

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	PORTER
Street or Road	518 KENNARD HILL ROAD
Subdivision, Lot *	

Town/City _____	Permit # _____
Date Permit Issued ____/____/____	Fee: \$ _____ Double Fee Charged ()
L.P.I.# _____	
Local Plumbing Inspector Signature _____	
<input type="checkbox"/> Owner <input type="checkbox"/> Applicant <input type="checkbox"/> State	

OWNER/APPLICANT INFORMATION

Name (last, first, MI)	CARTER TRAVIS	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant
Mailing Address of Owner/Applicant	824 ROOSEVELT TRAIL #143 WINDHAM, ME 04062	
Daytime Tel. *	518-894-0301	

The Subsurface Wastewater Disposal System *shall not* 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.

Municipal Tax Map # _____ Lot # _____

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.

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

(2nd) Date Approved

Signature of Owner or Applicant _____

Date _____

Local Plumbing Inspector Signature _____

PERMIT INFORMATION

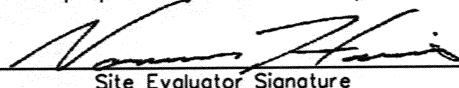
<p style="text-align: center;">TYPE OF APPLICATION</p> <p><input checked="" type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System</p> <p>Type Replaced: _____ Year Installed: _____</p> <p><input type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input type="checkbox"/> b. >25% Expansion</p> <p><input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p style="text-align: center;">THIS APPLICATION REQUIRES</p> <p><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</p> <p><input type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input type="checkbox"/> b. State & Local Plumbing Inspector Approval</p> <p><input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Approval</p>	<p style="text-align: center;">DISPOSAL SYSTEM COMPONENTS</p> <p>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</p>
<p style="text-align: center;">SIZE OF PROPERTY</p> <p>88.0 <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p style="text-align: center;">DISPOSAL SYSTEM TO SERVE</p> <p>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)</p> <p>Current Use <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped</p>	<p style="text-align: center;">TYPE OF WATER SUPPLY</p> <p>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:</p>
<p style="text-align: center;">SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

<p style="text-align: center;">TREATMENT TANK</p> <p>1. <input checked="" type="checkbox"/> Concrete a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Low Profile</p> <p>2. <input type="checkbox"/> Plastic 3. <input type="checkbox"/> Other: _____</p> <p>CAPACITY <u>1000</u> gallons</p>	<p style="text-align: center;">DISPOSAL FIELD TYPE & SIZE</p> <p>1. <input checked="" type="checkbox"/> Stone Bed 2. 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</p> <p>4. <input type="checkbox"/> Other: _____</p> <p>SIZE: <u>900</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p style="text-align: center;">GARBAGE DISPOSAL UNIT</p> <p>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</p>	<p style="text-align: center;">DESIGN FLOW</p> <p><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)</p> <p style="text-align: center;">SHOW CALCULATIONS</p> <p style="text-align: center;">- for other facilities - 3 BEDROOMS AT 90 GALLONS PER DAY EACH</p> <p>3. <input type="checkbox"/> Section 4G (meter readings)</p> <p style="text-align: center;">ATTACH WATER METER DATA</p> <p style="text-align: center;">LATITUDE AND LONGITUDE at center of disposal area</p> <p>Lat. <u>43</u> d <u>53</u> m <u>49</u> s Lon. <u>70</u> d <u>58</u> m <u>53</u> s if g.p.s. state margin of error <u>16'</u></p>
<p style="text-align: center;">SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION <u>2 / C</u></p> <p>at Observation Hole # <u>TP-1</u> Depth <u>38</u> " of Most Limiting Soil Factor</p>	<p style="text-align: center;">DISPOSAL FIELD SIZING</p> <p>1. <input type="checkbox"/> Medium - 2.6 sq.ft./gpd 2. <input checked="" 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</p>	<p style="text-align: center;">EFFLUENT/EJECTOR PUMP</p> <p>1. <input checked="" type="checkbox"/> Not required 2. <input type="checkbox"/> May be required 3. <input type="checkbox"/> Required</p> <p>Specify only for engineered systems: DOSE: _____ Gallons</p>	

SITE EVALUATOR STATEMENT

I certify that on 9/20/21 (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

#348
SE *

9/20/21
Date

NORMAN "BUD" HARRIS (HARRIS SEPTIC SOLUTIONS, INC.)

