

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health - 11 SHS
 (207) 287-6672 FAX (207) 287-3168

PROPERTY LOCATION		>>CAUTION: LPI APPROVAL REQUIRED<<	
City, Town, or Plantation	PORTLAND, GREAT DIAMOND ISLAND	Town/City _____	Permit # _____
Street or Road	8 CRESCENT AVENUE	Date Permit Issued ___/___/___	Fee \$ _____
Subdivision, Lot #		Double Fee Charged []	LPI # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	DIAMOND ISLAND ASSOCIATION	The Subsurface Wastewater Disposal System <u>shall not</u> 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.	
Mailing Address of Applicant	BERUBE BUILDERS C/O TRAVIS BERUBE 67 BROADWAY AVE POSOOUTH PORTLAND, ME 04106		
Daytime Tel. #	939-6572	Municipal Tax Map # <u>B3A</u> Lot # <u>I-1 C-3,4, & 5</u>	

<p style="text-align: center;">OWNER OR APPLICANT STATEMENT</p> <p>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.</p> <p><i>Walter M. Mulhern</i> 6/8/15 Signature of Owner/Applicant Date</p>	<p style="text-align: center;">CAUTION: INSPECTION REQUIRED</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p style="text-align: right;">(1st) Date Approved _____</p> <p style="text-align: right;">Local Plumbing Inspector Signature _____ (2nd) Date Approved _____</p>
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PERMIT INFORMATION		
<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: UNKNOWN Year Installed: UNKNOWN</p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input checked="" type="checkbox"/> 1.No Rule Variance <input type="checkbox"/> 2.First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3.Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4.Minimum Lot Size Variance <input type="checkbox"/> 5.Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-Engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000gpd+) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components</p>
<p>SIZE OF PROPERTY</p> <p>4, 457 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><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"/> 3. Other: <u>COMMUNITY CENTER</u> (specify)</p>	<p>TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other: <u>SEASONAL PUBLIC</u></p>
<p>SHORELAND ZONING</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: <u>1000</u> GAL SEE NOTE ON PAGE 3</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <u>1728</u> sq. ft. <input type="checkbox"/> lin. ft. <u>36 ELJEN 6SF UNITS</u></p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on tank outlet</p>	<p>DESIGN FLOW</p> <p><u>500</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>COMMUNITY CENTER</u> <u>100 SEAT DINING HALL WITH</u> <u>CATERED FOOD AND CLEAN-UP</u> <u>AT 5 GAL. PER SEAT = 500 G.P.D.</u></p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION <u>2 / AIII/c</u></p> <p>at Observation Hole # <u>TB C</u> Depth <u>17</u> " of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq.ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq.ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: SEE NOTE ON PAGE 3 DOSE: _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA</p> <p>LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. <u>N 43 d 40 m 33.61 s</u> Lon. <u>W 70 d 12 m 12.48 s</u> If g.p.a., state margin of error</p>

SITE EVALUATOR STATEMENT		
<p>I certify that on <u>5/28/15</u> (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).</p>		
<p>Site Evaluator Signature <i>Albert Frick</i></p>	<p>SE # <u>163</u></p>	<p>Date <u>5/29/2015</u></p>
<p>ALBERT FRICK Site Evaluator Name Printed</p>	<p>(207) 839-5563 Telephone Number</p>	<p>ALBERT@ALBERTFRICK.COM E-mail Address</p>
<p>ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563</p>		
<p>Note: Changes to or deviations from the design should be confirmed with the Site Evaluator</p>		<p>Page 1 of 3 HHE-200 Rev. 02/2011</p>