

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		>> Caution: LPI APPROVAL REQUIRED <<	
City, Town, or Plantation	ANYTOWN	Town/City _____	Permit # _____
Street or Road	43 ANYTOWN DRIVE	Date Permit Issued ____/____/____ Fee: \$_____ Double Fee Charged ()	
Subdivision, Lot #		L.P.I.# _____	
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature _____ <input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	
Name (last, first, MI)	HARRIS SEPTIC SOLUTIONS, INC. <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	The Subsurface Wastewater Disposal System <i>shall not</i> be installed until a Permit is attached HERE 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.	
Mailing Address of Owner/Applicant	0 SMITH ROAD ANYTOWN, ME 0000		
Daytime Tel. #	122-1234		
Municipal Tax Map # <u>B</u> Lot # <u>B</u>			
Owner or Applicant Statement		Caution: Inspection Required	
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.		I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Signature of Owner or Applicant _____ Date _____		Local Plumbing Inspector Signature _____ (1st) Date Approved _____ _____ (2nd) Date Approved _____	

PERMIT INFORMATION		
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: <u>TRENCH</u> Year Installed: <u>1965</u> <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input checked="" type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval	DISPOSAL SYSTEM COMPONENTS 1. <input checked="" type="checkbox"/> Complete Non-engineered System 2. <input type="checkbox"/> Primitive System (graywater & alt toilet) 3. <input type="checkbox"/> Alternative Toilet, specify: _____ 4. <input type="checkbox"/> Non-engineered Treatment Tank (only 5. <input type="checkbox"/> Holding Tank, _____ Gallons 6. <input type="checkbox"/> Non-engineered Disposal Field (only) 7. <input type="checkbox"/> Separated Laundry System 8. <input type="checkbox"/> Complete Engineered System (2000gpd+) 9. <input type="checkbox"/> Engineered Treatment Tank (only) 10. <input type="checkbox"/> Engineered Disposal field (only) 11. <input type="checkbox"/> Pre-treatment, specify: _____ 12. <input type="checkbox"/> Miscellaneous Components
SIZE OF PROPERTY +/- <u>1.5</u> <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres	DISPOSAL SYSTEM TO SERVE 1. <input checked="" type="checkbox"/> Single Family Dwelling Unit, No. of Bedrooms: <u>3</u> 2. <input type="checkbox"/> Multiple Family Dwelling, No of Units: _____ 3. <input type="checkbox"/> Other: _____ (SPECIFY) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY 1. <input checked="" type="checkbox"/> Drilled Well 2. <input type="checkbox"/> Dug Well 3. <input type="checkbox"/> Private 4. <input type="checkbox"/> Public 5. <input type="checkbox"/> Other: _____
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK 1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile 2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____ CAPACITY <u>1000</u> gallons	DISPOSAL FIELD TYPE & SIZE 1. <input checked="" type="checkbox"/> Stone Bed 2. <input type="checkbox"/> Stone Trench 3. <input type="checkbox"/> Proprietary Device a. <input type="checkbox"/> cluster array c. <input type="checkbox"/> Linear b. <input type="checkbox"/> regular load d. <input type="checkbox"/> H-20 loaded 4. <input type="checkbox"/> Other: _____ SIZE: <u>800</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT 1. <input checked="" type="checkbox"/> No 3. <input type="checkbox"/> Maybe 2. <input type="checkbox"/> Yes >> Specify one below: a. <input type="checkbox"/> multi-compartment tank b. <input type="checkbox"/> _____ tanks in series c. <input type="checkbox"/> increase in tank capacity d. <input type="checkbox"/> Filter on tank outlet	DESIGN FLOW <u>270</u> gallons per day BASED ON: 1. <input checked="" type="checkbox"/> Table 4A (dwelling unit(s)) 2. <input type="checkbox"/> Table 4C (other facilities) SHOW CALCULATIONS - for other facilities - 3 BEDROOMS AT 90 GALLONS PER DAY EACH 3. <input type="checkbox"/> Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>40</u> d <u>00</u> m <u>00</u> s Lon. <u>00</u> d <u>21</u> m <u>16</u> s if g.p.s, state margin of error <u>22'</u>
SOIL DATA & DESIGN CLASS PROFILE CONDITION <u>5 / B</u> at Observation Hole # <u>TP-1</u> Depth <u>50</u> " of Most Limiting Soil Factor	DISPOSAL FIELD SIZING 1. <input checked="" type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input type="checkbox"/> Medium-Large - 3.3 sq.ft./gpd 3. <input type="checkbox"/> Large - 4.1 sq.ft./gpd 4. <input type="checkbox"/> Extra-Large - 5.0 sq.ft./gpd	EFFLUENT/EJECTOR PUMP 1. <input type="checkbox"/> Not required 2. <input checked="" type="checkbox"/> May be required 3. <input type="checkbox"/> Required Specify only for engineered systems: DOSE: _____ Gallons	

SITE EVALUATOR STATEMENT		
I certify that on <u>1/01/17</u> (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	# <u>348</u> SE #	<u>1/01/17</u> Date
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435 harrisseptic@gmail.com		Page 1 of 3 HHE-200 Rev. 08/2011
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
 Div of Environmental Health, 11 SHS
 (207) 287-5672 FAX (207) 287-3165

Town, City, Plantation
GRAY

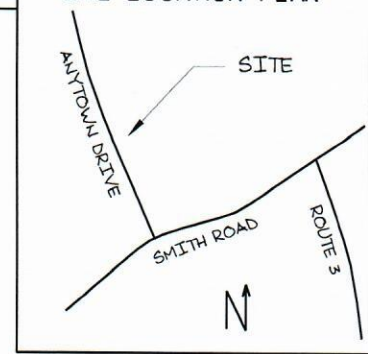
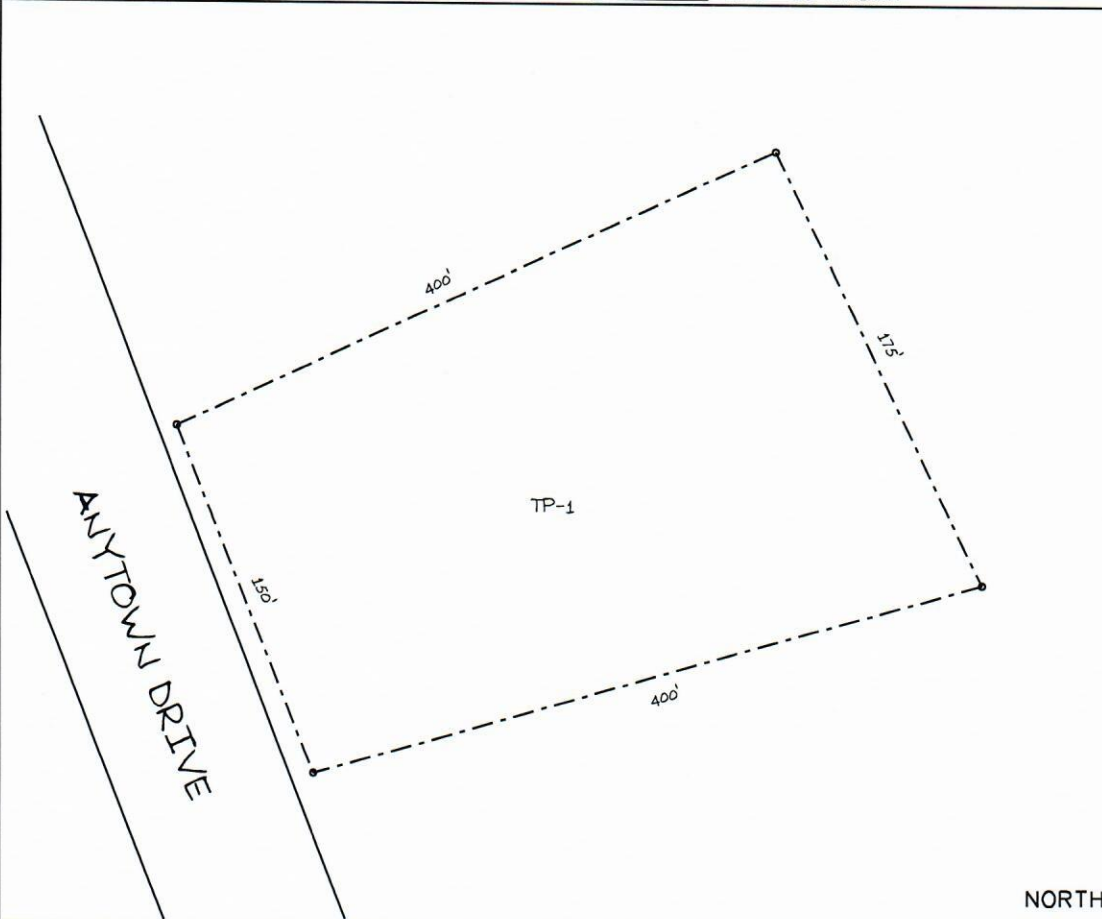
Street, Road, Subdivision
45 ANYTOWN DRIVE

