

2016-08017  
109A-8005001  
2945

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-6672 Fax: (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Portland	Town/City	Portland ME
Street or Road	151 Sixth Broad St	Permit #	2016-08017
Subdivision, Lot #		Date Permit issued	1/1/16
<b>OWNER/APPLICANT INFORMATION</b>		Fee	165.00
Name (last, first, MI)	Stubble Tom	Double Fee Charged	[ ]
Mailing Address of Owner/Applicant	1065 King Row Oxford PA 09363	L.P.I. #	1188
Daytime Tel. #	610-932-5450	Local Plumbing Inspector Signature <i>[Signature]</i>	
<b>OWNER OR APPLICANT STATEMENT</b>		Municipal Tax Map # 109A Lot # B-03	
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>	
Signature of Owner or Applicant _____ Date _____		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved _____ (2nd) date approved _____	

<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>	<b>TYPE OF WATER SUPPLY</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Overhead</u> 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 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 checked="" 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	<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
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>		
33,000 SF <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<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)		
<b>SHORELAND ZONING</b>	Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: <u>1000</u> 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>2600</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	<u>270</u> 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
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>LATITUDE AND LONGITUDE</b>
PROFILE CONDITION: <u>2 A-1</u> at Observation Hole # <u>TP1</u> Depth <u>28"</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"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings). ATTACH WATER METER DATA at center of disposal area Lat. <u>43</u> d <u>41</u> m <u>26</u> s Lon. <u>70</u> d <u>00</u> m <u>49</u> s if g.p.s., state margin of error: <u>15</u>

<b>SITE EVALUATOR STATEMENT</b>			
I certify that on <u>10/2/15</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).			
<u>[Signature]</u> Site Evaluator Signature	<u>263</u> SE #	<u>10/20/15</u> Date	
<u>MARK J. HANPSON</u> Site Evaluator Name Printed	<u>756-2900</u> Telephone Number		E-mail Address

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Health & Human Services  
 Division of Environmental Health  
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

