

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

106D-C-4
EXT 8712

PROPERTY ADDRESS

Town Or Plantation: PORTLAND CUSHING ISLAND

Street: SPRING COVE AVE

Subdivision Lot #: TAX MAP 106C BLOCK D LOT 4

PROPERTY OWNERS NAME

CUSHING ASSOCIATES INC.

Last: First: 106C-D-4

Applicant Name: KEVIN BUTLER

Mailing Address of Owner/Applicant (If Different): CUSHING ISLAND MAINE 04109

PORTLAND PERMIT # 3,433 TOWN COPY

Date Permit Issued: 10/25/89 \$ 1310.00

Local Plumbing Inspector Signature: [Signature]

L.P.I. # 111213

Double Fee Charged:

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: _____ Date: _____

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: _____ Date Approved: 10/29/89

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE 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

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (>2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED: 1967

THE FAILING SYSTEM IS:

- BED
- TRENCH
- CHAMBER
- OTHER

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER SPECIFY: _____

TYPE OF WATER SUPPLY

PUBLIC WATER

SIZE OF PROPERTY: 15,209 SF

ZONING: IR1

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

EXISTING TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS

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

3 BEDROOM CONSERVATIVE

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 4

CONDITION: AIII

DEPTH TO LIMITING FACTOR: 42

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM LARGE
- LARGE
- EXTRALARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER 600" Sq. Ft. REGULAR H 20
- TRENCH _____ Linear Ft.
- OTHER: _____

DESIGN FLOW: 450 (GALLONS DAY)

SITE EVALUATOR STATEMENT USED 24 INFILTRATOR POLYETHYLENE CHAMBERS IN TRENCH CONFIGURATION SITE EVALUATION WAINED BY LOCAL OPTION

On NOVEMBER 24 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. Goodwin 0003/4214 2/8/89

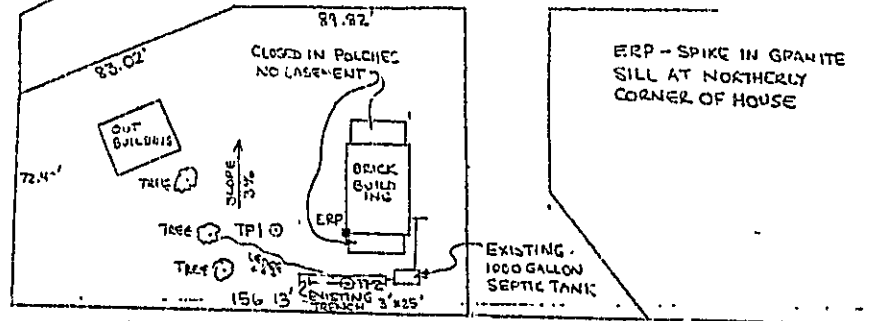
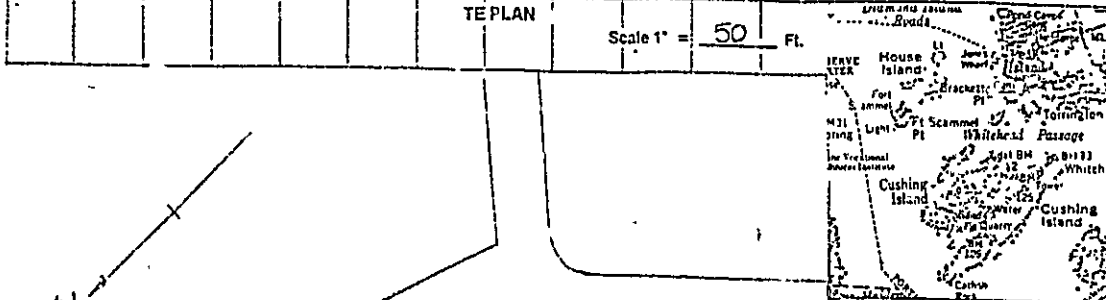
Site Evaluator or Professional Engineer's Signature SE # / P.E. # Date

Local Plumbing Inspector's Signature & Local Site Evaluator's Name under a Local Option

SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

City, Plantation
PORTLAND CUSHING ISLAND SPRING COVE AVE Street, Road, Subdivision
 Owners Name
CUSHING ASSOCIATES INC.



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

Observation Hole 1				Observation Hole 2			
<input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring				<input type="checkbox"/> Test Pit <input type="checkbox"/> Boring			
SOD				SOD			
Depth of Organic Horizon Above Mineral Soil				Depth of Organic Horizon Above Mineral Soil			
Texture	Consistency	Color	Mottling	Texture	Consistency	Color	Mottling
0-6	SANDY LOAM	DARK BROWN		0-6			
6-15				6-15			
15-20	LOAMY GRAVEL	RED BROWN	NONE EVIDENT	15-20			
20-30				20-30			
30-35	COARSE LOAMY GRAVEL	MEDIUM BROWN		30-35			
35-50				35-50			
50	BEYOND			50			

Soil Classification: **A1E-1**

Slope: **3%**

Limiting Factor: **42**

Ground Water: Ground Water Layer Bedrock

Soil Classification: _____

Slope: _____

Limiting Factor: _____

Ground Water: Ground Water Layer Bedrock

NOTE: TP. 2 WAS OF SIMILAR DEPTH AND SOIL TYPE AS TEST PIT 1, BUT PIT FILLED UP TOO FAST WITH WASTEWATER TO PROPERLY DOCUMENT THE SOILS.

