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: RT 20A

Subdivision, Lot #: PARTRIDGE COVE ROAD

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: LAMOINE Permit #: 1985

Date Permit Issued: 4/16/2020 Fee: $250 + 15 Double Fee Charged [ ]

Rebecca Allbright (SM)
Local Plumbing Inspector Signature

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 #: 8 Lot #: 10 portion

OWNER/APPLICANT INFORMATION

Name (last, first, MI): MILES ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: c/o DETAILS INC, 403 STATE STREET, ELLSWORTH, ME 04605

Daytime Tel. #: 667-9989

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: 4/16/20

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
± 15 ☐ 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: 21 ELJEN INFRAC

SIZE: 1050 ☒ 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 facilities

☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION: 3 / ATU

at Observation Hole # 143

Depth 24"

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 29 m 25 s

Lon. 68 d 18 m 26 s

If g.p.s, state margin of error: GAZO TRAC

SITE EVALUATOR STATEMENT

I certify that on 3-1-20 (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	3-4-20
Site Evaluator Signature	SE #	Date
JOE BROCHU	667-5025	
Site Evaluator Name Printed	Telephone Number	E-mail Address

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

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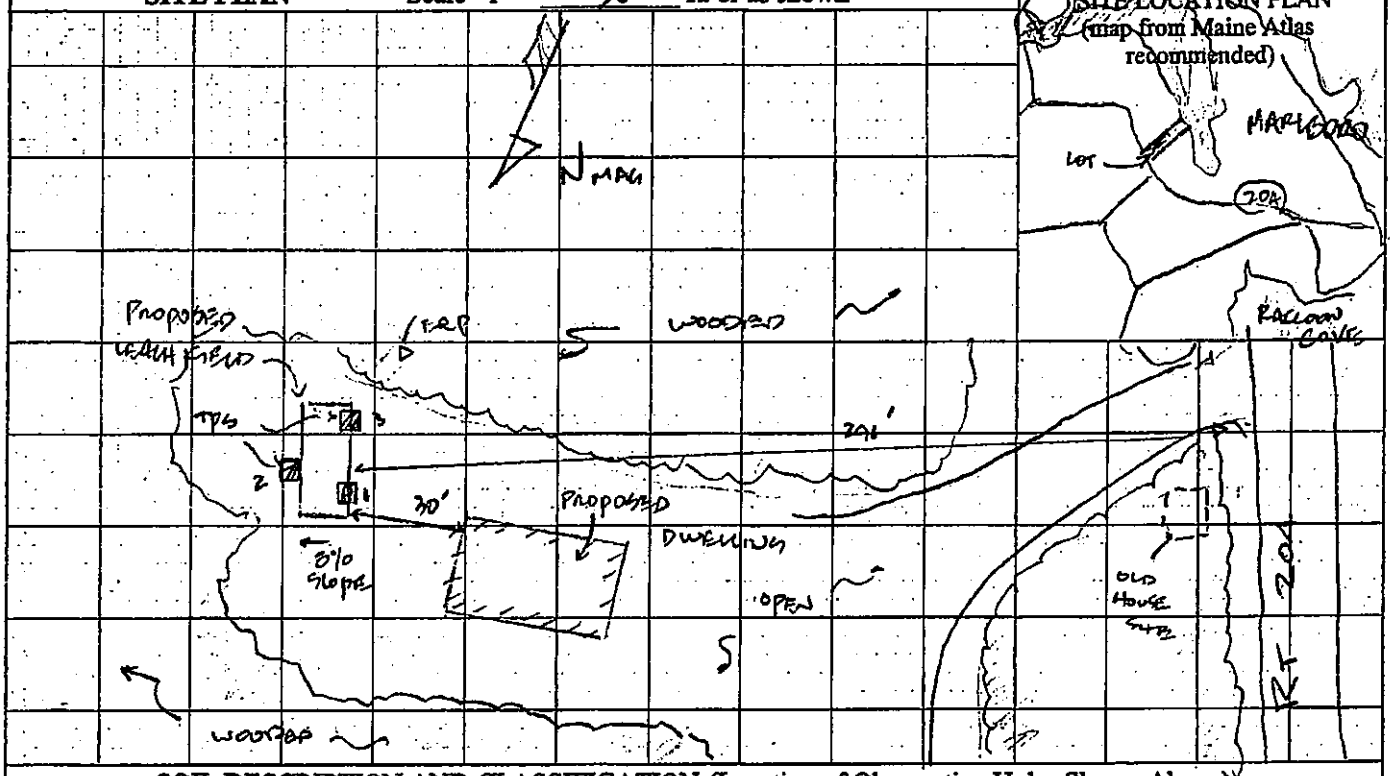
Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
LAMOINE	PARTRIDGE COVE RD RT 204	MILES

SITE PLAN Scale 1" = 50' ft. or as shown



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

Observation Hole TP 1 ☒ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	DARK BROWN	NONE
10–20	POORLY CHANNELED SANDY LOAM	MOD FIRM	STRONG BROWN	
20–30	REFUSAL LEDGE			
30–50	FREE WATER @ 24"			

Soil Classification	Slope	Limiting Factor	
3 Profile / AIII Condition	8 %	24"	[ ] Ground Water [ ] Restrictive Layer [X] Bedrock [ ] Pit Depth

Observation Hole TP 3 ☒ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	LOAM	FRIABLE	DARK BROWN	NONE
10–20	COBBLY SANDY LOAM	MOD FIRM	STRONG BROWN	
20–30			OLIVE BROWN	
30–50	REFUSAL ON LEDGE			

Soil Classification	Slope	Limiting Factor	
3 Profile / AIII Condition	8 %	24"	[ ] Ground Water [ ] Restrictive Layer [X] Bedrock [ ] Pit Depth

Site Evaluator Signature	SE #	Date
[signature]	227	3-4-20

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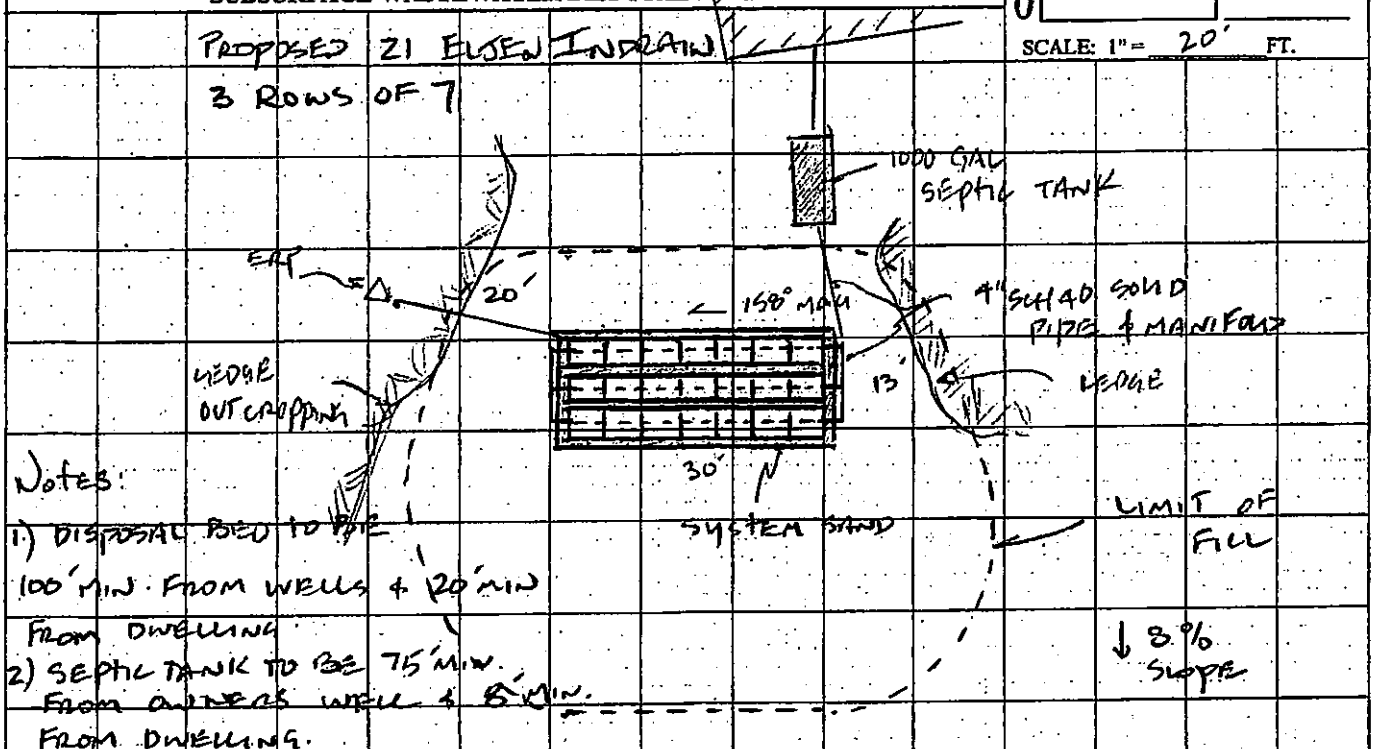
LAMONE	PARTRIDGE COVE ROAD RT 204	MILES

SUBSURFACE WASTEWATER DISPOSAL PLAN

0 [ ] SCALE: 1" = 20' FT.



Notes:

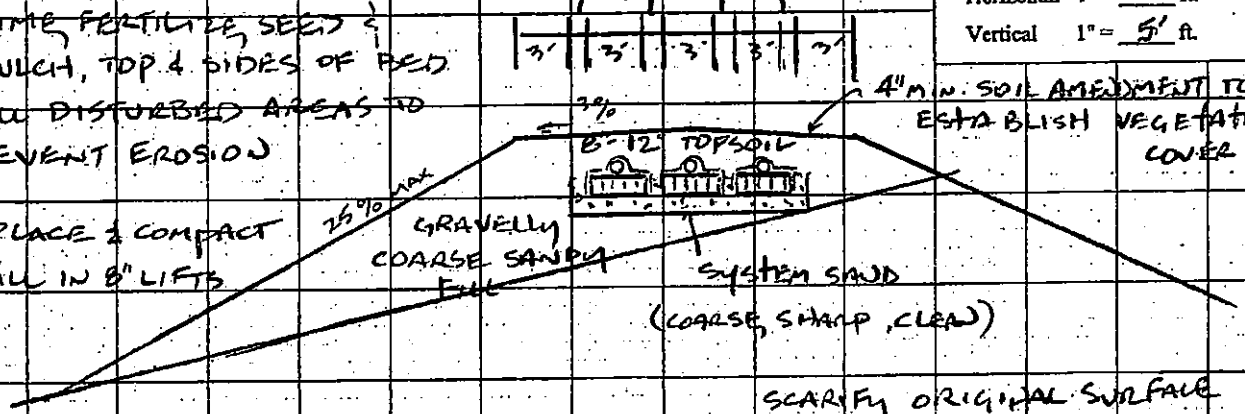
1.) DISPOSAL BED TO BE 100' MIN. FROM WELLS & 20' MIN FROM DWELLING

2) SEPTIC TANK TO BE 75' MIN. FROM OTHERS WELL & 8' MIN. FROM DWELLING.

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	24"	Finished Grade Elevation	-19"	Location & Description: NAIL w/ FLAGGING 27' UP A 7" DIA. FIR
		Top of Distribution Pipe or Proprietary Device	-31"	
Depth of Fill (Downslope)	42"	Bottom of Disposal Area	-48"	Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 10' ft.
Vertical 1" = 5' 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	3-3-20