

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		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland	Town/City	Portland
Street or Road	Ice Pond Drive (#45)	Date Permit Issued	1/1/11 Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	Lot 10	Local Plumbing Inspector Signature	L.P.I. # _____

OWNER/APPLICANT INFORMATION		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: PO Box 1464, Portland, ME		
Daytime Tel. #: 207-232-8050		
Municipal Tax Map # 414 Lot # A-020		

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: <u>Michael D. Shultz</u> Date: <u>10/30/14</u>		Local Plumbing Inspector Signature: _____ (1st) date approved: _____	
		_____ (2nd) date approved: _____	

PERMIT INFORMATION			
TYPE OF APPLICATION		THIS APPLICATION REQUIRES	
<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		<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	
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE	
+ - 0.47 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES		<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)	
SHORELAND ZONING		TYPE OF WATER SUPPLY	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<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		DISPOSAL FIELD TYPE & SIZE	
<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		<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> sq. ft. <input type="checkbox"/> lin. ft.	
SOIL DATA		GARBAGE DISPOSAL UNIT	
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		<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	
DISPOSAL FIELD SIZING		EFFLUENT/EJECTOR PUMP	
<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		<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	
		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>	

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

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 Division of Health Engineering, Station 10
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Town, City, Plantation
Portland

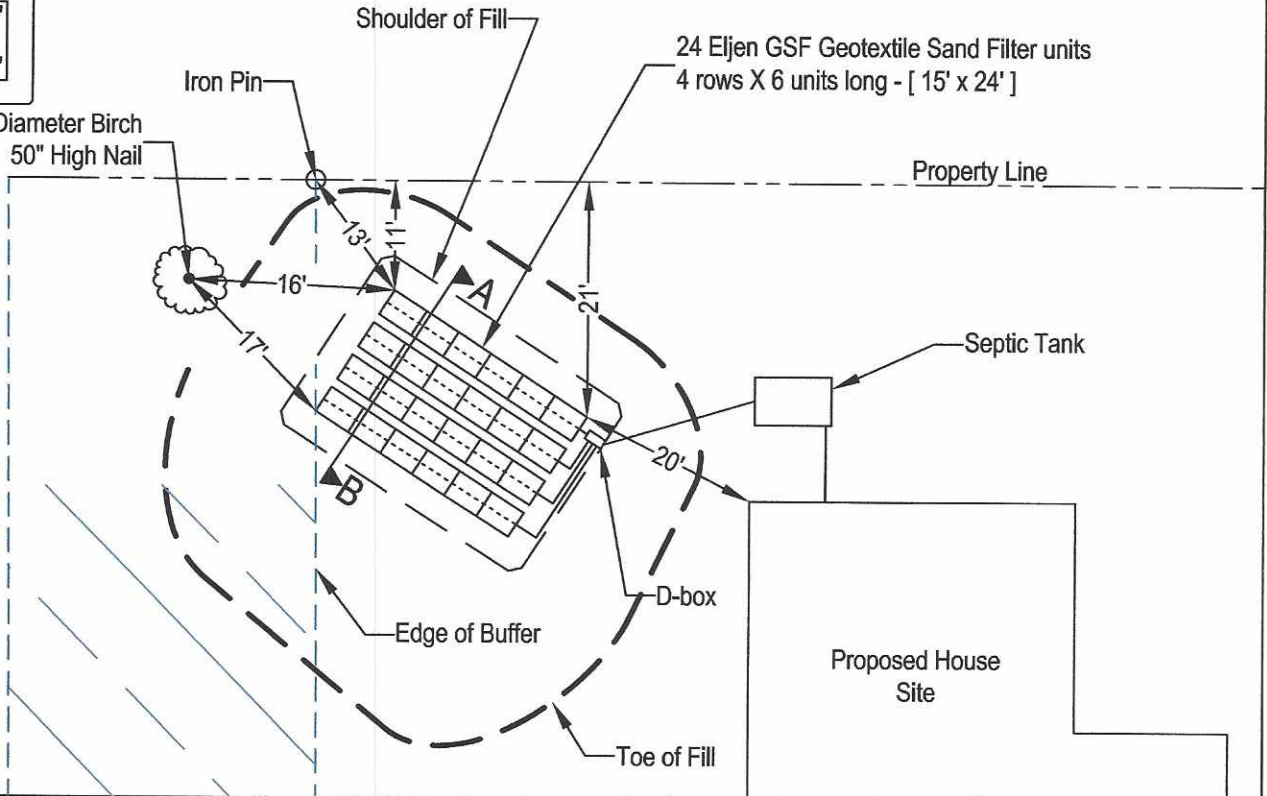
Street, Road, Subdivision
Ice Pond Drive

Owner or Applicant Name
Tim O'Donovan

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft

Existing Grade Elevations
 -36" -36"
 -53" -55"
 FIELD CORNERS



BACKFILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

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"

Location & Description: 14" Diameter Birch
50" High Nail

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

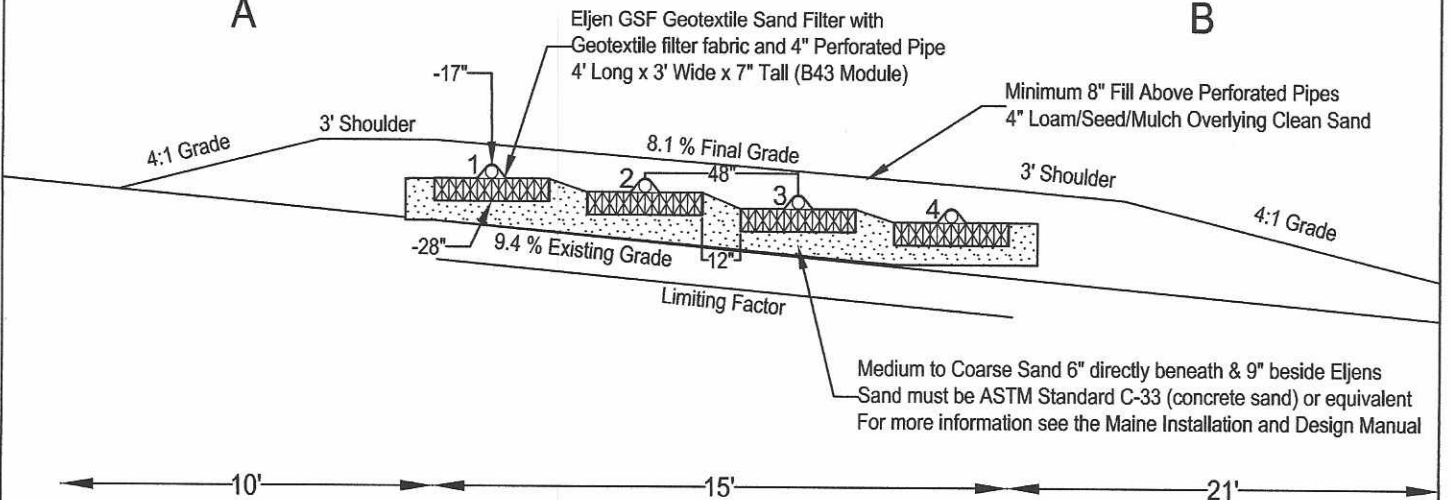
ROW #	1	2	3	4
TOP	-17"	-21"	-26"	-30"
BOTTOM	-28"	-32"	-37"	-41"
TOP OF ROW #1 INLET AT -13"				

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:
 Vertical: 1" = 5'
 Horizontal: 1" = 5'

A

B



Richard O'Neil
 Site Evaluator Signature

034
 SE #

10/30/14
 Date

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