

327 B 004

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering Station 10 SHS  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		Caution: Permit Required - Attach in Space Below	
City, Town, or Plantation	PORTLAND	Date Permit Issued: <u>2/18/05</u> PERMIT # 9266 TOWN COPY \$ 1810.00 FEE Double Fee Charged L.P.I. # 0640 Local Plumbing Inspector Signature: <u>[Signature]</u>	
Street or Road	1844 FOREST AVENUE		
Subdivision, Lot #	GRANGE # 15		
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	PRESUMPSCOT		
Mailing Address of	WALTZ PLUMBING		
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant	179 PRESUMPSCOT ST. PORTLAND, ME. 04103		
Daytime Tel. #	772-2801		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner/Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (graywater & oil toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input checked="" type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	
33,000+ <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: <u>GRANGE HALL</u> SPECIFY _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
<b>SHORELAND ZONING</b>	<b>TYPE OF WATER SUPPLY</b>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b> 75 gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities <b>102 SEAT GRANGE HALL MAXIMUM WATER USAGE FOR 2004 - 50 G.P.D. (OCT. &amp; NOV. 2004) 50 X 1.5 = 75 G.P.D.</b> 3. <input checked="" type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>2-1500</u> gallons IN SERIES	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input checked="" type="checkbox"/> _____ tanks in series c. <input checked="" type="checkbox"/> Increase in tank capacity d. <input checked="" type="checkbox"/> Filter on tank outlet	
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>PUMPING</b>	
PROFILE CONDITION DESIGN _____ AT Observation Hole # _____ Depth _____" OF MOST LIMITING SOIL FACTOR _____	1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	

I certify that on 1/25/05 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Albert Frick  
Site Evaluator Signature

63  
SE - 2/8/2005  
Date

**ALBERT FRICK**  
Site Evaluator Name Printed

**ALBERT FRICK ASSOCIATES - 85A COUNTY ROAD GORHAM, MAINE 04038 - (207) 839-5563**  
Telephone Number

**ALBERTFRICK@WORLDNETATT.NET**  
E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator





**Albert Frick Associates, Inc.**

**Soil Scientists & Site Evaluators**

95A County Road Gorham, Maine, 04038

(207) 839-5563

PORTLAND

1844 FOREST AVENUE

PRESUMPSCOT GRANGE # 15

TOWN LOCATION APPLICANT'S NAME

- 1) The Plumbing and Subsurface Wastewater Disposal Rules adopted by the State of Maine, Department of Human Services pursuant to 22 M.R.S.A. § 42 (the "Rules") are incorporated herein by reference and made a part of this application and shall be consulted by the owner/applicant, the system installer and/or building contractor for further construction details and material specifications. The system installer should contact Albert Frick Associates, Inc. 839-5563, if there are any questions concerning materials, procedures or designs. The system installer and/or building contractor installing the system shall be solely responsible for compliance with the Rules and with all state and municipal laws and ordinances pertaining to the permitting, inspection and construction of subsurface wastewater disposal systems.
- 2) This application is intended to represent facts pertinent to the Rules only. It shall be the responsibility of the owner/applicant, system installer and/or building contractor to determine compliance with and to obtain permits under all applicable local, state and/or federal laws and regulations (including, without limitation, Natural Resources Protection Act, wetland regulations, zoning ordinances, subdivision regulations, Site Location of Development Act and minimum lot size laws) before installing this system or considering the property on which the system is to be installed a "buildable" lot. It is recommended that a wetland scientist be consulted regarding wetland regulations. Prior to the commencement of construction/installation, the local plumbing inspector or Code Enforcement Officer shall inform the owner/applicant and Albert Frick Associates, Inc of any local ordinances which are more restrictive than the Rules in order that the design may be amended. All designs are subject to review by local, state and/or federal authorities. Albert Frick Associates, Inc.'s liability shall be limited to revisions required by regulatory agencies pursuant to laws or regulations in effect at the time of preparation of this application.
- 3) All information shown on this application relating to property lines, well locations, subsurface structures and underground facilities (such as utility lines, drains, septic systems, water lines, etc.) are based solely upon information provided by the owner/applicant and has been relied upon by Albert Frick Associates, Inc. in preparing this application. The owner/applicant shall review this application prior to the start of construction and confirm this information. Well locations on abutting properties but not readily visible above grade should be confirmed by the owner/applicant prior to system installation to assure minimum setbacks.
- 4) Installation of a garbage (grinder) disposal is not recommended. If one is installed, an additional 1000 gallon septic tank or a septic tank filter shall be connected in series to the proposed septic tank.
- 5) The system user shall avoid introducing kitchen grease or fats into this system. Chemicals such as septic tank cleaners and/or chlorine (such as from water treatment units) and controlled or hazardous substances shall not be disposed of in this system. Additives such as yeast or enzymes are discouraged, since they have not been proven to extend system life.
- 6) The septic tank should be pumped within two years of installation and subsequently as recommended by the pump service, but in no event should the septic tank be pumped less often than every three years. All septic tank, pump stations and additional treatment tanks shall be installed to prevent ground water and surface water infiltration.

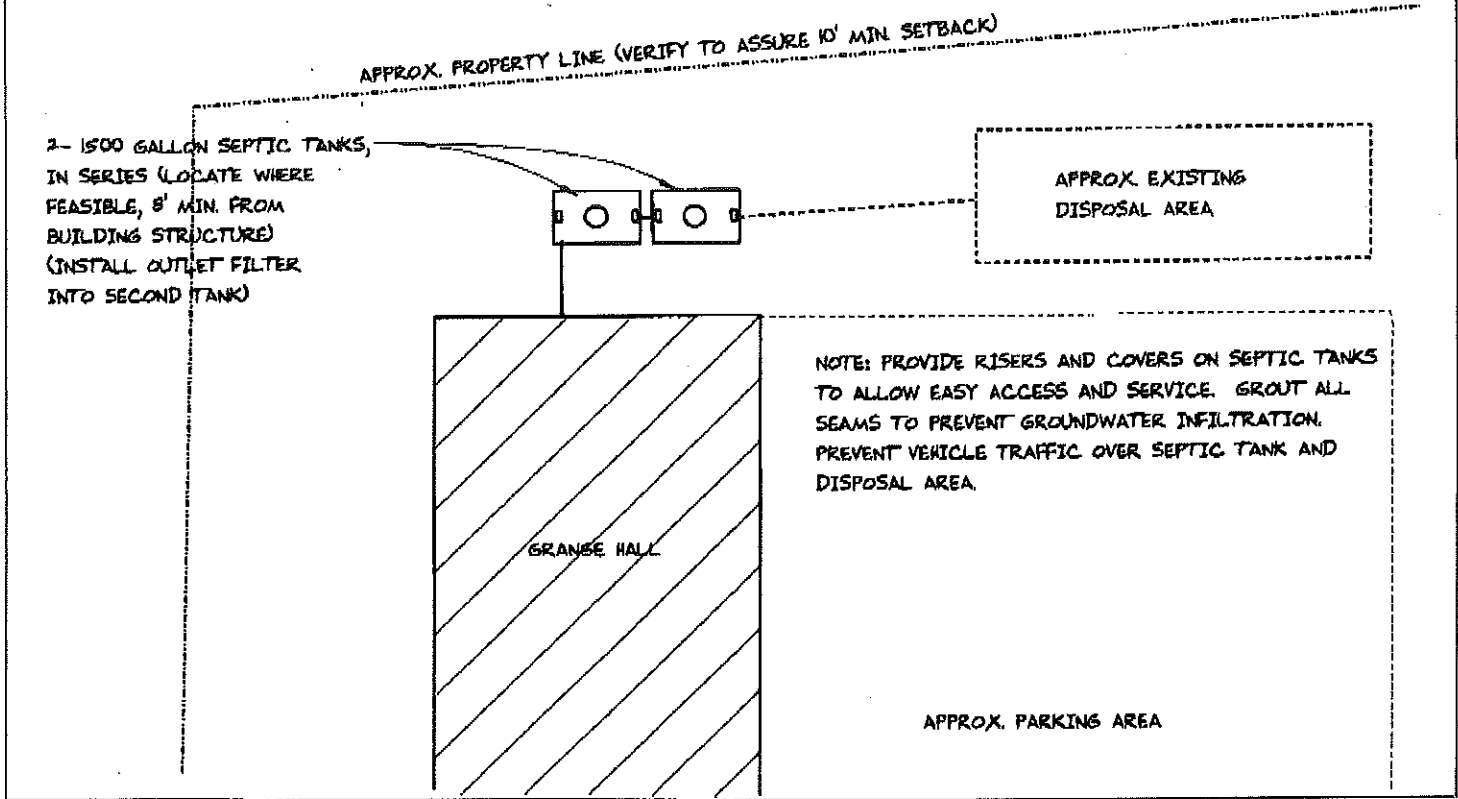
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10, SHS  
(207) 287-5672 - FAX (207) 287-4177

Town, City, Plantation <b>PORTLAND</b>	Street, Road, Subdivision <b>1844 FOREST AVENUE</b>	Owner's Name <b>PRESUMPCOT GRANGE # 15</b>
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## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.



### FILL REQUIREMENTS

Depth of FM (Upslope) : N/A  
 Depth of FM (Downslope) : N/A  
 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 : N/A  
 Reference Elevation is: 0.0" or -----

### DISPOSAL AREA CROSS SECTION

SCALE:  
 VERTICAL: 1" =  
 HORIZONTAL: 1" =

NOT APPLICABLE

Albert Frick

Site Evaluator Signature

163  
SE \*

2/8/2005

Date

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City

# CITY OF PORTLAND, MAINE

Department of Building Inspections

APR 8 20 05

Received from William L. ...

Location of Work 18 ... Forest

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 80.00

Building (IL) \_\_\_ Plumbing (IS)  Electrical (I2) \_\_\_ Site Plan (U2) \_\_\_  
Other ...

CBL: ...

Check #: ...

Total Collected \$ 80

## THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy