

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> CAUTION: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation		Town/City _____ Permit # _____	
Street or Road		Date Permit Issued ____/____/____ Fee: \$ _____ Double Fee Charged [ ]	
Subdivision, Lot #		_____ L.P.I. # _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____	
Name (last, first, MI) _____ Owner _____ Applicant _____		Fee: \$ _____ state min fee \$ _____ Locally adopted fee _____	
Mailing Address of Owner/Applicant _____		Copy: [ ] Owner [ ] Town [ ] State _____	
Daytime Tel. # _____		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 # _____	
<b>OWNER OR APPLICANT STATEMENT</b> 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 _____		<b>CAUTION: INSPECTION REQUIRED</b> 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			
<b>TYPE OF APPLICATION</b> 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	<b>THIS APPLICATION REQUIRES</b> 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	<b>DISPOSAL SYSTEM COMPONENTS</b> 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	
<b>SIZE OF PROPERTY</b> SQ. FT. _____ ACRES _____	<b>DISPOSAL SYSTEM TO SERVE</b> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ 2. Multiple Family Dwelling, No. of Units: _____ 3. Other: _____ (specify) Current Use Seasonal Year Round Undeveloped	<b>TYPE OF WATER SUPPLY</b> 1. Drilled Well    2. Dug Well    3. Private  4. Public    5. Other	
<b>SHORELAND ZONING</b> Yes _____ No _____			

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<b>TREATMENT TANK</b> 1. Concrete a. Regular b. Low Profile 2. Plastic 3. Other: _____ CAPACITY: _____ GAL.	<b>DISPOSAL FIELD TYPE &amp; SIZE</b> 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.	<b>GARBAGE DISPOSAL UNIT</b> 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	<b>DESIGN FLOW</b> _____ gallons per day BASED ON: 1. Table 5A (dwelling unit(s)) 2. Table 5C (other facilities) SHOW CALCULATIONS for other facilities  3. Section 5G (meter readings) ATTACH WATER METER DATA
<b>SOIL DATA &amp; DESIGN CLASS</b> PROFILE _____ CONDITION _____ at Observation Hole # _____ Depth _____" of Most Limiting Soil Factor	<b>DISPOSAL FIELD SIZING</b> 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	<b>EFFLUENT/EJECTOR PUMP</b> 1. Not Required 2. May Be Required 3. Required Specify only for engineered systems: DOSE: _____ gallons	<b>LATITUDE AND LONGITUDE</b> 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.