SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation: Lamoine
Street or Road: Buttermilk RD.
Subdivision, Lot #:

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

LAMOINE
Date Permit Issued: 8 | 30 | 11
Local Plumbing Insector Signature

PERMIT # 1668 TOWN COPY
$ 150 FEE ☐ If Double Fee Charged
L.P.I. # 101

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Merchant, Robert Jr. ☑ Owner ☐ Applicant
Mailing Address of Owner/Applicant: 122 Buttermilk RD. Lamoine, ME. 04605
Daytime Tel. #: 207-667-8806

Municipal Tax Map # 19 Lot # 15-1-16

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.
Robert F. Merchant Jr. 8/29/11
Signature of Owner or Applicant — Date

CAUTION: INSPECTION REQUIRED
I have inspected the installation authoirzed 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: Tank only
Year installed:
☐ 3. Expanded System
☐ a. Minor Expansion
☐ b. Major 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 Tank Only
☐ 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
1 - 6 ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE
● 1. Single Family Dwelling Unit, No. of Bedrooms:
☐ 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:
SIZE: ☐ 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
180 gallons per day
BASED ON:
☐ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilites
2-Bed Room
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE CONDITION DESIGN
at Observation Hole #
Depth
of Most Limiting Soil Factor
Refer to Permit #946

DISPOSAL FIELD SIZING
☐ 1. Small---2.0 sq. ft. / gpd
☐ 2. Medium---2.6 sq. ft. / gpd
☐ 3. Medium---Large 3.3 sq. ft / gpd
☐ 4. Large---4.1 sq. ft. / gpd
☐ 5. 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. d m s
Lon. d m s
if g.p.s, state margin of error:

SITE EVALUATOR STATEMENT

I certify that on (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 # — Date

Site Evaluator Name Printed — Telephone Number — E-mail Address

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

Page 1 of 3
HHE-200 Rev. 4/05