

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMONKE	Town/City	LAMONKE
Street or Road	MALLARD LANE	Permit #	1949
Subdivision, Lot #	PARTIDGER COVER	Date Permit Issued	5/7/19
<b>OWNER/APPLICANT INFORMATION</b>		Fee: \$	265
Name (last, first, MI)	ANDREWS WILLIAM	Double Fee Charged [ ]	
Mailing Address of Owner/Applicant	40 CASHLY BUILDINGS 486 E. SIDE ROAD SOMERSET, ME	L.P.I. #	394
Daytime Tel. #	(207) 460-7883	Local Plumbing Inspector Signature	
<b>OWNER OR APPLICANT STATEMENT</b>		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.	
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.		Municipal Tax Map # 9 Lot # 4-7-1	
Signature of Owner or Applicant: <i>William Andrews</i> Date: 5/7/19		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	

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System: Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & all. 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
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
5.74 SQ. FT. ACRES	<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) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<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
<b>SHORELAND ZONING</b>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</b>
<input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	<input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 900 sq. ft. lin. ft.	<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 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 <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS PROFILE CONDITION</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>LATITUDE AND LONGITUDE</b>
31C at Observation Hole # TP1 Depth 20" of Most Limiting Soil Factor	<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	<input checked="" type="checkbox"/> 1. Not Required (WITH PROPER SEPTIC TANK LEVEL) <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	at center of disposal area Lat. 44° 30' N Lon. 69° 19' W if g.p.s., state margin of error: 20'

<b>SITE EVALUATOR STATEMENT</b>		
I certify that on 1/25/19 (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 <i>STEPHEN H. HOWELL</i>	SE # #213	Date 1/28/19
Site Evaluator Name Printed	Telephone Number (207) 825-4792	E-mail Address

# 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

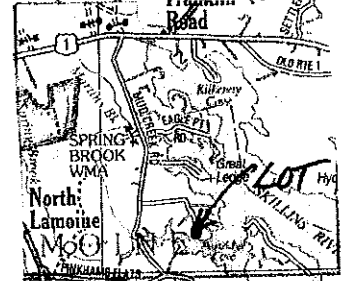
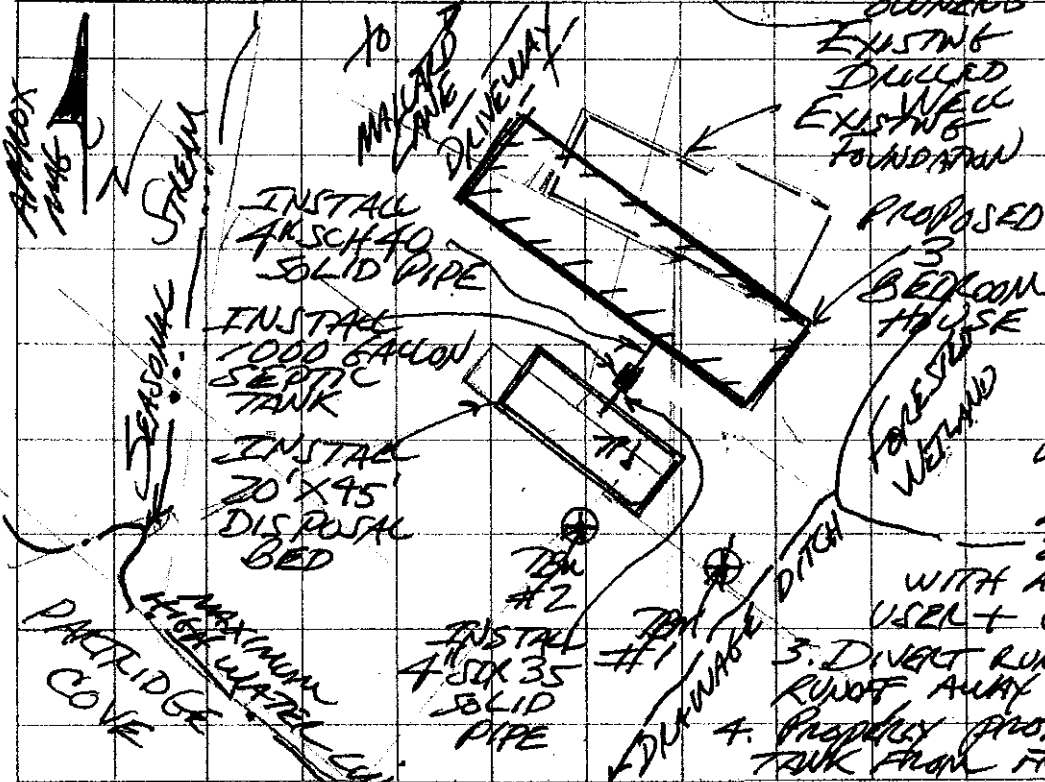
MALLARD LANE

Applicant  
 WILLIAM ANDREWS

SITE PLAN

Scale 1" = 50 ft. or as shown

SITE LOCATION PLAN



- NOTES:
1. INSTALL SILT FENCE PRIOR TO CONSTRUCTION AT EDGE OF PROPOSED DISTURBANCE.
  2. REVIEW & COMPLY WITH ATTACHED SEPTIC SYSTEM USER + CONSTRUCTION NOTES.
  3. DIRECT RUNOFF INCLUDING ROOF RUNOFF AWAY FROM DISPOSAL BED.
  4. PROPERLY PROTECT PIPES + SEPTIC TANK FROM FREEZING + CRACKING.

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

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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	GRAVELLY FINE SANDY LOAM	FABLE	BROWN	NONE
10			YELLOWISH BROWN	
20			CLAYE BROWN	
20	STONY FIRM LOAM	FIRM	OLIVE BROWN	COMMON DISTANCE
30	LIMIT OF OBSERV = 30"			

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	NOTES (CONT.)			
0	5. PROPERTY LINES TO NORTH, EAST + WEST ARE 7100' FROM PROPOSED SEPTIC SYSTEM.			
0	6. PROPOSED SEPTIC SYSTEM IS ABOVE THE 100' ELEVATION FLOOD ZONE ACCORDING TO INFORMATION PROVIDED BY OWNER'S SURVEYOR.			

Soil Classification <b>3 C</b>	Slope <b>1-5%</b>	Limiting Factor <b>20"</b>	<input checked="" type="checkbox"/> Ground Water Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

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

Site Evaluator Signature

#213 SE #

1/20/19 Date

