

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	PORTLAND	PORTLAND Date Permit Issued: <u>9/26/07</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	PERMIT # 10416 TOWN COPY \$ <u>1110.00</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>10169</u>
Street or Road	10 BRIMMER ST		
Subdivision, Lot #	PEAKS ISLAND		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	<u>MEUSEMUGE, JEANNE</u>		
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	23 FISH HATCHERY RD NEW GLOUCESTER, ME 04260		
Daytime Tel. #		Municipal Tax Map # <u>90</u> Lot # <u>K2</u>	

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.	CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Signature of Owner or Applicant: <u>[Signature]</u> Date: <u>8-15-07</u>	Local Plumbing Inspector Signature: <u>[Signature]</u> (2nd) date approved: <u>9/27/07</u> <u>10/04/07</u>

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>OBD</u> Year installed: _____ <input type="checkbox"/> 3. Expanded System a. Minor Expansion b. Major 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 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 Disposal Area <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <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
18,900 <input checked="" type="checkbox"/> SQ. FT. <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>EXISTING</u> 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 checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1100</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<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 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	DESIGN FLOW
PROFILE <u>2</u> / <u>AIII</u> / _____ at Observation Hole # <u>1</u> Depth <u>28</u> " of Most Limiting Soil Factor	<input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 3. Medium--Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required <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 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>40</u> m <u>08</u> s Lon. <u>70</u> d <u>11</u> m <u>31</u> s if g.p.s, state margin of error: <u>±10'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>6/28/07</u> (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).		
Site Evaluator Signature: <u>[Signature]</u>	SE #: <u>267</u>	Date: <u>7/19/07</u>
Site Evaluator Name Printed: <u>ALAN L. BURNELL</u>	Telephone Number: <u>781-5242</u>	E-mail Address: <u>ABURNELL@PINKHAMANDGREER.COM</u>
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

Ferry 799-2239, --- 766-2508

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 Division of Health Engineering
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Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND

10 BRIMMER ST PEAKS ISLAND

JEANNE MUSE MEUSE

SITE PLAN

Scale 1" = 40 ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)

SEE ATTACHED

SEE ATTACHED

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole # 1 Test Pit Boring
4 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0-10	SANDY LOAM	FRIABLE	DK BROWN	
10-20			YEL BROWN	COMMON
20-30	SILTY CALY	FIRM	OLIVE	
30-40				
40-50				

Soil Classification <u>8 C</u> Profile Condition	Slope <u>2</u> %	Limiting Factor <u>15</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

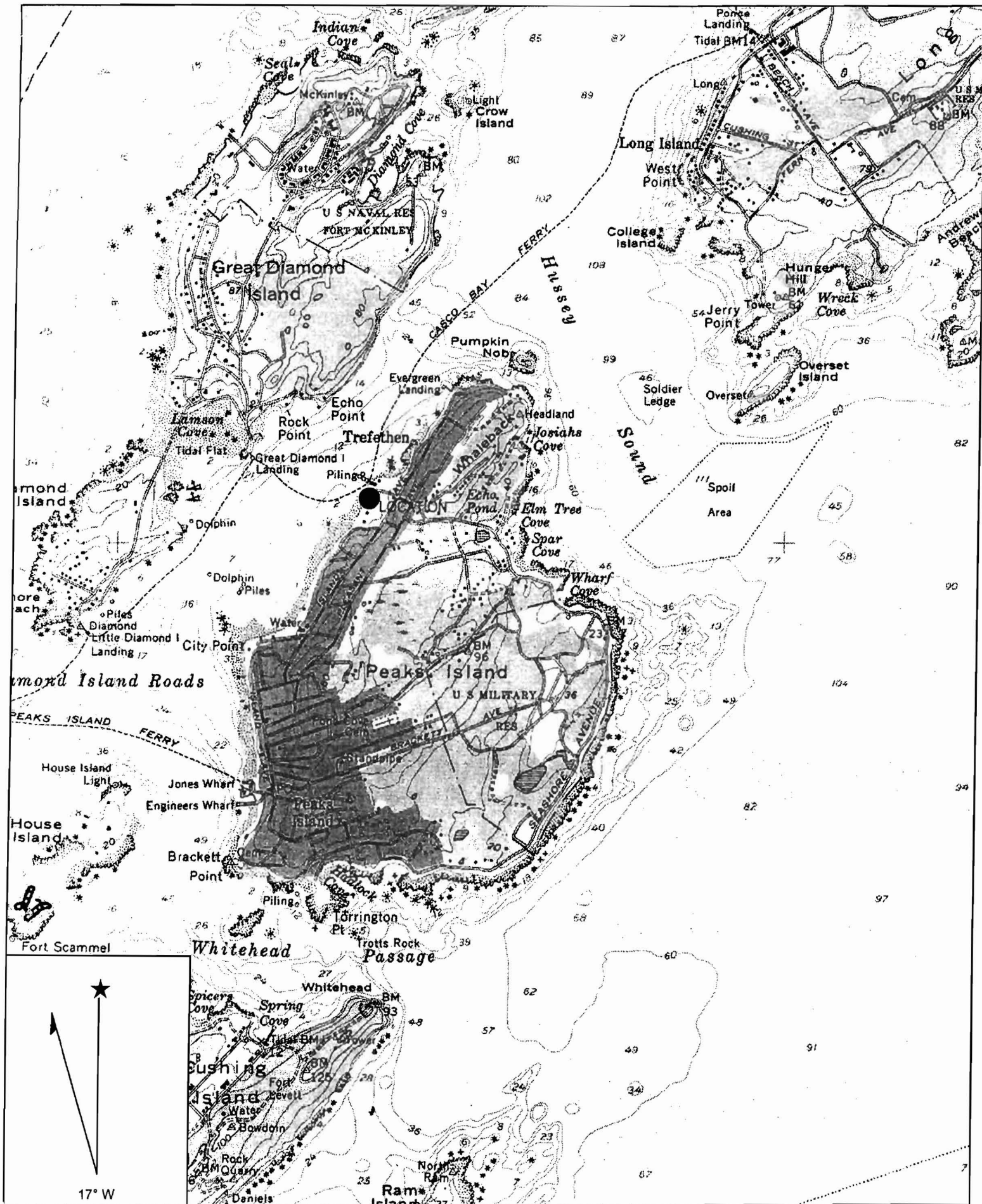
Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0-10				
10-20				
20-30				
30-40				
40-50				

Soil Classification _____ Profile Condition	Slope _____%	Limiting Factor ____"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Alan Smith
 Site Evaluator Signature

267
 SE #

7/19/07
 Date



Name: PORTLAND EAST
 Date: 7/19/2007
 Scale: 1 inch equals 2000 feet

Location: 043° 39' 50.1" N 070° 11' 04.8" W
 Caption: JEANNE ~~MUSE~~ MEUSE
 10 BRIMMER ROAD
 PEAKS ISLAND

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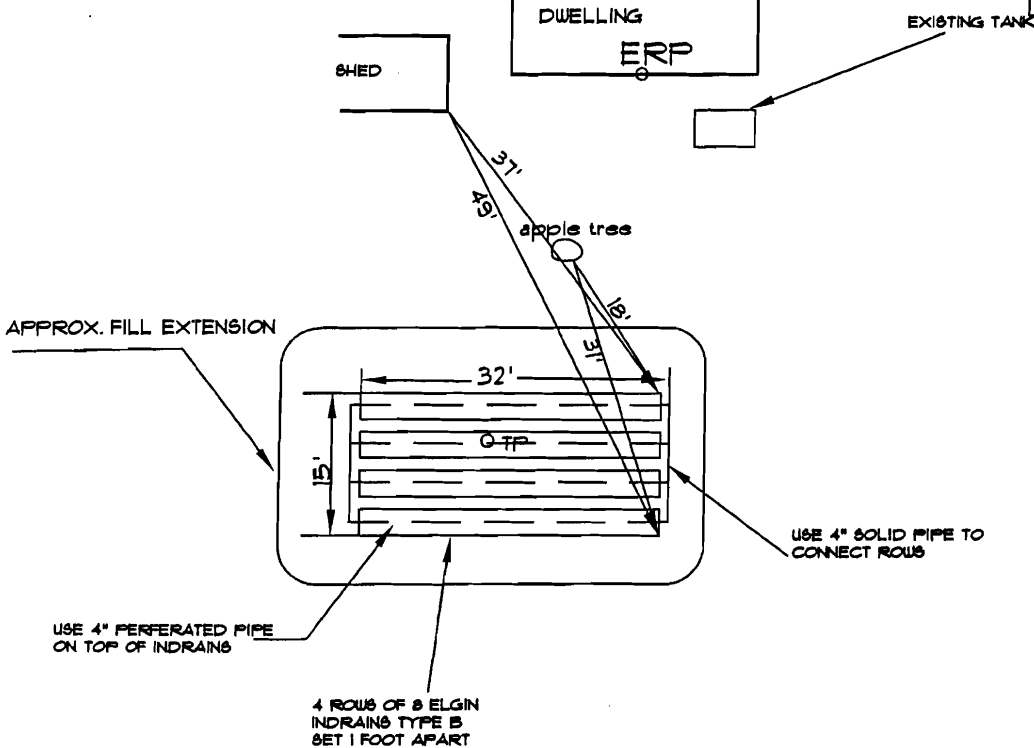
PORTLAND

10 BRIMMER ST PEAKS ISLAND

JEANNE MUSE MEUSE

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 24"
 Depth of Fill (Downslope) 24"

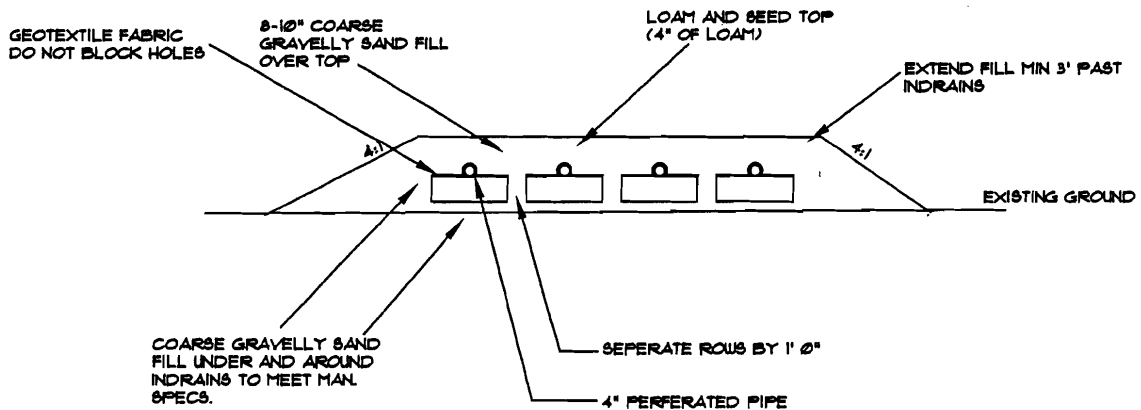
Finished Grade Elevation -8
 Top of Distribution Pipe or Proprietary Device -20
 Bottom of Disposal Area -32

Location & Description: BOTTOM OF SIDING ON HOUSE
 Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 10' ft.
 Vertical 1" = 5' ft.



