

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS	
Town Or Plantation	GOULDSBORO
Street	LOT #6 KINGSLEY FARMS SUBD.
Subdivision Lot #	KINGSLEY FARM ROAD
PROPERTY OWNERS NAME	
Last: STEENSTRA First: JOHN	
Applicant Name:	SAME
Mailing Address of Owner/Applicant (If Different)	186 WRIGHT ROAD CONCORD, MA. 01742

GOULDSBORO	PERMIT #	226	TOWN COPY
Only Permit Issued:	15-17-87	\$ 40.00	FEE
Local Plumbing Inspector Signature		L.P.I. #	259
☐ If Double Fee Charged			

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.

John Steenstra 5/17/87
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.

Albert L. Jones 5/12/87
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. ☒ NEW SYSTEM 2. ☐ REPLACEMENT SYSTEM 3. ☐ EXPANDED SYSTEM 4. ☐ EXPERIMENTAL SYSTEM	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	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
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 N/A 2. ☐ CHAMBER 4. ☐ OTHER: _____	DISPOSAL SYSTEM TO SERVE: 1. ☒ SINGLE FAMILY DWELLING 2. ☐ MODULAR OR MOBILE HOME 3. ☐ MULTIPLE FAMILY DWELLING 4. ☐ OTHER _____ SPECIFY _____
SIZE OF PROPERTY 1 AC. ±	ZONING SHORELAND	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 (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. ☐ REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 2 BEDROOM SINGLE FAMILY DWELLING DESIGN FLOW: 180 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 2 CONDITION: A, III DEPTH TO LIMITING FACTOR: 16	SIZE RATINGS USED FOR DESIGN PURPOSES 1. ☐ SMALL 2. ☐ MEDIUM 3. ☒ MEDIUM-LARGE 4. ☐ LARGE 5. ☐ EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. ☒ BED 600 Sq. Ft. 2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20 3. ☐ TRENCH _____ Linear Ft. 4. ☐ OTHER: _____	

SITE EVALUATOR STATEMENT

On 6/25/87 (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.

Gregory H. Perkins
Site Evaluator Signature

96
SE#

30 JUN 87
Date

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

LOT#6(KINGSLY Street, Road, Subdivision

Owners Name

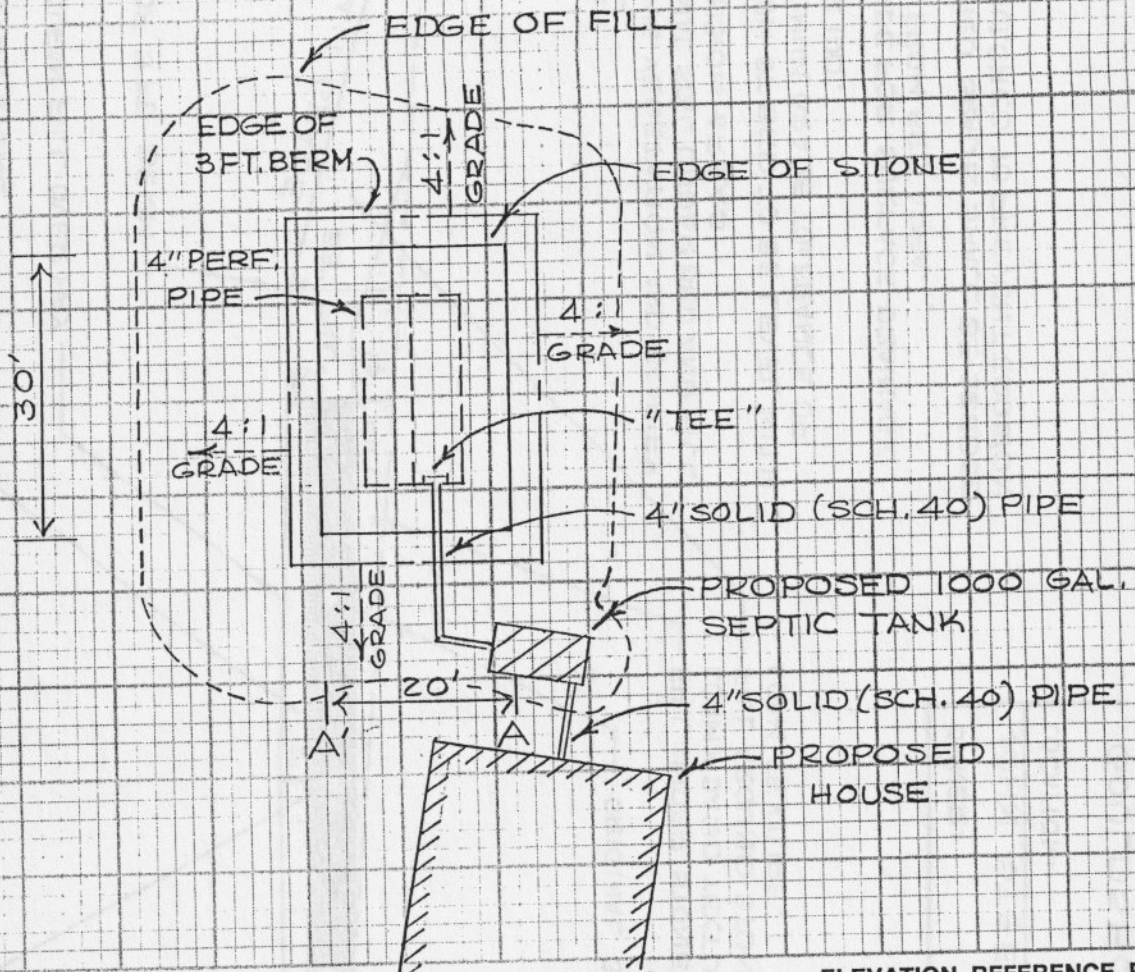
GOULDSBORO

FARM SUBD.) KINGSLY FARM ROAD

JOHN STEENSTRA

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

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

16"
33"

CONSTRUCTION ELEVATIONS

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

100'-0"
26'-4"
27'-3"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

NAIL 4'-9" UP FROM
BASE OF SPRUCE

DISPOSAL AREA CROSS SECTION

Scale:

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

(SEE ATTACHED CROSS SECTION A-A')

Gregory H. Perkins
Site Evaluator Signature

96
SE#

30 JUN 1997
Date

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER BED AND FILL EXTENSION AREAS.
2. BOTTOM OF BED TO BE LEVEL WITH FILL UNDER STONE AREA TO BE LOAMY SAND TEXTURE OR COARSER. FILL AROUND STONE TO BE SANDY LOAM TEXTURE.

1. REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER BED AND FILL EXTENSION AREAS.
2. BOTTOM OF BED TO BE LEVEL WITH A MAXIMUM GRADE TOLERANCE OF 1" PER 100'.
3. PROVIDE FOR SURFACE DRAINAGE AWAY FROM BED AREA.
4. FINISHED GRADE SHALL BE SEEDED AND MULCHED TO PREVENT EROSION.

GREGORY PERKINS S.E. # 96

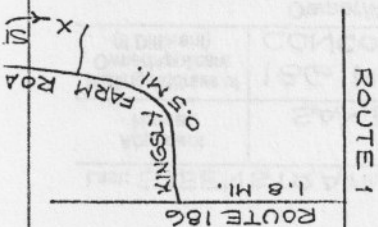
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation
Gouldsboro
LOT#6(KINGSLY Street, Road, Subdivision
FARM SUBD.) KINGSLY FARM ROAD

