

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health
Division of Health En
(207) 287-5672 Fa

PROPERTY LOCATION		>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE B	
City, Town, or Plantation	Mount Desert	MOUNT DESERT PERMIT # 2828	APPLICANTS COPY
Street or Road	Indian Point Rd	Date Permit Issued: 9.19.07	FEE \$ 1200
Subdivision, Lot #		 Local Plumbing Inspector Signature L.P.I. # 017	
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Higgins, Luke		
Mailing Address of Owner/Applicant	448 Pretty Marsh Rd Mount Desert ME 04660		
Daytime Tel. #	(207) 244-4146	THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED. 11-94-2	
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		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature	
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. Minimum Lot Size Variance ☐ 5. Seasonal Conversion Permit	
SIZE OF PROPERTY 2.1 ± ☐ SQ. FT. ☒ ACRES		DISPOSAL SYSTEM TO SERVE ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4 ☐ 2. Multiple Family Dwelling, No. of Units: _____ ☐ 3. Other: _____ (specify) Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped	
SHORELAND ZONING ☐ Yes ☒ No		DISPOSAL SYSTEM COMPONENTS ☒ 1. Complete Non-engineered System ☐ 2. Primitive System (graywater & all. to _____) ☐ 3. Alternative Toilet, specify: _____ ☐ 4. Non-engineered Treatment Tank (or _____) ☐ 5. Holding Tank, _____ gallons ☐ 6. Non-engineered Disposal Field (only _____) ☐ 7. Separated Laundry System ☐ 8. Complete Engineered System (2000 _____) ☐ 9. Engineered Treatment Tank (only _____) ☐ 10. Engineered Disposal Field (only _____) ☐ 11. Pre-treatment, specify: _____ ☐ 12. Miscellaneous Components	
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK ☒ 1. Concrete ☐ a. Regular ☒ b. Low Profile ☐ 2. Plastic ☐ 3. Other: _____ CAPACITY: 1000 GAL.	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: 1200 ☒ sq. ft. ☐ lin. ft.	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	DESIGN FLOW 360 _____ gallons per day BASED ON: ☐ 1. Table 501.1 (dwelling unit) ☐ 2. Table 501.2 (other facilities) SHOW CALCULATIONS
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3 C 11 at Observation Hole # 1 Depth 16" 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 only for engineered systems: DOSE: _____ gallons	☐ 3. Section 503.0 (meter required) ATTACH WATER METER LATITUDE AND LONGITUDE at center of disposal field: Lat. 44 d 20 m Lon. 68 d 23 m if g.p.s., state margin of error
SITE EVALUATOR STATEMENT			
I certify that on 23 Aug 07 (date) I completed a site evaluation on this property and state that the data reported are in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR)			
 Site Evaluator Signature		78 SE #	23 Aug 07 Date
A E Eggleston Site Evaluator Name Printed		(207) 667-2518 Telephone Number	_____ E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation

Mount Desert

Street, Road, Subdivision

Pretty Mers Rd

Maine Department of Human Services
Division of Health Engineering, Sanitation
(207) 287-5672 Fax: (207) 287-5673

