

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

**THIS PERMIT IS VALID FOR 180 DAYS FROM THE DATE OF ISSUANCE**

<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	PORTLAND PERMIT # 7554 STATE COPY Date Permit Issued: 12/15/00 FEE Double Fee Charged LRL: 011214 221 Local Plumbing Inspector Signature	
Street or Road	KNICKERBOCKER LANE		
Subdivision, Lot #	36 Evergreen		
<b>OWNER/APPLICANT INFORMATION</b>		Municipal Tax Map # 92 Lot # 56-63-67 EXPIRED I have inspected the installation and signed above to find it to be in compliance with the Subsurface Wastewater Disposal Rules application. (1st) Date Approved (2nd) Date Approved	
Name (last, first, MI)	DAVID RAESER		
Owner of	PO BOX 104		
Address of	CENTER TUFTONBORO, NH 0306		
Daytime Tel. #	603-569-5783		
<b>Owner or Applicant Statement</b>			
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.			
Signature of Owner/Applicant		Local Plumbing Inspector Signature	

**PERMIT INFORMATION**

<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>HTDS #1-</u> Year Installed: <u>1975</u> 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	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 checked="" type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" 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 & 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>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
<input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input checked="" type="checkbox"/> Multiple Family Dwelling, No. of Units: <u>5</u> 3. <input type="checkbox"/> Other: _____ SPECIFY (if DWELLINGS)	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>SHORELAND ZONING</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**DESIGN DETAILS SYSTEM LAYOUT SHOWN ON PAGE 3**

<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GRABAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile c. <input type="checkbox"/> Pibloc 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY (3) 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 checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>2-100</u> sq. ft. <input type="checkbox"/> sq. ft. 50 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"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet (RECOMMENDED)	730 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 - 2 - 3 BEDROOMS EACH 1 - 2 BEDROOMS (3 BEDROOMS TOTAL AT 90 GALLONS PER DAY PER BEDROOM = 730) 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>PUMPING (EXISTING)</b>	
PROFILE CONDITION DESIGN <u>2 1 A/C 1 1</u> AT Observation Hole # <u>1B.C.</u> Depth <u>8</u> - Elevation _____ 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 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 10/19/00 (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).

Albert Frick Site Evaluator Signature      K.S. SE      11/13/2000 Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

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

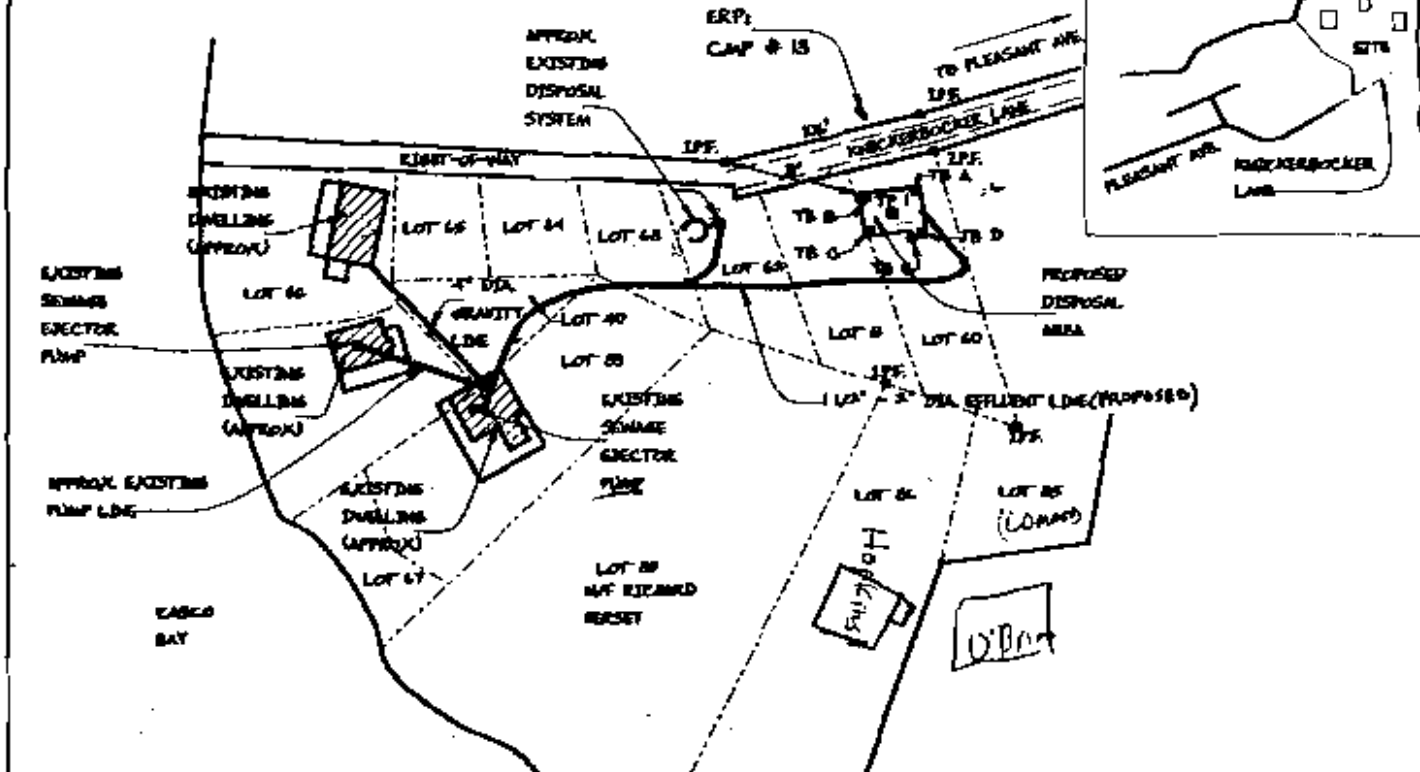
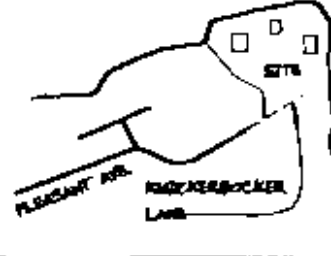
Street, Road Subdivision  
**KNICKERBOCKER LANE**

