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Maine Dept. Health & Human Services  
Div. Environmental Health, 115115  
(207) 287-2076 Fax: (207) 287-4172

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Portland	Town/City	Portland, ME
Street or Road	115 St. James Street	Permit #	2018-07101
Subdivision, Lot #		Date Permit Issued	3/21/18
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$	state min fee \$
Name (last, first, MI)	Delta Realty	Locally adopted fee	
Mailing Address of Owner/Applicant	350 Western Avenue Portland, ME 04113	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Daytime Tel. #	826-4650	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.	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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>Arthur P. Grand Pers</u> Date: <u>3-1-18</u>		Local Plumbing Inspector Signature: _____ (1st) date approved: _____	

PERMIT INFORMATION																		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>																
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	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	1. Complete Non-engineered System 2. Primitive System (graywater & sit. 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																
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>																
7,100 SQ. FT. ACRES	1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: <u>16,000 sq. ft.</u> (specify) Current Use: _____ Seasonal: _____ Year Round: _____ Undeveloped: _____	1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other																
<b>SHORELAND ZONING</b>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>																	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<table border="1"> <tr> <td><b>TREATMENT TANK</b></td> <td><b>DISPOSAL FIELD TYPE &amp; SIZE</b></td> <td><b>GARBAGE DISPOSAL UNIT</b></td> <td><b>DESIGN FLOW</b></td> </tr> <tr> <td>           1. Concrete              a. Regular              b. Low Profile            2. Plastic            3. Other: _____            CAPACITY: <u>1000</u> GAL.         </td> <td>           1. Stone Bed 2. Stone Trench            3. Proprietary Device              a. cluster array c. Linear              b. regular load d. H-20 load            4. Other: _____            SIZE: _____ sq. ft. lin. ft.         </td> <td>           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         </td> <td>           120 gallons per day            BASED ON:            1. Table 4A (dwelling unit(s))            2. Table 4C (other facilities)            SHOW CALCULATIONS for other facilities  <u>10,000/100 = 100 gpd</u> </td> </tr> <tr> <td><b>SOIL DATA &amp; DESIGN CLASS</b></td> <td><b>DISPOSAL FIELD SIZING</b></td> <td><b>EFFLUENT/EJECTOR PUMP</b></td> <td><b>LATITUDE AND LONGITUDE</b></td> </tr> <tr> <td>           PROFILE: <u>R1C</u>            CONDITION: _____            a. Observation Hole # <u>701</u>            Depth: _____"            of Most Limiting Soil Factor: _____         </td> <td>           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         </td> <td>           1. Not Required            2. May Be Required            3. Required            Specify only for engineered systems:            DISE: _____ gallons         </td> <td>           at center of disposal area            Lat. <u>43</u> d <u>33</u> m <u>34</u> s            Lon. <u>70</u> d <u>17</u> m <u>04</u> s            If g.p.s., state margin of error: _____         </td> </tr> </table>		<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>	1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1000</u> GAL.	1. Stone Bed 2. Stone Trench 3. Proprietary Device a. cluster array c. Linear b. regular load d. H-20 load 4. Other: _____ SIZE: _____ sq. ft. lin. ft.	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	120 gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>10,000/100 = 100 gpd</u>	<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>LATITUDE AND LONGITUDE</b>	PROFILE: <u>R1C</u> CONDITION: _____ a. Observation Hole # <u>701</u> Depth: _____" of Most Limiting Soil Factor: _____	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	1. Not Required 2. May Be Required 3. Required Specify only for engineered systems: DISE: _____ gallons	at center of disposal area Lat. <u>43</u> d <u>33</u> m <u>34</u> s Lon. <u>70</u> d <u>17</u> m <u>04</u> s If g.p.s., state margin of error: _____
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SITE EVALUATOR STATEMENT			
I certify that on <u>2/22/18</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).			
Site Evaluator Signature: <u>Mary J. Hamilton</u>		SE #: <u>263</u>	Date: <u>2/22/18</u>
Site Evaluator Name Printed: <u>MARY J. HAMILTON</u>		Telephone Number: <u>790-2900</u>	E-mail Address: _____