

CBL: 386 BODCOOL 3377

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

| | | | |
|--|-----------------------------------|--|------------------------|
| PROPERTY LOCATION | | >> CAUTION: LPI APPROVAL REQUIRED << | |
| City, Town, or Plantation | Portland | Town/City | Portland |
| Street or Road | 696 Auburn Street | Permit # | 201501868 |
| Subdivision, Lot # | 386 BOLL 001 | Date Permit Issued | 09/29/15 |
| OWNER/APPLICANT INFORMATION | | Fee: \$ | Double Fee Charged () |
| Name (last, first, MI) | NICHAS TIA | Local Plumbing Inspector Signature | [Signature] |
| Mailing Address of Owner/Applicant | 8 Row Street Portland ME 04103 | L.P.I. # | 1081 |
| Daytime Tel. # | 833-5370 838-5870 | Municipal Tax Map # | Lot # |
| 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] 8-2-15 | | (1st) date approved | |
| Signature of Owner or Applicant | | Local Plumbing Inspector Signature | |
| Date | | (2nd) date approved | |

| PERMIT INFORMATION | | |
|--|---|---|
| TYPE OF APPLICATION | THIS APPLICATION REQUIRES | DISPOSAL SYSTEM COMPONENTS |
| <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion | <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit | <input checked="" 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 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 |
| 10,000 SF <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES | <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) | <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 | Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|--|--|--|---|
| TREATMENT TANK | DISPOSAL FIELD TYPE & SIZE | GARBAGE DISPOSAL UNIT | DESIGN FLOW |
| <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1500 GAL | <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array <input checked="" type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 1200 sq. ft. <input type="checkbox"/> lin. ft. | <input type="checkbox"/> 1. No <input checked="" 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 checked="" type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet | 270 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 |
| SOIL DATA & DESIGN CLASS | DISPOSAL FIELD SIZING | EFFLUENT/EJECTOR PUMP | LATITUDE AND LONGITUDE |
| PROFILE CONDITION: B1C at Observation Hole # 491 Depth 16" of Most Limiting Soil Factor | <input type="checkbox"/> 1. Medium—2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium—Large 3.3 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large—5.0 sq. ft. / gpd | <input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons | <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA at center of disposal area Lat 43 d 48 m 25 s Lon. 73 d 11 m 48 s If g.p.s. state margin of error: 15 |

| SITE EVALUATOR STATEMENT | | |
|--|------------------|----------------|
| I certify that on 7/9/15 (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] | 263 | 7/9/15 |
| Site Evaluator Signature | SE # | Date |
| Mark J. Hampton | 756-2900 | |
| Site Evaluator Name Printed | Telephone Number | E-mail Address |