

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION** Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Portland	Town/City <u>PORTLAND</u>	Permit # <u>201501903</u>
Street or Road	240 Lane Ave	Date Permit Issued _____	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #	<u>308 A005</u>	L.P.I. # _____	

<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____
Name (last, first, MI) <b>Andreoli, Michelle</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of Owner/Applicant 240 Lane Ave Portland, ME 04103		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
Daytime Tel. # <u>207-809-3972</u>		

<p><b>OWNER OR APPLICANT STATEMENT</b> 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.</p> <p>_____ Signature of Owner or Applicant</p> <p>_____ Date</p>	<p style="text-align: center;"><b>CAUTION: INSPECTION REQUIRED</b></p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p>_____ Local Plumbing Inspector Signature</p> <p>_____ (1st) date approved</p> <p>_____ (2nd) date approved</p>
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PERMIT INFORMATION		
<p><b>TYPE OF APPLICATION</b></p> <p><input type="checkbox"/> 1. First Time System</p> <p><input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Trench</u> Year installed: <u>C. 1960</u></p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. &lt;25% Expansion <input type="checkbox"/> b. &gt;= 25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System</p> <p><input type="checkbox"/> 5. Seasonal Conversion</p>	<p><b>THIS APPLICATION REQUIRES</b></p> <p><input type="checkbox"/> 1. No Rule Variance</p> <p><input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State &amp; Local Plumbing Inspector</p> <p><input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State &amp; Local Plumbing Inspector</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance</p> <p><input type="checkbox"/> 5. Seasonal Conversion Permit</p>	<p><b>DISPOSAL SYSTEM COMPONENTS</b></p> <p><input type="checkbox"/> 1. Complete Non-engineered System</p> <p><input type="checkbox"/> 2. Primitive System (graywater &amp; alt. toilet)</p> <p><input type="checkbox"/> 3. Alternative Toilet, specify: _____</p> <p><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 5. Holding Tank, _____ gallons</p> <p><input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only)</p> <p><input type="checkbox"/> 7. Separated Laundry System</p> <p><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)</p> <p><input type="checkbox"/> 9. Engineered Treatment Tank (only)</p> <p><input type="checkbox"/> 10. Engineered Disposal Field (only)</p> <p><input type="checkbox"/> 11. Pre-treatment, specify: _____</p> <p><input checked="" type="checkbox"/> 12. Miscellaneous Components Pump Station</p>
<p><b>SIZE OF PROPERTY</b></p> <p><u>12,300</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES</p>	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u></p> <p><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____</p> <p><input type="checkbox"/> 3. Other: _____ (specify)</p> <p>Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private</p> <p><input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other</p>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p><b>TREATMENT TANK</b></p> <p><input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile</p> <p><input checked="" type="checkbox"/> 2. Plastic</p> <p><input type="checkbox"/> 3. Other: <u>Existing</u></p> <p>CAPACITY: <u>750</u> GAL</p>	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <p><input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench</p> <p><input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE: <u>600</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p><b>GARBAGE DISPOSAL UNIT</b></p> <p><input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe</p> <p>If Yes or Maybe, specify one below:</p> <p><input type="checkbox"/> a. multi-compartment tank</p> <p><input type="checkbox"/> b. _____ tanks in series</p> <p><input type="checkbox"/> c. increase in tank capacity</p> <p><input type="checkbox"/> d. Filter on Tank Outlet</p>	<p><b>DESIGN FLOW</b></p> <p><u>180</u> gallons per day</p> <p>BASED ON:</p> <p><input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s))</p> <p><input type="checkbox"/> 2. Table 4C (other facilities)</p> <p>SHOW CALCULATIONS — for other facilities —</p>
<p><b>SOIL DATA</b></p> <p>PROFILE <u>9</u> CONDITION <u>E</u></p> <p>at Observation Hole # <u>TP-1</u></p> <p>Depth <u>2</u> "</p> <p>of Most Limiting Soil Factor <u>Groundwater</u></p>	<p><b>DISPOSAL FIELD SIZING</b></p> <p><input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd</p> <p><input checked="" type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd</p> <p><input type="checkbox"/> 3. Large—4.1 sq. ft. / gpd</p> <p><input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd</p>	<p><b>EFFLUENT/EJECTOR PUMP</b></p> <p><input type="checkbox"/> 1. Not Required</p> <p><input type="checkbox"/> 2. May Be Required</p> <p><input checked="" type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems: DOSE: _____ gallons</p>	<p><input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA</p> <p>LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. <u>N43</u> d <u>41</u> m <u>30.5</u> s</p> <p>Lon. <u>W70</u> d <u>19</u> m <u>6.7</u> s</p> <p>if g.p.s. state margin of error: <u>20</u></p>

SITE EVALUATOR STATEMENT		
I certify that on <u>July 2, 2015</u> (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).		
<p><u><i>Stephen B. Marcotte</i></u> Site Evaluator Signature</p>	<p><u>387</u> SE #</p>	<p><u>07/07/15</u> Date</p>
<p><u>Stephen B. Marcotte</u> Site Evaluator Name Printed</p>	<p><u>(207) 795-6009</u> Telephone Number</p>	<p><u>smarcotte@ces-maine.com</u> Email Address</p>