

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; PEAKS ISLAND	Town/City _____	Permit # _____
Street or Road	25 ALDERBROOK ROAD	Date Permit Issued ___/___/___	Fee \$ _____
Subdivision, Lot #		Double Fee Charged []	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	N/F ALEXANDER	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Applicant	PETER PETERS 141 MAIN STREET SOUTH, PORTLAND, ME 04106	Local Plumbing Inspector Signature _____	
Daytime Tel. #	673-8500	The Subsurface Wastewater Disposal System <i>shall not</i> 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 #	EL6NE Lot # 85 M-9

<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>_____ Signature of Owner/Applicant</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>_____ Local Plumbing Inspector Signature</p>
Date _____	(1st) Date Approved _____
	(2nd) Date Approved _____

PERMIT INFORMATION			
<p>TYPE OF APPLICATION</p> <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	<p>THIS APPLICATION REQUIRES</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>DISPOSAL SYSTEM COMPONENTS</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>SIZE OF PROPERTY</p> 0.4187 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<p>DISPOSAL SYSTEM TO SERVE</p> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</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	<p>TYPE OF WATER SUPPLY</p> <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: _____	
<p>SHORELAND ZONING</p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL. SEE NOTE ON PAGE 3	<p>DISPOSAL FIELD TYPE & SIZE</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: _____ SIZE: <u>1152</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>24 ELJEN GSF UNITS</u>	<p>GARBAGE DISPOSAL UNIT</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>DESIGN FLOW</p> <p style="text-align: center;"><u>360</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</p> <p style="text-align: center;">4 BEDROOMS AT 90 GALLONS PER DAY EACH</p> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA <p style="text-align: center;">LATITUDE AND LONGITUDE at center of disposal area</p> Lat. <u>N43</u> d <u>39</u> m <u>18.51</u> s Lon. <u>W70</u> d <u>10</u> m <u>55.12</u> s if g.p.s., state margin of error
<p>SOIL DATA & DESIGN CLASS</p> PROFILE CONDITION <u>2</u> / <u>AIII</u> at Observation Hole # <u>TB 3</u> Depth <u>21</u> " of Most Limiting Soil Factor	<p>DISPOSAL FIELD SIZING</p> <input checked="" type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input 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>EFFLUENT/EJECTOR PUMP</p> <input type="checkbox"/> 1. Not required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: SEE NOTE ON PAGE 3 DOSE: _____ gallons	

SITE EVALUATOR STATEMENT			
I Certify that on <u>7/30/15</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).			
Site Evaluator Signature 	163 SE #	Date <u>8/18/2015</u>	
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	ALBERT@ALBERTFRICK.COM E-mail Address	