

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		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE
Street or Road	MUD CREEK ROAD	Date Permit Issued:	11/1/11
Subdivision, Lot #		PERMIT #	1673 TOWN COPY
OWNER/APPLICANT INFORMATION		\$	111010 <input type="checkbox"/> Double Fee Charged
Name (last, first, MI)	BEERMAN, MIKE	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Applicant
Mailing Address of	58 HEATHER LANE	<input type="checkbox"/> Owner	<input type="checkbox"/> Town <input type="checkbox"/> State
<input checked="" type="checkbox"/> Owner	HANCOCK, ME. 04640	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. #	(207) 667-7063	Municipal Tax Map #	10 Lot # 3
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.	
 Signature of Owner or Applicant		_____ (1st Date Approved)	
_____ Date		_____ Local Plumbing Inspector Signature	
		_____ (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. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	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 COMPONENT(S) <input type="checkbox"/> 1. Complete Non-engineered System <input checked="" type="checkbox"/> 2. Primitive System (graywater & alt. 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
SIZE OF PROPERTY _____ sq. ft. 100 acres	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: (SPECIFY) <u>PRIMITIVE</u>	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other: <u>HAND PUMPED & CARRIED</u>
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY _____ gallons	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <u>2 STANDARD (LOW PROFILE) BIO-DIFFUSERS</u> <input type="checkbox"/> a. Cluster Array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>88</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input 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>25</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 PRIMITIVE SYSTEM HAND PUMP AND HAND CARRIED WATER <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>3/C</u> CONDITION at Observation Hole # <u>1</u> Depth <u>18</u> " OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium -- 2.6 sq. ft./gpd <input checked="" 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	LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 31' 17" N</u> Lon. <u>68° 19' 53" W</u> If g.p.s., state margin of error. <u>30'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>10-10-11</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).		
_____ Site Evaluator Signature WILLIAM A. LaBELLE, JR.	319 SE# (207) 537-5900	10-15-11 Date labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone Number	E-mail Address

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Town, City, Plantation
LAMOINE

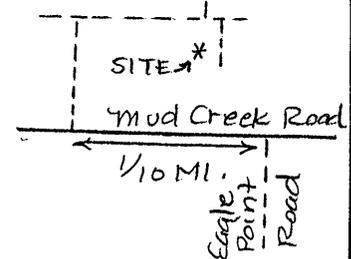
Street, Road, Subdivision
MUD CREEK ROAD

Owner or Applicant Name
MIKE BEERMAN

SITE PLAN

Scale 1" = 60 Ft.

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



(SEE ATTACHED SITE PLAN)

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

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

Texture	Consistency	Color	Mottling
SANDY		YELLOWISH BROWN	N.E.
GRAVELLY	FRIABLE	(10 YR 5/8)	
STONY		LIGHT OLIVE BROWN	COMMON
LOAM	COMPACTED	(2.5 Y 5/6)	DISTINCT

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>5%</u>	Limiting Factor <u>18"</u> Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Observation Hole #2 Test Pit Boring
4 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY		DARK YELLOWISH BROWN	N.E.
SILT LOAM	FRIABLE	(10 YR 4/6)	
SILT TO CLAY	COMPACTED	YELLOWISH BROWN	COMMON
		(2.5 Y 6/4)	DISTINCT

Soil Profile <u>8</u>	Classification <u>C</u>	Slope <u>0%</u>	Limiting Factor <u>16"</u> Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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W. A. [Signature]
Site Evaluator's Signature

319
S. E. #

10-15-11
Date

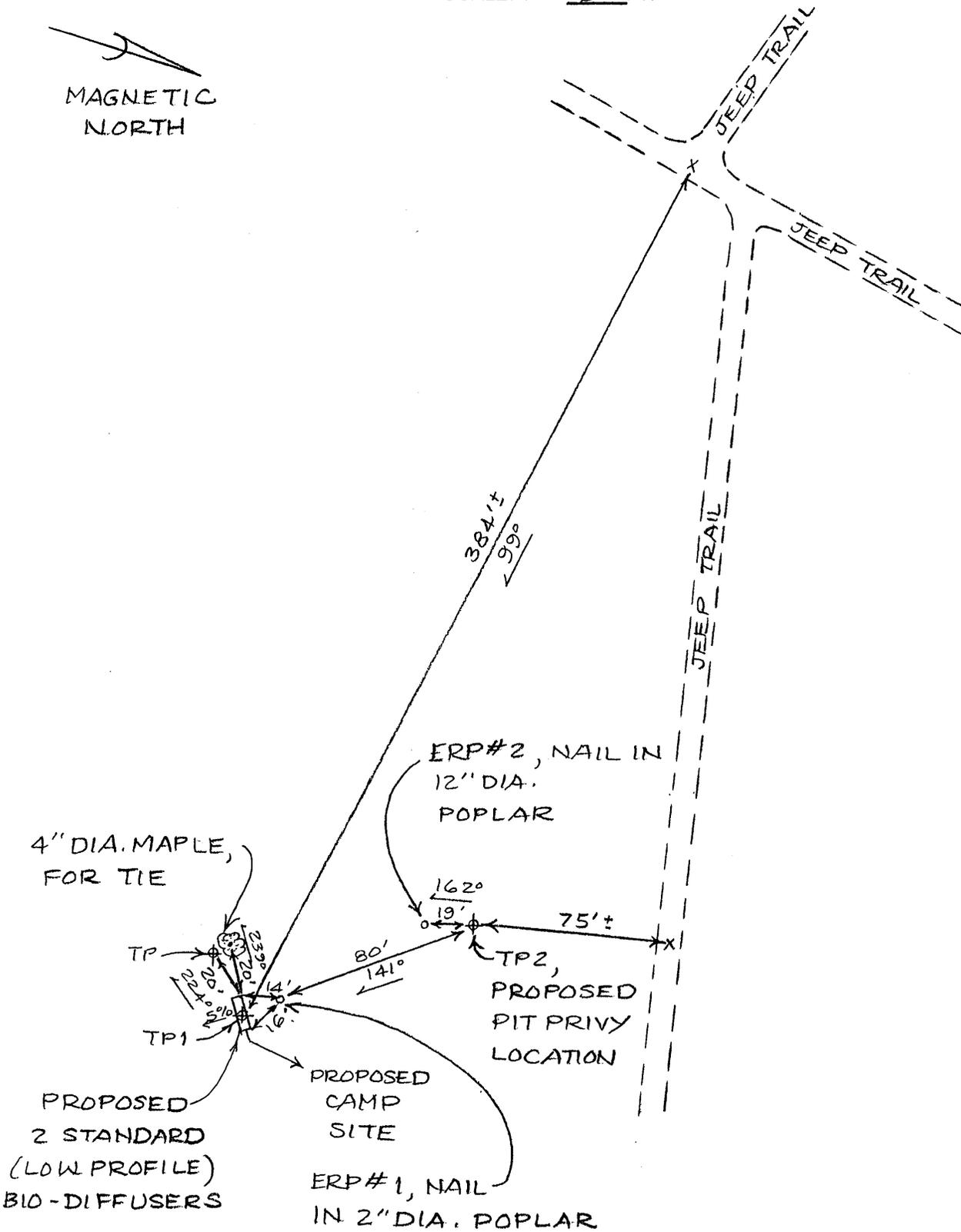
Town, City, Plantation
LAMOINE

Street, Road, Subdivision
MUD CREEK ROAD

Owner or Applicant Name
MIKE BEERMAN

SITE PLAN:

SCALE: 1" = 60 FT.



W. O. Le B.

Site Evaluator's Signature

319

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LAMOLNE

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SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



