

2004-6006

88 M 006

SUB-SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5872 Fax: (207) 287-3165

PROPERTY LOCATION >> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

City, Town, or Plantation	PORTLAND
Street or Road	BRACKETT AVE. PEAKS ISLAND
Subdivision, Lot #	LOT 88MG

PORTLAND PERMIT # 9438 STATE COPY

Date Permit Issued: 6/28/05 \$ 1109.00 Double Fee Charged

FEE

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Owner Applicant
THOMPSON, OTIS

Mailing Address of Owner/Applicant

Daytime Tel. #

Local Plumbing Inspector Signature: [Signature] L.P.I. # 06401

Municipal Tax Map # _____ Lot # _____

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.

Signature of Owner or Applicant _____ 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

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
Type replaced: _____
Year installed: _____

3. Expanded System
 a. Minor Expansion
 b. Major Expansion

4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval

3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval

4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System
 2. Primitive System (graywater & a/t. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Treatment Tank (only)
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY

APPROX. SQ. FT. 31,000 ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 2
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

TO BE TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular b. Low Profile OR
 2. Plastic
 3. Other: _____
CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: _____
SIZE: 720 sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe
If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW

218 gallons per day
BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
SHOW CALCULATIONS
--- for other facilities ---

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
2, A, 1
at Observation Hole # 1
Depth 15 "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small--2.0 sq. ft. / gpd
 2. Medium--2.6 sq. ft. / gpd
 3. Medium--Large 3.3 sq. ft. / gpd
 4. Large--4.1 sq. ft. / gpd
 5. Extra Large--5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required
 2. May Be Required
 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on 5-25-05 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Richard Sweet
Site Evaluator Signature

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SE #

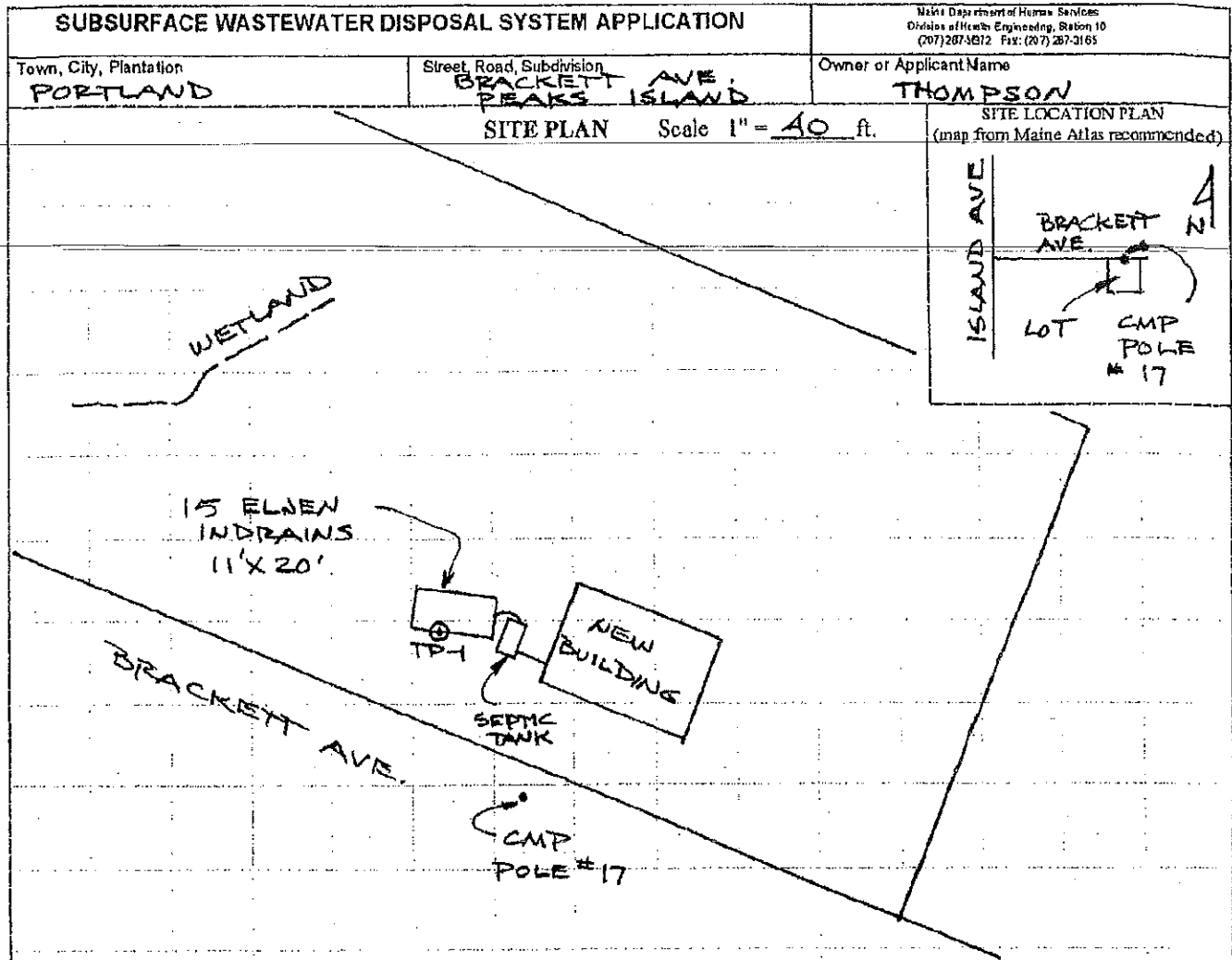
6-22-05
Date

RICHARD A. SWEET
Site Evaluator Name Printed

797-2110
Telephone Number

SWERT@MAINE.PR.COM
E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 8/01



SOIL PROFILE 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
0			
6	FRIBLE	RED	
12			
18			
24			
30			
36			
42			
48			

Soil Profile <u>Z</u>	Classification <u>A</u>	Slope _____	Limiting Factor <u>15</u>	<input type="checkbox"/> Groundwater
Profile	Condition	Percent	Depth	<input type="checkbox"/> Restrictive Layer
				<input checked="" type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Observation Hole # _____ Test Pit Boring

Depth of organic horizon above mineral soil _____"

Texture	Consistency	Color	Mottling
0			
6			
12			
18			
24			
30			
36			
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Soil Profile _____	Classification _____	Slope _____	Limiting Factor _____	<input type="checkbox"/> Groundwater
Profile	Condition	Percent	Depth	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

SUBSURFACE WASTE WATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5572 FAX: (207) 287-4172

