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

City, Town, or Plantation: YORK

Street or Road: 61 FERRY LANE SOUTH

Subdivision, Lot #: MAP 210 LOT 037

OWNER/APPLICANT INFORMATION

Name (last, first, MI): COASTAL MAINE, LLC ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 8 BRADSTREET LANE
ELIOT ME 03903

Daytime Tel. #: 207-600-6594

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.

Signature of Owner or Applicant _____ Date _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____

Date Permit Issued __/__/__ Fee: $_____ Double Fee Charged [ ]

Local Plumbing Inspector Signature _____ L.P.I. # _____

▫ Owner ▫ Town ▫ State

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.

Municipal Tax Map # _____ Lot # _____

CAUTION: INSPECTION REQUIRED
I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved

Local Plumbing Inspector Signature _____ (2nd) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION

☒ 1. First Time System
☐ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. ≥25% Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion

THIS APPLICATION REQUIRES

☒ 1. No Rule Variance
☐ 2. First Time System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 3. Replacement System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector Approval
☐ 4. Minimum Lot Size Variance
☐ 5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

☒ 1. Complete Non-engineered System
☐ 2. Primitive System (graywater & alt. toilet)
☐ 3. Alternative Toilet, specify: _____
☐ 4. Non-engineered Treatment Tank (only)
☐ 5. Holding Tank, _____ gallons
☐ 6. Non-engineered Disposal Field (only)
☐ 7. Separated Laundry System
☐ 8. Complete Engineered System (2000 gpd or more)
☐ 9. Engineered Treatment Tank (only)
☐ 10. Engineered Disposal Field (only)
☐ 11. Pre-treatment, specify: _____
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

10,000+ ☒ SQ. FT. ☐ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)
Current Use ☐ Seasonal ☒ Year Round ☑ Undeveloped

TYPE OF WATER SUPPLY

☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

☒ 1. Concrete
☒ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1000 GAL.

DISPOSAL FIELD TYPE & SIZE

☐ 1. Stone Bed ☐ 2. Stone Trench
☒ 3. Proprietary Device
☐ a. cluster array ☒ c. Linear
☒ b. regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE: 1,485 ☒ sq. ft. ☐ lin. ft.

GARBAGE DISPOSAL UNIT

☒ 1. No ☐ 2. Yes ☐ 3. Maybe
If Yes or Maybe, specify one below:
☐ a. multi-compartment tank
☐ b. ___ tanks in series
☐ c. increase in tank capacity
☒ d. Filter on Tank Outlet

DESIGN FLOW

450 gallons per day
BASED ON:
☐ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites
33 TYPE 13 ELTEN ENDRAINS.
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
3 / C
at Observation Hole # 1
Depth 18"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐ 1. Medium---2.6 sq. ft. / gpd
☒ 2. Medium---Large 3.3 sq. f.t / gpd
☐ 3. Large---4.1 sq. ft. / gpd
☐ 4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

☐ Not Required
☒ May Be Required
☐ Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 43 d 08 m 41 s
Lon. 70 d 41 m 13 s
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on _____ (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 # 260	Date 8/27/13
Site Evaluator Name Printed	Telephone Number 207 997 7058	E-mail Address Updated 3/18/19

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

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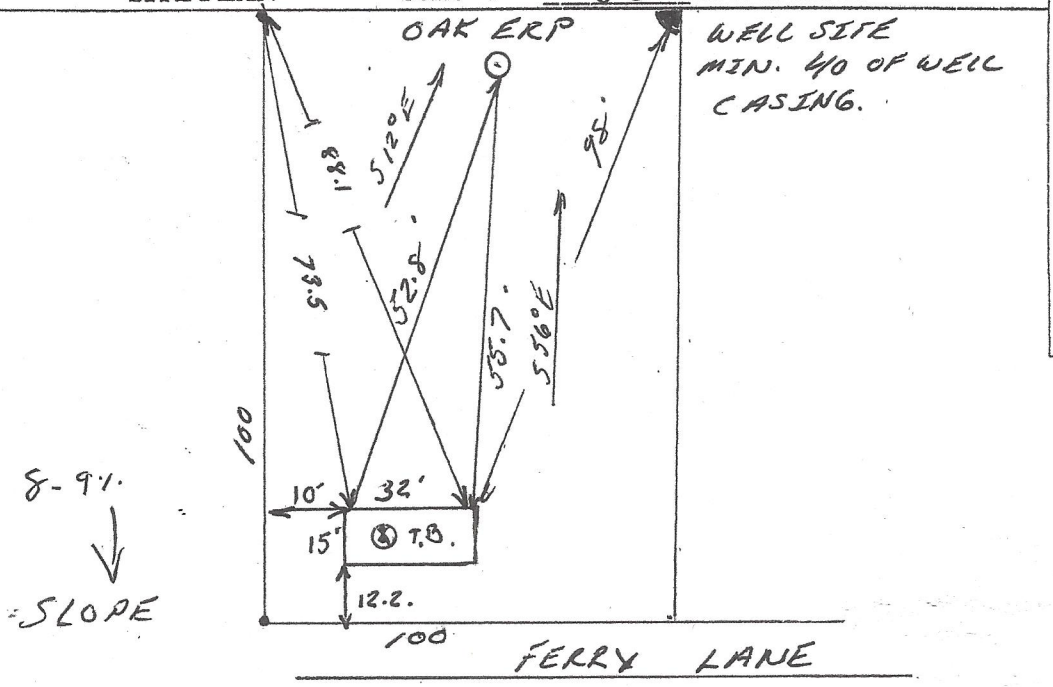
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
YORK	61 FERRY LANE	COASTAL MAINE, LLC

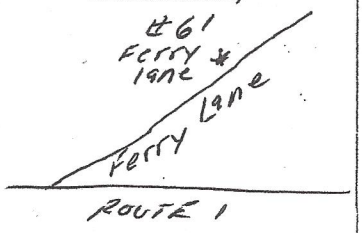
SITE PLAN

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN

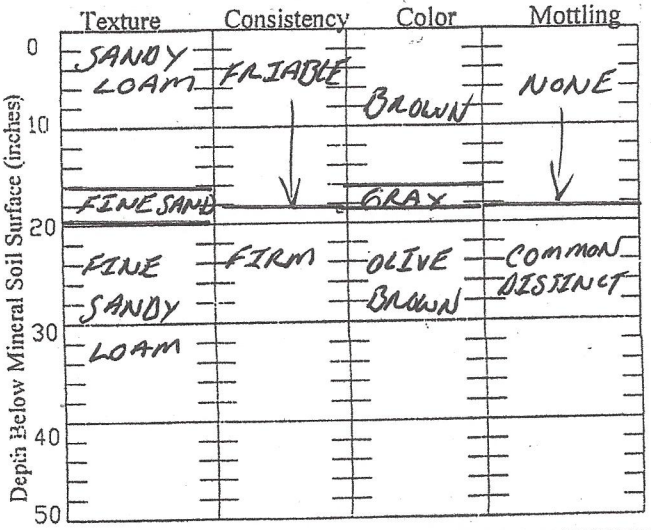
(map from Maine Atlas recommended)



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

Observation Hole #1 ☐ Test Pit ☐ Boring

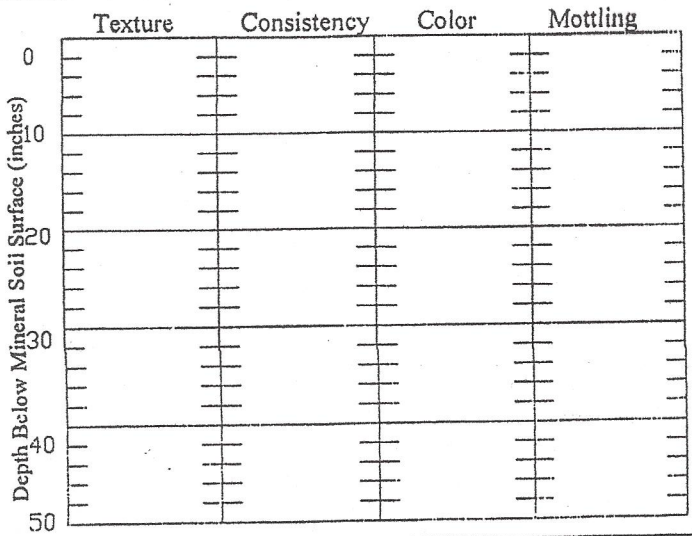
1" Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	
3 / C (Profile / Condition)	8-9 %	18"	[X] Ground Water [X] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	
_____ / _____ (Profile / Condition)	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature — SE # 260 — Date 8/27/13

