

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. of Health & Human Services
Division of Environmental Health, SHS 11
(207) 287-5338 FAX (207) 287-3165

PROPERTY LOCATION		>> Caution: Permit Required -- Attach in Space Below <<
City, Town, or Plantation	TRENTON	TRENTON Date Permit Issued: <u>7/1/2010</u> <i>William A. LaBelle</i> Local Plumbing Inspector Signature PERMIT # 1771 STATE COPY \$ <u>1100</u> FEE Double Fee Charged L.P.I. # <u>631</u>
Street or Road	OAK POINT ROAD	
Subdivision, Lot #	#679	

OWNER/APPLICANT INFORMATION	
Name (last, first, MI) ROBBINS, FRED	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	P.O. BOX 14 FELLSWORTH, ME. 04605
Daytime Tel. #	(207) 460-9687
Municipal Tax Map # _____ Lot # _____	

<p style="text-align: center;">Owner or Applicant Statement</p> <p>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.</p> <p><i>Frederick Robbins</i> Signature of Owner or Applicant</p> <p style="text-align: right;"><u>7/1/2010</u> Date</p>	<p style="text-align: center;">Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with Subsurface Wastewater Disposal Rules Application.</p> <p style="text-align: right;">(1st Date Approved) _____ (2nd Date Approved) _____</p> <p style="text-align: center;">Local Plumbing Inspector Signature</p>
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PERMIT INFORMATION

<p>TYPE OF APPLICATION</p> <p>1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Type Replaced: <u>BED</u></p> <p>Year Installed: <u>1960's</u></p> <p>3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> Minor Expansion b. <input type="checkbox"/> Major Expansion 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion</p> <p>SIZE OF PROPERTY <u>3/4</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p> <p>SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>THIS APPLICATION REQUIRES</p> <p>1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. <input type="checkbox"/> Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Permit</p> <p>DISPOSAL SYSTEM TO SERVE</p> <p>1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>2</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: (SPECIFY) _____</p> <p>Current Use: <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped</p>	<p>DISPOSAL SYSTEM COMPONENT(S)</p> <p>1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt. toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components</p> <p>TYPE OF WATER SUPPLY</p> <p>1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____</p>
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DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p>TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____</p> <p>CAPACITY <u>1000</u> gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p>1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device _____</p> <p>a. <input type="checkbox"/> Cluster Array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____</p> <p>SIZE <u>600</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p>1. <input checked="" type="checkbox"/> No 2. <input type="checkbox"/> Yes 3. <input type="checkbox"/> 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</p>	<p>DESIGN FLOW <u>180</u> gallons per day BASED ON 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 502.2 (other facilities) SHOW CALCULATIONS for other facilities</p>
<p>SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 1 C 1 1</u> at Observation Hole # <u>1</u> Depth <u>15</u>" Elevation <u>-72</u>" OF MOST LIMITING SOIL FACTOR</p>	<p>DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input checked="" type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p>1. <input checked="" type="checkbox"/> Not Required 2. <input type="checkbox"/> May be Required 3. <input type="checkbox"/> Required Specify only for engineered systems DOSE: _____ gallons</p>	<p>3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA</p> <p>LATITUDE AND LONGITUDE at Center of Disposal Area Lat. <u>44° 35' 30" N</u> Lon. <u>68° 24' 05" W</u> if GPS, state margin of error <u>3m</u></p>

SITE EVALUATOR STATEMENT

I certify that on 6-11-10 (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)

<u>William A. LaBelle, Jr.</u>	<u>319</u>	<u>6-15-10</u>
Site Evaluator Signature	SE#	Date
WILLIAM A. LABELLE, JR.	(207) 537-5900	labelleseptic@rivah.net
Site Evaluator Name Printed	Telephone #	E-mail Address

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Town, City, Plantation

Street, Road, Subdivision

Owner or Applicant Name

TRENTON

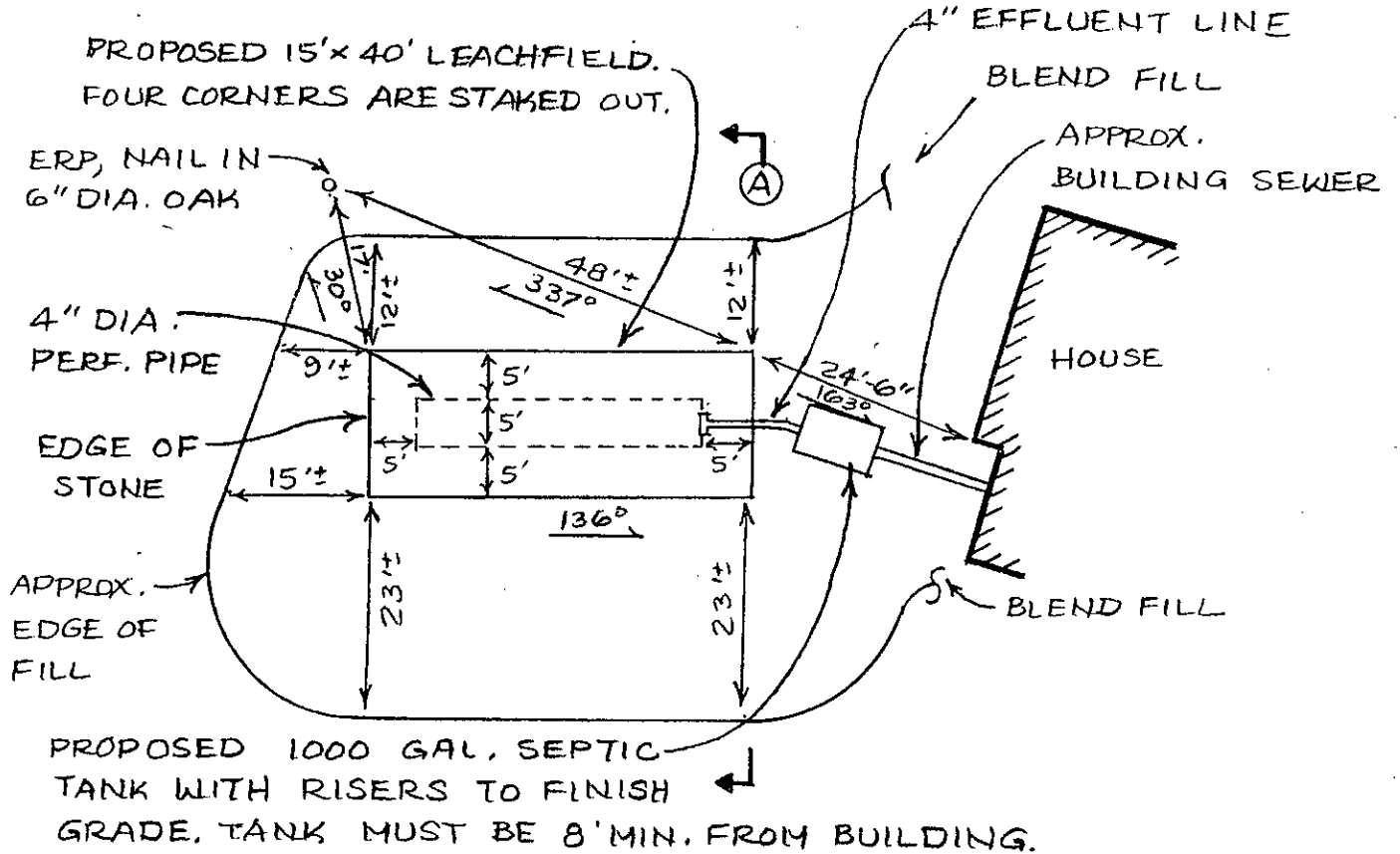
OAK POINT ROAD

FRED ROBBINS

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.

MAGNETIC
NORTH



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		SYSTEM	PRIVY	ELEVATION REFERENCE POINT
Depth of Backfill (Upslope)	18"	Finished Grade Elevation	-36"			Location & Description NAIL 16"
Depth of Backfill (Downslope)	36"	Top of Distribution Pipe or Proprietary Device	-49"	N/A		ABOVE GROUND IN 6" DIA.
Depths @ cross-section shown below or on X-sec. detail		Bottom of Disposal Field	-60"			OAK Reference Elevation is: 0"

DISPOSAL AREA CROSS SECTION (SEE ATTACHED CROSS SECTION)

NOTE:

GRADE SURROUNDING AREA TO DIVERT SURFACE WATER AWAY FROM SYSTEM.

