

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 283-3426

PROPERTY ADDRESS		TOWN OR PLANTATION VINEY TOWN	
STREET S 4 M 33 TOWN RD		CITY PORTLAND	
PROPERTY OWNERS NAME		PERMIT # 1,857	TOWN COPY
Last Name: DAVIS First: FLECK		DATE: 8/1/86	FEE: \$
Applicant Name: DAVIS DAVIS		L.P.I. #	
Mailing Address of Owner/Applicant (if different)		Local Plumbing Inspector Signature: <i>[Signature]</i>	
Owner/Applicant Statement I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the 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.	
Signature of Owner/Applicant: <i>[Signature]</i> Date: 8-1-86		Date: AUG 7 - 1986	

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. <input type="checkbox"/> NEW SYSTEM 2. <input checked="" type="checkbox"/> REPLACEMENT SYSTEM 3. <input type="checkbox"/> EXPANDED SYSTEM 4. <input type="checkbox"/> SEASONAL CONVERSION 5. <input type="checkbox"/> EXPERIMENTAL SYSTEM	THIS APPLICATION REQUIRES: 1. <input type="checkbox"/> NO RULE VARIANCE REQUIRED 2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form 3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. <input type="checkbox"/> Requires only Local Plumbing Inspector Approval 5. <input type="checkbox"/> Require both State and Local Plumbing Inspector Approval	INSTALLATION IS COMPLETE SYSTEM: 1. <input type="checkbox"/> NON ENGINEERED SYSTEM 2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. <input checked="" type="checkbox"/> TREATMENT TANK (ONLY) 5. <input type="checkbox"/> HOLDING TANK 6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) 7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY) 8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) 9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR / OILING SYSTEM INSTALLED: _____ THE FAILING SYSTEM IS: 1. <input type="checkbox"/> TRENCH 2. <input type="checkbox"/> CHAMBER 3. <input type="checkbox"/> TRENCH 4. <input type="checkbox"/> OTHER	DISPOSAL SYSTEM TO SERVE: 1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING 2. <input type="checkbox"/> MODULAR OR MOBILE HOME 3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING 4. <input type="checkbox"/> OTHER SPECIFY _____	TYPE OF WATER SUPPLY: _____
SIZE OF PROPERTY: _____ ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK: 1. <input type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> AERobic SIZE: _____ GALS	WATER CONSERVATION: 1. <input type="checkbox"/> NONE 2. <input type="checkbox"/> LOW VOLUME TOILET 3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM 4. <input type="checkbox"/> ALTERNATIVE TOILET SPECIFY: _____	PUMPING: 1. <input type="checkbox"/> NOT REQUIRED 2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. <input type="checkbox"/> REQUIRED DOSE: _____ GALS	CRITERIA USED FOR DESIGN FLOW (BLC ROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC): _____
SOIL CONDITION USED FOR DESIGN PURPOSES: PROFILE: _____ CONDITION: _____ DEPTH / LIMITING FACTOR: _____	SIZE RATING USED FOR DESIGN PURPOSES: 1. <input type="checkbox"/> SMALL 2. <input type="checkbox"/> MEDIUM 3. <input type="checkbox"/> MEDIUM 4. <input type="checkbox"/> LARGE 5. <input type="checkbox"/> EXTRALARGE	DISPOSAL AREA TYPE/SIZE: 1. <input type="checkbox"/> BED _____ Sq Ft 2. <input type="checkbox"/> CHAMBER _____ Sq Ft <input type="checkbox"/> REGULAR <input type="checkbox"/> 11-20 3. <input type="checkbox"/> TRENCH _____ Linear Ft 4. <input type="checkbox"/> OTHER: _____	DESIGN FLOW: _____ (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On _____ (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator or Professional Engineer's Signature: _____
 Local Plumbing Inspector Signature: _____

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