

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	<u>ROCKPORT</u>	Town/City _____	Permit # _____
Street or Road	<u>ROCKVILLE STREET</u>	Date Permit Issued <u>1/1</u>	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	<u>MAP 9 LOT 43</u>	L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI)	<u>COASTAL MAINE LLC</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant	<u>9 BRAD STREET</u>	* 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. #	<u>207-200-6694</u>		
Municipal Tax Map # _____ Lot # _____		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. _____ (1st) date approved	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (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	DISPOSAL SYSTEM TO SERVE <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 type="checkbox"/> Undeveloped
SIZE OF PROPERTY <u>10,000</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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 checked="" type="checkbox"/> 5. Other	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <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.	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 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.	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>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 3x6 PLASTIC CHAMBERS.</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>31C</u> at Observation Hole # <u>1</u> Depth _____" 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. <u>44</u> d <u>156</u> m <u>986</u> s Lon. <u>69</u> d <u>109</u> m <u>475</u> s if g.p.s, state margin of error: <u>7</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>Cerinne Kenapp</u>	SE # <u>260</u>	Date <u>10/31/14</u>
Site Evaluator Name Printed <u>Cerinne Kenapp</u>	Telephone Number <u>207 997 7058</u>	E-mail Address _____

ON-SURFACE 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

ROCKPORT

ROCKVILLE STREET

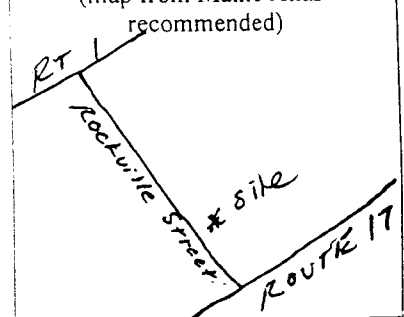
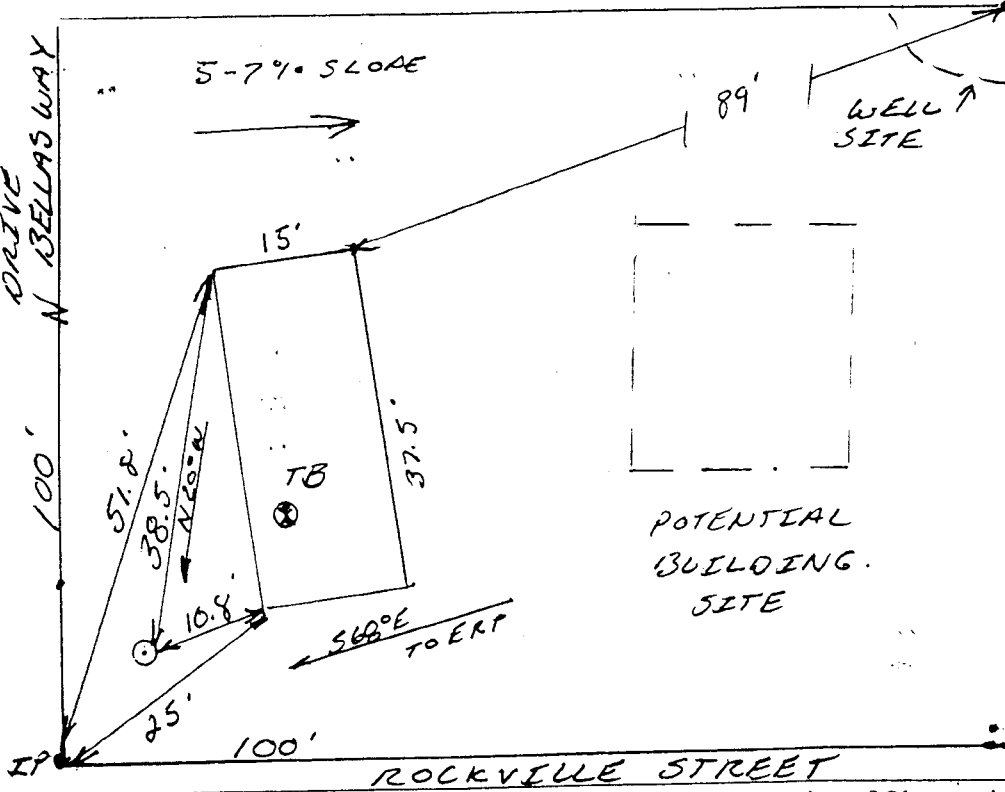
COASTAL MAINE LLC

SITE PLAN

Scale 1" = 20 ft. or as shown

SITE LOCATION PLAN

(map from Maine Atlas recommended)



IF TOWN WATER IS NOT AVAILABLE
 WELL SETBACK NOTED ON PAGE 3.

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

Observation Hole 1 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			BROWN	
0-10	SANDY LOAM	FRAGILE	YELLOW BROWN	NONE
10-25				
25-30		FIRM	OLIVE BROWN	COMMON
30-50	FINE SANDY LOAM			DISTINCT

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

Soil Classification 3 C	Slope 5-7 %	Limiting Factor 24"	<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] 260 10/31/14

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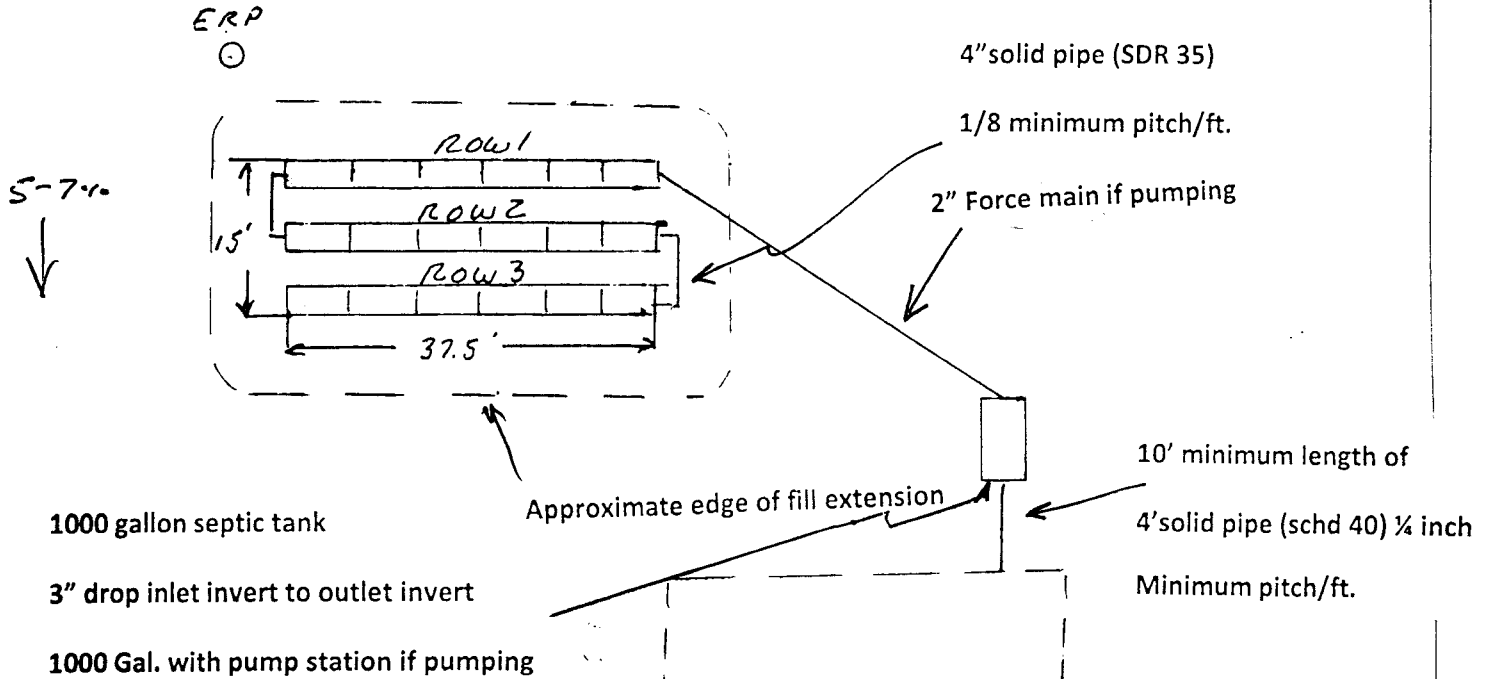
ROCKPORT

