

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

ELLSWORTH

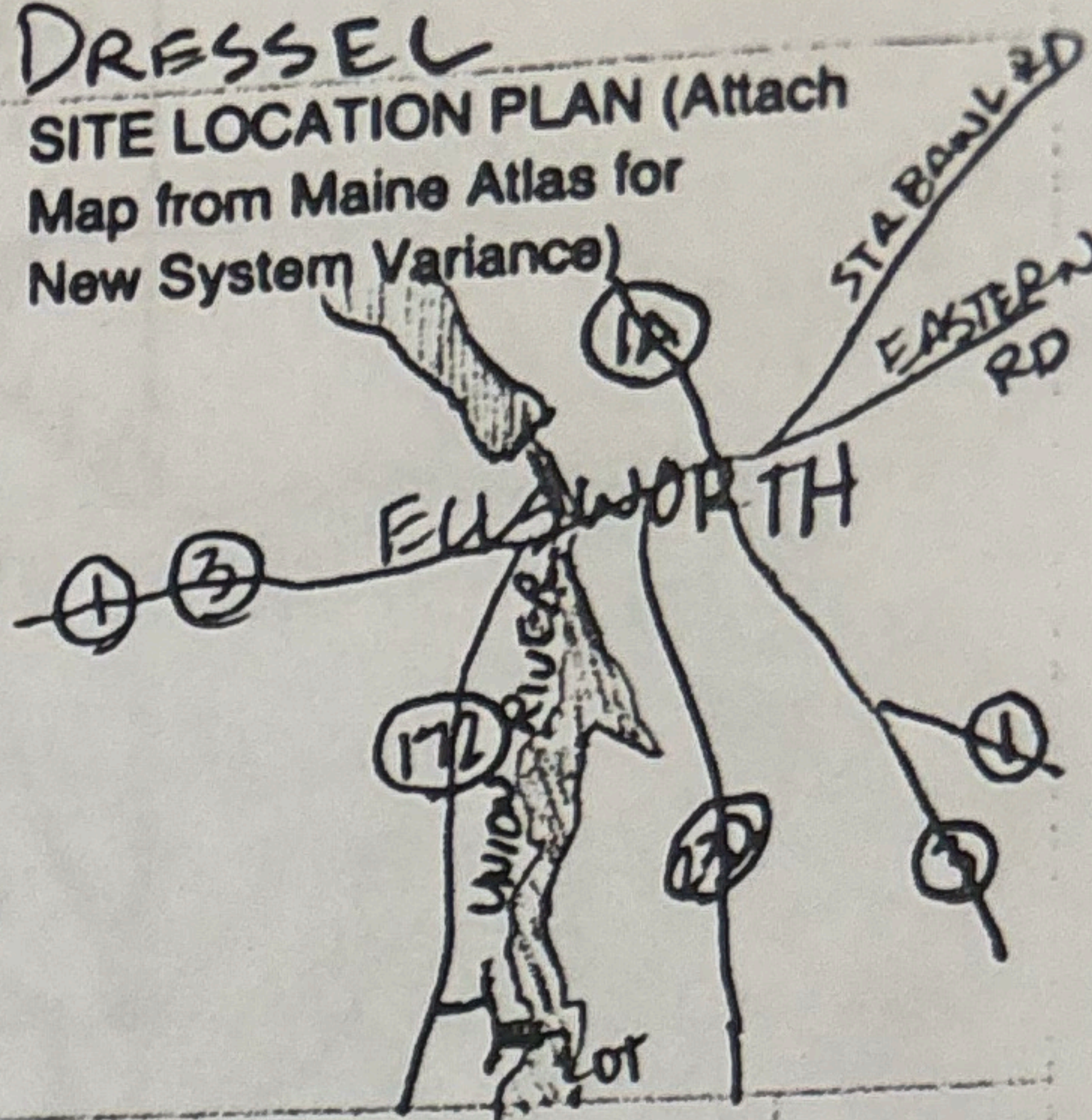
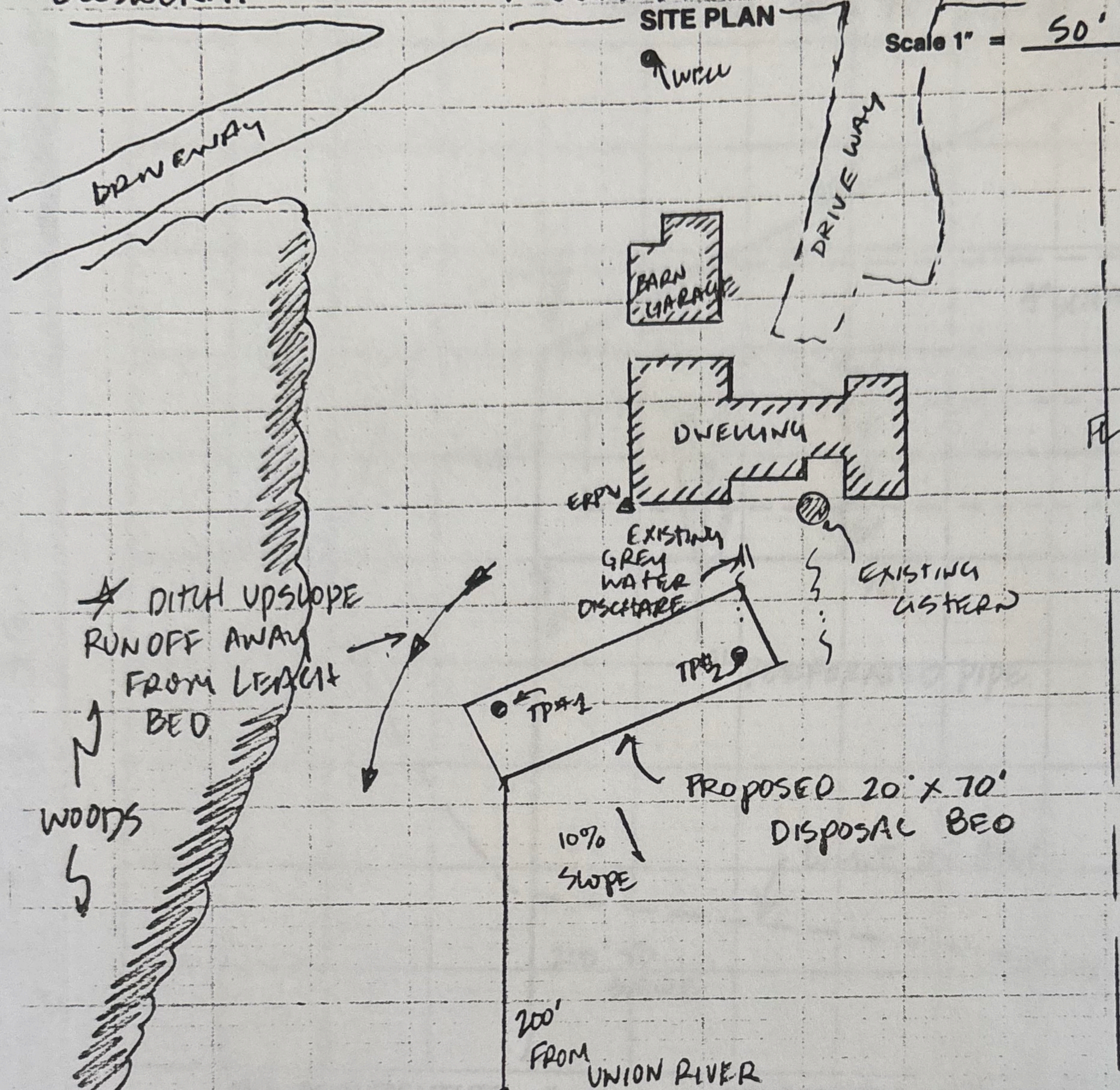
Street, Road, Subdivision

RIVERSIDE LANE

Owners Name

PETER DRESSEL

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 Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0			DARK BROWN	
6	SILT	MODERATE	BROWN	NONE
10	LOAM			
15		FIRM	OLIVE GREEN	COMMON DISTINCT
20				
30				
40				
50				

Soil Profile 9 Classification D Slope 10 % Limiting Factor B
 Ground Water
 Restrictive Layer
 Bedrock

Observation Hole TP#2 Test Pit Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0			BROWN	
6	SILT	LOOSE		NONE
10	LOAM	FRIABLE		
15		FIRM	GREY OLIVE	COMMON DISTINCT
20		REFUSAL	ON ROCK	
30				
40				
50				

Soil Profile 9 Classification D Slope 10 % Limiting Factor 10
 Ground Water
 Restrictive Layer
 Bedrock

Jay Borkin
Site Evaluator Signature

227
SE#

5-28-92
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: **ELLSWORTH**

Street Subdivision Lot #: **RIVERSIDE LANE**

PROPERTY OWNERS NAME

Last: **DRESSEL** First: **PETER**

Applicant Name: **PETER DRESSEL**

Mailing Address of Owner/Applicant (If Different):

14
34

ELLSWORTH 1787 TOWN COPY
Date Permit Issued: 6/2/92 \$ 11610 FEE Double Fee Charged
John Brooker L.P.I. # 1955
Local Plumbing Inspector Signature

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.

Peter Dressel 6/1/92
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.

