SUBSURFACE WAS	TEWATER DISPOSA	L SYSTEM APPLICA	ATION	Maine Dept. Health & Human Services Div of Environmental Health , 11 SHS (207) 287-5672 FAX (207) 287-3165	
PROPERTY	LOCATION			VAL REQUIRED<<	
City, Town, or Plantation PORTLAN	D, PEAKS ISLAND			-	
Street or Road 76 CENTS	RAL AVENUE	Town/City	F	Permit #	
Subdivision, Lat#		Date Permit Issued/_/_	_ Fee \$	Double Fee Charged [ ]	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector	Cian at	LPI #	
Name (last, first, MI) PURTELL	GEORGE Cwner	Local Fluinbing Inspector	oignature		
Mailing Address   10 TENNEY	Idress IO TENNEY ROAD		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall		
Owner WESTFOR		authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rufes.			
Daytime Tel. # 47-972-6	e Tel. # 47-972-6250		Municipal Tax Map # 88 Lot # K-44		
OWNER OR APPLICANT STAT		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			
Signature of Owner/Applicant NO Date		Local Plumbing Inspector Signature (2nd) Date Approved			
	PERMIT II	NFORMATION			
TYPE OF APPLICATION	THIS APPLIC	ATION REQUIRES	DISPO	DSAL SYSTEM COMPONENTS	
■ 1. First Time System  □ 2. Replacement System  Type Replaced: Year Installed: □ 3. Expanded System □ a. <25% Expansion □ b.>25% Expansion □ 4. Experimental System	a. Local Plumbir b. State & Local 3.Replacement Syste a. Local Plumbin b. State & Local	■ 1.No Rule Variance  □ 2.First Time System Variance □ a. Local Plumbing Inspector Approval □ b. State & Local Plumbing Inspector Approval □ a. Local Plumbing Inspector Approval □ a. Local Plumbing Inspector Approval □ b. State & Local Plumbing Inspector Approval □ b. State & Local Plumbing Inspector Approval □ c. Complete Non-Engineered System □ 2. Primitive System(graywater & alt toilet) □ 3. Alternative Toilet, specify: □ 4. Non-Engineered Treatment Tank (only) □ 5. Holding Tank,			
☐ 5. Seasonal Conversion ☐ 5. Seasonal				plete Engineered System(2000gpd+) neered Treatment Tank (only)	
SIZE OF PROPERTY DISPOSAL S		STEM TO SERVE   □ 10. Engineered Disposal Field (only) □ 11. Pre-treatment, specify:			
		ing Unit, No. of Bedrooms: 3	12. Miscellaneous components		
SHORELAND ZONING	☐ 3. Other:	2. Multiple Family Dwelling, No of Units:     3. Other:		TYPE OF WATER SUPPLY	
☐ Yes ■ No			specify)   1. Drill  A Pub		
☐ Yes ■ No Current Use ☐ Seasonal ☐ Year Round ■ Undeveloped ☐ 4. Public ☐ 5. Other:  DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)					
TREATMENT TANK	DISPOSAL FIELD TYPE & S			DESIGN FLOW	
■ 1. Concrete ■ a. Regular □ b. Low Profile □ 2. Plastic □ 3. Other:  CAPACITY:   OOO		If Yes or Maybe, specify on  a. Multi-compartment	BASED ON:  1. Table 4A (dwelling unit(s))  2. Table 4C (other facilities)  SHOW CALCULATIONS for other facilities  apacity  apacity  3 BEDROOMS ©		
SOIL DATA & DESIGN CLASS	24 ELJEN GSF UNITS			90 GALLONS PER DAY EACH= 270 GPD	
PROFILE CONDITION	DISPOSAL FIELD SIZING	EFFLUENT/EJECTO  1. Not required	RPUMP	3. Section 4G (meter readings)	
3 / C	1. Medium - 2.6 sq.ft./gpd	2. May be require	d -	ATTACH WATER-METER DATA  LATITUDE AND LONGITUDE	
at Observation Hole #   P   Depth 24 "	■ 2. Medium-Large - 3.3 sq.ft./g  3. Large - 4.1 sq.ft./gpd	pd   3. Required  Specify only for engineered systems:		at center of disposal area at 43 d 39 m 40 s	
of Most Limiting Soil Factor	4. Extra-Large - 5.0 sq.ft./gpc	DOSE:	II	on. 70 d 11 m 20 s	
		TOR STATEMENT			
	date) I completed a site evaluation of the substract of t				
ALBERT FRICK			ert@alber		
	inted Te A COUNTY ROAD ROAD GORHAN on the design should be confirmed y		E-mail Addr 3	Page 1 of 3 HHE-200 Rev. 02/2011	