

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

PORTLAND PEAKS ISLAND BROOKLANE

92-G-10, 11, 12, 13, 14, 15, 19, 20, 21

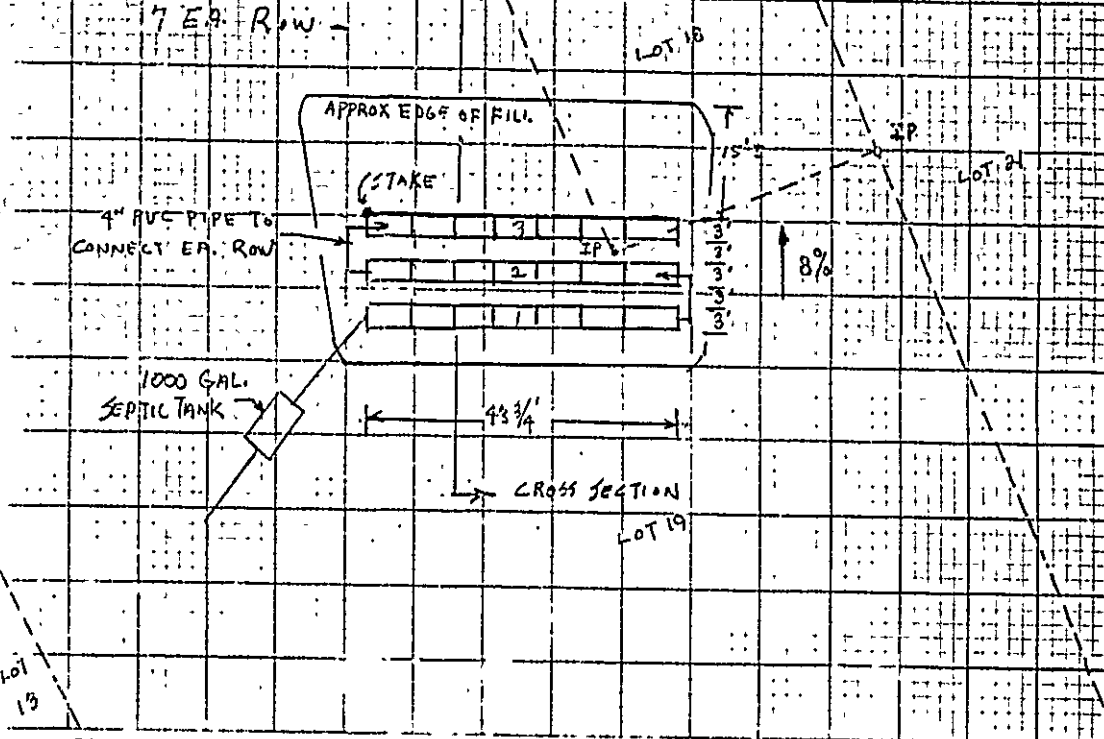
STEVE NILSEN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

NOTE: 21- INFILTRATORS

7' EA. ROW



FILL REQUIREMENTS	13"	CONSTRUCTION ELEVATIONS	70.59	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	13"	Reference Elevation is	70.59	TOP OF IRON @ SOUTHWEST CORNER OF LOT 18
Depth of Fill (Downslope)	16"	Bottom of Disposal Area	SEE BELOW	
		Top of Distribution Lines or Chambers	7	

DISPOSAL AREA CROSS SECTION				Scale:	
	BOTTOM	TOP	* EP. TRENCH DEPTH	Vertical:	Horizontal:
80	T-1 75.35	76.60	5"	1 inch = 4' Ft.	1 inch = 20' Ft.
78	T-2 74.93	76.18			
76	T-3 74.51	75.76			
74					
72					

Diagram labels: 8" MIN. FILL, 25% SLOPE, 8% SLOPE, BEST PRACT. DAILY RIBB, GRAVELLY LOAM, CLAYEY GRANVEL, BEDROCK.

William B. Goshen
Site Evaluator Signature

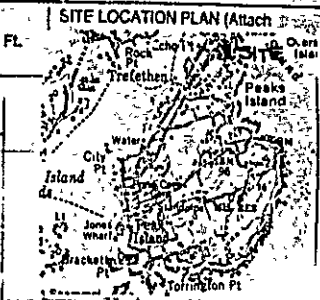
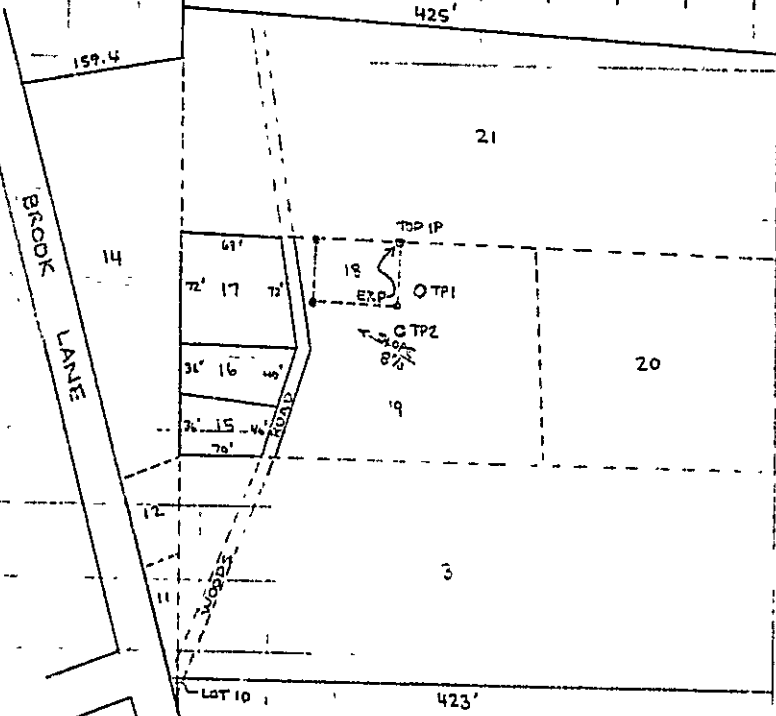
0003/4814

10/12/87

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: **PORTLAND PEAKS ISLAND** Street, Road, Subdivision: **BROOK LANE 92-G-10,11,12,13,14,18,19,20,21** Owners Name: **STEVE NILSEN**



SOIL DESCRIPTION AND CLASSIFICATION				SOIL DESCRIPTION AND CLASSIFICATION			
Observation Hole 1				Observation Hole 2			
0				0			
5				5	SILTY SAND	GRAY	
10	SILTY LOAM		BROWN	10	GRAVELLY LOAM	YELLOW BROWN	NONE
15				15			
20		MODERATELY FRIABLE		20		MODERATELY FRIABLE	
25				25	CLAYEY GRAVEL	GRAY BROWN	
30	CLAYEY GRAVEL		GRAY BROWN	30			COMMON
35				35			
40				40	BEDROCK		
45				45			
50				50			

William B. Goodwin 0003/4814
Site Evaluator or Professional Engineer's Signature SE# : PE#

10/12/87
Date

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: **BROOK LANE** 10, 11, 12, 13, 14

Subdivision Lot #: **TAX MAP 92 BLOCK G LOTS 17, 19, 20, 21**

PROPERTY OWNERS NAME

NILSEN STEVE

Last First

Aplicant Name: **STEVE NILSEN 774-8287**

Mailing Address of Owner/Applicant (If Different): **EPSS ST PEAKS ISLAND MAINE 04108**

PORTLAND PERMIT # **2,573** TOWN COPY

Date Permitted: **10/20/87** \$ **140** FEE

[Signature] L.P.I. # _____

[Signature]

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that an official citation is reason for the Local Plumbing Inspector to deny a Perm.

Steven E. Nilsson

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.

[Signature] **NOV 18 1987**

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. NEW SYSTEM

2. REPLACEMENT SYSTEM

3. EXPANDED SYSTEM

4. SEASONAL CONVERSION

5. EXPERIMENTAL SYSTEM

OCT 23 1987

THIS APPLICATION REQUIRES:

1. NO RULE VARIANCE REQUIRED

2. NEW SYSTEM VARIANCE
Attach New System Variance Form

REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form

3. Requires only Local Plumbing Inspector Approval

4. Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

1. NON-ENGINEERED SYSTEM

2. PRIMITIVE SYSTEM (Includes Alternative Toilet)

3. ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

4. TREATMENT TANK (ONLY)

5. HOLDING TANK

6. ALTERNATIVE TOILET (ONLY)

7. NON-ENGINEERED DISPOSAL AREA (ONLY)

8. ENGINEERED DISPOSAL AREA (ONLY)

9. 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:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

