

NOTE: THESE NEW HHE 200 FORMS ARE AN UPDATE OF THE ORIGINAL DESIGN IN 1988 AND WERE PREPARED AND "DESIGNED" BY NORMAN V. TWADDEL Norman V. Twaddel 2/23/01

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 14
(207) 287-8872 FAX (207) 287-8172

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND CUSHINGS ISLAND	<p style="text-align: center; font-size: 2em;">106A-1002</p> <p>PORTLAND 7640 TOWN COPY</p> <p>Date Permitted: 3/21/01 Fee: 1101010101</p> <p>Local Plumbing Inspector Signature: LPI: C. H. 24</p>	
Street or Road	OTTAWA AVENUE		
Subdivision, Lot #	TAX MAP 106A BLOCK A LOT 2		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	BOND CHRISTOPHER		
Mailing Address of	207 OCEAN HOUSE ROAD		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	CAPE ELIZABETH, ME 04107		
Daytime Tel. #	791-5210	Municipal Tax Map # 106A Lot # 2 BLOCK A	
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 or Applicant: <i>[Signature]</i> Date: 2/24/01		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENT(S)
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	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	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 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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
48,062 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 4 2. <input type="checkbox"/> Multiple Family Dwelling No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY: _____	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		

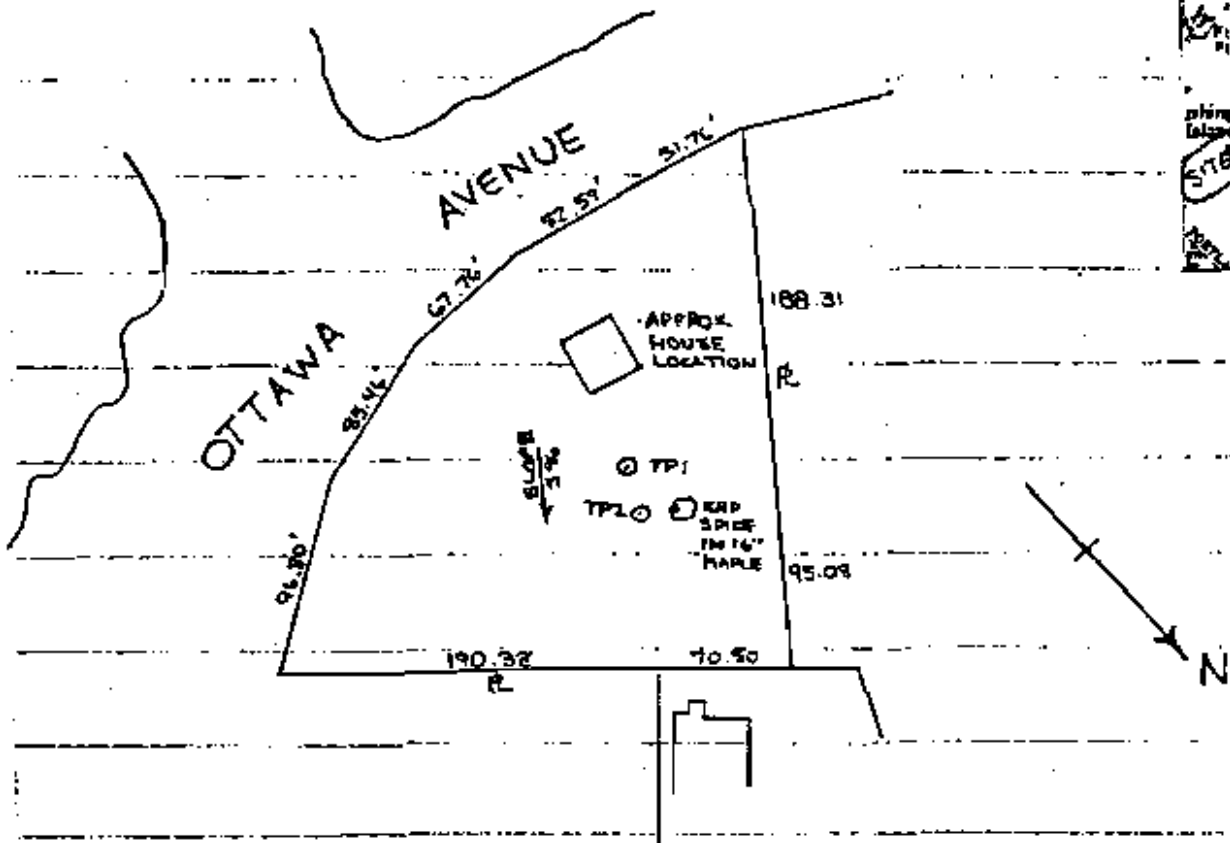
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: 1000 gallons	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 checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: 9x8 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 22 INFILTRATION CHAMBERS	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	360 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 -
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	PUMPING	
PROFILE CONDITION DESIGN: 4 / A / III # of Observation Holes: 2 Depth: 23" Elevation: _____ OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq. ft./gpd 3. <input 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 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 9/13/88 (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).			
Signature: <i>William B. Goodwin</i> Site Evaluator Signature	3 SE #	2/24/2001 Date	100 10 110.00 Page 1 of 3 HHE-200 Rev. 1/89
WILLIAM B. GOODWIN Site Evaluator Name Printed	772-6170 Telephone #		

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND CUSHINGS ISLAND OTTAWA AVE 106A-A-Z	Street, Road, Subdivision OTTAWA AVE 106A-A-Z	Owner Name CHRISTOPHER BOND
SITE PLAN		Scale 1" = <u>100</u> FT



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

Observation Hole 1 Test Pit Boring
2" FOREST FEAT • Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM		DARK BROWN	
10	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
20				COMMON
30	SHALY BEDROCK			

Soil <u>4</u>	Classification <u>AIII</u>	Slope <u>5%</u>	Limiting Factor <u>22</u>	<input checked="" type="checkbox"/> Organic Matter <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Surface
---------------	----------------------------	-----------------	---------------------------	--

Observation Hole 2 Test Pit Boring
2" FOREST FEAT • Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	GRAVELLY LOAM		DARK BROWN	
10		LOOSE		NONE
20	LOAMY GRAVEL		RED BROWN	
30				FEW
40	SHALY BEDROCK			

Soil <u>4</u>	Classification <u>AIII</u>	Slope <u>5%</u>	Limiting Factor <u>23</u>	<input checked="" type="checkbox"/> Organic Matter <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Surface
---------------	----------------------------	-----------------	---------------------------	--

William B Goodwin 0003/4814 2/24/2001

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Parish

PORTLAND CUSHINGS ISLAND OTTAWA AVENUE 106A-A-2

Street, Road, Subdivision

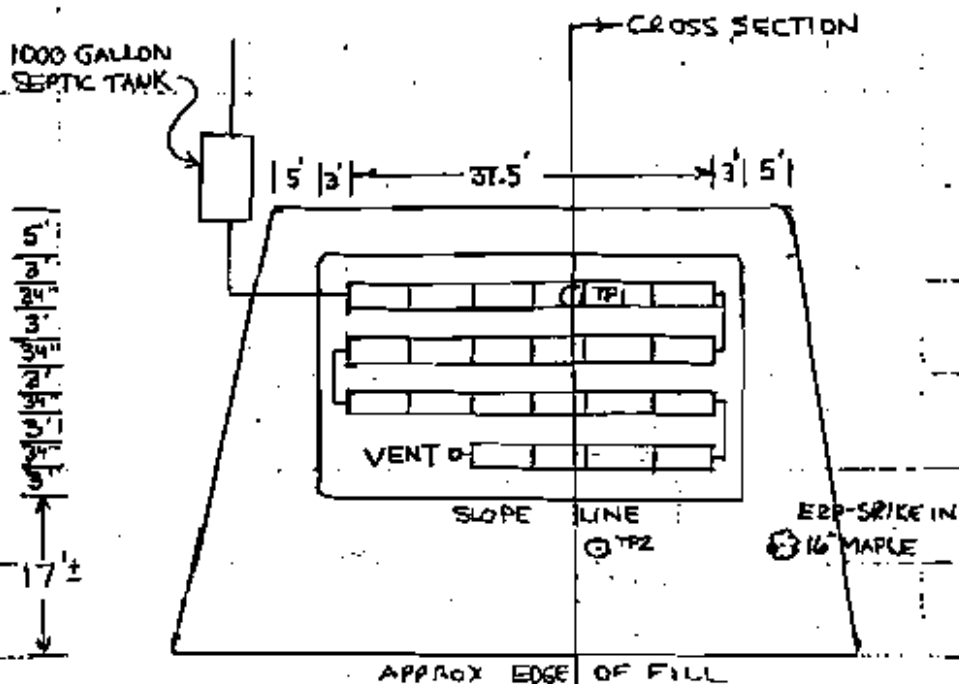
CHRISTOPHER BOND

Department of Human Services
Division of Health Engineering

Owner's Name

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20'

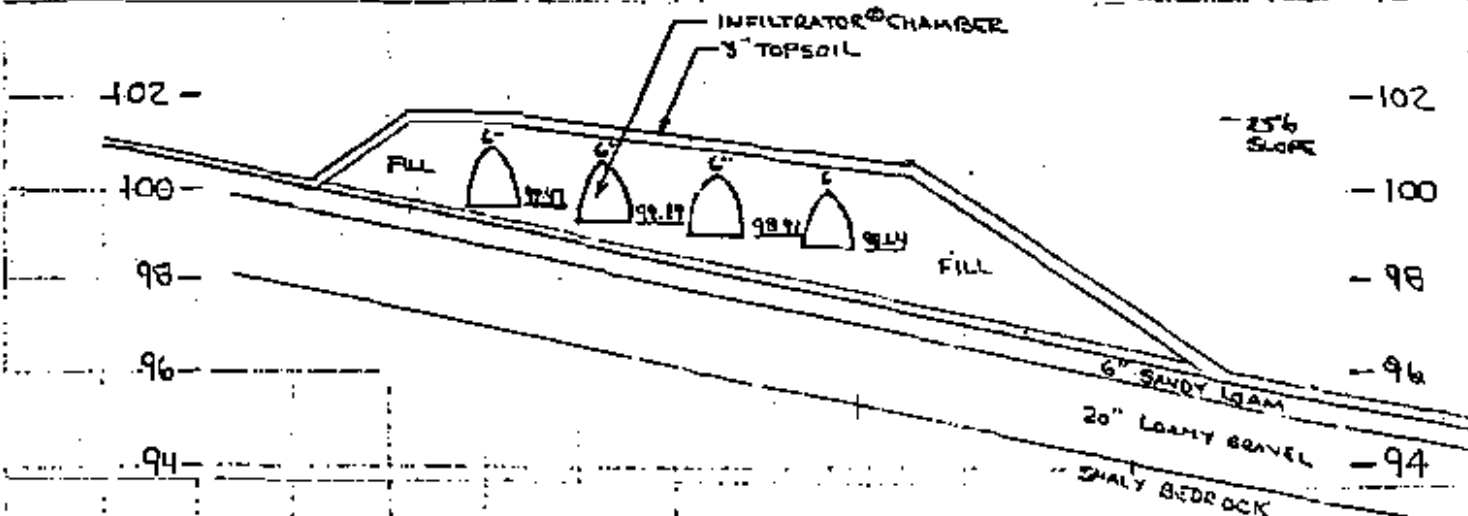


CROSS SECTION

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	25'	Reference Elevation is	100.00	SPIKE IN 16" MAPLE	
Depth of Fill (Downslope)	41'	Bottom of Disposal Area	see below		
		Top of Distribution Lines or Chambers	see below		

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 4 feet
Horizontal: 1 inch = 10 feet



William B. Goodwin
Site Evaluator or Professional Engineer's Signature

003/4814
SE # PE #

2/24/2001
Date

Page 3
H/E 200 1