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087-Q-001

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

Town or Plantation: PORTLAND

Street Subdivision Lot #: 346 ISLAND AVE.
PEAKS ISLAND

PROPERTY OWNERS NAME

Last: LLOYD First: DOUG

Mailing Address of Owner: 30 SILVER HILL RD.
MILFORD, MA. 01757

Daytime Tel. #: 508-549-3343

PORTLAND Date Permit Issued: 9/9/96

6078 TOWN COPY \$ 160 FEE Double Fee Charged

L.P.I. # 0124

[Signature]
Local Plumbing Inspector Signature

Owner Statement

I state 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.

[Signature] Island Bay Services 4/6/97
Signature of Owner/Applicant Date

Municipal Tax Map # _____ Page # _____

Caution: Inspection Required

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

Inspected By Mearl Leary
Local Plumbing Inspector Signature

Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- First Time System
- Multi-User System
- Replacement System
- Expanded System
 - One-time exempted
 - Non-exempted
- Experimental System
- Seasonal Conversion

THIS APPLICATION REQUIRES:

- No Rule Variance
- First Time System Variance (Municipal)
- First Time System Variance (State)
- Replacement System Variance
 - Local Plumbing Inspector approval
 - State & Local Plumbing Inspector approval
- Minimum Lot Size Variance
- Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)

- Non-Engineered System
- Primitive System
- Alternative Toilet
Specify _____
- Non-Engineered Treatment Tank
- Holding Tank _____ Gallons
- Non-Engineered Disposal Area (only)
- Separated Laundry System
- Engineered System (+2000 gpd)
- Engineered Treatment Tank (only)
- Engineered Disposal Area (only)

SIZE OF PROPERTY

APPROX. 1/10 ACRE

DISPOSAL SYSTEM TO SERVE:

- Single Family Dwelling Unit
- Multiple Family Dwelling Unit
Number of Units _____
- Other _____ SPECIFY _____

TYPE OF WATER SUPPLY

PUBLIC

SHORELAND ZONING

Yes No

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- Concrete
 - Regular
 - Low Profile
- Plastic
SIZE 1000 Gallons

DISPOSAL AREA TYPE/SIZE

- Stone Bed _____ Sq. Ft.
- Proprietary Device 1000 Sq. Ft.
 - Clustered Linear
 - Regular H-20
- Trench _____ Lin. Ft.
- Other _____

GARBAGE DISPOSAL UNIT

- No
- Yes
 - Multi-compartment tank
 - Tank In series
 - Increase in tank capacity
 - Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)

3 BEDROOMS

DESIGN FLOW: 305
(Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE	DESIGN
<u>3</u>	<u>C</u>

DEPTH TO MOST LIMITING FACTOR 16"

DISPOSAL AREA SIZING

- Small 2.0
- Medium 2.60
- Medium-Large 3.30
- Large 4.10
- Extra-Large 5.00

PUMPING

- Not required
- May be required
- Required

DOSE _____ Gallons

SITE EVALUATOR'S STATEMENT

On 11/7/96 (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.

[Signature]
Site Evaluator Signature
RICHARD A. SWEET
Print Name

034
SE #
797-2110
Telephone

11-10-96
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

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

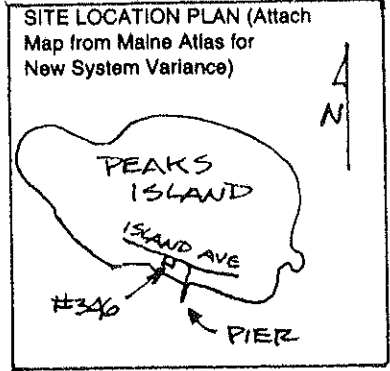
Street, Road, Subdivision
346 ISLAND AVE. DOUG

Owners Name
LLOYD

SITE PLAN

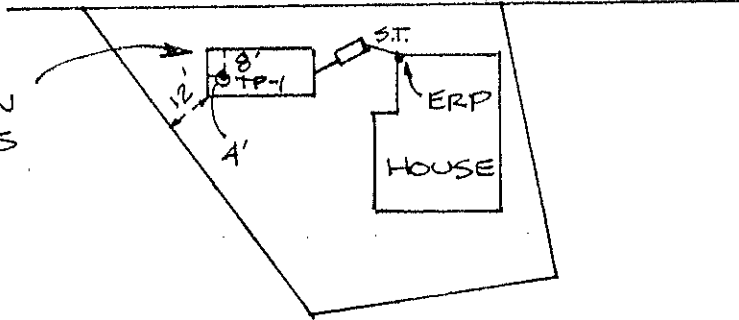
Scale 1" = 50 Ft.

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



346 ISLAND AVENUE

21 ELSEN
INDRAINS
11' X 28'



NOTE: REMOVE
EXISTING SEPTIC
TANK UNDER
PROPOSED SYSTEM

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

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

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

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0			DARK	
6			BROWN	
10	FINE SANDY	FRIBLE		
15				
20	LOAM		RED	FEW
25		FIRM	RED TO OLIVE	
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile 3 Classification C Slope _____ % Limiting Factor 16
 Ground Water
 Restrictive Layer
 Bedrock

Soil Profile _____ Classification _____ Slope _____ % Limiting Factor _____
 Ground Water
 Restrictive Layer
 Bedrock

Richard Sweet
Site Evaluator Signature

034
SE#

11-10-96
Date

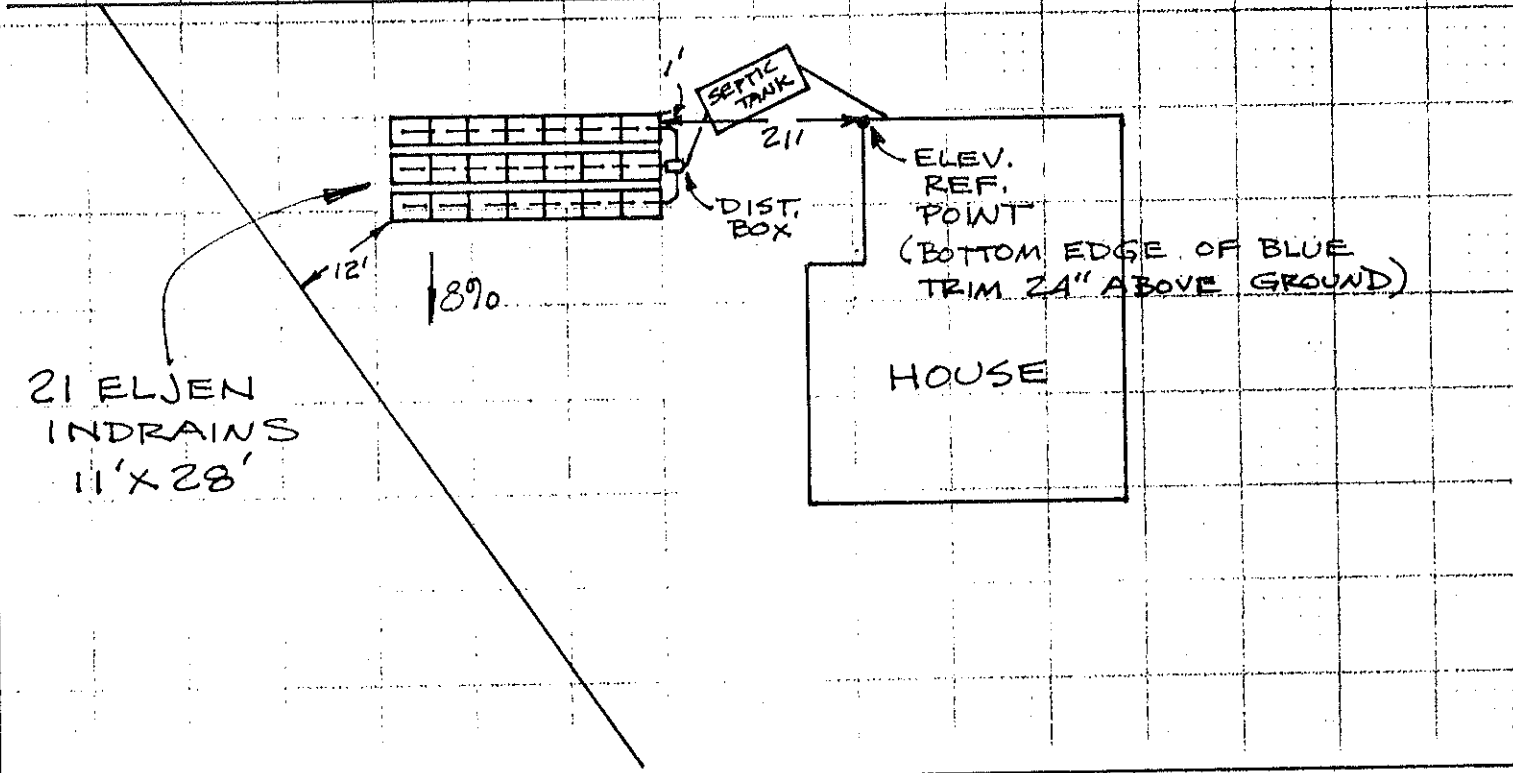
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation PEAKS ISLAND PORTLAND	Street, Road, Subdivision 346 ISLAND AVE.	Owners Name DOUG LLOYD
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.

ISLAND AVENUE



FILL REQUIREMENTS
 Depth of Fill (Upslope) 21"
 Depth of Fill (Downslope) 37"

CONSTRUCTION ELEVATIONS
 Reference Elevation is 0
 Bottom of Disposal Area (INDRAIN) -41"
 Top of Distribution Lines or Chambers -30"

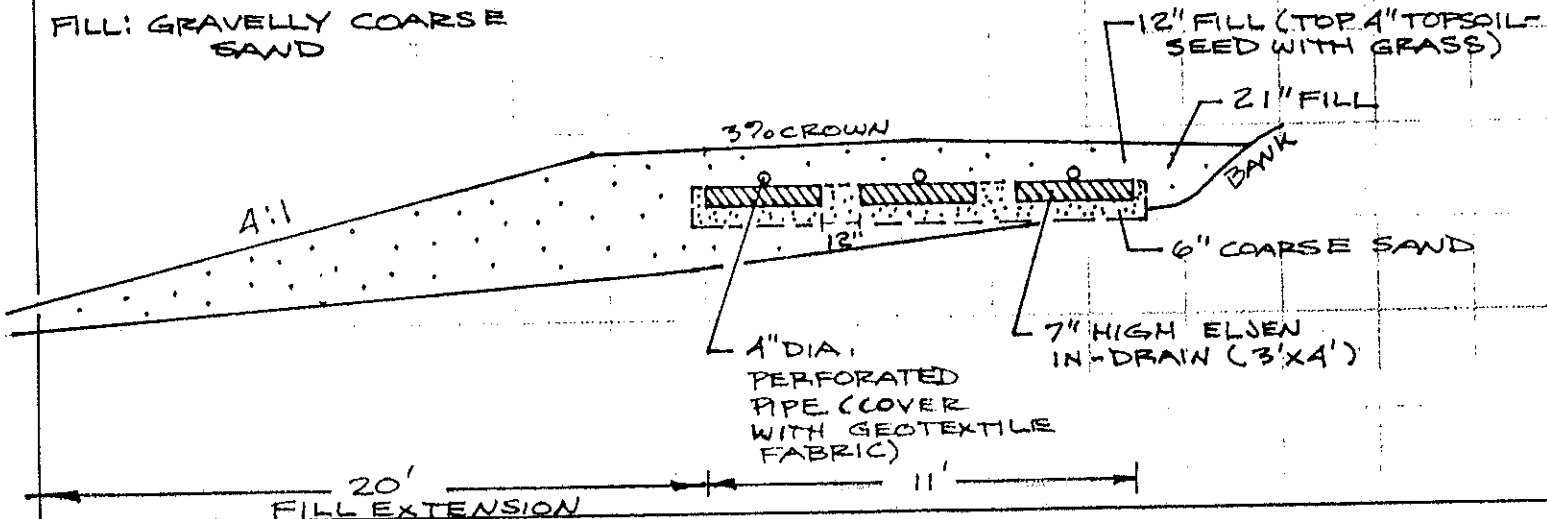
ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
 BOTTOM EDGE OF BLUE TRIM 24" ABOVE GROUND

NOTE: SCARIFY GROUND SURFACE BELOW ANY FILL.

DISPOSAL AREA CROSS SECTION

Scale:
 Vertical: 1 inch = 5 Ft.
 Horizontal: 1 inch = 5 Ft.

FILL: GRAVELLY COARSE SAND



Richard [Signature]
Site Evaluator Signature

034
SE#

11-10-96
Date

REPLACEMENT SYSTEM VARIANCE REQUEST

THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application for the proposed replacement system which does not comply with the Rules. The LPI shall review the Replacement System Variance Request and Application and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System from the rules.
2. A system cannot be designed and installed in total compliance with the Rules.
3. The design flow is less than 500 GPD.
4. There will be no change in use of the structure.
5. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.

GENERAL INFORMATION

Town of PORTLAND

Permit No. _____ E

Date Permit Issued _____
MONTH/DAY/YEAR

Property Owner's Name: DOUG LLOYD Tel. No. 508-549-3343

System's Location: 346 ISLAND AVE.
STREET

PEAKS ISLAND Maine 04108
TOWN ZIP

Property Owner's Address: 30 SILVER HILL ROAD
STREET
(if different from above)

MILFORD, MA. 01757
TOWN STATE ZIP

SPECIFIC INSTRUCTIONS TO THE:

LPI:

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, they you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, then complete the Replacement Variance Request with your signature on reverse side of form.

PROPERTY OWNER:

It has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

The OWNER shall sign this statement. Therefore, having read both this Replacement Variance Request and the attached Application, I understand that the proposed system is not in total compliance with the Rules and hereby release all those concerned with this Variance, provided they have performed their duties in a reasonable and proper manner.

Douglas B. Lloyd
PROPERTY OWNER'S SIGNATURE

4/5/97
DATE