

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Health Services
Division of Health Engineering, Station 40 SHS
12071 247-8672 FAX 12071 247-4172

PROPERTY LOCATION

City, Town, or Plantation: **PEAKS ISLAND, PORTLAND**

Street or Road: **68 WINDING WAY**

Subdivision, Lot #:

>> Caution: Permit Required - Attach in Space Below <<

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **ASHMORE RALPH**

Owner: Applicant:

Mailing Address of:

Owner Applicant

Daytime Tel. #: **766-2981**

The Subsurface Wastewater Disposal System shall not be installed until Permit is attached HERE 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 # **085T** Lot # **1** Lot. N **43 89' 10"** Lon. W **70 11' 18"**

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: _____ Date: _____

Caution: Inspections Required

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

Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____

_____ (2nd) Date Approved: _____

PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p>1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____</p> <p>3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p>1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p>1. <input type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (greywater & all toilet) 3. <input type="checkbox"/> Alternative Toilet, sanitary 4. <input type="checkbox"/> Non-Engineered Treatment tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input checked="" type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components</p>
<p>SIZE OF PROPERTY</p> <p>38,864 SQ. FT. <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres</p> <p>SHORELAND ZONING</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p>1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 4 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____</p> <p>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p>1. <input checked="" type="checkbox"/> Unimproved Well 2. <input type="checkbox"/> Living Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____</p> <p>CAPACITY 1000 gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> 20 loaded 4. <input type="checkbox"/> Other: _____</p> <p>SIZE 1200 sq. ft. <input type="checkbox"/> lin. ft.</p> <p>EXISTING PLASTIC CHAMBERS</p> <p>PROPOSED PLASTIC CHAMBERS DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 3. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra Large - 5.0 sq.ft./gpd</p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> In 3. <input type="checkbox"/> Mayne 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity 4. <input type="checkbox"/> Filter on tank outlet</p>	<p>DESIGN FLOW</p> <p>360 gallons per day BASED ON:</p> <p>1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities)</p> <p>SHOW CALCULATIONS for other facilities -</p> <p>EXISTING 3 BEDROOMS EXPANDING TO</p> <p>4 BEDROOMS AT 90 GALLONS PER DAY EACH</p> <p>3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER METER DATA</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION DESIGN 4 / C / I</p> <p>AT Observation Hole # TP 4 Depth 18"</p> <p>OF MOST LIMITING SOIL FACTOR</p>	<p>EFLUENT/EJECTOR PUMP</p> <p>1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems</p> <p>DOSE: _____ Gallons</p>		

SITE EVALUATOR STATEMENT

I certify that on **5/24/07** (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: ALBERT FRICK Date: K5 SF

Site Evaluator Name Printed: ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

Telephone Number: (207) 839-5563 E-mail Address: AFA@MAINE.RR.COM

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

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