

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<		
		Town/City _____		Permit # _____
		Date Permit Issued _____ / _____ / _____	Fee: \$ _____	Double Fee Charged <input type="checkbox"/>
Subdivision, Lot # _____		Local Plumbing Inspector Signature _____ L.P.I. # _____		
OWNER/APPLICANT INFORMATION		Fee: \$ _____ state min fee \$ _____ Locally adopted fee Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State		
Name (last, first, MI) _____ Owner <input type="checkbox"/> Applicant <input checked="" type="checkbox"/>		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 of Owner/Applicant _____		Municipal Tax Map # _____ Lot # _____		
Daytime Tel. # _____		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 _____		
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____		
PERMIT INFORMATION				
TYPE OF APPLICATION		THIS APPLICATION REQUIRES		DISPOSAL SYSTEM COMPONENTS
<input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion		<input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit		<input type="radio"/> 1. Complete Non-engineered System <input type="radio"/> 2. Primitive System (graywater & alt. toilet) <input type="radio"/> 3. Alternative Toilet, specify: _____ <input type="radio"/> 4. Non-engineered Treatment Tank (only) <input type="radio"/> 5. Holding Tank, _____ gallons <input type="radio"/> 6. Non-engineered Disposal Field (only) <input type="radio"/> 7. Separated Laundry System <input type="radio"/> 8. Complete Engineered System (2000 gpd or more) <input type="radio"/> 9. Engineered Treatment Tank (only) <input type="radio"/> 10. Engineered Disposal Field (only) <input type="radio"/> 11. Pre-treatment, specify: _____ <input type="radio"/> 12. Miscellaneous Components
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE		TYPE OF WATER SUPPLY
<input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES		<input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____		<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING		(specify)		
<input type="checkbox"/> Yes <input type="checkbox"/> No		Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)				
TREATMENT TANK		DISPOSAL FIELD TYPE & SIZE		DESIGN FLOW
<input type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.		<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. <input type="checkbox"/> lin. ft.		<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 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
SOIL DATA & DESIGN CLASS PROFILE CONDITION		DISPOSAL FIELD SIZING		BASED ON:
_____ / _____ at Observation Hole # _____ Depth _____ " of Most Limiting Soil Factor		<input checked="" type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd		<input type="checkbox"/> 1. Table 5A (dwelling unit(s)) <input type="checkbox"/> 2. Table 5C (other facilities) SHOW CALCULATIONS for other facilities
				<input type="checkbox"/> 3. Section 5G (meter readings) ATTACH WATER METER DATA
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.				
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Department of Health & Human Services
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Town, City, Plantation

Street, Road, Subdivision

Owner's Name

SITE PLAN

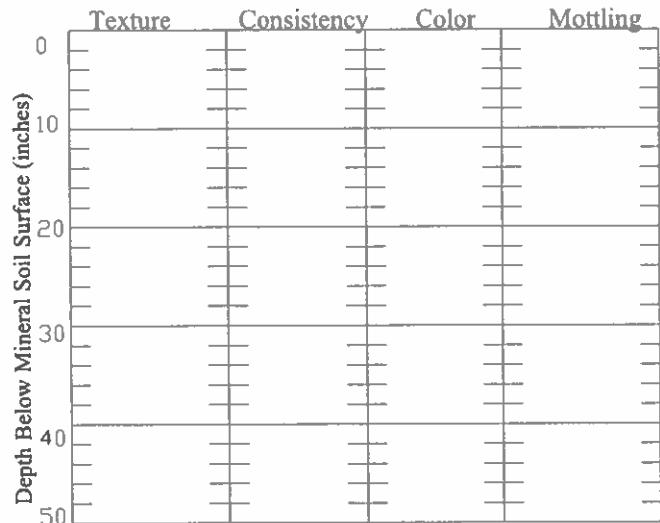
Scale 1" =

ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)

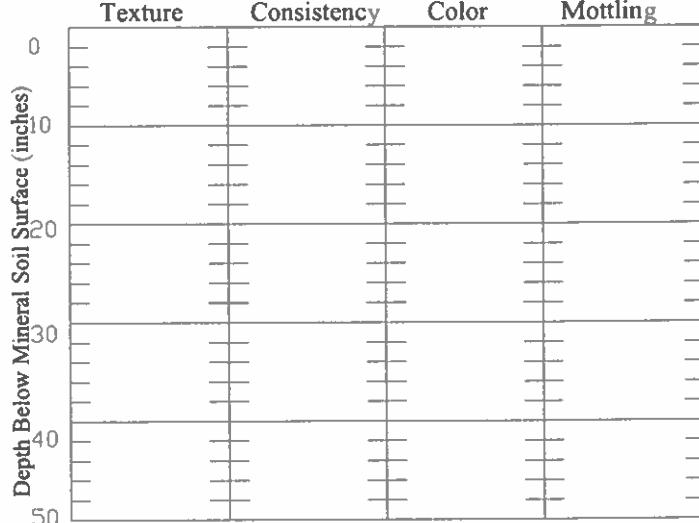
SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

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



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

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Site Evaluator Signature

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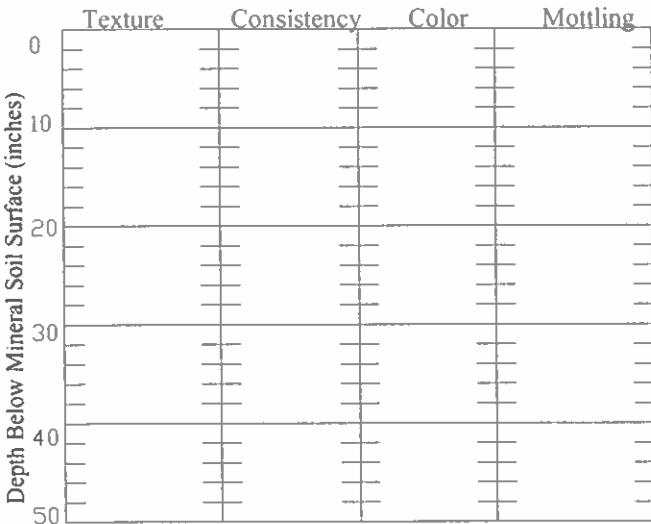
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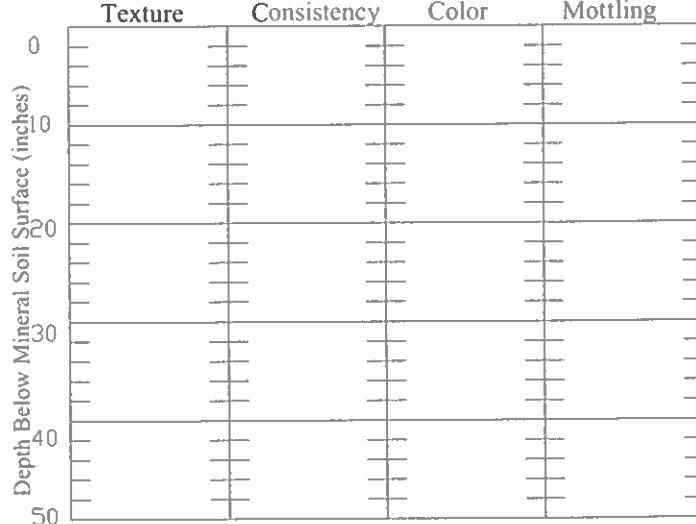
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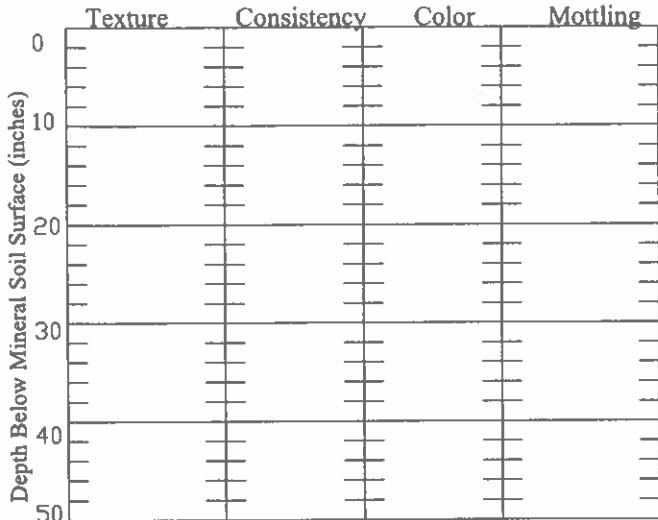
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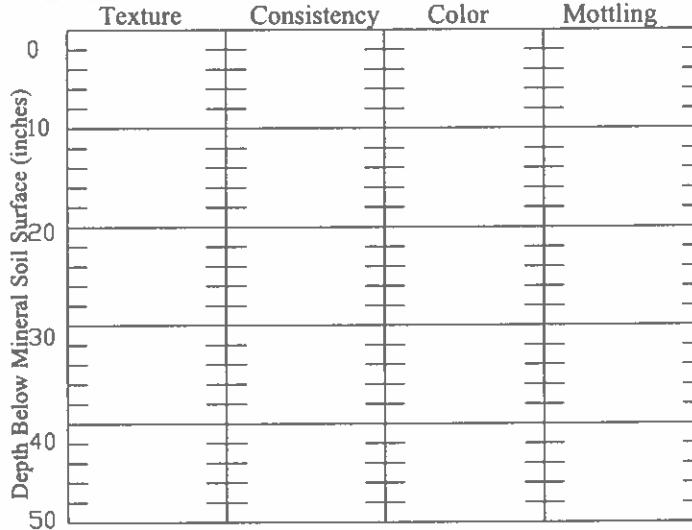
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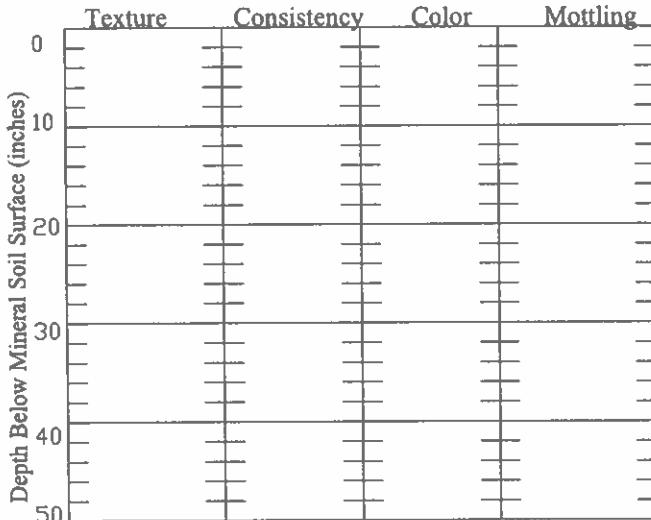
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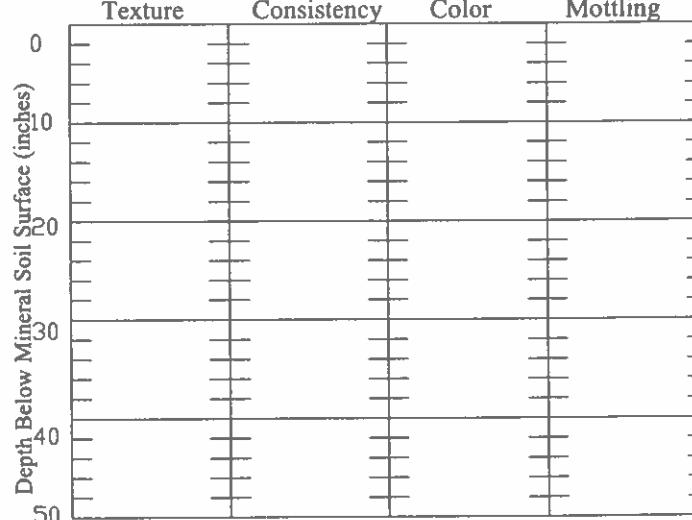
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SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" =

FT.

FILL REQUIREMENTS

Depth of Fill (Upslope)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation

ELEVATION REFERENCE POINT

Location & Description:

Depth of Fill (Downslope)

Top of Distribution Pipe or Proprietary Device

Reference Elevation:

Bottom of Disposal Area

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

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SCALE: 1" = _____ FT.

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Finished Grade Elevation

Top of Distribution Pipe or Proprietary Device

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Reference Elevation: _____

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Horizontal 1" = _____ ft.

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