

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

## PROPERTY LOCATION

City, Town, or Plantation: **Portland (Cliff Island)**

Street or Road: **57 Church Road**

Subdivision, Lot #: \_\_\_\_\_

**CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW**

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): **Robert Howard**  Owner  
~~XXXXXX XXXX XXXX~~  Applicant

Mailing Address of Owner/Applicant: **PO Box 35**  
**Cliff Island, ME 04019**

Daytime Tel. #: **207-766-2850**

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE 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.

Municipal Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

**OWNER OR APPLICANT STATEMENT**  
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.

*[Signature]* **4/22/13**  
Signature of Owner or Applicant Date

**CAUTION: INSPECTION REQUIRED**  
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

\_\_\_\_\_  
Local Plumbing Inspector Signature

(1st) date approved \_\_\_\_\_  
(2nd) date approved \_\_\_\_\_

## PERMIT INFORMATION

**TYPE OF APPLICATION**

1. First Time System

2. Replacement System  
Type replaced: overboard disch  
Year installed: \_\_\_\_\_

3. Expanded System  
 a. <25% Expansion  
 b. >25% Expansion

4. Experimental System

5. Seasonal Conversion

**SIZE OF PROPERTY**

Approx. 1/2  SQ. FT.  ACRES

**SHORELAND ZONING**

Yes  No

**THIS APPLICATION REQUIRES**

1. No Rule Variance

2. First Time System Variance  
 a. Local Plumbing Inspector Approval  
 b. State & Local Plumbing Inspector

3. Replacement System Variance  
 a. Local Plumbing Inspector Approval  
 b. State & Local Plumbing Inspector

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

**DISPOSAL SYSTEM TO SERVE**

1. Single Family Dwelling Unit, No. of Bedrooms: 4

2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_

3. Other: \_\_\_\_\_ (specify)

Current Use  Seasonal  Year Round  Undeveloped

**DISPOSAL SYSTEM COMPONENTS**

1. Complete Non-engineered System

2. Primitive System (graywater & alt. toilet)

3. Alternative Toilet, specify: \_\_\_\_\_

4. Non-engineered Treatment Tank (only)

5. Holding Tank, \_\_\_\_\_ gallons

6. Non-engineered Disposal Field (only)

7. Separated Laundry System

8. Complete Engineered System (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: \_\_\_\_\_

12. Miscellaneous Components

**TYPE OF WATER SUPPLY**

1. Drilled Well  2. Dug Well  3. Private

4. Public  5. Other

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

1. Concrete  
 a. Regular  
 b. Low Profile

2. Plastic

3. Other: \_\_\_\_\_

CAPACITY: 1000 GAL

**DISPOSAL FIELD TYPE & SIZE**

1. Stone Bed  2. Stone Trench

3. Proprietary Device  
 a. cluster array  c. Linear  
 b. regular load  d. H-20 load

4. Other: \_\_\_\_\_

SIZE: 1296  sq. ft.  lin. ft.

**GARBAGE DISPOSAL UNIT**

1. No  2. Yes  3. Maybe  
If Yes of Maybe, specify one below:

a. multi-compartment tank

b. \_\_\_\_\_ tanks in series

c. increase in tank capacity

d. Filter on Tank Outlet

**DESIGN FLOW**

393 gallons per day  
BASED ON:

1. Table 4a (dwelling unit(s))

2. Table 4c (other facilities)

SHOW CALCULATIONS  
— for other facilities —

**SOIL DATA & DESIGN CLASS**

PROFILE 2 / AIII / \_\_\_\_\_

at Observation Hole # TP-1

Depth 18 "

of Most Limiting Soil Factor  
**Bedrock**

**DISPOSAL FIELD SIZING**

1. Small—1.6 sq. ft. / gpd

2. Medium—2.6 sq. ft. / gpd

3. Medium—Large 3.3 sq. ft. / gpd

4. Large—4.1 sq. ft. / gpd

5. Extra Large—5.0 sq. ft. / gpd

**EFFLUENT/EJECTOR PUMP**

1. Not Required

2. May Be Required

3. Required

Specify only for engineered systems:

DOSE: \_\_\_\_\_ gallons

3. Section 4G (meter readings)  
ATTACH WATER METER DATA

**LATITUDE AND LONGITUDE**  
at center of disposal area

Lat. N43 d 41 m 42.43 s

Lon. W70 d 06 m 19.77 s

if g.p.s. state margin of error: 20'

## SITE EVALUATOR STATEMENT

I certify that on 7-14-09 (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]* 034 09/17/12  
Site Evaluator Signature SE # Date

**Richard A. Sweet** 797-2110 dick@sweetassociates.com  
Site Evaluator Name Printed Telephone Number Email Address

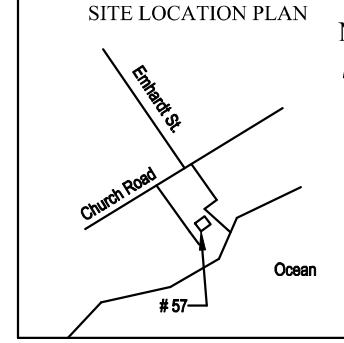
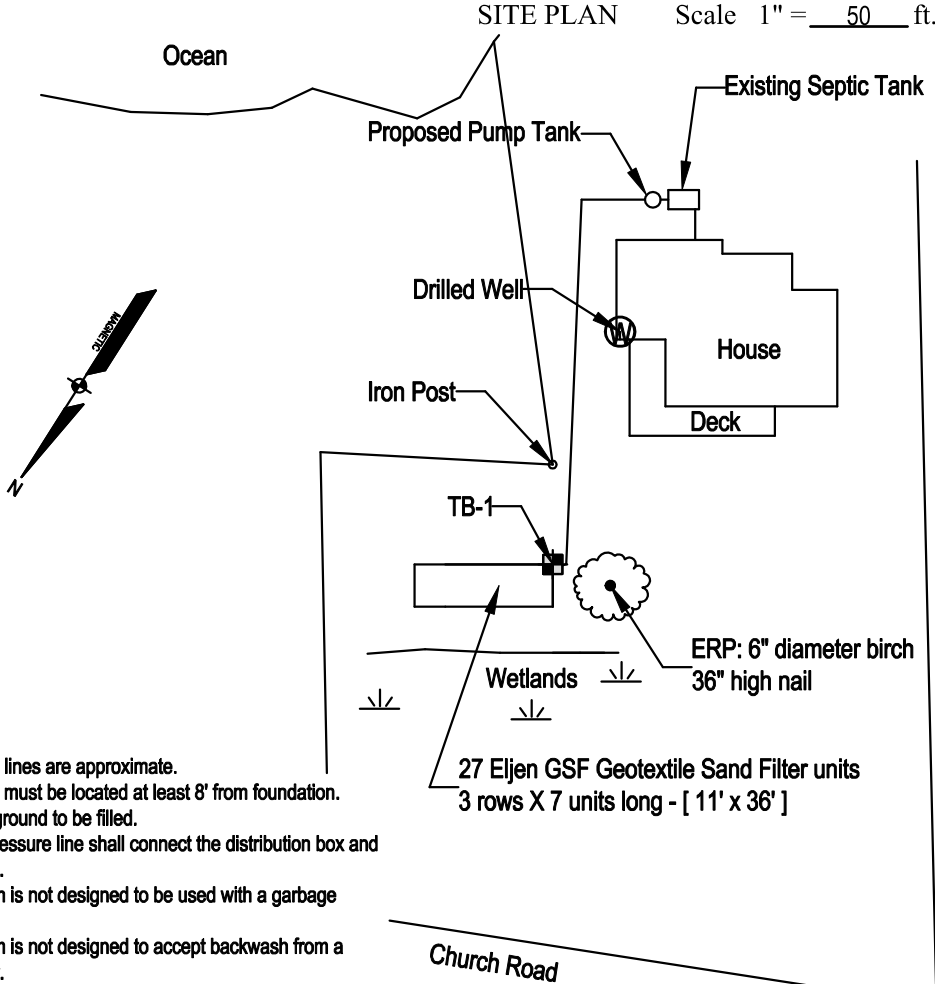
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Owner or Applicant Name  
 John & Sharon Hiltonen



**NOTES:**

1. All property lines are approximate.
2. Septic tank must be located at least 8' from foundation.
3. Scarify all ground to be filled.
4. A 2" dia. pressure line shall connect the distribution box and the pump tank.
5. This system is not designed to be used with a garbage disposal.
6. This system is not designed to accept backwash from a water softener.

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

Observation Hole # TB-1     Test Pit     Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Sandy Loam	Friable	Brown	
12				
18	Sandy Loam	Friable	Reddish Brown	
24				
30				
36				
42				
48				

Bedrock at 18 inches

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock
<u>2</u>	<u>All</u>	<u>8</u>	<u>18"</u>			

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0				
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*Richard Aburat*  
 Site Evaluator Signature

034 SE #      09-17-12 Date

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**Existing Grade Elevations**

-36"	-36"
-49"	-49"

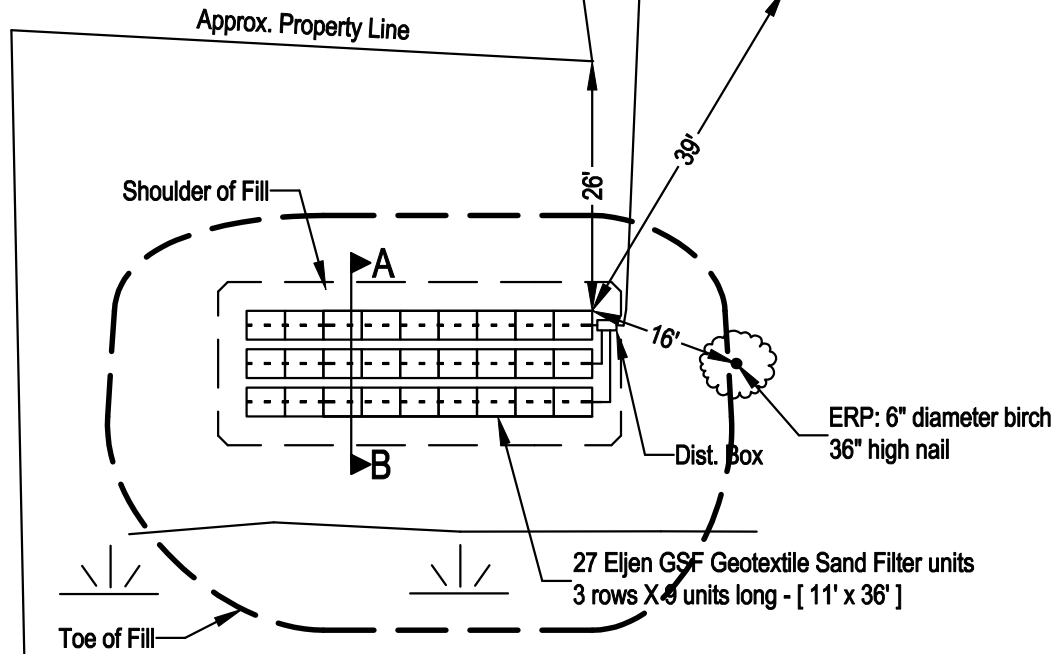
FIELD CORNERS

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20 ft

House

Deck



**BACKFILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Backfill (upslope) 33-33"  
Depth of Backfill (downslope) 34-34"

Finished Grade Elevation (at Row 1) -5"  
Top of Proprietary Device (at Row 1) -13"  
Bottom of Disposal Field (at Row 1) -30"

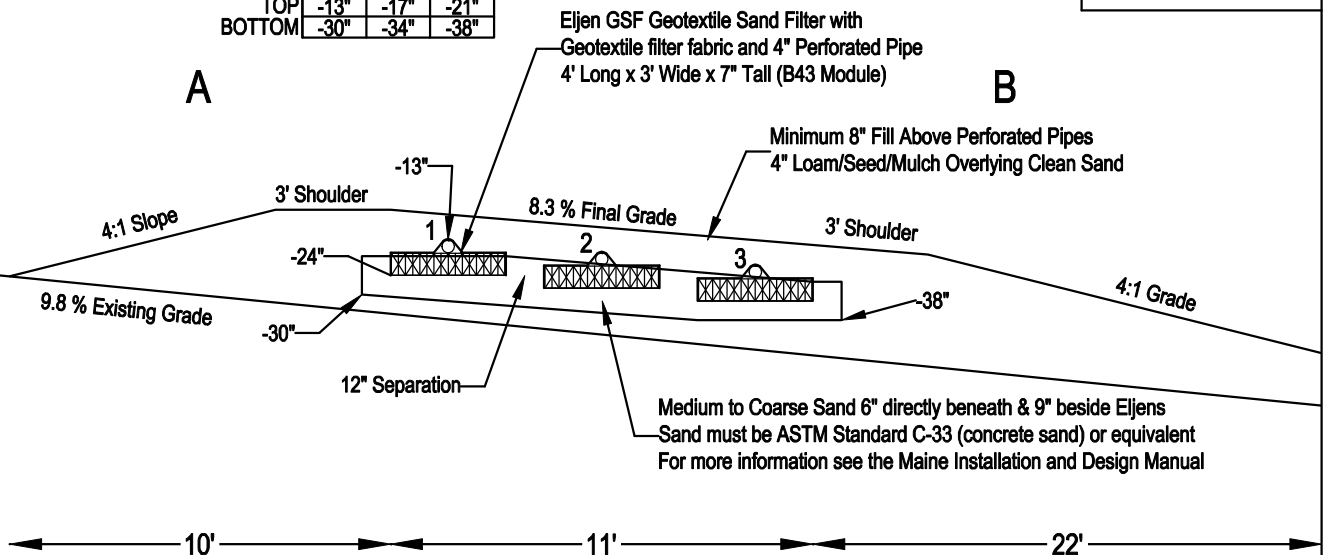
Location & Description: 6" diameter birch  
36" high nail  
Reference Elevation is 0.0" or: \_\_\_\_\_

**NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF ELJENS. REMAINING FILL: LOAMY SAND (no clay)**

**DISPOSAL FIELD CROSS SECTION**

Scales:  
Verticle: 1" = 5  
Horizontal: 1" = 5

ROW #	1	2	3
TOP	-13"	-17"	-21"
BOTTOM	-30"	-34"	-38"



*Richard Omet*  
Site Evaluator Signature

034  
SE #

09-17-12  
Date

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