

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: **Portland**
Street or Road: **30 Dayton Street**
Subdivision, Lot #:

Town/City: _____ Permit # _____
Date Permit Issued: ___/___/___ Fee: \$ _____ Double Fee Charged
Local Plumbing Inspector Signature: _____ L.P.I. # _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **Shannon, Charles, Janice** Owner Applicant
Mailing Address of Owner/Applicant: **30 Dayton St. Portland, ME 04103**
Daytime Tel. #: **(207) 318-4950**

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.

Municipal Tax Map # _____ Lot # _____

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.
Janice Shannon 10/3/14
Signature of Owner or Applicant Date

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

(1st) date approved

Local Plumbing Inspector Signature
(2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION
 1. First Time System
 2. Replacement System
Type replaced: **Trench**
Year installed: **unkn**
 3. Expanded System
 a. <25% Expansion
 b. >= 25% Expansion
 4. Experimental System
 5. Seasonal Conversion

SIZE OF PROPERTY
12,500 SQ. FT. ACRES

SHORELAND ZONING
 Yes No

THIS APPLICATION REQUIRES
 1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM TO SERVE
 1. Single Family Dwelling Unit, No. of Bedrooms: **2**
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____ (specify)
Current Use Seasonal Year Round Undeveloped

DISPOSAL SYSTEM COMPONENTS
 1. Complete Non-engineered System
 2. Primitive System (graywater & alt. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Treatment Tank (only)
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

TYPE OF WATER SUPPLY
 1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
 1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
CAPACITY: **1,000** GAL

SOIL DATA
PROFILE **8** CONDITION **C**
at Observation Hole # **TP-1**
Depth **36** "
of Most Limiting Soil Factor
Groundwater

DISPOSAL FIELD TYPE & SIZE
 1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: _____
SIZE: **768** sq. ft. lin. ft.

DISPOSAL FIELD SIZING
 1. Medium—2.6 sq. ft. / gpd
 2. Medium—Large 3.3 sq. ft. / gpd
 3. Large—4.1 sq. ft. / gpd
 4. Extra Large—5.0 sq. ft. / gpd

GARBAGE DISPOSAL UNIT
 1. No 2. Yes 3. Maybe
If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. increase in tank capacity
 d. Filter on Tank Outlet

EFFLUENT/EJECTOR PUMP
 1. Not Required
 2. May Be Required
 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

DESIGN FLOW
187 gallons per day
BASED ON:
 1. Table 4A (dwelling unit(s))
 2. Table 4C (other facilities)
SHOW CALCULATIONS
— for other facilities —

ATTACH WATER METER DATA
 3. Section 4G (meter readings)

LATITUDE AND LONGITUDE
at center of disposal area
Lat. **N43** d **41** m **54.52** s
Lon. **W70** d **18** m **11.17** s
if g.p.s. state margin of error: **20'**

SITE EVALUATOR STATEMENT

I certify that on **09-02-14** (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).

Richard A. Sweet
Site Evaluator Signature
034 SE # **09/15/14** Date
Richard A. Sweet Site Evaluator Name Printed
797-2110 Telephone Number **dick@sweetassociates.com** Email Address