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105-2-003

3-79

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-8872 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required -- Attach In Space Below &lt;&lt;</b>	
City, Town, or Plantation	Portland	PORTLAND 7534 TOWN COPY Date Permit Issued: <u>4/28/00</u> \$ <u>1100 +</u> <input type="checkbox"/> If Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>01241</u>	Municipal Tax Map # _____ Lot # _____
Street or Road	Rockledge Ave 105-2-3		
Subdivision, Lot #	Little Diamond Island		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	Davis Axlen <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of	60 Woodland Road Cape Elizabeth ME 04107		
Daytime Tel. #	799-1936		
<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 or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> 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	<b>THIS APPLICATION REQUIRES</b> 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. 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	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 1. <input checked="" type="checkbox"/> Complete Non-engineered System <u>100</u> 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 (2000 gpd or more) 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> 35,000 <input checked="" 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 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: _____

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 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. <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 load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>900</u> sq. ft. <input type="checkbox"/> lin. ft.	<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"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>290</u> 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 - <u>3 Bedroom</u> <u>3 x 90</u>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>3 / C / 1 / 1</u> at Observation Hole # <u>1</u> Depth <u>30</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</b> 1. <input checked="" type="checkbox"/> Not Required 2. <input 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>4/28/00</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
<u>Mark J. Hampton</u> Site Evaluator Signature	<u>203</u> SE #	<u>4/28/00</u> Date
<u>MARK J. HAMPTON</u> Site Evaluator Name Printed	<u>773-8650</u> Telephone #	



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

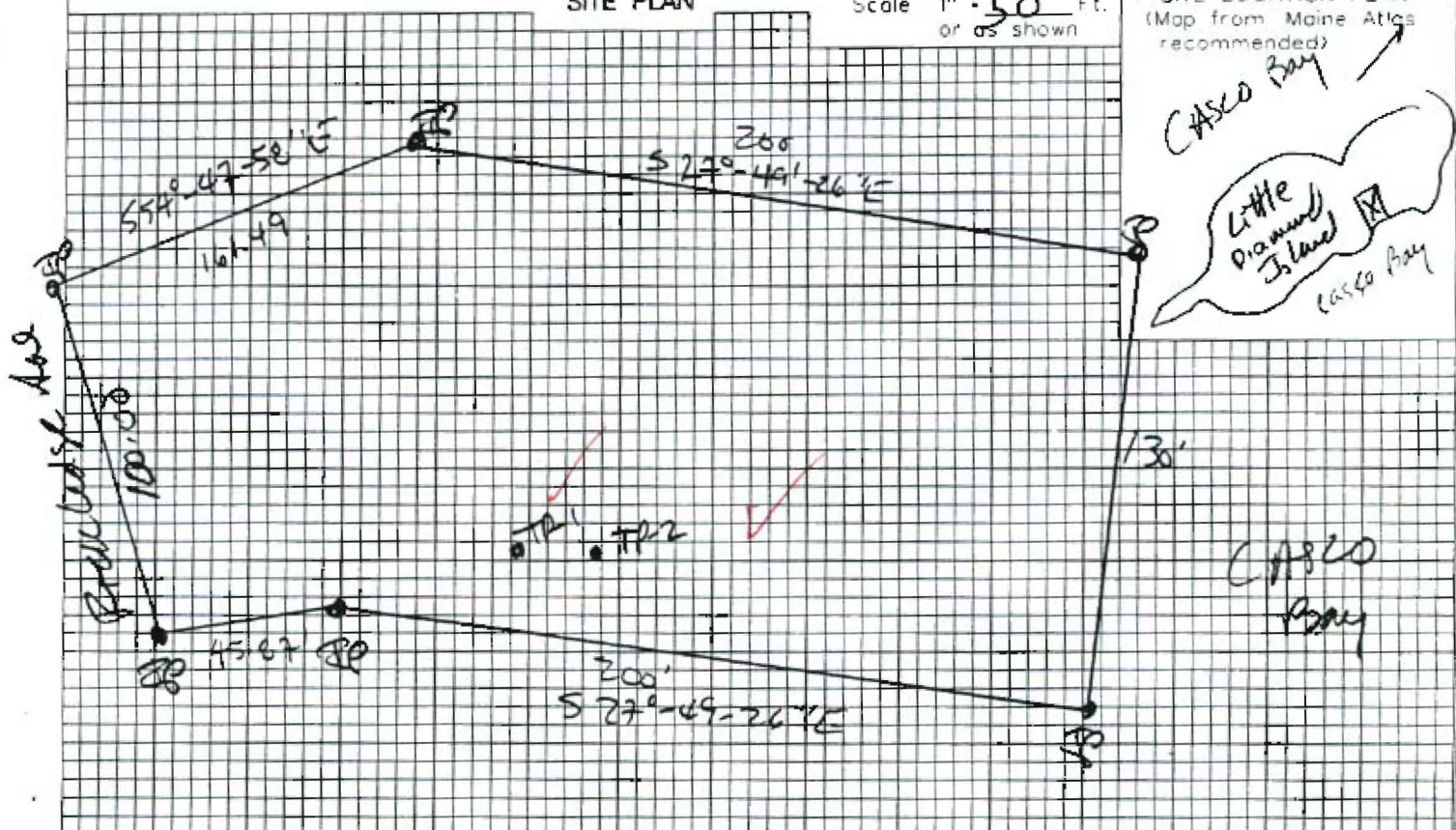
Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

