

# 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	MORO	Town/City _____	Permit # _____
Street or Road	ROUTE 11	Date Permit Issued <u>1/1</u>	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #	MAP 5 LOT 15	L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	COASTAL MAINE LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	9 BRAD 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> 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. _____ (1st) date approved _____	
Signature of Owner or Applicant _____ Date _____		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 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 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 checked="" type="checkbox"/> 5. Holding Tank, 1500 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>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>DISPOSAL SYSTEM TO SERVE</b> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input checked="" 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	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> <input type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>N/A</u> CAPACITY: _____ GAL. <u>HT 1500</u>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input checked="" type="checkbox"/> 4. Other: _____ SIZE: _____ <input type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <input 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 checked="" type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	<b>DESIGN FLOW</b> <u>180</u> gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>1500 GAL. HOLDING TANK</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>1.1 D</u> at Observation Hole # <u>1</u> Depth <u>9"</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input 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	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> Not Required <input 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>148</u> m <u>443</u> s Lon. <u>-68</u> d <u>360</u> m <u>293</u> s if g.p.s, state margin of error: <u>1</u>

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>11/20/14</u> Date	
_____ Site Evaluator Name Printed	<u>207-997-7058</u> Telephone Number	_____ 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

*MORO*

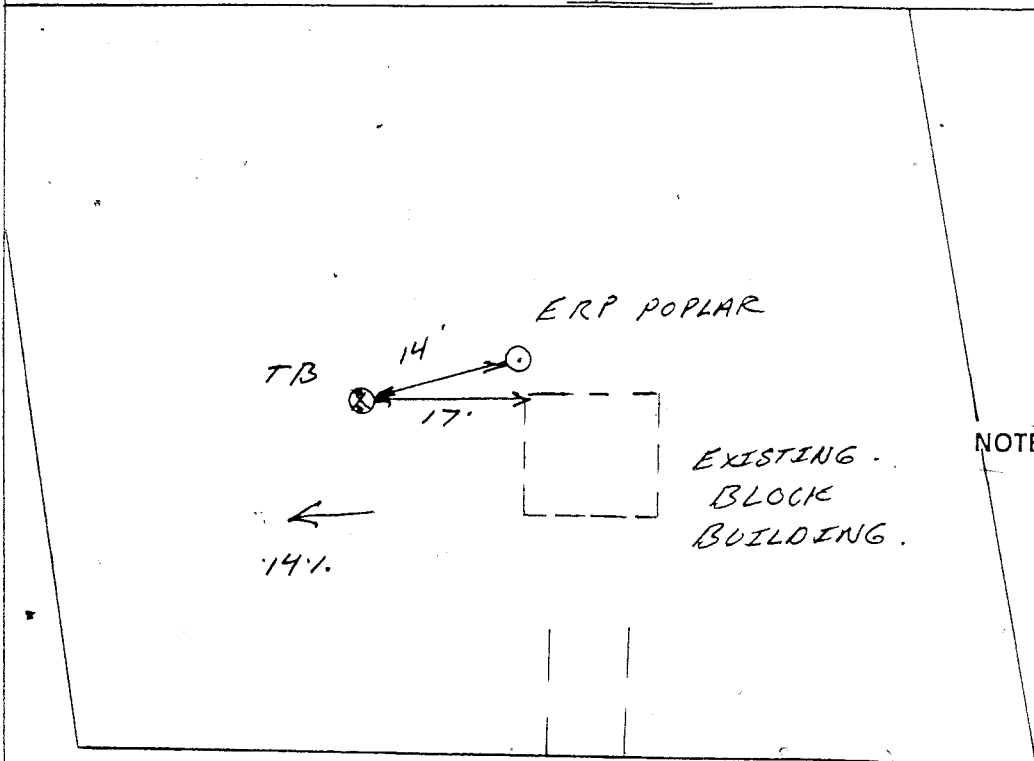
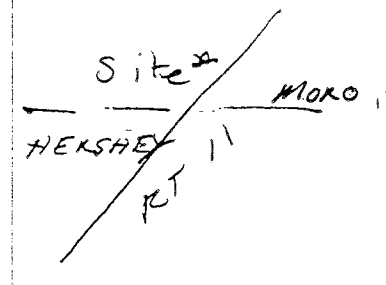
*ROUTE 11*

*COASTAL MAINE, LLC*

SITE PLAN

Scale 1" = 20 ft. or as shown

SITE LOCATION PLAN  
 (map from Maine Atlas recommended)



NOTE: Section 7 Table 7A

Well setback reductions

First time system and disposal field

50' setback on septic tanks for under

*ROUTE 11*

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

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0		<i>FAIRLY</i>	<i>BROWN</i>	<i>NONE</i>
10	<i>SILT</i>			
10	<i>LOAM</i>		<i>OLIVE TO GRAY</i>	<i>COMMON</i>
20		<i>FIRM</i>		<i>DISTINCT</i>
30				
40				
50				

