

<b>SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION</b>		Maine Dept. Health & Human Services Div of Environmental Health, 11 SHS (207) 287-5672 Fax: (207) 287-4172	
<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	Town/City _____	Permit # _____
Street or Road	73 SARGENT ROAD	Date Permit Issued <u>1/1</u>	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #	N/A	Local Plumbing Inspector Signature _____ L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	WHITNEY, THOMAS <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of	73 SARGENT ROAD		
Owner/Applicant	PEAKS ISLAND ME 04108		
Daytime Tel. #	1-207-671-4072	Municipal Tax Map # <u>090</u>	Lot # <u>0017</u>
<b>OWNER OR APPLICANT STATEMENT</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.		<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant: <u>Thomas Whitney</u> Date: <u>6/26/13</u>		Local Plumbing Inspector Signature: _____ (1st) date approved: _____ _____ (2nd) date approved: _____	
<b>PERMIT INFORMATION</b>			
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>	
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>UNKNOWN</u> Year installed: <u>UNKNOWN</u> <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 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 checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" 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	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input 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 (2000 gpd or more) <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>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>	
17,250 <input checked="" type="checkbox"/> SQ. FT. _____ ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<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>SHORELAND ZONING</b>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>
	<input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>ELCET IN-DRAIN</u> <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>216</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" 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
	<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>
	PROFILE CONDITION <u>6 IC &amp; 7 IC</u> at Observation Hole # <u>192</u> Depth <u>24"</u> of Most Limiting Soil Factor <u>SWT</u>	<input checked="" type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" 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 checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons
	<b>DESIGN FLOW</b>		
	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA		
	<b>LATITUDE AND LONGITUDE</b>		
	at center of disposal area Lat. <u>43</u> d <u>40</u> m <u>00</u> s Lon. <u>70</u> d <u>11</u> m <u>26</u> s if g.p.s., state margin of error.		
<b>SITE EVALUATOR STATEMENT</b>			
I certify that on <u>6/17/13</u> (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 CMR 241).			
Signature: <u>David A. Kamila</u> Site Evaluator Signature		SE #: <u>185</u>	Date: <u>6/20/13</u>
Name: <u>DAVID A. KAMILA</u> Site Evaluator Name Printed		Telephone Number: <u>1-207-776-9093</u>	E-mail Address: <u>dkamila@maine.hhs.com</u>
Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.			