

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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	Casco		
Street or Road	Meadow Rd.		
Subdivision, Lot #			
OWNER/APPLICANT INFORMATION			
Name (last, first, MI)	Country Village Assisted Living		
Mailing Address of Owner / Applicant	c/o Gary Symonds P O Box 600 Casco, ME. 04015		
Daytime Tel. #	f. 207 627 7505		

Owner Statement I state 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	Caution: Inspection Required I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application. Local Plumbing Inspector Signature
Date: 5/11/06	(1st) Date Approved: 5/16/06 (2nd) Date Approved:

PERMIT INFORMATION	
TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type Replaced: Stone Year installed: 1986 <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	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 Variance
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	DISPOSAL SYSTEM COMPONENT(S) <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 checked="" type="checkbox"/> 6. Non-Engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (>2000 gpd) <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 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

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
TREATMENT TANK <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 existing 7000 CAPACITY _____ gallons	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 load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE 8000 <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft. (6535)	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 1980 gallons per day BASED ON: <input type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input checked="" type="checkbox"/> 2. Table 501.2 (other facilities) SHOW CALCULATIONS - for other facilities- 30 persons @ 55 gpd: 1650 gpd 22 staff @ 15 gpd: 330 gpd <input type="checkbox"/> 3. Section 503.0 (meter readings) ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. 44d 00.327 m N Lon. 70d 31.414 m W of gps, state margin of error: 27 ft.
SOIL DATA & DESIGN CLASS PROFILE CONDITION DESIGN 3 / D / 3 at Observation Hole # _____ Depth 12" _____ of Most Limiting Factor	DISPOSAL AREA SIZING <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	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 DOSE _____ Gallons	

SITE EVALUATOR'S STATEMENT		
I Certify that on 5 / 1 / 06 (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 W. HORTON Site Evaluator Name Printed	67 SE # 647- 8798 Telephone #	5 / 3 / 06 Date meldrum@megalink.net E-mail Address
Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.		

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Town, City or Plantation

Casco

Street, Road, Subdivision

Meadow Rd.

Owner or Applicant Name

Country Village Assisted Living

SITE PLAN

Scale: 1" = 100 Ft.

SITE LOCATION PLAN

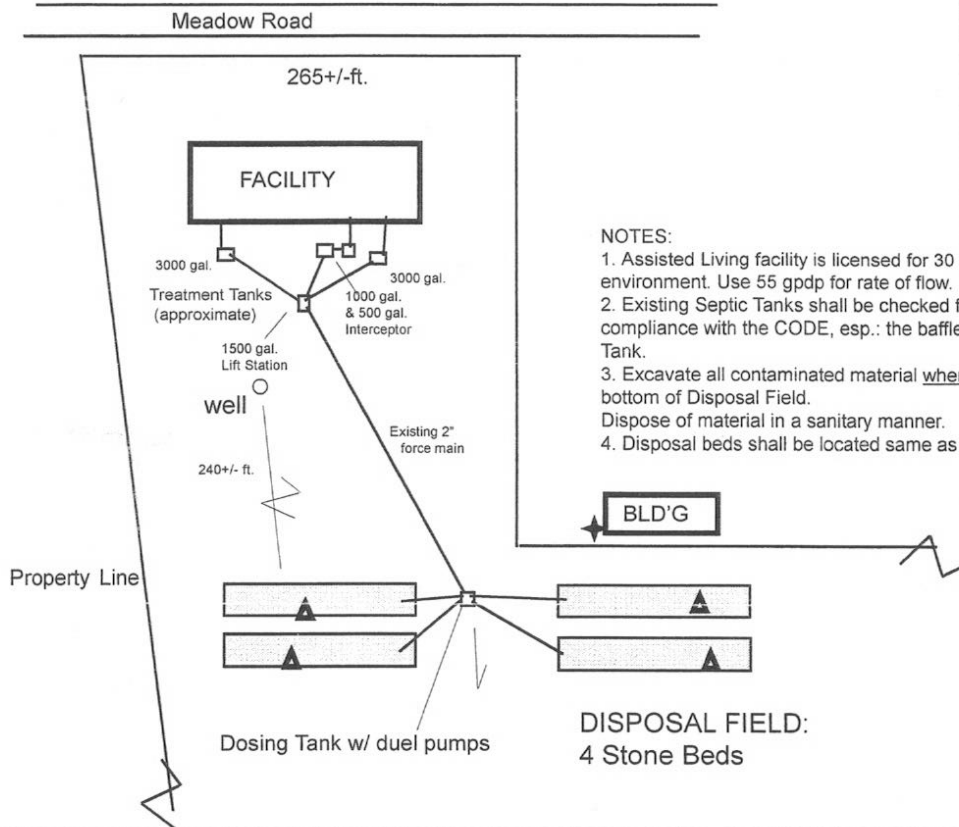
(Attach map from Maine Atlas for First Time System Variance)

960 Meadow Rd.

— = SLOPE

★ = E.R.P.

