

city

20106012

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION >> Caution: Permit Required - Attach in Space Below <<

City, Town, or Plantation: **PORTLAND, CUSHING ISLAND**

Street or Road: **33 OTTAWA AVENUE**

Subdivision, Lot #:

Portland Permit Issued: **10/28/10** \$ **100** If Double Fee Charged

PERMIT # **11458 TOWN COPY**

L.P.I. # **1081**

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **THAXTER SCHUYLER & CYNTHIA** Owner/Applicant

Mailing Address of: **42 ELM STREET HINGHAM, MA 02043**

Daytime Tel.: **766-2880 781-413-6010**

Municipal Tax Map: **106A** Lot #: **AD4001**

Owner or Applicant Statement

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.

Signature: *Schuyler Thaxter* Date: **9/22/10**

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: _____ Date Approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: PRE 1974 Year installed: UNKNOWN 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 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 COMPONENTS 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 1.34 ACRES <input 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: _____ Current Use: <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	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: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input 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 type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 1344 sq ft <input type="checkbox"/> lin ft. 28 ELTEN IN DRAIN UNITS	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"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW 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: 4 BEDROOMS 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 503.3 (meter readings) EACH WATER METER DATE: _____ Latitude and Longitude of disposal area: Lot: 24 E Lon: 24 S (g.p.s. state: _____)
SOIL DATA & DESIGN CLASS PROFILE: 2 CONDITION: AJII DESIGN: 2 AT Observation Hole: TP 1 Depth: 28 " Elevation: -40 " 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 - 4.3 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	RECEIVED Date: 9/16/2010 By: <i>[Signature]</i> Title: Permitting Inspections Department: Portland Maine

SITE EVALUATOR STATEMENT

I certify that on **9/8/2010** (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 CMP 241)

Site Evaluator Signature: *Albert Frick* SE # **163** Date: **9/16/2010**

ALBERT FRICK (207) 839-5563 AFA@MAINERR.COM
 Site Evaluator Name Printed Telephone Number E-mail Address
 ALBERT FRICK ASSOCIATES - 85A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 830-5563
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator



CITY OF PORTLAND, MAINE

Department of Building Inspections

Original Receipt

Sept 22 2010

Received from P. Schumacher, TH Pter

Location of Work 32 Ottawa Ave, Casco, ME

Cost of Construction \$ _____ Building Fee: _____

Permit Fee \$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Surface Total: 110.00

Building (IL) _____ Plumbing (15) Electrical (12) _____ Site Plan (U2) _____

Other _____

CBL: 106A A 014

Check #: 2239 Total Collected \$ 110.00

**No work is to be started until permit issued.
Please keep original receipt for your records.**

Taken by: [Signature]

WHITE - Applicant's Copy
YELLOW - Office Copy
PINK - Permit Copy

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

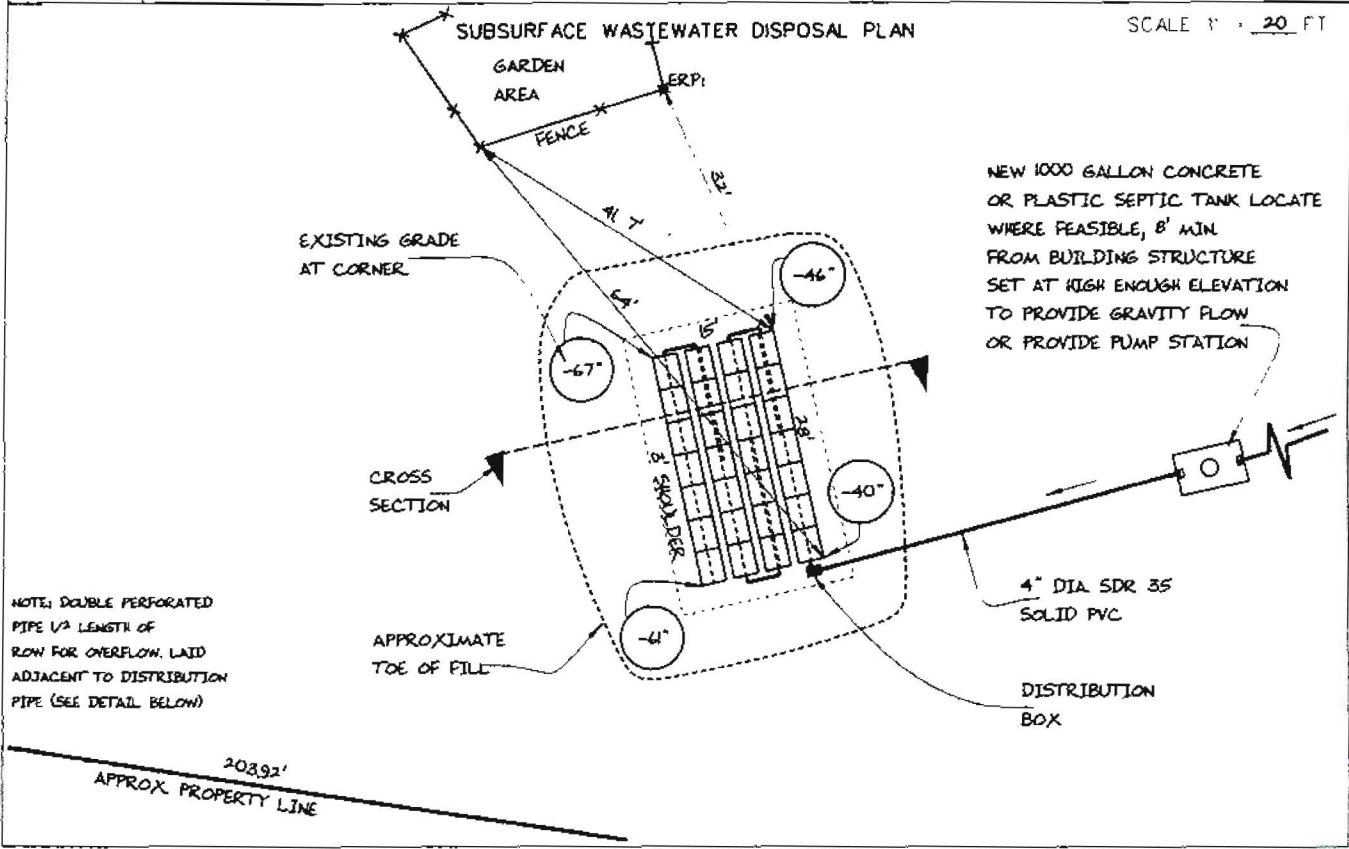
Town, City, Plantation
PORTLAND, CUSHING ISLAND

Street, Road, Subdivision
33 OTTAWA AVENUE

Owner's Name
SCHUYLER & CYNTHIA THAXTER

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT



NOTE: DOUBLE PERFORATED PIPE 1/2 LENGTH OF ROW FOR OVERFLOW. LAID ADJACENT TO DISTRIBUTION PIPE (SEE DETAIL BELOW)

NEW 1000 GALLON CONCRETE OR PLASTIC SEPTIC TANK LOCATE WHERE FEASIBLE, 8' MIN FROM BUILDING STRUCTURE SET AT HIGH ENOUGH ELEVATION TO PROVIDE GRAVITY FLOW OR PROVIDE PUMP STATION

FILL REQUIREMENTS

Depth of Fill (Upslope) : 17" - 23"
Depth of Fill (Downslope) : 20" - 24"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

