

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 S
(207) 287-5672 Fax: (207) 287-31

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	PORTLAND	PORTLAND PERMIT # 9470 STATE COPY Date Permit Issued: 11/18/03 \$ 1100.00 <input type="checkbox"/> Double Fee FEE Charged Local Plumbing Inspector Signature: [Signature] L.P.I. # 06140	Municipality Tax Map # 321 Lot # A-4
Street or Road	470 RIVERSIDE STREET		
Subdivision, Lot #	BUTLER SUBDIVISION, LOT 1		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	ALEXANDER RUSSELL CO. LLC <input type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	585 RIVERSIDE ST. PORTLAND, ME 04103		
Daytime Tel. #	797-8240		

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.
Signature of Owner or Applicant _____ Date _____	Local Plumbing Inspector Signature _____ (2nd) date approved _____

PERMIT INFORMATION		
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ 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 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	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 Disposal Area <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 596 772 <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: OFFICE/WAREHOUSE (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" 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 checked="" type="checkbox"/> Yes <input 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 H-20 <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" 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: 400 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 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 110 gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS — for other facilities — 6 EMP. X 15 = 90 GPD EQUIP. WASH = 20 GPD TOTAL = 110 GPD
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 7, C, 1 at Observation Hole # 1 Depth 18" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" 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 type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT	
I certify that on 11/25/03 (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).	185 SE # 12/9/03 Date 6/22/05 REUSED PAGE 3 OF 3 DAK
[Signature] Site Evaluator Signature DAVID A. KAMILA Site Evaluator Name Printed	Page 1 of 3 HHE-200 Rev. 8/01

Mail to Mainline Structures 11A Bartlett 321 A004

3 SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5872 FAX (207) 287-4172

City, Plantation
PORTLAND

Street, Road, Subdivision
470 RIVERSIDE ST., LOT 1 SUBDIV

BUTLER

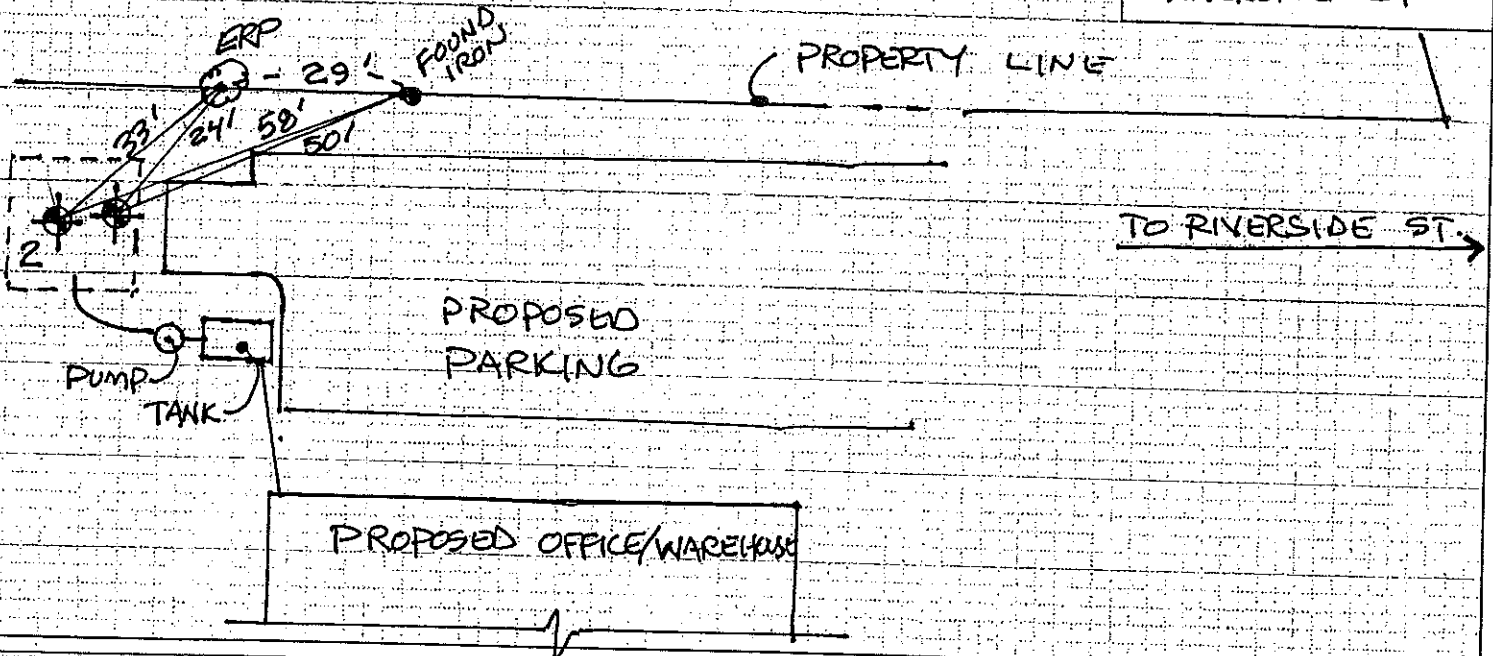
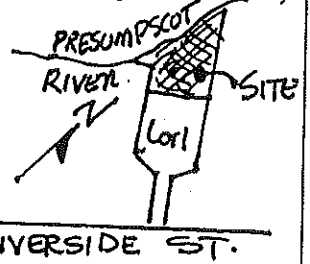
Owner or Applicant Name

