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

Municipality	LAMOINE
Street or Road	GLEN MARY RD.
Subdivision, Lot #	

Coördinates at Center of Disposal Area (degrees, minutes, seconds)

Latitude: 44, 27, 49 Longitude: 068, 19, 58

If lat/long determined by GPS, indicate margin of error: ± 30 feet

OWNER/APPLICANT INFORMATION

Name (Last, First, MI): HOOD, KAREN ■ Owner ☐ Applicant

Mailing Address of Owner/Applicant	28 GLEN MARY RD, LAMOINE, ME 04605
Daytime Tel. #	207-667-9368

OWNER/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.

K J Hood — Signature of Owner or Applicant — 7/6/12 — Date

▼ BLOCK BELOW TO BE COMPLETED BY LPI ▼

INSTALLATION APPROVAL

Town/City _____ Permit # _____

Date Permit Issued ___/___/___ Fee $ _____ Double Fee Charged ☐

LPI # _____

LAMOINE PERMIT # 1690 TOWN COPY

Date Permit Issued: 7/5/12 $ 125 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 101

Installer Name _____ Installer Phone # _____

Municipal Tax Map # 1 Lot # 37-1

LPI INSPECTION APPROVALS

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

LPI Signature — 1st Date Approved 7/25/12

LPI Signature — 2nd Date Approved

PERMIT INFORMATION

TYPE OF APPLICATION (Check One Only)

■ 1. First Time System
☐ 2. Replacement System
Type Replaced: _____
Year Installed: _____
☐ 3. Expanded System
☐ a. < 25% Expansion
☐ b. ≥ 25% Expansion

THIS APPLICATION REQUIRES

■ 1. No Rule Variance
☐ 2. Rule Variance (Variance Request Form Required)
☐ a. Local Plumbing Inspector (LPI) Approval Only
☐ b. State & Local Plumbing Inspector Approval
☐ 3. Minimum Lot Size Variance
☐ 4. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

■ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alternative 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: _____

SIZE OF PROPERTY

1+ ☐ 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)

TYPE OF WATER SUPPLY

■ Proposed ☐ Existing ☐ Specialty Well Approval Necessary

■ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Well Point ☐ 4. Public System ☐ 5. Other:

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

■ 1. Concrete ☐ 2. Plastic
■ a. Regular OR ■ b. Low Profile
☐ 3. Other _____
Capacity _____ gallons
☐ Ext. Grease Interceptor Required
Capacity 1000 gallons

DISPOSAL FIELD TYPE & SIZE

■ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device
Type _____
☐ a. Cluster Array ☐ c. Linear
☐ b. Regular Load ☐ d. H-20 Load
Size 900 ■ 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 units)
☐ 2. Table 4C (other facilities)
SHOW calculations for other facilities:

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

SOIL DESIGN DATA

SOIL PROFILE	CONDITION
2A	III/C

Separation Distance: 24"
Limiting Factor Depth: 20"
Limiting Factor Elevation: 43"
(highest elevation within disposal field)

DISPOSAL FIELD SIZING

☐ 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
Note: Small sizing (Item 1) no longer allowed.

EFFLUENT/EJECTOR PUMP

■ 1. Not Required
☐ 2. May Be Required
☐ 3. Required
DOSE: _____ gallons
(Specify only for engineered systems)

SITE EVALUATOR STATEMENT

I certify that on 4-26-12 (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 # 117 — Date 12

