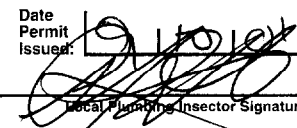
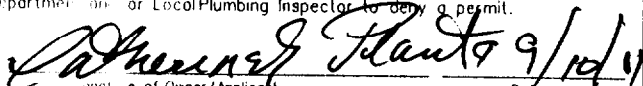
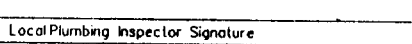


# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Section 12  
(207) 287-8872 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town or Plantation	PORTLAND, PEAKS ISLAND	PORTLAND 7635 TOWN COPY The Permit issued with  \$1101.00 FEE <input type="checkbox"/> If Double Fee Charged L.P.I. # 01124 090 Feet Municipal Tax Map * Lot *	
Street or other location	30 BEACH ROAD		
Subdivision			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Demio HELE MICHAEL		
Mailing Address of Owner/Applicant	30 BEACH ROAD PEAKS ISLAND, ME 04108		
Daytime Phone	766-5948		
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 or Local Plumbing Inspector to deny a permit.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
			
Name of Owner/Applicant		Local Plumbing Inspector Signature	
Date		(1st) Date Approved	
		(2nd) Date Approved	

## PERMIT INFORMATION

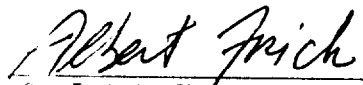
<b>TYPE OF APPLICATION</b> 1. <input checked="" type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type installed: <u>TRENCH</u> Year installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Time exempted b. <input type="checkbox"/> Non exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 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	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & all 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 (2000 gpd+) 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
<b>SIZE OF PROPERTY</b> S 1- _____ sq. ft. _____ acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	<b>TYPE OF WATER SUPPLY</b> 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: _____
<b>HOURLAND ZONING</b> _____ No		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> 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>1344</u> sq. ft. <input type="checkbox"/> lin. ft. <b>28 ELJEN IN-DRAIN UNITS</b>	<b>GARBAGE DISPOSAL UNIT</b> 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	<b>DESIGN FLOW</b> <u>360</u> 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 - <b>4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD</b>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE: <u>3</u> CONDITION: <u>A/C-1</u> DESIGN: <u>1</u> At Observation Hole: <u>TB B</u> Depth: <u>22</u> Elevation: <u>-56</u> " OF MOST FAVORABLE SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 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	<b>PUMPING</b> SEE NOTE ON PAGE 3 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

## SITE EVALUATOR STATEMENT

I certify that on 7/17/01 (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 \*

8/23/2001

Date

Page 1 of 3

HHE-200 Rev. 1/99

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

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

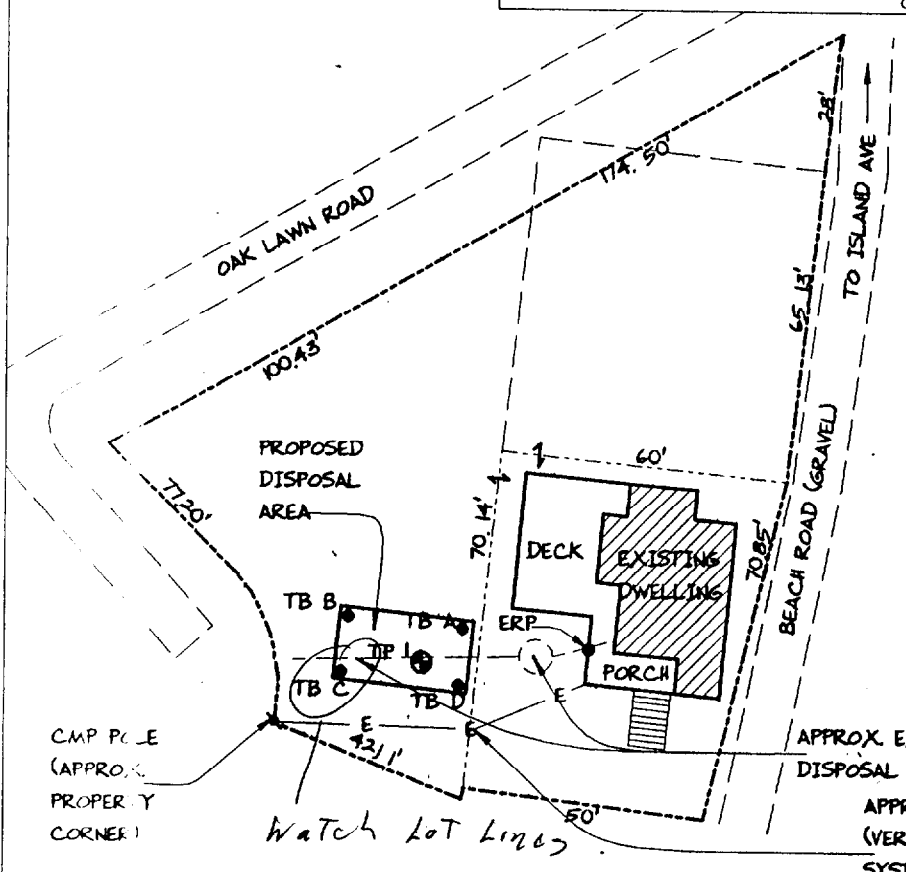
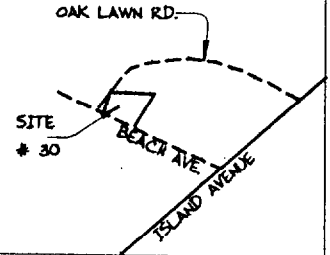
Street, Road Subdivision  
**30 BEACH ROAD**

Owner's Name  
**MICHAEL DEMICHELE**

SITE PLAN

Scale 1" = 40 Ft.  
or as shown

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



NOTE: PROPERTY INFORMATION PER SURVEY PLAN PROVIDED BY OWNER

APPROX. EXISTING DISPOSAL SYSTEM  
APPROX. BURIED ELECTRIC LINE (VERIFY LOCATION PRIOR TO SYSTEM INSTALLATION, RELOCATE IF NEC)

## 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			DARK BROWN	
10	SANDY LOAM	FRIABLE	YELLOWISH BROWN	
20				
30	LOAMY SAND	FIRM	OLIVE BROWN	FEW DISTINCT
40				
50				

Soil Classification: 3 A/C Profile: A/C Condition: 33  
 Slope: 4% Limiting Factor: 33  
 Ground Water  Restrictive Layer  Bedrock  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				
30				
40				
50				

Soil Classification: 4 Profile: 4 Condition: 4  
 Slope: 4% Limiting Factor: 4  
 Ground Water  Restrictive Layer  Bedrock  Pit Depth

*Albert Frick*  
Site Evaluator Signature

63 SE

8/23/2001  
Date

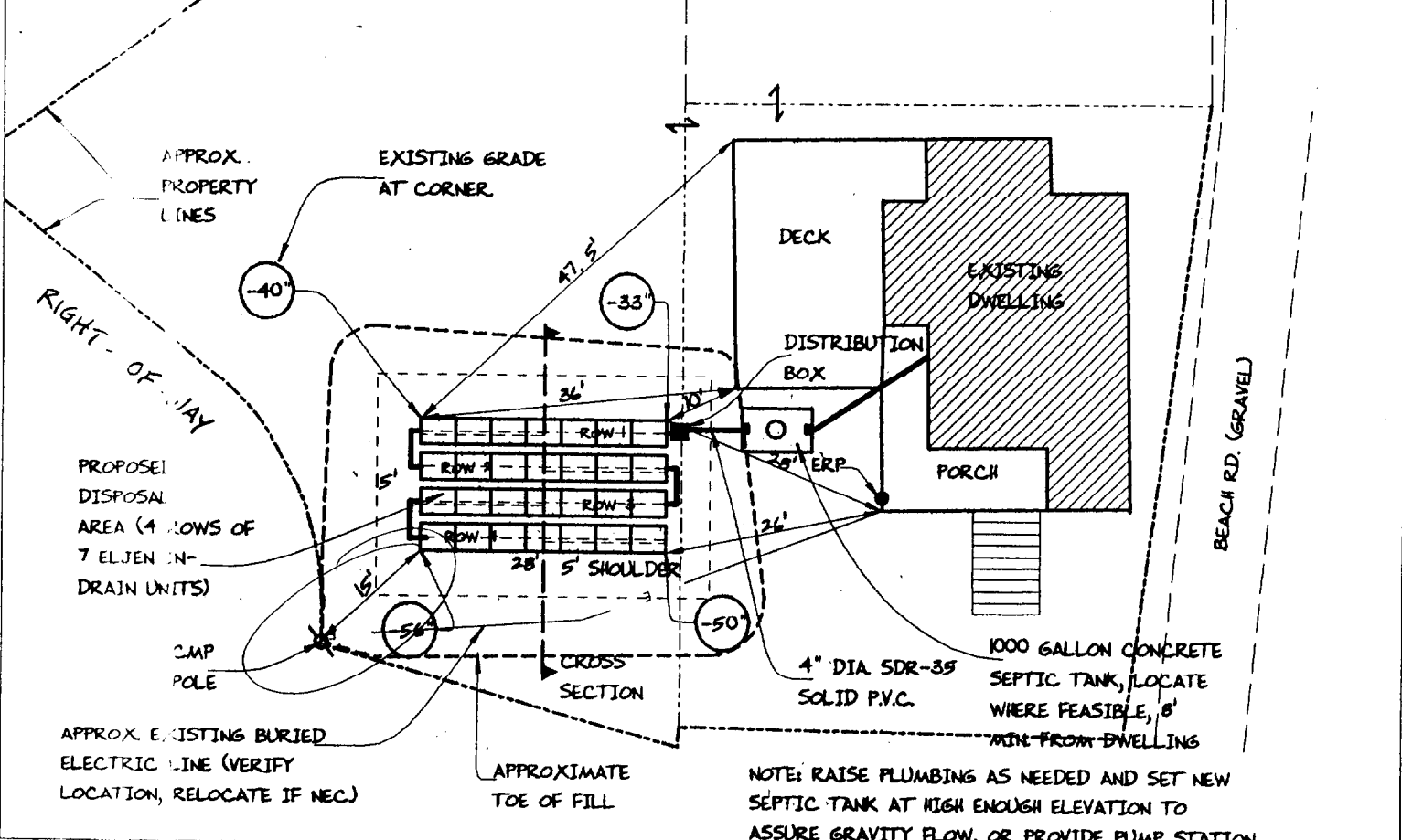
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND, PEAKS ISLAND**  
Street, Road, Subdivision: **30 BEACH ROAD**  
Owner's Name: **MICHAEL DeMICHELE**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) ± 12" - 19"  
Depth of Fill (Downslope) ± 17" - 23"

