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: PARTRIDGE COVE RD

Subdivision, Lot #:

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # 1983

Date Permit Issued __/__/__ Fee: $_____ Double Fee Charged [ ]

_____ L.P.I. # _____

Local Plumbing Inspector Signature

☐ 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 # 5 Lot # 6

OWNER/APPLICANT INFORMATION

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

Mailing Address of Owner/Applicant: 26 LAST RESORT LANE, LAMOINE ME 04605

Daytime Tel. #

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 3-19-2020

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

5.5A ☐ 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: _____

TOP SEAM

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: _____

SIZE: 800 ☒ 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 facilites

3 BEDROOM HOME

- ☐ 3. Section 4G (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: S1 < 1A

at Observation Hole # TP 1

Depth 42"

of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

- ☒ 1. Medium---2.6 sq. ft. / gpd
- ☐ 2. Medium---Large 3.3 sq. f.t / gpd
- ☐ 3. Large---4.1 sq. ft. / gpd
- ☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

- ☒ Not Required RAISE HOME FOR GRAVITY FEED
- ☐ May Be Required
- ☐ Required

Specify only for engineered systems:

DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area

Lat. 44 d 28 m 50.2 s

Lon. 68 d 16 m 52.3 s

if g.p.s, state margin of error: 30' ±

SITE EVALUATOR STATEMENT

I certify that on 3-6-20 (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).

Site Evaluator Signature _____ SE # 189 Date 3-7-20

Site Evaluator Name Printed: Mike Gramlich POB 284 Holden ME 04429

Telephone Number: 207 843 6395

E-mail Address: _____

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

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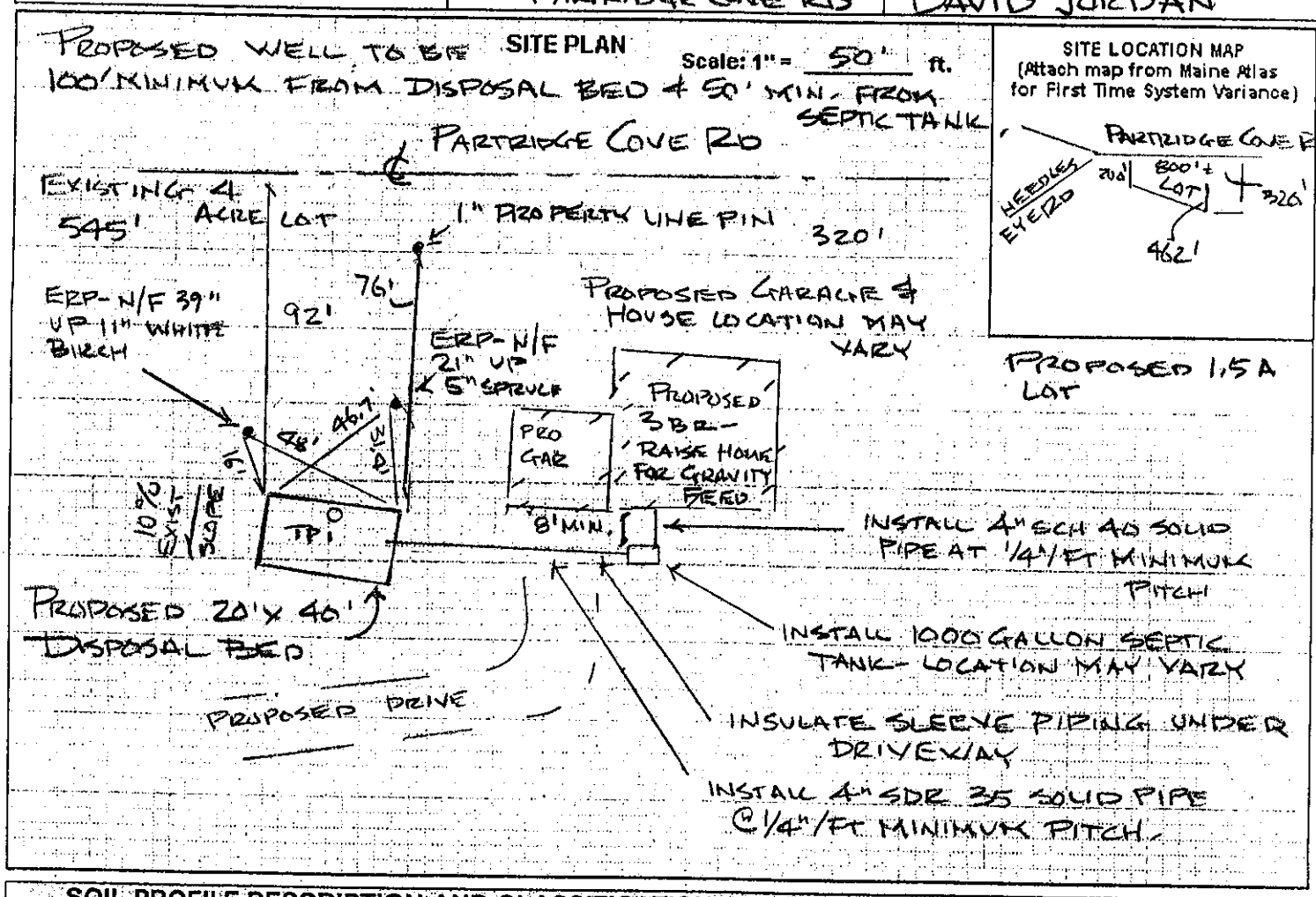
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
LAMOINE	PARTRIDGE COVE RD	DAVID JORDAN

SITE PLAN

Scale: 1" = 50' ft.



SITE LOCATION MAP

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

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

Observation Hole # TP1 ☒ Test Pit ☐ Boring

1" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6			STRONG BROWN	
6–12	LOAMY			NONE
12–18	SAND	FRIABLE		
18–24			YELLOW BROWN	
24–30				
30–36	GRAVELLY		LT BROWN	
36–42	SAND			
42–48		DEPTH OF PIT		

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
5	4/A111	10	42"	☐ Groundwater ☐ Restrictive Layer ☒ Bedrock PIT DEPTH

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6				
6–12				
12–18				
18–24				
24–30				
30–36				
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
				☐ Groundwater ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature _____ SE # 189 Date 3-7-20

Mike J Gramlich POB 284 Holden ME 04429 207 843-6395

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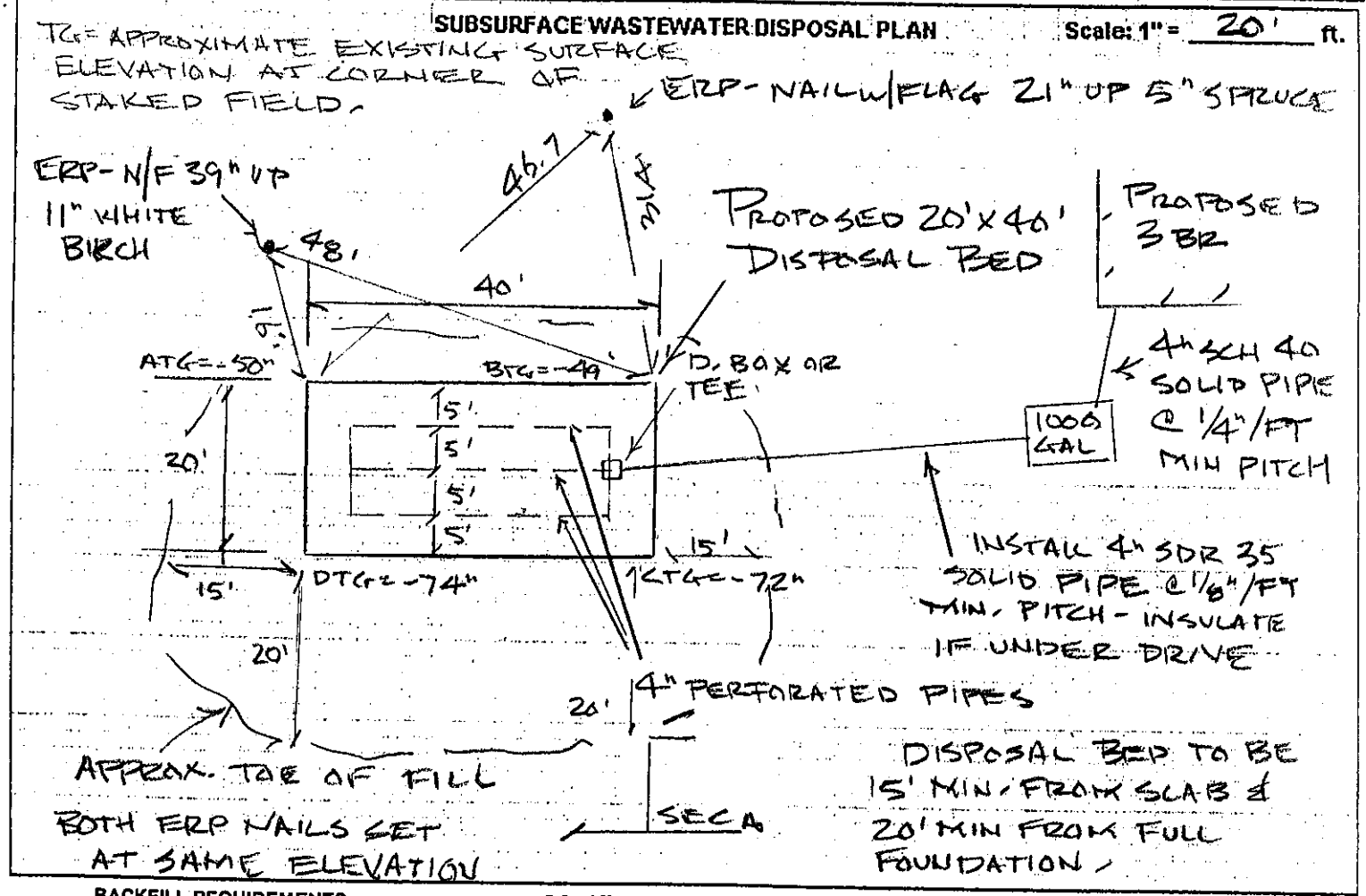
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
LAKE ONE	PARTRIDGE COVE RD.	DAVID JORDAN

