

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

PROPERTY LOCATION		>> Caution: Permit Required – Attach in Space Below <<	
Town, Plantation	Augusta	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>AUGUSTA Date Permit Issued: 5/28/02</p> <p><i>[Signature]</i> Local Plumbing Inspector Signature</p> </div> <div style="text-align: center;"> <p>4879</p> <p>TOWN 0050</p> <p>L.P.I. # 852</p> </div> <div style="text-align: center;"> <p><input type="checkbox"/> If Double Fee Charged</p> </div> </div>	
Street or Road	43 1/2 Rumford Dr.		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Hamilton TAIN		
Mailing Address of			
<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant			
Daytime Tel. #		Municipal Tax Map # 49 Lot # 11	
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.	
<i>[Signature]</i> Signature of Owner or Applicant		<i>[Signature]</i> Local Plumbing Inspector Signature	
Date: 5/28/02		(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 checked="" type="checkbox"/> Concrete a. <input type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY: 1000 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"/> ln. 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	3. <input type="checkbox"/> Section 503.0 (meter readings) ATTACH WATER-METER DATA

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 #	