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

City, Town, or Plantation	LAMOINE
Street or Road	334 MUD CREEK RD
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City LAMOINE Permit # 1784

Date Permit Issued 11/26/15 Fee: $ 265.00 Double Fee Charged [ ]

Mellard Belling L.P.I. # 820

Local Plumbing Inspector Signature

☐ Owner ☐ Town ☒ State

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 # 7 Lot # 31-1

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	OLENCKI KAY ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	334 MUD CREEK ROAD LAMOINE, ME 04605
Daytime Tel. #	812-0993

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.

Kathryn Olencki 10/26/15

Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved

_____ Local Plumbing Inspector Signature _____ (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

☒ 1. First Time System
☐ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. >25% Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

☒ 1. No Rule Variance
☐ 2. First Time System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 3. Replacement System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 4. Minimum Lot Size Variance
☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

☒ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System (2000 gpd or more)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

43 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ☐ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY

☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

☒ 1. Concrete
☒ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1000 GAL

DISPOSAL FIELD TYPE & SIZE

☒ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
☐ a. cluster array ☐ c. Linear
☐ b. regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE: 900 ☐ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

☒ 1. No ☐ 2. Yes ☐ 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

DESIGN FLOW

180 gallons per day
BASED ON:
☐ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
9 / D
at Observation Hole # 1
Depth 11 "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐ 1. Medium—2 6 sq. ft. / gpd
☐ 2. Medium—Large 3.3 sq. f.t / gpd
☐ 3. Large—4.1 sq. ft. / gpd
☒ 4. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

☒ 1. Not Required
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 44 d 20 m 50 s
Lon. 68 d 14 m 25 s
if g.p.s, state margin of error: [illegible]

SITE EVALUATOR STATEMENT

I certify that on 10-21-15 (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).

Site Evaluator Signature	SE # 227	Date 10-22-15
Site Evaluator Name Printed: JOE BROCHU	Telephone Number 667-5025	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
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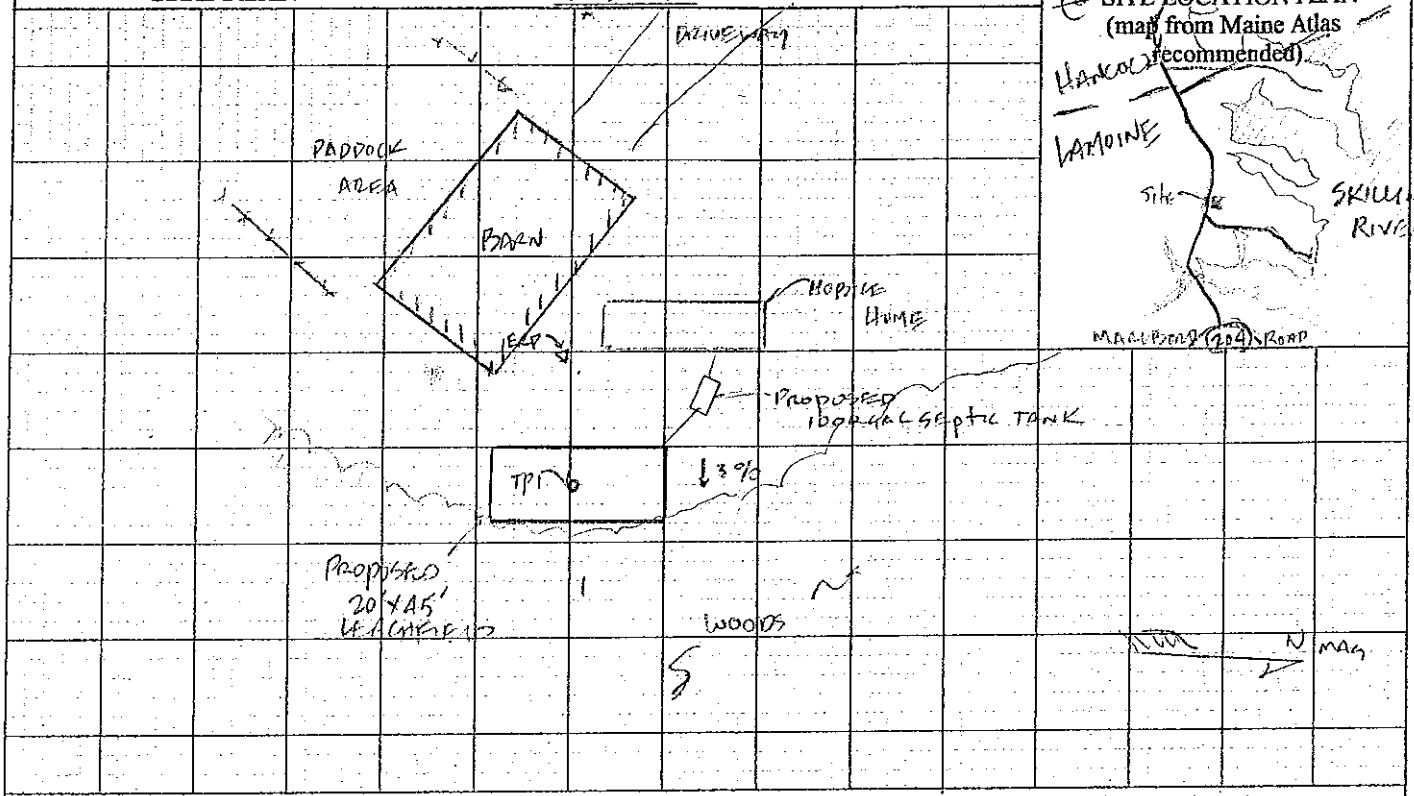
Town, City, Plantation	Street, Road, Subdivision	Owner's Name
LAMOINE	334 MUD CREEK ROAD	KAY OLENCKI

