

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207)289-3826

**PROPERTY ADDRESS**

Town Or Plantation: Franklin

Street Subdivision Lot #: Rt. 200 Lot 4

**PROPERTY OWNERS NAME**

Last: Ross First: Michael

Applicant Name: Michael <sup>K&U TRACY</sup> Ross

Mailing Address of Owner/Applicant (if Different): P.O. Box 723 Ellsworth, ME 04605

FRANKLIN PERMIT # 432 STATE COPY

Date Permit Issued: 11-22-91 \$ 3100.00 FEE  Double Fee Charged

[Signature] Local Plumbing Inspector Signature L.P.I. # 36151

**Owner/Applicant Statement**

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit

[Signature] Signature of Owner/Applicant Date: 11-21-91

**Caution: Inspection Required**

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Local Plumbing Inspector Signature: \_\_\_\_\_ Date Approved: \_\_\_\_\_

**PERMIT INFORMATION**

<p><b>THIS APPLICATION IS FOR:</b></p> <p>1. <input checked="" type="checkbox"/> NEW SYSTEM</p> <p>2. <input type="checkbox"/> REPLACEMENT SYSTEM</p> <p>3. <input type="checkbox"/> EXPANDED SYSTEM</p> <p>4. <input type="checkbox"/> EXPERIMENTAL SYSTEM</p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <p>1. <input checked="" type="checkbox"/> NO RULE VARIANCE</p> <p>2. <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</p> <p>3. <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form</p> <p>a. <input type="checkbox"/> Requiring Local Plumbing Inspector Approval</p> <p>b. <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</p> <p>4. <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</p>	<p><b>INSTALLATION IS:</b></p> <p>COMPLETE SYSTEM</p> <p>1. <input checked="" type="checkbox"/> NON ENGINEERED SYSTEM</p> <p>2. <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</p> <p>3. <input type="checkbox"/> ENGINEERED (+ 2000 gpd)</p> <p>INDIVIDUALLY INSTALLED COMPONENTS:</p> <p>4. <input type="checkbox"/> TREATMENT TANK (ONLY)</p> <p>5. <input type="checkbox"/> HOLDING TANK _____ GAL</p> <p>6. <input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</p> <p>7. <input type="checkbox"/> NON ENGINEERED DISPOSAL AREA (ONLY)</p> <p>8. <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</p> <p>9. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p>
<p><b>SEASONAL CONVERSION</b> <u>N/A</u></p> <p>to be completed by the LPI</p> <p>5. <input type="checkbox"/> SYSTEM COMPLIES WITH RULES</p> <p>6. <input type="checkbox"/> CONNECTED TO SANITARY SEWER</p> <p>7. <input type="checkbox"/> SYSTEM INSTALLED - P# _____</p> <p>8. <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</p>	<p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <p>1. <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</p> <p>2. <input type="checkbox"/> MODULAR OR MOBILE HOME</p> <p>3. <input type="checkbox"/> MULTIPLE FAMILY DWELLING</p> <p>4. <input type="checkbox"/> OTHER _____ SPECIFY _____</p>	<p><b>TYPE OF WATER SUPPLY</b></p> <p><u>Drilled Well (Proposed)</u></p>
<p><b>IF REPLACEMENT SYSTEM:</b> <u>N/A</u></p> <p>YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS</p> <p>1. <input type="checkbox"/> BED 3. <input type="checkbox"/> TRENCH</p> <p>2. <input type="checkbox"/> CHAMBER 4. <input type="checkbox"/> OTHER _____</p>	<p>SIZE OF PROPERTY: <u>2 Acres</u></p> <p>ZONING: <u>None</u></p>	

**DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)**

<p><b>TREATMENT TANK</b></p> <p>1. <input checked="" type="checkbox"/> SEPTIC <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> AEROBIC</p> <p>SIZE: <u>1000</u> GALS</p>	<p><b>WATER CONSERVATION</b></p> <p>1. <input checked="" type="checkbox"/> NONE</p> <p>2. <input type="checkbox"/> LOW VOLUME TOILET</p> <p>3. <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</p> <p>4. <input type="checkbox"/> ALTERNATIVE TOILET</p> <p>SPECIFY _____</p>	<p><b>PUMPING</b></p> <p>1. <input checked="" type="checkbox"/> NOT REQUIRED</p> <p>2. <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</p> <p>3. <input type="checkbox"/> REQUIRED</p> <p>DOSE: _____ GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (B'D ROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 Bedroom</u></p> <p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <p>PROFILE: <u>3</u> CONDITION: <u>C</u></p> <p>DEPTH TO LIMITING FACTOR: <u>17</u></p>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <p>1. <input type="checkbox"/> SMALL</p> <p>2. <input type="checkbox"/> MEDIUM</p> <p>3. <input checked="" type="checkbox"/> MEDIUM-LARGE</p> <p>4. <input type="checkbox"/> LARGE</p> <p>5. <input type="checkbox"/> EXTRA LARGE</p>	<p><b>DISPOSAL AREA TYPE/SIZE</b></p> <p>1. <input checked="" type="checkbox"/> BED <u>891</u> Sq Ft</p> <p>2. <input type="checkbox"/> CHAMBER _____ Sq Ft</p> <p><input type="checkbox"/> REGULAR <input type="checkbox"/> H 20</p> <p>3. <input type="checkbox"/> TRENCH _____ Linear Ft</p> <p>4. <input type="checkbox"/> OTHER _____</p>	

**SITE EVALUATOR STATEMENT**

On 8-25-89 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature] Site Evaluator Signature SE# 33 Date 9-12-89

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

# FACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

Plantation  
Franklin

Street, Road, Subdivision  
Rt. 200 Lot 4

Owners Name  
Michael Ross

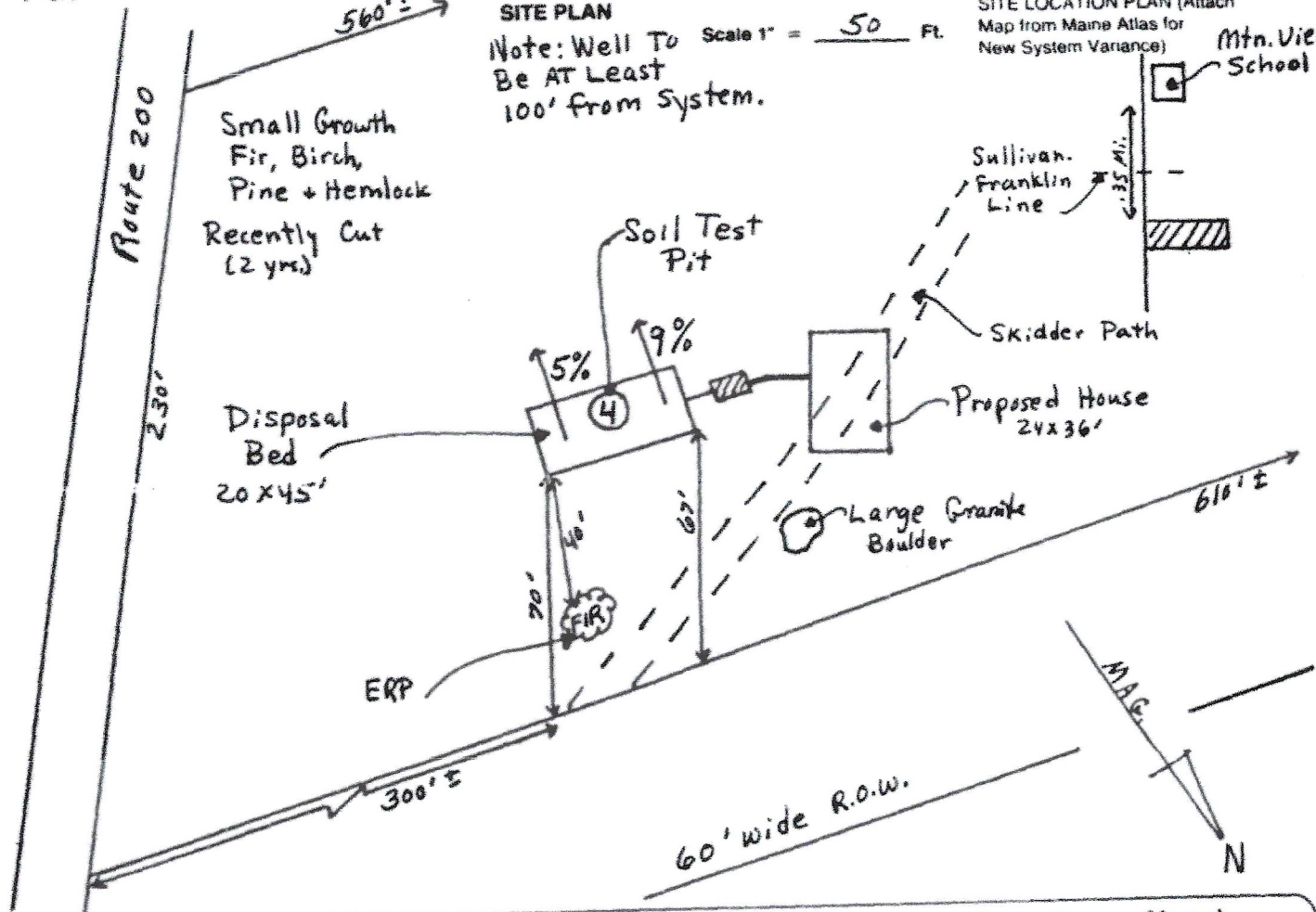
## SITE PLAN

Note: Well To Be AT Least 100' from System.

Scale 1" = 50 Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

Mtn. View School



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

Observation Hole 4  Test Pit  Boring

1 Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Fine Sandy Loam	Friable	Brown	None
6			Yellowish	
10			Brown	
15				
20	Sandy Loam		Light Olive Brown	Common
30	Loamy Sand	Firm		DISTINCT
40				
50	BEDROCK			

Soil Profile 3 Classification C Slope 5% Limiting Factor 17

Ground Water  
 Restrictive Layer  
 Bedrock

Observation Hole \_\_\_\_\_  Test Pit  Boring

\_\_\_\_\_ Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil Profile \_\_\_\_\_ Classification \_\_\_\_\_ Slope \_\_\_\_\_ Limiting Factor \_\_\_\_\_

Ground Water  
 Restrictive Layer  
 Bedrock

J. Otto Crane  
Site Evaluator Signature

33  
SE#

9-12-89  
Date

# WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering

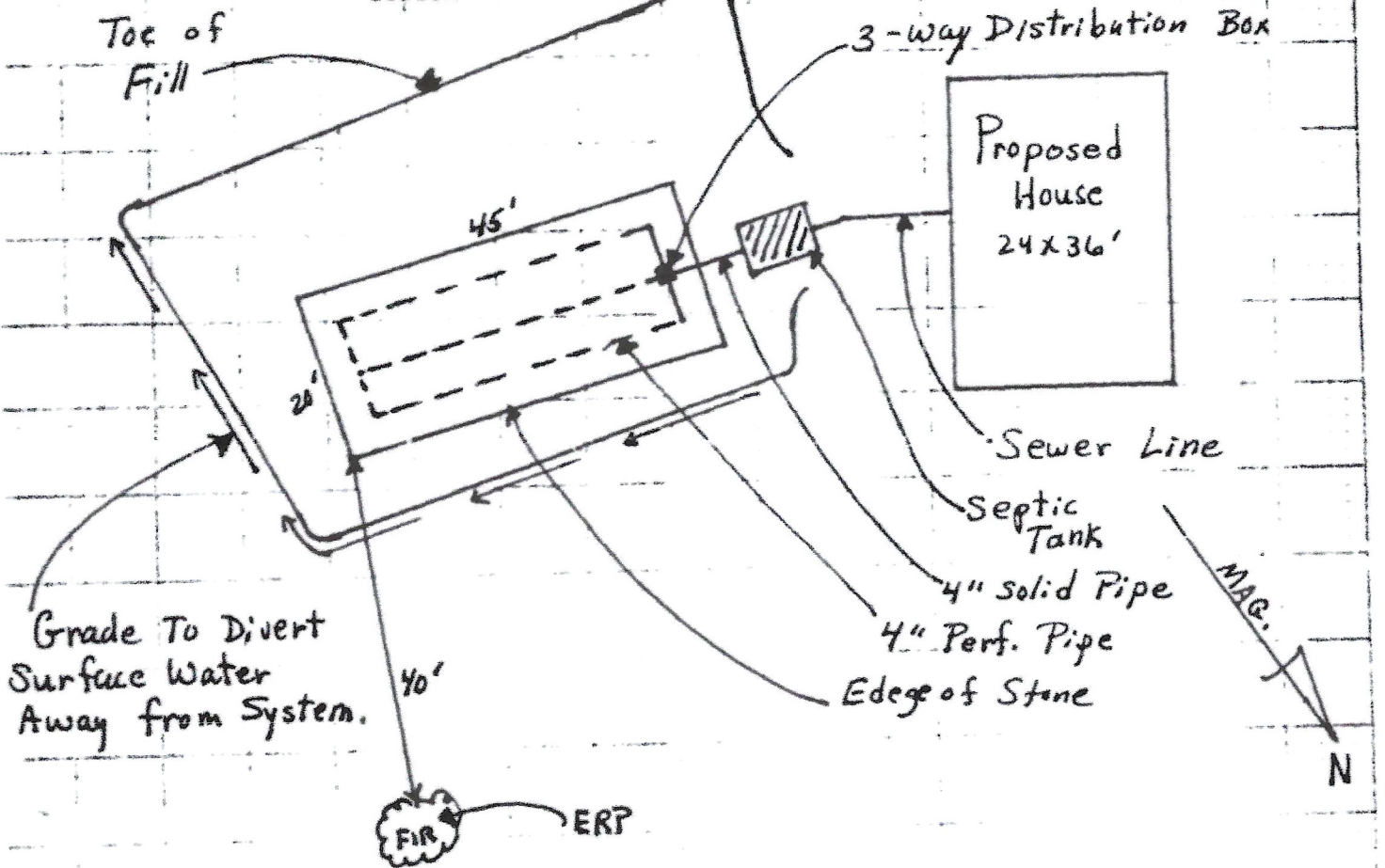
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Owners Name  
Michael Ross

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' FL



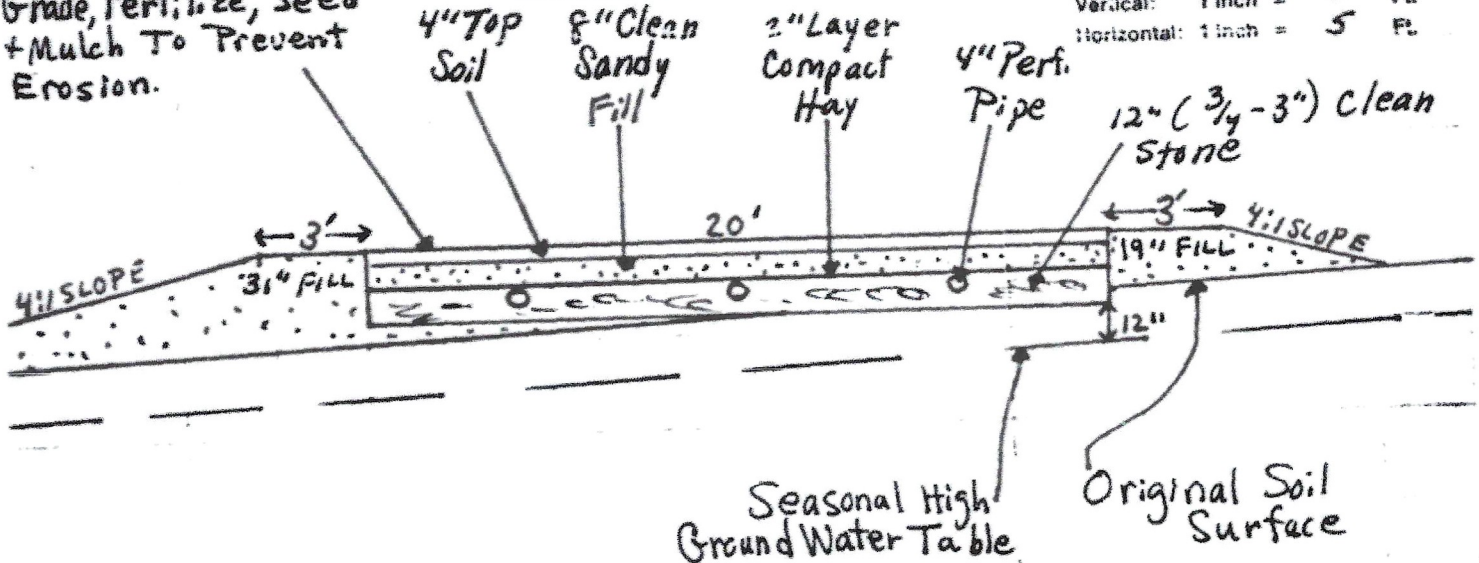
**FILL REQUIREMENTS**  
Depth of Fill (Upslope) 19"  
Depth of Fill (Downslope) 31"  
Max. Fill SW corner of Bed 41"  
Grade, Fertilize, Seed + Mulch To Prevent Erosion.

**CONSTRUCTION ELEVATIONS**  
Reference Elevation is assumed 100"  
Bottom of Disposal Area 52"  
Top of Distribution Lines or Chambers 63"

**ELEVATION REFERENCE POINT LOCATION & DESCRIPTION**  
Nail in Fir Tree  
19" above ground.

Scale:  
Vertical: 1 inch = 5 FL  
Horizontal: 1 inch = 5 FL

### DISPOSAL AREA CROSS SECTION



*J. Peter Crane*  
Site Evaluator Signature

33  
SE#

9-12-89  
Date