

3812

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland	Town/City _____	Permit # _____
Street or Road	Cliff Island	Date Permit Issued <u>1/1</u>	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #		_____	L.P.I. # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	Cliff Island Septic System Assn <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued 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.	
Mailing Address of	P.O. Box 78		
Owner/Applicant	Cliff Island 04619		
Daytime Tel. #		Municipal Tax Map # _____	Lot # _____
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION 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.	
Signature of Owner or Applicant _____ Date _____		_____ (1st) date approved	
		Local Plumbing Inspector Signature _____ (2nd) date approved	

PERMIT INFORMATION

TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<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. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule 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 Approval <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. 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 checked="" 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
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
_____ SQ. FT. _____ ACRES	<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>Common Disposal System</u> (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input checked="" 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
SHORELAND ZONING		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <u>at homes</u> <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.	<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 checked="" 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>16 8'6"</u> sq. ft. <input type="checkbox"/> lin. ft.	<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	_____ gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION <u>Z / A III</u> at Observation Hole # <u>701</u> Depth <u>15"</u> of Most Limiting Soil Factor	<input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	<input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	at center of disposal area Lat. <u>43</u> d <u>41</u> m <u>26</u> s Lon. <u>70</u> d <u>06</u> m <u>41</u> s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 9/27/12 (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).

<u>Mary Hampton</u> Site Evaluator Signature	<u>263</u> SE #	<u>9/27/12</u> Date	<u>2016/14</u> E-mail Address
<u>MARY J. Hampton</u> Site Evaluator Name Printed	<u>756-2900</u> Telephone Number		

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

3312

Town, City, Plantation
 Portland

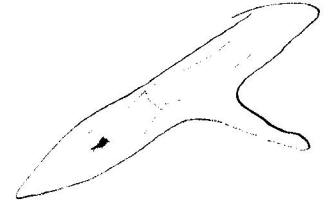
Street, Road, Subdivision
 Cliff Island

Owner or Applicant Name
 Cliff Island Septic System Assn

SITE PLAN

Scale: 1" = _____ ft.

SITE LOCATION MAP
 (Attach map from Maine Atlas
 for First Time System Variance)



See Plans

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # 781 Test Pit Boring

_____ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0	Sandy loam	F. A. ble	Dark brown
6	Sandy loam	F. A. ble	Brown
12			None noted
18			
24			
30			
36			
42			
48			

Soil Profile: Z
 Classification: AH
 Slope: 6 Percent
 Limiting Factor: 15 " Depth
 Groundwater
 Restrictive Layer
 Bedrock

Observation Hole # 782 Test Pit Boring

_____ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
0	Sandy loam	F. A. ble	Dark brown
6	Sandy loam	F. A. ble	Brown
12			
18			
24			
30			
36			
42			
48			

Soil Profile: Z
 Classification: AH
 Slope: 6 Percent
 Limiting Factor: 20 " Depth
 Groundwater
 Restrictive Layer
 Bedrock

Mary Hampton
 Site Evaluator Signature

203
 SE #

9/27/12
 Date

SW 11/14/12
 Date

3312

Maine Dept. of Health & Human Services
Division of Environmental Health, STS 11
(207) 287-5689 FAX (207) 287-3165

Town, City, Plantation
Portland

Street, Road, Subdivision
Cliff Island

Owner or Applicant Name
Cliff Island Spruce System Assn

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = _____ ft.

See plans

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) _____"
Depth of Backfill (downslope) _____"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____"
Top of Distribution Pipe or Proprietary Device _____"
Bottom of Disposal Field _____"

ELEVATION REFERENCE POINT

Location & Description: _____
Reference Elevation is: 0.0" or: _____

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = _____ ft.
Horizontal: 1" = _____ ft.

See plans

Mary Hannah
Site Evaluator Signature

203
SE #

9/27/12
Date

Ran/6/14
MMH