

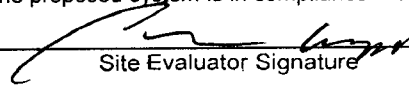
## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	T8 R5 WELS	Town/City	Permit #
Street or Road	HIGHWAY ROUTE 11	Date Permit Issued	Fee: \$ Double Fee Charged [ ]
Subdivision, Lot #	MAP ARO25 PLAN 1 LOT 72	L.P.I. #	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	COASTAL MAINE, LLC. <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Mailing Address of Owner/Applicant	9 BRADSTREET 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 #
OWNER OR APPLICANT STATEMENT 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.		CAUTION: INSPECTION REQUIRED 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		Local Plumbing Inspector Signature (2nd) date approved	

PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
<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	<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	<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	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify)	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	
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1600 GAL.	DISPOSAL FIELD TYPE & SIZE <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: 900 <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 270 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 18 HC 3x6 PLASTIC CHAMBERS. <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION 3/C at Observation Hole # 1 Depth 24" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <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	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. 46 d 319 m 96 s Lon. 068 d 356 m 24 s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on 10/14 (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 	SE # 260	Date 11/11/14
Site Evaluator Name Printed Corinne Knapp	Telephone Number 207 997 7058	E-mail Address

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

# 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

T 8 R 5 W E L S

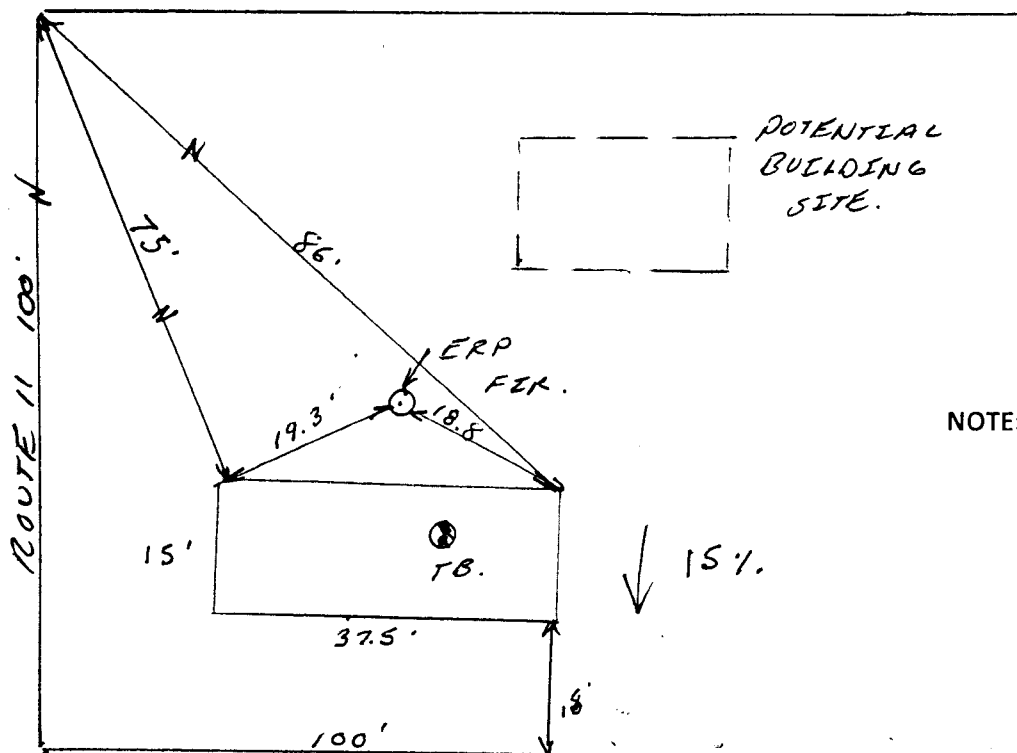
ROUTE 11

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

1000 GPD

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

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

Texture	Consistency	Color	Mottling
0	ERIEABLE	YELLOW	NONE
10	SANDY	BROWN	
20	LOAM		
30	FINE SANDY LOAM	OLIVE BROWN	COMMON RESISTANCE
40			
50			

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
3 C	15 %	24 "	<input checked="" type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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)			
30			
40			
50			

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

Site Evaluator Signature

SE #

Date

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

Town, City, Plantation

Street, Road Subdivision

Owner's Name

78 125 WELLS.