Owner's Name  
**N/F HERSEY**

SITE PLAN

Scale 1" = 100' FT.  
or as shown

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



## 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 (feet)	Texture	Consistency	Color	Mottling
0				
10	SANDY LOAM	FRIABLE	DARK BROWN	
20			OLIVE BROWN	FEW DISTINCT
30			BEDROCK	
40				
50				
60				
70				
80				

Soil Classification: **2** Profile: **A/C** Condition: **N/C** Slope: **z** Limiting Factor: **G-80"**

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 (feet)	Texture	Consistency	Color	Mottling
0				
10				
15				<b>TB A = 15" TO REFUSAL</b>
26				<b>TB B = 26" TO REFUSAL</b>
8				<b>TB C = 8" TO REFUSAL</b>
16				<b>TB D = 16" TO REFUSAL</b>
30				
40				
50				
60				
70				
80				

Soil Classification: Profile: Condition: Slope: Limiting Factor: **R**

Ground Water  Restrictive Layer  Bedrock  Pit Depth

*Albert Frick*  
Site Evaluator Signature

M-S  
SE

11/13/2000  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

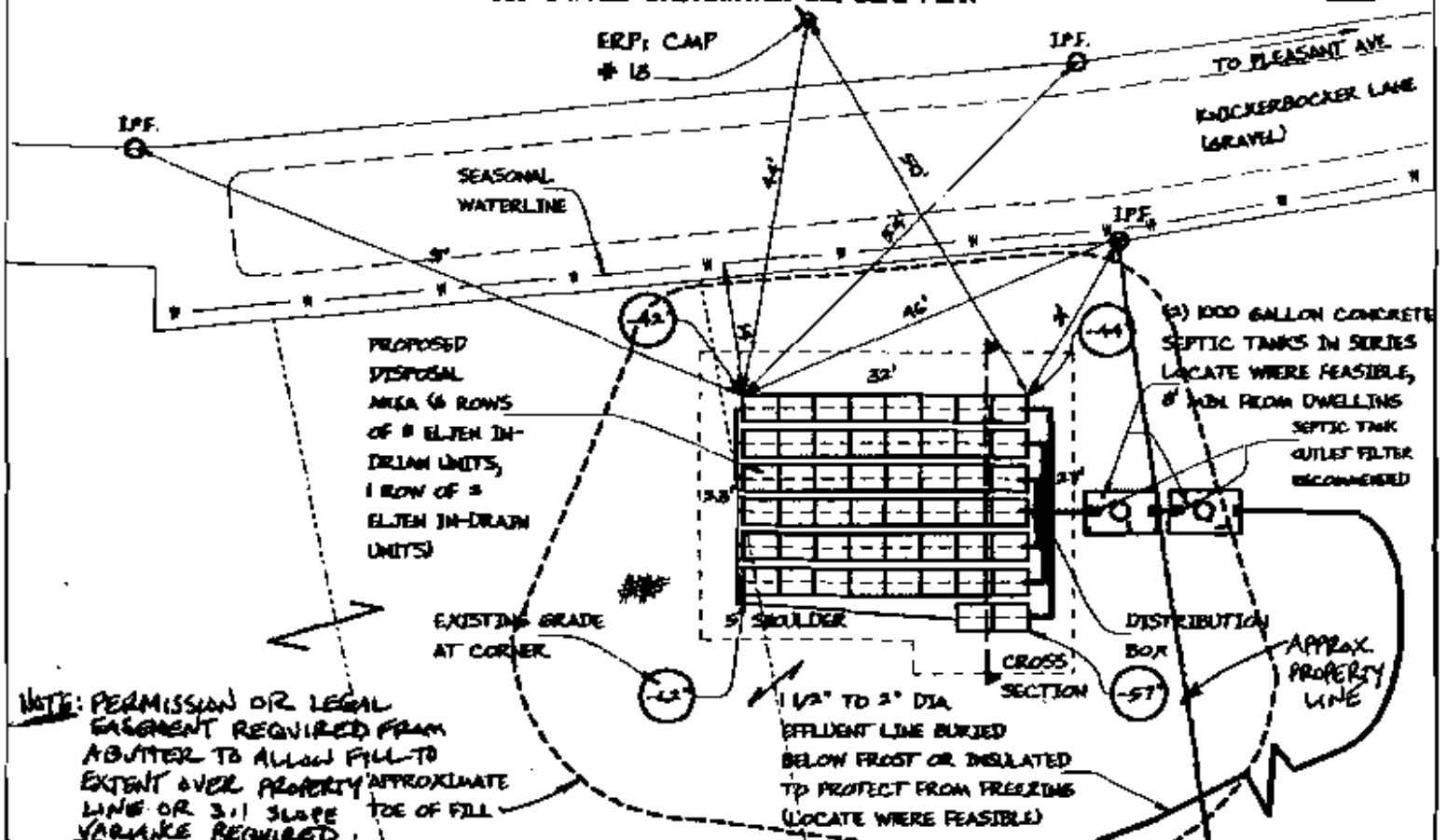
Town, City, Plan, Location  
**PORTLAND, PEAKS ISLAND**

Street, Road, Subdivision  
**KICKERBOCKER LANE**

Owner's Name  
**N/V HERSEY**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

