Docusign Envelope ID: C23DFD4A-13C7-8093-83CD-D77B1FDF4E93

SUBSURFACE WASTEWATER DISPOSAL SYSTEM PERMIT APPLICATION

Maine CDC Drinking Water Program
Attn: SSWW Unit
286 Water Street 3rd floor
Augusta, ME 04330

Property Address

Address (# & Street): 216 maplewood Rd
City/Town/ Plantation: Parsonsfield
Municipal Tax Map #: | Lot #:

Property Owner or Applicant Information

Owner Name (Last, First): Provencher, Shawn
Applicant Name:

Owner or Applicant Mailing Address

Street: PO Box 421
City: N. Waterboro State: ME Zip: 04061
Phone: 651-6610
Email: Shawnprovencher74@gmail.com

Owner/ Applicant Statement

I certify 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(s) to deny a permit.

X _____ Date
Property Owner/ Applicant Signature

Installer Information

Name: | Phone:
Email:

Issuing Municipality or Territory

Permit # | Date Issued

X _____
Local Plumbing Inspector Signature LPI #

A subsurface wastewater disposal system may not be installed until a permit is issued by the Local Plumbing Inspector. The permit authorizes the installation of the disposal system in accordance with 10-144-CMR Chapter 241.

CAUTION: INSPECTION REQUIRED

"I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application."

X _____ Date
Local Plumbing Inspector Signature

X _____ Date
Local Plumbing Inspector Signature

Fee Calculations (*For Town/ LPI Use Only*)

☐ Revision
☐ Doubled Fee
☐ Variance
☐ Seas. Conv.

Total Fee	$
Town Share	$
State 25%	$
DEP WQS	$

The Town retains all doubled fees
The State receives 25% for First-time variances requiring State approval *only*
Seas. Conv. must be a stand-alone permit

Type of Application

☑ 1. First Time System
☐ 2. Replacement System
Type Replaced: | Year Installed:
☐ 3. Expansion
☐ <25% (Minor) Expansion
☐ ≥25% (Major) Expansion
☐ 4. Experimental System
☐ 5. Seasonal Conversion Permit

Variance Requirements

☑ 1. No Rule Variance
☐ 2. First Time System
LPI Only ☐ State Required ☐
☐ 3. Replacement System
LPI Only ☐ State Required ☐
☐ 4. Minimum Lot Size
☐ 5. Seasonal Conversion

Treatment Tank(s)

☑ 1. Concrete ☑ Regular ☐ Low Profile ☐ H-20
☐ 2. Plastic
☐ 3. External Grease Interceptor Capacity: gals
☐ 4. Other Specify:
Tank Capacity: 1000 gals Total # of New Tanks: 1
Notes: Install Risers
☑ Riser(s) required in accordance with 10-144-CMR Chapter 241 (7)(F)(2)(a)

Disposal System Components

☑ 1. Complete Non-Engineered System (Field /Tank /Pump)
Specify Total Number of New Tanks: 1
☐ 2. Primitive/ Limited System (Greywater + Alternative Toilet)
Specify Type:
☐ 3. Alternative Toilet
Specify Type:
☐ 4. Non-Engineered Treatment Tank(s) (750 gals or over*)
Specify Total # of New Tanks:
☐ 5. Holding Tank
☐ 6. Non-Engineered Disposal Field
☐ 7. Complete Engineered System (Field/ 2 Tanks/ Pump)
New: # Disposal Fields: # Tanks: # Pumps:
☐ 8. Engineered Tank(s) Only Specify # of New Tanks:
☐ 9. Engineered Field(s) Only
☐ 10. Miscellaneous Components Specify:
☐ 11. Pre-Treatment Tank (*Tank fees apply*)**
☐ 12. Pre-Treatment Component (*Misc. Component fees apply*)**
*Includes Grease Interceptors, Pump Tanks, etc. **Details on Pg. 2

Site Evaluator Statement

I certify that I have 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 Name (Print): Justin Bowne Phone: 207 807-7252 SE #: 00404
Signature: _____ Date: 8-31-26 Email: JDbowne1978@gmail.com

DS SP Subsurface Wastewater Unit

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine DHHS CDC – Division of Environmental and Community Health
[illegible] | Fax: (207) 287-4172 | subsurface.wastewater@maine.gov

Owner: Shawn Provencher

Address: 216 maplewood Rd

Property Size
2 ☑ sq. ft. ☐ acres

Shoreland Zoning
☐ Yes ☑ No
Current Use: ☐ Seasonal ☑ Undeveloped ☐ Year-Round ☐ Commercial

Latitude & Longitude (D.M.S.)
Latitude 43 41 40
Longitude 70 55 0
GPS margin of error T-20FT

Type of Water Supply
☑ 1. Drilled Well ☐ 2. Dug/ Point Well ☐ 3. Private ☐ 4. Public ☐ 5. Other
Specify: proposed 10' min. from septic

Effluent Ejector Pump
Required: ☐ Yes ☑ No ☐ Maybe
Dose (Engineered Systems) ____ gals

Garbage Disposal Unit
☐ Yes ☑ No ☐ Maybe *If Yes...*
☐ Multi-compartment Tank
☐ Tanks in Series # of Tanks ____
☐ Increase Tank Capacity
☐ Filter on Tank Outlet

Pre-/ Advanced Treatment Systems
Make
Model
Notes:
☐ Maintenance contract (HHE-300A) required

Make
Model
Notes:
☐ Maintenance contract (HHE-300A) required

Disposal System to Serve
☑ 1. Single Family Dwelling Unit # of bedrooms: 3
☐ 2. Multiple Family Dwelling Units # of bedrooms:
☐ 3. Accessory Dwelling Unit(s) # of bedrooms:
☐ 4. Other
Specify:

Disposal Field Type & Size
☐ 1. Stone Bed 8'+40' 10 concrete chambers
☐ 2. Stone Trench
☑ 3. Proprietary Device
☐ Cluster Array ☑ Linear ☑ Regular ☐ Load
☐ 4. Other
Specify:
Size 320 ☑ sq. ft. ☐ lin. ft.

Design Flow
270 Gallons per Day
Based on (select one)
☑ 1. Table 5A (Dwelling Units)
☐ 2. Table 5C (Other Facilities)
Show Calculations for "Other Facilities"
☐ 3. Section 5(G) – Meter Readings
ATTACH WATER METER DATA

Soil Data & Design Class
6 / C
Profile Condition
At Observation Hole # TP1
Limiting Factor Depth 48"
Limiting Factor Elevation 88"
Highest Elevation within Disposal Field 88"

Additional Notes:

Justin Hersey | 00404 | 8-31-26
Site Evaluator Signature or Initials | SE # | Date

DS SP

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JRFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