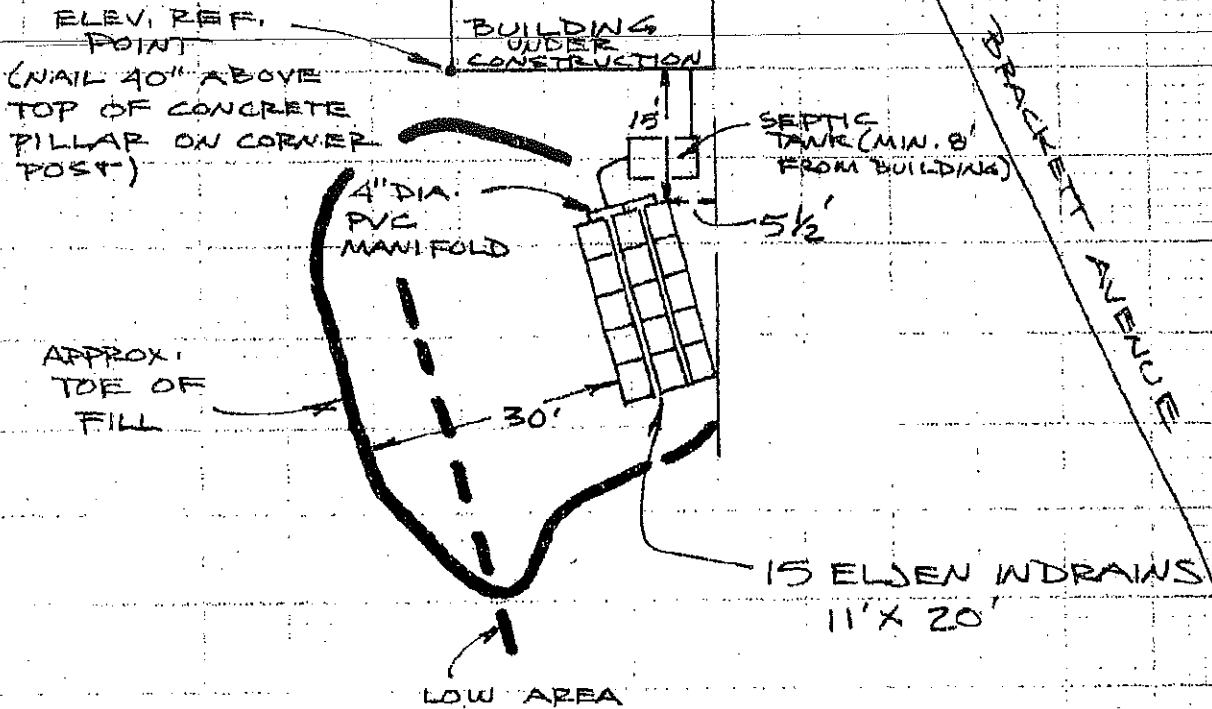
Town, City, Plantation
PORTLAND

Street, Road, Subdivision
**BRACKETT AVE
PEAKS ISLAND**

Owner's Name
THOMPSON

SUBSURFACE WASTE WATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Up slope) **36"**
Depth of Fill (Down slope) **36"**

CONSTRUCTION ELEVATIONS

Finished Grade Elevation **-17"**
Top of Distribution Pipe or Proprietary Device **-25"**
Bottom of Disposal Area **-42"**

ELEVATION REFERENCE POINT

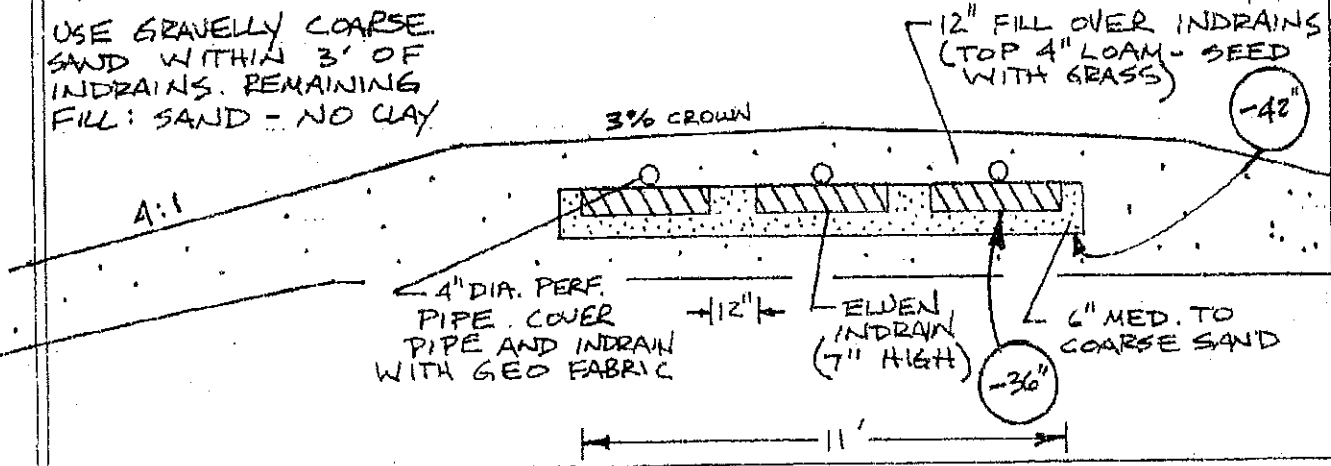
Location & Description **NAIL ON CORNER POST**
Reference Elevation **0"**

NOTE: SCARIFY ALL GROUND TO BE FILLED.

USE GRAVELLY COARSE SAND WITHIN 3' OF INDRAWS. REMAINING FILL: SAND - NO CLAY

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 4"
HORIZONTAL: 1" = 4"



Richard O'Neil
Site Evaluator Signature

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SE

6-22-05
Date