

CBL 92-G-16

200 & 6003

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

NEW HAMPSHIRE DEPARTMENT OF ENVIRONMENTAL SERVICES

<b>PROPERTY LOCATION</b>		Caution: Permit Required - Attach in Space Below	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	PORTLAND Title Pl or w/	8030 TOWN COPY
Street or Road	16 WOODS ROAD		13 199 10 21 Local Plumbing Inspector Signature
Subdivision, Lot #			11310100 L.P.L. 064910
<b>OWNER/APPLICANT INFORMATION</b>		<input type="checkbox"/> Transfer Fee <input type="checkbox"/> FEE charged	
Name (last, first, MI)	Owner CUMINGS FRANCIS & PATRICIA		
Mailing Address of	10 FOREST STREET WINDHAM, NH 03087		
<input type="checkbox"/> Stationer <input type="checkbox"/> Applicant			
Telephone No.	603-582-9991	Municipal Tax Map #	926 16 & 17

**Owner or Applicant Statement**

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 Local Plumbing Inspector to issue a permit.

*[Signature]* 3-29-02  
 Signature of Owner/Applicant Date

**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

<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 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 REQUIRES</b> 1. <input type="checkbox"/> No Rule Variation 2. <input type="checkbox"/> First Time System Variation a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variation 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 Variation 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"/> Alternative System (Specify: _____) 3. <input type="checkbox"/> Alternative Toilet, Specialty 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, specialty 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 checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</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 checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input checked="" type="checkbox"/> Other: <u>SUMMER WATER</u>
<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 checked="" type="checkbox"/> Regular <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. 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>1000</u> sq. ft. <input type="checkbox"/> lin. ft. <u>24</u> ELTEN IN-DRAIN UNITS	<b>GARBAGE DISPOSAL UNIT</b> 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Maybe 3. <input type="checkbox"/> Yes 3. 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>270</u> gallons per day BASED ON 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit) 2. <input type="checkbox"/> Table 501.1 (other facilities) SHOW CALCULATION - Location: _____
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE: _____ CONDITION: _____ DESIGN: _____ AT Observation Hole # <u>TP 1</u> Depth <u>8</u> " Elevation <u>-30</u> " OR 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</b> 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required (Specify only the engineered or experimental systems) _____ GPD _____ Gallons	<b>3 BEDROOMS AT 90 GALLONS PER DAY EACH</b> <input type="checkbox"/> See box 503.0 (meter installation) ATTACH WATER-METER DATA

## SITE EVALUATOR STATEMENT

I certify that on 6/27/2000 (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 (NH 144A-CMR 241).

*Albert Frick*  
 Site Evaluator Signature Date: 2/1/2002

## REPLACEMENT SYSTEM VARIANCE REQUEST

### THE LIMITATIONS OF THE REPLACEMENT SYSTEM VARIANCE REQUEST

This form shall be attached to an application (RIIE-200) for the proposed replacement system which requires a variance to the Rules. The LPI shall review the Replacement System Variance Request an RIIE-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. 2006)
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 BOD5 plus S.S. content of the wastewater is no greater than that of normal domestic effluent

<b>GENERAL INFORMATION</b>	Town of <u>Portland, Peaks Island</u>
Permit No. _____	Date Permit Issued _____
Property Owner's Name: <u>Francis &amp; Patricia Cummings</u>	Tel. No.: <u>603-582-9991</u>
System's Location: <u>18 Woods Road</u>	
Property Owner's Address: <u>10 Forest St.</u>	
(if different from above) <u>Windham, NH 03087</u>	

### 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:

It 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 siting 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 this 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]  
SIGNATURE OF OWNER

4-22-02  
DATE

#### LOCAL PLUMBING INSPECTOR

I, MIKE NUGENT, 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) (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 (recommend) (do not recommend) the Department's approval of the variances. Note: If the LPI does not recommend the Department's approval, the reasons shall be stated in Comments Section below as to why the proposed replacement system is not being recommended.

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

[Signature]  
LPI SIGNATURE

5/10/02  
DATE

Replacement System Variance Request

VARIANCE CATEGORY	LIMIT OF LPI'S APPROVAL AUTHORITY						VARIANCE REQUESTED TO:	
	Disposal Fields			Septic Tanks			Disposal Fields	Septic Tanks
<b>SOILS</b>								
Soil Profile	Ground Water Table							inches
Soil Condition	Restrictive Layer							inches
from HHE-200	Bedrock							inches
<b>SETBACK DISTANCES (in feet)</b>								
<b>From</b>	<b>Less than 1900 gpd</b>	<b>1900 to 2900 gpd</b>	<b>Over 2900 gpd</b>	<b>Less than 1900 gpd</b>	<b>1900 to 2900 gpd</b>	<b>Over 2900 gpd</b>	<b>T<sub>a</sub></b>	<b>T<sub>b</sub></b>
Wells with water usage of 2000 or more gpd or public water supply wells	300 ft (a)	300 ft (a)	300 ft (a)	100 ft (a)	100 ft (a)	100 ft (a)		
Owner's wells	100 down to 60 ft	200 down to 100 ft	100 down to 150 ft	100 down to 50 ft (b)	100 down to 50 ft	100 down to 50 ft	80'	
Neighbor's wells	100 down to 60 ft (b)	200 down to 120 ft (b)	300 down to 180 ft (b)	100 down to 50 ft (b)	100 down to 75 ft (b)	180 down to 75 ft (b)		
Water supply line	10 ft (a)	20 ft (a)	25 ft (a)	10 ft (a)	10 ft (a)	10 ft (a)		
Water course, major - for replacements only, see Table 400.4 for major expansions	100 down to 60 ft	200 down to 120 ft	300 down to 180 ft	100 down to 50 ft	100 down to 50 ft	100 down to 50 ft		
Water course, minor	50 down to 25 ft	100 down to 50 ft	150 down to 75 ft	50 down to 25 ft	50 down to 25 ft	50 down to 25 ft		
Drainage ditches	25 down to 12 ft	50 down to 25 ft	75 down to 35 ft	25 down to 12 ft	25 down to 12 ft	25 down to 12 ft		
Edge of fill extension - Coastal wetlands, special freshwater wetlands, great ponds, rivers, streams	25 ft (d)	25 ft (d)	25 ft (d)	25 ft (d)	25 ft (d)	25 ft (d)		
Slopes greater than 3:1	10 ft	18 ft	25 ft	N/A	N/A	N/A		
No full basement (e.g. slab, frost wall, columns)	15 down to 7 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Full basement (below grade foundation)	20 down to 10 ft	30 down to 15 ft	40 down to 20 ft	8 down to 5 ft	14 down to 7 ft	20 down to 10 ft		
Property lines	10 down to 5 ft (c)	18 down to 9 ft (c)	20 down to 10 ft (c)	10 down to 5 ft (c)	15 down to 7 ft (c)	20 down to 10 ft (c)		
Burial sites or graveyards, measured from the down toe of the fill extension	25 ft	25 ft	25 ft	25 ft	25 ft	25 ft		

**OTHER**

(F.H.) extension Grade - to 3:1 AS NEEDED TO PROPERTY LINES

2. \_\_\_\_\_
3. \_\_\_\_\_

Footnotes: a. This setback distance cannot be reduced by the LPI, but may be considered for reduction by State variance.  
 b. May not be any closer to neighbor's well than the existing disposal field or septic tank unless written permission is granted by the neighbor.  
 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 (c) 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

