

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
 Div of Environmental Health, 11 SHS  
 (207) 287-5872 Fax: (207) 287-4172

**PROPERTY LOCATION**

City, Town, or Plantation: Augusta

Street or Road: 375 West River Rd

Subdivision, Lot #:

>> CAUTION: LPI APPROVAL REQUIRED <<

**OWNER/APPLICANT INFORMATION**

Name (last, first, MI): Fernald, Betty  Owner  Applicant

Mailing Address of Owner/Applicant: 375 W. River Rd

Daytime Tel. #: Augusta, ME

AUGUSTA PERMIT #6937 TOWN COPY  
 Date Permit Issued: 6/2/14 \$ 150.00 fee  
Jay R. Fuller LPI # 850

**OWNER OR APPLICANT STATEMENT**

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.

[Signature] Date: 6/2/14

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

<p><b>TYPE OF APPLICATION</b></p> <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. ≥25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<p><b>THIS APPLICATION REQUIRES</b></p> <input checked="" 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 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	<p><b>DISPOSAL SYSTEM COMPONENTS</b></p> <input type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input checked="" 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
<p><b>SIZE OF PROPERTY</b></p> <input type="checkbox"/> SQ. FT. <input type="checkbox"/> ACRES	<p><b>DISPOSAL SYSTEM TO SERVE</b></p> <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	<p><b>TYPE OF WATER SUPPLY</b></p> <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other
<p><b>SHORELAND ZONING</b></p> <input type="checkbox"/> Yes <input type="checkbox"/> No		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p><b>TREATMENT TANK</b></p> <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: <u>1000 gal.</u> CAPACITY: _____ GAL.	<p><b>DISPOSAL FIELD TYPE &amp; SIZE</b></p> <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: _____ sq. ft. <input type="checkbox"/> lin. ft.	<p><b>GARBAGE DISPOSAL UNIT</b></p> <input 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	<p><b>DESIGN FLOW</b></p> _____ gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
<p><b>SOIL DATA &amp; DESIGN CLASS PROFILE CONDITION</b></p> at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	<p><b>DISPOSAL FIELD SIZING</b></p> <input type="checkbox"/> 1. Medium--2.6 sq. ft. / gpd <input type="checkbox"/> 2. Medium--Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large--4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large--5.0 sq. ft. / gpd	<p><b>EFFLUENT/EJECTOR PUMP</b></p> <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<p><b>LATITUDE AND LONGITUDE</b>                  at center of disposal area</p> Lat. _____ d _____ m _____ s Lon. _____ d _____ m _____ s if g.p.s, state margin of error: _____

## 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 Number

E-mail Address

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