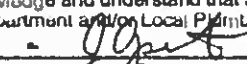


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		BLUE HILL		PERMIT # 1497		APPLICANTS COPY	
City, Town, or Plantation	BLUE HILL			Date Permit Issued:	7/21/03		
Street or Road	RT. 175				10/10/09		
Subdivision, Lot #					FEE Double Fee Charged		
OWNER/APPLICANT INFORMATION				 Local Plumbing Inspector Signature			
Name (last, first, MI)		APONTE JUAN		L.P.I. #		1295	
Mailing Address of		HC 64 Box 130		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.			
☐ Owner ☐ Applicant		BROOKLIN ME 04616					
Daytime Tel. #		359-5011		Municipal Tax Map #		Lot #	
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.  Signature of Owner or Applicant				Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. (1st) Date Approved			
				(2nd) Date Approved			

PERMIT INFORMATION

TYPE OF APPLICATION		THIS APPLICATION REQUIRES		DISPOSAL SYSTEM COMPONENT(S)	
1. ☒ First Time System 2. ☐ Replacement System Type Replaced: _____ Year Installed: _____ 3. ☐ Expanded System a. ☐ Minor Expansion b. ☐ Major Expansion 4. ☐ Experimental System 5. ☐ Seasonal Conversion		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. ☐ Experimental System 5. ☐ Seasonal Conversion Approval		1. ☒ Complete Non-engineered System 2. ☐ Primitive System (graywater & alternative toilet) 3. ☐ Alternative Toilet, specify: _____ 4. ☐ Non-engineered Treatment Tank (only) 5. ☐ Holding Tank, capacity: _____ 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		DISPOSAL SYSTEM TO SERVE		TYPE OF WATER SUPPLY	
3.5A ☐ sq. ft. ☒ acres		1. ☐ Single Family Dwelling Unit, No. of Bedrooms: _____ 2. ☒ Multiple Family Dwelling, No. of Units: 2 3. ☒ Other: DENTIST OFFICE SPECIFY		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		DISPOSAL FIELD TYPE & SIZE		GARBAGE DISPOSAL UNIT		DESIGN FLOW	
1. ☒ Concrete a. ☒ Regular b. ☐ Low Profile 2. ☐ Plastic 2" 2000 GAL 3. ☐ Other: SEPTIC TANKS CAPACITY: 4000 gallons		1. ☐ Stone Bed 2. ☐ Stone Trench 3. ☒ Proprietary Device a. ☐ Cluster array c. ☒ Linear b. ☐ Regular load d. ☐ H-20 Load 4. ☐ Other: _____ SIZE: 3510 ☒ sq. ft. ☐ lin. ft.		1. ☒ No 2. ☐ Yes 3. ☐ Maybe >> If yes/maybe, specify one below: a. ☐ Multi-Compartment Tank b. ☐ Tanks in Series c. ☐ Increase in Tank Capacity d. ☐ Filter on Tank Outlet		990 gallons-per-day (gpd) BASED ON: 1. ☒ Table 501.1 (dwelling unit(s)) 2. ☒ Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities - 2-2 BRAPS X 180 = 360 DENTIST OFFICE 40 PATIENTS X 5 GPD = 200 5 PROFESSIONALS X 80 GPD = 400 2 RECEPTIONISTS X 15 GPD = 30 TOTAL DESIGN FLOW 990 GPD 3. ☐ Section 503.0 (meter readings) ATTACH WATER-METER DATA	
SOIL DATA & DESIGN CLASS		DISPOSAL FIELD SIZING		EFFLUENT/EJECTOR PUMP			
PROFILE CONDITION DESIGN 3 • C • A at Observation Hole # IPA Depth 20" Elevation _____ OF MOST LIMITING SOIL FACTOR		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		1. ☐ Not Required 2. ☒ May Be Required 3. ☐ Required >> Specify dose for engineered & experimental systems DOSE: _____ gallons			

SITE EVALUATOR STATEMENT

I certify that on 5-28-03 (date) I completed a site evaluation on this property and state that the data reported herein are accurate and that the proposed system is in compliance with the Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241).

