

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		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	WEST BATH, ME 04530	Town/City	Permit # 1603
Street or Road	7 CROOKED SPRUCE DRIVE	Date Permit Issued	1/1 Fee: \$ Double Fee Charged []
Subdivision, Lot #		L.P.I. #	504
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	POULIOT, ROBERT, A	☐ Owner ☐ Town ☐ State	
Mailing Address of Owner/Applicant	465 BOXFORD ST. NORTH ANDOVER, MA	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.	
Daytime Tel. #	978-794-8306 01845	Municipal Tax Map #	U23 Lot # 12
OWNER OR APPLICANT STATEMENT		CAUTION: INSPECTION REQUIRED	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Robert A. Pouliot 11-12-15		(1st) date approved	
Signature of Owner or Applicant Date		Local Plumbing Inspector Signature (2nd) date approved	
PERMIT INFORMATION			
TYPE OF APPLICATION		THIS APPLICATION REQUIRES	
☐ 1. First Time System		☒ 1. No Rule Variance	
☒ 2. Replacement System		☐ 2. First Time System Variance	
Type replaced: <u>GRAYWATER HOLDING TANK</u>		☐ a. Local Plumbing Inspector Approval	
Year installed: <u>1991</u>		☐ b. State & Local Plumbing Inspector Approval	
☐ 3. Expanded System		☐ 3. Replacement System Variance	
☐ a. <25% Expansion		☐ a. Local Plumbing Inspector Approval	
☐ b. >25% Expansion		☐ b. State & Local Plumbing Inspector Approval	
☐ 4. Experimental System		☐ 4. Minimum Lot Size Variance	
☐ 5. Seasonal Conversion		☐ 5. Seasonal Conversion Permit	
SIZE OF PROPERTY		DISPOSAL SYSTEM TO SERVE	
<u>6200</u> SQ. FT. ☒ ACRES		☐ 1. Single Family Dwelling Unit, No. of Bedrooms: <u>3</u>	
SHORELAND ZONING		☐ 2. Multiple Family Dwelling, No. of Units: <u>2 SENIOR ADULTS</u>	
☒ Yes ☐ No		☐ 3. Other: <u>2 SENIOR ADULTS</u> (specify)	
		Current Use ☒ Seasonal ☐ Year Round ☐ Undeveloped	
DISPOSAL SYSTEM COMPONENTS			
☐ 1. Complete Non-engineered System			
☒ 2. Primitive System (graywater & alt. toilet)			
☒ 3. Alternative Toilet, specify: <u>CLIVUS MULTIFLOW</u>			
☐ 4. Non-engineered Treatment Tank (only) <u>COMPOST</u>			
☒ 5. Holding Tank, <u>1500</u> 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			
TYPE OF WATER SUPPLY			
☒ 1. Drilled Well ☐ 2. Dug Well ☐ 3. Private			
☐ 4. Public ☐ 5. Other			
DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK		DISPOSAL FIELD TYPE & SIZE	
☐ 1. Concrete		☐ 1. Stone Bed ☐ 2. Stone Trench	
☐ a. Regular		☐ 3. Proprietary Device	
☐ b. Low Profile		☐ a. cluster array ☐ c. Linear	
☐ 2. Plastic		☐ b. regular load ☐ d. H-20 load	
☐ 3. Other: _____		☐ 4. Other: _____	
CAPACITY: _____ GAL.		SIZE: _____ sq. ft. ☐ lin. ft.	
SOIL DATA & DESIGN CLASS		DISPOSAL FIELD SIZING	
PROFILE CONDITION		☐ 1. Medium---2.6 sq. ft. / gpd	
at Observation Hole # _____		☐ 2. Medium---Large 3.3 sq. ft. / gpd	
Depth _____"		☐ 3. Large---4.1 sq. ft. / gpd	
of Most Limiting Soil Factor		☐ 4. Extra Large---5.0 sq. ft. / gpd	
		EFFLUENT/EJECTOR PUMP	
		☐ 1. Not Required	
		☐ 2. May Be Required	
		☐ 3. Required	
		Specify only for engineered systems:	
		DOSE: _____ gallons	
		DESIGN FLOW	
		_____ 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	
		LATITUDE AND LONGITUDE	
		at center of disposal area	
		Lat. _____ d _____ m _____ s	
		Lon. _____ d _____ m _____ s	
		if g.p.s, state margin of error: _____	
SITE EVALUATOR STATEMENT			
I certify that on _____ (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).			
Site Evaluator Signature		SE #	Date
Site Evaluator Name Printed		Telephone Number	E-mail Address
Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.			