

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY ADDRESS</b>	
Town Or Plantation	BLUE HILL
Street or Division Lot #	LOT 10 THIRD OF FRT 172
<b>PROPERTY OWNERS NAME</b>	
Last: DUFFY	First: SKY
Applicant Name:	SDME
Mailing Address of Owner/Applicant (If Different)	DUFFY DESIGNERS UNION ST. BLUE HILL 04614

**BLUE HILL**      **PERMIT # 329**      **STATE COPY**

Date Permit Issued: 7/7/88      Fee: \$ 114.00       if Double Fee Charged

170      Jeanette Taylor      L.P.I. # 1219 D

Local Plumbing Inspector Signature

**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.

Schuyler E. Duffy      7/7/88  
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.

Jeanette Taylor      12-3-88  
Local Plumbing Inspector Signature      Date Approved

### PERMIT INFORMATION

<p><b>THIS APPLICATION IS FOR:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NEW SYSTEM</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM</li> <li><input type="checkbox"/> EXPANDED SYSTEM</li> <li><input type="checkbox"/> EXPERIMENTAL SYSTEM</li> </ol> <p><b>SEASONAL CONVERSION</b> to be completed by the LPI</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SYSTEM COMPLIES WITH RULES</li> <li><input type="checkbox"/> CONNECTED TO SANITARY SEWER</li> <li><input type="checkbox"/> SYSTEM INSTALLED - P# _____</li> <li><input type="checkbox"/> SYSTEM DESIGN RECORDED AND ATTACHED</li> </ol> <p><b>IF REPLACEMENT SYSTEM:</b> YEAR FAILING SYSTEM INSTALLED _____</p> <p>THE FAILING SYSTEM IS:</p> <ol style="list-style-type: none"> <li><input type="checkbox"/> BED</li> <li><input type="checkbox"/> CHAMBER</li> <li><input type="checkbox"/> TRENCH</li> <li><input type="checkbox"/> OTHER: <u>N/A</u></li> </ol> <p>SIZE OF PROPERTY: <u>4.45</u> AC      ZONING: <u>N/A</u></p>	<p><b>THIS APPLICATION REQUIRES:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NO RULE VARIANCE</li> <li><input type="checkbox"/> NEW SYSTEM VARIANCE Attach New System Variance Form</li> <li><input type="checkbox"/> REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form             <ol style="list-style-type: none"> <li><input type="checkbox"/> Requiring Local Plumbing Inspector Approval</li> <li><input type="checkbox"/> Requires State and Local Plumbing Inspector Approval</li> </ol> </li> <li><input type="checkbox"/> MINIMUM LOT SIZE VARIANCE</li> </ol> <p><b>DISPOSAL SYSTEM TO SERVE:</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SINGLE FAMILY DWELLING</li> <li><input type="checkbox"/> MODULAR OR MOBILE HOME</li> <li><input type="checkbox"/> MULTIPLE FAMILY DWELLING</li> <li><input type="checkbox"/> OTHER _____ SPECIFY _____</li> </ol>	<p><b>INSTALLATION IS:</b></p> <p><b>COMPLETE SYSTEM</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NON-ENGINEERED SYSTEM</li> <li><input type="checkbox"/> PRIMITIVE SYSTEM (Includes Alternative Toilet)</li> <li><input type="checkbox"/> ENGINEERED (+ 2000 gpd)</li> </ol> <p><b>INDIVIDUALLY INSTALLED COMPONENTS:</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> TREATMENT TANK (ONLY)</li> <li><input type="checkbox"/> HOLDING TANK _____ GAL</li> <li><input type="checkbox"/> ALTERNATIVE TOILET (ONLY)</li> <li><input type="checkbox"/> NON-ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> ENGINEERED DISPOSAL AREA (ONLY)</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> </ol> <p><b>TYPE OF WATER SUPPLY</b> <u>PROPOSED DRILLED</u></p>
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### DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> SEPTIC: <input checked="" type="checkbox"/> Regular      <input type="checkbox"/> Low Profile</li> <li><input type="checkbox"/> AEROBIC</li> </ol> <p>SIZE: <u>1000</u> GALS.</p>	<p><b>WATER CONSERVATION</b></p> <ol style="list-style-type: none"> <li><input checked="" type="checkbox"/> NONE</li> <li><input type="checkbox"/> LOW VOLUME TOILET</li> <li><input type="checkbox"/> SEPARATED LAUNDRY SYSTEM</li> <li><input type="checkbox"/> ALTERNATIVE TOILET</li> </ol> <p>SPECIFY: _____</p>	<p><b>PUMPING</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> NOT REQUIRED</li> <li><input checked="" type="checkbox"/> MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)</li> <li><input type="checkbox"/> REQUIRED</li> </ol> <p>DOSE: _____ GALS.</p>	<p style="font-size: x-small;">CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)</p> <p style="font-size: large;"><u>3 BEDROOM DWELLING</u></p>			
<p><b>SOIL CONDITIONS USED FOR DESIGN PURPOSES</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PROFILE: <u>5</u></td> <td style="width: 50%;">CONDITION: <u>C</u></td> </tr> <tr> <td>DEPTH TO LIMITING FACTOR: _____</td> <td><u>30</u></td> </tr> </table>	PROFILE: <u>5</u>	CONDITION: <u>C</u>		DEPTH TO LIMITING FACTOR: _____	<u>30</u>	<p><b>SIZE RATINGS USED FOR DESIGN PURPOSES</b></p> <ol style="list-style-type: none"> <li><input type="checkbox"/> SMALL</li> <li><input checked="" type="checkbox"/> MEDIUM</li> <li><input type="checkbox"/> MEDIUM-LARGE</li> <li><input type="checkbox"/> LARGE</li> <li><input type="checkbox"/> EXTRA LARGE</li> </ol>
PROFILE: <u>5</u>	CONDITION: <u>C</u>					
DEPTH TO LIMITING FACTOR: _____	<u>30</u>					

