SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION

City, Town, or Plantation: ORLAND
Street or Road: HIGH POINT DRIVE
Subdivision, Lot #: OFF DOGTOWN ROAD

OWNER/APPLICANT INFORMATION

Name (last, first, MI): GRAY, BILLY ☐ Owner ☒ Applicant
Mailing Address of ☐ Owner ☒ Applicant: 63 WEST SIDE DRIVE, VERONA, ME 04446
Daytime Tel. # / email address: (207) 460-4192

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 ( )

Local Plumbing Inspector Signature _____ L.P.I. # _____

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 the application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # _____ Lot # _____

CAUTION: INSPECTION REQUIRED

I have inspected the installation authorized above and found it to be in compliance with 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. Minor Expansion <25%
☐ b. Major Expansion ≥ 25%
☐ 4. Experimental System
☐ 5. Seasonal Conversion

SIZE OF PROPERTY
7+ ☐ sq. ft. ☒ acres

SHORELAND ZONING
☐ Yes ☒ No

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 TO SERVE
☒ 1. Single Family Dwelling Unit, No. of Bedrooms: 3
☐ 2. Multiple Family Dwelling, No. of Units: _____
☐ 3. Other: (SPECIFY) _____
Current Use: ☐ Seasonal ☐ Year Round ☒ Undeveloped

DISPOSAL SYSTEM COMPONENT(S)
☒ 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

TYPE OF WATER SUPPLY
☒ Proposed ☐ Existing
☒ 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
☐ c. with lift station
☒ d. monolithic
☐ e. two compartment
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY 1000 gallons

SOIL DATA & DESIGN CLASS
PROFILE CONDITION
3 / D
at Observation Hole # TP1
Depth 17+
OF MOST LIMITING SOIL FACTOR

DISPOSAL FIELD TYPE & SIZE
☐ 1. Stone Bed ☐ 2. Stone Trench
☒ 3. Proprietary Device HIGH CAPACITY INFILTRATORS
☐ a. Cluster Array ☒ c. Linear
☒ b. Regular load ☐ d. H-20 load
☐ 4. Other: _____
SIZE 1000 ☒ sq. ft. ☐ lin. ft.

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

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

EFFLUENT/EJECTOR PUMP
☒ 1. Not Required
☐ 2. May be Required
☐ 3. Required
Specify only for engineered systems
DOSE: _____ gallons

DESIGN FLOW
270 gallons per day
BASED ON
☒ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C (other facilities)
SHOW CALCULATIONS for other facilities

☐ 3. Section 4G (meter readings)
ATTACH WATER METER DATA

LATTITUDE AND LONGITUDE
at center of disposal area
Lat. 44° 51' 8.90" N
Lon. 68° 38' 35" W
+/- if g.p.s. - state margin of error 20 ft.

SITE EVALUATOR STATEMENT

I certify that on 7/26/2024 (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 _____ 213 SE# 356-7150 8/18/2024 Date

