

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health SHE-11
(207) 287-5669 FAX (207) 287-3165

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	T P C W Date Permit Issued: <u>4/16/10</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	PERMIT # 11250 TOWN COPY \$ <u>100</u> FEE <input type="checkbox"/> Double Fee Charged L.P.I. # <u>366</u>
Street or Road	KNICKERBOCKER LANE		
Subdivision, Lot *	LOTS 6-22, 24, & PORTION OF 29		

OWNER/APPLICANT INFORMATION	
Name (last, first, Mi)	CASSIDY CHRISTINE
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	685 ISLAND AVENUE PEAKS ISLAND, ME
Daytime Tel *	766-5174
Municipal Tax Map * <u>92</u> Lot * <u>622</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 Local Plumbing Inspector to deny a permit. <u>Daniel M. Mulhern</u> 3/17/10 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 (1st) Date Approved _____ _____ Local Plumbing Inspector Signature (2nd) Date Approved _____
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PERMIT INFORMATION

TYPE OF APPLICATION (Check only one item) 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System 4. <input type="checkbox"/> Experimental System	THIS APPLICATION REQUIRES 1. <input checked="" 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 type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Pit Privy 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Graywater System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: (Item numbers are used for data entry purposes)
SIZE OF PROPERTY 40,05 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 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)	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Spring 4. <input 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)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular or b. <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed <input type="checkbox"/> 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: <u>92</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 19 ELJEN IN DRAIN UNITS	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes If 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	DESIGN FLOW 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 3 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE: <u>2</u> / <u>A</u> / <u>4</u> AT Observation Hole: TP A Depth: <u>18</u> " Elevation: <u>-28</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 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 (Item numbers are used for data entry purposes)	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input type="checkbox"/> Required SEE SEPTIC TANK NOTE ON PAGE 3 Specify only for engineered systems: DOSE: _____ Gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>40</u> m <u>23</u> s Lon. <u>70</u> d <u>11</u> m <u>3</u> s (to nearest minute of arc)

SITE EVALUATOR STATEMENT I certify that on <u>12/6/06</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 (10-144A CMR 241). <u>Albert Frick</u> Site Evaluator Signature		63 SE	<u>1/4/2010</u> Date
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ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	AFA@MAINEERR.COM E-mail Address
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
 Division of Environmental Health - SMS 11
 (207) 287-5689 FAX (207) 287-3185

Town, City, Plantation
PORTLAND, PEAKS ISLAND

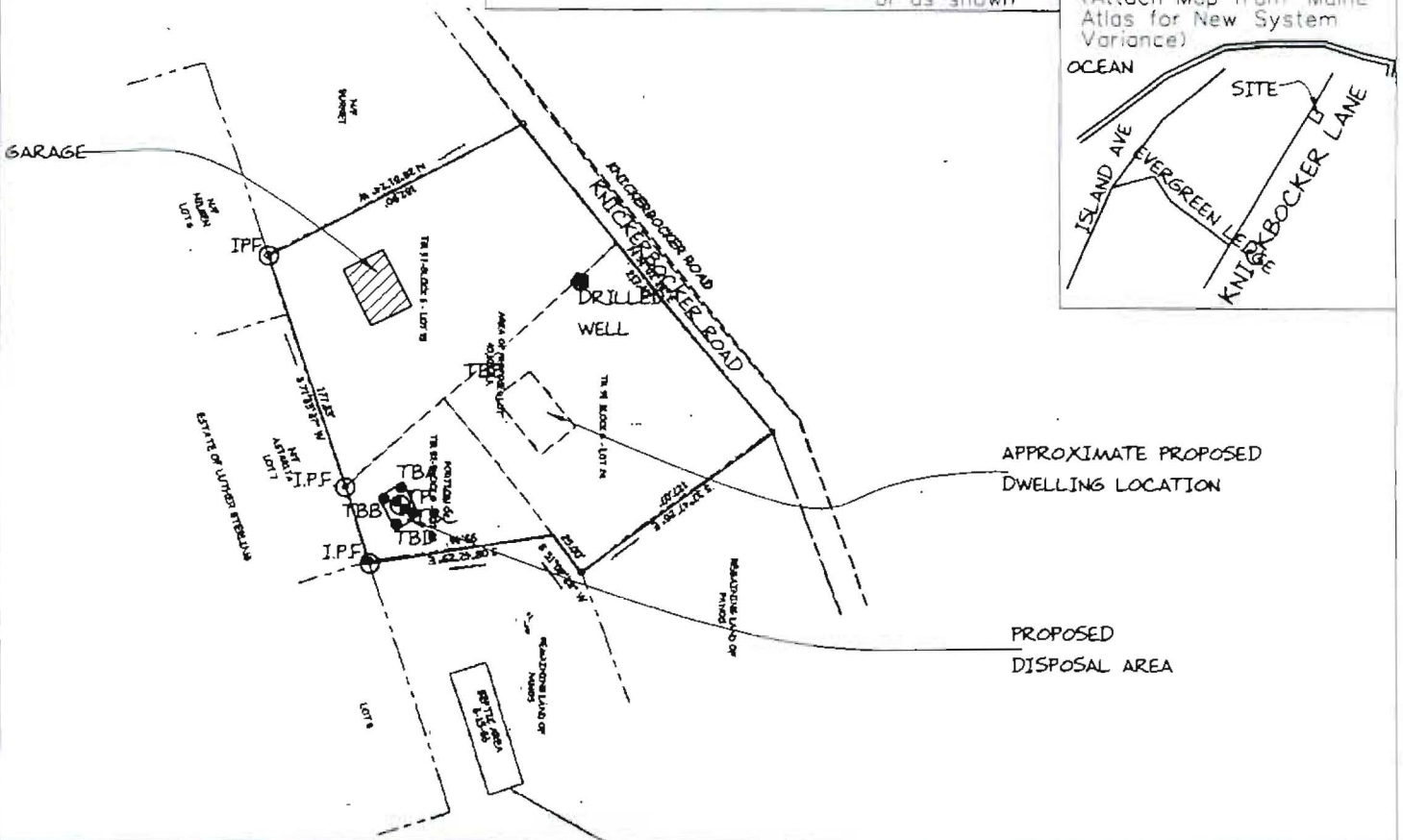
Street, Road Subdivision
KNICKBOCKER LANE

