

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; Caution: Permit Required -- Attach in Space Below &lt;&lt;</b>	
Town, Plantation	Cape Elizabeth		
Street or Road	41 North St.		
Subdivision, Lot #			
<b>OWNER/APPLICANT INFORMATION</b>		AUGUSTA PERMIT # 4961 APPLICANTS COPY Date Permit Issued: 017 05 150101 FEE Double Fee Charged L.P.I. # KPOA Local Plumbing Inspector Signature: <i>[Signature]</i>	
Name (last, first, MI)	Owner	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.	
Shorey Lee			
Mailing Address of	Applicant	Municipal Tax Map # 28 Lot # 3	
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	41 North St. Augusta Me.		
Daytime Tel. #	622-2180		
<b>Owner or Applicant Statement</b>		<b>Caution: Inspections Required</b>	
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. Signature of Owner or Applicant: <i>[Signature]</i> Date: <i>[Date]</i>		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: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____	

PERMIT INFORMATION		
<b>TYPE OF APPLICATION</b> 1. <input type="checkbox"/> First Time System 2. <input 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	<b>THIS APPLICATION REQUIRES</b> 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. 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	<b>DISPOSAL SYSTEM COMPONENT(S)</b> 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
<b>SIZE OF PROPERTY</b> _____ sq. ft. _____ acres	<b>DISPOSAL SYSTEM TO SERVE</b> 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	<b>TYPE OF WATER SUPPLY</b> 1. <input type="checkbox"/> Drilled Well    2. <input type="checkbox"/> Dug Well    3. <input type="checkbox"/> Private 4. <input checked="" type="checkbox"/> Public    5. <input type="checkbox"/> Other: _____
<b>SHORELAND ZONING</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 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: <u>Model</u> CAPACITY <u>1000</u> gallons	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 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.	<b>GARBAGE DISPOSAL UNIT</b> 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	<b>DESIGN FLOW</b> _____ 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 --  3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE    CONDITION    DESIGN at Observation Hole # _____ Depth _____ Elevation _____ OF MOST LIMITING SOIL FACTOR	<b>DISPOSAL FIELD SIZING</b> 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	<b>PUMPING</b> 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: <i>[Signature]</i>	SE # _____	Date _____
Site Evaluator Name Printed: _____	Telephone # _____	