▲ = OBSERVATION PIT



NOTES:

1. Assisted Living facility is licensed for 30 people. The staff provides a normal living environment. Use 55 gpd/p for rate of flow.
2. Existing Septic Tanks shall be checked for soundness and, if necessary, brought into compliance with the CODE, esp.: the baffles, or they shall be replaced w/ a watertight Tank.
3. Excavate all contaminated material where encountered and backfill with coarse sand to bottom of Disposal Field.
4. Disposal beds shall be located same as existing beds.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

(Location of Observation Holes Shown Above)

Observation Hole 2 ☒ Test Pit ☐ Boring
" Depth of Organic Horizon Above Mineral Soil
Texture Consistency Color Mottling

0	Loam		Dk. Br.	
10	Friable		Brown	
20	Fine Sandy Loam Till		Ol. Br.	Redox Depl.: 15%/M/Distinct
30	Firm		Gray	
40	This Profile is substantially common to all 4 bed areas. See HHE 200 of original design of 1985.			
50				

Soil Profile	Classification	Slope Percent	Limiting Factor Depth	<input checked="" type="checkbox"/> Ground Water <input type="checkbox"/> Restrictive Layer <input type="checkbox"/> Bedrock
3	D	10-16 %	12 "	

MUST BE READ BY OWNER and INSTALLER -

The signature for *Owner Statement* (page 1) shall include the fact of reading and understanding:

1. This Application requires a Permit from the Town before a Building Permit for the lot is obtained. This Application satisfies only the State Code for external plumbing. The CODE (or "Rules") is incorporated herein by reference and made part of this Application. Compliance of same is the sole responsibility of the Installer.
2. Owner & Installer shall review this Application and verify that it accurately describes the intended uses (present and future) for the system, and that all setbacks and other information hereon is complete and factually correct, prior to its submission to the Town's LPI for a permit. This review especially applies to *neighbors' wells* (within 100 ft. of proposed disposal field), if not identified on this plan, and to any more restricted local ordinance. Report all differences to the Site Evaluator.
3. The four corners of the disposal fields are indicated on site. However, Installer shall use the layout measurements on page 3 to locate the field precisely. If a measurement involves a property line, the Owner is responsible for locating the same prior to installation.
4. Site Evaluator's phone number is on page #1 for questions.
5. Proper functioning of a disposal system requires Septic Tank being pumped out periodically, and the tank inspected. Non-pumping and broken baffles reduce the life expectancy of a disposal field, causing clogging and requiring a replacement. Provide easy access to the Septic Tank and use a riser over the cleanout, if needed.
6. Because the method of installation and its usage have a significant effect on the proper functioning of a septic system, it is not possible to adequately predict the efficiency and/or longevity of any particular septic system design.
- *Certain products (fatty foods, some liquid soaps, septic tank additives, etc.) and appliances (garbage disposals, water softeners, & dishwashers, especially) are to be used with caution as they can be harmful to the biochemical process of a Septic System.
7. Suggestion: Photo open installation showing pipes or chambers for future reference.

Site Evaluator Signature

67

SE #

5 / 2 / 06

Date

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SUBSURFACE WASTEWATER DISPOSAL PLAN

Scale: 1" = 40 Ft.

Building

30 ft.

Baseline:
(parallel +/-
to Building)

No Distribution Box in Beds

Existing Supply
Line from Pump
Station

4 - 20'x100' BEDS

Each Bed:
80 ft. of 2" perforated pipe,
with 1/4" perforations
at 8 ft apart.

100 ft + 70+/- ft.

70 ft.+/-

65 ft

35 ft

20 ft.

10 ft.

20 ft.

100 ft.

70+/- ft.

100 ft.

Toe of 4:1 Slope

Toe of 4:1 Slope

4 ft. diam.
Pump Chamber
Duel setup, 2 beds each.
(dosage: 150 gal.)
w/ 2" lines to each bed.
TDH: 20 ft.

Extend 2" distribution line with solid pipe, up
and out of surface of Bed and firmly cap end.
The will provide a method of cleaning sludge from
line.

FILL REQUIREMENTS

Depth of Backfill (Upslope) 30 "
Depth of Backfill (Downslope) 55+/- "
DEPTH AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

	upper	lower
Finished Grade Elevation	-16"	-58"
Top of Distribution Pipe or Proprietary Devices	-29"	-71"
Bottom of Disposal Area	-40"	-82"

ELEVATION REFERENCE POINT

Location & Description bottom of siding
of BLD'G
Reference Elevation is 0.0" or:

This X-section represents the
original ground formation. The
existing X-section is exactly
that of the finished grade as
shown above.

DISPOSAL AREA CROSS SECTION

Scales:
Vertical: 1" = 5 Ft.
Horizontal: 1" = 10 Ft.

20 ft.	10 ft.	20 ft.
Slope surface w/ 3% grade & Extend Fill 3 Ft. Beyond Bed	3 ft.	Slope surface w/ 3% grade & Extend Fill 3 Ft. Beyond Bed

2" Compact Hay
or Filter Fabric

4" Stabilized Cover Soil
(suitable for Grass Growth)

30" Fill

8" Fill

12" Clean, Uniform-Size, Stone

55+/-" Fill

Original Ground
(overall average)

8" Fill

12" Clean, Uniform-Size, Stone

4:1 Slope

Construction Notes:

- General Installation procedure shall follow CODE Section 800.
- Remove all contaminated material and backfill under the stone with 8" min. of gravelly or coarse sand (field testing method by installer: see CODE, Section 804.2.3). Compact all backfill.
- Site Preparation Inspection is required prior to Disposal Field construction.

Site Evaluator Signature

67
SE #

5 / 2 / 06
Date

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