Site Evaluator Signature

189

SE #

Date

Mike J Gramlich

Site Evaluator Name Printed

207 843-6395

Telephone #

POB 284 Holden ME

Mail Address

04429

Page 1 of 3
HNS-200 Rev. 8/01

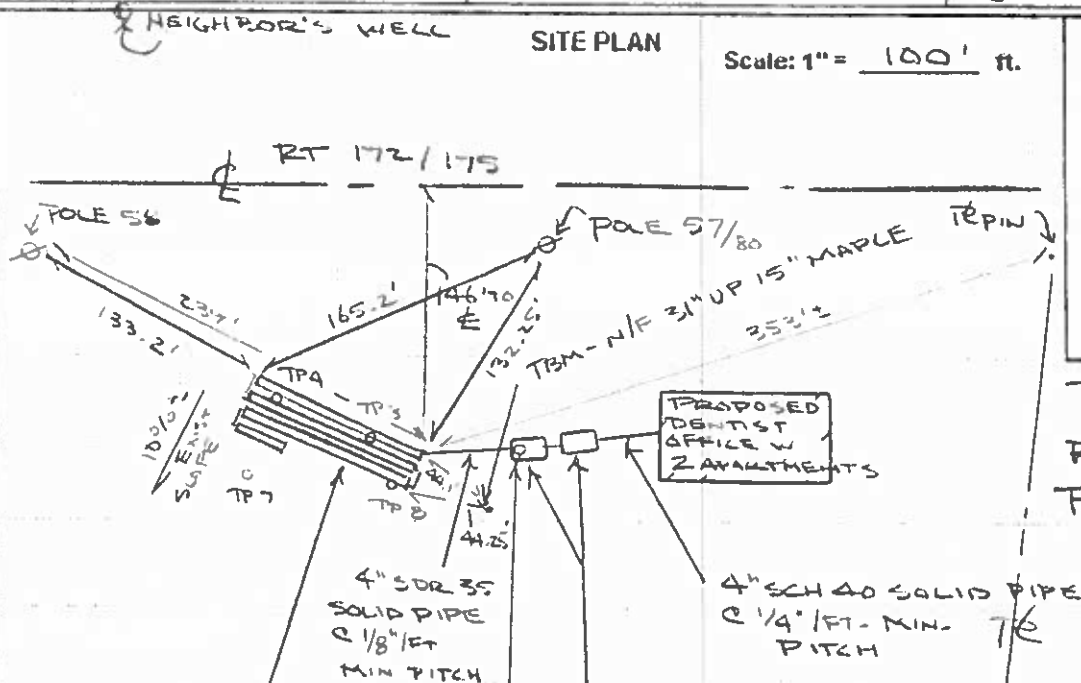
Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-4172

Owner or Applicant Name

JUAN APONTE

Scale: 1" = 100' ft.

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



PROPOSED WELL TO
BE 300' FROM
PROPOSED FIELDS &
100' FROM SEPTIC
TANKS

INSTALL 39 TYPE B
CONCRETE CHAMBERS.
END FEEDS IN THREE
ROWS OF 12 EACH ROW
96' LONG & 4TH ROW OF
3 CHAMBERS 24' LONG
IN LINEAR & SERIAL

INSTALL TWO 2000 GALLON
SEPTIC TANKS IN SERIES
INSTALL
ZAPTEL A300 826VC ON
SECOND 2000 GAL TANK OUTLET

(Location of Observation Holes Shown Above)

Observation Hole # TP 3 ☒ Test Pit ☐ Boring

Observation Hole # TP-4-48 Test Pit ☐ Boring

δ'' * Depth of organic horizon above mineral soil

0.1" Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
---------	-------------	-------	----------

Texture	Consistency	Color	Mottling
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Depth below mineral soil surface (inches)

Depth below mineral soil surface (inches)

[illegible][illegible]

Soil 3	Classification C/A	Slope 10	Limiting Factor 24"	☐ Groundwater
Problem 1	Condition 1	Percent 1	Depth 28"	☒ Restrictive Layer
				☒ Bedrock

Soil <u>3</u> Profile	Classification <u>C/A</u> Condition	Slope <u>16</u> Percent	Limiting Factor <u>20"</u> Depth	☐ Groundwater ☒ Restraining Layer ☐ Eutrophication
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189

