

2016-02119
216-A011001

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: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland	Town/City <u>Portland</u>	Permit # <u>2016-02119</u>
Street or Road	1967 Congress Street	Date Permit Issued <u>08/12/16</u>	Fee: <u>500.00</u> Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	<u>216-A011001</u>	Local Plumbing Inspector Signature	

OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	Casterella, Christine & James	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Mailing Address of Owner/Applicant	<u>P.A. Pione Excavating</u>		
Daytime Tel. #	<u>603-233-0114 RR, Coler</u>		

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 <u>[Signature]</u> Date <u>8/11/16</u>	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 _____ Local Plumbing Inspector Signature _____ (2nd) date approved _____
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PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>unkn</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	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 <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" 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 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 0.4 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <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) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <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>1,000</u> GAL	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 type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1440</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input checked="" 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 checked="" type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>288</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 —
SOIL DATA PROFILE <u>9</u> CONDITION <u>D</u> at Observation Hole # <u>TP-1</u> Depth <u>9</u> " of Most Limiting Soil Factor Groundwater	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <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 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>39</u> m <u>09.69</u> s Lon. <u>W70</u> d <u>19</u> m <u>11.07</u> s If g.p.s. state margin of error: <u>20</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>07-26-16</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>34</u> SE #	<u>07/27/16</u> Date
<u>Richard A. Sweet</u> Site Evaluator Name Printed	<u>(207) 797-2110</u> Telephone Number	<u>sweet@maine.rr.com</u> Email Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

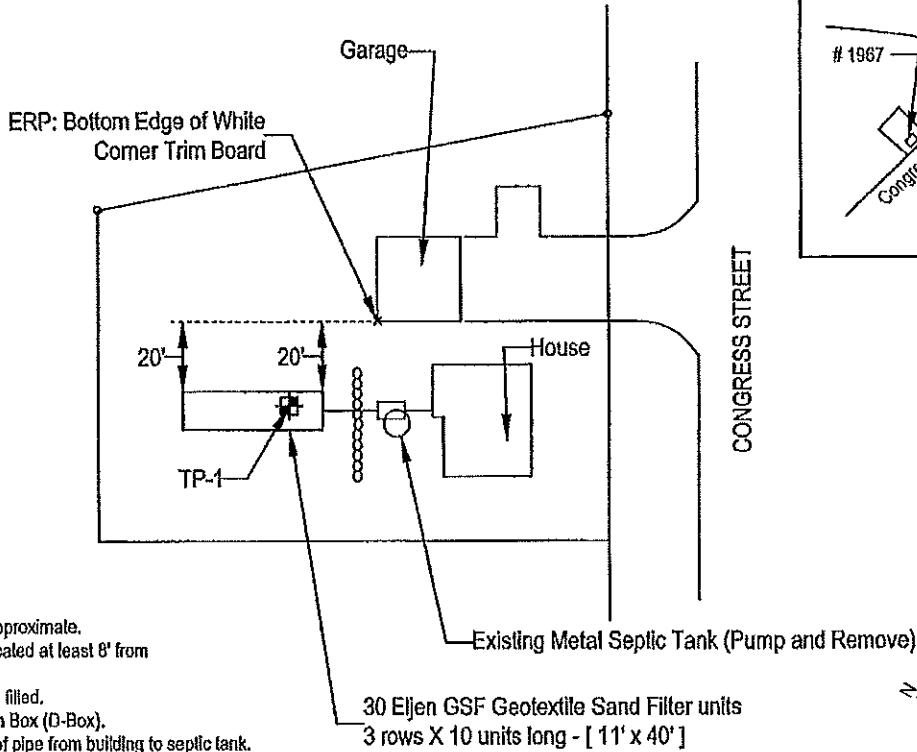
Town, City, Plantation
Portland

Street, Road, Subdivision
1967 Congress Street

Owner or Applicant Name
Christine & James Casterella

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



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. Insulate the Distribution Box (D-Box).
5. Min. 1/4"ft (2%) pitch of pipe from building to septic tank.
6. Min. 1/8"ft (1%) pitch of pipe from septic tank to disposal field.
7. Review the Eljen Geotextile Sand Filler (GSF) Design and Installation Manual before installing this system.

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

Observation Hole # TP-1 Test Pit Boring

Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Silt Loam	Friable	Dark Grayish Brown	
6				
12	Silty Clay Loam	Firm	Gray	Common & Faint
18				
24				
30				
36	Limit of Excavation at 20 inches			
42				
48				
Soil Profile <u>9</u>		Classification <u>D</u>	Slope <u>2</u> Percent	Limiting Factor <u>9"</u> Depths
				<input checked="" type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				
Soil Profile _____		Classification _____	Slope _____ Percent	Limiting Factor _____ Depth
				<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Richard O'Connell
Site Evaluator Signature

34
SE#

07/27/16
Date

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Town, City, Plantation
Portland

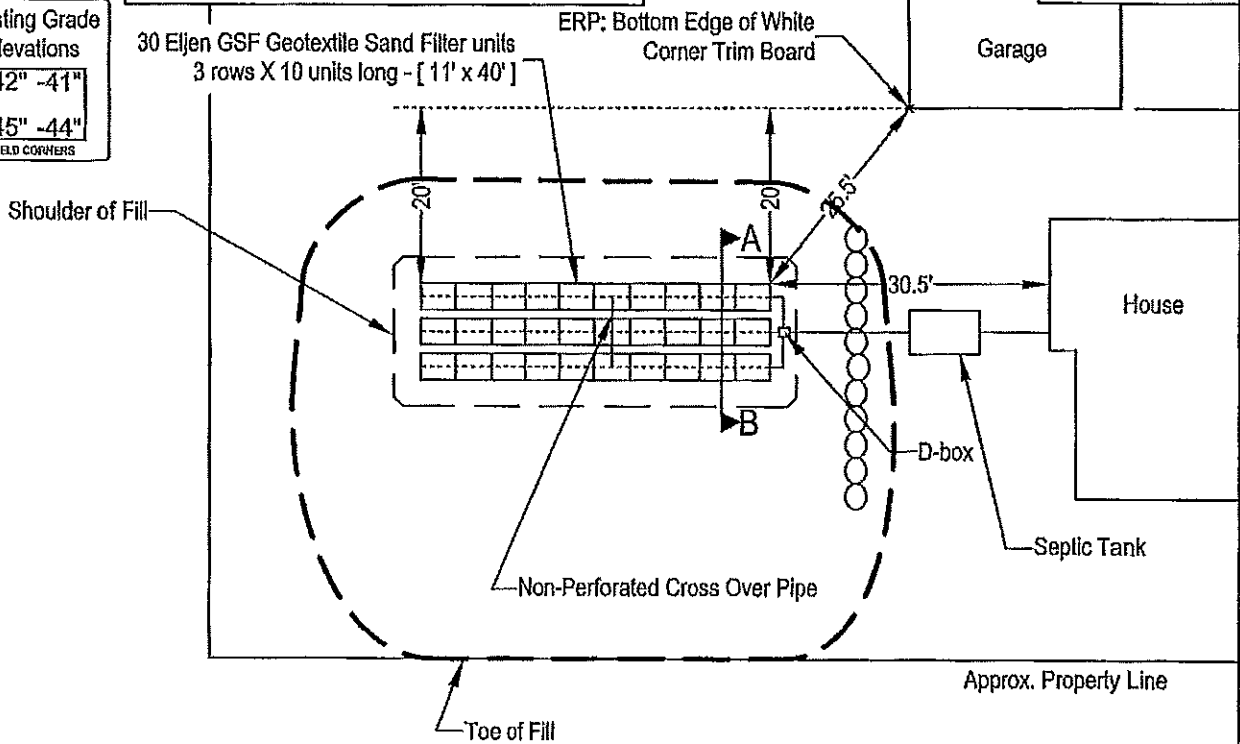
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft

Existing Grade Elevations
-42" -41"
-45" -44"
FIELD CORNERS



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT
Location & Description: Bottom Edge of White Corner Trim Board

Depth of Backfill (upslope) 31-30"
Depth of Backfill (downslope) 34-33"

Finished Grade Elevation (at Row 1) -11"
Top of Proprietary Device (at Row 1) -19"
Bottom of Disposal Field (at Row 1) -36"

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

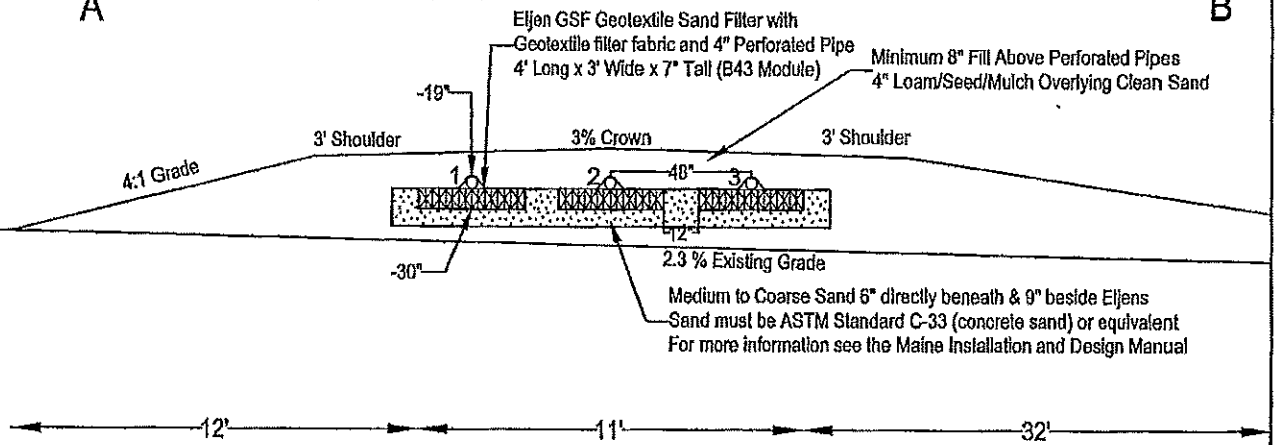
APPROXIMATE ABOVE GRADE FILL REQUIRED
50 cubic yards of LOAM
180 cubic yards of SAND
Compaction: +20% Loam & +15% Sand
Volume of chambers not considered

Scales:
Vertical: 1" = 5'
Horizontal: 1" = 5'

ROW #	1	2	3
TOP	-19"	-19"	-19"
BOTTOM	-30"	-30"	-30"
TOP OF ROW #1 INLET AT -19"			

A

B



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