

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION		State Department of Health Services Division of Environmental Health Services 1200 State Street, Portland, ME 04103	
PROPERTY LOCATION		Caution: Form Required - Attach in Space Below	
City, Town, or Plantation	PORTLAND, PEAKS ISLAND	PORTLAND	PERMIT # 939E TOWN COPY
Street or Road	8 WOODS ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		Date Permit Issued: 5/18/05	1/10/09
Name (Last, First, MI)	MASSON DAVID Owner	Local Plumbing Inspector Signature: [Signature]	
Mailing Address of Owner/Applicant	8 WOODS ROAD PEAKS ISLAND, ME 0406	L.P.I. # 0680	
Daytime Tel. #	766-5004	Municipal Tax Map # 92	Lot # 42
Owner or Applicant Statement		Costs of Inspections Required	
I hereby and acknowledge that the information furnished in connection with this application is true and correct to the best of my knowledge and understanding and that any falsification is cause 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.	
[Signature] 4/29/05		[Signature] 6/8/05	

TYPE OF APPLICATION			THIS APPLICATION REQUIRES EASEMENT ONTO ADJACENT PROPERTY			DISPOSAL SYSTEM COMPONENTS		
1. <input type="checkbox"/> First Time System	2. <input checked="" type="checkbox"/> Replacement System	Type Replaces: <u>On-Base Tank</u>	1. <input type="checkbox"/> No Rule Variance	2. <input type="checkbox"/> First Time System Variance	3. <input type="checkbox"/> Local Plumbing Inspector Approval	1. <input checked="" type="checkbox"/> Complete Non-Engineered System	2. <input type="checkbox"/> Primitive System (graywater & all toilet)	3. <input type="checkbox"/> Alternative Toilet, specify:
Year Installed: <u>2004</u>	3. <input type="checkbox"/> Expansion System	a. <input type="checkbox"/> Minor Expansion	b. <input type="checkbox"/> State & Local Plumbing Inspector Approval	3. <input type="checkbox"/> Replacement System Variance	a. <input checked="" type="checkbox"/> Local Plumbing Inspector Approval	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)
4. <input type="checkbox"/> Experimental System	b. <input type="checkbox"/> Major Expansion	4. <input type="checkbox"/> Minimum Lot Size Variance	5. <input type="checkbox"/> Seasonal Conversion Approval	5. <input type="checkbox"/> Seasonal Conversion Approval		7. <input type="checkbox"/> Separated Laundry System	8. <input type="checkbox"/> Complete Engineered System (2000 gpd)	9. <input type="checkbox"/> Engineered Treatment Tank (only)
5. <input type="checkbox"/> Seasonal Conversion						10. <input type="checkbox"/> Engineered Disposal Field (only)	11. <input type="checkbox"/> Pre-treatment, specify	12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY			DISPOSAL SYSTEM TO SERVE			SEASONAL TYPE OF WATER SUPPLY		
<input type="checkbox"/> sq. ft. <input type="checkbox"/> acres			1. <input checked="" type="checkbox"/> Single Family Dwelling, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____			1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Aug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____		
SHORELAND ZONING			SPECIFY					
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped					

TREATMENT TANK		DISPOSAL FIELD TYPE & SIZE		BARGE DISPOSAL UNIT		DESIGN FLOW	
1. <input checked="" type="checkbox"/> Concrete	a. <input type="checkbox"/> Regular	1. <input type="checkbox"/> Stone Bed	2. <input type="checkbox"/> Stone Trench	1. <input checked="" type="checkbox"/> No	3. <input type="checkbox"/> Maybe	270 gallons per day	
b. <input type="checkbox"/> Low Profile	2. <input type="checkbox"/> Plastic	3. <input checked="" type="checkbox"/> Proprietary Device	a. <input type="checkbox"/> Cluster array	2. <input type="checkbox"/> Yes >> Specify one below:		BASED ON:	
3. <input type="checkbox"/> Other: _____	CAPACITY: <u>1000</u> gallons	b. <input type="checkbox"/> Regular	d. <input type="checkbox"/> H-20 loaded	a. <input type="checkbox"/> Multi-compartment tank		1. <input checked="" type="checkbox"/> Table 501.1 (wastewater units)	
		4. <input type="checkbox"/> Other: _____	SIZE: <u>1008</u> <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	b. <input type="checkbox"/> _____ tanks - series		2. <input type="checkbox"/> Table 501.2 (other facilities)	
		2) ELJEN IN-DRAIN UNITS		c. <input type="checkbox"/> Increase in tank capacity		SHOW CALCULATIONS	
				d. <input type="checkbox"/> Filter on tank outlet		- for other facilities -	
SOIL DATA & DESIGN CLASS		DISPOSAL FIELD SIZING		PUMPING		3 BEDROOMS AT 90 GALLONS PER DAY EACH = 270 GPD	
PROFILE CONDITION DESIGN	<u>2</u> / <u>AC</u> / <u>4</u>	1. <input type="checkbox"/> Small - 2.0 sq.ft./gpd	2. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd	1. <input type="checkbox"/> Not required		3. <input type="checkbox"/> Section 503.0 (water reading)	
at Observation hole - <u>TB A</u>	Depth <u>14</u> "	3. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd	4. <input type="checkbox"/> Large - 4.1 sq.ft./gpd	2. <input type="checkbox"/> May be required		ATTACH WATER TEST DATA	
OF MOST LIMITING SOIL FACTOR		5. <input type="checkbox"/> Extra-large - 5.0 sq.ft./gpd		3. <input checked="" type="checkbox"/> Required >> Specify only for engineered or experimental systems:			

I certify that on 8/28/04 (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 043)

Site Evaluator Signature: Albert Frick SE # _____ Date: 9/15/2004

ALBERT FRICK
Site Evaluator Name Filled
ALBERT FRICK ASSOCIATES - 80A CANTON ROAD BEAD GORHAM, ME 04043 - (207) 638-6200
Major Changes to or deviations from the design should be confirmed with the Site Evaluator

ALBERT FRICK
Telephone Number
ALBERT FRICK ASSOCIATES
E-mail Address

