

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health - 15 SHS  
(207) 287-2070 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt;CAUTION: LPI APPROVAL REQUIRED&lt;&lt;</b>	
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	Town/City	Portland (Peaks Island) Permit # 2017-07336
Street or Road	366 SEASHORE AVENUE	Date Permit Issued	Fee \$ 150 Double Fee Charged [ ]
Subdivision/Lot #	085 MOIL 001	Local Plumbing Inspector Signature	L.P.I.# 1177
<b>OWNER/APPLICANT INFORMATION</b>		Fee \$	State Fee Fee \$ Locally Adopted Fee
Name (last, first, MI)	BOSCH ALIX LYNN	Copy: [ ] Owner [ ] Town [ ] State	
Mailing Address of Owner/Applicant	LJONEL PLANTE ASSOCIATES 98 ISLAND AVENUE PEAKS ISLAND, ME 04038	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.	
Daytime Tel. #	766-2508	Municipal Tax Map # 85 Lot # MO11	

<b>OWNER OR APPLICANT STATEMENT</b>	<b>CAUTION: INSPECTION REQUIRED</b>
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: <u>Janet Mulkern</u> Date: <u>8/29/17</u>	Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> N/A <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: <u>OLD SEPTIC TANK</u> 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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <input type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System(graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" 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
<b>SIZE OF PROPERTY</b> +/- <u>2,000</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <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:
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete OR <input checked="" type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile (if nec.) <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c.Linear <input type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: <u>N/A</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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	<b>DESIGN FLOW</b> <u>270</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>3 BEDROOMS AT 90 GALLONS PER DAY EACH</u>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>N/A</u> at Observation Hole # <u>N/A</u> Depth <u>N/A</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <u>N/A</u> <input 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	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not required <input 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 <b>LATITUDE AND LONGITUDE</b> of center of disposal area Lat. <u>N43</u> d <u>39</u> m <u>15.9</u> s Lon. <u>W70</u> d <u>10</u> m <u>52.2</u> s if g.p.s., state margin of error

SITE EVALUATOR STATEMENT	
I certify that on <u>8/29/17</u> (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).	
Signature: <u>Brady A. Frick</u>	Date: <u>8/29/17</u>
SE # <u>352</u>	
Site Evaluator Name Printed: <u>BRADY A. FRICK</u>	Telephone Number: <u>(207) 839-5563</u>
	E-mail Address: <u>BRADY@ALBERTFRICK.COM</u>
ALBERT FRICK ASSOCIATES - 85A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5583	
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator	