

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	Portland	PORTLAND PERMIT # 9386 STATE COPY Date Permit Issued: <u>5/12/05</u> Local Plumbing Inspector Signature: <u>[Signature]</u> \$ <u>10101</u> <input type="checkbox"/> Double Fee Charged L.P.I. # <u>06140</u>	
Street or Road	577 Auburn Street		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, M)	Blake, Ralph F. <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant			
Daytime Tel. #		Municipal Tax Map # <u>386</u> Lot # <u>A005</u>	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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 or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) 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: _____ 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	<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 type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & aft. 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 checked="" 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	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
~2 <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: <u>Single family dwelling and office.</u> (specify) (3 Bedrooms & 2 Employees) 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		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL.	<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 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>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input type="checkbox"/> 1. No <input checked="" 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 checked="" type="checkbox"/> d. Filter on Tank Outlet	<u>346</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 ---
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	
PROFILE CONDITION DESIGN <u>4 / C / 2</u> at Observation Hole # <u>TP-1</u> Depth <u>28"</u> of Most Limiting Soil Factor Groundwater	<input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd <input checked="" 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 type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd	<input checked="" type="checkbox"/> 1. Not Required <input 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

SITE EVALUATOR STATEMENT		
I certify that on <u>May 3, 2005</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).		
<u>[Signature]</u> Site Evaluator Signature	<u>034</u> SE #	<u>5-6-05</u> Date
<u>RICHARD A. SWEET</u> Site Evaluator Name Printed	<u>797-2110</u> Telephone Number	<u>sweet@maine.rr.com</u> E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 Fax: (207) 287-3165

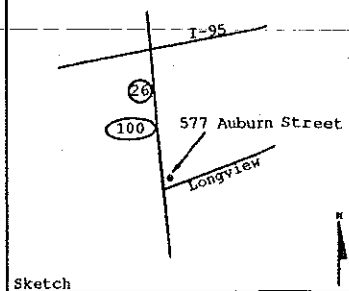
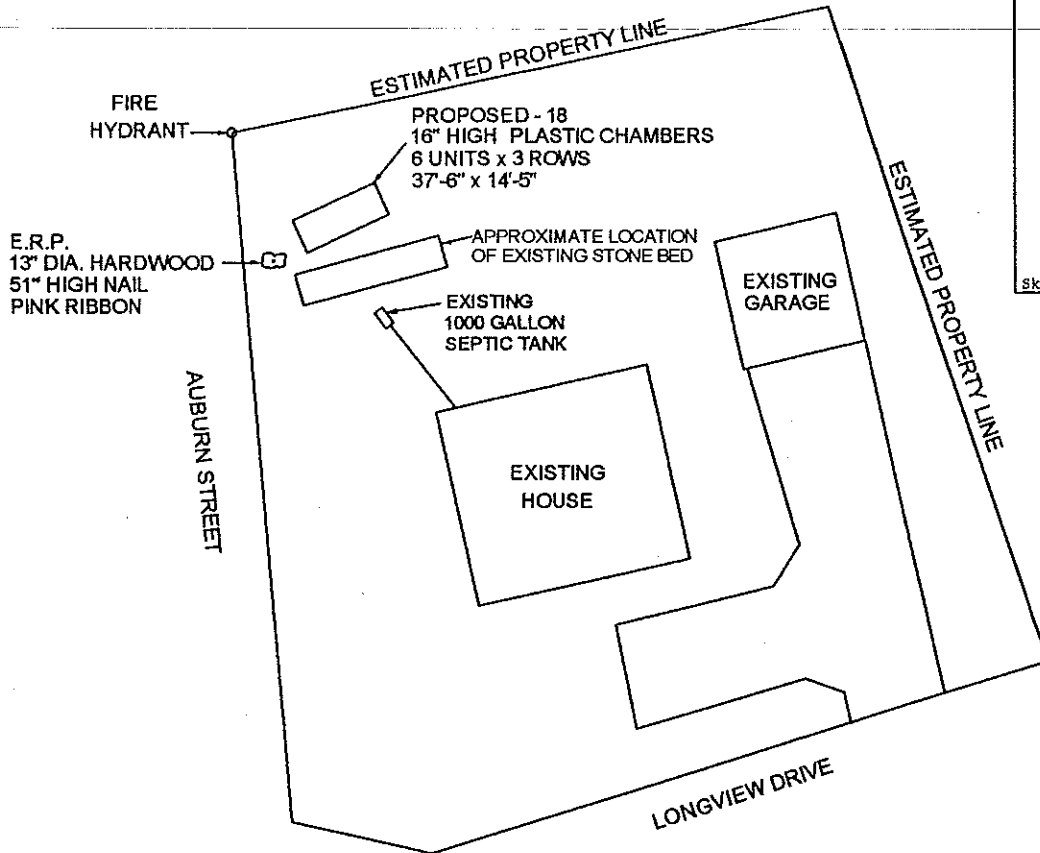
Town, City, Plantation
Portland

