

87-2-16,17

City Point Rd.

Peatts Island

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND - PEAKS ISLAND
Street: CITY POINT RD. 97-0-16,17
Subdivision Lot #

PROPERTY OWNERS NAME

BROWN BRADFORD J
Last: First

Applicant Name: BRADFORD J BROWN

Mailing Address of Owner/Applicant (If Different): CITY POINT ROAD, PEAKS ISLAND, MAINE 04108

Caution: Permit Required

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

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

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

Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM
2. REPLACEMENT SYSTEM
3. EXPANDED SYSTEM
4. SEASONAL CONVERSION
5. EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED
2. NEW SYSTEM VARIANCE
Attach New System Variance Form
 REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
3. Requires only Local Plumbing Inspector Approval
4. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1. NON ENGINEERED SYSTEM
2. PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ENGINEERED (+1000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)
5. HOLDING TANK
6. ALTERNATIVE TOILET (ONLY)
7. NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ENGINEERED DISPOSAL AREA (ONLY)
9. SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: 1955

THE FAILING SYSTEM IS:

1. BED
2. CHAMBER
3. TRENCH
4. OTHER _____

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING
2. MODULAR OR MOBILE HOME
3. MULTIPLE FAMILY DWELLING
4. OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

PUBLIC WATER

SIZE OF PROPERTY

17,752 S.F. ZONING: R-3

TREATMENT TANK

1. SEPTIC: Regular Low Profile
2. AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1. NONE
2. LOW VOLUME TOILET
3. SEPARATED LAUNDRY SYSTEM
4. ALTERNATIVE TOILET
SPECIFY _____

PUMPING

1. NOT REQUIRED
2. MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
3. REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES WATER RECORDS, ETC.)

3 BEDROOM CONSERVATIVE

DESIGN FLOW: 450 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: B | C
DEPTH TO LIMITING FACTOR: 36

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL
2. MEDIUM
3. MEDIUM LARGE
4. LARGE
5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED 1500 Sq. Ft.
2. CHAMBER _____ Sq. Ft.
 REGULAR H-20
3. TRENCH _____ Unrear Ft.
4. OTHER _____

SITE EVALUATOR STATEMENT

On July 1, 1984 (date) I conducted a site evaluation for this project as I certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules

Site Evaluator or Professional Engineer's Signature _____ SE# / PE# _____ Date _____

SITE EVALUATION WAIVED BY LOCAL OPTION

* Local Plumbing Inspector Signature if a Local Site Evaluation Waiver under a Local Option

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3828

PROPERTY ADDRESS

Town Or Plantation: PORTLAND-PEAK ISLAND
Street Subdivision Lot #: CITY POINT RD. 87-U-16,17

PROPERTY OWNERS NAME
BROWN BRADFORD J

Last: BROWN First: BRADFORD J

Applicant Name: BRADFORD J. BROWN

Mailing Address of Owner/Applicant (if Different): CITY POINT ROAD PEAKS ISLAND, MAINE 04108

Caution: Permit Required

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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.

Signature of Owner/Applicant _____ Date _____ Local Plumbing Inspector Signature _____ Date Approved _____

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> SEASONAL CONVERSION <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <input type="checkbox"/> Requires only Local Plumbing Inspector Approval <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval 	<p>INSTALLATION IS COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED 1955</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input checked="" type="checkbox"/> TRENCH <input type="checkbox"/> OTHER 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>TYPE OF WATER SUPPLY PUBLIC WATER</p>
<p>SIZE OF PROPERTY 17,752 S.F.</p> <p>ZONING R-3</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY: _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATIVE</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: S C</p> <p>DEPTH TO LIMITING FACTOR: 36</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> MEDIUM-LARGE <input checked="" type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED 1302 Sq Ft <input type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> TRENCH _____ Linear Ft <input type="checkbox"/> OTHER _____ 	<p>DESIGN FLOW: 450 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT

On 6/1/1984 (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 or Professional Engineer's Signature _____ SE# / PE# _____ Date _____

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Division of Health Engineering

Town, City, Plantation: **PORTLAND - PEAKS ISLAND** Street, Road, Subdivision: **CITY POINT RD 87-U-16,17** Owners Name: **BRADFORD J. BROWN**

SITE PLAN Scale 1" = 50 FT.

LAND OF JACKSON

LAND OF FAISON

LAND OF GRAFFAM

LAND OF GRAY

CITY POINT ROAD

CENTENNIAL STREET

PROPOSED BED

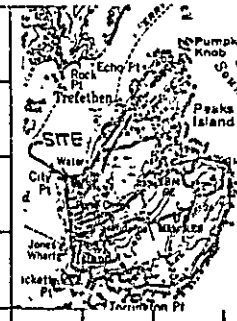
HOUSE

SEE THROUGH DOOR

HALF INCH DEEP TRENCH

TPI1

TPI2



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

Observation Hole 1 Test Pit Boring
3 SOD * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	LOAM	MODERATELY FRAGILE	BROWN	
6-15	CLAY LOAM	PLASTIC	GRAY BROWN	NONE
15-30	SILTY LOAM	MODERATELY FRAGILE	BROWN	FEW
30-50				MANY

Soil Profile: 3 Classification: C Slope: 0.5% Limiting Fac.: 3 1/2

Groundwater Rootzone Layer Bedrock

Observation Hole 2 Test Pit Boring
3 SOD * Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	LOAM	MODERATELY FRAGILE	BROWN	
6-15	CLAY LOAM	FRAGILE	GRAY	
15-21			BROWN	
21-30				NONE
30-50	CLAY	PLASTIC	GRAY	

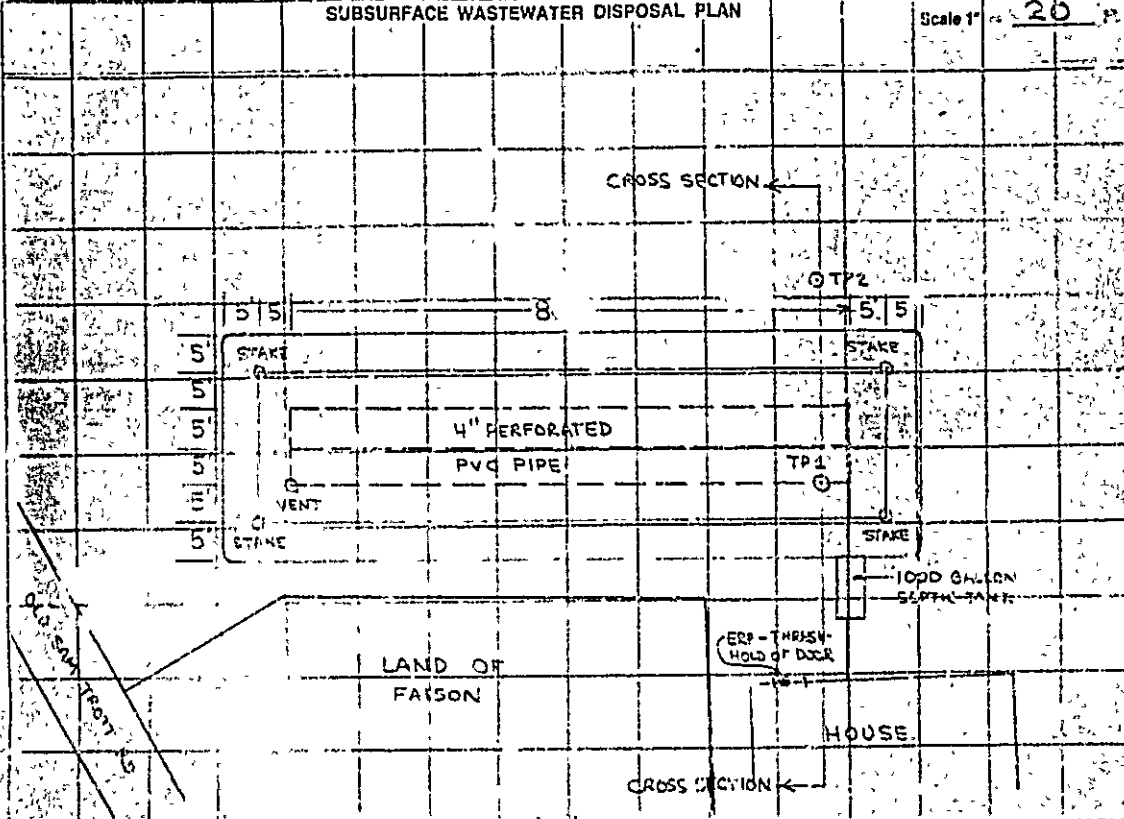
Soil Profile: 2 Classification: C Slope: 0.5% Limiting Factor: 20

Groundwater Rootzone Layer Bedrock

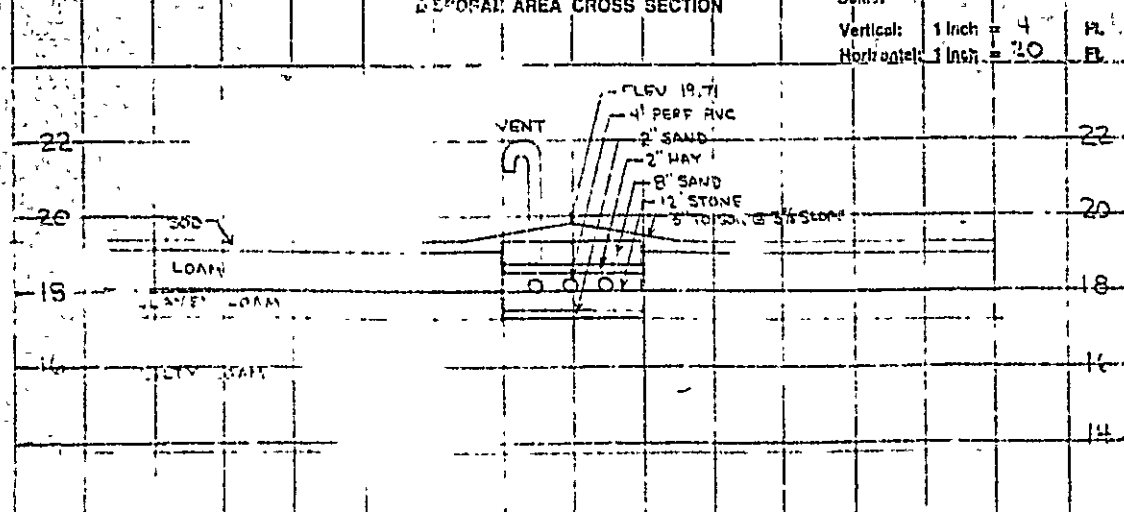
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Department of Human Services
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Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **CITY POINT RD 87-U-16,17** Owners Name: **BRADFORD J. BRADON**



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) $\frac{0}{0}$	Reference Elevation is 20.00	THRESHOLD OF BACK DOOR
Depth of Fill (Downslope) $\frac{0}{0}$	Bottom of Disposal Area 17.26	
	Top of Distribution Lines or Chambers 18.34	



See Evaluator or Professional Engineer's Signature _____ Date _____

Page 3 of 3
MHF-200 Rev 4/83