SITE PLAN Scale 1" = 50 ft. or as shown



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

Observation Hole TP1 ☒ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	SILT LOAM	FRIABLE	BROWN, YELLOW BROWN	NONE
10–20		FIRM	OLIVE	COMMON
20–30				
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
9 / D (Profile / Condition)	3 %	11 "	[ ] Ground Water [X] Restrictive Layer [ ] Bedrock [ ] Pit Depth

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10				
10–20				
20–30				
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
_____ / _____ (Profile / Condition)	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature: [signature] SE #: 227 Date: 10-24-15

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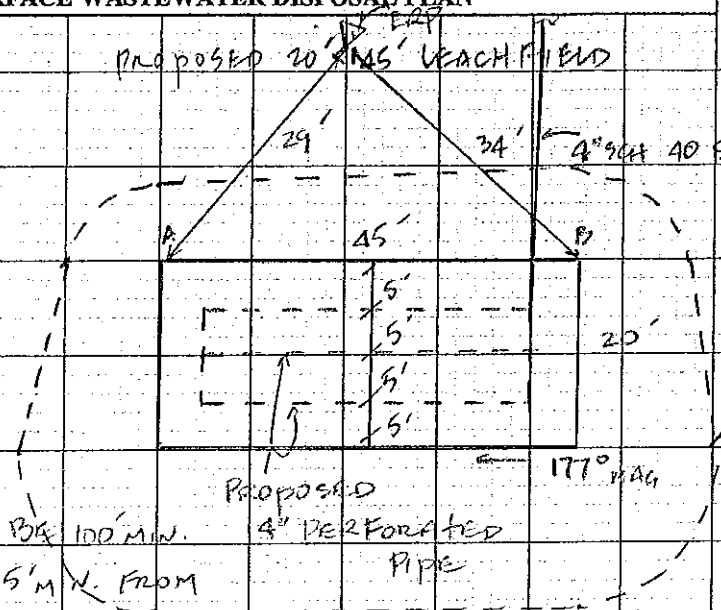
LAMOINE	334 MUD CREEK ROAD	KAY OLENCKI

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



Notes

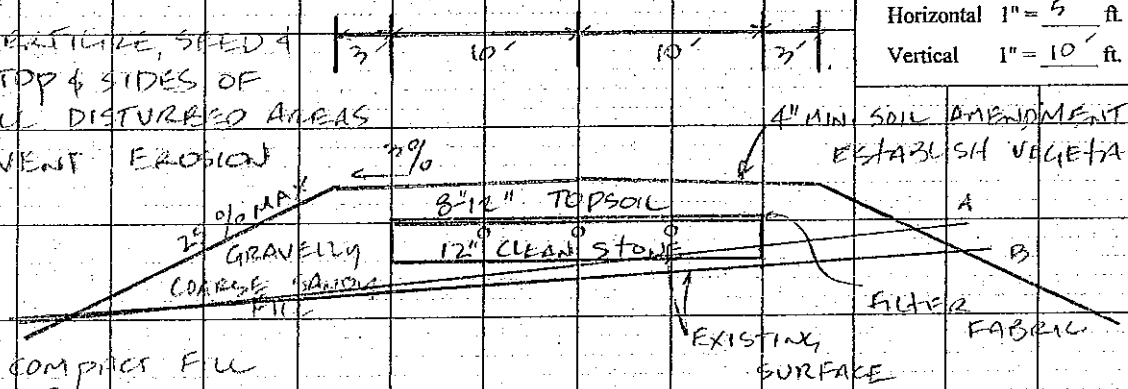
1) DISPOSAL BED TO BE 100' MIN. FROM WELLS & 15' MIN. FROM DWELLING

2) SEPTIC TANK TO BE 15' MIN. FROM OWNERS WELL & 8' MIN. FROM DWELLING

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	21"-27"	Finished Grade Elevation	-26"	Location & Description: NAIL W/ FLAGGING 48" UP A DOUBLE 17" DIA. MAPLE
		Top of Distribution Pipe or Proprietary Device	-39"	Reference Elevation: 0"
Depth of Fill (Downslope)	32-34	Bottom of Disposal Area	-50"	

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 5' ft.
Vertical 1" = 10' ft.



Notes:

1) LIME, FERTILIZE, SEED & MULCH, TOP & SIDES OF BED & ALL DISTURBED AREAS TO PREVENT EROSION

2) PLACE & COMPACT FILL IN 8" LIFTS

3) BOTTOM OF BED TO BE INSTALLED LEVEL W/A MAX GRADE TOLERANCE OF 1"/100'

SCARIFY ORIGINAL SURFACE UNDER BED

Site Evaluator Signature	SE #	Date
[signature]	227	10-24-15