UPDATED System
If Needed for 6 BRooms
7/20/22

rec'd 7/20/2022

Job No: 22-085 SDS

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

City, Town, or Plantation	Casco, Maine
Street or Road	50 Rabbit Run Lane
Subdivision, Lot #	

>> CAUTION: LPI APPROVAL REQUIRED <<

Town/City _____ Permit # _____

Date Permit __/__/__ Fee $_____ Double Fee Charged [ ]

_____ LPI # _____

Local Plumbing Inspection Signature

OWNER/APPLICANT INFORMATION

Name (last, first, MI) Marshall, Jim & Bethany ● Owner ● Applicant

Mailing Address of Owner/Applicant	19 Marshall Road New Gloucester, Maine 04260
Daytime Tel. #	207-776-2717 aruelsold@gmail.com

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 # 3 Lot # 9-2

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.

_____ _____
Signature of Owner or Applicant Date

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 (1st) date approved (2nd) date approved

PERMIT INFORMATION

TYPE OF APPLICATION

1. First Time System
2. Replacement System
   Type replaced: S&P
   Year installed: ?
3. ● Expanded System
   a. <25% Expansion
   ● b. ≥25% Expansion
4. Experimental System
5. Seasonal Conversion

THIS APPLICATION REQUIRES

● 1. No Rule Variance
2. First Time System Variance
   a. Local Plumbing Inspector Approval
   b. State & Local Plumbing Inspector Approval
3. Replacement System Variance
   a. Local Plumbing Inspector Approval
   b. State & Local Plumbing Inspector Approval
4. Minimum Lot Size Variance
5. Seasonal Conversion Permit

DISPOSAL SYSTEM COMPONENTS

● 1. Complete Non-engineered System
2. Primitive System (graywater & alt. toilet)
3. Alternative Toilet, specify: _____
4. Non-engineered Treatment Tank (only)
5. Holding Tank, _____ gallons
6. Non-engineered Disposal Field (only)
7. Separated Laundry System
8. Complete Engineered System (2000 gpd or more)
9. Engineered Treatment Tank (only)
10. Engineered Disposal Field (only)
11. Pre-treatment, specify: _____
12. Miscellaneous Components

SIZE OF PROPERTY

42± ● SQ. FT. ● ACRES

SHORELAND ZONING

Yes ● No

DISPOSAL SYSTEM TO SERVE

● 1. Single Family Dwelling Unit, No. of Bedrooms: 6
2. Multiple Family Dwelling, No. of Units: _____
3. Other: _____ (specify)

Current Use: Seasonal ● Year Round Undeveloped

TYPE OF WATER SUPPLY

●1. Drilled Well 2. Dug Well 3. Private
4. Public 5. Other

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK

● 1. Concrete
   ●a. Regular
   b. Low Profile
2. Plastic
3. Other: _____

CAPACITY: 1000 GAL.
1- Existing, 1-Proposed

DISPOSAL FIELD TYPE & SIZE

●1. Stone Bed 2. Stone Trench
3. Proprietary Device
   a. cluster array c. Linear
   b. regular load d. H-20 load
4. Other: _____

SIZE: 1400 ● sq. ft. lin. ft.

GARBAGE DISPOSAL UNIT

1. No 2. Yes ●3. Maybe

If Yes or Maybe, specify one below:
a. multi-compartment tank
b. ___ tanks in series
c. increase in tank capacity
●d. Filter on Tank Outlet

DESIGN FLOW

540 gallons per day
BASED ON:
● 1. Table 4A (dwelling unit(s))
2. Table 4C(other facilities)
SHOW CALCULATIONS for other facilites

3. Section 4G (meter readings)
ATTACH WATER METER DATA

SOIL DATA & DESIGN CLASS

PROFILE 5 / CONDITION B

at Observation Hole # 1

Depth 60 "

to Most Limiting Soil Factor

DISPOSAL FIELD SIZING

● 1. Medium---2.6 sq. ft. / gpd
2. Medium---Large 3.3 sq. f.t / gpd
3. Large---4.1 sq. ft. / gpd
4. Extra Large---5.0 sq. ft. / gpd

EFFLUENT/EJECTOR PUMP

1. Not Required
● 2. May Be Required
3. Required

Specify only for engineered systems:
DOSE: _____ gallons

LATITUDE AND LONGITUDE

at center of disposal area
Lat. 43 d 56 m 56.4 s
Lon. 70 d 33 m 26.5 s
if g.p.s, state margin of error: 50' ±

SITE EVALUATOR STATEMENT

I certify that on 7-18-22 (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).

F. Bliss 225 7/19/22
Site Evaluator Signature SE # Date

F.Jonathan Bliss 207-925-1468 blissinc@fairpoint.net
Site Evaluator Name Printed Telephone Number E-mail Address

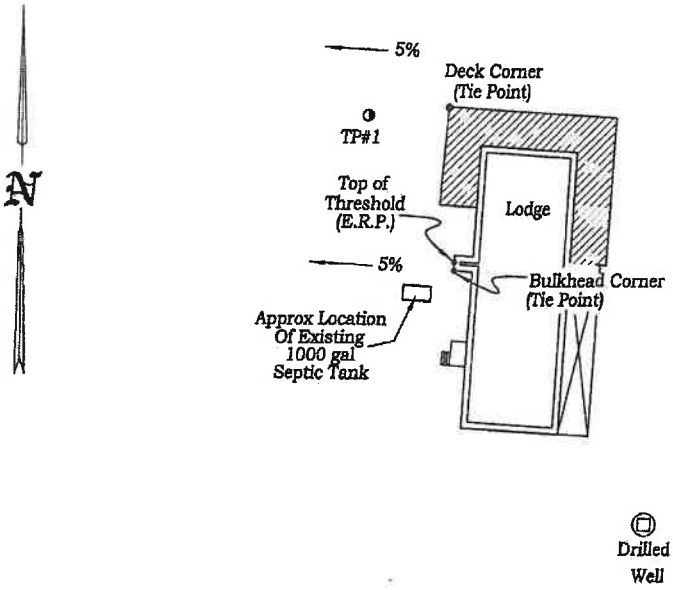
Note : Changes to or deviations from the design should be confirmed with the Site Evaluator.

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

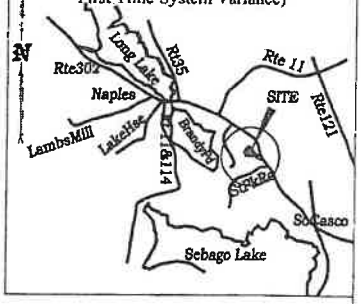
Department of Human Services
Division of Health Engineering
(207) 287-5689 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's or Applicant Name
Casco, Maine	50 Rabbit Run Lane	Jim & Bethany Marshall

SITE PLAN Scale 1" = 60 ft. or as shown



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



Dwg No 22-085 SDS a

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

Observation Hole 1 ● Test Pit ☐ Boring
1 " Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–10	Fine Sandy Loam	Friable	Brown	None to 60"
10–20	Fine Sand		Pale Brown	
20–30	Loamy Sand		Reddish Yellow	
30–40	Fine Sand		Pale Brown	
40–60				

Soil Classification	Slope	Limiting Factor	
5 Profile / B Condition	5 %	60 "	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock ● Pit Depth

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

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0–50				

Soil Classification	Slope	Limiting Factor	
Profile / Condition	%	"	[ ] Ground Water [ ] Restrictive Layer [ ] Bedrock

Site Evaluator Signature | 225 SE # | 7/19/22 Date

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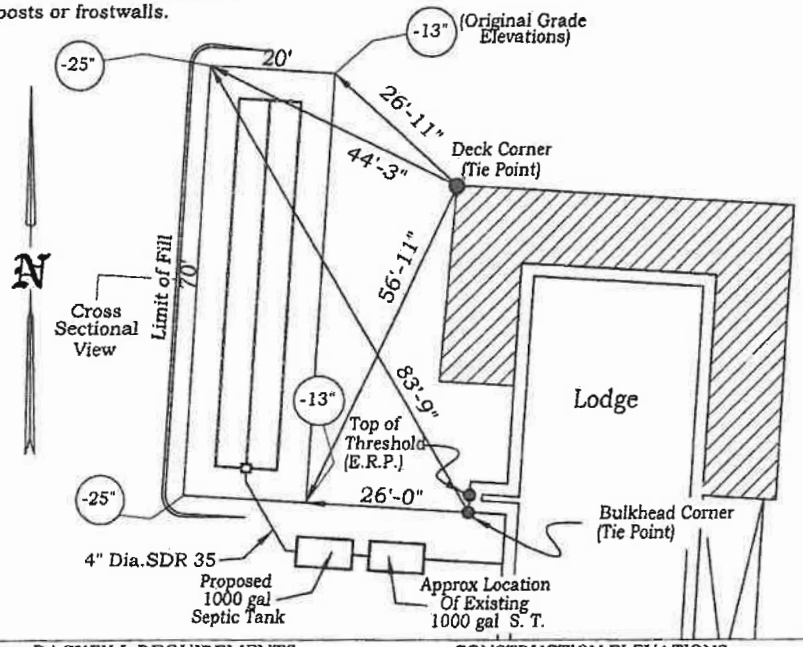
Division of Health Engineering
(207) 287-5689 Fax: (207) 287-3165

