

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

PROPERTY ADDRESS		3336 GRAY PERMIT # 137 TOWN COPY Date Permit Issued: 7/7/84 \$ 40 FEE Double Fee Charged Local Plumbing Inspector Signature: <i>Richard O. Day</i> L.P.I. # 0508
Town Or Plantation	GRAY	
Street	DEPOT ROAD (LOT #5)	
Subdivision Lot #		
PROPERTY OWNERS NAME		
WILSON SIM Last: First:		
Applicant Name:		
Mailing Address of Owner/Applicant (if Different)		

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. <i>Mary Wilson</i> 7/3/84 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. <i>Richard O. Day</i> 7/3/84 Local Plumbing Inspector Signature Date Approved
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PERMIT INFORMATION		
THIS APPLICATION IS FOR: 1. ☒ NEW SYSTEM 2. ☐ REPLACEMENT SYSTEM 3. ☐ EXPANDED SYSTEM 4. ☐ SEASONAL CONVERSION 5. ☐ EXPERIMENTAL SYSTEM.	THIS APPLICATION REQUIRES: 1. ☒ NO RULE VARIANCE REQUIRED 2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 3. ☐ Requires only Local Plumbing Inspector Approval 4. ☐ Requires both State and Local Plumbing Inspector Approval	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 6. ☐ ALTERNATIVE TOILET (ONLY) 7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY) 8. ☐ ENGINEERED DISPOSAL AREA (ONLY) 9. ☐ SEPARATED LAUNDRY SYSTEM
IF REPLACEMENT SYSTEM: YEAR FAILING SYSTEM INSTALLED _____ THE FAILING SYSTEM IS: 1. ☐ BED 3. ☐ TRENCH 2. ☐ CHAMBER 4. ☐ OTHER: _____	DISPOSAL SYSTEM TO SERVE: 1. ☒ SINGLE FAMILY DWELLING 2. ☐ MODULAR OR MOBILE HOME 3. ☐ MULTIPLE FAMILY DWELLING 4. ☐ OTHER _____ SPECIFY _____	TYPE OF WATER SUPPLY: PUBLIC
SIZE OF PROPERTY: 81,000 SF. ZONING: _____		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. ☒ SEPTIC: ☒ Regular ☐ Low Profile 2. ☐ AEROBIC SIZE: 1000 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.) 2 BEDROOMS
SOIL CONDITIONS USED FOR DESIGN PURPOSES PROFILE: 6 CONDITION: B DEPTH TO LIMITING FACTOR: _____	SIZE RATINGS USED FOR DESIGN PURPOSES 1. ☐ SMALL 2. ☒ MEDIUM 3. ☐ MEDIUM-LARGE 4. ☐ LARGE 5. ☐ EXTRA LARGE	DISPOSAL AREA TYPE/SIZE 1. ☒ BED 600 Sq. Ft. 2. ☐ CHAMBER _____ Sq. Ft. ☐ REGULAR ☐ H-20 3. ☐ TRENCH _____ Linear Ft. 4. ☐ OTHER: _____	
DESIGN FLOW: 240 (GALLONS/DAY)			

SITE EVALUATOR STATEMENT

On 6-25-84 (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.

Richard O. Day
Site Evaluator or Professional Engineer's Signature

034
SE# / PE#

6-25-85
Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

Department of Human Services
Division of Health Engineering

Owners Name

JIM WILSON

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

DEPOT ROAD

LOT
#5
DEPO
R

NAVALL RD.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation

GRAY

Street, Road, Subdivision

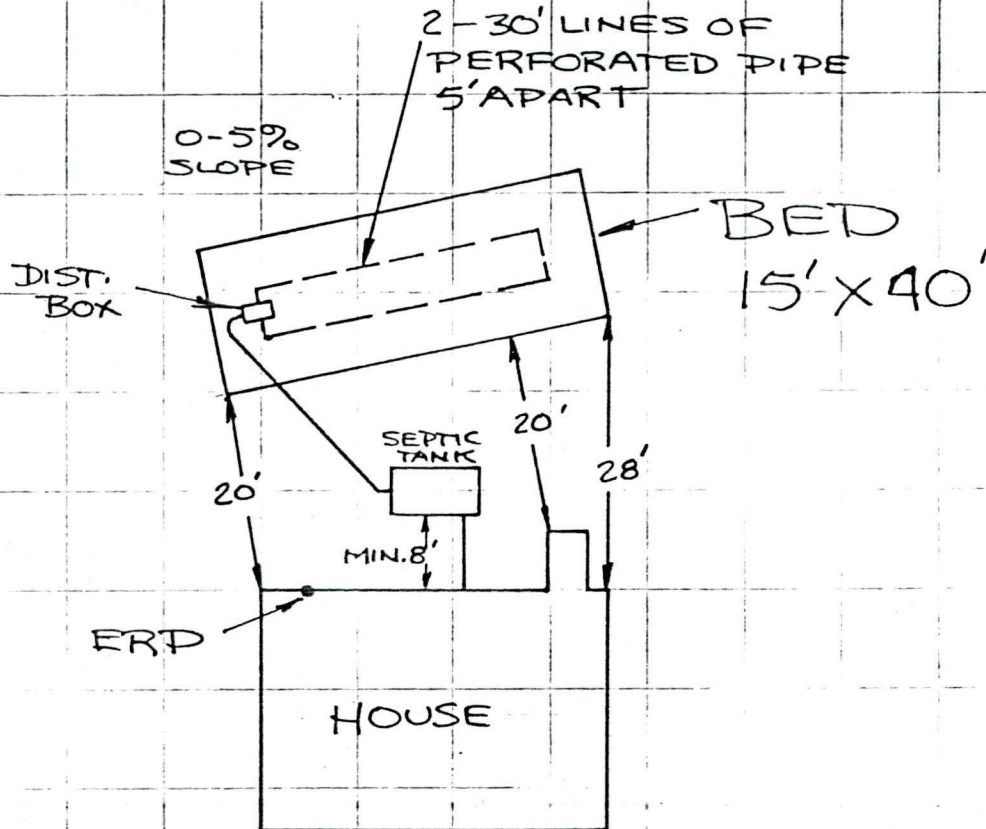
DEPOT RD.

Owners Name

JIM WILSON

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope)

0"

Depth of Fill (Downslope)

0"

CONSTRUCTION ELEVATIONS

Reference Elevation is

0

Bottom of Disposal Area

-58"

Top of Distribution Lines or Chambers

-47"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

BOTTOM EDGE OF
HOUSE SIDING

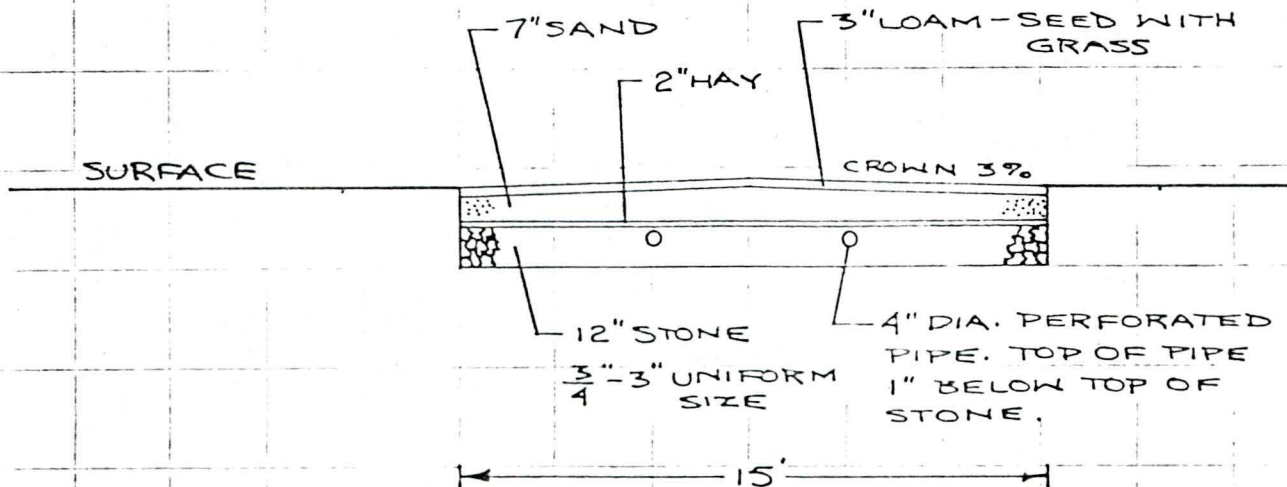
NOTE: SCARIFY
GROUND SURFACE BELOW FILL.
BED THICKNESS FROM BASE OF
STONE TO TOP OF LOAM: 24"

DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 5 Ft.

Horizontal: 1 inch = 5 Ft.



Richard Albert

034

6-25-84

Page 3 of 3