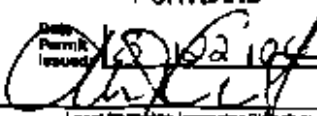


106 A A 011

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION


Maine Department of Human Services  
Division of Health Engineering, 16 042  
(207) 287-8572 Fax: (207) 287-5100

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>	
City, Town, or Plantation	PORTLAND CUSHING ISLAND	PORTLAND PERMIT # 9906 TOWN COPY  Local Plumbing Inspector Signature \$1100.00 FEE Double Fee Charged UN# 0640	
Street or Road	SHORE ROAD		
Subdivision, Lot #	TAX MAP 106A BLOCK A LOT 11		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	EMPSON, JOSH Owner Assistant		
Mailing Address of Owner/Applicant			
Daytime Tel. #		Municipal Tax Map # 106 A 011 Lot #	

<b>OWNER OR APPLICANT STATEMENT</b> 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/or Local Plumbing Inspector to deny a Permit.	<b>CAUTION: INSPECTION REQUIRED</b> 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 Date approved
Signature of Owner or Applicant Date	Local Plumbing Inspector Signature Date approved

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input checked="" type="checkbox"/> 1. No Rate Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (greywater & all toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
<b>SIZE OF PROPERTY</b> 19,101 SQ. FT. 0 ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000 GAL</u>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1,344</u> (sq. ft. or in. ft.)	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>A07</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (residential unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) <b>SHOW CALCULATIONS</b> — for other facilities — <input type="checkbox"/> 3. Section 501.0 (meter readings) <b>ATTACH WATER METER DATA</b> <b>LATITUDE AND LONGITUDE</b> at corner of disposal area Lat. <u>44° 3' 38" N</u> Lon. <u>70° 12' 25" W</u> If g.p.s. state margin of error: <u>20'</u>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>21A11</u> at Observation Hole # <u>1</u> Depth <u>22"</u> of Next Underlying Soil Factor <u>BEDROCK</u>	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Small—2.0 eq. ft. / gpd <input type="checkbox"/> 2. Medium—2.5 eq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.2 eq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 eq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 eq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>7-27-05</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).		
 Site Evaluator Signature	<u>034</u> SE #	<u>7-3-06</u> Date
<u>Richard A. Sweet</u> Site Evaluator Name Printed	<u>797-2110</u> Telephone Number	<u>sweet@maine.nr.com</u> Email Address

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

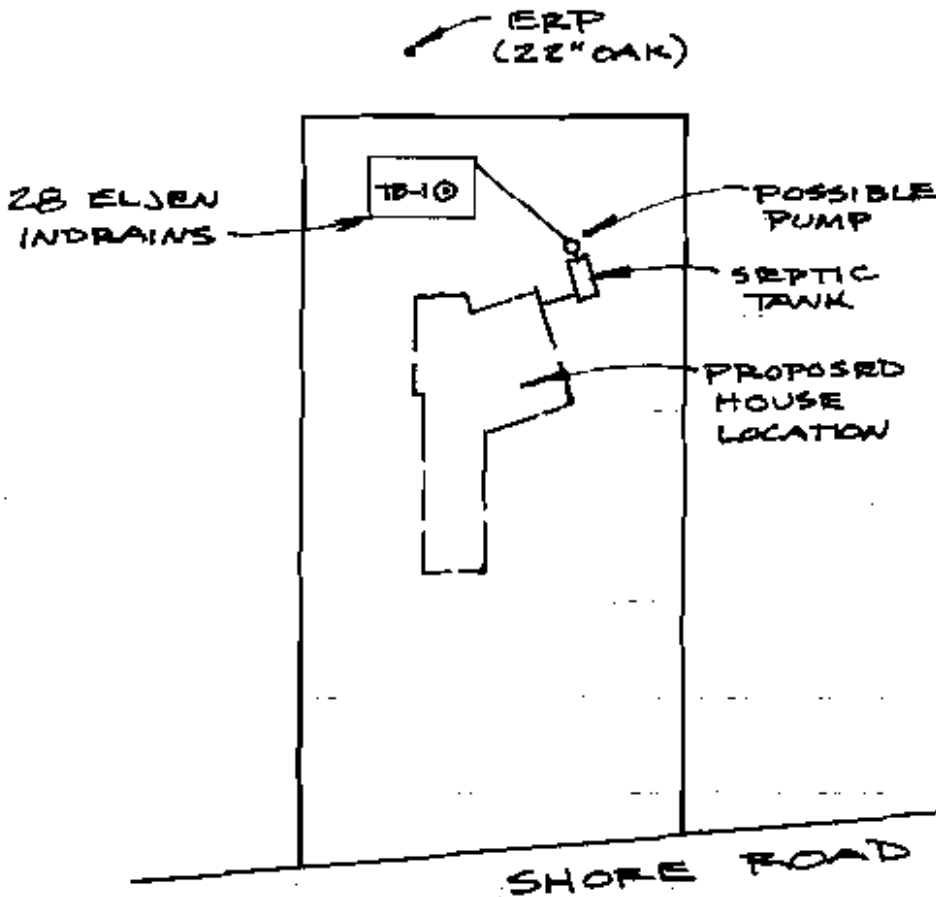
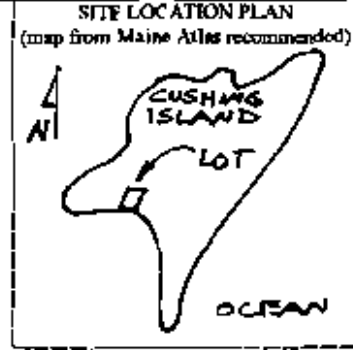
Maine Department of Health Services  
 Division of Health Engineering, Station 10  
 207-287-5872 Fax: (207) 287-3165

