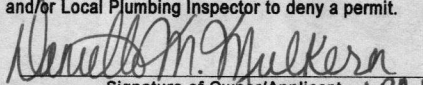


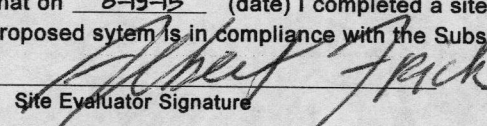
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	61 UPPER A STREET	Date Permit Issued ___/___/___	Fee \$ _____ Double Fee Charged []
Subdivision, Lot #		LPI # _____	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	FLYNN WILLIAM	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	C/O LIONEL PLANTE ASSOC.		
Daytime Tel. #	766-2508		
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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>WPA Inc</u>		_____ (1st) Date Approved	
Date <u>12/14/15</u>		_____ Local Plumbing Inspector Signature (2nd) Date Approved	

PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>TRENCH</u> Year Installed: <u>PRE-1974</u> <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	THIS APPLICATION REQUIRES <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	DISPOSAL SYSTEM COMPONENTS <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	
SIZE OF PROPERTY <u>13,500</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <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		
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF WATER SUPPLY <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: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <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>960</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. <u>20 ELJEN GSF UNITS</u>	GARBAGE DISPOSAL UNIT <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	DESIGN FLOW <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= 270 GPD</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>12</u> / CONDITION <u>AIII/C</u> at Observation Hole # <u>TP 1</u> Depth <u>16</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input checked="" 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		EFFLUENT/EJECTOR PUMP <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

SITE EVALUATOR STATEMENT		
I Certify that on <u>8-19-15</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>9/11/2015</u>
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	ALBERT@ALBERTFRICK.COM E-mail Address