

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
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. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI) _____ <input type="checkbox"/> Owner <input type="checkbox"/> 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 of Owner/Applicant _____			
Daytime Tel. #		Municipal Tax Map # _____ Lot # _____	
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.		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 <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input checked="" type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 1. Pre-treatment, specify: _____ <input type="checkbox"/> 2. Miscellaneous Components
SIZE OF PROPERTY <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <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: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input checked="" type="checkbox"/> 3. Other: _____ CAPACITY: _____ GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input checked="" type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. lim ft.	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input checked="" type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. ___ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE _____ CONDITION _____ _____ / _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input 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	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. 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.

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Department of Human Services
 Division of Health Engineering
 (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				
1				
2				
3				
4				
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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

	Texture	Consistency	Color	Mottling
0				
1				
2				
3				
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Profile Condition	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
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Site Evaluator Signature

SE #

Date

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Division of Health Engineering
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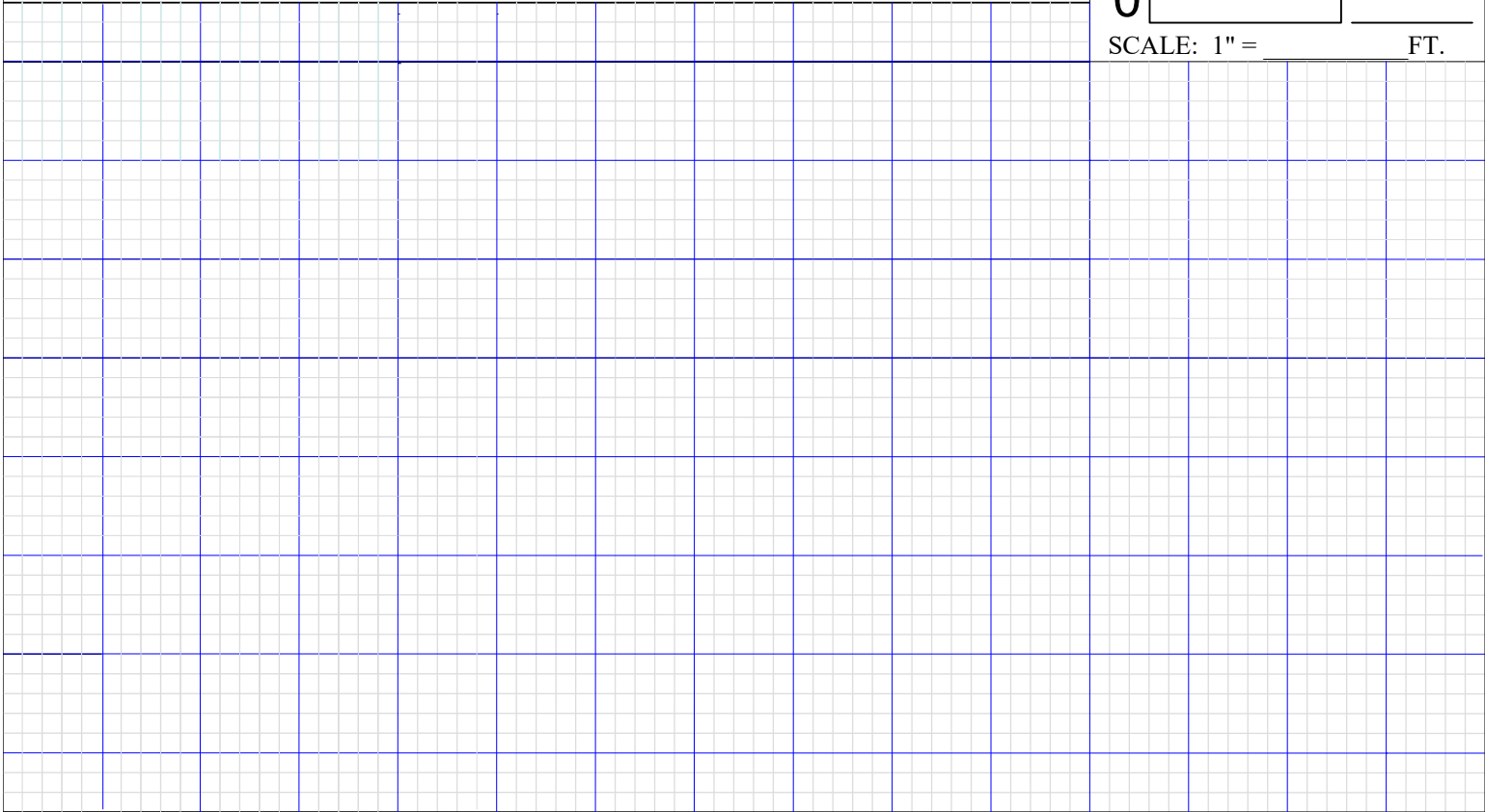
Town, City, Plantation

Street, Road, Subdivision

Owner's Name

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 _____

Reference Elevation: _____

Depth of Fill (Downslope) _____

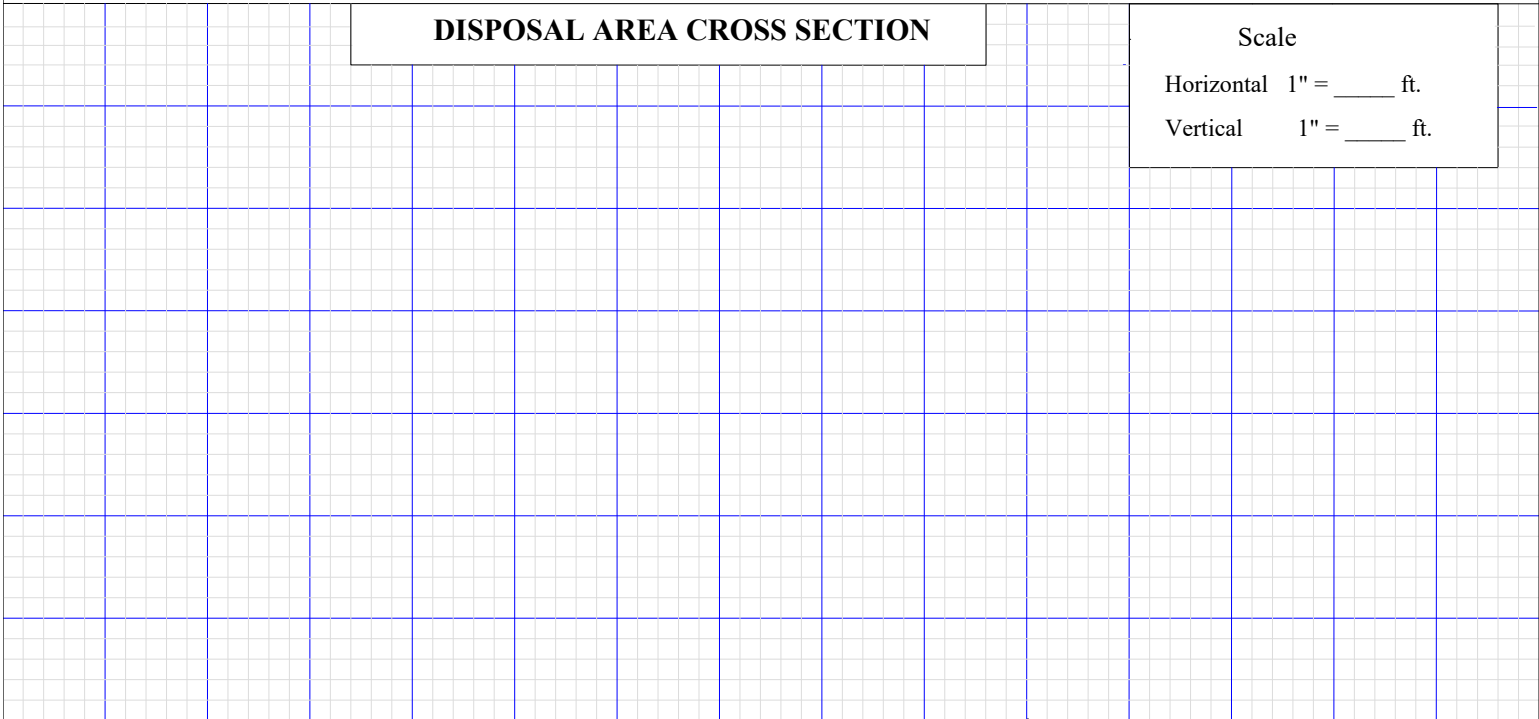
Bottom of Disposal Area _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.



Site Evaluator Signature

SE #

Date