

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	ARUNDEL	Town/City _____	Permit # _____
Street or Road	ALFRED ROAD	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	MAP 20 Lot 1	Local Plumbing Inspector Signature _____	L.P.I. # _____
OWNER/APPLICANT INFORMATION		<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
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	8 BRADSTREET LANE ELIOT, MAINE 03903		
Daytime Tel. #	207-200-6694		
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 _____		Local Plumbing Inspector Signature _____ (1st) date approved _____ _____ (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 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 checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>1</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 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 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>720</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 <u>215</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 15 Type B Eljen Indrains <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE <u>3</u> / <u>C</u> at Observation Hole # <u>1</u> Depth <u>42</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. ft. / 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>28</u> m <u>41</u> s Lon. <u>70</u> d <u>34</u> m <u>57</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 Corinne Knapp Site Evaluator Name Printed	_____ SE # 207-997-7058 Telephone Number	_____ Date 8/28/13 E-mail Address

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 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

ARUNDEL

Street, Road, Subdivision

ALFRED ROAD / ROUTE 111

Owner's Name

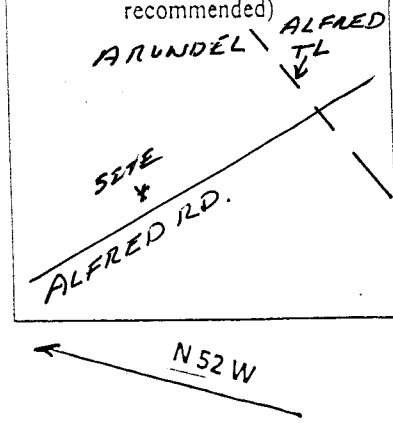
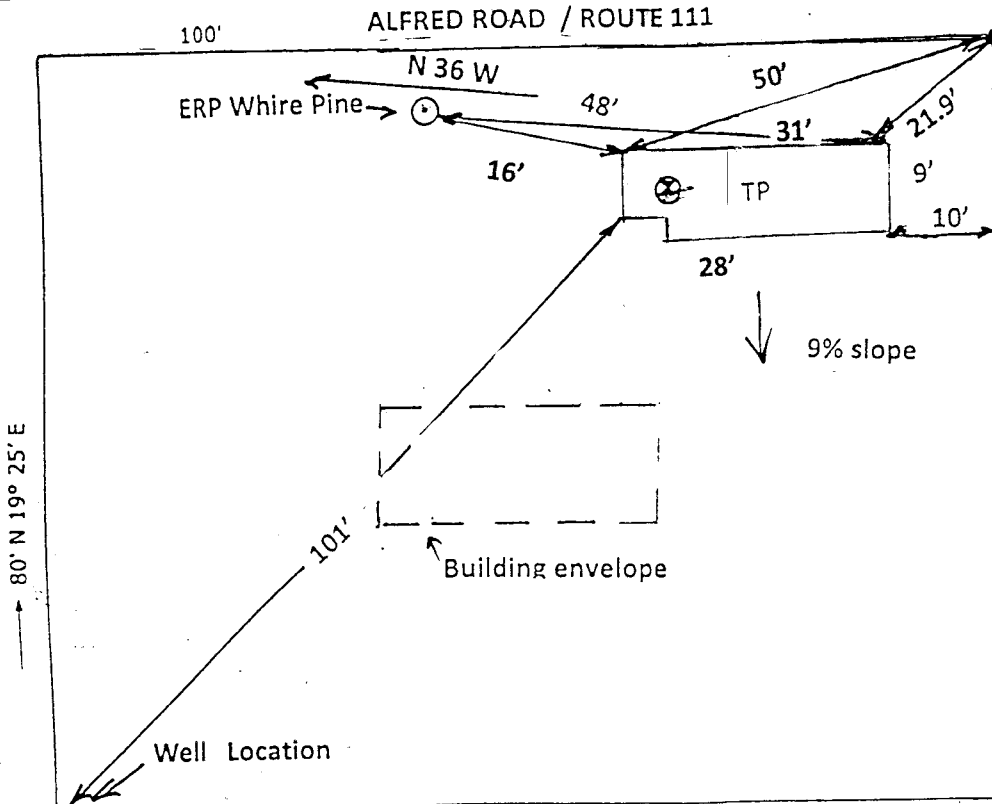
COASTAL MAINE, LLC.

SITE PLAN

Scale 1" = 20' ft. or as shown

SITE LOCATION PLAN

(map from Maine Atlas recommended)



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

Observation Hole 1 Test Pit Boring
2 " 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	Medium	Friable	Yellow	
20	Sand		Brown	None
30			Light	
40	Fine Sand	Firm	Brown	FEW
50				

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

Soil Classification 5 C	Slope <u>9</u> %	Limiting Factor <u>42</u>	<input checked="" type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

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 #

8/28/13
 Date

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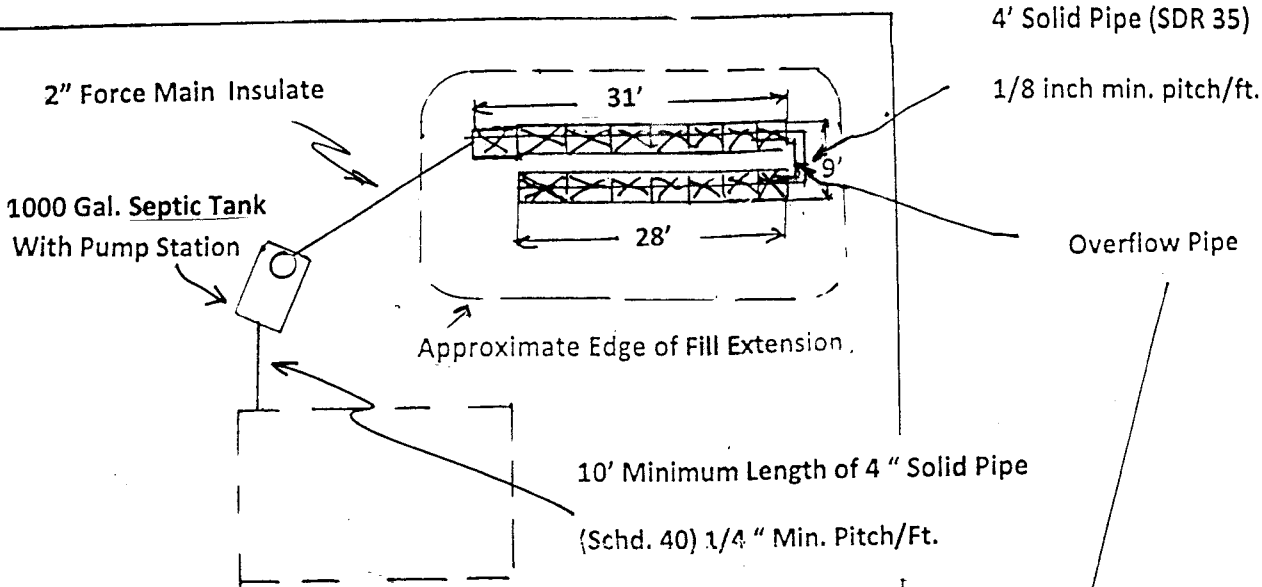
Street, Road, Subdivision
ALFRED ROAD / ROUTE 111

Owner's Name
COASTAL MAINE, LLC.

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.

ALFRED ROAD / ROUTE 111



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 6"
 Depth of Fill (Downslope) 11"

Finished Grade Elevation -53"
 Top of Distribution Pipe or Proprietary Device -64"
 Bottom of Disposal Area -77"

Location & Description: **Flagged Nail White Pine 57 1/2" above grade**
 Reference Elevation: 0.00

DISPOSAL AREA CROSS SECTION

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

SEE ATTACHED CROSS SECTION

- 5** Place at least 10' of capped perforated overflow pipe at the far end and downhill side of the above pipe.
- 6** Connect overflow pipe to a line of perforated pipe on the next row of In-Drains with 2 elbows and a short length of solid pipe. Cap perforated pipe on opposite end.
- 7** Continue this procedure until the last row of In-Drains has an end capped line of perforated pipe.

