

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City	Lamoine Permit # 1961
Street or Road	TILDEN WAY	Date Permit Issued	7.2.19 Fee \$ 265 Double Fee Charged ()
Subdivision, Lot #	LOT # 2	Local Plumbing Inspector Signature	<i>Robert Wright</i> L.P.I. # 394
OWNER/APPLICANT INFORMATION		Fee: \$ 265 state min. fee \$ Locally adopted fee	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State
Name (last, first, MI)	ANDREWS, HOLLY <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	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.	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	133 BUTTERMILK ROAD LAMOINE, ME 04605	Municipal Tax Map #	3 Lot # 19-24
Daytime Tel. #	207-479-5982	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.		CAUTION: INSPECTION REQUIRED	
<i>Holly Andrews</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.	
Date 6-27-19		(1st Date Approved)	
		Local Plumbing Inspector Signature (2nd Date Approved)	

PERMIT INFORMATION		
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <25% <input type="checkbox"/> b. Major Expansion ≥ 25% <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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	DISPOSAL SYSTEM COMPONENT(S) <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
SIZE OF PROPERTY _____ sq. ft. <input type="checkbox"/> 2.8 acres <input checked="" type="checkbox"/>	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing <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: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete 2 COMPART. <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> 2. Plastic <input checked="" type="checkbox"/> 3. Other: _____ CAPACITY 1000 gallons	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device _____ GSF UNITS <input checked="" type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 1152 sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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	270 DESIGN FLOW 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
SOIL DATA & DESIGN CLASS PROFILE 31C CONDITION _____ at Observation Hole # 1 Depth 16" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <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	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <i>SEE NOTE PAGE 2</i> <input checked="" type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44° 29' 34.5" S N Lon. 68° 20' 16.5" S W if g.p.s., state margin of error 3.0'

5-28-19	SITE EVALUATOR STATEMENT	
I certify that on 8-28-18 (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).		
<i>William A. LaBelle, Jr.</i> Site Evaluator Signature	319 SE#	9-1-18 REV 5-28-19 W/A/L Date
WILLIAM A. LABELLE, JR. Site Evaluator Name Printed	(207) 537 - 5900 Telephone Number	labelleseptic@rivah.net E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

Town, City, Plantation
LAMOINE

Street, Road, Subdivision **LOT 2
TILDEN WAY**

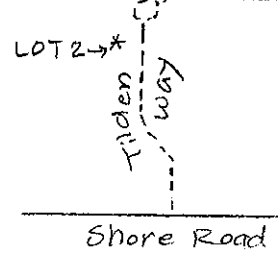
Owner or Applicant Name
HOLLY ANDREWS

SITE PLAN

Scale 1" = 60 Ft.

(SEE ATTACHED SITE PLAN)

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

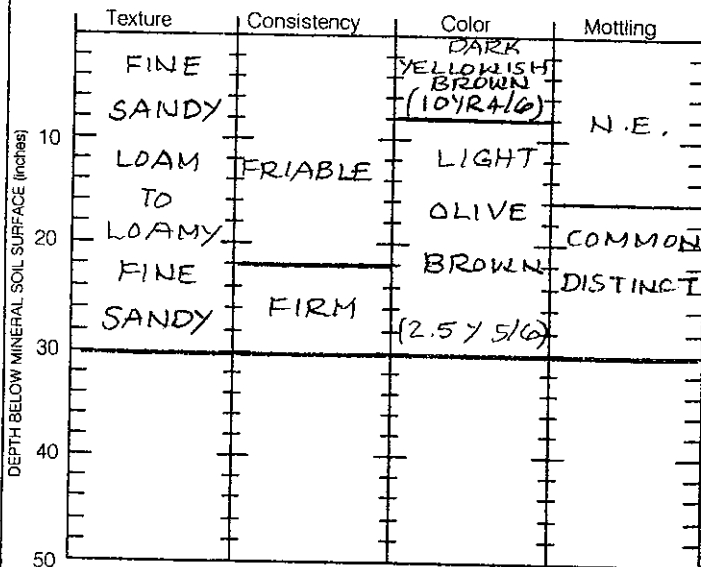


NOTE:

SET FOUNDATION TO ALLOW GRAVITY FEED
BUT CAN PUMP IF NEEDED. IF PUMPED
INSTALL 3' PUMP TANK, 2" PRESSURE
LINE, D-BOX AND PROTECT FROM FREEZING.

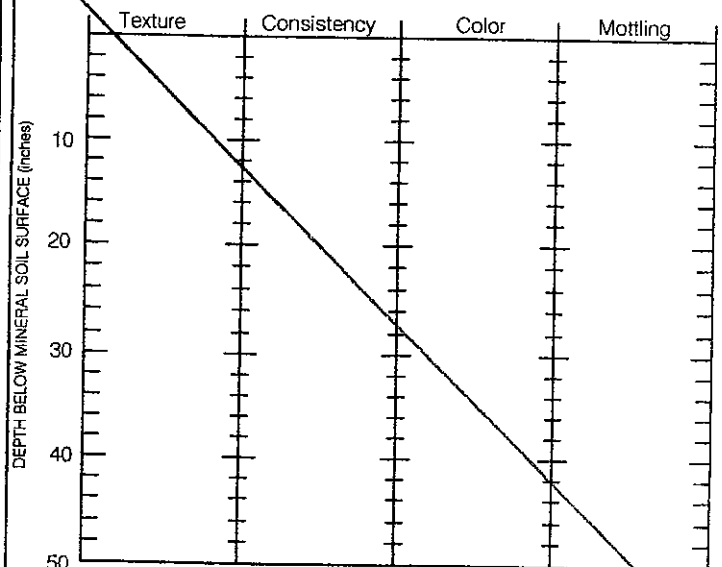
SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

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



Soil Profile 3	Classification C	Slope 5-8%	Limiting Factor 16" Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
-----------------------	-------------------------	-------------------	-------------------------------------	--

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



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

[Handwritten Signature]
Site Evaluator's Signature

319
S. E. #

9-1-10
Date

5-20-19

Town, City, Plantation
LAMONE

Street, Road, Subdivision
TILDEN WAY LOT 2

Owner or Applicant Name
HOLLY ANDREWS

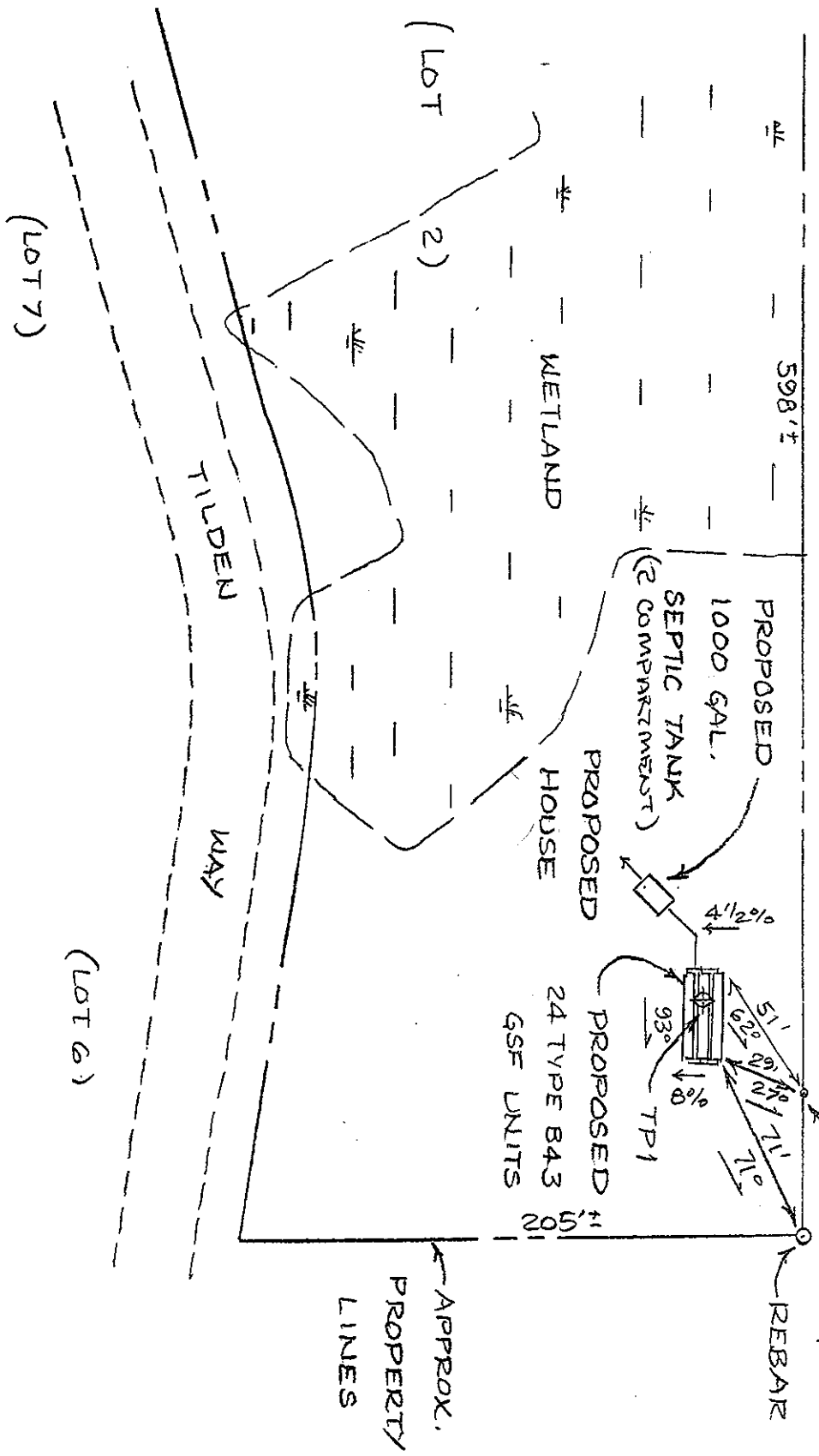
SITE PLAN:

SCALE: 1" = 60 FT.

