

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	Portland	2008-1-26	
Street or Road	314 Riverside Street		
Subdivision, Lot #		PORTLAND	PERMIT # 10801 TOWN COPY
OWNER/APPLICANT INFORMATION		Date Permit Issued: 10/03/08	\$ 110 <input type="checkbox"/> If Double Fee Charged
Name (last, first, MI)	Fisher, Gregory <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	<i>Jeann Bank</i> Local Plumbing Inspector Signature	L.P.I. # 0732
Mailing Address of Owner/Applicant	314 Riverside St. Portland, Maine 04103	S14-A-4	
Daytime Tel. #	207-774-2146 / 232-6871	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.	
<i>Gregory Fisher</i> Signature of Owner or Applicant		<i>Jeann Bank</i> Local Plumbing Inspector Signature	
10/1/08 Date		09/22/08 (1st) date approved	
PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Trench</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	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 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 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"/> 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 20,560 +- <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>Dentist Office</u> (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	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)		
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>750</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>768</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of 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	DESIGN FLOW <u>295</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS for other facilities: _____ 1 Medical Staff, 15 Patients/Day, 2 Employees <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5 / B / 2</u> at Observation Hole # <u>TP-1</u> Depth <u>>48"</u> of Most Limiting Soil Factor Groundwater	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input checked="" 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—5.0 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	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43 d 41 m 14.05 s</u> Lon. <u>W70 d 19 m 44.07 s</u> if g.p.s. state margin of error: <u>20'</u>
SITE EVALUATOR STATEMENT			
I certify that on <u>9-22-08</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).			
<i>Richard A. Sweet</i> Site Evaluator Signature		034 SE #	10/01/08 Date
Richard A. Sweet Site Evaluator Name Printed		797-2110 Telephone Number	dick@sweetassociates.com Email Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

Revision 2008-6006

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Maine Department of Human Services Division of Health Engineering, 10 SHS (207) 287-5672 Fax: (207) 287-3165	
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Subdivision, Lot #			
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Name (last, first, MI)	Fisher, Gregory	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
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Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) date approved _____ _____ (2nd) date approved _____	
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_____ Site Evaluator Signature		<u>034</u> SE #	<u>10/02/08</u> Date
Richard A. Sweet Site Evaluator Name Printed		<u>797-2110</u> Telephone Number	<u>dick@sweetassociates.com</u> Email Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

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

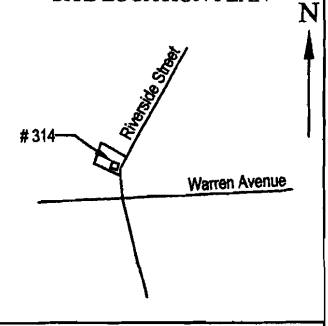
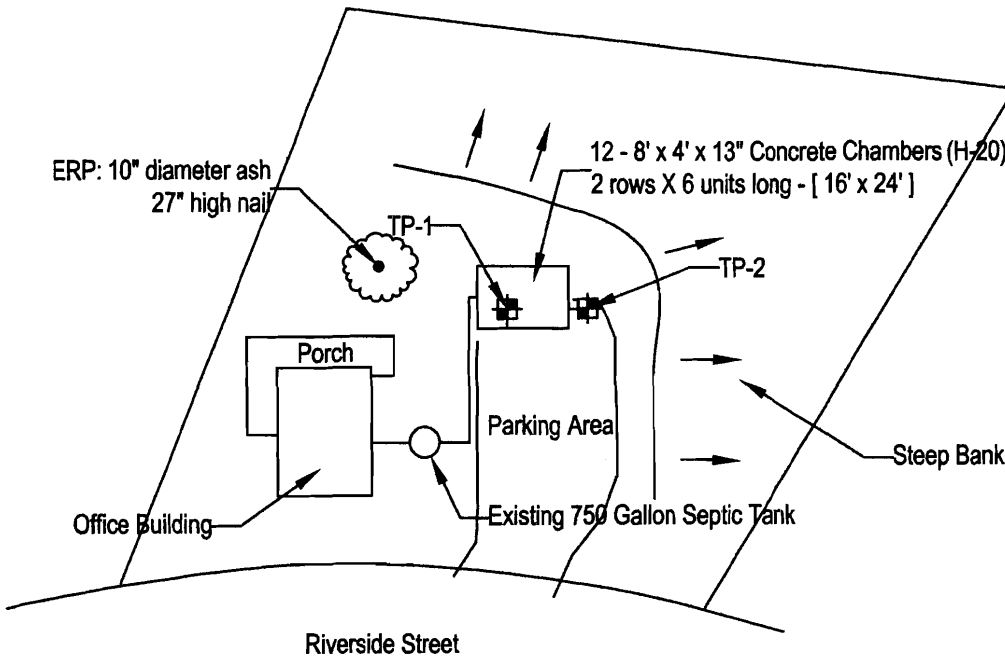
Town, City, Plantation
Portland

Street, Road, Subdivision
314 Riverside Street

Owner or Applicant Name
Gregory Fisher

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



NOTES:

1. All property lines are approximate.
2. Insulate the Distribution Box (D-Box).
3. Min. 1/8"/ft slope of pipe from septic tank to disposal field.

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

Observation Hole # TP-1 ■ Test Pit □ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24	Stony Gravel Fill	Friable	Brown	
30				
36				
42	Clay At 53"			Common and Prominent At 53"
48	Refusal (Firm) at 53 inches			
	Soil Profile <u>5</u>	Classification Condition <u>B</u>	Slope Percent <u>1</u>	Limiting Factor Depth <u>53"</u>
				<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Observation Hole # TP-2 ■ Test Pit □ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24	Stony Gravel Fill	Friable	Brown	
30				
36				
42				
48	Limit of Excavation at 48 inches			
	Soil Profile <u>5</u>	Classification Condition <u>B</u>	Slope Percent <u>1</u>	Limiting Factor Depth <u>+48"</u>
				<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock

Richard Omet
Site Evaluator Signature

034
SE #

10/01/08
Date

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 Division of Health Engineering, Station 10
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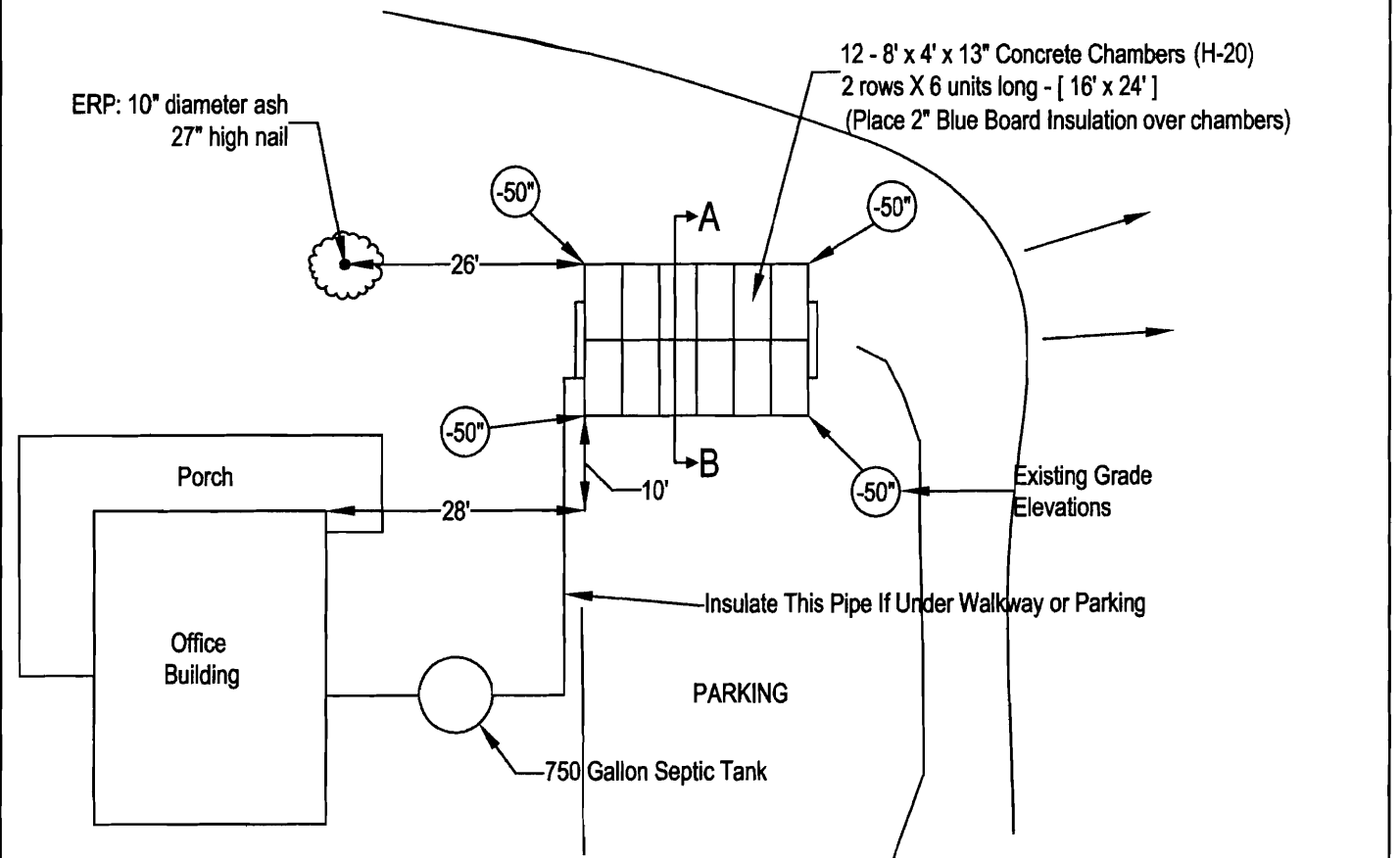
Town, City, Plantation
Portland

