

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>	
City, Town, or Plantation	Portland	<i>2004 60 20</i>	
Street or Road	402 Ray Street		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>		Date Permit Issued: <u>11/30/04</u>	PLD \$ <u>1,100.00</u> <input type="checkbox"/> If Double Fee Charged
Name (last, first, MI)	Jordan, John <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	<i>[Signature]</i> Local Plumbing Inspector Signature	L.P.I. # <u>0640</u>
Mailing Address of Owner/Applicant		<i>400 D No</i>	
Daytime Tel. #		Municipal Tax Map # _____ Lot # _____	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION 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. (1st) date approved _____	
<i>[Signature]</i> Signature of Owner or Applicant		<i>[Signature]</i> Local Plumbing Inspector Signature	
<u>11/24/04</u> Date		<u>11/24/04</u> (2nd) date approved	

<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>PERMIT ISSUED</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Unknown</u> Year installed: <u>&lt;1974</u> <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	<b>DEC 27 2004</b> <b>CITY OF PORTLAND</b>	<input 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 Treatment Tank (only) <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>SIZE OF PROPERTY</b> -22,500 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<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 checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<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	
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>		

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</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. duster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 bed <input type="checkbox"/> 4. Other: _____ SIZE: <u>900</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>273</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 CURS</b> PROFILE CONDITION DESIGN <u>2 / AIII / 2</u> at Observation Hole # <u>TP-1</u> Depth <u>16"</u> of Most Limiting Soil Factor <b>Bedrock</b>	<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 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	<b>EFFLUENT/EJECTOR PUMP</b> <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**

certify that on Sept. 10, 2004 (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).

*[Signature]*  
Site Evaluator Signature

03A SE # 9-13-04 Date

RICHARD A. SWEET Site Evaluator Name Printed 797-2110 Telephone Number sweet@maine.rr.com E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 8/01

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Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 Fax: (207) 287-3185

