

# 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	HERSEY	Town/City _____	Permit # _____
Street or Road	STATE HIGHWAY # 11	Date Permit Issued <u>  </u> / <u>  </u> / <u>  </u>	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #	MAP 5 LOT 20	L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____	
Name (last, first, MI) <input checked="" type="checkbox"/> Owner COASTAL MAINE, LLC <input type="checkbox"/> Applicant		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	9 BRADFORD STREET 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>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>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: <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>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 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> <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 <u>18 HC PLASTIC CHAMBERS 3x6</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE <u>31C</u> CONDITION _____ at Observation Hole # <u>1</u> Depth <u>20</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>46</u> d <u>096</u> m <u>164</u> s Lon. <u>-68</u> d <u>422</u> m <u>783</u> s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>10/14</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>11/17/14</u> Date
<u>Corinne Knapp</u> Site Evaluator Name Printed	<u>207 997 7058</u> Telephone Number	_____ E-mail Address

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

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

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

HERSEY

STATE HIGHWAY # 11

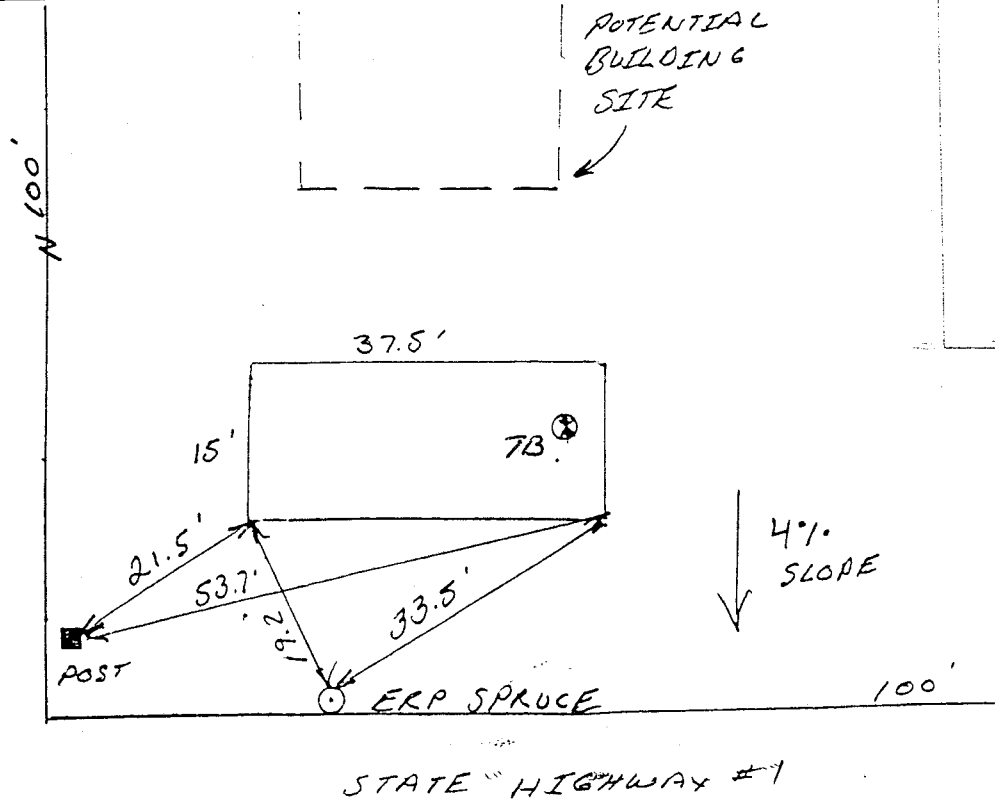
COASTAL MAINE, LLC.

SITE PLAN

Scale 1" = 20' ft. or as shown

SITE LOCATION PLAN

(map from Maine Atlas recommended)



RT 11  
 A SITE  
 46 096 184  
 68 422 785

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

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

NOTE: Section 7 Table 7A

Texture	Consistency	Color	Mottling
FINE SANDY LOAM	FRAGILE	BROWN	NONE
FINE SAND		GRAY	
SANDY LOAM		RED BROWN	
POSSIBLE LEDGE IF FOUND AT LESS THAN 32" ELEVATION SHALL BE ADJUSTED			

Well setback reductions ...  
 First time system and disposal field  
 50' setback on septic tanks for under

TABLE 7A

Reduction in setbacks between a Private Potable Water Supply and a disposal field with a design flow of less than 1,000 gpd

Depth of well casing or liner seal below ground level	Reduction in the minimum, 100' ft setback distance
>40 feet to 55 feet	100 down to 90 feet
>55 feet to 70 feet	100 down to 80 feet
>70 feet to 86 feet	100 down to 70 feet
>86 feet	100 down to 60 feet

Soil Classification <u>3</u>	Slope ____%	Limiting Factor <u>20"</u>	<input type="checkbox"/> Ground Water <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile <u>C</u>	Condition		