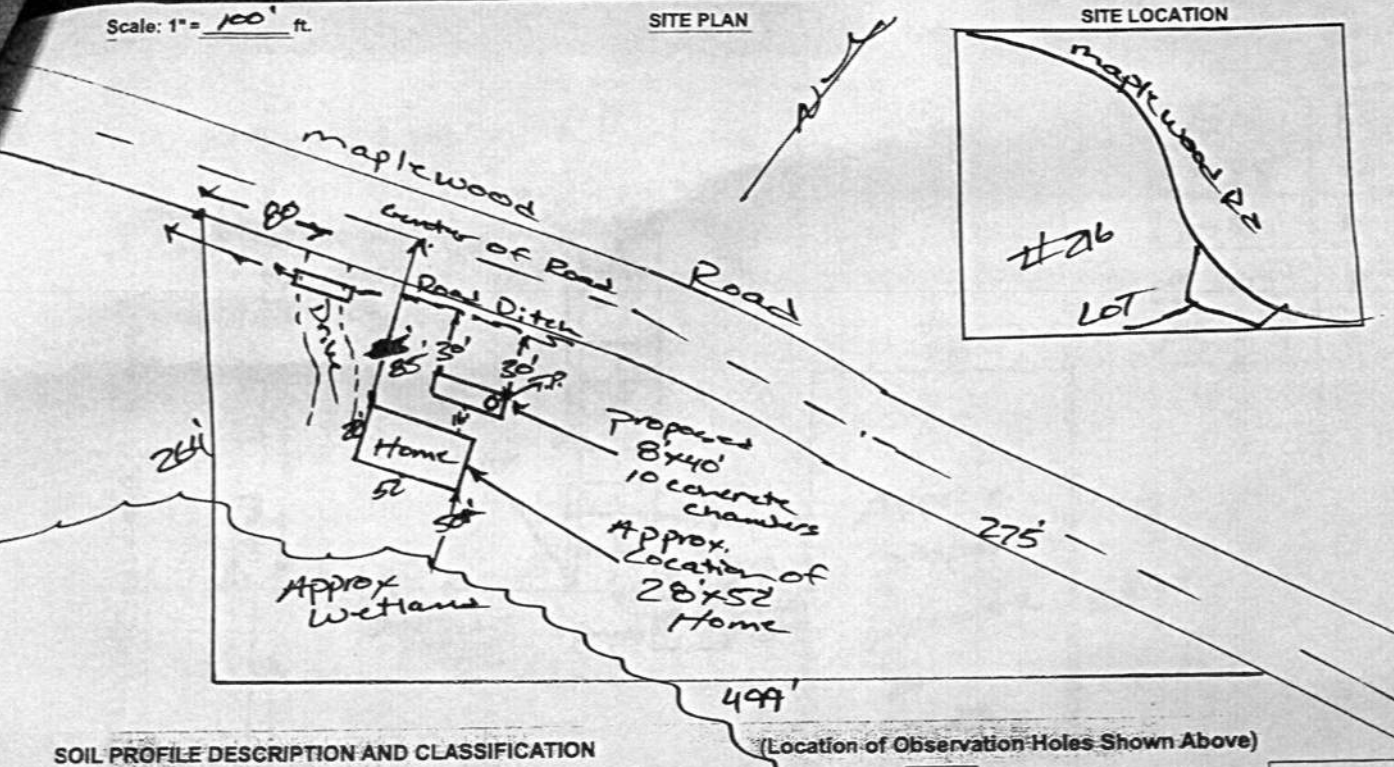
DHHS CDC - Division of Environmental and Community Health
287-2070 | Fax (207) 287-4172 | subsurface.wastewater@maine.gov

Owner: Shawn Provencher

Address: 216 maplewood Rd.

Scale: 1" = 100' ft.

SITE PLAN



SITE LOCATION

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

Observation Hole # TP1 | Test Pit ☑ Boring ☐

Organic Horizon Thickness: 0 "
Ground Surface Elevation: "
Depth to Exploration or Refusal: "

Textures	Consistence	Color	Redox Features
gravelly loamy Sand	Friable	Dark yellow Brown 10YR 4/6	
gravelly			
Coarse		Yellow Brown 10YR 5/6	
Sand	loose		
(Cobble)		Yellow 2.5Y 7/4	

Soil Classification: Profile	Soil Classification: Condition	Slope	Limiting Factor	
G	C	01 %	48 "	☐ Ground water ☐ Restrictive Layer ☐ Bedrock ☑ Pit Depth 60"

(Location of Observation Holes Shown Above)

Observation Hole # | Test Pit ☐ Boring ☐

Organic Horizon Thickness: "
Ground Surface Elevation: "
Depth to Exploration or Refusal: "

Textures	Consistence	Color	Redox Features

Soil Classification: Profile	Soil Classification: Condition	Slope	Limiting Factor	
		%	"	☐ Ground water ☐ Restrictive Layer ☐ Bedrock ☐ Pit Depth

Site Evaluator Signature or Initials | SE # 00404 | Date 8-31-2

DS SP