

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: **Portland**

Street or Road: **32 Ice Pond Drive**

Subdivision, Lot #: _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: _____ Permit #: _____

Date Permit Issued: ____/____/____ Fee: \$ _____ Double Fee Charged

Local Plumbing Inspector Signature: _____ L.P.I. #: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **Carson, Dustin & Sarah**

Mailing Address of Owner/Applicant: **24 Bear Run
Gorham, Maine 04038**

Daytime Tel. #: **(207) 314-3596**

Owner Town State

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

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: _____
Local Plumbing Inspector Signature: _____ (2nd) date approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System
Type replaced: _____
Year installed: _____

3. Expanded System
 a. <25% Expansion
 b. >= 25% Expansion

4. Experimental System

5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance

2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector

3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System

2. Primitive System (graywater & alt. toilet)

3. Alternative Toilet, specify: _____

4. Non-engineered Treatment Tank (only)

5. Holding Tank, _____ gallons

6. Non-engineered Disposal Field (only)

7. Separated Laundry System

8. Complete Engineered System (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: _____

12. Miscellaneous Components

SIZE OF PROPERTY

0.46 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: **3**

2. Multiple Family Dwelling, No. of Units: _____

3. Other: _____ (specify)

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private

4. Public 5. Other

SHORELAND ZONING

Yes No

Current Use Seasonal Year Round Undeveloped

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile

2. Plastic

3. Other: _____

CAPACITY: **1,000** GAL

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench

3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load

4. Other: _____

SIZE: **1008** sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe

If Yes or Maybe, specify one below:

a. multi-compartment tank

b. _____ tanks in series

c. increase in tank capacity

d. Filter on Tank Outlet

DESIGN FLOW

270 gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities: _____

SOIL DATA

PROFILE: **2** CONDITION: **C**

at Observation Hole # **TP-1**

Depth **18** "

of Most Limiting Soil Factor: **Groundwater**

DISPOSAL FIELD SIZING

1. Medium---2.6 sq. ft. / gpd

2. Medium---Large 3.3 sq. ft. / gpd

3. Large---4.1 sq. ft. / gpd

4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required

2. May Be Required

3. Required

Specify only for engineered systems:

DOSE: _____ gallons

3. Section 4G (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE at center of disposal area

Lat. **N43** d **42** m **5.2** s

Lon. **W70** d **15** m **54.0** s

if g.p.s. state margin of error: **20'**

SITE EVALUATOR STATEMENT

I certify that on **2-7-18** (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).

Dave V. Chapman **293** **2-8-18**
Site Evaluator Signature SE # Date

Dave Chapman **(207) 200-2129** **dchapman@sebagotechncs.com**
Site Evaluator Name Printed Telephone Number Email Address

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

Town, City, Plantation
Portland

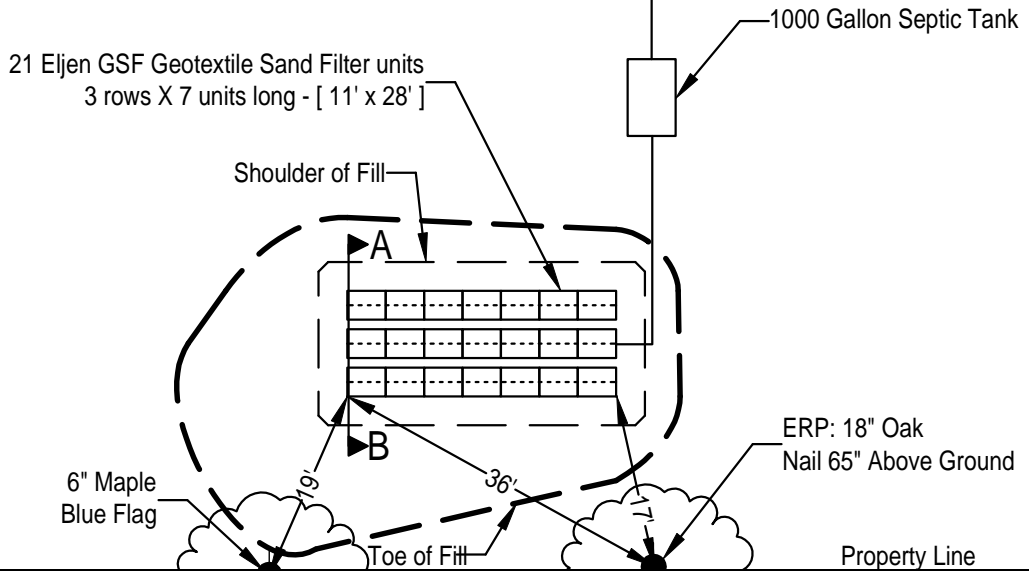
Street, Road, Subdivision
32 Ice Pond Drive

