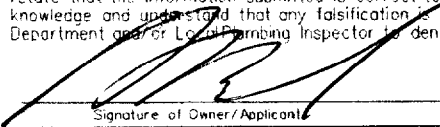


Note: revised system to attach to original dated 3/2/01 permit # 7640

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">Revised From # 7640</div> <p>The Subsurface Wastewater Disposal System shall not 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.</p>	
Street or Road	CUSHINGS ISLAND		
Subdivision, Lot *	OTTAWA AVE.		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	BOND CHRISTOPHER	Owner	Applicant
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/Applicant		_____ Local Plumbing Inspector Signature	
4/17/01 Date		_____ (1st) Date Approved	
		_____ (2nd) Date Approved	

PERMIT INFORMATION

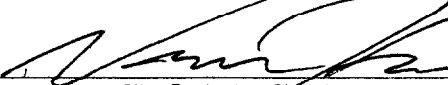
TYPE OF APPLICATION		THIS APPLICATION REQUIRES		DISPOSAL SYSTEM COMPONENT(S)	
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time 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 & 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+) 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: <u>4</u> 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 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		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 d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>1050</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.		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		400 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		DISPOSAL FIELD SIZING		PUMPING		4 BEDROOMS AT 100 GALLONS PER DAY EACH	
PROFILE <u>4</u> / CONDITION <u>AIII</u> / DESIGN <u>2</u> AT Observation Hole # <u>TP-1</u> Depth <u>24</u> " 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 4/13/01 (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).


348
4/13/01
 Site Evaluator Signature SE * Date

RECEIVED
 PERMIT # 7640
 T
 #
 724

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND	Street, Road Subdivision CUSHINGS ISLAND, OTTAWA AVE.	Owner's Name CHRISTOPHER BOND
SITE PLAN Scale 1" = 100 Ft. or as shown		SITE LOCATION PLAN
		NORTH ORIENTATION APPROXIMATE

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

Observation Hole <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 0" Depth of Organic Horizon Above Mineral Soil	Observation Hole <u>TP-2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring 0" Depth of Organic Horizon Above Mineral Soil																																																																											
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Norman Bud Harris
Site Evaluator Signature

#348
SE #

4/13/01
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
CUSHINGS ISLAND, OTTAWA AVE.

