Maine Department of Human Services Division of Health Engineering, Station 10 SHS (207) 287-5672 FAX (207) 287-4172 SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION PROPERTY LOCATION///// Caution: Permit Required - Attach In Space Below City, Town, or Plantation PORTLAND Street or Road 134 FENWAY STREET Subdivision Lat * Name (last, first, MI) Owner MICHELLE & ROBERT BROOKS Mailing Address Libertland Ωf Owner N) E □ Applicant Daytime Tel. * Municipal Tax Map * Owner or Applicant Statement Caution: Inspections Required Thave inspected the installation authorized above and found it to be in compliance Istate and acknowledge that the information submitted is correct to the best of my knowledge and understand that any faisification is reason for the Department and/or Local Plumbing Inspector to deny a permit. with the Subsurface Wastewater Disposal Rules Application. (1st) Date Approved Signature of Owner/Applicant Òate Local Plumbing Inspector Signature (2nd) Date Approved PERMIT INFORMATION TYPE OF APPLICATION THIS APPLICATION REQUIRES SEE Letter of 4/26/2004 DISPOSAL SYSTEM COMPONENTS ☐ First Time System ☐ No Rule Variance Attached - Complete Non-Engineered System 2. 🗌 First Time System Variance 2. Replacement System 2. ☐ Primitive System(groywater & alt toilet) a. Local Plumbing Inspector Approval Type Replaced:_ 3. Alternative Toilet, specify:_ b. ☐ State & Local Plumbing Inspector Approval Year Installed: 4. Non-Engineered Treatment Tank (only 3. Replacement System Variance 3. Expanded System 5. Holding Tank,____ Gallons a. Minor Expansion a. Local Plumbing Inspector Approval 6. ☐ Non-Engineered Disposal Field (only) b. ■ Major Expansion b. State & Local Plumbing Inspector Approval 7. \square Separated Laundry System 4. Experimental System 4. Minimum Lot Size Variance 8. Complete Engineered System(2000gpd+) ☐ Seasonal Conversion ☐ Seasonal Conversion Approval 9. DEngineered Treatment Tank (only) 10. Engineered Disposal Field (only) SIZE OF PROPERTY DISPOSAL SYSTEM TO SERVE 11. ☐ Pre-treatment, specify: sq. ft. 12. Miscellaneous components 25,400 ■ Single Family Dwelling Unit, No. of Bedrooms: 4 □ acres 2. Multiple Family Dwelling, No of Units: _ TYPE OF WATER SUPPLY SHORELAND ZONING Other: SPECIFY 1. □ Drilled Well 2. □ Dug Well 3. □ Private 4. Public 5. 🗌 Other: ☐ No ■ Yes Current Use ☐ Seasonal ■ Year Round ☐ Undeveloped DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) TREATMENT TANK DISPOSAL FIELD TYPE & SIZE GARBAGE DISPOSAL UNIT DESIGN FLOW ■ Concrete 1. 🗌 Stone Bed 2. Stone Trench ■ No 3. Maybe 360 gallons per day BASED ON: a. Regular 2. Tes >> Specify one below: 3. Proprietary Device b.□ Low Profile Table 501.1 (dwelling unit(s)) a.□Cluster array c.■Linear a. Multi-compartment tank 2. Table 501.2 (other facilities) 2. Plastic d.□H-20 loaded b.■Regular b. ____tanks in series SHOW CALCULATIONS Other: 4. Other c 🗌 Increase in tank capacity - for other facilities CAPACITY 1000 __gallons SIZE 1248 ■ 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** 4 BEDROOMS AT PROFILE CONDITION DESIGN 1. ☐ Small - 2.0 sq.ft./qpd 1. Not required 90 GALLONS PER FILLED, LAND 2. Medium - 2.6 sq.ft./gpd 2. May be required DAY EACH 360 GPD AT Observation Hole * TP 2 3. Required >>Specify only for 3. ■ Medium-Large - 3.3 sq.ft./gpd engineered or experimental systems 4. ☐ Large - 4.1 sq.ft./gpd Depth_ 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_3/19/04 (date)|completed a site evaluation on this property and state that the data reported is accurate and that the compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR :241) proposed sytem

Evaluator Signature

63 SF *

ALBERT FRICK

Site Evaluator Name Printed

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

E-mail Address