

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services  
Division of Environmental Health, SHS 11  
(207) 287-5338 FAX (207) 287-3165

|                                                                                                                                                                                                                    |                      |                                                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| PROPERTY LOCATION                                                                                                                                                                                                  |                      | >> Caution: Permit Required -- Attach in Space Below <<                                                                                                                       |  |
| City, Town, or Plantation                                                                                                                                                                                          | SURRY                |                                                                                                                                                                               |  |
| Street or Road                                                                                                                                                                                                     | PATTEN POND ROAD     |                                                                                                                                                                               |  |
| Subdivision, Lot #                                                                                                                                                                                                 |                      |                                                                                                                                                                               |  |
| OWNER/APPLICANT INFORMATION                                                                                                                                                                                        |                      | <p>SURRY Date Permit Issued: 9/7/10 PERMIT # 1611 TOWN COPY \$ 11135 FEE Double Fee Charged</p> <p>Local Plumbing Inspector Signature: <i>John Peterson</i> L.P.I. # 0960</p> |  |
| Name (last, first, MI)                                                                                                                                                                                             | DAIGLE, GLEN         |                                                                                                                                                                               |  |
| Mailing Address of                                                                                                                                                                                                 | 127 PATTEN POND ROAD |                                                                                                                                                                               |  |
| Owner <input checked="" type="checkbox"/> Applicant <input type="checkbox"/>                                                                                                                                       | SURRY, ME 04684      |                                                                                                                                                                               |  |
| Daytime Tel. #                                                                                                                                                                                                     | (207) 944-0810       | Municipal Tax Map # 36 Lot # 034C                                                                                                                                             |  |
| Owner or Applicant Statement                                                                                                                                                                                       |                      | Caution: Inspection Required                                                                                                                                                  |  |
| 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 Subsurface Wastewater Disposal Rules Application.                                    |  |
| Signature of Owner or Applicant: <i>SLT</i> Date: 9/7/10                                                                                                                                                           |                      | Local Plumbing Inspector Signature: _____ (1st Date Approved)                                                                                                                 |  |
|                                                                                                                                                                                                                    |                      | Local Plumbing Inspector Signature: _____ (2nd Date Approved)                                                                                                                 |  |

## PERMIT INFORMATION

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>TYPE OF APPLICATION</b><br>1. <input checked="" type="checkbox"/> First Time System<br>2. <input type="checkbox"/> Replacement System<br>Type Replaced: _____<br>Year Installed: _____<br>3. <input type="checkbox"/> Expanded System<br>a. <input type="checkbox"/> Minor Expansion<br>b. <input type="checkbox"/> Major Expansion<br>4. <input type="checkbox"/> Experimental System<br>5. <input type="checkbox"/> Seasonal Conversion<br><b>SIZE OF PROPERTY</b><br>_____ sq. ft. <input type="checkbox"/><br>_____ acres <input checked="" type="checkbox"/><br><b>SHORELAND ZONING</b><br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <b>THIS APPLICATION REQUIRES</b><br>1. <input checked="" type="checkbox"/> No Rule Variance<br>2. <input type="checkbox"/> First Time System Variance<br>a. <input type="checkbox"/> Local Plumbing Inspector Approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector Approval<br>3. <input type="checkbox"/> Replacement System Variance<br>a. <input type="checkbox"/> Local Plumbing Inspector Approval<br>b. <input type="checkbox"/> State & Local Plumbing Inspector Approval<br>4. <input type="checkbox"/> Minimum Lot Size Variance<br>5. <input type="checkbox"/> Seasonal Conversion Permit<br><b>DISPOSAL SYSTEM TO SERVE</b><br>1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: 3<br>2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____<br>3. <input type="checkbox"/> Other: (SPECIFY) _____<br>Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped | <b>DISPOSAL SYSTEM COMPONENT(S)</b><br>1. <input checked="" type="checkbox"/> Complete Non-engineered System<br>2. <input type="checkbox"/> Primitive System (graywater & alt. toilet)<br>3. <input type="checkbox"/> Alternative Toilet, specify: _____<br>4. <input type="checkbox"/> Non-engineered Treatment Tank (only)<br>5. <input type="checkbox"/> Holding Tank, _____ gallons<br>6. <input type="checkbox"/> Non-engineered Disposal Field (only)<br>7. <input type="checkbox"/> Separated Laundry System<br>8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more)<br>9. <input type="checkbox"/> Engineered Treatment Tank (only)<br>10. <input type="checkbox"/> Engineered Disposal Field (only)<br>11. <input type="checkbox"/> Pre-treatment, specify: _____<br>12. <input type="checkbox"/> Miscellaneous components<br><b>TYPE OF WATER SUPPLY</b><br>TO BE<br>1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private<br>4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____ |
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## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| <b>TREATMENT TANK</b><br>1. <input checked="" type="checkbox"/> Concrete<br>a. <input checked="" type="checkbox"/> Regular<br>b. <input type="checkbox"/> Low Profile<br>2. <input type="checkbox"/> Plastic<br>3. <input type="checkbox"/> Other: _____<br>CAPACITY 1000 gallons<br><b>SOIL DATA &amp; DESIGN CLASS</b><br>PROFILE CONDITION DESIGN<br>21 C 11<br>at Observation Hole # 1<br>Depth 15' Elevation _____<br>OF MOST LIMITING SOIL FACTOR | <b>DISPOSAL FIELD TYPE &amp; SIZE</b><br>1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench<br>3. <input checked="" type="checkbox"/> Proprietary Device 12 SIDE<br>FEED CONCRETE CHAMBERS<br>a. <input type="checkbox"/> Cluster Array c. <input checked="" type="checkbox"/> Linear<br>b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load<br>4. <input type="checkbox"/> Other: _____<br>SIZE 924 sq. ft. lin. ft. | <b>GARBAGE DISPOSAL UNIT</b><br>1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> Maybe<br>If Yes or Maybe, specify one below:<br><input type="checkbox"/> a. Multi-compartment Tank<br><input type="checkbox"/> b. Tanks in Series<br><input type="checkbox"/> c. Increase in Tank Capacity<br><input type="checkbox"/> d. Filter on Tank Outlet<br><b>EFFLUENT/EJECTOR PUMP</b><br>1. <input checked="" type="checkbox"/> Not Required<br>2. <input type="checkbox"/> May be Required<br>3. <input type="checkbox"/> Required<br>Specify only for engineered systems<br>DOSE: _____ gallons | <b>DESIGN FLOW</b><br>270 gallons per day<br>BASED ON<br>1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s))<br>2. <input type="checkbox"/> Table 502.2 (other facilities)<br>SHOW CALCULATIONS for other facilities<br>3. <input type="checkbox"/> Section 503.0 (meter readings)<br>ATTACH WATER-METER DATA<br><b>LATITUDE AND LONGITUDE</b><br>at Center of Disposal Area<br>Lat. 44° 31' 50" N<br>Lon. 68° 31' 56" W<br>If GPS, state margin of error: 50' |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## SITE EVALUATOR STATEMENT

I certify that on 4-1-10 (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)

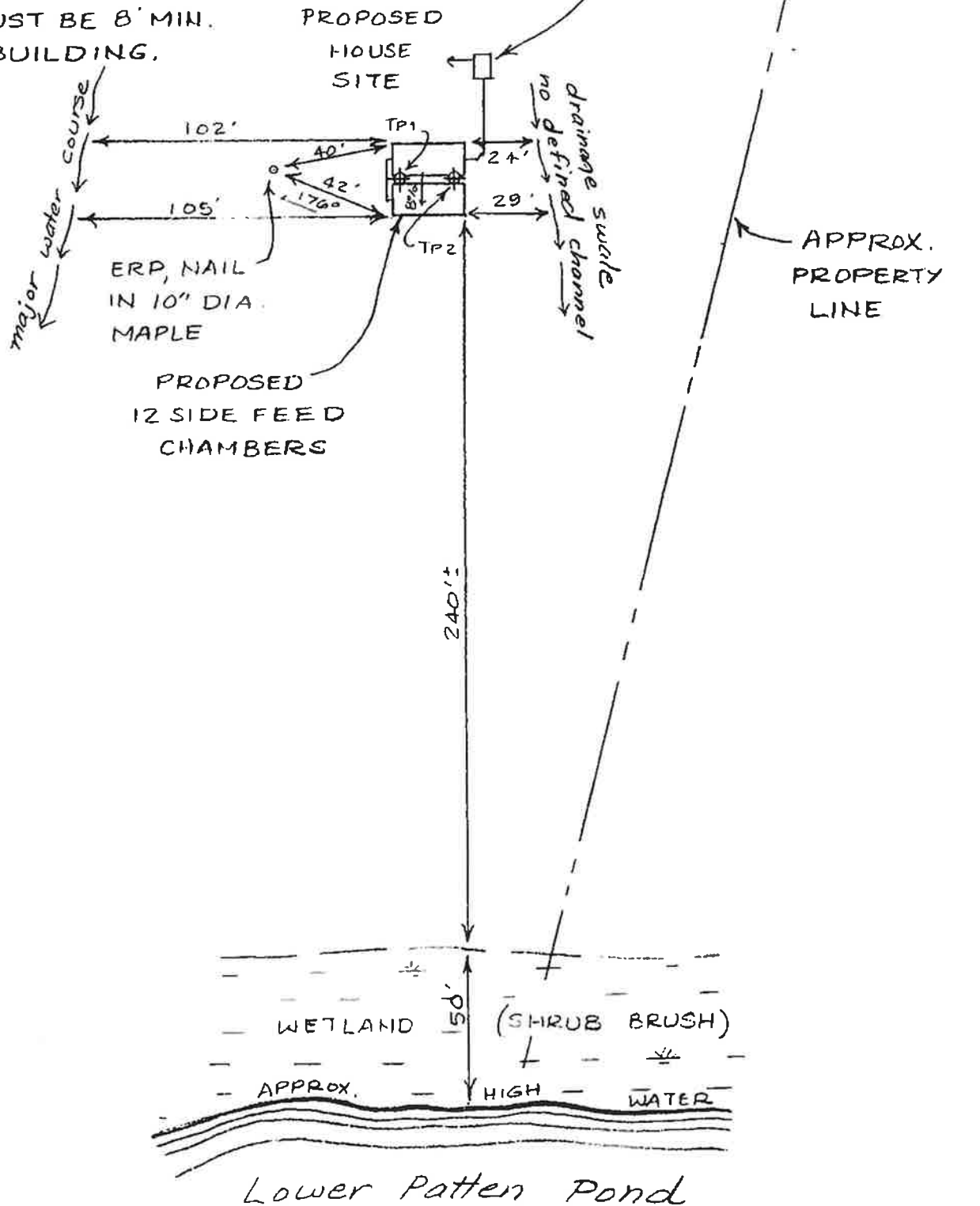
Site Evaluator Signature: *William A. LaBelle, Jr.* 319 SE# 4-9-10  
WILLIAM A. LaBELLE, JR. (207) 537-5900 Date  
labelleseptec@rivah.net

Site Evaluator Name Printed Telephone # E-mail Address  
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

# SITE PLAN:

SCALE: 1" = 50 FT.

APPROX. LOCATION OF PROPOSED 1000 GAL. SEPTIC TANK WITH RISERS TO FINISH GRADE. TANK MUST BE 8' MIN. FROM BUILDING.



W. C. 247

Site Evaluator's Signature

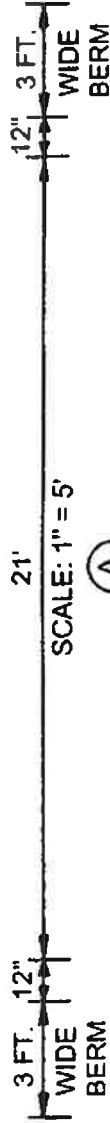
319

S.E. #

4-9-10

Date

# DISPOSAL AREA CROSS SECTION SLOPE 8 %



FILL MATERIAL SHALL BE 8"-12" THICK OVER CHAMBERS AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 804.0 IN THE SUBSURFACE RULES.

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 805.3 RECOMMENDED OVER STONE AND CHAMBERS

3%

ORIGINAL GRADE

REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA.

4' x 8' CHAMBER

BOTTOM OF CHAMBERS MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

THOROUGHLY MIX, DISK OR ROTO-TILL CLEAN, COARSE, SHARP SAND INTO TOP 4 INCHES OF ORIGINAL SOIL TO CREATE A TRANSITION ZONE.

ELEVATIONS:

ELEV. REF. PT. (ERP):

0"

FINISHED GRADE:

ROW 1  
-24"

TOP OF CHAMBERS:

-35"

BOTTOM OF CHAMBERS:

-48"

ROW 2  
-36"

-47"

-60"

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE SUBSURFACE WASTEWATER RULES, IN EFFECT AT THIS TIME.

OWNER:

GLEN DAIGLE

LOCATION:

SURRY

WILLIAM A. LABELLE, JR.

S.E.#

DATE

W.A. Labelle, Jr.

319

4-9-10

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Division of Environmental Health  
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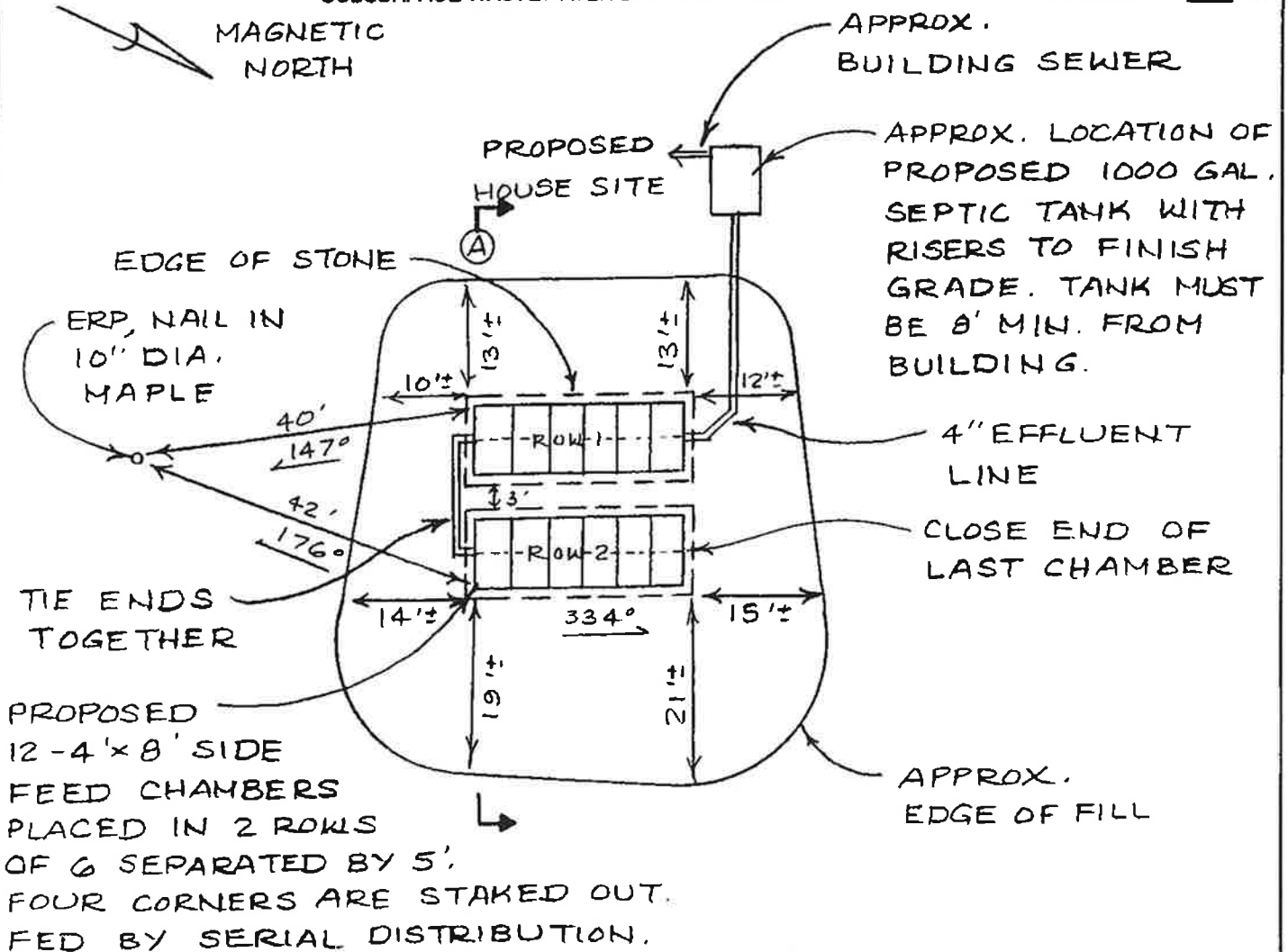
Town, City, Plantation  
**SURRY**

