# 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 | |
| Street or Road | |
| Subdivision, Lot # | |

## >> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____

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

_____ L.P.I. # _____

Local Plumbing Inspector Signature

- 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 # _____

## OWNER/APPLICANT INFORMATION

Name (last, first, MI) Owner Applicant

| | |
|---|---|
| Mailing Address of Owner/Applicant | |
| Daytime Tel. # | |

**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: 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**

SQ. FT.
ACRES

**SHORELAND ZONING**

Yes No

**DISPOSAL SYSTEM TO SERVE**

1. Single Family Dwelling Unit, No. of Bedrooms: ____
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: _____ 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: _____ 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**

_____ gallons per day

BASED ON:

1. Table 4A (dwelling unit(s))
2. Table 4C(other facilities)
   SHOW CALCULATIONS for other facilites
3. Section 4G (meter readings)
   ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**

PROFILE CONDITION

_____/_____

at Observation Hole #_____

Depth _____"

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**

1. Not Required
2. May Be Required
3. Required

Specify only for engineered systems:

DOSE: _____ gallons

**LATITUDE AND LONGITUDE**

at center of disposal area

Lat. _____d _____m _____s

Lon. _____d _____m _____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 # Date

_____ _____ _____
Site Evaluator Name Printed Telephone Number E-mail Address

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

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

**SITE PLAN** Scale 1" = _____ ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas recommended)

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

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

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

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| _____ _____ Profile Condition | _____ % | _____ " | [ ] Ground Water<br>[ ] Restrictive Layer<br>[ ] Bedrock<br>[ ] Pit Depth |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

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

| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| _____ _____ Profile Condition | _____ % | _____ " | [ ] Ground Water<br>[ ] Restrictive Layer<br>[ ] Bedrock<br>[ ] Pit Depth |

_____ _____ _____

Site Evaluator Signature SE # Date

# ***Septic System Design Notes***

Center Rd
Lebanon ME
Map R2, Lot 5

Garbage disposal units are not allowed with this design. Use of such units will contribute to system failure.

Any water softening system shall not be discharged into the septic system. Discharge into the system will contribute to system failure.

Large volume rapid discharge, such as the emptying of hot tubs, may contribute to system failure by disrupting settling of solids and settling time.

Introduction into the system of anything other than normal domestic wastewater may contribute to system failure.

Tank shall be pumped every 2-3 years, or at an interval recommended by the pumper after the first pumping.

Please notify Site Evaluator of any changes made to this design.

# PLUMBING APPLICATION

Maine Dept.Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-4172

## PROPERTY ADDRESS

| | |
|---|---|
| City, Town, or Plantation | |
| Street or Road | |
| Subdivision, Lot # | |

## PROPERTY OWNERS NAME

Name (last, first, MI) ☐ Owner ☐ Applicant

| | |
|---|---|
| Mailing Address of Owner/Applicant | |
| | |
| Daytime Tel. # | |

**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 [ ]

_____ L.P.I. # _____

Local Plumbing Inspector Signature

The Internal Plumbing Fixtures and Piping 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 plumbing system in accordance with this application and the Maine Internal Plumbing Rules.

**CAUTION: INSPECTION REQUIRED**

I have inspected the installation authorized above and found it to be in compliance with the Maine Plumbing Rules.

Date Approved (Rough-In) _____

Local Plumbing Inspector Signature _____ Date Approved (Final) _____

## PERMIT INFORMATION

**This Application Is For**

1. ☐ NEW PLUMBING INSTALLATION
2. ☐ RELOCATED PLUMBING

**Type of Structure To Be Served**

1. ☐ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER-SPECIFY _____

**Plumbing To Be Installed By**

1. ☐ MASTER PLUMBER
2. ☐ MFG'D HOUSING DEALER/MECHANIC
3. ☐ PUBLIC UTILITY EMPLOYEE
4. ☐ PROPERTY OWNER

LICENSE # |_|_|_|_|_|_|

**Hook-Up & Piping Relocation**
**Maximum of 1 Hook-Up**

☐ HOOK-UP: to public sewer in those cases where the connection is not regulated and inspected by the local Sanitary District

**OR**

☐ HOOK UP: to an existing subsurface wastewater disposal system

☐ PIPING RELOCATION: of sanitary lines, drains, and piping without new fixtures

**OR**

☐ TRANSFER FEE ($10.00)

| Column 2 Number | Column 2 Type of Fixture | Column 1 Number | Column 1 Type of Fixture |
|---|---|---|---|
| | Hosebibb / Sillcock | | Bathtub (and Shower) |
| | Floor Drain | | Shower (Separate) |
| | Urinal | | Sink |
| | Drinking Fountain | | Wash Basin |
| | Indirect Waste | | Water Closet (Toilet) |
| | Waste Treatment Softener, Filter, etc. | | Clothes Washer |
| | Grease / Oil Separator | | Dish Washer |
| | Dental Cuspidor | | Garbage Disposal |
| | Bidet | | Laundry Tub |
| | Other: _____ | | Water Heater |
| | Fixtures (Subtotal) Column 2 | | **Fixtures (Subtotal) Column 1** |
| | | | **Fixtures (Subtotal) Column 2** |
| | | | **Total Fixtures** |
| | | | **Fixture Fee** |
| | | | **Transfer Fee** |
| | | | **Hook-Up & Relocation Fee** |
| | | | **Permit Fee (Total)** |