SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY ADDRESS

Town Or Plantation	St George
Street Subdivision Lot #	FR116 HCR 35 BOX 1147

PROPERTY OWNERS NAME

Last: Pepe First: John & Dot

Applicant Name:	Pepe John & Dot
Mailing Address of Owner/Applicant (If Different)	

23/43 SG(N)

ST GEORGE 1408 TOWN COPY

Date Permit Issued: 9 6 95 $ 69 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature L.P.I. # 924

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.

John F Pepe 9/5/95

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. ☐ EXPERIMENTAL SYSTEM

SEASONAL CONVERSION
to be completed by the LPI
5. ☐ SYSTEM COMPLIES WITH RULES
6. ☐ CONNECTED TO SANITARY SEWER
7. ☐ SYSTEM INSTALLED – P# _____
8. ☐ SYSTEM DESIGN RECORDED AND ATTACHED

IF REPLACEMENT SYSTEM:
YEAR FAILING SYSTEM INSTALLED N/A
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: N/A

SIZE OF PROPERTY | ZONING: Residential

THIS APPLICATION REQUIRES:
1. ☒ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
a. ☐ Requiring Local Plumbing Inspector Approval
b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☒ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

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 _____ GAL
6. ☐ ALTERNATIVE TOILET (ONLY)
7. ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
8. ☐ ENGINEERED DISPOSAL AREA (ONLY)
9. ☐ SEPARATED LAUNDRY SYSTEM

TYPE OF WATER SUPPLY
Assume Drilled well

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: _____

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.)
180 x 3.3 sq ft/gpd = 594 sq ft.

DESIGN FLOW: 180 (GALLONS/DAY)

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	C

DEPTH TO LIMITING FACTOR: 18

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☐ MEDIUM
3. ☒ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☐ BED _____ Sq. Ft.
2. ☒ CHAMBER 594 Sq. Ft. ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

SITE EVALUATOR STATEMENT

On 3 Sept 95 (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.

Site Evaluator Signature 308 SE# 3 Sept 95 Date

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

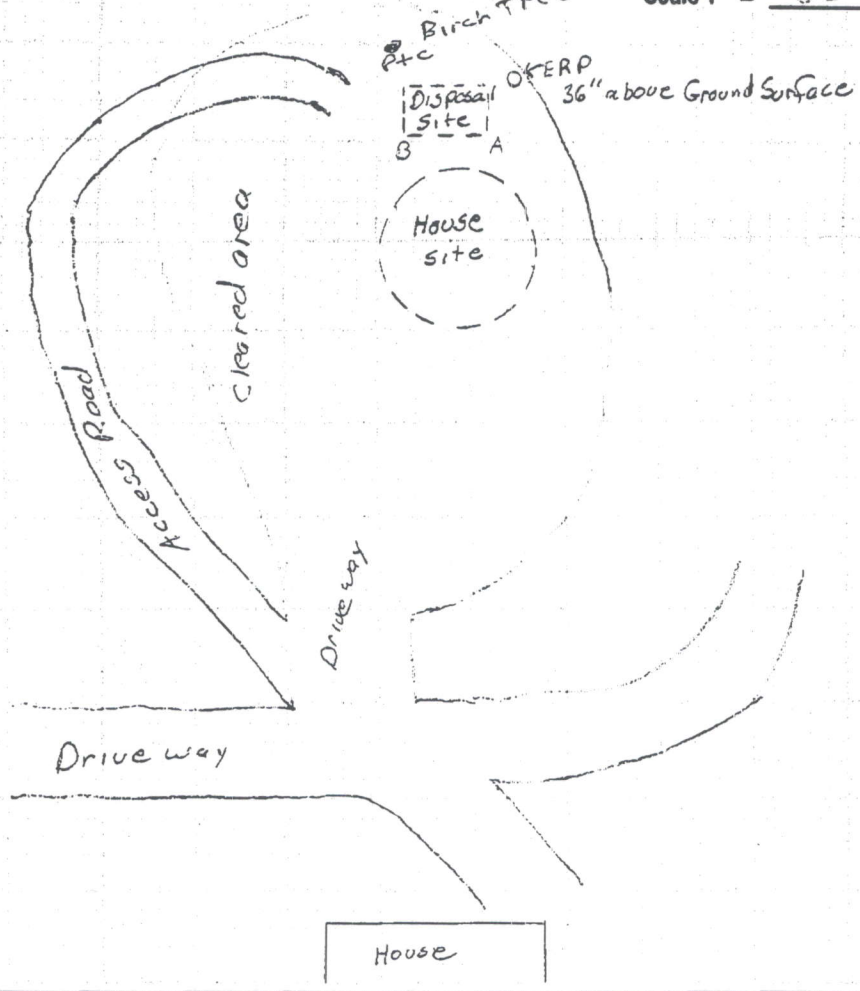
Town, City, Plantation: HCR 35 Box 1147 St George Me.

