

Amended Permit

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 #:

>>CAUTION: LPI APPROVAL REQUIRED<<

Town/City _____ Permit # _____

Date Permit Issued ___/___/___ Fee \$ _____ Double Fee Charged ()

Local Plumbing Inspector Signature _____ LPI # _____

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**

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 J. Meserve
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.

Local Plumbing Inspector Signature _____ (1st) Date Approved _____
Local Plumbing Inspector Signature _____ (2nd) Date Approved _____

pammese 44@verizon.net PERMIT INFORMATION *pammese 44@verizon.net*

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type Replaced: CESSPOOL Year Installed: PRE-1974</p> <p><input type="checkbox"/> 3. Expanded System</p> <p><input type="checkbox"/> a. <25% Expansion</p> <p><input type="checkbox"/> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input checked="" type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 3. Replacement System Variance</p> <p><input type="checkbox"/> a. Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-Engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater & alt toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input type="checkbox"/> 6. Non-Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000gpd+)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input type="checkbox"/> 12. Miscellaneous components</p>
<p>SIZE OF PROPERTY</p> <p>+/- 0.726 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4</p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____</p> <p><input type="checkbox"/> 3. Other: _____ (specify)</p> <p>Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete</p> <p><input type="checkbox"/> a. Regular</p> <p><input checked="" type="checkbox"/> b. Low Profile (IF NECESSARY)</p> <p><input type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: _____</p> <p>CAPACITY: 2-1000 GAL. IN SERIES</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input checked="" type="checkbox"/> 3. Proprietary Device</p> <p><input type="checkbox"/> a. Cluster array <input checked="" type="checkbox"/> c. Linear</p> <p><input checked="" type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE: 1680 sq. ft. <input type="checkbox"/> lin. ft.</p> <p>35 ELJEN 6SF UNITS</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. Multi-compartment tank</p> <p><input checked="" type="checkbox"/> b. 2 tanks in series</p> <p><input type="checkbox"/> c. Increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on tank outlet</p>	<p>DESIGN FLOW</p> <p>360 gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS for other facilities</p> <p>4 BEDROOMS AT 90 GALLONS PER DAY EACH</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION: 2 / AIII</p> <p>at Observation Hole # TP 1</p> <p>Depth 32 "</p> <p>of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd</p> <p><input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./gpd</p> <p><input type="checkbox"/> 3. Large - 4.1 sq.ft./gpd</p> <p><input type="checkbox"/> 4. Extra-Large - 5.0 sq.ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not required (SEE NOTE ON PAGE 3)</p> <p><input checked="" type="checkbox"/> 2. May be required</p> <p><input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems:</p> <p>DOSE: _____ gallons</p>	<p>LATITUDE AND LONGITUDE</p> <p>at center of disposal area</p> <p>Lat. N 43 d 38 m 28.32 s</p> <p>Lon. W 70 d 12 m 20.23 s</p> <p>If g.p.s., state margin of error</p>

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).

Site Evaluator Signature: *Albert Frick* SE # **163** Date: **10/9/2014**

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

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