Maine Dept. Health & Human Services Div of Environmental Health , 11 SHS (207) 287-5672 FAX (207) 287-3165 SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION PROPERTY LOCATION >>CAUTION: LPI APPROVAL REQUIRED<< City, Town. PORTLAND: PEAKS ISLAND or Plantation Town/City Permit # Street or Road 105 LYNDON AVENUE Double Fee Charged [] Date Permit Issued / / Fee \$ Subdivision, Lot # LPI# OWNER/APPLICANT INFORMATION Local Plumbing Inspector Signature Name (last, first, MI) ROBERT & REBECCA Applicant BUNTON The Subsurface Wastewater Disposal System short not be installed until a WEB. BUNTON CONSTRUCTION Mailing Address Permit is issued by the Local Plumbing Inspector. The Permit shall C/O BILL BUNTON authorize the owner or installer to install the disposal system in accordance 87 MIDDLE ROAD Applicant with this application and the Maine Subsurface Wastewater Disposal Rules. CUMBERLAND, ME 04021 Daytime Tel. # 829-6438 Municipal Tax Map # 89 Lot # C-3 CAUTION: INSPECTION REQUIRED OWNER OR APPLICANT STATEMENT I have inspected the installation authorized above and found it to be in compliance I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any faisification is reason for the Department and/or Local Plumbing Inspector to degy a permit with the Subsurface Wastewater Disposal Rules Application. (1st) Date Approved Signature of Owner/Applicant Local Plumbing Inspector Signature (2nd) Date Approved PERMIT INFORMATION THIS APPLICATION REQUIRES TYPE OF APPLICATION **DISPOSAL SYSTEM COMPONENTS** ■ 1. Complete Non-Engineered System ■ 1.No Rule Variance 1. First Time System 2.First Time System Variance 2. Primitive System(graywater & alt toilet) 2. Replacement System a. Local Plumbing Inspector Approval 3. Alternative Toilet, specify: Type Replaced: b. State & Local Plumbing Inspector Approval 4. Non-Engineered Treatment Tank (only) Year Installed: 3. Expanded System 3.Replacement System Variance 5. Holding Tank,___ gallons a. Local Plumbing Inspector Approval a. <25% Expansion ☐ 6. Non-Engineered Disposal Field (only) b. State & Local Plumbing Inspector Approval b.>25% Expansion 7. Separated Laundry System 4. Experimental System 4. Minimum Lot Size Variance 8. Complete Engineered System(2000gpd+) 5. Seasonal Conversion Permit 5. Seasonal Conversion 9. Engineered Treatment Tank (only) ☐ 10. Engineered Disposal Field (only) SIZE OF PROPERTY DISPOSAL SYSTEM TO SERVE 11. Pre-treatment, specify: SQ. FT. 1. Single Family Dwelling Unit, No. of Bedrooms: 4 12. Miscellaneous components +/- 40,682 ACRES 2. Multiple Family Dwelling, No of Units: TYPE OF WATER SUPPLY (WINTER) 1. Drilled Well 2. Dug Well 3. Private 3. Other: SHORELAND ZONING (specify) 4 Public 5. Other: Current Use ☐ Seasonal ☐ Year Round ■ Undeveloped Yes DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) DISPOSAL FIELD TYPE & SIZE GARBAGE DISPOSAL UNIT **DESIGN FLOW** TREATMENT TANK 360 gallons per day BASED ON: 1. Concrete 1. Stone Bed 2. Stone Trench ■1. No □ 2. Yes □ 3. Maybe 3. Proprietary Device If Yes or Maybe, specify one below: a. Regular 1.Table 4A (dwelling unit(s)) 2.Table 4C (other facilities) SHOW CALCULATIONS for other facilities a.Multi-compartment tank b. Low Profile 2. Plastic b. Regular d. H-20 loaded tanks in series C. Increase in tank capacity 3. Other: 4. Other: 4 BEDROOMS AT CAPACITY: 1000 SIZE: 1296 d.Filter on tank outlet sq. ft. 90 GALLONS PER 27 ELJEN IN-DRAIN UNITS SOIL DATA & DESIGN CLASS DAY EACH DISPOSAL FIELD SIZING **EFFLUENT/EJECTOR PUMP** PROFILE CONDITION 1. Not required 3. Section 4G (meter readings) ATTACH WATER-METER DATA AIII/C 1. Medium - 2.6 sq.ft./gpd 2. May be required LATITUDE AND LONGITUDE 2. Medium-Large - 3.3 sq.ft./gpd 3. Required at center of disposal area N43 d 39 m 52.15 s at Observation Hole # Lat. 3. Large - 4.1 sq.ft./gpd Specify only for engineered systems: Depth 15 11 m 2.35s Lon. W70 d 4. Extra-Large - 5.0 sq.ft./gpd of Most Limiting Soil Factor DOSE: gallons if g.p.s., state margin of error SITE EVALUATOR STATEMENT (date) I completed a site evaluation on this property and state that the data reported is accurate and I Certify that on 5/16/13 Site/Evaluator Signature (207) 839-5563 Telephone Number ALBERT@ALBERTFRICK.COM ALBERT FRICK Site Evaluator Name Printed ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563 Page 1 of 3 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator HHE-200 Rev. 02/2011