

Appendix C  
**Onsite Wastewater Disposal System – Local Review and Verification Form**

This form is to be used by Health Inspection Program license applicants to demonstrate that their facility has adequate wastewater disposal system capacity for the use proposed. This form must be presented to the Local Plumbing Inspector of the municipality where the facility is located for review and approval of wastewater disposal system capacity.

**Health Inspection Program – Onsite Wastewater Disposal System  
Local Review and Approval Form – HHE-602 Appendix C**

To be completed by the owner/applicant:

Date: May 3, 2018

Facility Name: Cliff Island Community Center

Facility Physical Address: 11 Sunset Rd

Facility ☐ Owner ☒ Operator: Portland Public Schools Food Service

Telephone: 874-8231 E-Mail: mclucjo@portlandschools.org

Mailing Address if different from address above: 353 Cumberland Ave, Portland ME 04101

1. Check all boxes that apply: Are you proposing ☐ new construction ☐ remodeling ☐ ownership change ☒ change in use ☐ increased use or ☐ other? Specify: Serve school meals
2. Please describe the proposed use or proposed change in existing use for this property:
  - a. Prior use as licensed: community center (for example, "a take out with no seats", "a 40 site camp ground" or "not previously licensed");
  - b. Proposed use: serve school meals (for example, "40 seat restaurant", "a 30 unit motel" or "no change in use").
  - c. Are you a new owner of the establishment (please circle)? Yes ☐ No ☒

Please have the Local Plumbing Inspector at your town office verify that he/she has reviewed your proposal and has determined that: **A) the existing wastewater disposal system has the capacity required for your proposal or B) you have had a new or expanded wastewater disposal system designed that will meet the requirements for proper wastewater disposal. Uses that increase wastewater disposal system design flows by more than 25%, including prior unapproved increases, must be installed at the time of expansion or change of ownership as required in Section 9 of the Maine Subsurface Wastewater Disposal Rules.**

**Please include this completed form with your license application.**

(To request a record search for difficult to find permits please visit [www.mainepublichealth.gov/septic-systems](http://www.mainepublichealth.gov/septic-systems))

**To be completed by the Local Plumbing Inspector:** I, Jeanie Bourke, the undersigned, have reviewed the proposal for the subject property and find that the property is either served by an existing wastewater disposal system that meets the design requirements for the proposed use or the applicant has submitted an application for an expanded system design (and installation if required by the Expansion section of the Rules) that meets the design requirements of the Rules and any relevant local ordinances for a:

School Enrollment 2017-18 = 3 students & 1 staff

**MANDATORY: LPI please write in number of indoor/outdoor seats, rooms, campers and/or sites**

Jeanie Bourke #732  
LPI Signature

6/11/18  
Date