

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health Services
Division of Health Engineering
(207) 285-3426

PROPERTY ADDRESS
 Town Or Plantation: **PORTLAND - PEAKS ISLAND**
 Street: **JEWEL RD @ HUSSEY RD**
 Subdivision Lot #: **TAX MAP 89 BLOCK J LOT 1**

PROPERTY OWNERS NAME
 Last: **Hamblet** First: **Nancy**

Applicant Name: **Nancy Hamblet**

Mailing Address of Owner/Applicant (if Different):
**255 Rogers St.
 Lowell, Ma. 01852**

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: *Nancy Hamblet*
 Date: _____

PORTLAND

Date Permitted: **8/10/87** PERMIT #: **2,510** TOWN COPY

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

Fee: **\$40** Double Fee Charged

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 Approved: **MAR 12 1988**

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

PERMIT INFORMATION

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM
(Includes Alternative Toilet)
- ENGINEERED (+2000 GPD)
- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:
 YEAR FAILING SYSTEM INSTALLED: _____
 THE FAILING SYSTEM IS:
 1. BED 2. TRENCH
 3. CHAMBER 4. OTHER _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER _____ SPECIFY _____

SITE OF PROPERTY
 21,145 S.F.

ZONING
R-3/IR-1

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: **750** GALS

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED
(DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

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

2 BEDROOM CONSERVATIVE

DESIGN FLOW: **300** (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **2** | CONDITION: **AIII**

DEPTH TO LIMITING FACTOR: **20**

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER **525** Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: **TIP**

SITE EVALUATOR STATEMENT

On **JUNE 23, 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.

[Signature]
 Site Evaluator's Professional Engineer's Signature
 Local Plumbing Inspector Signature & Local Site Evaluation Power under 3 Local Ordinances

0003/4814

8/27/87
 Date

Page 1 of 3
 HSE-200

Date 8/27/87

0003/4914

Site Engineer's Professional Engineer's Signature
B. O. [Signature]

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Classification	Texture	Consistency	Color	Mottling
2 AIII	GRAVELLY LOAM	LOOSE	BROWN	
			RED	
			GRAY	
			NONE	

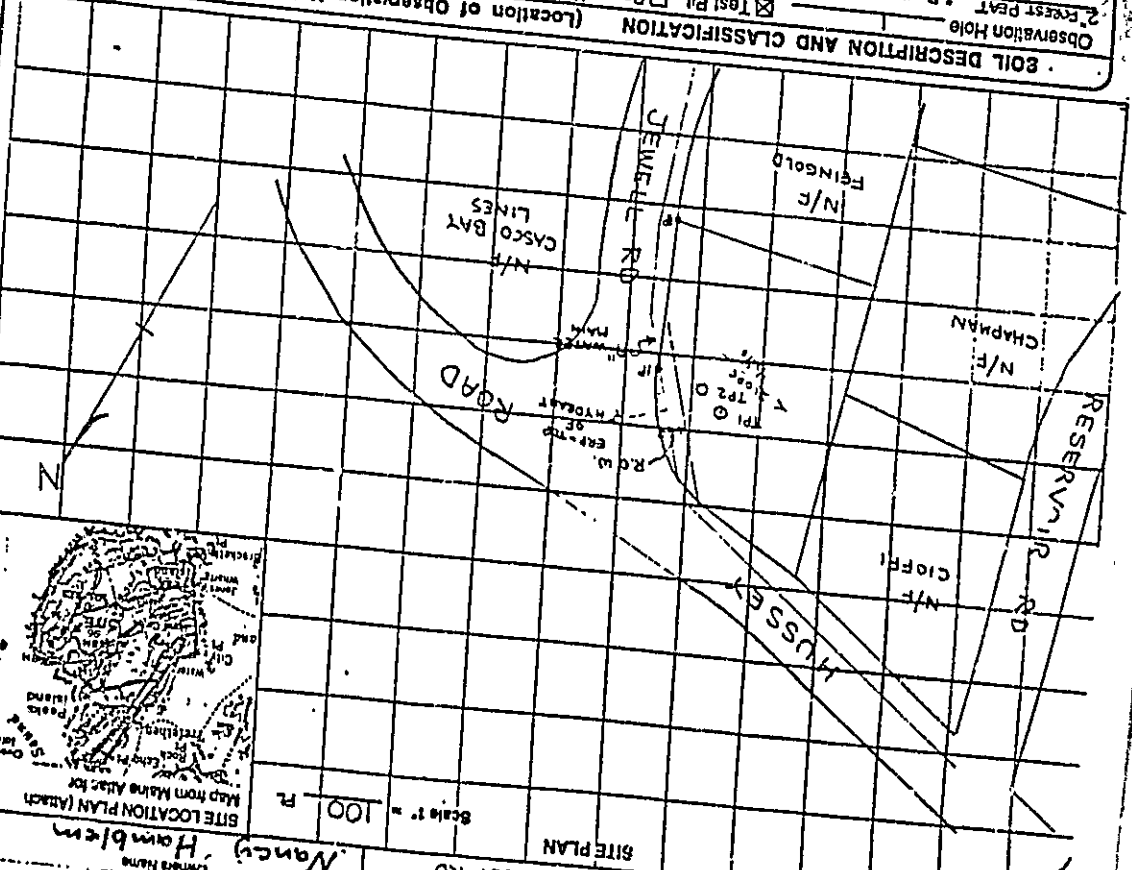
Soil Classification: 2 AIII
Slope: 1/2 %
Lining Factor: 20
Mottling: Brown Test Pit

