SEE IMPORTANT NOTES RELATING TO THIS APPLICATION ON THE BACK OF THIS PAGE

785-5203

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

## PROPERTY LOCATION

| | |
|---|---|
| City, Town, or Plantation | Waterford |
| Street or Road | Rte 7 1608 Hartford |
| Subdivision, Lot # | |

>> CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW <<

The Subsurface Wastewater Disposal System *shall not* be installed until a Permit is attached HERE 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.

U18/21

Municipal Tax Map # _____ Lot # _____

## OWNER/APPLICANT INFORMATION

Name (last, first, MI): Clark, Kimberly — ☒ Owner ☐ Applicant

Mailing Address of Owner/Applicant: 405 Main St. Rockland, ME 04841

Daytime Tel. #: 338-3654

**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.

_____ Signature of Owner or Applicant — Date

**CAUTION: INSPECTION REQUIRED**

I have inspected the installation authorized above and found it to be in conformance with the Subsurface Wastewater Disposal Rules. Application approved 5/9/07

Frank Theriault — Local Plumbing Inspector Signature — (final) date approved 5/9/07

## PERMIT INFORMATION

**TYPE OF APPLICATION**

- ☐ 1. First Time System
- ☒ 2. Replacement System
  - Type replaced: Unknown
  - Year installed: 1994 ?
- ☐ 3. Expanded System
  - ☐ a. Minor Expansion
  - ☐ b. Major 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. Pre-treatment, specify: _____
- ☐ 12. Miscellaneous Components

**SIZE OF PROPERTY**

2.98 ☐ SQ. FT. ☒ ACRES

**SHORELAND ZONING**

☐ Yes ☒ No

**DISPOSAL SYSTEM TO SERVE**

- ☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 2
- ☐ 2. Multiple Family Dwelling, No. of Units:
- ☒ 3. Other: plus commercial space (specify) with 2 employees

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: 1000 GAL.

**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: 16 Eljen Focuses

SIZE: 64 ☐ sq. ft. ☒ lin. 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**

210 gallons per day

BASED ON:

- ☒ 1. Table 501.1 (dwelling unit(s))
- ☐ 2. Table 501.2 (other facilities)

SHOW CALCULATIONS for other facilities

180 + 30

☐ 3. Section 503.0 (meter readings)

ATTACH WATER METER DATA

**SOIL DATA & DESIGN CLASS**

| PROFILE | CONDITION | DESIGN |
|---|---|---|
| 2 | C | I |

at Observation Hole # 1

Depth 18"

of Most Limiting Soil Factor

**DISPOSAL FIELD SIZING**

- ☐ 1. Small—2.0 sq. ft. / gpd
- ☐ 2. Medium—2.6 sq. ft. / gpd
- ☒ 3. Medium—Large 3.3 sq. ft. / gpd
- ☐ 4. Large—4.1 sq. ft. / gpd
- ☐ 5. 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°44' d 20 m 01 s

Lon. 70°28' d 52 m 23 s

If g.p.s. state margin of error 28'

## SITE EVALUATOR STATEMENT

I certify that on 6-9-06 (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).