Alfred J. Smith

267

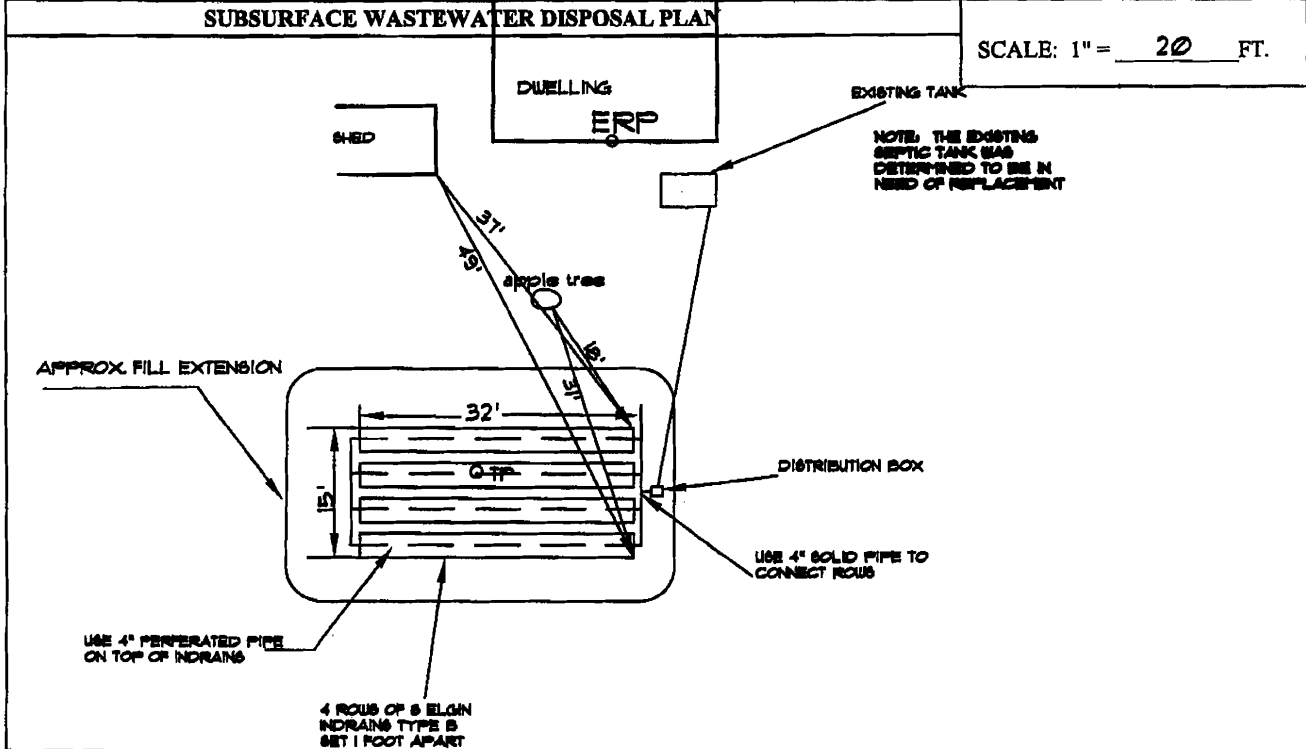
07/19/07

Site Evaluator Signature

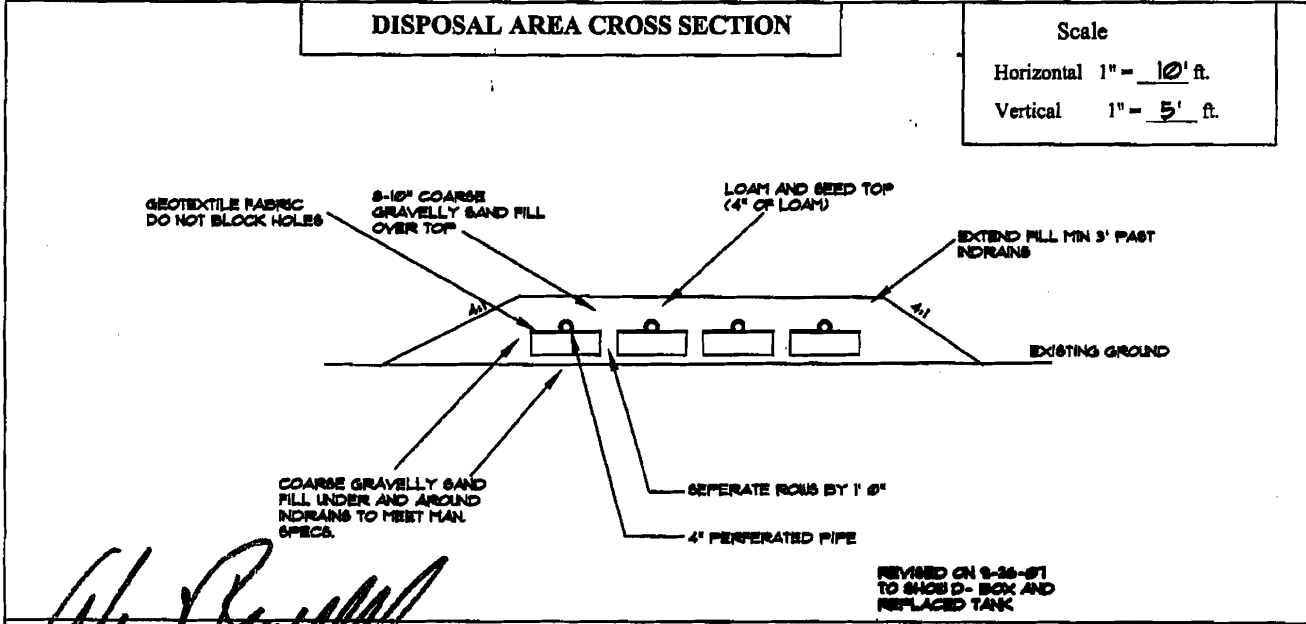
SE #

Date

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Town, City, Plantation FORTLAND	Street, Road, Subdivision 10 BRIMMER ST PEAKS ISLAND	Owner's Name JEANNE MUSE