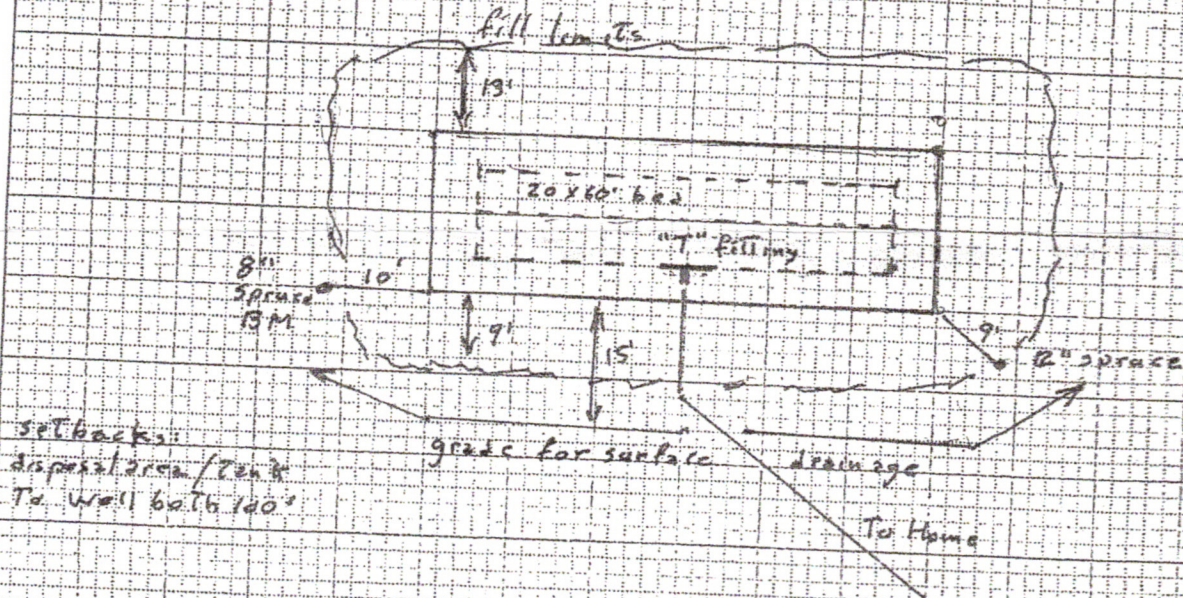
Owner or Applicant Name

Higgins, L

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20'

Bed 20' x 60" with 3 distribution lines
each 50' long. Install in closed
continuous network - S to apart.



BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 18-24"

Depth of Backfill (downslope) 24-30"

DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation +30"

Top of Distribution Pipe or Proprietary Device +42"

Bottom of Disposal Field -54"

ELEVATION REFERENCE POINT

Location & Description: nail in 8"

Spruce, 3.5' above ground

Reference Elevation is: 0.0" or

Stone - 1 1/2" uniform size

fill - stony sand

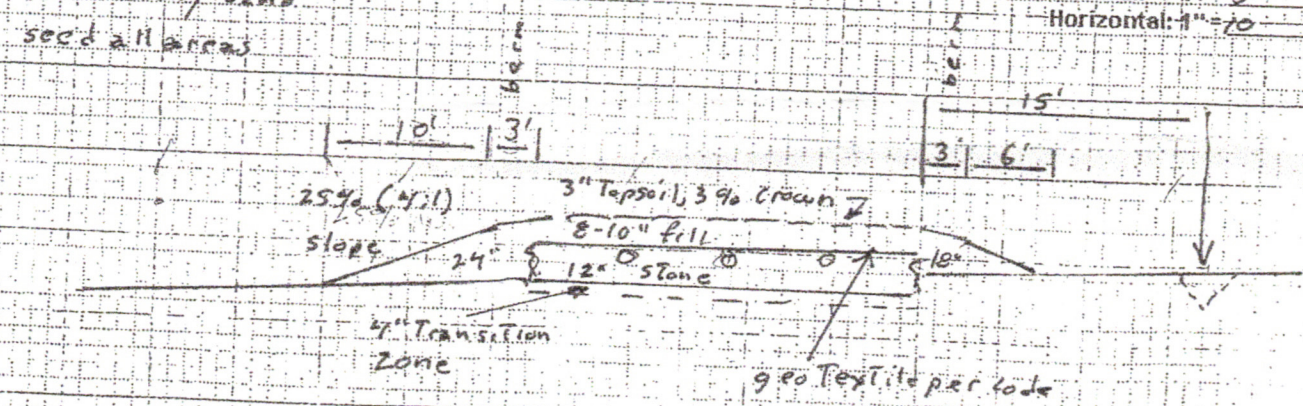
seed all areas

DISPOSAL FIELD CROSS-SECTION

Scales:

Vertical: 1" = 5'

Horizontal: 1" = 10'



Site Evaluator Signature

Page D-4

78

SE #

10 CMR 241 (October 1, 2002)

23 Aug 07

Date

Page 3 of 3
HHE-200 Rev. 10/02