William B. Jordan
Site Evaluator or Professional Engineer's Signature
0003/4814
SHEET #
2/8/89
Date
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SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

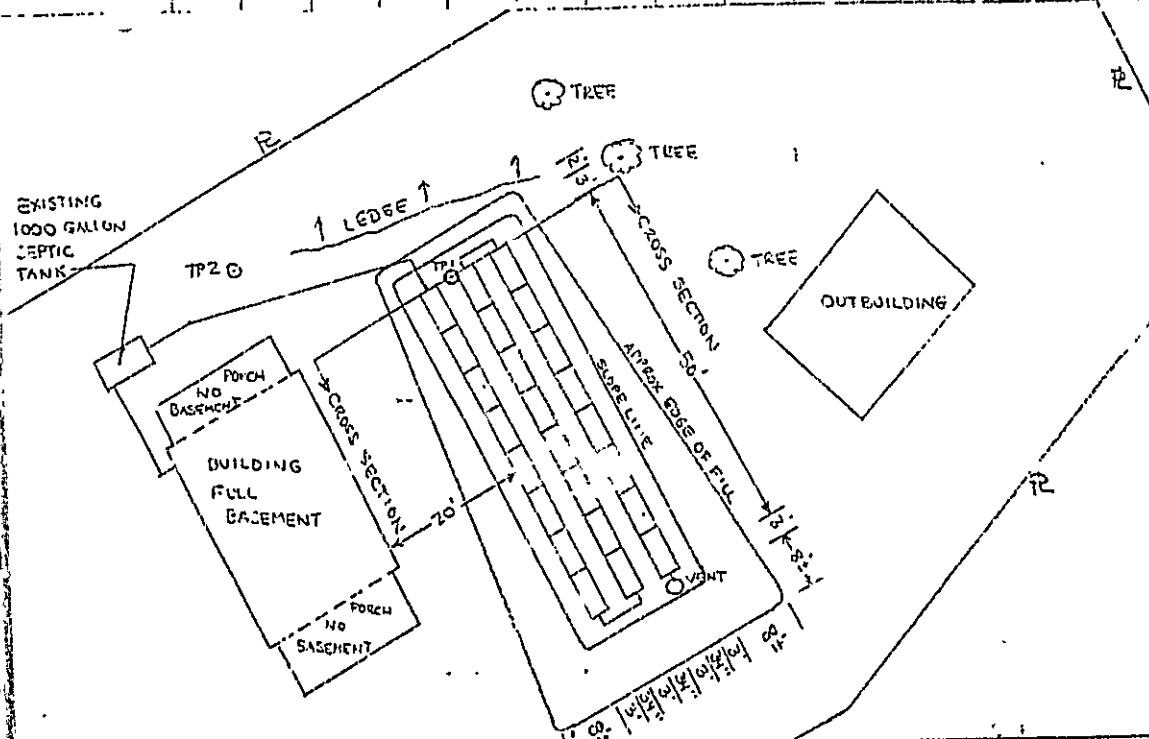
Department of Human Services
Division of Health Engineering

City, Town, State, County
PORTLAND CUSHING ISLAND SPRING COVE POOD 1062-D-4

Owner's Name
CUSHING ASSOCIATES INC.

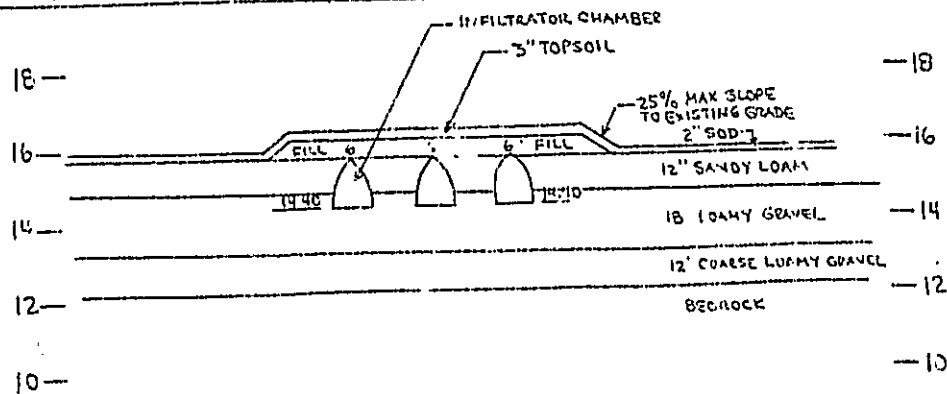
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' PL



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) $\frac{6}{25}$	Reference Elevation is: 20.00	SPIKE IN GRANITE SILL AT NORTH CORNER OF HOUSE
Depth of Fill (Downslope)	Bottom of Disposal Area: 14.40	
	Top of Distribution Lines or Chambers: 15.65	

DISPOSAL AREA CROSS SECTION		Scale:
		Vertical: 1 inch = 4' PL
		Horizontal: 1 inch = 10' PL



William B. Gardner
Professional Engineer's Signature

0003/4/14
JF/1/PE

2/8/89
Date

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