

SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

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

PROPERTY LOCATION		>> Caution: Permit Required - Attach in Space Below <<
City, Town or Plantation	Casco	CASCO Date Permit Issued: <u>9/21/09</u> Local Plumbing Inspector Signature: <u>Chris Edge</u> PERMIT # 2775 TOWN COPY \$ <u>75</u> FEE <input type="checkbox"/> If Double Fee Charged L.P.I. # <u>2019</u>
Street or Road	Roosevelt Trail	
Subdivision, Lot #		
OWNER/APPLICANT INFORMATION		
Name (last, first, MI)	Marshall, James <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Applicant	
Mailing Address of Owner / Applicant	19 Marshall Rd. New Gloucester, ME. 04260	
Daytime Tel. #	207 839 2685	Municipal Tax Map # <u>3</u> Lot # <u>9-2</u>

<p>Owner Statement</p> <p>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.</p> <p><u>James Marshall</u> <u>9/21/07</u> Signature of Owner or Applicant Date</p>	<p style="text-align: center;">Caution: Inspection Required</p> <p>I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.</p> <p><u>Chris Edge</u> <u>9/24/07</u> Local Plumbing Inspector Signature (1st) Date Approved</p> <p><u>9/24/07</u> (2nd) Date Approved</p>
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PERMIT INFORMATION		
<p>TYPE OF APPLICATION</p> <p><input type="checkbox"/> 1. First Time System <input type="checkbox"/> 2. Replacement System Type Replaced _____ Year Installed _____</p> <p><input checked="" type="checkbox"/> 3. Expanded System <input checked="" type="checkbox"/> a. Minor Expansion <input type="checkbox"/> b. Major Expansion</p> <p><input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion</p>	<p>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 Variance</p>	<p>DISPOSAL SYSTEM COMPONENT(S)</p> <p><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</p>
<p>SIZE OF PROPERTY</p> <p>42+/- <input type="checkbox"/> sq. ft. <input checked="" type="checkbox"/> acres</p>	<p>DISPOSAL SYSTEM TO SERVE:</p> <p><input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms <u>2to3</u> <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units _____ <input type="checkbox"/> 3. Other: _____ SPECIFY _____</p> <p>Current Use: <input type="checkbox"/> Seasonal <input type="checkbox"/> Year Round <input checked="" type="checkbox"/> Undeveloped</p>	<p>TYPE OF WATER SUPPLY</p> <p>1. <input 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 FUTURE</p>
<p>SHORELAND ZONING</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		

DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)			
<p>TREATMENT TANK</p> <p><input checked="" type="checkbox"/> 1. Concrete <input checked="" type="checkbox"/> a. Regular <input type="checkbox"/> b. Low Profile</p> <p><input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other</p> <p>CAPACITY existing <u>1000</u> gallons</p>	<p>DISPOSAL FIELD TYPE & SIZE</p> <p><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 checked="" type="checkbox"/> c. linear <input checked="" type="checkbox"/> b. regular load <input type="checkbox"/> d. H-20 load</p> <p><input type="checkbox"/> 4. Other: _____</p> <p>SIZE <u>175</u> <input checked="" type="checkbox"/> sq. ft. <input type="checkbox"/> lin. ft.</p>	<p>GARBAGE DISPOSAL UNIT</p> <p><input type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input checked="" 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 type="checkbox"/> c. Increase in Tank Capacity <input checked="" type="checkbox"/> d. Filter on Tank Outlet</p>	<p>DESIGN FLOW</p> <p><u>70</u> gallons per day</p> <p>BASED ON: <input checked="" type="checkbox"/> 1. Table 501.1 (dwelling unit(s)) <input type="checkbox"/> 2. Table 501.2 (other facilities)</p> <p>SHOW CALCULATIONS - for other facilities- SEE page 2 Notes</p>
<p>SOIL DATA & DESIGN CLASS</p> <p>PROFILE CONDITION DESIGN <u>5 / B / 2</u></p> <p>at Observation Hole # <u>1</u> Depth <u>48</u>" of Most Limiting Factor</p>	<p>DISPOSAL AREA SIZING</p> <p><input type="checkbox"/> 1. Small - 2.0 sq. ft./gpd <input checked="" type="checkbox"/> 2. Medium - 2.6 sq. ft./gpd <input 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</p>	<p>EFFLUENT/EJECTOR PUMP</p> <p><input checked="" type="checkbox"/> 1. Not required <input type="checkbox"/> 2. May be required <input type="checkbox"/> 3. Required</p> <p>Specify only for engineered systems DOSE _____ Gallons</p>	<p><input type="checkbox"/> 3. Section 503.0 (meter readings)</p> <p>ATTACH WATER-METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. <u>43d 56.910</u> m N Lon. <u>70d 33.216</u> m W of gps, state margin of error: <u>30+/-</u> ft.</p>

SITE EVALUATOR'S STATEMENT

I Certify that on 9 / 18 / 07 (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).

