Division of Health Engineering
Station No. 10
State House
Augusta, Maine 04333

APPLICATION FOR SUBSURFACE WASTEWATER DISPOSAL PERMIT

This Is NOT A Permit: This Form When Completed Must Be Presented To The Local Plumbing Inspector To Obtain A Permit

HHE-200

115599

This Application is For: ● New System ○ Replacement Of Entire System ○ Expanded System ○ Replacement Of Disposal Area Only ○ Conversion Permit

Variance: ● None Required ○ New System Variance ○ Replacement System Variance With: ○ LPI Approval ○ Dept. Review

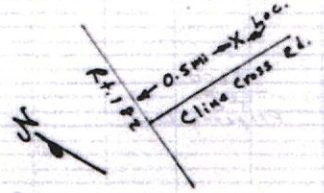
PROPERTY LOCATION: Hancock (Town, Plantation) | Cline Cross Rd. (Street, Road) | — (Subdivision Name) | — (Lot No.)

PROPERTY OWNER or APPLICANT: Frederick Smith

Mailing Address: Box 111 (Street) | Tel. No.

Ellsworth (Town) | Me. (State) | Zip Code

LOCATION PLAN OF PROPERTY



Roads, Landmarks, Distances

TYPE OF STRUCTURE, DESIGN FLOW

● Single Family Dwelling — Number of Bedrooms 2 — Design Flow 440 GPD

Design Flow based on ○ Minimum ● Moderate ○ Conservative

● Reduction in Design Flow due to Water Conservation

If so, specify type (s): Low Volume Flush (Water Saver Toilet)

○ Other Establishment — Specify Type of Facility

(Number of Employees, Seating Capacity, Building Size, etc.)

Design Flow ____ GPD — If greater than 2000 GPD, Specify Professional Engineer

PROPERTY INFORMATION

Area of Property 50 ○ Sq. Ft. ● Acres ● Zoned ○ Not Zoned

If zoned, type of zoning Commercial

Property on Water Body, if so, Name of Water Body

Water Supply is: ○ Public Utility ● Drilled Well Proposed depth ○ Dug Well ____ depth ○ Well Point ○ Spring ○ Surface Water

SOIL PROFILE DESCRIPTION Location of Observation Holes shown on page 2

TEXTURAL DESCRIPTION OF EACH SOIL STRATA ENCOUNTERED

	Observation Hole No. Tpit 1	Observation Hole No.	Observation Hole No.
	● Test Pit ○ Boring	○ Test Pit ○ Boring	○ Test Pit ○ Boring
Organic Strata or (Existing Fill)	Thickness ____"	Thickness ____"	Thickness ____"
1st Original Mineral Soil Strata	Orange Brown Silty Gravelly Sand; Depth from 0 " to 17 " Thickness 17 "	Depth from 0 " to ____ " Thickness ____"	Depth from 0 " to ____ " Thickness ____"
2nd	Brown Gravelly Sand; Depth from 17 " to 36 " Thickness 19 "	Part of this material has been removed over a portion of the area. Depth from ____ " to ____ " Thickness ____"	Depth from ____ " to ____ " Thickness ____"
3rd	Gr-Br. Mottled Silty Loam; Depth from 36 " to 48 " Thickness 12 "	Depth from ____ " to ____ " Thickness ____"	Depth from ____ " to ____ " Thickness ____"
4th	Depth from ____ " to ____ " Thickness ____"	Depth from ____ " to ____ " Thickness ____"	Depth from ____ " to ____ " Thickness ____"
	Total Depth of Observation Hole 48 "	Total Depth of Observation Hole ____"	Total Depth of Observation Hole ____"

Depth from top of ORIGINAL MINERAL SOIL

Maximum Seasonal High Ground	○ None evident; Water Table Depth 36 "	○ None Evident; Water Table Depth ____"	○ None evident; Water Table Depth ____"
Depth to Restrictive Layer	● None evident ____"	○ None evident ____"	○ None evident ____"
Depth to Bedrock	● None evident ____"	○ None evident ____"	○ None evident ____"
PROFILE	7		
CONDITION	C		
SLOPE	Var. %	%	%

DISPOSAL SYSTEM PROPOSED Location of system and Details on Proposed Plan on page 2

TYPE OF SYSTEM
● Combined System
○ Separated System
If separated system, type of black waste disposal system to be used:
○ Carrousel
○ Pit Privy
○ Sealed Vault Privy
○ Other: Specify ____
○ Separated Laundry System
○ Primitive System
○ Holding Tank

TREATMENT TANK
● Septic Tank
○ Aerobic Tank
Size 750 min. Gals.

