

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town or Plantation: Portland

Street: Anderson Ave

Subdivision Lot #: Lot 74 Little Diamond Est.

PROPERTY OWNERS NAME

Last: Hauge First: Cyrus

Applicant Name: 1187 Westbrook St.

Mailing Address of Owner/Applicant (if different): Portland, ME

PORTLAND PERMIT # 2-536 TOWN COPY

Date Permitted: 1/02/87 Fee: \$1140

Smallwood Plumbing L.P.I. # 1213

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.

Cyrus Hauge 1/27/87
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.

DEC 2 1987
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> NEW SYSTEM 2. <input type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> NO RULE VARIANCE 2. <input type="checkbox"/> NEW SYSTEM VARIANCE <small>Attach New System Variance Form</small> 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE <small>Attach Replacement System Variance Form</small> <ol style="list-style-type: none"> a. <input type="checkbox"/> Requires Local Plumbing Inspector Approval b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval 4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM <small>(includes Alternative Toilet)</small> 3. <input type="checkbox"/> ENGINEERED (+2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS. 4. <input type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK _____ GAL 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"/> SEPARATED LAUNDRY SYSTEM
<p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> 5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES 6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER 7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____ 8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> BCD 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER _____ 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> 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 _____ <p style="text-align: center;">SPECIFY _____</p>
<p>SIZE OF PROPERTY ~9300 Sq. Ft.</p>	<p>ZONING YES</p>	<p>TYPE OF WATER SUPPLY Public</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AEROBIC <p>SIZE <u>1000</u> GALS</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> 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 <p style="text-align: center;">SPECIFY _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> 1. <input checked="" type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED <small>(DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</small> 3. <input type="checkbox"/> REQUIRED <p>DOSE _____ GALS</p>		
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE <u>2</u></td> <td>CONDITION <u>A/C</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR <u>24</u></p>	PROFILE <u>2</u>	CONDITION <u>A/C</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> 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 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input checked="" type="checkbox"/> CHAMBER <u>448</u> Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> # 20 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER _____
PROFILE <u>2</u>	CONDITION <u>A/C</u>			
		<p>CRITICAL USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC)</p> <p style="font-size: 2em; text-align: center;">3 Bedroom</p> <p>DESIGN FLOW <u>270</u> (GALLONS/DAY)</p>		

SITE EVALUATOR STATEMENT

On 5-5-87 (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.

Smallwood Site Evaluator Signature 00073 SE# 5-8-87 Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion)

