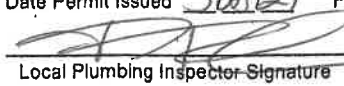


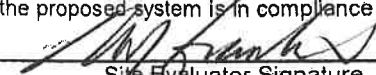
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
 Div of Environmental Health, 11 SHS
 (207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	SURRY	Town/City <u>Surry</u>	Permit # <u>2045</u>
Street or Road	727 N. BEND RD	Date Permit Issued <u>5/13/21</u>	Fee: \$ <u>1507.20</u> Double Fee Charged []
Subdivision, Lot #		 Local Plumbing Inspector Signature	
OWNER/APPLICANT INFORMATION		L.P.I. # <u>1133</u>	
Name (last, first, MI)	CURTIS MIKE <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	Owner <input checked="" type="checkbox"/> Town <input type="checkbox"/> State <input type="checkbox"/>	
Mailing Address of Owner/Applicant	19 CURTIS LANE SURRY ME 04684	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	
Daytime Tel. #	479-3457		
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) date approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>SEPTIC TANK</u> Year installed: <u>1983</u> <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY <u>1/2 A ±</u> <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	PROPOSED TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other <u>EXISTING DUG WELL</u>
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <u>TOP SEWER WITH LIFT STA.</u> a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: CAPACITY: <u>750 GAL.</u> <u>OR 1000</u>	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <u>EXISTING BED</u> a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: <u>1983 800 ft²</u> SIZE: _____ sq. ft. /lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>2 BEDROOM</u> <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE / CONDITION <u>PERMIT 0036 SURRY 09310</u> <u>9 / D</u> at Observation Hole # _____ Depth <u>12"</u> of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input checked="" type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> Not Required <input type="checkbox"/> May Be Required <input checked="" type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>30</u> m <u>31</u> s Lon. <u>68</u> d <u>30</u> m <u>18.4</u> s if g.p.s, state margin of error: <u>30'</u>

SITE EVALUATOR STATEMENT		
I certify that on <u>5-13-21</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>189</u> SE #	<u>5-18-21</u> Date
Mike J Gramlich POB 284 Holden ME 04429	207 843 6395	E-mail Address
Site Evaluator Name Printed	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

Maine Department of Human Services
 Division of Health Engineering, Station 10
 (207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
SURRY

