

Division of Health Engineering
(207)289-3828

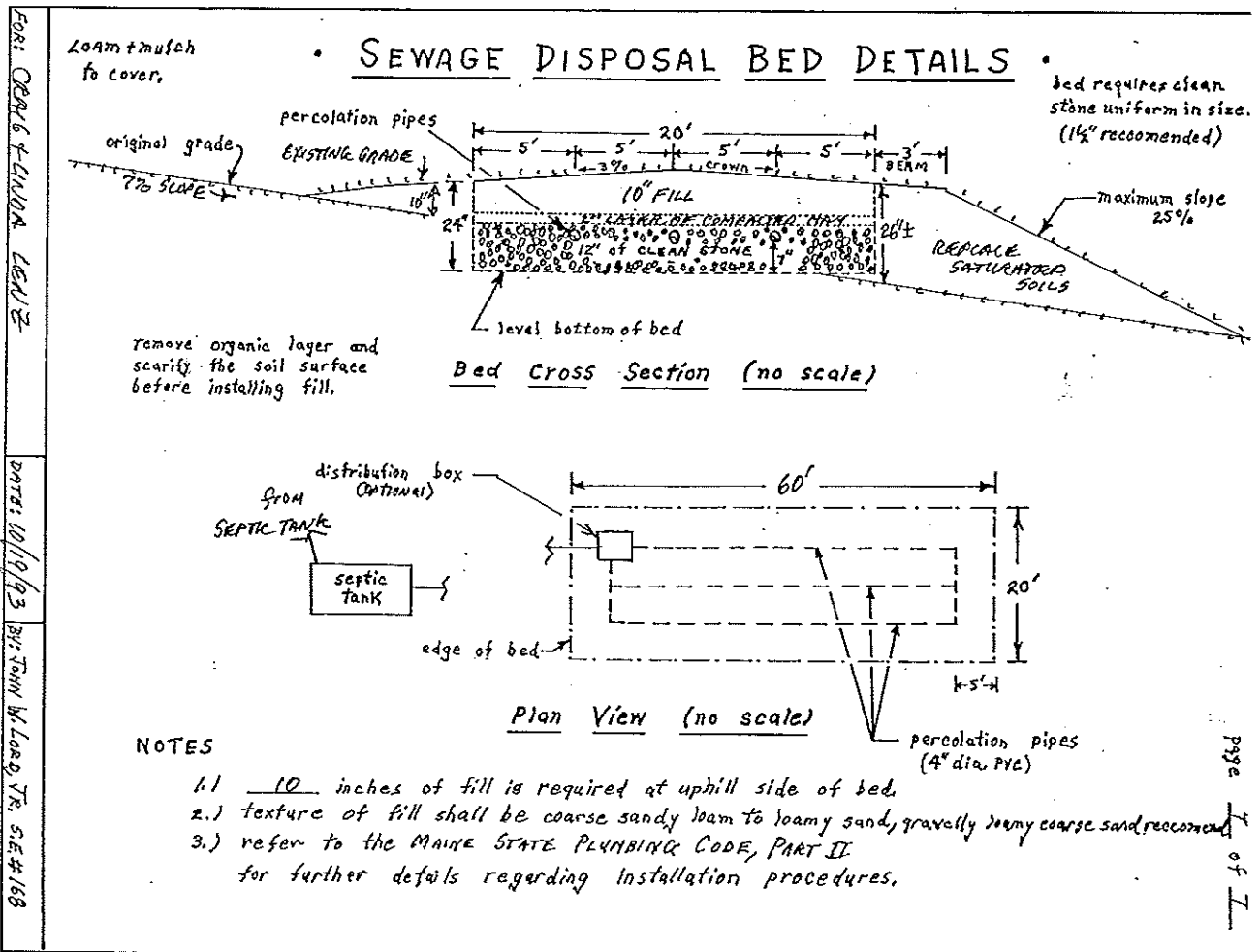
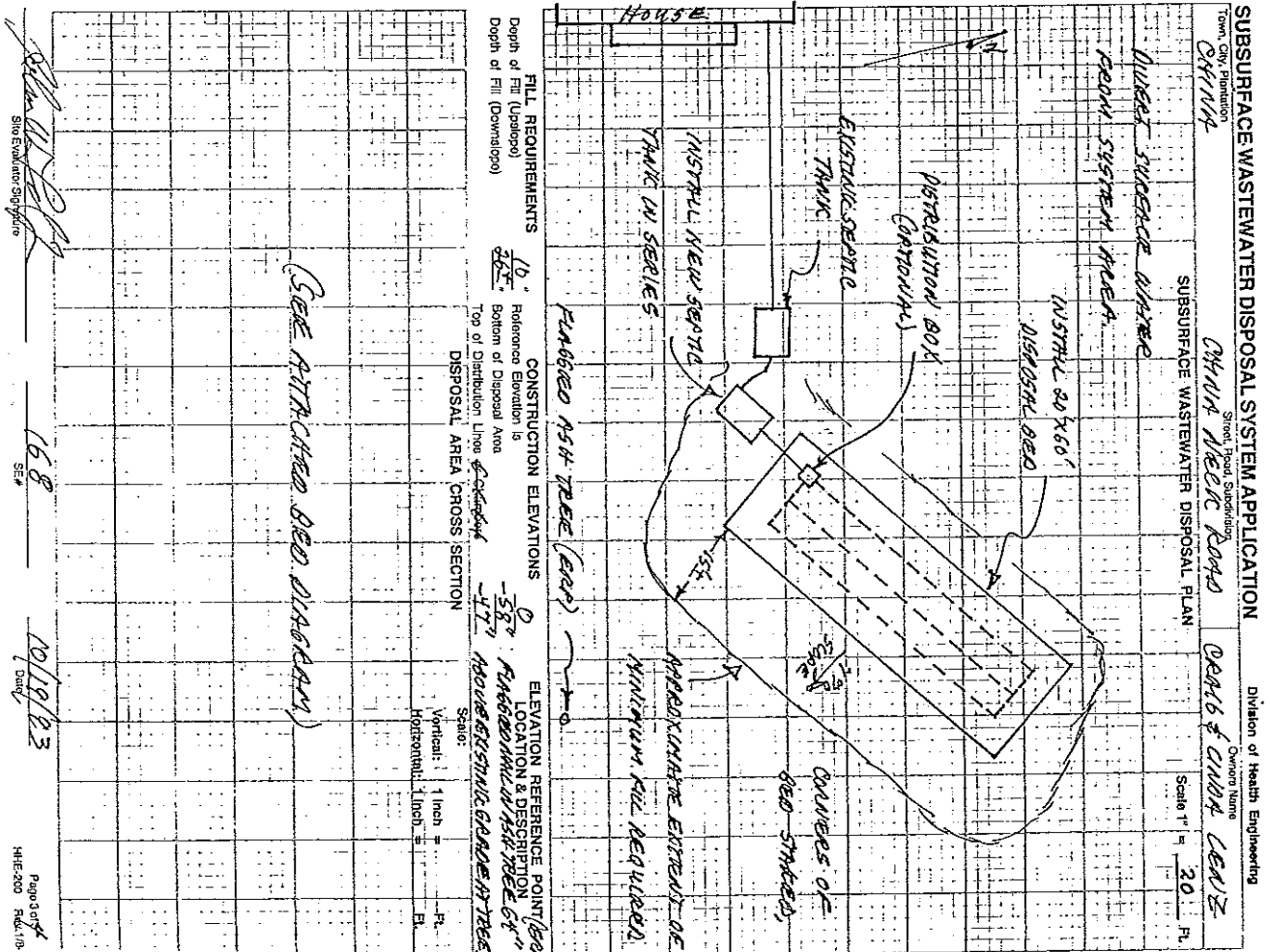
[illegible]

