SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 11SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: RAYMOND
Street or Road: DEEP COVE RD.
Subdivision, Lot #: (LOT 36)

OWNER/APPLICANT INFORMATION

Name (last, first, MI): LABONTE, RAY (Owner / Applicant)
Mailing Address of Owner/Applicant: P.O. BOX 6325 / CARBOROUGH, ME 04070
Daytime Tel. #: 671-6617

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.

Signature of Owner or Applicant _____ Date _____

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____
Date Permit Issued __/__/__ Fee: $_____ Double Fee Charged [ ]
Local Plumbing Inspector Signature _____ L.P.I. # _____
Fee: $_____ state min fee $_____ Locally adopted fee
Copy: [ ] Owner [ ] Town [ ] State

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.

Municipal Tax Map # _____ Lot # 36

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.

Local Plumbing Inspector Signature _____ (1st) date approved _____ (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
0.4 (SQ. FT. / (ACRES))

SHORELAND ZONING
(Yes) / No

DISPOSAL SYSTEM TO SERVE
(1) Single Family Dwelling Unit, No. of Bedrooms: 5
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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
(1) Concrete
(a) Regular
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: 2016 (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

FLOW
610.999 gallons per day
BASED ON:
(1) Table 4A (dwelling unit(s))
2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities:
5 BR X 120 GPD = 600 GPD minimum
3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE 3 CONDITION C
at Observation Hole # TP1
Depth 17"
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
(1) Not Required
2. May Be Required
3. Required
Specify only for engineered systems:
DOSE: _____ gallons

"ELEVATE DRAIN"

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 43 d 93 m 33 s
Lon. 70 d 34 m 53 s
If g.p.s., state margin of error: 10 F

SITE EVALUATOR STATEMENT

I certify that on 10/24/20 + 3/13/22 (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).

James A. Mancini — Site Evaluator Signature
247 — SE #
Oct. 31, 2020 / March 15, 2022 — Date
JAMES G. MANCINI — Site Evaluator Name Printed
899-9498 — Telephone Number
_____ — E-mail Address

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

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

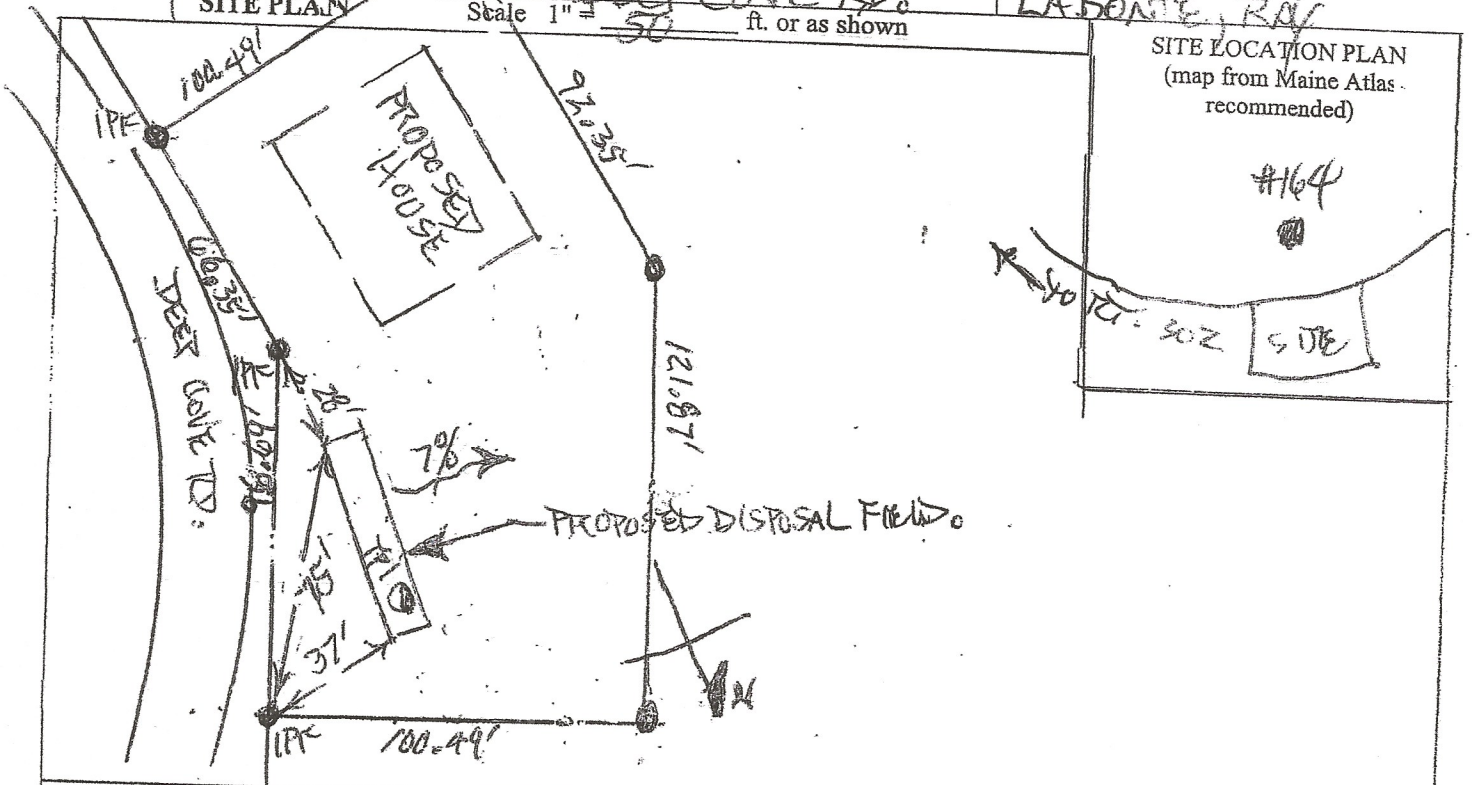
Town, City, Plantation: RAYMOND

Street, Road, Subdivision: DEEP COVE RD.

Owner's Name: LABONTE, RAY

SITE PLAN

Scale 1" = 50 ft. or as shown



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

Observation Hole TP1 ☒ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	GRAVELLY LOAMY SAND	FRIABLE	YELLOWISH BROWN	
20–30	GRAVELLY SAND	FIRM	OLIVE BROWN	FAINT
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
3 (Profile) 0 (Condition)	7 %	17 "	[X] Ground Water [X] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10				
20–30				
30–40				
40–50				

Soil Classification	Slope	Limiting Factor	
_____ (Profile) _____ (Condition)	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

James H. Marcia — Site Evaluator Signature

247 — SE #

Oct. 31, 2020 — Date

MARCH 13, 2022

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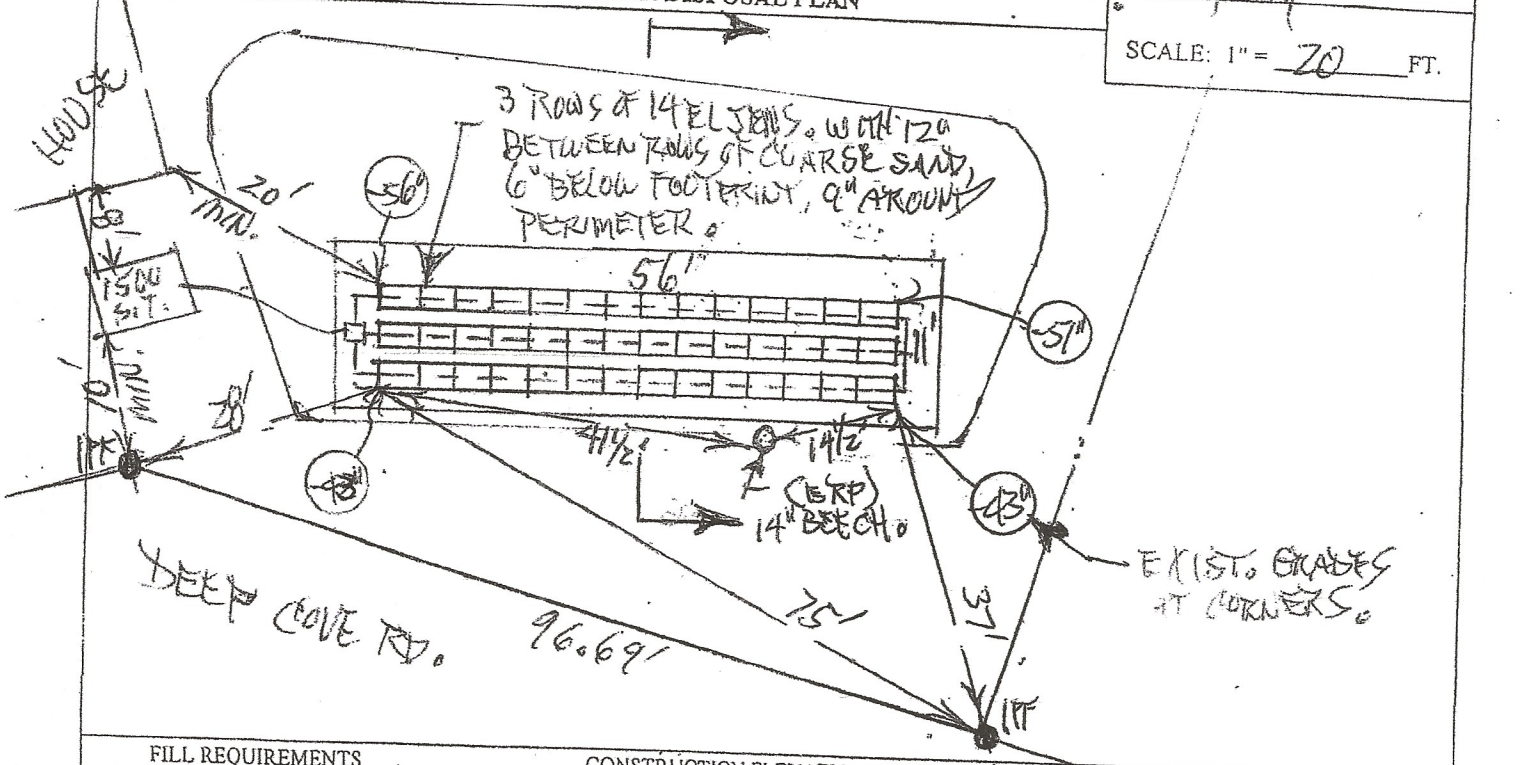
SUBSURFACE WASTEWATER DISPOSAL PLAN

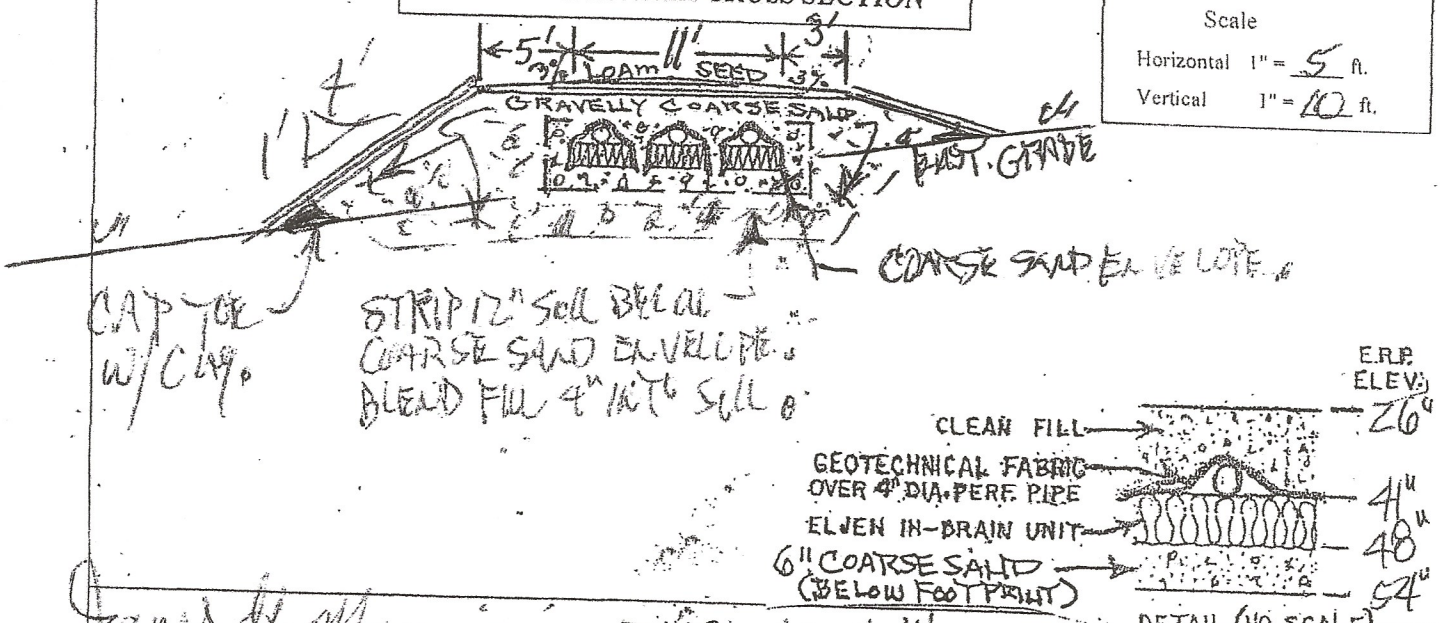
SCALE: 1" = 20 FT.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope)	17"	Finished Grade Elevation	-26"	Location & Description: NAIL IN 14" BEECH.
Depth of Fill (Downslope)	25-30"	Top of Distribution Pipe or Proprietary Device	-37"	Reference Elevation: AT 00"
		Bottom of Disposal Area (6" SAND BASE)	-54"	

DISPOSAL AREA CROSS SECTION

Scale
Horizontal 1" = 5 ft.
Vertical 1" = 10 ft.



James G. Mancini — Site Evaluator Signature

207 — SE #

March 14, 2022 — Date