

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>&gt;&gt;CAUTION: LPI APPROVAL REQUIRED&lt;&lt;</b>	
City, Town, or Plantation	PEAKS ISLAND	Town/City	Portland
Street or Road	460 ISLAND AVENUE	Permit #	2014-01048
Subdivision, Lot #	090 I002001	Date Permit Issued	5/16/14
<b>OWNER/APPLICANT INFORMATION</b>		Fee \$	140.00
Name (last, first, MI)	BARKER CHARLAINE	Double Fee Charged [ ]	
Mailing Address of Owner/Applicant	LIONEL PLANTE ASSOCIATES 98 ISLAND AVENUE PEAKS ISLAND, ME 04108	TM	LPI # 360
Daytime Tel. #	766-2508	Local Plumbing Inspector Signature	

<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner/Applicant: <i>Daniel M. Mueken</i> LPA inc Date: 5/16/14		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ (2nd) Date Approved: _____	

<b>PERMIT INFORMATION</b>	
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>
<input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <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	<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>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>
0.77 +/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <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>SHORELAND ZONING</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" 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>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: _____

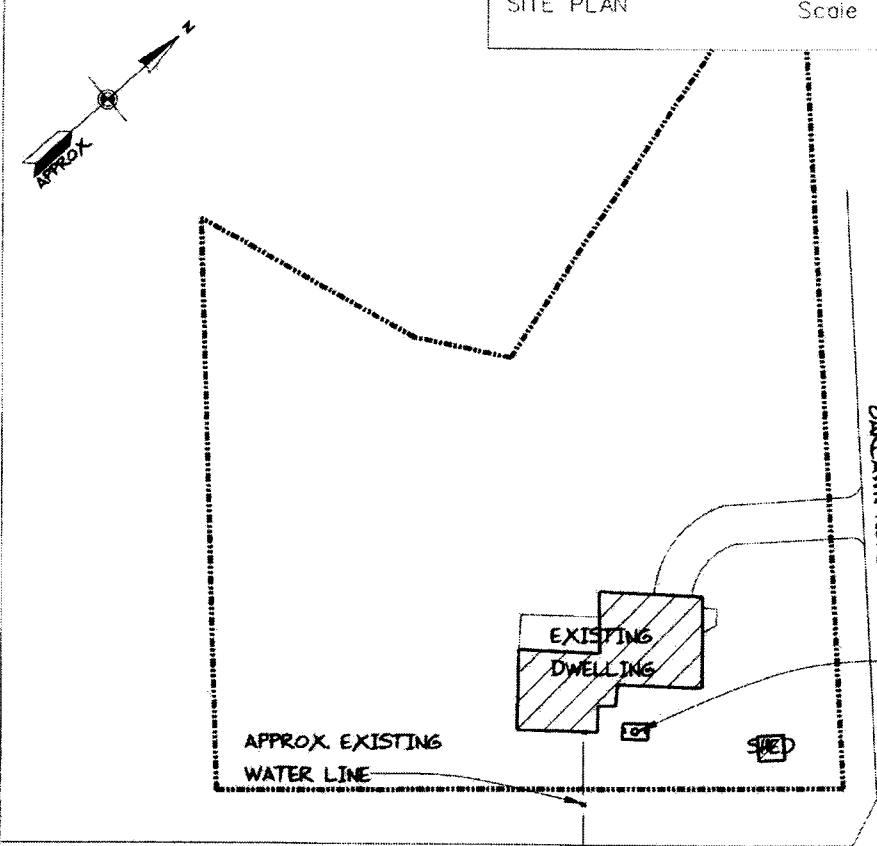
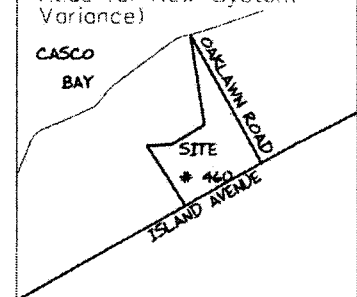
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: N/A <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input 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 type="checkbox"/> d. Filter on tank outlet N/A	180 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 2 BEDROOMS AT 90 GALLONS PER DAY
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>LATITUDE AND LONGITUDE</b>
PROFILE CONDITION: N/A at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	N/A <input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input 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	<input type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input checked="" type="checkbox"/> 3. Required N/A Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA at center of disposal area Lat. 43 d 40 m 09 s Lon. 70 d 11 m 32 s If g.p.e., state margin of error

<b>SITE EVALUATOR STATEMENT</b>	
I certify that on 5-15-14 (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 (10-144A CMR 241).	
Site Evaluator Signature: <i>Albert Frick</i>	SE #: 163
	Date: 5/16/14

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

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Maine Department of Human Services  
 Division of Health Engineering, Station 10 SHS  
 (207) 267-5672 FAX (207) 287-4172

Town, City, Plantation <b>PEAKS ISLAND</b>	Street, Road Subdivision <b>460 ISLAND AVENUE</b>	Owner's Name <b>CHARLAINE BARKER</b>
<div style="display: flex; justify-content: space-between;"> <span>SITE PLAN</span> <span>Scale 1" = 60 Ft. or as shown</span> </div> 		SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)  
NOTE: PROPERTY LINE INFORMATION APPROXIMATED PER PLAN PROVIDED BY APPLICANT		
PROPOSED REPLACEMENT SEPTIC TANK (IN THE SAME LOCATION AS EXISTING TANK)		
ISLAND AVENUE		

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)																																
Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring _____ " Depth of Organic Horizon Above Mineral Soil	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">Texture</th> <th style="width:15%;">Consistency</th> <th style="width:15%;">Color</th> <th style="width:15%;">Mottling</th> </tr> <tr> <td style="height: 10px;">0</td><td></td><td></td><td></td> </tr> <tr> <td style="height: 10px;">10</td><td></td><td></td><td></td> </tr> <tr> <td style="height: 10px;">20</td><td></td><td></td><td></td> </tr> <tr> <td style="height: 10px;">30</td><td></td><td></td><td></td> </tr> <tr> <td style="height: 10px;">40</td><td></td><td></td><td></td> </tr> <tr> <td style="height: 10px;">50</td><td></td><td></td><td></td> </tr> </table>				Texture	Consistency	Color	Mottling	0				10				20				30				40				50			
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*Albert Frick*  
 Site Evaluator Signature

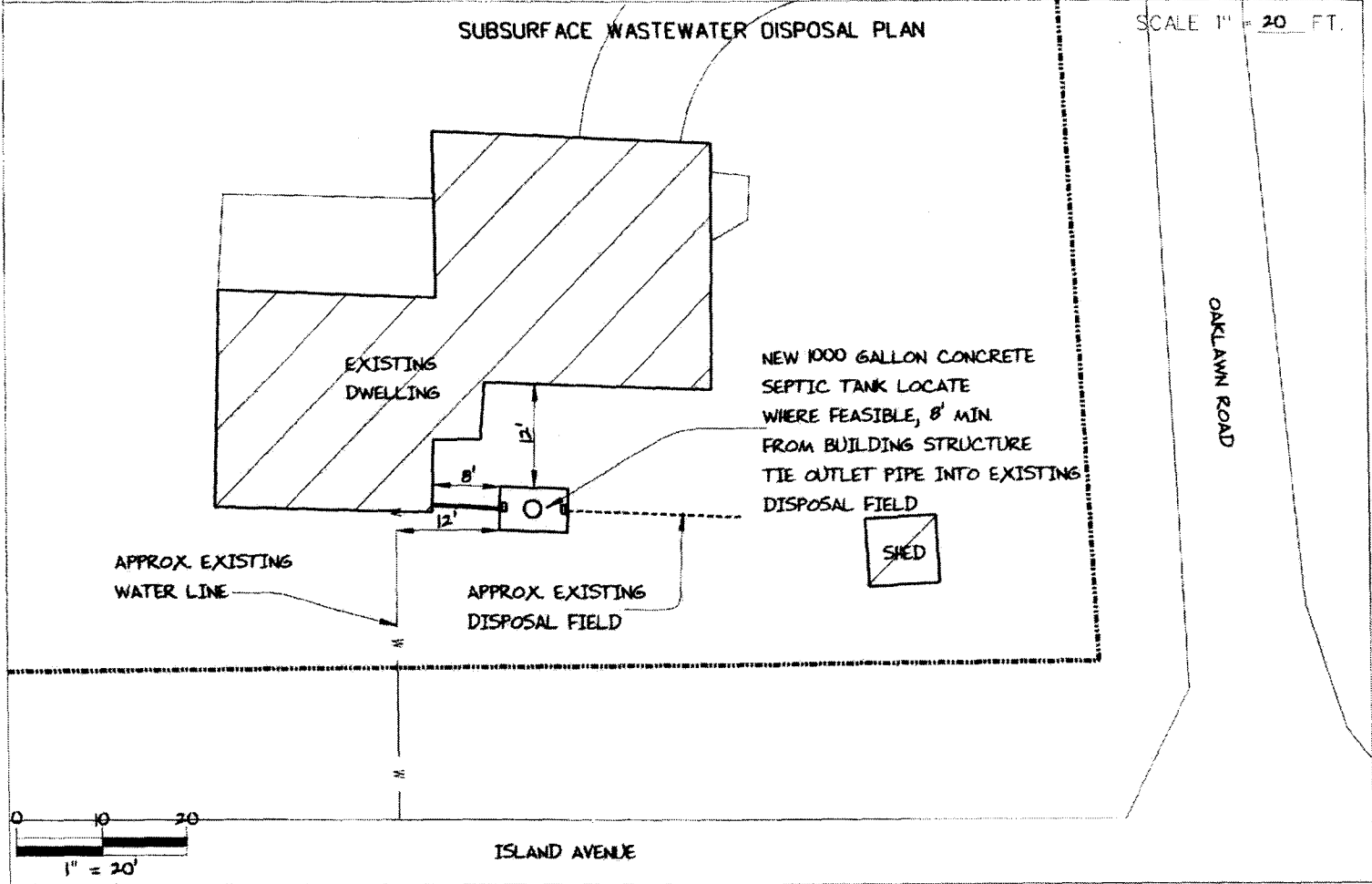
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**FILL REQUIREMENTS**

Depth of Fill (Upslope) : \_\_\_\_\_  
 Depth of Fill (Downslope) : \_\_\_\_\_  
 DEPTHS AT CROSS-SECTION (shown below)

**CONSTRUCTION ELEVATIONS**

Finished Grade Elevation  
 Top of Distribution Pipe or Proprietary Device  
 Bottom of Disposal Area

SEE  
DETAIL  
BELOW

**ELEVATION REFERENCE POINT**

Location & Description  
 Reference Elevation is: 0.0" or -----

**DISPOSAL AREA CROSS SECTION**

SCALE:  
 VERTICAL: 1" = \_\_\_\_\_  
 HORIZONTAL: 1" = \_\_\_\_\_

N/A

*Albert Frick*  
 Site Evaluator Signature

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 SE \*

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