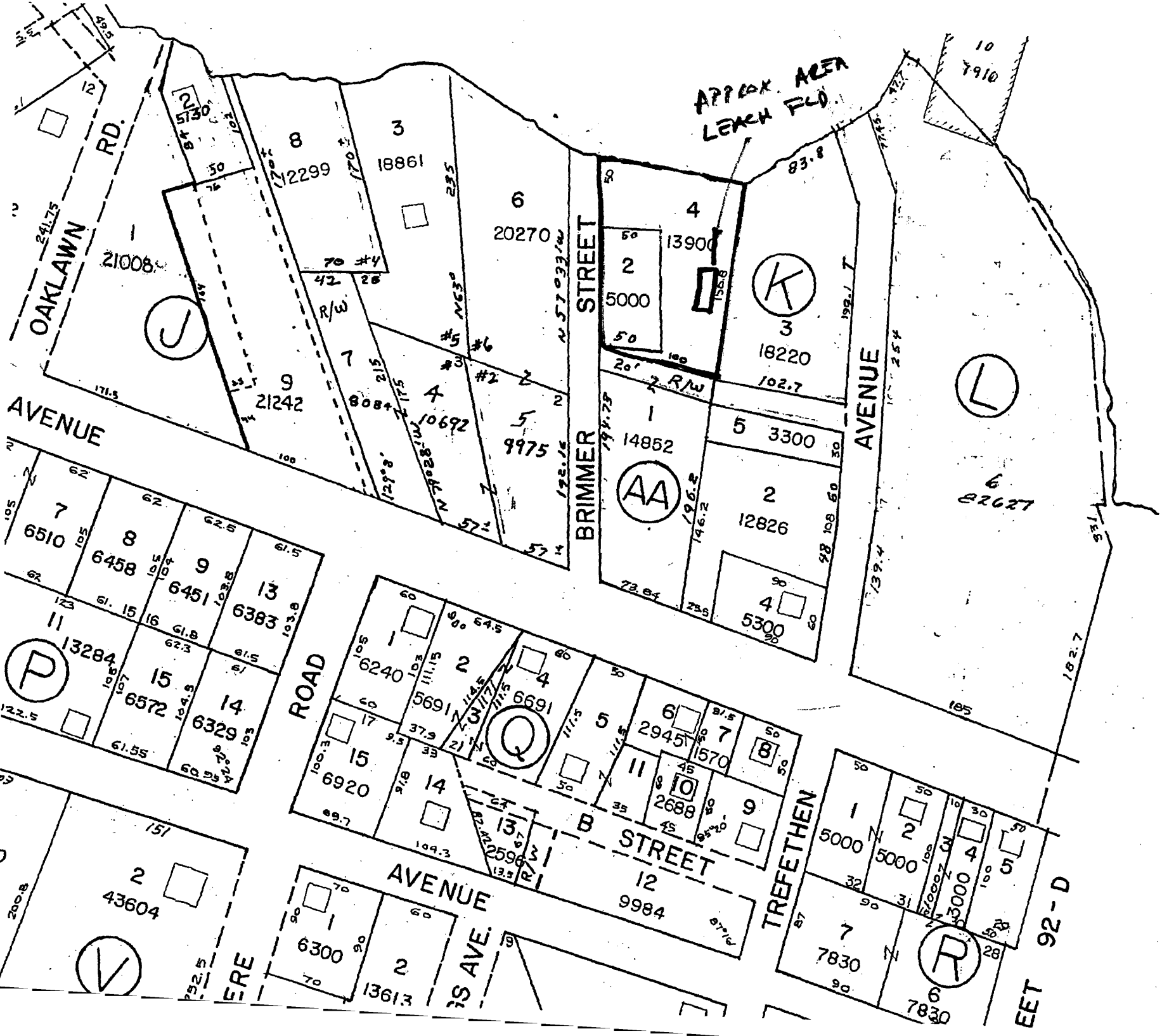
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <u>24"</u>	Finished Grade Elevation <u>-8</u>	Location & Description: <u>BOTTOM OF SIDING ON HOUSE</u>
Depth of Fill (Downslope) <u>24"</u>	Top of Distribution Pipe or Proprietary Device <u>-20</u>	Reference Elevation: <u>0"</u>
	Bottom of Disposal Area <u>-32</u>	



<i>Site Evaluator Signature</i>	267	07/19/07
Site Evaluator Signature	SE #	Date

Page 3 of 3
HHE-200 Rev. 8/01

APPROX. AREA
LEACH FLD.



OAKLAWN RD.

AVENUE

BRIMMER STREET

AVENUE

ROAD

STREET

TREFETHEN

AVENUE

13 AVE.

EET 92-D

(J)

(K)

(L)

(P)

(Q)

(V)

(R)

21008

22299

18861

20270

13900

18220

22627

6510

6458

6451

6383

13284

6572

6329

6240

5691

6691

2945

1570

43604

6300

13613

9984

9984

5000

5000

3000

3000

7830

7830

21242

10692

9975

14852

3300

12826

5300

21008

22299

18861

20270

13900

18220

22627

6510

6458

6451

6383

13284

6572

6329

6240

5691

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2945

1570

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6300

13613

9984

9984

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3000

3000

7830

7830

Nº 90
PEAKS ISLAND

