

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	EASTBROOK	Town/City <u>Eastbrook</u>	Permit # <u>575</u>
Street or Road	MACOMBER MILL ROAD	Date Permit Issued <u>6/5/17</u>	Fee \$ <u>250</u> Double Fee Charged ()
Subdivision, Lot #		<i>Douglas Steves</i>	L.P.I. # <u>1135</u>
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	LINCOURT, DUANE	<input type="checkbox"/> Owner <input type="checkbox"/> Town <input checked="" type="checkbox"/> State	
Mailing Address of	940 MACOMBER MILL RD EASTBROOK, MAINE 04634	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.	
Daytime Tel. #	(207) 412-9417		
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		<i>Douglas Steves</i> Local Plumbing Inspector Signature	
		6-21-17 (1st Date Approved)	
		6-23-17 (2nd Date Approved)	

PERMIT INFORMATION			
TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: _____ Year Installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENT(S) <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous components	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: (SPECIFY) _____ Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped
SIZE OF PROPERTY _____ sq. ft. <u>13±</u> acres	TYPE OF WATER SUPPLY <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other: _____		
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <u>OR</u> <input checked="" type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device _____ <input type="checkbox"/> a. Cluster Array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE <u>480</u> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment Tank <input type="checkbox"/> b. _____ Tanks in Series <input type="checkbox"/> c. Increase in Tank Capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW <u>180</u> gallons per day BASED ON <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>4 IA, III / B</u> at Observation Hole # <u>1</u> Depth <u>28"</u> OF MOST LIMITING SOIL FACTOR	DISPOSAL FIELD SIZING <input checked="" type="checkbox"/> 1. Medium - 2.6 sq. ft./gpd <input type="checkbox"/> 2. Medium-Large - 3.3 sq. ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq. ft./gpd <input type="checkbox"/> 4. Extra Large - 5.0 sq. ft./gpd	EFFLUENT/EJECTOR PUMP <input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May be Required <input type="checkbox"/> 3. Required Specify only for engineered systems DOSE: _____ gallons	<input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 40' 33" N</u> Lon. <u>68° 13' 32.9" W</u> if g.p.s., state margin of error <u>30'±</u>

SITE EVALUATOR STATEMENT

I certify that on 5-23-17 (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 (10-144A CMR 241).

Richard Babine
117
6-1-17

Site Evaluator Signature
SE#
Date

RICHARD BABINE
(207) 852-7898

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
EASTBROOK

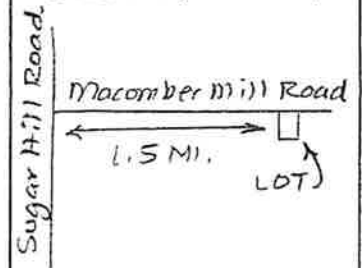
Street, Road, Subdivision
MACOMBER MILL ROAD

Owner or Applicant Name
DUANE LINCOURT

SITE PLAN

Scale 1" = 30 Ft.

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

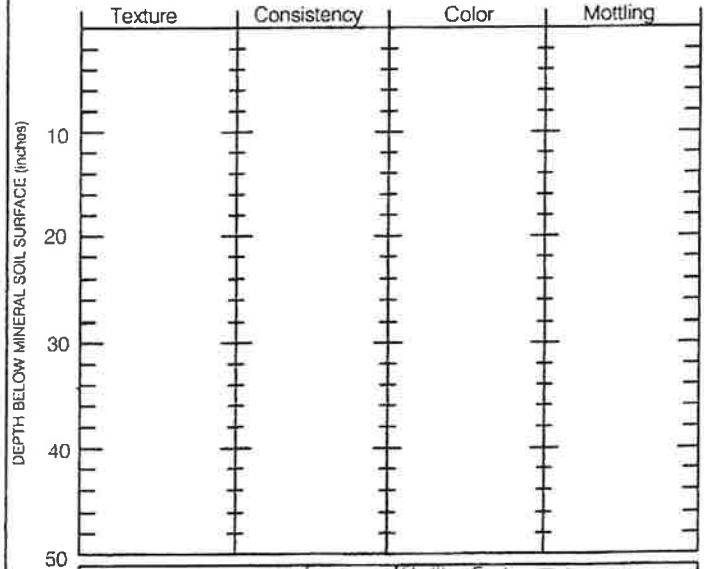
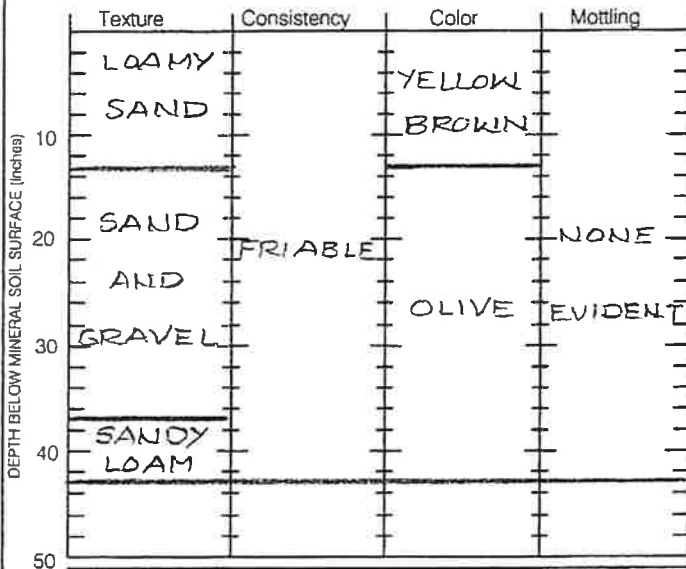


