

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-3165

**PROPERTY LOCATION**

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

Street or Road: **39 UPPER A STREET**

Subdivision, Lot #:

**>>CAUTION: LPI APPROVAL REQUIRED<<**

Town/City: \_\_\_\_\_ Permit #: \_\_\_\_\_

Date Permit Issued:   /  /   Fee \$: \_\_\_\_\_ Double Fee Charged [ ]

LPI #: \_\_\_\_\_

Local Plumbing Inspector Signature: \_\_\_\_\_

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): **BUTKUS THERESA**  Owner  Applicant

Mailing Address of Owner: **2220 LINCOLN STREET COLUMBIA, SC 29201**

Daytime Tel. #: **803-331-8111 t.butkus@earthlink.net**

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # **87** Lot # **II 29-1**

**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.

*Daniel M. Pulkern* 2/23/17  
Signature of Owner/Applicant **LPA INC.** Date

**CAUTION: INSPECTION REQUIRED**

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

Local Plumbing Inspector Signature: \_\_\_\_\_ (1st) Date Approved: \_\_\_\_\_  
Local Plumbing Inspector Signature: \_\_\_\_\_ (2nd) Date Approved: \_\_\_\_\_

## PERMIT INFORMATION

<p><b>TYPE OF APPLICATION</b></p> <p><input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <b>CESSPOOL</b> Year Installed: <b>PRE 1974</b></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. &lt;25% Expansion <input type="checkbox"/> b. &gt;25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p><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 &amp; Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State &amp; Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p><input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater &amp; 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 (2000gpd+) <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</p>
<p><b>SIZE OF PROPERTY</b></p> <p><b>9,500 +/-</b> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES</p>	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <b>4</b> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><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:</p>
<p><b>SHORELAND ZONING</b></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <p><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: _____</p> <p>CAPACITY: <b>1000</b> GAL.</p>	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <b>1344</b> sq. ft. <input type="checkbox"/> lin. ft. <b>28 ELJEN GSF UNITS</b></p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>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</p>	<p><b>DESIGN FLOW</b></p> <p><b>360</b> gallons per day</p> <p>BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p> <p><b>4 BEDROOMS AT 90 GALLONS PER DAY EACH</b></p>
<p><b>SOIL DATA &amp; DESIGN CLASS</b></p> <p>PROFILE: <b>2</b> CONDITION: <b>AIII</b></p> <p>at Observation Hole # <b>TB C</b> Depth <b>17</b> " of Most Limiting Soil Factor</p>	<p><b>DISPOSAL FIELD SIZING</b></p> <p><input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq.ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq.ft./gpd</p>	<p><b>EFFLUENT/EJECTOR PUMP</b></p> <p><input type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input checked="" type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: DOSE: _____ gallons</p>	<p><b>LATITUDE AND LONGITUDE</b> at center of disposal area</p> <p>Lat. <b>N 43 d 39 m 26.26 s</b> Lon. <b>W 70 d 11 m 36.64 s</b> If g.p.s., state margin of error</p>

## SITE EVALUATOR STATEMENT

I Certify that on 7/21/16 (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).

Site Evaluator Signature: *Albert Frick*

SE # **163**

Date: **8/5/2016**

ALBERT FRICK  
Site Evaluator Name Printed

(207) 839-5563  
Telephone Number

ALBERT@ALBERTFRICK.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

# 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  
**PORTLAND, PEAKS ISLAND**

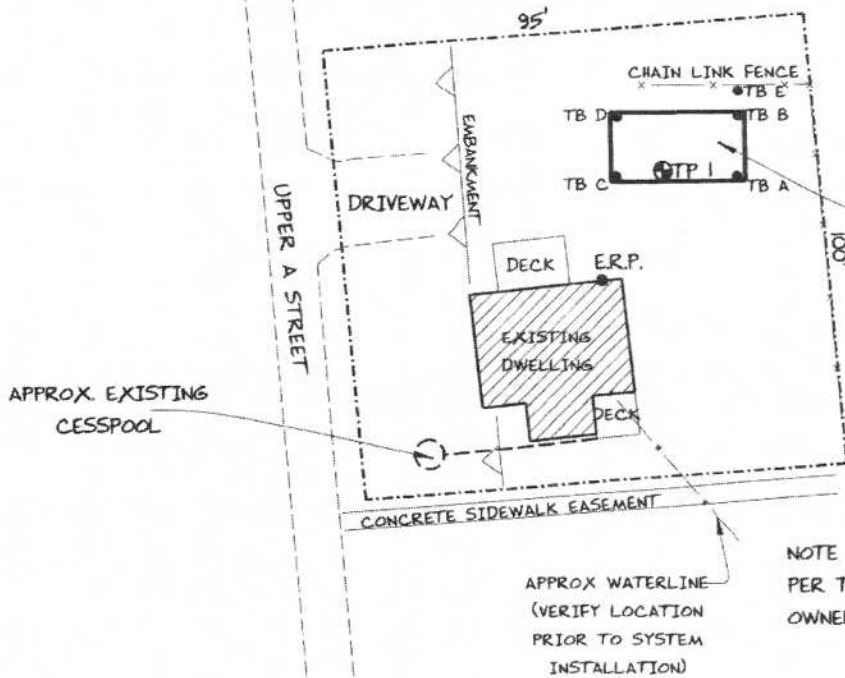
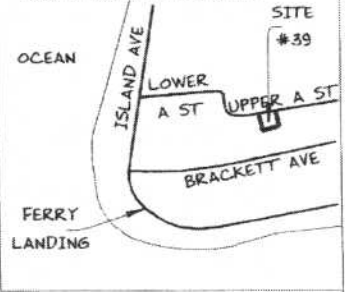
Street, Road Subdivision  
**39 UPPER A STREET**