John Brooker 8-11-92
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- EXPERIMENTAL SYSTEM

SEASONAL CONVERSION

to be completed by the LPI

- SYSTEM COMPLIES WITH RULES
- CONNECTED TO SANITARY SEWER
- SYSTEM INSTALLED - P# _____
- SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

SIZE OF PROPERTY

ZONING

+2 ACRES

SHORELAND

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
 - Requiring Local Plumbing Inspector Approval
 - Requires State and Local Plumbing Inspector Approval
- MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:

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

INSTALLATION IS:

COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
 - PRIMITIVE SYSTEM
(Includes Alternative Toilet)
 - ENGINEERED (+ 2000 gpd)
- #### INDIVIDUALLY INSTALLED COMPONENTS:
- TREATMENT TANK (ONLY)
 - HOLDING TANK _____ GAL
 - ALTERNATIVE TOILET (ONLY)
 - NON-ENGINEERED DISPOSAL AREA (ONLY)
 - ENGINEERED DISPOSAL AREA (ONLY)
 - SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY

EXISTING DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

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
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
 - REQUIRED
- DOSE: _____ GALS.

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

EXISTING
3 BEDROOM
DWELLING

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 9 CONDITION: D

DEPTH TO LIMITING FACTOR: 10"

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED 1400 Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR H-20
- TRENCH _____ Linear Ft.
- OTHER: _____

MINIMUM
DESIGN
FLOW: 270 G.P.D.
(GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 5-19-92 (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.