ERP, NAIL IN
 16" DIA. SPRUCE

MAGNETIC
 NORTH

NOTE:
 IF PUMPED, INSTALL LIFT STATION WITH RISERS TO FINISH GRADE.
 2" PUMP LINE PROTECTED FROM FREEZING AND CRUSHING AND
 PROTECT LIFT STATION FROM FREEZING. INSTALL DISTRIBUTION
 BOX; PROTECTED FROM FREEZING, (8-HOLE D-BOX).



Site Evaluator's Signature
[Handwritten Signature]

S.E. #
319

Date
5-28-19

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

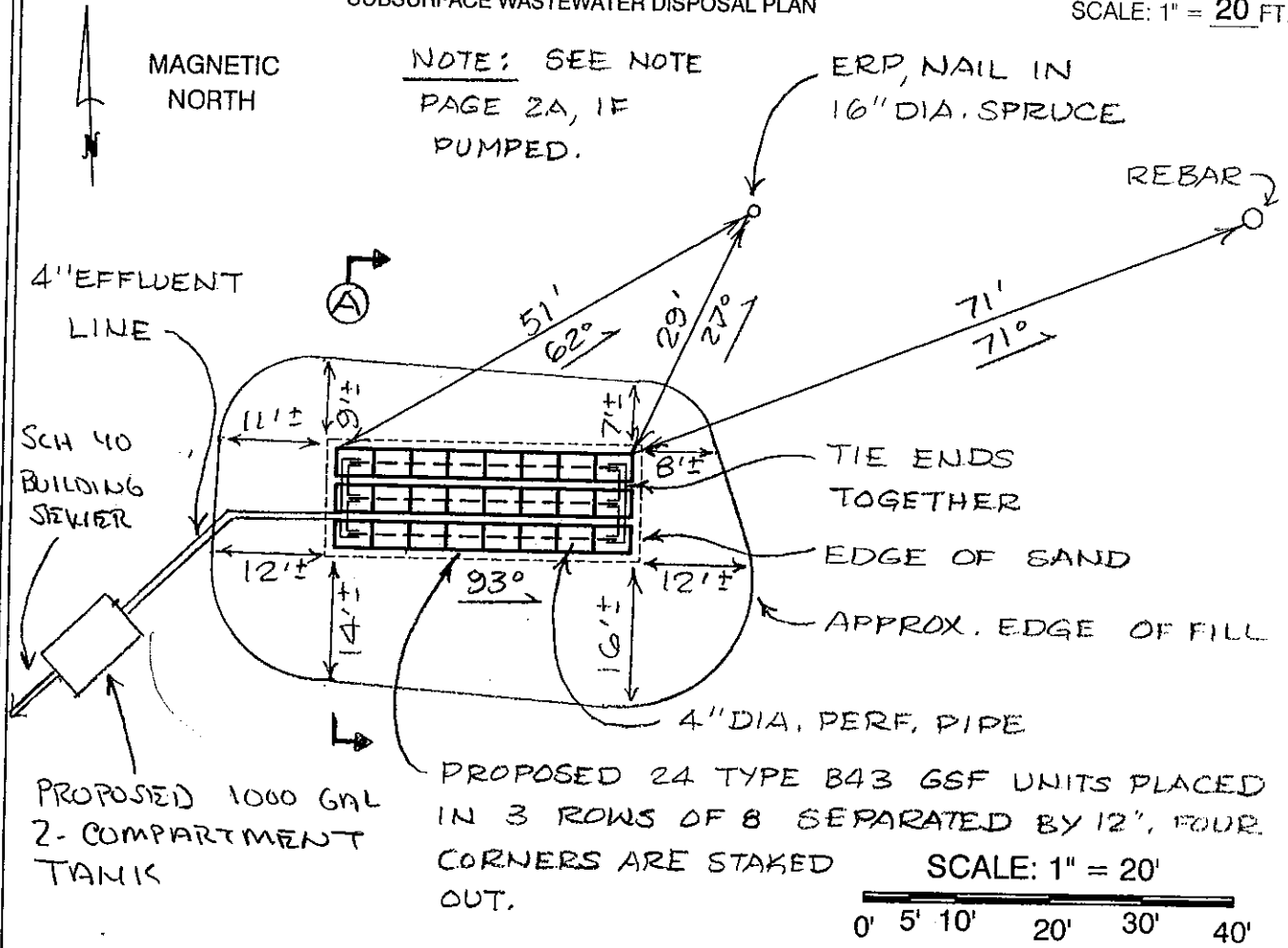
Town, City, Plantation
LAMOINE

Street, Road, Subdivision **LOT 2
TILDEN WAY**

Owner or Applicant Name
HOLLY ANDREWS

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope) 15'-22"	Finished Grade Elevation MIN. -41"			Location & Description NAIL 35"
Depth of Backfill (Downslope) 26'-28"	Top of Distribution Pipe or Proprietary Device -49"		N/A	ABOVE GROUND IN A
Depths @ cross-section shown below or on X-sec. detail. Bottom of Disposal Field (GSF UNITS) -60"				16" DIA. SPRUCE.
				Reference Elevation is: 0"

NOTES: DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

1. Tank(s) must be 8' minimum from building.
2. Grade surrounding area to divert surface water away from system.
3. Well to be 51' minimum from septic tank(s) and 100' minimum from disposal field.
4. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 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).
5. 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).
6. Full basement below grade foundation or frost wall must be 20' minimum from edge of disposal field and no full basement, slab, columns or posts must be 15' minimum from edge of disposal field.

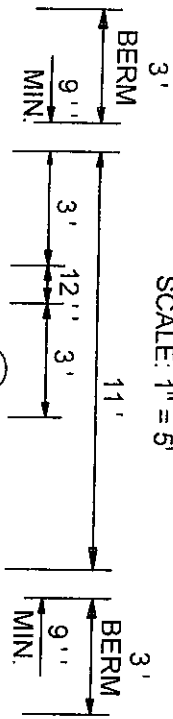
[Signature]
Site Evaluator's Signature

319
S.E. #

5-28-19
Date

GSF UNITS CROSS SECTION

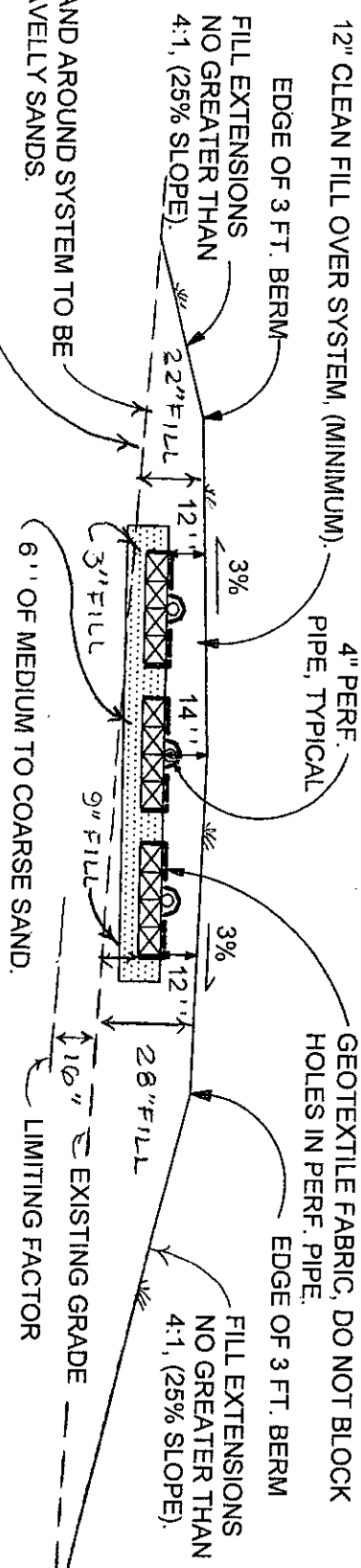
SCALE: 1" = 5'



NOTE:
GRADE UPSLOPE TO DIVERT SURFACE WATER AWAY FROM SYSTEM.

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

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



FILL UNDER AND AROUND SYSTEM TO BE COARSE GRAVELLY SANDS.
REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA, SEC. 11-B.

BOTTOM OF GSF UNITS MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL CLEAN, COARSE, SHARP SAND INTO TOP 6 INCHES OF ORIGINAL SOIL TO CREATE A TRANSITION ZONE, SEC. 11-B.

- ELEVATIONS:
- ELEV. REF. PT. (ERP): 0"
- FINISHED GRADE: -41" MIN.
- TOP OF PIPE: -49"
- TOP OF GSF UNITS: -53"
- BOTTOM OF GSF UNITS: -60"
- BOTTOM OF SAND: -66"

OWNER: HOLLY ANDREWS
LOCATION: LANDINE

DOC19 WILLIAM A. LABELLE, JR.

319 SE#

5-28-19 DATE

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.