SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Div. Environmental Health, 11 SHS
(207) 287-2070 FAX (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation	SURRY
Street or Road	RING BOLT LANE
Subdivision, Lot #	LOT #14

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____

Date Permit Issued ___/___/___ Fee $ _____ Double Fee Charged ( )

_____ L.P.I. # _____
Local Plumbing Inspector Signature

Fee: $_____ state min. fee $_____ Locally adopted fee

Copy: ☐ Owner ☐ Town ☐ State

OWNER/APPLICANT INFORMATION

Name (last, first, MI) WINSLOW, DARCEL ☒ Owner ☐ Applicant

Mailing Address of ☒ Owner ☐ Applicant	779 NORTH BEND ROAD SURRY, ME. 04684
Daytime Tel. # email address:	

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

Municipal Tax Map # _____ Lot # _____

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 Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application. _____ (1st Date Approved)

_____ _____
Local Plumbing Inspector Signature (2nd Date Approved)

PERMIT INFORMATION

TYPE OF APPLICATION

☒ 1. First Time System
☐ 2. Replacement System
Type Replaced: _____
Year Installed: _____
☐ 3. Expanded System
☐ a. Minor Expansion <25%
☐ b. Major Expansion ≥ 25%
☐ 4. Experimental System
☐ 5. Seasonal Conversion

SIZE OF PROPERTY

_____ ☐ sq. ft.
1.3 ☒ acres

SHORELAND ZONING

☒ Yes ☐ No

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 Permit

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 2. Multiple Family Dwelling, No. of Units: _____
☒ 3. Other (specify) 2 BEDROOM GARAGE APARTMENT

Current Use: ☐ Seasonal ☐ Year Round ☒ Undeveloped

DISPOSAL SYSTEM COMPONENT(S)

☒ 1. Complete Non-engineered System
☐ 2. Primitive System (greywater & 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

TYPE OF WATER SUPPLY

☒ Proposed ☐ Existing
☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other: _____

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

☒ 1. Concrete 2-1000
☒ a. Regular
☐ b. Low Profile GAL.
☒ c. with lift station TANKS
☐ d. water tight
☐ e. two compartment
☐ 2. Plastic
☒ 3. Other: _____
CAPACITY 2000 gallons

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
3 C
at Observation Hole # 1
Depth 16"
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD TYPE & SIZE

☐ 1. Stone Bed ☐ 2. Stone Trench
☒ 3. Proprietary Device INSIDE PRECONCRETE CHAMBERS
☐ a. Cluster Array ☒ c. Linear
☒ b. Regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE 1232 ☒ sq. ft. ☐ lin. ft.

DISPOSAL FIELD SIZING

☐ 1. Medium – 2.8 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

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

EFFLUENT/EJECTOR PUMP

☐ 1. Not Required
☐ 2. May be Required
☒ 3. Required
Specify only for engineered systems
DOSE: _____ gallons

DESIGN FLOW

360 gallons per day

BASED ON
☒ 1. Table 5A (dwelling unit(s)
☐ 2. Table 5C (other facilities)
SHOW CALCULATIONS for other facilities
2 BEDROOM HOUSE: 180 GPD
2 BEDROOM GARAGE APT: 180 GPD
360 GPD
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 44° 31' 34.56" N
Long. 68° 31' 06.42" W
If g.p.s., state margin of error 30'

SITE EVALUATOR STATEMENT

I certify that on 11-8-2024 (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 (10-144 CMR 241).

Site Evaluator Signature	319 SE#	11-23-24 Date
William A. LaBelle Site Evaluator Name Printed	207-537-5900 Telephone Number	labelleseptic@rivah.net E-mail Address

DS DMW Initial RW