SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

RESURGAM CITY OF PORTLAND, MAINE

Reviewed for Code Compliance
Inspections Division
Approved with Conditions

PROPERTY LOCATION

City, Town, or Plantation	PORTLAND (CUSHING ISLAND)
Street or Road	58 OTTAWA AVENUE
Subdivision, Lot #	106A C010001

>>CAUTION: LPI APPROVAL

Town/City PORTLAND Perr

Date Permit Issued __/__/__ Fee $ 265.00

Local Plumbing Inspector Signature Date: 10/14/14

OWNER/APPLICANT INFORMATION

Name (last, first, MI) MESERVE WILLIAM ■ Owner ☐ Applicant

Mailing Address of Owner/[redacted] 11 CABOT STREET WINCHESTER, MA. 01890

Daytime Tel. # (781)729-4694

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

CAUTION! INSPECTION REQUIRED

RECEIVED
OCT 10 2014
Dept. of Building Inspections
City of Portland Maine

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

(1st) Date Approved

Local Plumbing Inspector Signature (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

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 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

SIZE OF PROPERTY

+/- 0.726 ☐ SQ. FT. ■ ACRES

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

SHORELAND ZONING

☐ Yes ■ No

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.

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 GSF UNITS

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

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

SOIL DATA & DESIGN CLASS

PROFILE 2 / CONDITION AIII
at Observation Hole # TP 1
Depth 32 "
of Most Limiting Soil Factor

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

EFFLUENT/EJECTOR PUMP

☐ 1. Not required (SEE NOTE ON PAGE 3)
■ 2. May be required
☐ 3. Required
Specify only for engineered systems:
DOSE: ____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. N 43 d 38 m 28.32 s
Lon. W 70 d 12 m 20.23 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 sytem 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
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