

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>JONESBORO</u>	Town/City	Permit # _____
Street or Road	<u>WHITNEYVILLE ROAD</u>	Date Permit Issued	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #	<u>MAP 10 LOT 22</u>	Local Plumbing Inspector Signature	L.P.I. # _____
OWNER/APPLICANT INFORMATION		Owner <input type="checkbox"/> Town <input type="checkbox"/> State <input type="checkbox"/>	
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</u>		
Daytime Tel. #	<u>207200 6694</u>		
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 a. <25% Expansion 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 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	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 checked="" 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 type="checkbox"/> 5. Other	

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: <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 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: <u>750</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 type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities: <u>15 HC 3X6 PLASTIC CHAMBERS.</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>51C</u> at Observation Hole # <u>1</u> Depth <u>36"</u> of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input 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>695</u> m <u>31</u> s Lon. <u>067</u> d <u>530</u> m <u>61</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

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

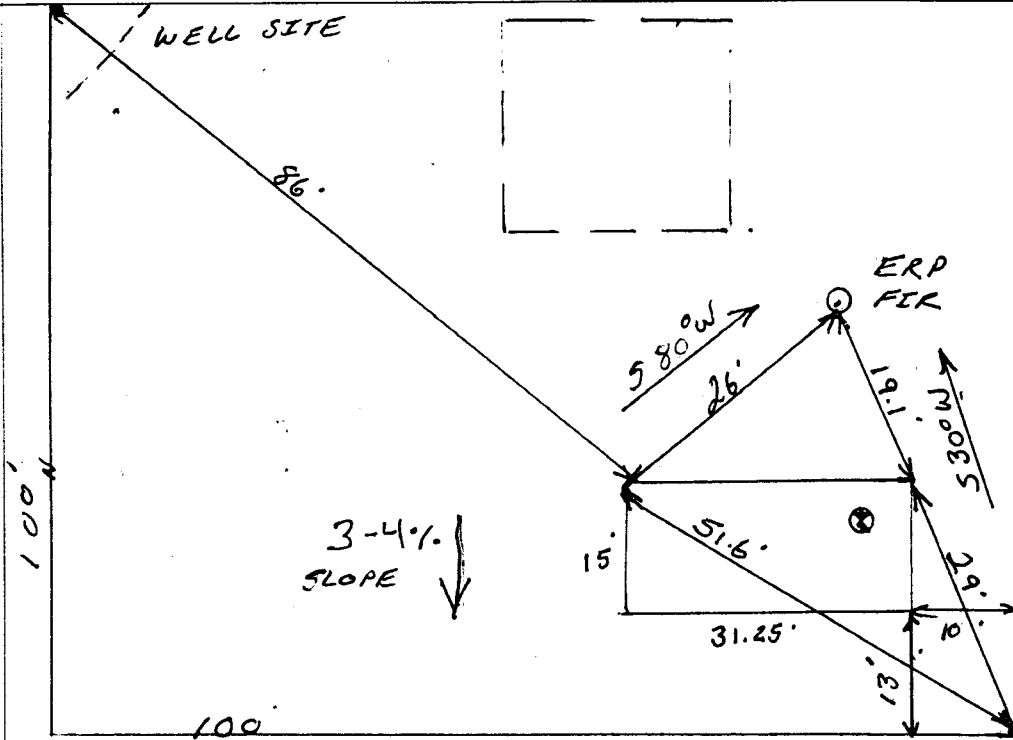
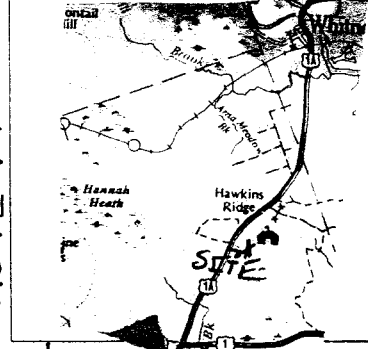
Owner's Name

JONESBORO
 SITE PLAN

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

COASTAL MAINE LLC

SITE LOCATION PLAN



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

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

Texture	Consistency	Color	Mottling
	FRAGILE	YELLOW	NONE
MEDIUM SAND		BROWN	
FINE SAND	FIRM	LIGHT BROWN	FEW FAINT

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

Texture	Consistency	Color	Mottling

Soil Classification 5 C Slope 3-4% Limiting Factor 36"
 Ground Water Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification _____ Slope _____ % Limiting Factor _____"
 Ground Water Restrictive Layer
 Bedrock
 Pit Depth

Site Evaluator Signature

SE #

Date

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Town, City, Plantation

Street, Road, Subdivision

Owner's Name

JONESBORO WHITNEYVILLE ROAD.