DRILLED WELL

SIZE OF PROPERTY **ZONING**

4.4 ± ACRES **IR 1**

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC Regular Low Profile

2. AEROBIC

SIZE: **1000** GALS

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET

SPECIFY _____

PUMPING

1. NOT REQUIRED

2. MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)

3. REQUIRED

DOSE: _____ GALS

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

2 BEDROOM CONSERVATIVE

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: **7** CONDITION: **A III**

DEPTH TO LIMITING FACTOR: **22**

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM-LARGE

4. LARGE

5. EXTRALARGE

DISPOSAL AREA TYPE/SIZE

1. BED _____ Sq Ft

2. CHAMBER **525** Sq Ft

21 Infiltrators

3. TRENCH _____ Linear Ft

4. OTHER: _____

DESIGN FLOW: 300 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On **SEPT 21 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 **0003/4214** **10/12/87**

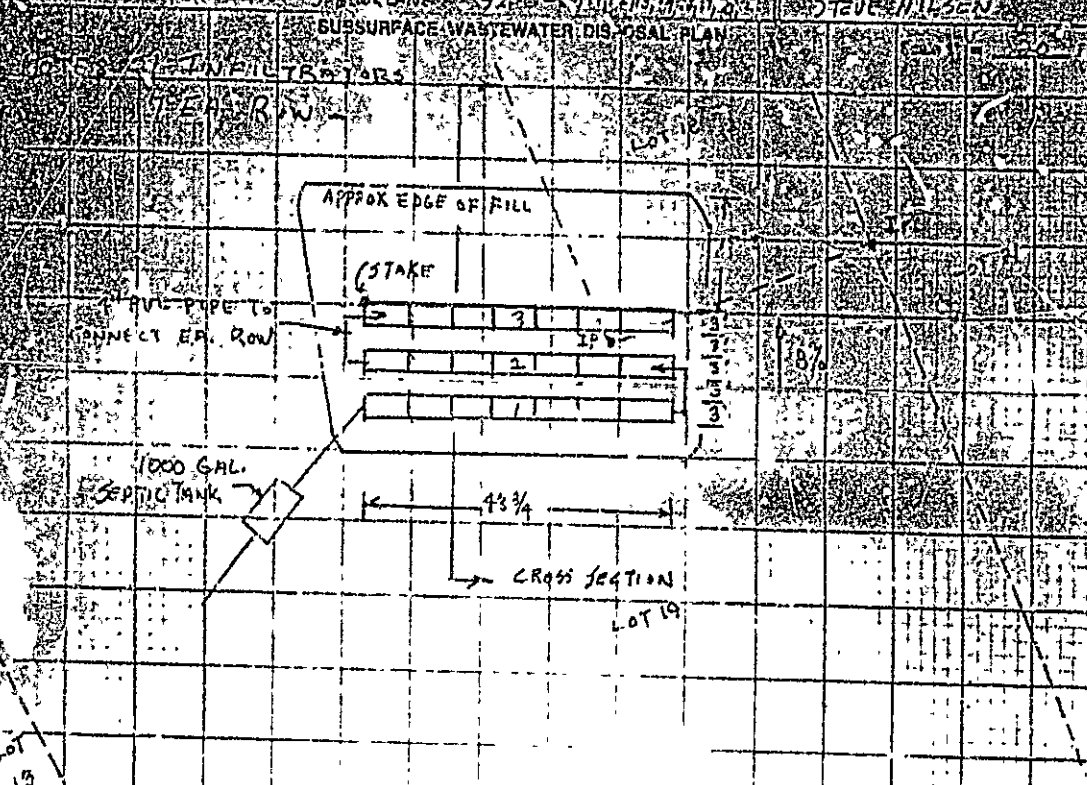
Site Evaluator or Professional Engineer's Signature SE # / PE # Date

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Greenfield Parks, 2505 Yorkline, Greenfield, Subdivision
97606-9111

Contract Name:
STEVE N. RIZEN



FILL REQUIREMENTS		CONSTRUCTION ELEVATION		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope)	13'	Refer to Elevation 13	1059	
Depth of Fill (Downslope)	16'	Bottom of Disposal Area	See BE-001	
		Top of Distribution Lines or Chambers		

DISPOSAL AREA CROSS SECTION				Scale:	
	BOTTOM	TOP	* EA TRENCH DEPTH	Vertical:	Horizontal:
80	TH 1 75.95	76.29	5"	1 inch = 4'	1 inch = 20'
	TH 2 74.93	76.18			
78	TH 3 74.51	75.76			

William B. Jordan
Site Evaluator Signature

OC 10/12/17

10/12/17
Date



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observations Holes Shown Above)

