

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		Local Department of Health Services Division of Public Health, 20, 3rd Floor, 267-2872 FAX: (603) 281-3183	
PROPERTY LOCATION >> <b>Caution: Permit Required - Attach in Space Below</b> <<			
City, Town, or Plantation	PORTLAND; PEAKS ISLAND	PORTLAND	PERMIT # 9531 TOWN COPY
Street or Road	+1-47 ISLAND AVENUE	Date Permit Issued	8/25/05 \$ 100 FEE Charged
Subdivision, Lot #		Local Plumbing Inspector Signature	LR# 3.60
OWNER/PLUMBER INFORMATION			
Name (Last, First, MI)	M/F HAMILTON JACK	Owner Signature	
Mailing Address of Owner/Applicant	THOMAS DRUMBOULE 7 WARE AVENUE SAVAN HILL, MA 01968		
Daytime Tel. #	(417) 646-2584	Municipal Tax Map #	Lot #
<b>Owner of Applicant Statement</b>		<b>Caution: Inspections 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 _____ Date _____		Local Plumbing Inspector Signature _____ (Add Date Approved) _____	
PERMITS INFORMATION			
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>	
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input 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 (graywater & all 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 (2000gpd- 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	
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO BE USED</b>		
PORTION OF LOT <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped		
<b>SHORELAND ZONING</b>	<b>TYPE OF WATER SUPPLY</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 (SEE PLAN LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GENERATE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: <u>1000</u> gallons	1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> linear b. <input checked="" type="checkbox"/> Regular d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>360</u> sq. ft. <input type="checkbox"/> in. ft. 20 EQUAL IN-DRAIN UNITS	1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> Increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	270 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZES</b>	<b>PUMPING</b>	<b>3 BEDROOMS AT 90 GALLONS PER DAY EACH</b>
PROFILE CONDITION DESIGN <u>3</u> / <u>A/C</u> / <u>1</u> AT Observation Hole # <u>TP 2</u> Depth <u>5</u> - OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd 2. <input type="checkbox"/> Medium - 2.6 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 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ Gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
SITE EVALUATOR STATEMENT			
I certify that on <u>8/15/05</u> (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-M44A CMR 2.0).			
Signature _____ Site Evaluator Signature		SE # _____ Date <u>2/15/2005</u>	
ALBERT FRICK		(603) 481-0888	ALBERT.FRICK@NH.DHE.HQ.NH.GOV
Site Evaluator Name Printed		Telephone Number	E-mail Address
ALBERT FRICK REGISTERED - SEA COLONY ROAD ROAD GOSHEN MAINE 05206 - (603) 481-0888			
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator			