

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

| | | | |
|--|---|--|--|
| PROPERTY LOCATION | | >> Caution: Permit Required – Attach In Space Below << | |
| City, Town, or Plantation | GRAY | GRAY Date Permit Issued: <u>7-27-01</u> Local Plumbing Inspector Signature: <u>H. E. Kewaloooy</u> L.P. 591 | 3327 TOWN COPY \$ <u>100</u> L.P. Fee <input type="checkbox"/> If Double Fee Charged |
| Street or Road | AMBROSE CIRCLE | | |
| Subdivision, Lot # | LOT # 59 | | |
| OWNER/APPLICANT INFORMATION | | | |
| Name (last, first, MI) | MAY MEADOW BUILDERS <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | | |
| Mailing Address of | P.O. Box 905 | | |
| <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant | GRAY, ME 04039 | | |
| Daytime Tel. # | 657-3333 | Municipal Tax Map # | 10 Lot # 10-59 |
| Owner or Applicant Statement | | Caution: Inspections Required | |
| I state 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: <u>[Signature]</u> Date: <u>7-27-01</u> | | Local Plumbing Inspector Signature: _____ (1st) Date Approved: _____ _____ (2nd) Date Approved: _____ | |

PERMIT INFORMATION

| | | |
|---|--|---|
| TYPE OF APPLICATION 1. <input checked="" type="checkbox"/> First Time System 2. <input type="checkbox"/> Replacement System Type Replaced: _____ Year Installed: _____ 3. <input type="checkbox"/> Expanded System a. <input type="checkbox"/> One-time exempted b. <input type="checkbox"/> Non-exempted 4. <input type="checkbox"/> Experimental System 5. <input type="checkbox"/> Seasonal Conversion | THIS APPLICATION REQUIRES 1. <input checked="" type="checkbox"/> No Rule Variance 2. <input type="checkbox"/> First Time System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 3. Replacement System Variance a. <input type="checkbox"/> Local Plumbing Inspector Approval b. <input type="checkbox"/> State & Local Plumbing Inspector Approval 4. <input type="checkbox"/> Minimum Lot Size Variance 5. <input type="checkbox"/> Seasonal Conversion Approval | DISPOSAL SYSTEM COMPONENT(S) 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & ait toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-Engineered Treatment Tank (only) 5. <input type="checkbox"/> Holding Tank, _____ gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000 gpd or more) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal Field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous components |
| SIZE OF PROPERTY 2.5 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres | DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No. of Units: _____ 3. <input type="checkbox"/> Other: _____ SPECIFY _____ | |
| SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | TO BE: TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____ | |

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

| | | | |
|--|---|--|---|
| TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons | DISPOSAL FIELD TYPE & SIZE 1. <input type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input checked="" type="checkbox"/> Proprietary Device a. <input type="checkbox"/> Cluster array c. <input checked="" type="checkbox"/> Linear b. <input checked="" type="checkbox"/> Regular load d. <input type="checkbox"/> H-20 load 4. <input type="checkbox"/> Other: _____ SIZE <u>1200</u> sq. ft. <input type="checkbox"/> lin. ft. | GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> Multi-compartment Tank b. <input type="checkbox"/> Tanks in Series c. <input type="checkbox"/> Increase in Tank Capacity d. <input type="checkbox"/> Filter on Tank Outlet | DESIGN FLOW <u>363</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 501.1 (dwelling unit(s)) 2. <input type="checkbox"/> Table 501.2 (other facilities) SHOW CALCULATIONS – for other facilities – |
| SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 1 C 1 1</u> at Observation Hole # <u>TR-01</u> Depth <u>18</u> " Elevation _____ OF MOST LIMITING SOIL FACTOR | DISPOSAL FIELD SIZING 1. <input type="checkbox"/> Small -- 2.0 sq. ft./gpd 2. <input checked="" type="checkbox"/> Medium -- 2.6 sq. ft./gpd 3. <input type="checkbox"/> Medium-Large -- 3.3 sq. ft./gpd 4. <input type="checkbox"/> Large -- 4.1 sq. ft./gpd 5. <input type="checkbox"/> Extra Large -- 5.0 sq. ft./gpd | PUMPING 1. <input type="checkbox"/> Not Required 2. <input checked="" type="checkbox"/> May Be Required 3. <input type="checkbox"/> Required >> Specify only for engineered or experimental systems: DOSE: _____ gallons | |

SITE EVALUATOR STATEMENT

I Certify that on 04.30.01 (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).

| | | |
|--|--------------------------------|-----------------------|
| <u>[Signature]</u> Site Evaluator Signature | <u>262</u> SE # | <u>5-8-01</u> Date |
| <u>MARK CENCI</u> Site Evaluator Name Printed | <u>797-2110</u> Telephone # | |

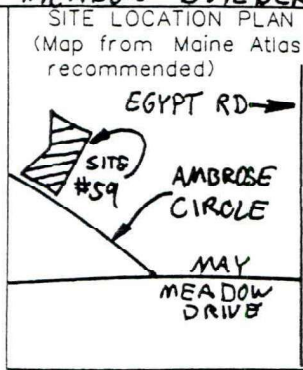
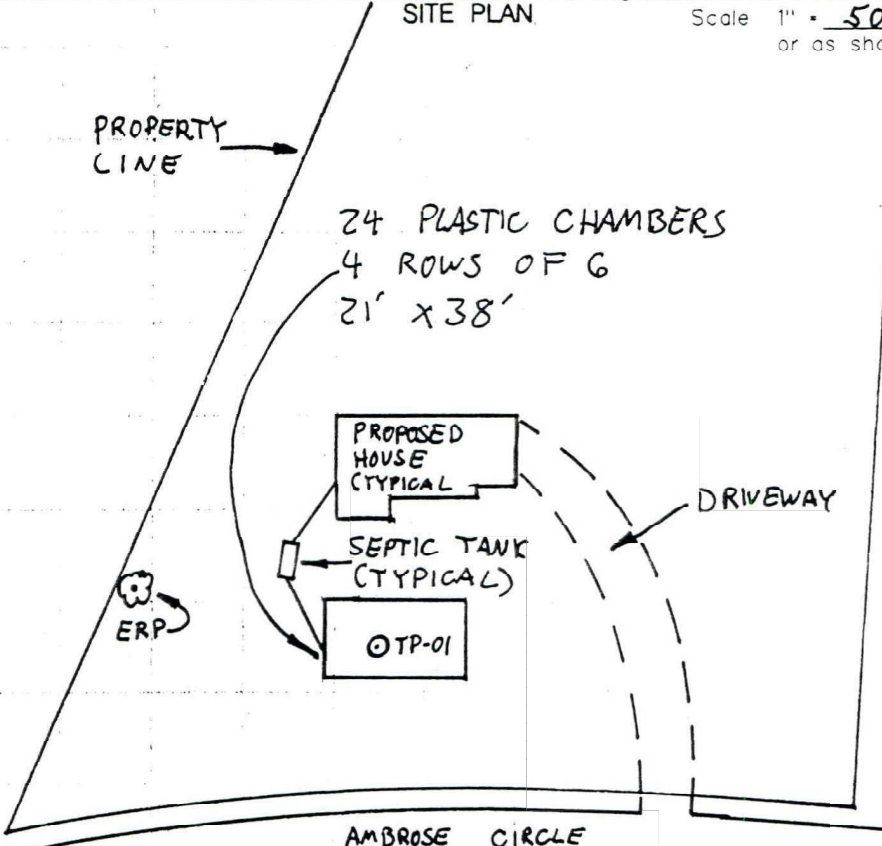
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Town, City, Plantation
GRAY

Street, Road Subdivision
LOT #59 AMBROSE CIRCLE MAY

Owner's Name
MEADOW BUILDERS



NOTE: DRILLED WELL TO BE INSTALLED MAINTAIN 100' SETBACK BETWEEN SEPTIC SYSTEM COMPONENTS AND WELL LOCATION.

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

Observation Hole TP-01 Test Pit Boring
2" 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 | SANDY LOAM | FRIABLE | REDDISH BROWN | NOT APPARENT |
| 20 | | | YELLOWISH BROWN | Faint and few |
| 25 | LOAMY SAND | FIRM | GRAY | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

| DEPTH BELOW MINERAL SOIL SURFACE (inches) | Texture | Consistency | Color | Mottling |
|---|---------|-------------|-------|----------|
| 0 | | | | |
| 10 | | | | |
| 20 | | | | |
| 30 | | | | |
| 40 | | | | |
| 50 | | | | |

Soil Classification: 3 C Slope: 6% Limiting Factor: 18"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification: _____ Slope: _____% Limiting Factor: _____"
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

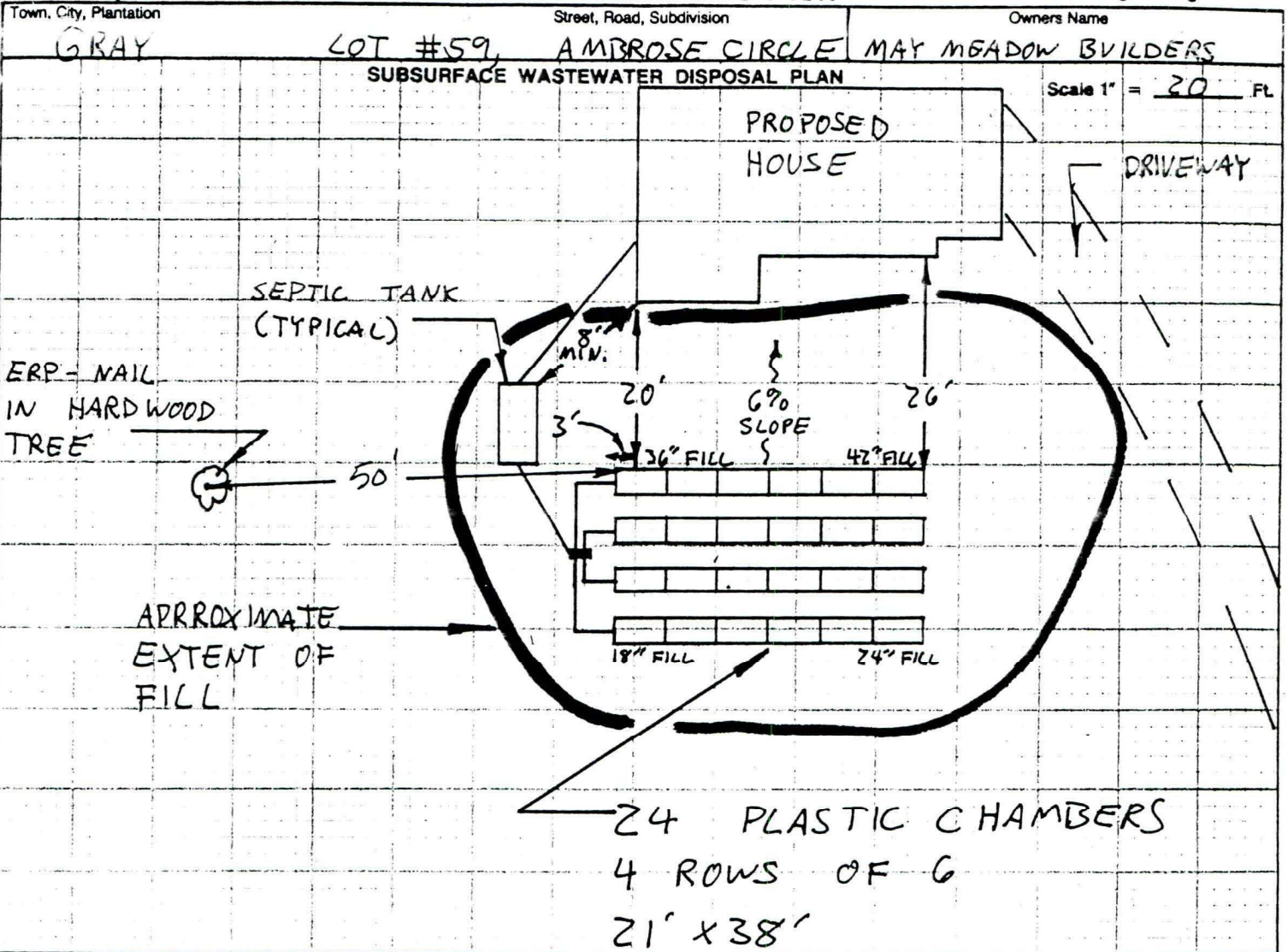
Mark Quinn
Site Evaluator Signature

262
SE

5-8-01
Date

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| FILL REQUIREMENTS | CONSTRUCTION ELEVATIONS | ELEVATION REFERENCE POINT LOCATION & DESCRIPTION |
|---------------------------|-------------------------|--|
| Depth of Fill (Upslope) | 18'-24" | 0' = |
| Depth of Fill (Downslope) | 34'-42" | -60" = NAIL 52" ABOVE BASE OF |
| | | -44" = 24" DIAMETER HARDWOOD TREE |

