

# 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	<u>FRANKFORT</u>	Town/City _____	Permit # _____
Street or Road	<u>OLD BELFAST ROAD</u>	Date Permit Issued <u>1/1</u>	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #	<u>MAP 3 LOT 36-2</u>	_____	L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State	
Name (last, first, MI)	<u>COASTAL MAINE, LLC</u> <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	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	<u>9 BRADSTREET ELEOT, ME 03903</u>		
Daytime Tel. #	<u>207-200-6694</u>		
<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 <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> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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>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 CHAMBERS 3x6.</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION <u>31C</u> at Observation Hole # <u>1</u> Depth <u>19"</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>584</u> m <u>784</u> s Lon. <u>68</u> d <u>874</u> m <u>223</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	<u>260</u> SE #	<u>10/23/14</u> Date	
<u>Corinne Knapp</u> Site Evaluator Name Printed	<u>207-997-7058</u> Telephone Number	_____ E-mail Address	

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

**SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

FRANKFORT

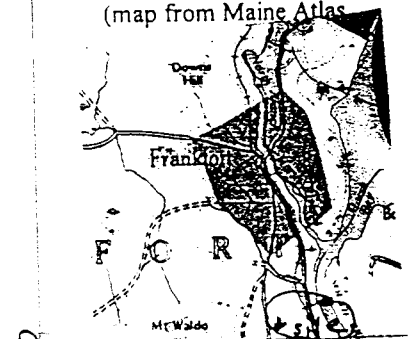
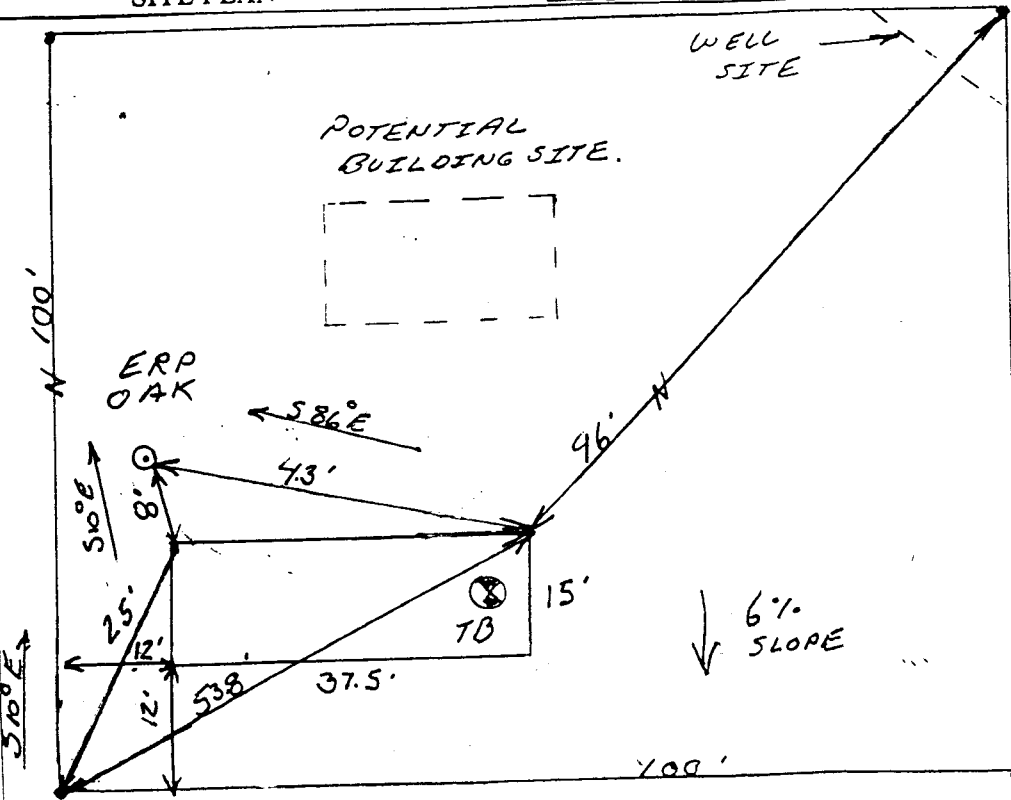
OLD BELFAST ROAD.

COASTAL MAINE, LLC

SITE PLAN

Scale 1" = 20' ... ft. or as shown

SITE LOCATION PLAN  
 (map from Maine Atlas)



**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
0-10	SANDY LOAM	FRIABLE	YELLOW BROWN	NONE
10-20	FINE SANDY LOAM	FIRM	OLIVE BROWN	COMMON
20-30	SILT CLAY LOAM		OLIVE GRAY	DISTINCT
30-40				
40-50				

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

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
7 C	6%	19	<input checked="" type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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Profile Condition	%		<input type="checkbox"/> Restrictive Layer
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*[Signature]* 200 10/23/14

