



Reviewed for Code Compliance
Inspections Division
Approved with Conditions
Date: 03/10/17

WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & H
Div of Environmental H
(207) 287-5672 Fax: ()
Date: 03/10/17

PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

Street or Road: Portland, ME
1035 Ocean Ave
Subdivision, Lot #: 1025 Ocean Ave #1035

Town/City: Portland Permit # 2016-08140
Date Permit Issued: 12/15/16 Fee: \$ 100.00 Double Fee Charged []

OWNER/APPLICANT INFORMATION

Name (last, first, MI): NAPPI NICHOLAS P Owner Applicant
Mailing Address of Owner/Applicant: 1035 Ocean Ave
Portland, ME
Daytime Tel. #: 207-615-4019

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

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/Applicant: [Signature] Date: 12/15/16

(1st) date approved

Local Plumbing Inspector Signature: _____

(2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- 1. First Time System
- 2. Replacement System
Type replaced: tank only
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 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 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

80,000 SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE

- 1. Single Family Dwelling Unit, No. of Bedrooms: _____
- 2. Multiple Family Dwelling, No. of Units: _____
- 3. Other: Business

TYPE OF WATER SUPPLY

- 1. Drilled Well 2. Dug Well 3. Private
- 4. Public 5. Other

SHORELAND ZONING

Yes No

Current Use Seasonal Year Round Undeveloped

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- 1. Concrete
a. Regular
b. Low Profile
 - 2. Plastic
 - 3. Other: _____
- CAPACITY: 1000 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: _____ 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

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

SOIL DATA & DESIGN CLASS

PROFILE: _____ CONDITION: _____
at Observation Hole # _____
Depth: _____"
of Most Limiting Soil Factor

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

- Not Required
 - May Be Required
 - 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. _____ d _____ m _____ s
Lon. _____ d _____ m _____ s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _____ (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) **RECEIVED**

Site Evaluator Signature _____

SE # _____

Date DEC 15 2016

Site Evaluator Name Printed _____

Telephone Number _____

E-mail Address: Inspections@cityofportlandmaine.com

City of Portland Maine
Page 1 of 3

HHE-200 Rev. 08/2011

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

CEL 415 8003 001