

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<	
City, Town, or Plantation	FRANKLIN	FRANKLIN Date Permit Issued: <u>11/6/10</u> Local Plumbing Inspector Signature: <u>[Signature]</u>	PERMIT # 1247 STATE COPY \$ <u>110.00</u> ☐ Double Fee ☐ FEE Charged L.P.I. # <u>01843</u>
Street or Road	GRIST MILL ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	SARRO, MARK ☐ Owner ☐ Applicant		
Mailing Address of Owner/Applicant	2 GRIST MILL RD. FRANKLIN, ME 04634		
Daytime Tel. #	565-2771	Municipal Tax Map # _____ Lot # _____	
OWNER OR APPLICANT STATEMENT 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.		CAUTION: INSPECTION REQUIRED I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) date approved _____	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION

TYPE OF APPLICATION ☒ 1. First Time System ☐ 2. Replacement System Type replaced: _____ Year installed: _____ ☐ 3. Expanded System ☐ a. Minor Expansion ☐ b. Major Expansion ☐ 4. Experimental System ☐ 5. Seasonal Conversion	THIS APPLICATION REQUIRES ☐ 1. No Rule Variance ☐ 2. First Time System Variance ☐ a. Local Plumbing Inspector Approval ☐ b. State & Local Plumbing Inspector Approval ☐ 3. Replacement System Variance ☐ a. Local Plumbing Inspector Approval ☐ b. State & Local Plumbing Inspector Approval ☐ 4. Minimum Lot Size Variance ☐ 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS ☒ 1. Complete Non-engineered System ☐ 2. Primitive System (graywater & alt. toilet) ☐ 3. Alternative Toilet, specify: _____ ☐ 4. Non-engineered Treatment Tank (only) ☐ 5. Holding Tank, _____ gallons ☐ 6. Non-engineered Disposal Field (only) ☐ 7. Separated Laundry System ☐ 8. Complete Engineered System (2000 gpd or more) ☐ 9. Engineered Treatment Tank (only) ☐ 10. Engineered Disposal Field (only) ☐ 11. Pre-treatment, specify: _____ ☐ 12. Miscellaneous Components
SIZE OF PROPERTY _____ ☐ SQ. FT. _____ ☐ ACRES	DISPOSAL SYSTEM TO SERVE ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> ☐ 2. Multiple Family Dwelling, No. of Units: _____ ☒ 3. Other: <u>Office</u> (specify) Current Use ☐ Seasonal ☐ Year Round ☐ Undeveloped	TYPE OF WATER SUPPLY ☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private ☐ 4. Public ☐ 5. Other
SHORELAND ZONING ☐ Yes ☒ No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK ☒ 1. Concrete ☐ a. Regular <u>OR</u> ☐ b. Low Profile ☐ 2. Plastic ☐ 3. Other: _____ CAPACITY: <u>1000</u> GAL	DISPOSAL FIELD TYPE & SIZE ☐ 1. Stone Bed ☐ 2. Stone Trench ☐ 3. Proprietary Device ☐ a. cluster array ☐ c. Linear ☐ b. regular load ☐ d. H-20 load ☐ 4. Other: _____ SIZE: <u>225</u> sq. ft. ☐ lin. ft.	GARBAGE DISPOSAL UNIT ☐ 1. No ☐ 2. Yes ☐ 3. Maybe If Yes or Maybe, specify one below: ☐ a. multi-compartment tank ☐ b. _____ tanks in series ☐ c. increase in tank capacity ☐ d. Filter on Tank Outlet	86 DESIGN FLOW <u>272</u> gallons per day BASED ON: ☒ 1. Table 501.1 (dwelling unit(s)) ☐ 2. Table 501.2 (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>4 1 B 1 1</u> at Observation Hole # <u>1</u> Depth <u>64</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING ☐ 1. Small—2.0 sq. ft. / gpd ☐ 2. Medium—2.6 sq. ft. / gpd ☐ 3. Medium—Large 3.3 sq. ft. / gpd ☐ 4. Large—4.1 sq. ft. / gpd ☐ 5. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP ☐ 1. Not Required ☐ 2. May Be Required ☐ 3. Required Specify only for engineered systems: DOSE: _____ gallons	

SITE EVALUATOR STATEMENT

I certify that on 6-15-09 (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).

[Signature] Site Evaluator Signature
117 SE # 652-7898
6-25-09 Date
RICHARD BABINE Site Evaluator Name Printed
652-7898 Telephone Number
 _____ E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

FRANKLIN

Street, Road, Subdivision

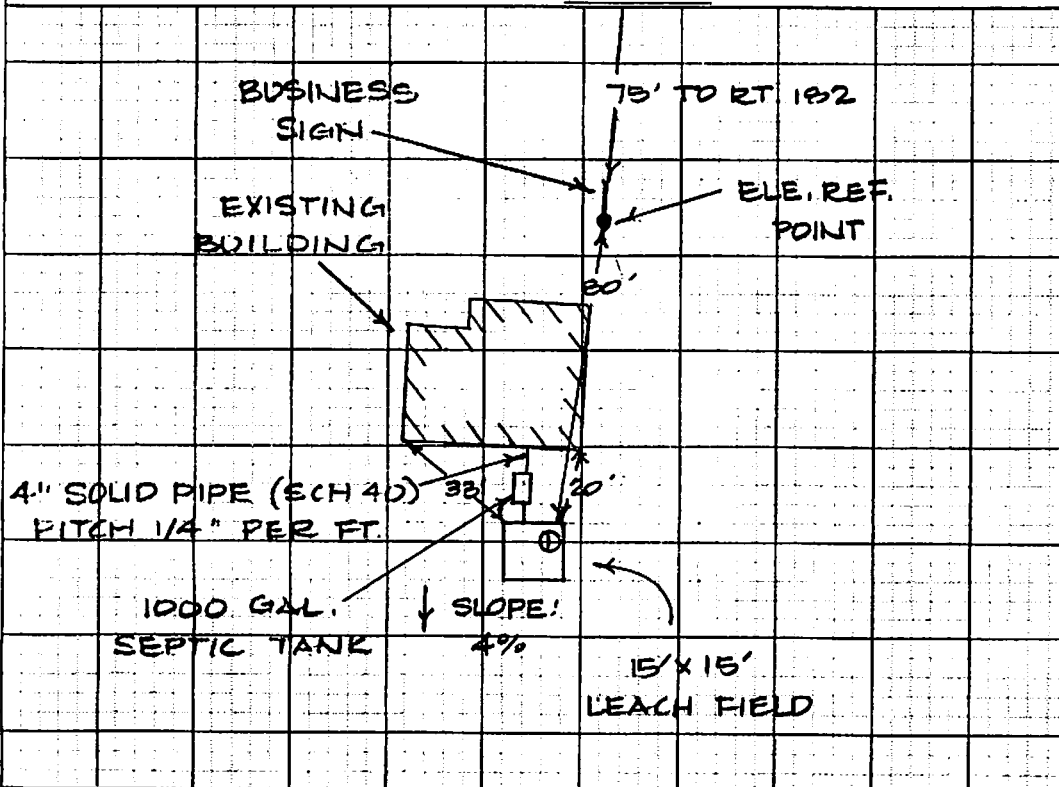
GRIST MILL RD.

Owner's Name

MARK SARRO

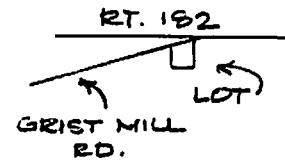
SITE PLAN

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN

(map from Maine Atlas recommended)



MAGNETIC NORTH



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

Observation Hole 1 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil

Texture	Consistency	Color	Mottling
0			
10		YELLOW BROWN	
20	41977 SANDY FILL		NONE EVIDENT
30	FRABLE		
40	41977 SAND FINE GRAVEL FILL	OLIVE	
50			

Soil Classification
4 B
Profile Condition

Slope
4 %

Limiting Factor
64" ☒ Pit Depth
☐ Ground Water
☐ Restrictive Layer
☐ Bedrock

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

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification
Profile Condition

Slope
%

Limiting Factor
" ☐ Ground Water
☐ Restrictive Layer
☐ Bedrock
☐ Pit Depth

Site Evaluator Signature

SE #

Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

FRANKLIN

Street, Road, Subdivision

GRIST MILL RD.

Owner's Name

MARK SARRO

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

4" SOLID PIPE (S/A 35 OR 40)
PITCH 1/8" PER FT.

"T" OR DISTRIBUTION BOX

EDGE STONE

EDGE 3' BERM

4" PERFORATED PIPE

NOTE: REMOVE
CONSTRUCTION
MATERIALS FOUND
AND REFILL TO
GRADE WITH
COARSE SAND.

FILL REQUIREMENTS

Depth of Fill (Upslope) 0"

Depth of Fill (Downslope) 0"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation

-64"

Top of Distribution Pipe or Proprietary Device

-74"

Bottom of Disposal Area

-85"

ELEVATION REFERENCE POINT

Location & Description: NAIL UP 57" IN SIGN POST

Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 10 ft.

Vertical 1" = 10 ft.

NOTES:

1. DIVERT SURFACE WATER AND GROUND WATER AWAY FROM THE DISPOSAL SYSTEM.
2. CHECK SEPTIC TANK AT LEAST EVERY TWO YEARS FOR PUMPING.
3. GARBAGE DISPOSALS ARE NOT RECOMMENDED.
4. WELL CAN BE 75' - 100' MINIMUM FROM SEPTIC TANK, IF TANK IS OF MONOLITHIC CONSTRUCTION AND TESTED FOR WATERTIGHTNESS IN PRESENCE OF L.P. I. AND IS USED BY OWNER ONLY.
5. BUILDING FOUNDATION TO BE AT LEAST 20' MINIMUM FROM LEACHFIELD AND SLAB TO BE AT LEAST 15' MINIMUM FROM LEACHFIELD.
6. PROTECT ALL PIPING FROM FROST.

Phil Bl.

Site Evaluator Signature

117

SE #

6-25-09

Date

五



801.5 Transitional horizons: On sites where the backfill material is coarser than the original soil, a minimum of 4 inches of backfill materials must be mixed (by plowing, disking or rot-tilling) into the original soil to form a transitional horizon beneath the disposal area footprint and all side and down slope fill extensions.

MARK SARD

FRANKLIN

21

RICHARD DAVINE

83

50-505

DATE _____