<u>W. Horton</u> Site Evaluator Signature W. HORTON Site Evaluator Name Printed	<u>67</u> SE # 647- 8798 Telephone #	<u>9 / 20 / 07</u> Date meldrum@megalink.net E-mail Address
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Note: Changes to or deviations from the design should be confirmed with the Site Evaluator.

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SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Human Service
Division of Health Engineering, Station 10
(207) 287-5672 FAX (207) 287-3165

Town, City or Plantation

Casco

Street, Road, Subdivision

Roosevelt Trail

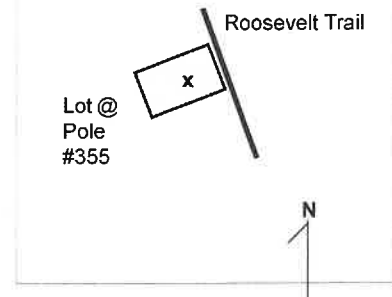
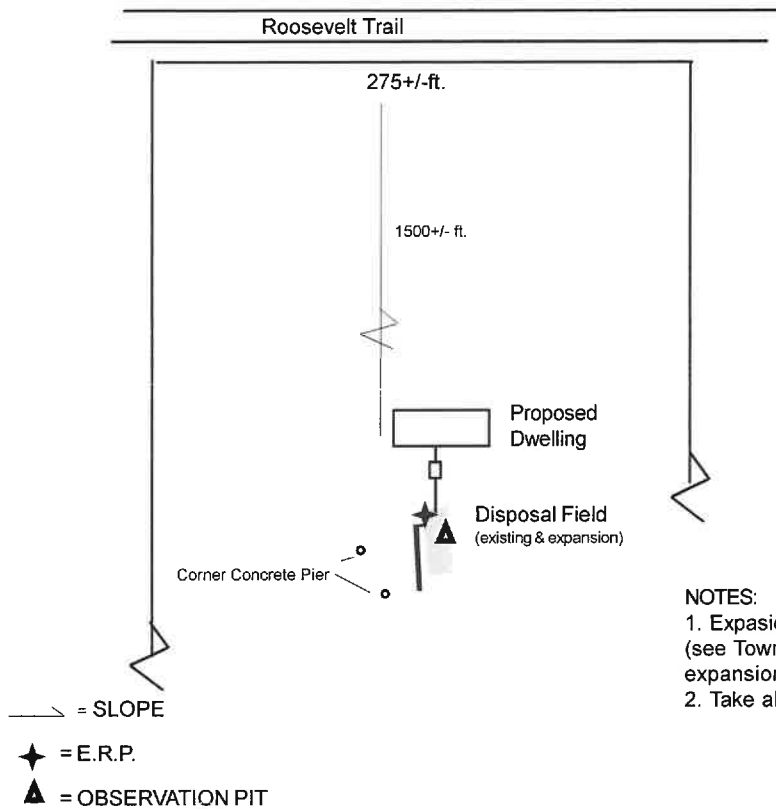
Owner or Applicant Name

J. Marshall

SITE PLAN

Scale: 1" = 100 Ft.

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



NOTES:

- Expansion of 2 to 3 bedrooms (270 gpd). Calculation: 700 sf - 525 sf (see Town Permit #2317, dated: 11/12/03) = 175 sf required for expansion.
- Take all measures to protect against surface erosion of Disposal Field.

SOIL PROFILE DESCRIPTION AND CLASSIFICATION

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

Texture	Consistency	Color	Mottling
Loam	Friable	Dk. Br.	
Loamy Sand		Brown	None Evident
Med. Sand	Loose	Lt. Brown	

Soil Profile	Classification	Slope	Limiting Factor	<input type="checkbox"/> Ground Water
5	B	3 %	48 "	<input type="checkbox"/> Restrictive Layer
				<input type="checkbox"/> Bedrock

John Marshall
Site Evaluator Signature

67
SE #

9 / 20 / 07
Date

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MUST BE READ BY OWNER and INSTALLER -

- The signature for *Owner Statement* (page 1) shall include the fact of reading and understanding:
- This Application requires a Permit from the Town before a Building Permit for the lot is obtainable. 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.
 - A septic tank filter or additional tank capacity is required *whenever garbage disposal device is contemplated* for the dwelling. NB: Filters demand maintenance and a cleaning out prior to onset of frozen ground on a yearly basis is highly recommended.
 - 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.
 - The four corner flags placed by the SE are indicators of the general location of the disposal field. However, Installer shall use the layout measurements on page 3 to locate the field precisely, as flags can be moved. If a measurement involves a property line, the Owner is responsible for locating the same prior to installation.
 - Site Evaluator's phone number is on page #1 for questions.
 - 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.
 - 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.
 - Suggestion: Photo open installation showing pipes or chambers for future reference.