DEPTH BELOW MINERAL SOIL SURFACE (inches)

Soil Classification	Texture	Consistency	Color	Mottling
2 AIII	GRAVELLY LOAM	LOOSE	BROWN	
			RED	
			GRAY	
			NONE	

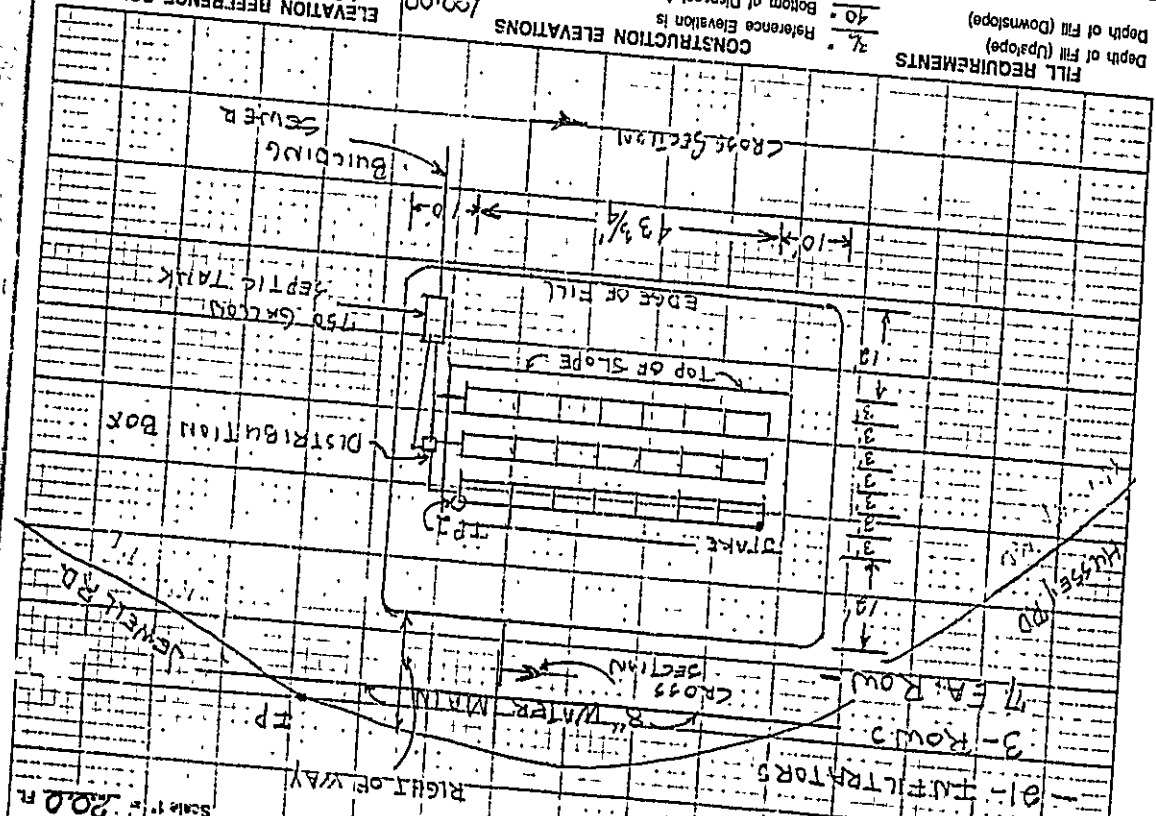
Soil Classification: 2 AIII
Slope: 1/2 %
Lining Factor: 28
Mottling: Brown Test Pit

