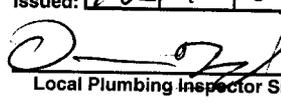
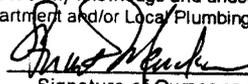


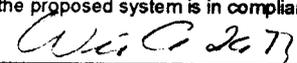
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-5338 FAX (207) 287-3165

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<	
City, Town, or Plantation	LAMOINE	LAMOINE	PERMIT # 1607 APPLICANTS COPY
Street or Road	DOUGLAS HIGHWAY	Date Permit Issued: 12/1/09	\$ 1111.00 FEE <input type="checkbox"/> If Double Fee Charged
Subdivision, Lot #	TOWN TRANSFER STATION	 Local Plumbing Inspector Signature	
OWNER/APPLICANT INFORMATION		L.P.I. # 110111	
Name (last, first, MI)	TOWN OF LAMOINE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.	
Mailing Address of	% STEU MARCKOON 606 DOUGLAS HIGHWAY		
<input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant	LAMOINE, ME. 04605		
Daytime Tel. #	(207) 667-9578	Municipal Tax Map # 3	Lot # 1
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.  Signature of Owner or Applicant		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. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion	THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt. toilet) 3. <input checked="" type="checkbox"/> Alternative Toilet, specify: <u>PIT PRIVY</u> 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components
SIZE OF PROPERTY _____ sq. ft. <input type="checkbox"/> <u>40+</u> acres <input checked="" type="checkbox"/>	DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input checked="" type="checkbox"/> Other: (SPECIFY) <u>ONE EMPLOYEE AT TOWN TRANSFER STATION</u> Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: <u>(NONE)</u>

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY _____ gallons	DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device _____ a. <input type="checkbox"/> Cluster Array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input checked="" type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE _____ sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> 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 _____ gallons per day BASED ON 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 502.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>5 1 B 1 2</u> at Observation Hole # <u>1</u> Depth <u>50</u> " Elevation _____" OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May be Required 3. <input type="checkbox"/> Required Specify only for engineered systems DOSE: _____ gallons	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 28' 19" N</u> Lon. <u>68° 19' 49" W</u> if GPS, state margin of error <u>30'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>11-20-09</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	<u>11-25-09</u> Date labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone #	E-mail Address

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
 Division of Environmental Health
 (207) 287-5338 FAX (207) 287-3166

Town, City, Plantation
LAMOINE

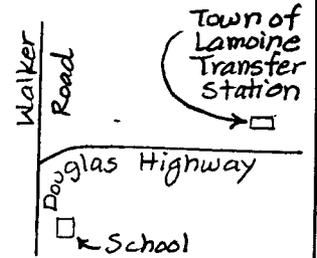
Street, Road, Subdivision
DOUGLAS HIGHWAY

Owner or Applicant Name
TOWN OF LAMOINE

SITE PLAN

Scale 1" = 40 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
0 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
GRAVELLY COARSE SAND	FRIABLE	BROWN	
GRAVELLY MEDIUM SAND	TO LOOSE	LIGHT PALE BROWN	N.E.

Soil Profile <u>5</u>	Classification <u>B</u>	Slope <u>0%</u>	Limiting Factor <u>50'</u> Depth	<input type="checkbox"/> Ground Water
	Condition			<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input checked="" type="checkbox"/> Pit Depth

Observation Hole _____ Test Pit Boring
 _____ " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
(This profile is crossed out with a diagonal line)			

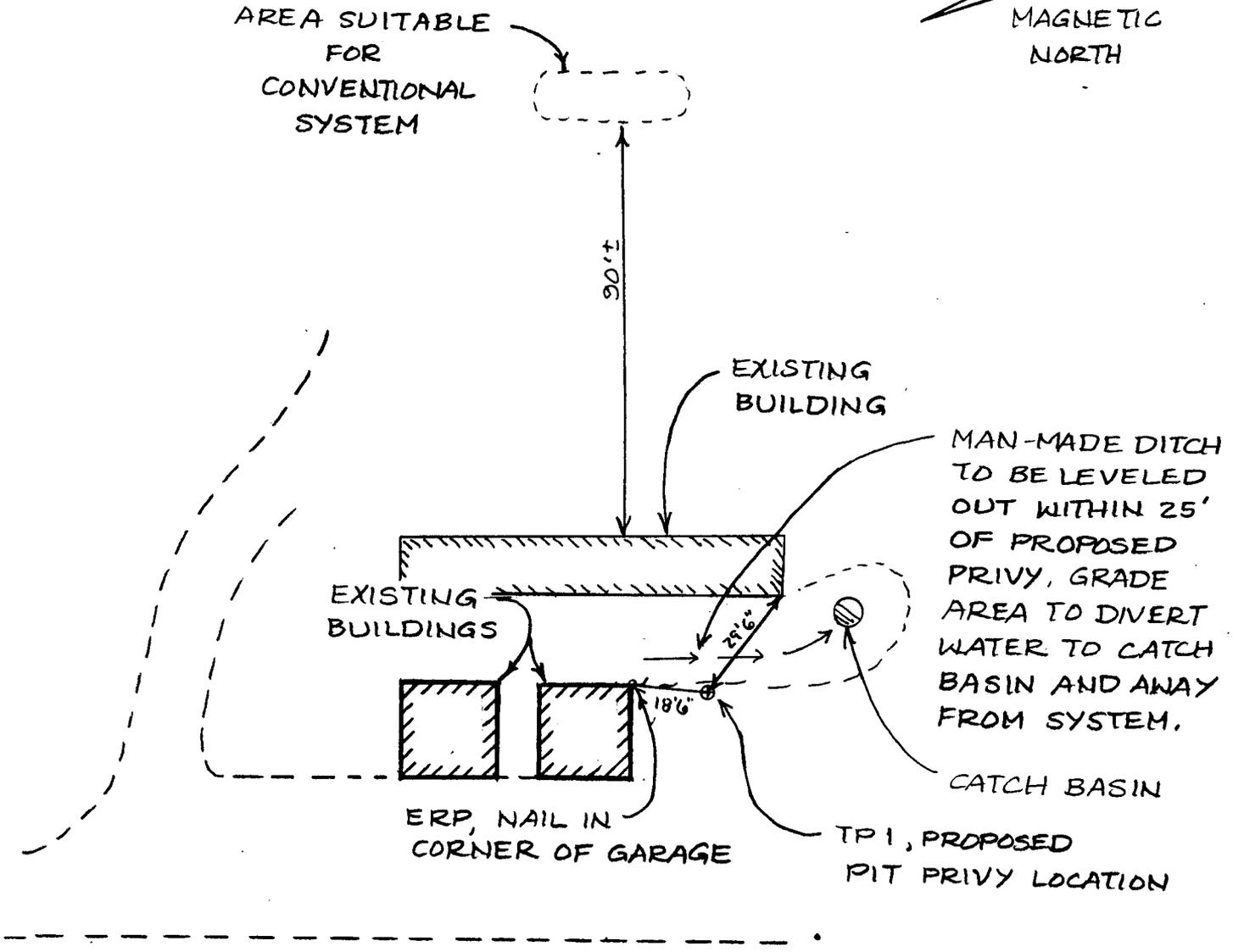
Soil Profile _____	Classification _____	Slope _____%	Limiting Factor _____" Depth	<input type="checkbox"/> Ground Water
	Condition			<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock
				<input type="checkbox"/> Pit Depth

W. C. DeB
 Site Evaluator's Signature

319
 S. E. #

11-25-09
 Date

SITE PLAN:
SCALE: 1" = 40 FT.



