

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND	PORTLAND Date Permit Issued: <u>10/18/02</u> Local Plumbing Inspector Signature: <u>[Signature]</u> 226	PERMIT # <u>8266</u> STATE COPY # <u>111010102</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>06410</u>
Street or Road	LITTLE DIAMOND ISLAND		
Subdivision, Lot *	LOT #12		
OWNER/APPLICANT INFORMATION		with this application and the Maine Subsurface Wastewater Disposal Rules Application.	
Name (last, first, MI)	MILARDO SEBASTIAN Owner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/>	2002-6010 Municipal Tax Map # <u>105 J</u> Lot # <u>012</u>	
Mailing Address of	461 RIVER ROAD HOLLIS, ME 04042		
Daytime Tel. *	772-2823		
Owner or Applicant Statement		Caution: Inspections Required	
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 _____ Date _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____	

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input checked="" type="checkbox"/> First Time System 2. <input 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	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 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt 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 (2000gpd) 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 +/- <u>97,000</u> <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 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 checked="" type="checkbox"/> Yes <input 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 b. <input 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 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input checked="" 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>1008</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 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	DESIGN FLOW 300 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 PROFILE CONDITION DESIGN <u>2 / B / 1</u> AT Observation Hole # <u>TP-02-2</u> Depth <u>26</u> " Elevation _____" 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	PUMPING 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 BEDROOMS AT 100 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 10/10/02 (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).

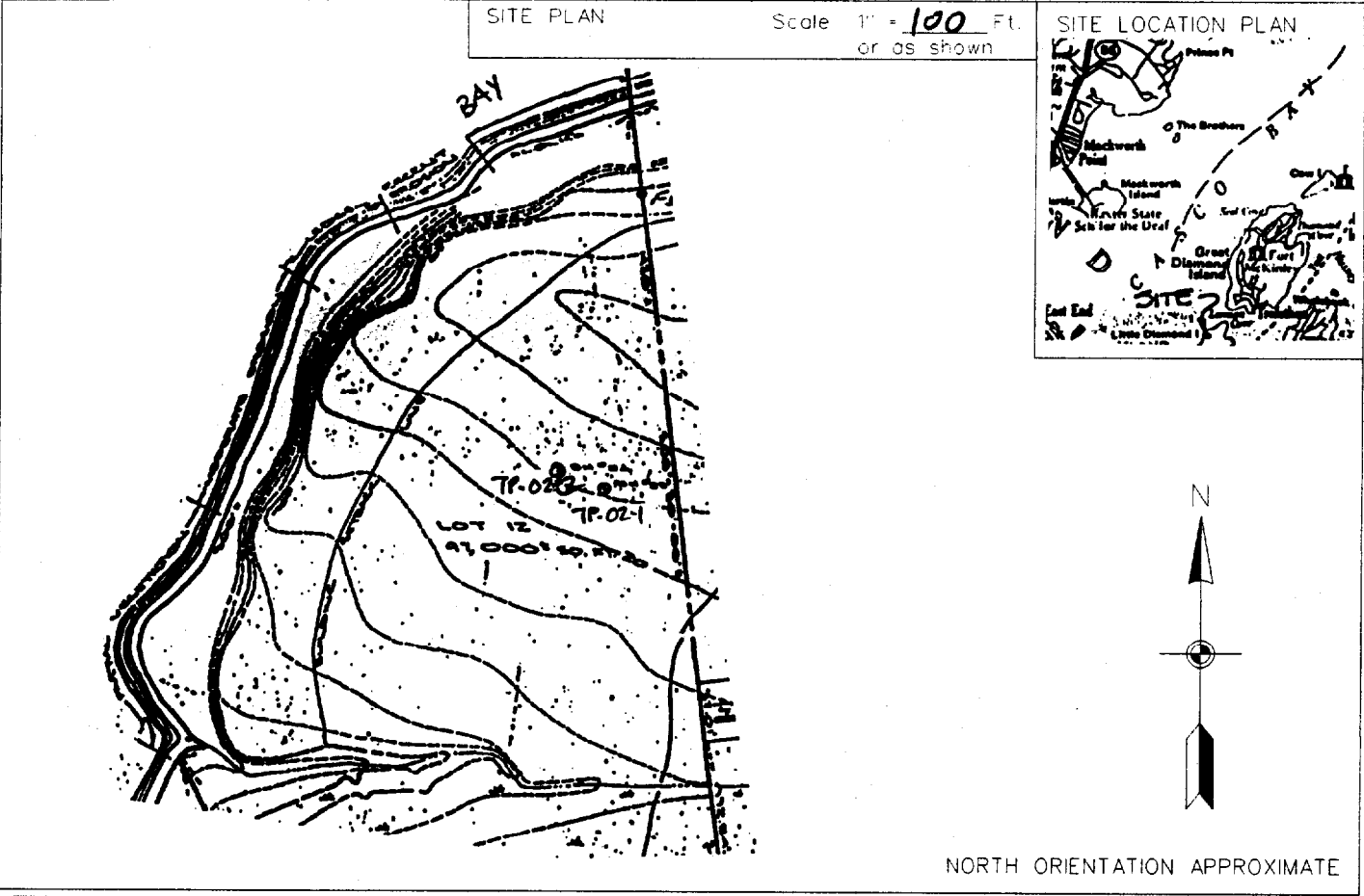
Paul W. Lawrence _____ 5216 _____ 10/21/02
 Site Evaluator Signature SE Date

