

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required - Attach In Space Below <<	
City, Town, or Plantation	PORTLAND, CUSHING ISLAND	PORTLAND PERMIT # 10660 TOWN COPY	
Street or Road	24 CALUMET ROAD	Date Permit Issued: 6/5/08	\$ _____ If Double Fee Charged
Subdivision, Lot *		Local Plumbing Inspector Signature: <i>Christy S. [Signature]</i> L.P.I. # 10664	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	SULLIVAN MARGARET		
Mailing Address of	16 McCall Road		
Owner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/>	WINCHESTER, MA 01890		
Daytime Tel. *	781-729-8072	Municipal Tax Map * 106AG025	Lat. N 43 38' 42" Lon. W 70 11' 59"

Owner or Applicant Statement	Caution: Inspections Required
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.
<i>Margaret Sullivan</i> 06/02/08 Signature of Owner/Applicant Date	<i>Susan Hunt</i> 6/20/08 LPI 1067 Local Plumbing Inspector Signature (1st) Date Approved
	(2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>TRENCH</u> Year Installed: <u>UNKNOWN</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	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 & oil 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 <u>2 ACRES+</u> <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: <u>5</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	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: <u>SEASONAL</u>
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>1500</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>1152</u> sq. ft. <input type="checkbox"/> lin. ft. <u>24 ELJEN IN DRAIN UNITS</u>	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 <u>252</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 - <u>5 BEDROOMS</u> (SEE ATTACHED WATER RECORDS) <u>252 GALLONS PER DAY WAS THE AVERAGE USE PER DAY FOR THE LAST TWO YEARS OF WATER USE (RUSS MARTIN OF D.E.H. VERBALLY APPROVED THE USE OF DESIGN FLOW PER 5/14/08 PHONE CONVERSATION)</u> 3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS 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 _____	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 - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP RAISE PLUMBING 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 CMR 241).

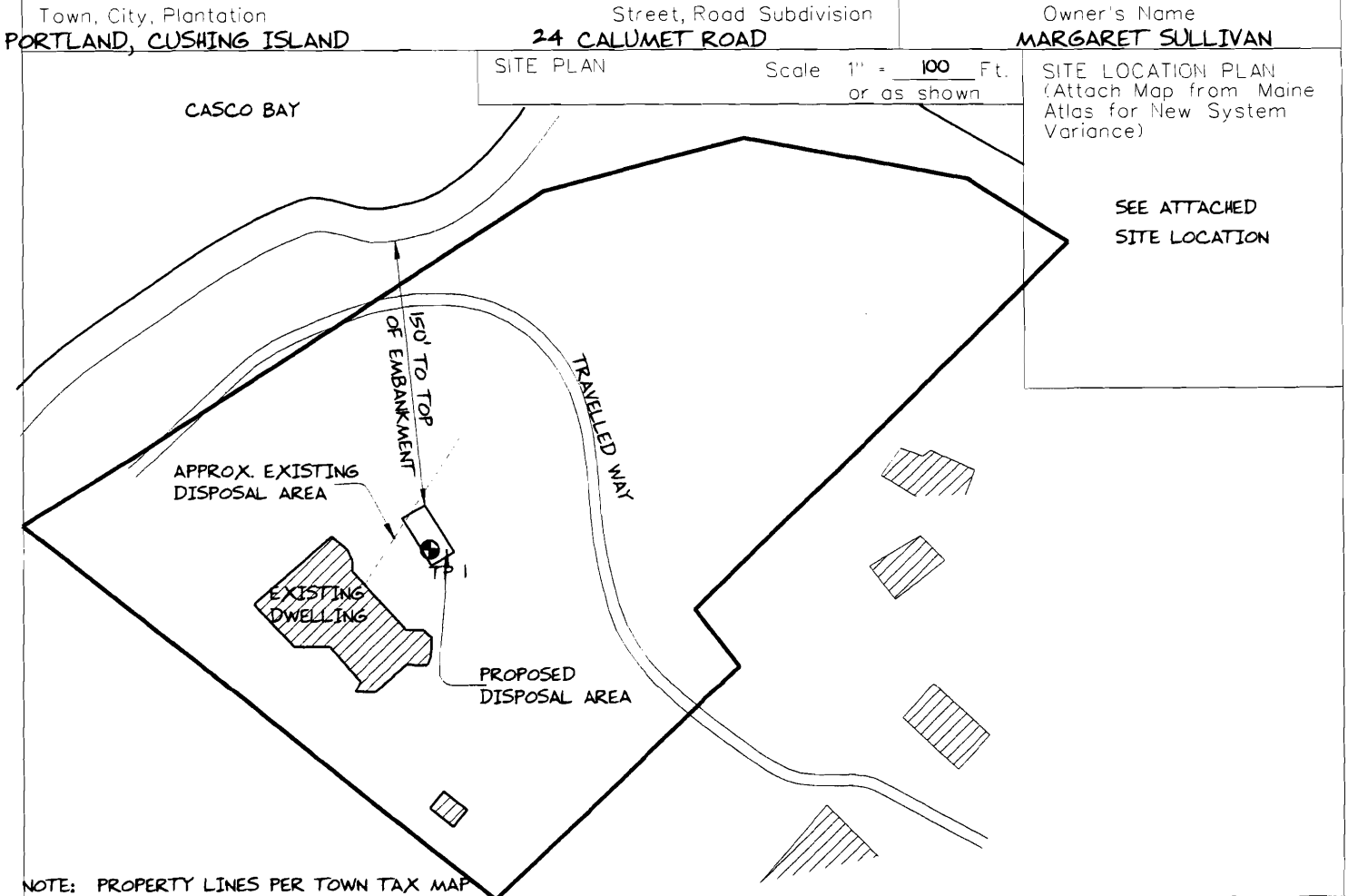
Site Evaluator Signature: <i>Albert Frick</i> ALBERT FRICK Site Evaluator Name Printed	163 SE *	Date: <u>5/15/2008</u> Telephone Number: <u>(207) 839-5563</u> E-mail Address: <u>AFA@MAINERR.COM</u>
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Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

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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				
30	BEDROCK			
40				
50				

Soil Classification: **2 A**
 Profile: **2** Condition: **A**
 Slope: **24**
 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

Site Evaluator Signature

Albert Frick

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Date

5/15/2008

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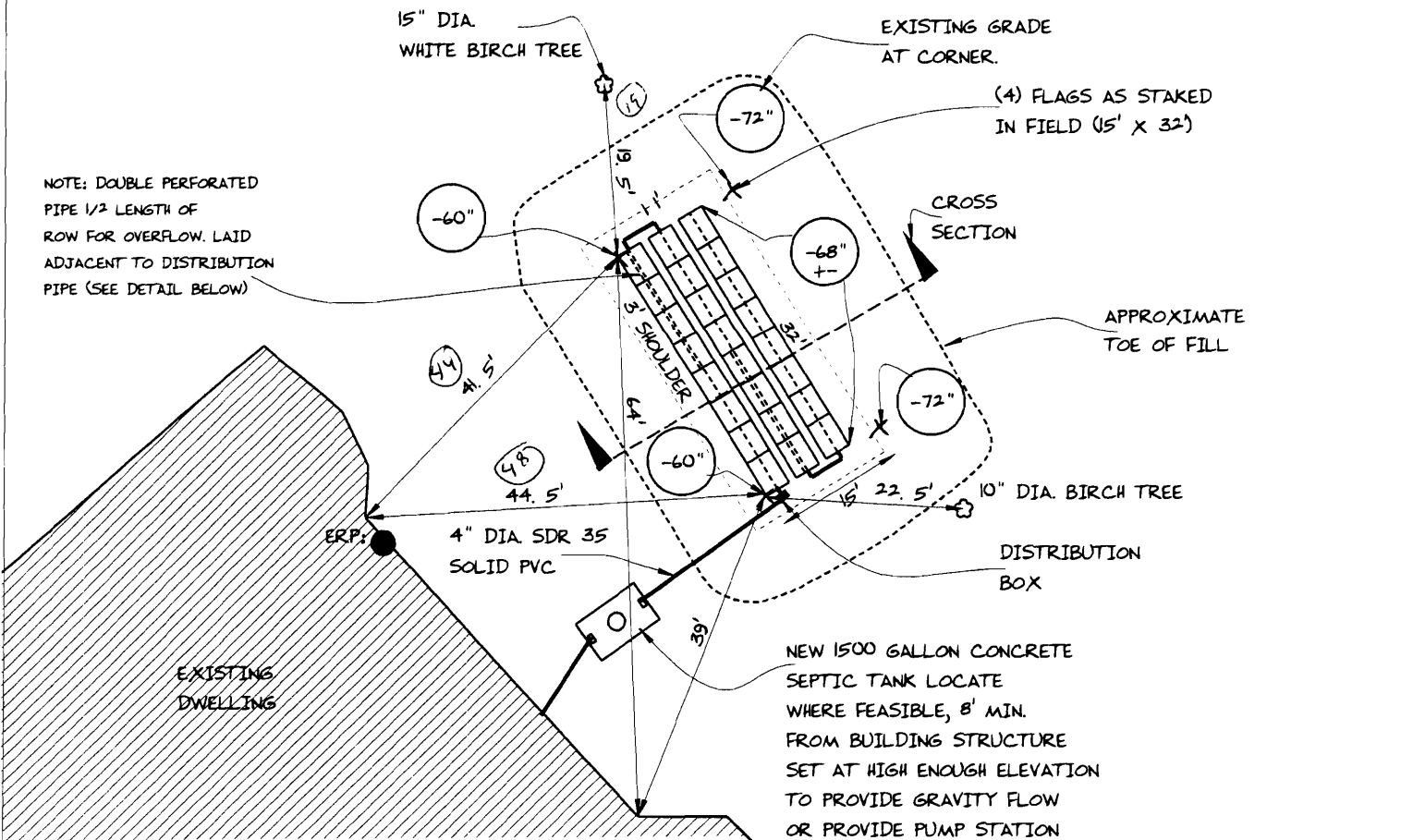
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Town, City, Plantation: **PORTLAND, CUSHING ISLAND**
 Street, Road, Subdivision: **24 CALUMET ROAD**
 Owner's Name: **MARGARET SULLIVAN**