Town, City, Plantation	Street, Road, Subdivision	Owner's Name
Casco, Maine	50 Rabbit Run Lane	Jim & Bethany Marshall

SUBSURFACE WASTEWATER DISPOSAL PLAN

SCALE: 1" = 30 FT.

Leachfield shall be a minimum of 15' from floating slab foundations, 20' minimum from full foundations, posts or frostwalls.



NOTE: It is the responsibility of the property owner to verify/ establish property lines and setback requirements prior to installation of proposed septic system.

*NOTE: Remove all contaminated soil & septic stone under & around proposed leachfield, if necessary, and replace with clean, coarse, gravelly sand. **All material removed shall be disposed of at an approved site.**"*

NOTE: The existing septic tank shall be thoroughly inspected for structural integrity & minimum 1000 gallon capacity or it shall be replaced in accordance with Code.

There shall be a minimum pipe slope of 1/4" per foot between septic tank outlet and leachfield. Otherwise, pumping shall be required.

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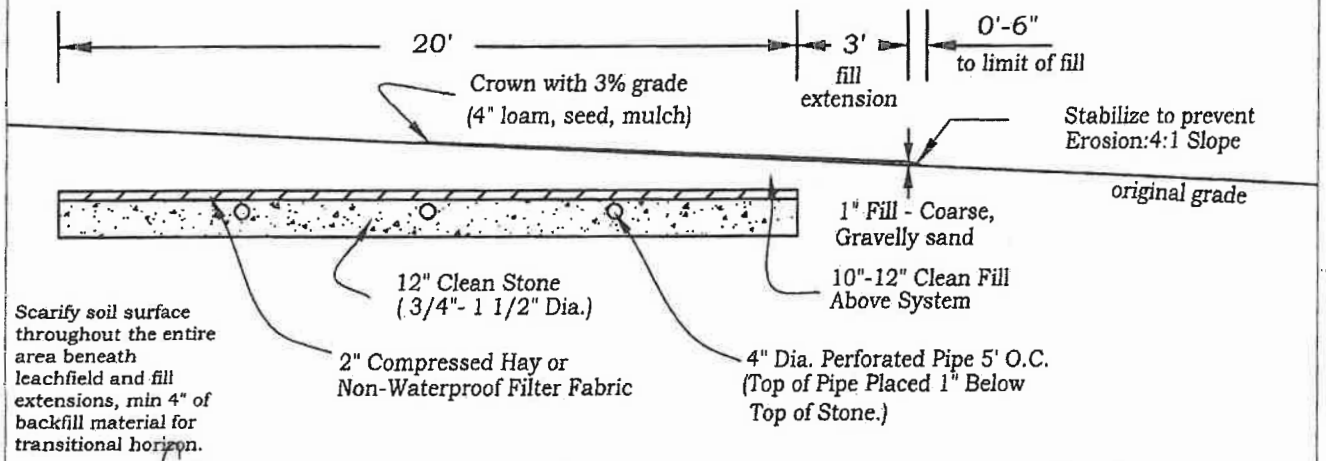
BACKFILL REQUIREMENTS		CONSTRUCTION ELEVATIONS		ELEVATION REFERENCE POINT (E.R.P.)	
Depth of Fill (Upslope)	0"	Finished Grade Elevation	(-) 23"min	Location & Description:	Top of Threshold (7" T.G.)
Depth of Fill (Downslope)	1"	Top of Distribution Pipe or Proprietary Device	(-) 38"	Reference Elevation:	0"
Depths at cross-section (shown below)		Bottom of Disposal Area	(-) 49"		

DISPOSAL AREA CROSS SECTION

STONE & PIPE LEACH FIELD: 20' x 70'

Scales:
Vertical : 1" = 5 ft.
Horizontal:1" = 5 ft.



Site Evaluator Signature	SE #	Date
	225	7/19/22