



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation <u>Portland</u>	Town/City <u>Portland, ME</u>	Permit # <u>2018-07101</u>	
Street or Road <u>115 St. James Street</u>	Date Permit Issued <u>3/21/18</u>	Fee: \$ <u>250.00</u>	Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	Local Plumbing Inspector Signature <u>Douglas P. [Signature]</u>		L.P.I. # <u>1188</u>
OWNER/APPLICANT INFORMATION		Fee: \$ _____ state min fee \$ _____	Locally adopted fee
Name (last, first, MI) <u>Delta Beatty</u>	Owner <input type="checkbox"/>	Applicant <input type="checkbox"/>	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of Owner/Applicant <u>350 Western Avenue Portland 04113</u>	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. # <u>828-4450</u>	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.	
<u>Arthur P. [Signature]</u> <u>3-1-18</u> Signature of Owner or Applicant Date		<u>[Signature]</u> Local Plumbing Inspector Signature (1st) date approved	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
1. First Time System 2. Replacement System Type replaced: _____ Year installed: _____	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	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 <u>7.10 ACRES</u> (SQ. FT. ACRES)	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
SHORELAND ZONING Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: <u>Industrial</u> (specify) Current Use Seasonal Year Round Undeveloped	1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1000</u> 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: _____ sq. ft. lin. ft.	GARBAGE 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 <u>120</u> gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>100 gpd / 1000 gal tank</u> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>R1C</u> a. Observation Hole # <u>701</u> Depth _____" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 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	EFFLUENT/EJECTOR PUMP 1. Not Required 2. May Be Required 3. Required Specify only for engineered systems: DISE: _____ gallons	LATITUDE AND LONGITUDE 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>14</u> s If g.p.s. state margin of error: _____

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).		
<u>[Signature]</u> Site Evaluator Signature	<u>263</u> SE #	<u>2/22/18</u> Date
<u>MAURICE J. HANCOCK</u> Site Evaluator Name Printed	<u>790-2900</u> Telephone Number	 E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		