

87 K 002 2006 6024

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Maine Department of Human Services
Division of Health Engineering, Station 10 SHS
1207, 287-2872 FAX: 1207/287-4172

PROPERTY LOCATION >> Caution: Permit Required - Attach In Space Below <<

City, Town, or Plantation: **PORTLAND; PEAKS ISLAND**
Street or Road: **48 PLEASANT AVENUE**
Subdivision, Lot #:

PORTLAND PERMIT # 10290 TOWN COPY
Date Permit Issued: **5/24/07** \$ **1000.00** Double Fee FEE Charged **1000.00**
L.P.I. # **0.73.2**

OWNER/APPLICANT INFORMATION
Name (last, first, MI): **GULLIVER JEAN & JOHN** Owner
Mailing Address of: **JEAN & JOHN**
 Owner Applicant
Daytime Tel. #: **756-5905**

Local Plumbing Inspector Signature
Terrence J. Muller
Municipal Tax Map # **87** Lat. **29, 8 & 2** N **43 d, 39 m, 43 s** W **70 d, 11 m, 43 s** Lon.

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. Muller 4-5-07
Signature of Owner/Applicant 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.
Christy N
Local Plumbing Inspector Signature
6/7/07 2nd
(1st) Date Approved (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: CESSPOOL Year Installed: PRE 1974 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	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	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	DISPOSAL SYSTEM TO SERVE	SEASONAL TYPE OF WATER SUPPLY
8,505 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 2 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	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Jug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY 1000 gallons	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 864 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 18 ELJEN IN-DRAIN UNITS	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	180 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 - 2 BEDROOMS AT 90 GALLONS PER DAY EACH

SITE EVALUATOR STATEMENT

I certify that on **7/7/04** (date) I completed a site evaluation on this property and state that the data reported is in compliance with the Subsurface Wastewater Disposal Rules (10-14+A CMR 241).
Albert Frick
 Site Evaluator Signature **163** SE - **2/5/2007** Date
ALBERT FRICK (207) 839-5563 AFA@MAINERR.COM
 Site Evaluator Name Printed Telephone Number E-mail Address

OFFICE OF PUBLIC UTILITIES
CITY OF PORTLAND, ME
APR 7 2007
RECEIVED
FEE 200.00 REVISED 05

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

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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
48 PLEASANT AVENUE

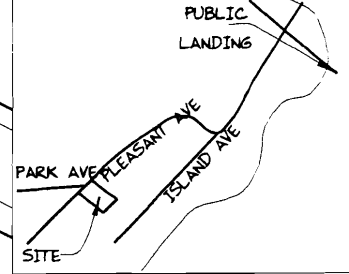
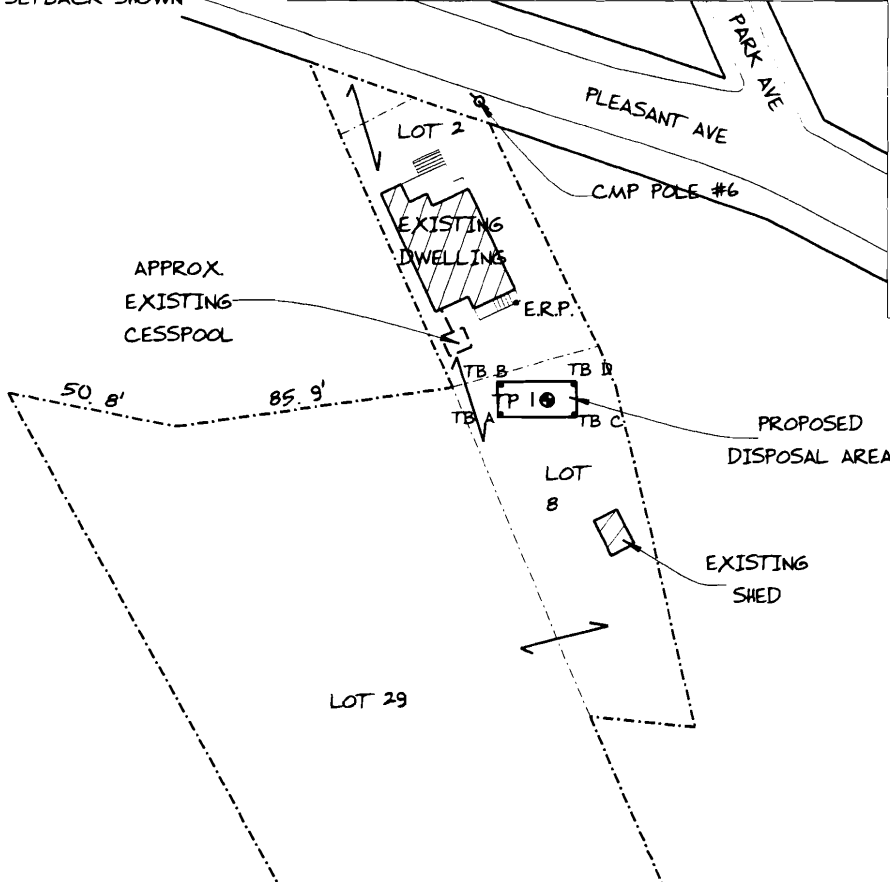
Owner's Name
JEAN & JOHN GULLIVER

NOTE: PROPERTY LINES PER TOWN TAX MAP
 VERIFY TO ASSURE SETBACK SHOWN

SITE PLAN

Scale 1" = 60 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 1 Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

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

Soil Classification Profile 2 Condition A Slope %
 Limiting Factor 32"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10	TB A = 24" TO REFUSAL/BEDROCK			
20	TB B = 30" TO REFUSAL/BEDROCK			
30	TB C = 24" TO REFUSAL/BEDROCK			
40	TB D = 24" TO REFUSAL/BEDROCK			
50				

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

Albert Frick
 Site Evaluator Signature

163
 SE

2/5/2007
 Date

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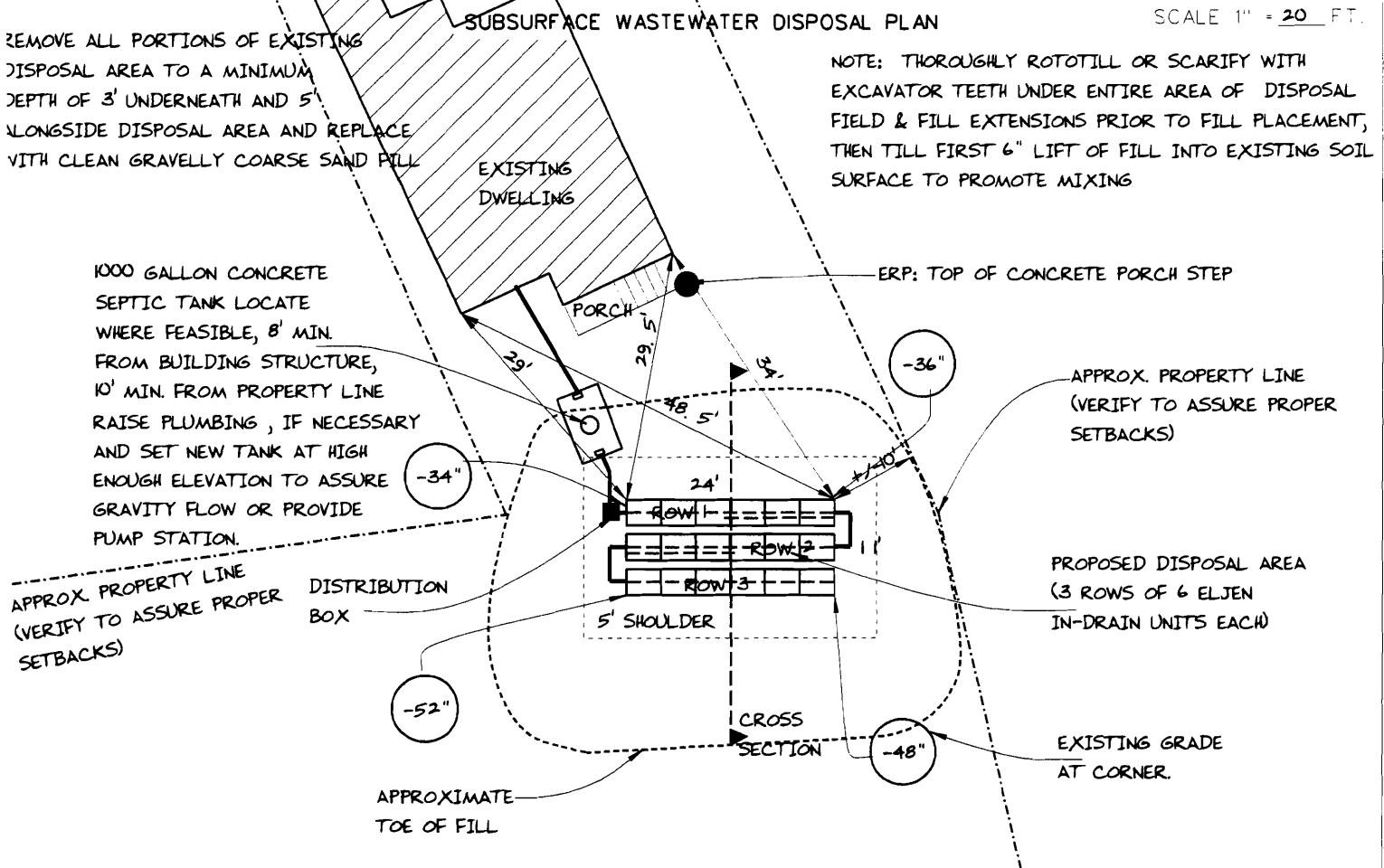
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FILL REQUIREMENTS