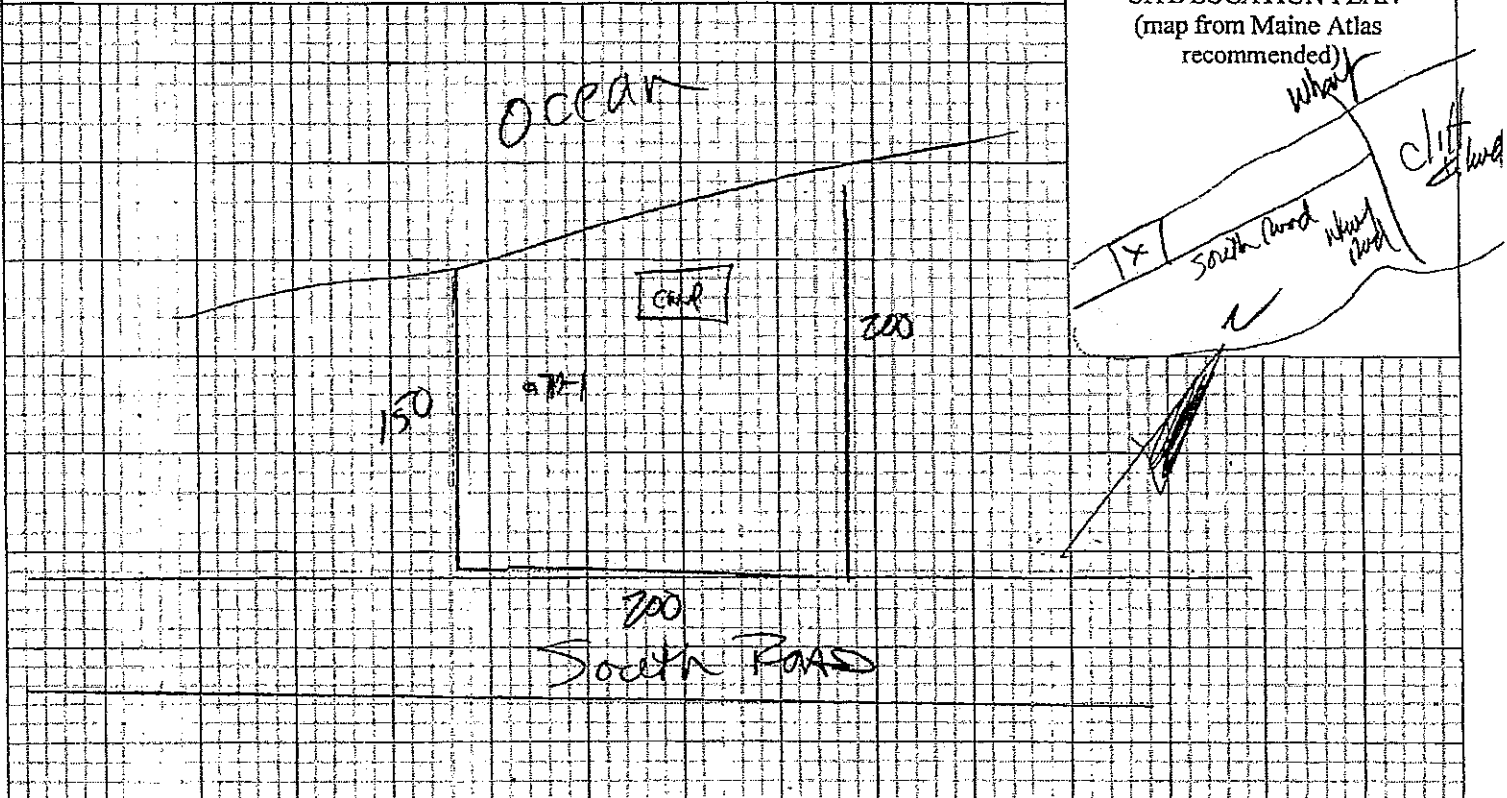
Townland 151 South Road Cliff Island

Tom Struble

SITE PLAN

Scale 1" = 100 ft. or as shown

SITE LOCATION PLAN  
 (map from Maine Atlas recommended)



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

Observation Hole TP1  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 " Depth of Organic Horizon Above Mineral Soil \_\_\_\_\_

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Dark brown	
10	Sandy loam	Friable	Brown	none noted
20				
30				
40				
50				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification <u>Z</u> <u>AH</u>	Slope <u>Z</u> %	Limiting Factor <u>28</u> "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

Soil Classification	Slope _____ %	Limiting Factor _____ "	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

Mary Houghton  
 Site Evaluator Signature

268  
 SE #

10/26/15  
 Date

2945

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

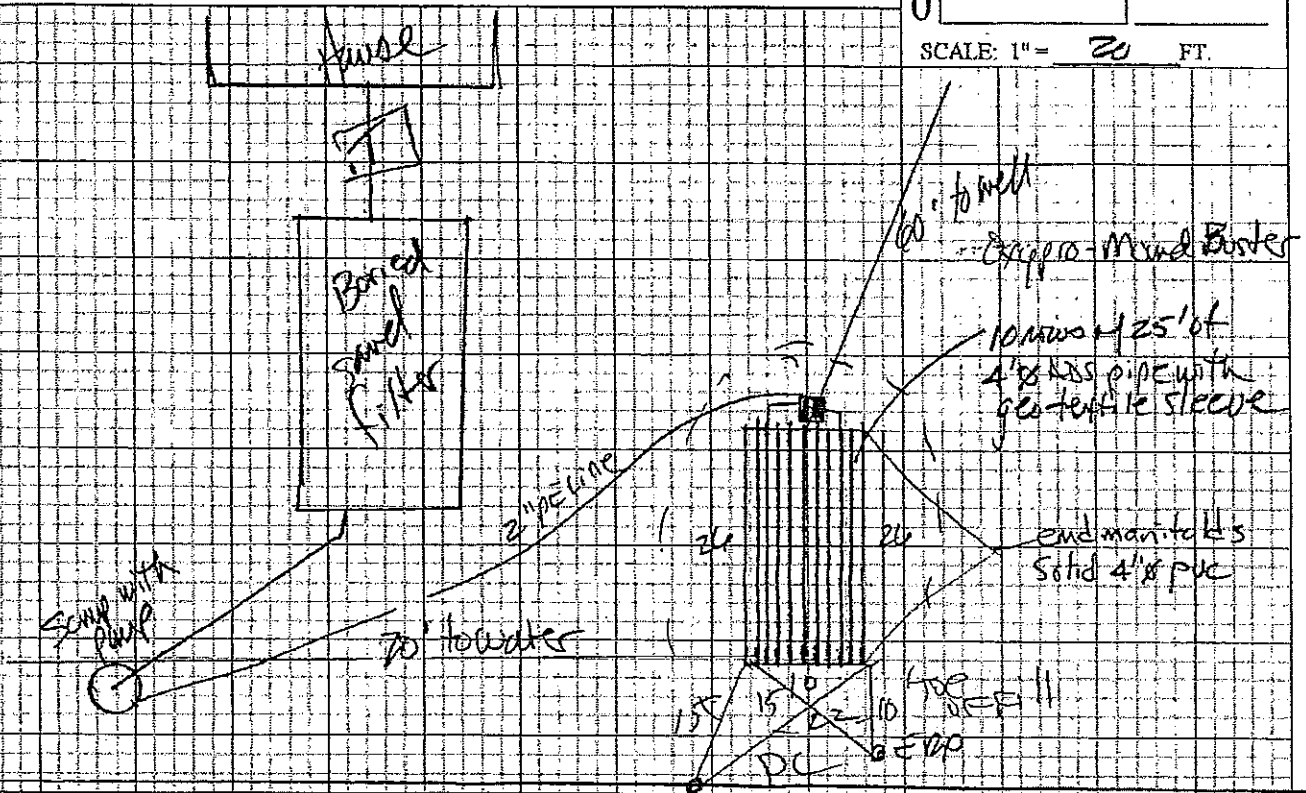
Portland

151 South Rd Cl. H Island

Tom Struble

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0   
SCALE: 1" = 20 FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 21  
 Depth of Fill (Downslope) 24

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation 6  
 Top of Distribution Pipe or Proprietary Device -46  
 Bottom of Disposal Area -62

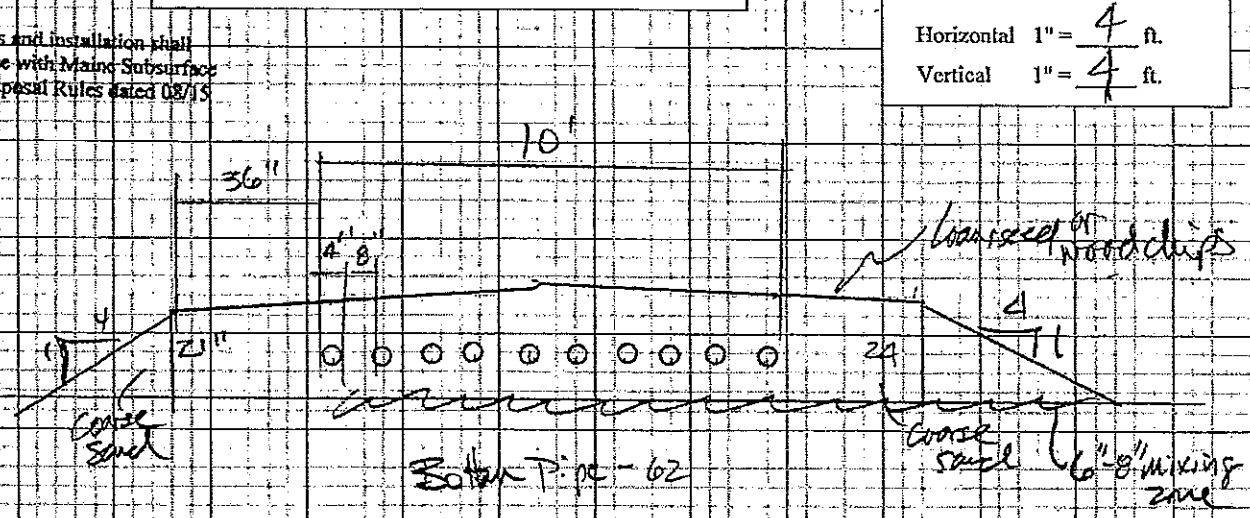
### ELEVATION REFERENCE POINT

Location & Description: nail 66' up 15' x 8" maple  
 Reference Elevation: 0"

### DISPOSAL AREA CROSS SECTION

Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/15 as amended.

Scale  
 Horizontal 1" = 4 ft.  
 Vertical 1" = 4 ft.



NOTE: All ground to be filled must be scarified

*Mark Humphreys*

Site Evaluator Signature

263

SE #

10/26/15

Date