

24 years Permit.

\$150.00 Sept 4 only.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: Lamoine
Street or Road: 1324 Shore Rd
Subdivision, Lot #:

Town/City: Lamoine Permit #: 2186
Date Permit Issued: 2/15/24 Fee: \$ 150 Double Fee Charged [ ]
Local Plumbing Inspector Signature: [Signature] L.P.I. #: 394

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Castro, Anderson
Mailing Address of Owner/Applicant: 21 Liberty St Ellsworth ME 04605
Daytime Tel. #: (207) 735-7473

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector.
Municipal Tax Map #: 1 Lot #: 287

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.
Signature of Owner or Applicant: [Signature] Date: 2/15/24

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
Local Plumbing Inspector Signature: [Signature] (1st) date approved: [ ] (2nd) date approved: [ ]

PERMIT INFORMATION

TYPE OF APPLICATION
1. First Time System
2. Replacement System
3. Expanded System
4. Experimental System
5. Seasonal Conversion

THIS APPLICATION REQUIRES
1. No Rule Variance
2. First Time System Variance
3. Replacement System Variance
4. Minimum Lot Size Variance
5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS
1. Complete Non-engineered System
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
SQ. FT.
ACRES

DISPOSAL SYSTEM TO SERVE
1. Single Family Dwelling Unit, No. of Bedrooms:
2. Multiple Family Dwelling, No. of Units:
3. Other: (specify)

TYPE OF WATER SUPPLY
1. Drilled Well
2. Dug Well
3. Private
4. Public
5. Other

SHORELAND ZONING
Yes
No

Current Use
Seasonal
Year Round
Undeveloped

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. Concrete
a. Regular
b. Low Profile
2. Plastic
3. Other: 1000
CAPACITY: GAL.

DISPOSAL FIELD TYPE & SIZE
1. Stone Bed
2. Stone Trench
3. Proprietary Device
a. cluster array
b. regular load
c. Linear
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
gallons per day
BASED ON:
1. Table 4A (dwelling unit(s))
2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
Observation Hole #
Depth
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
1. Medium---2.6 sq. ft. / gpd
2. Medium---Large 3.3 sq. ft. / gpd
3. Large---4.1 sq. ft. / gpd
4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP
Not Required
May Be Required
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