

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHK  
(207) 287-5672 Fax: (207) 287-3165

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

PROPERTY LOCATION  
 City, Town, or Planization: PORTLAND  
 Street or Road: 470 RIVERSIDE STREET  
 Subdivision, Lot #: BUTLER SUBDIVISION, LOT 1  
 OWNER/APPLICANT INFORMATION  
 Name (last, first, MI): ALEXANDER RUSSELL CO. LLC  Owner  Applicant  
 Mailing Address of Owner/Applicant: 585 RIVERSIDE ST. PORTLAND, ME 04103  
 Daytime Tel. #: 797-8240

PERMIT # 9470 TOWN COPY  
 Date Permit Issued: 10/10/03 \$ 1010.00  Double Fee  Charged  
 Local Plumbing Inspector Signature: [Signature] L.P.I. # 0680  
371-A-004

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 \_\_\_\_\_ Date \_\_\_\_\_

Municipal Tax Map # 321 Lot # A-4  
 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 \_\_\_\_\_  
 (2nd) date approved \_\_\_\_\_

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: \_\_\_\_\_  
 2. Multiple Family Dwelling, No. of Units: \_\_\_\_\_  
 3. Other: OFFICE/WAREHOUSE (specify)

Current Use  Seasonal  Year Round  Undeveloped

DISPOSAL SYSTEM COMPONENTS  
 1. Complete Non-engineered System  
 2. Primitive System (graywater & alt. toilet)  
 3. Alternative Toilet, specify: \_\_\_\_\_  
 4. Non-engineered Disposal Area  
 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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)  
 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  
 SIZE: 400 sq. ft.  lin. ft.

DISPOSAL FIELD SIZING  
 1. Small—2.0 sq. ft. / gpd  
 2. Medium—2.6 sq. ft. / gpd  
 3. Medium—Large 3.3 sq. ft. / gpd  
 4. Large—4.1 sq. ft. / gpd  
 5. Extra Large—5.0 sq. ft. / gpd

TREATMENT TANK  
 1. Concrete  
 a. Regular H-20  
 b. Low Profile  
 2. Plastic  
 3. Other:  
 CAPACITY: 1000 GAL.

SOIL DATA & DESIGN CLASS  
 PROFILE CONDITION DESIGN  
2/C  
 at Observation Hole # 1  
 Depth 18"  
 of Most Limiting Soil Factor

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

DESIGN FLOW  
110 gallons per day  
 BASED ON:  
 1. Table 501.1 (dwelling unit(s))  
 2. Table 501.2 (other facilities)  
 SHOW CALCULATIONS  
 — for other facilities —  
6 EMP. X15 = 90 GPD  
EQUIP. WASH = 20 GPD  
TOML = 110 GPD  
 3. Section 503.0 (meter readings)  
 ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT  
 I certify that on 11/25/03 (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]  
 Site Evaluator Signature  
DAVID A. KAMILA  
 Site Evaluator Name Printed  
 Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.  
321 A 004

SE # 185 Date 12/9/03  
6/22/05 REUSED PAGE 3-R3  
PAK  
 Page 1 of 3  
 HHE-200 Rev. 8/01