

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, 10 SHS
(207) 287-5672 Fax: (207) 287-3165

PROPERTY LOCATION		CAUTION: PERMIT REQUIRED - ATTACH IN SPACE BELOW	
City, Town, or Plantation	Falmouth	<p style="text-align: center;">FALMOUTH PERMIT # 5444 TOWN COPY</p> <p>Date Permit Issued: <u>3 30 09</u> \$ <u>1500</u> <input type="checkbox"/> If Double Fee Charged</p> <p style="text-align: center;"><i>Justin Bruny</i> Local Plumbing Inspector Signature</p> <p style="text-align: right;">L.P.I. # <u>10711</u></p>	
Street or Road	Stone Ridge Road		
Subdivision, Lot #	Stone Ridge - Lot 17		
OWNER/APPLICANT INFORMATION		CAUTION: INSPECTION REQUIRED	
Name (last, first, MI)	Estes, Nick <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.	
Mailing Address of Owner/Applicant	83 Rollings Hill Drive Standish, ME 04084	<p style="text-align: right;"><u>2/2/09</u> (1st) date approved</p> <p style="text-align: right;"><u>2/11/09</u> (2nd) date approved</p>	
Daytime Tel. #	207-671-7405	Municipal Tax Map # <u>R9</u> Lot # <u>12-17</u>	
OWNER OR APPLICANT STATEMENT		Local Plumbing Inspector Signature	
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 _____		Signature _____ Date _____	
PERMIT INFORMATION			
TYPE OF APPLICATION	THIS APPLICATION REQUIRES	DISPOSAL SYSTEM COMPONENTS	
<input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type replaced: _____ Year installed: _____ <input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	<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 <input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	<input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components	
SIZE OF PROPERTY	DISPOSAL SYSTEM TO SERVE	TYPE OF WATER SUPPLY	
1.23 <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	<input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: <u>4</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped	<input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private <input type="checkbox"/> 4. Public <input type="checkbox"/> 5. Other Existing - See Page 2	
SHORELAND ZONING	DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TREATMENT TANK	DISPOSAL FIELD TYPE & SIZE	GARBAGE DISPOSAL UNIT
	<input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: <u>1000</u> GAL	<input type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input checked="" type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. cluster array <input type="checkbox"/> c. Linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: <u>1200</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.	<input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes of Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet
	SOIL DATA & DESIGN CLASS	DISPOSAL FIELD SIZING	EFFLUENT/EJECTOR PUMP
	PROFILE CONDITION DESIGN <u>2</u> / <u>AIII</u> / <u>1</u> at Observation Hole # <u>TP-1</u> Depth <u>24</u> " of Most Limiting Soil Factor Bedrock	<input type="checkbox"/> 1. Small—2.0 sq. ft. / gpd <input type="checkbox"/> 2. Medium—2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 3. Medium—Large 3.3 sq. ft. / gpd <input type="checkbox"/> 4. Large—4.1 sq. ft. / gpd <input type="checkbox"/> 5. Extra Large—5.0 sq. ft. / gpd	<input checked="" type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons
	DESIGN FLOW		
	<u>364</u> gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.1 (other facilities) SHOW CALCULATIONS — for other facilities — <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>N43 d 45 m 23.36 s</u> Lon. <u>W70 d 19 m 38.66 s</u> if g.p.s. state margin of error: <u>10'</u>		
SITE EVALUATOR STATEMENT			
I certify that on <u>Oct. 23, 2008</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).			
<i>Stephen Marcotte</i> Site Evaluator Signature		<u>387</u> SE #	<u>10/24/08</u> Date
Stephen Marcotte Site Evaluator Name Printed		797-2110 Telephone Number	steve@sweetassociates.com Email Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.			

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Department of Human Services
Division of Health Engineering, Station 10
(207) 287-5672 Fax: (207) 287-3165

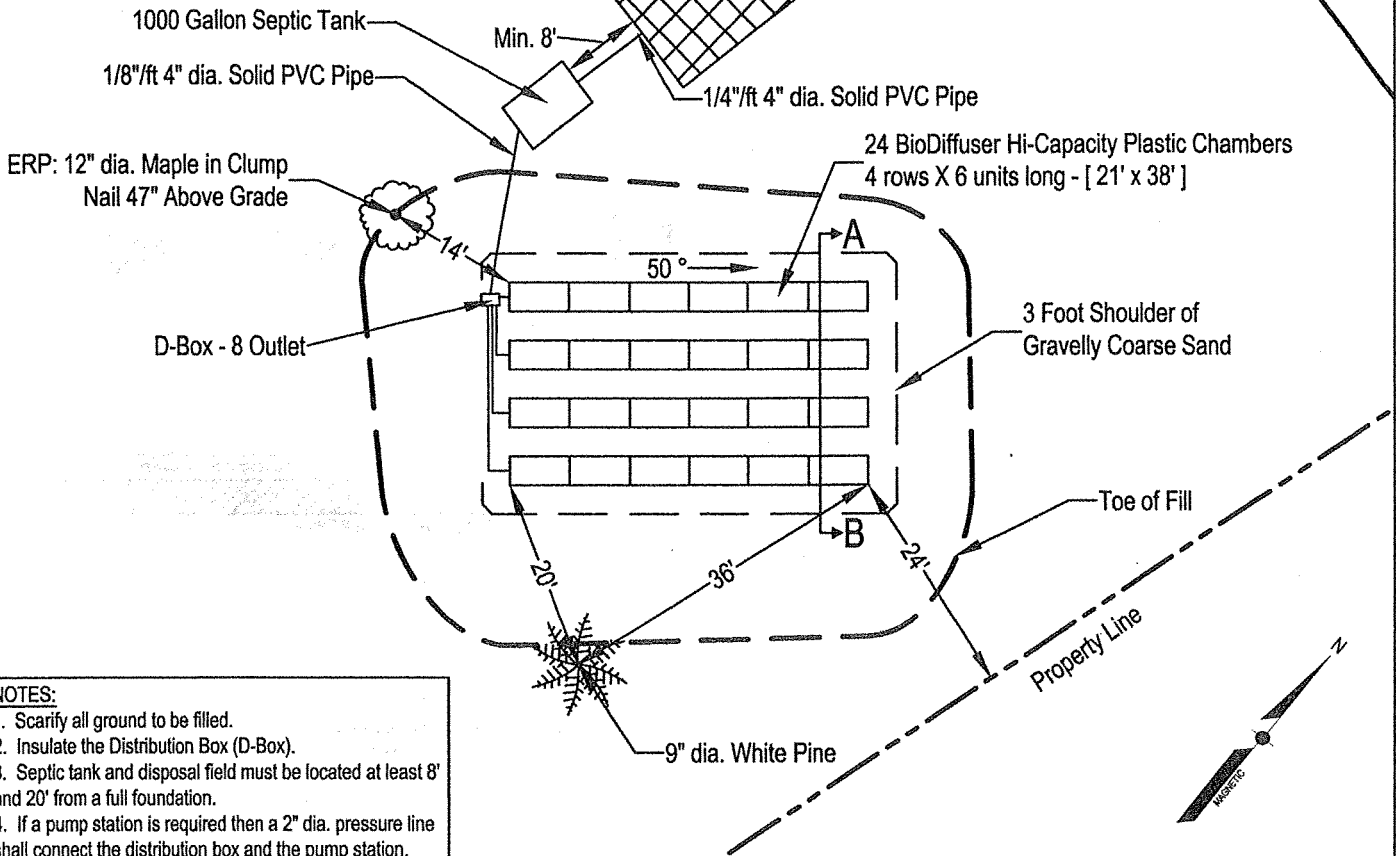
Town, City, Plantation
Falmouth

Street, Road, Subdivision
Stone Ridge Road - Stone Ridge Lot 17

Owner or Applicant Name
Nick Estes

SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 20 ft



- NOTES:**
1. Scarify all ground to be filled.
 2. Insulate the Distribution Box (D-Box).
 3. Septic tank and disposal field must be located at least 8' and 20' from a full foundation.
 4. If a pump station is required then a 2" dia. pressure line shall connect the distribution box and the pump station.

BACKFILL REQUIREMENTS	CONSTRUCTION ELEVATIONS	ELEVATION REFERENCE POINT
Depth of Backfill (upslope) <u>35-26"</u>	Finished Grade Elevation (at Row 1) <u>-29"</u>	Location & Description: <u>12" dia. Maple in Clump</u>
Depth of Backfill (downslope) <u>31-26"</u>	Top of Proprietary Device (at Row 1) <u>-37"</u>	<u>Nail 47" Above Grade</u>
	Bottom of Disposal Field (at Row 1) <u>-53"</u>	Reference Elevation is <u>0.0"</u> or: _____

NOTE: SCARIFY ALL GROUND SURFACE TO BE FILLED. USE GRAVELLY COARSE SAND FILL WITHIN 3 FEET OF CHAMBERS. REMAINING FILL LOAMY SAND. NO CLAY.

DISPOSAL FIELD CROSS SECTION

ROW #	1	2	3	4
TOP	-37"	-43"	-49"	-55"
BOTTOM	-53"	-59"	-65"	-71"

APPROXIMATE ABOVE GRADE FILL REQUIRED
47 cubic yards of LOAM
165 cubic yards of SAND
Volume of chambers not considered

Scales:
Verticle: 1" = 6
Horizontal: 1" = 6

