

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health - 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION		>>CAUTION: LPI APPROVAL REQUIRED<<	
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	Town/City	Portland, ME Permit # 2017-07333
Street or Road	30 HIGHLAND AVENUE	Date Permit Issued	Fee \$ _____ Double Fee Charged []
Subdivision, Lot #		Local Plumbing Inspector Signature	L.P.I.# 1188
OWNER/APPLICANT INFORMATION		Fee \$ _____ State Fee _____ Fee \$ _____ Locally Adopted Fee _____	
Name (last, first, MI)	SCHWIT AARON & KELLY	Copy: [] Owner [] Town [] State	
Mailing Address of Owner		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. #	274-8545	Municipal Tax Map #	88 Lot # B-7 & B-25

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>Carl Schwit</u> Date: <u>8/24/17</u>	(1st) Date Approved: _____ Local Plumbing Inspector Signature: _____ (2nd) Date Approved: _____

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>ELJEN GSF</u> Year Installed: <u>1993+/-</u> <input checked="" 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	<input 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 checked="" 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	<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 type="checkbox"/> 4. Non-Engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" 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	DISPOSAL SYSTEM TO SERVE	EXISTING TYPE OF WATER SUPPLY
1.5 +/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<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)	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
SHORELAND ZONING	Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input 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. SEE NOTE ON PAGE 3	<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> sq. ft. <input type="checkbox"/> lin. ft. <u>20 ELJEN GSF UNITS</u>	<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	<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>2 BEDROOM TO</u> <u>3 BEDROOMS AT</u> <u>90 GALLONS PER</u> <u>DAY EACH</u>
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	LATITUDE AND LONGITUDE
PROFILE CONDITION: <u>2 / A</u> at Observation Hole # <u>TP A</u> Depth <u>10</u> " of Most Limiting Soil Factor	<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	<input checked="" type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: SEE NOTE ON PAGE 3 DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA Lat. <u>N43</u> d <u>39</u> m <u>46.11</u> s Lon. <u>W70</u> d <u>11</u> m <u>17.60</u> s If g.p.s., state margin of error

SITE EVALUATOR STATEMENT		
I certify that on <u>8/17</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).		
Site Evaluator Signature: <u>Brady A. Frick</u>	SE #: <u>352</u>	Date: <u>8/24/17</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 - 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		

AUG 30 2017

Permitting & Inspections
City of Portland Maine

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health and Human Services
 Division of Environmental Health
 (207) 287-2070 FAX: (207) 287-4172

Town, City, Plantation PORTLAND; PEAKS ISLAND	Street, Road Subdivision 30 HIGHLAND AVENUE	Owner's Name AARON & KELLY SCHUIT
ALBERT FRICK ASSOCIATES ARE NOT SURVEYORS PROPERTY INFORMATION APPROXIMATED PER TOWN TAX MAP AND AERIAL PHOTOGRAPH VERIFY PROPERTY LINES TO ASSURE ACCURATE LOCATION PRIOR TO SYSTEM INSTALLATION	SITE PLAN Scale 1" = 100 Ft. or as shown	SITE LOCATION PLAN (Attach Map from Maine Atlas Recommended)

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)																				
Observation Hole <u>TP A</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring " Depth of Organic Horizon Above Mineral Soil <u>STRIPPED</u>																				
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Site Evaluator Signature: *Albert Frick*

