

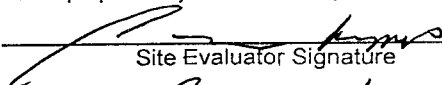
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	BARING	Town/City _____	Permit # _____
Street or Road	BARING ROAD/191	Date Permit Issued <u>1/1</u>	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	MAP 7 LOT 3	_____ 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	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	9 BRAD STREET ELIOT, ME 03903		
Daytime Tel. #	207-200-6694		
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 _____ 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>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
SIZE OF PROPERTY <u>10,000</u> <input checked="" type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	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			

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 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.	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>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
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>31C</u> at Observation Hole # <u>1</u> Depth <u>18"</u> 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>45</u> d <u>090</u> m <u>685</u> s Lon. <u>-67</u> d <u>332</u> m <u>486</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 	SE # <u>260</u>	Date <u>11/19/14</u>	
Site Evaluator Name Printed <u>Corinne Knapp</u>	Telephone Number <u>207-997-7058</u>	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

BARING

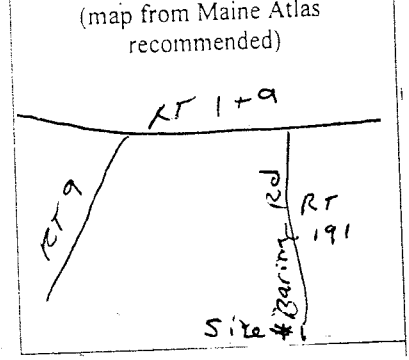
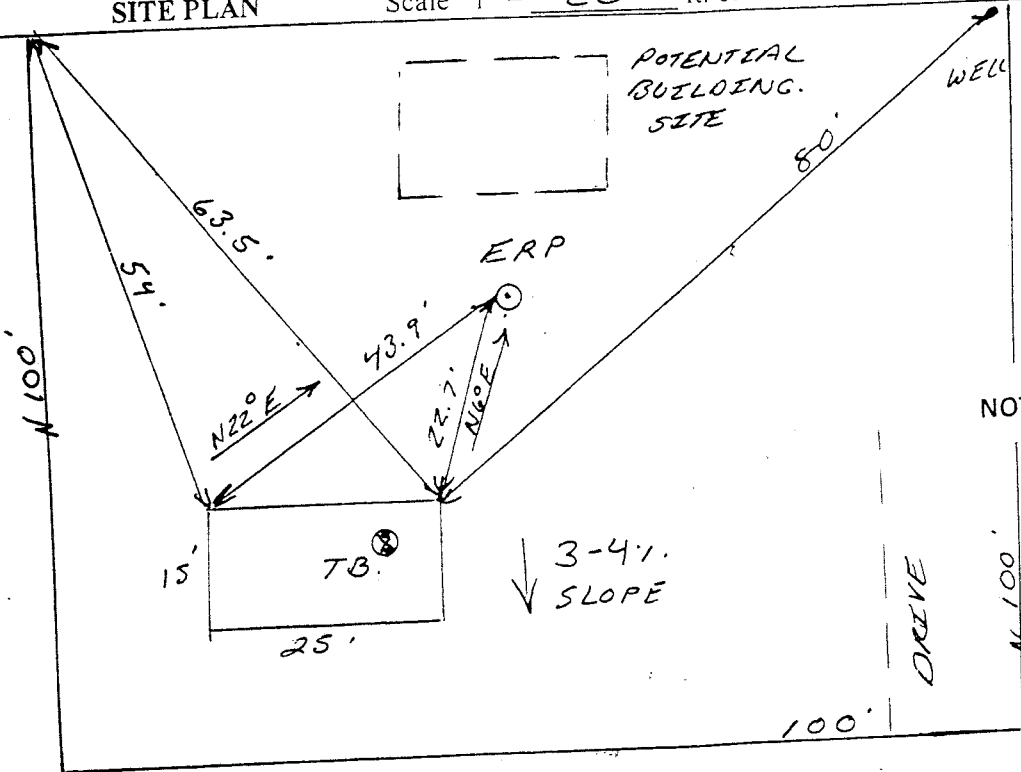
BARING ROAD / RT 191

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

BARING RD. / ROUTE 191

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

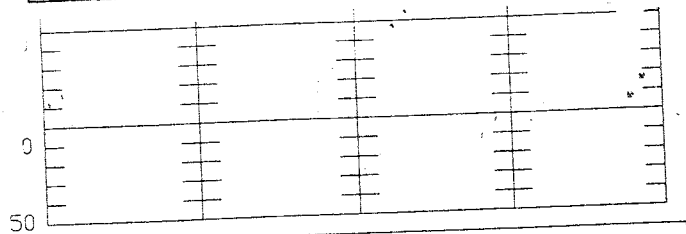
Observation Hole Test Pit Boring
 " Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0	FRIABLE	BROWN	NONE
FINE SANDY LOAM.		YELLOW RED BROWN	
10			
20	FIRM	YELLOW BROWN	COMMON DISTINCT
30		OLIVE BROWN	
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



Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
3 C	3-4 %	18 "	<input checked="" type="checkbox"/> Restrictive Layer
Profile Condition			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

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: *[Signature]* SE # 260 Date 11/19/14

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

BARING

BARING RD / RT 191

COASTAL MAINE, LLC

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20' FT.

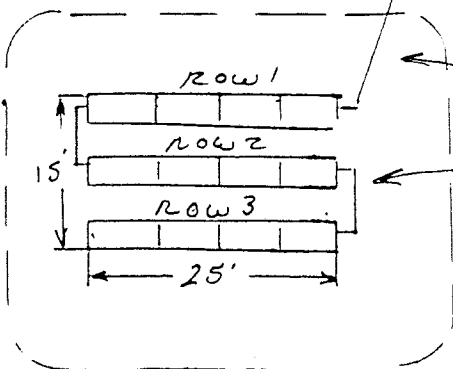
1000 gallon septic tank

3" drop inlet invert to outlet invert

10' minimum length of
 4" solid pipe (schd 40) 1/4 inch
 Minimum pitch/ft.

⊙ ERP

3-4%
 SLOPE.



4" solid pipe (SDR 35)
 1/8 minimum pitch/ft.

Approximate edge of fill extension

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

Depth of Fill (Upslope) 18"

Finished Grade Elevation

-32"

Depth of Fill (Downslope) 19"

Top of Distribution Pipe or Proprietary Device

-44"

Bottom of Disposal Area

-60"

ELEVATION REFERENCE POINT

Location & Description: FLAGGED NAIL SPAUCE 43" ABOVE GRADE
 Reference Elevation: 0.00

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ft.

Vertical 1" = ft.

SEE ATTACHED CROSS SECTION

Site Evaluator Signature

SE #

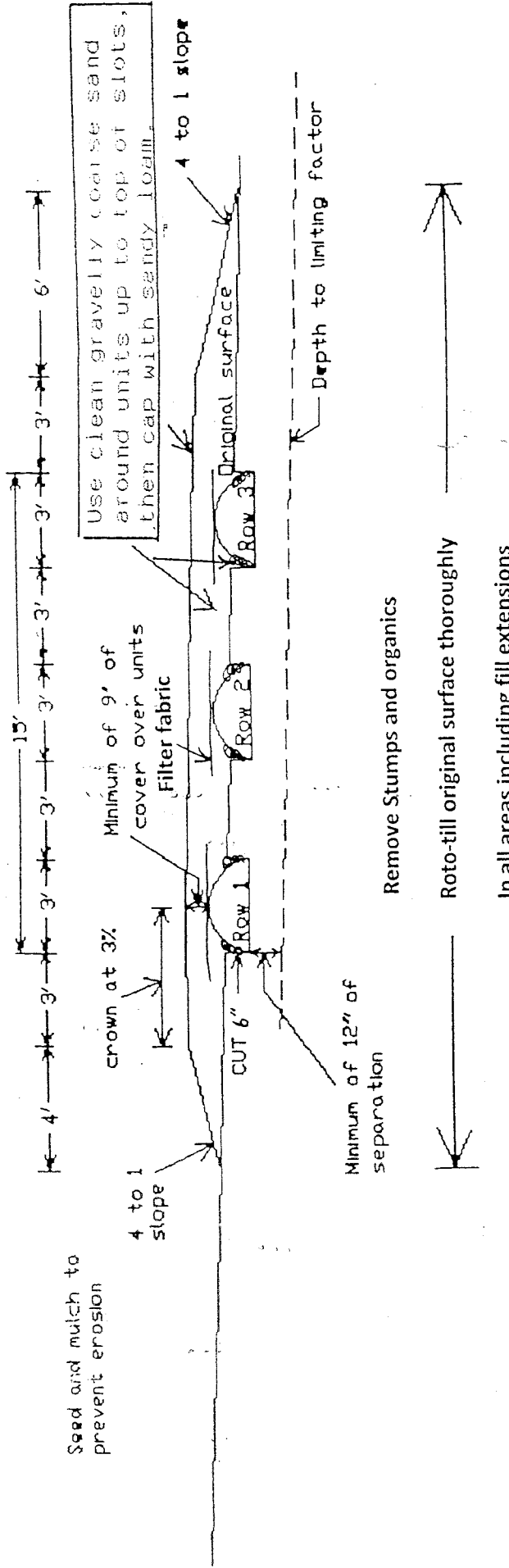
Date

260 11/19/14

ATTACHMENT TO FORM HHE-200

ELEVATION NOTES	
Top of Infiltrators	Bottom of Infiltrators
ROW 1 - 44"	- 60"
ROW 2 - 47"	- 63"
ROW 3 - 50"	- 66"

Reference elevation = 0"



SCALE:

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

[Signature]

DATE: 11/19/14