

3377

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION
City, Town, or Plantation: Portland
Street or Road: 696 Auburn Street
Subdivision, Lot #:
Town/City: Permit #:
Date Permit Issued: Fee: \$ Double Fee Charged []
L.P.I. #
Local Plumbing Inspector Signature
Owner Town State

OWNER/APPLICANT INFORMATION
Name (last, first, MI): Higgins Tim
Mailing Address: 8 Bay Street
Owner/Applicant: Portland ME 04103
Daytime Tel. #: 838-5370
Municipal Tax Map #: Lot #

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.
Signature of Owner or Applicant Date
CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Local Plumbing Inspector Signature (1st) date approved (2nd) date approved

PERMIT INFORMATION
TYPE OF APPLICATION: 1. First Time System
THIS APPLICATION REQUIRES: 1. No Rule Variance
DISPOSAL SYSTEM COMPONENTS: 1. Complete Non-engineered System
SIZE OF PROPERTY: 10,000 sq. ft.
SHORELAND ZONING: No
DISPOSAL SYSTEM TO SERVE: 1. Single Family Dwelling Unit, No. of Bedrooms: 3
TYPE OF WATER SUPPLY: 4. Public

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)
TREATMENT TANK: 1. Concrete
DISPOSAL FIELD TYPE & SIZE: 3. Proprietary Device
GARBAGE DISPOSAL UNIT: 2. Yes
DESIGN FLOW: 270 gallons per day
SOIL DATA & DESIGN CLASS PROFILE CONDITION: B1C
DISPOSAL FIELD SIZING: 3. Large---4.1 sq. ft. / gpd
EFFLUENT/EJECTOR PUMP: Not Required
LATITUDE AND LONGITUDE: 43 d 45 m 25 s

SITE EVALUATOR STATEMENT
I certify that on 7/9/15 (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: Mark J. Hampton
Site Evaluator Name Printed: Mark J. Hampton
SE #: 263
Telephone Number: 756-2900
Date: 7/9/15
E-mail Address:

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Portland

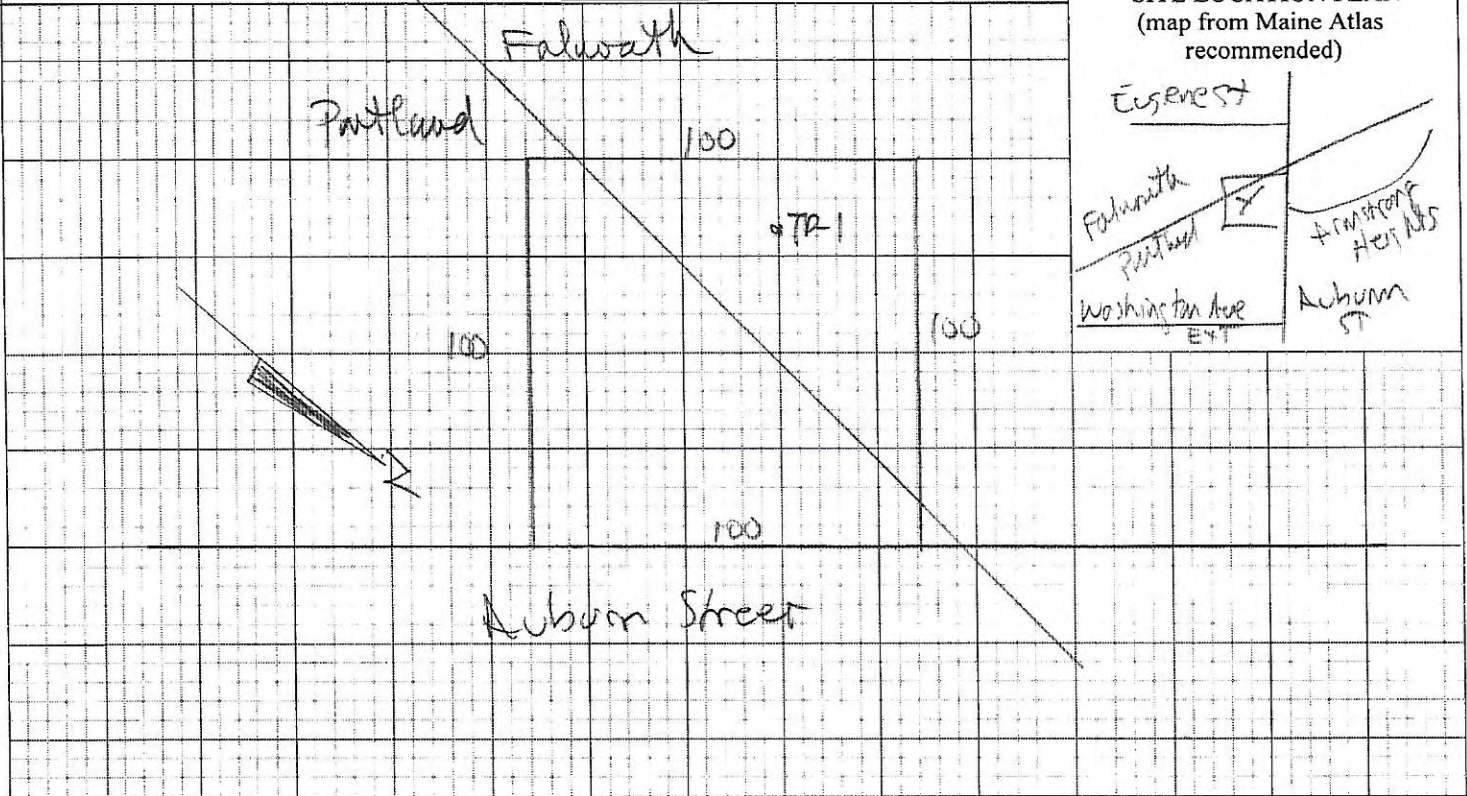
696 Auburn Street

Tim Higgins

SITE PLAN

Scale 1" = 50 ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



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

Observation Hole TR1 Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	Friable	Dark Brown	
10	Sandy loam	Friable	Brown	
20	Silty clay loam	Firm	Olive gray	Common distinct
30				
40				
50				

Soil Classification <u>B C</u> Profile Condition	Slope <u>2</u> %	Limiting Factor <u>16</u> "	<input checked="" type="checkbox"/> Ground Water <input checked="" 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
---	-----------------	--------------------------	---

Mandy Hampton

263

7/9/15

Site Evaluator Signature

SE #

Date

