

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 286-3926

**PROPERTY ADDRESS**

Town or Plantation: Pratt Island  
 Street: REAR  
 Subdivision Lot #: 10

**PORTLAND PERMIT # 3,048**

Date Permitted: SEP 7 1989 **TOTAL COPY FEE** \$120

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

**PROPERTY OWNER'S NAME**

Last Name: Norman First: [unclear]

Applicant Name: \_\_\_\_\_

Mailing Address of Owner/Applicant (if different): 7 South Bay View, The  
Pratt Island, ME

**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.

Signature of Owner/Applicant: [Signature] Date: \_\_\_\_\_

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: \_\_\_\_\_ Date: SEP 7 1989

## PERMIT INFORMATION

**THIS APPLICATION IS FOR:**

1.  NEW SYSTEM
2.  REPLACEMENT SYSTEM
3.  EXPANDED SYSTEM
4.  SEASONAL CONVERSION
5.  EXPERIMENTAL SYSTEM

**THIS APPLICATION REQUIRES:**

1.  NO RULE VARIANCE REQUIRED
2.  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
4.  Requires both State and Local Plumbing Inspector Approval

**INSTALLATION IS COMPLETE SYSTEM**

1.  NON-ENGINEERED SYSTEM
2.  PRIMITIVE SYSTEM (Includes Alternative Toilet)
3.  ENGINEERED (+2000 gpd)

**INDIVIDUALLY INSTALLED COMPONENTS:**

4.  TREATMENT TANK (ONLY)
5.  HOLDING TANK
6.  ALTERNATIVE TOILET (ONLY)
7.  NON-ENGINEERED DISPOSAL AREA (ONLY)
8.  ENGINEERED DISPOSAL AREA (ONLY)
9.  SEPARATED LAUNDRY SYSTEM

**IF REPLACEMENT SYSTEM:**  
 YEAR FAILING SYSTEM INSTALLED: 1970

**THE FAILING SYSTEM IS:**

1.  BED
2.  CHAMBER
3.  TRENCH
4.  OTHER

**DISPOSAL SYSTEM TO SERVE:**

1.  SINGLE FAMILY DWELLING
2.  MODULAR OR MOBILE HOME
3.  MULTIPLE FAMILY DWELLING
4.  OTHER \_\_\_\_\_ SPECIFY \_\_\_\_\_

**SIZE OF PROPERTY** \_\_\_\_\_ **ZONING** \_\_\_\_\_

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 2)

**TREATMENT TANK**

SEPTIC  Regular  Low Profile

AEROBIC

Size: 1000 GALS.

**WATER CONSERVATION**

1.  NONE
2.  LOW VOLUME TOILET
3.  SEPARATED LAUNDRY SYSTEM
4.  ALTERNATIVE TOILET

SPECIFY: \_\_\_\_\_

**PUMPING**

1.  NOT REQUIRED
2.  MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION)
3.  REQUIRED

DOSE: \_\_\_\_\_ GALS

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

DESIGN FLOW: \_\_\_\_\_ (GALLONS/DAY)

**SOIL CONDITIONS USED FOR DESIGN PURPOSES**

PROFILE: \_\_\_\_\_ CO. DITION: \_\_\_\_\_

DEPTH TO LIMITING FACTOR: \_\_\_\_\_

**SIZE RATINGS USED FOR DESIGN PURPOSES**

1.  SMALL
2.  MEDIUM
3.  MEDIUM-LARGE
4.  LARGE
5.  EXTRA-LARGE

**DISPOSAL AREA TYPE/SIZE**

1.  BED \_\_\_\_\_ Sq. Ft.
2.  CHAMBER \_\_\_\_\_ Sq. Ft.
3.  TRENCH \_\_\_\_\_ H-20 \_\_\_\_\_ Depth Ft.
4.  OTHER \_\_\_\_\_

## SITE EVALUATION OF SYSTEM

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

Site Evaluator's Professional Engineer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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