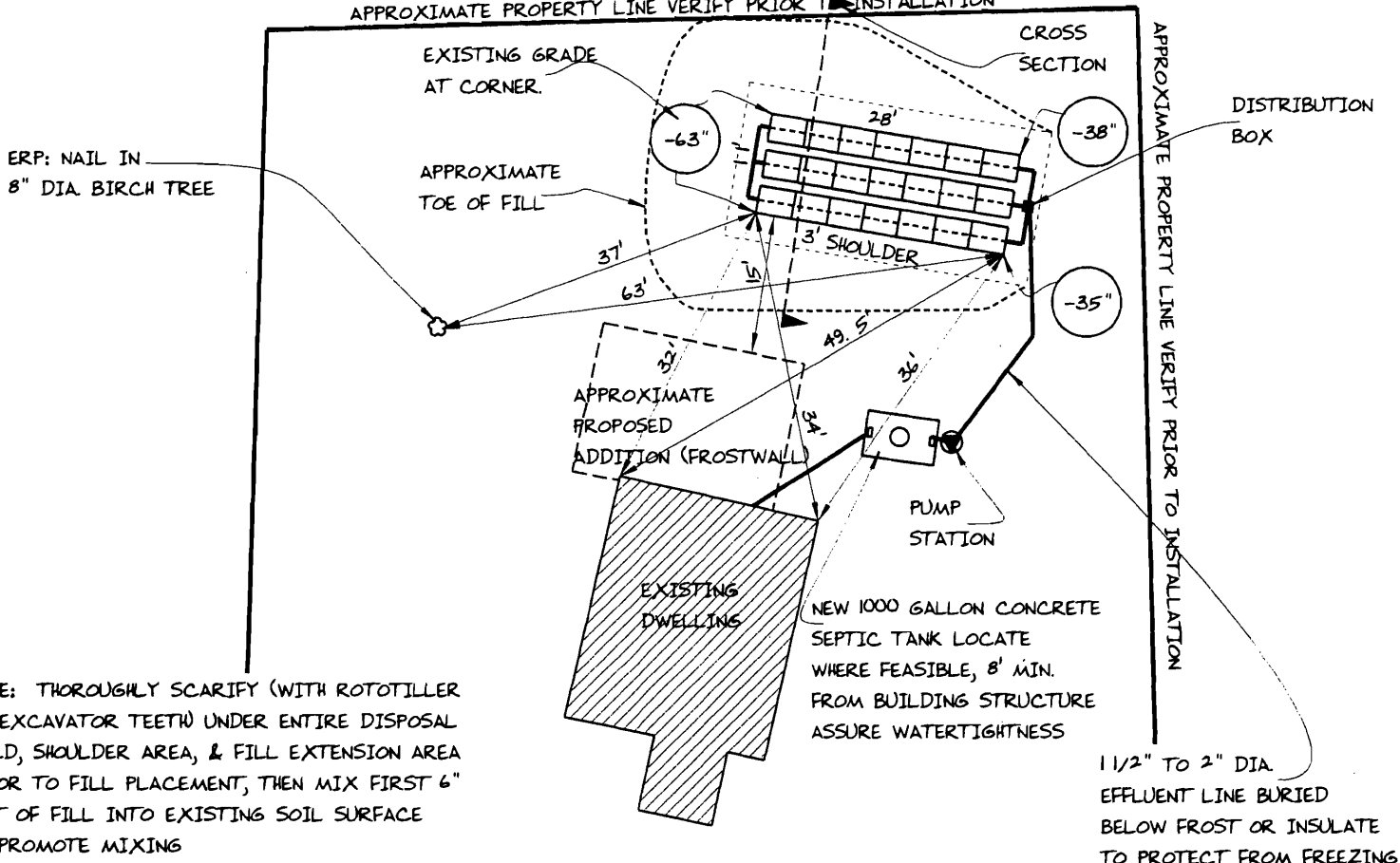
Town, City, Plantation
PEAKS ISLAND, PORTLAND

Street, Road, Subdivision
12 ONWAY AVENUE

Owner's Name
EDWARD & JILL DETMER

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

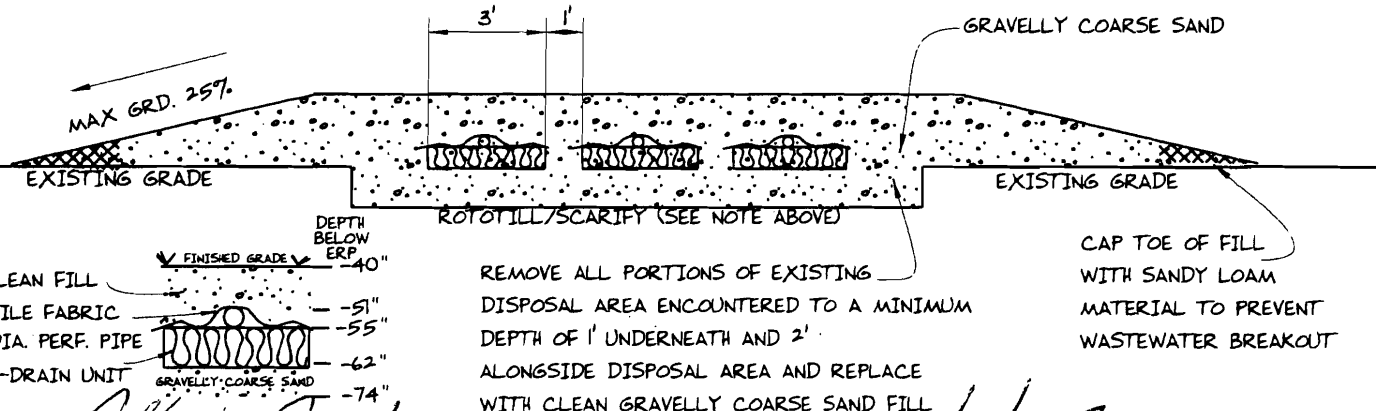
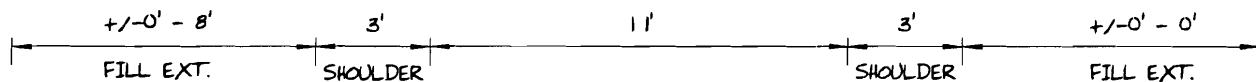
SEE
 DETAIL
 BELOW

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

Page 3 of 3
 HHE-200 Rev. 10.02