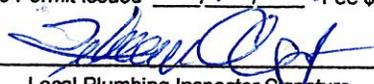


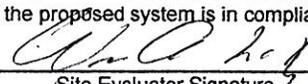
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 <u>Lamoine</u>	Permit # <u>1979</u>
Street or Road	DOUGLAS ⁷⁵⁸ HIGHWAY	Date Permit Issued <u>11/19/19</u>	Fee \$ <u>265</u> Double Fee Charged ()
Subdivision, Lot #			L.P.I. # <u>394</u>
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	GOODWIN, JOHN	Fee: \$ <u>265</u> state min. fee \$ _____	Locally adopted fee _____
	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	Copy: <input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State	
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	P.O. BOX 374 SOUTHWEST HARBOR ME. 04679	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.	
Daytime Tel. # email address:		Municipal Tax Map # <u>3</u>	Lot # <u>44</u>
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
		(1st Date Approved) _____	
Signature of Owner or Applicant		Local Plumbing Inspector Signature	
Date <u>11/19/19</u>		(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 SIZE OF PROPERTY _____ sq. ft. <u>20+</u> acres SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____ Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & ait. 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 _____ TYPE OF WATER SUPPLY <input type="checkbox"/> Proposed <input checked="" 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: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> c. with lift station <input type="checkbox"/> d. water tight <input type="checkbox"/> e. two compartment <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>700</u> 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	DESIGN FLOW <u>180</u> 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 checked="" type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44° 29' 28" N</u> Lon. <u>68° 20' 36" W</u> If g.p.s., state margin of error <u>3.0'</u>
SOIL DATA & DESIGN CLASS PROFILE <u>51C</u> CONDITION _____ at Observation Hole # <u>2</u> Depth <u>36"</u> OF MOST LIMITING SOIL FACTOR _____	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input 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 checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>9-4-19</u> (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).		
	<u>319</u>	<u>9-7-19</u>
Site Evaluator Signature	SE#	Date
WILLIAM A. LaBELLE, JR.	(207) 537 - 5900	labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	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
DOUGLAS HIGHWAY

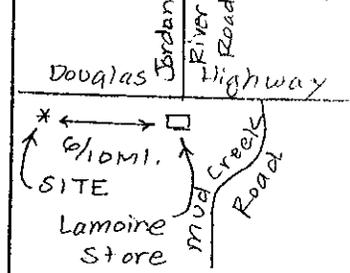
Owner or Applicant Name
JOHN GOODWIN

SITE PLAN

Scale 1" = 40 Ft.

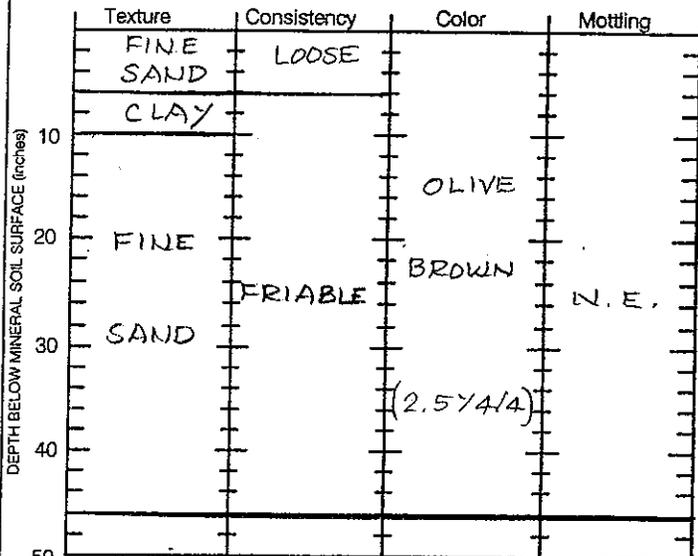
(SEE ATTACHED SITE PLAN)

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



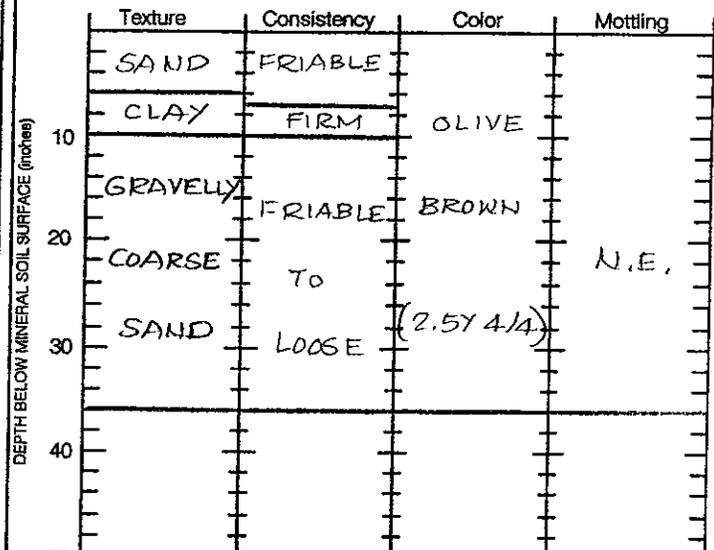
SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

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



Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>5</u>	<u>B</u>	<u>3 1/2 %</u>	<u>46"</u>	<input type="checkbox"/> Restrictive Layer
	Condition		Depth	<input type="checkbox"/> Bedrock
				<input checked="" type="checkbox"/> Pit Depth

Observation Hole #2 Test Pit Boring
0 " Depth of organic horizon above mineral soil



Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>5</u>	<u>C</u>	<u>0 %</u>	<u>36"</u>	<input type="checkbox"/> Restrictive Layer
	Condition		Depth	<input type="checkbox"/> Bedrock
				<input checked="" type="checkbox"/> Pit Depth

W.C. Kelly

Site Evaluator's Signature

319

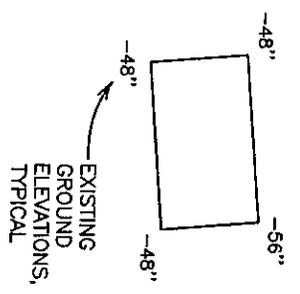
S. E. #

9-7-19

Date

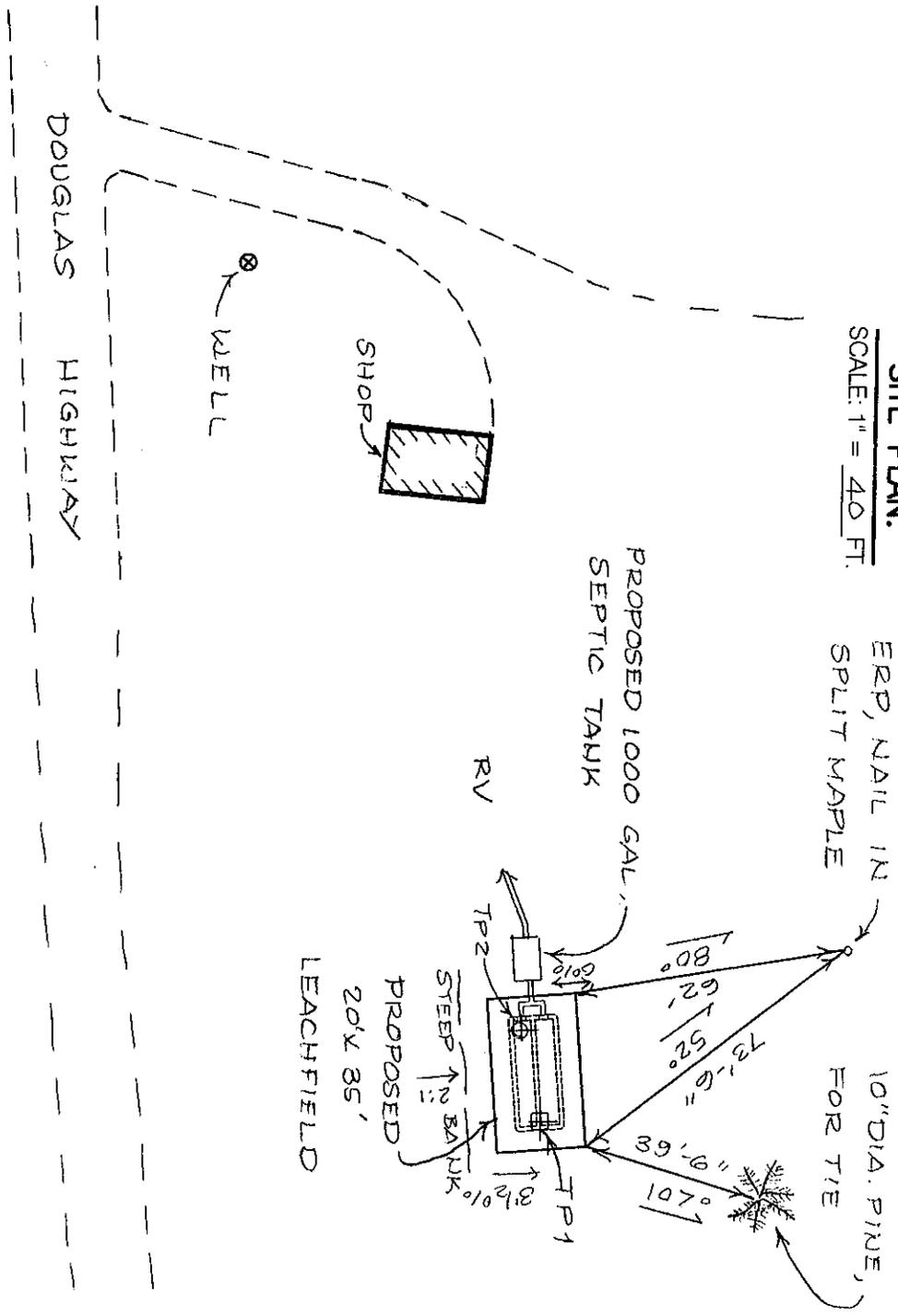
Town, City, Plantation LARDINE	Street, Road, Subdivision DOUGLAS HIGHWAY	Owner or Applicant Name JOHN GOODWIN
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MAGNETIC NORTH



SITE PLAN:

SCALE: 1" = 40 FT.



Site Evaluator's Signature *CCP*

S.E. # 319

Date 9-7-19

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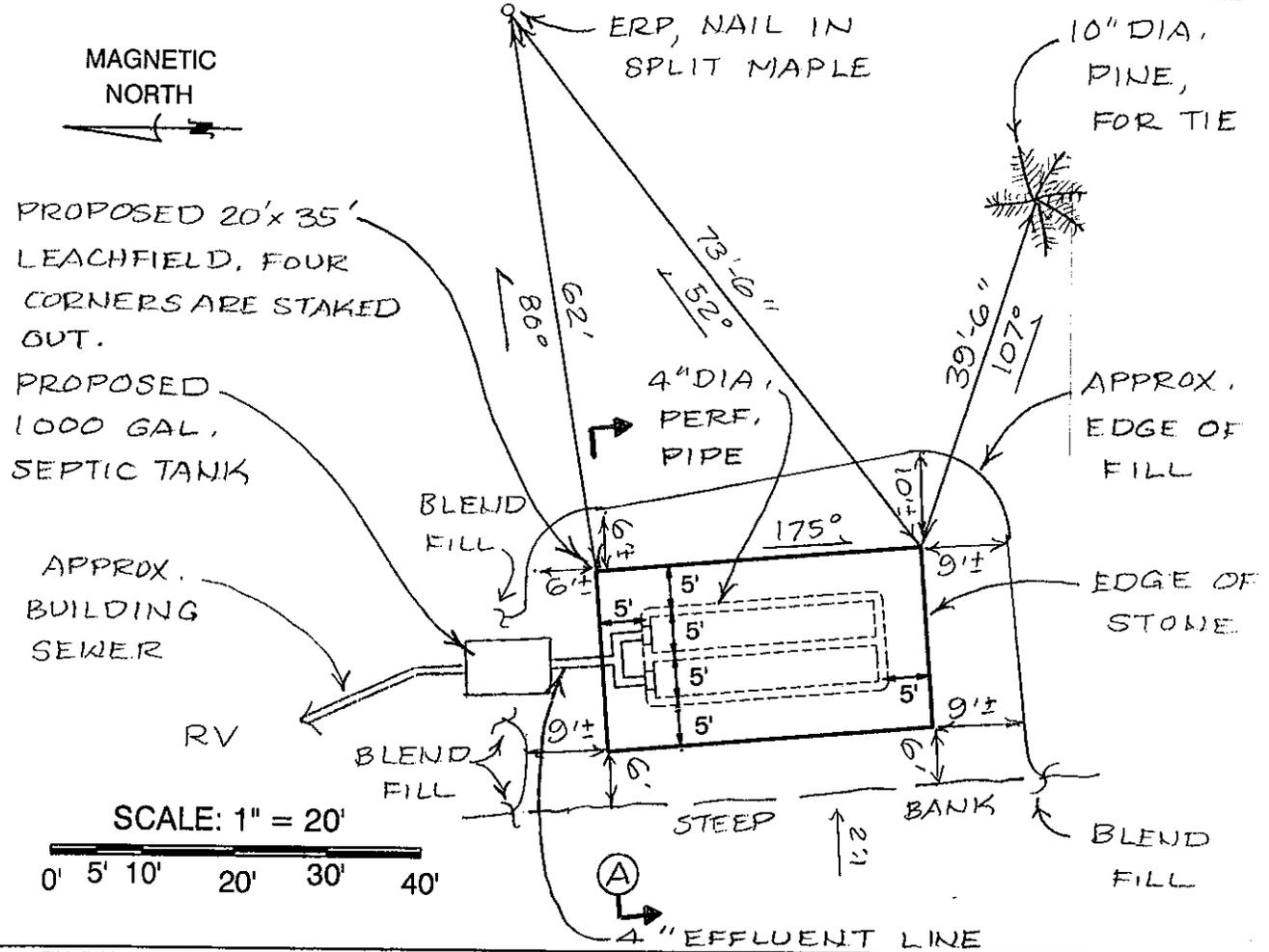
Town, City, Plantation
LAMOINE

