

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health and Family Services  
Division of Health Engineering  
(603) 289-3826

**PROPERTY ADDRESS**

Town Or Plantation: **PORTLAND - PEAKS ISLAND**

Street: **REED AVENUE**

Subdivision Lot #: **TAX MAP 91 BLOCK J LOTS 1,2**

**PROPERTY OWNERS NAME**

Last: **HALSEY** First: **WOODRUFF**

Applicant Name: **WOODRUFF HALSEY**

Mailing Address of Owner/Applicant (if Different):  
**ST PAUL'S SCHOOL  
CONCORD NEW HAMPSHIRE 02301**

PORTLAND PERMIT # 1,212

18 26 85

\$110 FEE (Double Fee Charged)

L.P.I. → 1,2,3

*Franklin Woodruff*  
Local Plumbing Project Signature

**Owner/Applicant Statement**

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

*William B. Goodwin* 8/23/85  
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.

*Franklin Woodruff*  
Local Plumbing Inspector Signature

9/9/85  
Date Approved

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR</b></p> <p>1. <input type="checkbox"/> NEW SYSTEM</p> <p>2. <input checked="" 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 / Replaces 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, YEAR FAILING SYSTEM INSTALLED 1900±</b></p> <p><b>THE FAILING SYSTEM IS:</b></p> <p>1. <input type="checkbox"/> TEE      3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER      4. <input checked="" type="checkbox"/> OTHER <u>Overboard Discharge</u></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>PUBLIC WATER</p>
<p><b>SIZE OF PROPERTY</b> 17627 SF</p> <p><b>ZONING</b> R-3</p>		

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

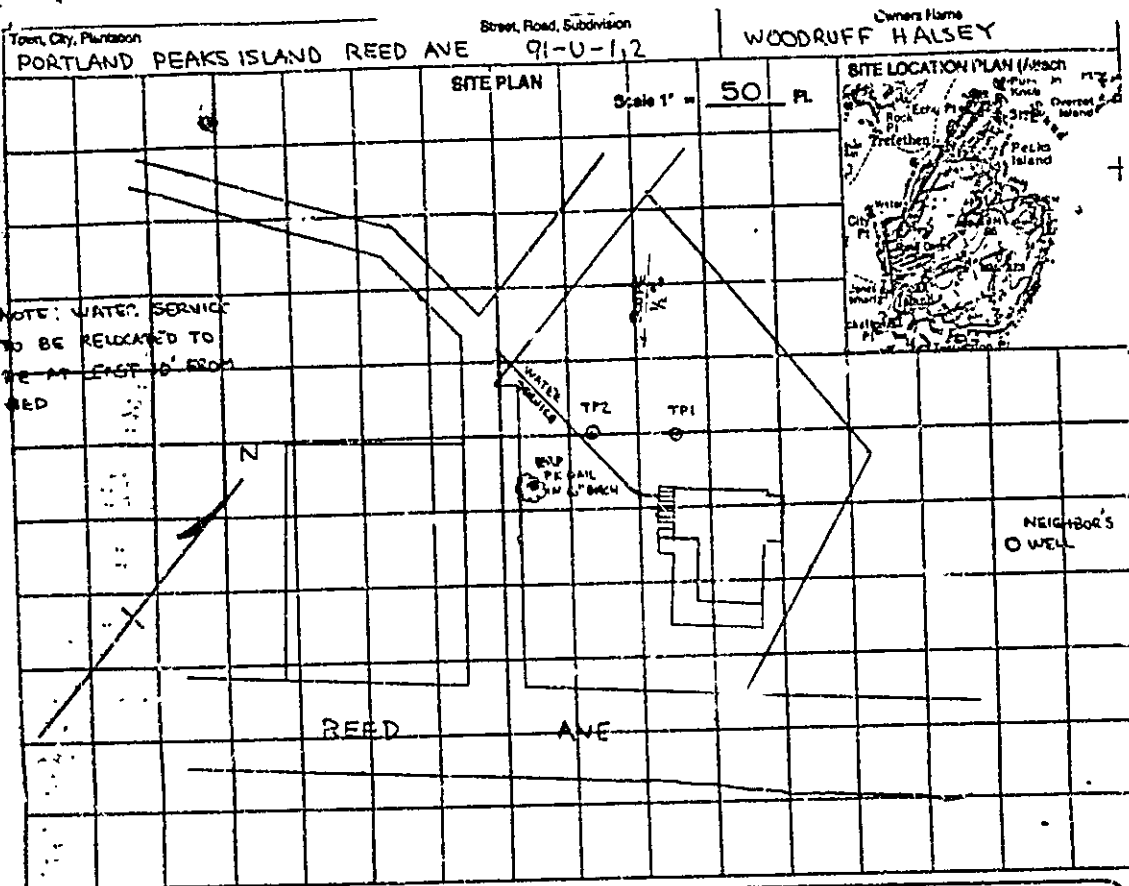
<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC, <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input 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</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILL: <u>4</u>   CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>24"</u></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"/> TEE _____ Sq Ft</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>352</u> Sq Ft <small>LOW GROUND</small></p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p><b>DESIGN FLOW</b> <u>270</u> (GALLONS/DAY)</p>

**SITE EVALUATOR STATEMENT**

On AUGUST 14, 1985 (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. Goodwin* 00319814 8/20/85  
Site Evaluator or Professional Engineer's Signature SEE / FE# Date

\* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option.



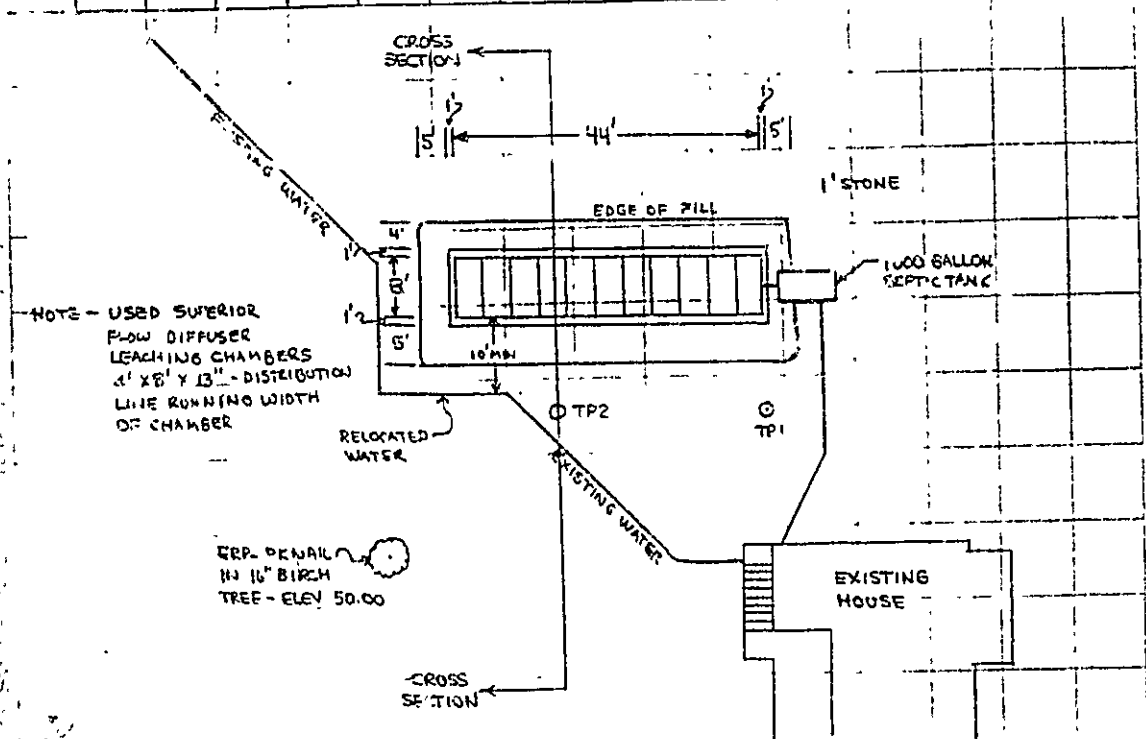
**SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)**

Observation Hole				Observation Hole			
2" SOD				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		LIME BROWN		GRAVELLY LOAM		RED BROWN	
			NONE				NONE
VERY STONY GRAVEL	LOOSE	RED BROWN		VERY STONY GRAVEL	LOOSE	RED BROWN	FEW
			MANY				MANY
STONY GRAVEL		YELLOW BROWN	FEW	STONY GRAVEL		YELLOW BROWN	FEW
Soil Classification: C	Slope: 1/2 %	Lining Factor: 30	Flow rate: [ ]	Soil Classification: C	Slope: 1/2 %	Lining Factor: 24	Flow rate: [ ]

25. B. Parker 0003/4814 8/20/85  
 Date

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Town, City, Jurisdiction	Street, Road, Subdivision	Owners Name
PORTLAND PEAKS ISLAND REED AVE	9, -U-1,2	WOODRUFF HALSEY
SUBSURFACE WASTEWATER DISPOSAL PLAN		Scale 1" = 20' PL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	12'	Reference Elevation to	50.00	
Depth of Fill (Downslope)	13'	Bottom of Disposal Area	47.96	
		Top of Distribution Lines or Chambers	49.04	PK NAIL IN 16" BIRCH

DISPOSAL AREA CROSS SECTION		Scale:	
		Vertical:	1 inch = 4' PL
		Horizontal:	1 inch = 20' PL

