SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation	LAMOINE
Street or Road	102 MARLBORO RD.
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City Lamoine Permit # 1975

Date Permit Issued 10/16/2019 Fee: $ 300 Double Fee Charged ☐

Local Plumbing Inspector Signature Jolegra Albright L.P.I. # 394

☑ 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 # 16 Lot # 46

OWNER/APPLICANT INFORMATION

Name (last, first, MI) ARNOLD RICHARD ☑ Owner ☐ Applicant

Mailing Address of Owner/Applicant: SAME

Daytime Tel. # 801-638-7697

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 10/18/19

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

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

± 3 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
- ☐ 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: 16 ENDFEED

SIZE: 1440 ☐ 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

360 gallons per day

BASED ON:

- ☒ 1. Table 4A (dwelling unit(s))
- ☐ 2. Table 4C(other facilities) SHOW CALCULATIONS for other facilites
- ☐ 3. Section 4G (meter readings) ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION

3 / 6

at Observation Hole # 1

Depth 16 "

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

- ☒ 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 15 m 30 s

if g.p.s, state margin of error: ____

SITE EVALUATOR STATEMENT

I certify that on 6-10-95 (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 10-9-19
Site Evaluator Name Printed	Telephone Number 667-5026	E-mail Address

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

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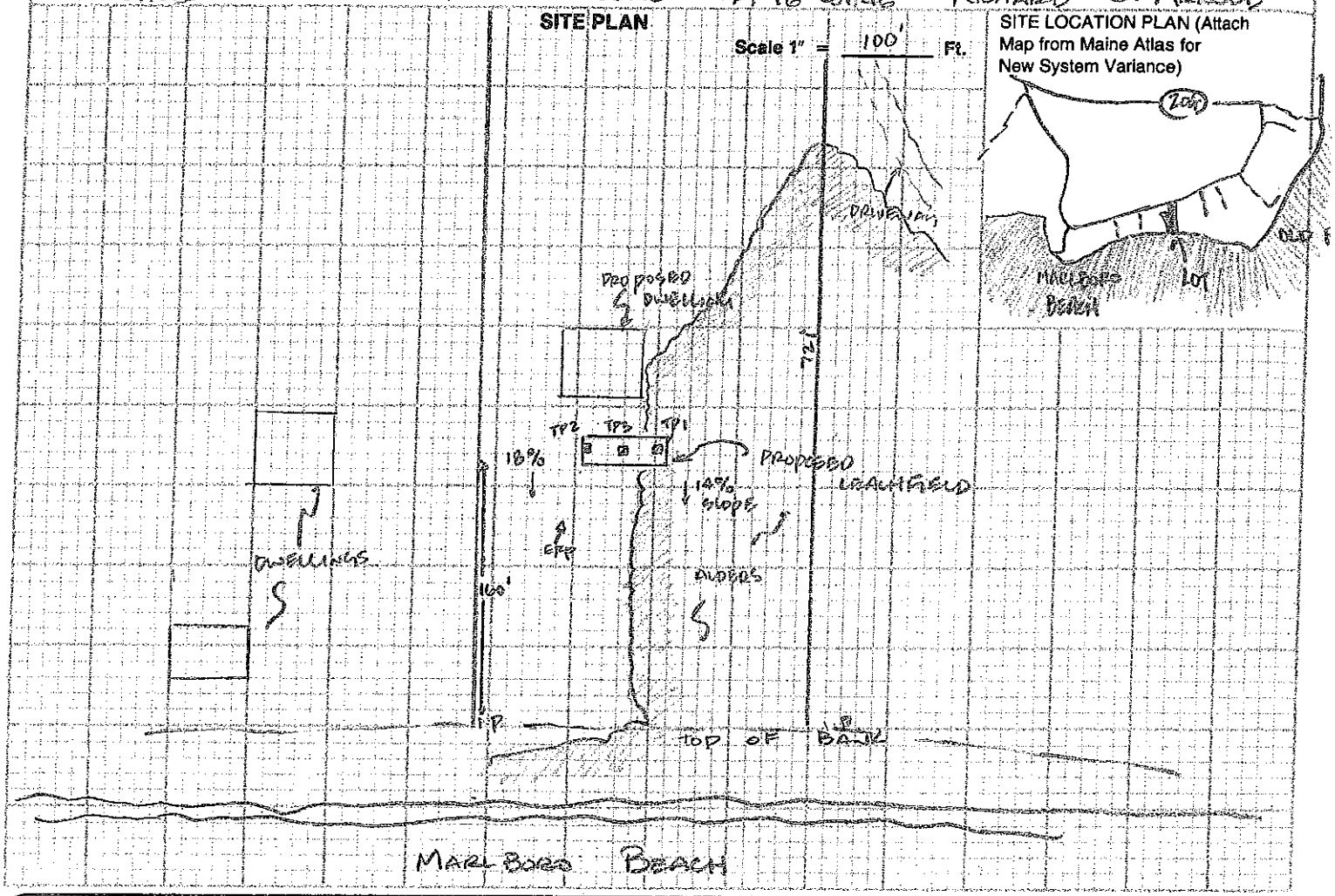
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
LAMOINE	RT 204 MARLBORO TM 16 LOT 46	RICHARD C. ARNOLD

SITE PLAN

Scale 1" = 100' Ft.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

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

Observation Hole TP 1, 2 93 ☒ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	LOAM	FRIABLE	DARK BROWN	NONE
6–15	SANDY LOAM	MOD FIRM	MIXED GREY YELLOW BROWN	COMMON
15–50		FREE WATER @ 19"		

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	14-18 %	16"	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–50				

Soil	Classification	Slope	Limiting Factor	
(Profile)	(Condition)	____ %	____"	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature

227
SE#

2-9-95
Date

HHE-200 Rev.1/84

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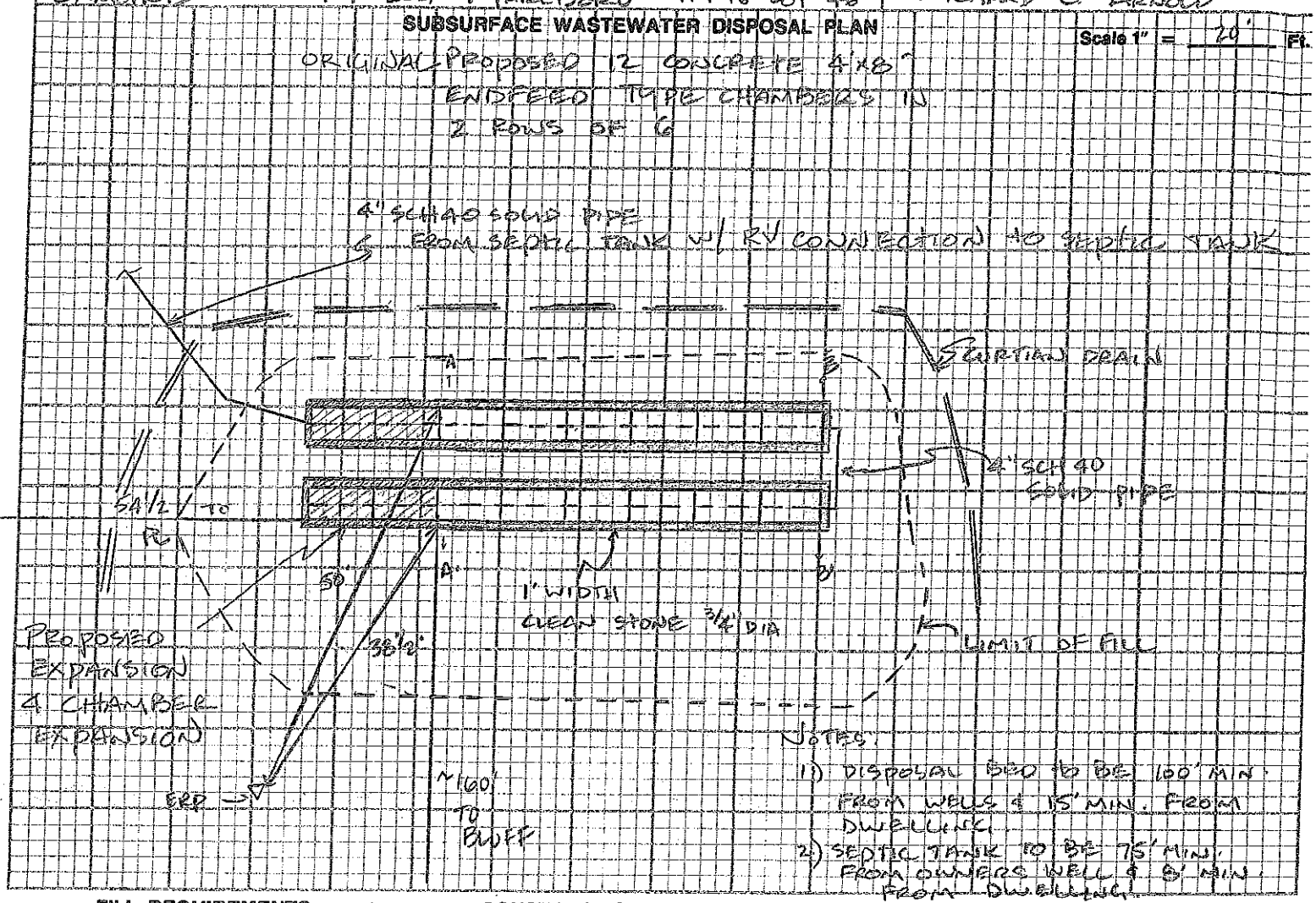
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
LAMOINE	RT 204 MARLBORO TM 16 LOT 46	RICHARD C ARNOLD

