

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Waterboro	Town/City _____	Permit # _____
Street or Road	Hooper Hill Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #	Map 11 Lot 39	L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		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	9 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 # _____	
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</b>	
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		
<b>TYPE OF APPLICATION</b> <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	<b>THIS APPLICATION REQUIRES</b> <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	<b>DISPOSAL SYSTEM COMPONENTS</b> <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
<b>SIZE OF PROPERTY</b> 32,800 <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <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	<b>TYPE OF WATER SUPPLY</b> <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
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <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.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <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>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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	<b>DESIGN FLOW</b> 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 18 plastic chambers 3 x 6 <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>3</u> / <u>C</u> at Observation Hole # <u>1</u> Depth <u>24</u> " of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> Not Required <input checked="" type="checkbox"/> May Be Required <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> at center of disposal area Lat. <u>43</u> <u>d</u> <u>36</u> <u>m</u> <u>44</u> <u>s</u> Lon. <u>70</u> <u>d</u> <u>40</u> <u>m</u> <u>11</u> <u>s</u> 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	260 SE #	8/20/13 Date
Corinne Knapp Site Evaluator Name Printed	207-997-7058 Telephone Number	_____ E-mail Address

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

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 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation  
 Waterboro

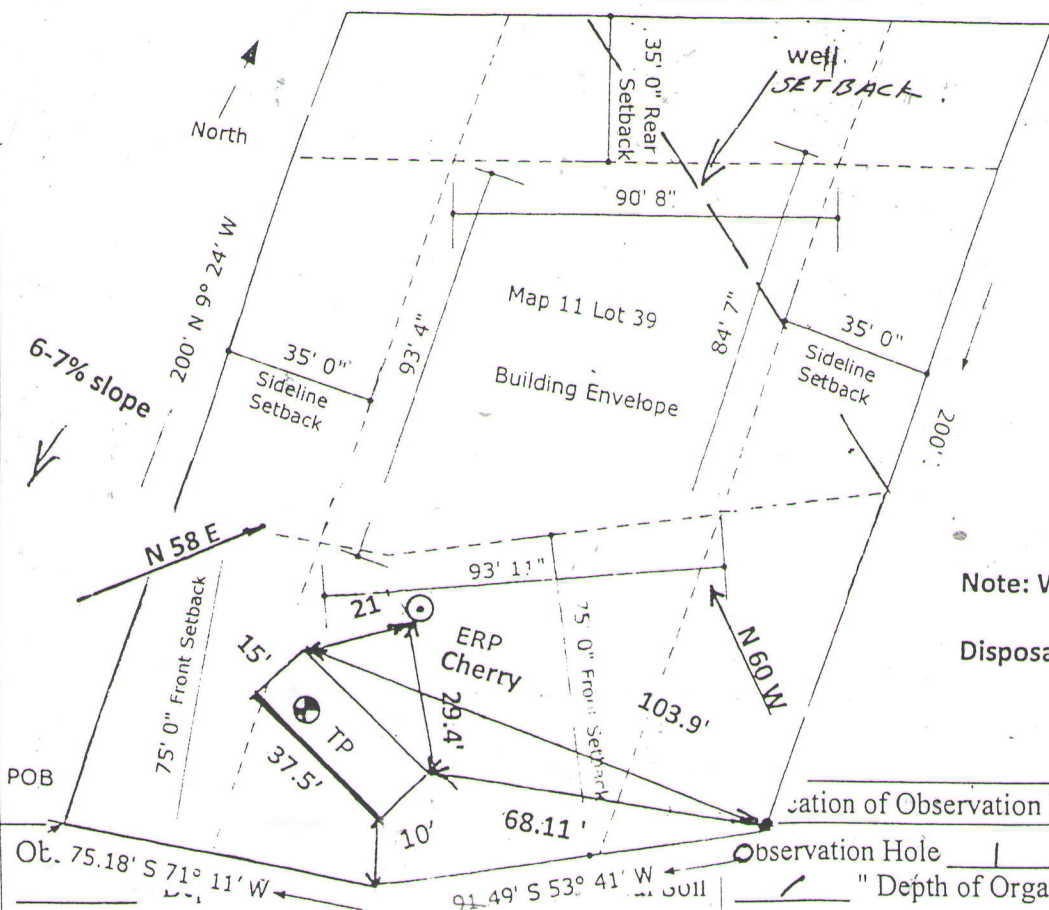
Street, Road, Subdivision  
 HOOPER HILL ROAD

Owner's Name  
 Coastal Maine, LLC.

