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

City, Town, or Plantation	Casco
Street or Road	Thomas Pond Shore Rd
Subdivision, Lot #	

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

CASCO PERMIT # 2823 STATE COPY

Date Permit Issued: 3/3/08 $ 100 ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 610

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Benjamin George ☐ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 58 Krug Rd, Preston Ct. 06365

Daytime Tel. # (860) 625-0900

Municipal Tax Map # 12 Lot # 35

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.

George Benjamin 3-3-08
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. 8/21/08 (1st) date approved

Local Plumbing Inspector Signature 8/22/08 (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
0.6± ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING
☒ Yes ☐ No

DISPOSAL SYSTEM TO SERVE
- ☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ___
- ☐ 2. Multiple Family Dwelling, No. of Units: ___
- ☐ 3. Other: Seasonal Camper (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: 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: 500 ☒ 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
125 gallons per day

BASED ON:
- ☐ 1. Table 501.1 (dwelling unit(s))
- ☒ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities
Park Model Camper @ 125 gpd
- ☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE	CONDITION	DESIGN
3	C	1

at Observation Hole # _____
Depth 22"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING
- ☐ 1. Small—2.0 sq. ft. / gpd
- ☐ 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
- ☒ 2. May Be Required
- ☐ 3. Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 43 d 55 m 57 s
Lon. 70 d 30 m 25 s
If g.p.s. state margin of error: 15

SITE EVALUATOR STATEMENT

I certify that on 10/22/07 (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).

George Sawyer — Site Evaluator Signature
176 — SE #
10/26/07 — Date

George Sawyer — Site Evaluator Name Printed
647-8190 — Telephone Number
E-mail Address

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

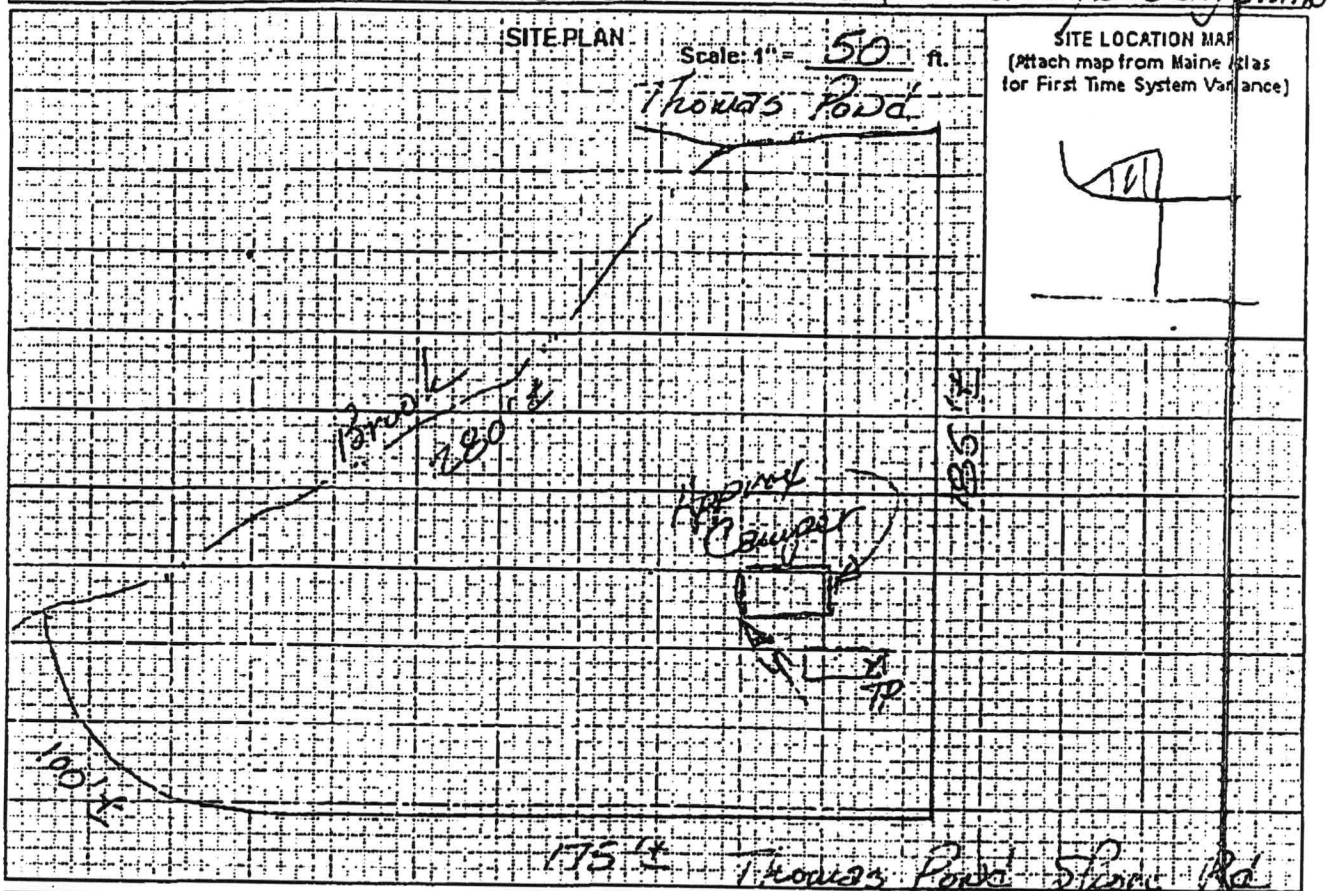
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Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
Casco	Thomas Pond Shore Rd	George Berry (Main)

SITE PLAN

Scale: 1" = 50 ft.



SITE LOCATION MAP

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

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

Observation Hole # ____ ☒ Test Pit ☐ Boring

Depth of organic horizon above mineral soil ____"

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0				
6	Sandy		Dark	
12	Loam	fri	Brown	
18		Friable	Olive	
24	Loamy			
30	Sand			Few
36	Sand	Firm	Gray	
42				
48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	☐ Groundwater ☐ Restrictive Layer ☐ Bedrock
3	C	6-7	22"	

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

George Berry — Site Evaluator Signature

176 — SE #

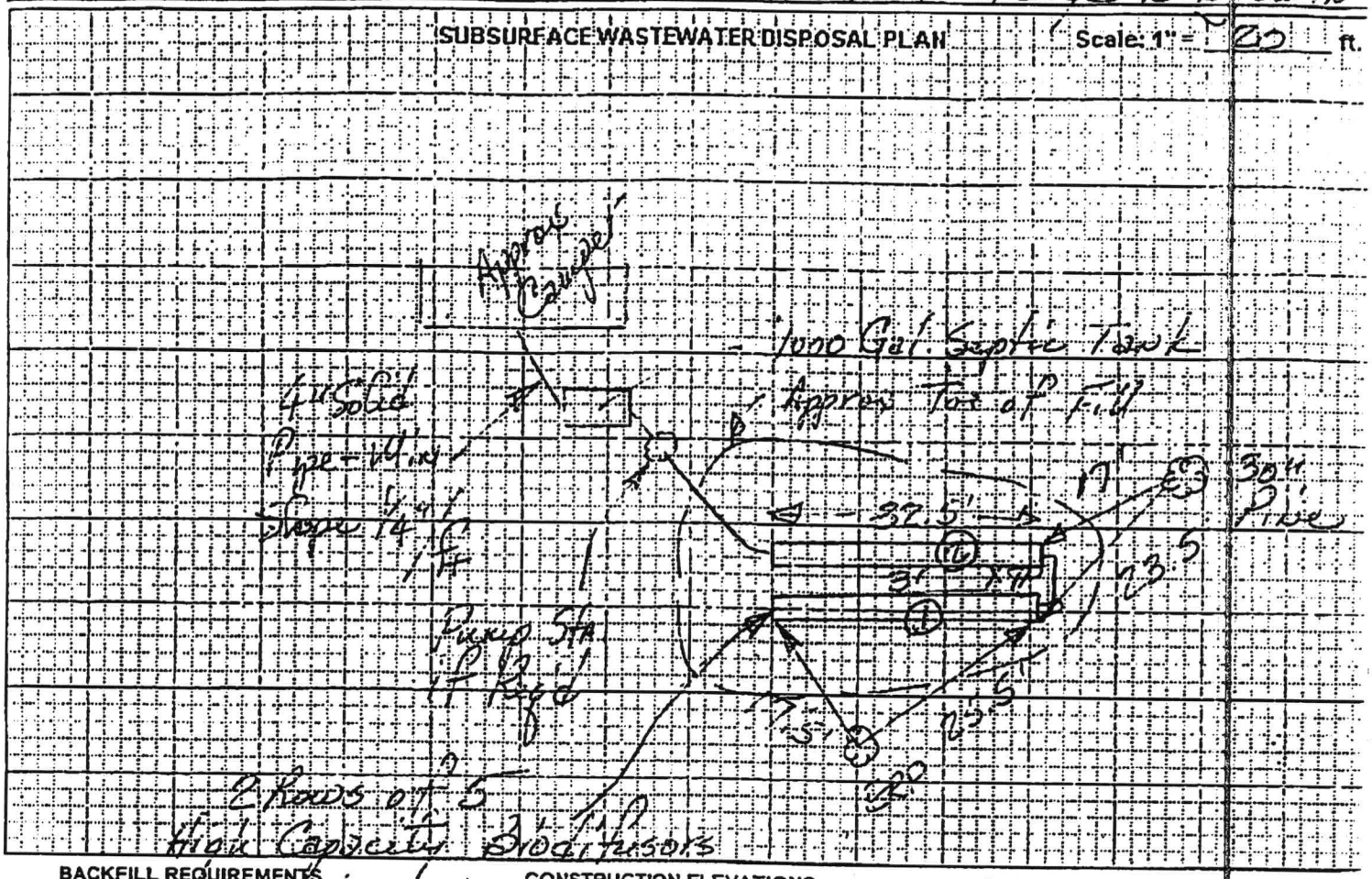
10/24/07 — Date

(207) 287-5672 Fax: (207) 287-3165

City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
Casco	Thomas Point Shore Rd	George Bowin

SUBSURFACE WASTEWATER DISPOSAL PLAN

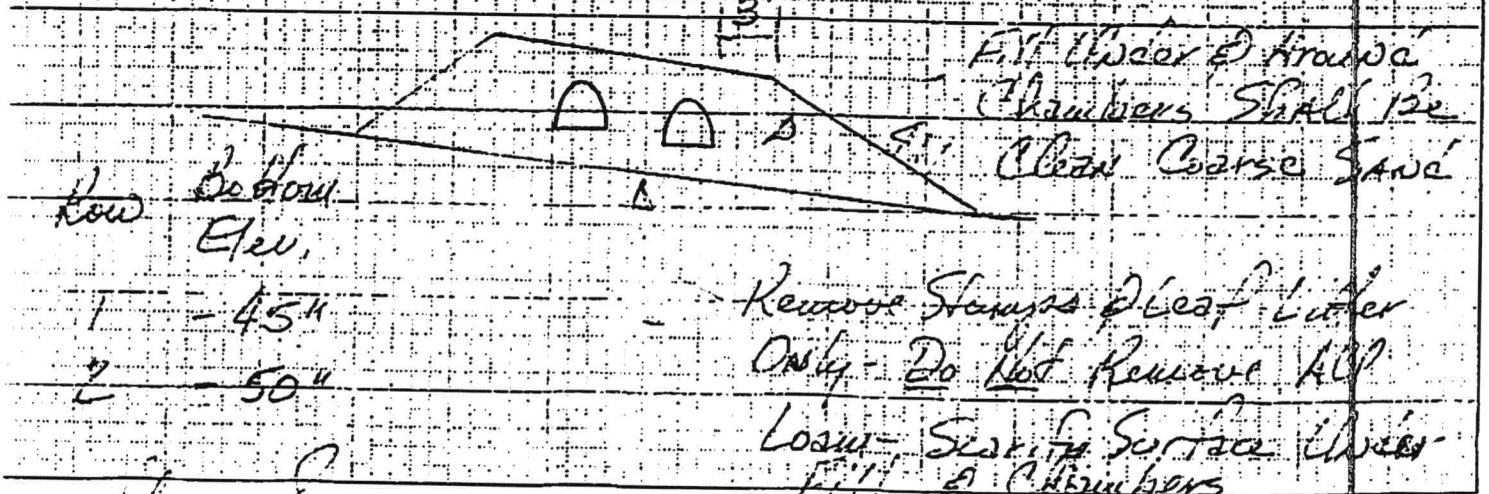
Scale: 1" = 20 ft.



BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Backfill (upslope)	14-20	Finished Grade Elevation		Location & Description:	Nail in 10" Birch @ 50" Above Grd
Depth of Backfill (downslope)	32-40	Top of Distribution Pipe or Proprietary Device		Reference Elevation is:	0.0" or:
DEPTHS AT CROSS-SECTION (shown below)		Bottom of Disposal Field			

DISPOSAL FIELD CROSS-SECTION

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



Scott Cowger — Site Evaluator Signature

176 — SE #

10/24/07 — Date