Site Evaluator Name Printed — Telephone # 207-852-7898 — Email Address

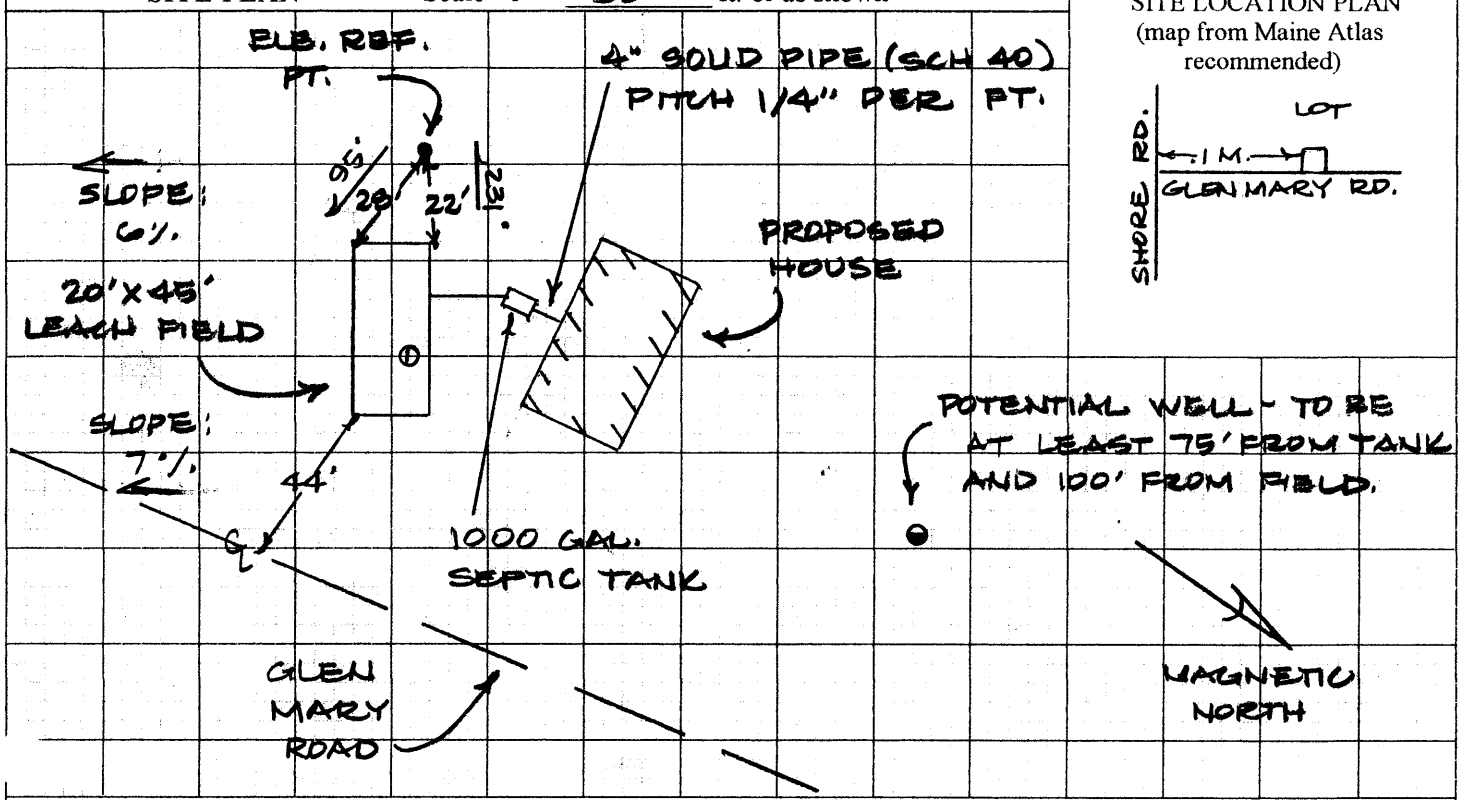
Note: Departures from this design must be approved by the Site Evaluator (P.E., if applicable) and the LPI. See Sec. 3.B.7.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	GLEN MARY RD.	KAREN HOOD

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



SITE LOCATION PLAN
(map from Maine Atlas recommended)

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

Observation Hole 1 ■ Test Pit ☐ Boring
1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	SANDY LOAM		YELLOW BROWN	
10–20	SANDY LOAM → LOAMY SAND	FRIABLE		
20–50				COMMON DISTINCT