Street, Road, Subdivision
DOUGLAS HIGHWAY

Owner or Applicant Name
JOHN GOODWIN

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	17 1/4"	Finished Grade Elevation	MIN -30"			Location & Description NAIL 43"
Depth of Backfill (Downslope)	10"-18"	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	-60"			SPLIT MAPLE, Reference Elevation is: 0"

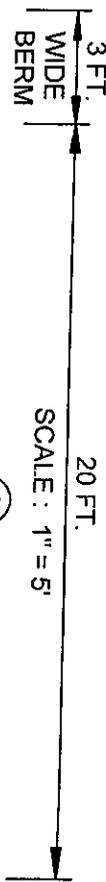
- NOTES:** DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)
1. Tank(s) must be 8' minimum from building.
 2. Grade surrounding area to divert surface water away from system.
 3. All work done adjacent to wetlands and water bodies must be done in compliance with section 12 of the Subsurface Wastewater 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).
 4. 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).
 5. 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.

W. C. [Signature]
 Site Evaluator's Signature

319
 S.E. #

9-7-19
 Date

DISPOSAL BED CROSS SECTION

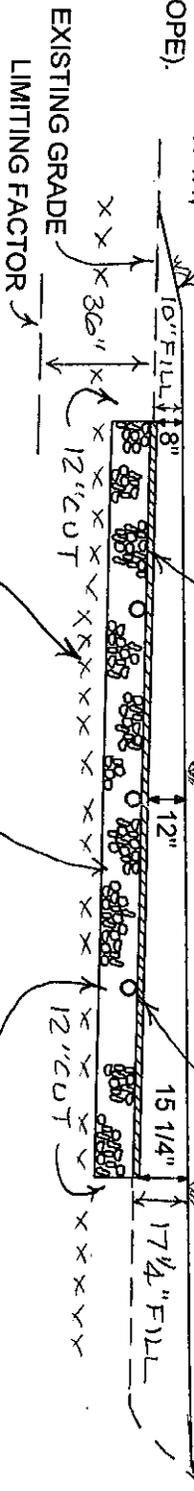


NOTE:
GRADE UPSLOPE TO DIVERT
SURFACE WATER AWAY FROM
SYSTEM.

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

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F
PLACED OVER STONE.

FILL EXTENSIONS
NO GREATER THAN 4:1,
(25% SLOPE).



REMOVE VEGETATION AND SCARIFY
ORIGINAL SOIL UNDER ENTIRE FILL AREA,
SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP):	0"
FINISHED GRADE:	-39" MIN.
TOP OF DISTRIBUTION PIPE:	-49"
BOTTOM OF STONE:	-60"

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

FLUFF UP AND LOOSELY SOIL
18" DEEP UNDER AND AROUND
SYSTEM

4" PERF. PIPE,
TYPICAL

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.

12" CLEAN STONE,
(1 1/2" DIA.),
UNIFORM SIZE.

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.

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.

OWNER: JOHN GOODWIN
LOCATION: LAMINE

W.A.L.

DOC19 WILLIAM A. LABELLE, JR.

S.E.# 319

DATE 9-7-19