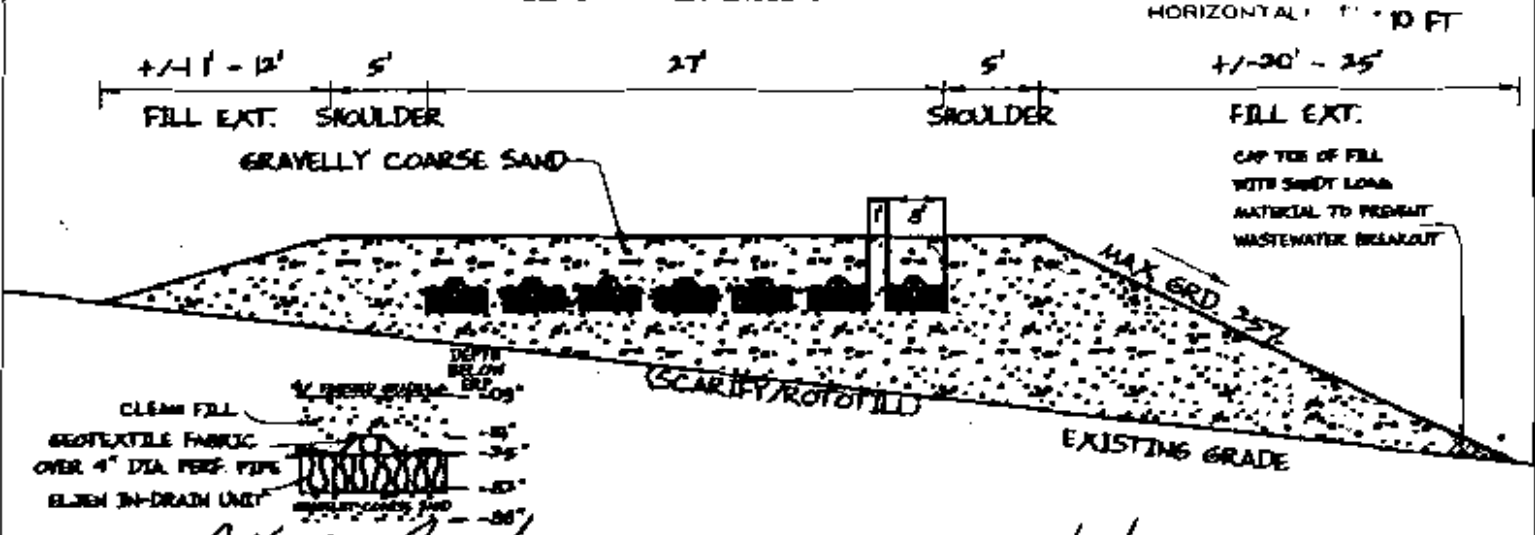


**NOTE: PERMISSION OR LEGAL AGREEMENT REQUIRED FROM ADJUTER TO ALLOW FILL TO EXTEND OVER PROPERTY APPROXIMATE LINE OR 3:1 SLOPE TOE OF FILL VARIANCE REQUIRED.**

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill @ Top of Cap	± 33" - 35"	Finished Grade Elevation	-1	Location & Description	NAB. 44' ABOVE
Depth of Fill @ Toe of Cap	± 45" - 53"	Top of Distribution Pipe or Proprietary Device	-2	BASE OF CAP POLE #18	Reference Elevation 00"
		Bottom of Disposal Area	-3		

### DISPOSAL AREA CROSS SECTION

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



*Albert Frick*  
Site Evaluator Signature

MS  
SE

11/13/2000  
Date

## REPLACEMENT SYSTEM VARIANCE REQUEST

### THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (HHE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request on HHE-200 and may approve the Request if all of the following requirements can be met, and the variance(s) requested fall within the limits of LPI's authority.

1. The proposed design meets the definition of a Replacement System as defined in the Rules (Sec. 1903)
2. There will be no change in use of the structure except as authorized for one-time exempted expansions outside the shoreland zone of major waterbodies/courses.
3. The replacement system is determined by the Site Evaluator and LPI to be the most practical method to treat and dispose of the wastewater.
4. The BOD<sub>5</sub> plus B.G. content of the wastewater is no greater than that of normal domestic effluent.

#### GENERAL INFORMATION

Town of PORTLAND (PEAKS ISLAND)  
 Permit No. \_\_\_\_\_ Date Permit issued \_\_\_\_\_  
 Property Owner's Name: DAVID HAEGGER Tel. No.: \_\_\_\_\_  
 System's Location: 107 KNICKERBOCKER LANE  
 Property Owner's Address: P.O. BOX 104  
 (If different from above) CENTER TUFENBERG, N.H. 03216