ROCKVILLE STREET

COASTAL MAINE LLC

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope)	<u>12"</u>	Finished Grade Elevation	<i>Row 1</i>	<u>-42"</u>	Location & Description: <i>FLAGGED NAIL IN MAPLE 42" ABOVE</i>
Depth of Fill (Downslope)	<u>14"</u>	Top of Distribution Pipe or Proprietary Device		<u>-54"</u>	Reference Elevation: <u>0.00 GRADE</u>
		Bottom of Disposal Area		<u>-70"</u>	

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ___ ft.

Vertical 1" = ___ ft.

SEE ATTACHED CROSS SECTION

[Signature]

Site Evaluator Signature

260

SE #

10/31/14

Date

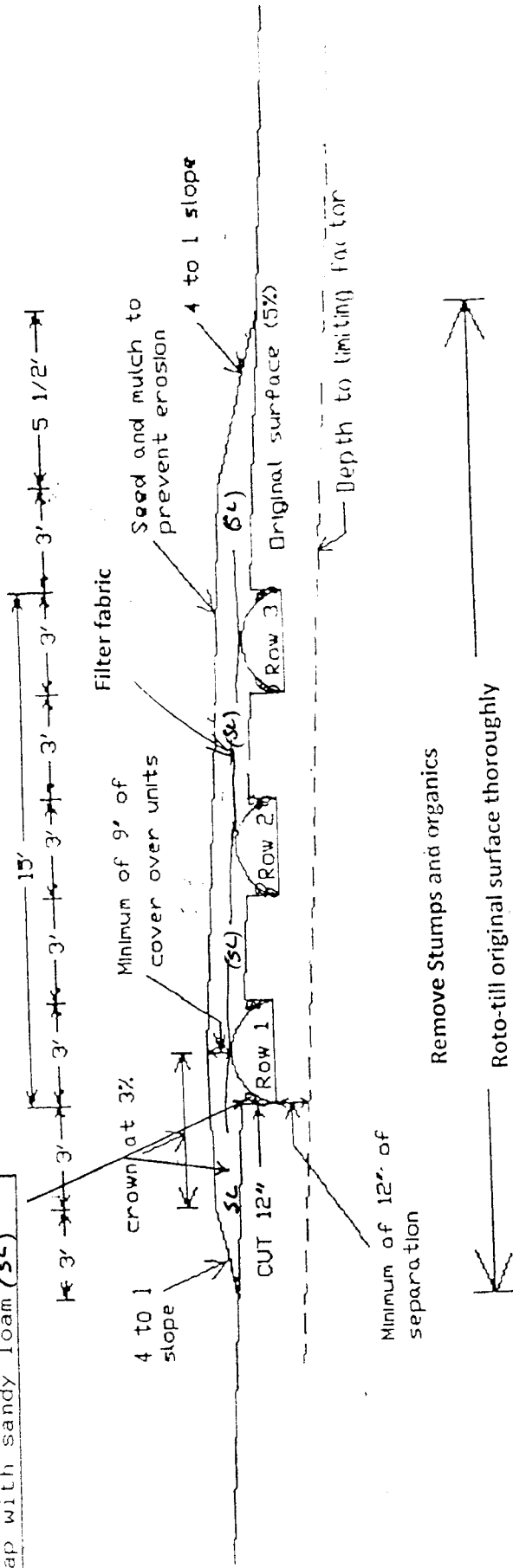
ATTACHMENT TO FORM HHE-200

ELEVATION NOTES

Top of Infiltrators	Bottom of Infiltrators
ROW 1 - 54"	- 70"
ROW 2 - 58"	- 74"
ROW 3 - 62"	- 78"

Reference elevation = 0'

Use clean gravelly coarse sand around units up to top of slots, then cap with sandy loam. (34)



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

Corinne S. Knapp DATE: 10/31/14

Corinne S. Knapp S.E. #260