

PROPERTY LOCATION		>> Caution: Permit Required – Attach In Space Below <<	
City, Town, or Plantation	LAMOINE	LAMOINE PERMIT # 1041 APPLICANTS COPY Date Permit Issued: 11/6/01 FEE \$110.00 <i>John Holdsworth</i> L.P.I. # 15612 Local Plumbing Inspector Signature THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.	
Street or Road	NEEDLE'S EYE ROAD		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION		Municipal Tax Map # _____ Lot # _____ Caution: Inspections 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 (1st) Date Approved _____ _____ Local Plumbing Inspector Signature (2nd) Date Approved _____	
Name (last, first, MI)	GUILLAN, AMY		
Mailing Address of	39 NEEDLE'S EYE ROAD		
☒ Owner ☐ Applicant	LAMOINE, ME. 04605		
Daytime Tel. #	(207) 667-8929		
Owner or Applicant 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. <i>A. Guillan</i> 11/6/01 Signature of Owner or Applicant Date			

PERMIT INFORMATION			
TYPE OF APPLICATION 1. ☒ First Time System 2. ☐ Replacement System Type Replaced: _____ Year Installed: _____ 3. ☐ Expanded System a. ☐ One-time exempted b. ☐ Non-exempted 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 Approval	DISPOSAL SYSTEM COMPONENT(S) 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 80± ☐ sq. ft. ☒ acres	DISPOSAL SYSTEM TO SERVE 1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 2 2. ☐ Multiple Family Dwelling, No. of Units: _____ 3. ☐ Other: _____ SPECIFY _____	TYPE OF WATER SUPPLY 1. ☒ Drilled Well 2. ☐ Dug Well 3. ☐ Private 4. ☐ Public 5. ☐ Other: _____	
SHORELAND ZONING ☐ Yes ☒ No			

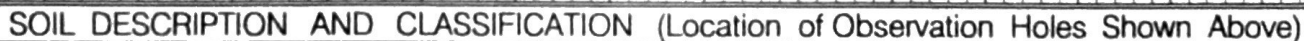
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. ☒ Concrete a. ☒ Regular OR b. ☐ Low Profile 2. ☐ Plastic 3. ☐ Other: _____ CAPACITY 1000 gallons	DISPOSAL FIELD TYPE & SIZE 1. ☒ Stone Bed 2. ☐ Stone Trench 3. ☐ Proprietary Device a. ☐ Cluster array c. ☐ Linear b. ☐ Regular load d. ☐ H-20 load 4. ☐ Other: _____ SIZE 600 sq. ft. ☐ lin. ft.	GARBAGE DISPOSAL UNIT 1. ☒ No 3. ☐ Maybe 2. ☐ Yes >> Specify one below: a. ☐ Multi-compartment Tank b. ☐ Tanks in Series c. ☐ Increase in Tank Capacity d. ☐ Filter on Tank Outlet	DESIGN FLOW 180 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 3 / AIII / C at Observation Hole # 1 Depth 24" Elevation -78" 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	PUMPING 1. ☒ Not Required 2. ☐ May Be Required 3. ☐ Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons	3. ☐ Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT	
I Certify that on 10-9-01 (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). <i>Richard Babine</i> 117 10-11-01 Site Evaluator Signature SE # Date RICHARD BABINE (207) 825-3623 Site Evaluator Name Printed Telephone #	

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

Owner's Name
AMY GUILLAN

Scale 1" = 40 Ft.
or as shown

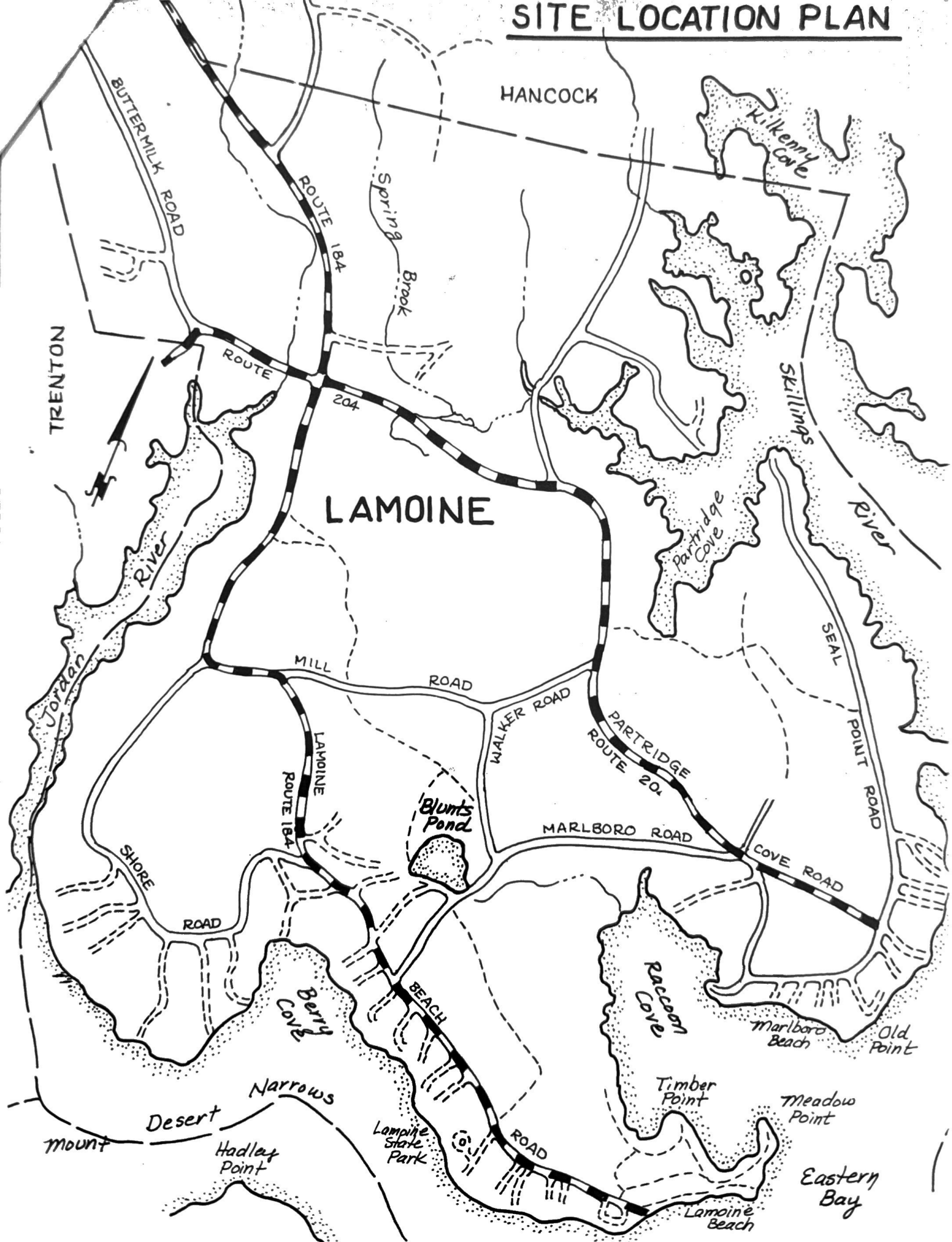


DEPTH BELOW SURFACE	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification		Slope	Limiting Factor	☐ Ground Water
Profile	Condition	_____ / _____	"	☐ Restrictive Layer
				☐ Bedrock
				☐ Pit Depth

Date _____

SITE LOCATION PLAN



SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

LAMOINE

Street, Road, Subdivision

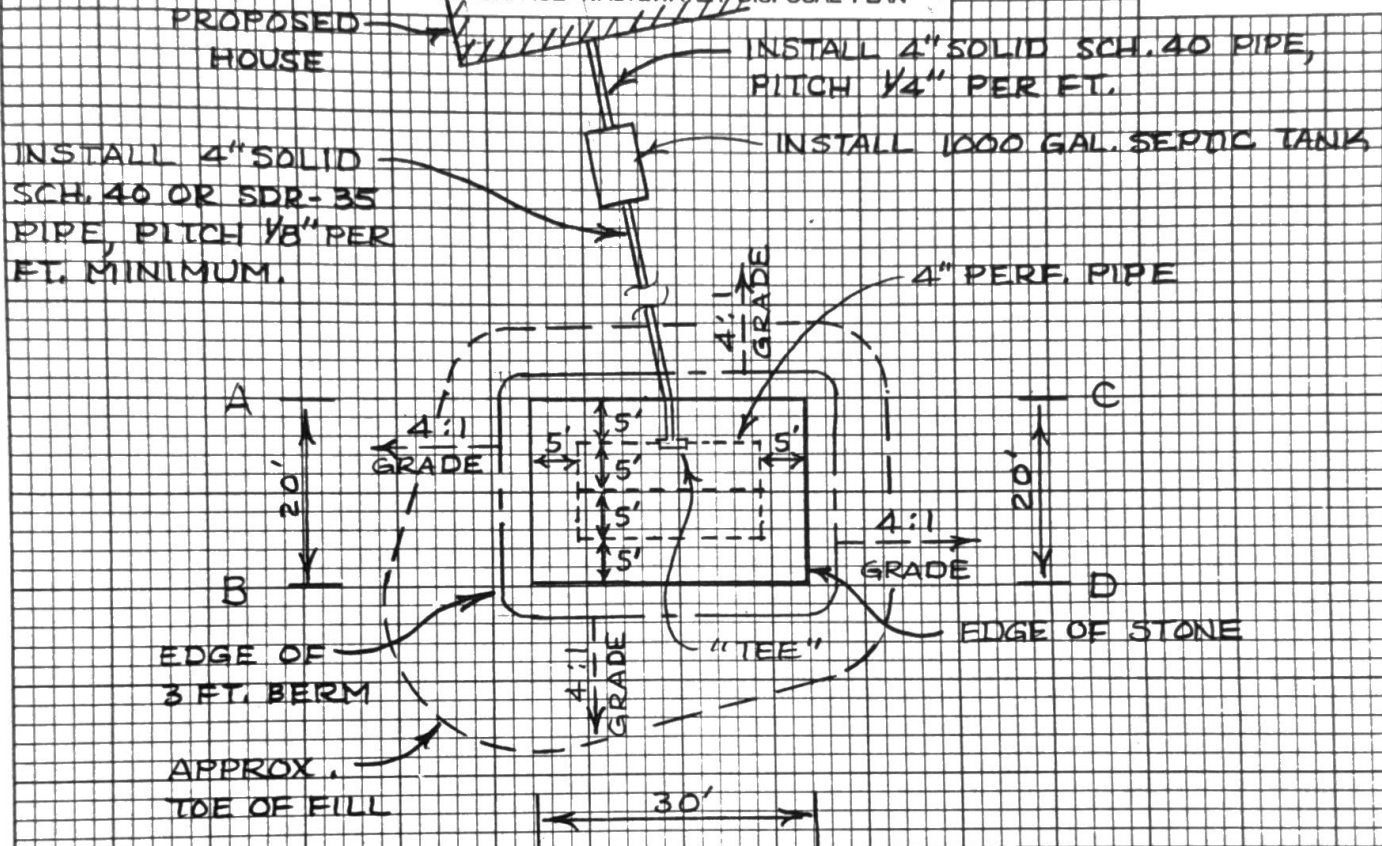
NEEDLE'S EYE ROAD

Owner's Name

AMY GUILLAN

SCALE 1" = 20 FT.

SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS

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

16"-17"
20"-32"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation
Top of Distribution Pipe or Proprietary Device
Bottom of Disposal Area

-32"
-47"
-58"

ELEVATION REFERENCE POINT

Location & Description
Reference Elevation

NAIL
IN FIR TREE.
0"

DISPOSAL AREA CROSS SECTION

(SEE ATTACHED CROSS SECTIONS A-B & C-D)

SCALE:
VERTICAL: 1" =
HORIZONTAL: 1" =

NOTES:

1. DIVERT SURFACE WATER AND GROUND WATER AWAY FROM THE DISPOSAL SYSTEM.
2. CHECK THE SEPTIC TANK AT LEAST EVERY TWO YEARS FOR PUMPING.
3. GARBAGE DISPOSALS ARE NOT RECOMMENDED.
4. THE SEPTIC TANK CAN BE 75' - 100' FROM THE WELL, IF THE TANK IS OF MONOLITHIC CONSTRUCTION OR TESTED FOR WATERTIGHTNESS IN THE PRESENCE OF THE L.P.I.

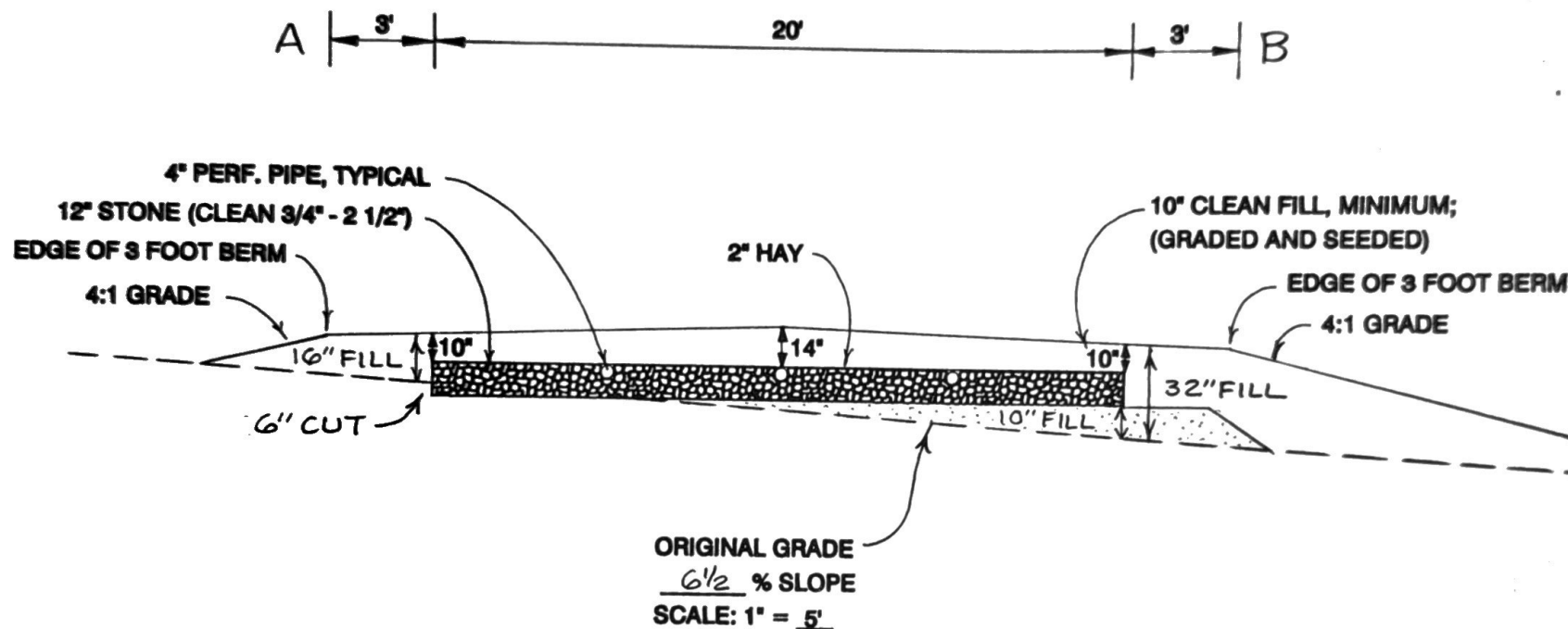
Phil Bob
Site Evaluator Signature

117

SE •

10-11-01
Date

BED CROSS - SECTION



NOTES:

1. REMOVE THE VEGETATION AND SCARIFY THE AREA BENEATH SYSTEM AND FILL EXTENSIONS.
2. INSTALL GRAVELLY SANDY LOAM FILL IN 8" LIFTS AND COMPACT.
3. KEEP THE BOTTOM OF THE BED LEVEL
4. THE TOP 4" OF THE CLEAN FILL WILL CONSIST OF SOIL AMENDMENT MIX, SUITABLE FOR ESTABLISHMENT OF A VEGETATIVE COVER. THIS WILL BE PLACED OVER THE SYSTEM INCLUDING FILL EXTENSIONS.

OWNER: AMY GUILLAN

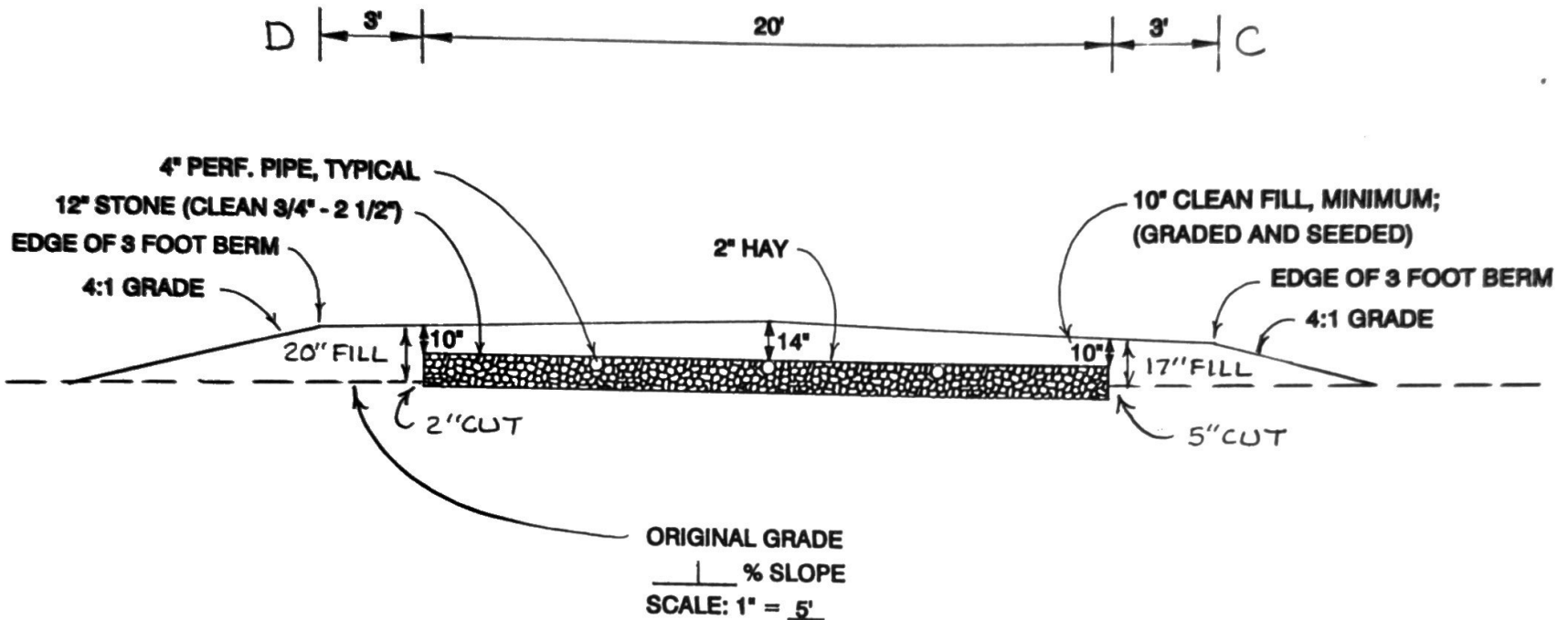
LOCATION: LAMOINE

[Signature]
SITE EVALUATOR'S SIGNATURE

117
S.E.#

10-11-01
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OWNER: AMY GUILLAN

LOCATION: LAMOINE

Phil B...
SITE EVALUATOR'S SIGNATURE

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