

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3185

PROPERTY LOCATION		>>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	
Street or Road	67 KNICKERBOCKER LANE	

OWNER/APPLICANT INFORMATION		The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE 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)	<input checked="" type="checkbox"/> Owner BATES ARNOLD & JEAN <input type="checkbox"/> Applicant	
Mailing Address of Owner	232 LIBERTY LANE MELBOURNE BEACH, FL 32951	
Daytime Tel. #		

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.	CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
<i>David M. Mulken / LPA Inc. 8/12/11</i> Signature of Owner/Applicant	Local Plumbing Inspector Signature
Date	(1st) Date Approved
	(2nd) Date Approved

PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>500 GAL. STEEL</u> Year Installed: <u>1978 +/-</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	THIS APPLICATION REQUIRES (EXISTING LEGAL DEED EASEMENT) <input checked="" 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 type="checkbox"/> 3. Replacement System Variance <input 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	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-Engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" 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
SIZE OF PROPERTY 2,570 <input checked="" type="checkbox"/> SQ. FT. (DWELLING LOT) <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</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	TYPE OF WATER SUPPLY <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: <u>SEASONAL</u>
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: <u>N/A</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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 checked="" type="checkbox"/> d. Filter on tank outlet (RECOMMENDED)	DESIGN FLOW <u>180</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 2 BEDROOMS AT 90 GALLONS PER DAY EACH <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>40</u> m <u>23 32</u> s Lon. <u>W70</u> d <u>11</u> m <u>3 28</u> s if g.p.s., state margin of error
SOIL DATA & DESIGN CLASS PROFILE CONDITION _____ at Observation Hole # <u>N/A</u> Depth _____ of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <u>N/A</u> <input 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	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: EXISTING SEWAGE DOSE: _____ gallons EJECTOR PUMP	

SITE EVALUATOR STATEMENT		
I Certify that on <u>8/9/2011</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	63 SE #	<u>8/11/2011</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
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		HHE-200 Rev. 02/2011

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Maine Department of Human Services
 Division of Health Engineering, Station 10 SHS
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND, PEAKS ISLAND

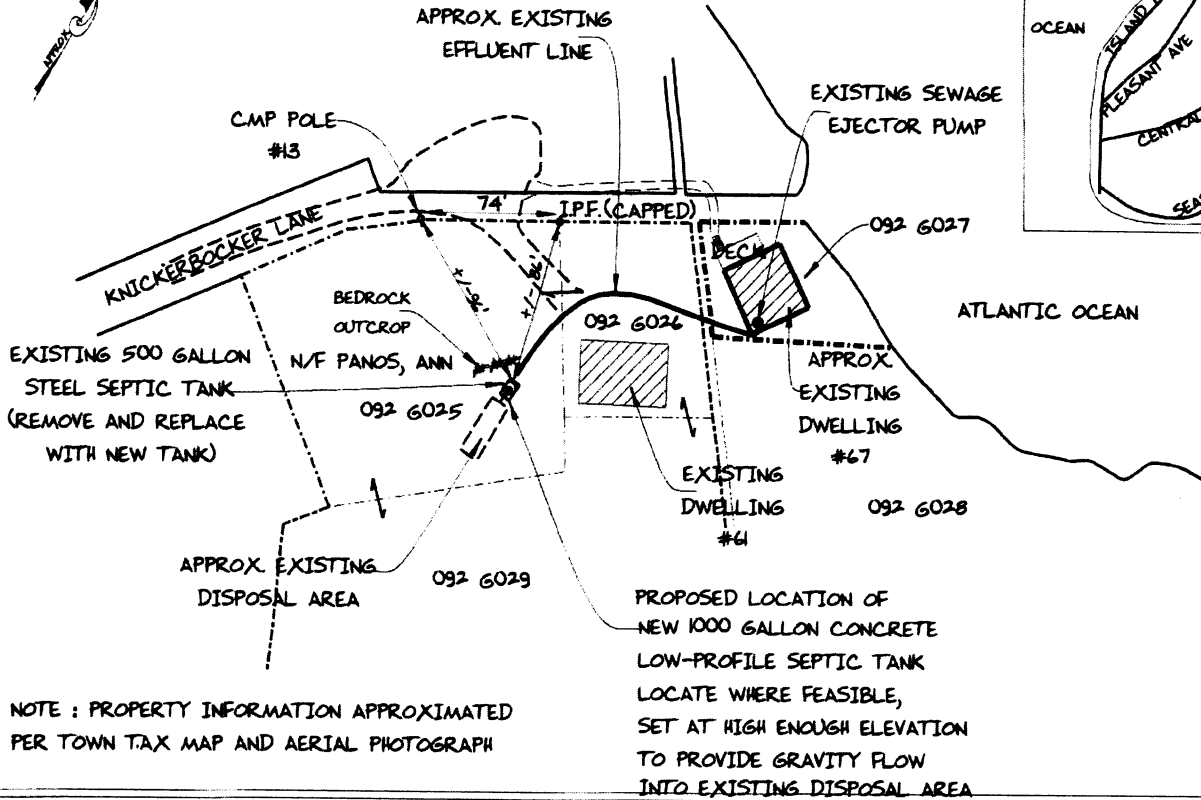
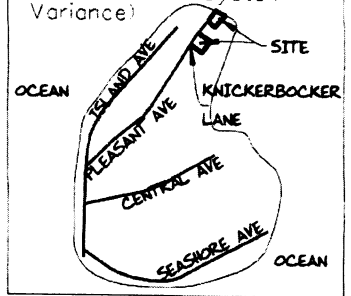
Street, Road Subdivision
67 KNICKERBOCKER LANE

Owner's Name
ARNOLD & JEAN BATES

SITE PLAN

Scale 1" = 100 Ft.
 or as shown

SITE LOCATION PLAN
 (Attach Map from Maine Atlas for New System Variance)



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole N/A Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification _____ Slope _____ Limiting Factor Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Profile _____ Condition _____

Observation Hole _____ Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
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30			
40			
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Soil Classification _____ Slope _____ Limiting Factor Ground Water
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Profile _____ Condition _____

Albert Frick
 Site Evaluator Signature

63
 SF

8/11/2011
 Date