

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-6672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
City, Town, or Plantation	Portland	<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">2004-6027</div> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <small>PORTLAND</small> Date Permit Issued: <u>10/2/04</u> </div> <div style="text-align: center;"> <small>TOWN COPY</small> \$ <u>1,100</u> <input type="checkbox"/> Double Fee Charged L.P.I. # <u>0640</u> </div> </div> <div style="margin-top: 20px; text-align: center; font-size: 1.5em;">  Local Plumbing Inspector Signature                 </div> <div style="margin-top: 20px; text-align: center; font-size: 2em; font-weight: bold;">198 A1</div>	
Street or Road	100 Westland		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Thompson, Linda Darling, Dana R. - Septic Preservation Services Applicant		
Mailing Address of	85 E Street		
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	South Portland, ME 04106		
Daytime Tel. #	207-699-2310	Municipal Tax Map #	Lot #
<b>Owner or Applicant Statement</b> I state 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		<b>Caution: Inspections Required</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) Date Approved _____ (2nd) Date Approved _____ Local Plumbing Inspector Signature	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> 1. <input type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 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 type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 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 checked="" type="checkbox"/> Miscellaneous components <u>White Knight</u>
<b>SIZE OF PROPERTY</b> <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres	<b>DISPOSAL SYSTEM TO SERVE</b> 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____	
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>TYPE OF WATER SUPPLY</b> 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: _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular <u>Existing</u> b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 1. <input type="checkbox"/> Stone Bed    2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array    c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load    d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> 1. <input 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	<b>DESIGN FLOW</b> _____ gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS -- for other facilities --
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN _____ at Observation Hole # _____ Depth _____ * Elevation _____ OF MOST LIMITING SOIL FACTOR _____	<b>DISPOSAL FIELD SIZING</b> 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	<b>PUMPING</b> 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems. DOSE _____    gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT		
I Certify that on _____ (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	_____ SE #	_____ Date
_____ Site Evaluator Name Printed	_____ Telephone #	



# CITY OF PORTLAND, MAINE

## Department of Building Inspections

Oct 21 2004

Received from Emirock Inc

Location of Work 85 E St

Cost of Construction \$ \_\_\_\_\_

Permit Fee \$ 30 + 10.00

20015135

Building (I1)  Plumbing (I5)  Electrical (I2)  Site Plan (U2)

Other Subsurface

CBL: 198 A 001

Check #: \_\_\_\_\_

Total Collected \$ 30.00

# THIS IS NOT A PERMIT

No work is to be started until PERMIT CARD is actually posted upon the premises. Acceptance of fee is no guarantee that permit will be granted. PRESERVE THIS RECEIPT. In case permit cannot be granted the amount of the fee will be refunded upon return of the receipt less \$10.00 or 10% whichever is greater.

WHITE - Applicant's Copy

YELLOW - Office Copy

PINK - Permit Copy

Jenna