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

City, Town, or Plantation	PORTLAND, PEAKS ISLAND
Street or Road	234 PARK AVENUE
Subdivision, Lot #	

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City Portland Permit # 2017-07463

Date Permit Issued 12/12/17 Fee $ 250.00 Double Fee Charged [ ]

Local Plumbing Inspector Signature L.P.I.# 1188

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 # 88 Lot # 7,8 & 9

OWNER/APPLICANT INFORMATION

Name (last, first, MI) MANTSCH JESSE ■ Owner ☐ Applicant

Mailing Address of Owner/Applicant	54 PLEASAND AVENUE PEAKS ISLAND, ME 04108
Daytime Tel. #	831-7354

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 12/12/17

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: _____
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

0.5+/- ☐ SQ. FT. ■ ACRES

DISPOSAL SYSTEM TO SERVE

■ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 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: SEASONAL

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: 720 ■ sq. ft. ☐ lin. ft.
15 ELJEN GSF 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

DESIGN FLOW

180 gallons per day
BASED ON:
■ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

2 BEDROOMS AT 90 GALLONS PER DAY EACH

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

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
2 / AIII
at Observation Hole # TP 1
Depth 38 "
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
■ 2. May be required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 43 d 39 m 45 s
Lon. 70 d 11 m 09 s
If g.p.s., state margin of error _____

SITE EVALUATOR STATEMENT

I certify that on 6-3-15 (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 — SE # 352 — Date 12/12/17 REVISED

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