

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Service  
Division of Health Engineering, 10 SH  
(207) 287-5672 Fax: (207) 287-3164

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>	
City, Town, or Plantation	PORTLAND	<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">2006-607A</div>	
Street or Road	89 BRAINTREE STREET		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>		PORTLAND Date Permit Issued: <u>9/28/07</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	PERMIT # 10424 TOWN COPY <u>4</u> FEE Charged: \$ <u>1100</u> L.P.I. # <u>01744</u>
Name (last, first, MI) HOME SWEET HOME APTS, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant			
Mailing Address of Owner/Applicant 49 NORTHERN OAKS DRIVE RAYMOND, ME 04071		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">336 F 23</div>	
Daytime Tel. # (207) 831-8505		Municipal Tax Map # _____ Lot # _____	
<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.	
Signature of Owner or Applicant: <u>[Signature]</u> Date: <u>9/6/07</u>		(1st) date approved: _____ Local Plumbing Inspector Signature: _____ (2nd) date approved: _____	

PERMIT INFORMATION			
<b>TYPE OF APPLICATION</b> <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	<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 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	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped
<b>SIZE OF PROPERTY</b> <u>10,000</u> ± <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES			
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
		<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	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<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: <u>1000</u> GAL.	<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 load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1350</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<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> <u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>9 / D / 3</u> CONDITION _____ DESIGN _____ at Observation Hole # <u>1</u> Depth <u>12</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Small---2.0 sq. ft. / gpd <input 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 checked="" type="checkbox"/> 5. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>43</u> d <u>42</u> m <u>02</u> s Lon. <u>70</u> d <u>18</u> m <u>19</u> s if g.p.s, state margin of error: <u>±10'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>8/15/07</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).		
Site Evaluator Signature: <u>[Signature]</u>	SE #: <u>267</u>	Date: <u>8/23/07</u>
ALAN L. BURNELL Site Evaluator Name Printed	781-5242 Telephone Number	ABURNELL@PINKHAMANDGREER.COM E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND

BRAINTREE STREET

HOME SWEET HOME APTS.LLC

SITE PLAN

Scale 1" = 100 ft. or as shown

SITE LOCATION PLAN  
 (map from Maine Atlas  
 recommended)

SEE ATTACHED

SEE ATTACHED

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

Observation Hole # 4  Test Pit  Boring  
4 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10	LOAMY SAND FILL			
20	SANDY LOAM		DK. BROWN	
30	SILT LOAM	FRIABLE	YEL BROWN	
40		FIRM	OLIVE GRAY	COMMON
50				

Soil Classification <u>S D</u> Profile Condition	Slope <u>2</u> %	Limiting Factor <u>30</u> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
--	---------------------	--------------------------------	--

Observation Hole \_\_\_\_\_  Test Pit  Boring  
 \_\_\_\_\_ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification _____ Profile Condition	Slope _____%	Limiting Factor ____"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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*[Handwritten Signature]*

