Docusign Envelope ID: 4E008DB8-F7FE-8DC1-805B-9D9244B4FB65

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	NAPLES
Street Subdivision Lot #	RT 35

PROPERTY OWNERS NAME

Last: BURNHAM First: SCOTT

Applicant Name:	
Mailing Address of Owner/Applicant (If Different)	P.O. Box 347 NAPLES, ME

NAPLES PERMIT # 760 STATE COPY

Date Permit Issued: 10/19/88

371 [signature] Local Plumbing Inspector Signature

$ 140.00 FEE ☐ If Double Fee Charged

L.P.I. # 834

Owner/Applicant Statement

I certify that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Local Plumbing Inspector to deny a Permit.

[signature] 10-19-88

Signature of Owner/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.

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. ☑ NEW SYSTEM
2. ☐ REPLACEMENT SYSTEM
3. ☐ EXPANDED SYSTEM
4. ☐ SEASONAL CONVERSION
5. ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

1. ☑ NO RULE VARIANCE REQUIRED
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
   ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
3. ☐ Requiring Local Plumbing Inspector Approval
4. ☐ Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

COMPLETE SYSTEM
1. ☑ NON-ENGINEERED SYSTEM
2. ☐ PRIMITIVE SYSTEM (Includes Alternative Toilet)
3. ☐ ENGINEERED (+2000 gpd)

INDIVIDUALLY INSTALLED COMPONENTS:
4. ☐ TREATMENT TANK (ONLY)
5. ☐ HOLDING TANK
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

1. ☑ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

TYPE OF WATER SUPPLY

SIZE OF PROPERTY: 1± Ac.

ZONING: RR

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

1. ☐ NONE
2. ☑ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: RECOMMENDED

PUMPING

1. ☐ NOT REQUIRED
2. ☑ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)

3 BEDROOMS

MIN. RATE

DESIGN FLOW: 270 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 26"

SIZE RATINGS USED FOR DESIGN PURPOSES

1. ☐ SMALL
2. ☐ MEDIUM
3. ☑ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

1. ☑ BED 900 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On Sept 17, 1986 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system I propose is in accordance with the Subsurface Wastewater Disposal Rules.

[signature] — Site Evaluator Signature

67 — SE#

9/12/86 — Date

* Local Plumbing Inspectors Signature if a Local Site Evaluation Waiver under a Local Option

Initial: CWN Initial: AFN

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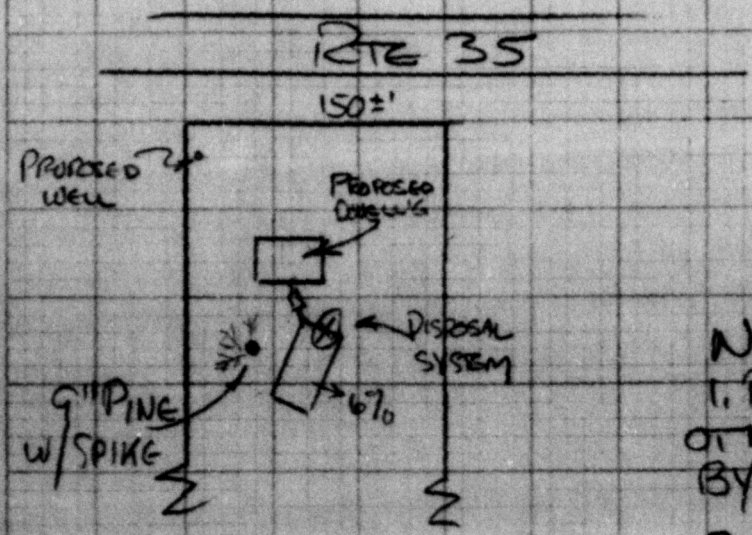
Department of Human Services
Division of Health Engineering

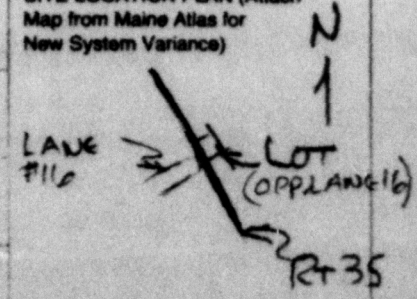
Town, City, Plantation: NAPLES
Street, Road, Subdivision: RT 35
Owners Name: S. BURNHAM

SITE PLAN

Scale 1" = 100 Ft.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)



NOTES:
1. PROPERTY LINES (PL'S) AND OTHER INFORMATION VERIFIED BY OWNER.
2. SEE "CODE" FOR STANDARD SPECIFICATIONS.

⊗ = OBS. HOLE
● = E.R.P.

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

Observation Hole _____ ☑ Test Pit ☐ Boring

2½" Depth of Organic Horizon Above Mineral Soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–5			DK BR.	
5–30	FINE SANDY LOAM	FRIABLE	BROWN TO OLIVE	FEW
30–50		FIRM	OLIVE GRAY	

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	C (Condition)	6 %	26	☑ Ground Water ☐ 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
0–50				

Soil	Classification	Slope	Limiting Factor	
(Profile)	(Condition)	%		☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

C Walter C Horton — Site Evaluator Signature
67 — SE#
9/12/86 — Date

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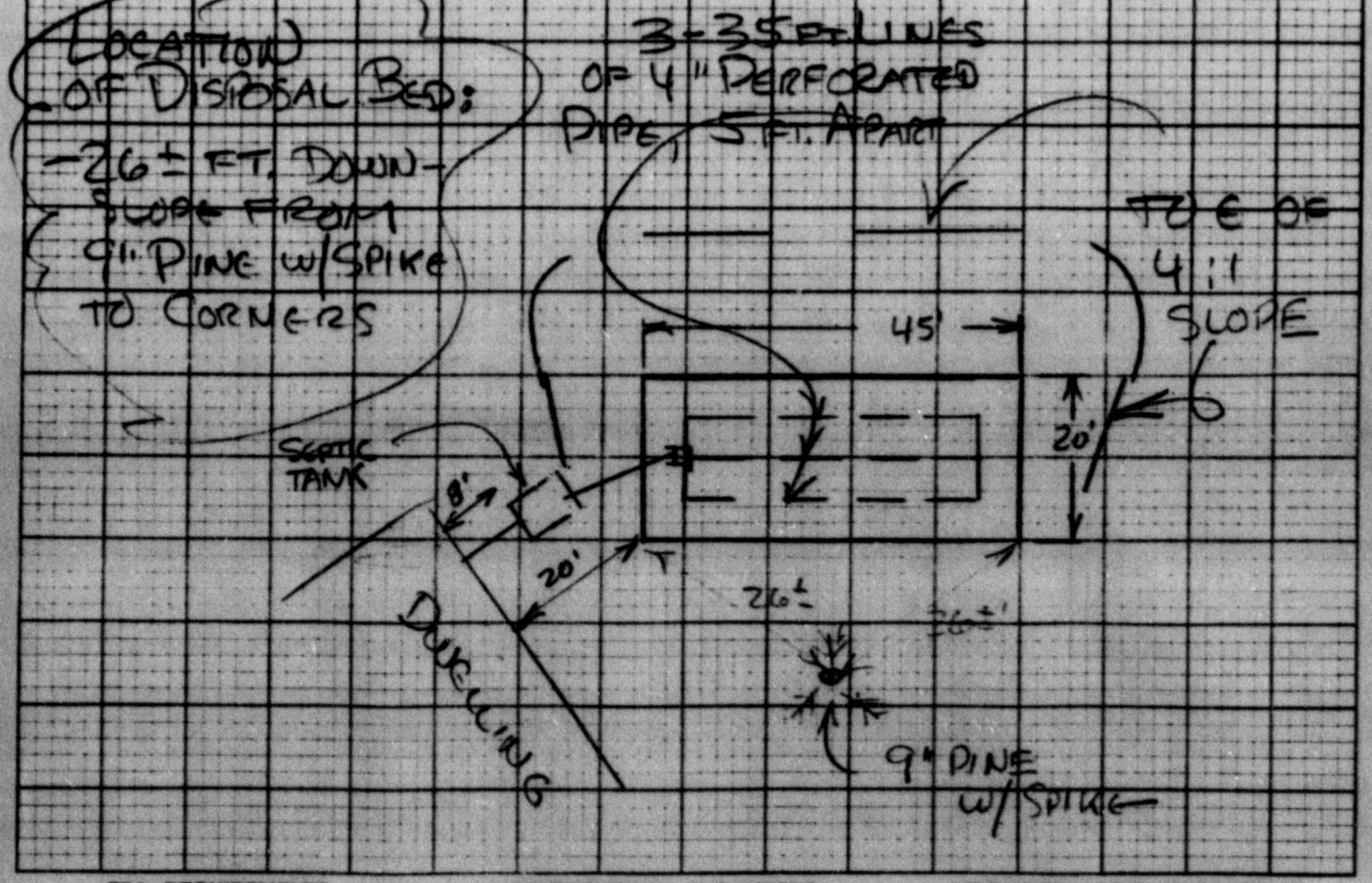
Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
NAPLES	RT 35	S. BURNHAM