Observation Hole _____ Test Pit Boring

1. FOREST PEAT • Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
2	SILTY LOAM		BROWN	
4		MODERATELY FRAGILE		NONE
6	CLAYEY GRAVEL		GRAY BROWN	COMMON
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				

2. FOREST PEAT • Depth of Organic Horizon Above Mineral Soil _____

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	SILTY SAND		GRAY	
2				
4	GRAVELLY LOAM		YELLOW BROWN	STONE
6				
8		MODERATELY FRAGILE		
10	CLAYEY GRAVEL		GRAY BROWN	
12				COMMON
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				

Soil: 7	Classification: C	Slope: 8 %	Limiting Factor: 32	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Caprock
Soil: 7	Classification: AIII	Slope: 8 %	Limiting Factor: 22	<input type="checkbox"/> Ground Water <input type="checkbox"/> Perched Layer <input type="checkbox"/> Caprock

William B. Jackson
Site Evaluation Professional Engineer's Signature

00031 814
SP # / PE #

10/12/87
DATE

PROPERTY ADDRESS
PORTLAND BEAKS ISLAND

PROPERTY OWNERS NAME
STEVEN N. CSE

OWNER ADDRESS
**22 PPS ST
 SEASIDE, CA 94134**

Officer/Applicant Statement
 I hereby certify that the information provided is true and correct to the best of my knowledge. If this system installation is for the Local Plumbing Inspector Signature & Seal

Signature of Owner (Applicant)
STEVEN N. CSE

CAUTION: PERMIT REQUIRED

Subsurface Waste Disposal System Installation Unit a Permit is required from the Local Plumbing Inspector. This permit shall authorize the owner of the facility to install the disposal system. It is the responsibility of the applicant to obtain the Subsurface Waste Disposal System Permit from the Local Plumbing Inspector.

CAUTION: INSPECTION REQUIRED

There is a local plumbing inspector in your jurisdiction. You must obtain a permit from the local plumbing inspector before installing the disposal system.

Local Plumbing Inspector Signature & Seal

THIS APPLICATION IS FOR:

NEW SYSTEM

REPLACEMENT SYSTEM

EXPANDED SYSTEM

SEASONAL/CONVERSION

EXPERIMENTAL SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAULTING SYSTEM INSTALLED _____

THE FAULTING SYSTEM IS:

CESSPOOL TRENCH

CHAMBER OTHER _____

SIZE OF PROPERTY _____ ACRES

ZONING **JR 1**

PERMIT INFORMATION

THIS APPLICATION REQUIRES:

MINOR 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

DISPOSAL SYSTEM TO SERVE:

SINGLE FAMILY DWELLING

MODULAR OR MOBILE HOME

MULTIPLE FAMILY DWELLING

OTHER _____ SPECIFY _____

INSTALLATION IS:

NON-ENGINEERED SYSTEM

PRIMITIVE SYSTEM
 (Includes 2 Alternatives Tables)

ENGINEERED (1-2000 ADP)

INDIVIDUALLY INSTALLED COMPONENTS:

TREATMENT TANK (ONLY)

HOLDING TANK

ALTERNATIVE COLLECTION

NON-ENGINEERED DISPOSAL AREA (ONLY)

ENGINEERED DISPOSAL AREA (ONLY)

SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
DRILLED WELL

TREATMENT TANK

SEPTIC Regu-l Low Profile

AEROBIC

SIZE: **1000** GALS

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE **7** | CONDITION **A1**

DEPTH TO LIMITING FACTOR **22**

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

WATER CONSERVATION

NONE

LOW VOLUME TOILET

SEPARATED LAUNDRY

ALTERNATIVE TOILET

SPECIFY _____

PUMPING

NOT REQUIRED

MAY BE REQUIRED
 (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)

REQUIRED

HOSE _____ GALS

DISPOSAL RATE TYPE SIZE

TRENCH _____ Sq Ft

CHAMBER **5.25** Sq Ft

Infiltrator Sq Ft

TRENCH _____ Linear Ft

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

2 BEDRM

CONSERVATIVE

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

SITE EVALUATOR STATEMENT

On **SEPT 21 1975** (date) I conducted a site evaluation for the project and certify that the data reported is accurate. The system proposal is in accordance with the Subsurface Waste Disposal System Design Manual.

William B. Johnson
 Site Evaluator/Professional Engineer's Signature

10/17/87
 Date

Page 1 of 1
 HME 200 7-83