
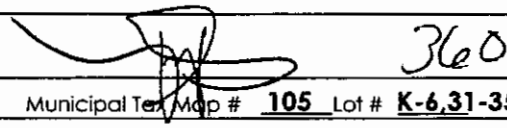


2 Birchwood

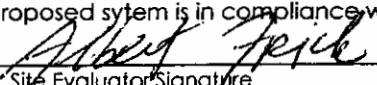
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>>CAUTION	# 117149	BELOW<<
City, Town, or Plantation	PORTLAND, LITTLE DIAMOND ISLAND			
Street or Road	2 BIRCHWOOD AVENUE			
Subdivision, Lot #		The Subsurfac		led until a
OWNER/APPLICANT INFORMATION		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)	HARRISON JAMES	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	36 STONYBROOK ROAD CAPE ELIZABETH, ME 04107			
Daytime Tel. #				
		Municipal Tax Map # 105	Lot # K-6,31-35 & K-25	

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.
 Signature of Owner/Applicant	 Local Plumbing Inspector Signature
Date: 7/22/11	(1st) Date Approved: _____ (2nd) Date Approved: _____

PERMIT INFORMATION		
TYPE OF APPLICATION N/A <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <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 <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 0.32+/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <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 type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 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: _____ sq. ft. <input type="checkbox"/> in. ft. N/A	DISPOSAL UNIT <input 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 N/A	DESIGN FLOW 270 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 SINGLE-FAMILY DWELLING 3 BEDROOMS AT 90 GPD EACH
SOIL DATA & DESIGN CLASS PROFILE CONDITION N/A / N/A at Observation Hole # N/A Depth N/A of Most Limiting Soil Factor	DISPOSAL FIELD SIZING N/A <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 N/A <input type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 43 d 39 m 53 s Lon. 70 d 12 m 32 s If g.p.s., state margin of error

SITE EVALUATOR STATEMENT		
I Certify that on 6-22-11 (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-A 44A CMR 241).		
 *Site Evaluator Signature	163 SE #	7/8/2011 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 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator		

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation PORTLAND, LITTLE DIAMOND ISLAND	Street, Road Subdivision 2 BIRCHWOOD AVENUE	Owner's Name JAMES HARRISON
SITE PLAN Scale 1" = <u>50</u> 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 _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring _____ " Depth of Organic Horizon Above Mineral Soil	Observation Hole _____ <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring _____ " Depth of Organic Horizon Above Mineral Soil																																																								
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Albert Frick

Site Evaluator Signature

163
SE #

7/8/2011

Date