


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	MOUNT DESERT
Street Subdivision Lot #	STANLEY MOUNTAIN
PROPERTY OWNERS NAME	
Last:	STANLEY First: WINSTON
Applicant Name:	(SAME)
Mailing Address of Owner/Applicant (If Different)	MT. DESERT, ME 04660

8-56/4

MOUNT DESERT	PERMIT # 519	TOWN COPY
Date Permit Issued: 3-25-88	\$ 400 FEE	<input type="checkbox"/> If Double Fee Charged
 Local Plumbing Inspector Signature		L.P.I. # 1615

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 3-24-88

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 Approve 12/5/88

PERMIT INFORMATION

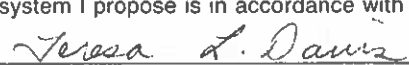
<p>THIS APPLICATION IS FOR:</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> NEW SYSTEM <input type="checkbox"/> REPLACEMENT SYSTEM <input type="checkbox"/> EXPANDED SYSTEM <input type="checkbox"/> EXPERIMENTAL SYSTEM <p>SEASONAL CONVERSION to be completed by the LPI</p> <ol 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>IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED <u>N/A</u></p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <input type="checkbox"/> BED <input type="checkbox"/> CHAMBER <input type="checkbox"/> TRENCH <input type="checkbox"/> OTHER: _____ <p>SIZE OF PROPERTY: <u>2 ACRES FROM 98 ACRE PARCEL</u></p> <p>ZONING: _____</p>	<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 <ol style="list-style-type: none"> <input type="checkbox"/> Requiring Local Plumbing Inspector Approval <input type="checkbox"/> Requires State and Local Plumbing Inspector Approval <input type="checkbox"/> MINIMUM LOT SIZE VARIANCE <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>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>TYPE OF WATER SUPPLY <u>PROPOSED DRILLED WELL</u></p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <ol style="list-style-type: none"> <input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular OR <input checked="" 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 checked="" type="checkbox"/> NOT REQUIRED <input type="checkbox"/> MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION) <input type="checkbox"/> REQUIRED <p>DOSE: _____ GALS.</p>	<p>CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.)</p> <p><u>3 BEDROOM, SINGLE FAMILY DWELLING</u></p> <p>MINIMUM</p> <p>DESIGN FLOW: <u>270</u> (GALLONS/DAY)</p>				
<p>SOIL CONDITIONS USED FOR DESIGN PURPOSES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>PROFILE</th> <th>CONDITION</th> </tr> <tr> <td style="text-align: center;"><u>2</u></td> <td style="text-align: center;"><u>A</u></td> </tr> </table> <p>DEPTH TO LIMITING FACTOR: <u>25</u></p>	PROFILE	CONDITION	<u>2</u>	<u>A</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>900</u> Sq. Ft. <input type="checkbox"/> CHAMBER _____ Sq. Ft. <input type="checkbox"/> REGULAR <input type="checkbox"/> H-20 <input type="checkbox"/> TRENCH _____ Linear Ft. <input type="checkbox"/> OTHER: _____ 	
PROFILE	CONDITION						
<u>2</u>	<u>A</u>						

SITE EVALUATOR STATEMENT

On MARCH 17, 1988 (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.


 Site Evaluator Signature SE# 203 Date 3-17-1988

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

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Department of Human Services
Division of Health Engineering