DESIGN FLOW: 270 (GALLONS/DAY)

**SITE EVALUATOR STATEMENT**

On 4/27/88 (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.

Schuyler H. Rubin      96      5/5/88  
Site Evaluator Signature      SE#      Date

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



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Department of Human Services  
Division of Health Engineering

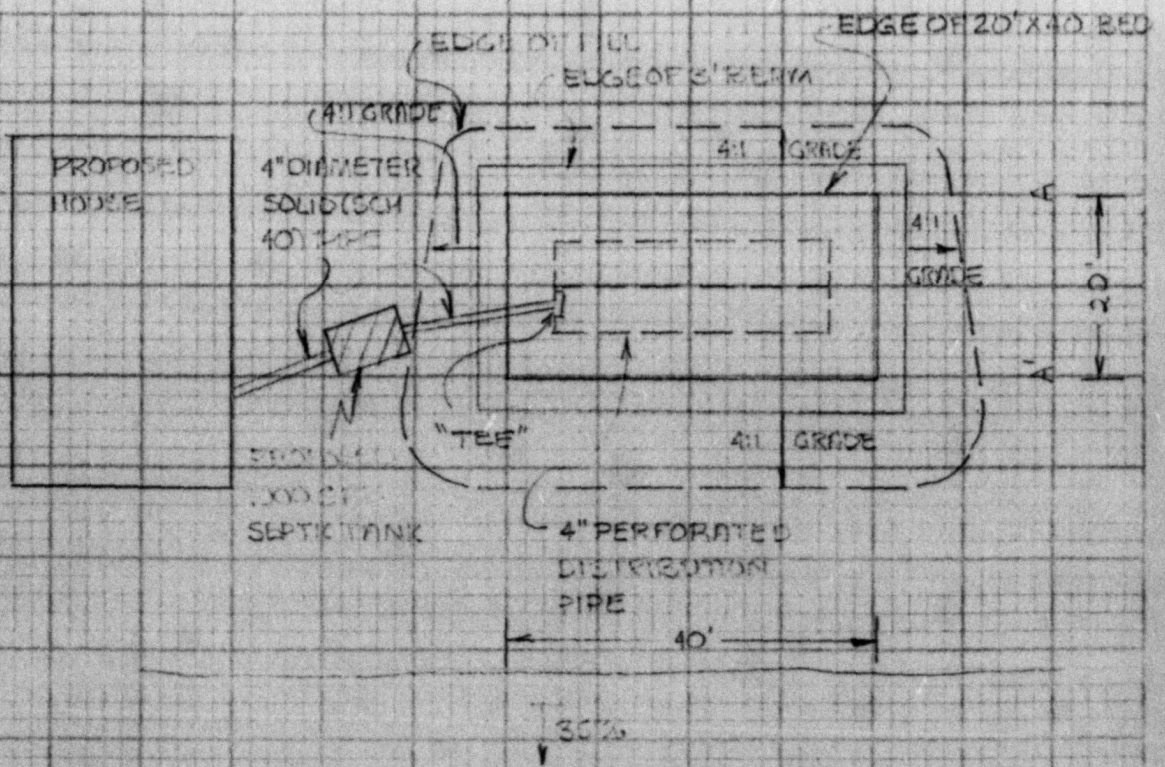
Town, City, Plantation  
**BLUE HILL**

Street, Road, Subdivision  
**ONSORROW OFF RT 175**

Owners Name  
**SKY DUFFY**

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



### FILL REQUIREMENTS

Depth of Fill (Upslope) 14"  
Depth of Fill (Downslope) 21"

### CONSTRUCTION ELEVATIONS

Reference Elevation is 100.0'  
Bottom of Disposal Area 97.3'  
Top of Distribution Lines or Chambers 98.2'

### ELEVATION REFERENCE POINT

LOCATION & DESCRIPTION  
NAIL IS 4-D UP FROM  
GROUND IN 9" SPRUCE

### DISPOSAL AREA CROSS SECTION

Scale:  
Vertical: 1 inch = Ft.  
Horizontal: 1 inch = Ft.

(SEE ATTACHED CROSS-SECTION)

*Gregory H. Perkins*

Site Evaluator Signature

710  
SE#

5/5/15  
Date