

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation _____
 Street or Road _____
 Subdivision, Lot # _____

Town/City _____ Permit # _____
 Date Permit Issued ___/___/___ Fee: \$ _____ Double Fee Charged []
 L.P.I. # _____
 Local Plumbing Inspector Signature _____
 Owner Town State

OWNER/APPLICANT INFORMATION

Name (last, first, MI) _____
 Owner
 Applicant

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Mailing Address _____
 Owner/Applicant _____
 Daytime Tel. # _____

Municipal Tax Map # _____ Lot # _____
CAUTION: INSPECTION REQUIRED
 I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved _____
 Local Plumbing Inspector Signature _____ (2nd) date approved _____

OWNER OR APPLICANT STATEMENT
 I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.

PERMIT INFORMATION

Signature of Owner or Applicant _____ Date _____

TYPE OF APPLICATION

1. First Time System
 2. Replacement System
 Type replaced: _____
 Year installed: _____
 3. Expanded System
 a. <25% Expansion
 b. >25% Expansion
 4. Experimental System
 5. Seasonal Conversion

THIS APPLICATION REQUIRES

1. No Rule Variance
 2. First Time System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 3. Replacement System Variance
 a. Local Plumbing Inspector Approval
 b. State & Local Plumbing Inspector Approval
 4. Minimum Lot Size Variance
 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

1. Complete Non-engineered System
 2. Primitive System (graywater & alt. toilet)
 3. Alternative Toilet, specify: _____
 4. Non-engineered Treatment Tank (only)
 5. Holding Tank, _____ gallons
 6. Non-engineered Disposal Field (only)
 7. Separated Laundry System
 8. Complete Engineered System (2000 gpd or more)
 9. Engineered Treatment Tank (only)
 10. Engineered Disposal Field (only)
 11. Pre-treatment, specify: _____
 12. Miscellaneous Components

SIZE OF PROPERTY

SQ. FT.
 ACRES

DISPOSAL SYSTEM TO SERVE

1. Single Family Dwelling Unit, No. of Bedrooms: _____
 2. Multiple Family Dwelling, No. of Units: _____
 3. Other: _____
 Current Use Seasonal Year Round Undeveloped

TYPE OF WATER SUPPLY

1. Drilled Well 2. Dug Well 3. Private
 4. Public 5. Other _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. Concrete
 a. Regular
 b. Low Profile
 2. Plastic
 3. Other: _____
 CAPACITY: _____ GAL.

DISPOSAL FIELD TYPE & SIZE

1. Stone Bed 2. Stone Trench
 3. Proprietary Device
 a. cluster array c. Linear
 b. regular load d. H-20 load
 4. Other: _____
 SIZE: _____ sq. ft. _____ lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes 3. Maybe
 If Yes or Maybe, specify one below:
 a. multi-compartment tank
 b. _____ tanks in series
 c. increase in tank capacity
 d. Filter on Tank Outlet

DESIGN FLOW

_____ gallons per day
 BASED ON:
 1. Table 4A (dwelling units(s))
 2. Table 4C (other facilities)
 SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS PROFILE CONDITION

at Observation Hole # _____
 Depth _____"
 of Most Limiting Soil Factor _____

DISPOSAL FIELD SIZING

1. Medium--2.6 sq. ft. / gpd
 2. Medium--Large 3.3 sq. ft. / gpd
 3. Large--4.1 sq. ft. / gpd
 4. Extra Large--5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

Not Required
 May Be Required
 Required
 Specify only for engineered systems:
 DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
 Lat. _____ d _____ m _____ s
 Lon. _____ d _____ m _____ s
 if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _____ (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature _____

