

2005 6017

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station ID: 545
(207) 287-5572 FAX (207) 287-4122

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town or Plantation	PORTLAND; PEAKS ISLAND	PORTLAND	PERMIT # 9531 STATE COPY
Street or Road	+/-417 ISLAND AVENUE	Date Permit Issued: 8/25/05	\$ 110.00 <input type="checkbox"/> If Double Fee Charged
Subdivision, Lot #			L.P.I. # 360

OWNER/APPLICANT INFORMATION		Municipal Tax Map # 90 0 Lot # 10	
Name (last, first, MI)	N/F HAMILTON JACK	Local Plumbing Inspector Signature	
Mailing Address of	THOMAS DROMBOOLE 7 WAVE AVENUE SAVIN HILL, MA 02125		
<input type="checkbox"/> Owner Applicant			
Daytime Tel. #	(417) 686-9584		

Owner or Applicant Statement	Caution: Inspections Required
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.	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Signature of Owner/Applicant _____ Date _____	Local Plumbing Inspector Signature _____ (1st) Date Approved _____ Local Plumbing Inspector Signature _____ (2nd) Date Approved _____

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
1. <input checked="" type="radio"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<input checked="" type="checkbox"/> No Rule Variance <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval <input type="checkbox"/> Minimum Lot Size Variance <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & airt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Molding 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
SIZE OF PROPERTY PORTION OF	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
1.07 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	<input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other- _____	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: _____
SHORELAND ZONING	SPECIFY	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
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 1000 gallons	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 960 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 20 ELTEN IN-DRAIN UNITS	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"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	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 -
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	PUMPING	3 BEDROOMS AT 90 GALLONS PER DAY EACH
PROFILE CONDITION DESIGN 3 / A/C / 1 AT Observation Hole # TP 2 Depth 15" OF MOST LIMITING SOIL FACTOR	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	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

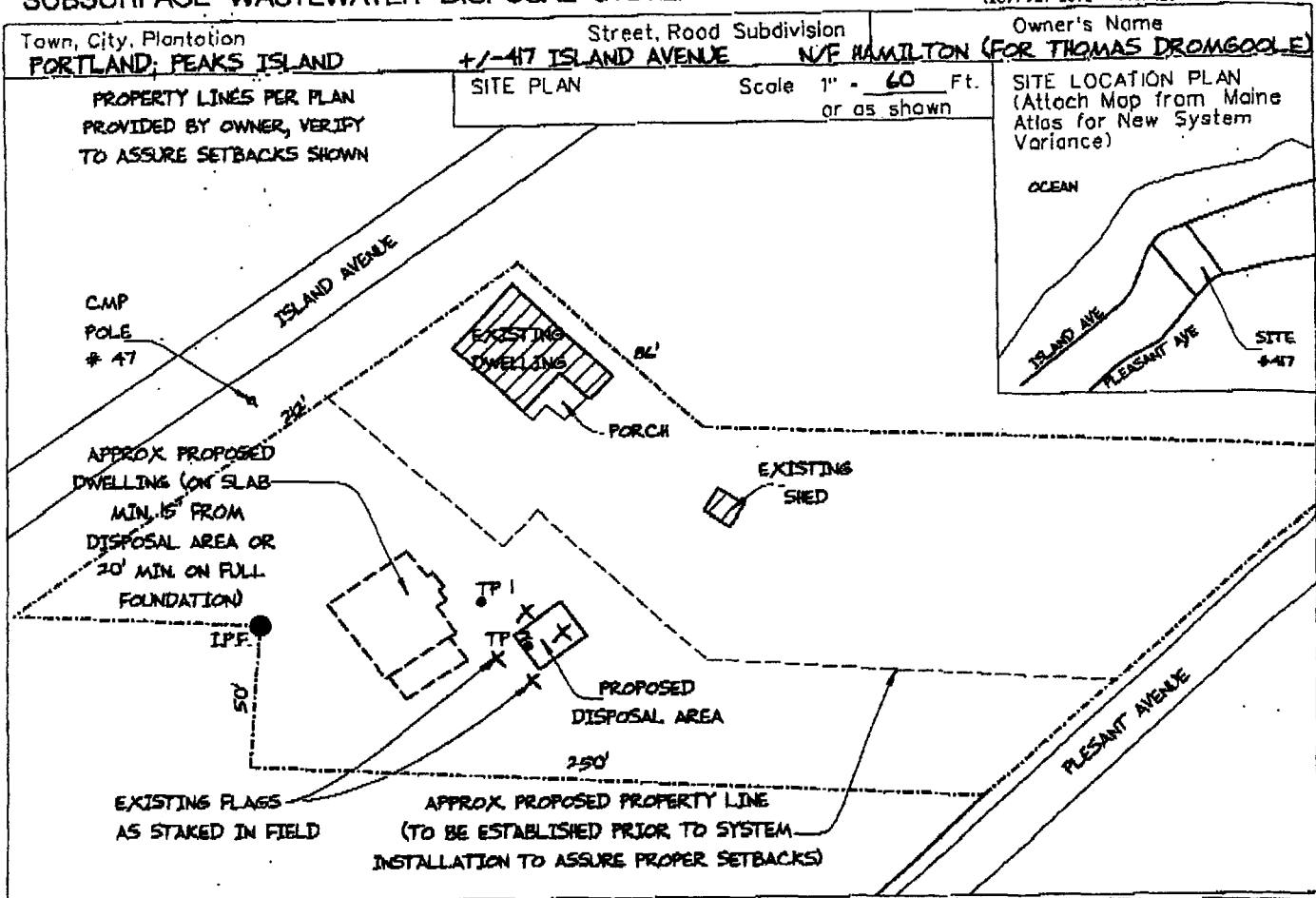
I certify that on 8/19/04 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144-A CMR 241).