Street, Road, Subdivision: FR 116

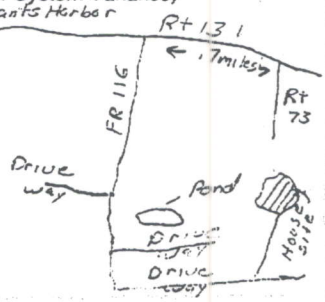
Owners Name: John Pepe

SITE PLAN

Scale 1" = 50 Ft.



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



ERP to cor A 11'8"
ERP to cor B 37'8"
P+C to cor B 42'
P+C to cor A 58'

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

Observation Hole 1

☒ Test Pit ☐ Boring

1" Depth of Organic Horizon Above Mineral Soil

Depth (Inches)	Texture	Consistency	Color	Mottling
0	Loam	V. Friable	DK Brown	
6	Gravelly Sandy Loam	Friable	Red Br	
10				
15				
20	Silt Loam	V. Firm	olive	common distinct
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	13 %	18	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole 2

☒ Test Pit ☐ Boring

1 1/2" Depth of Organic Horizon Above Mineral Soil

Depth (Inches)	Texture	Consistency	Color	Mottling
0	Loam	V. Friable	DK Brown	
6	Gravelly Sandy Loam	Friable	Red Brown	
10				
15				
20	Silt Loam	V. Firm	olive	Common Distinct
30				
40				
50				

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

Soil Profile	Classification Condition	Slope	Limiting Factor	
3	C	13 %	18	☒ Ground Water ☐ Restrictive Layer ☐ Bedrock

Randy Ottman
Site Evaluator Signature

508
SE#

2 Sept 95
Date

HHE-200 Rev. 1/84

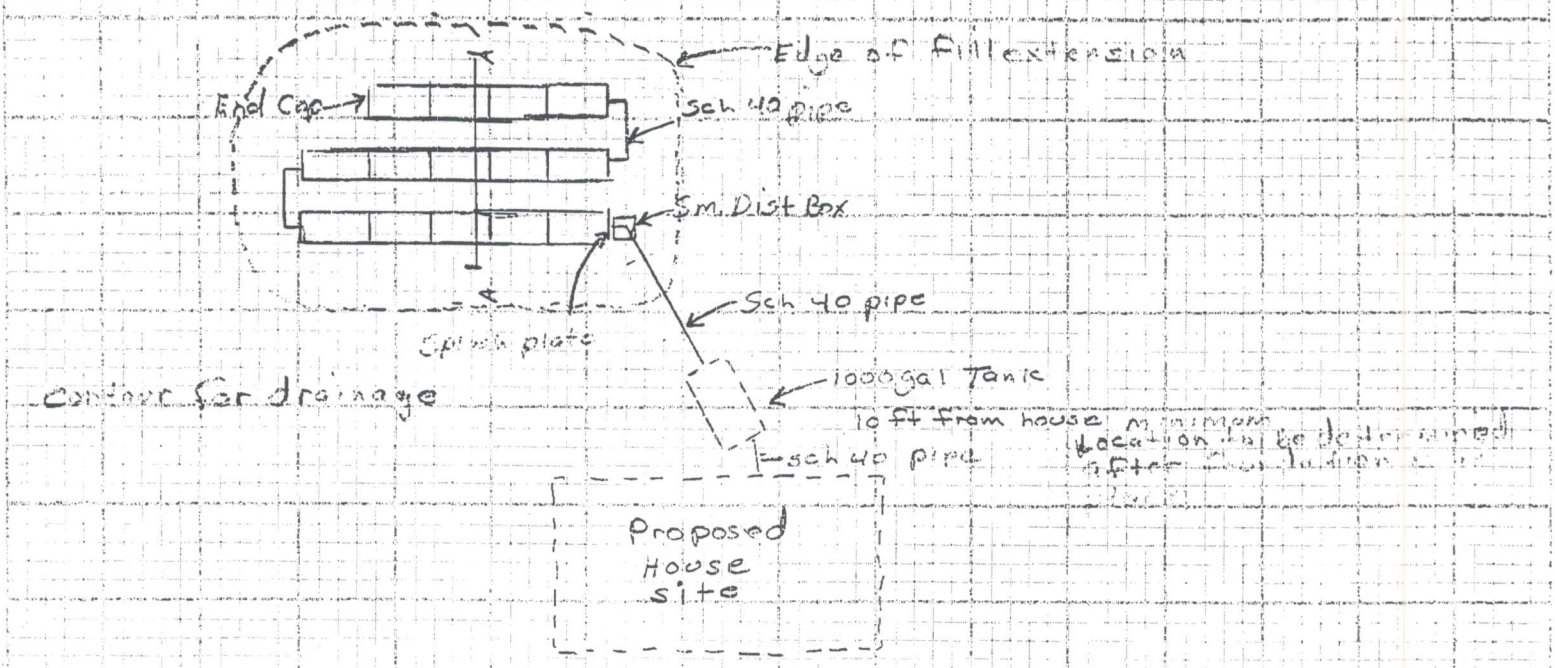
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: HCR35 Box 1147 St George Me. | Street, Road, Subdivision: FR 116 | Owners Name: John Pepe

