

7642-6024

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, 10 SHS
 (207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation: Gorham, Moine
 Street or Road: Tangle Woods
 Subdivision, Lot #: _____

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

OWNER/APPLICANT INFORMATION

Name (last, first, MI): George McCallum
 Owner
 Applicant

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is attached HERE 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.

Mailing Address of Owner/Applicant: 26 Land of Nod Road
 Windham, ME 04062

Daytime Tel. #: 892-2571

Municipal Tax Map # _____ Lot # _____

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.

Signature of Owner or Applicant _____ Date _____

George McCallum
 Local Plumbing Inspector Signature _____ (2nd) date authorized _____

PERMIT INFORMATION

THIS APPLICATION REQUIRES

- 1. First Time System
- 2. Replacement System
- Type replaced: _____
- Year installed: _____
- 3. Expanded System
 - a. Minor Expansion
 - b. Major Expansion
- 4. Experimental System
- 5. Seasonal Conversion

- 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 & air 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: 1.5+/- 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: 1000 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: 891 sq. ft. lin. ft.

GARAGE 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 501.1 (dwelling unit(s))
 2. Table 501.2 (other facilities)
 SHOW CALCULATIONS
 --- for other facilities ---
 3 BEDROOMS @ 90 gpd =
 270 gpd TOTAL

DISPOSAL FIELD SIZING

- 1. Small---2.0 sq. ft. / gpd
- 2. Medium---2.6 sq. ft. / gpd
- 3. Medium---Large 3.3 sq. ft./gpd
- 4. Large---4.1 sq. ft. / gpd
- 5. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

- 1. Not Required
 - 2. May Be Required
 - 3. Required
- Specify only for engineered systems:
 DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
 ATTACH WATER METER DATA
 Lat. 70 d 42 m 00 s
 Lon. 43 d 50 m 00 s
 if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on June 9, 2007 (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).

Site Evaluator Signature: *Jordan Toothaker*

#349

June 9-2007

Site Evaluator Name Printed: *Jordan M. Toothaker*

Telephone Number: (207) 839-5746

tooth@maine.rr.com

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 10/02

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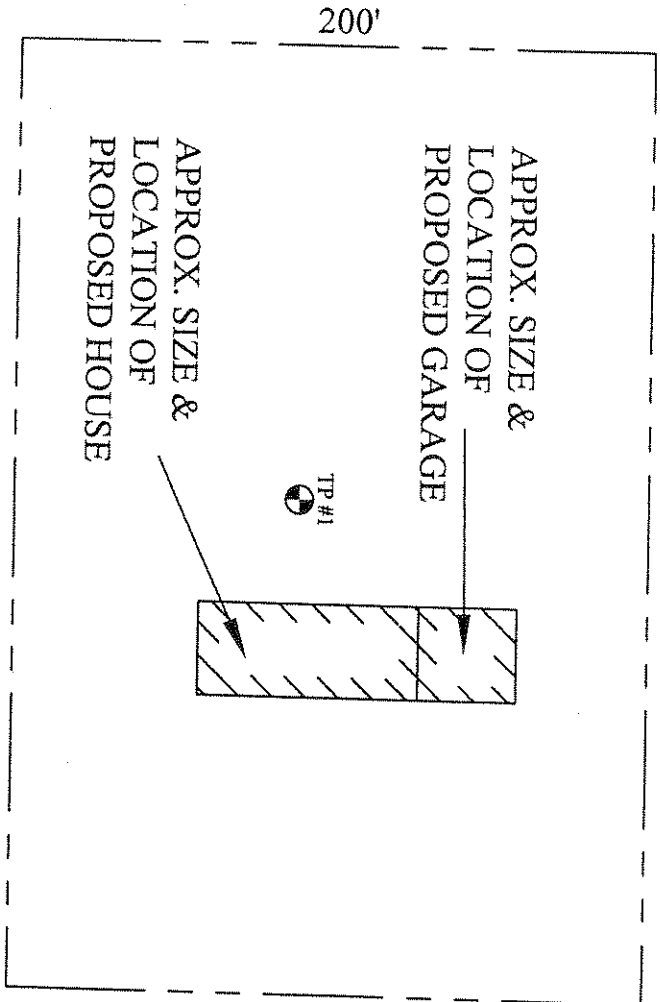
Town, City, Plantation
CORHAM

Street, Road, Subdivision
TANGLE WOODS

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 FAX (207) 287-3165
Owner or Applicant Name
GEORGE McCALLUM

