

NOTE: THESE NEW HME 200 FORMS ARE AN UPDATE OF THE ORIGINAL DESIGN IN 1988 AND WERE PREPARED AND "DESIGNED" BY NORMAN V. THURDEL Norman V. Thurdel 423101

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-8972 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	PORTLAND CUSHINGS ISLAND	PORTLAND 7610 TOWN COPY Date Forfeited: 13 12 10 11 \$ 110101010 <input type="checkbox"/> Double Fee FEE Charged Local Plumbing Inspector Signature: L.P.L.R. 2/24/01	
Street or Road	OTTAWA AVENUE		
Subdivision, Lot #	TAX MAP 106A BLOCK A LOT 2		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	BOND CHRISTOPHER <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant		
Mailing Address of	207 OCEAN HOUSE ROAD CAPE ELIZABETH, ME 04107		
Daytime Tel. #	791-5210	Municipal Tax Map # 106A Lot # 2 BLOCK A	
Owner or Applicant Statement		Caution: Inspections Required	
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: <i>[Signature]</i> Date: 2/24/01		Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____	

TYPE OF APPLICATION		THIS APPLICATION REQUIRES		DISPOSAL SYSTEM COMPONENT(S)	
1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 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 checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & silt 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 type="checkbox"/> Miscellaneous components	
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE		TYPE OF WATER SUPPLY	
48,062 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres		1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 4		1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private	
SHORELAND ZONING		2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____		4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT	DESIGN FLOW
1. <input checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input checked="" 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 type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Unseal b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE: 968 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 22 INFILTRATION CHAMBERS	1. <input checked="" 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	360 gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities -
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	PUMPING	
PROFILE CONDITION DESIGN: 4 / A / III at Observation Hole # 2 Depth 23" Elevation _____ OF MOST LIMITING SOIL FACTOR	1. <input type="checkbox"/> Small - 2.0 sq. ft./gpd 2. <input checked="" 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 checked="" 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 9/13/89 (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).

William B. Goodwin SE # 3 Date 2/24/2001

Site Evaluator Signature Telephone # 712-6170

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110.00
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