100.00
 10.00
 110.00

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND	Street, Road Subdivision LITTLE DIAMOND ISLAND, LOT #12	Owner's Name SEBASTIAN MILARDO
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SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole TP-02-1 Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE FILL	MEDIUM BROWN	
10	STONY SANDY LOAM	VERY FRIABLE	DARK YELLOW BROWN	
20				
30	STONY LOAMY SAND	FRIABLE	YELLOW BROWN	
40	LIMIT OF EXCAVATION AT 38"			
50				

Soil Classification <u>2</u> Profile <u>B</u> Condition	Slope <u>3-8%</u>	Limiting Factor <u>37"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input checked="" type="checkbox"/> Pit Depth
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Observation Hole TP-02-2 Test Pit Boring
1 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	VERY FRIABLE	MEDIUM BROWN	
10	STONY SANDY LOAM	VERY FRIABLE	DARK YELLOW BROWN	
20				
30	GRAVELLY LOAMY SAND	FRIABLE TO SOMEWHAT FIRM	YELLOW BROWN	RESTRICTIVE
40				
50				

Soil Classification <u>2</u> Profile <u>B</u> Condition	Slope <u>3-8%</u>	Limiting Factor <u>26"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Paul W. Lawrence
Site Evaluator Signature

5216
SE *

10/21/02
Date

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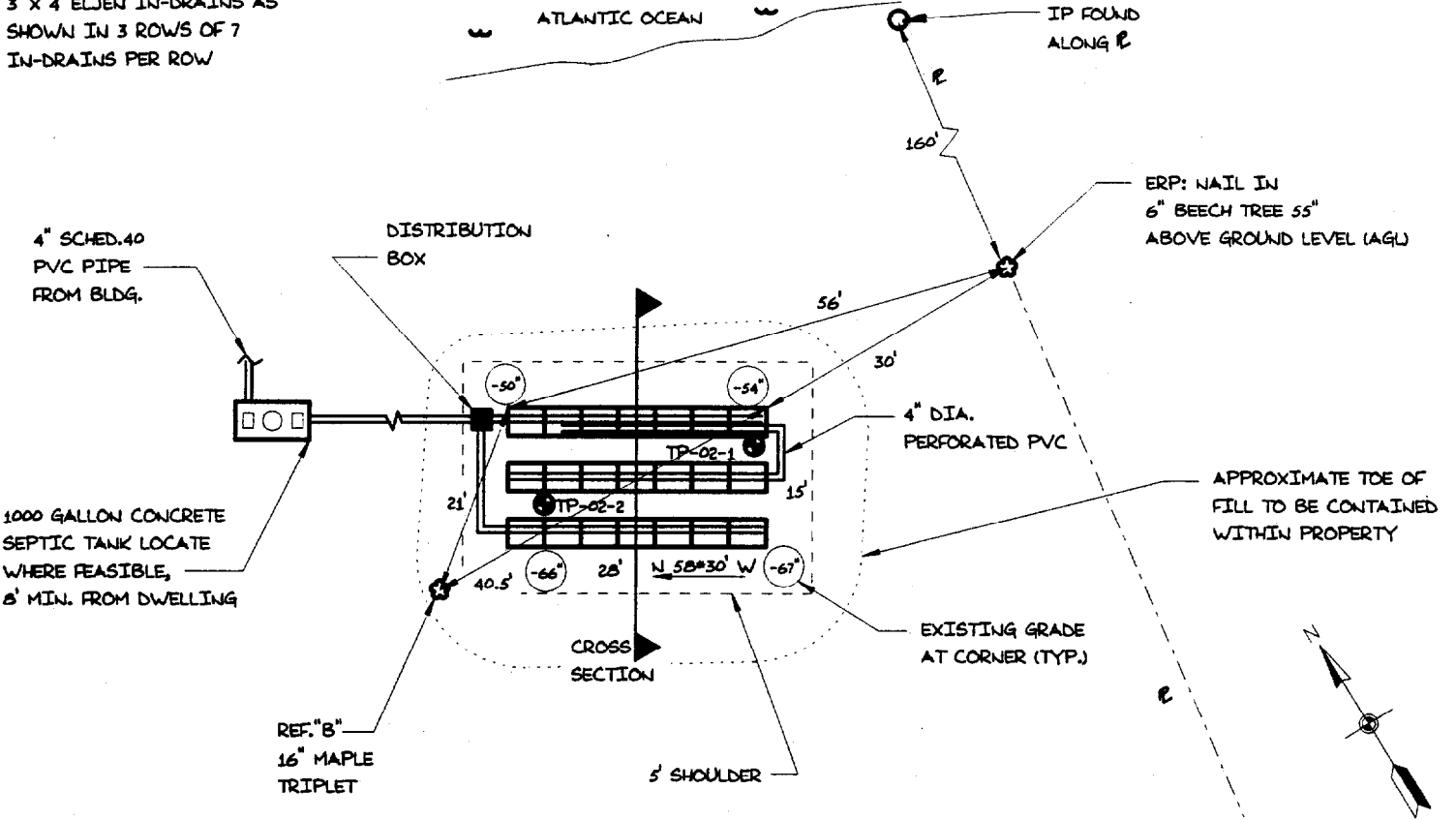
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INSTALL 21 STATE APPROVED
3' X 4' ELJEN IN-DRAINS AS
SHOWN IN 3 ROWS OF 7
IN-DRAINS PER ROW

