

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3185

**PROPERTY LOCATION** CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW

City, Town, or Plantation: **Cliff Island (Portland)**  
Street or Road: **67 Church Road**  
Subdivision, Lot #:

**PORTLAND** PERMIT # **11077 TOWN COPY**  
Date Permit Issued: **10/7/09** \$ **1100**  If Double Fee Charged  
**Thomas M. Mably** L.P.I. # **0744**  
Local Plumbing Inspector Signature

**OWNER/APPLICANT INFORMATION**  
Name (last, first, MI): **Weld, Susanna Linzee**  Owner  Applicant  
Mailing Address of Owner/Applicant:  
Daytime Tel. #:

**109 B F 20**  
Municipal Tax Map # \_\_\_\_\_ Lot # \_\_\_\_\_

**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.  
**J. M. Weld**  
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.  
**Thomas M. Mably**  
Local Plumbing Inspector Signature  
(1st) date approved: **9/24/15**  
(2nd) date approved:

**PERMIT INFORMATION**

**TYPE OF APPLICATION**  
 1. First Time System  
 2. Replacement System  
Type replaced: **overboard discharge**  
Year installed: \_\_\_\_\_  
 3. Expanded System  
 a. Minor Expansion  
 b. Major 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  
 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 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**  
 12. Miscellaneous Components

**SIZE OF PROPERTY**  
**21,000 +/-**  SQ. FT.  ACRES  
**SHORELAND ZONING**  
 Yes  No

**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

**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 501.1 (dwelling unit(s))  
 2. Table 501.1 (other facilities)  
SHOW CALCULATIONS  
— for other facilities —

**SOIL DATA & DESIGN CLASS**  
PROFILE CONDITION DESIGN  
**2 / All / 1**  
at Observation Hole # **TP-1**  
Depth **18"**  
of Most Limiting Soil Factor  
**Bedrock**

**DISPOSAL FIELD SIZING**  
 1. Small—2.0 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 503.0 (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).  
**Richard A. Sweet**  
Site Evaluator Signature  
**034** SE # **11/10/08** Date  
**Richard A. Sweet** Site Evaluator Name Printed **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. 4/05