

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: **Portland**
 Street or Road: **123 Hobart Street**
 Subdivision, Lot #: _____

>> CAUTION: LPI APPROVAL REQUIRED <<
 Town/City: _____ Permit #: _____
 Date Permit Issued: ____/____/____ Fee: \$ _____ Double Fee Charged
 Local Plumbing Inspector Signature: _____ L.P.I. #: _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **Sandra Benson** Owner Applicant
 Mailing Address of Owner/Applicant: **123 Hobart Street
 Portland, ME 04102**
 Daytime Tel. #: **(217) 553-3355**

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.
 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.
 Signature of Owner or Applicant: *[Signature]* Date: **6/7/16**

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: _____ (1st) date approved: _____
 _____ (2nd) date approved: _____

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
 Type replaced: **Stone Bed**
 Year installed: **unkn**
 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
 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: _____
 12. Miscellaneous Components

SIZE OF PROPERTY
20,000 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: **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: **864** 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
211 gallons per day
 BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)
 SHOW CALCULATIONS
 — for other facilities —

SOIL DATA
 PROFILE: **8** CONDITION: **C**
 at Observation Hole # **TP-1**
 Depth **20** "
 of Most Limiting Soil Factor
Groundwater

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

ATTACH WATER METER DATA
 LATITUDE AND LONGITUDE
 at center of disposal area
 Lat. **N43** d **39** m **21.65** s
 Lon. **W70** d **17** m **54.56** s
 if g.p.s. state margin of error: **20'**

SITE EVALUATOR STATEMENT

I certify that on **03-04-16** (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: *[Signature]*
Richard A. Sweet
 Site Evaluator Name Printed

SE #: **034**
 Telephone Number: **797-2110**

Date: **03/06/16**
 Email Address: **dick@sweetassociates.com**