

# 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	NOBLEBORO	Town/City	Permit #
Street or Road	EAST POND ROAD	Date Permit Issued	Fee: \$ Double Fee Charged [ ]
Subdivision, Lot #	MAP 5 LOT 11A	L.P.I. #	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	COASTAL MAINE, LLC <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant		
Mailing Address of Owner/Applicant	9 BRAD STREET ELIOT, ME 03903		
Daytime Tel. #	207-200-6694		
<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.	
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>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>2</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>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 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>10000</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>600</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>180</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>12 HC PLASTIC CHAMBERS</u> <u>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> at Observation Hole # <u>1</u> Depth <u>21</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>44</u> d <u>111</u> m <u>624</u> s Lon. <u>-69</u> d <u>454</u> m <u>175</u> 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 <u>Corinne Knopp</u>	SE # <u>260</u>	Date <u>10/19/14</u>
Site Evaluator Name Printed	Telephone Number <u>207 992 7058</u>	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

NOBLEBORO

EAST POND ROAD

COASTAL MAINE, LLC

SITE PLAN

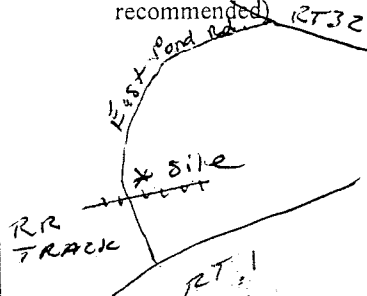
Scale 1" = 20 ft. or as shown

SITE LOCATION PLAN

(map from Maine Atlas recommended)

POTENTIAL BUILDING SITE

N 26° W  
TO ERP

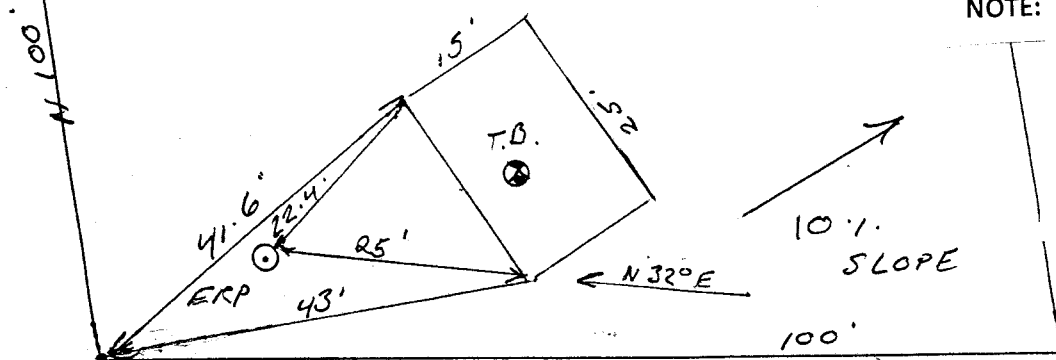


NOTE: Section 7 Table 7A

Well setback reductions

First time system and disposal field

50' setback on septic tanks for under



EAST POND ROAD

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

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

Texture	Consistency	Color	Mottling
0 FINE	FRAGILE	BROWN	NONE
10 SANDY		YELLOW	
LOAM		BROWN	
20			
30		OLIVE	COMMON
FIRM		BROWN	DISTINCT
40			
50			

Soil Classification

Slope

Limiting Factor

☒ Ground Water

☒ Restrictive Layer

☐ Bedrock

☐ Pit Depth

3 C  
Profile Condition

10 %

24 "

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

☐ Ground Water

☐ Restrictive Layer

☐ Bedrock

☐ Pit Depth

Profile Condition

%

"

