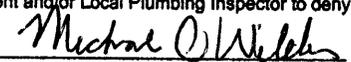
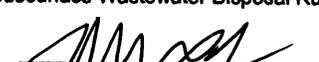


# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	LAMOINE	Town/City	LAMOINE Permit # <u>1706</u>
Street or Road	WOOD RUN	Date Permit Issued	<u>6-18-13</u> Fee \$ <u>250</u> Double Fee Charged ( )
Subdivision, Lot #			L.P.I. # <u>1090</u>
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	<u>WILDER, MICHAEL</u>	<input checked="" type="checkbox"/> Owner	<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Town <input type="checkbox"/> State
Mailing Address of	<u>55 WOOD RUN</u>	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.	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	<u>LAMOINE, ME 04605</u>		
Daytime Tel. #	<u>(207) 667-8887</u>	Municipal Tax Map # <u>4</u>	Lot # <u>14-10</u>
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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		 Local Plumbing Inspector Signature	
		Date <u>6-18-13</u>	
		w/averell (1st Date Approved) <u>6-25-13</u> (2nd Date Approved)	

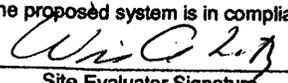
PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____  Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. < 25% Expansion <input type="checkbox"/> b. ≥ 25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <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  <b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____  Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<b>DISPOSAL SYSTEM COMPONENT(S)</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input 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  <b>TYPE OF WATER SUPPLY</b> TO BE <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____
<b>SIZE OF PROPERTY</b> _____ sq. ft. <input type="checkbox"/> <u>1.3</u> acres <input checked="" type="checkbox"/>  <b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____  CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device _____  <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>600</u> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input checked="" 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	<b>DESIGN FLOW</b> <u>180</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  <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>3</u> CONDITION <u>C</u> at Observation Hole # <u>1</u> Depth <u>16</u> " OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> <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	<b>EFFLUENT/EJECTOR PUMP</b> <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	<b>LATITUDE AND LONGITUDE</b> at Center of Disposal Area Lat. <u>44° 28' m 46" s</u> N Lon. <u>68° 18' m 37" s</u> W if g.p.s., state margin of error <u>30'</u>

## SITE EVALUATOR STATEMENT

I certify that on 5-13-13 (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).

	319	5-19-13	
Site Evaluator Signature	SE#	Date	
WILLIAM A. LaBELLE, JR.	(207) 537-5900	labelleseptic@rivah.net	
Site Evaluator Name Printed	Telephone Number	E-mail Address	

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation  
**LAMOINE**

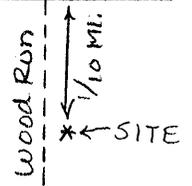
Street, Road, Subdivision  
**WOOD RUN**

Owner or Applicant Name  
**MICHAEL WILDER**

SITE PLAN

Scale 1" = 40 Ft.

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



(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		GRAY (10YR 6/1)	
GRAVELLY		DARK YELLOWISH BROWN (10YR 4/6)	N.I.E.
STONY	FRIABLE	TO LIGHT OLIVE BROWN (2.5Y 5/6)	COMMON
BOULDER			DISTINCT
LOAM	FIRM		

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>8%</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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Observation Hole #2  Test Pit  Boring  
3 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
SANDY		GRAY (10YR 6/1)	
GRAVELLY		DARK	N.I.E.
STONY	FRIABLE	YELLOWISH	
BOULDER		BROWN	POSSIBLE
LOAM	FIRM	(10YR 4/6)	
STANDING WATER @ 24"			

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>8%</u>	Limiting Factor <u>20"</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.C.H.*  
Site Evaluator's Signature

