

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

BROOKSVILLE

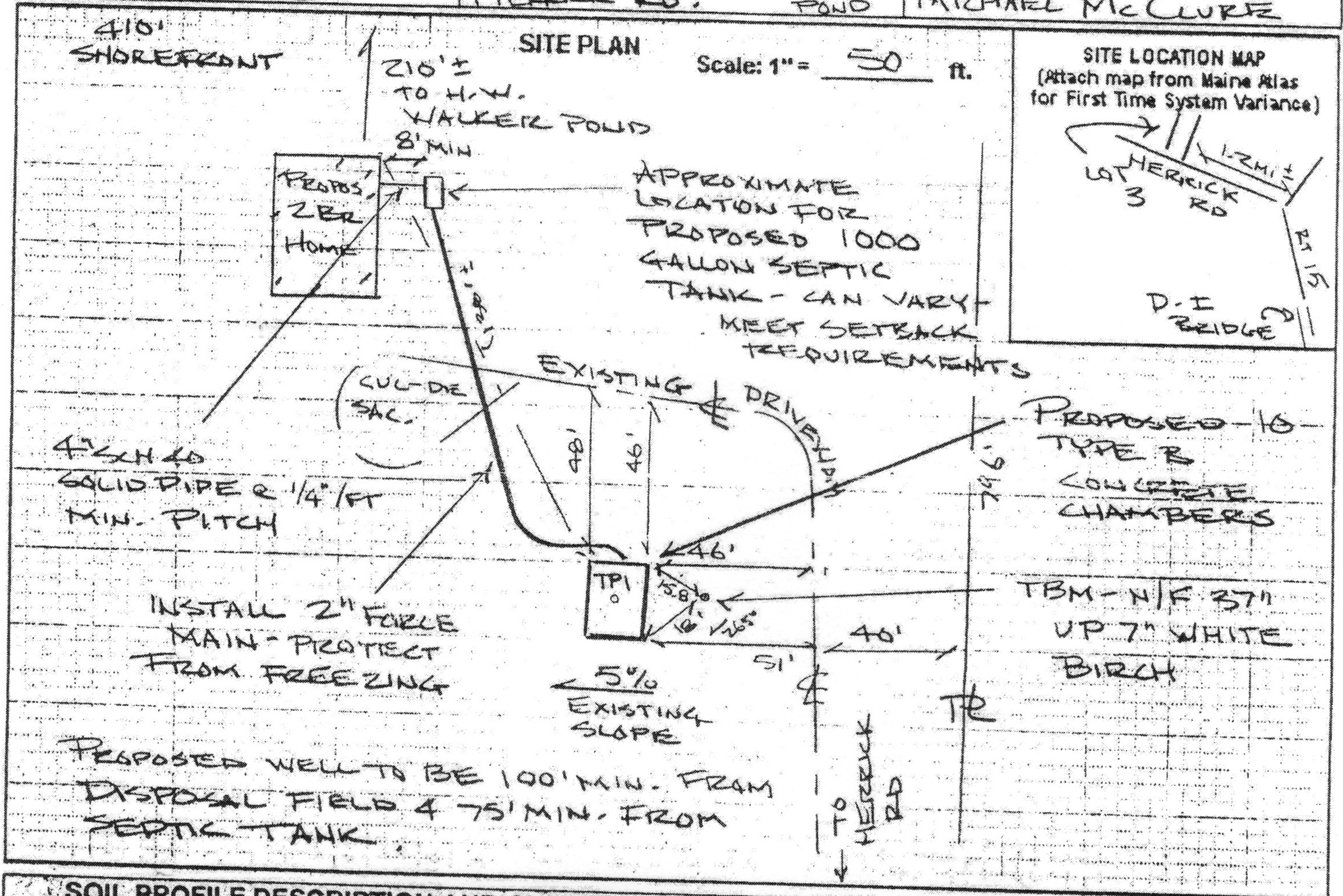
Street, Road, Subdivision

HERRICK RD.