Town, City, Plantation

MOUNT DESERT

Street, Road, Subdivision

STANLEY MOUNTAIN

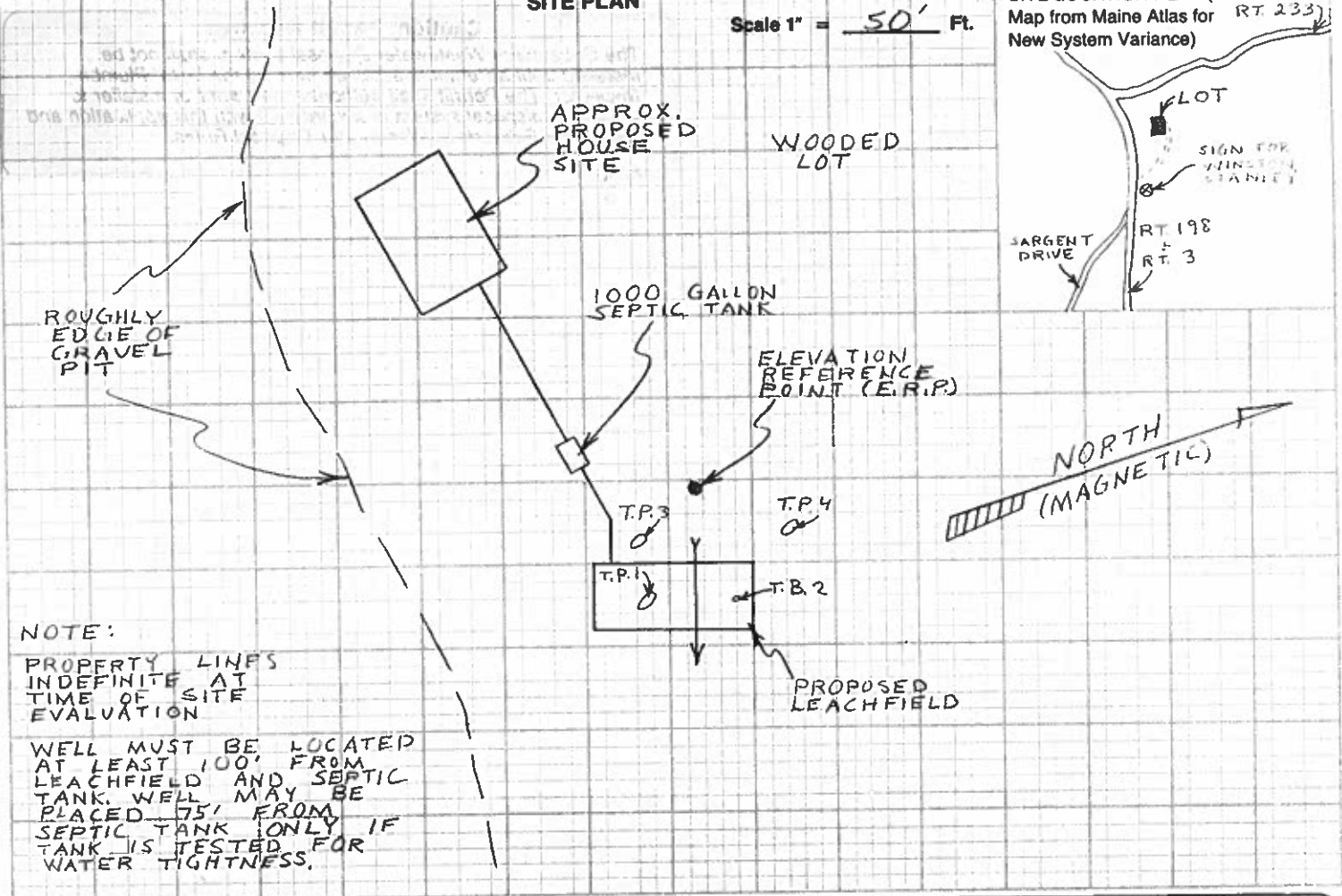
Owners Name

WINSTON STANLEY

SITE PLAN

Scale 1" = 50' Ft.

SITE LOCATION PLAN (Attach Map from Maine Atlas for RT 233; New System Variance)



NOTE:

PROPERTY LINES INDEFINITE AT TIME OF SITE EVALUATION

WELL MUST BE LOCATED AT LEAST 100' FROM LEACHFIELD AND SEPTIC TANK. WELL MAY BE PLACED 75' FROM SEPTIC TANK ONLY IF TANK IS TESTED FOR WATER TIGHTNESS.

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole T.P. 1 Test Pit Boring
2" Depth of Organic Horizon Above Mineral Soil

Observation Hole T.B. 2 Test Pit Boring
2" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
A ₀	SANDY LOAM	FRIABLE	DARK BROWN REDDISH-BROWN	
B ₁				NONE EVIDENT
B ₂ /C			LIGHT REDDISH-BROWN	
R	LEDGE			

Depth Below Mineral Soil Surface (Inches)	Texture	Consistency	Color	Mottling
A ₀	SANDY LOAM	FRIABLE	DARK BROWN REDDISH-BROWN	
B				
C			REDDISH-YELLOWISH-BROWN	COMMON MED. DIST.
R	LEDGE			

NOTE: T.P. 3 AND T.P. 4 ARE ALSO 2" SOILS WITH 10" TO 20" TO LEDGE.

