

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	LITTLE DEER ISLE
Street Subdivision Lot #	EDGE MOQUIN ROAD
PROPERTY OWNERS NAME	
Last: WILSON	First: DOUG
Applicant Name:	DOUG WILSON
Mailing Address of Owner/Applicant (If Different)	P.O. Box 225 DEER ISLE, ME 04627

DEER ISLE	780	TOWN COPY
Date Permit Issued: 6-25-91	\$ 40.00	☐ Double Fee Charged
Local Plumbing Inspector Signature: Perry L. Brown	L.P.I. # 1254	

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.
Douglas E. Wilson 6/25/91
Signature of Owner/Applicant Date

Caution: Inspection Required
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.
Perry L. Brown 6/27/91
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. ☒ NEW SYSTEM 2. ☐ REPLACEMENT SYSTEM 3. ☐ EXPANDED SYSTEM 4. ☐ EXPERIMENTAL SYSTEM SEASONAL CONVERSION to be completed by the LPI 5. ☐ SYSTEM COMPLIES WITH RULES 6. ☐ CONNECTED TO SANITARY SEWER 7. ☐ SYSTEM INSTALLED - P# _____ 8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. ☐ BED 3. ☐ TRENCH 2. ☐ CHAMBER 4. ☐ OTHER: _____ SIZE OF PROPERTY: 4 ACRES ZONING: _____	THIS APPLICATION REQUIRES: 1. ☒ NO RULE VARIANCE 2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form 3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. ☐ Requiring Local Plumbing Inspector Approval b. ☐ Requires State and Local Plumbing Inspector Approval 4. ☐ MINIMUM LOT SIZE VARIANCE DISPOSAL SYSTEM TO SERVE: 1. ☒ SINGLE FAMILY DWELLING 2. ☐ MODULAR OR MOBILE HOME 3. ☐ MULTIPLE FAMILY DWELLING 4. ☐ OTHER _____ SPECIFY: _____	INSTALLATION IS: COMPLETE SYSTEM 1. ☒ NON-ENGINEERED SYSTEM 2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. ☐ ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. ☐ TREATMENT TANK (ONLY) 5. ☐ HOLDING TANK _____ GAL 6. ☐ ALTERNATIVE TOILET (ONLY) 7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY) 8. ☐ ENGINEERED DISPOSAL AREA (ONLY) 9. ☐ SEPARATED LAUNDRY SYSTEM TYPE OF WATER SUPPLY PROPOSED DRILLED WELL

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. ☒ SEPTIC: ☐ Regular ☒ Low Profile 2. ☐ AEROBIC SIZE: 1000 GALS.	WATER CONSERVATION 1. ☐ NONE 2. ☒ LOW VOLUME TOILET 3. ☐ SEPARATED LAUNDRY SYSTEM 4. ☐ ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. ☒ NOT REQUIRED 2. ☐ MAY BE REQUIRED (DEPENDS ON TREATMENT TANK LOCATION AND ELEVATION) 3. ☐ REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) PROPOSED 2 BEDROOM 1800 DWELLING + 1 BEDROOM STUDIO Apt 1200 MINIMUM 300 DESIGN FLOW: 300 - 10% = 270 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 3 CONDITION: CATI DEPTH TO LIMITING FACTOR: 17"	SIZE RATINGS USED FOR DESIGN PURPOSES 1. ☐ SMALL 2. ☐ MEDIUM 3. ☒ MEDIUM-LARGE 4. ☐ LARGE 5. ☐ EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. ☒ BED 900 Sq. Ft. 2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20 3. ☐ TRENCH _____ Linear Ft. 4. ☐ OTHER: _____	

SITE EVALUATOR STATEMENT

On 1-8-91 (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.

Joseph Brown
Site Evaluator Signature
(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion)

227
SE#

1-16-91
Date

**Department of Human Services
Division of Health Engineering**

Street, Road, Subdivision

Owners Name

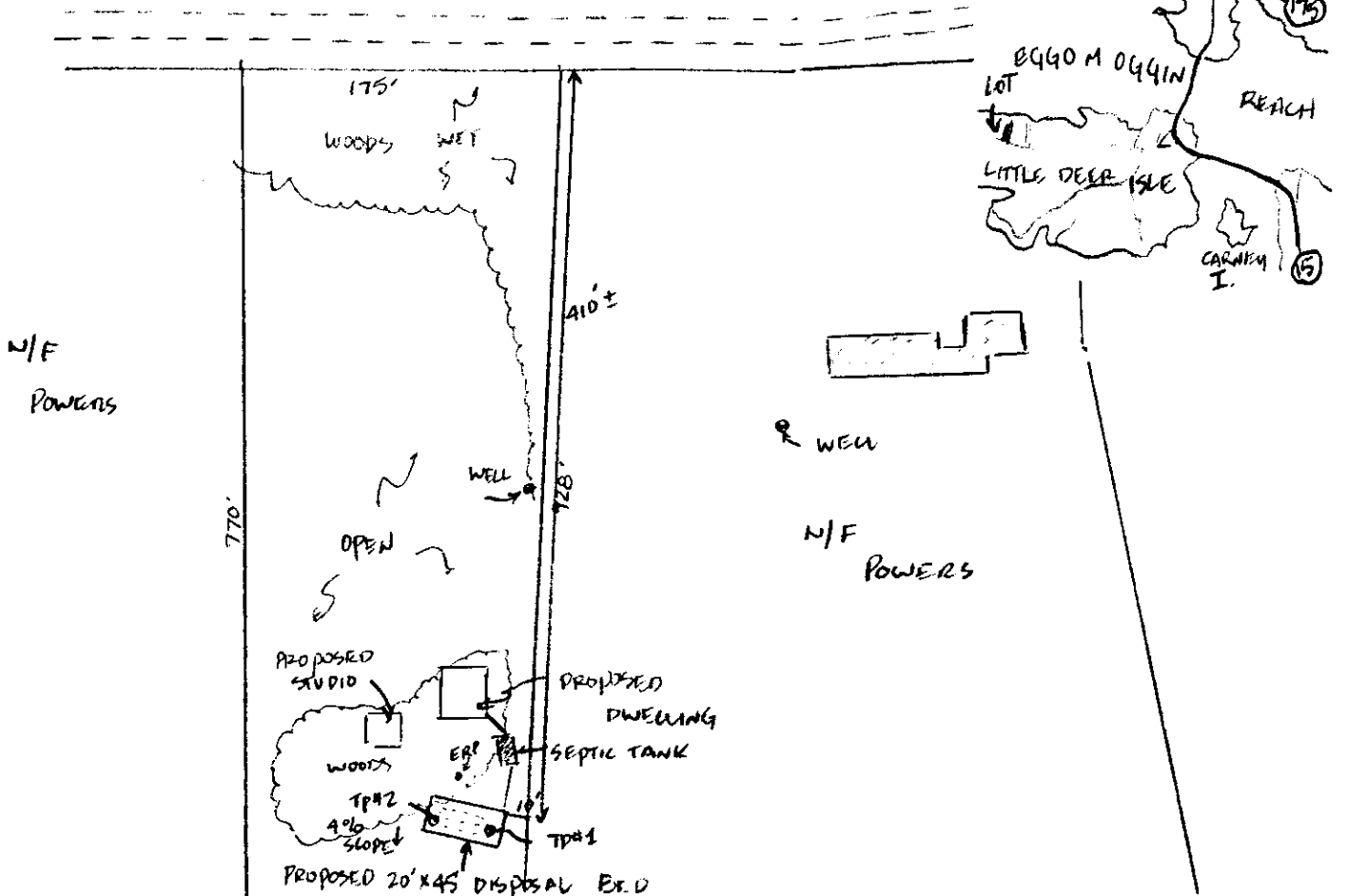
EGGE MOGGIN ROAD

Owner's Name
Doug Wilson

SITE PLAN

Scale 1" = 100' Ft.

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



(Location of Observation Holes Shown Above)

Observation Hole TP#2 ☒ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
40				
50				

Soil 3 Profile	Classification CMI Condition	Slope 4 %	Limiting Factor 17	☐ Ground Water ☐ Restrictive Layer ☒ Bedrock
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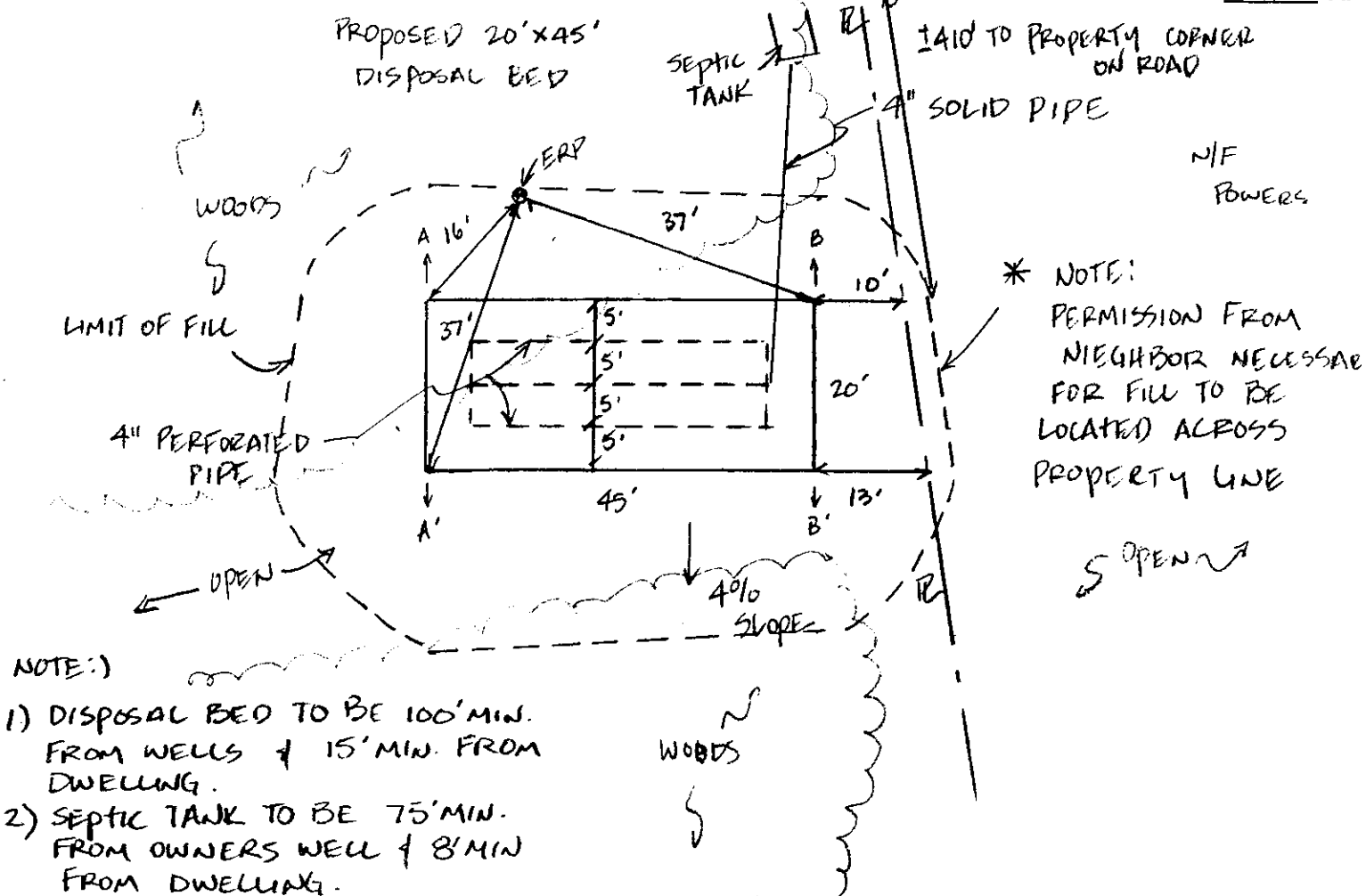
LITTLE DEER ISLE

EGGEMOGGIN ROAD

Doug Wilson

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft.

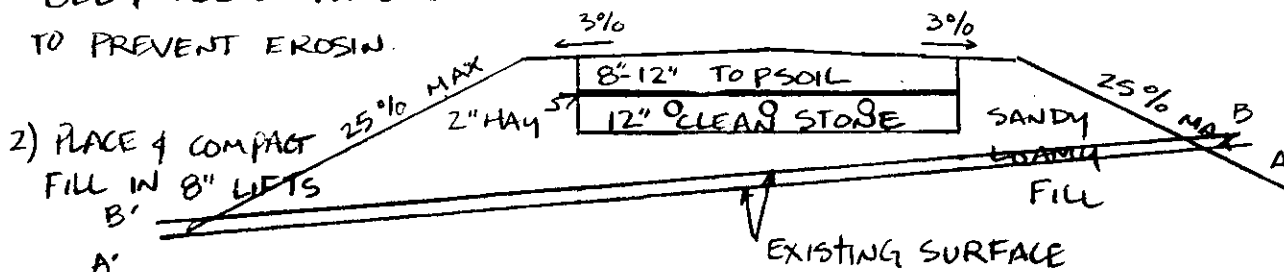


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT LOCATION & DESCRIPTION	
Depth of Fill (Upslope)	A/B 36'-32"	Reference Elevation is	0"	E.R.P. NAIL W/ FLAGGING 47" UP A 6" PITCH PINE	
Depth of Fill (Downslope)	A/B 46'-42"	Bottom of Disposal Area	-42"		
		Top of Distribution Lines or Chambers	-31"		

NOTES:

- 1) LIME, FERTILIZE, SEED & MULCH, TOP & SIDES OF BED & ALL DISTURBED AREAS TO PREVENT EROSION.

DISPOSAL AREA CROSS SECTION



- 2) PLACE & COMPACT FILL IN 8" LIFTS
- 3) BOTTOM OF BED TO BE LEVEL W/A MAX. GRADE TOLERANCE OF 1"/100'

SCARIFY ORIGINAL SURFACE UNDER BED.

BOTTOM OF BED TO BE INSTALLED @ -42' BELOW E.R.P.

Joseph Brooker
Site Evaluator Signature

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