#### SPECIFIC INSTRUCTIONS TO THE: LOCAL PLUMBING INSPECTOR (LPI):

If any of the variances exceed your approval authority and/or do not meet all of the requirements listed under the Limitations Section above, then you are to send this Replacement System Variance Request, along with the Application, to the Department for review and approval consideration before issuing a Permit. (See reverse side for Comments Section and your signature.)

#### SITE EVALUATOR:

If after completing the Application, you find that a variance for the proposed replacement system is needed, complete the Replacement Variance Request with your signature on reverse side of form.

#### PROPERTY OWNER:

If has been determined by the Site Evaluator that a variance to the Rules is required for the proposed replacement system. This variance request is due to physical limitations of the site and/or soil conditions. Both the Site Evaluator and the LPI have considered the site/soil restrictions and have concluded that a replacement system in total compliance with the Rules is not possible.

#### PROPERTY OWNER

I understand that the proposed system requires a variance to the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

  
SIGNATURE OF OWNER

11/30/00  
DATE

#### LOCAL PLUMBING INSPECTOR

I, \_\_\_\_\_, the undersigned, have visited the above property and have determined to the best of my knowledge that it cannot be installed in compliance with the Rules. As a result of my review of the Replacement Variance Request, the Application, and my on-site investigation, I (check and complete either a or b):

- a. (I approve,  disapprove) the variance request based on my authority to grant this variance. Note: If the LPI does not give his approval, he shall list his reasons for denial in Comments Section below and return to the applicant. -OR-
- b. find that one or more of the requested Variances exceeds my approval authority as LPI. I (I recommend,  do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, she shall state his reasons in Comments Section below as to why the proposed replacement system is not being recommended.

Comments: \_\_\_\_\_

\_\_\_\_\_  
LPI SIGNATURE

\_\_\_\_\_  
DATE

Replacement System Variance Request

VARIANCE CATEGORY	VARIANCE REQUESTED		LIMIT OF LPI'S APPROVAL AUTHORITY		VARIANCE REQUESTED TO:
<b>SOILS</b>					
Soil Profile	Ground Water Table		to 7'		Inches
Soil Condition from HHE-200	Restrictive Layer		to 7'		Inches
	Bedrock		to 12'		Inches
<b>SETBACK DISTANCE</b>	1000 gpd	1000-2000 gpd	1000 gpd	2000 gpd	
Wells with water usage of 2000 or more gpd	300' R	200' R	100' R	100' R	
Owner's wells	100' down to 50' R	200' down to 100' R	100' down to 50' R	100' down to 50' R	
Neighbor's wells	100' down to 50' R	200' down to 120' R	100' down to 50' R	100' down to 75' R	
Water supply line	10' R	20' R	10' R	10' R	
Water course, major - for replacements only, see Table 400.4 for exempted expansions	100' down to 50' R	200' down to 120' R	100' down to 50' R	100' down to 50' R	
Water course, minor	50' down to 25' R	100' down to 50' R	50' down to 25' R	50' down to 25' R	
Drainage ditches	25' down to 12' R	50' down to 25' R	25' down to 12' R	25' down to 12' R	
Casual wetlands, special freshwater wetlands, great ponds, rivers, streams (edge of fill extension)	25' R	25' R	25' R	25' R	
Slopes greater than 3:1	10' R	15' R	N/A	N/A	
No full basement (e.g. slab, frost wall, columns)	15' down to 7' R	30' down to 15' R	8' down to 5' R	14' down to 7' R	
Full basement (below grade foundation)	20' down to 10' R	30' down to 15' R	8' down to 5' R	14' down to 7' R	
Property lines	10' down to 5' R	15' down to 10' R	10' down to 5' R	15' down to 7' R	
Burial sites or graveyards, measured from the down toe of the fill extension	25' R	25' R	25' R	25' R	

**OTHER**

1. Fill extension Grade - to 3:1 OR PERMISSION/EASEMENT REQUIRED FROM ADJUTER

2. TO ALLOW FILL TO EXTEND OVER PROPERTY LINE.

NO

3.

**Footnotes:**

- a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.
- b. Written Permission from the owner of a well is required when a replacement system will be located less than 100 (or 200 ft. for 1000-2000 gpd) feet and closer to that well than the system it is replacing.
- c. Sufficient distance shall be maintained to assure that the toe of the fill does not extend to the 3:1 slope or property line.
- d. Natural Resources Protection Act requires a 25 foot setback on slopes with less than 20% from the edge of disturbance and 100 feet on slopes greater than 20% except for the repair or installation of a replacement system when no practical alternative exists.

*Albert Frick*  
 \_\_\_\_\_  
 SITE EVALUATOR'S SIGNATURE

11/13/2000  
 \_\_\_\_\_  
 DATE

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and  does  does not give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
 SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
 DATE



**Albert Frick Associates, Inc.**

**Soil Scientists & Site Evaluators**

95A County Road Cortis, Maine 04038  
(207) 839-5563 FAX (207) 839-5564

Albert Frick SS, SE  
James Logan SS, SE  
Matthew Logan SE

Enclosed are four copies of a completed subsurface wastewater disposal application and Replacement System Variance application. Please review and sign as applicant or property owner if the plans are acceptable to you. Submit three copies to the Local Plumbing Inspector in your town so that he/she can review the application. One or more of the requested variances exceed the Local Plumbing Inspector's authority to grant locally, and it will be required to be forwarded to the Division of Health Engineering for State review and approval. The other copy is intended for your contractor.

Please call Albert Frick Associates if you have any questions or if we can be of service to you in the future.



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

New Hampshire Department of Health & Human Services  
603-271-3300 FAX 603-271-3375

<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach in Space Below <<
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the latest Subsurface Wastewater Disposal Rules.
Street or Road	KNICKERBOCKER LANE	
Subdivision, Lot #		
<b>OWNER/APPLICANT INFORMATION</b>		
Name (last, first, MI) <b>NAESER, DAVID</b>	Owner Applicant	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	P.O. BOX 104 CENTER TUFTONBORO, NH 03814	
Daytime Tel. #	603-569-5789	Municipal Tax Map # <u>32</u> Lot # <u>E 66, 40, 41, 45, 35, 63-67</u>
<b>Owner or Applicant Statement</b> 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.		EXPIRED
Signature of Owner/Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (and) Date Approved _____

### PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: <u>1975 +/-</u> 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	<b>THIS APPLICATION REQUIRED</b> 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 checked="" type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input checked="" 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 & off 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> <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input checked="" type="checkbox"/> Multiple Family Dwelling, No. of Units: <u>3</u> 3. <input type="checkbox"/> Other: _____ SPECIFY _____ (3 DWELLINGS)	<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>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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>(2) 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 & <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>2400</u> sq. ft. <input type="checkbox"/> lin. ft. <b>50 ELTEN 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 checked="" type="checkbox"/> Tank in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet <b>(RECOMMENDED)</b>	<b>DESIGN FLOW</b> 720 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>2 - 3 BEDROOMS EACH</b> <b>1 - 2 BEDROOMS</b> <b>(0 BEDROOMS TOTAL AT</b> <b>90 GALLONS PER DAY PER</b> <b>BEDROOM = 720)</b> 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> <b>PROFILE CONDITION DESIGN</b> <u>2 / A/C / 1</u> AT Observation Hole # <u>TB.C.</u> Depth <u>8</u> " Elevation _____ OF MOST LIMITING 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 (EXISTING)</b> 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: _____ CAPACITY _____	

### SITE EVALUATOR STATEMENT

I certify that on 10/18/00 (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)

Albert Frick

SE #

11/13/2000

Date

Page 1 of 3  
HHE-700 Rev 1/99

4/24/01



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

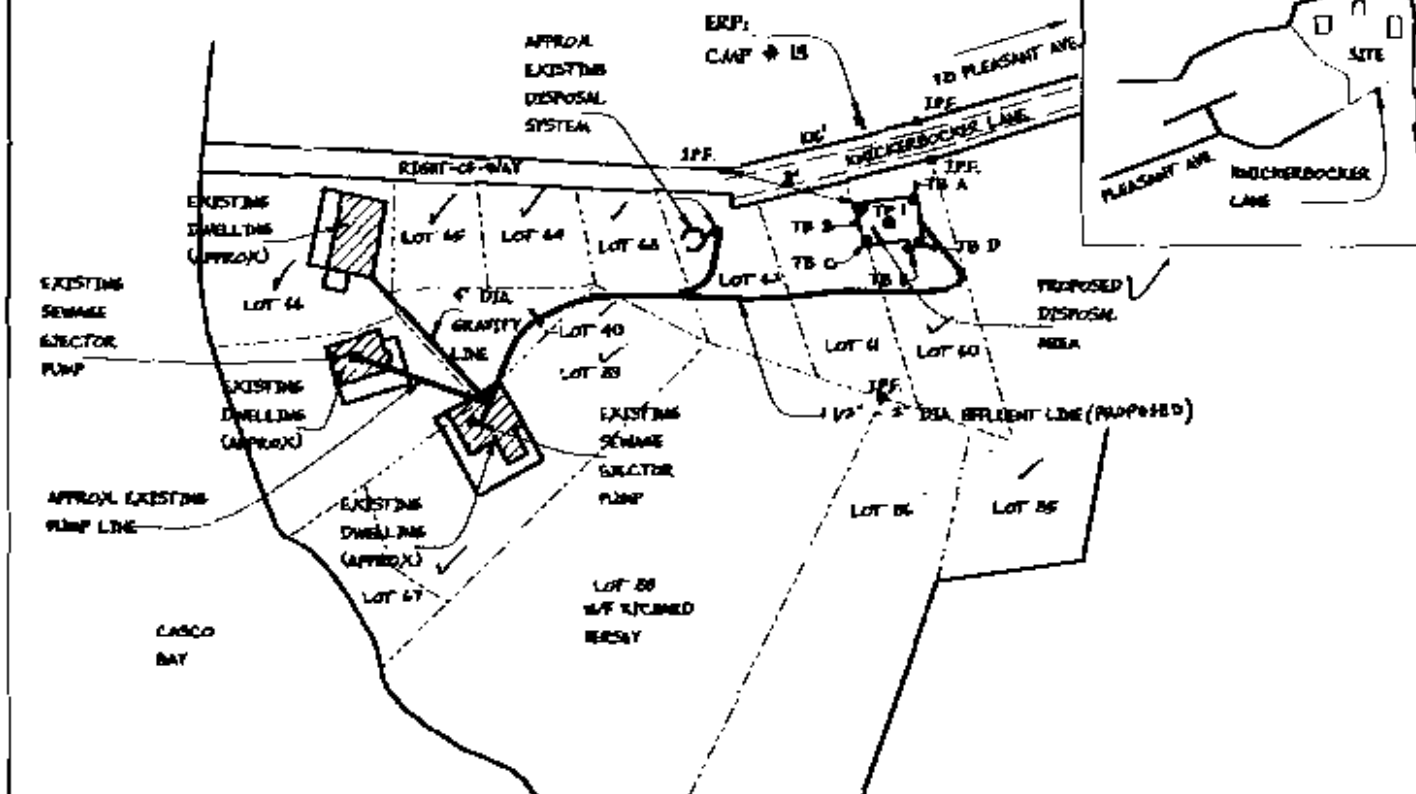
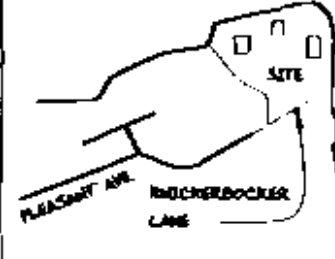
Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

