

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering  
(207) 289-3426

PROPERTY ADDRESS		PORTLAND PERMIT # 2,669 TOWN COPY Date Permit Issued: 12/15/87 \$140 FEE <input type="checkbox"/> Double Fee Charged Signature: <i>[Signature]</i>
Town or Planation	PORTLAND - PEAKS ISLAND	
Street	ARBUTUS AVE	
Subdivision/Lot #	TAX MAP 88 BLK 3 LOT 6	
PROPERTY OWNER'S NAME		
MACISAAC STEVEN J. Last: First:		
Applicant Name:	STEVEN J. MACISAAC	<b>Caution: Inspection Required</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules. Signature: <i>[Signature]</i> Date Approved: APR 21 1988 Local Plumbing Inspector Signature
Mailing Address of Owner/Applicant (if Different)	13 FRANCINE ROAD FRAMINGHAM MASS. 0170	
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: <i>[Signature]</i> Date: _____		

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"/> SEASONAL CONVERSION 5 <input type="checkbox"/> EXPERIMENTAL SYSTEM			THIS APPLICATION REQUIRES: 1 <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED 2 <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3 <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 4 <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval			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 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		
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1 <input type="checkbox"/> B/D      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 _____			TYPE OF WATER SUPPLY SEASONAL PUBLIC WATER		
SIZE OF PROPERTY 112,138 SF		ZONING I R 1						

TREATMENT TANK 1 <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2 <input type="checkbox"/> AERobic SIZE: _____ GALS				WATER CONSERVATION 1 <input type="checkbox"/> NONE 2 <input checked="" type="checkbox"/> LOW VOLUME TOILET 3 <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4 <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY _____		PUMPING 1 <input checked="" type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3 <input type="checkbox"/> REQUIRED DOSE _____ GALS		CRITERIA USED FOR DESIGN FLOW (BEDROOMS SEATING EMPLOYEES, WATER RECORDS ETC.) 3 BEDROOM CONSERVATIVE 450 LOW VOLUME TOILET 45	
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 4      CONDITION: ATLL DEPTH TO LIMITING FACTOR: 30		SIZE RATINGS USED FOR DESIGN PURPOSES 1 <input type="checkbox"/> SMALL 2 <input checked="" type="checkbox"/> MEDIUM 3 <input 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 525* Sq. Ft. <input checked="" type="checkbox"/> REGULAR <input type="checkbox"/> H 20 3 <input type="checkbox"/> TRENCH _____ Linear Ft. 4 <input type="checkbox"/> OTHER _____		DESIGN FLOW: 405 (GALLONS/DAY)			

**SITE EVALUATOR STATEMENT** USED 21 INFILTRATION POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION  SITE EVALUATION WAIVED BY LOCAL OPTION

On NOVEMBER 28, 1987 (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.

*William B. Jordan*      0003/4814      12/15/87  
 Site Evaluator or Professional Engineer's Signature      SE#/PE#      Date

\* Local Plumbing Inspector Signature or Local Site Evaluation Waiver under a Local Option

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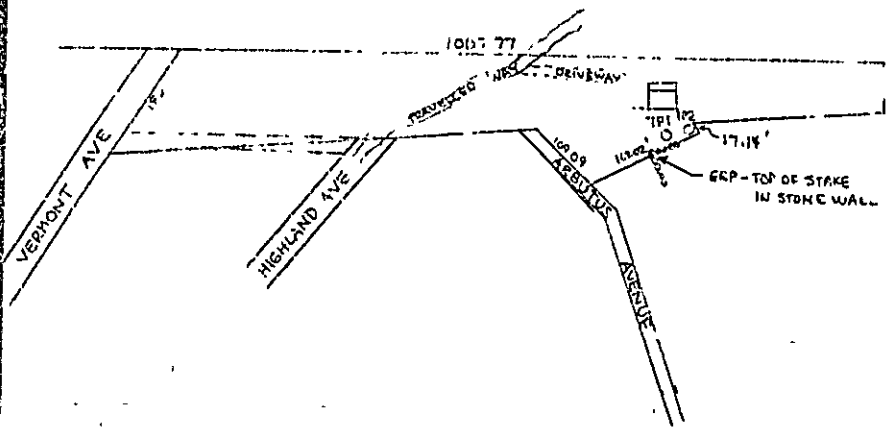
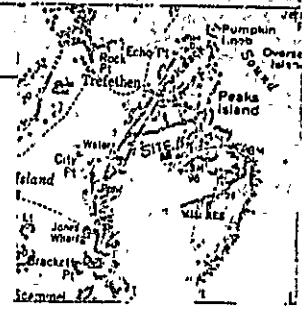
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND ARBUTUS AVE** Street, Road, subdivision: **86-B-6** Owner: **STEVEN J. MACISAAC**

SITE PLAN

Scale 1" = 200 Ft.



**SOIL DESCRIPTION AND CLASSIFICATION**

(Location of Observation Holes Shown Above)

Observation Hole 1  Test Pit  Boring  
2' Forest Floor Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM	LOOSE	DARK BROWN	
6-12	LOAM	MODERATELY FRIABLE		
12-20			RED BROWN	NONE
20-30	LOAMY GRAVEL	LOOSE		
30-40				FEW
40-50	BEDROCK			

Soil Profile: 4 Classification: AIII Slope: 0 % Limiting Factor: 30  Ground Water  Aquifer Layer  Bedrock

Observation Hole 2  Test Pit  Boring  
2' Forest Floor Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM	LOOSE	DARK BROWN	
6-12	LOAM	MODERATELY FRIABLE		
12-20			RED BROWN	NONE
20-30	LOAMY GRAVEL	LOOSE		
30-40				FEW
40-50	BEDROCK			

Soil Profile: 4 Classification: AIII Slope: 32 % Limiting Factor: 0  Ground Water  Aquifer Layer  Bedrock

*William B. Jordan*  
Site Evaluator or Professional Engineer's Signature

0003/4814  
SE#1PE#

12/15/87  
Date

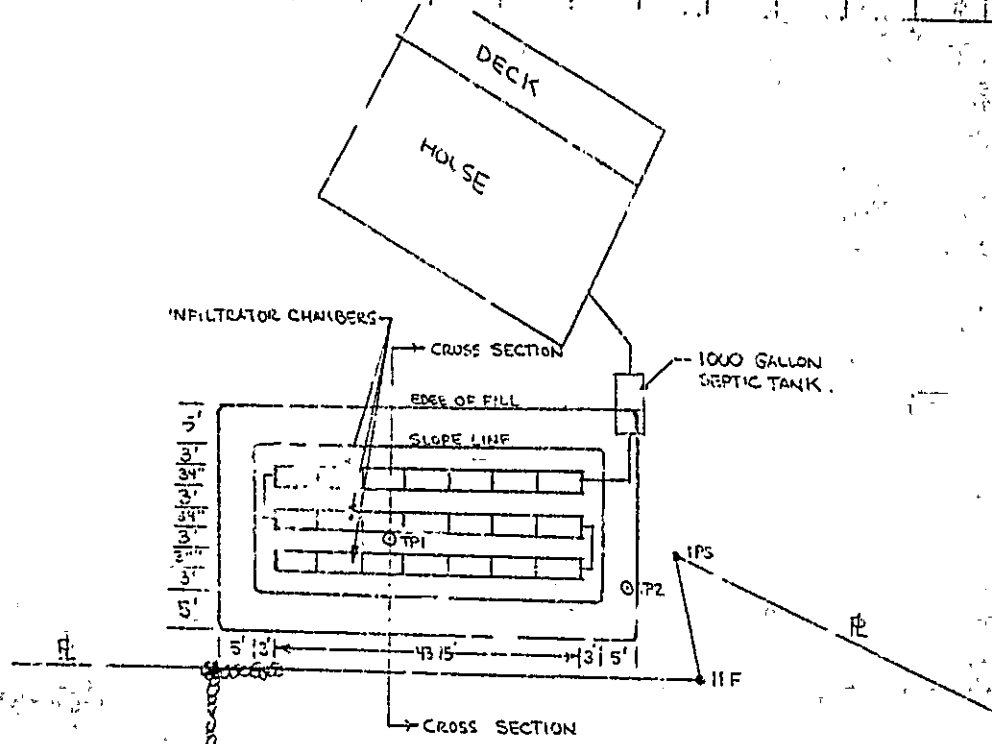
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **ARBUNUS AVE 88-B-6** Owners Name: **STEVEN J. MACISAAC**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

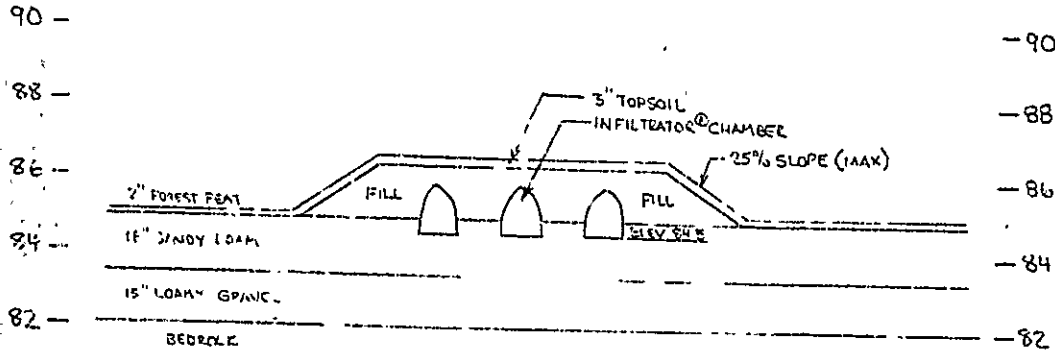
Scale 1" = 25' FL.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION: STAKE IN STONE WALL IN CENTRALLY PROPERTY LINE 100' NORTHEASTERLY FROM ARBUNUS AVE.
Depth of Fill (Upslope)	15'	Reference Elevation Is	84.23	
Depth of Fill (Downslope)	15'	Bottom of Disposal Area	84.5	
		Top of Distribution Lines or Chambers	86	

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1" = 4' FL  
Horizontal: 1" = 10' FL



*William R. Jordan*  
Site Evaluator or Professional Engineer's Signature

003/4814  
SE#1FE#

12/15/87  
Date

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