

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

>> CAUTION: LPI APPROVAL REQUIRED <<

PROPERTY LOCATION

City, Town, or Plantation: Portland, ME

Street or Road: Griffins' Lane, 18 Church St.

Subdivision, Lot # _____

Town/City _____ Permit # _____

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

Local Plumbing Inspector Signature _____ L.P.I. # _____

Owner Town State

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Swift, Kathleen Dixon Owner Applicant

Mailing Address of Owner/Applicant: 63 Pinnacle Rd
Lyme, NH 03768

Daytime Tel. # _____

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 # 109B Lot # F008001

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.

Signature of Owner or 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.

(1st) date approved _____

Local Plumbing Inspector Signature _____ (2nd) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System

Type replaced: OBD

Year installed: _____

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 (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: _____

12. Miscellaneous Components

SIZE OF PROPERTY

SQ. FT.

ACRES

SHORELAND ZONING

Yes No

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _____

2. Multiple Family Dwelling, No. of Units: 4

3. Other: _____ (specify)

Current Use Seasonal Year Round Undeveloped

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

2. Plastic

3. Other: _____

CAPACITY: 1,000 GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench

3. Proprietary Device

a. cluster array c. Linear

b. regular load d. H-20 load

4. Other: _____

SIZE: _____ sq. ft. lin. ft.

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

_____ gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: N/A

at Observation Hole # _____

Depth _____

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

2. May Be Required

3. Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

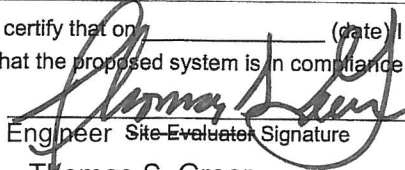
Lat. _____ d _____ m _____ s

Lon. _____ d _____ m _____ s

if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _____ (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).


Engineer Site Evaluator Signature

Thomas S. Greer
Engineer Site Evaluator Name Printed

4206 PE # SE# 9/18/14 Date

207-781-5242 Telephone Number

tgreer@pinkhamandgreer.com E-mail Address

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

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Department of Human Services
 Division of Health Engineering
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

Portland, Maine

Griffins' Lane, 18 Church St.

Swift, Kathleen Dixon

SITE PLAN

Scale 1" = _____ ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)

See attached plan. The project replaces the existing Overboard Discharges to the Cliff Island Community Septic System. This is for Tanks Only

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
	0			
10				
20				
30				
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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Thomas S. King
 Site Evaluator Signature
 Engineer

4206
 PE # SE#

9/18/14
 Date

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SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

N/A

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) _____

Finished Grade Elevation _____

Location & Description:

Depth of Fill (Downslope) _____

Top of Distribution Pipe or Proprietary Device _____

Reference Elevation: _____

Bottom of Disposal Area _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

N/A

Site Evaluator Signature
Engineer

PE # 4206 SE #

Date 9/13/19