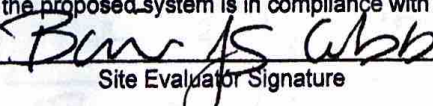


SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 11 SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	Bowdoinham	Town/City _____	Permit # _____
Street or Road	377 River Road	Date Permit Issued ____/____/____	Fee: \$ _____ Double Fee Charged []
Subdivision, Lot #			L.P.I. # _____
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ [Owner [Town [State	
Name (last, first, MI)	Wandrei, Justin ☒ 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.	
Mailing Address of Owner/Applicant	377 River Road Bowdoinham, ME 04008		
Daytime Tel. #	(207) 837-8313	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. _____ Signature of Owner or Applicant Date _____		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 ☐ 1. First Time System ☐ 2. Replacement System Type replaced: <u>stone bed</u> Year installed: <u>1982+</u> ☒ 3. Expanded System ☐ a. <25% Expansion (minor) ☐ b. ≥ 25% Expansion (major) ☐ 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 Effluent filter on septic tank	
SIZE OF PROPERTY <u>3+</u> ☐ SQ. FT. ☒ ACRES	DISPOSAL SYSTEM TO SERVE ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4-bdrm</u> ☐ 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: _____ (new) CAPACITY: <u>1,000</u> 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: <u>Eljen In-Drains</u> SIZE: <u>1,344</u> sq. ft. ☐ 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 <u>360</u> gallons per day BASED ON: ☒ 1. Table 4A (dwelling unit(s)) ☐ 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities <u>4-bdrms @ 90gpd = 360gpd</u> ☐ 3. Section 4G (meter readings) ATTACH WATER METER DATA
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN <u>3 / C</u> at Observation Hole # <u>TP-1/B-2</u> Depth <u>28</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING ☐ 2. Medium—2.6 sq. ft. / gpd ☒ 3. Medium—Large 3.3 sq. ft. / gpd ☐ 4. Large—4.1 sq. ft. / gpd ☐ 5. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP ☒ 1. Not Required *See notes p.3 ☐ 2. May Be Required ☐ 3. Required Specify only for engineered systems: DOSE: _____ gallons	LATITUDE AND LONGITUDE at center of disposal area Lat. <u>44</u> d <u>01</u> m <u>21</u> s Lon. <u>69</u> d <u>52</u> m <u>16</u> s if g.p.s, state margin of error: _____
SITE EVALUATOR STATEMENT			
I certify that on <u>10/9/2025</u> (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		<u>368</u> SE #	<u>10/14/2025</u> Date
Bonnie J. Cobb Site Evaluator Name Printed		<u>(207) 899-8397</u> Telephone Number	<u>b.cobb@comcast.net</u> E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			HHE-200 Rev. 02/2011

