

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	Town/City _____ Permit # _____
Street or Road	Ice Pond Drive	Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	Lot 10	Local Plumbing Inspector Signature _____ L.P.I. # _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI) O'Donovan, Tim	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	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.
Mailing Address of Owner/Applicant	Municipal Tax Map # _____ Lot # _____	
Daytime Tel. #	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 _____
	Local Plumbing Inspector Signature _____ (2nd) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION <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. <25% Expansion <input type="checkbox"/> b. >= 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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 <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <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 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
SIZE OF PROPERTY + - 0.47 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <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	TYPE OF WATER SUPPLY <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)

TREATMENT TANK <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	DISPOSAL FIELD TYPE & SIZE <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>1152</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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	DESIGN FLOW <u>281</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS — for other facilities — <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>42</u> m <u>07.59</u> s Lon. <u>W70</u> d <u>15</u> m <u>55.48</u> s if g.p.s. state margin of error: <u>20'</u>
SOIL DATA PROFILE <u>8</u> CONDITION <u>D</u> at Observation Hole # <u>TP-1</u> Depth <u>12</u> " of Most Limiting Soil Factor Groundwater	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium—Large 3.3 sq. f.t / gpd <input checked="" type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <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	

SITE EVALUATOR STATEMENT

I certify that on 10-13-14 (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>34</u> SE #	<u>10/30/14</u> Date
<u>Richard A. Sweet</u> Site Evaluator Name Printed	<u>(207) 797-2110</u> Telephone Number	<u>sweet@maine.rr.com</u> Email Address

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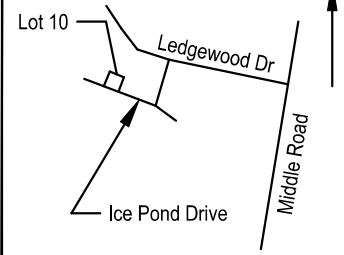
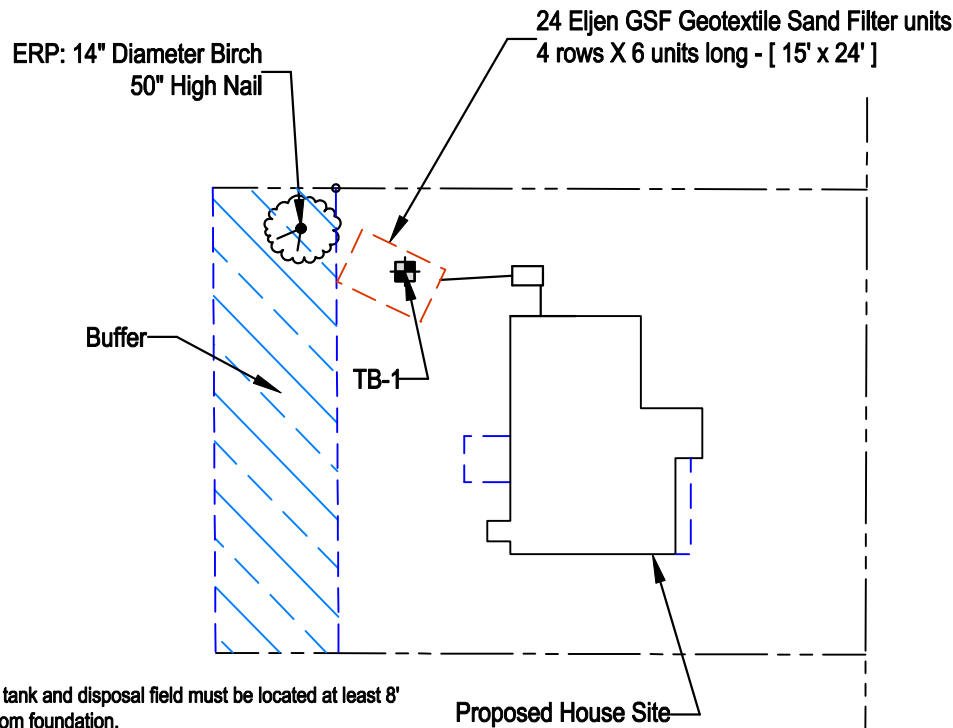
Town, City, Plantation
Portland

Street, Road, Subdivision
Ice Pond Drive

Owner or Applicant Name
Tim O'Donovan

SITE PLAN Scale 1" = 50 ft.

