

OWNER: Henry & Stephen Dziadosz Trustees

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

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|--|----------------------------------|---|--------------------------------|
| PROPERTY LOCATION | | >> CAUTION: LPI APPROVAL REQUIRED << | |
| City, Town, or Plantation | Portland | Town/City | Permit # |
| Street or Road | 105 St. James Street | Date Permit Issued | Fee: \$ Double Fee Charged [] |
| Subdivision, Lot # | | L.P.I. # | |
| OWNER/APPLICANT INFORMATION | | Local Plumbing Inspector Signature | |
| Name (last, first, MI) | Henry & Stephen Dziadosz | <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State | |
| Mailing Address of Owner/Applicant | PO Box 28639 Providence RI 02909 | 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. | |
| Daytime Tel. # | 401 331 5930 | Municipal Tax Map # | Lot # |
| OWNER OR APPLICANT STATEMENT | | CAUTION: INSPECTION REQUIRED | |
| 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. | | 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: <u>Henry Dziadosz</u> Date: <u>11/2/15</u> | | Local Plumbing Inspector Signature: _____ (1st) date approved: _____ _____ (2nd) date approved: _____ | |

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| TYPE OF APPLICATION | | THIS APPLICATION REQUIRES | | DISPOSAL SYSTEM COMPONENTS | |
| <input type="checkbox"/> 1. First Time System | <input type="checkbox"/> 2. Replacement System | <input type="checkbox"/> 1. No Rule Variance | <input type="checkbox"/> 2. First Time System Variance | <input type="checkbox"/> 1. Complete Non-engineered System | <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) |
| Type replaced: <u>TANK</u> | Year installed: _____ | <input type="checkbox"/> a. Local Plumbing Inspector Approval | <input type="checkbox"/> b. State & Local Plumbing Inspector Approval | <input type="checkbox"/> 3. Alternative Toilet, specify: _____ | <input checked="" type="checkbox"/> 4. Non-engineered Treatment Tank (only) |
| <input type="checkbox"/> 3. Expanded System | <input type="checkbox"/> 4. Experimental System | <input type="checkbox"/> 3. Replacement System Variance | <input type="checkbox"/> 4. Minimum Lot Size Variance | <input type="checkbox"/> 5. Holding Tank, _____ gallons | <input type="checkbox"/> 6. Non-engineered Disposal Field (only) |
| <input type="checkbox"/> 5. Seasonal Conversion | | <input type="checkbox"/> a. Local Plumbing Inspector Approval | <input type="checkbox"/> 5. Seasonal Conversion Permit | <input type="checkbox"/> 7. Separated Laundry System | <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) |
| SIZE OF PROPERTY | DISPOSAL SYSTEM TO SERVE | <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ | <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ | <input type="checkbox"/> 9. Engineered Treatment Tank (only) | <input type="checkbox"/> 10. Engineered Disposal Field (only) |
| 124,506 sq. ft. <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES | <input checked="" type="checkbox"/> 3. Other: <u>Commercial Apartments</u> (specify) | <input type="checkbox"/> 11. Pre-treatment, specify: _____ | <input type="checkbox"/> 12. Miscellaneous Components | TYPE OF WATER SUPPLY | |
| SHORELAND ZONING | Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped | <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other | | <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |

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|---|--|---|--|
| TREATMENT TANK | DISPOSAL FIELD TYPE & SIZE | GARBAGE DISPOSAL UNIT | DESIGN FLOW |
| <input checked="" type="checkbox"/> 1. Concrete | <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench | <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe | <u>48</u> gallons per day |
| <input type="checkbox"/> 2. Plastic | <input type="checkbox"/> 3. Proprietary Device | If Yes or Maybe, specify one below: | BASED ON: |
| CAPACITY: <u>RFD</u> GAL | <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear | <input type="checkbox"/> a. multi-compartment tank | <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) |
| | <input type="checkbox"/> b. regular load <input type="checkbox"/> d. 1:20 load | <input type="checkbox"/> b. _____ tanks in series | <input checked="" type="checkbox"/> 2. Table 4C (other facilities) |
| | <input type="checkbox"/> 4. Other: _____ | <input type="checkbox"/> c. increase in tank capacity | SHOW CALCULATIONS for other facilities |
| | SIZE: _____ sq. ft. _____ lin. ft. | <input type="checkbox"/> d. Filter on Tank Outlet | <u>4 employees @ 12 gpd/employee</u> |
| SOIL DATA & DESIGN CLASS | DISPOSAL FIELD SIZING | EFFLUENT/EJECTOR PUMP | <input type="checkbox"/> 3. Section 4G (meter readings) |
| Profile Condition | <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd | <input checked="" type="checkbox"/> Not Required | ATTACH WATER METER DATA |
| at Observation Hole # _____ | <input type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd | <input type="checkbox"/> May Be Required | LATITUDE AND LONGITUDE |
| Depth _____ | <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd | <input type="checkbox"/> Required | at center of disposal area |
| of Most Limiting Soil Factor | <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd | Specify only for engineered systems: | Lat. <u>43</u> d <u>39</u> m <u>36</u> s |
| | | DOSE: _____ gallons | Lon. <u>70</u> d <u>17</u> m <u>05</u> s |

SITE EVALUATOR STATEMENT

I certify that on 10/24/15 (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).

Mark J. Hampstan SE # 263 Date 10/23/15
Site Evaluator Signature

Mark J. Hampstan Telephone Number 756-2960
Site Evaluator Name Printed

E-mail Address _____