

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: PORTLAND GREAT DIAMOND ISLAND

Street Subdivision Lot #: MEADOW AVE LOT# 43-44

PROPERTY OWNERS NAME

Last: NEWMAN First: THOMAS

Applicant Name:

Mailing Address of Owner/Applicant (if Different):

FORTLAND PERMIT # 3,330 APPLICANTS COPY

Permit Issued: 3/11/88 Fee: 14101010 If Double Fee Charge

Local Plumbing Inspector Signature: [Signature] L.P.I. # 111213

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: _____ Date: _____

Caution: Inspection Required

Have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: [Signature] Date Approved: 6/22/88

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p> <p>SEASONAL CONVERSION to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED <u>BY</u></p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p>THIS APPLICATION REQUIRES:</p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER: _____</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>PUBLIC SUPPLY</u></p>
<p>SIZE OF PROPERTY</p> <p><u>21,800 sq ft</u></p>	<p>ZONING</p> <p><u>IR-2</u></p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS.</p>	<p>WATER CONSERVATION</p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY: _____</p>	<p>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input checked="" type="checkbox"/> REQUIRED</p> <p>DOSE: <u>90</u> GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>SINGLE FAMILY DWELLING 3 BEDROOMS TABLE 7-1</u></p> <p><u>MINIMUM FLOW</u></p> <p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td><u>3/1</u></td> <td><u>C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>16"</u></p>	PROFILE	CONDITION	<u>3/1</u>	<u>C</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>12x12</u> Sq. Ft.</p> <p> <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER: _____</p>	
PROFILE	CONDITION						
<u>3/1</u>	<u>C</u>						

SITE EVALUATOR STATEMENT

On June 3, 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature: [Signature] Date: 6/25/88

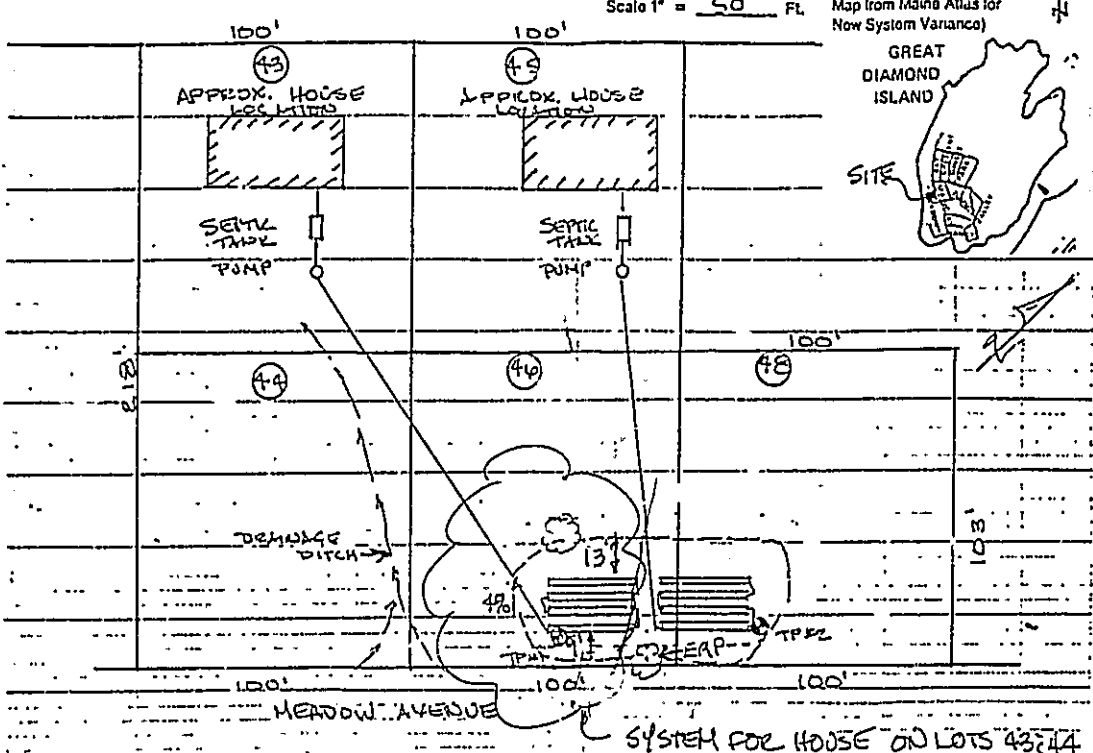
(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