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 10.
Depth of Fill (Downslope) 3.34.

CONSTRUCTION ELEVATIONS

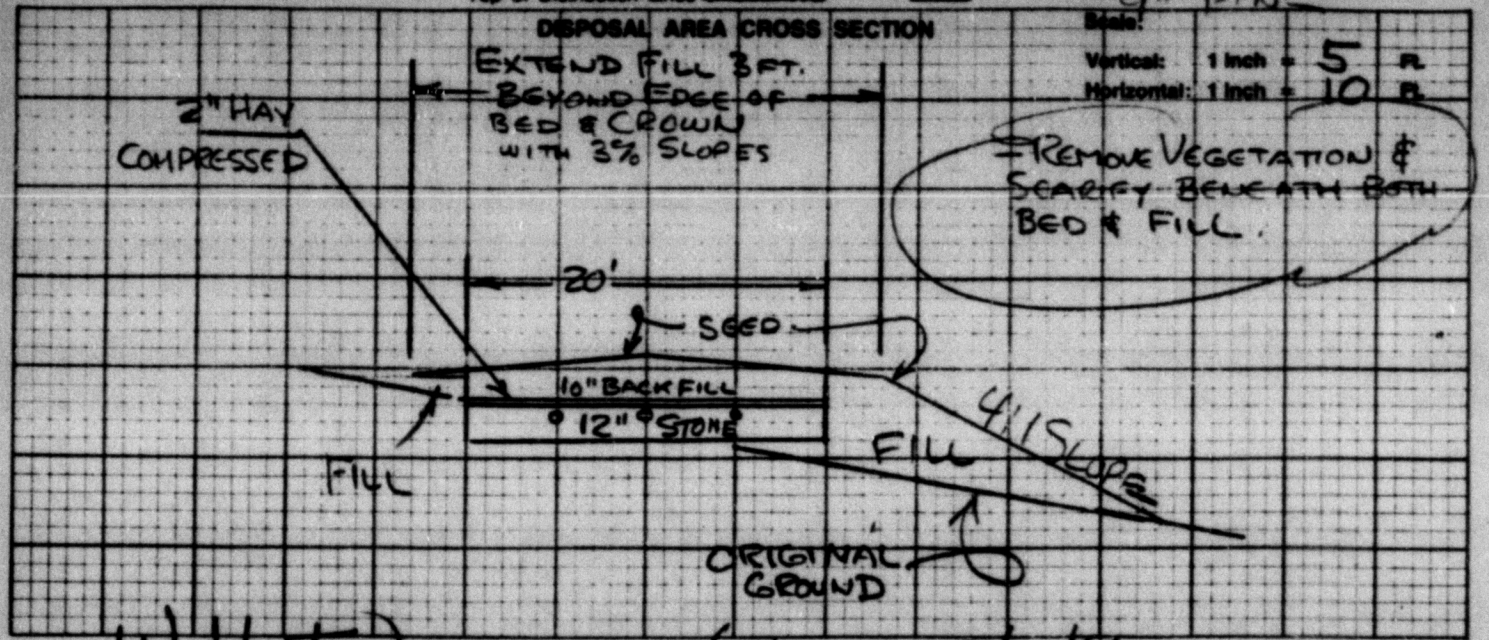
Reference Elevation is 0
Bottom of Disposal Area -56"
Top of Distribution Lines ~~and Sheepbeds~~ -45

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

E.R.P.: SPIKE (B.H.) IN 9" PINE

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 5 Ft.
Horizontal: 1 inch = 10 Ft.



W. Horton
Site Evaluator Signature

67
SE#

9/12/86
Date