Updated 3/18/19 CE

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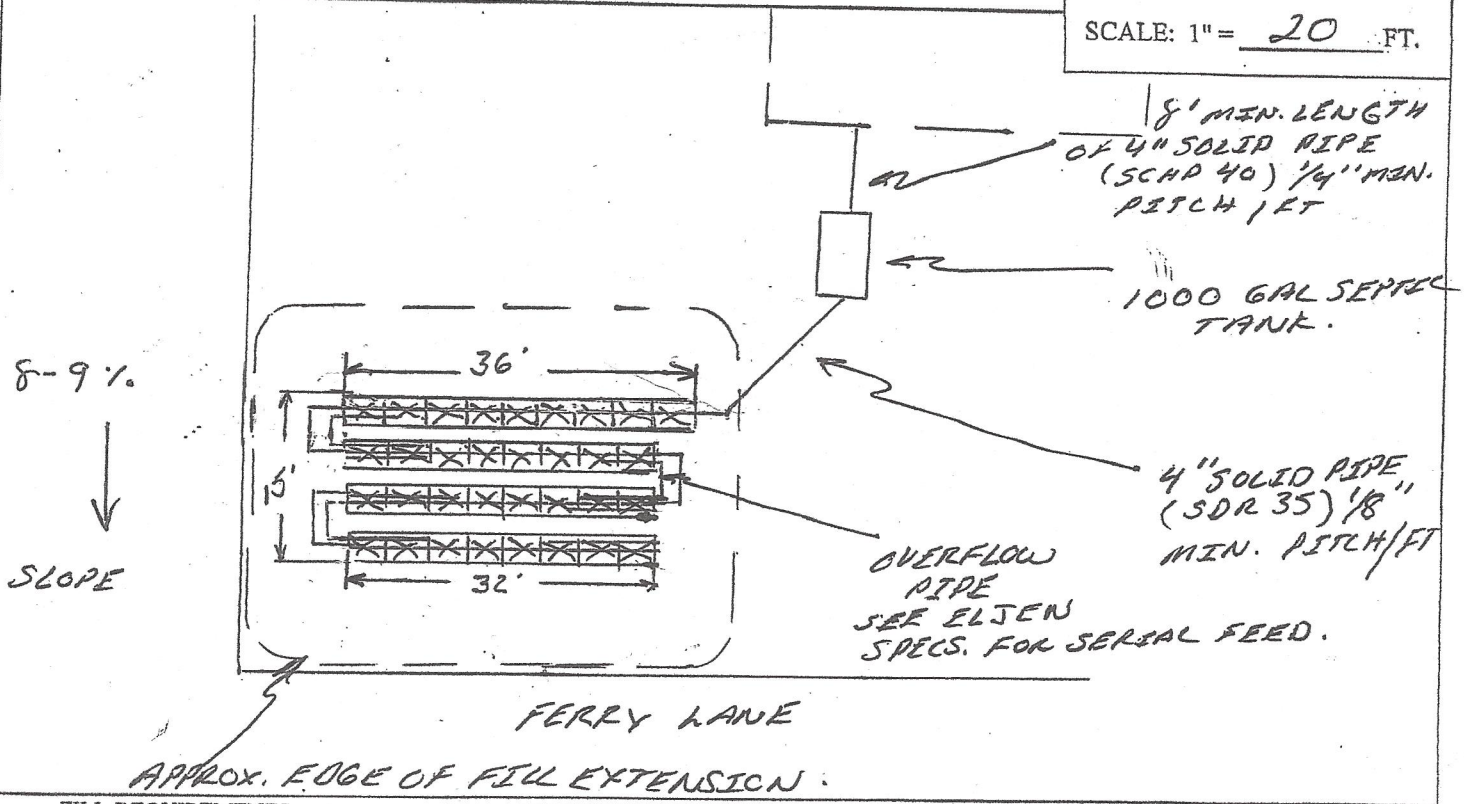
Town, City, Plantation: YORK

Street, Road, Subdivision: 61 FERRY LANE

Owner's Name: COASTAL MAINE, LLC

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	18"	Finished Grade Elevation	ROW 1 -39"	Location & Description: FLAGGED NAIL OAK 47 1/2" A.G.
		Top of Distribution Pipe or Proprietary Device	-51"	
Depth of Fill (Downslope)	22"	Bottom of Disposal Area	-64"	Reference Elevation: 0.00

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = ____ ft.
Vertical 1" = ____ ft.

SEE ATTACHED CROSS SECTION

Site Evaluator Signature | SE # 260 | Date 8/27/13

3/18/19 updated

HHE-200 Rev. 8/01

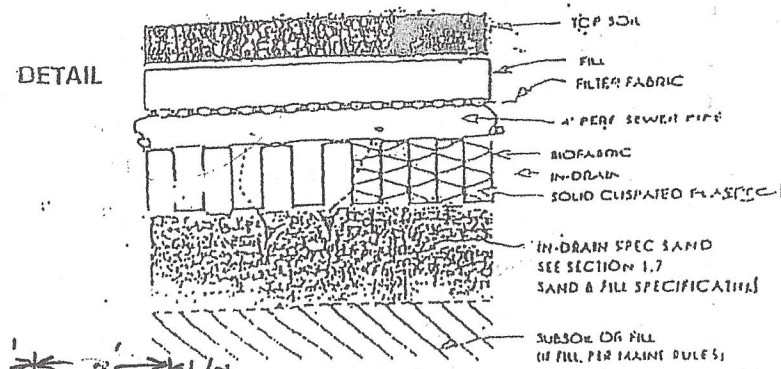
YORK

FERRY LANE

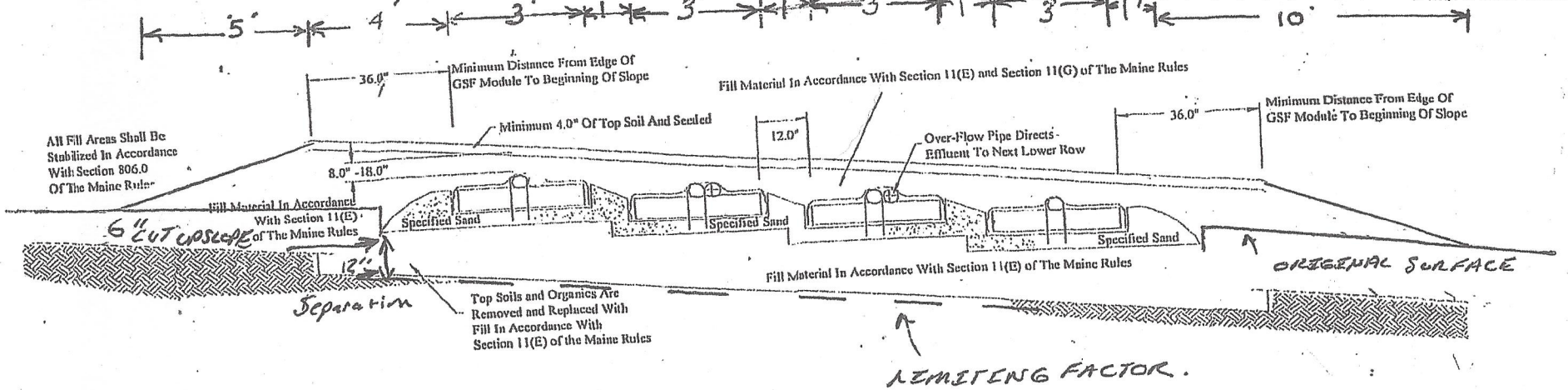
COASTAL MAINE, LLC

ATTACHMENT TO FORM HHE-200

DISPOSAL AREA CROSS SECTION



Seed an Mulch to prevent erosion



Place 6" of D.O.T or state highway specification
sc ed concrete sand or sand known to be "medium to
arse with an effective size of .25 to 2.0 mm and no
re than 5% passing a #200 sieve."

Rototill original surface thoroughly in all areas of the system including fill extensions. Remove any organic material and stumps

Elevation Notes

	Top of Chambers	Bottom of DISPOSAL AREA
ROW 1	-51"	-64"
ROW 2	-55"	-68"
ROW 3	-58"	-71"
ROW 4	-62"	-75"

Reference elevation = 0.00

DATE: 8/27/13

3/18/19