

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 | GORHAM | Town/City _____ | Permit # _____ |
| Street or Road | Gray Road | Date Permit Issued ___/___/___ | Fee: \$ _____ Double Fee Charged [] |
| Subdivision, Lot # | Map 52 Lot 6 | Local Plumbing Inspector Signature _____ L.P.I. # _____ | |
| OWNER/APPLICANT INFORMATION | | <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input type="checkbox"/> Applicant | |
| Name (last, first, MI) | Coastal Maine, LLC. | 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. | |
| Mailing Address of Owner/Applicant | 9 Bradstreet Lane Eliot, ME 03903 | | |
| Daytime Tel. # | 207-200-6694 | | |
| 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. | | CAUTION: INSPECTION REQUIRED 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 _____ | | Local Plumbing Inspector Signature _____ (1st) date approved _____ | |
| Signature of Owner or Applicant _____ Date _____ | | 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: _____ <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 18,000 + <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES | DISPOSAL SYSTEM TO SERVE <input checked="" 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 type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input checked="" type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | |

| | | | |
|---|---|--|---|
| TREATMENT TANK <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> 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 type="checkbox"/> a. cluster array <input checked="" 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>1200</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input checked="" 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 <u>270</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 24 plastic chambers 3 x 6 <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA |
| SOIL DATA & DESIGN CLASS PROFILE <u>8</u> / <u>D</u> at Observation Hole # <u>1</u> Depth <u>12</u> " of Most Limiting Soil Factor | DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input checked="" 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>43</u> m <u>26</u> s Lon. <u>70</u> d <u>25</u> m <u>26</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>8/21/13</u> Date |
| <u>Corinne Knapp</u> Site Evaluator Name Printed | <u>207-997-7058</u> Telephone Number | _____ E-mail Address |

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

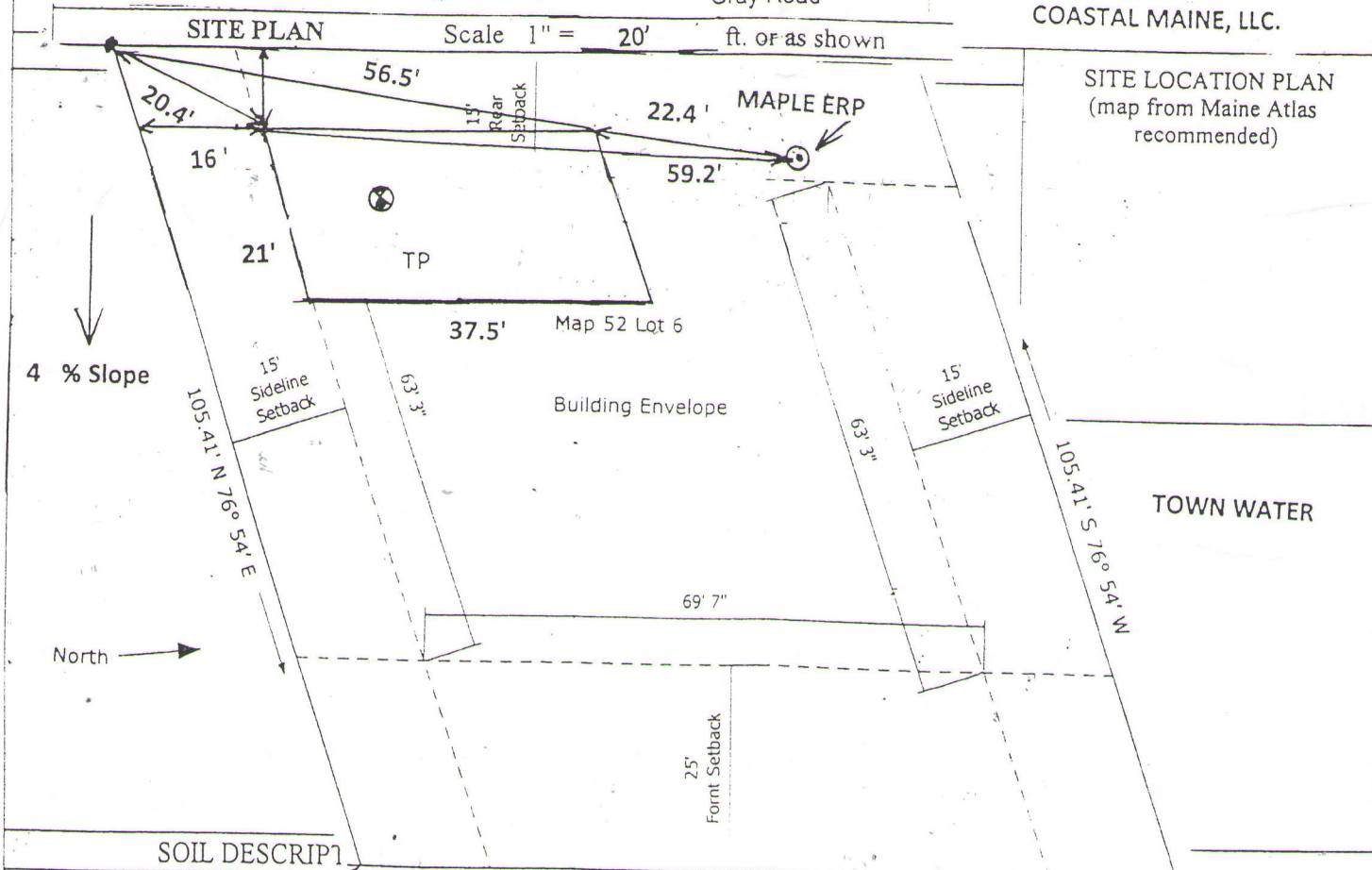
Maine Dept. Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation **GORHAM** Street, Road, Subdivision **Gray Road**

