

2010 6013 109B F034 #2010009 2044

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-5889 Fax (207) 287-3165

PROPERTY LOCATION		>> Caution Permit Required -- Attach in Space Below <<	
City, Town, or Plantation	Portland		
Street or Road	143 Church Road		
Subdivision, Lot #	Cliff Island		
OWNER/APPLICANT INFORMATION		PORTLAND PERMIT # 11432 TOWN COPY Date Permit Issued: 10/4/10 \$ 110.00/104 <input type="checkbox"/> Double Fee Charged Name (last, first, MI) McDermith Clark <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant Local Plumbing Inspector Signature: [Signature] L.P.I. # 0732	
Mailing Address of Owner/Applicant	P.O. Box 489 N. Berwick 03906		
Daytime Tel. #	432-6348	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] 10.4.10 Signature of Owner or Applicant Date		_____ Local Plumbing Inspector Signature (1st) Date Approved	
_____ Signature of Owner or Applicant Date		_____ Local Plumbing Inspector Signature (2nd) Date Approved	

PERMIT INFORMATION		
TYPE OF APPLICATION (Check only one item) <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>OSD</u> Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> 4. Experimental System	THIS APPLICATION REQUIRES <input checked="" 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 type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval	DISPOSAL SYSTEM COMPONENTS <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"/> 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"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ (item numbers are used for data entry purposes)
SIZE OF PROPERTY <u>24812</u> sq. ft. <input checked="" type="checkbox"/> _____ acres <input type="checkbox"/>	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	TYPE OF WATER SUPPLY <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <u>Existing</u> <input type="checkbox"/> b. Low profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <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>1200</u> sq. ft. <input checked="" type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes If Yes, 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	DESIGN FLOW <u>300</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 502.2 (other facilities) SHOW CALCULATIONS -- for other facilities -- <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 1 C 1 1</u> at Observation Hole # <u>TPI</u> Depth <u>32"</u> Elevation <u>22"</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 2. Medium -- 2.6 sq. ft./gpd <input checked="" type="checkbox"/> 3. Medium-Large -- 3.3 sq. ft./gpd <input type="checkbox"/> 4. Large -- 4.1 sq. ft./gpd <input type="checkbox"/> 5. Extra-Large -- 5.0 sq. ft./gpd (Item numbers are used for data entry purposes)	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. Required Specify only for engineered systems. DOSE: _____ gallons	LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>43</u> d <u>41</u> m <u>50</u> s Lon. <u>70</u> d <u>00</u> m <u>11</u> s If GPS, state margin of error. _____

SITE EVALUATOR STATEMENT	
I certify that on <u>8/14/10</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).	
[Signature] Site Evaluator Signature	<u>268</u> SE #
[Signature] Site Evaluator Name Printed	<u>8/24/10</u> Date
<u>756-2980</u> Telephone #	<u>Dept of Building Inspections</u> Email Address