Street, Road Subdivision  
**KNICKERBOCKER LANE**

Owner's Name  
**DAVID HAEGER**

SITE PLAN  
Scale 1" = 100' H.L.  
or as shown

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



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

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

Texture	Consistency	Color	Mottling
SANDY LOAM	FRIABLE	DARK BROWN	
		OLIVE BROWN	FEW DISTINCT
BEDROCK			

Soil Classification: 2 Profile A/C Condition x  
Slope: x Limiting Factor: 7-50"  
 Ground Water  Restrictive Layer  Bedrock  Pit Depth

Observation Hole TB A-D  Test Pit  Boring  
Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
TB A = 18" TO REFUSAL			
TB B = 24" TO REFUSAL			
TB C = 8" TO REFUSAL			
TB D = 16" TO REFUSAL			

Soil Classification: 2 Profile A/C Condition 2  
Slope: 2 Limiting Factor: 8"  
 Ground Water  Restrictive Layer  Bedrock  Pit Depth

*Albert Frick*  
Site Evaluator Signature

11/13/2000  
Date

REVISED 4/24/01

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

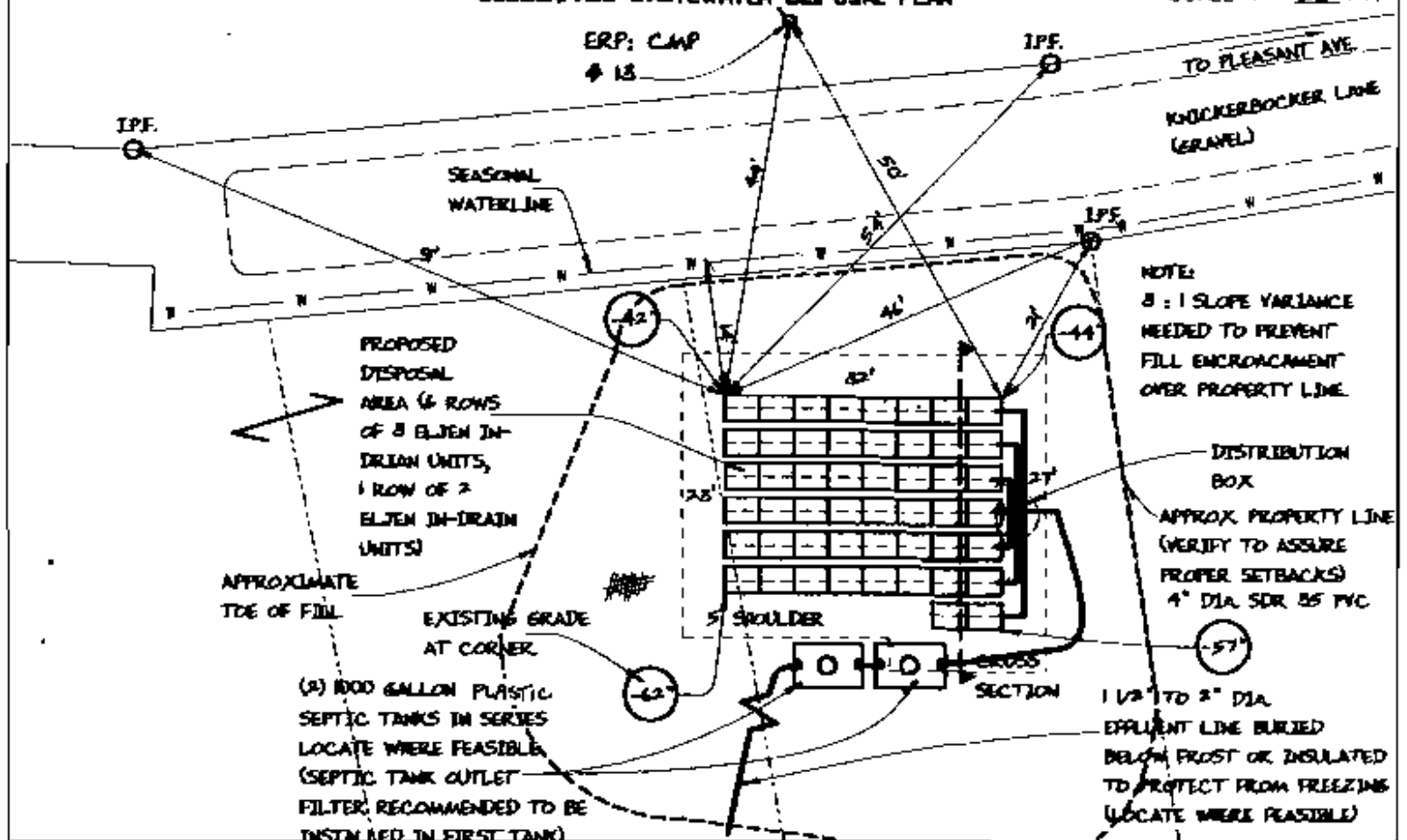
Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