Street, Road, Subdivision  
**PATTEN POND ROAD**

Owner or Applicant Name  
**GLEN DAIGLE**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



| FILL REQUIREMENTS                                       |         | CONSTRUCTION ELEVATIONS                        | SYSTEM   | PRIVY | ELEVATION REFERENCE POINT         |
|---------------------------------------------------------|---------|------------------------------------------------|----------|-------|-----------------------------------|
| Depth of Backfill (Upslope)                             | 21"-25" | Finished Grade Elevation                       | (See     |       | Location & Description NAIL 70"   |
| Depth of Backfill (Downslope)                           | 34"-36" | Top of Distribution Pipe or Proprietary Device | attached | N/A   | ABOVEGROUND IN 10" DIA.           |
| Depths @ cross-section shown below or on X-sec. detail. |         | Bottom of Disposal Field                       | X-Sec.)  |       | MAPLE, Reference Elevation is: 0" |

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

### NOTES:

1. TANK MUST BE 8' MINIMUM FROM BUILDING AND 100' MINIMUM FROM HIGH WATER.
2. BUILDING ON FOUNDATION MUST BE 20' MINIMUM FROM STONE AROUND CHAMBERS AND BUILDING SLAB MUST BE 15' MINIMUM FROM STONE.
3. GRADE SURROUNDING AREA TO DIVERT SURFACE WATER AWAY FROM SYSTEM.
4. WELL TO BE 51' MINIMUM FROM SEPTIC TANK AND 100' MINIMUM FROM DISPOSAL SYSTEM.

*W. G. 2473*  
Site Evaluator's Signature

319  
S.E. #

4-9-10  
Date

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Owner or Applicant Name

GLEN DALGLE

Scale 1" = 50 Ft.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Hand-drawn soil profile diagram showing depth (0 to 50 inches) on the vertical axis. The profile is divided into four columns: Texture, Consistency, Color, and Mottling.

| Depth (inches) | Texture       | Consistency   | Color  | Mottling |
|----------------|---------------|---------------|--------|----------|
| 0 - 10         | SANDY LOAM    | FRIABLE       | BLACK  | N.E.     |
| 10 - 20        | TO LOAMY SAND | FRIABLE       | YELLOW | FEW      |
| 20 - 30        | TO LOAMY SAND | FRIABLE       | BROWN  | DISTINCT |
| 30 - 40        | SAND          | FIRM IN PLACE |        |          |
| 40 - 50        |               |               |        |          |

Below the profile, a table summarizes the data:

| Soil Profile | Classification | Slope | Limiting Factor |
|--------------|----------------|-------|-----------------|
| 2            | C              | 8%    | 16"             |

Legend for Limiting Factor:

- ☒ Ground Water
- ☒ Restrictive Layer
- ☒ Bedrock
- ☒ Pit Depth

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