

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

Job No 04-051 SDS

PROPERTY LOCATION

City, Town, or Plantation: **Lovell, Maine**
Street or Road: **Armington Road**
Subdivision, Lot #: **Lot 6, Eastman's III**

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

LOVELL PERMIT # 995 STATE COPY
Date Permit Issued: **6/30/04** \$ **1100** # Double Fee Charged
Roderick L.P.I. # **84**
Local Plumbing Inspector Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI): **Roderick, Bernie** Owner Applicant
Mailing Address of Owner/Applicant: **10 Mill Road Fairhaven, Ma 02719**
Daytime Tel. #: **508-993-1448**

Municipal Tax Map # **R10** Lot # **56**

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.
Roderick **6/17/04**
Signature of Owner or Applicant Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.
(1st) date approved _____
Local Plumbing Inspector Signature (2nd) date approved _____

PERMIT INFORMATION

TYPE OF APPLICATION <input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <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	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Disposal Area <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
SIZE OF PROPERTY 2± SQ. FT. ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 3 <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 checked="" type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY <input type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input checked="" type="checkbox"/> 5. Other None

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL	DISPOSAL FIELD TYPE & SIZE <input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input checked="" type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 900 sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" 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	DESIGN FLOW 270 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS --- for other facilities ---
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3 / C / 1 at Observation Hole # 1 Depth 18" of Most Limiting Soil Factor Ground water	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Small---2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input checked="" type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	<input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA

SITE EVALUATOR STATEMENT

I certify that on **3/30/04** (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).

F. Jonathan Bliss **225** **3/31/04**
Site Evaluator Signature SE # Date
F. Jonathan Bliss **207-925-1468** **blissinc@pivot.net**
Site Evaluator Name Printed Telephone Number E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator. HHE-200 Rev. 8/01

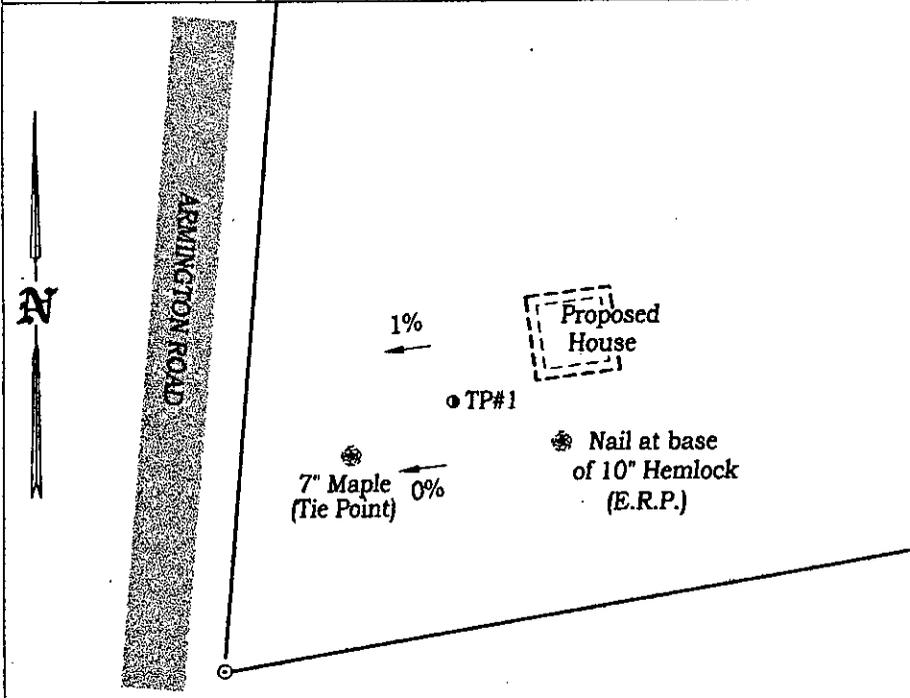
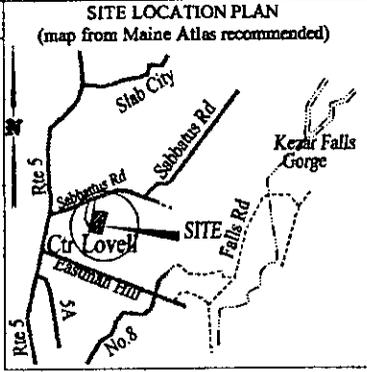
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation **Lovell, Maine** Street, Road, Subdivision **Armington Road, Lot 6, Eastman's III**

Owner's Name
Bernie Roderick

SITE PLAN Scale 1" = 60 ft. or as shown



Dwg No 04-051 SDS A b

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

Observation Hole 1 Test Pit Boring
1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	Sandy Loam	Friable	Dark Brown Yellowish Red	
10	Loamy Sand		Reddish Yellow	
20				Faint And Few
30		Firm	Grey Brown	Common Distinct
40				
50				

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				

Soil Classification 3 C	Slope 1%	Limiting Factor 18"	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
Profile Condition			

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

J. B. Blin
 Site Evaluator Signature

225
 SE #

8/3/04
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

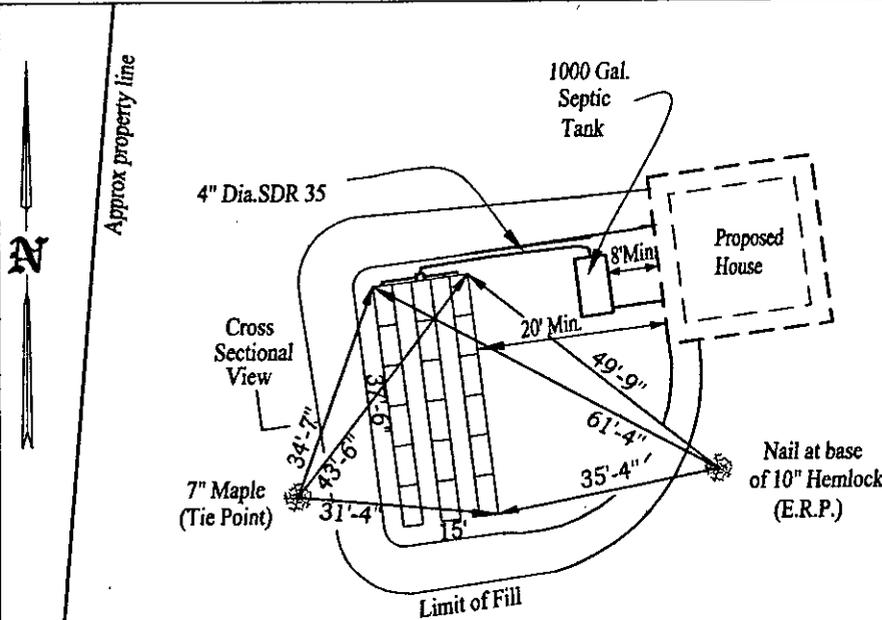
Town, City, Plantation
 Lovell, Maine

Street, Road, Subdivision
 Armington Road, Lot 6, Eastman's III

Owner's Name
 Bernie Roderick

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 30 FT.



NOTE: The Water Supply For This lot Shall Be Located In Excess Of 100' From Proposed Septic Tank And Leachfield.

FILL REQUIREMENTS

Depth of Fill (Upslope) 22"
 Depth of Fill (Downslope) 23"

CONSTRUCTION ELEVATIONS

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

⊕ 21"
 ⊖ 33"
 ⊖ 49"

ELEVATION REFERENCE POINT (E.R.P.)

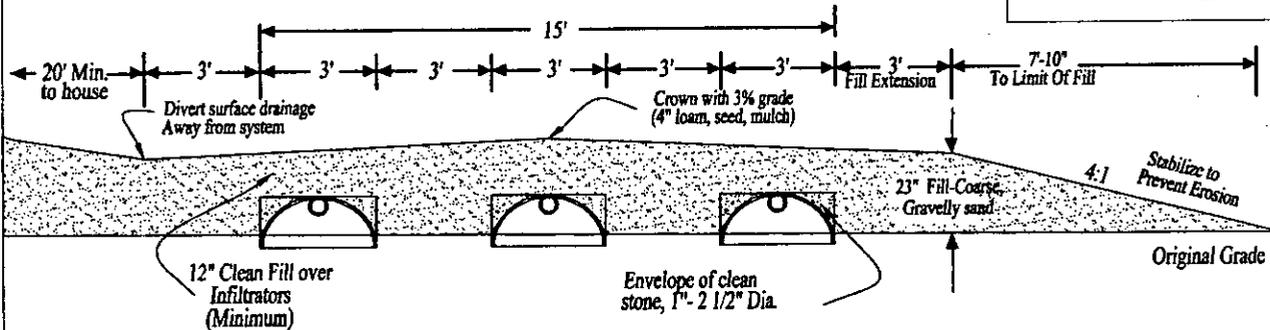
Location & Description: Nail at base of 10" Hemlock
 Reference Elevation: 0"

DISPOSAL AREA CROSS SECTION

18 Infiltrators, (High Capacity) 15' X 37'-6" Trench Configuration

Scale

Horizontal 1" = 5 ft.
 Vertical 1" = 5 ft.



1. Remove Vegetation and Scarify Original Soil Under Infiltrators and Fill Extension Areas.
2. Bottom Of Infiltrators to Be Level With a Maximum Grade Tolerance of 1" Per 100'.
3. Provide Surface Drainage Away From Infiltrator Area. Mulched To Prevent Erosion.
4. Finished Grade Shall Be Seeded And

Dwg No.: 04-051 SDS Aa

[Signature]
 Site Evaluator Signature

225
 SE #

8/3/04
 Date