Depth of Fill (Upslope) : 21" - 23"
 Depth of Fill (Downslope) : 23" - 27"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

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

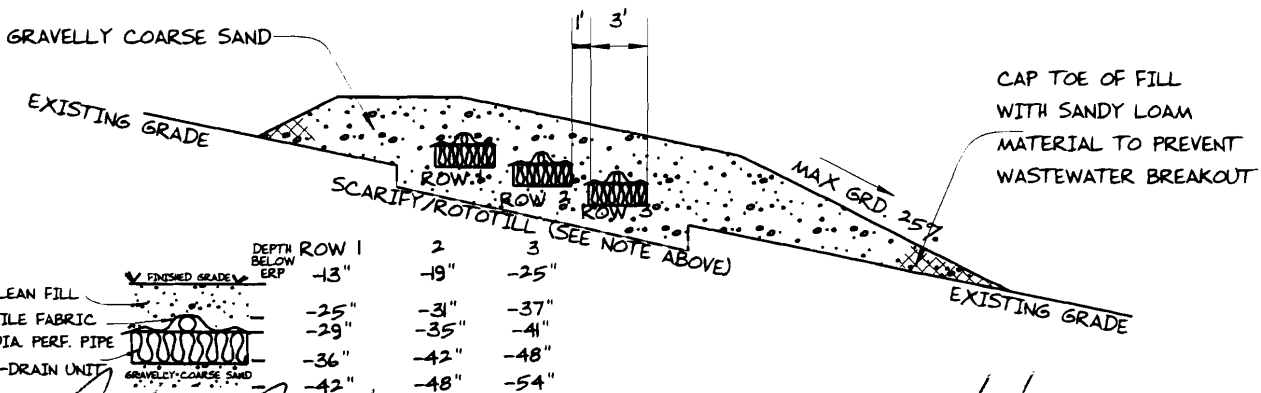
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description **TOP OF CONCRETE PORCH STEP**
 Reference Elevation is: 0.0" or -----

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

DISPOSAL AREA CROSS SECTION



Albert Frick
 Site Evaluator Signature

163
 SE *

2/5/2007
 Date