319  
S. E. #

5-19-13  
Date

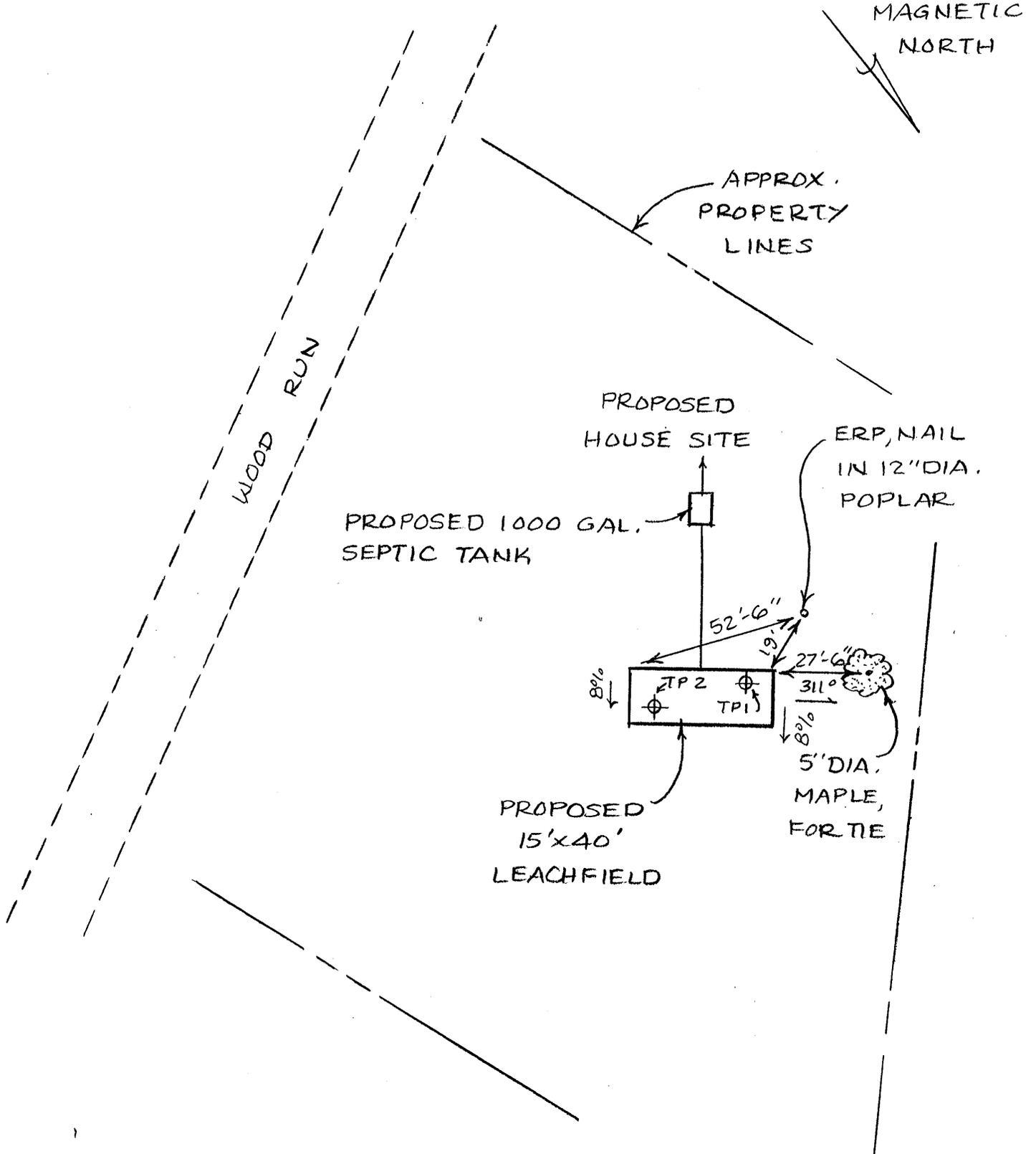
Town, City, Plantation  
LAMOINE

Street, Road, Subdivision  
WOOD RUN

Owner or Applicant Name  
MICHAEL WILDER

**SITE PLAN:**

SCALE: 1" = 40 FT.



*W. C. Lutz*  
Site Evaluator's Signature

319  
S.E. #

5-19-13  
Date

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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Division of Environmental Health, 11 SHS  
(207) 287-5872 FAX (207) 287-4172

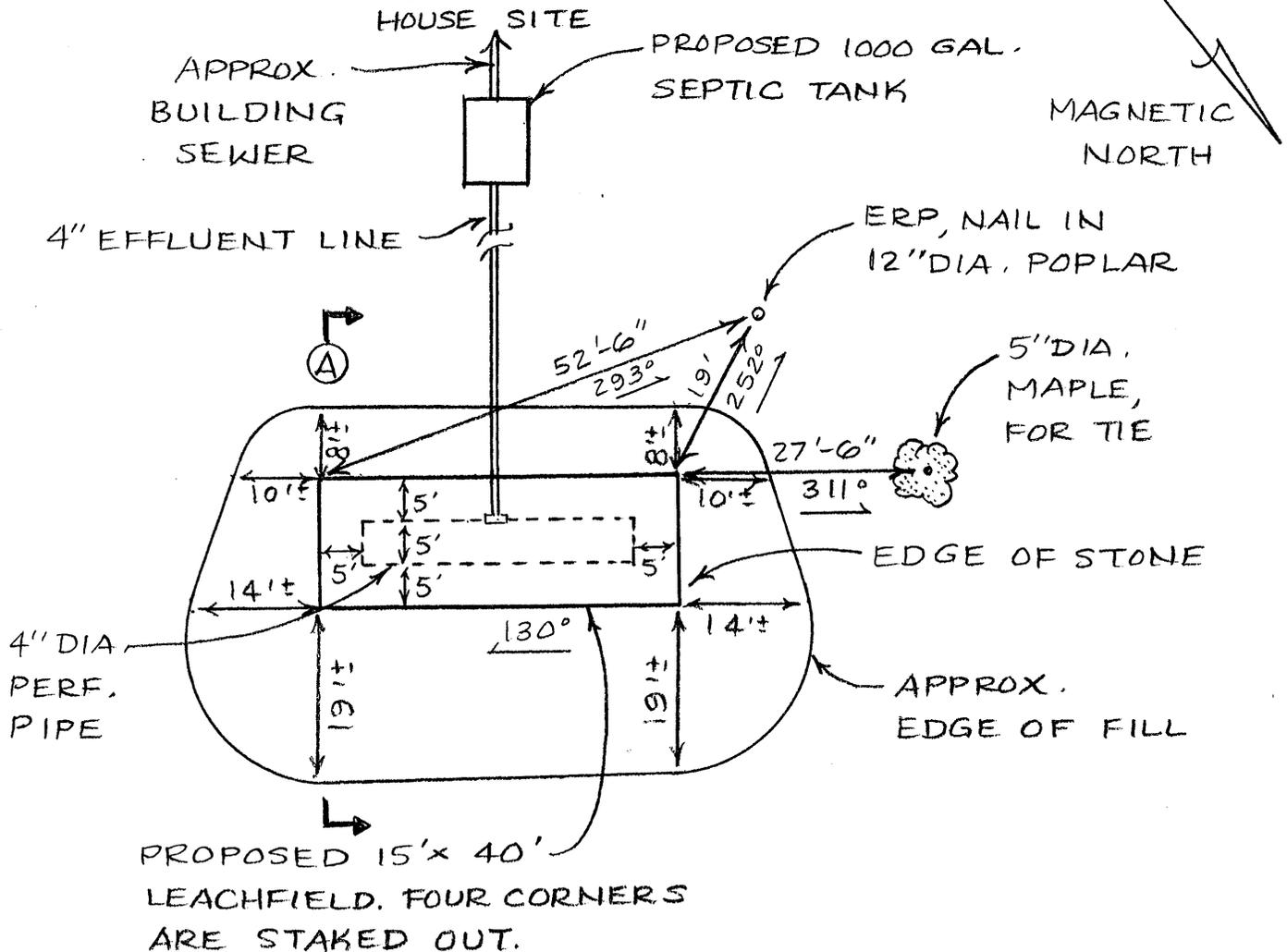
Town, City, Plantation  
**LAMOINE**

Street, Road, Subdivision  
**WOOD RUN**

Owner or Applicant Name  
**MICHAEL WILDER**

## SUBSURFACE WASTEWATER DISPOSAL PLAN PROPOSED

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM:	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	<u>20"</u>	Finished Grade Elevation	<u>-36"</u>			Location & Description <u>NAIL 23"</u>
Depth of Backfill (Downslope)	<u>34"</u>	Top of Distribution Pipe or Proprietary Device	<u>-49"</u>		<u>N/A</u>	<u>ABOVE GROUND IN 12" DIA.</u>
Depths @ cross-section shown below or on X-sec. detail.		Bottom of Disposal Field	<u>-60"</u>			<u>POPLAR,</u>
						Reference Elevation is: <u>0"</u>

