# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept.Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

## PROPERTY LOCATION

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

| | |
|---|---|
| City, Town, or Plantation | APPLETON |
| Street or Road | COLLINSTOWN RD |
| Subdivision, Lot # | |

1 PL

APPLETON PERMIT # 786 STATE COPY

Date Permit Issued: 7/24/06 $ 100 ☐ If Double Fee Charged FEE

Local Plumbing Inspector Signature L.P.I. # 1641

## OWNER/APPLICANT INFORMATION

Name (last, first, MI) HACKETT, CHERI ☒ Owner ☒ Applicant

| | |
|---|---|
| Mailing Address of Owner/Applicant | 21 MECHANIC ST APT 1<br>CAMDEN ME 04843 |
| Daytime Tel. # | 594-1153 |

Municipal Tax Map # 6 Lot # 11

### 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.

Cheri Hackett 7/24/06
Signature of Owner or 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 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: _____
Year installed: _____
☐ 3. Expanded System
☐ a. Minor Expansion
☐ b. Major 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

30 Ac± ☐ SQ. FT. ☒ ACRES

### SHORELAND ZONING

☐ Yes ☒ No

### DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: _____ (specify)

Current Use ☐ Seasonal ☐ Year Round ☒ Undeveloped

### TYPE OF WATER SUPPLY

PROPOSED
☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private
☐ 4. Public ☐ 5. Other

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

☒ 1. Concrete
☒ a. Regular
OR ☒ b. Low Profile WITH FILTER
☒ 2. Plastic
☐ 3. Other: _____
CAPACITY: 1000 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: 300 ☒ 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

180 gallons per day
BASED ON:
☒ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilites
4 ROWS OF 30 3' ON CENTER GEOFLOW OR ENVIRO-SEPTIC
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

### SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
2 / C / 1
at Observation Hole # TP-1
Depth 20"
of Most Limiting Soil Factor

### DISPOSAL FIELD SIZING

☐ 1. Small—2.0 sq. ft. / gpd
☐ 2. Medium—2.5 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 HOUSE TO BE UP HILL
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

### LATITUDE AND LONGITUDE

at center of disposal area
Lat. 44 d 18 m 43.6 s
Lon. -69 d 17 m 35.1
if g.p.s, state margin of error: 19'

## SITE EVALUATOR STATEMENT

I certify that on 7-10-06 (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).

David L Studer 275 7-11-06
S SE # Date

David L Studer, LSE 275
93 Sprague, Washington ME 04574
207-845-2352
irenic@midcoast.com

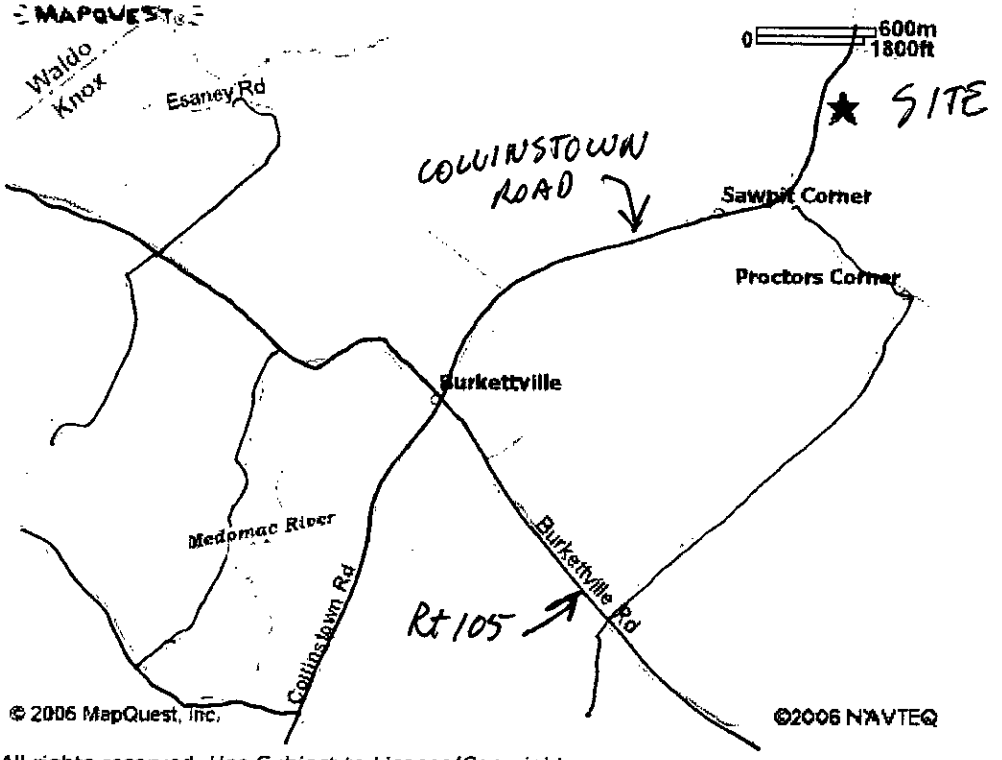
Telephone Number E-mail Address

Note: Char ... be confirmed with the Site Evaluator.

HHE-200 Rev. 4/06

MAPQUEST®

**★ Latitude: 44° 18 Min. 44 Sec.**
**Longitude: -69° 17 Min. 35 Sec.**

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Division of Health Engineering, Station 10
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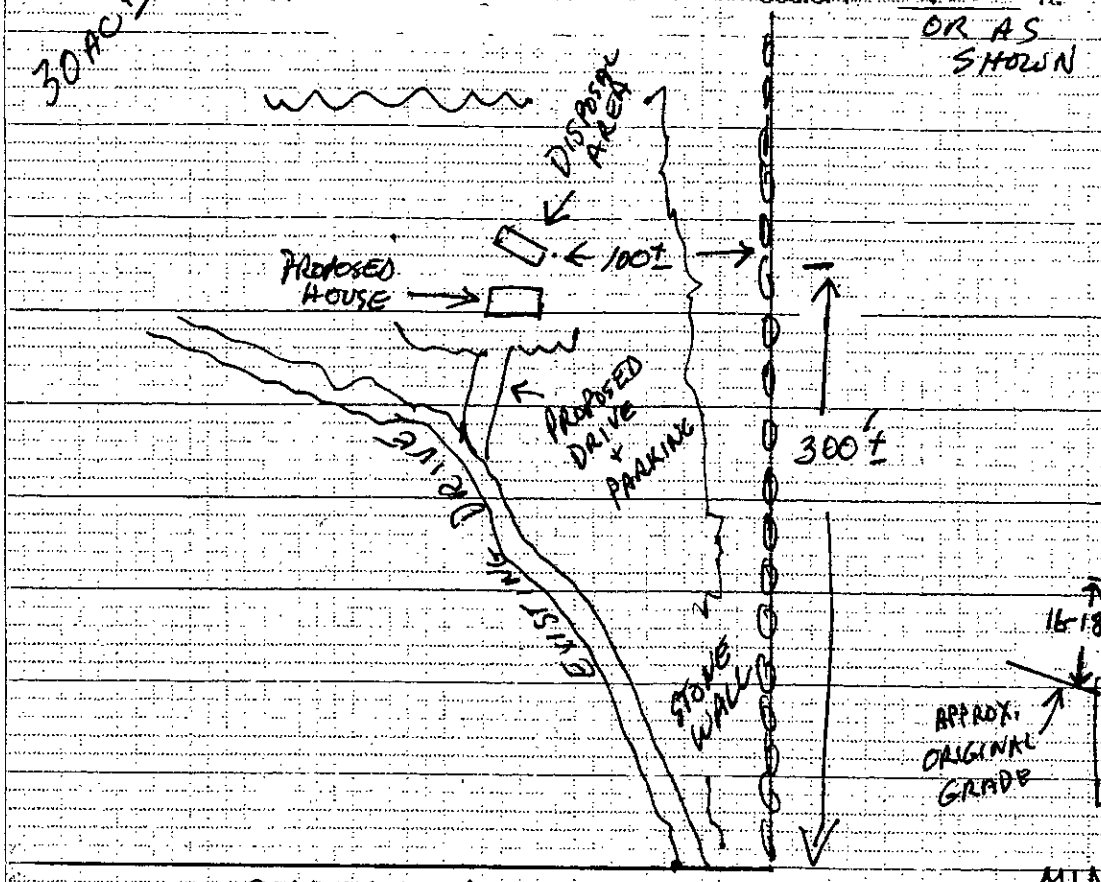
| Town, City, Plantation | Street, Road, Subdivision | Owner or Applicant Name |
|---|---|---|
| APPLETON | COLLINSTOWN ROAD | CHERI HACKETT |

SITE PLAN

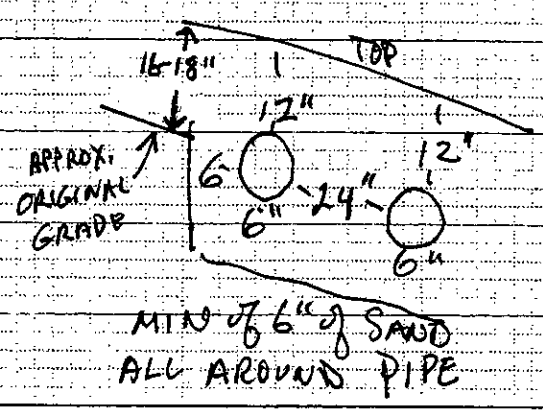
Scale: 1" = 100 ft. OR AS SHOWN




SITE LOCATION MAP
(Attach map from Maine Atlas for First Time System Variance)

SEE ATTACHED

DETAIL NOT TO SCALE




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

Observation Hole # TP-1 + TP-2 ☒ Test Pit ☐ Boring

0-1/2 " Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | LOAM | | DK BN | |
| 6 | AP | FRIABLE | | |
| 12 | GRAVELLY SANDY LOAM TO LOAMY SAND | | DK YELLOW BN | |
| 18 | | | | |
| 24 | | | YELLOW | FEW FAINT |
| 30 | | | | |
| 36 | LIMIT of INVESTIGATION | | | |
| 42 | | | | |
| 48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| 2 | C | 18 | 20 | ☒ Groundwater ☐ Restrictive Layer ☐ Bedrock |

Observation Hole # _____ ☐ Test Pit ☐ Boring

_____ " Depth of organic horizon above mineral soil

| Depth below mineral soil surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0 | | | | |
| 6 | | | | |
| 12 | | | | |
| 18 | | | | |
| 24 | | | | |
| 30 | | | | |
| 36 | | | | |
| 42 | | | | |
| 48 | | | | |

| Soil Profile | Classification Condition | Slope Percent | Limiting Factor Depth | |
|---|---|---|---|---|
| | | | | ☐ Groundwater ☐ Restrictive Layer ☐ Bedrock |

David Studer — Site Evaluator Signature

275 — SE #

7-11-06 — Date

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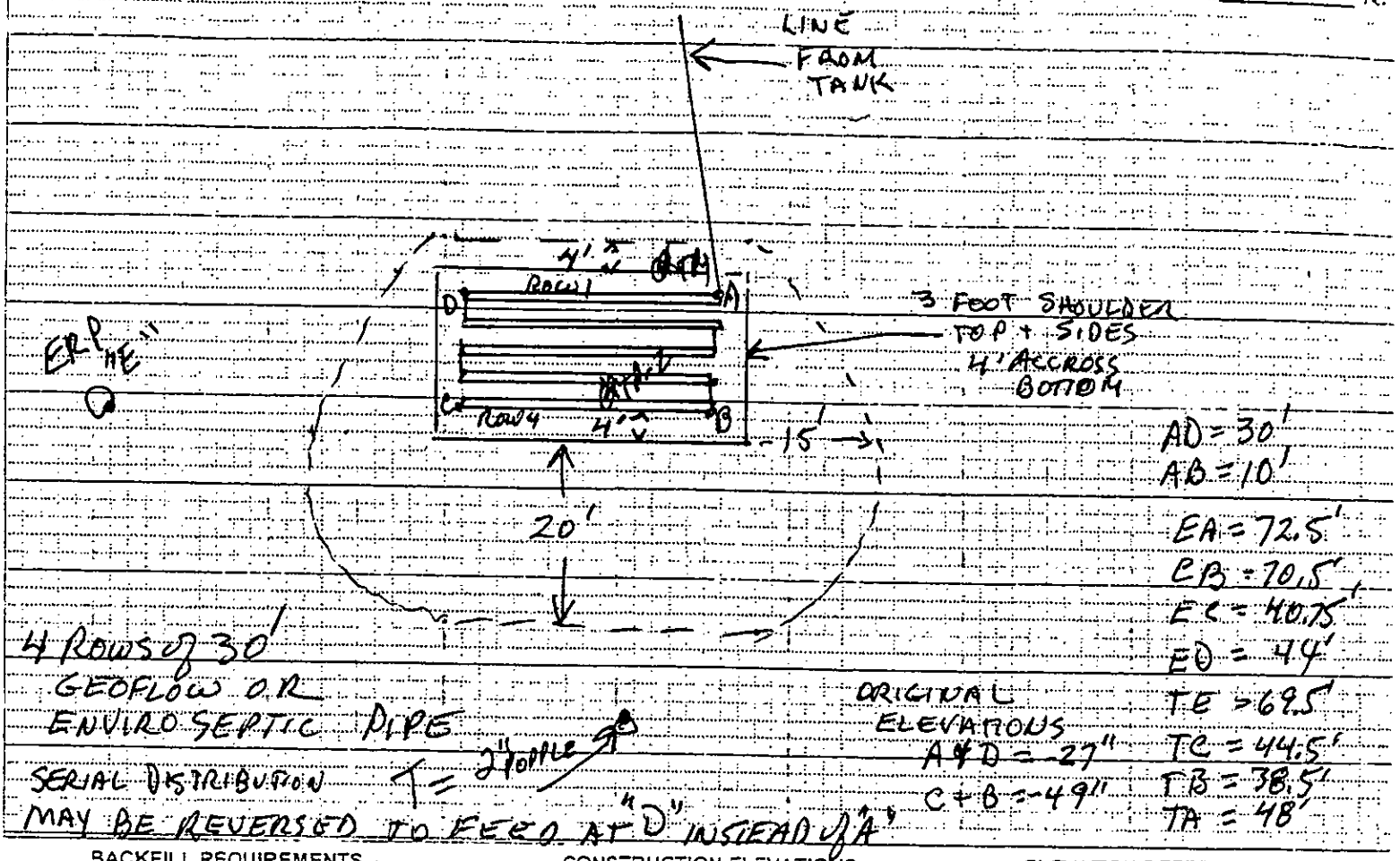
## SUBSURFACE WASTEWATER DISPOSAL PLAN

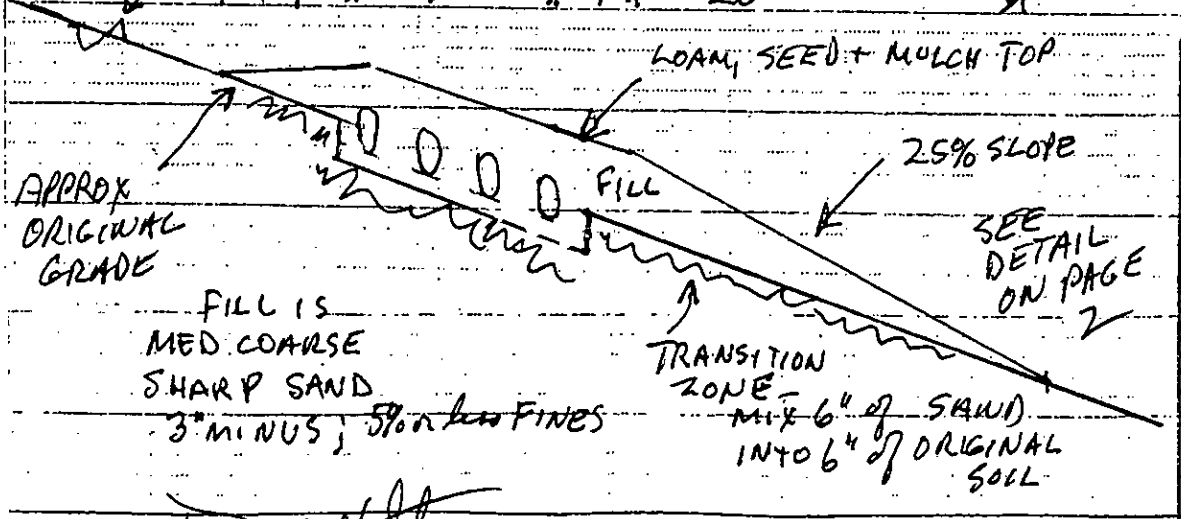
Scale: 1" = 20 ft.




| BACKFILL REQUIREMENTS | | CONSTRUCTION ELEVATIONS | | ELEVATION REFERENCE POINT | |
|---|---|---|---|---|---|
| Depth of Backfill (upslope) | 18" | Finished Grade Elevation | 12" OVER PIPE | Location & Description: | NAIL IN 12" TREE 36" ABOVE GRADE |
| Depth of Backfill (downslope) | 19" | Top of Distribution Pipe or Proprietary Device | | | |
| DEPTHS AT CROSS-SECTION (shown below) | | Bottom of Disposal Field | SEE BELOW | Reference Elevation is: | 0.0" or: |

## DISPOSAL FIELD CROSS-SECTION

Scales: Vertical: 1" = 5 ft. Horizontal: 1" = 10 ft.




GEOFLOW OR INVIRO-SEPTIC PIPE ELEVATIONS

| ROW | TOP | BOTTOM |
|---|---|---|
| 1 | -21" | -33" |
| 2 | 28" | -40" |
| 3 | 35" | -47" |
| 4 | 43" | -55" |

David Sturdevant — Site Evaluator Signature

275 — SE #

7-11-06 — Date