

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: **TOLMAN ROAD**

Subdivision/Lot #: **TAX MAP 91 BLOCK E LOT 28**

PROPERTY OWNER'S NAME

Last: **BALISE** First: **DAVID**

Applicant Name: **DAVID BALISE**

Mailing Address of Owner/Applicant (if Different): **7 TODD DRIVE
TOWNSEND MASS. 01469**

Caution: Permit Required

PORTLAND Date Permit Issued: **10/11/88** PERMIT # **3,127** TOWN COPY # **1410010** FEE \$ **1410010**

Local Plumbing Inspector Signature: _____ L.P.I. # _____

Owner/Applicant Statement

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

David A. Balise
Signature of Owner/Applicant Date: _____

Caution: Inspection Required

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

Local Plumbing Inspector Signature: _____ Date: **1988**

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"/> SEASONAL CONVERSION</p> <p>5. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p>THIS APPLICATION REQUIRES:</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>INSTALLATION IS 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' and)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</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>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>DRILLED WELL</p>
<p>SIZE OF PROPERTY: 23,465 SF</p> <p>ZONING: IR 1</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> SEPTIC: <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: 1000 GALS.</p>	<p>WATER CONSERVATION</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>PUMPING</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>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p>3 BEDROOM CONSERVATION TOILET 450</p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: 4 CONDITION: C</p> <p>DEPTH TO LIMITING FACTOR: 34</p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</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"/> EXT. LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER 525 Sq Ft. <input 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>	<p>LOW VOLUME TOILET 45</p> <p>DESIGN FLOW: 405 (GALLONS/DAY)</p>

SITE EVALUATOR STATEMENT USED 21 INFLTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION

On **August 26, 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.

William B. Gaudin
Site Evaluator or Professional Engineer's Signature

0003/4814 SC# PE#

8/1/87 Date

Page 1 of 3
HHE-200 Rev 4-83

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

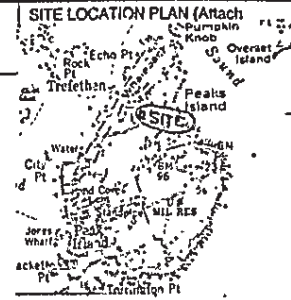
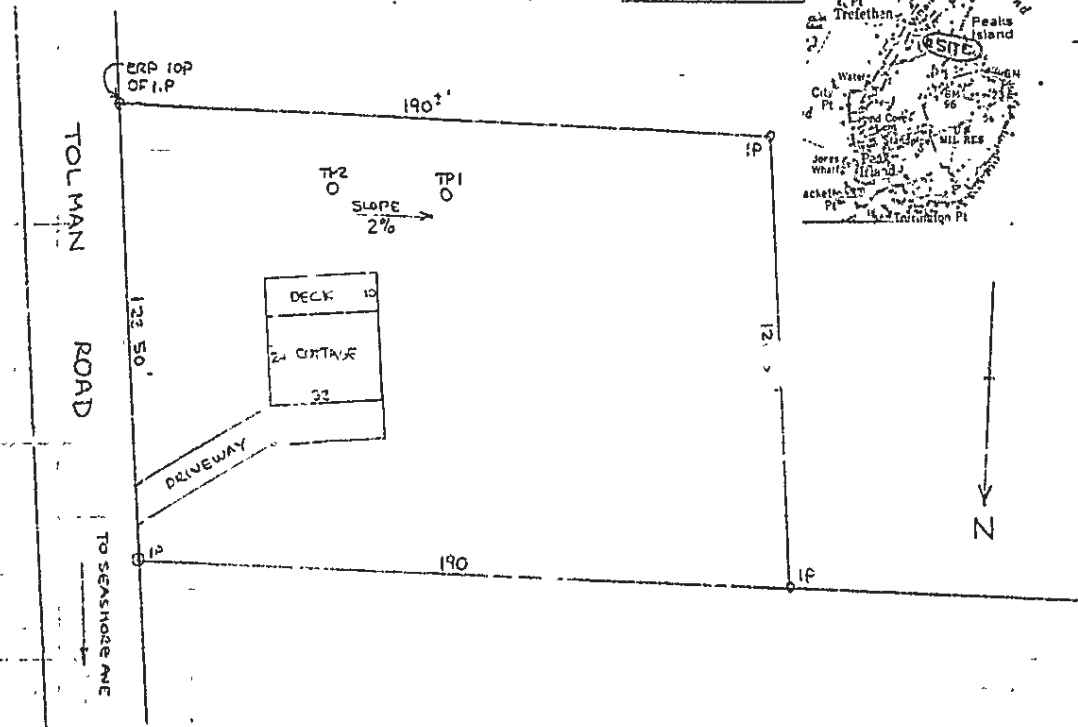
Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND TOLMAN ROAD** Street, Road, Subdivision: **91-E-28** Owners Name: **DAVID BALISE**

SITE PLAN

Scale 1" = **40** Ft.

SITE LOCATION PLAN (Attach



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
0-6	FINE SANDY LOAM		GRAY BROWN	
6-20		LOOSE	YELLOW BROWN	NONE
20-30	LOAMY GRAVEL			
30-40				FEW
40-50				

Soil Profile: 4	Classification: C	Slope: 2 %	Limiting Factor: 36	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock
------------------------	--------------------------	-------------------	----------------------------	--

Observation Hole 2 Test Pit Boring
2' FOREST PEAT - Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0-6	FINE SANDY LOAM		GRAY BROWN	
6-20		LOOSE	YELLOW BROWN	NONE
20-30	LOAMY GRAVEL			
30-40				FEW
40-50				

Soil Profile: 4	Classification: C	Slope: 2 %	Limiting Factor: 34	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Rooting Layer <input type="checkbox"/> Bedrock
------------------------	--------------------------	-------------------	----------------------------	--

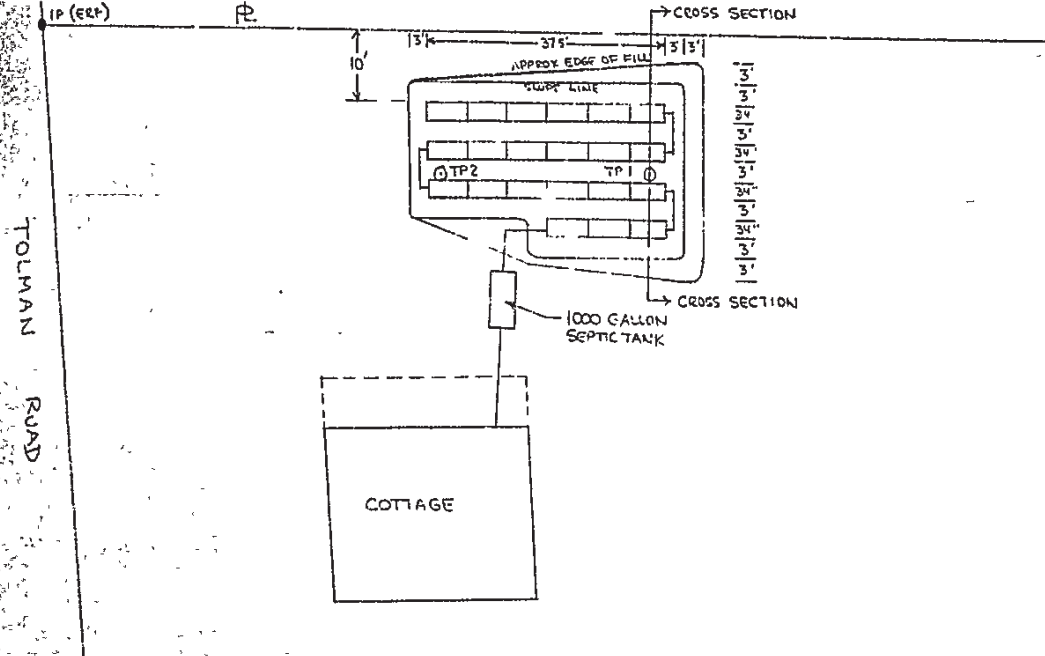
William B. Jordan 0003/4814
Site Evaluator or Professional Engineer's Signature SLU/PE#

8/1/87
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

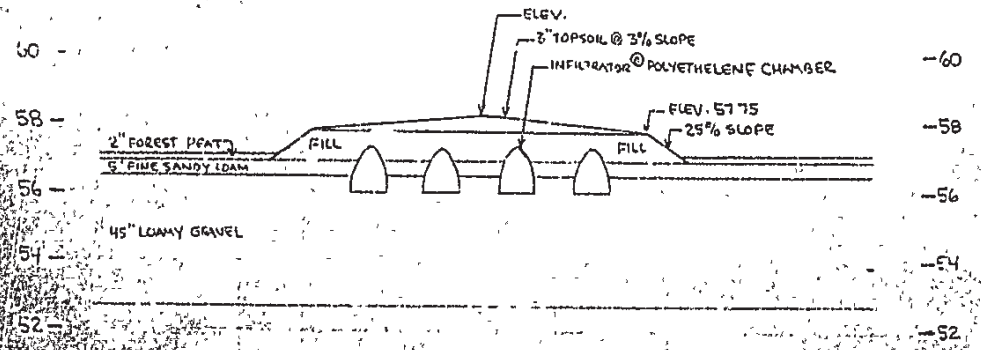
Town, City, Plantation PORTLAND PEAKS ISLAND	Street, Road, Subdivision TOLMAN ROAD 91-E-28	Owners Name DAVID B. JISE
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' FL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	0	Reference Elevation is	60.40	TOP OF IRON PIPE SOUTH EAST CORNER OF LOT	
Depth of Fill (Downslope)	9	Bottom of Disposal Area	56.00		
		Top of Distribution Lines or Chambers	57.25		

DISPOSAL AREA CROSS SECTION

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



William B. Goodrum
Soil Investigator or Professional Engineer's Signature

0003/4814
SE #1 PE #

8/1/87
Date

Page 3 of 3
HHE-203 Rev. 4/83