(207) 892-2435

harrisseptic@gmail.com

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
PORTER

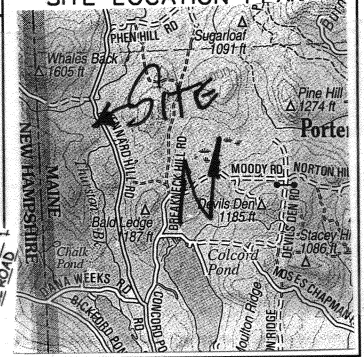
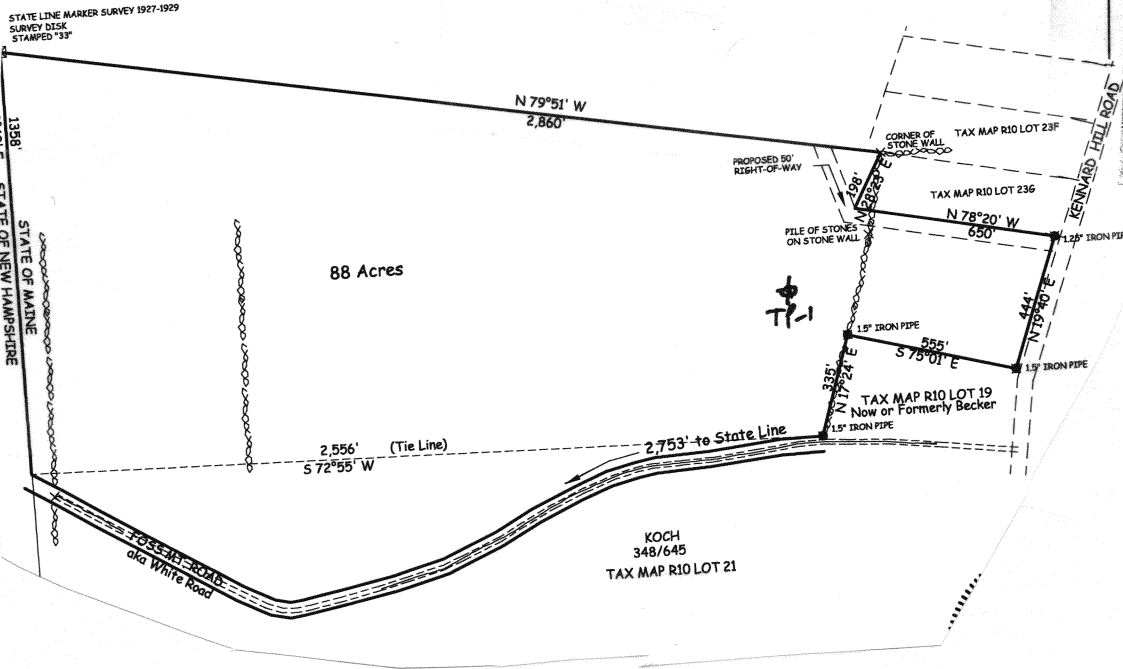
Street, Road, Subdivision
518 KENNARD HILL ROAD

Owner's Name
TRAVIS CARTER

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
1 " Depth of Organic Horizon Above Mineral Soil

DEPTH BELOW MINERAL SOIL SURFACE (inches)	Texture	Consistency	Color	Mottling
0	LOAMY FINE SAND	FRIABLE	STRONG BROWN	
10				
20	STONY LOAMY COARSE SAND	FRIABLE	DARK YELLOW BROWN	
30		REFUSAL IN STONE AT 28"		
40				
50				

Soil Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
<u>2</u> Profile <u>C</u> Condition	<u>2-5</u> %	<u>28</u> "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input checked="" type="checkbox"/> Pit Depth

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	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
Profile _____ Condition _____	_____ %	_____ "	<input type="checkbox"/> Restrictive Layer
			<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Norman Harris
 Site Evaluator Signature

#348
 SE

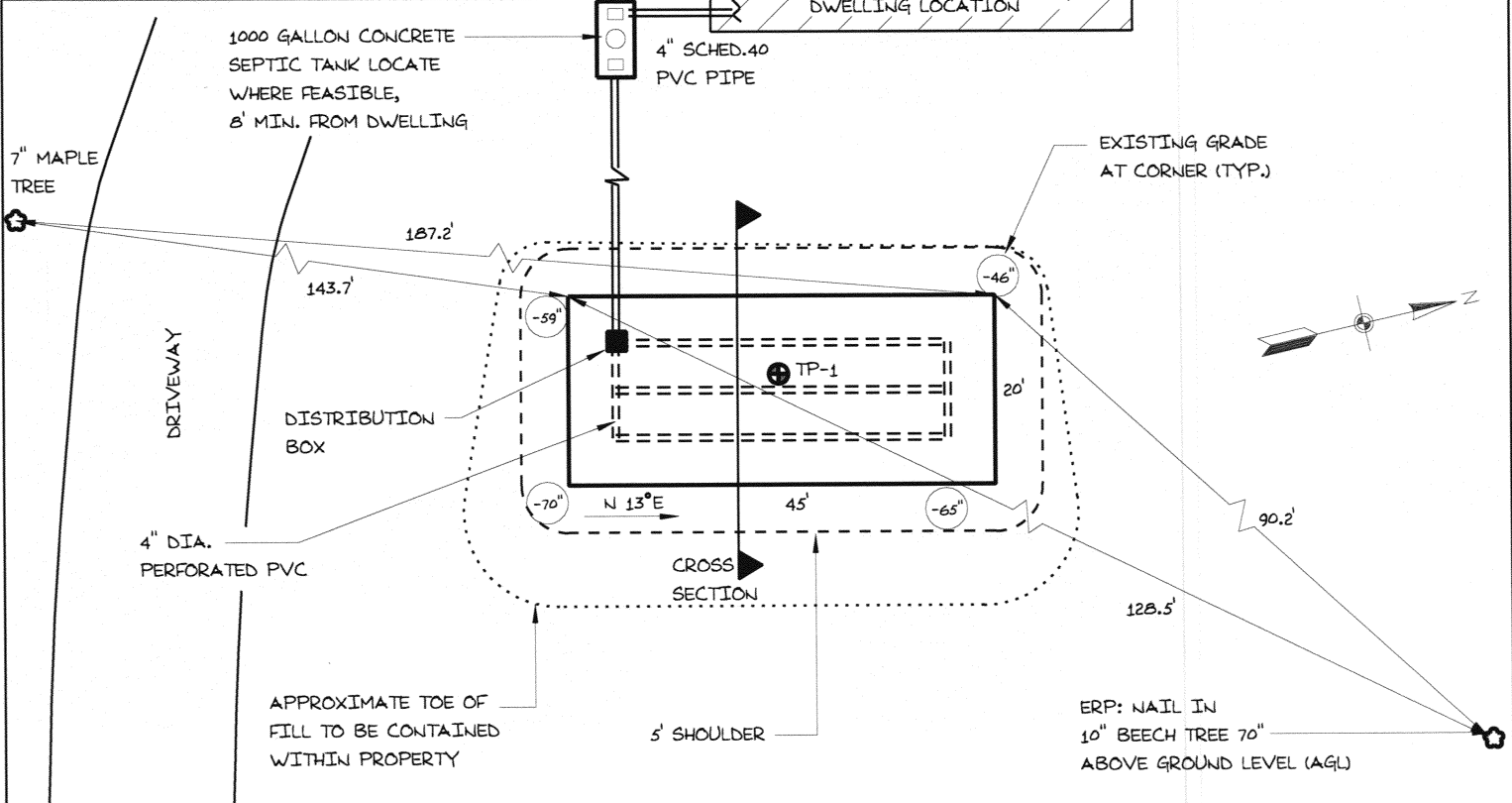
9/20/21
 Date

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

Town, City, Plantation: PORTER Street, Road, Subdivision: 518 KENNARD HILL ROAD Owner or Applicant Name: TRAVIS CARTER

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" - 12"
Depth of Fill (Downslope)	± 18" - 23"

CONSTRUCTION ELEVATIONS

Finished Grade Elevation	-47"
Top of Distribution Pipe or Proprietary Device	-59"
Bottom of Disposal Area	-70"

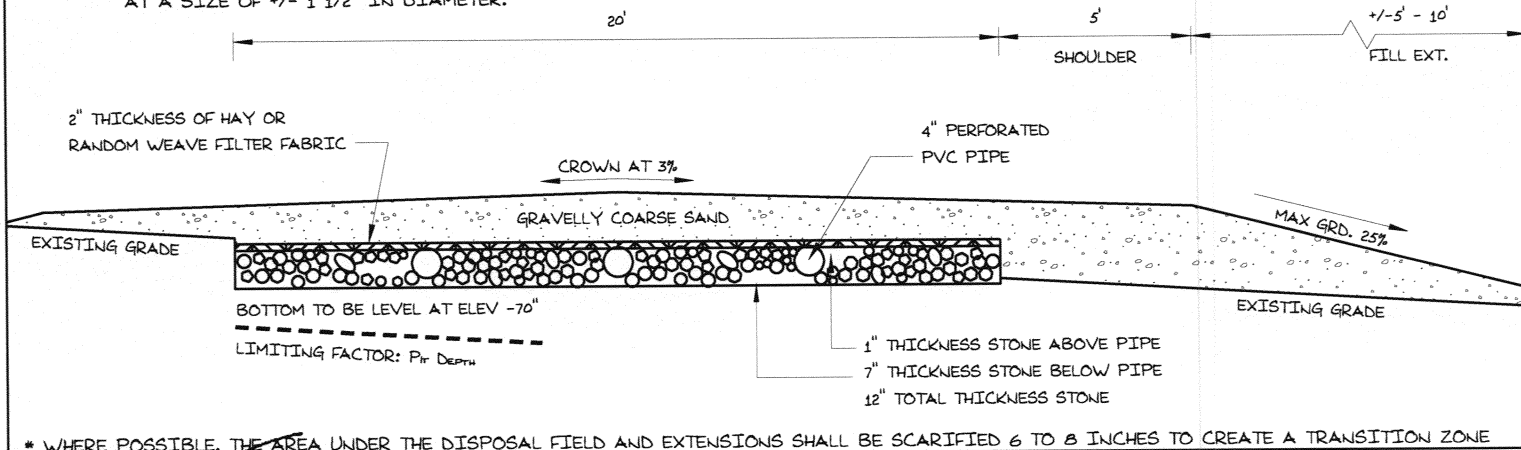
ELEVATION REFERENCE POINT

Location & Description	NAIL IN 10" BEECH TREE 70" 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

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

#348 SE •

9/20/21 Date

