

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5872 FAX (207) 287-4172

PROPERTY LOCATION		PORTLAND Date Permit Issued: _____ Local Plumbing Inspector Signature 8203 TOWN COPY \$ _____ FEE Charged L.P.I. # <u>0642</u>
City, Town, or Plantation	PORTLAND PEAKS ISLAND	
Street or Road	13B SUNSET ROAD	
Subdivision, Lot *	(19 Sunset Rd)	
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	GILLOOLY JOSEPH	Owner Applicant
Mailing Address of		
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Daytime Tel. *	766-2290	
Owner or Applicant Statement		Caution: Inspections Required
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. Lionel Plants Assoc. Signature of Owner/Applicant _____ Date 8-26-02		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) Date Approved _____ Local Plumbing Inspector Signature _____ (2nd) Date Approved

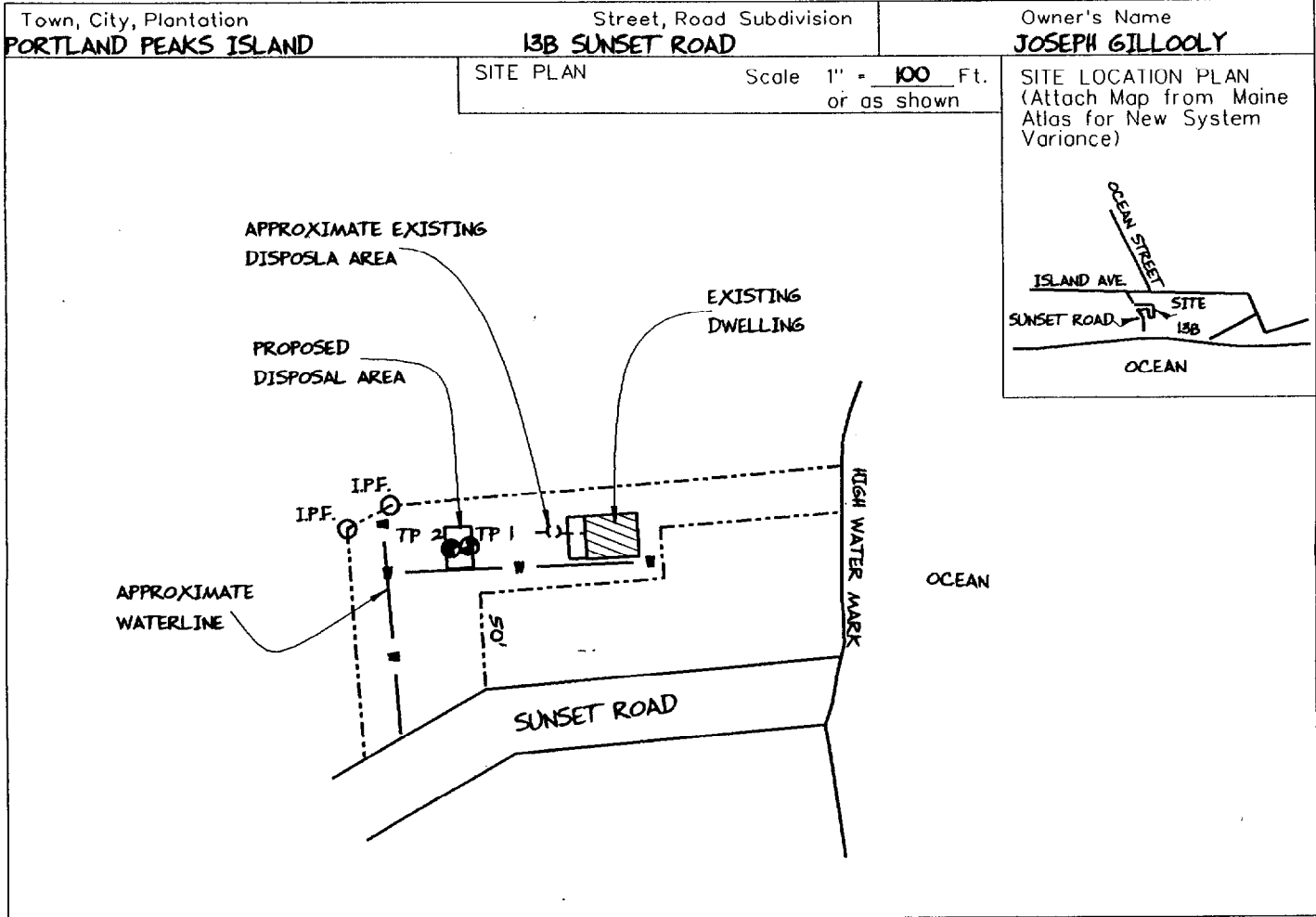
PERMIT INFORMATION		
TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES RELOCATE WATERLINE 10' MIN. FROM DISPOSAL AREA 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. 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	DISPOSAL SYSTEM COMPONENT(S) 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 (2000gpd+) 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 <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug 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 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 <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 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 <u>152</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 24 ELJEN IN-DRAIN UNITS	GARBAGE DISPOSAL UNIT 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"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 270 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 - 3 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>2</u> / <u>A</u> / <u>2</u> AT Observation Hole * <u>TP 2</u> Depth <u>36</u> " Elevation _____ " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd		PUMPING 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons _____