**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

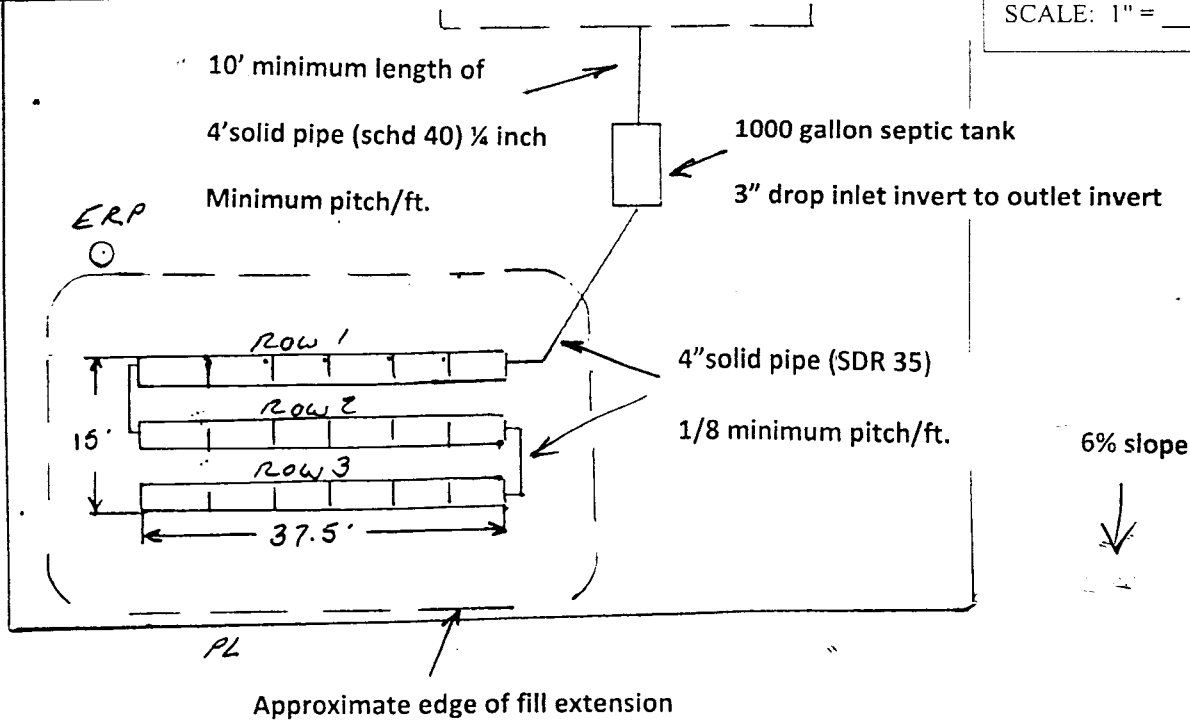
Owner's Name

*FRANKFORT OLD BELFAST ROAD*

*COASTAL MAINE, LLC*

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

SCALE: 1" = 20 FT.



**FILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Depth of Fill (Upslope)	<u>17"</u>	Finished Grade Elevation	<i>ROW 1</i>	<u>-36"</u>
Depth of Fill (Downslope)	<u>19"</u>	Top of Distribution Pipe or Proprietary Device		<u>-48"</u>
		Bottom of Disposal Area		<u>-64"</u>

Location & Description: *FLAGGED NAIL OAK 50.5" ABOVE GRADE*  
 Reference Elevation: 0.00 GRADE

**DISPOSAL AREA CROSS SECTION**

Scale

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

NOTE: Section 7 Table 7A

**Well setback reductions**

First time system and disposal field

50' setback on septic tanks for under

1000 GPD

**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

SEE ATTACHED CROSS SECTION

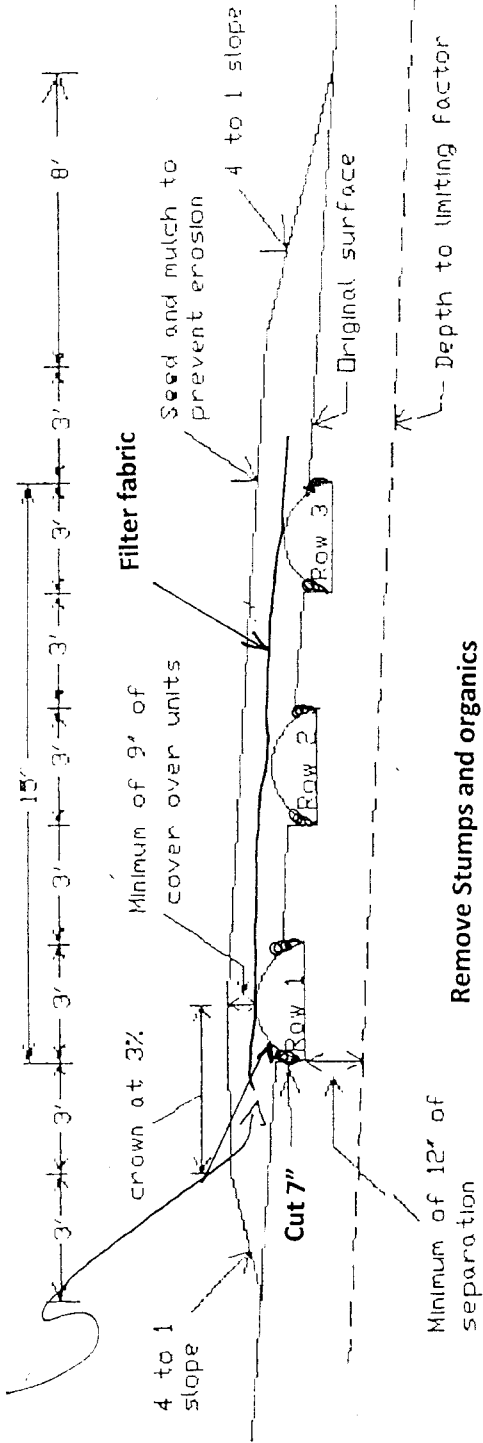
*[Signature]* 260 10/23/14

# ATTACHMENT TO FORM HHE-200

ELEVATION NOTES	
Top of Infiltrators	Bottom of Infiltrators
ROW 1 - 48"	- 64"
ROW 2 - 52"	- 68"
ROW 3 - 57"	- 73"

Reference elevation = 0'

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



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

*Tom Kemm* DATE: 10/23/18