Division of Health Engineering

[illegible]

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 <u>1986</u> THE FAILING SYSTEM IS: 1. ☒ NEED 2. ☐ CHAMBER 3. ☐ TRENCH 4. ☐ OTHER _____		SIZE OF PROPERTY _____ ZONING _____ 4.38 ACRES <u>SHORELAND</u>	
EXISTING BUILDING: <u>ADD</u> 1. ☒ YES (INDICATE ROOM NO.) 2. ☐ NO (SEE NOTE: No In-ground SEWERS)		DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)	
SIZE: <u>1000</u> GALS. SOL. CONDITIONS USED FOR DESIGN PROPOSED CONDITION 2. ☐ C		WATER CONSERVATION 1. ☒ NONE 2. ☐ LOW VOLUME TOILET 3. ☐ SEPARATED LAUNDRY SYSTEM 4. ☐ ALTERNATIVE TOILET SPECIFY: _____	
SIZE RATINGS USED FOR DESIGN PURPOSES 1. ☐ SMALL 2. ☐ MEDIUM 3. ☒ MEDIUM-LARGE 4. ☐ LARGE 5. ☐ EXTRA LARGE		DISPOSAL SYSTEM TO SERVE: 1. ☐ SINGLE FAMILY DWELLING 2. ☐ MODULAR OR MOBILE HOME 3. ☐ MULTIPLE FAMILY DWELLING 4. ☐ OTHER _____ SPECIFY _____	
PUMPING 1. ☒ NOT REQUIRED 2. ☐ MAY BE REQUIRED (INDICATE LOCATION AND ELEVATION) 3. ☐ REQUIRED DOSE: _____		NO RULE VARIANCE 1. ☒ NO RULE VARIANCE 2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form 3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form 4. ☐ Requiring Local Plumbing Inspector Approval b. ☐ Requiring State and Local Plumbing Inspector Approval 5. ☐ MINIMUM LOT SIZE VARIANCE	
DISPOSAL AREA TYPE/SIZE 1. ☐ BED <u>1200</u> Sq. Ft. 2. ☐ CHAMBER <u>1200</u> Sq. Ft. 3. ☐ REGULAR <u>H-30</u> Linear Ft. 4. ☐ OTHER _____ Linear Ft.		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 <u>Epistone Drilled Well</u>		CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING EMPLOYEES, WATER RECORDS, ETC.) 4 Bedroom Since Family Dwellers 360 (GALLONS/DAY)	