Owner's Name
COASTAL MAINE, LLC.

SITE PLAN Scale 1" = 20' ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas recommended)



SOIL DESCRIPTION

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

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|-----------|-------------|--------------|----------|
| 0 | | Friable | Brown | NONE |
| 10 | Silt Loam | | Yellow Brown | |
| 20 | | Firm | Olive | Common |
| 30 | | | Brown | Distinct |
| 40 | | | Olive Gray | |
| 50 | | | to Gray | |

| | | | |
|-----------------------------------|---------------------|--------------------------------|--|
| Soil Classification 8 D | Slope 4 % | Limiting Factor 12 " | <input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth |
| Profile Condition | | | |

101.23' Gray Road

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---------|-------------|-------|----------|
| 0 | | | | |
| 10 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| | | | |
|---------------------|-------|-----------------|---|
| 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 #

8/21/13
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

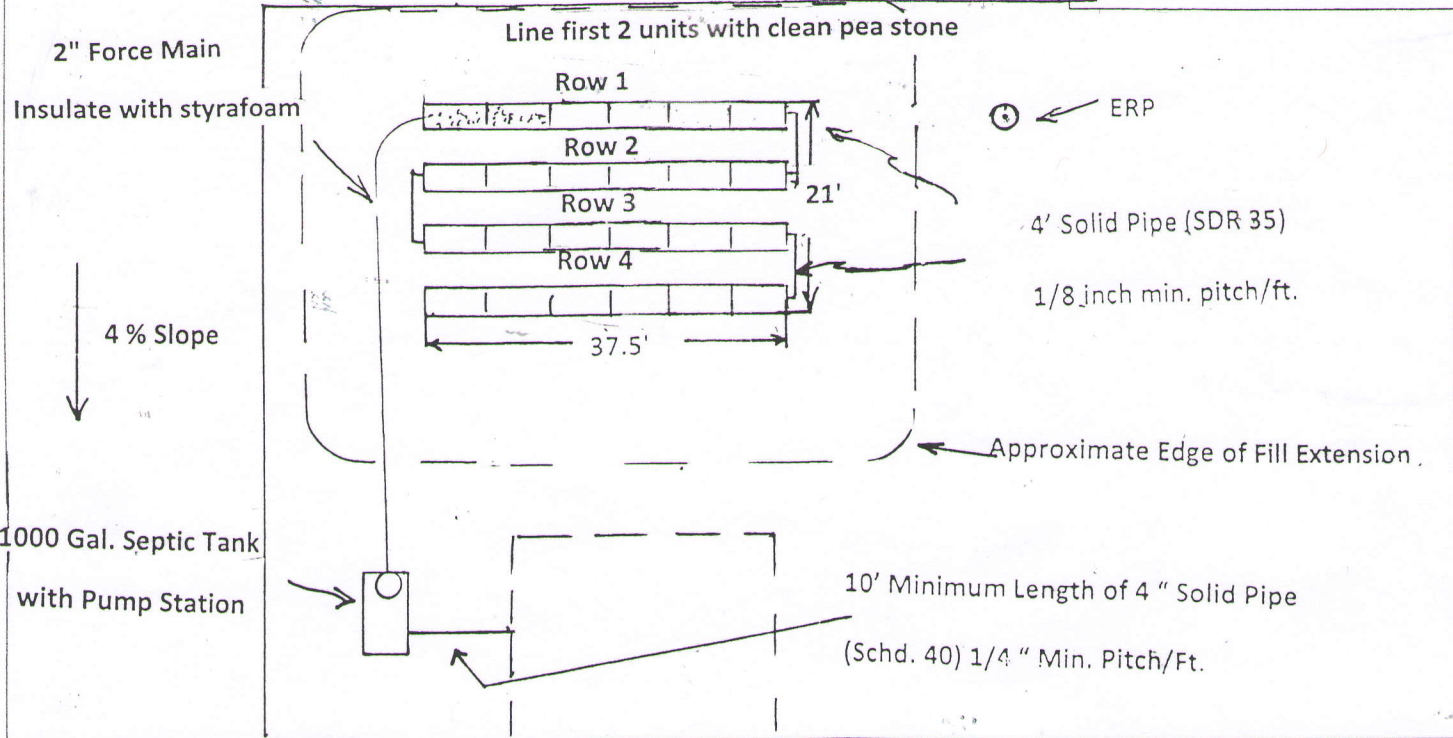
Town, City, Plantation
Gorham

Street, Road, Subdivision
Gray Road

Owner's Name
Coastal Maine, LLC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



FILL REQUIREMENTS

Depth of Fill (Upslope) 30"
 Depth of Fill (Downslope) 32"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -16"
 Top of Distribution Pipe or Proprietary Device -28"
 Bottom of Disposal Area -44"

ELEVATION REFERENCE POINT

Location & Description: Flagged Nail Maple
77" above grade
 Reference Elevation: 0.00

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ft.

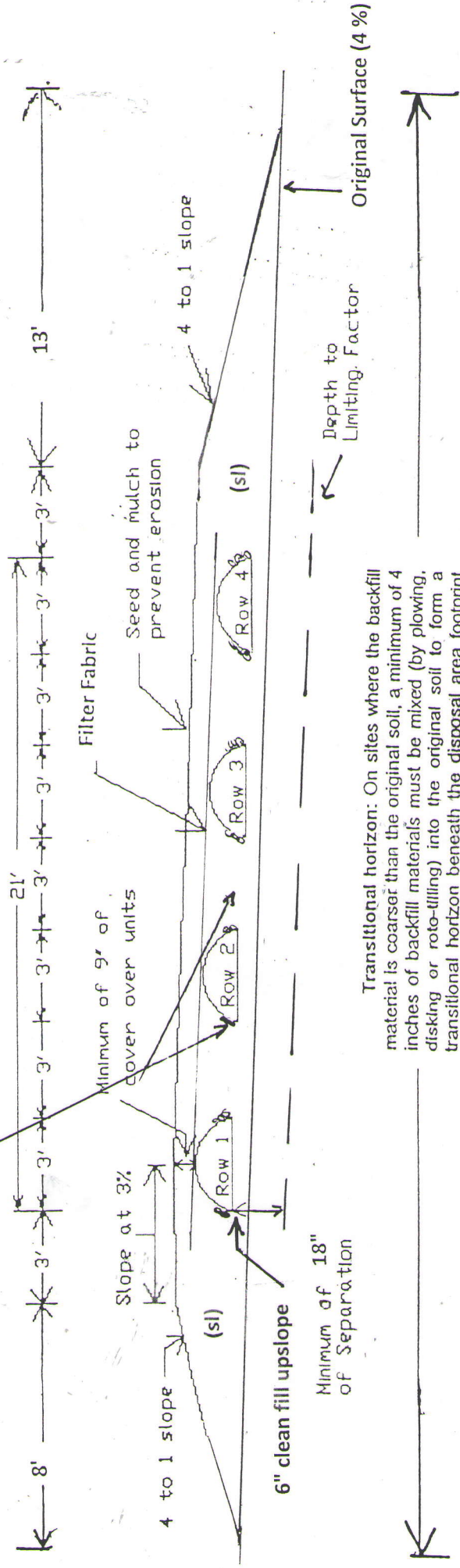
Vertical 1" = ft.

SEE ATTACHED CROSS SECTION

ATTACHMENT TO FORM HHE-200

DISPOSAL AREA CROSS SECTION

Use clean gravelly coarse sand around units
Up to top of slots then cap with sandy loam. (sl)



Transitional horizon: On sites where the backfill material is coarser than the original soil, a minimum of 4 inches of backfill materials must be mixed (by plowing, disking or roto-filling) into the original soil to form a transitional horizon beneath the disposal area footprint and all side and down slope fill extensions.

Elevation Notes

| Top of Chambers | Bottom of Chambers |
|-----------------|--------------------|
| ROW 1 | -28" |
| ROW 2 | -31" |
| ROW 3 | -34" |
| ROW 4 | -37" |
| | -44" |
| | -47" |
| | -50" |
| | -53" |

SCALE:

Vertical: 1 inch = 5 feet
Horizontal: 1 inch = 5 feet

[Signature] DATE 8/21/13

Reference elevation = 0.00