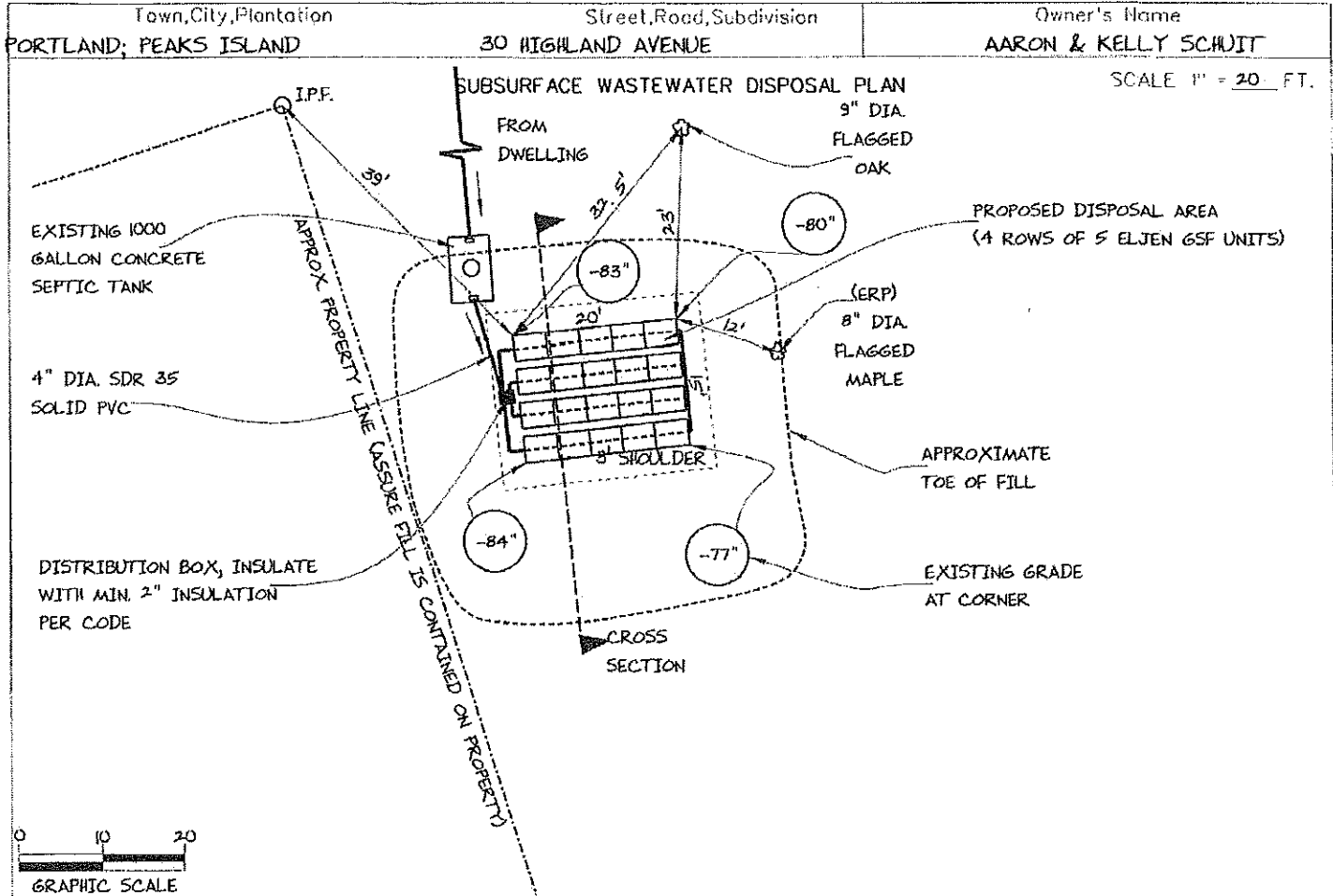
 352
 SE

 Date: 8/24/11

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FILL REQUIREMENTS

Depth of Fill (Upslope) : 29" - 32" Finished Grade Elevation
 Depth of Fill (Downslope) : 26" - 33" Top of Distribution Pipe or Proprietary Device
 DEPTHS AT CROSS-SECTION (shown below) Bottom of Disposal Area

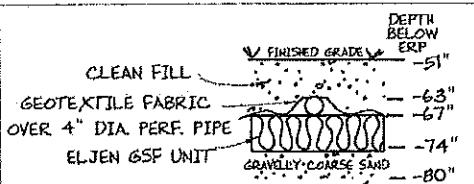
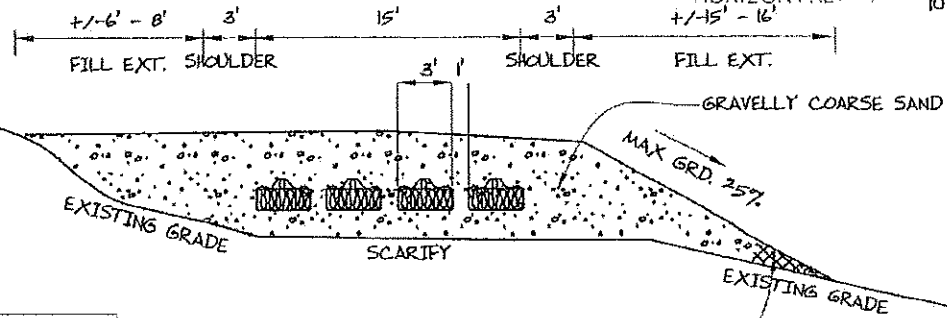
CONSTRUCTION ELEVATIONS

SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

Location & Description 8" DIA. FLAGGED MAPLE, NAIL 50" ABOVE BASE
 Reference Elevation is: 0.0" or -----

DISPOSAL AREA CROSS SECTION



CAP TOE OF FILL WITH SANDY LOAM MATERIAL TO PREVENT WASTEWATER BREAKOUT

Site Evaluator Signature

352 SE #

Date

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