SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept Health & Human Services
Div of Environmental Health
207-287-5672 Fax: 207-287-4172

PROPERTY LOCATION

City, Town or Plantation: PROSPECT HARBOR (#80 MAIN STREET)
Street or Road: RTE 186
Subdivision Lot #: N/A

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City: Gouldsboro Permit #: 7013
Date Permit Issued: ___/___/___ Fee: $ 265.- Double Fee Charged: ☐
Local Plumbing Inspector's signature: [signature] LPI #: 9022

OWNER/APPLICANT INFORMATION

Name, last, first, MI: CHAPIN, WALTER & CHRIS ☒ Owner ☐ Applicant
Mailing Address: c/o DALE CHURCH 1004 WEST BAY ROAD
Owner/Applicant: GOULDSBORO, ME 04607
Daytime Tel #: 207-460-4703 (AGENT)

Owner Town State

The Subsurface Wastewater Disposal System shown herein shall 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 the application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map #: 38 Lot #: 13

OWNER OR APPLICANT STATEMENT

I/we acknowledge that the information submitted is correct to the best of my/our knowledge and I/we hereby authorize a representative of the Department of Health and Human Services to enter the property for the purpose of gathering information necessary for the review of this application.

Signature of Owner or 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 Application ___ (if) approved.

Signature of Local Plumbing Inspector (LPI) — Date approved

PERMIT INFORMATION

TYPE OF APPLICATION

☐ 1. First Time System
☒ 2. Replacement System
Type replaced: UNK
Year installed: ___
☐ 3. Expanded System
a. 25% Expansion
b. 100% 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: greywater & 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. Pretreatment Apparatus only
☐ 12. Miscellaneous Components

SIZE OF PROPERTY

2 AC ☐ SQ FT ☒ ACRES

DISPOSAL SYSTEM TO SERVE

☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 5
☐ 2. Multiple Family Dwelling, No. of Units: ___
☐ 3. Other: ___ (specify)

Current Use: ☒ Seasonal ☐ Year Round ☐ Undeveloped

TYPE OF WATER SUPPLY

☒ 1. Drilled Well (EXISTING) ☐ 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: 1500 GAL
OR 2-1000 gal tanks

DISPOSAL FIELD TYPE & SIZE

☐ 1. Stone Bed ☐ 2. Stone Trench
☒ 2. Proprietary Device
☒ a. Cluster/array ☐ c. Linear
☐ b. Regular/Leach ☐ d. Mound
☐ 4. Other
SIZE: 2,100 ☒ sq ft ☐ lin ft

GARBAGE DISPOSAL UNIT

☒ 1. No ☐ 2. Yes ☐ 3. Maybe
*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

540 gallons per day
BASED ON:
☒ 1. Table 4A dwelling unit(s)
☐ 2. Table 4C other facilities
SHOW CALCULATIONS for other facilities

☐ 3. Section 4D meter readings
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

SOIL CONDITION: 2 C/D
at Observation Hole #: TP-1
Depth: 16
Most Limiting Soil Factor:

DISPOSAL FIELD SIZING

☐ 1. Medium (7,501 sq ft - 10,000 sq ft)
☒ 2. Medium/Large (5,501 sq ft - 7,500 sq ft)
☐ 3. Large (4,001 sq ft - 5,500 sq ft)
☐ 4. Extra Large (5,501 sq ft - 7,000 sq ft)

EFFLUENT EJECTOR PUMP

☒ Not Required
☐ May Be Required
☐ Required
Specify pump/effluent grinder system:
Other: ___ (specify)

LATITUDE AND LONGITUDE

at center of disposal area
Lat: 44° 24' 19.4"
Long: 68° 1' 32.8"
Type of datum and method: ___

SITE EVALUATOR STATEMENT

I certify that on 6/7/16 (date) I completed a site evaluation of 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).

Updated 5/4/21 DLB

Dean L Bradshaw — Site Evaluator Signature
#159 — SE #
6/13/16 — Date
REV 6/23/16
REV 5/25/18

DEAN L. BRADSHAW — Site Evaluator Name Printed
207-726-5065 — Telephone Number
Email Address

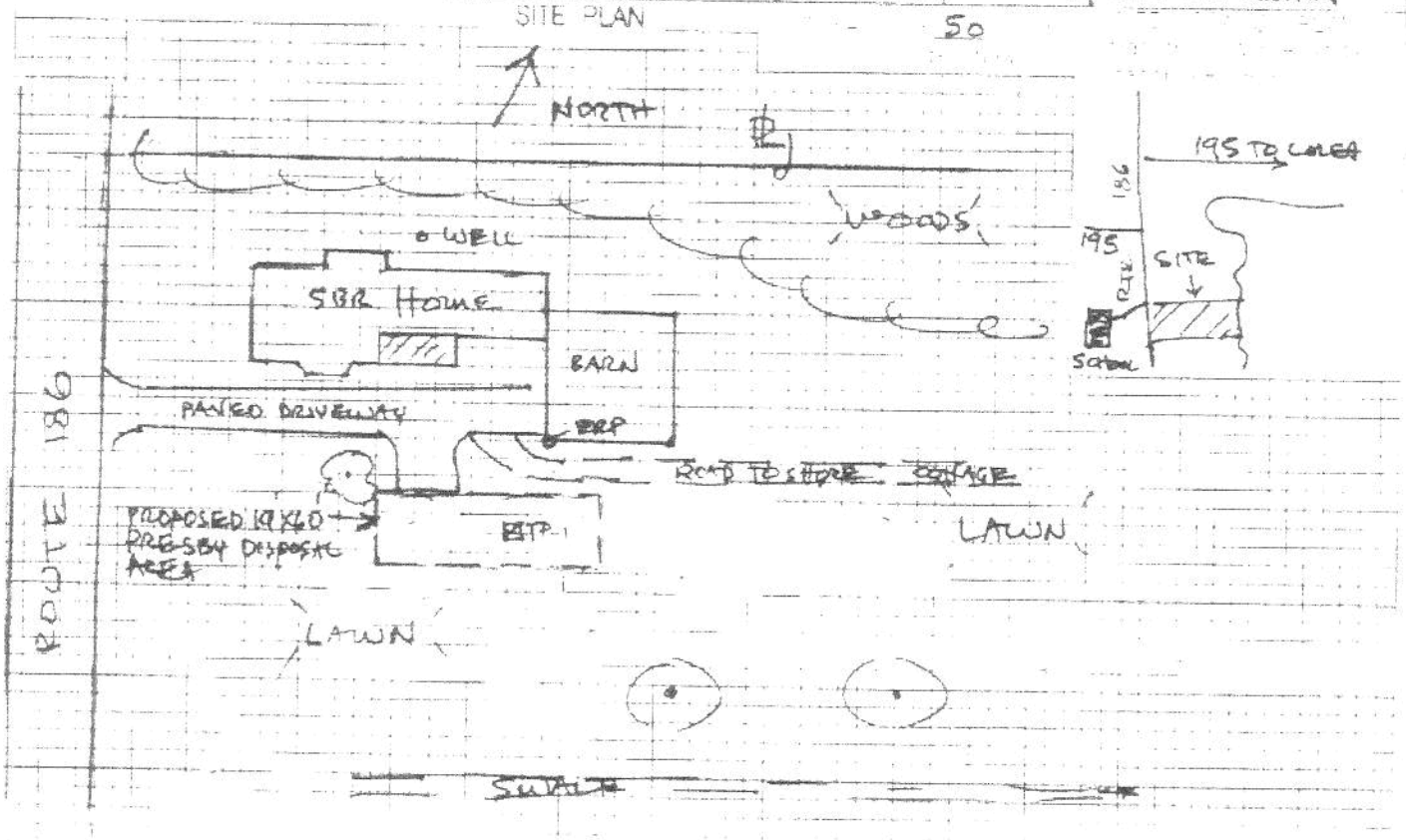
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering
(207) 287-5672 FAX: (207) 287-4172

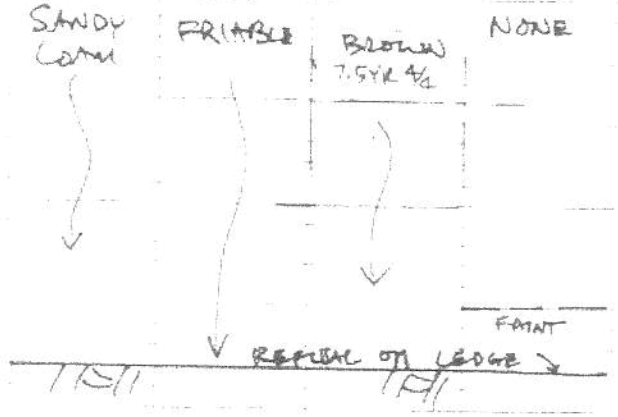
PROSPECT HARBOR RTE 186 (MAIN STREET CHRIS & WALTER CHAPIN

SITE PLAN 50



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

NONE TP-1 X



2 C/A III 4% 36" X

Deane L Bradshaw #159 6/13/16 REV 6/23/16, REV 5/25/18

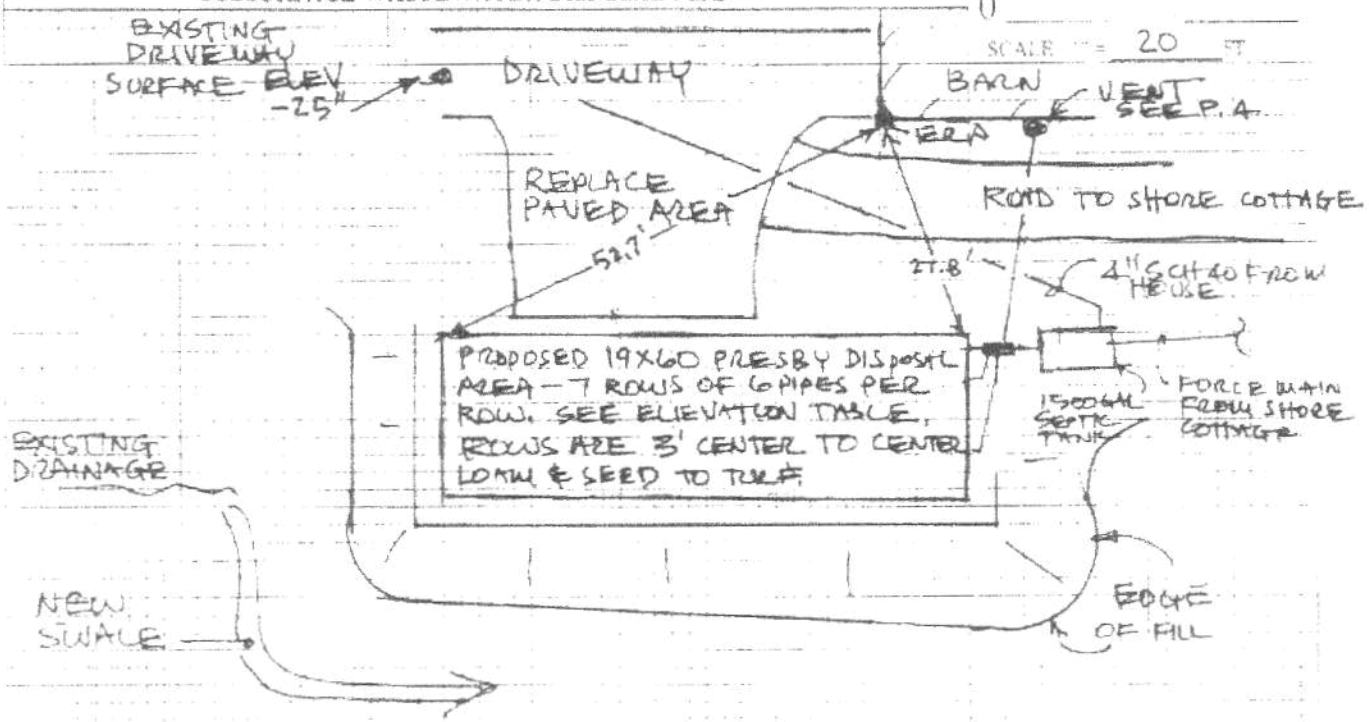
Updated 5/4/22 DLB

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
GOULDSBORO	#80 MAIN STREET	CHAPIN, WALTER & CHRIS

SUBSURFACE WASTEWATER DISPOSAL PLAN

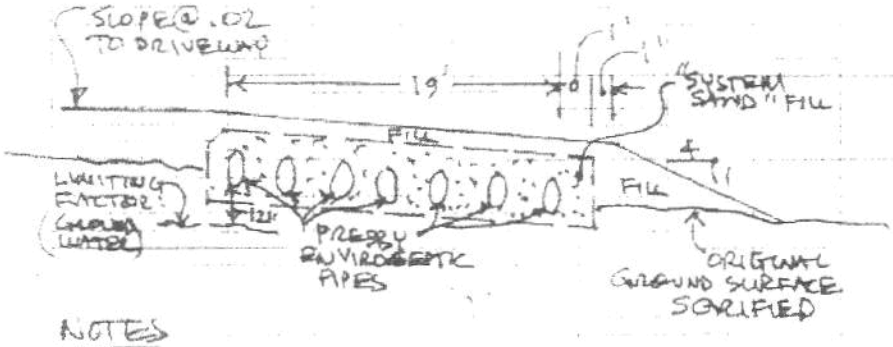


FILL REQUIREMENTS	CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
Depth of Fill (Upslope) 17"	Finished Grade Elevation	SEE	Location & Description FLAGGED NAIL IN CORNER OF BARN, 1'-4" UP
Depth of Fill (Downslope) 24"	Top of Distribution Pipe or Proprietary Device	B2EL	Reference Elevation 00"
	Bottom of Disposal Area		

DISPOSAL AREA CROSS SECTION

CROSS SECTION:

Scale
Horizontal 1" = 5'
Vertical 1" = 10'



ELEVATIONS

ROW	BOTTOM	TOP	FIN GRADE
1:	-56"	-44"	-32"
2:	-59"	-47"	-35"
3:	-58"	-46"	-34"
4:	-61"	-49"	-37"
5:	-60"	-48"	-36"
6:	-63"	-51"	-39"
7:	-62"	-50"	-38"

NOTES

FILL TO BE CLEAN COARSE SAND
SCARIFY UNDER DISPOSAL AREA & FILL EXTENSION
REFER TO PRESBY MANUAL OR WEBSITE FOR INFORMATION ON "SYSTEM SAND"

Dennis C Bradshaw #959 5/25/18
Site Evaluator Signature SE # Date

updated 5/4/22
DCB

DEAN L. BRADSHAW
Route 1 Box 201
DENNYSVILLE, MAINE 04628
(207) 726-5065

Updated 5/4/22 DLB

JOB CHAPIN DETAILS

SHEET NO. 1 OF 1

CALCULATED BY DLB DATE 5/25/18

CHECKED BY — DATE —

SCALE NTS

