



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human S
Div of Environmental Health, 1
(207) 287-5672 FAX (207) 287-5673

PROPERTY LOCATION		>>CAUTION: LPI APPROVAL REQUIRED<<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	Town/City	PORTLAND
Street or Road	120 BRACKETT AVENUE	Permit #	201302031
Subdivision, Lot #	08711004	Date Permit Issued	___/___/___
OWNER/APPLICANT INFORMATION		Fee \$	160.00
Name (last, first, MI)	N/F SCHAENSTED IRENE	Double Fee Charged []	
Mailing Address of Owner/Applicant	RHONDA BERG HARBORVIEW PROPERTIES 5A Pleasant Ave. Peaks Island, ME 04108	LPI #	0732
Daytime Tel. #	756-3450	Local Plumbing Inspector Signature	
OWNER OR APPLICANT STATEMENT		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.	
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.		CAUTION: INSPECTION REQUIRED	
Signature of Owner/Applicant: <i>Daniel M. Mulken</i> 9/10/13		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Date: 9/10/13		Municipal Tax Map # <u>F55E</u> Lot # <u>87</u>	
		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____	
		Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>CESSPOOL</u> Year Installed: <u>PRE-1974</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<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 & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & 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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
+/- <u>0.8855</u> <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<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: _____
SHORELAND ZONING		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile (IF NEC.) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	<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: _____ SIZE: <u>960</u> sq. ft. <input type="checkbox"/> lin. ft. <u>20</u> ELJEN IN-DRAIN UNITS	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe 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	<u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 3 BEDROOMS AT 90 GALLONS PER DAY EACH= 270 GPD
SOIL DATA & DESIGN CLASS PROFILE CONDITION	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
<u>2</u> / <u>AIII</u> at Observation Hole # <u>TP 1</u> Depth <u>24</u> of Most Limiting Soil Factor	<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	<input type="checkbox"/> 1. Not required (SEE NOTE ON PAGE 3) <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA Lat. <u>43</u> d <u>39</u> m <u>27</u> s Lon. <u>70</u> d <u>11</u> m <u>34</u> s If g.p.s., state margin of error

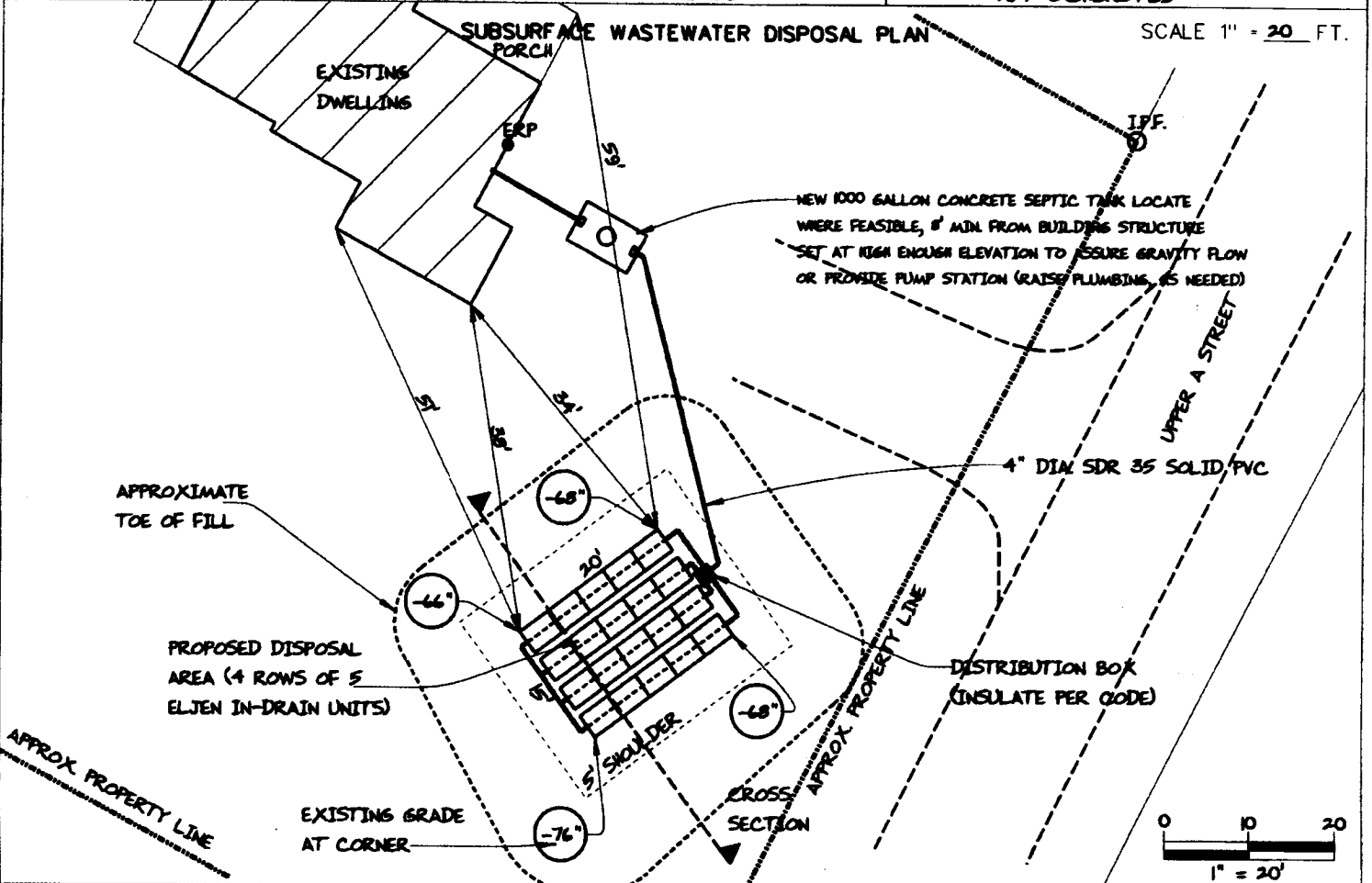
SITE EVALUATOR STATEMENT		
I certify that on <u>8-7-13</u> (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
Site Evaluator Signature	SE #	Date
<i>Albert Frick</i>	<u>63</u>	<u>8/13/2013</u>
ALBERT FRICK	(207) 830-5563	ALBERT@ALBERTFRICK.COM
Site Evaluator Name Printed	Telephone Number	E-mail Address
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 830-5563		
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		



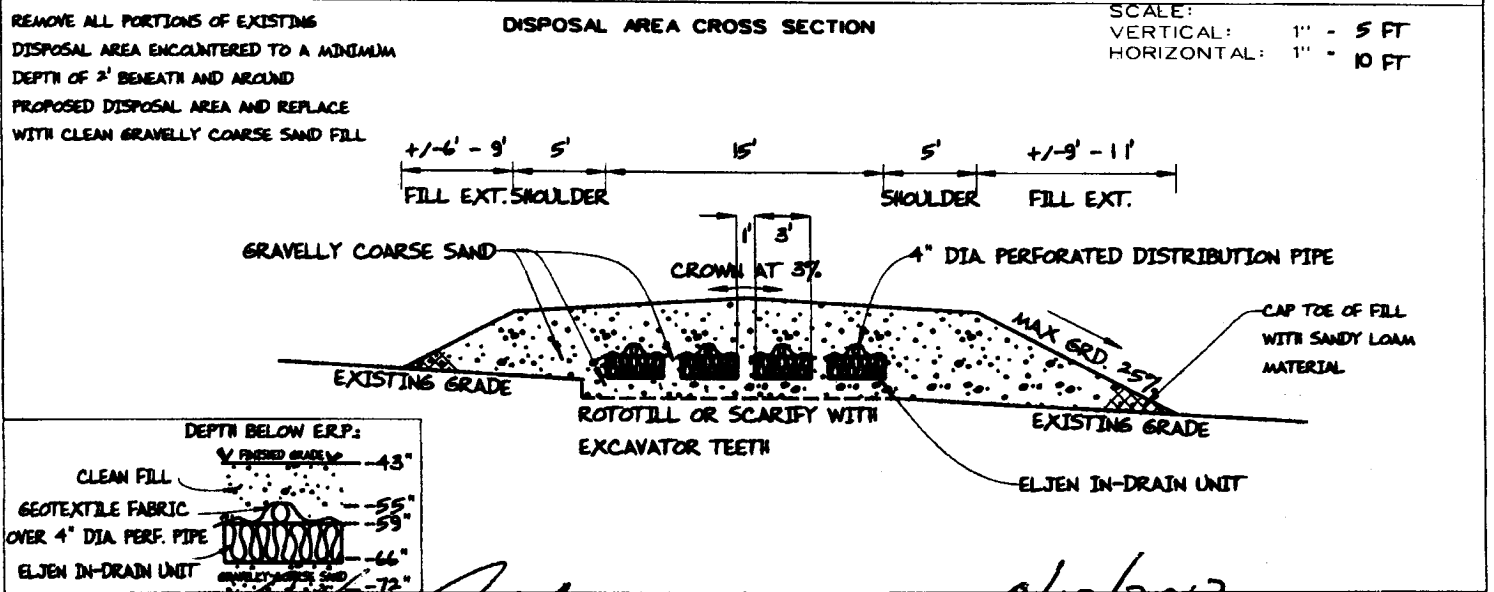
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station II
 (207) 287-5672 FAX (207) 287-4 Date: 10/22/13

Town, City, Plantation PORTLAND, PEAKS ISLAND	Street, Road, Subdivision 120 BRACKETT AVENUE	Owner's Name N/F SCHENSTED
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FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) : 23" - 25"	Finished Grade Elevation	SEE DETAIL BELOW Location & Description BOTTOM OF BASEMENT WINDOW SILL, 24" ABOVE GRADE Reference Elevation is: 0.0' or -----
Depth of Fill (Downslope) : 25" - 27"	Top of Eljen In-Drain Unit Proprietary Device	
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Area	



Albert Frick
163
8/13/2013

Site Evaluator Signature SE Date

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ALBERT FRICK ASSOCIATES - 96A COUNTY ROAD ROAD GORHAM, MAINE 04088 - (207) 839-5663

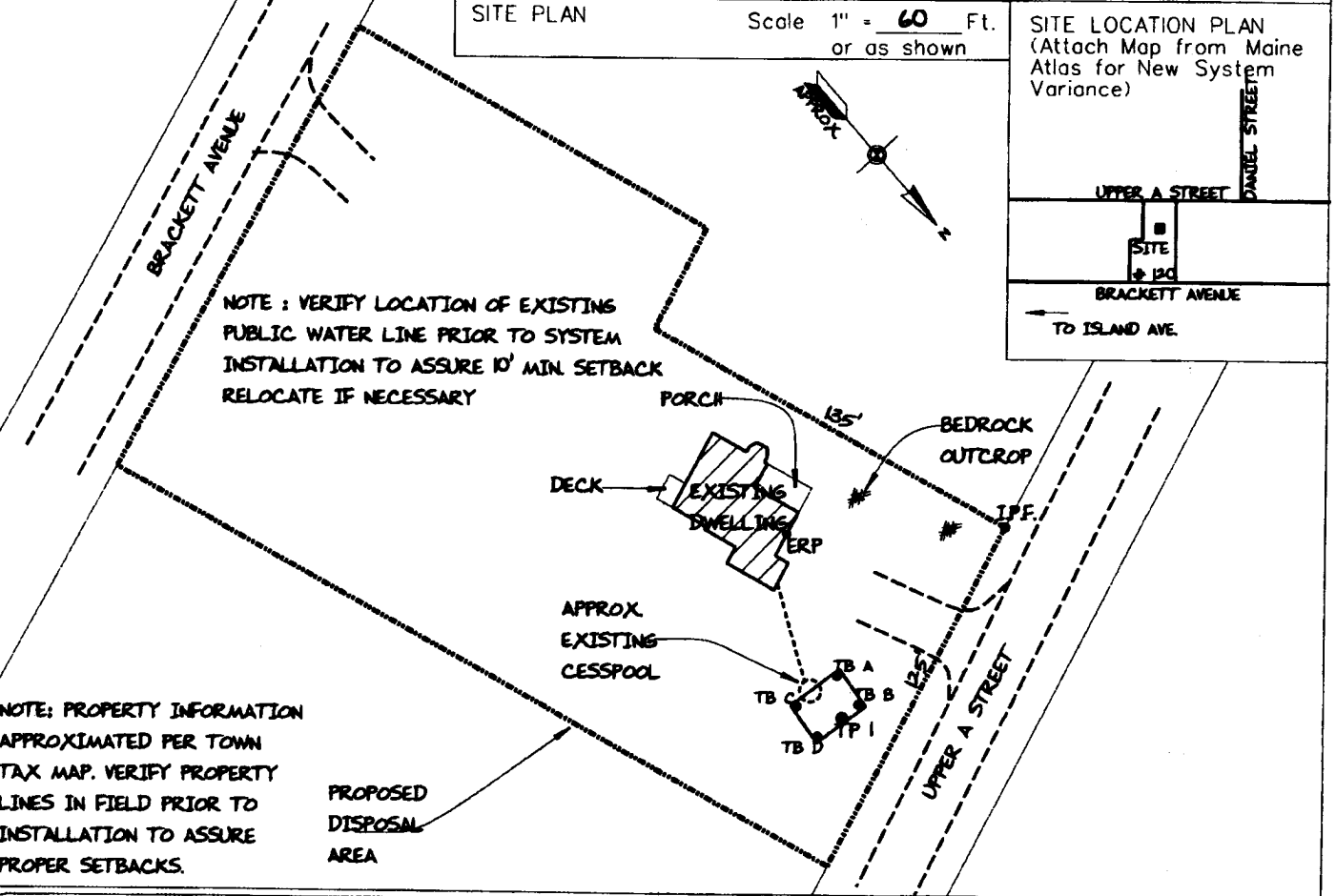


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-41

Inspections Division
 Date: 10/22/13

Town, City, Plantation: **PORTLAND, PEAKS ISLAND**
 Street, Road Subdivision: **120 BRACKETT AVENUE**
 Owner's Name: **N/E SCIENSTED**



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			DARK BROWN	
10	CHANNERY SANDY LOAM	FRIABLE	YELLOWISH BROWN	NONE EVIDENT
20				
30	BEDROCK			
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
2 AIII	0-2 %	24"	<input type="checkbox"/> Restrictive Layer
Profile Condition			<input checked="" type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20	TB A = 26" TO BEDROCK			
30	TB B = 24" TO BEDROCK			
40	TB C = 27" TO BEDROCK			
50	TB D = 3" TO BEDROCK			

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

Albert Frick
 Site Evaluator Signature

63
 SE

8/13/2013
 Date