

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 115HS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation		Town/City _____	Permit # _____
Street or Road		Date Permit Issued: ____/____/____	Fee: \$ _____ Double Fee Charged <input type="checkbox"/>
Subdivision, Lot #		L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	Owner <input type="checkbox"/> Applicant <input type="checkbox"/>	Fee: \$ _____ state min fee \$ _____	Locally adopted fee _____
Mailing Address of Owner/Applicant		Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Daytime Tel. #		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.	
		Municipal Tax Map # _____	Lot # _____
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		(1st) date approved _____	
		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"/> 1. No Rule Variance	<input type="radio"/> 1. Complete Non-engineered System	
<input type="checkbox"/> 2. Replacement System	<input type="checkbox"/> 2. First Time System Variance	<input type="radio"/> 2. Primitive System (graywater & alt. toilet)	
Type replaced: _____	<input type="checkbox"/> a. Local Plumbing Inspector Approval	<input type="radio"/> 3. Alternative Toilet, specify: _____	
Year installed: _____	<input type="checkbox"/> b. State & Local Plumbing Inspector Approval	<input type="radio"/> 4. Non-engineered Treatment Tank (only)	
<input type="checkbox"/> 3. Expanded System	<input type="checkbox"/> 3. Replacement System Variance	<input type="radio"/> 5. Holding Tank, _____ gallons	
<input type="checkbox"/> a. <25% Expansion	<input type="checkbox"/> a. Local Plumbing Inspector Approval	<input type="radio"/> 6. Non-engineered Disposal Field (only)	
<input type="checkbox"/> b. ≥25% Expansion	<input type="checkbox"/> b. State & Local Plumbing Inspector Approval	<input type="radio"/> 7. Separated Laundry System	
<input type="checkbox"/> 4. Experimental System	<input type="checkbox"/> 4. Minimum Lot Size Variance	<input type="radio"/> 8. Complete Engineered System (2000 gpd or more)	
<input type="checkbox"/> 5. Seasonal Conversion	<input type="checkbox"/> 5. Seasonal Conversion Permit	<input type="radio"/> 9. Engineered Treatment Tank (only)	
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: _____		
SHORELAND ZONING	<input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____	<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	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> 3. Other: _____ (specify) 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	GARBAGE DISPOSAL UNIT	DESIGN FLOW
<input type="checkbox"/> 1. Concrete	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench	<input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe	_____ gallons per day
<input type="checkbox"/> a. Regular	<input type="checkbox"/> 3. Proprietary Device	If Yes or Maybe, specify one below:	BASED ON:
<input type="checkbox"/> b. Low Profile	<input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear	<input type="checkbox"/> a. multi-compartment tank	<input type="checkbox"/> 1. Table 5A (dwelling unit(s))
<input type="checkbox"/> 2. Plastic	<input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load	<input type="checkbox"/> b. _____ tanks in series	<input type="checkbox"/> 2. Table 5C (other facilities)
<input type="checkbox"/> 3. Other: _____	<input type="checkbox"/> 4. Other: _____	<input type="checkbox"/> c. increase in tank capacity	SHOW CALCULATIONS for other facilities
CAPACITY: _____ GAL.	SIZE: _____ sq. ft. <input type="checkbox"/> lin. ft.	<input type="checkbox"/> d. Filter on Tank Outlet	<input type="checkbox"/> 3. Section 5G (meter readings)
SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP	ATTACH WATER METER DATA
PROFILE CONDITION _____	<input checked="" type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required	LATITUDE AND LONGITUDE at center of disposal area
at Observation Hole # _____	<input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd	<input type="checkbox"/> 2. May Be Required	
Depth _____"	<input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd	<input type="checkbox"/> 3. Required	
of Most Limiting Soil Factor	<input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	Specify only for engineered systems: DOSE: _____ gallons	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.			

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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

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile	Condition	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
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SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = _____ FT.

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) _____

Finished Grade Elevation _____

Location & Description: _____

Top of Distribution Pipe or Proprietary Device _____

Depth of Fill (Downslope) _____

Bottom of Disposal Area _____

Reference Elevation: _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

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