

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

**PROPERTY LOCATION**

City, Town, or Plantation: PORTLAND (PEAKS ISLAND)

Street or Road: 96 LEDGEWOOD STREET

Subdivision, Lot #:

**>>CAUTION: LPI APPROVAL REQUIRED<<**

Town/City: Portland Permit # 2017-07089

Date Permit Issued: 03/16/17 Fee \$ 205.00 Double Fee Charged  I

[Signature] Local Plumbing Inspector Signature LPI # 1188

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): 18 PLEASANT STREET ASSOCIATES  Owner  Applicant

Mailing Address of Owner/Applicant: 18 PLEASANT STREET  
PORTLAND, MAINE 04101

Daytime Tel. #: (207) 871-6003

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 # 87 Lot # E-829,0-1

**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.

18 PLEASANT ST. ASSOC.  
[Signature] Signature of Owner/Applicant 3/6/17 Date

**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**

1. First Time System  
 2. Replacement System  
 Type Replaced: CESSPOOL  
 Year Installed: PRE-1974

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**

+/- 0.32  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)

**TYPE OF WATER SUPPLY**

1. Drilled Well  2. Dug Well  3. Private  
 4. Public  5. Other:

**SHORELAND ZONING**

Yes  No

Current Use  Seasonal  Year Round  Undeveloped

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**

1. Concrete  
 a. Regular  
 b. Low Profile  
 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: 960  sq. ft.  lin. ft.  
20 ELJEN IN-DRAIN UNITS

**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 (RECOMMENDED)

**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

**SOIL DATA & DESIGN CLASS PROFILE CONDITION**

3 / C

at Observation Hole # TP 1  
 Depth 15 "  
 of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**

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**

1. Not required (SEE NOTE ON PAGE 2)  
 2. May be required  
 3. Required

Specify only for engineered systems:  
 DOSE: \_\_\_\_\_ gallons

3. Section 40 (meter readings) ATTACH WATER-METER DATA

**LATITUDE AND LONGITUDE**  
 at center of disposal area  
 Lat. N 43 d 39 m 34 s  
 Lon. W 70 d 11 m 35 s  
 If g.p.s., state margin of error

## SITE EVALUATOR STATEMENT

I certify that on 9/17/12 (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 (10-141A CMR 241).

[Signature] Site Evaluator Signature 352 SE # 1/24/17 Date

BRADY A. FRICK Site Evaluator Name Printed (207) 839-5563 Telephone Number BRADY@ALBERTFRICK.COM E-mail Address