

6009

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10 SHS  
(207) 287-5572 FAX: (207) 287-4172

<b>PROPERTY LOCATION</b>		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND, CUSHING ISLAND	<b>PORTLAND PERMIT # 10661 TOWN COPY</b> Date Permit Issued: <u>6/4/08</u> \$ <u>1100</u> <input type="checkbox"/> Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>10169</u>	
Street or Road	46 OTTAWA AVENUE		
Subdivision, Lot *			
<b>OWNER/APPLICANT INFORMATION</b>		<b>106 AC 11</b> Municipal Tax Map * Lot * Lat. N 43 38' 28" Lon. W 70 12' 18"	
Name (last, first, MI)	MESERVE TRUST		
Mailing Address of	C/O JOHN MESERVE 17 BRENNER DRIVE NEWTON, NH 03858		
Daytime Tel. *	978-346-0439		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</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.		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: <u>[Signature]</u> Date: <u>5/30/08</u>		Local Plumbing Inspector Signature: <u>[Signature]</u> Date: <u>6/20/08</u>	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>TRENCH</u> Year Installed: <u>?</u> 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	<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. <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	<b>DISPOSAL SYSTEM COMPONENTS</b> 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
<b>SIZE OF PROPERTY</b> <u>87,000 SQ. FT. +/-</u> <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>7</u> 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	<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: _____
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## 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>(2) 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 checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE <u>2304</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>48 ELJEN IN DRAIN UNITS</u>	<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>630</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 -  <b>7 BEDROOMS AT 90 GALLONS PER DAY EACH</b>  3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>2</u> CONDITION <u>A</u> DESIGN <u>2</u> AT Observation Hole • <u>TP 1</u> Depth <u>24</u> " 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>EFFLUENT/EJECTOR PUMP</b> 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 4/30/08 (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: [Signature] SE # 163 Date: 5/13/2008

ALBERT FRICK (207) 839-5563 AFA@MAINERR.COM  
 Site Evaluator Name Printed Telephone Number E-mail Address  
 ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563  
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

# Scanned

# S IBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

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

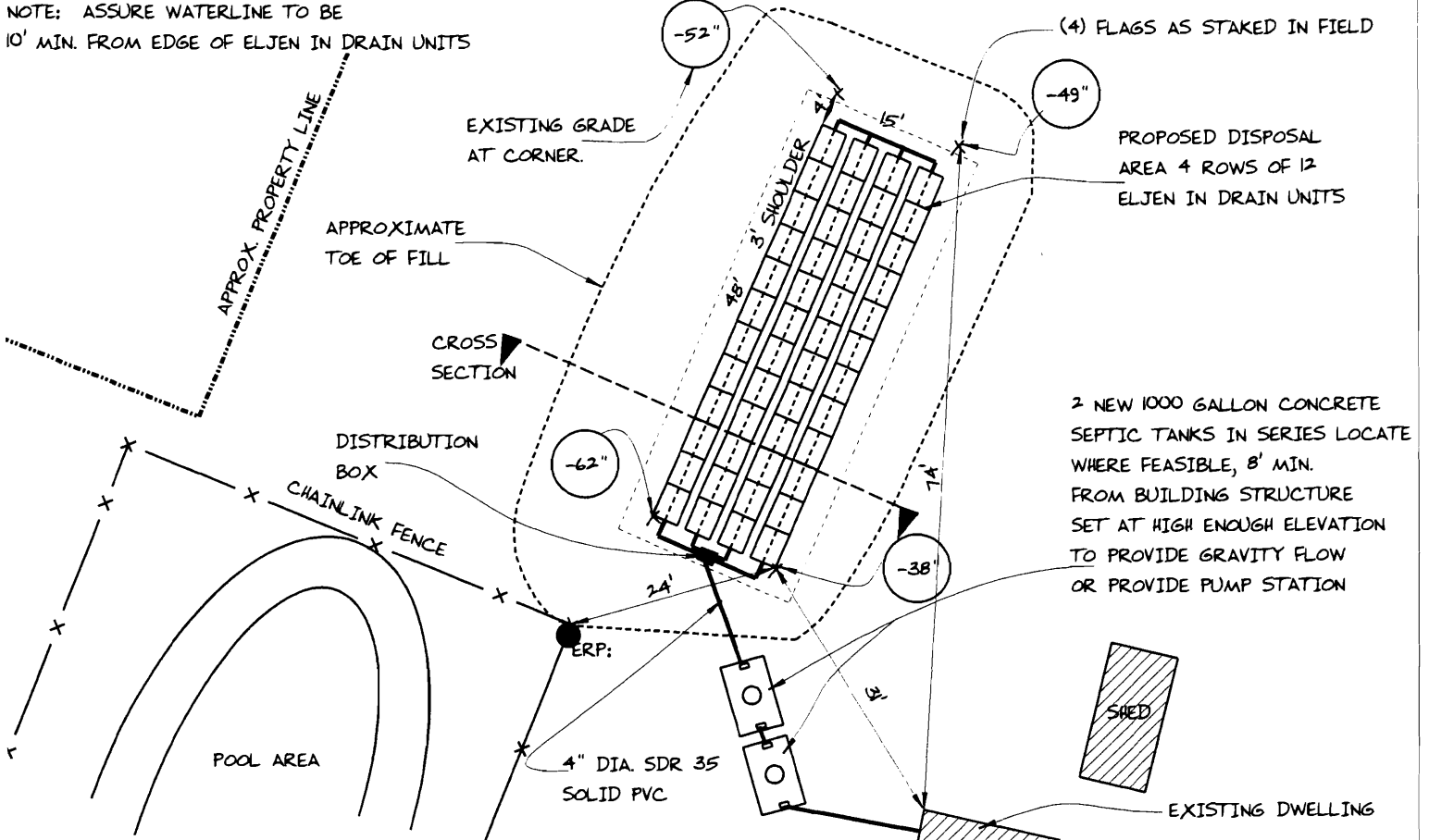
Street, Road, Subdivision  
**46 OTTAWA AVENUE**

Owner's Name  
**MESERVE TRUST**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.

NOTE: ASSURE WATERLINE TO BE  
10' MIN. FROM EDGE OF ELJEN IN DRAIN UNITS



2 NEW 1000 GALLON CONCRETE SEPTIC TANKS IN SERIES 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) = 10" - 21"  
 Depth of Fill (Downslope) = 24" - 34"  
 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

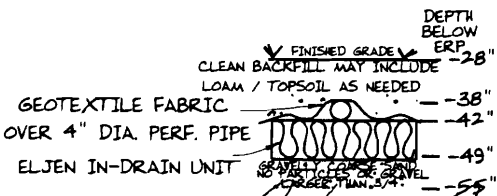
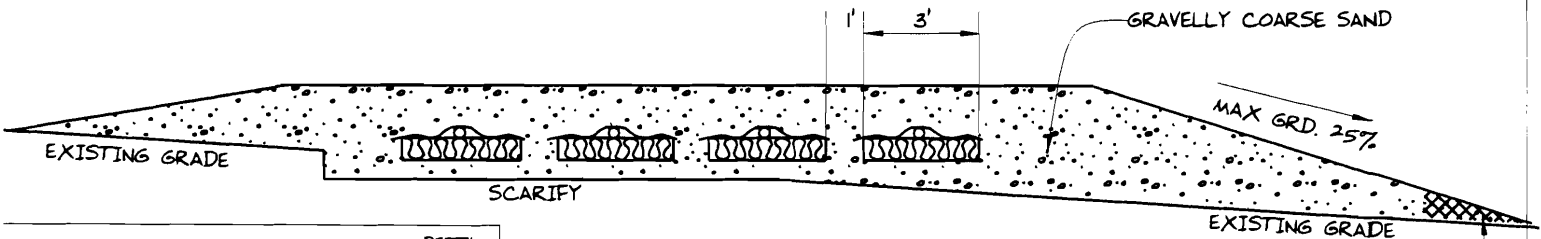
### ELEVATION REFERENCE POINT

Location & Description  
 TOP OF FENCE POST  
 54" ABOVE EXISTING GRADE  
 Reference Elevation is: 0.0" or -----

### DISPOSAL AREA CROSS SECTION



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



REMOVE ALL PORTIONS OF EXISTING DISPOSAL AREA ENCOUNTERED TO A MINIMUM DEPTH OF 2' UNDERNEATH AND 3' ALONGSIDE DISPOSAL AREA AND REPLACE WITH CLEAN GRAVELLY COARSE SAND FILL

CAP TOE OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT

Albert Frick  
 Site Evaluator Signature

163  
 SE \*

5/13/2008  
 Date

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ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

8"

4'6"

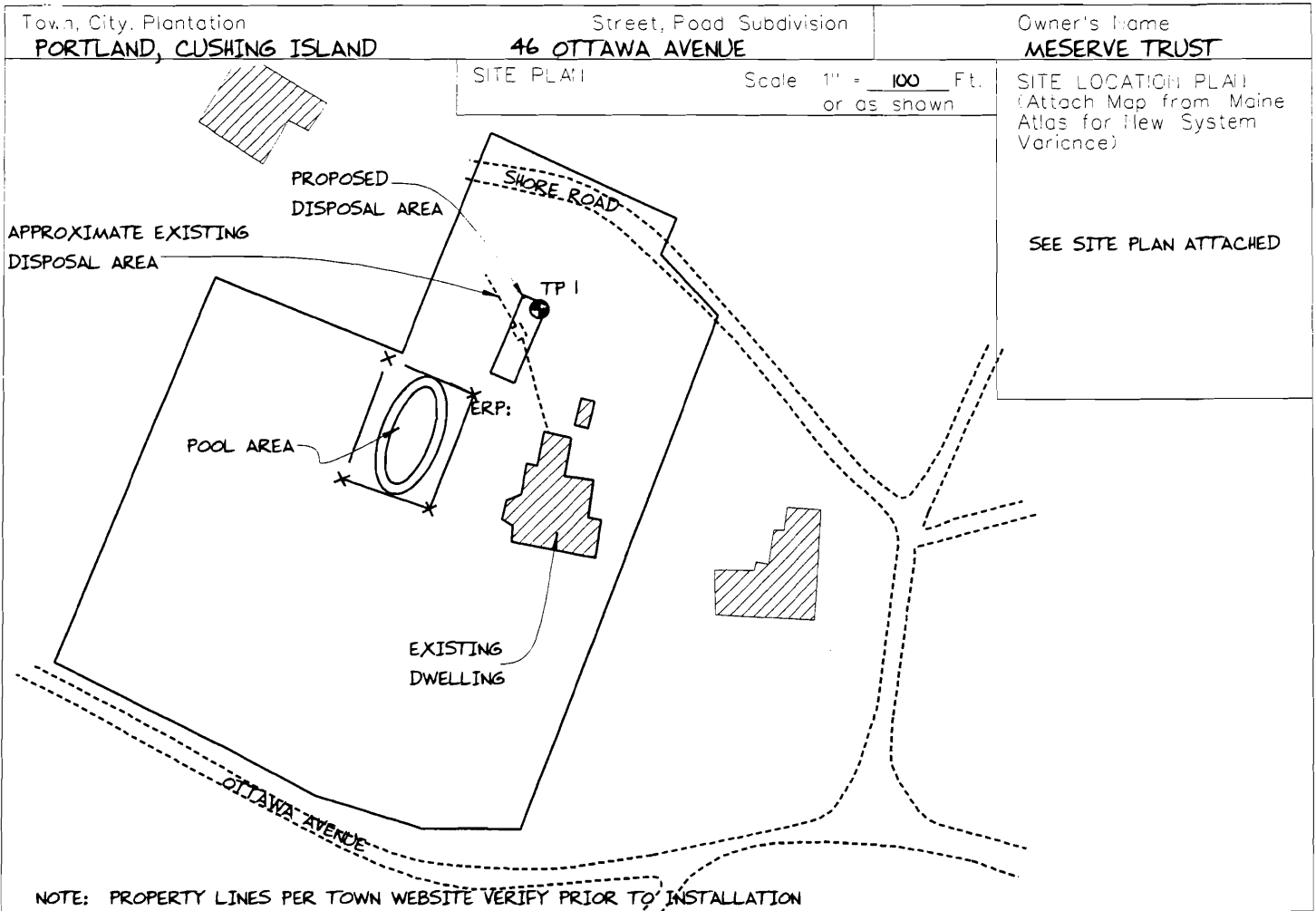
54" - 42

14  
 4 1/2  
 - 8  
 3 7/10

4 1/2" @ Top of Eljen  
 Just at 8"

