

**DRAFT**

**SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

Maine Department of Human Services  
 Division of Health Engineering, 10 SHS  
 (207) 287-5672 Fax: (207) 287-3165

<b>PROPERTY LOCATION</b>		<b>CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW</b>	
City, Town, or Plantation	Raymond	The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE 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.	
Street or Road	Field Road		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>			
Name (last, first, MI)	Smoe, Joe	<input checked="" type="checkbox"/> Owner	
		<input type="checkbox"/> Applicant	
Mailing Address of Owner/Applicant			
Daytime Tel. #	Municipal Tax Map # _____ Lot # _____		
<b>OWNER OR APPLICANT STATEMENT</b>		<b>CAUTION: INSPECTION REQUIRED</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.		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 _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	
		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
<input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>unknown</u> Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<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 <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<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>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
<input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<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 checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other (lake)
<b>SHORELAND ZONING</b>		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>	<b>GARBAGE DISPOSAL UNIT</b>	<b>DESIGN FLOW</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>1500</u> GAL	<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 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>3168</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of 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 type="checkbox"/> d. Filter on Tank Outlet	<u>960</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS — for other facilities —
<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>	<b>ATTACH WATER METER DATA</b>
PROFILE CONDITION DESIGN <u>7 / C / 1</u> at Observation Hole # <u>TP-1</u> Depth <u>36</u> " of Most Limiting Soil Factor <b>Restrictive</b>	<input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	<input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) <b>ATTACH WATER METER DATA</b>
<b>LATITUDE AND LONGITUDE</b>			
at center of disposal area Lat. <u>N43</u> d <u>52</u> m <u>52.26</u> s Lon. <u>W70</u> d <u>28</u> m <u>35.64</u> s if g.p.s. state margin of error: <u>20'</u>			

<b>SITE EVALUATOR STATEMENT</b>		
I certify that on <u>1-9-07</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 #	Date
Richard A. Sweet	034	
Site Evaluator Name Printed	Telephone Number	Email Address
	797-2110	dick@sweetassociates.com

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**SEWAGE SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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 Division of Health Engineering, Station 10  
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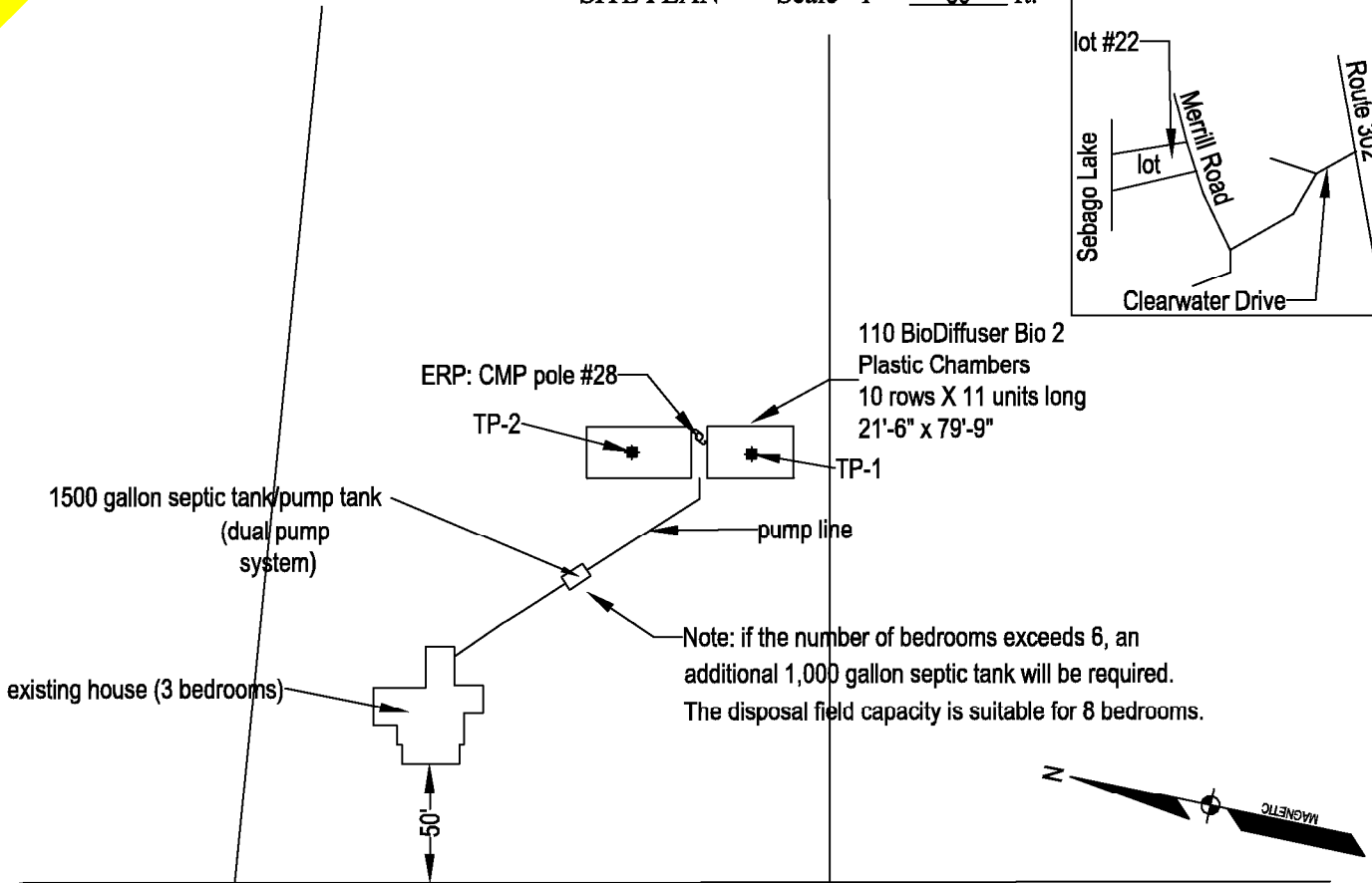
Plantation

Street, Road, Subdivision  
 Field Road

Owner or Applicant Name  
 Joe Smoe

**SITE PLAN** Scale 1" = 80 ft.

**SITE LOCATION PLAN**



SEBAGO LAKE

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

Observation Hole # TP-1  Test Pit  Boring

2 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	Loamy Sand	Loose	Black	
6				
12	Loamy Sand	Loose	Reddish Brown	
18				
24				
30	Medium Sand	Loose	light Brown	
36				
42				
48	Limit of Excavation at 48 inches			
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
5	B	7	>48"	

Observation Hole # TP-2  Test Pit  Boring

2 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0			Black	
6				
12	Loamy Sand	Loose	red	
18				
24				
30	Fine to Medium Sand	Loose	Light Brown	
36				
42	Sandy Loam	Firm	Gray	
48	Limit of Excavation at 55 inches			
Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater <input checked="" type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
7	C	7	36"	

Site Evaluator Signature

SE #

Date

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**GROUND SURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION**

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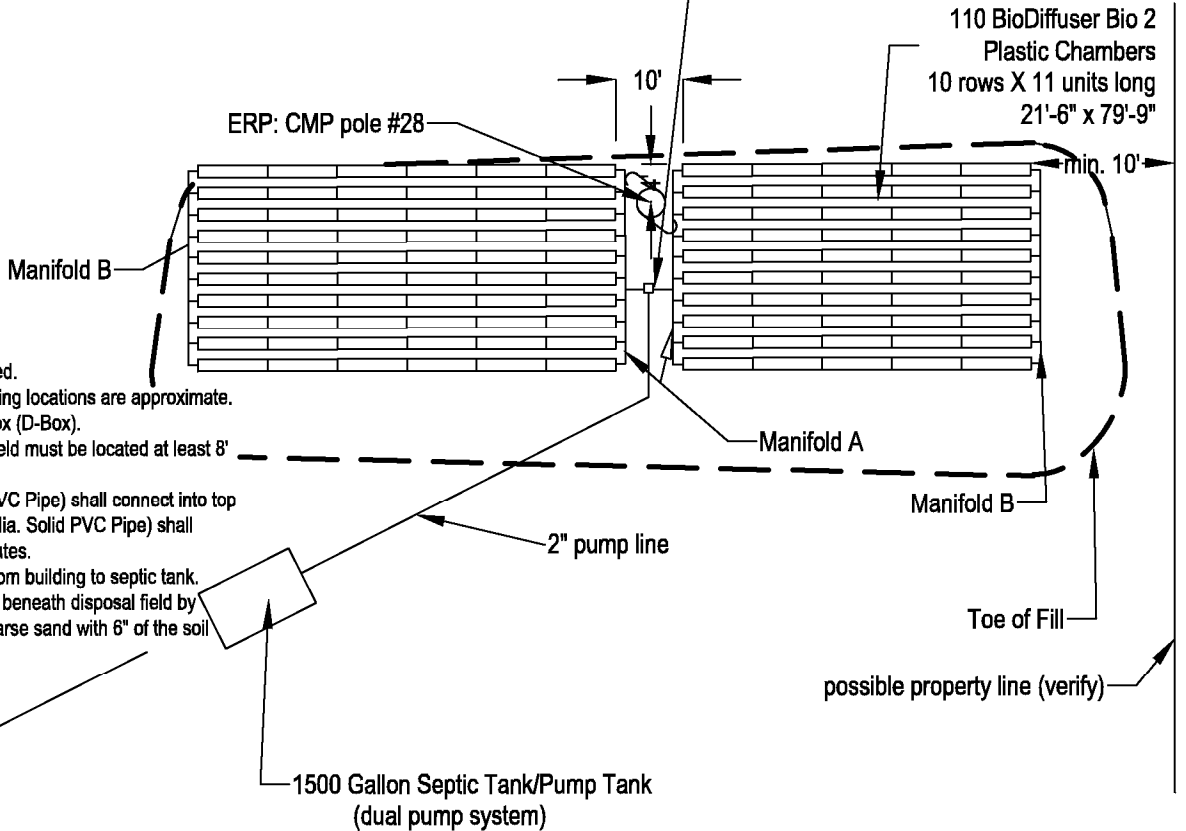
Plantation

Street, Road, Subdivision  
 Field Road

Owner or Applicant Name  
 Joe Smoe

**SUBSURFACE WASTEWATER DISPOSAL PLAN**

Distribution Box - 3 Port Scale: 1" = 20' ft



**NOTES:**

1. Scarify all ground to be filled.
2. All property lines and building locations are approximate.
3. Insulate the Distribution Box (D-Box).
4. Septic tank and disposal field must be located at least 8' and 20' from a full foundation.
5. Manifold A (4" dia. Solid PVC Pipe) shall connect into top of end plates. Manifold B (4" dia. Solid PVC Pipe) shall connect into bottom of end plates.
6. Min. 1/4"/ft slope of pipe from building to septic tank.
7. Create transitional horizon beneath disposal field by thoroughly mixing gravelly coarse sand with 6" of the soil beneath system.

**BACKFILL REQUIREMENTS**

**CONSTRUCTION ELEVATIONS**

**ELEVATION REFERENCE POINT**

Location & Description: CMP pole #28

Depth of Backfill (upslope) 4-13"  
 Depth of Backfill (downslope) 13-19"

Finished Grade Elevation (at Row 1) -31"  
 Top of Proprietary Device (at Row 1) -46"  
 Bottom of Disposal Field (at Row 1) -58"

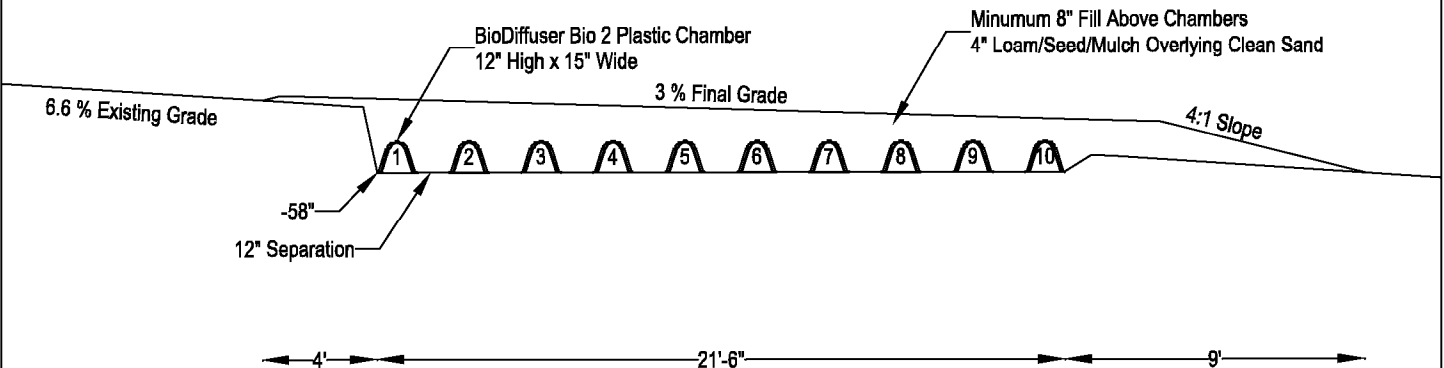
Reference Elevation is \_\_\_\_\_ or: \_\_\_\_\_

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND WITHIN 3' OF CHAMBERS. REMAINING FILL: LOAMY SAND (no clay)

**DISPOSAL FIELD CROSS SECTION**

Scales:

Vertical: 1" = 6'  
 Horizontal: 1" = 6'



Site Evaluator Signature

SE #

Date