

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-6672 FAX (207) 287-4172

| | | | |
|--|----------------------|--|--|
| PROPERTY LOCATION | | >> Caution: Permit Required – Attach In Space Below << | |
| Town, Plantation | Augusta | AUGUSTA Date Permit Issued: <u>6.7.05</u> PERMIT # 5539 TOWN COPY \$ <u>150.00</u> FEE <input type="checkbox"/> Double Fee Charged Local Plumbing Inspector Signature: <u>[Signature]</u> L.P.I. # <u>850</u> | |
| Street or Road | Tomms Pond M.H. Park | | |
| Subdivision, Lot # | Slot # 31 | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | Hooker Brook LLC | | |
| Mailing Address of | | | |
| <input type="checkbox"/> Owner <input type="checkbox"/> Applicant | | | |
| Daytime Tel. # | 933-9029 | Municipal Tax Map # <u>4</u> Lot # <u>100</u> | |
| Owner or Applicant Statement | | Caution: Inspections Required | |
| I state 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. | |
| <u>[Signature]</u> 5-13-05 | | <u>[Signature]</u> | |
| Signature of Owner or Applicant | | Local Plumbing Inspector Signature | |
| Date | | (1st) Date Approved | |
| | | (2nd) Date Approved | |

| PERMIT INFORMATION | | |
|---|---|---|
| TYPE OF APPLICATION 1. <input type="checkbox"/> First Time System 2. <input checked="" type="checkbox"/> Replacement System Replaced: _____ Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion | THIS APPLICATION REQUIRES 1. <input 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. 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 Approval | DISPOSAL SYSTEM COMPONENT(S) 1. <input type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input checked="" 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 |
| SIZE OF PROPERTY <input type="checkbox"/> sq. ft. <input type="checkbox"/> acres | DISPOSAL SYSTEM TO SERVE 1. <input type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: _____ 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY | TYPE OF WATER SUPPLY 1. <input 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: |
| SHORELAND ZONING <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) | | | |
|---|--|---|---|
| TREATMENT TANK 1. <input 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: _____ CAPACITY <u>1000</u> gallons | DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device 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: _____ SIZE _____ sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet | DESIGN FLOW _____ gallons per day BASED ON: 1. <input type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS – for other facilities – |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN _____ / _____ / _____ at Observation Hole # _____ Depth _____" Elevation _____" OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small – 2.0 sq. ft./gpd 2. <input type="checkbox"/> Medium – 2.6 sq. ft./gpd 3. <input 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 | PUMPING 1. <input type="checkbox"/> Not Required 2. <input type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons | |

| SITE EVALUATOR STATEMENT | | |
|---|-------------|------|
| I certify that on _____ (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 # | Date |
| Site Evaluator Name Printed | Telephone # | |