775-78112 767-5163

JBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: PORTLAND GREAT DIAMOND IS. Street, Road, Subdivision: MEADOW AVE. 43, 44 Owners Name: THOMAS NEWMAN



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

Observation Hole 1				Observation Hole 2			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
LOAMY FINE SAND		GREY-BROWN		LOAMY FINE SAND		GREY-BROWN	
SAND		OLIVE		SAND		OLIVE	
	FRIABLE				FRIABLE		
GRAVELLY SAND		OLIVE	FEW FAULT	GRAVELLY SAND		OLIVE	FEW FAULT
			COMMON DISTING				COMMON DISTING
SILTY LEAN CLAY	FIRM	GREY		SILTY LOAMY CLAY	FIRM	GREY	

Soil: <u>317</u>	Classification: <u>C</u>	Slope: <u>4%</u>	Limiting Factor: <u>16</u>	<input checked="" type="checkbox"/> Groundwater	<input type="checkbox"/> Reseptive Layer	<input type="checkbox"/> Disposal
Soil: <u>2</u>	Classification: <u>C</u>	Slope: <u>4%</u>	Limiting Factor: <u>16</u>	<input checked="" type="checkbox"/> Groundwater	<input type="checkbox"/> Reseptive Layer	<input type="checkbox"/> Disposal

Thomas Newman 104 Date: 6/25/88 Page 2 of 3 HNF-200 Rev. 1/84

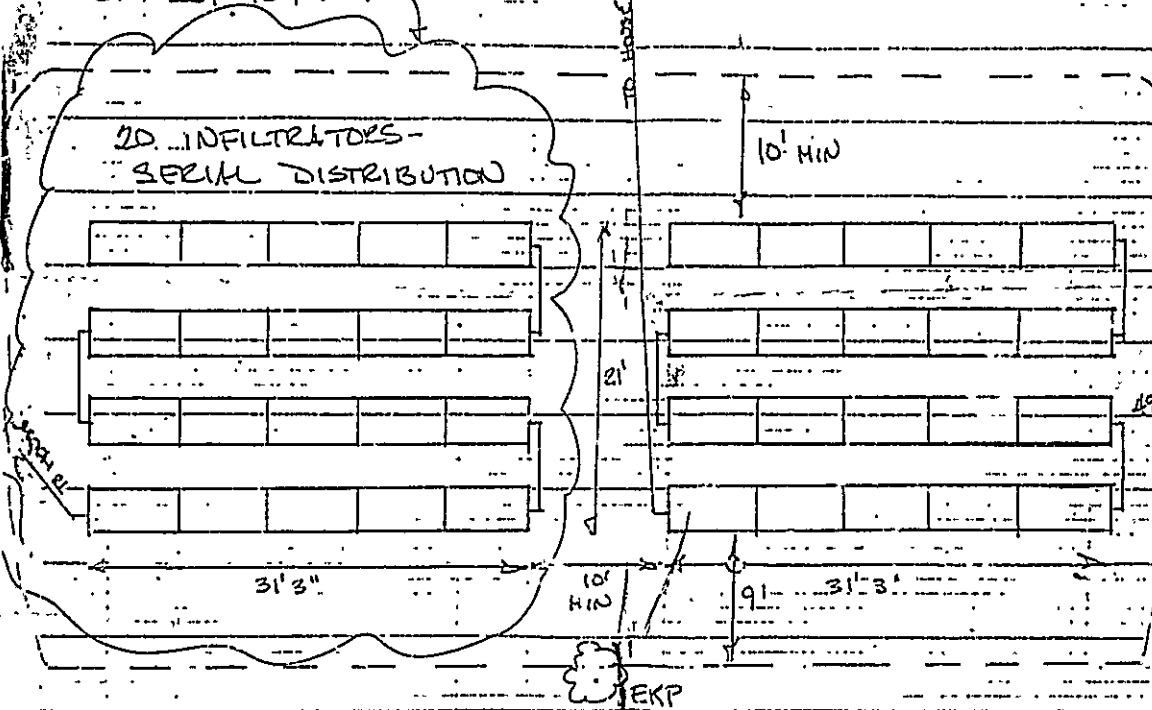
SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
Owners Name

City, Plantation Street, Road, Subdivision
PORTLAND GREAT DIAMOND IS. MEADOW AVE LOT #43 & 44 THOMAS NEWMAN
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 10' FT

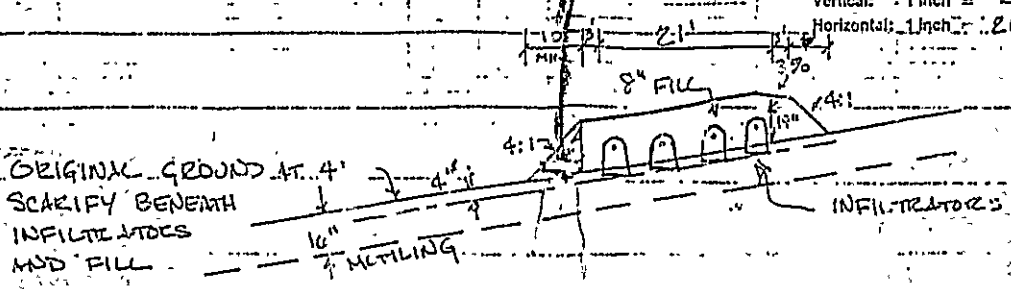
DE POSH AREA FOR HOUSE
ON LOT 43 & 44



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION DESCRIPTION
Depth of Fill (Upslope) 19'	Reference Elevation Is 02'	
Depth of Fill (Downslope) 22'	Bottom of Disposal Area -69"	ERP - NAIL IN 14" TREE
	Top of Distribution Lines or Chambers -59"	24" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

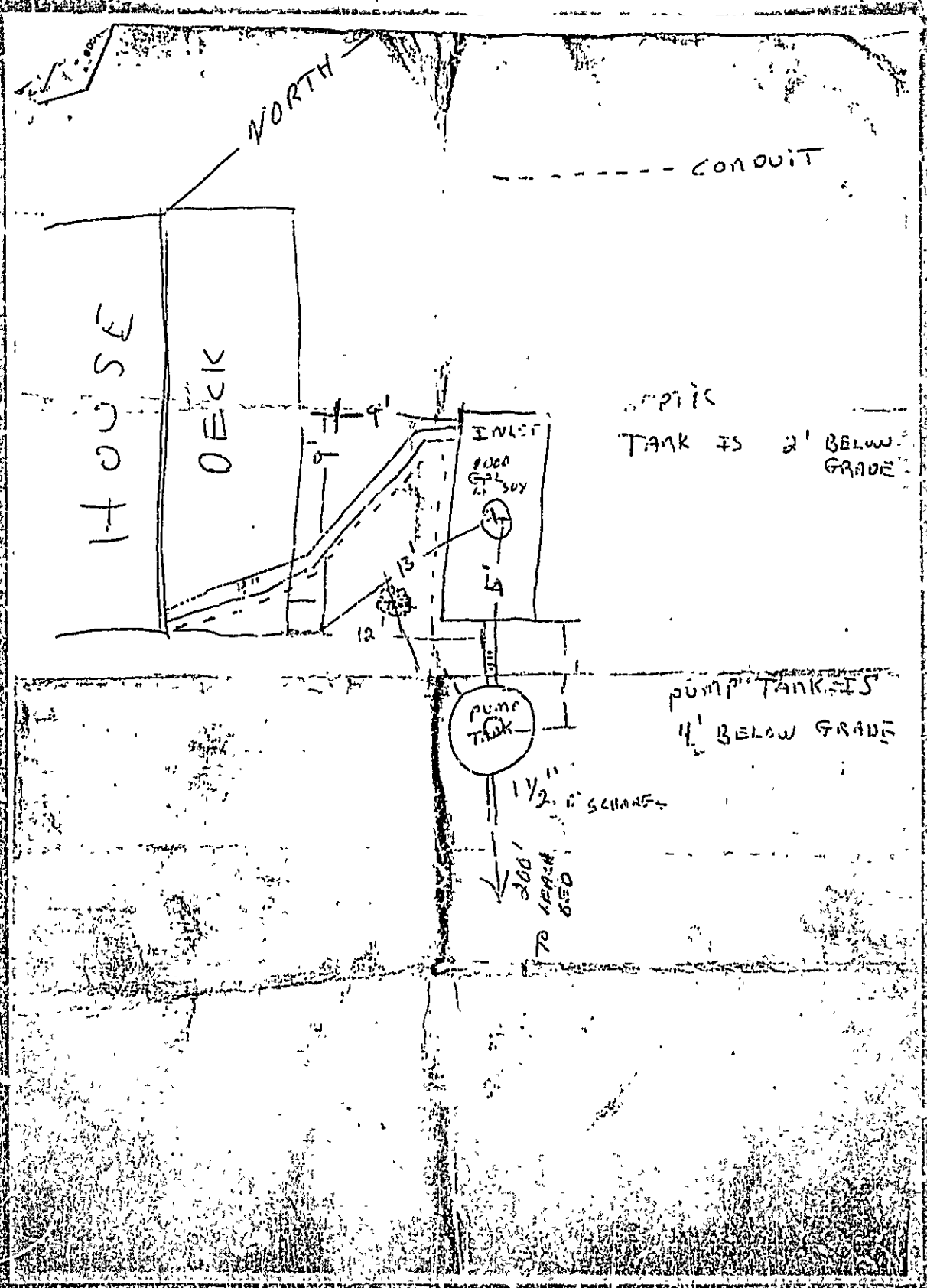
Scale:
Vertical: 1 Inch = 5' FT
Horizontal: 1 Inch = 20' FT



Jim Shank
Site Evaluator Signature

104

6/25/88
Date



NORTH

CONDUIT

HOUSE

DECK

INLET

1000 GAL

4'

TANK IS 2' BELOW GRADE

PUMP TANK

PUMP TANK IS 4' BELOW GRADE

1 1/2" SCH 40

300' LEAD TO

EXHIBIT A

Department of Human Services
Division of Health Engineering
(207)289-3826

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		PORTLAND PERMIT # 3,330 TOWN COPY Date Permit Issued: 6/3/1988 \$ 1410.00 FEE <input type="checkbox"/> Double Fee Charged L.P.I. # 11213 Local Plumbing Inspector Signature: <i>[Signature]</i>
Town Or Plantation	GREAT DIAMOND ISLAND	
Street Subdivision Lot #	MEADOW AVE LOT # 43-44	
PROPERTY OWNERS NAME		
Last Name	FIRST NAME	
Applicant Name		
Mailing Address of Owner/Applicant (if Different)		
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. AP 6/16/1988 Local Plumbing Inspector Signature: _____ Date Approved: _____
Signature of Owner/Applicant	Date	Local Plumbing Inspector Signature

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1 <input checked="" type="checkbox"/> NEW SYSTEM 2 <input type="checkbox"/> REPLACEMENT SYSTEM 3 <input type="checkbox"/> EXPANDED SYSTEM 4 <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1 <input checked="" type="checkbox"/> NO RULE VARIANCE 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3 <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE	INSTALLATION IS: COMPLETE SYSTEM 1 <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2 <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3 <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS. 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5 <input type="checkbox"/> HOLDING TANK _____ GAL. 6 <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
SEASONAL CONVERSION to be completed by the LPI 5 <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED	IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1 <input type="checkbox"/> BED 3 <input type="checkbox"/> TRENCH 2 <input type="checkbox"/> CHAMBER 4 <input type="checkbox"/> OTHER _____	DISPOSAL SYSTEM TO SERVE: 1 <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2 <input type="checkbox"/> MODULAR OR MOBILE HOME 3 <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4 <input type="checkbox"/> OTHER _____ SPECIFY _____
S.F.E OF PROPERTY: 2,800 sq ft ZONING: IR-2	TYPE OF WATER SUPPLY PUBLIC SUPPLY	

CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING, EMPLOYEES, WATER RECORDS, ETC.) SINGLE FAMILY DWELLING 3 BEDROOMS TABLE 7-1 MINIMUM FLOW DESIGN FLOW 270 (GALLONS/DAY)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input checked="" type="checkbox"/> REQUIRED DOSE: 90 GALS	
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 3/7 CONDITION: C DEPTH TO LIMITING FACTOR: 16"	SIZE RATINGS USED FOR DESIGN PURPOSES 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input checked="" type="checkbox"/> MEDIUM-LARGE 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1 <input type="checkbox"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER 4000 Sq. Ft <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H-20 3 <input type="checkbox"/> TRENCH _____ Linear Ft. 4. <input type="checkbox"/> OTHER _____	

SITE EVALUATOR STATEMENT

On JUNE 3 1988 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] 104 6/25/88
 Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3
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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City Plantation

Street, Road, Subdivision

Owners Name

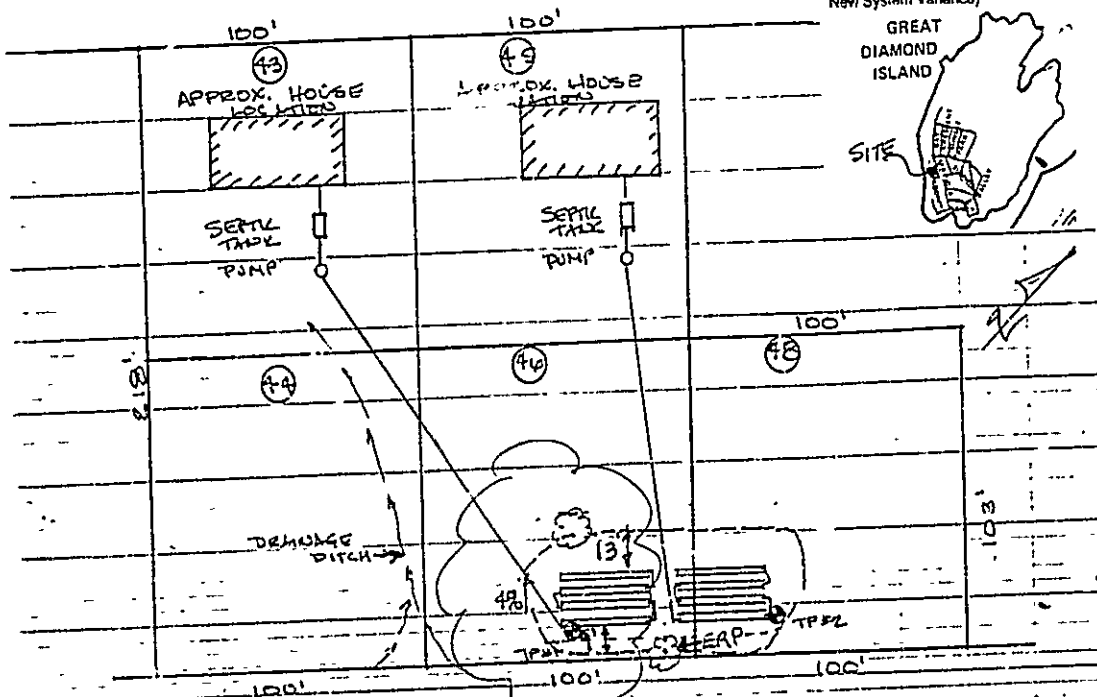
PORTLAND GREAT DIAMOND IS. MEADOW AVE. 43 & 44

THOMAS DEWHAN

SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)

Scale 1" = 50 Ft.

GREAT DIAMOND ISLAND



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

Observation Hole 1 Test Pit Boring

Depth of Organic Horizon Above Mineral Soil _____

Texture	Consistency	Color	Mottling
LOOSLY FINE SAND		GREY-BROWN	
SAND		OLIVE	
	FRAGILE		
GRAVELLY SAND		OLIVE	FEW FAINT
			COMMON DISTINCT
SILTY LOAM	FIRM	GREY	
SILTY CLAY			

Soil Classification: 7 C Slope: 4 % Limiting Factor: 16

Ground Water Perched Layer Bedrock

104 SE# Date 4/25/88 Page 2 of 3 HHE-201 Rev 1/84

Thomas Dewhan
Site Eval. or Signature

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

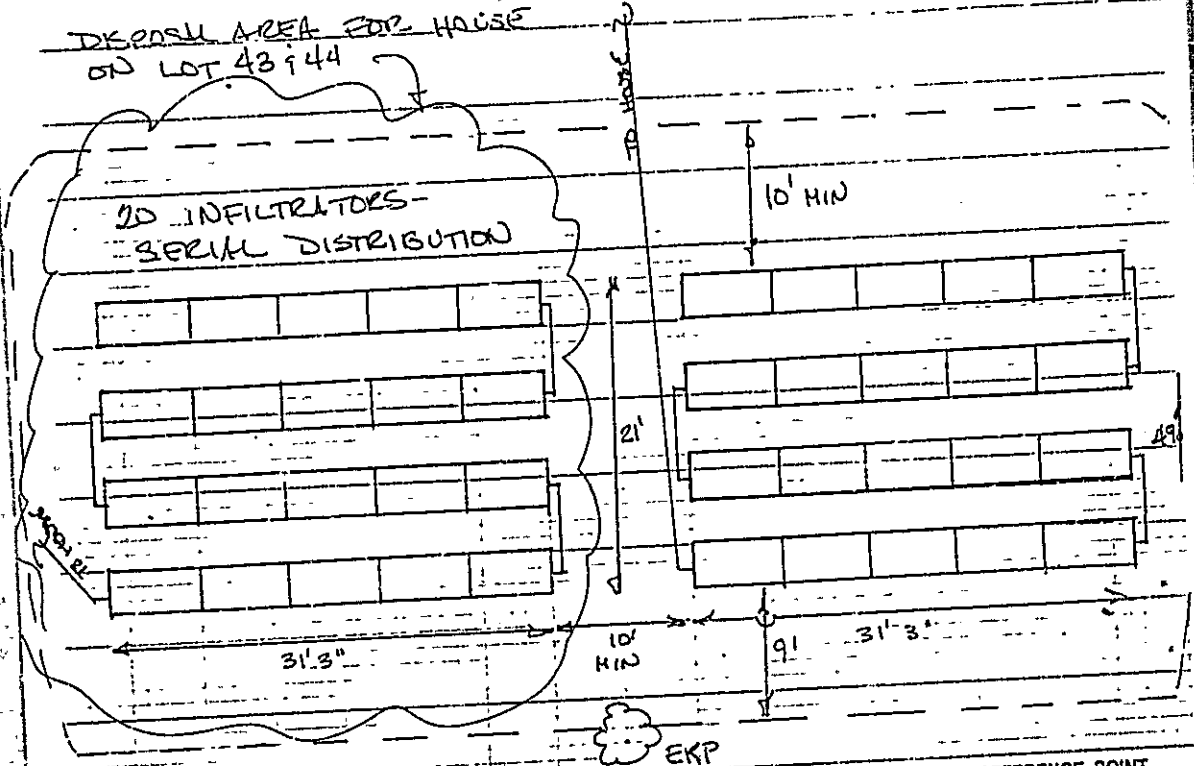
Street, Road, Subdivision

Owners Name

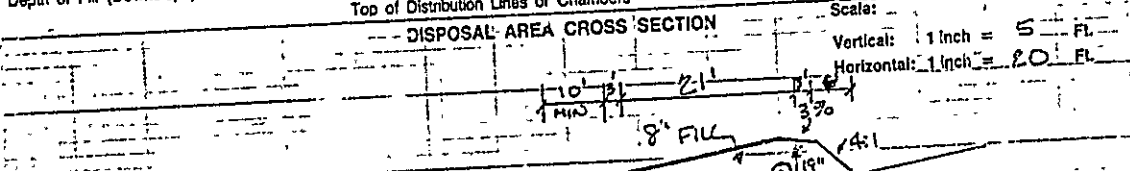
PORTLAND GREAT DIAMOND IS. MEADOW AVE LOT #43 & 44 THOMAS NEWMAN

Scale 1" = 10' FL

DISPOSAL AREA FOR HOUSE
ON LOT 43 & 44



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	19"	Reference Elevation Is	60"	ERP - NAIL IN 14" TREE	54" ABOVE GROUND
Depth of Fill (Downslope)	22"	Bottom of Disposal Area	69"		
		Top of Distribution Lines or Chambers	59"		



ORIGINAL GROUND AT 4%
SCAFFIFY BENEATH INFILTRATORS
AND FILL 16" NOTHING

Jim Lohrke
Site Evaluator Signature

104
SE#

6/25/88
Date