SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

ELIOT 1488 TOWN COPY

PROPERTY ADDRESS

Town Or Plantation: ~~York~~ Eliot

Street Subdivision Lot #: Lot 3 Beach Rd.

PROPERTY OWNERS NAME

Last: Rayside First: and Dame

Applicant Name: P.O. Box 209

Mailing Address of Owner/Applicant (If Different): Eliot, ME

Date Permit Issued: 2/21/96

Local Plumbing Inspector Signature

$ 160 FEE ☐ Double Fee Charged

LPI # 129

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.

Robert D. Rayside 2/9/96
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 — 2/16/96 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 _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER _____

SIZE OF PROPERTY: 2.01 AC

ZONING: yes

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: 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.):
2 Bedroom

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
3	B

DEPTH TO LIMITING FACTOR: 36

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

DISPOSAL AREA TYPE/SIZE
1. ☑ BED 700 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER _____

DESIGN FLOW: 180 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 12-19-95 (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.

Kenneth B Gardner — 00073 — 12-20-95
Site Evaluator Signature — SE# — Date

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

RFACE WASTEWATER [ ] POSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

y, Plantation: York

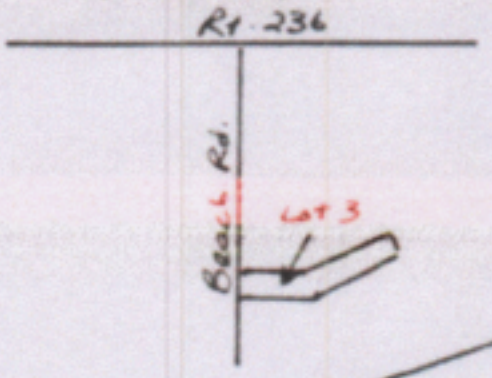
Street, Road, Subdivision: Lot 3 Beach Rd.

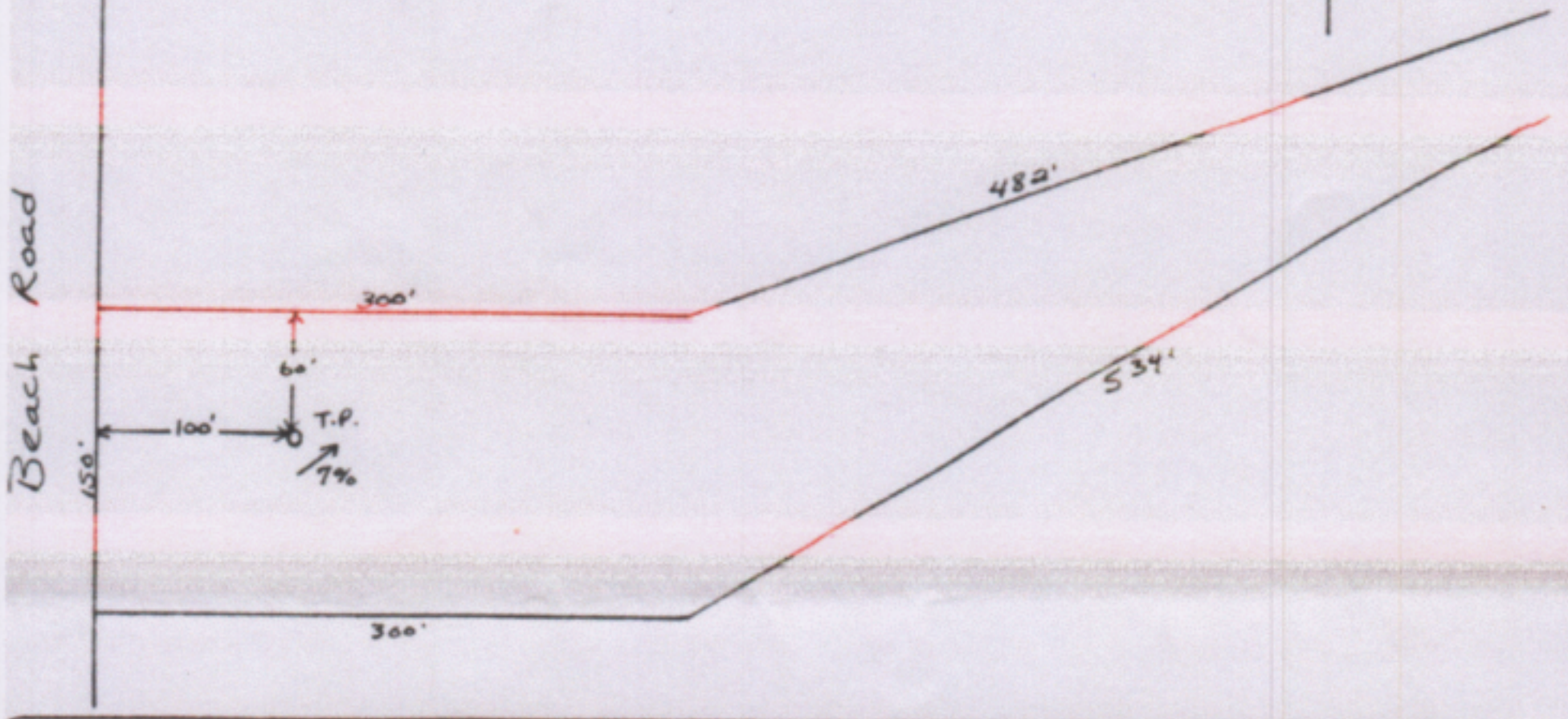
Owners Name: Rayside and Dame

SITE PLAN

Scale 1" = 100' FL

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





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 BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0	fine	friable	Dark	
8	Sandy		yellow	
10	Loam		Brown	
15				
20	Sandy			
	Loam			
				NONE
35		Firm	olive	
			Brown	
50				

Soil	Classification	Slope	Limiting Factor	
3 (Profile)	B (Condition)	7 %	36"	☐ 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				
8				
10				
15				
20				
35				
50				

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

Kenneth W Foster
Site Evaluator Signature

00023
SE#

12-20-95
Date

HHE-200 Rev 1/84

JRFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

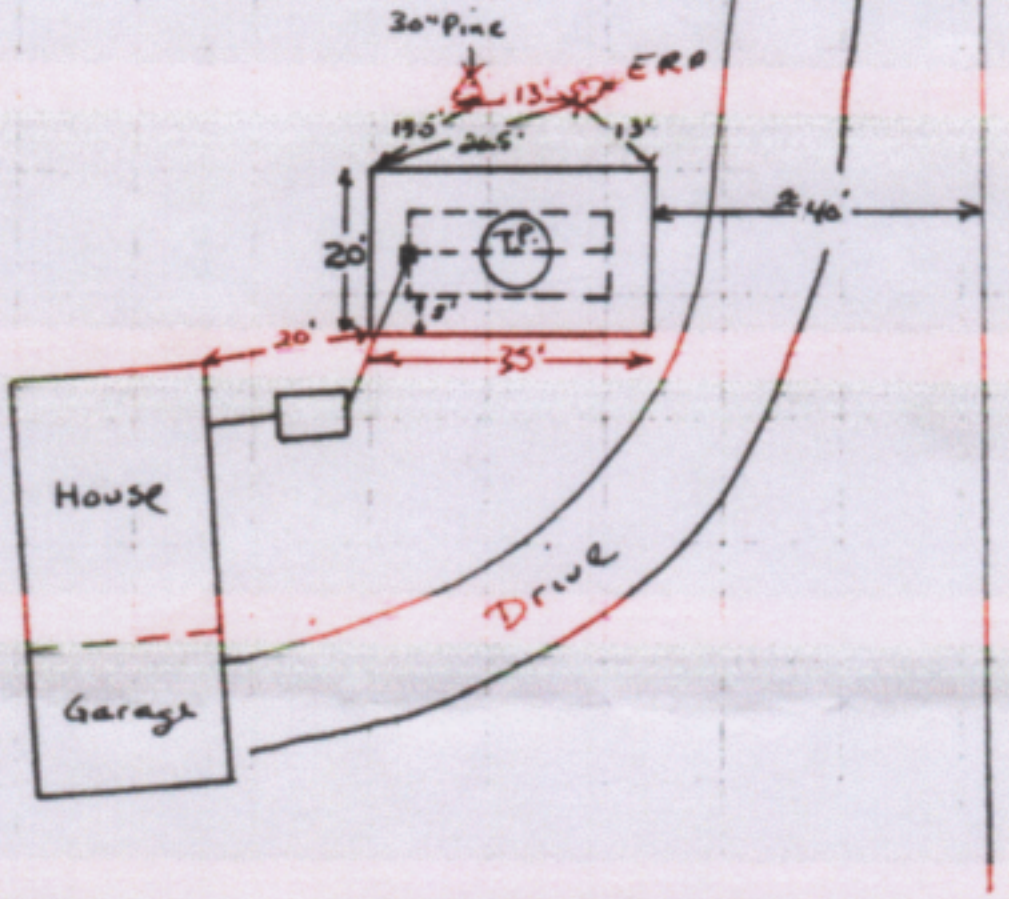
y, Plantation: York

Street, Road, Subdivision: Lot 3 Beach Rd.

Owners Name: Rayside and Dame

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 FT.



FILL REQUIREMENTS

Depth of Fill (Upslope)	0'
Depth of Fill (Downslope)	18'

CONSTRUCTION ELEVATIONS

Reference Elevation is	0"
Bottom of Disposal Area	-60"
Top of Distribution Lines or Chambers	-49"

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

16" Ash tree with a nail 22" above the ground at the base of the tree and is Elev. 0"

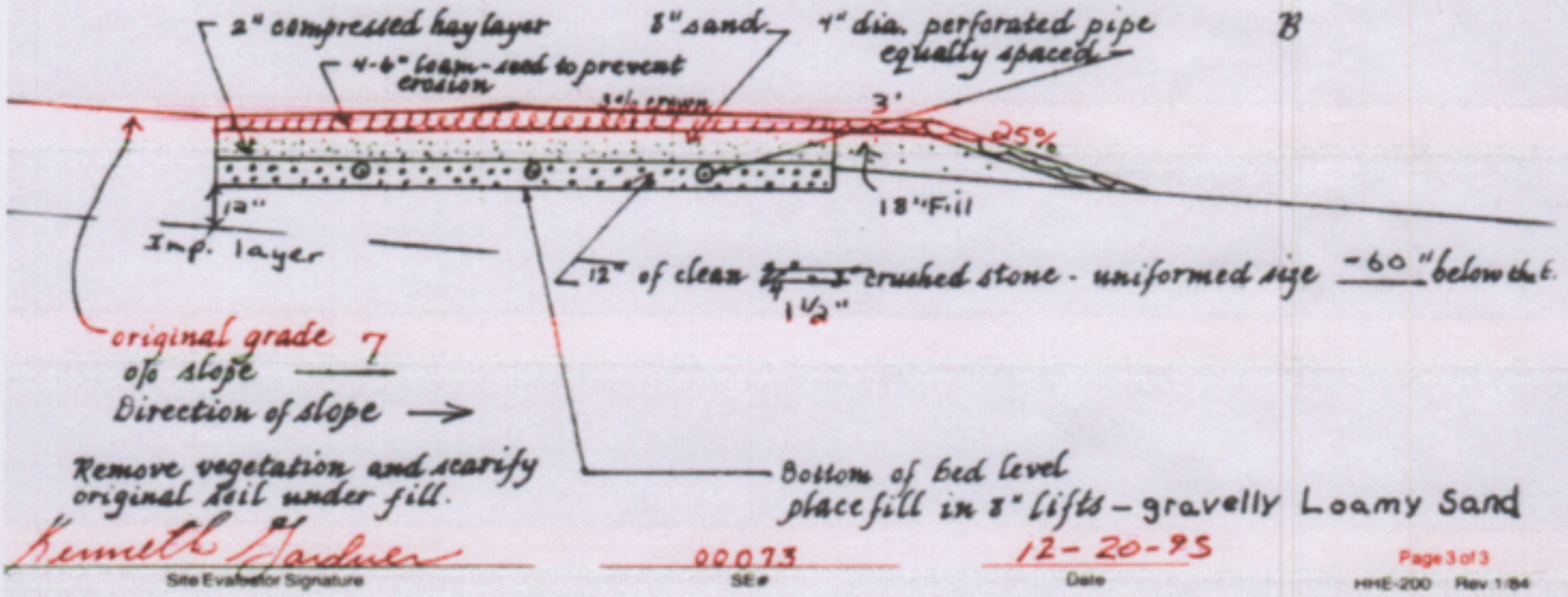
DISPOSAL AREA CROSS SECTION

Scale:

Vertical: 1 inch = 6 Ft.

Horizontal: 1 inch = 6 Ft.

20'



Kenneth Gardner
Site Evaluator Signature

00073
SE #

12-20-95
Date