SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION Div of Environmental Health , 11 SHS (207) 287-5672 Fax: (207) 287-4172 PROPERTY LOCATION >> CAUTION: LPI APPROVAL REQUIRED << City, Town, or Plantation Permit # Street or Road Date Permit Issued ___/_ / Fee: \$_____ Double Fee Charged [] Subdivision Lot # ____ L.P.I. #_ Local Plumbing Inspector Signature OWNER/APPLICANT INFORMATION □ Owner □ Town □ State Name (last, first, MI) Owner The Subsurface Wastewater Disposal System shall not be installed until a Applicant Permit is issued by the Local Plumbing Inspector. The Permit shall Mailing Address of ' authorize the owner or installer to install the disposal system in accordance Owner/Applicant with this application and the Maine Subsurface Wastewater Disposal Rules. Municipal Tax Map # Lot # Daytime Tel. # CAUTION: INSPECTION REQUIRED OWNER OR APPLICANT STATEMENT I state and acknowledge that the information submitted is correct to the best of I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit. (1st) date approved Signature of Owner or Applicant Date Local Plumbing Inspector Signature (2nd) date approved PERMIT INFORMATION TYPE OF APPLICATION THIS APPLICATION REQUIRES **DISPOSAL SYSTEM COMPONENTS** 1. Complete Non-engineered System ; 1. First Time System : 1. No Rule Variance 2. Primitive System (graywater & alt. toilet) ; 2. Replacement System ; 2. First Time System Variance 3. Alternative Toilet, specify:__ a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval Type replaced: 4. Non-engineered Treatment Tank (only) 5. Holding Tank, _____ gallons Year installed: ; 3. Replacement System Variance 6. Non-engineered Disposal Field (only) ; 3. Expanded System ; a. Local Plumbing Inspector Approval ; b. State & Local Plumbing Inspector Approval 7. Separated Laundry System ; a. <25% Expansion ; b. >25% Expansion 8. Complete Engineered System (2000 gpd or more) ; 4. Experimental System 9. Engineered Treatment Tank (only) ; 4. Minimum Lot Size Variance 10. Engineered Disposal Field (only) ; 5. Seasonal Conversion 5. Seasonal Conversion Permit 11. Pre-treatment, specify: DISPOSAL SYSTEM TO SERVE SIZE OF PROPERTY 12. Miscellaneous Components ; 1. Single Family Dwelling Unit, No. of Bedrooms: ___ SQ. FT. TYPE OF WATER SUPPLY ; 2. Multiple Family Dwelling, No. of Units: _____ ; ACRES : 3. Other: ; 1. Drilled Well ; 2. Dug Well ; 3. Private SHORELAND ZONING (specify) ; 4. Public ; 5. Other Current Use; Seasonal; Year Round; Undeveloped **DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3) DISPOSAL FIELD TYPE & SIZE GARBAGE DISPOSAL UNIT** TREATMENT TANK **DESIGN FLOW** ; 1. Concrete ; 1. Stone Bed ; 2. Stone Trench ; 1. No ; 2. Yes ; 3. Maybe ; a. Regular ; 3. Proprietary Device gallons per day If Yes or Maybe, specify one below: BASED ON: ; b. Low Profile ; a. cluster array; c. Linear ; a. multi-compartment tank ; 2. Plastic 1. Table 4A (dwelling unit(s)) b. regular load ; d. H-20 load ; b. ___ tanks in series ; 3. Other: 2. Table 4C(other facilities) GAL. SHOW CALCULATIONS for other facilites CAPACITY: ; c. increase in tank capacity ____; sq. ft.; lin. ft. ; d. Filter on Tank Outlet **SOIL DATA & DESIGN CLASS DISPOSAL FIELD SIZING EFFLUENT/EJECTOR PUMP** 3. Section 4G (meter readings) PROFILE CONDITION ATTACH WATER METER DATA ; 1. Not Required ☐ 1. Medium---2.6 sq. ft. / gpd ; 2. May Be Required LATITUDE AND LONGITUDE at Observation Hole# □ 2. Medium---Large 3.3 sq. f.t / gpd at center of disposal area ; 3. Required ☐ 3. Large---4.1 sq. ft. / gpd Specify only for engineered systems: Lon. d m of Most Limiting Soil Factor DOSE: _____ gallons ☐ 4. Extra Large---5.0 sq. ft. / gpd if g.p.s, state margin of error: SITE EVALUATOR STATEMENT (date) I completed a site evaluation on this property and state that the data reported are accurate and I certify that on that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). Site Evaluator Signature Date Site Evaluator Name Printed Telephone Number E-mail Address

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

Maine Dept.Health & Human Services

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