

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health - 11 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION		>>CAUTION: LPI APPROVAL REQUIRED<<	
City, Town, or Plantation	PORTLAND, HOUSE ISLAND	Town/City	Permit # _____
Street or Road	0 HOUSE ISLAND	Date Permit Issued	Fee \$ _____ Double Fee Charged []
Subdivision, Lot #	"HOUSE 2"	LPI # _____	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	MONA VINCENT	Local Plumbing Inspector Signature _____	
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	16 RUNNING TIDE ROAD CAPE ELIZABETH	The Subsurface Wastewater Disposal System <i>shall not</i> 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.	
Daytime Tel. #	240-246-4241		
		Municipal Tax Map #	Lot #
		110	A0001

<p style="text-align: center;">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>Nanette M. Mulken</i> 10/20/14 Signature of Owner/Applicant Date LPA INC.</p>	<p style="text-align: center;">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 style="text-align: right;">_____ (1st) Date Approved</p> <p style="text-align: right;">_____ Local Plumbing Inspector Signature (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: UNKNOWN Year Installed: UNKNOWN</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 checked="" 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 Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <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 (2000gpd+) <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>10.3 +/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES</p>	<p>DISPOSAL SYSTEM TO SERVE</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4 <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)</p> <p>Current Use <input checked="" type="checkbox"/> Seasonal <input 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>
<p>SHORELAND ZONING</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 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 checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: 1344 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. 28 ELJEN GSF UNITS</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>360 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</p> <p style="text-align: center;">4 BEDROOMS AT 90 GALLONS PER DAY EACH</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION 4 / B at Observation Hole # TP 2A Depth _____" of Most Limiting Soil Factor</p>	<p>DISPOSAL FIELD SIZING</p> <p><input checked="" type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./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>SEE SEPTIC TANK NOTE ON PAGE 3 <input type="checkbox"/> 1. Not required <input checked="" type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons</p>	<p>LATITUDE AND LONGITUDE at center of disposal area Lat. 43 d 39 m 16 s Lon. 70 d 12 m 28 s if g.p.s., state margin of error</p>

SITE EVALUATOR STATEMENT		
I certify that on 10/14 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).		
<p><i>Albert Frick</i> Site Evaluator Signature</p>	<p>163 SE #</p>	<p>10/10/14 Date</p>
ALBERT FRICK Site Evaluator Name Printed	(207) 839-5563 Telephone Number	ALBERT@ALBERTFRICK.COM E-mail Address

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Maine Department of Human Services
 Division of Health Engineering, Station 10 SHS
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
PORTLAND, HOUSE ISLAND

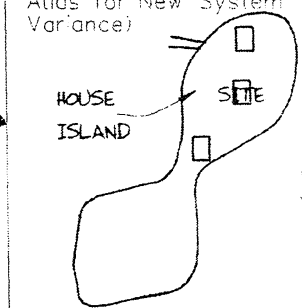
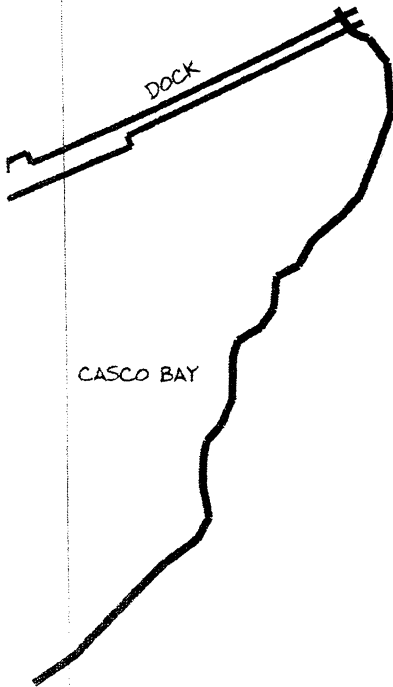
Street, Road, Subdivision
0 HOUSE ISLAND ("HOUSE 2")

Owner's Name
VINCENT MONA

SITE PLAN

Scale 1" = 100 Ft.
 or as shown

SITE LOCATION PLAN
 (Attach Map from Maine Atlas for New System Variance)



● DUG WELL

CASCO BAY

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

Observation Hole TP 2A Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0			DARK	
5	SANDY		BROWN	
10	LOAM			
15		FRIABLE	DARK	
20	LOAMY SAND		YELLOWISH BROWN	NONE EVIDENT
25				
30	LOAMY SAND & SAND		YELLOWISH BROWN	
35				
40				
45				
50	LIMIT OF EXCAVATION			

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
5				
10				
15				
20				
25				
30				
35				
40				
45				
50				

Soil Classification: 4 B
 Profile Condition Slope % Limiting Factor -
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification:
 Profile Condition Slope % Limiting Factor -
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Albert Fricker
 Site Evaluator Signature

163
 SE #

10/10/14
 Date

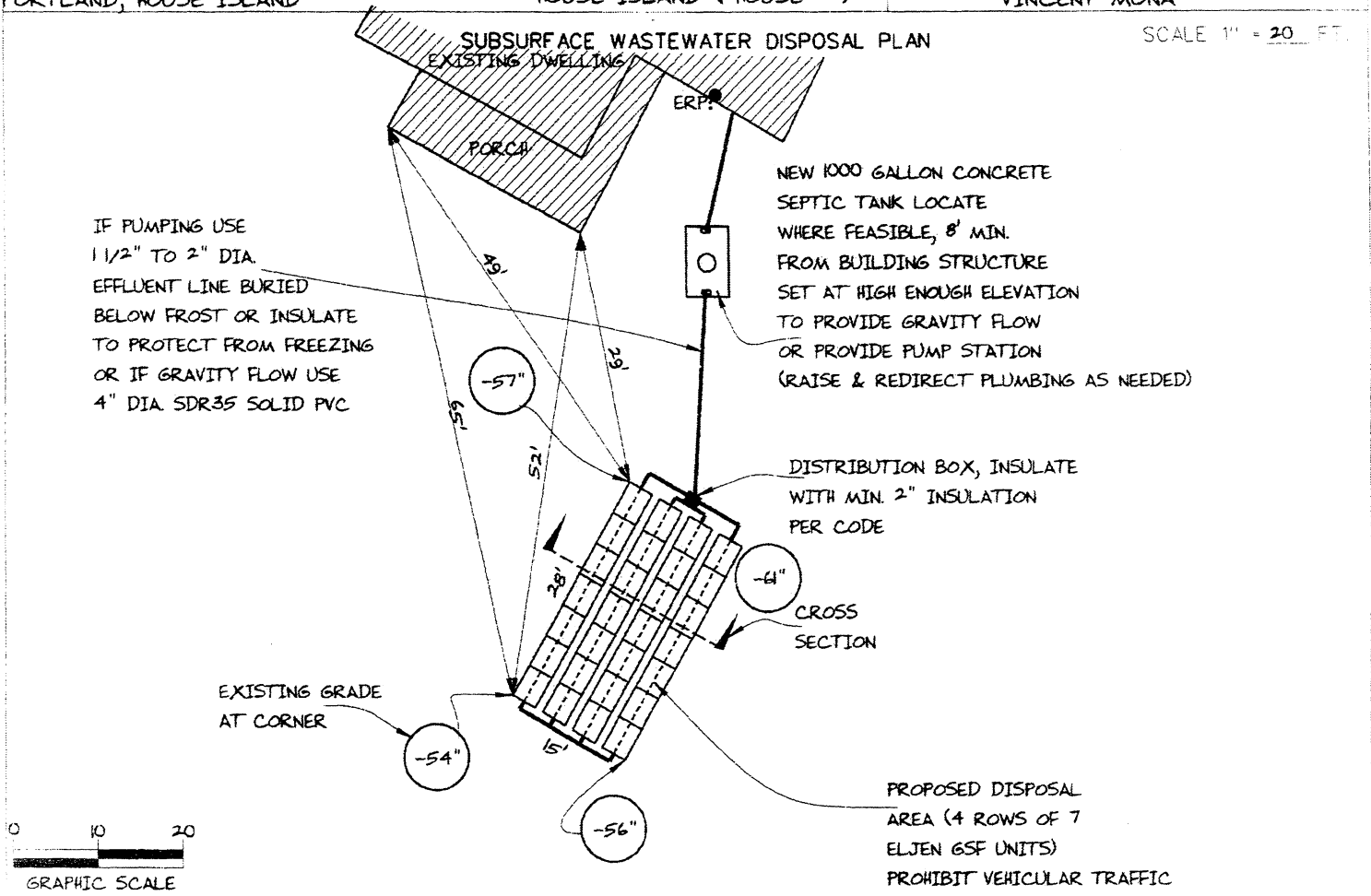
Page 2 of 3
 HHE-200 Rev. 10-02

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Town, City, Plantation PORTLAND, HOUSE ISLAND	Street, Road, Subdivision 0 HOUSE ISLAND ("HOUSE 2")	Owner's Name VINCENT MONA
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SCALE 1" = 20 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) : 0"
 Depth of Fill (Downslope) : 0"
 DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
 Top of Distribution Pipe or Proprietary Device
 Bottom of Disposal Area

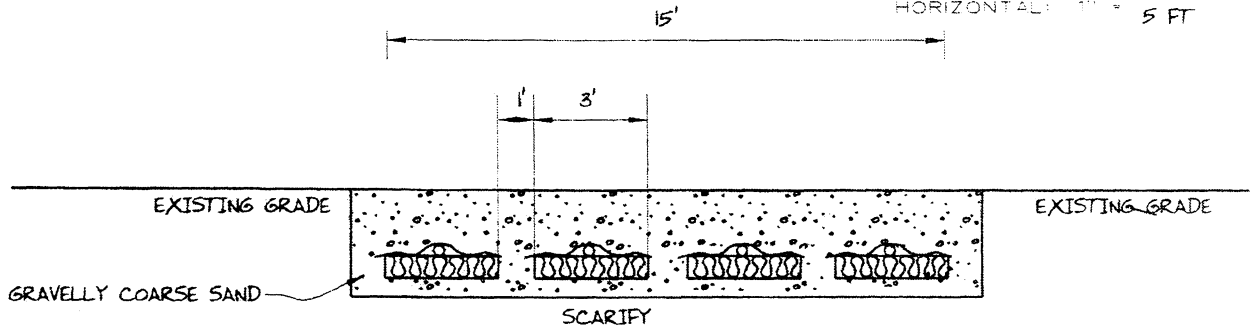
SEE
 DETAIL
 BELOW

ELEVATION REFERENCE POINT

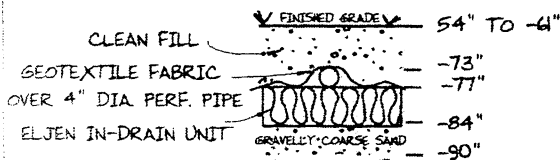
TOP OF GRANITE FOUNDATION
 Location & Description
 STONE AT BASEMENT WINDOW OPENING
 Reference Elevation is: 0.0' or -----

DISPOSAL AREA CROSS SECTION

SCALE:
 VERTICAL: 1" = 5 FT
 HORIZONTAL: 1" = 5 FT



DEPTH BELOW ERP:



Albert Frick
 Site Evaluator Signature

163
 SE *

10/16/14
 Date

Page 3 of 5
 HHE-200 Rev. 10/02