Douglas W. Meservey — 13 — 6-12-06

Site Evaluator Signature — SE # — Date

DOUGLAS W. MESERVEY — 832-5114 — E-mail Address

Site Evaluator Name Printed — Telephone Number

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) 287-3165

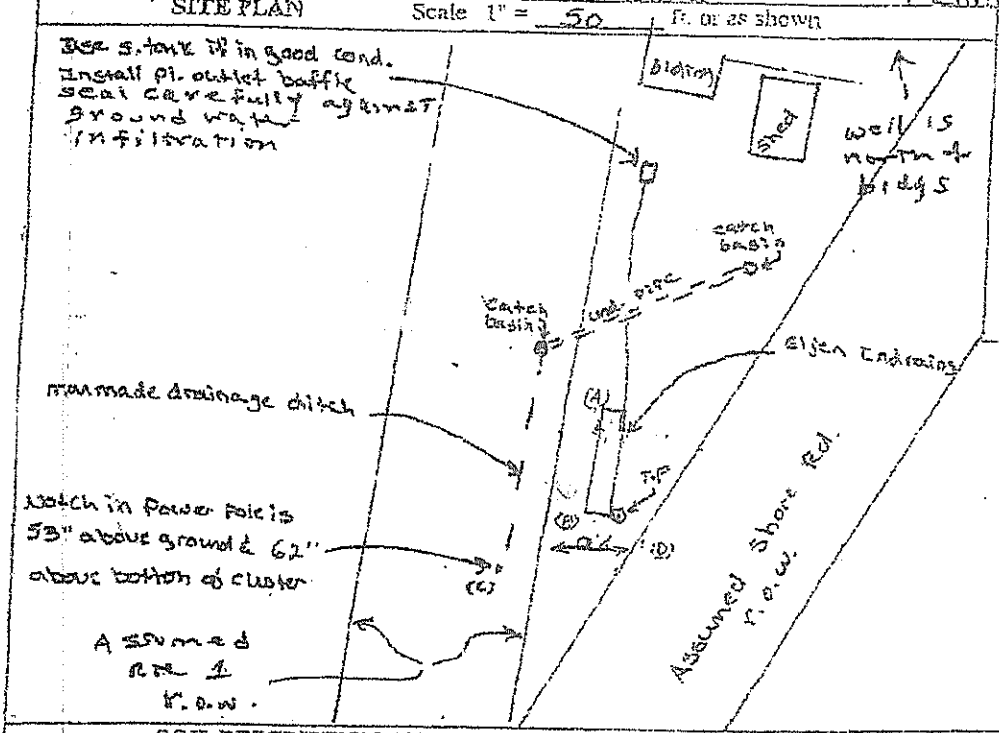
Town, City, Plantation: Northport

Street, Road, Subdivision: Rt 1

Owner's Name: Kimberly Clark

## SITE PLAN

Scale 1" = 50 ft. or as shown




## SITE LOCATION PLAN

(map from Maine Atlas recommended)

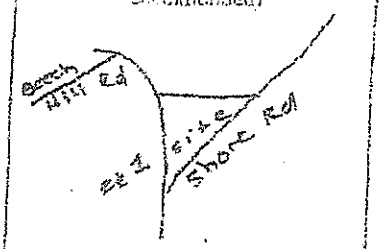



TABLE OF MEASUREMENTS

AC = 59'
AD = 41'
BC = 31'
BD = 18'

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

Observation Hole 1 ☒ Test Pit ☐ Boring

1± " Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–10 | fsl | friable | brown | |
| 10–20 | | | dr-brown | |
| 20–30 | | | d-brown | common faint |
| 30–40 | | | brown | |
| 40–50 | | | mixed | |

| Soil Classification: Profile | Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| 2 | C | 0 % | 16" | ☒ Ground Water<br>☐ Restrictive Layer<br>☐ Bedrock<br>☐ Pit Depth |

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

| Depth Below Mineral Soil Surface (inches) | Texture | Consistency | Color | Mottling |
|---|---|---|---|---|
| 0–50 | | | | |

| Soil Classification: Profile | Condition | Slope | Limiting Factor | |
|---|---|---|---|---|
| | | % | " | ☐ Ground Water<br>☐ Restrictive Layer<br>☐ Bedrock<br>☐ Pit Depth |

