

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10 SHS  
(207) 287-5672 FAX (207) 287-4172

|   |   |  |   |
|---|---|--|---|
| <b>PROPERTY LOCATION</b>  |   | >> Caution: Permit Required - Attach in Space Below <<   |   |
| City, Town, or Plantation   | PORTLAND, PEAKS ISLAND                  | PORTLAND<br>Date Permit Issued: <u>11/15/02</u><br>Local Plumbing Inspector Signature: <u>[Signature]</u><br>L.P.I. # <u>0640</u>  | STATE COPY<br>\$ <u>11000</u> FEE <input type="checkbox"/> Double Fee Charged<br>L.P.I. # <u>0640</u> |
| Street or Road  | JEWEL ROAD/MUSSEY ROAD                  |  |   |
| Subdivision, Lot *  | LOT 21                                  |  |   |
| <b>OWNER/APPLICANT INFORMATION</b>  |   | I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.   |   |
| Name (last, first, MI)  | AUGER PAUL                              | 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.   |   |
| Mailing Address of  | 35 Estate Dr. #3<br>Manchester ME 04351 | Owner or Applicant Statement<br>Signature of Owner/Applicant: <u>Terrence J. Mulhern 11-12-02</u><br>Date: _____   |   |
| <input checked="" type="checkbox"/> Owner<br><input type="checkbox"/> Applicant |   | Caution: Inspections Required<br>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.<br>Local Plumbing Inspector Signature: _____<br>(1st) Date Approved: _____<br>(2nd) Date Approved: _____ |   |
| Daytime Tel. *  | 207-623-9193                            | Municipal Tax Map: <u>085 E Lot 007</u>  |   |

| PERMIT INFORMATION   |   |   |
|--|---|---|
| <b>TYPE OF APPLICATION</b><br>1. <input checked="" type="checkbox"/> First Time System<br>2. <input type="checkbox"/> Replacement System<br>Type Replaced: _____<br>Year Installed: _____<br>3. <input type="checkbox"/> Expanded System<br>a. <input type="checkbox"/> Minor Expansion<br>b. <input type="checkbox"/> Major Expansion<br>4. <input type="checkbox"/> Experimental System<br>5. <input type="checkbox"/> Seasonal Conversion | <b>THIS APPLICATION REQUIRES</b><br>1. <input checked="" type="checkbox"/> No Rule Variance<br>2. <input type="checkbox"/> First Time System Variance<br>a. <input type="checkbox"/> Local Plumbing Inspector Approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector Approval<br>3. <input type="checkbox"/> Replacement System Variance<br>a. <input type="checkbox"/> Local Plumbing Inspector Approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector Approval<br>4. <input type="checkbox"/> Minimum Lot Size Variance<br>5. <input type="checkbox"/> Seasonal Conversion Approval | <b>DISPOSAL SYSTEM COMPONENTS</b><br>1. <input checked="" type="checkbox"/> Complete Non-Engineered System<br>2. <input type="checkbox"/> Primitive System (graywater & alt toilet)<br>3. <input type="checkbox"/> Alternative Toilet, specify: _____<br>4. <input type="checkbox"/> Non-Engineered Treatment Tank (only)<br>5. <input type="checkbox"/> Holding Tank, _____ Gallons<br>6. <input type="checkbox"/> Non-Engineered Disposal Field (only)<br>7. <input type="checkbox"/> Separated Laundry System<br>8. <input type="checkbox"/> Complete Engineered System (2000 gpd)<br>9. <input type="checkbox"/> Engineered Treatment Tank (only)<br>10. <input type="checkbox"/> Engineered Disposal Field (only)<br>11. <input type="checkbox"/> Pre-treatment, specify: _____<br>12. <input type="checkbox"/> Miscellaneous components |
| <b>SIZE OF PROPERTY</b><br>29,856 SQ. FT. <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres  | <b>DISPOSAL SYSTEM TO SERVE</b><br>1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u><br>2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____<br>3. <input type="checkbox"/> Other: _____<br>SPECIFY<br>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped   | <b>TYPE OF WATER SUPPLY</b><br>1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private<br>4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____  |
| <b>SHORELAND ZONING</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |   |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)   |   |  |  |
|--|---|--|--|
| <b>TREATMENT TANK</b><br>1. <input checked="" type="checkbox"/> Concrete<br>a. <input type="checkbox"/> Regular<br>b. <input type="checkbox"/> Low Profile<br>2. <input type="checkbox"/> Plastic<br>3. <input type="checkbox"/> Other: _____<br>CAPACITY: <u>1000</u> gallons | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench<br>3. <input checked="" type="checkbox"/> Proprietary Device<br>a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear<br>b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded<br>4. <input type="checkbox"/> Other: _____<br>SIZE: <u>1152</u> sq. ft. <input type="checkbox"/> lin. ft.<br><u>24 ELTEN IN DRAIN UNITS</u> | <b>GARBAGE DISPOSAL UNIT</b><br>1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe<br>2. <input type="checkbox"/> Yes >> Specify one below:<br>a. <input type="checkbox"/> Multi-compartment tank<br>b. <input type="checkbox"/> _____ tanks in series<br>c. <input type="checkbox"/> Increase in tank capacity<br>d. <input type="checkbox"/> Filter on tank outlet<br><u>ZABEL FILTER</u> | <b>DESIGN FLOW</b><br><u>270</u> gallons per day<br>BASED ON:<br>1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s))<br>2. <input type="checkbox"/> Table 501.2 (other facilities)<br>SHOW CALCULATIONS<br>- for other facilities -<br><br><b>3 BEDROOMS AT 90 GALLONS PER DAY EACH</b><br><br>3. <input type="checkbox"/> Section 503.0 (meter readings)<br>ATTACH WATER-METER DATA |
| <b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE: <u>2</u> / <u>A</u> / <u>2</u><br>AT Observation Hole * <u>TBD</u><br>Depth <u>24</u> "<br>OF MOST LIMITING SOIL FACTOR  | <b>DISPOSAL FIELD SIZING</b><br>1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd<br>2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd<br>3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd<br>4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd<br>5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd   | <b>PUMPING</b><br>1. <input type="checkbox"/> Not required<br>2. <input checked="" type="checkbox"/> May be required<br>3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems:<br><br>DOSE: _____ Gallons  |  |

| SITE EVALUATOR STATEMENT   |  |  |
|--|--|--|
| I certify that on <u>4/16/02</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: <u>Albert Frick</u><br>ALBERT FRICK  | SE #: <u>63</u><br>Telephone Number: <u>(207) 889-5563</u> | Date: <u>11/8/2002</u><br>E-mail Address: <u>ALBERTFRICK@WORLDNETATT.NET</u> |