Owner's Name
HARRIS SEPTIC SOLUTIONS

SITE PLAN

Scale 1" = NTS ft. or as shown

SITE LOCATION PLAN



NORTH ORIENTATION APPROXIMATE

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

Observation Hole TP-1 Test Pit Boring
0 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY SAND	FRIABLE	BROWN	
10	COARSE SAND	FRIABLE	DARK YELLOW BROWN	
20				
30	STONY COARSE SAND	FRIABLE	YELLOW BROWN	
40				
50	REFUSAL IN STONE AT 50"			

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

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

Soil Classification S Slope 0-2% Limiting Factor 50"
 Profile 5 Condition B
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Soil Classification _____ Slope _____% Limiting Factor _____"
 Profile _____ Condition _____
 Ground Water
 Restrictive Layer
 Bedrock
 Pit Depth

Norman Harris
 Site Evaluator Signature

#348
 SE •

1/01/17
 Date

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Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation
GRAY

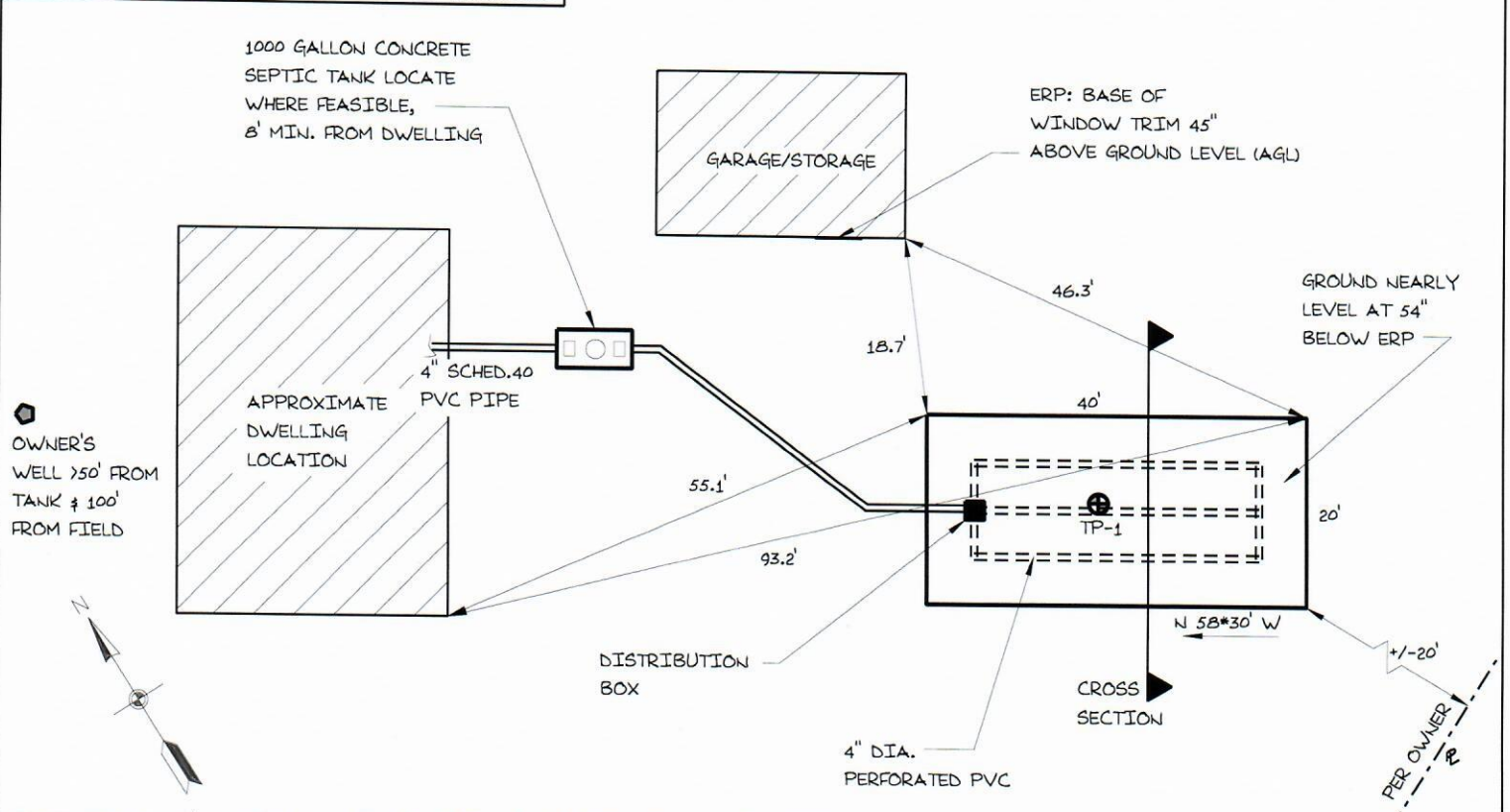
Street, Road, Subdivision
45 ANYTOWN DRIVE

Owner or Applicant Name
HARRIS SEPTIC SOLUTIONS

INSTALLER TO CONFIRM ELEVATIONS
NECESSARY TO OBTAIN PROPER GRAVITY
DISTRIBUTION OR PUMP STATION MAY BE REQUIRED

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE 1" = 20' FT.



* IT IS THE OWNER'S RESPONSIBILITY TO VERIFY THAT THERE ARE NO UNIDENTIFIED WELLS LOCATED WITHIN 100' OF DISPOSAL SYSTEM.
* ALL INFORMATION CONTAINED WITHIN THIS APPLICATION IS AS REPRESENTED BY OWNER, APPLICANT OR OWNER'S/APPLICANT'S REPRESENTATIVE. THE SITE EVALUATOR WILL NOT BE HELD RESPONSIBLE FOR ANY PERTINENT FACTORS NOT IDENTIFIED, DISCLOSED OR INACCURATELY DISCLOSED.

FILL REQUIREMENTS

Depth of Fill (Upslope) : 0"
Depth of Fill (Downslope) : 0"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation -54"
Top of Distribution Pipe or Proprietary Device -67"
Bottom of Disposal Area -78"

