

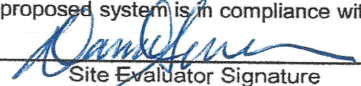
FILE

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation	Winter Harbor	Town/City _____	Permit # _____
Street or Road	294 Gray Road	Date Permit Issued ___/___/___	Fee: \$ _____ Double Fee Charged [ ]
Subdivision, Lot #		Local Plumbing Inspector Signature _____	L.P.I. # _____
<b>OWNER/APPLICANT INFORMATION</b>		<input type="checkbox"/> Owner <input type="checkbox"/> Town <input type="checkbox"/> State The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Name (last, first, MI)	Schuchman, Steve X Applicant	Municipal Tax Map # _____	Lot # _____
Mailing Address of Owner/Applicant	28 Blueberry Woods Rd Canaan, NH 03741	<b>CAUTION: INSPECTION REQUIRED</b>	
Daytime Tel. #	(603) 443-1898	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved	
<b>OWNER OR APPLICANT STATEMENT</b>		Signature of Owner or Applicant _____ Date _____	
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.		Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b>	<b>THIS APPLICATION REQUIRES</b>	<b>DISPOSAL SYSTEM COMPONENTS</b>
1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>OBD</u> Year installed: <u>1985+/-</u> 3. Expanded System a. <25% Expansion b. >25% Expansion 4. Experimental System 5. Seasonal Conversion	1. No Rule Variance 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval 4. Minimum Lot Size Variance 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 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) <input checked="" type="checkbox"/> 11. Pre-treatment, specify: <u>Advanced Treatment Unit</u> <input checked="" type="checkbox"/> 12. Miscellaneous Components <small>CI chamber monitoring station</small>
<b>SIZE OF PROPERTY</b>	<b>DISPOSAL SYSTEM TO SERVE</b>	<b>TYPE OF WATER SUPPLY</b>
1.67+/- SQ. FT. ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use Seasonal <input checked="" type="checkbox"/> Year Round Undeveloped	1. Drilled Well    2. Dug Well <input checked="" type="checkbox"/> 3. Private 4. Public    5. Other
<b>SHORELAND ZONING</b>	<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>	
<input checked="" type="checkbox"/> Yes    No	<b>TREATMENT TANK</b>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b>
	<input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: <u>1,000*</u> GAL. *if not already provided in ATU	1. Stone Bed    2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device a. cluster array    c. Linear b. regular load    d. H-20 load 4. Other: _____ SIZE: <u>180</u> sq. ft. X lin. ft.
	<b>SOIL DATA &amp; DESIGN CLASS</b>	<b>GARBAGE DISPOSAL UNIT</b>
	PROFILE CONDITION <u>2 / All</u> at Observation Hole # <u>TP-2</u> Depth <u>16"</u> of Most Limiting Soil Factor	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
	<b>DISPOSAL FIELD SIZING</b>	<b>EFFLUENT/EJECTOR PUMP</b>
	<input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	1. Not Required <input checked="" type="checkbox"/> 2. May Be Required 3. Required Specify only for engineered systems: DOSE: _____ gallons
		<b>DESIGN FLOW</b>
		<u>270</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities Please refer to Attached Notes for Details 3. Section 4G (meter readings) ATTACH WATER METER DATA
		<b>LATITUDE AND LONGITUDE</b>
		at center of disposal area Lat. <u>44</u> d <u>23</u> m <u>59</u> s Lon. <u>68</u> d <u>06</u> m <u>36</u> s if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT		
I certify that on <u>10JUL2007</u> (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).		
 Site Evaluator Signature	<u>303</u> SE #	<u>08JUL2017</u> Date
David Silver Site Evaluator Name Printed	<u>207-551-0011</u> Telephone Number	<u>davesilver@me.com</u> E-mail Address



# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, Station 10  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Winter Harbor

Street, Road, Subdivision

294 Gray Road

Owner or Applicant Name

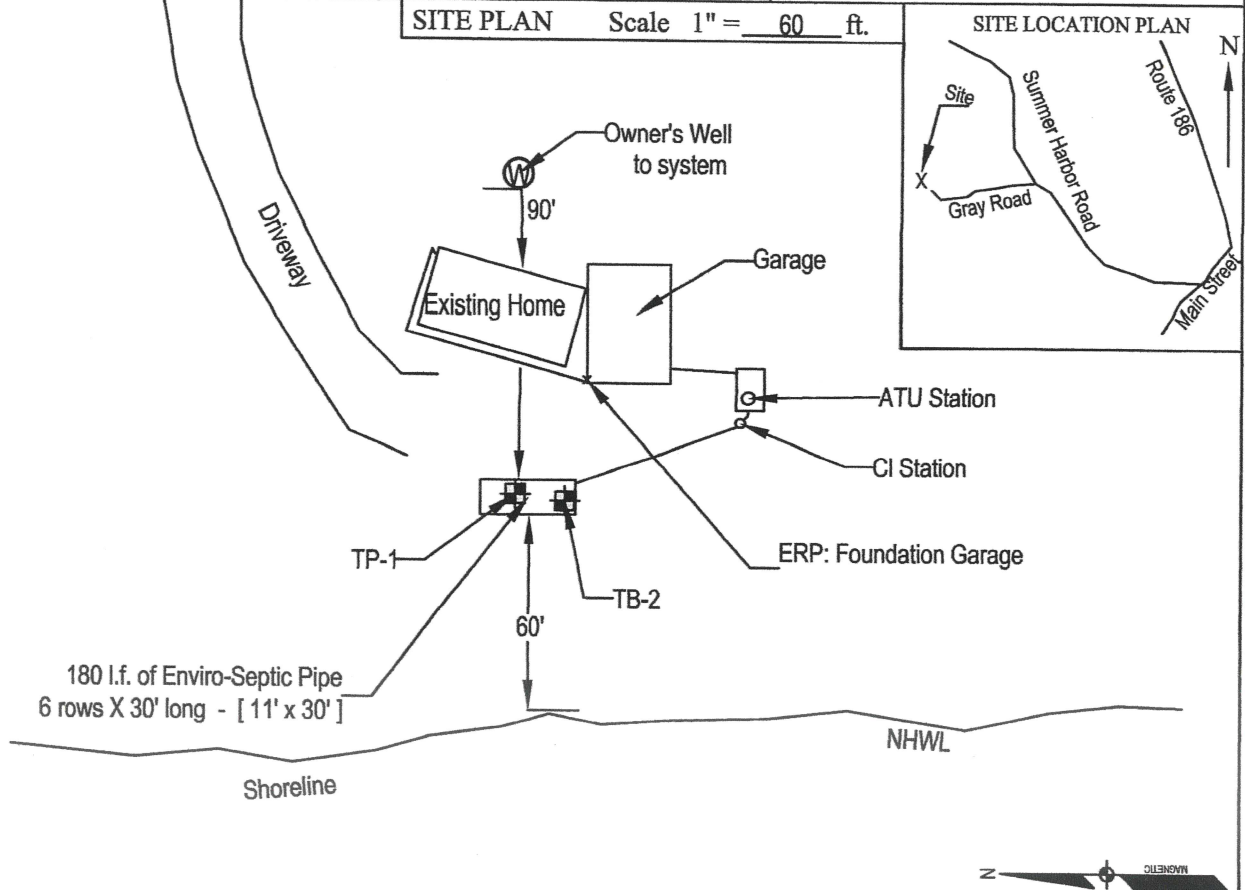
Steve Schuchman

**NOTES:**

1. This is not a survey. All property lines, building locations and site features have been approximately located, unless otherwise shown.
2. Scarify all ground to be filled. Remove vegetation and organic loam topsoil. Scarify soil to a depth of 6 inches by mixing gravelly coarse sand with native soil using a rototiller or a backhoe bucket with teeth. Do not use a backhoe bucket without teeth because it can compact and smear the underlying soil.
3. Serial Distribution shall connect all rows.
4. This system is not designed to be used with a garbage disposal.
5. This system is not designed for backwash from a water softener.
6. Review the Enviro-Septic Design and Installation Manual before installing this system.

SITE PLAN Scale 1" = 60 ft.

SITE LOCATION PLAN



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

Observation Hole # TP-1     Test Pit     Boring

1 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Loamy Sand	Friable	Olive Brown	
12	Loamy Sand	Friable	Reddish Brown	Common & Faint
18	Loamy Sand	Somewhat Firm	Olive Brown	
24				
30				
36				
42				
48				

Bedrock at 16 inches

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
<u>2</u>	<u>All</u>	<u>12</u>	<u>16"</u>	<input type="checkbox"/> Restrictive Layer
	Condition	Percent	Depth	<input checked="" type="checkbox"/> Bedrock

Observation Hole # TB-2     Test Pit     Boring

1 " Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Sandy Loam	Friable	Brown	
12	Sandy Loam	Friable	Reddish Brown	Common & Faint
18	Sandy Loam	Somewhat Firm	Olive Brown	
24				
30				
36				
42				
48				

Bedrock at 18 inches

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Groundwater
<u>2</u>	<u>A</u>	<u>11</u>	<u>18"</u>	<input type="checkbox"/> Restrictive Layer
	Condition	Percent	Depth	<input checked="" type="checkbox"/> Bedrock

*Dank*  
Site Evaluator Signature

303  
SE #

08JUL2017  
Date