Owner's Name
CHRISTOPHER BOND

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

SET 21 STATE-APPROVED
3' X 6.25' PLASTIC CHAMBERS
AS SHOWN IN 4 ROWS OF
VARYING CHAMBERS PER ROW

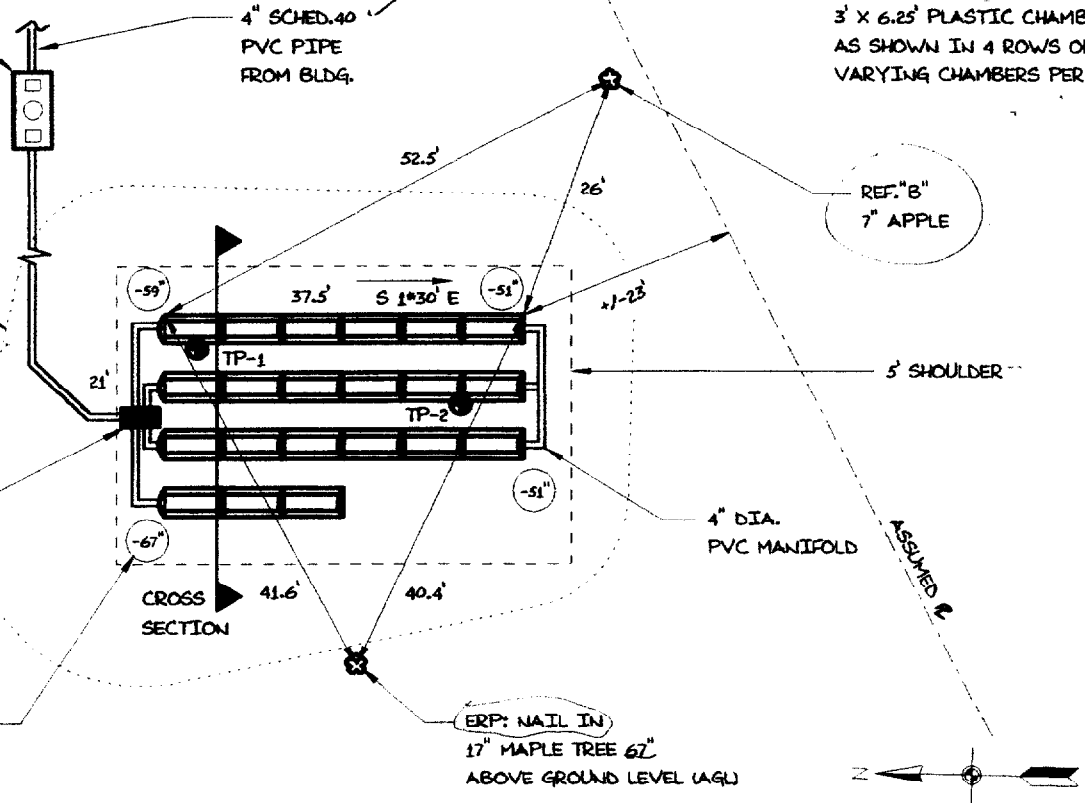
1000 GALLON CONCRETE
SEPTIC TANK LOCATE
WHERE FEASIBLE,
8' MIN. FROM DWELLING

4" SCHED. 40
PVC PIPE
FROM BLDG.

APPROXIMATE TOE OF
FILL TO BE CONTAINED
WITHIN PROPERTY

DISTRIBUTION
BOX

EXISTING GRADE
AT CORNER (TYP.)



* NO WELLS WERE LOCATED WITHIN 100' OF SYSTEM UNLESS NOTED. CONFIRMATION TO THIS FROM ADJUTORS SHOULD BE OBTAINED PRIOR TO INSTALL.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) : 22" - 30"
Depth of Fill (Downslope) : 23" - 32"

CONSTRUCTION ELEVATIONS

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

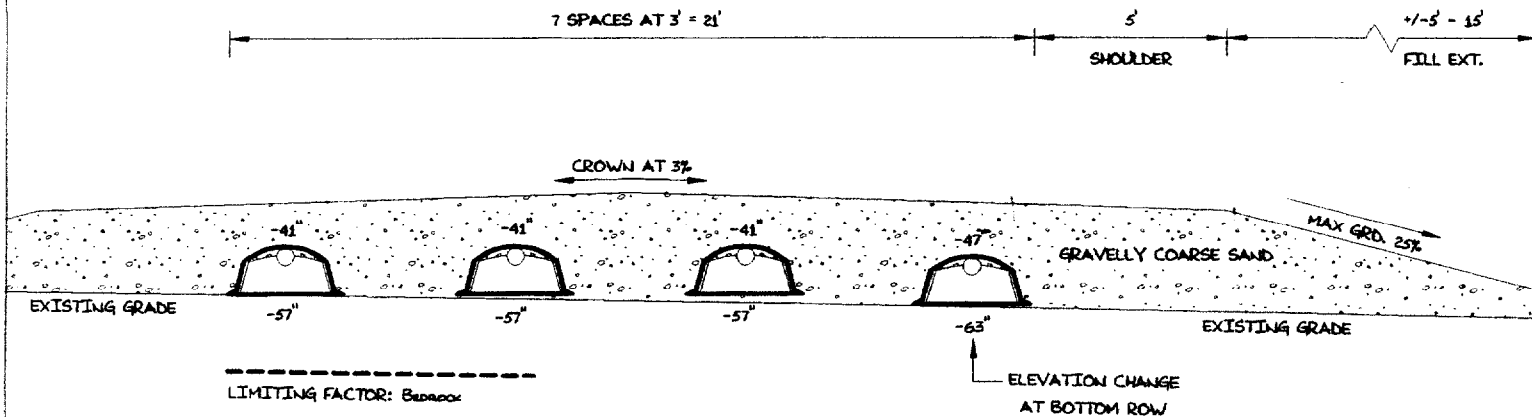
ELEVATION REFERENCE POINT

-29" to -35" Location & Description
SEE BELOW MAPLE TREE 67" AGL
SEE BELOW Reference Elevation -0"

DISPOSAL AREA CROSS SECTION

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

- NOTES:
- * CHAMBERS TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE UNIFORM IN SIZE AND FREE OF FINES AND ORGANIC DEBRIS AT A SIZE RANGING BETWEEN 1/2" TO 2 1/2" IN DIAMETER.



* DO NOT DISTURB EXISTING SOIL BENEATH BED UNLESS SPECIFIED

Norman Harris
Site Evaluator Signature

348
SE

4/13/01
Date

NORMAN "BUD" HARRIS (HARRIS LAND SOLUTIONS, INC.) - 5 ROSEWOOD AVE., WINDHAM, ME 04082 - (207) 892-2435

Note: revised System to attach to original dated 3/2/01 permit # 7640

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	Revised From # 7640
Street or Road	CUSHINGS ISLAND	
Subdivision, Lot *	OTTAWA AVE.	
OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not 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.
Name (last, first, MI) BOND	CHRISTOPHER	Revised From # 7640
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	207 OCEAN HOUSE ROAD 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/Applicant		Date 4/17/01
		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 & 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
SIZE OF PROPERTY 48,062 <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: 4 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 1000 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 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 1050 <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 400 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 - 4 BEDROOMS AT 100 GALLONS PER DAY EACH
SOIL DATA & DESIGN CLASS PROFILE 4 / CONDITION AIII / DESIGN 2 AT Observation Hole * TP-1 Depth 24 " Elevation _____ OF MOST LIMITING SOIL FACTOR _____	DISPOSAL FIELD SIZING 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	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. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 4/13/01 (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).

Site Evaluator Signature

348
 SE

4/13/01
 Date

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	Street, Road Subdivision CUSHINGS ISLAND, OTTAWA AVE.	Owner's Name CHRISTOPHER BOND
SITE PLAN Scale 1" = <u>100</u> Ft. or as shown		SITE LOCATION PLAN
NORTH ORIENTATION APPROXIMATE		

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)				
Observation Hole <u>TP-1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		Observation Hole <u>TP-2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring		
<u>0</u> " Depth of Organic Horizon Above Mineral Soil		<u>0</u> " Depth of Organic Horizon Above Mineral Soil		
DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK BROWN	
10	GRAVELLY SANDY LOAM	FRIABLE	REDDISH BROWN
20	GRAVELLY COARSE SAND & SHALE	FRIABLE	DARK YELLOW BROWN	FAINT & FEW
30	BEDROCK AT -24"			FAINT & FEW
40			
50			
Soil Classification <u>4</u> Profile <u>AIII</u> Condition		Slope <u>3-5%</u>	Limiting Factor <u>24"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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30				FAINT & FEW
40			
50			
Soil Classification <u>5</u> Profile <u>AIII</u> Condition		Slope <u>3-5%</u>	Limiting Factor <u>35"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth

#348
4/13/01
 Site Evaluator Signature SE * Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND

CUSHINGS ISLAND, OTTAWA AVE.

CHRISTOPHER BOND

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

1000 GALLON CONCRETE SEPTIC TANK LOCATE WHERE FEASIBLE, 8' MIN. FROM DWELLING

4" SCHED. 40 PVC PIPE FROM BLDG.

SET 21 STATE-APPROVED 3' X 6.25' PLASTIC CHAMBERS AS SHOWN IN 4 ROWS OF VARYING CHAMBERS PER ROW

APPROXIMATE TDE OF FILL TO BE CONTAINED WITHIN PROPERTY

REF. "8" 7" APPLE

DISTRIBUTION BOX

EXISTING GRADE AT CORNER (TYP.)

CROSS SECTION

ERP: NAIL IN 17" MAPLE TREE 67" ABOVE GROUND LEVEL (AGL)



- * NO WELLS WERE LOCATED WITHIN 100' OF SYSTEM UNLESS NOTED. CONFIRMATION TO THIS FROM ABUTTORS SHOULD BE OBTAINED PRIOR TO INSTALL.
- * ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) : 22" - 30"
Depth of Fill (Downslope) : 23" - 32"

CONSTRUCTION ELEVATIONS

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

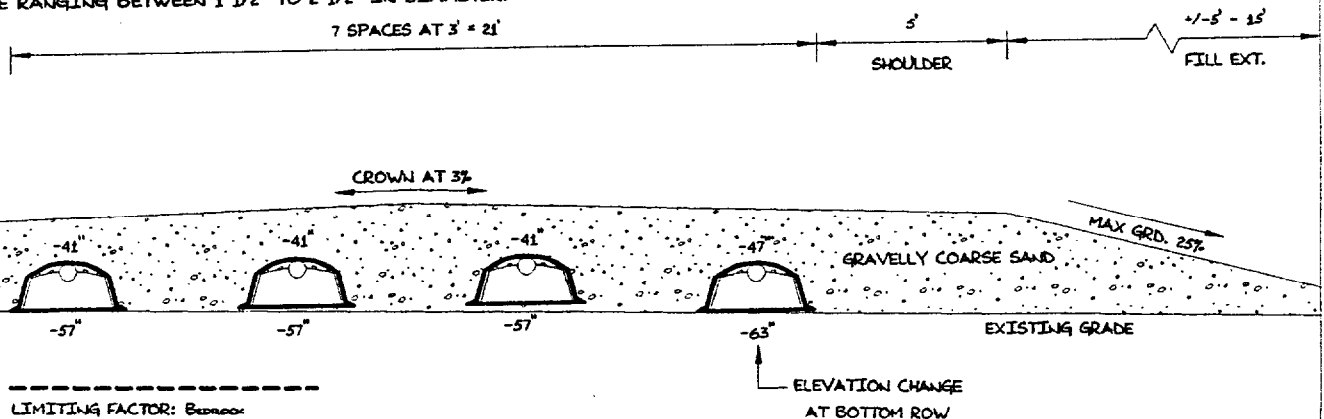
ELEVATION REFERENCE POINT

-29' to -35' Location & Description NAIL IN 17" MAPLE TREE 67" AGL
SEE BELOW Reference Elevation -0"

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

- NOTES:
- * CHAMBERS TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE UNIFORM IN SIZE AND FREE OF FINES AND ORGANIC DEBRIS AT A SIZE RANGING BETWEEN 1 1/2" TO 2 1/2" IN DIAMETER.

DISPOSAL AREA CROSS SECTION



- * DO NOT DISTURB EXISTING SOIL BENEATH BED UNLESS SPECIFIED

Norman Harris
Site Evaluator Signature

348
SE

4/13/01
Date

NORMAN "BUD" HARRIS (HARRIS LAND SOLUTIONS, INC.) - 5 ROSEWOOD AVE., WINDHAM, ME 04062 - (207) 892-2435

note: revised system to attach to original dated 3/2/01 permit # 7640

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	Revised From # 7640
Street or Road	CUSHINGS ISLAND	
Subdivision, Lot *	OTTAWA AVE.	
OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System shall not 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.
Name (last, first, MI) BOND	CHRISTOPHER <small>Owner Applicant</small>	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	207 OCEAN HOUSE ROAD CAPE ELIZABETH, ME 04107	BLOCK A
Daytime Tel. *	791-5210	
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 <u>4/17/01</u>		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 (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
SIZE OF PROPERTY 48,062 <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>4</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 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>1050</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 400 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 - 4 BEDROOMS AT 100 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>4</u> / CONDITION <u>AIII</u> / DESIGN <u>2</u> AT Observation Hole # <u>TP-1</u> Depth <u>24</u> " Elevation _____ " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 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	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	

SITE EVALUATOR STATEMENT

I certify that on 4/13/01 (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).

Signature

348

Date

Site Evaluator Signature SE Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation PORTLAND	Street, Road Subdivision CUSHINGS ISLAND, OTTAWA AVE.	Owner's Name CHRISTOPHER BOND
SITE PLAN Scale 1" = 100 Ft. or as shown		SITE LOCATION PLAN
		NORTH ORIENTATION APPROXIMATE

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

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

	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK BROWN	
10	GRAVELLY SANDY LOAM	FRIABLE	REDDISH BROWN	
20	GRAVELLY COARSE SAND & SHALE	FRIABLE	DARK YELLOW BROWN	FANT & FEW
30	BEDROCK AT -24"			
40	BEDROCK AT -24"			
50	BEDROCK AT -24"			

Soil Classification <u>4</u> Profile <u>AIII</u> Condition	Slope <u>3-5%</u>	Limiting Factor <u>24"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole TP-2 Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	DARK BROWN	
10				
20	COARSE SAND & SHALE	FRIABLE	DARK YELLOW BROWN	
30	BEDROCK AT -35"			
40	BEDROCK AT -35"			
50	BEDROCK AT -35"			

Soil Classification <u>5</u> Profile <u>AIII</u> Condition	Slope <u>3-5%</u>	Limiting Factor <u>35"</u>	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
---	----------------------	-------------------------------	--

Site Evaluator Signature
#348 SE
4/13/01 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
PORTLAND

Street, Road, Subdivision
CUSHINGS ISLAND, OTTAWA AVE.

Owner's Name
CHRISTOPHER BOND

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

1000 GALLON CONCRETE SEPTIC TANK LOCATE WHERE FEASIBLE, 8' MIN. FROM DWELLING

4" SCHED. 40 PVC PIPE FROM BLDG.

SET 21 STATE-APPROVED 3' X 6.25' PLASTIC CHAMBERS AS SHOWN IN 4 ROWS OF VARYING CHAMBERS PER ROW

APPROXIMATE TOE OF FILL TO BE CONTAINED WITHIN PROPERTY

REF. "B" 7" APPLE

DISTRIBUTION BOX

EXISTING GRADE AT CORNER (TYP.)

ERP: NAIL IN 17" MAPLE TREE 67" ABOVE GROUND LEVEL (AGL)

- * NO WELLS WERE LOCATED WITHIN 100' OF SYSTEM UNLESS NOTED. CONFIRMATION TO THIS FROM ADJUTORS SHOULD BE OBTAINED PRIOR TO INSTALL.
- * ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) : 22" - 30"
Depth of Fill (Downslope) : 23" - 32"

CONSTRUCTION ELEVATIONS

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

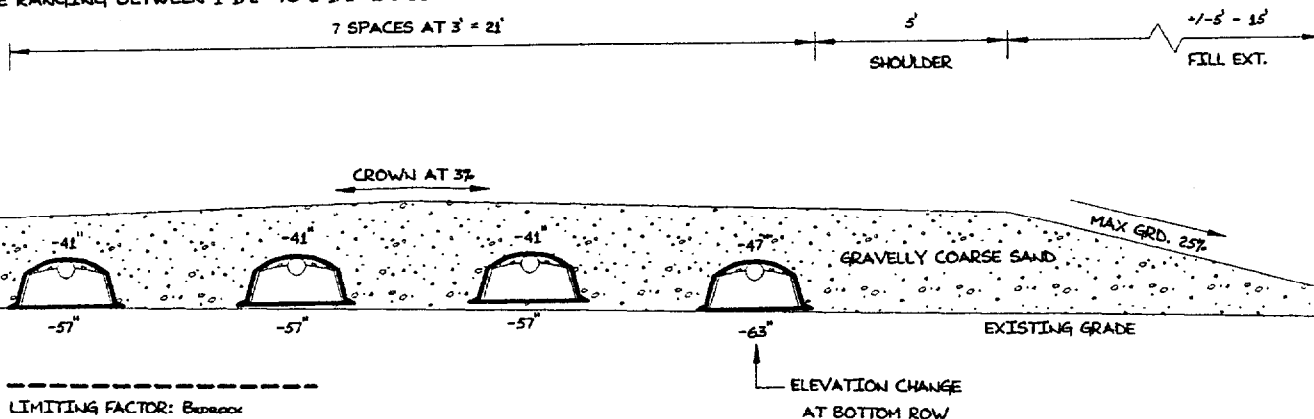
ELEVATION REFERENCE POINT

-29" to -35" Location & Description NAIL IN 17"
SEE BELOW MAPLE TREE 67" AGL
Reference Elevation -0"

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

DISPOSAL AREA CROSS SECTION

- NOTES:
- * CHAMBERS TO BE INSTALLED PER MANUFACTURER'S RECOMMENDATIONS
 - * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
 - * FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
 - * ANY STONE REQUIRED TO BE UNIFORM IN SIZE AND FREE OF FINES AND ORGANIC DEBRIS AT A SIZE RANGING BETWEEN 1 1/2" TO 2 1/2" IN DIAMETER.



* DO NOT DISTURB EXISTING SOIL BENEATH BED UNLESS SPECIFIED

Norman Harris
Site Evaluator Signature

348
SE

4/13/01
Date

NORMAN "BUD" HARRIS (HARRIS LAND SOLUTIONS, INC.) - 5 ROSEWOOD AVE., WINDHAM, ME 04062 - (207) 892-2435

NOTE: THESE NEW H&E 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

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND CUSHINGS ISLAND	- OLD REVISED #	
Street or Road	OTTAWA AVENUE		
Subdivision, Lot #	TAX MAP 106A BLOCK A LOT 2		
OWNER/APPLICANT INFORMATION		PORTLAND Date Permit Issued: 13 12 10 11	7640 TOWN COPY \$ 110101010 FEE <input type="checkbox"/> If Double Fee Charged
Name (last, first, MI)	BOND CHRISTOPHER <small>Owner Applicant</small>	Local Plumbing Inspector Signature _____ L.P.I. # 011241	
Mailing Address of	207 OCEAN HOUSE ROAD	Municipal Tax Map # 106A Lot # 2 BLOCK A	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	CAPE ELIZABETH, ME 04107		
Daytime Tel. #	791-5210	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/or Local Plumbing Inspector to deny a Permit. Signature of Owner or Applicant _____ Date 2/24/01	
Owner or Applicant Statement		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 _____	

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. 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 & 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
SIZE OF PROPERTY 48,062 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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: _____

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 968 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 22 INFILTRATOR 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 unit(s)) 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 - 1 - A - III at Observation Hole # 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).

William B. Goodwin _____ 3 _____ 2/24/2001 _____
 Site Evaluator Signature SE # Date

WILLIAM B. GOODWIN _____ 772-6170 _____
 Site Evaluator Name Printed Telephone #

100
10
110.00
Page 1 of 3
HHE-200 Rev. 1/99