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 75' MIN. FROM OWNERS WELL & 8' MIN. FROM DWELLING.

FILL REQUIREMENTS

Depth of Fill (Upslope) 24"
Depth of Fill (Downslope) 36"

CONSTRUCTION ELEVATIONS

Reference Elevation is 0"
Bottom of Disposal Area ①-31" ②-49"
Top of Distribution Lines or Chambers ①-18" ②-36

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

ERP. NAIL W/ FLAGGING 115" UP A 6" DIA MAPLE

NOTES:

1.) LIME, FERTILIZE, SEED & MULCH TOP & SIDES OF BED & ALL DISTURBED AREAS TO PREVENT EROSION.

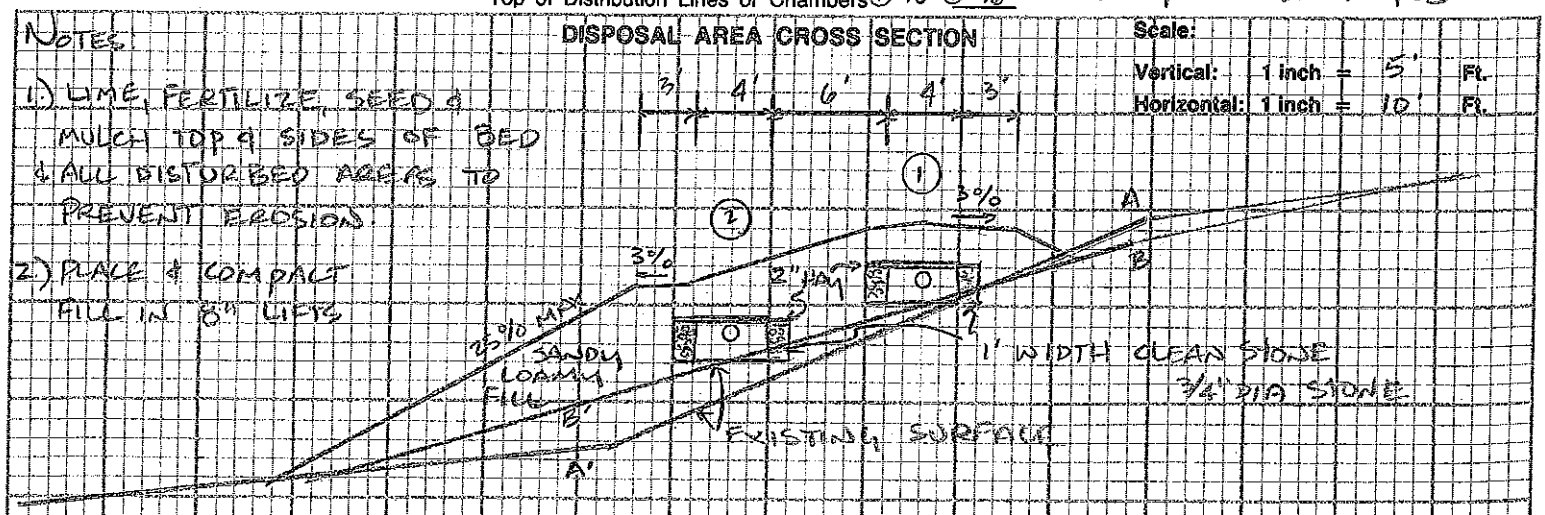
2.) PLACE & COMPACT FILL IN 8" LIFTS

3.) BOTTOM OF BED TO BE INSTALLED LEVEL W/A MAX GRADE TOLERANCE OF 1"/100'

SCARIFY ORIGINAL SURFACE UNDER BED.

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5' Ft.
Horizontal: 1 inch = 10' Ft.



Site Evaluator Signature

227
SE#

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