Site Evaluator Signature: Albert Frick SE # 165 Date: 2/15/2005

ALBERT FRICK
Site Evaluator Name Printed
ALBERT FRICK ASSOCIATES - 85A COUNTY ROAD GORHAM, MAINE 04038 - (207) 639-5563
Telephone Number
ALBERTFRICK@WORLDNET.ATT.NET
E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 30 SHS
 (207) 987-5872 FAX (207) 287-4172



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

Observation Hole **TP 1** Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

0	Texture	Consistency	Color	Mottling
			DARK BROWN	
	FINE SANDY LOAM		BROWN	
10		FRIABLE	YELLOW BROWN	
			LIGHT OLIVE BROWN	FEW, FAINT
20			OLIVE BROWN	COMMON, DISTINCT
30	LOAMY FINE SAND	FIRM	BROWN	
40	LIMIT OF EXCAVATION			
50				

Soil Classification: **3 C**
 Profile: **3** Condition: **C**

Slope: **%**

Limiting Factor: **16**

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

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

0	Texture	Consistency	Color	Mottling
	SANDY LOAM		DARK BROWN	
10		FRIABLE	YELLOWISH BROWN	
	LOAMY SAND		LIGHT OLIVE BROWN	FEW FAINT
20		FIRM	OLIVE BROWN	COMMON DISTINCT
30	REFUSAL (BEDROCK OR LARGE STONE)			
40				
50				

Soil Classification: **3 A/C**
 Profile: **3** Condition: **A/C**

Slope: **%**

Limiting Factor: **15**

Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Frick
 Site Evaluator Signature

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 SE

2/15/2005
 Date

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Owner's Name

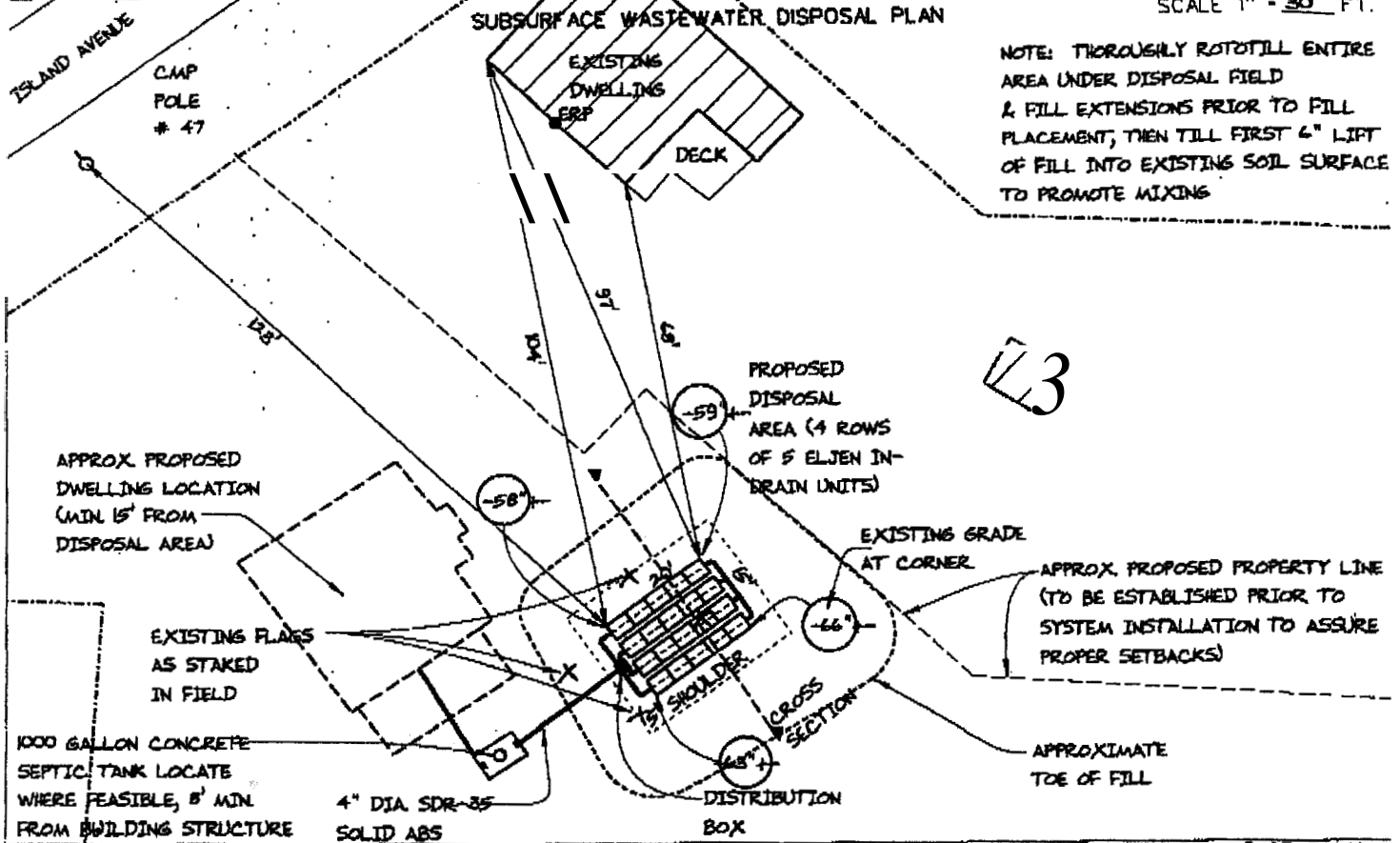
Town, City, Plantation
PORTLAND; PEAKS ISLAND

Street, Road, Subdivision
+/- 417 ISLAND AVENUE N/E HAMILTON

(FOR THOMAS DROMGOOLE)

SCALE 1" = 30 FT.

NOTE: THOROUGHLY ROTOTILL ENTIRE AREA UNDER DISPOSAL FIELD & FILL EXTENSIONS PRIOR TO FILL PLACEMENT; THEN TILL FIRST 6" LIFT OF FILL INTO EXISTING SOIL SURFACE TO PROMOTE MIXING



FILL REQUIREMENTS

Depth of Fill (Upslope) : 27" - 28"
 Depth of Fill (Downslope) : 32" - 35"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
 Top of _____ Proprietary Device
 Bottom of Disposal Area

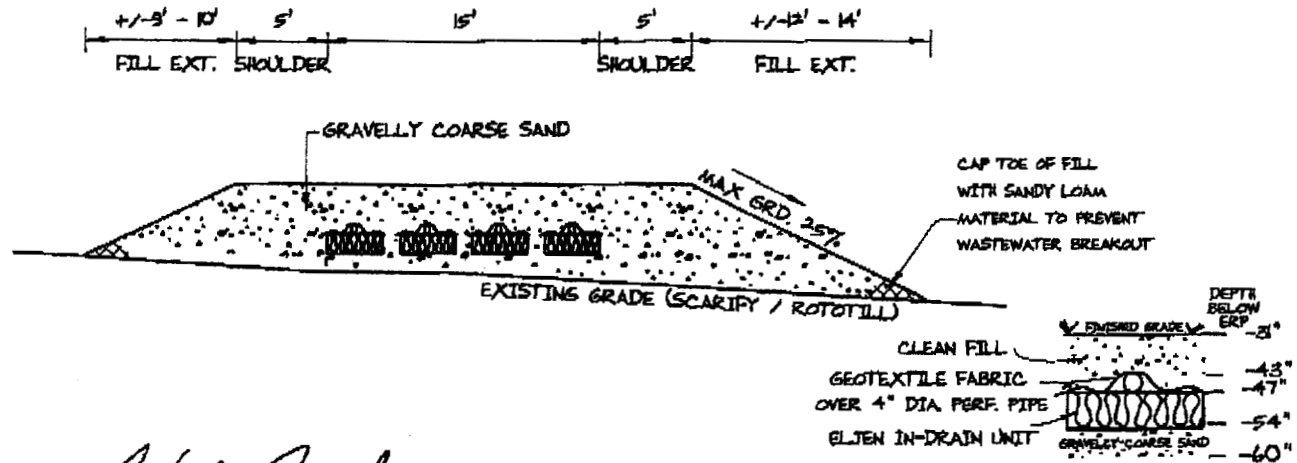
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description BOTTOM OF WHITE SCREEN WINDOW, 40" ABOVE BOTTOM OF Reference Elevation is 0.0' or SIDING.

