

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION

Town or Plantation ELLSWORTH
Street LOT #7 GRAHAM WAY
Subdivision Lot # ESTATES

PROPERTY OWNERS NAME

Last: ABBOTT First: KON
Mailing Address of Owner RFD #3 Box 190A
ELLSWORTH, ME
Daytime Tel. # (207) 667-8524

Owner Statement

I state 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.

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 Application.

Local Plumbing Inspector Signature

Date Approved 7-31-97

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☒ First Time System
2. ☐ Multi-User System
3. ☐ Replacement System
4. ☐ Expanded System
 - a. ☐ One-time exempted
 - b. ☐ Non-exempted
5. ☐ Experimental System
6. ☐ Seasonal Conversion

THIS APPLICATION REQUIRES:

1. ☒ No Rule Variance
2. ☐ First Time System Variance (Municipal)
3. ☐ First Time System Variance (State)
4. ☐ Replacement System Variance
 - a. ☐ Local Plumbing Inspector approval
 - b. ☐ State & Local Plumbing Inspector approval
5. ☐ Minimum Lot Size Variance
6. ☐ Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)

1. ☒ Non-Engineered System
2. ☐ Primitive System
3. ☐ Alternative Toilet
Specify _____
4. ☐ Non-Engineered Treatment Tank
5. ☐ Holding Tank _____ Gallons
6. ☐ Non-Engineered Disposal Area (only)
7. ☐ Separated Laundry System
8. ☐ Engineered System (+2000 gpd)
9. ☐ Engineered Treatment Tank (only)
10. ☐ Engineered Disposal Area (only)

SIZE OF PROPERTY

1.1 ACRES

DISPOSAL SYSTEM TO SERVE:

1. ☒ Single Family Dwelling Unit
2. ☐ Multiple Family Dwelling Unit
Number of Units _____
3. ☐ Other _____ SPECIFY _____

TYPE OF WATER SUPPLY

PROPOSED DRILLED WELL

SHORELAND ZONING

☐ Yes ☒ No

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☒ Concrete
 - ☒ Regular
 - ☐ Low Profile
 2. ☐ Plastic
- SIZE 1000 Gallons

DISPOSAL AREA TYPE/SIZE

1. ☒ Stone Bed 900 Sq. Ft.
2. ☐ Proprietary Device _____ Sq. Ft.
 - ☐ Clustered ☐ Linear
 - ☐ Regular ☐ H-20
3. ☐ Trench _____ Lin. Ft.
4. ☐ Other _____

GARBAGE DISPOSAL UNIT

1. ☒ No
2. ☐ Yes
 - ☐ Multi-compartment tank
 - ☐ Tank in series
 - ☐ Increase in tank capacity
 - ☐ Filter on tank outlet

CRITERIA USED FOR DESIGN FLOW (Show Calculations)

MINIMUM DESIGN FLOW FOR A 3 BEDROOM RESIDENTIAL DWELLING

DESIGN FLOW: 270
(Gallons/Day)

PROFILE & DESIGN CLASS

PROFILE 3 DESIGN C
DEPTH TO MOST LIMITING FACTOR 31

DISPOSAL AREA SIZING

1. ☐ Small 2.0
2. ☐ Medium 2.60
3. ☒ Medium-Large 3.30
4. ☐ Large 4.10
5. ☐ Extra-Large 5.00