STEPHEN H. HOWELL
Site Evaluator Name Printed

(207) ~~825-4702~~
Telephone Number

showellsoilsolutions@gmail.com
E-mail Address

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

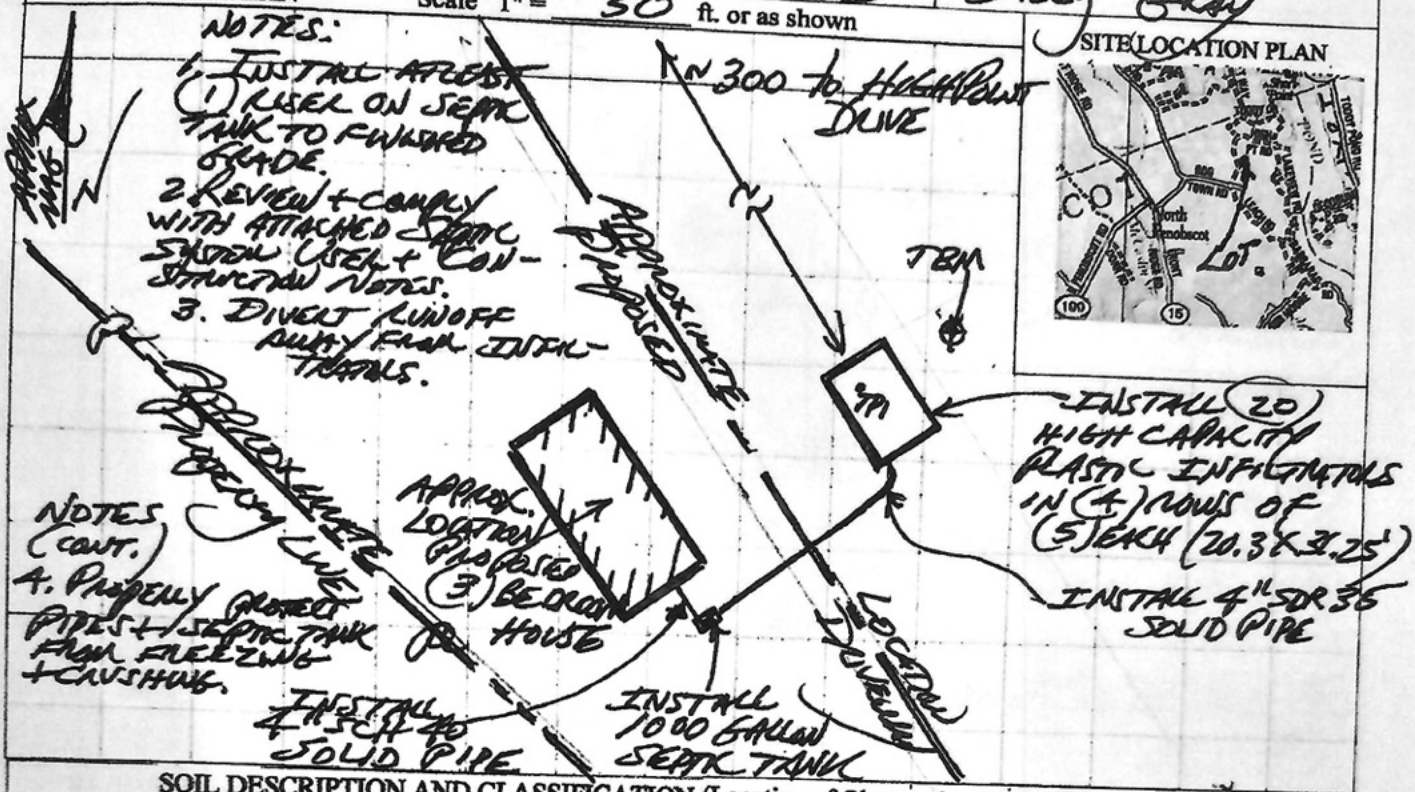
Town, City, Plantation: ORLAND

Street, Road, Subdivision: 47 DOGTOWN ROAD; HIGHPOINT ROAD

Owner's Name: BILLY GRAY

SITE PLAN

Scale 1" = 50 ft. or as shown

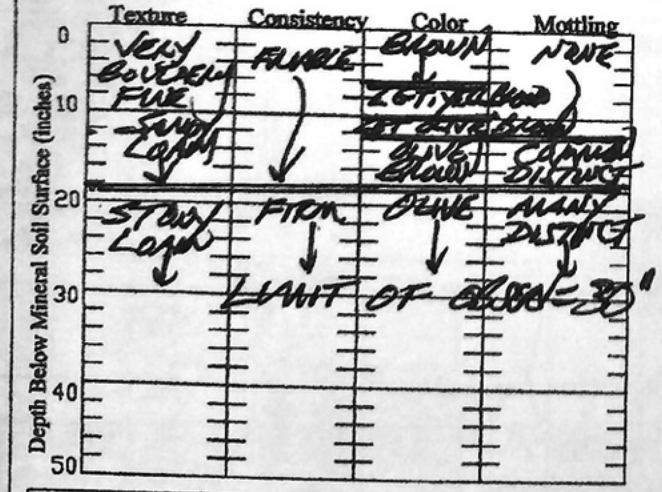


SITE LOCATION PLAN

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

Observation Hole TP1 ☒ Test Pit ☐ Boring

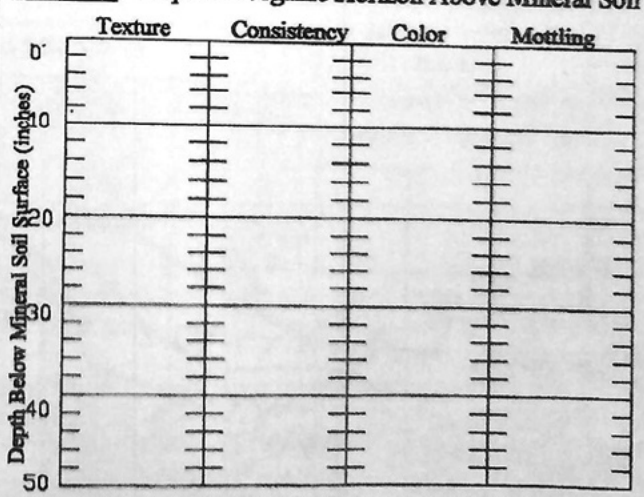