SITE EVALUATOR STATEMENT		
I Certify that on <u>7/12/2002</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 (10-144.A CMR 241).		
 Site Evaluator Signature	<u>163</u> SE *	<u>7/15/2002</u> Date
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD, GORHAM, MAINE 04038 - (207) 830-6563		

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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	LOAMY SAND		DARK BROWN	
10		FRIABLE		
20	LOAMY SAND &		DARK YELLOW BROWN	
30	SAND W/ GRAVEL			
40	BEDROCK			

Soil Classification: 2 Profile, A Condition
Slope: 40 %
Limiting Factor: 40 "
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND		DARK BROWN	
10		FRIABLE		
20	LOAMY SAND & SAND W/ GRAVEL		DARK YELLOW BROWN	
40	BEDROCK			

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

Albert Frick
Site Evaluator Signature

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SE

7/15/2002
Date

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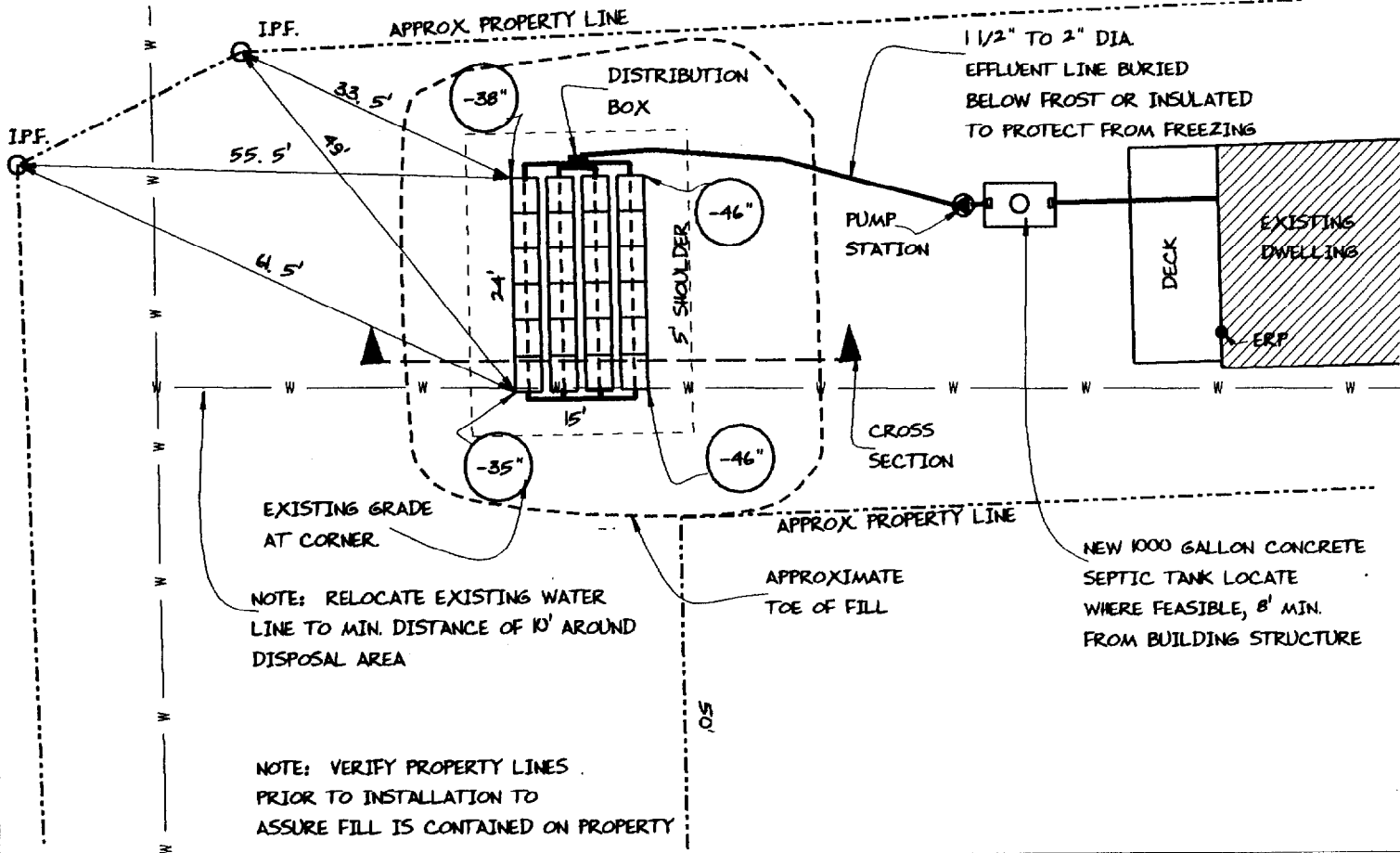
Town, City, Plantation
PORTLAND PEAKS ISLAND

Street, Road, Subdivision
138 SUNSET ROAD

Owner's Name
JOSEPH GILLOOLY

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 17" - 20"
Depth of Fill (Downslope) : 28"

CONSTRUCTION ELEVATIONS

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

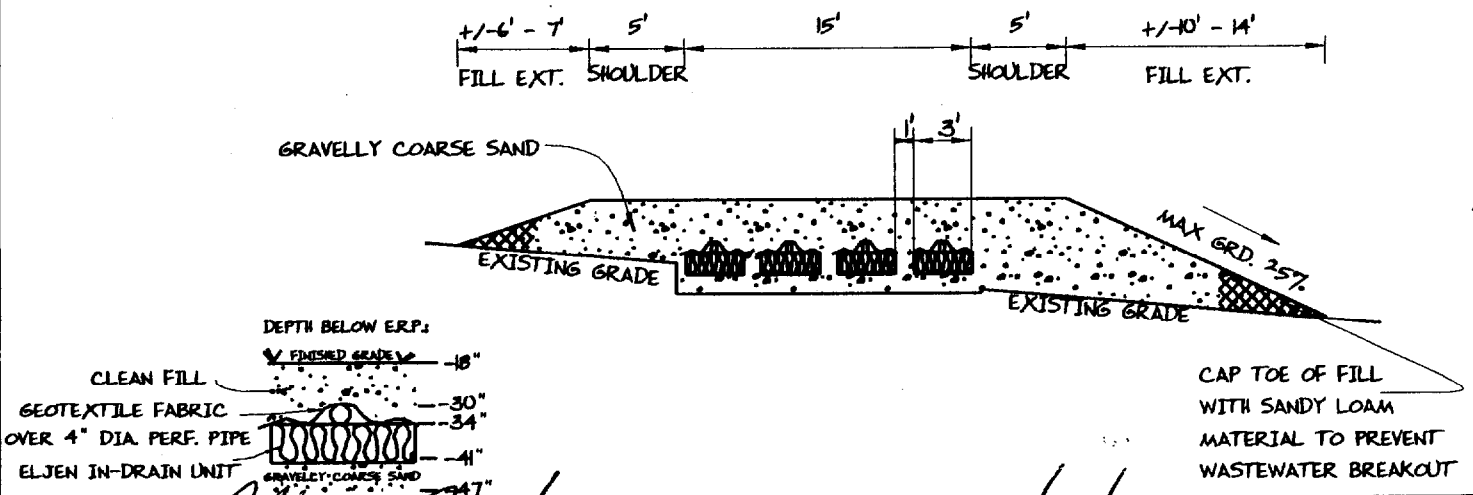
SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT

Location & Description BOTTOM OF WINDOW PANE ON BATHROOM
Reference Elevation 00" WINDOW

SCALE: (48" ABOVE DECK)
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 10 FT

DISPOSAL AREA CROSS SECTION



Albert Frick
Site Evaluator Signature

163
SE #

7/15/2002
Date