Soil Profile	Classification Condition	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
2	A	10%	25"	

Soil Profile	Classification Condition	Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input checked="" type="checkbox"/> Bedrock
2	A	5%	25"	

Teresa Davis
Site Evaluator Signature

203
SE#

3-17-1988
Date

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Town, City, Plantation

Street, Road, Subdivision

Owners Name

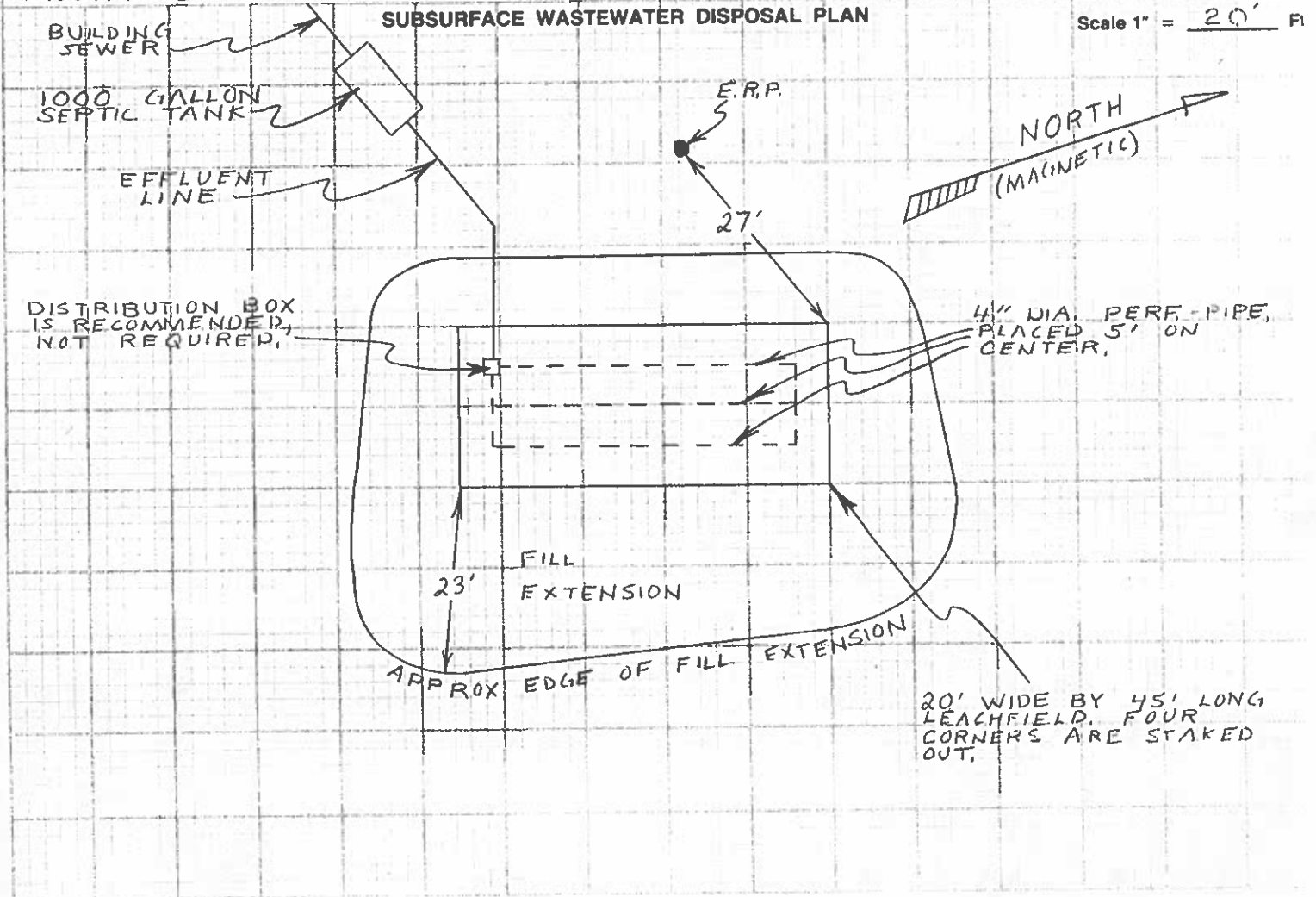
MOUNT DESERT

STANLEY MOUNTAIN

WINSTON STANLEY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20' Ft



FILL REQUIREMENTS

Depth of Fill (Upslope) 24"
 Depth of Fill (Downslope) 36-48"