W. Q. 247
 Site Evaluator's Signature

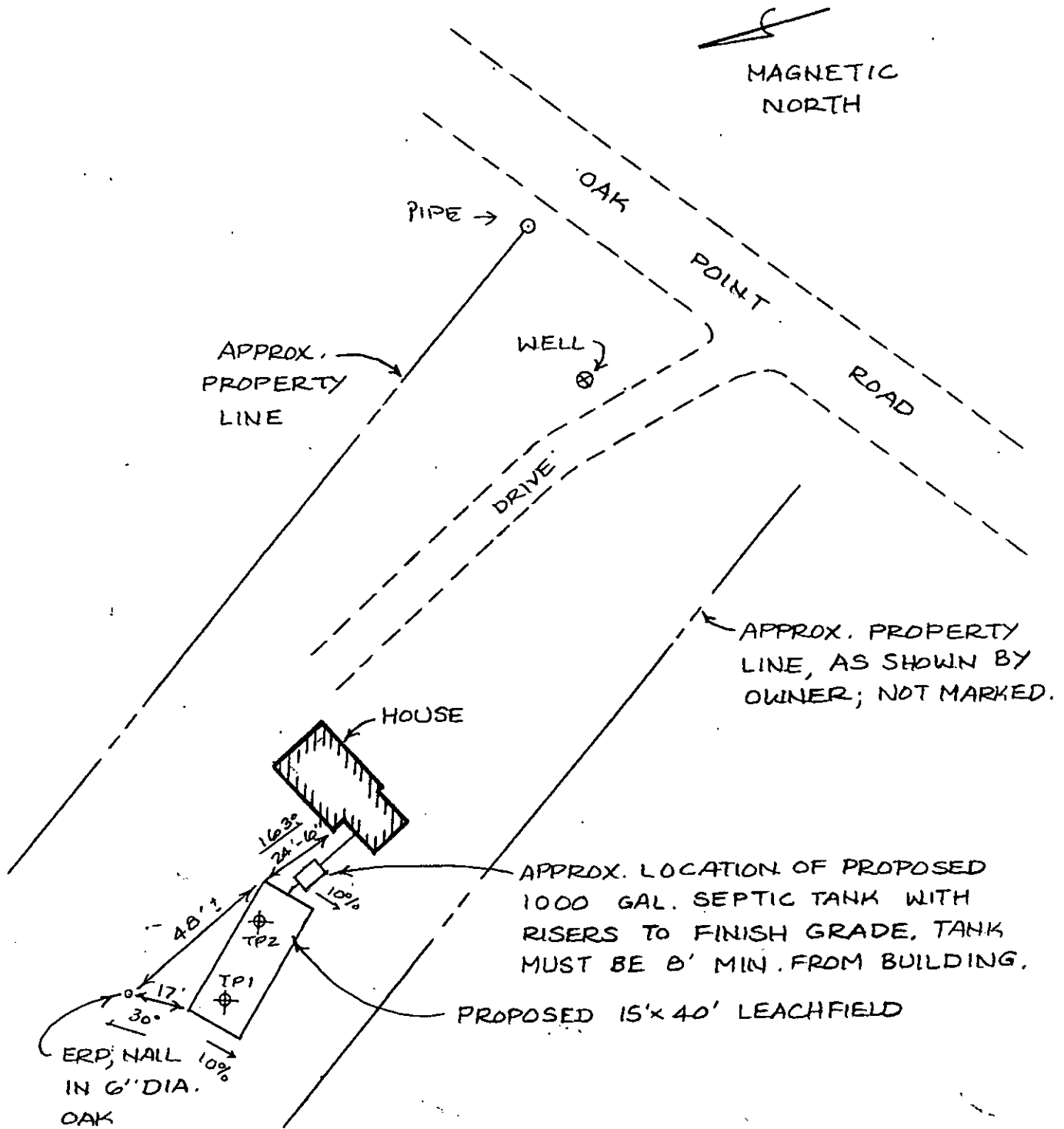
319
 S.E. #

6-15-10
 Date

Town, City, Plantation TRENTON	Street, Road, Subdivision OAK POINT ROAD	Owner or Applicant Name FRED ROBBINS
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SITE PLAN:

SCALE: 1" = 40 FT.



W. C. de N.

Site Evaluator's Signature

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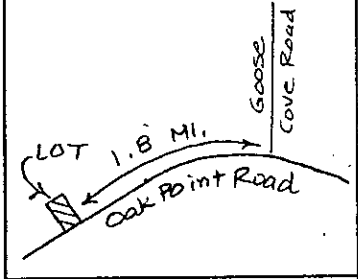
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Owner or Applicant Name
FRED ROBBINS

SITE PLAN

Scale 1" = 40 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

Texture	Consistency	Color	Mottling
		BLACK	
10 SANDY		YELLOW	N.E.
STONY		BROWN	
20 COBBLY	FRIABLE	TO LIGHT	FEW
LOAM		BROWN	DISTINCT
30	FIRM		
40			
50			

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>10%</u>	Limiting Factor <u>18"</u> Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> P# Depth
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Observation Hole #2 Test Pit Boring

2 " Depth of organic horizon above mineral soil

Texture	Consistency	Color	Mottling
		DARK	
10 SANDY		BROWN	N.E.
STONY	FRIABLE		
20 LOAM		PALE	FEW
		BROWN	DISTINCT
30	FIRM		
40			
50			

Soil Profile <u>3</u>	Classification <u>C</u>	Slope <u>10%</u>	Limiting Factor <u>18"</u> Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> P# Depth
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W. O. Robbins
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