

# 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: **Ice Pond Drive**  
Subdivision, Lot #: **Lot 6**

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

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): **O'Donovan, Tim**  Owner  Applicant  
Mailing Address of Owner/Applicant: \_\_\_\_\_  
Daytime Tel. #: \_\_\_\_\_

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.

**CAUTION: INSPECTION REQUIRED**  
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: \_\_\_\_\_  
\_\_\_\_\_ (2nd) date approved: \_\_\_\_\_

## PERMIT INFORMATION

**TYPE OF APPLICATION**

1. First Time System  
 2. Replacement System  
Type replaced: \_\_\_\_\_  
Year installed: \_\_\_\_\_

3. Expanded System  
 a. <25% Expansion  
 b. >= 25% Expansion  
 4. Experimental System  
 5. Seasonal Conversion

**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 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

**SIZE OF PROPERTY**  
0.46  SQ. FT.  ACRES

**SHORELAND ZONING**  
 Yes  No

**DISPOSAL SYSTEM TO SERVE**

1. Single Family Dwelling Unit, No. of Bedrooms: 4  
 2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_  
 3. Other: \_\_\_\_\_ (specify)  
Current Use  Seasonal  Year Round  Undeveloped

**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

**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: 1200  sq. ft.  lin. ft.

**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

**DESIGN FLOW**

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

**SOIL DATA**

PROFILE: 2 CONDITION: AIII  
at Observation Hole # TP-1  
Depth 29 "  
of Most Limiting Soil Factor  
Bedrock

**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

**EFFLUENT/EJECTOR PUMP**

1. Not Required  
 2. May Be Required  
 3. Required  
Specify only for engineered systems:  
DOSE: \_\_\_\_\_ gallons

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

**LATITUDE AND LONGITUDE**  
at center of disposal area  
Lat. N43 d 42 m 04.92 s  
Lon. W70 d 15 m 55.69 s  
if g.p.s. state margin of error: 20'

## SITE EVALUATOR STATEMENT

I certify that on 05-27-15 (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).

Richard A. Sweet  
Site Evaluator Signature

034  
SE #

06/02/15  
Date

Richard A. Sweet  
Site Evaluator Name Printed

797-2110  
Telephone Number

dick@sweetassociates.com  
Email Address

Designed with SeptiCAD v3

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.