

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207)289-3826

PROPERTY ADDRESS	
Town Or Plantation	Standish
Street	
Subdivision Lot #	LOT # 26 Oak Acres
PROPERTY OWNERS NAME	
Last: Flint	First: Brad
Applicant Name:	
Mailing Address of Owner/Applicant (if Different)	
Standish, ME	

STANDISH	PERMIT # 3213	STATE COPY
Date Permit Issued: 1.16.94	\$ 160.00	FEE Double Fee Charged
Local Plumbing Inspector Signature: [Signature]		LPI # 1957

Owner/Applicant Statement
I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[Signature] 12-10-93
Signature of Owner/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.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. ☒ NEW SYSTEM 2. ☐ REPLACEMENT SYSTEM 3. ☐ EXPANDED SYSTEM 4. ☐ EXPERIMENTAL SYSTEM SEASONAL CONVERSION to be completed by the LPI 5. ☐ SYSTEM COMPLIES WITH RULES 6. ☐ CONNECTED TO SANITARY SEWER 7. ☐ SYSTEM INSTALLED - P# _____ 8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. ☐ BED 3. ☐ TRENCH 2. ☐ CHAMBER 4. ☐ OTHER: _____ SIZE OF PROPERTY ZONING 3 AC ± YC2	THIS APPLICATION REQUIRES: 1. ☒ NO RULE VARIANCE 2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form 3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form a. ☐ Requiring Local Plumbing Inspector Approval b. ☐ Requires State and Local Plumbing Inspector Approval 4. ☐ MINIMUM LOT SIZE VARIANCE DISPOSAL SYSTEM TO SERVE: 1. ☒ SINGLE FAMILY DWELLING 2. ☐ MODULAR OR MOBILE HOME 3. ☐ MULTIPLE FAMILY DWELLING 4. ☐ OTHER _____ SPECIFY _____	INSTALLATION IS: COMPLETE SYSTEM 1. ☒ NON-ENGINEERED SYSTEM 2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet) 3. ☐ ENGINEERED (+ 2000 gpd) INDIVIDUALLY INSTALLED COMPONENTS: 4. ☐ TREATMENT TANK (ONLY) 5. ☐ HOLDING TANK _____ GAL 6. ☐ ALTERNATIVE TOILET (ONLY) 7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY) 8. ☐ ENGINEERED DISPOSAL AREA (ONLY) 9. ☐ SEPARATED LAUNDRY SYSTEM TYPE OF WATER SUPPLY well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. ☒ SEPTIC: ☒ Regular ☐ Low Profile 2. ☐ AEROBIC SIZE: 1,000 GALS.	WATER CONSERVATION 1. ☒ NONE 2. ☐ LOW VOLUME TOILET 3. ☐ SEPARATED LAUNDRY SYSTEM 4. ☐ ALTERNATIVE TOILET SPECIFY: _____	PUMPING 1. ☒ NOT REQUIRED 2. ☐ MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION) 3. ☐ REQUIRED DOSE: _____ GALS.	CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.) 4 bedroom DESIGN FLOW: 360 (GALLONS/DAY)
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE CONDITION 5 B DEPTH TO LIMITING FACTOR: none.	SIZE RATINGS USED FOR DESIGN PURPOSES 1. ☐ SMALL 2. ☒ MEDIUM 3. ☐ MEDIUM-LARGE 4. ☐ LARGE 5. ☐ EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. ☒ BED 1,000 Sq. Ft. 2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20 3. ☐ TRENCH _____ Linear Ft. 4. ☐ OTHER: _____	

SITE EVALUATOR STATEMENT

On 6-11-92 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[Signature]
Site Evaluator Signature

00073
SE#

12-7-93
Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

**Department of Human Services
Division of Health Engineering**

Street, Road, Subdivision

Owners Name

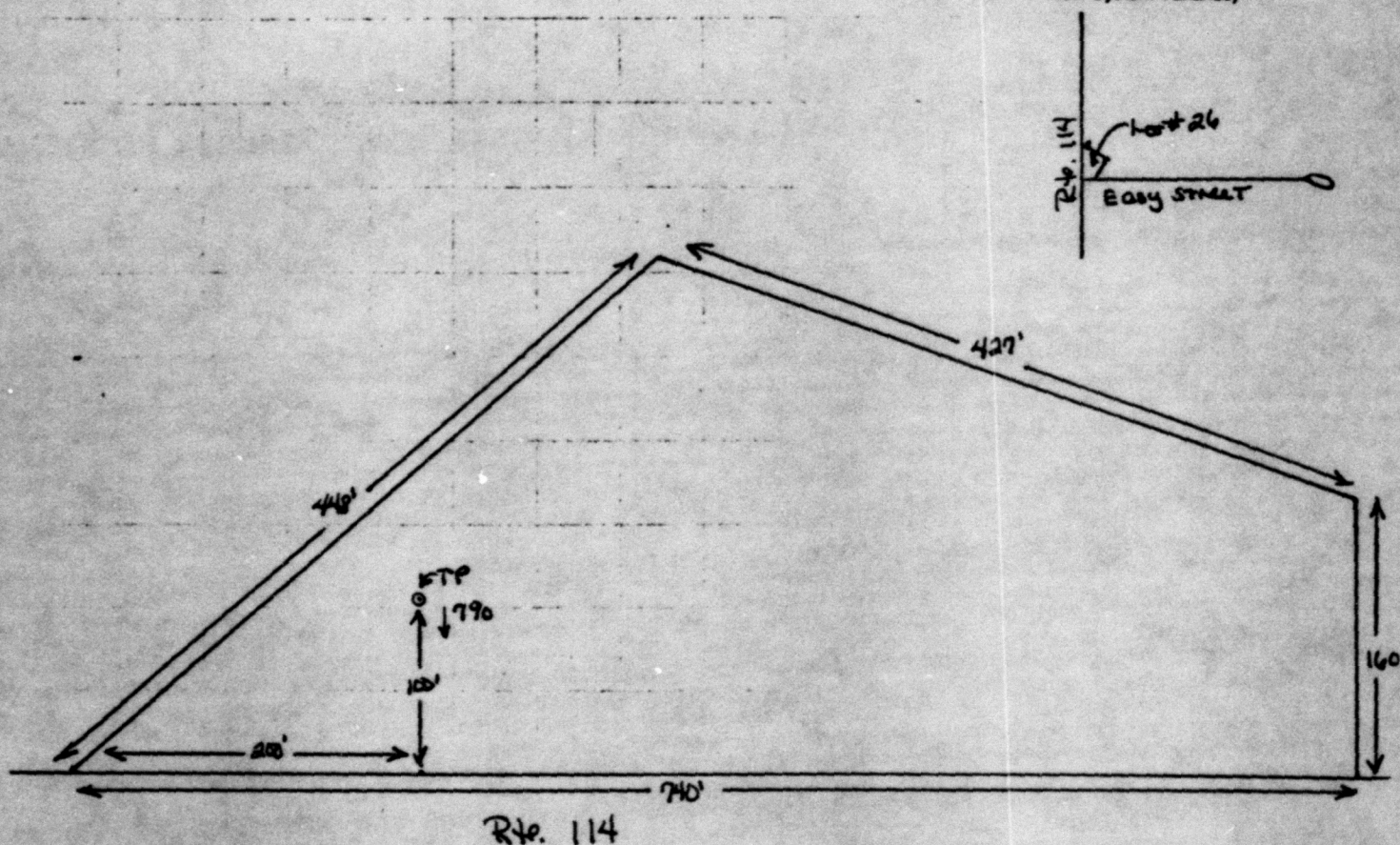
Standardish

Lot #26 Oak Acres
SITE PLAN

Brad Flint

Scale 1" = 100 FT

**SITE LOCATION PLAN (Attach
Map from Maine Atlas for
New System Variance)**

[illegible]

Kenneth Radin
Site Evaluator Signature

00073

12-7-93
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City, Plantation,

Starfish

Street, Road, Subdivision

Lot #26 Oak Acres

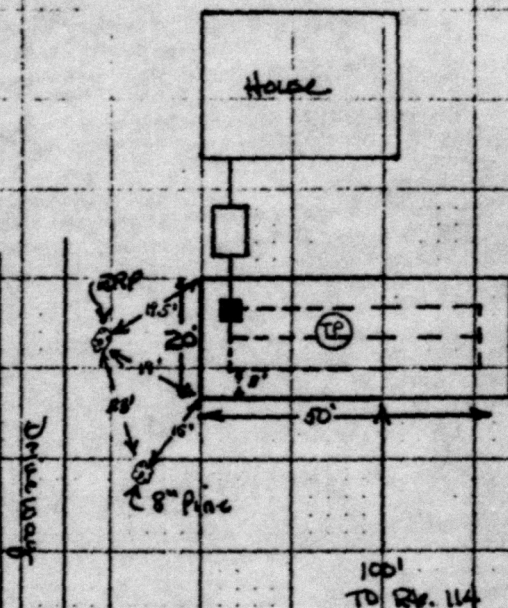
SUBSURFACE WASTEWATER DISPOSAL PLAN

Department of Human Services
Division of Health Engineering

Owner's Name

Brad Flint

Scale 1" = 30' PL



NOTE: Insulate DB, Box and Pipe TO Box.

FILL REQUIREMENTS

Depth of Fill (Upslope)

0"

Depth of Fill (Downslope)

18"

CONSTRUCTION ELEVATIONS

Reference Elevation is

0"

Bottom of Disposal Area

-64"

Top of Distribution Lines or Chambers

-53"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

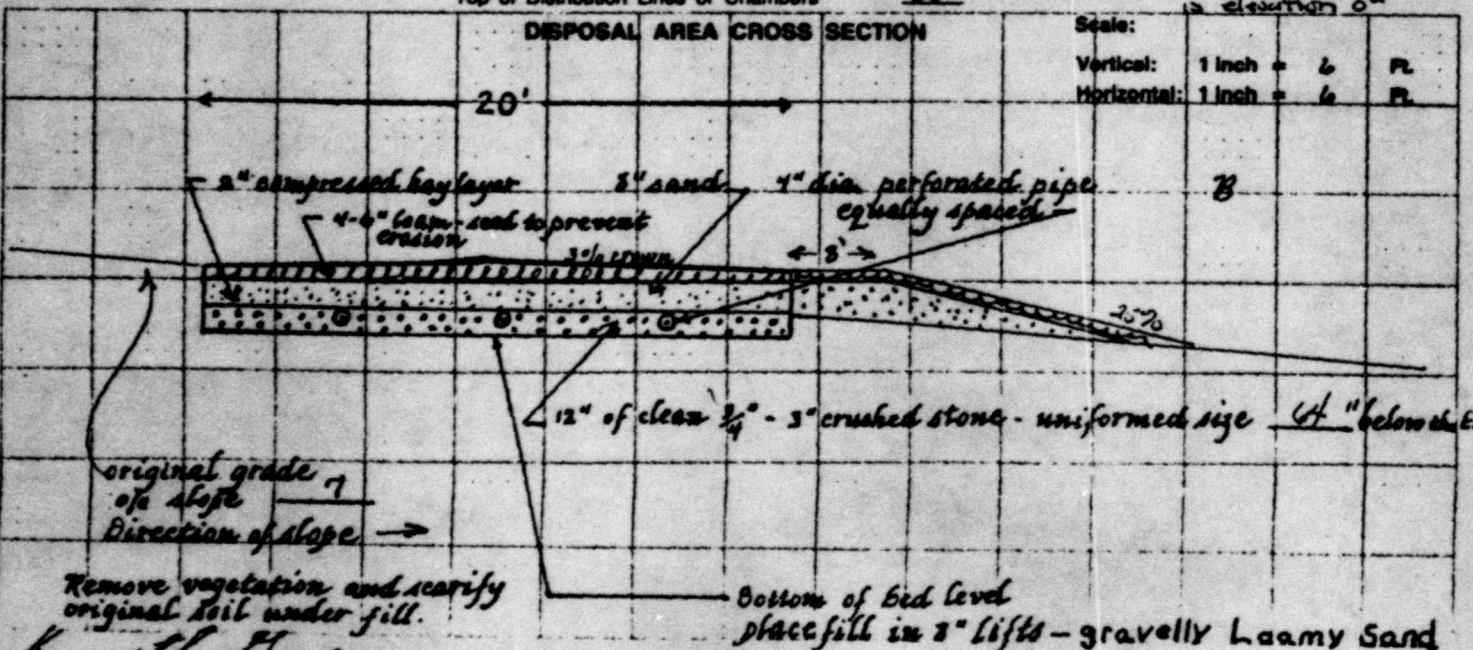
14" Red Maple Tree with a nail 36" above the ground at the base of the tree is elevation 0"

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 6' PL

Horizontal: 1 inch = 6' PL



Kenneth Gardner
Site Evaluator Signature

00073
SE#

12-7-93
Date