Street, Road, Subdivision
314 Riverside Street

Owner or Applicant Name
Gregory Fisher

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (upslope) 0-0"
 Depth of Backfill (downslope) 0-0"

Finished Grade Elevation (at Row 1) -50"
 Top of Proprietary Device (at Row 1) -65"
 Bottom of Disposal Field (at Row 1) -82"

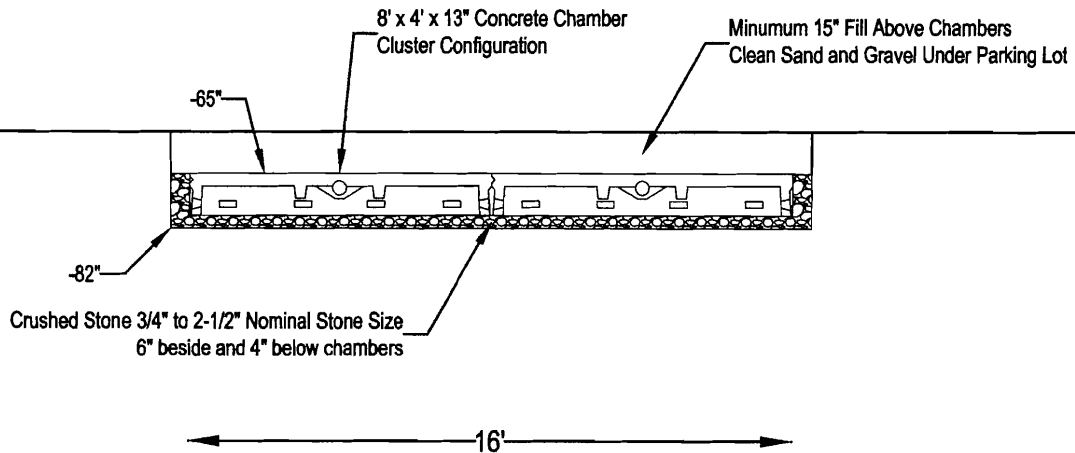
Location & Description: 10" diameter ash
27" high nail
 Reference Elevation is 0.0" or: _____

DISPOSAL FIELD CROSS SECTION

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

A

B



Richard Abnett
 Site Evaluator Signature

034
 SE #

10/01/08
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5872 Fax: (207) 287-3165

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Street or Road	314 Riverside Street		
Subdivision, Lot #			