Soil Classification	Slope	Limiting Factor	
2A / III/C (Profile / Condition)	6-7 %	20"	[X] 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
0–50				

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

Site Evaluator Signature: [signature] SE #: 117 Date: 5-14-12

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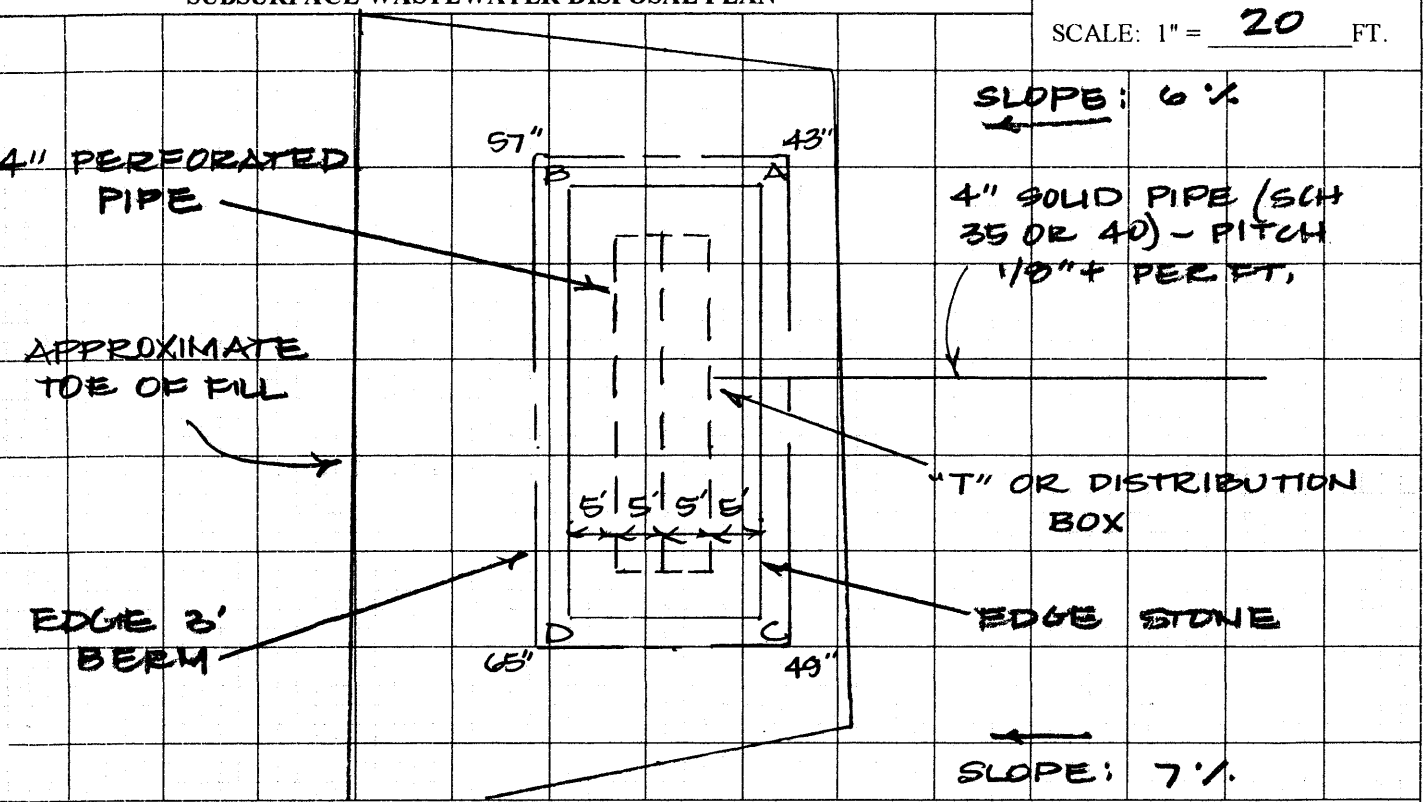
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
LAMOINE	GLEN MARY RD.	KAREN HOOD

