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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. of Environmental Health, 11 SHS
(207) 287-5872 Fax: (207) 287-4172

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	LEVANT	Town/City	Permit #
Street or Road	HODGSDON RD.	Date Permit Issued	Fee: \$ Double Fee Charged []
Subdivision, Lot #		L.P.I. #	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	CALL, GENE ☒ Owner ☐ Applicant	☐ Owner ☐ Town ☐ State	
Mailing Address of	C/O KEVIN CALL 4206 UNION ST.	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.	
Owner/Applicant	LEVANT, ME 04456	Municipal Tax Map # Lot #	
Daytime Tel. #	207-991-2391		
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.		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	
Signature of Owner or Applicant Date		Local Plumbing Inspector Signature (2nd) date approved	

PERMIT INFORMATION		
TYPE OF APPLICATION ☒ 1. First Time System ☐ 2. Replacement System Type replaced: _____ Year installed: _____ ☐ 3. Expanded System a. <25% Expansion b. >25% Expansion ☐ 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
SIZE OF PROPERTY 1.5 ☐ SQ. FT. ☒ ACRES	DISPOSAL SYSTEM TO SERVE ☐ 1. Single Family Dwelling Unit, No. of Bedrooms: _____ ☒ 2. Multiple Family Dwelling, No. of Units: 2 ☐ 3. Other: 2-2 B/R (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 OR b. Low Profile ☐ 2. Plastic ☐ 3. Other: _____ CAPACITY: 1500 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: _____ SIZE: 1200 sq. ft. ☐ ln. 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 360 gallons per day BASED ON: ☒ 1. Table 4A (dwelling unit(s)) ☐ 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION 2A/II/B at Observation Hole # 1 Depth 12" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING ☐ 1. Medium—2.6 sq. ft. / gpd ☒ 2. Medium—Large 3.3 sq. ft. / gpd ☐ 3. Large—4.1 sq. ft. / gpd ☐ 4. Extra Large—5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP ☒ Not Required ☐ May Be Required ☐ Required Specify only for engineered systems: DOSE: _____ gallons	☐ 3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. N44° d 53 m 06 s Lon. W69° d 50 m 00 s if g.p.s., state margin of error: +/- 20'

SITE EVALUATOR STATEMENT		
I certify that on 5-12-15 (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 Richard Babine	SE # 117	Date 5-17-15
Site Evaluator Name Printed RICHARD BABINE	Telephone Number 882-7898	E-mail Address

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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

Town, City, Plantation

LEVANT

Street, Road, Subdivision

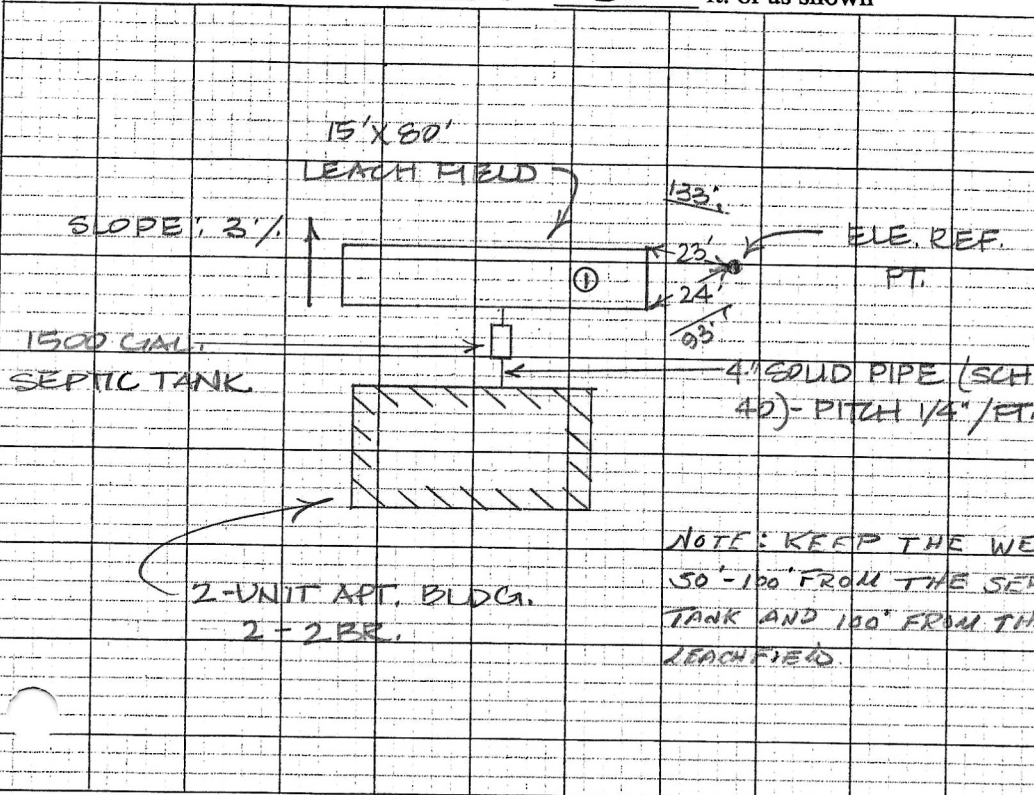
HODGDON RD.

Owner's Name

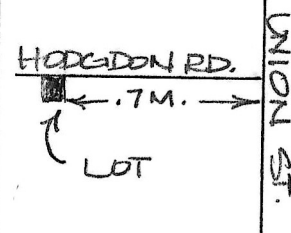
GENE CALL

SITE PLAN

Scale 1" = 50 ft. or as shown



SITE LOCATION PLAN (map from Maine Atlas recommended)



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

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

Texture	Consistency	Color	Mottling
0		BROWN	
10	FINE SANDY LOAM	RED BROWN	NONE EVIDENT
20	FRIABLE		
30			
40			
50			

Soil Classification	Slope	Limiting Factor	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☒ Pit Depth
2A III/B ile Condition	3 %	10 "	

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

Texture	Consistency	Color	Mottling
0			
10			
20			
30			
40			
50			

Soil Classification	Slope	Limiting Factor	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth
Profile Condition	%	"	

Roll Baker

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5-17-15

Site Evaluator Signature

SE #

Date

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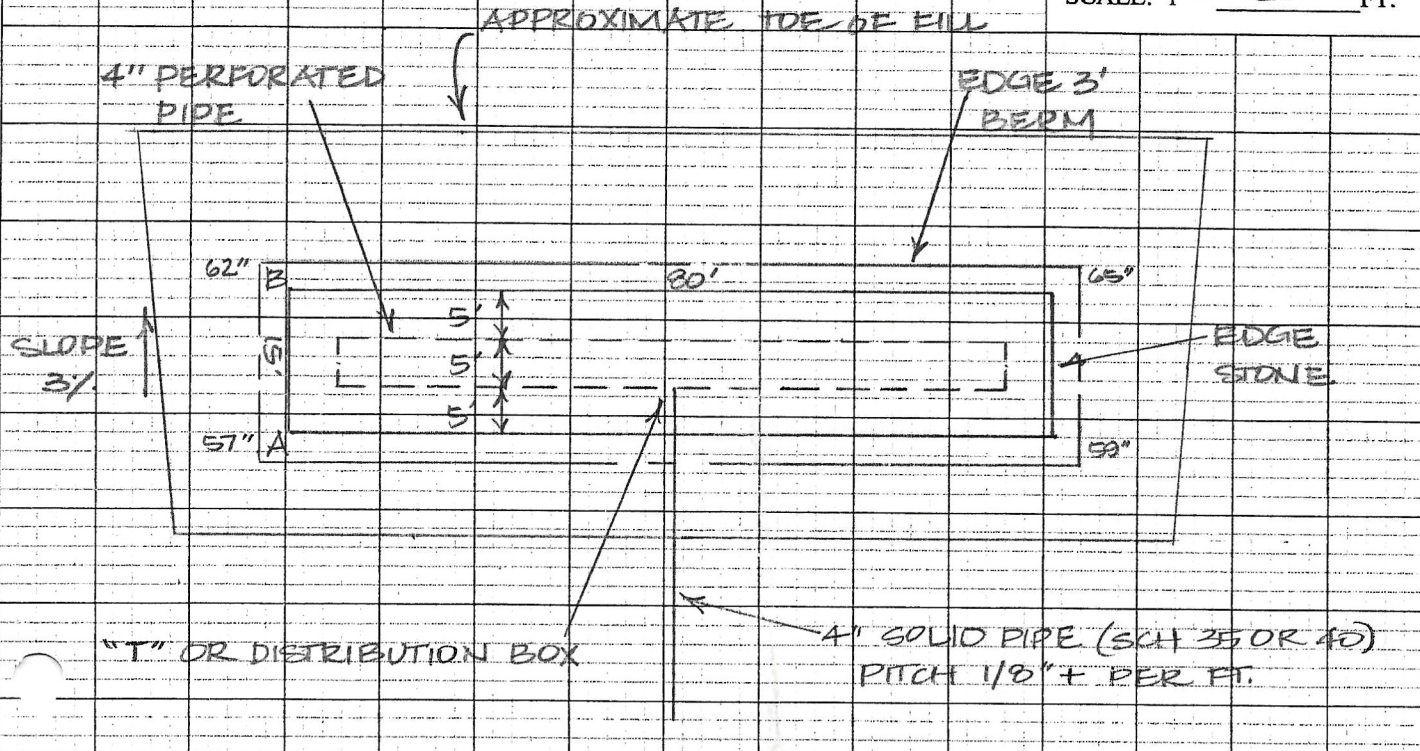
HODGSON RD.

Owner's Name

GENE CALL

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 20 FT.



FILL REQUIREMENTS

CONSTRUCTION ELEVATIONS

ELEVATION REFERENCE POINT

Depth of Fill (Upslope) 28"

Finished Grade Elevation

-6"

Location & Description: NAIL UP 57"

Depth of Fill (Downslope) 33"

Top of Distribution Pipe or Proprietary Device

-16"

IN A 6" FIR

Bottom of Disposal Area

-27"

Reference Elevation: 0

DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = 10 ft.

Vertical 1" = 10 ft.

NOTES:

1. DIVERT SURFACE WATER AND GROUND WATER AWAY FROM THE DISPOSAL SYSTEM.
2. CHECK SEPTIC TANK AT LEAST EVERY TWO YEARS FOR PUMPING.
3. GARBAGE DISPOSALS ARE NOT RECOMMENDED.
4. WELL CAN BE 75' - 100' MINIMUM FROM SEPTIC TANK, IF TANK IS OF MONOLITHIC CONSTRUCTION AND TESTED FOR WATERTIGHTNESS IN PRESENCE OF L.P. I. AND IS USED BY OWNER ONLY.
5. BUILDING FOUNDATION TO BE AT LEAST 20' MINIMUM FROM LEACHFIELD AND SLAB TO BE AT LEAST 15' MINIMUM FROM LEACHFIELD.
6. PROTECT ALL PIPING FROM FROST.

Bob Bali

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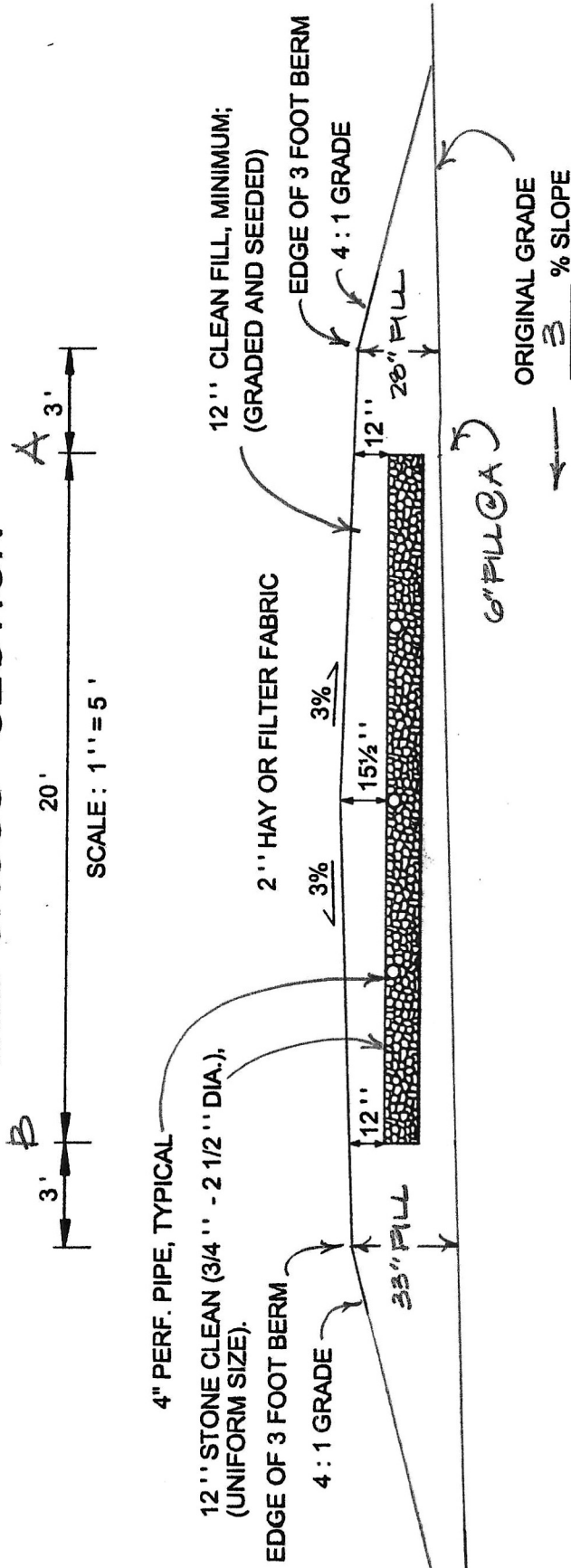
5-17-15

Site Evaluator Signature

SE #

Date

BED CROSS - SECTION



NOTES:

1. REMOVE THE VEGETATION AND SCARIFY THE AREA BENEATH SYSTEM AND FILL EXTENSIONS.
2. INSTALL COARSE SAND TO GRAVELLY COARSE SAND IN 8" LIFTS, COMPACT USING A SMALL DOZER.
3. KEEP THE BOTTOM OF THE BED LEVEL.
4. THE TOP 4" OF THE CLEAN FILL WILL CONSIST OF SOIL AMENDMENT MIX, SUITABLE FOR ESTABLISHMENT OF A VEGETATIVE COVER. THIS WILL BE PLACED OVER THE SYSTEM INCLUDING FILL EXTENSIONS.
5. PROTECT ALL PIPING FROM FROST.

ELEVATIONS:

ELEV. REF. PT.: 0

FINISHED GRADE: -6"

TOP OF DISTRIBUTION PIPE: -16"

BOTTOM OF BED: -27"

OWNER: GENE CALL

LOCATION: LEVANT

Richard Babine

RICHARD BABINE

117

S.E. #

5-17-15

DATE