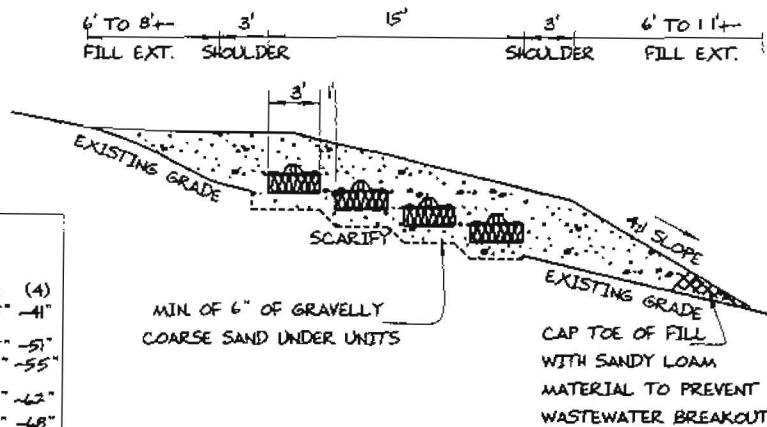
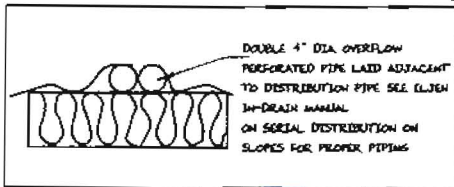
Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

SEE
DETAIL
BELOW

ELEVATION REFERENCE POINT
NAIL IN 1 3/4" POST
54" ABOVE GRADE
Reference Elevation is: 0.0" or -----

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5' FT
HORIZONTAL: 1" = 10' FT



SEE ELJEN IN-DRAIN MANUAL ON SERIAL DISTRIBUTION ON SLOPES FOR PROPER PIPING

DEPTH BELOW ERP:

	ROW 1	(2)	(3)	(4)
FINISHED GRADE	-23"	-29"	-35"	-41"
CLEAN FILL	-28"	-39"	-45"	-51"
GEOTEXTILE FABRIC	-37"	-43"	-49"	-55"
OVER 4" DIA PERF. PIPE	-44"	-50"	-56"	-62"
ELJEN IN-DRAIN UNIT	-50"	-56"	-62"	-68"

Site Evaluator Signature

163
SE

9/16/2010
Date

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HHE-200 Rev 10-02

BUILDING PERMIT INSPECTION PROCEDURES

**Please call 874-8703 or 874-8693 (ONLY)
or email: buildinginspections@portlandmaine.gov**

With the issuance of this permit, the owner, builder or their designee is required to provide adequate notice to the City of Portland Inspection Services for the following inspections. Appointments must be requested 48 to 72 hours in advance of the required inspection. The inspection date will need to be confirmed by this office.

- **Please read the conditions of approval that is attached to this permit!! Contact this office if you have any questions.**
- **Permits expire in 6 months, if the project is not started or ceases for 6 months.**
- **If the inspection requirements are not followed as stated below additional fees may be incurred due to the issuance of a "Stop Work Order" and subsequent release to continue with construction.**

 X **Backfill inspection of septic field for approved materials, stabilization, slopes and extensions**

 X **Septic field and extension inspection for bottom preparation/scarification to verify removal of vegetation, established transitional horizon and erosion and sedimentation control measures.**

 X **Exposed septic field installation and tank location inspection to check elevations, dimensions, piping, pumping station and system design prior to covering.**

The project cannot move to the next phase prior to the required inspection and approval to continue, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

IF THE PERMIT REQUIRES A CERTIFICATE OF OCCUPANCY, IT MUST BE PAID FOR AND ISSUED TO THE OWNER OR DESIGNEE BEFORE THE SPACE MAY BE OCCUPIED.

City of Portland, Maine - Building or Use Permit

389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

Permit No: 20106012	Date Applied For: 09/22/2010	CBL: 106A A014001
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Location of Construction: 33 OTTAWA AVE	Owner Name: Thaxter P Schuyler &	Owner Address: 42 Elm St	Phone:
Business Name:	Contractor Name: Thaxter P Schuyler &	Contractor Address: 42 Elm St Hingham	Phone:
Lessee/Buyer's Name	Phone:	Permit Type: Replacement System	

Proposed Use:	Proposed Project Description:
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Dept: Building

Status: Approved

Reviewer: Jonathan Rioux

Approval Date: 10/27/2010

Note:

Ok to Issue: