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

City, Town, or Plantation	CAPE ELIZABETH
Street or Road	WELLS ROAD
Subdivision, Lot #	"LOT B"

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____

Date Permit Issued __/__/__ Fee: $_____ Double Fee Charged [ ]

_____ L.P.I. # _____

Local Plumbing Inspector Signature

□ Owner □ Town □ State

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.

Municipal Tax Map # _____ Lot # _____

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	MAINE DEVELOPMENT / EXCAVATION ☒Owner GROUP ☐Applicant
Mailing Address of Owner/Applicant	366 US ROUTE ONE FALMOUTH, ME 04105
Daytime Tel. #	595-1342

OWNER OR APPLICANT STATEMENT

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.

Jamie Batchelder 6/26/24

Signature of Owner or Applicant — Date

CAUTION: INSPECTION REQUIRED

I have inspected the installation authoirzed above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. _____ (1st) date approved

_____ _____

Local Plumbing Inspector Signature — (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

☒1. First Time System
☐2. Replacement System
Type replaced: _____
Year installed: _____
☐3. Expanded System
☐a. <25% Expansion
☐b. >25% 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 (graywater & 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. Pre-treatment, specify: _____
☐12. Miscellaneous Components

SIZE OF PROPERTY

1.85 ☐SQ. FT. ☒ACRES

SHORELAND ZONING

☐Yes ☒No

DISPOSAL SYSTEM TO SERVE

☒1. Single Family Dwelling Unit, No. of Bedrooms: 6
☐2. Multiple Family Dwelling, No. of Units: ____
☐3. Other: _____
(specify)
Current Use ☐Seasonal ☐Year Round ☒Undeveloped

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

☒1. Concrete
☐a. Regular ?
☐b. Low Profile
☐2. Plastic
☐3. Other: _____
CAPACITY: 2000 GAL.
OR 2-1000GAL

DISPOSAL FIELD TYPE & SIZE

☐1. Stone Bed ☐2. Stone Trench
☒3. Proprietary Device
☐a. cluster array ☐c. Linear
☒b. regular load ☐d. H-20 load
☐4. Other: _____
SIZE: 1920 ☒sq. ft. ☐in. ft.

GARBAGE DISPOSAL UNIT

☒1. No ☐2. Yes ☐3. Maybe
If 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 facilites
☐3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION
3 / ATT
at Observation Hole # TP 1
Depth _____"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☐1. Medium---2.6 sq. ft. / gpd
☒2. Medium---Large 3.3 sq. f.t / gpd
☐3. Large---4.1 sq. ft. / gpd
☐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

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 43 d 59 m 10 s 41
Lon. 70 d 25 m 81 s 18
if g.p.s, state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 4-18-24 (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).

Mark Cenci — 262 — 4-19-24

Site Evaluator Signature — SE # — Date

MARK CENCI — 329-3524 — _____

Site Evaluator Name Printed — Telephone Number — E-mail Address

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

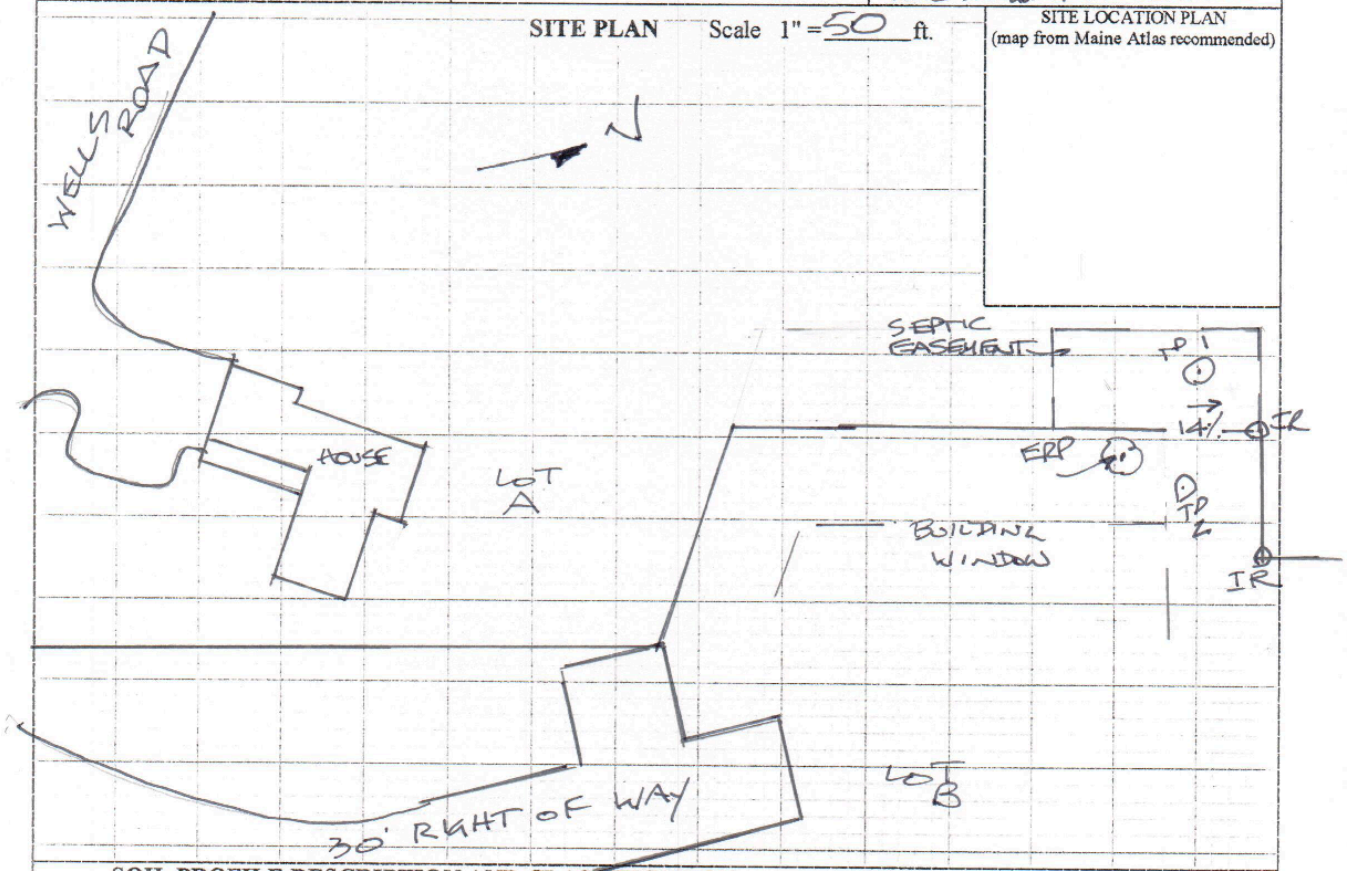
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner or Applicant Name
CAPE ELIZABETH	WELLS ROAD	MAINE DEVELOPMENT + EXCAVATION

SITE PLAN Scale 1" = 50 ft.

SITE LOCATION PLAN
(map from Maine Atlas recommended)



SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole # TP 1 ☐ Test Pit ☒ Boring

" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	FINE SANDY LOAM	FRIABLE	YELLOW BROWN TO OLIVE BROWN	
6–12				
12–18				
18–24		FIRM		
24–30				
30–36		BEDROCK		
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	A III/C	13-14	29	☐ Groundwater ☐ Restrictive Layer ☒ Bedrock ☐ Pit Depth

Observation Hole # TP 2 ☐ Test Pit ☒ Boring

" Depth of organic horizon above mineral soil

Depth below mineral soil surface (inches)	Texture	Consistency	Color	Mottling
0–6	FINE SANDY LOAM	FRIABLE	DARK BRN YELLOW BROWN TO OLIVE BROWN	
6–12				
12–18				
18–24		FIRM		
24–30			OLIVE BROWN	
30–36		BEDROCK		
36–42				
42–48				

Soil Profile	Classification Condition	Slope Percent	Limiting Factor Depth	
3	A III/C		22	☐ Groundwater ☒ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature — SE # 262 — Date 4-19-24

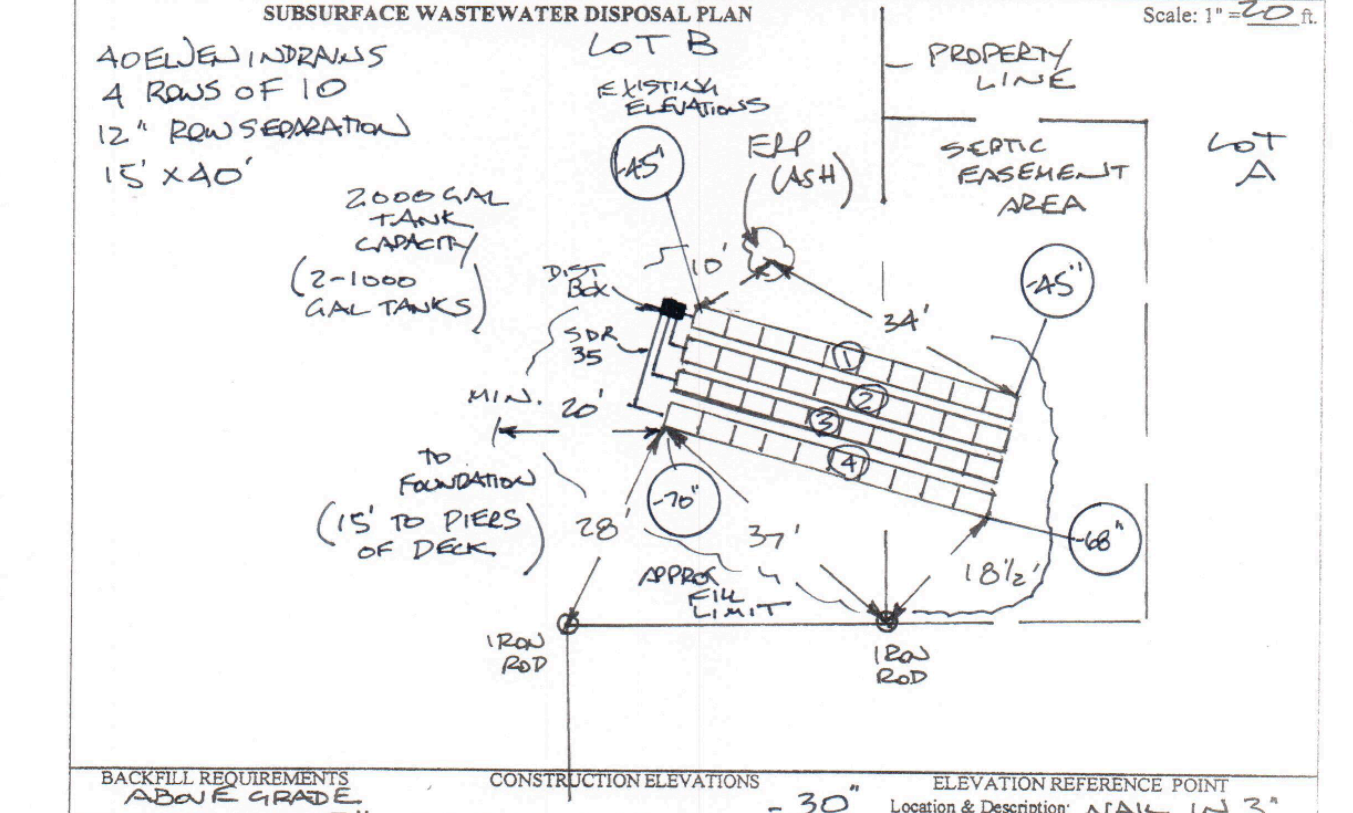
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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft.