Owner's Name  
**THERESA BUTKUS**

SITE PLAN

Scale 1" = 40 Ft.  
 or as shown

SITE LOCATION PLAN  
 (Attach Map from Maine Atlas Recommended)



PROPOSED DISPOSAL AREA

APPROX. EXISTING CESSPOOL

APPROX WATERLINE  
 (VERIFY LOCATION PRIOR TO SYSTEM INSTALLATION)

NOTE : PROPERTY INFORMATION APPROXIMATED PER TOWN TAX MAP AND AS POINTED OUT BY OWNER. VERIFY TO ASSURE PROPER SETBACKS

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

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

Texture	Consistency	Color	Mottling
CHANNERY		DARK	
SANDY	FRIABLE	BROWN	
LOAM		YELLOW	NONE
		BROWN	EVIDENT
REFUSAL IN LARGE ROCK OR BEDROCK			

Soil Classification: **2 AIII**  
 Profile: **2** Condition: **AIII**  
 Slope: **0-3 %**  
 Limiting Factor: **18"**  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Observation Hole TB 5  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
TB A = 20" TO REFUSAL / BEDROCK			
TB B = 25" TO REFUSAL / BEDROCK			
TB C = 17" TO REFUSAL / BEDROCK			
TB D = 24" TO REFUSAL / BEDROCK			
TB E = 26" TO REFUSAL / BEDROCK			

