

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5872 FAX (207) 287-3168

PROPERTY LOCATION >>CAUTION: LPI APPROVAL REQUIRED<<

City, Town, or Plantation: PORTLAND, GREAT DIAMOND ISLAND

Street or Road: VALLEY ROAD/ DEERING STREET

Subdivision, Lot #: _____

Town/City: _____ Permit #: _____

Date Permit Issued: / / Fee \$ _____ Double Fee Charged []

LPI #: 1081

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MCANDREW PETER & LAURA Owner Applicant

Mailing Address of Owner/Applicant: P.O. BOX 224 GRANBY, CT 06035

Daytime Tel. #: 860-595-8430

Local Plumbing Inspector Signature: _____

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.

Municipal Tax Map #: _____ Lot #: _____

OWNER OR APPLICANT STATEMENT

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.

Signature of Owner/Applicant: [Signature] Date: 5-21-13

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____

Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION

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

SIZE OF PROPERTY

3 ACRES SQ. FT. ACRES

SHORELAND ZONING

Yes No

THIS APPLICATION REQUIRES

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

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 3
 2. Multiple Family Dwelling, No of Units: _____
 3. Other: _____ (specify)

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-Engineered System
 2. Primitive System (graywater & alt 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 (2000gpd+)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous components

TYPE OF WATER SUPPLY

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
OR 2. Low Profile
 b. Plastic
 3. Other: _____

CAPACITY: 1000 GAL

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. Cluster array c. Linear
 b. Regular d. H-20 loaded
 4. Other: _____

SIZE: 960 sq. ft. lin. ft.

20 ELJEN IN DRAIN UNITS

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

270 gallons per day

BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities:

3 BEDROOMS AT 90 GALLONS PER DAY EACH

SOIL DATA & DESIGN CLASS

PROFILE: 2 CONDITION: A

at Observation Hole # TP 1
Depth 40 "
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: _____

DOSE: _____ gallons

Lat. 43 d 40 m 38 s
Lon. 70 d 11 m 56 s
If g.p.s., state margin of error

SITE EVALUATOR STATEMENT

I certify that on 7/3/12 (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).

Site Evaluator Signature: [Signature] SE #: 163 Date: 7/18/2012

ALBERT FRICK (207) 839-5563 ALBERT@ALBERTFRICK.COM
Site Evaluator Name Printed Telephone Number E-mail Address

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563 Page 1 of 3
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator HHE-200 Rev. 02/2011