job # 003-08(b)

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	Oakland
Street or Road	Madeline Drive
Subdivision, Lot #	

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

OAKLAND
Date Permit Issued: 7/23/08
Local Plumbing Inspector Signature

PERMIT # 3814 STATE COPY
$ 190.00 FEE ☐ If Double Fee Charged
L.P.I. # 07165

...and Maine Subsurface Wastewater Disposal Rules.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): Sherman, Patric ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 12 Crestwood Dr. Apt E, Waterville, ME 0901

Daytime Tel. #: 207 649 3496

Municipal Tax Map # M-26 Lot # 10-8

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.

Patric A Sherman — Signature of Owner or Applicant
7/23/08 — 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

± ☐ SQ. FT. ☒ ACRES

SHORELAND ZONING

☐ Yes ☒ No

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 4
☐ 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: 1250 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: 20' x 60'
SIZE: 1200 ☒ 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

360 gallons per day
BASED ON:
☒ 1. Table 501.1 (dwelling unit(s))
☐ 2. Table 501.2 (other facilities)
SHOW CALCULATIONS for other facilities
90gpd x 4br = 360gpd
☐ 3. Section 503.0 (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION DESIGN
3 / D / 3
at Observation Hole # 1
Depth 12"
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 elevate drain
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat 44 d 33 m 09 s
Lon 69 d 46 m 18 s
If g.p.s, state margin of error: ± 25'

SITE EVALUATOR STATEMENT

I certify that on 14 jul 08 (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).

Jennifer Sanborn — Site Evaluator Signature
380 — SE #
16 jul 08 — Date

Jennifer E Sanborn — Site Evaluator Name Printed
2075474037 — Telephone Number
sanborn1973@yahoo.com — E-mail Address

