

MAY 16 2017

CBL 352 A025 001

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	Town/City	Permit # _____
Street or Road	60 Dole Drive	Date Permit Issued	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		<i>[Signature]</i>	L.P.I. # 1188
OWNER/APPLICANT INFORMATION			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.
Name (last, first, MI)	Poplaski, Mark	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant			
Daytime Tel. #			
OWNER OR APPLICANT STATEMENT			CAUTION: INSPECTION REQUIRED
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.			I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Signature of Owner or Applicant _____ Date _____			Local Plumbing Inspector Signature _____ (1st) date approved _____
			Local Plumbing Inspector Signature _____ (2nd) date approved _____
PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>Unk.</u> Year installed: <u>1968</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >= 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input checked="" type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY	
0.33 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other	
SHORELAND ZONING	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT
	<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1,000</u> GAL	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>960</u> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet
	SOIL DATA	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP
	PROFILE <u>5</u> CONDITION <u>B</u> at Observation Hole # <u>TP-1</u> Depth <u>43"</u> of Most Limiting Soil Factor <u>Groundwater</u>	<input checked="" type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	<input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons
	DESIGN FLOW		
	<u>369</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities: _____		
	ATTACH WATER METER DATA		
	<input type="checkbox"/> 3. Section 4G (meter readings) LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43</u> d <u>42</u> m <u>33.9</u> s Lon. <u>W70</u> d <u>17</u> m <u>58.2</u> s if g.p.s. state margin of error: <u>20'</u>		
SITE EVALUATOR STATEMENT			
I certify that on <u>5-10-17</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).			
<i>[Signature]</i>		<u>293</u>	<u>5-10-17</u>
Site Evaluator Signature		SE #	Date
<u>Dave Chapman</u>		<u>(207) 797-2110</u>	<u>Sweet@SweetAssociates.com</u>
Site Evaluator Name Printed		Telephone Number	Email Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
Portland

Street, Road, Subdivision
60 Dole Drive

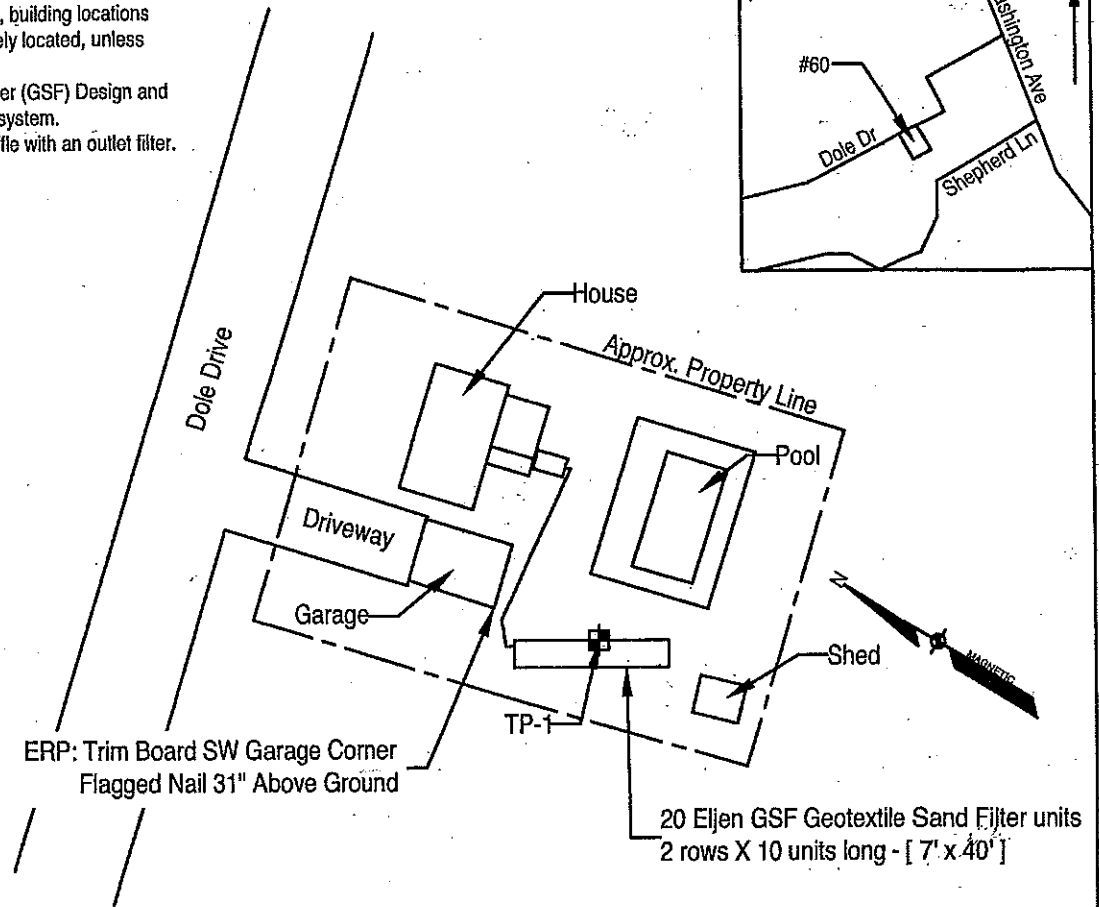
Owner or Applicant Name
Mark Poplaski

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN

NOTES:

1. This is not a survey. All property lines, building locations and site features have been approximately located, unless otherwise shown.
2. Review the Eljen Geotextile Sand Filter (GSF) Design and Installation Manual before installing this system.
3. Replace broken septic tank outlet baffle with an outlet filter.



SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit Boring

Observation Hole # _____ Test Pit Boring

_____ " Depth of organic horizon above mineral soil

_____ " Depth of organic horizon above mineral soil

	Texture	Consistency	Color	Mottling
0	Fine to Medium Sand (Fill)	Friable	Brown	
6				
12				
18	Fine to Medium Sand	Loose	Brown	
24				
30			Reddish Brown to Yellowish Brown	
36				
42				
48				

	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock
5	C	8	43			

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater	<input type="checkbox"/> Restrictive Layer	<input type="checkbox"/> Bedrock

David V. Aspin
Site Evaluator Signature

293
SE #

5-10-17
Date