

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

<b>PROPERTY LOCATION</b>		<b>&gt;&gt; CAUTION: LPI APPROVAL REQUIRED &lt;&lt;</b>	
City, Town, or Plantation		Town/City _____ Permit # _____	
Street or Road		Date Permit Issued: ___/___/___ Fee: \$ _____ Double Fee Charged [ ]	
Subdivision, Lot #		L.P.I. # _____	
<b>OWNER/APPLICANT INFORMATION</b>		Local Plumbing Inspector Signature _____	
Name (last, first, MI) _____		Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____	
Mailing Address of Owner/Applicant _____		Copy: [ ] Owner [ ] Town [ ] State _____	
Daytime Tel. # _____		Municipal Tax Map # _____ Lot # _____	
<b>OWNER OR APPLICANT STATEMENT</b> 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 of Owner or Applicant Date _____		<b>CAUTION: INSPECTION REQUIRED</b> 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 _____ _____ Local Plumbing Inspector Signature (2nd) date approved _____	

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

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

# 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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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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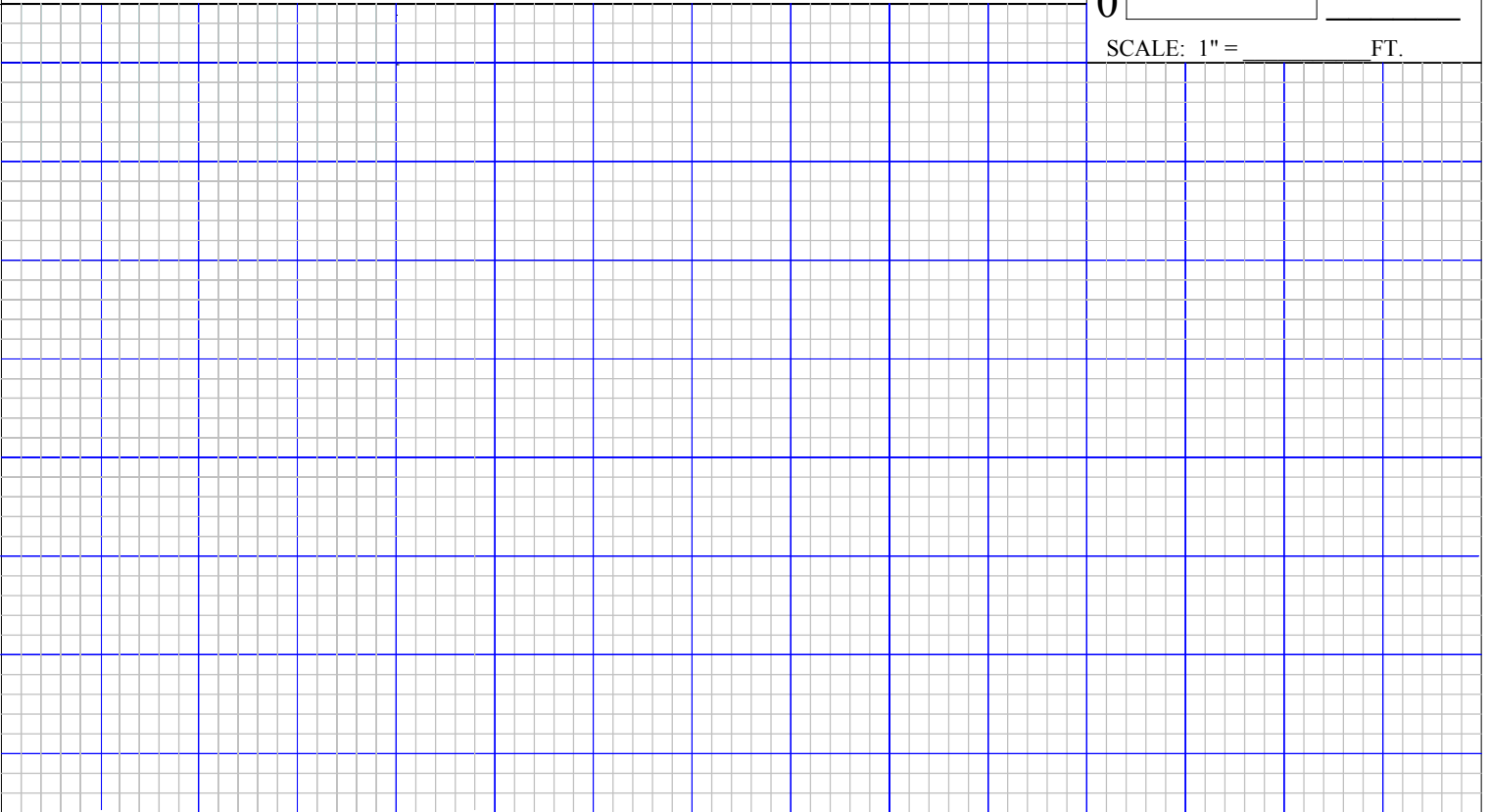
Street, Road, Subdivision

