

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

City, Town, or Plantation: **Cliff Island (Portland)**  
 Street or Road: **226 Sunset Road**  
 Subdivision, Lot #: \_\_\_\_\_

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.

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): **Lux, Robert**  
 Owner  
 Applicant  
 Mailing Address of Owner/Applicant: **Robert C Howard**  
**Box 35, Cliff Island, Me 04019**  
 Daytime Tel. #: **766-2850**

Municipal Tax Map # **109C** Lot # **A006**

**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 of Owner or Applicant: *[Signature]* Date: **5/17/14**

**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**  
 Year installed: \_\_\_\_\_  
 3. Expanded System  
 a. <25% Expansion  
 b. >= 25% Expansion  
 4. Experimental System  
 5. Seasonal Conversion  
**SIZE OF PROPERTY**  
**0.97**  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: \_\_\_\_\_  
 2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_  
 3. Other: **3 cottages (6 bedrooms)**  
 (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: **OxyPro or equiv.**  
 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  
**SOIL DATA**  
 PROFILE CONDITION: **8 / E /**  
 at Observation Hole # **TB-1**  
 Depth **3** "  
 of Most Limiting Soil Factor: **Groundwater**

**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: **780** sq. ft.  lin. ft.  
**DISPOSAL FIELD SIZING**  
 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

**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  
**EFFLUENT/EJECTOR PUMP**  
 1. Not Required  
 2. May Be Required  
 3. Required  
 Specify only for engineered systems:  
 DOSE: \_\_\_\_\_ gallons

**DESIGN FLOW**  
**666** gallons per day  
 BASED ON:  
 1. Table 4A (dwelling unit(s))  
 2. Table 4C (other facilities)  
 SHOW CALCULATIONS  
 --- for other facilities ---  
 3. Section 4G (meter readings)  
 ATTACH WATER METER DATA  
**LATITUDE AND LONGITUDE**  
 at center of disposal area  
 Lat. **N43 d 42 m 02.59 s**  
 Lon. **W70 d 06 m 11.98 s**  
 if g.p.s. state margin of error: **20'**

**SITE EVALUATOR STATEMENT**

I certify that on **8-26-08** (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).

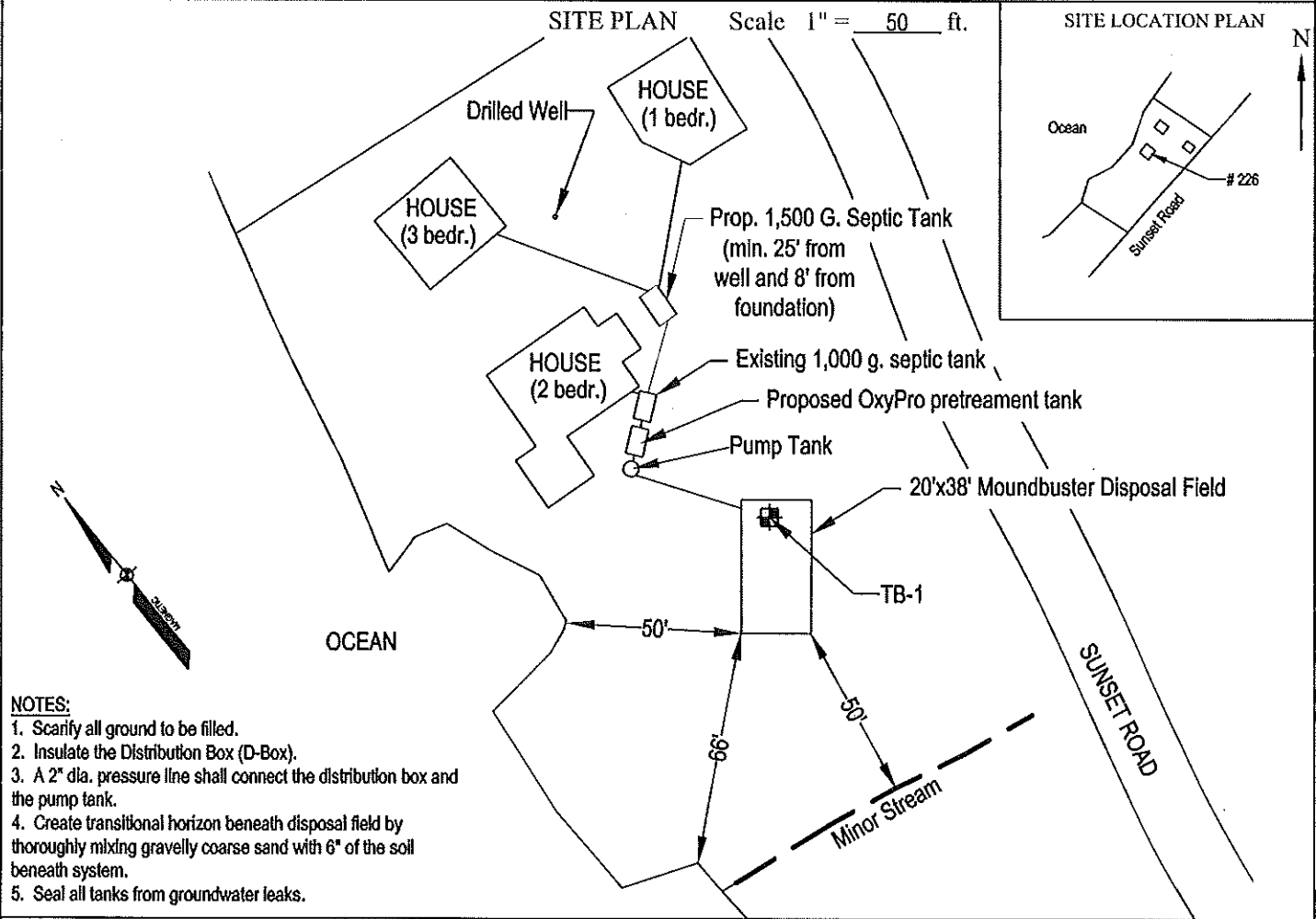
Site Evaluator Signature: *[Signature]* SE #: **034** Date: **12/31/13**  
 Site Evaluator Name Printed: **Richard A. Sweet** Telephone Number: **797-2110** Email Address: **dick@sweetassociates.com**

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. Designed with SeptiCAD HHE-200 Rev. 4/05

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

Observation Hole #	□ Test Pit	■ Boring	Observation Hole #	□ Test Pit	□ Boring
TB-1					
" Depth of organic horizon above mineral soil			" Depth of organic horizon above mineral soil		
0	Texture	Consistency	Color	Mottling	
6	Fine Sandy Loam	Friable	Brown	Common and Distinct	
12	Silt Loam	Firm	Gray		
18					
24					
30	Refusal (Firm) at 9 inches				
36					
42					
48					
Soil Profile	Classification	Slope	Limiting Factor	Groundwater	
8	E	6	3"	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock	

*Richard Omet*  
 Site Evaluator Signature

034 SE # 12/31/13 Date

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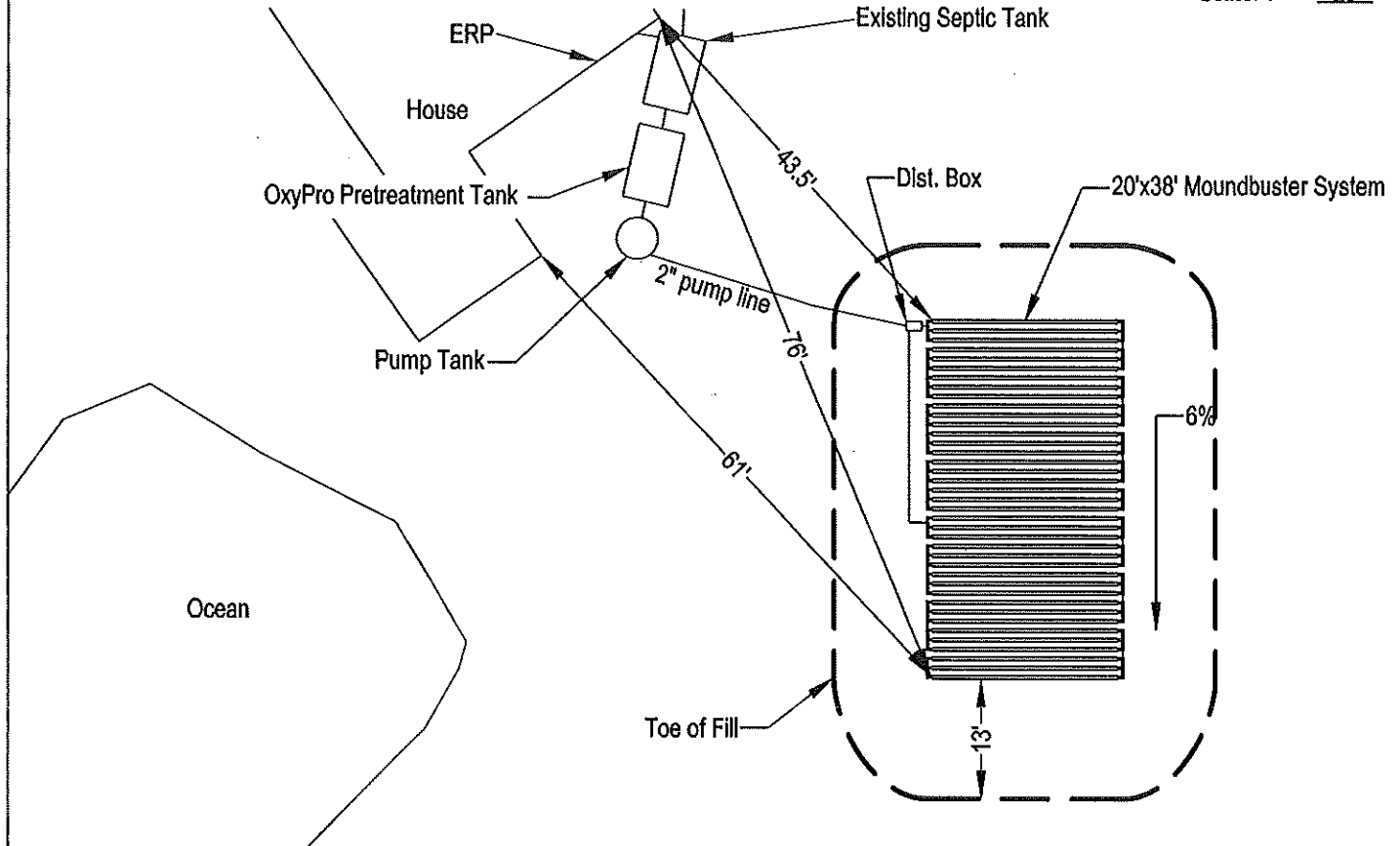
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Robert Lux

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale: 1" = 20 ft



**BACKFILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**  
Location & Description: Bottom edge of shingle siding

Depth of Backfill (upslope) 22"-31"  
Depth of Backfill (downslope) 22"-31"

Finished Grade Elevation (at Row 1) -16"  
Top of Proprietary Device (at Row 1) -24"  
Bottom of Disposal Field (at Row 1) -28"

Reference Elevation is 0.0" or: \_\_\_\_\_

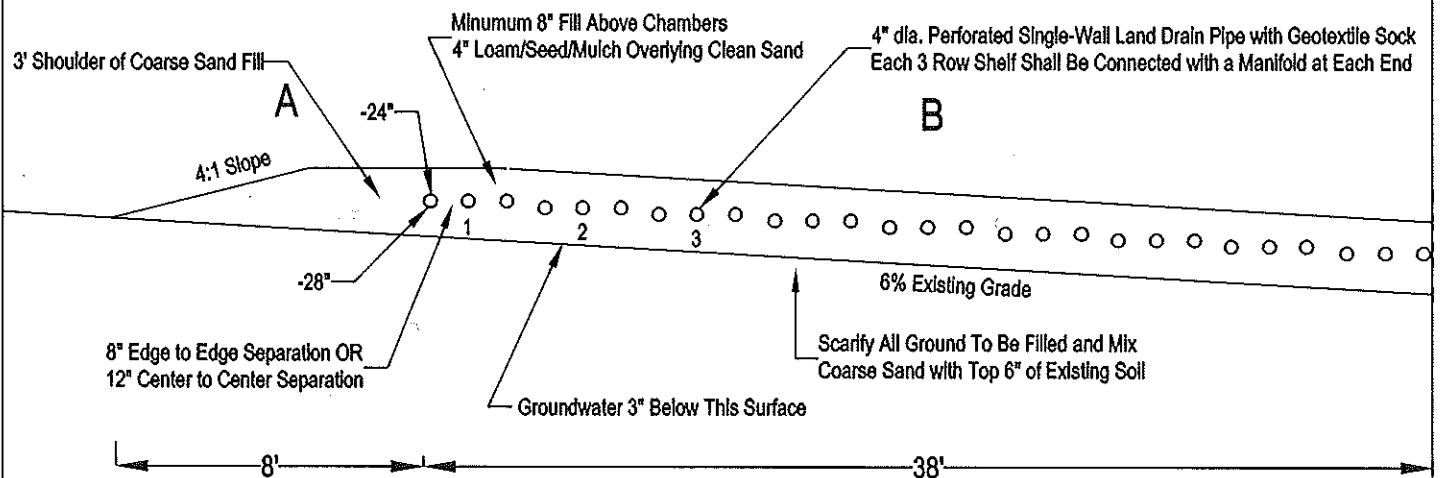
NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF LANDDRAIN PIPE. REMAINING FILL: LOAMY SAND (no clay)

**DISPOSAL FIELD CROSS SECTION**

Scales:

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

ROW #	1	2	3	4	5	6	7	8	9	10	11	12	13
TOP	-24"	-26"	-28"	-30"	-32"	-34"	-36"	-38"	-40"	-42"	-44"	-46"	-48"
BOTTOM	-28"	-30"	-32"	-34"	-36"	-38"	-40"	-42"	-44"	-46"	-48"	-50"	-52"

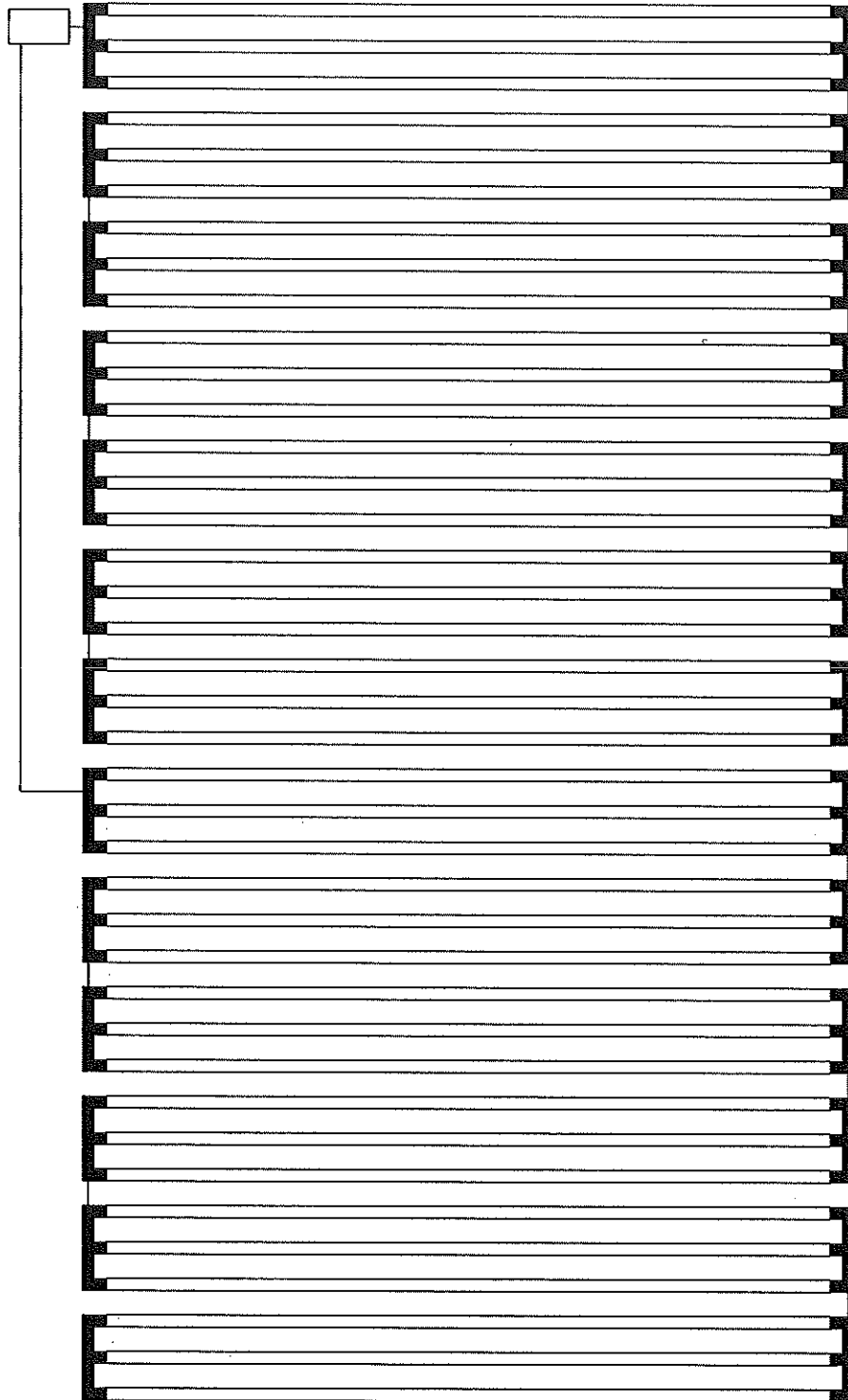


*Richard O'Connell*  
Site Evaluator Signature

034  
SE #

12/31/13  
Date

# DISPOSAL FIELD



1" = 5'

**SWEET ASSOCIATES**

155 Gray Road  
Falmouth, Maine

Phone: (207) 797-2110