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

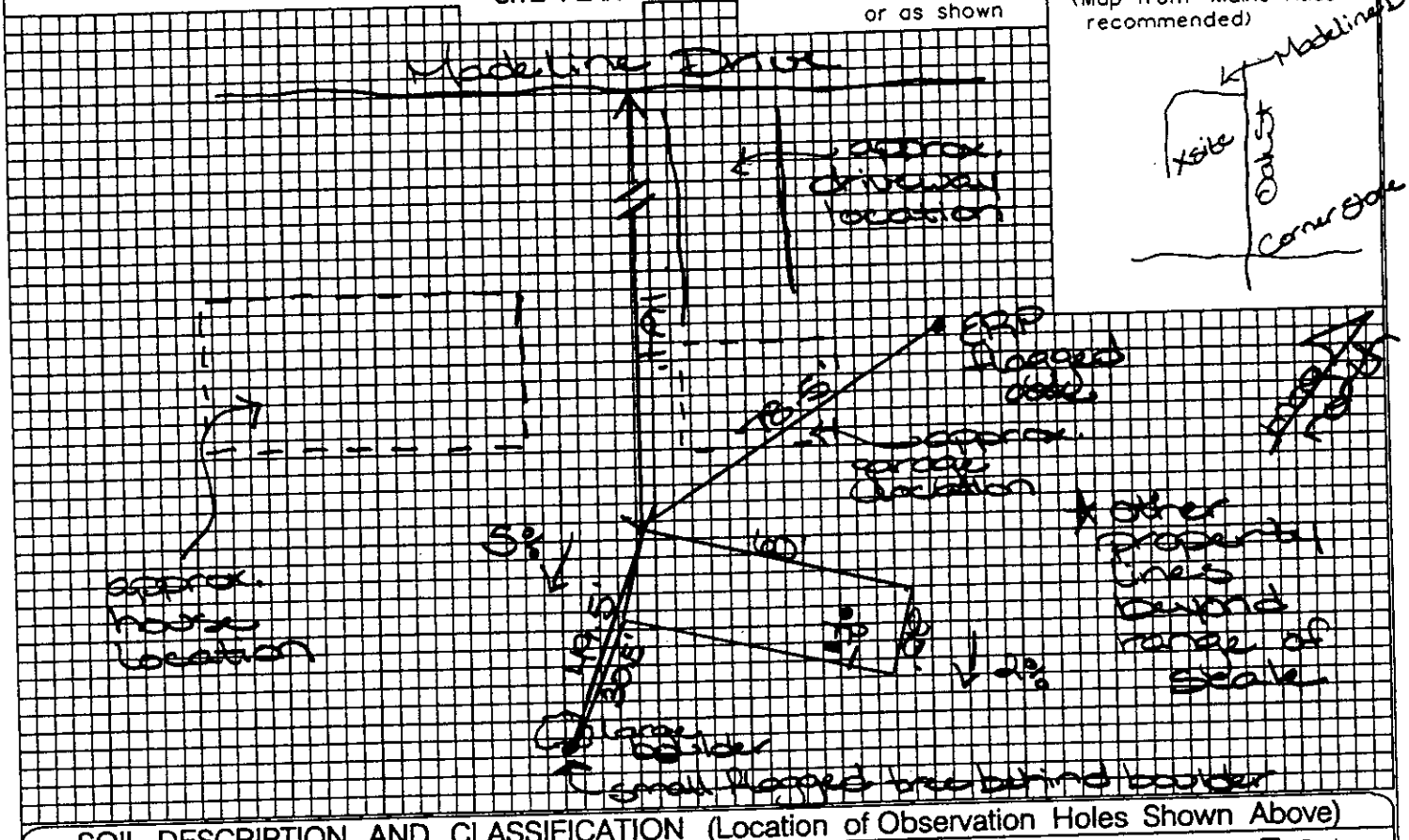
job # 003-086

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

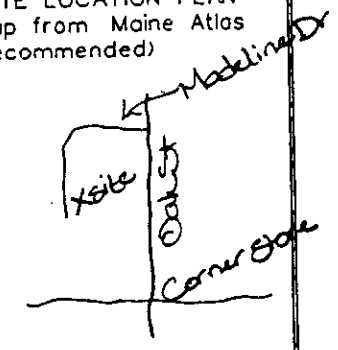
Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation: Oakland
Street, Road Subdivision: Madeline Drive
Owner's Name: Patric Sherman

SITE PLAN — Scale 1" = 40 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

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0	fsl	friable	brown	
10				common
20	loamy fine sand	firm	light brown	hardpan
30				
40				
50				

Soil Classification		Slope	Limiting Factor	
3 (Profile)	D (Condition)	2-5 %	12"	☒ Ground Water ☐ 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				
40				
50				

LICENSED SITE EVALUATOR
LICENSE NO. S380
JENNIFER E. SANBORN
STATE OF MAINE

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

Jennifer E. Sanborn — Site Evaluator Signature
380 — SE #
16 Jul 08 — Date

job # 003-08(b)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-3672 FAX (207) 287-4172

Town, City, Plantation: Oakland | Street, Road, Subdivision: Madeline Drive | Owner's Name: Patric Sherman

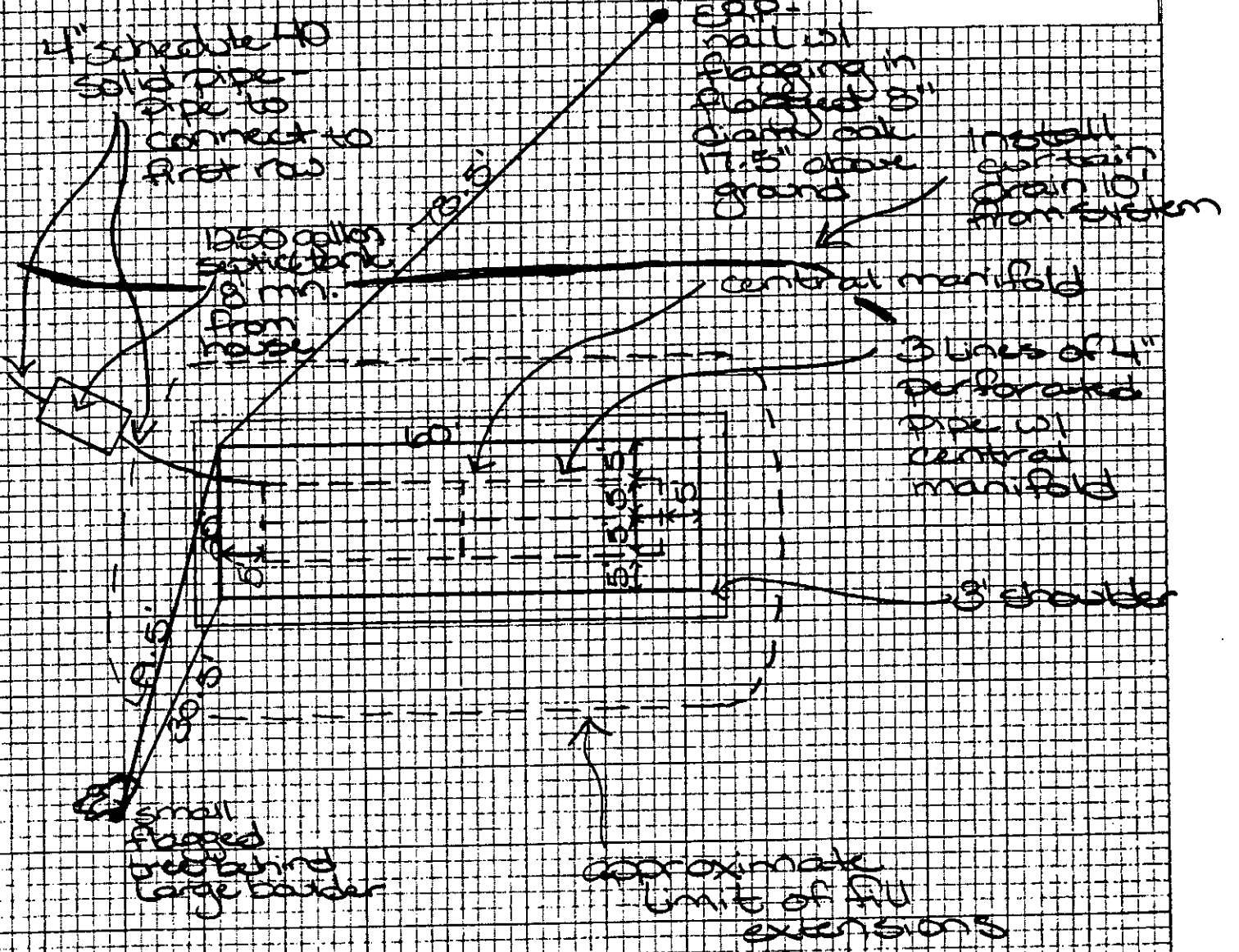
~~SITE PLAN~~ SITE LOCATION PLAN

Scale 1" = 20 Ft. or as shown

Tax Map Atlas

LICENSED SITE EVALUATOR
LICENSE NO. S380
JENNIFER E. SANBORN
STATE OF MAINE

Subsurface Wastewater Disposal Plan



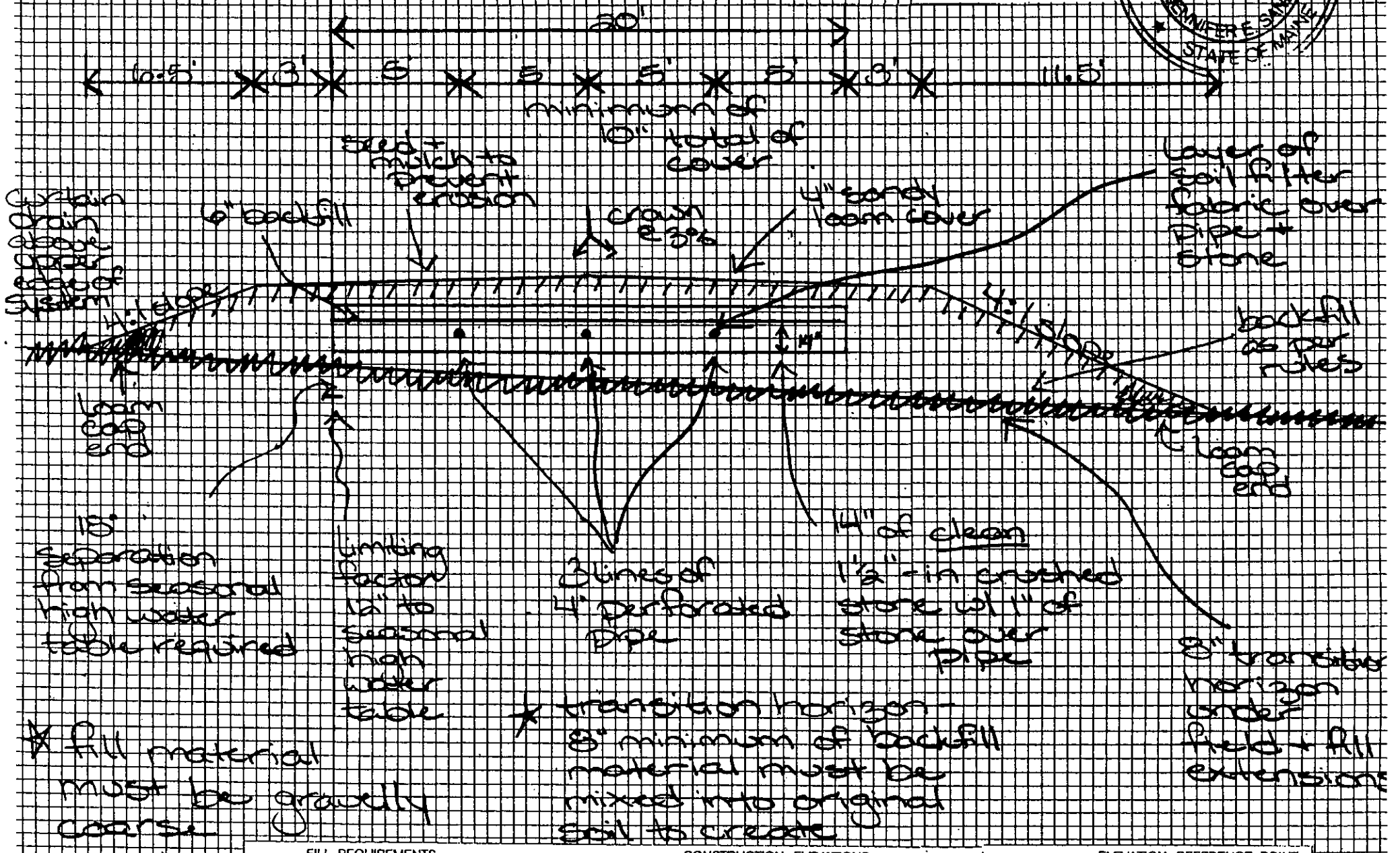
Jennifer E Sanborn SE# 380 16 jul 08 pg 3 of 4

Oakland Madeline Dr. Patric Sherman job # 00[illegible]-080

LICENSED SITE EVALUATOR
LICENSE NO. S380
JENNIFER E. SANBORN
STATE OF MAINE

DISPOSAL AREA CROSS SECTION

SCALE:
VERTICAL: 1" = 5'
HORIZONTAL: 1" = 5'



* fill material must be gravelly coarse sand

* transition horizon - 8" minimum of backfill material must be mixed into original soil to create

FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	36"	Finished Grade Elevation	-21.5"	Location & Description	nail in oak →
Depth of Fill (Downslope)	48"	Top of Distribution Pipe or Proprietary Device	-32.5"	Reference Elevation	0"
		Bottom of Disposal Area	-45.5"		

(Jennifer Sanborn SE # 380 16 jul 08