2004-6007

198-B-13

SUBSURI	FACE WAS	STEW	ATER DISPOSAL	SYST	TEM APPLICATION	NC	Maine Department of Human Services Division of Health Engineering, Station 10 SHS (207) 287-5672 FAX (207) 287-4172	
PROPERTY LOCATION				1	>> Caution: Permi	t Required -	- Attach in Space Below <<	
City, Town, or Plantation	PORTLAN	2						
Street or Road	134 FENW	AY 5	TREET		•	(////////	((())(()()()()()()()()()()()()()()()()()	
Subdivision, Lot *			Permit 05/3	104	\$ 100,00 FEE Charged			
OWNERAPPLICANT INFORMATION					7		L.P.I. # 360	
Nome (last, first, M BROOKS		HE	& ROBERT Owner	_	Local Plumbing inspector	Signature		
Mailing Address of			Hand Ave.		uuum ul u			
■ Owner □ Applicant	Portla.	- <u>-</u>	ME OYIOR					
Daytime Tel. • 207 - 7			14-6904	Munic	cipal Tax Map • 198	<i>///////</i> Lo	<u> </u>	
Owner or Applicant Statement				Caution: Inspections Required				
Istate 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.				I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.				
- Mululi Bul			4/27/04		(1st) Date Approved			
Signature of	Owner/Applicant		Date	Local Plumbing Inspector Signature			(2nd) Date Approved	
			//////////////////////////////////////	T/ŅĒĆ	PMATION ////////	///////		
TYPE OF APPLICATION 1. ☐ First Time System 2. ■ Replacement System			THIS APPLICATION REQUIRES 1. No Rule Variance 2. First Time System Variance			1. ■ Con	SPOSAL SYSTEM COMPONENTS nplete Non-Engineered System	
Type Replaced:			a. 🗆 Local Plumbing Ir	spect	spector Approval 3.		nitive System(graywater & alt toilet) rnative Toilet, specify:	
Year Installed:			b. ☐ State & Local Pl3. Replacement System	umbing	umbing Inspector Approval 4. 🗌 No		-Engineered Treatment Tank (only	
a. 🗌 Minor Expansion			a. 🔲 Local Plumbing Ir	specto	spector Approval 6. 🗆 Nor		ling Tank,Gallons -Engineered Disposal Field (only)	
b. ■ Major Expansion4. □ Experimental System			b. ■ State & Local Pl		7. 🗆 Sep	arated Laundry System		
5. Seasonal Conversion			4. Minimum Lot Size Variance 5. Seosonal Conversion Approval			8. ∐Com 9. □Enai	nplete Engineered System(2000gpd+ neered Treatment Tank (only)	
SIZE OF PROPERTY			DISPOSAL SYSTEM TO SERVE			10.□ Engi	neered DisposalField (only)	
25,400 ■ sq. f			1. Single Family Dwellin	ig Unit	Unit, No. of Bedrooms: 4 12.☐ Misc		treatment, specify: ellaneous components	
SHORELAND ZONING		2. Multiple Family Dwelli 3. Other:					TYPE OF WATER SUPPLY	
■ Yes □ No		Current Use 🗆 Seasonal 🗷			PECIFY 1. I		. □ Drilled Well 2. □ Dug Well 3. □ Private 4.■ Public 5. □ Other:	
		/////	////pesign details (system Layout shown on page			L		
TREATMENT	TANK	DI	SPOSAL FIELD TYPE & SIZ		GARBAGE DISPOSAL		DESIGN FLOW	
1. Concrete		1. 🗆 Stone Bed 2. Stone Trend		ch			360 gallons per day	
a. ■ Regular b.□ Low Profile		3. ■ Proprietary Device a.□Cluster array c.■Linear			2. ☐ Yes >> Specify one be a. ☐ Multi-compartment tar		BASED ON: 1. ■ Table 501.1 (dwelling unit(s))	
2. Plastic		b.■Regular d.□H-20 lo		aded			2. Table 501.2 (other facilities)	
3. Other: OOO gallons			4. □ Other: SIZE 1248 ■ sq. ft. □ lir		c.□ Increase in tank capacity		SHOW CALCULATIONS	
			SIZE 148 sq. ft. III				- for other facilities EXISTING 2 BEDROOM	
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN		DISPOSAL FIELD SIZING		PUMPING			EXPANDED TO	
FILLED LAND		1. 🗌 Small - 2.0 sq.ft./gpd			1. Not required		4 BEDROOMS AT 90 GALLONS PER	
		2. 🗆	2. ☐ Medium - 2.6 sq.ft./gpd3. ■ Medium-Large - 3.3 sq.ft./		2. ■ May be required		DAY FACH= 360 GPD	
epth" 4.			5. ≡ Medium-Large - 3.3 sq.ft./ç 4. □ Large - 4.1 sq.ft./qpd		od 3. Required >>Specify only for engineered or experimental systems:			
F MOST LIMITING SOIL FACTOR 5. E			□ Extra-Large - 5.0 sq.ft./gpd		DOSE: Gallons		3. ☐ Section 503.0 (meter readings) ATTACH WATER-METER DATA	
SITE EVALUATOR STATEMENT								
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 oposed sytem is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR;241).								
Albert mich)15p05	ALL MANAGES CIO-144A CMR	6/201	4 Revised	
Site Evaluator Signature						Date	1 1-13-	
	•		_	SE •		- -		
ALBERT FRICK (207) 839-5563 ALBERTFRICK@WORLDNETATINET Site Evaluator Name Printed Telephone Number F-mail Address								