Town

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: GRAY
Street or Road: 20 FOX RUN
Subdivision, Lot #: (LOT 10)

OWNER/APPLICANT INFORMATION

Name (last, first, MI): GRAYBAR, ANTHONY (Owner Applicant)
Mailing Address of Owner/Applicant: 10 FOX RUN
GRAY, ME. 04039
Daytime Tel. #: 450-6885 (MARK FENSTRA)

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: 6/12/15

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: Gray — Permit #: 15-5452
Date Permit Issued: 4/3/15 — Fee: $ 265 — ~~Double Fee Charged~~ [ ]
Local Plumbing Inspector Signature — LPI. #: 591
u Owner X Town u 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 # 062 Lot # 027-012-010

CAUTION: INSPECTION REQUIRED
I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. 3-23-15 (1st) date approved
Local Plumbing Inspector Signature — 4-3-15 (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
1.1 * SQ. FT. ACRES

DISPOSAL SYSTEM TO SERVE
(1) Single Family Dwelling Unit, No. of Bedrooms: 3
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

SHORELAND ZONING
Yes / (No)

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: 900 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
270 gallons per day
BASED ON:
(1) Table 4A (dwelling unit(s))
2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities
3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS
PROFILE: 3 CONDITION: C
at Observation Hole # P1
Depth 26"
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 "ELEVATE DRAIN"
2. May Be Required
3. Required
Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE
at center of disposal area
Lat. 43 d 51 m 20.3 s
Lon. 70 d 21 m 03.8 s
if g.p.s., state margin of error: 20'

SITE EVALUATOR STATEMENT

I certify that on 1/14/15 (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 G. Mancini — 247 (SE #) — JAN. 14, 2015 (Date)
Site Evaluator Signature

JAMES G. MANCINI
Site Evaluator Name Printed

892-9498
Telephone Number

daysnight9@gmail.com
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
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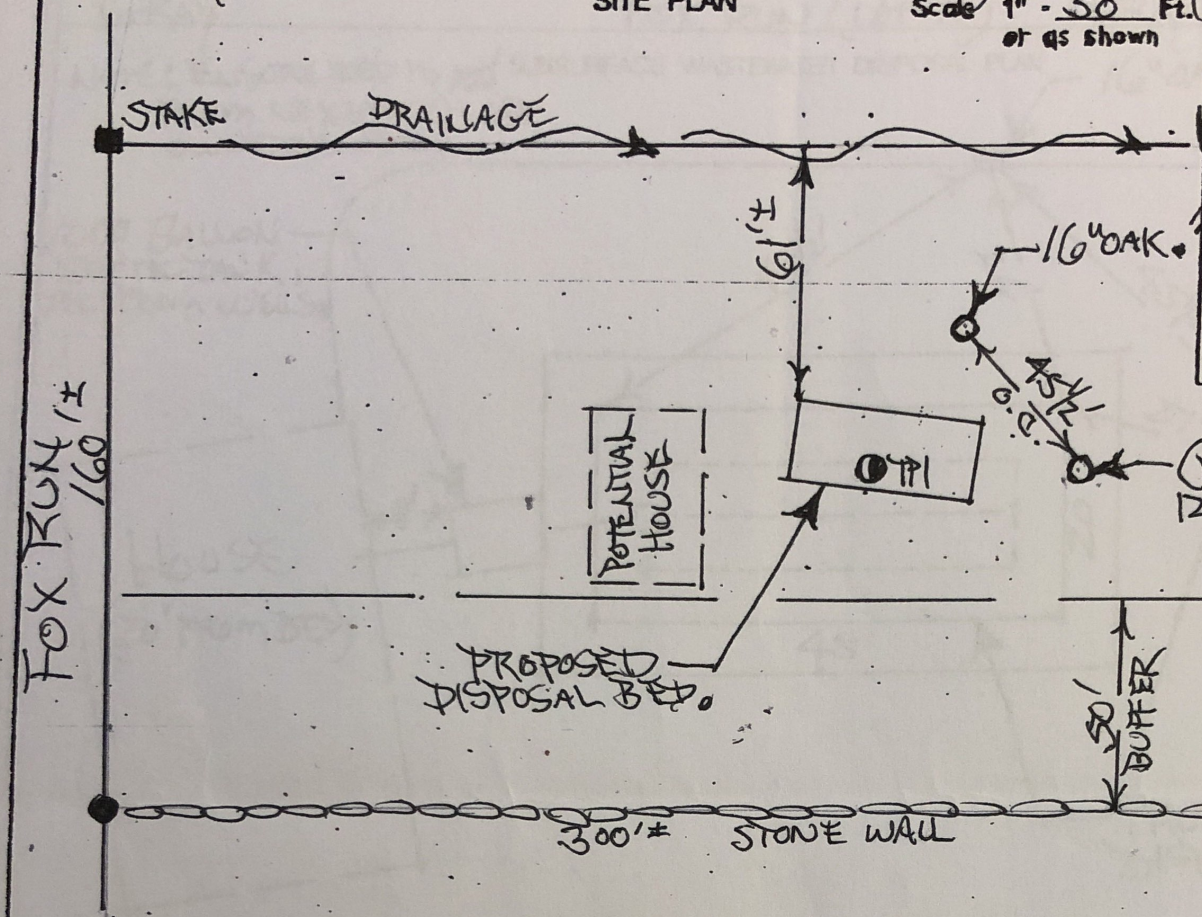
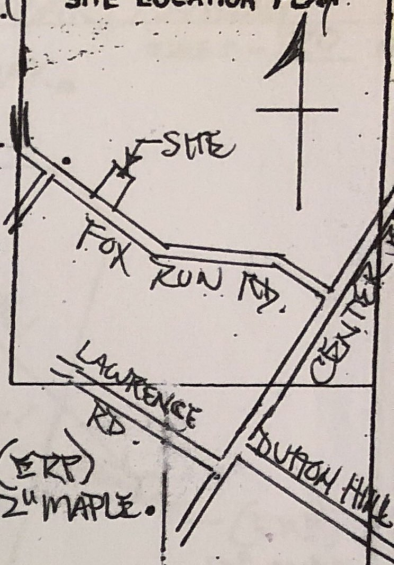
Owner's Name: GRAYBAR, ANTHONY

SITE PLAN

Scale 1" = 50 Ft. or as shown



SITE LOCATION PLAN



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	SANDY LOAM		DARK BROWN	
10	GRAVELLY LOAMY SAND	FRIABLE	DARK YELLOWISH BROWN	
20				
30		FIRM	LIGHT YELLOWISH BROWN	
40				
50				

Soil Classification		Slope	Limiting Factor	
3	C	___ %	26"	☐ Ground Water ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth
Profile	Condition			

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				

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

James G. Mancini — Site Evaluator Signature

247 — SE #

JAN 14, 2015 — Date

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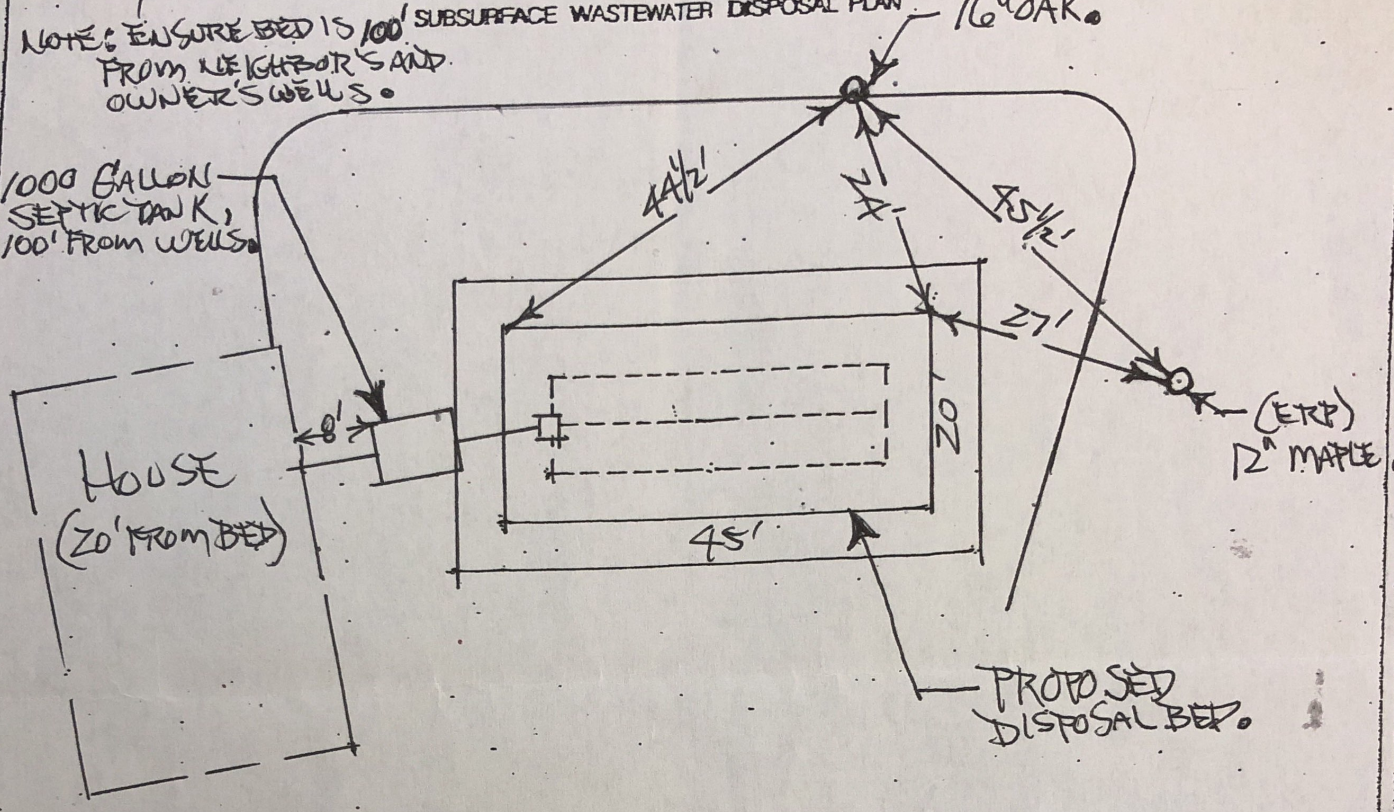
SCALE 1" = 20 FT.

NOTE: ENSURE BED IS 100' FROM NEIGHBOR'S AND OWNER'S WELLS.

SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS

Depth of Fill (Upslope)	12"
Depth of Fill (Downslope)	38"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-24"
Top of (Distribution Pipe) or Proprietary Device	-37"
Bottom of Disposal Area	-48"

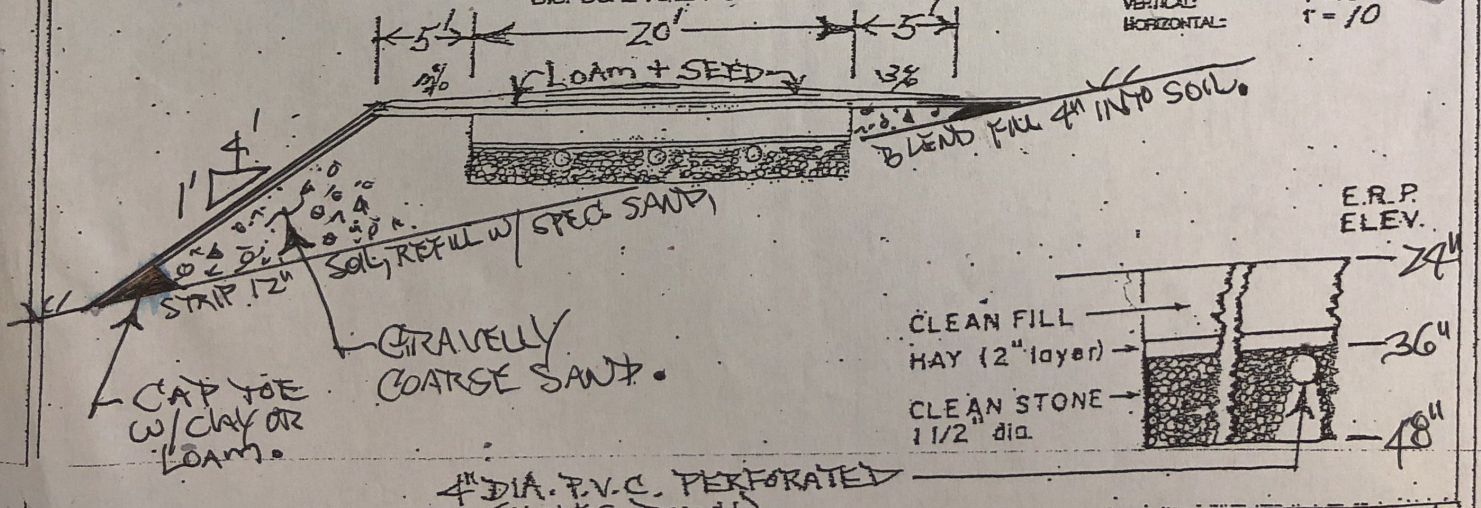
ELEVATION REFERENCE POINT

Location & Description: NAIL IN 12" MAPLE, 45" OFF GRADE AT 00"

Reference Elevation

DISPOSAL AREA CROSS SECTION

SCALE: VERTICAL: 1" = 5'; HORIZONTAL: 1" = 10'



BED DETAIL (no scale)

James H. Mancini — Site Evaluator Signature

Z47 — SE =

2015, JAN. 15 — Date

HHE-200 Rev. 7/97