Revision to permit ~~2214~~ 25-48

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: LAMOINE
Street or Road: 00 LAMOINE BEACH RD
Subdivision, Lot #: CORNER OF RT 184 & GAY ROAD

OWNER/APPLICANT INFORMATION

Name (last, first, MI): DALL, WILLIAM TUCKER — [X] Owner [ ] Applicant
Mailing Address of [X] Owner [ ] Applicant: 9606 CEDAR LANE, BETHESDA, MD 20814
Daytime Tel. # / email address: (202) 486-9923

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: Lamoine Permit #: 26-07
Permit issued 2/6/26 Fee $ 0 Double Fee Charged ( )
Local Plumbing Inspector Signature L.P.I. # 2422
Fee: $_____ state min. fee $_____ Locally adopted fee
Copy: [X] Owner [ ] Town [ ] State

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.

Municipal Tax Map # 14 Lot # 70

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 — Date 2/4/26

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. _____ (1st Date Approved)

Local Plumbing Inspector Signature — (2nd Date Approved)

PERMIT INFORMATION

TYPE OF APPLICATION
[X] 1. First Time System
[ ] 2. Replacement System
Type Replaced: _____
Year Installed: _____
[ ] 3. Expanded System
[ ] a. Minor Expansion <25%
[ ] b. Major Expansion ≥ 25%
[ ] 4. Experimental System
[ ] 5. Seasonal Conversion

SIZE OF PROPERTY
15,000 [X] sq. ft. [ ] acres

SHORELAND ZONING
[ ] Yes [X] No

THIS APPLICATION REQUIRES
[X] 1. No Rule Variance
[ ] 2. First Time System Variance
[ ] a. Local Plumbing Inspector Approval
[ ] b. State & Local Plumbing Inspector Approval
[ ] 3. Replacement System Variance
[ ] a. Local Plumbing Inspector Approval
[ ] b. State & Local Plumbing Inspector Approval
[ ] 4. Minimum Lot Size Variance
[ ] 5. Seasonal Conversion Permit

DISPOSAL SYSTEM TO SERVE
[X] 1. Single Family Dwelling Unit, No. of Bedrooms: 3
[ ] 2. Multiple Family Dwelling, No. of Units:
[ ] 3. Other: (SPECIFY) _____
Current Use: [ ] Seasonal [ ] Year Round [X] Undeveloped

DISPOSAL SYSTEM COMPONENT(S)
[X] 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

TYPE OF WATER SUPPLY
[X] Proposed [ ] Existing
[X] 1. Drilled Well [ ] 2. Dug Well [ ] 3. Private
[ ] 4. Public [ ] 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
[X] 1. Concrete
[X] a. Regular
[ ] b. Low Profile
[ ] c. with lift station
[X] d. monolithic
[ ] e. two compartment
[ ] 2. Plastic
[ ] 3. Other: _____
CAPACITY 1000 gallons

SOIL DATA & DESIGN CLASS
PROFILE CONDITION 7 C
at Observation Hole # TP1
Depth 26 inches
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD TYPE & SIZE
[ ] 1. Stone Bed [ ] 2. Stone Trench
[X] 3. Proprietary Device: ~~EZFLOW~~ EZFLOW EZ-FLO UNITS
[ ] a. Cluster Array [X] c. Linear
[X] b. Regular load [ ] d. H-20 load
[ ] 4. Other: _____
SIZE: 960 [X] sq. ft. [ ] lin. ft.

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

GARBAGE DISPOSAL UNIT
[X] 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

EFFLUENT/EJECTOR PUMP
[X] 1. Not Required
[ ] 2. May be Required
[ ] 3. Required
Specify only for engineered systems
DOSE: _____ gallons

DESIGN FLOW
270 gallons per day
BASED ON
[X] 1. Table 4A (dwelling unit(s)
[ ] 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities
[ ] 3. Section 4G (meter readings)
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 44° 27' 9" N
Lon. 68° 16' 28" W
If g.p.s., enter margin of error 20ft

SITE EVALUATOR STATEMENT

I certify that on ~~10/14/2024~~ 12/28/2024 & 8/19/2025 (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).

Revised 1/25/2026 SW

Site Evaluator Signature — 213 — 10/14/2024 Date
STEPHEN H. HOWELL — SE# ~~356-7158~~ — (207) ~~625-4732~~ — showellsoilsolutions@gmail.com
Site Evaluator Name Printed — Telephone Number — E-mail Address

Revised 8/19/2025 MD

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

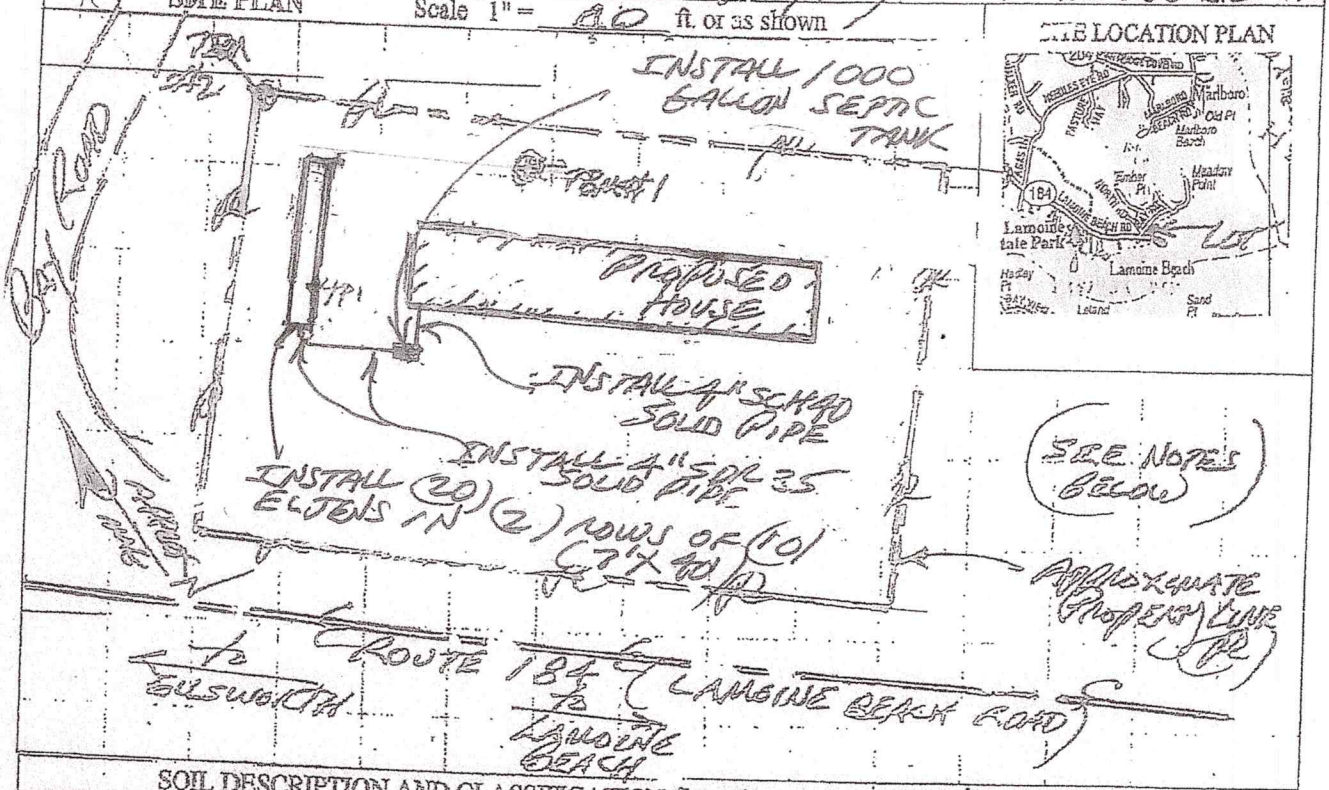
Town, City, Plantation: LAMOINE

Street, Road, Subdivision: 00 LAMOINE BEACH RD (CORNER OF RT 184 & BAY RD)

Owner's Name: WILLIAM TUCKER ETAL

SITE PLAN

Scale 1" = 40 ft. or as shown



SITE LOCATION PLAN

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

Observation Hole TP1 ☒ Test Pit ☐ Boring

1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	STONY FINE SANDY LOAM	FRIABLE	LIGHT YELLOWISH BROWN	NONE
10				
20			LIGHT OLIVE BROWN	
30				
40	SILT LOAM	FIRM	OLIVE	FEW FAINT
50	LIMIT OF OBSERVATION = 47"			

