SUBSUF			OSAL 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	32 Ice Po	ond Drive	Date Permit Issued/ Fee: \$ Double Fee Charged □					
Subdivision, Lot #			Local Plumbing Inspector Signature					
//// OWNER/APPLICANT INFORMATION/////			□ Owner □ Town □ State					
Name (last, first, MI) Owner Occupant Displaying County			The Subsurfac	e Wastewater Dispo	sal System shal	not be installed until a	D Oldio	
Carson, Dustin & Sarah Applicant				d by the Local Plum				
Mailing Address of 24 Bear Run Owner/Applicant						al system in accordance		
Owner/Applicant	Gorham,	Maine 04038	with this application and the Maine Subsurface Wastewater Disposal Rules.					
Daytime Tel. #	(207) 314	-3596	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 deep a Permit.			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					
Signature of Owner or Applicant Date			Local Plumbing Inspector Signature (2nd) date approved					
			RMIT INFORMATION////////////////////////////////////					
TYPE OF APPL		THIS APPLICATION RE	QUIRES			COMPONENTS		
■ 1. First Time System □ 2. Replacement System		1. No Rule Variance	□ 2 Primitive S		mpiete Non-eng mitive System (a	lete Non-engineered System ive System (graywater & alt. toilet)		
Type replaced:		 2. First Time System Variance a Local Plumbing Inspector A 	pproval	☐ 3. Alte	3. Alternative Toilet, specify:			
Year installed: b. State & Local Plum			spector U 4. Non-eng		n-engineered Tre ding Tank	engineered Treatment Tank (only) ng Tank,gallons		
3 Expanded Sys		3. Replacement System Variance			Non-engineered Disposal Field (only)			
☐ a. <25% Expar	nsion	a. Local Plumbing Inspector Ap b. State & Local Plumbing Insp	b. State & Local Plumbing Inspector		7 Separated Laundry System			
□ b. >= 25% Exp		4. Minimum Lot Size Variance		 8. Complete Engineered System (2000 g 9. Engineered Treatment Tank (only) 		ed System (2000 gpd or r ent Tank (only)	nore)	
4. Experimental System 5. Seasonal Conversion		☐ 5. Seasonal Conversion Permit		☐ 10. Engineered Disposal Field (only)				
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE	<u> </u>	11. Pre-treatment, specify:				
5 00 FT		■ 1. Single Family Dwelling Unit, No. of	2			iponents		
0.46 ACRES		2. Multiple Family Dwelling, No. of Ur	nits:					
SHORELAND ZONING		3. Other:(specify)	************	1. Drilled \		Well 2. Dug Well 3. Private		
☐ Yes ■ No Current Use ☐ Seasonal ☐ Year Ro			und ■ Undeveloped ■ 4 Public □ 5. Other					
		DESIGN DÉTAILS (SY	STEM LAYOUT SHOWN ON PAGE 3)////////////////////////////////////					
TREATMENT	TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DI	SPOSAL UNIT		DESIGN FLOW	u	
1. Concrete		1. Stone Bed 2. Stone Trench	■ 1. No 🔲 2. Yes 🛄 3. Maybe		270 gallons per day			
a. Regular		■ 3. Proprietary Device □ a. cluster array □ c. Linear	If Yes or Maybe, s		BAS	gallons per day SED ON:	l	
b. Low Profile		b. regular load d. H-20 load		nulti-compartment tank		(dwelling unit(s))	i	
☐ 2. Plastic ☐ 3. Other:		4. Other:		☐ btanks in series ☐ c. increase in tank capacity		2. Table 4C (other facilities) SHOW CALCULATIONS		
CAPACITY: 1,000 GAL		SIZE:1008 sq. ft. ☐ lin. ft.	d. Filter on Tank			er facilities	1	
SOIL DATA		DISPOSAL FIELD SIZING	EFFLUENT/EJ	ECTOR PUMP				
PROFILE CO	ONDITION	1 Medium-2.6 sq. ft. / gpd	1. Not Required			G (meter readings)		
	AIII	2. MediumLarge 3.3 sq. f.t / gpd	2. May Be Requ	ired		ATER METER DATA TUDE AND LONGITUDE		
at Observation Hole #	#	□ 3. Large4.1 sq. ft. / gpd	☐ 3. Required		at	center of disposal area		
of Most Limiting Soil I	Factor	4. Extra Large5.0 sq. ft. / gpd	Specify only for en	gineered systems:	Lat. <u>N43</u> Lon. <u>W70</u>	d <u>42</u> m <u>5.</u> d <u>15</u> m54		
Bedrock		14. Exila Edige	DOSE:	gallons		nargin of error: 20	<u>.</u> s	
		SITE EVALU	IATOR STATEMEN	ίτ <i>////////</i>			77777	
certify that on	1-15-17	(date) I completed a site ev	valuation on this pro	perty and state	that the data	reported are accura	ite and	
nat the proposed	system is ir	compliance with the State of Ma						
Cand V. Chapman			293 01/18/18					
Si	te Evaluatof	Signature	SE#		Date			
Dave Chapman			(207) 200-2	129 dehar	man@seh	agotechnics.com	m	
Site Evaluator Name Printed			Telephone Nun	Section of the later of the lat		Address		
Designed with Se						Page	1 of 3	
vote: Changes to	o or deviatio	ns from the design should be co	nfirmed with the Sit	e Evaluator.		HHE-200 Rev	1. 2/11	