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 20 Ft.



	Bottom of Disposal Area	Top of Dist Box
Row 1	-40	-28
Row 2	-48	-36
Row 3	-56	-44

FILL REQUIREMENTS

Depth of Fill (Upslope)	28"
Depth of Fill (Downslope)	28"

CONSTRUCTION ELEVATIONS

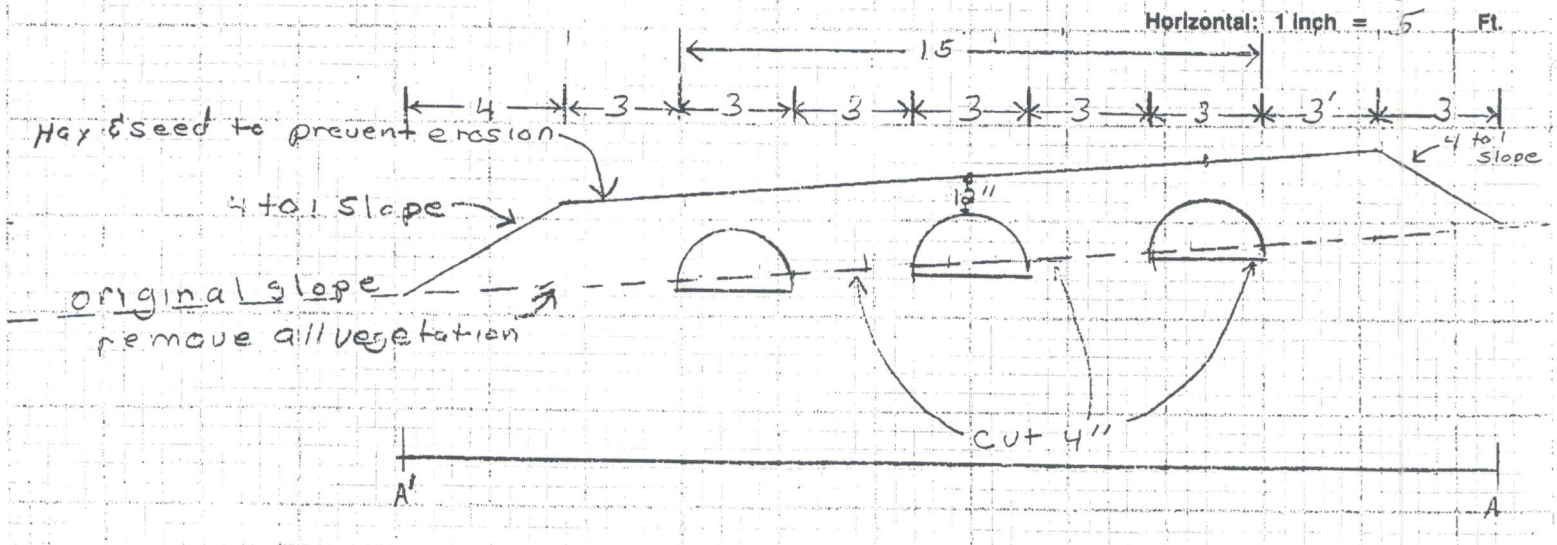
Reference Elevation is	N/A
Bottom of Disposal Area	N/A
Top of Distribution Lines or Chambers	N/A

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

ERP 5" cut spruce East of [illegible]

DISPOSAL AREA CROSS SECTION

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



Randy O Ottaway
Site Evaluator Signature

308
SE#

3 Sept 95
Date