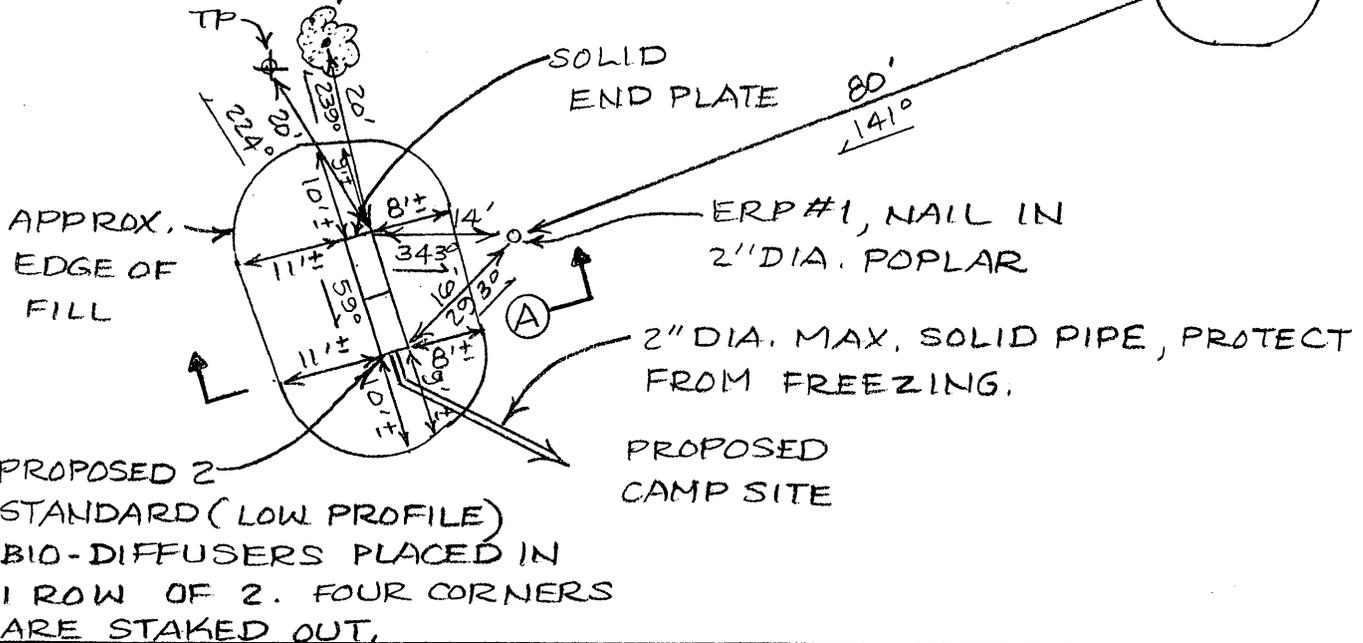
NOTE:

GRAY WATER AREA SUITABLE FOR FULL CONVENTIONAL SYSTEM

4" DIA. MAPLE, FOR TIE

ERP#2, NAIL IN 12" DIA. POPLAR

APPROX. EDGE OF FILL



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM	PRIVY	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	17"	Finished Grade Elevation	-37"	N/A	N/A	Location & Description
Depth of Backfill (Downslope)	19"	Top of	Proprietary Device	-49"	N/A	(SEE BELOW)
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field / PRIVY PIT	-60"	-60"		Reference Elevation is: 0"

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

ERP#1 (PRIM. SYS.): NAIL 25" ABOVE GROUND IN A 2" DIA. POPLAR.
ERP#2 (PRIVY): NAIL 45" ABOVE GROUND IN A 12" DIA. POPLAR.

NOTES:

- FULL BASEMENT BELOW GRADE FOUNDATION, FROST WALL OR COLUMNS MUST BE 20' MINIMUM FROM SYSTEM AND SLAB ON GRADE MUST BE 15' MINIMUM FROM SYSTEM.
- GRADE SURROUNDING AREA TO DIVERT SURFACE WATER AWAY FROM SYSTEM.
- ALL WORK DONE ADJACENT TO WETLANDS AND WATER BODIES MUST BE DONE IN COMPLIANCE WITH SECTION 11-M 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" (DEPLW0588).

Will G. Deitz
Site Evaluator's Signature

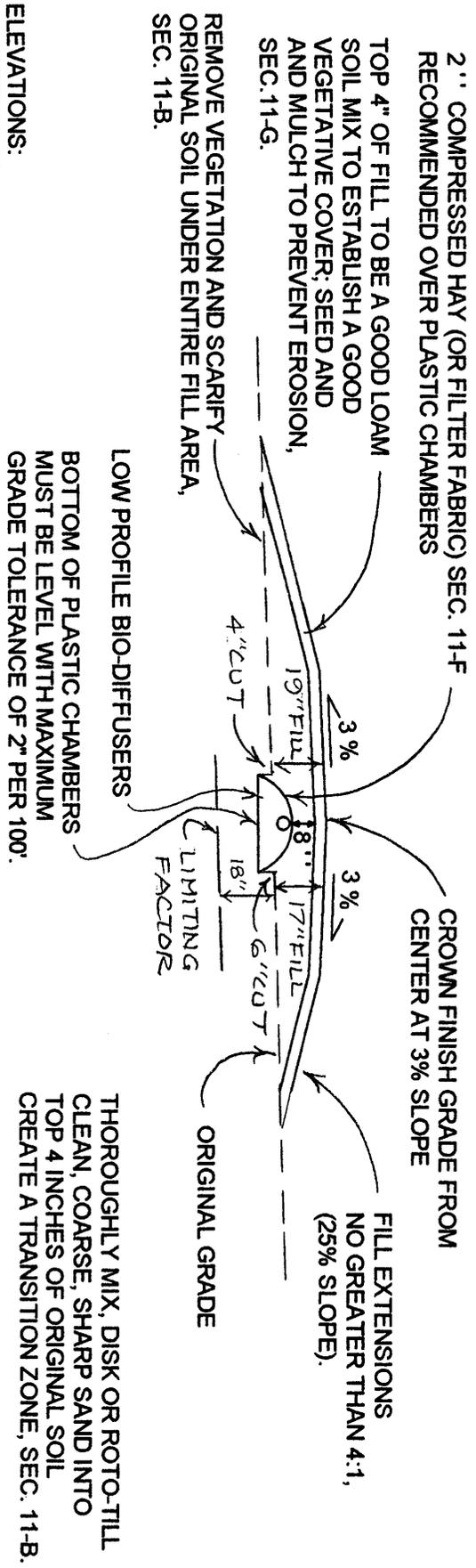
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S.E. #