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	22"-28"	Finished Grade Elevation	-22"	Location & Description: NAIL UP 40" IN AN 8" SPRUCE
		Top of Distribution Pipe or Proprietary Device	-32"	
Depth of Fill (Downslope)	36"-44"	Bottom of Disposal Area	-43"	Reference Elevation: 0

DISPOSAL AREA CROSS SECTION

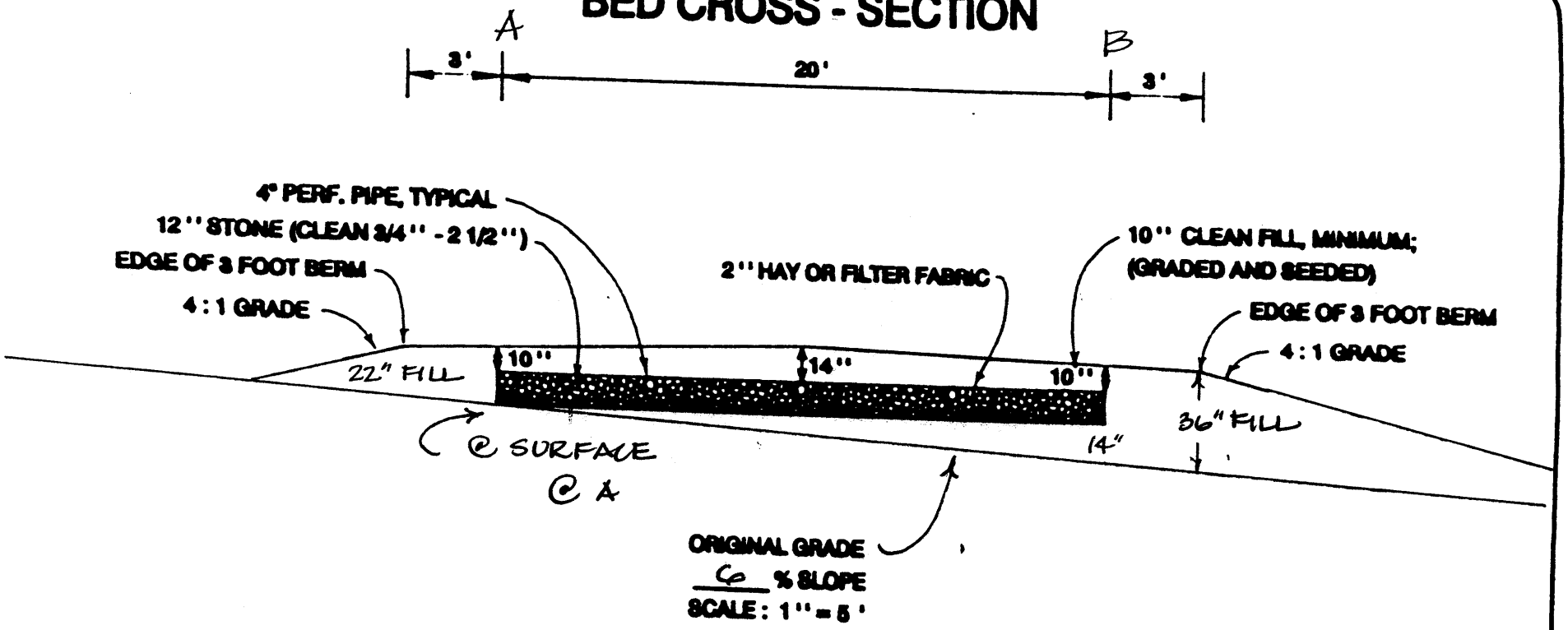
Scale
Horizontal 1" = ____ ft.
Vertical 1" = ____ ft.

