

2004-6007

198-B-13

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: PORTLAND
Street or Road: 134 FENWAY STREET
Subdivision, Lot: *

>> Caution: Permit Required - Attach in Space Below <<

Date Permit Issued:

05/13/04

\$ 190,000

Fee Charged

L.P.I. # 360

Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI): BROOKS MICHELLE & ROBERT
Mailing Address of: 134 Westland Ave.
Daytime Tel.: 207-774-6904

Municipal Tax Map: 198 Lot: B 013

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.

Caution: Inspections Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Signature of Owner/Applicant: [Signature] Date: 4/27/04

Local Plumbing Inspector Signature: [Signature] (1st) Date Approved: (2nd) Date Approved:

PERMIT INFORMATION

TYPE OF APPLICATION: 1. First Time System, 2. Replacement System
THIS APPLICATION REQUIRES: 1. No Rule Variance, 2. First Time System Variance
DISPOSAL SYSTEM COMPONENTS: 1. Complete Non-Engineered System, 2. Primitive System
SIZE OF PROPERTY: 25,400 sq. ft.
SHORELAND ZONING: Yes
DISPOSAL SYSTEM TO SERVE: 1. Single Family Dwelling Unit, No. of Bedrooms: 4
TYPE OF WATER SUPPLY: 1. Drilled Well, 2. Dug Well, 3. Private

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK: 1. Concrete, a. Regular
DISPOSAL FIELD TYPE & SIZE: 1. Stone Bed, 2. Stone Trench, 3. Proprietary Device
GARBAGE DISPOSAL UNIT: 1. No, 2. Yes
DESIGN FLOW: 360 gallons per day
SOIL DATA & DESIGN CLASS: PROFILE CONDITION DESIGN FILLED LAND
DISPOSAL FIELD SIZING: 1. Small - 2.0 sq.ft./gpd
PUMPING: 1. Not required
SITE EVALUATOR STATEMENT: I certify that on 3/19/04 (date) I completed a site evaluation on this property...

EXISTING 2 BEDROOM EXPANDED TO 4 BEDROOMS AT 90 GALLONS PER DAY EACH = 360 GPD

I certify that on 3/19/04 (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).

Albert Frick
Site Evaluator Signature

163
SE

4/26/2004 Revised
Date

ALBERT FRICK

(207) 839-5563

ALBERTFRICK@WORLDNET.ATT.NET

Site Evaluator Name Printed

Telephone Number

E-mail Address

ALBERT FRICK ASSOCIATES - 95A COUNTY ROAD ROAD GORHAM, MAINE 04038 - (207) 839-5563

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator