

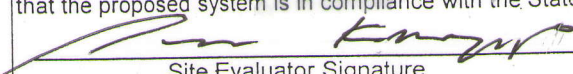
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	BRUNSWICK	Town/City _____	Permit # _____
Street or Road	PLEASANT HILL ROAD	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	MAP 22 LOT 36	L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI) COASTAL MAINE, LLC.		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant 8 BRADSTREET LANE ELIOT, ME 03903		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 this application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. #	207-200-6694	Municipal Tax Map # _____ Lot # _____	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		(1st) date approved _____ Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION <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	THIS APPLICATION REQUIRES <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	DISPOSAL SYSTEM COMPONENTS <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: VAULT/ OR COMPOST <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	SIZE OF PROPERTY 10,000 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped		TYPE OF WATER SUPPLY <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	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL.	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input checked="" type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>912</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <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 checked="" type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 270 _____ 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 19 Type -B Eljèn Indrains <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>5</u> / <u>C</u> at Observation Hole # <u>1</u> Depth <u>20</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. f.t / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43</u> _____ d <u>53</u> _____ m <u>59</u> _____ s Lon. <u>69</u> _____ d <u>58</u> _____ m <u>28</u> _____ s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>8/16/13</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	<u>260</u> SE #	<u>8 / 27 / 13</u> Date
<u>Corinne Knapp</u> Site Evaluator Name Printed	<u>207-997-7058</u> Telephone Number	_____ E-mail Address

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

BRUNSWICK

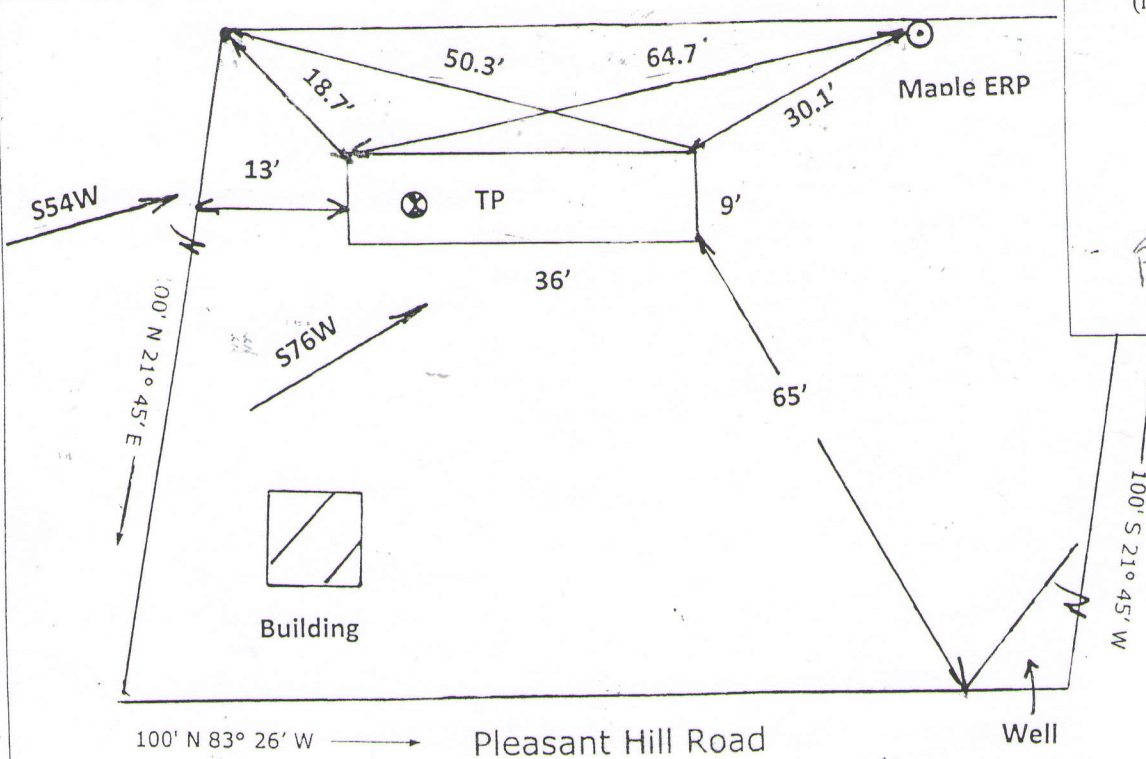
PLEASANT HILL ROAD

COASTAL MAINE, LLC.

SITE PLAN

Scale 1" = 20' ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



Site X
Pleasant Hill Rd
 GPS 43-53-57
 69-58-28

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

Observation Hole Test Pit Boring
 / " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
Loam	Friable	Brown	None
fine Sand		Gray	
Med. Sand	Firm	Yellow	Few Faint
Fine Sand		Brown	

Soil Classification 5 C	Slope / %	Limiting Factor 20	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

Note :

Well shall be located a min. of 65'

With a min. of 87 feet of well

Casing or liner seal below ground

Level Section 7 Table (7A), 10-144 CMR 241 Rules

First Time Systems. 50' Min. on septic tank

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

[Signature]
 Site Evaluator Signature

260

SE #

8 / 27 / 13

Date

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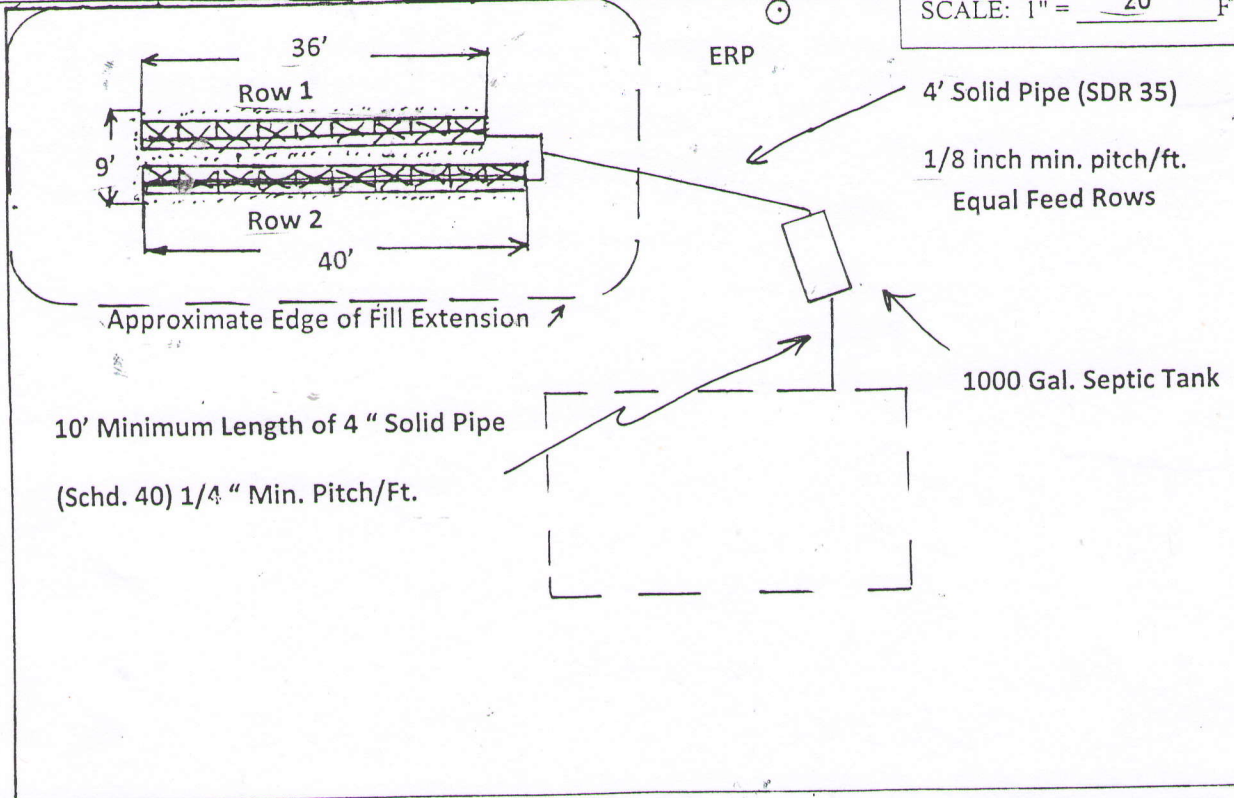
BRUNSWICK