DISPOSAL AREA CROSS SECTION

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



Albert Frick
 Site Evaluator Signature

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 SE *

2/15/2005
 Date

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Albert Frick Associates, Inc.
Soil Scientists & Site Evaluators

95A County Road Gorham, Maine 04038
(207) 839-5563

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PORTLAND, PEAKS ISLAND +/-47 ISLAND AVENUE N/F HAMILTON (FOR THOMAS DROMGOOLE)
TOWN LOCATION APPLICANT'S NAME

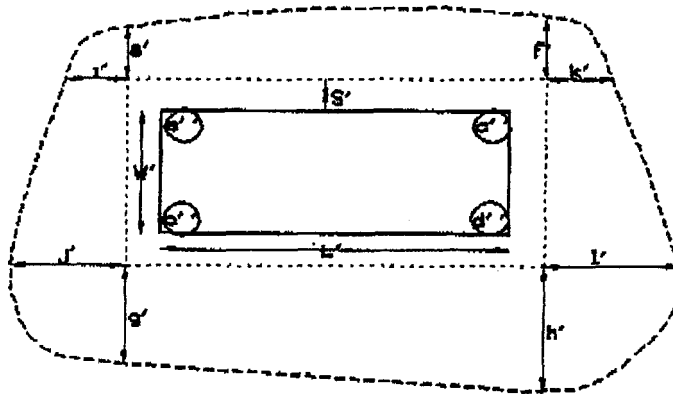
- 1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.
- 2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations. Prior to the commencement of construction/installation, the local plumbing inspector or Code Enforcement Officer shall inform the owner/applicant and Albert Frick Associates, Inc of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.
- 3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information. Well locations on abutting properties but not readily visible above grade should be confirmed by the owner/applicant prior to system installation to assure minimum setbacks.
- 4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter shall be connected in series to the proposed septic tank.
- 5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment units) and controlled or hazardous substances shall not be disposed of in this system. Additives such as yeast or enzymes are discouraged, since they have not been proven to extend system life.
- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than every three years. All septic tank, pump stations and additional treatment tanks shall be installed to prevent ground water and surface water infiltration.

Fill Estimation Worksheet

Albert Frick Associates Inc.
 95A County Road
 Gorham, Me 04038
 839-5563 FAX - 839-5564
 E-Mail - Albertfrick@worldnet.att.net

Town: Portland (Peaks Isl.)
 Project owner/applicant: Thomas Dromgoole
 Address: 417+- Island Ave.
Peaks Island

This worksheet is being provided as a complimentary tool to assist in estimating the approximate amount of fill required to construct the proposed system. This worksheet does not substitute for a personal visit to the site for your own estimate. These calculations are intended to serve as a check to your work. Site features beyond the model (terrain) can vary to effect model projections.



Length (L)	20 feet
Width (W)	15 feet
Shoulder (S)	5 feet
<i>Depth of fill:</i>	
upper left (a)	27 inches
upper right (c)	28 inches
lower left (b)	32 inches
lower right (d)	35 inches
<i>Fill Extension:</i>	
left up (e)	2 feet
right up (f)	10 feet
left down (g)	12 feet
right down (h)	14 feet
upper left (i)	9 feet
lower left (j)	12 feet
upper right (k)	10 feet
lower right (l)	14 feet
Cost of fill per yard= \$ 0.00	

Body	71 cubic yards
Fill Down	21 cubic yards
Fill Up	13 cubic yards
Fill left	12 cubic yards
Fill right	15 cubic yards
Fill up left	2 cubic yards
Fill up right	3 cubic yards
Fill down left	4 cubic yards
Fill down right	6 cubic yards

SubTotal=	147 cubic yards
Shrinkage %=	15 %
Total Backfill	169 cubic yards

Adjusted cost of Total
 Backfill= \$ -