OWNER/APPLICANT INFORMATION		PORTLAND Date Permit Issued: <u>10/03/08</u> PERMIT # 10801 STATE COPY \$ <u>110</u> <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>0732</u>
Name (last, first, MI)	Fisher, Gregory	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant Signature: <i>Gregory Fisher</i> Local Plumbing Inspector Signature
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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>Trench</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	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 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 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"/> 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 20,560 +- <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>Dentist Office</u> (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	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>750</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 checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input checked="" type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>768</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of 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	DESIGN FLOW <u>295</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS _____ for other facilities _____ 1 Medical Staff, 15 Patients/Day, 2 Employees <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE: <u>5</u> / <u>B</u> / <u>2</u> at Observation Hole # <u>TP-1</u> Depth <u>>48"</u> of Most Limiting Soil Factor Groundwater	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input checked="" 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—5.0 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	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>41</u> m <u>14.05</u> s Lon. <u>W70</u> d <u>19</u> m <u>44.07</u> s if g.p.s. state margin of error: <u>20'</u>
SITE EVALUATOR STATEMENT			
I certify that on <u>9-22-08</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 (19-144A CMR 241).			
_____ Site Evaluator Signature		034 SE #	10/02/08 Date
Richard A. Sweet Site Evaluator Name Printed		797-2110 Telephone Number	dick@sweetassociates.com Email Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

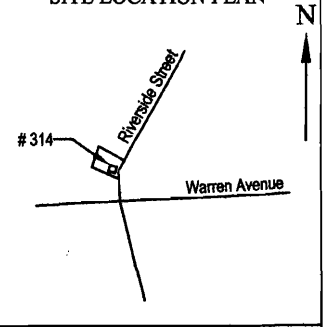
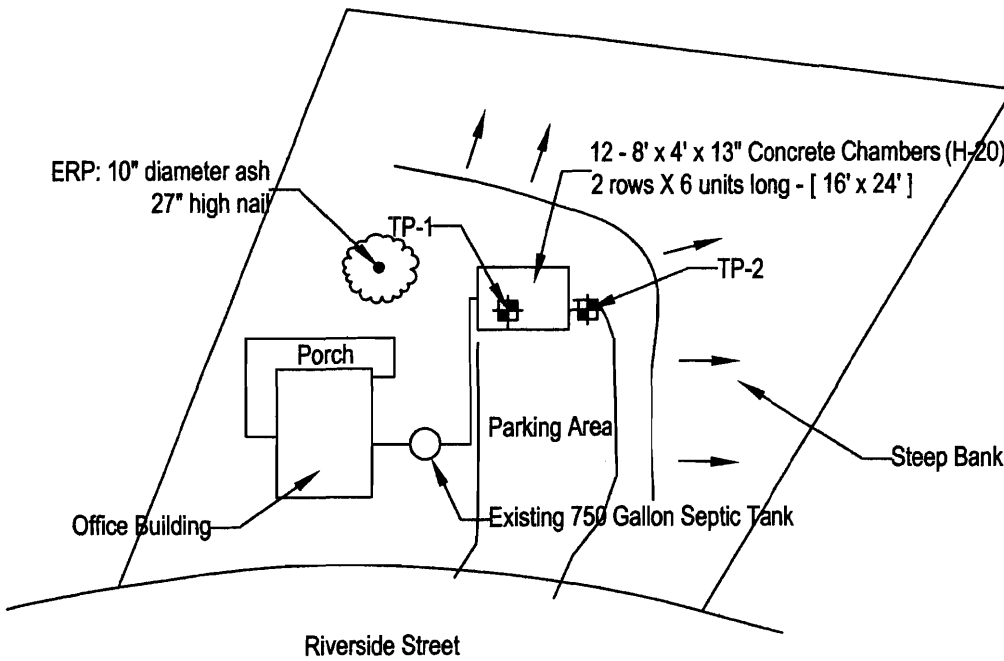
Town, City, Plantation
Portland

Street, Road, Subdivision
314 Riverside Street

Owner or Applicant Name
Gregory Fisher

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN



NOTES:

1. All property lines are approximate.
2. Insulate the Distribution Box (D-Box).
3. Min. 1/8"ft slope of pipe from septic tank to disposal field.

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

Observation Hole # TP-1 ■ Test Pit □ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24	Stony Gravel Fill	Friable	Brown	
30				
36				
42	Clay At 53"			Common and Prominent At 53"
48				
Refusal (Firm) at 53 inches				53"
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
5	B	1	53"	

Observation Hole # TP-2 ■ Test Pit □ Boring

_____ " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24	Stony Gravel Fill	Friable	Brown	
30				
36				
42				
48				
Limit of Excavation at 48 inches				
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
5	B	1	+48"	

Richard O'Neil
Site Evaluator Signature

034
SE #

10/01/08
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

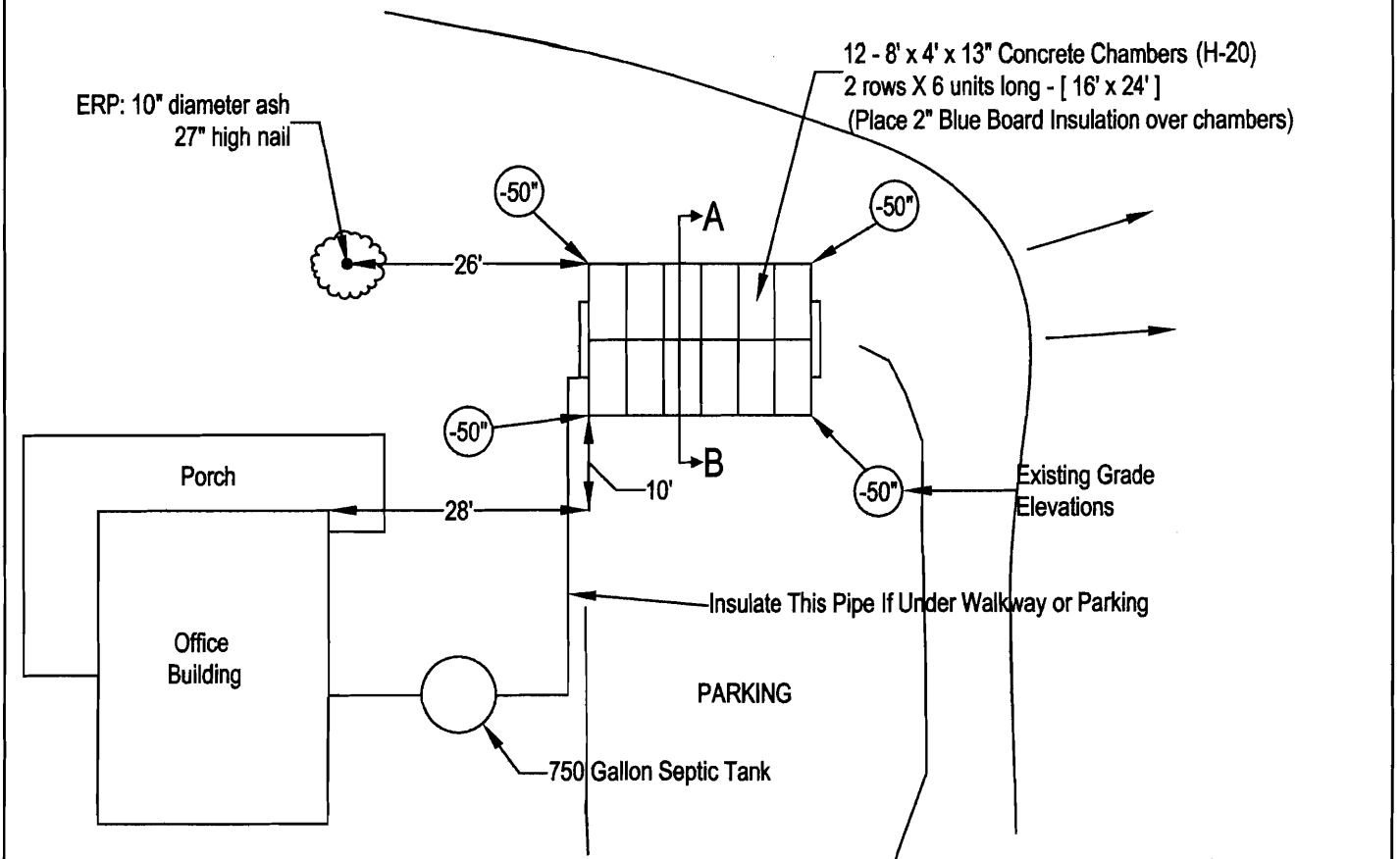
Town, City, Plantation
 Portland

Street, Road, Subdivision
 314 Riverside Street

Owner or Applicant Name
 Gregory Fisher

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (upslope) 0-0"
 Depth of Backfill (downslope) 0-0"

Finished Grade Elevation (at Row 1) -50"
 Top of Proprietary Device (at Row 1) -65"
 Bottom of Disposal Field (at Row 1) -82"

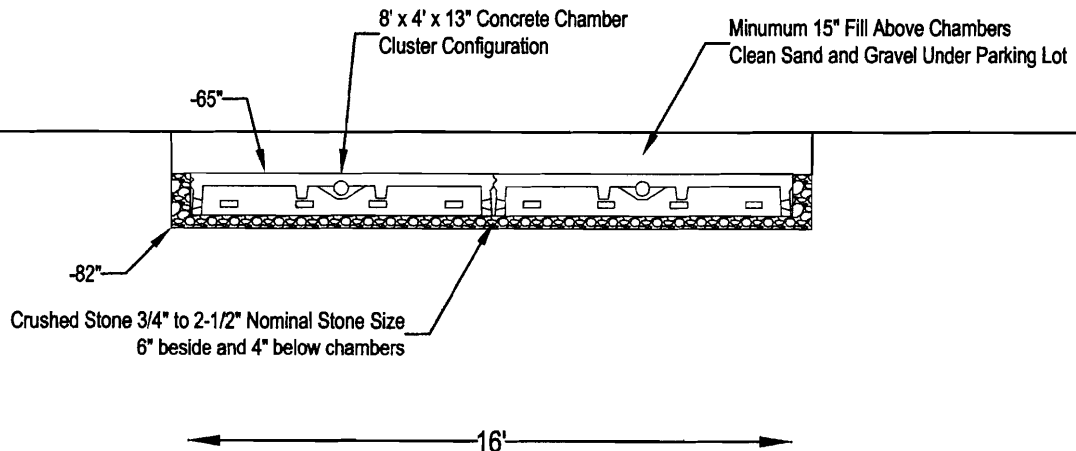
Location & Description: 10" diameter ash 27" high nail
 Reference Elevation is 0.0" or: _____

DISPOSAL FIELD CROSS SECTION

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

A

B



Richard Abnett
 Site Evaluator Signature

034
 SE #

10/01/08
 Date

Page 3 of 3
 HHE-200 Rev. 10/02

BUILDING PERMIT INSPECTION PROCEDURES

Please call 874-8703 or 874-8693 (ONLY)

to schedule your inspections as agreed upon

Permits expire in 6 months, if the project is not started or ceases for 6 months.

The Owner or their designee is required to notify the inspections office for the following inspections and provide adequate notice. Notice must be called in 48-72 hours in advance in order to schedule an inspection:

By initializing at each inspection time, you are agreeing that you understand the inspection procedure and additional fees from a "Stop Work Order" and "Stop Work Order Release" will be incurred if the procedure is not followed as stated below.

A Pre-construction Meeting will take place upon receipt of your building permit.

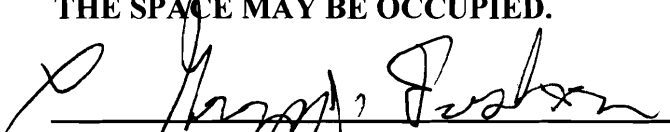
 X **Disposal field location and preparation prior to cover fill**

 X **Final inspection required at completion of work.**

Certificate of Occupancy is not required for certain projects. Your inspector can advise you if your project requires a Certificate of Occupancy. All projects DO require a final inspection.


If any of the inspections do not occur, the project cannot go on to the next phase, REGARDLESS OF THE NOTICE OR CIRCUMSTANCES.

CERIFICATE OF OCCUPANICES MUST BE ISSUED AND PAID FOR, BEFORE THE SPACE MAY BE OCCUPIED.



Signature of Applicant/Designee

 10/3/08
Date



Signature of Inspections Official

 10.3.08
Date