NOTES:

1. DIVERT SURFACE WATER AND GROUND WATER AWAY FROM THE DISPOSAL SYSTEM.
2. CHECK SEPTIC TANK AT LEAST EVERY TWO YEARS FOR PUMPING.
3. GARBAGE DISPOSALS ARE NOT RECOMMENDED.
4. WELL CAN BE 75' - 100' MINIMUM FROM SEPTIC TANK, IF TANK IS OF MONOLITHIC CONSTRUCTION AND TESTED FOR WATERTIGHTNESS IN PRESENCE OF L.P. I. AND IS USED BY OWNER ONLY.
5. BUILDING FOUNDATION TO BE AT LEAST 20' MINIMUM FROM LEACHFIELD AND SLAB TO BE AT LEAST 15' MINIMUM FROM LEACHFIELD.
6. PROTECT ALL PIPING FROM FROST.

Site Evaluator Signature	SE #	Date
[signature]	117	5-14-12

BED CROSS - SECTION



801.5 Transitional horizon: On sites where the backfill material is coarser than the original soil, a minimum of 4 inches of backfill materials must be mixed (by plowing, disking or roto-tilling) into the original soil to form a transitional horizon beneath the disposal area footprint and all side and down slope fill extensions.

OWNER: KAREN HOOD

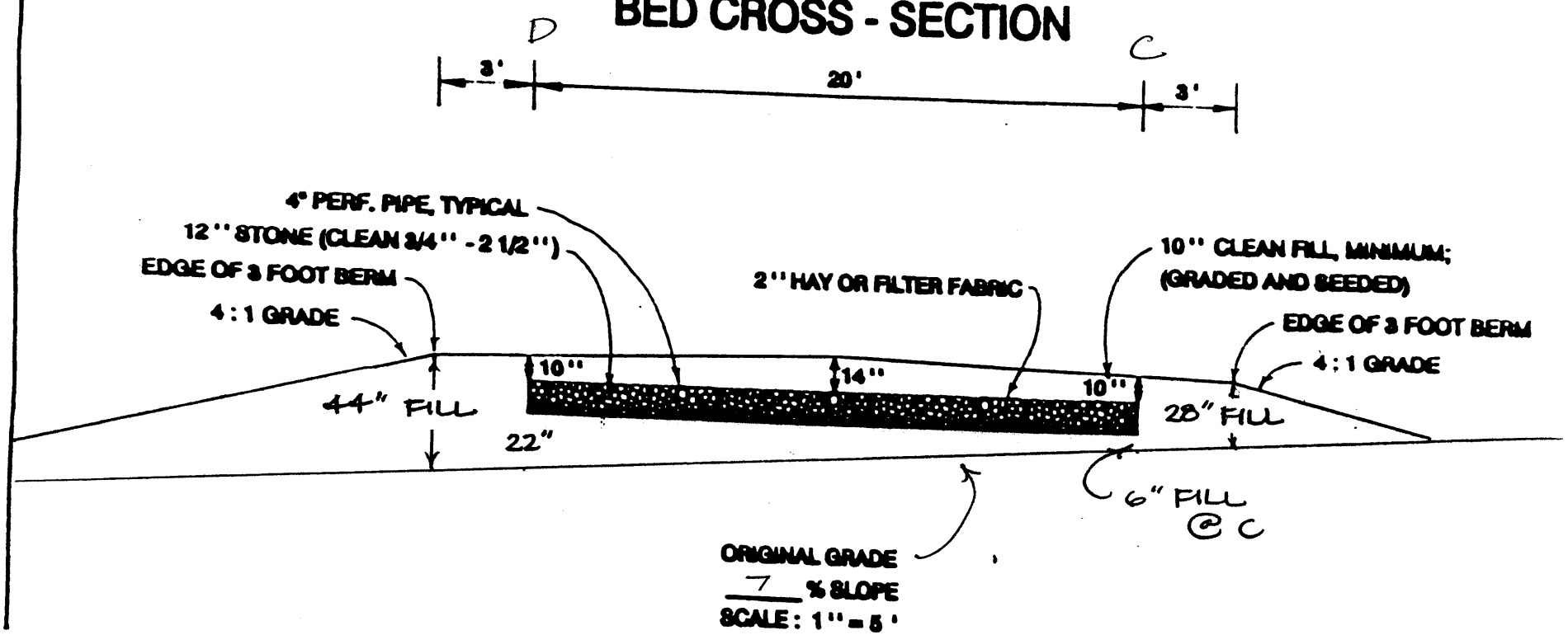
LOCATION: LAMOINE

NOTES:

1. REMOVE THE VEGETATION AND SCARIFY THE AREA BENEATH SYSTEM AND FILL EXTENSIONS.
2. BACKFILL UNDER AND AROUND FIELD SHALL BE COARSE SAND TO GRAVELLY COARSE SAND.
3. KEEP THE BOTTOM THE BED LEVEL.
4. THE TOP 4" OF THE CLEAN FILL WILL CONSIST OF SOIL AMENDMENT MIX, SUITABLE FOR ESTABLISHMENT OF A VEGETATIVE COVER. THIS WILL BE PLACED OVER THE SYSTEM INCLUDING FILL EXTENSIONS.

RICHARD BABINE — 117 (S.E. #) — 5-14-12 (DATE)

BED CROSS - SECTION



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OWNER: KAREN HOOD

LOCATION: LAMOINE

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RICHARD BABINE	117	5-14-12
	S.E. #	DATE

Maine Center for Disease Control and Prevention

Paul R. LePage, Governor Mary C. Mayhew, Commissioner
Tel. (207) 287-5672

Department of Health and Human Serv
Maine Center for Disease Control and Preven