(SEE ATTACHED SITE PLAN)

SOIL PROFILE DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above or on pg. 2A)

Observation Hole # 1 Test Pit Boring
_____ " Depth of organic horizon above mineral soil

Observation Hole # _____ Test Pit Boring
_____ " Depth of organic horizon above mineral soil



Soil Classification A₁ III / B Slope 6 1/2 % Limiting Factor Ground Water
Profile Condition 4 6 1/2 % Depth _____ Restrictive Layer
 Bedrock Pit Depth

Soil Classification _____ Slope _____ % Limiting Factor Ground Water
Profile Condition _____ Depth _____ Restrictive Layer
 Bedrock Pit Depth

Richard B. ...
Site Evaluator's Signature

117
S. E. #

6-1-17
Date

Town, City, Plantation
EAST BROOK

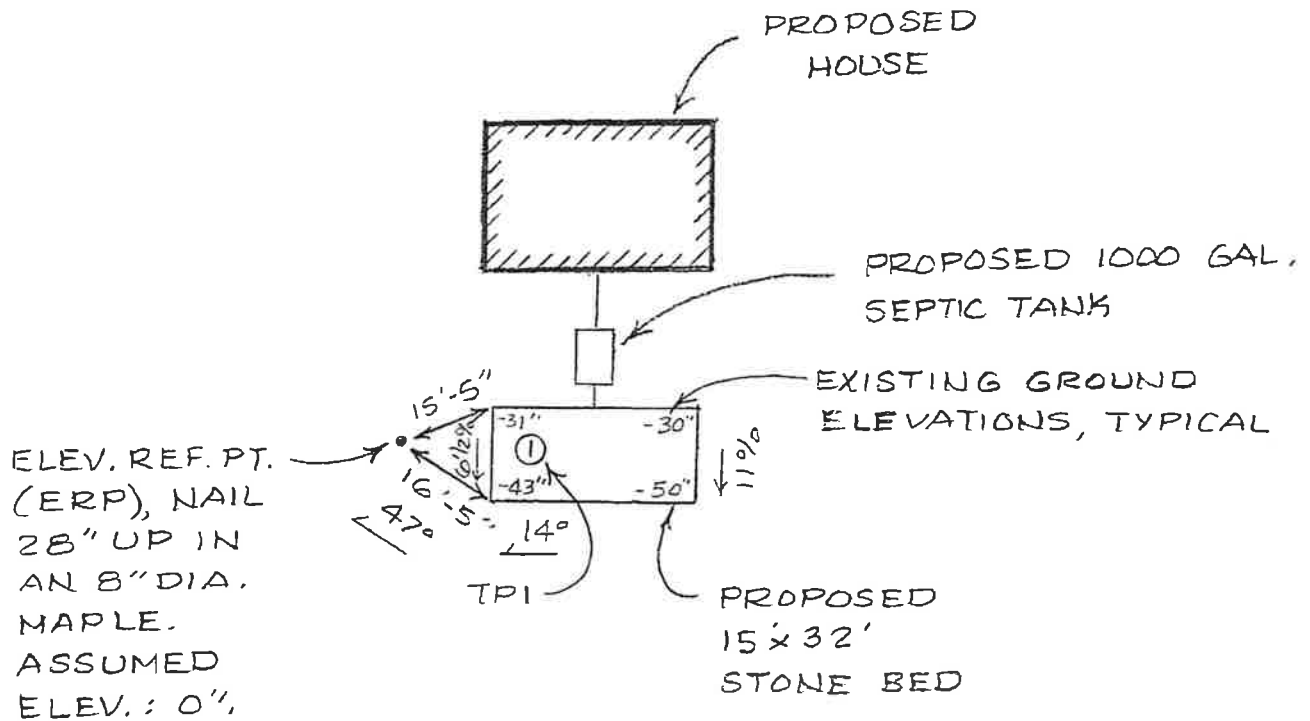
Street, Road, Subdivision
MACOMBER MILL ROAD

Owner or Applicant Name
DUANE LINCOURT

SITE PLAN:

SCALE: 1" = 30 FT.

POTENTIAL WELL SITE → ⊗



[Signature]
Site Evaluator's Signature

117
S.E. #

6-1-17
Date