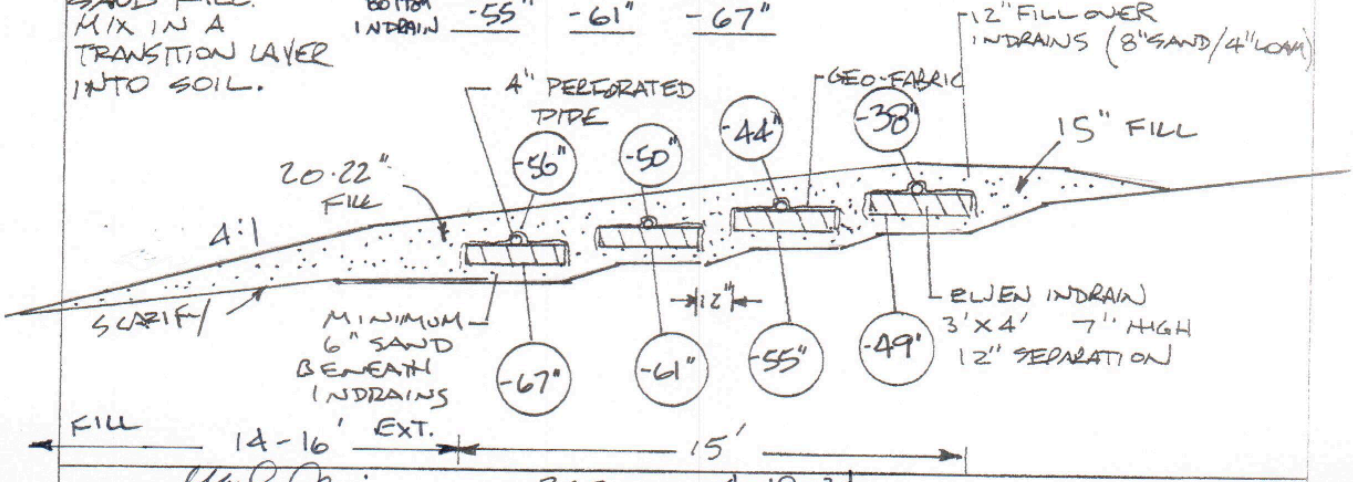
BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT
ABOVE GRADE			
Depth of Backfill (upslope) 15"	Finished Grade Elevation (at Row 1)	-30"	Location & Description: NAIL IN 3" DIAMETER ASH TREE 3' ABOVE BASE OF TREE
Depth of Backfill (downslope) 20"	Top of PIPE (at Row 1)	-38"	
DEPTHS AT CROSS-SECTION (shown below)	Bottom of INDRAIN (at Row 1)	-49"	Reference Elevation is: 0.0"

SCARIFY ALL GROUND TO BE FILLED. USE GRAVELLY/COARSE SAND FILL. MIX IN A TRANSITION LAYER INTO SOIL.

DISPOSAL FIELD CROSS SECTION

Scales:
Vertical: 1" = 5 ft.
Horizontal: 1" = 5 ft.

	Row 2	Row 3	Row 4
Top of Pipe	-44"	-50"	-56"
Bottom Indrain	-55"	-61"	-67"



Site Evaluator Signature	SE #	Date
	262	4-19-24