COASTAL MAINE, LLC

## SUBSURFACE WASTEWATER DISPOSAL PLAN

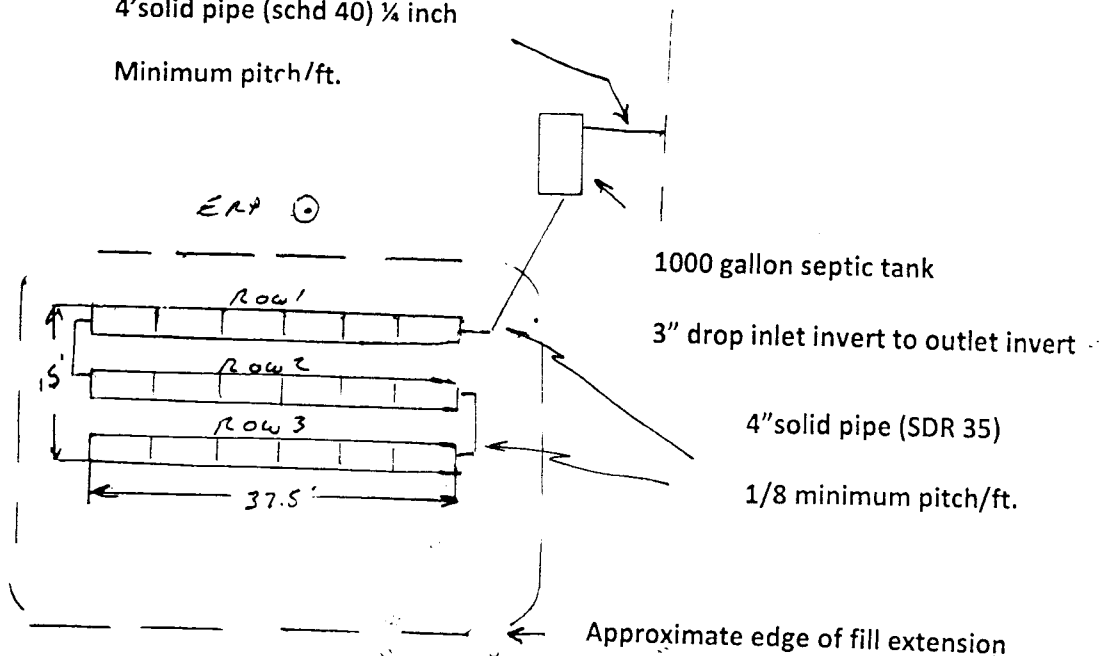
SCALE: 1" = 20 FT.

10' minimum length of

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

Minimum pitch/ft.

15%  
SLOPE



### FILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 12"

Finished Grade Elevation

Row 1 -32"

Location & Description: FLAGGED

Top of Distribution Pipe or Proprietary Device

-44"

NAIL FOR 32 1/2" ABOVE GRADE

Depth of Fill (Downslope) 17"

Bottom of Disposal Area

-60"

Reference Elevation: 0.00

### DISPOSAL AREA CROSS SECTION

Scale

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

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

SEE ATTACHED CROSS SECTION.

*[Signature]*

Site Evaluator Signature

260

SE #

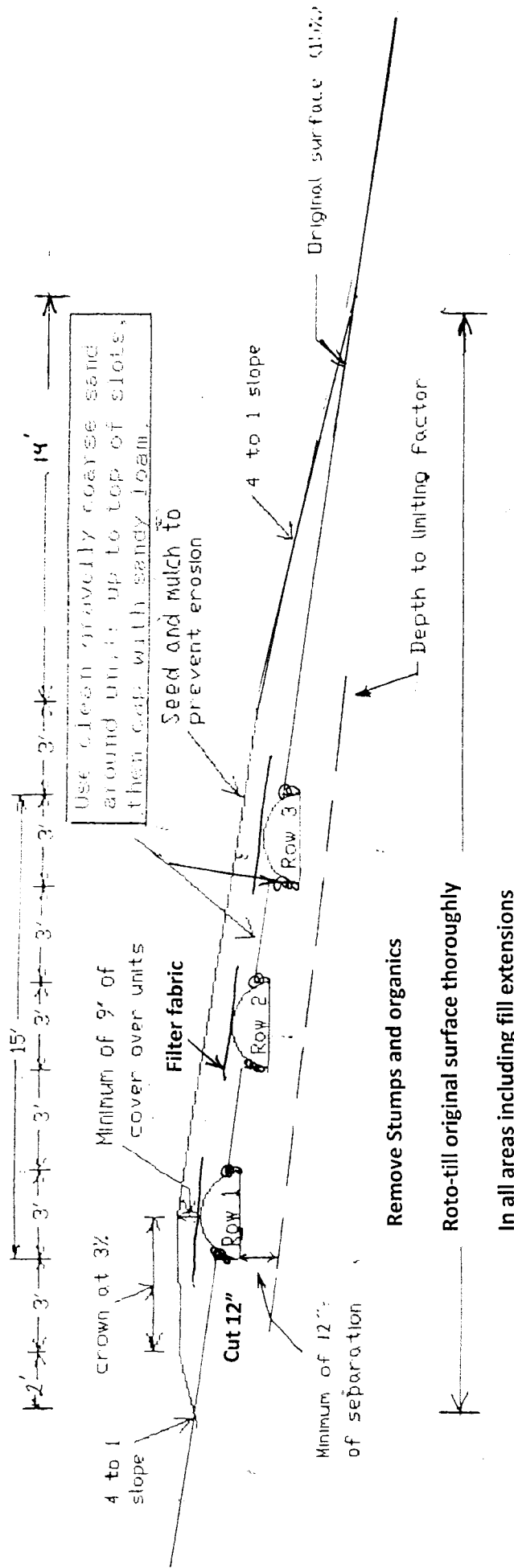
11/11/14

Date

## ATTACHMENT TO FORM HHE-200

ELEVATION NOTES		
	Top of Infiltrators	Bottom of Infiltrators
ROW 1	-44"	-60"
ROW 2	-54"	-70"
ROW 3	-65"	-81"

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

DATE:

11/11/14