SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Se
Div of Environmental Health , 1
(207) 287-2070 Fax: (207) 287-

PROPERTY LOCATION

City, Town, or Plantation	LAMOINE
Street or Road	131 MARLBORO BEACH RD.
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City LAMOINE Permit # 1837

Date Permit Issued 6/6/17 Fee: $ 250.00 Double Fee Charged [

Local Plumbing Inspector Signature L.P.I. # 1040

DEP FEE $150.00 ☐ Owner ☒ Town ☐ St

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 # 13 Lot # 3

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	MASON CAROL ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	c/o M. BARRY TRUCKING
Daytime Tel. #	667-3138

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.

Carol Mason 6-12-17
Signature of Owner or Applicant Date

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

Local Plumbing Inspector Signature (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: BED
  - Year installed: UNKNOWN
- ☐ 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 m
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: _____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY

6 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
- ☐ 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 Springs
☐ 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: 10 CONCRETE CHAMBE

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

210 gallons per day

BASED ON:

- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities)

SHOW CALCULATIONS for other fac

- ☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION

3 / C

at Observation Hole # 1

Depth 20"

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

- ☒ Not Required
- ☐ May Be Required
- ☐ Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 28 m 30 s
Lon. 68 d 16 m 34 s
if g.p.s, state margin of error: GPS Ach

SITE EVALUATOR STATEMENT

I certify that on 5-18-17 (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	227 SE #	5-30-17 Date
Joseph Brochu Site Evaluator Name Printed	667-5025 Telephone Number	E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

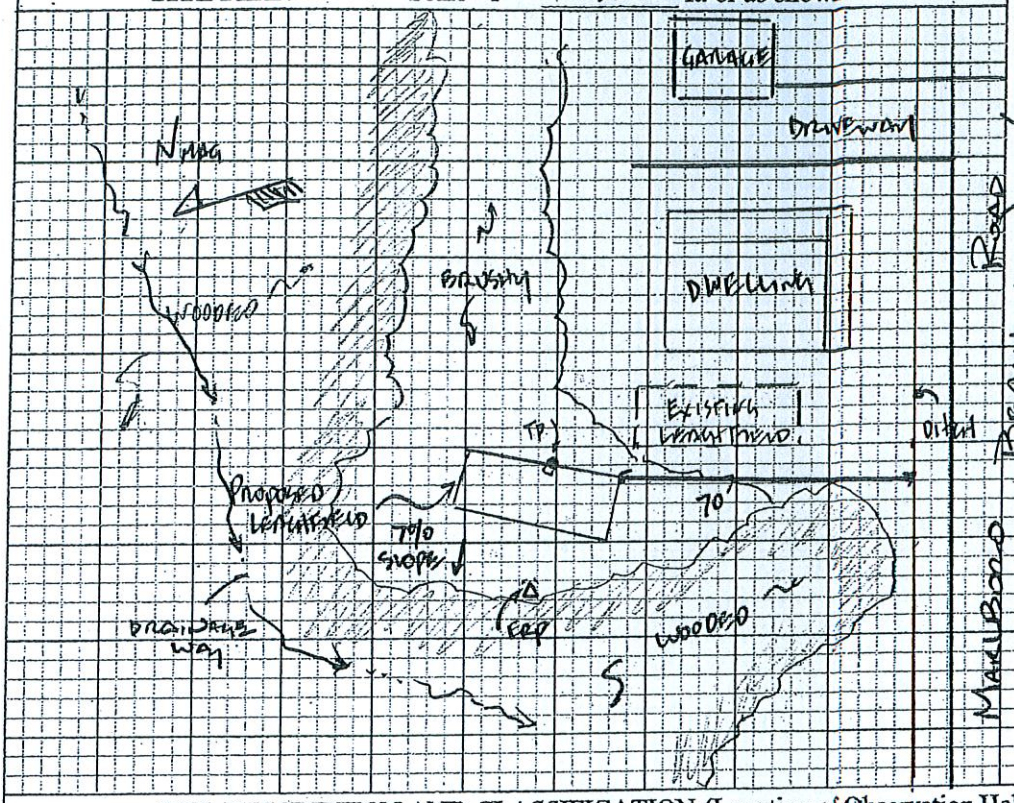
Town, City, Plantation: LAMOINE

Street, Road, Subdivision: 131 MARLBORO BEACH ROAD

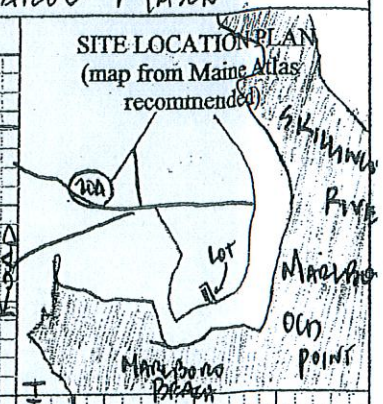
Owner's Name: CAROL MASON

SITE PLAN

Scale 1" = 50' ft. or as shown



SITE LOCATION PLAN
(map from Maine Atlas recommended)