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

RECEIVED
AUG 31 2010
Dept of Building Inspections
City of Portland Maine

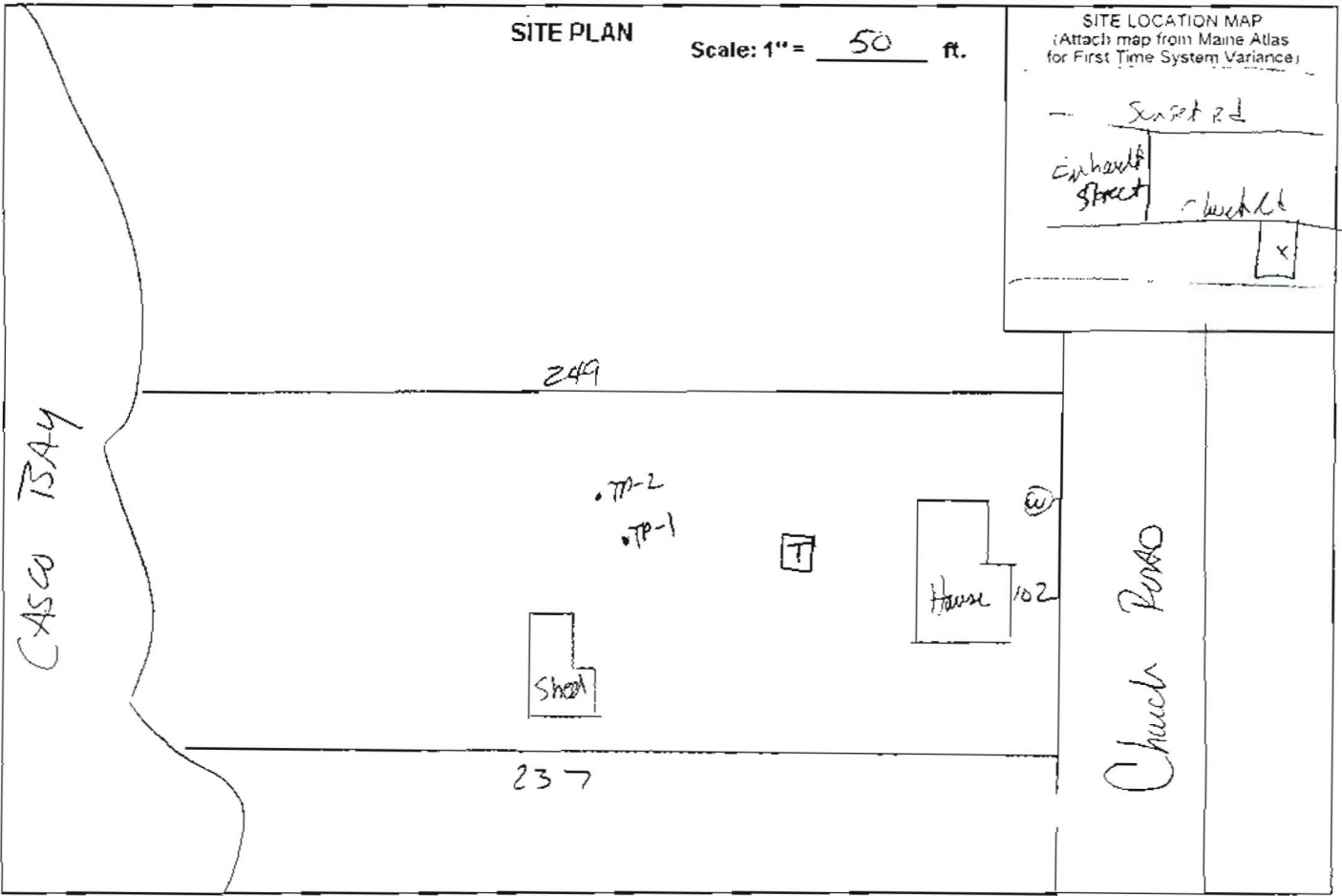
RE 110.00

2944

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: Portland Cliff Island Street, Road, Subdivision: 123 Church Road Owner or Applicant Name: Clark McDermit



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

Observation Hole # TP1 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	
6				
12	Waxy Sand	Friable	Brown	
18				
24				
30				
36	Waxy sand	Firm	olive	Common distinct
42				
48				

Soil Profile: <u>3</u>	Classification Condition: <u>C</u>	Slope Percent: <u>2</u>	Limiting Factor Depth: <u>32</u> "	<input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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Observation Hole # TP2 Test Pit Boring

Depth of organic horizon above mineral soil: _____ "

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Gravelly loam	Friable	Dark Stone	
6				
12	Waxy Sand	Friable	Brown	
18				
24				
30				
36	Waxy sand	Firm	Brown	Common distinct
42				
48				