Site Evaluator Signature

267

SE #

8/123/07

Date

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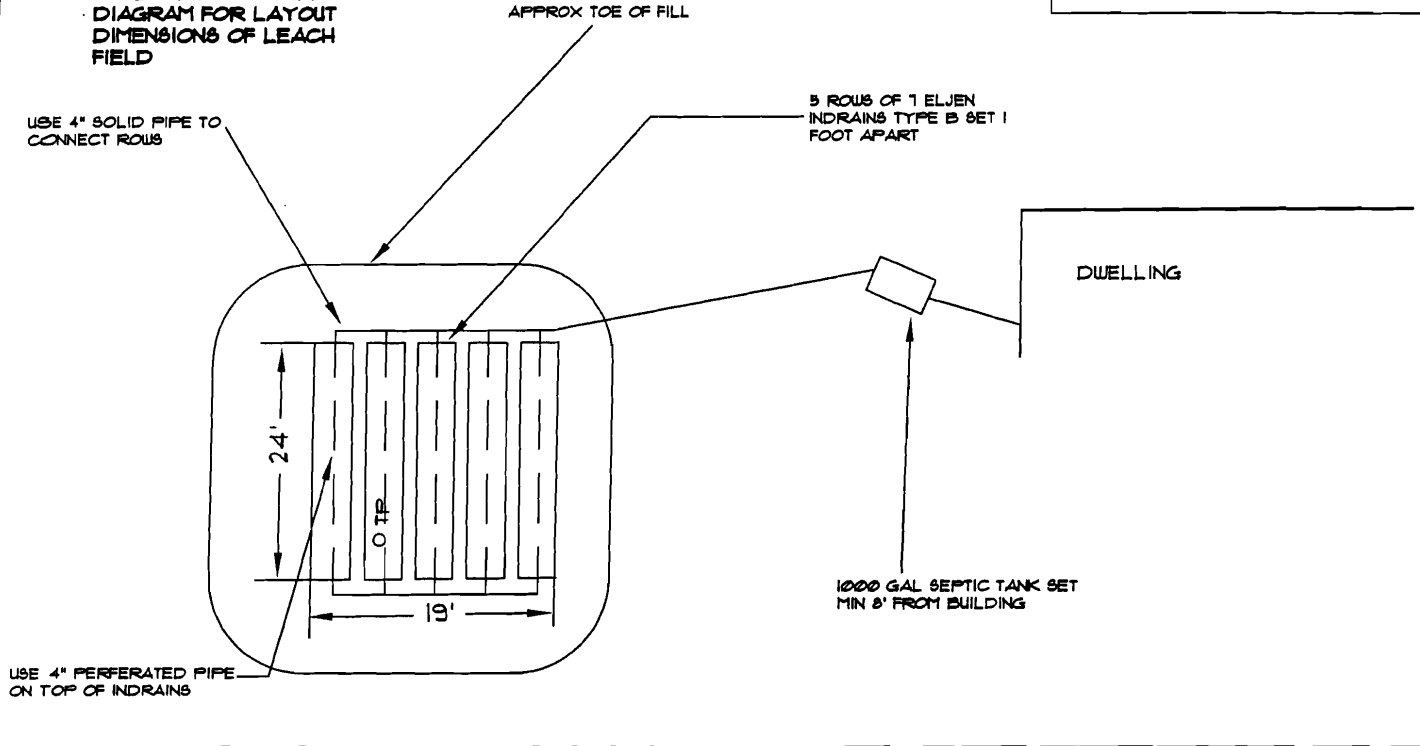
BRAINTREE STREET

HOME SWEET HOME APTS, LLC

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20 FT.

**NOTE: SEE ATTACHED DIAGRAM FOR LAYOUT DIMENSIONS OF LEACH FIELD**



**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope) 12"

Finished Grade Elevation

83.0

Location & Description: NAIL IN UTIL POLE #2

Depth of Fill (Downslope) 12"

Top of Distribution Pipe or Proprietary Device

81.9

Reference Elevation: 84.38'

Depth of Fill (Downslope) 12"

Bottom of Disposal Area

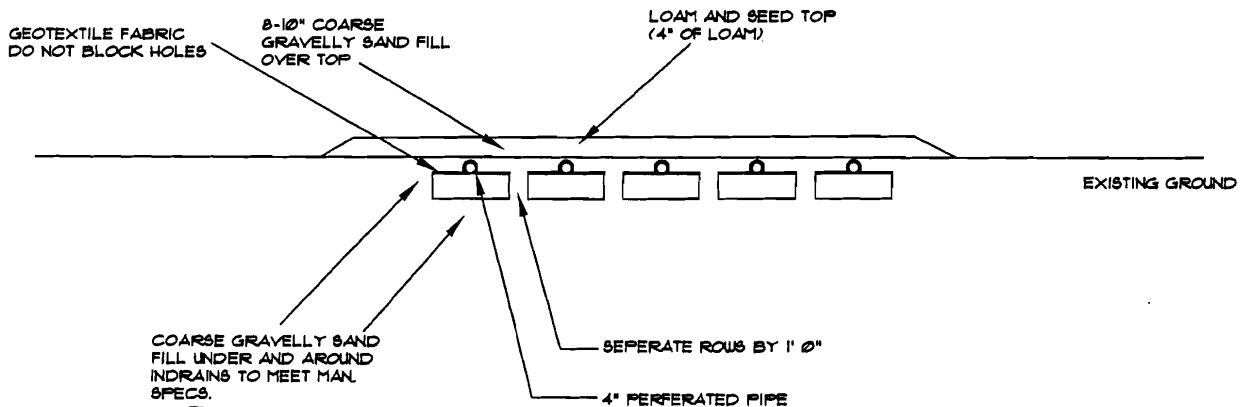
81.0

**DISPOSAL AREA CROSS SECTION**

Scale

Horizontal 1" = 10' ft.