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.



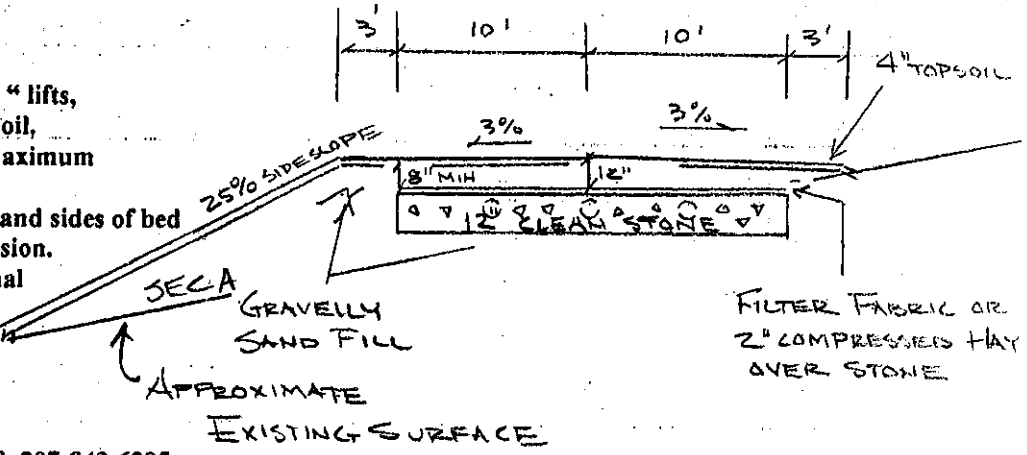
BACKFILL REQUIREMENTS			CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Backfill (upslope)	A 7"	B 6"	Finished Grade Elevation	-43"	Location & Description: ERP - N/F 21" UP 5" SPRUCE
Depth of Backfill (downslope)	C 31"	D 29"	Top of Distribution Pipe or Proprietary Device	-56"	Reference Elevation is: 0.0" or: 0"
DEPTHS AT CROSS-SECTION (shown below)			Bottom of Disposal Field	-67"	

DISPOSAL FIELD CROSS-SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 10' ft.

Note:

1.) Scarify original surface under Disposal Field and fill extension.
2.) Place gravelly coarse sand fill in 8 " lifts, incorporate into underlying original soil.
3.) Disposal Field to be level with a maximum grade tolerance of 2"/100 ft.
4.) Lime, fertilize, seed & mulch, top and sides of bed and all disturbed areas to prevent erosion.
5.) See Chapter 11 of code for additional requirements.
6.) Bottom of disposal field to be below elevation of TBM (ERP).



Mike J Gramlich POB 284 Holden ME 207-843-6395

Site Evaluator Signature | #189 SE # | 3-7-20 Date