

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services
Div of Environmental Health, 11 SHS
(207) 287-5672 FAX (207) 287-3165

PROPERTY LOCATION		>>CAUTION: LPI APPROVAL REQUIRED<<	
City, Town, or Plantation	CASCO	Town/City	Permit #
Street or Road	960 MEADOW ROAD	Date Permit Issued	Fee \$
Subdivision, Lot #			Double Fee Charged []
OWNER/APPLICANT INFORMATION		Local Plumbing Inspector Signature	
Name (last, first, MI)	COUNTRY VILLAGE ASSISTED LIVING	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.	
Mailing Address of	c/o CRAIG ALAIMO		
Applicant	960 MEADOW ROAD CASCO, ME 04015		
Daytime Tel. #	603-98-7807	Municipal Tax Map # 42 Lot # 19	
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/Applicant		Local Plumbing Inspector Signature	
Date		(1st) Date Approved	
		(2nd) Date Approved	

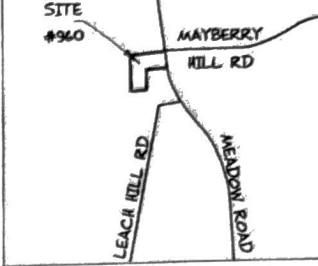
PERMIT INFORMATION			
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced: Year Installed: <input checked="" type="checkbox"/> 3. Expanded System <input type="checkbox"/> a. <25% Expansion <input checked="" type="checkbox"/> b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input 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 checked="" type="checkbox"/> 3. Replacement System Variance <input type="checkbox"/> a. Local Plumbing Inspector Approval <input checked="" type="checkbox"/> b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input 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 (2000gpd+) <input checked="" type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input checked="" type="checkbox"/> 11. Pre-treatment, specify: (2) SINGULAR MODEL #320-1500 UNITS <input checked="" type="checkbox"/> 12. Miscellaneous components 1000 GALLON GREASE TRAP & 1500 GALLON SEPTIC TANK	
SIZE OF PROPERTY 5 +/- <input type="checkbox"/> SQ. FT. <input checked="" type="checkbox"/> ACRES	DISPOSAL SYSTEM TO SERVE <input type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: _____ <input type="checkbox"/> 2. Multiple Family Dwelling, No of Units: _____ <input checked="" type="checkbox"/> 3. Other: ASSISTED LIVING FACILITY (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped		
SHORELAND ZONING <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	TYPE OF WATER SUPPLY <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:		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANKS EXISTING & PROPOSED <input checked="" type="checkbox"/> 1. Concrete <input type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: 6,000 EXISTING CAPACITY: 1500 PROPOSED GAL SEE NOTE ON PAGE 3	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device <input type="checkbox"/> a. Cluster array <input type="checkbox"/> c. Linear <input type="checkbox"/> b. Regular <input type="checkbox"/> d. H-20 loaded <input type="checkbox"/> 4. Other: _____ SIZE: 8,000 sq. ft. <input type="checkbox"/> lin. ft. EXISTING STONE BEDS	GARBAGE DISPOSAL UNIT <input type="checkbox"/> 1. No <input checked="" type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. Multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input checked="" type="checkbox"/> c. Increase in tank capacity <input type="checkbox"/> d. Filter on tank outlet	DESIGN FLOW 3,150 gallons per day BASED ON: <input type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities 45 PEOPLE IN RESIDENTIAL CARE AT 60 GALLONS PER DAY EACH = 2700 GPD AND: 30 STAFF (MAX) AT 12 GALLONS PER DAY EACH = 450 GPD (50% REDUCTION WITH ADVANCED TREATMENT) <input type="checkbox"/> 3. Section 4G (meter readings) ATTACH WATER-METER DATA
SOIL DATA & DESIGN CLASS PROFILE: 3 / D CONDITION: _____ at Observation Hole # TP 1 Depth 12" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium - 2.6 sq.ft./gpd <input checked="" type="checkbox"/> 2. Medium-Large - 3.3 sq.ft./gpd <input type="checkbox"/> 3. Large - 4.1 sq.ft./gpd <input type="checkbox"/> 4. Extra-Large - 5.0 sq.ft./gpd		EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: SEE NOTE ON PAGE 3 DOSE: _____ gallons

SITE EVALUATOR STATEMENT			
I Certify that on 10/6/19 (date) I completed a site evaluation on this property and state that the data reported is accurate and that the proposed system is in compliance with the Subsurface Wastewater Disposal Rules (10-144A CMR 241).			
Site Evaluator Signature BRADY A. PRICK	SE •	Date 10/24/19	E-mail Address BRADY@ALBERTPRICK.COM
Site Evaluator Name Printed	Telephone Number	Date	
Professional Engineer Signature	PE •	Date	
Professional Engineer Name Printed	Telephone Number	E-mail 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 SHS
(207) 287-5672 FAX (207) 287-4172

Town, City, Plantation CASCO	Street, Road Subdivision 960 MEADOW ROAD	Owner's Name COUNTRY VILLAGE ASSISTED LIVING
SITE PLAN Scale 1" = _____ Ft. or as shown		SITE LOCATION PLAN (Attach Map from Maine Atlas for New System Variance) 

SEE SITE PLAN ATTACHED

SOIL DESCRIPTION AND CLASSIFICATION (Location of Observation Holes Shown Above)									
Observation Hole <u>TP</u> <input checked="" type="checkbox"/> Test Pit <input type="checkbox"/> Boring " Depth of Organic Horizon Above Mineral Soil (BY WALTER HORTON ON 5/1/2006)					Observation Hole <u> </u> <input type="checkbox"/> Test Pit <input type="checkbox"/> Boring " Depth of Organic Horizon Above Mineral Soil				
Texture		Consistency	Color	Mottling	Texture		Consistency	Color	Mottling
0			DARK		0				
LOAM			BROWN						
		FRIABLE							
10			BROWN		10				
FINE			OLIVE	REDOX DEPL.					
SANDY			BROWN	15% IN DISTINCT					
LOAM									
20			GRAY		20				
TILL		FIRM							
30					30				
40					40				
50					50				
60					60				
Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth	Soil Classification		Slope	Limiting Factor	<input type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock <input type="checkbox"/> Pit Depth
3 D		10-16 %	12"		Profile Condition		x		

Site Evaluator Signature

Professional Engineer Signature

ALBERT FRICK ASSOCIATES - 380-B MAIN STREET, GORHAM, MAINE 04038 - (207) 839-5583

352
SE *

PE *

Date

Date

Page 2 of 3
HHE-200 Rev. 10/02