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

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

Soil Classification <u>1</u> <u>D</u>	Slope <u>14</u> %	Limiting Factor <u>9"</u>	<input checked="" type="checkbox"/> Ground Water <input 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 #

11/20/14  
 Date

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Owner's Name

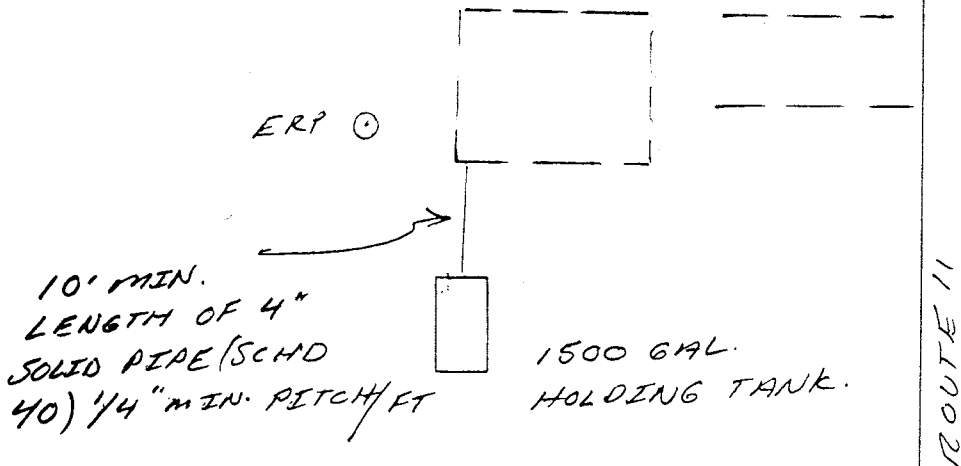
*MORO*

*ROUTE 11*

*COASTAL MAINE, LLC*

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20 FT.



**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

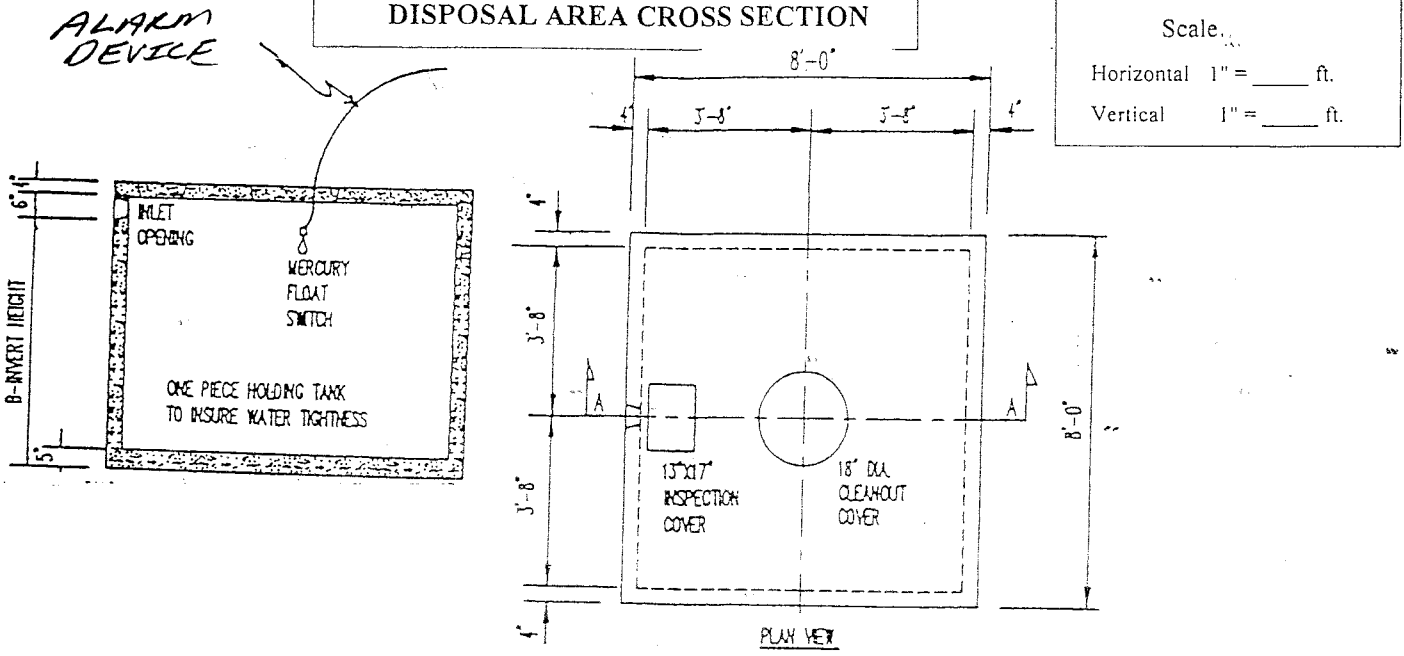
**ELEVATION REFERENCE POINT**

- Depth of Fill (Upslope) Finished Grade Elevation
- Depth of Fill (Upslope) Top of Distribution Pipe or Proprietary Device
- Depth of Fill (Downslope) Bottom of Disposal Area

