

2016-08015
083E A026001

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 Bldg
(207) 287-5872 FAX (207) 287-3165

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	12/16/2016
OWNER/APPLICANT INFORMATION		Date Permit Issued	12/16/2016
Name (last, first, MI)	DOUGLAS E. SOSNIK	Local Plumbing Inspector Signature	<i>William Hanson</i>
Mailing Address of Owner/Applicant	C/O JAY HIBBARD 100 COMMERCIAL STREET, SUITE 210 PORTLAND, ME 04103	Double Fee Charged []	\$ 265.00
Daytime Tel. #	775-2683	LPI #	1188
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		Local Plumbing Inspector Signature	
Date		(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	TYPE OF WATER SUPPLY
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: <u>5</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<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: _____
SHORELAND ZONING		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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: <u>1500</u> 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: <u>600</u> sq. ft. <input type="checkbox"/> lin. ft. <u>25</u> 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	<u>450</u> 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: <u>5 BEDROOMS AT 90 GALLONS PER DAY EACH</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
<u>3 / C</u> at Observation Hole # <u>TP 2</u> Depth <u>40</u> " 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 Lat. <u>43</u> ° <u>0</u> ' <u>41</u> " <u>13</u> S Lon. <u>70</u> ° <u>0</u> ' <u>11</u> " <u>25</u> W If g.p.s., state margin of error.

SITE EVALUATOR STATEMENT		
I certify that on <u>5/18/16</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).		
<i>Albert Frick</i> Site Evaluator Signature	<u>163</u> SE #	<u>5/27/16</u> Date
<u>ALBERT FRICK</u> Site Evaluator Name Printed	<u>(207) 839-5563</u> Telephone Number	<u>ALBERT@ALBERTFRICK.COM</u> E-mail Address
ALBERT FRICK ASSOCIATES - 85A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563		
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

State Department of Human Services
 Office of Health Engineering, Station 10 595
 12051 287-2672 Fax 12051 287-4173

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		
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

5/27/16
 Date

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