

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: PORTLAND
Street: CUSHING ISLAND
Subdivision Lot #: OTTAWA AVE. EXT.

PROPERTY OWNERS NAME

Last: HAMMOND First: JOHN

Applicant Name: ED YELITZ

Mailing Address of Owner/Applicant (if different): YELITZ LANE CUMD ME.

PERMIT NO: 6113186 PERMIT #: 1,766 TOWN COPY Double Fee Charged

Date Permit Issued: 6/13/86 \$ _____ FEE

Local Plumbing Inspector Signature: [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 reason for the Local Plumbing Inspector to deny a Permit.

Signature of Owner/Applicant: [Signature] Date: 6/3/86

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: JUL 2 - 1986

PERMIT INFORMATION

<p>THIS APPLICATION IS FOR:</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>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>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>3. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p>	<p>INSTALLATION IS:</p> <p>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 gpd)</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: <u>20+ YRS.</u></p> <p>TYPE FAILING SYSTEMS</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input checked="" 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 _____</p>	<p>TYPE OF WATER SUPPLY</p> <p><u>PUBLIC</u></p>
<p>SIZE OF PROPERTY APPROX: <u>1 ACRE</u></p> <p>ZONING: _____</p>	<p>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</p>	

<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"/> AEROSIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p>WATER CONSERVATION</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>PUMPING</p> <p>1. <input type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS 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><u>2 BEDROOMS</u></p>
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <p>PROFILE: <u>2</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>29</u></p>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p>DISPOSAL AREA TYPE/SIZE</p> <p>1. <input type="checkbox"/> BED _____ Sq. Ft.</p> <p>2. <input checked="" type="checkbox"/> CHAMBER <u>389</u> Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> 1:20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft.</p> <p>4. <input type="checkbox"/> OTHER _____</p>	<p>DESIGN FLOW <u>226</u> (GALLONS/DA)</p>

SITE EVALUATOR STATEMENT (SITE EVALUATION WAIVED BY LOCAL OPTION)

On 10-8-85 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Signature: [Signature] SE# 034 Date: 10-25-85

Local Plumbing Inspector Signature if a Local Site Evaluation Waiver is a Local Option

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Town, City, Plantation
PORTLAND (CUSHING ISLAND)

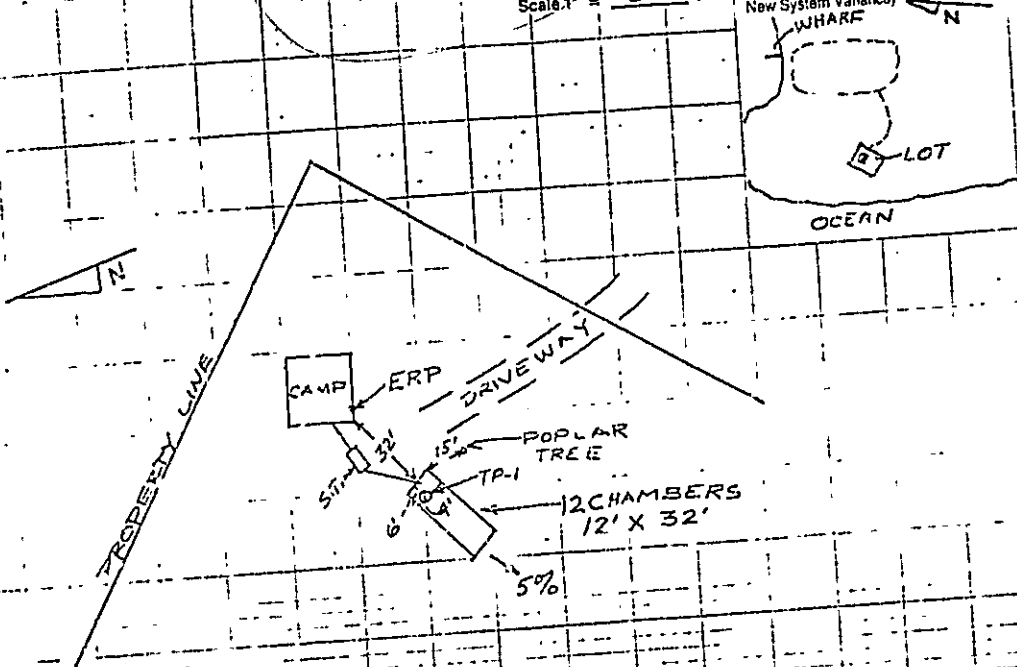
Street, Road, Subdivision
OTAWA AVE. EXT.

Owners Name
JOHN HAMMOND

SITE PLAN

Scale: 1" = 50 FL.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION				(Location of Observation Holes Shown Above)			
Observation Hole	TP-1	<input checked="" type="checkbox"/> Test Pit	<input type="checkbox"/> Boring	Observation Hole		<input type="checkbox"/> Test Pit	<input type="checkbox"/> Boring
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
STANLY		DK-BRIL					
FINE SANDY	FRYABLE	REL					
LOAM		BRN					
			FEW				
Soil Classification	Slope	Limiting Factor	Permeability	Soil Classification	Slope	Limiting Factor	Permeability
27 C	5	24					

John Hammond
Site Fee Signature

034
SE#

10-25-85
Date

Printed
1985

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Department of Human Services
Division of Health Engineering

Town City Plan
PORTLAND

(CUSHING ISLAND)