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			BROWN	
10	STONY SANDY LOAM	FRIABLE	YELLOW BROWN	
20				
24	BEDROCK			
30				
40				
50				

Soil Classification: Profile 2 Condition A  
 Slope: \_\_\_\_\_ Limiting Factor: 24"  
 Ground Water  Restrictive Layer  
 Bedrock  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				
10				
20				
30				
40				
50				

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

*Albert Frick*  
 Site Evaluator Signature

163  
 SE

5/13/2008  
 Date

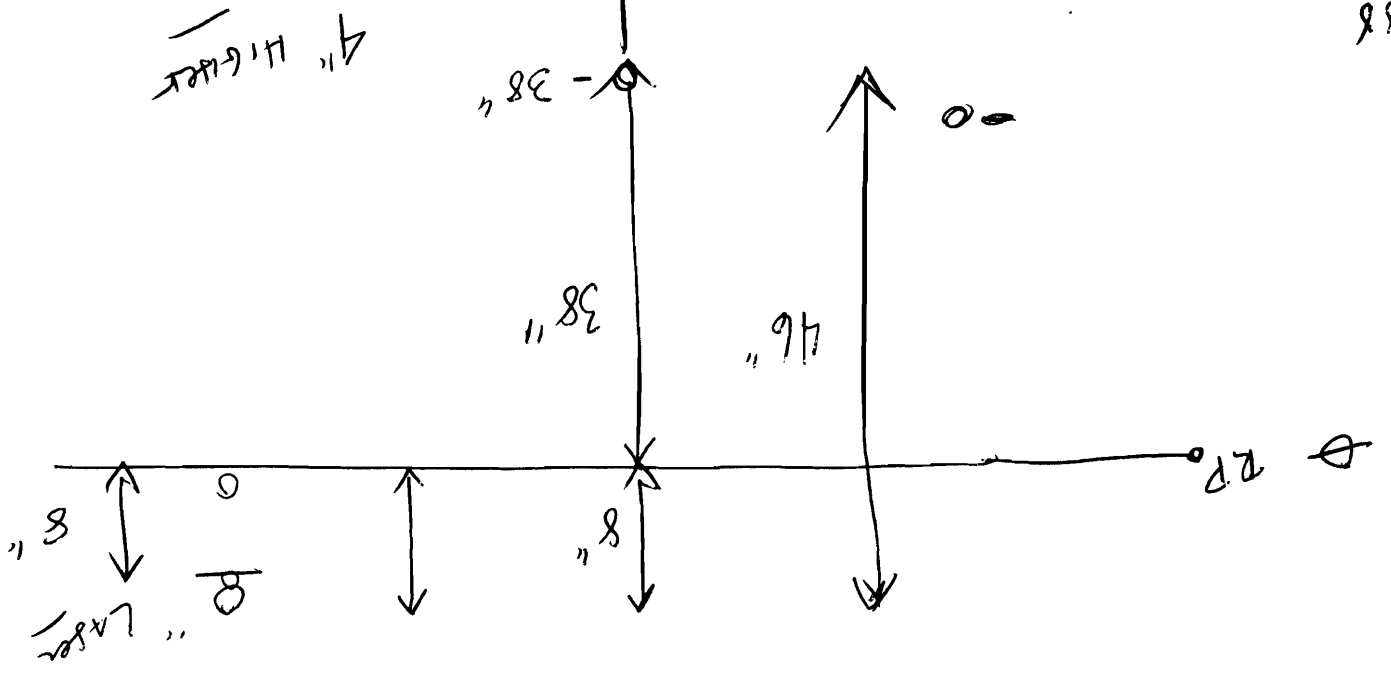
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6/25/88

could find the way  
that + 4" is OK

5m4

42 (plan)



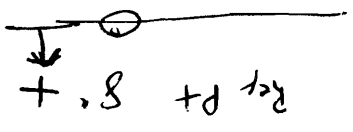
4" higher

8" Laser

42	
49	7 drain & paper
45	bottom
4	sample

3' 18" - 8" = 3' 10" = 46"

Top Elev = 4' 6"



6/22/88

Bar @ .64

GRADE MARKS @ 6"

Top g

18

$$\begin{array}{r} 3' 10'' \\ \hline 8'' \\ \hline 3' 18'' \end{array}$$

