

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health - 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION		>>CAUTION: LPI APPROVAL REQUIRED<<	
City, Town, or Plantation	PORTLAND	Town/City	Portland
Street or Road	101 MCALISTER FARM ROAD	Permit #	2017-07210
Subdivision, Lot #	319 A002001	Date Permit Issued	5/25/17
OWNER/APPLICANT INFORMATION		Fee \$	250.00
Name (last, first, MI)	PETER & ELIZABETH VENTRE	State Fee	
Mailing Address of Owner	19 DEAN'S WAY PORTLAND, ME 04103	Locally Adopted Fee	
Daytime Tel. #	653-4447 PETE & VENTRE, US	Municipal Tax Map #	319 Lot # A-2

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.

Elizabeth Spahr Ventre 5/23/17
Signature of Owner/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.

(1st) Date Approved

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: PLASTIC CHAMBERS Year Installed: +/-1990 <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	<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 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(2000gpd+) <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
6.8 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<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: COMMERCIAL BUILDING (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	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

TREATMENT TANK MONOLITHIC <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: 1500 GAL. SEE NOTE ON PAGE 3	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 checked="" type="checkbox"/> c.Linear <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: SIZE: 2400 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 48 HIGH CAPACITY PLASTIC CHAMBER UNITS	GARBAGE DISPOSAL UNIT <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	DESIGN FLOW 480 gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities UP TO 40 EMPLOYEES AT 12 GALLONS PER DAY EACH
SOIL DATA & DESIGN CLASS PROFILE CONDITION 9 / D at Observation Hole # TP1 Depth 10 " of Most Limiting Soil Factor	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 type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: SEE NOTE ON PAGE 3 DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. N43 d 41 m 22.78 s Lon. W70 d 19 m 55.34 s if g.p.s., state margin of error

SITE EVALUATOR STATEMENT

I certify that on 4/24/17 (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 Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Brady A. Frick 352 4/28/17
Site Evaluator Signature SE # Date

BRADY A. FRICK (207) 839-5563 BRADY@ALBERTFRICK.COM
Site Evaluator Name Printed Telephone Number E-mail Address

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

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SITE PLAN Scale 1" = 200 Ft. or as shown

SITE LOCATION PLAN
 (Attach Map from Maine Atlas Recommended)
 SITE #101
 TO MCALISTER FARM RD RIVERSIDE ST
 WARREN AVE

EXISTING DISPOSAL AREA
 PROPOSED DISPOSAL AREA
 APPROX. EXISTING SEPTIC TANK AND PUMP STATION (TO BE REPLACED)
 EXISTING BUILDING
 PAVED PARKING
 PRESUMSCOT RIVER

NOTE: PROVIDE TEMPORARY EROSION AND SEDIMENT CONTROL MEASURES PER D.E.P. BEST MANAGEMENT PRACTICES

****ALBERT FRICK ASSOCIATES ARE NOT SURVEYORS****
 PROPERTY INFORMATION APPROXIMATED
 PER TOWN TAX MAP AND AERIAL PHOTOGRAPH
 VERIFY PROPERTY LINES TO ASSURE ACCURATE LOCATION PRIOR TO SYSTEM INSTALLATION

SOIL 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	SILT LOAM	FRIABLE	DARK BROWN	
10			OLIVE BROWN	FEW, DISTINCT
20	SILT CLAY LOAM	FIRM	OLIVE	COMMON, DISTINCT
25	LIMIT OF EXCAVATION			
30				
40				
50				

Soil Classification 9 Profile	Slope D Condition	Limiting Factor 0-3 %	10 "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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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	SILT LOAM	FRIABLE	DARK BROWN	
10			OLIVE BROWN	COMMON, DISTINCT
20	SILT CLAY LOAM	FIRM	OLIVE	
25	LIMIT OF EXCAVATION			
30				
40				
50				

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By A. Frick
 Site Evaluator Signature

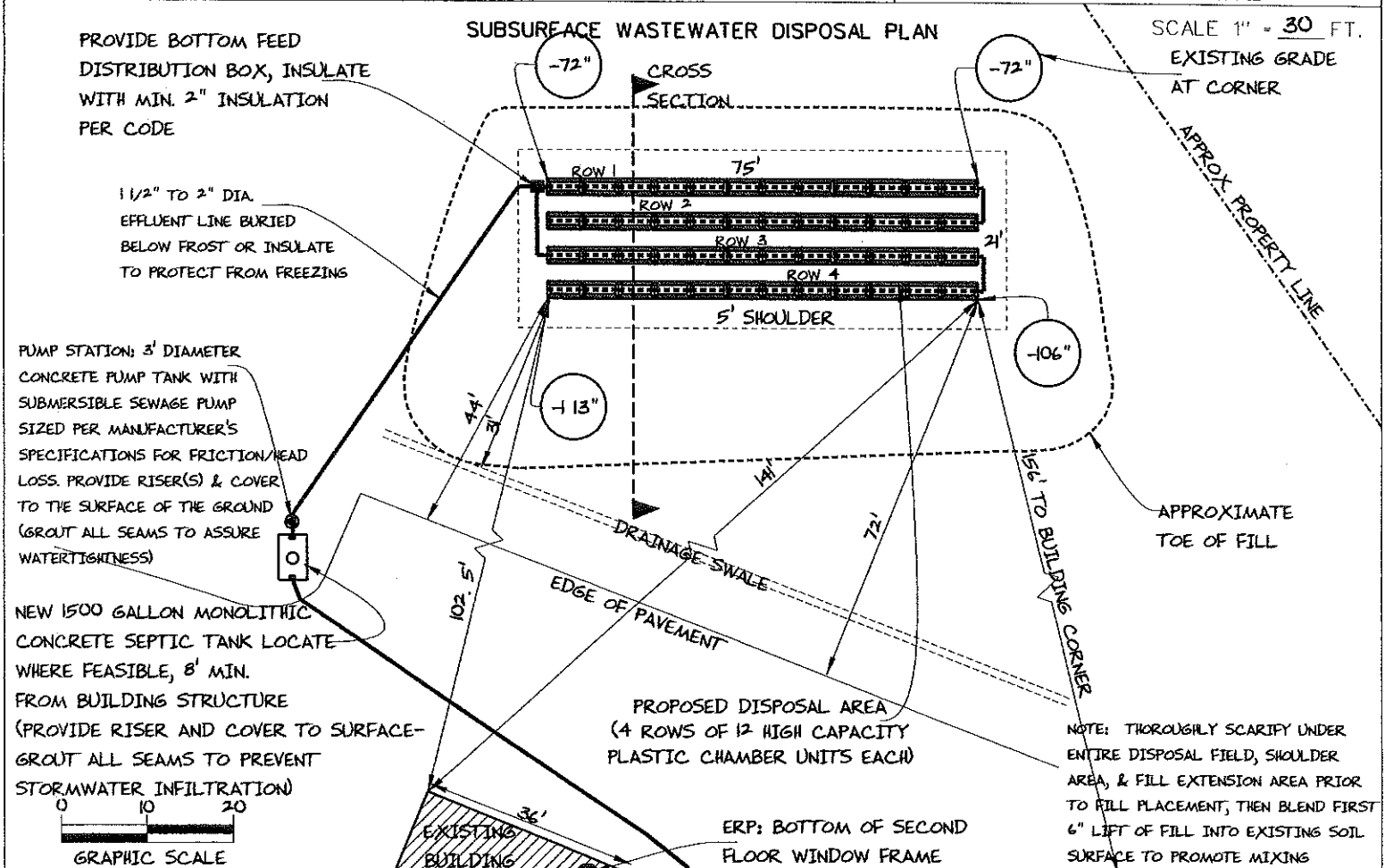
352
 SE #

4/28/17
 Date

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FILL REQUIREMENTS

Depth of Fill (Upstope) : 34"
 Depth of Fill (Downslope) : 38" - 45"
 DEPTHS AT CROSS-SECTION (shown below)

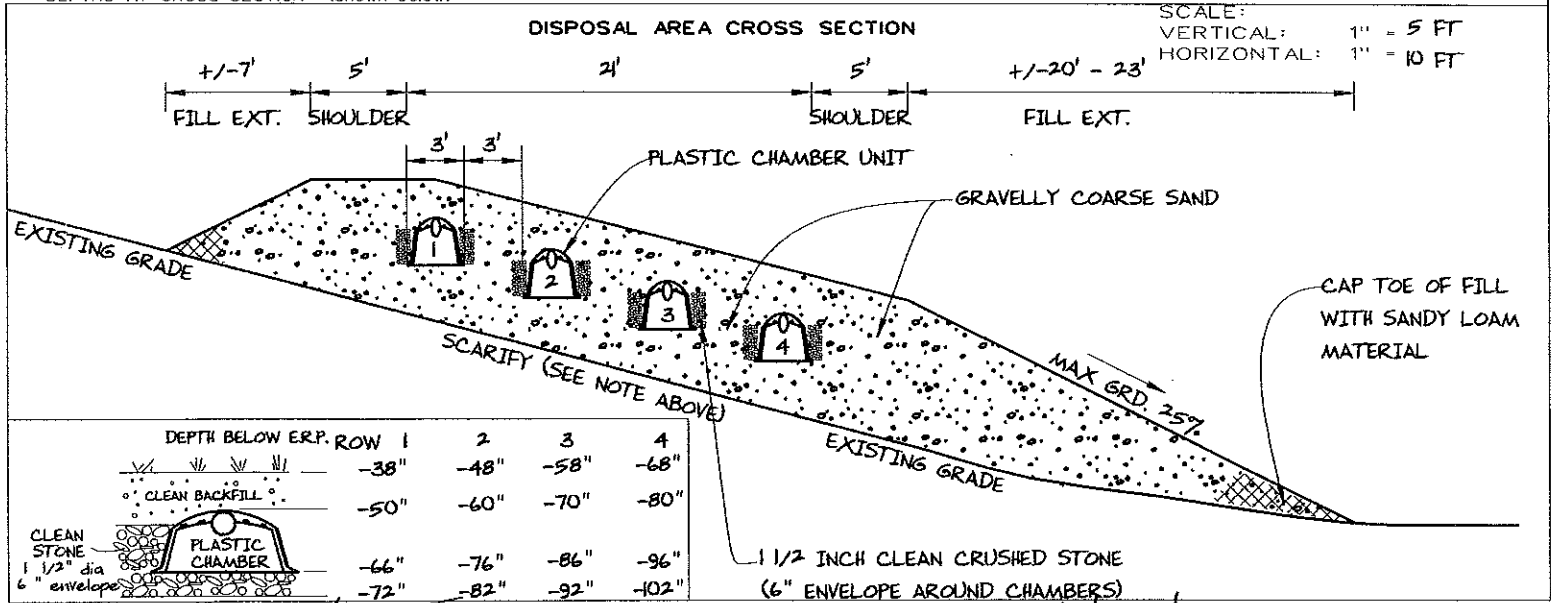
CONSTRUCTION ELEVATIONS

Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description BOTTOM OF SECOND FLOOR WINDOW FRAME
 Reference Elevation is: 0.0' or -----



By A. M.
 Site Evaluator Signature

352
 SE *

4/28/17
 Date