HIRAM PERMIT # 320 APPLICANT'S COPY

SUBSURFACE WASTEWATER DISPOSAL

Date Permit Issued: 8/18/94 $ 160.00 FEE ☐ If Double Fee Charged

Local Plumbing Inspector Signature: Carlisle Sargent LPI. # 12.718

THE WORK SPECIFIED IN THIS APPLICATION IS HEREBY AUTHORIZED TO BE INSTALLED IN ACCORDANCE WITH THE RULES. THIS PERMIT EXPIRES AFTER TWO YEARS FROM DATE ISSUED UNLESS WORK HAS COMMENCED.

PROPERTY ADDRESS

Town Or Plantation: Hiram

Street Subdivision Lot #: RT#5

PROPERTY OWNERS NAME

Last: Miller First: Greg

Applicant Name:

Mailing Address of Owner/Applicant (If Different): P.O. Box 29 Cornish 04020

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 Local Plumbing Inspector to deny a Permit.

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.

Local Plumbing Inspector Signature — Date Approved

PERMIT INFORMATION

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 _____
THE FAILING SYSTEM IS:
1. ☐ BED 3. ☐ TRENCH
2. ☐ CHAMBER 4. ☐ OTHER: _____

SIZE OF PROPERTY: 1

ZONING: Shoreland

THIS APPLICATION REQUIRES:
1. ☑ NO RULE VARIANCE
2. ☐ NEW SYSTEM VARIANCE Attach New System Variance Form
3. ☐ REPLACEMENT SYSTEM VARIANCE Attach Replacement System Variance Form
   a. ☐ Requiring Local Plumbing Inspector Approval
   b. ☐ Requires State and Local Plumbing Inspector Approval
4. ☐ MINIMUM LOT SIZE VARIANCE

DISPOSAL SYSTEM TO SERVE:
1. ☑ SINGLE FAMILY DWELLING
2. ☐ MODULAR OR MOBILE HOME
3. ☐ MULTIPLE FAMILY DWELLING
4. ☐ OTHER _____ SPECIFY

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: Well

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK
1. ☑ SEPTIC: ☑ Regular ☐ Low Profile
2. ☐ AEROBIC

SIZE: 1000 GALS.

WATER CONSERVATION
1. ☑ NONE
2. ☐ LOW VOLUME TOILET
3. ☐ SEPARATED LAUNDRY SYSTEM
4. ☐ ALTERNATIVE TOILET

SPECIFY: _____

PUMPING
1. ☑ NOT REQUIRED
2. ☐ MAY BE REQUIRED (DEPENDING ON TREATMENT TANK LOCATION AND ELEVATION)
3. ☐ REQUIRED

DOSE: _____ GALS.

CRITERIA USED FOR DESIGN FLOW (BEDROOMS, SEATING, EMPLOYEES, WATER RECORDS, ETC.)
3 Bedrooms

SOIL CONDITIONS USED FOR DESIGN PURPOSES

PROFILE	CONDITION
4	B

DEPTH TO LIMITING FACTOR: none.

SIZE RATINGS USED FOR DESIGN PURPOSES
1. ☐ SMALL
2. ☑ MEDIUM
3. ☐ MEDIUM-LARGE
4. ☐ LARGE
5. ☐ EXTRA LARGE

DISPOSAL AREA TYPE/SIZE
1. ☑ BED 700 Sq. Ft.
2. ☐ CHAMBER _____ Sq. Ft.
   ☐ REGULAR ☐ H-20
3. ☐ TRENCH _____ Linear Ft.
4. ☐ OTHER: _____

DESIGN FLOW: 270 (GALLONS/DAY)

SITE EVALUATOR STATEMENT

On 7-12-94 (date) I conducted a site evaluation for this project and certify that the data reported is accurate. The system proposed is in accordance with the Subsurface Wastewater Disposal Rules.

Site Evaluator Signature — SE# 0073 — Date 7-14-94

(Local Plumbing Inspector's Signature if permit is for Seasonal Conversion.)

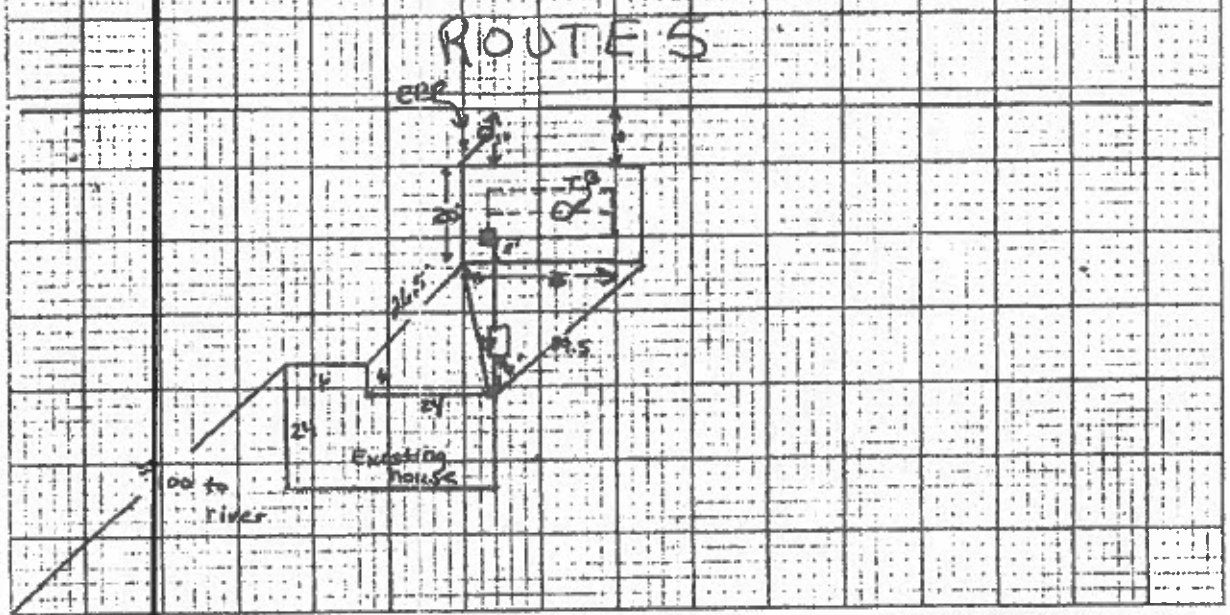
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation	Street, Road, Subdivision	Owners Name
Hiram	Route #5	Greg Miller

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale 1" = 30 Ft.



FILL REQUIREMENTS

Depth of Fill (Upslope) 0"
Depth of Fill (Downslope) 0"

CONSTRUCTION ELEVATIONS

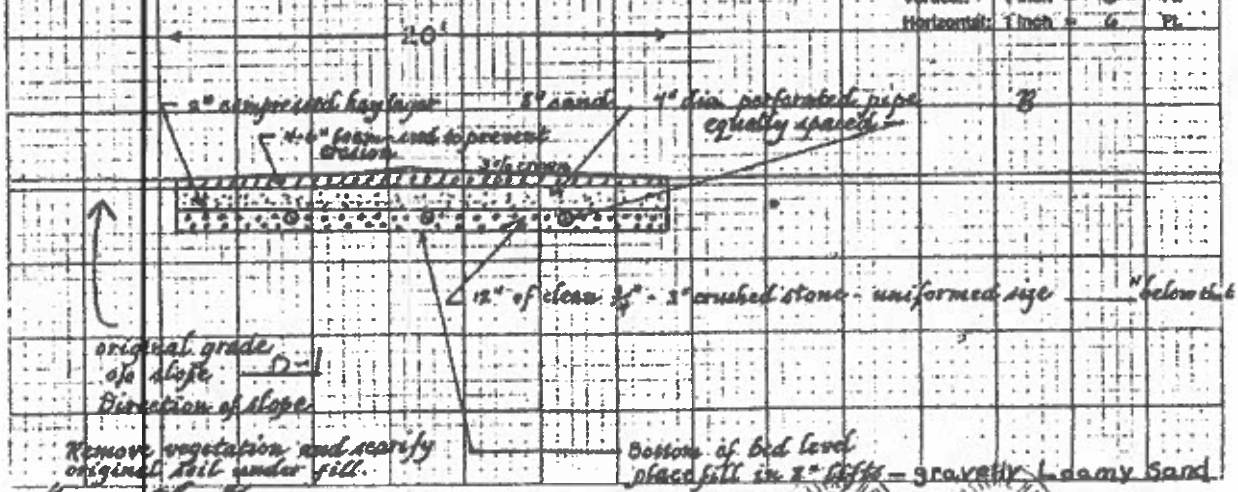
Reference Elevation is 0"
Bottom of Disposal Area -84
Top of Distribution Lines or Chambers -63

ELEVATION REFERENCE POINT LOCATION & DESCRIPTION

18" Double Pine Nail
32" above the ground at the base of the tree at elevation 0"

DISPOSAL AREA CROSS SECTION

Scale:
Vertical: 1 inch = 6 Ft.
Horizontal: 1 inch = 6 Ft.