COASTAL MAINE LLC

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

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

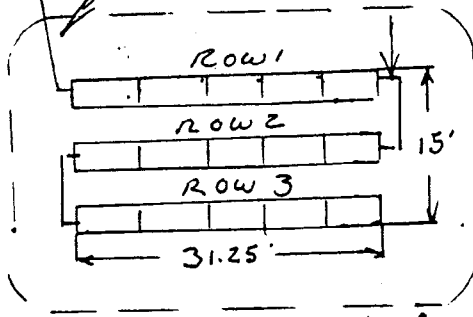
Minimum pitch/ft.

4" solid pipe (SDR 35)

1/8 minimum pitch/ft.

1000 GAL.
 SEPTIC
 TANK

3-4%



WHITNEYVILLE ROAD.

Approximate edge of fill extension

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

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 12"
 Depth of Fill (Downslope) 13"

Finished Grade Elevation Row 1 -41"
 Top of Distribution Pipe or Proprietary Device -53"
 Bottom of Disposal Area -69"

Location & Description: FLAGGED
 NAIL IN FIR 52" ABOVE
 Reference Elevation: 0.00 GRADE

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ___ ft.

Vertical 1" = ___ ft.

SEE ATTACHED CROSS SECTION

[Signature]

260

10/23/14

Site Evaluator Signature

SE #

Date

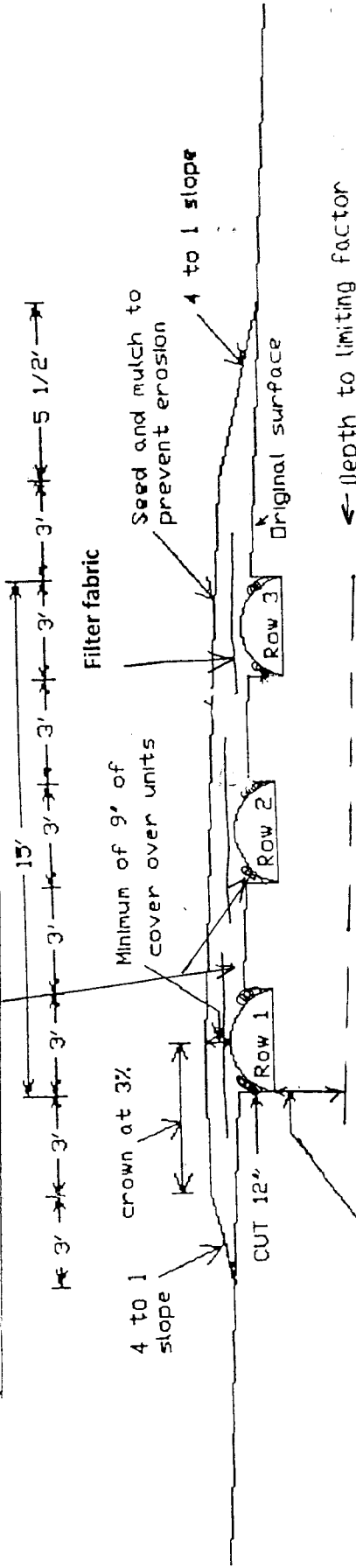
ATTACHMENT TO FORM HHE-200

ELEVATION NOTES

	Top of Infiltrators	Bottom of Infiltrators
ROW 1	-53"	-69"
ROW 2	-55"	-71"
ROW 3	-57"	-73"

Reference elevation = 0'

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



Minimum of 24" of separation

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: 10/23/14

Corinne S. Knapp S.E. #260