

FOR: PETER VOGEL

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 S  
(207) 287-5872 Fax: (207) 287-3111

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>  The Subsurface Wastewater Disposal System shall not be installed until a Permit is attached HERE by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.
City, Town, or Plantation	CASTINE	
Street or Road	RISBANK STATE RD # CT 166A	
Subdivision, Lot #	PENOBSCOT RIVER	
<b>OWNER/APPLICANT INFORMATION</b>		
Name (last, first, MI)	THE MARGARET L. DUBONICH	Municipal Tax Map # <u>12</u> Lot # <u>5</u>
Mailing Address of Owner/Applicant	29 DALLMAN RD DELMAR, OH 43015	
Daytime Tel. #	(740) 363-2246	
<b>OWNER OR APPLICANT STATEMENT</b> 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.		<b>CAUTION: INSPECTION REQUIRED</b> I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.  (1st) date approved _____  Local Plumbing Inspector Signature _____ (2nd) date approved _____
Signature of Owner or Applicant _____ Date _____		

<b>PERMIT INFORMATION</b>		
<b>TYPE OF APPLICATION</b> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: <u>UNKNOWN</u> Year installed: _____ <input checked="" type="checkbox"/> 3. Expanded System a. Minor Expansion b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<b>THIS APPLICATION REQUIRES</b> <input 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 checked="" 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	<b>DISPOSAL SYSTEM COMPONENTS</b> <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (greywater & all 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
<b>SIZE OF PROPERTY</b> 15000 +/- SO. FT. ACRES	<b>DISPOSAL SYSTEM TO SERVE</b> <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input checked="" type="checkbox"/> 3. Other: <u>YEAR ROUND CAMP - 2 BOLS</u> (specify) Current Use <input checked="" type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<b>TYPE OF WATER SUPPLY</b> <u>Proposed + Existing</u> <input checked="" type="checkbox"/> 1. Drilled Well <input checked="" type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<b>SHORELAND ZONING</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

<b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>			
<b>TREATMENT TANK</b> <input checked="" type="checkbox"/> 1. Concrete a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000 GAL</u>	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> <input 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 checked="" type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. M-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>600</u> sq. ft. <input type="checkbox"/> lin. ft.	<b>GARBAGE DISPOSAL UNIT</b> <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	<b>DESIGN FLOW</b> <u>180</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS --- for other facilities ---
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE CONDITION DESIGN <u>3.1 C-1</u> at Observation Hole # <u>7A</u> Depth <u>17"</u> of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> <input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium--2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd	<b>EFFLUENT/EJECTOR PUMP</b> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: <u>35</u> gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

**SITE EVALUATOR STATEMENT**

I certify that on 8/25/05 (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).

Site Evaluator Signature \_\_\_\_\_ SE # 213 Date 8/26/05  
Site Evaluator Name Printed \_\_\_\_\_ Telephone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.