6-18-03

Page 2 of 3
HHE-200 Rev. 6/01

Site Evaluator Signature
Mike J Gramlich

SE #	Date
POB 284 Holden ME 04429	207 843-6395

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

Blue Hill

Street, Road, Subdivision

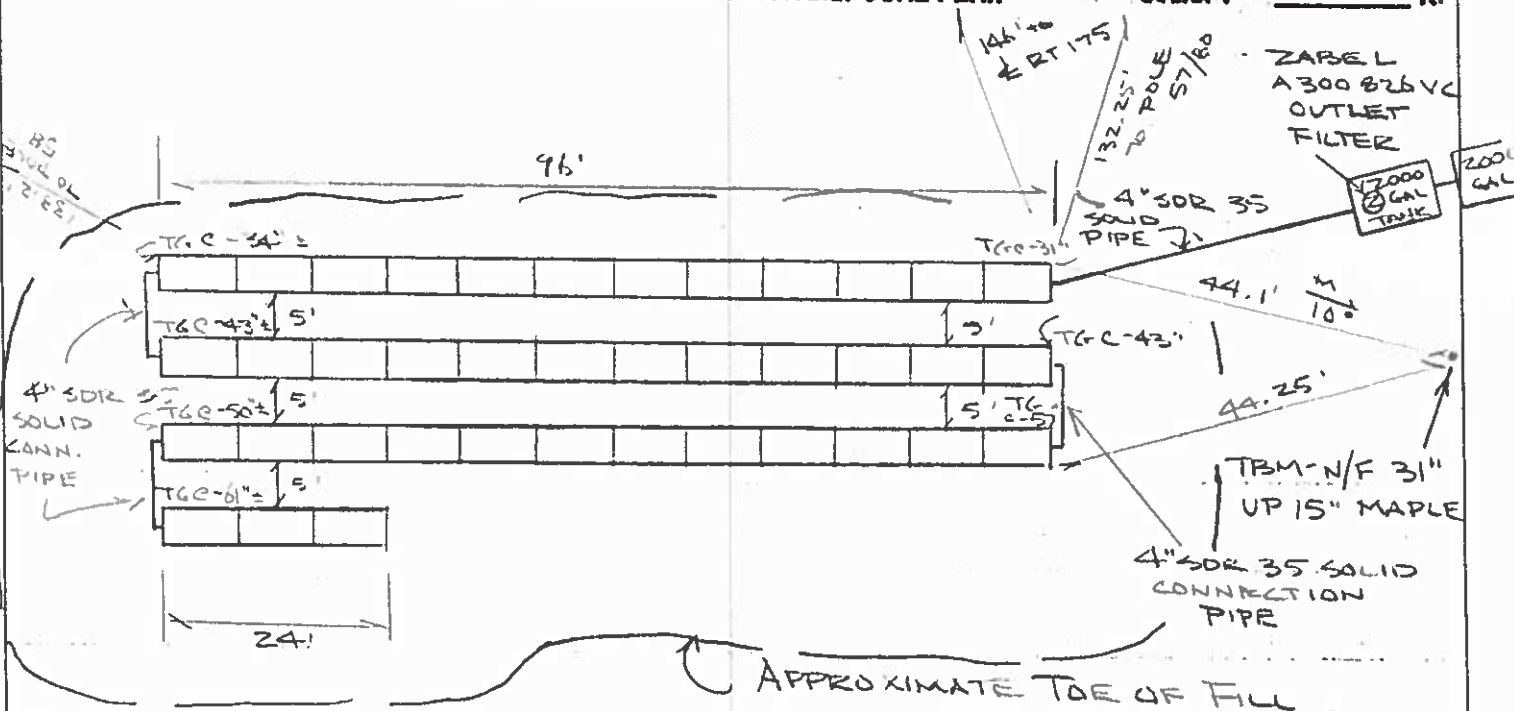
RT. 175

Owner or Applicant Name

JUAN A PONTE

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20' ft.



TCE = APPROXIMATE SURFACE EXISTING ELEVATION
AT CORNER OF STAKED FIELD.

BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 20"
Depth of Backfill (downslope) 36"
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation SEE X-SECT
Top of Distribution Pipe or Proprietary Device BELOW
Bottom of Disposal Field

ELEVATION REFERENCE POINT

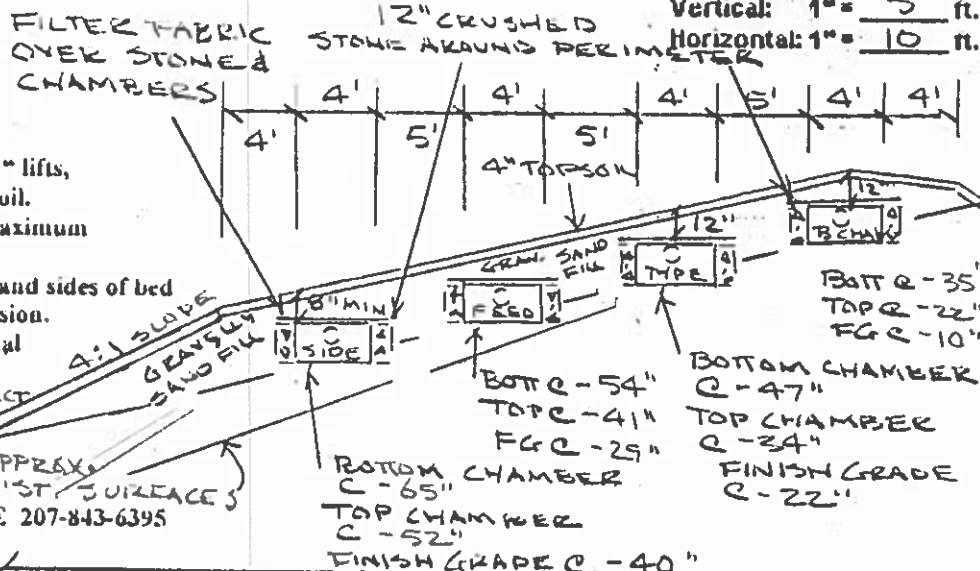
Location & Description: TBM - N/F 31" UP 15" MAPLE
Reference Elevation is: 0.0' or 0"

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = 5 ft.

Horizontal: 1" = 10 ft.



Note:

- 1.) Scarify original surface under Disposal Field and fill extension.
- 2.) Place gravelly coarse sand fill in 8" lifts, incorporate into underlying original soil.
- 3.) Disposal Field to be level with a maximum grade tolerance of 2"/100 ft.
- 4.) Lime, fertilize, seed & mulch, top and sides of bed and all disturbed areas to prevent erosion.
- 5.) See Chapter 8 of code for additional requirements.
- 6.) Bottom of disposal field to be below elevation of TBM (ERP).

Mike J Gramlich POB 284 Holden ME 207-843-6395

#189

6-18-03

Site Evaluator Signature

SE #

Date