

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 115115
(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 #		L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI) _____		Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____	
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	
		_____ (2nd) date approved	

PERMIT INFORMATION			
TYPE OF APPLICATION 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	THIS APPLICATION REQUIRES 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	DISPOSAL SYSTEM COMPONENTS 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	
SIZE OF PROPERTY SQ. FT. _____ ACRES _____	DISPOSAL SYSTEM TO SERVE 1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) _____ Current Use Seasonal Year Round Undeveloped	TYPE OF WATER SUPPLY 1. Drilled Well 2. Dug Well 3. Private 4. Public 5. Other	
SHORELAND ZONING Yes No			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: _____ GAL.	DISPOSAL FIELD TYPE & SIZE 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.	GARBAGE DISPOSAL UNIT 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	DESIGN FLOW _____ gallons per day BASED ON: 1. Table 4A (dwelling unit(s)) 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 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	EFFLUENT/EJECTOR PUMP 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 LATITUDE AND LONGITUDE 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 _____
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

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

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

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

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

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

Site Evaluator Signature

SE #

Date

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SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = _____ FT.

FILL REQUIREMENTS

Depth of Fill (Upslope) _____
Depth of Fill (Downslope) _____

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____
Top of Distribution Pipe or Proprietary Device _____
Bottom of Disposal Area _____

ELEVATION REFERENCE POINT

Location & Description: _____
Reference Elevation: _____

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = _____ ft.

Vertical 1" = _____ ft.

Site Evaluator Signature

SE #

Date



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-5672
Fax: (207) 287-4172; TTY: 1-800-606-0215

SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

GENERAL INFORMATION

Town of _____

Property Owner's Name: _____ Tel. No.: _____

System's Location: _____

Property Owner's Address: _____ Zip Code _____

e-mail address: _____

The subsurface wastewater disposal system design for the subject property requires a ☐ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☐ local approval ☐ local and state approval.

SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

SECTION OF RULE

1. _____
2. _____
3. _____

SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

I, _____, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

SIGNATURE OF SITE EVALUATOR

DATE

PROPERTY OWNER

I, _____, am the ☐ owner ☐ agent for the owner of the subject property. I understand that the installation on the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

☐ SIGNATURE OF OWNER
☐ AGENT FOR THE OWNER

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		
TOTAL POINT ASSESSMENT:		

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 $\frac{1}{4}$ per foot, outlet pipe $\frac{1}{8}$ 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: _____