# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

## PROPERTY LOCATION

City, Town, or Plantation

Street or Road

Subdivision, Lot #

## OWNER/APPLICANT INFORMATION

Name (last, first, MI) ☐ Owner ☐ Applicant

Mailing Address of Owner/Applicant

Daytime Tel. #

**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

n Owner n Town n 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 # _____ Lot # _____

**CAUTION: INSPECTION REQUIRED**
I have inspected the installation authoirzed 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

☐ SQ. FT.
☐ ACRES

### DISPOSAL SYSTEM TO SERVE

☐ 1. Single Family Dwelling Unit, No. of Bedrooms: ____
☐ 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

### SHORELAND ZONING

☐ Yes ☐ No

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

### TREATMENT TANK

☐ 1. Concrete
☐ a. Regular
☐ b. Low Profile
☐ 2. Plastic
☐ 3. Other: _____
CAPACITY: _____ 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: _____
SIZE: _____ ☐ 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

_____ gallons per day
BASED ON:
☐ 1. Table 4A (dwelling unit(s))
☐ 2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites

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

### SOIL DATA & DESIGN CLASS

PROFILE CONDITION
_____/_____
at Observation Hole #_____
Depth _____"
of Most Limiting Soil Factor

### DISPOSAL FIELD SIZING

☐ 1. Medium---2.6 sq. ft. / gpd
☐ 2. Medium---Large 3.3 sq. f.t / gpd
☐ 3. Large---4.1 sq. ft. / gpd
☐ 4. Extra Large---5.0 sq. ft. / gpd

### EFFLUENT/EJECTOR PUMP

☐ Not Required
☐ May Be Required
☐ Required
Specify only for engineered systems:
DOSE: _____ gallons

### LATITUDE AND LONGITUDE

at center of disposal area
Lat. _____d _____m _____s
Lon. _____d _____m _____s
if g.p.s, state margin of error: _____

## SITE EVALUATOR STATEMENT

I certify that on _____ (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 # ____ 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.

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation

Street, Road, Subdivision

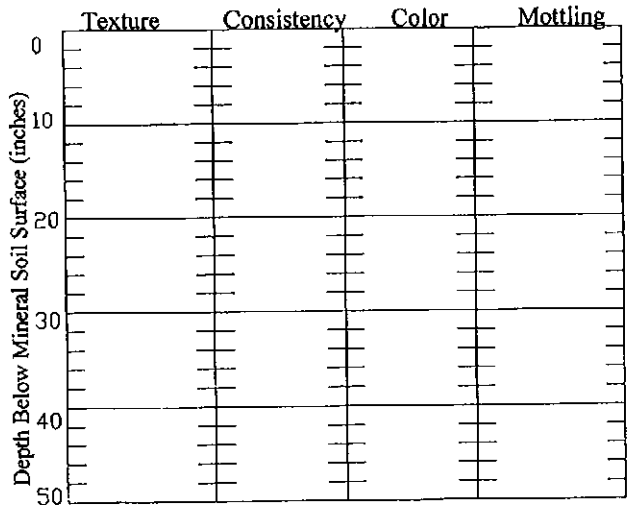
Owner's Name

**SITE PLAN** Scale 1" = _____ ft. or as shown

SITE LOCATION PLAN
(map from Maine Atlas recommended)

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

Observation Hole _____ ☐ Test Pit ☐ Boring
_____ " Depth of Organic Horizon Above Mineral Soil




| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| _____ _____ Profile Condition | _____ % | _____ " | [ ] Ground Water<br>[ ] Restrictive Layer<br>[ ] Bedrock<br>[ ] Pit Depth |

Observation Hole _____ ☐ Test Pit ☐ Boring
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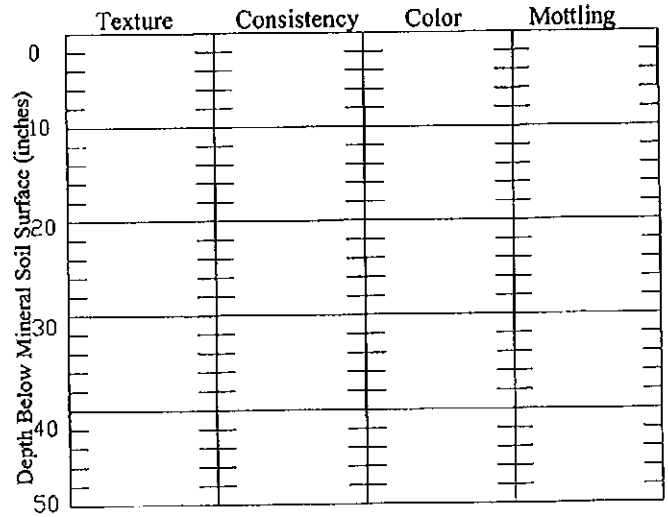


| Soil Classification | Slope | Limiting Factor | |
|---|---|---|---|
| _____ _____ Profile Condition | _____ % | _____ " | [ ] Ground Water<br>[ ] Restrictive Layer<br>[ ] Bedrock<br>[ ] Pit Depth |

_____ _____ _____
Site Evaluator Signature SE # Date

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## SUBSURFACE WASTEWATER DISPOSAL PLAN

0 _____ _____

SCALE: 1" = _____ FT.

FILL REQUIREMENTS

Depth of Fill (Upslope) _____

Depth of Fill (Downslope) _____

CONSTRUCTION ELEVATIONS

Finished Grade Elevation _____

Top of Distribution Pipe or Proprietary Device _____

Bottom of Disposal Area _____

ELEVATION REFERENCE POINT

Location & Description:

Reference Elevation: _____

## DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = ____ ft.

Vertical 1" = ____ ft.

Site Evaluator Signature _____ SE # _____ Date _____

## Plumbing/Subsurface Wastewater Disposal System Permit Fee Schedule

| Disposal System Components | Fee | State Share (25%) | DEP Surcharge |
|---|---|---|---|
| 1. Complete Non-Engineered System | $250.00 | $62.50 | $15.00 |
| 2. Primitive / Limited System (graywater & alt toilet) | $100.00 | $25.00 | $15.00 |
| 3. Alternative Toilet | $50.00 | $12.50 | NA |
| 4. Non-Engineered Treatment Tank | $150.00 | $37.50 | NA |
| 5. Holding Tank | $100.00 | $25.00 | $15.00 |
| 6. Non-Engineered Disposal Field | $150.00 | $37.50 | NA |
| 7. Separated Laundry System | $35.00 | $8.75 | $15.00 |
| 8. Complete Engineered System | $200.00 | $50.00 | NA |
| 9. Engineered Treatment Tank (only) | $80.00 | $20.00 | NA |
| 10. Engineered Disposal Field (only) | $150.00 | $37.50 | NA |
| 11. Pre-Treatment | NA | NA | NA |
| 12. Miscellaneous Components | $30.00 | $7.50 | NA |
| First-Time System Variances | $20.00 | $5.00 * | NA |
| Replacement System Variances | NA | NA | NA |
| Seasonal Conversion Permit | $50.00 | $12.50 | NA |

### Internal Plumbing Permits

| | | |
|---|---|---|
| **Minimum fee, includes up to 4 fixtures/hook-ups** | **$40.00** | **$10.00** |
| Individual fixtures, each, over 4 | $10.00 | $2.50 |
| Mobile or Modular Home – factory components | $40.00 | $10.00 |
| Hook up to public sewer | $10.00 | $2.50 |
| Hook up to existing subsurface system | $10.00 | $2.50 |
| Piping relocation with no new fixtures | $10.00 | $2.50 |
| Permit transfer | $10.00 | $2.50 |