DOUGLAS HIGHWAY

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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 (207) 287-5338 FAX (207) 287-3185

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

DOUGLAS HIGHWAY

Owner or Applicant Name

TOWN OF LAMOINE

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



ERP, NAIL IN
 CORNER OF
 GARAGE

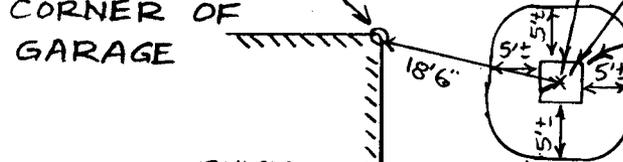
EXISTING
 GARAGE

EXISTING
 BUILDING

APPRDX.
 EDGE OF FILL

MAN-MADE DITCH TO
 BE LEVELED OUT
 WITHIN 25' OF
 PROPOSED PIT PRIVY.
 GRADE AREA TO
 DIVERT WATER TO
 CATCH BASIN AND
 AWAY FROM SYSTEM.
 (REMOVE DITCH AND CREATE
 SWALE TO CATCH BASIN)

CATCH BASIN
 PROPOSED PIT PRIVY.
 CENTER IS STAKED OUT.



FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	SYSTEM	PRIVY:	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope) <u>N/A</u>	Finished Grade Elevation _____	_____	<u>N/A</u>	Location & Description <u>NAIL 39"</u>
Depth of Backfill (Downslope) <u>N/A</u>	Top of Distribution Pipe or Proprietary Device <u>N/A</u>	_____	<u>N/A</u>	<u>ABOVE GROUND IN CORNER</u>
Depths @ cross-section shown below or on X-sec. detail.	Bottom of Disposal Field _____	_____	<u>-60"</u>	<u>OF GARAGE.</u>
				Reference Elevation is: <u>0"</u>

DISPOSAL AREA CROSS SECTION

N/A

W.C. 27
 Site Evaluator's Signature

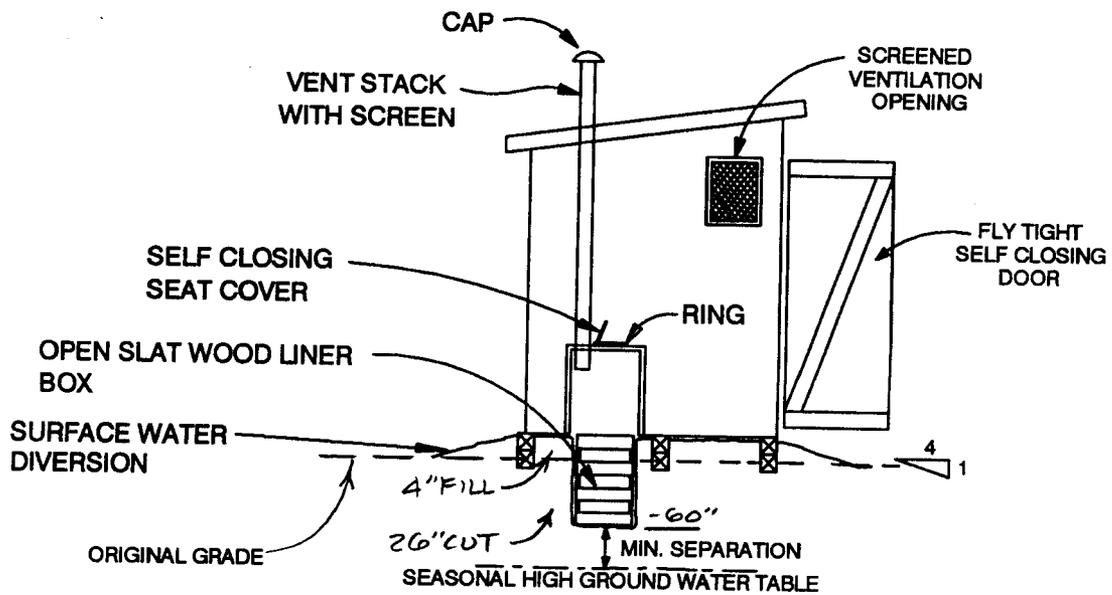
319
 S.E. #

11-25-09
 Date

TYPICAL PIT PRIVY

TOWN: LAMOINE ROAD: DOUGLAS HIGHWAY OWNER: TOWN OF LAMOINE

MAINTAIN PROPER SANITATION



ERP = NAIL 39" ABOVE GROUND IN CORNER OF GARAGE
 LOCATED 18'-6" AND 17' 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.

319
 S.E.#

11-25-09
 DATE