State Contractors Copy

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS

Town Or Plantation: LAMOINE
Street Subdivision Lot #: MUD CREEK ROAD

PROPERTY OWNERS NAME

Last: ADAMS First: BRUCE + BETTY
Applicant Name: ATLANTIC BUILDERS
Mailing Address of Owner/Applicant (If Different): PO BOX 130 SORRY, ME 04684

LAMOINE PERMIT # 266 STATE COPY
Date Permit Issued: 1/14/88 $ 140.00 FEE If Double Fee Charged
292 Robert Alvarez L.P.I. # 284

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

Daniel R Adams 1-14-88
Signature of Owner/Applicant Date

Caution: Inspection Required

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules.

Robert Alvarez May 5 1988
Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:
1. [X] NEW SYSTEM
2. [ ] REPLACEMENT SYSTEM
3. [ ] EXPANDED SYSTEM
4. [ ] EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. [ ] SYSTEM COMPLIES WITH RULES
6. [ ] CONNECTED TO SANITARY SEWER
7. [ ] SYSTEM INSTALLED – P# _____
8. [ ] SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED ____
THE FAILING SYSTEM IS:
1. [ ] BED 3. [ ] TRENCH
2. [ ] CHAMBER 4. [ ] OTHER: N/A

SIZE OF PROPERTY: ±9.5 ACRES
ZONING: SHORELAND

THIS APPLICATION REQUIRES:
1. [X] NO RULE VARIANCE
2. [ ] NEW SYSTEM VARIANCE Attach New System Variance Form
3. [ ] REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
a. [ ] Requiring Local Plumbing Inspector Approval
b. [ ] Requires State and Local Plumbing Inspector Approval
4. [ ] MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. [X] SINGLE FAMILY DWELLING
2. [ ] MODULAR OR MOBILE HOME
3. [ ] MULTIPLE FAMILY DWELLING
4. [ ] OTHER _____ SPECIFY

INSTALLATION IS:
COMPLETE SYSTEM
1. [X] NON-ENGINEERED SYSTEM
2. [ ] PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. [ ] ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:
4. [ ] TREATMENT TANK (ONLY)
5. [ ] HOLDING TANK _____ GAL
6. [ ] ALTERNATIVE TOILET (ONLY)
7. [ ] NON-ENGINEERED DISPOSAL AREA (ONLY)
8. [ ] ENGINEERED DISPOSAL AREA (ONLY)
9. [ ] SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY: DRILLED WELL (PROPOSED)

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. [X] SEPTIC: [ ] Regular [ ] Low Profile
2. [ ] AEROBIC
SIZE: 1000 GALS.

WATER CONSERVATION
1. [X] NONE
2. [ ] LOW VOLUME TOILET
3. [ ] SEPARATED LAUNDRY SYSTEM
4. [ ] ALTERNATIVE TOILET
SPECIFY: _____

PUMPING
1. [ ] NOT REQUIRED
2. [X] MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. [ ] REQUIRED
DOSE: 30 GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
3 BEDROOMS
MINIMUM FLOW
+13%
NO CONSERVATION
DESIGN FLOW: 305 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES
PROFILE: 1 CONDITION: A/C
DEPTH TO LIMITING FACTOR: 20" Ledge

SIZE RATINGS USED FOR DESIGN PURPOSES
1. [ ] SMALL
2. [ ] MEDIUM
3. [ ] MEDIUM-LARGE
4. [X] LARGE
5. [ ] EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. [X] BED 1250 Sq. Ft.
2. [ ] CHAMBER _____ Sq. Ft.
[ ] REGULAR [ ] H-20
3. [ ] TRENCH _____ Linear Ft.
4. [ ] OTHER: _____

SITE EVALUATOR STATEMENT

On 1-7-88 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

Bruce W Martin 186 1-11-88
Site Evaluator Signature SE# Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

Page 1 of 3
HHE-200 Rev. 11/86