SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation	LAMOINE
Street or Road	SOUTH ROAD
Subdivision, Lot #	lot # 6.

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Lamoine Permit # 1917
Date Permit Issued 8/29/18 Fee: $ 250 Double Fee Charged
Local Plumbing Inspector Signature Rebecca [illegible] LPI # 394
$15 to DEP ☐ 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 # 14 Lot # 36

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	SOOFIELD BRIAN ☒ Owner ☐ Applicant
Mailing Address of Owner/Applicant	P.O. BOX 296 HOWLAND, ME 04448
Daytime Tel. #	732-3921

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 [signature] Date 8/29/18

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 m
- ☐ 9. Engineered Treatment Tank (only)
- ☐ 10. Engineered Disposal Field (only)
- ☐ 11. Pre-treatment, specify: _____
- ☐ 12. Miscellaneous Components

SIZE OF PROPERTY
± 3 ☐ 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 fa
- ☐ 3. Section 4G (meter readings)
  ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
3 1D
at Observation Hole # 3
Depth 14 "
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 27 m 20 s
Lon. 68 d 17 m 17 s
if g.p.s, state margin of error: Garmin

SITE EVALUATOR STATEMENT

I certify that on 9-22-17 (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).

[signature]	227	9-22-17
Site Evaluator Signature	SE #	Date
Joe Brochu	667-6025	
Site Evaluator Name Printed	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	Street, Road, Subdivision	Owner's Name
LAMOINE	SOUTH ROAD LOT #6	BRIAN SCOFIELD

SUBSURFACE WASTEWATER DISPOSAL PLAN

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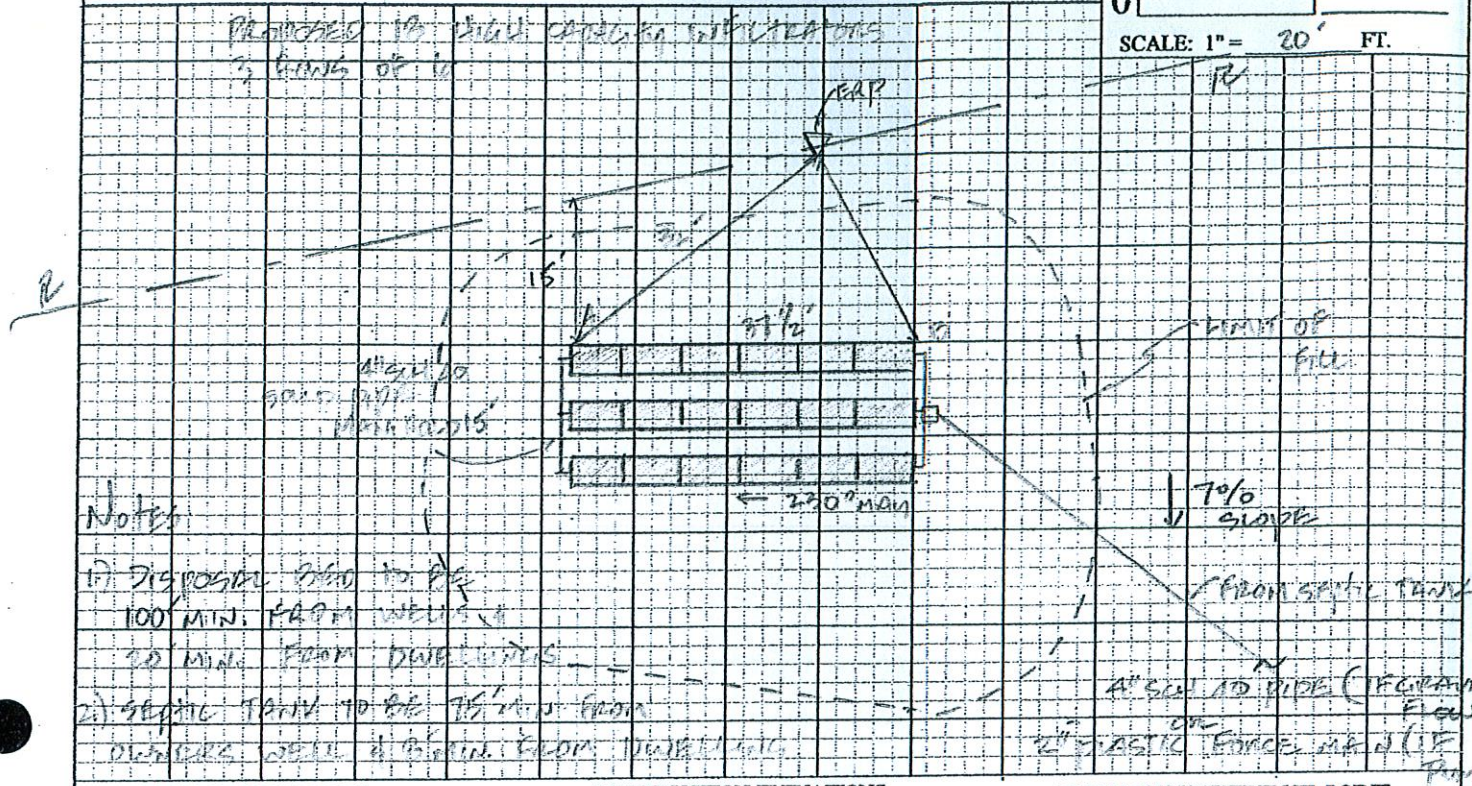
SCALE: 1" = 20' FT.