3 " Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	
3 (Profile) D (Condition)	5 %	12"	☒ Ground Water ☒ Restrictive Layer [ ] Bedrock [ ] Pit Depth

Observation Hole _____ ☐ Test Pit ☐ Boring

_____ " Depth of Organic Horizon Above Mineral Soil



Soil Classification	Slope	Limiting Factor	
_____ (Profile) _____ (Condition)	_____ %	_____ "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock [ ] Pit Depth

Site Evaluator Signature

#213
SE #

8/18/2024
Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

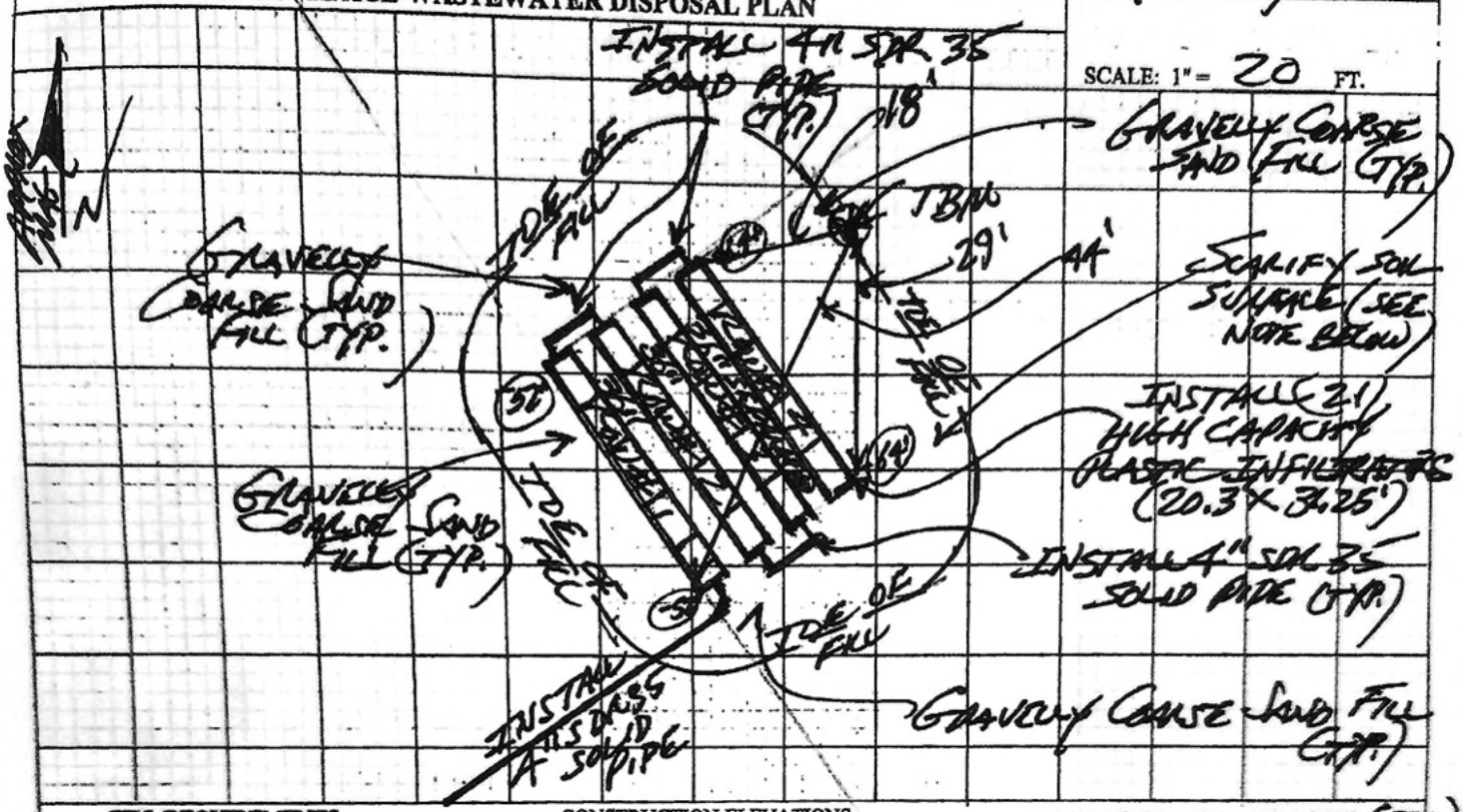
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Town, City, Plantation: ORLAND

Street, Road, Subdivision: OFF DOGTOWN ROAD, HIGH POINT ROAD

Owner's Name: BILLY GRAY

SUBSURFACE WASTEWATER DISPOSAL PLAN



FILL REQUIREMENTS

Depth of Fill (Upslope): 34"

Depth of Fill (Downslope): 34"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation

Top of Distribution Pipe or Proprietary Device

Bottom of Disposal Area

SEE X-SECT

ELEVATION REFERENCE POINT

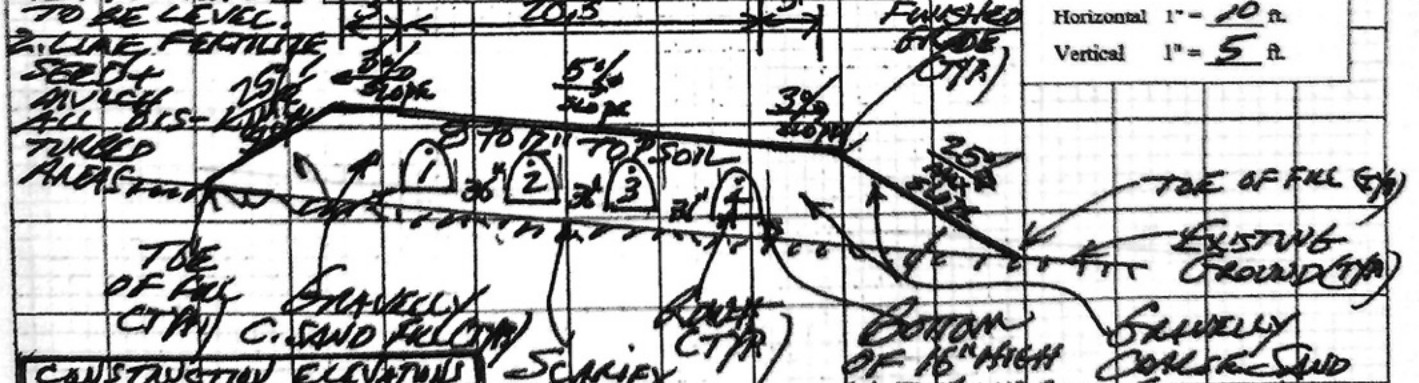
Location & Description: NAIL FLAGGING 74' UP A 10" DIA. BIRCH TREE

Reference Elevation: = 0"

DISPOSAL AREA CROSS SECTION

NOTES:
1. INFILTRATORS TO BE LEVEL.
2. LIME, FERTILIZE, SEED & MULCH ALL DISTURBED AREAS.

Scale
Horizontal 1" = 10 ft.
Vertical 1" = 5 ft.



CONSTRUCTION ELEVATIONS		
ROW #	BOTTOM INFILTRATORS	TOP INFILTRATORS
1	-47"	-31"
2	-51"	-35"
3	-55"	-39"
4	-59"	-43"

Site Evaluator Signature

#213 — SE #

8/18/2024 — Date