Owner or Applicant Name
Dustin & Sarah Carson

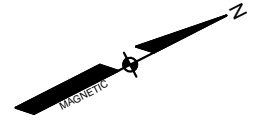
SUBSURFACE WASTEWATER DISPOSAL PLAN

Proposed House
 Location

Scale: 1" = 20 ft



Existing Grade Elevations	
-78"	-67"
-91"	-70"
FIELD CORNERS	



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Backfill (upslope) 13-24"
 Depth of Backfill (downslope) 16-37"

Finished Grade Elevation -54
 Top of Pipe -62
 Bottom of Eljen Units -73

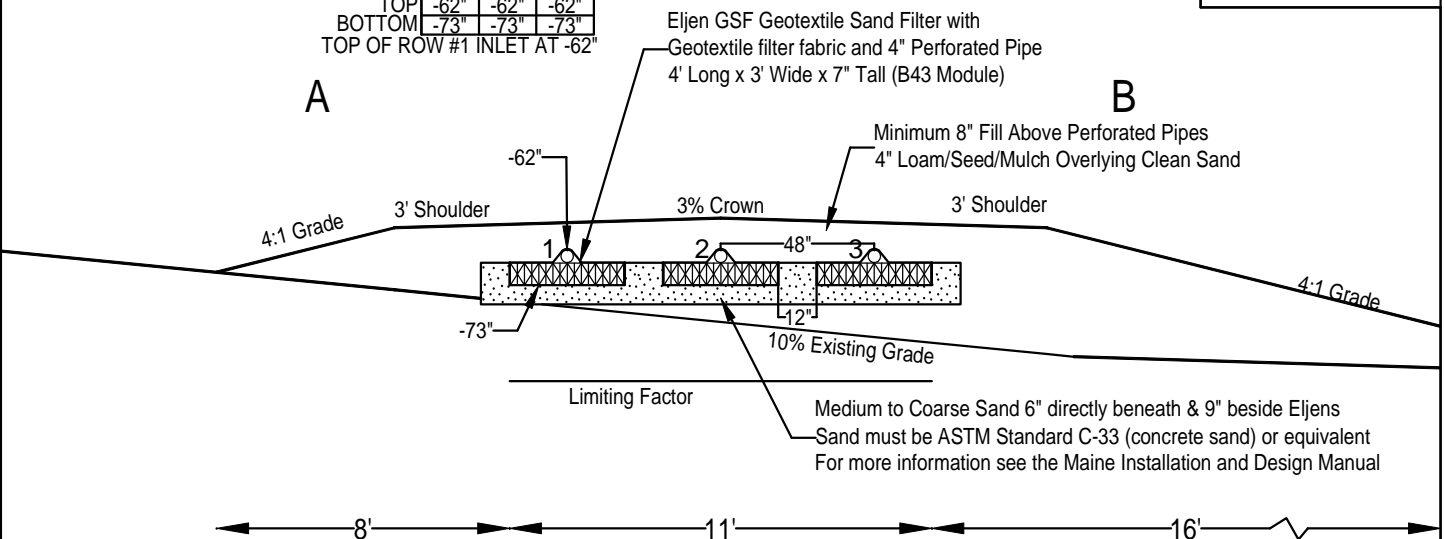
Location & Description: 18" Oak
Nail 65" Above Ground
 Reference Elevation is 0.0" or: _____

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

DISPOSAL FIELD CROSS SECTION

ROW #	1	2	3
TOP	-62"	-62"	-62"
BOTTOM	-73"	-73"	-73"
TOP OF ROW #1 INLET AT -62"			

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



Dan V. Chapman
 Site Evaluator Signature

293
 SE #

2-8-18
 Date

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