Street, Road, Subdivision
727 N. BEND RD

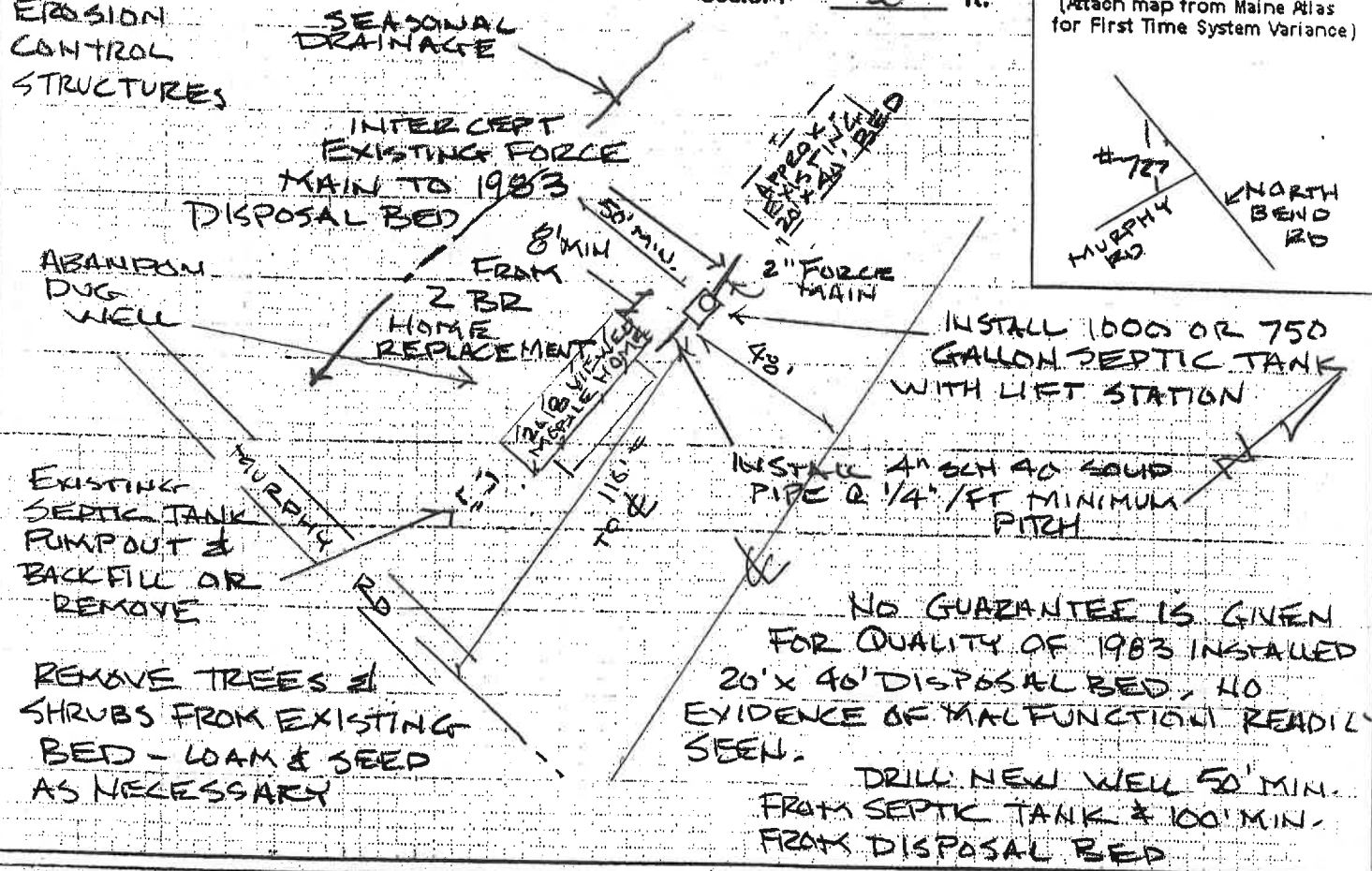
Owner or Applicant Name
MIKE CURTIS

INSTALL
 EROSION
 CONTROL
 STRUCTURES

SITE PLAN

Scale: 1" = 50' ft.

SITE LOCATION MAP
 (Attach map from Maine Atlas
 for First Time System Variance)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # _____ Test Pit Boring

Depth below mineral soil surface (inches)	Depth of organic horizon above mineral soil			
	Texture	Consistency	Color	Mottling
0				
6				
12		N/A		
18				
24				
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
--------------	--------------------------	---------------	-----------------------	--

Observation Hole # _____ Test Pit Boring

Depth below mineral soil surface (inches)	Depth of organic horizon above mineral soil			
	Texture	Consistency	Color	Mottling
0				
6				
12		N/A		
18				
24				
30				
36				
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	<input type="checkbox"/> Groundwater <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
--------------	--------------------------	---------------	-----------------------	--

189

5-18-21

Site Evaluator Signature

SE #

Date

Mike J Gramlich

POB 284 Holden ME 04429

207 843-6395

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation
SUREY

Street, Road, Subdivision
727 N. BEND RD

Owner's Name
MIKE CURTIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

N/A
TANK REPLACEMENT ONLY
SEE PAGE 2 OF HHE-200 FORMS

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) _____

Finished Grade Elevation _____

Location & Description: _____

Top of Distribution Pipe or Proprietary Device _____

Depth of Fill (Downslope) _____

Bottom of Disposal Area _____

Reference Elevation: _____

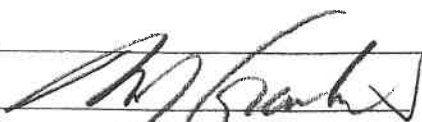
DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

N/A


Site Evaluator Signature

#189
SE #

5-18-21
Date