Town, City, Plantation  
**PORTLAND (CUSHING ISLAND)**

Street, Road, Subdivision  
**SHORE ROAD**

Owner or Applicant Name  
**EMPSON**

**SITE PLAN** Scale 1" = 50 ft.



**SOIL PROFILE DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole # **TB-1**  Test Pit  Boring

Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0			DK	
6	FINE		BROWN	
12	SANDY	FRAGILE	TO	
18	LOAMY		BROWN	
24	BEDROCK			
30				
36				
42				
48				

Soil Profile	Classification	Slope	Liquid Limit Factor	<input type="checkbox"/> Groundwater
<b>2</b>	<b>A</b>		<b>22</b>	<input type="checkbox"/> Restrictive Layer
	Condition	Percent	Depth	<input checked="" type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

Observation Hole # \_\_\_\_\_  Test Pit  Boring

Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

Soil Profile	Classification	Slope	Liquid Limit Factor	<input type="checkbox"/> Groundwater
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

*Richard Stewart*

Site Evaluator Signature

034

SE #

7-3-06

Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
 64-8806 or Health Engineering  
 (207) 287-2872 FAX (207) 287-4172

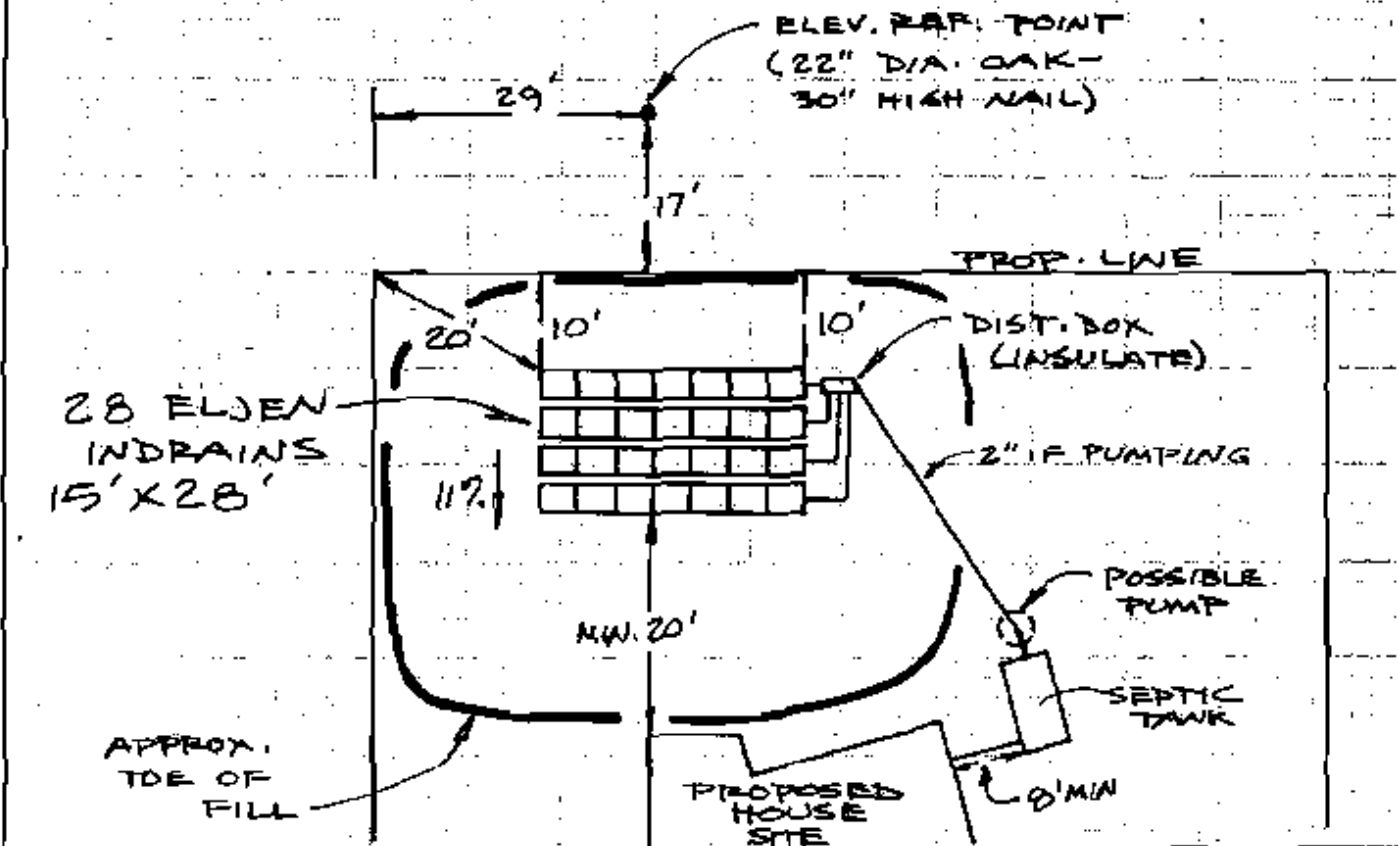
Town/City/Plantation  
**PORTLAND (CUSHING ISLAND)**

