

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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

**PROPERTY ADDRESS**

Town/City Plantation: **PORTLAND PEAKS ISLAND**

Street: **CENTRAL AVE**

Subdivision/Lot #: **TAX MAP 88, BLOCK K, PART LOT 2**

**PROPERTY OWNERS NAME**

Last: **PRESGRAVES** First: **ALBERT**

Applicant Name: **ALBERT PRESGRAVES**

Mailing Address of Owner/Applicant (if Different): **41 PARK ST. = 2  
PORTLAND, ME 04101**

**PORTLAND** FERHIT # **3,323** **TOWN COPY**

Date Permit Issued: **10/28/87** Fee: **\$1,141.00** Double Fee Charged:

Local Plumbing Inspector Signature: *[Signature]* L.P.I. # **11213**

**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: *[Signature]* Date: **11/19/87**

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE REQUIRED</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires both State and Local Plumbing Inspector Approval</p>	<p><b>INSTALLATION IS COMPLETE SYSTEM</b></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><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK</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><b>IF REPLACEMENT SYSTEM:</b></p> <p>YEAR FAILING SYSTEM INSTALLED: _____</p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> BSD      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input type="checkbox"/> OTHER: _____</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></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><b>TYPE OF WATER SUPPLY:</b></p> <p><b>DRILLED WELL</b></p>
<p><b>SIZE OF PROPERTY:</b> 1.53 ACRES</p> <p><b>ZONE:</b> IR-1</p>		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input type="checkbox"/> NONE</p> <p>2. <input checked="" 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><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS.</p>	<p><b>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</b></p> <p>3 BEDROOM MINIMUM 270</p> <p>LOW VOLUME TOILET - 27</p> <p>DESIGN FLOW: 243 (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: 4      CONDITION: A III</p> <p>DEPTH TO 1" W/ING FACTOR: 24</p>	<p><b>SIZE RATINGS (USED FOR DESIGN PURPOSES)</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input checked="" type="checkbox"/> MEDIUM</p> <p>3. <input type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 350<sup>sq</sup> Sq. Ft. <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>	

**SITE EVALUATOR STATEMENT** \* USED 1/4" INFILTRATOR'S POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION.  SITE EVALUATION MADE BY LOCAL OPTION

On **OCTOBER 24, 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.

Site Evaluator or Professional Engineer's Signature: *[Signature]* SE#/PE# **000314814** Date: **9/28/89**

Local Plumbing Inspector's Signature & a Local Plumbing Inspector or a Local Option \_\_\_\_\_

