

90 @ 14 2006 6004

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Economic Services
Division of Health Engineering, Station 19, SHS
(207) 287-1872 Fax (207) 287-4172

>> Caution: Permit Required - Attach in Space Below <<

PROPERTY LOCATION

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

Street or Road: **254 PLEASANT AVENUE**

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, initial): **MOXNAY PETER & CATHERINE** Owner

Address of building: **254 PLEASANT AVENUE PEAKS ISLAND, ME 04008**

Daytime Tel #:

PORTLAND PERMIT # 9879 LGW: COPY

Date Survey Issued: **10/15/06** Fee: **1109.00**

Local Plumbing Inspector Signature: *[Signature]* LPA # **0640**

Municipal Tax Map # **90** Lot # **14** Lot. N 425, 90m 46 Lon. W 104, 1 to 355

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 a reason for the Department and/or Local Plumbing Inspector to deny a permit.

Signature of Owner/Applicant: *[Signature]* LPA **4/18/06**

Caution: Inspections Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature: _____ Date Approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: UNKNOWN Year Installed: UNKNOWN 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	1. <input 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. <input type="checkbox"/> Replacement System Variance a. <input checked="" 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	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & air 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
SIZE OF PROPERTY 5,900 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO BE USED 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____ Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	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: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESIGN DETAILS SYSTEM LAYOUT SHOWN ON PAGE 3!	

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. Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 1000 <input checked="" type="checkbox"/> sq ft <input type="checkbox"/> lin. ft. 24 ELJEN 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 (dwelling units) 2. <input type="checkbox"/> Table 501 (other facilities) SHOW CALCULATIONS for other facilities: _____
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3 / A/C / 3 AT Observation Hole: TB 2 Depth: 34 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	EFFLUENT EJECTOR PUMP 1. <input checked="" type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input type="checkbox"/> Required >>> Priority only for engineered or experimental systems: DOSE: _____ Code: _____	3 BEDROOMS AT 90 GALLONS PER DAY EACH 5. <input type="checkbox"/> Section 503.0 (water readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on **5/17/06** (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 (10-14A CMR 20).

Site Evaluator Signature: *[Signature]* Date: **3/28/2006**

Site Evaluator Name Printed: **ALBERT FRICK** Telephone Number: **(207) 839-5563** E-mail Address: **AFR@WATNEER.COM**

ALBERT FRICK ASSOCIATES - 86A COUNTY ROAD ROAD BOWHAM, MAINE 04000 - (207) 839-0083

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

State Department of Health Services
Division of Health Planning, Section 10-246
125 State Street, FAX 12773-287-4173