Soil Classification: Profile	Condition	Slope	Limiting Factor	
1	C	8%	36"	☒ 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	NOTES: 1. INSTALL AT LEAST (1) RISER ON SEPTIC TANK TO FINISHED GRADE			
10	2. REVIEW & COMPLY WITH ATTACHED SEPTIC TUBE & CONSTRUCTION NOTES.			
20	3. TEMP#2 = TOP OF UNDISTURBED STAKE 40" ABOVE GROUND AT PERIMETER			
30	4. DIVERT RUNOFF AWAY FROM PROPOSED ELJENS			
40	5. PROPERLY PROTECT PIPES & SEPTIC TANK FROM FREEZING OF CRUSHING.			
50	6. LIME, FERTILIZE, SEED & MULCH ALL DISTURBED AREAS.			

Soil Classification: Profile	Condition	Slope	Limiting Factor	
				[ ] Ground Water, [ ] Restrictive Layer, [ ] Bedrock, [ ] Pit Depth

Revised 12/18/2024

Site Evaluator Signature

#213
SE#

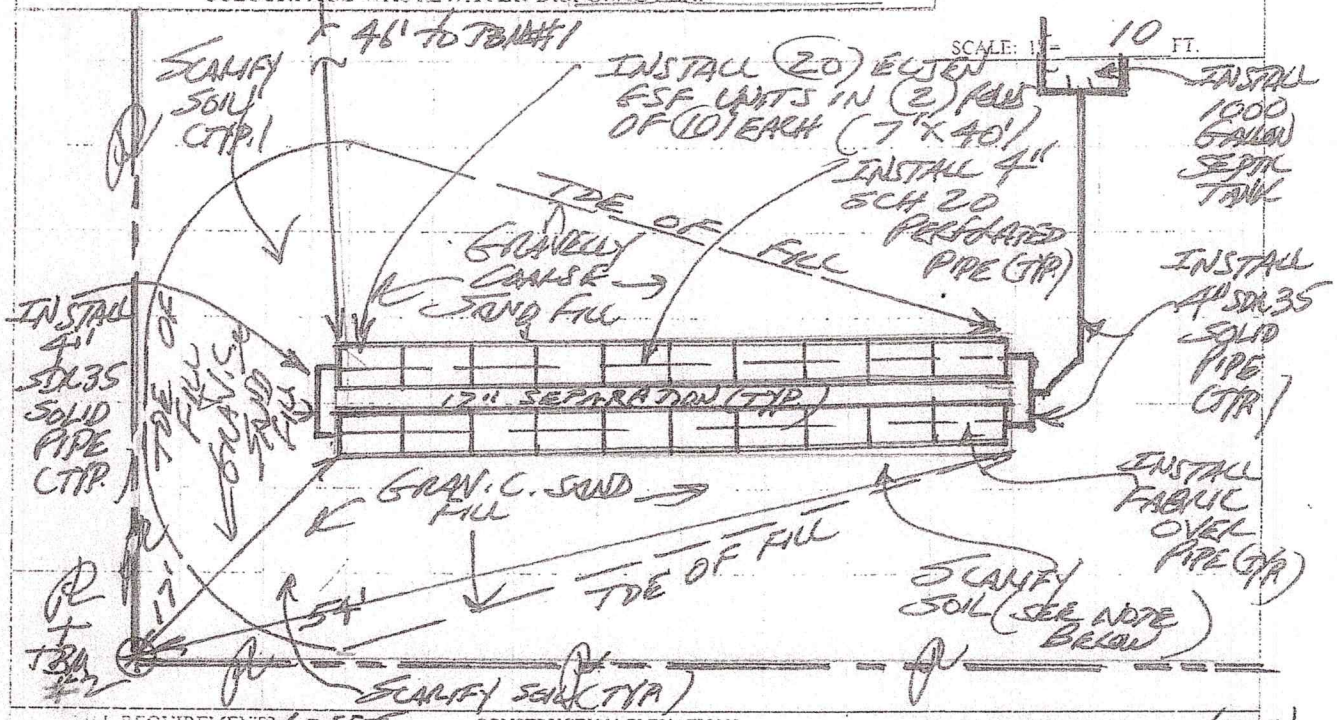
10/14/2024
Date

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	00 LAMOINE BEACH ROAD	WILLIAM BALL

SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS: X-SECT

CONSTRUCTION ELEVATIONS

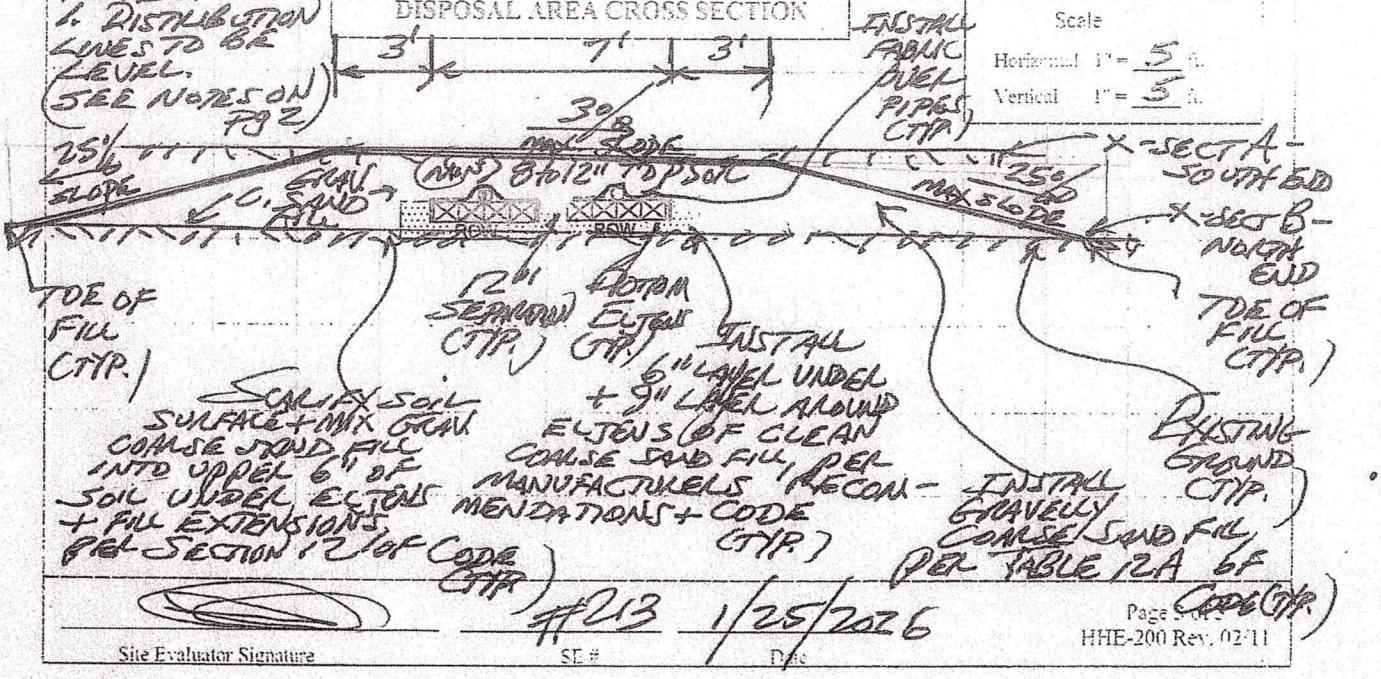
Depth of Fill (Upslope)	6"	28"	Finished Grade Elevation
Depth of Fill (Downslope)	0"	28"	Top of Distribution Pipe or Proprietary Device
			Bottom of Disposal Area

-10"
-22"
-33"

ELEVATION REFERENCE POINT (TBM #1)
Location & Description: NAIL + FLAGGING 65" UP A 5" DIAM. ASH TREE
Reference Elevation: =0"

NOTES:
1. DISTRIBUTION LINES TO BE LEVEL. (SEE NOTES ON PG 2)

DISPOSAL AREA CROSS SECTION



Scale
Horizontal 1" = 5 ft.
Vertical 1" = 5 ft.

Site Evaluator Signature	SE #	Date	
	#213	1/25/2026	