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

Observation Hole TP#1 ☒ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–20	FINE SANDY LOAM	FRIABLE	BROWN	NONE
20–30				
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
3 (Profile) C (Condition)	7 %	20 "	[ ] Ground Water [✓] 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: 5-28-17

New Page3 7/13/17

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

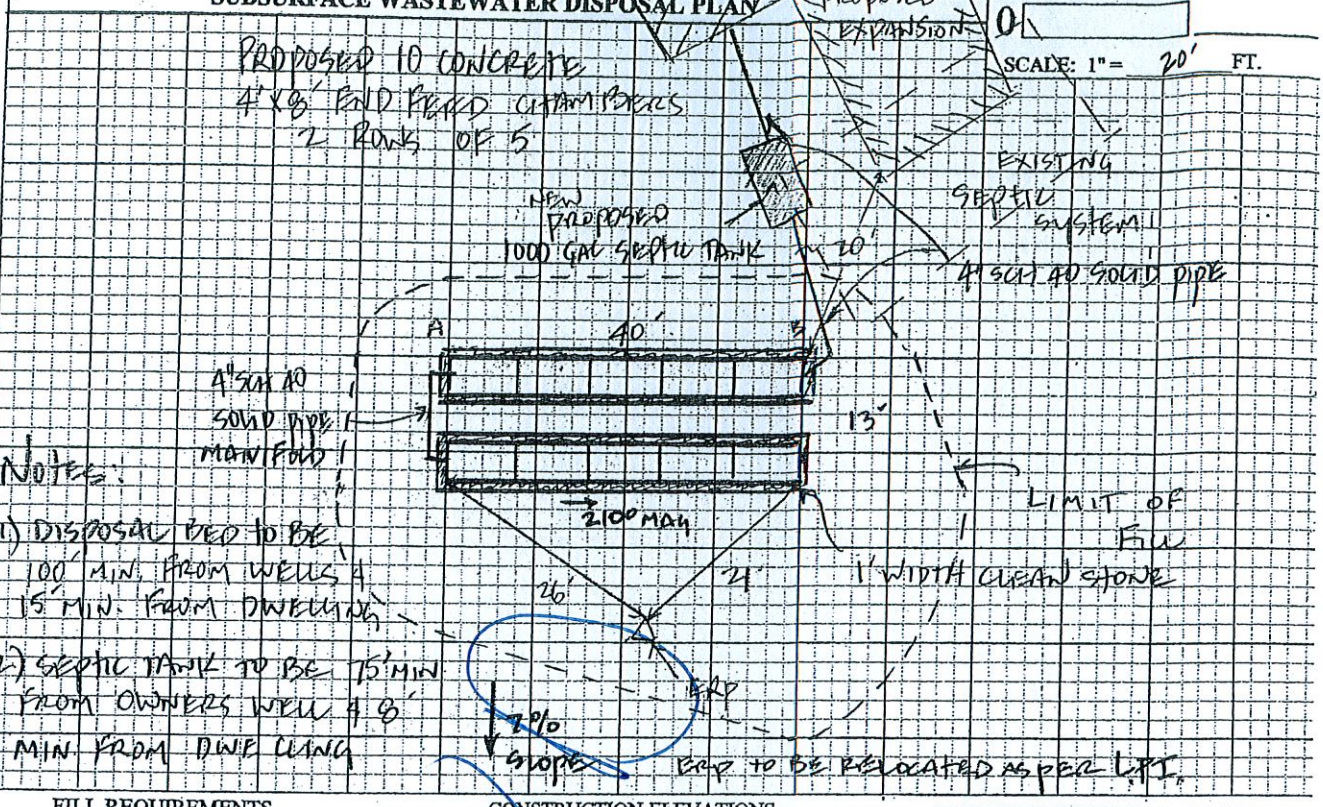
Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
LAMOINE	131 MARLBORO BEACH ROAD	CAROL MASON

SUBSURFACE WASTEWATER DISPOSAL PLAN

PROPOSED EXPANSION

SCALE: 1" = 20' FT.



