


92 FCC9

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required – Attach in Space Below &lt;&lt;</b>	
City, Town, or Plantation	PORTLAND		Municipal Tax Map # _____ Lot # _____
Street or Road	665 ISLAND AVE		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	MARKS, JEFFREY A.	Owner	Applicant
Mailing Address of	665 ISLAND AVE		
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	POAKS ISLAND H# 04102		
Daytime Tel. #	207-766-0066		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
I state 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 or Applicant _____		Local Plumbing Inspector Signature _____	
Date 9/7/04		(1st) Date Approved _____ (2nd) Date Approved _____	

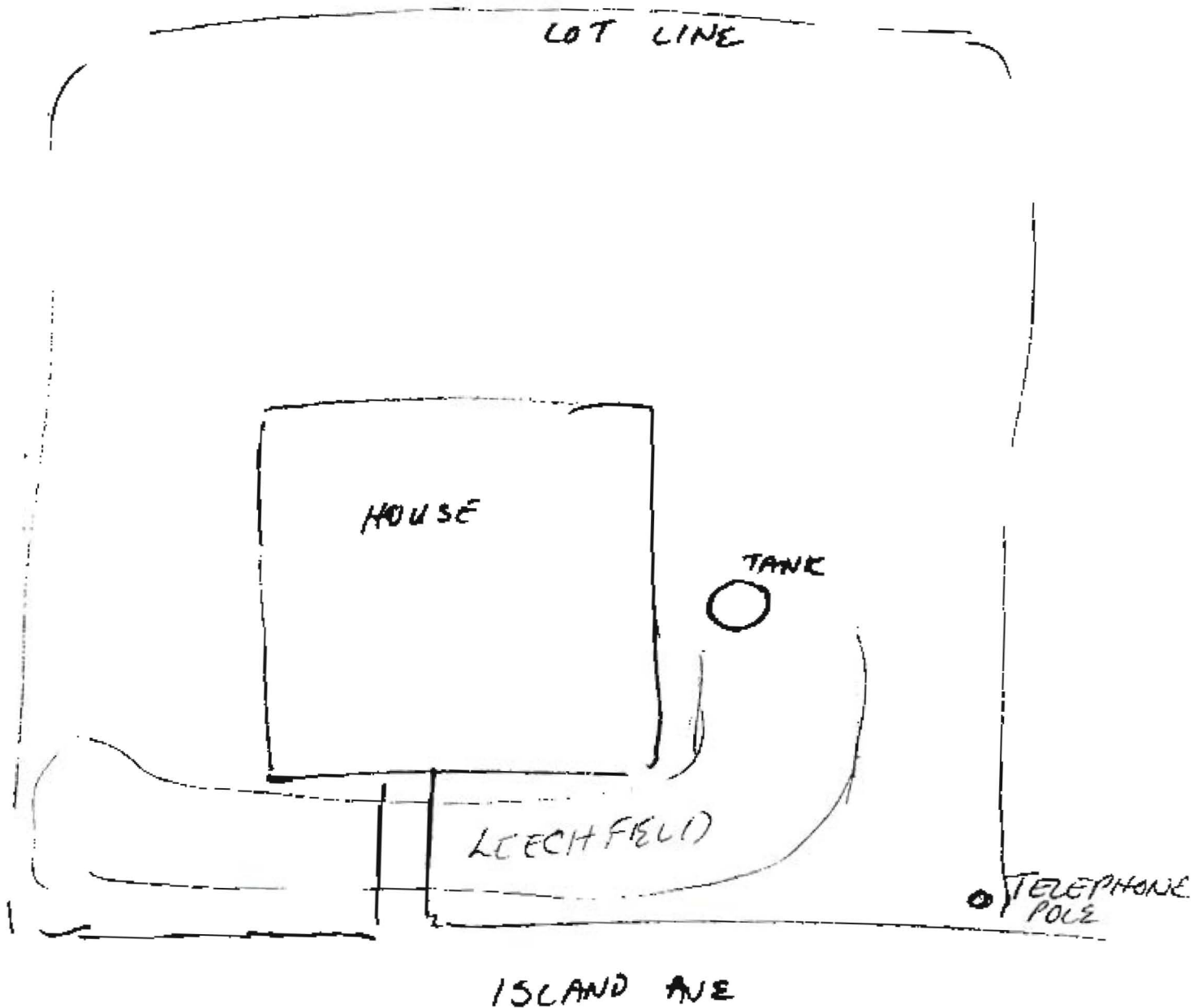
PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: 740 H Year Installed: 1979 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 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. 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 type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt 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 or more) 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 checked="" type="checkbox"/> Miscellaneous components 740 H
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
<input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	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: _____ SPECIFY _____	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: _____
<b>SHORELAND ZONING</b>		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: 1000 gallons	1. <input type="checkbox"/> Stone Bed 2. <input checked="" type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: _____ sq. ft. <input type="checkbox"/> lin. ft.	1. <input 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	_____ gallons per day BASED ON: 1. <input 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 SIZING</b>	<b>PUMPING</b>	
PROFILE CONDITION DESIGN _____ at Observation Hole # _____ Depth _____ Elevation _____ OF MOST LIMITING SOIL FACTOR _____	1. <input checked="" type="checkbox"/> Small – 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium – 2.6 sq. ft./gpd 3. <input 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 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 _____ (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).		
Site Evaluator Signature _____	SE # _____	Date _____
Site Evaluator Name Printed _____	Telephone # _____	

TITLE: SUBSURFACE PERMIT APPLICATION  
 RE: 665 ISLAND AVE. 766-0066 JEFFERY + ROYANNE  
 SUBSURFACE PERMIT APPLICATION MARK S

(ALSO ATTACHED FOR REFERENCE: DRAWING FROM 1994 SALE AGREEMENT)



> 20 FEET FROM TELEPHONE POLE TO TANK  
 EXISTING TANK IS 3 TO 4 FEET FROM HOUSE  
 LEECH FIELD IS IN EXCELLENT CONDITION - 3 TO 4 INCH CRUSHED  
 ROCK W/ 4 IN. SCHEDULED SCC 20 PERFORATED PIPE.  
 FIELD IS APPROX 100-110 FEET IN LENGTH  
 PLAN TO REPLACE RUSTED TANK ONLY



**CITY OF PORTLAND, MAINE**  
Department of Building Inspections

Sept 9 20 04

Received from ROXANNE ELARKIS

Location of Work 6605 Island Ave

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 100.00 + 10.00

Building (I1) \_\_\_ Plumbing (I5) \_\_\_ Electrical (I2) \_\_\_ Site Plan (U2) \_\_\_

Other Subsurface

CBL: 92 FCC9

Check #: \_\_\_\_\_

Total Collected \$ 110.00  
Cash

**THIS IS NOT A PERMIT**

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy  
YELLOW - Office Copy  
PINK - Permit Copy

Donna