4/19/2002  
 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

# -SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Services  
(207) 287-8777 Fax (207) 287-4372

<b>PROPERTY LOCATION</b>		>> <b>Caution: Permit Required - Attach in Space Below</b> <<
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	The Subsurface Wastewater Disposal System shall be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
Street or Road	10 WOODS ROAD	
Subdivision, Lot #		
<b>OWNER/APPLICANT INFORMATION</b>		
Name (last, first, MI)	Owner CUMINGS FRANCIS & PATRICIA	
Mailing Address of	10 FOREST STREET WINDHAM, NH 03087	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Daytime Tel. #	603-582-9991	Municipal Tax Map = 936 Lot = 6 & 17
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</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.		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 <span style="float: right;">4-22-02</span> Date		Local Plumbing Inspector Signature _____ 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: _____ 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 REQUIRES</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 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	<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> <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</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 checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input checked="" type="checkbox"/> Other <u>SUMMER WATER</u>
<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 checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile <input type="checkbox"/> Plastic 2. <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 type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>1008</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 24 ELJEN IN-DRAIN UNITS	<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> 270 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling units) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -  <b>3 BEDROOMS AT 90 GALLONS PER DAY EACH</b>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>2</u> / <u>A</u> / <u>1</u> AT Observation Hole = <u>TP 1</u> Depth <u>10</u> " Elevation <u>-3</u> " 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 - 2.5 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> 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 <u>6/27/2002</u> (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 (10-444A CMR 241).	
 Site Evaluator Signature	163 SE * <span style="float: right;">4/19/2002</span> Date
ALBERT FRICK ASSOCIATES - 154 COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 838-8888 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**

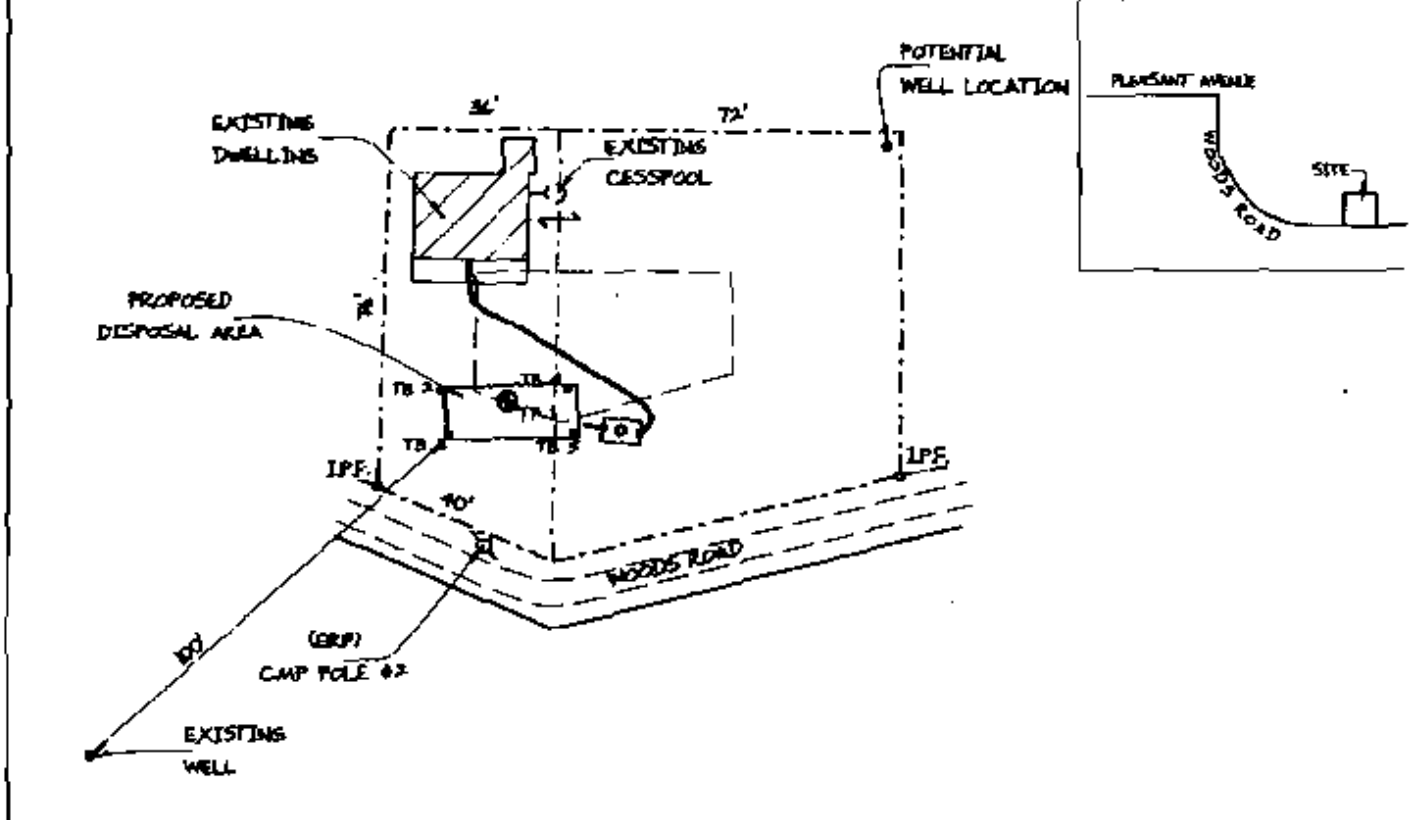
Street, Road Subdivision  
**18 WOODS ROAD**

Owner's Name  
**FRANCIS & PATRICIA CUMINGS**

SITE PLAN

Scale 1" = 40' 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 (inches)	Texture	Consistency	Color	Mottling
0			DARK	
			BROWN	
10	SANDY		DARK	
	LOAM	FERTABLE	YELLOW	
			BROWN	
20	BEDROCK			
30				
40				
50				

Soil Classification: 2 Profile A Condition 1B  
 Slope: 1 Limiting Factor: 1B  
 Ground Water  Restrictive Layer  Bedrock  Ph Depth

Observation Hole TB 2-5  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10	TB 2	SS	TO BEDROCK	
20	TB 3	24"	TO BEDROCK	
30	TB 4	21"	TO BEDROCK	
40	TB 5	364"	TO BEDROCK	
50				

Soil Classification: 2 Profile A Condition 1B  
 Slope: 1 Limiting Factor: 1B  
 Ground Water  Restrictive Layer  Bedrock  Ph Depth

*Albert Frick*  
Site Evaluator Signature

K3  
SE

4/19/2002  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

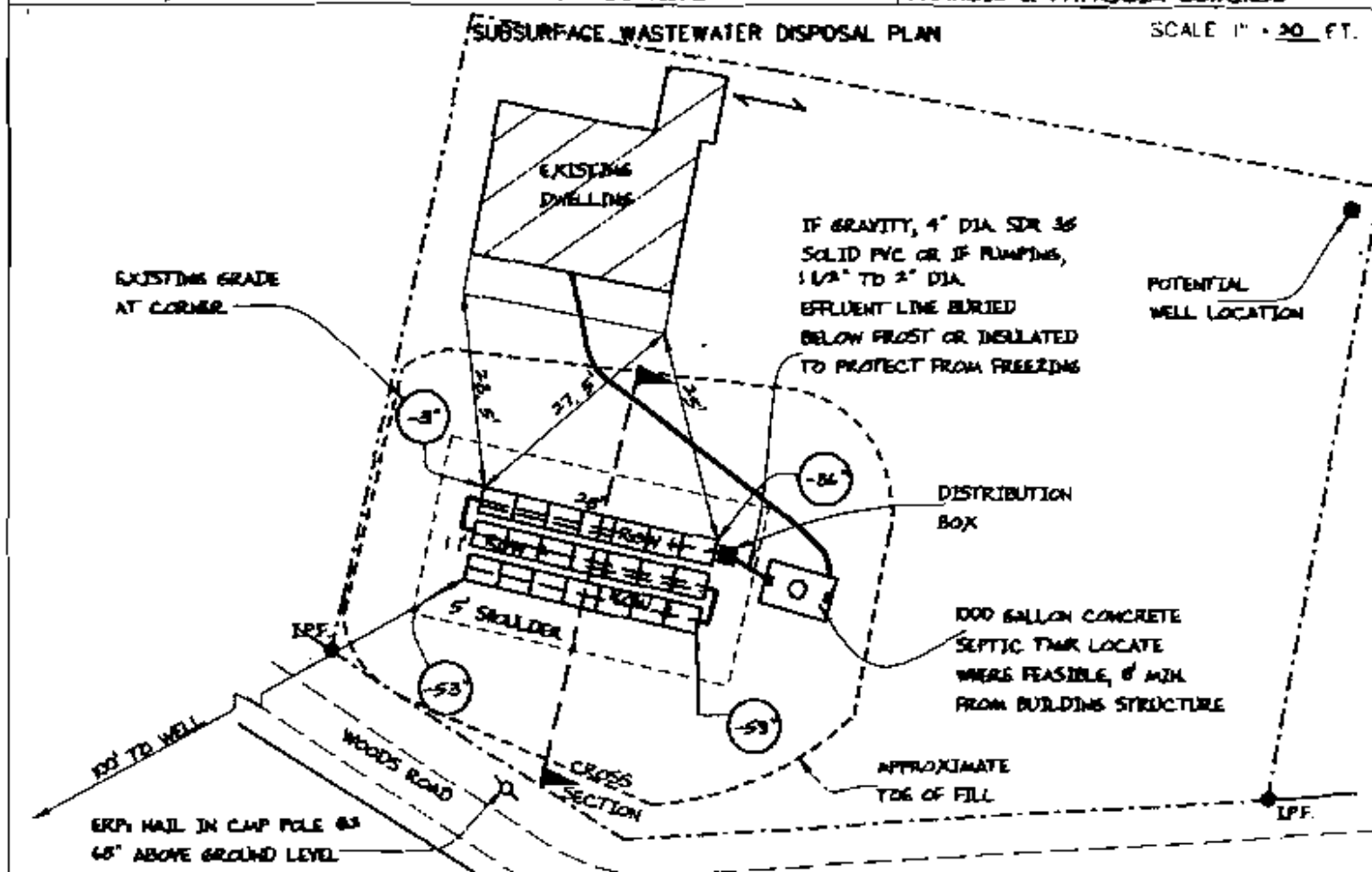
Town, City, Plantation  
**PORTLAND, PEAKS ISLAND**

Street, Road, Subdivision  
**18 WOODS ROAD**

Owner's Name  
**FRANCIS & PATRICIA CUMINS**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



### FILL REQUIREMENTS

Depth of Fill (Up-slope) : 29" - 33"  
Depth of Fill (Down-slope) : 36" - 4"

### CONSTRUCTION ELEVATIONS

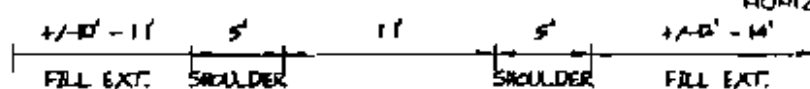
Finished Grade Elevation  
Top of XXXXXXXXXX Proprietary Device  
Bottom of Disposal Area

SEE  
DETAIL  
BELOW

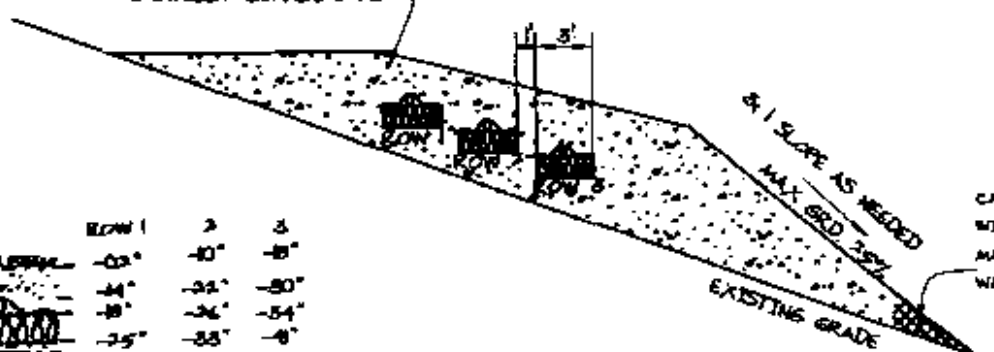
### ELEVATION REFERENCE POINT

Location & Description CAP POLE #2  
NAIL 60" ABOVE BASE  
Reference Elevation 00'

### DISPOSAL AREA CROSS SECTION



GRAVELLY COARSE SAND



CAP TOE OF FILL  
WITH SLOTTED LOAD  
MATERIAL TO PREVENT  
WASTEWATER BREAKOUT

	ROW 1	2	3
CLEAN FILL	-02'	-03'	-03'
PROTECTIVE FABRIC	-04'	-04'	-04'
OVER 4" DIA. POLY. PIPE	-08'	-06'	-04'
ELIM. IN-DRAIN UNIT	-25'	-25'	-0'

*Albert Frick*  
Site Evaluator Signature

63  
SE \*

4/19/2002  
Date



**Albert Frick Associates, Inc.**

**Soil Scientists & Site Evaluators**

95A County Road Gorham, Maine 04038

(207) 839-5563

Portland, Peaks Island

TOWN

18 Woods Road

LOCATION

Comings

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.

ATTACHMENT TO SUBSURFACE WASTEWATER DISPOSAL APPLICATION

Portland, Peaks Island      18 Woods Road      Comings  
TOWN                                      LOCATION                                      APPLICANT'S NAME

- 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 once every three years.
- 7) The actual water flow or number of bedrooms shall not exceed the design criteria indicated on this application without a re-evaluation of the system as proposed. If the system is supplied by public water or a private service with a water meter, the water consumption per period should be divided by the number of days to calculate the average daily water consumption (water usage (cu. ft.) x 7.48 cu. ft. (gallons per cu. ft.) ÷ # of days in period).
- 8) The general minimum setbacks between a well and septic system serving a single family residence is 100-300 feet, unless the local municipality has a more stringent requirement. A well installed by an abutter within the minimum setback distances prior to the issuance of a permit for the proposed disposal system may void this design.
- 9) When a gravity system is proposed: **BEFORE CONSTRUCTION/INSTALLATION BEGINS**, the system installer or building contractor shall review the elevations of all points given in this application and the elevation of the existing and/or proposed building drain and septic tank inverts for compatibility to minimum slope requirements. In gravity systems, the invert of the septic tank outlet(s) shall be at least 4 inches above the invert of the distribution box outlet at the disposal area. When an effluent pump is required, provisions shall be made to make certain that surface ground water does not enter the septic tank or pump station. An alarm device warning of a pump failure shall be installed. Also, when pumping is required to a chamber system, install a "T" connection in the distribution box and place 3 inches of stone or a splash plate in the first chamber. Insulate gravity pipes, pump lines and the distribution box as necessary to prevent freezing.
- 10) On all systems, remove the vegetation, organic duff and old fill material from under the disposal area and any fill extension. On sites where the proposed system is to be installed in natural soil, scarify the bottom and sides of the excavated disposal area with a rake. Do not use wheeled equipment on the scarified soil surface. For systems installed in fill, scarify the native soil by roto-tilling to a depth of at least 8 inches over the entire disposal and fill extension area to prevent glazing and to promote fill bonding. Place fill in loose layers no deeper than 8 inches and compact thoroughly before placing more fill (this ensures that voids and loose pockets are eliminated to minimize the chance of leakage). Do not use wheeled equipment on the scarified soil area until after 12 inches of fill is in place. Keep equipment off the chambers. Divert the surface water away from the disposal area by ditching or shallow swales.
- 11) Unless noted otherwise, fill shall be gravelly coarse sand which contains no more than 5% fines (silt and clay).
- 12) Do not install systems on loamy, silty, or clayey soils during wet periods since soil smearing/glazing may seal off the soil interface.
- 13) Seed all filled and disturbed surfaces with perennial grass seed, then mulch with hay or equivalent material to prevent erosion.