Douglas W Meservey 13 6-12-06

Site Evaluator Signature — SE # — Date

FORMS

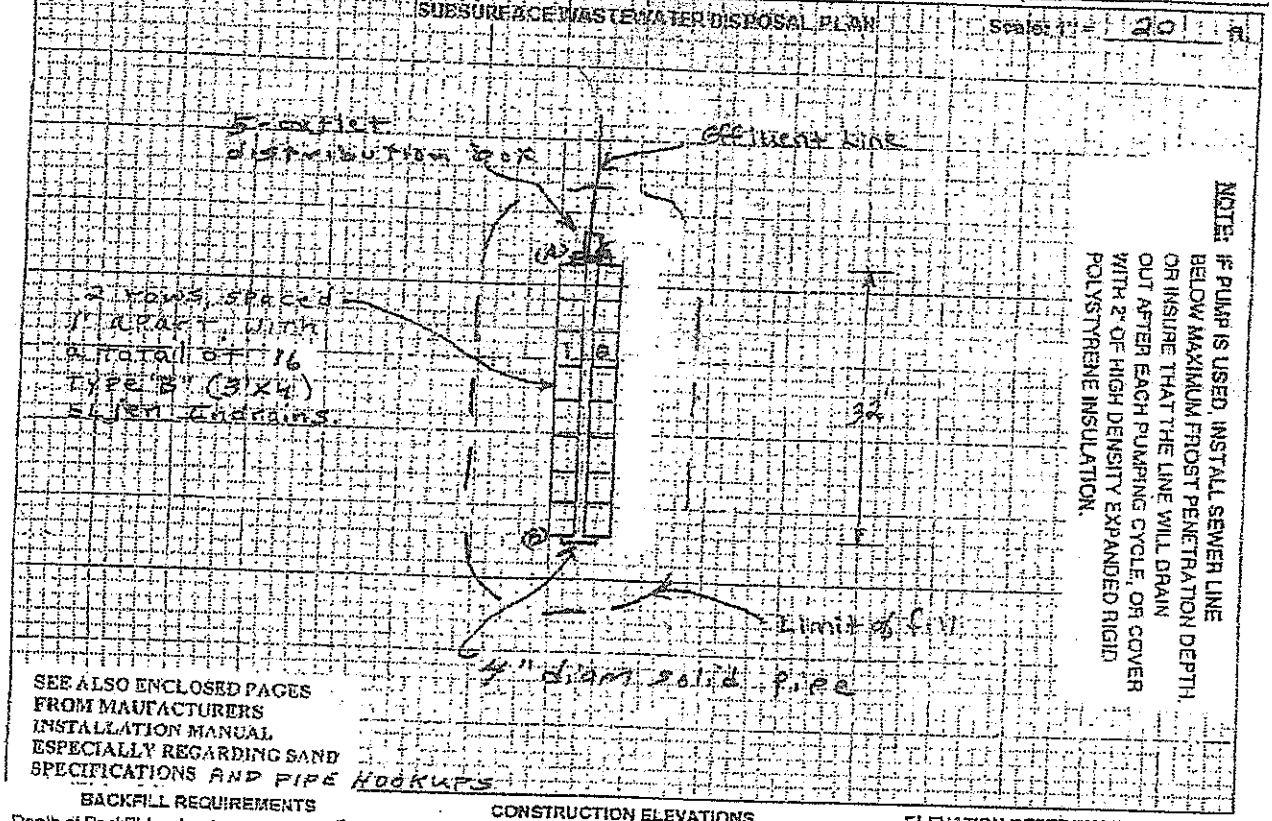
# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: Searsport
Street, Road, Subdivision: Rte 1
Owner or Applicant Name: Kimberly Clark

## SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft




NOTE: IF PUMP IS USED, INSTALL SEWER LINE BELOW MAXIMUM FROST PENETRATION DEPTH, OR INSURE THAT THE LINE WILL DRAIN OUT AFTER EACH PUMPING CYCLE, OR COVER WITH 2" OF HIGH DENSITY EXPANDED RIGID POLYSTYRENE INSULATION.

SEE ALSO ENCLOSED PAGES FROM MANUFACTURERS INSTALLATION MANUAL ESPECIALLY REGARDING SAND SPECIFICATIONS AND PIPE HOOKUPS

**BACKFILL REQUIREMENTS**

Depth of Backfill (upslope): 23"
Depth of Backfill (downslope): 63"
DEPTHS AT CROSS-SECTION (shown below)

**CONSTRUCTION ELEVATIONS**

Finished Grade Elevation: 47" -43"
Top of Distribution Pipe or Proprietary Device: -55"
Bottom of Disposal Field: 42" -63"

**ELEVATION REFERENCE POINT**

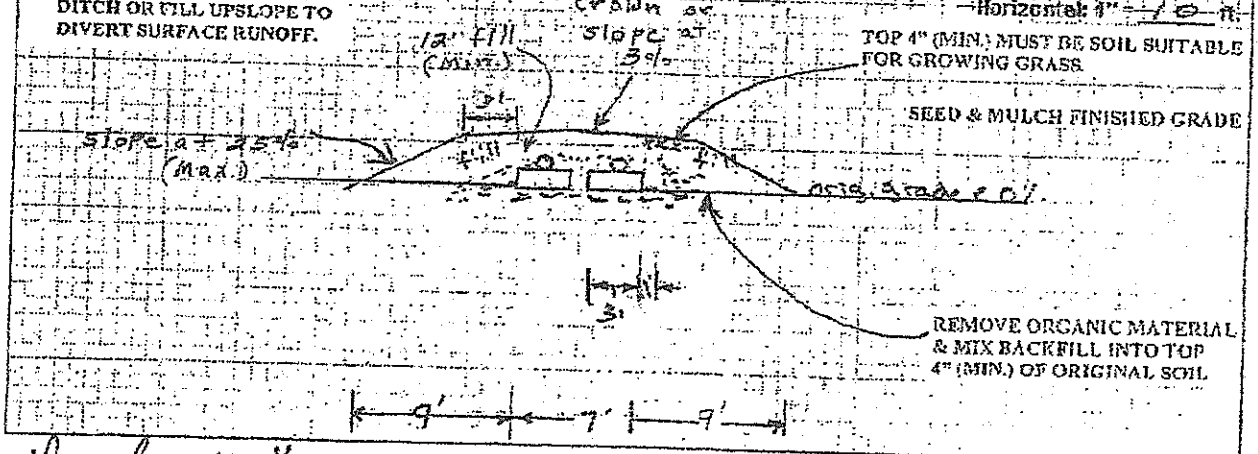
Location & Description: North Side Power Pole
Reference Elevation is: 0.0" or:

NOTES:
BACKFILL MUST BE COARSE SAND OR GRAVELLY COARSE SAND

DITCH OR FILL UPSLOPE TO DIVERT SURFACE RUNOFF.

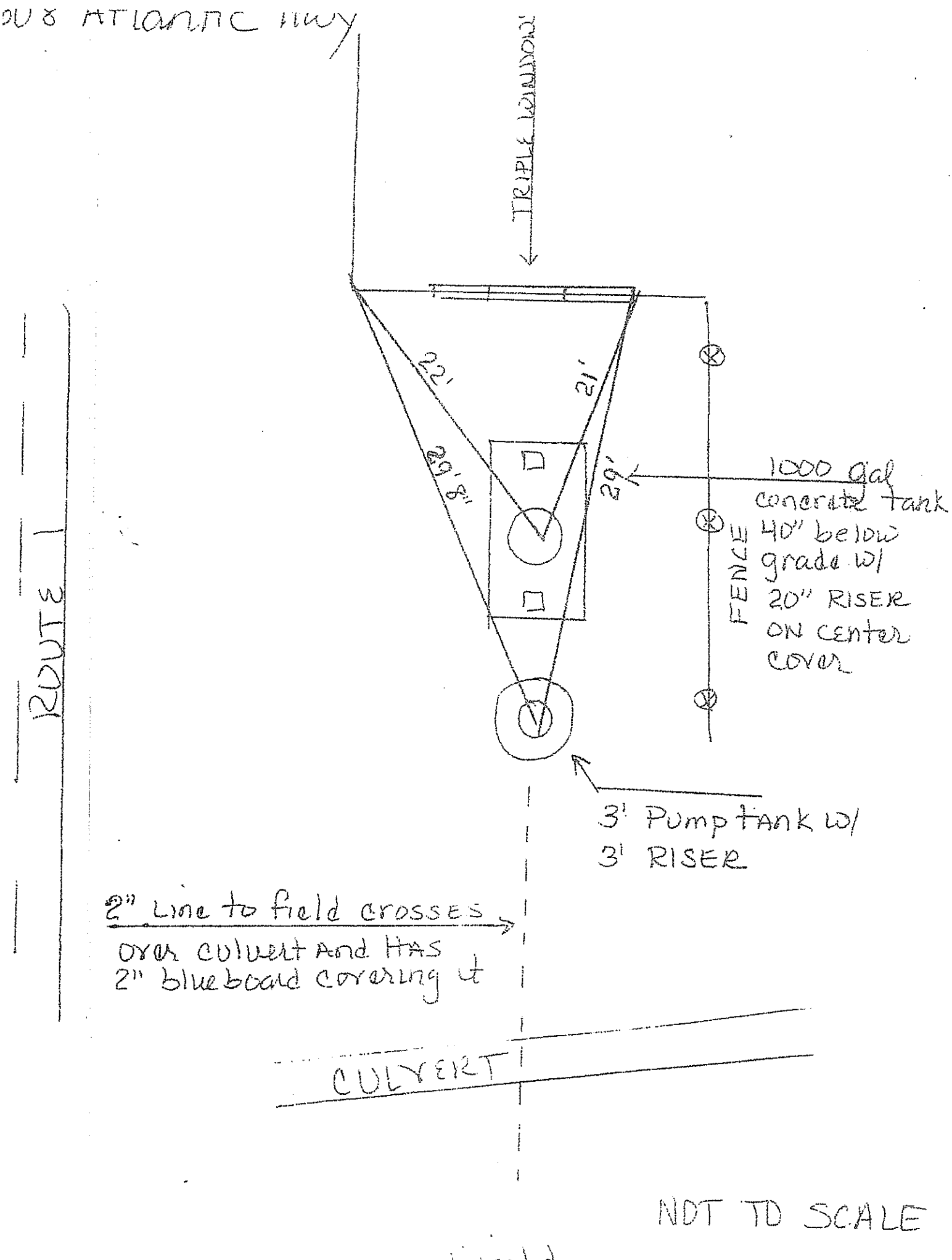
## DISPOSAL FIELD CROSS SECTION

Scales: Vertical: 1" = 5 ft; Horizontal: 1" = 10 ft




Stephen W. Mossberg — Site Evaluator Signature
13 — SE #
6-12-06 — Date

208 Atlantic Hwy




NOT TO SCALE

1 of 2