DOSAGE
● Pumping is not required
○ Pumping is required
The dose should be: ____ Gals.
Dosage chamber capacity shall be ____ gals.
○ System should be vented

SUBSURFACE DISPOSAL AREA/TYPE
○ Trench Disposal Area
Total linear feet of trench ____ ft.
Number of Trench lines ____ ft.
Length of each trench line ____ ft.
Depth of Stone ____ inches.
Reduction on trench length due to stone depth ____ %
● Bed Disposal Area
Total bed area 713 sq. ft.
Number of beds 1
Width 20 ft. Length 36 ft.
○ Chamber Disposal Area
Total chamber area ____ sq. ft.
Number of clusters ____
Width ____ ft. Length ____ ft.
○ H-20 required

SYSTEM SIZE RATING
○ Small ○ Medium ● Medium Large ○ Large ○ Extra Large

DISPOSAL AREA ELEVATION
Depth of Upslope Fill required 0 min. inches.
Depth of Downslope Fill required 36" max. inches.
Reference Elevation Point established at 100' Elevation.
Disposal Area Bottom to be established at 96'6" Elevation.
Top of Distribution Lines or Top of Chambers 97'5" Elevation.

● Yes ○ No: The proposed subsurface disposal area will be located at least 100 feet from any and all wells, springs, surface water bodies and courses (lake, pond, ocean, brook stream, river), swamps, marshes, and bogs.

● Yes ○ No: The proposed subsurface disposal area will be located at least 300 feet from any and all wells and springs producing 2000 gallons or more of water per day and any public water supplies.

FOR USE BY SITE EVALUATOR
On 8/12/80 (date), a site investigation for this project was completed. I conducted this soil evaluation and certify that the results indicated above best represent the soil conditions found. I recommend the above type and size of subsurface wastewater disposal system. I also recommend the proposed disposal system layout and location shown on page 2.

Signature of Site Evaluator: C. Ellenberger Jr.
Date signed 8/17/80
Site Evaluator License Number: 43

FOR USE BY OWNER/APPLICANT
I certify that all the information submitted to be true and correct to the best of my knowledge. I understand that any falsification of this application is reason to deny a permit to install a disposal system and that the permit is valid for a six (6) month period from the date of permit issuance. I also understand that no guarantee is intended or implied by reason of any advice or approval given.

Signature of Owner/Applicant: Frederick Smith
Date Signed 9/4/80

FOR USE BY LPI: ○ This Application is approved. If conditions, specify: ○ This Application is Denied due to: ○ System is not in accordance with Rules. ○ Application is incomplete. ○ Application is unclear. ○ Development is in violation of other Regulations. Specify ____

Signature of LPI: Samuel A. Gray
Date 9/4/80

PERMIT NO. 3 8 1 3 9 1 E
Date Issued / /

HHE-200 REV 7/80

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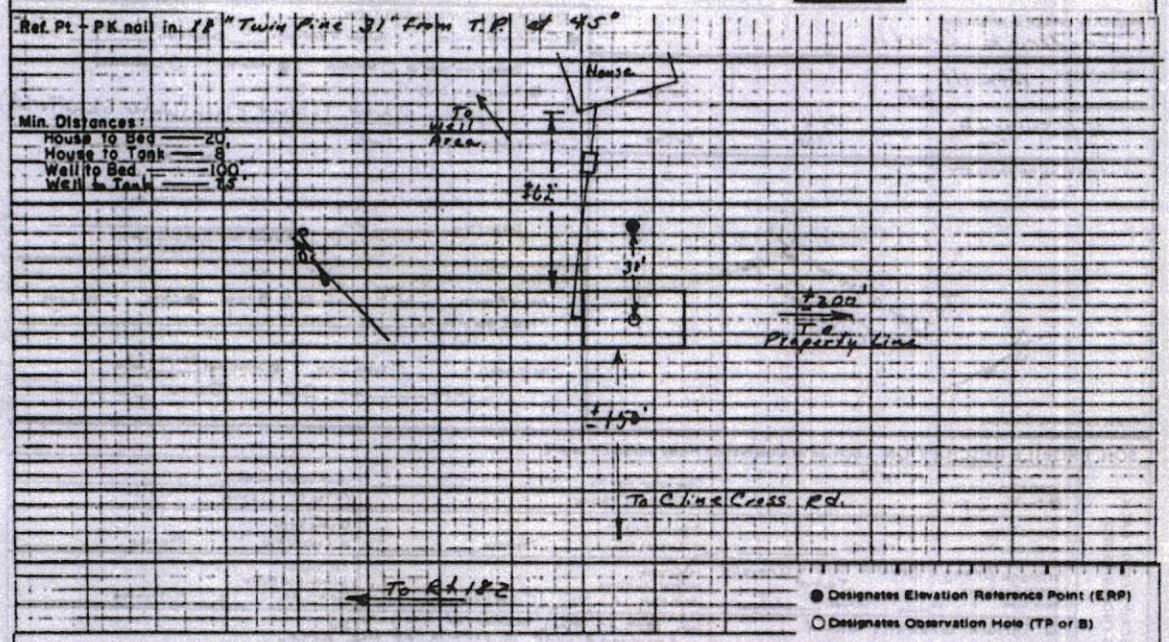
PROPERTY LOCATION			
HANCOCK (Town, Plantation)	CLINE CROSS RD. (Street, Road)	— (Subdivision Name)	— (Lot No.)