NOTES:

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

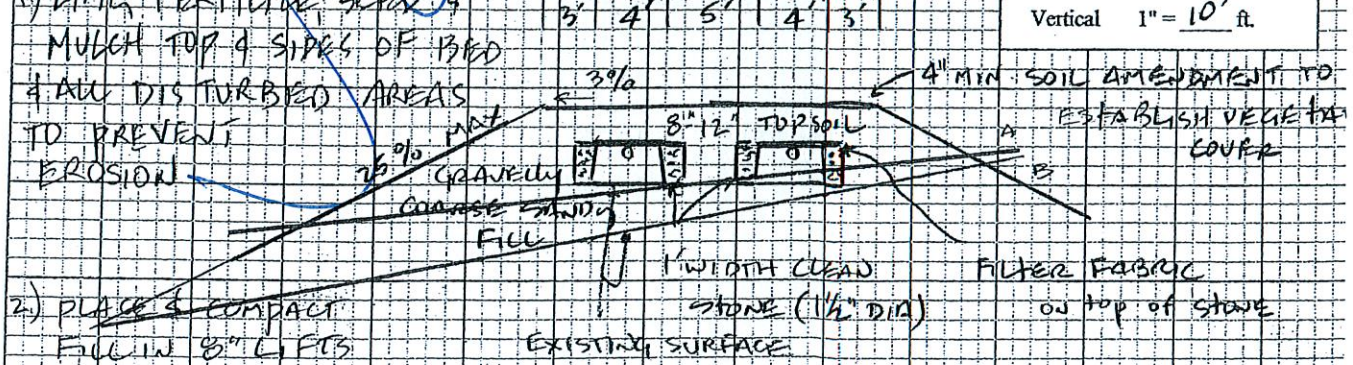
2) SEPTIC TANK TO BE 15' MIN FROM OWNERS WELL & 8' MIN. FROM DWELLING

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	20"-28"	Finished Grade Elevation	-19"	Location & Description: NAIL W/ FLAGGING 69" UP A 7" DIA. APPLE TREE
		Top of Distribution Pipe or Proprietary Device	-29"	
Depth of Fill (Downslope)	27"-42"	Bottom of Disposal Area	-42"	Reference Elevation: 0"

NOTES:

DISPOSAL AREA CROSS SECTION

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



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	5-28-17

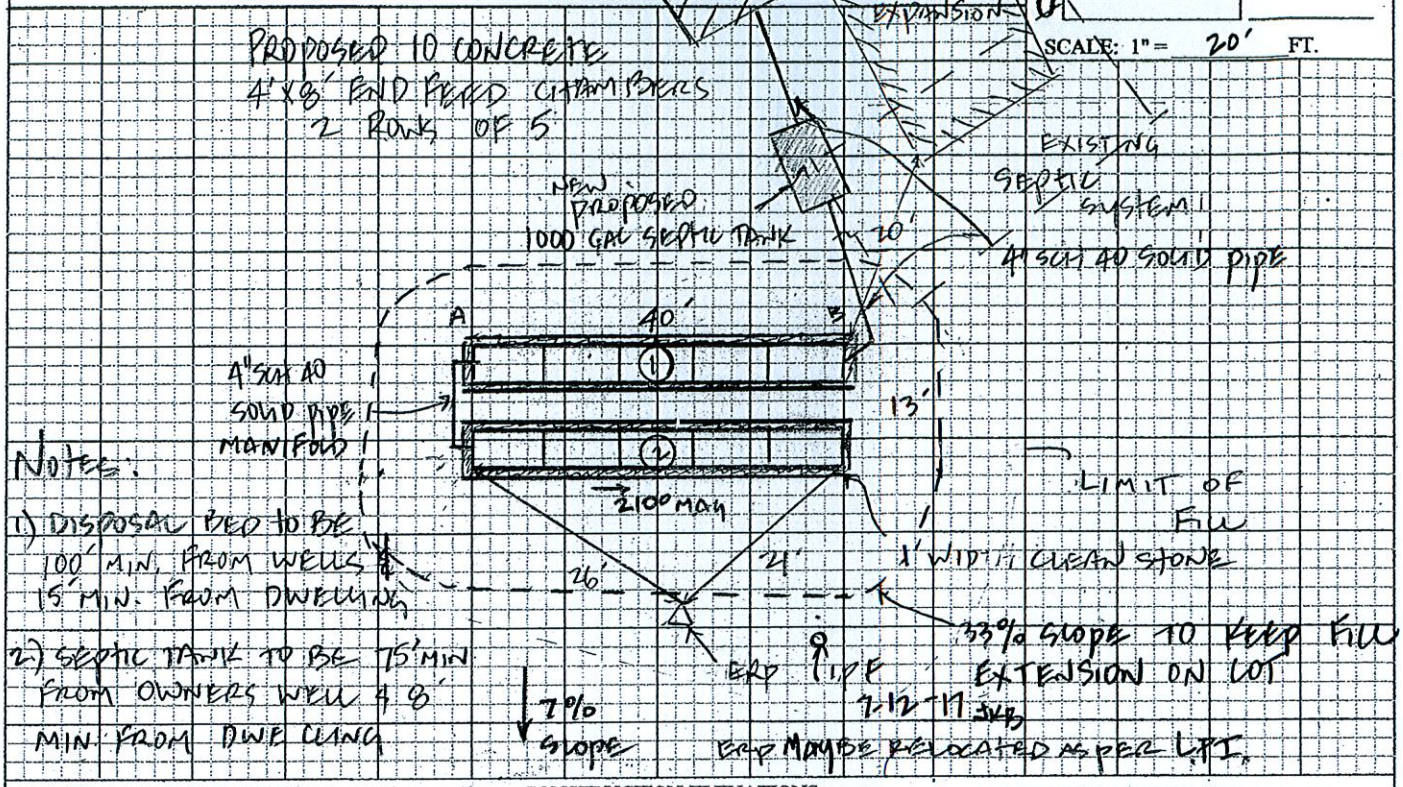
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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
LAMOINE	131 MANSBORO BEACH ROAD	CAROL MASON