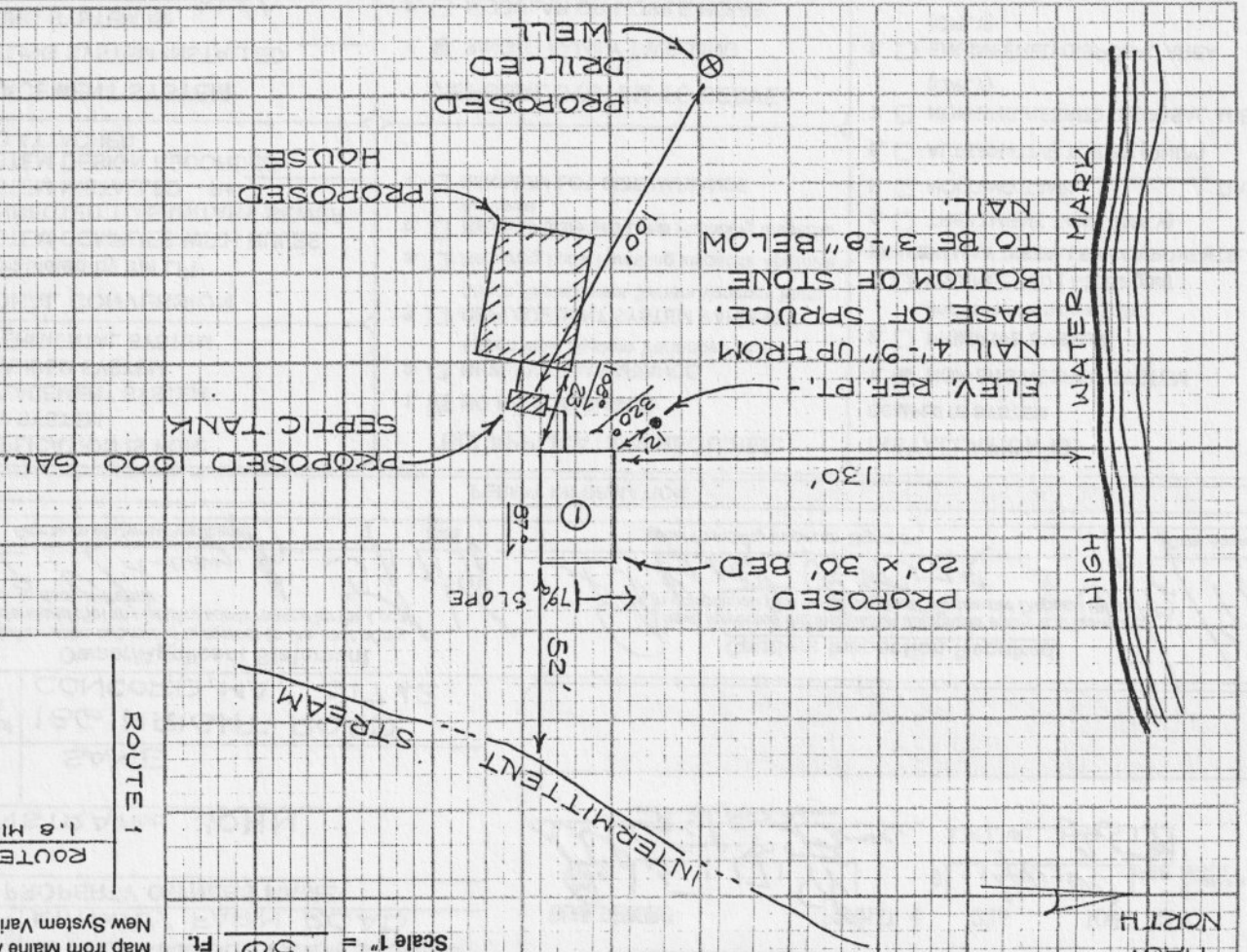
Owners Name
JOHN STEEN STRA

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



SITE PLAN

Scale 1" = 50' Ft.



SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole ☒ Test Pit ☐ Boring
"Depth of Organic Horizon Above Mineral Soil"

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	BROWN			
6	NONE			
10	RED			
15	BROWN			
20	LOAM FRIABLE			
25	OLIVE COMMON			
30	BROWN FAINI			
35	REFUSAL @ 28" (LEDGE)			

Soil Classification A III
Slope 7%
Limiting Factor 16
Ground Water ☐
Restrictive Layer ☐
Bedrock ☐