Owner's Name
CHRISTINE CASSIDY

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 TP1 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 LOAM	FRIABLE	BROWN	FREE WATER
20	BEDROCK			
30				
40				
50				

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20	TBA = 18" TO BEDROCK TBB = 18" TO BEDROCK TBC = 28" TO BEDROCK TBD = 70" TO BEDROCK			
30				
40				
50				

Albert Frick
 Site Evaluator Signature

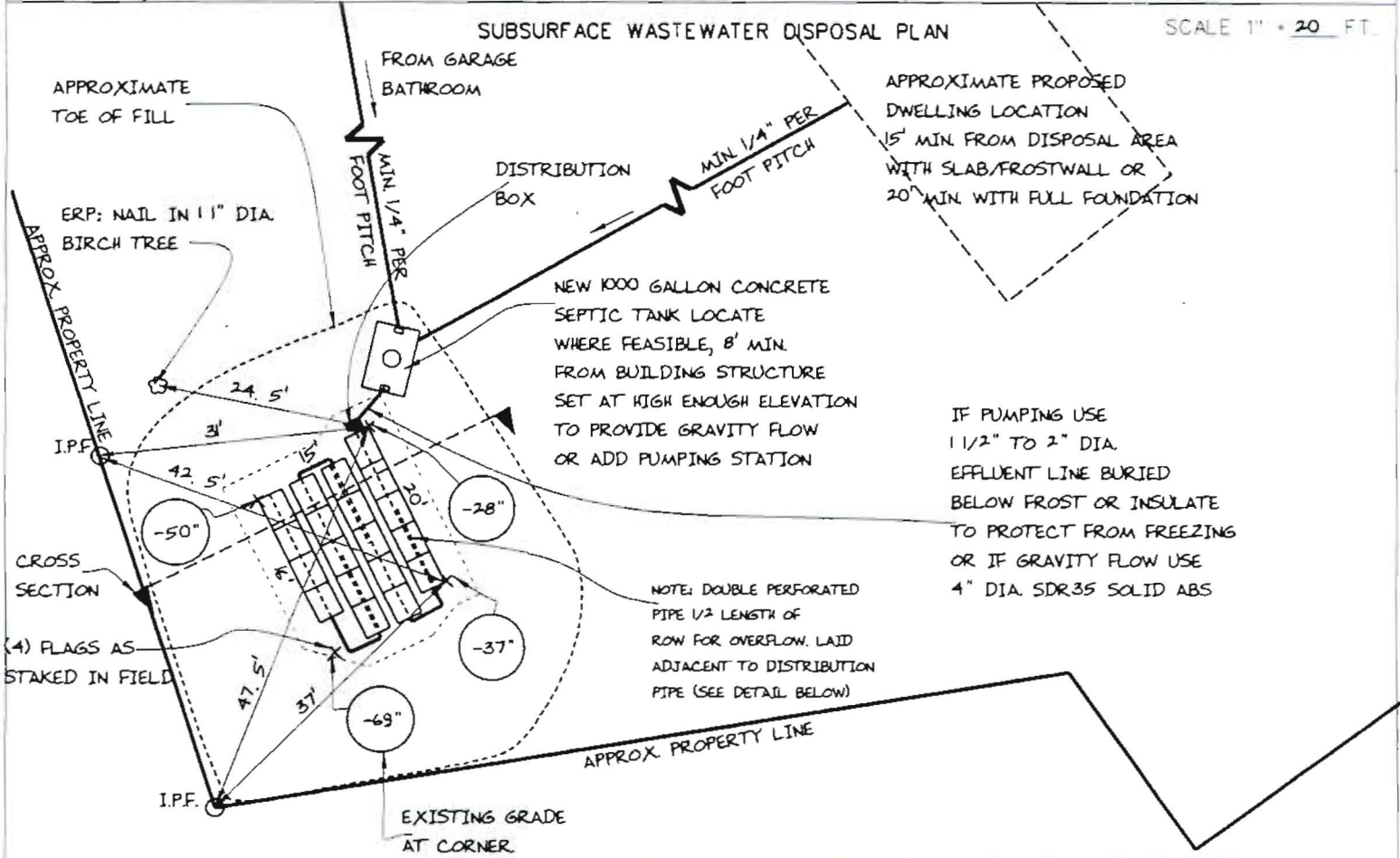
163
 SE

1/4/2010
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SPS 11
(207) 287-5599 Fax (207) 287-3353

Town, City, Plantation: **PORTLAND, PEAKS ISLAND**
Street, Road, Subdivision: **KNICKBOCKER LANE**
Owner's Name: **CHRISTINE CASSIDY**



BACKFILL REQUIREMENTS

Depth of Backfill (Upslope) : 28" - 37"
Depth of Backfill (Downslope) : 29" - 48"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

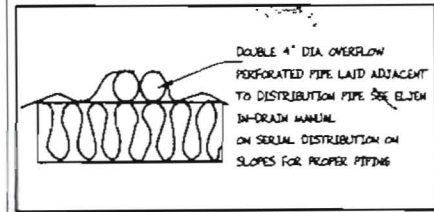
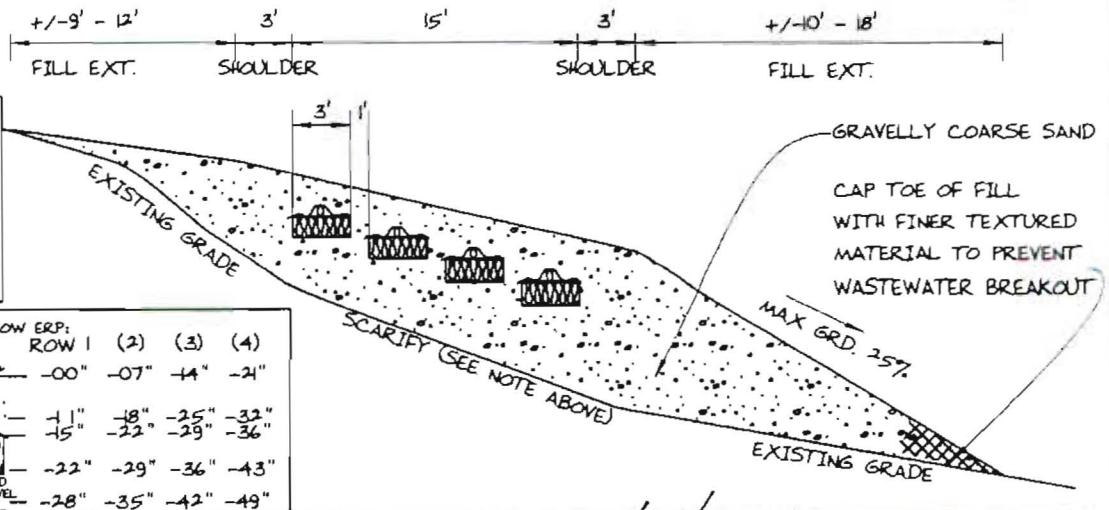
Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Field

SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT
NAIL IN 9" DIA. SILVER BIRCH, 47" ABOVE BASE OF TREE
Reference Elevation is: 0.0" or TREE

DISPOSAL FIELD CROSS SECTION

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



SEE ELJEN IN-DRAIN MANUAL ON SERIAL DISTRIBUTION ON SLOPES FOR PROPER PIPING

DEPTH BELOW ERP:	ROW 1	(2)	(3)	(4)
FINISHED GRADE	-00"	-07"	-14"	-21"
CLEAN FILL	-11"	-18"	-25"	-32"
GEOTEXTILE FABRIC OVER 4" DIA. PERF. PIPE	-15"	-22"	-29"	-36"
ELJEN IN-DRAIN UNIT	-22"	-29"	-36"	-43"
GRAVELLY COARSE SAND NO PARTICLES OF GRAVEL LARGER THAN 2"	-28"	-35"	-42"	-49"

Albert Frick
Site Evaluator Signature

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SE

1/4/2010
Date

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