

REVISED PLANS

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation SCARBOROUGH
Street or Road 20 FREEDOM RD.
Subdivision, Lot # (MITCHELL HILL SUBDIV., LOT 40)

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City SCARBOROUGH Permit # 2012 10022
Date Permit Issued 10/27/12 Fee: \$ 265 Double Fee Charged []
Local Plumbing Inspector Signature Dan Dwyer L.P.I. # 515

OWNER/APPLICANT INFORMATION

Name (last, first, MI) PHILLIPS, DAVID ☒ Owner ☐ Applicant
Mailing Address of P.O. Box 1075
Owner/Applicant SCARBOROUGH, ME - 04070
Daytime Tel. # 40 DENNIS EMERSON 310-0405

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # R-9 Lot # C-40

OWNER OR APPLICANT STATEMENT

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

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

(1st) date approved

Signature of Owner or Applicant _____ Date _____

Local Plumbing Inspector Signature _____

(2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☒ 1. First Time System
☐ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. >25% Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

- ☒ 1. No Rule Variance
☐ 2. First Time System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 3. Replacement System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 4. Minimum Lot Size Variance
☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

- ☒ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System (2000 gpd or more)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

☐ SQ. FT.
☐ ACRES

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify) _____
Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

TYPE OF WATER SUPPLY

- ☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

SHORELAND ZONING

☐ Yes ☒ No

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ 1. Concrete
☐ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1500 GAL

DISPOSAL FIELD TYPE & SIZE

- ☒ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
☐ a. cluster array ☐ c. Linear
☐ b. regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE: 800 X 800 sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

- ☒ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
☐ a. multi-compartment tank
☐ b. _____ tanks in series
☐ c. increase in tank capacity
☐ d. Filter on Tank Outlet

DESIGN FLOW

270 gallons per day
BASED ON:
☒ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS

PROFILE CONDITION 51 C
at Observation Hole # TP
Depth 40"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☒ 1. Medium—2.6 sq. ft. / gpd
☐ 2. Medium—Large 3.3 sq. ft. / gpd
☐ 3. Large—4.1 sq. ft. / gpd
☐ 4. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/JECTOR PUMP

- ☒ 1. Not Required **"ELEVATE DRAIN"**
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

- ☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 43 d 56 m 8.7 s
Lon. 70 d 26 m 57.9 s
if g.p.s., state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 11/27/12 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

James G. Mancini
Site Evaluator Signature

247
SE #

NOV. 27, 2012
Date

JAMES G. MANCINI
Site Evaluator Name Printed

892-9498
Telephone Number

E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

SCARBOROUGH

FREEDOM ROAD #20

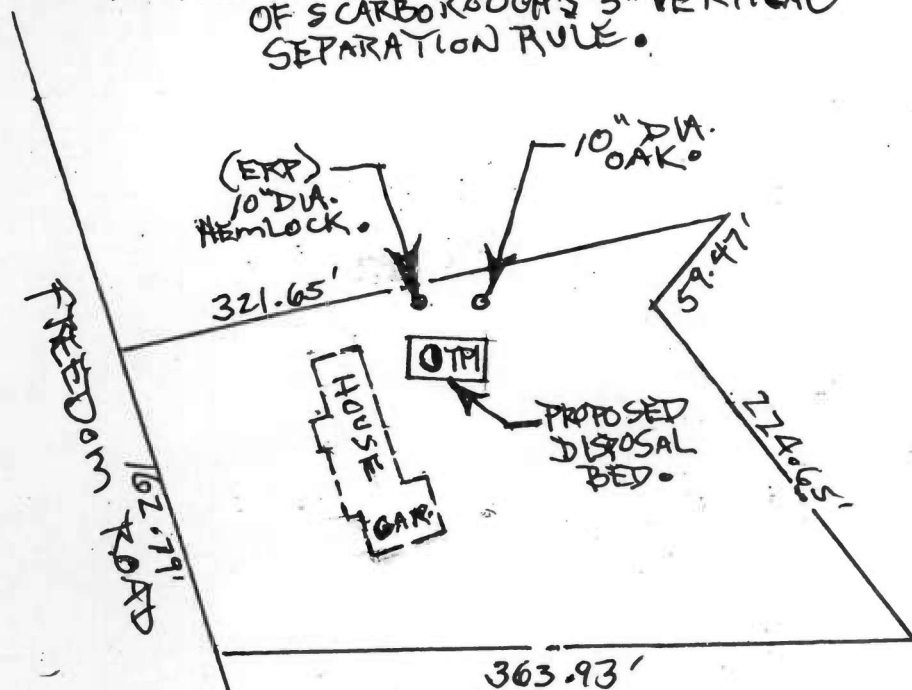
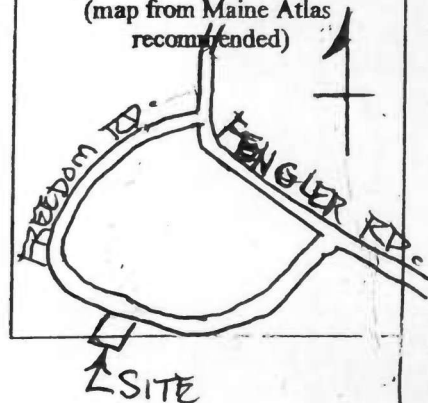
PHILLIPS, DAVID

SITE PLAN

Scale 1" = 100 ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas recommended)

NOTE: THIS DESIGN CONFORMS TO THE TOWN OF SCARBOROUGH'S 3' VERTICAL SEPARATION RULE.



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

Observation Hole TP1 ☐ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
LOAMY MEDIUM SAND	FRABLE	YELLOW BROWN	
FINE SAND		LIGHT OLIVE BROWN	DISTINCT

Soil Classification
SC
Profile Condition

Slope
____%

Limiting Factor
40

☒ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling

Soil Classification

Profile Condition

Slope
____%

Limiting Factor

☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

James H. Mancini
Site Evaluator Signature

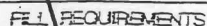
SE #

247 NOV 27, 2012
Date

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4577

Owner's Name
PHILLIPS, DAVID

SCALE 1" = 20 FT


$$\frac{Z_0^H}{Z_0^H}$$

Finished Grade Elevation
Top of (Distribution Pipe) or Proprietary Device
Bottom of Disposal Area

$$\begin{array}{r} -24'' \\ \hline -37'' \\ \hline -40'' \\ \hline \end{array}$$
[illegible]

Hand-drawn cross-section diagram of a road construction project. The diagram shows a road cross-section with a central 'LOAM + SEED' area, flanked by 'GRAVELLY COARSE SAND' and 'CLEAN FILL HAY (2" layer)'. The road is bordered by 'CAP TOE WITH LOAM OR CLAY'. Dimensions include 5' on the left, 20' in the center, and 5' on the right. Slopes are indicated as 4% and 13%. A vertical section on the right shows 'CLEAN STONE 1 1/2" dia.' and 'CLEAN FILL HAY (2" layer)'. A note at the bottom indicates '4" DIA. P.V.C. PERFORATED (HOLES DOWN)'.

SCALE: $r = 5$
VERTICAL: $r = 10$
HORIZONTAL:

E.R.P.
ELEV

CLEAN FILL -
HAY (2" layer)
CLEAN STONE
1 1/2" dia.

4" DIA. P.V.C. PERFORATED
(HOLES DOWN)

BED DETAIL (no scale)

James H. Mancini
Site Evaluator Signature

Z47
SE =

NOV 27, 2012