

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE Permit # 1770
Street or Road	NEEDLES EYE ROAD	Date Permit Issued	8/10/15 Fee \$ 150.00 <i>fee only</i> Double Fee Charged ( )
Subdivision, Lot #		<i>Michael Bellery</i>	L.P.I. # 820
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature	
Name (last, first, MI)	ANDROS, RICHARD <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	9 NEEDLES EYE ROAD LAMOINE, ME. 04605	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 the application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. #	(207) 610-1610	Municipal Tax Map #	4 Lot # 59
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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>[Signature]</i> Signature of Owner or Applicant		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature	
Date 8-20-15		(1st Date Approved)	
		(2nd Date Approved)	

## PERMIT INFORMATION

<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENT(S)</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>BED</u>	<input checked="" 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	<input checked="" 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"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components
Year Installed: <u>1977</u>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
<input 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	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	<input checked="" 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: _____
<b>SIZE OF PROPERTY</b> _____ sq. ft. <input type="checkbox"/> _____ acres <input checked="" type="checkbox"/>	<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete (SEE NOTE PG. 2A) <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input 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: _____	<input checked="" type="checkbox"/> 1. No <input 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	<u>270</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit/s) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS PROFILE CONDITION</b> <u>3, C</u> at Observation Hole # <u>1</u> Depth <u>20</u> " OF MOST LIMITING SOIL FACTOR	<input type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input checked="" 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 checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE at Center of Disposal Area</b> Lat. <u>44° 28' 24.1" N</u> Lon. <u>68° 18' 28.4" W</u> if g.p.s., state margin of error <u>2.0"</u>

## SITE EVALUATOR STATEMENT

I certify that on 7-30-15 (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).

*[Signature]*  
Site Evaluator Signature  
**WILLIAM A. LaBELLE, JR.**  
Site Evaluator Name Printed

319  
SE#  
(207) 537-5900  
Telephone Number

8-5-15  
Date  
labellesepti@rivah.net  
E-mail Address

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

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Division of Environmental Health, 11 SHS  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**LAMOINE**

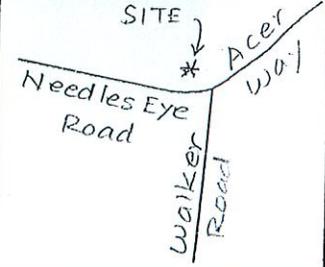
Street, Road, Subdivision  
**NEEDLES EYE ROAD**

Owner or Applicant Name  
**RICHARD ANDROC**

SITE PLAN

Scale 1" = 30 Ft.

SITE LOCATION PLAN  
(Attach map from Maine Atlas  
for First Time System Variance)



(SEE ATTACHED SITE PLAN)

## SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole #1  Test Pit  Boring  
1/2 " Depth of organic horizon above mineral soil

Observation Hole \_\_\_\_\_  Test Pit  Boring  
\_\_\_\_\_ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
		VERY DARK GRAYISH BROWN (10YR 3/2)	
SANDY	FRIABLE	DARK YEL BROWN (10YR 3/6)	
GRAVELLY		LIGHT OLIVE BROWN (2.5Y 5/4)	N.E.
LOAM	FIRMER		

Texture	Consistency	Color	Mottling
(Empty profile grid)			

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>0-5%</u>	Limiting Factor <u>20" Depth</u>	<input type="checkbox"/> Ground Water
Profile Condition				<input checked="" type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

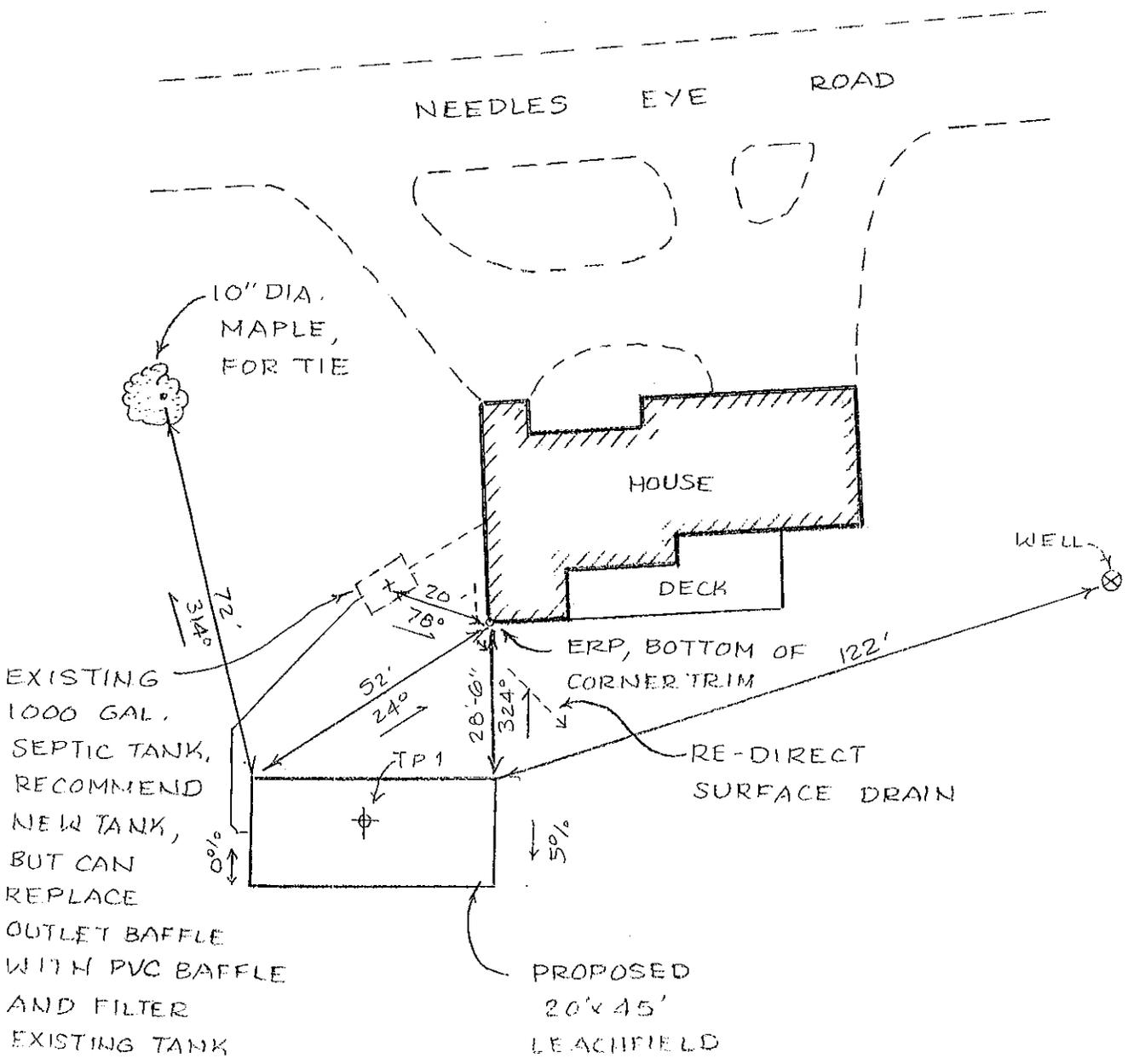
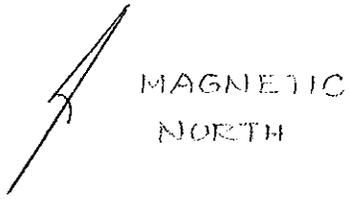
Soil Profile _____	Classification _____	Slope _____%	Limiting Factor _____"	<input type="checkbox"/> Ground Water
Profile Condition				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

*Richard Androc*  
Site Evaluator's Signature

319  
S. E. #

8-5-15  
Date

**SITE PLAN:**  
SCALE: 1" = 30 FT.



EXISTING 1000 GAL. SEPTIC TANK, RECOMMEND NEW TANK, BUT CAN REPLACE OUTLET BAFFLE WITH PVC BAFFLE AND FILTER EXISTING TANK