Observation Hole _____ Depth of Organic Horizon Above Mineral Soil _____
 Observation Hole _____ Depth of Organic Horizon Above Mineral Soil _____
 Location of Observation Holes Shown Above) ...



Scale 1" = 100' R.
 Owners Name: Nancy Hamblen
 SITE PLAN
 Street, Road, Subdivision: Jewel Rd @ Hussey Rd
 KILAND PEAKS ISLAND
 PARADISE

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION
 Portland, Oregon
 Peales Island
 Jewell Rd @ Hussey Rd
 Street, Road, Subdivision
 99-1-1
 Nancy Hamblen
 Owner Name
 Department of Human Services
 Division of Health Engineering
 Scale: 1" = 20.0 ft

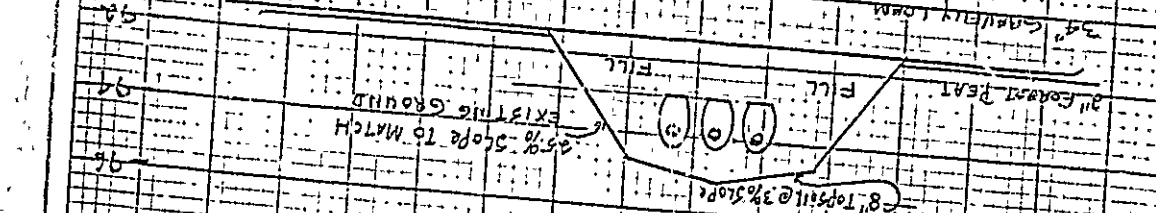


FILL REQUIREMENTS

Depth of Fill (Upslope)	Depth of Fill (Downslope)
3/4"	40"
Reference Elevation is	Bottom of Disposal Area
Top of Distribution Lines or Chambers	

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT	LOCATION & DESCRIPTION
100.00	Top of Hydrant
92.74	Top of Distribution Lines or Chambers
92.99	Top of Hydrant



DISPOSAL AREA CROSS SECTION

Vertical Scale	Horizontal Scale
Vertical: 1 inch = 4' 0"	Horizontal: 1 inch = 20' 0"

DATE: 8/22/87
 SHEET # 0003/4814
 8/22/87
 8/22/87
 8/22/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS		PORTLAND PERMIT # 2,920 TOWN COPY On file 16,988 \$40.00 FEE <input type="checkbox"/> Double Fee Charged L.P.I. # _____ Local Plumbing Inspector Signature _____ JUL 20 1988
Town Or Plantation	PORTLAND - PEAKS ISLAND	
Street	TRUCK RD @ MOSSBY RD	
Subdivision Lot #	TAX MAP 89 BLOCK J LOT 1	
PROPERTY OWNERS NAME		
Last Name	Hamblem	
First Name	Nancy	
Applicant Name	Nancy Hamblem	
Existing Address of Owner/Applicant (if Different)	255 Rogers St. Lowell, Ma. 01852	
Owner/Applicant Statement		Caution: Inspection Required
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. Nancy Hamblem Signature of Owner/Applicant Date		I have inspected the installation contained above and found it to be in compliance with the Subsurface Wastewater Disposal Code. Local Plumbing Inspector Signature Date

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"/> 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 (+PRND (p)) 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"/> SEPARATE LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> BOD 2. <input type="checkbox"/> TRENCH 3. <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: PUBLIC WATER
SIZE OF PROPERTY 2000sq 29,145 S.F. R-3/1R-1		

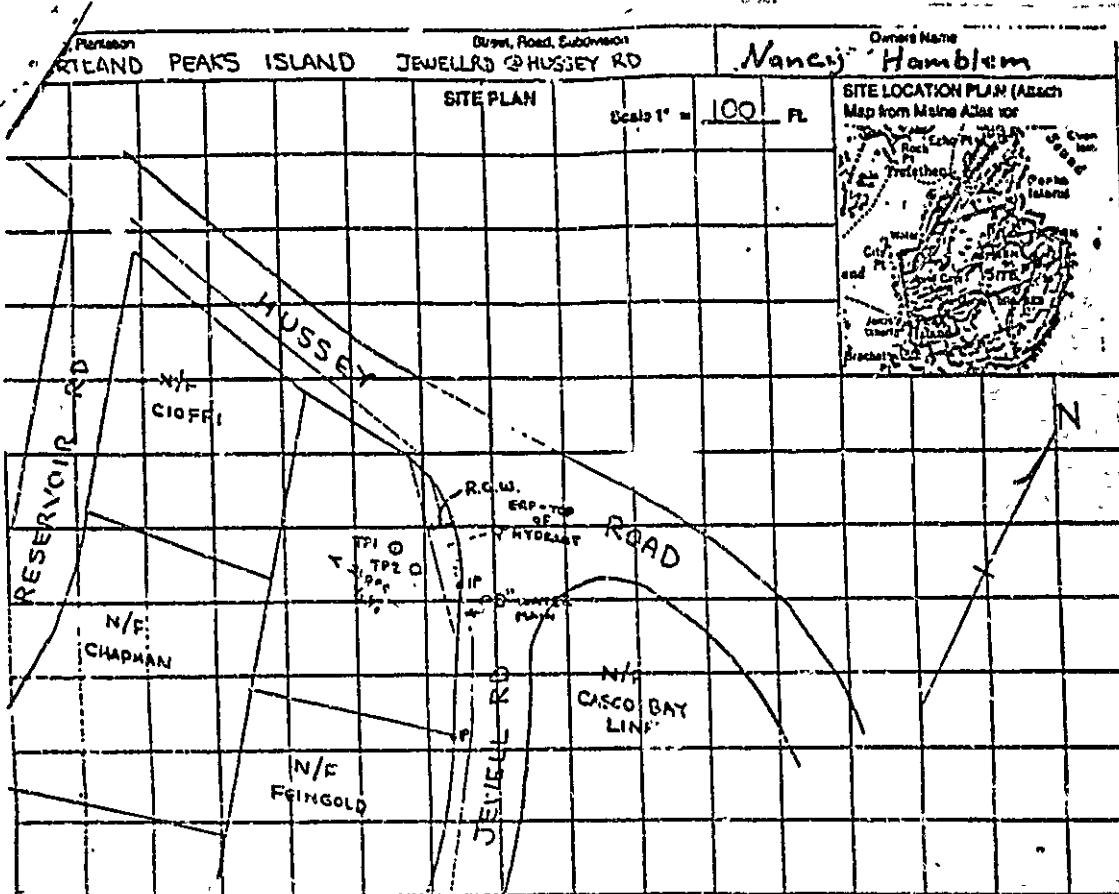
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)			
TREATMENT TANK: 1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC SIZE: 750 GALS.	WATER CONSERVATION 1. <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (SEE PERM AND ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER CONDS, ETC.) 2 BEDROOM CONSERVATIVE DESIGN FLOW: 300 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES: PROFILE 2 CONDITION ATTY DEPTH TO LIMITING FACTOR 20	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: <input checked="" type="checkbox"/> BED _____ Sq. Ft. <input type="checkbox"/> CHAMBER 525 Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____	

SITE EVALUATOR STATEMENT

On June 23, 1984 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system complies in accordance with the Subsurface Wastewater Disposal Code.

William B. Carls
 Site Evaluator or Professional Engineer's Signature
 Local Plumbing Inspector Signature or a Licensed Electrician, Gas Fitter or a Licensed Plumber

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 Date Page 1 of 1
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SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole 1 Test Pit Boring
2 FOREST PEAT • Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			BROWN	
1				
2				
3			GRAY BROWN	
4				
5				
6				
7				
8				
9				
10				
11				
12	GRANULY LOAM	LOOSE	RED BROWN	NONE
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
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Soil Classification: 2A AIII 28

Soil 2 CLASSIFICATION AIII Slope 1/2% Limiting Factor 20

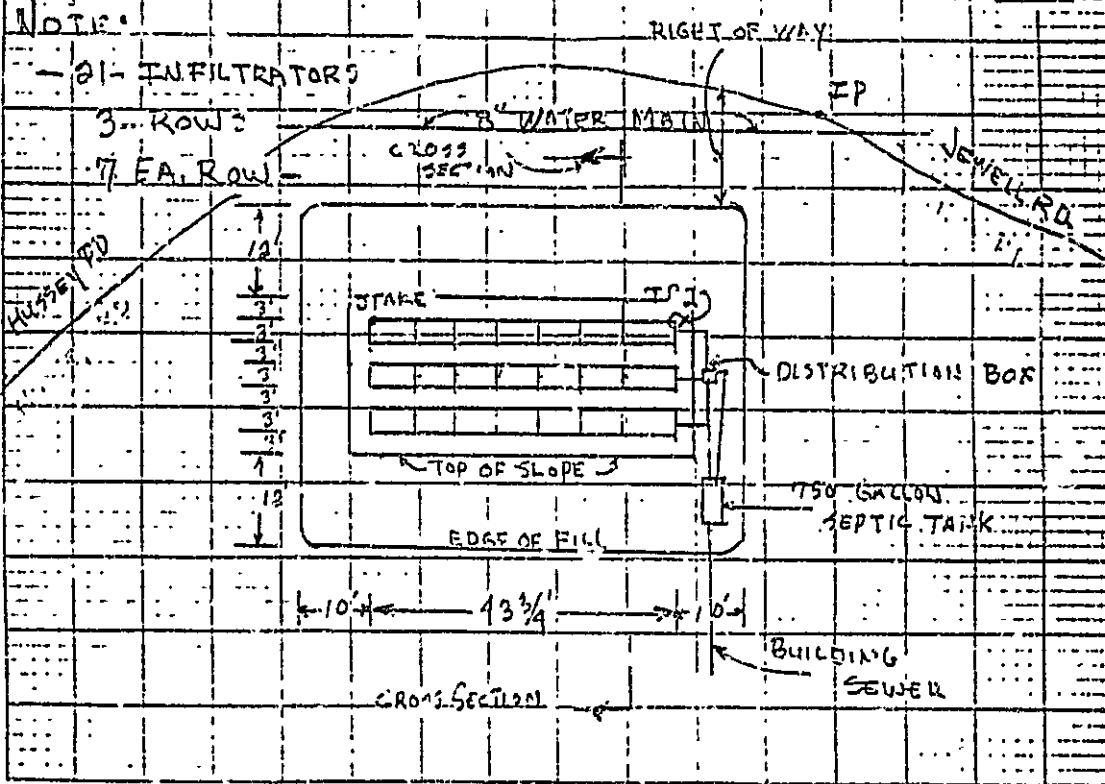
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

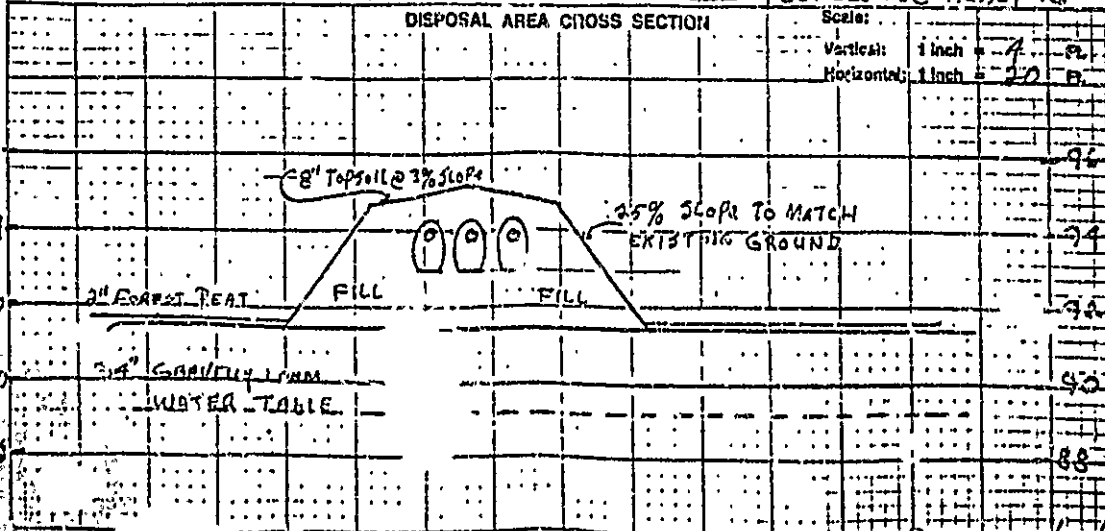
Town, City, Plantation: Portland, Sealco Island Street, Road, Submission: Well Rd @ Hussey Rd Pg-I-1
Owners Name: Nancy Hamblen

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20.0 FT



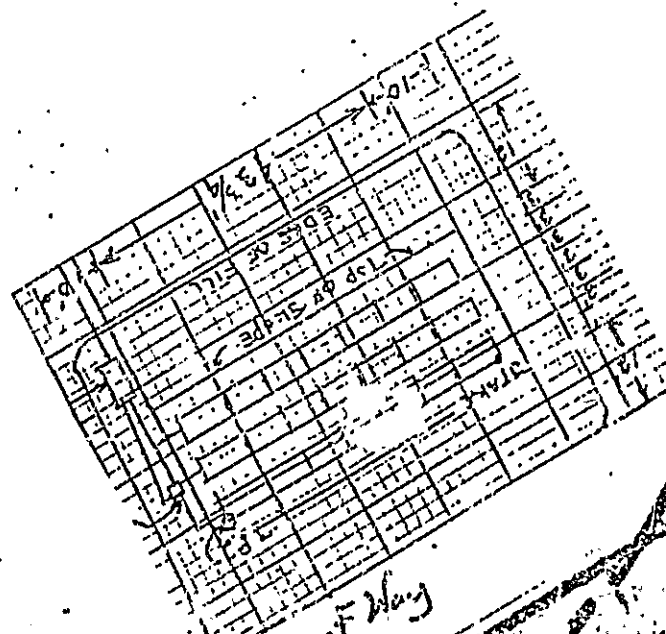
FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	<u>3'</u>	Reference Elevation is	<u>100.00</u>	LOCATION & DESCRIPTION	
Depth of Fill (Downslope)	<u>10'</u>	Bottom of Disposal Area	<u>92.74</u>	TOP OF MANHOLE	
		Top of Distribution Lines or Chambers	<u>93.94</u>	JEWELL RD @ HUSSEY RD	



0003/4814 8/27/87 REVISED 5/1/88

FF/PP 15

200'



21.80

Water Right of Way

177.15'

109'

56'

ATG

177.00'

40' 140'

EMERSON

Jewel

ATG