

17 3rd St 85-8-5

Department of Human Services
Division of Health Engineering
(207) 289-3828

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS
Town or Plantation: Peaks Island
Street: 85-8-5
Subdivision Lot #: proposed 3th st

PROPERTY OWNERS NAME
Last: Glen First: St. Front
766-2139

Applicant Name: Island Prop Services Inc

Mailing Address of Owner/Applicant (if Different): P.O. Box 458, Peaks Island

PORTLAND
Date Permitted: 11/18/93 4523
TOWN COPY
FEE Double Fee Charged
Local Plumbing Inspector Signature: [Signature] T.P.T. # 01124

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understanding and that any falsification is reason for the Local Plumbing Inspector to deny a Permit.
Signature of Owner/Applicant: [Signature] Date: 7/18/93

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Signature: Arthur Rowe Date Approved: 7-28-93
Local Plumbing Inspector Signature

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- NEW SYSTEM
- REPLACEMENT SYSTEM
- EXPANDED SYSTEM
- SEASONAL CONVERSION
- EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- NO RULE VARIANCE REQUIRED
- NEW SYSTEM VARIANCE
Attach New System Variance Form
- REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- Requires only Local Plumbing Inspector Approval
- Requires both State and Local Plumbing Inspector Approval

INSTALLATION IS COMPLETE SYSTEM

- NON-ENGINEERED SYSTEM
- PRIMITIVE SYSTEM (Includes Alternative Toilet)
- ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:

- TREATMENT TANK (ONLY)
- HOLDING TANK
- ALTERNATIVE TOILET (ONLY)
- NON-ENGINEERED DISPOSAL AREA (ONLY)
- ENGINEERED DISPOSAL AREA (ONLY)
- SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED: 1965
THE FAILING SYSTEM IS:

- BED
- CHAMBER
- TRENCH
- OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- SINGLE FAMILY DWELLING
- MODULAR OR MOBILE HOME
- MULTIPLE FAMILY DWELLING
- OTHER: _____ SPECIFY _____

SIZE OF PROPERTY: _____ ZONING: _____

TYPE OF WATER SUPPLY
Public

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- SEPTIC: Regular Low Profile
- AEROBIC

SIZE: _____ GALS.

WATER CONSERVATION

- NONE
- LOW VOLUME TOILET
- SEPARATED LAUNDRY SYSTEM
- ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- NOT REQUIRED
- MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
- REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: _____ CONDITION: _____

DEPTH TO LIMITING FACTOR: _____

SIZE RATINGS USED FOR DESIGN PURPOSES

- SMALL
- MEDIUM
- MEDIUM-LARGE
- LARGE
- EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- BED _____ Sq. Ft.
- CHAMBER _____ Sq. Ft.
 REGULAR 4-20
- TRENCH _____ Linear Ft.
- 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 EVALUATION WAIVED BY LOCAL OPTION

Site Evaluator or Professional Engineer's Signature: _____ SE# / PE# _____ Date: _____

* Local Plumbing Inspector's Signature & Local Site Evaluation Waiver under a Local Option

STATE COPY