Location & Description: *FLAGGED NAIL IN POPLAR 2 1/2" A.G.*  
 Reference Elevation: 0.00

*INLET INVERT -58"*

**DISPOSAL AREA CROSS SECTION**



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

*[Signature]*  
 Site Evaluator Signature

*260*  
 SE #

*11/20/14*  
 Date

APPLICATION/AGREEMENT for HOLDING TANK INSTALLATION

PROPERTY OWNER INFORMATION

Name \_\_\_\_\_
Mailing Address \_\_\_\_\_
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Daytime telephone number \_\_\_\_\_

PROPERTY LOCATION

Street, Road, Route \_\_\_\_\_
City/Town \_\_\_\_\_ Zip \_\_\_\_\_

APPLICATION FOR (check one)

- First Time Installation (If this is checked, give Town's Ordinance adoption date \_\_\_/\_\_\_/\_\_\_)
First Time Installation, non-residential only, less than 100 gpd or 500 gal/week
Replacing an existing overboard discharge, surface wastewater discharge or malfunctioning subsurface wastewater system
Replacing an existing holding tank

CONDITIONS FOR APPROVAL

- The installation of a conventional disposal system is not possible due to unacceptable site and/or soil conditions, lot configuration, or other constraints
Public sewer is not available.
All existing or proposed plumbing fixtures must be installed or modified for water conservation and all water closets must meet the Federal standard of 1.6 gallons per flush.

REQUIREMENTS FOR APPROVAL

- A Completed Application consists of:
This form (HHE-233) completed with all signatures.
A completed Subsurface Wastewater Disposal System Application (HHE-200) prepared by a Licensed Site Evaluator.
Holding Tank Deeds Covenant Form, HHE-300 3/97
Replacement System Variance Request Form, as necessary.

PROPERTY OWNER INFORMATION AND REQUIREMENTS

I (we), \_\_\_\_\_ own the property described in this Application/Agreement.

- Holding tanks require regular pumping by a licensed pumper. The owner must pay this service.
The holding tank will be pumped at least once a year by the pumper listed on this application. Another pumper may be used if the listed pumper is notified and the LPI approves the change. The new pumper will then be listed on an attachment to this agreement.
A water meter must be installed at the owner's expense if required by the LPI.
All records of pumping and water use (if required) must be kept for at least three years and must be made available to the LPI or other official if requested.
A holding tank for new construction can only be replaced by a system meeting first time system requirements.
Once approved this form must be recorded at the Registry of Deeds, cross referenced to the owner's deed.
We agree to comply with any additional requirements of the Town.

We state that all the information presented with this application is true and accurate, we acknowledge the foregoing items and agree to comply with all the requirements.

Property Owner(s) Signature \_\_\_\_\_ Date \_\_\_\_\_
Property Owner(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORMS**

Owner \_\_\_\_\_ Property Location \_\_\_\_\_

**SITE EVALUATION STATEMENT**

I, \_\_\_\_\_, state that I have evaluated the subject property and found that a subsurface wastewater disposal system is not practical. Secondly, I have completed a *Subsurface Wastewater Disposal System Application* (HHE-200) proposing a holding tank installation for the property's wastewater disposal.

Site Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOLDING TANK PUMPER INFORMATION**

Business owner's name \_\_\_\_\_ License # \_\_\_\_\_

Business name \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business telephone \_\_\_\_\_

Max. truck hauling capacity \_\_\_\_\_ gallons

Can pump: \_\_\_\_\_ seasonally \_\_\_\_\_ year round

DEP licensed disposal site location \_\_\_\_\_ Site # \_\_\_\_\_

**HOLDING TANK PUMPER STATEMENT**

I, \_\_\_\_\_, own and operate a septage pumping business named in this **Application/Agreement**, and have contracted with the property owner(s) to pump and properly dispose of the tank's waste. I further state that the tank, and that the wastewater will be disposed of at a Department of Environmental Protection licensed disposal location.

Holding Tank Pumper's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Municipal Officers Statement**

I (we) have reviewed the information submitted in support of this application.

I (we) find that the installation of the holding tank will not violate any local ordinances.

I (we) will authorize the LPI to enforce the requirements of this agreement, the Subsurface Wastewater Disposal Rules and any local ordinances, including recordkeeping and required pumping.

I (we) recommend that the LPI issue the necessary permits for the installation of the holding tank.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Local Plumbing Inspector's Statement**

I have reviewed this application and find that the issuance of a permit for the holding tank complies with the Subsurface Wastewater Disposal Rules and all pertinent local ordinances.

Additional Requirements: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_