

4241

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SMS
(207) 287-5872 Fax (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Portland 121	Town/City	Portland
Street or Road	XXX St. James Street	Permit #	201502687
Subdivision, Lot #	079 C007001	Date Permit Issued	Fee, \$265.00
OWNER/APPLICANT INFORMATION		Double Fee Charged ()	
Name (last, first, MI)	Henry & Stephen Dziadosz <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Local Plumbing Inspector Signature	L.P.I. # 1188
Mailing Address of Owner/Applicant	PO Box 28639	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
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 _____	

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 & sit. 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	a. >25% Expansion	<input checked="" type="checkbox"/> 3. Replacement System Variance	<input type="checkbox"/> a. Local Plumbing Inspector Approval	<input type="checkbox"/> 5. Holding Tank, _____ gallons	<input type="checkbox"/> 6. Non-engineered Disposal Field (only)
<input type="checkbox"/> 4. Experimental System	<input type="checkbox"/> b. >25% Expansion	<input type="checkbox"/> 4. Minimum Lot Size Variance	<input type="checkbox"/> b. State & Local Plumbing Inspector Approval	<input type="checkbox"/> 7. Separated Laundry System	<input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)
<input type="checkbox"/> 5. Seasonal Conversion		<input type="checkbox"/> 5. Seasonal Conversion Permit		<input type="checkbox"/> 9. Engineered Treatment Tank (only)	<input type="checkbox"/> 10. Engineered Disposal Field (only)
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE		TYPE OF WATER SUPPLY	
324 sq. ft. <input checked="" type="checkbox"/> SQ. FT.	ACRES <input type="checkbox"/>	<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____	<input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____	<input checked="" type="checkbox"/> 1. Drilled Well	<input type="checkbox"/> 2. Dug Well
SHORELAND ZONING	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> 3. Other: <u>Commercial Activities</u>	(specify)	<input type="checkbox"/> 3. Private	<input type="checkbox"/> 4. Public
		Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		<input type="checkbox"/> 5. Other	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
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	48 gallons per day
<input checked="" type="checkbox"/> a. Regular	<input type="checkbox"/> 3. Proprietary Device	If Yes or Maybe, specify one below:	BASED ON:
<input type="checkbox"/> b. Low Profile	<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"/> 2. Plastic	<input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load	<input type="checkbox"/> b. _____ tanks in series	<input checked="" type="checkbox"/> 2. Table 4C (other facilities)
<input type="checkbox"/> 3. Other: _____	<input type="checkbox"/> 4. Other: _____	<input type="checkbox"/> c. increase in tank capacity	SHOW CALCULATIONS for other facilities
CAPACITY: <u>1100</u> GAL.	SIZE: _____ sq. ft. _____ lin. ft.	<input type="checkbox"/> d. Filter on Tank Outlet	4 employees @ 12 gpd/employee
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
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>37</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 <u>10/24/15</u> (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).			
<u>Mark J. Hampton</u>	<u>263</u>	<u>10/23/15</u>	
Site Evaluator Signature	SE #	Date	
<u>Mark J. Hampton</u>	<u>756-2960</u>		
Site Evaluator Name Printed	Telephone Number	E-mail Address	

OWNER: Henry & Stephen Dziadosz Trustees