CONSTRUCTION ELEVATIONS

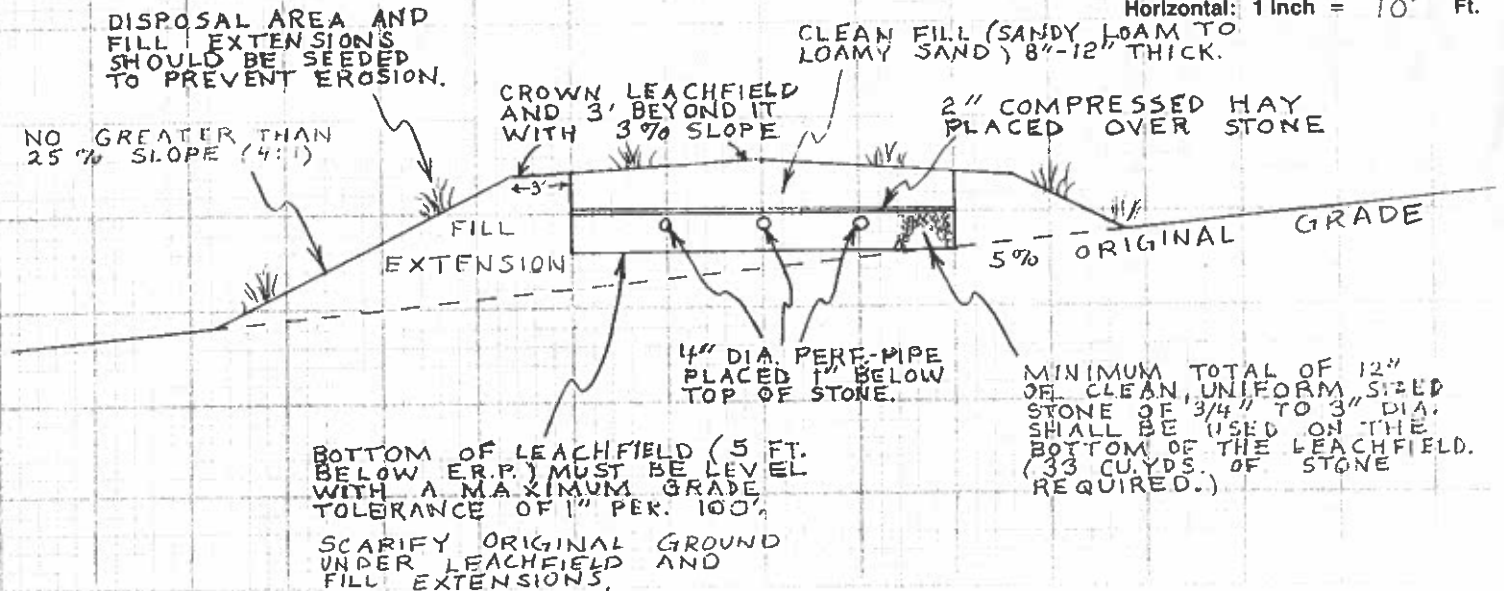
Reference Elevation is 0"
 Bottom of Disposal Area -60"
 Top of Distribution Lines or Chambers -49"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

0" NAIL IN A 7" DIA. OAK TREE LOCATED 35' AT N20°W FROM S.W. CORNER OF LEACHFIELD.
 Scale:

Vertical: 1 inch = 5' Ft.
 Horizontal: 1 inch = 10' Ft.

DISPOSAL AREA CROSS SECTION (ACROSS A-B ABOVE)



Teresa L. Davis
 Site Evaluator Signature

203
 SE#

3-17-1988
 Date

