SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div. Environmental Health, 11SHS
(207) 287-2070 Fax: (207) 287-4172

PROPERTY LOCATION

City, Town, or Plantation: GREENE

Street or Road: 957 US HIGHWAY 202

Subdivision, Lot #:

OWNER/APPLICANT INFORMATION

Name (last, first, MI): LANGELIER, BERT — Owner ☒ Applicant ☐

Mailing Address of Owner/Applicant: 394 ANNABESSACOOK ROAD, WINTHROP, ME 04364

Daytime Tel. #: 207-395-6455

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: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____

Date Permit Issued ___/___/___ Fee: $_____ Double Fee Charged ☐

_____ L.P.I. # _____

Local Plumbing Inspector Signature

Fee: $_____ state min fee $_____ Locally adopted fee

Copy: ☐ 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 # 10 Lot # 51

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized 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

±0.9 ☐ 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: _____ (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: 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: 20' X 30'
SIZE: 600 ☒ 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

180 gallons per day
BASED ON:
☒ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilite
☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE CONDITION: 6 B
at Observation Hole # 1
Depth: 14"
of Most Limiting Soil Factor

DISPOSAL FIELD SIZING

☒ 1. Medium—2.6 sq. ft. / gpd
☐ 2. Medium—Large 3.3 sq. ft / gpd
☐ 3. Large—4.1 sq. ft. / gpd
☐ 4. Extra Large—5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

☒ Not Required
☐ 2. May Be Required
☐ 3. Required
Specify only for engineered systems
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 44 d 12 m 88 s
Lon. 70 d 03 m 86 s
if g.p.s. state margin of error: _____

SITE EVALUATOR STATEMENT

I certify that on 6/4/25 (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).

Site Evaluator Signature — SE# 226 — 6/10/25 Date

VAUGHN L. SMITH — Site Evaluator Name Printed — 446-3887 Telephone Number — SOILTESTMAN@GMAIL.COM E-mail Address

STATE OF MAINE VAUGHN L SMITH 226 SITE EVALUATOR

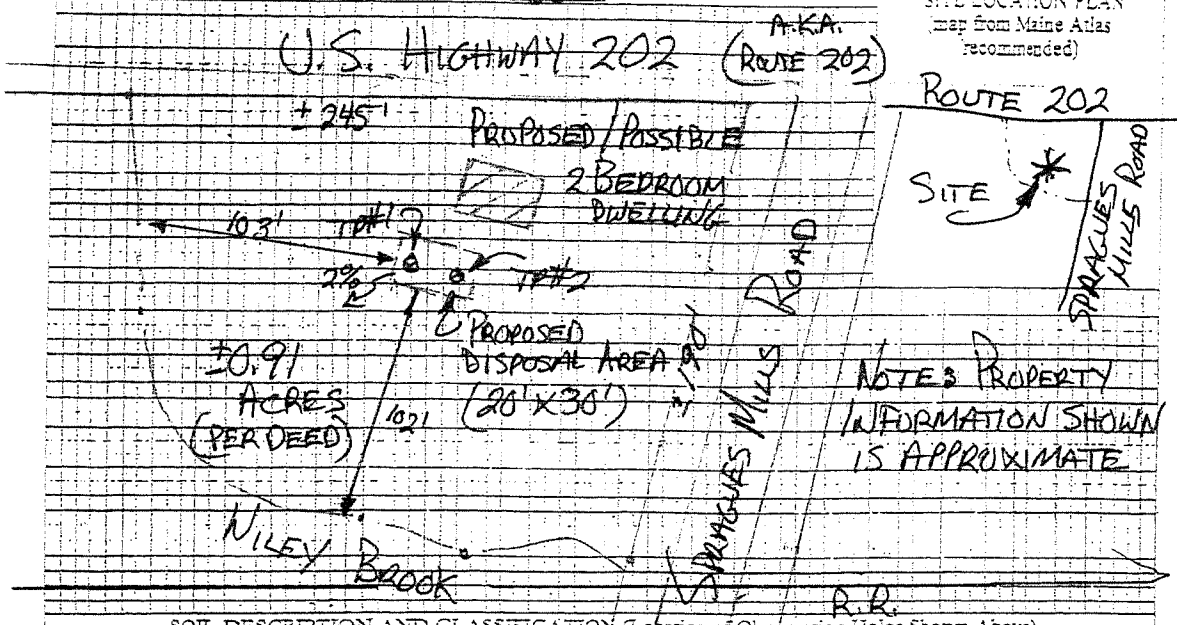
Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services
Division of Environmental Health
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation: GREENE | Street, Road, Subdivision: 957 U.S. HIGHWAY 202 | Owner's Name: BERT LANGELIER

SITE PLAN — Scale 1" = 60 ft. or as shown



SITE LOCATION PLAN (map from Maine Atlas recommended)

NOTE: PROPERTY INFORMATION SHOWN IS APPROXIMATE

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	GRAVELLY SANDY LOAM	FRIABLE	BROWN	NONE
10–20	GRAVELLY TO COBBLY SAND	LOOSE	LIGHT OLIVE BROWN	
20–30				
30–40	(OLD FILL) >20YRS.			
40–50				

Soil Classification: Profile 6 / Condition B | Slope 2 % | Limiting Factor N/A | Ground Water / Restrictive Layer / Bedrock / Pit Depth

Observation Hole #2 ☒ Test Pit ☐ Boring
2 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	SAME AS TP#1			
10–20				
20–30				
30–40				
40–50				

Soil Classification: Profile 6 / Condition B | Slope 2 % | Limiting Factor N/A | Ground Water / Restrictive Layer / Bedrock / Pit Depth

STATE OF MAINE — VAUGHN L. SMITH 2126 — LICENSED SITE EVALUATOR

Vaughn L. Smith — Site Evaluator Signature — 6/10/25 — Date

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Division of Health Engineering
(207) 287-5672 FAX (207) 287-4172

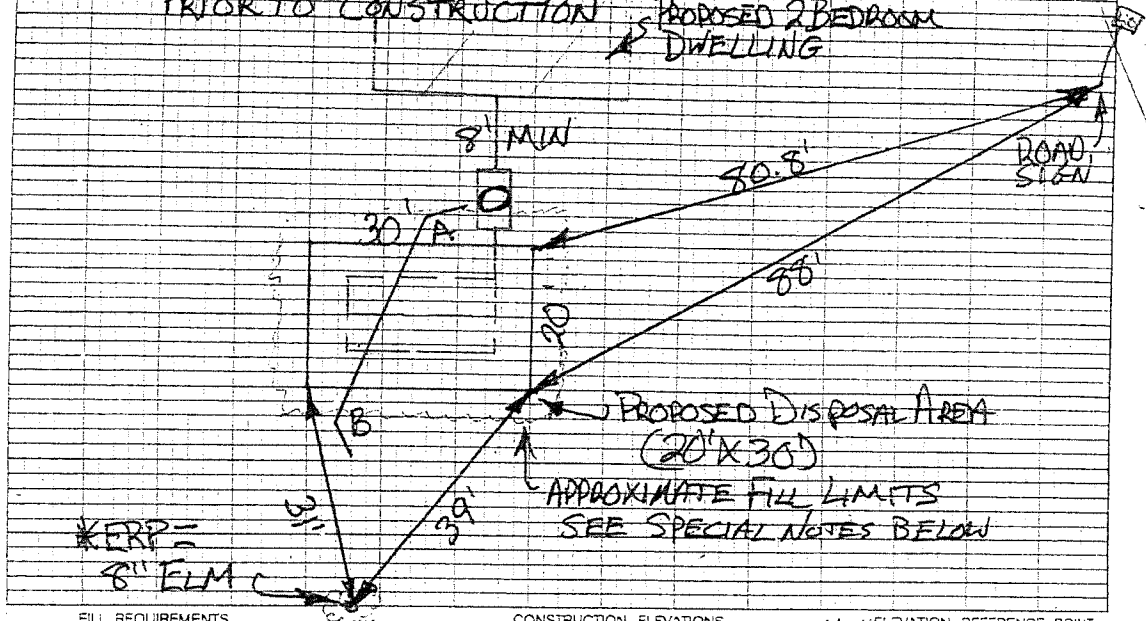
Town, City, Plantation: GREENE
Street, Road, Subdivision: 951 U.S. HIGHWAY 202
Owner's Name: BERT LANGELIER

SPRAGUES MILLS ROAD

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20 FT.

NOTE: CONFIRM ALL TIES, ELEVATIONS + PROPERTY LINES PRIOR TO CONSTRUCTION

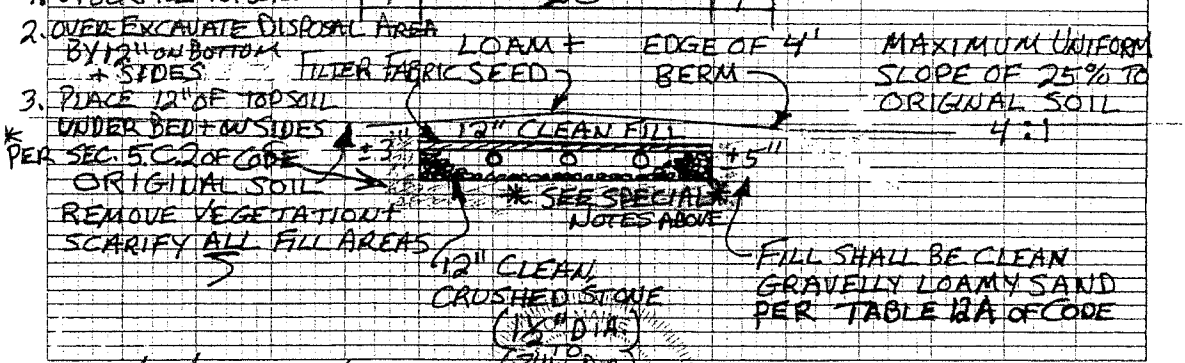


FILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT	
Depth of Fill (Upslope)	±03"	Finished Grade Elevation	-50"	Location & Description	8" ELM W/NAIL 62" ABOVE
Depth of Fill (Downslope)	±05"	Top of Distribution Pipe or Proprietary Device	-62"	Reference Elevation	0" GROUND
		Bottom of Disposal Area	-74"		

FILL DEPTHS WILL VARY

DISPOSAL AREA CROSS SECTION

SCALE VERTICAL 1" = 5'
HORIZONTAL 1" = 10'



MAXIMUM UNIFORM SLOPE OF 25% TO ORIGINAL SOIL 4:1

* SPECIAL NOTES:
1. STOCKPILE TOPSOIL
2. OVER-EXCAVATE DISPOSAL AREA BY 12" ON BOTTOM + SIDES
3. PLACE 12" OF TOPSOIL UNDER BED + ON SIDES

* PER SEC. 5.C.2 OF CODE ORIGINAL SOIL REMOVE VEGETATION + SCARIFY ALL FILL AREAS

FILL SHALL BE CLEAN GRAVELLY LOAMY SAND PER TABLE 12A OF CODE

Site Evaluator Signature: [signature]

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6/10/25

Date

LICENSED SITE EVALUATOR

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