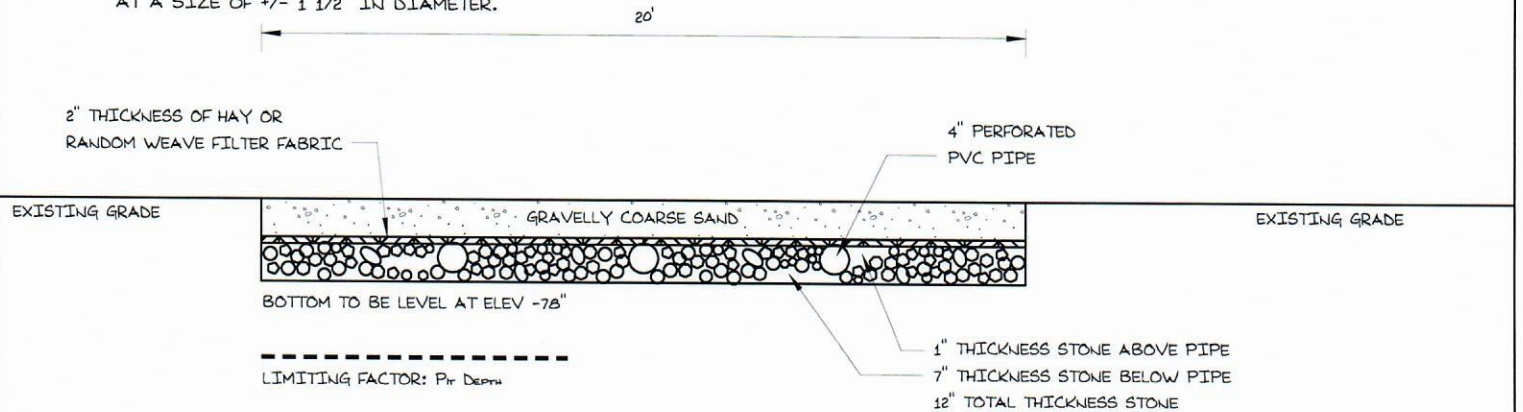
ELEVATION REFERENCE POINT

Location & Description BASE OF WINDOW TRIM 45" AGL
Reference Elevation -0"

DISPOSAL FIELD CROSS-SECTION

SCALES:
VERTICAL: 1" = 5 FT
HORIZONTAL: 1" = 5 FT

NOTES: * BACKFILL TO BE GRAVELLY COARSE SAND FREE OF FINES AND ORGANIC DEBRIS
* FINAL GRADES SHALL BE LOAMED, SEEDED AND OR MULCHED TO PREVENT EROSION
* ANY STONE REQUIRED TO BE FREE OF FINES AND ORGANIC DEBRIS AT A SIZE OF +/- 1 1/2" IN DIAMETER.



* WHERE POSSIBLE, THE AREA UNDER THE DISPOSAL FIELD AND EXTENSIONS SHALL BE SCARIFIED 6 TO 8 INCHES TO CREATE A TRANSITION ZONE

Norman Bud Harris
Site Evaluator Signature
NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.) (207) 892-2435

#348
SE

1/01/17
Date

STATEMENT TO OWNER/APPLICANT

(Attachment to HHE-200)

A Site Evaluation as defined in The Maine Subsurface Wastewater Disposal Rules (August 3, 2015) is:

“ The practice of investigating, evaluating, and reporting the basic soil and site conditions that apply to wastewater treatment and disposal along with a system design in compliance with this code.”

All reported site features are interpreted from information supplied by the owner, applicant or representative. This information in turn is utilized as means to design a disposal system that complies with the Maine Subsurface Wastewater Disposal Rules. The owner, applicant, and/or representative prior to signing of this application must verify this information as correct.

Minimum separation distances required for disposal systems less than 1000 gpd
(Unless reduced by variance)

Well (owner or neighbor) to any disposal component 100’
Location of neighbor’s wells is often difficult to observe. Many wells may be buried or hidden, making them unidentifiable. Confirmation from neighbor that their well is greater than 100’ must be obtained prior to installation.

- Water supply line to any disposal component 10’
- Building (full basement) to disposal area 20’
- Building (no full basement) to disposal area 15’
- Building to Septic Tank 8’
- Waterbody (major) to any septic component 100’
- Waterbody (minor) to any septic component 50’
- Property line to any septic component 10’*

* All fill material (fill extension) to be contained within property with 4:1 slope

If after review it is agreed that all information is accurate, the following steps should be taken.

1. Sign the Owner or Applicant Statement section on page 1 of the application
2. Sign any Variance forms or any special circumstance forms that may be attached
3. If required, secure any neighbor variance/release form signatures
4. Repeat signatures on all copies
5. Submit 3 copies to your local Code Enforcement for review and approval

Prior to installation it is recommended that all abutting property owners be notified.

Harris Septic Solutions, Inc.
(207) 892-2435