PLEASANT HILL ROAD

COASTAL MAINE, LLC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope)	<u>30"</u>	Finished Grade Elevation	<u>-35"</u>
Depth of Fill (Downslope)	<u>30"</u>	Top of Distribution Pipe or Proprietary Device	<u>-46"</u>
		Bottom of Disposal Area	<u>-59"</u>

Location & Description: Flagged Nail Maple
 Reference Elevation: 0.00

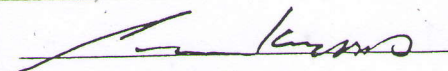
DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ft.

Vertical 1" = ft.

SEE ATTACHED CROSS SECTION


 Site Evaluator Signature

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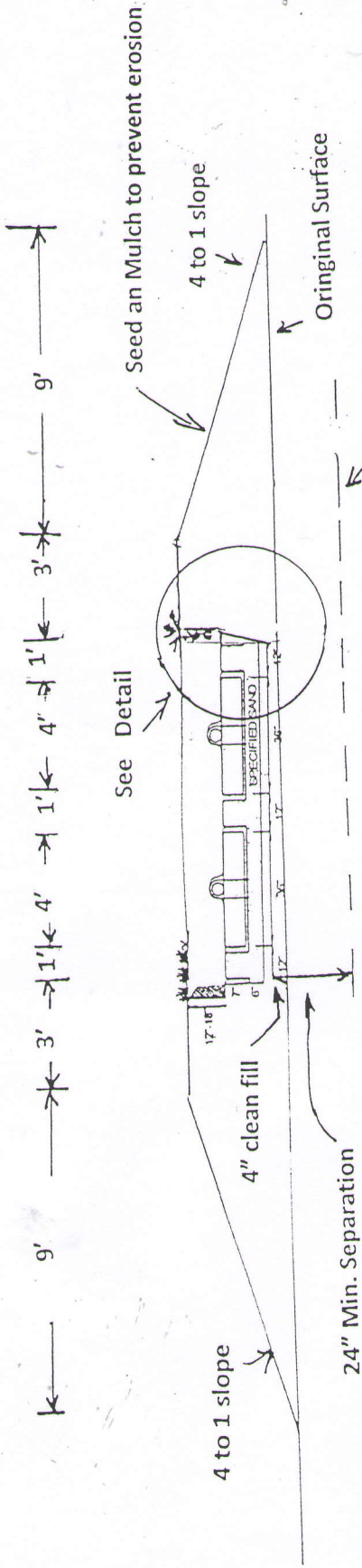
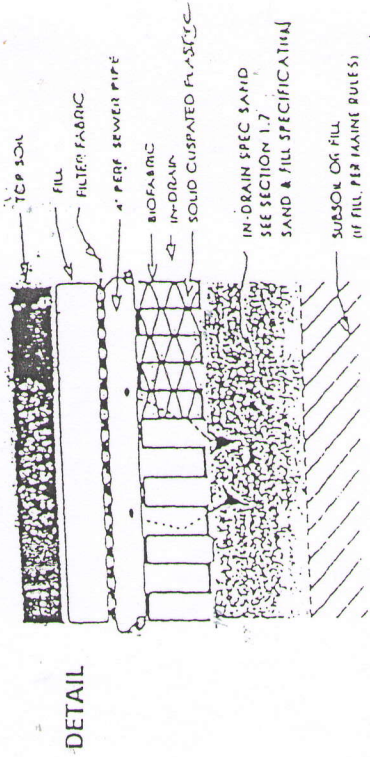
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ATTACHMENT TO FORM HHE-200

DISPOSAL AREA CROSS SECTION



Place 6" of D.O.T. or state highway specification shed concrete sand or sand known to be "medium to coarse" with an effective size of .25 to 2.0 mm and no more than 5% passing a #200 sieve."

Rototill original surface thoroughly in all areas of the system including fill extensions. Remove any organic material and stumps

Elevation Notes

Top of Chambers	Bottom of Chambers
DW1 -46"	-59"
DW2 "	"

Reference elevation = 0.00

[Signature] DATE: 8/27/13