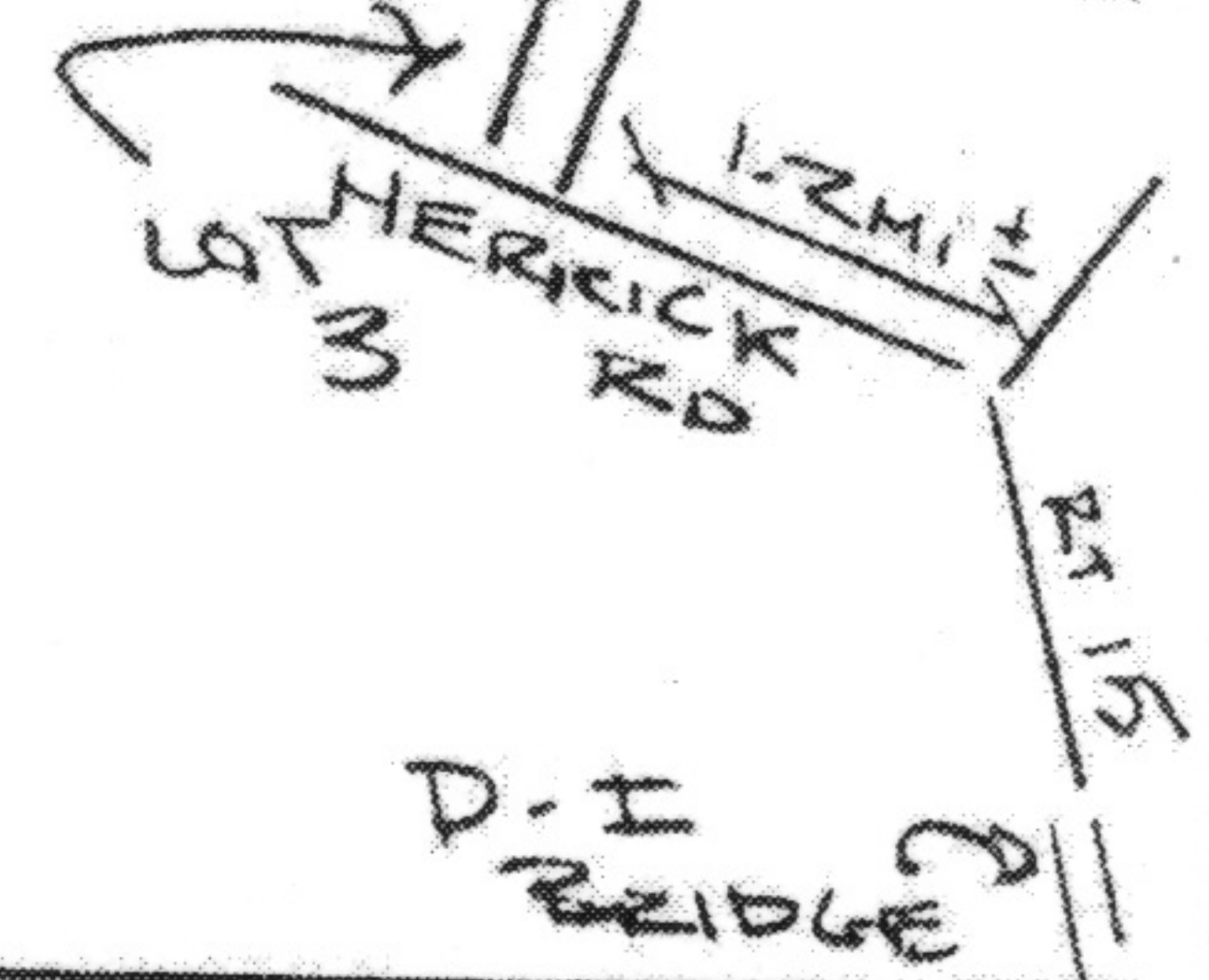
LOT 3
WALKER
POND

Owner or Applicant Name

MICHAEL McCURR



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



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # 2" ☒ Test Pit ☐ Boring

Observation Hole # ☐ Test Pit ☐ Boring

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	STONY			
6	SANDY	FRAGILE	YELLOW	
12	LOAM		BROWN	W/ONE
18				
24				
30				
36				
42				
48				
REFUSAL - ASSUMED BEDROCK				
Soil Profile: 3, Classification: C/A, Slope: 5, Limiting Factor: 24" Depth				
☐ Groundwater, ☐ Restrictive Layer, ☒ Bedrock ASSUMED				

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
12				
18				
24				
30				
36				
42				
48				
Soil Profile: , Classification: , Slope: , Limiting Factor:				
☐ Groundwater, ☐ Restrictive Layer, ☐ Bedrock				

Site Evaluator Signature

Mike J Gramlich

189

SE #

11-22-04

Date

POB 284 Holden ME 04429

207 843-6395

Page 2 of 3

HHE-200 Rev. 6/01

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<	
City, Town, or Plantation	BROOKSVILLE	BROOKSVILLE Date Permit Issued: 4/20/05 Local Plumbing Inspector Signature: <i>[Signature]</i> PERMIT # 819 \$ 100.00 L.P.I. # 376 TOWN COPY FEE Charged	
Street or Road	HERRICK ROAD		
Subdivision, Lot #	WHIP-POOR-WILL LOT #3		
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)			
McCLURE MICHAEL			
Mailing Address of			
PAR 42			
WEATHERFORD TX 76086			
Daytime Tel. #	817-599-0876	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.		Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant		Local Plumbing Inspector Signature	
Date 4/20/05		(1st) Date Approved 7/13/05	
		(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 b. ☐ Major 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 Approval 3. ☐ Replacement System Variance a. ☐ Local Plumbing Inspector Approval b. ☐ State & Local Plumbing Inspector Approval 4. ☐ Experimental System 5. ☐ Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENT(S) 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 7.5A ☐ sq. ft. ☒ acres	DISPOSAL SYSTEM TO SERVE 1. ☒ Single Family Dwelling Unit, No. of Bedrooms: 2 2. ☐ Multiple Family Dwelling, No. of Units: _____ 3. ☐ Other: _____ SPECIFY _____	
SHORELAND ZONING ☐ Yes ☒ No	TYPE OF WATER SUPPLY 1. ☒ Drilled Well 2. ☐ Dug Well 3. ☐ Private 4. ☐ Public 5. ☐ Other: _____	

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK 1. ☒ Concrete a. ☒ Regular b. ☐ Low Profile 2. ☐ Plastic 3. ☐ Other: _____ CAPACITY: 1000 gallons	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: 640 ☒ sq. ft. ☐ lin. ft.	GARBAGE DISPOSAL UNIT 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	DESIGN FLOW 180 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 BEDROOM HOME
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3 • C/A • at Observation Hole # TP 1 Depth 34" Elevation _____ OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING 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	EFFLUENT/EJECTOR PUMP 1. ☐ Not Required 2. ☐ May Be Required 3. ☒ Required >> Specify dose for engineered & experimental systems DOSE: _____ gallons	3. ☐ Section 503.0 (meter readings) ATTACH WATER-METER DATA

SITE EVALUATOR STATEMENT

I certify that on 11-7-04 (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).

<i>[Signature]</i> Site Evaluator Signature	189 SE #	11-22-04 Date	
Mike J Gramlich Site Evaluator Name Printed	207 843-6395 Telephone #	POB 284 Holden ME Mail Address	04429