PUMPING

1. ☒ Not required
2. ☐ May be required
3. ☐ Required

DOSE _____ Gallons

SITE EVALUATOR'S STATEMENT

On 5/01/97 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature

Print Name

SE #

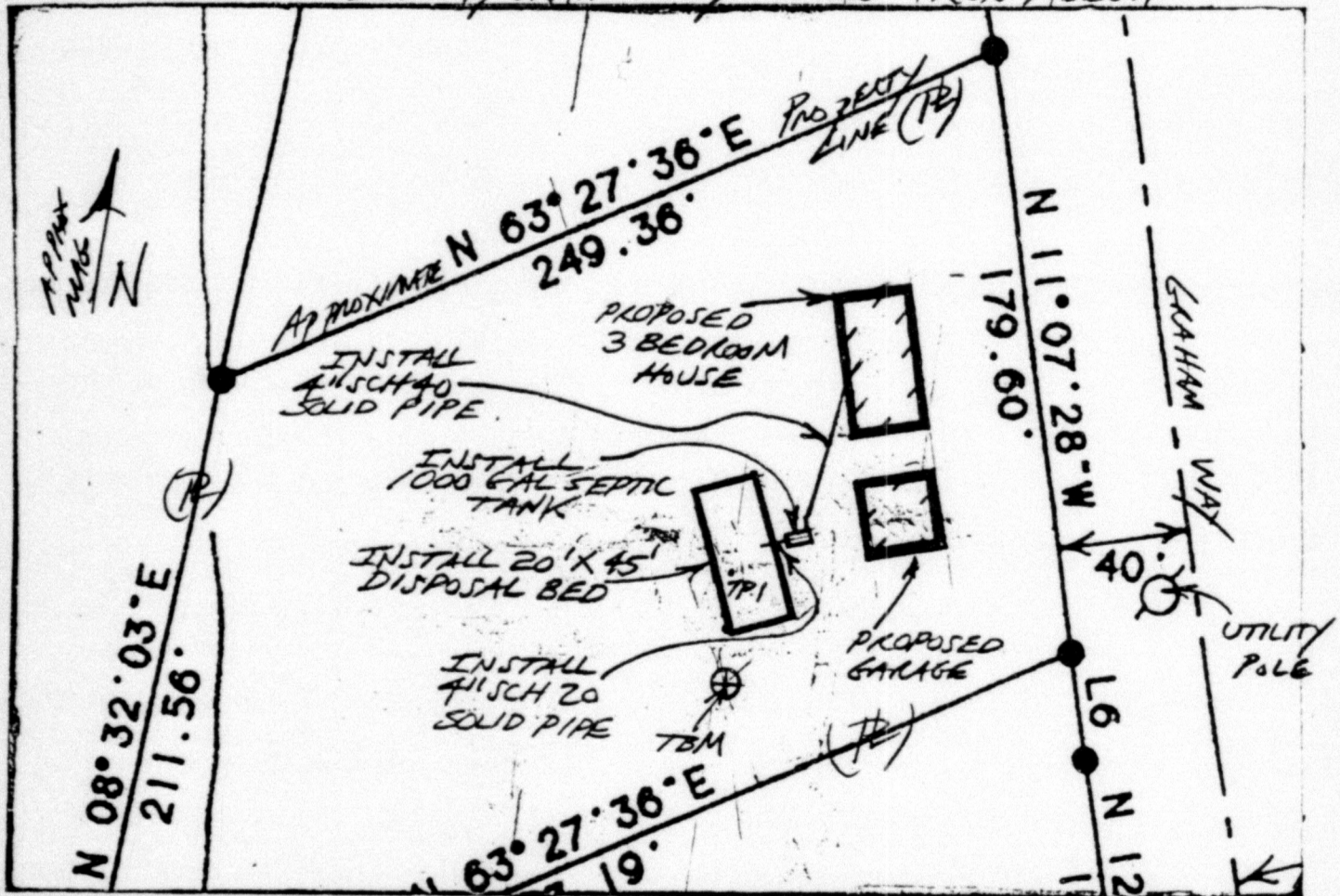
Telephone

Date

Department of Human Services
Division of Health Engineering

Owners Name

Owners Name
RON ABBOTT



(Location of Observation Holes Shown Above)

Observation Hole _____ ☐ Test Pit ☐ Boring
_____ * Depth of Organic Horizon Above Mineral Soil

Diagram illustrating a vertical profile of soil properties (Texture, Consistency, Color, Mottling) plotted against Depth Below Mineral Soil Surface (inches). The profile shows a diagonal line representing the soil profile, with horizontal dashed lines indicating specific depths (6, 15, 20, 30 inches).

☐ Ground Water

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