Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 10/06/17

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Hum
Div of Environmental Healt
(207) 287-2070 FAX (207

PROPERTY LOCATION

City, Town, or Plantation	PORTLAND; PEAKS ISLAND
Street or Road	366 SEASHORE AVENUE
Subdivision, lot #	085 M011 001

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BOSCH ALIX LYNN ■ Owner ☐ Applicant

Mailing Address of Owner/Applicant	LIONEL PLANTE ASSOCIATES 98 ISLAND AVENUE PEAKS ISLAND, ME 04108
Daytime Tel. #	766-2508

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: Donald M. Mulkern LPA INC Date: 8/29/17

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City: Portland (Peaks Island) Permit #: 2017-07336

Date Permit Issued: / / Fee $: 150 Double Fee Charged [ ]

Local Plumbing Inspector Signature L.P.I.#: 1177

Fee $ _____ State Fee Fee $ _____ Locally Adopted Fee

Copy: [ ] Owner [ ] Town [ ] State

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 # 85 Lot # M011

CAUTION: INSPECTION REQUIRED

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

(1st) Date Approved

Local Plumbing Inspector Signature (2nd) Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION

N/A

- ☐ 1. First Time System
- ☐ 2. Replacement System
  - Type Replaced: OLD SEPTIC TANK
  - Year Installed: _____
- ☐ 3. Expanded System
  - ☐ a. <25% Expansion
  - ☐ b. >25% Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

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 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

SIZE OF PROPERTY

+/- 21,000 ■ SQ. FT. ☐ ACRES

DISPOSAL SYSTEM TO SERVE

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

Current Use ☐ Seasonal ■ Year Round ☐ Undeveloped

SHORELAND ZONING

■ Yes ☐ No

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 ■ b. Low Profile (IF REQ.)
- ☐ 2. 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: N/A ☐ sq. ft. ☐ lin. ft.

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

- ☐ 3. Section 4G (meter readings) ATTACH WATER-METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: N/A

at Observation Hole # N/A

Depth N/A

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

N/A

- ☐ 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

SEE SEPTIC TANK NOTE ON PAGE 3

- ■ 1. Not required
- ☐ 2. May be required
- ☐ 3. Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. N43 d 39 m 15.9 s

Lon. W70 d 10 m 53.2 s

if g.p.s., state margin of error

SITE EVALUATOR STATEMENT

I certify that on 12/7/10 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed sytem is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature: _____ SE #: 357 Date: 8/29/17

BRADY A. FRICK — Site Evaluator Name Printed

(207) 839-5563 — Telephone Number

BRADY@ALBERTFRICK.COM — E-mail Address

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

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator