

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Marine Services
Division of Health Engineering, Station 10
(207) 287-8972 FAX (207) 287-4172

>> Caution: Permit Required - Attach in Space Below <<

City, Town, or Plantation	Peaks Island
Street or Road	51 Ocean Street
Subdivision, Lot #	
OWNER/APPLICANT INFORMATION	
Name (last, first, MI) Owner	Webster, Susan
Applicant	
Mailing Address of <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	51 Ocean Street Peaks Island, ME 04108
Daytime Tel. #	766-5846
<p style="text-align: center;">Owner or Applicant Statement</p> <p>I state 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.</p>	
Signature of Owner or Applicant	Date

PORTLAND

Date: 5/18/04
Local Plumbing Inspector Signature: [Signature]

8965 TDWR COPY
L.P.# 06810

09020004

Municipal Tax Map # 90-N Lot # 4589

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature: _____ Date Approved: _____

<p>TYPE OF APPLICATION</p> <ol style="list-style-type: none"> <input type="checkbox"/> First Time System <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: ~89 <input type="checkbox"/> Expanded System <ol style="list-style-type: none"> <input type="checkbox"/> Minor expansion <input type="checkbox"/> Major expansion <input type="checkbox"/> Experimental System <input type="checkbox"/> Seasonal Conversion 	<p>THIS APPLICATION REQUIRES</p> <ol style="list-style-type: none"> <input type="checkbox"/> No Rule Variance <input type="checkbox"/> First Time System Variance <ol style="list-style-type: none"> <input type="checkbox"/> Local Plumbing Inspector Approval <input type="checkbox"/> State & Local Plumbing Inspector Approval Replacement System Variance <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Local Plumbing Inspector Approval <input type="checkbox"/> State & Local Plumbing Inspector Approval <input type="checkbox"/> Minimum Lot Size Variance <input type="checkbox"/> Seasonal Conversion Approval 	<p>DISPOSAL SYSTEM COMPONENT(S)</p> <ol style="list-style-type: none"> <input type="checkbox"/> Complete Non-engineered System <input type="checkbox"/> Primitive System (graywater & alt toilet) <input type="checkbox"/> Alternative Toilet, specify: _____ <input checked="" type="checkbox"/> Non-Engineered Treatment Tank (only) <input type="checkbox"/> Holding Tank, _____ gallons <input type="checkbox"/> Non-engineered Disposal Field (only) <input type="checkbox"/> Separated Laundry System <input type="checkbox"/> Complete Engineered System (2000 gpd or more) <input type="checkbox"/> Engineered Treatment Tank (only) <input type="checkbox"/> Engineered Disposal Field (only) <input type="checkbox"/> Pre-treatment, specify: _____
<p>SIZE OF PROPERTY</p> <p>0.524 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 2 <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> Other: _____ <p style="text-align: center;">SPECIFY</p>	<p>TYPE OF WATER SUPPLY</p> <ol style="list-style-type: none"> <input type="checkbox"/> Drilled Well <input type="checkbox"/> Dug Well <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public <input type="checkbox"/> Other: _____
SHORELAND ZONING		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input type="checkbox"/> Concrete <ol style="list-style-type: none"> <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input checked="" type="checkbox"/> Plastic <input type="checkbox"/> Other: _____ <p>CAPACITY 1000 gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Stone Bed <input type="checkbox"/> Stone Trench <input type="checkbox"/> Proprietary Device <ol style="list-style-type: none"> <input type="checkbox"/> Cluster array <input type="checkbox"/> Linear <input type="checkbox"/> Regular load <input type="checkbox"/> H-20 load <input type="checkbox"/> Other: _____ <p>SIZE _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> No <input type="checkbox"/> Maybe <input type="checkbox"/> Yes >> Specify one below: <ol style="list-style-type: none"> <input type="checkbox"/> Multi-compartment Tank <input type="checkbox"/> Tanks in Series <input type="checkbox"/> Increase in Tank Capacity <input type="checkbox"/> Filter on Tank Outlet 	<p>DESIGN FLOW</p> <p>180 gallons per day</p> <p>BASED ON:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Table 901.1 (dwelling units) <input type="checkbox"/> Table 901.2 (other facilities) <p>SHOW CALCULATIONS - for other facilities -</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION DESIGN N/A</p> <p>at Observation Hole # _____</p> <p>Depth _____ * elevation _____</p> <p>OF MOST LIMITING SOIL FACTOR</p>	<p>DISPOSAL FIELD SIZING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Small - 2.0 sq. ft./gpd <input type="checkbox"/> Medium - 2.8 sq. ft./gpd <input type="checkbox"/> Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> Large - 4.1 sq. ft./gpd <input type="checkbox"/> Extra Large - 5.0 sq. ft./gpd 	<p>PUMPING</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: <p>DOSE: _____ gallons</p>	<p>ATTACH WATER-METER DATA</p> <ol style="list-style-type: none"> <input type="checkbox"/> Section 903.0 (meter readings)

SITE EVALUATOR STATEMENT

I Certify that on 4-6-04 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMH 241).

<p>[Signature]</p> <p>Site Evaluator Signature</p>	<p>359</p> <p>SE #</p>	<p>5-20-04</p> <p>Date</p>
<p>Jonathan Quebbeman</p> <p>Site Evaluator Name Printed</p>	<p>878-3313</p> <p>Telephone #</p>	<p>#4293</p>

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