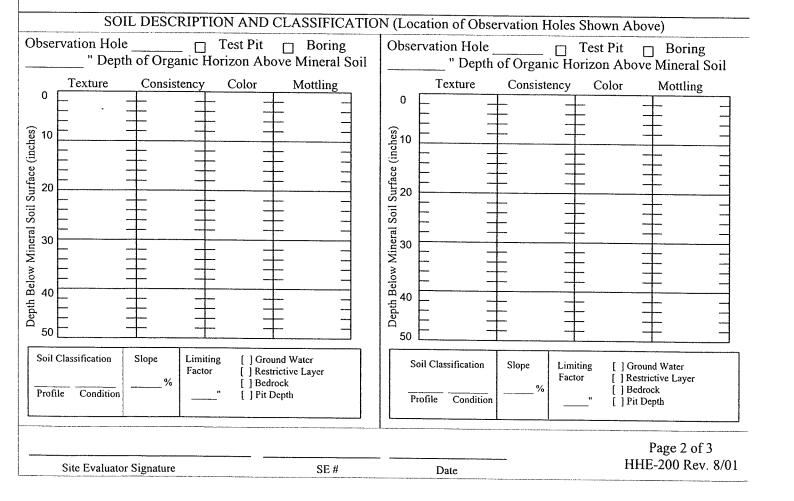
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Div of Environmental Health , 11 SHS (207) 287-5672 Fax: (207) 287-4172 **PROPERTY LOCATION** >> CAUTION: LPI APPROVAL REQUIRED << City, Town, or Plantation Town/City __ ____ Permit # ___ Street or Road Date Permit Issued ___/__/ Fee: \$_____ Double Fee Charged [] Subdivision, Lot # ____ L.P.I. #___ Local Plumbing Inspector Signature OWNER/APPLICANT INFORMATION C Owner F. Town L State 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 Mailing Address of authorize the owner or installer to install the disposal system in accordance Owner/Applicant with this application and the Maine Subsurface Wastewater Disposal Rules. Daytime Tel. # Municipal Tax Map # 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. (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** ☐. First Time System ☐. No Rule Variance □1. Complete Non-engineered System □2. Primitive System (graywater & alt. toilet) □ 2. Replacement System C2. First Time System Variance □3. Alternative Toilet, specify:_ ta. Local Plumbing Inspector Approval tb. State & Local Plumbing Inspector Approval Type replaced: □4. Non-engineered Treatment Tank (only) Year installed: □5. Holding Tank, _ __ gallons 3. Replacement System Variance □3. Expanded System □a. <25% Expansion □b. ≥25% Expansion □6. Non-engineered Disposal Field (only) [a. Local Plumbing Inspector Approval[b. State & Local Plumbing Inspector Approval □7. Separated Laundry System □8. Complete Engineered System (2000 gpd or more) □4. Experimental System 4. Minimum Lot Size Variance □9. Engineered Treatment Tank (only) □5. Seasonal Conversion ☐ 0. Engineered Disposal Field (only) 5. Seasonal Conversion Permit ☐11. Pre-treatment, specify: SIZE OF PROPERTY **DISPOSAL SYSTEM TO SERVE** ☐12. Miscellaneous Components Single Family Dwelling Unit, No. of Bedrooms: ____ CSQ. FT. TYPE OF WATER SUPPLY 12. Multiple Family Dwelling, No. of Units: _ **FACRES** [3. Other: ___ □1. Drilled Well 2□ Dug Well 3. Private SHORELAND ZONING (specify) □Yes □4. Public 5□Other No Current Use Seasonal Year Round Undeveloped DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) TREATMENT TANK **DISPOSAL FIELD TYPE & SIZE GARBAGE DISPOSAL UNIT DESIGN FLOW** ☐1. Concrete 1. Stone Bed 20Stone Trench ☐. No 2□Yes 3. Maybe ā. Regular 3. Proprietary Device If Yes or Maybe, specify one below: gallons per day **1b.** Low Profile a. cluster array clinear BASED ON: 2. Plastic a. multi-compartment tank ☐1. Table 4A (dwelling unit(s)) ib. regular load di H-20 load tb. ___ tanks in series □2. Table 4C(other facilities) 4. Other: ____ increase in tank capacity SHOW CALCULATIONS for other facilities CAPACITY: ____ SIZE: sq.ft.linoft. d. Filter on Tank Outlet **SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING EFFLUENT/EJECTOR PUMP** □3. Section 4G (meter readings) PROFILE CONDITION ATTACH WATER METER DATA Not Required 다. Medium---2.6 sq. ft. / gpd 2. May Be Required LATITUDE AND LONGITUDE at Observation Hole #_ 2. Medium-Large 3.3 sq. f.t / gpd C3. Required at center of disposal area Depth 3. Large--4.1 sq. ft. / gpd m Specify only for engineered systems: of Most Limiting Soil Factor Lon. d m ^[4]. Extra Large—5.0 sq. ft. / gpd DOSE: ____ gailons if g.p.s, state margin of error: SITE EVALUATOR STATEMENT _____(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. Page 1 of 3 HHE-200 Rev. 08/2011

