# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

## PROPERTY LOCATION

| | |
|---|---|
| City, Town, or Plantation | PORTLAND, PEAKS ISLAND |
| Street or Road | 109 SARGENT ROAD |
| Subdivision, Lot # | |

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): FOSTER III LAWRENCE C. ■ Owner ☐ Applicant

| | |
|---|---|
| Mailing Address of Owner/Applicant | Danielle Mulkern LPA Inc. 98 Island Ave Peaks Isl. ME 04108 |
| Daytime Tel. # | 221-3445 |

## >>CAUTION: LPI APPROVAL REQUIRED<<

Town/City _____ Permit #_____

Date Permit Issued __/__/__ Fee $ _____ Double Fee Charged [ ]

_____ LPI # _____

Local Plumbing Inspector Signature

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.

Municipal Tax Map # 09 Lot # 6042

### OWNER OR APPLICANT STATEMENT

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.

Danielle M. Mulkern 8/11/15
Signature of Owner/Applicant Date

LPA Inc.

### CAUTION: INSPECTION REQUIRED

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

_____ (1st) Date Approved

_____ Local Plumbing Inspector Signature _____ (2nd) Date Approved

## PERMIT INFORMATION

### TYPE OF APPLICATION

- ☐ 1. First Time System
- ■ 2. Replacement System
  - Type Replaced: UNKNOWN
  - Year Installed: UNKNOWN
- ■ 3. Expanded System
  - ■ a. <25% Expansion
  - ☐ b. >25% Expansion
- ☐ 4. Experimental System
- ☐ 5. Seasonal Conversion

### THIS APPLICATION REQUIRES

- ■ 1.No Rule Variance
- ☐ 2.First Time System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 3.Replacement System Variance
  - ☐ a. Local Plumbing Inspector Approval
  - ☐ b. State & Local Plumbing Inspector Approval
- ☐ 4.Minimum Lot Size Variance
- ☐ 5.Seasonal Conversion Permit

### DISPOSAL SYSTEM COMPONENTS

- ■ 1. Complete Non-Engineered System
- ☐ 2. Primitive System(graywater & alt toilet)
- ☐ 3. Alternative Toilet, specify: _____
- ☐ 4. Non-Engineered Treatment Tank (only)
- ☐ 5. Holding Tank, _____ gallons
- ☐ 6. Non-Engineered Disposal Field (only)
- ☐ 7. Separated Laundry System
- ☐ 8. Complete Engineered System(2000gpd+)
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: _____
- ☐ 12. Miscellaneous components

### SIZE OF PROPERTY

22,752 +/- ■ SQ. FT. ☐ ACRES

### DISPOSAL SYSTEM TO SERVE

- ■ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
- ☐ 2. Multiple Family Dwelling, No of Units: _____
- ☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ■ Year Round ☐ Undeveloped

### SHORELAND ZONING

☐ Yes ■ No

### TYPE OF WATER SUPPLY

☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
■ 4. Public ☐ 5. Other:

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

- ■ 1. Concrete
  - ■ a. Regular
  - OR ☐ b. Low Profile
- ■ 2. Plastic
- ☐ 3. Other: _____

CAPACITY: 1000 GAL.

### DISPOSAL FIELD TYPE & SIZE

- ☐ 1. Stone Bed ☐ 2. Stone Trench
- ■ 3. Proprietary Device
  - ☐ a. Cluster array ■ c. Linear
  - ■ b. Regular ☐ d. H-20 loaded
- ☐ 4. Other: _____

SIZE: 1008 ■ sq. ft. ☐ lin. ft.
21 ELJEN GSF UNITS

### GARBAGE DISPOSAL UNIT

■ 1. No ☐ 2. Yes ☐ 3. Maybe

If Yes or Maybe, specify one below:

- ☐ a. Multi-compartment tank
- ☐ b. _____ tanks in series
- ☐ c. Increase in tank capacity
- ☐ d. Filter on tank outlet

### DESIGN FLOW

360 gallons per day

BASED ON:

- ■ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

4 BEDROOMS AT 90 GALLONS PER DAY EACH

- ☐ 3. Section 4G (meter readings) ATTACH WATER-METER DATA

### SOIL DATA & DESIGN CLASS

PROFILE 5 / CONDITION B

at Observation Hole # TP 1

Depth _____ " of Most Limiting Soil Factor

### DISPOSAL FIELD SIZING

- ■ 1. Medium - 2.6 sq.ft./gpd
- ☐ 2. Medium-Large - 3.3 sq.ft./gpd
- ☐ 3. Large - 4.1 sq.ft./gpd
- ☐ 4. Extra-Large - 5.0 sq.ft./gpd

### RAISE PLUMBING AS NEEDED EFFLUENT/EJECTOR PUMP TO PROVIDE GRAVITY FLOW

- ☐ 1. Not required
- ■ 2. May be required
- ☐ 3. Required

Specify only for engineered systems:

DOSE: _____ gallons

### LATITUDE AND LONGITUDE

at center of disposal area

Lat. 43 d 40 m 00 s

Lon. 70 d 11 m 20 s

If g.p.a., state margin of error

## SITE EVALUATOR STATEMENT

I Certify that on 7/30/15 (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).

Albert Frick 163 8/3/2015
Site Evaluator Signature SE # Date

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