

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt;CAUTION: LPI APPROVAL REQUIRED&lt;&lt;</b>	
City, Town, or Plantation	PORTLAND	Town/City	Portland
Street or Road	101 McALISTER FARM ROAD	Permit #	2017-07210
Subdivision, Lot #	319 A002 001	Date Permit Issued	5/1/17
<b>OWNER/APPLICANT INFORMATION</b>		Fee \$	250.00
Name (last, first, MI)	VENTRE PETER & ELIZABETH	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

<b>OWNER OR APPLICANT STATEMENT</b> 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.	<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
<i>Elizabeth Spahn Ventre</i> 5/23/17 Signature of Owner/Applicant Date	Local Plumbing Inspector Signature (1st) Date Approved

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <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
<b>SIZE OF PROPERTY</b> 6.8 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <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	<b>TYPE OF WATER SUPPLY</b> <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:

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b> <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: 1500 GAL. SEE NOTE ON PAGE 3	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <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 sq. ft. lin. ft. 48 HIGH CAPACITY PLASTIC CHAMBER UNITS	<b>GARBAGE DISPOSAL UNIT</b> <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	<b>DESIGN FLOW</b> 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
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION 9 / D at Observation Hole # TP 1 Depth 10 " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <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	<b>EFFLUENT/EJECTOR PUMP</b> <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	<b>LATITUDE AND LONGITUDE</b> 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

<b>SITE EVALUATOR STATEMENT</b>		
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).		
<i>Brady A. Frick</i> Site Evaluator Signature	352 SE #	4/28/17 Date
BRADY A. FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	BRADY@ALBERTFRICK.COM E-mail Address

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Town, City, Plantation <b>PORTLAND</b>	Street, Road Subdivision <b>101 MCALISTER FARM ROAD</b>	Owner's Name <b>PETER &amp; ELIZABETH VENTRE</b>
Scale 1" = <u>200</u> Ft. or as shown		SITE LOCATION PLAN (Attach Map from Moine Atlas Recommended)
<b>SITE PLAN</b> 		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 <u>TP 1</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring _____ " Depth of Organic Horizon Above Mineral Soil	Observation Hole <u>TP 2</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> 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
30	----- LIMIT OF EXCAVATION			
40				
50				
Soil Classification <u>9</u> Profile <u>D</u> Condition	Slope <u>0-3</u> %	Limiting Factor <u>10</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth	

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*[Signature]*  
 Site Evaluator Signature

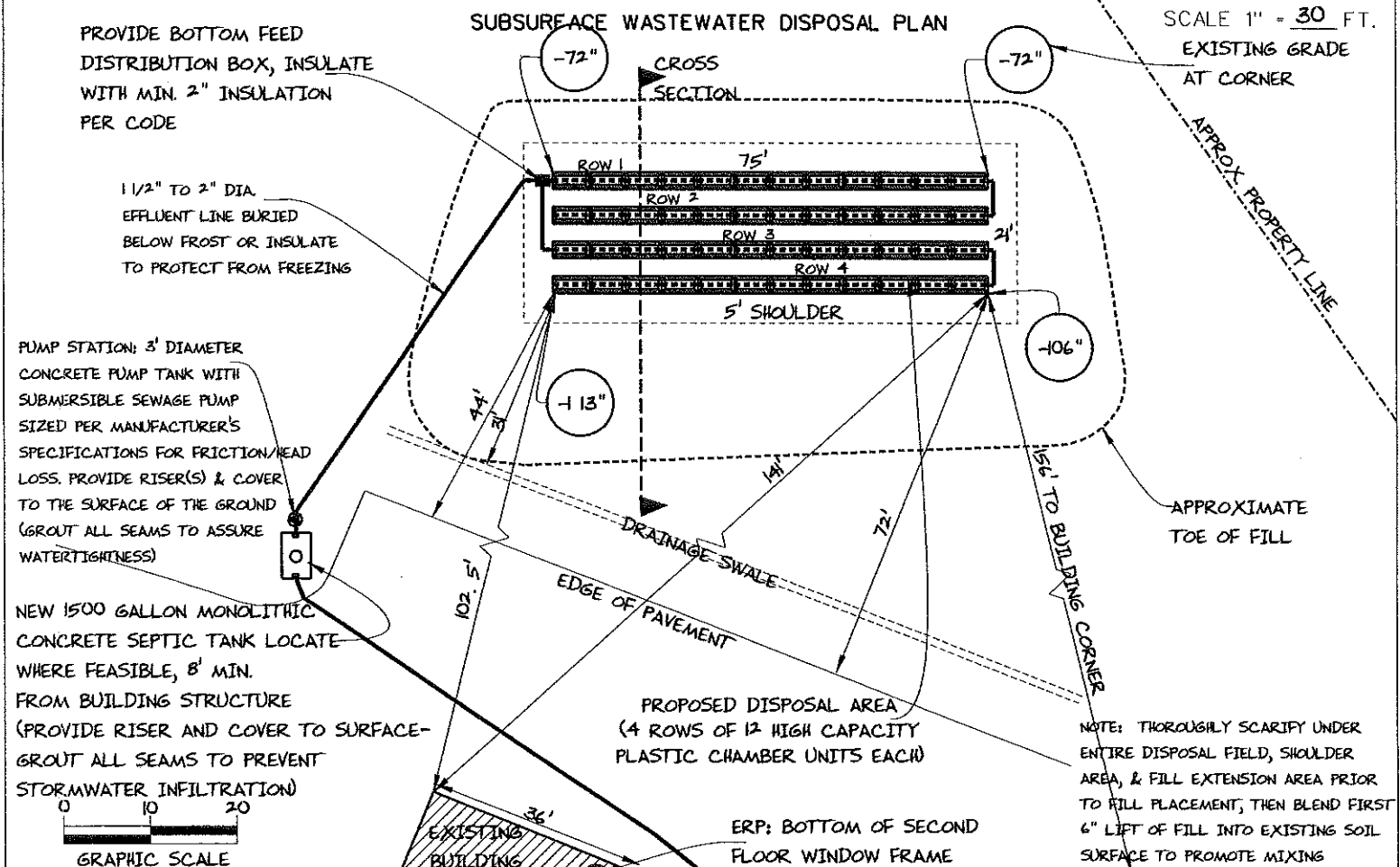
352  
 SE \*

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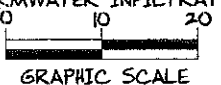


PROVIDE BOTTOM FEED DISTRIBUTION BOX, INSULATE WITH MIN. 2" INSULATION PER CODE

1 1/2" TO 2" DIA. EFFLUENT LINE BURIED BELOW FROST OR INSULATE TO PROTECT FROM FREEZING

PUMP STATION: 3' DIAMETER CONCRETE PUMP TANK WITH SUBMERSIBLE SEWAGE PUMP SIZED PER MANUFACTURER'S SPECIFICATIONS FOR FRICTION/HEAD LOSS. PROVIDE RISER(S) & COVER TO THE SURFACE OF THE GROUND (GROUT ALL SEAMS TO ASSURE WATERTIGHTNESS)

NEW 1500 GALLON MONOLITHIC CONCRETE SEPTIC TANK LOCATE WHERE FEASIBLE, 8' MIN. FROM BUILDING STRUCTURE (PROVIDE RISER AND COVER TO SURFACE- GROUT ALL SEAMS TO PREVENT STORMWATER INFILTRATION)



**FILL REQUIREMENTS**

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

**CONSTRUCTION ELEVATIONS**

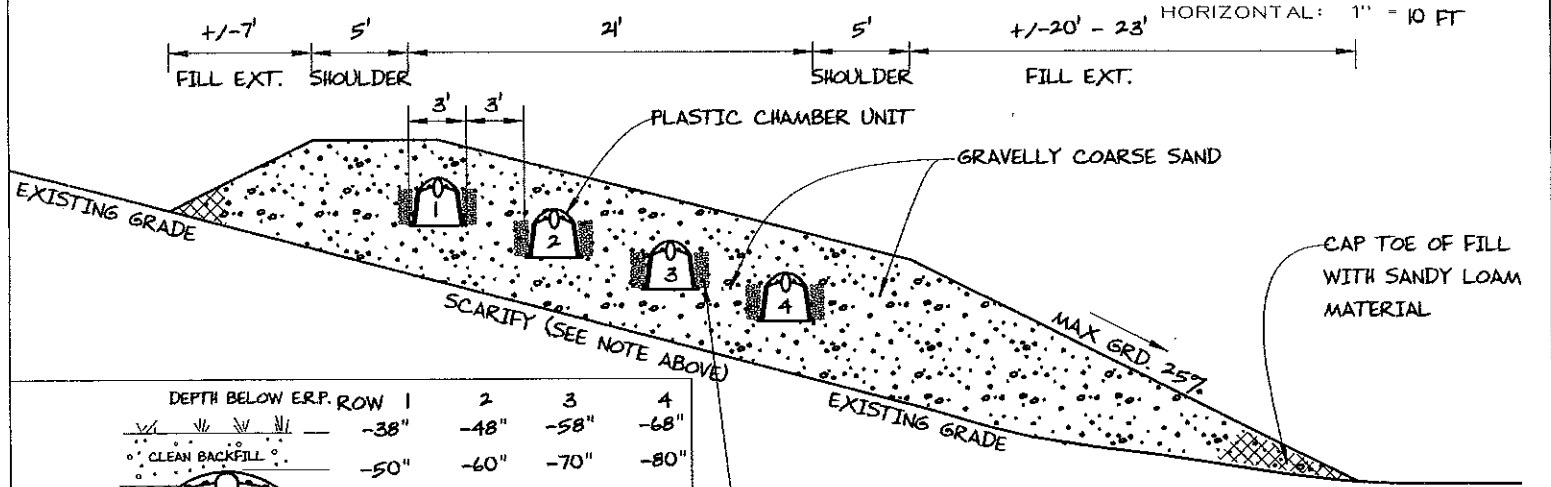
Finished Grade Elevation  
 Top of Distribution Pipe or Proprietary Device  
 Bottom of Disposal Area

SEE  
 DETAIL  
 BELOW

**ELEVATION REFERENCE POINT**

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

**DISPOSAL AREA CROSS SECTION**



DEPTH BELOW ERP. ROW	1	2	3	4
PLASTIC CHAMBER	-38"	-48"	-58"	-68"
CLEAN BACKFILL	-50"	-60"	-70"	-80"
CLEAN STONE 1 1/2" dia 6" envelope	-66"	-76"	-86"	-96"
	-72"	-82"	-92"	-102"

1 1/2 INCH CLEAN CRUSHED STONE (6" ENVELOPE AROUND CHAMBERS)

*By A. M.*  
 Site Evaluator Signature

352  
 SE #

4/28/17  
 Date