Owner's Name

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0  \_\_\_\_\_

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: \_\_\_\_\_

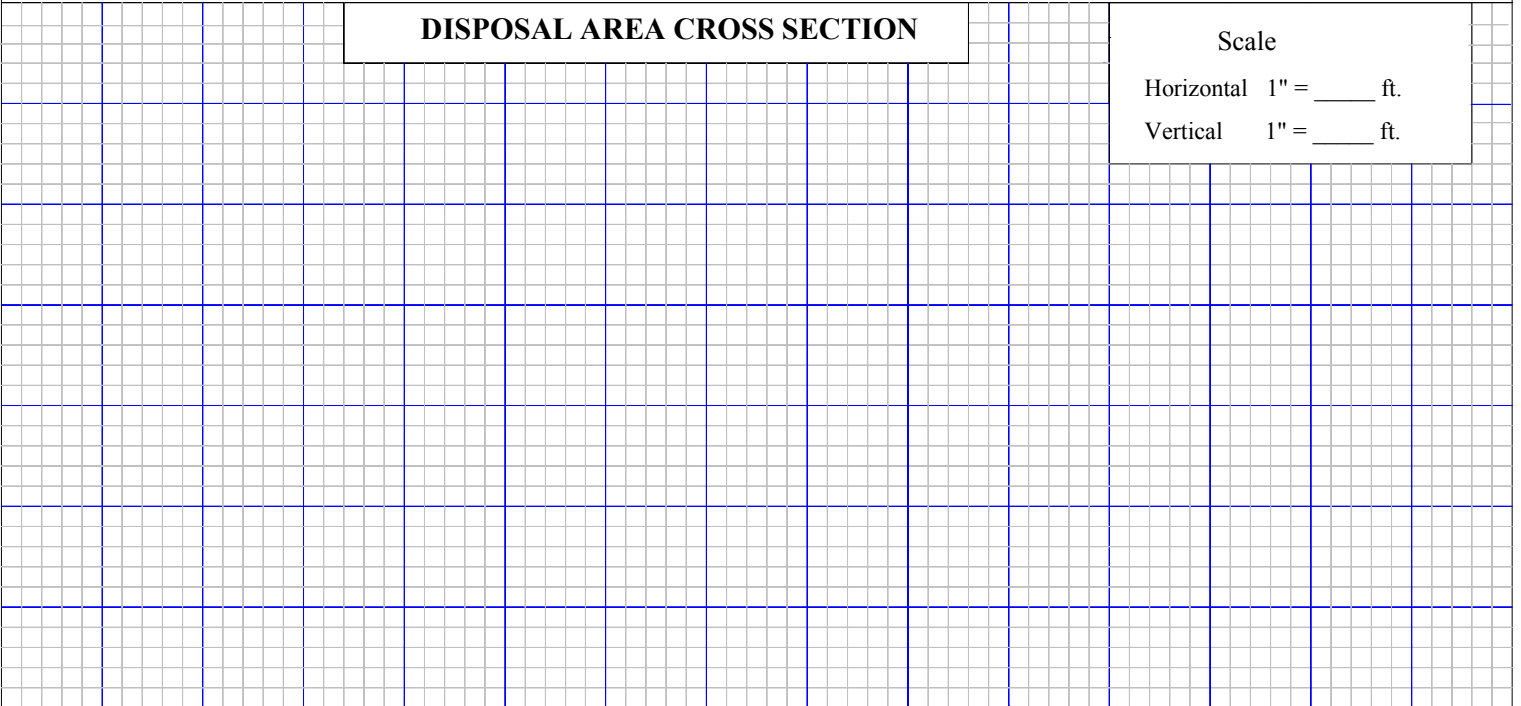
Bottom of Disposal Area \_\_\_\_\_

## DISPOSAL AREA CROSS SECTION

### Scale

Horizontal 1" = \_\_\_\_\_ ft.

Vertical 1" = \_\_\_\_\_ ft.



Site Evaluator Signature

SE #

Date



**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) approve the requested variance. I (  will  will not) issue a permit for the system's installation as proposed by the application.

\_\_\_\_\_ LPI Signature

\_\_\_\_\_ Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system (  does  does not) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I (  do  do not) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_ LPI Signature

\_\_\_\_\_ Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and (  does  does not) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_ SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_ DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
<b>TOTAL POINT ASSESSMENT:</b>		

Minimum Points (Check One):  Outside Shoreland Zone-50  Inside Shoreland Zone-65  Subdivision-65

**SEPTIC SYSTEM INSPECTION FORM**

**NAME:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

- FULL SYSTEM**    **FIELD ONLY**    **TANK ONLY**    **PIPING**    **PUMP STATION**

**OTHER:** \_\_\_\_\_

**FIRST INSPECTION**   **DATE:** \_\_\_\_\_

- Elevation reference point in the correct location/correct height above ground per HHE-200.
- Disposal field is in the correct location according to the HHE-200 form/ERP.
- Vegetation has been cut and removed in the disposal field area. (footprint & fill extensions)
- Disposal field and backfill extensions has been roughened.
- Transitional horizon has been established. (footprint & fill extensions)
- Bottom of the disposal field at the correct elevation.
- Erosion and sedimentation control measures are in place.

**SECOND INSPECTION**   **DATE:** \_\_\_\_\_

- Disposal field is in the correct location according to the HHE-200 form/ERP.
- Stone is correct size, clean.
- Pipes, correct # of proprietary devices are in place, level and at the correct elevation according to the HHE-200.
- 2" of compressed hay or filter fabric overlapped 6" in place.
- Backfill material correct according to HHE-200/Rules/manufacturers specs.
- Septic tank level, baffles in place, filter if required, risers, inlet pipe ¼ per foot, outlet pipe 1/8 per foot, all piping cemented.
- Pump tanks/holding tanks have visible-audible alarm, separate circuits, working float switches.
- Curtain drains, diversion ditches, berms outlined on the design in correct location.

**LPI SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_