

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 66 SMS
(207) 287-5672 Fax: (207) 287-3185

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	Peaks Island, Portland	2005-6019 PORTLAND PERMIT # 9590 TOWN COPY Local Plumbing Inspector Signature: <i>[Signature]</i> L.P.L.# 0640 92 E 009 Municipal Tax Map # _____ Lot # _____	
Street or Road	380 Pleasant Avenue		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Axiotis, Chrissy <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	c/o George Blood 121 Pleasant Ave Peaks Island, ME, 04108		
Daytime Tel. #	766-5983		
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		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: <i>Chrissy Axiotis</i> Date: 9-26-05		Local Plumbing Inspector Signature: _____ (date approved)	

PERMIT INFORMATION		
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS
- 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Cesspool</u> Year installed: <u>7/1/1974</u> - 3. Expanded System - a. Minor Expansion - b. Major Expansion - 4. Experimental System - 5. Seasonal Conversion	- 1. No Rule Variance - 2. First Time System Variance - a. Local Plumbing Inspector Approval - b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance - a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector Approval - 4. Minimum Lot Size Variance - 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System - 2. Primitive System (graywater & aft. 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 (2000 gpd or more) - 9. Engineered Treatment Tank (only) - 10. Engineered Disposal Field (only) <input checked="" type="checkbox"/> 11. Pre-treatment, specify: <u>UXYPRD ATU 1,000</u> - 12. Miscellaneous Components (or equivalent)
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY
~23,000 X SQ. FT. ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> - 2. Multiple Family Dwelling, No. of Units: _____ - 3. Other: _____ (specify) Current Use - Seasonal <input checked="" type="checkbox"/> Year Round - Undeveloped	<input checked="" type="checkbox"/> 1. Drilled Well - 2. Dug Well - 3. Private - 4. Public - 5. Other
SHORELAND ZONING		
- Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular - b. Low Profile - 2. Plastic - 3. Other CAPACITY: <u>1,000 GAL</u>	- 1. Stone Bed - 2. Stone Trench - 3. Proprietary Device - a. cluster array - c. Linear - b. regular load - d. M-20 load <input checked="" type="checkbox"/> 4. Other <u>Drip Irrigation</u> SIZE: <u>450</u> X sq. ft. - sq. ft.	<input checked="" type="checkbox"/> 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	360 _____ gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) 2. Table 501.2 (other facilities) SHOW CALCULATIONS
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT REJECTOR	DEPT. OF BUILDING & CONSTRUCTION CITY OF PORTLAND, ME SEP 27 2005 RECEIVED
PROFILE CONDITION DESIGN <u>2, A/E, 5</u> at Observation Hole # <u>IP-1</u> Depth <u>0</u> of Most Limiting Soil Factor Groundwater	- 1. Small—2.0 sq. ft. / gpd - 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd - 4. Large—4.1 sq. ft. / gpd - 5. Extra Large—5.0 sq. ft. / gpd	- 1. Not Required - 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems. DOSE: _____ gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>Sept. 17, 2005</u> (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).		
Signature: <i>Andrew Gobeil</i> Site Evaluator Signature	#370 SE #	9/18/2005 Date
Andrew Gobeil Site Evaluator Name Printed	657-7391 Telephone Number	E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

Cash