Soil Profile: <u>3</u>	Classification Condition: <u>C</u>	Slope Percent: <u>2</u>	Limiting Factor Depth: <u>36</u> "	<input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
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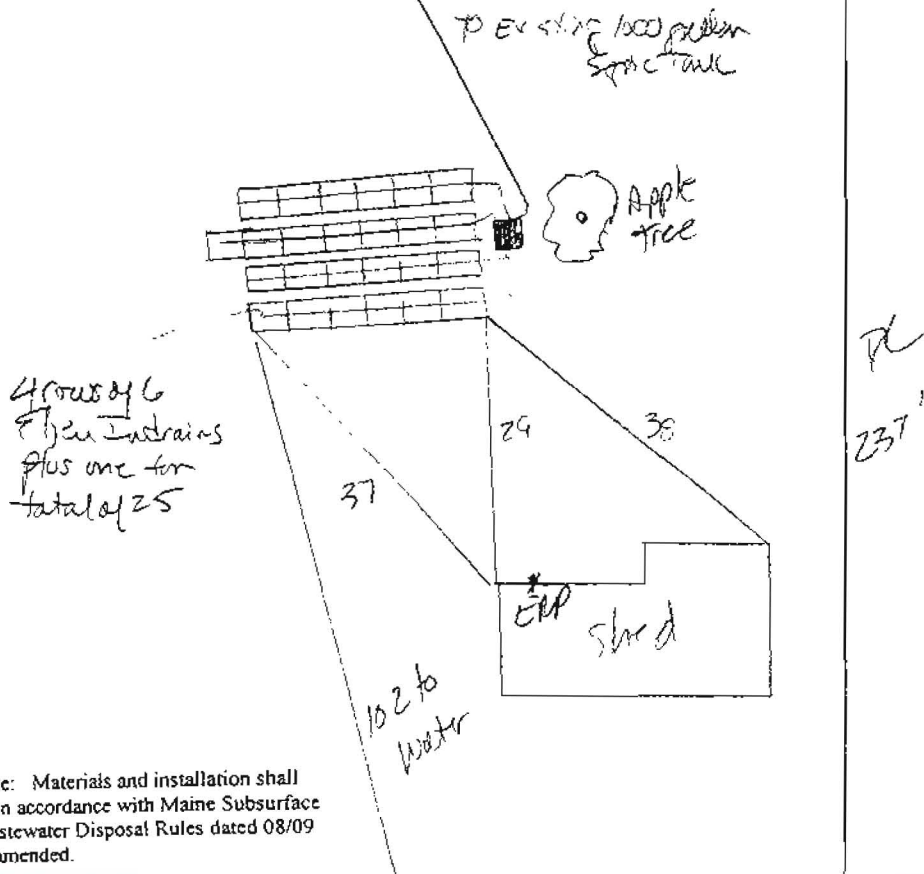
Town, City, Plantation
 Tonawanda (Cliff Island)

Street, Road, Subdivision
 143 Church Road

Owner or Applicant Name
 Blake McDermith

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



Note: Materials and installation shall be in accordance with Maine Subsurface Wastewater Disposal Rules dated 08/09 as amended.

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 0"
 Depth of Backfill (downslope) 0"
 DEPTHS AT CROSS-SECTION (shown below)

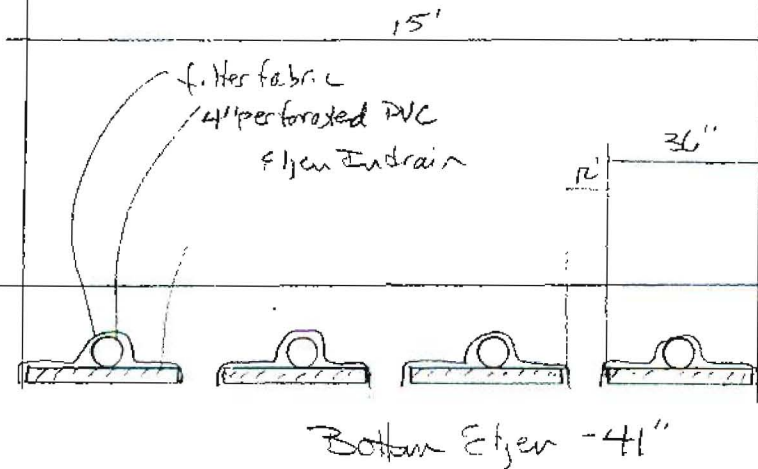
CONSTRUCTION ELEVATIONS

Finished Grade Elevation -22"
 Top of Distribution Pipe or Proprietary Device -30"
 Bottom of Disposal Field -41"

ELEVATION REFERENCE POINT

Location & Description: Bottom window sill
 37" in and 57" above grade from corner
 Reference Elevation is: 0.0" or:

DISPOSAL FIELD CROSS-SECTION



Scales:
 Vertical: 1" = 4 ft.
 Horizontal: 1" = 4 ft.

Mary Hampsh
 Site Evaluator Signature

263
 SE #

8/24/10
 Date



CITY OF PORTLAND, MAINE
Department of Building Inspections

Original Receipt

August 31 20 10

Received from

Clark A.C. Smith

Location of Work

143 Church St

Cost of Construction

\$ _____ Building Fee: _____

Permit Fee

\$ _____ Site Fee: _____

Certificate of Occupancy Fee: _____

Sub. Total: 110.00

Building (I1) _____ Plumbing (I5) _____ Electrical (I2) _____ Site Plan (U2) _____

Other _____

CBL: _____

Check #: 1000

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

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 **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.**

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

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.