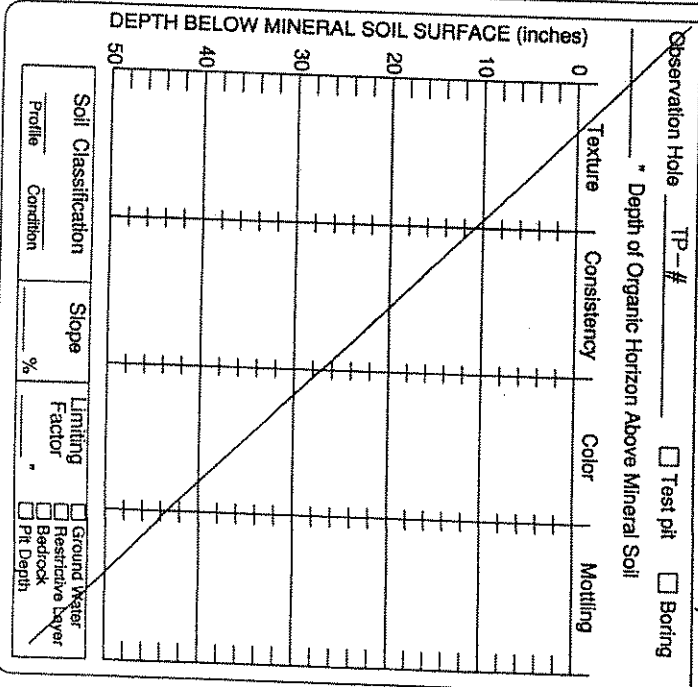
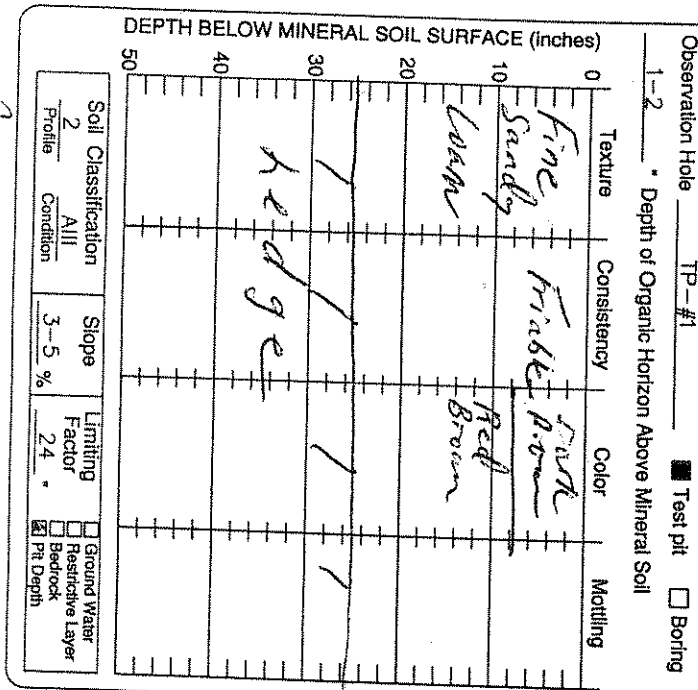
SITE PLAN

Scale 1" = 60' Ft.
or as shown



SITE LOCATION PLAN
(Map from Maine Atlas recommended)
SITE
TANGLE WOODS
PHINNEY ST.

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



John M. Tachaka
Site Evaluator Signature

#347
SE #

June 7, 2007
Date

Report of Analytical Results

Client: Laurie McCallum
 19 Tangelwood Drive
 Gorham, ME 04038

Lab Sample ID: SB0009-1
Report Date: 08-JAN-08
Client PO: Pd \$115,00 CK #4153
Project: Standard Water Test
SDG: SB0009

<u>Sample Description</u>	<u>Matrix</u>	<u>Date Sampled</u>	<u>Date Received</u>
WATER	DW	02-JAN-08	02-JAN-08

Parameter	Result	MCL	Anal. Method	Anal. Date	Time	Notation
PH(LABORATORY)	7.3 pH	6.5-8.5	EPA 150.1	02-JAN-08	12:30	Satisfactory
TURBIDITY	U1.0 NTU	5	EPA 180.1	02-JAN-08	03:14	Satisfactory
CALCIUM	39.7 mg/L	NL	EPA 200.7	07-JAN-08	02:01	Satisfactory
COPPER	U0.0250 mg/L	1.3	EPA 200.7	07-JAN-08	02:01	Satisfactory
IRON	U0.100 mg/L	.3	EPA 200.7	07-JAN-08	02:01	Satisfactory
MAGNESIUM	3.73 mg/L	NL	EPA 200.7	07-JAN-08	02:01	Satisfactory
MANGANESE	0.0231 mg/L	.05	EPA 200.7	07-JAN-08	02:01	Satisfactory
SODIUM	7.21 mg/L	20	EPA 200.7	07-JAN-08	02:01	Satisfactory
CHLORIDE	3.5 mg/L	250	EPA 325.2	03-JAN-08	09:36	Satisfactory
NITRATE AS N	0.29 mg/L	10	EPA 353.2	03-JAN-08	12:51	Satisfactory
NITRITE AS N	U0.050 mg/L	1	EPA 353.2	03-JAN-08	12:51	Satisfactory
TOTAL COLIFORMS	Absent /100ml	0	SM 9223B	03-JAN-08	02:10	Satisfactory
HARDNESS	114. mg/L	200	SM2340B	07-JAN-08	02:01	Satisfactory

This report has been electronically signed:
 Deborah Nadeau
 Laboratory Operations Manager