

# 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	WELLS	Town/City _____	Permit # _____
Street or Road	HORACE MILLS ROAD	Date Permit Issued ____/____/____	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #	MAP 44 LOT 040	Local Plumbing Inspector Signature _____ L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		<p>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.</p> <p>Municipal Tax Map # _____ Lot # _____</p>	
Name (last, first, MI) COASTAL MAINE LLC. <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant			
Mailing Address of Owner/Applicant	9 Bradstreet Lane ELIOT, ME 03903		
Daytime Tel. #	207-200-6694		
<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 _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	
<b>PERMIT INFORMATION</b>			
<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 a. <25% Expansion 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 a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval 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> 10,000 + <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: 4 <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			
<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 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 a. cluster array <input checked="" type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 1200 sq. ft. lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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	<b>DESIGN FLOW</b> 360 _____ 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
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION 3 / C at Observation Hole # 1 Depth 24" 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. 43 d 20 m 58 s Lon. 70 d 42 m 55 s if g.p.s, state margin of error: _____
<b>SITE EVALUATOR STATEMENT</b>			
I certify that on <u>8/12/13</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.			



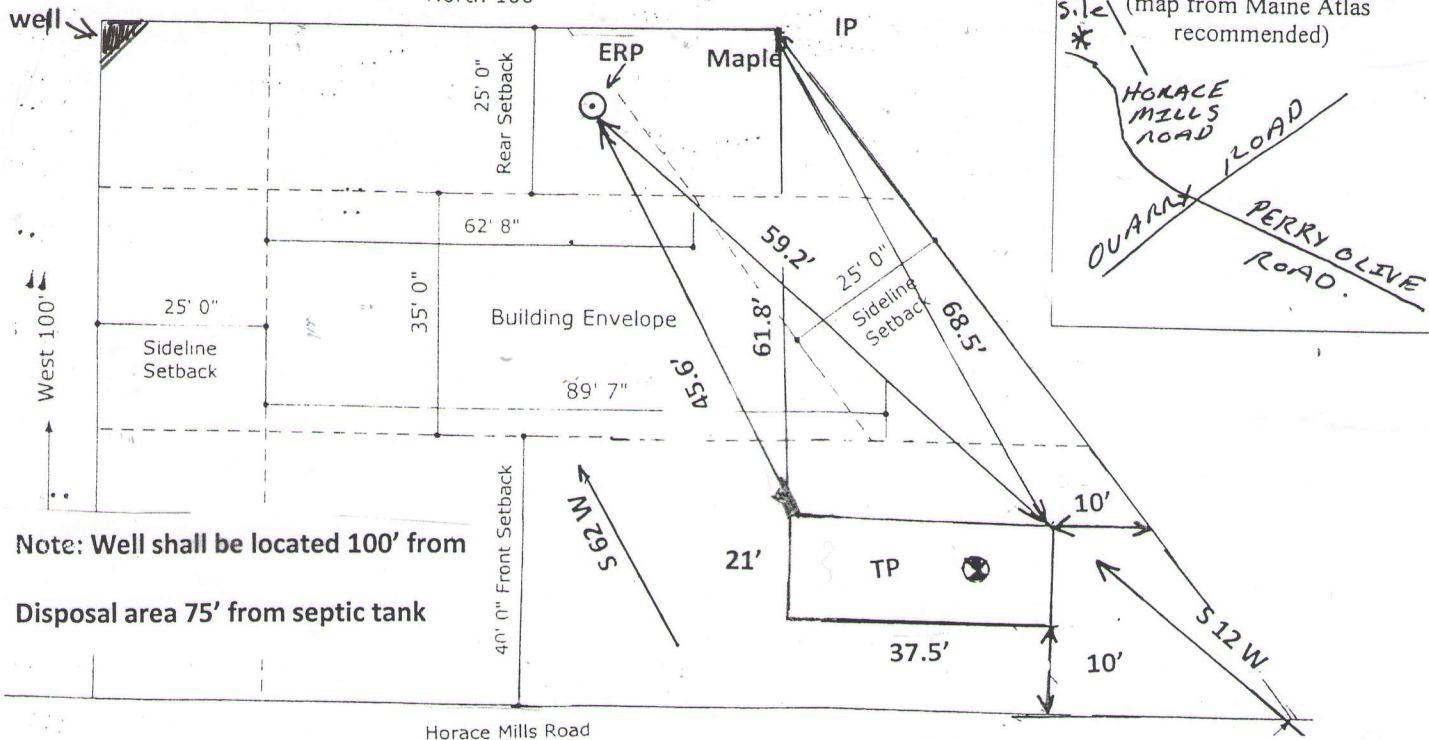
Maine Dept. Health & Human Services  
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Street, Road, Subdivision

COASTAL MAINE, LLC.

Scale 1" = 25 ft. or as shown

North 100'



**Note: Well shall be located 100' from**

Disposal area 75' from septic tank

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

Observation Hole 1 ☒ Test Pit ☐ Boring  
1 " Depth of Organic Horizon Above Mineral Soil

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0 - 10	Loam	FRIABLE	Brown	NONE
10 - 25	Sandy Loam		Yellow Brown	
25 - 35				Distinct
35 - 50	Fine Sandy Loam	Firm	Light Olive Brown	Common Distinct

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

Figure 1 is a soil profile chart. The vertical axis is labeled "Depth Below Mineral Soil Surface (inches)" and ranges from 0 to 50 in increments of 10. The horizontal axis has four columns labeled "Texture", "Consistency", "Color", and "Mottling". The chart is divided into four horizontal sections by lines at 10, 20, 30, and 40 inches depth. Each section contains a grid of horizontal lines for data entry.

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

Site Evaluator Signature

260

SE. #

8/20/13

Date \_\_\_\_\_

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Town, City, Plantation

Street, Road, Subdivision

Owner's Name

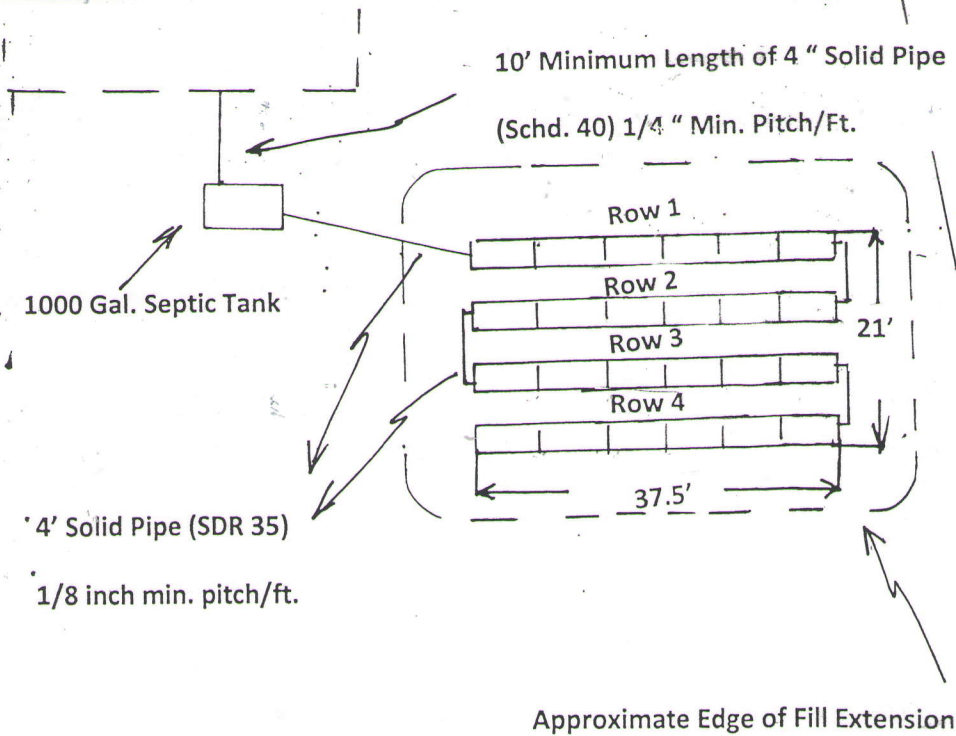
WELLS

HORACE MILLS ROAD

COASTAL MAINE, LLC.

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 12"

Depth of Fill (Downslope) 12"

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation

Top of Distribution Pipe or Proprietary Device

Bottom of Disposal Area

-36"

-48"

-64"

### ELEVATION REFERENCE POINT

Location & Description: **Flagged Nail in Maple** 47" Above Grade  
Reference Elevation: 0.00

### DISPOSAL AREA CROSS SECTION

Scale

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

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

SEE ATTACHED CROSS SECTION

Site Evaluator Signature

260

SE #

8/20/13

Date



WELLS

HORACE MILLS ROAD

COASTAL MAINE, LLC.

# ATTACHMENT TO FORM HHE-200

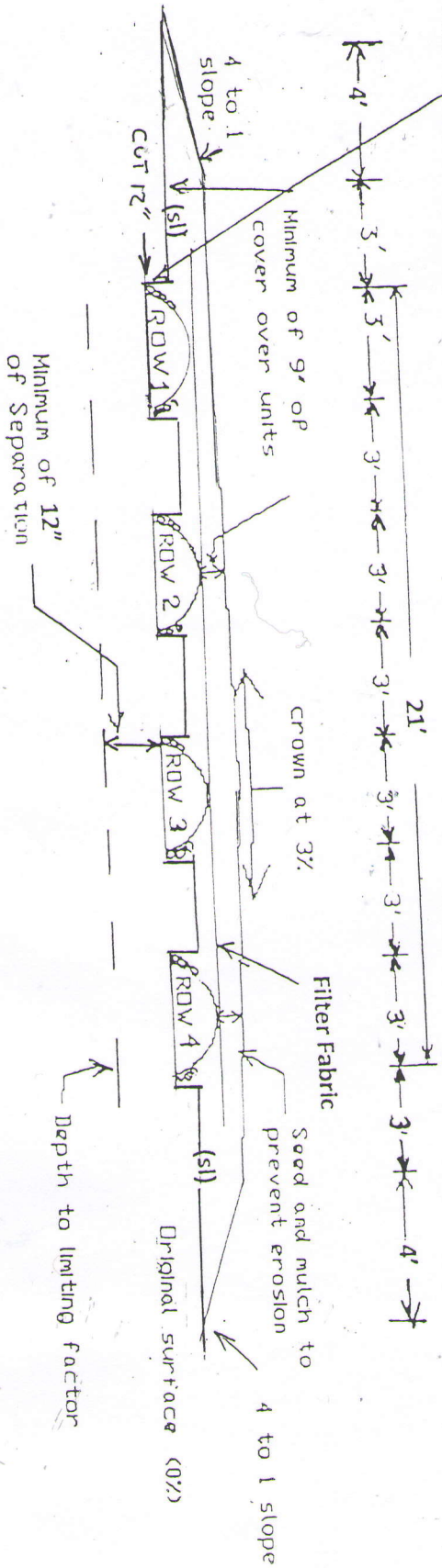
Use clean gravelly coarse sand around units

Up to top of slots then cap with sandy loam. (sl)

Reference elevation = 0.00

## Elevation Notes

Top of Chambers	Bottom of Chambers
ROW 1 - 48"	- 64"
ROW 2 "	"
ROW 3 "	"
ROW 4 "	"



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

DATE: 8/20/13