Site Evaluator Signature

SE #

Date

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NOBLEBORO

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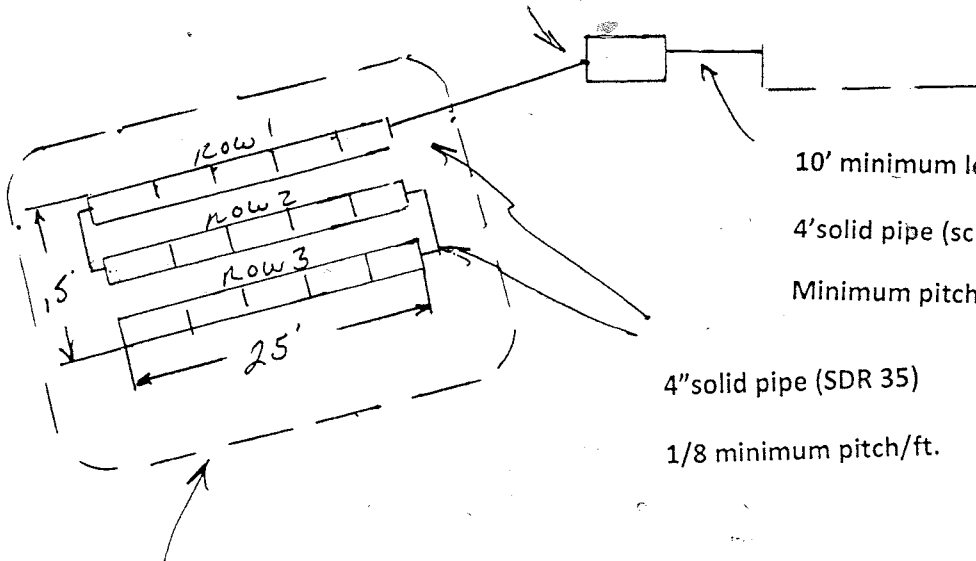
COASTAL MAINE LLC

## 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" 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) 12"

Finished Grade Elevation Row 1 -35"

Top of Distribution Pipe or Proprietary Device -47"

Depth of Fill (Downslope) 16"

Bottom of Disposal Area -63"

Location & Description: FLAGGED  
NAIL WHITE PINE 28" A.S.  
Reference Elevation: 0.00

### DISPOSAL AREA CROSS SECTION

Scale

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

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

SEE ATTACHED CROSS SECTION

Site Evaluator Signature

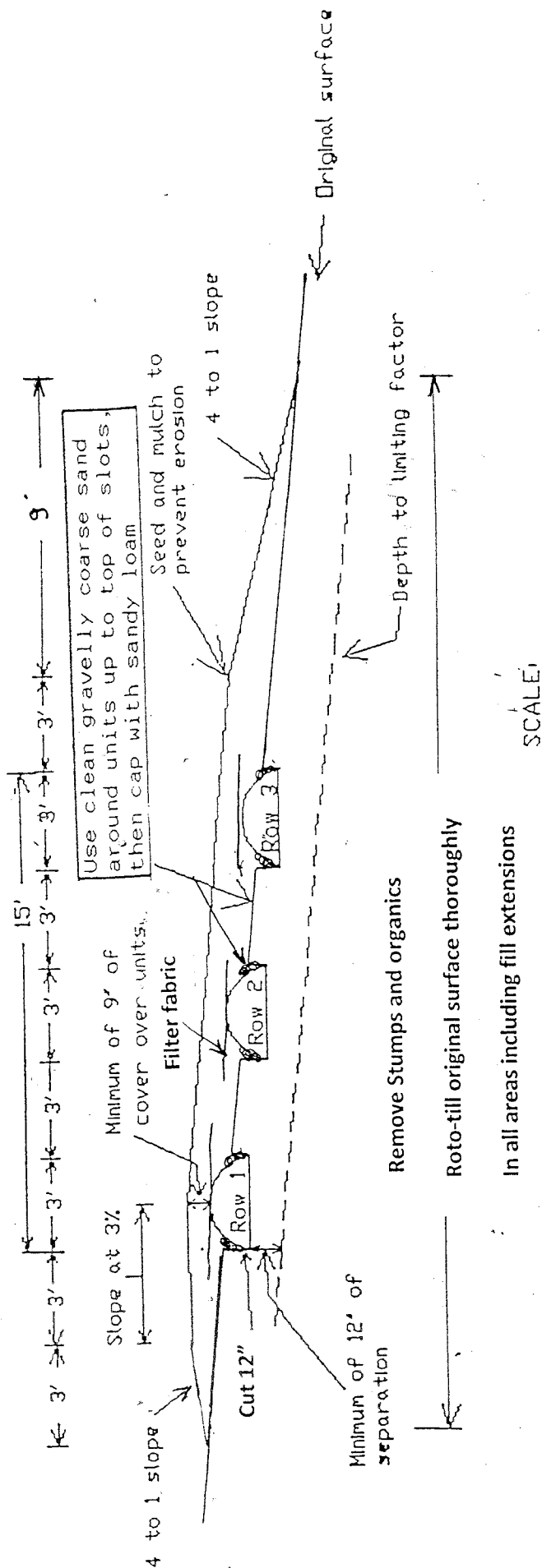
SE #

Date

## DISPOSAL AREA CROSS SECTION'

	ELEVATION NOTES	
	Top of Infiltrators	Bottom of Infiltrators
ROW 1	-47"	-63"
ROW 2	-54"	-70"
ROW 3	-61"	-77"

Reference elevation = 0'



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

DATE:

11/19/14