

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation: PORTLAND (CUSHING ISLAND)

Street or Road: 58 OTTAWA AVENUE

Subdivision, Lot #

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MESERVE WILLIAM Owner Applicant

Mailing Address of Owner: 11 CABOT STREET WINCHESTER, MA 01890

Daytime Tel. #: (781) 729-4694

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City _____ Permit # _____

Date Permit Issued / / Fee \$ _____ Double Fee Charged []

LPI # _____

Local Plumbing Inspector Signature _____

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is issued 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.

Municipal Tax Map # 106A Lot # C-10

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.

William Meserve 10/10/2014
Signature of Owner/Applicant Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

OCT 10 2014

Dept. of Building Inspections
City of Portland, Maine

(1st) Date Approved _____
(2nd) Date Approved _____

pammese44@verizon.net **PERMIT INFORMATION**

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
Type Replaced: CESSPOOL
Year Installed: PRE-1974

3. Expanded System
 a. <25% Expansion
 b. >25% Expansion
 4. Experimental System
 5. Seasonal Conversion

SIZE OF PROPERTY

+/- 0.726 SQ. FT. ACRES

SHORELAND ZONING

Yes No

THIS APPLICATION REQUIRES

1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 4
 2. Multiple Family Dwelling, No of Units: _____
 3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-Engineered System
 2. Primitive System (graywater & alt 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 (2000gpd+)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous components

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile (IF NECESSARY)
 2. Plastic
 3. Other: _____

CAPACITY: 1000 GAL.

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: 2 / AIII

at Observation Hole # TP 1
Depth 32 "
of Most Limiting Soil Factor

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. Cluster array c. Linear
 b. Regular d. H-20 loaded
 4. Other: _____

SIZE: 1344 sq. ft. lin. ft.
28 ELJEN 6SF UNITS

DISPOSAL FIELD SIZING

1. Medium - 2.6 sq.ft./gpd
 2. Medium-Large - 3.3 sq.ft./gpd
 3. Large - 4.1 sq.ft./gpd
 4. Extra-Large - 5.0 sq.ft./gpd

GARBAGE DISPOSAL UNIT

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

EFFLUENT/EJECTOR PUMP

1. Not required (SEE NOTE ON PAGE 3)
 2. May be required
 3. Required

Specify only for engineered systems:
DOSE: _____ gallons

DESIGN FLOW

360 gallons per day
BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

4 BEDROOMS AT 90 GALLONS PER DAY EACH

3. Section 4G (meter readings)
ATTACH WATER-METER DATA

LATITUDE AND LONGITUDE
at center of disposal area
Lat. N 43 d 38 m 2832 s
Lon. W 70 d 12 m 2023 s
if g.p.s., state margin of error

SITE EVALUATOR STATEMENT

I certify that on 8-27-14 (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).

Albert Frick 163 9/25/2014
Site Evaluator Signature SE # Date

ALBERT FRICK (207) 839-5563 ALBERT@ALBERTFRICK.COM
Site Evaluator Name Printed Telephone Number 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

Page 1 of 3
HHE-200 Rev. 02/2011