SE # _____

Date _____

Site Evaluator Name Printed _____

Telephone Number _____

E-mail Address _____

Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

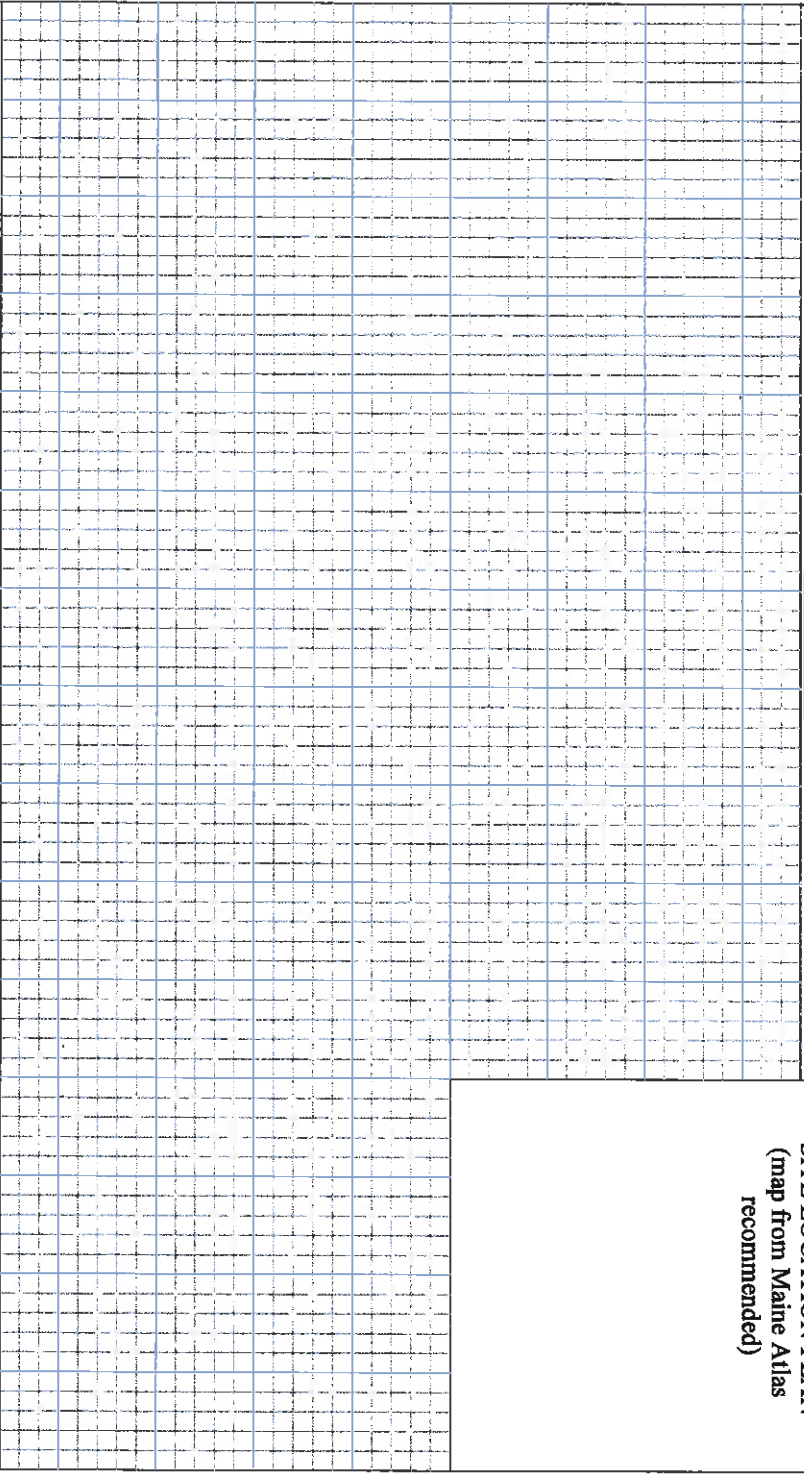
Owner's Name

SITE PLAN

Scale 1" =

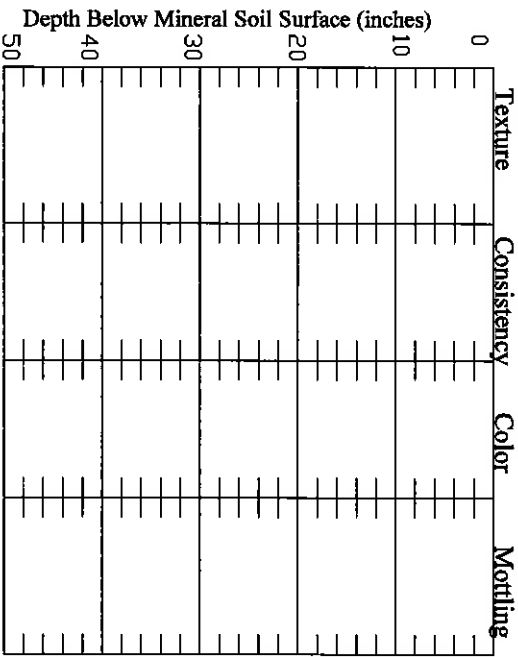
ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)



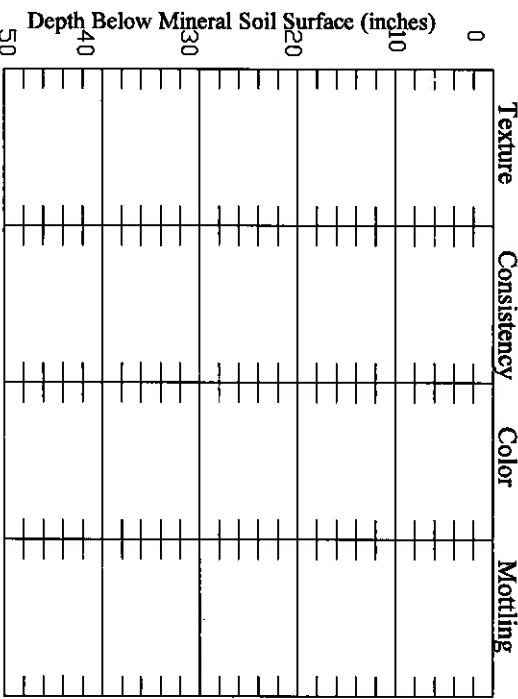
SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile Condition	%	"	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
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Site Evaluator Signature

SE #

Date

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SUBSURFACE WASTEWATER DISPOSAL PLAN

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SCALE: 1" = _____ FT.

FILL REQUIREMENTS

Depth of Fill (Upslope)

Finished Grade Elevation

Top of Distribution Pipe or Proprietary Device

Depth of Fill (Downslope)

Bottom of Disposal Area

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Location & Description:

Reference Elevation: _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

Site Evaluator Signature _____

SE # _____

Date _____