ALEXANDER RUSSELL CO. LLC

SITE PLAN

Scale: 1" = 30 ft.

SITE LOCATION MAP
 (Attach map from Maine Atlas for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # 1 Test Pit Boring

0" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	FINE	FRIABLE	LIGHT BROWN	NONE
12	SANDY LOAM	LOOSE	REDDISH BROWN	TO 18"
18				
24	SILT	VERY	OLIVE	
30	LOAM	FIRM	BROWN	
36				
42				
48				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
<u>7</u>	<u>C</u>	<u>2</u>	<u>18</u>	<input checked="" type="checkbox"/> Restrictive Layer
	Condition	Percent	Depth	<input type="checkbox"/> Bedrock

Observation Hole # 2 Test Pit Boring

0" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	FINE	FRIABLE	BROWN	
12	SANDY LOAM	LOOSE	REDDISH BROWN	TO 18"
18				
24	SILT	VERY	OLIVE	
30	LOAM	FIRM	BROWN	
36				
42				
48				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
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	Condition	Percent	Depth	<input type="checkbox"/> Bedrock

Daniel A. Keil
 Site Evaluator Signature

185
 SE #

12/9/03
 Date

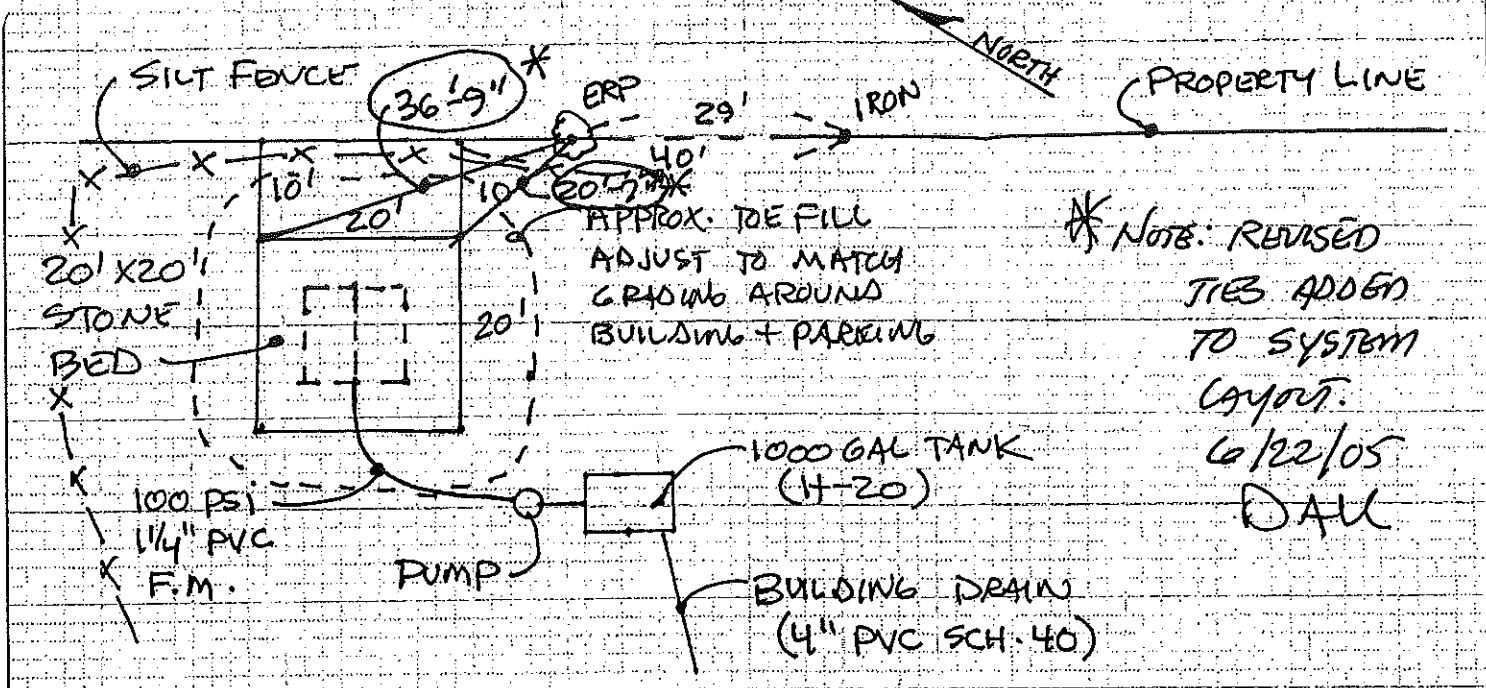
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City, Plantation: **PORTLAND**
 Street, Road, Subdivision: **470 RIVERSIDE ST., LOT 1 SUBDIV.**
 Butler: **BUTLER**
 Owner or Applicant Name: **ALEXANDER RUSSELL CO. LLC**

