

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

mb2 L16
Department of Human Resources
Division of Health Engineering
(207) 289-3826

PROPERTY ADDRESS

Town Or Plantation	Winthrop
Street	Kezar Pond Subdivision L-16
Subdivision Lot #	

PROPERTY OWNERS NAME

Last: Smith First: GARY

Applicant Name:

Mailing Address of Owner/Applicant (If Different)

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 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.

Debra J. Miller
Local Plumbing Inspector Signature

10/6/86
Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

- ☒ NEW SYSTEM
- ☐ REPLACEMENT SYSTEM
- ☐ EXPANDED SYSTEM
- ☐ SEASONAL CONVERSION
- ☐ EXPERIMENTAL SYSTEM

THIS APPLICATION REQUIRES:

- ☒ NO RULE VARIANCE REQUIRED
- ☐ NEW SYSTEM VARIANCE
Attach New System Variance Form
- ☐ REPLACEMENT SYSTEM VARIANCE
Attach Replacement System Variance Form
- ☐ Requiring Local Plumbing Inspector Approval
- ☐ Requires State and Local Plumbing Inspector Approval

INSTALLATION IS:

- ☒ COMPLETE SYSTEM
 - ☒ NON-ENGINEERED SYSTEM
 - ☐ PRIMITIVE SYSTEM (includes Alternative Toilet)
 - ☐ ENGINEERED (+ 2000 gpd)
- INDIVIDUALLY INSTALLED COMPONENTS:
- ☐ TREATMENT TANK (ONLY)
 - ☐ HOLDING TANK
 - ☐ ALTERNATIVE TOILET (ONLY)
 - ☐ NON-ENGINEERED DISPOSAL AREA (ONLY)
 - ☐ ENGINEERED DISPOSAL AREA (ONLY)
 - ☐ SEPARATED LAUNDRY SYSTEM

IF REPLACEMENT SYSTEM:

YEAR FAILING SYSTEM INSTALLED _____

THE FAILING SYSTEM IS:

- ☐ BED
- ☐ CHAMBER
- ☐ TRENCH
- ☐ OTHER: _____

DISPOSAL SYSTEM TO SERVE:

- ☒ SINGLE FAMILY DWELLING
- ☐ MODULAR OR MOBILE HOME
- ☐ MULTIPLE FAMILY DWELLING
- ☐ OTHER _____ SPECIFY _____

SIZE OF PROPERTY

ZONING

2.17 Acres

TYPE OF WATER SUPPLY

Drilled

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

- ☒ SEPTIC: ☐ Regular ☐ Low Profile
- ☐ AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION

- ☒ NONE
- ☐ LOW VOLUME TOILET
- ☐ SEPARATED LAUNDRY SYSTEM
- ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING

- ☐ NOT REQUIRED
- ☒ MAY BE REQUIRED (DEPENDENT ON TREATMENT TANK LOCATION AND ELEVATION)
- ☐ REQUIRED

DOSE: 70 GALS.

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

3 Bedroom

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE: 3 CONDITION: C

DEPTH TO LIMITING FACTOR: 16

SIZE RATINGS USED FOR DESIGN PURPOSES

- ☐ SMALL
- ☐ MEDIUM
- ☒ MEDIUM-LARGE
- ☐ LARGE
- ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE

- ☒ BED 1000 Sq. Ft.
- ☐ CHAMBER _____ Sq. Ft.
- ☐ TRENCH _____ Linear Ft.
- ☐ OTHER: _____

DESIGN FLOW: 300 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

☐ SITE EVALUATION WAIVED BY LOCAL OPTION

On 8-6-86 (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.

Wm W. Redman
Site Evaluator Signature

#51

SE#

8-16-86

Date

* Local Plumbing Inspector's Signature if a Local Site Evaluation Waiver under a Local Option

Town, City, Plantation

Street, Road, Subdivision

Owners Name

SITE PLAN
Scale 1" = 50' Pl.

**SITE LOCATION PLAN (Attach:
Map from Maine Atlas for
New System Variance)** L-16

RT 135

KEZAR
PO SUB

TO POND →

L-16

X = FLAGS MARK UPHILL
EDGE OF BEO

ROAD

TO RT
135 ↓

185'

65'

I.P.

I.P.

185°

63°

20'

25'

240'

180'

20'x50' BEO

E.R.P.

346.2'

N

[illegible]

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8-16-86

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Site Evaluator or Professional Engineer's Signature

SE# / PE#

Date _____

N PLAN (Attached)
 (reference) 1-16
 Winthrop

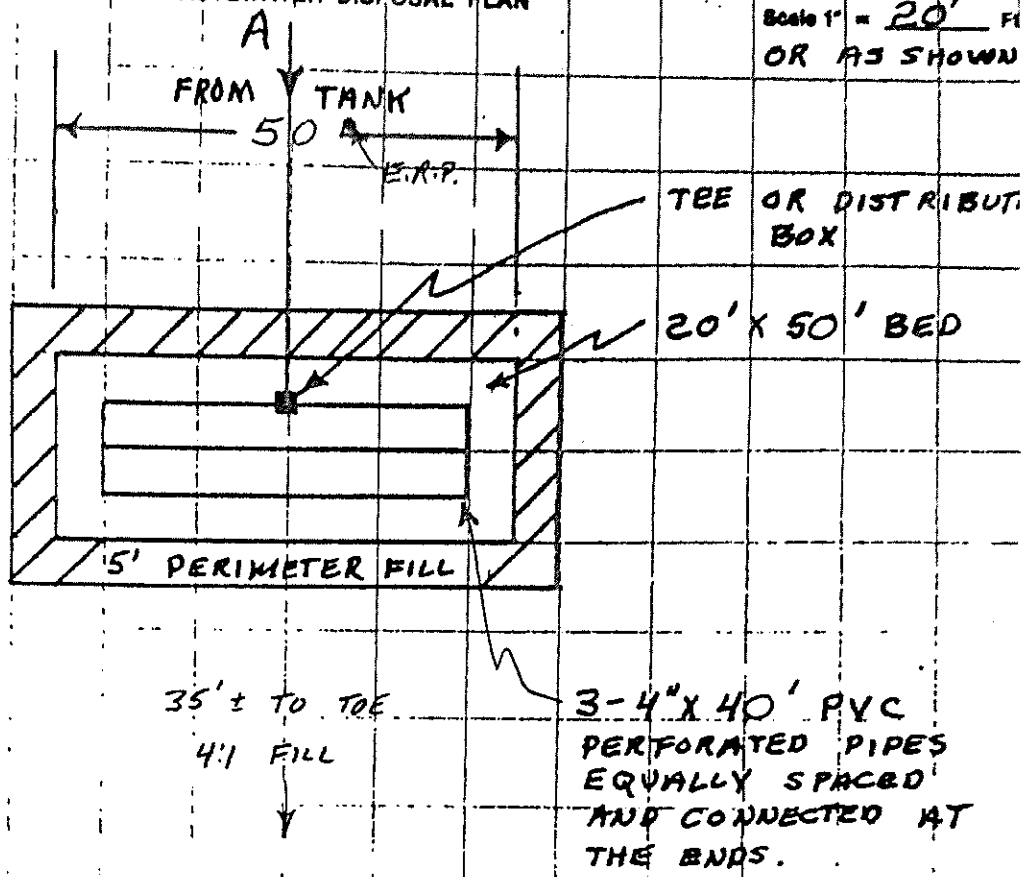
SEWERAGE AND WASTE WATER DISPOSAL SYSTEM APPLICATION

Department of Public Works
 Division of Health Engineering
 Owners Name

Street, House, Subdivision
 Kezar Pond Subdivision 1-16
 SUBSURFACE WASTEWATER DISPOSAL PLAN

Smith

Scale 1" = 20' FT
 OR AS SHOWN



35' ± TO TOE
 4:1 FILL

APPROX. TOE 4:1 FILL
 ● = ELEV. REF. POINT

FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT LOCATION & DESCRIPTION
Depth of Fill (Upslope) 20'	Reference Elevation is 0	
Depth of Fill (Downslope) 66'	Bottom of Disposal Area -64"	
	Top of Distribution Lines or Chambers -53"	

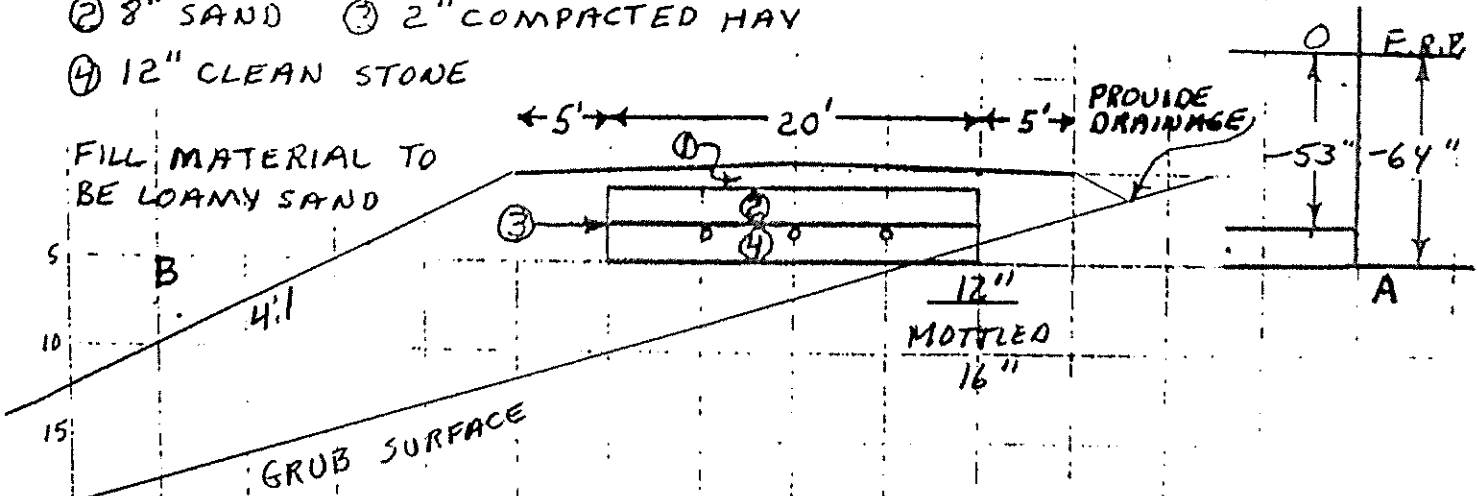
DISPOSAL AREA CROSS SECTION

NAIL IN 17" hemlock

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

- ① 3" TOPSOIL CROWNED @ 3%
- ② 8" SAND
- ③ 2" COMPACTED HAY
- ④ 12" CLEAN STONE

FILL MATERIAL TO BE LOAMY SAND



Man W Redmont

51

8-16-86