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 25"
 Depth of Fill (Downslope) : 25"
 DEPTHS AT CROSS-SECTION (shown below)

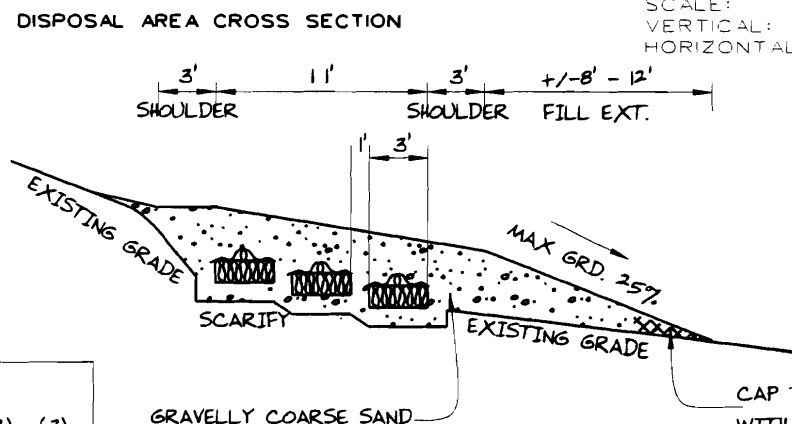
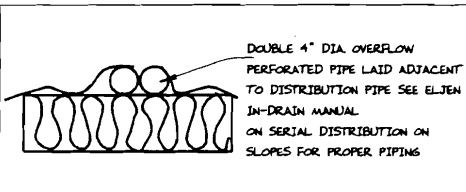
CONSTRUCTION ELEVATIONS

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

SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT
 Location & Description
 BOTTOM OF WINDOW PANE
 9" ABOVE EXISTING GRADE
 Reference Elevation is: 0.0" or -----

DISPOSAL AREA CROSS SECTION



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

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

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

DEPTH BELOW ERP:	ROW 1	(2)	(3)
FINISHED GRADE	-35"	-39"	-43"
CLEAN BACKFILL MAT INCLUDE LOAM / TOPSOIL AS NEEDED	-45"	-49"	-53"
GEOTEXTILE FABRIC	-49"	-53"	-57"
OVER 4" DIA. PERF. PIPE	-60"	-64"	-68"
ELJEN IN-DRAIN UNIT	-66"	-70"	-74"

GRAVELLY COARSE SAND NO PARTICLES OR GRAVEL LARGER THAN 5/8"

Site Evaluator Signature: *Albert Frick*

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 SE *

Date: *5/15/2008*