SUBSURFACE WASTEWATER DISPOSAL PLAN

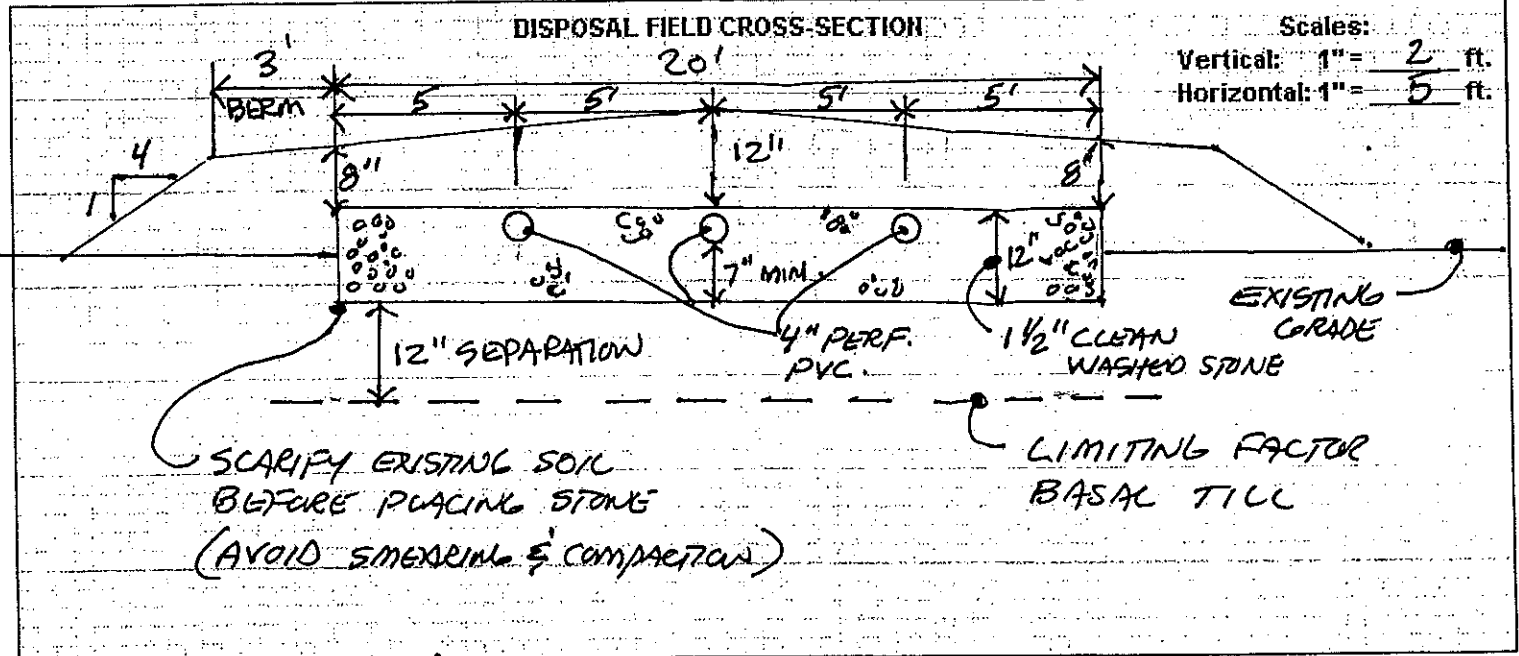
Scale: 1" = 20 ft.



* NOTE: REVISED
TIES ADDED
TO SYSTEM
LAYOUT.
6/22/05
DALL

NOTE: LOAN SEED & MULCH ALL DISTURBED AREAS AND INSTALL SILT FENCE TO PREVENT EROSION FROM LEAVING SITE OF WORK.

BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Backfill (upslope)	14"	Finished Grade Elevation	-44"	Location & Description:	NAIL IN 20" OAK
Depth of Backfill (downslope)	14"	Top of Distribution Pipe or Proprietary Device	-57"		SGT 60" ABOVE GRADE
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field	-68"	Reference Elevation Is:	0.0" or:



Daniel A. Kiel
Site Evaluator Signature

185
SE #

12/9/03
Date
* 6/22/05 DALL