

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div. Environmental Health, 118115  
(207) 287-3070 Fax: (207) 287-1172

## PROPERTY LOCATION

City, Town,  
or Plantation

Street or Road

Subdivision, Lot #

## >> 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 this application and the Maine Subsurface Wastewater Disposal Rules.

Municipal Tax Map # \_\_\_\_\_ 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: 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

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 5A (dwelling unit(s))
2. Table 5C (other facilities)

SHOW CALCULATIONS for other facilities

### 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. ft. / gpd
3. Large—4.1 sq. ft. / gpd
4. Extra Large—5.0 sq. ft. / gpd

### EFFLUENT/EJECTOR PUMP

1. Not Required
2. May Be Required
3. Required

Specify only for engineered systems:

DOSE: \_\_\_\_\_ gallons

3. Section 5G (meter readings)  
ATTACH WATER METER DATA

### 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.