PROPERTY OWNER or APPLICANT: Frederick Smith

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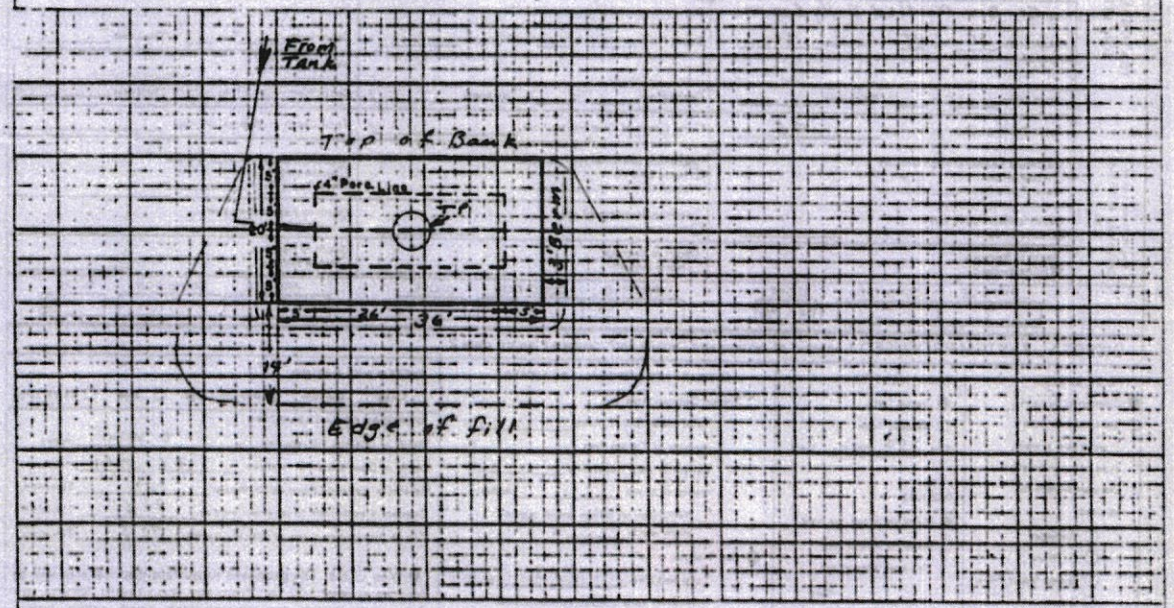
Site Plan

Scale 1" = 50 ft.



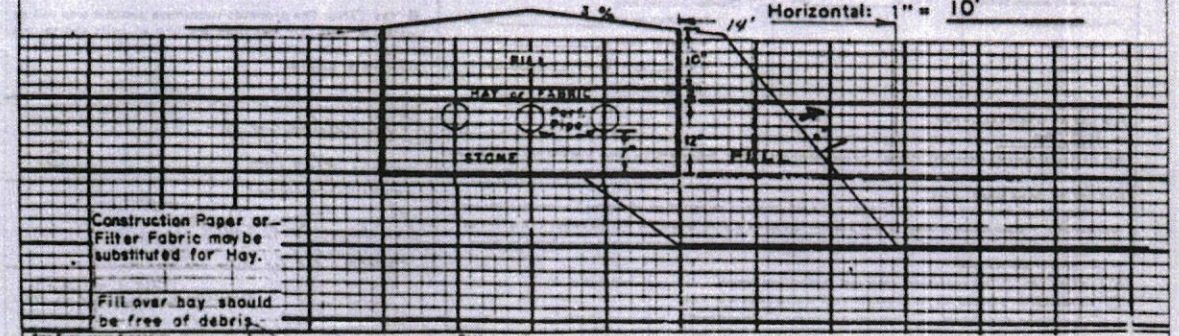
Subsurface Wastewater Disposal Plan

Scale 1" = 20' or _____



Subsurface Wastewater Disposal Area Cross-section

Scale: Vertical: 1" = 2'
Horizontal: 1" = 10'



Construction Paper or Filter Fabric may be substituted for Hay.

Fill over hay should be free of debris.

Site Evaluator Signature: C. Hinsburg, Jr. Date: 8/17/80 License Number: 43

HHE-200-A RV7/80