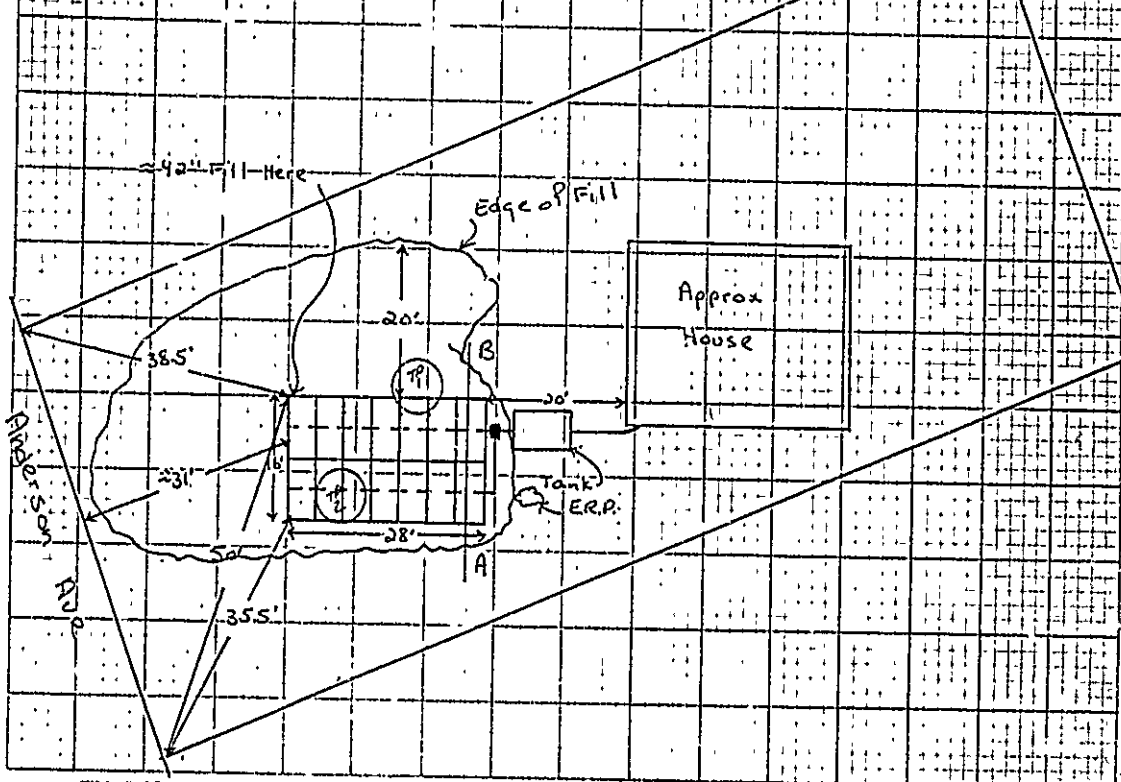
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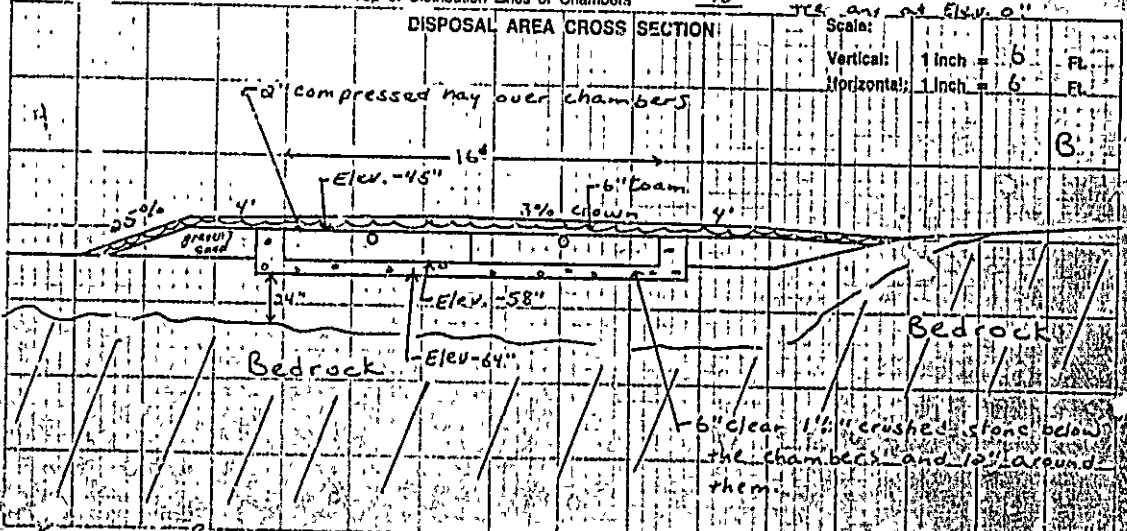
Town, City, Plantation: Portland Street, Road, Subdivision: Lot 74 Anderson Ave Owners Name: Cyrus Hagge

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	12"	Reference Elevation Is	0"	36" Red oak with a nail 30" about the ground at the base of the tree any at Elev. 0"	
Depth of Fill (Downslope)	12"	Bottom of Disposal Area	-58"		
		Top of Distribution Lines or Chambers	-45"		



Site Evaluator Signature: [Signature] Date: 5-3-87 Page 3 of 3
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