Kenneth Gardner
Site Evaluator Signature

00075
SE#

7-24-94
Date

Page 3 of 3
HHE-200 Rev.1/84

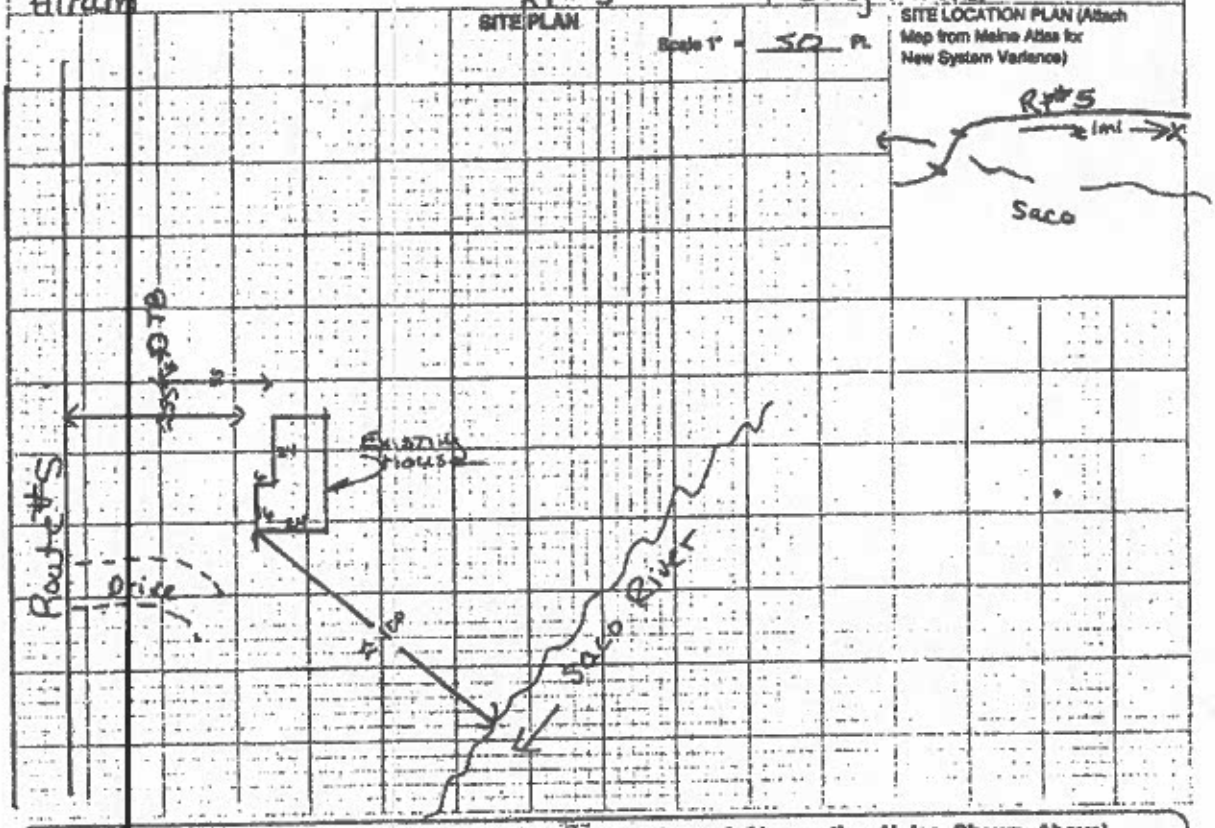
SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Services
Division of Health Engineering

Town, City, Plantation: Hiram
Street, Road, Subdivision: Rt #5
Owners Name: Greg Miller

SITE PLAN

Scale 1" = 50 Ft.



SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance)

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

Observation Hole 1 ☐ Test Pit ☑ Boring

0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0	Sandy loam	friable	Dark	
8				
10	Loamy sand		Yellowish Brown	
15				
20			olive brown	
30				None
40				
60				

Soil	Classification	Slope	Limiting Factor	
Profile	Condition	0-1%	None	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (Inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
60				

Soil	Classification	Slope	Limiting Factor	
Profile	Condition	____ %	____	☐ Ground Water ☐ Restrictive Layer ☐ Bedrock

Site Evaluator Signature

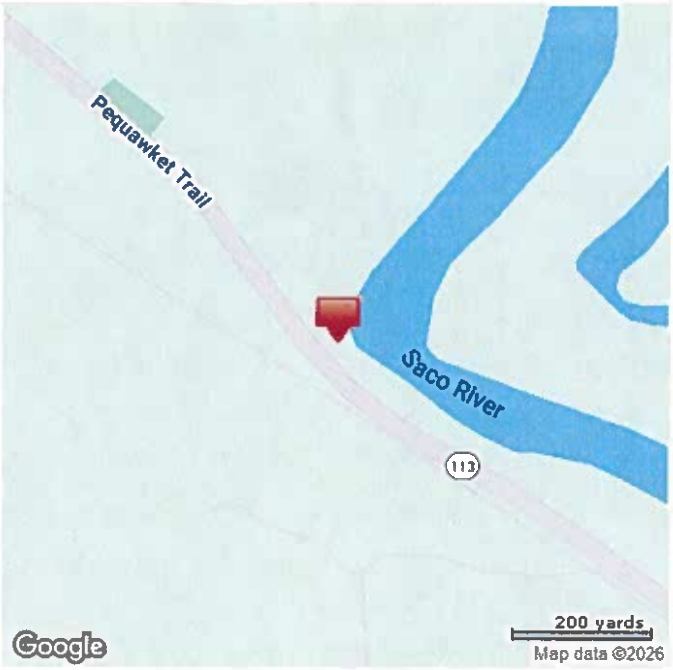
00073
SE#

7-14-94
Date

Page 2 of 3
HHE-200 Rev. 1/94

PROPERTY MAP





*Lot Dimensions are Estimated