

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 11SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation		Town/City _____	Permit # _____
Street or Road		Date Permit Issued: ___/___/___	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #		Local Plumbing Inspector Signature _____ L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Fee: \$ _____ state min fee \$ _____ Locally adopted fee	
Name (last, first, MI)	Owner Applicant	Copy: [] Owner [] Town [] State	
Mailing Address of Owner/Applicant		The Subsurface Wastewater Disposal System shall not be installed until a Permit is issued by the Local Plumbing Inspector. The Permit shall authorize the owner or installer to install the disposal system in accordance with this application and the Maine Subsurface Wastewater Disposal Rules.	
Daytime Tel. #		Municipal Tax Map # _____ Lot # _____	
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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 _____ Date _____		(1st) date approved _____ Local Plumbing Inspector Signature _____ (2nd) date approved _____	

PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
1. First Time System	1. No Rule Variance	1. Complete Non-engineered System	
2. Replacement System	2. First Time System Variance	2. Primitive System (graywater & alt. toilet)	
Type replaced: _____	a. Local Plumbing Inspector Approval	3. Alternative Toilet, specify: _____	
Year installed: _____	b. State & Local Plumbing Inspector Approval	4. Non-engineered Treatment Tank (only)	
3. Expanded System	3. Replacement System Variance	5. Holding Tank, _____ gallons	
a. <25% Expansion	a. Local Plumbing Inspector Approval	6. Non-engineered Disposal Field (only)	
b. >25% Expansion	b. State & Local Plumbing Inspector Approval	7. Separated Laundry System	
4. Experimental System	4. Minimum Lot Size Variance	8. Complete Engineered System (2000 gpd or more)	
5. Seasonal Conversion	5. Seasonal Conversion Permit	9. Engineered Treatment Tank (only)	
		10. Engineered Disposal Field (only)	
		11. Pre-treatment, specify: _____	
		12. Miscellaneous Components	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY	
SQ. FT. ACRES	1. Single Family Dwelling Unit, No. of Bedrooms: _____	1. Drilled Well 2. Dug Well 3. Private	
SHORELAND ZONING	2. Multiple Family Dwelling, No. of Units: _____	4. Public 5. Other	
Yes No	3. Other: _____ (specify)		
	Current Use Seasonal Year Round Undeveloped		

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

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.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
 Division of Environmental Health
 (207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

Street, Road, Subdivision

Owner's Name

SITE PLAN

Scale 1" = _____ ft. or as shown

SITE LOCATION PLAN
 (map from Maine Atlas
 recommended)

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

Observation Hole _____ Test Pit Boring
 _____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification _____ Profile Condition	Slope _____%	Limiting Factor _____"	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
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Site Evaluator Signature

SE #

Date

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SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = _____ FT.

FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) _____

Finished Grade Elevation _____

Location & Description:

Depth of Fill (Downslope) _____

Top of Distribution Pipe or Proprietary Device _____

Reference Elevation: _____

Bottom of Disposal Area _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

Site Evaluator Signature

SE #

Date