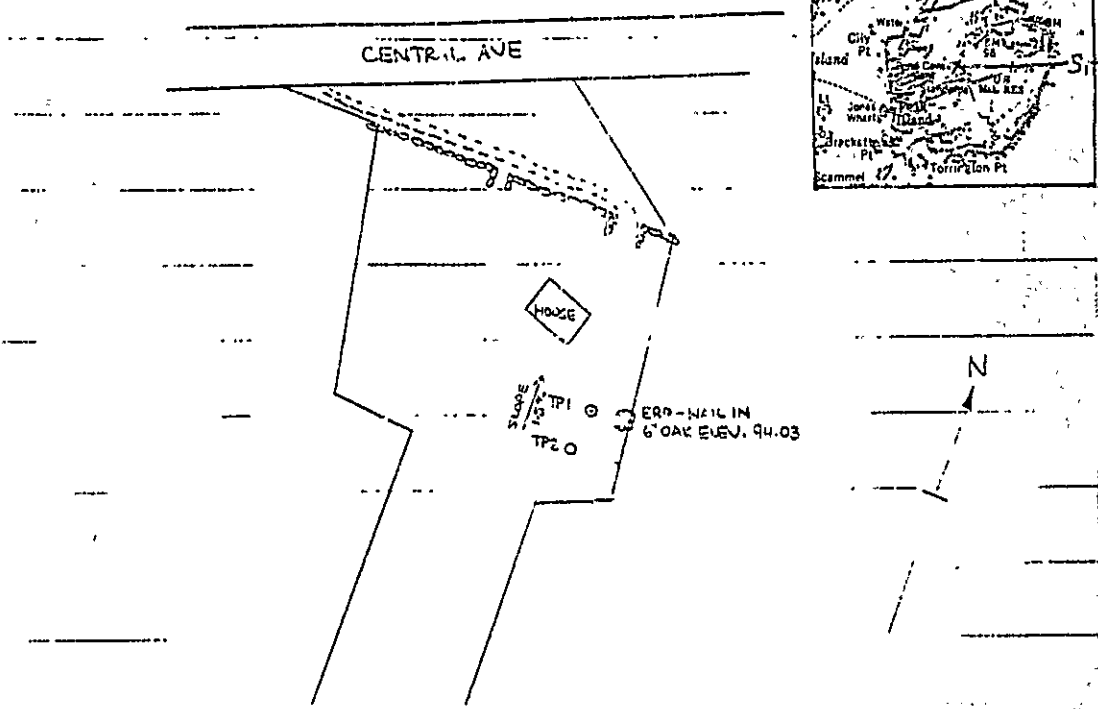
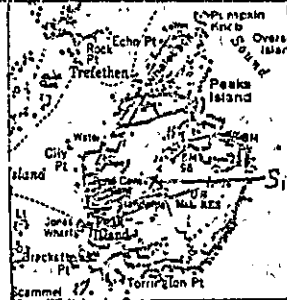
**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Health Services  
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road Subdivision: **CENTRAL AVE 08-K - PART 2** Owners Name: **ALBERT PRESGRAVES**

SITE PLAN

Scale 1" = 100 Ft.



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

Observation Hole 1				Observation Hole 2			
2" FOREST PEAT				2" SOD			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
GRAVELLY LOAM		DARK BROWN		GRAVELLY LOAM		DARK BROWN	
		BROWN				BROWN	
LOAMY GRAVEL	LOOSE	RED BROWN	NONE	LOAMY GRAVEL	LOOSE	RED BROWN	NONE
			FEW				FEW
BEDROCK				BEDROCK			

Soil: 4	Classification: AIII	Slope: 1/2	Limiting Factor: 23	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Perched Layer
				<input type="checkbox"/> Bedrock

Soil: 4	Classification: AIII	Slope: 1/2	Limiting Factor: 24	<input checked="" type="checkbox"/> Ground Water
				<input type="checkbox"/> Perched Layer
				<input type="checkbox"/> Bedrock

*William B. Johnson* 0003/4814

9/28/68

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Department of Human Services  
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

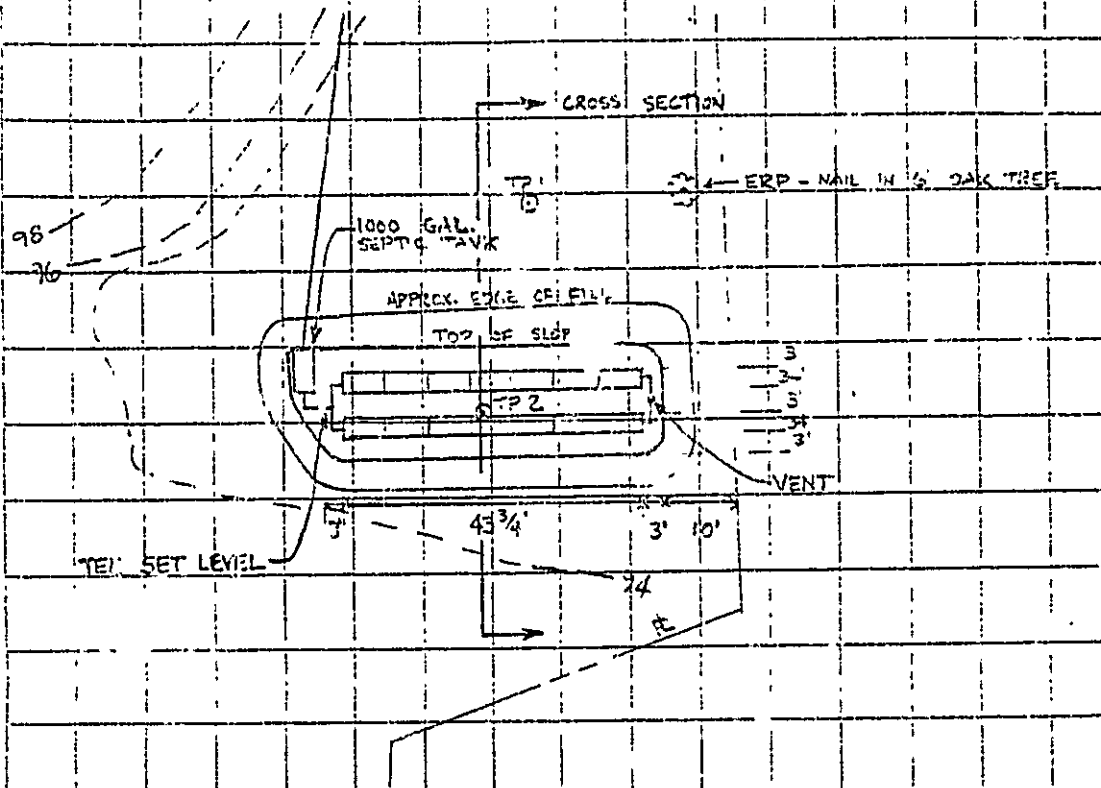
Owner's Name

FORTLAND PEAKS ISLAND, CENTRAL AVE. 22-K-PART 2

ALBERT FRESGRAV, S

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Scale 1" = 20'

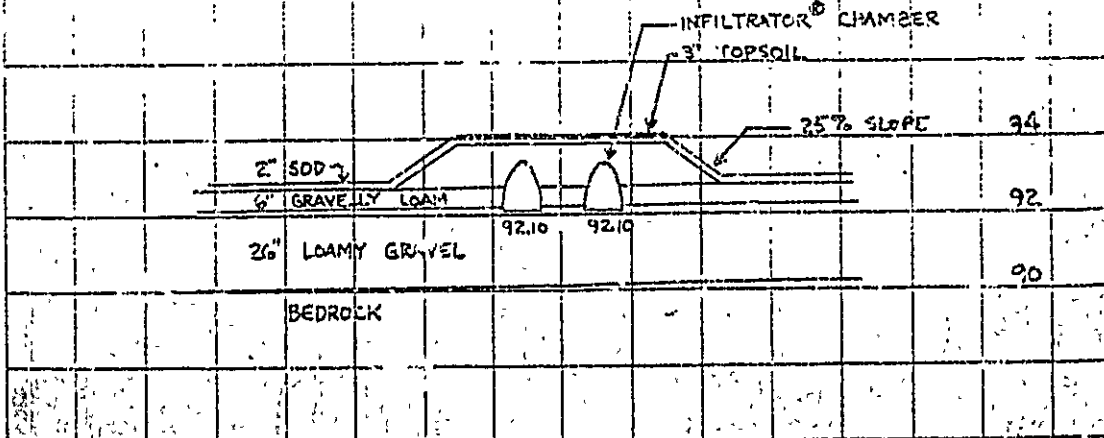


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	13"	Reference Elevation is	94.03	NAIL IN 6" OAK 22' EASTERLY OF TEST PIT 1, NEAR EAST 2.	
Depth of Fill (Downslope)	18"	Bottom of Disposal Area	92.10		
		of Distribution Lines or Chambers	93.35		

**DISPOSAL AREA CROSS SECTION**

Scale:

Vertical: 1" = 4' FE.  
Horizontal: 1" = 10' FE.



*Albert Fresgrav, S*  
Site Engineer or Professional Engineer's Signature

3/4814  
EE #1 PE #

9/28/83  
Date

Form 3010  
HNS-277 Rev 4/83