Town City Plantation Little Diamond Island Street/Road Subdivision Arden Pass Owner's Name Arden Pass

SITE PLAN

Scale 1" = 50 Ft.  
or as shown

SITE LOCATION PLAN  
(Map from Maine Atlas recommended)



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

Observation Hole OH1  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Pale Brown	
10	Rocky Sandy loam		Brown	
20	loam	Friable		
30	Sandy loam	Firm	olive	Common DISTANT
40				
50				

Soil Classification 3 C Slope 4% Limiting Factor 30"  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Observation Hole OH2  Test Pit  Boring  
" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Pale Brown	
10	Sandy loam		Brown	
20		Friable		
30	Sandy loam	Firm	olive	Common DISTANT
40				
50				

Soil Classification \_\_\_\_\_ Slope \_\_\_\_\_ Limiting Factor \_\_\_\_\_  
 Ground Water  
 Restrictive Layer  
 Bedrock  
 Pit Depth

Walter H. Humphreys  
Site Evaluator Signature

763  
SE

4/26/00  
Date



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Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**Portland**

Street, Road, Subdivision  
**Little Diamond Island**

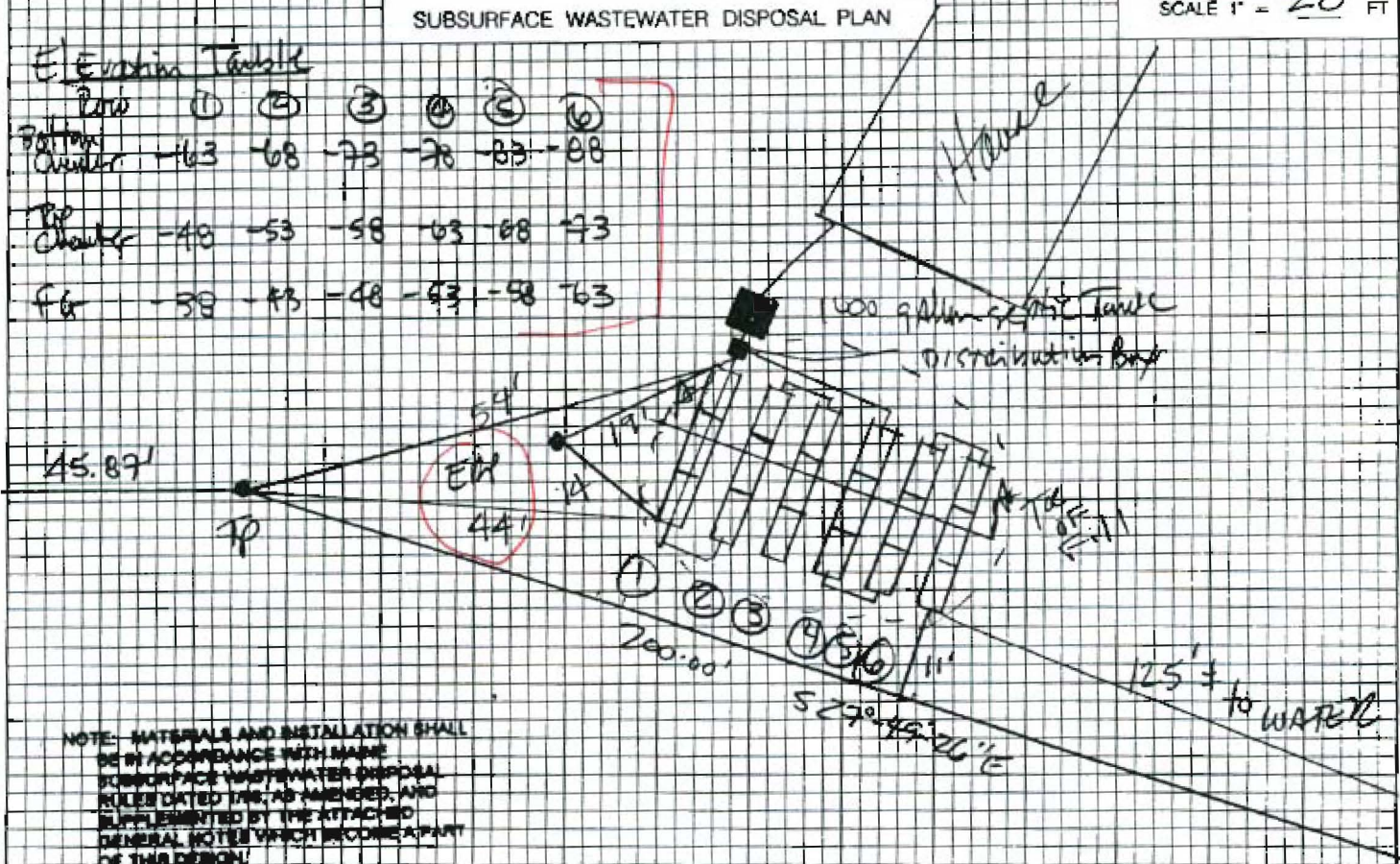
Owner's Name  
**Arden Davis**

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT

Elevation Table

Peris	①	②	③	④	⑤	⑥
Bottom Chamber	-63	-68	-73	-78	-83	-88
Top Chamber	-48	-53	-58	-63	-68	-73
FG	-38	-43	-48	-53	-58	-63



NOTE: MATERIALS AND INSTALLATION SHALL BE IN ACCORDANCE WITH MAINE SUBSURFACE WASTEWATER DISPOSAL RULE DATED 1983, AS AMENDED, AND SUPPLEMENTED BY THE ATTACHED GENERAL NOTES WHICH BECOME A PART OF THIS DESIGN!

FILL REQUIREMENTS

Depth of Fill (Upslope)  $\frac{6}{10}$   
Depth of Fill (Downslope)  $\frac{6}{10}$   
**LOAM & SEED**

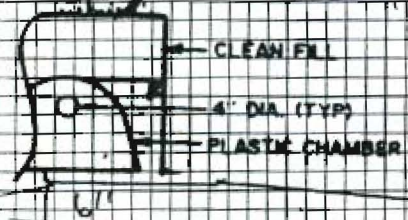
CONSTRUCTION ELEVATIONS

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

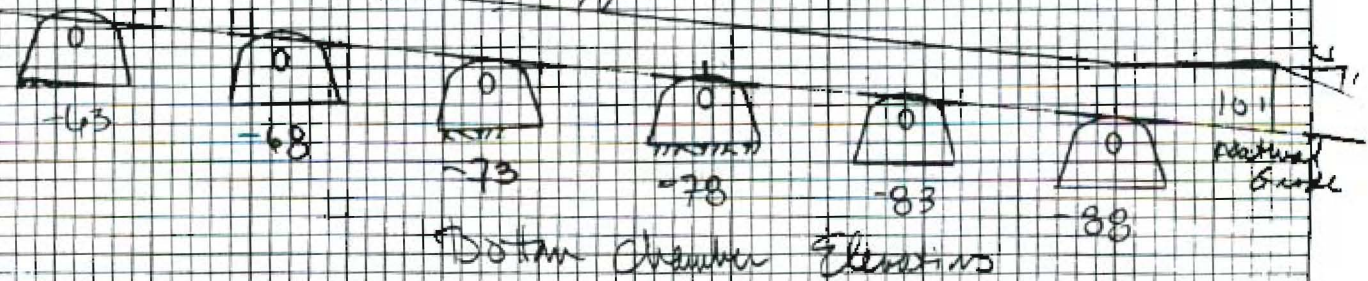
ELEVATION REFERENCE POINT

Location & Description **nailed 34" up 12" white Birch**  
Reference Elevation **0"**

DISPOSAL AREA CROSS SECTION



SCALE:  
VERTICAL: 1" = 3'  
HORIZONTAL: 1" = 5'



*Alan J. Hampton*  
Site Evaluator Signature

263  
SE

4/28/00  
Date