# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Dir of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

## PROPERTY LOCATION

| | |
|---|---|
| City, Town, or Plantation | LAMOINE |
| Street or Road | SOUTH ROAD |
| Subdivision, Lot # | LOT 7 |

## >> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Lamoine Permit # 1893
Date Permit Issued 6/6/18 Fee: $ 265 Double Fee Charged [ ]
Local Plumbing Inspector Signature Relene Albert LPI. # 0374
☐ 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 # 14 Lot # 7

## OWNER/APPLICANT INFORMATION

| | |
|---|---|
| Name (last, first, MI) | BABINE, JOHN G ☒ Owner ☐ Applicant |
| Mailing Address of Owner/Applicant | PO Box 65<br>Ellsworth, ME 04605 |
| Daytime Tel. # | 207-514-3866 |

**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.
Signature of Owner or Applicant — Date 6/5/18

**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: ____
  - 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**
2.5 ☐ 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
☐ 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**
270 gallons per day
BASED ON:
- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
- ☐ 3. Section 4G (meter readings) ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**
PROFILE CONDITION
3 D
at Observation Hole # 1
Depth 10"
of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**
- ☐ 1. Medium—2.6 sq. ft. / gpd
- ☒ 2. Medium—Large 3.3 sq. ft / 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 21 m 20 s
Lon. 68 d 17 m 15 s
if g.p.s, state margin of error: GARMIN GPS

## SITE EVALUATOR STATEMENT

I certify that on 9-8-16 (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 9-10-16 UPDATE 4-23-18 JKB |
| Site Evaluator Name Printed: JOSEPH BROCHU | Telephone Number: 667-5025 | 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

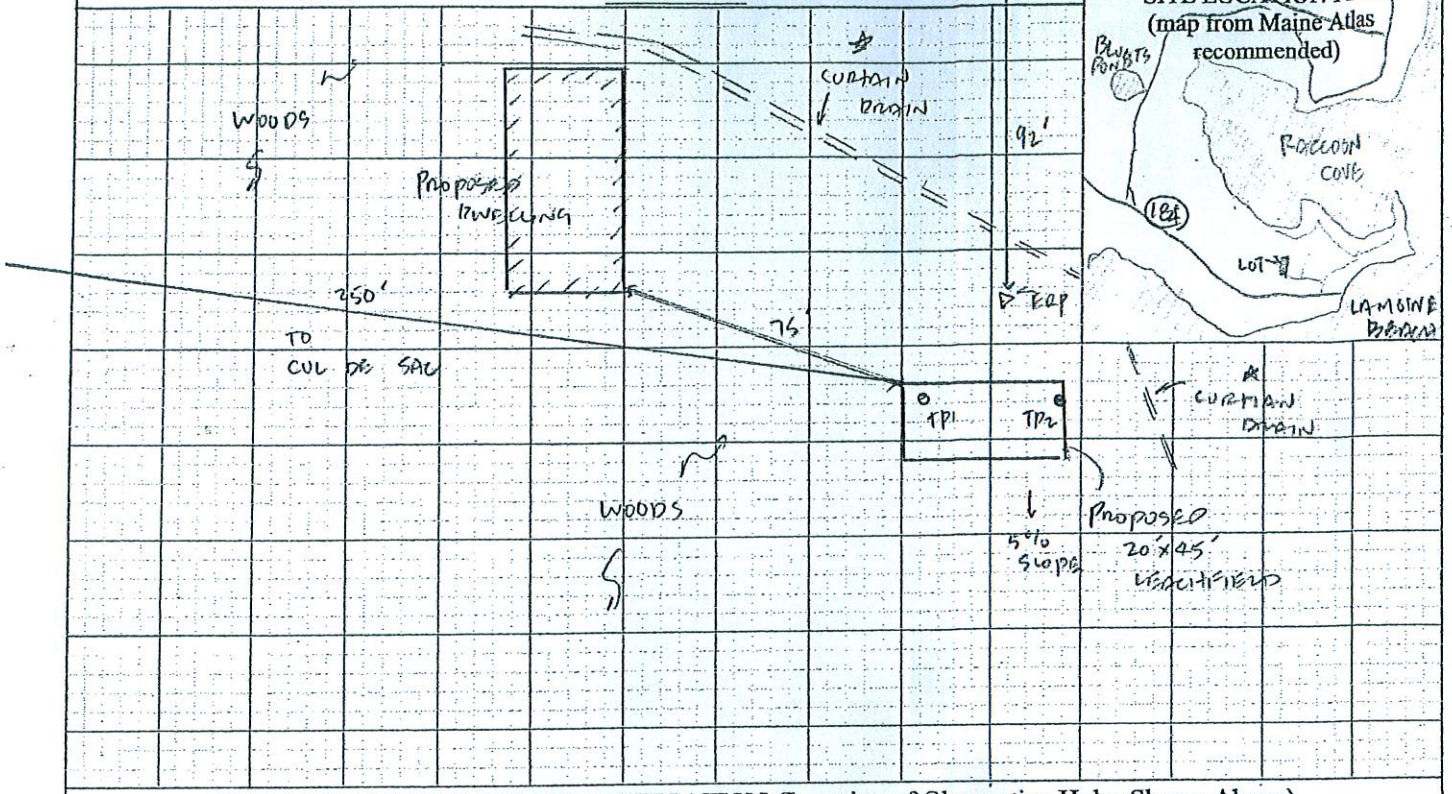
Town, City, Plantation: LAMOINE

Street, Road, Subdivision: LOT #7 SOUTH ROAD

Owner's Name:

## 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

2 " Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | SANDY LOAM STONEY | FRIABLE | PALE BROWN YELLOW BROWN | NONE |
| 10–50 | | FIRM | OLIVE | FAINT |

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| 3 Profile, D Condition | 5 % | 10 " | [ ] Ground Water [X] Restrictive Layer [ ] Bedrock [ ] Pit Depth |

Observation Hole TP2 ☒ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | SANDY LOAM | FRIABLE | DARK BROWN YELLOW BROWN | NONE |
| 10–50 | | FIRM | | |

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| 3 Profile, D Condition | 5 % | 12 " | [ ] Ground Water [X] Restrictive Layer [ ] Bedrock [ ] Pit Depth |

Site Evaluator Signature: [signature] SE #: 227 Date: 9-10-16

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

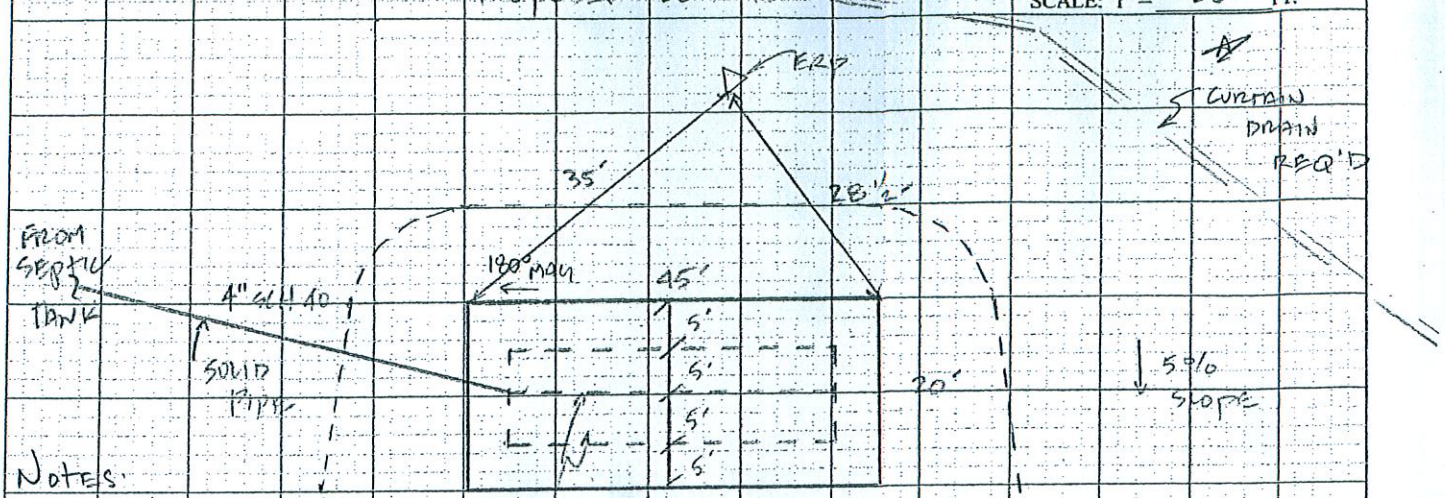
Town, City, Plantation: LAMOINE

Street, Road, Subdivision: LOT #7 SOUTH ROAD

Owner's Name:

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0 _____ SCALE: 1" = 20' FT.




Notes:

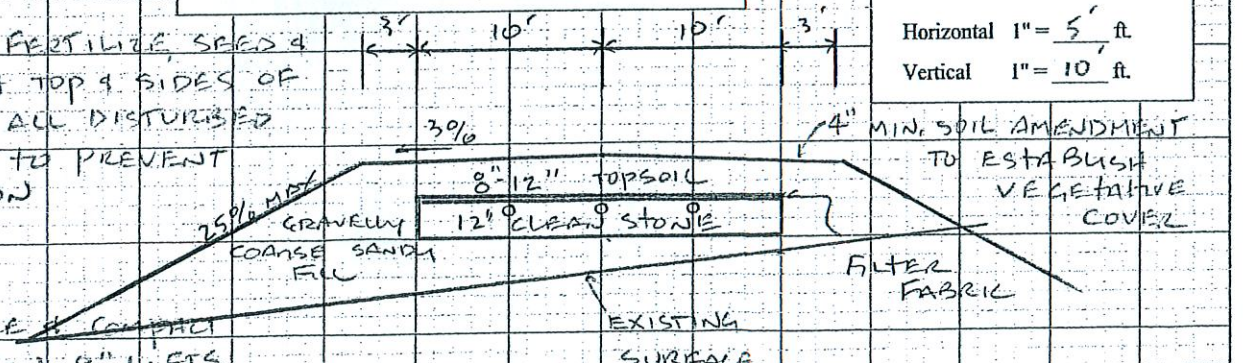
1) DISPOSAL BED TO BE 100' MIN FROM WELLS & 20' MIN FROM DWELLING

2) SEPTIC TANK TO BE 75' MIN. FROM OWNERS WELL & 8' MIN. FROM DWELLING.

| FILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT |
|---|---|---|---|---|
| Depth of Fill (Upslope) | 30" | Finished Grade Elevation | -18" | Location & Description: NAIL W/ FLAGGING 24" UP A 9" DIA CEDAR |
| | | Top of Distribution Pipe or Proprietary Device | -31" | |
| Depth of Fill (Downslope) | 42" | Bottom of Disposal Area | -42" | 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 | 9-10-16 |

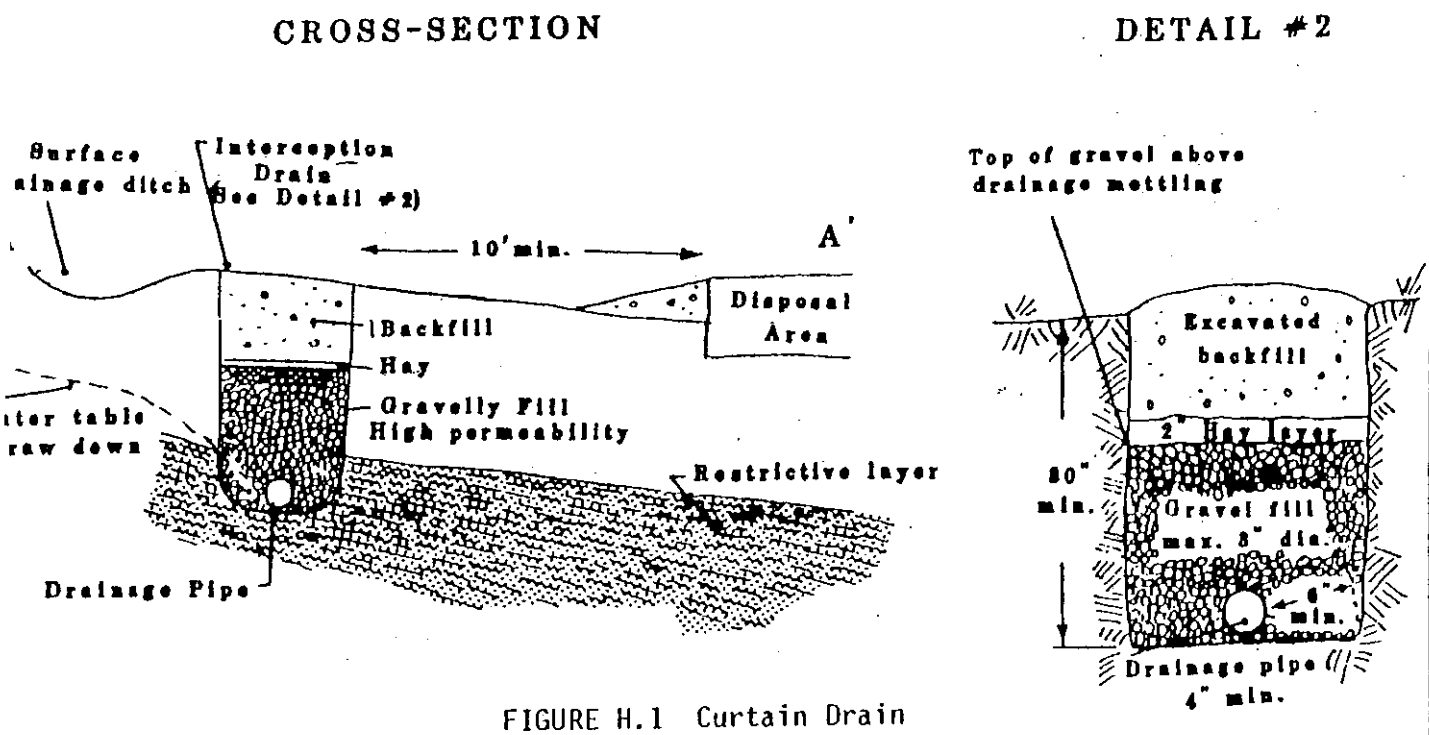



FIGURE H.1 Curtain Drain