John Brooker
Site Evaluator Signature

227
SE#

5-28-92
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

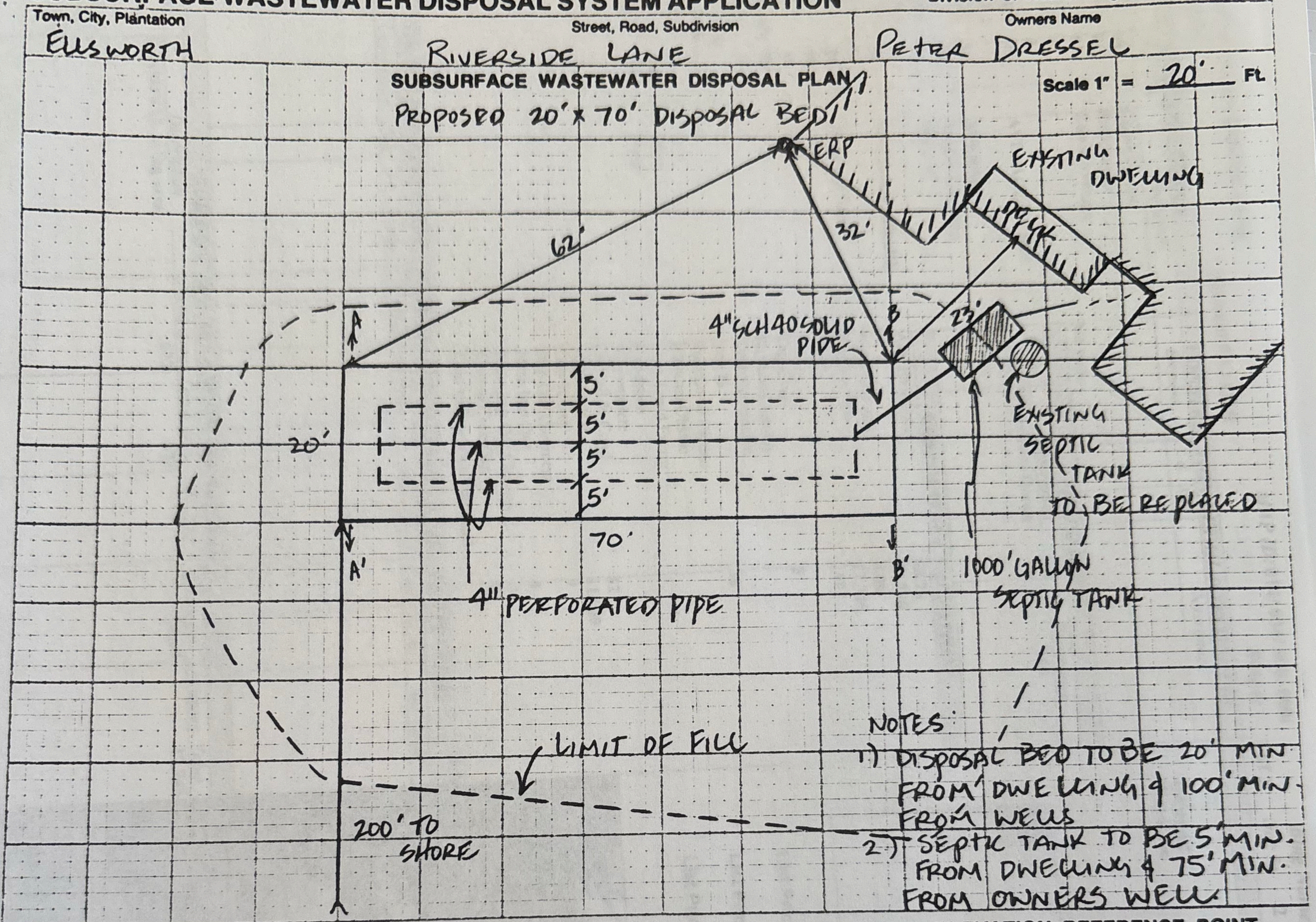
ELLSWORTH

RIVERSIDE LANE

PETER DRESSEL

SUBSURFACE WASTEWATER DISPOSAL PLAN
PROPOSED 20' x 70' DISPOSAL BED

Scale 1" = 20' Ft



NOTES:

- 1) DISPOSAL BED TO BE 20' MIN. FROM DWELLING & 100' MIN. FROM WELLS
- 2) SEPTIC TANK TO BE 5' MIN. FROM DWELLING & 75' MIN. FROM OWNERS WELL

FILL REQUIREMENTS

Depth of Fill (Upslope)	A/B	26-30"
Depth of Fill (Downslope)	A'/B'	41-54"

CONSTRUCTION ELEVATIONS

Reference Elevation is	0"
Bottom of Disposal Area	-52"
Top of Distribution Lines or Chambers	-41"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

E.R.P. NAIL W/ FLAGGING 8" UP CORNER BOARD 9" 10" ABOVE GROUND

DISPOSAL AREA CROSS SECTION

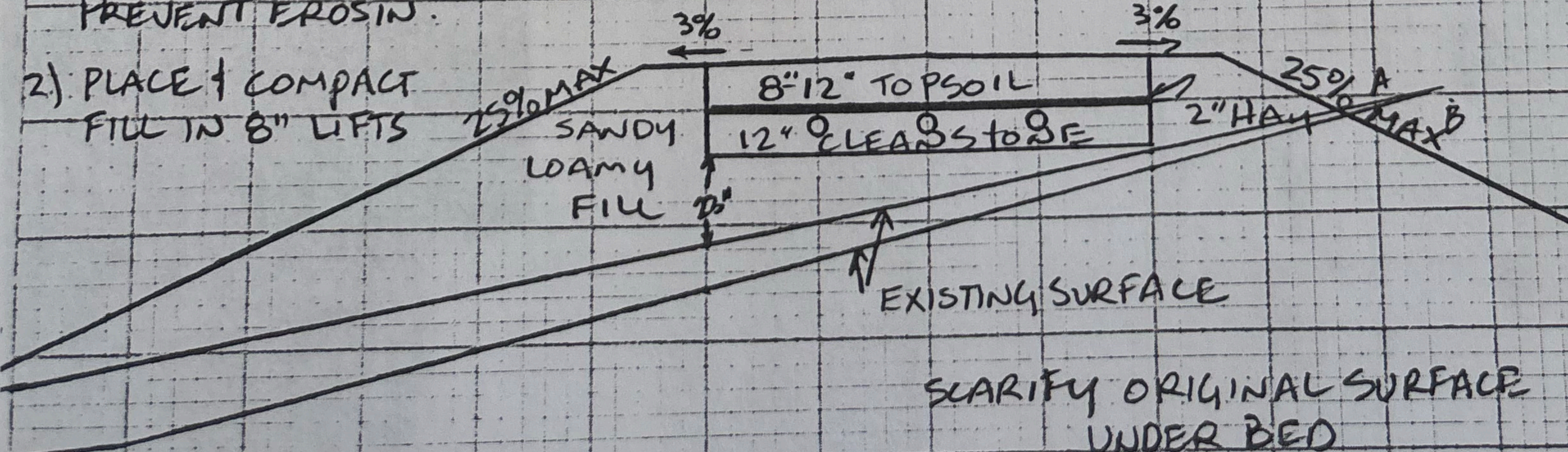
Scale:

Vertical: 1 inch = 5' Ft.
Horizontal: 1 inch = 10' Ft.

NOTES:

1) LIME, FERTILIZE, SEED & MULCH, TOP 4 SIDES OF BED & ALL DISTURBED AREAS TO PREVENT EROSION.

2) PLACE & COMPACT FILL IN 8" LIFTS



CLARIFY ORIGINAL SURFACE UNDER BED

3) BOTTOM OF BED TO BE LEVEL W/A MAX GRADE TOLERANCE OF 1"/100'

BOTTOM OF BED TO BE INSTALLED @ -52" BELOW E.R.P.

Site Evaluator Signature

227

SE#

5-28-92

Date

Page 3 of 3