

**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**  
 Street or Road: **676 SEASHORE AVENUE**  
 Subdivision, Lot #:

Town/City \_\_\_\_\_ Permit # \_\_\_\_\_  
 Date Permit Issued \_\_\_/\_\_\_/\_\_\_ Fee \$ \_\_\_\_\_ Double Fee Charged [ ]  
 LPI # \_\_\_\_\_  
 Local Plumbing Inspector Signature \_\_\_\_\_

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): **SUSAN LEE**  
 Owner  
 Applicant  
 Mailing Address of Owner/Applicant: **147 FERNBROOKE AVENUE WYNCOTE, PA 19095**  
 Daytime Tel. #: **215-740-6620**

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 # **89** Lot # **BLK E, 24**

**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.  
*Nanette M. McKern* **10/2/15**  
 Signature of Owner/Applicant Date

**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**

<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Year Replaced: <b>TRENCH</b> Year Installed: <b>UNKNOWN</b> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <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
<b>SIZE OF PROPERTY</b> 0.5 +/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <b>4</b> <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	<b>TYPE OF WATER SUPPLY</b> <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: _____
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<b>TREATMENT TANK</b> <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: <b>1000</b> GAL	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <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: <b>1296</b> sq. ft. <input type="checkbox"/> lin. ft. <b>27 ELJEN 6SF UNITS</b>	<b>GARBAGE DISPOSAL UNIT</b> <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 checked="" type="checkbox"/> d. Filter on tank outlet <b>RECOMMENDED</b>	<b>DESIGN FLOW</b> _____ 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 <b>4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD</b>
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION: <b>12 / AIII/C</b> at Observation Hole # <b>TB A</b> Depth <b>32</b> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <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	<b>EFFLUENT/EJECTOR PUMP</b> <input checked="" type="checkbox"/> 1. Not required (SEE NOTE ON PAGE 3) <input type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA <b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <b>43</b> d <b>59</b> m <b>49</b> s Lon. <b>70</b> d <b>10</b> m <b>44</b> s If g.p.s., state margin of error

**SITE EVALUATOR STATEMENT**

I certify that on **9-24-14** (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 (10-144 CMR 241).  
*Albert Frick* **63** **10/9/2014**  
 Site Evaluator Signature SE # Date  
**ALBERT FRICK** **(207) 839-5563** **ALBERT@ALBERTFRICK.COM**  
 Site Evaluator Name Printed Telephone Number E-mail Address