Vertical 1" = 5' ft.



*[Handwritten Signature]*

Site Evaluator Signature

267

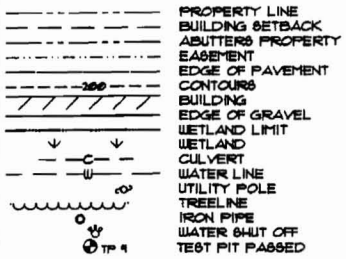
SE #

8/23/07

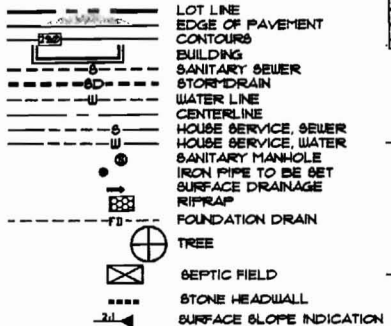
Date

**LEGEND**

**EXISTING**



**PROPOSED**

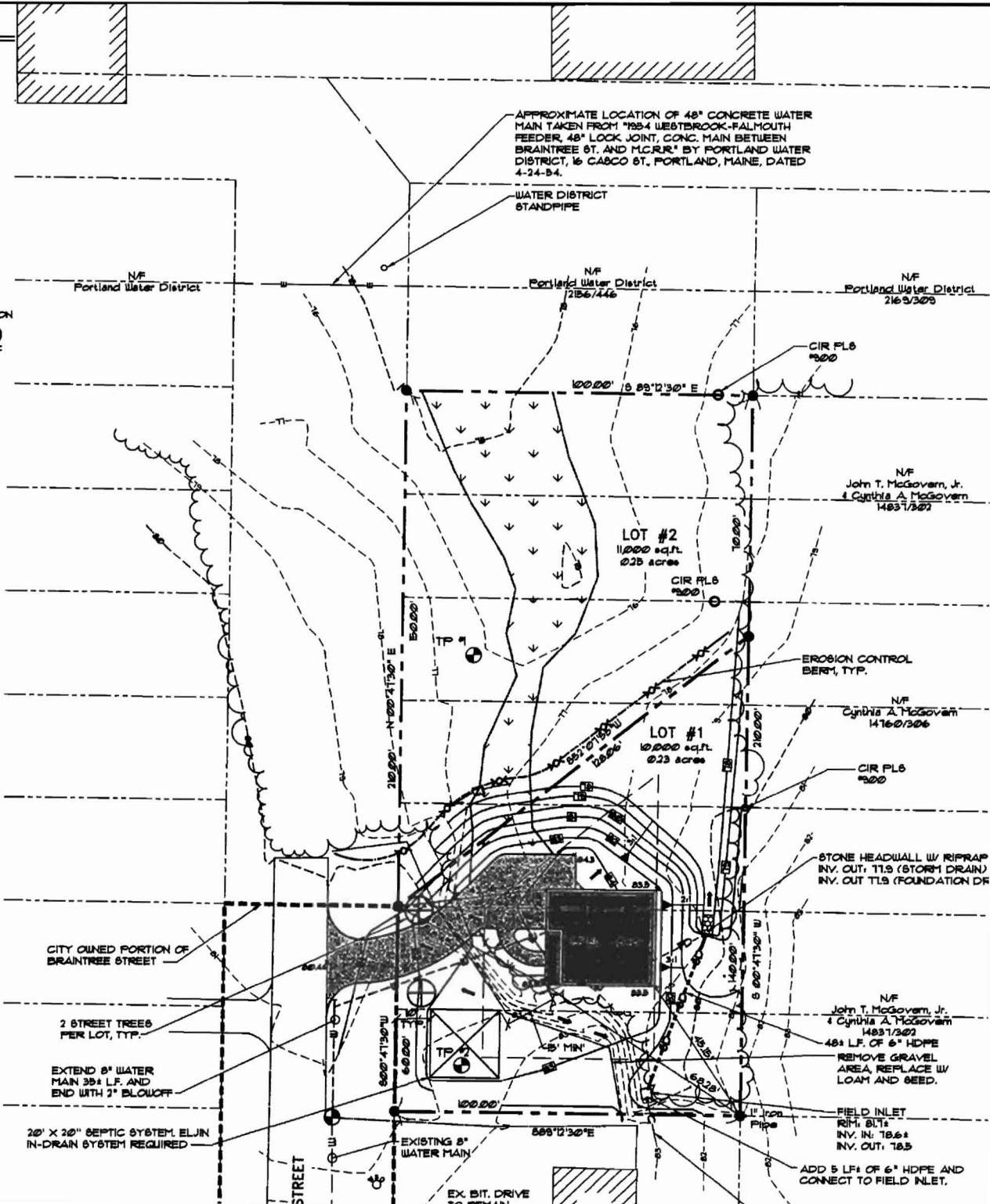


**EROSION CONTROL LEGEND**



**ZONE INFORMATION**

SUBURBAN R-2 RESIDENTIAL ZONE		
PERMITTED USE: SINGLE FAMILY DETACHED DWELLINGS		
SPACE STANDARDS	REQUIRED	PROPOSED
MINIMUM LOT SIZE	10,000 SQ. FT.	10,000 SQ. FT.
MINIMUM AREA PER DWELLING UNIT	10,000 SQ. FT.	10,000 SQ. FT.
MINIMUM STREET FRONTAGE	50 FEET	60 FEET
MINIMUM FRONT YARD	25 FEET	25 FEET
MINIMUM REAR YARD	25 FEET	25 FEET
MINIMUM SIDE YARD FOR 2-STORY BLDG.	16 FEET	16 FEET
MINIMUM SIDE YARD FOR 1-1/2 STORY BLDG.	14 FEET	14 FEET
MINIMUM SIDE YARD ON SIDE STREET	20 FEET	NONE
MAXIMUM LOT COVERAGE	20%	10%
MINIMUM LOT WIDTH	80 FEET	94 FEET
MAXIMUM BUILDING HEIGHT	35 FEET	28 FEET



APPROXIMATE LOCATION OF 48" CONCRETE WATER MAIN TAKEN FROM 1984 WESTBROOK-FALMOUTH FEEDER, 48" LOCK JOINT, CONC. MAIN BETWEEN BRAINTREE ST. AND MCJURR. BY PORTLAND WATER DISTRICT, 16 CABCO ST., PORTLAND, MAINE, DATED 4-24-84.

WATER DISTRICT STANDPIPE

N/F Portland Water District 2186/446

N/F Portland Water District 2186/446

N/F Portland Water District 2186/446

100.00' 9 88'12"0" E

CIR FL6 1900

LOT #2  
11,000 sq. ft.  
0.25 acres

CIR FL6 1900

N/F John T. McGovern, Jr. & Cynthia A. McGovern 1483/307

LOT #1  
10,000 sq. ft.  
0.23 acres

CIR FL6 1900

EROSION CONTROL BERM, TYP.

N/F Cynthia A. McGovern 1416/306

CIR FL6 1900

STONE HEADWALL W/ RIPRAP  
INV. OUT: 11.9 (STORM DRAIN)  
INV. OUT 11.9 (FOUNDATION DR)

CITY OWNED PORTION OF BRAINTREE STREET

2 STREET TREES PER LOT, TYP.

EXTEND 8" WATER MAIN 35' L.F. AND END WITH 2" BLOWOFF

20' X 20" SEPTIC SYSTEM ELJN IN-DRAIN SYSTEM REQUIRED

EXISTING 8" WATER MAIN

N/F John T. McGovern, Jr. & Cynthia A. McGovern 1483/307

48' L.F. OF 6" HDPE REMOVE GRAVEL AREA, REPLACE W/ LOAM AND SEED.

FIELD INLET RIM: 81.1 INV. IN: 18.6 INV. OUT: 18.5

ADD 5 L.F. OF 6" HDPE AND CONNECT TO FIELD INLET.