PROPOSED 20' x 45' LEACHFIELD

*W. Q. L. B.*  
Site Evaluator's Signature

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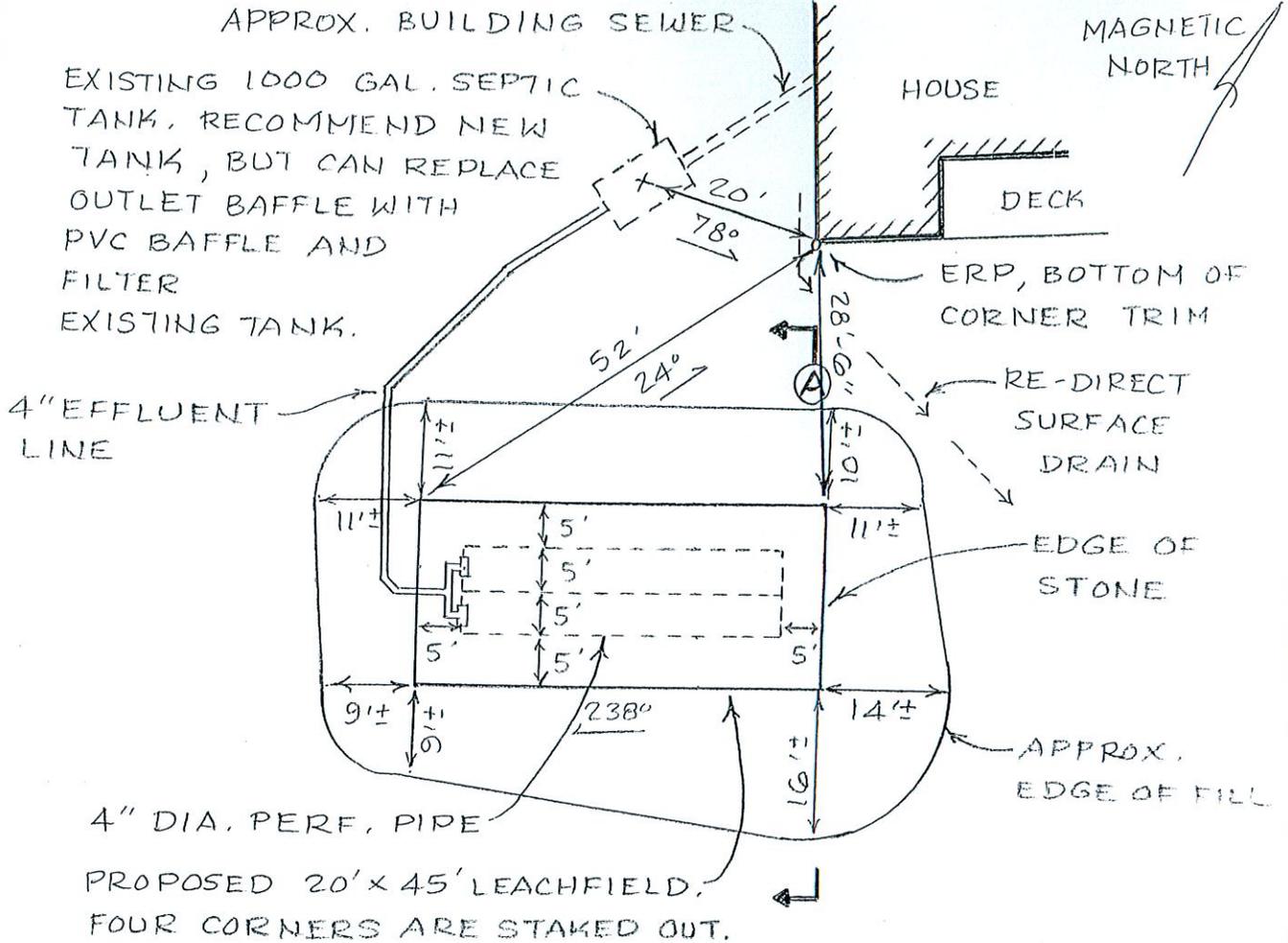
Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**NEEDLES EYE ROAD**

Owner or Applicant Name  
**RICHARD ANDROS**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS:		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT	
Depth of Backfill (Upslope)	25 1/4"	Finished Grade Elevation	MIN. - 22"			Location & Description 7"	
Depth of Backfill (Downslope)	18'-30"	Top of Distribution Pipe or Proprietary Device	- 33"		N/A	ABOVE GROUND, BOTTOM	
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	- 44"			OF CORNER TRIM.	
						Reference Elevation is: 0"	

### DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

#### NOTES:

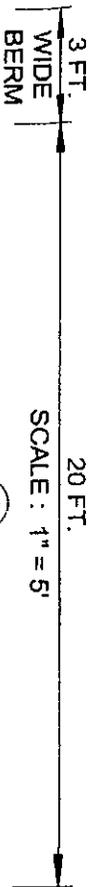
1. Grade surrounding area to divert surface water away from system.
2. All work done adjacent to wetlands and water bodies must be done in compliance with section 11-M of the Subsurface Wastewater Disposal Rules. Erosion and sediment control measures must be in accordance with the March 2003 edition of the Maine DEP Handbook "Maine Erosion and Sediment Control BMPs" (DEPW0588).
3. Install septic tank(s) risers 18" in diameter "minimum" to within 6" of finished grade on inlet, cleanout and outlet covers (recommend extending risers to finish grade).

*W. C. L. J.*  
Site Evaluator's Signature

319  
S.E. #

8-5-15  
Date

# DISPOSAL BED CROSS SECTION



(A)

NOTE:  
 FILL EXTENSIONS  
 NO GREATER THAN 4:1.

FILL MATERIAL SHALL BE 8"-12" THICK  
 OVER STONE AND SHALL BE GRAVELLY  
 COARSE SAND TO THE STANDARDS IN  
 SEC. 11-E IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE  
 2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F  
 PLACED OVER STONE.

REMOVE VEGETATION AND SCARIFY  
 ORIGINAL SOIL UNDER ENTIRE FILL AREA,  
 SEC. 11-B.

ELEVATIONS:  
 ELEV. REF. PT. (ERP): 0"  
 FINISHED GRADE: -22" MIN.  
 TOP OF DISTRIBUTION PIPE: -33"  
 BOTTOM OF STONE: -44"

OWNER: RICHARD ANDROS  
 LOCATION: LANOINE

*W.A. Labelle, Jr.*  
 WILLIAM A. LABELLE, JR.

NOTES:  
 1. GRADE UPSLOPE TO  
 DIVERT SURFACE WATER  
 AWAY FROM SYSTEM.  
 2. RE-DIRECT SURFACE  
 DRAIN.

TOP 4" OF FILL TO BE A GOOD LOAM  
 SOIL MIX TO ESTABLISH A GOOD  
 VEGETATIVE COVER; SEED AND  
 AND MULCH TO PREVENT EROSION,  
 SEC. 11-G.

12" CLEAN STONE,  
 (1 1/2" DIA.),  
 UNIFORM SIZE.

THOROUGHLY MIX, DISK OR ROTO-TILL  
 CLEAN, COARSE, SHARP SAND INTO  
 TOP 4 INCHES OF ORIGINAL SOIL TO  
 CREATE A TRANSITION ZONE; SEC. 11-B.

NOTE:  
 SYSTEM MUST BE INSTALLED ACCORDING  
 TO THE RULES AND PRACTICES SET FORTH  
 IN THE MOST CURRENT VERSION OF THE  
 STATE OF MAINE SUBSURFACE WASTEWATER  
 DISPOSAL RULES. INSTALLATION CONTRACTOR  
 MUST BE FAMILIAR WITH SAID RULES AND  
 CONSTRUCT SYSTEM IN FULL COMPLIANCE  
 WITH SECTION 11 OF SAID RULES.

319  
 S.E.#  
 8-5-15  
 DATE