Pam Kemp  
 Site Evaluator Signature

260  
 SE #

11/17/14  
 Date

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*HERSEY STATE HIGHWAY 11*

*COASTAL MAINE, LLC.*

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

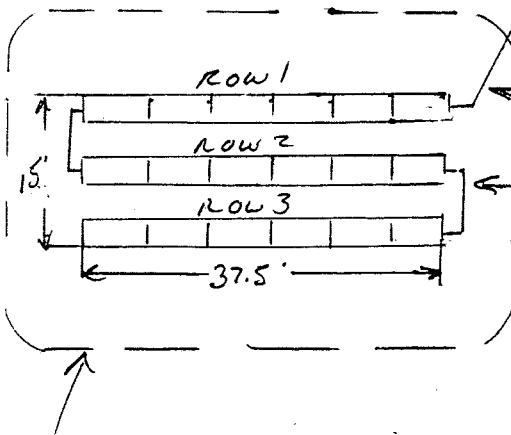
SCALE: 1" = 20 FT.

1000 gallon septic tank

3" drop inlet invert to outlet invert

10' minimum length of  
 4" solid pipe (schd 40) 1/4 inch  
 Minimum pitch/ft.

*4%  
 SLOPE.*



4" solid pipe (SDR 35)  
 1/8 minimum pitch/ft.

Approximate edge of fill extension

**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope)	<u>16"</u>	Finished Grade Elevation	<u>-23"</u>
Depth of Fill (Downslope)	<u>17"</u>	Top of Distribution Pipe or Proprietary Device	<u>-35"</u>
		Bottom of Disposal Area	<u>-51"</u>

Location & Description: *FLAGGED NAIL SPRUCE 52" ABOVE*  
 Reference Elevation: 0.00 GRADE

**DISPOSAL AREA CROSS SECTION**

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

SEE ATTACHED CROSS SECTION

*[Signature]*  
 Site Evaluator Signature

260  
 SE #

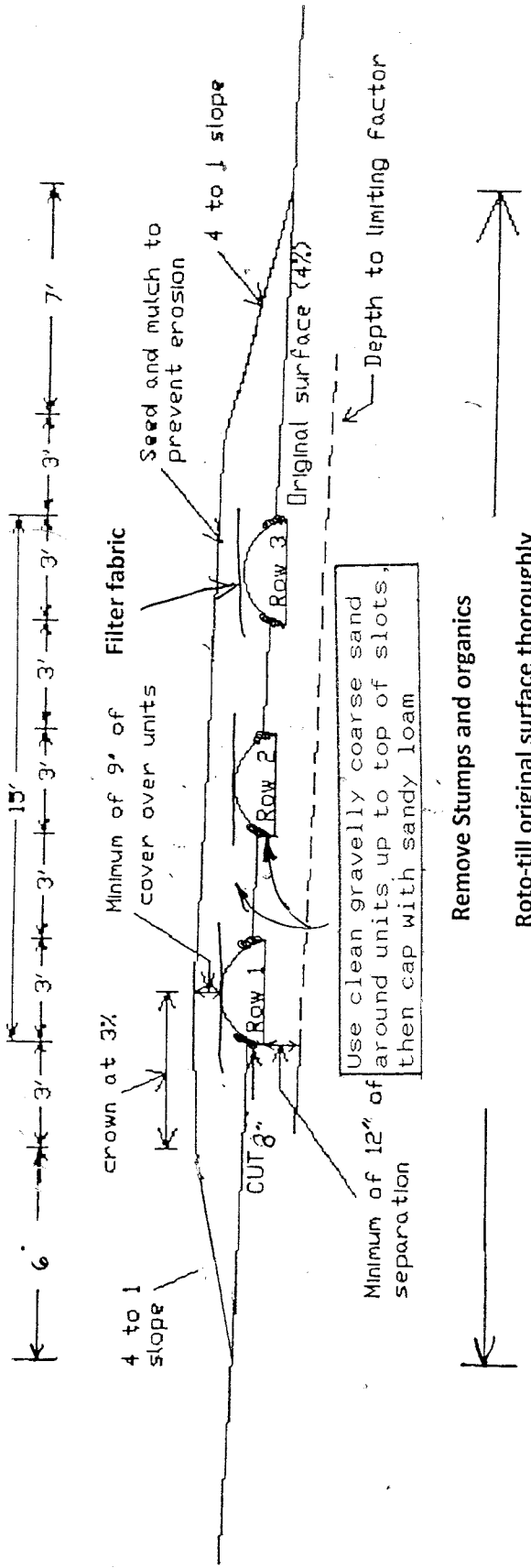
11/17/14  
 Date

# ATTACHMENT TO FORM HHE-200

## ELEVATION NOTES

	Top of Infiltrators	Bottom of Infiltrators
ROW 1	-35"	-51"
ROW 2	-38"	-54"
ROW 3	-41"	-57"

Reference elevation = 0'



Remove Stumps and organics

Roto-till original surface thoroughly

In all areas including fill extensions

SCALE:

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

*R. Kemp* DATE: 11/17/14