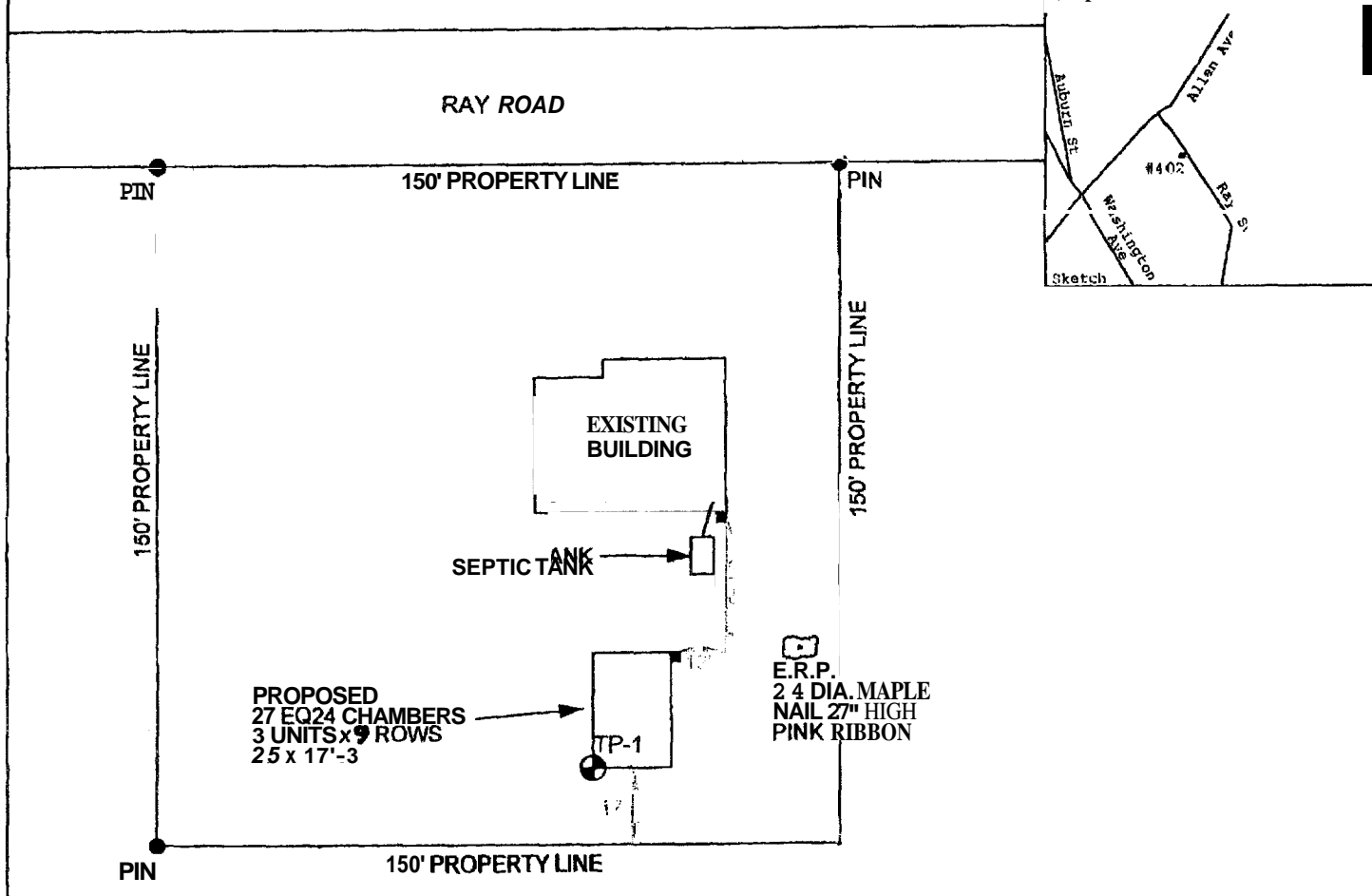
Town, City, Plantation  
**Portland**

Street, Road, Subdivision  
**402 Ray Street**

Owner or Applicant Name  
**John Jordan**

**SITE PLAN** Scale 1" = 40 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

0 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	consistency	Color	Mottling
0			<b>Dark</b>	
6	<b>Fine Sandy Loam</b>	<b>Friable</b>	<b>Brown</b>	
12			<b>Yellowish Brown</b>	
18			<b>Brown</b>	
18	<b>Bedrock</b>			<b>None to 16"</b>
24				
30				
36				
42				
48				

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
<u>2</u>	<b>AIII</b>		<u>16"</u>	<input type="checkbox"/> Restrictive Layer
Profile	Condition	Percent	Depth	<input checked="" type="checkbox"/> Bedrock

Observation Hole # \_\_\_\_\_  Test Pit  Boring

\_\_\_\_\_ " Depth of organic horizon above mineral soil

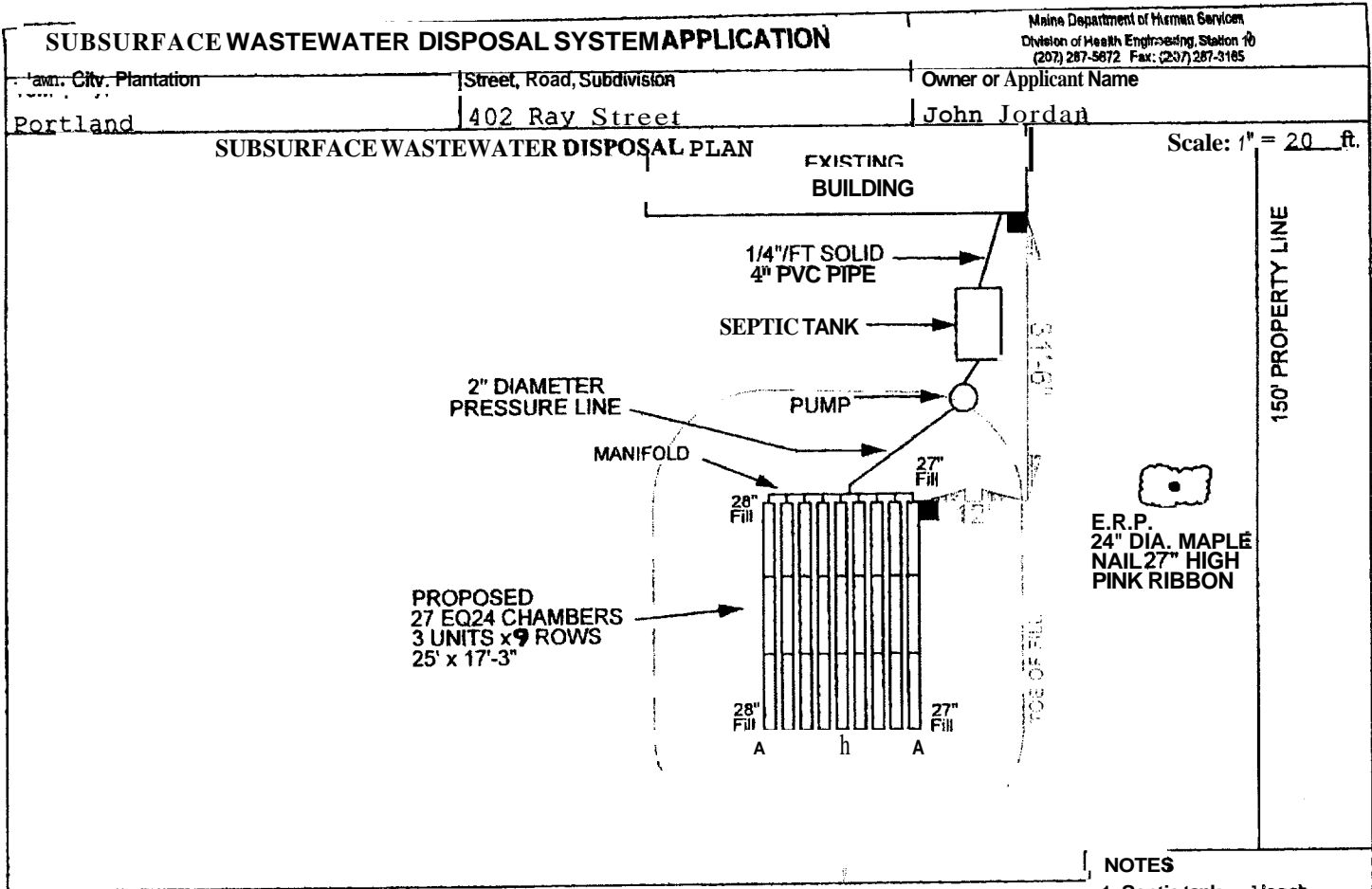
Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