Street, Road, Subdivision
577 Auburn St.

Owner or Applicant Name
Ralph Blake

SITE PLAN Scale 1" = 80 ft.

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring

2 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0			Dark	
6	Gravelly	Friable	Brown	
12	Loamy Sand Fill		Brown	
18				
24				
30			Light Brown	Few/Faint
36				
42				
48	Soil	Classification	Slope	Limiting Factor
	<u>4</u>	<u>C</u>		<u>28"</u>
	Profile	Condition	Percent	Depth

Groundwater
 Restrictive Layer
 Bedrock

Observation Hole # _____ Test Pit Boring

" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
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48	Soil	Classification	Slope	Limiting Factor
	Profile	Condition	Percent	Depth

Groundwater
 Restrictive Layer
 Bedrock

Richard Sweet
 Site Evaluator Signature

034
 SE #

5-6-05
 Date

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Make Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5872 Fax: (207) 287-3165

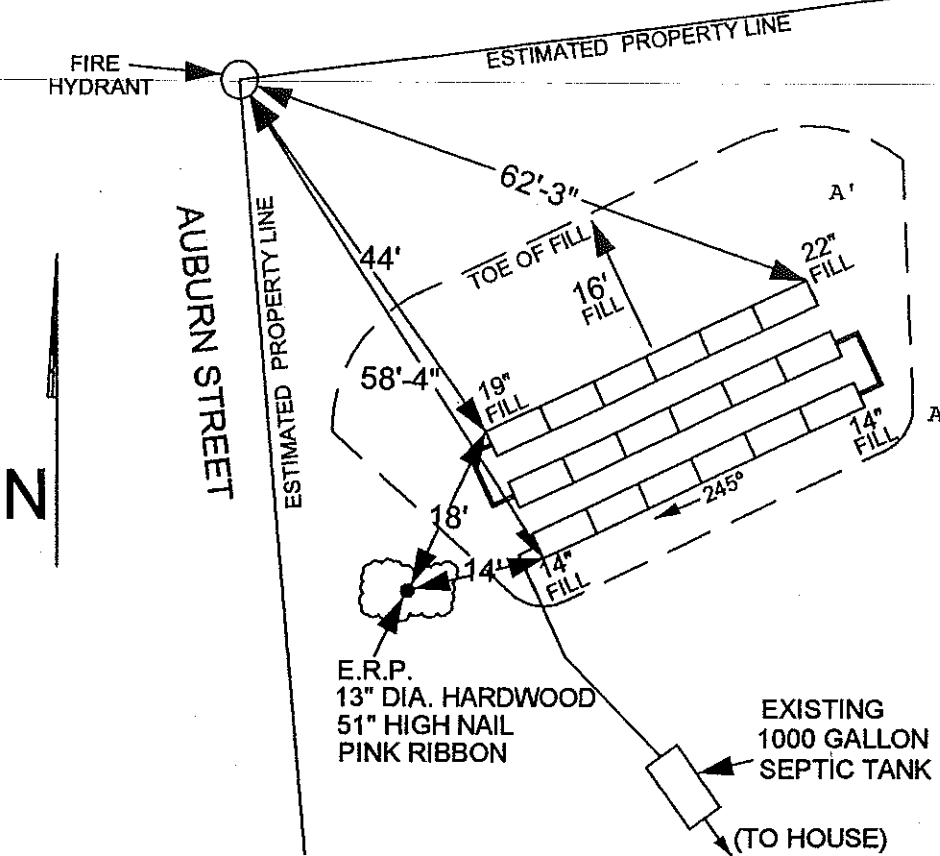
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



