Maine Department of Human Services Division of Health Engineering, Station 10 SHS (207) 287-5672 FAX (207) 287-4172 SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Caution: Permit Required - Attach In Space Below City, Town, or Plantation PORTLAND Street or Road 134 FENWAY STREET Subdivision, Lot * The Subsurface Wastewater Disposal System **shall not** be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall ////////////OWNERAPPLICANT INFORMATION// authorize the owner or installer to install the disposal system in accordance Name (last, first, MI) Owner with this application and the Maine Subsurface Wastewater Disposal Rules **BROOKS** MICHELLE & ROBERT Mailing Address Westland of Owner 🗮 ☐ Applicant Daytime Tel. * 114-6905 Municipal Tax Map * Lot * 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. (1st) Date Approved Signature of Owner/Applicant Local Plumbing Inspector Signature (2nd) Date Approved PERMIT INFORMATION TYPE OF APPLICATION THIS APPLICATION REQUIRES SEE Letter of 4/26/2004 DISPOSAL SYSTEM COMPONENTS 1. First Time System 1. No Rule Variance Attached . 1. ■ Complete Non-Engineered System 2. Replacement System 2. First Time System Variance 2. ☐ Primitive System(graywater & alt toilet) a. Local Plumbing Inspector Approval Type Replaced: 3. Alternative Toilet, specify: Year Installed:_ b. State & Local Plumbing Inspector Approval 4. Non-Engineered Treatment Tank (only 3. Expanded System 3. Replacement System Variance 5. Holding Tank,___ Gallons a. Minor Expansion a. Local Plumbing Inspector Approval 6. ☐ Non-Engineered Disposal Field (only) b. State & Local Plumbing Inspector Approval b. Major Expansion 7. \square Separated Laundry System 4. 🗆 Experimental System ☐ Minimum Lot Size Variance 8. Complete Engineered System(2000gpd+ ☐ Seasonal Conversion ☐ Seasonal Conversion Approval 9. □ Engineered Treatment Tank (only) 10. Engineered Disposal Field (only) SIZE OF PROPERTY DISPOSAL SYSTEM TO SERVE 11. 🗆 Pre-treatment, specify: sq. ft. 25,400 12. Miscellaneous components ■ Single Family Dwelling Unit, No. of Bedrooms: 4 □ acres ☐ Multiple Family Dwelling, No of Units: _ TYPE OF WATER SUPPLY SHORELAND ZONING .3. □ Other: SPECIFY 1. ☐ Drilled Well 2. ☐ Dug Well 3. ☐ Private ■ Yes П No 4. Public Current Use ☐ Seasonal ■ Year Round ☐ Undeveloped 5. 🗌 Other: DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) TREATMENT TANK DISPOSAL FIELD TYPE & SIZE GARBAGE DISPOSAL UNIT DESIGN FLOW ■ Concrete ☐ Stone Bed 2. Stone Trench 3. ☐ Maybe 1. No 360 gallons per day a. Regular 3. 🗖 Proprietary Device 2. ☐ Yes >> Specify one below: BASED ON: a.□Cluster array c.■Linear b. Low Profile 1. Table 501.1 (dwelling unit(s)) a. Multi-compartment tank 2. 🗆 Plastic b.■Requiar d.□H-20 loaded b. ____tanks in series 2. Table 501.2 (other facilities) ☐ Other: 4. 🗆 Other: SHOW CALCULATIONS c. Increase in tank capacity CAPACITY 1000 adilons SIZE |248 - for other facilities _ 🔳 sq. ft. 📋 lin. ft. d. Filter on tank outlet 26 ELJEN IN-DRAIN UNITS EXISTING 2 EXPANDED TO BEDROOM SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING **PUMPING** PROFILE CONDITION DESIGN 4 BEDROOMS AT 1. ☐ Small - 2.0 sq.ft./qpd 1. Not required FILLED LAND 90 GALLONS PER 2. ☐ Medium - 2.6 sq.ft./gpd 2. May be required DAY EACH= 360 GPD TP 2 3. ■ Medium-Large - 3.3 sq.ft./gpd AT Observation Hole *_ 3. ☐ Required >>Specify only for Depth_ 4. 🗆 Large - 4. sq.ft./gpd engineered or experimental systems 3. ☐ Section 503.0 (meter readings) 5. ☐ Extra-Large - 5.0 sq.ft./gpd OF MOST LIMITING SOIL FACTOR DOSE: Gallons ATTACH WATER-METER DATA //////////SITE EVALUATOR STATEMENT////

| Certify that on 3/9/04 (date) | completed a site evaluation on this property and state that the data reported is accurate and that the proposed sytem compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR :241)

MICH Evaluator Signature

163 SE # REVISO

ALBERT FRICK

(207) 839-5563 Telephone Number ALBERTFRICK@WORLDNET.ATT.NET

E-mail Address

Site Evaluator Name Printed

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