Maine Dept.Health & Human Services

	·····	JBSURFA			TER DIS	POSAL				.ICATIO		Di	partment vision of 287-5672 Ow	Health E	Engineer (207) 28	ring
SITE PLAN Scale 1" =					ft or	as show	n									
			, .											ΓΕ LOCA nap from		
															mended)	
								ļ					_			
	·															
	7 2															
			en e													
			-													
			;													· · · · · · · · · · · · · · · · · · ·
		SC	OIL DES					TIO				vation He	oles Shov	vn Abov	e)	<u> </u>
O	bse:	rvation Hol Dep"		□ rganic He	Test Pit orizon Al	□ I bove Mi	Boring ineral Sc	oil	Obs	ervation		f Organi	Test	Pit _	Boring	C-11
	0	Texture		sistency	Color		ttling			 Text		Consister		olor	Mottling	
	0	_	+	=	· -	1			0		1	-	4			
hes)	10	<u> </u>	=						(S) 10			- 	+	_	_	=
e (inc			圭		-	+	=		Depth Below Mineral Soil Surface (inches)	F	+	-		=		
urfac	20		+						os ar la			-				=
Soil S					-		_		Soil S	_	+	-	#	_	_	_
neral	30		_		-	+			leral (-				
× Mii		E	丰		-		\exists		Mir.	F	#	-	+	= =		
Belor	40	_			-	<u> </u>			Belov						_	=
Depth Below Mineral Soil Surface (inches)			=	圭	-		\exists		epth 40	E	+	<u>-</u>		=		4
	50		土			<u> </u>			50			-	<u> </u>			
	Soil (Profi	Classification le Condition	Slope	Limitin Factor		ound Water strictive La drock Depth				Soil Classifi	cation	Slope %	Limiting Factor	[] Ground [] Restrict [] Bedroc [] Pit Dep	tive Layer k	
_		Site Evaluate	or Signatu	ге			SE#		J	Date	-			P HHE-	age 2 of 200 Rev	3 . 02/11

.

Town, City, Plantation Street, Road SITE PLAN Scale 1" = ft. or a	(207) 287-5672 Fax: (207) 287-316 , Subdivision Owner's Name
SITE PLAN Scale 1" = ft. or a	
	SITE LOCATION PLAN (map from Maine Atlas recommended)



Department of Human Services SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Division of Health Engineering (207) 287-5672 Fax: (207) 287-3165 Town, City, Plantation Street, Road, Subdivision Owner's Name SUBSURFACE WASTEWATER DISPOSAL PLAN SCALE: 1" = FT. FILL REQUIREMENTS CONSTRUCTION ELEVATIONS **ELEVATION REFERENCE POINT** Location & Description: Finished Grade Elevation Depth of Fill (Upslope) Top of Distribution Pipe or Proprietary Device Reference Elevation: Depth of Fill (Downslope) Bottom of Disposal Area **DISPOSAL AREA CROSS SECTION** Scale Horizontal 1" = _____ ft. Vertical Page 3 of 3 HHE-200 Rev. 02/11 Site Evaluator Signature SE# Date

SUBSURFACE WASTEV	Department of Human Services Division of Health Engineering (207) 287-5672 Fax: (207) 287-3165				
Town, City, Plantation	Street, Road, Subdivision	Owner's Name			
SUBSURFA	ACE WASTEWATER DISPOSAL PLAN	0			
		SCALE: 1" = FT.			
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT			
Depth of Fill (Upslope) Depth of Fill (Downslope)	Finished Grade Elevation Top of Distribution Pipe or Proprietary Device Bottom of Disposal Area	Location & Description: Reference Elevation:			
	DISPOSAL AREA CROSS SECTION	Scale Horizontal 1" = ft. Vertical 1" = ft.			
		Page 3 of 3			
Site Evaluator Signature	SE # Date	HHE-200 Rev. 02/1			

Date

SUBSURFACE WASTEWATER D	BSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION					
Town, City, Plantation	Street, Road, Subdivision	(207) 287-5672 Fax: (207) 287-3165 Owner's Name				
SUBSURFACE WAS	TEWATER 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 Bottom of Disposal Area	Reference Elevation:
	DISPOSAL AREA CROSS SECTION	Scale
		Horizontal 1" = ft. Vertical 1" = ft.
	EXISTING GF	

Date

SE#

Site Evaluator Signature

Page 3 of 3 HHE-200 Rev. 02/11

SUBSURFACE WASTEW	VATER DISPOSAL SYSTEM APPLICATION	Department of Human Services Division of Health Engineering (207) 287-5672 Fax: (207) 287-3165
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
SUBSURFA	ACE WASTEWATER DISPOSAL PLAN	
	DISTORDING STATE	O
		SCALE: 1" =FT.
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	Finished Grade Elevation	Location & Description:
Depth of Fill (Downslope)	Top of Distribution Pipe or Proprietary Device Bottom of Disposal Area	Reference Elevation:
	DISPOSAL AREA CROSS SECTION	Scale Horizontal 1" = ft. Vertical 1" = ft.
3	3' 3 1 12" LEVEL 6"	

Page 3 of 3 HHE-200 Rev. 02/11

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Town, City, Plantation Street, Road, Subdivision SUBSURFACE WASTEWATER DISPOSAL PLAN Department of Human Services Division of Health Engineering (207) 287-5672 Fax: (207) 287-3165 Owner's Name SUBSURFACE WASTEWATER DISPOSAL PLAN O SCALE: I" = FT.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	Finished Grade Elevation	Location & Description:	
· ····-	Top of Distribution Pipe or Proprietary Device	Reference Elevation:	
Depth of Fill (Downslope)	Bottom of Disposal Area		
	DISPOSAL AREA CROSS SECTION	Scale	
		Horizontal I" =ft.	
		Vertical I" = ft.	
		<u> </u>	
	3" — —	I	

LEVEL

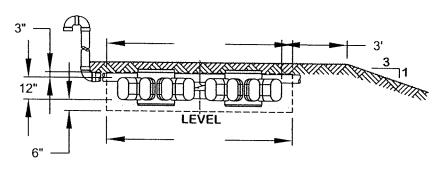
12"

EXISTING GRADE

LEVEL

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Town, City, Plantation Street, Road, Subdivision SUBSURFACE WASTEWATER DISPOSAL PLAN Department of Human Services Division of Health Engineering (207) 287-5672 Fax: (207) 287-3165 Owner's Name SUBSURFACE WASTEWATER DISPOSAL PLAN O SCALE: 1" = FT.

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT		
Depth of Fill (Upslope)	Finished Grade Elevation	Location & Description:		
Zepin of t in (Opsiope)	Top of Distribution Pipe or Proprietary Device	- Deferred Plant		
Depth of Fill (Downslope)	Bottom of Disposal Area	Reference Elevation:		
	DISPOSAL AREA CROSS SECTION	Scale		
		Horizontal 1" = ft.		
		Vertical 1" = ft.		



SUBSURFACE WASTE	Department of Human Services Division of Health Engineering			
Town, City, Plantation	Street, Road, Subdivision	(207) 287-5672 Fax: (207) 287-3165 Owner's Name		
SUBSURF	FACE WASTEWATER DISPOSAL PLAN			
		O FT.		
FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT		
Depth of Fill (Upslope)	Finished Grade Elevation Top of Distribution Pipe or Proprietary Device	Location & Description:		
Depth of Fill (Downslope)	Bottom of Disposal Area	Reference Elevation:		
	DISPOSAL AREA CROSS SECTION	Scale		
		Horizontal 1" = ft.		
		Vertical 1" = ft.		
	3" 12" 0000000	3' 3 11 3 11 3 11 3 11 3 11 3 11 3 11 3		
	6 **			

Page 3 of 3 HHE-200 Rev. 02/11