

2142

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

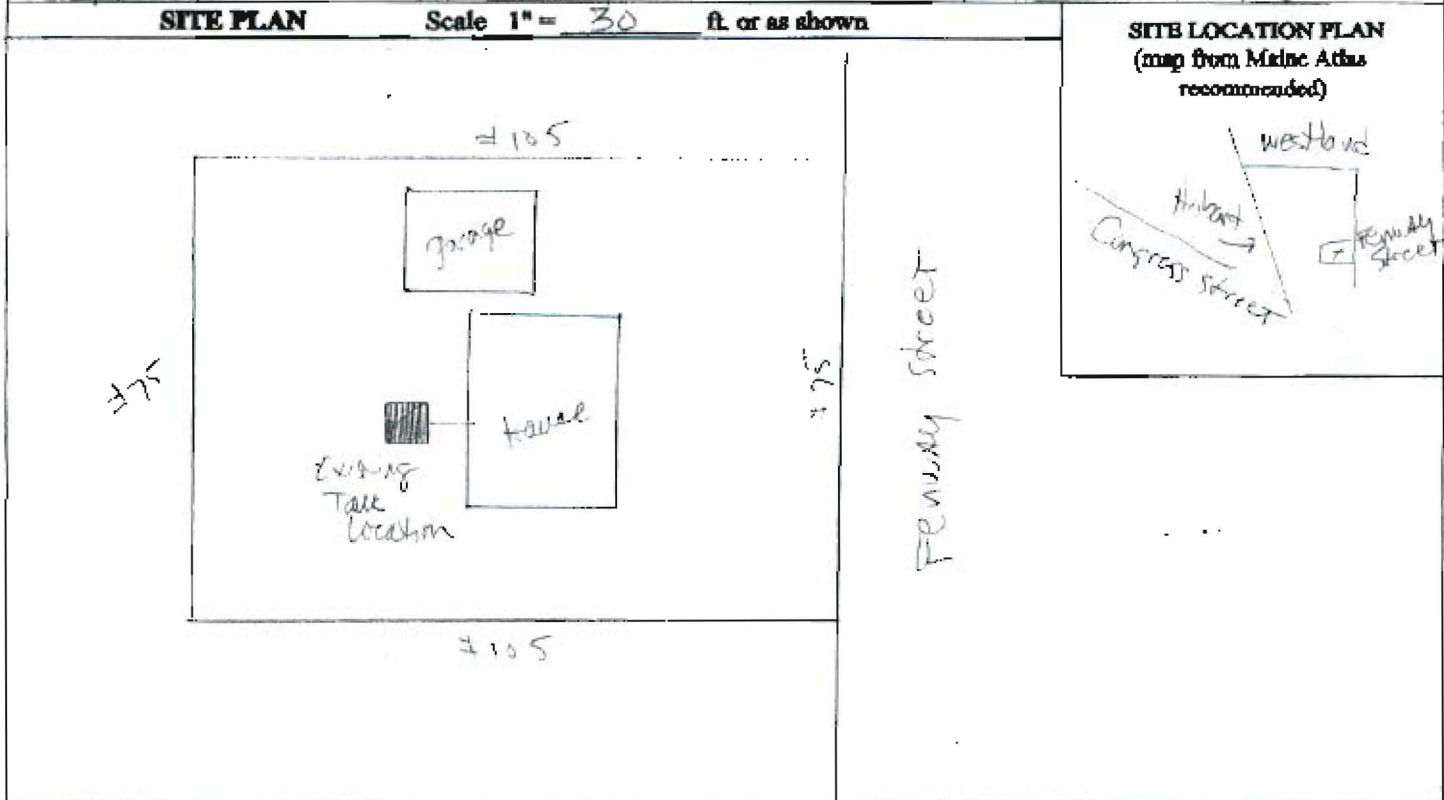
PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	Portland	2006-6015 PORTLAND PERMIT # 9941 TOWN COPY Date Permit Issued: 1/10/06 Local Plumbing Inspector Signature: [Signature] L.P.I. # 06480 \$ 1100 FEE <input type="checkbox"/> Double Fee Charged	
Street or Road	61 Fenwick Street		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Berra Diane <input type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	61 Fenwick Street Portland ME 04112		
Daytime Tel. #	772-5681	Municipal Tax Map # 198 Lot # A 26	
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.		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved _____	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>TANK</u> Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<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 <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 checked="" 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 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
18,000 SF <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" 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 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 type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ 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>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	ATTACH WATER METER DATA
PROFILE: _____ CONDITION: _____ DESIGN: _____ at Observation Hole # _____ Depth: _____ of Most Limiting Soil Factor: _____	<input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input 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—5.6 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	<input type="checkbox"/> 3. Section 503.0 (meter readings) LATTITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>39</u> m <u>07</u> s Lon. <u>70</u> d <u>18</u> m <u>00</u> s If g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>6/28/06</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>Mark J. Hampton</u> Site Evaluator Signature	<u>263</u> SE #	<u>6/29/06</u> Date
<u>MARK J. HAMPTON</u> Site Evaluator Name Printed	<u>756-2900</u> Telephone Number	<u>CL</u> E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Department of Human Services Division of Health Engineering (207) 287-5672 Fax (207) 287-3165
Town, City, Plantation <i>Portland</i>	Street, Road, Subdivision <i>61 Fenway Street</i>	Owner's Name <i>Diane Berre</i>



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

Observation Hole _____ Test Pit Boring
 * Depth of Organic Horizon Above Mineral Soil _____

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

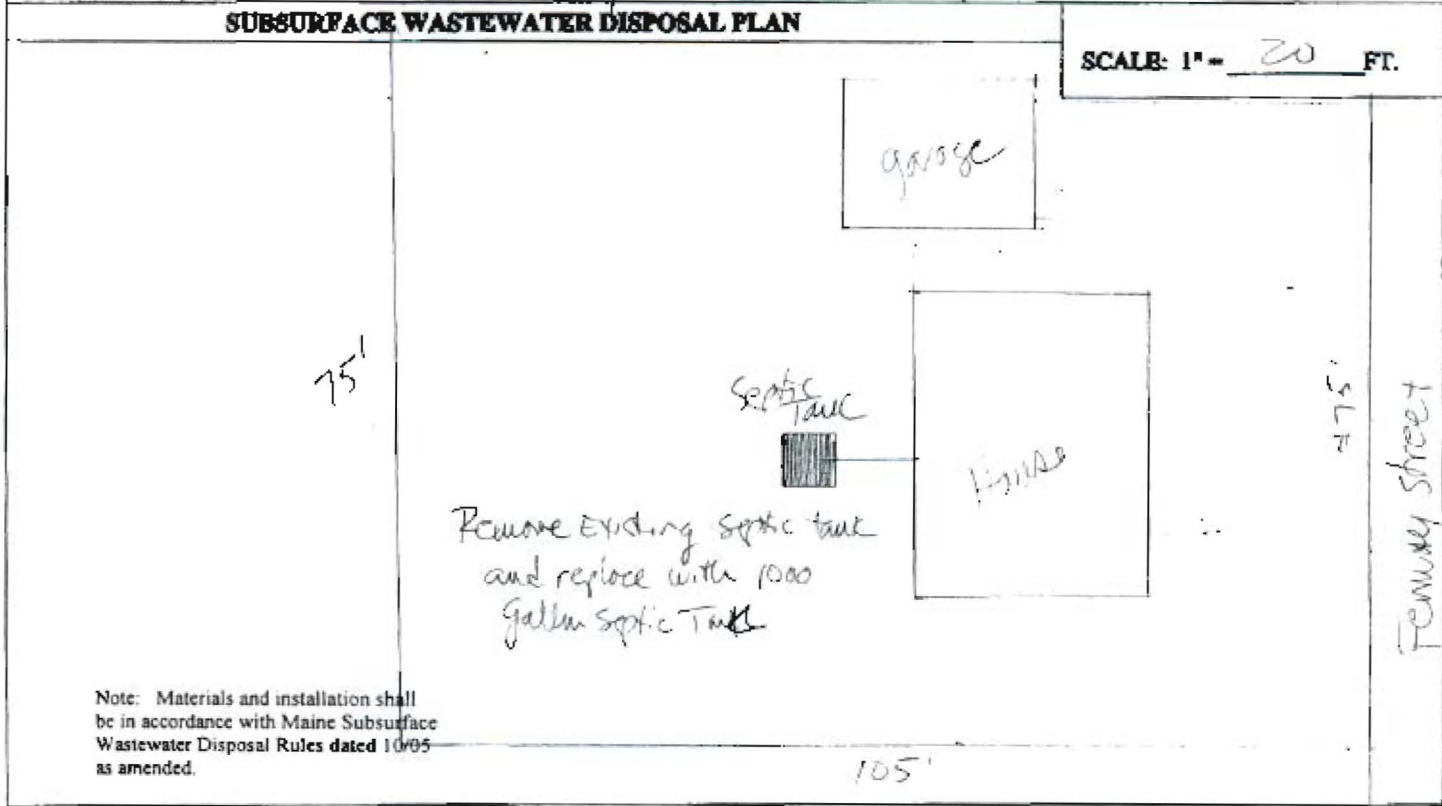
Soil Classification	Slope _____ %	Limiting Factor _____	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile _____ Condition _____			

Observation Hole _____ Test Pit Boring
 * Depth of Organic Horizon Above Mineral Soil _____

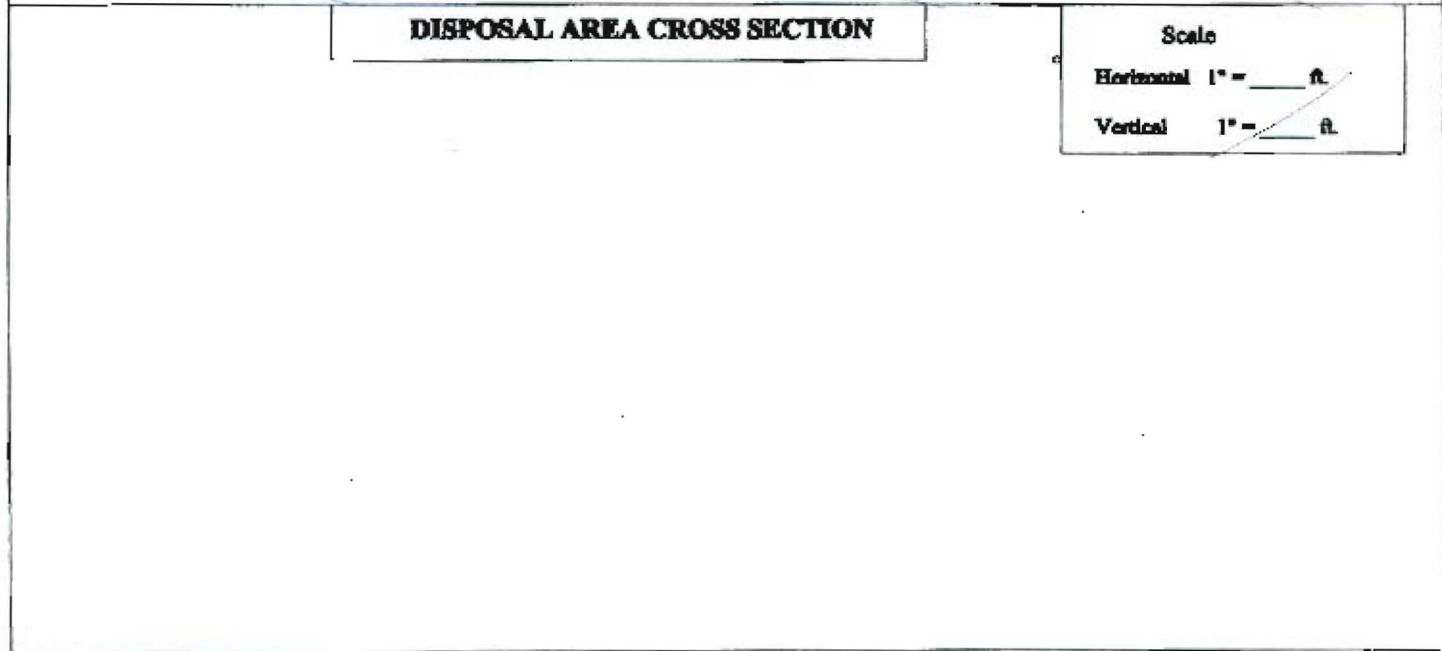
Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

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 _____			

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Town, City, Plantation <i>Portland</i>	Street, Road, Subdivision <i>61 Fenway Street</i>	Owner's Name <i>Diane Berra</i>



PILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Dpalope) _____	Finished Grade Elevation _____	Location & Description: _____
Depth of Fill (Dwnslope) _____	Top of Distribution Pipe or Proprietary Device _____	Reference Elevation: _____
	Bottom of Disposal Area _____	



8/4/06 - Inspected tank - Leech field has
failed Conf look-up.

Will need to Appy for New System.

Ch H.

8/2/06 Call-d Diane Barra @ 772-5681
to find out about New Permit.
C.H.

198 A026

2142

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & 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	Portland
Street or Road	61 Fenwick Street
Subdivision, Lot #	

PORTLAND PERMIT # 9985 TOWN COPY

Date Permit Issued: 08/20/06 \$ 1100.00 FEE Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. # 0640

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Owner Applicant
Berra Diane

Mailing Address of Owner/Applicant
61 Fenwick Street
Portland 04102

Daytime Tel. # 772-5681

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 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: MLC
Year installed: MLC

3. Expanded System
 a. Minor Expansion
 b. Major Expansion

4. Experimental System

5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance

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

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

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System
 2. Primitive System (graywater & silt 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

SIZE OF PROPERTY

18,000 SF = SQ. FT
D ACRES

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 2

2. Multiple Family Dwelling, No. of Units: _____

3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

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 existing

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: 768 sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

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

a. multi-compartment tank
 b. _____ tanks in series
 c. increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW

180 gallons per day

BASED ON:
 1. Table 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
B 1 C 1 1

at Observation Hole # TP1
Depth 15
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

1. Small—2.0 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 503.0 (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area

Lat 43 d 29 m 07 s
Lon 70 d 18 m 00 s
If g.p.s., state margin of error.

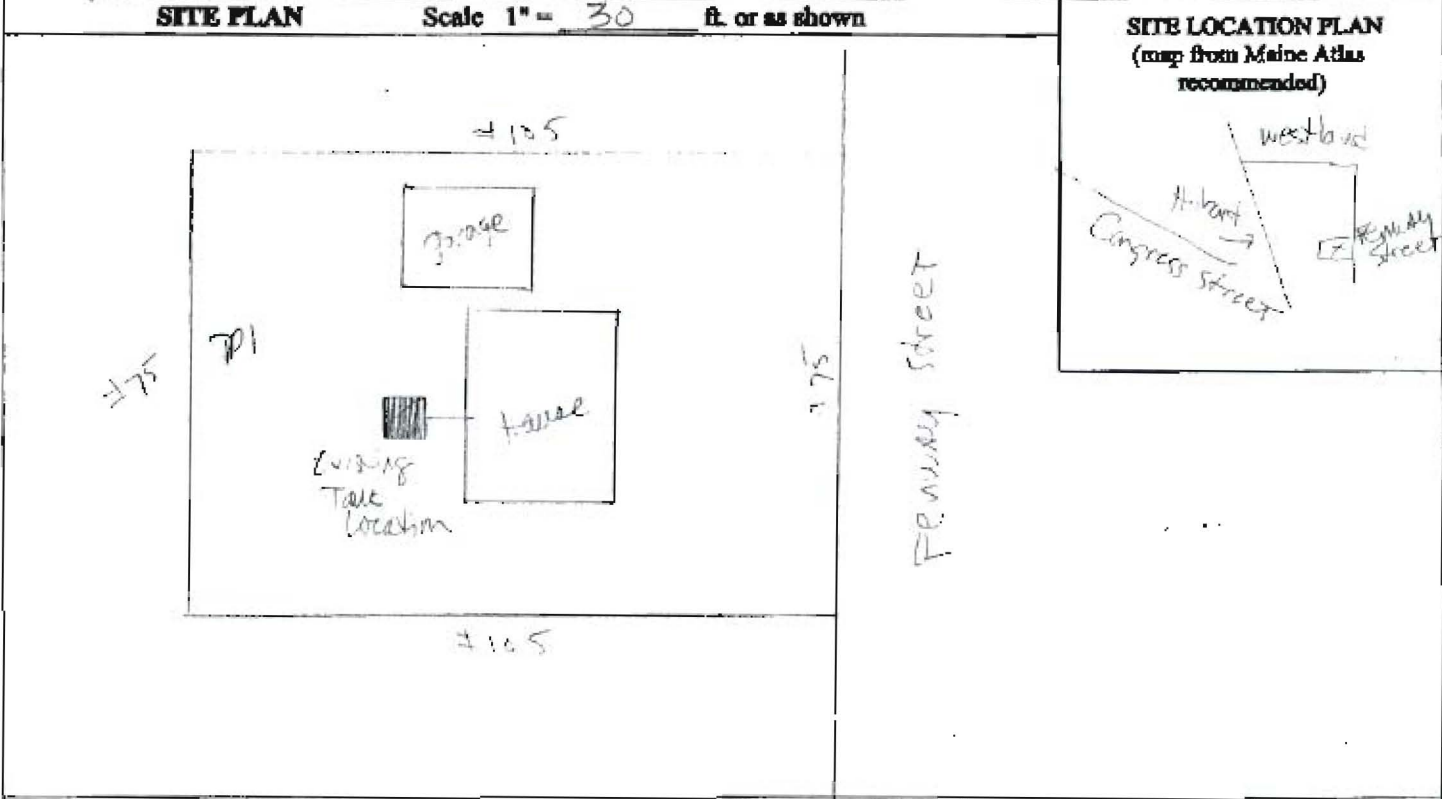
SITE EVALUATOR STATEMENT

I certify that on 09/20/06 (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: Mark J. Hampton SE #: 263 Date: 8/10/06

Site Evaluator Name Printed: MARK J. HAMPTON Telephone Number: 756-2900 E-mail Address: _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Department of Human Services Division of Health Engineering (207) 287-5872 Fax (207) 287-3165
Town, City, Plantation <u>Portland</u>	Street, Road, Subdivision <u>61 Fenway Street</u>	Owner's Name <u>Diane Berka</u>



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

Observation Hole 7P1 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	fine sand loam	friable	Brown	
20	silty clay loam	firm	silty	common Drain
30				
40				
50				

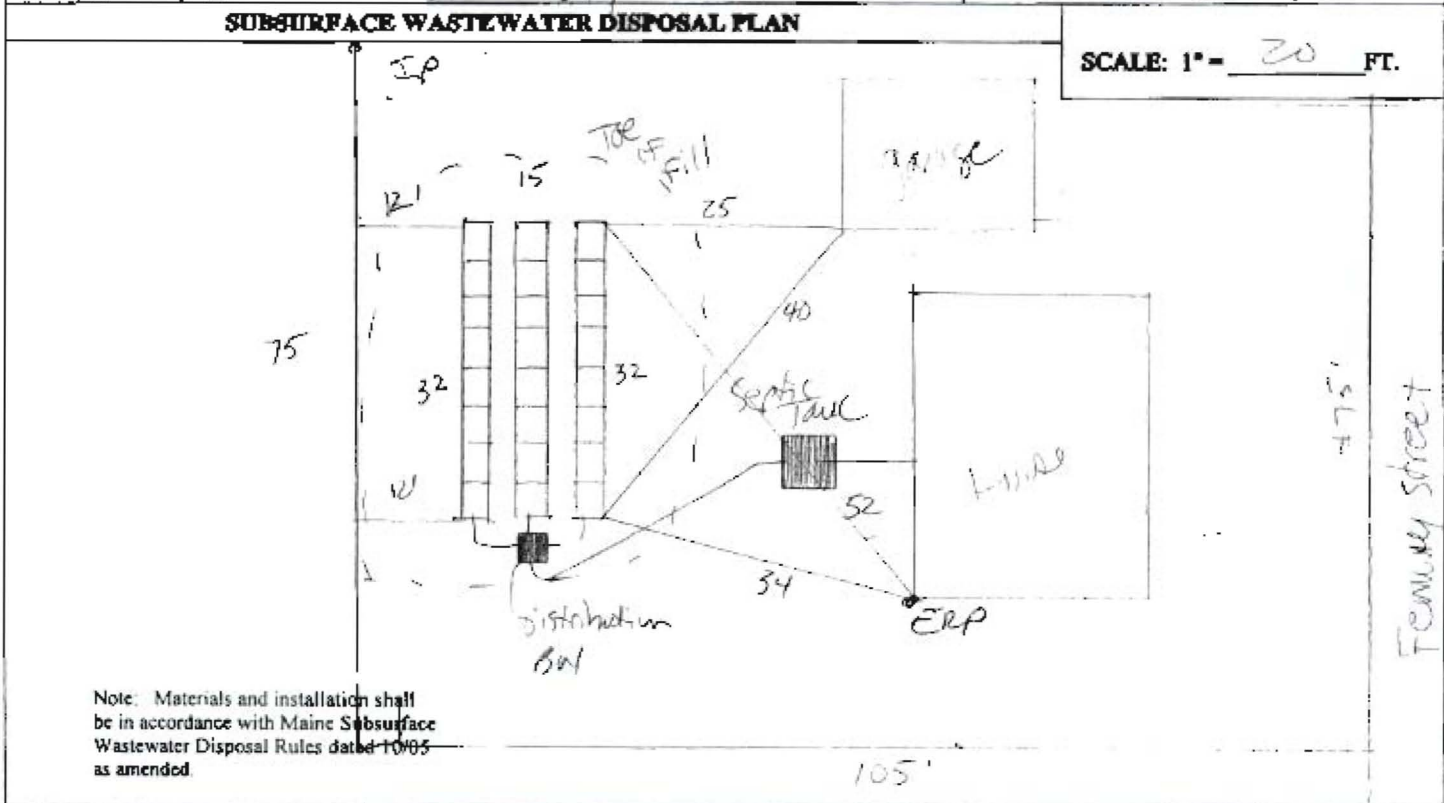
Soil Classification <u>B</u> <u>C</u>	Slope <u>2</u> %	Limiting Factor <u>LS</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

Observation Hole _____ Test Pit Boring
 * Depth of Organic Horizon Above Mineral Soil _____

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

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			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Department of Human Services Division of Health Engineering (207) 287-5672 Fax (207) 287-3165
Town, City, Plantation <i>Parkland</i>	Street, Road, Subdivision <i>101 Fenway Street</i>	Owner's Name <i>Diane Berra</i>



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) <u>21</u>	Finished Grade Elevation <u>-25</u>	Location & Description: <u>Bottom Siding on house</u>
Depth of Fill (Downslope) <u>21</u>	Top of Distribution Pipe or Proprietary Device <u>-35</u>	Reference Elevation: <u>0"</u>
	Bottom of Disposal Area <u>-51</u>	