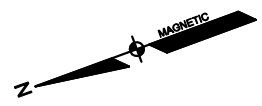
SITE LOCATION PLAN



ICE POND DRIVE

NOTES:

1. Septic tank and disposal field must be located at least 8' and 20' from foundation.
2. Scarify all ground to be filled.
3. Insulate the Distribution Box (D-Box).
4. Min. 1/4"/ft (2%) pitch of pipe from building to septic tank.
5. Min. 1/8"/ft (1%) pitch of pipe from septic tank to disposal field.
6. Review the Eljen Geotextile Sand Filter (GSF) Design and Installation Manual before installing this system.



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

Observation Hole # TB-1 Test Pit Boring

1 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6		Friable	Olive Brown	
12	Silt Loam			
18		Friable to Firm	Olive Brown	Common & Faint
24				
30				
36				
42				
48				

20 inches

Soil Profile	Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Groundwater
<u>8</u>	<u>D</u>	<u>9</u>	<u>12"</u>	<input checked="" type="checkbox"/> Restrictive Layer
Profile	Condition	Percent	Depth	<input 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 O'Neil
 Site Evaluator Signature

034
 SE #

10/30/14
 Date

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Owner or Applicant Name
 Tim O'Donovan

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft

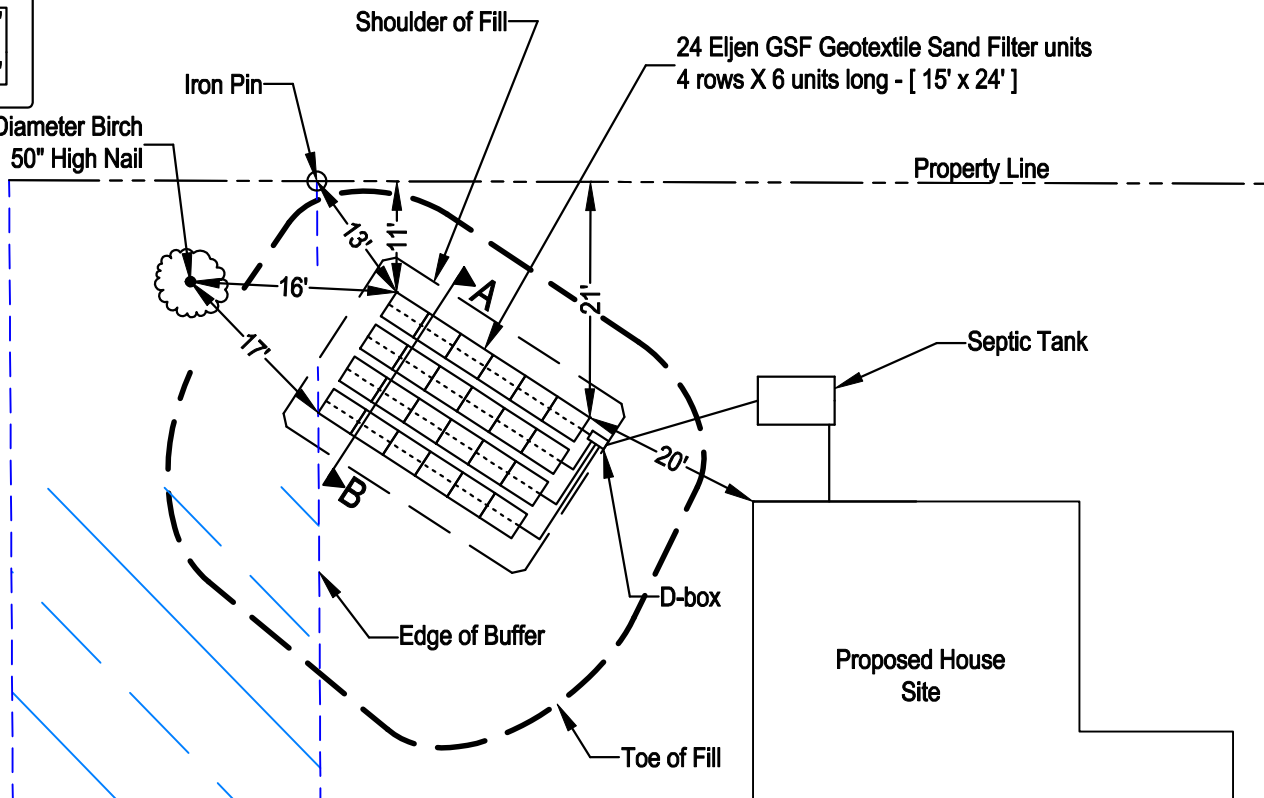
Existing Grade Elevations

-36" -36"

-53" -55"

FIELD CORNERS

ERP: 14" Diameter Birch
 50" High Nail



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT
 Location & Description: 14" Diameter Birch

Depth of Backfill (upslope) 31-31"
 Depth of Backfill (downslope) 33-35"

Finished Grade Elevation (at Row 1) -9"
 Top of Proprietary Device (at Row 1) -17"
 Bottom of Disposal Field (at Row 1) -28"

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	4
TOP	-17"	-21"	-26"	-30"
BOTTOM	-28"	-32"	-37"	-41"

TOP OF ROW #1 INLET AT -13"

APPROXIMATE ABOVE GRADE FILL REQUIRED
 36.1 cubic yards of LOAM
 129.6 cubic yards of SAND
 Compaction: +20% Loam & +15% Sand
 Volume of chambers not considered

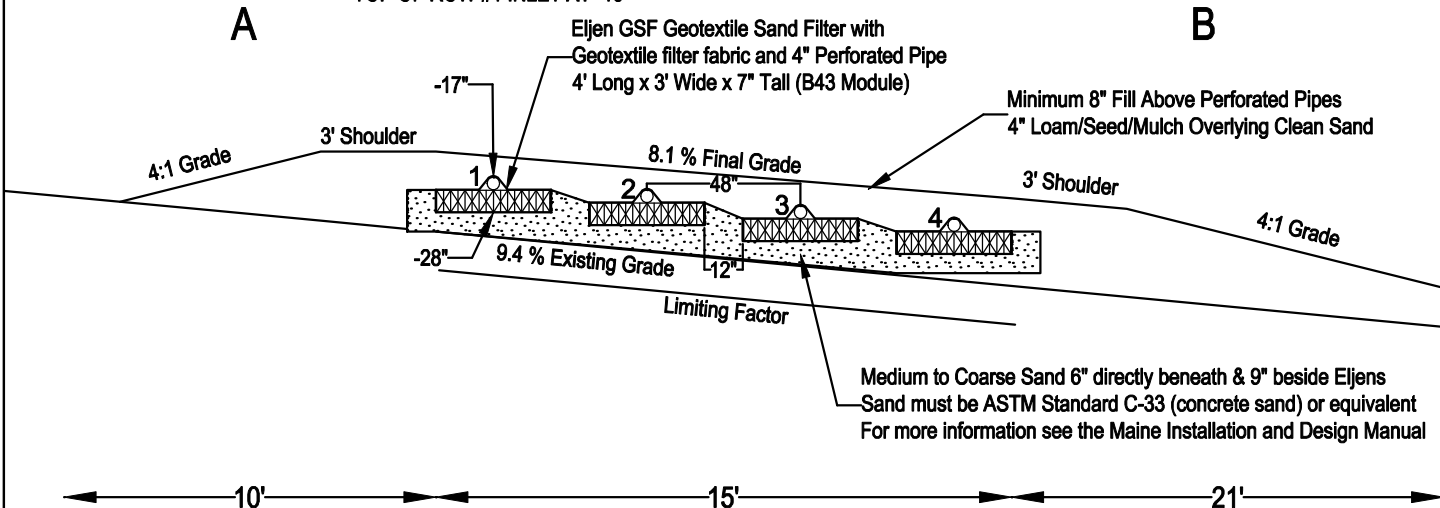
Scales:

Verticle: 1" = 5'

Horizontal: 1" = 5'

A

B



Richard Omet
 Site Evaluator Signature

034
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 Date

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