

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<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	37 MAGGI ROAD	Date Permit Issued ___ / ___ / ___	Fee \$ _____
Subdivision, Lot #			Double Fee Charged [ ]
<b>OWNER/APPLICANT INFORMATION</b>		LPI # _____	
Name (last, first, MI) <input checked="" type="checkbox"/> Owner <b>KLOSTERIDIS BASIL &amp; MARLEEN</b> <input type="checkbox"/> Applicant		Local Plumbing Inspector Signature _____	
Mailing Address of Owner/Applicant	LIONEL PLANTE ASSOCIATES 98 ISLAND AVENUE PEAKS ISLAND, ME 04108	The Subsurface Wastewater Disposal System <i>shall not</i> 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.	
Daytime Tel. #	766-2508		
		Municipal Tax Map # <u>91</u>	Lot # <u>K1 1-1</u>

<p style="text-align: center;"><b>OWNER OR APPLICANT STATEMENT</b></p> <p>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.</p> <p><i>Daniel M. Mulken</i>      10/26/15 Signature of Owner/Applicant      Date LPA INC</p>	<p style="text-align: center;"><b>CAUTION: INSPECTION REQUIRED</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p style="text-align: right;">_____ (1st) Date Approved</p> <p style="text-align: right;">_____ Local Plumbing Inspector Signature      (2nd) Date Approved</p>
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PERMIT INFORMATION		
<p><b>TYPE OF APPLICATION</b></p> <p><input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>UNKNOWN</u> Year Installed: <u>PRE-1974</u></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. &lt;25% Expansion <input type="checkbox"/> b. &gt;25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p><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 &amp; 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 &amp; Local Plumbing Inspector Approval <input type="checkbox"/> 4.Minimum Lot Size Variance <input type="checkbox"/> 5.Seasonal Conversion Permit</p>	<p><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p><input checked="" type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System(graywater &amp; 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(2000gpd+) <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</p>
<p><b>SIZE OF PROPERTY</b></p> <p><u>0.55</u>      <input type="checkbox"/> SQ. FT.                   <input checked="" type="checkbox"/> ACRES</p>	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p><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)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><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: _____</p>
<p><b>SHORELAND ZONING</b></p> <p><input type="checkbox"/> Yes      <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <p><input checked="" type="checkbox"/> 1. Concrete <input checked="" 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.</p>	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array    <input checked="" type="checkbox"/> c.Linear <input checked="" type="checkbox"/> b. Regular      <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: <u>1008</u> sq. ft.    <input type="checkbox"/> lin. ft. <u>21 ELJEN GSF UNITS</u></p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p><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</p>	<p><b>DESIGN FLOW</b></p> <p><u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities</p> <p style="text-align: center;"><b>3 BEDROOMS AT 90 GALLONS PER DAY EACH= 270 GPD</b></p>
<p><b>SOIL DATA &amp; DESIGN CLASS</b></p> <p>PROFILE    CONDITION <u>S</u>      <u>B</u></p> <p>at Observation Hole # <u>TP 1</u> Depth _____" of Most Limiting Soil Factor</p>	<p><b>DISPOSAL FIELD SIZING</b></p> <p><input checked="" type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input 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</p>	<p><b>EFFLUENT/EJECTOR PUMP</b> SEE SEPTIC NOTE ON PAGE 3</p> <p><input type="checkbox"/> 1. Not required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: DOSE: _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA</p> <p><b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>43</u> d <u>40</u> m <u>10</u> s Lon. <u>70</u> d <u>11</u> m <u>16</u> s if g.p.s., state margin of error</p>

SITE EVALUATOR STATEMENT		
I Certify that on <u>10-14-15</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 (10-144A CMR 241).		
<i>Albert Frick</i> Site Evaluator Signature	163 SE #	<u>10/19/15</u> Date
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	ALBERT@ALBERTFRICK.COM E-mail Address
ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563		Page 1 of 3 HHE-200 Rev. 02/2011
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		