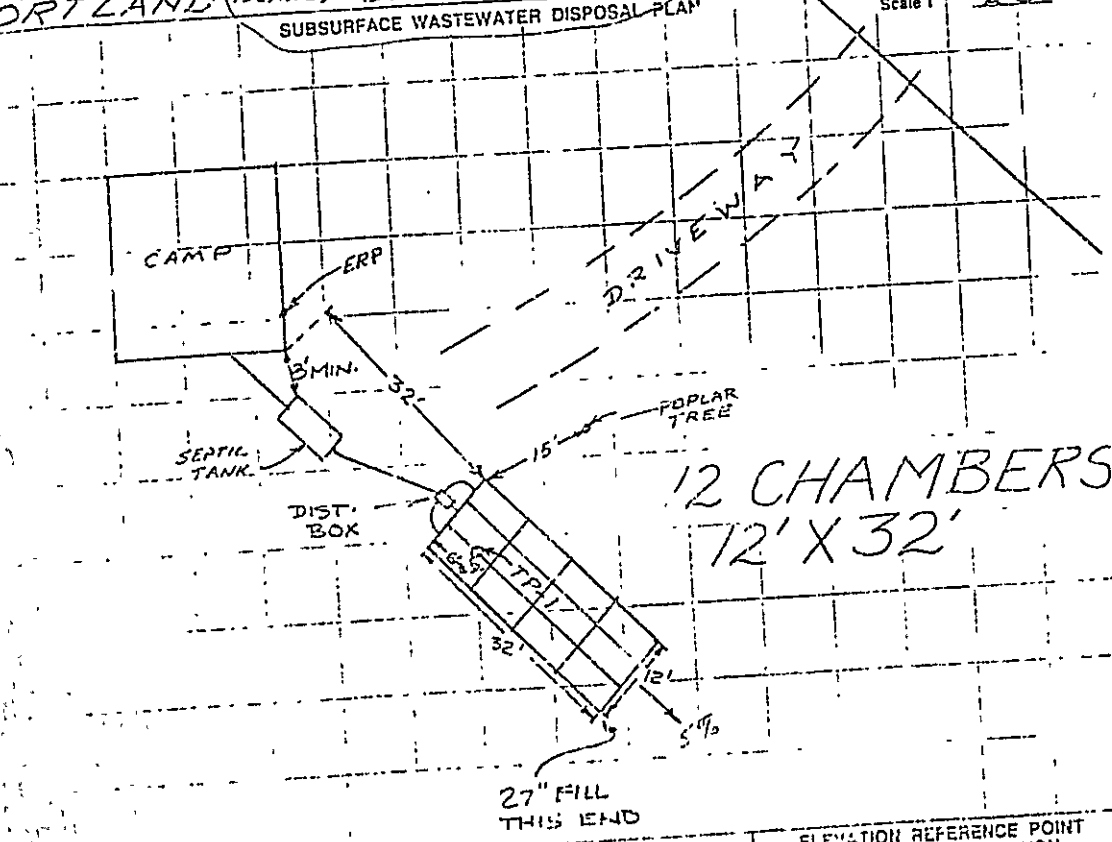
Street, Road, Subdivision
OTTAWA AVE. EXT.

Owners Name

JOHN HAMMOND

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL

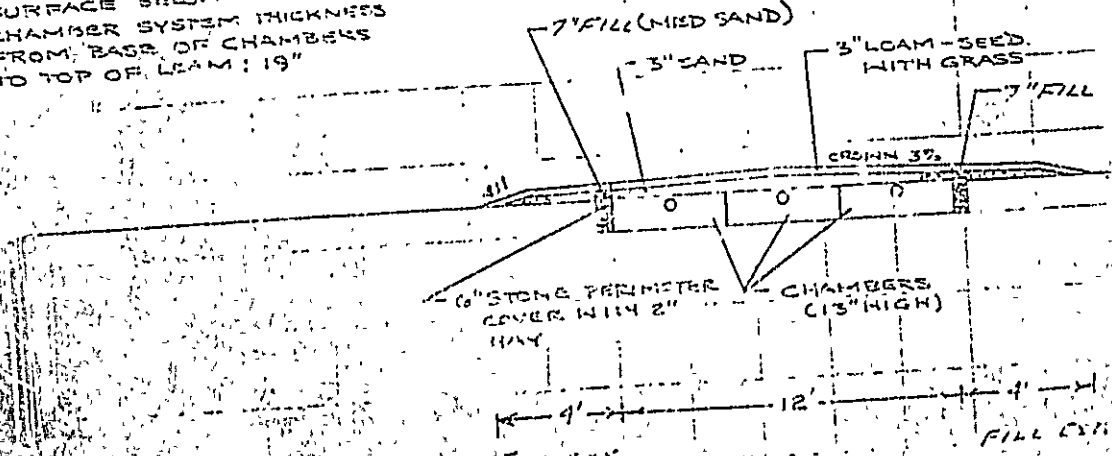


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	7'	Reference Elevation at	0'	BOTTOM EDGE OF SIDING ON CAMP	
Depth of Fill (Downslope)	27'	Bottom of Chamber Area	-17'		

NOTE: SCARIFY GROUND SURFACE WITH LOW FILL. CHAMBER SYSTEM THICKNESS FROM BASE OF CHAMBERS TO TOP OF LEAM: 19"

DISPOSAL AREA C.C.'S SECTION

Scale:
Vertical: 1 inch = 5' FL
Horizontal: 1 inch = 5' FL



Richard Albert

FILL EXX: 134

10-25-85