

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services  
Division of Health Engineering, 10 SHS  
(207) 287-5672 Fax: (207) 287-3165

51-31

|                                                                                                                                                                                                                    |                                                                              |                                                                                                                                                |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>PROPERTY LOCATION</b>                                                                                                                                                                                           |                                                                              | <b>&gt;&gt; CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW &lt;&lt;</b>                                                                      |                                                            |
| City, Town, or Plantation                                                                                                                                                                                          | ELLSWORTH                                                                    | ELLSWORTH                                                                                                                                      | 4259 TOWN COPY                                             |
| Street or Road                                                                                                                                                                                                     | 169 LAKES LANE                                                               | Date Permit Issued: 6-11-04                                                                                                                    | \$ 1100 FEE <input type="checkbox"/> If Double Fee Charged |
| Subdivision, Lot #                                                                                                                                                                                                 |                                                                              | Local Plumbing Inspector Signature: [Signature]                                                                                                | L.P.I. # 1008                                              |
| <b>OWNER/APPLICANT INFORMATION</b>                                                                                                                                                                                 |                                                                              |                                                                                                                                                |                                                            |
| Name (last, first, MI)                                                                                                                                                                                             | BROUGHTON, JENNIFER                                                          |                                                                                                                                                |                                                            |
|                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant |                                                                                                                                                |                                                            |
| Mailing Address of Owner/Applicant                                                                                                                                                                                 | 290 POND ROAD<br>GOULDSBORO ME. 04607                                        |                                                                                                                                                |                                                            |
| Daytime Tel. #                                                                                                                                                                                                     | (207) 963-2781                                                               | Municipal Tax Map # 51                                                                                                                         | Lot # 31                                                   |
| <b>OWNER OR APPLICANT STATEMENT</b>                                                                                                                                                                                |                                                                              | <b>CAUTION: INSPECTION REQUIRED</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. |                                                                              | I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. |                                                            |
| Signature of Owner or Applicant: [Signature] Date: 6/7/04                                                                                                                                                          |                                                                              | Local Plumbing Inspector Signature: [Signature] (2nd) date approved: 7-9-04                                                                    |                                                            |

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| <b>PERMIT INFORMATION</b>                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>TYPE OF APPLICATION</b>                                                                                                                                                                                                                                                                                                                                                                                     | <b>THIS APPLICATION REQUIRES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <input checked="" type="checkbox"/> 1. First Time System<br><input type="checkbox"/> 2. Replacement System<br>Type replaced: _____<br>Year installed: _____<br><input type="checkbox"/> 3. Expanded System<br><input type="checkbox"/> a. Minor Expansion<br><input type="checkbox"/> b. Major Expansion<br><input type="checkbox"/> 4. Experimental System<br><input type="checkbox"/> 5. Seasonal Conversion | <input checked="" type="checkbox"/> 1. No Rule Variance<br><input type="checkbox"/> 2. First Time System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 3. Replacement System Variance<br><input type="checkbox"/> a. Local Plumbing Inspector Approval<br><input type="checkbox"/> b. State & Local Plumbing Inspector Approval<br><input type="checkbox"/> 4. Minimum Lot Size Variance<br><input type="checkbox"/> 5. Seasonal Conversion Permit                                                                                                                                                                                                                               |
| <b>SIZE OF PROPERTY</b>                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSAL SYSTEM TO SERVE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 40± <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 4<br><input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____<br><input type="checkbox"/> 3. Other: _____ (specify)<br>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>SHORELAND ZONING</b>                                                                                                                                                                                                                                                                                                                                                                                        | <b>DISPOSAL SYSTEM COMPONENTS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> 1. Complete Non-engineered System<br><input type="checkbox"/> 2. Primitive System (graywater & alt. toilet)<br><input type="checkbox"/> 3. Alternative Toilet, specify: _____<br><input type="checkbox"/> 4. Non-engineered Treatment Tank (only)<br><input type="checkbox"/> 5. Holding Tank, _____ gallons<br><input type="checkbox"/> 6. Non-engineered Disposal Field (only)<br><input type="checkbox"/> 7. Separated Laundry System<br><input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more)<br><input type="checkbox"/> 9. Engineered Treatment Tank (only)<br><input type="checkbox"/> 10. Engineered Disposal Field (only)<br><input type="checkbox"/> 11. Pre-treatment, specify: _____<br><input type="checkbox"/> 12. Miscellaneous Components |
|                                                                                                                                                                                                                                                                                                                                                                                                                | <b>TYPE OF WATER SUPPLY TO BE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private<br><input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)</b>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                              |
| <b>TREATMENT TANK</b>                                                                                                                                                                                                                                          | <b>DISPOSAL FIELD TYPE &amp; SIZE</b>                                                                                                                                                                                                                                                                                                                                                                             | <b>GARBAGE DISPOSAL UNIT</b>                                                                                                                                                                                                                                                                                                                                                | <b>DESIGN FLOW</b>                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> 1. Concrete<br><input checked="" type="checkbox"/> a. Regular <input checked="" type="checkbox"/> b. Low Profile<br><input type="checkbox"/> 2. Plastic<br><input type="checkbox"/> 3. Other: _____<br>CAPACITY: 1000 GAL. | <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench<br><input type="checkbox"/> 3. Proprietary Device<br><input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear<br><input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load<br><input type="checkbox"/> 4. Other: _____<br>SIZE: 1200 sq. ft. <input type="checkbox"/> lin. ft. | <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe<br>If Yes or Maybe, specify one below:<br><input type="checkbox"/> a. multi-compartment tank<br><input type="checkbox"/> b. _____ tanks in series<br><input type="checkbox"/> c. increase in tank capacity<br><input type="checkbox"/> d. Filter on Tank Outlet | 360 gallons per day<br>BASED ON:<br><input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s))<br><input type="checkbox"/> 2. Table 501.2 (other facilities)<br>SHOW CALCULATIONS<br>--- for other facilities --- |
| <b>SOIL DATA &amp; DESIGN CLASS</b>                                                                                                                                                                                                                            | <b>DISPOSAL FIELD SIZING</b>                                                                                                                                                                                                                                                                                                                                                                                      | <b>EFFLUENT/EJECTOR PUMP</b>                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                              |
| PROFILE CONDITION DESIGN<br>3 / C / 1<br>at Observation Hole # 2<br>Depth 16"<br>of Most Limiting Soil Factor                                                                                                                                                  | <input type="checkbox"/> 1. Small--2.0 sq. ft. / gpd<br><input type="checkbox"/> 2. Medium--2.6 sq. ft. / gpd<br><input checked="" type="checkbox"/> 3. Medium--Large 3.3 sq. ft. / gpd<br><input type="checkbox"/> 4. Large--4.1 sq. ft. / gpd<br><input type="checkbox"/> 5. Extra Large--5.0 sq. ft. / gpd                                                                                                     | <input checked="" type="checkbox"/> 1. Not Required<br><input type="checkbox"/> 2. May Be Required<br><input type="checkbox"/> 3. Required<br>Specify only for engineered systems:<br>DOSE: _____ gallons                                                                                                                                                                   | <input type="checkbox"/> 3. Section 503.0 (meter readings)<br>ATTACH WATER METER DATA                                                                                                                                        |

|                                                                                                                                                                                                                                                              |                                  |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------------|
| <b>SITE EVALUATOR STATEMENT</b>                                                                                                                                                                                                                              |                                  |                                         |
| I certify that on 11-17-03 (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: [Signature]                                                                                                                                                                                                                        | SE #: 319                        | Date: 11-19-03                          |
| Site Evaluator Name Printed: WILLIAM A. LABELLE, JR.                                                                                                                                                                                                         | Telephone Number: (207) 537-5900 | E-mail Address: labelleseptic@rivah.net |

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

HHE-200 Rev. 8/01

check # 2993

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services  
Division of Health Engineering  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation  
**ELLSWORTH**

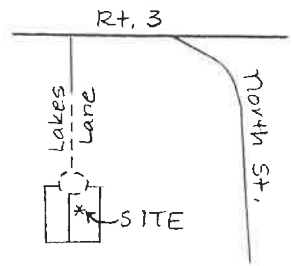
Street, Road Subdivision  
**LAKES LANE**

Owner's Name  
**JENNIFER BROUGHTON**

**SITE PLAN**

Scale 1" = 60 Ft.  
or as shown

**SITE LOCATION PLAN**  
(Map from Maine Atlas recommended)



(SEE ATTACHED SITE PLAN)

## SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole #1 ☒ Test Pit ☐ Boring  
1 " Depth of Organic Horizon Above Mineral Soil

Observation Hole #2 ☒ Test Pit ☐ Boring  
1 " Depth of Organic Horizon Above Mineral Soil

| Texture | Consistency | Color         | Mottling     |
|---------|-------------|---------------|--------------|
| 0       |             | BLACK<br>GRAY |              |
| 10      | FRIABLE     | YELLOW        | N.E.         |
| 20      |             | BROWN         |              |
| 30      | FIRM        | PALE<br>BROWN | FEW<br>FAINT |
| 40      |             |               |              |
| 50      |             |               |              |

Soil Classification  
3 Profile C Condition

Slope  
7 %

Limiting Factor  
18 "

☒ Ground Water  
☐ Restrictive Layer  
☐ Bedrock  
☐ Pit Depth

| Texture | Consistency | Color         | Mottling        |
|---------|-------------|---------------|-----------------|
| 0       |             | BLACK         |                 |
| 10      | FRIABLE     | PALE<br>BROWN | N.E.            |
| 20      |             |               | FEW<br>DISTINCT |
| 30      | FIRM        |               |                 |
| 40      |             |               |                 |
| 50      |             |               |                 |

Soil Classification  
3 Profile C Condition

Slope  
7 %

Limiting Factor  
16 "

☒ Ground Water  
☐ Restrictive Layer  
☐ Bedrock  
☐ Pit Depth

*Will G. Jr.*  
Site Evaluator Signature

319  
SE \*

11-19-03  
Date

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Division of Health Engineering, Station 10  
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation

ELLSWORTH

Street, Road, Subdivision

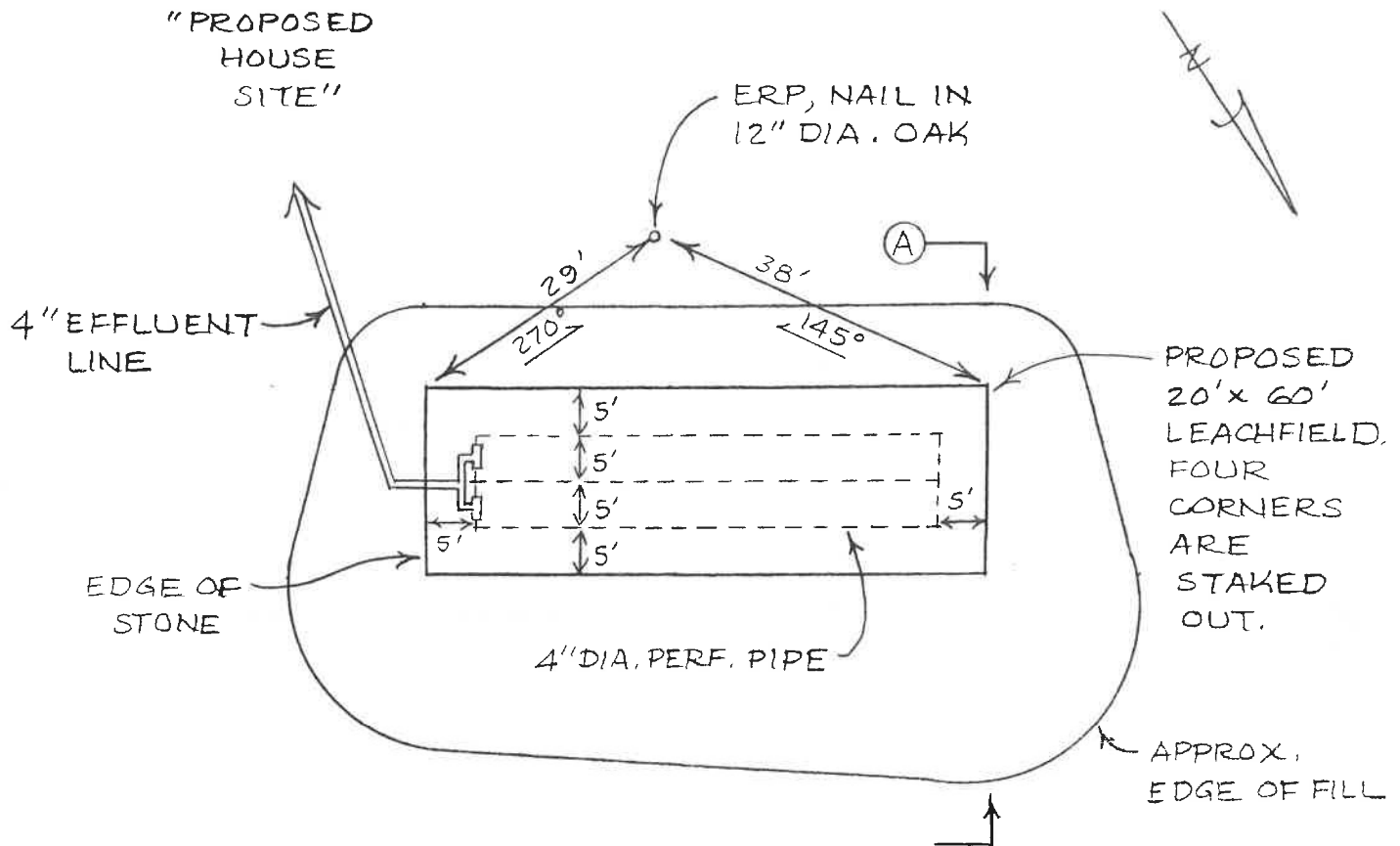
LAKES LANE

Owner or Applicant Name

JENNIFER BROUGHTON

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1"= 20 ft.



### BACKFILL REQUIREMENTS

Depth of Backfill (upslope) 22"

Depth of Backfill (downslope) 36"-40"

DEPTHS AT CROSS-SECTION (shown below)

### CONSTRUCTION ELEVATIONS

Finished Grade Elevation -36"

Top of Distribution Pipe or Proprietary Device -49"

Bottom of Disposal Field -60"

### ELEVATION REFERENCE POINT

Location & Description: NAIL 29' ABOVE  
GROUND IN 12" DIA. OAK

Reference Elevation is: 0.0"

### DISPOSAL FIELD CROSS-SECTION

(SEE ATTACHED CROSS SECTION)

### Scales:

Vertical: 1"= 1 ft.

Horizontal: 1"= 20 ft.

### NOTES:

1. TANK MUST BE 8' MINIMUM FROM BUILDING.
2. BUILDING ON FOUNDATION MUST BE 20' MINIMUM FROM STONE AND BUILDING SLAB MUST BE 15' MINIMUM FROM STONE.
3. WELL MUST BE 100' MINIMUM FROM TANK AND STONE,
4. GRADE SURROUNDING AREA TO DIVERT SURFACE WATER AWAY FROM SYSTEM.

*Will G. Leary*  
Site Evaluator Signature

319  
SE #

11-19-03  
Date

# DISPOSAL BED CROSS SECTION



(A)

FILL MATERIAL SHALL BE 8"-12" THICK OVER STONE AND SHALL BE GRAVELLY COARSE SAND TO THE STANDARDS IN SEC. 804.0 IN THE SUBSURFACE RULES.

CROWN FINISH GRADE FROM CENTER AT 3 % SLOPE

2" COMPRESSED HAY (OR FILTER FABRIC) SEC. 805.3 RECOMMENDED OVER STONE.

REMOVE VEGETATION AND SCARIFY ORIGINAL SOIL UNDER ENTIRE FILL AREA.

BOTTOM OF STONE MUST BE LEVEL WITH MAXIMUM GRADE TOLERANCE OF 2" PER 100'.

SYSTEM MUST BE INSTALLED ACCORDING TO THE RULES AND PRACTICES SET FORTH IN THE SUBSURFACE WASTEWATER RULES, IN EFFECT AT THIS TIME.

ELEVATIONS:

ELEV. REF. PT. (ERP):

FINISHED GRADE:

TOP OF DISTRIBUTION PIPE:

BOTTOM OF STONE:

0"

-36"

-49"

-60"

OWNER: JENNIFER BROUGHTON

LOCATION: ELLSWORTH

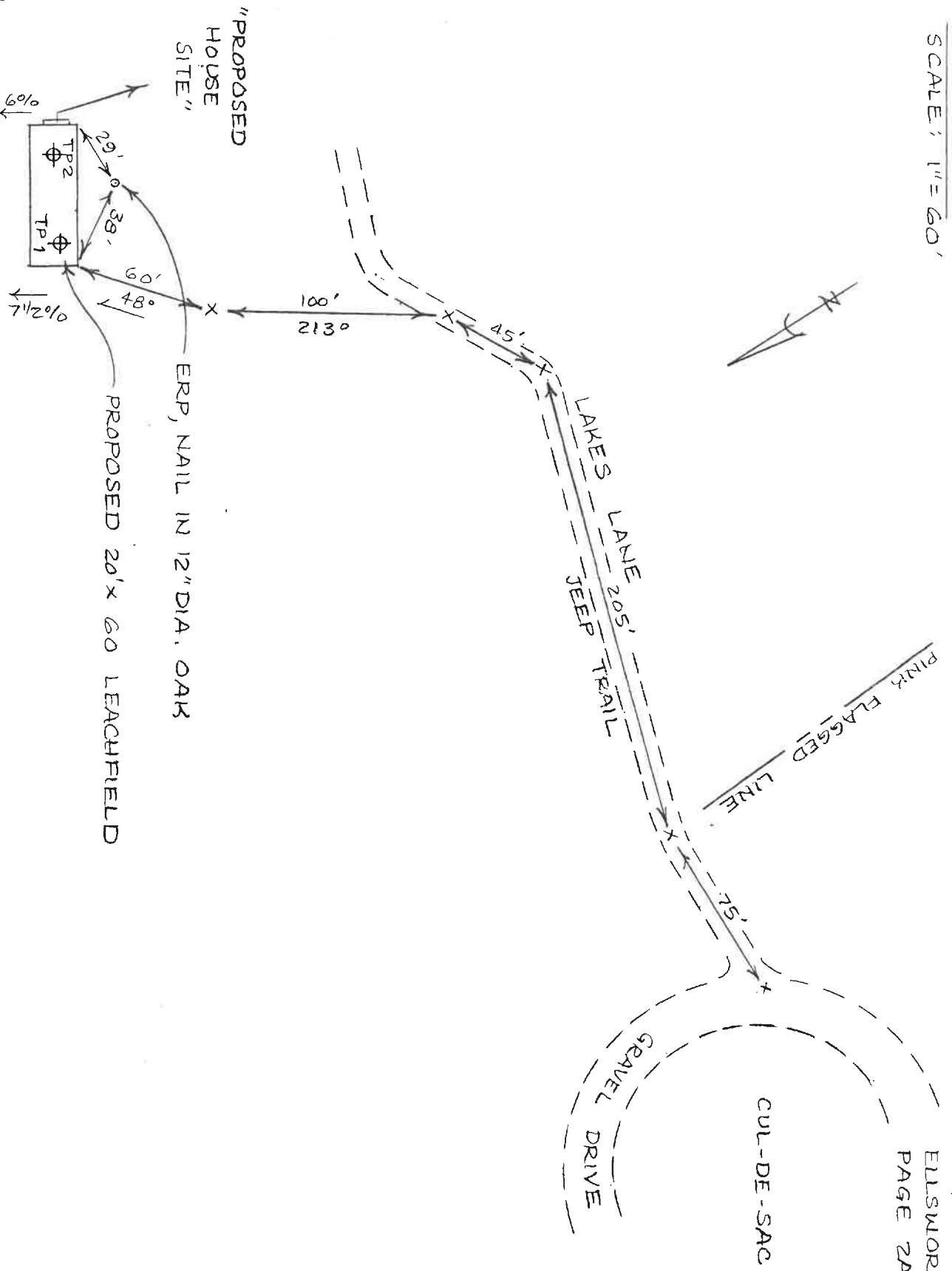
WILLIAM A. LABELLE

319 S.E.#

DATE

11-19-03

SITE PLAN:  
SCALE: 1"=60'



JENNIFER BROUGHTON  
ELLSWORTH  
PAGE 2A

*Will G. G. G.*  
SITE EVALUATOR'S SIGNATURE

319  
S.E.#

11-19-03  
DATE