## SITE PLAN

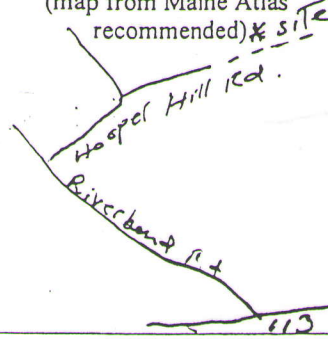
Scale 1" = 40' ft. or as shown

164.66' N 61° 37' E



## SITE LOCATION PLAN

(map from Maine Atlas recommended) \* site



Note: Well shall be located 100' from Disposal area 75' from septic tank

(Location of Observation Holes Shown Above)

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

Texture	Color	Hooper Hill Road	Mottling
0			
10			
20			
30			
40			
50			

Texture	Consistency	Color	Mottling
Sandy Loam	FRIABLE	Brown	NONE
		Yellow Brown	
		Olive	
Fine Sandy Loam	Firm	Brown	Common Distinct
40			
50			

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

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
3 C	6-7%	24"	<input checked="" type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

*[Signature]*  
 Site Evaluator Signature

260  
 SE #

8/20/13  
 Date

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Owner's Name

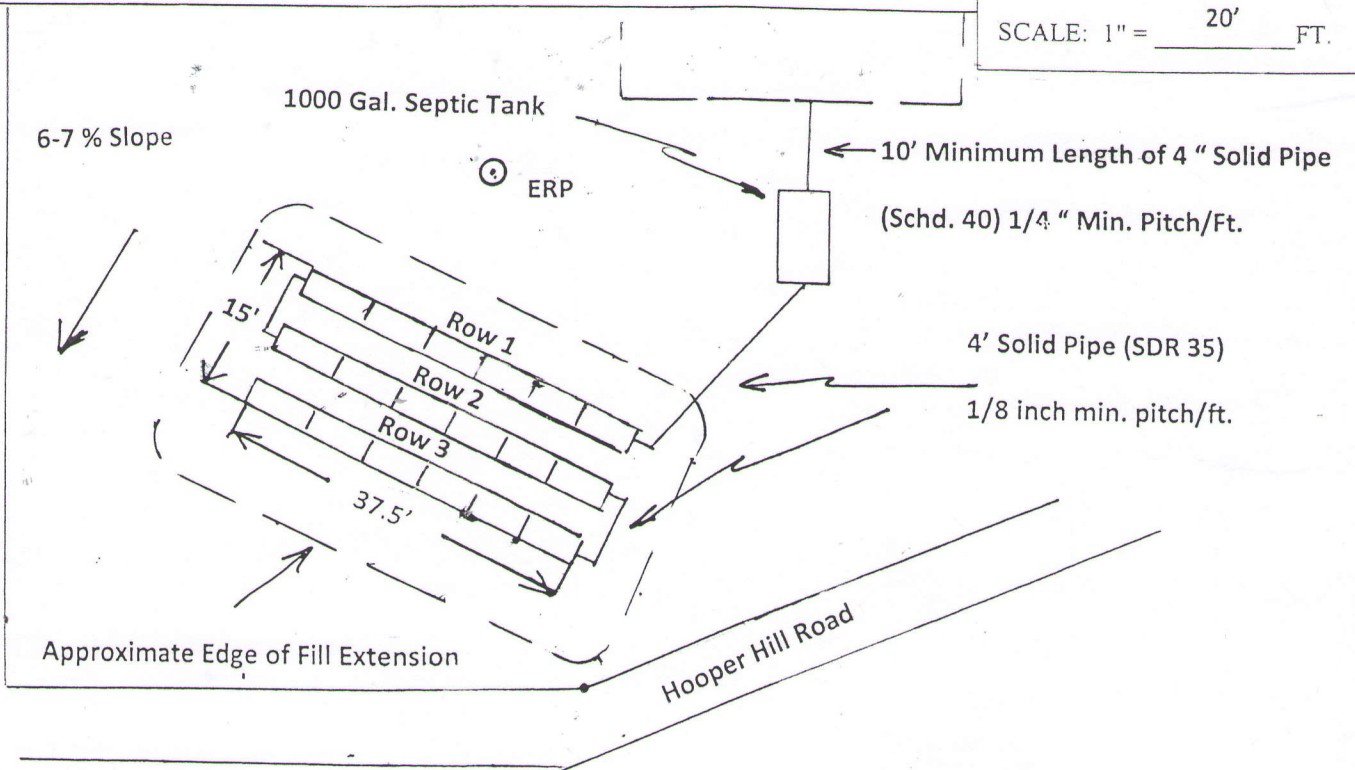
**WATERBORO**

**HOOPER HILL ROAD**

**COASTAL MAINE, LLC.**

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20' FT.