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



* IT IS STRONGLY RECOMMENDED THAT THIS SYSTEM BE INSTALLED BY A QUALIFIED EXCAVATING CONTRACTOR.
* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.

FILL REQUIREMENTS

Depth of Fill (Upslope) : 13" - 17"
Depth of Fill (Downslope) : 15" - 16"

CONSTRUCTION ELEVATIONS

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

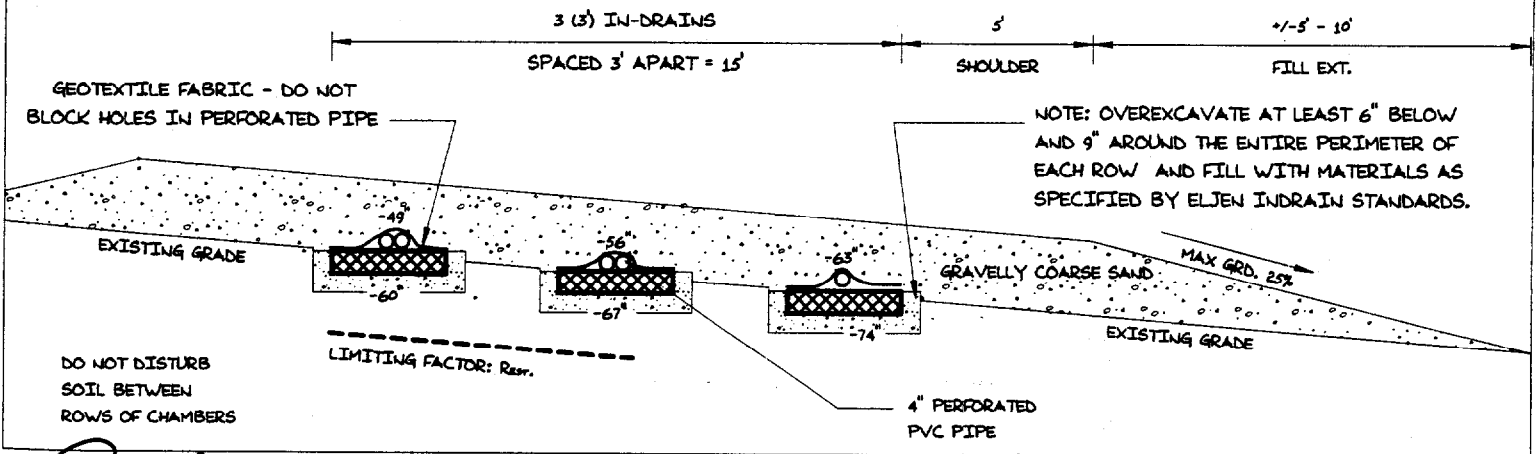
ELEVATION REFERENCE POINT

-37" TO -51" Location & Description NAIL IN 6"
SEE BELOW BEECH TREE 55' AGL
SEE BELOW Reference Elevation -0"

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

DISPOSAL AREA CROSS SECTION

* IN-DRAINS TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
NOTES: * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
* FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION



Paul W. Lawrence

Site Evaluator Signature

PAUL W. LAWRENCE CONSULTING - P.O. BOX 369, WINDHAM, MAINE 04082 - (207) 892-2175

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SE

10/21/02

Date