

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	LAMONE
Street Subdivision Lot #	ROUTE 184
PROPERTY OWNERS NAME	
Last: <u>DONALDSON</u> First: <u>GORDAN</u>	
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	
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 of Owner/Applicant	Date

LAMOINE PERMIT # 515 STATE COPY

Date Permit Issued: _____ \$ _____ FEE (Double Fee Charged)

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

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>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input type="checkbox"/> NEW SYSTEM <input checked="" type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM 	<p>THIS APPLICATION REQUIRES:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NO RULE VARIANCE <input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form <input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form <ul style="list-style-type: none"> a <input type="checkbox"/> Requiring Local Plumbing Inspector Approval b <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE 	<p>INSTALLATION IS:</p> <p>COMPLETE SYSTEM</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM <input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet) <input type="checkbox"/> ENGINEERED (+ 2000 gpd) <p>INDIVIDUALLY INSTALLED COMPONENTS</p> <ol style="list-style-type: none"> <input type="checkbox"/> TREATMENT TANK (ONLY) <input type="checkbox"/> HOLDING TANK _____ GAL <input type="checkbox"/> ALTERNATIVE TOILET (ONLY) <input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY) <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM
<p>SEASONAL CONVERSION to be completed by the LPI</p> <ol style="list-style-type: none"> <input type="checkbox"/> SYSTEM COMPLIES WITH RULES <input type="checkbox"/> CONNECTED TO SANITARY SEWER <input type="checkbox"/> SYSTEM INSTALLED - P# _____ <input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED 	<p>DISPOSAL SYSTEM TO SERVE:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SINGLE FAMILY DWELLING <input type="checkbox"/> MODULAR OR MOBILE HOME <input type="checkbox"/> MULTIPLE FAMILY DWELLING <input type="checkbox"/> OTHER _____ SPECIFY _____ 	<p>TYPE OF WATER SUPPLY</p> <p><u>DRILLED WELL</u></p>
<p>IF REPLACEMENT SYSTEM:</p> <p>YEAR FAILING SYSTEM INSTALLED <u>1976</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER _____ 	<p>SIZE OF PROPERTY <u>30 ACRES ±</u> ZONING _____</p>	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC <input type="checkbox"/> Regular <input type="checkbox"/> Low Profile <input type="checkbox"/> AEROBIC <p>SIZE <u>1000</u> GALS</p>	<p>WATER CONSERVATION</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NONE <input type="checkbox"/> LOW VOLUME TOILET <input type="checkbox"/> SEPARATED LAUNDRY SYSTEM <input type="checkbox"/> ALTERNATIVE TOILET <p>SPECIFY _____</p>	<p>PUMPING</p> <ol style="list-style-type: none"> <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) <input checked="" type="checkbox"/> REQUIRED <p>DOSE <u>90</u> GALS</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="text-align: center;"><u>5 BEDROOM MINIMUM</u></p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table style="width: 100%;"> <tr> <td>PROFILE</td> <td>CONDITION</td> </tr> <tr> <td style="text-align: center;"><u>2</u></td> <td style="text-align: center;"><u>B</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR <u>40+</u></p>	PROFILE	CONDITION	<u>2</u>	<u>B</u>	<p>SIZE RATINGS USED FOR DESIGN PURPOSES</p> <ol style="list-style-type: none"> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input checked="" type="checkbox"/> MEDIUM-LARGE <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE 	<p>DISPOSAL AREA TYPE/SIZE</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> BED <u>1500</u> Sq Ft <input type="checkbox"/> CHAMBER _____ Sq Ft <ul style="list-style-type: none"> <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft <input type="checkbox"/> OTHER: _____ 	<p>DESIGN FLOW <u>450</u> (GALLONS/DAY)</p>
PROFILE	CONDITION						
<u>2</u>	<u>B</u>						

SITE EVALUATOR STATEMENT

On JULY 2, 1991 (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

291
7/11/91

Site Evaluator Signature SE# Date

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

Page 1 of 3
HHE 200 Rev 11/86

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

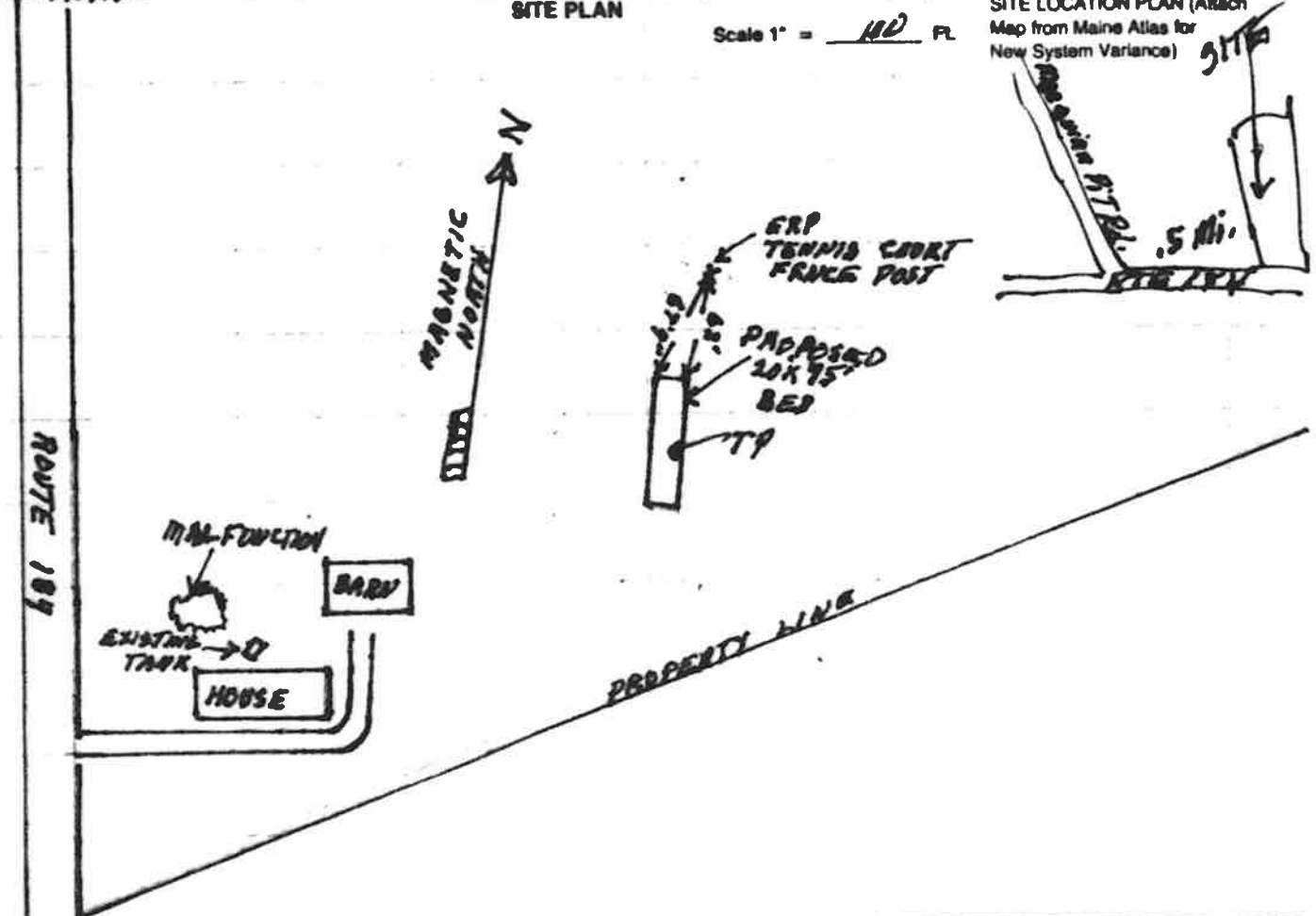
LAMOINE

ROUTE 184
SITE PLAN

GORDON DAWLSON

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

Scale 1" = 40' PL



SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 48" Test Pit Boring

1/2 Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAM	FRABLE	BROWN	
6			RED BROWN	
10	SANDY			
15	LOAM		YELLOW BROWN	
20				
30	SAND		GREY	
40				
50				

Soil Profile <u>2</u>	Classification <u>B</u>	Slope <u>6</u> %	Limiting Factor <u>NONE</u>	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> 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 _____	<input type="checkbox"/> Ground Water
				<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

John Holdsworth
Site Evaluator Signature

281
SE#

7/11/91
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

Street, Road, Subdivision

Owners Name

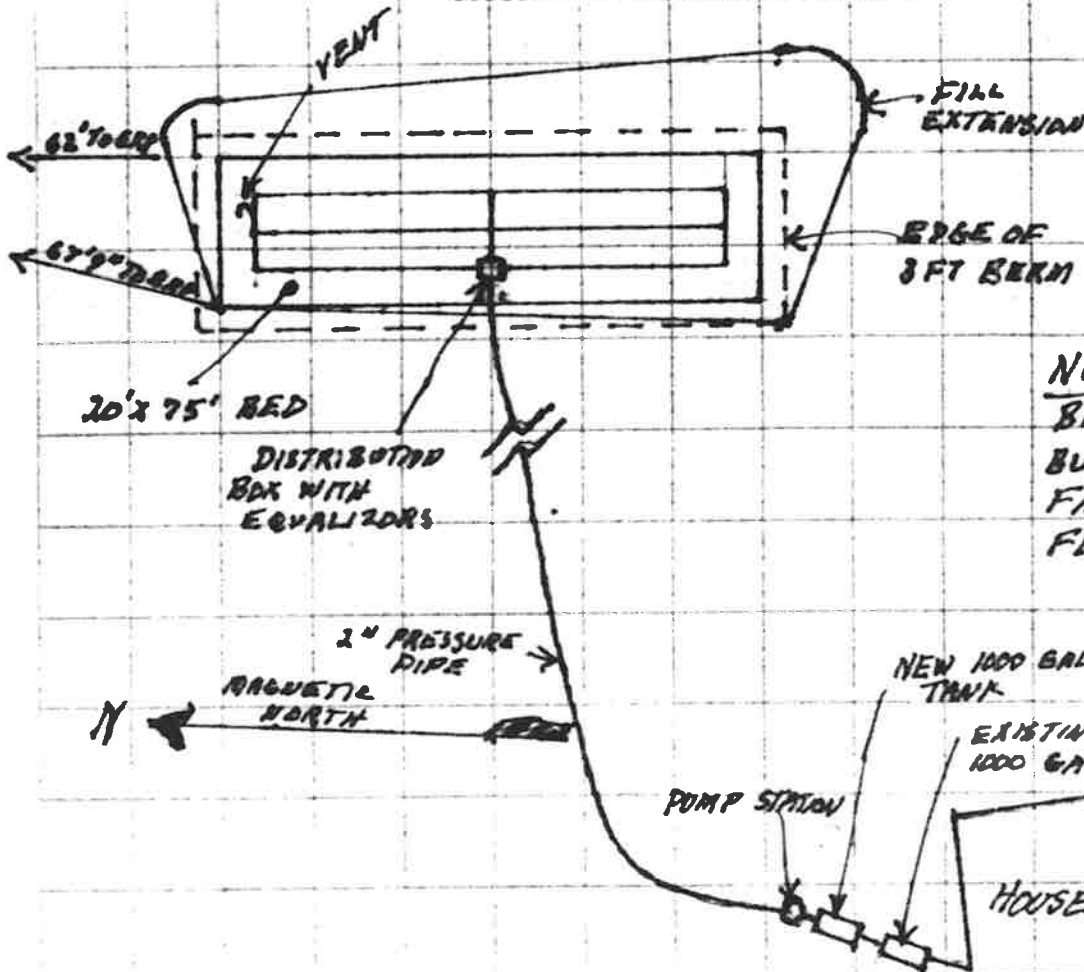
LAMPINE

ROUTE 184

GORDON DONALDSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 25' Ft



NOTE: VENT CAN BE AT EITHER END BUT SHOULD BE AT FARTHEST END FROM FEED.

FILL REQUIREMENTS

Depth of Fill (Upslope)
Depth of Fill (Downslope)

0'
10'

CONSTRUCTION ELEVATIONS

Reference Elevation is
Bottom of Disposal Area
Top of Distribution Lines or Chambers

0'
-70'
-59'

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

Flagged Nail in Teras' Corner
Fence Post 5'6 3/4" up-

Scale:

Vertical: 1 inch = Ft
Horizontal: 1 inch = Ft

DISPOSAL AREA CROSS SECTION

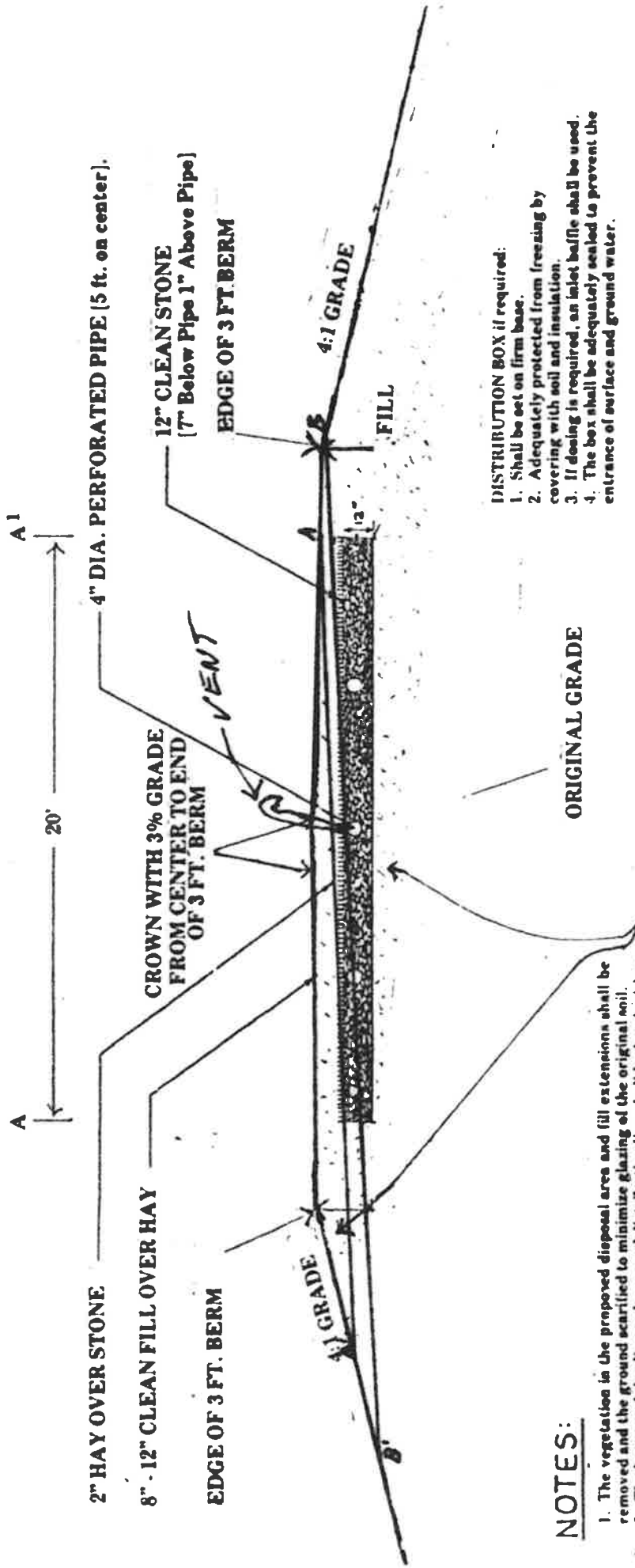
(Please See Attached)

John Holdsworth
Site Evaluator Signature

281
SE #

2/11/91
Date

DISPOSAL AREA CROSS SECTION



NOTES:

1. The vegetation in the proposed disposal area and fill extensions shall be removed and the ground scarified to minimize glazing of the original soil.
2. The bottom of the disposal area and distribution line shall be level with a maximum grade tolerance of 1 inch per 100 feet.
3. Fill shall be free of foreign material, placed in 8 inch lifts and compacted as placed. Fill shall be sandy loam or loamy sand.
 1. The finished grade of the backfill over the disposal area shall be crowned from the center of the disposal area at a 3% slope and extend 3 feet beyond the edge of the disposal area. At that point, the fill shall be sloped at a uniform grade of no greater than 25% (4:1) to the original ground.
 5. The land adjacent to the disposal area shall be graded to prevent both the accumulation of surface water on the disposal area, and the flow of surface water across the disposal area.
 6. The finished disposal area and fill extensions shall be seeded to prevent erosion. Grass, clover, trefoil, vetch, perennial wildflower, or other herbaceous perennials may be utilized for disposal area surfaces. Woody shrubs are unacceptable. [Woody shrubs in conjunction with a hardy perennial ground cover may be used on FILL EXTENSIONS ONLY.]
 7. If stone is required, use 3/4" to 3" clean stone of uniform size, free of fines.

DISTRIBUTION BOX if required:

1. Shall be set on firm base.
2. Adequately protected from freezing by covering with soil and insulation.
3. If dosing is required, an inlet baffle shall be used.
4. The box shall be adequately sealed to prevent the entrance of surface and ground water.

FILL TO BE SANDY LOAM TO LOAMY SAND TEXTURE

SEPTIC TANKS: shall be installed to assure the inlet and outlet are above the seasonal high groundwater level. If installed under driveways, parking lots or other areas subject to heavy loads an 11-20 load tank is required. The tank should be pumped every 3 - 4 years to avoid early clogging of disposal area.

OWNER: GORDON DAMALPSON	BED DIMENSIONS: 20' X 75'
LOCATION: ROUTE 194 LAMARINE	BED ELEVATIONS: TOP REF. 0 DIST. 59" BOTTOM STONE 70"
DATE: 7/11/91	SCALE: 1" = 5'

John Haddworth SE 281

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

own, City, Plantation

LAMDINE

Street, Road, Subdivision

ROUTE 184

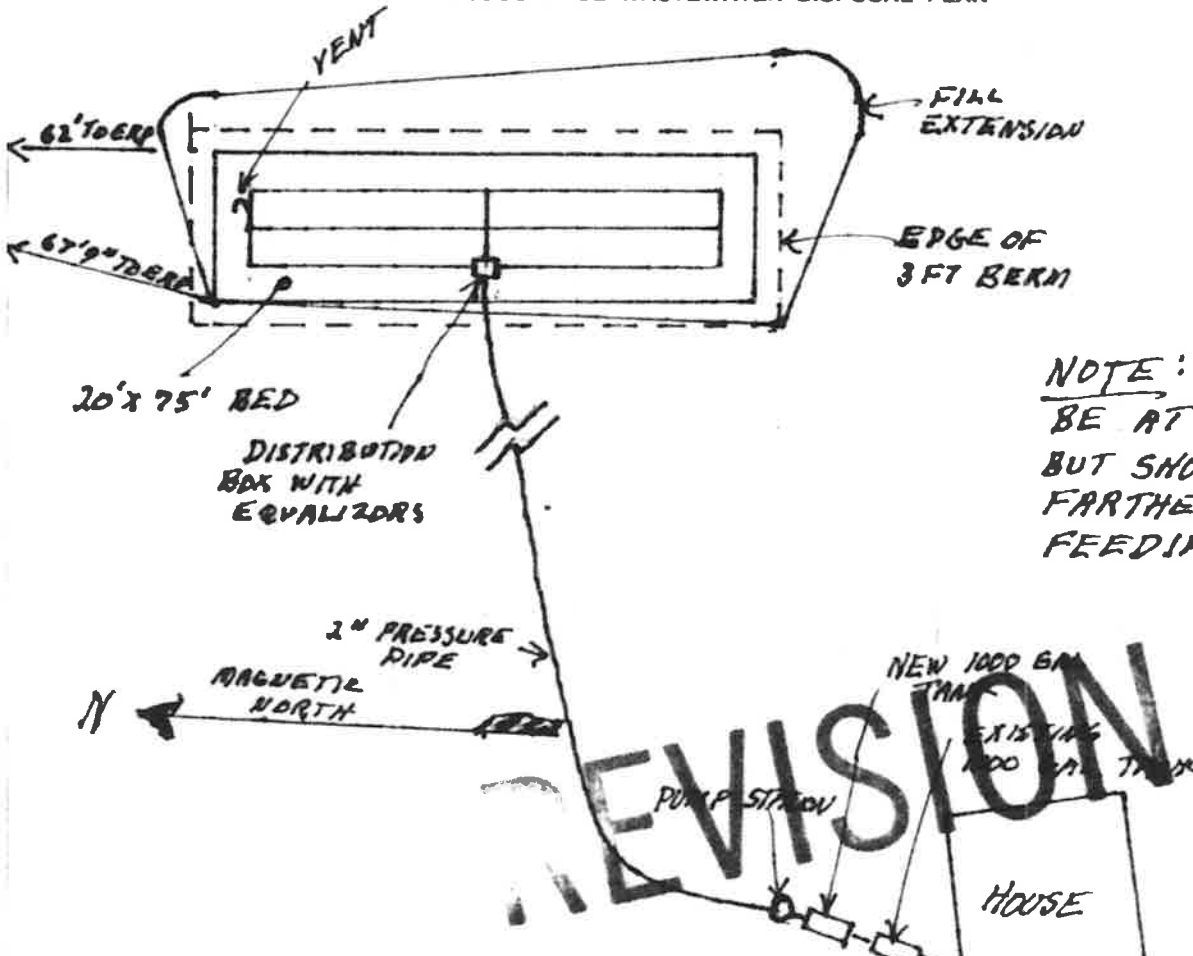
Department of Human Services
Division of Health Engineering

Owners Name

GORDON DONALDSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 25' Ft.



NOTE: VENT CAN BE AT EITHER END BUT SHOULD BE AT FARTHEST END FROM FEED IF USED.



REVISION

FILL REQUIREMENTS
 Depth of Fill (Upslope)
 Depth of Fill (Downslope)

CONSTRUCTION ELEVATIONS
 0 Reference Elevation is
 18 Bottom of Disposal Area
 Top of Distribution Lines or Chambers

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
 FLAGGED NAIL IN TERRY'S COURT
 FENCE POST 5' 3/4" up-
 Scale: JAH

Vertical: 1 inch = Ft.
 Horizontal: 1 inch = Ft.

(PLEASE SEE ATTACHED)

John Holdsworth
 Site Evaluator Signature

281
 SE #

7/11/91
 Date