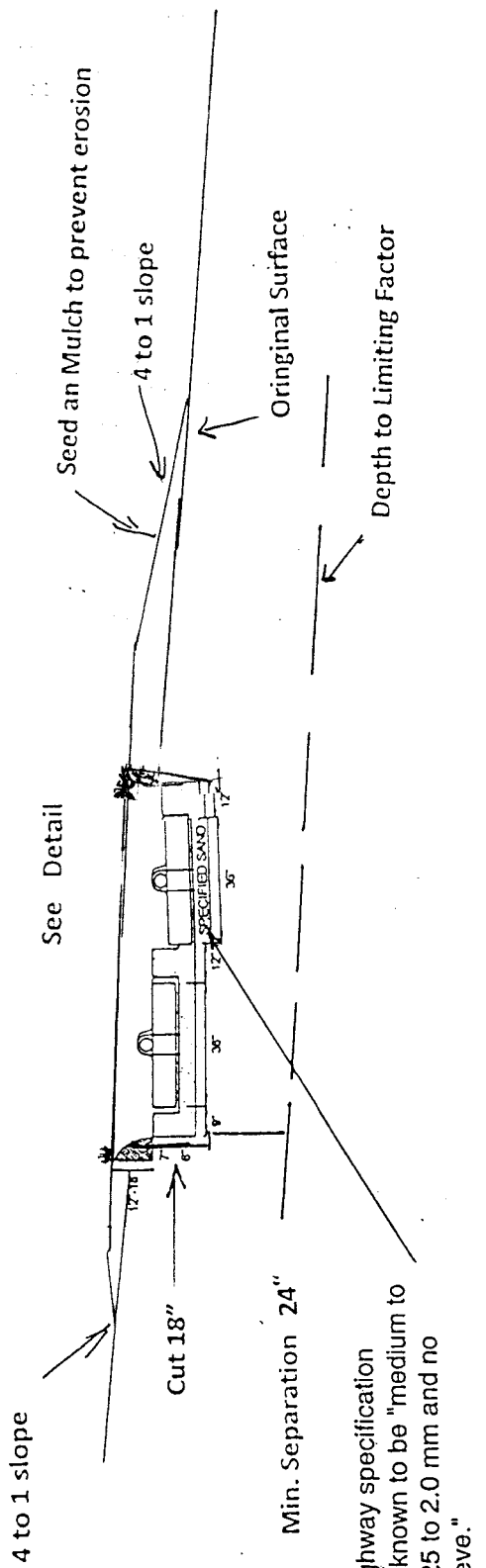
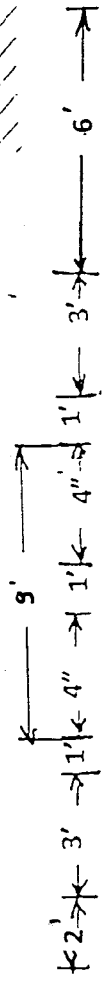
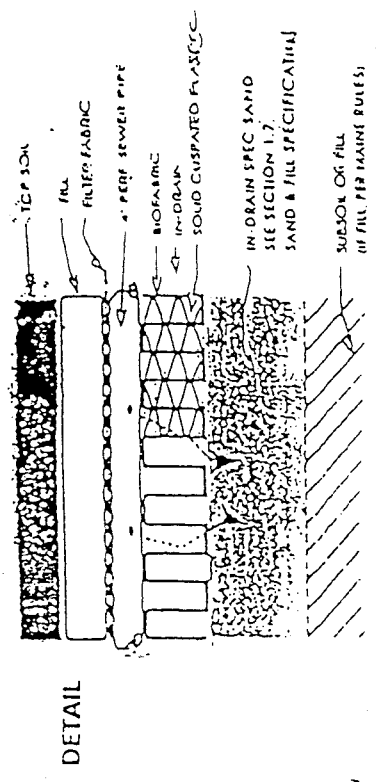
[Signature]
 Site Evaluator Signature

260
 SE #

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ATTACHMENT TO FORM HHE-200

DISPOSAL AREA CROSS SECTION



Place 6" of D.O.T. or state highway specification
 ished concrete sand or sand known to be "medium to
 arse with an effective size of .25 to 2.0 mm and no
 ore 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
OW 1 -64"	-77"
OW 2 -69"	-82"

Reference elevation = 0.00

DATE: 8/28/13
 [Signature]