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BIO - DIFFUSER CROSS SECTION



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



ELEVATIONS:
 ELEV. REF. PT. (ERP): 0''
 FINISHED GRADE: -37''
 TOP OF BIO - DIFFUSERS: -49''
 BOTTOM OF BIO - DIFFUSERS: -60''

OWNER: MIKE BERGMAN
 LOCATION: LAMOINE

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.

WILLIAM A. LABELLE, JR.

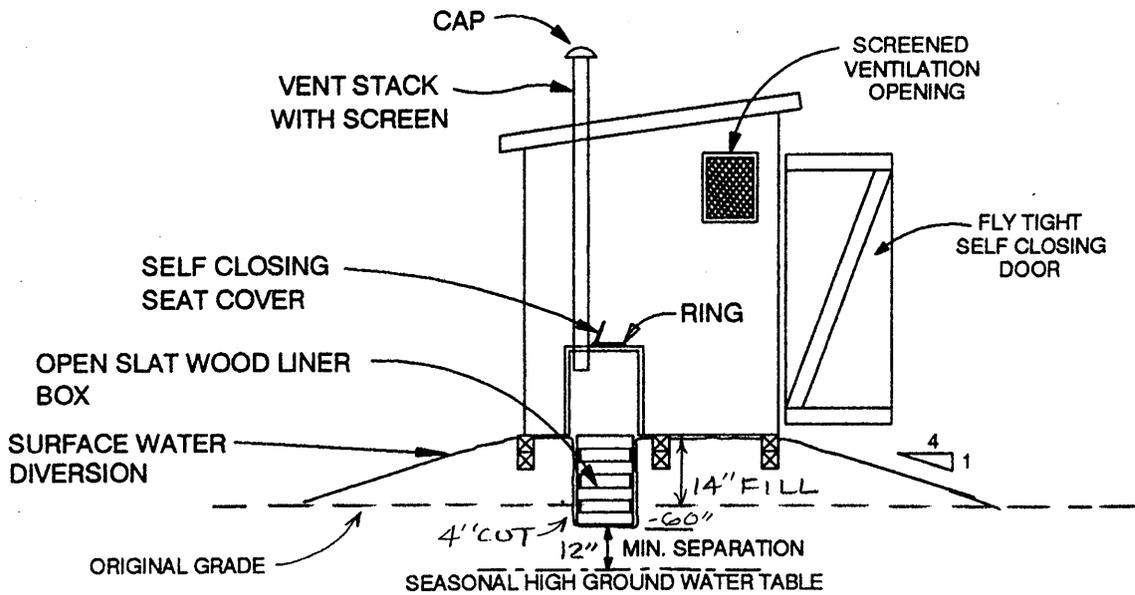
S.E.# 319

DATE 10-15-11

TYPICAL PIT PRIVY

TOWN: LAMOINE ROAD: MUD CREEK ROAD OWNER: MIKE BEERMAN

MAINTAIN PROPER SANITATION



ERP = NAIL 45" ABOVE GROUND IN 12" DIA. POPLAR
 LOCATED 162° AND 19' FROM CENTER OF PIT.
 NAIL IS 60" ABOVE BOTTOM OF PIT.

CENTER OF PIT PRIVY IS STAKED OUT.

William A. LaBelle, Jr.

WILLIAM A. LABELLE, JR.

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