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



NOTES:

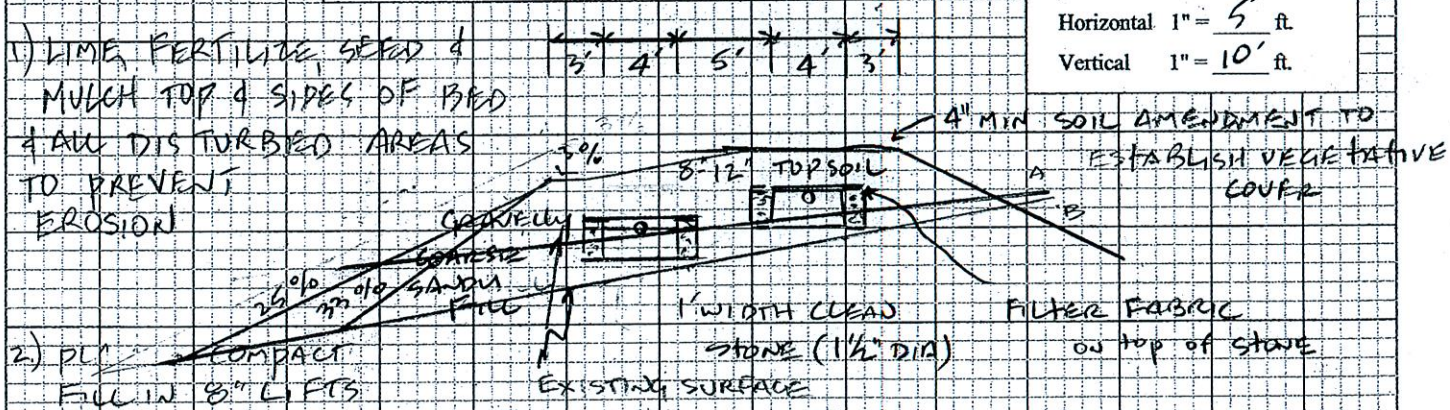
1) DISPOSAL BED TO BE 100' MIN. FROM WELLS & 15' MIN. FROM DWELLING

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)	20"-28"	Finished Grade Elevation		Location & Description: NAIL W/ FLAGGING 69" UP A 7" DIA. APPLE TREE
		Top of Distribution Pipe or Proprietary Device	(1) -29" (2) -19"	
Depth of Fill (Downslope)	24"-33"	Bottom of Disposal Area	(1) -42 (2) -38"	Reference Elevation: 0"

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	5-28-17	REV 7-12-17 JKB