**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope) 12"

Finished Grade Elevation

-39"

Location & Description:

Depth of Fill (Downslope) 14"

Top of Distribution Pipe or Proprietary Device

-51"

42" above grade

**Flagged Nail Cherry**

Bottom of Disposal Area

-67"

Reference Elevation:

0.00

**DISPOSAL AREA CROSS SECTION**

Scale

Horizontal 1" = \_\_\_ ft.

Vertical 1" = \_\_\_ ft.

SEE ATTACHED CROSS SECTION

*[Signature]*

260

SE #

8/20/13

Date

Site Evaluator Signature

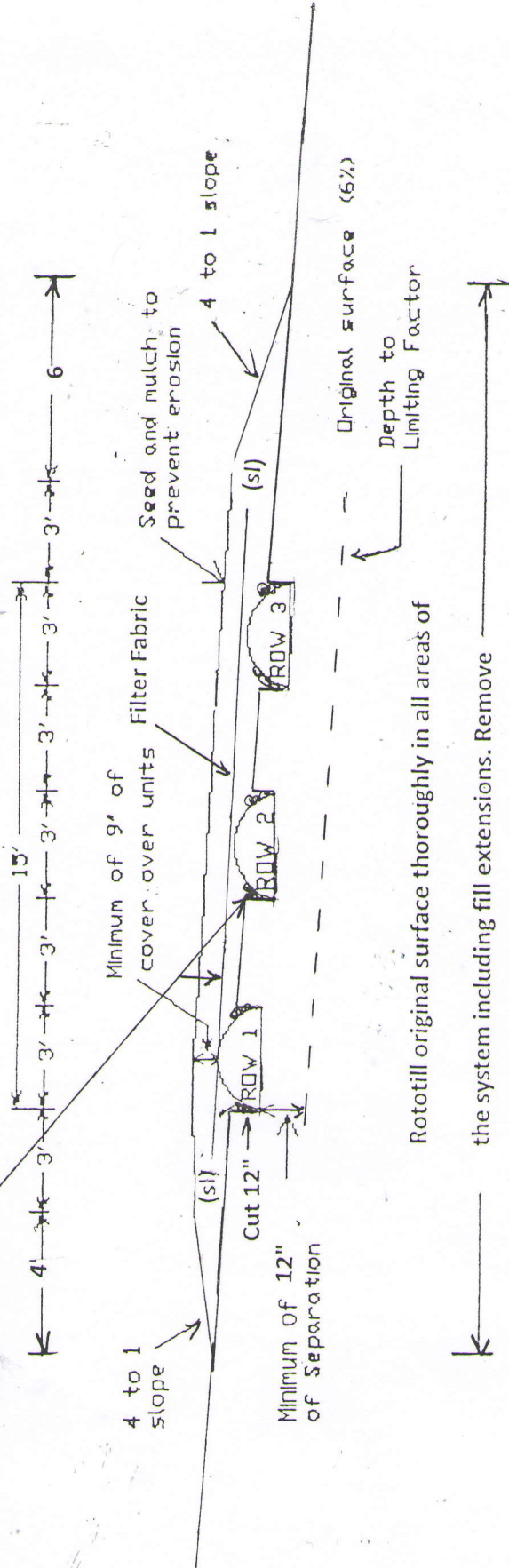
# ATTACHMENT TO FORM HHE-200

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

ELEVATION NOTES

	Top of Infiltrators	Bottom of Infiltrators
ROW 1	-51"	-67"
ROW 2	-55"	-71"
ROW 3	-59"	-75"

Reference elevation = 0'



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

SCALE:

Vertical, 1 Inch = 5 feet  
 Horizontal, 1 Inch = 5 feet

*Corinne S. Knapp*

DATE: 8/20/13

Corinne S. Knapp S.E. #260