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

*Albert Frick*  
 Site Evaluator Signature

163  
 SE #

8/5/2016  
 Date

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Street, Road, Subdivision

Owner's Name

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39 UPPER A STREET

THERESA BUTKUS

NOTE: THOROUGHLY SCARIFY UNDER

EXISTING DISPOSAL FIELD, SHOULDER

AREA, & FILL EXTENSION AREA PRIOR

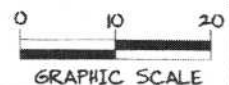
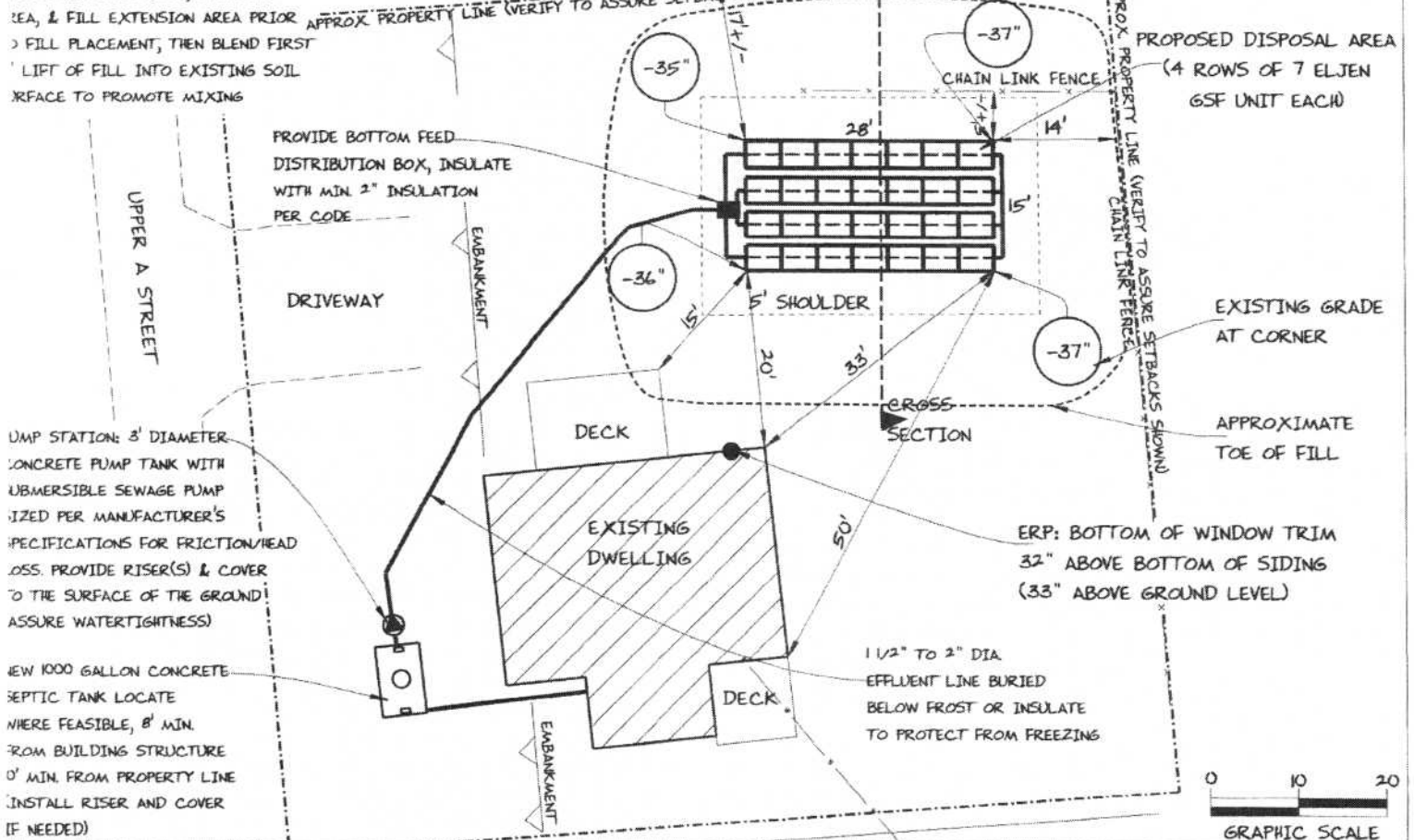
TO FILL PLACEMENT, THEN BLEND FIRST

LIFT OF FILL INTO EXISTING SOIL

TO PROMOTE MIXING

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



### FILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT

Depth of Fill (Upslope) : 29" - 31"  
Depth of Fill (Downslope) : 30" - 31"  
DEPTHS AT CROSS-SECTION (shown below)

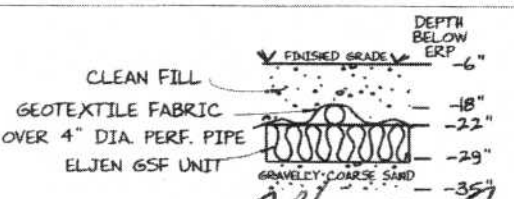
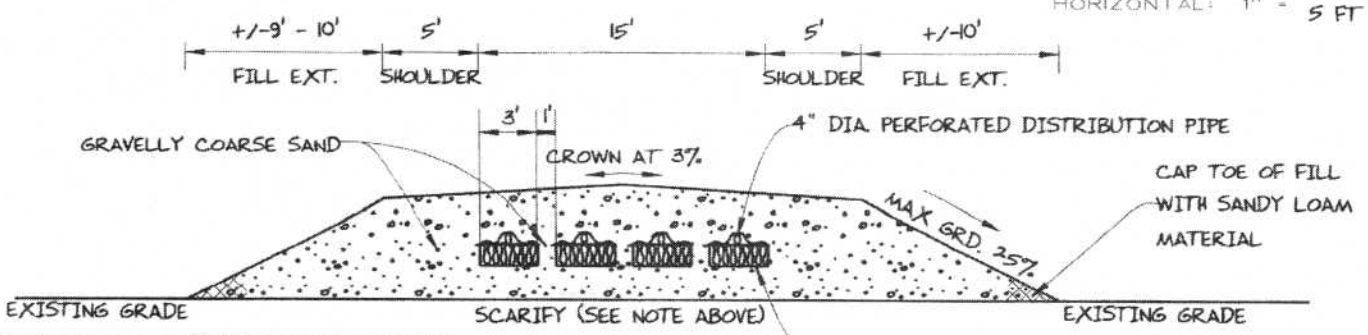
Finished Grade Elevation  
Top of Distribution Pipe or Proprietary Device  
Bottom of Disposal Area

SEE  
DETAIL  
BELOW

Location & Description BOTTOM OF WINDOW TRIM, 32" ABOVE BOTTOM OF SIDING (33" ABOVE GRADE)  
Reference Elevation is: 0.0' or -----

### DISPOSAL AREA CROSS SECTION

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



*Albert Frick*  
Site Evaluator Signature

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SE \*

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Date

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