

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	PORTLAND	Town/City	Portland
Street or Road	93 WESTLAND AVE.	Permit #	2014-00753
Subdivision, Lot #		Date Permit Issued	4/16/14
OWNER/APPLICANT INFORMATION		Fee:	250
Name (last, first, MI)	THOMPSON CHAD	Double Fee Charged ()	
	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	L.P.I.* _____	
Mailing Address of Owner/Applicant	93 WESTLAND AVE. PORTLAND, ME 04102	Local Plumbing Inspector Signature _____	
Daytime Tel. #	749-7778	<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	
<p style="text-align: center;"><u>Owner or Applicant Statement</u></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 style="text-align: center;"><u>Caution: Inspection Required</u></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: center;">Signature of Owner or Applicant</p> <p style="text-align: center;">Date</p>		<p style="text-align: center;">Local Plumbing Inspector Signature</p> <p style="text-align: center;">Date</p>	

PERMIT INFORMATION		
<p style="text-align: center;">TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>UNK.</u> Year Installed: <u>UNK.</u></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 style="text-align: center;">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 Approval</p>	<p style="text-align: center;">DISPOSAL SYSTEM COMPONENTS</p> <p>1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input checked="" type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components</p>
<p style="text-align: center;">SIZE OF PROPERTY</p> <p>10,000 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> acres</p>	<p style="text-align: center;">DISPOSAL SYSTEM TO SERVE</p> <p>1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units: _____ 3. <input type="checkbox"/> Other: _____</p>	<p style="text-align: center;">TYPE OF WATER SUPPLY</p> <p>1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public 5. <input type="checkbox"/> Other:</p>
<p style="text-align: center;">SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p style="text-align: center;">(SPECIFY)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p style="text-align: center;">TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> Concrete <small>USE EXIST.</small> a. <input checked="" type="checkbox"/> Regular <small>IF OK</small> b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons</p>	<p style="text-align: center;">DISPOSAL FIELD TYPE & SIZE</p> <p>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>1008</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p style="text-align: center;">GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet</p>	<p style="text-align: center;">DESIGN FLOW</p> <p><u>300</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 3 BEDROOMS AT 100 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> d <u>39</u> m <u>20</u> s Lon. <u>70</u> d <u>17</u> m <u>59</u> s if g.p.s, state margin of error <u>32'</u></p>
<p style="text-align: center;">SOIL DATA & DESIGN CLASS</p> <p>PROFILE <u>3</u> / <u>C</u> CONDITION at Observation Hole # <u>TP-2</u> Depth <u>26</u> " of Most Limiting Soil Factor</p>	<p style="text-align: center;">DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input checked="" type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd</p>	<p style="text-align: center;">EFFLUENT/EJECTOR PUMP</p> <p>1. <input checked="" type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems DOSE: _____ Gallons</p>	

SITE EVALUATOR STATEMENT		
<p>I certify that on <u>4/12/14</u> (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).</p>		
<p style="text-align: center;">Signature</p> <p style="text-align: center;">Site Evaluator Signature</p>	<p style="text-align: center;">#348</p> <p style="text-align: center;">SE #</p>	<p style="text-align: center;">4/14/14</p> <p style="text-align: center;">Date</p>
<p>NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435 harrisseptic@gmail.com Page 1 of 3 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 08/2011</p>		