Street/Road/Subdivision  
**SHORE ROAD**

Owner's Name  
**EMPSON**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 27"  
 Depth of Fill (Downslope) 42"

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation -1"  
 Top of Distribution Pipe (Proprietary) -9"  
 Bottom of Disposal Area Row 1 In-drain -20"

### ELEVATION REFERENCE POINT

Location & Description NAIL IN PINE 2 1/2" DIA. IN 22" OAK  
 Reference Elevation 0"

SCARIFY GROUND SURFACE  
 BELOW ALL FILL

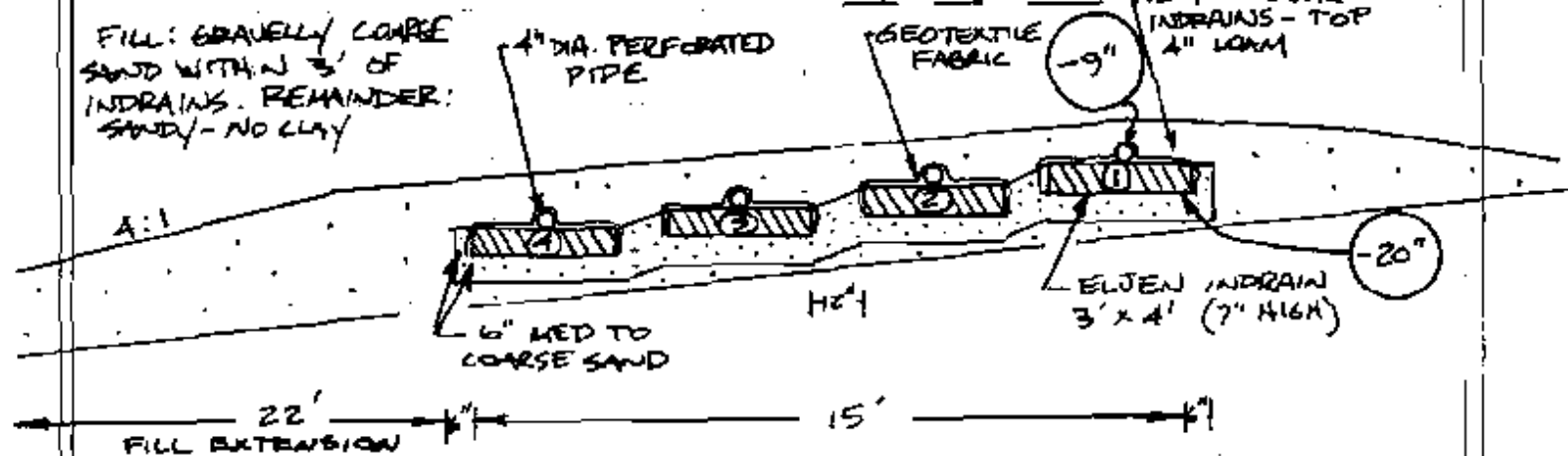
FILL: GRAVELLY COARSE  
 SAND WITHIN 3' OF  
 IN-DRAINS. REMAINDER:  
 SANDY - NO CLAY

### DISPOSAL AREA CROSS SECTION

	ROW 2	ROW 3	ROW 4
BOTTOM OF W/DRAW	-25"	-31"	-36"
TOP OF PIPE	-14"	-20"	-29"

SCALE:  
 VERTICAL 1" = 4'  
 HORIZONTAL 1" = 4'

12" FILL OVER  
 IN-DRAINS - TOP  
 4" LOAM



*Richard O'Connell*  
 Site Evaluator Signature

034

SE \*

7-3-06

Date