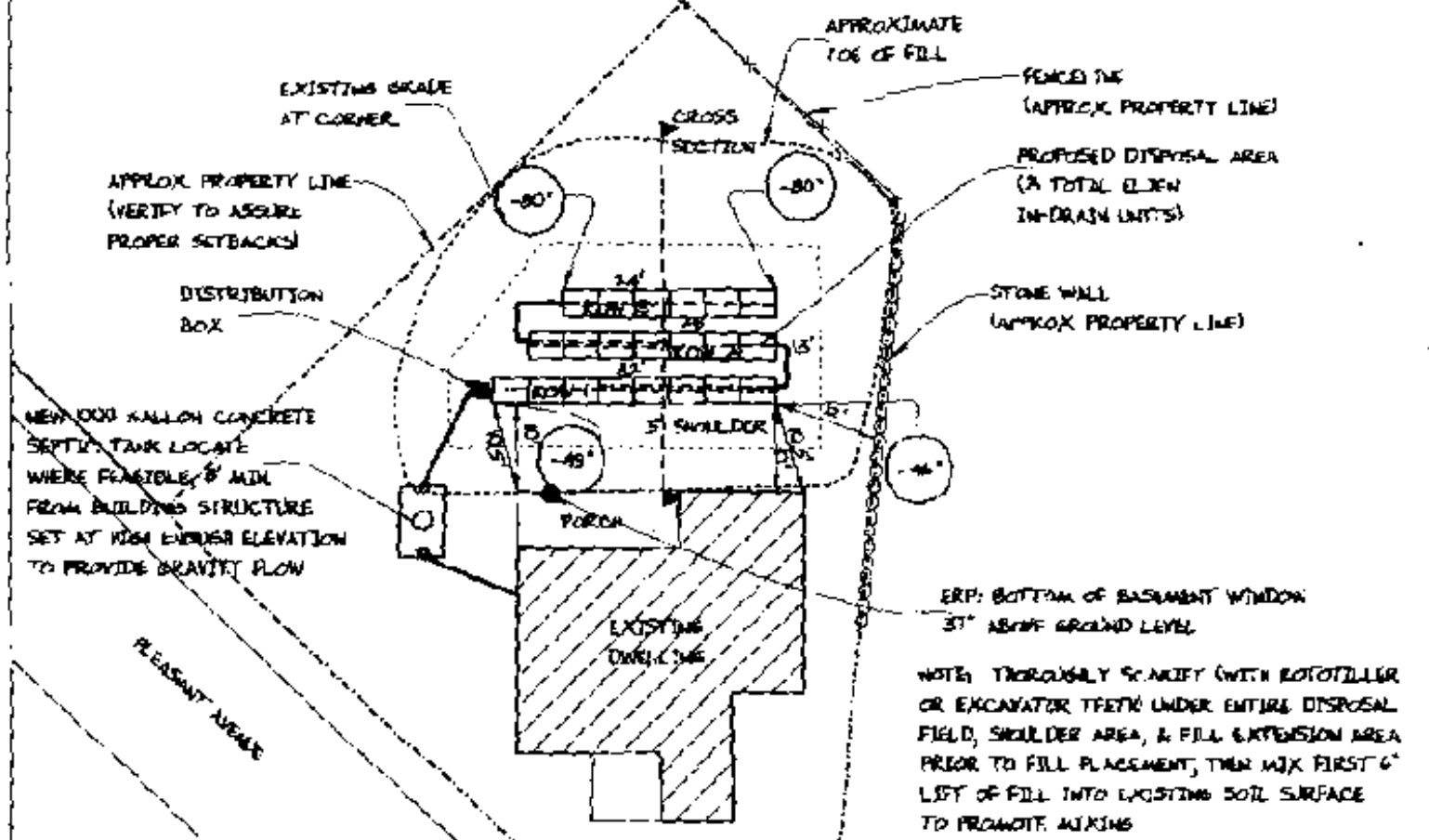
Town, City, Plantation
PORTLAND, PEAKS ISLAND

Street, Road, Subdivision
254 PLEASANT AVENUE

Owner's Name
PETER & CATHERINE MOXLEY

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' P.L.



FILL REQUIREMENTS

Depth of FILL (Subsoil) 13" - 16"
Depth of FILL (Overlapp) 2"
DEPTH AT CROSS-SECTION (When apply)

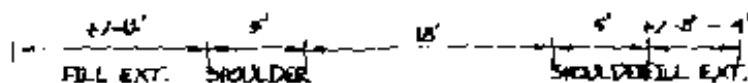
CONSTRUCTION ELEVATIONS

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

ELEVATION REFERENCE POINT

SEE **DETAIL BELOW**
Location & Description **BOTTOM OF BASEMENT WINDOW, 37" ABOVE GRADE**
Reference Elevation is: 0.0' or
SECRET
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 10 FT

DISPOSAL AREA CROSS SECTION



REMOVE ALL PORTIONS OF EXISTING DISPOSAL AREA ENCOUNTERED TO A MINIMUM DEPTH OF 2' UNDERNEATH AND 5' ALONGSIDE DISPOSAL AREA AND REPLACE WITH CLEAN GRAVELLY COARSE SAND FILL

DEPTH BELOW ERP	ROW 1	2	3
-35'	-35'	-41'	-49'
-45'	-45'	-51'	-61'
-49'	-49'	-57'	-65'
-56'	-64'	-71'	-71'
-63'	-70'	-70'	-70'

Albert Frick
Site Evaluator Signature

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3/28/2006
Date

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