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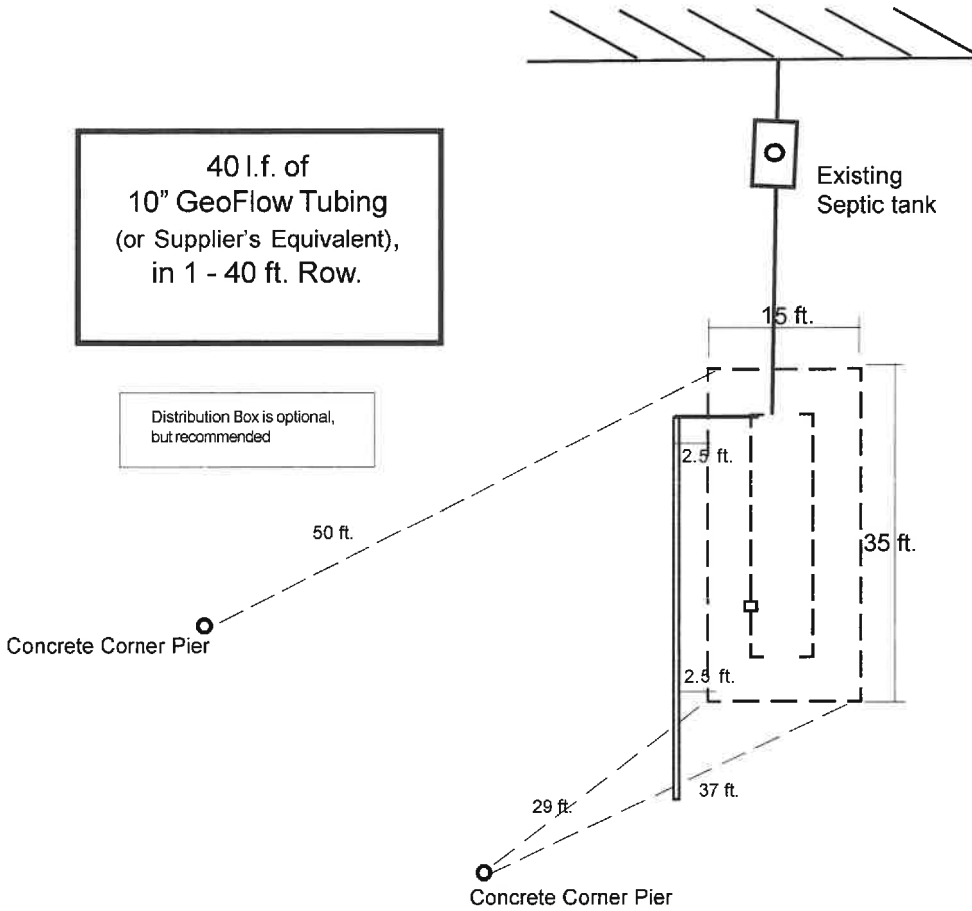
Town, City or Parish: **Casco**

Street, Road, Subdivision: **Roosevelt Trail**

Owner or Applicant Name: **J. Marshall**

SUBSURFACE WASTEWATER DISPOSAL PLAN Dwelling

Scale: 1" = 20 Ft.



FILL REQUIREMENTS

Depth of Backfill (Upslope) 0 "
Depth of Backfill (Downslope) 0 +/- "
DEPTH AT CROSS-SECTION (shown below)

CONSTRUCTION ELEVATIONS

Finished Grade Elevation +12 "
Top of Distribution Pipe or Proprietary Devices 0 "
Bottom of Disposal Area -12 "

ELEVATION REFERENCE POINT

Location & Description top of distribution pipe
Reference Elevation is: 0.0" or:

DISPOSAL AREA CROSS SECTION

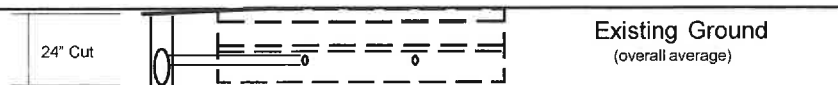


Scales:
Vertical: 1" = 5 Ft.
Horizontal: 1" = 10 Ft.

Construction Notes:

1. General Installation procedure shall follow CODE Section 800.
2. **Backfill** under the devices with 8+" of gravelly or coarse sand (field testing method by installer: see CODE, Section 804.2.3) and mix 4+" of backfill into original soil for transitional zone.
3. Fill around sides of devices with 6+" of gravelly sand or stone.

12+" Stabilized Cover Soil
(top 4+" suitable for Grass Growth)



10" GeoFlow Tubing
(or Supplier's Equivalent)

Site Evaluator Signature

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