

2016-08015
083E A026001

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION		>>CAUTION: LPI APPROVAL REQUIRED<<	
City, Town, or Plantation	PORTLAND, GREAT DIAMOND ISLAND	Town/City	Portland
Street or Road	PLEASANT COVE LANE 25	Permit #	2016-08015
Subdivision, Lot #		Date Permit Issued	5/1/16
OWNER/APPLICANT INFORMATION		Fee \$	265.00
Name (last, first, MI)	SOŠNIK DOUGLAS E.	Local Plumbing Inspector Signature	<i>[Signature]</i>
Mailing Address of Owner/Applicant	C/O JAY HIBBARD 100 COMMERCIAL STREET, SUITE 212 PORTLAND, ME 04101	LPI #	1188
Daytime Tel. #	715-2683	Municipal Tax Map # 83E Lot # A026001	
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/Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) Date Approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <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	<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	<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	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE		
1.6 ACRES <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 5 <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)		
SHORELAND ZONING	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TYPE OF WATER SUPPLY		
	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <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 checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1500 GAL.	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular <input checked="" type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: 1600 sq. ft. <input type="checkbox"/> lin. ft. 25 H-20 RATED CONCRETE CHAMBERS	<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	450 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS FOR other facilities 5 BEDROOMS AT 90 GALLONS PER DAY EACH
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION 3 / C at Observation Hole # TP 2 Depth 40" of Most Limiting Soil Factor	<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	<input type="checkbox"/> 1. Not required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA at center of disposal area Lat. 43 d 41 m 13 s Lon. 70 d 11 m 25 s If g.p.s., state margin of error.

SITE EVALUATOR STATEMENT		
I Certify that on 5/18/16 (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).		
<i>[Signature]</i> Site Evaluator Signature	163 SE #	5/27/16 Date
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	ALBERT@ALBERTFRICK.COM E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
 Division of Health Engineering, Station 10 SMS
 (207) 287-5672 Fax: (207) 287-3172

Town, City, Plantation PORTLAND, GREAT DIAMOND ISLAND	Street, Road Subdivision PLEASANT COVE LANE	Owner's Name DOUGLAS E. SOSNIK
SITE PLAN Scale 1" = 100 Ft. or as shown		SITE LOCATION PLAN (Attach Map from Maine Atlas Recommended)
		SEE MAP ATTACHED NOTE: PROPOSED WATERLINE TO BE MIN. OF 10' FROM CONCRETE CHAMBERS
CASCO BAY		NOTE: LOCATE NEIGHBOR'S EFFLUENT LINE THAT CROSSES PROPERTY PRIOR TO INSTALLATION. (RELOCATE AS NEEDED)

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)																																																																																																																																											
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Albert Frick
 Site Evaluator Signature

163
 SE #

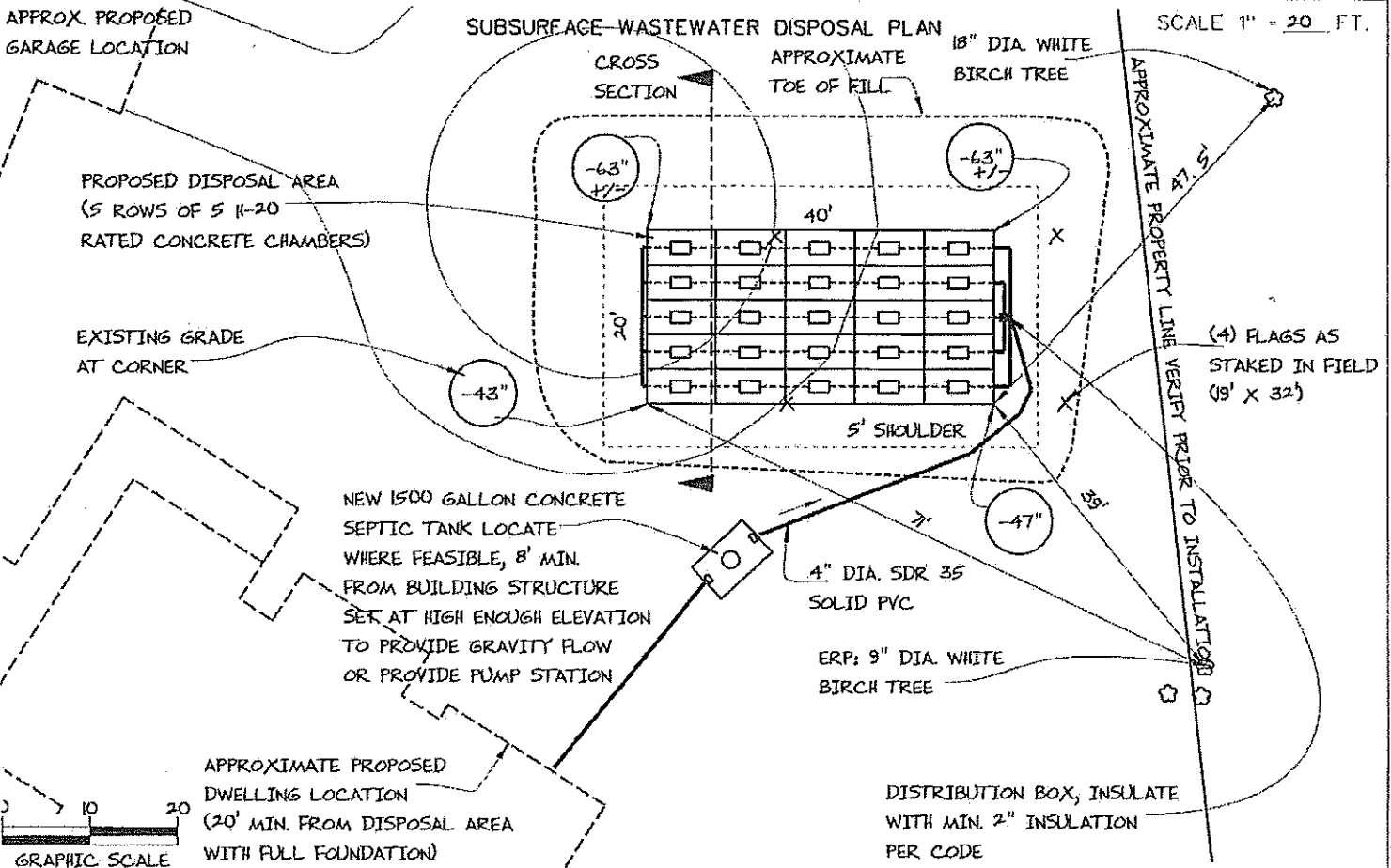
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Page 2 of 3
 HHE-200 Rev. 10/02

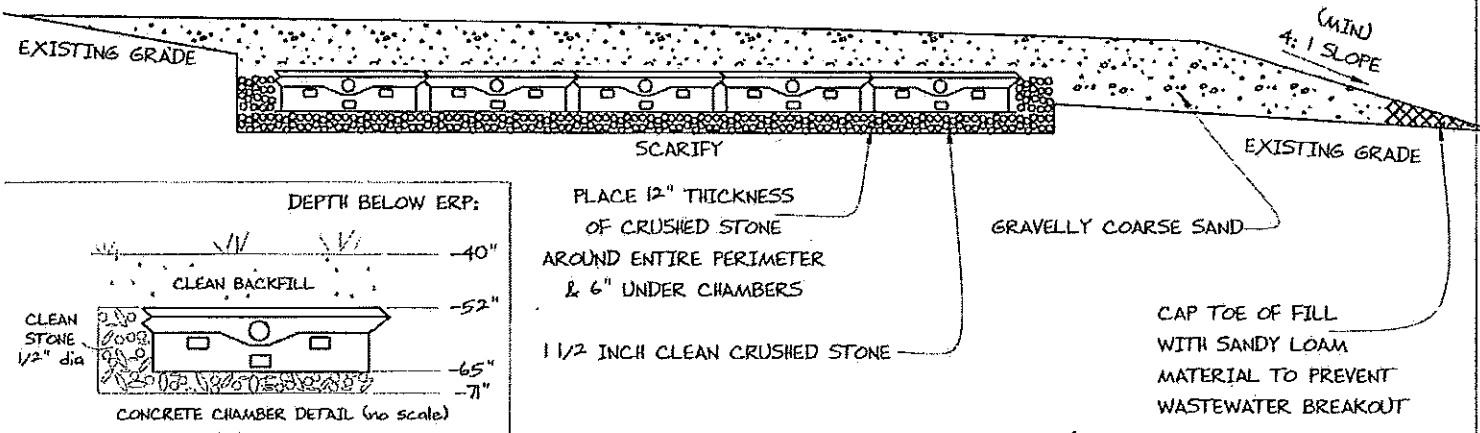
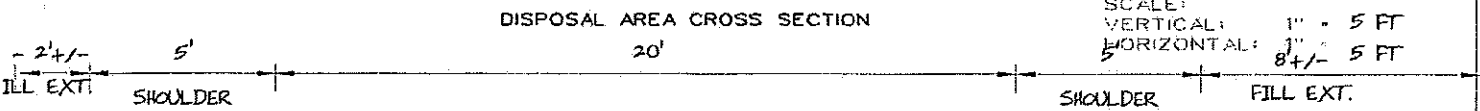
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Town, City, Plantation: **PORTLAND, GREAT DIAMOND ISLAND**
 Street, Road, Subdivision: **PLEASANT COVE LANE**
 Owner's Name: **DOUGLAS E. SOSNIK**



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope) : 3" - 7"	Finished Grade Elevation	Location & Description NAIL IN 9" DIA. WHITE BIRCH TREE, 39" ABOVE BASE
Depth of Fill (Downslope) : 23"	Top of Distribution Pipe or Proprietary Device	Reference Elevation is: 0.0' or ----
DEPTHS AT CROSS-SECTION (shown below)	Bottom of Disposal Area	SEE DETAIL BELOW



Albert Frick
 Site Evaluator Signature

163 SE *

5/27/16 Date

Page 3 of 3
 HHE-200 Rev. 10/02

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563