Notes:

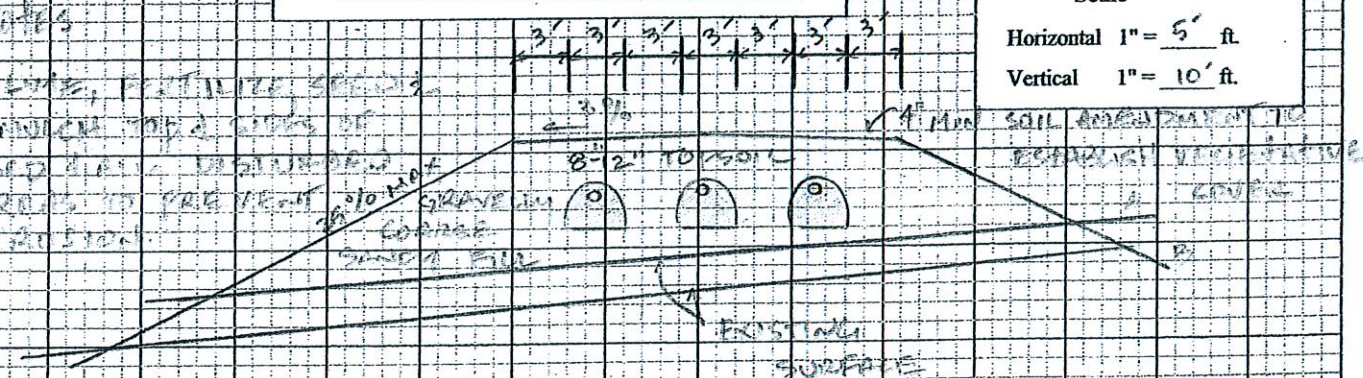
1) DISPOSAL BED TO BE 100' MIN. FROM WELLS & 20' MIN. FROM DWELLINGS

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)	33"-39"	Finished Grade Elevation	-10"	Location & Description: NAIL W/ FLAGGING 31" UPA 4" DIA. FIR
Depth of Fill (Downslope)	36"-43"	Top of Distribution Pipe or Proprietary Device	-22"	Reference Elevation: 0"
		Bottom of Disposal Area	-38"	

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'

Site Evaluator Signature	SE #	Date
[signature]	227	9-22-17

NEUHPANS WELL

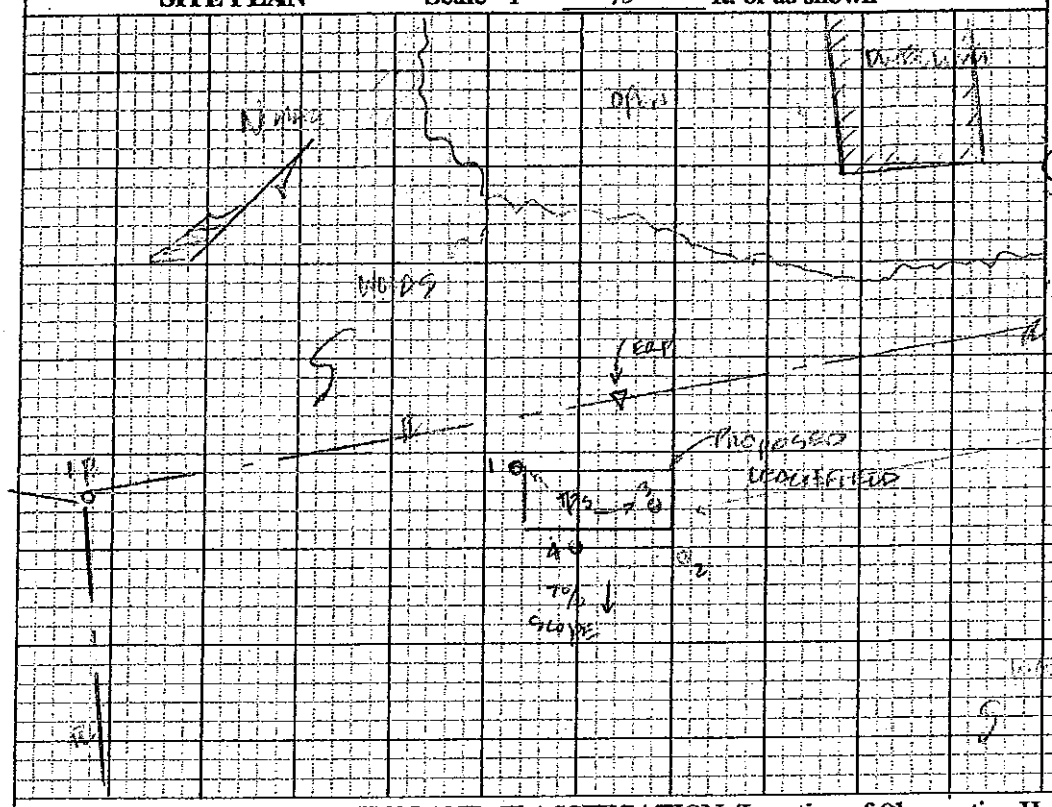
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	SOUTH ROAD LOT #6	BRIAN SCOFIELD

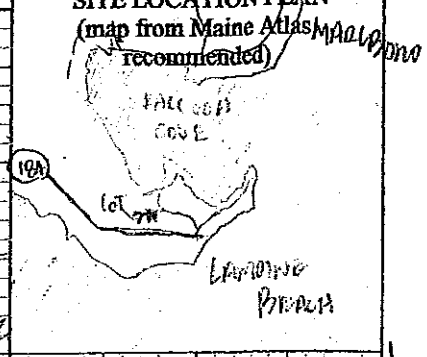
SITE PLAN

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 TP1 & 2 ☒ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	FINE SANDY LOAM	FRIABLE	STRONG BROWN	NONE
10–20	GRAVELLY	FIRM		
20–30				
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
3 C (Profile / Condition)	7 %	18"	[ ] Ground Water [X] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole TP4 ☒ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	FINE SANDY LOAM	FRIABLE		NONE
10–20		FIRM		FAINT
20–30				
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
3 D (Profile / Condition)	7 %	14"	[ ] Ground Water [X] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature _____ SE # 224 Date 9-22-17