286 Water St
11 State House Sta
Augusta, Maine 04333-0
Tel. (207) 287-8
Fax (207) 287-9058; TTY (800) 606-0
Subsurface Wastewater Unit Fax (207) 287-4172

AFFIDAVIT OF SITE PREPARATION

This affidavit is to be completed by a certified system installer and submitted to the Local Plumbing Inspector to document compliance with **Section 111.5.1** of the Maine Subsurface Wastewater Disposal Rules, **144 CMR 241**. ***Permission to utilize this document in lieu of a site preparation inspection by the Local Plumbing Inspector must be verified when the permit is issued.*** This affidavit is ***not*** to be utilized in place of the system inspection described in **Section 111.5.2** of the Rules.

INSTALLER NAME: Scott Cleaves (Please Print)

CERTIFICATION NUMBER: 538

SSWD PERMIT NUMBER: 1690

PERMIT ISSUE DATE: 7/5/12

PROPERTY OWNER NAME: Karen & David Hood

PROPERTY ADDRESS: Glen Mary Rd Lamoine

MUNICIPALITY: Lamoine

By signing and submitting this document to the Local Plumbing Inspector, I certify that all construction activities noted in **Section 111.5.1** including removal of all vegetation from the disposal field area and fill extensions as specified in **Section 801.3**; roughening of the ground surface as specified in **Section 801.4**; establishment of a transitional horizon as specified in **Section 801.5**; and placement of erosion control devices as specified in **Section 801.2** have been completed in full compliance with the Maine Subsurface Wastewater Disposal Rules, **144 CMR 241** for the referenced SSWD permit.

INSTALLER SIGNATURE: Scott Cleaves

DATE SUBMITTED: 7-24-12

By signing and accepting this document from the Certified Installer, I acknowledge that a site preparation inspection was not conducted for the referenced SSWD permit.

LPI SIGNATURE:

ACCEPTANCE DATE: 7/24/12