



Department of Health & Human Services
Division of Environmental Health

REQUEST FOR REVIEW OF ONSITE SUBSURFACE
WASTEWATER DISPOSAL SYSTEM DESIGN

OFFICE USE ONLY
Fee Paid? [] yes [] no
I.D. Number _____

Please complete the following Sections. Please print or type. If you are or will be connected to a private wastewater disposal system, serving less than 2,000 gallons per day, you must submit a copy of the design (HHE-200 Form). An existing system may be approved, provided it is working well and it is sized properly for the proposed use.

Applicant
License ID #, if currently licensed by the Department of Health and Human Services : _____
Name of Business: _____ Contact Person : _____
Location of Business, Town/City: _____ Address: _____
Mailing Address: _____
Telephone: _____ e-mail: _____

Establishment Information

1. This establishment (check one)

- [] is presently licensed by the Department of Agriculture
[] was previously licensed by the Department of Agriculture
[] is presently licensed by the Department of Health and Human Services
[] was previously licensed by the Department of Health and Human Services
[] has never been licensed.

2. Is this proposal for a change in ownership of an existing, licensed establishment only? [] Yes [] No
If yes, complete the following:

Previous name of business: _____

Name of previous license holder: _____

3. Is this proposal an expanded use of an existing establishment? [] Yes [] No

If yes, the proposed expanded use is from _____ [] seats [] rooms [] sites [] other _____
(number)
to _____ [] seats [] rooms [] sites [] other _____
(number)

4. Is this proposal a change in use of an existing, previously licensed establishment or structure? [] Yes [] No

If yes, please explain. Use a separate sheet if necessary. _____

5. The building, land, subsurface wastewater disposal system (i.e., septic system, holding tank, etc.), and water supply/well are (check one):

Sewage Disposal System

Water Supply System

- [] owned by the business owner/operator
[] under contract for sale and purchase
[] leased by the business owner/operator

- [] owned by the business owner/operator
[] under contract for sale and purchase
[] leased by the business owner/operator

If leased, provide the following:

Lessor's name and mailing address: _____

Lessor's telephone number: _____

6. Please complete the following, as appropriate for your proposal:
- Number of employees per 24 hour period: _____
 - Number of seats _____ indoor or outdoor (exclude picnic tables)
 - Type of service conventional china disposable (paper plates, etc.)
 - Hours and number of days of operation _____ per day _____ days per week
 - Meals served breakfast lunch dinner
 - If takeout only, square feet of facility _____
 - If lodging, including bed and breakfast, number of rooms _____
 - Catering Operation _____ days per week
 - Campground _____ sites with water & sewer _____ sites without water & sewer _____
 - Youth Camp Resident campers _____ Day Campers _____
 - Adult Recreation Camp # of campers _____
7. You must submit a copy of a design for your existing onsite subsurface wastewater disposal system (HHE-200 Form), which demonstrates that the system is sized to accommodate your proposal; or an HHE-200 Form for a proposed system that is sized to accommodate your proposed business plan.

NOTE: License transfers from the Department of Agriculture which do not include increased or expanded uses are not required to demonstrate the size or nature of the onsite subsurface wastewater disposal system, provided that it has no history of malfunctioning at the time of transfer.

If your proposal is an additional use that increases the amount of flow generated (design flow) by more than 25%, then a larger or expanded system must be installed. If the system is located within 250 feet of the normal high water mark of a water body, the system must be installed regardless of how much of an increase is proposed.

Check the following as appropriate:

HHE-200 Form for existing system attached HHE-200 Form for proposed system attached.

8. If your proposal would generate 2,000 gallons or more of wastewater per day, it is an Engineered System. All Engineered Systems must be designed by a licensed Professional Engineer, and require review and approval from the Department. This entails a \$100.00 review fee, payable to the Treasurer of the State of Maine.
- This proposal would generate less than 2,000 gallons of wastewater per day.
 - This proposal would generate more than 2,000 gallons of wastewater per day.
9. This establishment is served by a municipal water supply a drilled well other (specify) _____.

If your water supply is a drilled well, it may be regulated as a public water supply (not to be confused with connection to a municipal supply), depending on how many people it would serve. Among other criteria, 15 or more service connections; or 10 or more seats, would cause your well to be regulated as a public water supply.

I, _____ (print) am the applicant agent for the applicant for the subject establishment. I state that the information submitted is correct to the best of my knowledge and understand that any misrepresentation is reason for the Department to deny disposal system approval and/or Health Inspections Program license.

I further state that I will not operate the establishment outside the design limits of the approved onsite subsurface wastewater disposal system and license conditions. I understand that any change to the stated limits or other aspects of the operation must first receive approval from the Department.

Signature of Applicant _____
 Signature of Agent for Applicant (enclose agent authorization document) Date

Return the completed request form along with all necessary exhibits, and a review fee of \$20.00 (check or money order, payable to Treasurer of State of Maine) or \$100.00 if for an engineered system (see #8, above) to: Department of Health and Human Services, Division of Environmental Health, 11 State House Station, Augusta, ME 04333-0011.