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

*Richard Sweet*  
Site Evaluator Signature

034  
SE #

9-13-04  
Date



150' PROPERTY LINE

**NOTES**

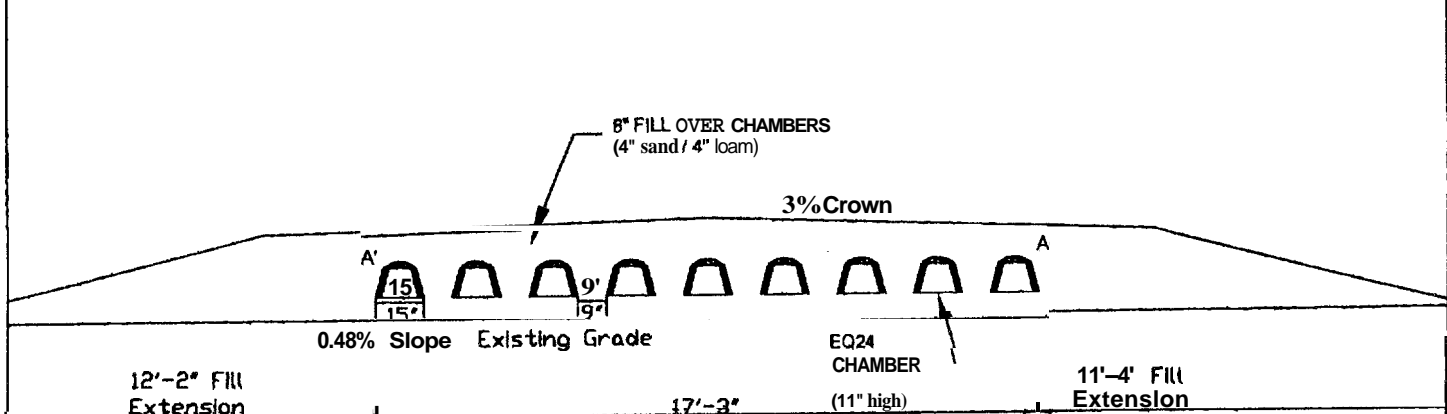
1. Septic tank and leach field must be located at a minimum of 8' and 20' from the home, respectively

BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Backfill (upslope) <u>27"</u>	Finished Grade Elevation (at Row 1) <u>-17"</u>	Location & Description: <u>24" diameter maple</u>
Depth of Backfill (downslope) <u>28"</u>	Top of Proprietary Device (at Row 1) <u>-25"</u>	Nail <u>27"</u> high (see above).
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Field (at Row 1) <u>-36"</u>	Reference Elevation is: <u>0.0"</u> or <u>X</u>

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

**DISPOSAL FIELD CROSS SECTION**

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



<i>Richard A. Sweet</i>	034	9-13-04
Site Evaluator Signature	SE#	Date

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