Street, Road, Subdivision  
**KNICKERBOCKER LANE**

Owner's Name  
**DAVID HAEGER**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



### FILL REQUIREMENTS

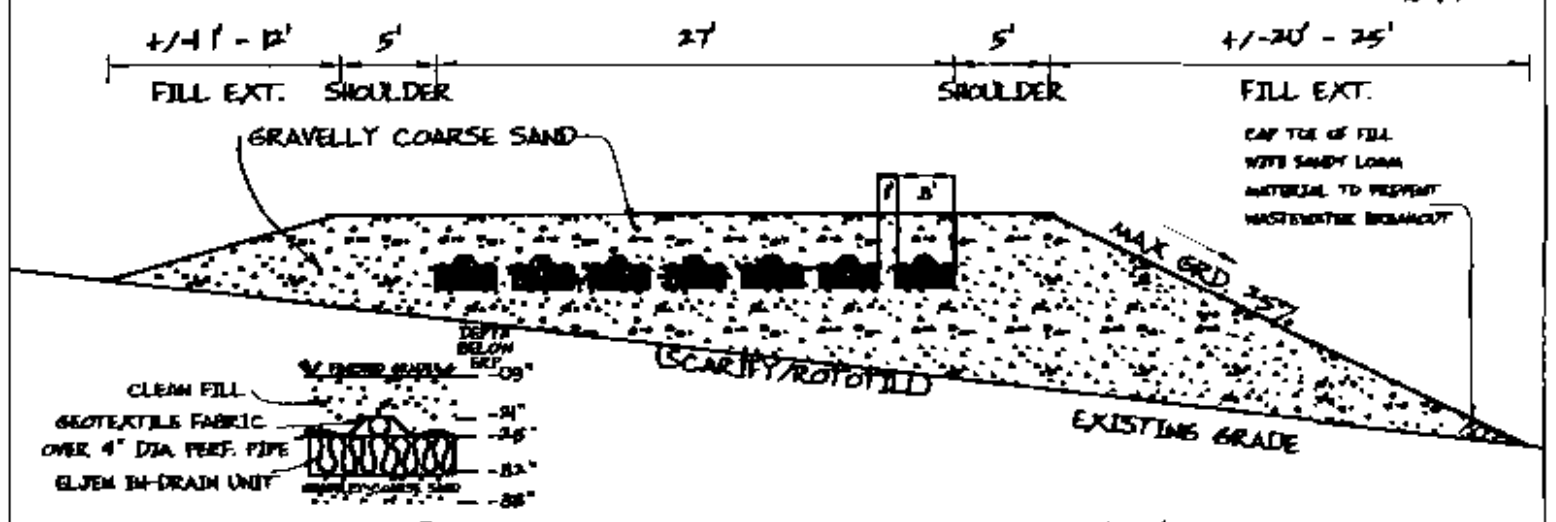
Depth of Fill (Shoulder) \_\_\_\_\_  
Depth of Fill (Downslope) \_\_\_\_\_

**CONSTRUCTION ELEVATIONS**  
 1.  $33'' - 35''$  Finished Grade Elevations  
 2.  $48'' - 53''$  Top of Distribution Pipe or Proprietary Box  
 Bottom of Disposal Area

**ELEVATION REFERENCE POINT**  
 Location & Description: NAIL 44" ABOVE  
 BASE OF CMP POLE # 13  
 Reference Elevation: 00"

### DISPOSAL AREA CROSS SECTION

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



*Albert Frick*  
Site Evaluator Signature

KS  
SE

12/18/2000  
Date



**Albert Frick Associates, Inc.**

Soil Scientists & Site Evaluators  
95A County Road - Gorham, Maine 04038  
(207) 839-5563

Portland Peaks Island  
TOWN

Knickerbucker Lane  
LOCATION

Haeger  
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 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.

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 should 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) and controlled or hazardous substances shall not be disposed of in this system.

