

93-G-3-6

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

Town Or Plantation: Long Island
 Circuit: 93-6-45-6
 Subdivision Lot #: 015
 PROPERTY ADDRESS: 93-6-45-6
 PROPERTY OWNERS NAME: Neilson Scott W. & Co. Inc.

FORTLAND
 Date Form Issued: 106-142-91A
 Local Plumbing Inspector: Scott W. Neilson
 Chief Plumbing Inspector
 L.P.I. #: 015
 TOWN COP: 106-142-91A

Owner/Applicant Statement
 I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is a violation of the Local Plumbing Inspector's Code of Practice.
 Signature: Scott W. Neilson
 Date: 6/14/95

Caution: Inspection Required
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
 Signature: Scott W. Neilson
 Date: 6/14/95

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)
 Requiring Local Plumbing Inspector Approval
 Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:
 COMPLETE SYSTEM
 NON-ENGINEERED SYSTEM
 PRIMITIVE SYSTEM (Includes Alternative Toilet)
 ENGINEERED (1-2000 RPD)
 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:
 YES NO
 TYPE OF SYSTEM IS:
 BED TRENCH
 CHAMBER OTHER
 SIZE OF PROPERTY: 1.5 ZONING: R-1

DISPOSAL SYSTEM TO SERVE:
 SINGLE FAMILY DWELLING
 MODULAR OR MOBILE HOME
 MULTI-FAMILY DWELLING
 OTHER

TREATMENT:
 SEPTIC (Low Profile)
 AEROBIC
 OTHER
 SIZE: _____ GALLONS

WATER CONSERVATION:
 LOW FLOW TOILET
 SEPARATED LAUNDRY SYSTEM
 ALTERNATIVE TOILET
 SPECIFY: _____

PUMPING:
 NOT REQUIRED
 MAY BE REQUIRED (DEPENDENT ON TREATMENT TYPE, LOCATION AND ELEVATION)
 REQUIRED
 DOSE: _____ GALLONS

CRITERIA USED FOR DESIGN FLOW (BATHROOMS, SEATING EMPLOYEES, VEHICLES, RECORDS, ETC.)

SOIL CONDITIONS USED FOR DESIGN PURPOSES:
 PROFILE: _____ CONDITION: _____
 DEPTH TO LIMITING FACTOR: _____

SIZING RATINGS USED FOR DESIGN PURPOSES:
 SMALL
 MEDIUM
 MEDIUM LARGE
 LARGE
 EXTRA LARGE

DISPOSAL AREA TYPE/SIZE:
 BED _____ Sq. Ft.
 CHAMBER _____ Sq. Ft.
 REGULAR OR H-20
 TRENCH _____ Linear Ft.
 OTHER: _____

DESIGN FLOW: _____ (GALLONS DAY)

SITE EVALUATOR STATEMENT
 (date) I conducted a site evaluation for this project and certify that the data reported is accurate.
 Signature: _____
 Title: _____
 Date: _____

TOWN COP