**PROPOSED - 18
16" HIGH PLASTIC CHAMBERS
6 UNITS x 3 ROWS
37'-6" x 14'-5"**

NOTE
1. Contractor agrees to verify property lines to ensure that fill will not cross.

BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (upslope) 14"
Depth of Backfill (downslope) 22"
DEPTHS AT CROSS-SECTION (shown below)

Finished Grade Elevation (at Row 1) -35"
Top of Proprietary Device (at Row 1) -43"
Bottom of Disposal Field (at Row 1) -59"

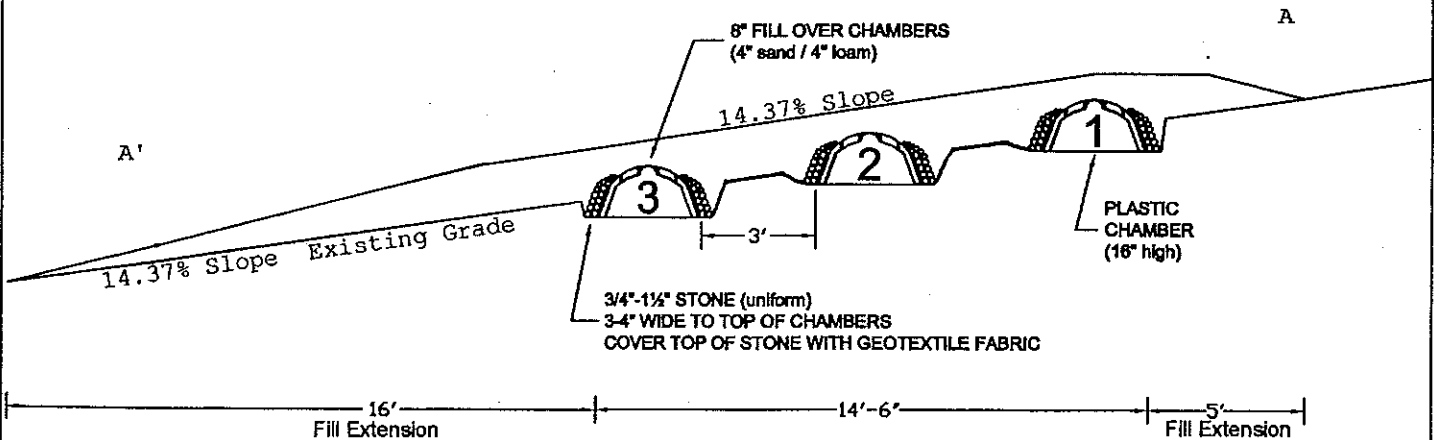
Location & Description: 13" Dia. Hardwood Nail 51" high (see above).
Reference Elevation is: 0.0" or: X

DISPOSAL FIELD CROSS SECTION

Row	Bottom	Top
2	-69"	-43"
3	-79.5"	-63.5"

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 5 ft.

NOTE: SCARIFY ALL GROUND TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF CHAMBERS. REMAINING FILL: LOAMY SAND (no clay)



Ralph Blake
Site Evaluator Signature

034
SE #

5-6-05
Date