### CONSTRUCTION ELEVATIONS

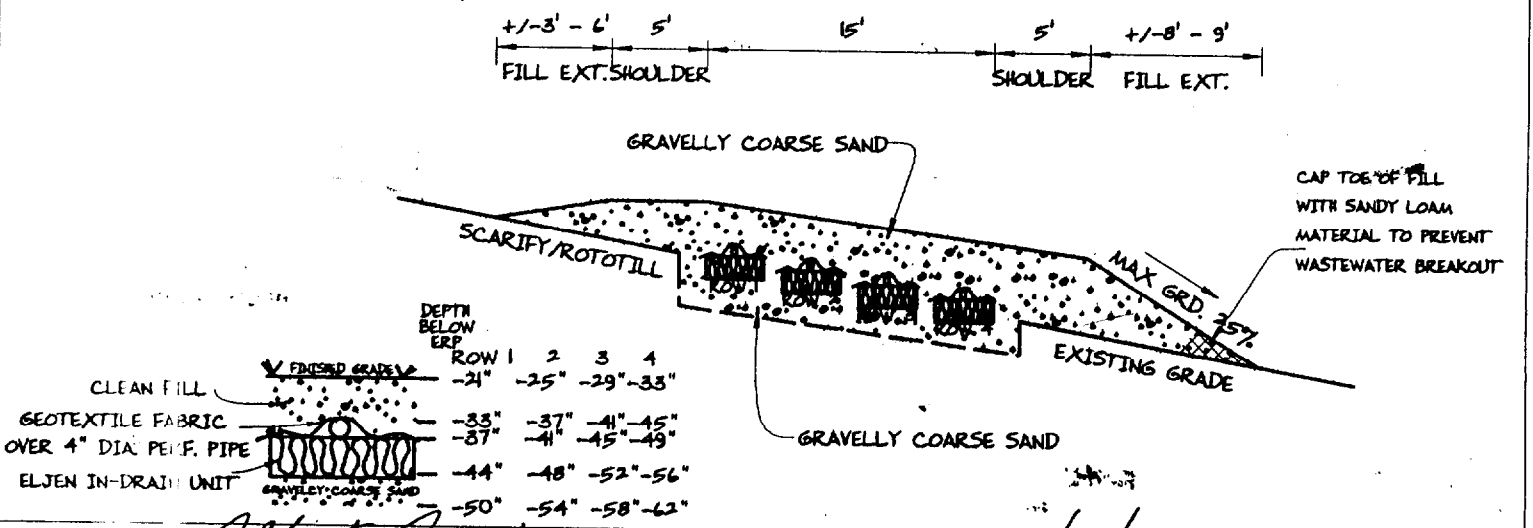
Finished Grade Elevation  
Top of Distribution Pipe or Proprietary Device  
Bottom of Disposal Area

### ELEVATION REFERENCE POINT

SEE DETAIL BELOW  
Location & Description BOTTOM OF ELECTRIC METER, 41" ABOVE GRADE Reference Elevation "00"

### DISPOSAL AREA CROSS SECTION

SCALE:  
VERTICAL: 1" = 5 FT  
HORIZONTAL: 1" = 10 FT



*Albert Frick*  
Site Evaluator Signature

163  
SE

8/23/2001  
Date