SOIL DESCRIPTION AND CLASSIFICATION				
Observation Hole <u>761</u> ☒ Test Pit ☐ Boring				
<u>ONE</u> * Depth of Organic Horizon Above Mineral Soil				
Texture	Consistency	Color	Mottling	
0				
2				
4				
6				
8				
10				
12				
14				
16				
18				
20				
22				
24				
26				
28				
30				
32				
34				
36				
38				
40				
42				
44				
46				
48				
50				
52				
54				
56				
58				
60				
62				
64				
66				
68				
70				
72				
74				
76				
78				
80				
82				
84				
86				
88				
90				
92				
94				
96				
98				
100				



Town, City, Planterton

CHINA WALK PARSAD, ROAD, SUBDIVISION

CHINA LENS 2

CHINA

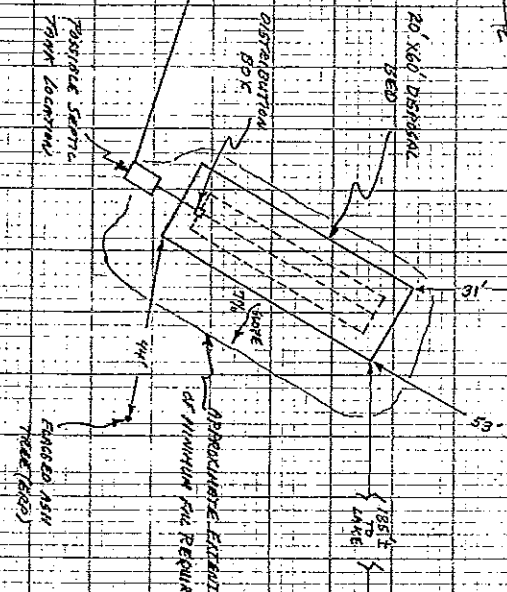
SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30'

COULTERS OF BED STAKED

Placed from P.M.

POSSIBLE DWELLING LOCATION



FILL REQUIREMENTS

Depth of Fill (Upslope)

22"

Bottom of Disposal Area

Top of Distribution Lines or Chambers

CONSTRUCTION ELEVATIONS

Reference Elevation is

0

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

DISPOSAL AREA CROSS SECTION

Scale: Vertical: 1 inch = 1 foot Horizontal: 1 inch = 1 foot

(SEE ATTACHED BED DIAGRAM)

Site Engineer Signature

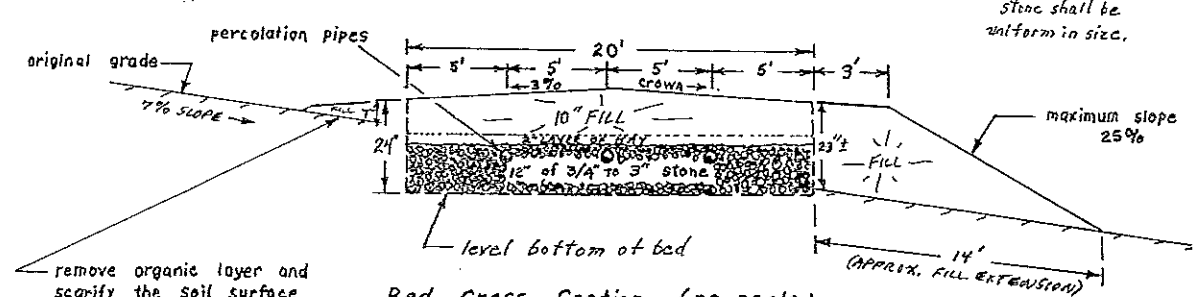
168

6/24/86

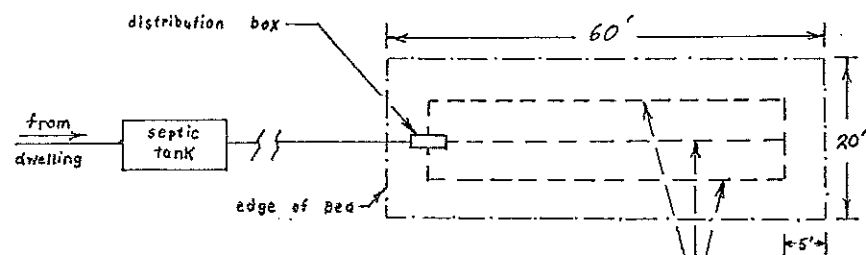
Page 3 of 4 HME-200 Rev. 1

SEWAGE DISPOSAL BED DETAILS

Stone shall be uniform in size.



Bed Cross Section (no scale)



Plan View (no scale)

NOTES

- 1.) 7 inches of fill is required at uphill side of bed.
- 2.) Texture of fill shall be similar to original soil.
- 3.) Refer to the MAINE STATE PLUMBING CODE, PART II for further details regarding installation procedures.

FOR: CHINA LENS 2

DATE: 6/24/86

BY: JOHN W. LORRY, JR. # 168