**LPI SUBSURFACE WASTEWATER INSPECTION PROCEDURE**

TOWN \_\_\_\_\_ PERMIT # \_\_\_\_\_ MAP# \_\_\_\_\_ LOT# \_\_\_\_\_

INSTALLER \_\_\_\_\_

SEPTIC SYSTEM \_\_\_\_\_ REPLACEMENT SYSTEM \_\_\_\_\_ REPLACEMENT TANK \_\_\_\_\_

HOLDING TANK \_\_\_\_\_ PUMP STATION \_\_\_\_\_ VARIANCE (PLEASE ATTATCH COPY) \_\_\_\_\_

**FIRST INSPECTION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**YES**      **NO**

- 1) \_\_\_\_\_      \_\_\_\_\_ The system is installed in the correct Location.
- 2) \_\_\_\_\_      \_\_\_\_\_ Are there any variances?
- 3) \_\_\_\_\_      \_\_\_\_\_ The system is at the correct elevation in accordance to the exp.
- 4) \_\_\_\_\_      \_\_\_\_\_ The disposal area is the correct dimensions.
- 5) \_\_\_\_\_      \_\_\_\_\_ The stone is consistent in one size between the sizes of 3/4" and 2 1/2" clean and free from sediment.
- 6) \_\_\_\_\_      \_\_\_\_\_ Proper number of proprietary devices or chambers are correctly installed.
- 7) \_\_\_\_\_      \_\_\_\_\_ The stone depth is correct, 7" below, 1" above piping.
- 8) \_\_\_\_\_      \_\_\_\_\_ If a "d" box is used, it is level.
- 9) \_\_\_\_\_      \_\_\_\_\_ The septic tank is level.
- 10) \_\_\_\_\_      \_\_\_\_\_ The septic tank is the proper size.
- 11) \_\_\_\_\_      \_\_\_\_\_ The baffles are installed in the tank.
- 12) \_\_\_\_\_      \_\_\_\_\_ The bung hole is plugged.
- 13) \_\_\_\_\_      \_\_\_\_\_ There is correct pitch on the pipe to the tank (1/4 per foot) and from the tank (1/8 per foot).
- 14) \_\_\_\_\_      \_\_\_\_\_ Solid piping is used from the tank to the bed.
- 15) \_\_\_\_\_      \_\_\_\_\_ Perforated piping is used in the bed.
- 16) \_\_\_\_\_      \_\_\_\_\_ Items are frost protected.
- 17) \_\_\_\_\_      \_\_\_\_\_ Pipe and tank area are free from debris.
- 18) \_\_\_\_\_      \_\_\_\_\_ Pump station (if used) has been installed properly including the testing of the high-water alarm.
- 19) \_\_\_\_\_      \_\_\_\_\_ Pipes entering and exiting tank and d-box sealed.

**SECOND INSPECTION DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1) \_\_\_\_\_      \_\_\_\_\_ There is 2" of compressed hay or filter fabric installed.
- 2) \_\_\_\_\_      \_\_\_\_\_ There is a minimum of 8", including cover material, over the hay or filter fabric.
- 3) \_\_\_\_\_      \_\_\_\_\_ The system is stabilized to prevent erosion.
- 4) \_\_\_\_\_      \_\_\_\_\_ The slope is correct.
- 5) \_\_\_\_\_      \_\_\_\_\_ The curtain drain is installed, if necessary.

\_\_\_\_\_  
APPROVED BY LPI

\_\_\_\_\_  
DATE