SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

YARMOUTH PERMIT # 1719 STATE COPY

Date Permit Issued: 7/18/95 $ 60.- ☐ If Double Fee Charged FEE

William Chapman
Local Plumbing Inspector Signature

L.P.I. # 1975

PROPERTY LOCATION

Town or Plantation: YARMOUTH (COUSINS ISLAND)

Street Subdivision Lot #: 196 ELMWOOD AVE.

PROPERTY OWNERS NAME

Last: TRIMBLE First: CAREY

Mailing Address of Owner: RR#1 BOX 196 YARMOUTH, ME.

Daytime Tel. #:

Municipal Tax Map # 55 Lot/Page # 45

Owner Statement

I state 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.

Elaine G. Trimble 7-18-95
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 Application.

Local Plumbing Inspector Signature Date Approved

PERMIT INFORMATION

THIS APPLICATION IS FOR:

1. [ ] First Time System
2. [ ] Multi-User System
3. [X] Replacement System
4. [ ] Expanded System
   a. [ ] One-time exempted
   b. [ ] Non-exempted
5. [ ] Experimental System
6. [ ] Seasonal Conversion

THIS APPLICATION REQUIRES:

1. [ ] No Rule Variance
2. [ ] First Time System Variance (Municipal)
3. [ ] First Time System Variance (State)
4. [X] Replacement System Variance
   a. [X] Local Plumbing Inspector approval
   b. [ ] State & Local Plumbing Inspector approval
5. [ ] Minimum Lot Size Variance
6. [ ] Seasonal Conversion Variance

DISPOSAL SYSTEM COMPONENT(S)

1. [X] Non-Engineered System
2. [ ] Primitive System
3. [ ] Alternative Toilet
   Specify
4. [ ] Non-Engineered Treatment Tank
5. [ ] Holding Tank ____ Gallons
6. [ ] Non-Engineered Disposal Area (only)
7. [ ] Separated Laundry System
8. [ ] Engineered System (+2000 gpd)
9. [ ] Engineered Treatment Tank (only)
10. [ ] Engineered Disposal Area (only)

SIZE OF PROPERTY

100' X 100'

SHORELAND ZONING

[ ] Yes [X] No

DISPOSAL SYSTEM TO SERVE:

1. [X] Single Family Dwelling Unit
2. [ ] Multiple Family Dwelling Unit
   Number of Units
3. [ ] Other
   SPECIFY

TYPE OF WATER SUPPLY

PUBLIC WATER

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

1. [ ] Concrete
   [ ] Regular
   [ ] Low Profile
2. [ ] Plastic

SIZE 1000 Gallons

PROFILE & DESIGN CLASS

PROFILE: FILLED DESIGN: LAND

DEPTH TO MOST LIMITING FACTOR

DISPOSAL AREA TYPE/SIZE

1. [ ] Stone Bed ____ Sq.Ft.
2. [X] Proprietary Device 1350 Sq.Ft.
   [ ] Clustered [ ] Linear
   [X] Regular [ ] H-20
3. [ ] Trench ____ Lin. Ft.
4. [ ] Other
   27 PLASTIC CHAMBERS

DISPOSAL AREA SIZING

1. [ ] Small 2.0
2. [ ] Medium 2.60
3. [ ] Medium-Large 3.30
4. [ ] Large 4.10
5. [X] Extra-Large 5.00

GARBAGE DISPOSAL UNIT

1. [X] No
2. [ ] Yes
   [ ] Multi-compartment tank
   [ ] Tank in series
   [ ] Increase in tank capacity
   [ ] Filter on tank outlet

PUMPING

1. [ ] Not Required
2. [X] May Be Required ✓
3. [ ] Required

DOSE ____ Gallons
SEE NOTE PG. 3

CRITERIA USED FOR DESIGN FLOW
(Show Calculations)

SINGLE FAMILY DWELLING (3 BEDROOMS)

DESIGN FLOW: 270 (Gallons/Day)

SITE EVALUATOR'S STATEMENT

On 6, 30, 95 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules.

Albert Frick
Site Evaluator Signature

163
SE #

7/12/95
Date

ALBERT FRICK ASSOCIATES, INC.
Print Name

839-5563
Telephone

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

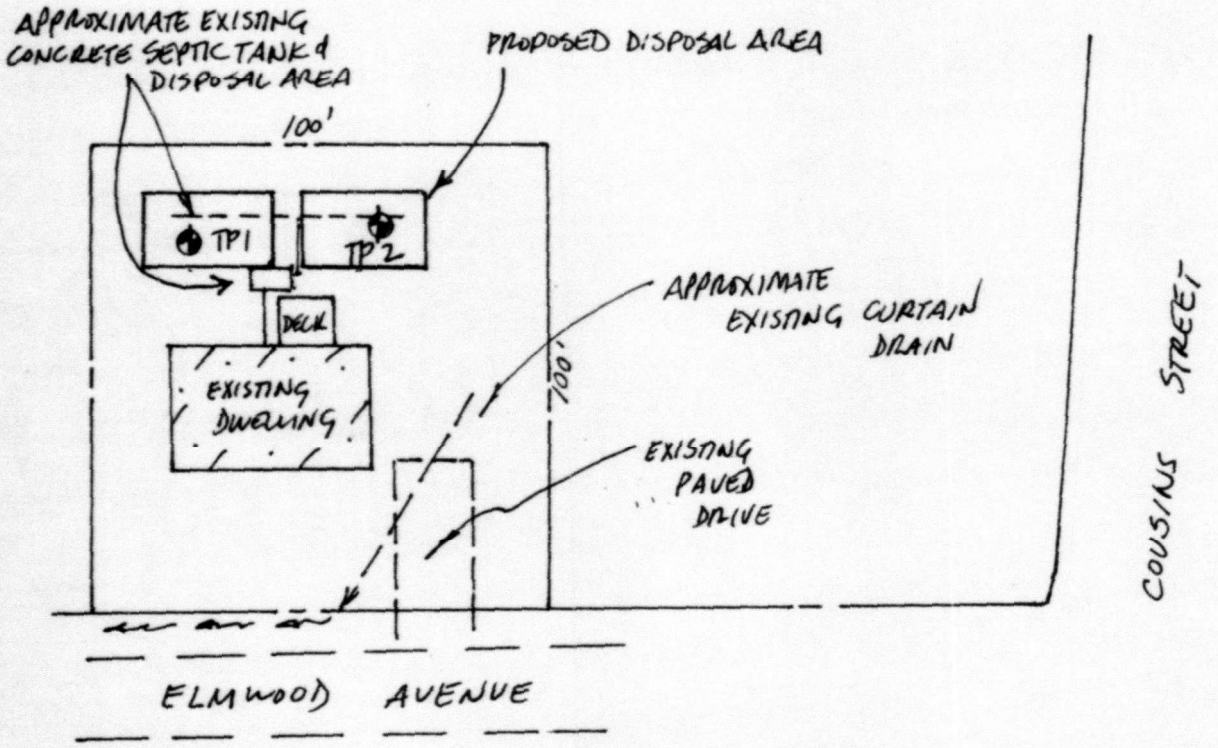
Town, City or Plantation: YARMOUTH (COUSINS ISLAND)

Street, Road or Subdivision: 196 ELMWOOD AVE.

Name of Owner: TRIMBLE, CARLEY

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 40 ± Ft.



NOTES: PROPERTY LINES & DWELLING LOCATION PER PLAN BY OWEN HASKELL

Observation Hole TP1 ☒ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM (FILL)		DK. BROWN	
6–10	VARIABLE LOAMY SAND, SILT, & SILTY CLAY (FILL)	SOMEWHAT FIRM TO FIRM IN PLACES	OLIVE GRAY	COMMON, DISTINCT (RELIC)
10–50			BLUISH GRAY	

Soil Class: FILLED LAND

Profile: 12

Slope: ___ %

Limiting Factor: ___ "

☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole TP2 ☒ Test Pit ☐ Boring

" Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)

	Texture	Consistency	Color	Mottling
0–6	SANDY LOAM (FILL)		DARK BROWN	
6–10	SAND (FILL) — DISPOSAL SYSTEM		LIGHT OLIVE BROWN	
10–20			BLACK (ORGANIC MAT FORMATION)	

Soil Class: FILLED LAND

Profile: 12

Slope: ___ %

Limiting Factor: ___ "

☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Albert Frick
Site Evaluator Signature

163
SE #

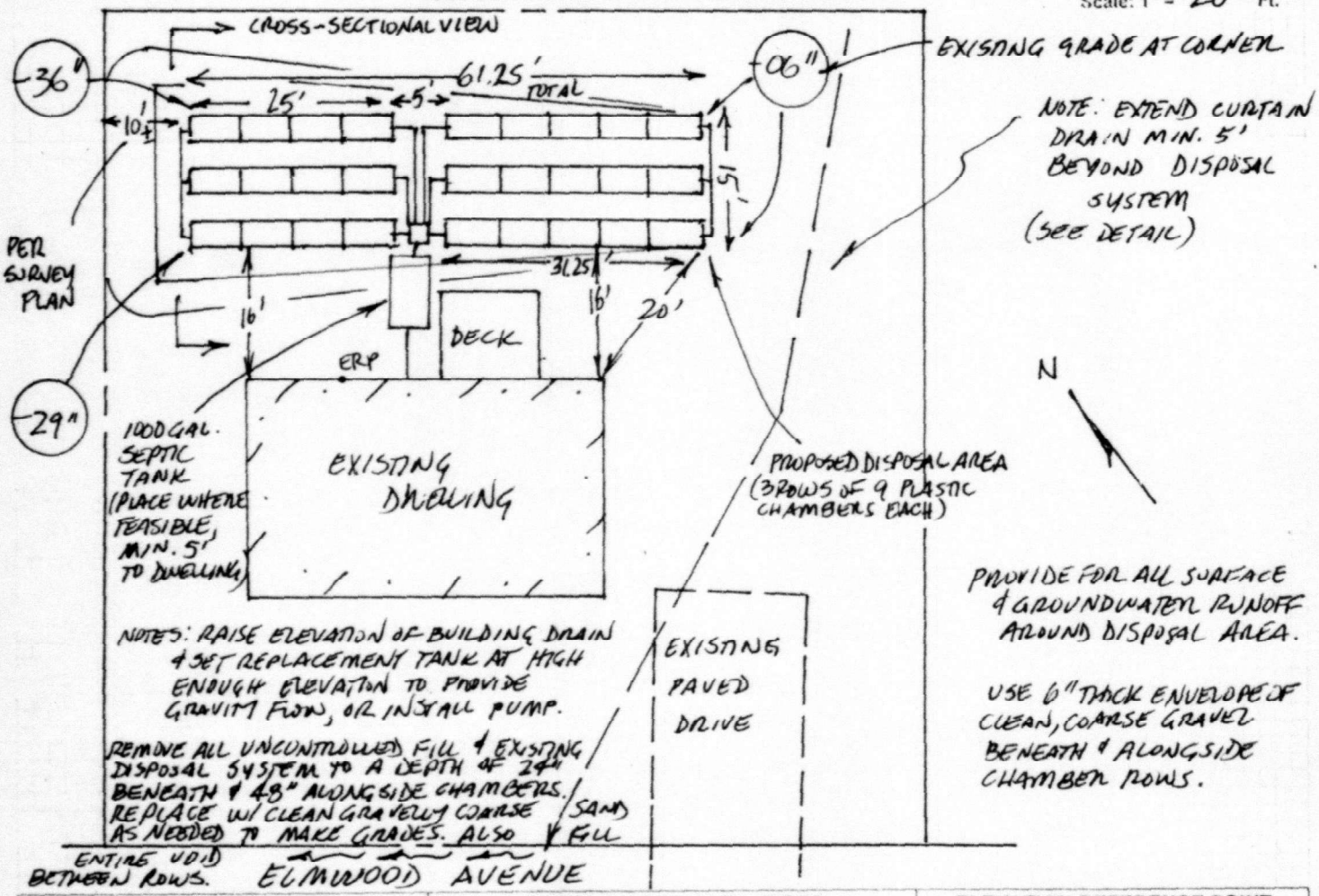
7/12/95
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Town, City or Plantation: YARMOUTH (COUSINS ISLAND) | Street, Road or Subdivision: 196 ELMWOOD AVE. | Name of Owner: TRIMBLE, CAREY

SUBSURFACE WASTEWATER DISPOSAL PLAN

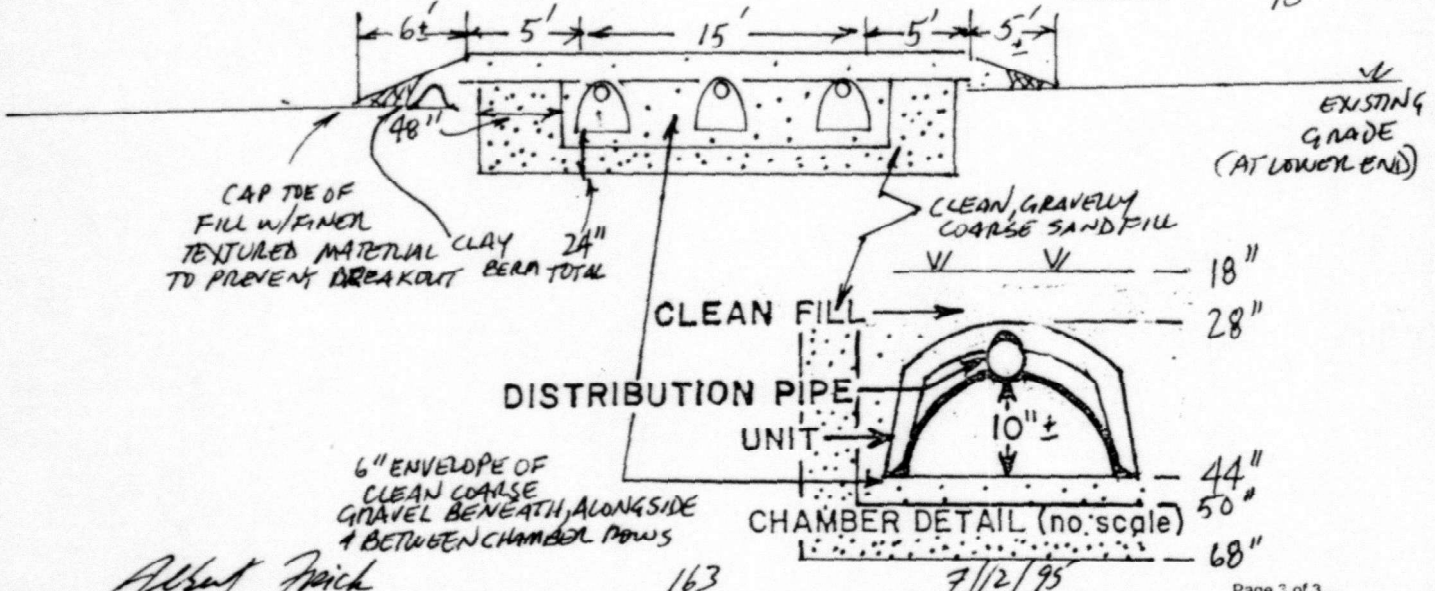
Scale: 1" = 20 Ft.



FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	0-11"	Finished Grade Elevation	-06-18"	Location & Description	BOTTOM OF SIDING ON REAR OF DWELLING
Depth of Fill (Downslope)	0-18"	Top of Distribution Pipe or [Proprietary Device]	-28"	Reference Elevation	00"
		Bottom of Disposal Area	-44"		

DISPOSAL AREA CROSS SECTION

Scale: Vertical: 1" = 5 Ft. Horizontal: 1" = 10 Ft.



Albert Frick — Site Evaluator Signature

163 — SE #

7/12/95 — Date