

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 >> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	Portland (Cliff Island)	Town/City _____	Permit # _____
Street or Road	185 & 189 Church Road	Date Permit Issued ____/____/____	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		Local Plumbing Inspector Signature _____ L.P.I. # _____	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	Anderson, Norman	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
Mailing Address of Owner/Applicant	Robert Howard PO Box 35 Cliff Island, ME 04019		
Daytime Tel. #	207-766-2850	Municipal Tax Map # _____ Lot # _____	

<p>OWNER OR APPLICANT STATEMENT</p> <p>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.</p> <p><i>[Signature]</i> <u>1/21/14</u> Signature of Owner or Applicant Date</p>	<p>CAUTION: INSPECTION REQUIRED</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p>_____ Local Plumbing Inspector Signature</p> <p>(1st) date approved _____ (2nd) date approved _____</p>
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PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Overboard Dis</u> Year installed: _____</p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >= 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p>THIS APPLICATION REQUIRES</p> <p><input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input checked="" type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p>DISPOSAL SYSTEM COMPONENTS</p> <p><input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components</p>
<p>SIZE OF PROPERTY</p> <p>+ - 1.3 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>2 single family - 2 bedrooms each</u> (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p><input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p><input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input checked="" type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>2-1,000</u> GAL</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1,440</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. ___ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p><u>436</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS — for other facilities — 4 Bedr - 2 Bedr each house <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA</p>
<p>SOIL DATA</p> <p>PROFILE <u>2</u> CONDITION <u>AIII</u> at Observation Hole # <u>TP-1</u> Depth <u>36</u> " of Most Limiting Soil Factor <u>Bedrock</u></p>	<p>DISPOSAL FIELD SIZING</p> <p><input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. f.t / gpd <input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons</p>	<p>LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>41</u> m <u>55.85</u> s Lon. <u>W70</u> d <u>06</u> m <u>05.41</u> s if g.p.s. state margin of error: <u>20'</u></p>

SITE EVALUATOR STATEMENT

I certify that on 10-25-13 (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).

[Signature] 34 11/05/13
Site Evaluator Signature SE # Date

Richard A. Sweet (207) 797-2110 sweet@maine.rr.com
Site Evaluator Name Printed Telephone Number Email Address



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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: 1/21/2014

I have provided digital copies and sent them on:

Date: 1/21/2014

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