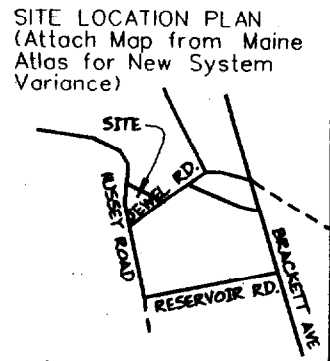
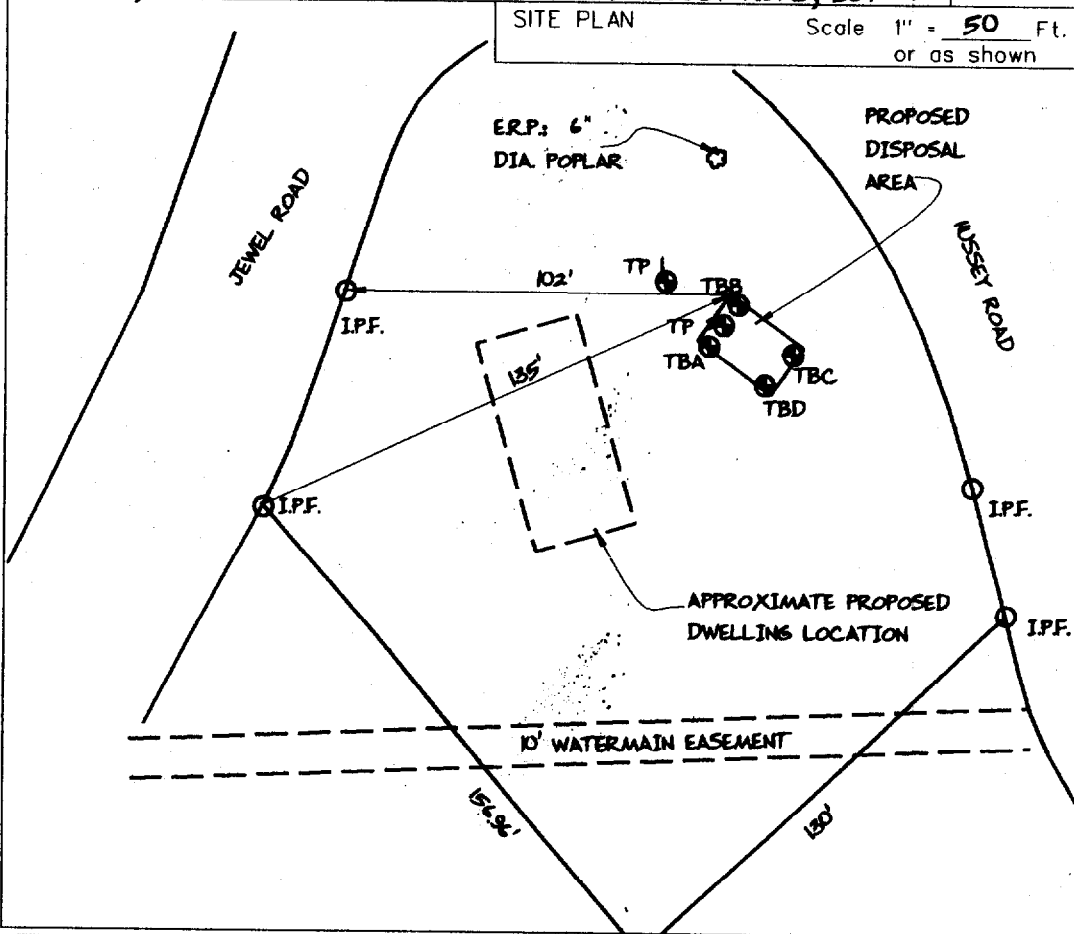
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Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

Street, Road Subdivision  
**JEWEL ROAD/ MUSSEY ROAD, LOT 21**

Owner's Name  
**PAUL AUGER**



TBA = 36" TO BEDROCK  
 TBB = 36" TO BEDROCK  
 TBC = 26" + TO BEDROCK  
 TBD = 24" TO BEDROCK

## 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 |
|--------------|-------------|--------|----------|
|              |             | DARK   |          |
| SANDY        |             | BROWN  |          |
| LOAM         | FRIABLE     |        |          |
| W/<br>STONES |             | DARK   |          |
|              |             | YELLOW |          |
|              |             | BROWN  |          |
| BEDROCK      |             |        |          |

Soil Classification: 2 Profile, A Condition  
 Slope:      %  
 Limiting Factor: 29  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Observation Hole TP 2  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil

| Texture      | Consistency | Color  | Mottling |
|--------------|-------------|--------|----------|
|              |             | DARK   |          |
| SANDY        |             | BROWN  |          |
| LOAM         | FRIABLE     |        |          |
| W/<br>STONES |             | DARK   |          |
|              |             | YELLOW |          |
|              |             | BROWN  |          |
| BEDROCK      |             |        |          |

Soil Classification: 2 Profile, A Condition  
 Slope:      %  
 Limiting Factor: 36  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

*Albert Frick*  
 Site Evaluator Signature

163  
 SE

11/8/2002  
 Date

