- RCVD PERMIT FEE DELIVERED TO TOWN OFFICE DOA 8-6-2020 - DED
- CHONG LIM

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

## PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation: CRANBERRY ISLES
Street or Road: 443 CRANBERRY RD.
Subdivision, Lot #: THE RED HOUSE

Town/City: CRANBERRY ISLES Permit #: 391
Date Permit Issued: 8.10.2020 Fee: $ 100 Double Fee Charged: ☐
Local Plumbing Inspector Signature: DED LPI #: 1180
☐ Owner ☐ Town ☐ State

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): LIM, CHONG
■ Owner ☐ Applicant
Mailing Address of Owner/Applicant: PO BOX 113
CRANBERRY ISLES, ME 04625
Daytime Tel. #:

The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. This Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # 6 Lot # 7

**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.
Signature of Owner or Applicant: [signature] Date: July 31 '20

**CAUTION: INSPECTION 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: _____ (2nd) date approved: _____

## PERMIT INFORMATION

**TYPE OF APPLICATION**
■ 1. First Time System
☐ 2. Replacement System
Type replaced: _____
Year installed: _____
☐ 3. Expanded System
☐ a. <25% Expansion
☐ b. >= 25% 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
☐ 3. Replacement System Variance
☐ a. Local Plumbing Inspector Approval
☐ b. State & Local Plumbing Inspector
☐ 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: COMPOSTING TOILET TBD
☐ 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**
2.17 ☐ SQ. FT. ■ ACRES

**DISPOSAL SYSTEM TO SERVE**
☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
☐ 2. Multiple Family Dwelling, No. of Units: ____
■ 3. Other: YURT- LIMITED SYSTEM (specify)
Current Use ☐ Seasonal ☐ Year Round ■ Undeveloped

**TYPE OF WATER SUPPLY**
☐ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ■ 5. Other CISTERN

**SHORELAND ZONING**
■ Yes ☐ No

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

**TREATMENT TANK**
☐ 1. Concrete
☐ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: N/A
CAPACITY: _____ 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: 384 ■ 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

**DESIGN FLOW**
100 gallons per day
BASED ON:
■ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS
— for other facilities —
100 GPD LIMITED SYSTEM
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

**SOIL DATA**
PROFILE: 7 CONDITION: C
at Observation Hole # TP18-2
Depth 16 "
of Most Limiting Soil Factor
GROUNDWATER

**DISPOSAL FIELD SIZING**
☐ 1. Medium—2.6 sq. ft. / gpd
■ 2. Medium—Large 3.3 sq. ft. / gpd
☐ 3. Large—4.1 sq. ft. / gpd
☐ 4. 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

**LATITUDE AND LONGITUDE**
at center of disposal area
Lat. 44 d 14 m 37.101 s
Lon. 68 d 15 m 31.339 s
if g.p.s. state margin of error: 20

## SITE EVALUATOR STATEMENT

I certify that on 9/1/18 (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 | SE# | Date |
|---|---|---|
| | SE#360 | 09/24/18 |

| Site Evaluator Name Printed | Telephone Number | Email Address |
|---|---|---|
| ROGER ST AMAND | 207-944-7288 | ROGER@ARC-ENV.COM |

Designed with SeptiCAD v4
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.