### DISPOSAL AREA CROSS SECTION ( SEE ATTACHED CROSS SECTION )

#### NOTES:

1. TANK(S) MUST BE 8' MINIMUM FROM BUILDING.
2. GRADE SURROUNDING AREA TO DIVERT SURFACE WATER AWAY FROM SYSTEM.
3. WELL TO BE 51' MINIMUM FROM SEPTIC TANK(S) AND 100' MINIMUM FROM DISPOSAL FIELD.
4. 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).
5. INSTALL SEPTIC TANK RISERS 18" IN DIAMETER "MINIMUM" TO WITHIN 6" OF FINISH GRADE ON INLET, CLEANOUT AND OUTLET COVERS (RECOMMEND EXTENDING RISERS TO FINISH GRADE).
6. FULL BASEMENT BELOW GRADE FOUNDATION, FROST WALL OR COLUMNS MUST BE 20' MINIMUM FROM EDGE OF DISPOSAL FIELD AND SLAB ON GRADE MUST BE 15' MINIMUM FROM EDGE OF DISPOSAL FIELD.

*W. C. L. J.*  
Site Evaluator's Signature

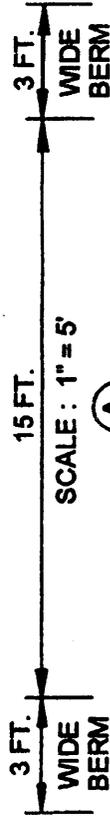
319  
S.E. #

5-19-13  
Date

# DISPOSAL BED CROSS SECTION

NOTE:

GRADE UPSLOPE TO  
DIVER T SURFACE WATER  
AWAY FROM SYSTEM.

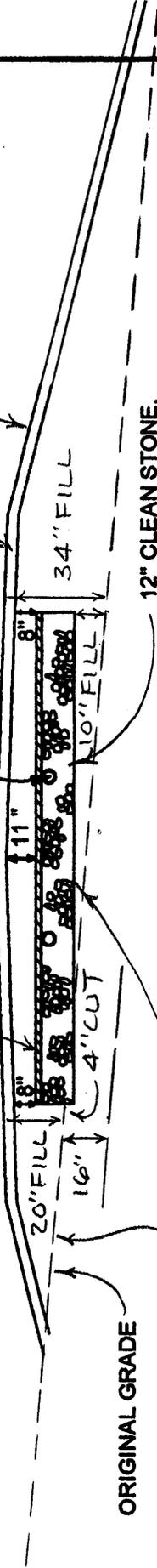


(A)  
FILL MATERIAL SHALL BE 8"-12" THICK  
OVER STONE AND SHALL BE GRAVELLY  
COARSE SAND TO THE STANDARDS IN  
SEC. 11-E IN THE SUBSURFACE RULES.

TOP 4" OF FILL TO BE A GOOD LOAM  
SOIL MIX TO ESTABLISH A GOOD  
VEGETATIVE COVER; SEED  
AND MULCH TO PREVENT EROSION,  
SEC. 11-G. FILL EXTENSIONS  
NO GREATER THAN 4:1,  
(25% SLOPE).

CROWN FINISH GRADE FROM CENTER AT 3% SLOPE

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 11-F,  
PLACED OVER STONE.



REMOVE VEGETATION AND SCARIFY  
ORIGINAL SOIL UNDER ENTIRE FILL AREA,  
SEC. 11-B.

BOTTOM OF STONE MUST BE  
LEVEL WITH MAXIMUM GRADE  
TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL  
CLEAN, COARSE, SHARP SAND INTO  
TOP 4 INCHES OF ORIGINAL SOIL TO  
CREATE A TRANSITION ZONE, SEC. 11-B.

ELEVATIONS:

ELEV. REF. PT. (ERP):	0"
FINISHED GRADE:	-36"
TOP OF DISTRIBUTION PIPE:	-49"
BOTTOM OF STONE:	-60"

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.

OWNER: MICHAEL WILDER  
LOCATION: LAMOINE

*William A. LaBelle, Jr.*

319 5-19-13

WILLIAM A. LaBELLE, JR.

S.E.#

DATE

**Wastewater & Plumbing Control Program  
Division of Health Engineering  
Maine Department of Human Services**

**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: BUDDY PALMER

(Please Print)

CERTIFICATION NUMBER: #16

SSWD PERMIT NUMBER: 1707

PERMIT ISSUE DATE: ~~6/10~~ 6/8/13

PROPERTY OWNER NAME: Michael Wilde

PROPERTY ADDRESS: Wood run

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: 

DATE SUBMITTED: 8/8/13

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: 8/12/13