SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health , 11 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION

City, Town, or Plantation	FAYETTE
Street or Road	FELLOWS FARM ROAD
Subdivision, Lot #	

>> FAYETTE PERMIT # 1214 APPLICANTS COPY <<

Date Permit Issued: 8/5/11 $ 100.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature TGM L.P.I. # 1261

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

OWNER/APPLICANT INFORMATION

Name (last, first, MI): HODGKINS, GLENN ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant	18 LINCOLN ST HALLOWELL, ME 04347
Daytime Tel. #	622-8201 EXT 121

Municipal Tax Map # U12 Lot # 44

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 8/4/11

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed 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: PIT PRIVY
☐ 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

8+/- ☐ 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: CAMP SITE (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 N/A
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: _____ GAL.

DISPOSAL FIELD TYPE & SIZE

☐ 1. Stone Bed ☐ 2. Stone Trench
☐ 3. Proprietary Device N/A
☐ a. cluster array ☐ c. Linear
☐ b. regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE: _____ ☐ 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 N/A
☐ c. increase in tank capacity
☐ d. Filter on Tank Outlet

DESIGN FLOW

N/A gallons per day
BASED ON:
☐ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
3 / B
at Observation Hole # TP-1
Depth 30 "
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐ 1. Medium---2.6 sq. ft. / gpd
☒ 2. Medium---Large 3.3 sq. f.t / 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 N/A
☐ 3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 44 d 28 m 40 s
Lon. 70 d 02 m 12 s
if g.p.s, state margin of error: 27 +/-

SITE EVALUATOR STATEMENT

I certify that on 7/15/2011 (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).

Site Evaluator Signature — Digitally signed by John Archard, D.N: cn=John Archard, o=Alternatives In Design, ou, email=jarchard@fairpoint.net, c=US, Date: 2011.05.02 20:05:49 -04'00' — SE # 181 — Date 7/22/2011

John Archard — Site Evaluator Name Printed — 293-2674 — Telephone Number — E-mail Address

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

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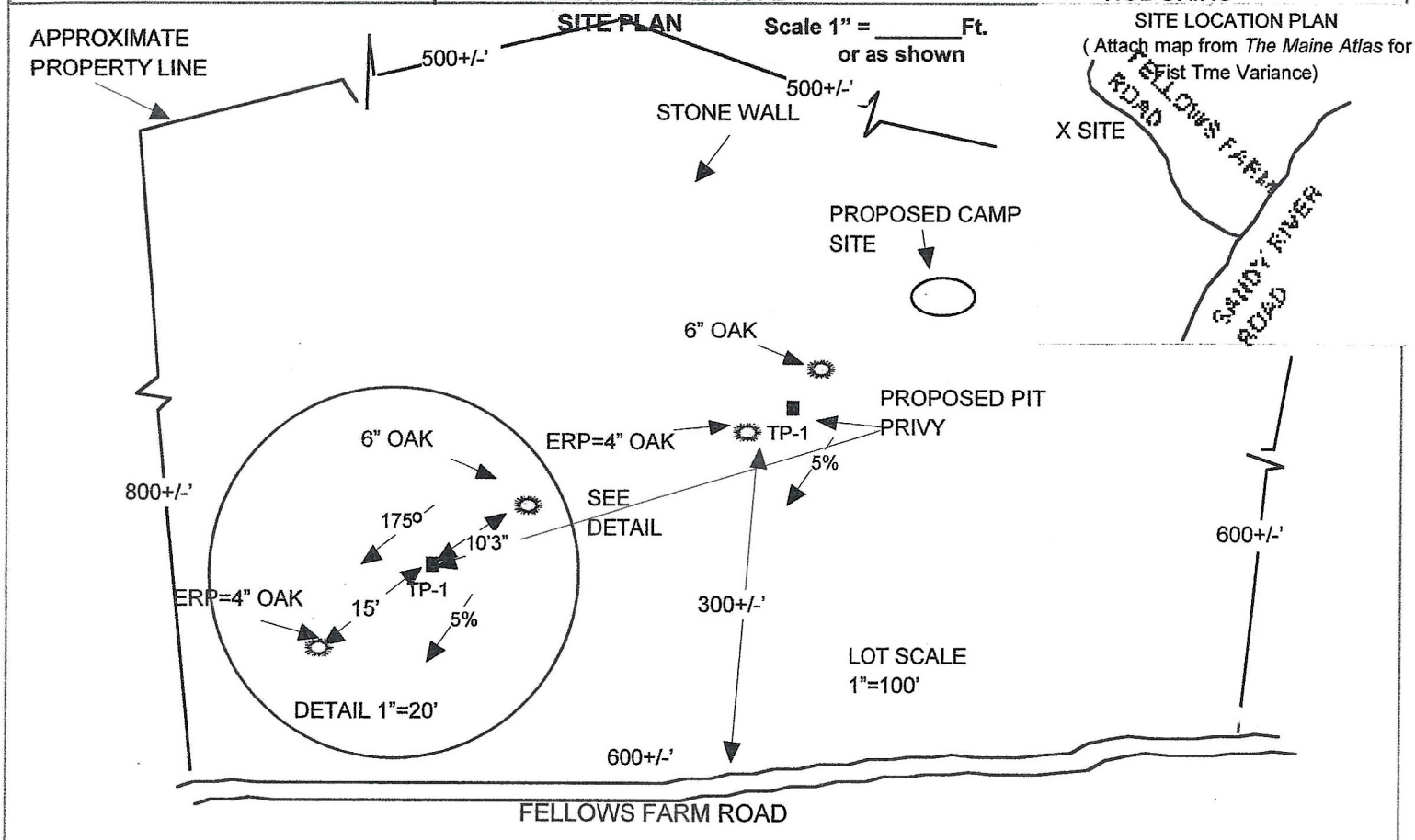
Division of Health Engineering, Station 10
(207) 287-5672 Fax (207) 287-4172

Town, City, Plantation	Street, Road, Subdivision	Name of Owner
FAYETTE	FELLOWS FARM ROAD	HODGKINS

SITE PLAN — Scale 1" = _____Ft. or as shown



SITE LOCATION PLAN
(Attach map from *The Maine Atlas* for First Tme Variance)

SOIL DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP-1 Test Pit ☒ Boring ☐

1 " Depth of Organic Horizon above Mineral Soil

Depth below mineral surface (inches)	Texture	Consistency	Color	Mottling
0	SANDY LOAM	FRIABLE	STRONG BROWN	NONE EVIDENT
6				
10				
15			YELLOWISH BROWN	
20				
30		FIRM	OLIVE YELLOW	
42				
48				

Soil Classification		Slope	Limiting Factor	
3 Profile	B Condition	5 Percent %	30 " Depth	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock

Observation Hole # _____ Test Pit ☐ Boring ☐

_____ " Depth of Organic Horizon above Mineral Soil

Depth below mineral surface (inches)	Texture	Consistency	Color	Mottling
0				
6				
10				
15				
20				
30				
42				
48				

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

Site Evaluator Signature

181 SE#

7/22/2011 Date

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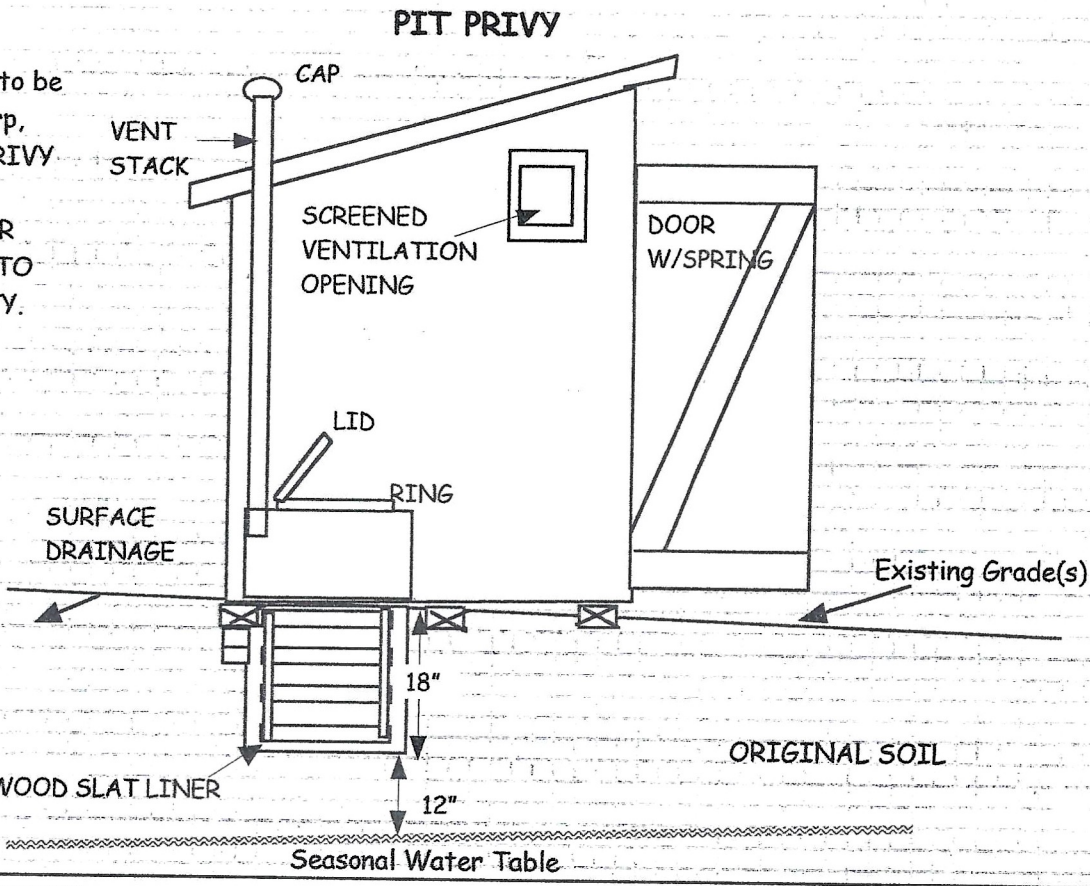
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = NTS Ft.

Note:
1. Any fill (existing) to be coarse, gravelly, sharp, clean , loamy sand.-PRIVY MAY BE RAISED BY WOOD CRIBBING OR ADDITIONAL FILL TO INCREASE CAPACITY.



BACKFILL REQUIREMENTS

Depth of Backfill (Upslope) AS NEEDED
Depth of Backfill (Downslope)
DEPTHS AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

"Finished Grade Elevation	N/A"
" Top of Distribution Pipe or Proprietary Device	N/A"
Bottom of Disposal Field	-69.5"

ELEVATION REFERENCE POINT

Location & Description FLAGGED NAIL IN 4" OAK TREE 56.75" ABOVE GROUND
Reference Elevation is: 0.0" or:

DISPOSAL AREA CROSS SECTION

Scales:
Vertical: 1"= 4 Ft.
Horizontal: 1"= 10 Ft.

NOTES:

IF ANY STRUCTURES ARE BUILT A PRIMITIVE GREY WATER DISPOSAL AREA IS REQUIRED.

Site Evaluator Signature | 181 SE# | 7/22/2011 Date