

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation: Milbridge

Street: Boysen Ln

Subdivision Lot #: 20-5

PROPERTY OWNERS NAME

Last: Picini First: Harold & Joanne

Applicant Name: GEORGE WEST

Mailing Address of Owner/Applicant (if different): DROP ANCHOR REALTY MILBRIDGE ME

MILBRIDGE PERMIT # 87 STATE COPY

Due Permit Fee: 6.11.88 \$ 14,900 Double Fee Charged

Charles Belenche L.P.I. # 546

Local Plumbing Inspector Signature

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] Date: _____

Signature of Owner/Applicant

Caution: Inspection Required

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

[Signature] Date Approved: 7-5-88

Local Plumbing Inspector Signature

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

3. Requiring Local Plumbing Inspector Approval

4. Requires 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 _____

THE FAILING SYSTEM IS:

1. BED 3. TRENCH NA

2. CHAMBER 4. OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. SINGLE FAMILY DWELLING

2. MODULAR OR MOBILE HOME

3. MULTIPLE FAMILY DWELLING

4. OTHER _____ SPECIFY _____

TYPE OF WATER SUPPLY

PROPOSED DRILLED WELL

SIZE OF PROPERTY 4.79 ac.

ZONING residential

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. SEPTIC: Regular Low Profile

2. AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1. NONE

2. LOW VOLUME TOILET

3. SEPARATED LAUNDRY SYSTEM

4. ALTERNATIVE TOILET

SPECIFY: regular

PUMPING

1. NOT REQUIRED

2. MAY BE REQUIRED
(DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)

3. REQUIRED

DOSE: _____ GALS.

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

3 BDR.

DESIGN FLOW: 270
(GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 2 | CONDITION: C

DEPTH TO LIFTING FACTOR: 15

SIZE RATINGS USED FOR DESIGN PURPOSES

1. SMALL

2. MEDIUM

3. MEDIUM-LARGE

4. LARGE

5. EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. BED 900 Sq. Ft.

2. CHAMBER _____ Sq. Ft.

REGULAR H-20

3. TRENCH _____ Linear Ft.

4. OTHER: _____

SITE EVALUATOR STATEMENT

SITE EVALUATION WAIVED BY LOCAL OPTION

On 5-3-86 (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.

[Signature] #118 Date: 5-18-86

Site Evaluator Signature SE# Date

Local Plumbing Inspector Signature # & Local Site Evaluation Waiver under a Local Option