

FROM :

FAX NO. : 2078395564

Dec. 06 2005 11:36AM P4

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**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

From Department of Public Services  
Division of Planning, Licensing, Section 10, 5th  
Floor, 501 State Street, Portland, ME 04102

|  |   |  |  |
|--|---|--|--|
| <b>PROPERTY LOCATION</b>   |   | >> Caution: Permit Required - Attach in Space Below <<   |  |
| City, Town, or Plantation  | PORTLAND, PEAKS ISLAND                  | PORTLAND PERMIT # 9725 TOWN COPY<br>Date Rec'd: 12/19/06 \$11010.00 PEE<br>Local Plumbing Inspector: [Signature] LPI # 0640  |  |
| Street or Road   | 11 OAK LAWN ROAD                        |  |  |
| <b>OWNER/APPLICANT INFORMATION</b>   |   | Municipal Tax Map # 90 SEC E Lot # 2 & 3   |  |
| Name (Last, First, MI)   | FORETTI FRANK                           |  |  |
| Mailing Address of   | 11 OAK LAWN ROAD PEAKS ISLAND, ME 04108 | Owner or Applicant Statement<br>I state and acknowledge that the information submitted in regard to the best of my knowledge and understanding that any falsification is cause for the Department and/or Local Plumbing Inspector to deny a permit.<br>[Signature] 01/05/06<br>Director of Public Services |  |
| Daytime Tel #  | 766-3997                                |  |  |
| <b>Owner or Applicant Statement</b>  |   | Caution: Inspections Required<br>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.<br>[Signature] 2/14/06<br>Local Plumbing Inspector   |  |
| I state and acknowledge that the information submitted in regard to the best of my knowledge and understanding that any falsification is cause for the Department and/or Local Plumbing Inspector to deny a permit.<br>[Signature] 01/05/06<br>Director of Public Services |   |  |  |

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|--|---|--|
| <b>PERMIT INFORMATION</b>  |   |  |
| <b>TYPE OF APPLICATION</b>   | <b>THIS APPLICATION REQUIRES</b>  | <b>DISPOSAL SYSTEM COMPONENTS</b>  |
| 1. <input type="checkbox"/> First Time System<br>2. <input checked="" type="checkbox"/> Replacement System<br>Type Replaced: _____<br>Year installed: _____<br>3. <input type="checkbox"/> Expanded System<br>a. <input type="checkbox"/> Minor Expansion<br>b. <input type="checkbox"/> Major Expansion<br>4. <input type="checkbox"/> Experimental System<br>5. <input type="checkbox"/> Seasonal Conversion | 1. <input type="checkbox"/> No Rule Variance<br>2. <input type="checkbox"/> First Time System Variance<br>a. <input type="checkbox"/> Local Plumbing Inspector Approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector Approval<br>3. <input type="checkbox"/> Replacement System Variance<br>a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector Approval<br>4. <input type="checkbox"/> Minimum Lot Size Variance<br>5. <input type="checkbox"/> Seasonal Conversion Approval | 1. <input type="checkbox"/> Complete Non-Engineered System<br>2. <input type="checkbox"/> Primitive System (graywater & all toilet)<br>3. <input type="checkbox"/> Alternative Toilet specify: _____<br>4. <input type="checkbox"/> Non-Engineered Treatment Tank only<br>5. <input type="checkbox"/> Holding Tank _____ Gallons<br>6. <input checked="" type="checkbox"/> Non-Engineered Disposal Field (only)<br>7. <input type="checkbox"/> Separated Laundry System<br>8. <input type="checkbox"/> Complete Engineered System 200 gpd<br>9. <input type="checkbox"/> Engineered Treatment Tank (only)<br>10. <input type="checkbox"/> Engineered Separated Field (only)<br>11. <input type="checkbox"/> Pre-treatment, specify: _____<br>12. <input type="checkbox"/> Miscellaneous components |
| <b>SIZE OF PROPERTY</b>  | <b>DISPOSAL SYSTEM TO SERVE</b>   | <b>TYPE OF WATER SUPPLY</b>  |
| 17,427 sq. ft. <input checked="" type="checkbox"/> or <input type="checkbox"/> Acres   | 1. <input checked="" type="checkbox"/> Single Family Dwelling (No. of Bedrooms: 4)<br>2. <input type="checkbox"/> Multiple Family Dwelling (No. of Units: _____)<br>3. <input type="checkbox"/> Other: _____ SPECIFY _____<br>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped   | 1. <input type="checkbox"/> Cased Well 2. <input type="checkbox"/> Flag Well 3. <input type="checkbox"/> Private<br>4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____   |
| <b>SHORELAND ZONING</b>  | <b>DESIGN DETAILS (TYPE) LAYOUT SHOWN ON PAGE 3</b>   |  |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |   |  |

|   |   |  |   |
|---|---|--|---|
| <b>TREATMENT TANK</b>   | <b>DISPOSAL FIELD TYPE &amp; SIZE</b>   | <b>GARBAGE DISPOSAL UNIT</b>   | <b>DESIGN FLOW</b>  |
| 1. <input checked="" type="checkbox"/> Concrete<br>a. <input checked="" type="checkbox"/> Regular<br>b. <input type="checkbox"/> Low Profile<br>2. <input type="checkbox"/> Plastic<br>3. <input type="checkbox"/> Other: _____<br>CAPACITY: 1000 gallons | 1. <input type="checkbox"/> Stone Bed 2. Stone Trench<br>3. <input checked="" type="checkbox"/> Proprietary Device<br>a. <input type="checkbox"/> Cluster array b. <input checked="" type="checkbox"/> Linear<br>b. <input checked="" type="checkbox"/> Regular c. <input type="checkbox"/> 20 loaded<br>4. <input type="checkbox"/> Other: _____<br>SIZE: 1200 sq. ft. <input type="checkbox"/> lin. ft.<br>25' ELTEN IN-DRAIN UNITS | 1. <input type="checkbox"/> No 2. <input checked="" type="checkbox"/> Yes<br>3. <input type="checkbox"/> Maybe<br>2. <input checked="" type="checkbox"/> Yes >> Specify in below:<br>a. <input type="checkbox"/> Multi-compartment tank<br>b. <input type="checkbox"/> _____ tanks in series<br>c. <input type="checkbox"/> Increase in tank capacity<br>d. <input type="checkbox"/> Filter on tank outlet<br><b>TO BE REMOVED</b><br>1. <input type="checkbox"/> Not required<br>2. <input checked="" type="checkbox"/> May be required<br>3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems<br>gpd: _____ Gallons: _____ | 360 gallons per day<br>BASIC DIM<br>1. <input checked="" type="checkbox"/> Total 501.1 dwelling unit(s)<br>2. <input type="checkbox"/> Total 501.2 other facilities<br>SHOW CALCULATIONS for other facilities<br>4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD<br>3. <input type="checkbox"/> Section 503.0 (under construction) ALL OTHER WATER METER DATA |
| <b>SOIL DATA &amp; DESIGN CLASS</b>   | <b>DISPOSAL FIELD SIZING</b>  | <b>PUMPING</b>   |   |
| PROFILE CONDITION DESIGN: 5 / C<br>AT Observation Hole # TP 1<br>Depth 20"<br>OF MOST LIMITING SOIL FACTOR  | 1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd<br>2. <input type="checkbox"/> Medium - 2.6 sq. ft./gpd<br>3. <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd<br>4. <input type="checkbox"/> Large - 4.1 sq. ft./gpd<br>5. <input type="checkbox"/> Extra-Large - 5.0 sq. ft./gpd   |  |   |

**SITE EVALUATOR STATEMENT**

I Certify that on 12/19/06 (date) I completed a site inspection on the property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 24).

Site Evaluator Signature: Albert Frick Date: 12/6/05  
 Name: ALBERT FRICK Telephone Number: (207) 838-5563 E-mail Address: af@SMADERR.COM  
 Site Evaluator Name Printed: ALBERT FRICK ASSOCIATE - ISA COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 838-5563  
 Water Changes to or deviations from the design should be confirmed with the Site Evaluator

HHF-200 Rev 12/01