

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation: **Cliff Island (Portland)**

Street or Road: **67 Church Road**

Subdivision, Lot #: **109B F020**

CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW

The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE 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.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **Weld, Susanna Linzee** Owner Applicant

Mailing Address of ~~Owner~~ Applicant: **Robert Howard**
PO Box 35, Cliff Island, ME 04019

Daytime Tel. #: **766-2850 bob@cliffisland.com**

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

Date

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

1/23/14
Date

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System

2. Replacement System
Type replaced: overboard disch.
Year installed: _____

3. Expanded System
 a. <25% Expansion
 b. >25% Expansion

4. Experimental System

5. Seasonal Conversion

SIZE OF PROPERTY

21,000 +- 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

3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 2

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 (2000 gpd or more)

9. Engineered Treatment Tank (only)

10. Engineered Disposal Field (only)

11. Pre-treatment, specify: OxyPro or Equiv.

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

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 load d. H-20 load

4. Other: _____

SIZE: 220 sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe

If Yes of Maybe, specify one below:

a. multi-compartment tank

b. ___ tanks in series

c. increase in tank capacity

d. Filter on Tank Outlet

DESIGN FLOW

233 gallons per day

BASED ON:

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

2. Table 4C (other facilities)

SHOW CALCULATIONS
— for other facilities —

SOIL DATA

PROFILE CONDITION: 2 / AIII /

at Observation Hole # TP-1

Depth 18"

of Most Limiting Soil Factor

Bedrock

DISPOSAL FIELD SIZING

1. Small—1.6 sq. ft. / gpd

2. Medium—2.6 sq. ft. / gpd

3. Medium—Large 3.3 sq. ft. / gpd

4. Large—4.1 sq. ft. / gpd

5. 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

3. Section 4G (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area

Lat. N43 d 41 m 43.00 s

Lon. W70 d 06 m 18.79 s

if g.p.s. state margin of error: 20'

SITE EVALUATOR STATEMENT

I certify that on 10-15-08 (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).

Site Evaluator Signature

Richard A. Sweet
Site Evaluator Name Printed

034
SE #

01/02/2014
Date

797-2110
Telephone Number

dick@sweetassociates.com
Email Address

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

Designed with SeptiCAD
HHE-200 Rev 8/2011



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Jeff Levine, AICP, Director
Director of Planning and Urban Development

Tammy Munson
Director, Inspections Division

Electronic Signature and Fee Payment Confirmation

Notice: Your electronic signature is considered a legal signature per state law.

By digitally signing the attached document(s), you are signifying your understanding this is a legal document and your electronic signature is considered a **legal signature** per Maine state law. You are also signifying your intent on paying your fees by the opportunities below.

I, the undersigned, intend and acknowledge that no permit application can be reviewed until payment of appropriate permit fees are **paid in full** to the Inspections Office, City of Portland Maine by method noted below:



Within 24-48 hours, once my complete permit application and corresponding paperwork has been electronically delivered, I intend to **call the Inspections Office** at 207-874-8703 and speak to an administrative representative and provide a credit/debit card over the phone.



Within 24-48 hours, once my permit application and corresponding paperwork has been electronically delivered, I intend to **hand deliver** a payment method to the Inspections Office, Room 315, Portland City Hall.



I intend to deliver a payment method through the U.S. Postal Service mail once my permit paperwork has been electronically delivered.

Applicant Signature:

Date: 1/23/14

I have provided digital copies and sent them on:

Date: 1/23/14

NOTE: All electronic paperwork must be delivered to buildinginspections@portlandmaine.gov or by physical means ie; a thumb drive or CD to the office.

Room 315 - 389 Congress Street- Portland, Maine 04101 (207) 874-8703 - Fax: 874-8716 - TTY: 874-8936