

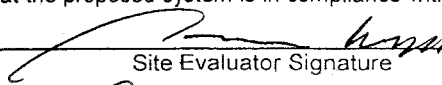
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	MASARDIS	Town/City _____	Permit # _____
Street or Road	ROUTE 11	Date Permit Issued <u>1/1</u>	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #	MAP 2 LOT 9	Local Plumbing Inspector Signature _____	L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		<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	9 BRAD STREET		
Daytime Tel. #	207-200-6694		
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.		<b>CAUTION: INSPECTION REQUIRED</b> 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			
<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>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>SIZE OF PROPERTY</b> <u>10,000</u> <sup>+</sup> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<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 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 CHAMBER</u> <u>3x6</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>3, C</u> at Observation Hole # <u>1</u> Depth <u>16"</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>482</u> m <u>809</u> s Lon. <u>068</u> d <u>383</u> m <u>096</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  Corinne Knapp Site Evaluator Name Printed	SE # <u>260</u> Telephone Number <u>207 997 7058</u>	Date <u>11/16/14</u> 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

Street, Road, Subdivision

Owner's Name

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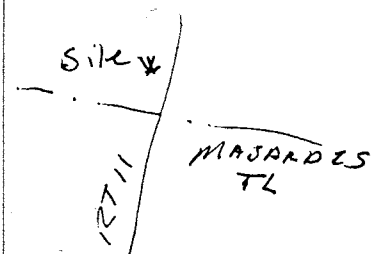
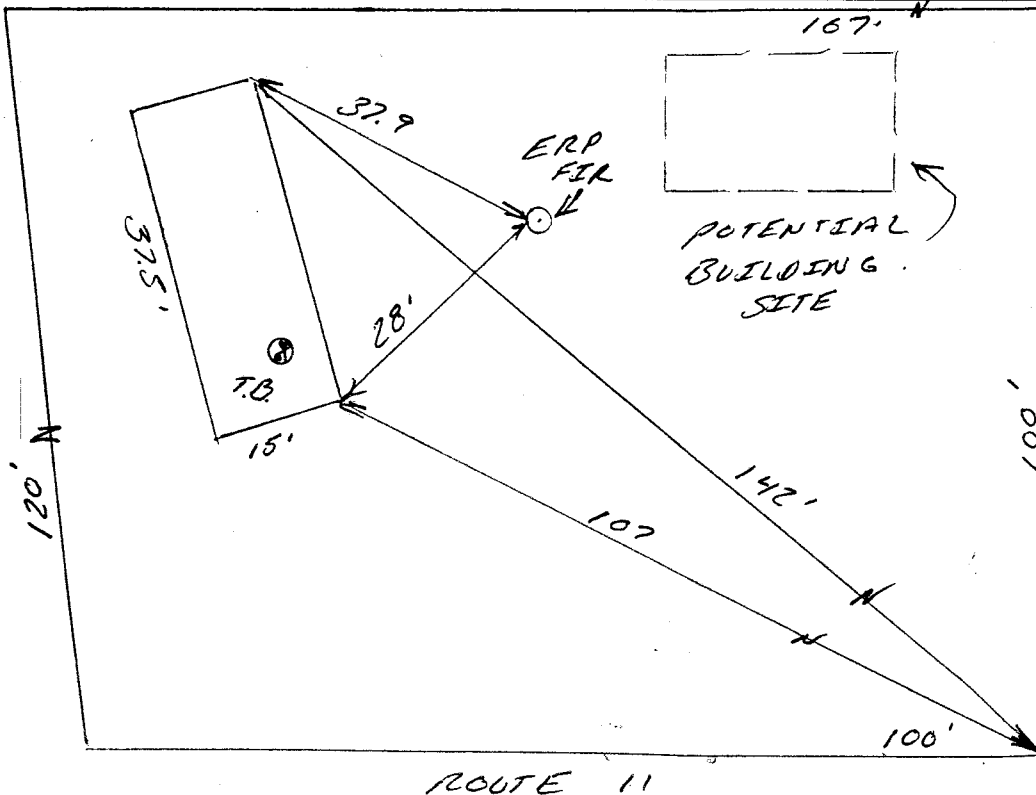
ROUTE 11

COASTAL MAINE LLC

SITE PLAN

Scale 1" = 20' ft. or as shown

SITE LOCATION PLAN  
 (map from Maine Atlas recommended)



WE'LL SHALL BE LOCATED A MIN. OF 100' FROM DISPOSAL AREA 75' FROM SEPTIC TANK.

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

Observation Hole  Test Pit  Boring  
 \_\_\_\_\_ " 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		FRIABLE	YELLOW	NONE
10	FINE SANDY LOAM		BROWN	
20		FIRM	OLIVE BROWN	COMMON DISTINCT
30				
40				
50				

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

Soil Classification <b>3 C</b>	Slope <b>1</b> %	Limiting Factor <b>16</b> "	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile	Condition		

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Profile	Condition		

*[Signature]*  
 Site Evaluator Signature

260  
 SE #

11/18/14  
 Date

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Town, City, Plantation

Street, Road, Subdivision

Owner's Name

*MASARDIS*

*ROUTE 11*

*COASTAL MAINE, LLC*

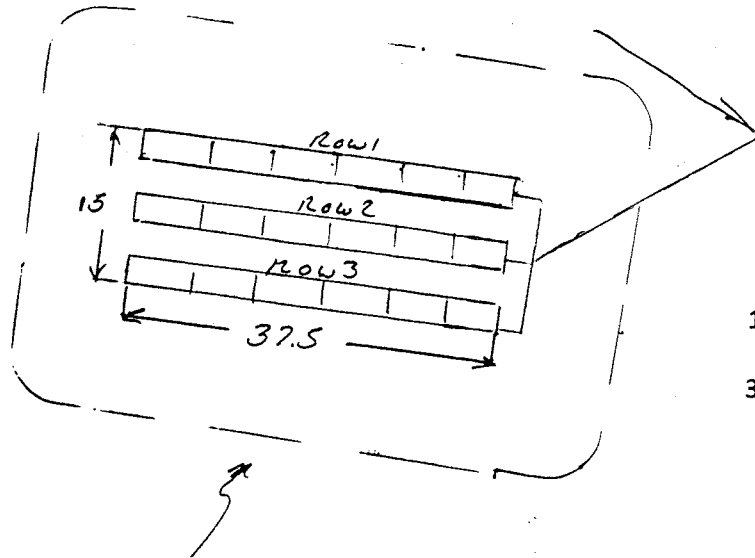
**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20 FT.

Equal Feed Rows

4" solid pipe (SDR 35)

1/8 minimum pitch/ft.



10' minimum length of

4" solid pipe (schd 40) 1/4 inch

Minimum pitch/ft.

1000 gallon septic tank

3" drop inlet invert to outlet invert

Approximate edge of fill extension

**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope) 24" Finished Grade Elevation

Depth of Fill (Downslope) 24" Top of Distribution Pipe or Proprietary Device

Bottom of Disposal Area

-27"

-39"

-55"

Location & Description: FLAGGED NAIL FIR 59" ABOVE GRADE  
 Reference Elevation: 0.00

*SOME ADDED  
 FILL UNEVEN  
 GROUND.*

**DISPOSAL AREA CROSS SECTION**

Scale

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

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

SEE ATTACHED CROSS SECTION

*[Signature]*  
 Site Evaluator Signature

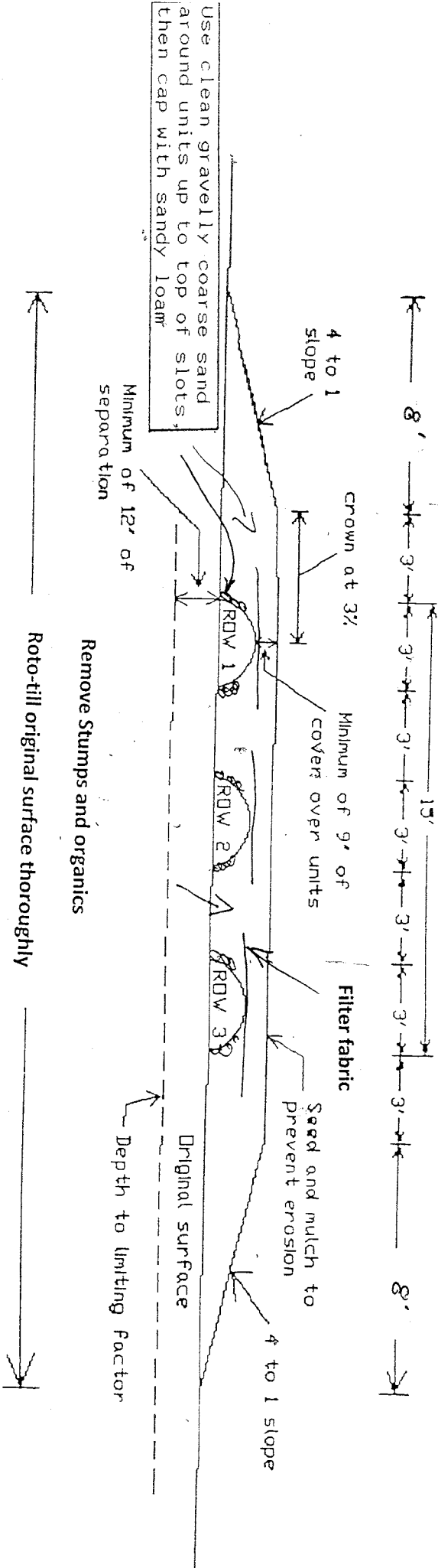
260  
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# ATTACHMENT TO FORM HHE-200

Reference elevation = 0'

	ELEVATION NOTES	
	Top of Infiltrators	Bottom of Infiltrators
RDW 1	- 39"	- 55"
RDW 2	"	"
RDW 3	"	"



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

DATE: 11/16/14