SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: LAMOINE
Street or Road: COVE ROAD
Subdivision, Lot #: TOWN TAX MAP #14, LOT #24

OWNER/APPLICANT INFORMATION

Name (last, first, MI): ANDREWS, WILLIAM ☑ Owner ☐ Applicant
Mailing Address of ☑ Owner ☐ Applicant: C/O CASHLY BUILDERS, 496 E. SIDE ROAD, SORRENTO, ME 04677
Daytime Tel. #: (207) 460-7883

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: LAMOINE Permit #: 2002
Date Permit Issued: 8/2/20 Fee $: 25 Double Fee Charged ( )
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 the application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # 14 Lot # 24

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.

Teresa Wilson — Signature of Owner or Applicant
Sept 2-20 — Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature
(1st Date Approved)
(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

SIZE OF PROPERTY

1.11 ☐ sq. ft. ☑ acres

SHORELAND ZONING

☑ Yes ☐ No

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 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

DISPOSAL SYSTEM COMPONENT(S)

☑ 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

TYPE OF WATER SUPPLY

PROPOSED
☑ 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: _____
WITH LIFT STATION
CAPACITY 1000 gallons

DISPOSAL FIELD TYPE & SIZE

☐ 1. Stone Bed ☐ 2. Stone Trench
☑ 3. Proprietary Device 4'x8' SUBFREED CONCRETE
☐ a. Cluster Array ☑ c. Linear
☐ b. Regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE 1155 ☑ 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
B / C
at Observation Hole # TP1
Depth 19" 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

☐ 1. Not Required
☐ 2. May be Required
☑ 3. Required
Specify only for engineered systems
DOSE: _____ gallons

LATITUDE AND LONGITUDE at Center of Disposal Area

Lat. 44 d 26 m 6.65 s NW
Lon. 68 d 16 m 7.5 s SW
if g.p.s., state margin of error 20'

SITE EVALUATOR STATEMENT

I certify that on 3/12/18 (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
#213 — SE#
3/14/18 — Date
UPDATED 5/15/2020

STEPHEN H. HOWELL — Site Evaluator Name Printed
(207) 825-4792 — Telephone Number
E-mail Address

