

90-0-008

284-B-002

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Main Department of Health Services 7500 S.W. 20th St. - 3rd Floor - Miami, FL 33155-3000	
PROPERTY LOCATION		Design Permit Required - Attach to Design Plans	
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	PORTLAND 9142 TOWN COPY	
Street or Road	597 ISLAND AVENUE	One Year Fee: \$100.00 Three Year Fee: \$250.00	
Subdivision, Lot #		LPI # 0640	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	ANDREW & ERIC WEAVER	Date: 8/30/04	
Address of	210 ALICE @ PORT ISLAND REALTY	Municipal Tax Map # SEC 0, LOT 8	
Owner Applicant		Lot #	
Daytime Tel. #		Municipal Tax Map #	
Owner or Applicant Statement		Caution: Inspections Required	
I declare and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is a reason for the Department and/or Local Plumbing Inspector to deny a permit.		I have inspected the installation on her/his above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner/Applicant: <i>[Signature]</i> Date: 8/30/04		Local Plumbing Inspector Signature: <i>[Signature]</i> Date: <i>[Blank]</i>	
PROPERTY INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: _____ Year installed: _____ 3. <input checked="" type="checkbox"/> Expanded System a. <input checked="" type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	1. <input checked="" type="checkbox"/> Complete Non-Engineered System 2. <input type="checkbox"/> Primitive System (greywater & oil toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-Engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components	
SIZE OF PROPERTY +/- 580 sq. ft. <input checked="" type="checkbox"/> acres <input type="checkbox"/>	DISPOSAL SYSTEM TO BE	TYPE OF WATER SUPPLY	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Underdeveloped	1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____	
DESIGN DETAILS SYSTEM LAYOUT SHOWN ON PAGE 2			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic (IF NECESSARY) 3. <input type="checkbox"/> Other: _____ CAPACITY: 1000 gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Perforatory Device a. <input type="checkbox"/> Quarter array a. Linear b. <input type="checkbox"/> Regular d. <input checked="" type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: 360 sq. ft. <input type="checkbox"/> in. ft. 20 E TEN IN-DRAIN UNITS	1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> May be 2. <input type="checkbox"/> Yes >> Specify the below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in ton. capacity d. <input type="checkbox"/> Filter on tank outlet	270 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (sewage unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - EXISTING 2 BEDROOMS POTENTIAL 3 BEDROOMS AT 90 GALLONS PER DAY EACH
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3 A L L A1 Observation Hole - TP 1 Depth 24" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZES	PUMPING	
	1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.5 sq.ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 5. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	1. <input type="checkbox"/> Not required (see NOTE ON PAGE 2) 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems	5. <input type="checkbox"/> Section 501.5 (meter readings) ATTACH WATER-METER DATA
SITE EVALUATOR STATEMENT			
I certify that on 8/30/04 (date) I completed a site evaluation on this property and state that the date reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules 110-144A, CMP (21).			
Site Evaluator Signature: <i>Albert Frick</i>		SE: _____	Date: 8/30/2004
ALBERT FRICK Site Evaluator Name Printed		(202) 488-8568 Telephone Number	ALBERT.FRICK@DOH.STATE.FL.US E-mail Address
ALBERT FRICK ASSOCIATES - 88A COUNTY ROAD 3000 GORHAM, MAINE 04038 - (207) 838-8888 Retail Changes to or deviations from the design should be confirmed with the Site Evaluator			

11-1 2004

Did inspection &
checked elevations
& chambers &
piping OK to
close over
SMW

12/15/04

Field graded - Hay installed - too cold for
vegetation - JMB