

2016-01777
352-8004001
4545

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION

City, Town, or Plantation: Portland

Street or Road: 55 Hole Drive

Subdivision, Lot #: 352-8004001

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Giampetruzzi, Bob Owner Applicant

Mailing Address of Owner/Applicant: 70 LESTER DRIVE
PORTLAND 04103

Daytime Tel. #: 232-8732

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: Portland, ME Permit #: 2016-01777

Date Permit Issued: 07/05/16 Fee: \$250.00 Double Fee Charged

Local Plumbing Inspector Signature: [Signature] L.P.I. #: 1081

Owner Town State

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The 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.

Signature of Owner or Applicant: Robert F. Giampetruzzi Date: 7/5/16

CAUTION: INSPECTION REQUIRED

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

Local Plumbing Inspector Signature: _____ (1st) date approved: _____

_____ (2nd) date approved: _____

TYPE OF APPLICATION

1. First Time System

2. Replacement System
Type replaced: UAC
Year installed: 1960's

3. Expanded System
 a. <25% Expansion
 b. >25% Expansion

4. Experimental System

5. Seasonal Conversion

SIZE OF PROPERTY

513,500 SQ. FT. ACRES

SHORELAND ZONING

Yes No

PERMIT INFORMATION

THIS APPLICATION REQUIRES

1. No Rule Variance

2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval

3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval

4. Minimum Lot Size Variance

5. Seasonal Conversion Permit

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: 3

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 & all, 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

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile

2. Plastic

3. Other: _____

CAPACITY: 1000 GAL.

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: S1B

at Observation Hole # 101

Depth: 48"

of Most Limiting Soil Factor

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: 720 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

Not Required

May Be Required

Required

Specify only for engineered systems:
DOSE: _____ gallons

DESIGN FLOW

270 gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))

2. Table 4C (other facilities)

SHOW CALCULATIONS for other facilities

3. Section 4G (meter readings)

ATTACH WATER METER DATA

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 43 d 42 m 35 s

Lon. 70 d 17 m 59 s

If g.p.s, state margin of error: 15

SITE EVALUATOR STATEMENT

I certify that on 7/4/16 (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).

Signature: MANCJ. Hampton SE #: 263 Date: 7/4/16

Signature: MANCJ. Hampton Telephone Number: 756-2900 E-mail Address: _____