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

HHE-200 Rev. 08/2011

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

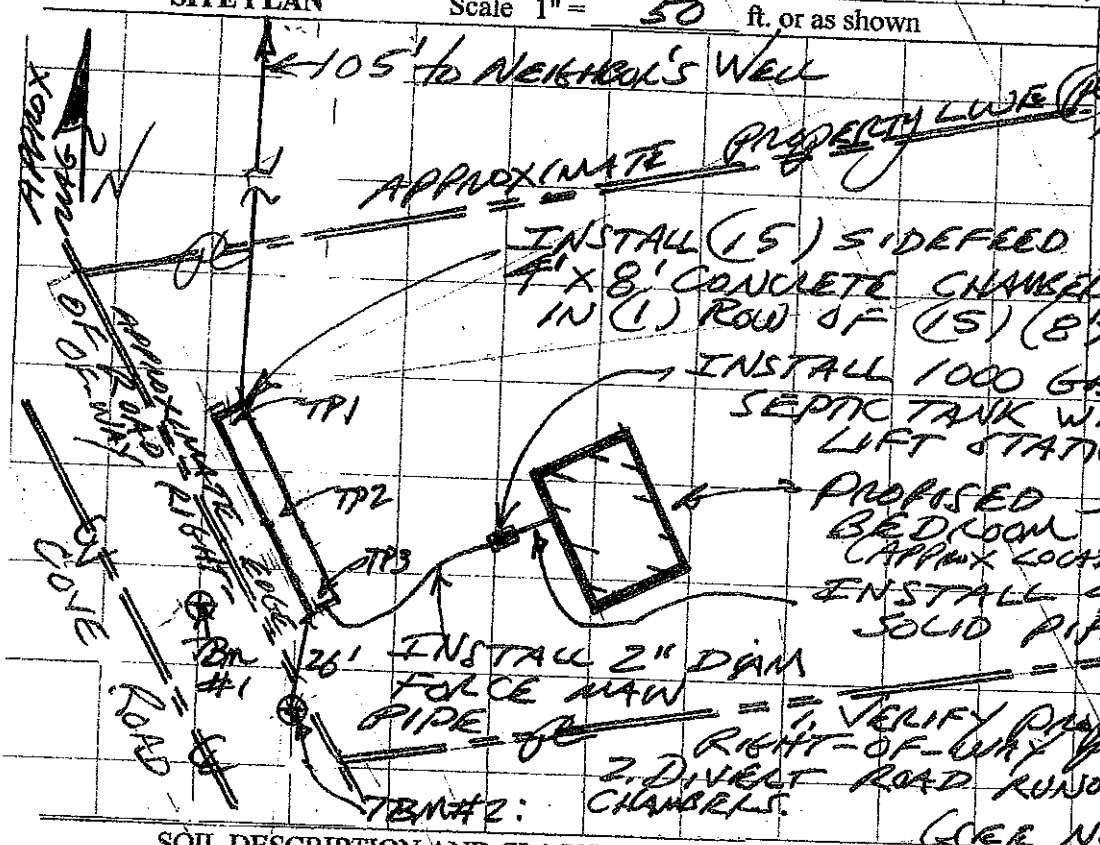
Town, City, Plantation: LAMOINE

Street, Road, Subdivision: TOWN TAX MAP 17, LOT 24 COVE ROAD

Owner's Name: WILLIAM O. ANDREWS

SITE PLAN

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN

(map from Maine Atlas recommended)

(SEE ATTACHED COPY OF TOWN TAX MAP)

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

Observation Hole TP1,2+3 ☒ Test Pit ☐ Boring

5 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	STONY FINE SANDY LOAM	FRIABLE	DK BROWN / YELL. BROWN	NONE
10	STONY LOAM		LIGHT OLIVE BROWN	
20	SILT LOAM	FIRM TO VERY FIRM	OLIVE BROWN TO OLIVE	COMMON TO MANY DISTINCT
30				
40	LIMIT OF OBSERV = 35"			
50				

Soil Classification	Slope	Limiting Factor	
8 C (Profile / Condition)	1-3 %	19"	☒ Ground Water ☐ 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	NOTES (CONT.)			
10	3. REVIEW & COMPLY WITH ATTACHED SEPTIC SYSTEM USE & CONSTRUCTION NOTES.			
20	4. PROPERLY PROTECT PIPES & SEPTIC TANK FROM FREEZING & CRUSHING.			
30	5. SOUTH PROPERTY LINE WAS BLAZED & FLAGGED, NO OTHER LINES APPARENT. THIS PLAN IS BASED ON INFORMATION SHOWN ON THE ATTACHED TOWN TAX MAP. FOR SOLDANS ASSUMES NO RESPONSIBILITY FOR THIS INFORMATION.			
40				
50				

Soil Classification	Slope	Limiting Factor	
_____ _____ (Profile / Condition)	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature

213

SE #

3/14/18

Date

UPDATED 5/15/2020

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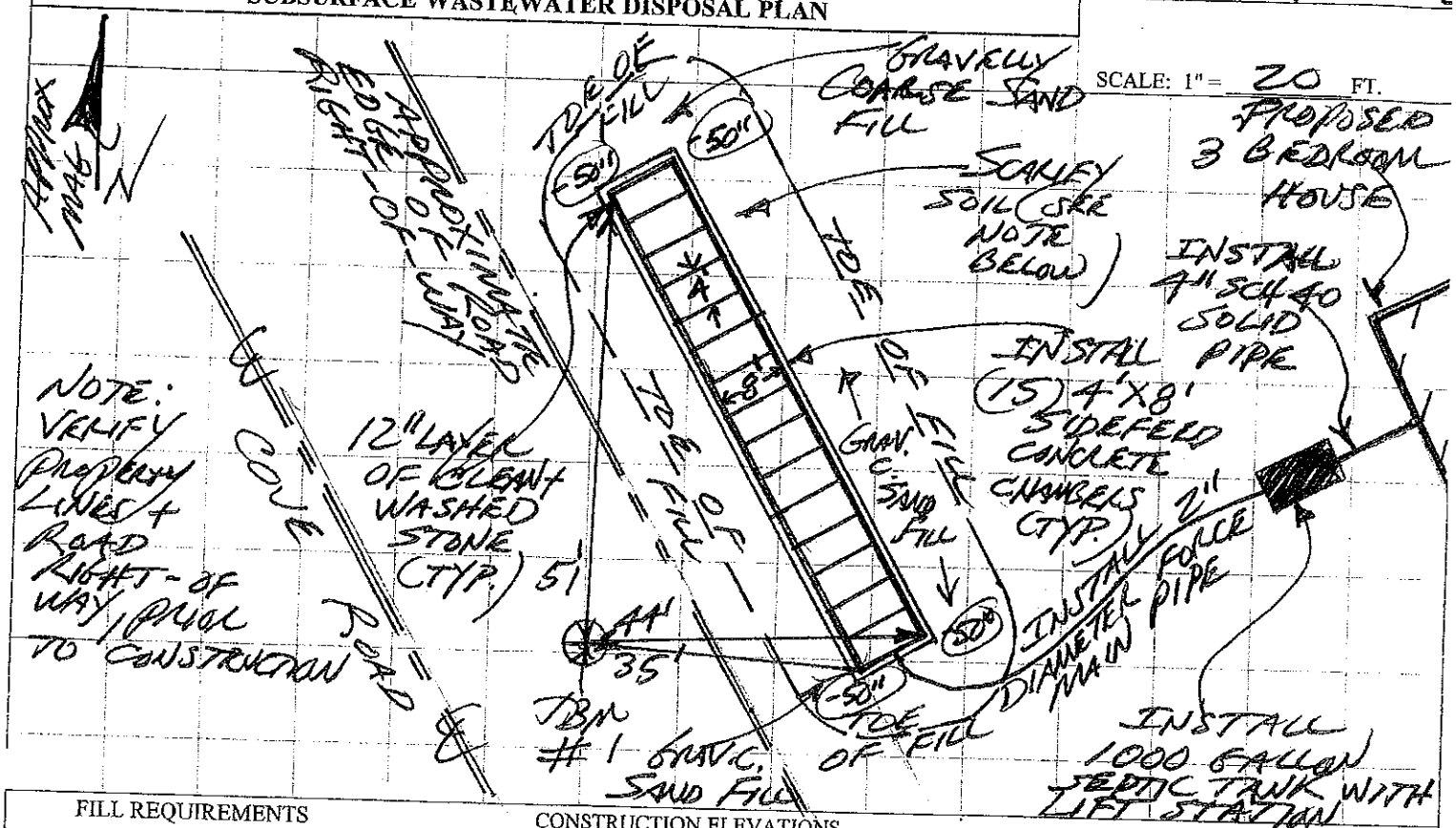
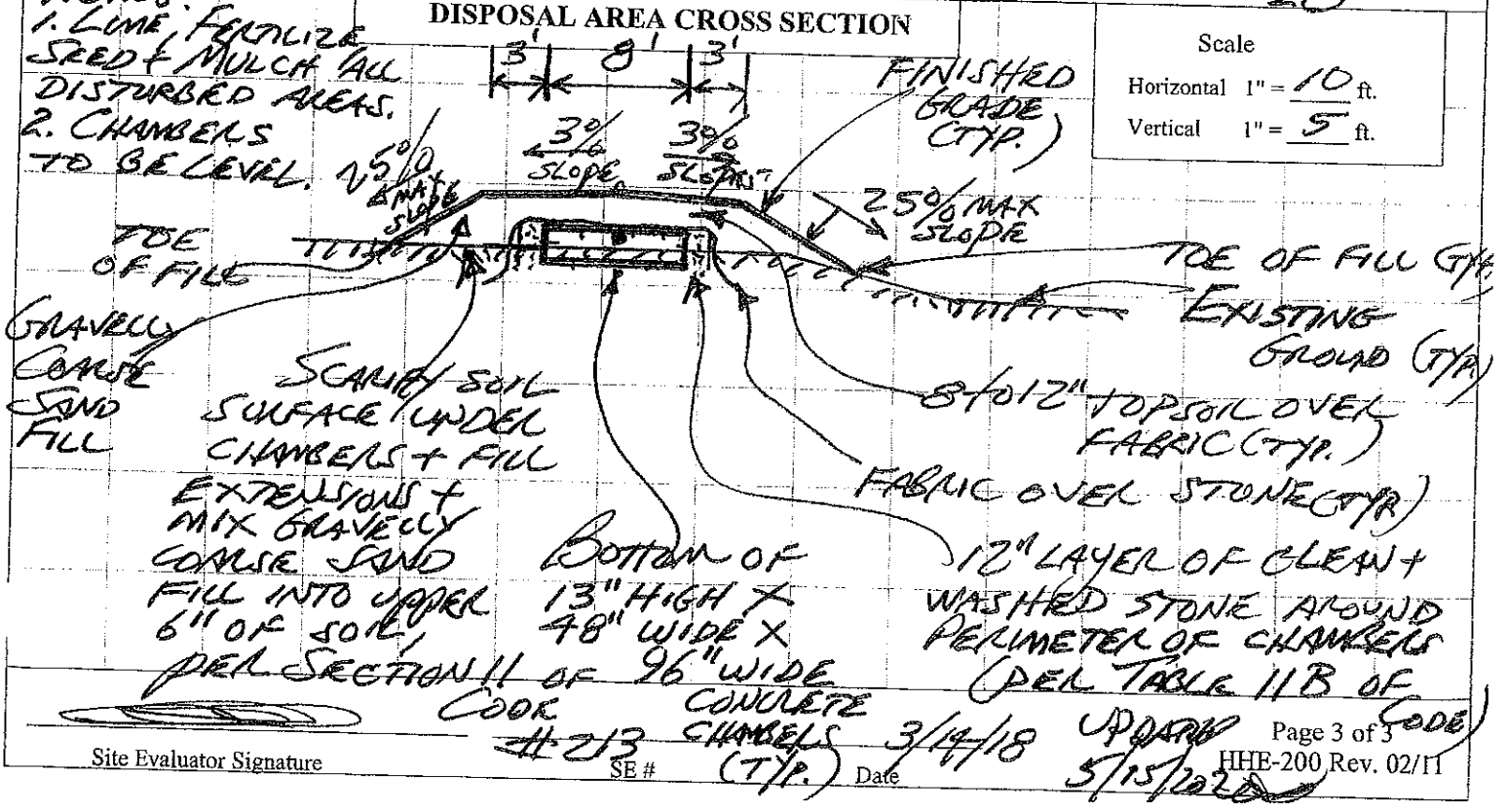
SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	19"	Finished Grade Elevation	-32"	Location & Description: TBM #1 NAIL + FLAGGING 54" UP AN 8" DIAM. B. FIR TREE
Depth of Fill (Downslope)	19"	Top of Distribution Pipe or Proprietary Device	-45"	
		Bottom of Disposal Area	-56"	Reference Elevation: 20"

NOTES:
1. LIME, FERTILIZE, SEED + MULCH ALL DISTURBED AREAS.
2. CHAMBERS TO BE LEVEL.

DISPOSAL AREA CROSS SECTION



Scale
Horizontal 1" = 10 ft.
Vertical 1" = 5 ft.

Site Evaluator Signature

SE #

Date 3/14/18

UPDATED 5/15/2020